

Report to the Trust Board: 10th October 2013	Agenda item: 2.1
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Title	Integrated Performance Report Month 5 – 2013/14
Sponsoring director	Julie Hunt, Director of Operations, Nursing & Midwifery Dominic Tkaczyk, Director of Finance Stella Barnass, Medical Director Nina Singh, Director of Workforce & Development
Author (s)	Executive Team
Report previously considered by	Finance and Performance Committee

Executive summary
 This paper provides an integrated view of Trust Performance for month 5 August 2013. Key points to note from this month's report:

Performance & Quality

- Significant work is underway to manage the high mortality rates
- There is a rise in the number of complaints compared to same period last year
- There are risks associated with the CQUIN performance for this year particularly around length of stay
- There is improvement in performance around VTE, dementia screening and Friends & Family data collection.
- Pressure on the thoracic medicine wait times
- Underperformance on the stroke in-patient stay
- Persistent issues with achievement of the cancer targets

Finance

- The financial surplus is marginally behind plan at month 5
- Income levels are up as a result of more activity than plan
- The cost improvement plan is behind target but Divisions are seeking alternative savings

Trust Objectives

- Demonstrably improve patient outcomes and safety and publish results
- Achieve high standards of cleanliness and low rates of infection.
- Improve bed management and increase patient satisfaction levels
- Achieve national waiting times for treatment
- Deliver transformational change to improve inpatient flow
- Deliver our financial plan
- Maintain effective relationships with key stakeholders
- Improve staff experience and wellbeing

Risk & Assurance	This report provides assurance on finance and quality performance.
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<p>Related assurance framework entries</p>	<ol style="list-style-type: none"> 1. Improved Health Outcomes, Clinical Effectiveness, Patient Experience and Safety 2. To deliver financial and strategic sustainability 3. To ensure we have a highly skilled, motivated and productive workforce
<p>Legal implications/regulatory requirements</p>	<p>Implications for CQC, DH and Commissioner Regulatory requirements.</p>
<p>Consultation pathway</p>	<p>None</p>

<p>Action required by the Trust Board</p>	<p>For noting.</p>
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Scorecard for August 2013

Ref	Indicator	units	12-13 Out turn	May-2013	Jun-2013	Jul-2013	Aug-2013	Target	13-14 YTD	Notes
Quality of Care										
1	Hospital Standardised Mortality Ratio	Value	-	100.6	85.2	-	-	<=90	-	2,3
2	Summary Hospital-level Mortality Indicator	Value	-	98.8	83.8	98.8	-	<=90	-	2,3
3	Never Events	Count	0	0	1	0	1	0	3	
4	Serious Incidents	Count	99	15	14	16	8	-	61	
5	Medication Errors	Count	-	-	-	-	-	-	-	4
6	MRSAb - Hospital acquired infections	Count	4	0	0	0	0	0	0	
7	C.difficile - Hospital acquired infections	Count	21	0	1	1	0	<=12	8	
8	Same Sex Accommodation breaches	Count	4	0	0	0	0	0	0	
9	VTE assessment	%	91.2	89.8	93.6	94.4	95.1	>=95	92.9	8
10	VTE - Root Cause Analysis	-	-	-	-	-	-	-	-	4
11	Friends and Family - Trust score	Value	61.7	61.2	56.5	49.8	61.0	-	57.4	1
12	Formal Complaints (reported on Datix)	Count	284	26	22	44	35	-	156	
13	Dementia Nurse screening	Count	-	234	189	183	201	-	1020	4
14	Dementia - Doctor assessments	%	-	20.6	60.0	59.4	92.9	>=90	56.5	5
Operational Performance										
15	Monitor Service Performance Score	Value	-	-	-	-	-	-	-	4
16	Type 1 A&E 4-hour target	%	95.4	94.8	96.0	96.7	95.7	>=95	94.4	
17	All types - 4-hour target	%	97.8	97.8	98.3	98.5	98.1	>=98	97.6	
18	High risk TIA patients treated within 24 hours	%	95.7	91.7	100.0	100.0	100.0	>=90	95.2	
19	Inpatient stroke unit standard	%	92.4	87.5	92.3	91.3	86.7	>=95	95.2	3
20	Admissions of full-term babies to neo natal care	%	4.3	4.0	5.4	4.3	4.1	-	4.2	
21	2 Week Wait for suspected cancer	%	94.3	93.9	95.1	95.7	93.0	>=93	93.9	
22	2 Week Wait for Breast Symptom (cancer not initially suspected)	%	97.8	97.1	93.5	97.1	100.0	>=93	96.2	
23	31 Day First Treatment (from Decision to Treat)	%	99.8	100.0	100.0	100.0	100.0	>=96	100.0	
24	31 Day second or subsequent Treatment (from Decision to Treat) - Surgery	%	100.0	100.0	100.0	100.0	100.0	>=94	100.0	
25	31 Day second or subsequent Treatment (from Decision to Treat) - Drug Treatment	%	100.0	100.0	100.0	100.0	100.0	>=98	100.0	
26	62 Day Standard (Classic) - urgent GP/GDP referral to first definitive treatment	%	86.3	85.0	89.7	78.9	92.0	>=85	84.3	
27	62 Day Screening - from referral from an NHS screening service to first definitive treatment	%	73.7	50.0	60.0	100.0	0.0	>=90	60.0	
28	62 Day Standard Consultant Upgrade - from date of upgrade to first definitive treatment	%	90.4	0.0	100.0	88.9	75.0	>=85	77.8	
29	RTT Admitted Performance	%	97.0	96.7	97.4	95.9	96.3	>=90	96.4	
30	RTT Non - Admitted Performance	%	97.7	98.3	98.0	97.0	98.1	>=95	97.7	
31	RTT incomplete pathway period performance	%	96.0	95.5	95.7	95.0	96.3	>=92	95.5	
32	RTT Waits over 52 weeks	Count	8	1	0	0	0	0	2	
33	Diagnostic Test Waiting Times	%	100.0	100.0	100.0	100.0	100.0	>=99	100.0	
34	Urgent operations that are cancelled by the trust for non-medical reasons, for a second or subsequent time.	Count	-	-	-	-	-	-	-	4
35	Adult ALOS (less stays >20 days)	Value	2.7	2.9	2.9	2.9	2.6	<=2.2	2.9	
36	Adult stays >20 days - % of all beddays	%	18.9	17.4	18.2	17.4	18.2	<=20.3	18.0	
37	Delayed Transfers of Care - Bed days	Count	1915	83	223	195	261	-	946	
Workforce										
38	Appraisals completed in the last 12 months	%	85.2	82.8	81.8	82.3	78.4	>=90	78.4	
39	Sickness & Absence	%	2.6	2.1	2.3	2.4	-	<=2.7	2.4	2
40	Mandatory training completed in last 12 months	%	83.8	85.6	87.0	88.8	90.0	>=82.7	90.0	
41	Staff numbers v plan	Variance	-36.9	-81.8	-44.1	-62.0	-51.0	-	-	
Finance										
42	CIP - variance	£'000	10	-219	-209	-202	-520	0	-1228	
43	Monitor Risk Rating - actual	Score	2	2	2	2	2	<=2	2	
44	I&E - variance	£'000	267	131	50	-13	-33	0	-76	
45	Bottom line I&E	£'000	1667	279	69	48	58	-	268	

Quality of Care

Indicator	units	12-13 Out turn	May-2013	Jun-2013	Jul-2013	Aug-2013	Target	13-14 YTD
Hospital Standardised Mortality Ratio	Value	-	100.6	85.2	-	-	<=90	-
Summary Hospital-level Mortality Indicator	Value	-	98.8	83.8	98.8	-	<=90	-
Never Events	Count	0	0	1	0	1	0	3
Serious Incidents	Count	99	15	14	16	8	-	61
Medication Errors	Count	-	-	-	-	-	-	-
MRSAb - Hospital acquired infections	Count	4	0	0	0	0	0	0
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Same Sex Accommodation breaches	Count	4	0	0	0	0	0	0
VTE assessment	%	91.2	89.8	93.6	94.4	95.1	>=95	92.9
VTE - Root Cause Analysis		-	-	-	-	-	-	-
Friends and Family - Trust score	Value	61.7	61.2	56.5	49.8	61.0	-	57.4
Formal Complaints (reported on Datix)	Count	284	26	22	44	35	-	156
Dementia Nurse screening	Count	-	234	189	183	201	-	1020
Dementia - Doctor assessments	%	-	20.6	60.0	59.4	92.9	>=90	56.5

Mortality indicators (HSMR and SHMI)

The Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital Level Mortality Indicator (SHMI) are measures which compare mortality rates at West Middlesex University Hospital (WMUH) with those seen at other similar hospitals across England. A value below 100 is better than average and values above 100 are worse than average. The Hospital Standardised Mortality Ratio was 100.6 in May 2013 and 85.2 in June. The Summary Hospital Level Mortality Indicator was 98.8 in May, 83.8 in June and 98.8 in July. Although these values are improved, compared with the upward trend seen over the last year, and in June are within the target of ≤ 90 , work is ongoing to understand the reasons for the change in the data. This was stated in detail in the last report, and the key actions are review of all patient deaths in the hospital, enhanced liaison between coders and the clinical teams, and ensuring a senior member of the team oversees completion of the death certificate.

Never events

There was 1 Never Event reported in August 2013 (a retained swab following vaginal delivery), which is under investigation.

Serious Incidents

There were 8 Serious Incidents reported on STEIS in August 2013. This includes the Never Event. There were 3 more unexpected admissions to SCBU reported initially but these were de-escalated as they did not meet the

criteria. The categories reported are: 3 Grade 3 hospital acquired pressure ulcers, 2 unexpected admissions to SCBU, 2 LAS Breaches and 1 retained swab following vaginal delivery (Never Event). All incidents are currently being investigated in line with Trust policy and are reported in more detail to the Trust Board via the Serious Incident Report.

