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| Reporting to: | Trust Board Meeting - 30th January 2014 |
| Title | Integrated Performance Report - December 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. It also contains the Board self certifications required to be submitted to the TDA in relation to Governance and Monitor Licence Conditions. At the Board's request these were assured at the December Audit Committee meeting.</p> <p>SaTH is currently at Escalation Level 4 (of 5) in the NHS Trust Development Authority's Accountability Framework. This is classified as a 'Material issue' requiring interaction led by the Director of Delivery & Development. Regular meetings are held with the TDA to update on SaTH's improvement trajectories. They key areas of focus are highlighted in this report.</p> |
| 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"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input checked="" type="checkbox"/> If we do not implement our falls prevention strategy then patients may suffer serious injury <input checked="" type="checkbox"/> If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients <input type="checkbox"/> If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input checked="" type="checkbox"/> If we are unable to resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust's Income & Expenditure position then we will not be |

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|---|--|
| | <p>able to fulfil our financial duties and address the modernisation of our ageing estate and equipment</p> |
| <p>Care Quality Commission (CQC) Domains</p> | <p><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</p> |
| <p><input type="checkbox"/> Receive <input type="checkbox"/> Review <input type="checkbox"/> Note <input type="checkbox"/> Approve</p> | <p>Recommendation The Trust Board is asked to REVIEW performance for December 2013 and APPROVE the self certification submissions.</p> |

INTEGRATED PERFORMANCE REPORT – DECEMBER 2013/14

This report provides an overview with supporting analysis of the Trust's performance in the following domains:

- Quality and Safety
- Operational Performance in achieving national healthcare standards
- Financial and activity performance
- Workforce metrics

1. QUALITY AND SAFETY

OVERVIEW

- December 2013 saw a number of improvements within quality and safety such as declining numbers of pressure ulcers, vulnerable adult referrals and falls resulting in serious harm. This has in turn resulted in fewer Serious Incidents being reported.
- An increase against the internal target in numbers of *E. coli* and MSSA Bacteraemias was seen, however following investigation the majority of these are thought to be unrelated to care provided by Trust. A generally positive report from the Trust Development Authority (TDA) was received following a visit to PRH to review our infection control arrangements. *Clostridium difficile* infection remains a concern as the number of infections in the year to date, whilst lower than last year, remains close to the very challenging nationally set trajectory.
- The last two months of the calendar year also saw the implementation of several new measures which will be reported in the new financial year - a relatives and carers experience survey and patient's experience of care provided by doctors survey is now included in the Ward to Board Metrics to provide further transparency and scrutiny of patient experience. In addition to this further discharge training and competencies for nursing staff are being implemented in response to patient feedback in this area.

1.2 SUMMARY OF PERFORMANCE

This Integrated Quality & Safety Performance report provides an overview of the key quality performance indicators in order that the Board can review variances to quality performance delivery. This enables the Board to gain assurance that actions for improvement are being pursued to improve patient outcomes and Trust quality performance. For information, the data below relates to **December 2013**.

| | Measure | Annual Target | Monthly Target | YTD | September | October | November | December | Year end 12/13 |
|----------------|--------------------------------------|---------------|----------------|-------|-------------|-------------|--------------|-------------|----------------|
| Patient Safety | Risk Adjusted Mortality Index (RAMI) | SaTH < NP | SaTH < NP | 83/83 | 81/79 (Jul) | 77/85 (Aug) | 91/82 (Sept) | 74/83 (Oct) | 94/93 |
| | RIDDOR/SI Reportable Falls | 15 | 1 | 23 | 4 | 5 | 0 | 1 | 20 |
| | Grade 3 Avoidable Pressure Ulcers | 0 | 0 | 12 | 0 | 2 | 2 | 1 | 19 |
| | Grade 3 Unavoidable Pressure Ulcers | N/A | N/A | 8 | 3 | 0 | 0 | 1 | 10 |

| | Measure | Annual Target | Monthly Target | YTD | September | October | November | December | Year end 12/13 |
|-------------------------------|---|---------------|----------------|-------|-----------|---------|----------|----------|----------------|
| | Grade 4 Avoidable Pressure Ulcers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8 |
| | Grade 4 Unavoidable Pressure Ulcers | N/A | N/A | 4 | 2 | 0 | 0 | 0 | 5 |
| | C.difficile Infections | 27 | 2 | 25 | 3 | 4 | 3 | 2 | 45 |
| | MRSA Bacteraemia Infections | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| | MSSA Bacteraemia Infections | 22 | 2 | 19 | 0 | 1 | 1 | 4 | 24 |
| | E.coli Bacteraemia Infections | 40 | 3 | 36 | 3 | 3 | 3 | 5 | 45 |
| | MRSA Screening – Elective | 95% | 95% | 95.1% | 95.5% | 96.2% | 95.9% | 95.9% | 93.0% |
| MRSA Screening – Non-Elective | 95% | 95% | 95.3% | 94.9% | 95.8% | 95.4% | 95% | 94.1% | |
| | Number of Serious Incidents | N/A | N/A | 113 | 12 | 16 | 7 | 7 | 160 |
| | Never Events | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| | Safety Thermometer – Harm Free % | N/A | N/A | 92.63 | 92.02 | 92.64 | 95.71 | 92.29 | 92.22 |
| | WHO Safe Surgery Checklist | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 99.9% |
| | VTE Assessment | 95% | 95% | 93.3% | 95.6% | 95.2% | 95.2% | TBC | 90.5% |
| | Maternity Dashboard | Green | Green | N/A | Green | Green | Green | Green | |
| | Ward to Board – Nursing Performance Score | 95% | 95% | 93% | 91% | 94% | 93% | 94% | |
| Patient Experience | Number of Complaints | N/A | N/A | 329 | 28 | 33 | 31 | 23 | 671 |
| | Same Sex Accommodation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Friends and Family Test Score | 75 | 75 | N/A | 73 | 75 | 81 | 72 | 77 |
| | Ward to Board – Patient Experience Score | 95% | 95% | 87% | 85% | 86% | 84% | 85% | |

A summary of patient outcome quality measures agreed for the Board are outlined in Table 1 above.

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

1.3 EXTERNAL FEEDBACK AND ASSURANCE

Current and on-going reviews of service

| Organisation | Visit Date | Where | Outcome | Status |
|-----------------------------|------------|-------|---|---|
| Powys Teaching Health Board | 19.12.2013 | RSH | Verbal feedback received from Senior Locality Nurse. Written report to follow | This was a 15 step challenge visit by the Health Board to the Emergency Dept (ED)/Surgical Assessment Unit (SAU) of RSH. This was reported verbally as a positive visit, with a significant level of assurance reported by the visiting team in ED and SAU. A formal report will follow |

| | | | | |
|-----------------------------|----------|-----|-----------------|--|
| TDA Infection Control Visit | 23.12.13 | PRH | Report received | Generally a very positive outcome with significant sustained improvements noted. Some immediate actions identified for ward 14 now completed. TDA to re-visit in April 2014 |
|-----------------------------|----------|-----|-----------------|--|

1.4 REGULATION 28 (formerly known as Rule 43)

There have been no Regulation 28s submitted by the coroner in December 2013.

1.5 SAFEGUARDING

There were no safeguarding alerts made against the trust in December 2013

1.6 SERIOUS INCIDENTS

There were 7 Serious Incidents reported in December 2013.

1.7 QUALITY IMPROVEMENT REVIEW

| Measure | Annual Target | Monthly Target | YTD | September | October | November | December | Year end 12/13 |
|--|--|----------------|-----|-----------|---------|----------|----------|----------------|
| Grade 3 Avoidable Pressure Ulcers | 0 | 0 | 12 | 0 | 2 | 2 | 1 | 20 |
| Current State | There was one avoidable Grade 3 pressure ulcer reported in December. There have been 12 reported in total since April 2013 (all grade 3). This is a 48% decrease and improved performance compared to the same reporting period last year, when a total of 20 avoidable pressure ulcers had been reported. There have been no avoidable grade 4 pressure ulcers reported as yet this financial year. | | | | | | | |
| Planned Actions | All pressure ulcers are reviewed via Root Cause Analysis (RCA) with ongoing internal learning and action plans being implemented via the pressure ulcer prevention group. This group reports to the clinical governance executive. Pressure ulcer performance is also discussed at the ward managers and nursing and midwifery forum to share learning and gain peer review. The Tissue Viability Service will be benchmarking against other providers to understand the wider issues around device related pressure ulcers. | | | | | | | |
| Key Themes/Trends | Following a review of the RCA's, the following themes have been identified and are being addressed via the pressure ulcer prevention action plan. <ul style="list-style-type: none"> Type of injury: Increased incidence of heel/ear and nasal bridge pressure ulcers (particularly in relation to NIV masks). High incidence of device related pressure ulcers. The need for specific education and training relating to points 1 and 2. The preliminary finding of the RCA for the December grade 3 pressure ulcer are that it is another occurrence of a heel related pressure ulcer. | | | | | | | |

| Measure | Annual Target | Monthly Target | YTD | September | October | November | December | Year end 12/13 |
|-------------------------|---|----------------|-----|-----------|---------|----------|----------|----------------|
| MSSA Bacteraemia | 22 | 2 | 19 | 0 | 1 | 1 | 4 | 24 |
| Current State | Above internal target (there is no national or local target for MSSA bacteraemia.) Review of December's cases showed that 2 patients were probably admitted with infection but did not become pyrexial until 3 rd day of admission. These were not avoidable but not caused by SaTH. In one case the MSSA was probably a contaminant. The fourth case was probably associated with a dialysis line. Dialysis lines are responsible for a number of SaTH apportioned cases. | | | | | | | |
| Planned Actions | We are working with the renal unit to reduce dialysis associated cases: actions include screening all dialysis patients for MSSA and decolonising, reviewing where dialysis lines are inserted and monitoring practice in insertion and care of lines. A new blood culture pack is being reviewed to reduce contaminants though it is very rare for MSSA to be a contaminant. | | | | | | | |
| Key Themes/Trends | Prevention of infection of dialysis lines, reduction in blood culture contaminants. | | | | | | | |

| Measure | Annual Target | Monthly Target | YTD | September | October | November | December | Year end 12/13 |
|--------------------------|--|----------------|-----|-----------|---------|----------|----------|----------------|
| Ecoli Bacteraemia | 40 | 3 | 36 | 3 | 3 | 3 | 5 | 45 |
| Current State | Above internal target (there is no national or local target for E coli Bacteraemia). Timing of sample Pre or post 48hrs after admission is less helpful in indicating HCAI in E coli Bacteraemias. Of the 5 cases taken more than 48 hours after admission in December only 2 were thought to be likely to be health care related – in one the source was CAUTI, and in the other a dialysis line. In the other 3 cases the source was hepatobiliary (gallstones or pancreatitis) and probably not associated with the current hospital admission. | | | | | | | |
| Planned Actions | There is a Catheter Acquired Urinary Tract Infection (CAUTI) group which is working to reduce use of catheters and infections associated with them, we continue to monitor practice of catheter insertion and ongoing care with audits of the catheter care bundle (High Impact Interventions.) As stated under MSSA bacteraemia, we continue to work with the renal unit to reduce line related infection although it is rare for these to be caused by E coli. | | | | | | | |
| Key Themes/Trends | Reduction in CAUTI. | | | | | | | |

