BURTON HOSPITALS NHS FOUNDATION TRUST

Meeting of the Board of Directors to be held on Thursday 26 April 2012 at 1.30 pm in the Archie Gentles Room at the Medical Education Centre at Burton Hospital

AGENDA

Time Guide			Presenter		
1.30 pm	1.	To receive apologies for absence			
	2.	To receive declaration of interests			
	3.	To approve the minutes of the Board meeting held on 29 March 2012	**Mr Morrison**	**Approval**	Attachment 1
	4.	To consider matters arising			
		4.1 Matters arising not covered by the rest of the agenda			
		4.2 Monitoring of actions from the Board Meeting	**Mr Morrison**	**Assurance**	Attachment 2
	5.	Chief Executives Update	**Ms Ashley**	**Update**	Attachment 3
		GETTING QUALITY OF CARE RIGHT FIRST TIME AND REDUCING VARIATION IN CLINICAL PRACTICE			
	6.	A Patient's Story	**Mrs Leese**	**Discussion**	Verbal
	7.	To receive a paper on the West Midlands Quality Review – Vulnerable Adults	**Mrs Leese**	**Assurance**	Attachment 4
	8.	To receive the RIDDOR Report	**Ms Ashley**	**Assurance/ Decision**	Attachment 5
	9.	To receive the Complaints and PALS Report	**Ms Ashley**	**Assurance**	Attachment 6
		MEETING OUR REGULATORY REQUIREMENTS			
	10.	To receive the March Performance Report	**Mrs Spencer**	**Assurance**	Attachment 7
	11.	To receive the March Finance Report	**Mr Waite**	**Assurance**	Attachment 8
	12.	To receive the Financial Plan Update	**Mr Waite**	**Assurance**	Attachment 9
	13.	To receive a verbal Summary Report from the Finance & Delivery Committee meeting held on 25 April 2012	**Mr Morrison**	**Assurance**	Verbal
	14.	To receive the CQC Compliance Report	**Mrs Smith**	**Assurance**	Attachment 10
	15.	To receive a paper on the Compliance Framework 2012/13	**Mrs Smith**	**Information**	Attachment 11
	16.	To receive an Update on the 2012/13 Contract	**Dr Price**	**Assurance**	Attachment 12

WORKING IN PARTNERSHIP AND DEVELOPING INTEGRATED PATHWAYS AND SERVICES

17.	To receive an update on the Transformation Programme	**Mrs Jones**	**Assurance**	Attachment 13
18.	To receive a paper on the Treatment Centre	**Mrs Jones**	**Information**	Attachment 14

MAKING BURTON HOSPITAL A PLEASANT AND WELCOMING PLACE IN WHICH TO RECEIVE CARE AND TO WORK, BY THE CONTINUING DEVELOPMENT OF OUR STAFF AND ESTATE

19.	To receive the Staff Survey Results	**Mr Smith**	**Information**	Attachment 15

20. **Reporting Committees**

20.1	To receive a summary report from the Governance, Risk & Assurance Committee meeting held on 2 April 2012	**Mr Wood**	**Information**	Attachment 16
20.2	To receive a verbal summary report from the Audit Committee meeting held on 23 April 2012	**Mrs Catterall**	**Information**	Verbal

21. **Briefings Issued to the Board of Directors**

- Monitor Compliance Framework 2012/13
- BHFT Clinical Strategy 2012-2015

22. **Any Other Business**

23. **Questions from the Public relating to the Agenda**

24. To note the date and time of the next meeting **– 1.30 pm on Thursday 31 May 2012. The Archie Gentles Room at the Medical Exhibition Centre at Burton Hospital.**

DRAFT FOR APPROVAL **Attachment 1**

Burton Hospitals NHS Foundation Trust

Minutes of the Board of Directors Meeting held on 29 March 2012 at The Pavilion, Branston Golf & Country Club

		22/12/11	26/1/12	24/2/12	28/2/12	29/3/12
Committee Chair	**Mr J Morrison**	✓	✓	✓	**A**	✓
Non Executive Director	**Mrs L Heath**	✓	✓	✓	✓ **Chair**	✓
Non Executive Director	**Mr W Saunders**	✓	✓	✓	✓	✓
Non Executive Director	**Mr D Murray**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Non Executive Director	**Mr C Wood**	✓	✓	✓	✓	✓
Non Executive Director	**Mrs E Catterall**	✓	✓	✓	✓	**A**
Non Executive Director	**Mr R McDonald From 1 Nov 2011**	✓	✓	✓	✓	✓
Chief Executive	**Ms H Ashley**	✓	✓	✓	✓	✓
Medical Director	**Dr C Stenhouse From 1 May 2011**	**A**	✓	✓	✓	✓
Director of Finance	**Mr A Waite**	✓	✓	✓	✓	✓
Chief Operating Officer	**Mrs J Jones**	✓	✓	✓	✓	✓
Chief Nurse	**Mrs D Leese**	✓	✓	**A**	✓	✓

In attendance

Director of Governance*	**Mrs J Cotterill**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Director of HR*	**Mr R Smith**	✓	✓	✓	✓	**A**
Assistant to the Chief Executive*	**Dr D Price**	**Part**	**X**	✓	**Part**	**X**
Associate Director of Surgery	**Mr M Powell**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Director of Strategy and Planning*	**Ms N Ennis**	✓	✓	**N/A**	**N/A**	**N/A**
Executive Director of Operations (Interim)*	**Mrs S Spencer**	**N/A**	**N/A**	**N/A**	**N/A**	✓
Interim PMO Director*	**Mr M Feik**	**N/A**	**N/A**	**N/A**	**N/A**	**X**

Board Secretary	**Mrs C Smith**	✓	✓	✓	✓	✓
Director of Nursing & Quality - Staffs Cluster of PCTs	**Mrs J Warren**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Head of Midwifery	**Ms S Orton**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Cap Gemini	**Mr D Baker** **Mr M Charters**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Governors		**Mr Dain**	**Mr Dain** **Mr Carr** ***Mr Rollason***	**N/A**	**Mr Dain**	**N/A**
Shadowing CEO	**Dr A Gunasekera**	✓	**N/A**	**N/A**	**N/A**	**N/A**
Deloittes	**Ms R Hull** **Dr J Bevington**	**Ms Hull**	**Dr Bevington**	**N/A**	**N/A**	**N/A**
Board Committee Secretary	**Mrs K Carpenter**	✓	✓	✓	✓	✓

Key: ✓ - Attended, A – Apologies, X – Not Attended, N/A - Not Applicable, *No Voting Rights

BOD/12/106 Apologies for Absence

Apologies for absence were received from Mrs Catterall and Mr Smith.

BOD/12/107 Declaration of Interests

There were no declarations of interest raised.

BOD/12/108 Patient's Story

Mrs Leese introduced Mrs Thompson, Head Nurse for Medicine, and Mr Ward, Staff Nurse, from Ward 6. They attended the meeting to explain how a patient experience had influenced care. Mrs Thompson shared the patient story and Mr Ward presented and explained the Ask Me Campaign.

Dr Stenhouse noted that Mr Ward had referred to medical staff and questioned if any of the junior doctors were wearing the campaign badges. Mr Ward confirmed they were not. He added that he had spoken with Dr Why and Dr Carey with regard to receiving their support. Dr Stenhouse offered his assistance in encouraging participation.

Mr Wood questioned why staff were able to opt out of the campaign. Mr Saunders questioned why it only referred to Ward 6. Mrs Leese responded that this idea had been initiated by Ward 6 but there had been significant interest elsewhere. Mrs Thompson added that the campaign would be rolled out across the Medicine Directorate. Ms Ashley confirmed that the campaign was as a result of a staff conversation and Optimal Ward work and it was important that it was a "bottom up" process. A discussion followed regarding taking the campaign further.

2.15 pm Mrs Thompson and Mr Ward left the meeting.

BOD/12/109 Minutes of the Board Meeting held on 28 February 2012

The minutes of the Board meeting held on 28 February 2012 were **approved** as an accurate record.

BOD/12/110 Matters Arising not covered by the rest of the Agenda

There were no matters arising not covered by the rest of the agenda.

BOD/12/111 Monitoring of Actions from the Board Meeting

12/30 – Equality Delivery System
Ms Ashley advised that a discussion at the People Committee focused around how this should be taken forward. This would be discussed further at EMT. Mr Morrison questioned where the outcome of the discussion would be received and Ms Ashley confirmed it would be received at the People Committee. Mrs Heath confirmed that this was a People Committee agenda item.

12/61 – Implementing the SHA Ambition
Mrs Leese confirmed that the meeting date had been arranged.

12/65 – Quality Priorities 2012/13
Mrs Leese confirmed that there would be a discussion between the PPE Advisor and the Head of Estates and a date had been arranged. Ms Ashley confirmed that with regard to signing off the priorities in the Quality Accounts the responsibility had been delegated to the Chief Nurse. Mrs Leese added that if there were any changes she would inform the Board.

12/67 – January Performance Report
Mr Morrison confirmed that a dashboard had been circulated. Mrs Jones advised that she was also considering developing a weekly dashboard that would be available on the intranet. Ms Ashley suggested care was taken regarding the information circulated outside the Committees of the Board.

12/68 – January Finance Report
Mr McDonald requested that in Mr Smith's absence this should remain on the Action Monitoring schedule. Mr Morrison questioned the discrepancy and Mr McDonald explained that the Performance Report quoted FTE and the reduction over the past 6 months. There was a similar issue with the starters and leavers figures. Ms Ashley confirmed this would be resolved outside the meeting.

12/72 – Defining Organisational Values
Ms Ashley explained that there was a finalised form of words with an explanation for each one. There was a possibility that this would need to be reviewed.

The following actions were complete and would be removed from the Action Monitoring schedule:-

12/16 – Chief Executives Update
12/30 – Equality Delivery System
12/59 – Chief Executives Update
12/61 – Implementing the SHA Ambition

12/62 – Serious Incidents Monitoring Report
12/65 – Quality Priorities 2012/13
12/67 – January Performance Report
12/72 – Defining Organisational Values
12/74 – Governance, Risk & Assurance Committee Terms of Reference
12/76 – Any Other Business
12/77 – Questions from Public relating to the Agenda

BOD/12/112 Chief Executives Update

Ms Ashley referred to George Eliot (GE) Hospital. A number of the Executive Directors and Mrs Heath had attended an event which allowed George Eliot Hospital further opportunities to discuss the best possible operating model. They would now further consider their options. PWC had been supporting George Eliot Hospital during this process and had been asking NHS organisations whether they had a preference for a full merger and acquisition or a franchise. Ms Ashley had suggested the Trust would prefer a full merger and acquisition.

Ms Ashley advised that one of the outcomes from the Mid Staffordshire enquiry was the question of how people could be regulated as managers or boards. As a result of this draft Standards for members of NHS Boards and governing bodies had been developed. These had been circulated to all Board members.

Ms Ashley reported that Mrs Smith had attended an NHS Provider Licence event which would be progressed further in the coming months.

Ms Ashley had attended a South Derbyshire Clinical Commissioning stakeholder event on 22 March where the CCG had shared how they were hoping to work in the future and their priorities for the forthcoming year.

Mr McDonald referred to the licence and queried if it would have any effect on trusts that were becoming NHS trusts in 2014. Mrs Smith confirmed that the Terms of Authorisation would cease to exist for foundation trusts and would be replaced with a licence and the Trust would be monitored against the conditions in the licence.

Mr Wood referred to George Eliot Hospital and queried at what point the Trust would cease being passive. Ms Ashley suggested that by mid to late April George Eliot Hospital would have made a decision on their preferred operating model and would then determine if a formal procurement process would be required. At that point the Board would need to make a decision. If a formal procurement route was chosen there would be extensive costs involved which may alter the Board's view. Mr Wood questioned if during this process the Trust was collecting information that would allow the Trust to make a strategic decision in the future. Mrs Heath responded that their aim was a sustainable future for the George Eliot Hospital and the Trust's role was still to be determined.

Mr Morrison stated that Mr Wood wished to understand what information was being gathered. Ms Ashley thought the difficulty was that the Trust may be excluded from the process. Mr Wood would not wish to be in a position of making a decision quickly without having received the necessary information. Mrs Leese thought there were two issues, firstly was this something in which the Trust wished to be involved and secondly if that was not the case what was there for the Trust to gain. Mr McDonald reminded the Board that this was raised at the last meeting and minuted.

Ms Ashley confirmed that the Trust had gathered information but it would not be recognised as Due Diligence. Work had been undertaken to understand the benefits and the Trust was in a sound position. Mr McDonald suggested this would be an issue if the Trust was required to make a decision within a short timescale. A discussion followed regarding the information gathered.

The Board **noted** the content of the report and discussion the implications for the Trust as necessary.

BOD/12/113 RIDDOR Report

The Board **received** the RIDDOR Report.

BOD/12/114 Single Sex Compliance Report

Mrs Leese reported that the Trust was required to declare compliance with single sex requirements by 31 March. The statement of compliance would be published on the Trust website.

Mrs Leese reported that there had been some breaches, all of which related to an inability to step patients down. Mrs Leese requested that the Board approve the statement in terms of Single Sex Compliance.

Mrs Leese referred to a paragraph on the front sheet regarding specific circumstances where breaches may occur and the PCT pre-set threshold helping to eradicate/minimise financial penalty. This did not relate to a complacency regarding single sex compliance but a recognition that the Trust may have to make a difficult decision but this would not be undertaken unless there were exceptional circumstances. Mrs Spencer noted that it should be Mrs Leese's decision. Mrs Leese confirmed that she would not always be available to make that decision but she would be informed if required. Mr Morrison questioned if Mrs Spencer was suggesting that in Mrs Leese's absence someone should be delegated to make this decision. Mrs Spencer thought care should be taken when that decision was made. Mrs Leese responded that guidance was clear in the Policy and offered to share this with Mrs Spencer.

The Board **approved** and **supported** the statement of compliance for the Trust.

BOD/12/115 February Performance Report

Mrs Jones presented the Performance Report which highlighted potential issues going forward, areas that were red rated or areas that were giving cause for concern.

<u>Referral to Treatment</u>
Mrs Jones reported that the Trust did not achieve the 90% target for admitted patients in February. This was linked to the number of patients being treated who had already breached the 18 week target. Some access monies had been used to reduce the backlog. There was also a failure to deliver the Choose and Book target which was linked primarily to the Community Hospitals. A different booking system was in use in the Community Hospitals but the Trust was investigating amending the system to obtain better control. Next year the Trust would be monitored against the 90% target and the 95th percentile, together with the 92% incomplete pathway target.

Mr Morrison queried if there would be a backlog as the Trust entered April and Mrs Jones confirmed there would be. There were plans in place to reduce the backlog throughout the coming months. Ms Ashley added that there had been dispensation to clear as much of the backlog as possible by 1 April.

Emergency Department

Mrs Jones reported that the Trust had achieved the target in February and improvement was seen on a daily basis. It was anticipated that the Trust would achieve the target for Q4.

Mrs Jones advised that the most significant issue related to ambulance turnaround times and she had highlighted the key risks with regard to the contract. There were issues with data capture but there were plans in place for the East Midlands Ambulance Service to install the CAD system. There was still a HALO (Hospital Ambulance Liaison Officer) based within the hospital which was funded by the PCT and this would continue.

Ms Ashley queried the Trust's ability to achieve the 95% target in ED and the decline in ambulance handover time. Mrs Jones advised that a snapshot of 4 separate days had been undertaken and unfortunately on those 4 days the Trust did not achieve either target. Ms Ashley suggested circulating details of the ambulance handover times and the ED target for those 4 days.

Action: Mrs Jones / Mrs Spencer

Mr Morrison referred to the CAD system and queried if it would have a negative impact on the Trust performance. Mrs Jones confirmed it would not as long as the point at which handover had taken place was agreed.

Mrs Heath questioned what would happen to targets such as time to initial assessment from April. Mrs Jones confirmed that the indicators were sent to the PCT. Mrs Heath questioned how the Board would gain assurance in the future. Mrs Spencer advised that work was being undertaken with the Emergency Department with regard to ensuring the right patients received the appropriate treatment quickly.

Infection Control

Mrs Jones reported that the Trust had breached the year end target for CDiff with 4 reported cases in February and 1 case in March. A range of initiatives had been implemented. This information had been forwarded to Monitor and they were aware of the situation. The target of 25 cases in 2012/13 would be a challenge. Dr Stenhouse questioned if the target included the Community Hospitals and Mrs Jones confirmed it did.

Mr Morrison thought the action to "achieve timely specimen collection" had already been addressed. Mrs Jones clarified it had in relation to MRSA but not CDiff.

Theatres

Mrs Jones advised that the Trust had failed to bring back 2 patients for their surgery within the 28-day timeframe but both had since undergone surgery. Mr Wood enquired how the Trust communicated with patients who had their surgery cancelled.

Mrs Jones explained that they received an explanation and a personal apology on the day together with an alternative date if possible. They also received a letter from the Chief Executive and the Trust liaised closely with the patient to bring them back within the 28 days.

Mr Morrison stated that this was an issue with flow through the entire hospital. Ms Ashley advised that the Trust experienced difficulties with the Referral to Treatment target due to unplanned patients in beds. Mrs Spencer added that this was work in progress and it did not relate to just one component, it was the patient flow. Work was being undertaken and the Trust was already seeing fewer cancelled operations.

Mrs Jones reported that the unvalidated data indicated that the Trust would achieve all cancer targets for February.

Dr Stenhouse referred to mortality and advised that there was a spike in the actual number of deaths in the hospital in February. The February RAMI number was 107 as opposed to the usual 78-80. Most had occurred within the Medicine Directorate who had been asked to review the position.

Mr Wood referred to the weekly dashboard that had been circulated by Mrs Jones and highlighted that the indicator "percentage spending at least 90% of time on Stroke Unit" had dropped to 66% but the commentary stated that although the target had failed on a weekly basis it still met the monthly target. He wished to see the number of patients affected by that failure included in the report. Mrs Jones advised that this indicator was monitored on a daily basis and each individual patient was tracked. Mr Wood reiterated that he would wish to see how many patients were being affected. Mrs Leese questioned if Mr Wood would wish to receive an exception report. Ms Ashley confirmed that the Trust did not currently report by exception but it was possible to do so. Mrs Leese suggested that the integrated performance report would provide the information required. Ms Ashley asked Mrs Carpenter to circulate the weekly dashboard to the members of the Board.

Action: Mrs Carpenter

Mr Morrison stated that he had not seen an improvement in the HR figures. Mr Saunders questioned if these would be received by the People Committee in the future. Previously appraisals were 62% and the HR Director had advised that the appraisal process was under review. Ms Ashley advised that it had not yet been determined what information the People Committee would receive. Mr Saunders reiterated that he had expressed his concern with regard to the level of appraisals. Mrs Heath advised that the People Committee could receive a range of workforce indicators and that the Executive team were considering which would be appropriate to be received by the People Committee and which should be received by the Board. Dr Stenhouse added that there had been pressure from the revalidation support team and the medical appraisals were now 85% up to date and on target to reach 95% by end of next month.

The Board **noted** the content of the report and the associated risks.

BOD/12/116 February Finance Report

Mr Waite reported that February was another good month against the original plan. Pay expenditure was below the original plan. Year to date still recorded a significant deficit of £4.7m which was consistent with an FRR of 2. The outlook recorded a deficit of £7.7m for the year. The underlying trading position suggested some improvement but there were a number of significant one-off items impacting on this year which the Audit Committee was considering how they would be reflected in accounts.

Mr Waite advised that capex was below plan. Resources committed in respect of specific schemes had been carried forward into next year. Cash was significantly above the original plan. The Trust expected to end the year slightly better than previously reported. In terms of the underlying position this was reported at £3.9m. The Trust was effectively trading in a balanced position and therefore questioned why it had an underlying deficit. The level of activity undertaken in the previous 5 months was not being sustained in the commissioners plans and he would seek to clarify that issue.

Mr Saunders referred to the two graphs on page 5 and questioned if the improvement with Derbyshire and Leicestershire was expected to continue. Mr Waite responded that year on year over trade was part of the reason. High levels of activity were not planned to be sustained in the commissioner plans. The current plan reflected a more balanced view. The Trust remained vulnerable to small fluctuations but it began the year with a plan that better reflected the reality of its recent experience.

Mr Wood referred to page 7 and the creditor days and questioned if there was a risk associated. Mr Waite advised that the graph overstated the position as it included the cash advance from the PCT.

Mr Wood referred to Appendix 3 and the increase in bank and agency costs. Mr Waite advised that the variation was within the variable element of pay. He added that control of pay and non pay had been discussed at length and the Trust would further escalate these controls. Mr Morrison reported that the Finance & Delivery Committee had been assured by the Chief Executive that the intention was to minimise agency usage by appointing to the bank. Mrs Leese confirmed that the Trust was currently recruiting to the bank.

The Board **noted** the Trust's financial performance.

BOD/12/117 Statement of Purpose

Mrs Smith reported the Care Quality Commission required each service provider to have a Statement of Purpose. This had been reviewed and updated to reflect the current aims and values of the organisation and services provided at each location had been reviewed to ensure they were accurate.

Mr Wood referred to page 2 and noted that there was an error under "Our Aim" as it should read "more reliably than". Mr Morrison added that "principle" was spelt incorrectly.

Action: Mrs Smith

Ms Ashley reported that the CQC had undertaken an unannounced visit as part of a national programme with regard to complying with the Abortion Act. When they visited they compared the Trust's activities against its Statement of Purpose and found a discrepancy. The Trust's position was that the Trust only undertakes terminations for medical reasons.

Mr Wood referred to "Our Aim" and highlighted that it did not refer to safety and suggested that it should read safe and welcoming. Ms Ashley would review the wording.

Action: Ms Ashley

The Board **approved** the Statement of Purpose and **agreed** for this to be forwarded to the Care Quality Commission and published on the Trust website.

BOD/12/118 Review of Committee Terms of Reference against NHSLA Standards

Mrs Smith reported that the revised NHSLA Risk Management Standards required the Trust to include in its Terms of Reference expected frequency of attendance for members and details of monitoring against the Terms of Reference. She asked the Board to consider the required level of attendance and to consider if deputies could attend in the absence of a member.

Mrs Smith advised that Terms of Reference should be reviewed annually and proposed that the review would include a summary report briefly confirming the reporting arrangements and summarising the frequency of attendance.

Ms Ashley referred to the sanction for this and advised that the statement would be that the Committee was not as effective as it needed to be. Mrs Smith had reviewed organisations who had published their Terms of Reference and they did not stipulate a sanction. Mr Saunders thought the Chair would raise it at appraisals and staff having to justify their absence would be a sufficient sanction.

Mr Morrison did not think that a deputy would be as effective. Ms Ashley suggested it should be a named deputy. Mrs Smith explained that a deputy would have to be fully briefed in order to address any questions. Mr Saunders felt it was critical that a deputy had authority.

Mrs Smith advised that the NHSLA requirements related to the high level risk committees but she felt that it should relate to all committees. Mr Morrison questioned if it included working groups and Mrs Smith felt that it should.

Ms Ashley did not think it would be satisfactory if a deputy attended all the meetings. Mr Morrison questioned if all the committees would be reviewed. Mrs Smith confirmed she would incorporate the principles into the Terms of Reference. Mrs Heath felt the issue regarding deputies was important because if Committee members were members of the Board they should attend those meetings. Mr Saunders noted that NEDs were entitled to attend all Board Committee meetings.

Mr Morrison questioned whether it would be better to have an empty chair or a deputy. Mr Wood suggested that if someone missed several meetings the Committee would not be effective.

Dr Stenhouse advised that he would be unable to attend some meetings due to clinical work. Ms Ashley would liaise with Dr Stenhouse.

Action: Ms Ashley

The Board **considered** and **approved** the inclusion of monitoring compliance within Terms of Reference.

The Board **considered** and **approved** the required level of attendance for members of all committees of the Board. In addition the Board agreed the principles that could be translated into the Terms of Reference of the groups reporting into Committees of the Board:-

- If the group/committee meets less than every month, members of the group are required to attend at least half of the meetings held annually.

- If the group/committee meets monthly, members of the group are required to attend at least two thirds of the meetings held annually.

BOD/12/119 Proposed Constitution Amendments

Mrs Smith reported that a Public Governor had resigned in January requiring the Trust to call an election within 3 months to fill that seat meaning that an election would be held within a few months of the annual election process with extra cost being incurred. The Trust could hold the seat as vacant but in order to do so would need to amend the Trust Constitution. The proposed amendment would allow the Council of Governors to leave the seat vacant as long as the Public Governors did remain in the majority. A new clause was also proposed which would allow the Council of Governors to invite the candidate for that seat at the most recent election, who of those not elected had received the highest number of votes, to take office until the next annual elections.

Mrs Smith confirmed that clarification had been sought from the Trust solicitor and this did not require public consultation. It had been discussed at the Council of Governors in February and reviewed by the Monitor legal team and all were in agreement. Mrs Smith was requesting the Board approve the amendments to take to the Council of Governors in April in order that she could submit the proposed amendments to Monitor.

Mrs Smith advised that there was one minor amendment in 6.1.2.2 where “the person” would replace “he”.

The Board **approved** the proposed amendments to the Trust’s Constitution and agreed for them to be received by the Council of Governors in April 2012 for approval.

Following formal approval by the Board of Directors and Council of Governors these changes, together with evidence of approval would be submitted to Monitor.

BOD/12/120 Update on the Transformation Programme

Mrs Jones confirmed that the ASE presentation had previously been circulated to the Board. The Clinical Strategy was in the process of being developed and should be completed by mid April.

Once complete the Directorates would be expected to develop their strategies followed by the divisional clinical strategies.

Mr Morrison noted that some members of the Board had not attended the ASE event. Mrs Jones confirmed she was happy to discuss this further outside the meeting.

Ms Ashley advised that following the event the Trust now had sufficient information and a shared understanding, with ownership at some levels, on the organisation Clinical Strategy together with the Directorate and Divisional strategies.

Ms Ashley added that there were now several key strategies in terms of the Clinical Strategy, the Quality and Safety Strategy and the emerging Workforce Strategy all coming together to form a rich set of strategic objectives she proposed that the April BIS was used to ascertain if the Board were comfortable that these were coherent key actions for the next year. This would form a good basis for the Annual Plan.

Action: Ms Ashley

Mr McDonald referred to Mrs Jones' comment that the Trust would be working with Cap Gemini for a further 4-5 months and questioned if this may be concluded sooner. Mrs Jones advised that there were 4 phases of the Transformation Programme and the fourth phase would be in 4-5 months time and related to implementation. Ms Ashley advised that the Trust had a choice and may decide not to engage Cap Gemini for phase 4. Mrs Jones added that some of the outputs would assist in the delivery of the Recovery Plan.

Mr Morrison did not think it had been established the extent to which any of the Directorate and departmental plans overlap. Ms Ashley confirmed that the process was designed to ensure there would not be an overlap. Mrs Jones added that alongside actions for the Medicine and Surgery Directorates there would be a number of cross cutting schemes that would be taken across the whole organisation.

BOD/12/121 Developing the Future Organisational Strategy

Ms Ashley reported that the purpose of the paper was to gain Board agreement on how the Trust might consider its strategic future. She had tried to set a context as to what the Board may wish to consider and also suggested a process as to how it may undertake those conversations. The Board would need to consider the external requirements but the suggestion was to use the development programme as a delivery vehicle.

Mr McDonald thought it was a good idea. Mr Saunders' reservation was the timing with regard to involving external stakeholders. Ms Ashley advised that there was already a level of consensus from the high level stakeholders and the Trust was being given the opportunity to drive that forward. Mr Morrison agreed with Mr Saunders.

Mrs Heath thought it related more to continual dialogue and engagement which had not necessarily happened in the past. Mr Wood suggested it may be different for the patient and public and questioned when it would be shared with that group. Ms Ashley agreed that it was important to consider the views of all stakeholders. A further discussion followed regarding the stakeholders.

Mr Saunders wished to understand what the Board thought, what it wanted to do, who it wanted to see. Ms Ashley advised that the PCT were suggesting that the Transformation Programme should be exported into the rest of the health economy. Mrs Jones thought it was clear what needed to be considered and the thinking was beginning to permeate down into the organisation.

The Board **discussed** the proposed approach, considerations and use of the Board Development Programme to determine the future of the organisation.

BOD/12/122 Summary Report from the Audit Committee Meeting held on 29 February 2012

Mrs Heath reported that there was only one area of particular concern which was the Recommendation Tracker as highlighted in the report. Ms Ashley confirmed that the Recommendation Tracker and the need to update it in a more timely manner, had been discussed at EMT.

The Board **noted** the summary report from the Audit Committee meeting held on 29 February 2012.

BOD/12/123 Summary Report from the People Committee Meeting held on 14 March 2012

Mrs Heath reported that the only issue was the outcome of the Staff Survey. The Executive team had been asked to address issues raised by the end of April.

Mr Morrison noted that the report referred to stress and the workforce and that it appeared to be deteriorating. Ms Ashley confirmed that the report highlighted that there had been a spike at Samuel Johnson in relation to sickness and work was being undertaken to obtain a greater understanding.

The Board **noted** the summary report from the People Committee meeting held on 14 March 2012.

BOD/12/124 Ex Gratia Payments Panel Terms of Reference

Mr McDonald presented the Ex Gratia Payments Panel Terms of Reference. Mr Waite noted that the quorum stated that there must be a NED and an Executive in attendance but the membership did not include an Executive. Mr Waite queried its compliance with the Scheme of Delegation and suggested that the Chief Executive and Director of Finance should be members. He also suggested that the Panel could report into the Audit Committee. Mrs Smith to make the necessary amendments.

Action: Mrs Smith

The Board **approved** the Ex Gratia Payments Panel Terms of Reference subject to the above amendments.

BOD/12/125 People Committee Terms of Reference

Mrs Smith reported that the Terms of Reference had been approved by the People Committee but would need amending in light of the NHSLA requirements.

Mrs Heath advised that the EDS Steering Group had not been included. Ms Ashley responded that one of the options was that this Group would not be required.

Action: Ms Ashley

The Board **approved** the People Committee Terms of Reference.

BOD/12/126 Updated Committee Membership

Mrs Smith reported that Mrs Catterall was no longer a member of the Governance, Risk & Assurance Committee. She confirmed that Dr Stenhouse would be in attendance at the Audit Committee. Mr Waite highlighted that Executive Directors could not be members of the Audit Committee, they could only be an attendee.

The Board **approved** the updated Committee Membership subject to the above amendments.

BOD/12/127 Briefings Issued to the Board of Directors

The following briefings were issued to the Board:-

- Monitor Q3 2011/12 Feedback Letter
- Monitor Q3 2011/12 Reporting Executive Summary
- NHS Staff Survey Results
- Paper on Development of Local Education and Training Boards (LETBS)

Mr Morrison queried if the paper on LETBS should be received by the Board. Mrs Jones suggested a BIS and Mr Morrison agreed a BIS would be more practical.

Action: Mrs Smith

BOD/12/128 Any Other Business

Ms Ashley advised that the decision had been made by the Common Board of Staffordshire PCTs to close the Margaret Stanhope Centre at some point in the future. The Board had previously discussed the implications should the facility become vacant. Ms Ashley suggested that the Chief Operating Officer provide a discussion paper for the April Board meeting.

Action: Mrs Jones

Mr Saunders questioned if it would include options for the remainder of the Outwoods site and Ms Ashley confirmed it would not.

BOD/12/129 Questions from the Public relating to the Agenda

There were no questions from the public relating to the agenda.

BOD/12/130 Date and Time of Next Meeting

The next meeting would be held at **1.30 pm on Thursday 26 April 2012, venue to be confirmed.**

The meeting closed.

Signed…… **Date……**
Mr J Morrison

BURTON HOSPITALS NHS FOUNDATION TRUST
BOARD OF DIRECTORS – OPEN – ACTION MONITORING SCHEDULE

APRIL 2012

Month	Minute	Action	Lead	Date to Complete	Feedback
January	**BOD/12/18**	**Dementia Strategy** Ms Ashley to share her thoughts on the environment for patients with dementia.	HA	April 2012	**Defer to May 2012**
February	**BOD/12/68**	**January Finance Report** Mr Smith to confirm the figures with regard to the reduction in headcount and WTE. <u>Update from March Meeting:-</u> Mr McDonald requested that this remain on the Action Monitoring schedule to prompt for a further update.	RS	April 2012	**Information will be circulated to the Board members.**
March	**BOD/12/115**	**February Performance Report** <u>Emergency Department</u> Mrs Jones/Mrs Spencer to circulate details of the ambulance handovers and the ED target for the 4 day snapshot. Mrs Carpenter to circulate the weekly dashboard to the members of the Board.	JJ/SS KLC	April 2012 April 2012	**See appendix 1.** **Complete.**
March	**BOD/12/117**	**Statement of Purpose** Mrs Smith to make amendment on page 2 and check spelling of the word “principle”. Ms Ashley to review the wording under “Our Aim” with a view to incorporating safety.	CMS HA	April 2012 April 2012	**Complete.** **Complete.**

Attachment 2

Month	Minute	Action	Lead	Date to Complete	Feedback
March	**BOD/12/120**	**Update on Transformation Programme** April BIS to be used to discuss the Annual Plan Priorities.	HA	April 2012	**Complete**
March	**BOD/12/124**	**Ex Gratia Payments Panel Terms of Reference** Mrs Smith to amend as highlighted.	CMS	April 2012	**Will be completed by the end of April.**
March	**BOD/12/125**	**People Committee Terms of Reference** Ms Ashley to consider the options regarding the EDS Steering Group.	HA	April 2012	**To be considered.**
March	**BOD/12/127**	**Briefings Issued to the Board of Directors** Mrs Smith to arrange a BIS to discuss the Development of Local Education and Training Boards (LETBS)	CMS	April 2012	**Added to the forward planner.**
March	**BOD/12/128**	**Any Other Business** Mrs Jones to provide a paper regarding the options for the Margaret Stanhope Centre.	JJ	April 2012	**Agenda item**

Attachment 2
Appendix 1

	Total Number of Patients off loaded	Total No. of patients off loaded in 15 Minutes	% of patients off loaded	WMAS CAD DATA	Admissions	Attendances	4 Hr Breach	%
Sunday February 5th	44	23	52%	34%	41	177	24	86.4%
Monday February 13th	34	17	50%	18%	56	196	14	92.9%
Tuesday February 21st	24	23	96%	41%	46	167	8	95.2%
Wednesday February 29th	37	27	73%	13%	64	195	22	88.7%
Month Total			68%	34%				

BURTON HOSPITALS NHS FOUNDATION TRUST

Meeting of the Board of Directors to be held on 26 April 2012

Title and Date of Report:	Chief Executives Report

Author(s):	Helen Ashley - Chief Executive
Presented by:	Helen Ashley - Chief Executive
Status: **(Note, Approve, Decision, Discuss):**	To Note

Strategic / Business Objective	All

Implications:

CQC:		**KPI:**	X
Legal, Regulatory and NHS Constitutional Implications:	X	**Resource Implications: (Financial/Staffing)**	
Equality & Diversity and Public & Patient Involvement Implications:		**Communication:**	

Other (specify)

Risks: Yes/No	**Risk Register Ref :** **Score** **Date onto Register**	**Description:**

Assurance:	Yes

Summary of key issues:	See attached.

Escalation to Board of Directors for discussion :	N/A

Recommendations:	To note the content of the report, and further discuss implications for the Trust as necessary.

1. Delivering the Trust Objectives

1.1 Operational Performance

Despite significant challenges over the course of the year the Trust has performed well across the broad range of indicators against which it is monitored.

In compliance terms the breach of the CDifficile threshold has been previously reported, though performance during Quarter 4 was below threshold.

A&E performance has been in line with the required standard, though as the method of measurement changes in the new year delivery will need to be more consistent on a site by site basis.

18 week performance has been consistent throughout the year, work to reduce the number of patients waiting, whilst impacting upon the compliance threshold has put the Trust in a good position for the forthcoming year.

1.2 Financial Performance

The year end financial position / accounts will be reviewed by the Audit Committee on the 23rd March. A level of improved operational performance has continued to be maintained at the year end, and subject to ongoing performance should place the Trust in a good position to address its ongoing challenges in the new year.

2. GOVERNANCE

2.1 Trust in Significant Breach of its Authorisation

Representatives from the Trust met with Monitor on the 17th March 2012 for the Trust's monthly review as the Trust continues to be in breach of its terms of Authorisation. The key issues discussed were as follows:

- 2011/12 YTD financial performance and forecast outturn – the Trust shared the draft year end outturn position, subject to audit, as well as a review of the underlying position going forward.
- Forecast liquidity position – the Trust shares ongoing improvements in its liquidity.
- Financial recovery plan progress - the Trust shared progress on plan implementation, as well as capacity and capability to deliver the plan.
- Governance review – the Trust shared initial responses to the review of Quality Governance.

The Trust should receive written feedback from Monitor during the next week.

2.2 HSE Visit in respect of Dermatitis

During March the Trust received a planned visit from the HSE as part of their national review on arrangements to monitor dermatitis amongst staff.

On the day the Trust received verbal feedback on a number of areas where concerns were identified and as such further information was requested. Those areas were as follows:

1. The extent of health surveillance provided by the Occupational Health team.
2. Governance arrangements in respect of Health and Safety.
3. Health and Safety capacity.
4. Occupational Health Service capacity.

The Trust has provided further evidence in response to these concerns and awaits written feedback before the end of April

3. KEY MEETINGS, VISITS, CONFERENCES AND EVENTS

3.1 Foundation Trust Network

At the Chairs/CEOs March meeting the importance of upholding tariff rules, particularly in the light of increasing competition, was discussed. The FTN are pushing for greater transparency and sharing of financial penalties around re-admissions. Early indications are that 5% of re-admissions are avoidable by hospitals and 25/30% could be avoided given sufficient investment in community services. It was considered the Health & Social Care Bill will go through, with some amendments – the private patient income cap would need to be expressed in forward plans and if a 5% increase in one year, this would need to be approved by the Governors. For commissioner requested provider services, providers can ask Monitor for an uplift to tariff (if the service cannot be provided within it).

3.2 Health and Social Care Bill

The Health Secretary has recently written to all NHS organisations in respect of the implications of the new Health and Social care Bill. An extract from the letter to NHS Foundation Trusts is included below

- *As an NHS foundation trust, the Act gives you far greater operational freedom to organise services in the ways you know will deliver better care for your patients. You will have greater opportunity to develop more innovative services – taking advantage of greater flexibility around private income so it best supports your NHS activity. You will also be able to merge with, or acquire, other NHS foundation trusts and NHS trusts without the explicit approval of Monitor, and without a burdensome legislative process.*

- *The Act gives you – as an NHS foundation trust – genuine operational independence to determine how best to meet the needs of your commissioners. Monitor will cease to have a role focused solely on the performance of foundation trusts, and instead will regulate all healthcare providers to ensure they remain financially sound and well governed. Monitor, working with the NHS Commissioning Board, instead of ministers, will set the national tariff from 2014/15, giving you the long-term stability in planning your income to maximise the operational independence given to you by the Act.*

- *The Act prevents the Government – or anyone else in the NHS – from discriminating against you in favour of the private sector. I know from my discussions with some of you in the past just how frustrated you have felt about this practice. The Act prevents this in future, by law.*

Helen Ashley
Chief Executive

BURTON HOSPITALS NHS FOUNDATION TRUST

Meeting of the Board of Directors to be held on 26 April 2012

Title and Date of Report:	West Midlands Quality Review – Vulnerable Adults (September 2011) Summary of final report, outcome and actions

Author(s):	Julie Thompson – Head Nurse (Medicine)
Presented by:	Dawn Leese – Chief Nurse
Status: **(Note, Approve, Decision, Discuss):**	Note outcome of WMQR and action plan and progress to date

Strategic / Business Objective	Getting quality and care right first time and reducing variation in clinical practice

Implications:			
CQC:	Implications for compliance with outcome 7: safeguarding people who use services from abuse	**KPI:**	
Legal, Regulatory and NHS Constitutional Implications:	Legal	**Resource Implications: (Financial/Staffing)**	
Equality & Diversity and Public & Patient Involvement Implications:		**Communication:**	This report will available to the public

Other (specify) Ensuring personalised and responsive services are in place for all of our patients, including those from minority groups and vulnerable groups was a Trust priority in the 2011/12 quality account**.**

Risks: Yes	**Risk Register Ref :** C220 **Score** 4 **Date onto Register** December 2010	**Description:** Reduced awareness of Adult Safeguarding procedures.

Assurance:	External assurance

Summary of Key issues:	During September 2011 the care of vulnerable adults within the Trust was reviewed as part of the West Midlands Quality Review into Mental Health Services, Health Services for People with Learning Disability, Dementia Services and Care of Vulnerable Adults in Acute Hospitals - South Staffordshire Health Economy. This report summarises the review findings and represent significant progress made by the Trust in relation to adult safeguarding and highlights a number of areas of good practice. The two areas for further improvement are being addressed and progress with any outstanding action will be monitored via quarterly reports to Governance, Risk & Assurance Committee.

Escalation to Board of Directors for discussion :	N/A

Recommendations:	The Board are requested to note the finding of this report and further actions taken.

Burton Hospitals NHS Foundation Trust (BHFT)

West Midlands Quality Review into Care of Vulnerable Adults in Acute Hospitals – summary of report and findings for BHFT

1. Introduction

No Secrets (Department of Health 2000) signalled the Governments intention to provide greater protection for adults. The report recognised there were concerns about the identification and reporting of crimes against vulnerable adults in care settings.

A key requirement of the Trust registration with the Care Quality Commission (CQC) is compliance with standard Outcome 7: safeguarding people who use services from abuse.

A previous paper to the Trust Board (December 2010) identified that action needed to be taken in the following areas to ensure compliance:

- Lack of dedicated resources for safeguarding.
- No nominated adult safeguarding lead.
- No training plan and insufficient delivery for staff of required level 1, 2 and 3 training.
- Systems and processes for dealing with suspected abuse and learning lessons not robust.
- Ineffective implementation and evaluation of multi-agency policy and associated procedure.

Significant work has been completed over the last 14 months and the Trust is compliant with CQC Outcome 7, with all the concerns identified above now resolved.

During September 2011 the care of vulnerable adults within the Trust was reviewed as part of the West Midlands Quality Review into Mental Health Services, Health Services for People with Learning Disability, Dementia Services and Care of Vulnerable Adults in Acute Hospitals - South Staffordshire Health Economy.

The purpose of the review programme was to help providers and commissioners of services to improve the quality of services. The final report also provided valuable external assurance for the Trust, our commissioners and the public. The final report will be in the public domain.

