Reporting to:	**Trust Board Meeting - 1st May 2014**
Title	Integrated Performance Report - March 2014
Sponsoring Director	Peter Herring - Chief Executive
Author(s)	Directors
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. 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. 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.
Strategic Priorities ☒ Quality and Safety ☒ Healthcare Standards ☒ People and Innovation ☐ Community and Partnership ☒ 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	☒ If we do not deliver **safe care** then patients may suffer avoidable harm and poor clinical outcomes and experience ☒ If we do not implement our **falls** prevention strategy then patients may suffer serious injury ☐ Risk to **sustainability** of clinical services due to potential shortages of key clinical staff ☒ 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 ☐ If we do not have a clear **clinical service vision** then we may not deliver the best services to patients

	☐ 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 ☒ 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 able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
Care Quality Commission (CQC) Domains	☒ Safe ☒ Effective ☒ Caring ☒ Responsive ☒ Well led
☐ **Receive** ☐ **Review** ☐ **Note** ☐ **Approve**	**Recommendation** **The Trust Board is asked to REVIEW performance for March 2014 and APPROVE the self certification submissions.**

INTEGRATED PERFORMANCE REPORT – MARCH 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 delivering national healthcare standards**
- **Financial and Activity performance**
- **Workforce Metrics**

1. QUALITY & SAFETY 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 **March 2014.**

OVERVIEW

- WHO checklist (Safer Surgery) – There is some external scrutiny on this issue at present, relating to both performance and methodology of measurement. Current measurement is in line with other Trusts methodology and TDA recommendations. Audit sample size was increased from 10% to 100% in January hence the slight change in performance from this date as a wider margin of error was detected. All cases found non compliant on audit are checked individually to ensure no harm has occurred.

- Infection Prevention & Control – The Trust completed a year end performance of 31 cases of *C.diff* against a target of 27 showing an improved performance of 31% reduction in *C.diff* rates compared to last year.

	Measure	Annual Target	Monthly Target	YTD	December	January	February	March	Year end 12/13
Patient Safety	*Risk Adjusted Mortality Index (RAMI)*	**SaTH < NP**	**SaTH < NP**	82/82	74/79 (Oct)	76/86 (Nov)	83/90 (Dec)	TBC	94/93
	RIDDOR/SI Reportable Falls	**15**	**1**	26	1	3	5	3	20
	Grade 3 Avoidable Pressure Ulcers	**0**	**0**	18	0	3	1	3	19
	Grade 3 Unavoidable Pressure Ulcers	**N/A**	**N/A**	15	1	4	2	0	10
	Grade 4 Avoidable Pressure Ulcers	**0**	**0**	0	0	0	0	0	8
	Grade 4 Unavoidable Pressure Ulcers	**N/A**	**N/A**	5	0	1	0	0	5
	C. difficile Infections	**27**	**2**	31	2	3	0	3	45
	MRSA Bacteraemia Infections	**0**	**0**	1	0	0	0	0	1
	MSSA Bacteraemia Infections	**22**	**2**	23	4	3	0	1	24
	E.coli Bacteraemia Infections	**40**	**3**	42	5	2	3	1	45
	MRSA Screening – Elective	**95%**	**95%**	95.2%	95.9%	95.1%	96%	95.5%	93.0%
	MRSA Screening – Non-Elective	**95%**	**95%**	95.6%	95%	96%	96.8%	96.9%	94.1%

	Number of Serious Incidents	**N/A**	**N/A**	144	6	11	10	11	160
	Never Events	**0**	**0**	0	0	0	0	0	2
	Safety Thermometer – Harm Free %	N/A	N/A	92.6%	92.3%	93.1%	92.3%	93.5%	92.2%
	WHO Safe Surgery Checklist	**100%**	**100%**	100%	100%	99.5%	99.9%	99.9%	99.9%
	VTE Assessment	**95%**	**95%**	94.2%	95.0%	95.1%	95.1%	95.2%	90.5%
	Maternity Dashboard	**Green**	**Green**	N/A	Green	Amber	Green	Green	
	Ward to Board – Nursing Performance Score	**95%**	**95%**	93%	94%	93%	95%	95%	
Patent Experience	*Number of Complaints*	**N/A**	**N/A**	444	24	42	33	38	671
	Same Sex Accommodation	**0**	**0**	0	0	0	0	0	0
	Friends and Family Response Rate	**NA**	**NA**	7.5%	14%	16%	16%	16%	NA
	Friends and Family Test Score	**75**	**75**	N/A	72	75	76	75	77
	Ward to Board – Patient Experience Score	**95%**	**95%**	87%	85%	84%	86%	87%	

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 red the key summary points for the Board's attention are provided below.

1.2 EXTERNAL FEEDBACK AND ASSURANCE

Organisation	Visit Date	Where	Outcome	Status
Telford CCG	20.02.14 – Report received in March 2014.	Planned visit to PRH Theatre	The CCG were assured by the systems and processes in place within the theatre units at PRH. The staff were open and honest during the visit and good patient safety was observed.	N/A
Shropshire & Telford CCG	07.03.14	Unannounced visit to PRH	Report pending	
Montgomery CHC	17.03.14	Unannounced visit to PRH	Report pending	

1.3 WARDS SUBJECT TO A QUALITY IMPROVEMENT FRAMEWORK (QIF)

One Ward continues to be the focus of a QIF; the ward team is being supported by senior nurses to provide a system of regular quality assurance checks, a decision to review the QIF will be taken by the Head of Nursing following a period of sustained improvement by the ward.

1.4 REGULATION 28 (formerly known as Rule 43)

There were no Regulation 28's during March 2014.

1.5 SAFEGUARDING – ADULTS & CHILDREN

There were 3 adult safeguarding alerts made towards the Trust in March and compares favourably with February's report. Progress against the March alerts are as follows:

- 2 were closed at level 1 as not appropriate
- The remaining case is under investigation and relates to poor discharge process.

There were 3 direct referrals to social services made by Trust staff with concerns in relation to safeguarding children within the hospital.

The use of the Trust internal Safeguarding Information forms has changed leading to more forms being completed to inform health visitors and school nurses of children who have attended the hospital. 25 forms were completed in March on the RSH site and 64 at PRH. A key theme is the increasing number of young people who have deliberately self harmed with 7 reported at RSH and 16 at PRH.

