Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

TRUST BOARD
30th June 2011

TITLE	**Compliance Framework and Trust Operational Performance**
EXECUTIVE SUMMARY	In May 2011 the Trust failed to achieve two of the key performance indicators (18 weeks RTT and its C Difficile trajectory). In the case of the RTT standard, failure to deliver in any single month results in a failure of the standard for the whole quarter. The Trust is currently predicting an amber green rating for the quarter. Risks in quarter 2 relate to continuing challenges in relation to trauma and orthopaedic RTT delivery, and more particularly compliance with the new A & E quality indicators. In addition, Monitor has completed its review of Q4 2010-11 submissions from NHS Foundation Trusts. The results of its Q4 monitoring exercise for Ashford and St Peter's are attached.
BOARD ASSURANCE (Risk) / IMPLICATIONS	Compliance is reflected in the Board Assurance Framework. BAF Risk 1.1 National targets and priorities.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	Patient expectations in terms of access are reflected in NHS performance targets.
EQUALITY AND DIVERSITY ISSUES	The Trust Operational Performance Report includes data quality on ethnic groups.
LEGAL ISSUES	Compliance with performance standards set by the regulator is part of the requirement for the authorisation of Foundation Trusts.
The Trust Board is asked to:	Note the report.
Submitted by:	Valerie Bartlett Deputy Chief Executive
Date:	23 June 2011
Decision:	For noting

Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

TRUST BOARD
30th June 2011

OPERATIONAL PERFORMANCE

MONITOR COMPLIANCE FRAMEWORK

1. EXECUTIVE SUMMARY

In May 2011, the Trust failed to achieve two of the key performance indicators (the 95th percentile standard for elective admissions and its C. Difficile trajectory) and is at risk during the quarter in relation to a further standard (A&E 4 hour wait). In the case of the standard for elective admissions, failure to deliver in April 2011 had already resulted in a failure of the standard for the whole quarter.

The action plan to recover this position for quarter 1 and quarter 2 is set out in summary form below. Based on actions already put in hand, the Trust expects to deliver the A&E and C Difficile standards for the quarter and be amber green. Should the Trust fail any other standard then its rating will drop to amber red.

2. RTT Admitted Pathway performance

The requirement is that in each reporting period (month) the time waited by patients treated should be such that 95% will have waited less than 23 weeks. This is a complicated measure and needs the Trust to daily monitor its performance as the numbers being booked into each month and the numbers actually admitted both change daily. One case that has waited a long time can significantly skew the performance of a Trust and the ideal is to work towards 100% of patients seen within 23 weeks in the first instance and then draw this down steadily to the 18 weeks constitutional commitment.

The Trust has three specialties which have not delivered the RRT admitted standard in quarter 1: Gynaecology, General Surgery and Trauma & Orthopaedics. General Surgery and Trauma & Orthopaedics also failed in April 2011 and the performance of the rest of the Trust's specialties was not sufficient to stop the Trust as a whole failing by nine cases and thus failing the quarter. In May 2011, the performance deteriorated (see Table below) but this was due to breaches being brought forward from July 2011 and formed part of a plan to clear a backlog of patients. In June 2011 the performance is predicted to be at around 25 weeks (currently 24.74 weeks)

	Median	**95th Percentile**
General Surgery	12.63	**32.96**
Urology	6.58	**16.70**
Trauma & Orthopaedics	12.85	**27.85**
Ear, Nose & Throat (ENT)	12.67	**21.55**
Ophthalmology	11.50	**19.18**
Oral Surgery	15.04	**19.05**
Gastroenterology	7.50	**14.35**
Cardiology	7.80	**14.88**
Gynaecology	9.56	**23.40**
Total	**11.10**	**27.55**

The shape of the waiting list moving forward remains a concern and would have seen quarter 2 at risk in July and August of the same performance problem. However action has been put in place to bring forwards cases into June 2011, removing the long tail on our waiting lists such that we are in a strong position in the rest of the financial year. This will see an increase in breaches of this standard in June as long waiters are brought in for treatment. During May gynaecology had a temporary problem with consultant availability which has been resolved and performance is expected to be back to under 23 weeks in June.