2. OPERATIONAL PERFORMANCE

OVERVIEW

- **Winter Plan**

Performance against the 4 hour standard continues to be above last year's performance (+3%) but below the required 95% standard.

Since the last Trust Board meeting in November 2013, two meetings have been held by the Area Team and Trust Development Authority with the Trust and Shropshire and Telford & Wrekin CCG's to review progress against the winter plan.

Agreement was reached that the plan is fit for purpose but needs to be fully implemented. At the last meeting on 14th January 2014 a mini-recovery plan from the CCG's was requested by the Regional Team for submission by Friday 24th January 2014.

This action plan will include a focus on:

- A reduction in the number of patients on the fit to transfer list;
- A plan to ensure adequate staffing levels over the February half term and following week;
- Internal monitoring of individual ward discharge targets;
- Continued reinforcement of procedures and practice within the emergency department and flow through the hospital;
- Seeking clarity and transparency about social care provision of assessments of packages of care to support discharge;
- Increasing access to transport late afternoon/early evening;
- Agreeing operational policies and models of care utilising GP's/Primary Care triage to reduce the number of Emergency Department attendances;
- Improving relationships and timely discharge to independent sector care homes by developing model documentation and assessment of patients;
- A review of the spend of the winter monies and identification of other areas for the use of any slippage monies.

These actions however will not deliver 95% in Quarter 4 due to the need to achieve over 100% in the remaining weeks of the quarter. Predicted Quarter 4 performance is between 93-94%.

- **Medical Staffing**

Despite reducing our reliance on the use of locum doctors due to the lack of availability of locum doctors in some specialties to fill vacancies or cover short or long term sickness absence, it is becoming more difficult to provide some acute clinical services across both sites.

Short term actions include robust management of junior doctor sickness and review of the agencies provided under the Master Vendor contract.

Medium term actions include the development of a business case to increase the number of consultants in Acute Medicine and the development of a dedicated junior doctor team for Acute Medicine to include bespoke Advanced Nurse Practitioners posts. Within Emergency Medicine the Trust needs to proactively explore strategic alliances with neighbouring acute Trusts alongside the development of the workforce plan for the Emergency Department.

- **Better Care Fund**

The Government's new Better Care Fund [BCF] will combine £3.8 billion of existing funding into one health and social care pot aimed at improving outcomes for people up and down the country. It is important that the funding does not result in financial or service reductions in the acute without reducing the demand for beds.

The Better Care Fund guidance requires the involvement of providers to properly assess schemes to enable actions to be taken to manage this risk. The CCG's are required to submit an initial submission for the Better Care Fund in Shropshire by 14th February 2014 with implementation of schemes in the second half of 2014/15. This will be the start of an iterative planning/reporting process which will continue to be refined throughout the year.

Telford & Wrekin CCG are planning to implement their schemes at the beginning of 2014/15. At this stage there is no detail about these schemes.

- **Capacity Shortfall**

A strategic priority in 2014/15 is to identify solutions to resolve the shortfall in bed capacity to meet anticipated demand. Work has commenced and includes options which focus on:

- New ways of working internally;
- Integrated care;
- External provision;
- Development of early supported discharge schemes.

A paper will be brought to the Trust Board in due course.

- **Cancer Performance**

Continued failure to deliver 31 day second or subsequent treatment – surgery and 62 days urgent referral to treatment are of the greatest concern in non-compliance with national performance standards. A Joint Investigation led by the CCG's has been concluded and a Remedial Action Plan [RAP] is due for sign off on 30th January 2014.

Key actions within this RAP include:

- Capacity and demand modelling by tumour site;
- Standardisation of the role of cancer trackers;
- Assurance process against compliance with the escalation policy;
- Reducing the number of inappropriate referrals;
- Reducing the number of delays in making tertiary referrals;
- Setting standards of performance within individual pathways.

Delivery of the actions contained in the RAP, which if not delivered carry financial penalties, will be monitored by the Chief Operating Officer as well as monthly at the RAP meeting with both commissioning groups.