1.6 SERIOUS INCIDENTS

There were 12 SIs reported in March 2014. 11 of the incidents related to clinical effectiveness below:

3 – Grade 3 Pressure Ulcers
3 – Delayed diagnoses
3 – RIDDOR/SI falls
1 – OPD Delay
1 – Incorrect initial Diagnosis
1 further incident related to a Confidential Information Breach

1.7 QUALITY IMPROVEMENT OVERVIEW

Measure	**Annual Target**	**Monthly Target**	**YTD**	**December**	**January**	**February**	**March**	**Year end 12/13**
RIDDOR/SI Reportable Falls	**15**	**1**	26	1	3	5	3	20
Current State	March has shown an improved position of 3 reported RIDDOR falls and this is further reflected in our lowest reporting month for total falls of 94. Of the falls reported in March, two were severe (in accordance with the SI definition of severe) and resulted in a fractured femur and the third fall resulting in moderate harm due to a fractured humerus.							
Planned Actions	The Patient Safety Team and Falls Prevention Practitioner are undertaking an annual review of all falls including RIDDOR/SI reportable falls, in order to understand key themes, trends and risk factors for the year. This will be used to plan the ongoing strategies for falls prevention in the coming year and will be reported to the Quality & Safety Committee.							
Key Themes/Trends	Following a review of the RCAs of the 5 falls reported in February the evidence indicates that 3 were considered unpreventable. This means that the documentation showed that all risk assessments and reasonable actions had been implemented in relation to the patients' care whilst regrettably the patient still fell. However, in 2 cases, the evidence indicated that there were possible improvements to communication which may have prevented a fall occurring. A further theme relevant to falls is the time that the fall occurred. 3 of the falls occurred in the early hours of the morning and 1 fall occurred at dusk. This was sustained by a patient visitor on the car-park and has resulted in improved lighting of the car-park. None of the investigations identified staffing issues as a contributory factor to the falls.							

Measure	Annual Target	Monthly Target	YTD	December	January	February	March	Year end 12/13
Grade 3 Avoidable Pressure Ulcers	**0**	**0**	18	0	3	1	3	19
Current State	There were 3 avoidable Grade 3 pressure ulcers reported in March. Overall there is a 35% reduction in reported avoidable Grade 3 pressure ulcers compared with the previous year. There have been no avoidable Grade 4 pressure ulcers reported this financial year. The Trusts monthly performance regarding reportable avoidable pressure ulcers per 1000 occupied bed days continues to show a trend of between 0 – 0.4/1000 indicating a low level of pressure ulcer prevalence.							
Planned Actions	For information, looking retrospectively at pressure ulcer prevalence within the Trust during the last 11 months; there are 2 wards identified as having the highest number of reported avoidable Pressure Ulcers. The Matrons and Head of Nursing for these wards are aware of this and have identified supportive action to prevent pressure ulcers going forward.							
Key Themes/Trends	In the absence of national benchmarking data available, the Tissue Viability team are looking at softer intelligence to understand the Trusts position on performance via the regional pressure ulcer network. An annual review of all pressure ulcers will be undertaken to identify any themes and trends and will be reported to the quality and safety committee.							

Measure	Annual Target	Monthly Target	YTD	December	January	February	March	Year end 12/13
C. difficile Infections	**27**	**2**	31	2	3	0	3	45
Current State	The Trust completed the year end with 31 cases of *C.diff* which is above our target of 27. However; we recognised that this was going to be challenging particularly as our laboratory method was changed in year to a more sensitive test compared to when the target was set. That said, we have reduced the *C.diff* rate by 31% compared to last year.							
Planned Actions	Next year's external target has been set at 38 indicating that we could achieve the target based on the year's outturn position. However the Trust will need to consider what our internal target is for 2014/15 to strive for continuous improvement. The DIPC advises that we should consider an internal target of 31 and continue with our current strategy of rapid isolation and detection of cases, typing of all cases to detect cross infection, environmental cleaning and antibiotic stewardship.							
Key Themes/Trends	Most cases are currently caused by antibiotics and many are considered unavoidable if the antibiotic prescribing is appropriate but there is still room for improvement in antibiotic prescribing. Several "cases" are the result of inappropriate samples being sent such as after an enema.							

