

Reporting to:	Trust Board Meeting - 31st October 2013
Title	Integrated Performance Report - September 2013
Sponsoring Director	Peter Herring - Chief Executive
Author(s)	Directors
Previously considered by	Not applicable
Executive Summary	<p>This report summarises the Trust's performance against all the key quality, finance, compliance, and workforce targets and indicators for 2013-14 and considers all elements of performance.</p> <p>The Trust is no longer required to complete the SOM PMR as the NTDA self certification process detailed in section 7.3 has replaced this.</p>
<p>Strategic Priorities</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Quality and Safety <input checked="" type="checkbox"/> Healthcare Standards <input checked="" type="checkbox"/> People and Innovation <input type="checkbox"/> Community and Partnership <input checked="" type="checkbox"/> Financial Strength 	<p>Operational Objectives</p> <p>QS1 - Reduce avoidable deaths</p> <p>QS2 - Improve the nutritional status of patients and hydration and fluid management</p> <p>QS3 - Enhance communication and information for all patients and their carers</p> <p>QS4 - Eradicate all avoidable grade 3 and 4 pressure ulcers</p> <p>QS5 - Reduce the number of RIDDOR reportable falls</p> <p>HS3 Deliver all key performance targets</p> <p>PI1 - Implement a Staff Engagement Framework that improves employment experience and reduces absence to less than 4%</p> <p>FS1 - Deliver our milestones to achieve NHS Foundation Trust status</p> <p>FS3 - Deliver a financial surplus of £1.2m</p> <p>FS4 - Deliver the Trust 5% implied efficiency target and support delivery of joint QIPP</p>
Board Assurance Framework (BAF) Risks	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Deliver Safe Care or patients may suffer avoidable harm and poor clinical outcomes and experience <input checked="" type="checkbox"/> Implement our falls prevention strategy to help prevent patients suffering serious injury <input checked="" type="checkbox"/> Achieve safe and efficient Patient Flow or we will fail the national quality and performance standards <input type="checkbox"/> Clear Clinical Service Vision or we may not deliver the best services to patients <input type="checkbox"/> Good levels of Staff Engagement to get a culture of continuous improvement or staff morale and patient outcomes may not improve <input type="checkbox"/> Appoint Board members in a timely way or may impact on the governance of the Trust <input checked="" type="checkbox"/> Achieve a Financial Risk Rating of 3 to be authorised as an FT

Care Quality Commission (CQC) Domains	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led
<input checked="" type="checkbox"/> Receive <input checked="" type="checkbox"/> Review <input type="checkbox"/> Note <input checked="" type="checkbox"/> Approve	Recommendation The Trust Board is asked to REVIEW performance for September 2013 and APPROVE the self certification submissions.

INTEGRATED PERFORMANCE REPORT – OCTOBER 2013/14

1. OVERVIEW OF PERFORMANCE

This Integrated Quality & Safety Performance report provides an overview of the key quality performance indicators in order that the Board can review any variances to quality performance delivery. This will enable the Board to gain assurance that actions for improvement are being pursued to improve patient outcomes and Trust performance.

	Measure	Annual Target	Monthly Target	YTD	September	August	July	June	Year end 12/13
Patient Safety	<i>Risk Adjusted Mortality Index (RAMI)</i>	SaTH < NP	SaTH < NP	85/91	81/91 (Jul)	79/90 (Jun)	81/89 (May)	97/94 (Apr)	94/93
	<i>RIDDOR/SI Reportable Falls</i>	15	1	16	3	4	3	1	20
	<i>Grade 3 Avoidable Pressure Ulcers</i>	0	0	8	0	3	2	1	19
	<i>Grade 3 Unavoidable Pressure Ulcers</i>			8	3	1	0	2	10
	<i>Grade 4 Pressure Ulcers</i>	0	0	0	0	0	0	0	8
	<i>Grade 4 Unavoidable Pressure Ulcers</i>			4	2	1	1	0	5
	<i>C.difficile Infections</i>	27	2	16	3	6	2	2	45
	<i>MRSA Bacteraemia Infections</i>	0	0	1	0	1	0	0	1
	<i>MSSA Bacteraemia Infections</i>	21	2	13	0	3	0	2	24
	<i>E.coli Bacteraemia Infections</i>	40	3	21	3	0	3	10	45
	<i>MRSA Screening – Elective</i>	95%	95%	94.9%	95.5%	95.9%	95.8%	94.9%	93.0%
	<i>MRSA Screening – Non-Elective</i>	95%	95%	95.1%	94.9%	95.8%	95.8%	95.8%	94.1%
	<i>Number of Serious Incidents</i>	9	9	83	12	12	8	31	174
	<i>Never Events</i>	0	0	0	0	0	0	0	2
	<i>WHO Safe Surgery Checklist</i>	100%	100%	100%	100%	100%	100%	100%	99.9%
	<i>VTE Assessment</i>	95%	95%	92.8%	TBC	95.1%	95.1%	93.5%	90.5%
	<i>Maternity Dashboard</i>	Green	Green	N/A	Green	Red	Amber	Amber	
	<i>Ward to Board – Nursing Performance Score</i>	95%	95%	N/A	91%	93%	94%	93%	
Patient Experience	<i>Number of Complaints</i>	N/A	N/A	247	28	37	29	44	671
	<i>Same Sex Accommodation</i>	0	0	0	0	0	0	0	0
	<i>Friends and Family Test</i>	75	75	N/A	73	81	82	75	77
	<i>Ward to Board – Patient Experience Score</i>	95%	95%	N/A	85%	91%	90%	87%	

A summary of patient outcome measures agreed for the Board are outlined in the above table.

These metrics provide the patient experience and outcomes chosen to monitor the impact of care provided for the patient. Where key performance Indicators are amber or red the key summary points for the Board's attention are provided below.

2. EXTERNAL FEEDBACK AND ASSURANCE

Current and on-going reviews of service

Organisation	Visit Date	Where	Outcome	Status
National Cancer Patient Experience	August 13	Trust wide	Medium Concern	Action plan On-going
TDA	September 26	PRH	No immediate concerns, some issues raised regarding IPC on some wards	Response and action plan returned to TDA

National Cancer Patient Experience Survey

Cancer type	Q65. Hospital and community staff always worked well together		Q67. Given the right amount of information about condition and treatment		Q68. Patient offered written assessment and care plan		Q69. Patient did not feel that they were treated as 'a set of cancer symptoms'		Q70. Patient's rating of care 'excellent'/'very good'	
	This Trust	National	This Trust	National	This Trust	National	This Trust	National	This Trust	National
Breast	66%	64%	84%	88%	19%	21%	72%	79%	90%	90%
Colorectal / Lower Gastro	62%	63%	89%	89%	22%	25%	76%	82%	83%	88%
Lung	62%	66%	90%	88%	14%	22%	67%	78%	82%	88%
Prostate	66%	67%	88%	89%	13%	22%	81%	83%	81%	87%
Brain / CNS									84%	88%
Gynaecological	55%	61%	80%	89%	15%	20%	74%	80%	92%	91%
Haematological	76%	66%	93%	89%	17%	22%	90%	82%		
Head & Neck										
Sarcoma										
Skin										
Upper Gastro	46%	62%	78%	86%	7%	24%	80%	77%	75%	86%
Urological	60%	65%	89%	87%	14%	18%	90%	84%	83%	86%
Other Cancers	69%	58%	85%	84%	20%	19%	69%	75%	87%	85%
All cancers	65%	64%	87%	88%	17%	22%	79%	81%	86%	88%

The Trust received the pre-publication results of the National Cancer Patient Experience survey in August 2013. The Trust was one of 155 which had participated in the survey, 1200 eligible patients who attended the trust during the period September to November 2012 were surveyed. The trust response rate was 69%; the national average response rate was 65%.

Patients were asked 70 questions.

In 8 of the areas questioned the trust was in the bottom 20% nationally:

- Patients finding it easy to contact their Clinical Nurse Specialist (CNS)
- CNS definitely listened carefully the last time spoken to by the patient
- Patient got understandable answers to important questions all/most of the time from their CNS
- At the time of operation, staff gave a complete explanation of what would be done
- Patient had confidence and trust in all doctors treating them
- Always given enough privacy when discussing condition/treatment
- Always treated with respect and dignity by staff
- Patient offered written assessment and care plan

In 2 areas the trust had improved its score since 2011 and had come out of the bottom 20% nationally:

- Patient felt they were told sensitively that they had cancer
- Doctor had the right notes and other documentation with them

Jessica Hancox, Lead Nurse for Cancer Services, is coordinating the formulation of care group Multidisciplinary responses and action plans from the various tumour specific clinical teams. A comprehensive report regarding the survey will be included in November's IPR.

Rule 43 – September 2013

- HM Coroner for the Mid & Northwest Shropshire District (IR)

For information, the new coroners rules have come into force and the Rule 43 letters will no longer be submitted by the coroner. Responses from the coroner going forward are now known as Regulation 28 reports.

3. WARDS SUBJECT TO A QUALITY IMPROVEMENT FRAMEWORK

- Ward 10
- Ward 12
- Ward 22TO

Each of the wards is being supported by a team of senior Nurses, Matrons and PEIP members to deliver sustained improvements to the care delivery on the ward. A system of regular quality checks, observations of care and Corporate Quality ward rounds provide an independent assurance framework from which a level of confidence is derived. The centre Matrons provides a weekly summary report to the Chief Nurse. The summary reports are also reported to the PEIP meeting to provide feedback and assurance to the group. The wards on a QIF also have been visited by members of the corporate nursing team who have conducted Clinical Quality ward rounds.

Outcomes

Ward 12 and ward 22T/O will be taken through a detailed review later this year to determine a collective level of assurance and a de-escalation from the Quality Improvement Framework. Ward 10 will continue on the formal framework.

QUALITY IMPROVEMENT OVERVIEW

The tables below provide more detail on performance which was RED rag rated in September.

Measure	Annual Target	Monthly Target	YTD	September	August	July	June	Year end 12/13
RIDDOR/SI Reportable Falls	15	1	16	3	4	3	1	20
Current State	There was a small increase in the number of falls reported from August to September 2013. This is reflective of the same reporting period in 2012. Overall there is a decrease in reported falls for the first five months of 2013/14 compared to 2012/13. The measurement of falls per/1000 bed days is considered a more accurate measure of Trust performance. The national average is set at a benchmark of 5.6 falls per/1000 bed days. Currently the Trust is performing well against this target.							

Planned Actions	<ul style="list-style-type: none"> All falls reviewed via RCAs. Ongoing internal and external audit to understand further preventative measures. Recruitment to falls practitioner to develop training, education and implement new multi-factorial risk assessment.
Key Themes/Trends	The main theme being identified through RCA is the lack of thorough documentation and completed risk assessments relating to falls within records. The risk assessment is the legal documentation to which the HSE will refer to in order to determine assurance of care planning. If this is incomplete or the actions taken in relation to the assessment have not been highlighted then this will reflect poor evidence of care planning.