2. Results or Findings

The final report has now been published and the key points for BHFT are:

<u>Good practice</u>

- A substantial amount of work had taken place over the preceding year to raise awareness of the care of vulnerable adults and to ensure that appropriate policies and procedures were in place.
- A new lead for safeguarding and care of vulnerable adults had been appointed and a programme of training and awareness had commenced.
- In the clinical areas that were visited patient care was well organised and staff were responding appropriately to the privacy and dignity needs of patients.

- Work that had been undertaken to improve the care of people with dementia was recognised including the use of the “this is me” booklet and the dementia working group with its inclusion of the Alzheimer’s society.
- Case studies / patient stories have been used in safeguarding training.
- Good links developed between Safeguarding Lead and PALS.
- Falls risk assessment charts implemented across the Trust.

Areas for improvement

The review identified two areas that required actions for improvement. These areas had already been identified by the safeguarding team and had plans in place to progress.

- Staff training – Mental Capacity Act and Deprivation of Liberty Safeguards - action ongoing.
- Clinical Guidelines and Policies surrounding MCA and DOLS training and rapid tranquillisation policy – action completed.

An action plan has been developed as a response to the WMQR findings (appendix 1). This will be monitored via the Adult Safeguarding Steering Group with quarterly progress reports to Governance, Risk & Assurance Committee.

3. Conclusion

The review findings represent significant progress made by the Trust in relation to adult safeguarding and highlight a number of areas of good practice. The areas for further improvement are being addressed and progress with any outstanding action will be monitored via quarterly reports to Governance, Risk & Assurance Committee.

WMQR – Care of Vulnerable Adults in Acute Hospitals
Burton Hospitals NHS Foundation Trust

Concerns	Current Compliance	Required Action	Responsible Person	Proposed Completion Date	Status
Awareness of Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)	Lead and Matron for safeguarding Adults has attended training for MCA and DoLS delivered by SSASP. Training sessions have been developed for MCA and DoLS inline with SSASP training. MCA and DoLS is discussed as part of all Safeguarding Training MCA and DoLS training has been delivered to a group of Band 7 nurses and some medical staff MCA covered in Adult Protection and Consent policy. DoLS covered in Adult Protection Policy.	Develop a plan how training will be rolled out across the Trust (MCA and DoLS training to be mandatory and updated 3 yearly). Develop a policy for MCA and DoLS. Copies of MCA and DoLS – Code of Practice have been ordered and awaiting delivery for wards and departments.	Lisa Lamb/ Julie Thompson Lisa Lamb/Julie Thompson Lisa Lamb	May 2012 July 2012 May 2012	

Lisa Lamb – Matron Safeguarding Vulnerable Adults
27th March 2012

WMQR – Care of Vulnerable Adults in Acute Hospitals
Burton Hospitals NHS Foundation Trust

	Safeguarding Matron works closely and links in with Dementia Lead Nurse.				
Guidelines and Policies:- • No Missing Person Guidelines • Restraint Policy – did not cover challenging behaviour or de-escalation • Rapid tranquilisation policy in draft	Missing Patient Policy developed and in place. Clinical Holding Policy developed and in place with links to Conflict Resolution policy and de-escalation. Rapid Tranquilisation Policy ratified by Mental Health Trust and accessed via pharmacy intranet as required.			Completed	

Lisa Lamb – Matron Safeguarding Vulnerable Adults
27th March 2012

WMQR – Care of Vulnerable Adults in Acute Hospitals
Burton Hospitals NHS Foundation Trust

Further Consideration: No staff member with specific responsibility for care of people with Learning Disabilities	Matron – Safeguarding Vulnerable Adults has responsibility for the care of people with Learning Disabilities and links in/engages with community learning disabilities team on an ongoing basis.				

BURTON HOSPITALS NHS FOUNDATION TRUST

Meeting of the Board of Directors to be held on 26 April 2012

Title and Date of Report:	**Reporting of Injury, Disease and Dangerous Occurrence Regulations (RIDDOR) Report 26th April 2012**

Author(s):	Norman Walker – Health and Safety Manager
Presented by:	Helen Ashley – Chief Executive
Status: (Note, Approve, Decision, Discuss):	Discuss Decision

Strategic / Business Objective	• Getting quality of care right first time and reducing variation in clinical practice. • Making Burton Hospital a pleasant and welcoming place in which to receive care and work, by the continuing development of our staff and estate.

Implications:			
CQC:	All Outcomes (particularly 10, 13 & 14)	**KPI:**	
Legal, Regulatory and NHS Constitutional Implications:	Health & Safety Executive	**Resource Implications: (Financial/Staffing)**	
Equality & Diversity and Public & Patient Involvement Implications:		**Communication:**	

Other (specify):

Risks: No	**Risk Register Ref:** **Score :** **Date onto Register:**	**Description:**

Assurance:	Yes

Summary of key issues:	The attached report shows that 3 non-clinical RIDDOR reportable adverse incidents are currently being managed. Two incidents are currently under investigation and one is for closure.

Escalation to Board of Directors for discussion :	Not applicable

Recommendations:	The Board is requested to receive the report and approve the closure of incident number DB46351.

Attachment 5

Burton Hospitals NHS Foundation Trust

RIDDOR REPORT – 26 April 2012

1. Purpose of Report

The Reporting of Injuries, Diseases Dangerous Occurrence Regulations (RIDDOR) 1995 requires certain categories of injury, disease or dangerous occurrence to be reported to the Health & Safety Executive (HSE) within specified times of their occurrence, in most cases this is 10 days. RIDDORs can be clinical, involving patients and non-clinical involving staff.

The purpose of this report is to inform the Board of all "open" RIDDORs i.e. those awaiting investigation, root cause analysis and / or completion of the required actions to mitigate the risk of re-occurrence.

2. Current Position

There are currently 3 non-clinical RIDDOR reportable incidents that are actively being managed.

- E347D2B399 **(DB No 46351) Slip Trip and Fall**
  I**nvestigation complete – No Further Action was required – CLOSURE REQUESTED**

- C1A8AE5FDE **(DB No 46550) Illness/Condition – Fainted**
  Investigation in progress

- 9E179F0FF3 **(DB No 46680) Slip Trip and Fall**
  Investigation in progress

3. Incidents Closed/ For Closure

A request is made for the closure of 1 non-clinical RIDDOR reportable incidents

- E347D2B399 (DB No 46351) **Slip Trip and Fall – investigation complete – No Further Action was required – CLOSURE REQUESTED.**

BURTON HOSPITALS NHS FOUNDATION TRUST

Meeting of the Board of Directors to be held on 26 April 2012

Title and Date of Report:	Complaints & PALS Quarter 4 Report January to March 2012

Author(s):	Janet Cort - Complaints & PALS Manager
Presented by:	Helen Ashley - Chief Executive
Status: (Note, Approve, Decision, Discuss):	To note and discuss

Strategic / Business Objective	Getting quality of care right first time and reducing variation in clinical practice.

Implications:			
CQC:	Outcome 17	**KPI:**	
Legal, Regulatory and NHS Constitutional Implications:	NHS Complaint Legislation	**Resource Implications: (Financial/Staffing)**	
Equality & Diversity and Public & Patient Involvement Implications:		**Communication:**	

Other (specify)

Risks: No	**Risk Register Ref :** C170 **Score :** 9 **Date onto Register:** 10 May 2011	**Description:** Failure to meet identified targets for completion of complaint responses.

Assurance:	To provide compliance with NHS Complaint Legislation and provide evidence for CQC.

Summary of key issues:	**Formal Complaints: 102 formal complaints** were received in the quarter. This is an **increase compared to the previous quarter.** Complaint themes remain consistent with **21.5% relating to medical care / treatment.** **Acknowledgement times: All** complaints were acknowledged within the 3 working day target. Of the formal complaints received during this period, **41% were completed within 25 working days and a further 29.5% completed within 50 working days.** 30 complaints (**29.5%** of the total received this quarter) have yet to be resolved. This is a further improvement compared with the previous quarterly position. Of the formal complaints received between January and March 2012 which have been completed, **68% were upheld/partially upheld** with **28% unsubstantiated**. As 29.5% of the total received are still to be completed these figures will change. **PALS enquiries: 878 PALS enquiries** were received, of which **217 expressed concerns, 385 were requests for information / advice and 116 were compliments**. The number of PALS enquiries in total has increased by 27% with the number of concerns handled through PALS also showing an increase. Although the main issues raised were comparable with the previous quarter, there was a significant increase noted in relation to patient transport issues.

Escalation to Board of Directors:	N/A

Recommendations:	To decide if there are any issues arising which the Board feels require closer monitoring. To review actions taken from previously highlighted issues to ensure effective remedial action has been taken.

Burton Hospitals NHS Foundation Trust

Complaints & PALS Quarterly Report: January to March 2012

1. INTRODUCTION

The purpose of this report is to inform the Board of the Trust position in respect of complaints received during the period January to March 2012 and to identify trends and common themes from the data recorded. This will help the Board to make an informed decision regarding the performance of the Trust and enable consideration to be given to specific issues highlighted as potential areas of concern.

In order to facilitate this, the report has been split into separate sections which reflect Complaints, PALS and Soft Intelligence in turn. The final section provides a summary of the issues previously identified.

2. FORMAL COMPLAINTS

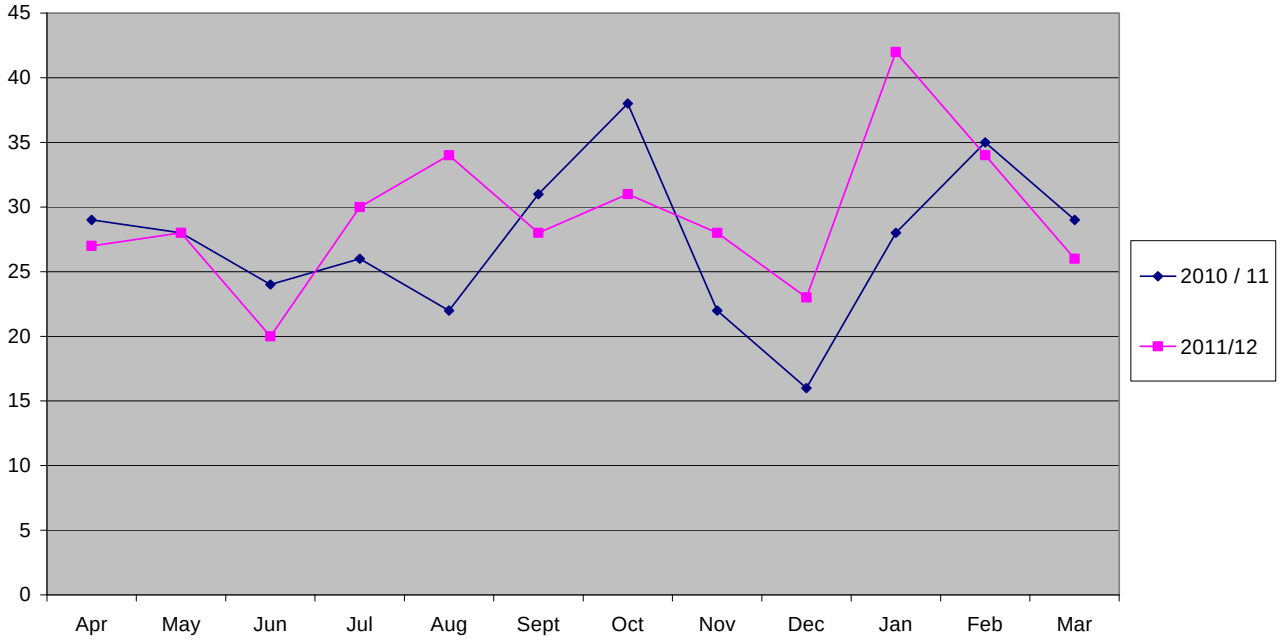
2.1 Results or Findings

2.1.1 Trend in Formal Complaints by contacts

There has been an increase in complaint contacts compared to quarter three and also when compared to the corresponding quarter in 2010/2011. The number of issues arising from the complaints received has shown a similar increase.

	Jan – Mar 2011	Apr – Jun 2011	Jul – Sept 2011	Oct – Dec 2011	Jan – Mar 2012
Formal Complaints	92	75	92	82	102

Trend in Formal Complaints



2.1.2 Complaint Issues per Directorate

To understand the issues arising from these complaint contacts these have been analysed by Directorate.

The most frequently noted areas identified in complaints received during this quarter are Emergency Department (39), Treatment Centre (15), Ward 3 (13), EAU (11) and Ward 6 (10).

Directorate Complaints (Issues)					
	Jan – Mar 2011	**April-June 2011**	**July – Sept 2011**	**Oct – Dec 2011**	**Jan – Mar 2012**
Medicine	104	84	88	94	104
Surgery	138	110	140	124	137
Estates & Facilities	2	1	-	1	3
Finance / Corporate / Governance	2	1	1	3	4
Not applicable	1	3	-	3	5
Community	-	-	7	6	10
Total issues	**247**	**199**	**236**	**231**	**263**

2.2 Formal Complaint Themes

The top themes in terms of issues raised in complaints comprised medical care and treatment (21.5%), communication / information (20%), attitude of staff (13.5%), nursing care and treatment (10%), admission/discharge/transfer (7%), delayed or cancelled outpatient appointments (5%) and medication (4%).

The remaining 19% of complaint themes, grouped as 'other', comprises 50 issues, including cancelled inpatient appointments, PAMS care and treatment, midwifery care and treatment and personal records.

However, this figure is expected to change slightly when all of the complaints for this quarter have been closed as some issues are only identified during the investigation process. In some cases the initial impression based solely on the complainant's perception is inaccurate.

2.3 Formal Complaints: First Stage Local Resolution

	Response times achieved					
Number of complaints received Jan - Mar		**Less than 10 working days**	**11 – 25 working days**	**26+ working days**	**Withdrawn / consent not received**	**Local resolution still in progress**
102	**Response times achieved**	N/A	45	4	5	30
	% of anticipated response times achieved	N/A	72.5%	80%		

The response times achieved in the above table refer to 95 complaints where a written response was requested at the outset. The remaining 7 complaints include cases where a meeting was requested, where the complaint was not pursued or where consent has not been provided.

Of the cases where the anticipated response time was exceeded, 6 were completed within a further 5 working days.

In each case where the complainant has been contacted directly following receipt of their complaint, the offer of a meeting is made at the outset. Where it has not been possible to contact the complainant to discuss the way they wish their complaint to be handled, a written response is suggested but the complainant is asked to contact the Complaints Office to confirm their agreement with this approach.

	Jan – Mar 2011	Apr – Jun 2011	Jul – Sept 2011	Oct – Dec 2011	Jan – Mar 2012	Apr – Jun 2012 (planned)	To be arranged
Complaint Meetings held	12	15	12	9	9	1	2

Of the 9 meetings held this quarter, 5 were follow up meetings after an initial response had been received. Four meetings were in response to new complaints, 2 of these complaints having been received during the previous quarter.

Complaint Outcomes (Contacts)					
	Jan – Mar 2011	**Apr – Jun 2011**	**Jul – Sept 2011**	**Oct – Dec 2011**	**Jan – Mar 2012**
Upheld	29	14	30	19	21
Partially upheld	37	39	29	36	28
Unsubstantiated	23	18	27	22	20
Not proven	1	1	0	0	0
Withdrawn / not pursued / consent not provided / other provider	2	3	6	5	3
On-going	0	0	0	0	30
Total	92	75	92	82	102

The top areas where issues have been upheld / partially upheld are the Emergency Department (12), Treatment Centre (11) and EAU (6). The remainder are spread across the Trust with no specific hotspots being identified at this stage, although this is likely to change as the final 30 complaints are completed.

2.4 Learning from Complaints - Action Plans

Awaiting Action Plan	52
No Actions Identified	39
Documentation Reviewed	1
Monitoring Undertaken	1
Reminder To Staff	19
Review Of Procedures	8
Training Required	4

Of the 52 cases where action plans are currently awaited, 23 were overdue at the end of the quarter. Action is being taken within the Directorates to address this.

Examples of individual improvements / actions

Communication / Documentation:

- Staff reminded of the importance of clear communication with patients and their relatives, particularly regarding treatment plans and discharge arrangements.
- Ensure medical guidance is clear regarding when patients can be discharged.
- Staff reminded to ensure patients are advised of delays occurring in clinics and apologies offered.
- Bedside patient handovers introduced in Maternity to improve communication both with patients and between staff.

Staff Attitude

- Staff to ensure assistance is provided to patients in a professional manner and enquiries are referred to the appropriate department.

Patient Care:

- Teaching session undertaken to emphasise the importance of early administration of antibiotics in patients presenting with possible infection.
- Issues relating to administration of medication addressed with individual members of staff.
- Staff awareness to be raised regarding the Adult Inpatient Falls Assessment, Prevention and Management Policy.
- Updates of risk assessments (inclusive of falls) to be carried out weekly, or more often if falls occur.

2.5 Health Service Ombudsman Reviews

Between January and March 2012 there were 2 new referrals accepted by the Health Service Ombudsman.

Case 1) A copy of the case file and relevant medical records were provided. The Ombudsman has advised that they will not be investigating this case.

Case 2) A copy of the case file and relevant medical records was requested on 30 March 2012. This has been provided within the timeframe specified by the Ombudsman.

One further referral was made to the Ombudsman during the quarter. However, as the case has been the subject of an Inquest where a Rule 43 was applied, the Ombudsman does not wish to intervene at this stage.

Of the 4 cases previously referred to the Ombudsman which were still under review at the close of the Quarter 3:

Case 1) This case was referred to the Ombudsman by the Trust in August 2011. The Ombudsman identified one issue to be investigated. The decision is still awaited.

Case 2) A copy of the case file and relevant medical records were provided. The Ombudsman has advised that they will not be investigating this case.

Case 3) A copy of the case file and relevant medical records were provided. The Ombudsman has advised that they will not be investigating this case.

Case 4) The Ombudsman requested a report from their clinical advisor who gave a different opinion compared to the treating clinician. A further review of treatment has been obtained by the Trust which supported the clinical advisor's view. This information has been forwarded to the complainant at the direction of the Ombudsman and further contact is awaited.

3. PALS

All concerns which come to the attention of the Complaints & PALS office are recorded. The way in which they are handled depends on the nature of concern raised, the type of response required and primarily the wishes of the complainant. The majority of concerns handled through PALS are dealt with very quickly, by telephone, to the satisfaction of the complainant. This may be supported by written confirmation of the advice given, if requested. However, it is sometimes the case that a response is required from a member of staff who is on leave, in which case the complainant is usually more than happy to wait until they return.

3.1 Results or Findings

3.1.1 Trend in PALS contacts

	Jan – Mar 2011	Apr – Jun 2011	Jul – Sept 2011	Oct – Dec 2011	Jan – Mar 2012
PALS Contacts	492	454	796	690	878

The following table indicates the number of contacts who primarily expressed concerns; the remainder mainly being requests for information (385) or support (81) and expressions of appreciation (116).

	Jan – Mar 2011	Apr – Jun 2011	Jul – Sept 2011	Oct – Dec 2011	Jan – Mar 2012
PALS Enquiries (by contact)	152	126	155	145	217

With regard to the requests for information handled by PALS, these included 49 requests for information regarding how to complain and 59 requests relating to the ambulance service or transport.

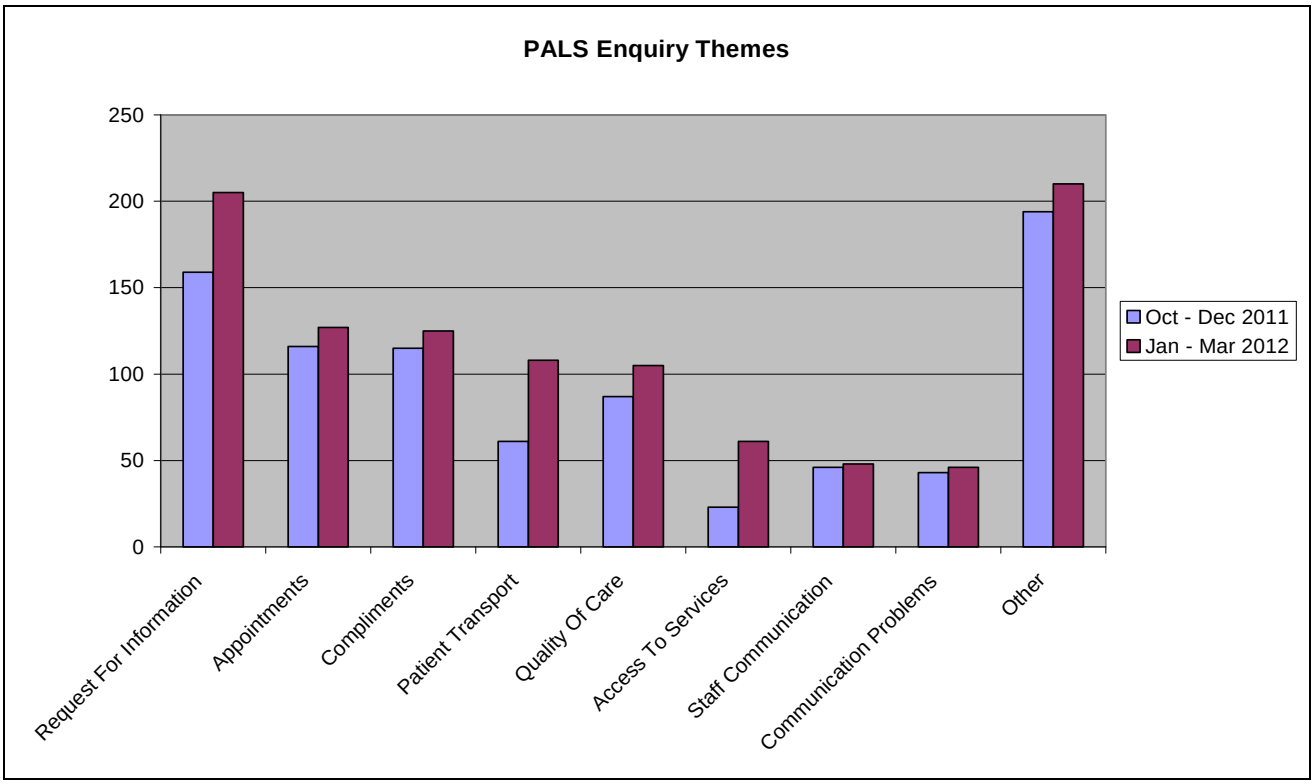
3.1.2. PALS Enquiries per Directorate

Some individual contacts may reflect more than one category and out of the total number of PALS contacts received (878), 217 primarily expressed concerns, in which 277 separate issues were raised. In order to analyse this further the number of issues has been broken down by Directorate.

The most frequently noted areas identified in PALS enquiries this quarter are the Treatment Centre (18), Emergency Department (17), Estates & Facilities (15) and Patient Admin Services (9).

Directorate PALS Enquiries (Issues)					
	Jan – Mar 2011	**Apr – Jun 2011**	**Jul – Sept 2011**	**Oct – Dec 2010**	**Jan – Mar 2012**
Medicine	43	46	40	28	60
Surgery	107	82	110	119	123
Estates & Facilities	26	8	16	6	21
Finance / Corporate / Governance	13	11	10	16	40
Community Services	-	-	8	18	17
Not applicable	9	8	12	7	16
Total issues	**198**	**155**	**196**	**194**	**277**

3.2 PALS Themes



Other PALS themes totalled 210 contacts including:

Hotel Services	31
Waiting Times	30
Support Needs	27
Access To Buildings	18
Medical records	17

4. SOFT INTELLIGENCE

These are concerns brought to the attention of the Trust, which fall outside of the NHS complaints legislation. For example, issues raised by the PCT or by local GPs which may include concerns regarding a process or delay in communication. During quarter 4, 11 soft intelligence enquiries have been received.

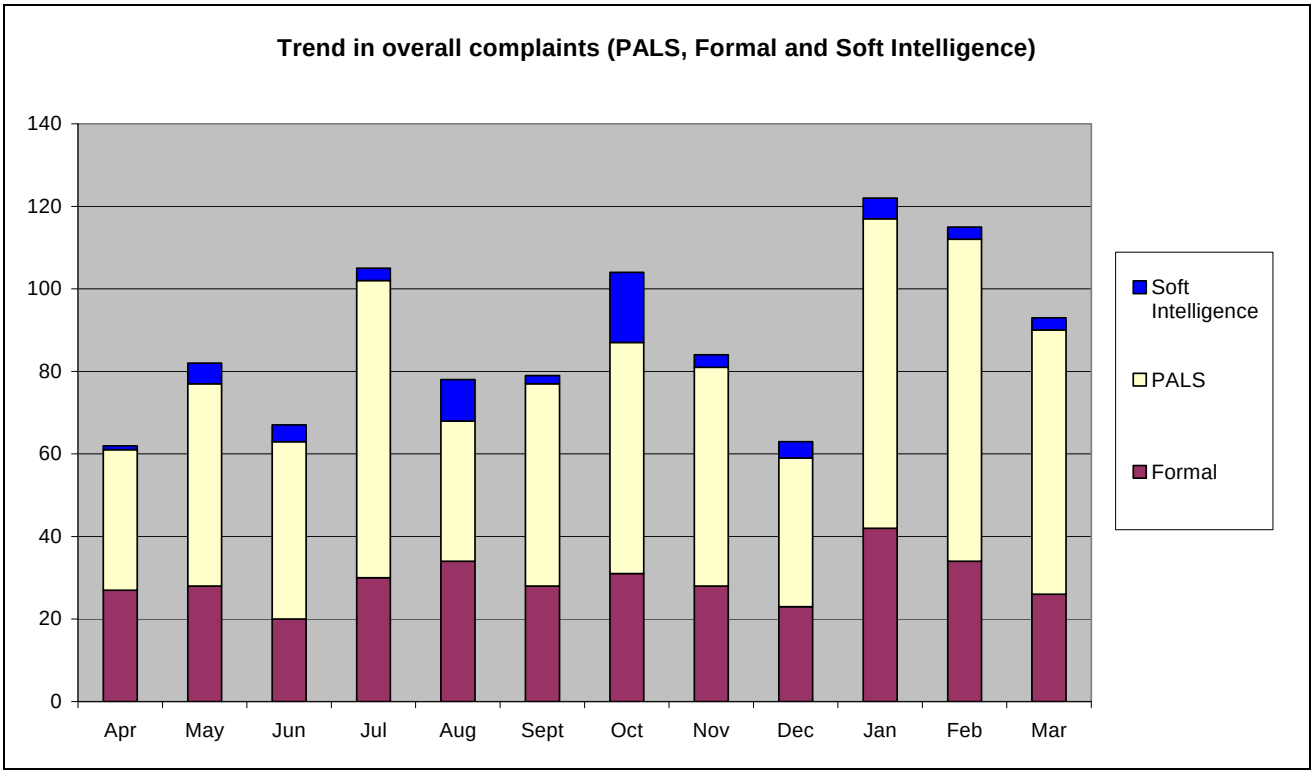
4.1 Soft Intelligence themes

	January	February	March	Total
Admission / Discharge / Transfer	1	1		2
Communication / Information	3	1		4
Appointments			1	1
Medical Care/Treatment		1	1	1
Nursing Care/Treatment	1			1
Transport / Ambulance			1	1
Total	5	3	3	11

5. CONCLUSION

5.1 There has been a further improvement in providing a response to complainants within the initially agreed timeframe. However, there are still concerns at the length of time taken in some instances for internal reports to be provided. Specific cases have been escalated to the Medical Director.

5.2 The total number of complaints overall has increased by 31.5% compared with the previous quarter.



5.4 Communication / information issues remain a common theme across all areas. The total number of issues raised has increased slightly when compared with the previous quarter. Medical care/treatment issues have decreased with no specific areas of concern being highlighted at this stage.

5.5 Nursing care and treatment issues are also consistent in terms of the number of issues raised. Specific wards identified as frequently receiving complaints about care and treatment are being monitored by the Chief Nurse, with action taken as required. Previous areas of concern have shown an improvement in the number of nursing care issues raised.

5.6 The change in ambulance service provider has had an impact on the number of PALS contacts. The initial increase in numbers reflected problems which arose immediately the change was introduced with several enquirers referring to difficulty in contacting the service. These issues appear to have lessened, with more recent contacts relating to the eligibility criteria. Although issues relating to the ambulance service fall outside of the remit of the Trust, many enquirers do not appreciate that this is a separate service and view the problems experienced as due to decisions taken within the Trust.

BURTON HOSPITALS NHS FOUNDATION TRUST

Meeting of the Board of Directors to be held on 26 April 2012

Title and Date of Report:	Operational Performance Report for March 2012

Author(s):	Sandy Spencer - Executive Director of Operations – Interim
Presented by:	Sandy Spencer - Executive Director of Operations – Interim
Status: **(Note, Approve, Decision, Discuss):**	To note the contents of the report

Strategic / Business Objective:	Working in partnership and developing integrated pathways and services.

Implications:			
CQC:		**KPI:**	✓
Legal, Regulatory and NHS Constitutional Implications:	✓	**Resource Implications:** **(Financial/Staffing)**	
Equality & Diversity and Public & Patient Involvement Implications:	✓	**Communication:**	

Other (specify)

Risks: Yes	**Risk Register Ref :** **Score:** **Date onto Register**	**Description:**

Assurance:	Yes

Summary of key issues:	**Activity and Access** **Choose and Book -** For the 2nd consecutive month the Trust has failed to achieve the Choose and Book target and ended March at **87.1%.** **Referral to Treatment and Data Completeness** **18 weeks RTT admitted -** For the second consecutive month the March 18 week RTT admitted performance target has deteriorated with the target not being achieved within the 2 areas of General Surgery and Orthopaedics. **Emergency Department Performance** **95% 4 hour target -** Following a very challenging month, the performance against the March target ended at **96.8%** giving an overall final position on the Queens site of **94.66%** and a Trust overall position of **96.8%** when combined with our Community MI units. **Cancer Treatment** Cancer performance targets continue to be met with the exception of the 2 week wait for systematic referrals. The 62 day urgent referral to treatment target was also narrowly missed at 84.5% due to patient choice. **Infection Control** **MRSA** – We continue to fall below the 100% target for MRSA screening in both elective and non elective patients. **Clostridium Difficile –** Whilst March saw a reduction in CDiff reporting at 2 cases in month the year end target of 35 has been breached with all relevant partners being notified. **Clinical Effectiveness** **Stroke Targets -** Whilst all CQIs were achieved for Stroke and TIA patients, there was an exception of one stroke patient who did not receive a CT scan within 24 hours but was moved immediately to the stroke unit once identified. **Theatres and Cancelled Operations** The number of cancelled operations has consistently reduced month on month from 36 reported in January to 11 in March. **People** **Sickness levels** – For the 5th consecutive month the target has failed to be achieved at 3.6%.

Escalation to Board of Directors for discussion :	

Recommendations:	The Board is asked to note the contents of the March Operational Report.

1. Introduction

The Operational Performance Report provides an overview of the Trust performance containing details provided from each of the two Directorates. The focus of the report is on the overall performance of the organisation with respect to current levels of activity, the human resources needed to deliver the activity and the Trusts achievement of the key targets and indicators for the month of **March 2012.**

2. Activity and Access

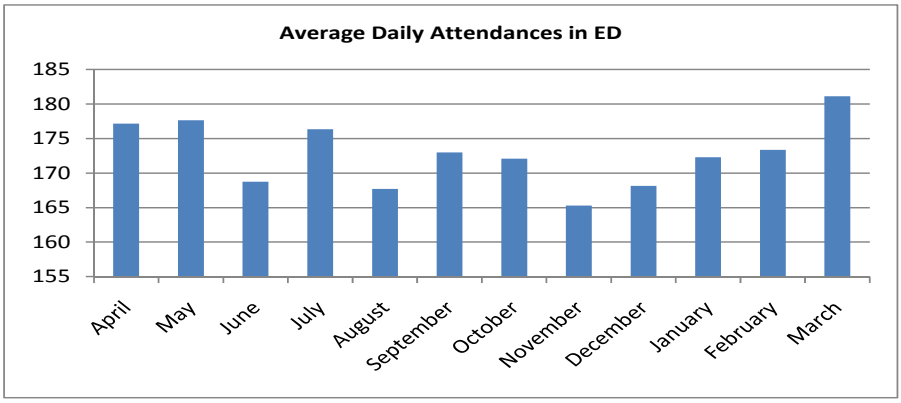
Choose and Book - For the second consecutive month the Trust has failed to achieve the Choose and Book target and ended March at **87.1%.** The problematic area remains the Community Hospitals and specifically relates to Adults ENT, Diagnostics, Physiological Measures (Hearing Aids),Children's Adolescent Services and Rheumatology. With the exception of Rheumatology, remedial, targeted and sustainable plans are in place to achieve the 90% target in May. However Rheumatology remains a risk due to service capacity issues caused by the number of clinics cancelled by our provider Mid Staffs. Urgent ongoing discussions are occurring to rectify this position.

3. Referral to Treatment and Data Completeness

18 weeks RTT Admitted - For the second consecutive month the March 18 week RTT admitted performance target has deteriorated with the target not being achieved within the 2 areas of General Surgery and Orthopaedics. As a result of the dip to **86.4%,** together with the failure to meet the 95th Percentile, both the PCT cluster and SHA now require us to provide weekly reporting against the Trust trajectory. Extensive work is underway to demonstrate the profile of activity required, together with the revised weekly backlog trajectory needed, to achieve the 90% target in April. Whilst a significant number of backlog patients have been booked into April slots and our trajectory indicates a 90.1% achievement in April, the risks remain significant. We are therefore currently concentrating all our resources on the achievement of the 90% for April target.

4. Emergency Department Performance

95% 4 hour target - Following a very challenging month, the performance against the March target improved dramatically and ended at **96.8%** giving an overall final position on the Queens site of **94.66%** and a Trust overall position of **96.8%** when combined with our Community MI units. However the target for Q1 12/13 remains challenging as the Compliance Framework has now changed and A&E performance is reported separately by type of attendances and by specific site. The charts below demonstrate that March saw the highest daily attendance levels in year. However, the major challenge to the Trust is to consistently ensure a good patient experience as well as the overall delivery of the target. This will be achieved by the establishment of robust management of patient flow along the clinical pathways and ensuring the optimum usage of bed capacity.



Performance against the 95% 4 hour target

Queens site only **Trust Position combined with MIUs in Community Hospitals**

Month	Total ED attendances	Over 4 hr breaches	% Target	%		Total ED attendances	Over 4 hr breaches	%
APRIL	5315	243	95	95.43		5315	243	95.43
MAY	5507	234	95	95.75		5507	234	95.75
JUNE	5062	191	95	96.23		5062	191	96.23
JULY	5467	100	95	98.17		10714	100	99.07
AUGUST	5199	123	95	97.63		9949	125	98.74
SEPTEMBER	5189	151	95	97.09		9820	153	98.44
OCTOBER	5334	419	95	92.14		9961	420	95.78
NOVEMBER	4959	244	95	95.08		9277	246	97.35
DECEMBER	5213	360	95	93.09		9503	361	96.20
JANUARY	5341	647	95	87.89		9629	647	93.28
FEBRUARY	5028	442	95	91.21		9310	442	95.25
MARCH	5615	220	95	96.08		10604	220	97.93
Year End Total 11/12	63229	3374	95	94.66		104651	3382	96.80

Numerous changes are now in various stages of implementation which will to address the challenges to achieving this target as follows:

Patient Flow

- Focussed work with the A&E Department and strengthening of clinical leadership.
- Capacity team strengthened by secondment of additional Patient Flow Co-ordinator.
- Changes in roles of Capacity Services Management team at both nights and weekends.
- Discussion with Lead Clinicians and agreement of specialty based wards from August 2012.

Capacity Management

- Ongoing development of Capacity Team Leadership.
- Improved engagement of Senior ward staff in discharge process.
- Improved usage of Discharge lounge opening times, roles and responsibilities.
- Improved and timely ward board rounds.

Unplanned A&E Re-attendances – whilst we continue to fail this target the Trust is seeking clarity on how this target is measured. Work is ongoing with the informatics department to ensure that the correct data is captured as per the requirements of the Operating Framework.

Initial time to assessment 95th Percentile (mins)

This is a target that appears to elude the A&E Department in achievement and as such focused work is taking place in the following two areas; **Reported Ambulance Waits and Ambulance hand over times.** Given that failure to achieve this target carries financial penalties, the Trust had major concerns about the mechanism for the reporting of both ambulance waits and handover times. The captures of these times are determined by the ambulance centralised tracking system (CAD) and is currently entirely dependant on ambulance personnel *"capturing"* by clicking off the time when the patient has arrived in A&E and then the time handed over to A&E staff. A monitoring process is now in place which tracks wait times, arrival and handover times and as a result of discussions with the ambulance service we now have established the correct definitions of the measures and changes in processes are now in place for accurate reporting.

5. Cancer Treatment

Cancer performance targets continue to be met with the exception of the 2 week wait for systematic referrals due to reasons relating to complex clinical presentation and patient choice. The 62 day urgent referral to treatment target was also narrowly missed at 84.5% due to patient choice.

6. Infection Control

MRSA – We continue to fall below the 100% target for MRSA screening in both elective and non elective patients, and work is ongoing, led by the Heads of Nursing to;

- Further enhance awareness of shortfall in compliance with all ward managers.
- Monthly compliance feedback to all clinical areas via the ward commendation data.
- Twice weekly feedback to individual wards of in-patients who have not been screened to promote corrective action.
- BHFT computer systems to deliver accurate data down to individual patient level and not "snapshot" returns.

Clostridium Difficile – Whilst March saw a reduction in CDiff reporting at 2 cases in month the year end target of 35 has now been breached with all relevant partners being notified. Both the Heads of Nursing are working closely with the Infection Control Team to ensure that the 12/13 target of 25 is met by:

- Quarterly analysis of all RCA investigations by themes.
- Adjustment to current testing algorithm.
- Timely specimen collections.

7. Clinical Effectiveness

Stroke Targets - Whilst all CQIs were achieved for Stroke and TIA patients, there was an exception of one stroke patient who did not receive a CT scan within 24 hours. The patient was initially admitted to Ward 11 from where the CT scan was performed and their clinical condition confirmed. The patient was transferred to immediately to the Stroke Unit.

8. Theatres and Cancelled Operations

The number of cancelled operations has consistently reduced month on month from 36 reported in January to 11 in March. The reasons stated were surgeon availability for 10 patients and 1 patient for capacity issues. There were no 28 day breaches in March.

9. Patient Safety

Local Never Events – This relates to a patient being discharged with a cannula in situ. Work is ongoing with the Head Nurses working with the wards to ensure robust and rigorous processes are in place to ensure the occurrence is not repeated.

10. People

Sickness levels – For the 5th consecutive month the target has failed to be achieved at 3.6%. Working closely with our HR business partners, operational teams are implementing robust sickness monitoring processing together with the application of the attendance policy with all occupational groups.