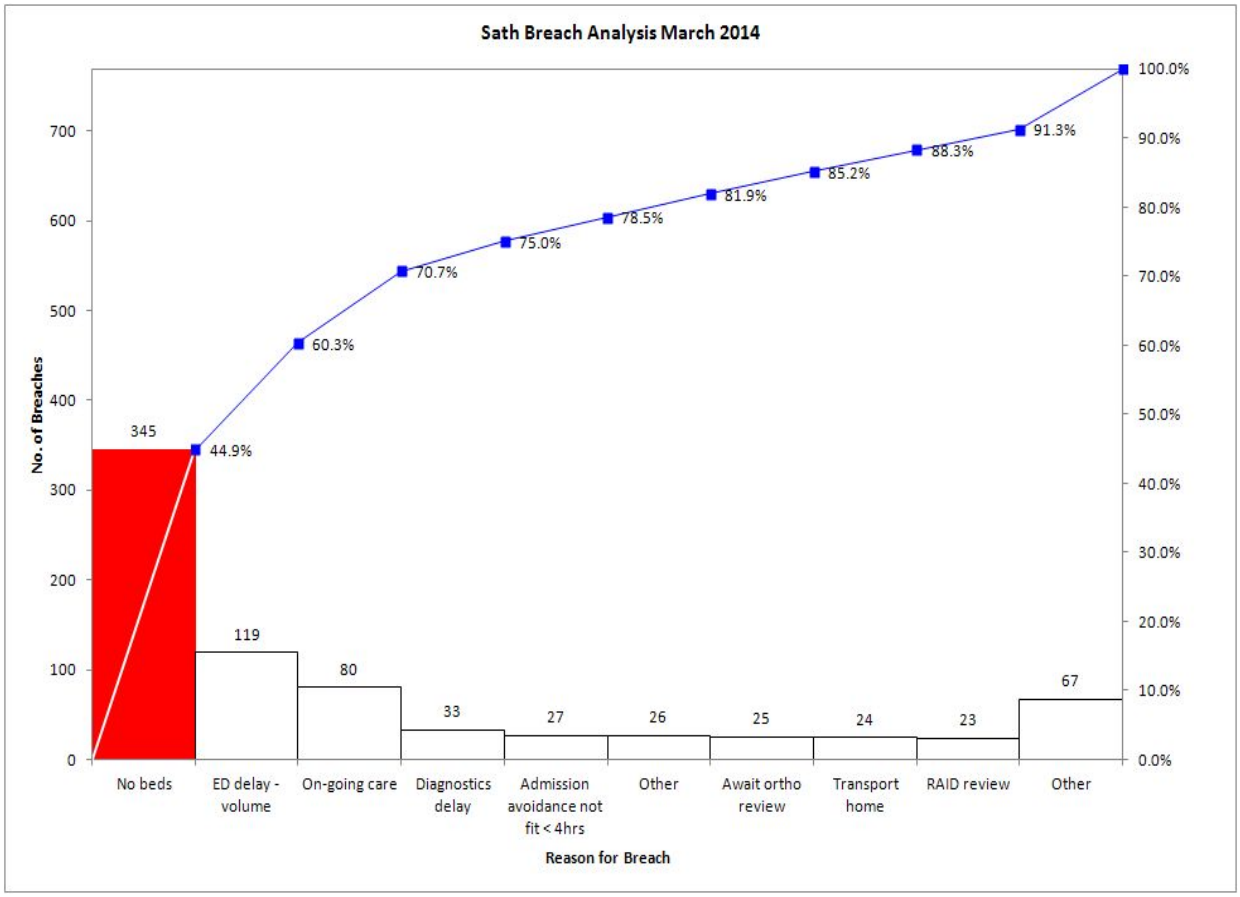
2. OPERATIONAL PERFORMANCE

OVERVIEW

- **4-hour Access Standard**

In March 2014 92.67% patients were admitted or discharged within the 4 hour quality target, this is a 1% drop in performance over February, however a 10% improvement over March 2013. Year to Date [YTD] performance is reported as 93.40%. Team building work is continuing within the Emergency Centre to work with coordinators' from AMU/SAU and the capacity team to continue to strengthen relationships and develop the internal escalation plans to avoid patients spending longer than required within the Emergency Department [ED]. Internal process issues within the ED's in April is leading to a pattern of ED delay breaches as the primary breach reason, rather than no beds. This will be the targeted focus during April and May. The first development sessions with the coordinators to highlight roles and responsibilities and awareness of internal mechanisms when the department is under pressure will take place in April this will become a monthly meeting.

The graph below details, per breach reason, the number of patients who were not admitted or treated within 4 hours during March 2014.



- **Local Health and Social Care Schemes**

The Local Health Economy winter schemes have ceased in most cases. The Integrated Care Service which ran as a prototype over the winter has received approval from Shropshire Council and Shropshire Clinical Commissioning Group to continue into phase 2 development with the aim of expanding the scope and scale of service. A further decision in relation to the implementation of the next phase of the service development will be made by commissioners by the end of June 2014.

Telford & Wrekin CCG have set up a project as part of the Better Care Fund to build community capacity in Telford and Wrekin and enhanced community services for Telford and

Wrekin residents as an alternative to hospital provision. Representatives from SaTH are involved in individual workstreams.

System-wide objectives and plans for the local health and social care economy are currently in draft form and will be shared with the Board once these have been signed off by the Urgent Care Working Group.

An evaluation of the whole system Winter Plan is in draft form and being presented to the Area Team on 22nd April 2014. When this has been approved it will be shared with the Board. It is anticipated that by the end of June the Winter Plan schemes for 2014/15 will have been approved by the Area Team.

- **RTT Performance**

Admitted

All specialties are on trajectory to achieve 18 weeks (exception report enclosed within information pack) in accordance with the Remedial Action Plan (RAP). The first meeting has taken place with NHS England to produce an Oral surgery trajectory that will deliver 18 week RTT performance. It is anticipated that the specialty will be sustainable from 1st October 2014, however this is subject to reconciliation with the Demand and Capacity planning tool.

The Trust continues to receive support from the NHS Intensive Support Team who are focusing on our internal booking and scheduling processes

Non admitted

The Trust failed to deliver the overall performance of the non-admitted standard; because of the commencement of the reduction in the ophthalmology backlog. This was predicted. The CCGs are commissioning additional activity from 'The Practice' (an independent provider) to cope with the level of demand within this service, with a view to tendering for a community ophthalmology service in 2016. SaTH needs to have a sustainable 18-week trajectory to qualify to tender, therefore the glaucoma service will close to all routine referrals to enable the backlog of patients to be cleared as quickly as possible. NHS England has re-commissioned the oral surgery service at Stirchley Dental Practice (a primary care service) with effect from 1st May 2014. This will support the delivery of the oral surgery non-admitted performance within SaTH. This service was closed in December and subsequently SaTH has been receiving in excess of 50 additional referrals per week. These referrals are being clinically reviewed and those that are appropriate will be seen in the primary care service

- **Cancer Performance**

Two cancer targets failed in February; however the 62 day target has failed every month since April with the exception of July. The two targets, which failed, were:

- 31 day subsequent treatment for surgery

- 62 days urgent referral to treatment.

The un-validated position for March indicates that the Trust has only failed the 62-day target, which is a significant improvement on previous performance. Further details of the reasons for non-achievement of the 62-day standard are detailed in the exception report.

A Remedial Action Plan [RAP] is in place for cancer. This details the actions to be taken in the four challenged tumour sites, which are contributing to the non-performance of the 62-day standard. The four tumour sites are:

- Colorectal
- Lung
- Upper GI
- Urology

Key actions to date:

- Direct to test for colorectal referrals which will reduce the patient pathway by 7 days, which will be in place from 1st May 2014
- A joint investigation with the CCGs and the clinical teams with regard to the non-achievement of the 2-week breast symptomatic standard and key actions are to be included within the RAP.
- Re-launch of the Escalation policy and a revised Patient Tracking meeting, which will be chaired by the Assistant Chief Operating Officer for Scheduled Care.
- The IST recommendations for improvement against the cancer standards are now incorporated within the RAP (enclosed in the information pack alongside the IST report).

The IST will be working with the clinical centres to review patient pathways so that we deliver all of the cancer standards from Quarter 2 in 2014/15. They are also working with radiology to assess the gaps in capacity in relation to demand through the Cancer pathways.

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

INTEGRATED PERFORMANCE REPORT

Full year 2013/14

OVERVIEW OF PERFORMANCE

	Month 12 - 2013/14																			
	Measure	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 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%	90.80%	93.88%	92.67%	92.37%	93.40%
	A&E 12 Hour Trolley Waits	Full Year	16	0	16	0	0	16	0	0	0	0	0	1	0	1	0	0	0	0	17
	Ambulance Handovers not completed within 30 Minutes (SaTH Validated View)	Full Year		100%	105	22	39	166	9	20	11	40	7	8	21	36	10	4	19	33	275
	Ambulance Handovers not completed within 60 Minutes (SaTH Validated View)	Full Year		100%	27	0	0	27	0	5	0	5	0	0	4	4	1	0	4	5	41
	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%		81.73%	79.15%	76.98%		
	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%		95.96%	95.37%	93.08%		
	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%		89.40%	87.65%	89.71%		
	18 Week RTT > 52 Weeks - English Responsible Only	Mar-13	0	0	1	3	1	5	5	6	13	24	8	1	0	9	0	0	0	0	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%	0.54%	0.25%	0.19%	0.33%	0.51%
	% 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%	92.86%	94.44%	90.91%	92.80%	87.50%
	Cancelled 28 Day Readmission Breaches	Full Year	100	0	3	1	0	4	0	3	1	4	1	1	0	2	0	2	2	4	14
	Number of Urgent operations cancelled more than once			0	0	0	0	0	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%	93.15%	94.54%	94.69%	95.90%	96.04%	95.57%	94.58%
	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%	89.94%	92.67%	92.75%	93.83%	93.51%	93.39%	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%	96.65%	97.61%	97.64%	96.93%	96.81%	97.16%	97.33%
	31 day second or subsequent treatment - Drug	Full Year	99.02%	98%	97.26%	98.59%	100.00%	98.26%	97.33%	98.89%	100.00%	98.82%	98.73%	100.00%	98.31%	98.97%	100.00%	100.00%	100.00%	100.00%	99.09%
	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%	93.75%	94.12%	94.44%	88.57%	100.00%	94.39%	93.35%
	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%	100.00%	100.00%	98.48%	99.60%	100.00%	100.00%	100.00%	100.00%	97.69%
	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%	79.48%	80.75%	80.38%	80.11%	81.48%
	62 days referral to treatment from Screening	Full Year	92.15%	90%	100.00%	100.00%	100.00%	100.00%	100.00%	94.74%	88.00%	94.95%	88.00%	75.00%	100.00%	87.18%	97.14%	91.67%	92.00%	94.05%	93.98%
	62 days referral to treatment from Hospital Specialist	Full Year	94.70%	85%	100.00%	87.88%	91.80%	92.23%	93.81%	89.62%	92.31%	91.84%	92.94%	83.53%	94.62%	90.49%	94.74%	91.76%	94.06%	93.67%	92.13%
Patient Experience / Governance	C-Diff	Full Year	45	27	1	2	2	5	2	6	3	11	4	3	2	9	3	0	3	6	31
	MRSA	Full Year	1	0	0	0	0	0	0	1	0	1	0	0	0	0	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	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%	95.03%	95.15%	95.14%	95.08%			
	Publication of Formulary	Mar-13	Yes	Yes	Yes	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		0	0	0		