This information will be presented in tabular format from next month in order to better demonstrate trends.

Medication errors

These will be reported via the Drug and Therapeutics Committee to the Integrated Governance Committee.

MRSA bacteraemia (MRSAb) – hospital acquired infections

There were no cases of MRSA bacteraemia (MRSAb) in August 2013, bringing the year to date total to zero. The limit for the year is zero.

C. difficile – hospital acquired infections

There were no cases of *C. difficile* in August 2013, bringing the year to date total to eight. The limit for the year is 12 cases.

Same sex accommodation breaches

There have been no breaches in August 2013 and none year to date.

Formal complaints

There were 75 formal complaints in the two month period July & August 2013, respectively. This compares with 53 formal complaints received in the same two month period in 2012, an increase of 22 cases. The table below provides a breakdown of the complaints by main issue for the five month period April – August 2013.

Complaints Categories	Apr 13	May 13	June 13	July 13	August 13
Admission, transfer and discharge arrangements	2	1	1	1	2
Delay or cancellation of an inpatient appointment	1	0	1	0	1
Delay or cancellation of outpatient	3	0	1	5	3
Attitude of staff	3	5	4	6	6
All aspects of clinical care	12	15	10	17	18
Communication to patients or relatives	2	3	1	6	5
Patient's property or expenses	1	0	0	0	0
Hotel services	0	1	2	4	0
Other	2	2	1	1	0
TOTAL	27	27	21	40	35

There is a worrying in numbers of complaints regarding 'all aspects of clinical care' which required further analysis. Further breakdown of these figures will be provided in future reports with plans around how these are being addressed.

CQUINs

Ref	Indicator	Units	May	Jun	Jul	Aug	13-14 YTD	Target
Friends and Family								
1	Friends and Family - A&E score	Value	20.0	51.3	45.0	63.2	53.8	-
2	Friends and Family - Inpatient score	Value	64.7	59.0	53.6	59.0	59.4	-
3	Friends and Family - Trust score	Value	61.2	56.5	49.8	61.0	57.4	-
4	Friends and Family - A&E response rate	%	0.7	5.5	11.3	17.6	7.4	>=15
5	Friends and Family - Inpatient response rate	%	13.9	18.1	29.8	37.1	22.3	>=15
6	Friends and Family - Trust response rate	%	5.7	10.3	17.8	24.3	12.8	>=15
Dementia								
7	Dementia > 75 emergency Inpatients	Count	260	212	203	225	1131	-
8	Dementia Nurse screening %	%	90.0	89.2	90.1	89.3	90.2	>=90
9	Dementia - Doctor assessments	%	20.6	60.0	59.4	92.9	56.5	>=90
10	Dementia - Specialist referral	%	100.0	100.0	100.0	93.8	96.2	>=90
VTE								
11	VTE assessment	%	89.8	93.6	94.4	95.1	92.9	>=95
12	VTE - Root Cause Analysis		-	-	-	-	-	-
Clinic Letter Turnaround								
13	OP letters turnaround < 5 days	%	94.5	92.3	93.1	94.1	93.6	>=90
Length of Stay								
14	NWL CSU - LOS 0 days	%	25.2	24.8	29.5	28.7	26.9	>=34
15	NWL CSU - LOS 1 day	%	23.0	23.1	22.7	23.4	22.8	>=26
16	NWL CSU - LOS 2 days	%	10.6	10.5	9.0	9.4	9.9	<=9
17	NWL CSU - LOS 3 days	%	7.7	7.1	6.2	6.4	6.7	<=8
18	NWL CSU - LOS 4 days or more	%	33.5	34.4	32.7	32.1	33.8	<=23
19	NWL CSU - Number of spells	Count	1156	1107	1151	1081	5647	-

For 2013/14 there are 12 CQUINs as outlined below.

National

- Friends and Family Test** – as a minimum 15% compliance is expected as a combined entity across inpatients and A&E.

The Friends and Family Test involves asking all adult inpatients and A&E attendances, on discharge, if they would recommend the hospital to their family and friends. The respondent has six possible responses and an opportunity to add free text to substantiate their answer.

In August the inpatient areas achieved a 37.1% return rate with A&E delivering a return rate of 17.6%. These are both much improved positions on the previous months and have led to a combined Trust wide score of 24.3% a 6.5% improvement on last month and above the required 15%. The plans in place continue to ensure ongoing sustained

improvements in response rates. Weekly ward level monitoring is in place with targets to be achieved.

The second indicator of this CQUIN is introducing questions to 4 touch points of the maternity pathway. A pilot is to be undertaken in September with a go live plan for October 1st.

The third indicator of this CQUIN relates to the staff attitude survey the results of which will not be available for some months. Internal surveys demonstrate that in Q1 in response to the statement 'If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust' 57.1% of the respondents agreed, 24.83% neither agreed or disagreed and 18.06% disagreed.

2. Safety Thermometer – reduction in pressure ulcers

The expectation of this CQUIN is a reduction in pressure ulcer prevalence based on last year's baseline of 5.01% to 2.75%. The data is captured from the safety thermometer data collection tool. This is a combination of hospital and community acquired pressure ulcers.

Although there is limited intervention that can affect the volume of community acquired pressure ulcers there is a robust plan in place to ensure a reduction in hospital acquired pressure ulcers.

Despite the following actions that are continuing with the aim of facilitating a reduction in hospital acquired pressure ulcers the Trust continues to report a high number of hospital acquired pressure ulcers. The achievement of this target is significantly at risk and unlikely to deliver.

- Harm Free Care Steering group to meet monthly jointly chaired by the Deputy Director of Nursing and Director of Quality Improvement
- Improve training compliance and report by ward to the Harm Free Care Steering Group

- Review of Mattress contract
- Root Cause Analysis to be completed in ten working days and presented to the Deputy Director of Nursing and Director of Quality Improvement
- Formal feedback to staff identified in investigation
- Revised comfort round chart has been implemented

3. Dementia Care – this is a continuation of the CQUIN from 2012/13

The target remains at 90% for each component. The August position was achieved for 2 out of the 3 indicators:

- a. 89.3% of qualifying patients (225) have been asked the screening question
- b. 92.9% of qualifying patients (28) have been assessed by a doctor
i.e. 26 patients were assessed
- c. 93.8% of qualifying patients (16) have been referred for specialist diagnosis i.e. 15 patients were referred

Daily patient identifiable lists, by consultant, are circulated to facilitate the identification of those patients eligible for screening and subsequent assessment.

The Darzi Fellow and Senior Nurse in the OPAL service are working together to improve the capturing of the data.

A carer's support group is starting in September and that forum will be used to gain feedback from carers.

4. VTE The target this year is 95% with a requirement for root cause analysis to be undertaken for hospital acquired VTEs.

The August compliance was met at 95.08%.

The divisional position for August was Women's and Children 95.71%, Surgery 94.8%, Medicine 95.06%. Daily lists continue to be sent to the Consultants and Managers to enable a proactive approach to assessment. This month based on clinical feedback there has been a revision to the time these reports are sent out. They are now circulated earlier in the

morning to enable Consultants to review prior to either specialty meetings or board rounds with a second one being sent out early afternoon for managers to check any outstanding assessments.

Regional and Local

5. Implementation of 'Coordinate my Care'

Coordinate my Care is a web based care plan for end of life patients. It is a clinical service that coordinates care, giving patients choice and improved quality of life. The benefits to patients are:

- Empowers patient choice
- No need to repeat information when seeing a new nurse/doctor
- 24/7 access to live information improves communication and coordination of care across all sectors
- More appropriate response to crisis calls has the potential to reduce inappropriate hospital admissions and LAS transfers

Two staff have been identified and trained to carry out the training which started in August. Priority is being given to those staff that care for patients who have COPD and/or Heart Failure. The number of staff trained will be reported weekly from October 1st 2013.

6. Secondary Care Quality Standards - Ensure adequate Consultant cover at weekends in Medicine, Surgery and Paediatrics including therapy provision.

Surgery is now compliant 60% of the time with this standard. 3 out of 5 of the surgeons carrying out a ward round on a Saturday afternoon as agreed with the commissioners. There is an action plan in place to achieve 100% compliance.

Current provision for therapy staff now includes Saturday cover with a priority order of 1. A&E, 2. AMU 3. General ward areas. The plan is to recruit further staff to ensure cover on Sundays from Q4 onwards. An action plan is being developed during Q2 to ensure compliance.

7. To participate in the integration and development of a 'Diagnostics cloud' for the sharing of results and reports across multiple providers.

A detailed action plan is in place and full compliance is expected.

8. System One in ED and AMU – this will enable access to 'read only' GP records. **For ED implementation** –

A detailed action plan is in place and full compliance is expected.

9. Outpatient letters with forward patient care plans – this is in line with the national quality standards of 5 day turnaround.

The August position for this target was 94.1% against a target of 90%.

In addition to the turnaround times an agreed template, (incorporating a forward patient care plan) must be in use from July 2013. Use of the templates commenced in July.

Monitoring by consultant continues to determine the volume of verified v unverified letters being sent to GPs.

10. Implement same day diagnostics: this is to support the early discharge of patients including weekends

Plan is in progress to deliver ultrasound service on Saturday and Sunday for 3 hours each as from 12th October. The division are finalising a business case to be submitted to Execs for approval.

11. Increase referrals to Community services (Single Point of Access)

The baseline for this has been set at 176 per month which is an average of April and May's performance. We are currently working to improve the process of referral to make it easier for staff to refer through the managed print service being developed. At present we need to continue at our current level of referral to achieve this CQUIN. The volume of referrals received by the Single Point of Access is dependant on information being sent from the commissioners. We have still not yet received any data on the volume of referrals for June, July or August. This is being actively requested by the Trust.

