City Hospitals Sunderland
NHS Foundation Trust

BOARD OF DIRECTORS
MEETING IN PUBLIC

Date: **Thursday, 27 September 2018**
Time: **3:30pm**
Venue: **Board Room, Sunderland Eye Infirmary**

AGENDA

1.	**Declaration of Interest**			
2.	**To approve the minutes of the Board of Directors meeting held 'In Public' on Thursday, 26 July 2018**		(Enc 1)	
3.	**Matters Arising**			
	3.1	Merger Update		JP
	3.2	Care Quality Commission		JP
4.	**Standard Reports**			
	4.1	Chief Executive's Update		JP
	4.2	Quality Report	(Enc 2)	MJ
	4.3	Finance Report	(Enc 3)	JP
	4.4	Performance Report	(Enc 4)	SF
5.	**Strategy/Policy**			
	5.1	Mortality Dashboard	(Enc 5)	ICM
	5.2	Single Governance Committee Proposal	(Enc 6)	MJ
6.	**Any Other Business**			
7.	**Date and Time of Next Meeting**			

Thursday, 29 November 2018 at 3:30pm in the Board Room, Sunderland Eye Infirmary

City Hospitals Sunderland
NHS Foundation Trust

BOARD OF DIRECTORS MEETING IN PUBLIC

26 JULY 2018

MINUTES OF THE MEETING

Present:
John Anderson (JNA)
Ken Bremner (KWB)
David Barnes (DB)
Stewart Hindmarsh (SH)
Melanie Johnson (MJ)
Ian Martin (ICM)
Paul McEldon (PMcE)
Julia Pattison (JP)
Peter Sutton (PS)
Pat Taylor (PT)

In Attendance:
Sean Fenwick (SF)
Carol Harries (CH)
Mike Laker (ML)

Apologies: Alan Wright (AW)

Item 1 **Declaration of Interest**

None.

Item 2 **Minutes of the Meeting held in Public on 31 05 18**

Accepted as a correct record.

Item 3 **Matters Arising**

Merger Update – KWB advised that the Trust had received some verbal feedback from NHSI on the strategic case which was not identifying any major concerns but were awaiting the formal written feedback to allow us to proceed to the next stage of submitting the detailed business case.

KWB stated that the Trust was also still awaiting the results of the independent review panel. There were no further details as yet either on the judicial review process.

CIPD Award – KWB advised that unfortunately the Trust had been unsuccessful in the award category.

Item 4 **Chief Executive's Update**

KWB stated that the 2017/18 DHSC accounts had been published and there was a

£960m deficit in the provider sector. A number of Trusts were struggling with cash flow. KWB advised that there was also £77bn identified for contingent liabilities in the NHS.

New Secretary of State – Matt Hancock MP had been appointed as the new Secretary of State for Health and Social Care on 9 July 2018 replacing Jeremy Hunt. He had identified his key issues as workforce, technology, prevention, leadership and diversity. He had also commented that any funding coming into the NHS should not be consumed by Trust deficits. He had however, not mentioned anything about the impact of Brexit.

NHS Ten Year Plan – Simon Stevens, CEO of NHS England had identified five major priorities for the 10 year NHS plan due to be released in the autumn. These included mental health services for children and young people, cancer services particularly screening, cardiovascular disease, children's services – prevention and inequality, and new objectives for reducing health inequalities.

ML queried as to when the ten year plan would feed in to the Trust's plans. PS replied that normally something would be received within the Annual Plan guidance later in the year.

NHS Pay Award – KWB advised that a 2% pay increase had been announced for GPs and trainees, and 1.5% for hospital consultants. KWB stated that nothing above 1% was however, funded. PT commented that a differential pay award was unusual unless it was a carrot to help with the recruitment of GPs. KWB replied that generally the NHS had done quite well with the pay award however, it could be seen as divisive.

GMC Survey Results – KWB informed Directors that last year CHS had been first in the table for acute Trusts and this year were now fifth in the table locally. The Trust was also 63rd nationally whereas last year it had been 33rd – the results however, were purely dependent on the juniors working in the Trust at any one time which can vary from year to year.

GP Contract Consultation – KWB stated that NHSE were to consult on the reform on the GP contract. This was to be potentially the biggest change since 2004 and hopefully the Trust would get some input into the consultation process. SH queried whether there was any opportunity to digitise primary care. KWB replied that the Secretary of State had indicated that this was one of the key elements of the system but whether they could deliver a consistent approach was debatable.

Capital Investment for Winter – KWB stated that up until this point there had been quite specific statements that there would be no additional monies for winter. KWB commented that there was now some noise in the system suggesting that there may be some capital monies available but there was no further detail as yet.

STP Capital Funding Bids – KWB stated that 8/9 bids had been put forward and supported for the North East which included investment North of the Tyne, Mental Health, Vascular and our Path to Excellence bid which was about £69m. It was not until November when it would be known if the bid had been successful.

Chair of NCEPOD – KWB informed Directors that Ian Martin, Medical Director was to become Chair of NCEPOD having been a member of the committee for a number of years. KWB stated that NCEPOD evidence was used in the mortality review process.

Clinical Research – The Trust had seen a 10% increase in the number of studies in which it participated. KWB stated that more patients were involved and this had been really good progress from Kim Hinshaw and the team.

ICM commented that we had recently been able to appoint a high calibre anaesthetist to a joint research appointment with Newcastle because of the reputation of our critical care services.

CQC – PT queried as to when the CQC report was expected. KWB replied that we were currently in dialogue about the factual detail but a date for release was not yet confirmed.

Item 5 Quality Report

MJ presented the report which provided progress on key issues and gave assurance to the Board on patient safety and experience as well as assurance on the delivery of the Quality Strategy.

MJ stated that as a new type of report it was still developing in terms of style and content. The report also presented data relating to our aims and priority workstreams described in the Quality Strategy 2018-2023.

MJ highlighted the patient story, which gave details of a video that was developed to film the journey of a six year old who was having problems with her ears. The film was shown on the BBC's channel, CBeebies.

MJ stated that unfortunately the incidence of pressure ulcers was still above trajectory. SH queried as to whether we had the correct equipment in place. MJ replied that there had been significant investment in new mattresses across the Trust but there may be an issue if nursing staff do not access them quickly enough. MJ advised that there was also lots of equipment for other areas available – heels, chairs etc. PMcE commented that the Tissue Viability team had recently given a presentation at Governance Committee about the work they were undertaking and plans going forward.

ML stated that the lower panel on page four seemed at odds. MJ replied that it was reporting two different things. ML queried as to what the percentage actually represented. MJ replied that it was of harms that patients had and was the only national benchmark that was available. ICM commented that it was a spot check of patients in the hospital at that time. ML stated that it may be helpful to identify what the percentage in the legend.

ICM highlighted HCAI and advised that the Trust was on trajectory. KWB commented that there had however, been six cases of C.*difficile* during May. ICM

replied that there were no specific issues or trends relating to the six cases.
MJ highlighted complaints and advised that there had been three new cases received from the PHSO. ML queried as to whether that was unusual. MJ replied that the Ombudsman will only investigate after we have fully exhausted all the issues.

MJ also highlighted the outcomes from the recent in-patient survey which would be discussed in detail at the PCPEC meeting. MJ stated that the areas of poor experience were noise at night, new medications and information on leaving hospital.

The report also included an update on actions towards implementation of the maternity safety strategy. NHS Resolution had offered a rebate of a minimum of 10% on the contribution to the 'CNST' premium if Trust's were able to demonstrate compliance with the ten key criteria. As yet we had not received any information as to whether we had been successful following our submissions. ML queried page ten and particularly why there was an increase in the number of child protection medicals. MJ replied that there were numbers of children from South Tyneside seen in Sunderland but that she could not give a clear reason as to why the increase unless there was a direct referral to Sunderland.

MJ informed Directors that a never event had been reported in May – a patient with a skull base infection had one piece of packing retained. This had been recognised when the patient later went to ED in pain. A full investigation was being undertaken.

MJ highlighted the workforce section and advised that in the following month there would be some AHP information included.

SH queried the gap for RN vacancies. MJ replied that this included 3% vacancies and 3.78% currently undergoing pre-employment checks. MJ stated that at the moment recruitment was very strong and Sunderland University were also receiving more applications which in turn gave pressure to us to provide placements – however, it was hoped that these students would eventually choose to come and work in Sunderland and South Tyneside when they were qualified.

Resolved:

- To accept the report.
- To be assured that the patient involved with the Never Event had received an apology and open discussion about the incident and a detailed investigation into the incident was underway.

Item 6 **<u>Finance Report</u>**

JP presented the report which gave details of the financial position to the end of June 2018.

JP stated that the financial position including Provider Sustainability Fund funding was a net deficit of £5,433k and therefore £41k ahead of plan. JP advised that the Trust had made an 'on-account' payment of £1m to NHS Property Services in June 2018 relating to charges from 2017/18 which remained in dispute.

JP commented that it was expected that we would need to go to arbitration with NHS Property Services.

JP stated that in light of recent changes in the commissioning arena and the agreement of block contracts for all major CCGs for the next three financial years, a review of the way that clinical income is allocated to Divisions was to be undertaken.

Pay was currently showing an overspend of £414k (net of CIP) against plan. JP stated that in line with the guidance issued by NHS Improvement costs for the recent announced pay award were not included in the month three position.

JP highlighted page 7 of the report which identified the details of the pay award and also a £855k shortfall from national funding. PT commented that presumably this shortfall would be added to the CIP and stretch target.

JP advised that at the end of June, £5.12m of interim support had been drawn down with a further £3.04m to be drawn down in July. JP stated that if the Trust was able to achieve its Annual Plan then it was expected no further borrowing would be required for the remainder of the year.

JP stated that the original CIP was set at £13m and following the June submission of the Trust's NHSI Plan this had now been increased by £3,738k to £16,738k, the additional CIP being handled as a corporate stretch target rather than being added to divisional targets. JP advised that the plan to date was £2,652k against which actual delivery was £2,974k, so ahead of plan by £322k.

The Chairman commented that the CIP position was very good. PS replied that it was but that were still a lot of challenges ahead.

JP informed Directors that there would be a new style of report at the next meeting. DB stated that the new style included a lot of detail and acknowledged the work that had been undertaken.

Resolved: To note the financial position to date.

Item 7 **<u>Performance Report</u>**

AK presented the report which updated Directors on performance against key national targets.

AK advised that A&E performance for June was about the same as May at 90% and continued to under-perform against the 95% target and PSF trajectory due to sustained pressures. Performance for July currently stood at 89%. AK advised that following the recent ECIP visit it was intended to open a specialty waiting area and once agreed the model would go to Clinical Governance Steering Group (CGSG) for approval. PT queried whether that meant that if a patient was referred to the specialty team did the clock then stop. SF replied that if the patient was being moved out of ED then the clock stopped and generally once the governance arrangements changed then generally patients were seen quicker. ML commented that this approach seemed reminiscent of issues in Mid Staffs and how did you

monitor the time spent in such an area for patients.
SF replied that like ML he was concerned but it was a very ethical position and needed to go to CGSG. ML queried how it would be monitored. SF replied that the governance would go to the specific specialty and hopefully there would be a change of behaviour. ML queried whether anything would be implemented before the proposal went to CGSG. SF replied that there would be some change in advance of that as performance was below the national position. PMcE queried whether in effect we would be piloting something in that area. SF confirmed that was correct and we would be monitoring the situation.

KWB commented that some elements would be changed to improve the pathway.

SH queried whether there was any effect on ambulatory care. SF replied that there was no impact on medical specialties but some other specialties would start to pull patients through.

ML queried whether given the developments of this model that some metrics would be developed and reported to the Board. SF replied that these would not be in the performance report but Governance Committee would see the detail of that. KWB suggested that it may be helpful for ML to attend a Governance session given his expertise at Mid Staffs. ML replied that he would be very happy to do that.

SH highlighted ambulance handover on page 4 commenting that it suggested that the process seemed to be getting better. SF replied it was but that we needed to implement 'Fit to Sit' and other recommendations from the ECIP report. PT commented that presumably it was about an education programme. SF replied that James Cook hospital would actually even put more sicker patients in the waiting room but all their patients were initially assessed by a consultant. SF stated a piece of work was being undertaken to look at where patients were coming from and he would feed back the results of that audit.

AK highlighted cancer 62 days which was currently below target because of capacity issues within Urology. AK advised that actions were in place to address ongoing capacity issues with a recovery action plan in place.

Resolved: To accept the report and to note the risks going forward.

Item 8 **Joint Finance & Performance Committee – Terms of Reference**

JP presented the terms of reference for the new joint F&P Committee.

JP advised that the second meeting of the Committee had been held that week. PT queried the new report coming from the Committee and whether that would be for both Trusts. JP replied that it would be two separate reports.

Resolved: To accept the revised Terms of Reference.

The following reports were all received having been discussed in detail at Governance Committee.

Item 9 **Fire Safety Annual Report 2017/18**

The report was received.

Item 10 **Health & Safety Report 2017/18**

The report was received.

Item 11 **Security Report 2017/18**

The report was received.

JOHN ANDERSON QA CBE
Chairman

City Hospitals Sunderland
NHS Foundation Trust

BOARD OF DIRECTORS

SEPTEMBER 2018

QUALITY REPORT (July 2018 data)

1. INTRODUCTION

The Quality Report presents data relating to our aims and priority workstreams described in the Quality Strategy 2018-2023. The purpose of the report is to provide a progress report on key issues and assurance to the Trust Board on patient safety, patient experience and clinical effectiveness as well as assurance on the delivery of the Quality Strategy.

2. ISSUES IN THE REPORT

2.1 Pressure Ulcers

The number of pressure ulcers reported in July have increased when compared with June figures across all areas. However, June was an unusually low number and there is still an overall reduction.

2.2 Serious Incidents reported

CHSFT – 2 (Delayed diagnosis resulting in amputation, baby born in poor condition)

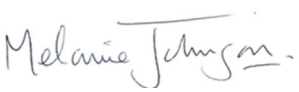
3. SUMMARY OF KEY RISKS

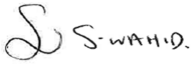
- Increased numbers of complaints without final response at 41 days (CHS 14)
- Involvement of elderly medical specialists in care of patients >age 70 requiring emergency laparotomy surgery (Dec'15-Nov'16 data)
- Children's Services in Sunderland OFSTED Report
- Number of RN vacancies in ED.

4. RECOMMENDATIONS

The Board is asked to:

- Note and approve the content of the report





MELANIE JOHNSON
EXECUTIVE DIRECTOR OF NURSING, MIDWIFERY & AHPs

IAN MARTIN
MEDICAL DIRECTOR (CHSFT)

SHAZ WAHID
MEDICAL DIRECTOR (STFT)

NHS

City Hospitals Sunderland
NHS Foundation Trust

South Tyneside
NHS Foundation Trust

Quality Report

Primary Goals:

Reduce avoidable harm
Achieve the best clinical outcomes
Provide the best patient experience
Support patients to be actively involved in their own care and treatment

July 2018 data

Presented in September 2018

The path to excellence

City Hospitals Sunderland
and South Tyneside NHS Foundation Trusts
working in partnership

Patient Story

City Hospitals Sunderland

A letter was sent in by family members to thank staff on E52 for the care they provided to their father:

"My dad, who had Alzheimer's, was admitted after a fall at home. During his stay we experienced a range of emotions as we moved from dad coming home, being admitted to nursing/EMI care and then end of life care in what was, we felt a very short period. However, your team were always available to provide information, support and nursing care of the highest standard, often during very busy periods/emergencies on the ward.

It was also the little touches that your team provided, from staff at every level which helped our family cope during this sad time For the cups of tea provided by your domestic staff to the personal message provided to mum and dad on their wedding anniversary. On 16th February mum & dad celebrated their 63rd wedding anniversary and the nurses wrote a congratulatory message on his headboard. Small acts of kindness which are above and beyond basic nursing care and which meant a huge amount to our family particularly our mum.

Thank you also for making dads last few days so much easier for us. We continued to be impressed by the kindness, professionalism and compassion given to dad and his family during this very difficult period. From open visiting, gentle music playing of dads favourite songs, letting us stay overnight and allowing us to be with him while he died pain free and peacefully in his sleep, we cannot thank you enough."

The patients family went on to donate a sum of £200.00 to contribute to the continued care for patients on E52

South Tyneside

The following letter was sent in by a patient who attended Cardiology Rehabilitation:

'I would like you pass on my thanks to the Cardiology Rehabilitation Team. I received excellent treatment after a heart attack, and over the last 17 years I have received brilliant follow up treatment and rehabilitation. I have found the exercise classes very beneficial and also the chance to meet and talk to staff and fellow patients who caringly understand my situation. The professionalism and care from the Cardiology Team have kept me 'ALIVE', I am grateful as this has given me quality time with my friends and family, it has also allowed me to lead an active life.

We have just had a wonderful celebration from the hospital to celebrate 25 years of the rehabilitation services. I would be grateful if you could pass on my thanks to the Cardiology Team, hospital mangers and the Chief Executive'.

The idea for the group came from coronary care sister Dorothy Pearson who saw it as a good way to encourage patients to carry on with exercise following their cardiac rehabilitation programme.

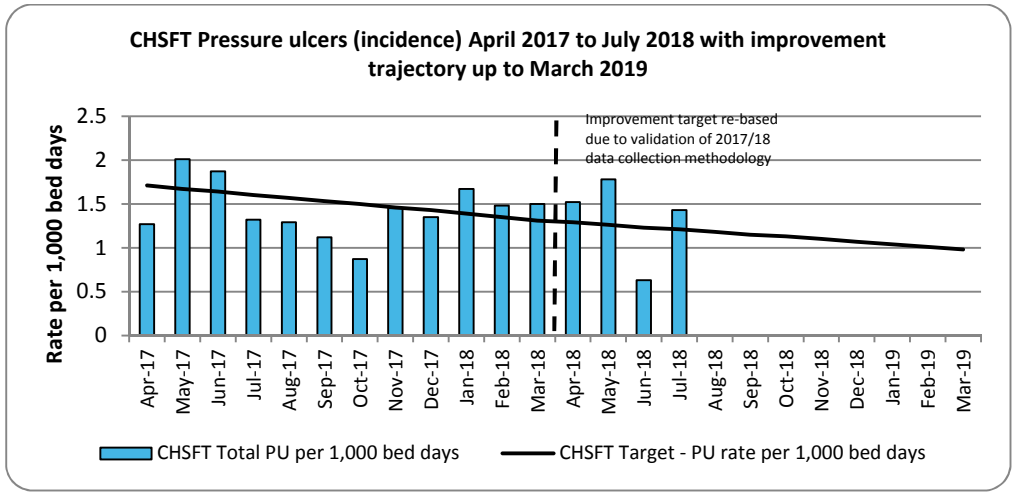
Patient Safety

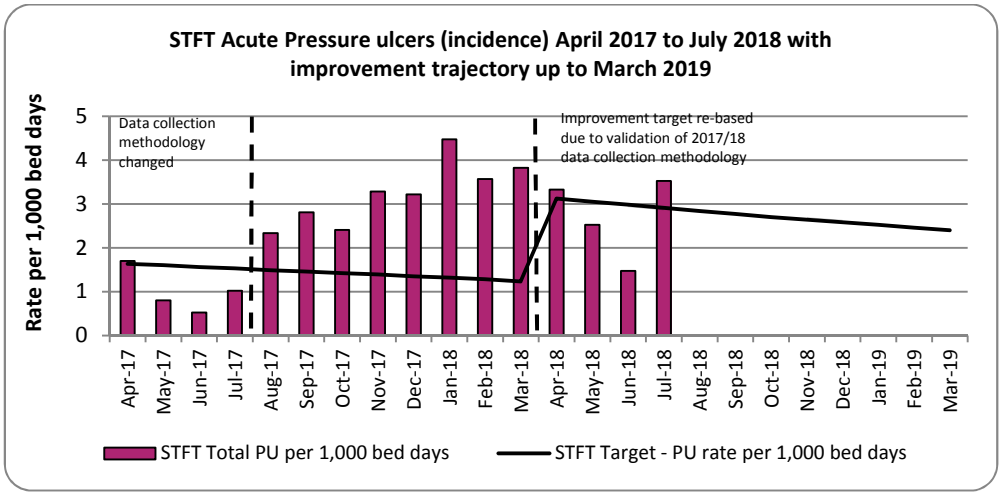
Reduce incidence of Category 2 to 4 pressure ulcers developed in our care (by 25%)

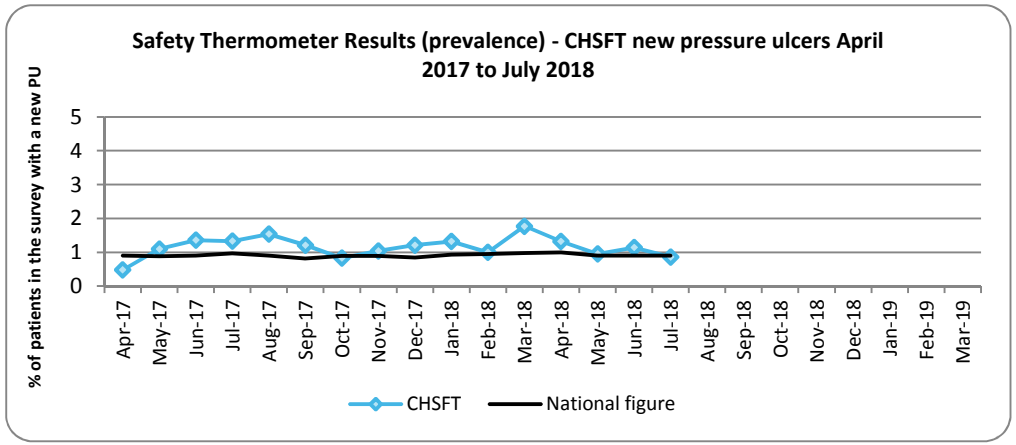
City Hospitals Sunderland	Total PUs 01/04/17 to 31/03/18	YTD	Total PUs July 2018
Total number of category 2:	294	89	24
Total number of category 3:	2	3	0
Total number of category 4:	1	0	0
Total number:	297	92	24
Rate per 1,000 bed days:	1.43	-	1.43

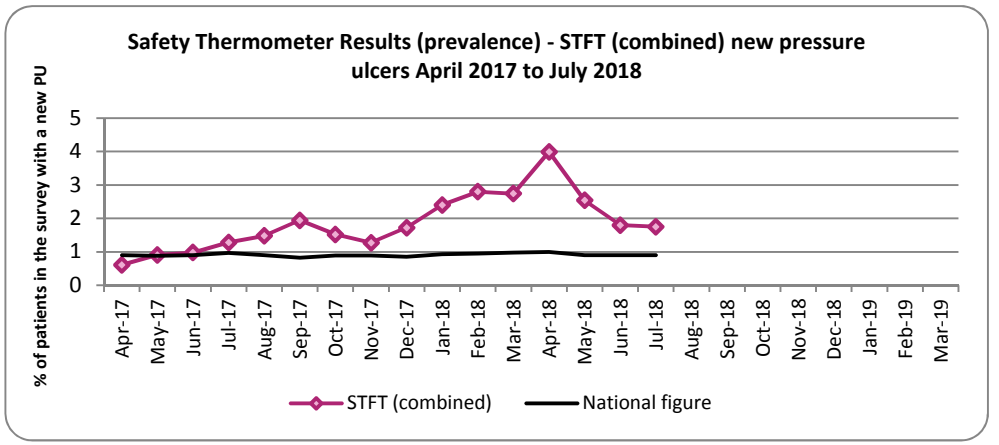
South Tyneside	Total PUs 01/04/17 to 31/03/18	YTD	Total PUs July 2018
Total number of category 2:	225	81	23
Total number of category 3:	13	5 (2*)	3 (2*)
Total number of category 4:	2	1*	1*
Total number:	240	87	27
Rate per 1,000 bed days:	3.16 (Aug 17-Jan 18)	-	3.52

* Awaiting review at PURP

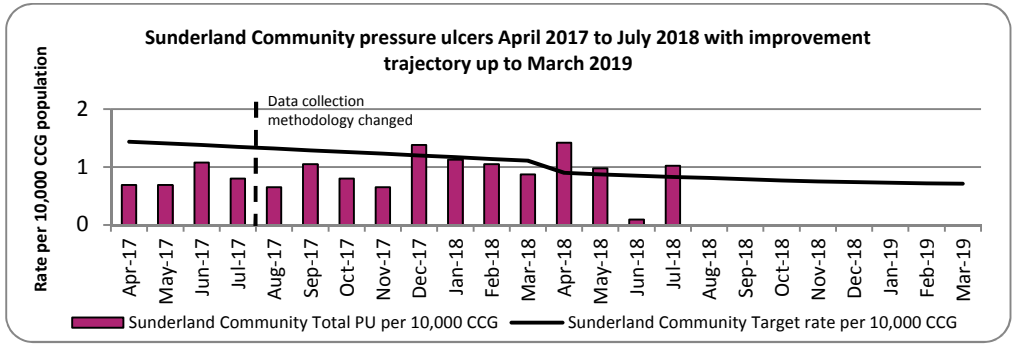




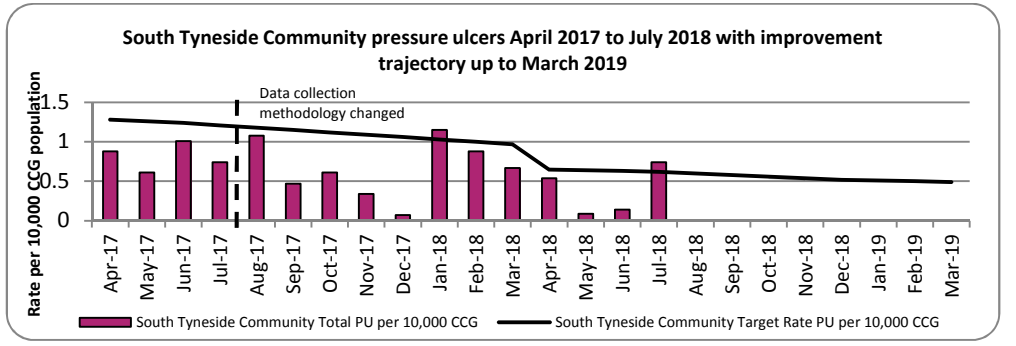




Sunderland Community	Total PUs 01/04/17 to 31/03/18	YTD	Total PUs July 2018
Total number of category 2:	261	108	28
Total number of category 3:	29	3	0
Total number of category 4:	6	0	0
Total number:	296	111	28
Rate per 10,000 CCG population:	-	-	1.02



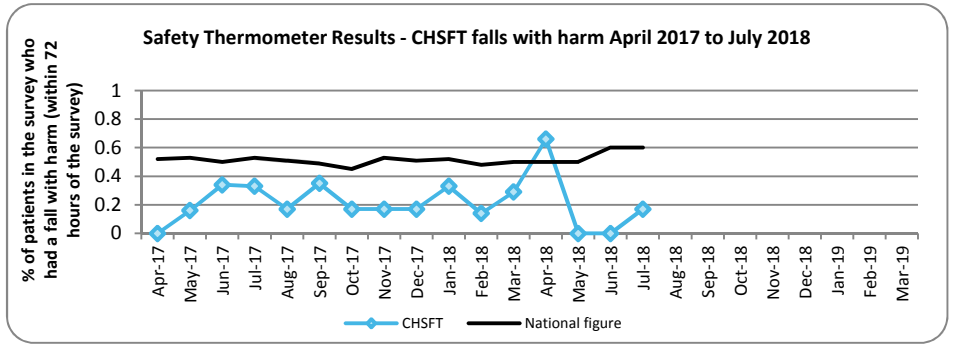
South Tyneside Community	Total PUs 01/04/17 to 31/03/18	YTD	Total PUs July 2018
Total number of category 2:	112	52	11
Total number of category 3:	12	0	0
Total number of category 4:	2	0	0
Total number:	126	52	11
Rate per 10,000 CCG population:	-	-	0.74

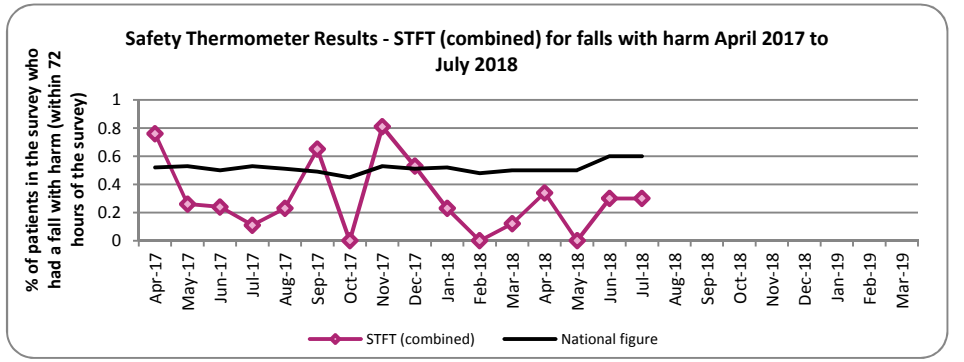


Reduce incidence of severe harm from patient falls (to be in the lower quartile of reporting Trusts nationally)

Severity of injury	CHSFT Falls 2017-18 (from Sept 17)	YTD	CHSFT Falls July 2018	STFT Falls 2017-18	YTD	STFT Falls July 2018
No harm	582	294	76	787	245	67
Low harm	303	143	41	99	77	16
Moderate harm (number resulting in fractures)	12	4 (3)	0 (0)	4 (4)	0 (0)	0 (0)
Severe harm (number resulting in fractures)	0	0 (0)	0 (0)	0	0 (0)	0 (0)
Death	1	0	0	0	0	0
Total falls Rate/1,000 bed days	-	441	117 6.98	-	323	84 11.7
National falls Rate/1,000 bed days	-	-	6.63	-	-	6.63
Total with moderate/severe harm or death Rate/1,000 bed days	-	4	0 0.0	-	0	0 0.0
National rate for falls with moderate/ severe harm or death - Rate/1,000 bed days	-	-	0.19	-	-	0.19

Note: Charts show % of patients in the Safety Thermometer Survey who had a fall with harm (within 72 hours of the survey)





Infection control

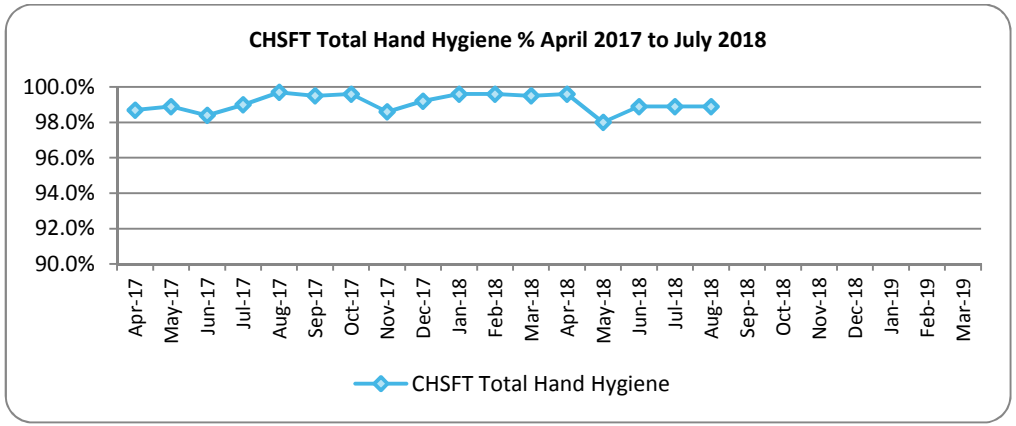
MRSA (targets for avoidable cases as stated)	CHSFT MRSA 01/04/17 to 31/03/18	YTD	CHSFT MRSA July 2018	STFT MRSA 01/04/17 to 31/03/18	YTD	STFT MRSA July 2018
	(Annual target 0)	(Annual target 0)		(Annual target 0)	(Annual target 0)	
Number of hospital acquired cases:	0	0	0	3	0	0