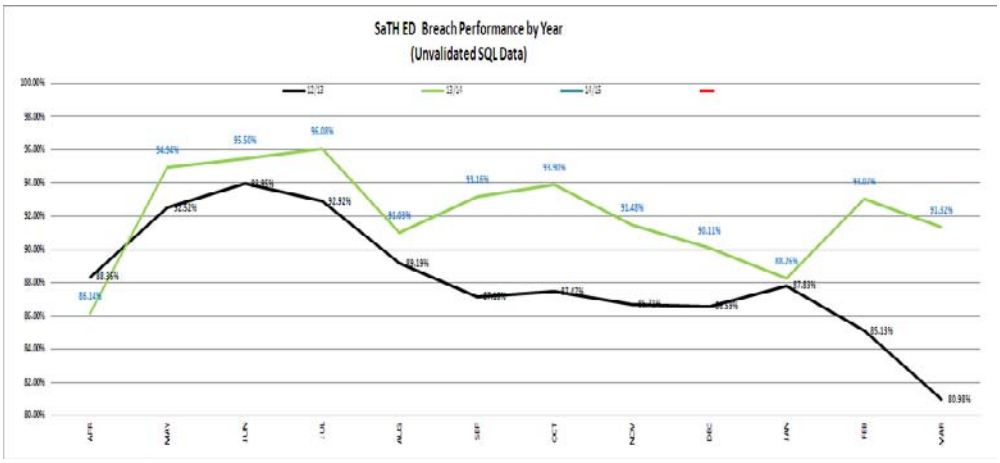
2012/13 Outturn Performance is RAG rated against the relevant 12/13 Target, i.e. Compliance with VTE Assessments is rated Green as the 12/13 target was 90%

2.2 OVERVIEW OF PERFORMANCE STANDARDS BY EXCEPTION

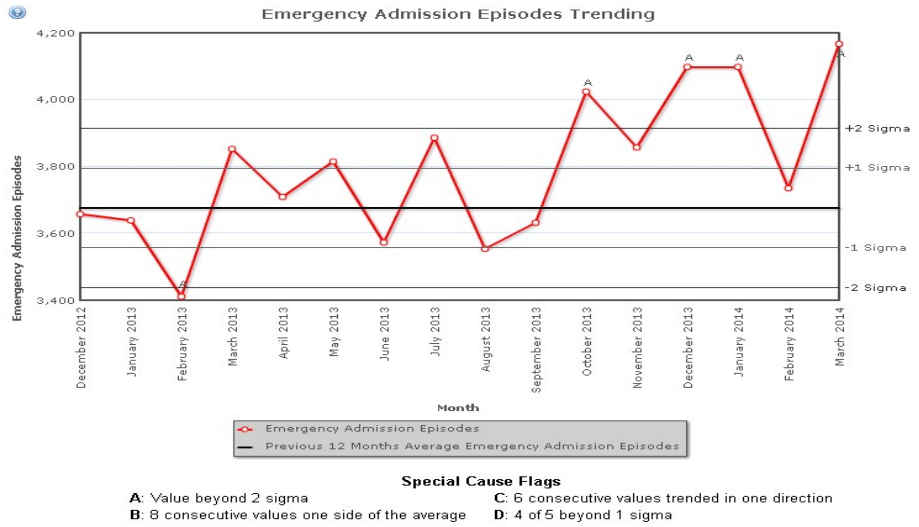
Measure	Annual Target	Monthly Target	YTD (Inc WI)	December	January	February	March	Year end 12/13
A&E 4 Hour Wait	**95 %**	**95%**	**93.40%**	**90.99%**	**89.45%**	**93.48%**	**92.67%**	90.62%

Current State

- Target not achieved during March, however a like-for-like comparison over March 2013 has shown an improvement of 11%, highlighting the gains and improvements made over the year. There were no breaches of the 12 hour trolley wait standard, and end of year performance has also shown a significant improvement on the previous year indicating an improvement of over 3%. The graph below demonstrates the sustained improvement over the year. (Dark blue line 2013/14 light blue line 2012/13.

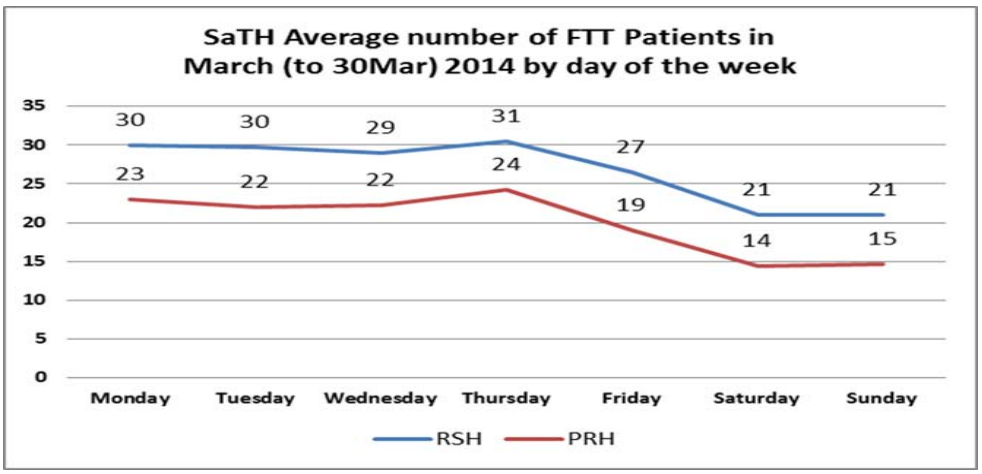


The following graph shows the increasing trend in emergency admissions this includes admissions with a 0 day length of stay. This is in line with the national position.