General Surgery have targeted an additional 97 cases that have needed to be treated in June in order to prevent any breaches in July. The Division has already found resolution for 91 cases and is reviewing the remaining 6 cases on a daily basis, with confidence that there are enough theatre sessions to undertake all apart from one case (where there are clinical reasons for surgery being in July). The learning from this review of waiting lists has been significant with new business rules introduced and new indicators and modelling tools also now being used within the Trust.

The issues faced by Trauma & Orthopaedics were similar to those faced by General Surgery but with fewer options for resolution in June. This is due to the highly specialised nature of the Trust's trauma and orthopaedics business. A high proportion of the cases due to be seen over 23 weeks are complex hip revisions on the list of one consultant. The Trust has succeeded in booking additional activity through the Runnymede, Epsom and also deferring cases (where this can be done without resulting in a breach) and laying on additional sessions to bring forward cases. However, this will not see Trauma & orthopaedics deliver the 23 week standard in July and August. The position of the other specialties is such however that the forecast overall Trust performance in quarter 2 is now low risk of failing this standard.

3. A&E performance

A&E performance is on target to deliver 95% for quarter 1 against the 2010-2011 measure and 3:59:00 as the 95th percentile for waiting times (has to be below 4 hours) under the 2011-2012 measure. The performance has improved from April 94.9% to 95.41% currently but is not at the 96% that the Trust set as a target for quarter 1, as a consequence of a dip in performance in the first two weeks of June.

There has been an improvement in performance as a direct result of a reduction in admissions but also executive action introducing a 30 day plan to accelerate discharges. This has already seen benefits in terms of increasing the number of days when discharges are greater than admissions, with the Trust bed state GREEN on five separate days. It is also over 30 days since the Trust has had to escalate into either endoscopy or recovery, and 25 days since it last escalated into the admissions lounge. The overall number of escalation beds open in the Trust has fallen from 70 in the peak of winter to 14.

Although May saw a distinct improvement in performance compared with March and April (including over the May bank holiday), June's dip in performance is of concern and can be attributed to four things, which are now the focus of attention:

- *Length of stay* (which is one day higher for non elective care than a year ago)
- *The closure of 29 escalation beds* and the non-use of a further 12 unsuitable beds (endoscopy etc) – these beds were unfunded but when removed in June have put pressure on the target
- *A&E flow* – there remains variability between the performance of clinical teams which leads to differing pace and performance within the A and E department
- *The level of discharges* on Friday 3rd June and 10th June.

The learning from the above is as follows:

- We need to drive length of stay down by an average of 1 day per patient stay for acute medicine. This is being taken forward (subject to business case) as part of a joint project with external

change consultants who have delivered significant length of stay reductions in Addenbrookes, Scarborough, West Middlesex and the Radcliffe as well as in the States and Europe

- We need to let performance settle before removing the next tranche of beds as each time we take beds out of the system we will see a temporary dip in performance as the system adjusts to the change in capacity
- We need to focus on improving systems and processes within A and E. The A&E flow project was formally launched on 12th June with its first Programme Board meeting, an agreed set of actions and clear deliverables. Detailed action plans are being worked up and the intention is to deliver a 30 calendar day performance improvement in A&E flow (which currently is the cause of 30% of the breaches of this standard)

The Trust has shown over the last six weeks it can deliver the A&E standard but that its delivery is still fragile and it only takes beds to be removed or a change in flow in A&E to see a dip in performance. In addition, during Q2 a broader range of performance measures for A and E are introduced with a move from one to five indicators, and a cessation of the tradition of including community activity. These factors together create a greater performance risk for the Trust, with a potential score of 2 possible if all indicators are failed.