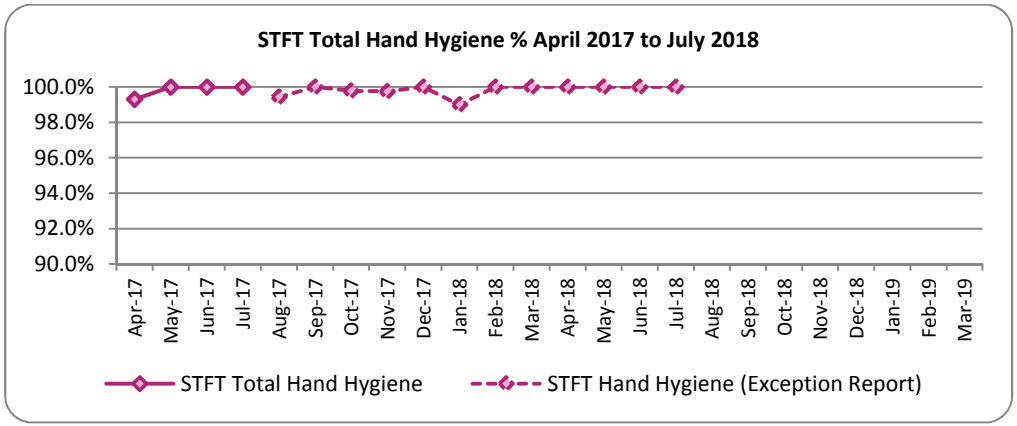
MSSA (no national target)	CHSFT MSSA 01/04/17 to 31/03/18	YTD	CHSFT MSSA July 2018	STFT MSSA 01/04/17 to 31/03/18	YTD	STFT MSSA July 2018
Number of hospital acquired cases:	29	3	0	9	2	1

E Coli (target 10% reduction)	CHSFT E Coli 01/04/17 to 31/03/18	YTD	CHSFT E Coli July 2018	STFT E Coli 01/04/17 to 31/03/18	YTD	STFT E Coli July 2018
	(Annual target 63)	(Annual target 56)		(Annual target 15)	(Annual target 13)	
Number of hospital acquired cases:	64	11	4	21	6	2

C Diff (targets as stated)	CHSFT C Diff 01/04/17 to 31/03/18	YTD	CHSFT C Diff July 2018	STFT C Diff 01/04/17 to 31/03/18	YTD	STFT C Diff July 2018
	(Annual target 34)	(Annual target 33)		(Annual target 8)	(Annual target 7)	
Number of Trust apportioned cases:	20	7	1	5	5	2
Number of cases awaiting appeal:	0	-	4	0	-	1

Hand Hygiene (target >98%)



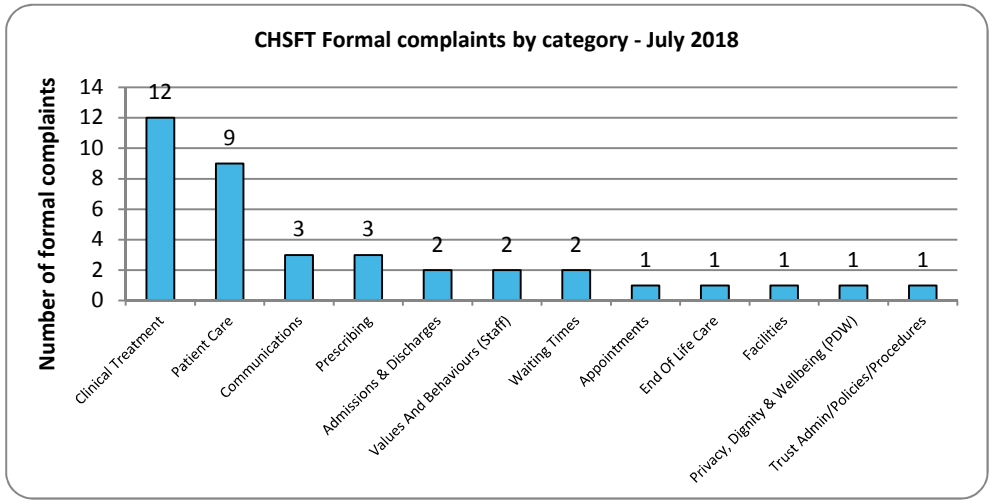


Patient Experience

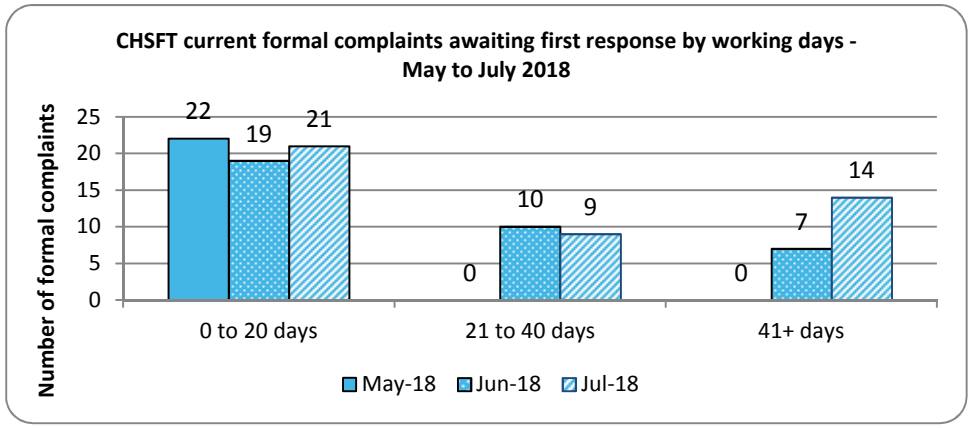
Complaints

City Hospitals Sunderland

There were 38 complaints received in July and no new cases from the PHSO. Clinical treatment is again the highest category.

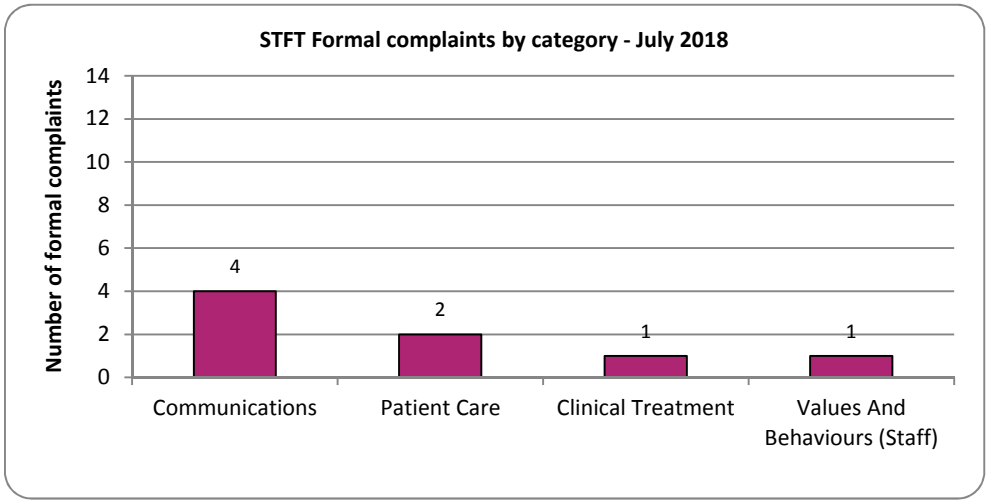


In July there were nine complaints at CHS which took >20 days to complete and 14 which have taken >40 days to complete. Cases are complex and involve multi-agencies or Coroner's review.

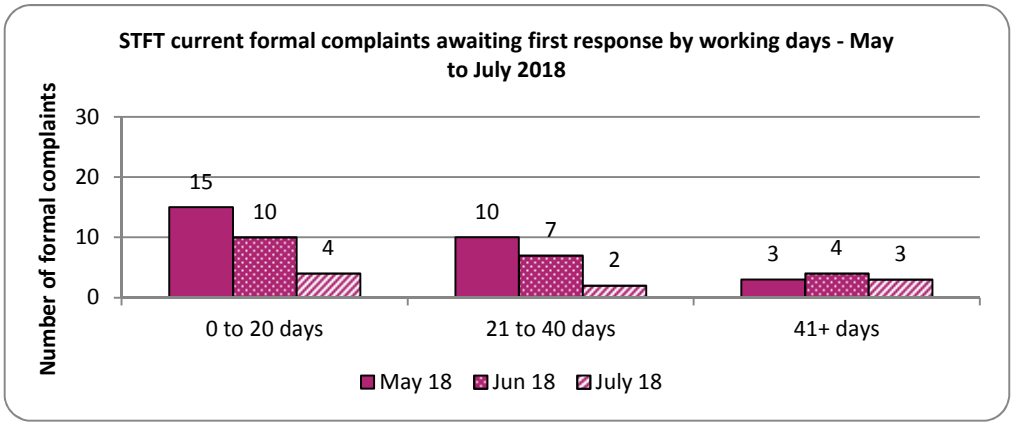


South Tyneside

There were eight complaints received in July and one new case received from the PHSO. The majority of complaints related to communication.



In July there were two complaints at STFT which took >20 days to complete and three which took >40 days. The reasons include complexity of the complaint ranging over a number of services, multi-organisational complaints that require a co-ordinated response and the completion of a serious investigation. Six local resolution meetings have been held with complainants in order to resolve ongoing concerns.



Dementia screening

	CHSFT 01/04/17 to 31/03/18	YTD	CHSFT July 2018	STFT 01/04/17 to 31/03/18	YTD	STFT July 2018
% of all patients aged 75 and above admitted as emergency inpatients, with length of stay > 72 hours, who are asked the dementia case finding question within 72 hours of admission, or who have a clinical diagnosis of delirium on initial assessment or known diagnosis of dementia, excluding those for whom the case finding question cannot be completed for clinical reasons.	99.84%	99.17%	99.2%	76.06%	78.93%	79.8%
% of all patients aged 75 and above admitted as emergency inpatients, with length of stay > 72 hours, who have scored positively on the case finding question, or who have a clinical diagnosis of delirium, reported as having had a dementia diagnostic assessment including investigations.	100%	100.00%	100%	77.69%	72.86%	71.4%
% of all patients aged 75 and above admitted as emergency inpatients, with length of stay > 72 hours, who have had a diagnostic assessment (in whom the outcome is either "positive" or "inconclusive") who are referred for further diagnostic advice in line with local pathways.	99.77%	95.24%	95.2%	90.15%	64.29%	66.7%

There have been ongoing challenges with dementia screening at South Tyneside, with a small working group who are currently looking into this and how improvements can be made. The group has ascertained that key issues such as screening on admission is not always completed on EAU and the base wards are poor at following this up; data collection is retrospective and often notes are not available; and the percentage numbers are low because the denominator from the initial screening is low.

Actions to address these issues include progressing the clinical pathway for data collection, the roll out of the new nursing and medical documentation to improve screening compliance and increased communication of the need to improve screening compliance.

Mixed sex breaches

	CHSFT 01/04/17 to 31/03/18	YTD	CHSFT July 2018	STFT 01/04/17 to 31/03/18	YTD	STFT July 2018
Mixed sex breaches	0	0	0	0	0	0

Patient safety walkrounds

There was one Patient Safety Walkround held in July. The area visited was B21 at Sunderland Royal Hospital. The Walkround was attended by one Non-Executive Director (NED), one Executive Director, one Senior Nurse and one Divisional General Manager.

Good areas of practice identified were that the ward had implemented and sustained snack rounds with fortified drinks and high calorific snacks for patients. This is now replicated on some wards across the Trust.

The issues of concern raised were:

- The ward temperature was 32^0C. This is very uncomfortable for patients and staff. The ward keeps lights switched off and leaves windows open wherever possible. An enquiry was made to Estates about the possibility of air conditioning units for the ward, however, these would need to be hired in and there was no space available to house them.
- There were ongoing issue with laptops. The ward has seven laptops available for use and two are frequently in need of repair and are taken away from the department. Three are used for ward rounds and sometimes there are two ward rounds running simultaneously. It is now becoming increasingly difficult for all staff to access a laptop to document patient records timely.

Clinical Effectiveness

Participation in national clinical audits

National Emergency Laparotomy Audit

The National Emergency Laparotomy Audit (NELA) aims to improve the quality of care for patients undergoing emergency laparotomy (exploratory opening of the abdomen). City Hospitals and South Tyneside have taken part in the audit since it was commissioned 4 years ago. The latest 'Hospital Level Achievement Key Processes of Care' data set has been published by NELA for Year 3 (December 2015 - 30 November 2016). The table below summarises key performance indicators across North East Trusts. Hospital size: 1=smallest quartile, 4 =largest.

Hospital Name	Adjusted mortality rate (%)	99.8% upper limit (%)	99.8% lower limit (%)		Total number of cases in Year 3	Final Case Ascertainment	CT reported before surgery	Risk documented preoperatively	Arrival in theatre in timescale appropriate to urgency	Preoperative review by a consultant surgeon and anaesthetist when risk of death >=5%	Consultant surgeon and anaesthetist present in theatre when risk of death >=5%	Consultant surgeon present in theatre when risk of death >=5%	Consultant anaesthetist present in theatre when risk of death >=5%	Admitted to critical care post op when risk of death >10%	Assessment by eldery medicine specialist in patients > 70 years	Median post-op length of stay in patients surviving to hospital discharge (days)	Proportion returning to theatre after emergency laparotomy (%)	Proportion with unexpected critical care admission from the ward < 7 days post op (%)	Quartile (based on total number of hospital beds)
Darlington Memorial Hospital	13.5	21.4	2.0		103											9.5	3.9	4.9	1
University Hospital North Durham	8.1	19.4	3.4		151											10.0	6.0	2.6	2
Freeman Hospital	8.5	23.0	1.1		82											21.0	16.0	2.5	n/a
Northumbria Specialist Emergency Care Hospital	12.1	17.1	5.0		262											9.0	3.5	1.2	1
University Hospital of North Tees	12.6	20.4	2.6		125											8.0	4.9	3.3	3
Queen Elizabeth Hospital - Gateshead	11.4	19.2	3.4		156											10.0	7.7	2.6	3
Royal Victoria Infirmary	7.8	16.9	5.1		272											11.0	8.5	2.6	4
The James Cook University Hospital	9.2	20.1	2.8		131											14.0	5.4	5.3	4
South Tyneside District Hospital	11.4	24.6	0.2		67											13.0	6.0	0.0	1
Sunderland Royal Hospital	11.5	19.2	3.4		157											12.5	20.0	3.9	4

In summary, most performance indicators are in the 'green' for both Trusts. Mortality is slightly above the national average (CHS 11.5%, ST 11.4% v 10.6% national average) although this has improved year on year since the start of the audit. For CHS, unplanned returns to theatres are high (20% V 8.3%). Work has already been done to understand this outcome. It may be less of a problem now as NELA has amended the question which now differentiates between 'unplanned' and 'planned' returns to theatre. The audit shows that nationally the involvement of elderly medicine specialists in patients over 70 is poor. Learning from other local Trusts is being considered in order that this can be improved.

Patient Reported Outcome Measures (PROMS) – Update

Trust participation in the national PROMS programme is mandatory and forms part of the NHS standard contract. Following the decision by NHS England to formally discontinue the varicose vein and groin-hernia surgery collections, this update is limited to the two remaining joint replacement procedures. Information has been extracted from the PROMs data file April 2016 to March 2017 (provisional) published by NHS Digital in June 2018, which is the latest release. The procedure-specific 'Oxford Scores' for hip and knee replacement have been used in the report rather than the generic measures, i.e. EQ-5D, in view that they are proven to be more accurate in determining 'health gain' status.

Summarised below is the performance for City Hospitals and South Tyneside:

Procedure	Measure
Hip Replacement Primary	Oxford Hip Score

Organisation level	Organisation name	Modelled records	Average Pre-Op Q Score	Average Post-Op Q Score	Health Gain	Improved	Unchanged	Worsened	Adjusted average Post-Op Q score	Adjusted average Health Gain	Standard Deviation of adjusted Health Gain
England	ENGLAND	40,679	17.986	39.788	21.802	39,599 (97.3%)	170 (0.4%)	910 (2.2%)	39.788	21.802	7.841
Provider	CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST (RLN)	146	15.301	38.267	22.966	143 (97.9%)	0 (0.0%)	3 (2.1%)	39.694	21.708	8.492
Provider	SOUTH TYNESIDE NHS FOUNDATION TRUST (RE9)	46	20.217	39.065	18.848	42 (91.3%)	0 (0.0%)	4 (8.7%)	38.857	20.871	7.877

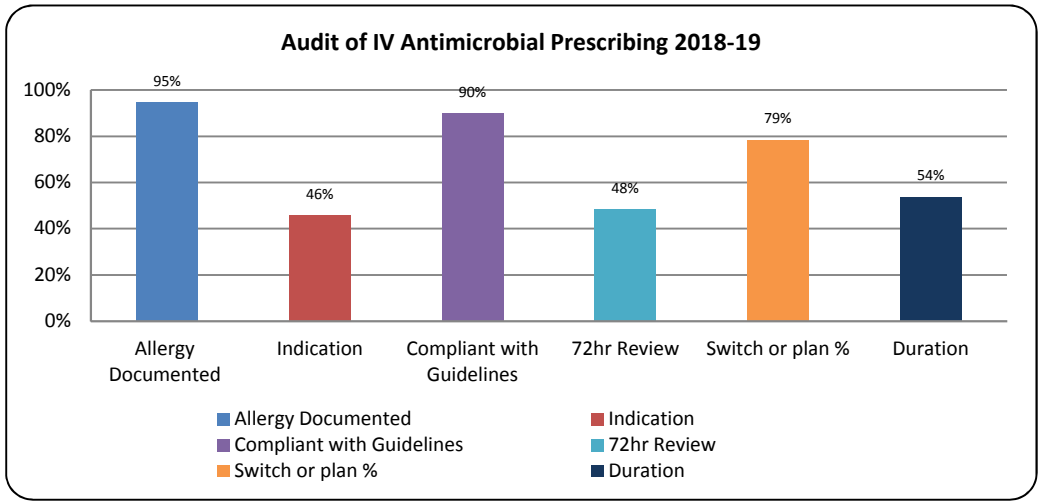
Procedure	Measure
Total Knee Replacement	Oxford Knee Score

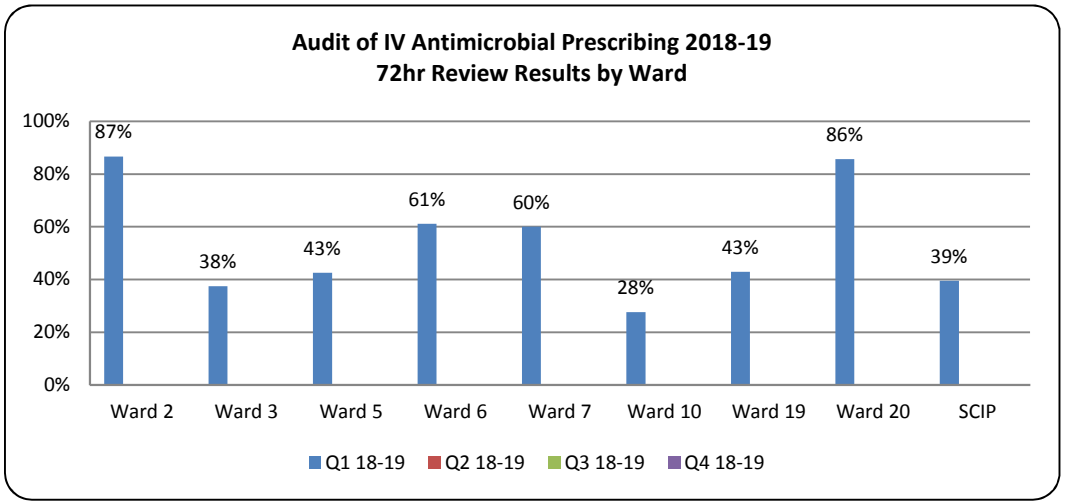
Organisation level	Organisation name	Modelled records	Average Pre-Op Q Score	Average Post-Op Q Score	Health Gain	Improved	Unchanged	Worsened	Adjusted average Post-Op Q score	Adjusted average Health Gain	Standard Deviation of adjusted Health Gain
England	ENGLAND	46,075	19.110	35.508	16.398	43,208 (93.8%)	472 (1.0%)	2,395 (5.2%)	35.508	16.398	8.545
Provider	CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST (RLN)	243	18.045	33.572	15.527	228 (93.8%)	1 (0.4%)	14 (5.8%)	34.874	15.764	8.770
Provider	SOUTH TYNESIDE NHS FOUNDATION TRUST (RE9)	56	17.912	31.877	13.965	51 (91.1%)	0 (0.0%)	5 (8.9%)	32.459	13.349	8.699

- Primary hip replacement – 97.3% of patients at City Hospital's reported improved health gain status with only 3 patients reporting worse outcomes. For South Tyneside, 91.3% of patients reported improved outcomes and 4 patients said their health status was worse. Note that a larger numbers of cases are undertaken at City Hospitals.
- Primary knee replacement – very similar health gain profile to the England average. For CHS, 93.8% reported improved and ST 91.1%.

Antimicrobial Audit (South Tyneside only)

At South Tyneside, an audit of medicines charts is carried out each week on the wards to monitor compliance with the antimicrobial guidelines as well as the completion of the 72 hour review. The audit monitors whether the sections have been completed on the medicine charts. The results for Q1 2018-19 can be found below:





CQUIN Part 2d

This consists of 3 elements the overall reduction of DDD usage per 1,000 admissions, the reduction of Carbapenem usage per 1,000 admissions and increasing the proportion of AWaRe category antibiotics used to 55%.

Measure	2018-19 Target	2018-19 Forecast	CQUIN achievement Q1 18-19
Reduction in antibiotic consumption per 1,000 admissions	6219	6184	Yes
Reduction in carbapenem per 1,000 admissions	73	68	Yes
Increase in proportion of antibiotic usage within AWaRe category (the Access, Watch and Reserve antibiotic categories assist antimicrobial stewardship and reduce antimicrobial resistance)	55%	49%	No

Key Enablers

Culture of safety

Safeguarding

City Hospitals Sunderland

Children

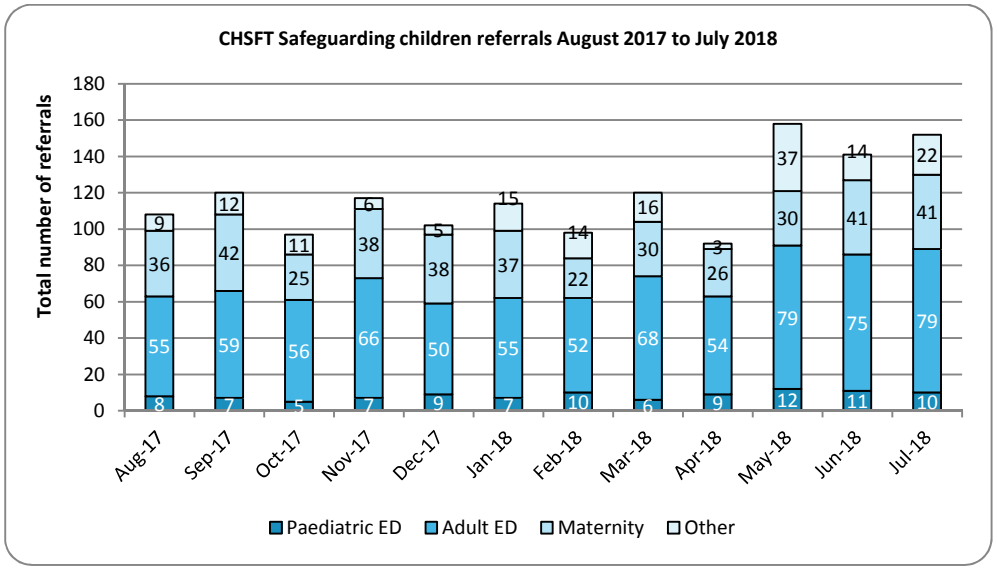
- Of the 14,152 (↑) patients attending AED, PED and SEI, 110 (↑) (0.77%) (↑) resulted in a referral.
- Of the 284 (↑) pregnancy bookings 41 (14%) (↓) resulted in a referral. One further concealed pregnancy has been reported, taking the total to 6 in past four months.
- Together for Children have received the final OFSTED report.
- Key areas impacting on CHSFT and STFT are referrals and the function of the Integrated Contact and Referral Team (ICRT) in managing the volume of referrals and thresholds being too high. The team are working in partnership to review the thresholds document.

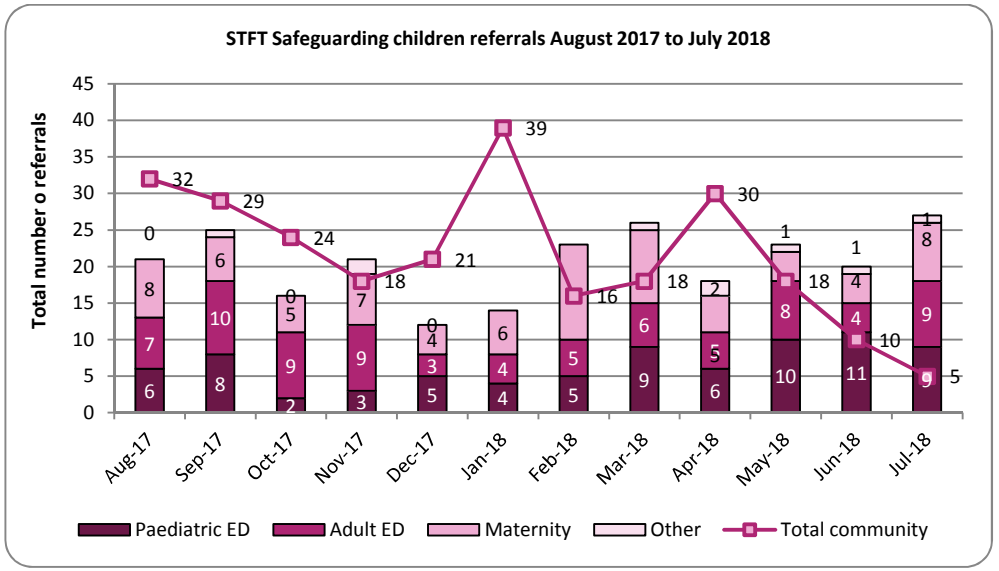
Area	2015 Judgement	2018 Judgement
1. Children in need of help and protection	Inadequate	Inadequate
2. Children Looked After and achieving permanence	Inadequate	Requires improvement
2.1 Adoption performance	Inadequate	Good
2.2 Experience and progress of care leavers	Inadequate	Requires improvement
3. Leadership management and governance	Inadequate	Inadequate
Children's services in Sunderland are inadequate		

South Tyneside

Children

- Of the 6,244 (↑) patients attending AED and PED, 18 (↑) (0.28%) (↑) resulted in a referral.
- Of the 135 (↑) maternity bookings 8 (5.93%) (↑) resulted in a referral.
- A further decline in the number of community based referrals can be attributed to the loss of the 0-19 services.
- Still awaiting report from Royal College of Child Health and Paediatrics (RCCHP).





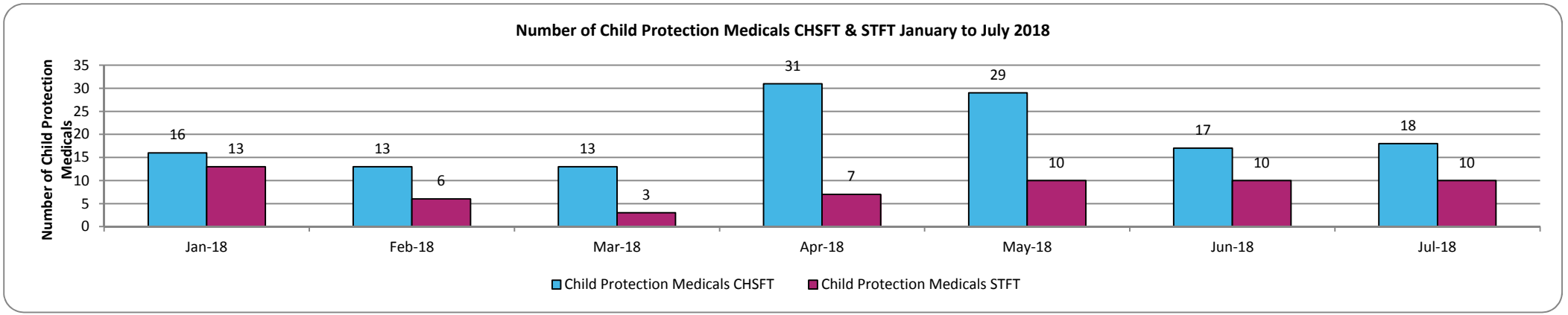
City Hospitals Sunderland and South Tyneside

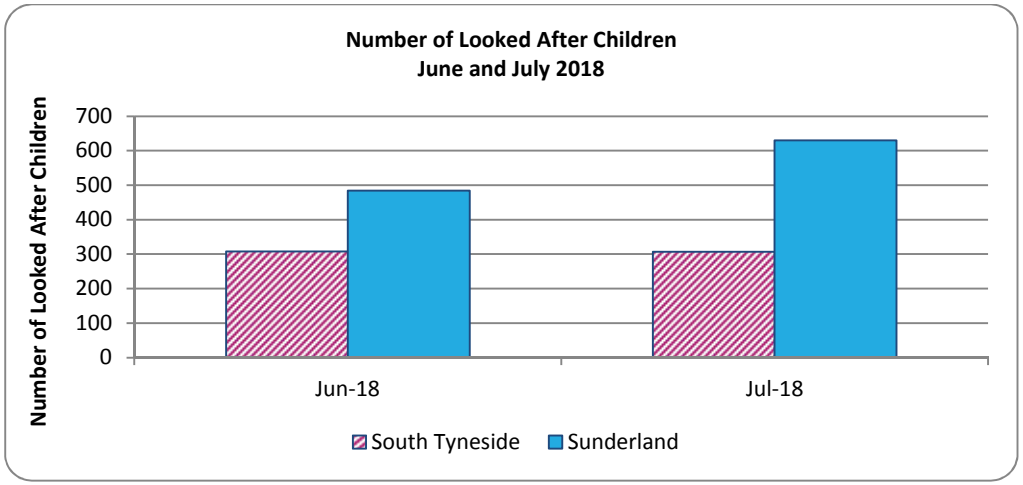
The Main themes for STFT and CHSFT Maternity referrals continue to be domestic abuse, parental mental health, maternal substance misuse, previous involvement with Childrens Services. The new emerging theme for CHSFT continues to be concealment of pregnancy. Concerns around Human Trafficking and Modern Day Slavery resulted in two referrals. There were two reported FGM cases.

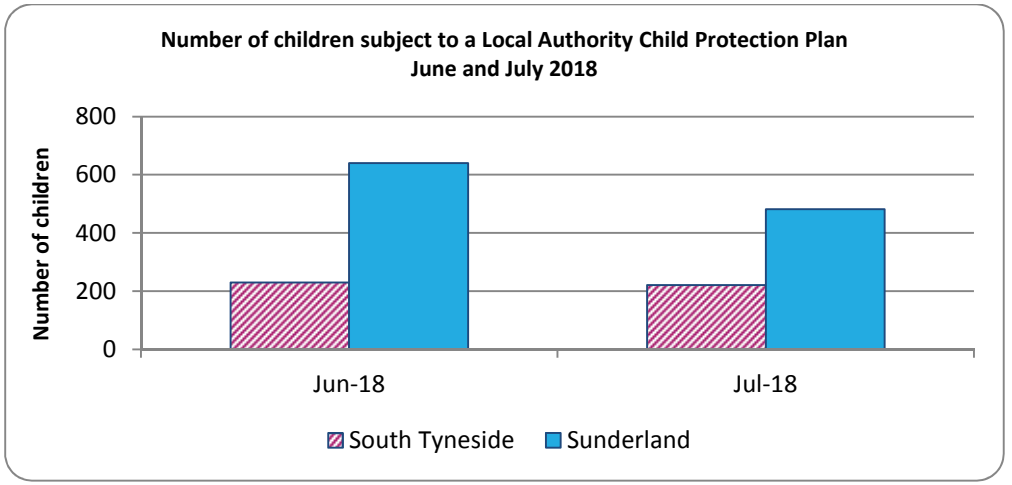
The main themes for all children's referrals across STFT and CHSFT acute settings were due to parental alcohol, substance and mental health issues (Compromised Parenting) and adolescents presenting with mental health concerns including self-harm and overdose. The new emerging theme continues to be the use of Class A drugs in adolescents within CHSFT.

There were three further non-accidental injuries in CHSFT making a total of 14 in the past three months. STFT had one non accidental injury making a total of seven in the past three months.

STFT child protection medicals continue to be completed in CHSFT until the RCPCH report is received on the 31 August 2018. The numbers of children on a Child Protection or Looked After plan have increased in Sunderland TfC which can be related to the OFSTED report. The STFT have reduced with no identifiable factor.







