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| <p>Yorkshire and the Humber Strategic Health Authority</p> <p>BOARD MEETING</p> |  |
| <p>Date: 7 December 2010</p> | <p>Report Author: Rob Cooper</p> |
| <p>Title of paper: Quality, Safety, Finance and Performance Report</p> | |
| <p>Actions Requested The Board is asked to note the Quality, Safety, Finance and Performance Report.</p> | |
| <p>Governance Requirements</p> | |
| <p>SHA Objectives This paper links to our current financial and performance objectives and our assurance function.</p> | |
| <p>Risk Management This paper is supporting the management of two strategic risks: Strategic Risk 1.2: that the SHA Accountability & Assurance Framework does not support the achievement of the strategic priorities; and Strategic Risk 2.1: that target delivery is not sustainable within financial balance/ agreed control totals.</p> | |
| <p>Board Assurances The paper reports that there were no changes to the overall forecast revenue and capital outturn during the previously reported period for the NHS in Yorkshire and the Humber. The financial position of Yorkshire and the Humber SHA confirms that the financial standing of the SHA is on track. The paper reports the performance position of the NHS in Yorkshire and the Humber.</p> | |
| <p>Risk Assessment Financial risks have been assessed and at the aggregate level there is confidence in the financial position across the patch. However there are potential risks in specific areas which are being managed through the control mechanisms and assurances put in place by the SHA.</p> | |
| <p>Communication (including public and patient involvement) The relevant audiences affected by the publication of this report have been contacted. Provision is in place to handle public enquiry.</p> | |
| <p>Resource Implications The resource implications are associated with the investment of the surplus in the next few years. This is addressed as part of the medium term financial strategy.</p> | |
| <p>Legal Implications Not applicable</p> | |
| <p>Equality and Diversity This paper meets the requirements of the equality and diversity agenda</p> | |
| <p>NHS Constitution This paper is compliant with the NHS Constitution</p> | |

Yorkshire and the Humber Strategic Health Authority

7 December 2010

Quality, Safety, Finance and Performance Report

Executive Summary

1. This report contains the following sections:

Section 1: Quality, Safety and Performance Report: Key Data

Section 2: Quality, Safety and Performance Report: Narrative and Risk Analysis

Section 3: 2010/11 Financial Position across the Yorkshire and the Humber Health Economy as reported at Month 6

Section 4: Finance Report of Yorkshire and the Humber SHA

2. Quality, Safety and Performance Update

This Performance and Quality data can be found in Section 1 of this report, which includes SHA High Level Analysis of the various performance areas, as well as the latest incident reporting information. The risk narrative, actions and further information for these areas can be found in Section 2. This months report also includes a new section reporting on Compliance with Patient Safety Alerts.

3. Financial Position across the Yorkshire and Humber Health Economy

The forecast revenue position reported by the NHS in Yorkshire and the Humber at Month 6 is an aggregate operating surplus of £150m, in line with plan. Three organisations in the region have been identified as facing significant financial risk for 2010/11, and performance management arrangements have been tailored to address emerging issues.

4. Finance Report Yorkshire and the Humber SHA

The SHA is forecast to meet its financial duty to keep spending and cash within the limits set by the Department of Health (£643.2m). Expenditure forecasts have been subject to significant revision in one spending area during the past month, relating to non-medical tuition costs where expenditure is now expected to be materially above plan. We are also reviewing the forecast spend for the Interim Cancer Drug Fund, including the balance of the spend between this year and next.

Rob Cooper

Deputy Chief Executive; Director of Performance, Finance and Assurance

SECTIONS 1 AND 2: QUALITY, SAFETY AND PERFORMANCE REPORT

Summary

This report uses the latest available data. Due to the varying reporting timetables for each area reported on, the reporting period will vary. The principle here, however, is to use the latest available data.

Section 1

SHA Level Key Data

The SHA analyses present the latest performance against Existing Commitments and National Priorities. They show current and/or year to date performance against CQC thresholds, where the thresholds are known. They also show trend and SHA national ranking, where available.

Incident Reporting

Latest incident information, based on data reported to NPSA and the SHA SUI database.

Section 2

Risk Analysis and Narrative by Performance Area

The risk analysis section can be found in Section 2 of this report. This months report also includes information on Compliance with Patient Safety Alerts, which can be found at the beginning of Section 2. Also included are the narratives for each organisation at risk and the actions being taken in the following categories:

Emergency Care

- YAS Ambulance Response Times – Categories A and B
- Total Time in A & E

Referral to Treatment

Stroke and TIA

- Stroke: Spending 90% of Time on a Stroke Unit
- High Risk TIA Patients Treated Within 24 Hours

