

Reporting to:	Trust Board Meeting - 26th September 2013
Title	Integrated Performance Report - August 2013
Sponsoring Director	Peter Herring - Chief Executive
Author(s)	Peter Herring
Previously considered by	Not applicable
Executive Summary	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.
Strategic Priorities <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	Operational Objectives QS1 - Reduce avoidable deaths QS2 - Improve the nutritional status of patients and hydration and fluid management QS3 - Enhance communication and information for all patients and their carers QS4 - Eradicate all avoidable grade 3 and 4 pressure ulcers QS5 - Reduce the number of RIDDOR reportable falls HS3 Deliver all key performance targets PI1 - Implement a Staff Engagement Framework that improves employment experience and reduces absence to less than 4% FS1 - Deliver our milestones to achieve NHS Foundation Trust status FS3 - Deliver a financial surplus of £1.2m FS4 - Deliver the Trust 5% implied efficiency target and support delivery of joint QIPP
Board Assurance Framework (BAF) Risks	<input checked="" type="checkbox"/> Deliver Safe Care or patients may suffer avoidable harm and poor clinical outcomes and experience <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

<p>Care Quality Commission (CQC) Domains</p> <p><input checked="" type="checkbox"/> Safe</p> <p><input type="checkbox"/> Effective</p> <p><input checked="" type="checkbox"/> Caring</p> <p><input checked="" type="checkbox"/> Responsive</p> <p><input checked="" type="checkbox"/> Well led</p>	<p>Outcomes</p> <p>SAFE 8: Cleanliness and infection control - People should be cared for in a clean environment and protected from the risk of infection.</p> <p>CARING 4: Care and welfare of people who use services - People should get safe and appropriate care that meets their needs and supports their rights.</p> <p>RESPONSIVE 5: Meeting nutritional needs - Food and drink should meet people's individual dietary needs.</p> <p>WELL- LED 16: Assessing and monitoring the quality of service provision - The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care.</p> <p>14: Supporting workers - Staff should be properly trained and supervised, and have the chance to develop and improve their skills.</p>
<p><input checked="" type="checkbox"/> Receive <input checked="" type="checkbox"/> Review</p> <p><input type="checkbox"/> Note <input checked="" type="checkbox"/> Approve</p>	<p>Recommendation</p> <p>The Trust board is asked to REVIEW performance for August 2013 and APPROVE the self certification submissions.</p>

INTEGRATED PERFORMANCE REPORT – AUGUST 2013/14

1. OVERVIEW OF PERFORMANCE

1.1 This Integrated Performance report provides an overview of the key quality, operational, financial and workforce performance indicators in order that the Board can review any variances to performance delivery. This will enable the Board to gain assurance that actions for improvement are being pursued to improve patient outcomes and Trust performance. For information where possible both July and August performance data has been provided where validated.

2. REGULATORY REQUIREMENTS

2.1 The Care Quality Commission provides a regulatory overview of all the required outcome measures for which we are registered. The Trust liaises regularly with CQC to ensure they are updated on any care related issues of concern. The Trust currently has a medium concern placed on PRH following an Inspection in April with a report published in June 2013. The Board will receive an updated position paper at the September 2013 meeting.

3. QUALITY: PATIENT SAFETY, EFFECTIVENESS AND PATIENT EXPERIENCE

3.1.1 The report provides high level metrics and gives members an overview of patient safety, clinical effectiveness and patient experience. The report also contains key information relating to clinical care metrics where performance is not meeting the required standard of good practice.

Table 1

Measure		Standard 2013/14	April 2013	May	June	July	Aug
	Risk Adjusted Mortality Index (RAMI)	<100	Jan 13 Sath = 98 NP = 94	*Feb 13 Sath = 102 NP = 95	Mar 13 Sath = 104 NP = 103	June 13 Sath = 79 Peer Group = 95	Data not available
	RIDDOR reportable Falls (20% reduction)	< 15	4	1	1	3	4
	Grade 3 avoidable Pressure Ulcer	0	1	0	1	2	3
	Unavoidable grade 3 pressure ulcers		2	0	2	2	3
	Grade 4 Pressure Ulcer	0	0	0	0	0	0
	C-Diff	27	1	2	2	2	6
	MRSA Bacteraemias	0	0	0	0	1	0
	MSSA Bacteraemia	21	3	5	3	0	3
	E-Coli	40	5	3	10	3	0
	Elective MRSA Screening	95%	93.7%	93.9%	94.88%	95.8%	95.9%
	Non Elective MRSA Screening	95%	94%	94.3%	95.84%	95.8%	95.8%

	Number of Serious Incidents	<36 per Quarter	31	8	12	12	12
	Never Events	0	0	0	0	0	0
	WHO Surgical Checklist	100%	100%	100%	100%	100%	100%
	VTE Assessment	95%	90.10%	89.3%	90.56%	95.05%	95.04
	Maternity Dashboard	Green	Amber	Amber	Green	Green	Red (smoking cessation)
Patient experience	Number of patient complaints	actual	55	56	44	29	Data not available
	Access to Healthcare for people with LD	Yes	Yes	Yes	Yes	Yes	Yes
	Same Sex Accommodation Breaches	0	0	0	4 – Corrected to 0 in July	0	0
	Friends & Family Test	75	75	82	81	78	74

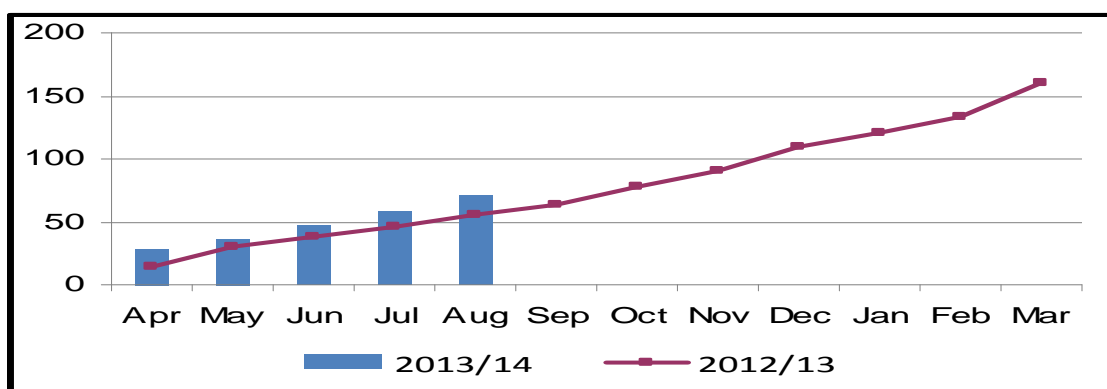
A summary of patient outcome measures agreed for the Board are outlined in Table 1 above. Additional patient specific metrics are outlined in Table 5 and 6 of this paper. These metrics provide the patient experience and outcomes chosen to monitor the impact of care provided for the patient. The key summary points for the Board's attention are as follows:

Patient Safety and Effectiveness

3.2 Serious Untoward Incidents

The number of Serious Incidents reported has remained the same as July 2013 with a total of 12 SIs reported for August. All SIs are subject to an RCA and an action plan developed, which is reviewed through the appropriate Centre Governance structure. There is 1 SI that is out of the 45 working day deadline for completion which is a decrease from the 3 overdue in July 2013. The progress of each RCA is closely monitored and escalated when they reach the Trust's 30 working day internal deadline. The reduction of outstanding SIs has been commended by commissioners for improved performance. Table 2 below shows a cumulative position for SIs compared to 2012/13.

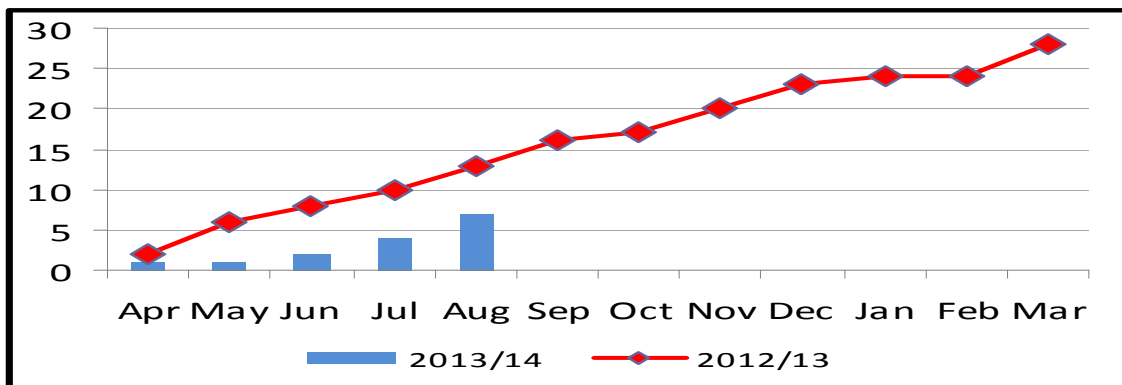
Table 2



3.3 Pressure Ulcers (PUs)

There have been 7 avoidable pressure ulcers reported since April 2013 (all grade 3). This is a 50% decrease and improved performance compared to the same reporting period last year when a total of 13 avoidable pressure ulcers had been reported. There have been no avoidable grade 4 pressure ulcers reported as yet this financial year. Table 3 below shows a cumulative position for PUs compared to 2012/13.