Planned Actions

- The Whole Health and Social Care Economy Senior Manager Winter Planning meetings continue with an agreement to continue these throughout the current year to support joined up planning and working

	together as teams. • The Fit to Transfer [FTT] Length Of Stay [LoS] increased in March as the Discharge Hub Meetings made further impact in improving flow The discharge hub has continued applying pressure to improve discharge rates, with the largest area of concern being the reduction in community provision in Powys. • The Remedial Action Plan [RAP] for the Emergency Department [ED] is being progressed and actions within the RAP are on track and in some cases ahead of timescale. • The site teams have continued embedding the new site working model and this will be reviewed in April by the Head of Nursing and the Head of Capacity for each site, this will ensure any concerns or areas of improvement are completed.
Key Themes/ Trends	• The Trust continues to function at above 98% bed occupancy daily with all assessment areas full. Improvements in flow by pre 10,12 and 1500 hours discharges are now being seen. • Both sites are seeing slight improvements in the percentage of pre 10, 12 and 1500 discharges over the past month. • In order to build on this over the summer period and to sustain improvements going into the winter the Heads of Capacity in conjunction with the Head Nurses and Clinical Directors are planning a programme of ward reviews working alongside clinical teams in order to embed good practice at ward level and to promote a culture of check chase challenge and peer reviews. • Across the month of March the main reason for breaches remains a lack of capacity (beds), although this number is gradually being reduced. • We continually see upwards of two wards worth of patients who are fit to transfer at any one time. • ED attendances are below plan in the month but have significantly increased over previous months, plan 9747 and actual 9530. If we add in those patients who attend AMU (approximately 10 per day per site, (previous year they would have attended ED) we would see an increase of emergency pressure on both sites. • Performance in March at PRH is following the same pattern. The new site working and Head of Capacity for the site will provide stronger challenge and support greater robustness of process. The average number on the FTT list at PRH has reduced over previous months, however the LOS on the FTT is on average double the RSH average LOS on FTT. ***Fit to Transfer Trend Chart – Daily Average by Site/Month*** 

2.3 OVERVIEW OF PERFORMANCE STANDARDS BY EXCEPTION

Measure	Annual Target	Monthly Target	YTD	July	August	September	October	November	December	January	February	March	Year end 12/13
18 Week RTT Admitted - English Responsible Only	**90%**	**90%**	**76.34**	70.51	77.61	75.54	75.82	79.34	78.74	81.73	79.15	76.98	78.00%
Current State	- The admitted performance failed to deliver the overall target in March. This was in line with the overall trajectory and the 18 week Remedial Action Plan (RAP). The specialties yet to deliver the 90% standard are: - ENT, Orthopaedics and Oral Surgery. ENT and Orthopaedics are ahead of trajectory with a high level of confidence they will deliver on previously agreed target date. Oral surgery does not yet have a trajectory to deliver.												
Planned Actions	- Fortnightly meetings are planned with NHS England to produce a RAP and trajectory for Oral Surgery. It is anticipated that this specialty will deliver the standard from 1st October 2014, but this is to be reconciled using the Demand & Capacity modelling tool. A 'drop in' theatre will be on site at PRH to support the additional sessions required to clear the backlog within Oral Surgery, and to support the orthopaedic trajectory. It is planned that the theatre will be on site from the middle of May and then operational from 1st June 2014.												
Key Themes/Trends	- General Surgery, Urology, Gynaecology, General Medicine, Cardiology, and Gastroenterology continue to deliver the 90% standard. General surgery and urology have delivered the standard for the last four months ahead of plan.												

Measure	Annual Target	Monthly Target	YTD	July	August	September	October	November	December	January	February	March	Year end 12/13
18 Week RTT Non Admitted - English Responsible Only	95%	95%	95.29	95.77	95.39	95.17	95.29	95.43	95.89	95.96	95.37	93.08	95.09%
Current State	- Target failed in March for the first time since April 2013. This was due to the commencement of the clearance of the ophthalmology backlog. There is now a trajectory in place which has been agreed with the CCGs.												
Planned Actions	- To close the Glaucoma service within ophthalmology to all routine referrals. These outpatient appointments will then be used to clear the backlog of patients as quickly as possible.												
Key Themes/Trends	- The overall performance against the 95% standard will be compromised until the 18 week backlog is at a more sustainable level, due to the high numbers waiting over 18 weeks in the ophthalmology backlog. At this stage we are unable to predict the timescale for sustainable delivery as there continues to be poor uptake of the ophthalmic capacity provided by 'The Practice'. Also the positive impact closure of the routine glaucoma service will have on clinic capacity is still to be evaluated with CCGs.												

Measure	Annual Target	Monthly Target	YTD	July	August	September	October	November	December	January	February	March	Year end 12/13
18 Week RTT Incomplete Pathway - English Responsible Only	**92%**	**92%**	**90%**	**92.16**	**89.76**	**89.94**	**91.02**	**90.95**	**89.75**	**89.40**	**87.65**	**89.71**	**86.57%**
Current State	- Target failed in March in line with the Remedial Action Plan (RAP).												
Planned Actions	- To clear backlogs within the admitted and non admitted pathways in line with trajectory. To ensure all routine patients are booked in chronological order.												
Key Themes/Trends	- In line with admitted and non-admitted performance.												

Measure	Annual Target	Monthly Target	YTD	July	August	September	October	November	December	January	February	March	Year end 12/13
Cancelled 28 Day Readmission Breaches	**0**	**0**	**14**	**0**	**3**	**1**	**1**	**1**	**0**	**0**	**2**	**2**	**100**
Current State	- 2 patients were not admitted within 28 days following cancellation of surgery.												
Planned Actions	- All Centre managers have been reminded of the cancellation policy and any further breaches due to lack of management action will be monitored.												
Key Themes/ Trends	- Due to low numbers; a single patient breach can result in noncompliance. - There have been 14 breaches YTD an 86% reduction on 2013/14 outturn - Surgical capacity: alternative appointments are not being offered to all patients within target; patients to be tracked and escalated as per policy. Medical reasons; complex cases.												