Serious Incident /Patient Safety Incident Reporting

Cancer

Winter

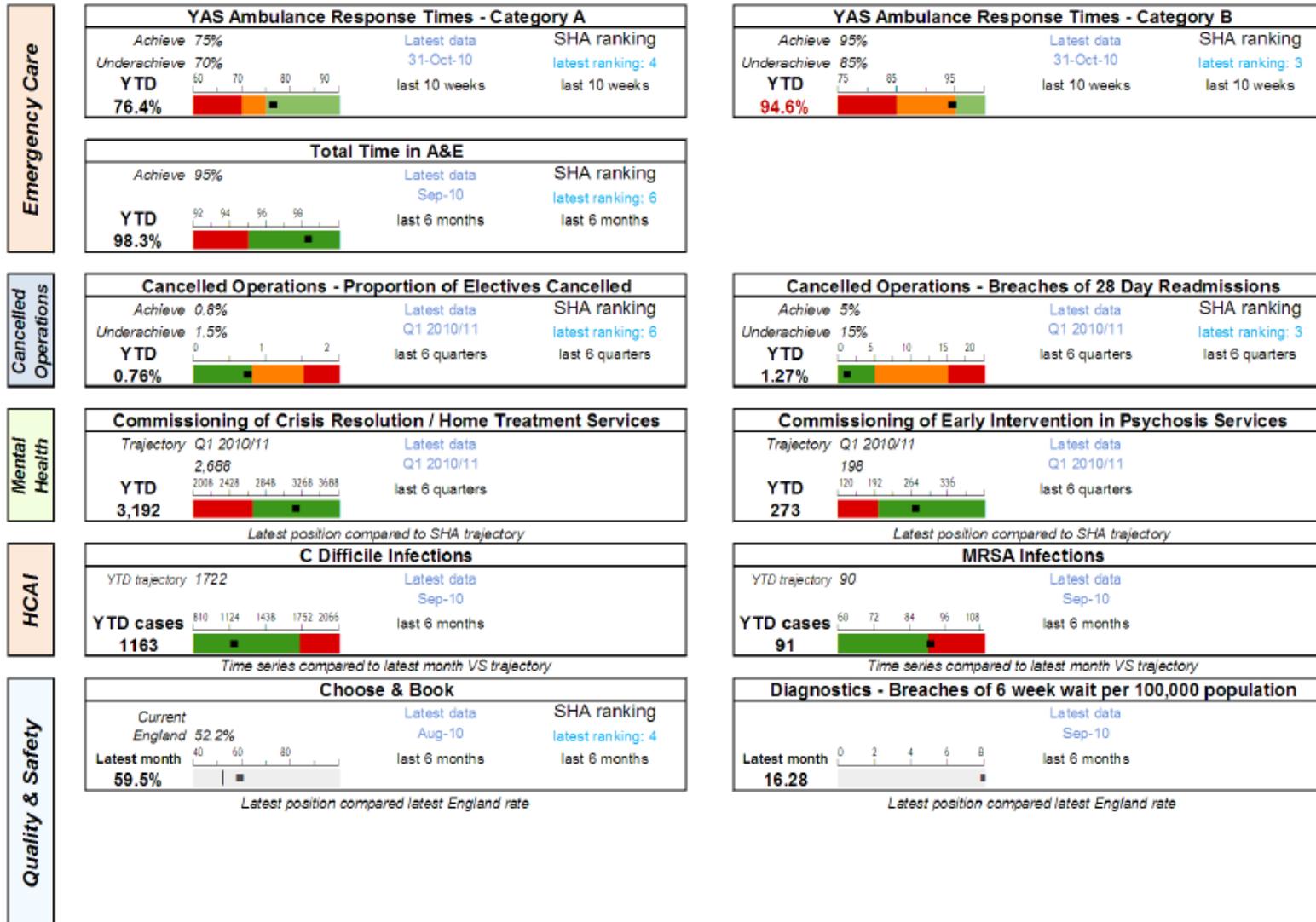
SECTION 1: HIGH LEVEL ANALYSIS AND RISK SUMMARIES

SHA High-Level Analysis (Part 1)

Performance against Existing Commitments, National Priorities and other national indicators– latest available data.

11/11/2010

NHS Yorkshire & The Humber

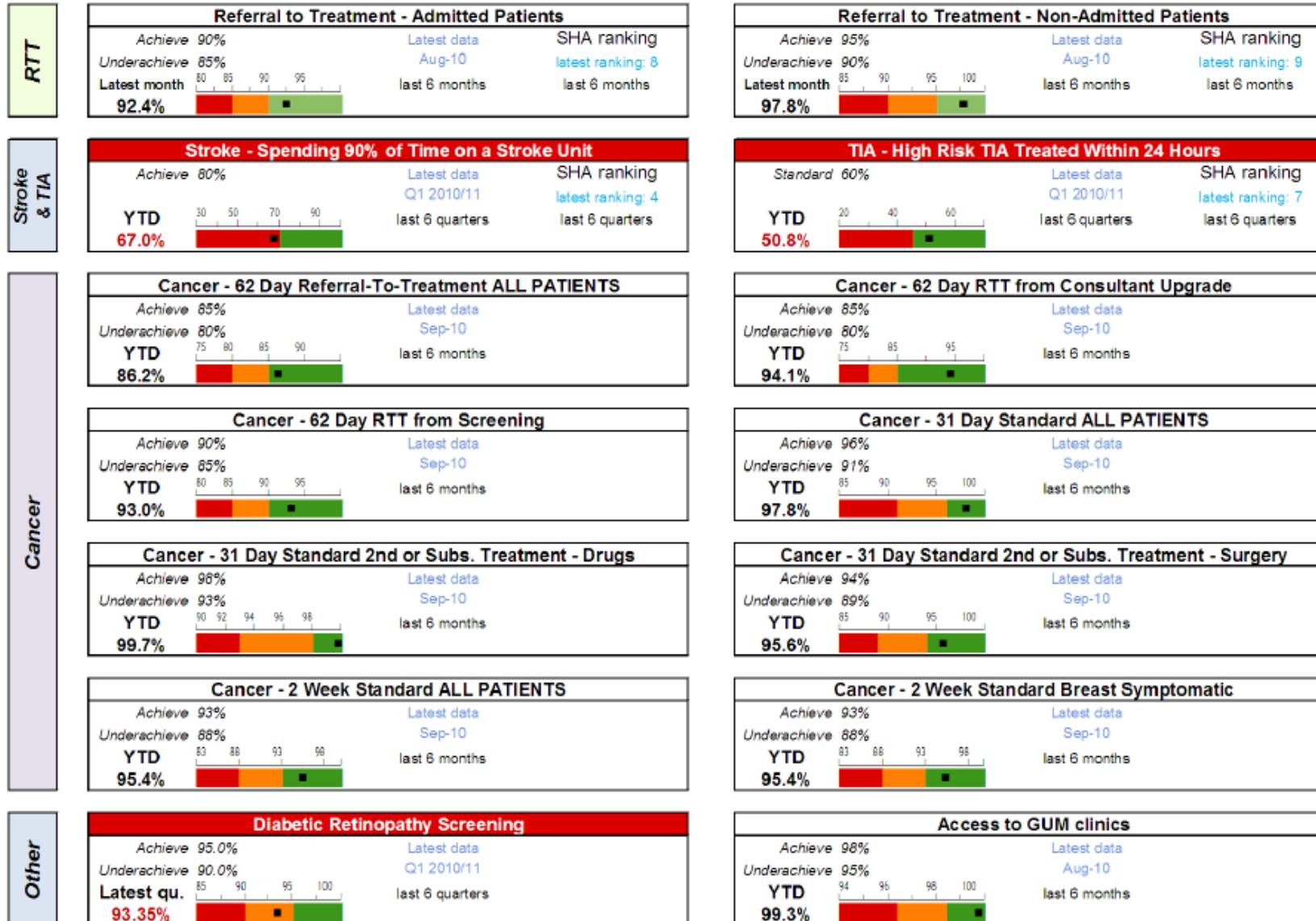


SHA High-Level Analysis (Part 2)

Performance against Existing Commitments, National Priorities and other national indicators– latest available data.

11/11/2010

NHS Yorkshire & The Humber



Incident Reporting

Latest incident information, based on data reported to NPSA Hospitals and the SHA SUI database

Report run 23/12/2010

Incidents Reported (July-September)



| PCTs: Serious Incidents | monthly SI rate per 100,000 population (rolling 3 month ave) | |
|------------------------------------|---|--------------|
| | ALL | SAFEGUARDING |
| <i>Latest data: September 2010</i> | | |
| Barnsley PCT | 2.29 | 1.98 |
| Bradford & Airedale Teaching PCT | 0.07 | 0.26 |
| Calderdale PCT | 0.17 | 0.00 |
| Doncaster PCT | 1.93 | 0.00 |
| East Riding of Yorkshire PCT | 0.44 | 1.09 |
| Hull Teaching PCT | 0.24 | 0.00 |
| Kirklees PCT | 0.00 | 0.00 |
| Leeds PCT | 0.13 | 0.00 |
| North East Lincs CTP | 0.41 | 0.00 |
| North Lincolnshire PCT | 0.42 | 0.99 |
| North Yorkshire & York PCT | 0.17 | 0.00 |
| Rotherham PCT | 0.00 | 0.00 |
| Sheffield PCT | 0.06 | 0.00 |
| Wakefield District PCT | 0.30 | 0.00 |
| All PCTs | 0.38 | 0.21 |

