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

COUNCIL OF GOVERNORS
13th September 2011

TITLE	**Compliance Framework-In year Monitoring**
EXECUTIVE SUMMARY	In accordance with Monitor's Compliance Framework, the Trust is required to submit to Monitor on a quarterly basis, information on the Trust's performance in both financial and operational terms. This includes performance against various national targets. As a recently authorised foundation trust we are subject to quarterly monitoring for the first two years of operation. The Trust has now submitted its Q1 return for 2011/12 with an Amber/Green rating on performance and a FRR of 3. The attached report summarises the content of the return and the position year to date for Q2.
The Council is asked to:	Note the submission
Submitted by:	Andrew Liles Chief Executive
Date:	23 August 2011
Decision:	For Noting

COUNCIL OF GOVERNORS
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1 INTRODUCTION

The Trust submitted the Quarter 1 Compliance Return to Monitor on 31st July 2011.

The Compliance Return covers the following:

- Governance Declaration;
- Finance Declaration;
- Quality Declaration;
- Board Changes and Elections;
- Targets and Indicators
- Finance Risk Indicators; and
- Financial Returns for Quarter 1

2 QUARTER 1 SUBMISSION

2.1 Scope of Governance Declaration

The Governance Declaration relates to

1. Performance against national targets and indicators
2. Provision of mandatory goods and services

If the Trust had been issued with conditions associated with its CQC registration these would need to be added. No conditions or concerns have been issued by the CQC.

The targets and indicators included in the submission are derived from the Operating Framework 2011/12 (these are updated annually by Monitor). A copy of the return is attached.

Each target or indicator is given a threshold for achievement and a weighting for the impact on non achievement. These then form a score which leads to the calculation of the Trust's overall performance.

Green=	A score of less than 0.9
Amber-green=	A score from 1.0-1.9
Amber-red=	A score from 2.0-2.9
Red=	A score of 3.0 or more

2.2 Commentary on Governance Declaration

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.

The Trust has three specialities which did not deliver the RTT admitted standard

in Quarter 1: Gynaecology, General Surgery and Trauma & Orthopaedics.

As such the Trust has delivered an amber/green rating for Q1 and was unable to make Declaration 1 for that Quarter.

Forward Look on Governance Declaration

Part of Declaration 2 is a forward look and the Board noted that the Trust had made a good recovery on RTT performance and its C. Difficile trajectory, and therefore started Q2 from a strong position.

Q1 Governance Declaration :

The Trust Board agreed the self certification for Q1 would be Declaration 2:

> 'For one or more targets the Board cannot make Declaration 1 and has provided relevant details on worksheet "Targets and Indicators" in this return. The Board confirms that all other health care targets and indicators have been met over the period (after application of thresholds) and that sufficient plans are in place to ensure that all known targets and indicators which will come into force will also be met.
>
> Details of any elections held (including turn out rates) and any changes in the Board or Board of Governors are included in this return'.

2.3 Quality Declaration

The Compliance Framework 2011/12 introduced a new requirement for Boards to self certify on a quarterly basis regarding Quality.

ASPH undertook the full Quality Governance Assurance process during our authorisation assessment and revisited and refreshed this at the Annual Plan self certification stage in May. The Board also receives a detailed Quality report at both its open and closed sessions each month.

The Board agreed to self certify Declaration 1:

> 'The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to Monitor's Quality Governance Framework (supported by Care Quality Commission information, its own serious incidents, patters of complaints, and including any further metrics it chooses to adopt), its NHS Foundation 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'.

2.4 Finance Declaration

The Board agreed the content of the financial submissions and Declaration 1:

> 'The Board anticipates that the Trust will continue to maintain a financial risk rating of at least 3 over the next 13 months'.
>
> be submitted.

A summary Q4 financial report is attached.

2.5 Board changes and elections

One change is recorded on the Board changes and elections worksheet: Andreas Lambrianou, Appointed Governor from Hounslow PCT, who resigned effective from 17th April 2011.