2.1 PERFORMANCE AGAINST NATIONAL STANDARDS, BY EXCEPTION ARE DESCRIBED BELOW:

INTEGRATED PERFORMANCE REPORT

January 2014

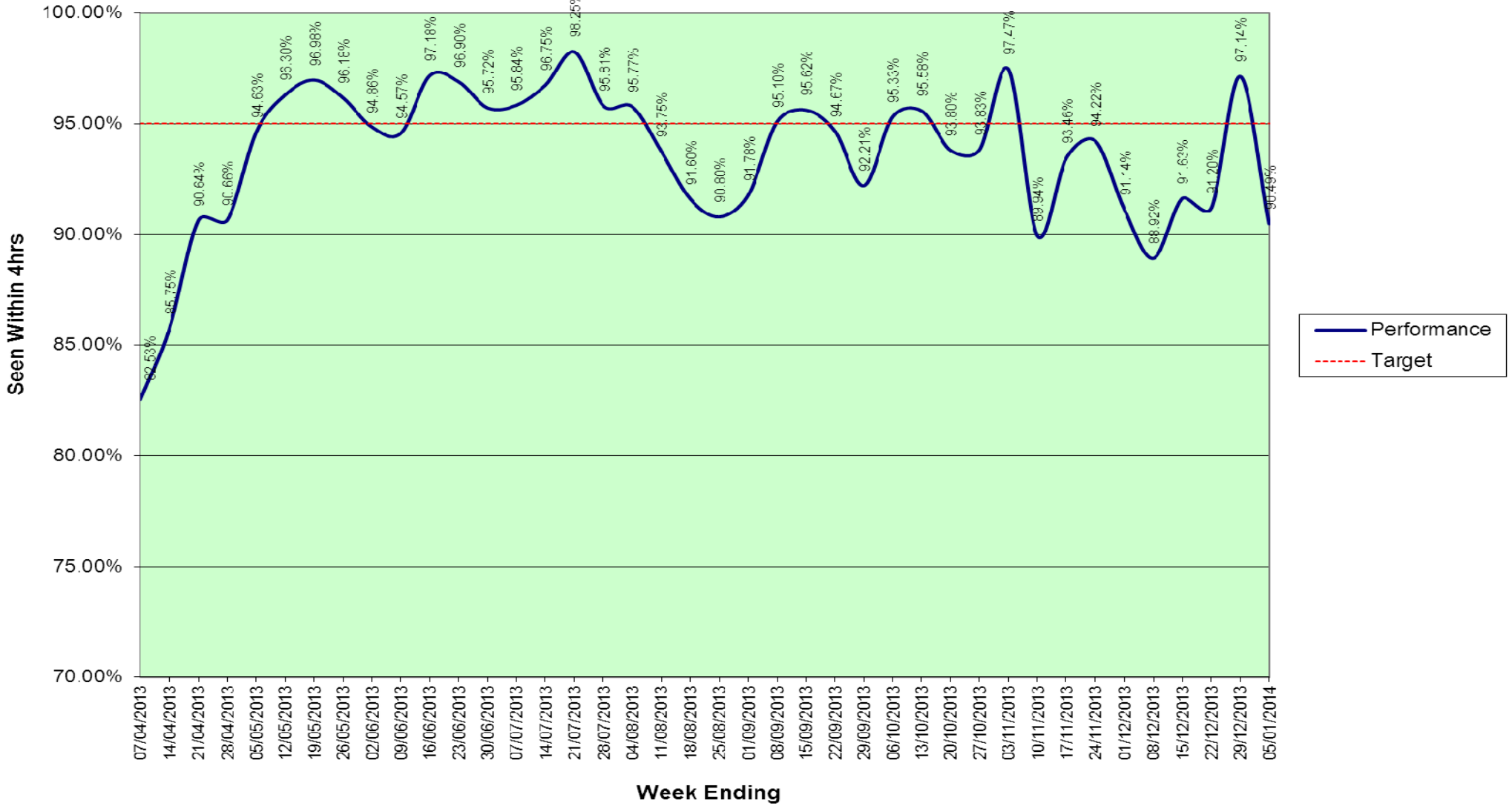
2.2 REVIEW OF PERFORMANCE

| | | Month 9 - 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% | 87.49% | 95.78% | 96.10% | 93.34% | 96.68% | 92.73% | 94.39% | 94.51% | 95.15% | 92.18% | 92.03% | 93.31% | | | | | 93.92% | | | |
| | A&E 12 Hour Trolley Waits | Full Year | 16 | 0 | 16 | 0 | 0 | 16 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | | | | | 17 | | | |
| | Ambulance Handovers not completed within 30 Minutes (SaTH Validated View) | Full Year | | 100% | 105 | 22 | 39 | 166 | 9 | 20 | 11 | 40 | 7 | Not Available | Not Available | Not Available | | | | | | Not Available | | |
| | Ambulance Handovers not completed within 60 Minutes (SaTH Validated View) | Full Year | | 100% | 27 | 0 | 0 | 27 | 0 | 5 | 0 | 5 | 0 | Not Available | Not Available | Not Available | | | | | | Not Available | | |
| | 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% | | 75.82% | 79.34% | 78.74% | | | | | | | | | |
| | 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% | | 95.29% | 95.43% | 95.89% | | | | | | | | | |
| | 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% | | 91.02% | 90.95% | 89.75% | | | | | | | | | |
| | 18 Week RTT > 52 Weeks - English Responsible Only | Mar-13 | 0 | 0 | 1 | 3 | 1 | 5 | 5 | 6 | 13 | 24 | 8 | 1 | 0 | 9 | | | | | | 38 | | |
| | % 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% | 0.51% | 0.55% | 0.27% | 0.44% | | | | | | 0.63% | | |
| | % 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% | 90.67% | 90.77% | 91.14% | 90.87% | | | | | | 85.75% | | |
| | Cancelled 28 Day Readmission Breaches | Full Year | 100 | 0 | 3 | 1 | 0 | 4 | 0 | 3 | 1 | 4 | 1 | 1 | 0 | 2 | | | | | | 10 | | |
| Number of Urgent operations cancelled more than once | | | 0 | 0 | 0 | 0 | 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% | 94.31% | 94.61% | 94.19% | 95.10% | 95.33% | 93.10% | 94.52% | | | | | | 94.24% | | |
| | 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% | 94.23% | 92.06% | 96.45% | 91.53% | 90.06% | 92.70% | | | | | | 93.35% | | |
| | 31 day diagnosis to treatment | Full Year | 97.50% | 96% | 95.27% | 98.95% | 98.77% | 97.63% | 96.10% | 97.69% | 96.48% | 96.80% | 98.96% | 97.08% | 97.14% | 97.77% | | | | | | 97.44% | | |
| | 31 day second or subsequent treatment - Drug | Full Year | 99.02% | 98% | 97.26% | 98.59% | ##### | 98.26% | 97.33% | 98.89% | ##### | 98.82% | 98.73% | ##### | 97.62% | 98.87% | | | | | | | 98.75% | |
| | 31 day second or subsequent treatment - Surgery | Full Year | 94.79% | 94% | 90.32% | 92.31% | 91.18% | 90.36% | 96.88% | 88.89% | 95.24% | 93.28% | 96.15% | 91.43% | 91.18% | 93.39% | | | | | | 92.75% | | |
| | 31 day second or subsequent treatment - Radiotherapy | Full Year | 97.99% | 94% | 96.84% | 96.63% | 95.00% | 96.20% | 98.00% | 97.83% | 91.51% | 95.64% | ##### | ##### | 98.36% | 99.59% | | | | | | 97.01% | | |
| | 62 days urgent referral to treatment | Full Year | 85.13% | 85% | 78.52% | 80.11% | 81.56% | 79.70% | 85.03% | 84.29% | 84.68% | 84.64% | 79.80% | 83.52% | 80.20% | 81.11% | | | | | | 81.95% | | |
| | 62 days referral to treatment from Screening | Full Year | 92.15% | 90% | ##### | ##### | ##### | ##### | ##### | 94.74% | 88.00% | 94.95% | 88.00% | 75.00% | ##### | 87.18% | | | | | | 93.95% | | |
| 62 days referral to treatment from Hospital Specialist | Full Year | 94.70% | 85% | ##### | 87.88% | 91.80% | 92.23% | 93.81% | 89.62% | 92.31% | 91.84% | 92.94% | 83.53% | 97.47% | 91.19% | | | | | | 91.78% | | | |
| Patient Experience / Governance | C-Diff | Full Year | 45 | 27 | 1 | 2 | 2 | 5 | 2 | 6 | 3 | 11 | 4 | 3 | 2 | 9 | | | | | | 25 | | |
| | MRSA | Full Year | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | | | | | | 1 | | |
| | Same Sex Accommodation Breaches | Full Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| | Compliance with VTE Assessments | Mar-13 | 90.44 | 95% | 89.30% | 90.10% | 93.50% | 91.36% | 95.05% | 95.04% | 95.59% | 95.23% | 95.22% | 95.20% | TBC | TBC | | | | | | | | |
| | Publication of Formulary | Mar-13 | Yes | Yes | Yes | Yes | Yes | | Yes | Yes | Yes | | Yes | Yes | Yes | | | | | | | | | |
| | Number of Reds on Maternity Dashboard | Mar-13 | 0 | 0 | 0 | 0 | 0 | | 0 | 1 | 0 | | 0 | 0 | 0 | | | | | | | | | |

2.3 REVIEW OF PERFORMANCE STANDARDS BY EXCEPTION

| Measure | Annual Target | Monthly Target | YTD | September | October | November | December | Year end 12/13 | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------|--|----------------|--------|-----------|---------|----------|----------|----------------|-----|-----|-----|--------|----|----|---------|----|----|-----------|----|----|----------|----|----|--------|----|----|----------|----|----|--------|----|----|
| A&E 4 Hour Wait | 95% | 95% | 93.92% | 94.39% | 95.15% | 92.18% | 92.03% | 90.62% | | | | | | | | | | | | | | | | | | | | | | | | |
| Current State | <ul style="list-style-type: none"> - Target not achieved during December; - No breaches of 12 hour trolley wait standard. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Planned Actions | <ul style="list-style-type: none"> - The Whole Health and Social Care Economy Senior Manager Winter Planning meetings continue with a drive to support a reduction in the number of patients who are fit to discharge/transfer [FTT] but remain in hospital. Delays in starting packages of care and Nursing home bed availability in Shropshire have increased delays; - A Remedial Action Plan [RAP] is due to be signed off by the CCG's on 30th January 2014. Following this it will be monitored by the Chief Operating Officer and monthly with the CCG's at the Remedial Action Plan Meeting to support delivery of the 95% target; - The Choice Policy has been revised to support earlier discharge for patients with complex discharge needs; - New discharge ward based target and % before midday have been agreed as part of the discharge project. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Key Themes/Trends | <ul style="list-style-type: none"> - Trust continues to function at above 98% bed occupancy daily with all assessment areas full; - Across the Trust in the month of December, 47% of 4 hour breaches were due to no beds; - Two wards worth of patients are fit to transfer at any one time, we have peaked during the early part of January to over 80 on the FTT - ED attendances below plan in month and year to date but not comparable to last year due to a change in service delivery whereby GP direct admissions no longer go through the Emergency Department. <p>Fit to Transfer Trend Chart – Daily Average by Site/Month</p> <table border="1"> <caption>Average number of FTT Patients in December 2013 by day of the week</caption> <thead> <tr> <th>Day</th> <th>RSH</th> <th>PRH</th> </tr> </thead> <tbody> <tr> <td>Monday</td> <td>31</td> <td>26</td> </tr> <tr> <td>Tuesday</td> <td>32</td> <td>23</td> </tr> <tr> <td>Wednesday</td> <td>31</td> <td>23</td> </tr> <tr> <td>Thursday</td> <td>34</td> <td>25</td> </tr> <tr> <td>Friday</td> <td>28</td> <td>20</td> </tr> <tr> <td>Saturday</td> <td>26</td> <td>19</td> </tr> <tr> <td>Sunday</td> <td>28</td> <td>21</td> </tr> </tbody> </table> | | | | | | | | Day | RSH | PRH | Monday | 31 | 26 | Tuesday | 32 | 23 | Wednesday | 31 | 23 | Thursday | 34 | 25 | Friday | 28 | 20 | Saturday | 26 | 19 | Sunday | 28 | 21 |
| Day | RSH | PRH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Monday | 31 | 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tuesday | 32 | 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wednesday | 31 | 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Thursday | 34 | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Friday | 28 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Saturday | 26 | 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sunday | 28 | 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Sath Weekly A&E 4hr Performance



| Measure | Annual Target | Monthly Target | YTD | July | August | September | October | November | December | Year end 12/13 |
|--|--|----------------|-----|--------|--------|-----------|---------|----------|----------|----------------|
| 18 Week RTT Admitted - English Responsible Only | 90% | 90% | | 70.51% | 77.61% | 75.54% | 75.82% | 79.34% | 78.74% | 78.00% |
| Current State | <ul style="list-style-type: none"> - Target failed in December; however Urology, Ophthalmology and General Surgery standards were achieved ahead of plan. | | | | | | | | | |
| Planned Actions | <ul style="list-style-type: none"> - All Centres have produced detailed trajectories and Remedial Action Plans [RAPs] which are monitored at weekly PTL meetings as part of an overarching Trust Remedial Action Plan; - Four booking & scheduling workshops supported by the Elective Care Intensive Support Team have been set up in February to ensure that each of the Centres is booking in accordance with the Access Policy and clinical & 18 Week priority order; - Weekly theatre utilisation meetings are being held to ensure optimised use of theatre capacity. | | | | | | | | | |
| Key Themes/Trends | <ul style="list-style-type: none"> - The number of patients waiting over 18 weeks continues to fall in line with trajectories; - The Trust will continue to fail this target until the backlog and waiting list size is at the agreed sustainable level; - Discussions ongoing with CCG's in relation to delivery of standard overall (currently October 2014) in relation to a whole health economy solution for Orthopaedics; - Overall Remedial Action Plan has been signed off by CCG's and is monitored by the Chief Operating Officer and monthly at a Remedial Action Plan Meeting with the CCG's. All specialties are on trajectory. | | | | | | | | | |