12. Reduction in LOS for non elective admissions

Progress against a reduction in the length of stay generally for the trust is poor. Measurement of length of stay for CQUIN is different to that done internally as part of demonstrating the expected improvement of the transformation programme; either way performance is not at the required levels.

- 1) Length of Stay 0 days = 28.7% (Target = > 34%)
- 2) Length of Stay 1 days = 23.4% (Target = > 26%)
- 3) Length of Stay 2 days = 9.4% (Target = < 9%)
- 4) Length of Stay 1 days = 6.4% (Target = < 8%)
- 5) Length of Stay 4 days or more = 32.1% (Target = < 23%)
- 6) Number of Spells = 5647 YTD

The Trust continues to only meet one out of 5 of these targets. A meeting is being arranged with the commissioners to discuss the appropriateness of these measures and to align them to the KPIs for the transformation work. However the efforts required to achieve the desired outcome are the same and further focussed attention is required which will be monitored via the Transformation Executive Review Group.

Operational Performance

Unscheduled Care

Indicator	units	12-13 Out turn	May-2013	Jun-2013	Jul-2013	Aug-2013	Target	13-14 YTD
Type 1 A&E 4-hour target	%	95.4	94.8	96.0	96.7	95.7	>=95	94.4
All types - 4-hour target	%	97.8	97.8	98.3	98.5	98.1	>=98	97.6
High risk TIA patients treated within 24 hours	%	95.7	91.7	100.0	100.0	100.0	>=90	95.2
Inpatient stroke unit standard	%	92.4	87.5	92.3	91.3	86.7	>=95	95.2

A&E Clinical Quality Indicators

Performance against both type 1 and all type A&E targets continued on an improvement trajectory with the third month of successful achievement.

1,656 patients were admitted through A&E in August with a conversion to admission rate of 36.05%, significantly below the 1,741 admitted in August 2012 with a 39.95% admission rate. Ambulance arrivals were marginally lower than the same period last year.

The department is currently achieving an average time from arrival to departure of under 3 hours.

Arrival to assessment times for ambulance arrivals are now 17 minutes at the 95th percentile (down from an average of 56 minutes in the preceding 12 months) and the department is working towards the achievement of the 15 minute target for this CQI in September.

Despite the progress, the risk around year end achievement of the four hour target remains with the trust yet to achieve the target year to date. The CCG have been advised that there is a risk around winter planning and whole health economy mitigations that need to be in place to support the trust. Additionally transformation work within the trust still needs embedding to secure the changes needed.

The SystemOne rollout is on schedule for the achievement of the CQUIN target.

Stroke

The target failed was the locally agreed target set by North West London Cardiovascular and Stroke Network. This target is 95% of patients spend 100% of their time on the Stroke Unit.

There were 2 breaches this month. The first patient followed the correct pathway on his initial admission in June but once he was repatriated to WMUH he chose to leave before a full assessment was completed. He subsequently was re-admitted within 2 days and was admitted to AMU prior to coming to the Stroke Unit. This resulted in a stay of less than 100% for his second admission. This is a very unusual case.

The second breach was due to patient not being transferred directly to the Stroke Unit following a stroke being diagnosed on a CT Scan. This patient should have been moved to the Stroke Unit earlier in the pathway. In order to try and improve performance in these situations regular teaching is completed by both the Stroke Consultant and the Stroke Specialist Nurse. Three sessions have been completed in the month of August for FY1, FY2 and Registrars and there are regular ongoing teaching sessions through the year. Information has also been provided to the Site team on the correct pathway for suspected strokes as well as the team being available to discuss any queries teams may have.

The nationally agreed target of 80% of Stroke patients spending 90% of their time on a Stroke Unit was met.

TIA

The locally agreed target for TIA was achieved at 100%.

Scheduled Care

Indicator	units	12-13 Out turn	May-2013	Jun-2013	Jul-2013	Aug-2013	Target	13-14 YTD
2 Week Wait for suspected cancer	%	94.3	93.9	95.1	95.7	93.0	>=93	93.9
2 Week Wait for Breast Symptoms (cancer not initially suspected)	%	97.8	97.1	93.5	97.1	100.0	>=93	96.2
31 Day First Treatment (from Decision to Treat)	%	99.8	100.0	100.0	100.0	100.0	>=96	100.0
31 Day second or subsequent Treatment (from Decision to Treat) - Surgery	%	100.0	100.0	100.0	100.0	100.0	>=94	100.0
31 Day second or subsequent Treatment (from Decision to Treat) - Drug Treatment	%	100.0	100.0	100.0	100.0	100.0	>=98	100.0
62 Day Standard (Classic) - urgent GP/GDP referral to first definitive treatment	%	86.3	85.0	89.7	78.9	92.0	>=85	84.3
62 Day Screening - from referral from an NHS screening service to first definitive treatment	%	73.7	50.0	60.0	100.0	0.0	>=90	60.0
62 Day Standard Consultant Upgrade - from date of upgrade to first definitive treatment	%	90.4	0.0	100.0	88.9	75.0	>=85	77.8
RTT Admitted Performance	%	97.0	96.7	97.4	95.9	96.3	>=90	96.4
RTT Non - Admitted Performance	%	97.7	98.3	98.0	97.0	98.1	>=95	97.7
RTT incomplete pathway period performance	%	96.0	95.5	95.7	95.0	96.3	>=92	95.5
RTT Waits over 52 weeks	Count	8	1	0	0	0	0	2
Diagnostic Test Waiting Times	%	100.0	100.0	100.0	100.0	100.0	>=99	100.0

[Note: August position is unvalidated]

In August 2013 the Trust is passing six of the cancer standards, but failing two, the 62 day screening (0%, target 90%) standard and the 62 day consultant upgrade (75%, target 85%). There was only one patient treated on the 62 day screening pathway in August and they breached the standard (shared breach 0.5). This was due to patient choice with the patient choosing to go on holiday for a number of weeks prior to treatment. With regards to the 62 day Consultant Upgrade standard three patients were treated in August (1 fully WMUH and 2 shared). Of these one shared patient breached the standard (0.5 breach) this was a Urology patient and their treatment was delayed due to lack of surgical capacity at Imperial. Meetings have been held with Imperial and an additional Urology consultant and CNS have been recruited at Imperial to improve the service's capacity. A more detailed service improvement piece of work has also been initiated involving Imperial, Hillingdon, Chelsea & Westminster and the commissioners to review the Urology pathways. Due to the low compliance with the 62 day screening standard in August (0%) we will be unable to pass the standard for Quarter 2.

Table 1: 18 weeks Referral to Treatment (specialty level)

Monthly 18wk RTT Submission	Performance			Median	
	Admitted	NonAdmtd	Incomplete Pathways		
Aug-13					
<i>Tolerances</i>	90.0%	95.0%	92%	7.2	vs Last month
General Surgery	94.0%	98.0%	95.6%	5.9	↑
Urology	92.9%	97.9%	96.2%	4.8	↑
Trauma & Orthopaedics	98.9%	96.0%	93.0%	6.4	↓
Ear, Nose & Throat (ENT)	96.1%	98.4%	95.6%	5.8	↑
Ophthalmology				-	↔
Oral Surgery	90.6%	96.4%	95.6%	6.8	↓
Neurosurgery				-	↔
Plastic Surgery		100.0%	97.5%	5.8	↓
Cardiothoracic Surgery			100.0%	-	↔
General Medicine	92.0%	99.4%	96.5%	4.6	↓
Gastroenterology	98.3%	97.3%	97.7%	5.2	↓
Cardiology		100.0%	99.7%	4.9	↓
Dermatology		95.2%	97.7%	4.5	↑
Thoracic Medicine	100.0%	97.4%	91.1%	7.7	↓
Neurology		98.9%	98.9%	4.6	↑
Rheumatology		100.0%	99.6%	3.3	↑
Geriatric Medicine		98.5%	98.4%	4.9	↑
Gynaecology	96.7%	100.0%	96.2%	4.8	↑
Other	96.5%	97.9%	97.8%	5.4	↑
Total	96.28%	98.09%	96.33%	5.4	↑

The Trust met the admitted pathway treating 96.28% of patients within 18 weeks, the target being 90%. All specialties passed this standard. The Trust met the non-admitted pathway overall with 98.09% of patients being treated within 18 weeks, the target being 95%. All specialties passed this standard. The Trust met the incomplete pathway overall with 96.33% of patients on incomplete pathways having waited less than 18 weeks, target being 92%. However Thoracic Medicine narrowly failed this standard the main reason for this is the long waiting time for sleep study follow up appointments, where patients are given their results. The Medicine Division's management team is looking to move to a telephone based follow up for sleep study patients whose results are normal, this should help to resolve this issue.

Performance Improvement

Indicator	units	12-13 Outturn	May-2013	Jun-2013	Jul-2013	Aug-2013	Target	13-14 YTD
Adult ALOS (less stays >20 days)	Value	2.7	2.9	2.9	2.9	2.6	<=2.2	2.9
Adult stays >20 days - % of all beddays	%	18.9	17.4	18.2	17.4	18.2	<=20.3	18.0
Delayed Transfers of Care - Bed days	Count	1915	83	223	195	261	-	946

There has been a slight reduction in the length of stay in August. The transformation programme is starting to demonstrate process improvements but focus is now required on sustaining and continuing progress. A fuller report on length of stay will be included as a separate trust board paper in October. A recent report benchmarking the trust against peer organisations suggests that WMUH is better than some in terms of length of stay and this will be analysed further in the more detailed piece of work.

Maternity Indicators

The KPIs below represent the latest position for the key areas of delivery.