No elections have been held since authorisation

2.6 Summary

The Board agreed the content of the Q1 submission as:

- Governance Declaration 2
- Quality Declaration 1
- Finance Declaration 1

3 OUT TURN 2010/11

Monitor conducts a review of each Foundation Trust each quarter.

The summary of Ashford and St Peter's Hospitals NHS FT's performance by Monitor was:

Financial Risk rating – 4;
Governance Risk rating – Green;
The Trust has been assigned a Green risk rating, although the Trust has failed to meet the MRSA screening target.

A copy of the summary report is attached for information.

Key elements of Monitor's review across all FTs shows:

Q4 2010/11 FINANCIAL OVERVIEW:
Average FRR of 3.5 is ahead of plan (3.4) but behind Q3 2010/11 (3.6).

- 13 FT's (10%) are FRR 5, down from 13% (17) at Q3 2010/11
- 113 FT's (86%) are FRR 3 or 4, up from 79% (105) at Q3 2010/11
- 7 FT's (all acute) are FRR 2 vs 7 at Q3 2010/11
- 3 FT's (acute) are FRR 1. These Trust remain FRR 1 from Q3

Q4 2010/11 GOVERNANCE OVERVIEW:
83 FT's (61%) are Green rated for Governance (Q3 2010/11: 57%).
41 FT's (30%) are rated Amber/Green or Amber/Red (Q3 2010/11: 36%)

- 17 FT's (13%) are rated Amber/Green
- 24 FT's (18%) are rated Amber/Red

12 FT's (9%) are Red rated for Governance (Q3 2010/11: 8%)

- 10 Red rated FT's are currently in significant breach of their Authorisation
- 2 FT's are red rated due to service performance breaches

Indicating a strong performance by the Trust.

4 2011/12 QUARTER 2

The Q2 (July-September) submission will take place on 31 October 2011.

The Trust has made a good recovery on RTT performance and is starting Q2 from a

strong position. A&E performance is delivering for Q2. RTT is on target overall to deliver to the standard in Q2. A&E performance delivered for Q1 however Q2 sees the introduction of 5 new clinical quality indicators for A&E and changes in the way community based activity can be attributed so this target presents new challenges for the Trust, which are being addressed.

Other areas (such as cancer) currently represent no concern for Q2 but continue to be reviewed weekly.

Overall a performance rating of green is predicted for Q2 with the key risk to this being delivery of two of the Clinical Quality Indicators for A&E.
A copy of the operational performance report is attached for information

5 RECOMMENDATION

The Council is asked to note the content of the Q1 submission and the position year to date for Q2.

Andrew Liles

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

Monitor - Governance Indicators July 2011

Q2 Monitor Performance: **GREEN** Forecast end of Q2 Performance: **GREEN**

Action Plan: **A&E:** Continue St Peter's Improvement Programme, escalate Walk-in data issues. **RTT:** Continue Improvement Programme.