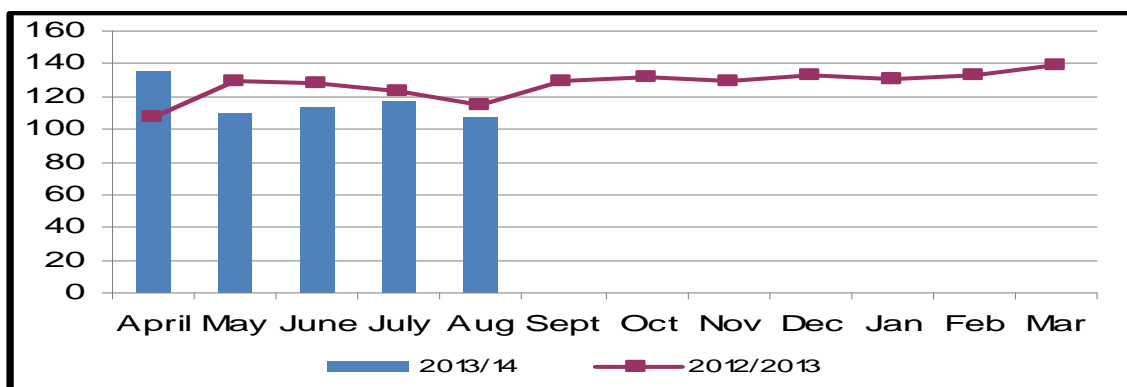
Table 3



3.4 Falls

There was a decrease in the number of falls reported from July to August 2013, and overall there is a decrease in reported falls for the first five months of 2013/14 compared to 2012/13. For 2012/13 a total of 604 falls had been reported, for the same period. 584 falls have been reported so far in 2013/14. The measurement of falls per/1000 bed days is being compiled and benchmarked against national figures and will be presented in October. This information is presented to the Falls Prevention Group. To date the Trust is below the national average for reported in-hospital falls. There were 4 RIDDOR/SI reportable falls reported in the month of August 2013. Table 4 below shows monthly position for falls compared to 2012/13.

Table 4



3.5 Infection Control

3.5.1 MRSA - There was 1 case of MRSA bacteraemia in July 2013. This was the first case for 495 days. The bacteraemia was not a contaminant and the source was a chest drain. The ward manager is completing an action plan to ensure lessons are identified and shared.

3.5.2 CDIFF – There were 2 cases of CDIFF in July and 6 in August which means we are now above trajectory target. The Internal action plan to drive the C-Difficile numbers down is being actively managed to return performance to within trajectory.

3.6 WHO safer surgical check list

Performance remains at 100% and the Board is asked to note that it has been agreed that the audits will move to bi-monthly. The focus in 13/14 will be to sustain the 100% in the check list in Theatres and also drive practice for the WHO safer procedures check list.

3.7 Same Sex Accommodation Breaches (SSA)

There were no SSA breaches during July and August 2013.

3.8 Mortality - Risk Adjusted Mortality Indicator (RAMI)

The actual in month RAMI for SaTH for June is 79 against a National Peer Group of all Acute Trusts in England is 95. This is an improvement on the previous 6 months when we were consistently above the National Peer Group.

3.9 VTE

The rate of reported VTE assessments across the Trust for July and August 2013 is **95.01% and 95.04%** which meets the 95% national target.

3.10 Friends & Family Test

The trust overall Net Promote score for August was 74, base on 730 responses. This is a reduction from July (78). The overall Trust rating for August is 4.7 out of a total scoring of 5.

3.11 External Feedback and Assurance

There have been no external feedback or assurance visits in July and August 2013.

3.12 Wards subject to a Quality Improvement Framework

Three wards are currently subject to a Quality Improvement Framework: ward 10, 12 and 22T/O. 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. Following sustained improvement the Chief Nurse is looking to review 2 of the wards (12 & 22O) during September 2013 with a plan to remove them from the formal framework.

3.13 Coroners Inquests and Rule 43

There have been 2 coroner's inquests undertaken during August, concluded as accidental deaths. There have been no Rule 43 reports in August 2013.

WARD TO BOARD PATIENT CARE METRICS AUGUST 2012 – AUGUST 2013

Table 5

	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013
Medication Storage and Administration	↑ 97%	↓ 96%	↑ 97%	↑ 99%	↓ 98%	■ 98%	↓ 95%	↑ 97%	■ 97%	↑ 98%	↓ 97%	↑ 98%	↓ 97%
Infection Control and Privacy & Dignity	↑ 94%	↓ 93%	■ 93%	↑ 96%	↓ 95%	↓ 94%	↑ 95%	↑ 96%	↑ 98%	■ 98%	■ 98%	↓ 95%	↑ 96%
Patient Observations	↑ 86%	↑ 90%	↓ 86%	↑ 95%	↓ 90%	↓ 89%	■ 89%	↓ 86%	↓ 84%	↑ 91%	↓ 87%	↓ 86%	↓ 85%
Pain Management	↑ 92%	↓ 88%	↑ 90%	↑ 93%	↓ 92%	↑ 93%	■ 93%	■ 93%	↓ 91%	↑ 95%	↓ 94%	↓ 93%	↑ 94%
Tissue Viability	↑ 91%	■ 91%	↑ 94%	↑ 95%	↑ 96%	↓ 93%	↓ 92%	■ 92%	↑ 93%	↑ 94%	↑ 95%	↓ 90%	↑ 94%
Nutrition	↑ 90%	↑ 95%	↓ 94%	↑ 95%	↓ 92%	↓ 91%	■ 91%	↓ 85%	↑ 89%	↑ 95%	↓ 91%	↓ 90%	↑ 93%
Fluid Management	↑ 80%	↑ 90%	↑ 93%	↓ 90%	↓ 85%	↑ 87%	↓ 83%	↑ 85%	↑ 86%	↑ 89%	↓ 88%	↓ 80%	↑ 85%
Falls assessment	↑ 98%	↓ 96%	↑ 98%	↑ 99%	↓ 98%	↓ 97%	↓ 95%	↓ 94%	■ 94%	■ 94%	↑ 95%	↓ 92%	↑ 95%
Continence	↑ 93%	↑ 97%	■ 97%	↑ 98%	↓ 95%	↑ 96%	■ 96%	■ 96%	↑ 97%	↑ 98%	↓ 96%	↓ 92%	↓ 90%
Comfort Rounds	↑ 92%	↓ 90%	↑ 94%	↓ 93%	■ 93%	↓ 90%	■ 90%	↑ 94%	■ 94%	■ 94%	↓ 92%	↓ 89%	↑ 94%
Discharge										↑ 81%	↓ 80%	↓ 70%	↑ 74%
Total	↑ 92%	■ 92%	↑ 94%	↑ 95%	↓ 94%	↓ 93%	↓ 92%	■ 92%	↑ 93%	↑ 94%	↓ 93%	↓ 90%	↑ 92%

- Overall patient care metrics show consistency over the year with an average monthly score of 92.5%. **It must be noted however, that there is variability of data quality based on the thoroughness of inputting.** Work has been undertaken to improve data quality and consistency with a revised quality dashboard and ward to board metrics being introduced in September 2013.
- There have been improvements in performance in nutrition, IPC, privacy & dignity, Nutrition, Tissue Viability, fluid management, falls assessment, comfort rounds and discharge since July 2013. However, there remains a need to focus for wards this month to improve timeliness and accuracy of observations with particular attention to the management of continence.

Table 6

	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013
How clean is this ward (including toilets)?	↑ 96%	■ 96%	■ 96%	↑ 97%	■ 97%	■ 97%	↑ 98%	↓ 95%	↑ 96%	■ 96%	↑ 97%	■ 97%	↓ 96%
As far as you know do the staff wash or clean their hands between touching patients?	↑ 96%	■ 96%	■ 96%	↑ 97%	↓ 96%	■ 96%	↑ 98%	↓ 97%	■ 97%	↓ 96%	↑ 97%	↓ 96%	↓ 95%
Do you feel informed about potential medication side effects?	↑ 72%	↓ 64%	↑ 72%	↑ 83%	↓ 76%	↑ 86%	↓ 82%	↓ 75%	↓ 72%	↑ 77%	↑ 85%	↓ 80%	↓ 79%
Do you feel you have enough privacy when discussing your condition or treatment with staff?	↑ 86%	↓ 85%	↑ 86%	↑ 91%	■ 91%	↓ 87%	↑ 93%	↓ 86%	↓ 84%	↑ 88%	↑ 93%	↓ 92%	↓ 91%
Do you feel that you have been treated with respect and dignity while you are on this ward?	↑ 95%	↓ 94%	↑ 95%	↑ 96%	↑ 97%	↓ 95%	↑ 97%	■ 97%	↓ 94%	↑ 98%	↓ 95%	↑ 99%	↓ 98%
Do you feel involved in decisions about your treatment and care?	↑ 77%	↑ 79%	↑ 84%	↑ 89%	↓ 86%	↑ 87%	↑ 89%	↓ 84%	↓ 81%	↑ 87%	↓ 86%	↑ 87%	↓ 81%
Have hospital staff been available to talk about any worries or concerns you have?	↑ 86%	↑ 91%	↑ 93%	■ 93%	↓ 90%	↓ 89%	↑ 92%	↓ 87%	↑ 89%	↑ 92%	↓ 91%	↑ 96%	↓ 88%
Do you get enough help from staff to eat your meals?	↑ 90%	↑ 95%	↑ 98%	↓ 95%	↓ 92%	↓ 85%	↑ 99%	↓ 92%	↑ 97%	↓ 96%	↑ 97%	↓ 96%	■ 96%
Whilst you have been on this ward have you ever shared a sleeping area with a member of the opposite sex?	↑ 99%	↓ 97%	■ 97%	↑ 98%	↑ 99%	↓ 97%	↑ 100%	↓ 98%	↓ 96%	↑ 100%	■ 100%	↓ 98%	↑ 100%
Do you think hospital staff do everything they can to help control your pain?	↑ 89%	↓ 87%	↑ 93%	↑ 95%	↓ 92%	↓ 90%	↑ 96%	↓ 91%	■ 91%	↑ 95%	↓ 93%	■ 93%	↑ 94%
When you use the call buzzer is it answered?	↑ 90%	■ 90%	↓ 87%	↑ 91%	↓ 90%	↓ 89%	↑ 91%	↓ 90%	■ 90%	↑ 91%	↑ 95%	↓ 93%	↑ 94%
Have staff talked to you about your discharge from hospital?	↑ 68%	■ 68%	↓ 64%	↑ 71%	↑ 72%	↑ 75%	↓ 73%	↓ 69%	↓ 68%	↑ 69%	↓ 67%	↓ 63%	■ 63%
Total	↑ 87%	↓ 86%	↑ 88%	↑ 91%	↓ 90%	■ 90%	↑ 92%	↓ 88%	↓ 87%	↑ 90%	↑ 91%	■ 91%	↓ 89%