Burton Hospitals NHS Foundation Trust - Performance & Quality Indicators

Indicator	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Target 11/12
Activity & Access													
Activity - Elective FCEs (ytd)	498	991	1515	2052	2522	3058	3509	4048	4536	5027	5548	5548	NA
Activity - Non-elective FCEs (ytd)	3213	6485	9579	12962	16205	19409	22574	25936	29310	32788	36242	36242	NA
Activity - daycases (ytd)	1103	2280	3508	4690	5923	7117	8281	9588	10780	12089	13384	13384	NA
New OP attends (ytd)	3910	8750	13744	18142	22944	27853	32429	37594	41867	46628	51164	51164	NA
Inpatient Discharge Letters % sent within 1 day (10/11 target 2 days)	73%	76%	72%	70%	76%	64%	60%	61%	60%	62%	61%	62%	NA
Outpatient Clinical Letters % sent within 7 days	97%	98%	98%	97%	97%	98%	97%	95%	92%	95%	93%	96%	NA
Referrals - GP & Dental (ytd)	3072	6640	10503	13867	17260	20572	23843	27379	30190	33693	37168	37168	NA
Referrals - Other (ytd)	2155	4504	6980	9430	11637	14091	16273	18591	20638	22898	25002	25002	NA
Choose and Book Availability	**88.9%**	**86.3%**	91.2%	91.8%	92.2%	90.5%	**86.3%**	**86.7%**	91.4%	92.9%	**87.5%**	**87.1%**	90%
Diagnostic Waits (15 main tests) >6 wks	0	0	0	0	0	0	**5**	0	0	**1**	0	0	0
Quarterly Diagnostic Census The number of patients waiting 6 weeks or more for diagnostic tests			0			0			0			0	0
Fracture Neck of Femur: time to surgery within 2 days	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Delayed transfer of Care : Total	5	4	7.8	11.25	5.75	9.4	4.25	4	6.4	1.5	3	3.4	NA
Delayed transfer of Care (South Staffordshire)	5	3.5	6.6	9.25	4.5	6.2	2.75	2.25	1.8	1	1.75	2.2	NA
Delayed transfer of Care (South Staffordshire) as a % of occupied beds at midnight on the last Thursday of the reporting period	2.6%	1.9%	3.4%	**5.0%**	2.5%	3.5%	1.4%	1.1%	1.0%	0.5%	0.9%	1.1%	3.50%
Delayed transfer of Care (Leicestershire)	0	0	0.2	0	0.25	2	0	0	0.6	0	0.5	0.2	NA
Delayed transfer of Care (Leicestershire) as a % of occupied beds at midnight on the last Thursday of the reporting period	0.0%	0.0%	0.7%	0.0%	0.7%	**6.4%**	0.0%	0.0%	1.7%	0.0%	1.5%	0.5%	6%
Delayed transfer of Care (Derbyshire)	0	0.5	1	2	1	1.2	1.5	1.75	4	0.5	0.75	1	NA
Delayed transfer of Care (Derbyshire) as a % of occupied beds at midnight on the last Thursday of the reporting period	0.5%	0.9%	2.0%	4.7%	2.0%	2.2%	2.6%	2.9%	6.2%	0.9%	1.5%	2.0%	8%
Length of Stay: Average spell duration for non-same day acute discharge, over 10/11 baseline	5.6	**6.3**	**6.4**	6.0	**6.5**	5.4	5.7	5.7	5.6	5.4	5	5.2	6
(G&A) Acute Bed Capacity - average day only beds - Qtr			49			49			49			49	NA
(G&A) Acute Bed Capacity - average beds open overnight - Qtr			365			365			324			324	NA
(G&A) Acute Bed Capacity - total no. available G&A beds - Qtr			414			414			373			373	NA
All Emergency Readmissions (occurring <30 days of any previous discharge) (As per national guidance/exclusions)	10.1%	11.0%	10.0%	8.9%	10.0%	8.2%	9.9%	9.6%	9.1%	9.9%	10.8%	9.2%	NA

Indicator	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Target 11/12	
Referral to Treatment & Data Completeness														
18 weeks RTT Admitted	92.0%	91.9%	93.8%	91.0%	**87.5%**	**88.1%**	91.6%	91.4%	91.0%	**89.0%**	**87.1%**	**86.4%**	90%	
Referral to Treatment (RTT) Waits - Admitted - Median	10.1	**11.3**	**11.3**	**11.4**	10.6	**12.4**	**11.4**	10.8	10.7	**11.9**	**11.4**	**11.1**	11.1	
RTT - admitted - 95th percentile	20.4	21.4	19.3	20.7	22.3	23.0	20.6	20.4	21.0	**24.0**	22.9	**23.7**	23	incl CHs from July
18 weeks RTT Non-admitted	99.9%	99.8%	99.8%	99.3%	99.7%	99.4%	99.1%	99.1%	99.3%	98.8%	97.3%	98.4%	95%	
Referral to Treatment (RTT) Waits - Non Admitted - Median	4.4	5.7	4.7	5.0	5.6	5.9	5.0	5.0	4.7	5.7	4.3	4.7	6.6	
RTT - non-admitted - 95th percentile	14.9	15.7	16.1	16.3	15.1	16.0	15.7	16.0	15.4	16.0	17.0	16.3	18.3	incl CHs from July
Referral to Treatment (RTT) Waits - Incomplete - Median	4.7	4.9	4.1	5.3	5.3	5.1	4.7	5.0	5.4	4.7	4.7	4.4	7.2	
RTT - incomplete - 95th percentile	16.4	25.6	16.4	18.9	16.7	19.9	17.6	20.3	18.7	19.7	19.9	17.7	28	
Numbers waiting on an Incomplete Referral to Treatment (RTT) Pathway	7259	7578	8053	9316	8960	9175	8936	8991	8714	9269	9404	9753	Reduction over 11/12	
18 week data completeness - Admitted patient pathways	103%	114%	118%	118%	**129%**	103%	105%	107%	104%	106%	112%	105%	80-120%	Adjustments amended following addition of TC activity. To be agreed with the PCT.
18 week data completeness - Non admitted pathways	109%	105%	106%	114%	112%	117%	115%	115%	117%	120%	119%	111%	80-120%	Adjustments amended following addition of TC activity. To be agreed with the PCT.
Direct Access Audiology < 18 wks wait	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	95%	
Data Completeness - RTT Direct Access Audiology	93%	101%	108%	104%	91%	104%	101%	107%	109%	101%	111%	83%	80-120%	
Emergency Department														
Total time in A & E: 4 hours or less	95.4%	95.8%	96.2%	99.1%	98.7%	98.4%	95.8%	97.4%	96.2%	**93.3%**	95.3%	97.9%	95%	incl CHs from July
Total time in A & E: 4 hours or less (ytd)	95.4%	95.6%	95.8%	97.1%	97.6%	97.7%	97.4%	97.4%	97.2%	96.8%	96.6%	96.8%	95%	incl CHs from July
A&E Service Quality Indicator - unplanned A&E re-attendance rate	**5.8%**	**6.7%**	**6.0%**	**5.8%**	**6.0%**	**6.1%**	**6.3%**	**5.2%**	**6.0%**	**6.5%**	**6.0%**	**6.3%**	5%	
A&E Service Quality Indicator - Time in A&E - 95th percentile	3:59	3:59	3:58	3:56	3:57	3:58	**5:17**	3:59	**4:59**	**5:52**	**5:23**	3:59	4:00	
A&E Service Quality Indicator - Left without being seen (lwbs)	1.9%	2.1%	2.0%	2.2%	1.8%	2.1%	1.7%	1.4%	2.8%	2.4%	2.6%	2.5%	5%	
A&E Service Quality Indicator -time to initial assessment - 95th %ile	**0:54**	**0:50**	**0:49**	**0:28**	**0:24**	**0:30**	**0:46**	**0:35**	**0:55**	**0:28**	**0:27**	**0:34**	0:15	
A&E Service Quality Indicator -time to initial assessment < 15 mins	**65.4%**	**69.2%**	**77.6%**	**83.6%**	**87.4%**	**86.9%**	**78.8%**	**85.2%**	**73.3%**	**85.8%**	**85.2%**	**89.1%**	95%	
A&E Service Quality Indicator -time to treatment (Part 1) - Median across all patients	0:41	0:46	0:45	0:44	0:37	0:40	0:38	0:41	0:42	0:49	0:55	**1:03**	1:00	
A&E Service Quality Indicator -time to treatment < 1hour	61.8%	57.7%	58.9%	62.5%	70.9%	68.0%	68.2%	63.7%	64.6%	58.5%	54.0%	**46.9%**	50%	
% of A&E attendances for cellulitus that end in admission	**66.7%**	**60.0%**	**76.9%**	**54.5%**	36.4%	**87.5%**	**70.0%**	**83.3%**	**63.6%**	**54.5%**	**50.0%**	20.0%	40%	
% of A&E attendances for DVT that end in admission	**11.8%**	**14.5%**	**10.1%**	7.8%	8.1%	8.8%	6.5%	5.6%	3.8%	3.6%	0.0%	1.8%	10%	
Ambulance handover Times % within 15mins	96.0%	**75.3%**	92.7%	97.9%	94.1%	**88.4%**	90.7%	**88.2%**	91.0%	**81.1%**	**64.7%**	90.3%	90%	
Satisfaction of the Provider's obligations under each A&E/Ambulance Services Handover Plan	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

Indicator	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Target 11/12	
Cancer Treatment														
Urgent referral for suspected cancers in two weeks	98.5%	97.1%	96.8%	95.6%	96.4%	96.2%	96.4%	95.8%	95.3%	96.2%	96.9%	94.2%	93%	Provisional March
Two week wait for patients referred with breast symptoms	93.2%	**92.9%**	**89.5%**	**91.3%**	93.5%	**92.7%**	97.7%	98.0%	95.2%	98.1%	98.6%	**91.5%**	93%	Provisional March
Diagnosis to treatment of cancer in 31 days	100%	98.5%	100%	98.0%	100%	97.1%	98.4%	100%	98.5%	96.9%	100%	100%	96%	Provisional March
31 day wait for second or subsequent treatment: Surgery	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	94%	Provisional March
31 day wait for second or subsequent treatment: Drug Treatments	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%	Provisional March
31 Day Rare Cancer patients treated within 31 days of diagnosis	n/a	n/a	n/a	n/a	n/a	n/a	n/a	100%	n/a	100%	100%	100%	100%	Provisional March
Urgent referral to treatment of all cancers in 62 days	87.0%	90.6%	93.6%	92.9%	87.2%	85.7%	89.2%	91.7%	86.8%	86.7%	96.1%	**84.5%**	85%	Provisional March
62 day wait for first treatment from consultant screening service referral	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	90%	Provisional March
Patients with suspected cancer, referred by hospital specialists, less than 62 days from referral to treatment	n/a	n/a	n/a	100%	100%	100%	100%	n/a	100%	100%	100%	100%	95%	Provisional March
Infection Control														
C.Diff - No. of Cases	1	2	**4**	2	1	**9**	**4**	3	1	**4**	**4**	2	3	[1] 2011/12 (34) incl CHs from July
MSSA Bacteraemias	0	0	0	0	1	1	0	0	0	1	0	1	tbc	
E-Coli	1	2	3	1	4	1	2	3	0	1	2	2	tbc	
MRSA - No. of Cases	0	0	0	0	0	0	0	0	**1**	0	0	0	0	[1] 2011/12 (2) incl CHs from July
Screening all elective in-patients for MRSA	**93.6%**	**92.0%**	**93.8%**	**86.3%**	**89.3%**	**91.2%**	**88.8%**	**89.4%**	**89.6%**	**90.7%**	**89.6%**	**90.5%**	100%	
Screening all non elective in-patients for MRSA	**84.9%**	**82.7%**	**84.1%**	**85.3%**	**88.1%**	**82.8%**	**83.7%**	**84.3%**	**81.5%**	**83.5%**	**82.6%**	**87.1%**	100%	
Elective in-patients not screened for MRSA	58	79	69	159	123	116	137	145	127	127	148	137	NA	
Non elective in-patients not screened for MRSA	168	202	162	175	142	189	192	180	244	224	215	172	NA	
Coronary Heart Disease														
Thrombolysis Door to needle time within 30 mins (ytd)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	75%	
Thrombolysis Call to Needle time within 60 mins (ytd)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	68%	
Clinical Effectiveness														
Mortality (SMR) - previous 12 months	**109**	**110**	**114**	**112**	**112**	**106**	**106**	**103**	100	94	94	92	100	
Stroke patients to receive Carotid Doppler within 24 hours	**0.0%**	100%	**80.0%**	**0.0%**	**0.0%**	100%	**66.7%**	100%	**50.0%**	**50.0%**	100%	100%	100%	
Stroke patients to be provided with a CT Scan within 24 hours of the need arising	**94.1%**	100%	100%	100%	100%	100%	100%	**96.8%**	**95.7%**	**91.7%**	100%	**95.8%**	100%	
% Spending at least 90% of time on Stroke Unit - Trust Wide	80.0%	86.7%	**66.7%**	87.0%	100%	81.5%	80.0%	**76.7%**	84.0%	**77.4%**	95.5%	92.0%	80%	
% Spending at least 90% of time on Stroke Unit - SSPCT patients	**73.3%**	84.6%	**61.9%**	88.2%	100%	81.3%	80.0%	81.0%	85.7%	**73.9%**	93.8%	95.2%	80%	
TIA % Treated within 24 hours (Non-Admitted)	**0.0%**	**0.0%**	71.4%	100%	**30.0%**	60.0%	60.0%	66.7%	**57.1%**	**55.6%**	75.0%	100%	60%	
TIA % Treated within 24 hours (Non-Admitted, SSPCT patients)	**0.0%**	**0.0%**	60.0%	100%	**14.3%**	**33.3%**	83.3%	66.7%	80.0%	**50.0%**	83.3%	100%	60%	

[1] The MRSA and Cdiff thresholds shown are monthly. Full year thresholds are MRSA (2) and Cdiff (34)

Indicator	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Target 11/12
TIA % Treated within 24 hours (Admitted)	75.0%	80.0%	100%	66.7%	**57.1%**	100%	n/a	100%	66.7%	100%	100%	100%	60%
TIA % Treated within 24 hours (Trust wide actual number of patients treated within 48 hours)	**45.5%**	71.4%	87.5%	85.7%	**47.1%**	81.8%	70.0%	83.3%	63.6%	83.3%	90.0%	83.3%	60%
Social care assessment of needs and risk by 12 weeks and 6 days of pregnancy	90.7%	93.2%	91.7%	90.0%	90.0%	92.3%	91.5%	91.6%	90.7%	90.7%	91.1%	92.0%	90%
% of mothers known to initiate breastfeeding (48hrs) - Trust Wide	66.3%	66.3%	70.5%	67.8%	70.2%	69.0%	68.2%	68.1%	**65.2%**	68.3%	69.2%	70.3%	Q1 66% Q2 67% Q3 68% Q4 68%
Smoking in Pregnancy - % given the option of being referred to a smoking cessation service.	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Theatres and Cancelled Operations													
Cancelled operations	9	17	19	5	9	11	66	18	12	38	26	14	tbc
Cancelled ops (28 day breaches)	0	0	**1**	0	0	0	0	**1**	0	**1**	**2**	0	0
Theatre utilisation	81%	83%	86%	86%	87%	94%	**79%**	92%	86%	89%	87%	90%	85%
Elective Patients Admitted day prior to surgery	4.6%	5.1%	3.1%	3.2%	2.7%	3.8%	3.1%	3.5%	3.5%	2.3%	3.0%	2.8%	NA
Never Events													
Local Never Events	0	0	0	0	0	0	**1**	0	**1**	0	**1**	**1**	0
Never Events: Schedule 3 Part 4B: Nationally Specified Events	0	0	0	0	0	0	0	0	0	0	0	0	0
Patient Experience													
Failure to agree the EMSA Plan in accordance with clause 4.25 -Plan in Place (Yes or No?)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
EMSA Milestones - 100% Compliance	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Sleeping Accomodation Breaches	0	0	**17**	0	0	0	0	**1**	**1**	0	0	0	0
Publish a Declaration of Compliance or Declaration of Non-Compliance pursuant to clause 4.24	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Publish a Declaration of Compliance pursuant to clause 4.24	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Tissue Viability -1d - hospital acquired ulcerations or any which show a deterioration from grade 2 - 3 or 3 to 4 - *(Number of Cases)*	6	10	16	16	20	23	18	11	7	12	9	10	NA
Tissue Viability -1d - hospital acquired ulcerations or any which show a deterioration from grade 2 - 3 or 3 to 4 - *(% Cases Recorded as an Incident)*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Self certification against compliance with requirements regarding access to healthcare for people with a learning disability			Yes			Yes			Yes			Yes	Yes
Human Resources													
Sickness Absence (ytd)	3.28%	3.11%	3.11%	3.07%	3.13%	3.14%	3.2%	**3.4%**	**3.4%**	**3.5%**	**3.6%**	**3.6%**	3.29%
Establishment (FWTE)	2319	2315	2305	2639.4	2626.5	2623.8	2628.2	2634.2	2620	2616	2618	tbc	
Turnover	13.4%	11.8%	12.6%	13.4%	15.6%	13.8%	13.6%	12.9%	11.0%	13.9%	13.7%	tbc	
Appraisal/PDP completion	71%	69%	69%	69%	63%	63%	62%	61%	63%	62%	63%	tbc	
Mandatory Training completion	81%	81%	71%	71%	76%	72%	73%	73%	74%	75%	75%	tbc	

Performance Key

On or better than target
Close to target
Below target

BURTON HOSPITALS NHS FOUNDATION TRUST

Meeting of the Board of Directors to be held on 26 April 2012

Title and Date of Report:	Financial Performance Report P12 March 2012

Author(s):	Lynne Mansfield – Deputy Finance Director
Presented by:	Tony Waite – Director of Finance
Status: **(Note, Approve, Decision, Discuss):**	Note

Strategic / Business Objective	Efficiency and Productivity

Implications:			
CQC:		**KPI:**	Financial Compliance
Legal, Regulatory and NHS Constitutional Implications:		**Resource Implications:** **(Financial/Staffing)**	
Equality & Diversity and Public & Patient Involvement Implications:		**Communication:**	

Other (specify):

Risks: Yes/No	**Risk Register Ref :** C112 **Score** 15 **Date onto Register:**	**Description:**

Assurance:	Yes

Summary of key issues:	**FINANCE PERFORMANCE P12 MARCH 2012** Headline numbers as follows: a) The P12 month headline deficit of £0.603m being £0.539m adverse to plan. The normalised (i.e. after adjustment for one off items) in month performance was a surplus of £193k. b) The Trust is reporting a headline deficit for the 2011/12 year of **£5.370m** being an adverse variance to plan of **£2.520m**. The normalised position for the year is a deficit if **£2.1m**. This is consistent with recovery achieved being between the mid and high delivery scenarios reported to Monitor during Q2. c) The improvement in the position from the forecast of **£7.7m** to **£5.4m** is partly due to an additional allocation of **£1.75m** received from the PCT to contribute to the funding of the Trust Transformation Programme. This is a change to the timing of a payment that was due to be received in 2012/13. d) A Financial Risk Rating of '**2'** for the year to date being in line with plan. e) Capital expenditure for the year of **£6.1m** being **£0.5m** above restated plan. Excluding the TC transaction, the variance against plan would have been a favourable **£0.9m**. f) A cash balance at 31st March of **£7.616m** being above original plan by **£4.728m**. g) The results include the full 12 months transactions in respect of the services provided in the Community Hospitals. This is consistent with the requirements of merger accounting and the transactions associated with the first 3 months (being the period prior to transfer of services to the Trust) are reported as achieving a break even position.

Escalation to Board of Directors for discussion :	N/A

Recommendations:	The Board of Directors is asked to note the Trust financial performance for the year.

Attachment 8

BURTON HOSPITALS NHS FOUNDATION TRUST

Financial Performance at March 2012

1. Introduction

The purpose of the paper is to inform the Board of the draft financial position for 2011/12, prior to the audit of the Trust's accounts and to highlight any non-recurrent items, thereby making the normalised position for the month of March and the full year transparent to the Board.

2. Summary of the Income and Expenditure Position

2.1 The financial position at the end of month 12 was a deficit of **£5,370k** against a plan of **£2,850k**, an adverse variance of **£2,520k**. The variance in the month was **£539k** adverse to plan.

2.2 Year to date against the range of forecasts shared with Monitor by the Trust:

Over achieved against the low delivery forecast by	**£65k**
Under achieved against the medium delivery forecast by	**£(734)k**
Under achieved against the high delivery forecast by	**£(1,634)k**

2.3 The financial risk rating year to date is **2** against a plan of **2**.

2.4 The cash balance is **£7.616m** which is a favourable variance against original plan of **£4.728m**.

2.5 **Table 1** below is a summary variance analysis of income & expenditure for 2011/12.

Income and Expenditure	Month 1-9 Variance	Month 10 Variance	Month 11 Variance	Month 12 Variance	Cumulative Variance to month 12
	£'000	£'000	£'000	£'000	£'000
Income from PCTs	-1,855	166	464	301	-924
PPs	-342	-11	-1	-21	-375
Trading income	163	43	-89	87	204
Pay	246	271	166	208	892
Non Pay	-853	-353	-375	-1,262	-2,844
Other	544	2	133	860	1,539
Surplus (Deficit)	**-2,097**	**118**	**298**	**173**	**-1,508**
Impact of Impairment/Loss on Disposal	-502	200	2	-712	**-1,012**
Deficit including impairment	**-2,599**	**318**	**300**	**-539**	**-2,520**

2.6 **Table 2** below provides a summary segmental analysis of income & expenditure to date:

Split by Segment	Month 1-9 Variance	Month 10 Variance	Month 11 Variance	Month 12 Variance	Cumulative Variance to month 11
	£'000	£'000	£'000	£'000	£'000
Medicine	-1,090	388	164	607	69
Surgery	-75	338	676	84	1,023
Community Hospitals	43	-113	-50	-99	-219
Treatment Centre	-1,064	-26	-53	-69	-1,212
Other	-413	-269	-437	-1,062	-2,181
Surplus (Deficit)	**-2,599**	**318**	**300**	**-539**	**-2,520**

This analysis recognises income in the business segments as if they were trading on a PbR basis and without adjustment for the impact of the block contract with SSPCT.

2.7 **Table 3** below provides a summary segmental analysis adjusted for the impact of the block contract with SSPCT:

	Surgery	Medicine	Other	Total	
Income variance under PbR	1,649	-148	-145	**1,355**	A
Expenditure Variance	-626	217		**-409**	A
Impact of the block contract			-1,740	**-1,740**	A
Other			-295	**-295**	F
Main Site Position	**1,023**	**69**	**-2,180**	**-1,089**	A
Distribution of block by directorate	-1,631	-790	681	**-1,740**	A
Redistribution of block			1,740	**1,740**	F
Position based on recoverable income	**-608**	**-721**	**240**	**-1,089**	**A**
Include TC and Community Hospitals				-1,431	A
				-2,520	A

3. Income

Table 4 below provides a summary analysis of variances on income recovery to date.

Breakdown of the PCT income variance				
		M11	**M12**	**Movement**
		£'000	**£'000**	**£'000**
Income from PbR - Main Site				
	South Staffs (WIP, IVF, Best Practice)	-210	-322	-112
	Derby	-990	-948	42
	Leics	117	265	148
	Other	130	216	86
	Pass through drugs	-184	-351	-167
Sub-total income from main site		**-1,137**	**-1,139**	**-2**
TC income		-1,226	-1,195	31
Community Hospitals		-186	-205	-19
Income from Previous year		404	244	-160
Benefit from Block contract		710	1,092	382
Mid Staffs		210	280	70
Total income from PCTs		**-1,225**	**-924**	**301**

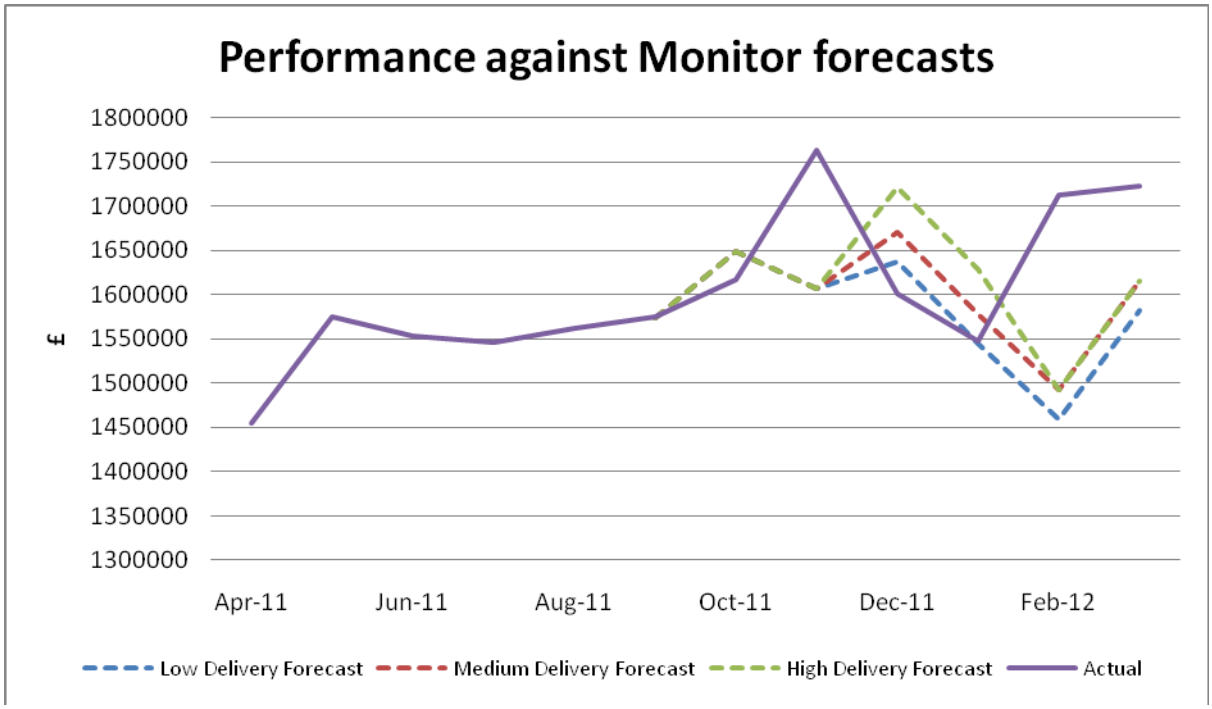
3.1 South Staffordshire PCT

3.1.1 The over performance against the block contract has increased to **£1.7m** at month 12. The Trust has recovered c£1.3m of this income through negotiation and agreement with the PCT and which has been supported in part by access funding made available in Q4.

3.2 Derby County PCT

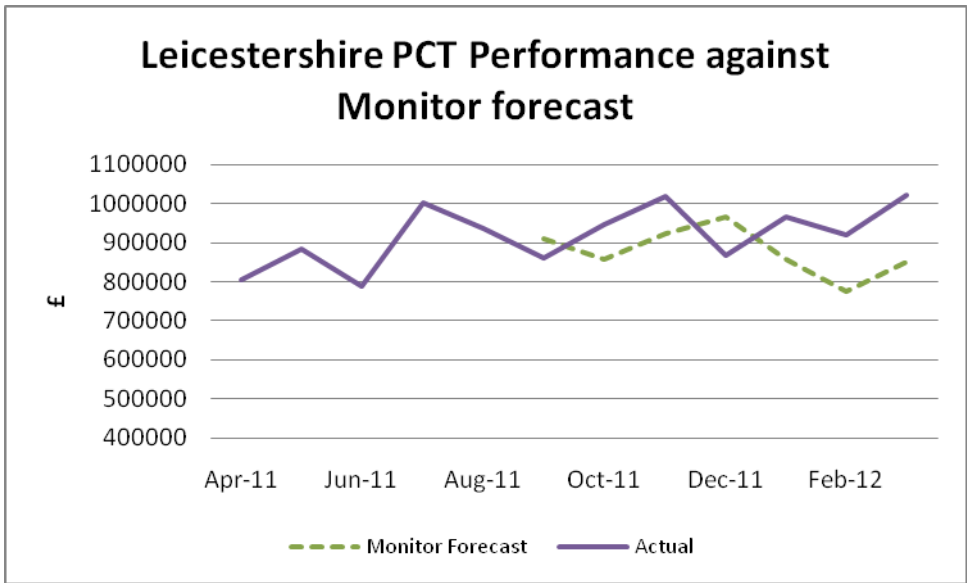
3.2.1 The value of the activity delivered for Derby County PCT was higher than the high delivery plan by **£106k** in March.

3.2.2 Cumulatively, to the end of month 12, the income for Derby is above the high delivery plan by **£252k**.



3.3 Leicester County PCT

3.3.1 The performance against the Monitor plan was a favourable variance of **£170k** in March and a cumulative favourable variance of **£465k.**



3.3.2 Taking Derby and Leicester PCT together, the cumulative performance to March is **£717k** above the high delivery plan.

3.4 Treatment Centre

3.4.1 The income from the TC was below original plan by **£101k** in March resulting in a cumulative under performance to date of **£1,327k**, based on actual activity delivered. The Trust received an additional **£132k** from South Staffordshire PCT under a block arrangement making the total cumulative under performance **£1,195k.**

3.4.2 The activity delivered in the TC for month 12 resulted in a favourable variance against the low delivery plan and was in line with the plan that has been set for 2012/13.

3.5 Community Hospitals

3.5.1 The performance against income targets for the Community Hospitals for months 4 to 12 and under performance of **£205k** after the recognition of **£200k** income for incomplete spells.

4. Expenditure & Trading Income

4.1 Pay expenditure was **£208k** favourable compared to original budget in month (**£892k** favourable year to date).

4.2 Excluding the impact of MARS, pay costs in month 12 were in excess of the target for low delivery by **£148k**, the mid range target by **£248k** and the high delivery target by **£298k**, which is broadly in line with the variances at month 11.

4.3 There was an over spend against non pay budgets, excluding non-recurrent items of **£0.8m** in March. The main areas of over spend are detailed below:-

Costs relating to high levels of activity in month 12	£0.45m
Provision for access costs to be incurred in 2012/13	£0.20m
Costs relating to version 6	£0.15m
Total non pay variance	**£0.80m**

4.4 During month 12 there have been significant non-recurrent costs including those relating to the development and progression of the Trust Recovery Plan.

5. Capital Programme

5.1 The draft capital expenditure position, prior to the audit of the 2011/12 accounts is **£6.113m** a capital programme of **£5.618m** an adverse variance of **£478k**.

5.2 The variance is made up of an over spend of **£1.356m** (due to the capitalisation of the Treatment Centre assets), and **£880k** of slippage against schemes which will result in expenditure being incurred in 2012/13. The capital programme for 2012/13 has been increased to accommodate this slippage.

6. Cash

6.1 The Trust cash balance at 31st March was **£7.6m** which was above plan by **£4.7m**.

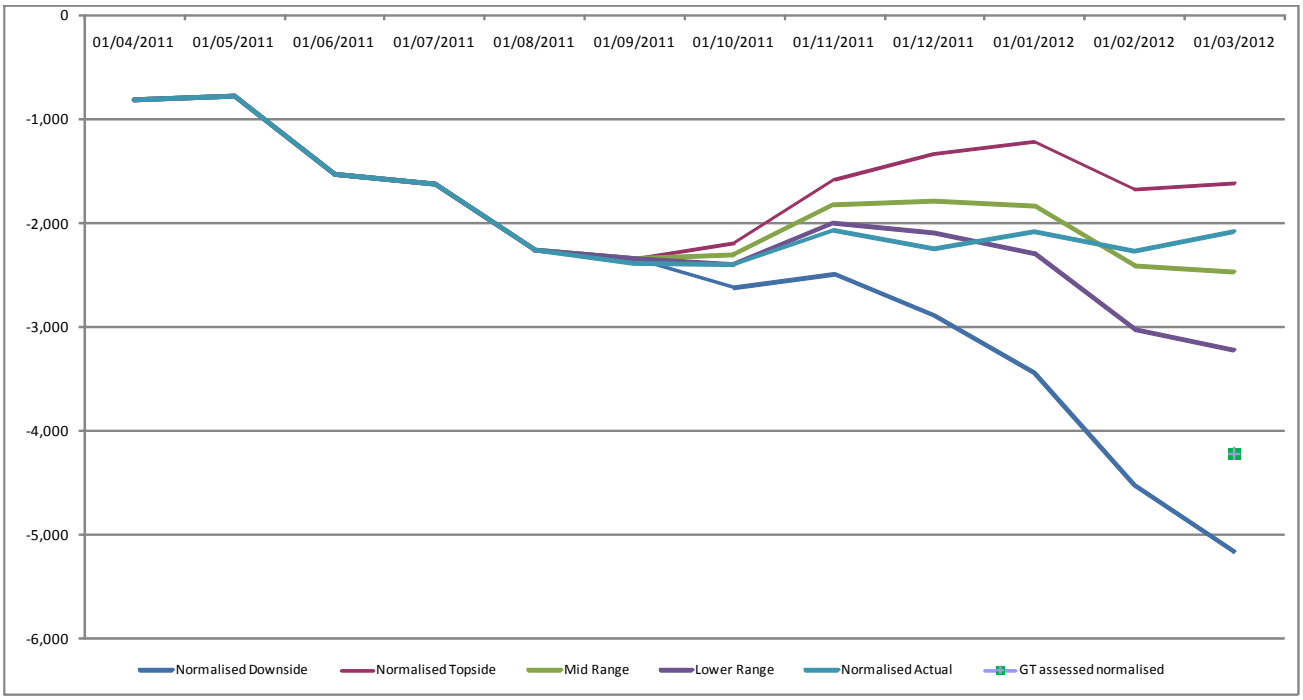
6.2 A detailed analysis of that variance is being progressed as part of the routine year end accounts procedures and will be reported in due course together with an updated rolling 13 month cash flow forecast which will reflect any commitments associated with that cash balance.

7. Normalised Income & Expenditure Position

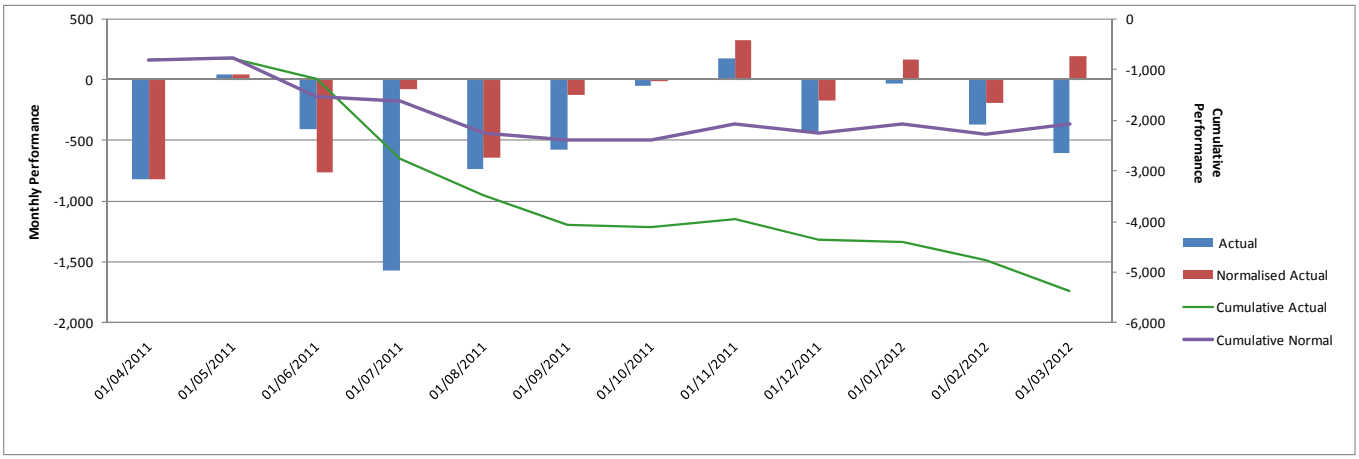
7.1 The normalised year to date position shows cumulative variances against the forecast ranges as follows:-

Over achieved against the low delivery forecast by	**£1,145k**
Over achieved against the medium delivery forecast by	**£396k**
Under achieved against the high delivery forecast by	**£(454)k**

7.2 The graph below shows the normalised position taking out the impact of any impairment, MARS payments and one-off payments or benefits:-



7.3 The Trust has continued to perform on a more consistent normalised basis since the end of Quarter 2. During the past 6 months the Trust has seen increased income levels and begun to consistently reduce the pay bill in terms of comparison to the pay budget. The graph below shows the trend since April:-



Income and Expenditure

2010/11 Actual £'000		Current Month's Position Budget £'000	Actual £'000	Variance £'000		Cumulative Position Budget £'000	Actual £'000	Variance £'000		A/Cs Including TCS 1-3 Pre TCS £'000	TCS £'000	Accounts £'000
	Operating Income											
0	Patient income from PCTs - Block Contract inc Access Monies	6,581	6,963	382	F	75,562	76,654	1,092	F	76,654	0	76,654
109,828	Patient income from PCTs - PbR Contract	2,876	3,111	235	F	34,791	34,283	(508)	A	34,283	0	34,283
4,344	Patient income from PCTs - Pass through	378	211	(167)	A	4,350	3,999	(351)	A	3,999	0	3,999
1,080	Income Provision from Previous Year	0	(160)	(160)	A	0	244	244	F	244	0	244
0	Patient Income from PCTs - Treatment Centre	821	852	31	F	6,988	5,794	(1,195)	A	5,794	0	5,794
0	Patient Income from PCTs - Community Hospitals	1,687	1,668	(20)	A	15,049	14,844	(205)	A	14,844	5,672	20,516
0	Patient Income from PCTs - Community Hospitals Pass Through	87	87	0	F	782	782	0	F	782	0	782
1,571	Income from Non Patient PCT Income	(333)	1,120	1,453	F	2,939	4,642	1,703	F	4,642	0	4,642
186	Income from Donated Depreciation	0	0	0	F	0	0	0	F	0	0	0
2,077	Income from Private Patients	229	208	(21)	A	2,140	1,765	(375)	A	1,765	0	1,765
601	Road Traffic Act Income	48	69	21	F	633	658	25	F	658	0	658
26,551	Income from services provided by the Trust/TC/TCS	2,388	2,454	66	F	22,684	22,863	179	F	22,863	(880)	21,983
146,238	**Total Operating Income**	**14,762**	**16,583**	**1,821**	**F**	**165,919**	**166,528**	**609**	**F**	**166,528**	**4,792**	**171,320**
	Expenses											
(96,688)	Pay Expenditure	(9,281)	(9,073)	208	F	(106,405)	(105,513)	892	F	(105,513)	(2,204)	(107,717)
(41,381)	Non-Pay Expenditure	(3,603)	(4,397)	(794)	A	(45,027)	(46,627)	(1,600)	A	(46,627)	(2,419)	(49,046)
0	Non Recurrent Non Pay Expenditure	0	(1,403)	(1,403)	A	(500)	(2,863)	(2,363)	A	(2,863)	0	(2,863)
0	Expenditure on pass through costs	(465)	(298)	167	F	(5,132)	(4,781)	351	F	(4,781)	0	(4,781)
0	Redundancy	(76)	0	76	F	(650)	(361)	289	F	(361)	0	(361)
0	Reserves Pay & Price Increases	(25)	0	25	F	(300)	0	300	F	0	0	0
0	Other	(56)	0	56	F	179	0	(179)	A	0	0	0
(138,070)	**Total expenses**	**(13,506)**	**(15,171)**	**(1,665)**	**A**	**(157,835)**	**(160,145)**	**(2,310)**	**A**	**(160,145)**	**(4,623)**	**(164,768)**
8,168	**EBITDA (Earnings before Interest, Taxes, Depreciation and Amortisation)**	**1,256**	**1,412**	**156**	**A**	**8,084**	**6,383**	**(1,701)**	**A**	**6,383**	**169**	**6,552**
5.59%	**EBITDA Margin as percentage of turnover**	**8.51%**	**8.51%**	**0.00%**	**F**	**4.87%**	**3.83%**	**(1.04%)**	**A**	**3.83%**	**3.53%**	**3.82%**
(4,919)	Depreciation	(1,017)	(970)	47	F	(6,152)	(5,992)	160	F	(5,992)	(156)	(6,148)
(87)	Finance Charge	(21)	(21)	0	F	(102)	(102)	0	F	(102)	0	(102)
0	Goodwill	0	0	0	F	0	0	0	F	0	0	0
(3,148)	PDC Dividend payable	(285)	(316)	(31)	A	(3,420)	(3,378)	42	F	(3,378)	(13)	(3,391)
37	Interest receivable	3	5	2	F	40	31	(9)	A	31	0	31
51	**Surplus/(deficit) for the year before exceptional items**	**(64)**	**109**	**173**	**A**	**(1,550)**	**(3,058)**	**(1,508)**	**A**	**(3,058)**	**0**	**(3,058)**
(42)	Profit/(loss) on asset disposals	0	(165)	(165)	A	0	(192)	(192)	A	(192)	0	(192)
0	Income form Donations	0	6	6	F	0	208	208	F	208	0	208
0	Impairment	0	(553)	(553)	A	(1,300)	(2,328)	(1,028)	A	(2,328)	0	(2,328)
9	**Surplus/(deficit) for the year**	**(64)**	**(603)**	**(539)**	**A**	**(2,850)**	**(5,370)**	**(2,520)**	**A**	**(5,370)**	**0**	**(5,370)**

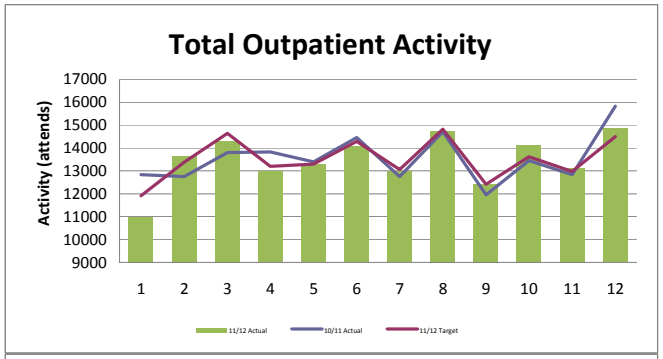
Financial Risk Rating		BEFORE TCS 1-3 YTD Actual Score	YTD Actual Rating	Weight	Risk Ratings Table Good << 5	4	Score 3	2	>> Bad 1	AFTER TCS 1-3 YTD Actual Score	YTD Actual Rating	Weight
Metric	**Criteria**											
EBITDA margin	Underlying Performance	3.83%	2	25.00%	11%	9%	5%	1%	<1%	3.82%	2	25.00%
EBITDA % achieved	Achievement of plan	79.0%	2	10.00%	100%	85%	70%	50%	<50%	81.0%	3	10.00%
ROA	Financial Efficiency	0.4%	2	20.00%	6%	5%	3%	-2%	<-2%	0.4%	2	20.00%
I & E Surplus margin	Financial Efficiency	-1.84%	2	20.00%	3%	2%	1%	-2%	<-2%	-1.79%	2	20.00%
Liquid Ratio	Liquidity (in days)	22	3	25.00%	60	25	15	10	<10	22	3	25.00%
			2.3	**100.00%**							**2.4**	**100.00%**
Planned Phased Risk Rating			**2**								**2**	