Monitor Compliance Framework - July - Q2

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	Apr	May	Jun	Jul	Q2 Total	Q2 Weighting	11/12 YTD
1-01	Clostridium Difficile (Hospital acquired only). Total Annual Target is 33 but is reported against the cumulative profile. (Q2 profile is Jul 3, Aug 3, Sep 3)			Quarterly	12	1.0	2	6	0	1	1	0.0	9
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
	Quality		**Monitoring**		**Target**	**Weighting**	**Apr**	**May**	**Jun**	**Jul**	**Q2 Total**	**Q2 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%	0.0	100.00%
2-02		Surgery		Quarterly	94.0%		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%	90.91%	100.0%	100.0%	100.00%	0.0	96.67%
2-04		Urgent GP Referral To Treatment		Quarterly	85.0%		95.77%	89.80%	88.10%	85.56%	85.56%	0.0	89.50%
2-05	31-Day (Diagnosis To Treatment) Wait For First Treatment	All Cancers		Quarterly	96.0%	0.5	98.67%	99.05%	98.90%	100.00%	100.00%	0.0	99.12%
2-06	Two week wait from referral to date first seen	All Cancers		Quarterly	93.0%	0.5	96.09%	96.52%	97.57%	98.58%	98.58%	0.0	97.18%
2-07		For symptomatic breast patients		Quarterly	93.0%	0.5	95.37%	94.66%	94.66%	94.74%	94.74%	0.0	94.83%
2-08	A&E: St Peter's A&E Depts (A&E, EPU & GUM) + Ashford GP Walk-in Centre	Total time in A&E	! New	Quarterly	95.0%	1.0	**92.49%**	95.95%	**94.17%**	95.85%	95.85%	0.0	**94.64%**
2-09	Stroke Pts - 90% time on Stroke Unit		! New	Quarterly	80.0%	TBC	87.88%	83.78%	87.50%	91.43%	86.44%	0.0	86.44%
2-10	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**	**Apr**	**May**	**Jun**	**Jul**	**Q2 Total**	**Q2 Weighting**	**11/12 YTD**
3-01	Referral to treatment waiting times - admitted (95th percentile)		! New	Quarterly	23 weeks	1.0	**24.72**	**26.00**	**24.88**	21.45	21.45	0.0	24.26
3-02	Referral to treatment waiting times - Non-admitted (95th percentile)		! New	Quarterly	18.3 weeks	1.0	16.42	16.65	16.39	16.55	16.48	0.0	16.48
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)						
	Monitor Compliance Framework Score - Q2		**Score 0.0**										
	Monitor Compliance Framework Score - Predicted for end of Q2		**Score 0.0**										

! 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.
3-	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-	Monitor is to confirm if they will be using these Stroke measures; we have taken the NHS Operating Framework targets.

Trust Operational Performance Report - July 2011

Operating Framework			Apr	May	Jun	Jul	YTD 11/12	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%	100.0%	100.0%	98%	2.0%		G
	Surgery		100.0%	100.0%	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%	90.91%	100.0%	100.0%	96.67%	90%	6.7%		G
	Urgent GP Referral To Treatment		95.77%	89.80%	88.10%	85.56%	89.50%	85%	4.5%		G
31-Day Wait For First Treatment	All Cancers		98.67%	99.05%	98.90%	100.00%	99.12%	96%	3.1%		G
Two week wait from referral to date first seen	All Cancers		96.09%	96.52%	97.57%	98.58%	97.18%	93%	4.2%		G
	For symptomatic breast patients		95.37%	94.66%	94.66%	94.74%	94.83%	93%	1.8%		G
Referral to Treatment wait (RTT)											
Referral to treatment waiting times - admitted (95th percentile)		! New	24.72	26.00	24.88	21.46	24.26	23 wks	1.3		R
Referral to treatment waiting times - Non-admitted (95th percentile)		! New	16.42	16.65	16.39	16.55	16.50	18.3 wks	-1.8		G
Referral to treatment waiting times - admitted (median)		! New	10.53	11.10	11.46		11.02	N/A			
Referral to treatment waiting times - Non admitted (median)		! New	6.42	7.16	6.86		6.86	N/A			
Incomplete median		! New	6.47	5.74	5.65		5.95	N/A			
A&E Clinical Quality (St Peter's A&E Only)							**Q2 to Date**				
Total time in A&E (95th percentile)		! New	8:29:00	5:32:00	7:35:00	5:47:00	6:15:00	<= 4 hrs	3:15:00		R
Total time in A&E (Median)		! New	2:20:00	2:14:00	2:18:00	2:12:00	2:15:00	<=2:30:00	0:13:00		G
Single longest time recorded from arrival at A&E to admission, transfer or discharge		! New	24:36:00	26:26:00	21:57:00	25:49:00	25:49:00	<=6 hrs			R
Time to initial assessment (95th percentile)		! New	0:30:00	0:26:00	0:14:00	0:08:00	0:10:00	< 15 min	0:07:00		G
Time to initial assessment (Median)		! New	0:00:00	0:00:00	0:00:00	0:00:00	0:00:00	< 20 min	-0:20:00		G
Single longest time recorded from arrival at A&E to full initial assessment (brought by ambulance)		! New	Data Quality		3:52:00	4:01:00	DQ				R
Time to treatment decision (95th percentile)		! New	2:16:00	2:18:00	2:27:00	2:16:00	2:21:00	< 60 min	1:19:00		R
Time to treatment decision (Median)		! New	0:48:00	0:47:00	0:48:00	0:45:00	0:46:00	< 60 min	-0:12:00		G
Single longest time recorded from arrival at A&E to treatment		! New	Data Quality		10:08:00	6:21:00	6:21:00				R
Unplanned reattendance rate		! New	7.7%	7.7%	7.9%	6.7%	6.8%	1% - 5%	1.8%		R
Left without being seen		! New	0.8%	0.6%	0.6%	0.7%	0.8%	< 5%	-4.2%		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									
Service Experience (Quarterly)		! New	Planned not yet completed								
Consultant Sign-off (Six month)		! New									
Quality & Safety											
C.Diff (hospital acquired)			2	6	0	1	9	12	-25%		G
MRSA Bacteraemia (hospital acquired)			0	0	0	0	0	1	0		G
Patient Experience Survey		! New	80.2%	79.7%	78.9%	80.6%	79.9%	90.0%	-10.2%		A
Breach of Same Sex Accommodation		! New	0	0	0	0	0	0	0		G
VTE Risk Assessment		! New	91.4%	90.8%	93.0%	90.4%	91.4%	90.0%	1.37%		G
Stroke Pts - 90% time on Stroke Unit			87.88%	83.78%	87.50%	91.43%	87.58%	80.00%	7.58%		G
Higher risk TIA cases treated within 24 hours of first contact with health professional		! New	work in progress								