Barnsley PCT, NE Lincs CTP and N Yorks & York PCT have inpatient MH provision
Safeguarding SI rate given per 100,000 population aged under 18

| Acute Trusts: Serious Incidents | monthly SI rate per 10,000 adms. (rolling 3 month ave) |
|--|---|
| | ALL |
| <i>Latest data: September 2010</i> | |
| Airedale NHS Trust | 2.41 |
| Barnsley Hospital NHS FT | 0.82 |
| Bradford Teaching Hospitals NHS FT | 0.61 |
| Calderdale and Huddersfield NHS FT | 0.00 |
| Doncaster and Bassettlaw Hospitals NHS FT | 4.15 |
| Harrogate and District NHS FT | 0.64 |
| Hull and East Yorkshire Hospitals NHS Trust | 0.48 |
| Leeds Teaching Hospitals NHS Trust | 0.45 |
| Mid Yorkshire Hospitals NHS Trust | 0.55 |
| Northern Lincolnshire and Goole Hospitals NH | 0.73 |
| Scarborough and North East Yorkshire Health | 2.55 |
| Sheffield Children's NHS FT | 0.00 |
| Sheffield Teaching Hospitals NHS FT | 0.14 |
| The Rotherham NHS FT | 0.39 |
| York Hospitals NHS FT | 1.08 |
| All acute trusts | 0.86 |

| Mental Health Trusts: Serious Incidents | monthly SI rate per est. 1,000 contacts (rolling 3 month ave) |
|---|---|
| | ALL |
| <i>Latest data: September 2010</i> | |
| Bradford District Care Trust | 0.91 |
| Humber NHS Foundation Trust | 1.16 |
| Leeds Partnership NHS Foundation Trust | 0.47 |
| Rotherham, Doncaster & South Humber Healthcare NHS Foun | 1.23 |
| Sheffield Health & Social Care NHS Foundation Trust | 1.05 |
| South West Yorkshire Partnership NHS Foundation Trust | 0.30 |
| All MH trusts | 0.83 |

Excludes PCT MH providers

| Ambulance Trust: Serious Incidents | ave monthly total (rolling 3 month ave) |
|---------------------------------------|--|
| <i>Latest data: September 2010</i> | |
| Yorkshire Ambulance Service NHS Trust | 2.67 |

| PCTs: All Reported Incidents | monthly incident rate per 100,000 pop. (rolling 3 month ave) |
|------------------------------------|--|
| | All |
| <i>Latest data: September 2010</i> | |
| Barnsley PCT | 12.3 |
| Bradford & Airedale Teaching PCT | 31.5 |
| Calderdale PCT | 22.9 |
| Doncaster PCT | 20.6 |
| East Riding of Yorkshire PCT | 22.8 |
| Hull Teaching PCT | 9.0 |
| Kirklees PCT | 19.8 |
| Leeds PCT | 47.8 |
| North East Lincs CTP | 58.1 |
| North Lincolnshire PCT | 10.1 |
| North Yorkshire & York PCT | 40.5 |
| Rotherham PCT | 9.0 |
| Sheffield PCT | 13.4 |
| Wakefield District PCT | 57.7 |
| All PCTs | 28.8 |

Barnsley PCT, NE Lincs CTP and N Yorks & York PCT have inpatient MH provision

| Acute Trusts: All Reported Incidents | monthly incident rate per 10,000 adms. (rolling 3 month ave) |
|--|--|
| | All |
| <i>Latest data: September 2010</i> | |
| Airedale NHS Trust | 289.3 |
| Barnsley Hospital NHS FT | 119.1 |
| Bradford Teaching Hospitals NHS FT | 144.6 |
| Calderdale and Huddersfield NHS FT | 289.7 |
| Doncaster and Bassettlaw Hospitals NHS FT | 81.5 |
| Harrogate and District NHS FT | 137.7 |
| Hull and East Yorkshire Hospitals NHS Trust | 227.2 |
| Leeds Teaching Hospitals NHS Trust | 154.6 |
| Mid Yorkshire Hospitals NHS Trust | 30.2 |
| Northern Lincolnshire and Goole Hospitals NH | 307.4 |
| Scarborough and North East Yorkshire Health | 197.2 |
| Sheffield Children's NHS FT | 385.9 |
| Sheffield Teaching Hospitals NHS FT | 186.3 |
| The Rotherham NHS FT | 198.4 |
| York Hospitals NHS FT | 985.9 |
| All acute trusts | 224.8 |

| Mental Health Trusts: All Reported Incidents | ave monthly rate per est. 1,000 contacts |
|---|---|
| | All |
| <i>Latest data: September 2010</i> | |
| Bradford District Care Trust | 126.88 |
| Humber NHS Foundation Trust | 44.80 |
| Leeds Partnership NHS Foundation Trust | 106.62 |
| Rotherham, Doncaster & South Humber Healthcare NHS Foun | 60.31 |
| Sheffield Health & Social Care NHS Foundation Trust | 99.02 |
| South West Yorkshire Partnership NHS Foundation Trust | 81.49 |
| All MH trusts | 87.26 |

Excludes PCT MH providers

| Ambulance Trust: All Reported Incidents | ave monthly total (rolling 3 month ave) |
|--|--|
| <i>Latest data: September 2010</i> | |
| Yorkshire Ambulance Service NHS Trust | 19.33 |

SECTION 2: PERFORMANCE AND QUALITY RISK ANALYSIS AND NARRATIVE BY PERFORMANCE AREA

Compliance with Patient Safety Alerts

Following the Action Against Medical Accidents (AvMA) report published in August, in which a number of Yorkshire and the Humber organisations were identified as outliers (ie having not implemented 10 or more patients safety alerts), the SHA indicated that compliance with alerts would be included in the SHA dashboard. The data in this report is from the DH Central Alerts System web-site which shows the number of alerts still outstanding when the deadline date for implementation has passed.

The following position is a snapshot as at the end of September 2010 (end of quarter 2 – for consistency with other data presented in this report):

- 5 organisations had one outstanding alert
- 4 organisations had two outstanding alerts
- 2 organisations had three outstanding alerts
- 1 organisation had four outstanding alerts (Sheffield Children's NHS FT)
- 1 organisation had five outstanding alerts (Mid Yorkshire Hospitals NHS Trust)

Action

Since the end of September there has been monthly monitoring and action has been taken to raise the relevant issues with providers and commissioners and improve the position on compliance. For example, we have received assurances that Mid Yorkshire NHS Trust takes a robust approach to implementation of alerts. This organisation does not close alerts on the system until assurance that every aspect of the alert has been implemented is provided to their Patient Safety and Clinical Effectiveness Committee.

Emergency Care

YAS Ambulance Response Times – Categories A and B

| Actions/Narrative |
|--|
| <p>YAS has continued to achieve the Cat A target with an aggregate position to date of 76.41% (target 75%) taking them to 6th best performing Ambulance Trust out of 12.</p> <p>CAT B year to date position is 94.6% against a target of 95% and achieved over 95% during week ending 7 November. Again, in comparison with other Ambulance Trusts, Cat B performance at YAS is ranked 6th out of the 12 Ambulance Trusts across England.</p> <p>The lead commissioner continues to review performance focussing on the delivery of the Operational Improvement Plan and this is discussed with the SHA through the YAS Consortium Board meetings.</p> |

Total Time in A & E

| Actions/Narrative |
|---|
| <p>During the last four weeks, only one Trust (Mid Yorkshire Hospitals NHS Trust) failed to consistently achieve the 95% A&E target. The underperformance was due to a number of reasons including a reduction in intermediate care facilities due to unplanned estates issues, a general increase in activity, the capacity impact of new hospitals commissioning programme and in the last four weeks much higher than average sickness levels across the Trust. Actions are underway to address the issues highlighted. The Trust is however achieving above the 95% target on a year to date basis.</p> <p>Leeds Teaching Hospitals NHS Trust has also struggled to achieve the 95% target for the last two weeks. This has been due to an increase in demand during the evening and increasing waiting times to see a clinician and allocation to a bed. Short term sickness was also experienced. The Trust is achieving above the 95% target on a year to date basis.</p> <p>Nationally, Yorkshire and Humber are performing well against the A&E target with a year to date position of 98.09%, slightly above the national average and ranking 5th out of the 10 SHAs for A&E performance.</p> |

Referral to Treatment

Actions/Narrative

Current aggregate-level performance across the patch is generally good, but with some noticeable outliers such as Mid Yorkshire Hospitals, and Scarborough and East Yorkshire Hospitals.