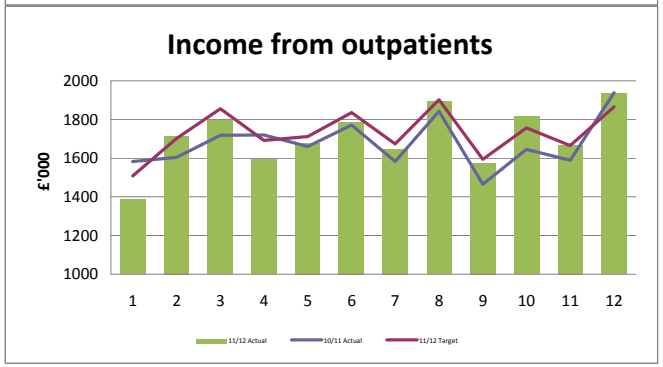
BURTON HOSPITALS NHS FOUNDATION TRUST

Appendix 2

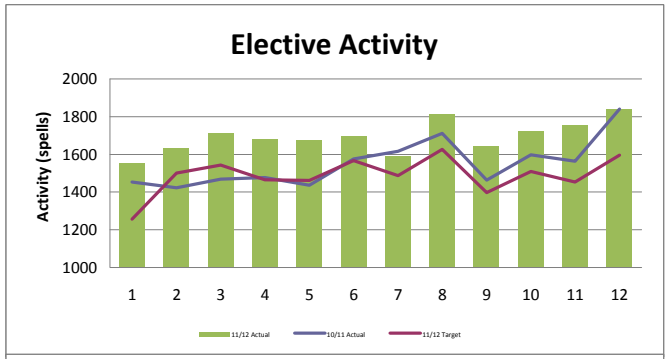
Activity and Income

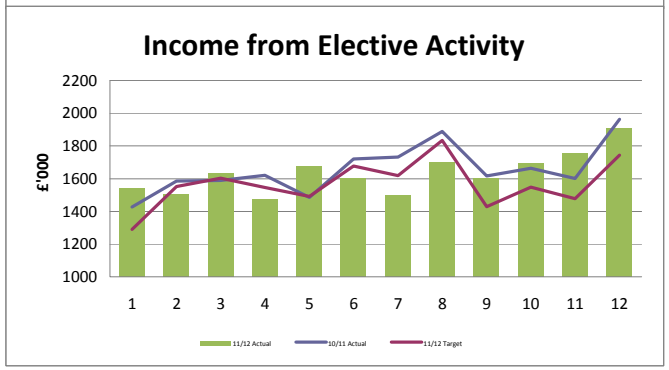
1.) Outpatients



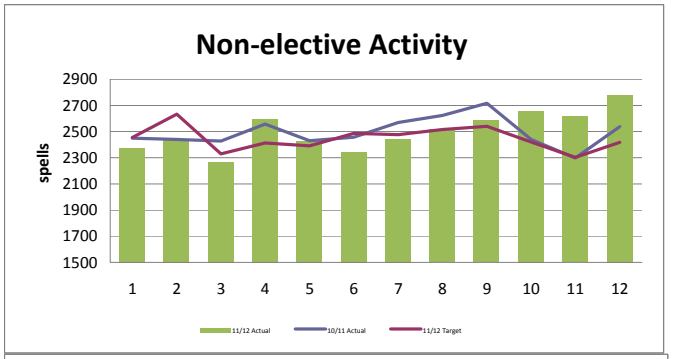


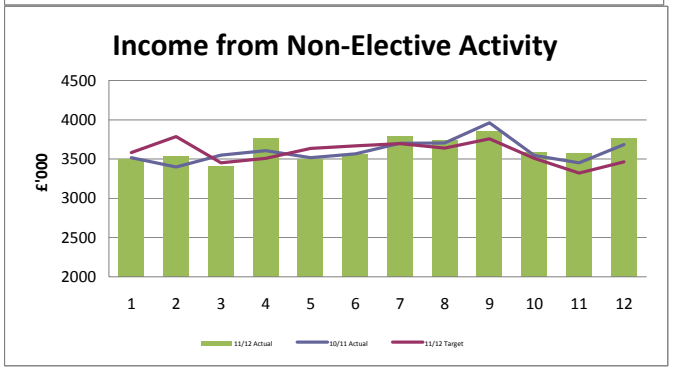
2.) Elective



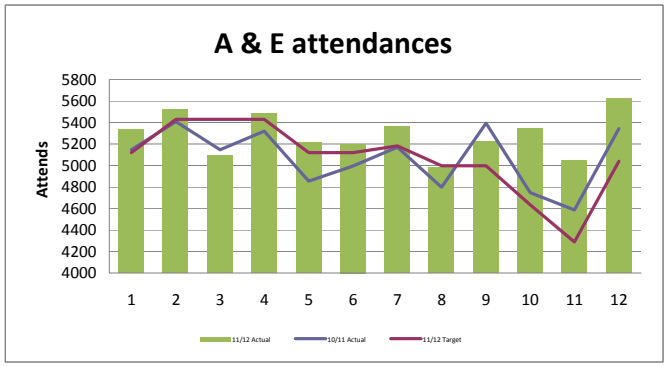


3.) Non-Elective

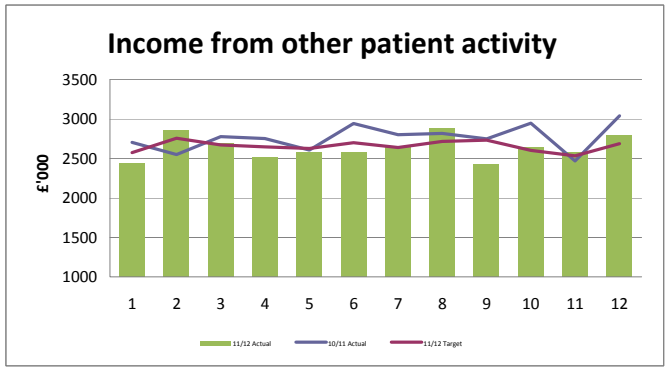




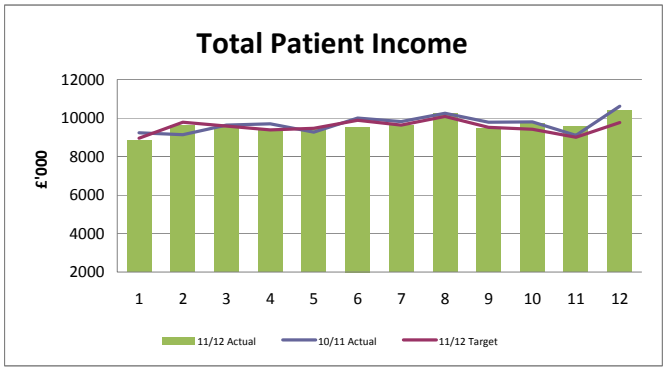
4.) ED Activity



5.) Other



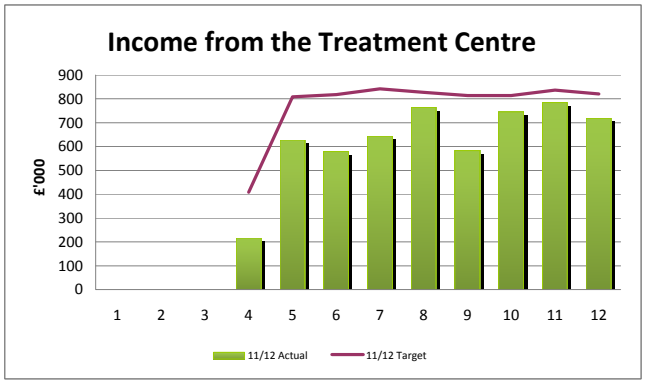
6.) Grand Total



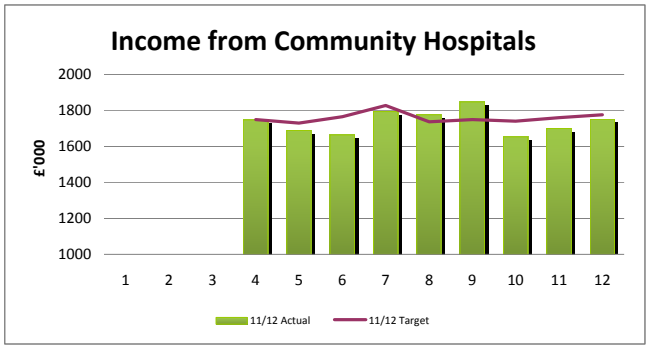
Note: *Graphs relate to QH activity only and exclude the impact of the TC and the Community Hospitals*
Income based on full PbR recovery basis and not adjusted for impact of block contract

Income and Activity (cont)

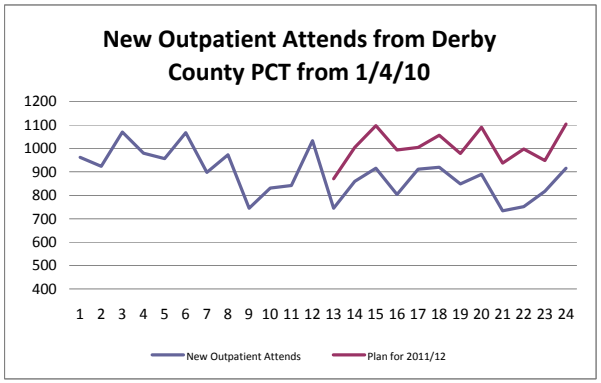
1.) Income from the Treatment Centre



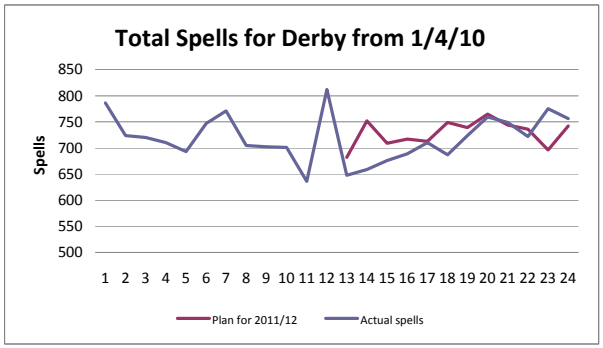
2.) Income from the Community Hospitals



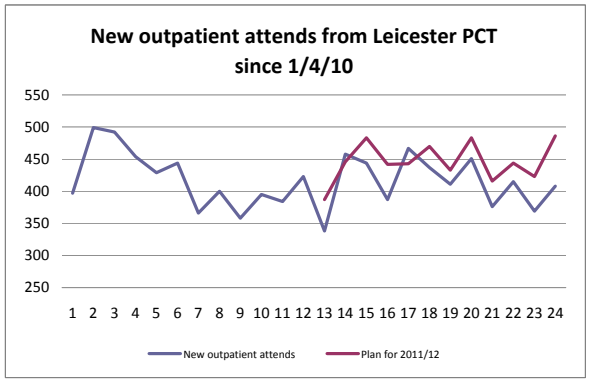
3.) Derby County New Outpatient attendance trends



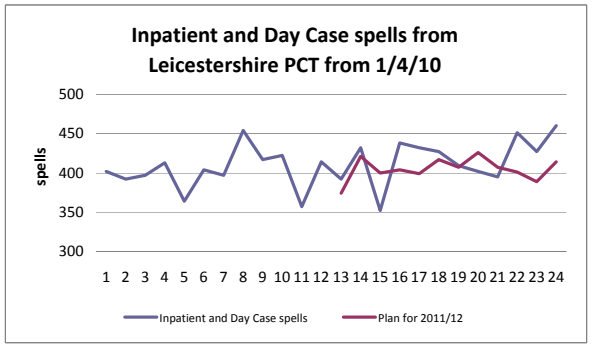
4.) Derby County trends in inpatient and day case spells



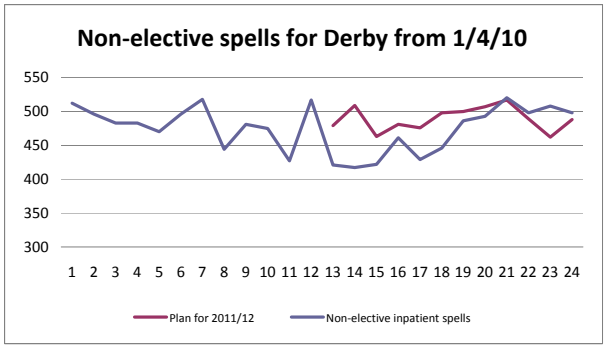
5.) Leicester County New Outpatient attendance trends



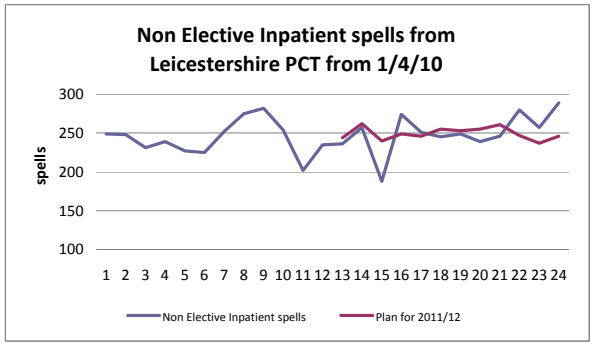
6.) Leicester County trends in inpatient and day case spells



7.) Derby County trends non-elective inpatients

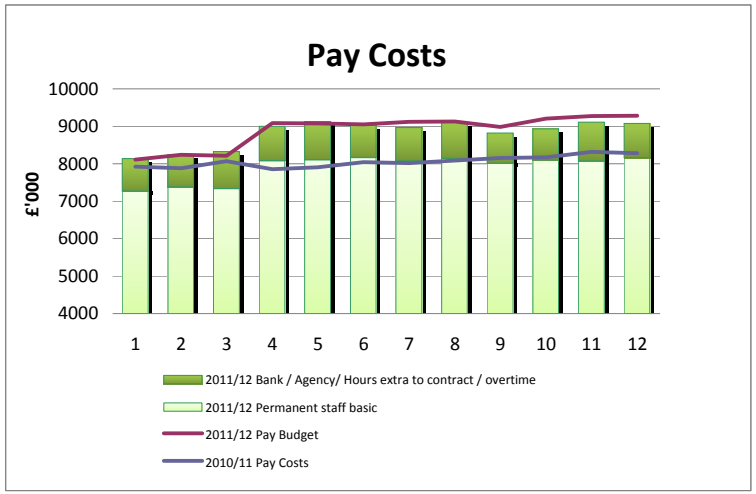


8.) Leicester County trends in non-elective inpatients

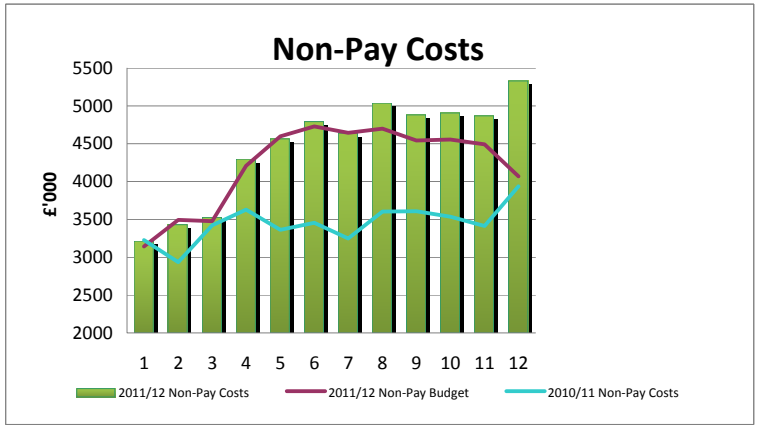


Pay and Non-Pay

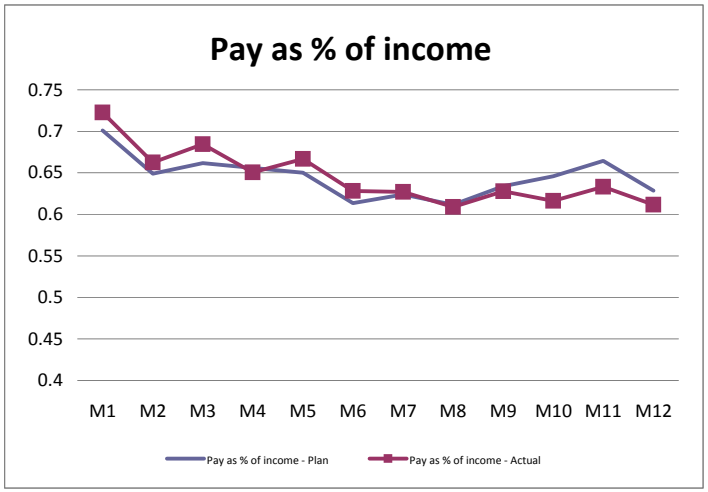
1.) Pay Costs



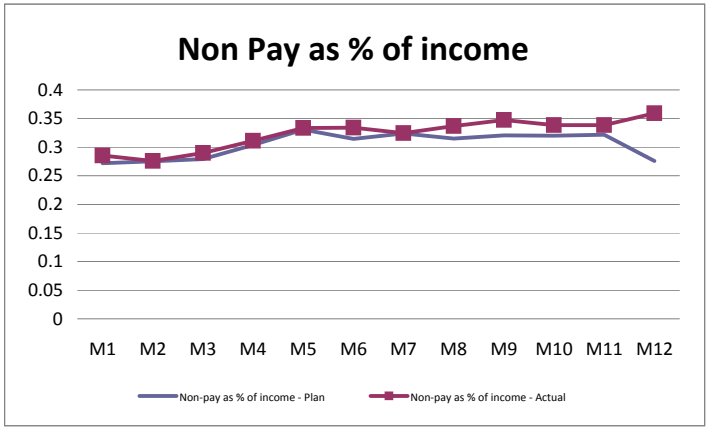
2.) Non-Pay Costs



3.) Pay Costs as % of Total Income

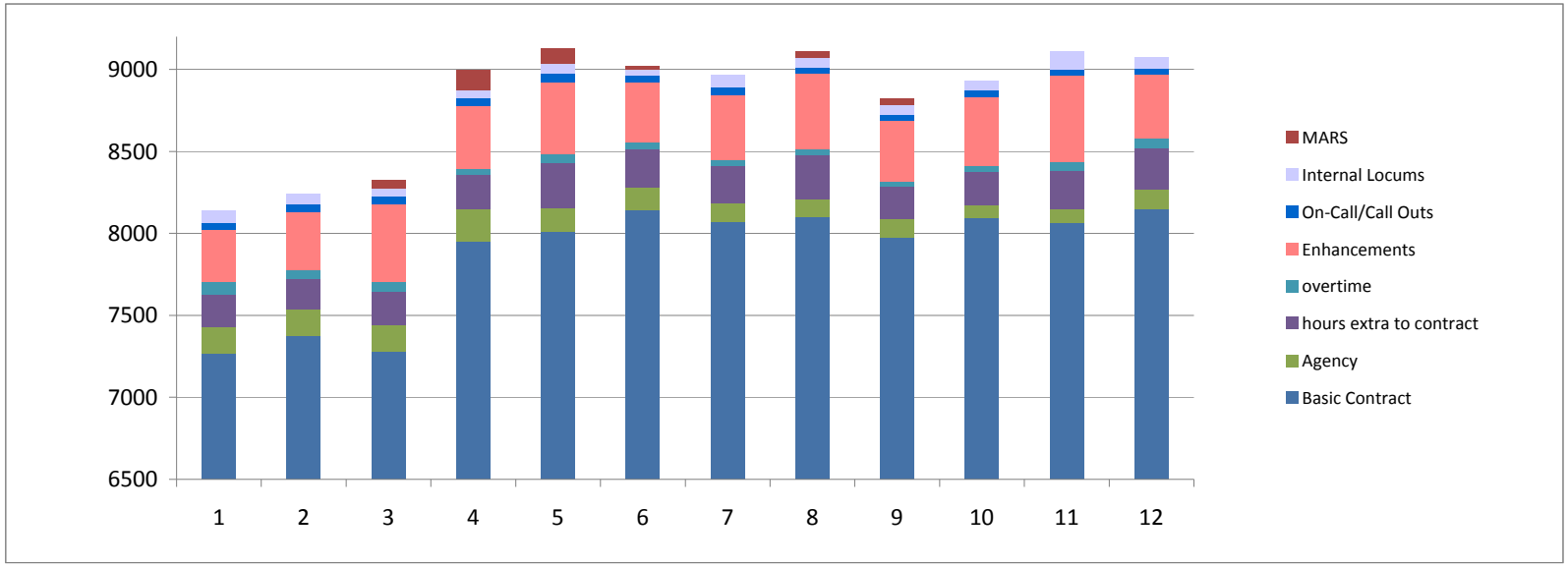


4.) Non Pay Costs as % of Total Income



Note: *Graphs include the TC and the Community Hospitals*
Non pay costs include pass through drugs & appliances

Analaysis of pay expenditure by month



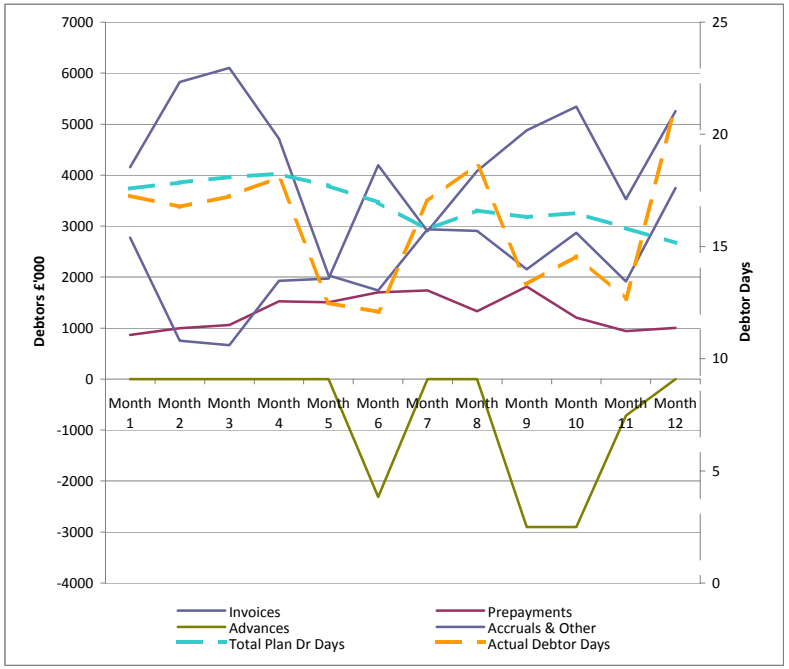
	Sept	Oct (5 weeks)	Nov	Dec	Jan (5 weeks)	Feb	Mar
Sickness Percentage	3.15%	3.77%	4.00%	3.90%	3.86%	4.31%	3.57%
Sickness lost days	2,470	3,061	3,112	3,419	3,116	3,238	3,054
Reg Nurse bank (hrs)	1,916	2,184	1,622	1,484	1,531	1,794	2,035
Reg Nurse Agency (hrs)	217	368	294	609	291	369	790
Unreg Nurse bank (hrs)	7,534	9,009	6,977	6,594	7,657	7,287	6,322
Unreg Nurse Agency (hrs)	980	1,241	1,308	1,398	473	360	686
Non nursing bank usage (hrs)	5,617	6,173	4,682	4,673	5,882	4,795	5,242
Total Bank/Agency hrs used	16,264	18,975	14,883	14,758	15,834	14,605	15,075
Staff on Maternity Leave	72	74	78	77	71	76	74
Starters	n/a	23	15	10	14	25	20
Leavers	n/a	18	27	24	28	18	36

BURTON HOSPITALS NHS TRUST

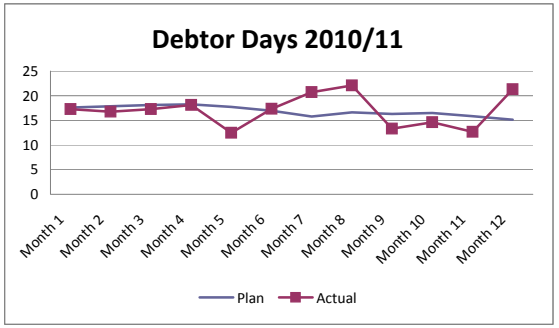
Appenix 5

Balance Sheet

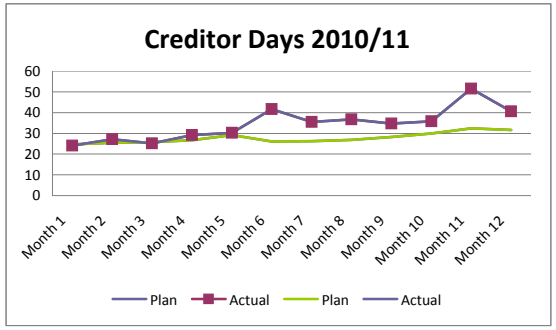
IFRS Format	Opening Balance 1.4.11 £'000	Year to Date Plan £'000	Year to Date Actual £'000	Year to Date Variance £'000
Non Current assets				
Total non current assets	**100,850**	**108,367**	**107,572**	**-795**
Current assets				
Stocks & Work in Progress	2,677	2,902	3,053	151
Trade & Other Receivables	7,560	6,843	10,008	3,165
Cash	6,508	2,888	7,616	4,728
	16,745	**12,633**	**20,676**	**8,043**
Current Liabilities				
Trade and other payables	7,129	9,120	11,490	2,370
Borrowings	291	291	291	0
Other financial liabilities	0	0	0	0
Provisions	391	391	1,870	1,479
Tax Payable	2,020	2,225	2,293	68
Other liabilities	2,606	2,449	3,729	1,280
	12,437	**14,476**	**19,674**	**5,198**
Long term debtors	**0**	**0**	**0**	**0**
Total assets less current liabilities	**105,158**	**106,524**	**108,574**	**2,050**
Liabilities over 1 year				
Borrowings (Finance Lease)	1,168	880	880	0
Provisions	878	878	854	-24
TOTAL ASSETS EMPLOYED	**103,112**	**104,766**	**106,839**	**2,073**
Taxpayers Equity				
Public Dividend Capital	54,478	54,478	54,478	0
Inocme and Expenditure Account	7,692	5,093	4,904	-189
Revaluation Reserve	36,933	41,438	47,457	6,019
Donation Reserve	4,009	3,757	0	-3,757
	103,112	**104,766**	**106,839**	**2,073**



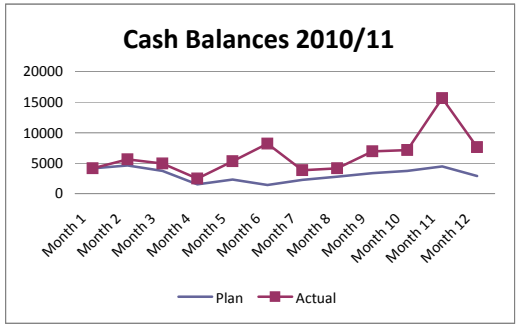
1 Debtor days



2 Creditor days



3 Cash



BURTON HOSPITALS NHS FOUNDATION TRUST

Appendix 6

Cost Improvement Programme

	Plan March £'000	Actual March £'000	Recurrent Variance March £'000	Non-Rec Actions March £'000	Performance against target £'000
Surgical Directorate	1,486	1,435	(51)	51	0
Estates and Facilities	373	297	(76)	76	0
Medicine Directorate	1,080	739	(341)	341	0
Corporate Directorates	492	492	0		0
TCS	950	527	(423)	423	0
Patient Income	1,000	1,000	0		0
Job Planning	200	76	(124)		(124)
MARS	230	125	(105)		(105)
Ward Closure	367	165	(202)		(202)
LEAN	250	250	0		0
Procurement and Prescribing	550	550	0		0
ISTC Margin	622	0	(622)		(622)
GRAND TOTAL	**7,600**	**5,656**	**(1,944)**	**891**	**(1,053)**

Plan : original CIP programme
Actual : delivery against original CIP plan
Non recurrent actions : additional CIP measures taken to mitigate shortfall against original plan
Performance against target : net residual shortfall against original CIP plan after mitigation

BURTON HOSPITALS NHS FOUNDATION TRUST
Capital Programme

Appendix 7

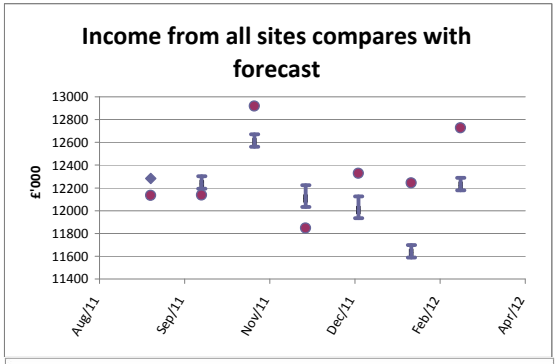
Capital Programme	Current Month In month position			2011/12 Final Position			Final Position Variance comprises		
	Plan	Actual	Variance	Plan	Actual	Variance	Slippage	Transfers to/from revenue	(Under) Over Spend
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Estates Schemes									
Transforming to 2012	15	(13)	(28)	197	107	(90)	0		(90)
Generator Upgrade	0	0	0	826	778	(48)	(48)		0
HSSU/CPU	0	(3)	(3)	66	73	7	0		7
Electrical Rewire/Upgrade	23	40	17	95	48	(47)	(47)		0
Provision of UPS/IPS electrical backup	40	0	(40)	100	2	(98)	(98)		0
Demolition of Laundry building (on hold)	0	0	0	0	0	0	0		0
Water Systems	5	9	4	72	87	15	15		0
Upgrading Pharmacy bulk store	0	1	1	50	72	22	0		22
Ward Moves	0	0	0	26	24	(2)			(2)
TC Chiller	0	0	0	50	59	9	0	0	9
Schemes < £50k	89	28	(61)	444	299	(145)	(152)	(22)	29
Sub-total Estates	**172**	**62**	**(110)**	**1,926**	**1,549**	**(377)**	**(330)**	**(22)**	**(25)**
IM&T Schemes									
Hardware platform for Meditech V6.0	0	(4)	(4)	838	816	(22)	0		(22)
Meditech V6.0	0	25	25	65	64	(1)	(1)		0
Clinical Correspondence	0	6	6	10	6	(4)	(4)		0
Hardware replacement (PC & Laptop)	60	0	(60)	100	79	(21)	0		(21)
MS Licence Purchase	0	0	0	0	119	119	0		119
Treatment Centre & Community Hospitals	0	0	0	50	47	(3)	0		(3)
Meditech V6.0 Bedside Verification Module							(18)		18
Schemes < £50k	55	9	(46)	296	89	(207)	(116)	0	(91)
Sub-total IM & T	**115**	**36**	**(79)**	**1,359**	**1,220**	**(139)**	**(139)**	**0**	**0**
Medical Equipment Group Schemes									
Cardiac Monitors	0	0	0	0	0	0	0		0
High-end general/multi-modality ultrasound	0	0	0	129	129	0	0		0
Drager Evita XL Ventilators x3	0	0	0	67	67	0	0		0
Laser System surgical	0	0	0	65	72	7	0		7
Mobile Image Intensifier	0	0	0	55	55	0	0		0
Schemes < £50k	99	17	(82)	549	372	(177)	(170)	0	(7)
Sub-total Medical Equipment	**99**	**17**	**(82)**	**865**	**695**	**(170)**	**(170)**	**0**	**0**
Revenue to Capital Transfer									
Residences WiFi	0	0	0	0	14	14		14	0
Dash Monitors	0	0	0	0	(9)	(9)		(9)	0
Vehicle for Catering	0	0	0	0	8	8	0	8	0
Trolley	0	0	0	0	8	8	0	8	0
Computer Hardware	0	0	0	0	12	12	0	12	0
Resus equipment		5	5		5	5	0	5	(0)
Headlight systems		(14)	(14)		(14)	(14)		(14)	0
Sub-total Revenue to Capital transfers	**0**	**(9)**	**(9)**	**0**	**24**	**24**	**0**	**24**	**0**
Cath Lab	**0**	**0**	**0**	**246**	**5**	**(241)**	**(241)**		**0**
Treatment Centre	**0**	**3**	**3**	**1,000**	**2,380**	**1,380**	**0**		**1,380**
PACS	**0**	**223**	**223**	**222**	**223**	**1**	**0**		**1**
Slippage									
Vehicles for Pathology	**0**	**0**	**0**	**0**	**17**	**17**			**17**
Beds and Mattresses	**0**	**0**	**0**	**0**	**0**	**0**			**0**
Capital Contingency	**0**	**0**	**0**	**0**	**0**	**0**	**0**		**0**
Total Capital Expenditure	**386**	**332**	**(54)**	**5,618**	**6,113**	**478**	**(880)**	**2**	**1,356**

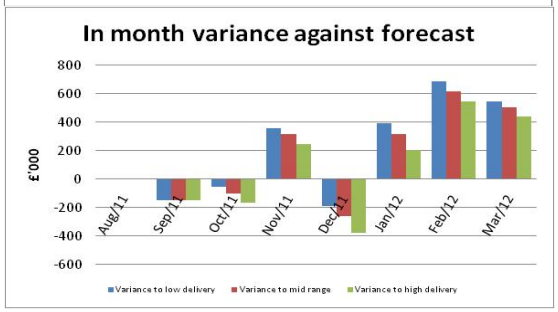
BURTON HOSPITALS NHS FOUNDATION TRUST

Appendix 8

Performance against forecast

1 Income performance against forecast

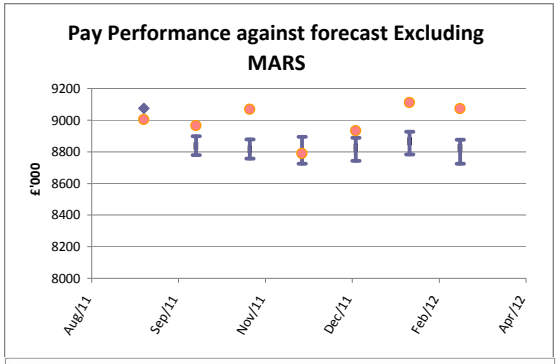


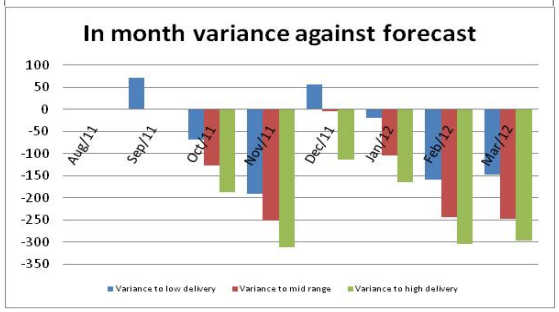


Cumulative over performance:-

	£'000	
Against high delivery plan	743	F
Against midrange plan	1,243	F
Against low delivery plan	1,592	F
By Site		
Main site	1,791	F
Community Hospitals	-228	A
TC	29	F
Total	**1,592**	F

2 Pay Performance against forecast

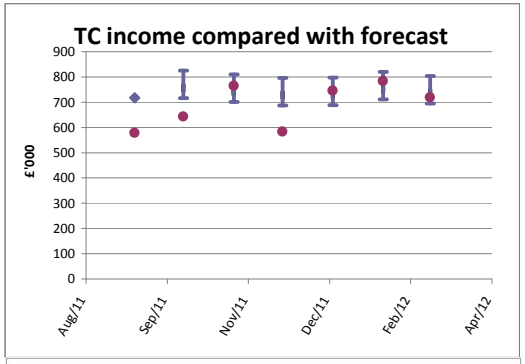


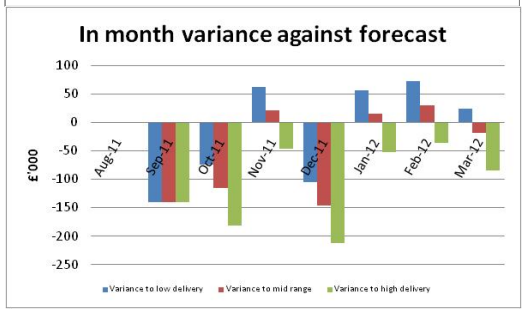


Cumulative under performance excluding MARS:-

	£'000	
Against low delivery plan	-457	A
Against midrange plan	-978	A
Against high delivery plan	-1,378	A

3 Performance against TC income forecast





Cumulative under performance:-

	£'000	
Against high delivery plan	-753	A
Against midrange plan	-353	A
Against low delivery plan	-103	A

Pay savings of £25k per month from November to mitigate against income loss.

Analysis of variance vs Monitor low delivery scenario

	b/fwd P11	month P12	c/fwd P12
Income	1046	546	1592
SCR income	0	1750	1750
Pay	-121	-101	-222
Enhanced Pay	0	-768	-768
Impairments / Loss on Disposal	0	-760	-760
Additional Advisor Fees	-495	-635	-1130
Deferred Income	0	-300	-300
Non pay, Trading income & other	48	-145	-97
	478	**-413**	**65**

BURTON HOSPITALS NHS FOUNDATION TRUST
Cash Flow

Appendix 9

CASHFLOW		CURRENT MONTH March Plan £'000	CURRENT MONTH March Actual £'000	CURRENT MONTH March Variance £'000	YEAR TO DATE Year to Date Plan £'000	YEAR TO DATE Year to Date Actual £'000	YEAR TO DATE Year to Date Variance £'000
Opening Balance		4,066	15,638	11,572	6505	6,505	0
1. Income and Expenditure							
Inflows							
NHS	Contracts (Patient Trmt)	12,294	4,766	-7,528	138,101	137,109	-992
	SLA and Other	1,663	1,975	312	18,768	19,642	875
		13,957	6,741	-7,216	156,869	156,751	-118
Other	Trading/Other	420	344	-76	8,086	7,137	-949
	Private Patients	158	188	30	1,854	1,719	-135
	RTA	44	98	54	523	747	224
	Charity	0	88	88	0	569	569
	VAT	55	103	48	660	1,153	493
		677	821	144	11123	11,325	202
	Revenue Inflow	14,634	7,562	-7,072	167,992	168,076	84
Outflows							
Pay	Salaries Monthly	-5,217	-5,320	-103	-61,623	-62,615	-992
	Salaries Weekly	0	0	0	0	0	0
	Tax & NI	-2,254	-2,282	-28	-26,095	-26,059	36
	Superannuation	-1,354	-1,339	15	-15,678	-15,418	260
	Total Pay	-8825	-8,941	-116	-103396	-104,092	-696
Revenue Non Pay	NHS Cheques	0	0	0	0	0	0
	NHS BACs	-1,329	-1,317	12	-14,822	-11,974	2,848
	CNST	0	0	0	-3,630	-3,630	0
	goodwill/Impairment	0	0	0	-1,300	0	1,300
	TC Stock	0	0	0	-200	-140	60
	Rev Cheques	-15	-9	6	-165	-152	13
	Rev BACs	-3,191	-3,527	-336	-36,180	-36,875	-695
	Rev Manual	-74	-99	-25	-836	-967	-131
	Total Non Pay	-4609	-4,952	-343	-57133	-53,738	3,395
	Revenue Outflow	-13434	-13,893	-459	-160529	-157,830	2,699
Interest Received		4	5	1	40	36	-4
Interest Paid		-8	-8	0	-89	-88	1
PDC Dividend Paid		-1710	-1,630	80	-3420	-3,350	70
Net I & E Cash Position		-514	-7,964	-7,450	3,994	6,844	2,850
2. Capital							
Inflows	PDC	0	0	0	0	0	0
	Charitable Contributions	0	0	0	0	266	266
	Sale of Asset/Other	0	0	0	0	0	0
	Capital Inflow	0	0	0	0	266	266
Outflows	BACS	-639	-34	605	-7320	-5,711	1,609
	Cheques	0	0	0	0	0	0
	Loan (Lease)	-25	-25	0	-291	-289	2
	PDC Repaid	0	0	0	0	0	0
	Capital Outflow	-664	-59	605	-7611	-6,000	1,611
Net Capital Cash Position		-664	-59	605	-7,611	-5,734	1,877
3. Loans	Loans taken	0	0	0	0	0	0
	Principal repayments	0	0	0	0	0	0
Net Loan Position		0	0	0	0	0	0
Closing Balance		2,888	7,615	4,727	2,888	7,615	4,727

BURTON HOSPITALS NHS FOUNDATION TRUST

Meeting of the Board to be held on 26 April 2012

Title and Date of Report:	Financial Plan 2012/13 - Update

Author(s):	Tony Waite – Director of Finance
Presented by:	Tony Waite – Director of Finance
Status: (Note, Approve, Decision, Discuss):	Discuss

Strategic / Business Objective	Governance & Compliance / Securing sustainable finances

Implications:			
CQC:		**KPI:**	
Legal, Regulatory and NHS Constitutional Implications:		**Resource Implications: (Financial/Staffing)**	
Equality & Diversity and Public & Patient Involvement Implications:		**Communication:**	

Other (specify)

Risks: Yes/No	**Risk Register Ref :** **Score** **Date onto Register:**	**Description:**

Assurance:	Routine scrutiny to underpin effective governance and control of the business.

Summary of key issues:	**Financial Plan 2012/13** This paper provides an update on the financial plan approved by the Board at its meeting in March 2012 and primarily deals with the impact of the draft accounts for the financial year 2011/12 and early progress on the Recovery Plan. There are three key matters to draw to the Board's attention: Income support for strategic change and business restructuring – the Trust recognised £1.75m of income in its 2011/12 draft accounts which was previously included in the financial plan for receipt in 2012/13. This change in timing of income recognition was done in cooperation with the PCT. The impact on the 2012/13 financial plan is to increase the headline deficit from £3.3m to £5.0m. There is no impact on the plan in respect of the normalised trading position or cash position. Exit run rate 2011/12 and scale of financial challenge in 2012/13 – the Trust experienced a 'year of two halves' in 2011/12 with a normalised trading loss in the initial part of the year and balanced trading position in the latter part of the year. This balanced exit run rate to the old year did not translate into a reduced financial challenge for the new financial year. This is primarily because the volume of activity underpinning earnings in the latter part of 2011/12 is not expected to continue in 2012/13 as contracted volumes for that year suggest a reduction. The attached schedules provide a bridge statement between the two financial years. Recovery plan schemes in implementation – sufficient schemes have progressed to implementation such as to provide for savings in line with the financial plan for the first quarter of the year. Further work is required to progress sufficient schemes through to implementation to secure the necessary level of savings for the full financial year. Contingencies have been identified but should not be planned to be relied on. The Trust must continue to pursue its full £9.8m savings target with necessary vigour. In addition the attached schedules provide information on near term cash flow. Cash balances are ahead of that included in the initial financial plan. A revised longer term cash flow will be included in the Annual Plan. A full update of the financial plan will be incorporated into the Annual Plan which the Board will consider at its May meeting.

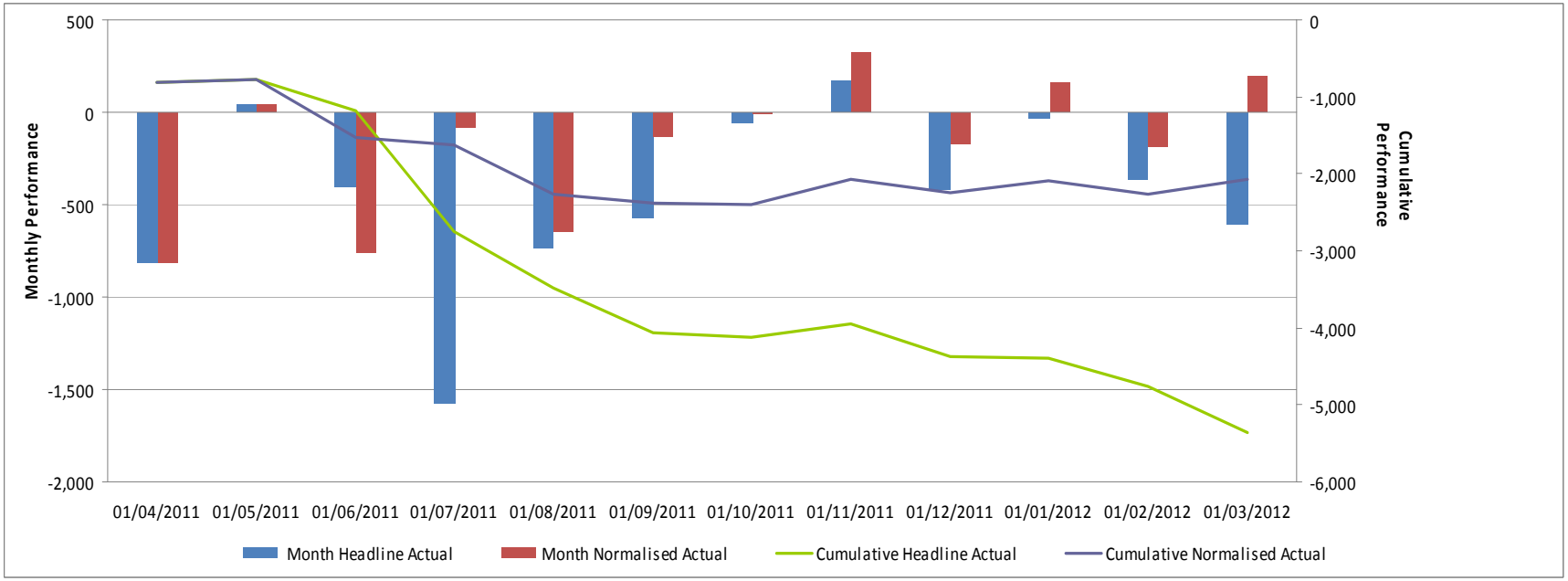
Escalation to Board of Directors for discussion :	None

Recommendations:	The Board is recommended to: • Note the update to the financial plan for 2012/13 • Confirm its requirement for the pursuit of savings consistent with delivery in full of the original savings target.