Trust Operational Performance Report - July 2011

Operating Framework		Apr	May	Jun	Jul	YTD 11/12	11/12 Plan	Var	Trend	11/12 Outturn
Maternity 12 weeks (Quarterly)		86.0%	90.8%	88.2%	92.7%	90.3%	80.0%	10.3%		G
Smoking During Pregnancy		6.2%	6.6%	8.4%	6.4%	6.9%	8.2%	-1.3%		G
Breastfeeding Initiation		80.9%	80.6%	83.0%	86.8%	82.8%	80.7%	2.1%		G

Trust Operational Performance Report - July 2011

Operating Framework		Apr	May	Jun	Jul	YTD 11/12	11/12 Plan	Var	Trend	11/12 Outturn
Activity										
Acute Bed Capacity	! New	574	542	541	524	541				
Avg. Length of Stay - Elective (Acute)	! New	3.03	2.59	2.72	3.21	2.88	2.95	-0.1		G
Avg. Length of Stay - Emergency (Acute)	! New	5.48	5.64	5.81	5.50	5.71	4.80	0.9		A
Daycase Rate		84.1%	83.6%	84.0%	82.0%	83.1%	81.5%	-4.0		G
Delayed Transfers of Care – Acute & MH		3.8%	4.1%	2.6%	2.4%	3.2%	3.5%	-4.8		A
GP Written Referrals to Hospital		6,293	7,722	8,155	7,528	29,698	32,944	-9.9%		A
Other Referrals For a First Outpatient Appointment		4,023	4,659	4,928	4,681	18,291	TBA			
All First Outpatient Attendances		7,729	9,240	10,077	8,846	35,892	35,072	2.3%		G
Elective FFCEs		400	457	503	547	1,907	2,003	-4.8%		A
Non-elective FFCEs		466	480	514	482	1,942	2,069	-6.1%		A
A&E Attendances		7,712	7,918	7,577	7,760	30,967	29,817	3.9%		G