Sustainable delivery of this standard and the new Q2 standards therefore remains a challenge, and our unscheduled care system remains subject to too much variability. This is now the focus of attention. All of these issues are being taken forwards within the Urgent Care Improvement Programme which has concentrated on discharge management and acute assessment capacity in its first 20 days and has now shifted its emphasis to A&E flow and admission avoidance.

4. C Difficile

The Trust achieves its Monitor Compliance Framework trajectory if it sees no more than 9 cases in each quarter identified as having C Difficile in hospital. As at 17th June we have had eight cases for the quarter thus far. There was a surge of 6 cases in May that saw additional action taken around antibiotic prescribing.

The root cause analysis clearly identified that the surge in May was attributable to use of antibiotics which also can give rise to C Difficile infection and the Trust has changed its prescribing policy. On that basis, it is confident of delivering both quarter 1 and the remaining quarters of 2011-2012.

5. Conclusion

The two main areas of operational performance that this report has focused on are RTT and A&E performance. Other areas (such as cancer, stroke, learning disability) currently represent no concern for quarter 1 or quarter 2 but are reviewed weekly at the Operational Performance Meeting chaired by the Deputy Chief Executive and attended by all Divisional General Managers. In addition, given the Trust's ambitions there has now been a further escalation of performance management systems with the introduction of daily PTL (Patient Target List) meetings for RTT and daily A and E breach meetings.

RTT is on target to deliver to the standard in quarter 2 but further work is required to develop a capacity plan for Trauma and Orthopaedics such that the Trust delivers this standard for all specialties.

A&E performance is fragile but delivering for quarter 1. Quarter 2 performance is reliant on the delivery of a significant programme of change both within the A and E department and across the whole hospital system for unscheduled care.

Removing escalation beds has been important in order to bring Divisions back towards a balanced financial run rate and further length of stay reduction is needed to ensure the Trust can keep escalation beds closed over the winter.

In conclusion, the Trust continues to be amber green for performance. Some risks (particularly in terms of RTT and C. difficile) are being reduced and mitigated. The Trust's main ongoing risk and focus of attention for the rest of the year is on A and E performance.

6. Quarter 4 Performance (2010/11)

A copy of the executive summary of Monitor's internal report on Ashford and St Peter's Hospitals NHS Foundation Trust's performance for Q4 2010-11 is attached. This shows the Trust performance as Green (governance) and FRR 4. The sector analysis shows that 83 (61%) of Foundation Trusts were green rated and that 113 (86%) achieved a FRR of 3 or 4.

7. Action required

The Board is asked to note the Trust's anticipated amber green performance for Q1 and the ongoing risks associated with A and E performance.

APPENDIX 1
Summary Action Plan

Planning period	Action	Outcomes	Metrics			Review
			Standard	Current	Forecast	
30 Day Plan	- 10 day diagnostic phase - Launch of short term plan for improving discharges - Additional physician capacity on pilot basis - Revise A&E metrics - Eliminate endoscopy and admission lounge as escalation facility - Open step down facility - Accelerate ambulatory pathways	Use of recovery and endoscopy as escalation becomes a never event Outliers reduce to 10% of bed base from 20% A&E performance rises to 96% per day for remainder of quarter 70% of patients seen and transferred in first 90 minutes in A&E 10% of admissions transfer to ambulatory pathways Planned discharges are 10% greater than planned admissions on a daily basis	A&E 4 hours Outliers A&E 90 minutes Discharges Ambulatory daily	94.9% 20.9% 24% 29-103 0-1%	96.0% 10.0% 70% 45-95 5-10%	30/6/2011
90 Day Plan	- Review and refocusing of current investment in discharge management - out of hours social care packages available as alternative to admission - centralisation of endoscopy and day surgery reducing surgical capacity requirement on St Peters site - extended capacity for MAU to allow escalation in appropriate beds - new escalation policy released and cascaded - business rules for admission, transfer, outliers and discharge embedded through training and use of ward based information systems - recruitment of acute physicians to allow MAU to move to 24/7 continuous flow - launch of ambulatory service with single point of access	Use of day surgery unit as escalation becomes a never event Outliers move to zero through use of dedicated escalation beds Batching of patients waiting for day surgery reduces Median length of stay reduces for 3-9 by 2 days	A&E 4 hours Outliers Length of stay 80% of patients	94.9% 20.9% 9 days	98% 0-1% 7 days	31/8/2011

Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

Monitor - Governance Indicators May 2011

May 2011 Performance: **AMBER-RED** Forecast Q1 Performance: **AMBER-GREEN**

Action Plan: Improvement programme for A&E 4 hours; RTT 23 week recovery plan, CDIFF - alerts

Monitor Compliance Framework - May - Q1

The service performance element of the governance risk ratings

Green : < 1.0 | **Amber-Green : >= 1.0 and < 2.0** | Amber-Red : >=2.0 and < 4.0 | **Red: >=4.0**

	Safety		Monitoring		Target	Weighting	Jan	Feb	Mar	Apr	May	Q1 Total	Q1 Weighting	11/12 YTD
1-01	Clostridium Difficile (Hospital acquired only). Total Annual Target is 33 but is reported against the cumulative profile. (Q1 profile is Apr 3, May 3, Jun 3 = 9 cases)			Quarterly	**6**	1.0	2	1	3	2	6	**8**	**1.0**	8
1-02	MRSA (Hospital acquired only. Annual threshold is 4; Profile YTD threshold is 1)			Quarterly	1	1.0	0	0	0	0	0	0	0.0	0
	Quality		**Monitoring**		**Target**	**Weighting**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Q1 Total**	**Q1 Weighting**	**11/12 YTD**
2-01	All cancers: 31-day wait for second or subsequent treatment	Anti Cancer Drug Treatments		Quarterly	98.0%	1.0	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0	100.00%
2-02		Surgery		Quarterly	94.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0	100.00%
2-03	All cancers: 62-day wait for first treatment	From Consultant Screening Service Referral		Quarterly	90.0%	1.0	100.0%	100.0%	100.0%	100.0%	90.00%	91.67%	0.0	91.67%
2-04		Urgent GP Referral To Treatment		Quarterly	85.0%		91.14%	88.16%	88.79%	95.77%	89.58%	92.22%	0.0	92.22%
2-05	31-Day (Diagnosis To Treatment) Wait For First Treatment	All Cancers		Quarterly	96.0%	0.5	98.61%	100.0%	98.82%	98.67%	98.92%	98.81%	0.0	98.81%
2-06	Two week wait from referral to date first seen	All Cancers		Quarterly	93.0%	0.5	97.76%	99.21%	96.28%	96.09%	96.52%	96.29%	0.0	96.29%
2-07		For symptomatic breast patients		Quarterly	93.0%	0.5	94.29%	96.50%	95.04%	95.37%	94.70%	95.00%	0.0	95.00%
2-08	A&E: Q1 - Local Health Economy, Q2 onwards - ASPH only	Total time in A&E (95th percentile)	**! New**	Quarterly	**<= 4:00:00**	1.0	**3:45:00**	**3:57:00**	**3:43:00**	**4:26:00**	**3:58:00**	**3:59:00**	0.0	**3:59:00**
	A&E: Q2 onwards ASPH only (not LHE)	Total time in A&E (95th percentile)	**! New**	Quarterly	<= 4:00:00	**1.0** (Failing 3 or more); **0.5** (Failing 2 or less)				**8:29:00**	5:32:00	**7:07:00**		**7:07:00**
2-09		Time to initial assessment (95th percentile)	**! New**	Quarterly	0:15:00					**0:30:00**	**0:29:00**	**0:29:00**		**0:29:00**
2-10		Time to treatment decision (median)	**! New**	Quarterly	1:00:00					0:48:00	0:47:00	0:48:00		0:48:00
2-11		Unplanned reattendance rate	**! New**	Quarterly	5.0%					**7.6%**	**7.7%**	**7.7%**		**7.7%**
2-12		Left without being seen	**! New**	Quarterly	5.0%					0.8%	0.6%	0.7%		0.7%
2-13	Stroke Pts - 90% time on Stroke Unit		**! New**	Quarterly	80.0%	TBC	90.48%	91.18%	80.00%	87.88%	83.78%	85.71%	0.0	85.71%
2-14	Patients at higher risk of stroke who experience TIA are assessed and treated within 24 hours		**! New**	Quarterly	60.0%	TBC								
	Patient Experience		**Monitoring**		**Target**	**Weighting**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Q1 Total**	**Q1 Weighting**	**11/12 YTD**
3-01	Referral to treatment waiting times - admitted (95th percentile)		**! New**	Quarterly	23 weeks	1.0	18.99	19.51	20.51	**24.72**	**26.00**	**25.36**	**1.0**	**25.36**
3-02	Referral to treatment waiting times - Non-admitted (95th percentile)		**! New**	Quarterly	18.3 weeks	1.0	16.32	16.47	16.22	16.42	16.61	16.51	0.0	16.51
3-03	Self-certification against compliance with requirements regarding access to healthcare for people with a learning disability			Quarterly		0.5	The Trust considers that it is compliant to the six criteria, scoring between 3-4 (4 being fully implemented)						0.0	N/A
	Monitor Compliance Framework Score - May		**Score 2.0 (1-01 C.Diff not achieved, 3-01 RTT not achieved)**											
	Monitor Compliance Framework Score - Predicted for Q1		**Score 1.0 (1-01 C.Diff - expect to achieve, 3-01 RTT will not achieve)**											