Forecast out turn 2011/12 : P&L

- Headline deficit £5.4m being consistent with previously reported forecast after amendment for late income change initiated by PCT
- Normalised deficit £2.1m being better than medium delivery recovery scenario notified to Monitor
- Strategic Change Reserve funding recognised in 2011/12 at request of PCT to secure resources for local health economy. The consequent impact to income in the 2012/13 plan is a deficit of £5m. The substantive impact on cash remains unchanged
- Provision for pay arrears aligned with cash outgoing included in Recovery Plan for 2012/13

2011/12	Draft accounts £m	Previous forecast £m	Original plan £m
Trading (normalised) position	(2.1)	(3.1)	(0.7)
Impairment	(2.5)	(2.3)	(1.3)
MARS	(0.4)	(0.4)	(0.6)
Donated assets	-	-	(0.2)
Other non recurrent	(2.2)	(1.9)	-
Strategic change Income	1.8	-	-
Headline deficit	(5.4)	(7.7)	(2.8)



The Trust has achieved a normalised out turn for 2011/12 ahead of that reported in the Financial Baseline Review. The normalised run rate is in balance across the last six months of the financial year. The financial challenge before CIPs for 2012/13 remains as previously reported at £13m. These positions are reconciled by the fact that the volume of activity commissioned for 2012/13 is below that level which was driving the earnings position in the second half of 2011/12.

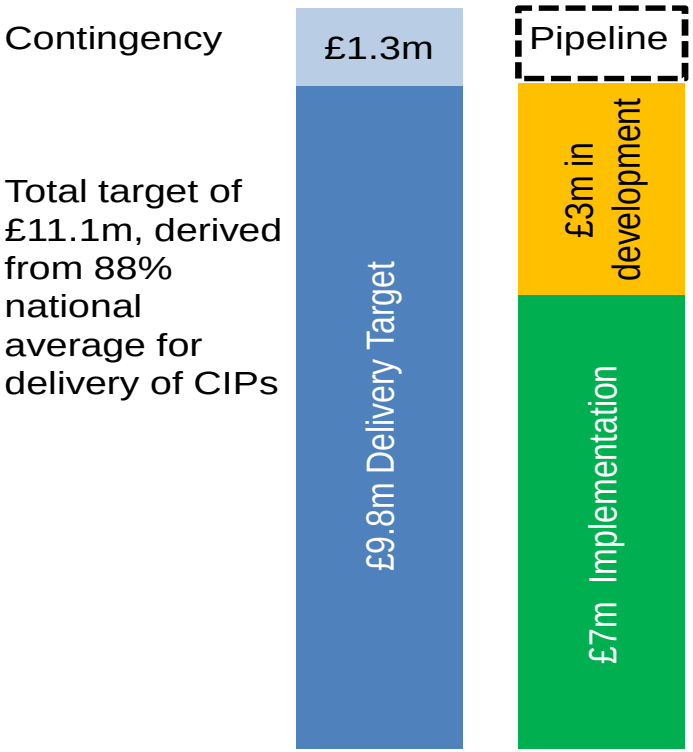
Financial bridge - FY12 to FY 13	£m	£m
Headline deficit 2011/12		**(5.4)**
Add back one off items:		
Impairment	2.5	
MARS	0.4	
Other non recurrent	2.2	
Strategic change income	(1.8)	3.3
Normalised deficit 2011/12		**(2.1)**
National efficiency gain	(6.9)	
Contribution impact of reduced activity	(1.5)	
CIP delivery brought forward	(0.8)	
Capital charges on business combinations	(0.5)	
Non recurrent & technical	(1.2)	(10.9)
Headline deficit pre CIPs 2012/13		**(13.0)**
CIPs		9.8
Restructuring costs net of strategic change income		(1.8)
Plan headline deficit 2012/13		**(5.0)**

- The reduction in contribution of £1.5m in FY13 compared to FY12 represents commissioned activity in agreed contracts for FY13 being below that delivered by the Trust in the second half of FY12
- An element of the planned CIPs for FY13 were brought forward and delivered in Q3/Q4 of FY12; due to the timing of the Recovery Plan development and budget setting process these savings have been recognised in FY13 budgets and FY13 CIPs
- The Recovery Plan anticipated restructuring costs of £5m matched by strategic change income. The recognition in FY12 of part of that income is a timing difference only and with consequent impact to increase the plan headline deficit in FY13 compared to the Recovery Plan.

Admitted care activity	Full year actual			Full year based on P06-P11 activity			Full year based on P07-P12 activity		
	FY12	FY13	%change	FY12	FY13	%change	FY12	FY13	%change
Total spells	57,409	56,996	**-0.7%**	58,348	56,996	**-2.3%**	59,570	56,996	**-4.3%**

The Trust currently has £7m of savings plans in implementation

- The Trust has used the national average delivery of CIPs to calculate an £11.1m target for savings plans to leave a contingency.
- In order to ensure achievement of the £9.8m CIP delivery target in the recovery plan, the Trust is rigorously planning and challenging all of the savings schemes consistent with its established best practice PMO arrangements.
- Currently, the Trust has £7m of savings in implementation for 2012/13 and £3m of savings plans in development.
- Non recurrent CIP measures as contingency totalling £2.1m gross (£1.1m risk moderated) have been identified as at 31 March 2012
- Development of a pipeline of additional savings opportunities including expediting transformation work on service line profitability
- Turnaround Director scrutiny of commitment and controls over:
  - Temporary staff usage
  - Recruitment
  - Waiting list payments
  - Non pay requisitions



Progress of developing and delivering the turnaround plan

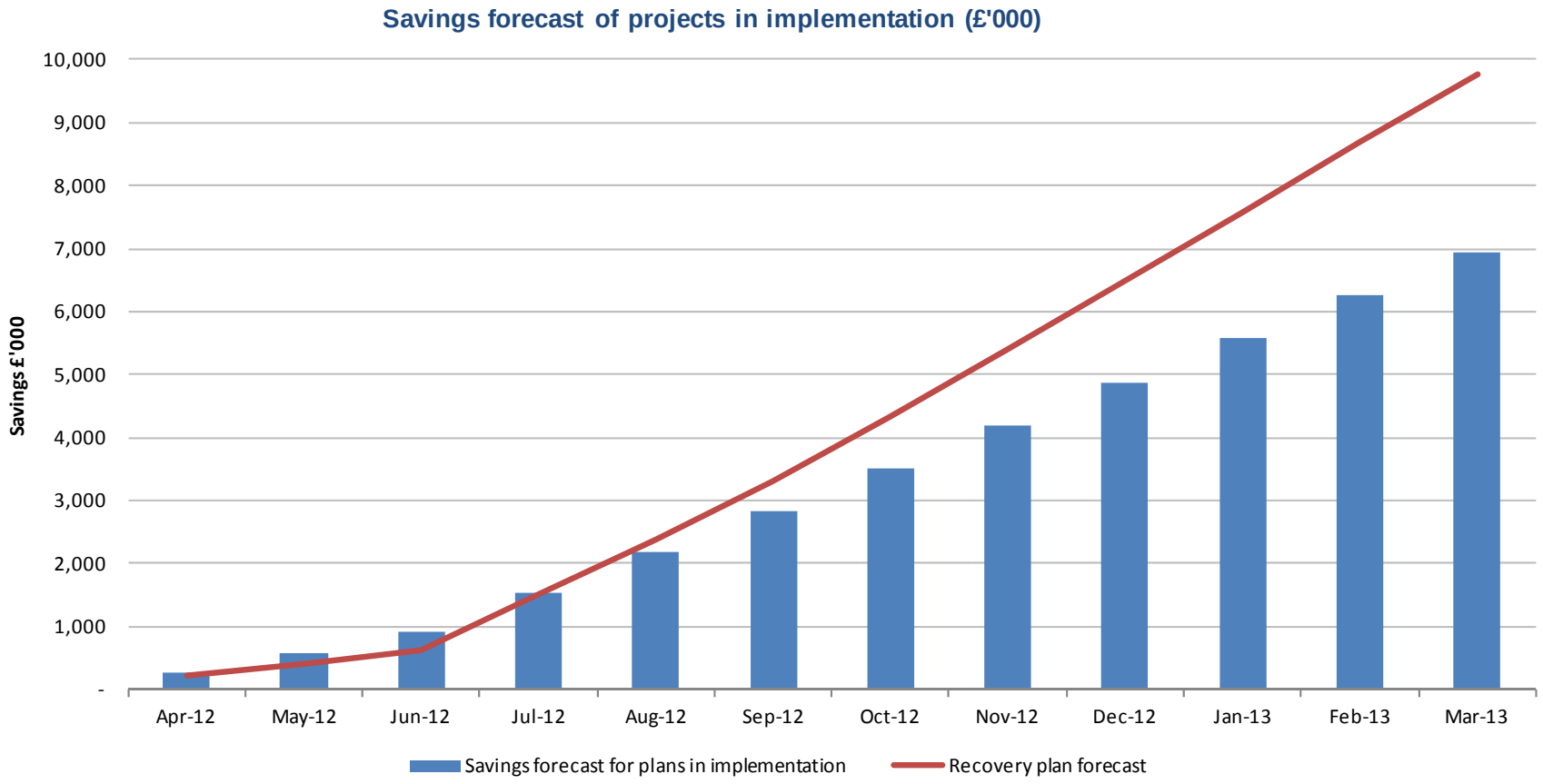
- The table opposite shows the progress made in moving the savings plans through the gateways and into implementation.
- All of the projects in identification, scoping and planning stages have individual action plans and a timeframe for plan development completion.
- The Trust is generating new projects for plan development from a pipeline of further savings opportunities as well as the transformation project.
- Additionally, the Trust is putting in measures to control expenditure:
  - Agency and bank spend controls
  - Overtime spend controls
  - Non-pay oversight and controls
  - Recruitment controls

(£'000)	Turnaround Plan		After Steering Group 13th March		After Steering Group 10th April	
Stage of Plan development	12/13	FYE	12/13	FYE	12/13	FYE
Identification Project savings approach identified. Plan and savings not worked up	2,997	3,985	2,553	3,392	1,470	2,286
Gateway 1						
Scoping and Planning Plan developed, savings partly worked up. Project documentation being completed	6,806	9,066	4,597	6,247	1,564	2,300
Gateway 2						
Implementation Documentation completed, robust detailed savings, risks identified and plan ready for implementation Steering Group assessed and approved project for implementation	0	0	2,690	3,642	6,954	8,690
Total	9,803	13,051	9,840	13,281	9,988	13,276

Updated profile of CIP savings – projects in implementation

Plans in implementation consistent with Recovery Plan savings expectations for Q1

CIP schemes in development include key workforce changes to medical staff, nurse staffing [residual part] and A&C in clinical areas.

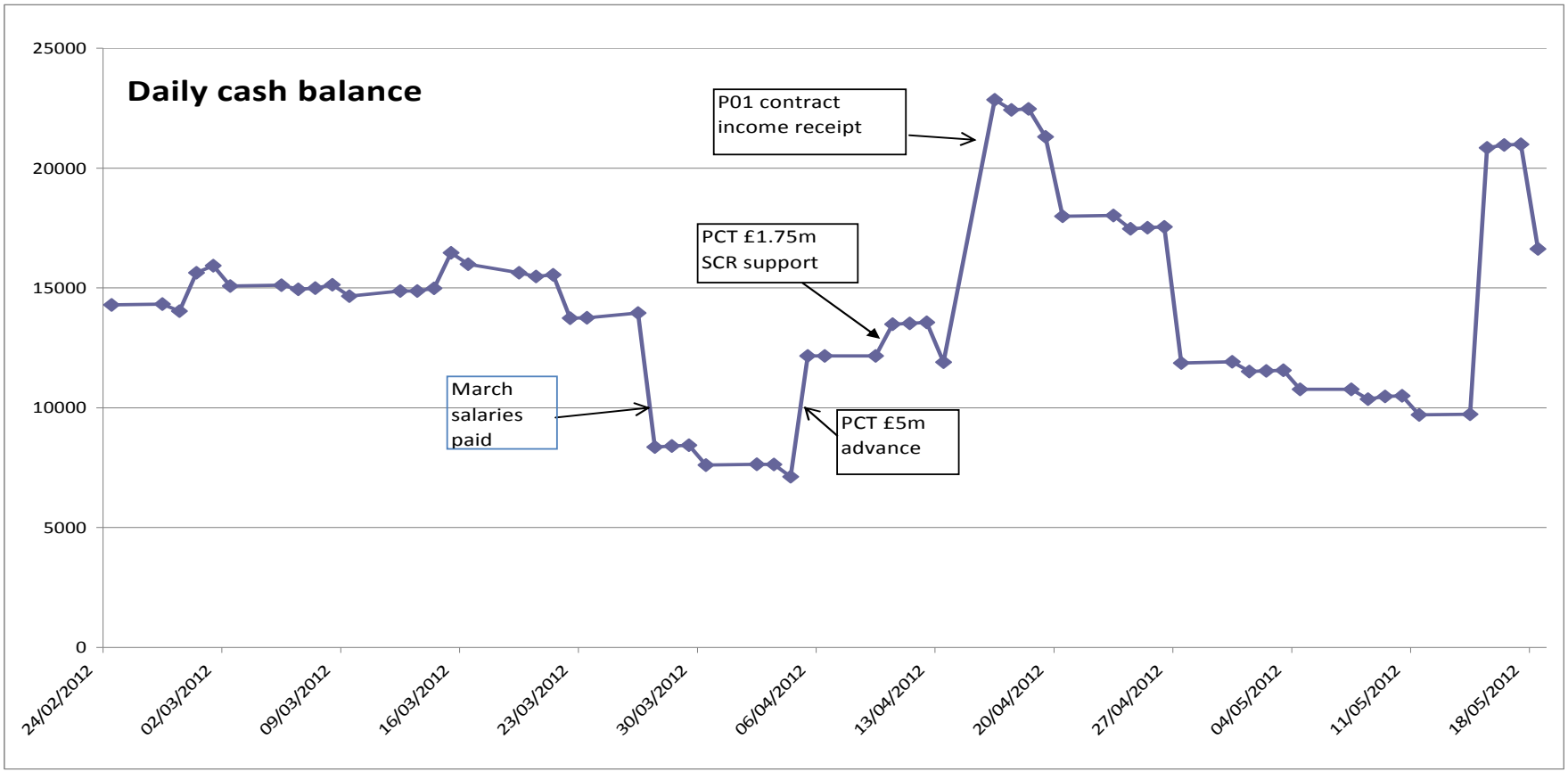


Updated cash flow

Routine use of 13wk [91 day] cash flow forecasting

£5.0m PCT advance and £1.75m SCR payment received in bank

Updated rolling 12mnth cash flow to follow finalisation of draft accounts



BURTON HOSPITALS NHS FOUNDATION TRUST

Meeting of the Board of Directors to be held on 26 April 2012

Title and Date of Report:	Compliance with CQC Registration – Year End Position

Author(s):	Mrs Caroline Smith - Acting Board Secretary
Presented by:	Mrs Caroline Smith - Acting Board Secretary
Status: **(Note, Approve, Decision, Discuss):**	Discussion and Decision

Strategic / Business Objective	• Getting quality of care right first time and reducing variation in clinical practice. • Making Burton Hospital a pleasant and welcoming place in which to receive care and work, by the continuing development of our staff and estate. • Working in partnership and developing integrated pathways and services.

Implications:			
CQC:	All	**KPI:**	
Legal, Regulatory and NHS Constitutional Implications:	Compliance with Health & Social Care Act 2008	**Resource Implications: (Financial/Staffing)**	
Equality & Diversity and Public & Patient Involvement Implications:		**Communication:**	

Other (specify):

Risks: Yes/No	**Risk Register Ref :** C184 **Score :** 8 **Date onto Register :** 4 July 2011	**Description:** Compliance with CQC

Assurance:	Yes

Summary of key issues:	The paper confirms the Trust Year End position in terms of compliance with the CQC regulations at Queens Hospital, Samuel Johnson and Sir Robert Peel. Lead Directors have reviewed the outcome areas and confirmed the evidence to support each of these. In accordance with the CQC requirements action plans have been, or are being developed, for areas assessed as yellow, amber or red. A summary position of these and a comparison with the last two quarters is provided. Where an action has remained green for three quarters, it has been removed from the action plan summary. The detailed action plans will be received and monitored by the Governance, Risk and Assurance Committee.

Escalation to Board of Directors for discussion :	Not applicable

Recommendations:	The Board is requested to consider the year-end position of compliance against the CQC regulations and confirm whether the areas requiring improvement impact on the compliance position. To receive and discuss the CQC Action plan expected completion dates for Prompts 11B, 11C & 21B across all sites and 21A & 21B at Samuel Johnson Community Hospital and Sir Robert Peel Hospital as at April 2012.

CQC Compliance Assessment Summary (Year End Position) - Queen's Hospital, Burton

Outcome	Regulation		Lead Director	Prompts															
1	17	Respecting and involving people who use services	D Leese	1A	1B	1C	1D	1E	1F	1G	1H	1I	1J	1K				
2	18	Consent to care and treatment	C Stenhouse	2A	2B	2C	2D	2E	2F	2G	2H							
4	9	Care and welfare of people who use services	D Leese	4A	4B	4C	4D	4E	4F	4G	4H	4I	4J	4K	4L	4M	4R	4W
5	14	Meeting Nutritional needs	D Leese	5A	5B	5C	5D	5E										
6	24	Co-operating with other providers	J Jones	6A	6B	6C	6D	6E	6F	6G	6H	6I	6M					
7	11	Safeguarding people who use services from abuse	D Leese	7A	7B	7C	7D	7E	7F	7G	7H	7I	7J	7K	7L	7P		
8	12	Cleanliness and infection control	D Leese	8A														
9	13	Management of Medicines	C Stenhouse	9A	9B	9C	9D	9F	9G	9H	9J							
10	15	Safety and suitability of premises	T Waite	10A	10B	10C	10D	10E	10F	10G	10H	10I	10J	10K				
11	16	Safety , availability and suitability of equipment	T Waite	11A	11B	11C	11D	11E	11F	11H								
12	21	Requirements relating to workers	R Smith	12A	12B	12C												
13	22	Staffing	R Smith	13A														
14	23	Supporting workers	R Smith	14A	14B	14C	14D	14F	14G	14H	14J							
16	10	Assessing and monitoring the quality of service provision	J Jones	16A	16B	16C	16D	16E										
17	19	Complaints	H Ashley	17A	17B	17C	17D	17E										
21	20	Records	D Price	21A	21B													

Attachment 10

CQC Compliance Assessment Summary (Year End Position) - Samuel Johnson Community Hospital, Lichfield

Outcome	Regulation		Lead Director	Prompts															
1	17	Respecting and involving people who use services	D Leese	1A	1B	1C	1D	1E	1F	1G	1H	1I	1J	1K					
2	18	Consent to care and treatment	C Stenhouse	2A	2B	2C	2D	2E	2F	2G	2H								
4	9	Care and welfare of people who use services	D Leese	4A	4B	4C	4D	4E	4F	4G	4H	4I	4J	4K	4L	4M	4R	4W	
5	14	Meeting Nutritional needs	D Leese	5A	5B	5C	5D	5E											
6	24	Co-operating with other providers	J Jones	6A	6B	6C	6D	6E	6F	6G	6H	6I	6M						
7	11	Safeguarding people who use services from abuse	D Leese	7A	7B	7C	7D	7E	7F	7G	7H	7I	7J	7K	7L	7P			
8	12	Cleanliness and infection control	D Leese	8A															
9	13	Managementof Medicines	C Stenhouse	9A	9B	9C	9D	9F	9G	9H	9J								
10	15	Safety and suitability of premises	T Waite	10A	10B	10c	10D	10E	10F	10G	10H	10I	10J	10K					
11	16	Safety , availability and suitability of equipment	T Waite	11A	11B	11C	11D	11E	11F	11H									
12	21	Requirements relating to workers	R Smith	12A	12B	12C													
13	22	Staffing	R Smith	13A															
14	23	Supporting workers	R Smith	14A	14B	14C	14D	14F	14G	14H	14J								
16	10	Assessing and monitoring the quality of service provision	J Jones	16A	16B	16C	16D	16E											
17	19	Complaints	H Ashley	17A	17B	17C	17D	17E											
21	20	Records	D Price	21A	21B														

CQC Compliance Assessment Summary (Year End Position) - Sir Robert Peel Hospital, Tamworth

Outcome	Regulation		Lead Director	Prompts															
1	17	Respecting and involving people who use services	D Leese	1A	1B	1C	1D	1E	1F	1G	1H	1I	1J	1K				
2	18	Consent to care and treatment	C Stenhouse	2A	2B	2C	2D	2E	2F	2G	2H							
4	9	Care and welfare of people who use services	D Leese	4A	4B	4C	4D	4E	4F	4G	4H	4I	4J	4K	4L	4M	4R	4W
5	14	Meeting Nutritional needs	D Leese	5A	5B	5C	5D	5E										
6	24	Co-operating with other providers	J Jones	6A	6B	6C	6D	6E	6F	6G	6H	6I	6M					
7	11	Safeguarding people who use services from abuse	D Leese	7A	7B	7C	7D	7E	7F	7G	7H	7I	7J	7K	7L	7P		
8	12	Cleanliness and infection control	D Leese	8A														
9	13	Managementof Medicines	C Stenhouse	9A	9B	9C	9D	9F	9G	9H	9J							
10	15	Safety and suitability of premises	T Waite	10A	10B	10C	10D	10E	10F	10G	10H	10I	10J	10K				
11	16	Safety , availability and suitability of equipment	T Waite	11A	11B	11C	11D	11E	11F	11H								
12	21	Requirements relating to workers	R Smith	12A	12B	12C												
13	22	Staffing	R Smith	13A														
14	23	Supporting workers	R Smith	14A	14B	14C	14D	14F	14G	14H	14J							
16	10	Assessing and monitoring the quality of service provision	J Jones	16A	16B	16C	16D	16E										
17	19	Complaints	H Ashley	17A	17B	17C	17D	17E										
21	20	Records	D Price	21A	21B													

Attachment 10

CQC Compliance Action Plans (Year End position) - Queen's Hospital

Outcome	Regulation		Lead Director	Prompts	Position as at 27.10.11	Position as at January 2012	Position as at March 2012	Action Plan end date
2	18	Consent to care & treatment	C Stenhouse	People who use the service benefit from staff who understand written, verbal and implied consent, how to respect cultural and social values, that some may require more support than other, how to respond to decision made and what actions to take in an emergency situation.	**2B**	**2B**	**2B**	**Complete**
7	11	Safeguarding people who use services from abuse.	D Leese	People who use services receive care, treatment and support from staff who, in relation to restraint comply with the outcomes outlined in 7F	**7F Dec 11**	**7F**	**7F**	**Complete**
				People who use services receive care, treatment and support from staff who, in relation to responding to behaviour that presents a risk to themselves or others comply with the outcomes outlined in 7G	**7G Dec 11**	**7G**	**7G**	**Complete**
				People who use services benefit from practice where the use of restraint and management of behaviour that presents a risk comply with the outcomes outlined in 7H	**7H Dec 11**	**7H**	**7H**	**Complete**
11	16	Safety, availaibility and suitability of equipment	T Waite	People's needs are met because staff using any equipment so do in a way that has regard to their dignity, comfort and safety and promotes their independence by complying with the prompts outlined in 11B	**11B**	**11B**	**11B**	**Jul-12**
				People are safe because, where equipment is provided as part of the regulated activity, there are clear procedures followed in practice, monitored and reviewed. Wherever necessary these include the prompts outlined in 11C.	**11C**	**11C**	**11C**	**Jul-12**
21	20	Records	D Price	People who use services can be confident that healthcare records are kept or disposed of in accordance with guidance	**21B**	**21B**	**21B**	**Jul-12**

CQC Compliance Action Plans (Year End position) - Samuel Johnson Community Hospital, Lichfield

Outcome	Regulation		Lead Director	Prompts	Position as at 27.10.11	Position as at January 2012	Position as at March 2012	Action Plan end date
2	18	Consent to care & treatment	C Stenhouse	People who use the service benefit from staff who understand written, verbal and implied consent, how to respect cultural and social values, that some may require more support than other, how to respond to decision made and what actions to take in an emergency situation.	2B	2B	2B	Complete
7	11	Safeguarding people who use services from abuse.	D Leese	People who use services receive care, treatment and support from staff who, in relation to restraint comply with the outcomes outlined in 7F	7F Dec 11	7F	7F	Complete
				People who use services receive care, treatment and support from staff who, in relation to responding to behaviour that presents a risk to themselves or others comply with the outcomes outlined in 7G	7G Dec 11	7G	7G	Complete
				People who use services benefit from practice where the use of restraint and management of behaviour that presents a risk comply with the outcomes outlined in 7H	7H Dec 11	7H	7H	Complete
11	16	Safety, availaibility and suitability of equipment	T Waite	People's needs are met because staff using any equipment so do in a way that has regard to their dignity, comfort and safety and promotes their independence by complying with the prompts outlined in 11B	11B	11B	11B	Jul-12
				People are safe because, where equipment is provided as part of the regulated activity, there are clear procedures followed in practice, monitored and reviewed. Wherever necessary these include the prompts outlined in 11C.	11C	11C	11C	Jul-12
13	22	Staffing	R Smith	People who use services benefit from sufficient staff to meet their needs because the provider meets the outcomes in 13A	13A Dec 11	13A Feb 12	13A	Complete
21	20	Records	D Price	People who use services can be confident that their personal records for their care, treatment and support are properly managed	21A Feb 12	21A Feb 12	21A	Apr-13
				People who use services can be confident that healthcare records are kept or disposed of in accordance with guidance	21B Feb 12	21B Feb 12	21B	Jul-12

CQC Compliance Action Plans (Year End Position) - Sir Robert Peel Hospital, Tamworth

Attachment 10

Outcome	Regulation		Lead Director	Prompts	Position as at 27.10.11	Position as at January 2012	Position as at March 2012	Action Plan end date
2	18	Consent to care & treatment	C Stenhouse	People who use the service benefit from staff who understand written, verbal and implied consent, how to respect cultural and social values, that some may require more support than other, how to respond to decision made and what actions to take in an emergency situation.	**2B**	**2B**	**2B**	**Complete**
7	11	Safeguarding people who use services from abuse.	D Leese	People who use services receive care, treatment and support from staff who, in relation to restraint comply with the outcomes outlined in 7F	**7F Dec 11**	**7F**	**7F**	**Complete**
				People who use services receive care, treatment and support from staff who, in relation to responding to behaviour that presents a risk to themselves or others comply with the outcomes outlined in 7G	**7G Dec 11**	**7G**	**7G**	**Complete**
				People who use services benefit from practice where the use of restraint and management of behaviour that presents a risk comply with the outcomes outlined in 7H	**7H Dec 11**	**7H**	**7H**	**Complete**
11	16	Safety, availaibility and suitability of equipment	T Waite	People's needs are met because staff using any equipment so do in a way that has regard to their dignity, comfort and safety and promotes their independence by complying with the prompts outlined in 11B	**11B**	**11B**	**11B**	**Jul-12**
				People are safe because, where equipment is provided as part of the regulated activity, there are clear procedures followed in practice, monitored and reviewed. Wherever necessary these include the prompts outlined in 11C.	**11C**	**11C**	**11C**	**Jul-12**
13	22	Staffing	R Smith	People who use services benefit from sufficient staff to meet their needs because the provider meets the outcomes in 13A	**13A Dec 11**	**13A**	**13A**	**Complete**
21	20	Records	D Price	People who use services can be confident that their personal records for their care, treatment and support are properly managed	**21A Feb 12**	**21A Feb 12**	**21A**	**Apr-13**
				People who use services can be confident that healthcare records are kept or disposed of in accordance with guidance	**21B Feb 12**	**21B Feb 12**	**21B**	**Jul-12**

BURTON HOSPITALS NHS FOUNDATION TRUST

Meeting of the Board of Directors to be held on 26 April 2012

Title and Date of Report:	**Summary Report of Monitor's Compliance Framework – 2012/13**

Author(s):	Caroline Smith - Acting Board Secretary
Presented by:	Caroline Smith – Acting Board Secretary
Status: (Note, Approve, Decision, Discuss):	To Note

Strategic / Business Objective:	All

Implications:			
CQC:	All	**KPI:**	
Legal, Regulatory and NHS Constitutional Implications:	Compliance Framework	**Resource Implications: (Financial/Staffing)**	
Equality & Diversity and Public & Patient Involvement Implications:		**Communication:**	

Other (specify):

Risks: Yes/No	**Risk Register Ref :** **Score** **Date onto Register**	**Description:**

Assurance:	Yes

Summary of key issues:	On 30 March 2012, Monitor published the Compliance Framework that will be used to monitor compliance by NHS foundation trusts with their Authorisation and for intervening in the event of failure to comply during 2012/13. Risks to achieving the Compliance Framework in 2012/13 will be detailed in the draft Board Statements. The full document has been circulated to all Board members and this report summarises the requirements of the Compliance Framework for 2012/13.

Escalation to Board of Directors for discussion :	N/A

Recommendations:	The Board is requested to note the requirements contained in Monitor's Compliance Framework for 2012/13.

BURTON HOSPITALS NHS FOUNDATION TRUST
COMPLIANCE FRAMEWORK 2012/13

1.0 INTRODUCTION

On 30 March 2012, Monitor published the Compliance Framework that will be used to monitor compliance by NHS foundation trusts with their Authorisation and for intervening in the event of failure to comply during 2012/13.

This report summarises the requirements of the Compliance Framework for 2012/13.

2.0 REGULATORY PRINCIPLES

Monitor uses the following principles in its approach to regulation:

2.1 *Self–regulation*: Boards of directors are responsible for ensuring that their trust complies with its Authorisation and statutory obligations at all times.

2.2 *Proportionality*: the risk of a significant breach of the Authorisation determines the intensity of Monitor's regulatory activities;

2.3 *Transparency:* Monitor will use a transparent method for assessing risks to compliance, as set out in the *Compliance Framework.*

2.4 *Trust–based approach:* Monitor's regulatory framework is based on a philosophy of 'no surprises' and open communication including accurate information and robust certifications. Monitor expects foundation trusts to disclose issues speedily and candidly and will seek to adopt a collaborative approach to resolving serious issues before considering intervention. A failure to keep Monitor informed in relation to a material issue of non-compliance may itself reflect poor governance.

2.5 *Confidentiality*: Monitor will not, unless it has a statutory duty to do so, disclose confidential information without prior agreement.

2.6 *Minimal duplication of regulation:* Monitor will not usually act where other bodies have a lead regulatory role unless they have exhausted their powers and an NHS foundation trust still risks a breach of its Authorisation. Where material care quality concerns exist at a trust, Monitor will co-ordinate its regulatory activities with the Care Quality Commission; and

2.7 *Minimal information requirements:* Monitor aims to minimise the information requirements it places on NHS foundation trusts. Its requirements should in any case be a sub-set of the information which a board requires to discharge its functions effectively.

3.0 MONITOR'S REGULATORY PROCESS

Monitor's regulatory process is set out in Appendix 1 and consists of:

(i) monitoring;

(ii) risk assessment;

(iii) escalation; and

(iv) significant breach and intervention.

3.1 Monitoring

To monitor ongoing compliance with their Authorisation, Monitor relies first on the information received directly from NHS foundation trusts through annual plans, in-year submissions and exception reports.

3.2 Risk Assessment

Monitor uses a combination of financial information and performance against a selected group of national measures as the primary basis for assessing the risk of trusts breaching their Authorisation. Monitor's risk-based framework assigns two risk ratings – financial and governance – to each NHS foundation trust on the basis of its annual plan and in-year performance against that plan. Monitor uses these ratings to guide the intensity of monitoring and to signal to the NHS foundation trust Monitor's degree of concern with specific issues identified and the risk of breach of the Authorisation. Where issues arise, Monitor may wish to test the basis of board statements made.

3.2.1 Financial Risk Rating

When assessing financial risk, Monitor will assign a risk rating using a scorecard (Table 1) that compares key financial metrics on a consistent basis across all NHS foundation trusts. The risk rating is intended to reflect the likelihood of a financial breach of the Authorisation.

The financial indicators used to derive the financial risk rating incorporate four key criteria:

- achievement of plan
- underlying performance
- financial efficiency
- liquidity

Table 1 – Financial Risk Rating

Financial criteria	Weight (%)	Metric to be scored	Rating categories 5	4	3	2	1
Achievement of plan	10	• EBITDA* achieved (% of plan)	100	85	70	50	<50
Underlying performance	25	• EBITDA* margin (%)	11	9	5	1	<1
Financial efficiency	40 (20)	• Net return after financing** (%)	>3	2	-0.5	-5	<-5
	(20)	• I&E surplus margin net of dividend (%)	3	2	1	-2	<-2
Liquidity	25	• Liquidity ratio*** (days)	60	25	15	10	<10
		Financial risk rating is weighted average of financial criteria scores					

* EBITDA: Earnings before interest, taxes, depreciation and amortisation. EBITDA (and other financial metrics) may be adjusted by Monitor for any 'one-off' non-recurring revenue, costs or 'investment adjustments'.

** Defined as (I&E surplus less PDC dividend, interest, PFI financing and other financial lease costs) divided by (total debt + total balance sheet PFI and finance leases + taxpayers' equity). The full definition can be found in the Monitor's quarterly and annual templates.

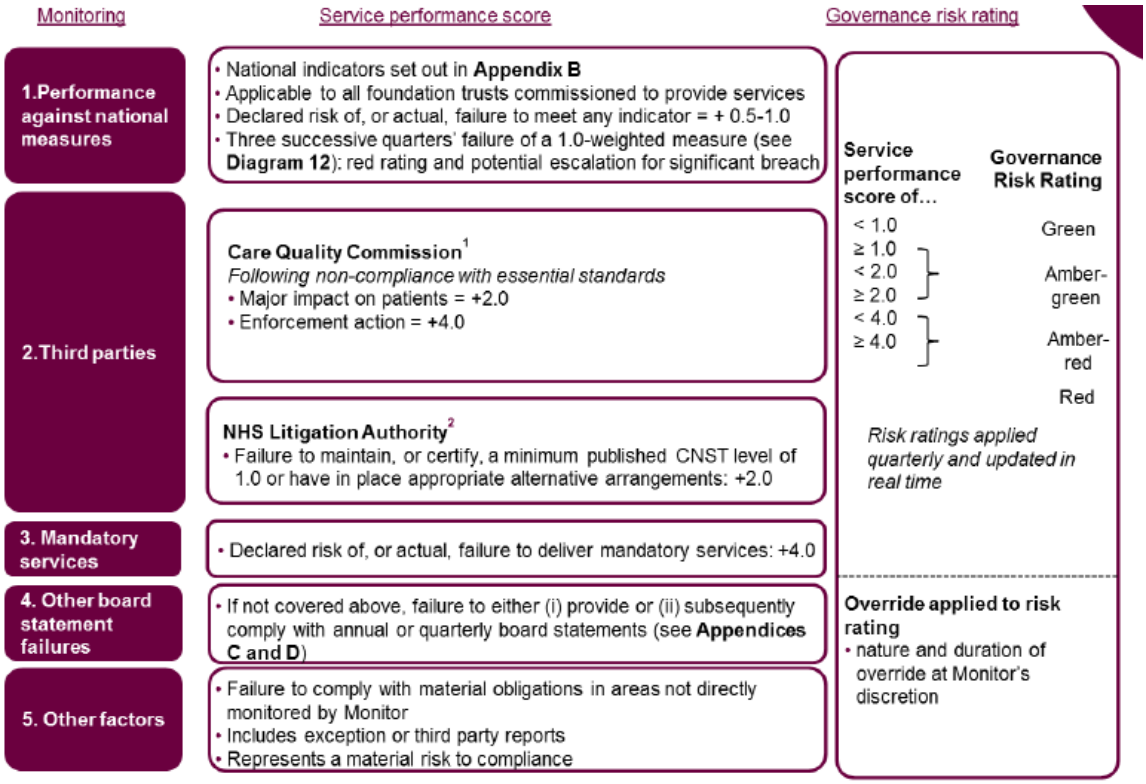
*** The liquidity ratio is defined as cash plus trade debtors (including accrued income) minus (trade creditors plus other creditors plus accruals) plus unused, committed and available working capital facility where there is no outstanding event of default (up to a maximum of 30 days and excluding overdraft agreements) expressed as the number of days operating expenses (excluding depreciation) that could be covered.

Taken from Monitor Compliance Framework – 2012/13

3.2.2 Governance Risk Rating

Monitor assigns a governance risk rating to reflect the quality of governance at a trust. Higher levels of governance risk may serve to trigger greater regulatory action and, ultimately, consideration as to whether an NHS foundation trust should be escalated. Monitor includes five elements within the governance risk rating (Table 2 provides further detail).

Table 2 – Governance Risk Rating



1. Consideration for escalation can occur as soon as the full year breach is recorded.
2. As the indicator must be met in each month during the quarter, trusts are required to report, by exception, any month in which they have breached the RTT measure. Where trusts consequently report failures in the first or second months of a quarter, and have failed the measure in each of the previous two quarters, Monitor may consider whether to escalate the trust in advance of the end of the third quarter. This also applies where a trust fails the relevant measure in each year spanning any three quarters from 2011/12 going into 2012/13.

Taken from Monitor Compliance Framework – 2012/13

3.3 Escalation

Where a Trust is experiencing major financial or governance problems, Monitor will initially consider whether the trust is potentially in significant breach and, if so, will escalate the trust. The escalation process assesses whether the failure is likely to be significant under the provisions of section 52 of the Act. Monitor will make this assessment on a case-by-case basis.

3.4 Significant Breach

Where trusts are in significant breach, oversight will be more intensive and Monitor may take action swiftly to ensure services to patients are safeguarded. The legislation gives Monitor extensive powers to intervene in the event that an NHS foundation trust is in significant breach.

Monitor will generally only intervene in relation to issues being dealt with by third parties when their relevant powers have been exhausted and the NHS foundation trust is still in significant breach of its Authorisation. In cases where the Care Quality Commission indicates that it has material concerns regarding an NHS foundation trust's registration with Care Quality Commission standards, Monitor will work with the Care Quality Commission to establish the most appropriate course of action to return the trust to compliance with those standards in a suitable timeframe.

Monitor will publicise all significant breaches and may decide to make public any other failures to comply with the Authorisation whether or not they are significant. Monitor has a legal obligation to publish information about formal interventions.

4.0 SUBMISSIONS TO MONITOR

4.1 Annual Submission

Foundation trusts are required to submit the following annually:

- The annual plan
- Audited annual report and accounts

4.1.1 Annual Plan

The annual plan includes the main strategic priorities, forecast financial and service performance and details of any major risks to compliance with its Authorisation and how these will be addressed. An overview of the contents of the annual plan and an annual monitoring checklist are included in Appendix 2. The annual plan must be approved by the Board of Directors and have regard to the views of the Council of Governors.

Monitor uses the information provided in the annual plan primarily to assess:

- the forward risk of a financial breach of a trust's Authorisation; and
- the forward risk of a governance breach of a trust's Authorisation.

Monitor will publish financial and governance risk ratings the Trusts' annual plan submissions.

4.1.2 Annual Report and Accounts

NHS foundation trusts are required to submit their audited annual report and accounts (which must be laid before Parliament before its summer recess) to Monitor. These should be accompanied by a reconciliation (where necessary) between the net surplus or deficit as per the audited accounts with that reported in the annual plan.

4.2 In-Year Submissions

Monitor require three types of information during the year:

4.2.1 In-year (generally quarterly) Submissions

- Quarterly financials
- Year-to-date financials
- Statement from the board certifying compliance with two specific board statements:
  For finance that:

The board anticipates that the trust will continue to maintain a financial risk rating of at least 3 over the next 12 months.

For governance that:

The board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix 3; and a commitment to comply with all known targets going forward, including the underlying data that informs them, where appropriate. A noticeable amendment to the Governance indicators is the requirement that for the 18 week referral to treatment target, performance will be measured on an aggregate, rather than speciality basis and Trusts will be required to meet the threshold on a monthly basis. Consequently, any failure in one month is considered to be a failure for the purposes of the Compliance Framework.

- Exception reports to be provided to Monitor at any time a relevant issue arises
- Results of any governor elections
- Reports on any changes in the board of directors or board of governors by completing Monitor's online forms. These forms should be used across the year (not just quarterly) to update any director and governor details.

In-year submissions report on financial performance in the most recent quarter, year-to-date performance against annual plan and future service performance. Their content is summarised in Table 3. Monitor uses the information in the regular reports as the basis for assigning financial and governance risk ratings.

Where trusts are displaying a materially reduced level of risk, Monitor may, at its discretion, require finance and governance submissions on a six-monthly basis. Likewise, if a Trust's risk ratings change in-year to reflect an increased level of risk, Monitor may require more frequent monitoring.