Measure	Annual Target	Monthly Target	YTD	September	August	July	June	Year end 12/13
Grade 3 Unavoidable Pressure Ulcers			8	3	1	0	2	
Current State	Overall there has been a decrease in reported grade 3 pressure ulcers throughout the Trust in the first 2 quarters of the financial year (2013/14) compared with the same reporting period last year. This is seen as positive within the Trust and attributable to the recruitment of 2 WTE Tissue Viability Nurses supporting improvement in the level of understanding, education and training within the organisation.							
Planned Actions	All Trust acquired Grade 3 pressure ulcers are scrutinised closely to assess whether they are avoidable or unavoidable. Once a pressure ulcer has been identified and confirmed as Trust acquired by the Tissue Viability Nurse (TVN); steps are taken to further review the documentation and a decision is formed as to whether it will be classified as an unavoidable or avoidable pressure ulcer. Key members of the organisation are entrusted with making this decision; ensuring that there is sufficient evidence within the documentation to support that the patient received the correct care, and assessments; in appropriate time frames (or there is clear documentation of the patient's capacity if they decline intervention and other relevant supporting actions). All factors are considered, and there needs to be a unanimous decision between; the patient safety team, tissue viability team and ward team that the pressure ulcer is unavoidable before it is submitted as such.							
Key Themes/Trends	A key theme from the RCA process is the incidence of pressure ulcers involving devices, ears, heels and nasal cleft. A targeted campaign and approach to training relating to care and management is planned this year to reduce further the risk of pressure ulcer development within the Trust. The TVN team are co-ordinating this targeted approach.							
Measure	Annual Target	Monthly Target	YTD	September	August	July	June	Year end 12/13
Grade 4 Unavoidable Pressure Ulcers			4	2	1	1	0	5
Current State	Overall there has been a decrease in reported grade 4 pressure ulcers throughout the Trust in the first 2 quarters of the financial year (2013/14) compared with the same reporting period last year. This is seen as positive within the Trust and attributable to the recruitment of 2 WTE Tissue Viability Nurses supporting improvement in the level of understanding, education and training within the organisation.							
Planned Actions	All Trust acquired Grade 4 pressure ulcers are scrutinised closely to assess whether they are avoidable or unavoidable. Once a pressure ulcer has been identified and confirmed as Trust acquired by the Tissue Viability Nurse (TVN); steps are taken to further review the documentation and a decision is formed as to whether it will be							

	classified as an unavoidable or avoidable pressure ulcer. Key members of the organisation are entrusted with making this decision; ensuring that there is sufficient evidence within the documentation to support that the patient received the correct care, and assessments; in appropriate time frames (or there is clear documentation of the patient's capacity if they decline intervention and other relevant supporting actions). All factors are considered, and there needs to be a unanimous decision between; the patient safety team, tissue viability team and ward team that the pressure ulcer is unavoidable before it is submitted as such.
Key Themes/Trends	A key theme from the RCA process is the incidence of pressure ulcers involving devices, ears, heels and nasal cleft. A targeted campaign and approach to training relating to care and management is planned this year to reduce further the risk of pressure ulcer development within the Trust. The TVN team are co-ordinating this targeted approach.

	Annual Target	Monthly Target	YTD	September	August	July	June	Year end 12/13
C.difficile Infections	27	2	16	3	6	2	2	45
Current State	Above trajectory for year. Of the 3 reported cases in September, 2 were considered unavoidable with 1 case potentially avoidable due to sampling.							
Planned Actions	Continued RCAs to be undertaken by IPCN. Focus on cleanliness including commodes. Compliance with antibiotic prescribing to be audited by pharmacists. Education of staff on avoiding inappropriate samples.							
Key Themes/Trends	Predominantly antibiotic associated but small clusters of cross infection seen in last 3 months. Also some ward sending inappropriate samples.							

Measure	Annual Target	Monthly Target	YTD	September	August	July	June	Year end 12/13
MRSA Bacteraemia Infections	0	0	1	0	1	0	0	1
Current State	Above trajectory with one case reported in August. 69 days since last report.							
Planned Actions	RCA and post infection review meeting taken place. Action plan developed by Matron. Actions included SOP to be developed for all chest drain insertions and maintenance to ensure quality care and safe practice is adhere to at all times. Staff to complete aseptic and hand hygiene technique assessments. Staff to adhere to MRSA care pathway including appropriate screening of patients.							
Key Themes/Trends	Compliance with MRSA screening.							

Measure	Annual Target	Monthly Target	YTD	September	August	July	June	Year end 12/13
Number of Serious Incidents	9	9		12	12	8	31	174
Current State	There were 12 Serious Incidents reported in September 2013 (which is consistent with reporting in both July and August 2013).							
Planned Actions	All SIs are reported and form part of an RCA with action plans completed in order to disseminate learning going forward.							
Key Themes/Trends	11 of the SIs related to clinical effectiveness: 4 – RIDDOR reportable falls resulting in fractures 3 – Infection Control issues 2 – Delayed Diagnoses 1 – Drug Error 1 – Unexpected Admission to NNU And 1 was operational in nature; 1 – Confidential Information Breach.							

Measure	Annual Target	Monthly Target	YTD	Current Month	Sept	Aug	July	Year end 12/13
Ward to Board – Nursing Performance Score	95%	95%		91%	93%	94%	93%	
Current State	Matron Quality Reviews (Ward to Board) is new this month, replacing previous Test Your Care tool. Revised in house version is more challenging and is designed by end users. Compliance using this new tool has shown a decrease in performance by 1%. This is due, in part, to the more challenging way the questions are set.							
Planned Actions	Trend analysis data will be available as future months are collected. Focus will be placed on those areas that are below the required standard.							
Key Themes/Trends	Poor performance with patient observations is highlighted as a consistent theme throughout the audit. Care and Compassion/Privacy and Dignity show a consistent high level of achievement across the audit.							

Measure	Annual Target	Monthly Target	YTD	Current Month	Sept	Aug	July	Year end 12/13
Friends and Family Test	75	75		73	81	82	75	77
Current State								
Planned Actions	Volunteers recruited in A & E to improve response rate. Response rate in in-patient areas raised at NMF and Band 7s. The question is being asked at 4 different “touch” points in maternity services from 1 st October. Previously							

	this was piloted and it improved response rates therefore this performance should improve from November 2013.
Key Themes/Trends	Discussion across the West Midlands show that A & E departments is a problem area in getting responses for all Trusts.

Measure	Annual Target	Monthly Target	YTD	Current Month	Sept	Aug	July	Year end 12/13
Ward to Board – Patient Experience Score	95%	95%		85%	91%	90%	87%	
Current State	Matron Quality Reviews (Ward to Board) is new this month, replacing previous Test Your Care tool. Revised in house version is more challenging and is designed by end users. Compliance using this new tool has shown a decrease in performance by 4%. This is due, in part, to the more challenging way the questions are set.							
Planned Actions	Trend analysis data will be available as future months are collected. Focus will be placed on those areas that are below the required standard.							
Key Themes/Trends	Patients knowing when they are leaving, and information relating to discharge remains an area showing consistent poor performance across the audit. Patients feeling safe, and feeling that they are being treated with kindness and compassion shows a consistent high level of achievement across the audit.							

4. OPERATIONAL PERFORMANCE

Month 6 - 2013/14		2012/13 Outturn Period	2012/13 Outturn	2013/14 Standard	M1 Apr-13	M2 May-13	M3 Jun-13	Q1	M4 Jul-13	M5 Aug-13	M6 Sep-13	Q2	M7 Oct-13	M8 Nov-13	M9 Dec-13	Q3	M10 Jan-14	M11 Feb-14	M12 Mar-14	Q4	2013/14 Year to Date	2013/14 Forecast Outturn	
Access	A&E 4 Hour Wait	Full Year	90.62%	95%	86.67%	95.51%	96.10%	93.05%	96.69%	92.74%	94.39%	94.52%									93.80%		
	A&E 12 Hour Trolley Waits	Full Year	16	0	16	0	0	16	0	0	0	0									16		
	Ambulance Handovers not completed within 30 Minutes (SaTH Validated View)	Full Year		100%	105	22	39	166	9	20	11	40										206	
	Ambulance Handovers not completed within 60 Minutes (SaTH Validated View)	Full Year		100%	27	0	0	27	0	5	0	5										32	
	18 Week RTT Admitted - English Responsible Only - Part 1A	Mar-13	78.00%	90%	73.59%	74.78%	70.91%		70.51%	77.61%	75.54%												
	18 Week RTT Non Admitted - English Responsible Only - Part 1B	Mar-13	95.09%	95%	95.51%	95.51%	95.50%		95.77%	95.39%	95.17%												
	18 Week RTT Incomplete Pathway - English Responsible Only - Part 2	Mar-13	86.57%	92%	89.05%	90.24%	91.07%		92.16%	89.76%	89.94%												
	18 Week RTT > 52 Weeks - English Responsible Only	Mar-13	0	0	1	3	1	5	5	6	13	24										29	
	% of Patients waiting over 6 Weeks for a Diagnostics Test	Mar-13	0.20%	1%	0.22%	0.46%	0.67%	0.66%	0.88%	0.86%	0.67%	0.80%										0.59%	
	% spending >90% of their stay on a Stroke Ward	Full Year	88.30%	80%	76.70%	78.40%	80.28%	78.45%	88.24%	90.32%	85.06%	87.92%										83.50%	
	Cancelled 28 Day Readmission Breaches	Full Year	100	0	3	1	0	4	0	3	1	4										8	
	Number of Urgent operations cancelled more than once				0	0	0	0	0	0	0	0										0	
Cancer	2 Week GP referral to 1st OP Appointment	Full Year	96.00%	93%	92.00%	95.52%	94.08%	93.97%	93.74%	94.32%	94.64%	94.20%									94.10%		
	2 Week GP to 1st OP Appointment Breast Symptoms	Full Year	95.73%	93%	93.13%	95.39%	97.16%	95.14%	89.84%	91.49%	93.24%	91.22%										93.59%	
	31 day diagnosis to treatment	Full Year	97.50%	96%	95.27%	98.95%	98.77%	97.63%	96.10%	97.69%	97.01%	96.94%										97.35%	
	31 day second or subsequent treatment - Drug	Full Year	99.02%	98%	97.26%	98.59%	100.00%	98.26%	97.33%	98.89%	98.75%	98.37%										98.46%	
	31 day second or subsequent treatment - Surgery	Full Year	94.79%	94%	90.32%	92.31%	91.18%	90.36%	96.88%	88.89%	94.29%	92.86%										92.12%	
	31 day second or subsequent treatment - Radiotherapy	Full Year	97.99%	94%	96.84%	96.63%	95.00%	96.20%	98.00%	97.83%	92.08%	95.90%										96.05%	
	62 days urgent referral to treatment	Full Year	85.13%	85%	78.52%	80.11%	81.56%	79.70%	85.03%	84.29%	85.38%	84.82%										82.53%	
	62 days referral to treatment from Screening	Full Year	92.15%	90%	100.00%	100.00%	100.00%	100.00%	100.00%	94.74%	91.67%	95.92%										97.63%	
62 days referral to treatment from Hospital Specialist	Full Year	94.70%	85%	100.00%	87.88%	91.80%	92.23%	93.81%	89.62%	92.21%	91.79%										92.05%		
Patient Experience / Governance	C-Diff	Full Year	45	27	1	2	2	5	2	6	3	11									16		
	MRSA	Full Year	1	0	0	0	0	0	0	1	0	1										1	
	Same Sex Accommodation Breaches	Full Year	0	0	0	0	0	0	0	0	0	0										0.00%	
	Compliance with VTE Assessments	Mar-13	90.44	95%	89.30%	90.10%	93.50%	91.36%	95.05%	95.04%	TBC	TBC											
	PMR Governance Rating	Mar-13	Red	Green	Red	Red	Red		Red	Red	Red												
	Publication of Formulary	Mar-13	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes												
	Number of Reds on Maternity Dashboard	Mar-13	0	0	0	0	0		0	1	0												