Please note that validated Cancer breaches for March are reported here **(figures are predicted as further patients and subsequent cancer information may be added resulting in a variance to the current reporting position)**

Measure	Annual Target	Monthly Target	YTD	October	November	December	January	February	March	Year end 12/13
62 days urgent referral to treatment	**85%**	**85%**	**81.48%**	**79.80%**	**83.52%**	**80.20%**	**79.48%**	**80.75%**	**80.38%**	**85.13%**
Current State	- Target failed in March with 15.5/79 patients breached (19.62% representative) - Sixth consecutive episode of noncompliance in the last 6 month period (across the annual period 1/12 months complied) - Predicted noncompliance for year end 2013/14 by -3.59%; decreasing percentages continue to negatively impact the year end position - Breaches reported are across seven cancer sites; with a number of complex cases impacting the current predicted level (detailed breach reasons are included within the key themes and trends section)									
Planned Actions	- Timetable to deliver IST recommendations to be agreed by week ending 11.04.14.Direct treatment referrals from MDT as per MDT Standard Operating Procedures [SOP]; recirculate guidance to the clinical teams to ensure best practice 14.04.14.									
Key Themes/ Trends	Urology - 3x diagnostic delays; Transrectal ultrasound-guided prostate biopsy - 2x highly complex cases - 1x diagnostic delays; through patient choice Upper GI - 2x highly complex cases / medical conditions which delayed treatment - 1x incidental finding, direct referral from MDT failure, not escalated as per policy Haematology - 2x highly complex cases; multiple MDT discussion across multiple cancer sites Skin - 1x highly complex cases; multiple MDT discussion across multiple cancer sites - 1x shared breach – tertiary referral to Queen Elizabeth; referral to treat date was prior to day 42 (highlighting best practice) Head & Neck - 1x medical condition which delayed treatment Gynaecology - 1x diagnosis and treatment delays; through patient choice Colorectal - On-going validation awaiting feedback to add adjustment for patient choice									

3. FINANCE

OVERVIEW

Income and Expenditure

- At the end of March the Trust recorded a surplus amounting to £65k, after delivering a surplus in the month of March of £1.2m.
- Pay costs increased in the month to £17.7 million.

Cash Position

- A cash balance of £2.2 million was held on the Balance Sheet at the end of March.
- The Trust repaid all Temporary Borrowing as required on 24 March 2014 following receipt for support of £4.0 million from NHS England.
- The end of year cash position includes full receipt of cash from Shropshire CCG and Telford and Wrekin CCG in line with agreed outturn activity levels.

Statutory Targets

- Achieved the statutory breakeven target by delivering a surplus of £65k.
- Achieved the external financing limit of £21.3m.
- Achieved the capital resource limit of £29.7m.

3.1 FINANCE PERFORMANCE SUMMARY – MONTH 12

Measure		Standard	Quarterly Method	Period Actual	YTD	Forecast Next Month
Finance	PMR Finance Risk Rating	4	Q YTD	3	2	
	EBITDA Achieved	85%	Q YTD	73.29%	100.52%	
	EBITDA Margin	5%	Q YTD	9%	4.5%	
	I&E Surplus Margin	1%	Q YTD	4.17%	0.02%	
	Return on Assets	5%	Q YTD	11.20%	3.13%	
	Liquidity ratio	15 days	Q YTD		13.0	
	Total Income (actual v plan)	0.5% of plan	Q YTD	105.11%	100.63%	
	Pay Expenditure (actual v plan)	At or below plan	Q YTD	99.53%	99.98%	
	Non Pay Expenditure (actual v plan)	At or below plan	Q YTD	85.32%	98.83%	
	CIP (actual v plan)	At or below plan	Q YTD	100.00%	100.00%	
	Capital Expenditure (actual v plan)	At or below plan	Q YTD	141.91%	100.00%	

3.2 INCOME AND EXPENDITURE POSITION

At the end of March the Trust recorded a surplus amounting to £65k, after including £4m support from the NTDA.

Key areas for year to date position are when compared to the revised plan are as follows.

- Income overachievement of £760k,
- Pay £378k overspend,
- Non Pay overspend of 294k.

A high level summary of the key variances is provided in the table below:-

		Revised Forecast Financial Plan £000s		March Budget £000s	March Actual £000s	Variance £000s		April –March Budget £000s	April –March Actual £000s	Variance YTD £000s
Income		311,000		27,380	27,581	201		311,000	311,760	760
Pay		(208,390)		(17,400)	(17,736)	(336)		(208,390)	(208,768)	(378)
Non-pay		(91,484)		(7,808)	(8,027)	(219)		(91,484)	(91,778)	(294)
Reserves		3,000		1,185	(642)	(543)		3,000	2,985	(15)
Total expenditure		(296,874)		(24,023)	(25,121)	(1,098)		(296,874)	(297,561)	(687)
EBITDA		14,126		3,357	2,460	(897)		14,126	14,199	73
Finance costs		(14,126)		(1,162)	(1,260)	(98)		(14,126)	(14,134)	(8)
Surplus/(deficit)		0		2,195	1,200	(995)		0	65	65

3.3 INCOME

Activity and Income Variance Analysis

	April - March Budget	April - March Actual	Variance	Variance %	April - March Budget	April - March Actual	Financial Variance Value	Price Variance	Volume Variance
	Activity	Activity	Activity		£000s	£000s	£000s	£000s	£000s
Accident and Emergency (Attendances)	106,831	106,702	(129)	(0.1%)	11,068	11,148	80	94	(13)
Outpatient Appts (Attendances)	387,855	390,450	2,596	0.7%	45,858	46,033	174	(133)	307
Elective Day Cases	39,608	39,569	(39)	(0.1%)	27,837	27,754	(83)	(56)	(28)
Elective Inpatient (Spells)	7,242	7,259	17	0.2%	19,310	19,626	316	272	44
Emergency (Spells)	45,782	46,051	269	0.6%	84,074	83,889	(185)	(678)	493
Maternity	9,220	8,894	(326)	(3.5%)	14,219	13,643	(576)	(73)	(503)
Emergency Threshold					0	0	(0)	(0)	
Others (Inc Reserves)					84,832	84,794	(37)	(37)	
Non Clinical Income					19,803	20,874	1,071	1,071	
NTDA Support					4,000	4,000	0	0	
Total	**596,539**	**598,925**	**2,387**	**0.4%**	**311,000**	**311,760**	**760**	**459**	**301**

The Trust income position is detailed above and is compared to the required forecast outturn position rather than the original financial plan.

3.4 PAY EXPENDITURE

- Pay expenditure in March increased to £17.7m.
- The level of spending in respect of bank staff in March 2014 reduced to £522,000.
- In the year 2012/13 the average level of staff employed to support EPS amounted to 22.60 WTE, in the 2013/14 year this has increased to an average of 44.6 WTE. The effect of which has been to increase costs per month by an average of £57k per month.
- The level of Agency spending has increased across all staff groups in the month of March.
- Nursing agency spend increased to £732,000 in March from £490,000 in February.
- In the month of March a net under establishment position existed of 9.17 WTE posts, before the application of a head count reduction of circa 100 posts as required as part of the Trust CIP.
- In March the level of nursing staff employed within Trust was 88.13 wte above budgeted establishments. The over establishment within nursing staff is located within Unscheduled and Scheduled Care and has resulted in a £3.5 m overspend in Nursing Costs year to date.

3.5 NON PAY

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

	Total Non Pay Spend £000s	*3 month moving average £000s*
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

	Total Non Pay Spend £000s	*3 month moving average £000s*
January (exc exceptional items HCD and ICD)	7,433	7,363
February (exc exceptional items HCD and ICD)	7,794	7,484
March (exc exceptional items HCD and ICD)	8,059	7,762

3.6 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 NHS 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 analysis of the level of savings achieved in the 2013/14 year in respect of the revised programme.