Table 3 – In-Year Submissions

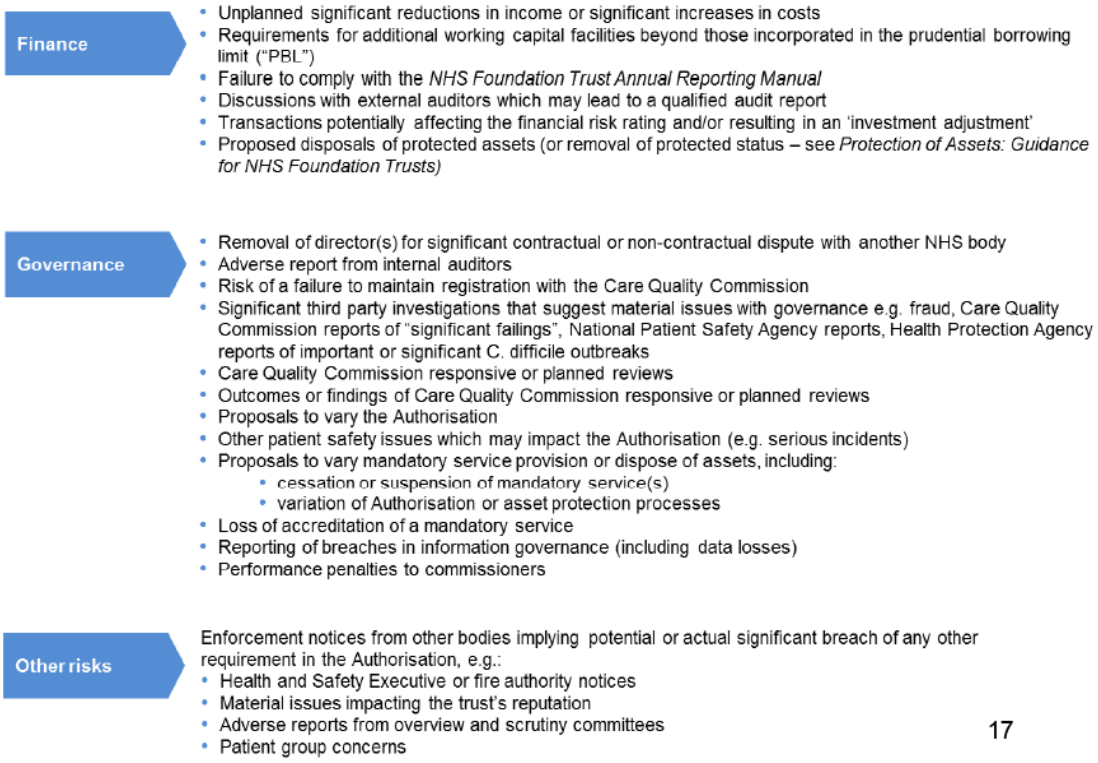
	Element	Description
Finance	Latest quarter financials (Appendix D1)	• Income and expenditure; balance sheet; cash flow against annual plan
	Year to date financials (Appendix D1)	• Income and expenditure; balance sheet; cash flow against annual plan
	Financial commentary (Appendix D1)	• Commentary on sources of variance versus plan • Certification that financial risk rating is at least 3 for subsequent 4 quarters • Commentary on any exceptional cost (e.g. restructuring or impairment charges) and exceptional revenue items • Commentary on any investments, including application of any 'investment adjustments' • Commentary on the effects (if any) of delays in capital spending which may have a significant knock-on effect on revenue and cost as additional/replacement capacity or efficiency improvements are delayed • For foundation trusts with a financial risk rating of 1 or 2, an analysis of income and EBITDA by service-line for the previous and current year, if requested by Monitor • Where year-to-date capital expenditure is less than 75% or greater than 125% of levels in the latest annual plan, a reforecast of capital expenditure for the remainder of the year
Governance		• Certification that all targets have been met (after application of thresholds) over the period and plans in place are sufficient to ensure ongoing compliance • Results of any elections • Reports of any changes to board of directors or board of governors

Taken from Monitor Compliance Framework – 2012/13

4.2.2 Exception Reports

The Trust must report in-year to the Relationship Manager at Monitor any material, actual or prospective changes which may affect their ability to comply with any aspect of their terms of authorisation, and which have not been previously communicated to Monitor. This could include changes to mandatory services; inability to meet healthcare targets and indicators; applications to vary the terms of authorisation; serious incidents or other patient safety issues. For example, where the Trust has not achieved the monthly 18 week RTT target, this should be reported via the exception reporting process. Examples of exception reports are set out in Table 4 below.

Table 4 : Examples of Exception Reporting



Taken from Monitor Compliance Framework – 2012/13

4.2.3 Ad Hoc Reports

These are at Monitor's request, which may include follow up on specific issues relating to the Authorisation identified either in the annual plan or through in-year monitoring.

5.0 CONCLUSION

Monitor issue guidance and templates for the Annual Plan and Annual Report detailing the required elements for inclusion.

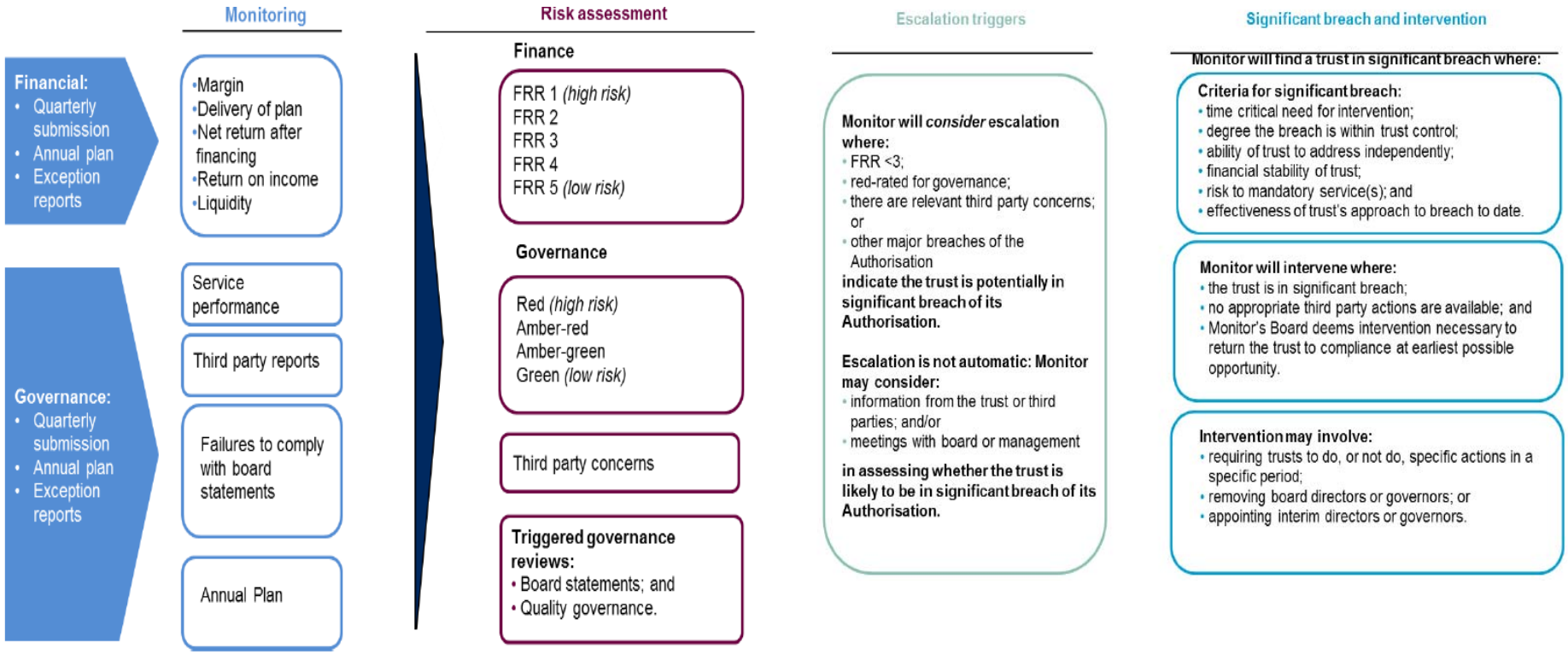
The Annual Plan must be approved by the Board of Directors and have regard to the Council of Governors prior to submission to Monitor.

The Annual Report should be approved by the Board of Directors prior to submission to Monitor.

The final templates for In-Year Submissions are issued to the trust and incorporate relevant historical data for each quarter. This data should be completed and approved by the Board of Directors prior to submission to Monitor. Where compliance cannot be confirmed, supporting details should be submitted to Monitor.

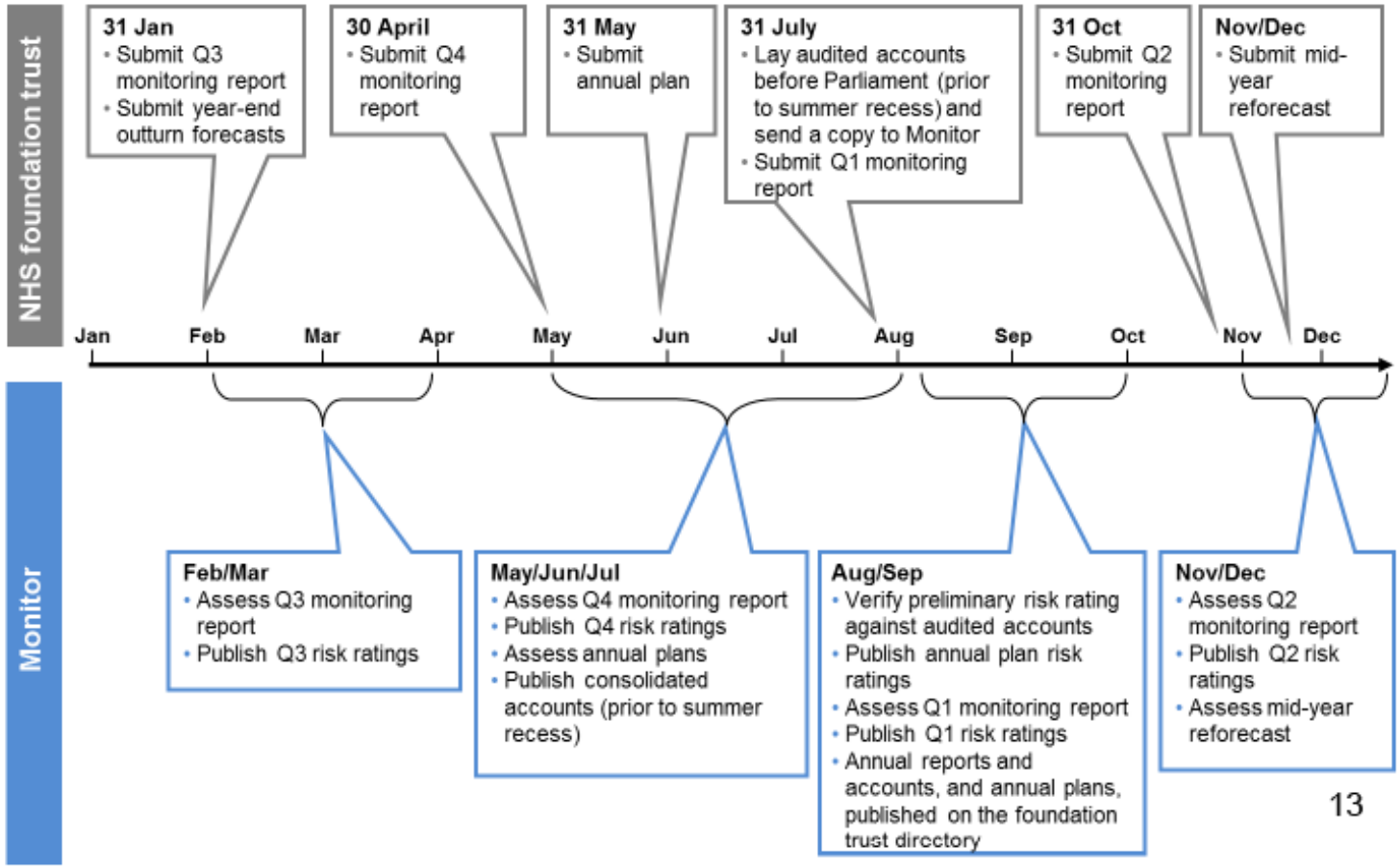
APPENDIX 1

MONITOR'S REGULATORY PROCESS



APPENDIX 2

MONITOR'S ANNUAL PLANNING CYCLE



Targets and indicators, thresholds, weightings and monitoring periods for 2012/13

Table 1: targets and indicators, thresholds, weightings and monitoring periods for 2012/

Area	Indicator	Threshold (1)	Weighting	M
Safety	Clostridium (C.) difficile – meeting the C. difficile objective **(2)**	0	1.0	
Safety	Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia – meeting the MRSA objective **(3)**	0	1.0	
Quality	All cancers: 31-day wait for second or subsequent treatment **(4)**, comprising:		1.0	
	surgery	94%		
	anti-cancer drug treatments	98%		
	radiotherapy	94%		
Quality	All cancers: 62-day wait for first treatment **(5)** from:		1.0	
	urgent GP referral for suspected cancer	85%		
	NHS Cancer Screening Service referral	90%		
Patient Experience	Maximum time of 18 weeks from point of referral to treatment in aggregate – admitted **(6)**	90%	1.0	
Patient Experience	Maximum time of 18 weeks from point of referral to treatment in aggregate – non-admitted **(6)**	95%	1.0	
Patient Experience	Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway **(6)**	92%	1.0	
Quality	All cancers: 31-day wait from diagnosis to first treatment **(7)**	96%	0.5	
Quality	Cancer: two week wait from referral to date first seen **(8)**, comprising:		0.5	
	all urgent referrals (cancer suspected)	93%		
	for symptomatic breast patients (cancer not initially suspected)	93%		
Quality	A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge **(9)**	95%	1.0	
Effectiveness	Data completeness: community services **(10)**, comprising:		1.0	
	Referral to treatment information	50%		
	Referral information	50%		
	Treatment activity information	50%		
	The inclusion of further data items may be introduced later in 2012/13, comprising:			
	Patient identifier information	*50%*		
	Patients dying at home/care home	*50%*		
Quality	Care Programme Approach (CPA) patients **(11)**, comprising:		1.0	
	receiving follow-up contact within seven days of discharge	95%		
	having formal review within 12 months	95%		
Quality	Minimising mental health delayed transfers of care **(12)**	≤7.5%	1.0	
Quality	Admissions to inpatients services had access to Crisis Resolution/Home Treatment teams **(13)**	95%	1.0	
Quality	Meeting commitment to serve new psychosis cases by early intervention teams **(14)**	95%	0.5	
Effectiveness	Data completeness: identifiers **(15)**	97%	0.5	
Effectiveness	Data completeness: outcomes for patients on CPA **(16)**	50%	0.5	
Quality	Category A call – emergency response within 8 minutes **(17)**	75%	1.0	
Quality	Category A call – ambulance vehicle arrives within 19 minutes **(17)**	95%	1.0	
Patient experience	Certification against compliance with requirements regarding access to healthcare for people with a learning disability **(18)**	N/A	0.5	

BURTON HOSPITALS NHS FOUNDATION TRUST

Meeting of the Board of Directors to be held on 26 April 2012

Title and Date of Report:	2012/13 Contract Risks

Author(s):	Deborah Price – Assistant to the Chief Executive Lynne Mansfield – Deputy Director of Finance
Presented by:	Deborah Price – Assistant to the Chief Executive
Status: **(Note, Approve, Decision, Discuss):**	Note

Strategic / Business Objective	All

Implications:			
CQC:	X	**KPI:**	Contractual
Legal, Regulatory and NHS Constitutional Implications:	Contractual	**Resource Implications:** **(Financial/Staffing)**	X
Equality & Diversity and Public & Patient Involvement Implications:		**Communication:**	

Other (specify)

Risks: Yes/No	**Risk Register Ref :** **Score** **Date onto Register**	**Description:**

Assurance:	This paper aims to give assurance that all risks within the 12/13 contract have been considered and mitigated where possible.

Summary of key issues:	Following on from previous papers to the Board this paper highlights those risks within the contract that have a specific financial consequence attached to them. Any financial penalties incurred during the year will be deducted from the Directorates' income. Some reserves have been held for some of the risks and these were articulated in the finance paper to the March board. Each risk has an executive lead and is being monitored through normal routes. During 2011/12, the PCT adopted a reasonable approach to breaches of performance indicators and the issuing of performance notices. In 2012/13, this approach is likely to change.

Escalation to Board of Directors for discussion :	Not applicable

Recommendations:	To note the contents of this paper.

Burton Hospitals NHS Foundation Trust

2012 / 13 Contract Risks

1. Introduction

1.1 Each year the Trust has a period of negotiating with the lead commissioners to agree a contract for the forthcoming year.

1.2 These processes have finalised and a PbR based contract, with the Community Hospitals blocked, has been agreed.

1.3 There are risks associated with the contract and this paper aims to describe those along with mitigating actions that are being taken.

2. Results or Findings

2.1 Following on from previous papers to the Board this paper highlights those risks within the contract that have a specific financial consequence attached to them.

2.2 The reasoning behind these financial consequences is to incentivise quality improvements.

2.3 It must be remembered that ALL performance indicators carry the risk of Clause 47 which is the issuing of a performance notice to the Trust which can (should the consequential action plan for the performance notice not be adhered to) result in withholding of income.

2.4 The table below calls out the potential financial risk value if the mitigating actions within the risk register are not taken – this is not what we are expecting the values to be but what they could be.

Reference	Risk score	Risk description	Financial consequence	Risk
C151	4	Single sex compliance	£250 per patient per day	In 11/12 we had a very small number of cases so the risk is minimal
C212	8	Pressure sores	£500 per case over threshold (0) at year end	The most cases within one month during 11/12 was 8 incidences
Not yet on – being worked up		Falls from trolleys	Cost of procedure recovered	In 11/12 we had no falls from trolleys that resulted in serious harm
Not yet on – being worked up		Never events	Cost of procedure recovered	Assume same value as for 11/12 Never Events
C224	9	ASI (appointment slot issues) within Choose and Book	Set cost per ASI above limit	
C223	8	Advice and Guidance (A&G) for Choose and Book	95% of service to offer A&G by Oct 12. Consequences if lower:	Need to agree and action internal process to set up and deal with A&G requests –

			90-95% - £1K 80-89% - £5K 70-79% - £7.5K <70% - £10K	requires consultant buy-in
C115	20	C Diff	Baseline is 25 cases. Financial adjustment is based on % above baseline (appendix 1)	Each case over 25 will be a 4% increase on the baseline which equates to £280,000
C089	20	18 week RTT	Financial adjustment is based on % above baseline	See appendix 2
C230	16	12 hour trolley waits	Cost of procedure recovered	In 11/12 we had 3 12 hour trolley breaches
C231	20	Ambulance turnaround		Still under negotiation as this is SHA mandated with a complex financial calculation

3. Discussion

3.1 Any financial penalties incurred during the year will be deducted from the Directorates' income and therefore will impact on the Directorates' financial positions. The monitoring of the performance against these KPIs will therefore take place as part of the normal performance management process.

3.2 Some reserves have been held for some of the risks and these were articulated in the finance paper to March Board, however for CDiff the potential financial risks could be great. Discussion continues between the FTN and the DoH due to the smaller the baseline becomes the greater the cost per breach.

3.3 Each risk has an executive lead and is being monitored through normal routes.

3.4 During 2011/12, the PCT adopted a reasonable approach to breaches of performance indicators and the issuing of performance notices. If the Trust was able to demonstrate that corrective actions plans had been put in place to address any performance issues, then the PCT did not issue a performance notice. In 2012/13, there are two issues that may change this approach:

- The SHA are encouraging PCTs to use the penalty clauses in the contract to force improved performance.
- There is no block contract in place so that if the Trust over performs and causes an affordability issue for the PCT, the PCT may enforce penalties in order to fund the over performance.

Appendix 1

C Diff adjustment values (Baseline Threshold less than 35)

Percentage by which Provider exceeds the Baseline Threshold	**Percentage of Total Acute Services Contract Year Revenue to be deducted under Clause 44.8**
Up to 1%	0%
>1% to 2%	0.05%
>2% to 3%	0.1%
>3% to 4%	0.15%
>4% to 5%	0.2%
>5% to 6%	0.25%
>6% to 7%	0.3%
>7% to 8%	0.35%
>8% to 9%	0.4%
>9% to 10%	0.45%
>10% to 11%	0.5%
>11% to 12%	0.55%
>12% to 13%	0.6%
>13% to 14%	0.65%
>14% to 15%	0.7%
>15% to 16%	0.75%
>16% to 17%	0.8%
>17% to 18%	0.85%
>18% to 19%	0.9%
>19% to 20%	0.95%
>20% to 21%	1%
>21% to 22%	1.05%
>22% to 23%	1.1%
>23% to 24%	1.15%
>24% to 25%	1.2%
>25% to 26%	1.25%
>26% to 27%	1.3%
>27% to 28%	1.35%
>28% to 29%	1.4%
>29% to 30%	1.45%
>30% to 31%	1.5%
>31% to 32%	1.55%
>32% to 33%	1.6%
>33% to 34%	1.65%
>34% to 35%	1.7%
>35% to 36%	1.75%
>36% to 37%	1.8%
>37% to 38%	1.85%
>38% to 39%	1.9%
>39% to 40%	1.95%
>40%	2%

Appendix 2

18 Weeks Referral-to-Treatment Standard for Consultant-led Services Financial Adjustments Table

Percentage by which the Provider underachieves the 18 Weeks Referral-to-Treatment Standard threshold set out in Section B Part 8.2 for each specialty (in respect of Consultant-led Services to which the 18 Weeks Referral-to-Treatment Standard applies)	**Percentage of the revenue, derived from the provision of the (underachieved) specialty in the month of the underachievement, to be deducted under Clause 43.4 subject to the cap of 5% of the Contract Month Elective Care 18 Weeks Revenue pursuant to Clause 43.6 of the Core Legal Clauses**
Up to 1%	0.5%
>1% to 2%	1%
>2% to 3%	1.5%
>3% to 4%	2%
>4% to 5%	2.5%
>5% to 6%	3%
>6% to 7%	3.5%
>7% to 8%	4%
>8% to 9%	4.5%
>9% to 10%	5%
>10%	5%

BURTON HOSPITALS NHS FOUNDATION TRUST

Meeting of the Board of Directors to be held on 26 April 2012

Title and Date of Report:	Update on the Transformation Programme

Author(s):	Jackie Jones – Chief Operating Officer
Presented by:	Jackie Jones – Chief Operating Officer
Status: **(Note, Approve, Decision, Discuss):**	To Note

Strategic / Business Objective	

Implications:			
CQC:		**KPI:**	✓
Legal, Regulatory and NHS Constitutional Implications:		**Resource Implications:** **(Financial/Staffing)**	
Equality & Diversity and Public & Patient Involvement Implications:	✓	**Communication:**	

Other (specify):

Risks: Yes	**Risk Register Ref :** **Score:** **Date onto Register:**	**Description:**

Assurance:	Yes

Summary of key issues:	The Trust has now completed the first three phases of the Transformation Programme, the key output of which is the development of the Clinical Strategy for the organisation, including Directorate and Divisional strategies and priorities. The Clinical Strategy is the starting point for the Trusts long term Transformation process which involves reviewing, developing and refining all individual clinical services. The Clinical Strategy describes how we will deliver our clinical services in the future to support the delivery of the Corporate Strategy and is aligned to its mission, vision, objectives and outcomes. We are now entering the next phase of the Transformation Programme which is around delivery and embedding change across the organisation. We will continue to work with the clinical teams on the implementation of their clinical priority areas.

Escalation to Board of Directors for discussion :	N/A

Recommendations:	The Board of Directors are asked to note the progress.

Update on the Transformation Programme

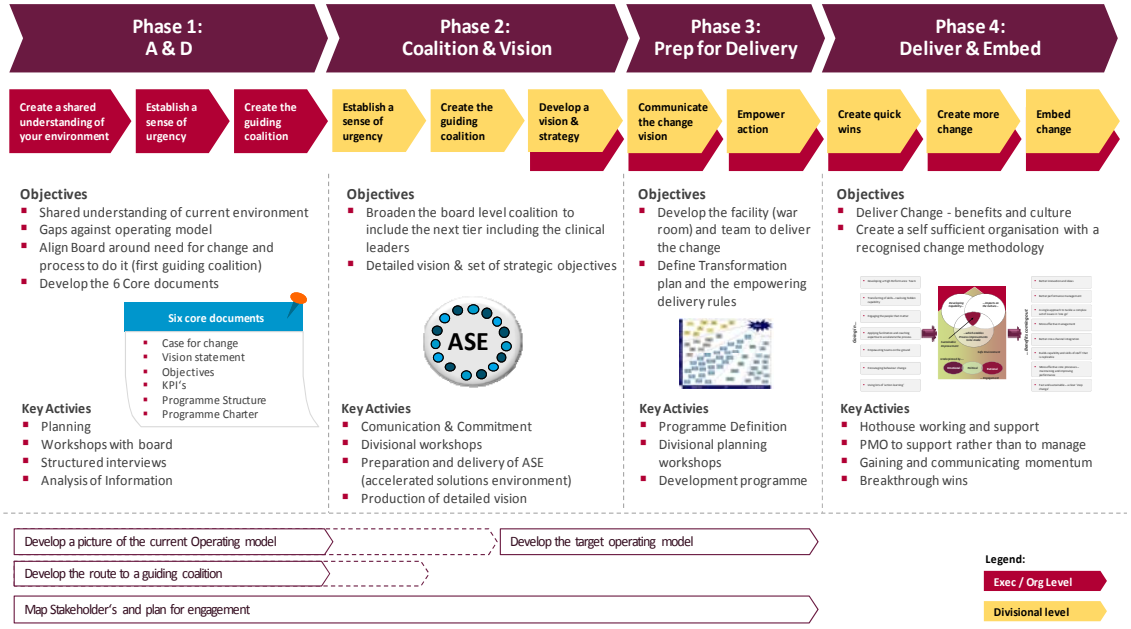
Background

The Trust embarked on its Transformation Programme at the end of 2011, supported by CapGemini, after being found in significant breach of the terms of its authorisation by Monitor.

Phase one of the Transformation Programme was completed at the end of January 2012 with the production of the six core documents that articulated the Transformation journey.

Phases two and three of the Transformation Programme brought together a much broader coalition of stakeholders to develop the Clinical Strategy, transformational vision and the plans to achieve it.

The diagram below is the visual representation of the phases of the programme.



Clinical Strategies

The Trust has now developed the Clinical Strategy for 2012 – 2015, for Burton Hospitals NHS Foundation Trust (BHFT). Also currently in the final stages of development are the clinical strategies for the Directorates and for each Division. The Clinical Strategy forms the starting point for the Trusts long term Transformation process which involves reviewing, developing and refining all individual clinical services.

The Clinical Strategy describes how we will deliver our clinical services in the future to support the delivery of the Corporate Strategy and is aligned to its mission, vision, objectives and outcomes.

The Associate Clinical Directors (ACD) each put forward their three top priorities, which have been evaluated by the Clinical Directors and senior management teams from each Directorate. These are likely to form 12 key projects to be delivered over the next two years, some of which span not only the Trust but involve the development of integrated pathways into the community.

To support delivery of this Clinical Strategy will be the work, led by the executive team, in relation to the seven enabling work streams:

- Vision and values
- SLR/SLM

- Strategic partnerships
- Leadership and development
- Patient experience
- Staff empowerment
- Marketing and growth

During the development of the clinical strategies and taking in to account the main outputs from the Accelerated Solutions Environment (ASE) event in March 2012, six Trust wide strategic focus areas emerged, which form the basis of the projects within the Directorate and Divisional strategies:

- Clinical leadership – empowering clinicians and driving strategy and decision making bottom up rather than top down, so we are as in touch with patient needs as possible;
- Right patient, right care, right place – reconfiguring our facilities to deliver the vast majority of our surgery as day case and driving new models of patient ownership through a ward based medicine approach;
- Integrated working – become a provider that manages acute and community integrated services and a hub for collaboration in our area;
- Growing what we do well – Given the significant changes planned in the other strategic Focus areas the Trust will review growth strategies after establishing best practice models to "lift and shift" to other areas.

Whilst changing how we provide our services we must also get our fundamental processes right:

- Patient flow – using and enforcing the Trust's Flow Management System and embedding multi disciplinary joint care plans supported by nurse / therapist led clinical delivery and discharge;
- Operational efficiency – optimal planning to achieve the performance levels required, coupled with root cause analysis, to identify and eliminate those issues that prevent us from achieving our plans.

Next Phase

In order to progress delivery of the Divisional clinical strategies the Trust has committed to phase 4 of the Transformation Programme, *Deliver and Embed*. This phase will ensure that support is provided, where required/requested, to the ACD's in relation to delivery of their key clinical priorities.

The scope of the next phase of work supports BHFT to achieve some significant quick wins and begins to embed change across the organisation.

These changes can be categorised into two main areas:

- Enhancing capability such as the further development of service line reporting to better understand the business and to provide the clinical leaders with the right information from which to lead change;
- Supporting the delivery of performance improvement in agreed clinical specialties.

To achieve this, the team will support six streams of work:

In addition we will explore how the Transformation approach could be used across the Health System to support integration and collaborative working.

There are a number of expected benefits from this next phase of work:

- Improved productivity, efficiency and access.
- Enhancing programme governance and visibility of performance.
- Enhanced customer interaction.
- Equipping our staff to deliver change.

The Transformation Programme will continue to have close links with the Recovery Plan to understand where joint benefits can be realised.

BURTON HOSPITALS NHS FOUNDATION TRUST

Meeting of the Board of Directors to be held on 26 April 2012

Title and Date of Report:	Update on the Treatment Centre
Author(s):	Jackie Jones – Chief Operating Officer Mark Powell - Associate Director Surgery
Presented by:	Jackie Jones – Chief Operating Officer
Status: **(Note, Approve, Decision, Discuss):**	To Note
Strategic / Business Objective	

Implications:			
CQC:		**KPI:**	✓
Legal, Regulatory and NHS Constitutional Implications:	✓	**Resource Implications:** **(Financial/Staffing)**	
Equality & Diversity and Public & Patient Involvement Implications:	✓	**Communication:**	

Other (specify):

Risks: Yes	**Risk Register Ref :** **Score:** **Date onto Register:**	**Description:**

Assurance:	Yes

Summary of key issues:	On 11 July 2011, the Trust took over the management of the Treatment Centre from Circle Healthcare at the end of the five year contract. The transition proved to be a very challenging time for the Trust, with issues such as waiting list backlog, level of day case activity undertaken and financial pressures. This paper brings together the various actions that have been undertaken over the last nine months within the Surgery Directorate to make the Treatment Centre into a successful facility. The Treatment Centre is now delivering high levels of day case activity and delivered a year end surplus. The Treatment Centre forms an integral part of the Directorate Clinical Strategy over the next two years. In summary, significant progress has been made by the Trust at the Treatment Centre since transfer in July 2011. The main achievements have been in the following areas: 1. Reduction in Outpatient backlog. 2. Increase in Day case work. 3. Improved trading position from a deficit to a surplus. 4. Service changes across a range of specialities and functions.

Escalation to Board of Directors for discussion :	N/A

Recommendations:	The Board of Directors are asked to note the progress.

Treatment Centre Update

Introduction

The purpose of this paper is to set out the significant progress that has been achieved by the Trust since the transfer of the Treatment Centre (TC) on 11 July 2011, which had been previously managed by Circle Healthcare.

There were a number of issues and challenges experienced following the transfer which have had to be addressed by the Surgery Directorate, which are outlined in this paper.

Progress to Date

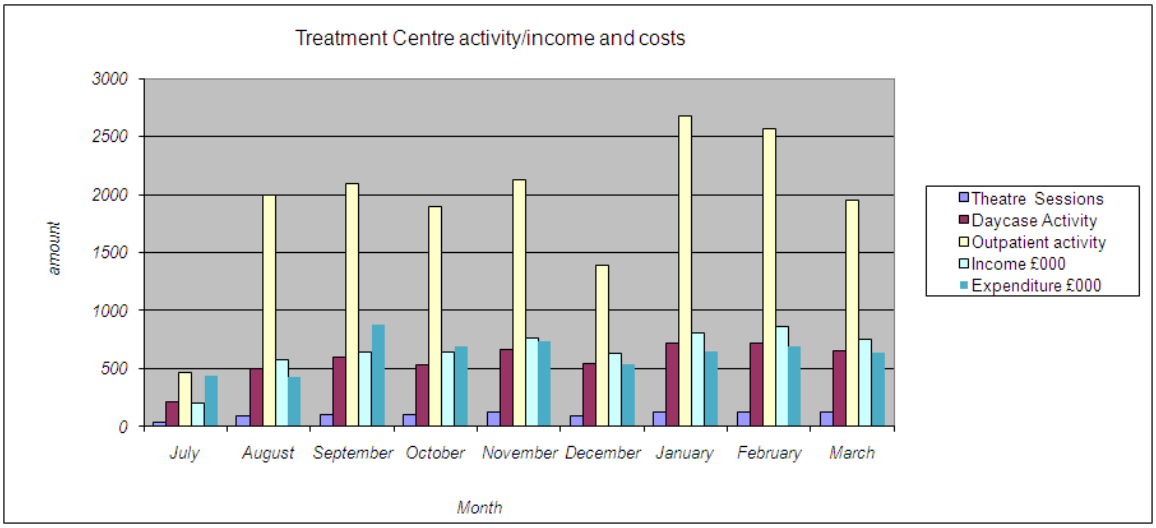
Outpatients
In July 2011 the Trust inherited a backlog of 7255 Ophthalmology patients who did not have an outpatient appointment scheduled. This posed a significant clinical risk if not addressed quickly. This has been operationally managed week by week, month by month down to a manageable number of patients waiting for an appointment.

The next stage of the work in Ophthalmology is to agree specific pathways for Ophthalmology sub specialties to ensure that patient numbers can be managed within the capacity available. This is being supported by Cap Gemini during the next phase of the transformation work.

Day Case Activity
During July and August 2011 the Trust spent time re-establishing services at the Treatment Centre following the problematic transfer phase. This resulted in day case activity being low. This was also compounded by Consultant leave during July and August.

In order to progress quickly, the Directorate developed a basic capacity modelling framework, along with a forward look day case prediction tool to underpin a more robust understanding of the level of activity which could be expected, given the theatre capacity available (including staffing). The result of this approach has been an increase in day case activity over the last 6 months with a more thorough understanding of what can be delivered on a month by month basis. The only caveat to this planning approach is that it can be heavily influenced both by case mix and annual leave. The table and graph below outline month on month activity levels as well as the corresponding income and expenditure position.

Treatment Centre Activity/Income and Costs Comparison by Month- To March										
Daycase	**July**	**August**	**September**	**October**	**November**	**December**	**January**	**February**	**March**	**YTD**
Theatre Sessions	34	92	104	105	129	88	124	125	126	927
Daycase Activity	209	496	594	535	666	546	719	720	649	5,134
Outpatient activity	471	1997	2098	1891	2128	1385	2680	2563	1953	17,166
Income £000	198	578	647	639	768	633	808	867	752	5,890
Expenditure £000	441	432	879	690	732	543	648	691	638	5,691
Outpatients	**July**	**August**	**September**	**October**	November	**December**	**January**	**February**	**March**	
Activity	471	1997	2098	1891	2128	1385	2680	2563	1953	17,166
Income £000	36	155	162	155	180	155	204	237	159	1,443
Expenditure £000	41	48	62	56	70	61	63	67	64	532



Financial Position

The impact of following the systematic capacity modelling approach has been a steady increase in monthly income at the TC and although costs have increased as well, the actual trading position of the TC has improved significantly from a deficit in excess of £300,000 during the early months following transfer, to an £87,000 surplus at year end.

Month on month progress is presented in the table below.

	Month 12 2011/12		Month 11 2011/12		Month 10 2011/12		Month 9 2011/12		Month 8 2011/12		Month 7 2011/12	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Income												
Inpatients	4,369,631		3,790,577		3,178,665		2,603,745		2,141,889		1,554,210	
Outpatients	1,291,491		1,151,339		979,370		809,348		688,214		512,092	
Cardioversions	45,481		35,831		27,665		16,531					
Phasings	31,770		27,919		17,329							
Eye Casualty	151,533		133,472		68,717		34,867					
Total Income		5,889,907		5,139,138		4,271,746		3,464,491		2,830,103		2,066,302
Expenditure												
PAY												
Management Costs	20,279		18,504		13,878		9,252		4,626		0	
Consultant Medical Staff	1,220,185		1,073,201		918,355		794,828		641,548		497,010	
Wait List Initiatives	222,643		200,477		166,820		144,365		120,473		96,586	
Admin Staffing	379,368		336,208		307,845		269,242		232,319		183,793	
Facilities Staffing	84,591		74,703		67,487		56,805		46,123		35,058	
Outpatients	440,465		380,238		333,084		279,680		228,056		179,739	
Theatres	872,938		772,500		680,660		587,827		484,069		387,869	
Total Pay		3,240,469		2,855,831		2,488,129		2,141,999		1,757,214		1,380,055
NON-PAY												
Theatres	819,470		739,468		621,243		526,567		459,070		392,349	
Outpatients	95,109		77,662		63,529		50,019		52,563		30,585	
Maintenance Contracts	62,132		59,319		67,349		60,379		46,640		31,211	
Rates	88,428		73,704		58,963		44,223		45,000		35,000	
CNST	143,333		128,148		112,963		97,779		80,000		60,000	
Drugs	335,152		320,931		284,315		246,675		150,402		131,376	
Other non-pay	88,321		81,895		60,555		77,766		218,492		129,458	
Estates Recharges (Energy/Domestics/Por	559,017		491,870		420,423		354,764		285,768		215,056	
Recharges:- Radiology	76,581		68,097		59,253		50,141		40,606		32,720	
Pathology	132,191		117,149		102,107		87,066		72,023		56,981	
Supplies	57,335		50,668		44,001		37,334		30,667		24,000	
Medical Photography	33,480		29,606		25,732		21,857		17,983		14,108	
Other	115,863		104,015		94,849		47,743		42,508		32,425	
Total Non-Pay		2,606,412		2,342,532		2,015,282		1,702,313		1,541,722		1,185,269
Trading Income		(155,706)		(145,084)		(140,968)		(130,362)		(128,105)		(126,462)
Total Expenditure		5,691,175		5,053,279		4,362,443		3,713,950		3,170,831		2,438,862
Capital Charges (not applicable)		110,744		92,287		73,829		55,372		36,915		0
Surplus/(Deficit) Contribution		87,988		(6,428)		(164,526)		(304,831)		(377,642)		(372,560)

Service Changes

Since July 2011, a number of specific service changes have been implemented, resulting in improved services, improved patient pathways by ensuring patients are treated within a day case environment and cost savings.

- Administration review – a full review has taken place resulting in the full integration of the waiting list function, secretarial support, medical records and outpatient scheduling. This reduced the number of staff employed in the TC with a subsequent cost saving.
- Transfer of eye casualty service – this was previously delivered from the main site and was transferred to the TC in December 2011. This has enabled improved working relations for clinicians and staff and improved the pathway for adults as the majority of the service is delivered from one centre. Paediatric Ophthalmology is still currently delivered on the main site.
- British Association of Day Surgery (BADS) – the Directorate are working towards delivery of improved performance in relation to the procedures identified by BADS that should be performed on a day case basis. This has resulted in a number of orthopaedic cases being transferred to the TC, thus releasing a level of orthopaedic theatre and bed capacity on the main site, which has been used to manage emergency and complex elective cases.

Further transfer of lists will be taking place during 2012. This will be led by the Associate Clinical Directors for Surgery and Anaesthetics.

Other service transfers
As well as the procedures already mentioned there are a number of other changes which have been achieved:

- Cardioversions – previously delivered on main site within a main theatre by the cardiologists. This service was transferred in December 2011.
- Phasing patients – previously these glaucoma patients were admitted to a surgical ward for their treatment. This service was transferred in January 2012.
- Pain management – the South Staffordshire and Stoke Partnership NHS Trust undertake weekly pain management sessions within the TC. This will continue in 2012.

There have been a number of other non-clinical changes which have occurred since the transfer:

- Merger of estates and facilities functions – portering and domestic services have not been integrated into main site functions. This has also increased flexibility to cover absence and reduced bank use.
- Medical equipment replacement plan – this is now fully integrated into the Surgery Directorate plan and will be considered on an annual basis via the Medical Equipment Group.

Future Plans

Increasing the percentage of day case surgery undertaken is one of the key clinical strategies for the Surgery Directorate over the next two years. The ambition is for 75% of surgery to be undertaken on a day case basis. There are a number of options available that are currently being developed in more detail, for example:

- Extending the current working day until 23.00hrs.
- Develop a 23-hour facility within the current template of the TC.

Other developments which will take place over the next 12 months include the following:

- Transfer of further ENT sessions from main theatres.
- Development of laparoscopic hernia procedures within the TC. We currently undertake a small number of these procedures within the TC. With the addition of extra equipment this number can be increased.
- Review of Paediatric ophthalmology clinic. If this transfer were undertaken it would result in the whole ophthalmology service being delivered from the TC.
- Increased theatre utilisation. The TC will be part of the productivity programme commencing in April. The outcomes of this work are increased productivity, improved patient pathways and reduced cost.
- Improvements to pre-operative assessments. The intention is to integrate this service onto the main site.
- Improved patient information and provision of letters. The TC has trialled an improved patient appointment letter and information leaflet which has proved successful. This will now be incorporated into the Trust wide review which commences shortly.

Conclusions

Despite the difficult start to the Trust taking over the management of the TC, significant progress has been made and it is now proving to be a successful facility which has provided the Trust with an opportunity to ensure patients undergo their surgery in the most appropriate setting. The facility will form an integral part of the future clinical strategy of the Trust and will be a key contributory factor in ensuring we are able to provide care in the right place at the right time, whilst also making sure we have the right configuration of services and estate.

BURTON HOSPITALS NHS FOUNDATION TRUST

Meeting of the Board of Directors to be held on 26 April 2012

Title and Date of Report:	Staff Attitude and Opinion Survey Results 2011

Author(s):	Roger Smith – Director of Human Resources
Presented by:	Roger Smith – Director of Human Resources
Status: (Note, Approve, Decision, Discuss):	For Information

Strategic / Business Objective	Impacts on all Business Objectives

Implications:

CQC:	X	**KPI:**	N/A
Legal, Regulatory and NHS Constitutional Implications:	X	**Resource Implications: (Financial/Staffing)**	Impacts at all levels on staffing
Equality & Diversity and Public & Patient Involvement Implications:	E&D covered	**Communication:**	N/A

Other (specify):

Risks: No	**Risk Register Ref :** N/A **Score** **Date onto Register**	**Description:**

Assurance:	This paper details the Trust performance in the 2011 annual staff survey.

Summary of key issues:	At the March meeting of the People Committee the results for the 2011 annual staff survey were presented and discussed in detail. At that point we were only in possession of our results benchmarked against the Picker average. This is the average results from 34 Acute Trusts who utilise Picker to process and analyse the results. We have now received the Department of Health overall results which compares Burton to all organisations across the country. The executive summary is attached. An electronic copy of the full results has been sent to all board members prior to the meeting. Through the action monitoring of the People Committee the Trust Board can receive assurance that plans are being developed to put in place actions that will be designed to reverse the trend seen this year and to improve the results in 2012.

Escalation to Board of Directors for discussion :	N/A

Recommendations:	To receive the paper discuss the results and acknowledge the actions taken.

2011 National NHS staff survey

Brief summary of results from Burton Hospitals NHS Foundation Trust

Table of Contents

1. Introduction to this report

This report presents the findings of the 2011 national NHS staff survey conducted in Burton Hospitals NHS Foundation Trust.