Nationally the SHA according to August published data ranks well in terms median waits but not so well for 18 weeks performance (an existing NHS Constitutional commitment) or 95th percentile.

Of more concern is the relatively poor 95th percentile performance for admitted patients which indicates that a significant proportion of admitted patients have very long waits. This is also reflected in the fact that several providers in Y&H have large and/or growing backlogs. The message has been given to the health community that these backlogs need to be reviewed as a priority to ensure that incomplete pathways are validated and reported correctly. Furthermore if validation processes are correct, then providers and commissioners have been asked to review their activity and financial plans to ensure patients are not experiencing long waits that are not because of choice or clinical complexity.

Stroke and TIA Update, Quarter 2 2010/11

Further progress has been made from Q1 for both vital signs relating to stroke (3.2%+) and TIA (0.2%+), the rate of improvement has not been as good as other SHA's. The imminent 2011 stroke service level peer review process where each provider will be accredited with a particular level of stroke care will help improve services further.

As a region we are exceeding both the vital sign planned figures for Q2, but there is variation within this which we are monitoring closely with the local networks and through the SAF process.

The centralisation and reconfiguration of some stroke services has taken an impact on this quarter's figures, most noticeably NHS Sheffield and NHS Wakefield.

90% of Time on a Stroke Unit

Q4 2010/11 target = 80%

There has been steady improvement as a region in the last quarter, improving from 67% in Q1 to 73% in Q2. The Q2 vital sign planned position is 70.6% which we have met, but there is local variation within this. We rank 6th amongst other SHAs, compared to 4th from the previous quarter.

As well as improving, the variation between PCTs has reduced from 45.6% in Q1 to 38.6% in Q2. This is one of our key priorities in 2010/11 and it is encouraging to see this reduction. This variation is something we will continue to monitor closely throughout this year and help support our organisations in ensuring improvements are made. All our organisations have submitted trajectories showing that they will meet the required 80% target by the end of 2010/11.

The improvement in direct access to a stroke unit (ASI 2) will inevitably help improve this indicator going forward.

High Risk TIA Patients Treated With 24 hours

Q4 2010/11 target = 60%

There has been slight improvement as a region in the last quarter, improving from 50.8% in Q1 to 51.2%. The Y&H vital sign Q2 planned figure of 49.8% has been met, but there is variation within this and we are working closely with organisations and networks to improve.

Organisations are progressing well towards the 60% target by year end, and although the results are sometimes erratic, this is more of a consequence of patient numbers being so small, (n=402, Q2, Y&H). This is a pattern that is followed nationally. Further work is happening with the National Stroke team to help improve the recording of TIA data.

As part of their SAF plans, organisations are all aiming to increase the number of TIA clinics held per week, to ensure patients are seen and treated within a timely manner. This will inevitably have an impact on the patient experience, and we should start to see this vital sign improve throughout 2010/11.

The first issue of a quarterly Stroke pack will be sent to Chief Executives before the end of November, which goes into the detail of the results, providing explanation and analysis. A copy has been enclosed with the Board papers for information.

Serious Incident /Patient Safety Incident Reporting

Reported Serious Incidents

This report covers July to September 2010. **A high reporting rate is not necessarily indicative of poor care, but may reflect a positive safety culture within the organisation.** Reporting of incidents and issues is encouraged, as this supports the effective management of risk. Through PCT commissioners, the reasons for variation in the numbers and types of incidents reported are explored and acted on. Incident reporting is considered alongside other indicators of patient safety, for example healthcare associated infection rates, HSMRs (Hospital Standardised Mortality Ratios) and compliance with patient safety alerts.

A. Serious Incidents (SIs)

PCTs

This covers incidents reported by both provider and commissioning arms. NHS Barnsley has reported the highest number of SIs, for the second consecutive quarter, however it should be noted that this PCT manages incidents on behalf of the Specialist Commissioning Group and delivers mental health care in addition to community services. Neither NHS Rotherham nor NHS Kirklees reported any SIs in this quarter. The average reporting level of all PCTs remained the same as in quarter one.

Acute Trusts

The most notable increase in reporting of SIs between quarter one and quarter two has been by Airedale NHS Foundation Trust and Scarborough & North East Yorkshire NHS Trust. Neither Sheffield Children's Hospital NHS FT nor Calderdale & Huddersfield NHS FT reported any SIs in the quarter. The average reporting of all acute trusts remained the same as in quarter one.

Mental Health Trusts

The most notable aspect of quarter two reporting was that neither Sheffield Health & Social Care NHS FT nor South West Yorkshire Partnership NHS FT reported any SIs. This is unusual for mental health trusts and will be explored with their lead commissioners.

B. All Patient Safety Incidents (NRLS data)

All patient safety incidents recorded by an organisation, including serious incidents, near misses and events resulting in no harm, should be reported to the National Patient Safety Agency (NPSA) on a monthly basis via the National Reporting and Learning System (NRLS). The NRLS data used here has not been through the final NPSA verification processes and so figures may be subject to minor amendment.

PCTs

North East Lincolnshire Care Trust Plus (CTP) was the highest reporting organisation in relation to population this quarter. The CTP provides mental health, community and social care services which may explain this high reporting. The CTP has also recently been piloting a new web-based tool for the reporting of incidents and this has encouraged reporting.. Low reporting rates this quarter have been recorded for both NHS Hull and NHS Rotherham and this issue will be raised with these PCTs. The average reporting of all patient safety incidents by all PCTs remained the same as in quarter one.

Acute Trusts

The highest reporting Trust this quarter was York NHS FT which reported 985 incidents. Compared to the number of incidents which this organisation reported in quarter one (168) this may indicate that there is an issue with the uploading of their data which is supposed to take place on a monthly basis. This issue warrants discussion between the FT and NHS North Yorkshire & York, their lead commissioner. Mid Yorkshire NHS Trust (MYHT) reported only 30 patient safety incidents in quarter two, which suggests that there may be an issue with the uploading of incident data to the NRLS.

Mental Health Trusts

Bradford District Care Trust is the highest reporter of all incidents for the second quarter running.

YAS

There has been a considerable decrease in the reporting of incidents between quarter one and quarter two (58 to 19 incidents).

Denominators Used

PCTs

The PCT population has been used to determine the number of incidents occurring per 100,000 head of population. The NPSA currently uses two categories to report on incidents for PCT organisations these are PCTs with inpatient provision and those without. The NPSA separated the incidents as they expect higher reporting levels for those organisations with inpatient provision due to inpatient slips trips and falls which make up the highest number of incidents reported within these categories. This rationale does not clearly fit within the Yorkshire and Humber region as the highest reporting PCT has no inpatient provision and the three lowest all have inpatient provision.