City Hospitals Sunderland

Adults

- Of the 10,937 (↑) patients attending AED and SEI, 11 (0.10%) (↓) resulted in a referral.

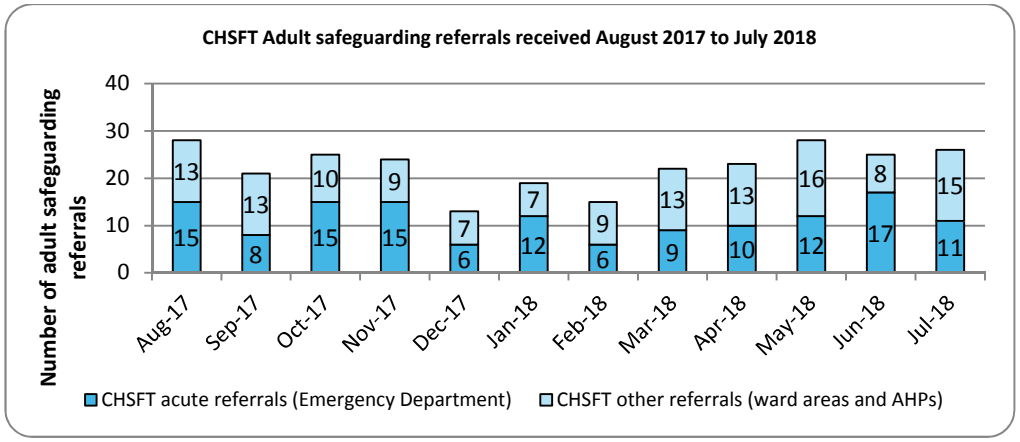
South Tyneside

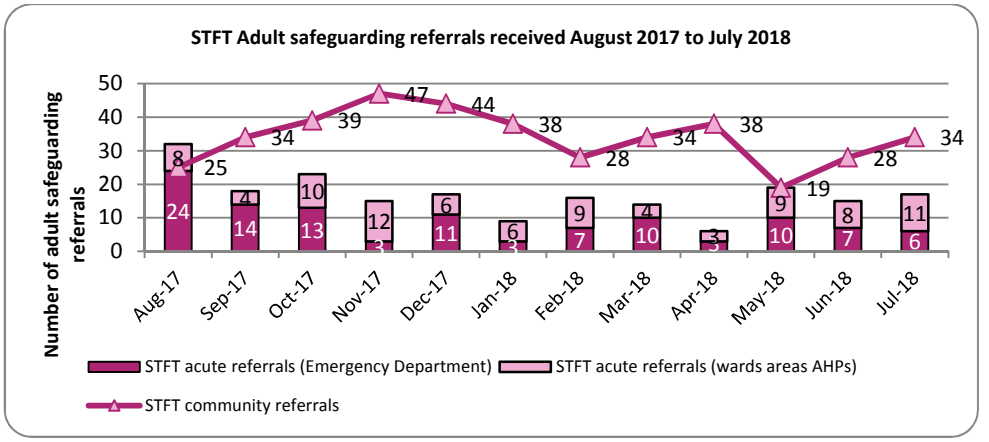
Adults

- Of the 4,755 (↑) patients attending AED, 6↓ (0.12%) resulted in a referral.

City Hospitals Sunderland and South Tyneside

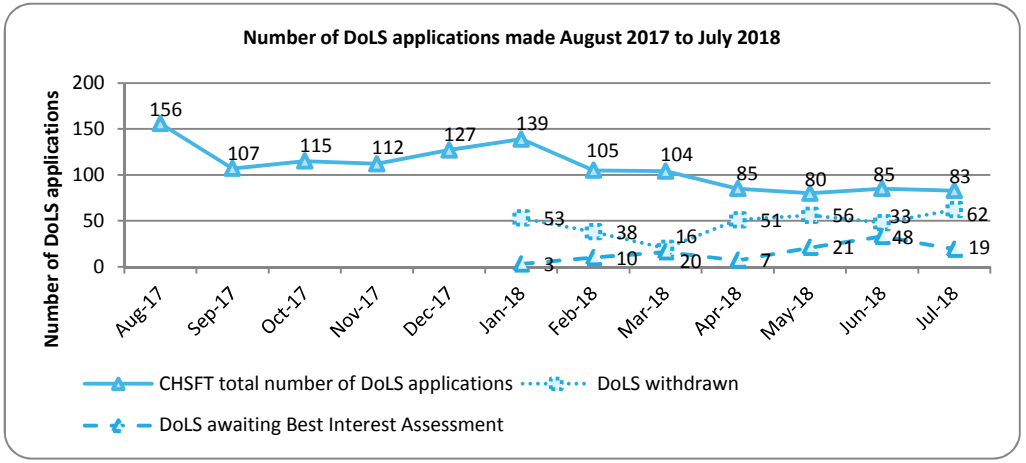
The themes for all referrals were due to neglect, self-neglect, domestic abuse, organisational, physical abuse, emotional abuse, financial and sexual abuse.





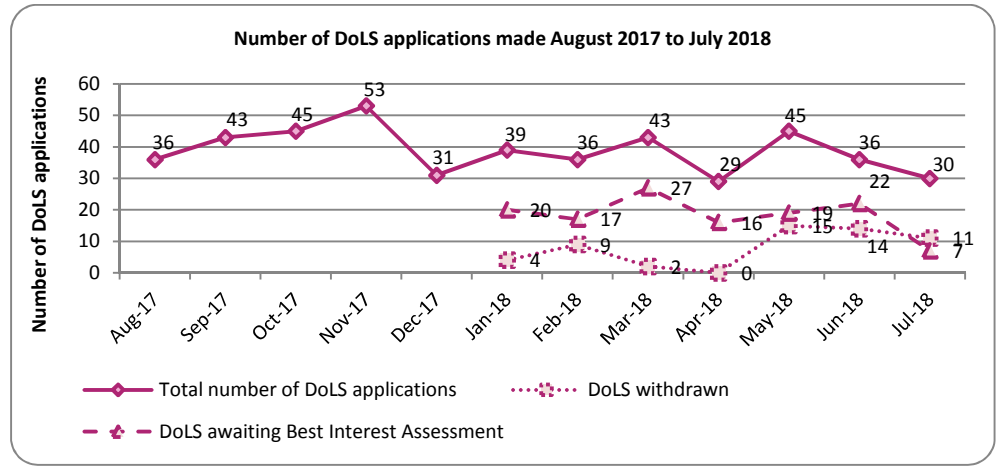
DoLS

- Of the 9,645(↑) inpatients, 0.86%(↓) applications were completed.
- The withdrawal of applications has increased demonstrating robust oversight of the applications. *(Note: The numbers of withdrawn applications from January to June 2018 have increased significantly from the previous report. This is due to a reporting error.)*



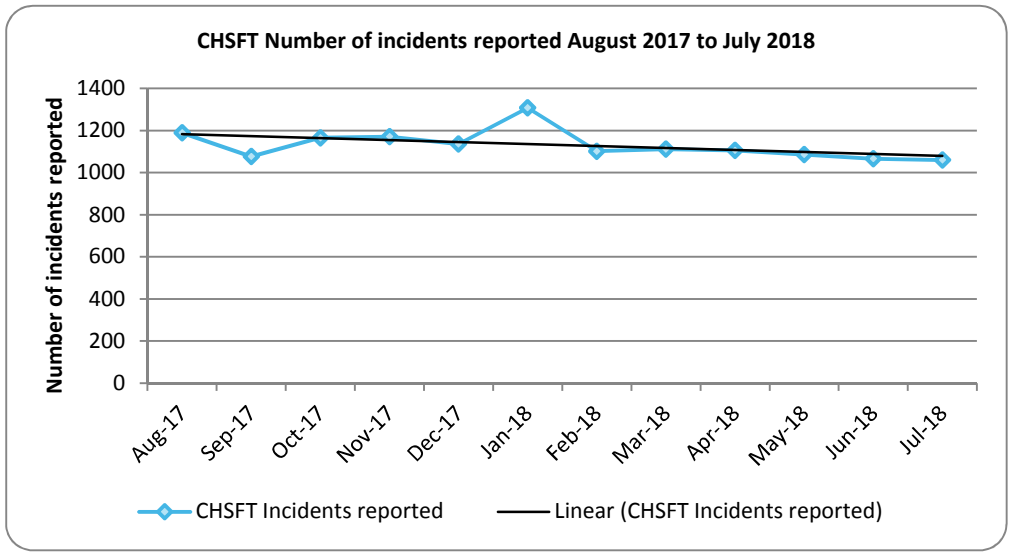
DoLS

- Of the 2,332(↑) inpatients, 1.2 %(↓) applications were completed.



City Hospitals Sunderland

Incident reporting

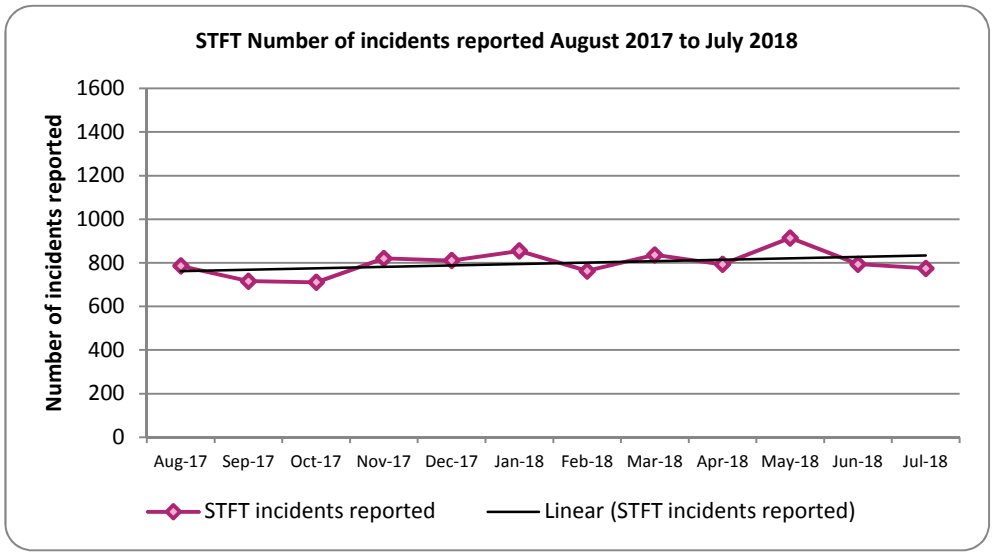


CHSFT Incidents reported by severity August 2017 to July 2018

	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18
Near miss	33	26	30	26	21	24	15	19	19	12	32	40
No harm	627	632	703	680	595	788	634	667	668	679	672	651
Minor harm	458	369	405	433	481	469	424	388	391	377	335	348
Moderate harm	23	42	23	27	33	21	24	32	22	15	23	20
Major harm	3	6	5	2	3	2	4	3	5	1	4	1
Extreme harm	0	2	0	1	3	4	1	3	1	2	0	0
Total	**1189**	**1077**	**1166**	**1171**	**1136**	**1308**	**1102**	**1112**	**1106**	1086	1066	1060

South Tyneside

Incident reporting



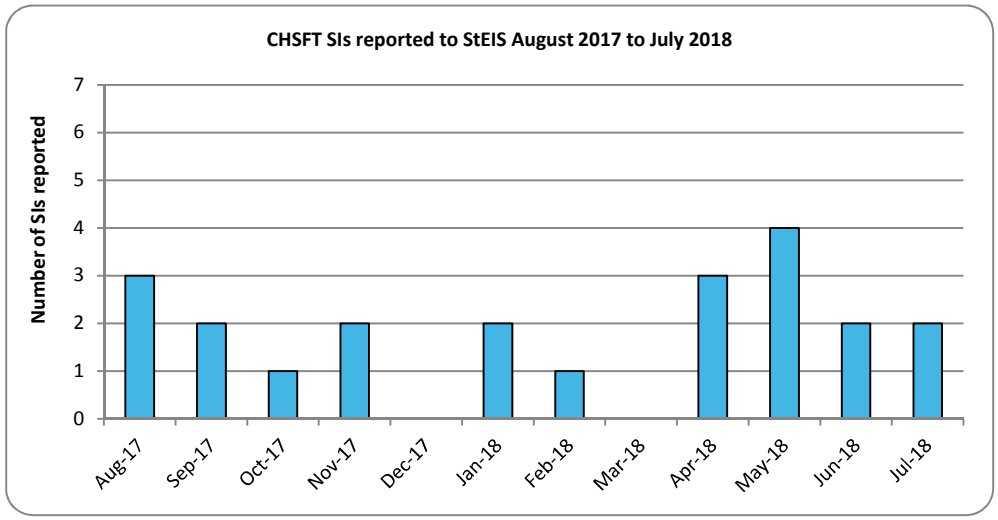
STFT Incidents reported by severity August 2017 to July 2018

	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18
Near miss	100	105	384	111	134	118	119	97	110	117	77	86
No harm	471	402	122	449	403	426	414	453	419	495	423	388
Minor harm	192	190	183	251	260	295	220	272	255	288	270	287
Moderate harm	23	18	22	8	14	14	9	11	9	11	19	14
Major harm	0	1	0	2	0	1	1	2	0	3	4	0
Extreme harm	0	0	0	1	0	0	0	1	0	0	1	0
Total	**786**	**716**	**711**	**822**	**811**	**855**	**763**	**836**	**793**	**914**	**794**	**775**

Duty of Candour

Three Incidents required Duty of Candour in July. In two cases all requirements were met; the third case was raised via a complaint and therefore the initial notification phase was dealt with via the complaints process.

Serious Incidents (SIs)



- Patient admitted with stroke and thombolysed. Patient reviewed on 16/06/2018 for lower limb discolouration and diagnosed with possible DVT. Description was of ischaemic limb but was misdiagnosed as DVT. Patient referred to vascular for review. Required above knee amputation.
- Fetal bradycardia, delivery expedited with forceps. Baby born in poor condition and transferred to NICU. Therapeutically cooled.

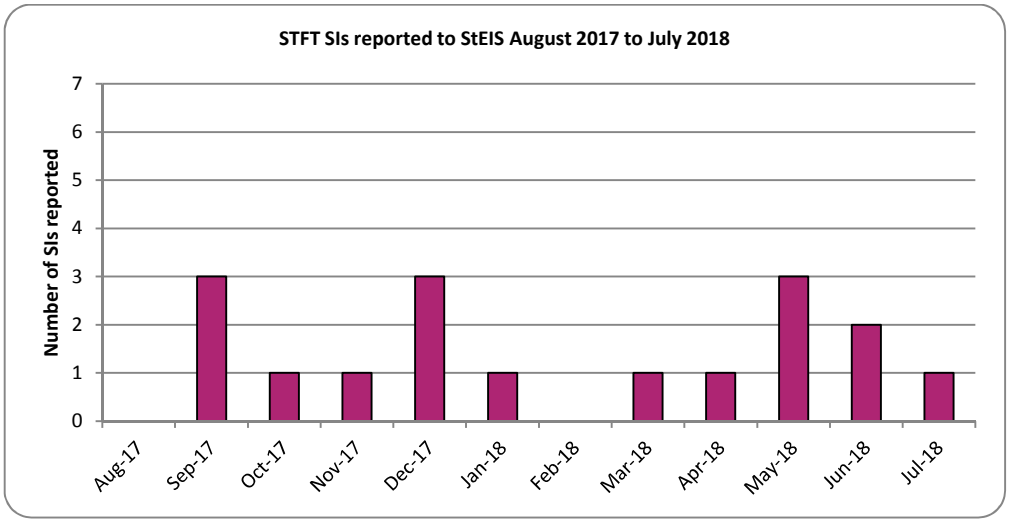
Never Events

No Never Events were reported in July.

Duty of Candour

There was one incident requiring Duty of Candour in July where all requirements were met.

Serious Incidents (SIs)



- Fall with fracture

Never Events

No Never Events were reported in July.

Recruitment and retention of nursing staff and allied health professionals

City Hospitals Sunderland

Nursing

During the month of July, three escalation beds open on D41 and three on D46 for part of month.

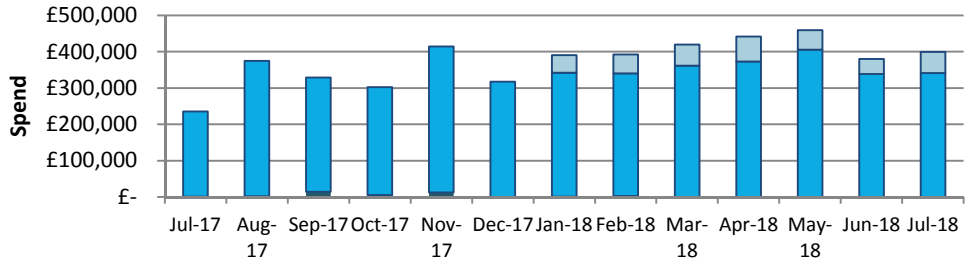
In July the total absences for RNs was 12.78%, which is an increase from June (9.42%). The table below shows a breakdown of this data and shows the RN starters and leavers in July.

	May 18	June 18	July 2018
Maternity leave	3.53%	3.46%	3.31%
Sickness	3.54%	2.74%	3.22%
RN vacancies	3.00%	3.22%*	6.25%
Available RNs	89.93%	90.58%	87.22%
Starters	3	2	10
Leavers	8	11	16

**Vacancy percentage for RNs is at 6.25%, however, there is an additional 2.97% of RNs that are currently going through pre-employment checks.*
It should be noted that the significant increase in vacancies is because month 4 budget information was used rather than submitted RAFs as it is becoming apparent that the RAF process is not timely, the budgets also included uplifts that had been agreed for IAU and ED. By comparison RN turnover for July was 1.04%.

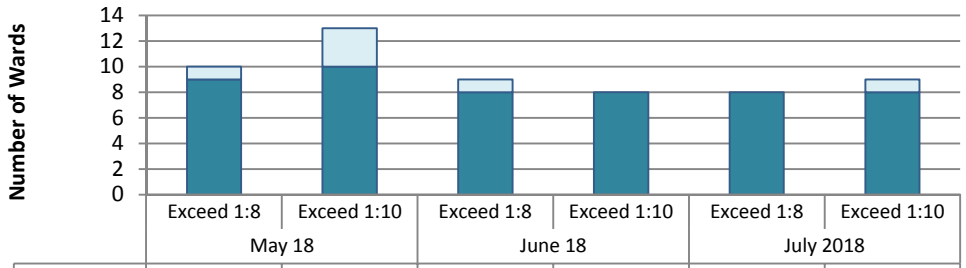
There were 29 incident forms submitted in July relating to nursing and midwifery staffing, an increase from June (20). There were seven incidents forms submitted by wards when RN staffing was below minimum numbers, an increase from June (6), with Medicine and Surgery submitting three each of these. They were attributed due to staff sickness and staff being moved to support other wards where numbers of RNs are below.

CHSFT Spending on Nursing Agency, NHS Professionals and Overtime July 2017 - July 2018



	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Overtime	£-	£-	£-	£-	£-	£-	£49,348	£51,979	£57,925	£68,229	£53,833	£41,292	£58,453
NHS Professionals	£234,564	£372,237	£314,582	£297,479	£401,933	£317,423	£340,835	£337,705	£361,536	£373,462	£405,616	£338,480	£340,869
Agency Nursing	£1,072	£2,205	£14,158	£5,082	£12,288	£-	£967	£3,098	£-	£-	£-	£-	£411

CHSFT Nurse to patient ratios showing 3 month trend May to July 2018



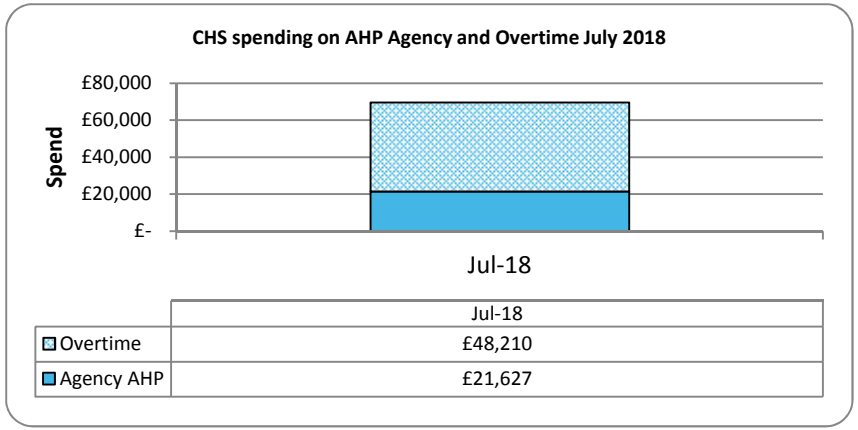
	Exceed 1:8	Exceed 1:10	Exceed 1:8	Exceed 1:10	Exceed 1:8	Exceed 1:10
	May 18		June 18		July 2018	
Theatres	0	0	0	0	0	0
Family Care	0	0	0	0	0	0
Surgery	1	3	1	0	0	1
Medicine	9	10	8	8	8	8

Allied Health professionals

The table below shows a breakdown of AHP vacancies, absences and turnover for July.
Note - ODPs are included in the sickness and maternity leave below, however, they are not included the AHP vacancies, as they are included in the Theatre vacancies within nursing.

	July 18
Maternity leave	2.11%
Sickness	1.93%
AHP vacancies	17%
Starters	2
Leavers	2

There was no AHP staffing incidents submitted in July.



South Tyneside

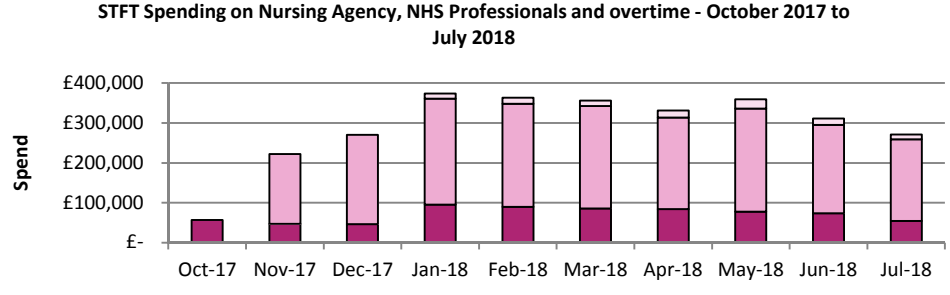
During the month of July, there were no escalation beds open.

In July the total absences for RNs was 13.09% (Acute) a decrease from June (15.29%); and 6.15% (Community) a decrease from June (13.66%). This should be interpreted with caution as the data is based on financial data, not real time HR data, and the actual position may be slightly worse. The table below shows a breakdown of this data and shows the RN starters and leavers in July.

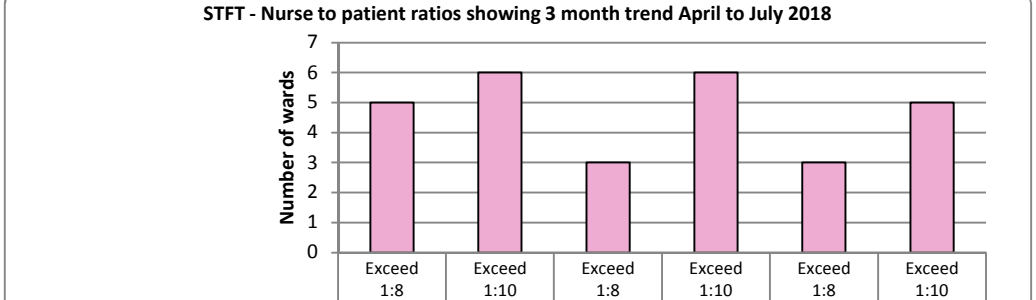
	May 18		June 18		July 18	
	Acute	Community	Acute	Community	Acute	Community
Maternity leave	1.54%	3.85%	1.82%	3.81%	1.39%	3.65%
Sickness	6.34%	4.56%	6.50%	5.02%	4.67%	5.42%
RN vacancies	6.38%	6.65%	6.97%	4.83%	5.14%	5.06%
Available RNs	85.74%	84.94%	84.71%	86.34%	86.91%	93.85%
Starters	0	2	5	5	2	3
Leavers	1	4	4	3	9	6

**Vacancy percentage for RNs is at 5.14%, however, there is an additional 5.14% of RNs that are currently going through pre-employment checks.*

There were 93 safe care/incident forms submitted in July relating to nursing and midwifery staffing, a slight decrease from June (94). There was one incident form submitted by paediatric ED when RN staffing was below minimum numbers.



	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Overtime	£-	£-	£-	£13,065	£14,801	£14,158	£17,638	£23,238	£16,287	£11,668
NHS Professionals	£-	£175,072	£223,979	£265,263	£258,068	£256,127	£229,613	£258,010	£220,795	£204,895
Agency Nursing	£56,529	£47,219	£46,465	£95,547	£90,190	£86,114	£83,896	£77,968	£74,169	£54,194



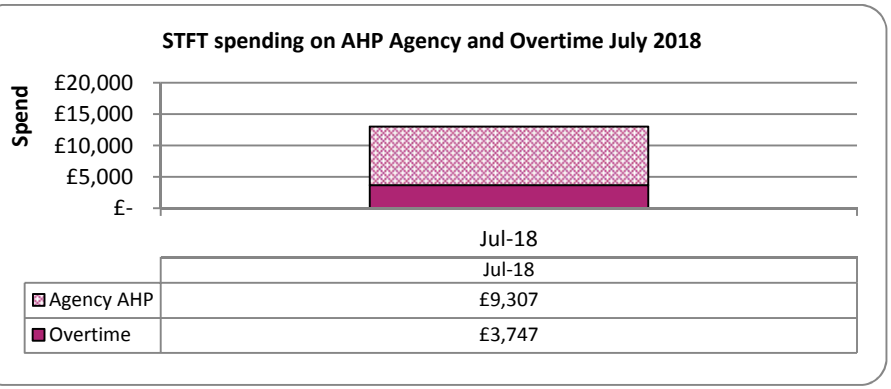
	May 18 Exceed 1:8	May 18 Exceed 1:10	June 18 Exceed 1:8	June 18 Exceed 1:10	July 18 Exceed 1:8	July 18 Exceed 1:10
Surgical Specialities & Maternity	0	0	0	0	0	0
Medicine & COTE	5	6	3	6	3	5
Acute & Urgent Care	0	0	0	0	0	0

Allied Health Professionals

The table below shows a breakdown of AHP vacancies and absences and turnover for July.

	July 18	
	Acute	Community
Maternity leave	1.69%	3.35%
Sickness	2.91%	1.16%
AHP vacancies	9.96%	4.97%
Starters	0	2
Leavers	3	0

There were no incident forms submitted in July relating to AHP staffing.



	Jul-18
Agency AHP	£9,307
Overtime	£3,747

HEENE National Rankings by Trust

This report provides national rankings (1-207) by Trust, based on the mean score for the 2013-2018 GMC National training Surveys e.g. County Durham and Darlington NHS Foundation Trust compared to Bridgewater Community Healthcare NHS Trust.

	2013	2014	2015	2016	2017	2018
City Hospitals Sunderland NHS Foundation Trust	104	83	79	84	33	63
County Durham and Darlington NHS Foundation Trust	138	113	106	187	122	123
Gateshead Health NHS Foundation Trust	98	79	66	64	91	48
North Cumbria University Hospitals NHS Trust	155	207	140	173	140	129
North Tees and Hartlepool NHS Foundation Trust	113	44	47	127	92	97
Northumberland, Tyne and Wear NHS Foundation Trust	41	35	44	29	31	22
Northumbria Healthcare NHS Foundation Trust	66	56	72	123	79	77
South Tees Hospitals NHS Foundation Trust	91	45	56	57	52	46
South Tyneside NHS Foundation Trust	84	48	183	129	99	31
Tees, Esk and Wear Valleys NHS Foundation Trust	37	19	15	14	9	8
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	89	86	74	81	68	58

Frequency of Reporting Matrix

Section	Priority Workstream	Frequency
Patient Story		Monthly
Patient Safety	Reduce incidence of Category 2 to 4 pressure ulcers developed in our care	Monthly
	Reduce incidence of severe harm from patient falls	Monthly
	Improve the recognition and management of deteriorating patients • Accurate and timely recording of Early Warning Scores • Reduction in the number of preventable cardiac arrests • Ensuring high-quality timely communication, decision-making and recording in relation to decisions about Cardio Pulmonary Resuscitation • Achieve ≥90% compliance with Nutritional Screening • Achieve ≥90% compliance with recording of fluid input • Improve medicines management	 Monthly from July 2018 Annually 6 monthly Monthly from July 2018 Monthly from June 2018 Quarterly
	Infection control	Monthly
Patient Experience	Complaints	Monthly
	Learn from patient feedback	Quarterly
	Patient Led Assessment of the Care Environment (PLACE) results	Annually
	Ensure that patients are involved as much as they want to be in decisions about their care and treatment	Quarterly
	Ensure that patients receive adequate information and support for safe discharge from hospital	Quarterly
	Ensure that patients receive patient centred care based on their needs and preferences	Quarterly
	Dementia screening	Monthly
	Mixed sex breaches	Monthly
Clinical Effectiveness	Implementation of recommendations from the National Maternity Strategy	Quarterly
	Improve the outcomes of patients with serious infection	Quarterly
	Implementing recommendations from the Getting it Right First Time programme	6 monthly
	Participation in national and local clinical audits	As published
	Learning on review of patient deaths	Quarterly
	7 day services (4 priority clinical standards)	6 monthly
Key Enablers	Culture of safety • Safeguarding children • Safeguarding adults • DoLS • Incidents (including mixed sex breaches) • WHO checklist	 Monthly Monthly Monthly Monthly 6 monthly
	Safe nurse staffing	Monthly

City Hospitals Sunderland
NHS Foundation Trust

BOARD OF DIRECTORS

SEPTEMBER 2018

FINANCIAL POSITION AS AT 31 AUGUST 2018

1.0 INTRODUCTION

This Executive Summary provides the highlights of the financial position as at August 2018.

2.0 PERFORMANCE AGAINST KEY INDICATORS

	Ref	Annual Plan	Current Month			Year to Date			RAG Rating
			Plan	Actual	Variance	Plan	Actual	Variance	
		£000	£000	£000	£000	£000	£000	£000	
Key Headlines									
Deficit (excluding PSF)	2	18,404	1,868	1,664	(204)	9,807	9,331	(476)	
PSF		(6,495)	(433)	(303)	130	(1,840)	(1,288)	552	
Deficit (including PSF)		**11,909**	**1,435**	**1,361**	**(74)**	**7,967**	**8,043**	**76**	
Cash	15	9,209	14,938	15,353	415	14,938	15,353	415	
Use of Resources Rating		3	3	3	0	3	3	0	
Income and Expenditure Position									
Income	2	(339,879)	(28,656)	(29,595)	(939)	(141,103)	(142,008)	(905)	
Pay expenditure	6	221,329	18,555	19,799	1,244	92,815	95,123	2,308	
Non-pay expenditure	8	124,212	10,474	10,244	(230)	52,785	51,718	(1,067)	
Adjustments for EBITDA		0	20	0	(20)	100	125	25	
EBITDA		**5,662**	**393**	**448**	**55**	**4,597**	**4,958**	**361**	
Depreciation and finance costs	8	12,742	1,062	913	(149)	5,310	4,498	(812)	
Adjustments for EBITDA		0	(20)	0	20	(100)	(125)	(25)	
Net deficit (excluding PSF)		**18,404**	**1,435**	**1,361**	**(74)**	**9,807**	**9,331**	**(476)**	
CIP									
Recurring	12	9,500	575	430	(145)	2,227	2,004	(223)	
Non-recurring	12	3,500	292	159	(133)	1,456	1,939	483	
Sub-total		**13,000**	**867**	**589**	**(278)**	**3,683**	**3,943**	**260**	
Stretch	12	3,738	273	201	(72)	1,248	1,008	(240)	
Total		**16,738**	**1,140**	**790**	**(350)**	**4,931**	**4,951**	**20**	

3.0 ITEMS TO REPORT ON BY EXCEPTION

3.1 Month 5 Position

The Trust is ahead of plan by £476k (excluding STF), an improvement of £267k on the previous month.

Pay expenditure has moved adversely in the month by £1.2m driven by the pay award, which amounted to £1.1m in month and is not yet budgeted for in the plan. This is partly

offset by additional income of £978k, which accounts for the majority of the income over recovery in month.

The trend on non-pay expenditure continues and including finance charges is now £1.9m ahead of plan.