- The overall trend for ward to board patient experience shows a decrease in performance of 2% since July, with a decreasing trend for a number of metrics. Improvements are shown in pain management and timeliness of answering of call bells. **It must be noted however, that there is variability of data quality based on the thoroughness of inputting.** Work has been undertaken to improve data quality and consistency with a revised quality dashboard and ward to board metrics being introduced in September 2013.

4. OPERATIONAL PERFORMANCE

Month 5 - 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%											93.69%			
	A&E 12 Hour Trolley Waits	Full Year	16	0	16	0	0	16	0	0											16			
	Ambulance Handovers not completed within 30 Minutes (SaTH Validated View)	Full Year		100%	105	22	39	166	9	20											195			
	Ambulance Handovers not completed within 60 Minutes (SaTH Validated View)	Full Year		100%	27	0	0	27	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%														
	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%														
	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%														
	18 Week RTT > 52 Weeks - English Responsible Only	Mar-13	0	0	1	3	1	5	5	6											16			
	% 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%												0.80%		
	% 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%												83.17%		
	Cancelled 28 Day Readmission Breaches	Full Year	100	0	3	1	0	4	0	1														
Number of Urgent operations cancelled more than once			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%											93.99%			
	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%												93.63%		
	31 day diagnosis to treatment	Full Year	97.50%	96%	95.27%	98.95%	98.77%	97.63%	96.10%	98.43%												97.55%		
	31 day second or subsequent treatment - Drug	Full Year	99.02%	98%	97.26%	98.59%	100.00%	98.26%	97.33%	98.10%													97.78%	
	31 day second or subsequent treatment - Surgery	Full Year	94.79%	94%	90.32%	92.31%	91.18%	90.36%	96.88%	88.37%													91.57%	
	31 day second or subsequent treatment - Radiotherapy	Full Year	97.99%	94%	96.84%	96.63%	95.00%	96.20%	98.00%	97.59%													96.87%	
	62 days urgent referral to treatment	Full Year	85.13%	85%	78.52%	80.11%	81.56%	79.70%	85.03%	84.02%													82.02%	
	62 days referral to treatment from Screening	Full Year	92.15%	90%	100.00%	100.00%	100.00%	100.00%	100.00%	88.89%													97.20%	
62 days referral to treatment from Hospital Specialist	Full Year	94.70%	85%	100.00%	87.88%	91.80%	92.23%	93.81%	93.41%													92.94%		
Patient Experience / Governance	C-Diff	Full Year	45	27	1	2	2	5	2	6												13		
	MRSA	Full Year	1	0	0	0	0	0	0	1												1		
	Same Sex Accommodation Breaches	Full Year	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%														
	PMR Governance Rating	Mar-13	Red	Green	Red	Red	Red		Red	Red														
	Publication of Formulary	Mar-13	Yes	Yes	Yes	Yes	Yes		Yes	Yes														
Number of Reds on Maternity Dashboard	Mar-13	0	0	0	0	0		0	1															

CONTRACTING & ACTIVITY OVERVIEW

Summary Activity Position (Internal Plan) Month 5 (Initial Data Submission)		All Commissioners										
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	60,680	5,461	4,806	-655	-12.0%	26,307	25,927	-380	-1.4%	63,627	62,851
	Therapies / Diagnostics	723	15	20	5	36.0%	70	63	-7	-10.2%	171	153
	Unscheduled Care	30,335	2,060	1,917	-143	-6.9%	9,826	10,331	505	5.1%	23,900	25,044
	Women and Children's	15,415	1,459	1,327	-132	-9.0%	6,959	6,524	-435	-6.3%	16,927	15,815
Consultant Led/Responsible First Attendance Total		107,153	8,994	8,070	-924	-10.3%	43,162	42,845	-317	-0.7%	104,624	103,863
Consultant Led/Responsible Follow Up Attendance	Scheduled Care	120,009	10,531	9,926	-605	-5.7%	50,275	47,633	-2,642	-5.3%	122,353	115,470
	Therapies / Diagnostics	1,516	40	49	9	23.3%	190	198	8	4.4%	461	480
	Unscheduled Care	48,081	4,145	2,796	-1,349	-32.5%	19,228	17,354	-1,874	-9.7%	45,360	42,069
	Women and Children's	17,416	1,601	1,800	199	12.4%	7,638	9,702	2,064	27.0%	18,579	23,520
Consultant Led/Responsible Follow Up Attendance Total		187,022	16,317	14,571	-1,746	-10.7%	77,331	74,887	-2,444	-3.2%	186,754	181,539
Consultant Led/Responsible Outpatient Procedure	Scheduled Care	65,681	4,503	3,756	-747	-16.6%	21,488	22,145	657	3.1%	54,934	53,683
	Therapies / Diagnostics	430	14	-	-14	-100.0%	71	-	-71	-100.0%	181	-
	Unscheduled Care	28,112	2,397	2,419	21	0.9%	11,869	12,494	625	5.3%	29,747	30,287
	Women and Children's	24,953	2,393	1,519	-874	-36.5%	11,415	10,543	-872	-7.6%	27,751	25,557
Consultant Led/Responsible Outpatient Procedure Total		119,176	9,307	7,694	-1,613	-17.3%	44,843	45,182	339	0.8%	112,613	109,527
Total Outpatients	Scheduled Care	246,370	20,495	18,488	-2,007	-9.8%	98,070	95,705	-2,365	-2.4%	240,915	232,004
	Therapies / Diagnostics	2,669	68	69	1	1.1%	330	261	-69	-21.0%	813	633
	Unscheduled Care	106,528	8,602	7,132	-1,470	-17.1%	40,923	40,179	-744	-1.8%	99,007	97,400
	Women and Children's	57,784	5,453	4,646	-807	-14.8%	26,012	26,769	757	2.9%	63,257	64,893
Total Outpatients Total		413,351	34,618	30,335	-4,283	-12.4%	165,336	162,914	-2,422	-1.5%	403,991	394,930
Elective DC	Scheduled Care	33,151	2,870	2,937	67	2.3%	15,254	14,045	-1,209	-7.9%	36,682	34,616
	Unscheduled Care	2,515	199	187	-12	-6.1%	1,044	997	-47	-4.5%	2,567	2,393
	Women and Children's	2,008	202	204	2	0.8%	1,089	1,006	-83	-7.6%	2,647	2,414
	Elective DC Total		37,674	3,271	3,328	57	1.7%	17,387	16,048	-1,339	-7.7%	41,897
Elective IP	Scheduled Care	5,719	586	507	-79	-13.5%	2,720	2,342	-378	-13.9%	6,291	5,781
	Unscheduled Care	251	22	20	-2	-9.5%	105	107	2	2.3%	245	257
	Women and Children's	959	89	78	-11	-12.1%	420	435	15	3.6%	982	1,044
Elective IP Total		6,929	697	605	-92	-13.2%	3,245	2,884	-361	-11.1%	7,518	7,082
Non Elective	Scheduled Care	12,282	1,048	1,027	-21	-2.0%	5,353	5,247	-106	-2.0%	13,051	12,901
	Unscheduled Care	23,342	1,915	1,980	65	3.4%	9,781	9,961	180	1.8%	23,845	24,492
	Women and Children's	10,539	754	548	-206	-27.3%	3,853	3,294	-559	-14.5%	9,393	8,099
Non Elective Total		46,163	3,717	3,555	-162	-4.3%	18,988	18,502	-486	-2.6%	46,289	45,492
Non Elective Other	Scheduled Care		4	7	3	74.5%	20	25	5	22.0%	48	61
	Unscheduled Care		13	14	1	5.4%	68	97	29	42.9%	166	239
	Women and Children's	6,718	715	780	65	9.1%	3,653	3,697	44	1.2%	8,905	9,090
Non Elective Other Total		6,718	732	801	69	9.4%	3,741	3,819	78	2.1%	9,119	9,390
Total Spells	Scheduled Care	51,152	4,507	4,478	-29	-0.7%	23,348	21,659	-1,689	-7.2%	56,073	53,359
	Unscheduled Care	26,108	2,149	2,201	52	2.4%	10,998	11,162	164	1.5%	26,822	27,380
	Women and Children's	20,224	1,760	1,610	-150	-8.5%	9,015	8,432	-583	-6.5%	21,928	20,648
Total Spells Total		97,484	8,417	8,289	-128	-1.5%	43,361	41,253	-2,108	-4.9%	104,822	101,387
A&E	Unscheduled Care	110,683	9,444	9,058	-386	-4.1%	48,609	46,466	-2,143	-4.4%	112,609	107,644
	A&E Total		110,683	9,444	9,058	-386	-4.1%	48,609	46,466	-2,143	-4.4%	112,609

Contract Plan

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

An overall demographic growth assumption has been agreed with our CCG colleagues and has been actioned in the activity plans. The additional non-recurrent activity agreed with various Centres to both deliver the RTT targets and reduce the backlog numbers to sustainable levels highlighted previously has also been phased into the activity plans.