CONTRACTING & ACTIVITY OVERVIEW

Summary Activity Position (Internal Plan)												
Month 6 (Initial Data Submission)												
Point of Delivery	Care Group	12/13 Outturn	Month Plan	Month Actuals	Variance	Variance %	Year-to- Date Plan	Year-to- Date Actual	Variance	Variance %	13/14 Annual Plan	13/14 Forecast Outturn
Consultant Led/Responsible First Attendance	Scheduled Care	60,595	5,855	6,128	273	4.7%	31,908	31,920	12	0.0%	63,638	61,674
	Therapies / Diagnostics	166	16	21	5	33.4%	85	83	-2	-2.7%	171	160
	Unscheduled Care	23,778	2,207	2,443	236	10.7%	11,957	12,741	784	6.6%	23,919	24,617
	Women and Children's	16,780	1,562	1,664	102	6.5%	8,462	7,866	-596	-7.0%	16,927	15,198
Consultant Led/Responsible First Attendance Total		101,319	9,639	10,256	617	6.4%	52,412	52,610	198	0.4%	104,655	101,650
Consultant Led/Responsible Follow Up Attendance	Scheduled Care	119,790	11,294	11,448	154	1.4%	61,182	58,572	-2,610	-4.3%	122,390	113,896
	Therapies / Diagnostics	474	43	47	4	10.4%	231	244	13	5.8%	461	474
	Unscheduled Care	43,947	4,113	3,578	-535	-13.0%	23,086	20,872	-2,214	-9.6%	45,377	40,587
	Women and Children's	18,620	1,714	2,253	539	31.4%	9,287	11,609	2,322	25.0%	18,579	22,575
Consultant Led/Responsible Follow Up Attendance Total		182,831	17,164	17,326	162	0.9%	93,786	91,297	-2,489	-2.7%	186,807	177,532
Consultant Led/Responsible Outpatient Procedure	Scheduled Care	47,615	4,678	2,060	-2,618	-56.0%	25,346	25,126	-220	-0.9%	50,918	54,290
	Therapies / Diagnostics	42	17	-	-17	-100.0%	91	-	-91	-100.0%	181	-
	Unscheduled Care	25,571	1,877	1,362	-516	-27.5%	10,171	9,782	-389	-3.8%	20,345	21,135
	Women and Children's	25,084	2,560	1,314	-1,246	-48.7%	12,588	12,872	-1,285	-9.3%	27,740	27,198
Consultant Led/Responsible Outpatient Procedure Total		98,312	9,131	4,736	-4,395	-48.1%	49,480	47,495	-1,984	-4.0%	99,184	102,623
Total Outpatients	Scheduled Care	228,000	21,826	19,636	-2,190	-10.0%	118,437	115,618	-2,819	-2.4%	236,946	229,860
	Therapies / Diagnostics	682	75	68	-7	-9.4%	407	327	-80	-19.6%	813	635
	Unscheduled Care	93,296	8,198	7,383	-815	-9.9%	45,214	43,395	-1,819	-4.0%	89,642	86,339
	Women and Children's	60,484	5,836	5,231	-605	-10.4%	31,622	32,063	442	1.4%	63,245	64,971
Total Outpatients Total		382,462	35,934	32,318	-3,617	-10.1%	195,678	191,403	-4,276	-2.2%	390,646	381,805
Elective DC	Scheduled Care	33,148	3,167	2,880	-287	-9.1%	18,815	16,834	-1,981	-10.5%	35,866	34,616
	Unscheduled Care	2,391	225	215	-10	-4.6%	1,307	1,220	-87	-6.7%	2,567	2,393
	Women and Children's	2,531	229	193	-36	-15.7%	1,351	1,197	-154	-11.4%	2,631	2,414
Elective DC Total		38,070	3,621	3,288	-333	-9.2%	21,473	19,251	-2,222	-10.3%	41,064	39,423
Elective IP	Scheduled Care	5,723	596	496	-100	-16.8%	3,284	2,836	-448	-13.7%	6,292	5,781
	Unscheduled Care	246	23	19	-4	-16.1%	126	126	0	-0.3%	245	257
	Women and Children's	958	91	92	1	1.2%	507	530	23	4.6%	982	1,044
Elective IP Total		6,927	710	607	-103	-14.5%	3,918	3,492	-426	-10.9%	7,518	7,082
Non Elective	Scheduled Care	12,308	1,044	989	-55	-5.3%	6,399	6,244	-155	-2.4%	13,055	12,901
	Unscheduled Care	23,306	1,908	1,979	71	3.7%	11,692	11,931	239	2.0%	23,851	24,492
	Women and Children's	8,394	751	653	-98	-13.1%	4,605	3,947	-658	-14.3%	9,394	8,099
Non Elective Total		44,008	3,703	3,621	-82	-2.2%	22,695	22,122	-573	-2.5%	46,299	45,492
Non Elective Other	Scheduled Care		4	8	4	99.7%	25	33	8	34.6%	48	61
	Unscheduled Care		13	13	-0	-1.9%	81	31	-50	-61.0%	166	239
	Women and Children's	9,466	712	666	-46	-6.5%	4,366	4,314	-52	-1.2%	8,906	9,095
Non Elective Other Total		9,466	730	687	-43	-5.8%	4,472	4,459	-13	-0.3%	9,120	9,395
Total Spells	Scheduled Care	51,179	4,811	4,373	-438	-9.1%	28,523	25,947	-2,576	-9.0%	55,261	53,360
	Unscheduled Care	25,943	2,169	2,226	57	2.6%	13,206	13,389	183	1.4%	26,829	27,380
	Women and Children's	21,349	1,784	1,604	-180	-10.1%	10,828	9,988	-840	-7.8%	21,913	20,653
Total Spells Total		98,471	8,764	8,203	-561	-6.4%	52,558	49,324	-3,234	-6.2%	104,002	101,392
A&E	Unscheduled Care	110,680	9,567	8,933	-634	-6.6%	58,191	55,399	-2,792	-4.8%	112,642	107,644
A&E Total		110,680	9,567	8,933	-634	-6.6%	58,191	55,399	-2,792	-4.8%	112,642	107,644

Contract Plan

The Board are reminded that the internal activity plan as presented here is gross of QIPP (ie it assumes that the CCG planned QIPP activity reductions do not happen).

As previously reported, an overall demographic growth assumption has been agreed with our CCG colleagues and has been actioned in the activity plans since July. The additional non-recurrent activity agreed with various Centres to both deliver the RTT targets and reduce the backlog numbers to sustainable levels is also included within the activity plans.

Income for A&E is also below plan with no evidence of a change in casemix.

Outpatient Activity

Based on those levels of outpatient activity seen so far this year, current forecasts would suggest that the Trust will see approximately 6-8,000 fewer outpatient attendances than plan by year-end (approximately 2%).

It remains the case that there are a number of outpatient procedures currently uncoded in the latest month's data (and therefore showing against new and follow-up activity in the attachments to this Paper). A 'catch-up' takes place prior to the 2nd data submission, but the data as currently reported for the month of September only does not reflect this.

Spell Activity

Elective spell activity (ie elective inpatient and daycases combined) is 406 spells below plan for September and 2648 below plan for the year to date (10.4%).

Based on activity patterns seen so far this year, together with the current assumptions regarding how much RTT recovery activity is achievable in-year, elective spell activity is forecast to fall approximately 2000 spells below overall planned levels by year-end. Discussions with the Scheduled Care Group to firm-up the likely outturn position are continuing.

Emergency activity across the Trust during September was 82 spells below plan (2.2%) and is currently 573 spells below plan for the year-to-date (2.5%). Within this overall position, Unscheduled Care as a whole (predominantly medicine) remains ahead of plan (239 spells) with Paediatrics (529 spells), Gynaecology (166 spells) and Trauma (93 spells) significantly below plan. The variance in Gynaecology is in part due to a known change in coding treatment and this will continue for the remainder of the year.

Non-elective 'other' activity (predominantly obstetrics) is broadly in line with plan for the year-to-date.

A&E Activity

A&E attendances were below plan for the month (634 attendances below plan, or 6.6%) and remain below plan for the year-to-date (2792 attendances

below plan, 4.8%). This continues the position previously reported and, based on current forecasts, A&E attendances will be lower this year than last year's outturn position. Potentially this is as a result of the CCG's QIPP schemes.

4.1 Emergency Access Target

A&E attendances in the month of September were below plan (1,161 attendances, 11.4%) and remain below plan year-to-date (1,676 attendances, 5.7%).

The Trust failed to achieve the 4 hour 95% target in September 2013 with a performance of 93.64% for the month, giving a Quarter 2 average position of 94.48% (93.99% without WIC). In comparison to the Quarter 1 position of 92.78%, this is still an improvement of 1.7%.

The following information provides an up to date position of A&E performance as a Trust including WIC activity:

Year to Date Performance	93.67%
September Performance	93.64%
October performance to date	95.54%
Q3 performance including WIC	95.92% (WIC as of 13/10/13)
YTD performance including WIC	93.67% (WIC as of 13/10/13)

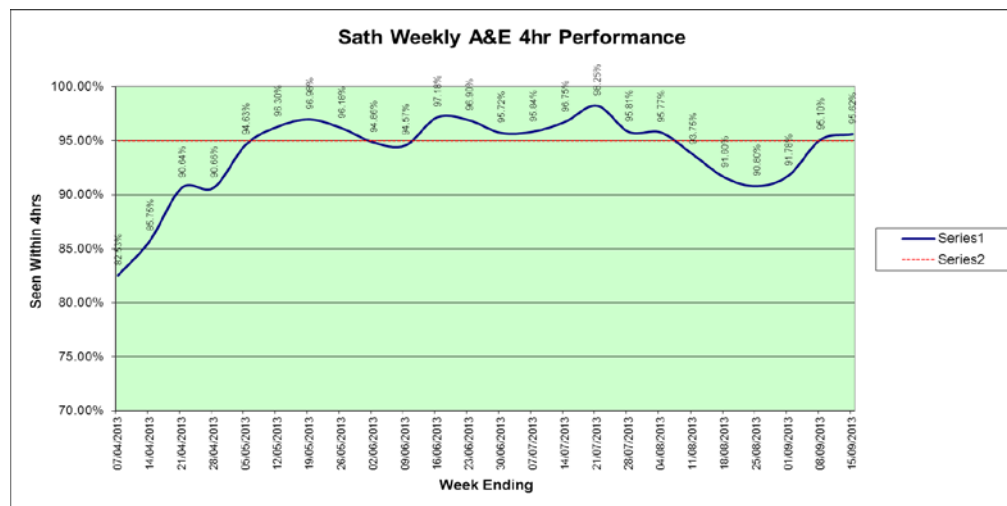
The Trust has achieved the target 2 out of 3 weeks so far in the month of October.

During the month of September the Trust saw an average of 298 attendances per day compared with 302 per day in August, and total attendances for the September monthly reporting period was 8,933. In August we experienced a reduction in emergency admitted patients, but during September this admission ratio increased.

In September, whilst still below previous increases, there was an increase month on month compared to August of Emergency admissions.