3.2 2018/19 Pay Award Funding

The Trust has accounted for the 2018/19 pay award in line with the guidance issued by NHS Improvement. The figures reported now reflected the full impact of the pay award up to the end of August.

August's payroll included pay arrears relating to April, May and June. The Trust has revised its calculation based on the actual pay award figures and is expecting an unfunded pressure of £379k (compared to £414k at Month 4). It is still assumed £225k of the £3.215m funding will be claw back due to the Trust's wholly owned subsidiary (CHoICE) not being eligible to receive funding despite staff being TUPE transferred on Agenda for Change contracts.

3.3 Income Position – Non Elective Income

The trend around non-elective over performance continues, although it has slowed down in months 3 and 4, the value now stands at £2.7m above plan. Some of the over performance, approximately 35% is due to activity but the remainder is due to an increase in the average tariff potentially linked with a higher case mix along with an improved depth of coding. The main area this has impacted is Elderly Medicine & is mainly due to the increased achievement of Best Practice Tariffs, with Best Practice Stroke being circa £400k above plan. This is discussed more on Page 3.

As the levels of non-elective activity are so high, then there will be an impact of the Emergency Threshold (whereby the Trust only receives 70% of any over-performance over the agreed baseline), that would reduce this level of over-performance overall.

3.4 Forecast Outturn

A forecast outturn position has been produced and is detailed on page 18. This shows the likely position is a £2,243k variance from plan (excluding PSF), a deterioration of £827k from the previous month's forecast of £1,416k which is mainly due to additional costs anticipated for A & E and Acute Integrated Assessment Unit of £881k.

The main movements on the forecast outturn position from month 4 are detailed on page 17.

4.0 RECOMMENDATION

The Board of Directors are requested to note the month 5 financial position.

Executive Director of Finance
September 2018

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

OPERATIONAL FINANCIAL POSITION - AUGUST 2018

KEY TO INDICATORS USED IN THE REPORT

Rating Type	Icon	Descripton
RAG Ratings in General		Better than plan
		Worse than plan by < 5%
		Worse than plan by > 5%
Capital RAG Ratings		Expenditure is within 15% of plan
		Expenditure is within 25% of plan
		Expenditure is greater than or less than 25% of plan
CIP RAG Ratings		Forecast is equal to or better than plan
		Forecast is below plan by < 5%
		Forecast is below plan by > 5%
Forecast Outturn RAG Ratings		Low risk of cost being incurred or high chance of savings being made
		Medium risk of cost being incurred or savings being made
		High risk of cost being incurred or low change of savings being made
Change from Prior Month		Position has improved from prior month variance
		Position is the same as prior month
		Position has worsened from prior month variance
Change from 2017/18		Actual income is greater than year to date position in 2017/18 by more than £100k or actual expenditure is less than year to date position in 2017/18 by more than £100k
		Actual income is within £100k of year to date position in 2017/18 or actual expenditure is within £100k of year to date position in 2017/18
		Actual income is less than year to date position in 2017/18 by more than £100k or actual expenditure is greater than year to date position in 2017/18 by more than £100k
PBR Position for Block Contracts		Variance from block has decreased in month (i.e. closer to block agreement)
		Variance from block has remained static in month
		Variance from block has increased in month (i.e. increased gap against blcok agreement)

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

OPERATIONAL FINANCIAL POSITION - AUGUST 2018

PAGE 1 - PERFORMANCE AGAINST KEY INDICATORS

	Ref	Annual Plan	Current Month			Year to Date			RAG Rating	Change from Prior Month Variance	2017/18 YTD actual @ month 5	Change from 2017/18
			Plan	Actual	Variance	Plan	Actual	Variance				
		£000	£000	£000	£000	£000	£000	£000		£000		
Key Headlines												
Deficit (excluding PSF)	2	18,404	1,868	1,664	(204)	9,807	9,331	(476)			7,982	
PSF		(6,495)	(433)	(303)	130	(1,840)	(1,288)	552			0	
Deficit (including PSF)		**11,909**	**1,435**	**1,361**	**(74)**	**7,967**	**8,043**	**76**			**7,982**	
Cash	15	9,209	14,938	15,353	415	14,938	15,353	415			5,548	
Use of Resources Rating		3	3	3	0	3	3	0			3	
Income and Expenditure Position												
Income	2	(339,879)	(28,656)	(29,595)	(939)	(141,103)	(142,008)	(905)			(143,191)	
Pay expenditure	6	221,329	18,555	19,799	1,244	92,815	95,123	2,308			89,704	
Non-pay expenditure	8	124,212	10,474	10,244	(230)	52,785	51,718	(1,067)			55,459	
Adjustments for EBITDA		0	20	0	(20)	100	125	25			0	
EBITDA		**5,662**	**393**	**448**	**55**	**4,597**	**4,958**	**361**			**1,972**	
Depreciation and finance costs	8	12,742	1,062	913	(149)	5,310	4,498	(812)			6,010	
Adjustments for EBITDA		0	(20)	0	20	(100)	(125)	(25)				
Net deficit (excluding PSF)		**18,404**	**1,435**	**1,361**	**(74)**	**9,807**	**9,331**	**(476)**			**7,982**	
CIP												
Recurring	12	9,500	575	430	(145)	2,227	2,004	(223)			2,018	
Non-recurring	12	3,500	292	159	(133)	1,456	1,939	483			2,000	
Sub-total		**13,000**	**867**	**589**	**(278)**	**3,683**	**3,943**	**260**			**4,018**	
Stretch	12	3,738	273	201	(72)	1,248	1,008	(240)			0	
Total		**16,738**	**1,140**	**790**	**(350)**	**4,931**	**4,951**	**20**			**4,018**	
Capital expenditure												
Total Capex	16	**5,813**	491	206	285	2,482	1,024	1,458			776	
Trust funded	16	5,813	491	206	285	2,482	1,024	1,458			776	
Funded via donations	16	0	0	0	0	0	0	0			0	
Pay analysis												
Substantive staff	7	209,389	17,540	18,748	1,208	87,740	89,947	2,207			84,482	
Bank staff	7	6,540	545	821	276	2,725	3,359	634			2,791	
Agency staff	7	5,400	470	230	(240)	2,350	1,817	(533)			2,431	
Total pay costs		**221,329**	**18,555**	**19,799**	**1,244**	**92,815**	**95,123**	**2,308**			**89,704**	
Agency cap performance	7	5,812	490	230	(260)	2,510	1,817	(693)			2,431	
Non-pay analysis												
Total non-pay costs	8	**136,954**	**11,536**	**11,157**	**(379)**	**58,095**	**56,216**	**(1,879)**			**61,469**	

CHS OPERATIONAL FINANCE POSITION - AUGUST 2018

PAGE 2 - INCOME SUMMARY

INCOME SUMMARY

	Annual Plan	Year to Date				
		Plan	Actual	Variance	RAG Rating	Change from prior month variance
	£000	£000	£000	£000		
NHS England	45,099	18,724	20,389	1,665		
CCG's	264,705	109,957	109,891	(66)		
Local Authorities	2,407	1,001	1,005	4		
Other Patient Income	741	310	533	223		
Income from patient care	312,952	129,992	131,818	1,826		
Other Income	26,927	11,111	10,190	(921)		
PSF	6,495	1,840	1,288	(552)		
Other income	33,422	12,951	11,478	(1,473)		
Total	**346,374**	**142,943**	**143,296**	**353**		

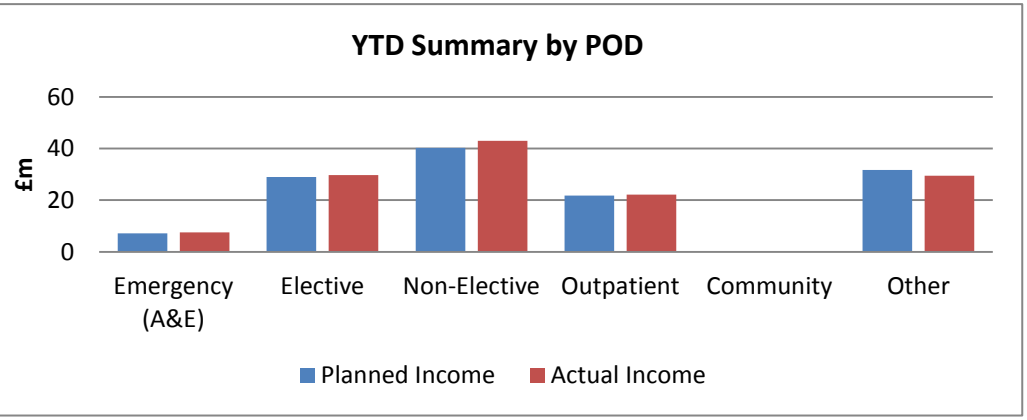
SUMMARY BY POD*

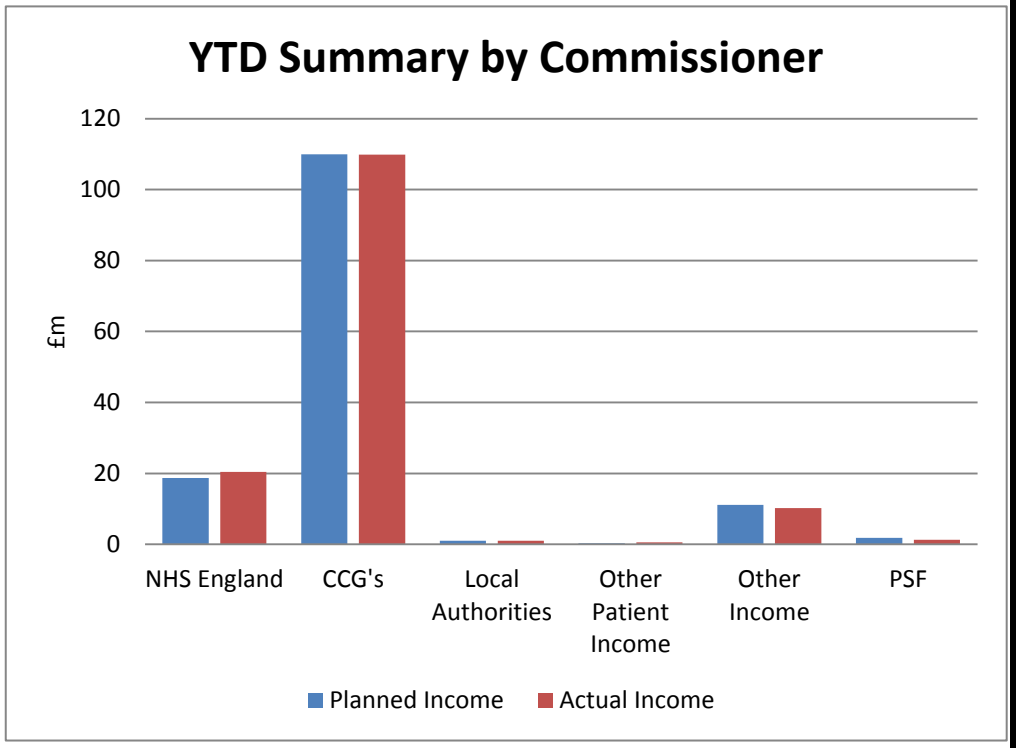
	Annual Plan	Year to Date			
		Plan	Actual	Variance	Change from prior month
	£000	£000	£000	£000	
Emergency (A&E)	17,452	7,190	7,578	388	
Elective	68,867	28,955	29,715	760	
Non-Elective	98,277	40,276	42,943	2,667	
Outpatient	51,891	21,827	22,133	306	
Community	0	0	0	0	
Other	76,465	31,744	29,449	(2,295)	
Total	**312,952**	**129,992**	**131,818**	**1,826**	

* The above POD numbers relate to actual activity not 'block' activity plans. 'Other' POD contains the impact of block contracts.

SUMMARY BY COMMISSIONER

	Annual Plan	Year to Date				
		Plan	Actual	Variance	RAG Rating	Change from prior
	£000	£000	£000	£000		
Sunderland CCG	174,775	72,634	72,528	(105)		
South Tyneside CCG	26,015	10,807	10,789	(18)		
DDES CCG	35,865	14,878	14,853	(25)		
North Durham CCG	16,591	6,903	6,911	8		
NHS England Spec Comm	36,942	15,408	15,704	296		
Other	22,765	9,363	11,034	1,671		
Total	**312,952**	**129,992**	**131,818**	**1,826**		





CHS OPERATIONAL FINANCE POSITION - AUGUST 2018

PAGE 3 - INCOME SUMMARY

Comments

The income budget to Month 5 is £142,943k with the actual performance being £143,296k resulting in an over performance of £353k.

The commissioner income actuals are based on Month 4 PbR files with the exception of drugs income which is directly matched to expenditure for Month 5.

There are block contracts in place with Sunderland South Tyneside, DDES, North Durham & Sunderland LA. Bariatrics avtivity, both elective & outpatients continues to be charged on a PBR basis, due to a risk share the CCG's have with NHSE, this is is shown as over/underperformance on those CCG's on a block contract.

The contract with NHSE includes Specialised Commissioning (on a PbR basis.) and NHSE central team As at Month 5, we are over performing against plan by £1,665k of which £1,340k (plans will be adjusted in M6 to take this into account and ensure there isnt a false variance reported) is the centally funded pay award with the balance being PbR commissioners , both Specialised Commissioning & Dental.

Comments

Non-elective activity at month 5 is £2,667k above plan. The majority of the over performance relates to Sunderland CCG. and pricing variances rather than activity. There is overperformance relating to achievement of best practice top ups within elderly medicine in particular (£800k) in the areas of; Stroke (£400k), Sepsis (£107k), Cardiac disorders (£186k) and UTI's (£119k). The rest of the NEL overperformance relates to activity rather than Best practice tariffs, in particulat T&O procedutes (£175k), Respiratory (£90k) and A&E speciality for Musculoskeletal disorders (£126k).

As the levels of non-elective activity is so high, then there will be an impact of the Emergency Threshold (whereby the Trust only receives 70% of any over-performance over the agreed baseline), that would reduce this level of over-performance overall.

Elective & A&E & outpatients are also ahead of plan at this point in the year. Compliance with the Value based commissioining policy(VBC) is now being monitored & initial figures received from SCCG on behalf of all CCG's show a significant element that could be challenged

OTHER INCOME

	Annual Plan	Year To Date			
		Plan	Actual	Variance	Change from prior month
	£000	£000	£000	£000	
Research and Development	1,540	640	534	(106)	↓
Education and Training	11,518	4,800	4,585	(215)	↓
Charitable Donations	240	100	125	25	↓
PSF	6,495	1,840	1,288	(552)	↑
Other Income	13,629	5,571	4,946	(625)	↓
Total	**33,422**	**12,951**	**11,478**	**(1,473)**	↓

PBR POSITION FOR COMMISSIONERS ON A BLOCK CONTRACT

Commissioner	Plan as Per NHSI (£000)	Total Actuals (£000)	Variance as per PBR (£000)	% Against NHSI	Change from prior month
Sunderland CCG	72,634	74,688	2,054	2.8%	↑
South Tyneside CCG	10,807	11,241	434	4.0%	↑
DDES CCG	14,878	15,552	675	4.5%	↓
North Durham CCG	6,903	7,064	161	2.3%	↓
Sunderland LA	1,001	1,005	4	0.4%	↓
Total	**106,222**	**109,550**	**3,328**	**3.1%**	↑

Comments

Total other income at month 5 is £1,473k behind plan. Research and Development income is £106k behind plan. This tends to be ad hoc in nature which makes it difficult to predict trends. Education and Training is also behind plan due to invoicing indicative amounts until the exact value has been confirmed. Other income is behind plan due to; CIP delivery shortfall, (£213k), Maternity income target (£60k), income target for vanguard funding expected later in the year (£202k) which is underperforming due to some vanguard posts being removed for this financial year, however, the income target remains.
PSF is also behind plan due to the non chievement of A&E targets.

Comments

The majority of commissioner income for 2018-19 is on block contract. At this stage, the figures would suggest we are over performing against block contracts by circa £3.3m, this would reduce to circa £1.6m if non-recurrent funding were to be removed from the contracts. As discussed above, this over-performance is mainly driven by non elective activity, but this figure would be reduced by the full application of the emergency threshold & also potentially any valid challenges regarding complaince with Value Based Commissioning (VBC).

CHS OPERATIONAL FINANCE POSITION - AUGUST 2018

PAGE 4 - ACTIVITY SUMMARY

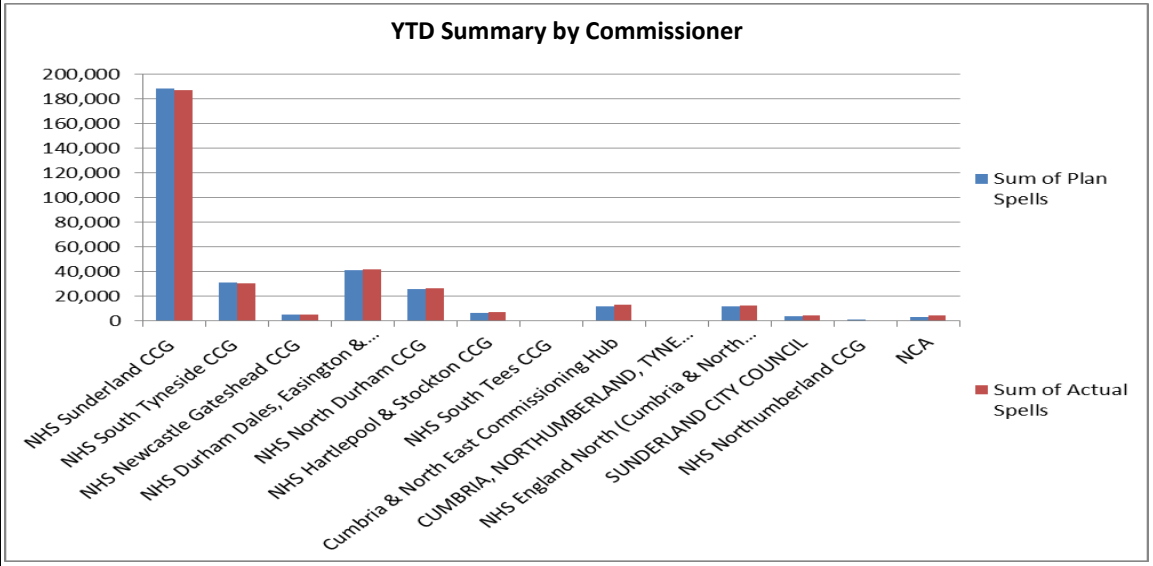
SUMMARY BY COMMISSIONER

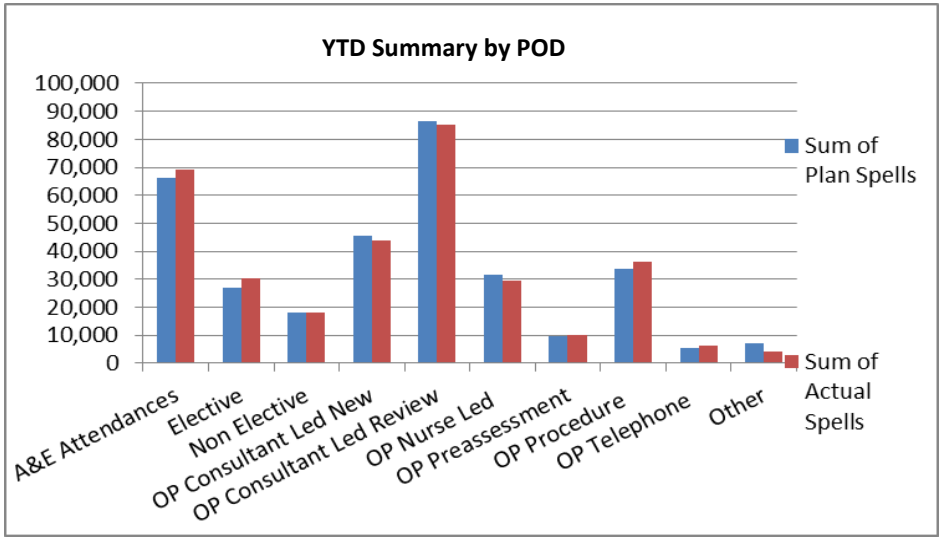
	Annual Plan	Year to Date			
		Plan	Actual	Variance	RAG Rating
NHS Sunderland CCG	450,162	187,955	187,015	-940	
NHS South Tyneside CCG	73,809	30,946	30,690	-256	
NHS Newcastle Gateshead CCG	12,979	5,438	5,131	-307	
NHS Durham Dales, Easington & Sedgefield CCG	98,869	41,339	41,440	101	
NHS North Durham CCG	61,090	25,617	26,262	645	
NHS Hartlepool & Stockton CCG	16,272	6,827	7,070	243	
NHS South Tees CCG	1,167	489	451	-38	
Cumbria & North East Commissioning Hub	28,000	11,772	12,913	1,141	
NHS England North (Cumbria & North East)	28,805	12,112	12,485	373	
Sunderland City Council	9,822	4,131	4,801	670	
NHS Northumberland CCG	2,977	1,248	858	-390	
NCA	8,050	3,367	4,263	896	
Total	**792,000**	**331,242**	**333,379**	**2,137**	

SUMMARY BY POD

	Annual Plan	Year to Date			
		Plan	Actual	Variance	RAG Rating
A&E Attendances	160,484	66,125	68,992	2,867	
Elective *	64,634	27,188	30,256	3,068	
Non Elective	44,342	18,152	18,294	142	
OP Consultant Led - New	108,269	45,542	43,827	-1,715	
OP Consultant Led - Review	206,056	86,674	85,313	-1,361	
OP Nurse Led	74,940	31,522	29,499	-2,023	
OP Preassessment	23,198	9,758	10,021	263	
OP Procedure	80,217	33,742	36,302	2,560	
OP Telephone	12,919	5,434	6,492	1,058	
Other	16,941	7,106	4,383	-2,723	
Total	**792,000**	**331,242**	**333,379**	**2,137**	

*** Elective is curently showing an over performance due to a change in National guidance regarding classification of Chemotherapy spells**





CHS OPERATIONAL FINANCE POSITION - AUGUST 2018

PAGE 5 - ACTIVITY SUMMARY

Outpatient Consultant Led Summary

Consultant led Outpatients have shown the most variation in Month 5, with significant decreases in attendances over the holiday season. Below is a summary of attendances by Month.

POD2	Month	Sum of Plan Spells	Sum of Actual Spells	Sum of Variance against Plan	Sum of Hist Activity 17/18
OP Consultant Led New	201804	8,593	8,578	-15	8,105
	201805	9,022	9,229	207	9,213
	201806	9,022	8,821	-201	9,020
	201807	9,452	8,936	-516	8,759
	201808	9,452	8,263	-1,189	8,625
OP Consultant Led New Total		**45,542**	**43,827**	**-1,715**	**43,722**
OP Consultant Led Review	201804	16,354	16,682	328	15,059
	201805	17,171	18,486	1,315	17,815
	201806	17,171	16,699	-472	17,587
	201807	17,989	17,275	-714	16,320
	201808	17,989	16,171	-1,818	16,746
OP Consultant Led Review Total		**86,674**	**85,313**	**-1,361**	**83,527**
Grand Total		**132,216**	**129,140**	**-3,076**	**127,249**

The Directorates affected by the greatest drop in attendances for OP News are Rehab & Elderly, Paediatrics, General Surgery and Ophthalmology. Urology are the only Directorate with a variance over plan for August.

The greatest underperformances in OP Reviews in August are in Head & Neck, General Internal Medicine, Ophthalmology, General Surgery and Medical Specialties. Urology and Obs & Gynae are the only directorates showing an over performance against plan.

The plan for Outpatients has been phased using a working days profile for 18/19, of which July and August are 2 of the months with the greatest number of working days. Historically, there is usually a drop in planned care elements over the summer due to annual leave/school holidays etc, which coupled with the high plan for August is exacerbating the underperformance. This will be picked up with Directorates in Monthly Contracting meetings to validate any reductions and assess the impact if the trend is likely to continue.

Accident & Emergency Summary

A&E total activity for 18/19 has been commissioned at less than 1% over 17/18 outturn. Type 1 A&E (main site) has been commissioned at 0.3% under 17/18 outturn; Type 2 (SEI) is 6.8% above outturn and Type 4 (Pallion) is 1.8% under outturn.

Commissioners have chosen not to commission in line with the rate of growth which has been demonstrated over the last 3 years as their aim is to prevent patients from resorting to ED by increasing GP services. CHS requested a plan figure of 162,422 to cope with increasing demand, however 18/19 activity plan has been commissioned at 160,484. The vast majority of this sits with block contracted commissioners meaning CHS will not receive any income for over performance. The table below shows YTD variance by Blocked and PbR Contracts

Contract Status	PODCode	Sum of Plan Spells	Sum of Actual Spells	Sum of Variance against Plan
Block	Type1	38,114	40,360	2,246
	Type2	11,571	11,058	-513
	Type4	13,848	14,604	756
Block Total		**63,533**	**66,022**	**2,489**
Non Block	Type1	1,008	1,090	82
	Type2	1,303	1,301	-2
	Type4	280	579	299
Non Block Total		**2,592**	**2,970**	**378**
Grand Total		**66,125**	**68,992**	**2,867**

Total attendances are running at 2,867 over plan for Months 1-5 (4.3%). Type 1 attendances are 2,327 over plan (6%) and Type 4 are 1,055 over plan (7.5%). This is countered by an underperformance of SEI Type 2, which is currently running at 515 under plan (4%). However this was expected, as SEI have been working on reducing review A&E attendances leading to a planned decrease in activity since Dec 17.
ED attendances for DDES CCG are climbing at an average of 6% over 17/18 for Type 1 and 8% for Type 4. This is thought to be due to the lack of GP availability in Seaham Primary Care Centre, and has been raised with the CCG.

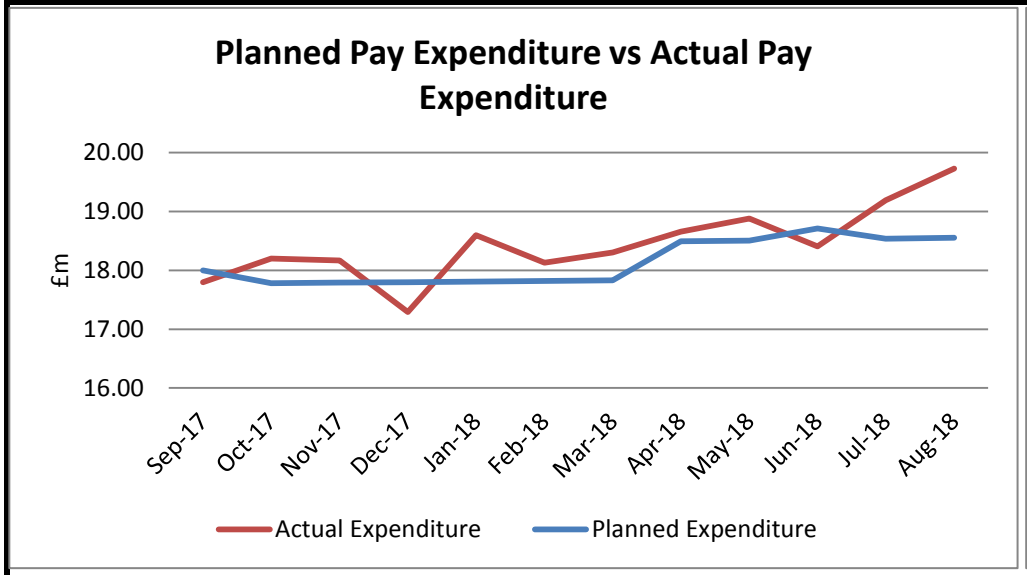
Admissions from ED were 22% for July, with the highest admission specialties being Accident & Emergency, Geriatric Medicine and Paediatrics.

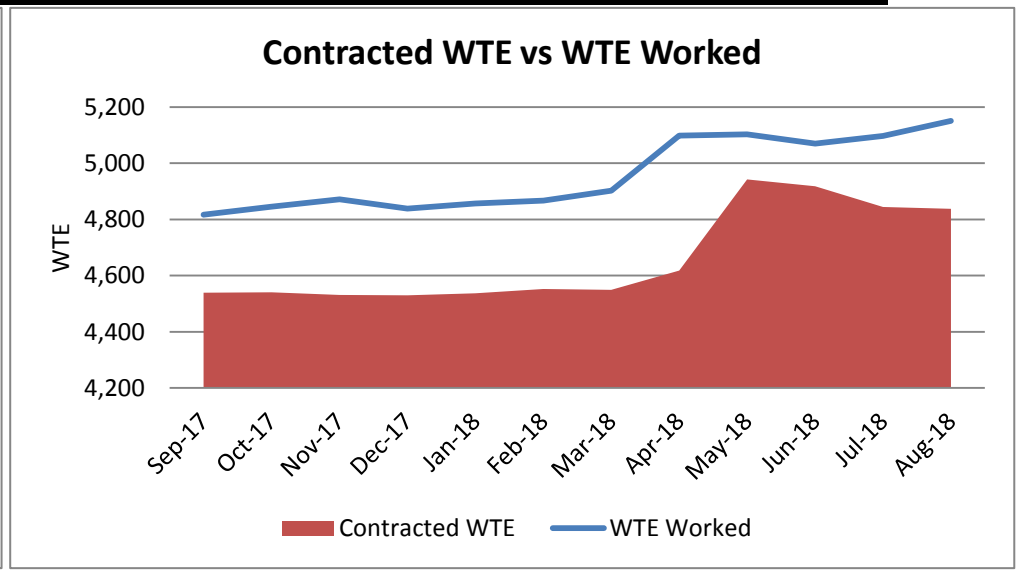
CHS OPERATIONAL FINANCE POSITION - AUGUST 2018

PAGE 6 - PAY EXPENDITURE BY STAFF GROUP

PAY ANALYSIS BY STAFF GROUP

	Staff Numbers			Current Month - Expenditure			Year to Date - Expenditure			RAG Rating	Change from Prior Month Variance
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance		
	WTE	WTE	WTE	£000	£000	£000	£000	£000	£000		
Medical and Dental	567	574	8	5,792	5,816	24	28,939	29,101	162		
Nursing, Midwifery and Health Visiting	1,550	1,466	(84)	5,685	5,658	(27)	28,355	27,366	(989)		
Scientific, Therapeutic and Technical	594	594	(1)	2,110	2,216	106	10,550	10,701	151		
Support to Clinical Staff (HCAs/AHPs)	1,140	1,275	135	1,994	2,256	262	9,928	10,075	147		
Managers and Infrastructure Support	1,206	1,241	35	3,609	3,775	166	18,436	17,489	(947)		
Other	0	0	0	(635)	78	713	(3,393)	391	3,784		
Total	**5,057**	**5,151**	**94**	**18,555**	**19,799**	**1,244**	**92,815**	**95,123**	**2,308**		



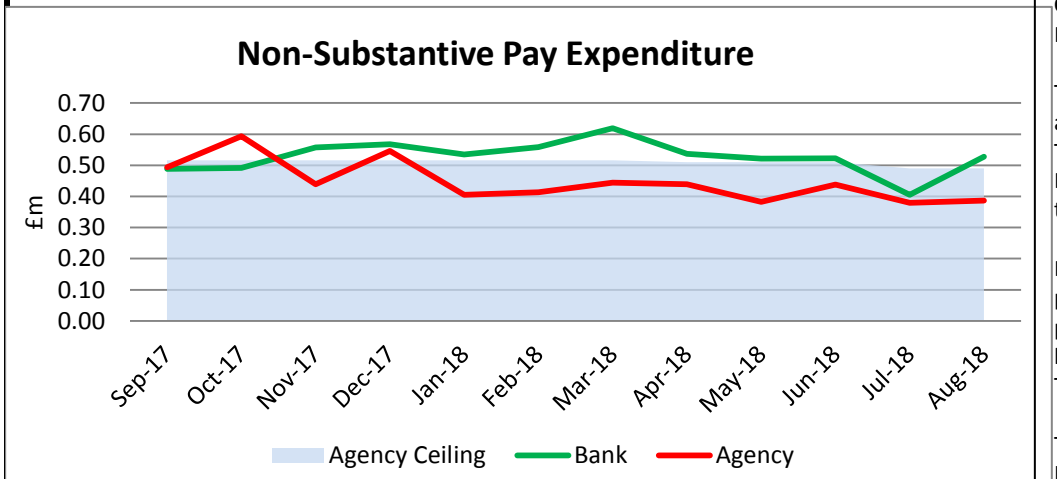


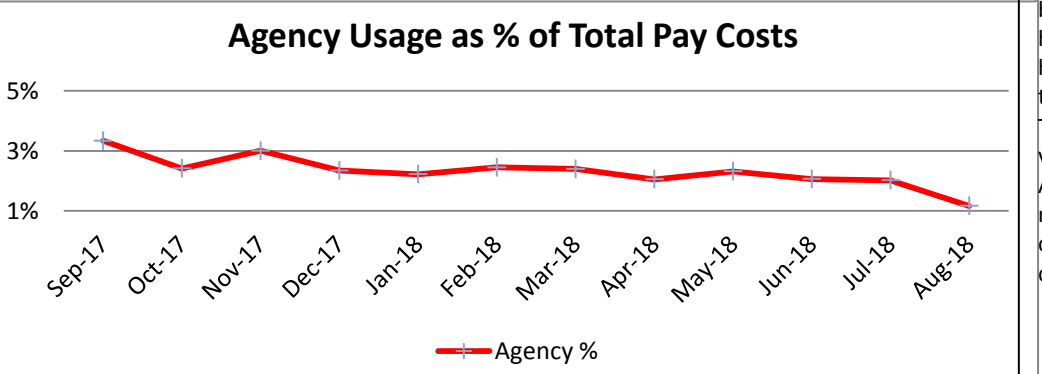
CHS OPERATIONAL FINANCE POSITION - AUGUST 2018

PAGE 7 - PAY EXPENDITURE BY DIVISION

PAY ANALYSIS BY DIVISION

	Staff Numbers			Current Month - Expenditure			Year to Date - Expenditure			CIP (over)/under achieve	RAG Rating	Change from Prior Month Variance
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance			
	WTE	WTE	WTE	£000	£000	£000	£000	£000	£000			
Surgery	954	973	19	4,061	4,322	262	19,667	20,172	506	(149)		
Medicine	1,501	1,521	20	5,954	6,222	267	28,673	29,222	549	116		
Family Care	481	487	7	2,069	2,181	113	10,003	10,119	116	(52)		
Clinical Support	664	652	(12)	2,393	2,364	(29)	11,687	11,647	(40)	37		
Theatres	591	571	(20)	2,282	2,332	51	10,914	10,803	(111)	(151)		
THQ	433	433	(1)	1,539	1,405	(134)	7,122	6,690	(432)	(21)		
Reserves, Other & CHoICE	433	514	81	258	972	713	4,748	6,470	1,721	(68)		
Total	**5,057**	**5,151**	**94**	**18,555**	**19,799**	**1,243**	**92,815**	**95,123**	**2,308**	**(287)**		





Comments and Actions

Pay is currently showing an overspend of £2,308k against plan to date.