	12-13 Outturn	May-13	Jun-13	Jul-13	Aug-13	13-14 Target	13-14 YTD
% Early Access (NWL)	96.3%	98.1%	97.8%	98.5%	98.2%	>=90%	98.1%
% Elective/Scheduled Caesarian	11.1%	9.3%	8.5%	11.6%	10.8%	<12%	9.8%
% Emergency/Urgent Caesarian	15.2%	14.5%	16.9%	15.7%	15.1%	<12%	15.6%
% Breastfeeding at 10 days	61.3%	62.3%	58.7%	39.6%	55.6%	>=60%	56.0%
Midwife/birth ratio	38	37	37	37	37	37	37
% 1:1 care in labour	92.5%	91.0%	91.8%	92.3%	92.0%	>=90%	92.0%

All areas suggest an improving trend of compliance against target. Trends continue to be monitored on a regular basis.

The service has not had a breastfeeding coordinator in post since July (this was de-commissioned by the CCG from April 2013) which suggests a lack of resource to support mother breastfeeding. This post will be filled from October so an improvement is anticipated over the coming months.

Workforce

Indicator	units	12-13 Out turn	May-2013	Jun-2013	Jul-2013	Aug-2013	Target	13-14 YTD
Appraisals completed in the last 12 months	%	85.2	82.8	81.8	82.3	78.4	>=90	78.4
Sickness & Absence	%	2.6	2.1	2.3	2.4	-	<=2.7	2.4
Mandatory training completed in last 12 months	%	83.8	85.6	87.0	88.8	90.0	>=82.7	90.0

The appraisal percentage rate for the month of August 2013 was 78%, which decrease by 4% when compared with the previous month. The total compliance rate is currently below the Trust target rate of 90%. The highest performer amongst the clinical divisions was Clinical Support Division with 86%, whilst the lowest compliance rate was seen in Surgical with 74%. Within the corporate divisions, Workforce & Development had the highest performance rate with 94% whilst Finance & Performance saw the lowest rate at 78%.

The total Trust sickness absence rate for August 2013 was 2%, which decreased by 0.5% when compared with the previous month. The total cumulative figure for the financial year to date April to August 2013 was 2.3%, both of which continue to remain under the Trust target rate (2.7%). Further analysis has identified that Nursing and Midwifery Registered staff group has seen an increase of 0.31%, when compared to the same time period last year, However Healthcare Scientists saw a significant reduction of 4%.

Mandatory training has improved for the Trust due mainly to the implementation of further e-learning packages. The Trust total combined mandatory training percentage rate was 90%, at the end of August. This figure remains above the target rate of 83%. The Infection Control training compliance rate for the Trust was 94% for August 2013, which increased by 2% against the previous month. Amongst the Clinical Divisions, Clinical Support Division had the highest compliance with 97%, whilst Surgical Division had the lowest with 89%. Within the Corporate Services, Department of Nursing & Midwifery managed to achieve 100% compliance rate, with Finance & Performance reported the lowest 94%. A zero tolerance approach to Infection Control is in place, which is overseen by the IPC team and supported by the HR Team (where appropriate). Letters have been sent to staff that are overdue with their training, and improvement in training levels is being seen as staff complete training online.

Fire Training compliance was 88%, an increase of 2% when compared with the previous month. Clinical Support Division had the highest compliance rate amongst the Clinical Divisions with 92%, with Surgical Division reporting the lowest compliance at 85%.

Summary financial Position

The month 5 position is a £58k surplus which is £33k below the planned surplus of £91k. The cumulative position is a £268k surplus, which is £76k below planned levels. The year to date position reflects higher than expected usage of escalation beds, as well as high consumable costs in Theatres, pathology tests from Imperial and drug costs across the Trust.

The income position is based on the Trust receiving transitional support of £7.6m for year (£625k per month). Currently, local commissioners have agreed that they will fund £2.9m.

There is an in-month adverse variance of £217k against pay budgets due to nursing costs within Medical and Surgical escalation (£42k); Medical budgets for Respiratory, Obs & Gynae and Paediatrics are in total £46k as a result of gaps in their rotas and sickness. The non-pay budgets are also showing an in-month adverse variance of £67k, due to overspends in Theatres and Maternity. Funding of £500k has been added in to Pathology budgets, of which £208k was put in month 5.

The month 5 income position is showing an over performance of £251k due to high levels of accident and emergency and emergency inpatient activity.

The CIP target for this year is £6.4m; Temporary Staffing (£1.6m), Transformation delivery (£2.7m) and Divisional Efficiencies (£2.1m). There is a cumulative shortfall of £520k, mainly against the schemes associated with escalation beds and temporary staffing.

The capital plan for the year is £5.4m, this includes £310k of external PDC funding for Maternity and Dementia. Capital spend to date is £1.1m. The cash balance at month end is £2.0m which is £1.4m below plan mainly due to not receiving transitional support. The Public Sector Payment Policy (PSPP) is 93% on volume and 96% against value of invoices paid in August.

Trust Financial Dashboard

		Annual	In Month			Year to Date			Year end
		Plan	Plan	Actual	Variance	Plan	Actual	Variance	Forecast
Income	£'000	156,105	12,929	13,180	251	64,213	66,115	1,902	160,042
Pay	£'000	(94,037)	(7,697)	(7,914)	(217)	(38,203)	(39,253)	(1,050)	(94,495)
Non-pay	£'000	(61,668)	(5,141)	(5,208)	(67)	(25,666)	(26,594)	(928)	(65,147)
I&E Surplus / (Deficit)	£'000	400	91	58	(33)	344	268	(76)	400
EBITDA	%	8.0%	8.6%	8.1%	-0.5%	8.4%	8.0%	-0.5%	7.8%
Monitor Risk Rating				2			2		2
CIP	£'000	6,437	536	526	(9)	2,251	1,731	(520)	6,437
Capital	£'000	5,410	450	331	119	2,254	1,106	1,148	5,410
Cash Balance	£'000	2,236				3,400	1,950	(1,450)	2,236
BPPC - Volume	%	95%	95%	93%	(2%)	95%	92%	(3%)	95%
BPPC - Value	%	95%	95%	96%	1%	95%	96%	1%	95%

Highlights

- I&E position £58k surplus in month and £268k cumulative surplus
- CIP in-month adverse variance of £9k and cumulative variance of £520k
- Cash balance of £2.0m
- PSPP for invoices is 92% on volume and 96% year-to-date

Monitor Scorecard

Financial Criteria	Weight (%)	Metric to be scored	Plan		Year-to-Date		Year End Position	
			Plan	Rating	YTD	Rating	Forecast	Rating
Achievement of Plan	10	EBITDA achieved (% of plan)	100%	5	97%	4	100%	4
Underlying Performance	25	EBITDA margin (%)	8.23%	3	8.00%	3	7.83%	3
Financial Efficiency	20	Return on Assets - excluding dividend (%)	4.18%	3	4.89%	3	4.18%	3
	20	I&E surplus margin net of dividend (%)	0.26%	2	0.41%	2	0.25%	2
Liquidity	25	Liquidity Ratio (days)	-9	1	-6	1	-6	1
Weighted Average Score				2.5		2.4		2.4
Overall Score				2		2		2

Note: If financial efficiency score is one, then the overall rating is automatically one also.

Financial Criteria	Metric to be scored	Rating Categories				
		5	4	3	2	1
Achievement of Plan	EBITDA achieved (% of plan)	100	85	70	50	<50
Underlying Performance	EBITDA margin (%)	11	9	5	1	<1
Financial Efficiency	Return on Assets (excluding dividend %)	6	5	3	(2)	<(2)
	I&E surplus margin net of dividend (%)	3	2	1	(2)	<(2)
Liquidity	Liquidity Ratio (days)	35	25	15	10	<10

Finance Risk Rating	Rating 5	Lowest Risk - no regulatory concerns
	Rating 4	No regulatory concerns
	Rating 3	Regulatory concerns in one or more components.
	Rating 2	Significant Risk
	Rating 1	Highest Risk

Monitor Financial Risk Rating

This scorecard has been designed by Monitor to assess financial risk of Foundation Trusts, via assessing four key indicators to highlight areas of financial risks. The Trust’s overall score of 2 for the forecast and year-to date position represents a significant financial risk. Based on the calculation criteria the fact that the Trust has scored a 1 on the liquidity indicator means that 2 is the maximum score that can be achieved. From October, the performance measurement of Foundation Trusts is changing to “Continuity of Service”. Further information will be provided in the next report.

Achievement of Plan

The financial plan is to achieve a £0.4m surplus and the Trust is under-achieving against this target cumulatively, hence a score of 4. The forecast position is to achieve the £0.4m hence a forecast score of 5.

Underlying Performance

The year-to-date score of 3 is due to a positive EBITDA (Earnings before interest, tax, depreciation and amortisation) margin.

Financial Efficiency

The year-to-date surplus means that the Return on Assets is 4.87%, hence a score of 3. The Trust is forecasting achievement of £0.4m surplus so the score is expected to be 3 at year end.

Compared to last year, the forecast I&E surplus margin indicator has reduced to 2, due a lower planned surplus (£0.4m) this year. The low score also reflects the Trust’s high level of finance charges for the PFI (£4.0m) and the Department of Health loan (£0.8m).

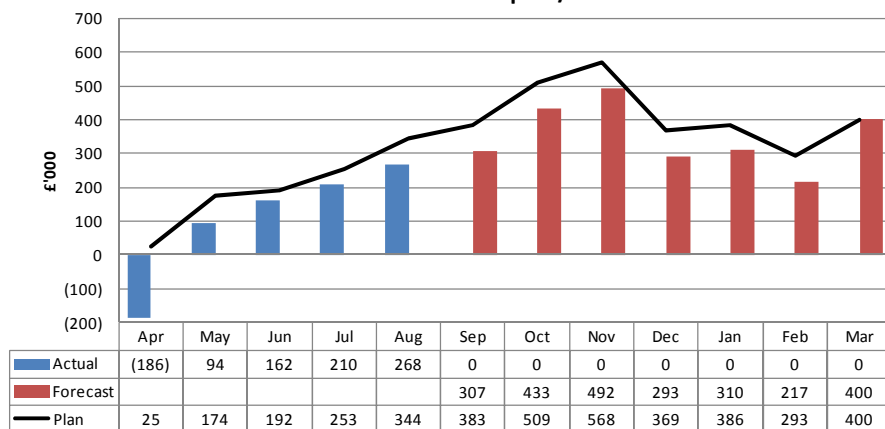
Liquidity Ratio

Similar to last year, the forecast and year-to-date score of 1 reflects our low working capital days.