Acute sector trusts

The same denominator as the NPSA – rate per 10,000 admissions has been used.

Mental Health

The denominator chosen was based on number of client contacts (per 1,000), rather than the NPSA denominator of inpatient bed days as this represents the broader context in which mental health services are provided.

Cancer

The information contained in this section of the report gives an update on the performance within the Y&H SHA based on Cancer Waiting Times Reports for Q2 10/11 (July to September 2010)

It should be noted that for the Two Week Wait, Breast symptomatic, 31 day first definitive treatment and 31 day subsequent treatment (Drugs) standards **all** of our Acute Provider organisations and PCTs achieved the cancer waiting times operational standards for Q2.

The Acute Providers below are the exceptions who have not achieved the operational standards for 62 day 'Classic', 62 day from a screening referral and 31 day subsequent treatment (Surgery). Obviously, the under achievement of the Acute Providers affects on the main referring PCTs, therefore, where appropriate if a breach for a PCT can be linked back to a specific provider organisation the narrative is in the combined report.

Organisation: Hull and East Yorkshire Hospitals NHS Trust

Actions / Narrative: 62 day Cancer Waiting Time [CWT] Standard:

During Q2 a total of 395 patients were treated with 85 patients exceeding the 62 day pathway standard, out of these, 27 patients were first seen by another Acute provider. Approximately 50% of all the breach reasons recorded would be classed as either down to capacity or process issues, with the remainder recorded as patient choice, safe clinical practice or complex diagnostic pathways. The Trust are now being supported by IMAS, with the intention of picking up workstreams in Colorectal and Gynaecology tumour groups, with an additional overview of complex pathways for all pathways.

Organisation: Leeds Teaching Hospital NHS Trust, Leeds PCT

Actions / Narrative: 62 day Cancer Waiting Time Standard [CWT]:

Unfortunately, September Cancer Waiting Times for this Standard showed the lowest performance for the Trust since the new waiting times were introduced in January 2009. The Trust did report that they were specific workstreams ensuring all patients were being treated and reported on the appropriate pathways throughout Q2, this in part was in preparation for the commencement of the IMAS recommendations which is expected to show improvement from October onwards.

During Q2 a total of 588 patients were treated with 160 patients exceeding the 62 day pathway standard, out of these 83 patients were first seen by another Acute provider. The Breast Service and Brain/CNS were the only tumour specific groups who achieved the operational standard. Of the remaining 10 tumour specific disease group reporting data not achieving 85%, however, only Urology reported better than the national average reported for Q2.

The Cancer Managers within Yorkshire Cancer Network have introduced certain administrative process during September which are intended to improve communication between Trusts, eventually linking to improvement in the patient experience and a reduction in the number of avoidable breaches between Trusts.

Organisation: Doncaster & Bassetlaw Hospitals NHSFT and Doncaster PCT

Actions / Narrative: 62 day from a Screening Referral Cancer Waiting Time Standard

The failure to achieve this operational standard for Q2 has been reported to Monitor. The Trust's main area of concern in achieving this standard is for patients referred through the National Bowel Screening Programme. An action plan has been agreed by Doncaster PCT with the Trust whereby an internal 'target' of 55 days from referral to treatment has been set. The Trust have also reviewed their escalation processes to assure that if any changes to the patient pathway occur, the appropriate senior managers are made aware.

Organisation: Hull and East Yorkshire Hospitals NHS Trust, East Riding of Yorkshire PCT, North East Lincolnshire Care Trust Plus

Actions / Narrative: 62 day from a Screening Referral Cancer Waiting Time Standard

During Q2 the Acute Provider treated a total of 103 patients after referral from a National Cancer Screening Programme, with 31 patient pathways exceeding 62 days. Of the breaches reported via the Breast Screening pathways were all reported as complex pathways. However, patients whose pathways started with referral after a suspicious finding via the Bowel Screening programme were linked to either delays in the screening section of the pathway or delays to diagnostics (colonoscopy). The Trust is now receiving the support of IMAS and one of the tumour groups their work will focus on is the Colorectal pathway. Both PCTs' performance has been affected by the patients eventually treated at HEYTH, however it should be noted North East Lincolnshire Care Trust Plus only had 4 patients diagnosed and treated via the Screening Programme during Q2.

Organisation: North East Lincolnshire Care Trust Plus

Actions / Narrative: 31 day subsequent treatment (Surgery) Cancer Waiting Time Standard [CWT]:

During Q2 the total number of patients attributed to North East Lincolnshire Care Trust Plus who required a subsequent surgical intervention as part of their cancer treatment was 40 of those 5 patients exceeded the 31 day standard. The breach reasons recorded fall into the following categories; 1 safe clinical practice, 2 lack of capacity and 2 process delays. The patients were treated at HEYTH or NLAG, both of these organisations are currently receiving dedicated support either from the SHA or IMAS, addressing Cancer Waiting Times issues.

Organisation:LTHT

Actions / Narrative: 31 day subsequent treatment (Surgery) Cancer Waiting Time Standard [CWT]:

During Q2 the total number of patients who required a subsequent surgical intervention as part of their cancer treatment at LTHT was 500 of those 64 patients exceeded the 31 day standard. The breach reasons recorded fall into the following categories; 1 patient choice, 4 safe clinical practice, with the remainder being either down to capacity or process issues. The majority of breaches fall within the following tumour groups Breast, Urology, Colorectal and Skin. The Trust are now being supported by IMAS. However, it should be noted that the SHA are still receiving weekly performance reports and have regular meetings with both LTHT and NHS Leeds regarding this specific standards and the Trust's ability to deliver.

Winter Update

A regional Winter Health strategy has been developed for all NHS organisations to:

- Ensure our communities (including those deemed most vulnerable) continue to receive high quality healthcare services in hospital and community settings by ensuring we protect and maintain key services that affect the patient experience and their clinical outcomes
- Ensure that all reasonable steps have been taken through planning and implementation process to ensure no patient, member of the public or member of NHS staff is put at risk, this includes increasing the vaccination rates of our staff with regards to seasonal flu.
- Working together where appropriate with NHS partners and other agencies to manage our capacity and capability to deliver business as usual
- Where the severity of winter affects 'business as usual', implement pre-rehearsed special plans to maintain our critical services
- Develop and deliver a communications/marketing strategy that enables the public to make the right choices for accessing healthcare and alleviating pressure on NHS services.
- Ensure timely messages for warning and informing stakeholders and the public of any issues that affect NHS services relating to winter

A regional Winter Planning Framework has been developed to:

- Re-affirm regional arrangements for escalation and maintaining 'business as usual' which has been operational since 1st November 2010, and which is working well
- Incorporate 'lessons identified' from previous winters, recent events and exercises in advance of winter 2010
- Describe how the additional systems have been put in place for both the collecting and sharing information about demand so the NHS can effectively respond to pressures that may affect day to day management of NHS-commissioned patient care over the winter period
- Through the Y&H SHA web site provide a focal point to enable the sharing of good practice from previous winters: <http://nww.yorksandhumber.nhs.uk/>
- A regional risk assessment has been undertaken and this will remain a dynamic process throughout the winter period with a daily review undertaken by the SHA Winter Assurance Team.