There has been a significant movement in the pay in month which is the impact of the M1-M3 arrears being paid plus the actual impact of pay-award in M5. The in month movement was £1.1m. This is offset by the additional income of £1m. A revision to Annual Plan will be co-ordinated by NHSI in month 6 to update the pay budgets. To note the Divisional budgets have been adjusted for the pay award which has created a negative budget in corporate reserves and on the other category.

Nursing expenditure is showing an underspend of £989k compared to plan due to vacant nursing posts across all divisions partly offset by spend on bank and agency. It has been agreed to pay £22 per hour for nurse staffing within the emergency department between August and October. The largest variance is against 'other' where there is a negative budget reflecting unallocated CIP targets. These targets will be reviewed an allocated across the categories as appropriate.

The Trust has reported the impact of the pay-award funding within its month 5 return to NHS Improvement. The Trust has calculated the increased costs directly as a result of the pay-award as being £3,369k whilst the funding received is £3,215k - a shortfall of £154k. In addition the Trust will have been funded for the pay-award of staff within CHoICE who are on agenda for change contracts, however as it has been advised that subsidiary companies are not eligible to be funded it is expected that around £225k of funding will be 'clawed back'. This would give an overall shortfall of £379k.
The CIP position for Pay is £287k ahead of plan to date due mainly to non recurrent nursing vacancies across all divisions.
Agency costs continues to be below the agency cap in July but this still requires addressing as the monthly expenditure on agency is planned to fall in the later months of the year. To ensure agency costs remain low in the coming months, a working group has been set up and lead by the Nursing director to implement a new process for approval of agency spend going forwards.

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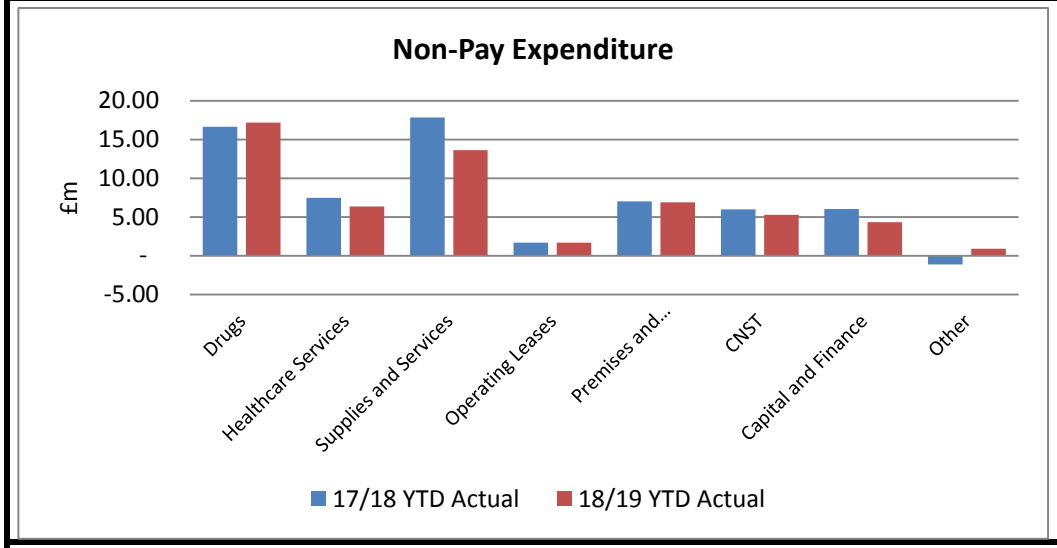
PAGE 8 - NON-PAY EXPENDITURE BY SUBJECTIVE GROUP

NON-PAY SUBJECTIVE ANALYSIS

	Annual Plan	Current Month			Year to Date			RAG Rating	Change from prior month variance
		Plan	Actual	Variance	Plan	Actual	Variance		
	£m	£000	£000	£000	£000	£000	£000		
Drugs	40,433	3,386	3,434	48	16,980	17,158	178		
Healthcare Services	16,440	1,370	1,198	(172)	6,850	6,370	(480)		
Supplies and Services	33,604	2,907	2,720	(187)	14,900	13,603	(1,297)		
Operating Leases	4,080	340	340	0	1,700	1,700	0		
Premises and Establishment	15,301	1,275	1,431	156	6,375	6,880	505		
CNST	13,274	1,106	1,050	(56)	5,530	5,267	(263)		
Capital and Finance	7,491	1,029	862	(167)	5,145	4,347	(798)		
Other	6,331	123	122	(1)	615	891	276		
Total	**136,954**	**11,536**	**11,157**	**(379)**	**58,095**	**56,216**	**(1,879)**		



Comments:

Non-Pay is underspent by £1,879k against plan, (including depreciation, finance costs and impairments).

The main drivers within the non-pay variance are:

1) An underspend within Capital and Finance costs amounting to £798k against plan due to underspends against depreciation following the MEA valuation

2) The transfer and ordering of Clinical Supplies via CHoICE has allowed efficiency savings to be realised that has contributed to the £1,297k underspend in Supplies and Services costs to date. In addition inflationary increases planned for within this category have not materialised.

3) Drugs overspend against plan of £178k. This is mainly Ophthalmology drugs in Surgery £600k over and Medicine overspends £84k offset by underspends in reserves funding.

4) CNST costs are underspending against plan to date by £263k due to a saving of 10% from achieving the maternity standards required by NHSLA for 2018-19. The underspend will continue within this category for the remainder of the year as the reduction to the plan was incorrectly allocated to the 'Other' category within Non Pay where there is a corresponding overspend

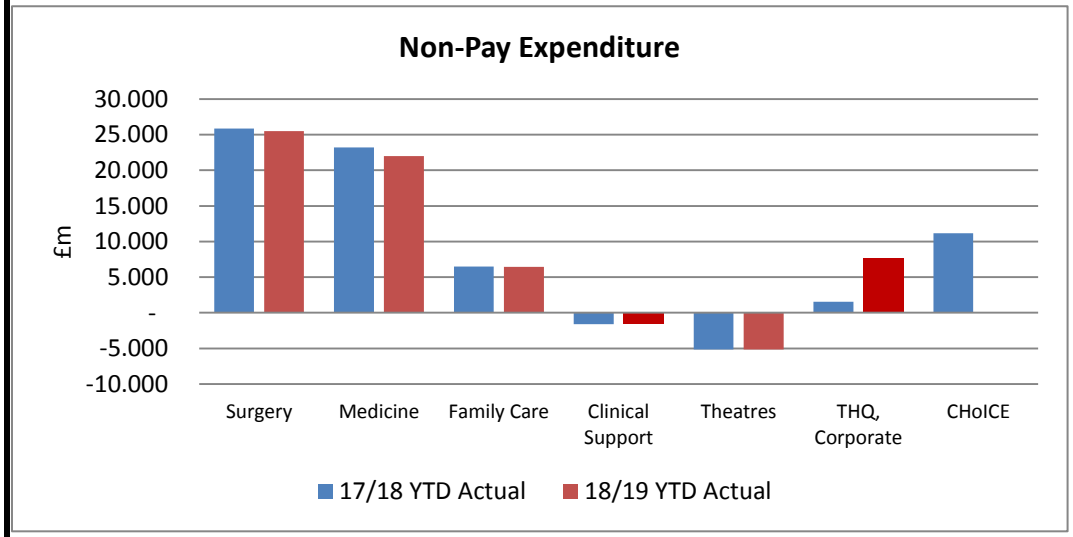
5) Health Services is showing an underspend of £480k, that is mostly due to services from other NHS bodies in Pathology, Urology and Radiology.

CHS OPERATIONAL FINANCE POSITION - AUGUST 2018

PAGE 9 - NON-PAY EXPENDITURE DIVISIONAL EXPENDITURE

NON-PAY EXPENDITURE BY DIVISION

	Annual Plan	Current Month			Year to Date			CIP (over)/under achievement	RAG Rating	Change from prior month variance
	£000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000			
Surgery	34,048	4,748	4,786	38	24,645	25,498	852	279		
Medicine	39,900	4,380	4,471	91	21,890	21,974	84	87		
Family Care	11,981	1,299	1,372	73	6,496	6,449	(46)	0		
Clinical Support	17,128	(360)	(397)	(37)	(1,746)	(1,599)	147	255		
Theatres	6,684	(959)	(859)	100	(5,081)	(5,164)	(83)	92		
THQ	3,277	273	299	26	1,365	1,424	59	0		
Reserves, Other & CHoICE	23,936	2,154	1,485	(669)	10,526	7,634	(2,892)	(607)		
Total	**136,954**	**11,536**	**11,157**	**(379)**	**58,095**	**56,216**	**(1,879)**	**107**		



Comments

The overspend in Surgery's non pay costs is partly due to Drugs costs (£600k) and especially Lucentis which is causing a pressure in that area The other major adverse variance in Surgery's Non Pay is a shortfall in identified CIP to date amounting to £279k against plan.

Corporate and CHoICE is mainly reserves for non pay , CHoICE is overspent on non pay categories by £2,621k but this is matched by over recovery on income and is as a result of more procurement going through CHoICE than planned at budget setting.

Medicine is overspent by £84k due to higher than expected drug costs which is recovered from clinical commissioners through clinical income.

Clinical Support overspend to date is due to a shortfall in identified CIPs against plan to date.

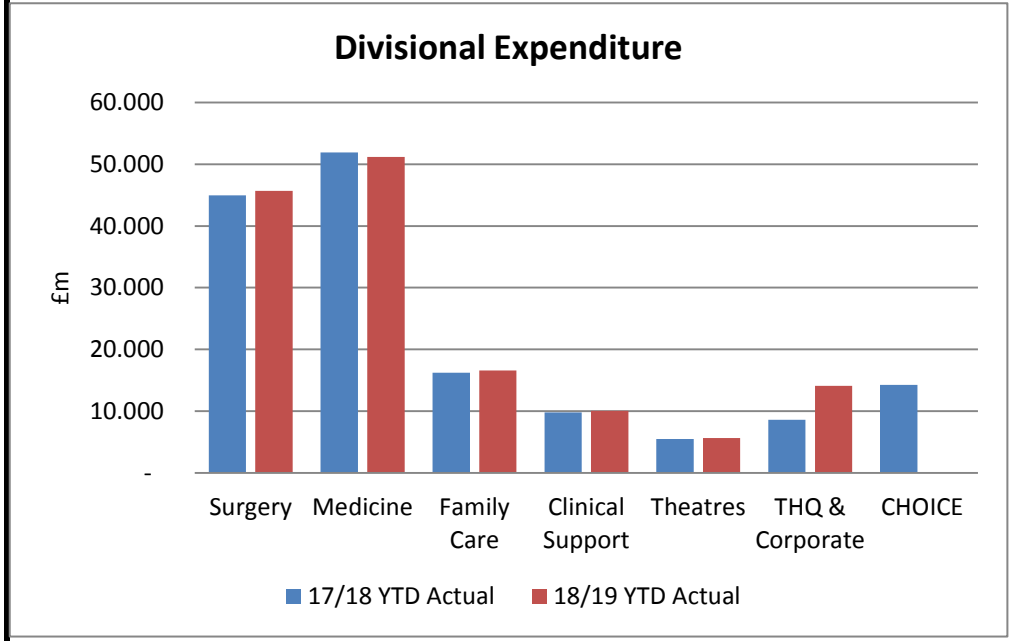
All other divisions are underspending against plan to date. Overall CIP position as at August 2018 is £107k behind plan.

CHS OPERATIONAL FINANCE POSITION - AUGUST 2018

PAGE 10 - DIVISIONAL PERFORMANCE

DIVISIONAL PERFORMANCE (PAY AND NON-PAY EXPENDITURE)

	Annual Plan	Current Month			Year to Date			CIP (over)/under achievement	RAG Rating	Change from prior month variance
	£000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000			
Surgery	81,152	8,809	9,108	299	44,312	45,670	1,358	130		
Medicine	108,272	10,334	10,692	358	50,563	51,196	633	203		
Family Care	35,776	3,368	3,553	186	16,499	16,568	69	(52)		
Clinical Support	44,789	2,033	1,968	(65)	9,940	10,048	107	292		
Theatres	32,724	1,323	1,473	150	5,833	5,639	(194)	(58)		
THQ	20,370	1,812	1,704	(108)	8,488	8,114	(373)	(21)		
Reserves, Other & CHoICE	35,236	2,412	2,457	44	15,274	14,104	(1,171)	(675)		
Total	**358,319**	**30,091**	**30,956**	**865**	**150,909**	**151,339**	**430**	**(181)**		



Overall divisional expenditure total is an overspend of £428k against plan at the end of August 2018. The expenditure is £160k more in comparison to the same period last year.

The overspend is driven by Surgery's drug costs and unidentified Stretch CIP target to month 5. Despite this, finance costs and Clinical Supplies costs continue to underspend. There continues to be a large number of Nursing vacancies across the Trust helping the financial position.

THQ Divisional position is showing a favourable position YTD which is mainly due to pay vacancies. The Corporate and CHoICE position is showing a favourable YTD variance due mainly to non-pay reserves which were set up in anticipation of inflationary pressures. These have been lower than planned and the Trust has also benefited from increased Procurement savings via CHoICE.

CHS OPERATIONAL FINANCE POSITION - AUGUST 2018

PAGE 11 - VARIANCE ANALYSIS

BREAKDOWN OF VARIANCES BY DIVISION

	Surgery £000	Medicine £000	Family Care £000	Clinical Support £000	Theatres £000	THQ £000	Corporate, Other & CHoICE £001	Total £000	RAG Rating	Change from prior month variance
Income variance	(45)	129	119	0	4	(174)	(386)	(353)		
Pay variance	506	549	116	(40)	(111)	(432)	1,721	2,308		
Non-pay variance	852	84	(46)	147	(83)	59	(2,892)	(1,879)		
Expenditure variance	**1,358**	**633**	**69**	**107**	**(194)**	**(373)**	**(1,171)**	**428**		
Net variance	**1,313**	**762**	**189**	**107**	**(190)**	**(547)**	**(1,557)**	**76**		
Variance due to CIP	131	203	(11)	347	(58)	(22)	(609)	(20)		
Underlying variance	1,182	559	199	(240)	(132)	(525)	(947)	96		

ANALYSIS OF VARIANCES BY CATEGORY

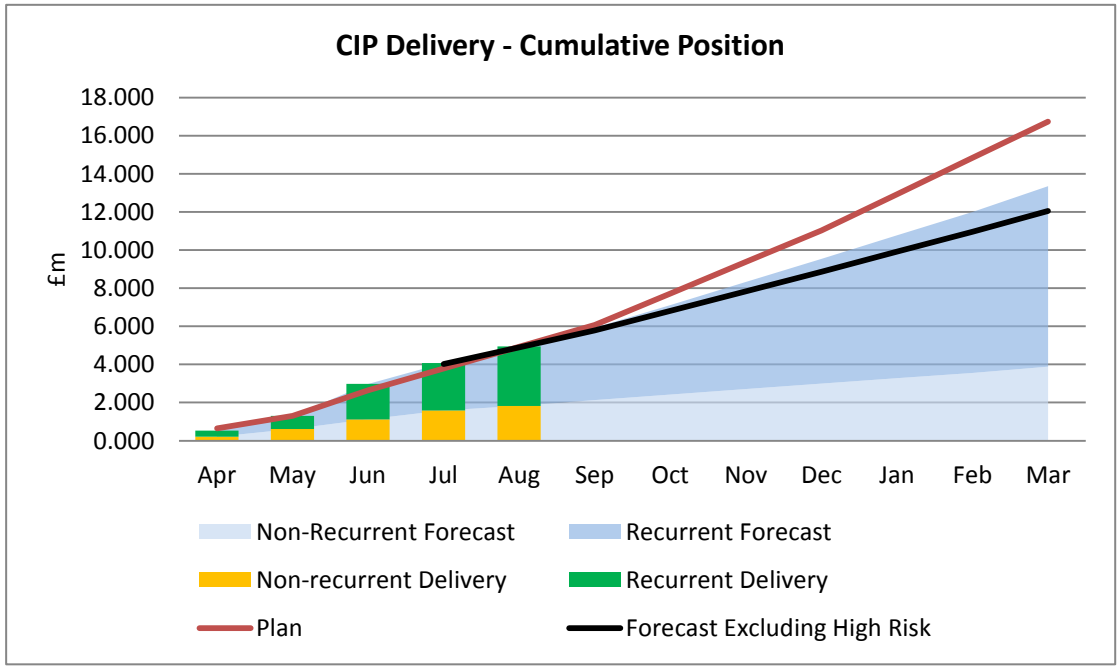
Description of key variances	Income £000	Pay £000	Clinical Supplies and Services £000	Drugs £000	Other non-pay £000	Finance costs £000	Total £000
Stretch CIP as at Month 5			658	(341)	(77)		240
CIP under/(over) delivery to month 5	161	(288)	7	87	(227)	0	(260)
Under recovery of PSF due to non-achievement of A&E target	552						552
Funding for Pay Award April to August 2018	(1,246)						(1,246)
Training and Education, R&D income under recovery	321						321
Medical staff vacancies		(989)					(989)
Medical staff additional sessions / on-call		837					837
Agency / Direct engagement medical staff		(533)					(533)
Other medical staffing pressures		466					466
Nursing and HCA vacancies		(1,147)					(1,147)
Unallocated pay pressures		3,316					3,316
Net Drug pressures				432			432
Depreciation variance due to MEA revaluation						(666)	(666)
Efficiency savings and lower than planned inflationary pressure			(1,297)				(1,297)
Other	(141)	646	(665)	0	325	(115)	50
Totals	**(353)**	**2,308**	**(1,297)**	**178**	**21**	**(781)**	**76**

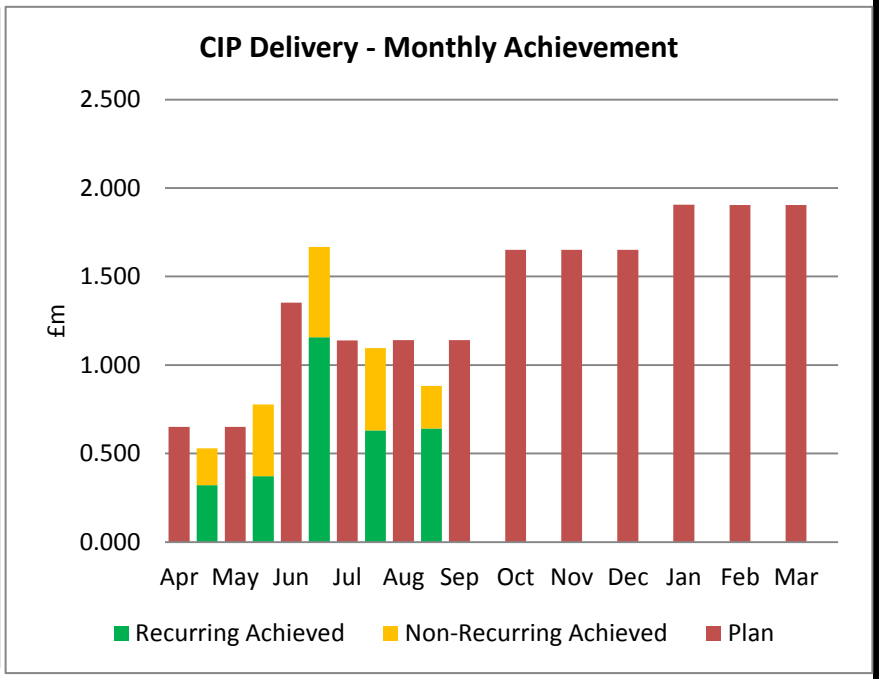
CHS OPERATIONAL FINANCE POSITION - AUGUST 2018

PAGE 12 - COST IMPROVEMENT PROGRAMME

CIP DELIVERY - AS CATEGORISED IN NHSI RETURN

Scheme	Risk	Total Plan	Current Month			YTD			Identified	Still to Identify	RAG Rating
			Plan	Actual	Variance	Plan	Actual	Variance			
		£000	£000	£000	£000	£000	£000	£000	£000	£000	
Procurement	Medium	600	50	50	0	250	250	0	600	(0)	
CHOICE	Low	2,100	145	145	(0)	695	691	(4)	2,100	0	
THQ restructure	Low	500	40	25	15	140	123	(17)	294	206	
GDE	Low	500	30	0	30	60	0	(60)	500	0	
Pay - N/R vacancies	Low	3,500	292	140	152	1,456	1,689	233	3,772	(272)	
Biosimilars	High	750	55	21	34	215	119	(96)	674	77	
Medical Agency	High	380	0	22	(22)	0	108	108	260	120	
Pay - Recurrent	High	450	37	0	37	185	0	(185)	300	150	
Spinal	High	500	40	0	40	200	0	(200)	0	500	
Other Schemes	Various	7,458	451	388	63	1,730	1,971	241	4,851	2,607	
Total		**16,738**	**1,140**	**790**	**350**	**4,931**	**4,951**	**20**	**13,350**	**3,388**	





CHS OPERATIONAL FINANCE POSITION - AUGUST 2018

PAGE 13 - COST IMPROVEMENT PROGRAMME

CIP DELIVERY - DIVISIONAL ACHIEVEMENT

	Surgery	Theatres	Medicine	Family Care	Clinical Support	THQ Corporate	Other Trustwide	Total	Stretch	Total incl Stretch
Divisional CIP's 18/19 £000's	-2,743	-1,120	-2,800	-1,013	-1,476	-508	-3,342	**-13,000**	-3,737	**-16,738**
Plan to date £000's	-1,033	-339	-1,070	-404	-536	-211	-91	**-3,684**	-1,248	**-4,931**
Actual to date £000's	-903	-397	-867	-415	-189	-232	-941	**-3,943**	-1,008	**-4,951**
YTD Variance 18/19 £000's	**130**	**-58**	**203**	**-11**	**347**	**-21**	**-849**	**-259**	**240**	**-20**
YTD Variance %	**-13%**	**17%**	**-19%**	**3%**	**-65%**	**10%**	**931%**	**7%**	**-19%**	**0%**
Actual to date recurring £000's	-523	-29	-311	-57	-20	-123	-941	**-2,004**	-1,133	**-3,137**
Actual to date non recurring £000's	-380	-368	-555	-358	-168	-110	0	**-1,939**	125	**-1,814**
Recurring % compared to actual to date	58%	7%	36%	14%	11%	53%	100%	**51%**		**63%**
Recurring % compared to plan to date	51%	9%	29%	14%	4%	58%	1031%	**54%**	91%	**64%**

Forecast CIP delivery 2018/19 £000s	Surgery	Theatres	Medicine	Family Care	Clinical Support	THQ Corporate	Other Trustwide	Total	Stretch	Total incl Stretch
Financial Year End CIP recurrent	-1,109	-134	-997	-204	-84	-294	-4,015	**-6,836**	-2,719	**-9,555**
Financial Year End CIP non recurrent	-795	-644	-952	-677	-281	-247	-500	**-4,096**	300	**-3,796**
Financial year end CIP total forecast	**-1,904**	**-778**	**-1,949**	**-881**	**-365**	**-541**	**-4,515**	-10,932	**-2,419**	**-13,350**

Forecast / (Surplus) / Shortfall	**839**	**342**	**851**	**132**	**1,111**	**-33**	**-1,173**	**2,070**	**1,318**	**3,388**

Comments

The Trust's original Cost Improvement Plan (CIP) for 2018/19 was £13,000k. Following the June resubmission of the Trust's NHSI Plan this has been increased by £3,738k to £16,738k. The additional CIP is planned to be achieved as a corporate stretch target rather than being added to divisional targets.

Excluding the additional stretch target, CIP achievement at the end of Aug 2018 was as follows:
CIP achieved was £259k ahead of plan (£3,943k against a YTD target of £3,684k)
CIP forecast was £2,870k behind plan (£10,932k against an annual target of £13,000k)

Including the additional stretch target the YTD position is £19k ahead of plan and the forecast is £3,388k behind plan.

The Trust is working on identifying additional schemes to close the gap and is still planning to deliver the CIP in full.

CHS OPERATIONAL FINANCE POSITION - AUGUST 2018

PAGE 14 - BALANCE SHEET ANALYSIS

CONSOLIDATED BALANCE SHEET

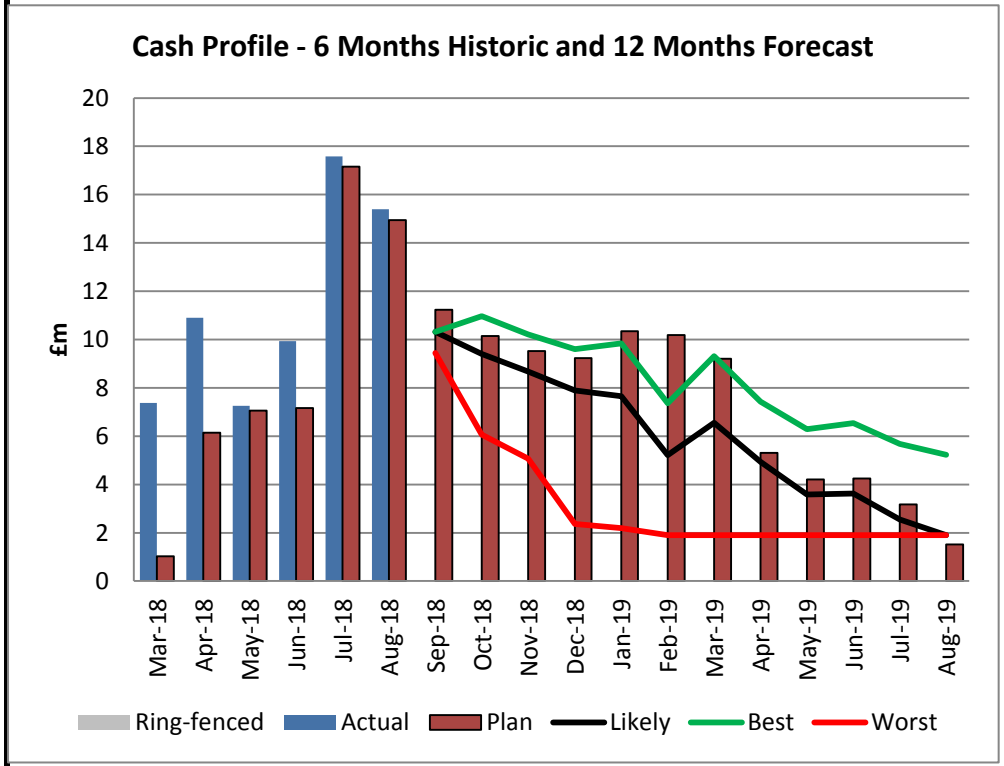
Main Category	Sub Category	Plan £000	Actual £000	Variance £000	Comments
Non-current assets	Intangible assets	5,163	4,931	(232)	
	Property, plant and equipment: other	142,439	141,594	(845)	Mainly underspend on capital programme
	Trade and other receivables: non-NHS receivables > 1 year	969	969	0	
		148,571	**147,494**	**(1,077)**	
Current assets	Inventories	6,400	6,467	67	
	Trade and other receivables: NHS receivables	6,781	11,112	4,331	Balances with other NHS organisations including STFT
	Trade and other receivables: non-NHS receivables	7,157	6,698	(459)	
	Cash and cash equivalents: commercial/in hand/ other	6,761	5,998	(763)	
	Cash and cash equivalents: GBS/NLF	8,177	9,355	1,178	
		35,276	**39,630**	**4,354**	
Current liabilities	Trade and other payables: non-capital	(29,632)	(33,527)	(3,895)	Higher than planned accruals and invoices on hold
	Trade and other payables: capital	(491)	(789)	(298)	
	Deferred income	(1,665)	(1,798)	(133)	
	Borrowings < 1 year Loan	(3,273)	(3,273)	0	
	Provision < 1 year	(244)	(267)	(23)	
	Other liabilities	(2,668)	(2,031)	637	
		(37,973)	**(41,685)**	**(3,712)**	
Non-current liabilities	Borrowings > 1 year	(56,965)	(56,102)	863	Lower than planned interim cash support
	Provisions > 1 year	(701)	(701)	0	
		(57,666)	**(56,803)**	**863**	
Total Assets Less Total Liabilities		**88,208**	**88,636**	**428**	
Reserves	Income and expenditure reserve	43,683	50,949	7,266	Lower than planned deficit and transfer to revaluation reserve
	Public dividend capital	(104,289)	(104,289)	0	
	Revaluation reserve	(27,603)	(35,296)	(7,694)	Transfer from I&E reserve
Total Reserves		**(88,209)**	**(88,636)**	**(428)**	

CHS OPERATIONAL FINANCE POSITION - AUGUST 2018

PAGE 15 - CASH AND LIQUIDITY ANALYSIS

CASH AND LIQUIDITY ANALYSIS

	Previous Month Actual	YTD Plan	YTD Actual	Variance
	£000	£000	£000	£000
Cash Balance	17,581	14,938	15,353	415
Interim Support Funding	(8,166)	(8,166)	(7,304)	862
Underlying Position	**9,415**	**6,772**	**8,049**	**1,277**



Cash balances are £0.42m higher than planned. The favourable variance consists of a Capital Goods Scheme VAT refund from HMRC £0.92m relating to the transfer of goods from CHS to CHoICE and the capital cash profile being behind plan £1.8m, offset by adverse variances in working capital movements of £1.4m and a repayment against the interim support deficit loan 0.86m. Further analysis of the £0.42m variance is detailed below:

Description	Variance (£000)
I&E position behind plan due to PSF	(248)
Receivables balances higher than planned	(3,412)
Payables and deferred income higher than planned	4,464
Capital expenditure lower than planned	1,881
Depreciation and amortisation lower than planned	(666)
Interim support lowert than planned	(862)
Other movements	(742)
Total	**415**

Principal and interest repayments of £0.32m and £0.01m respectively were paid against the Trust's capital borrowing facility, effectively reducing the total value of outstanding loans (non interim support) to £51.21m. A principal repayment of £862k was repaid in respect of the Interim Support loan.
The NHSI/revised plan assumes achievement of the control total for the year. The best, likely and worst case scenarios are driven by the overall income and expenditure forecasts that reflect a reduction of £682k in respect of PSF.
The likely case at this stage assumes that the Trust will require interim deficit support funding in August 19 of £996k.
The best case scenario assumes achievement of £2.5m over delivery against income and expenditure control total with a like for like cash impact.