| Measure | Annual Target | Monthly Target | YTD | July | August | September | October | November | December | Year end 12/13 |
|--|--|----------------|-----|--------|--------|-----------|---------|----------|----------|----------------|
| 18 Week RTT Incomplete Pathway - English Responsible Only | 92% | 92% | | 92.16% | 89.76% | 89.94% | 91.02% | 90.95% | 89.75% | 86.57% |
| Current State | <ul style="list-style-type: none"> - Target failed in December | | | | | | | | | |
| Planned Actions | <ul style="list-style-type: none"> - Trajectories are in place and monitored at the weekly PTL meeting; - A reporting tool has been put in place which details non-compliance by specialty against the incomplete target and therefore action can be taken at the weekly PTL meetings. | | | | | | | | | |
| Key Themes/Trends | <ul style="list-style-type: none"> - Performance will be inconsistent until waiting list sizes are cleared to a sustainable level. | | | | | | | | | |

| Measure | Annual Target | Monthly Target | YTD | July | August | September | October | November | December | Year end 12/13 |
|---|--|----------------|--------|--------|--------|-----------|---------|----------|----------|----------------|
| Cancer 2 Week GP to 1st OP Appointment Breast Symptoms | 93% | 93% | 93.35% | 89.84% | 91.49% | 94.23% | 96.45% | 91.53% | 90.06% | 95.73% |
| Current State | <ul style="list-style-type: none"> - Target failed in December with 16/161 patients breached (9.93% representative); - Fourth episode of non-compliance in the last 6 month period; - Predicted compliance for year end 2013/14 by +0.35% | | | | | | | | | |
| Planned Actions | <ul style="list-style-type: none"> - Actions from the Breast meeting to discuss targets in December to be recirculated; further meeting to be arranged and confirmed for early January; - The adoption of local stretch targets will ensure patients are offered earlier dates in the future and a subsequent date within target; to be facilitated by telephone versus paper correspondence - Investigate clinic cancellation and escalate to senior management | | | | | | | | | |
| Key Themes / Trends | <ul style="list-style-type: none"> - 9 breaches: 4 resulting from a clinic cancellation and a further 5 patients were unavailable to attend the initial appointment offered - 7 initial appointments were declined with the alternative date given outside of the current target; a result exacerbated by the holiday period - Capacity – limited slots available within 14 day target; many patients continue to be offered one appointment date within target with the subsequent date then resulting in a breach | | | | | | | | | |

| Measure | Annual Target | Monthly Target | YTD | July | August | September | October | November | December | Year end 12/13 |
|--|--|----------------|--------|--------|--------|-----------|---------|----------|----------|----------------|
| Cancer 31 day second or subsequent treatment – Drug | 98% | 98% | 98.75% | 97.33% | 98.89% | 100% | 98.82% | 100% | 97.62% | 99.02 % |
| Current State | <ul style="list-style-type: none"> - Target failed in December with 1/42 patients breached (2.38% representative) - Second episode of noncompliance in the last 6 month period - Predicted compliance for year end 2013/14 by +0.75% | | | | | | | | | |
| Planned Actions | <ul style="list-style-type: none"> - Ensure escalation policy is adhered to; review with coordinators to ensure prompt and early reporting - Re-establish the group escalation meeting to ensure all professionals involved in patient delivery can assist in expediting patients where necessary - Distribute escalation policy to all clinical and non-clinical teams to ensure future compliance | | | | | | | | | |
| Key Themes / Trends | <ul style="list-style-type: none"> - Due to low numbers; a single patient breach can result in noncompliance, one preventable breach has resulted in noncompliance - Individual case; treatment planned within target however medical condition arose that needed to be resolved prior to treatment | | | | | | | | | |

| Measure | Annual Target | Monthly Target | YTD | July | August | September | October | November | December | Year end 12/13 |
|---|--|----------------|--------|--------|--------|-----------|---------|----------|----------|----------------|
| Cancer 31 day second or subsequent treatment – Surgery | 94% | 94% | 92.79% | 96.88% | 88.89% | 95.24% | 96.15% | 91.43% | 91.18% | 94.79% |
| Current State | <ul style="list-style-type: none"> - Target failed in December with 3/34 patients breached (8.82% representative) - Third episode of noncompliance in the last 6 month period - Predicted noncompliance for year end 2013/14 by -1.25% | | | | | | | | | |
| Planned Actions | <ul style="list-style-type: none"> - Consultant surgeons continue to be advised to pool surgical cases and offer patients alternative appointments within target - Ensure escalation policy is adhered to; review with coordinators to ensure prompt and early reporting - Re-establish the group escalation meeting to ensure all professionals involved in patient delivery can assist in expediting patients were necessary - Distribute escalation policy to all clinical and non-clinical teams to ensure future compliance - Investigate to ensure pauses have been applied were appropriate (patient choice) | | | | | | | | | |
| Key Themes / Trends | <ul style="list-style-type: none"> - Due to low numbers; a single patient breach can result in noncompliance - Surgical capacity: alternative appointments are not being offered to all patients within target - 2 cases where patients have exercise their own personal choice and delayed their pathway journey - Individual case; patient not escalated as per policy and patient breached due to insufficient tracking | | | | | | | | | |

| Measure | Annual Target | Monthly Target | YTD | July | August | September | October | November | December | Year end 12/13 |
|--|---|----------------|--------|--------|--------|-----------|---------|----------|----------|----------------|
| Cancer 62 days urgent referral to treatment | 85% | 85% | 81.95% | 85.03% | 84.29% | 84.68% | 79.80% | 83.52% | 80.20% | 85.13% |
| Current State | <ul style="list-style-type: none"> - Target failed in December with 19.5/98.5 patients breached (19.79% representative), 0.5 is a shared breach with the tertiary centre; - Fifth consecutive episode of noncompliance in the last 6 month period - Predicted noncompliance for year end 2013/14 by -3.05% - Breaches reported are across all cancer sites; although surgical cases represent 45%, drug treatment 20%, radiotherapy 20% and other 15% | | | | | | | | | |
| Planned Actions | <ul style="list-style-type: none"> - Consultant surgeons are continued to be advised to pool surgical cases and offer patients alternative appointments within target - Ensure escalation policy is adhered to; review with coordinators to ensure prompt and early reporting - Re-establish the group escalation meeting to ensure all professionals involved in patient delivery can assist in expediting patients were necessary - Distribute escalation policy to all clinical and non-clinical teams to ensure future compliance | | | | | | | | | |

| | |
|---------------------|---|
| Key Themes / Trends | <ul style="list-style-type: none"> - Surgical capacity: alternative appointments are not being offered to all patients within target - Common themes highlighted across disciplines: - 3x breaches due to capacity; additional dates within target were not available - 5x cases where medical conditions delayed treatment - 6x cases of complex disease and/or diagnostic pathway resulting in changes or delays to treatment - 2x cases where patients were escalated as per policy; however patients could not be contacted to offer alternatives treatment dates - Individual case; patient not escalated as per policy and patient breached due to insufficient tracking |
|---------------------|---|

3. FINANCE

OVERVIEW

Income and Expenditure

- The Trust deficit at the end of December is £2.769 million, after allowing for NHS Trust Development Authority (NTDA) transitional support of £3 million.
- The Trust has accepted a revised level of transitional support of £4 million on the basis that it is able to achieve a balanced position by the year end. This decision necessarily had to be made by the Chief Executive and Director of Finance to meet the required deadline which was in adncae of the Trust Board meeting.
- The Trust has reached an agreed income position with Shropshire County CCG for the remainder of the year and discussion with Telford & Wrekin CCG is ongoing. Forecast income levels should enable a breakeven position to be achieved but due to uncertainty over the impact of emergency activity and the position with Telford & Wrekin there remains a potential risk level of cica £1 million risk in delivering a balanced end of year position.

Cash position

- The Trust had £645,000 in the bank at the end of the year, following the receipt of temporary borrowing amounting to £7.5 million, which the Trust is required to pay in full in March 2014. We have therefore applied for £5 million Public Dividend Capital to cover the end of year cash risk.

3.1 FINANCE PERFORMANCE SUMMARY – December 2013 (Month 09)

| 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 | 4 | 2 | |
| | EBITDA Achieved | 85% | Q YTD | 84.20% | 88% | 98% | 87.81% | Mar-13 | 128.12% | 103.79% | |
| | EBITDA Margin | 5% | Q YTD | 2.8% | 4% | 4.7% | 4.6% | Mar-13 | 15% | 3.4% | |
| | I&E Surplus Margin | 1% | Q YTD | -1.90% | -0.50% | 0.00% | 0.03% | Mar-13 | 10.51% | -1.20% | |
| | Return on Assets | 5% | Q YTD | 0.03% | 1.20% | 2.60% | 3.30% | Mar-13 | 23.80% | 0.88% | |
| | Liquidity ratio | 15 days | Q YTD | 13.5 | 14.4 | 12.9 | 13.3 | Mar-13 | | 20.9 | |
| | Total Income (actual v plan) | 0.5% of plan | Q YTD | 99.6% | 99.6% | 99.90% | 99.73% | Mar-13 | 100.17% | 99.81% | |
| | Pay Expenditure (actual v plan) | At or below plan | Q YTD | 101% | 102.40% | 99.90% | 100.27% | Mar-13 | 100.03% | 99.90% | |
| | Non Pay Expenditure (actual v plan) | At or below plan | Q YTD | 98.04% | 95.20% | 100.3% | 101.03% | Mar-13 | 97.59% | 99.98% | |
| | CIP (actual v plan) | At or below plan | Q YTD | 100% | 74% | 98.00% | 100.00% | Mar-13 | 100.00% | 100.00% | |
| Capital Expenditure (actual v plan) | At or below plan | Q YTD | 13% | 38% | 59.00% | 68.00% | Mar-13 | 123.11% | 75.04% | | |

3.2 DECEMBER 2013 POSITION

The Trust has over the past two months been:

- engaged in discussions with Commissioners/NHS Trust Development Authority (NTDA) to agree level of funding/income in respect of the 2013/14 year; and
- actively working towards the achievement of the approved financial recovery plan as agreed by the Board at the October board meeting.

The effect of this work has been that in order to sensibly review the financial position at the end of December 2013 and into future months, it is necessary to reset the budgetary position to reflect the new Target position of the Trust, notably to achieve a financial balanced position by the year end.