April	4,403	Ave 146 a day
May	3,955	Ave 128 a day
June	3,595	Ave 120 a day
July	3,636	Ave 117 a day
August	3,342	Ave 107 a day
September	3,417	Ave 114 a day

Trust A&E 4 Hour Performance Chart



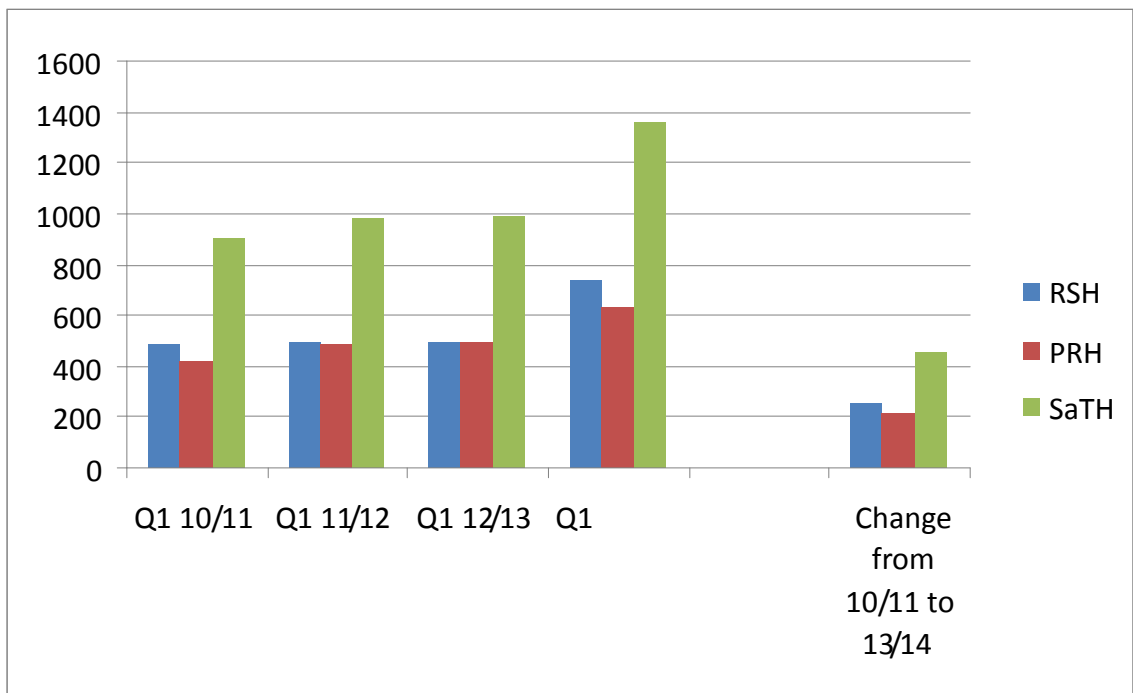
A large cohort of patients during the month of September remained on the fit to transfer list and in a hospital bed, with no significant reductions in the month. This impacted on performance throughout September leading to a failure of Qtr 2.

A lack of available capacity (beds to meet expected demand) has subsequently been reduced by the ward reconfiguration at the end of April and this has also supported a large reduction in medical outliers. The bed modelling for the Trust continues to indicate that we have insufficient inpatient capacity to adequately match demand. Further ward reconfiguration during October should further support an improvement in right patient, right bed.

The patient flow action plan has begun to address some of the internal performance issues. The first of these actions was implemented at the end of April and we saw improvements during the months of May, June and July. Performance remains fragile as recent performance clearly shows. Bed occupancy remains consistently high at over 95% inpatient capacity and during the day upwards of 105%, i.e. we are in flex and are bedded in AMU/SAU assessment areas.

Recent analysis has shown that over the past 3 years there has been a 3% increase in the number of patients aged 80 years and over, with an 8% increase this year.

It is recognised nationally that patients of this age have a longer length of stay.



- 3% year on year increase with an 8% increase in 2012/13
- Split as follows:

SaTH – 17
 PRH – 19%,
 RSH – 25%

Overview of September 4 Hour Performance

Week End	Trust Attendance	Walk In	Seen within 4hrs	Breached 4hrs	Performance
01-Sep	2177	194	2176	195	91.78%
08-Sep	2078	190	1968	110	94.71%
15-Sep	2024	194	1927	97	95.21%
22-Sep	2102	187	1979	123	94.15%
29-Sep	2070	169	1894	176	91.50%

During the month of September no patients breached the 12 hour trolley wait standard and very few patients over the whole month breached the 8 hour standard, indicating how flow has vastly improved.

Following the whole system review of the urgent care system in Shropshire, Telford & Wrekin, five high impact projects were agreed with delivery by the end of September 2013; this was supported and managed by ATOS. Progress is as follows:-

The Demand and Capacity dashboard is under trial with selected and reduced access, and this is proving beneficial to the management of the flow across the site providing an earlier indication of performance issues, enabling more proactive management.

The ED Improvement project is closed as part of the high impact schemes, however, as part of the continued improvement cycle this will continue throughout 2013 and 2014.

Admission Avoidance – no information on the impact of this is available at this point in time.

Optimising Capacity – this project is delayed with an implementation of Mid November for roll out of the trial in Shrewsbury and Atcham.

Discharge planning – the discharge implementation work will deliver actions throughout October and November for sustainable delivery of ward discharge planning across SaTH and Community hospitals. The Chief Operating Officer is leading the SaTH element of this.

Over the coming months the 4 hour improvement plan will continue with key actions that include:

- Ensuring that during the winter months staffing reflects the demand by time of day and day of the week, to ensure we cover seasonal changes;
- New triggers for ED and AMU to ensure timely escalation to be agreed and actioned during November;
- Internal reconfiguration of Ward 21 to move to ward 23 to co-locate Haematology and Oncology together, creating a defined Sceptic Neutropenic Pathway and allowing rapid intervention of sick patients by specialist ward teams and freeing up beds within AMU, this has the potential to save 800 hours of AMU time per month. Ward 21 will become Short Stay and this will ensure that the targeted interventional work to turn patients around is not mixed in with General Medicine; improving quality and performance. Ward 28 will become Nephrology and General Medicine and this will prevent Nephrologists from having to carry out safari ward rounds and thus enable decision makers to complete early morning ward rounds earlier and in one place. This reconfiguration will provide two benefits - improving quality and flow for Scheduled and Unscheduled Care patients. A review is currently underway of specialist job plans to provide an early morning in reach to AMU.

This will enable specialities to understand the internal pressures and provide a pull system from AMU;

- Offload area for AMU at RSH for WMAS to ensure that at times of GP pressure patients are offloaded from Ambulances and care can start whilst waiting for an appropriate AMU slot;
- To be agreed – sitting areas in the emergency departments that allow ambulance patients who have been triaged but do not need a trolley or cubicle space, This allows care to be provided and reduce delays.

4.2 Ambulance Handover Performance

As part of performance measurement we have ensured that Ambulance Turnaround is consistently measured and since April we have seen a significant improvement in this area.

4.3 Stroke

The Acute Stroke service short term move to a single site over the summer has been very successful and this has demonstrated improvements against performance metrics and soft indicators. The slight reduction in performance was due to patients presenting to ED/AMU with non-stroke specific symptoms that were later diagnosed as having a stroke. This small cohort of patients can have a large impact on performance due to the small numbers involved.

The August HOSC meeting suggested that due to the demonstrable success over the summer a further period of 6 weeks should be taken to engage with all stakeholders in order to reach a health economy decision over the medium term plan.

The timeframe for this decision is mid-October and it is likely that the proposed model to seek a decision will be to retain the single site model based at PRH. In order to inform this decision a comprehensive review of performance has been conducted and the QIA has been circulated for comment to all HE stakeholders with the original options appraisal. This has been revisited to now include all option including a single site model at RSH, return to a dual site model or retention of the current model, reconfigured to PRH.

The only significant issue tabled at the key stakeholder meeting early in October was the impact on the WMAS ambulance service, where they raised issues around increased cycle times and the need for additional funding, but the data they has submitted prior to the meeting indicated only minimal impact. This has been raised with the CCG as this is now delaying a decision on the medium term plan.

As part of measuring patient's outcomes to support quality, a patient survey is currently being undertaken and the survey has been sent to all Shropshire and Powys stroke patients who, during the trial period, have been cared for at PRH. We will be looking at closing this survey during the month of October and this will inform part of the medium term planning decision process.

4.4 Scheduled Care Access Targets

The scheduled care report details the Trust's performance at the end of September 2013 against the following standards:

- 18 weeks RTT;
- Cancer;
- Cancelled operations.

4.5 18 Weeks Referral to Treatment Target (RTT) – Admitted

In the month of September the Trust failed to achieve the RTT target for Admitted patients with a performance of 75.54 % against the 90% standard. However, this is expected as each of the admitted specialties is currently clearing a backlog of 18 week patients.

Each centre is constructing Demand and Capacity models in conjunction with the Elective Intensive Support Team. Each of these models will be presented to the CCGs in November and trajectories will be, produced by the end of November, which will demonstrate when 18 weeks RTT will be delivered and sustainable,

Until all trajectories have been completed we are unable to give an exact date as to when each specialty will deliver 18 weeks RTT.

In May, following a request from the CCG's to formulate a trajectory to deliver RTT admitted, a plan was submitted indicating that this would be 1st July 2013 in all specialties with the exception of Orthopaedics and Urology; with overall delivery from 1st November 2013.

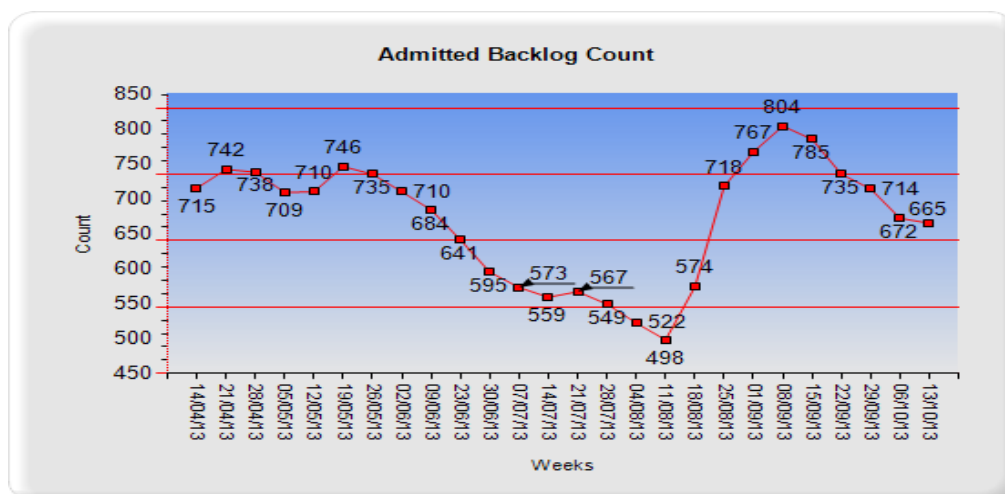
The Trust has failed to deliver on this plan due to unrealistic recovery plans.

The CCG's and SaTH are undertaking a rapid investigation of the key issues with a unified remedial action plan [RAP] being agreed on 21st November 2013.

This RAP wherever possible will seek to return individual services to compliance with RTT requirements by the end of March 2014, or, where not possible, identify stretching but realistic deadlines.

As previously mentioned the IST is supporting the Trust with this process and is supportive of the March 2014 deadline; believing this to be more realistic,

The graph demonstrates the admitted backlog, which has significantly reduced since September.