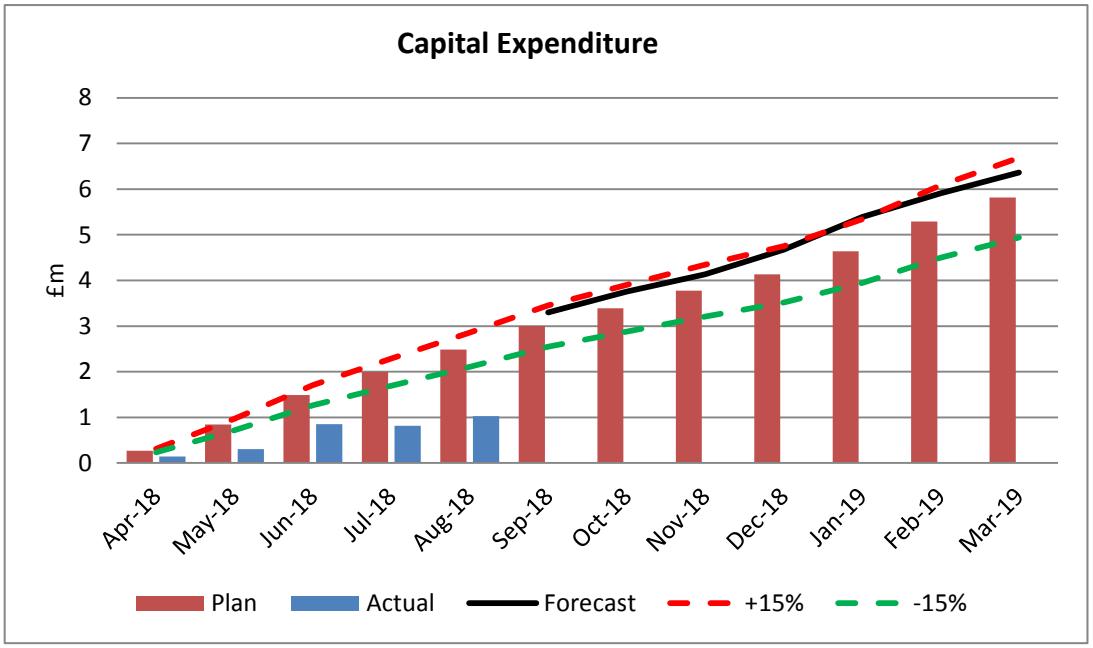
The worst case scenario assumes the Trust is £4m behind plan as detailed in the forecast outturn. It is expected in this scenario the Trust would apply for a monthly interim deficit support loan resulting in the cash balance remaining level at £1.89m; this reflects NHSI's minimum expected working cash balance.

CHS OPERATIONAL FINANCE POSITION - AUGUST 2018

PAGE 16 - CAPITAL ANALYSIS

CAPITAL EXPENDITURE

	Annual Plan	Year to Date			RAG Rating	Comments
		Plan	Actual	Variance		
	£000	£000	£000	£000		
Facilities	819	358	448	90		Costs relating to the ED redevelopment scheme recognised in year.
Medical	1,090	304	403	99		Additional equipment has been purchased using donated funds.
IT	3,904	1,820	173	-1,647		GDE scheme cost phasing is currently behind plan.
Total Capex	**5,813**	**2,482**	**1,024**	**-1,458**		
Trust Funded	3,613	1,728	761	-967		
PDC funded	2,200	754	0	-754		
Donations	0	0	263	263		Expenditure met via donations from Charitable Funds



The planned 2018/19 capital programme for City Hospitals totals £5,813k. The actual spend at the end of August 2018 was £1,024k against a plan to date of £2,482k, resulting in a variance of £1,458k. The variance to date primarily relates to the IT GDE scheme (£1,647k) which is ongoing. Orders have now been placed for some aspects of the GDE programme, spend is therefore anticipated over the next couple of months.

A number of medical equipment proposals have also been received into the Medical Capital Equipment sub group. subject to approval ,it is anticipated spend will start to be incurred as equipment is purchased; a two month lead time is expected.

The capital forecast outturn is currently £6,365k, leading to a variance of £552k against the annual plan. £373k of the variance relates to medical equipment which is being funded externally or through donated funds. A further £175k of the variance relates to the final ED redevelopment scheme cost. The cost of this is to be offset by capital receipts following the sale of residential properties.

CHS OPERATIONAL FINANCE POSITION - AUGUST 2018

PAGE 17 - FORECAST OUTTURN

	RAG rating	Income £000	Pay £000	Non-Pay £000	Finance £000	Total £000	Best case scenario £000	Worst case scenario £000	Movement from Previous Month £000
Key assumptions in baseline forecast									
Over performance against PbR contracts		(1,356)				(1,356)	(1,356)	(1,356)	502
Underperformance - Hep C and potential PAS rebates		454				454	454	454	(793)
Cancer drug fund income/costs higher than planned		(384)		384		0	0	0	0
Pay award funding/costs		(3,215)	3,369			154	154	154	(35)
Merger consultancy costs				300		300	300	300	0
Lower than planned depreciation					(620)	(620)	(620)	(620)	273
Lower interest charges on ITFF loan					(273)	(273)	(273)	(273)	5
Baseline forecast (excluding PSF)		**(344,571)**	**229,062**	**124,240**	**10,539**	**19,270**	**19,270**	**19,470**	**(2,850)**
Stretch CIP schemes not included in baseline									
Non-pay inflation costs lower than planned				(410)		(410)	(410)	(250)	0
Diagnostic growth lower than planned				(188)		(188)	(188)	0	0
Other non-pay reserve not required in full				(197)		(197)	(197)	0	0
Corporation tax bill lower than planned				(100)		(100)	(100)	0	0
Sub-total		**0**	**0**	**(895)**	**0**	**(895)**	**(895)**	**(250)**	**0**
Downside adjustments to baseline									
Pay award funding pressure - potential clawback			325			325	325	650	100
A&E and Acute Integrated Assessment Unit Business Case			881			881	441	1,000	566
Winter costs not included in Divisional forecasts				950		950		1,200	950
Costs associated with Path to Excellence work			159	156		315	0	315	315
Sub-total		**0**	**1,365**	**1,106**	**0**	**2,471**	**766**	**3,165**	**1,931**
Upside adjustments to baseline									
DTC costs overstated in baseline						0			270
Capital good schemes VAT refund						0	(926)		926
Reduction in agency costs			(200)			(200)	(200)	0	550
Sub-total		**0**	**(200)**	**0**	**0**	**(200)**	**(1,126)**	**0**	**1,746**
Forecast outturn at M5 (excluding PSF)		**(344,571)**	**230,227**	**124,451**	**10,539**	**20,646**	**18,015**	**22,385**	**827**
Annual Plan (excluding PSF)		**(339,915)**	**221,329**	**125,050**	**11,940**	**18,404**	**18,404**	**18,404**	**18,404**
Forecast variance from plan (excluding PSF)		**(4,656)**	**8,898**	**(599)**	**(1,401)**	**2,243**	**(389)**	**3,982**	**827**

CHS OPERATIONAL FINANCE POSITION - AUGUST 2018

PAGE 18 - CONSOLIDATION OF SUBSIDIARY

	Trust Position	CHoICE Position	Consolidation Adjustments	Group
	£000	£000	£000	£000
Income	(144,828)	(22,795)	24,327	(143,296)
Pay expenditure	89,385	5,782	(44)	95,123
Non-pay expenditure	60,643	15,293	(24,218)	51,718
Depreciation	2,453	1	0	2,454
Finance Costs	1,478	631	(65)	2,044
Net (Surplus)/Deficit	**9,131**	**(1,088)**	**0**	**8,043**

Comments

The table to the left shows the consolidation of the Trust's wholly owend subsidiary (CHoICE). This shows that for the year to date CHoICE is making a profit of £1.088m which is offset against the deficit in the Trust.

All analysis within this report is based on the group position as shown in the final column

City Hospitals Sunderland
NHS Foundation Trust

BOARD OF DIRECTORS

SEPTEMBER 2018

PERFORMANCE REPORT

INTRODUCTION

Please find enclosed the Performance Report for August 2018 which updates Directors on performance against key national targets.

EXECUTIVE SUMMARY

Performance – NHS Improvement (NHSI) Operational Performance Indicators

The Trust's position in relation to NHSI's operational performance indicators is as follows:

A&E 4 hour target

For CHSFT, performance for August was about the same as July at 89.4% and continues to under-perform against the 95% target and Provider Sustainability Funding (PSF) trajectory. This is predominantly due to the sustained level of high demand, particularly for main ED (type 1), and ongoing staffing pressures. Performance for September currently stands at 90.3% (as at 17th) due to ongoing demand and staffing pressures. An overarching action plan has been developed.

For STFT performance for August has remained about the same as July at 95.5% and the Trust continues to achieve the operating standard and PSF trajectory of 95.0%. Performance for September remains above target and currently stands at 96.3% (as at 17th).

National performance for August has increased to 89.7%. CHSFT has risen to the upper middle 25% of Trusts nationally and was ranked 60th out of 136 acute Trusts. STFT has moved up into the upper quartile of Trusts nationally and was ranked 16th out of 136 acute Trusts.

Referral to Treatment Time (RTT)

For CHSFT, performance has remained above target in August at 94.2% with all specialties achieving the target apart from T&O and Oral & Maxillo Facial Surgery.

STFT's performance is stable and has continued to perform well above target, at 96.0% in August, with achievement at both Trust and specialty level.

National performance for July remains stable at 87.8% and continues to fail the standard.

Diagnostics

Performance for August has continued to achieve the national operating standard for both Trusts. National performance in July was about the same as June at 2.8% and continues to fail the target.

Cancer targets (2 week, 31 and 62 day waits)

Due to cancer reporting timescales being 1 month behind, the performance report includes July's confirmed position.

CHSFT achieved all cancer waiting time standards with the exception of the 62 day targets for patients referred urgently by their GP (urological breaches in the main). Indicative performance for August indicates that both of these indicators are an ongoing risk, however all other cancer waiting time targets are currently being achieved.

At STFT, all cancer waiting time standards were achieved with the exception of 2WW in July. Gastroenterology and Colorectal Surgery continue to be subject to the formal performance escalation process relating to 2 week wait performance. A revised cancer pathway was successfully implemented during July, with a large proportion of patients going straight to test following clinical triage. However, indicative 2WW performance for August is currently below target due to capacity issues for Gastroenterology. The specialty are pursuing all available options to manage demand and increase capacity.

National performance for the 62 day standard has reduced in July and remains below target at 78.2%.

Improving Access to Psychological Therapies (IAPT) waiting times

STFT continues to meet all IAPT access and waiting time standards.

Performance - National Quality Requirements

VTE Risk Assessment - STFT

VTE risk assessment performance is submitted on a quarterly basis. The preliminary position for STFT is currently below the national target, however the breaches have not been fully validated and it is expected that once complete, performance will be on target.

RISKS

The following are considered to be risks to achievement of the targets going forwards:

- A&E 4-hour at CHSFT in September.
- Cancer – 62 day performance for GP referrals in August and September for CHSFT.
- Cancer – 2WW performance at STFT going forwards.

FINANCIAL IMPLICATIONS

Risks associated with PSF from a performance perspective are solely related to A&E performance. Providing the Trusts control totals are achieved, this equates to 30% of the funds available which is £390k for CHSFT and £177k for STFT during quarter 2. Both CHSFT and STFT need to achieve 95% in quarter 2 in order to secure this funding.

All contractual sanctions, except for ambulance diverts and deflections, are negated as part of a local system wide agreement with Sunderland and South Tyneside CCGs. During August CHS diverted / deflected away a small number of ambulances so will receive a small penalty. ST received ambulance diverts and deflections from other Trusts, therefore there is a small incentive expected.

RECOMMENDATIONS

Directors are asked to accept this report and note the risks going forwards.

Alison King
Director of Performance

City Hospitals Sunderland
NHS Foundation Trust

South Tyneside
NHS Foundation Trust

Performance Report
August 2018

The path to excellence

Performance Report Overview

This page explains the general layout of the indicator pages that form the bulk of the report. The report includes performance for both City Hospitals Sunderland NHS Foundation Trust and South Tyneside Foundation Trust

Key:

- Performance achieving the relevant target
- Performance not achieving the relevant target
- Actual performance
- Comparative performance for the previous year
- Target, operational standard, threshold or trajectory
- Planning trajectory (where relevant)
- Benchmark National
- Benchmark Regional

Page title representing a key performance indicator or a

Indicator group

Indicator information, including a brief description, the name of the Director lead and consequence of failure

Narrative highlighting recent performance and corrective actions, where applicable

Trend chart displaying the performance over the past 12 months or year to date, including benchmark performance (where

Diagnostics

NHSI SOF Operational Performance & National Operational Standard

1. Number of patients on the diagnostic waiting list at month end
2. Number of patients on the diagnostic waiting list at month end waiting 6 weeks or more
3. % patients waiting 6 weeks or more for a diagnostic test at month end
4. Number of diagnostic tests/procedures carried out in month

Director Lead: Sean Fenwick

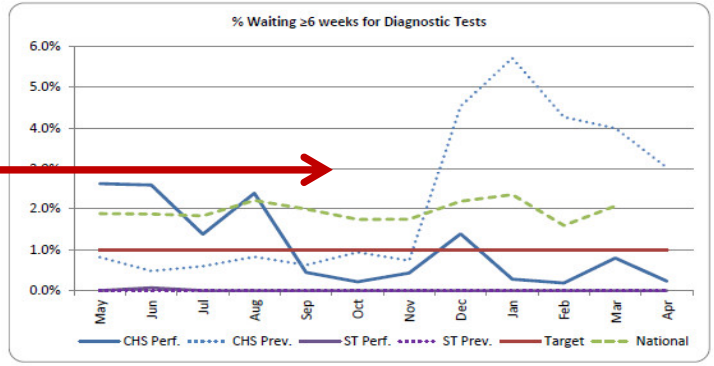
Consequence of failure: Patient experience, quality, access & reputation

Both Trusts achieved the national operating standard for diagnostic waits at the end of April.
CHS improved to 0.2% of patients waiting more than 6 weeks in April, whereas ST continue to have no breaches of the 6 week month-end target. CHS and ST also perform better than the latest national average.

Diagnostic activity has been stable at both Trusts between March and April. The waiting list position reduced at CHS. Conversely, the waiting list at ST has increased, which is mainly attributable to Non-Obstetric Ultrasound tests, although this continues to follow historical trends.

Diagnostics - April 2018	CHS				ST			
	WL Vol.	No. ≥6 wks	%≥6 wks	Activity	WL Vol.	No. ≥6 wks	%≥6 wks	Activity
Target			≤1%				≤1%	
Magnetic Resonance Imaging	424	2	0.47%	1,433	243	0	0.00%	491
Computed Tomography	434	0	0.00%	3,116	190	0	0.00%	828
Non-obstetric ultrasound	1,614	0	0.00%	2,781	940	0	0.00%	1,485
Barium Enema	31	0	0.00%	2	8	0	0.00%	15
DEXA Scan	142	1	0.70%	252	27	0	0.00%	106
Audiology	199	1	0.50%	1,287	N/A	N/A	N/A	N/A
Cardiology	372	0	0.00%	544	185	0	0.00%	377
Neurophysiology	97	0	0.00%	117	N/A	N/A	N/A	N/A
Respiratory physiology	145	0	0.00%	56	N/A	N/A	N/A	N/A
Urodynamics	19	0	0.00%	23	N/A	N/A	N/A	N/A
Colonoscopy	189	0	0.00%	265	108	0	0.00%	150
Flexi sigmoidoscopy	86	0	0.00%	85	37	0	0.00%	47
Cystoscopy	283	3	1.06%	533	1	0	0.00%	N/A
Gastroscopy	244	3	1.23%	293	127	0	0.00%	245
Trust Total	4,279	10	0.23%	10,837	1,866	0	0.00%	3,744

Table showing current performance compared to target (where relevant)



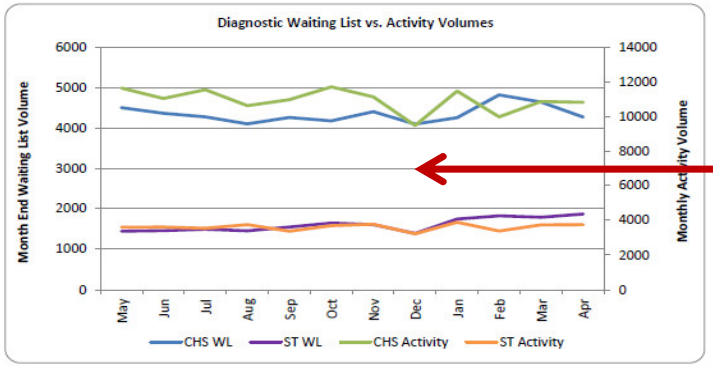


Chart displaying other relevant supporting information

Performance Scorecard

The Performance Report / Corporate Dashboard utilises a visual management approach to the Trust's monthly Performance, covering NHS Improvement Single Oversight Framework operational performance metrics, as well as national performance measures from the NHS Standard Contract 2018/19 and 'NHS Operational Planning and Contracting Guidance 2017 to 2019'.

Current SoF regulatory triggers (two or more consecutive months failure to achieve the target):

	CHS	ST
A&E 4 hours	☑	
Cancer 62 days	☑	

Forthcoming risks:

CHS	ST

Indicator	Trust	Director Lead	Target	2017/18	2018/19						12-month trend	Page
				Actual	Month[1]	Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD		
Operational Performance Measures - NHSI SOF: These metrics are used by NHS Improvement and form one of the five themes from the Single Oversight Framework, which is used to assess our operational performance. This will influence our segmentation and level of support. They also form part of the 2018/19 NHS Standard Contract.												
NHS Improvement Trust Segmentation	CHSFT		N/A		2	2	2			N/A		N/A
	STFT		N/A		2	2	2			N/A		
A&E - % seen in 4hrs	CHSFT	Sean Fenwick	≥95%	91.25%	89.38%	89.61%	89.28%			89.48%		4
	Trajectory		N/A		*95.68%*	*94.48%*	*95.01%*	*90.01%*	*87.56%*	*91.73%*		
	STFT		≥95%	94.35%	95.51%	95.00%	95.49%			95.19%		5
	Trajectory		N/A		*95.00%*	*94.03%*	*95.00%*	*92.98%*	*90.04%*	*93.07%*		
RTT - % incompletes waiting <18 wks	CHSFT	Sean Fenwick	≥92%	94.21%	94.18%	94.04%	94.38%			94.18%		6
	STFT			95.87%	95.97%	95.56%	95.99%			95.73%		
Cancer waits - % 62 days	CHSFT	Sean Fenwick	≥85%	83.62%	74.56%	83.57%	74.56%			81.27%		8
	Trajectory		N/A		*85.44%*	*83.96%*	*83.58%*	*84.88%*	*83.94%*	*84.10%*		
	STFT		≥85%	89.11%	90.32%	83.54%	90.32%			85.45%		9
	Trajectory		N/A		*87.10%*	*87.50%*	*85.87%*	*86.96%*	*85.56%*	*86.44%*		
% Diagnostic tests ≥6 wks	CHSFT	Sean Fenwick	<1%	1.32%	0.30%	0.27%	0.27%			0.27%		7
	STFT			0.01%	0.00%	0.00%	0.00%			0.00%		
IAPT - % Patients moving to recovery	STFT	Sean Fenwick	≥50%	55.94%	53.64%	56.92%	55.14%			56.19%		12
IAPT - % Patients waiting under 6 weeks	STFT	Sean Fenwick	≥75%	99.89%	99.47%	99.40%	99.39%			99.40%		12
IAPT - % Patients waiting under 18 weeks	STFT	Sean Fenwick	≥95%	99.42%	99.82%	99.94%	99.91%			99.93%		12
National Operational Standards: These are national targets that the NHS must achieve, mostly falling under the domain of quality, which are linked to delivery of the NHS Constitution. They also form part of the 2018/19 NHS Standard Contract.												
Cancelled operations 28 day breaches	CHSFT	Sean Fenwick	0	58	5	8	7			15		N/A
	STFT			0	0	0	0			0		
Cancer waits - % 2ww	CHSFT	Sean Fenwick	≥93%	96.53%	94.91%	95.45%	94.91%			95.33%		10
	STFT			94.99%	91.63%	82.96%	91.63%			85.17%		
Cancer waits - % 31 days	CHSFT	Sean Fenwick	≥96%	98.32%	97.65%	99.37%	97.65%			98.92%		11
	STFT			100.00%	100.00%	100.00%	100.00%			100.00%		
Cancer waits - % 31 days for subsequent treatment - surgery	CHSFT	Sean Fenwick	≥94%	96.78%	100.00%	98.65%	100.00%			99.00%		11
	STFT			100.00%	100.00%	100.00%	100.00%			100.00%		
Cancer waits - % 31 days for subsequent treatment - drugs	CHSFT	Sean Fenwick	≥98%	99.78%	100.00%	99.50%	100.00%			99.65%		11
	STFT			100.00%	100.00%	100.00%	100.00%			100.00%		
Cancer waits - % 62 days from screening programme	CHSFT	Sean Fenwick	≥90%	96.67%	100.00%	80.00%	100.00%			83.33%		8
	STFT			100.00%	100.00%	100.00%	100.00%			100.00%		9
Cancer waits - % 62 days from consultant upgrade	CHSFT	Sean Fenwick	N/A	80.18%	93.33%	85.71%	93.33%			87.18%		8
	STFT			95.65%	100.00%	100.00%	100.00%			100.00%		9
National Quality Requirements: These also form part of the 2018/19 NHS Standard Contract. In addition there are a number of zero tolerance indicators that are reported by exception, including Mixed Sex Accommodation breaches, A&E 12-hour trolley waits and urgent operations cancelled for the second time												
RTT - No. incompletes waiting 52+ weeks	CHSFT	Sean Fenwick	0	0	0	0	0			0		N/A
	STFT			0	0	0	0			0		
A&E / ambulance handovers - no. 30-60 minutes	CHSFT	Sean Fenwick	0	1,190	107	382	220			991		4
	STFT			532	89	213	176			389		5
A&E / ambulance handovers - no. >60 minutes	CHSFT	Sean Fenwick	0	271	17	33	27			99		4
	STFT			115	10	21	18			39		5
% VTE risk assessments	CHSFT	Ian Martin	≥95%	98.68%	98.53%	98.73%	98.55%			98.66%		N/A
	STFT	Shaz Wahid		95.95%	92.82%	96.37%	93.96%			95.40%		

1. Performance is one month behind normal reporting for all Cancer indicators (July 2018). NHS Improvement Trust Segmentation is based upon the latest position published

CHS Accident & Emergency

NHSI SOF Operational Performance, National Operational Standard & National Quality Requirements

1. % patients who spent 4 hours or less from arrival to admission, transfer or discharge
2. Number of attendances
3. National rank 4-hour performance against out of all acute Trusts
4. Number of ambulance arrivals
5. Number of ambulance handover delays between 15-30, 30-60 & over 60 minutes

Director Lead: Sean Fenwick

Consequence of failure: Patient experience, quality, access, reputation & financial impact if the PSF trajectory is not achieved, which equates to £390k for achievement in quarter 2

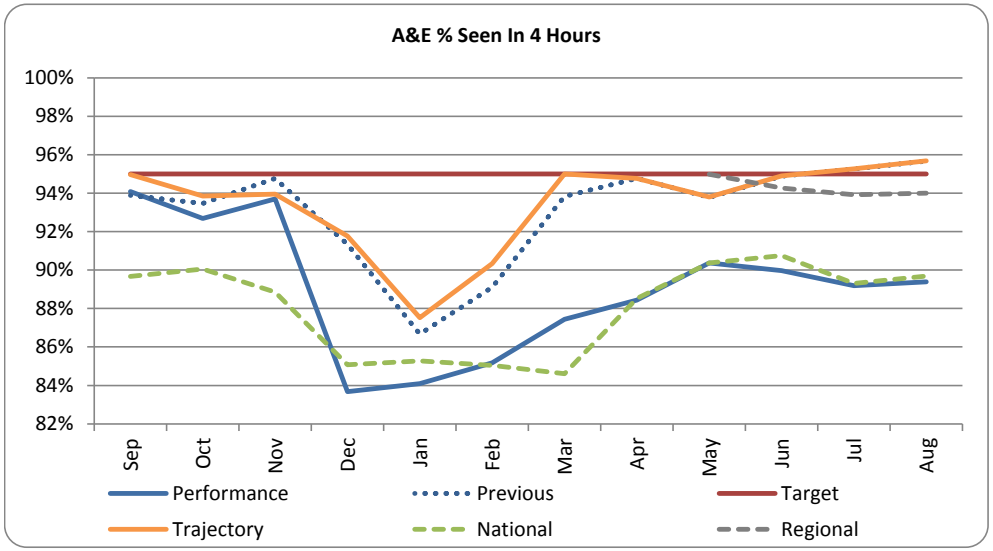
A&E Indicators - August 2018	Target	Month	YTD
Trust total % seen in 4 hours	≥95%	89.38%	89.48%
Type 1 % seen in 4 hours	≥95%	83.38%	83.28%
Type 2 % seen in 4 hours	≥95%	98.05%	98.39%
Type 3 % seen in 4 hours	≥95%	99.75%	99.52%
Trust total attendances		13,066	68,286
Type 1 attendances		8,043	41,401
National rank (acute Trusts)		60/136	N/A
Ambulance arrivals		2,667	13,413
Ambulance handover delays - 15-30 mins	0	699	4,989
Ambulance handover delays - 30-60 mins	0	107	991
Ambulance handover delays - >60 mins	0	17	99

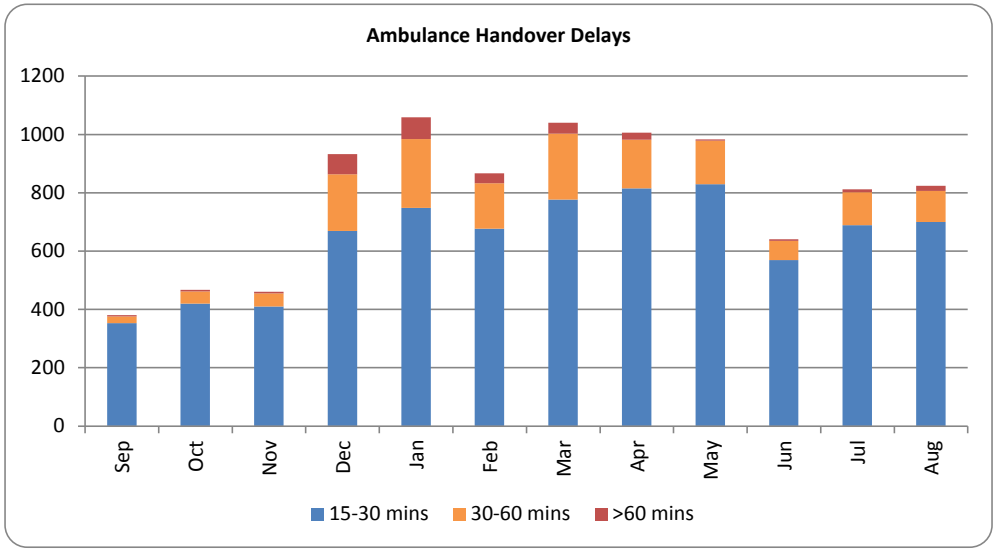
The Trust has failed to achieve the national operating standard for the total proportion of patients seen in A&E within 4 hours during August. Performance is slightly higher when compared to July, although much lower compared to August 2017. However, the volume of attendances was 4.6% higher than August 2017, which is primarily driven by an 9.3% increase in type 1 attendances. Emergency admissions via ED have increased in August, and volumes remain higher than expected for the time of year. There continues to be pressures on the department from both a demand and flow perspective. The directorate also continue to experience significant staffing pressures.

The Trust has risen to the upper middle 25% of Trusts nationally and were ranked 60th out of 136 acute Trusts. CHS were ranked 8th out of 9 Trusts regionally.

The number of ambulance arrivals was up 5.2% on August 2017 and the Trust received the second highest volume of ambulances out of all hospitals in the North East in the month. The number ambulance handover delays over 30 minutes has remained about the same in August. Delays as a proportion of all arrivals remained at 4.6%, which is about the same as the regional average.

There is an overarching action plan in place which includes enablers to deliver each of the recommendations made by the national Emergency Care Improvement Team (ECIP). There is an expectation nationally that performance is at least 90% over winter.





ST Accident & Emergency

NHSI SOF Operational Performance, National Operational Standard & National Quality Requirements

1. % patients who spent 4 hours or less from arrival to admission, transfer or discharge
2. Number of attendances
3. National rank 4-hour performance against out of all acute Trusts
4. Number of ambulance arrivals
5. Number of ambulance handover delays between 15-30, 30-60 & over 60 minutes

Director Lead: Sean Fenwick

Consequence of failure: Patient experience, quality, access, reputation & financial impact if the PSF trajectory is not achieved, which equates to £177k for achievement in quarter 2

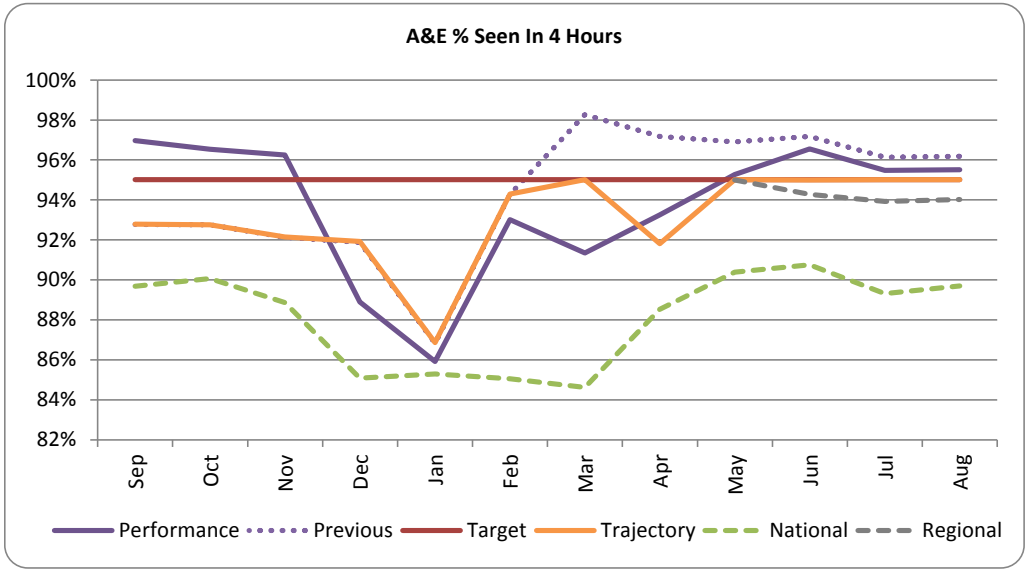
A&E Indicators - August 2018	Target	Month	YTD
Trust total % seen in 4 hours	≥95%	95.51%	95.19%
Type 1 % seen in 4 hours	≥95%	95.09%	94.75%
Type 3 % seen in 4 hours	≥95%	100.00%	99.88%
Trust total attendances		5,478	29,746
Type 1 attendances		5,007	27,165
National rank (acute Trusts)		16/136	N/A
Ambulance arrivals		1,210	6,258
Ambulance handover delays - 15-30 mins	0	304	1,390
Ambulance handover delays - 30-60 mins	0	89	389
Ambulance handover delays - >60 mins	0	10	39

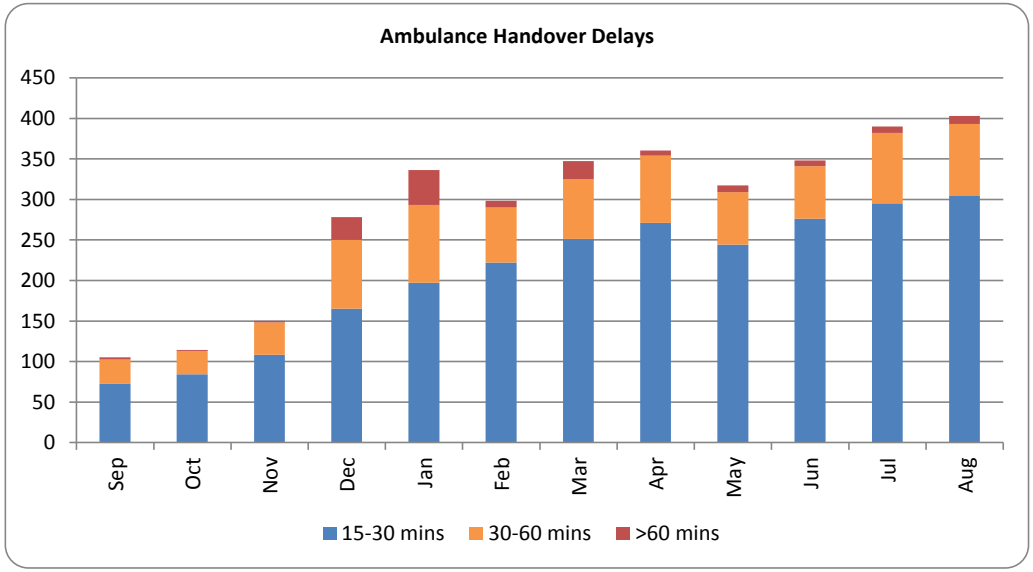
The Trust has achieved the national operating standard for the total proportion of patients seen in A&E within 4 hours during August, with performance improving slightly compared to July. Type 1 performance was also above target this month.