Outpatient Activity

The summary represents an overall activity position of 1.5% below plan for the 5 month period to August (2422 attendances).

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 1.8%).

As previously reported, and due to the timing of mandated data submissions, there continues to be a number of outpatient procedures currently uncoded (and therefore showing against new and follow-up activity in the attachments to this Paper). Although a 'catch-up' takes place prior to the 2nd data submission, the data as currently reported for the month of August only does not reflect this.

Spell Activity

Elective spell activity (ie elective inpatient and daycases combined) is 35 spells below plan for August (0.9%) and 1700 below plan for the year to date (8.2%).

As highlighted above, activity plans were amended from June to reflect the plans put forward by the Centres to increase activity to reduce the backlog and deliver the RTT targets.

Based on activity patterns seen so far this year, elective spell activity is forecast to fall some 2,900 spells below planned levels by year-end. A remedial action plan [RAP] is being discussed.

Emergency activity across the Trust during August was 162 spells below plan (4.4%) and is currently 486 spells below plan for the year-to-date (2.6%). Within this overall position, Unscheduled Care as a whole (predominantly medicine) remains ahead of plan (180 spells) with Paediatrics (399 spells), Gynaecology (174 spells) and Trauma (88 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.

A&E Activity

A&E attendances were below plan for the month (variance of 386 attendances below plan, or 4.1%) and remain below plan for the year-to-date (variance of 2,143 attendances below plan, or 4.4%). This has been a consistent position during the year so far and, based on current forecasts, A&E attendances will be lower this year than last year's outturn position.

4.1 Emergency Access Target

A&E attendances were below plan for the month of August (386 attendances below plan, 4.1%) and remain below plan for the year-to-date (2,143 attendances below plan, 4.4%).

SaTH A&E attendances for the month:

April	9,198
May	9,296
June	9,068
July	9,840
August	9,058

The Trust achieved the target in July but failed to achieve the 95% target in August 2013 with 91.73% for the month, giving a Quarter 2 to date position of 94.23%, an improvement in comparison to the Quarter 1 position of 92.78%.

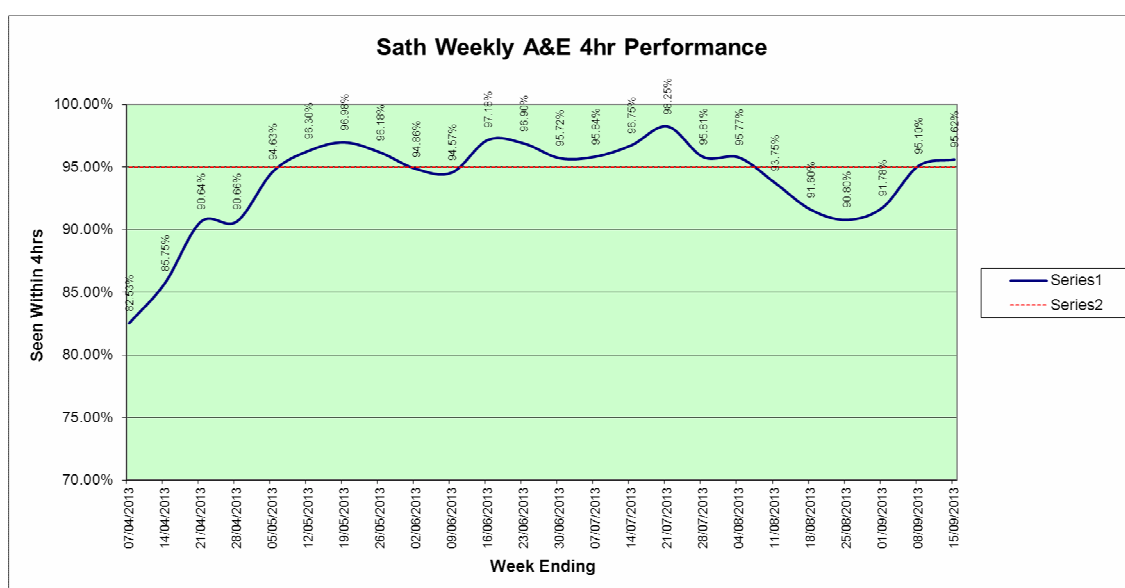
The following information provides an up to date Trust position (including WIC activity):

- Year to Date Performance = 94.04%
- September Performance = 94.54%
- Q2 performance with WIC = 94.70% (WIC as of 15.09.13)
- YTD performance including Walk in Centre activity as of 15.09.13 = **93.95%**

In August there was a decrease in the number of Emergency admissions – this is against all previous increases.

- January	3829	Ave 123 a day
- February	3585	Ave 129 a day
- March	4153	Ave 133 a day
- April	4403	Ave 146 a day
- May	3955	Ave 128 a day
- June	3595	Ave 120 a day
- July	3636	Ave 117 a day
- August	3342	Ave 107 a day

Trust A&E 4 Hour Performance Chart



- A large cohort of patients during the month of August remained on the safe to transfer list and in a hospital bed, whilst in July SaTH were averaging only 25 patients a day during

the early weeks of July. It became an increasing issue towards the end of the month and into August and has continued into September, as we are again reporting high levels of safe to transfer patients similar to that of April and May. This impacted on the performance at the end of July at RSH specifically and throughout the Month of August, escalation to CCGs, Community and to LA's did not result in a significant decrease in these numbers.

- A lack of available capacity (beds to meet expected demand); this 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 indicates consistently that we have insufficient inpatient capacity to match demand. The long term vision as agreed with the health economy is the need to develop alternative models of care for patients who no longer need an acute hospital bed rather than increase the number of inpatient beds at SaTH.

The patient flow action plan has begun to address some of the internal performance issues. The first of these actions were implemented at the end of April and we saw improvements during the month of May, June and July. We are still in a precarious position and as recent performance clearly shows, it only takes small changes in any of the elements which contribute to delivery of the 4 hour performance standard to prevent us from delivering. We are consistently working at over 95% in inpatient capacity and during the day upwards of 105%, ie we are in flex and are bedded in AMU/SAU assessment areas.

August performance is summarised below:

Week End	Trust Attendance	Walk In	Seen within 4hrs	Breached 4hrs	Performance
04-Aug	2076	194	2174	96	95.77%
11-Aug	1990	186	2040	136	93.75%
18-Aug	1938	182	1942	178	91.60%
25-Aug	2130	206	2121	215	90.80%
01-Sep	2177	194	2176	195	91.78%

During the month of July and August 0 patients breached the 12 hour trolley wait standard and very few patients over the whole month breached the 8 hr wait, this indicator shows how flow has vastly improved.

The Trust has been working with ATOS since April of this year as part of the whole system review of the urgent care system. The two projects, Improving Patient Flow in ED and SaTH & Community Discharge are progressing well. A suite of KPI's is in the process of being developed to track improvements, for example time to assessment in ED and estimated date of discharge to be established within 12 hours. Staffing levels in ED have been analysed and mapped to demand and a standard operating procedure [SOP] for simple discharges has been agreed and rolled out to three quarters of SaTH wards and half of the Community Hospitals.

A future structure of Medical, Nursing and Management has been agreed within the Unscheduled Care Group.

This new structure will further support quality outcomes and will enable true leadership accountability and ownership to be held at the correct level, providing further improvements

to patient quality, the final part of the process is now complete with start dates for the new team members in November and December.

4.2 Stroke

The SaTH stroke service was moved to single site based at PRH during July and August. This was a pan health economy agreed strategy in response to clinical risk due to there being 2 consultant vacancies at RSH. A new stroke consultant commenced at RSH w/c 16th September 2013. A project plan, QIA and full options appraisal was prepared and maintained to support the short term change and a weekly review of performance monitoring was provided and shared with all care partners. The impact of the single site model has been significant with improved performance and better outcomes for patients. This includes improvement for patients travelling further i.e. from Powys. This has been so successful that the Health Overview & Scrutiny Committee proposed at its August meeting that a period of review was taken to reassess the option to retain the single site rather than go back to dual site. This is ahead of full service reconfiguration and final destination is still subject to wider clinical strategy decisions. This review period is still in progress and subject to final decision which is expected towards the beginning of October.

Performance against the standard of 90% of patients' stay on a stroke ward was at the highest it has been this year at 90.32% against the target of 80%.