! New measures 2011/12

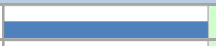
1-02: **MRSA objective:** NHS FTs which are not in the best performing quartile for MRSA should deliver performance that is at least in line with the MRSA objective targets calculated by the DH Monitor expects NHS FTs without a centrally calculated MRSA objective to agree an MRSA target for 2011/12 that at least maintains existing performance. Where an NHS foundation trust has an annual MRSA objective of six cases or fewer (the de minimis limit) and has reported six cases or fewer in the year to date, the MRSA objective will not apply for the purposes of Monitor's Compliance Framework. If an NHS FT with an annual objective of six cases or fewer declares a risk of exceeding the de minimis level and its annual MRSA objective in-year, but has not yet done so, it will be required to [provide, and then] report monthly against, an MRSA action plan until the risk has been satisfactorily addressed.

2-08/12: A&E targets from quarter two. In quarter one, 95th percentile waits of 4 hours or less to be used. (Estimated times used for Jan - Mar as detailed times not provided by Community)
- Unplanned reattendance rate: within 7 days of original attendance. Includes patients referred back by another health professional. Monitor will not score this for paediatric specialist NHS foundation trusts.
- Time to initial assessment: for ambulance arrivals. Initial assessment to include a pain score and early warning score.
- Time to treatment decision: time from arrival to see a decision-making clinician (defining management plan and may potentially discharge the patient).

3-01/02: Performance is measured on an aggregate basis, NHS FTs are required to meet the threshold on a monthly basis – failure in any month represents failure for the quarter and should be reported via the exception reporting process.

2-13/14: Monitor is to confirm if they will be using these Stroke measures; we have taken the NHS Operating Framework targets.