Previously in setting a financial recovery plan the Trust had committed to achieving a deficit at the year end of £5.755 million, moving to a revised plan of achieving financial balance has been made possible because:

| | Financial Recovery Plan £000's | Adjustments | Revised Plan |
|---|-----------------------------------|-------------|--------------|
| Income | 303,376 | 2,109 | 305,485 |
| Pay | 208350 | | 208,350 |
| Non Pay | 89718 | 1366 | 91,084 |
| Reserves | (3,055) | (1,021) | (4,076) |
| Finance Costs | 14,122 | | 14,126 |
| Surplus / Deficit before Transitional support | (5,755) | 1,758 | - |
| Transitional Support | | 4,000 | 4,000 |
| Surplus/ (Deficit) | (5,755) | 5,755 | - |

The key changes within the plan are :

- Pass through costs – Allowance for increased levels of pass through costs in respect of transport, high cost drugs etc with the effect that income and expenditure increases by £1.366 million,
- Patient related Income - Increased level of patient related income amounting to £743,000. This increase reflecting consistency in the application of PBR rules and also
- Transitional support - Funding released by the NTDA on the premise that the Trust is able to secure a balanced Income and Expenditure position.

The Income and Expenditure position at the end of Month 9 as compared with the Plan is as follows:

| | Months 1 - 9 Budget £000's | Months 1 - 9 Actual £000's | Variance £000's | Planned Forecast Outturn £000's | Forecast Outturn £000's | Variance £000's | Months 1 - 9 2012/13 £000's |
|---|----------------------------------|----------------------------------|--------------------|---------------------------------------|----------------------------|--------------------|-----------------------------------|
| Income | 227,491 | 227,054 | (437) | 305,485 | 305,044 | (441) | 221,750 |
| Expenditure | | | | | | | |
| Pay | (156,184) | (156,029) | 155 | (208,350) | (208,208) | 142 | (151,408) |
| Non Pay | (68,049) | (68,035) | 14 | (91,084) | (91,042) | 42 | (64,667) |
| Reserves | 1,342 | 1,898 | 556 | 2055 | 2555 | 500 | 618 |
| Finance Cost | (10,647) | (10,657) | (10) | (14,122) | (14,276) | (154) | (10,510) |
| Total Expenditure | (233,538) | (181,605) | 715 | (311,502) | (310,971) | 531 | (225,967) |
| Under / Over spend | (6,047) | (5,769) | 278 | (6,017) | (5,927) | 90 | (4,216) |
| Transitional support | 3,000 | 3,000 | - | 4,000 | 4,000 | - | 4,264 |
| Surplus / (deficit) | (3,047) | (2,769) | 278 | (2,017) | (1,927) | 90 | 48 |
| Corrective actions | | | | 2,017 | 1,927 | (90) | |
| Surplus Deficit after corrective actions | | | | - | - | - | |

The Trust recorded a deficit at the end of December, before receiving transitional support amounting to £5.769 million. This compares with an expected level of deficit at the end of December of £6.047 million.

An estimation of the forecast Outturn has been undertaken based upon existing spending practices. This suggests that without identifiable actions the Trust would overspend in the year by £5.927 million. The Trust is presently developing opportunities to address this level of overspend. The value of these opportunities, amount to £1.927 million. On the basis that these opportunities are able to be achieved, when combined with transitional support of £4 million, the Trust is then able to achieve a break even position by the year end.

3.3 INCOME

The table below provides a description of performance at the end of December. As can be seen the Trust had recorded an underachievement of Income when compared with planned levels. The level of under achievement amounts to £437,000.

In order to understand why the Trust under achieved over the months November and December, it is necessary to fragment the adverse income variance into:

- Price Variation (case mix) – the extent to which the variance arises because the complexity of activity delivered varies from anticipated levels; and
- Volume Variation – the extent to which the variance occurs because of the level of activity performed.

| | April - | April - | Variation | % Variation | April - | April - | Financial | Price | Volume |
|--------------------------------------|----------------|----------------|----------------|---------------|----------------|----------------|--------------|--------------|------------|
| | December | December | | | December | December | Variance | Variance | Variance |
| | Budget | Actual | | | Budget | Actual | Value | | |
| | Activity | Activity | Activity | | £000s | £000s | £000s | £000s | £000s |
| Accident and Emergency (Attendances) | 81,242 | 81,017 | (225) | (0.3%) | 8,417 | 8,420 | 3 | 26 | (23) |
| Outpatient Appts (Attendances) | 291,118 | 288,987 | (2,131) | (0.7%) | 34,503 | 34,074 | (429) | (176) | (253) |
| Elective Day Cases | 29,156 | 29,108 | (48) | (0.2%) | 20,392 | 20,397 | 5 | 39 | (34) |
| Elective Inpatient (Spells) | 5,292 | 5,398 | 106 | 2.0% | 14,032 | 14,381 | 349 | 68 | 281 |
| Emergency (Spells) | 33,989 | 34,118 | 129 | 0.4% | 62,544 | 62,171 | (373) | (610) | 237 |
| Maternity | 6,828 | 6,775 | (53) | (0.8%) | 10,539 | 10,439 | (100) | (18) | (82) |
| Emergency Threshold | | | | | (256) | (256) | 0 | | |
| Others (Inc Reserves) | | | | | 77,320 | 77,428 | 108 | | |
| NTDA Support | | | | | 3,000 | 3,000 | 0 | | |
| Total | 447,625 | 445,403 | (2,222) | (0.5%) | 230,491 | 230,054 | (437) | (672) | 127 |

The table above identified that in the two months the Trust had a positive activity variance of £127,000, but this was compensated by an adverse variance of £672,000 in respect of case mix.

The positive activity variance, occurred because the volume of completed Inpatient and Emergency spells exceeded planned levels by 335 spells. The case mix variation is attributable to outpatient activity (particularly outpatient procedures) and Emergency spells.

A closer examination of the outpatient activity shows a sizeable level of under performance within both Ophthalmology and Trauma and Orthopaedics specialities.

In order to gain an understanding of the case mix variance within emergency care, a review has been completed which has considered the mix of activity between admitted emergency patients and zero length of stay cases.

| | April – | % | November – | | Distribution | Distribution |
|----------------------|---------|-------|------------|-------|--------------|--------------|
| | October | | December | | 2012/13 | 2011/12 |
| Emergency admissions | 19,530 | 74.6 | 5,380 | 68.6 | 76.5 | 79.9 |
| Zero length of stay | 6,656 | 25.4 | 2,461 | 31.2 | 23.5 | 20.1 |
| Total | 26,186 | 100.0 | 7,841 | 100.0 | 100.0 | 100.0 |

emergency activity increased significantly when compared with the previous months of the 2013/14 financial year. This is relevant because zero length of stay activity carries a much lower tariff.

The table below provides a comparison of the average level of Income received per month to date and the amount to be achieved in the remaining months of the year.

| | Average months 1 -9 | Average months 10 -12 | Variance |
|----------------------|---------------------|-----------------------|----------|
| A and E attendances | 936 | 884 | (52) |
| Outpatients | 3,786 | 3,785 | (1) |
| Elective Day Case | 2,266 | 2,482 | 216 |
| Elective Inpatient | 1,598 | 1,759 | 161 |
| Emergency | 6,776 | 7,045 | 269 |
| Maternity | 1,160 | 1,227 | 67 |
| Other Services | 6,699 | 6,582 | (117) |
| Other Clinical | 287 | 287 | - |
| Non Clinical | 1650 | 1650 | - |
| Winter Pressures | 70 | 204 | 134 |
| Best Practice Tariff | - | 94 | 94 |
| | 25228 | 25998 | 770 |

As can be seen the Trust is expecting to increase its level of Income per month by £770,000 when compared with the levels received in the year to date. Increased clinical activity over the remaining months of the year are expected to produce £542,000 of the monthly increase.

3.4 PAY EXPENDITURE

The table below presents the level of Pay spending over the past twenty one months. Significantly the table appears to demonstrate that the level of Pay spending has stabilised at approximately £17.3 million per month.

| | <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 | |
| September | 17,215 | 17,300 | |
| October | 17,348 | 17,286 | |
| November | 17,194 | 17,256 | |
| December | 17,371 | 17,304 | 17.3 |

- The underlying level of monthly Pay spending amounts to £17.3 million.
- The number of staff employed by the Trust has increased in the last quarter by an average of 48 WTE posts. However, the average pay costs have remained static at £17.3 million.
- The staffing increase has occurred in nursing and non-clinical staff groups.
- Average agency spending has reduced by £130,000 per month. This reduction has occurred in the consultant and medical staffing budgets.
- The level of spending in respect of bank staff has remained constant at £550,000 per month throughout the year.
- Spending in respect of bank and agency nursing staff has amounted to £1 million per month throughout the year.

- In the month of December, nursing agency spending was £564,000, the highest level recorded to date.
- The level of staffing associated with EPS has increased over the last 3 months.

3.5 NON PAY

Detailed below are the current run rates for non pay, which continues to illustrate consistent expenditure levels.

| | <i>Total Non Pay Spend £000s</i> | <i>3 month moving average £000s</i> |
|---|--------------------------------------|---|
| April | 7,257 | 7,667 |
| May | 7,162 | 7,415 |
| June | 6,919 | 7,113 |
| July | 7,211 | 7,097 |
| August | 7,342 | 7,157 |
| September | 6,881 | 7,145 |
| October | 7,522 | 7,248 |
| November | 7,369 | 7,257 |
| December | 7,064 | 7,318 |
| January | 7,188 | 7,207 |
| February | 7,145 | 7,132 |
| March (exc exceptional items) | 7,365 | 7,233 |
| April | 7,084 | 7,198 |
| May | 7,471 | 7,307 |
| June | 6,992 | 7,182 |
| July (exc exceptional items HCD) | 7,382 | 7,282 |
| August (exc exceptional items HCD and RTT) | 7,036 | 7,137 |
| September (exc exceptional items HCD and ICD) | 7,052 | 7,157 |
| October (exc exceptional items HCD and ICD) | 7,922 | 7,378 |
| November (exc exceptional items HCD and ICD) | 7,430 | 7,468 |
| December (exc exceptional items HCD and ICD) | 7,227 | 7,526 |

In the last three months the average level of non pay spending increased to £7.5 million per month.