Income and Expenditure Performance

	In Month			Year-to-date			Forecast		
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
Operating Revenue									
NHS Clinical Income	11,861	11,921	61	58,070	59,438	1,368	143,266	146,761	3,495
Other Income	1,067	1,258	191	6,138	6,671	533	12,825	13,267	442
Total Operating Revenue	12,927	13,179	252	64,208	66,109	1,901	156,091	160,028	3,937
Operating Expenses									
Pay	(7,697)	(7,914)	(217)	(38,203)	(39,253)	(1,050)	(94,037)	(94,495)	(458)
Non-Pay	(4,122)	(4,201)	(80)	(20,592)	(21,582)	(990)	(49,516)	(52,995)	(3,479)
Total Operating Expenses	(11,818)	(12,115)	(297)	(58,796)	(60,835)	(2,040)	(143,553)	(147,490)	(3,937)
EBITDA	1,109	1,064	(45)	5,412	5,274	(138)	12,538	12,538	(0)
Depreciation	(446)	(446)	0	(2,232)	(2,232)	0	(5,357)	(5,357)	0
PDC Dividend	(141)	(141)	(0)	(703)	(703)	(0)	(1,688)	(1,688)	0
Interest Payable on Loan	(68)	(68)	0	(342)	(342)	0	(820)	(820)	0
Interest Payable on PFI	(356)	(344)	12	(1,758)	(1,700)	58	(4,193)	(4,193)	0
Interest Payable on Finance Leases	(8)	(7)	1	(39)	(35)	4	(94)	(94)	0
Other finance cost	0	0	0	0	0	0	0	0	0
Interest Receivable	1	1	(0)	6	6	0	14	14	0
Surplus / (Deficit)	91	58	(33)	344	268	(76)	400	400	(0)

Profile of Cumulative Surplus / Deficit



Income and Expenditure

The position for August is an in-month surplus of £58k, which is £33k below planned levels. This is made up of a favourable income variance of £252k and an adverse expenditure variance of £285k. The adverse expenditure variance is mainly due to escalation beds, pathology tests from Imperial and theatres consumables. The cumulative surplus is £268k, which is £76k below planned levels. The income position is reflective of the Trust receiving the full transitional support of £7.6m for year (£625k per month) and funding for the cost of the transaction incurred to date. £2.9m of transitional support has been agreed by Hounslow CCG.

Income

This month's clinical income is over recovered by £61k, leading to a cumulative over recovery of £1,368k. This is due to high levels of emergency activity, in particular A&E attendances and non-elective spells.

Pay

There is a £217k overspend on pay this month, leading to a cumulative overspend of £1.1m. This is due to continued usage of escalation beds in Medicine and Surgery, which cost a total of £42k in month and £592k cumulatively. Paediatrics, Obs & Gynae and Respiratory Medicine are £46k overspent in the month and £226k cumulatively. This is due to gaps in rota. Kew ward is £27k overspent in the month and 66k cumulatively. This is due to the continued use of one-to-one care.

Non-pay

Overall there is a £67k overspend on non-pay this month, leading to a cumulative overspend of £928k. The main change this month is that £208k budget (full year £500k was added in to pathology for imperial tests), this meant pathology was under spent by 94k in the month, but 217k overspent cumulatively.

Pay Expenditure

Staff Group	In Month						Year-to-date			Aug-12	
	Budget	Substantive	Bank	Agency	Total	Variance	Budget	Actuals	Variance	Bank	Agency
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Medical											
Consultant	1,243	1,156	26	4	1,187	56	6,012	5,892	120	26	4
Other	1,318	1,253	105	58	1,416	(98)	6,619	6,965	(346)	105	58
MEDICAL TOTAL	2,561	2,410	131	62	2,602	(42)	12,631	12,857	(226)	131	62
Nursing & Midwifery											
Trained	2,726	2,433	271	119	2,824	(98)	13,754	14,299	(546)	271	119
Untrained	494	426	142	13	581	(87)	2,450	2,807	(356)	142	13
NURSING & MIDWIFERY TOTAL	3,220	2,859	413	132	3,404	(185)	16,204	17,106	(902)	413	132
AHP											
Allied Health Professional	276	243	5	18	266	10	1,385	1,326	60	5	18
PTB	362	342	3	4	349	13	1,728	1,661	67	3	4
Pharmacists	100	96	0	0	96	4	530	501	28	0	0
AHP TOTAL	737	680	8	22	710	27	3,643	3,488	155	8	22
Other											
A&C, Senior Managers & Others	1,180	1,050	48	99	1,198	(18)	5,726	5,803	(77)	48	99
OTHER - TOTAL	1,180	1,050	48	99	1,198	(18)	5,726	5,803	(77)	48	99
Grand Total	7,697	7,000	600	315	7,915	(218)	38,203	39,254	(1,050)	600	315

Pay WTE

Staff Group	In Month Totals			Staffing Split in Month			
	Budget	Actuals	Variance	Substantive	Bank	Agency	Total
	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Medical							
Consultant	110.90	109.50	1.40	105.90	3.30	0.30	109.50
Other	251.55	261.00	-9.45	241.17	14.29	5.54	261.00
Sub-total	362.45	370.50	-8.05	347.07	17.59	5.84	370.50
Nursing & Midwifery							
Trained	720.71	739.52	-18.81	640.49	73.84	25.19	739.52
Untrained	222.73	256.54	-33.81	194.21	57.48	4.85	256.54
Sub-total	943.44	996.06	-52.62	834.70	131.32	30.04	996.06
Technical							
Allied Health Professional	69.36	65.74	3.62	61.64	1.41	2.69	65.74
PTB	104.72	96.38	8.34	93.73	0.61	2.04	96.38
Pharmacists	23.18	23.42	-0.24	23.42	0.00	0.00	23.42
Sub-total	197.26	185.54	11.72	178.79	2.02	4.73	185.54
Other							
A&C & Others	365.12	367.52	-2.40	334.35	21.74	11.43	367.52
Sub-total	365.12	367.52	-2.40	334.35	21.74	11.43	367.52
Grand Total	1,868.27	1,919.62	-51.35	1,694.91	172.67	52.04	1,919.62

Pay Expenditure

The pay overspend of £218k has improved against last month due to a continuing reduction in the use of escalation beds. The cumulative overspend is £1.1m.

The main variances are in the following areas:

- Nursing – This month medical and surgical escalation beds remained open, resulting in an overspend of £42k in month and £509k cumulatively. In Medicine and Surgery the wards are also overspent by £101k - much of this has been due to high levels of 1:1 required on the wards.
- Medical – The obstetrics and gynaecology medical budget is £26k overspent this month, due to locum staff usage for vacancies and sickness. In addition, paediatric medical staff is overspent by £15k this month, due to locum staff usage for managing rota gaps and sickness.

Pay WTE

The Trust is over by 51wte in month 5, despite a significant decrease in Escalation in August. The reasons for this include:

- Nursing - 19 wte's were used to provide 1:1 care across the Trust and 10 wte's used to cover Escalation in Medicine and Surgery. The remaining overspend is to cover short term sickness and vacancies.
- Medical – Additional staff used to cover gaps in rotas in Obstetrics & Gynaecology, Paediatric and Respiratory Medical. There was also 2 wte agency used to cover SHO vacancies in General Surgery.

Non Pay

Non-Pay Description	Annual Plan	Budget In Month	Actual In Month	Variance In Month	Budget To-date	Actual To-date	Variance To-date
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Services from NHS bodies	4,208	526	393	133	1,754	1,805	(51)
Healthcare from non NHS bodies	246	20	44	(24)	103	122	(19)
Drugs	9,663	879	866	13	4,455	4,678	(223)
Supplies - Clinical	12,769	1,101	1,131	(30)	5,578	5,398	180
Non Clinical Supplies & Services	3,952	289	457	(168)	1,608	2,379	(771)
Establishment	996	75	105	(30)	414	496	(82)
Transport	233	19	9	10	97	130	(33)
Premises	9,250	772	743	29	3,890	3,905	(15)
CNST	3,294	291	291	0	1,456	1,457	(1)
Education & Training	291	33	31	2	141	137	4
Audit Fees (Internal & External)	190	(2)	(2)	0	79	80	(1)
Consultancy	3,980	107	112	(5)	948	953	(5)
Other	444	12	20	(8)	70	43	27
Total Non-Pay Costs	49,516	4,122	4,200	(78)	20,593	21,583	(990)

Note: All amounts are absolute values i.e no adjustments have been made to negate the impact of inflationary changes.

Non Pay

In August, the non-pay budgets are showing an overspend of £78k, leading to a cumulative overspend of £990k.

- Supplies (Clinical & Non-clinical) is showing an overspend of £198k in month and a cumulative overspend of £591k. The main reasons for the cumulative overspend include; Theatres non-pay, Pathology, Escalation and Maternity.
- Drugs – The drugs budgets have improved this month with a small underspend of £13k. The cumulative position, however, is an overspend of £223k. This overspend is mainly within Medicine (£136k) and women’s and children division (£49k)
- Services from NHS bodies show an in-month favourable variance of £133k and an adverse cumulative position of £51k. The in-month position is mainly as a result of funding an additional £208k in month (£500k full year) for pathology tests sent to imperial. This was to align the baselines of both organisations.