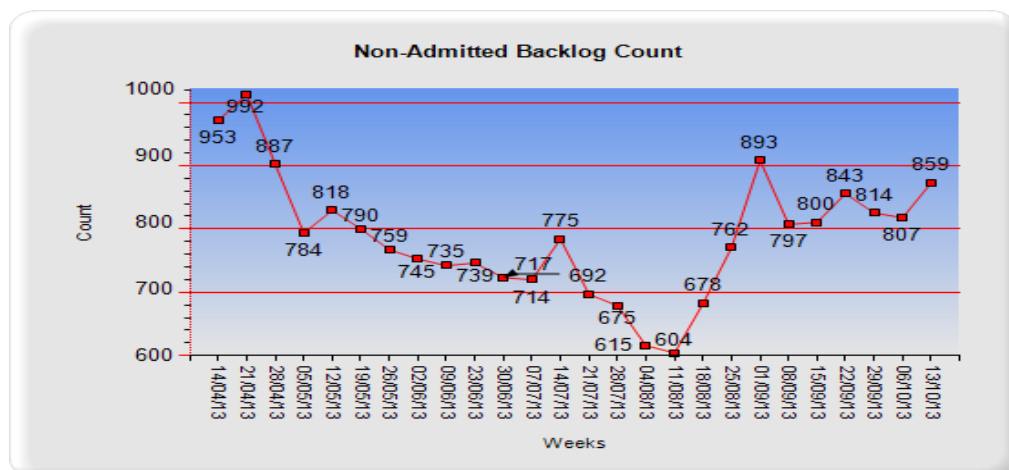
4.6 18 weeks Referral to Treatment Target (RTT) – Non Admitted

The Trust achieved the overall RTT target for Non Admitted patients with 95.17% against the 95% target in September.

The following specialties did not achieve:-

- Cardiology – SaTH is working with the CCGs to review the demand and capacity and is providing additional temporary capacity until a sustainable solution is agreed;
- Neurology- additional capacity is being put on through waiting list initiative sessions and further work is being undertaken to review the demand and capacity;
- Ophthalmology - SaTH is currently working with Viewpoint to reduce the backlog of outpatients and patients who have breached their maximum waiting time for follow up. Further work is being undertaken with the CCGs to obtain an alternative provider of outpatient ophthalmology for the next 12 months.

The Non Admitted backlog is displayed in the graph detailed below:



4.7 18 weeks Referral to Treatment Target (RTT) – Incompletes

The target for incomplete pathways is that we should have no more than 8% of patients waiting over 18 weeks for treatment. Performance has deteriorated since July due to more patients being identified on open clocks who have waited over 18 weeks. The performance for September is 10.06%. This was expected.

4.8 52 Weeks

The Trust will be declaring 13 x 52 week breaches in September. There are a further 8 patients to be treated in October and November.

4.9 Cancer Standards

The unvalidated position for September 2013 shows that we failed to deliver one of the eight standard cancer targets:

- 31 day radiotherapy subsequent treatment.

There were 8 breaches in September, 2 patient choice, 2 complex pathways, 3 due to lack of capacity in Radiotherapy and 1 admin error.

Each Centre and the cancer value stream team have been reminded of the escalation process and their roles and responsibilities and will be monitored against performance.

There are 9 patients currently waiting beyond 100 days, 3 x Urology, 1 x Lung, 1 x Upper GI, 1x Gynae, 1 x Colorectal, 1x Haematology and 1 x H&N. All of these are due to complex requirements.

The validated performance for cancer in August was that we failed 3 of the 9 cancer standards the detail of which is as follows:

- 14 day symptomatic breast; 8 patients breached the standard due to patient choice.
- 31 day subsequent treatment; 8 patients breached the standard; 2 skin due to capacity, 2 breast due to patient choice, 2 urology due to lack of capacity, 1 H&N due to patient being unwell, 1 upper GI due to patient choice.
- 62 day, 19 breaches, 1 breast due to complex diagnosis; 3 colorectal due to complex pathways and patient choice; 2 gynaecology due to complex pathways; 1 Head & Neck due to a change of treatment; 1 lung due to a complex pathway; 6 upper GI all due to complex pathways and patients having other treatments; 5 urology; 2 due to patient choice; 1 tertiary referral referred too late; 1 for medical reasons and 1 due to admin delays.

In order to improve our performance against each of the standards, SaTH is working with the CCGs and is undertaking a Joint Investigation [JI], within the following tumour sites

- Lung
- Colorectal
- Upper GI
- Urology

The purpose of the JI is to identify the bottlenecks within each of the patient pathways, the final Joint Investigation report is due by 9th November 2013. Following this and action plan will be put together to address these areas. In order to improve performance, the JI has identified that 1st outpatient appointments and diagnostic tests need to be within seven days and pathways will be amended to reflect this.

4.10 Cancelled Operations

There were 131 cancelled operations in September 2013, of which 30 will need to be readmitted with 28 days. This is a significant improvement, on previous cancellations. There is a significant increase in throughput of activity as the Trust clears the backlog of patients that were cancelled through winter. 1 of

August's cancelled patients was not readmitted within the 28 day target. The Centre has been reminded of the escalation process and will be monitored against this going forward.

4.11 Choose and Book

The Trust failed to achieve the Choose and Book target in September, where 95% of patients should have been able to book an appointment via the Choose and Book system. At present our Booking performance error rate is 29% which is significantly above the national target.

There are currently 910 patients for the month of September who have not been able to book an appointment via Choose & Book. There are two specialties that make up 94% of this total

- Ophthalmology
- General Medicine

To improve the performance of the ASIs, additional capacity is being put on for cardiology and general medicine. Within ophthalmology the CCGs are working with a provider of community ophthalmology to increase outpatient capacity. It is envisaged that this additional capacity will be in place from December and therefore this will reduce the number of ASIs.

4.12 Booking & Scheduling

Letters to patients/Contact

The DSU inpatient letters have been reviewed for clinical content and staff have attended crystal letter application workshop to be trained in making the necessary amendments. A meeting is scheduled for mid October with patient representatives to discuss the supplementary information before the new improved letters are uploaded onto SEMA.

Frequently Asked Questions regarding appointments, the Trusts Access policy and outpatients in general have been written, reviewed by patient representatives and are now live on the Trust intranet site for patients and GPS.

The reminder process for patients has also been reviewed and the paper reminder letters are in the process of being removed from SEMA. The parameters set under the previously chair of the booking and scheduling taskforce were such that a significant number of patients were receiving appointment letters and reminder letters at the same time, or within days of one another.

The Trusts current DNA rate is 5.3% against a peer group comparator of 8.5% (taken from CHKS data). Reminder systems obviously assist in the reduction of DNAs and as such the plan to roll out outpatient Remind+ as part of the phone system offered by Netcall is shortly to commence. However, given the already very low position in terms of DNA rate, it is not expected that hugely significant improvement will be seen, but clearly any missed appointment is one too many.

Cashing up (identifying and recording outcome of clinical visit)

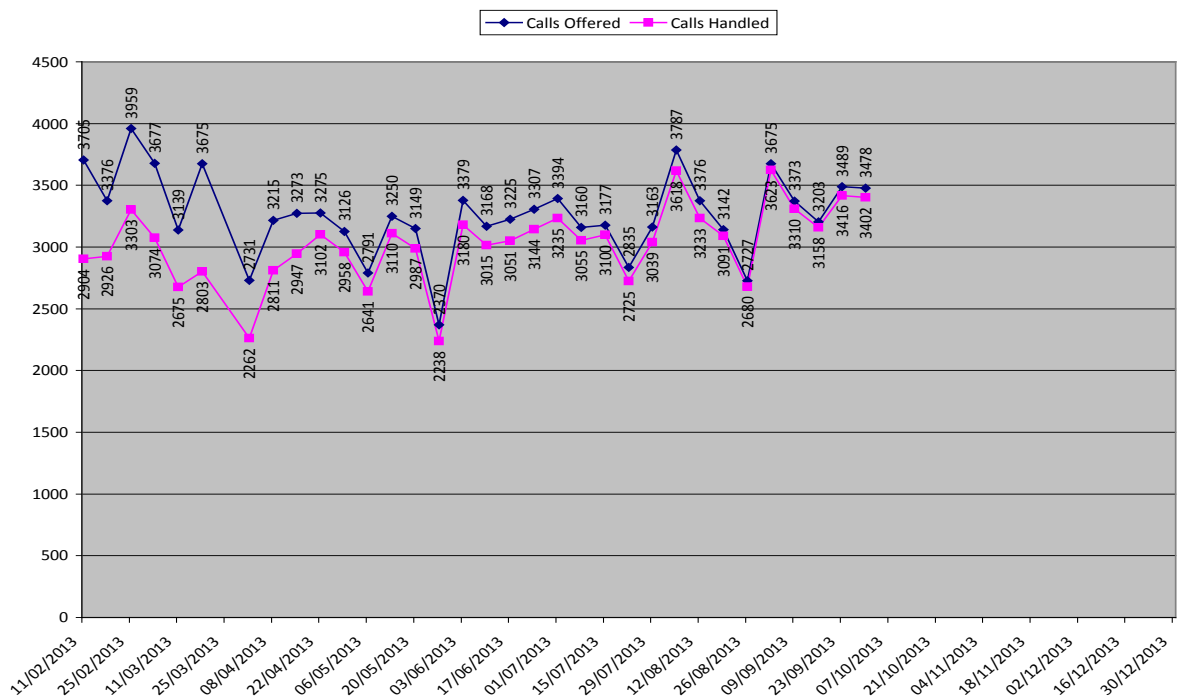
This sub group was added in July 2013 to the booking and scheduling taskforce, acknowledging that the new roll out of the Clinic Outcome Form has not resulted in significant improvement in performance in this area. As such, the sub group is focusing on both 2012 and 2013 uncashed up attendances. Data from 2012 show a total of 7500 uncashed up attendances. This data has been disseminated to each clinical centre to action and to date this has reduced to 6981.

Patient Access staff continue to cash up outstanding 2013 data for the areas for which we are responsible, although a significant proportion of this data sits with other centres. This data too will be sent onto other centres to ensure they too are applying the same principle to improve the overall trust position. For the Patient Access Centre [PAC], the main reason for this is missing forms or incomplete forms from clinical teams and PAC staff are maintaining a database of reasons why attendance cannot be cashed up. This information will also be forwarded to the centre who will be asked to address performance issues. By the end of November we will have cleared all of 2012 uncashed up clinics, and from then on it is anticipated that we shall have no more than 600 uncashed up clinics at any given time.

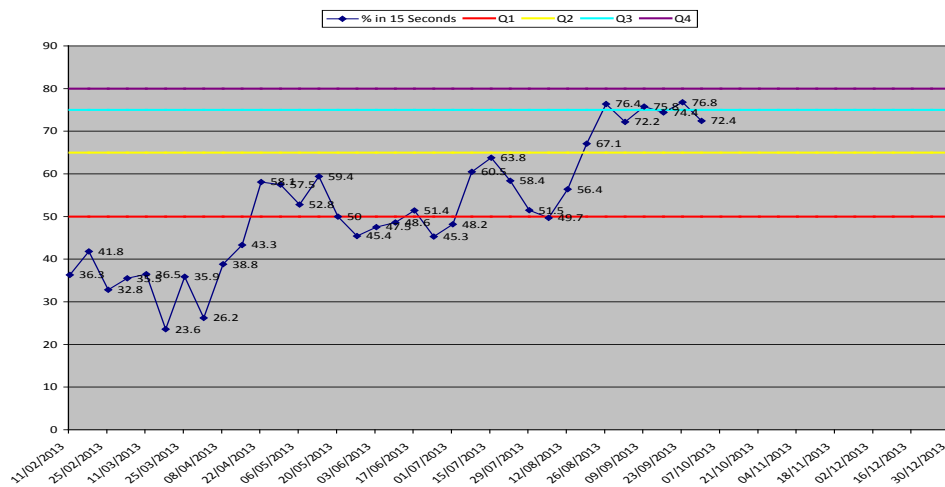
General

Awareness sessions for all booking and scheduling staff have been held on Standard Operating Procedures and the Trust Access Policy.