To achieve the forecast outturn for the year it is necessary for the non pay spending to be contained within a level of £7.65 million.

3.6 FORECAST OUTTURN

The forecast outturn position has now been reset so as to produce a balanced Income and Expenditure position by the year end.

In setting itself a recovery target for the year, the Trust initially computed a forecast worst case deficit for the year of £10.165 million and then identified actions to reduce the scale of the deficit

by the year end to £5.75 million. At the last board meeting it was reported that the end of year position appeared likely to deteriorate still further to £6.23 million unless further corrective actions were taken.

Since the last board meeting discussions have been held with the CCG's to determine an end of year position, and in the case of Shropshire County CCG, as mentioned earlier, this has formed the basis of a deal for the year.

In addition the Trust has also received the offer of £4 million financial support, though this support was predicated on the Trust committing to achieve a balanced position by the year end. Given the Trust liquidity issues, and also the benefit to the health economy from receiving the financial support it was decided to take the £4 million support and work over the next three months to achieve a balanced position.

| | Revised Forecast | Previous Forecast | Original Plan |
|-------------------------------|------------------|-------------------|---------------|
| | Total | | |
| Income | 305,044 | 305,442 | 304,376 |
| Pay | 208,207 | 208,762 | 208,350 |
| Non Pay | 91,042 | 90,840 | 89,718 |
| Finance costs | 14,276 | 14,126 | 14,122 |
| Reserves write off | -2,555 | -2,055 | -2,055 |
| Recovery Plan position | -5,926 | -6,231 | -5,759 |
| NTDA Support | 4,000 | | |
| Corrective actions | 1,926 | | |
| End of Year | 0 | | |

It can be seen from the above that in taking the financial support, the Trust carries a residual deficit amounting to £1.926 million. The Trust is presently taking forward the following actions to resolve this deficit.

- NHS England – NHS England is presently reimbursing the Trust for High Cost Drugs based upon a National Tariff. In previous years the Trust was able to take savings from reductions in the price of High Cost Drugs as a contribution to CIP. Whilst the Trust recognises that the application of a standard price ultimately is appropriate, our position is that any financial consequence from making such a change should have been applied progressively rather than in full in the 2013/14 financial year. Following meetings with NHS England in December 2013 it was agreed that the Trust and NHS England would work to ensure that financial impact upon the Trust was phased over two years. The effect of doing so is to increase the Trust Income in this year by £1 million. Work to finalise such a deal is scheduled for completion in February.
- Car Parking – Delays in the implementation of the revised car parking arrangements at the RSH and PRH sites has meant that the Trust has suffered a reduction in its car parking income. Following discussions with the external contractor it has been agreed that the Trust will receive compensation amounting to £100,000 in this financial year.
- Telford and Wrekin CCG – Telford and Wrekin CCG have presently offered £84.1 million in respect of the 2013/14 contract, doing so enables the CCG to record a surplus in year amounting to £1.9 million. During discussions the CCG have indicated that this sum could be increased to £86.0 million but would mean that the Trust would end the year with a balanced position. The Trust believes that based upon planned activity levels it is likely that the end of year position for Telford and Wrekin CCG will amount to £87.0 million. In setting a forecast

outturn however the Trust planning assumption is that Income amounting to £86.0 million will be received.

- Shropshire County CCG – Whilst a position with Shropshire County CCG has been agreed, in doing so this has required the CCG to forecast a surplus for the year of £2.2 million. In setting the arrangement, the CCG has agreed to pay for estimated activity levels but continue to take a financial benefit from the application of financial penalties and readmissions monies. These two areas amount to £2.5 million. Shropshire County CCG recognise that this is so and have indicated that in the event that their position were to improve over the remaining months of the financial year then additional funds could be released to the Trust.
- Welsh Health Boards – Contract queries have been incorporated into the Forecast outturn as produced by the Trust. These contract queries amount to circa £500,000. The Trust is presently working with the Welsh Health Board to agree the value of these queries.

The above items provide a basis for reducing the deficit from £1.9 million to a balanced position by the year end. That said, given the uncertainty associated with these items it is prudent to recognise at this stage a financial risk in achieving a balanced Income and Expenditure position. It is estimated that the level of risk is approximately £1 million.

3.7 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 | 1413 | GREEN | The effect of the Nurse Staffing Review is to substantially reduce the level of savings capable of being achieved in this year. |
| Pay Cost Reduction | 2,000 | 1,523 | 344 | GREEN | 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 |

| | <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> |
|--|--|---------------------------|--|-------------------|--|
| | | | | | outsource activity – introducing new costs |
| Corporate Services | 1,150 | 1,150 | 750 | GREEN | detailed action plans in place. However, slippage in Estates and Facilities areas. |
| Pathology Reconfiguration | 300 | 204 | - | RED | PID Constructed but savings not realised this year. |
| 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 | 7,154 | | |
| 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 dependent upon RTT recovery plan being delivered in the financial year. |
| Danwood Printing | | 100 | 30 | 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 | 1,000 | 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. The Trust has benefitted from the availability of increased level of junior medical training posts. |
| 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 | 13,516 | | |

As can be seen, the Trust is expecting to under achieve against the revised plan by £4.31 million. In doing so the Trust will however deliver savings in year of £13.516 million equivalent to 4.5% of Trust turnover.

3.9 CAPITAL PROGRAMME

The position in respect of the Capital programme as at December 2013 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 | 11,398 | 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 | 2 | 400 | 0 |
| Solution re non-closure of beds to enable Recon | 300 | 0 | 300 | 0 |
| Other Capital Schemes | 2,701 | 1,409 | 2,701 | 0 |
| Capital contingencies | 2,598 | 1,337 | 2,598 | 0 |
| Capital Schemes Review/Reallocation | 1,800 | 0 | 1,800 | 0 |
| Total Discretionary Capital Schemes | 8,450 | 2,872 | 8,450 | 0 |
| Total including reconfiguration | 29,080 | 14,270 | 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**

3.10 CASH FLOW

Key points regarding cash flow are as follows:

- A cash balance of £0.676 million was held on the Balance Sheet at the end of December. This balance includes £7.5 million Temporary Borrowing (TBL) (£6m revenue and £1.5m capital).
- PDC Receipts – It had been anticipated that PDC will be drawn down in line with expenditure on the Future Configuration of Hospital Services. The Trust is however able to receive PDC once internally generated funds have been exceeded in support of capital schemes. As a consequence, the Trust was unable to drawdown the required funds for December's commitments and received £1.5 million TBL to cover this shortfall. We are currently reviewing this position with the NTDA to agree the process for the monthly drawdown of future Capital PDC requirements.
- Receipt of Temporary Borrowing – In order to address a significant cash problem, the Trust has requested Temporary Borrowing. The level of TBL received to date in respect of revenue is £6 million which is repayable in full in March 2014. The TBL received is broadly in line with the £5.7m YTD deficit reported at Month 08. Agreement has been reached with the NTDA for

cash support of £4m which, together with a revised I&E forecast of breakeven, will allow the Trust to repay the Temporary Borrowing received.

- The end of year cash position had previously assumed the receipt of cash from the two local CCGs at a level consistent with the income position for the year. However, it is now likely that due to adjustment of the CCGs Cash Limit, there will be a shortfall of £5m in cash received in March. The Trust has applied for a Permanent Loan to cover this shortfall, which it will repay in April upon receipt of the cash from the CCGs.
- Cash movement – The Trust is required to maintain a cash balance at year end of £2.2 million