Income**Income by Point of Delivery**

Trust-wide Income £'000

Point of Delivery Description	Full Year Plan £'000	YTD Actual £'000	YTD Variance £'000	Forecast Income £'000	Forecast Variance £'000	2012-13 Outturn £000s
Accident and Emergency	6,315	3,017	386	7,270	955	7,143
Day Case	11,510	4,840	44	12,101	591	12,059
Elective	6,182	2,563	(13)	6,570	388	6,264
Elective Excess Bed Day	418	91	(84)	218	(200)	311
Non Elective	49,398	19,763	596	52,486	3,089	50,675
Non Elective Excess Bed Day	3,697	1,550	9	3,778	81	3,251
Outpatients	25,228	11,060	548	26,908	1,679	31,785
Critical Care - Adult	4,753	1,118	(862)	3,025	(1,728)	4,675
Critical Care - Non Adult	1,900	791	(1)	1,898	(1)	1,853
Rehabilitation	197	31	(51)	75	(122)	645
Drugs Exclusions	4,209	2,194	201	5,267	1,058	4,035
Direct Access	2,036	836	(12)	2,023	(13)	1,874
Other (RDA, PTS, CQUIN etc..)	13,654	5,636	310	14,146	492	5,476
Work In Progress	0	382	382	382	382	196
Other Income Clinical (including NCA)	13,768	5,570	(87)	10,600	(3,168)	5,928
Other Income Non-Clinical	12,838	6,674	537	13,281	442	18,037
TOTAL TRUST INCOME	156,105	66,115	1,902	160,028	3,924	154,206

Trust-wide Activity

Point of Delivery Description	Full Year Plan Activity	YTD Actual Activity	YTD Variance Activity	Forecast Activity	Forecast Variance Activity	2012-13 Outturn Activity
Accident and Emergency	47,569	23,005	3,184	52,878	5,309	56,020
Day Case	10,949	4,436	(126)	11,810	861	11,281
Elective	2,171	895	(10)	2,283	112	2,200
Elective Excess Bed Day	1,570	327	(327)	787	(783)	1,162
Non Elective	29,848	13,169	732	32,070	2,222	32,133
Non Elective Excess Bed Day	13,777	5,883	143	14,153	376	13,065
Outpatients	201,088	85,330	1,541	224,717	23,629	249,741
Critical Care - Adult	4,431	1,094	(752)	2,884	(1,547)	3,703
Critical Care - Non Adult	4,389	1,783	(46)	4,385	(4)	4,252
Rehabilitation	929	147	(240)	353	(576)	673

Income

At the end of August, the Trust is cumulatively £1.9m income plan, mainly due to over recovery of clinical income. This income position is reflective of the Trust receiving transitional support of £7.6m and funding for the transaction costs.

Clinical Income

Clinical Income is showing a favourable variance of £1.4m year to date; Non-elective spells and non-elective excess bed days continue to show an over performance of £596k and £9k respectively. A&E attendances continue to over perform against planned levels with a favourable variance of £386k or 3,184 attendances.

Outpatient activity shows a favourable variance with an over performance of 1,541 attendances producing £548k. Adult Critical Care activity is a major area of under recovery (£862k), mainly due to the change of currency – previous activity was invoiced on an occupied bed basis but this is now invoiced upon discharge. There are also fewer beds in use compared to last year. There is a corresponding increase in WIP income to allow for the delay in actual income received.

A&E activity is higher mainly because commissioner QIPP anticipated a significant reduction in A&E attendances as the expectation was that UCC would see more patients.

Non-Clinical Income

Non-clinical income is showing a favourable variance of £537k due to increased educational income compared to last year from Health Education England.

Income by CCG (Hounslow and Richmond)

Hounslow CCG SLA	Income £'000			Activity			£'000
	Full Year Plan	YTD Variance	Forecast Variance	Full Year Plan	YTD Variance	Forecast Variance	Last Year Outturn
Accident and Emergency	3,909	444	874	28,664	3,924	7,773	4,979
Day Case	5,981	280	858	6,724	151	564	7,466
Elective	4,242	(68)	84	1,438	(8)	66	4,253
Elective Excess Bed Day	218	(35)	(84)	815	(139)	(333)	168
Non Elective	32,217	1,168	3,470	20,918	392	1,304	35,706
Non Elective Excess Bed Day	2,401	82	193	8,902	406	972	2,159
Outpatients	14,745	536	1,369	134,737	2,881	6,125	21,455
Critical Care - Adult	3,214	(568)	(1,157)	3,017	(541)	(1,001)	2,945
Rehabilitation	67	(5)	(6)	317	0	0	0
Drugs Exclusions	2,190	126	303	0	0	0	2,667
Direct Access	1,367	(22)	(16)	0	0	0	1,350
Other (RDA, PTS, CQUIN etc..)	8,400	283	211	0	0	0	(277)
SLA Performance against Plan	78,952	2,222	6,100				82,871

Richmond CCG SLA	Income £'000			Activity			£'000
	Full Year Plan	YTD Variance	Forecast Variance	Full Year Plan	YTD Variance	Forecast Variance	Last Year Outturn
Accident and Emergency	1,464	(13)	(84)	11,327	(246)	(1,044)	1,333
Day Case	1,970	2	59	2,379	(118)	(229)	2,515
Elective	1,411	(56)	(60)	517	(12)	(1)	1,407
Elective Excess Bed Day	191	(51)	(122)	720	(195)	(468)	126
Non Elective	9,669	432	1,116	5,979	190	516	10,656
Non Elective Excess Bed Day	1,124	(170)	(407)	4,238	(624)	(1,497)	892
Outpatients	5,187	(118)	(212)	45,180	(1,582)	(3,755)	6,382
Critical Care - Adult	934	(90)	(159)	884	(35)	(34)	1,139
Rehabilitation	101	(38)	(92)	476	(181)	(435)	101
Drugs Exclusions	631	39	93	0	0	0	795
Direct Access	550	(3)	3	0	0	0	431
Other (RDA, PTS, CQUIN etc..)	2,437	23	93	0	0	0	1,675
SLA Performance against Plan	25,668	(43)	227				27,452

Hounslow CCG SLA

Against the Hounslow CCG SLA, the Trust is £2.2m above plan.

A&E activity is an area of significant over performance for the Hounslow CCG SLA with a favourable variance of £444k. This is due to NHS Hounslow assuming high UCC activity within their plans, which are not materialising. Non-elective spells is also showing a high level of over performance of £1.2m. Outpatients and day case activity is another area of over performance with a favourable variance of £536k and £280k respectively. The Trust is also experiencing an under recovery of Critical Care for Hounslow CCG patients. The Trust is forecasting £6.1m overperformance against the contract plan mainly in the areas stated above.

Richmond CCG SLA

Against the Richmond CCG SLA, the Trust is showing a small under recovery of £43k, however the Trust is forecasting a £227k over-performance at year end due to seasonality.

Richmond CCG SLA is showing high levels of over performance for non-elective spells. The main areas of underperformance are outpatients and excess bed days. This is partly due to changes in the charging of critical care.

Income by Other CCGs

Ealing CCG SLA	Income £'000			Activity			£'000
	Full Year Plan	YTD Variance	Forecast Variance	Full Year Plan	YTD Variance	Forecast Variance	
Accident and Emergency	594	(23)	(75)	4,793	(281)	(852)	523
Day Case	789	(20)	(32)	695	6	29	1,024
Elective	204	37	118	98	9	32	402
Elective Excess Bed Day	0	0	1	0	0	2	2
Non Elective	2,729	247	641	2,006	137	354	3,012
Non Elective Excess Bed Day	108	32	75	414	132	313	155
Outpatients	1,332	127	318	11,978	752	1,850	2,388
Critical Care - Adult	474	(158)	(370)	417	(138)	(321)	367
Rehabilitation	29	(8)	(24)	136	(36)	(112)	42
Drugs Exclusions	216	(20)	(48)	0	0	0	302
Direct Access	112	(3)	(3)	0	0	0	88
Other (RDA, PTS, CQUIN etc..)	713	17	22	0	0	0	329
SLA Performance against Plan	7,298	229	624				8,633

Other Commissioning	Income £'000			Activity			£'000
	Full Year Plan	YTD Variance	Forecast Variance	Full Year Plan	YTD Variance	Forecast Variance	
Community Dermatology	149	(53)	0	0	0	0	636
Community GUM	1,396	(104)	0	0	0	0	1,196
Remaining PCT SLAs	4,333	(153)	0	0	0	0	5,239
Critical Care - Non Adult	1,900	(1)	0	4,389	(46)	0	1,853
HIV Contract	2,347	138	0	0	0	0	2,192
Total	10,124	(173)	0				11,116

Ealing CCG SLA

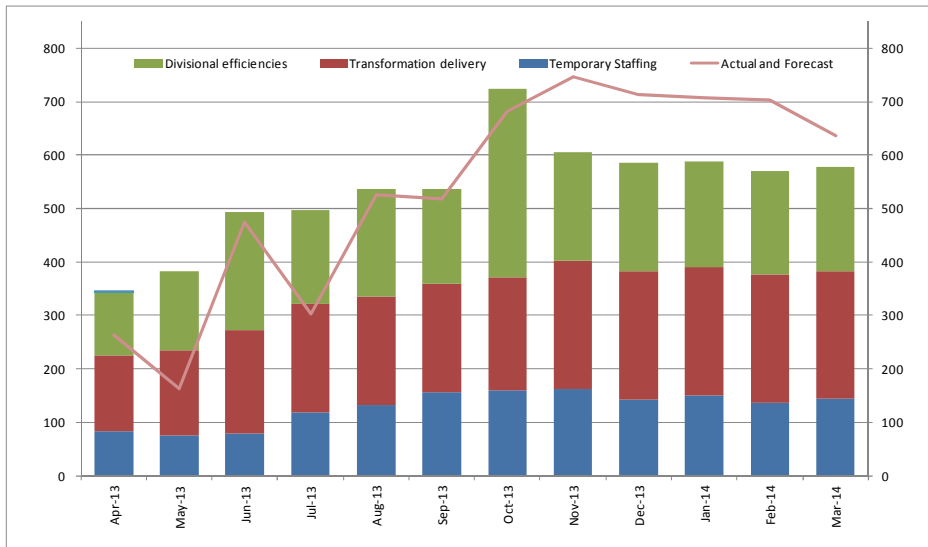
For this year, the Trust is £229k above plan against the Ealing CCG SLA. Similar to the Hounslow CCG SLA, the main area of over performance is non-elective spells.