The SHA has formed a Winter Assurance Team, meeting every day, Monday to Friday, to review daily winter pressures and where necessary follow up with individual trust/health economies. A daily Commonly Recognised Information Picture (CRIP) is then shared with all Winter Leads in all trusts following this meeting. The above information is also fed back into the SHA's Single Accountability & Assurance Process (SAAP).

SECTION 3: 2010/11 FINANCIAL POSITION ACROSS THE YORKSHIRE AND HUMBER HEALTH ECONOMY AS REPORTED AT MONTH 6

1. 2010/11 Year to Date and Forecast Operating Position

- 1.1. The 2010/11 revenue plan submitted to the Department of Health planned for an aggregate surplus of £150m. The forecast revenue position reported by the NHS in Yorkshire and the Humber at Month 6 is an aggregate operating surplus of £150m, in line with plan.
- 1.2. The surplus is made up of £72.1m in PCTs, £6.9m in NHS Trusts and the balance of £71.1m in the SHA as shown in Table 1 below. Those organisations with the greatest level of financial risk are covered in more detail in Section 3.
- 1.3. The aggregate year to date operating surplus is £75.1m with no organisation reporting a year to date operating deficit. This is slightly ahead of the profiled financial plan and the reasons for this are covered in Section 6.
- 1.4. The year to date and forecast outturn operating position by organisation is shown in Table 2 below.

Table 1: 2010/11 Summary of Year to Date and Full Year Forecast Operating Revenue Position

| | Year to Date | | | Full Year Forecast | | |
|---------------------------------|---------------|-------------|----------------|--------------------|--------------|----------------|
| | Month 6 £m | Plan £m | Variance £m | Month 6 £m | Plan £m | Variance £m |
| NHS Trusts | 4.6 | 3.8 | 0.8 | 6.9 | 10.5 | (3.7) |
| PCTs | 35.0 | 46.3 | (11.3) | 72.1 | 93.8 | (21.7) |
| SHA | 35.5 | 22.8 | 12.7 | 71.1 | 45.7 | 25.4 |
| Total Aggregate Position | 75.1 | 72.9 | 2.2 | 150.1 | 150.0 | 0.0 |

2. Organisations with Year to Date or Forecast Operating Deficits

- 2.1 There are no organisations reporting year to date or forecast operating deficits at Month 5.

3. Financial Risk

- 3.1 The organisations and health communities listed below are those currently assessed by the SHA as having the most significant financial risk and challenge in Yorkshire and the Humber in 2010/11. Performance management arrangements for these organisations have been tailored to reflect their individual financial situations and to reflect any emerging issues.

North Yorkshire and York PCT – as previously reported the SHA agreed to reduce the PCT's control total to £2m to take into account a number of non recurrent requirements in 2010/11. The latest forecast of breakeven reflects the

level of financial risk faced by the PCT in 2010/11 and that the PCT will not achieve the revised control total.

Whilst the System Management Executive (SME) has made good progress in bringing together the PCT with its main acute providers to agree contracts for 2010/11 including working arrangements and risk sharing, a number of other significant financial pressures outside the SME mechanism emerged during the first few months of the year. These include slippage on the PCTs planned £24.5m quality and productivity programme, overtrades on provider contracts not covered by the System Management Executive, increased costs related to private provider contracts as a result of patients choosing these services under the Extended Choice scheme and prescribing pressures.

As a result the PCT Board has agreed a range of measures across all areas of expenditure to address the significant financial risk faced by the PCT, and the SHA is working extremely closely with the PCT to support and monitor progress. The update provided by the PCT at its most recent meeting with the SHA indicated a range of actions, some already secured, which bring the PCT's forecast financial position to within £1.4m of breakeven. The SHA will continue to support the PCT in securing planned actions, and in delivering further measures to bridge the residual gap.

Sheffield PCT – in line with that previously reported, the PCT is forecasting financial balance for the full year with no balance in the Strategic Investment Fund. This reflects the level of financial risk in the PCT and represents a £14.4m shortfall against its agreed control total for 2010/11.

There are a number of issues resulting in the PCT being unable to deliver its control total. Activity with local providers is forecast to be around £6.4m in excess of that budgeted for, the most significant element of which is non elective activity going through Sheffield Teaching Hospitals NHS Foundation Trust. The PCT have significant pressures relating to continuing healthcare and free nursing care for which the forecast is £12.6m (29%) in excess of that budgeted for and are also experiencing pressure relating to specialist commissioning activity. In addition the PCT are experiencing slippage in planned efficiency programmes.

There are a number of actions in place to ensure that the financial challenge is recognised, owned and resolved across the health economy. These include:

- A second financial summit meeting with Chief Executives, Directors of Finance and Chief Operating Officers from all NHS organisations in Sheffield and GP leads has recently taken place. As a result a number of proposals are being followed up with each organisation.
- The PCT and Sheffield Teaching Hospitals NHS Foundation Trust had a Board to Board meeting in September. This resulted in a joint action plan for work in 2010/11.
- Joint work continues with both Sheffield Teaching Hospitals and Sheffield Care Trust to identify pathways of care that benefit patients at reduced costs.

The agreed actions, in conjunction with cost control measures within the PCT, are sufficient to deliver the forecast position of financial balance. However, there remains a significant level of risk associated with this position, and the SHA continues to work closely with the PCT and the local health economy to support and monitor progress. In particular, the SHA recently conducted a mid year review with the PCT and all its provider partners, including NHS Foundation Trusts, in order to discuss progress and test the coherence of the approach across organisations. Since that meeting the PCT has provided updates on progress with its action plan, and has been able to secure further savings. Nevertheless it has identified the need for further actions to deliver £5m of savings in order to secure financial balance, and the PCT Board is scheduled to meet in late November to agree its approach.

Mid Yorkshire Hospitals – the Trust’s financial plan assumed delivery of a £38m (9.5%) savings programme. The Trust have experienced some slippage against that programme and have also identified some additional costs to be managed. The Trust continues to work on a number of non recurrent savings opportunities, but with a risk to delivery of financial balance in 2010/11 estimated at £5m - £10m.

The recent Mid Year Review held by the SHA with the Trust and its main commissioners focused on the scale of the financial challenge, and also on the work being done in the health economy to manage delivery against the 18 week Referral to Treatment threshold. A report from the relevant organisations in response to the issues raised at the Mid Year Review is expected at the end of November .

- 3.2 There are some other organisations flagging potential financial risks in 2010/11. These include Scarborough and North East Yorkshire NHS Trust, Calderdale PCT, Doncaster PCT and Hull and East Yorkshire Hospitals NHS Trust. The SHA is working with these organisations to continually review their financial positions. Further information on these and any other organisations with financial risk will be reported to future board meetings if the SHA’s assessment of risk management plans gives cause for concern.

4. Year to Date and Full Year Forecast Positions by Organisation

- 4.1 Tables 2 to 4 below show the reported year to date and forecast outturn position for each organisation at Month 6.