	Original Plan Annual Savings Target £000s	*Revised Plan £000s*	*Actual savings in the 2013/14 year £000s*
Original CIP Schemes			
Staff Turnover , Nurse Cover and Centre Pay	4,215	4,268	1,998
Pay Cost Reduction	2,000	1,523	0
Nuffield and WLI	1,100	1,100	1,100
Corporate Services	1,150	1,150	868
Pathology Reconfiguration	300	204	-
Pharmacy – Gain Share	200	145	142
Staff Flow Scheme	400	400	484
Bed Reconfiguration	750	-	-
Centre Schemes – Pay	915	-	419
Centre Schemes – Non Pay	760	760	61
Procurement	1,000	1,000	1,218
Total of Original CIP	12,875	11,551	6,290
New CIP Schemes			
Additional Procurement		500	500
Surplus from RTT Recovery		500	365
Danwood Printing		100	0
Balance Sheet review		1,655	1,569
Non Pay Inflation reserve		3,100	3,850
Medical Spending review		1,020	985
Income gains through Best Practice Tariffs		400	0
Total	12,875	17,826	13,559

3.7 CAPITAL PROGRAMME

The position in respect of the Capital programme as at March 2014 is presented in the table below.

Scheme	2013/14 Capital Budget £000's	2013/14 Spend to date £000's	Variance (under)/ over spend £000's
Reconfiguration	20,630	21,024	394
Patient Monitoring equipment	250	254	4
LINAC Installation works	69	31	-38
Ward moves (21/23/27)	253	239	-14
Enabling work to implement Gender Separation & Washer	386	257	-129
Path lab Reconfiguration	380	182	-198
Solution re non-closure of beds to enable Recon (PRH Energy Solution)	575	381	-194
IT Technology Fund	600	661	61
Other Capital Schemes	1,507	1,363	-144
Capital contingencies	3,330	3,467	137
F&E re enabling FCHS	1,700	1,819	119
Total Discretionary Capital Schemes	9,050	8,656	-394
Total Including Reconfiguration	29,680	29,680	0

The CRL for 2013/14 of £29.680m comprising of:

- £8.450m Internally Generated CRL
- £0.600m IT Technology Fund
- £20.630m PDC Future Configuration of Hospital Services was achieved.

3.8 CASH FLOW

Key points regarding cash flow are as follows:

- As required a cash balance of £2.2 million was held on the Balance Sheet at the end of March.
- PDC Receipts – The Trust draws down PDC in line with reported expenditure on the Future Configuration of Hospital Services and this, together with the delay in delivering the capital programme, has resulted in an increase in the level of capital creditors at the year end.
- Payment in advance of £3.967 million was made in respect of our tax liability to enable payments to be made in respect of the higher level of capital creditors during 2014/15.
- Repayment of Temporary Borrowing – The Trust repaid all Temporary Borrowing as required on 24 March 2014 following receipt for support of £4.0 million from NHS England.
- The end of year cash position includes full receipt of cash from Shropshire CCG and Telford and Wrekin CCG in line with agreed outturn activity levels.
- The Trust continues discussions with various Commissioners relating to outstanding issues in respect of £1.937 million income. Receipt of this cash is assumed during the first four months of 2014/15 financial year.

The 2014/15 cash plan has been constructed based upon an assumed income and expenditure deficit for the year of £8.2 million. In support of such a plan the Trust will need to secure temporary borrowing from September 2014 of £4.2 million rising to £8.2 million by March 2015.

The Shrewsbury and Telford Hospital NHS Trust – cashflow

	2013-14	2014-15											
	Actual March Month £000's	Forecast April Month £000's	Forecast May Month £000's	Forecast June Month £000's	Forecast July Month £000's	Forecast August Month £000's	Forecast September Month £000's	Forecast October Month £000's	Forecast November Month £000's	Forecast December Month £000's	Forecast January Month £000's	Forecast February Month £000's	Forecast March Month £000's
Balance B/fwd	11,348	2,150	3,299	3,219	1,308	2,283	974	598	1,995	1,220	1,810	3,732	2,882
INCOME													
Income I&E	30,143	26,104	26,104	26,104	26,104	26,104	26,104	26,104	26,104	26,104	26,104	26,104	26,104
Income - Total Balance Sheet Movements	0	(915)	2,476	(270)	2,477	(915)	(915)	1,831	(915)	(915)	1,831	(915)	(915)
Total Income Cashflow	30,143	25,189	28,580	25,834	28,581	25,189	25,189	27,935	25,189	25,189	27,935	25,189	25,189
Pay													
Pay I&E	(21,045)	(17,781)	(17,781)	(17,781)	(17,781)	(17,781)	(17,781)	(17,781)	(17,781)	(17,781)	(17,781)	(17,781)	(17,781)
Pay - Total Balance Sheet Movements	0	3,967	0	0	0	0	0	0	0	0	0	0	0
Total Pay Cashflow	(21,045)	(13,814)	(17,781)	(17,781)	(17,781)	(17,781)	(17,781)	(17,781)	(17,781)	(17,781)	(17,781)	(17,781)	(17,781)
Non Pay													
Non Pay I&E	(10,182)	(7,681)	(7,681)	(7,681)	(7,681)	(7,681)	(7,681)	(7,681)	(7,681)	(7,681)	(7,681)	(7,681)	(7,681)
Non Pay - Total Balance Sheet Movements	0	383	189	189	0	0	0	0	0	0	0	0	0
Total Non Pay Cashflow	(10,182)	(7,297)	(7,492)	(7,492)	(7,681)	(7,681)	(7,681)	(7,681)	(7,681)	(7,681)	(7,681)	(7,681)	(7,681)
Finance Costs													
Finance Costs I&E	(2,750)	2	2	2	2	2	(2,966)	2	2	2	2	2	(2,966)
Finance Costs - Total Balance Sheet Movements	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Finance Costs Cashflow	(2,750)	2	2	2	2	2	(2,966)	2	2	2	2	2	(2,966)
Capital													
Capital Expenditure	(1,634)	(729)	(1,004)	(1,047)	(829)	(684)	(1,016)	(904)	(504)	(639)	(554)	(1,079)	(1,011)
Capital - Total Balance Sheet Movements	0	(2,202)	(2,385)	(1,428)	(1,318)	(354)	(322)	(174)	0	0	0	0	1,567
Total Capital Cashflow	(1,634)	(2,931)	(3,389)	(2,475)	(2,147)	(1,038)	(1,338)	(1,078)	(504)	(639)	(554)	(1,079)	556
Temporary Borrowing Limit 1 (Temp PDC) August 13	(3,000)												
Temporary Borrowing Limit 2 (Temp PDC) November 13	(3,000)												
Temporary Borrowing Limit 3 (Temp PDC) December 13	(1,500)												
2014/15 Temporary Borrowing/Permanent PDC							4,200			1,500		500	2,000
PDC Revenue													
Donated Assets													
Donated Assets Income	0	0	100	100	100	100	100	0	100	100	100	100	100
Donated Assets Expenditure	(404)	0	(100)	(100)	(100)	(100)	(100)	0	(100)	(100)	(100)	(100)	(100)
Total Donated Assets Cashflow	(404)	0	0	0	0	0	0	0	0	0	0	0	0
FCHS													
PDC Drawdown re FCHS	6,481			1,250			1,250			1,250		1,285	
Capital re FCHS	(2,307)	0	0	(1,250)	0	0	(1,250)	0	0	(1,250)	0	(1,285)	0
Total FCHS Cashflow	4,174	0	0	0	0	0	0	0	0	0	0	0	0
Total Cashflow	(9,199)	1,149	(79)	(1,911)	974	(1,308)	(376)	1,397	(775)	590	1,921	(850)	(682)
Balance C/fwd	2,150	3,299	3,219	1,308	2,283	974	598	1,995	1,220	1,810	3,732	2,882	2,200