Trust Operational Performance Report - May 2011

Operating Framework			Apr	May	YTD 11/12	YTD 11/12 Plan	Var	Trend	11/12 Outturn
Cancer indicators and targets									
All cancers: 31-day wait for second or subsequent treatment	Anti Cancer Drug Treatments		100.0%	100.0%	100.0%	98%	2.0%		G
	Surgery		100.0%	100.0%	100.0%	94%	6.0%		G
All cancers: 62-day wait for first treatment	From Consultant Screening Service Referral		100.0%	90.00%	91.67%	90%	1.7%		G
	Urgent GP Referral To Treatment		95.65%	89.58%	92.22%	85%	7.2%		G
31-Day (Diagnosis To Treatment)	All Cancers		98.53%	98.92%	98.81%	96%	2.8%		G
Two week wait from referral to date first seen	All Cancers		96.09%	96.52%	96.29%	93%	3.3%		G
	For symptomatic breast patients		95.45%	94.70%	95.00%	93%	2.0%		G
Referral to Treatment wait (RTT)									
Referral to treatment waiting times - admitted (95th percentile)		! New	24.72	26.00	25.36	23 wks	2.4		R
Referral to treatment waiting times - Non-admitted (95th percentile)		! New	16.42	16.61	16.52	18.3 wks	-1.8		G
Referral to treatment waiting times - admitted (median)		! New	10.53	11.10	10.82	N/A			
Referral to treatment waiting times - Non admitted (median)		! New	6.42	7.16	6.79	N/A			
Incomplete median		! New	6.47	5.74	6.10	N/A			
A&E Clinical Quality (St Peter's A&E Only)									
Total time in A&E (95th percentile)		! New	8:29:00	5:32:00	7:16:00	<=4:00:00	3:16:00		R
Total time in A&E (Median)		! New	2:20:00	2:20:00	2:20:00	<=2:30:00	-10 min		G
Single longest time recorded from arrival at A&E to admission, transfer or discharge		! New	24:36:00	26:26:00	25:31:00	<=6:00:00	19:31:00		R
Time to initial assessment (95th percentile)		! New	0:30:00	0:29:00	0:22:00	<0:15:00	0:07:00		R
Time to initial assessment (Median)		! New	0:00:00	0:00:00	0:00:00	<0:20:00	-20 min		G
Single longest time recorded from arrival at A&E to full initial assessment (brought by ambulance)		! New	96:00:00	48:01:00	72:00:30				R
Time to treatment decision (95th percentile)		! New	2:17:00	2:21:00	2:20:00	<0:60:00	1:20:00		R
Time to treatment decision (Median)		! New	0:48:00	0:47:00	0:48:00	<0:60:00	-12 min		G
Single longest time recorded from arrival at A&E to treatment		! New	47:44:00	26:54:00					R
Unplanned reattendance rate		! New	7.6%	7.7%	7.9%	1% - 5%	2.9%		A
Left without being seen		! New	0.8%	0.6%	0.7%	< 5%	-4.3%		G
Ambulatory Care (Quarterly)	%age of A&E patients admitted for Cellulitis	! New	work in progress						
	%age of A&E patients admitted for DVT	! New	22.7%	22.2%	22.5%	<10%	12.5%		R
Service Experience (Quarterly)		! New	Planned not yet completed						
Consultant Sign-off (Six month)		! New							
Quality & Safety									
C.Diff (hospital acquired)			2	6	8	6	33%		R
MRSA Bacteraemia (hospital acquired)			0	0	0	0	0		G
Patient Experience Survey		! New	80.2%	79.7%	80.0%	90.0%	-10.1%		A
Breach of Same Sex Accommodation		! New	0	0	0	0	0		G
VTE Risk Assessment		! New	91.4%	90.8%	91.1%	90.0%	1.07%		G

Trust Operational Performance Report - May 2011

Operating Framework		Apr	May	YTD 11/12	YTD 11/12 Plan	Var	Trend	11/12 Outturn
Stroke Pts - 90% time on Stroke Unit		86.8%	83.8%	85.3%	80.0%	5.27%		G
Higher risk TIA cases treated within 24 hours of first contact with health professional	! New	work in progress						
Maternity 12 weeks (Quarterly)		86.0%	90.8%	88.4%	80.0%	8.4%		G
Smoking During Pregnancy		6.2%	6.6%	6.4%	8.2%	-1.8%		G
Breastfeeding Initiation		80.9%	80.6%	80.8%	80.7%	0.1%		G