4.3 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, although performance dipped in August as a direct reflection of the capacity pressures. This year we have seen for the first time a measure of fines imposed onto Acute Trusts as follows: £200 for every offload delay over 30 minutes and £1000 for every off load delay over 60 minutes. Data from WMAS indicates a level of fines that we have challenged and have subsequently validated.

We have also challenged Clock Start time protocol with WMAS, suggesting this is inaccurate, and it is anticipated that resolution of this will further reduce levels of the proposed financial penalty.

4.4 Scheduled Care Access Targets

The scheduled care report details the Trust's performance at the end of August 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 August the Trust failed to achieve the RTT target for Admitted patients with a performance of 77.62 % against the 90% standard.

However, this is expected as each of the admitted specialties is currently clearing a backlog of 18 week patients.

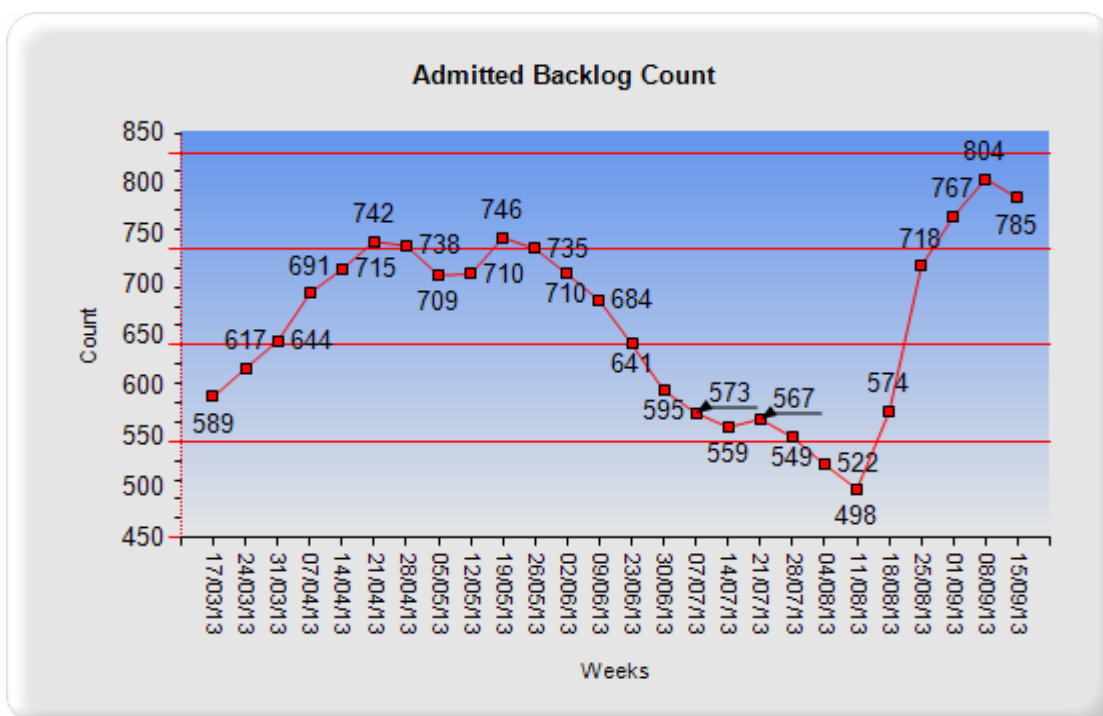
Each centre is constructing further recovery trajectories, detailing when the specialty will be sustainable. At present the following specialties are revising their trajectories:

- Orthopaedics ;
- Urology
- Oral Surgery
- ENT
- General Surgery

All trajectories need to be revised due to a bigger backlog being identified than was previously recorded following validation of the closed clock waiting list. These revised trajectories need to be agreed and signed off by 26th September and submitted to the CCG.

Until all trajectories have been completed we are unable to give an exact date as to when each specialty will deliver 18 weeks RTT. This will be reported to Trust Board in October 2013.

Remedial Action Plans [RAPs] are in place for the above specialties and are being monitored via the weekly RTT meetings with the CCG's. The current admitted backlog is detailed in the attached graph and increased as a direct result of validation of the closed clock waiting list.



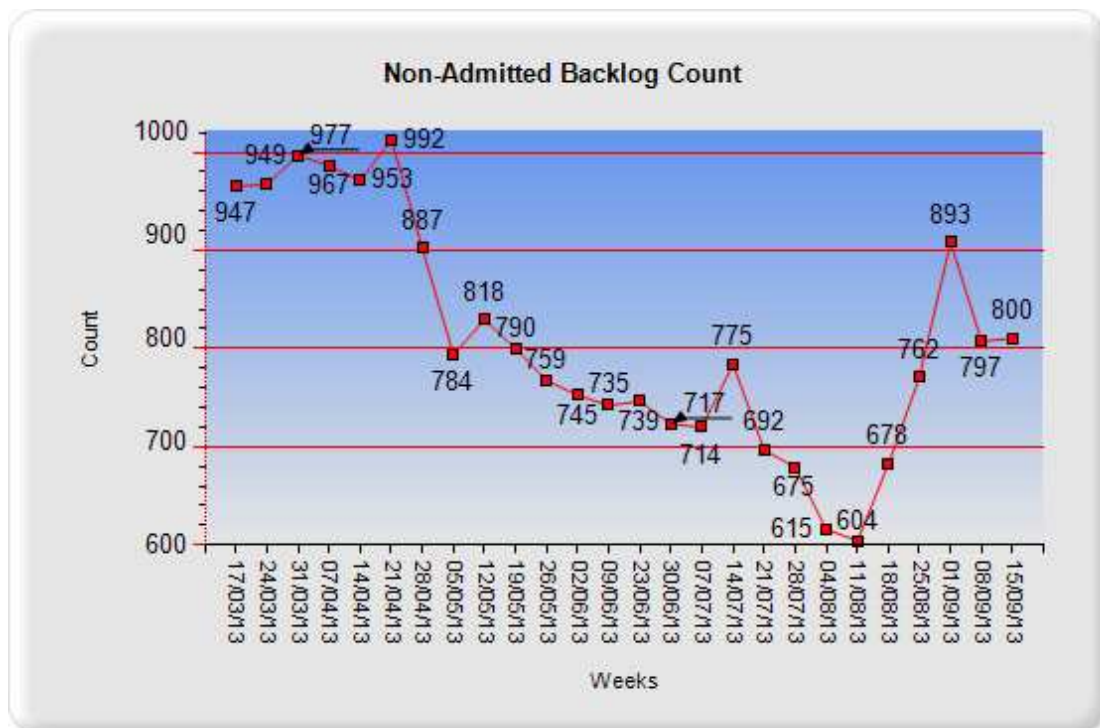
4.6 18 weeks Referral to Treatment Target (RTT) – Non Admitted

The Trust achieved the overall RTT target for Non Admitted patients with 95.39% against the 95% target in August.

At specialty level:

- Ophthalmology did not achieve the target in August. Discussions are in place with both CCG's to provide some additional support from optometrists and an additional provider for a cohort of patients; and we are working with Viewpoint to clear a cohort of patients who have breached their past max wait appointment.
- Gastroenterology did not achieve due to the increasing number of referrals within the hepatology service. This is a new service provide within SaTH and we are working with the CGGs to look at the referral source of these patients.
- General Medicine did not achieve this target in August and further investigation is being undertaken to establish the reason why.

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 validation of the closed clocks waiting list and in increase in numbers of patients on open clocks. Performance for August is 10.24%.

4.8 52 Weeks

In July, the Trust Board was made aware of a technical issue between the SQL reporting and SEMA systems and the subsequent discovery of 52 week breaches, resulting in the reporting of 5 breaches in Quarter 1.

Following further scrutiny of the Inpatient waiting list downloaded on 29th July 2013, an additional 34 x 52 week waits were identified in the following specialties. These patients were all on closed clocks.

- Oral Surgery;
- General Surgery;
- Gastroenterology;
- Cardiology;
- Urology;
- Medicine;
- Paediatrics;
- Ophthalmology.

Further validation of this list removed 6 patients, where 4 had been treated and 2 had declined treatment. Therefore, following validation this cohort of patients was confirmed as a total of 28 x 52 week breaches. All of those 28 patients now have TCI appointment dates (23 in September, 3 in October and 1 patient has a date in November - through patient choice).

In total, there were the 5 breaches reported in Quarter 1, plus the above additional 28. Including the 5 breaches in July, and 6 in August this gives a total of 44 x 52 week breaches.

Each clinical centre has been asked to complete the standard harm proforma (following surgery) on all of those patients having waited 52 weeks or more. These results will be collated in the centres and then reviewed by the Care Group Medical Director. The outcome of the pro-formas will then complete the RCA for each case and they will be sent to commissioners and formally reviewed via the CQR process.

As part of the weekly PTL meetings a template for each centre is completed, showing both open and closed clocks within the preceding week. This enables progress on management of this issue to be continually and effectively monitored.

A comprehensive validation of the total waiting list has now taken place.

The validation was split into four categories:

- Closed clocks;
- Blank clocks (those that have not generated an 18 Week clock);
- Planned patients who have breached their review date;
- Planned patients who have not breached their review date.

All closed clocks that should be open have now been opened, and all blank clocks have an 18 Week clock if appropriate.

Planned patients who have breached their review date are now on an open clock, as per RTT rules & guidelines.

