

**Q2 Monitor Submission – 2014/15**

<b>Trust Board</b>	<b>Item: 9.3</b>
<b>November 26<sup>th</sup> 2014</b>	<b>Enclosure: L</b>
<b>Purpose of the Report / Paper:</b> To provide the Board with the Q2 Submission to Monitor for information following approval at the FIC in October and submission to Monitor on October 31 <sup>st</sup> 2014.	
<b>FOR: Information</b> <input checked="" type="checkbox"/> <b>Assurance</b> <input checked="" type="checkbox"/> <b>Discussion and input</b> <input checked="" type="checkbox"/> <b>Decision/approval</b> <input checked="" type="checkbox"/>	
<b>Sponsor (Executive Lead):</b>	Deborah Lawrenson, Company Secretary & Head of Corporate Affairs
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<b>Risk Implications - Link to Assurance Framework or Corporate Risk Register:</b>	None
<b>Legal / Regulatory / Reputation Implications:</b>	There is the potential for regulatory implications were the Trust to fall short in any areas.
<b>Link to Relevant Corporate Objective:</b>	Strategic Objective 1 and 5:
Strategic Objective 1 - To deliver quality, patient centred healthcare services with an excellent reputation with regard to meeting standards and targets.	
Strategic Objective 5. To deliver well managed, quality services which are value for money for the tax payer	
<b>Document Previously Considered By:</b>	FIC on October 23 <sup>rd</sup> 2014
<b>Recommendations:</b>	
The Board is asked to note the Q2 submission.	

## Executive Summary

### Summary

FIC were asked to discuss and approve the Quarter 2 (Q2) 2014/15 submission to Monitor.

Key elements are detailed below:

#### Continuity of Services Risk Rating and Financial position

COSR consists of two metrics – debt service cover and liquidity.

Debt service demonstrates that a Trust is able to meet all debt obligations from the surplus produced in year. The liquidity metric aims to ensure that the Trust can meet all of its cash obligations. Unlike the Financial Risk Rating (FRR) which was previously used, this does not take into account the working capital facility as it was felt that Trusts in difficulties were often denied access to their facility.

The I&E YTD position at M6 is a £0.7m deficit against a breakeven plan. i.e a £0.7m adverse position against plan.

The Trust forecast is to achieve the operating plan surplus of £2.2m.

However the Monitor plan surplus was set at £3.2m as it included £1m of donated income re the Estates strategy. This will not now happen in 2014/15 so we cannot include this income either as it must be matched to the asset spend. The Monitor return will therefore show our forecast surplus at £2.2m which is £1m less than the plan. This has already been notified to Monitor in the M5 return and we have discussed it with them. Monitor have indicated they are likely to raise this issue in the regular teleconference in November 2014.

The COSR remains at 3 overall, although the liquidity element is at a 2 at M5 and M6. This is due to the estates strategy spend needing to take place ahead of the first tranche drawdown of the loan. This has now happened in October 2014 and the liquidity score should return to a 3 next month.

#### Governance

With regard to governance, all healthcare indicators and targets have been achieved in the Quarter; with the exception of 62 waits for cancer (from urgent GP referral) post local breach allocation, which is currently showing as 79.7% achieved. Data on cancer achievement for September is still provisional. If the data is validated this will mean the Trust has breached cancer targets for the third consecutive quarter on one of the targets.

*In Q1 we reported that 62 day waits for first treatment (from urgent GP referral) post local breach re-allocation had been breached with 22.5 accountable breaches which were a combination of patient choice related delays (6.5), patients medically unfit and capacity.*

In Q2 the detail was that there were 21 accountable (pre reallocation) breaches which were due to a combination of reasons including patient choice related delays (5), complex pathways(4) and patients medically unfit (3.5).

Since the Q1 report the position on cancer performance has improved overall with all other cancer targets have been achieved following implementation of an action plan progress of which has been reported to EMC. Actions included:

- *An Interim Cancer support manager is now in post (Tracey Dumbarton), with significant experience of managing cancer services*
- *Support from the NHS IST to help support and train MDT coordinators and trackers to be more robust in tracking patients and escalating concerns. A review is in progress of the systems and processes in place for tracking and escalating*
- *The Cancer tracking list is review at weekly at the Trust-wide PTL meeting, with further bi weekly meetings with the deputy CEO to monitor and assure performance*
- *Individual patients are also monitored within individual service lines*
- *More robust processes have been implemented for tracking patients referred to tertiary centres*
- *Escalation processes have been revised for all patients with 20 days or less on their pathway*

Monitor has been kept up to date with progress around cancer performance and this was discussed in the annual formal discussion with them including detail on action plans in place. Further discussion will take place in the regular feedback meeting in November.

The Trust asked the London Cancer Alliance (LCA) to come into the Trust to undertake a peer review of the Trust's cancer action plan which took place in September 2014. They were impressed with the overall content and direction of travel set within the plan including the movement of the MDT Coordinators from the central cancer services team into their relevant service lines.

The review team made twenty-five recommendations on updates to the plan, mostly to strengthen the original actions but also a number of additional recommendations:

- The Trust have an overarching responsible Manager for MDTs and data workforce to share knowledge, skills and provide cover.
- That Trust cancer guidelines and Standard Operational Procedures were reviewed based on the best practice guidelines and recommendations from the LCA.
- The Trust have a process for identifying potential breaches and raising the awareness of where delays are impacting pathways across multiple tumour sites.
- A robust process for standard and exception reporting be agreed at service management meetings and linked to the Executive Trust Teams for reporting purposes.

To address the 62 day breaches in particular, the following actions have been highlighted as a priority:

- The training package which has been developed to deliver cancer guidance and PTL management to all staff involved with the management of cancer patients be rolled out through the service management meetings. This will include the importance of the Trust's 'blue dot system' for cancer pathway patients to ensure their diagnostics are processed within the agreed fourteen days.
- Meetings have been arranged with external Trusts to clarify shared patient pathways and ensure a robust referral process is agreed for the management of these patients.
- A robust tracking and escalation process for the PTL will need to be embedded within the service lines to reflect the changes to the MDT coordinators team.

The action plan has been updated to reflect these recommendations and is being monitored at EMC.

With regard to this breach the options open to Monitor are;

- Retaining a green rating if they do not feel there is an evident governance concern
- If there are causes for concern the green rating would be replaced with a description outlining the issue and steps required whether formal or informal or
- They could chose to assign a red rating if they were to take regulatory action

The decision would be informed by the seriousness of the issue, the information they have already been given by the trust and the effectiveness of the trust response and the time critical nature of the situation.

Given this it is anticipated the Trust will either retain its green rating, given the discussions which have taken place with Monitor on the issue, or would be given a description rating with potential actions required.

### C.difficile

There have been five cases of c.difficile year to date which is within target but is being closely monitored. These cases are still under review as they have not yet been agreed in terms of the 'lapse in care' definition.

### Trust Board

With regard to quality governance in respect of the Trust Board, in Q2 there were six Executive Directors in post as was reported in Q1. At the end of Q2 the Director of Finance went on a period of unplanned leave for personal reasons and an interim, Nigel Baker, was put in place. Monitor has been informed of this interim arrangement. There are no vacant posts and there were no appointments made in Q2 to Executive Director roles. Sarah Tedford, Deputy Chief Executive resigned at the beginning of Q2 but did not leave the Trust until Q3. An interim, Charles Bruce, has been put in place to cover the role.