Trust Operational Performance Report - May 2011

Operating Framework		Apr	May	YTD 11/12	YTD 11/12 Plan	Var	Trend	11/12 Outturn
Activity								
Acute Bed Capacity	! New	574	542	558				
Length of Stay - Elective (Acute)	! New	3.03	2.59	2.81	2.95 *	-0.1		G
Length of Stay - Emergency (Acute)	! New	5.48	5.64	5.56	4.8 *	0.8		R
Daycase Rate		84.1%	83.6%	83.9%	81.5%	-4.0		G
Delayed Transfers of Care – Acute & MH		3.8%	4.1%	4.0%	3.5%	-4.8		A
GP Written Referrals to Hospital		6,276	7,714	13,990	16,472	-15.1%		R
Other Referrals For a First Outpatient Appointment		4,023	4,659	8,682	TBA			
All First Outpatient Attendances		7,814	9,211	17,025	16,454	3.5%		G
Elective FFCEs		401	448	849	940	-9.6%		A
Non-elective FFCEs		482	499	981	1,034	-5.2%		A
A&E Attendances		7,712	7,918	15,630	14,909	4.8%		G

Old Better Care Better Value (not transferred to Operating Framework)		Apr	May	YTD 11/12	11/12 Plan	Var	Trend	11/12 Outturn
BADS Procedures		94%	91%	92%	85.0%	7.3%		G
Inpatients Admitted before day of Operation		7.4%	6.9%	7%	10.0%	-2.9%		G

PCT CQUIN		Apr	May	YTD 11/12	11/12 Plan	Var	Trend	11/12 Outturn
VTE Risk Assessment	! New	91.4%	90.8%	91.1%	90.0%	1.1%		G
Patient Experience Survey	! New	80.2%	79.7%	80.0%	90.0%	-10.1%		A
EQ Pneumonia, Orthopaedic, Heart Failure pathway improvements	! New							
EQ AMI pathway improvements in the agreed MINAP areas.	! New							
EQ Acute Pneumonia and Heart Failure outcome improvements.	! New							
Acute pathway maintenance and development.	! New							
Targeted screening for alcohol misuse within A&E Departments	! New							
Successful smoking quitters	! New							
Baby Friendly progress	! New							
Specialist Mental Health Teams to facilitate earlier discharge	! New							
Ambulatory Care	! New							
Composite indicator on Stroke Assessment, Stroke Discharge and Thrombolysis	! New							

Possible targets - to be agreed with NHS Surrey

Ashford and St Peter's Hospitals NHS FT
Q4 10/11 reporting executive summary

Monitor
Independent Regulator of NHS Foundation Trusts

The Trust is on plan with an FRR of 4 in Q4. The Trust has a green governance rating, however failed the MRSA screening target.

	Q3	Q4	Plan
FRR	4	4	4
Governance	GREEN	GREEN	GREEN

Recommended action:

- Continue quarterly financial monitoring

Liquidity

- At Q4 the FT had a liquidity rating of 4 (26.3 days)
- Cash at £18.7m is £7.2m above plan due to positive variances in working capital (£8.5m), primarily receivables £8m below plan due to the timing of year end settlements from commissioners, combined with slippage in the capital programme (£2.5m) offset by below plan EBITDA.
- The FT has a working capital facility of £15.0m.