Tables 2 to 4: 2010/11 Year to Date and Full Year Forecast Operating Revenue Positions

| | Year to Date | | | Full Year Forecast | | |
|---------------------------------|------------------|---------------|-------------------|--------------------|----------------|-------------------|
| | Month 6 £'000 | Plan £'000 | Variance £'000 | Month 6 £'000 | Plan £'000 | Variance £'000 |
| NHS Trusts | 4,620 | 3,773 | 847 | 6,849 | 10,503 | (3,654) |
| PCTs | 34,991 | 46,284 | (11,293) | 72,100 | 93,800 | (21,700) |
| SHA | 35,525 | 22,848 | 12,677 | 71,051 | 45,697 | 25,354 |
| Total Aggregate Position | 75,136 | 72,905 | 2,231 | 150,000 | 150,000 | 0 |

| | Year to Date | | | Full Year Forecast | | |
|---|------------------|---------------|-------------------|--------------------|---------------|-------------------|
| | Month 6 £'000 | Plan £'000 | Variance £'000 | Month 6 £'000 | Plan £'000 | Variance £'000 |
| Airedale NHS Trust (1) | 49 | 378 | (329) | 49 | 559 | (510) |
| Bradford District Care NHS Trust | 2,037 | 40 | 1,997 | 100 | 100 | 0 |
| Hull and East Yorkshire Hospitals NHS Trust | 30 | 2,411 | (2,381) | 4,800 | 4,800 | 0 |
| Leeds Teaching Hospitals NHS Trust | 5 | 0 | 5 | 0 | 0 | 0 |
| Mid Yorkshire Hospitals NHS Trust | 7 | 6 | 1 | 0 | 3,144 | (3,144) |
| Scarborough and NE Yorks NHS Trust | 938 | 938 | 0 | 1,900 | 1,900 | 0 |
| Yorkshire Ambulance Service NHS Trust | 1,554 | 0 | 1,554 | 0 | 0 | 0 |
| Total NHS Trusts | 4,620 | 3,773 | 847 | 6,849 | 10,503 | (3,654) |

(1) - authorised as an NHS Foundation Trust from 1 June 2010

| | Year to Date | | | Full Year Forecast | | |
|------------------------------|------------------|---------------|-------------------|--------------------|---------------|-------------------|
| | Month 6 £'000 | Plan £'000 | Variance £'000 | Month 6 £'000 | Plan £'000 | Variance £'000 |
| Barnsley PCT | 1,777 | 1,704 | 73 | 3,400 | 3,400 | 0 |
| Bradford & Airedale PCT | 3,794 | 3,400 | 394 | 6,800 | 6,800 | 0 |
| Calderdale PCT | 3,401 | 3,397 | 4 | 6,800 | 6,800 | 0 |
| Doncaster PCT | 228 | 1,350 | (1,122) | 2,700 | 2,700 | 0 |
| East Riding of Yorkshire PCT | 2,731 | 3,594 | (863) | 7,200 | 7,200 | 0 |
| Hull PCT | 1,902 | 1,885 | 17 | 3,800 | 3,800 | 0 |
| Kirklees PCT | 5,653 | 5,303 | 350 | 9,900 | 9,900 | 0 |
| Leeds PCT | 9,986 | 10,050 | (64) | 20,100 | 20,100 | 0 |
| North East Lincolnshire PCT | 815 | 815 | 0 | 2,200 | 2,200 | 0 |
| North Lincolnshire PCT | 1,950 | 1,950 | 0 | 3,900 | 3,900 | 0 |
| North Yorkshire & York PCT | 0 | 8,854 | (8,854) | 0 | 17,700 | (17,700) |
| Rotherham PCT | 1,140 | 1,100 | 40 | 2,200 | 2,200 | 0 |
| Sheffield PCT | 0 | 1,500 | (1,500) | 0 | 4,000 | (4,000) |
| Wakefield District PCT | 1,614 | 1,382 | 232 | 3,100 | 3,100 | 0 |
| Total PCTs | 34,991 | 46,284 | (11,293) | 72,100 | 93,800 | (21,700) |

5. Comments on Individual Trusts and PCTs With Significant Variances from Full Year Plan

5.1 North Yorkshire and York PCT, Sheffield PCT, Airedale NHS Trust and Mid Yorkshire Hospitals are those organisations with significant variances (£0.5m or more) from plan. These organisations, and the reasons for the variances, are the same as reported last month.

6. Year to Date Variance from Plan

6.1 Organisations submitted a profiled plan in mid March in line with national timescales. A number of significant changes have taken place since then

including the finalisation of 2009/10 outturn, agreement of 2010/11 contracts and the firming up of 2010/11 QIPP and cost reductions requirements. However, as the planning process, including the profiling, is nationally determined, there has been no opportunity for organisations to revise plans for any reason. The year to date plans shown in table 2 above are based on the mid March submissions, most of which have been revised and updated by individual organisations for the purpose of internal profiling of budgets to take into account those changes described above.

- 6.2 The organisations listed below are those, with significant variances (£0.5m or more) against profiled plans:

Bradford District Care Trust (£2.0m ahead of year to date plan)

Since March, the Trust have revised the profiling of their internal budgets to take in account the commitment of investments against reserves slipping into the second half of the year and some slippage on other budget expenditure. The SHA is assured by the Trust that the forecast position is still robust and achievable.

Hull and East Yorkshire Hospitals (£2.4m behind year to date plan)

The Trust has experienced some slippage in its 2010/11 efficiency programme. There is now a recovery plan in place to address the shortfall and ensure delivery of the forecast position.

Yorkshire Ambulance Service (£1.6m ahead of year to date plan)

Since March the Trust has significantly revised the profiling of their internal budgets. The SHA is assured that the forecast position of breakeven is still robust and deliverable.

Doncaster PCT (£1.1m behind year to date plan)

This reflects a combination of the impact of the finalisation of 2009/10 outturn which resulted in the PCT revising the profiling of some of the 2010/11 measures and the PCT experiencing in year financial pressures. The SHA is working with PCT to ensure it has measures in place to achieve its control total in 2010/11.

East Riding of Yorkshire PCT (£0.9m behind year to date plan)

Following finalisation of the 2009/10 outturn, the PCT revised its internal budget profile to recognise the additional costs in the first few months of the year associated with ensuring activity targets were met. The PCT is currently slightly behind this revised profile but have plans in place to address this. The position has improved since that reported last month.

North Yorkshire and York PCT (£8.9m behind year to date plan)

This is in line with the full year variance from plan as a result of the financial risks described above.

Sheffield PCT (£1.5m behind year to date plan)

This is in line with the full year variance from plan as a result of the financial risks described above.

7. Management Cost Reductions Target

7.1 Management cost ceilings and latest forecasts are shown in Table 5 below.

Table 5: 2010/11 Management Cost Ceilings

| | Target Ceiling £m | Month 6 Forecast £m | Variance £m |
|------------------------------|------------------------------|--------------------------------|------------------------|
| Barnsley PCT | 12.0 | 12.0 | 0.0 |
| Bradford & Airedale PCT | 16.2 | 16.2 | 0.0 |
| Calderdale PCT | 6.4 | 6.4 | 0.0 |
| Doncaster PCT | 13.9 | 13.9 | 0.0 |
| East Riding of Yorkshire PCT | 8.1 | 8.1 | 0.0 |
| Hull PCT | 8.6 | 9.8 | (1.2) |
| Kirklees PCT | 9.5 | 9.5 | 0.0 |
| Leeds PCT | 16.0 | 16.0 | 0.0 |
| North East Lincolnshire PCT | 7.9 | 7.3 | 0.6 |
| North Lincolnshire PCT | 5.0 | 5.0 | 0.0 |
| North Yorkshire & York PCT | 18.9 | 18.9 | 0.0 |
| Rotherham PCT | 9.8 | 9.7 | 0.0 |
| Sheffield PCT | 14.9 | 14.9 | 0.0 |
| Wakefield District PCT | 9.7 | 9.7 | 0.0 |
| Total PCTs | 156.8 | 157.4 | (0.6) |
| SHA | 11.5 | 10.9 | 0.6 |
| Total NHS Y&H | 168.3 | 168.3 | 0.0 |

7.2 As can be seen from the above table, at Month 6, the SHA and thirteen of the fourteen PCTs in Yorkshire and the Humber are forecasting achievement of management cost targets. Hull PCT are currently forecasting that they will not achieve their management cost target in 2010/11 due to them incorrectly assuming that they could use the transfer out of community staff as a contribution towards achieving the target. As a result they are now forecasting a shortfall of £1.2m. The PCT are reviewing their approach to management cost reductions in 2010/11 and are looking again at possible savings in 2010/11.