Call handling within the Call and Book centre continues to improve and we are on target to achieve KPIs set by the Booking and Scheduling taskforce. Since the beginning of Feb and average of 3350 calls have been received each week with 92.6% being handled. The number of calls received each week against the number of calls handled is shown on the graph below. As you can see the number of calls handled is improving:



In addition, staff within the Call and Book centre are required to answer calls within 15 seconds. The graph below show our performance against this metric and again performance is improving:



4.13 Medical Records

Records of the number of sets not available for clinics is now being measured and for the month of September, 0.75% at PRH and 0.70% at RSH of all notes requested for clinics could not be located in time for the appointment. There are a range of reasons associated with this with poor Patient Document Tracking [PDT] compliance being central. This was highlighted at the Operational Risk Group Meeting on 01/10/2013. As such audits across both sites on a monthly basis are now being undertaken by PAC staff in order that performance measures can be requested for non compliant departments.

5. FINANCE

Finance Performance Summary – Month 06

Measure		Standard	Quarterly Method	2012/13 Q1	2012/13 Q2	2012/13 Q3	2012/13 Q4	Data Period	Period Actual	YTD	Forecast Next Month
Finance	PMR Finance Risk Rating	4	Q YTD	2	2	2	2	Mar-13	2	2	
	EBITDA Achieved	85%	Q YTD	84.20%	86%	96%	87.81%	Mar-13	34.75%	29.83%	
	EBITDA Margin	5%	Q YTD	2.8%	4%	4.7%	4.6%	Mar-13	2.2%	0.9%	
	I&E Surplus Margin	1%	Q YTD	-1.90%	-0.50%	0.00%	0.03%	Mar-13	-3.16%	-3.88%	
	Return on Assets	5%	Q YTD	0.03%	1.20%	2.60%	3.30%	Mar-13	-1.10%	-1.70%	
	Liquidity ratio	15 days	Q YTD	13.5	14.4	12.9	13.3	Mar-13		15.1	
	Total Income (actual v plan)	0.5% of plan	Q YTD	99.6%	99.6%	99.90%	99.73%	Mar-13	95.70%	98.30%	
	Pay Expenditure (actual v plan)	At or below plan	Q YTD	101%	102.40%	99.90%	100.27%	Mar-13	104.50%	102.50%	
	Non Pay Expenditure (actual v plan)	At or below plan	Q YTD	98.04%	95.20%	100.3%	101.03%	Mar-13	97.80%	100.40%	
	CIP (actual v plan)	At or below plan	Q YTD	100%	74%	98.00%	100.00%	Mar-13	98.00%	98.00%	
	Capital Expenditure (actual v plan)	At or below plan	Q YTD	13%	38%	59.00%	68.00%	Mar-13	54.22%	56.21%	

5.1 Month 06 Position

The Income and Expenditure position of the Trust is presented in the table below:

	Months 1 - 6 Budget £000's	Months 1 - 6 Actual £000's	Variance £000's	Planned Forecast Outturn £000's	Forecast Outturn £000's	Variance £000's	Months 1 - 6 2012/13 £000's
Income	151,560	149,025	(2,535)	301,461	302,126	665	145,554
Expenditure							
Pay	(101,541)	(104,115)	(2,574)	(201,767)	(209,635)	(7,868)	(100,670)
Non Pay	(44,203)	(44,382)	(179)	(87,095)	(90,040)	(2,946)	(42,756)
Reserves	(241)	833	1,074	1655	1655	-	629
Finance Cost	(7,133)	(7,138)	(5)	(14,270)	(14,272)	-	(6,983)
Total Expenditure	(153,118)	(154,802)	(1,684)	(300,977)	(312,291)	(11,314)	(149,780)
Under / Over spend	(1,558)	(5,777)	(4,219)	(16)	(10,165)	(10,149)	(4,226)
Phased Spend	(1,013)	-	1,013				88
Transitional support	-	-	-	-	-	-	3,349
Surplus / (deficit)	(2,571)	(5,777)	(3,206)	(16)	(10,165)	(10,149)	(789)
Corrective actions					4,407	4,407	
Surplus Deficit after corrective actions				(16)	(5,758)	(5,742)	

The Trust recorded a deficit at the end of September amounting to £5.78 million. This compares with an expected level of deficit at the end of September of £1.56 million based upon a recovery plan projected to produce a year end deficit of £16,000.

An estimation of the forecast Outturn has been undertaken based upon existing spending practices. This suggests that without corrective actions the Trust would overspend in the year by £10.165 million. The Trust is presently developing opportunities to address this level of overspend. The value of these opportunities, amount to £4.407 million. On the basis that these opportunities are able to be achieved the year end forecast deficit reduces to £5.758 million.

The serious deterioration in the financial position of the Trust over the last three months has led to discussions with the NTDA to determine a more

appropriate deficit target for year-end. These discussions are ongoing. In these discussions a forecast outturn of £10.165 million has been presented along with a 'recovered' position of £5.758 million. The NTDA have indicated that support for a revised deficit position, needs to be placed within an overarching financial plan that demonstrates financial sustainability.

Since producing a recovery plan, that was approved by the Trust Board in July 2013, the Trust cumulative financial position has deteriorated from a cumulative deficit of £2.60 million to £5.78 million. The table below provides a description of the movement over the three months July to September.

	<i>July Plan £000's</i>	<i>July Actual £000's</i>	<i>Variance £000's</i>	<i>Aug Plan £000's</i>	<i>Aug Actual £000's</i>	<i>Variance £000's</i>	<i>Sept Plan £000's</i>	<i>Sept Actual £000's</i>	<i>Variance £000's</i>	<i>3 mths Variance</i>
Income	25,862	25,383	(479)	25,225	24,439	(786)	26,069	24,957	(1,112)	(2,377)
Expenditure										
Pay	(17,099)	(17,388)	(289)	(16,811)	(17,297)	(486)	(16,468)	(17,215)	(747)	(1,522)
Non Pay	(7,596)	(7,839)	(243)	(7,414)	(7,353)	61	(7,813)	(7,643)	170	(12)
Reserves	184	189	5	244	184	(60)	522	460	(62)	(117)
Finance Cost	(1,155)	(1,155)	-	(1,155)	(1,155)	-	(1,358)	(1,358)	-	-
Total Expenditure	(25,666)	(26,194)	(528)	(25,136)	(25,621)	(485)	(25,117)	(25,756)	(649)	(1,662)
	196	(811)	(1,007)	89	(1,182)	(1,272)	952	(799)	(1,751)	(4,030)
Phased Spend	15	15	-	(568)	(258)	310	(702)		702	1,102
Under / (Over) spend	211	(796)	(1,007)	(479)	(1,440)	(962)	250	(799)	(1,049)	(3,018)

In approving a recovery plan the Trust had assumed:

- a decline in the level of Pay spending in the months of July, August and September from £17.4 million per month to £16.47 million per month by September. Pay spending over this period has however shown a modest reduction. As a consequence in the last quarter Pay spending has overspent when compared with the recovery plan by £1.522 million; and
- that Income generated by the Trust would be consistent with contracted levels. In the months of July to September the level of Income generated is £2.38 million below contract.

5.2 Income

In April – September the Trust recorded an underachievement as compared with plan of £2.535 million, the tables below analyse the under performance by Commissioner and by area of activity.

	<i>April –Sept Budget £000s</i>	<i>April- Sept Actual 000s</i>	<i>Variation £000s</i>
<i>Shropshire County CCG</i>	60,218	58,847	(1,371)
<i>Telford and Wrekin CCG</i>	42,247	42,178	(69)
<i>Powys LHB</i>	10,962	11,195	233

Specialised services	21,445	21,482	37
Other CCG	3,720	2,894	(826)
Non Contracted Activity	1,712	1,272	(440)
Financial Penalties / reserves	(750)	(750)	-
Other Clinical Income	1,989	1,850	(139)
Non Clinical Income	10,017	10,057	40
Total Income	151,560	149,025	(2,535)

	April - September Budget	Actual	Variation	% Variation	Under / Over £000's	Volume Under / Over £000's	Price Under/ Over £000's
Accident and Emergency (Attendances)	58,191	55,399	(2,792)	(4.8)	(324)	(290)	(34)
Outpatient Appts (attendances)	194,682	191,403	(2,422)	(1.5)	(676)	(375)	(300)
Elective Day Cases	20,142	19,252	(890)	(4.4)	(275)	(605)	330
Elective Inpatient (Spells)	3,814	3,492	(322)	(8.5)	(552)	(824)	272
Emergency (Spells)	22,695	22,122	(573)	(2.5)	(300)	(458)	158
Maternity	4,472	4,459	(13)	(0.3)	142	(20)	162
Under recovery – Point of Delivery Total					(1,985)	(2,572)	587

5.3 Pay Expenditure

The table below presents the level of Pay spending over the past eighteen months. As can be seen in the period up to the end of November the 3 month moving average monthly pay spend operated within a range £16.7 to £16.8 million. Over the period December – March average monthly spend increased from £16.8 to £17.1 million. At the end of May average Pay spend increased still further to £17.4 million. Since May monthly spending has reduced marginally to an average of £17.3 million.

	In month £000's	3 month moving average Pay spend £000's	Spending Range £000's
April	17,033		
May	16,869		
June	16,567	16,823	
July	16,898	16,778	
August	16,742	16,736	
Sept	16,561	16,734	
October	17,020	16,774	
November	16,766	16,782	16.7 – 16.8
December	16,952	16,912	
January	17,229	16,982	
February	16,992	17,057	
March	17,298	17,173	17.0 – 17.2
April	17,591	17,294	
May	17,430	17,440	17.3 -17.4
June	17,194	17,405	
July	17,388	17,337	
August	17,297	17,293	
September	17,215	17,300	

- Pay spending over the past three months has exceeded the levels as contained within the financial recovery plan by £1.52 million.
- The cumulative level of overspend in Pay Budgets at the end of September amounted to £2.57 million.
- In order for the Trust to successfully achieve a balanced financial position by the year end, Pay spending has to reduce to an average of £16.5 million per month over the period September 2013 – March 2014.
- A revised forecast outturn has been produced which suggests a deficit for the year of £10.2 million, contained within this forecast is an assumption of average monthly pay spending over the period October to March of £17.67 million.
- The application of corrective actions reduces the deficit for the year to £5.7 million, to do so requires the average pay spending over the period October to March to amount to £17.3 million.
- At the end of September, the net level of over establishment after allowing for vacancies amounted to 112.99 WTE.
- The over established posts are located predominantly across nursing budgets. At the end of September the level of over establishment within Nursing amounted to 122.42 WTE posts. (In August the number amounted to 122. 81 WTE posts).
- The over establishment across Nursing has been attributed to the application of the EPS (Enhanced Patient Support) policy and excessive levels of Nursing sickness.
- Examination of EPS usage has shown a progressive increase. In particular in the period April – September 2012 the average monthly level of EPS usage amounted to 22.6 WTE this has grown to 41.1 WTE in the same period in the 2013/14 year. Doing so has increased costs by £46,000 per month.
- A comparison of ward sickness levels as compared with a budget set assuming sickness at an average of 4 per cent, suggests that 26.5 WTE posts have needed to be employed on average per month to accommodate excessive sickness.
- The overall level of Agency spending has reduced to £870,000, the lowest level in the year, conversely however in the same month nursing agency grew to £489,000, the highest level recorded in the year.
- Significantly Nurse Agency spending in the month of September was £304,000 greater than in the same period in the 2012/13 financial year.