4.9 ECIST Support

The Trust is currently receiving support from the Elective Care Intensive Support Team to review processes to ensure that the action plans in place to achieve a sustainable RTT position are realistic and credible. The team will be on site again on 23rd September.

4.10 Cancer Standards

The **unvalidated** position for August 2013 shows that we failed to deliver five of the nine standard cancer targets:

- **2 week symptomatic breast**
- **31 day subsequent treatment**
- **31 day chemotherapy treatment**
- **62 day treatment**
- **62 day screening**

2 week symptomatic GP to 1st appointment breast symptoms.

For the first time this year the target was failed in both July and August. The main reasons were due to patients not attending for their appointment. A contributory factor is GP's referring patients in when they are unable to attend within a 2 week period.

31 day subsequent treatment - drug

The breaches in July and August were due to patients becoming unwell and therefore unable to have their treatment.

31 day subsequent treatment - surgery

For the first time this year in July this target was achieved. There were 5 patients who breached this target (unvalidated position in colorectal and urology).

62 days urgent referral to treatment

The Trust achieved this target for the first time this year in July whilst the unvalidated position for August is showing a failure against this target. There were 17 patients who breached this target across a range of specialties. Validation of these breaches is not yet complete.

62 day referral to treatment from screening

Two patients breached this target in August. The target has been achieved until this month.

A Joint Investigation with representatives from both CCGs and the Trust is being undertaken over the next 6 weeks and a revised action plan will be formulated from this investigation. The Trust will then have 3 months to deliver a sustainable cancer performance.

We have introduced a tracking and reporting process for patients waiting 62-84 days, 85-99 days and patients over 100 days. For patients waiting over 100 days there is, in general, a clinical reason for this. The focus in particular, will be those patients in the 62-84 day category who have breached due to poor processes.

There are 10 patients currently waiting beyond 100 days, 5 x Urology, 2 x Lung, 1 x Upper GI, 1x Gynae and 1 x H&N. All of these are due to complex requirements.

4.11 Cancelled Operations

There were 124 cancelled operations in August 2013, of which 29 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 July's cancelled patients were not readmitted within the 28 day target. This was in general surgery.

4.12 Choose and Book

The Trust failed to achieve the Choose and Book target in August, where 95% of patients should have been able to book an appointment via the Choose and Book system. At present our performance is approximately 77% which is below the national target, but is an improvement on the previous month.

There are currently 963 patients for the month of August who have not been able to book an appointment via Choose & Book. There are two specialties that make up 92% of this total

- Ophthalmology
- General Medicine

A revised Remedial Action Plan [RAP] has been produced following a meeting with the CCGs. This will require additional capacity to be released to Choose & Book in the above specialties.

Work is currently taking place with the CCGs to review the pathways and look at alternative capacity.

5. FINANCE

Finance Performance Summary – Month 05

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%	88%	98%	87.81%	Mar-13	-32.89%	45.98%	
	EBITDA Margin	5%	Q YTD	2.8%	4%	4.7%	4.6%	Mar-13	-0.91%	1.1%	
	I&E Surplus Margin	1%	Q YTD	-1.90%	-0.50%	0.00%	0.03%	Mar-13	-5.64%	-3.56%	
	Return on Assets	5%	Q YTD	0.03%	1.20%	2.60%	3.30%	Mar-13	-6.60%	-1.28%	
	Liquidity ratio	15 days	Q YTD	13.5	14.4	12.9	13.3	Mar-13		15.4	
	Total Income (actual v plan)	0.5% of plan	Q YTD	99.6%	99.6%	99.90%	99.73%	Mar-13	97.10%	99.30%	
	Pay Expenditure (actual v plan)	At or below plan	Q YTD	101%	102.40%	99.90%	100.27%	Mar-13	102.89%	102.15%	
	Non Pay Expenditure (actual v plan)	At or below plan	Q YTD	98.04%	95.20%	100.3%	101.03%	Mar-13	99.18%	100.96%	
	CIP (actual v plan)	At or below plan	Q YTD	100%	74%	98.00%	100.00%	Mar-13	88.00%	88.00%	
Capital Expenditure (actual v plan)	At or below plan	Q YTD	13%	38%	59.00%	68.00%	Mar-13	72.53%	56.66%		

5.1 Month 05 Position

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

	Months 1 - 5 Budget £000's	Month 1- 5 Actual £000's	Variance £000's	Planned Forecast Outturn £000's	Forecast Outturn £000's	Variance £000's	Month 1 -5 2012/13 £000's
Income	125,490	124,068	(1,422)	301,461	302,642	1,181	122,094
Expenditure							
Pay	(85,073)	(86,900)	(1,827)	(201,767)	(209,933)	(8,166)	(84,109)
Non Pay	(36,690)	(36,379)	(349)	(87,095)	(89,851)	(2,756)	(35,875)
Reserves	(763)	373	1,136	1655	1655	-	
Finance Cost	(5,779)	(5,779)	-	(14,270)	(14,272)	-	(6,144)
Total Expenditure	(128,005)	(129,046)	(1,041)	(300,977)	(312,401)	(11,421)	(126,128)
Under / Over spend	(2,515)	(4,978)	(2,464)	(16)	(9,759)	(9,743)	(4,034)
Phased Spend	(311)	-	311				-
Transitional support	-	-	-	-	-	-	2,967
Surplus / (deficit)	(2,826)	(4,978)	(2,153)	(16)	(9,759)	(9,743)	
Corrective actions					6,768	6,768	
Surplus Deficit after corrective actions					2,991	(2,975)	

The Trust recorded a deficit at the end of August amounting to £4.98 million; the Trust had planned to record a deficit at this stage in the financial year of £2.83 million.

5.2 Income

At the end of August, the Trust had underachieved against the Income target by £1.422 million.

	April - Aug Budget £000s	April- Aug Actual 000s	Variation £000s
Shropshire County CCG	49,857	48,711	(1,146)
Telford and Wrekin CCG	34,973	35,131	158
Powys LHB	9,137	9,403	266
Specialised services	17,770	17,786	16
Other CCG	3,021	2,356	(665)
Non Contracted Activity	1,392	1,001	(391)

	<i>April – Aug Budget £000s</i>	<i>April- Aug Actual 000s</i>	<i>Variation £000s</i>
<i>Financial Penalties / reserves</i>	(400)	(400)	-
<i>Other Clinical Income</i>	1,657	1,719	62
<i>Non Clinical Income</i>	8,083	8,361	278
Total Income	125,490	99,628	(1,422)

	<i>April - August Budget</i>	<i>Actual</i>	<i>Variation in the month</i>	<i>% Variation</i>
Accident and Emergency (Attendances)	48,609	46,466	(2,143)	(4.4)
Outpatient Appts (attendances)	165,336	162,914	(2,422)	(1.5)
Elective Day Cases	17,387	16,048	(1,339)	(7.7)
Elective Inpatient (Spells)	3,245	2,884	(361)	(11.1)
Emergency (Spells)	18,988	18,502	(486)	(2.2)
Maternity	3,741	3,821	80	2.1
Other Clinical Income				

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.

	<i>In month £000's</i>	<i>3 month moving average Pay spend £000's</i>	<i>Spending Range £000's</i>
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	

- Pay spending over the past two months has exceeded the levels as contained within the financial recovery plan by £775,000.
- 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 £9.7 million, contained within this forecast is an assumption of average monthly pay spending over the period September to March of £17.6 million.
- The application of corrective actions reduces the deficit for the year to £3.0 million, to do so requires the average pay spending over the period September to March to amount to £17.0 million,
- At the end of August, the net level of over establishment after allowing for vacancies had increased from 107.88 WTE posts in June to 133.05 WTE posts.
- The over established posts are located predominantly across nursing budgets. At the end of August the level of over establishment within Nursing amounted to 122.81 WTE posts. (In June the number amounted to 118.04 WTE posts).
- The over establishment across Nursing has been attributed to the application of the EPS policy and excessive levels of Nursing sickness.
- Examination of EPS usage has shown a progressive increase. In particular in the period April – August 2012 the average monthly level of EPS usage amounted to 17.1 WTE this has grown to 41.1 WTE in the same period in the 2013/14 year. Doing so has increased costs by £60,000 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.
- Over the period April – August the average level of over establishment across nursing budgets has amounted to 131 WTE posts. Of this number, 67.5 WTE posts can be explained by a requirement to support EPS and excess sickness.
- The overall level of Agency spending has remained constant since January 2013 at circa £1.06 million, and in the month of August spending is £163,000 greater than in the same period in the previous financial year.
- Nursing Agency levels continue to operate at exceptionally high levels despite the existence of increased substantive nursing posts. Significantly Agency spending in the month of August was £273,000 greater than in the same period in the 2012/13 financial year.