7.3 The forecast underachievement in Hull is mitigated by forecast over achievements elsewhere.

7.4 Organisations are reporting that during the first six months of the year, measures are already in place to deliver 61% of the required savings and are forecasting that a further 25% will be delivered in Quarter 3 with the final 14% being forecast for Quarter 4.

8. Capital

- 8.1 At this stage in the year, all organisations are forecasting full utilisation and achievement of capital resource limits.

9. Cash

- 9.1 Where relevant, NHS Trusts are forecasting to make all scheduled repayments of working capital loans.
- 9.2 All NHS Trusts are forecasting achievement of External Financing Limits and PCTs and the SHA are forecasting that they will live within cash limits.

10. Recommendation

- 10.1 The Authority is asked to note the 2010/11 Month 6 financial position across the Yorkshire and Humber health economy.

SECTION 4: FINANCE REPORT YORKSHIRE AND THE HUMBER SHA

1. Purpose of this paper

- 1.1 The purpose is to update the Board on current and forecast performance of the SHA against key financial objectives. The overall position is summarised in a dashboard developed by the SHA. In line with the agreed reporting timetable, a summary is reported to this Board, with a full report in February meeting (month 9 position).

Key Financial Objectives Dashboard – as at 31st October 2010 (Month 7)

| 1 | Spending within the Resource Schedule | Year to Date Performance | Forecast Performance |
|----------|---|---------------------------------|-----------------------------|
| | a) Total | | |
| | b) Administration | | |
| | c) Training & Education | | |
| | d) Hosted Programmes | | |
| 2 | Debtors | | |
| | a) Legacy Debt (pre-merger) | £135,784 | |
| | b) Yorkshire & the Humber Debt - NHS | | |
| | - NON NHS | | |
| 3 | Creditors & Payments | | |
| | a) Creditors (including Accruals) | | |
| | b) Payments (BPPC) - NHS | 90% | 95% |
| | - NON NHS | 93% | 95% |
| 4 | Cash Limit within Planned expenditure : Total | | |
| 5 | Capital Spend within the Resource Capital Limit: Total | | |

*The key to the above dashboard is shown in Appendix 1

2. Commentary

- 2.1 The SHA is forecast to meet its financial duty to keep spending and cash within the limits set by the Department of Health (£643.2m). Two performance areas continue to be shown as 'amber' in the dashboard. The first relates to pre-merger 'legacy debt' of £135,784 with the Department of Health that remains outstanding, we are working with the DH to resolve this during the current year. The second 'amber' performance relates to payments performance, which has dipped during Month 7 from 95% to 90% for NHS payments, due to a backlog of NHS invoices awaiting approval by budget holders built up. We have a list of the payments that breached the 30 day timescale and are writing to each Principal Budget Holder responsible, reminding them of their duty to comply with the Payment Practice Code. Non NHS payments are 93% compared to the target of making 95% of all payments within 30 days.

- 2.2 Expenditure forecasts have been subject to significant revision in one spending area during the past month, relating to non-medical tuition costs where expenditure is now expected to be materially above plan. Within the budgets managed by the SHA the single major risk area is now above plan expenditure related to non-medical students, both in relation to the tuition payments to the University sector and bursary payments to the Students Grants Unit, for non-medical students attending University. This matter is discussed in more detail in the report from the Director of Workforce and Education.
- 2.3 We have been reviewing expected commitments against the Interim Cancer Drug Fund, including the balance of the spend between this year and next. There remains a degree of uncertainty relating to the expected total spend and the timing of the spend. A financial forecast has been made on the basis of treatment approvals for 12 months, in line with the policy, up to the approved level of the fund. The actual spend this year is dependant on the level of take-up in the coming months.

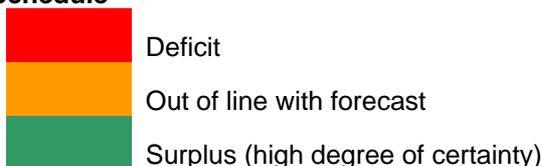
3. Recommendation

- 3.1 The Board is asked to note the current and forecast performance of the SHA against key financial objectives.

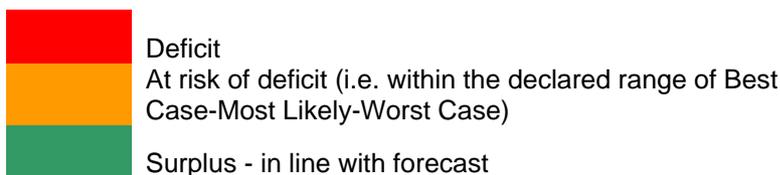
APPENDIX 1: KEY TO DASHBOARD

1. Spending within Resource Schedule

Year to Date

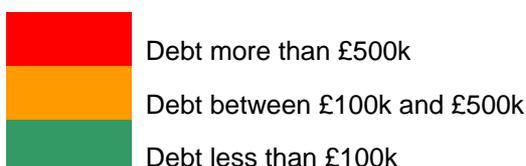


Outturn

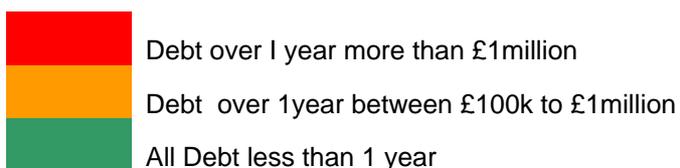


2. Debtors

a) Legacy debt

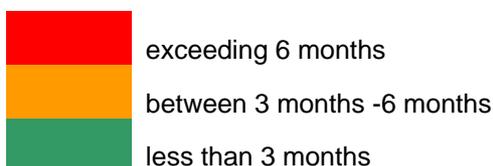


b) Yorkshire & the Humber
debt

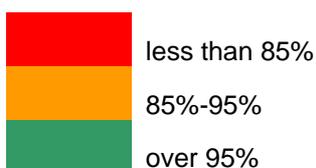


3. Creditors & Payments

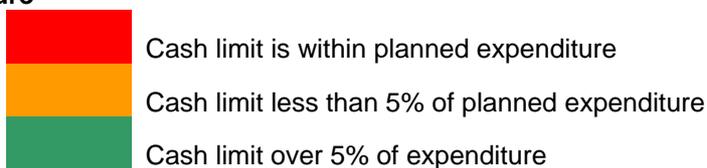
a) Creditors



b) Payments (BPPC)



4. Cash Limit within expenditure



5. Capital Spend within Resource Capital Limit