The Trust is expecting forecast overperformance of £624k.

Other Commissioning

The remaining CCG SLAs are showing an under performance of £173k which is not expected to continue to year end.

Trust Cost Improvement Programme



	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Total
Plan	342	382	494	497	536	536	724	605	585	587	571	577	6,437
Actual	264	162	475	304	526	518	681	747	712	707	704	636	6,437

Type	Division / Directorate	Year-to-Date £'000			Forecast £'000		
		Plan	Actual	Variance	Plan	Actual	Variance
Recurrent	Medicine	665	24	(641)	1,604	880	(724)
	Surgery	305	234	(72)	814	694	(121)
	Women & Children	116	20	(96)	502	377	(125)
	Clinical Support	162	158	(4)	600	598	(2)
	Corporate Directorates	513	733	220	1,967	2,861	894
Sub-total		1,761	1,169	(592)	5,488	5,410	(77)
Non-Recurrent	Medicine	158	221	63	267	429	162
	Surgery	24	32	9	57	58	2
	Women & Children	116	116	-	162	162	-
	Clinical Support	168	139	(29)	405	189	(216)
	Corporate Directorates	25	54	29	58	188	130
Sub-total		491	563	72	949	1,027	78
Total		2,251	1,731	(520)	6,437	6,437	0

Trust Cost Improvement Programme

The CIP target for this year is £6.4m and there is a shortfall of £10k against August's target of £526k, leading to a cumulative shortfall of £520k. This is mainly due to shortfalls against the schemes associated with closure of escalation beds and temporary staffing.

The key areas of the Cost Improvement Plan are:

- Temporary Staffing (£1.6m) - currently £353k behind target mainly due to under achievement within the Medicine division and the Women's & Children's division.
- Transformation delivery (£2.5m) – £538k behind target mainly due to escalation beds remaining open.
- Divisional Efficiencies (£2.3m) – £371k above target.

The Divisional cost improvement plan achievement is as follows:

- Surgery – The division has under achieved by £63k against their year-to-date CIP target – mainly due to temporary staffing.
- Medicine – The division has continued to not meet their savings target with a year-to-date shortfall of £570k, mainly due to fluctuating escalation beds remaining open and not meeting their temporary staffing target.
- Women's & Children's – the division continues to under achieve by £96k against their cumulative CIP target, due to under recovery against their temporary staffing target.
- Clinical Support Services - The division is £33k underachieved against its CIP target mainly due to savings expected in pathology consumables.
- Corporate departments – Overall the target has been exceeded year-to-date by £250k, mainly due to CNST reductions not related to NHS level 3.

Clinical Divisions – Financial Performance

Monthly			Year-to-date		
Plan	Actual	Variance	Plan	Actual	Variance
£'000	£'000	£'000	£'000	£'000	£'000

Medicine Division	Pay	2,297	2,397	(100)	11,322	12,021	(699)
	Non-pay	872	905	(33)	4,345	4,595	(250)
	Income	(59)	(53)	(6)	(281)	(300)	18
	Total	3,110	3,249	(139)	15,385	16,316	(931)

Surgical Division	Pay	1,815	1,897	(82)	9,094	9,222	(128)
	Non-pay	569	583	(14)	2,808	3,000	(192)
	Income	(27)	(46)	19	(135)	(150)	15
	Total	2,357	2,433	(77)	11,768	12,073	(305)

Women & Childrens Division	Pay	1,651	1,704	(53)	8,231	8,460	(229)
	Non-pay	351	388	(36)	1,876	1,999	(122)
	Income	(8)	(8)	1	(75)	(74)	(1)
	Total	1,995	2,084	(89)	10,033	10,384	(352)

Clinical Support Division	Pay	1,166	1,168	(2)	5,774	5,790	(16)
	Non-pay	826	765	61	3,319	3,580	(261)
	Income	(29)	(18)	(11)	(145)	(115)	(30)
	Total	1,963	1,914	49	8,948	9,255	(307)

Medicine

The Medicine Division is showing an in-month overspend of £139k, leading to a cumulative over spend of £931k. Pay has an adverse cumulative variance of £699k, mainly due to overspend within escalation beds (£506k), A&E Nursing (£63k), Kew Ward (£66k) due to 1:1 care and respiratory medical (£53k) due to vacancies covered by locums. The cumulative non pay overspend of (£250k) is due to increase in drugs usage (£136k) and escalation (£57k) as this is unfunded.

Surgery

The Surgery Division is showing an in-month over spend of £77k leading to a cumulative overspend of £305k. Pay has a cumulative overspend of £128k mainly due to surgical escalation (£86k) and General surgery (£42k). Non-pay is £192k overspent cumulatively mainly due to the overspend in theatres non-pay (£156k).

Women's and Children's

The Women's and Children's Division is showing an in-month overspend of £89k and a cumulative over spend of £352k. The cumulative pay overspend is £229k and is mainly due to Obstetrics & Gynaecology (£97k) and Paediatrics (£76k), both mainly due to gaps in rota covered by agency. The cumulative non-pay overspend is £122k mainly due to the increase in consumables in the maternity unit (£61k) and Paediatric and Obstetric drugs (£52k).

Clinical Support

The Clinical Support division is showing an in-month underspend of (£49k). This is mainly because 5/12ths of £500k funding went in to pathology as a result of the imperial tests. The cumulative overspend of (£306k) is mainly driven by pathology pay (£30k) and pathology non-pay (£217k).

Corporate Divisions – Financial Performance

Monthly			Year-to-date		
Plan	Actual	Variance	Plan	Actual	Variance
£'000	£'000	£'000	£'000	£'000	£'000

Finance & Performance	Pay	335	326	9	1,540	1,510	30
	Non-pay	2,462	2,482	(19)	13,024	13,083	(59)
	Income	(30)	(45)	16	(149)	(186)	37
	Total	2,767	2,762	5	14,415	14,407	7

Workforce & Development	Pay	153	154	(1)	806	819	(13)
	Non-pay	44	52	(8)	207	236	(29)
	Income	(16)	(15)	(1)	(52)	(44)	(8)
	Total	181	191	(10)	960	1,010	(50)

Department of Nursing & Midwifery	Pay	96	87	9	500	482	18
	Non-pay	7	10	(3)	41	37	4
	Income	(6)	(8)	2	(26)	(26)	(1)
	Total	97	90	8	515	493	22

Corporate Affairs	Pay	184	182	2	936	950	(14)
	Non-pay	9	24	(14)	46	64	(19)
	Income	0	(3)	3	0	(3)	3
	Total	193	202	(9)	982	1,012	(30)

Corporate Divisions - I&E

The Corporate areas are £6k over spent this month and £50 cumulatively. The main reasons for the cumulative overspends are unmet CIPs for ward closure within finance and central pay savings within workforce and development.

Statement of Financial Position (SOPF)

	01-Apr-13	31-Aug-13	Movement	Year-End Forecast
	£000's	£000's	£000's	£000's
Non-Current Assets				
Plant, Property and Equipment	102,191	101,277	(914)	103,768
Intangible Assets	313	269	(44)	400
Trade & Other Receivables	0	0	0	0
Total Non-Current Assets	102,504	101,546	(958)	104,168
Current Assets				
Inventories	1,677	1,520	(157)	1,677
Trade & Other Receivables	6,910	13,007	6,097	6,910
Cash and Cash Equivalents	2,816	1,950	(866)	2,236
Total Current Assets	11,403	16,477	5,074	10,823
Current Liabilities				
Trade and Other Payables	(10,601)	(14,853)	(4,252)	(10,078)
DH Working Capital Loan	(15,300)	(15,300)	0	(15,300)
Borrowings	(1,008)	(948)	60	(1,036)
Provisions for liabilities & charges	(172)	(174)	(2)	(349)
Total Current Liabilities	(27,081)	(31,275)	(4,194)	(26,763)
Total Assets Less Current Liabilities	86,826	86,748	(78)	88,228
Non-Current Liabilities				
Borrowings	(38,798)	(38,452)	346	(37,831)
DH Working Capital Loan	0	0	0	0
Provisions for liabilities and charges	(494)	(494)	0	(402)
Total Non-Current Liabilities	(39,292)	(38,946)	346	(38,233)
Total Assets Employed	47,534	47,802	268	49,995
Taxpayers Equity				
Public Dividend Capital	21,362	21,362	(0)	21,672
Retained Earnings	(14,187)	(13,919)	268	(12,187)
Revaluation Reserve	40,359	40,359	0	40,510
Total Taxpayers' Equity	47,534	47,802	268	49,995

Statement of Financial Position (SOPF)

Non Current Assets

The Trust is planning £5.4m of capital expenditure in this financial year. £5.1m will be funded internally through depreciation and £310k is expected from the DH for Maternity (£210k) and Dementia (£100k). Initial opening balances in respect of the transfer of the Urgent Care Centre from the former Hounslow PCT to the Trust have been advised, and the net amount is £1,441m. The final opening balances will be advised by the DH on 27 September.