5.4 Non Pay

- Over the period April – September the Trust overspent in respect of non pay budgets by £179,000.
- Using the three month average spending to establish the underlying rate of Non Pay spending indicates that the Trust has spent within a range of £7.1 to £7.3 million per month over the last twelve months.
- To achieve a forecast outturn deficit of £5.7 million (the outturn based upon the application of corrective actions) non pay spending over the period October to March is required to be contained within a level amounting to £7.556 million. The Trust is presently spending at a rate of £7.16 million.

5.5 Cost Improvement Programme

The Trust commenced the 2013/14 with the challenge of delivering a cost Improvement Programme that required the achievement of in year savings amounting to £11.875 million and Full year (recurrent) savings amounting to £15.875 million.

Based upon spending practices exhibited within the opening two months of the year, the contents of the Cost Improvement Programme was substantially modified in recognition that:

- Elements of the original Cost Improvement Programme were no longer deliverable; and
- The consequence of increased pay spending in the opening two months of the year now meant that if the Trust were to successfully achieve the target placed by the National Trust Development Authority of achieving financial balance in the 2013/14 year then the level of savings to be achieved in year would need to increase.

The table below provides an estimation of the level of savings to be achieved in the 2013/14 year in respect of the revised programme.

	<i>Original Plan Annual Savings Target £000s</i>	<i>Revised Plan £000s</i>	<i>Estimated savings in the 2013/14 year £000s</i>	<i>RAG Rating</i>	<i>Status of Scheme</i>
Original CIP Schemes					
Staff Turnover , Nurse Cover and Centre Pay	4,215	4,268	1,913	RED	PID Constructed. To achieve savings requires actions to be effected to reduce over established posts. At month 4 over established posts have increased because of additional EPS Usage, staffing levels as a consequence of reconfiguration have increased.
Pay Cost Reduction	2,000	1,523	386.	RED	PID Constructed. Actions to reduce Headcount and Effect reductions in Overtime, Unsocial hours and On Call payments presented within revised 2013/14 Financial plan. Since constructing revised plan, option to reduce costs through redundancy now discounted. No active process being followed within the Trust to reduce head count.
Nuffield and WLI	1,100	1,100	1,100	AMBER	RTT Demand and Capacity models finalised however delays in the delivery of RTT in respect of Urology, Orthodontics, MSK and Ophthalmology led to decisions to outsource activity – introducing new costs
Corporate Services	1,150	1,150	1,150	GREEN	PID Constructed – detailed action plans in place. Savings plans

	<i>Original Plan Annual Savings Target £000s</i>	<i>Revised Plan £000s</i>	<i>Estimated savings in the 2013/14 year £000s</i>	<i>RAG Rating</i>	<i>Status of Scheme</i>
					being delivered in full.
Pathology Reconfiguration	300	204	-	RED	PID Constructed – Action plan to achieve the Pathology reconfiguration not constructed – Concerns exist over delays arising from staff consultation.
Pharmacy – Gain Share	200	145	214	GREEN	Savings being delivered.
Staff Flow Scheme	400	400	400	GREEN	PID Constructed – Targeted level of usage of Staff Flow Scheme being achieved.
Bed Reconfiguration	750			RED	PID not constructed – Not capable of achievement
Centre Schemes – Pay	915			RED	Centre schemes – Not capable of achievement
Centre Schemes – Non Pay	760	760	760	GREEN	Centre schemes delivered in period to date
Procurement	1,000	1,000	1,000	GREEN	PID Constructed – detailed description of savings opportunities being taken forward with Centres and Departments across the Trust
Total of Original CIP	12,875	11,551	6,923		
New CIP Schemes					
Additional Procurement		500	500	GREEN	PID Constructed – detailed description of savings opportunities being taken forward with Centres and Departments across the Trust
Surplus from RTT Recovery		500	500	AMBER	Achievement dependant upon RTT recovery plan being delivered in the financial year.
Danwood Printing		100	100	GREEN	PID Constructed – detailed description of savings opportunities being taken forward with Centres and Departments across the Trust
Balance Sheet review		1,655	1,655	GREEN	Balance sheet review completed.
Non Pay Inflation reserve		3,100	3,850	GREEN	Inflation review completed as part of the reconstruction of the 2013/14 financial plan.
Medical Spending review		1,020	216	RED	Review of Medical Spending commenced through Medical Director. Spending in respect of consultant staff has reduced by 15% target to achieve a 25% reduction. No reductions achieved within Medical staff (Target 25% reduction).
Income gains through Best Practice Tariffs		400	0	RED	Best Practice Tariff opportunities identified, however limited progress from within Care Groups.
Total	12,875	17,826	13,744		

As can be seen, the Trust is expecting to under achieve against the revised plan by £4.082 million. In doing so the Trust will however deliver savings in year of £13.744 million equivalent to 4.5% of Trust turnover.

5.6 Capital Programme

The position in respect of the Capital programme is presented in the table below.

Scheme	2013/14 Capital Budget	2013/14 Spend to date	Forecast Outturn	Variance (under)/ over spend
	£000's	£000's	£000's	£000's
Reconfiguration	20,630	5,636	20,630	0
Patient Monitoring equipment	250	123	250	0
LINAC Installation works	69	0	69	0
Enabling work to implement Gender Separation	332	0	332	0
Path lab Reconfiguration	400	0	400	0
Solution re non-closure of beds to enable Recon	300	0	300	0
Other Capital Schemes	2,731	784	2,713	0
Capital contingencies	2,568	545	2,586	0
Capital Schemes Review/Reallocation	1,800	0	1,800	0
Total Discretionary Capital Schemes	8,450	1,452	8,450	0
Total including reconfiguration	29,080	7,088	29,080	0

The CRL for 2013/14 remains at:

- £8.450m Internally Generated CRL
- £20.630m PDC Future Configuration of Hospital Services
- **£29.080m CRL**

The Shrewsbury and Telford Hospital NHS Trust	Actual	Actual	Actual	Actual	Actual	Actual	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
Cashflow	April	May	June	July	August	September	October	November	December	January	February	March
	£00's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Capital	(207)	(260)	(219)	(590)	(248)	(309)	(540)	(500)	(500)	(800)	(1,000)	(3,276)
Total Capital	(207)	(260)	(219)	(590)	(248)	(309)	(540)	(500)	(500)	(800)	(1,000)	(3,276)
BS Changes - Capital	0	(2,129)	0	0	0	0	0	0	0	0	0	0
BS Movements - Capital	0	0	0	0	0	0	0	0	0	0	0	0
Total Capital Cashflow	(207)	(2,389)	(219)	(590)	(248)	(309)	(540)	(500)	(500)	(800)	(1,000)	(3,276)
Temporary Borrowing Limit (Temp PDC)	0	0	0	0	3,000	0	0	0	0	0	0	(3,000)
Donated Assets												
Donated Assets Income	73	37	32	34	2	0	255	73	73	173	174	73
Donated Assets Expenditure	(93)	(1)	0	(257)	(200)	(5)	(64)	(64)	(64)	(123)	(64)	(64)
Total Donated Assets Cashflow	(20)	36	32	(223)	(199)	(5)	191	9	9	50	110	9
FCHS												
PDC Drawdown re FCHS	0	1,280	0	2,480	1,141	1,217	2,240	2,137	2,557	2,355	2,348	2,875
Capital re FCHS	(491)	(1,100)	(1,223)	(1,273)	(831)	(1,238)	(2,585)	(2,137)	(2,557)	(2,355)	(2,348)	(2,875)
Total FCHS Cashflow	(491)	180	(1,223)	1,207	310	(21)	(345)	0	0	0	0	0
Total Cashflow	2,639	(2,383)	(1,341)	2,263	2,115	(3,153)	1,122	(3,162)	(1,972)	367	(2,300)	(5,901)
Balance Cfwd	4,741	2,357	1,016	3,279	5,394	2,241	3,363	201	(1,771)	(1,404)	(3,704)	(9,604)

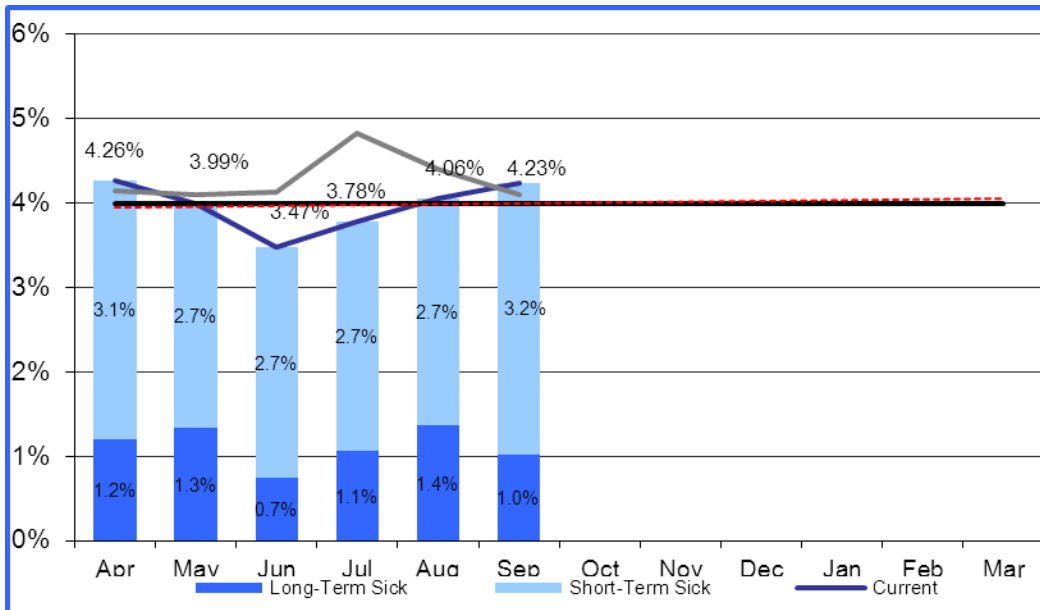
5.7 Cash Flow

Key observations from the September cash flow statement are as follows:

- A cash balance of £2,339k was held on the Balance Sheet at the end of September. This balance includes £3,000k Temporary Borrowing.
- Also included in this is an overpayment of income received from NHS Commissioning Board in respect of Specialised Services which will be recovered.
- PDC Receipts – It is anticipated that PDC will be drawn down in line with expenditure on the Future Configuration of Hospital Services.
- Cash movement – Following resubmission of Plan, the Trust is required to maintain a cash balance at year end of £2,200k. The current forecast shows an overdrawn balance of £9,604k based upon end of year I & E deficit of £10.2 million. The deterioration in cash balance is explained as follows:
 - £10.2 million I & E deficit
 - £1.7 million non-cash backed I & E improvement
 - (£0.1) million gain from previous financial year
- The end of year cash position assumes the receipt of cash from the two local CCGs at a level consistent with the income position for the year.
- The Trust is working with the NTDA to access a permanent funding solution. This cash funding is being available to the Trust pending the agreement of a longer term solution for the Trust's liquidity position.