| | Actual April Month £000's | Actual May Month £000's | Actual June Month £000's | Actual July Month £000's | Actual August Month £000's | Actual September Month £000's | Actual October Month £000's | Actual November Month £000's | Actual December Month £000's | Forecast January Month £000's | Forecast February Month £000's | Forecast March Month £000's |
|--|------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|-------------------------------------|--|--------------------------------------|---------------------------------------|---------------------------------------|--|---|--------------------------------------|
| Balance B/fwd | 2,102 | 4,741 | 2,357 | 1,016 | 3,279 | 5,394 | 2,241 | 2,525 | 1,186 | 645 | 2,676 | 1,173 |
| INCOME | | | | | | | | | | | | |
| Income I&E | 27,174 | 24,572 | 25,965 | 26,360 | 24,576 | 23,966 | 26,518 | 20,559 | 26,201 | 25,396 | 25,396 | 26,923 |
| Income - Total Balance Sheet Movements | 1,085 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,062 | (1,770) | 2,921 |
| Total Income Cashflow | 28,259 | 24,572 | 25,965 | 26,360 | 24,576 | 23,966 | 26,518 | 20,559 | 26,201 | 26,458 | 23,626 | 29,844 |
| PAY | | | | | | | | | | | | |
| Pay I&E | (17,058) | (17,485) | (17,606) | (17,391) | (17,521) | (17,347) | (17,282) | (17,301) | (17,592) | (17,393) | (17,393) | (17,393) |
| Pay - Total Balance Sheet Movements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (0) | (0) | (0) |
| Total Pay Cashflow | (17,058) | (17,485) | (17,606) | (17,391) | (17,521) | (17,347) | (17,282) | (17,301) | (17,592) | (17,393) | (17,393) | (17,393) |
| NON PAY | | | | | | | | | | | | |
| Non Pay I&E | (7,848) | (7,296) | (7,688) | (7,102) | (7,806) | (6,603) | (8,538) | (7,209) | (8,212) | (7,464) | (7,464) | (7,464) |
| Non Pay - Total Balance Sheet Movements | 0 | 0 | (605) | 0 | 0 | 0 | 0 | 0 | 0 | 745 | 745 | 745 |
| Total Non Pay Cashflow | (7,848) | (7,296) | (8,293) | (7,102) | (7,806) | (6,603) | (8,538) | (7,209) | (8,212) | (6,719) | (6,719) | (6,719) |
| FINANCE COSTS | | | | | | | | | | | | |
| Finance Costs I&E | 0 | 0 | 2 | 2 | 2 | (2,908) | 2 | 2 | 2 | 3 | 3 | (2,749) |
| Finance Costs - Total Balance Sheet Movements | 0 | 0 | 0 | 0 | 0 | 73 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Finance Costs Cashflow | 0 | 0 | 2 | 2 | 2 | (2,835) | 2 | 2 | 2 | 3 | 3 | (2,749) |
| CAPITAL | | | | | | | | | | | | |
| Capital Expenditure | (207) | (260) | (219) | (590) | (248) | (309) | (186) | (123) | (272) | (500) | (1,201) | (1,788) |
| Capital - Total Balance Sheet Movements | 0 | (2,129) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Capital Cashflow | (207) | (2,389) | (219) | (590) | (248) | (309) | (186) | (123) | (272) | (500) | (1,201) | (1,788) |
| Temporary Borrowing Limit 1 (Temp PDC) August 13 | 0 | 0 | 0 | 0 | 3,000 | 0 | 0 | 0 | 0 | 0 | 0 | (3,000) |
| Temporary Borrowing Limit 2 (Temp PDC) November 13 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3,000 | 0 | 0 | 0 | (3,000) |
| Temporary Borrowing Limit 3 (Temp PDC) December 13 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,500 | 0 | 0 | (1,500) |
| PDC Revenue | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5,000 |
| Donated Assets | | | | | | | | | | | | |
| Donated Assets Income | 76 | 37 | 32 | 34 | 2 | 0 | 36 | 0 | 10 | 257 | 257 | 257 |
| Donated Assets Expenditure | (93) | (1) | 0 | (257) | (200) | (5) | (65) | (30) | (37) | (75) | (75) | (162) |
| Total Donated Assets Cashflow | (16) | 36 | 32 | (223) | (199) | (5) | (29) | (30) | (27) | 182 | 182 | 95 |
| FCHS | | | | | | | | | | | | |
| PDC Drawdown re FCHS | 0 | 1,280 | 0 | 2,480 | 1,141 | 1,217 | 1,586 | 1,621 | 0 | 2,177 | 4,226 | 4,902 |
| Capital re FCHS | (491) | (1,100) | (1,223) | (1,273) | (831) | (1,238) | (1,786) | (1,858) | (2,140) | (2,177) | (4,227) | (2,666) |
| Total FCHS Cashflow | (491) | 180 | (1,223) | 1,207 | 310 | (21) | (200) | (237) | (2,140) | 0 | (1) | 2,236 |
| Total Cashflow | 2,639 | (2,383) | (1,341) | 2,263 | 2,115 | (3,153) | 284 | (1,340) | (541) | 2,031 | (1,503) | 1,026 |
| Balance C/fwd | 4,741 | 2,357 | 1,016 | 3,279 | 5,394 | 2,241 | 2,525 | 1,186 | 645 | 2,676 | 1,173 | 2,200 |

3.11 Contracting and Performance overview

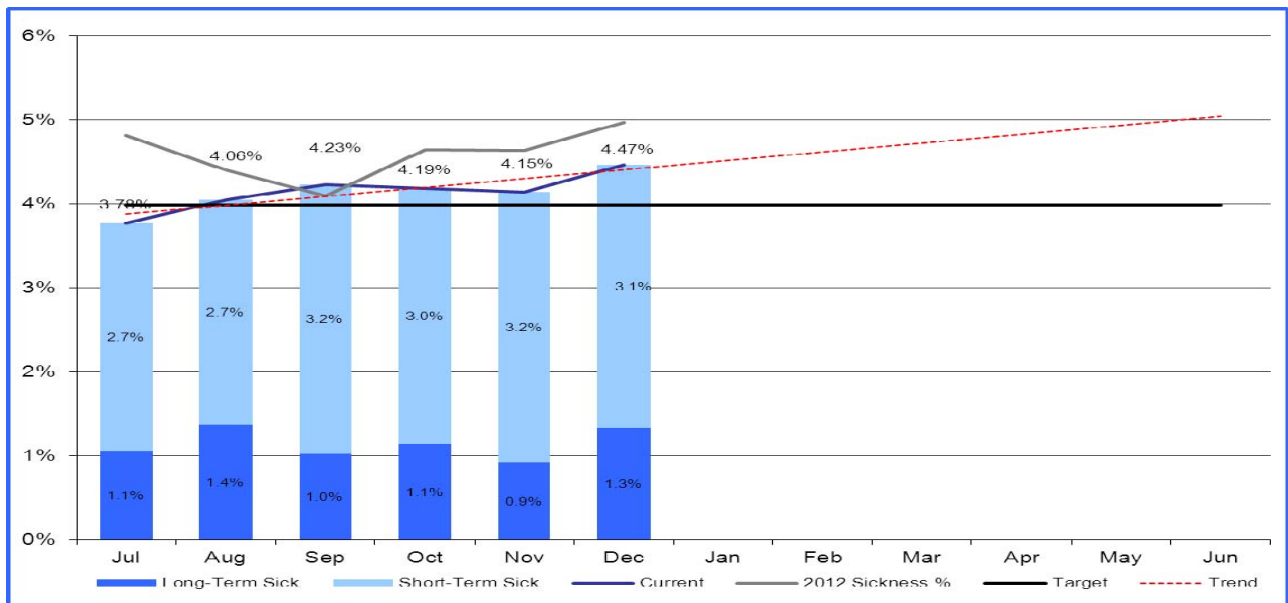
| Summary Activity Position (Internal Plan) | | | | | | | | | | | | |
|--|--------------------------|------------------------------|---------------|------------------|--------------|---------------|-----------------------|-------------------------|---------------|--------------|----------------------|------------------------------|
| Month 9 (Initial Data Submission) | | | | | | | | | | | | |
| All Commissioners | | | | | | | | | | | | |
| Point of Delivery | Care Group | 12/13 Restated 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 | 4,788 | 4,587 | -201 | -4.2% | 46,864 | 46,095 | -769 | -1.6% | 62,740 | 62,740 |
| | Therapies / Diagnostics | 166 | 14 | 16 | 2 | 17.6% | 135 | 147 | 12 | 8.6% | 180 | 180 |
| | Unscheduled Care | 23,778 | 1,904 | 1,895 | -9 | -0.5% | 18,663 | 18,406 | -257 | -1.4% | 24,977 | 24,977 |
| | Women and Children's | 16,780 | 1,190 | 1,462 | 272 | 22.9% | 11,403 | 11,496 | 93 | 0.8% | 15,348 | 15,348 |
| Consultant Led/Responsible First Attendance Total | | 101,319 | 7,896 | 7,960 | 64 | 0.8% | 77,065 | 76,144 | -921 | -1.2% | 103,246 | 103,246 |
| Consultant Led/Responsible Follow Up Attendance | Scheduled Care | 119,790 | 8,856 | 9,541 | 685 | 7.7% | 86,938 | 87,758 | 820 | 0.9% | 116,304 | 116,304 |
| | Therapies / Diagnostics | 474 | 36 | 28 | -8 | -22.7% | 360 | 358 | -2 | -0.6% | 480 | 480 |
| | Unscheduled Care | 43,947 | 3,274 | 2,940 | -334 | -10.2% | 32,282 | 31,662 | -620 | -1.9% | 43,138 | 43,138 |
| | Women and Children's | 18,620 | 1,768 | 2,105 | 337 | 19.1% | 17,121 | 17,358 | 238 | 1.4% | 22,983 | 22,983 |
| Consultant Led/Responsible Follow Up Attendance Total | | 182,831 | 13,935 | 14,614 | 679 | 4.9% | 136,702 | 137,136 | 435 | 0.3% | 182,906 | 182,906 |
| Consultant Led/Responsible Outpatient Procedure | Scheduled Care | 47,615 | 4,013 | 3,781 | -232 | -5.8% | 41,893 | 41,727 | -166 | -0.4% | 55,198 | 55,198 |
| | Therapies / Diagnostics | 42 | | | 263 | 18.5% | | | -520 | -3.3% | | |
| | Unscheduled Care | 25,571 | 1,421 | 1,684 | -918 | -48.1% | 15,553 | 15,033 | -958 | -4.8% | 20,265 | 20,265 |
| | Women and Children's | 25,084 | 1,910 | 992 | -918 | -48.1% | 19,905 | 18,947 | -958 | -4.8% | 26,240 | 26,240 |
| Consultant Led/Responsible Outpatient Procedure Total | | 98,312 | 7,344 | 6,457 | -887 | -12.1% | 77,351 | 75,707 | -1,644 | -2.1% | 101,703 | 101,703 |
| Total Outpatients | Scheduled Care | 228,000 | 17,657 | 17,909 | 252 | 1.4% | 175,695 | 175,580 | -115 | -0.1% | 234,242 | 234,242 |
| | Therapies / Diagnostics | 682 | 50 | 44 | -6 | -11.7% | 495 | 505 | 10 | 1.9% | 661 | 661 |
| | Unscheduled Care | 93,296 | 6,599 | 6,519 | -80 | -1.2% | 66,499 | 65,101 | -1,398 | -2.1% | 88,380 | 88,380 |
| | Women and Children's | 60,484 | 4,868 | 4,559 | -309 | -6.4% | 48,429 | 47,801 | -628 | -1.3% | 64,571 | 64,571 |
| Total Outpatients Total | | 382,462 | 29,174 | 29,031 | -144 | -0.5% | 291,118 | 288,987 | -2,131 | -0.7% | 387,855 | 387,855 |
| Elective DC | Scheduled Care | 33,148 | 2,640 | 2,725 | 85 | 3.2% | 25,487 | 25,484 | -3 | 0.0% | 34,780 | 34,780 |
| | Unscheduled Care | 2,391 | 182 | 158 | -24 | -13.1% | 1,848 | 1,836 | -12 | -0.7% | 2,413 | 2,413 |
| | Women and Children's | 2,531 | 182 | 155 | -27 | -14.9% | 1,820 | 1,788 | -32 | -1.7% | 2,414 | 2,414 |
| | Elective DC Total | | 38,070 | 3,004 | 3,038 | 34 | 1.1% | 29,156 | 29,108 | -48 | -0.2% | 39,607 |
| Elective IP | Scheduled Care | 5,723 | 431 | 483 | 52 | 12.1% | 4,290 | 4,415 | 125 | 2.9% | 5,944 | 5,944 |
| | Unscheduled Care | 246 | 19 | 22 | 3 | 13.6% | 209 | 221 | 12 | 5.9% | 257 | 257 |
| | Women and Children's | 958 | 79 | 67 | -12 | -14.7% | 793 | 762 | -31 | -4.0% | 1,042 | 1,042 |
| Elective IP Total | | 6,927 | 529 | 572 | 43 | 8.2% | 5,292 | 5,398 | 106 | 2.0% | 7,242 | 7,242 |
| Non Elective | Scheduled Care | 12,308 | 1,146 | 1,069 | -77 | -6.8% | 9,591 | 9,480 | -111 | -1.2% | 12,915 | 12,915 |
| | Unscheduled Care | 23,306 | 2,193 | 2,075 | -118 | -5.4% | 18,313 | 18,121 | -192 | -1.0% | 24,670 | 24,670 |
| | Women and Children's | 8,394 | 728 | 981 | 253 | 34.7% | 6,086 | 6,517 | 431 | 7.1% | 8,197 | 8,197 |
| Non Elective Total | | 44,008 | 4,067 | 4,125 | 58 | 1.4% | 33,989 | 34,118 | 129 | 0.4% | 45,782 | 45,782 |
| Non Elective Other | Scheduled Care | | 6 | 10 | 4 | 78.6% | 47 | 53 | 6 | 13.3% | 63 | 63 |
| | Unscheduled Care | | 21 | 29 | 8 | 38.1% | 178 | 186 | 8 | 4.2% | 239 | 239 |
| | Women and Children's | 9,466 | 798 | 740 | -58 | -7.3% | 6,603 | 6,536 | -67 | -1.0% | 8,918 | 8,918 |
| Non Elective Other Total | | 9,466 | 825 | 779 | -46 | -5.6% | 6,828 | 6,775 | -53 | -0.8% | 9,220 | 9,220 |
| Total Spells | Scheduled Care | 51,179 | 4,222 | 4,287 | 65 | 1.5% | 39,415 | 39,432 | 17 | 0.0% | 53,702 | 53,702 |
| | Unscheduled Care | 25,943 | 2,415 | 2,284 | -131 | -5.4% | 20,548 | 20,364 | -184 | -0.9% | 27,580 | 27,580 |
| | Women and Children's | 21,349 | 1,787 | 1,943 | 156 | 8.7% | 15,302 | 15,603 | 301 | 2.0% | 20,570 | 20,570 |
| Total Spells Total | | 98,471 | 8,424 | 8,514 | 90 | 1.1% | 75,266 | 75,399 | 133 | 0.2% | 101,852 | 101,852 |
| A&E | Unscheduled Care | 110,680 | 8,420 | 8,462 | 42 | 0.5% | 81,242 | 81,017 | -225 | -0.3% | 106,831 | 106,831 |
| A&E Total | | 110,680 | 8,420 | 8,462 | 42 | 0.5% | 81,242 | 81,017 | -225 | -0.3% | 106,831 | 106,831 |