Current Assets & Liabilities

Outstanding receivables at the end of August are £13m. This is primarily made up of outstanding invoices raised, accruals for SLA (£2.2m), Open spells (£1.6m) and Transitional support (£0.8m), provision for RTA income (£1.3m) and pre-payments (£1.5m). Trade and Other payables of £14.8m include commitments of £1.0m of tax, £0.9m for National Insurance and £1.4m for superannuation. The remainder relates to trade payables, accruals, deferred income and provisions.

The DH Working Capital loan is all payable within one year (£15.3m).

Non current liabilities

The PFI liability is the largest finance lease commitment (£37.7m) with shorter term leases for MRI and PACS (£1.3m). Within the borrowings figure there is an amount for two Salix loans of £34k and £369k respectively. All these are split between current (£0.9m) and non-current assets (£38.4m) in the SOPF.

Taxpayers Equity

The movement for the year-to-date is to retained earnings in respect of the year-to-date Income & Expenditure surplus.

Cash Flow

	Aug '13	Sep '13	Oct '13	Nov '13	Dec '13	Jan '14	Total 13-14
Cash Balance b/f	1,490	1,950	1,090	2,919	4,270	4,496	2,816
RECEIPTS:							
NHS Income	13,056	10,743	12,847	12,354	11,236	11,236	144,227
Non NHS Income	734	545	1,155	1,170	1,163	1,143	10,537
DH Temporary PDC funding		2,000					2,000
TOTAL RECEIPTS	13,790	13,288	14,002	13,524	12,399	12,379	156,764
PAYMENTS:							
Payroll Costs	(7,415)	(7,364)	(7,593)	(7,593)	(7,593)	(7,593)	(88,186)
Creditor Payments	(5,795)	(5,952)	(4,000)	(4,000)	(4,000)	(4,000)	(60,796)
Capital Payments	(120)	(98)	(580)	(580)	(580)	(740)	(4,941)
PDC Dividends		(734)					(1,526)
DH Temporary PDC funding							(2,000)
TOTAL PAYMENTS	(13,330)	(14,148)	(12,173)	(12,173)	(12,173)	(12,333)	(157,344)
Balance c/f	1,950	1,090	2,919	4,270	4,496	4,542	2,236
Plan	3,400	2,945	2,941	2,823	2,975	2,678	2,236
Variance	(1,450)	(1,855)	(22)	1,447	1,521	1,864	(0)

Capital

Description	2013/14		In-month		Cumulative to date			2013/14
	Plan £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Forecast £000s
Medical Equipment	1,600	133	(38)	171	667	191	476	1,600
PFI LCF - General	912	76	156	(80)	380	383	(3)	912
ICT (including Pathology)	960	80	193	(113)	400	382	18	960
Estates & Facilities	1,164	97	20	77	485	150	335	1,164
Contingency	774	64	0	64	322	0	322	774
Total	5,410	450	331	119	2,254	1,106	1,148	5,410

Cash Flow

The Trust started the financial year with £2.8m cash holding. At the end of August the cash position is £2.0m. This was £1.4m lower than the planned £3.4m.

The main reason for this is because the Trust has not received all of its income from the newly formed CCG's including transitional support which is expected in the plan.

The Trust received temporary PDC of £2m from the DH in mid-September to support its cash position. This is technically due to be repaid 1st October 2013 but the Trust has advised the TDA it will not meet this repayment deadline. The TDA anticipates that the DH will extend temporary borrowing limits for distressed Trusts until permanent solutions have been confirmed. The cash flow opposite forecasts the £2m temporary PDC being repaid in March 2014.

The plan at the end of the financial year is to retain £2.2m cash assuming all transitional support and transaction costs have been paid.

Capital

Capital year to date spend is £1,106k. The Trust is currently behind schedule on planned capital spend, mainly on estates and facilities. This is a timing difference only. Total forecast 2013/14 capital is unchanged from the annual plan.

The key elements to the 2013/14 plan include:

- IT projects: PABX (£540k) and Win7 Upgrade (£186k).
- Medical equipment: Ultrasound (£240k) and Liverpool Radial Head Set (£159k)
- Facilities projects: PFI life cycle (£912k), QMMU Roof (£336k).

Better Payment Practice Code (trade invoices only)

	Invoices paid - Number	Value paid £'000	No. paid on time as % of total	Value paid on time as % of total
Full year 2012/13	35,440	58,856	88.7%	93.6%
Cumulative to date 2013/14	13,474	19,822	92.2%	95.5%
July 2013	3,622	5,142	93.0%	95.2%
August 2013	3,108	4,516	93.0%	96.0%
Change from last month	(514)	(626)	0.0%	0.8%

Payables

	NHS		Non-NHS		Total	Total last month	Change
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Not yet due	423	1,063	1,486	1,522	36		
Overdue by 0-30 days	442	180	622	60	(562)		
Overdue by 31-60 days	27	39	66	59	(7)		
Overdue by 61 - 90 days	42	8	50	17	(33)		
Overdue by 91 - 6 months	12	1	13	14	1		
Overdue by 6 months - 12 months	3	10	13	17	4		
Overdue by over 12 months	0	0	0	0	0		
Total	949	1,301	2,250	1,689	(561)		
Total last month	951	738	1,689				
(Increase) / Decrease	2	(563)	(561)				

Receivables

	NHS		Non-NHS		Total	Total last month	Change
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Not yet due	0	0	0	0	0		
Overdue by 0-30 days	2,475	177	2,652	2,697	45		
Overdue by 31-60 days	1,000	165	1,165	875	(290)		
Overdue by 61 - 90 days	648	93	741	136	(605)		
Overdue by 91 - 6 months	236	35	271	402	131		
Overdue by 6 months - 12 months	172	34	206	84	(122)		
Overdue by over 12 months	86	124	210	220	10		
Total	4,617	628	5,245	4,414	(831)		
Total last month	3,546	868	4,414				
(Increase) / Decrease	(1,071)	240	(831)				

Better Payment Practice Code (Trade invoices only)

The cumulative figures to the end of the August show that the BPPC target is being met on the value of invoices paid on time (95.5%), but not on the number of invoices paid on time (92.2%).

Delayed authorisation of agency invoices by the Divisions is the main reason for the target not being met. We should see this get better with the introduction of a new master vendor contract for our agency invoices.

Payables

Overdue payables at the end of August have increased by £597k and payables not yet due have decreased by 36k compared to the end of July.

As the Trust pays the majority of its invoices within 30 days, we would expect the number of invoices that are not yet due to be significant (£1,486k at the end of August).

Overdue NHS invoices at the end of August are £526k mainly relating to services from NHS organisations.

Non-NHS invoices that are overdue relate mainly to agency invoices and medical consumables.

Receivables

Outstanding receivables at the end of August have increased by £0.8m to £5.2m.

The total NHS outstanding debt is £4.6m. Total CCG debt is £3.6m including £1.5m for Hounslow CCG. Of the total CCG debt, £1.7m is for over and underperformance. PCT 12/13 debt is £154k. Imperial College Healthcare has £270k outstanding. £382k is for UCC recharges.

NHS Trust Development Authority Oversight and Escalation Process

From April this year, the NHS TDA has replaced the Single Operating Model (SOM) with two self certification documents for Boards to complete and submit on a monthly basis. These mirror the requirements of Monitor in relation to Board statements and the Compliance Framework.

Compliance is reviewed by the Executive Team on behalf of the Board. For the July return, the Trust has self certified compliance with the following Board statements.

1. The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.
2. The Board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.
3. The Board will ensure that the trust remains at all times compliant with the NTDA accountability framework and shows regard to the NHS Constitution at all times.
4. All current key risks to compliance with the NTDA's Accountability Framework have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues in a timely manner.
5. The Board has considered all likely future risks to compliance with the NTDA Accountability Framework and has reviewed appropriate evidence regarding the level of severity, likelihood of a breach occurring and the plans for mitigation of these risks to ensure continued compliance.
6. The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual operating plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.
7. An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements

that support the Statement pursuant to the most up to date guidance from HM Treasury (www.hm-treasury.gov.uk).

8. The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets as set out in the NTDA oversight model; and a commitment to comply with all known targets going forward.
9. The Trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.
10. The Board will ensure that the trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; and that all board positions are filled, or plans are in place to fill any vacancies.
11. The Board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.
12. The Board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual operating plan; and the management structure in place is adequate to deliver the annual operating plan.

The Trust has declared non compliance with one Board statement.

1. The Board is satisfied that the trust shall at all times remain a going concern, as defined by the most up to date accounting standards in force from time to time.

This is due to the long standing liquidity issue.

The Trust has declared a risk of compliance regarding one Board Statement

2. The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the TDA's oversight model (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the trust has, and will keep in place, effective

arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients..

The Trust noted an upward trend in mortality rates and has been undertaking an extensive review of hospital deaths to understand the key drivers and inform next steps. Both the NHS TDA and the local CCG are engaged in this work. The Board are kept regularly updated on mortality via the Trust Integrated Board Report with more detailed reports received via the Board Clinical Excellence Committee. Reported mortality rates for June 2013 indicate an improved HSMR of 85.2 and SHMI of 83.8. SHMI for July 2013 stands at 98.8. The Trust will continue to implement the action plan and report progress to the CCG and NHS TDA.

The Compliance Framework requires self certification against a number of the NHS Provider Licence Standard Conditions. The Trust has declared compliance with all these conditions.

1. G4. Fit and proper persons as Governors and Directors
2. G5. Having regard to Monitor guidance
3. G7. Registration with CQC
4. G8 Patient eligibility and selection criteria
5. P1 Recording of information
6. P2 Provision of information
7. P3. Assurance report on submissions to Monitor
8. P4. Compliance with national tariff