6. WORKFORCE

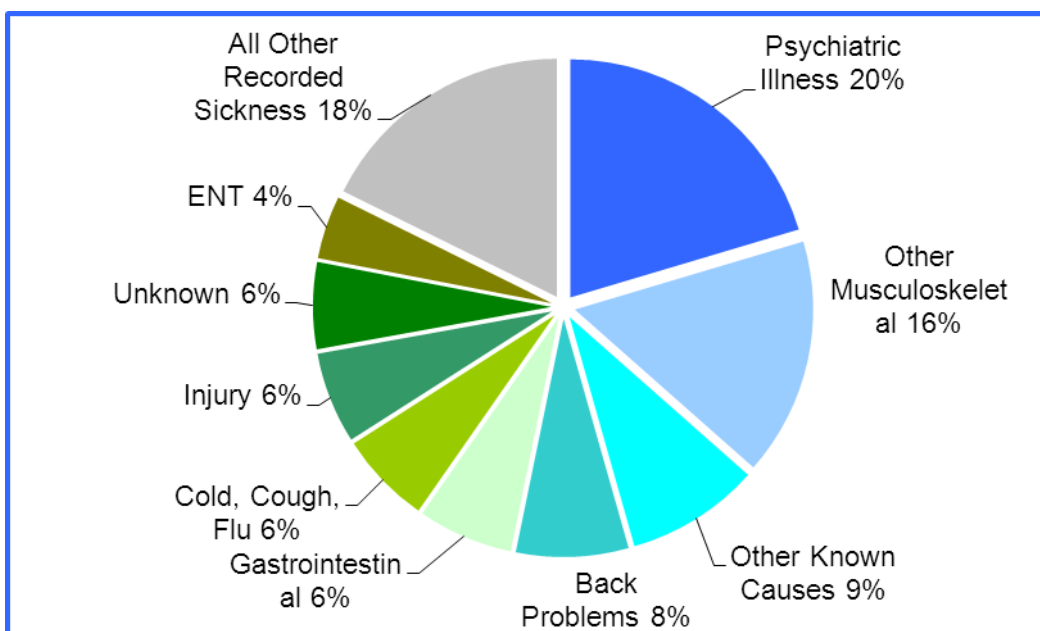
6.1 Sickness Absence



Sickness absence continues to show an upward trend at 4.23% in September, with the increase due to short-term absence which saw an increase from 2.7% in August to 3.21% in September. Long-term absence fell to 1.0% in September compared to 1.4% in August. In total, 5,830 days were lost to sickness absence in September (70 more than in August) which equates to 194fte, the direct cost of which (ie payment made to staff not attending work), reaches almost £400k. As described last month HR support is being focused to ward areas to support managers in addressing absence.

Year to date absence is 3.98%.

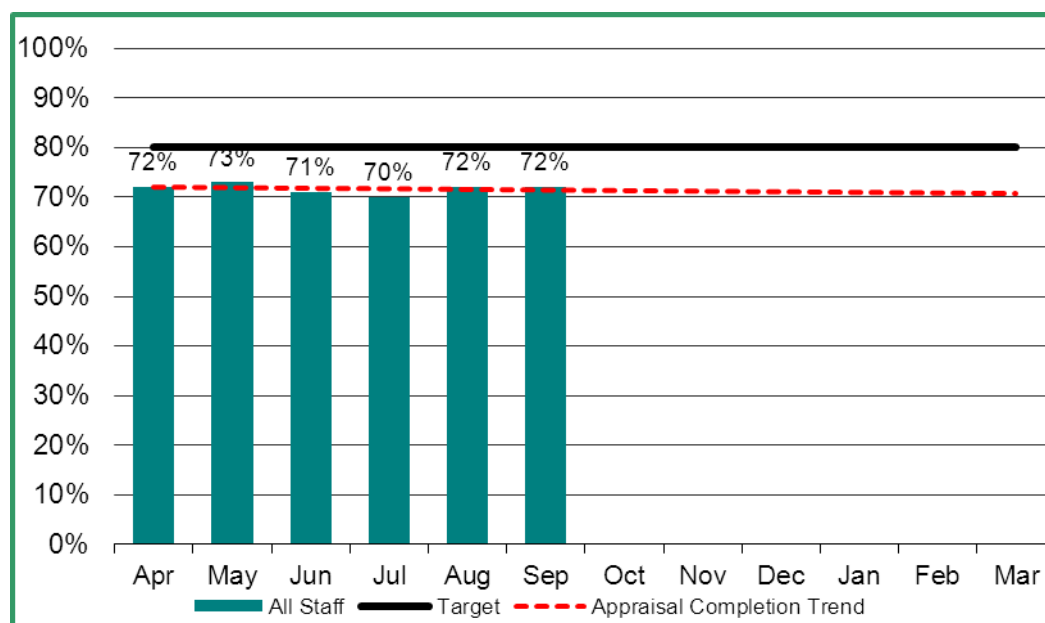
Reasons for Sickness Absence



The main reason for absence continues to be mental health related illness which has shown a month on month rise from 14% in April to 20% in September. In September a total of 1,424 days were lost to this cause of absence across the Trust, equating to a direct cost of £79,040. The second highest cause of absence in September was musculoskeletal and back related injury which totalled 1,643 days at a direct cost of £88,913. Work is being finalised to address the main reasons for absence this will be shared in detail with the Workforce Committee.

Appraisals

Appraisal rates for all staff remained static at 72% with rates for medical staff falling by 4% to 52%. This is an area being closely monitored given the instruction issued by the Medical Director to all consultants to ensure 100% of appraisals are completed by April next year.



7. DECLARATION AGAINST PROVIDER MANAGEMENT REVIEW FRAMEWORK

7.1 Quality, Safety and National Targets

The Trust is no longer required to complete the SOM PMR as the NTDA self certification process detailed in section 7.3 has replaced this.

7.2 Financial Performance

The Trust is no longer required to complete the SOM PMR as the NTDA self certification process detailed in section 7.3 has replaced this.

7.3 Monthly self-certifications – NTDA requirement

The NTDA introduced a mandatory requirement for monthly self certifications in relation to the FT application process. The Trust has submitted self certification templates since May relating to:

- 1 Monitor Licensing Requirements – covering Monitor licence requirements. A summary of the submission is included at Appendix 1.
- 2 Trust Board Statements – covering a number of Board statements. A summary of the submission is included at Appendix 2.

For each statement, the Trust has to declare 'Yes' (compliant), or 'No' (not compliant) or 'Risk' (of non-compliance). For areas of non-compliance, or risk of non-compliance a short commentary is required along with a timescale for completion of actions. The timescale for submission each month is around the middle of the month. A third form relating to Progress Towards FT Status is in development by the NTDA and will be issued later in the year.

Appendix 1 Summary of each relevant licence condition

General Conditions & Trust response

G4: Fit and proper persons - YES

This condition requires that licensees do not allow unfit persons to become or continue as governors or directors. 'Unfit persons' are: undischarged bankrupts, individuals who have served a prison sentence of three months or longer during the previous five years, and disqualified directors. A company may also be an unfit person.

G5: Having regard to Monitor guidance - YES

The Licensee shall at all times have regard to guidance issued by Monitor and where the Licensee decides not to follow the guidance it shall inform Monitor of the reasons for that decision.

G7: Registration with the Care Quality Commission - YES

This condition reflects the obligation in the Act for licensees to be registered with the CQC. This condition allows Monitor to withdraw the licence from providers whose CQC registration is cancelled and who therefore cannot continue to lawfully provide services.

G8: Patient eligibility and selection criteria – N/A:

This condition requires licensees to set and publish transparent patient eligibility and selection criteria and to apply these in a transparent manner. This includes criteria for determining patient eligibility for particular services, for accepting or rejecting referrals, or determining the manner in which services are provided to that person.

Pricing Conditions & Trust response

P1: Recording of information - YES

Under this licence condition, Monitor may require licensees to record information, particularly information on their costs, in line with approved guidance. [Monitor] recently published a draft of this guidance for the collection of 2012/13 costs. The licence condition is worded in a way that any cost and other information that may be required can be collected from both licensees and their sub-contractors.

P2: Provision of information - YES

Having recorded the information in line with Pricing Condition 1 above, Monitor can then require licensees to submit this information.

P3: Assurance report on submissions to Monitor - YES

Monitor may require licensees to submit an assurance report confirming the accuracy of the information they have provided.

P4: Compliance with the National Tariff - YES

The Health and Social Care Act 2012 requires commissioners to pay prices corresponding to those in the National Tariff and, where prices aren't specified, to pay prices in line with the rules contained in the National Tariff. This licence condition imposes a similar obligation on licensees, that is, the obligation to charge for NHS health care services in line with the National Tariff.

P5: Constructive engagement concerning local tariff modifications - YES

[Monitor] will seek to make prices more reflective of the efficient cost of providing a service, but even so, in some circumstances it may be uneconomic for a provider to offer a particular service without additional funding over and above that allowed for in the National Tariff. For this purpose, the Act allows for local modifications, or adjustments, to prices.

Choice and Competition & Trust response

C1: Patient choice - YES

This condition:

- requires licensees to notify their patients when they have a choice of provider, and to tell them where they can find information about the choices they have. This must be done in a way that is not misleading;
- requires that information and advice that licensees provide to patients about their choice of provider does not unfairly favour one provider over another and is presented in a manner that helps patients to make well-informed choices; and
- prohibits licensees from offering gifts and benefits in kind for patient referrals or for the commissioning of services.

C2: Competition oversight - YES

This condition prohibits the licensee from entering into or maintaining agreements that have the object or effect of preventing, restricting or distorting competition to the extent that it is against the interests of health care users.

Integrated Care Condition & Trust response

IC1: Provision of integrated care - YES

In most cases, [Monitor] would expect integrated care to be delivered locally by commissioners specifying their requirements and working with providers. The requirement for care to be delivered in an integrated way would be captured in contracts... [Monitor's] policies in areas such as pricing would act as our main tools for enabling integrated care. The purpose of this licence condition is to enable Monitor to step in where integrated care is not being delivered, in spite of decisions and efforts made by commissioners.

Appendix 2 Self-Certification Board Statements

1 CLINICAL QUALITY – YES

The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the TDA's oversight model (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.

2 CLINICAL QUALITY – YES

The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.

3 CLINICAL QUALITY – YES

The board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.

4 FINANCE – YES

The board is satisfied that the trust shall at all times remain a going concern, as defined by the most up to date accounting standards in force from time to time.

5 GOVERNANCE – NO.

- The Trust has reported a Financial Risk Rating of 2 for the month of September.
- Admitted RTT in September was 75.54% against the target of 90%.
- RTT Open Clocks under 18 Weeks was 89.94% in September against the target of 92%
- Trajectories are currently being agreed with the IST, NTDA and Commissioners to deliver the relevant RTT targets at a speciality level.
- Cancer under-achieved against the 31 day subsequent treatment (Radiotherapy) in September.
- VTE compliance in August was 95.04% against the target of 95%.
- A&E under 4 Hour Waits were 94.39% against the 95% target
- C-Diff and MRSA both achieved against their in month profiles
- Action plans are in place to recover all the above targets.

The board will ensure that the trust remains at all times compliant with the NTDA accountability framework and shows regard to the NHS Constitution at all times.

6 GOVERNANCE – YES

All current key risks to compliance with the NTDA's Accountability Framework have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues in a timely manner.

7 GOVERNANCE – YES

The board has considered all likely future risks to compliance with the NTDA Accountability Framework and has reviewed appropriate evidence regarding the level of severity, likelihood of a breach occurring and the plans for mitigation of these risks to ensure continued compliance.

8 GOVERNANCE – YES

The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual operating plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.

9 GOVERNANCE – YES

An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (www.hm-treasury.gov.uk).

10 GOVERNANCE – YES

The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets as set out in the NTDA oversight model; and a commitment to comply with all known targets going forward.

11 GOVERNANCE – YES

The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.

12 GOVERNANCE – YES

The board will ensure that the trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; and that all board positions are filled, or plans are in place to fill any vacancies.

13 GOVERNANCE – YES

The board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.

14 GOVERNANCE – YES

The board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual operating plan; and the management structure in place is adequate to deliver the annual operating plan.