The volume of attendances seen during August was 2.1% lower compared to August 2017. This was related to lower type 3 attendances (-34.7%), as type 1 volumes were 2% higher than August 2017.

The Trust has moved up into the upper 25% of Trusts and was ranked 16th out of 136 acute Trusts. The trust was also ranked 4th best in the region.

The number of ambulance arrivals was about the same as August 2017 and the Trust continues to receive the fewest volume of ambulances out of all hospitals in the North East. Between July and August the number ambulance handover delays over 30 minutes have risen slightly, and delays as a proportion of all arrivals was 8.2%, which is higher than the regional average.





Referral to Treatment (RTT)

NHSI SOF Operational Performance & National Operational Standard

1. Number of patients waiting on an incomplete RTT pathway at month end
2. Number of patients on an incomplete RTT pathway waiting 18 weeks or more
3. Percentage of patients waiting less than 18 weeks on incomplete pathways
4. National RTT Stress Test - % risk of failing the incomplete standard in next 6 months

Director Lead: Sean Fenwick

Consequence of failure: Patient experience, quality, access & reputation

The finalised aggregate level performance for incomplete RTT pathways at the end of August was above target for both Trusts and better than national average. Performance compared to last month was about the same for both trusts.

At specialty level only Trauma & Orthopaedics (T&O) and Oral Surgery failed to achieve the 92% target for CHS, whereas all specialties achieved the target at ST. Oral Surgery failed to achieve the target due to capacity issues resulting from the loss of 2 specialist registrars and an increase in complexity of referrals impacting on routine minor oral surgery capacity. Subsequently, performance is a risk in September but expected to improve beyond that.

In addition to the specialties listed above, Rheumatology, General Surgery, Neurology, Urology and within the 'Other' specialty group Lipid/Diabetic Medicine for CHS are all flagged as being at risk of failing the target in future months. Performance and ongoing risks are monitored and reviewed regularly in line with the Trust's Performance Improvement Framework.

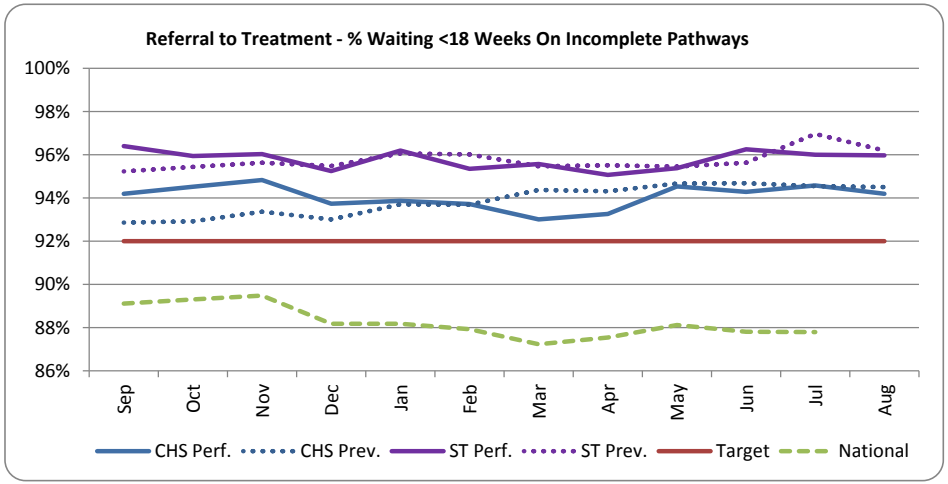
Both trusts are above the Incomplete waiting list total plan submitted for August.

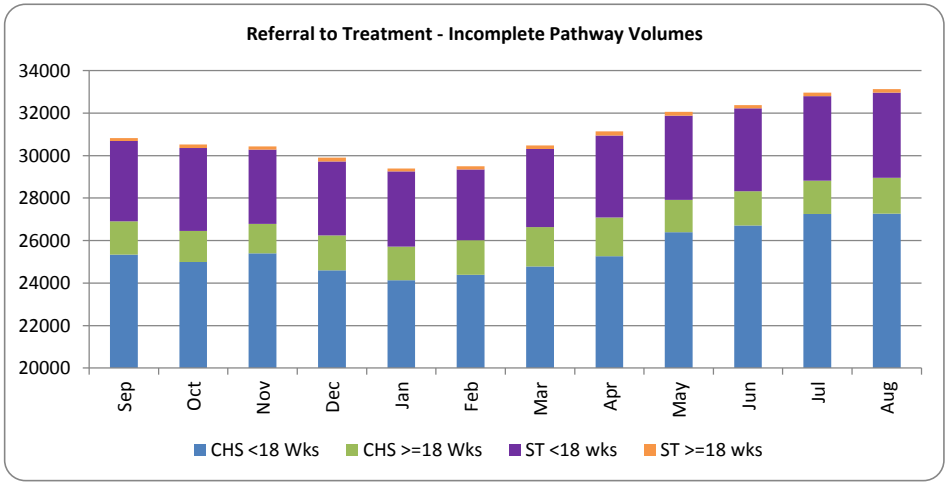
The RTT stress test risk rating has increased for both trusts between June and July. Both Trusts continue to compare favourably, being ranked at 12th and 5th (best), respectively, out of 148 trusts.

RTT Incompletes - August 2018	CHS			ST		
	Volume	No. ≥18 Weeks	% <18 Weeks*	Volume	No. ≥18 Weeks	% <18 Weeks*
Target			≥92%			≥92%
Cardiology	574	4	99.30%	352	8	97.73%
Ear, Nose & Throat	2,964	153	94.84%	480	22	95.42%
Dermatology	N/A	N/A	N/A	333	0	100.00%
Gastroenterology	410	4	99.02%	523	31	94.07%
General Medicine	N/A	N/A	N/A	N/A	N/A	N/A
General Surgery	2,039	138	93.23%	582	32	94.50%
Geriatric Medicine	378	5	98.68%	117	5	95.73%
Gynaecology	1,072	11	98.97%	421	14	96.67%
Neurology	1,107	37	96.66%	N/A	N/A	N/A
Ophthalmology	4,463	66	98.52%	225	3	98.67%
Oral & Maxillo Facial Surgery	1,866	178	90.46%	N/A	N/A	N/A
Plastic Surgery	N/A	N/A	N/A	6	0	*
Rheumatology	995	61	93.87%	N/A	N/A	N/A
Thoracic Medicine	651	38	94.16%	194	10	94.85%
Trauma & Orthopaedics	3,404	472	86.13%	522	29	94.44%
Urology	3,012	179	94.06%	N/A	N/A	N/A
Other	6,024	338	94.39%	415	14	96.63%
Trust Total	**28,959**	**1,684**	**94.18%**	**4,170**	**168**	**95.97%**

**De minimis* level >= 20 pathways in total

RTT Stress Test	May-18	Jun-18	Jul-18	May-18	Jun-18	Jul-18
% Risk of failure in next 6 months	10.68%	12.78%	13.22%	9.17%	3.28%	5.08%
National rank (1st is best)	9/151	11/150	12/148	8/151	5/150	5/148





Diagnostics

NHSI SOF Operational Performance & National Operational Standard

1. Number of patients on the diagnostic waiting list at month end
2. Number of patients on the diagnostic waiting list at month end waiting 6 weeks or more
3. % patients waiting 6 weeks or more for a diagnostic test at month end
4. Number of diagnostic tests/procedures carried out in month

Director Lead: Sean Fenwick

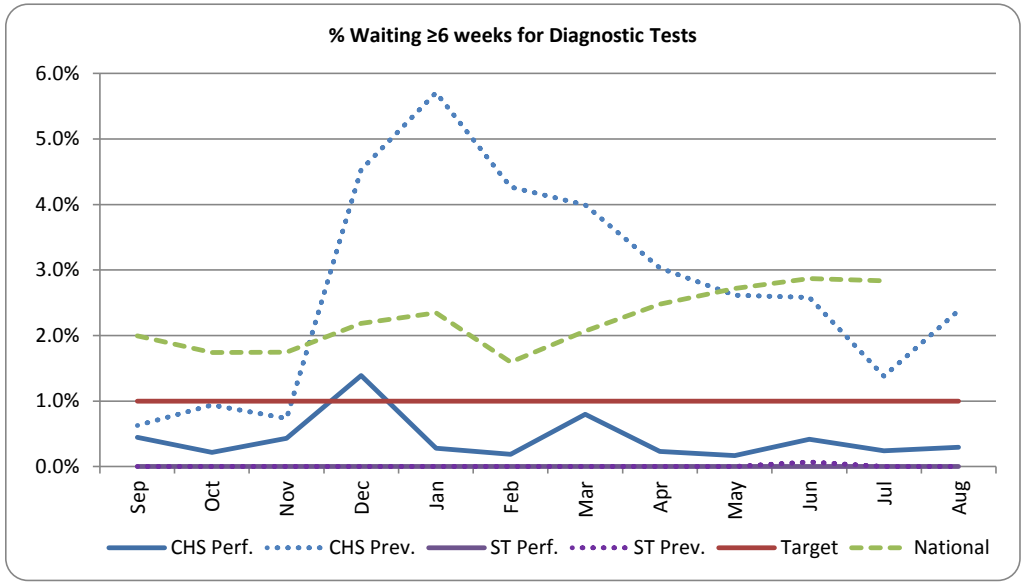
Consequence of failure: Patient experience, quality, access & reputation

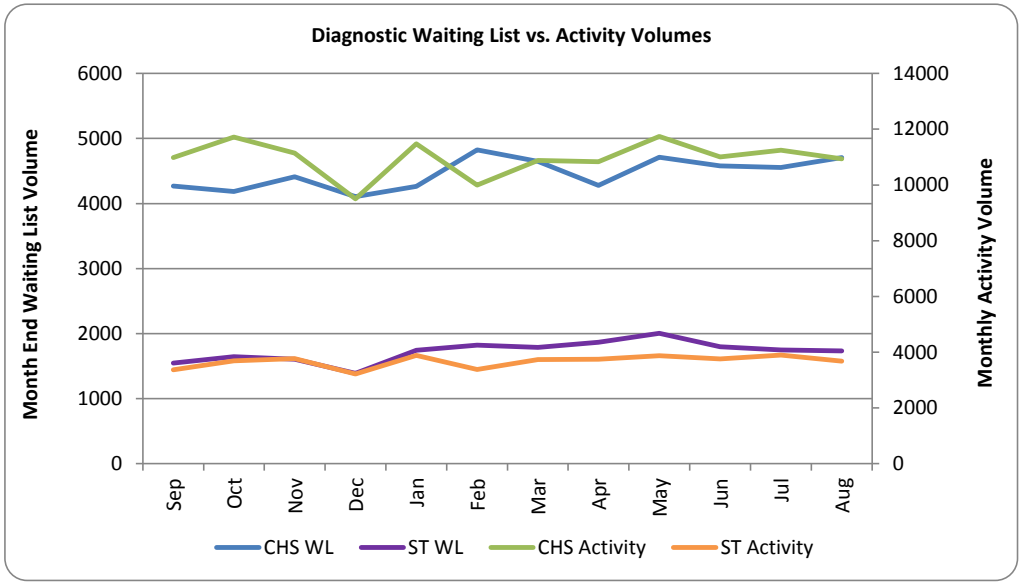
Both Trusts achieved the national operating standard for diagnostic waits at the end of August. ST performance was the same as the previous month with 0 breaches, whereas CHS has decreased to 0.3%. Performance for both Trusts was also better than the latest national average (2.8%).

Diagnostic activity has decreased for both trusts, whereas the overall size of the waiting list has increased slightly between July and August at CHS. However, the waiting list level has remained about the same level at ST.

Demand for Non Obstetric Ultrasound and MRI scans remain high, but both are in line with historical volumes. There are risks at CHS in Cardiology and Urodynamics currently. Cardiology have experienced an increasing waiting list over the past four months, with increased capacity planning and waiting list management ongoing. Urodynamics pressures are due to staff leaving and resulting lost capacity. The situation for both is being closely monitored.

Diagnostics - August 2018	CHS				ST			
	WL Vol.	No. ≥6 wks	%≥6 wks	Activity	WL Vol.	No. ≥6 wks	%≥6 wks	Activity
Target			≤1%				≤1%	
Magnetic Resonance Imaging	565	2	0.35%	1,403	239	0	0.00%	480
Computed Tomography	426	0	0.00%	2,946	246	0	0.00%	846
Non-obstetric ultrasound	1,711	1	0.06%	2,854	735	0	0.00%	1,425
Barium Enema	30	0	0.00%	0	10	0	0.00%	17
DEXA Scan	140	0	0.00%	273	17	0	0.00%	116
Audiology	198	1	0.51%	967	N/A	N/A	N/A	N/A
Cardiology	602	1	0.17%	944	184	0	0.00%	376
Neurophysiology	50	0	0.00%	117	N/A	N/A	N/A	N/A
Respiratory physiology	115	0	0.00%	67	N/A	N/A	N/A	N/A
Urodynamics	54	4	7.41%	23	N/A	N/A	N/A	N/A
Colonoscopy	175	1	0.57%	293	114	0	0.00%	128
Flexi sigmoidoscopy	72	3	4.17%	98	41	0	0.00%	58
Cystoscopy	313	0	0.00%	598	N/A	N/A	N/A	N/A
Gastroscopy	258	1	0.39%	351	147	0	0.00%	230
Trust Total	**4,709**	**14**	**0.30%**	**10,934**	**1,733**	**0**	**0.00%**	**3,676**





CHS Cancer 62 Day Waits

NHSI SOF Operational Performance & National Operational Standard

1. Number of patients receiving first definitive treatment for cancer following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade
2. Number of patients receiving first definitive treatment for cancer 62 days or more following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade
3. % patients receiving first definitive treatment for cancer within 62 days following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade
4. Number of patients receiving first definitive treatment for cancer 104 days or more following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade

Director Lead: Sean Fenwick

Consequence of failure: Timely access to treatment, patient experience, clinical outcomes & reputation

Trust performance was below the national target and national average in July. All tumour groups achieved the target with the exception of Lung, Skin, Urological and Other. There were 21.5 breaches in total, mainly due to complexity and prostate pathway delays. At tumour group level, most groups performed favourably against the national equivalent, with the exceptions being Lung, Skin and Urological. There were 7 breaches over 104 days in July, with 4 of these being in the Urological tumour group.

There were no breaches for patients referred from NHS screening programmes during July, and consequently the target was achieved. There was 0.5 breaches for patients treated following a consultant upgrade, with the breach attributable to Lung tumour group.

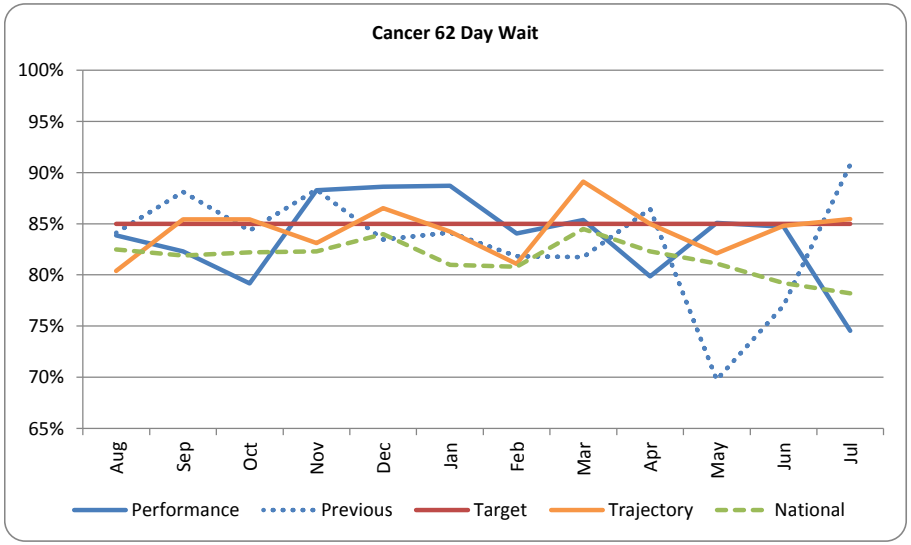
The volume of patients who are approaching their breach date has been reducing in August, but remains high. Urology is the main area of risk going forwards, due to ongoing capacity issues and diagnostic delays. An action plan is underway to address these issues in Urology, with pathways now showing improvement for new referrals.

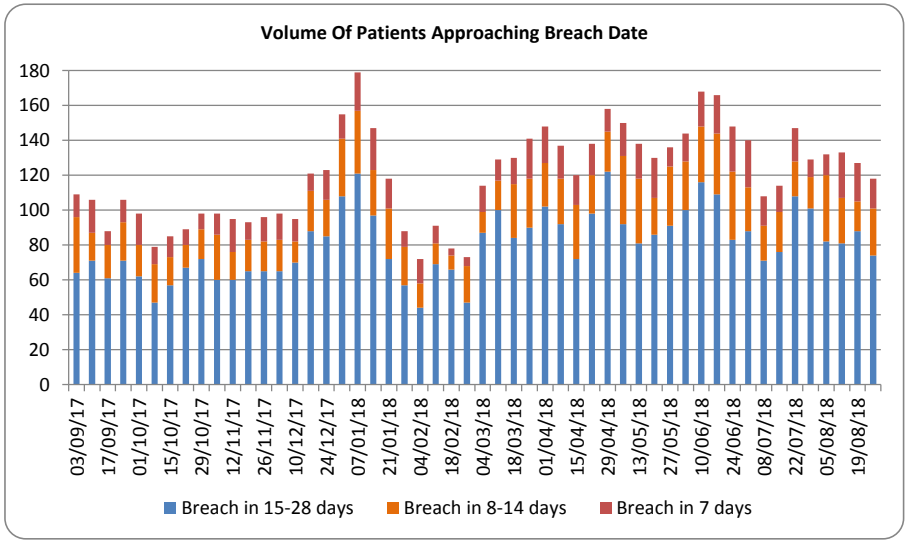
Performance remains a risk in the coming months.

First Definitive Treatment - July 2018*	Volume	Total Breached	Perf.	National Perf.	YTD	Number ≥104 days
Target			**85%**	**85%**	**85%**	**0**
Breast	0.5	0.0	100.00%	91.6%	100.00%	0
Gynaecological	3.5	0.0	100.00%	N/A	92.31%	0
Haematological	8.0	1.0	87.50%	N/A	91.67%	0
Head & Neck	8.0	1.0	87.50%	N/A	-	1
Lower Gastrointestinal	4.5	0.0	100.00%	69.9%	89.36%	0
Lung	3.0	1.0	66.67%	71.4%	71.88%	0
Other	1.0	1.0	0.00%	N/A	20.00%	0
Sarcoma	0.0	0.0	N/A	N/A	100.00%	0
Skin	3.0	0.5	83.33%	95.5%	93.94%	0
Upper Gastrointestinal	8.0	1.0	87.50%	N/A	84.38%	2
Urological	45.0	16.0	64.44%	67.3%	76.86%	4
Total	**84.5**	**21.5**	**74.56%**	**78.2%**	**81.27%**	**7**

Non GP Referrals						
Screening (Target: 90%)	1.0	0.0	100.00%	89.1%	83.33%	0
Consultant Upgrade	7.5	0.5	93.33%	86.7%	87.18%	0

*Please note that reporting of official cancer waiting times fall 1 month behind normal reporting timescales





ST Cancer 62 day Waits

NHSI SOF Operational Performance & National Operational Standard

1. Number of patients receiving first definitive treatment for cancer following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade
2. Number of patients receiving first definitive treatment for cancer 62 days or more following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade
3. % patients receiving first definitive treatment for cancer within 62 days following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade
4. Number of patients receiving first definitive treatment for cancer 104 days or more following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade

Director Lead: Sean Fenwick

Consequence of failure: Timely access to treatment, patient experience, clinical outcomes & reputation

The Trust achieved the 62 day operating standard for urgent GP referrals in July and was also better than the national average. There were 1.5 breaches this month due to a combination of complexity, diagnostic delay and patient choice. It is important to note that the large variances in monthly performance are due to the relatively small volumes.

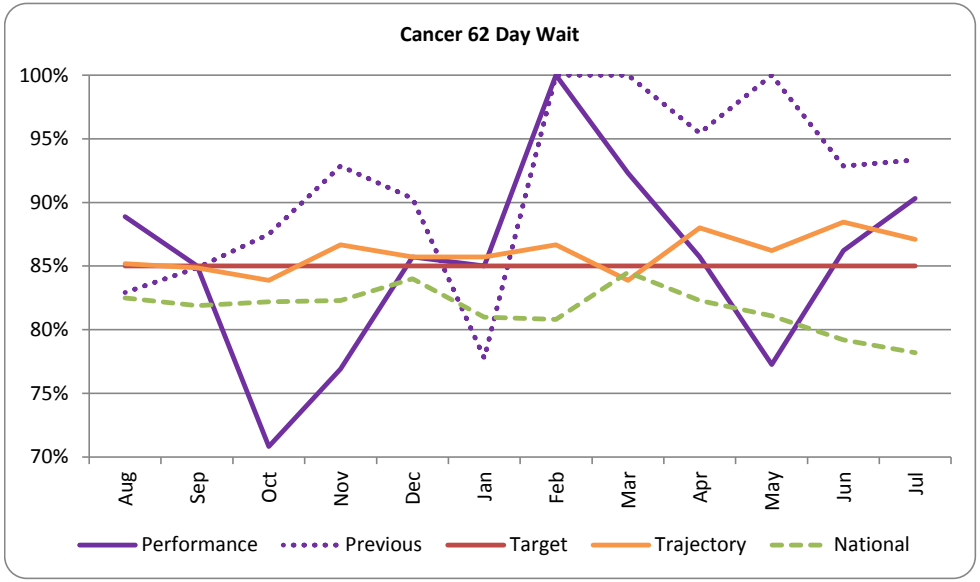
All patients that were referred from NHS screening programmes and those receiving treatment following a consultant upgrade were treated within 62 days during July.

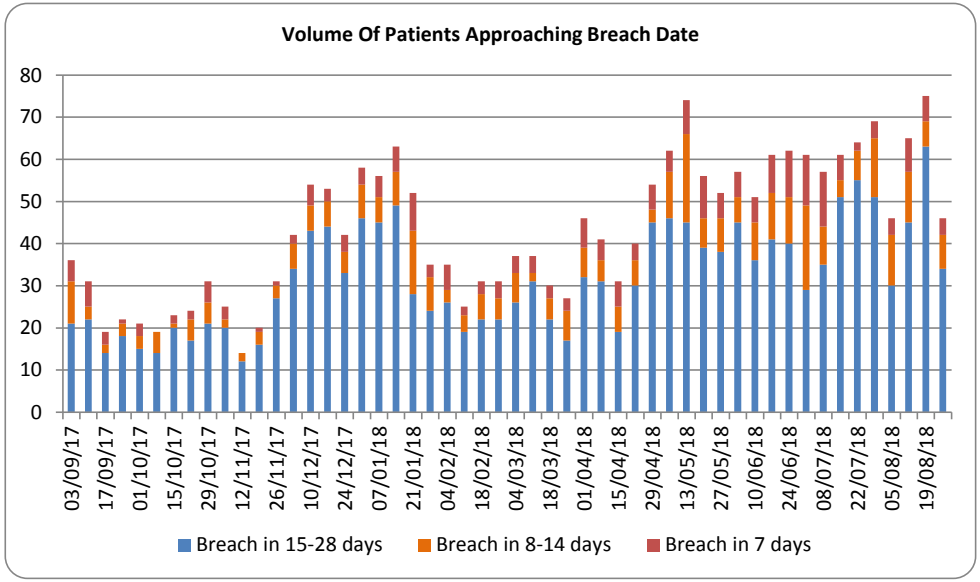
The volume of patients approaching the 62 day breach date has remained high during August. This is mainly due to a high number of Colorectal & Upper GI patients who have waited longer than 14 days for first OP appointment, because of capacity issues. This has subsequently caused delay in the 62 day pathway.

Indicative performance for August is currently below target.

First Definitive Treatment - July 2018*	Volume	Total Breached	Perf.	National Perf.	YTD	Number ≥104 days
Target			**85%**	**85%**	**85%**	**0**
Gynaecological	1.0	0.0	100.00%	0.0%	85.71%	0
Haematological	1.0	0.0	100.00%	0.0%	100.00%	0
Head & Neck	0.0	0.0	N/A	0.0%	50.00%	0
Lower Gastrointestinal	4.5	0.5	88.89%	69.9%	78.13%	0
Lung	6.0	0.5	91.67%	71.4%	97.06%	0
Other	0.5	0.5	0.00%	N/A	66.67%	0
Upper Gastrointestinal	2.5	0.0	100.00%	N/A	81.82%	0
Urological	0.0	0.0	N/A	67.3%	100.00%	0
Total	**15.5**	**1.5**	**90.32%**	**78.2%**	**85.45%**	**0**
Non GP Referrals						
Screening (Target: 90%)	0.5	0.0	100.00%	89.1%	100.00%	0
Consultant Upgrade	4.5	0.0	100.00%	86.7%	100.00%	0

*Please note that reporting of official cancer waiting times fall 1 month behind normal reporting timescales





Cancer 2 Week Waits

National Operational Standard

1. Number of urgent GP referrals for suspected cancer
2. Number of patients seen after more than two weeks following an urgent GP referral for suspected cancer
3. % patients seen within two weeks of an urgent GP referral for suspected cancer

Director Lead: Sean Fenwick

Consequence of failure: Timely access to treatment, patient experience, clinical outcomes

CHS achieved the 2WW target during July, although performance has reduced compared to June. All tumour groups were above target. The majority of breaches related to patient choice.

ST was below the 2WW target in July, with the trust only achieving the target once in the last 6 months. Lower GI and Upper GI were the only tumour groups not to achieve the target.

Gastroenterology and Colorectal Surgery remain subject to the formal performance escalation process. A revised pathway commenced in July with appropriate patients going straight to test following clinical triage. However, there are ongoing capacity issues for Gastroenterology, which means that achievement of the 2WW standard remains a risk. The specialty are continuing to pursue options to manage capacity and reduce the backlog. This remains a risk until October.

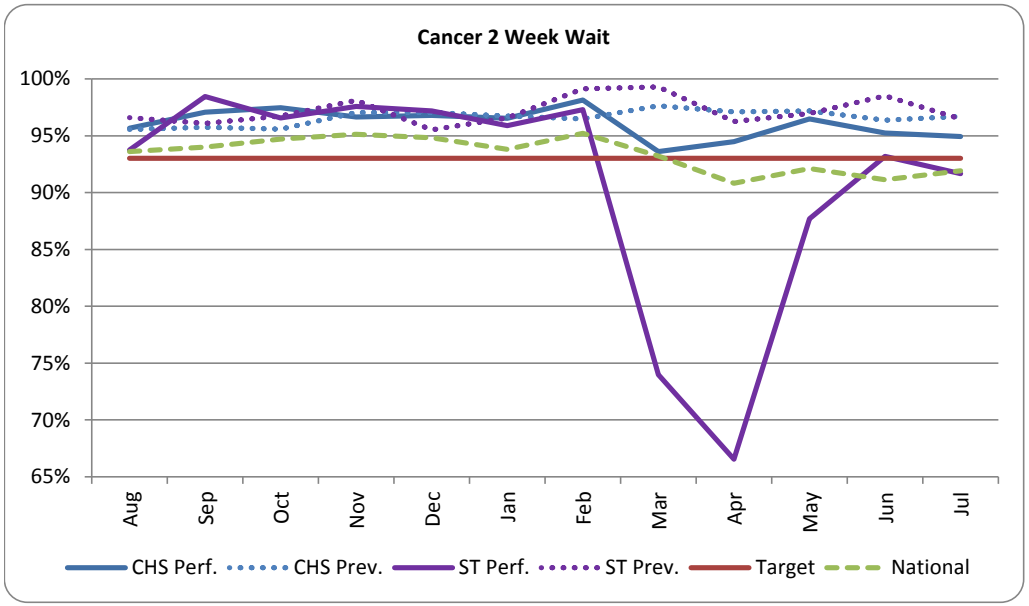
Overall referral volumes that converted to first outpatient appointments reduced during June at CHS, but increased at ST. The reduction at CHS was seen mainly in Head & Neck and Upper GI tumour groups.

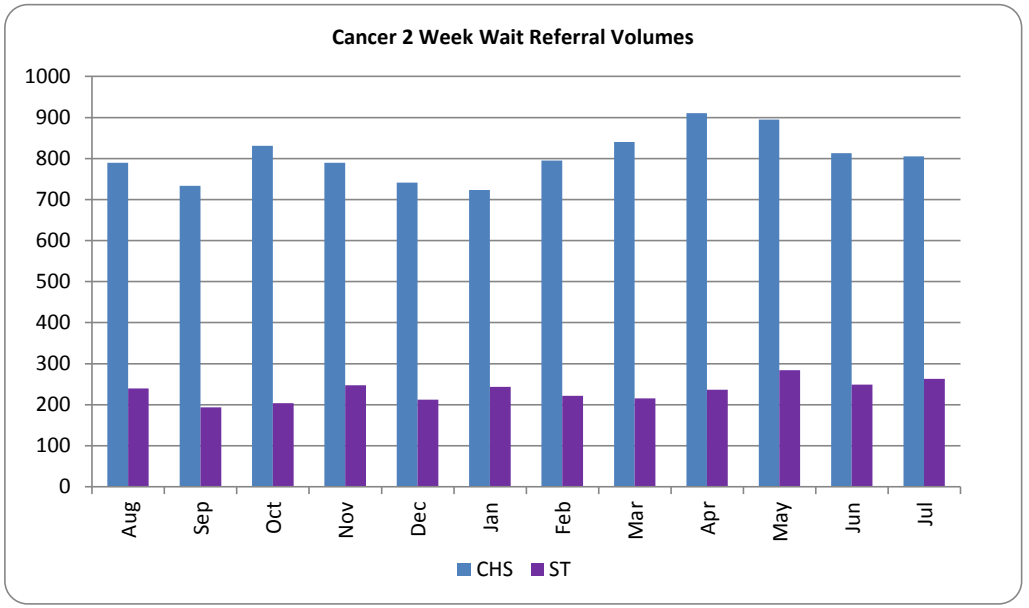
Gynaecological and Lower GI tumour groups most contributed to the increase at ST.

Indicative 2WW performance for August is above target for CHS but below target for ST.