Old Better Care Better Value (not transferred to Operating Framework)		Apr	May	Jun	Jul	YTD 11/12	11/12 Plan	Var	Trend	11/12 Outturn
BADS Procedures		94%	91%	91%	92%	92%	85.0%	6.8%		G
Inpatients Admitted before day of Operation		7.4%	6.9%	5.3%	4.2%	5.9%	10.0%	-4.1%		G

PCT CQUIN		Apr	May	Jun	Jul	YTD 11/12	11/12 Plan	Var	Trend	11/12 Outturn
VTE Risk Assessment	! New	91.4%	90.8%	93.0%	90.4%	91.4%	90.0%	1.4%		G
Patient Experience Survey	! New	80.2%	79.7%	78.9%	80.6%	80.0%	90.0%	-10.0%		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 Surrey PCT

COUNCIL OF GOVERNORS
13th September 2011

Month 4 Finance Report for the Council of Governors

2011/12 Trading Position

Month 3 Actual and Forecast Income & Expenditure

	YTD actual	YTD budget	YTD variance
	£m	£m	£m
Clinical Revenue	67.5	66.0	1.5
Other income	5.5	5.6	(0.1)
Total income	**73.0**	**71.6**	**1.4**
Pay costs	47.0	45.4	(1.6)
Non pay Costs	22.0	21.9	(0.1)
Total costs	**69.0**	**67.3**	**(1.7)**
EBITDA	**4.0**	**4.3**	**(0.3)**
Depreciation	2.4	2.4	0.0
PDC dividend	1.6	1.6	0.0
Other	0.2	0.2	0.0
Net Surplus/(Deficit)	**(0.2)**	**0.1**	**(0.3)**

Clinical income was £1.5m ahead of budget. Activity is slightly down on plan but more complex cases and a prudent approach to setting the income budget led to a favourable income variance. This is after allowing for the first £2m of over performance which NHS Surrey will retain.

Additional staff costs were incurred in the earlier months due a number of factors, including escalation beds being open for longer than usual as the winter period came to an end. The run rate of staff cost encouragingly came down in month 4.

Cost saving targets which are budgeted at £12m for the full year yielded less than planned in the first 4 months which is one of the factors behind expense overruns.

EBITDA and surplus were both £0.3m behind target as the expense overshoot was more than the additional income. We are forecasting that the year's budget surplus of £2.1m will still be achieved.

Monitor Financial Risk Ratings

				FRR Score	
Metric	**Weight**	**Current**	**Forecast**	**Current**	**Forecast**
EBITDA margin	25%	5.5%	7.8%	3.0	3.0
EBITDA, % achieved	10%	93.1%	99.8%	4.0	4.0
Return on Assets	20.0%	2.7%	5.8%	2.0	4.0
I&E surplus margin	20.0%	-0.3%	1.7%	2.0	3.0
Liquid ratio	25.0%	0	0	4.0	3.0
Weighted Average	**100%**			**3.0**	**3.3**

The Financial Risk Rating (FRR) is a composite financial indicator used by Monitor as an overall measure of a Foundation Trust's financial health. Scores are in the range 1 (poor) to 5 (very good). If the score falls below 3, Monitor considers this to be a risk and may require a series of "remedial" measures to be put in place.

Governors may remember that the Trust scored 4 for 2010/11, but for 2011/12 we have planned for a lower FRR score of 3, reflecting the restrictive nature of the contract negotiated with NHS Surrey - including the clause where the first £2m of over-performance is retained by the commissioner. This is a fair reflection of FT finances across the country – 72% of acute FT organisations have planned for a FRR of 3 this year.

Whilst the ratings were lower in months 1 and 2 due to the seasonal profiling of income and the impact of cost overruns, since month 3 the FRR has recovered to 3, in line with plan. Note that financial information is reported to Monitor on a quarterly basis.

John Headley
Director of Finance and Information
August 2011