In section 2 of this report, we present an overall indicator of staff engagement. Full details of how this indicator was created can be found in the document ***Making sense of your staff survey data***, which can be downloaded from www.nhsstaffsurveys.com.

In sections 3 and 4 of this report, the findings of the questionnaire have been summarised and presented in the form of 38 Key Findings.

These sections of the report have been structured around the four pledges to staff in the NHS Constitution which was published in January 2009 (http://www.dh.gov.uk/nhsconstitution) plus two additional themes:

- Staff Pledge 1: To provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.

- Staff Pledge 2: To provide all staff with personal development, access to appropriate training for their jobs and line management support to succeed.

- Staff Pledge 3: To provide support and opportunities for staff to maintain their health, well-being and safety.

- Staff Pledge 4: To engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.

- Additional theme: Staff satisfaction

- Additional theme: Equality and diversity

As in previous years, there are two types of Key Finding:

- percentage scores, i.e. percentage of staff giving a particular response to one, or a series of, survey questions

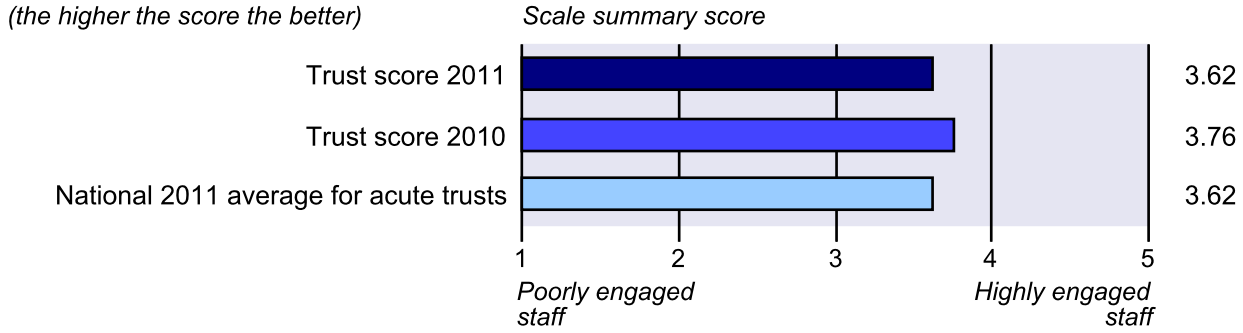
- scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5

A longer and more detailed report of the 2011 survey results for Burton Hospitals NHS Foundation Trust can be downloaded from: www.nhsstaffsurveys.com. This report provides detailed breakdowns of the Key Finding scores by directorate, occupational groups and demographic groups, and details of each question included in the core questionnaire.

2. Overall indicator of staff engagement for Burton Hospitals NHS Foundation Trust

The figure below shows how Burton Hospitals NHS Foundation Trust compares with other acute trusts on an overall indicator of staff engagement. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged. The trust's score of 3.62 was average when compared with trusts of a similar type.

OVERALL STAFF ENGAGEMENT



This overall indicator of staff engagement has been calculated using the questions that make up Key Findings 31, 34 and 35. These Key Findings relate to the following aspects of staff engagement: staff members' perceived ability to contribute to improvements at work (Key Finding 31); their willingness to recommend the trust as a place to work or receive treatment (Key Finding 34); and the extent to which they feel motivated and engaged with their work (Key Finding 35).

The table below shows how Burton Hospitals NHS Foundation Trust compares with other acute trusts on each of the sub-dimensions of staff engagement, and whether there has been a change since the 2010 survey.

	Change since 2010 survey	Ranking, compared with all acute trusts
OVERALL STAFF ENGAGEMENT	! Decrease (worse than 10)	• Average
KF31. Staff ability to contribute towards improvements at work *(the extent to which staff are able to make suggestions to improve the work of their team, have frequent opportunities to show initiative in their role, and are able to make improvements at work.)*	! Decrease (worse than 10)	! Below (worse than) average
KF34. Staff recommendation of the trust as a place to work or receive treatment *(the extent to which staff think care of patients/service users is the Trust's top priority, would recommend their Trust to others as a place to work, and would be happy with the standard of care provided by the Trust if a friend or relative needed treatment.)*	! Decrease (worse than 10)	✓ Above (better than) average
KF35. Staff motivation at work *(the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs.)*	! Decrease (worse than 10)	! Below (worse than) average

Full details of how the overall indicator of staff engagement was created can be found in the document ***Making sense of your staff survey data***.

The Department of Health has produced a framework to help NHS organisations develop local staff engagement policies. This can be downloaded from http://www.dh.gov.uk/en/Managingyourorganisation/Workforce/NHSStaffExperience/index.htm.

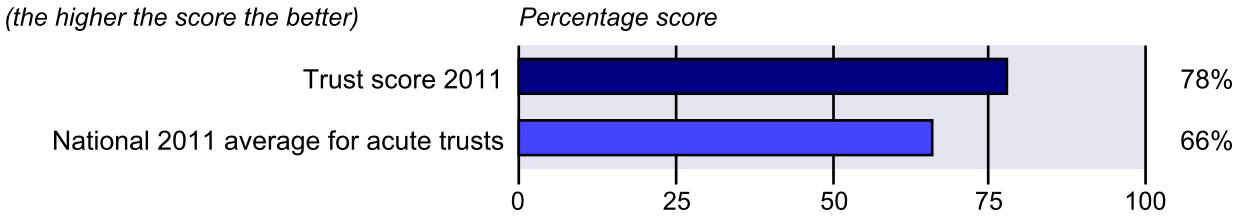
3. Summary of 2011 Key Findings for Burton Hospitals NHS Foundation Trust

3.1 Top and Bottom Ranking Scores

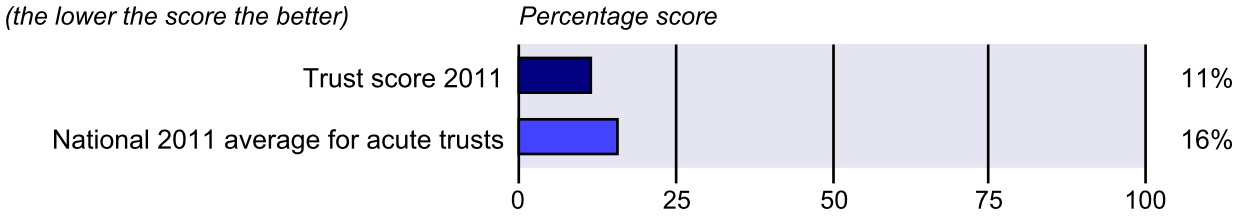
This page highlights the four Key Findings for which Burton Hospitals NHS Foundation Trust compares most favourably with other acute trusts in England.

TOP FOUR RANKING SCORES

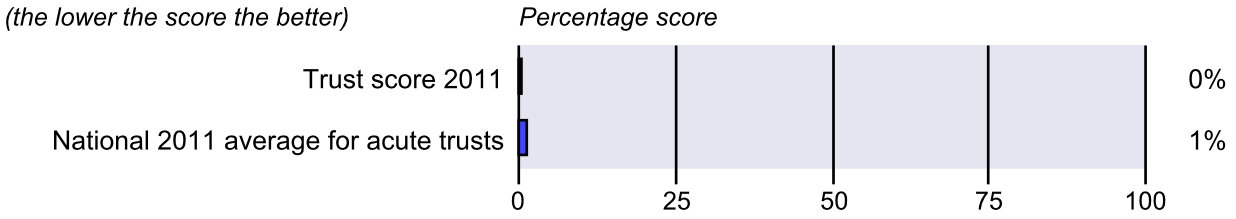
✓KF19. Percentage of staff saying hand washing materials are always available



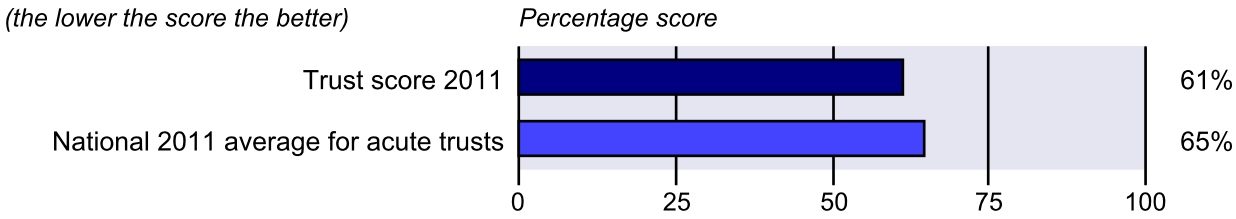
✓KF17. Percentage of staff suffering work-related injury in last 12 months



✓KF24. Percentage of staff experiencing physical violence from staff in last 12 months



✓KF8. Percentage of staff working extra hours



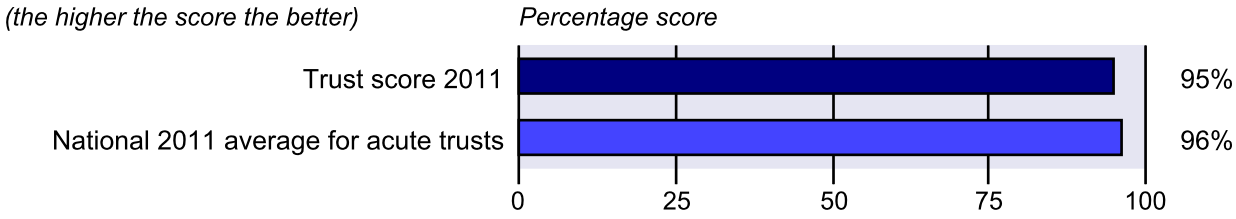
For each of the 38 Key Findings, the acute trusts in England were placed in order from 1 (the top ranking score) to 147 (the bottom ranking score). Burton Hospitals NHS Foundation Trust's four highest ranking scores are presented here, i.e. those for which the trust's Key Finding score is ranked closest to 1. Further details about this can be found in the document ***Making sense of your staff survey data***.

This page highlights the four Key Findings for which Burton Hospitals NHS Foundation Trust compares least favourably with other acute trusts in England. It is suggested that these areas might be seen as a starting point for local action to improve as an employer.

BOTTOM FOUR RANKING SCORES

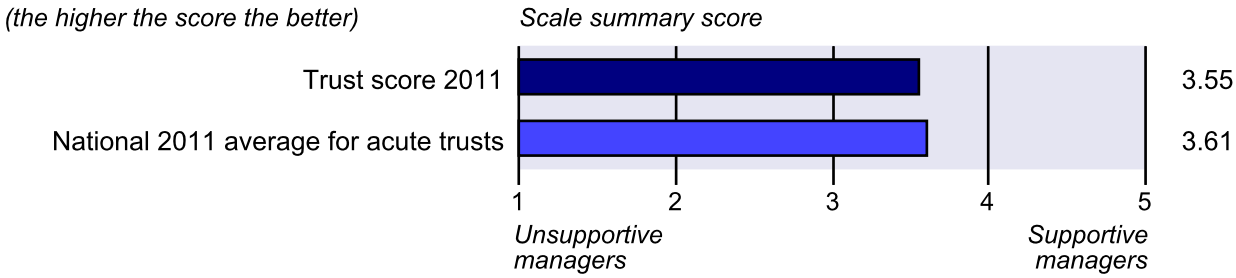
! KF21. Percentage of staff reporting errors, near misses or incidents witnessed in the last month

(the higher the score the better)



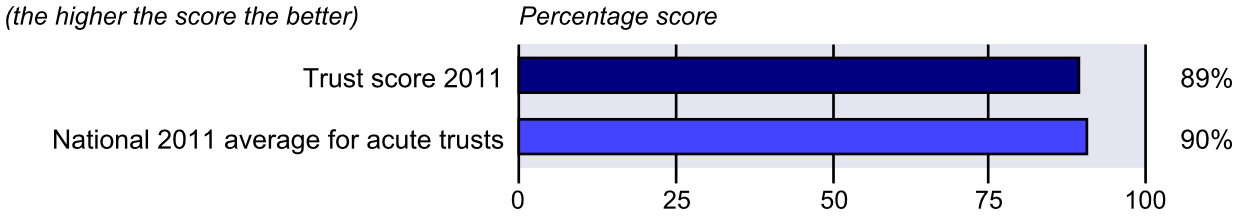
! KF15. Support from immediate managers

(the higher the score the better)



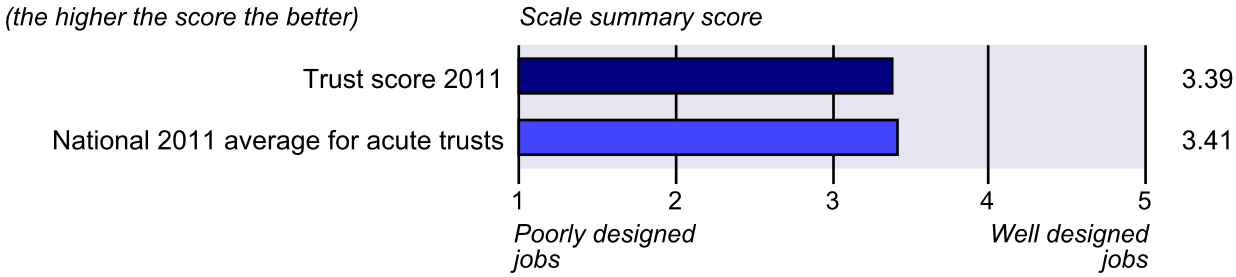
! KF2. Percentage of staff agreeing that their role makes a difference to patients

(the higher the score the better)



! KF4. Quality of job design (clear job content, feedback and staff involvement)

(the higher the score the better)



For each of the 38 Key Findings, the acute trusts in England were placed in order from 1 (the top ranking score) to 147 (the bottom ranking score). Burton Hospitals NHS Foundation Trust's four lowest ranking scores are presented here, i.e. those for which the trust's Key Finding score is ranked closest to 147. Further details about this can be found in the document ***Making sense of your staff survey data***.

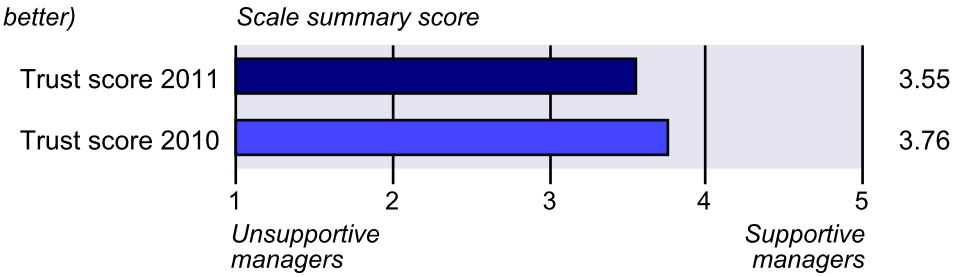
3.2 Largest Local Changes since the 2010 Survey

This page highlights the four Key Findings where staff experiences have deteriorated since the 2010 survey. It is suggested that these areas might be seen as a starting point for local action to improve as an employer.

WHERE STAFF EXPERIENCE HAS DETERIORATED

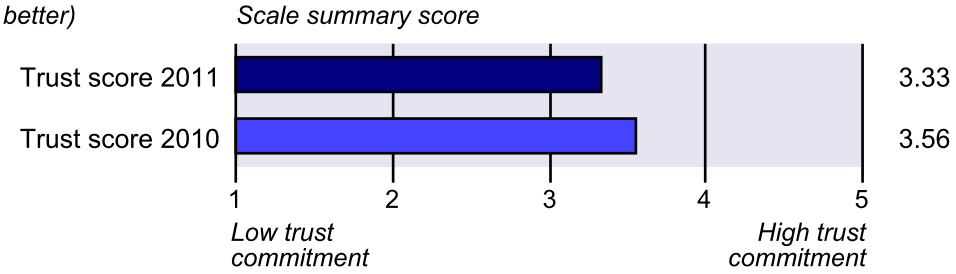
! KF15. Support from immediate managers

(the higher the score the better)



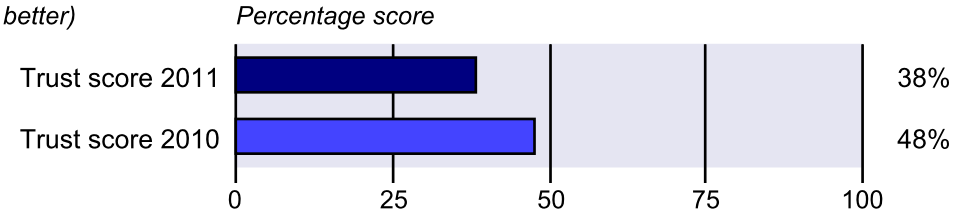
! KF7. Trust commitment to work-life balance

(the higher the score the better)



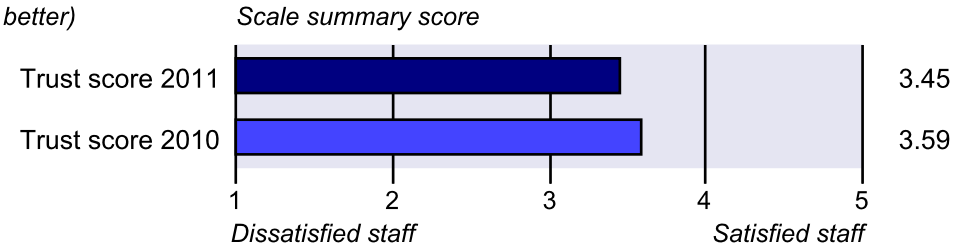
! KF10. Percentage of staff feeling there are good opportunities to develop their potential at work

(the higher the score the better)



! KF32. Staff job satisfaction

(the higher the score the better)



Because the Key Findings vary considerably in terms of subject matter and format (e.g. some are percentage scores, others are scale scores), a straightforward comparison of score changes is not the appropriate way to establish which Key Findings have deteriorated the most. Rather, the extent of 10-11 change for each Key Finding has been measured in relation to the national variation for that Key Finding. Further details about this can be found in the document ***Making sense of your staff survey data***.

3.3. Summary of all Key Findings for Burton Hospitals NHS Foundation Trust

KEY

✓ Green = Positive finding, e.g. in the best 20% of acute trusts, better than average, better than 2010

! Red = Negative finding, e.g. in the worst 20% of acute trusts, worse than average, worse than 2010

'Change since 2010 survey' indicates whether there has been a statistically significant change in the Key Finding since the 2010 survey

-- Because of changes to the format of the survey questions this year, comparisons with the 2010 score are not possible

* For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterix and in *italics*, the lower the score the better

	Change since 2010 survey	Ranking, compared with all acute trusts in 2011
STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.		
KF1. % feeling satisfied with the quality of work and patient care they are able to deliver	• No change	• Average
KF2. % agreeing that their role makes a difference to patients	• No change	! Below (worse than) average
KF3. % feeling valued by their work colleagues	• No change	! Below (worse than) average
KF4. Quality of job design	• No change	! Below (worse than) average
* *KF5. Work pressure felt by staff*	• No change	✓ Below (better than) average
KF6. Effective team working	• No change	• Average
KF7. Trust commitment to work-life balance	! Decrease (worse than 10)	! Below (worse than) average
* *KF8. % working extra hours*	• No change	✓ Below (better than) average
KF9. % using flexible working options	• No change	• Average
STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate training for their jobs, and line management support to succeed.		
KF10. % feeling there are good opportunities to develop their potential at work	! Decrease (worse than 10)	• Average
KF11. % receiving job-relevant training, learning or development in last 12 mths	• No change	• Average
KF12. % appraised in last 12 mths	• No change	✓ Above (better than) average
KF13. % having well structured appraisals in last 12 mths	• No change	• Average
KF14. % appraised with personal development plans in last 12 mths	! Decrease (worse than 10)	! Below (worse than) average
KF15. Support from immediate managers	! Decrease (worse than 10)	! Below (worse than) average
STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.		
Occupational health and safety		
KF16. % receiving health and safety training in last 12 mths	! Decrease (worse than 10)	✓ Above (better than) average
* *KF17. % suffering work-related injury in last 12 mths*	• No change	✓ Lowest (best) 20%
* *KF18. % suffering work-related stress in last 12 mths*	• No change	✓ Below (better than) average
Infection control and hygiene		
KF19. % saying hand washing materials are always available	• No change	✓ Highest (best) 20%

3.3. Summary of all Key Findings for Burton Hospitals NHS Foundation Trust (cont)

	Change since 2010 survey	Ranking, compared with all acute trusts in 2011
Errors and incidents		
* *KF20. % witnessing potentially harmful errors, near misses or incidents in last mth*	• No change	• Average
KF21. % reporting errors, near misses or incidents witnessed in the last mth	• No change	! Below (worse than) average
KF22. Fairness and effectiveness of incident reporting procedures	• No change	✓ Above (better than) average
Violence and harassment		
* *KF23. % experiencing physical violence from patients, relatives or the public in last 12 mths*	• No change	• Average
* *KF24. % experiencing physical violence from staff in last 12 mths*	• No change	✓ Lowest (best) 20%
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	• No change	! Above (worse than) average
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	• No change	• Average
KF27. Perceptions of effective action from employer towards violence and harassment	• No change	✓ Above (better than) average
Health and well-being		
* *KF28. Impact of health and well-being on ability to perform work or daily activities*	• No change	• Average
* *KF29. % feeling pressure in last 3 mths to attend work when feeling unwell*	• No change	! Above (worse than) average
STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.		
KF30. % reporting good communication between senior management and staff	• No change	• Average
KF31. % able to contribute towards improvements at work	! Decrease (worse than 10)	! Below (worse than) average
ADDITIONAL THEME: Staff satisfaction		
KF32. Staff job satisfaction	! Decrease (worse than 10)	! Below (worse than) average
* *KF33. Staff intention to leave jobs*	! Increase (worse than 10)	• Average
KF34. Staff recommendation of the trust as a place to work or receive treatment	! Decrease (worse than 10)	✓ Above (better than) average
KF35. Staff motivation at work	! Decrease (worse than 10)	! Below (worse than) average
ADDITIONAL THEME: Equality and diversity		
KF36. % having equality and diversity training in last 12 mths	• No change	! Below (worse than) average
KF37. % believing the trust provides equal opportunities for career progression or promotion	• No change	• Average
* *KF38. % experiencing discrimination at work in last 12 mths*	! Increase (worse than 10)	✓ Below (better than) average

4. Key Findings for Burton Hospitals NHS Foundation Trust

481 staff at Burton Hospitals NHS Foundation Trust took part in this survey. This is a response rate of 62%[1] which is in the highest 20% of acute trusts in England, and compares with a response rate of 54% in this trust in the 2010 survey.

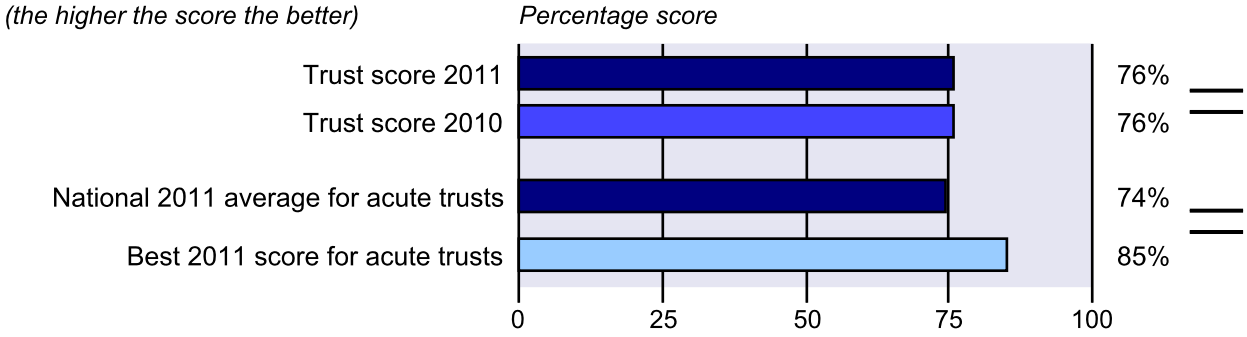
This section presents each of the 38 Key Findings, using data from the trust's 2011 survey, and compares these to other acute trusts in England and to the trust's performance in the 2010 survey. The findings are arranged under six headings – the four staff pledges from the NHS Constitution, and the two additional themes of staff satisfaction and equality and diversity.

Positive findings are indicated with a green arrow (e.g. where the trust is in the best 20% of trusts, or where the score has improved since 2010). Negative findings are highlighted with a red arrow (e.g. where the trust's score is in the worst 20% of trusts, or where the score is not as good as 2010). An equals sign indicates that there has been no change.

STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.

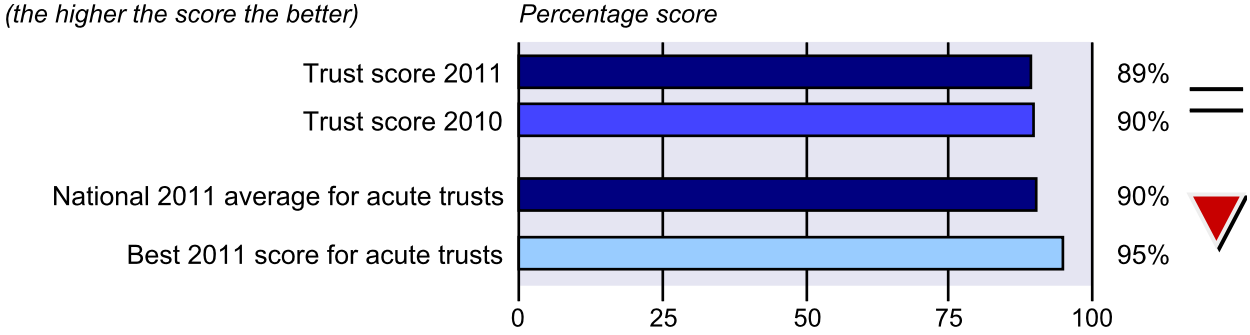
KEY FINDING 1. Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver

(the higher the score the better)



KEY FINDING 2. Percentage of staff agreeing that their role makes a difference to patients

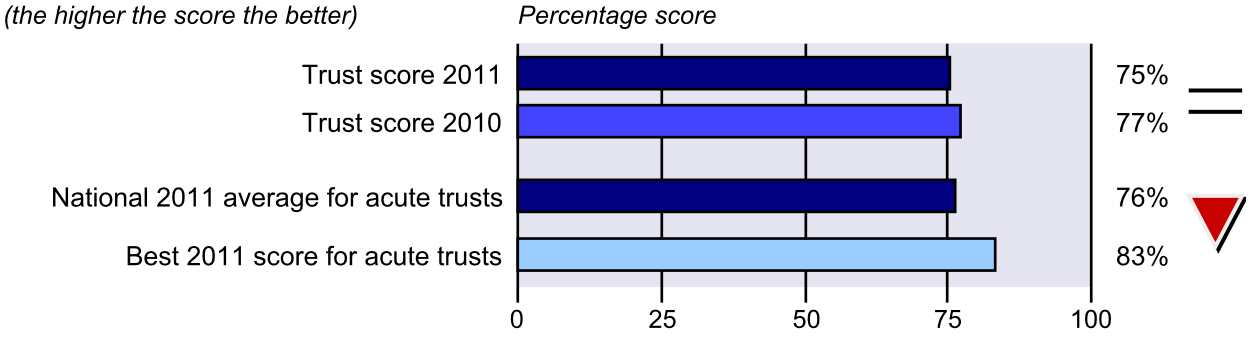
(the higher the score the better)



[1]At the time of sampling, 2961 staff were eligible to receive the survey. Questionnaires were sent to a random sample of 775 staff. This includes only staff employed directly by the trust (i.e. excluding staff working for external contractors). It excludes bank staff unless they are also employed directly elsewhere in the trust. When calculating the response rate, questionnaires could only be counted if they were received with their ID number intact, by the closing date.

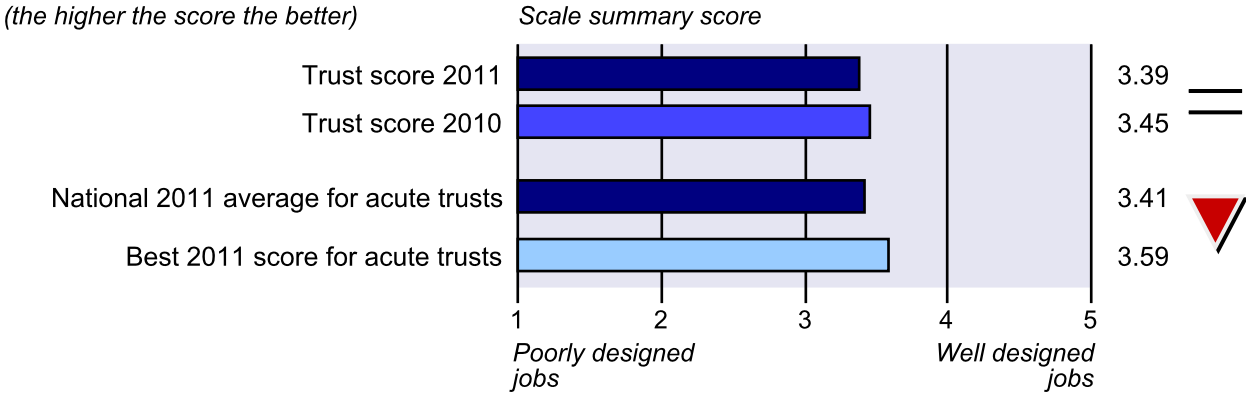
KEY FINDING 3. Percentage of staff feeling valued by their work colleagues

(the higher the score the better)



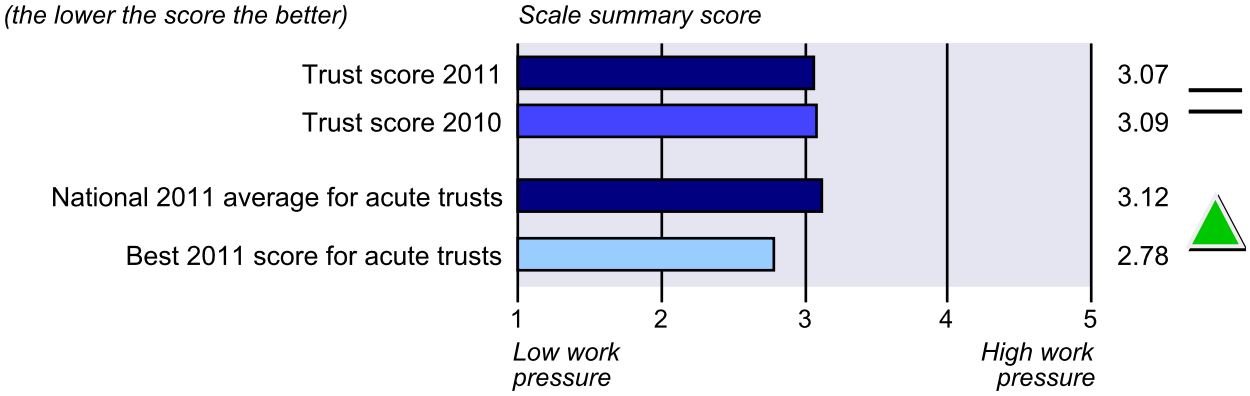
KEY FINDING 4. Quality of job design (clear job content, feedback and staff involvement)

(the higher the score the better)



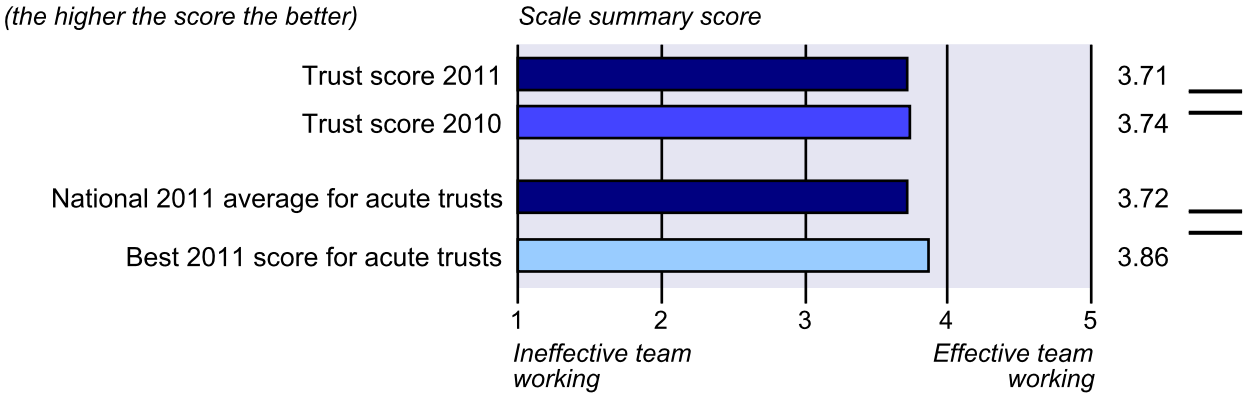
KEY FINDING 5. Work pressure felt by staff

(the lower the score the better)



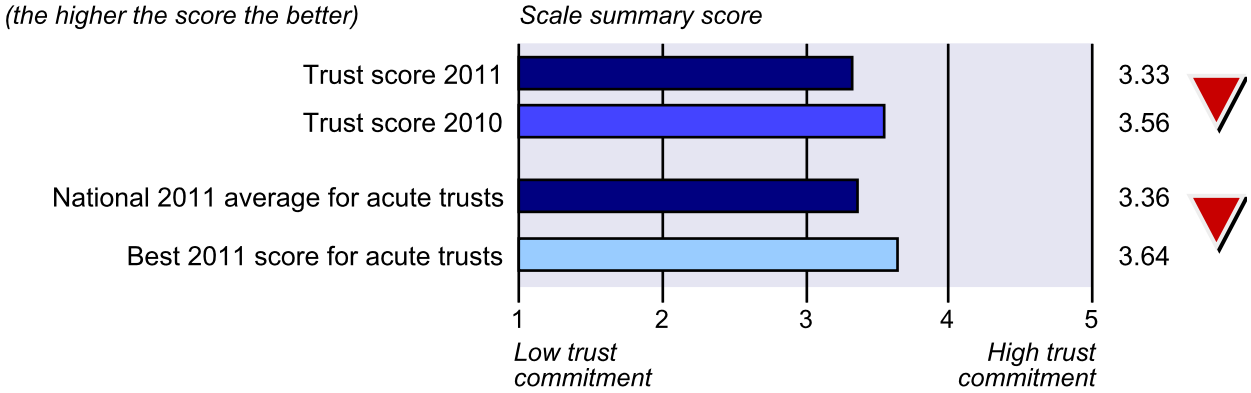
KEY FINDING 6. Effective team working

(the higher the score the better)



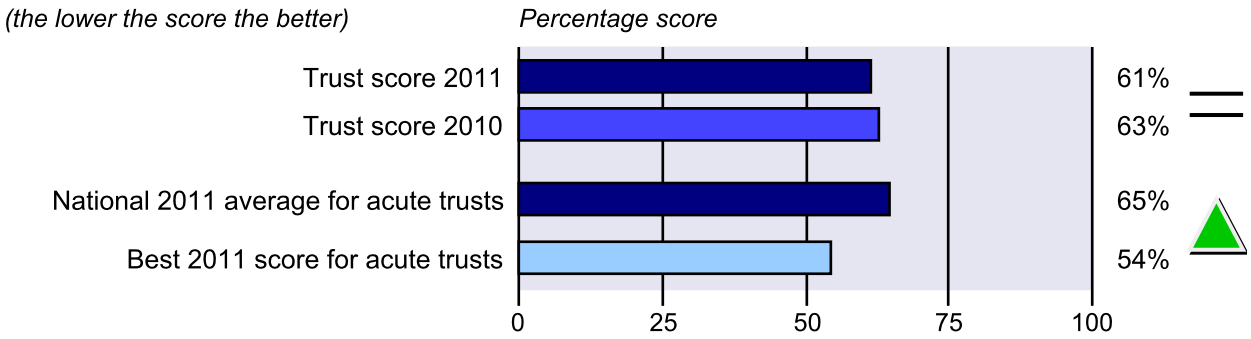
KEY FINDING 7. Trust commitment to work-life balance

(the higher the score the better)



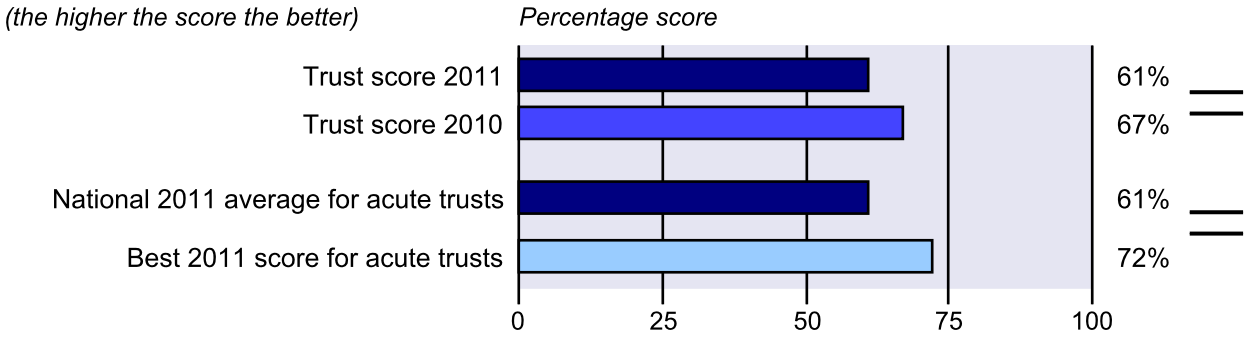
KEY FINDING 8. Percentage of staff working extra hours

(the lower the score the better)



KEY FINDING 9. Percentage of staff using flexible working options

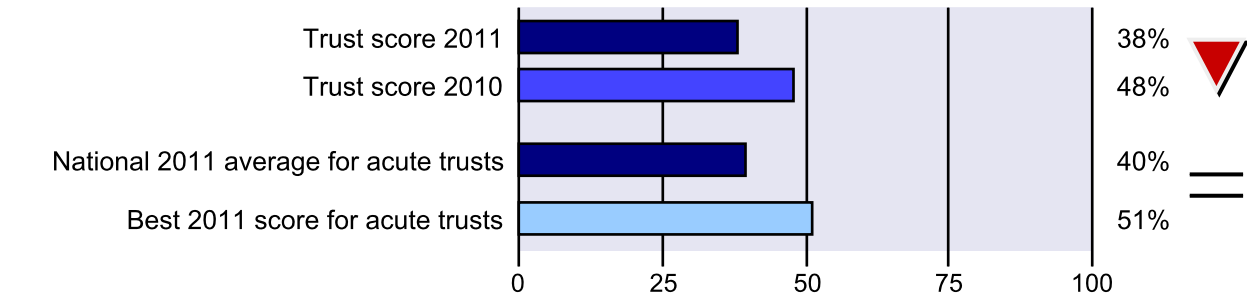
(the higher the score the better)



STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate training for their jobs, and line management support to succeed.