5.4 Non Pay

- Over the period April – August the Trust overspent in respect of non pay budgets by £349,000.
- 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 £3.0 million (the outturn based upon the application of corrective actions) non pay spending over the period September to March is required to be contained within a level amounting to £7.613 million. The Trust is presently spending at a rate of £7.28 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 Recurrent Savings</i> £000s	<i>Original Plan Annual Savings Target</i> £000s	<i>Revised Plan Rec</i> £000s	<i>Revised Plan</i> £000s	<i>Estimated savings in the 2013/14 year</i> £000s	<i>RAG Rating</i>	<i>Status of Scheme</i>
Original CIP Schemes							
Staff Turnover	4,000	2,000	4,000	2,000	-	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	4,000	2,000	4,000	1,423	929.	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.
Nurse staffing contingency	1,300	1,300	1,300	920		RED	PID Constructed – Success dependent upon containing Annual leave, sickness and Training days within approved Contingency levels – Wards collectively over established – sickness levels in excess of 4 per cent.
Procurement	1,000	1,000	1,000	1,000	850	AMBER	PID Constructed – detailed description of savings opportunities being taken forward with Centres and Departments across the Trust. Problems exist in the achievement of savings re implants within MSK.
Nuffield and WLI	1,100	1,100	1,100	1,100	1,100 less costs of outsourcing.	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	1,150		GREEN	PID Constructed – detailed action plans in place. Savings plans being delivered in full.
Pathology Reconfiguration	300	300	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	200	200	145	145	GREEN	PID Constructed – Action plan to be finalised, agreement reached between Trusts and CCG Pathology departments

	<i>Original Plan Recurrent Savings</i> £000s	<i>Original Plan Annual Savings Target</i> £000s	<i>Revised Plan Rec</i> £000s	<i>Revised Plan</i> £000s	<i>Estimated savings in the 2013/14 year</i> £000s	<i>RAG Rating</i>	<i>Status of Scheme</i>
Staff Flow Scheme	400	400	400	400	400	GREEN	PID Constructed – Targeted level of usage of Staff Flow Scheme being achieved.
Bed Reconfiguration	750	750				RED	PID not constructed – Not capable of achievement
Centre Schemes – Pay	915	915				RED	Centre schemes – Not capable of achievement
Centre Schemes – Non Pay	760	760	760	760	760	GREEN	Centre schemes delivered in period to date
Income gains through Clinical Coding		1,000	1,000	1,000	1,000	GREEN	Trust is on course to deliver these savings.
Total of Original CIP	15,875	12,875	15,210	10,102	5,184		
New CIP Schemes							
Additional Procurement			500	500	500	GREEN	PID Constructed – detailed description of savings opportunities being taken forward with Centres and Departments across the Trust
Danwood Printing			400	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	3,100	3,100	GREEN	Inflation review completed as part of the reconstruction of the 2013/14 financial plan.
Medical Spending review			1,021	1,021	-	RED	Review of Medical Spending commenced through Medical Director. PID supporting the scheme to be constructed. Unscheduled Care presently reviewing options to reduce costs. No precise options available in other areas of the Trust.
Income gains through Best Practice Tariffs			1,000	0	0	RED	Best Practice Tariff opportunities identified, however limited progress from within Care Groups.
Total	15,875	12,875	21,231	16,478	10,539		

Impact of the shortfall is serving to create significant financial problems in the 2013/14 year, and will result in the Trust carrying forward a very substantial recurrent financial problem into the 2014/15 financial year.

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	4,493	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	718	2,713	0
Capital contingencies	2,568	516	2,586	0
Proposed 'Suspended' Capital Schemes	1,800	0	1,800	0
Total Discretionary Capital Schemes	8,450	1,357	8,450	0
Total including reconfiguration	29,080	5,850	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**

Due to the Trust's current cash position, there is a proposal to 'suspend' £1,800k of 2013/14 Capital Programme in order to increase the Trust's cash balance.

5.7 Cash Flow

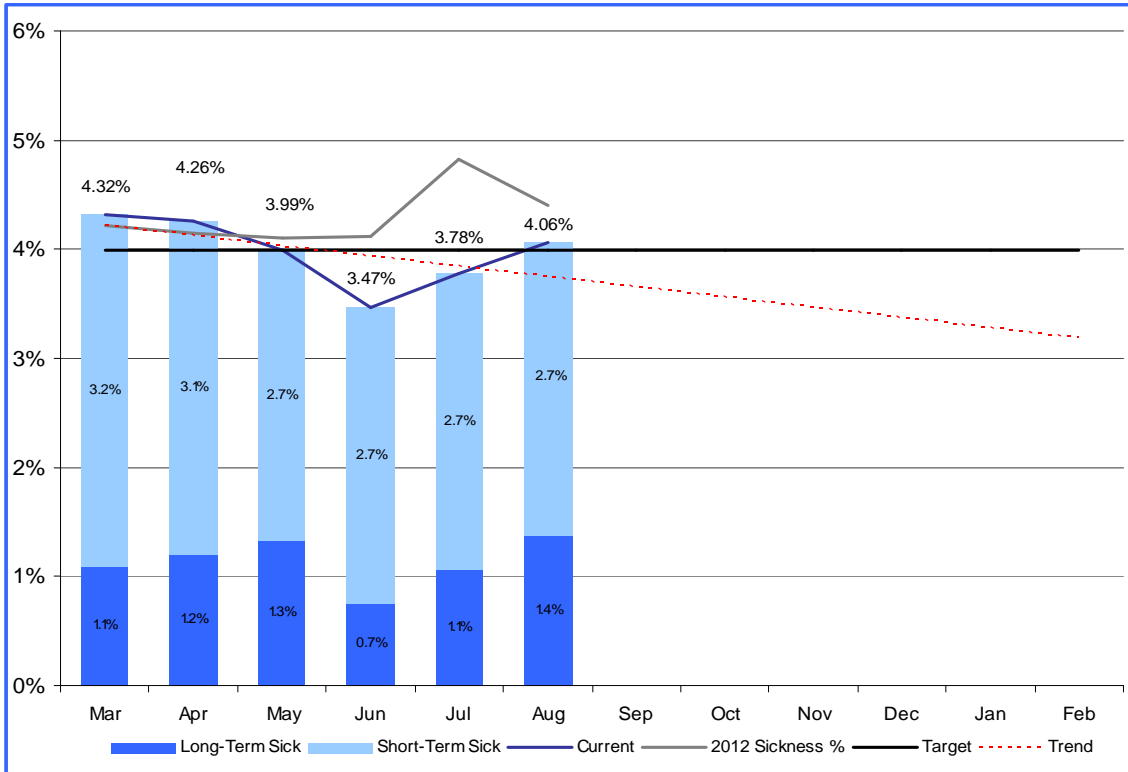
Key observations from the August cash flow statement are as follows:

- A balance of £5,423k was held at the end of August. This balance includes £3,000k Temporary Borrowing. Also included in this is £1,508k overpayment of income received from NHS Commissioning Board in respect of Specialised Services which is planned to be recovered in November 2013.
- 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 £6,865k – indicating a requirement of a £9,065k loan to end the financial year in line with our EFL.
- The Trust is working with the TDA 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. An agreement over the availability of a TBL is to be reached with the NTDA in October.

6. WORKFORCE

6.1 Sickness Absence

Table 7: Sickness Absence



Over the last 2 months absence has increased by over 0.50% with absence at 4.06% in August. This increase is of concern and analysis has found that significant increase has been seen within 12 departments. To support improved and sustained performance additional HR support is being provided to 8 wards that have the highest levels of absence, using interventions that have proved successful in other areas. It is important to note that whilst absence has increased the organisation's performance is better than this time last year.