4. WORKFORCE

OVERVIEW

- A workforce plan for Emergency Medicine is being developed to support safe staffing across our emergency services. This model is multi disciplinary and will be a mix of recruitment and growing our own talent. This plan will be finalised in February.
- Absence has increased in December whilst it is important to ensure effective management of absence the year to date position remains below 4%.
- Values based recruitment continues for Health Care Assistants and Nurses, we have also introduced values based recruitment for phlebotomists. We are sharing our work on values based recruitment with other organisations following our improvement in this area.

4.1 SICKNESS ABSENCE



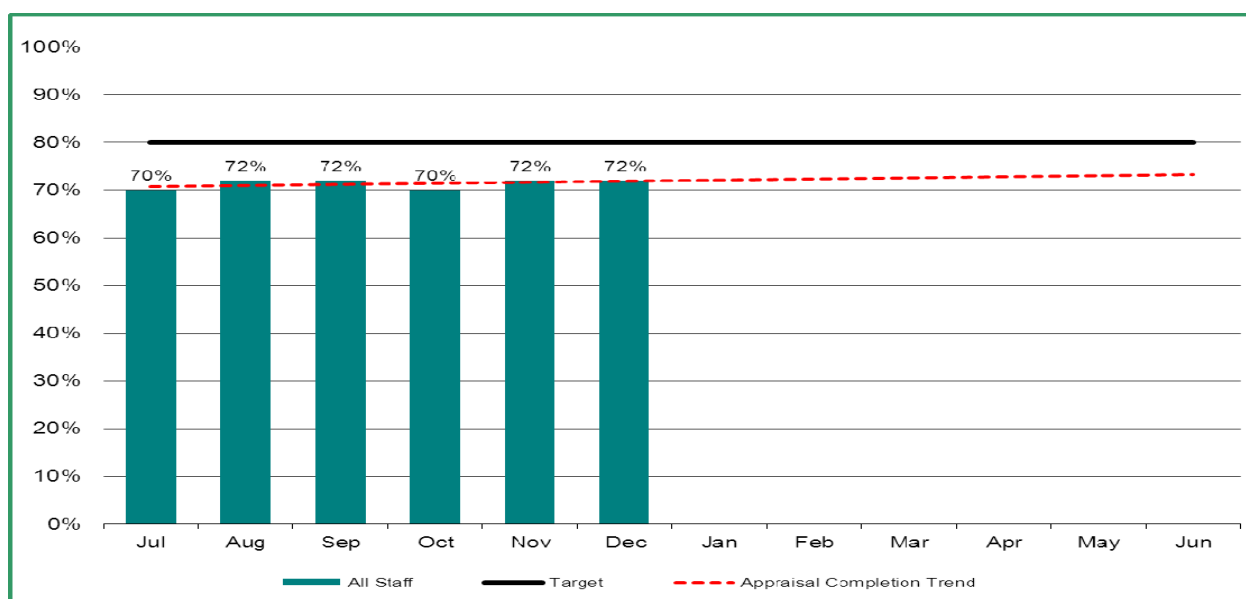
Sickness absence rates increased by 0.32% in December, due almost entirely to an increase in long term sickness absence. Musculoskeletal and back problems and psychiatric illness are the most commonly reported reasons for absence, although MSK and back problems combined fell from 23% in November to 20% in December. The year to date position for absence is 3.98%, performance last year was 4.44%.

Absence has an impact across our organisation; quality, operations and staff satisfaction therefore effective management is crucial. The financial cost of absence is significant for November costs were £395,431 and December cost £436,040, Year to date cost is £3,416,100.

The Flu Fighter campaign continues to be extensively promoted across the Trust with a view to achieving 75% vaccination rate for front line staff. As at 30th December, 2279 staff had received vaccinations, which equates to 66.5%.

| Measure | Annual Target | Monthly Target | YTD | September | October | November | December | Year end 12/13 |
|-------------------------|---|----------------|-------|-----------|---------|----------|----------|----------------|
| Sickness Absence | Less than 4% | Less than 4% | 3.98% | 4.23% | 4.19% | 4.15% | 4.47% | 4.41% |
| Current State | <ul style="list-style-type: none"> - Target failed in December. - Year to date performance remains below 4%. | | | | | | | |
| Planned Actions | <ul style="list-style-type: none"> - Additional HR support in areas with high absence. - Areas with high absence are now included in Workforce Assurance Report for Workforce Committee and Operational Performance Group - Tailored support to address stress and MSK, two highest reasons for absence. - New Absence Policy and Manager support to be launched in February. | | | | | | | |
| Key Themes/Trends | <ul style="list-style-type: none"> - Improved performance from this time last year. - MSK and Stress continue to be highest reasons for absence. - Year to date below 4%. | | | | | | | |

4.2 APPRAISALS



| Measure | Annual Target | Monthly Target | YTD | September | October | November | December | Year end 12/13 |
|-------------------|--|----------------|-----|-----------|---------|----------|----------|----------------|
| Appraisals | 80% | 80% | 71% | 72% | 70% | 72% | 72% | 72% |
| Current State | <ul style="list-style-type: none"> - Target failed in October. - Concerns relating to lack of progress. | | | | | | | |
| Planned Actions | <ul style="list-style-type: none"> - Medical Director leading 100% target for medics by April 2014. A letter to all doctors has been sent out. - Chief Operating Officer leading target achievement by April 2014, this has changed due to operational pressures and awaiting full population of | | | | | | | |

| | |
|-------------------|--|
| | <p>management structure.</p> <ul style="list-style-type: none"> - HR Business Partners highlighting appraisal coverage across the organisation and providing managers with support in achieving required coverage. - Tailored support for areas with low coverage. |
| Key Themes/Trends | <ul style="list-style-type: none"> - Performance has been below target for a significant period, yet at a consistent level circa 70%. - Areas with low appraisal coverage typically are challenged in all areas of performance. |

5 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.

6. RECOMMENDATION

The Trust Board is asked to **REVIEW** performance for December 2013 and **APPROVE** the self certification submissions.

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 December.
- A&E performance against the 95% target in December was 92.03%.
- Admitted RTT in December was 78.74% against the target of 90%.
- RTT Open Clocks under 18 Weeks was 89.75 in December 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 2 week Breast Symptoms, 31 Day Chemotherapy, 31 Day Surgery and 62 Day Referral to Treatment during December.

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.