Prudential Long Term Borrowing limit £25.5m
Long Term Borrowing at Q4 was £4.9m

Financial Summary £m		Quarter Plan	Quarter Actual	Quarter Variance	YTD Plan	YTD Actual	YTD Variance	FY Plan
Revenue (Total)		55.6	55.4	(0.2)	227.2	224.6	(2.6)	227.2
Employee Expenses		(35.2)	(35.4)	(0.2)	(140.5)	(140.9)	(0.4)	(140.5)
Drugs		(3.4)	(3.4)	(0.0)	(13.3)	(13.3)	0.0	(13.3)
PFI operating expenses		0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other costs		(14.0)	(13.8)	0.2	(54.8)	(53.7)	1.1	(54.8)
EBITDA		**3.0**	**2.8**	**(0.2)**	**18.6**	**16.7**	**(1.9)**	**18.6**
Depreciation and amortisation		(2.5)	(1.3)	1.2	(10.0)	(7.4)	2.6	(10.0)
Net interest		(0.1)	(0.1)	0.0	(0.3)	(0.3)	(0.0)	(0.3)
Other		(1.3)	(1.9)	(0.7)	(5.0)	(5.7)	(0.7)	(5.0)
Net Surplus / (Deficit)		**(0.8)**	**(0.5)**	**0.4**	**3.3**	**3.3**	**0.0**	**3.3**
EBITDA as % Income	%	5.4%	5.0%	-0.4%	8.2%	7.4%	-0.7%	8.2%
CIPs	£m	2.6	2.6	0.1	9.0	9.0	0.0	9.0
Net Surplus / (Deficit)		(0.8)	(0.5)	0.4	3.3	3.3	0.0	3.3
Change in working capital		0.7	11.9	11.3	0.3	8.8	8.5	0.3
Non cash I&E items		3.8	2.1	(1.6)	15.0	12.1	(2.9)	15.0
Cashflow from operations		**3.6**	**13.6**	**10.0**	**18.6**	**24.2**	**5.6**	**18.6**
Cashflow from investing activities		(4.6)	(3.5)	1.2	(11.1)	(8.6)	2.5	(11.1)
Cashflow before financing		**(1.0)**	**10.2**	**11.2**	**7.5**	**15.6**	**8.1**	**7.5**
Cashflow from financing activities		(3.9)	(4.7)	(0.8)	(7.8)	(8.6)	(0.8)	(7.8)
Net increase/(decrease) in cash		**(4.9)**	**5.5**	**10.4**	**(0.2)**	**7.0**	**7.2**	**(0.2)**
Cash at period end		**11.4**	**18.7**	7.2	**11.4**	**18.7**	7.2	**11.4**
Cash and Cash equivalents at PE		11.4	18.7	7.2	11.4	18.7	7.2	11.4

	Key issues	Action /Resolution
Financial	• The Trust was authorised on 1 December 2010 and its 2010/11 plan was based on activity seen in the first quarter of the year. This included significant over performance deemed unaffordable by the Trust's lead commissioner (NHS Surrey). The Trust worked with the commissioner to reduce overactivity, including agreement of a block contract. This has resulted in the under performance against plan. Elective activity has been further impacted by poor weather in December and in Q4 capacity issues arising from winter pressures.	• The Trust agreed in November 2010 a year end block agreement with NHS Surrey of £173.25m. Outturn against this was £173.9m. The Trust has a cap and collar agreement in place for 2011/12. The contract is capped at £170.25m with the Trust not receiving payment for over performance between £170.25m and £172.25m. Above the £2m collar, the Trust will receive full PbR tariff.
	• The Trust has delivered its £9m CIP in the year. Of this, £0.5m is non recurrent.	• Continue quarterly reporting.
Non financial	• The Trust is green rated for governance, however has signed governance declaration 2 due to failing its MRSA target.	• Continue quarterly monitoring.
	• The Trust failed to achieve the 100% screening target in the quarter due to failures in the screening of two of its patients	• The Trust now reviews each patients details 24 hours prior to admission to ensure that the patient has had the required tests carried out. The Trust reports 100% compliance in April 2011.
	• The Trust has taken on two new NEDs in the quarter – Jim Gallon and Clive Goodwin. Jim is chair of the finance committee, and has significant banking and finance experience at senior levels. Clive brings commercial and financial experience to the Board .	• n/a