Table 8: Direct cost of absence

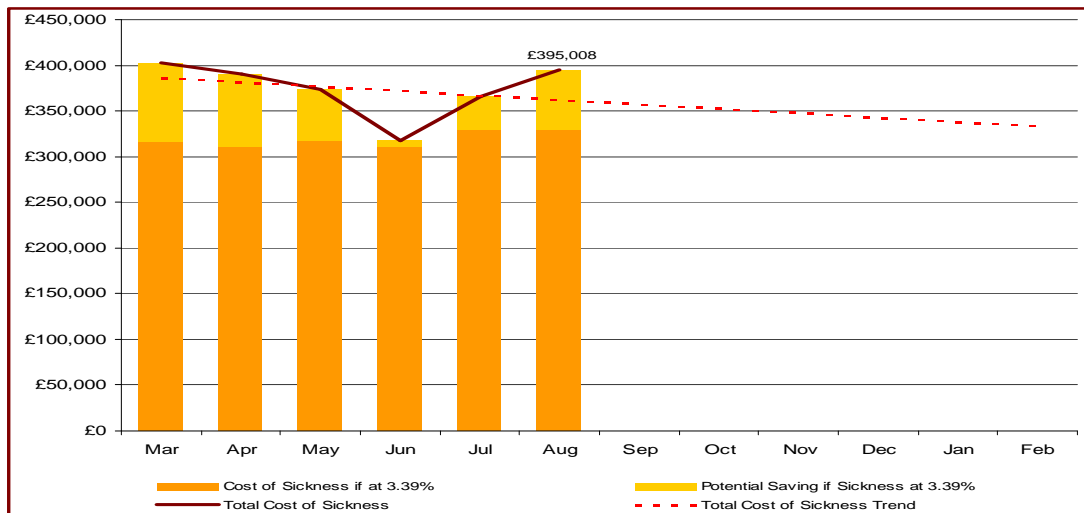
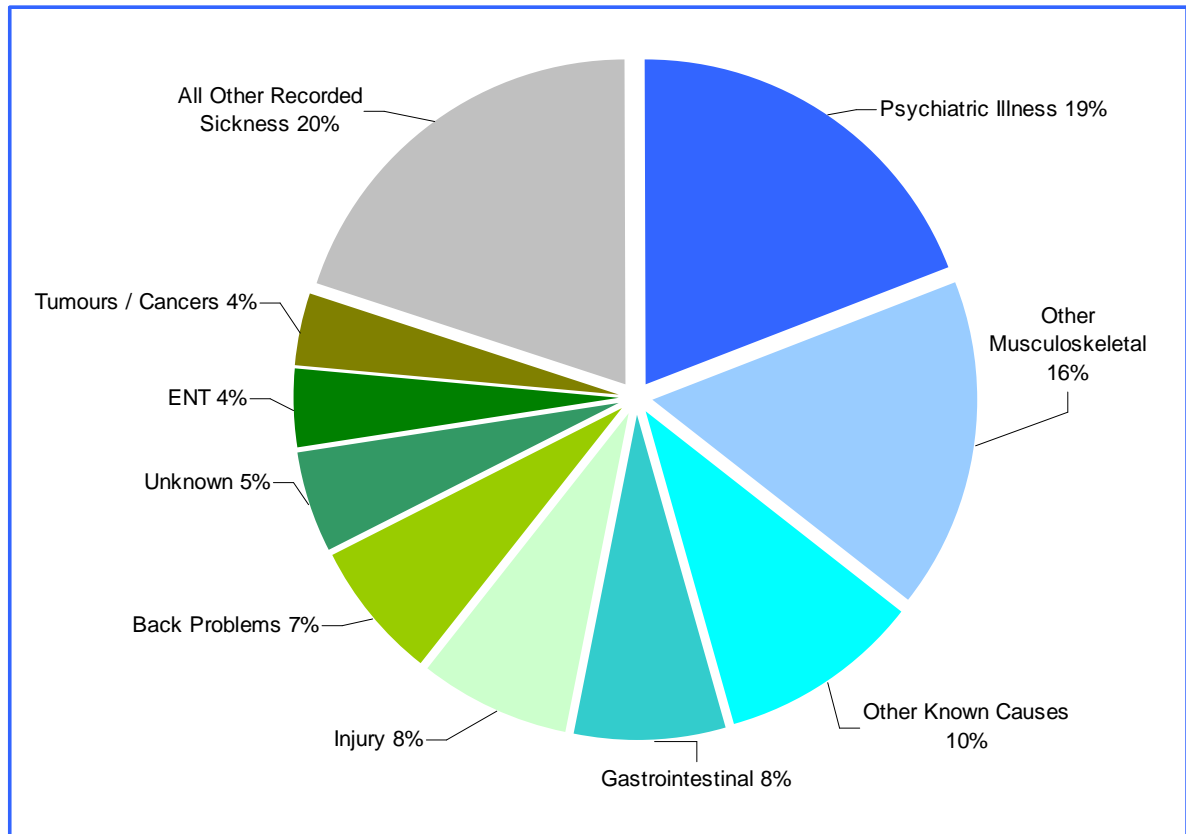


Table 9: Reasons for absence

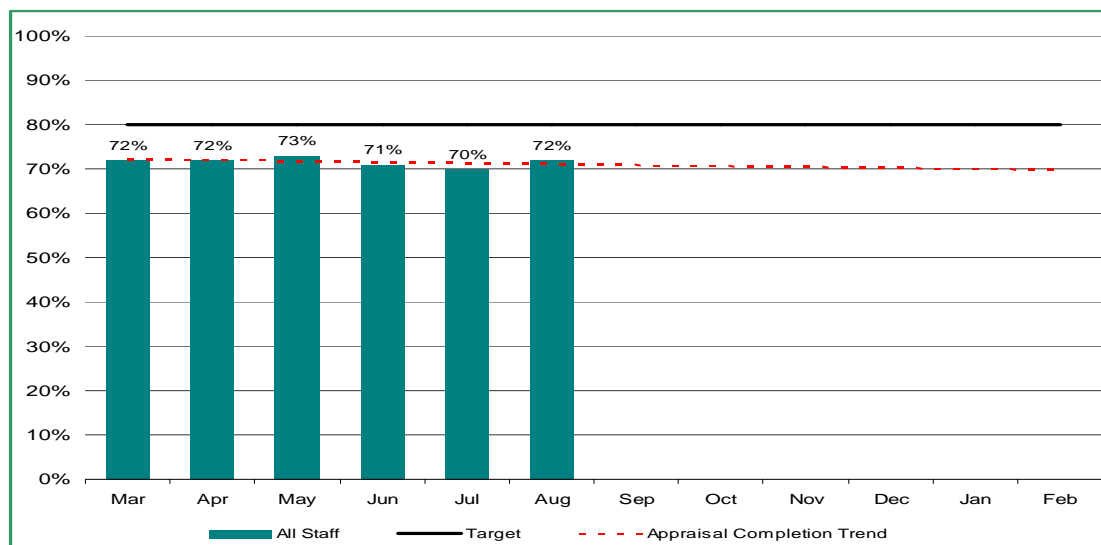


Both stress and musculoskeletal are the two highest reasons for absence. The Health and Wellbeing action plan includes the option of introducing Cognitive Behaviour Therapy to support absence reduction, a proposal is being fully considered.

6.2 Appraisals

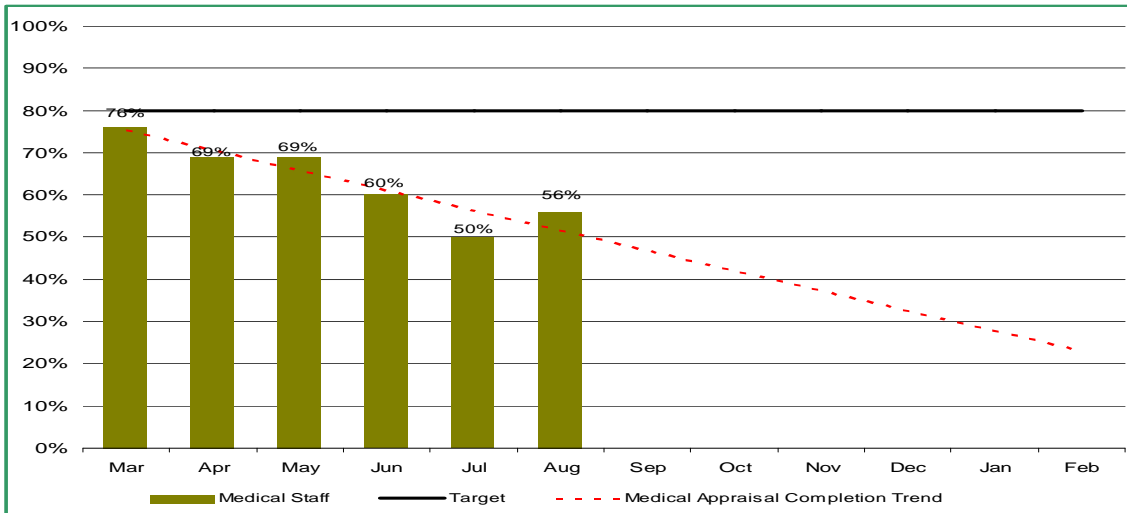
6.2.1 Non Medical Appraisal coverage

Table 10: Non Medical Appraisals



Appraisal coverage rose to 72%, this increase is encouraging however further improvement is required. The Board has discussed the importance of appraisal previously as such the Workforce Committee has discussed a plan to achieve 80% by 31 October 2013.

6.2.2 Medical Appraisals



Medical Appraisal coverage has increased to 56%, an increase of 6% in August. The Medical Director has a clear plan to achieve a 100% by April next year, this plan is monitored through the Workforce Committee and Clinical Governance.

7. MONTHLY SELF-CERTIFICATIONS – NTDA REQUIREMENT

7.1 Declaration Against Provider Management Review Framework

Quality, Safety and National Targets

The Trust fell short of the monthly targets in the following areas:

- 18 Weeks RTT Target (Admitted) – 1 penalty point
- 18 Weeks RTT Target (Open Clocks) – 1 penalty point
- Cancer 31 Day Subsequent Treatment (Surgery) – 1 penalty point
- Cancer 62 day wait for first treatment – 1 penalty point
- Cancer 2 Week Wait Breast Symptoms – ½ penalty point
- A&E 4 Hour 95% - 1 penalty point
- MRSA – 1 Penalty Point
- Clostridium Difficile – 1 Penalty Point

Against the Governance Risk Rating the Trust is rated as Red with 7.5 penalty points compared to 4 in July, further we have an additional 4 points from the A&E override totalling 11.5 penalty points and an overall Governance Risk Rating of Red.

7.2 Financial Performance

Against the Finance Risk Rating the Trust is rated as RED with a score of 2. This is the same score as in July.

7.3 Monthly self-certifications – NTDA requirement

The NTDA have introduced a new mandatory requirement for monthly self certifications in relation to the FT application process. The Trust has submitted self certification templates in May and June covering the months of April and May respectively, 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.

From July onwards the Trust is required to submit these templates, along with the PMR return at the end of each month for the previous month.

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 August.
- Admitted RTT in August was 77.61% against the target of 90%.
- RTT Open Clocks under 18 Weeks was 89.76% in August against the target of 92%
- Trajectories have been agreed with the NTDA to deliver the relevant RTT targets at a speciality level between now and November 2013.
- Cancer under-achieved against the 62 day urgent referral to treatment, 31 day subsequent treatment (Surgery), 31 day subsequent treatment (Drugs), 62 day screening referrals and 14 day Breast symptom targets.
- VTE compliance in August was 95.04% against the target of 95%.
- A&E under 4 Hour Waits were 92.74% in August against the 95% target
- C-Diff and MRSA both underachieved 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.