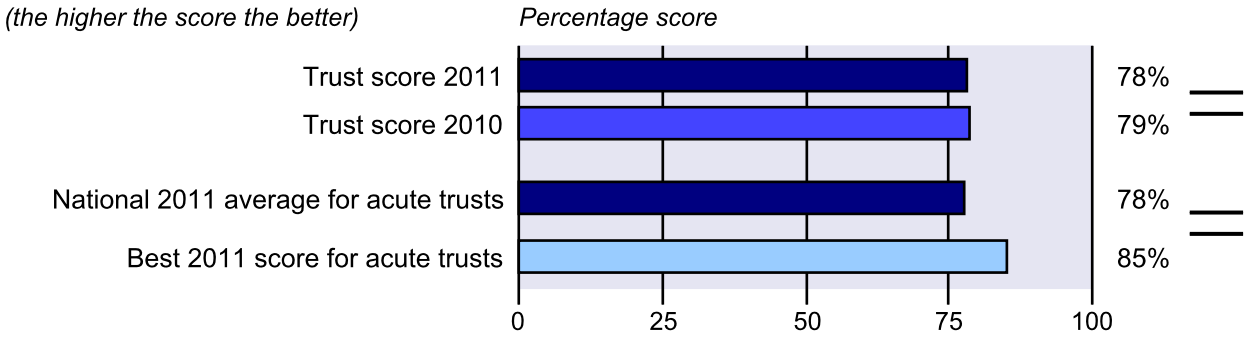
KEY FINDING 10. Percentage of staff feeling there are good opportunities to develop their potential at work

(the higher the score the better)



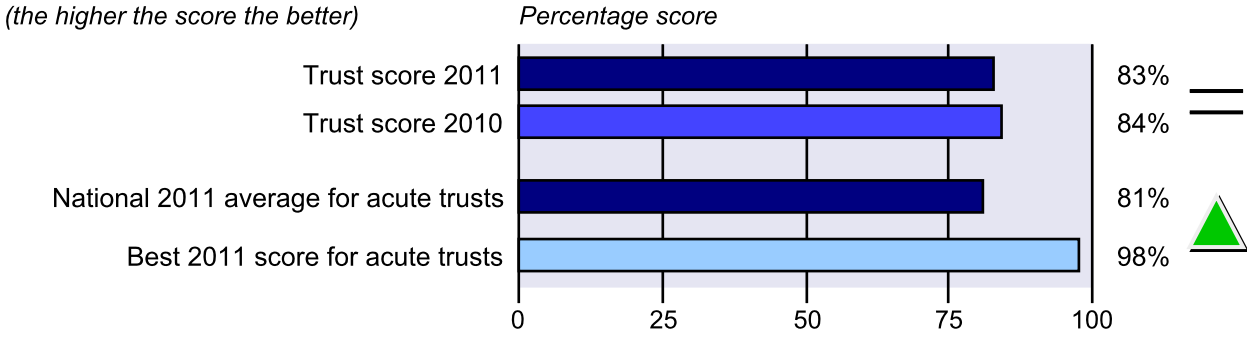
KEY FINDING 11. Percentage of staff receiving job-relevant training, learning or development in last 12 months

(the higher the score the better)



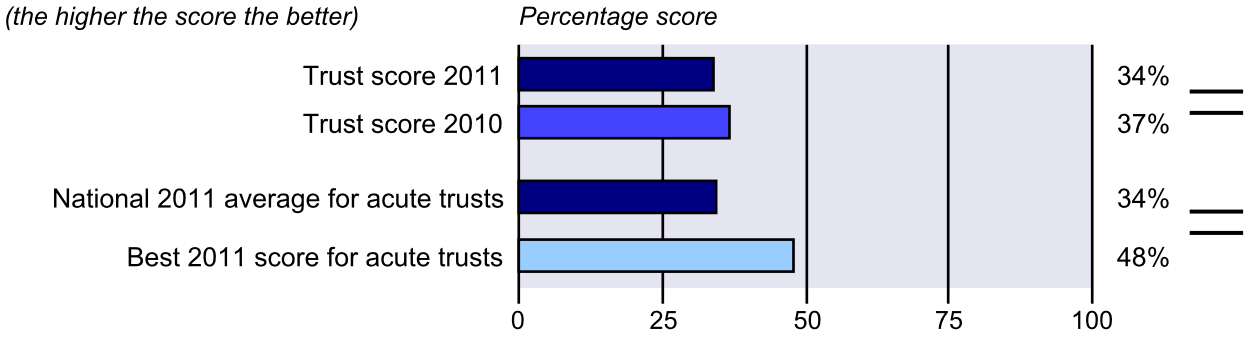
KEY FINDING 12. Percentage of staff appraised in last 12 months

(the higher the score the better)



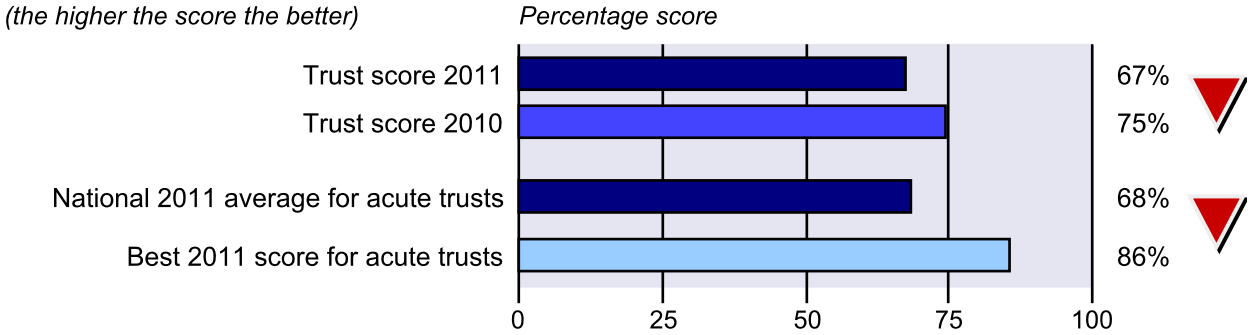
KEY FINDING 13. Percentage of staff having well structured appraisals in last 12 months

(the higher the score the better)



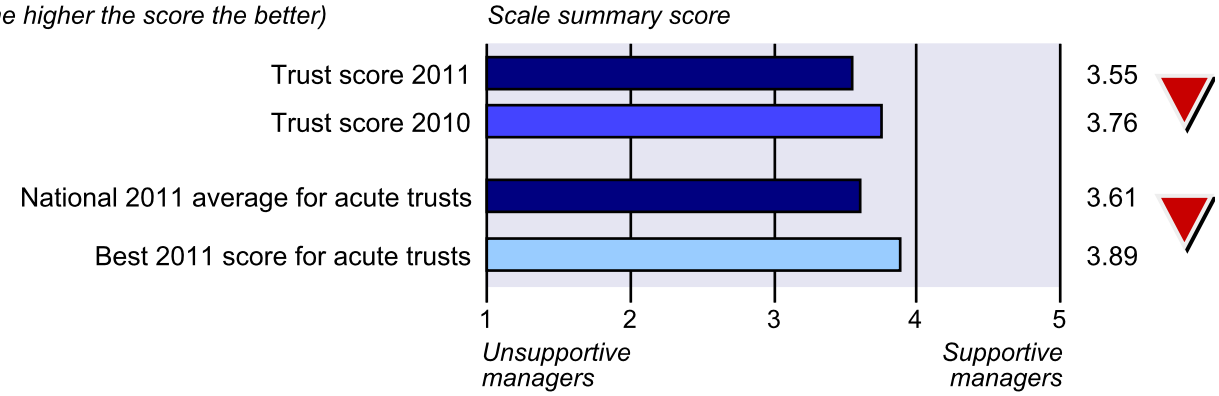
KEY FINDING 14. Percentage of staff appraised with personal development plans in last 12 months

(the higher the score the better)



KEY FINDING 15. Support from immediate managers

(the higher the score the better)

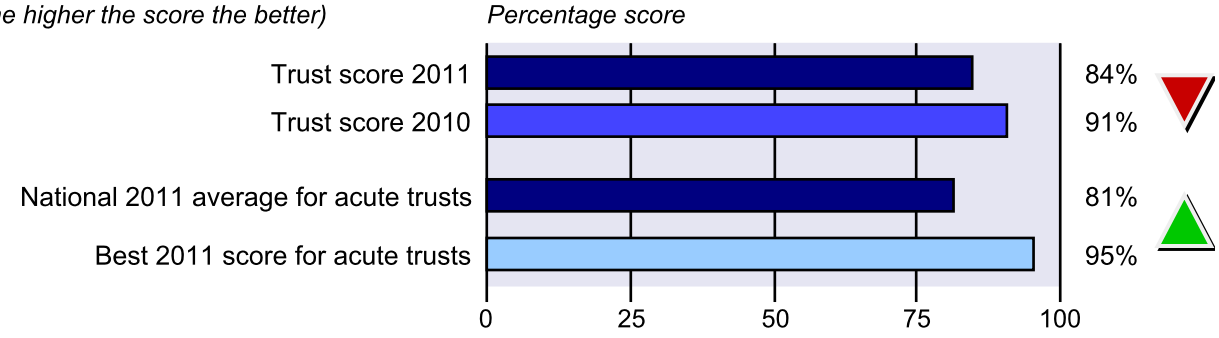


STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.

Occupational health and safety

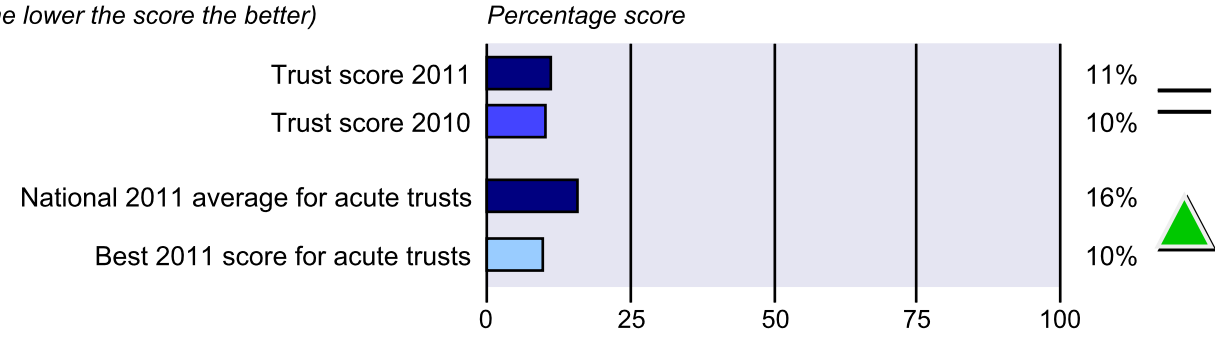
KEY FINDING 16. Percentage of staff receiving health and safety training in last 12 months

(the higher the score the better)



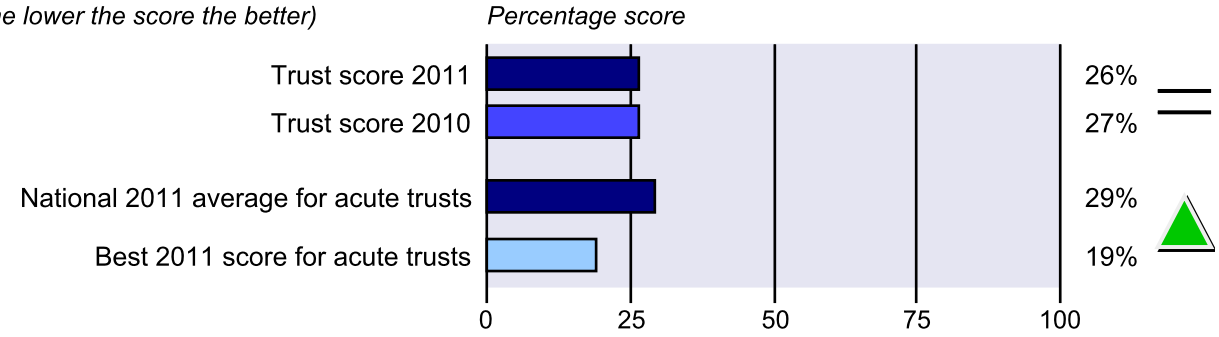
KEY FINDING 17. Percentage of staff suffering work-related injury in last 12 months

(the lower the score the better)



KEY FINDING 18. Percentage of staff suffering work-related stress in last 12 months

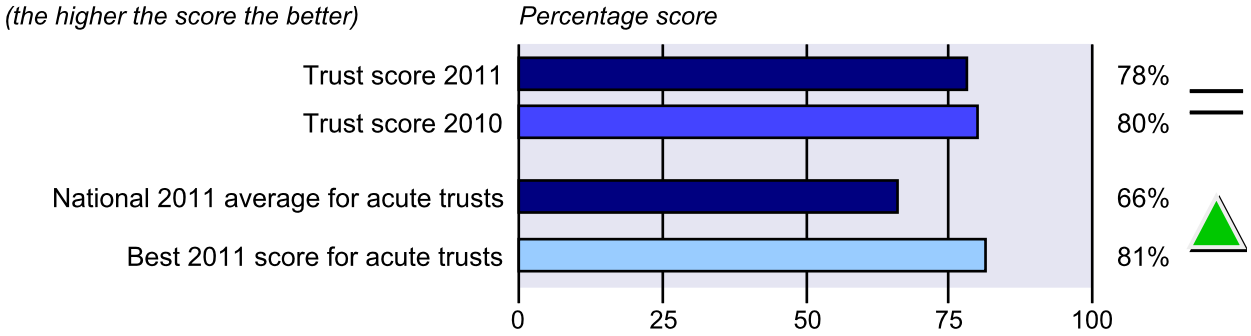
(the lower the score the better)



Infection control and hygiene

KEY FINDING 19. Percentage of staff saying hand washing materials are always available

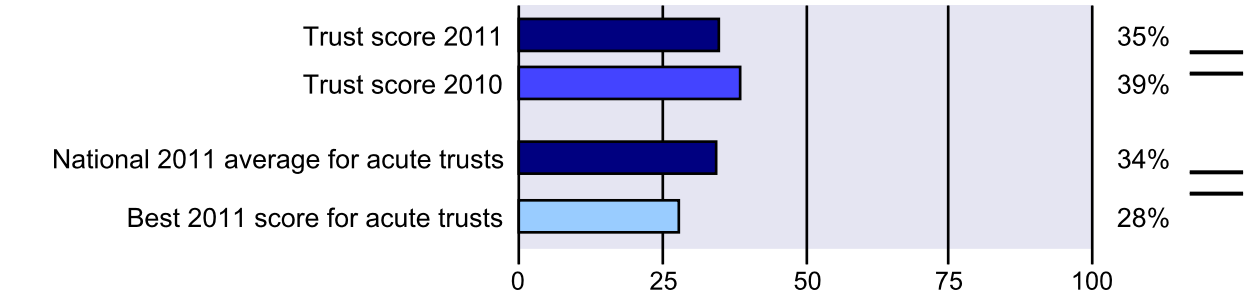
(the higher the score the better)



Errors and incidents

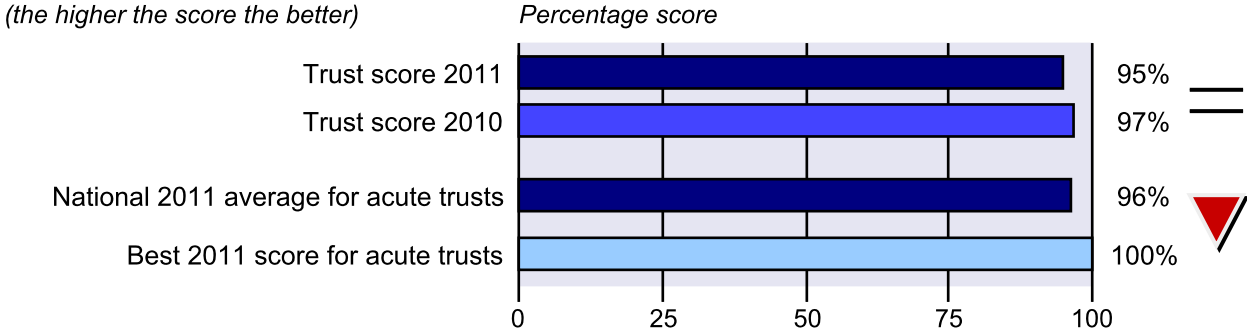
KEY FINDING 20. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month

(the lower the score the better)



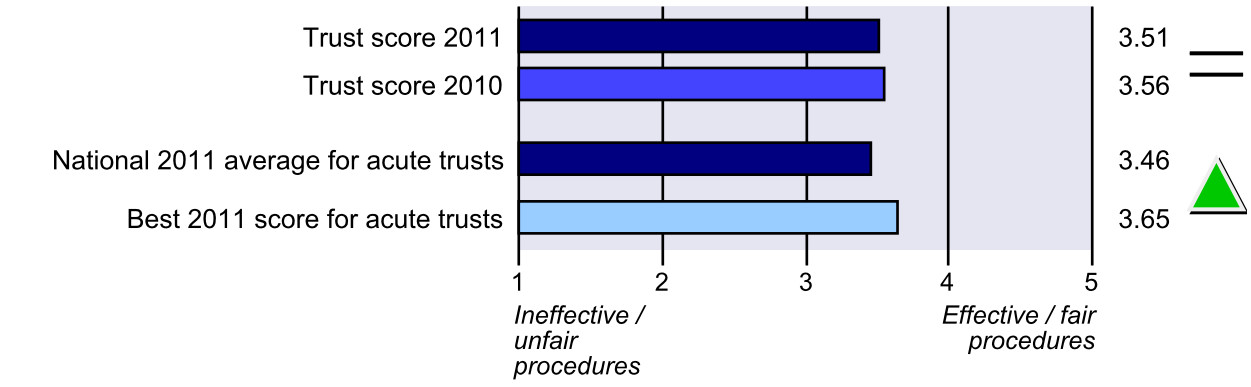
KEY FINDING 21. Percentage of staff reporting errors, near misses or incidents witnessed in the last month

(the higher the score the better)



KEY FINDING 22. Fairness and effectiveness of incident reporting procedures

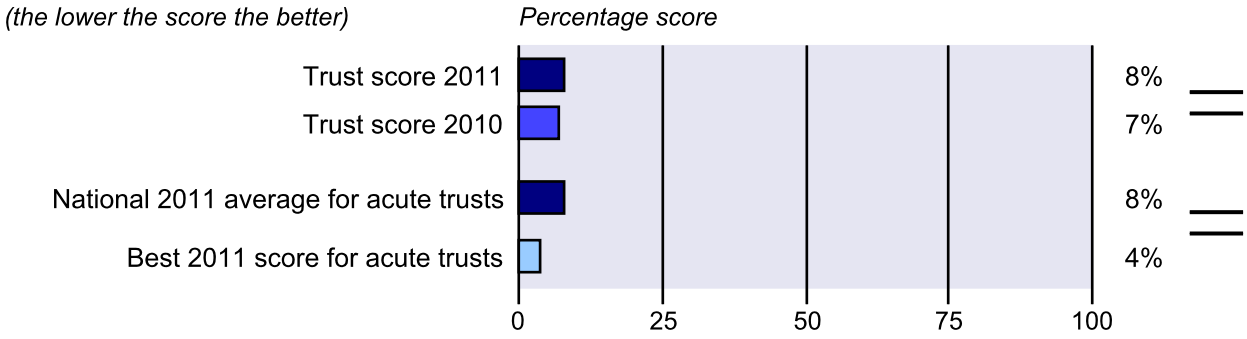
(the higher the score the better)



Violence and harassment

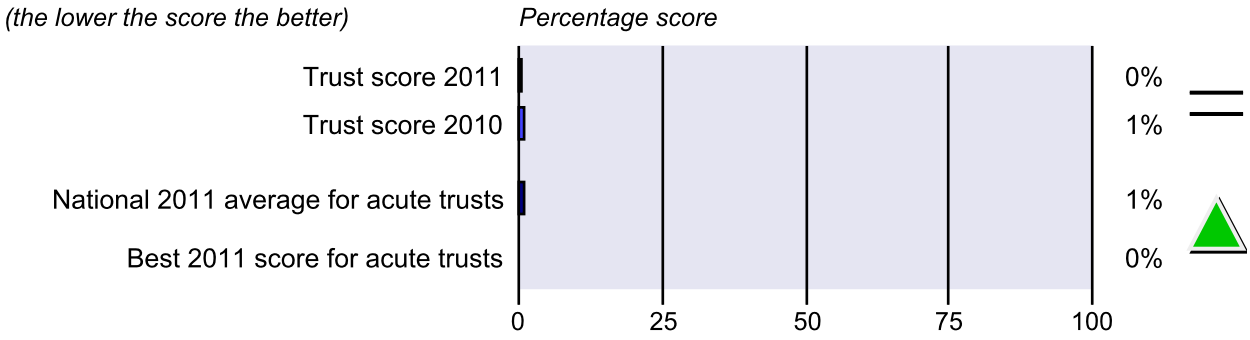
KEY FINDING 23. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)



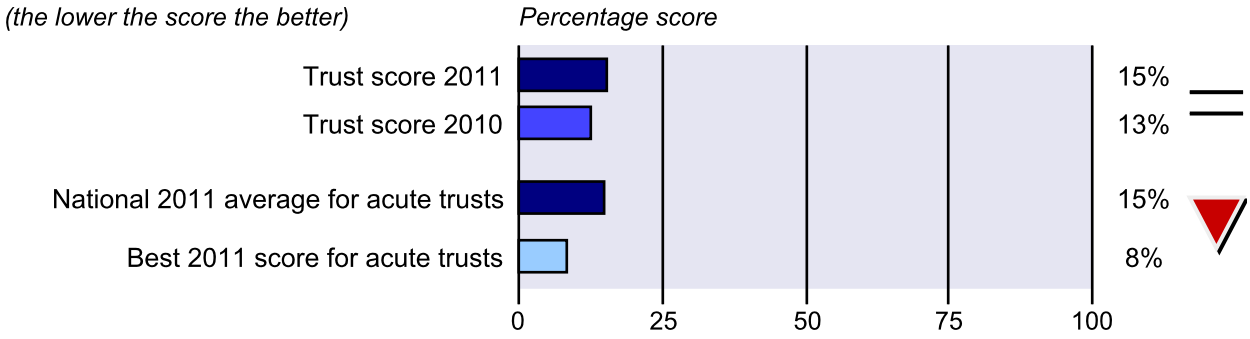
KEY FINDING 24. Percentage of staff experiencing physical violence from staff in last 12 months

(the lower the score the better)



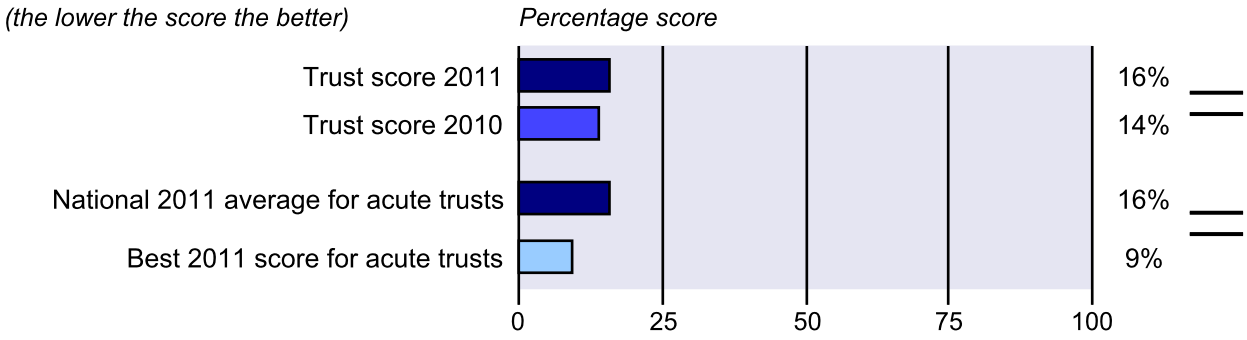
KEY FINDING 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

(the lower the score the better)

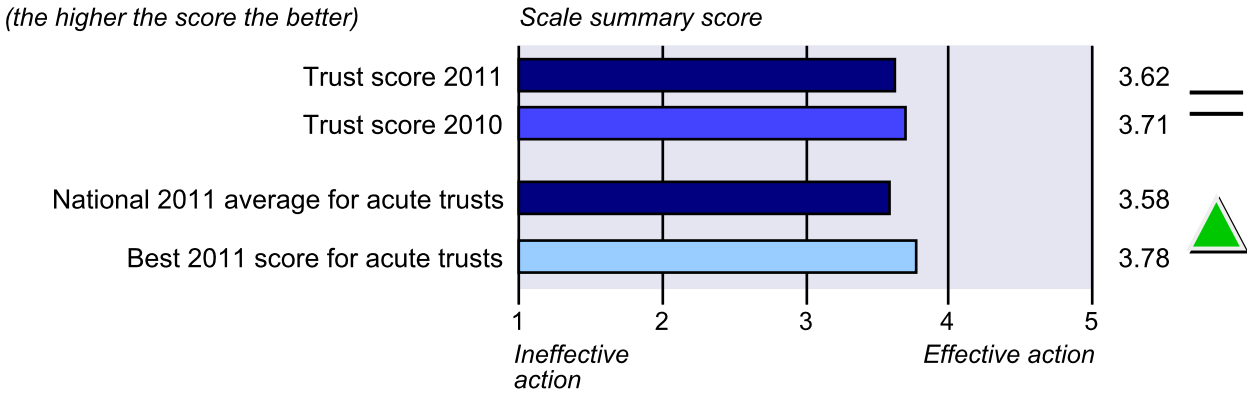


KEY FINDING 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

(the lower the score the better)

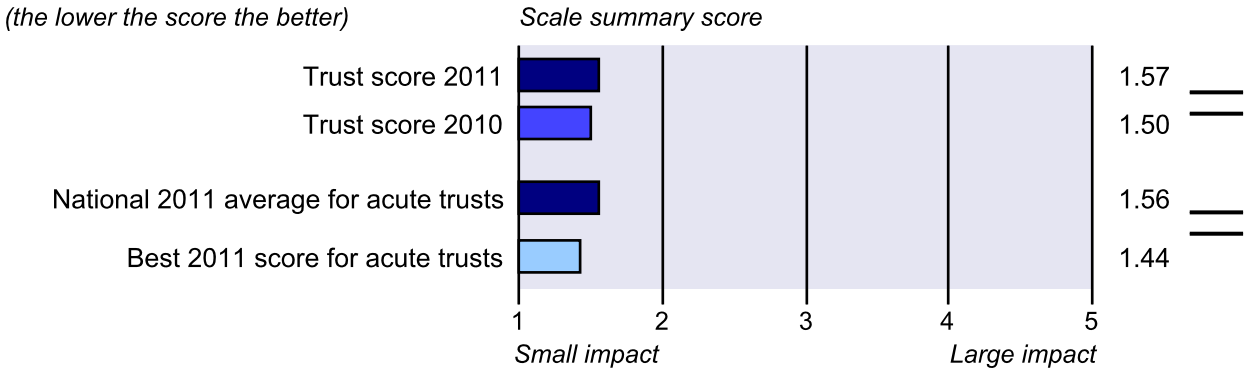


KEY FINDING 27. Perceptions of effective action from employer towards violence and harassment

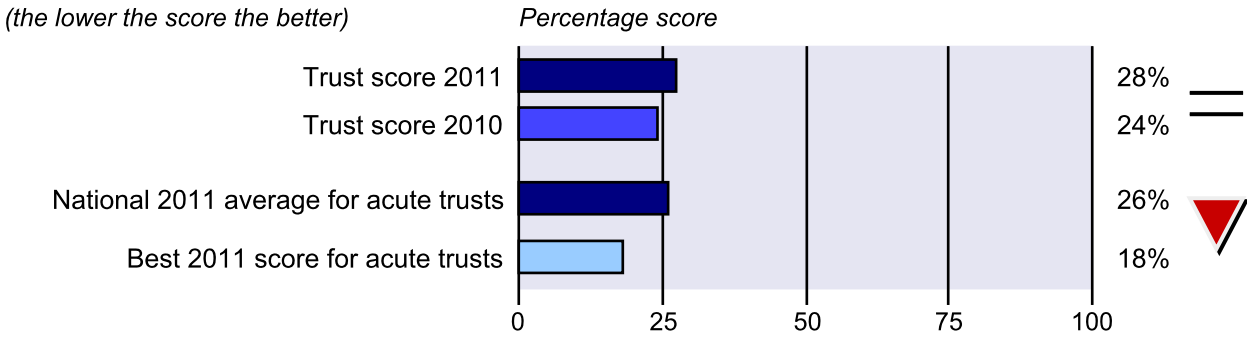


Health and well-being

KEY FINDING 28. Impact of health and well-being on ability to perform work or daily activities

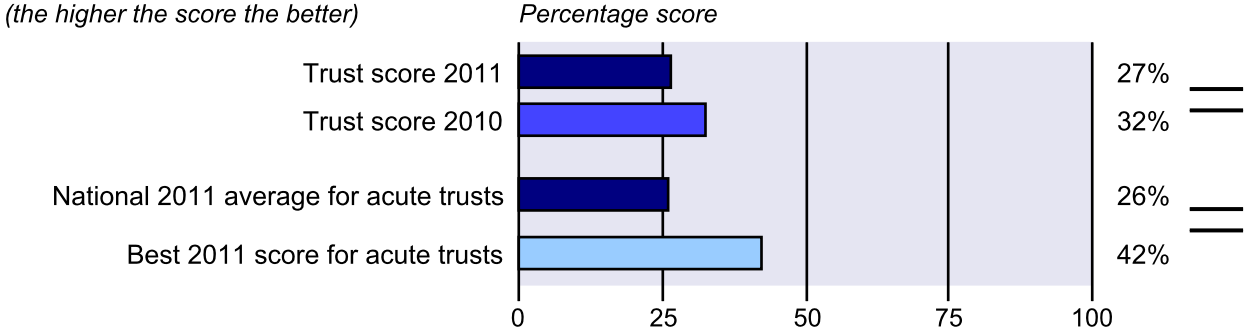


KEY FINDING 29. Percentage of staff feeling pressure in last 3 months to attend work when feeling unwell



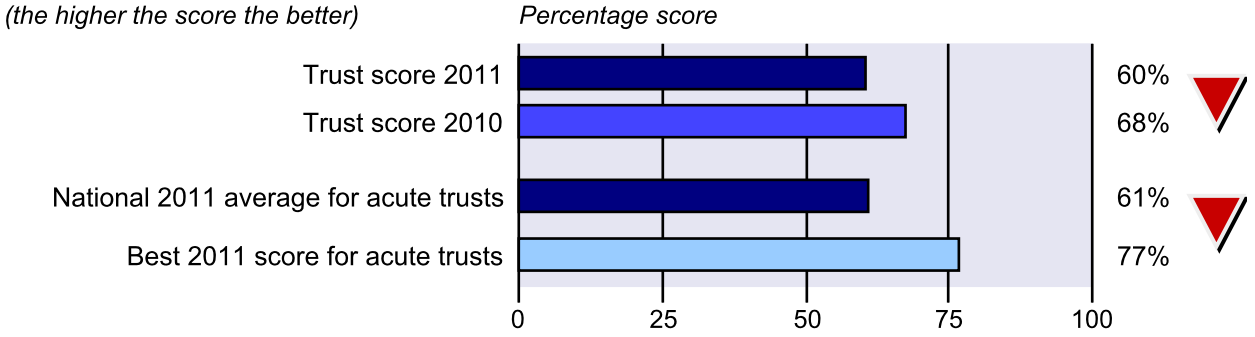
STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.

KEY FINDING 30. Percentage of staff reporting good communication between senior management and staff



KEY FINDING 31. Percentage of staff able to contribute towards improvements at work

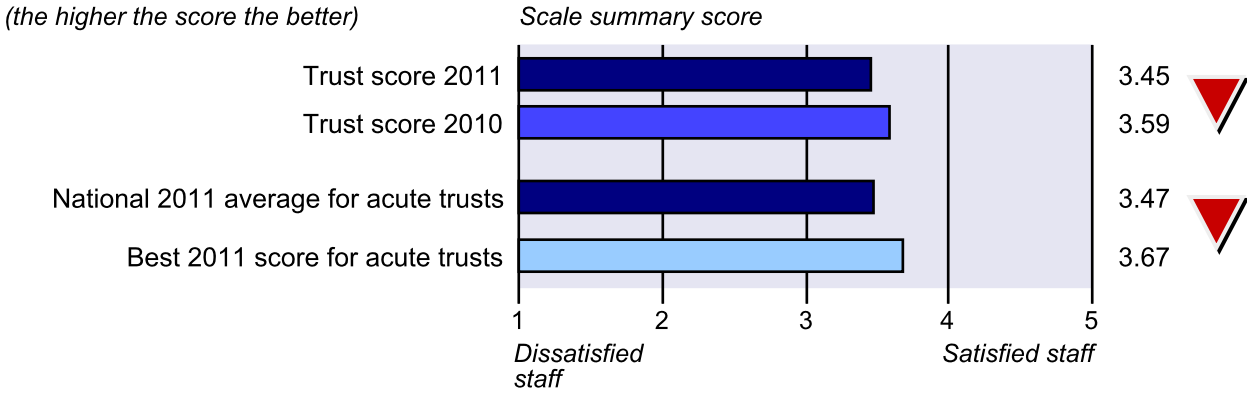
(the higher the score the better)



ADDITIONAL THEME: Staff satisfaction

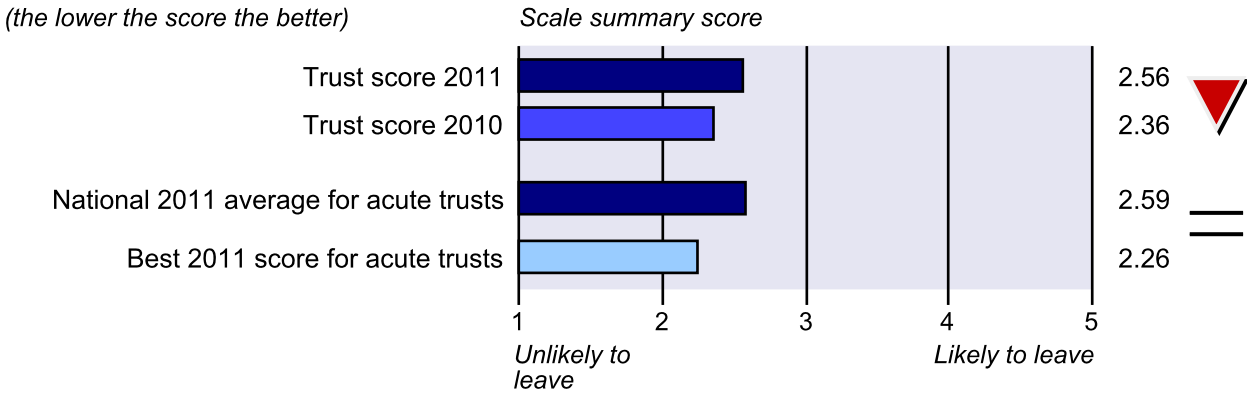
KEY FINDING 32. Staff job satisfaction

(the higher the score the better)



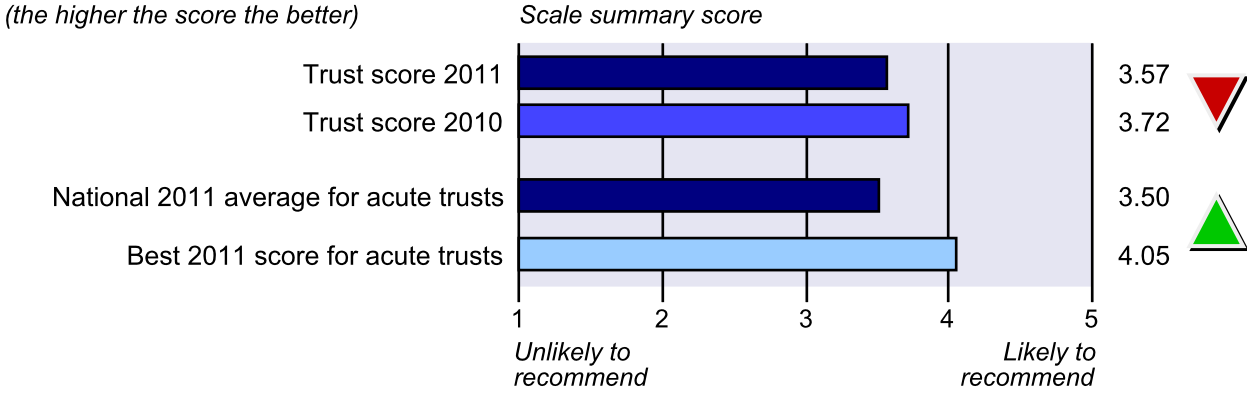
KEY FINDING 33. Staff intention to leave jobs

(the lower the score the better)



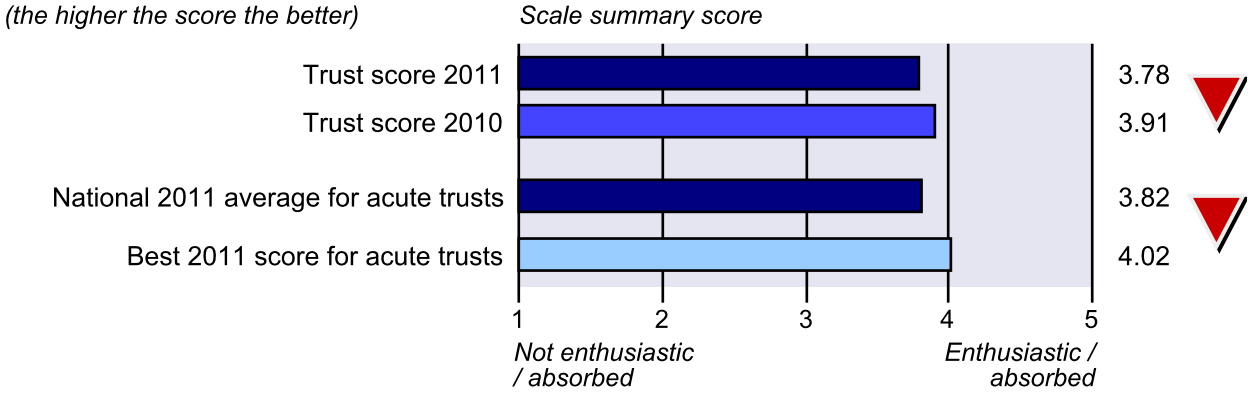
KEY FINDING 34. Staff recommendation of the trust as a place to work or receive treatment

(the higher the score the better)



KEY FINDING 35. Staff motivation at work

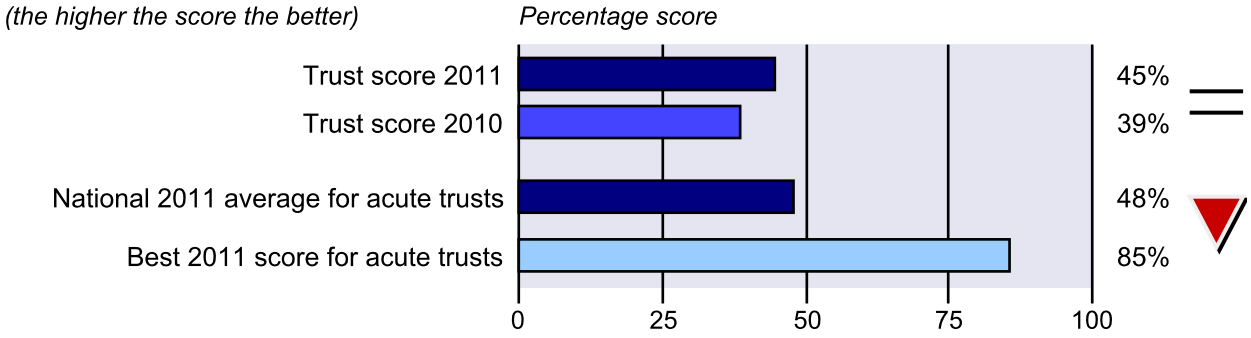
(the higher the score the better)



ADDITIONAL THEME: Equality and diversity

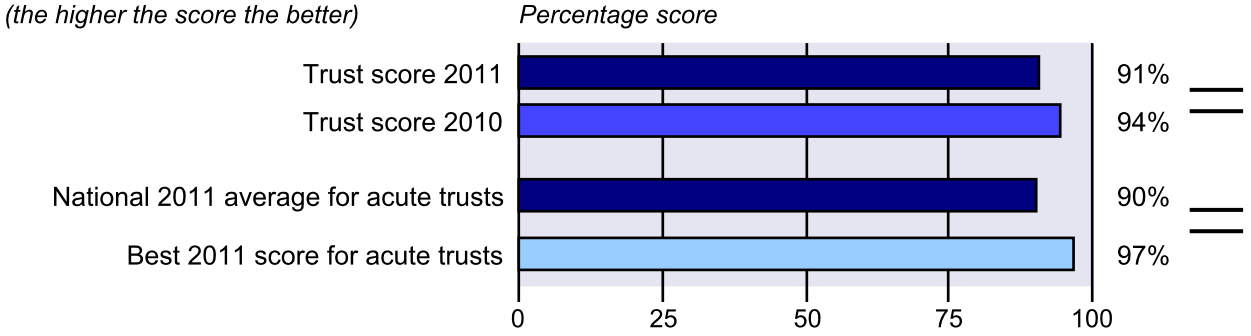
KEY FINDING 36. Percentage of staff having equality and diversity training in last 12 months

(the higher the score the better)



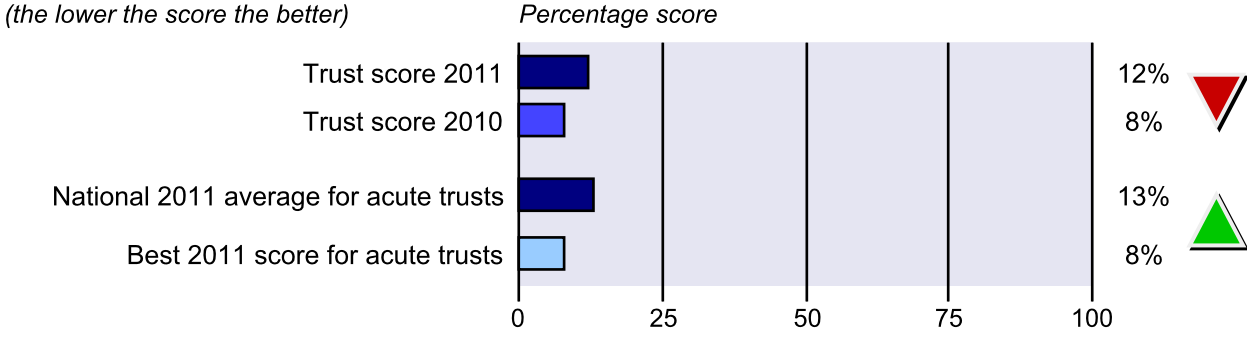
KEY FINDING 37. Percentage of staff believing the trust provides equal opportunities for career progression or promotion

(the higher the score the better)



KEY FINDING 38. Percentage of staff experiencing discrimination at work in last 12 months

(the lower the score the better)



BURTON HOSPITALS NHS FOUNDATION TRUST

Meeting of the Board of Directors to be held on 26 April 2012

Title and Date of Report:	Summary of the Governance, Risk and Assurance Meeting held on 2 April 2012

Author(s):	Chris Wood – Non Executive Director
Presented by:	Chris Wood – Non Executive Director
Status: **(Note, Approve, Decision, Discuss):**	Note and Discuss

Strategic / Business Objective:	All

Implications:			
CQC:		**KPI:**	
Legal, Regulatory and NHS Constitutional Implications:		**Resource Implications:** **(Financial/Staffing)**	
Equality & Diversity and Public & Patient Involvement Implications:		**Communication:**	

Other (specify):

Risks: Yes/No	**Risk Register Ref :** **Score** **Date onto Register:**	**Description:**

Assurance:	Yes

Summary of key issues:	As this was an interim meeting a number of the actions from the previous meeting were still underway: • The Committee is awaiting a report from the IPB for on-going assurance with regard to those patients who require isolation, in relation to the facilities available. The Committee wishes to have the opportunity to evaluate its tolerances to the associated risk. • Update on the situation with regard to the ward nursing metrics, and those wards which are still under review and not yet at an acceptable level of improvement or performance. The Committee reviewed the full report of Serious Incidents and approved the closure of seven SIs. There were nine new SIs in the month of February which, due to the recent nature of the occurrences and the unavailability of the Clinical Director lead, the Committee agreed to review in detail at the next meeting. Of the remaining SIs the Committee sought assurance as to the extent of the lessons learned from all and every event. They wanted to be assured that maximum learning was derived across the whole Trust and, in particular, real accountability is discharged, and where culpability is established, appropriate action is taken and appropriately communicated. It was noted that a number of the SIs investigations had uncovered excellent standards of care despite the regrettable and tragic nature of a number of the events. The Committee considered in some detail the future agenda and requirements of a monthly GR&A meeting. It was recognised that many of the reporting groups' schedules are geared towards detailed quarterly reporting. As a result the information required to ensure appropriate governance arrangements and risk management on a monthly basis would need to be assembled differently. The principle purpose is to provide assurance that those actions and measures predetermined in the Turnaround Plan do not have an adverse effect on quality and safety. The requirement therefore would be to establish concomitant indicators that enabled an early identification of risk through trend analysis, systemic process controls and to set tolerances and limits based on the Trusts disposition towards risk. The Committee identified some data and information to enable the level of assurance required through a 360 degree perspective of patient care and safety, including: • Integrated Performance Report • Project KPI's and associated Risk • SIs • Workforce incidents and trends • Quality and Safety Heat-map. (if not included in the IPR) • Customer Complaints (trends) and sample, (context). The Committee recognised that the availability and accuracy of data is increasingly critical.

Escalation to Board of Directors for discussion :	None

Recommendations:	Note the contents of the report.