Referrals for Suspected Cancer - July 2018*	CHS			ST			National Perf.
	Volume	Total Breached	Perf.	Volume	Total Breached	Perf.	
Target			**93%**			**93%**	**93%**
Acute Leukaemia	0	0	N/A	0	0	N/A	100.00%
Gynaecological	103	2	98.06%	56	1	98.21%	93.30%
Haematological	15	0	100.00%	4	0	100.00%	96.20%
Head & Neck	176	12	93.18%	19	1	94.74%	N/A
Lower Gastrointestinal	167	7	95.81%	113	16	85.84%	89.50%
Lung	27	1	96.30%	19	0	100.00%	96.40%
Other	0	0	N/A	0	0	N/A	84.40%
Testicular	18	0	100.00%	0	0	N/A	97.50%
Upper Gastrointestinal	89	6	93.26%	52	4	92.31%	91.90%
Urological (Excluding Testicular)	210	13	93.81%	0	0	N/A	94.00%
Total	**805**	**41**	**94.91%**	**263**	**22**	**91.63%**	**91.90%**

*Please note that reporting of official cancer waiting times fall 1 month behind normal reporting





Cancer 31 Day Waits

National Operational Standard

1. Number of patients receiving first definitive treatment following a cancer diagnosis
2. Number of receiving first definitive treatment more than one month of a decision to treat following a cancer diagnosis
3. % patients receiving first definitive treatment within one month of a decision to treat following a cancer diagnosis
4. % patients receiving subsequent surgery or drug treatments for cancer within 31 days

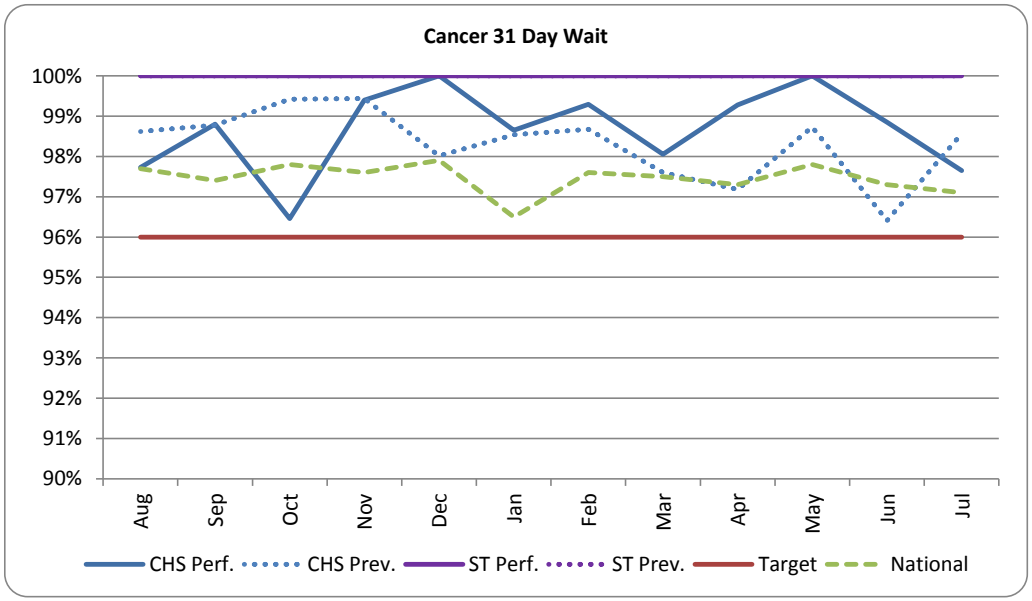
Director Lead: Sean Fenwick

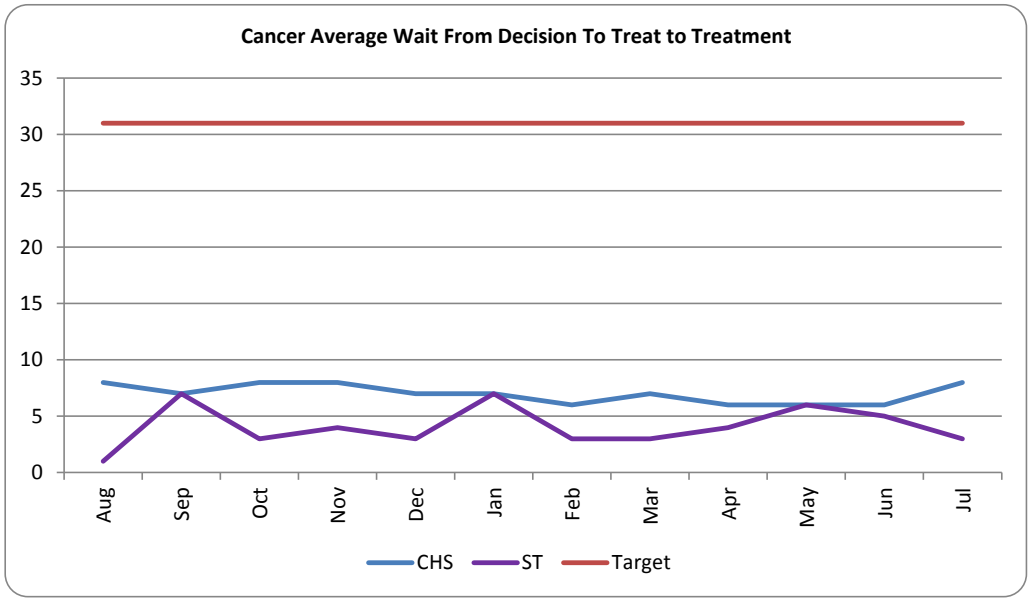
Consequence of failure: Timely access to treatment, patient experience & clinical outcomes

Both Trusts have continued to achieve the 31 day operating standard.
The performance at CHS reduced during July, whereas ST remains consistent at 100%. Both Trusts continue to perform better than the national average.
At tumour group level only Head & Neck and Skin failed to achieve the target at CHS due to a small number of breaches, with Skin being the only tumour group lower than the national average at CHS. All tumour groups were higher than national average at ST.
Indicative performance for July is currently above target for both Trusts.
There were no breaches against either 31 day subsequent indicators for either trust.

First Definitive Treatment - July 2018*	CHS			ST			National Perf.
	Volume	Total Breached	Perf.	Volume	Total Breached	Perf.	
Target			**96%**			**96%**	**96%**
Breast	2	0	100.00%	0	0	N/A	98.7%
Gynaecological	4	0	100.00%	2	0	100.00%	N/A
Haematological	18	0	100.00%	1	0	100.00%	N/A
Head & Neck	14	1	92.86%	0	0	N/A	N/A
Lower Gastrointestinal	11	0	100.00%	8	0	100.00%	97.6%
Lung	24	0	100.00%	11	0	100.00%	98.7%
Other	2	0	100.00%	1	0	100.00%	97.9%
Sarcoma	0	0	N/A	0	0	N/A	N/A
Skin	7	2	71.43%	0	0	N/A	97.1%
Upper Gastrointestinal	15	0	100.00%	3	0	100.00%	N/A
Urological	73	1	98.63%	0	0	N/A	94.0%
Total	**170**	**4**	**97.65%**	**26**	**0**	**100.00%**	**97.1%**
Subsequent Treatments							
Surgery (Target: 94%)	26	0	100.00%	1	0	100.00%	94.0%
Drug (Target: 98%)	82	0	100.00%	15	0	100.00%	99.4%

*Please note that reporting of official cancer waiting times fall 1 month behind normal reporting timescales





ST Improving Access to Psychological Therapies

NHSI SOF Operational Performance & National Quality Requirement

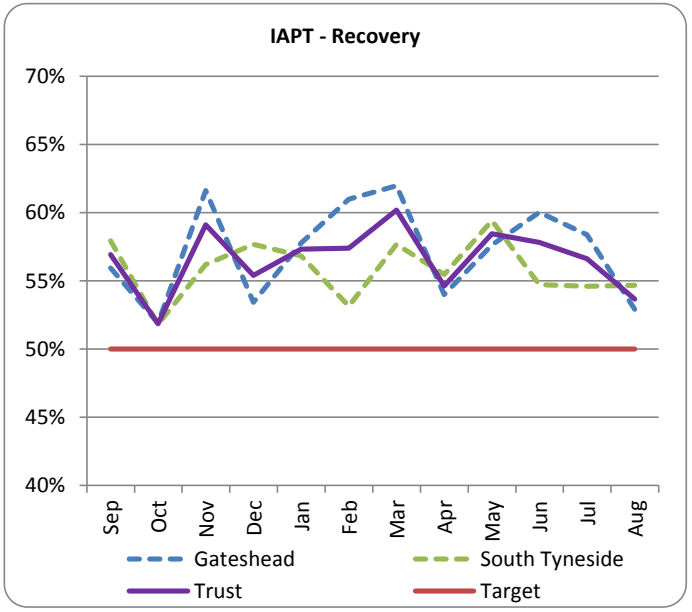
1. % of people who complete treatment who are moving to recovery
2. % of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period
3. % of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period

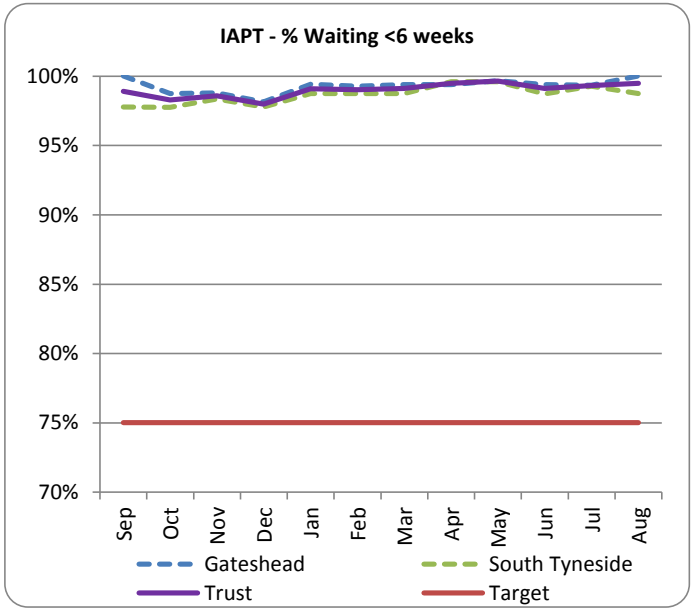
Director Lead: Sean Fenwick

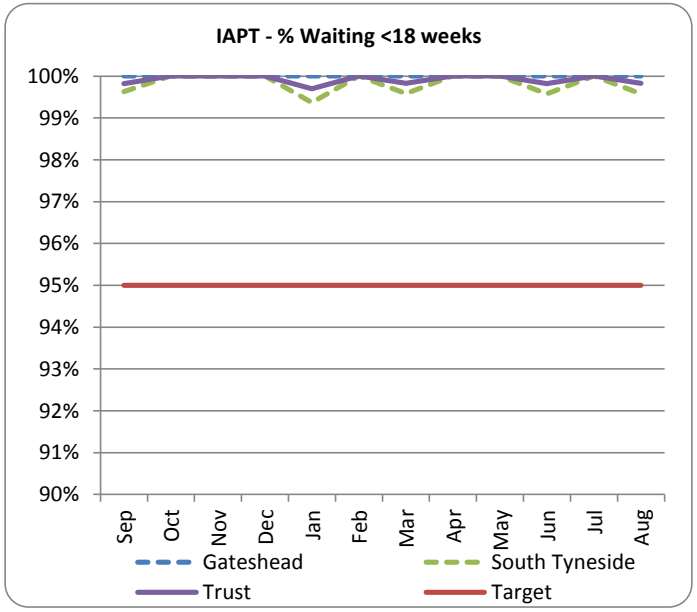
Consequence of failure: Timely access to treatment, patient experience & clinical outcomes

Recovery performance remains variable but both localities have continued to achieve the target. Waiting time performance (both 6 week and 18 weeks) is stable and consistently achieves the respective targets. Referral volumes into both services during August has been higher than previous years but reasonably consistent with recent months. Waiting lists for both localities remains high, but stable. This does not represent a risk to achievement of the national standards.

IAPT - August 2018	Target	Volume	Total Breached	Performance	YTD
1. Recovery					
Gateshead	50%	310	146	52.90%	56.52%
South Tyneside	50%	225	102	54.67%	55.78%
Trust Total	**50%**	**535**	**248**	**53.64%**	**56.19%**
2. Waiting Times <6 weeks					
Gateshead	75%	329	0	100.00%	99.56%
South Tyneside	75%	236	3	98.73%	99.19%
Trust Total	**75%**	**565**	**3**	**99.47%**	**99.40%**
3. Waiting Times <18 weeks					
Gateshead	95%	329	0	100.00%	100.00%
South Tyneside	95%	236	1	99.58%	99.84%
Trust Total	**95%**	**565**	**1**	**99.82%**	**99.93%**







BOARD OF DIRECTORS

SEPTEMBER 2018

LEARNING FROM DEATHS DASHBOARD

INTRODUCTION

The National Quality Board (2017) published national guidance on learning from deaths which sets out a framework for Trusts on identifying, reporting, investigating and learning from deaths in care. Boards need to be assured that deaths are reviewed and changes are made in response to learning to improve pathways of care.

Trusts are required to collect and publish quarterly reports with specified information on deaths and demonstrate learning. The report must be presented to a public Board meeting.

This report provides The Executive Committee with the fourth mortality dashboard.

LEARNING FROM DEATHS DASHBOARD – AN OVERVIEW

We have used but amended the NHS England dashboard template to support the recording of deaths, review of outcomes and learning from care provided. A similar approach seems to have been adopted by other Trusts.

In common with peer Trusts within the North East Regional Mortality Network we use an adaptation of PRISM methodology (Hogan and colleagues) for undertaking mortality reviews. This clinician-led approach helps to identify 'problems in care' and informs judgements on avoidability of death.

The method also allows clinicians to provide an overall quality of care rating and the dashboard captures those deaths where care during the last admission was graded as excellent or good.

Section 1 includes information about the total number of adult in-patient deaths and those deaths reviewed by a mortality review panel known as a Stage 2 mortality review. This is an independent review of the notes carried out by the Mortality Review Panel, and in all cases none of the reviewers will have been directly involved in the clinical care of the deceased.

The data completeness column indicates whether the information is either provisional or final reflecting the dynamic nature of the mortality review process and information capture.

Section 2 of the dashboard provides information about end of life reviews, which are carried out separate to or in addition to a stage 2 mortality review. These specific reviews are based on the 5 core elements of care from the national implementation of "Care of the Dying Patient" documentation. The outcomes of these reviews are used to target staff awareness and training sessions in care of the dying.

The Trust has undergone work to robustly capture and document learning disability deaths. As the CCG leads the project and assigns external reviewers to some LeDeR reviews, the trust has not had assurance that all reviews were captured internally. By working closely with the CCG this has now been resolved and the data indicated on this report is an accurate reflection of the current position.

INTERPRETATION OF DASHBOARD DATA

We continue to adapt our existing mortality review arrangements following publication of the Trust Mortality Review & Learning from Deaths Policy. This includes refining our processes for highlighting actions and improvements from reviews of death.

We have consolidated our position regarding death review and preventability scoring using the Hogan methodology. For those patients reviewed in Q1, 97% were judged as definitely not preventable.

In addition for this quarter, there were no patient deaths judged as avoidable (using the Hogan criteria greater than 50% likelihood of avoidability) as a proportion of stage 2 reviews.

Grading of care reported as either excellent or good has continued to be above 90% each quarter to date. In Q1 the rate is 92% with July indicating 100%.

The proportion of deaths with an End of Life review is 67% of those deaths where patients were in receipt of End of Life Care having a special End of Life Review in Q1. The majority of these reviews (82%) had the 5 core elements delivered. These are the priorities of care that should reflect the needs and preferences of the dying person, i.e. ‘recognise’ (the possibility that a person may die within the next few days or hours), communication, involvement, support, and ‘plan and do’ (that an individual plan of care is agreed, coordinated and delivered with compassion).

Where no LeDeR reviews are shown as being in progress or completed this is due in part to the CCG not having assigned them for review due to a shortage of reviewers which the CCG is working to resolve. Secondly, the LeDeR reviews are incredibly detailed, and can be multi-disciplinary and agency reviews which take time and go through a number of gateways firstly with the CCG and then LeDer programme before being accepted as complete; requests for rework are common. Due to the detailed work required reviewer’s usually only conduct one or two reviews at a time.

EVIDENCE OF LEARNING AND ACTION

One component of the CHSFT MRP process is to examine the accuracy and completeness of the death certificate that has been issued on behalf of the responsible consultant following a patient death in SRH.

During the tenure of the MRP death certification being unsatisfactory has been a theme. The MRP has not taken action around this theme as there has been the expectation that the anticipated Medical Examiner role would improve the quality of death certification through reasoned challenge and support at the time of issuing the certificate. At the time the MRP conducts the review and identifies potential issues with death certification it is too late to challenge or effect change.

Due to these factors the MRP has refrained from embarking on a quality improvement programme in this area.

Poor quality death certification drives coding inaccuracies which can then impact risk adjusted mortality indices and potential outlier alerts from the CQC. These alerts, if based on inaccurate documentation, divert resource within the trust to review areas of no or low risk with little or no actions for improvement.

The Trust would therefore benefit from investing in contemporaneous scrutiny of the quality of death certification.

RECOMMENDATIONS

The Board of Directors are asked to note the updated dashboard.

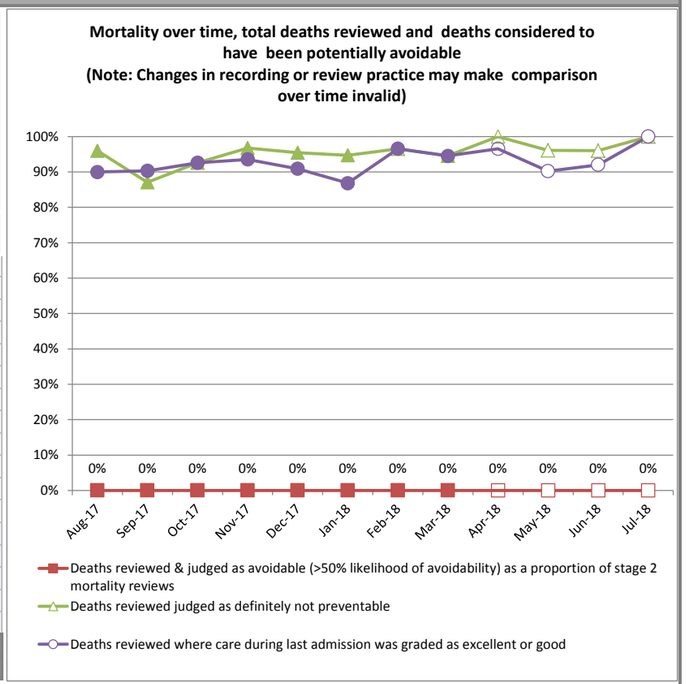
Ian Martin
Medical Director

City Hospitals Sunderland NHS Foundation Trust: Learning from Deaths Dashboard - August 17 - July 18

Section 1: Summary of total number of deaths and total number of cases reviewed

Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable, definitely not preventable and excellent or good care (does not include patients who died in the Emergency Department)

Month of death	Data completeness	Total Number of deaths	Deaths investigated as a Serious Incident	Stage 1 Reviews - Screening		Deaths meeting inclusion criteria (NA = not available)		Deaths with a completed stage 2 Mortality Review Panel Review		Deaths reviewed & judged as avoidable (>50% likelihood of avoidability) as a proportion of stage 2 mortality reviews		Deaths reviewed judged as definitely not preventable		Deaths reviewed where care during last admission was graded as excellent or good	
				Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Aug-17	Final	123	0	NA	-	NA	-	50	41%	0	0%	48	96%	45	90%
Sep-17	Final	94	0	NA	-	NA	-	31	33%	0	0%	27	87%	28	90%
Oct-17	Final	105	0	81	77%	25	31%	27	33%	0	0%	25	93%	25	93%
Nov-17	Final	127	0	102	80%	30	29%	31	30%	0	0%	30	97%	29	94%
Dec-17	Final	157	0	101	64%	20	20%	22	22%	0	0%	21	95%	20	91%
Jan-18	Final	179	0	175	98%	37	21%	38	22%	0	0%	36	95%	33	87%
Feb-18	Final	148	0	146	99%	28	19%	29	20%	0	0%	28	97%	28	97%
Mar-18	Final	161	0	160	99%	55	34%	55	34%	0	0%	52	95%	52	95%
Apr-18	Provisional	111	0	108	97%	29	27%	29	27%	0	0%	29	100%	28	97%
May-18	Provisional	136	0	136	100%	51	38%	51	38%	0	0%	49	96%	46	90%
Jun-18	Provisional	108	0	104	96%	25	24%	25	24%	0	0%	24	96%	23	92%
Jul-18	Provisional	105	0	104	99%	30	29%	19	18%	0	0%	19	100%	19	100%
Q2 17/18	Final	310	0	NA	-	NA	-	111	36%	0	0%	104	94%	101	91%
Q3 17/18	Final	389	0	284	73%	75	26%	80	28%	0	0%	76	95%	74	93%
Q4 17/18	Final	488	0	481	99%	120	25%	122	25%	0	0%	116	95%	113	93%
Q1 18/19	Provisional	355	0	348	98%	105	30%	105	30%	0	0%	102	97%	97	92%
Q2 18/19	Provisional	105	0	104	99%	30	29%	19	18%	0	0%	19	100%	19	100%
2017/18	Final	1544	0	765	50%	195	13%	443	58%	≤ 5	0.2%	421	95%	406	92%
2018/19	Provisional	460	0	452	98%	135	29%	124	27%	0	0.0%	121	98%	116	94%



Section 2: End of Life Review

Total Number of Deaths, Deaths Reviewed and Deaths with 5 Core Elements Delivered

Month of death	Data completeness	Number of deaths where patients were in receipt of End of Life care	Deaths with an End of Life Review		End of Life reviews with all 5 core elements delivered	
			Number	%	Number	%
Aug-17	Final	91	67	74%	58	87%
Sep-17	Final	67	40	60%	40	100%
Oct-17	Final	70	31	44%	28	90%
Nov-17	Final	83	59	71%	55	93%
Dec-17	Final	85	34	40%	33	97%
Jan-18	Final	111	85	77%	74	87%
Feb-18	Final	100	73	73%	54	74%
Mar-18	Final	102	58	57%	52	90%
Apr-18	Provisional	83	61	73%	50	82%
May-18	Provisional	96	61	64%	50	82%
Jun-18	Provisional	65	41	63%	33	80%
Jul-18	Provisional	68	23	34%	22	96%
Q2 17/18	Final	228	159	70%	98	62%
Q3 17/18	Final	238	124	52%	116	94%
Q4 17/18	Final	313	216	69%	180	83%
Q1 18/19	Provisional	244	163	67%	133	82%
Q2 18/19	Provisional	68	23	34%	22	96%

Section 3: Learning Disability Review

Total Number of Deaths, LeDeR reviews completed and deaths reviewed by the Mortality Review Panel

Quarter	Data Completeness	Number of deaths	LeDeR reviews completed	LeDeR reviews in progress	Deaths with a completed stage 2 Mortality Review Panel Review
Q1 17/18	Provisional	≤ 5	68%	33%	40%
Q2 17/18	Final	≤ 5	100%	0%	100%
Q3 17/18	Provisional	≤ 5	40%	60%	40%
Q4 17/18	Provisional	≤ 5	0%	75%	75%
Q1 18/19	Provisional	≤ 5	0%	0%	80%
Q2 18/19	Provisional	≤ 5	0%	0%	50%

NHS
City Hospitals Sunderland
NHS Foundation Trust

LEARNING FROM DEATHS

Information about patient deaths and review during the period
April – June 2018 (Provisional)

355

Total number of deaths

348

Patients who had a Stage 1 Screening Review

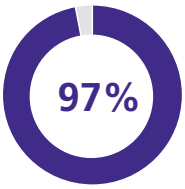
Note - this is a process to determine those deaths who meet certain national criteria to have a more indepth review (known as a Stage 2 Review)

105

Patients who had a Stage 2 Screening Review

Note – this comprehensive review of care culminates in a judgement made on the preventability / avoidability of death and a rating given on the quality of care (using nationally validated mortality review tools)>

Stage 2 Reviews



Deaths judged as definitely not preventable

0% **Deaths judged as avoidable (>50% likelihood of avoidability)**

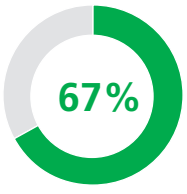
92%

Deaths reviewed where care during the last admission was graded as excellent or good

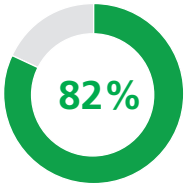
End of Life Review

244

Patients were in receipt of end of life care



cases had an end of life review



of these deaths had all 5 'best practice' care of the dying elements (such as sensitive communication, involvement in decision-making, care is delivered with compassion etc)

The path to excellence

Part of:
South Tyneside and Sunderland
Healthcare Group

BOARD OF DIRECTORS

SEPTEMBER 2018

SINGLE GOVERNANCE COMMITTEE PROPOSAL

1. INTRODUCTION

As both Trusts continue to work more closely together and work is in progress to achieve a formal merger it is necessary to consider how the framework of clinical and corporate governance across each organisation might best come together. This is particularly important as patient pathways develop, services are shared or relocate and staff work across sites to ensure patient and staff safety. It is also required for the merger full business case.

Following brief discussions at both Governance Committees the potential to move to one joint Governance Committee across CHS and STFT was supported in principal. This paper sets out how that may be achieved and was subsequently agreed by both Committees in their respective meetings in September.

In proposing a move to one Governance Committee it is recognised that for 2018/19 each organisation will have statutory obligations and reporting arrangements and arrangements need to be maintained to deliver this.

In particular, the current clinical and corporate steering groups reporting into the current Trust Governance Committees will be maintained until the point of merger.

2. DEVELOPING AND DELIVERING A SINGLE GOVERNANCE STRUCTURE

The importance of a robust framework for clinical and corporate governance across any healthcare organisation is well evidenced and a requirement in terms of our CQC registration. Both Trusts already have similar, but not identical, process and structure in place.

Over the last eighteen months this commonality has continued to increase as best practice in each Trust has been shared and adopted accordingly.

Two issues, the Clinical Service Reviews (CSRs) and the full business case for merger, are now driving further amalgamation of the Governance framework.

In terms of the CSRs it is likely that future service provision will be shared across sites to a greater extent than already happens in practice. This requires a common approach to clinical governance to ensure appropriate standards of care and treatment, management of risk and effectiveness. Patients and staff can not be subject to differing standards as they move across different sites within the healthcare group.
In terms of the work for a full business case, to support the merger of the two trusts, a description of each organisations current and future clinical and corporate governance

arrangements is required. Also required is an analysis of benefits to patients as a result of a merger and identification of any risks for each organisation. Finally an Implementation Plan is required and this will describe our clinical and corporate governance arrangements in the newly merged organisation.

If there is agreement to support the move to a joint Governance Committee that not only fits with this requirement but also means the new joint committee can have over sight of the proposed new clinical and corporate governance framework.

3. JOINT GOVERNANCE COMMITTEE

To move to a joint Governance committee it is proposed that:

a. The terms of reference need to be amalgamated and agreed. A draft is attached at Appendix 1.
b. The Chair of the new Committee would need to be identified. It is proposed that the current Chairs share this and chair for 3 months each.
c. Committee membership will be revised. See terms of reference.
d. All Committee members would participate in the discussion of all items/issues affecting both Trusts.
e. Papers/Report should be combined where ever possible to show information across the healthcare group. Where necessary individual papers/reports would be submitted.
f. A Highlight report and/or a full set of minutes already go to both Boards. This would continue. The Key Highlights Report will bring to the Boards' attention critical/important/ emerging issues, but will not replicate the minutes of the meeting.
g. Meetings will be held on a date to be agreed but preferably utilising current dates in the diary.
h. Meetings to alternate between South Tyneside DGH and Sunderland Royal Hospital.
i. The first joint meeting could take place from October 2018 onwards (allowing September to close down any relevant individual trust business).
j. Secretarial support for the joint meeting will be provided by the office of the Director of Nursing AHPs and Patient experience.

4. RECOMMENDATIONS

The Board of Directors is asked to agree to the proposals to move to one joint Governance Committee across the Healthcare Group and consider that the first meeting takes place in October 2018.

Melanie Johnson.

Melanie Johnson
Executive Director of Nursing, Midwifery and AHPs

APPENDIX 1

JOINT GOVERNANCE COMMITTEE

DRAFT - TERMS OF REFERENCE

1. Purpose and authority

1.1 The Governance Committee is a non-statutory Committee established by the Board of Directors to ensure the achievement of the highest standards of patient safety, quality of service, and risk management.

1.2 The Committee has no executive powers, other than those specifically delegated by these Terms of Reference. The Terms of Reference can only be amended with the approval of the Board of Directors.

1.3 The overriding principle of the committee is the pursuit of continuous improvement in the interest of patient care and service delivery.

2. Membership

2.1 The Governance Committee is appointed by the Board and the following officers shall be members of the Committee:

- Two Non-Executive Directors x1 STFT and x1CHS *(Joint Chair)*
- Two other Non-Executive Directors x1 STFT and x1CHS
- Director of Nursing, Midwifery and AHPs *(Executive Lead)*
- Medical Director STFT
- Medical Director CHS
- Director of Finance
- Director of Operations
- Company Secretary
- Director of Corporate Affairs
- Assistant Director of Nursing (Quality)

2.2 Duly nominated deputies may attend in a Committee members' stead in exceptional circumstances, and with the prior agreement of the Committee Chair. In the absence of the Nurse or Medical Director then the Assistant Director of Nursing(Quality) or the Deputy Medical Director must be in attendance.

2.3 Other Trust representatives may be required to attend meetings at the request of the Chair. For example the Head of Corporate Risk and Head of Assurance on a quarterly basis to present their papers.

3. Quorum

3.1 The quorum necessary for the transaction of business shall be four members, which must include: a minimum of one Non-Executive Director (including the Chair) from each Trust; and either the Director of Midwifery, Nursing and AHPs or a Medical Director.

3.2 A duly convened meeting of the Governance Committee at which a quorum is present shall be competent to exercise all powers as set out in these Terms of Reference.

4. Duties

4.1 Quality of Care and Patient Safety

The Governance Committee will:

- Receive assurance with regard to compliance with the Care Quality Commission Fundamental standards of care (Appendix 1), and receive assurance on the actions being taken to address any recommendations identified.

- Receive assurance with regard to ongoing achievement of the Trust's Quality Objectives identified in the Trust's Annual Plan.

- Monitor progress and achievement of the Trust's Quality Strategy and receive assurance on all aspects of patient safety including clinical performance.

- Receive assurance that processes are in place for triangulation of information and data from across other sub committees of the Board, with particular regard to patient experience and seek assurance that appropriate actions are being taken to address issues where necessary.

- Receive performance reports containing up to date information, comparisons and benchmarking where possible.

- Liaise with the Patient Carer and Public Experience Committee (PCPEC) to provide assurance that patient experience is duly considered and appropriately managed.

4.2 Clinical and Corporate Governance

The Governance Committee will:

- Receive assurance on the implementation of the strategic direction of governance across the organisation, ensuring delivery at Directorate level.

- Receive assurance with regard to the Trust's Assurance Programme.

- Receive relevant Annual Reports as detailed in the Cycle of Business.

- Approve the work plans of the Clinical Governance Steering Group and the Corporate Governance Steering Group on an annual basis.

- By exception, further consider in detail, the specific issues that have been raised by the Chairs of the sub-groups and request further reports on any aspect of service provision as deemed necessary.

- Recommend to the Chief Executive if an independent review is required into any service if serious concerns have been raised.

4.3 Risk Management

The Governance Committee will:

- Receive assurance on behalf of the relevant Trust Board on the adequacy and effectiveness of risk management across the Trust, including review of the Board Assurance Framework, Corporate Risk Register and Directorate level risk registers.

- Review relevant Trust wide high-level risks identified in the Board Assurance Framework on a quarterly basis and where relevant, escalate risks to the Board and make recommendations where appropriate.

- Liaise with the Audit Committee and Finance and Performance Committee to provide assurance that risks are appropriately managed.

5. Conduct of Business

5.1 Meetings will be held monthly with notice of each meeting together with an agenda and papers being made available to each member no later than five clear days before the meeting.

5.2 If any urgent issues require resolving between meetings this will be done via the appropriate Director who will inform the Chair and liaise with other members of the Committee as required.

5.3 The office of the Director of Nursing shall provide administrative support to the Committee and maintain a schedule of matters arising and agreed actions.

6. Reporting and Review

6.1 The Chair of the Committee will report to the relevant Board of Directors on the business of the Committee following each meeting, including issues for escalation, and recommendations were appropriate.

6.2 The Committee will receive reports from the following at each meeting on the delivery the work plan and any issues of escalation:

- Clinical Governance Steering Group
- Corporate Governance Steering Group

6.3 The Committee will review its Terms of Reference and its effectiveness against the requirements of its Terms of Reference every three years.