Summary Activity Position (Internal Plan)		All Commissioners										
Month 12 (Initial Data Submission)												
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	5,292	5,877	585	11.0%	62,740	61,488	-1,252	-2.0%	62,740	61,488
	Therapies / Diagnostics	166	15	8	-7	-46.8%	180	187	7	3.6%	180	187
	Unscheduled Care	23,778	2,105	2,515	410	19.5%	24,977	24,834	-143	-0.6%	24,977	24,834
	Women and Children's	16,780	1,315	1,868	553	42.1%	15,348	16,109	761	5.0%	15,348	16,109
Consultant Led/Responsible First Attendance Total		**101,319**	**8,727**	**10,268**	**1,541**	**17.7%**	**103,246**	**102,618**	**-628**	**-0.6%**	**103,246**	**102,618**
Consultant Led/Responsible Follow Up Attendance	Scheduled Care	119,790	9,789	11,640	1,851	18.9%	116,304	119,717	3,413	2.9%	116,304	119,717
	Therapies / Diagnostics	474	40	31	-9	-22.5%	480	488	8	1.6%	480	488
	Unscheduled Care	43,947	3,618	4,038	420	11.6%	43,138	43,141	3	0.0%	43,138	43,141
	Women and Children's	18,620	1,954	2,277	323	16.5%	22,983	23,670	687	3.0%	22,983	23,670
Consultant Led/Responsible Follow Up Attendance Total		**182,831**	**15,401**	**17,986**	**2,585**	**16.8%**	**182,906**	**187,016**	**4,111**	**2.2%**	**182,906**	**187,016**
Consultant Led/Responsible Outpatient Procedure	Scheduled Care	47,615	4,435	3,602	-833	-18.8%	55,198	54,855	-343	-0.6%	55,198	54,855
	Therapies / Diagnostics	42			0	0.0%			0	0.0%	-	-
	Unscheduled Care	25,571	1,571	1,963	392	25.0%	20,265	21,694	1,428	7.0%	20,265	21,694
	Women and Children's	25,084	2,111	1,244	-867	-41.1%	26,240	24,267	-1,973	-7.5%	26,240	24,267
Consultant Led/Responsible Outpatient Procedure Total		**98,312**	**8,117**	**6,809**	**-1,308**	**-16.1%**	**101,703**	**100,816**	**-887**	**-0.9%**	**101,703**	**100,816**
Total Outpatients	Scheduled Care	228,000	19,516	21,119	1,603	8.2%	234,242	236,060	1,818	0.8%	234,242	236,060
	Therapies / Diagnostics	682	55	39	-16	-29.2%	661	675	14	2.2%	661	675
	Unscheduled Care	93,296	7,294	8,516	1,222	16.8%	88,380	89,669	1,289	1.5%	88,380	89,669
	Women and Children's	60,484	5,381	5,389	8	0.2%	64,571	64,046	-525	-0.8%	64,571	64,046
Total Outpatients Total		**382,462**	**32,245**	**35,063**	**2,817**	**8.7%**	**387,855**	**390,450**	**2,596**	**0.7%**	**387,855**	**390,450**
Elective DC	Scheduled Care	33,148	3,064	3,210	146	4.8%	34,782	34,696	-86	-0.2%	34,780	34,696
	Unscheduled Care	2,391	188	217	29	15.5%	2,412	2,507	95	3.9%	2,413	2,507
	Women and Children's	2,531	198	197	-1	-0.6%	2,414	2,366	-48	-2.0%	2,414	2,366
Elective DC Total		**38,070**	**3,450**	**3,624**	**174**	**5.0%**	**39,608**	**39,569**	**-39**	**-0.1%**	**39,607**	**39,569**
Elective IP	Scheduled Care	5,723	520	518	-2	-0.4%	5,944	5,940	-4	-0.1%	5,944	5,940
	Unscheduled Care	246	16	31	15	93.7%	257	326	69	26.9%	257	326
	Women and Children's	958	83	72	-11	-13.0%	1,042	993	-49	-4.7%	1,042	993
Elective IP Total		**6,927**	**619**	**621**	**2**	**0.3%**	**7,242**	**7,259**	**17**	**0.2%**	**7,242**	**7,259**
Non Elective	Scheduled Care	12,308	1,160	1,080	-80	-6.9%	12,915	12,649	-266	-2.1%	12,915	12,649
	Unscheduled Care	23,306	2,218	2,232	14	0.6%	24,670	24,559	-111	-0.5%	24,670	24,559
	Women and Children's	8,394	736	837	101	13.6%	8,197	8,843	646	7.9%	8,197	8,843
Non Elective Total		**44,008**	**4,114**	**4,149**	**35**	**0.9%**	**45,782**	**46,051**	**269**	**0.6%**	**45,782**	**46,051**
Non Elective Other	Scheduled Care		6	7	1	23.6%	63	69	6	9.5%	63	69
	Unscheduled Care		21	15	-6	-29.4%	239	229	-10	-4.3%	239	229
	Women and Children's	9,466	807	765	-42	-5.3%	8,918	8,596	-322	-3.6%	8,918	8,596
Non Elective Other Total		**9,466**	**834**	**787**	**-47**	**-5.7%**	**9,220**	**8,894**	**-326**	**-3.5%**	**9,220**	**8,894**
Total Spells	Scheduled Care	51,179	4,750	4,815	65	1.4%	53,704	53,354	-350	-0.7%	53,702	53,354
	Unscheduled Care	25,943	2,443	2,495	52	2.1%	27,579	27,621	42	0.2%	27,580	27,621
	Women and Children's	21,349	1,825	1,871	46	2.5%	20,570	20,798	228	1.1%	20,570	20,798
Total Spells Total		**98,471**	**9,017**	**9,181**	**164**	**1.8%**	**101,853**	**101,773**	**-80**	**-0.1%**	**101,852**	**101,773**
A&E	Unscheduled Care	110,680	9,280	9,538	258	2.8%	106,831	106,702	-129	-0.1%	106,831	106,702
A&E Total		**110,680**	**9,280**	**9,538**	**258**	**2.8%**	**106,831**	**106,702**	**-129**	**-0.1%**	**106,831**	**106,702**

4. WORKFORCE

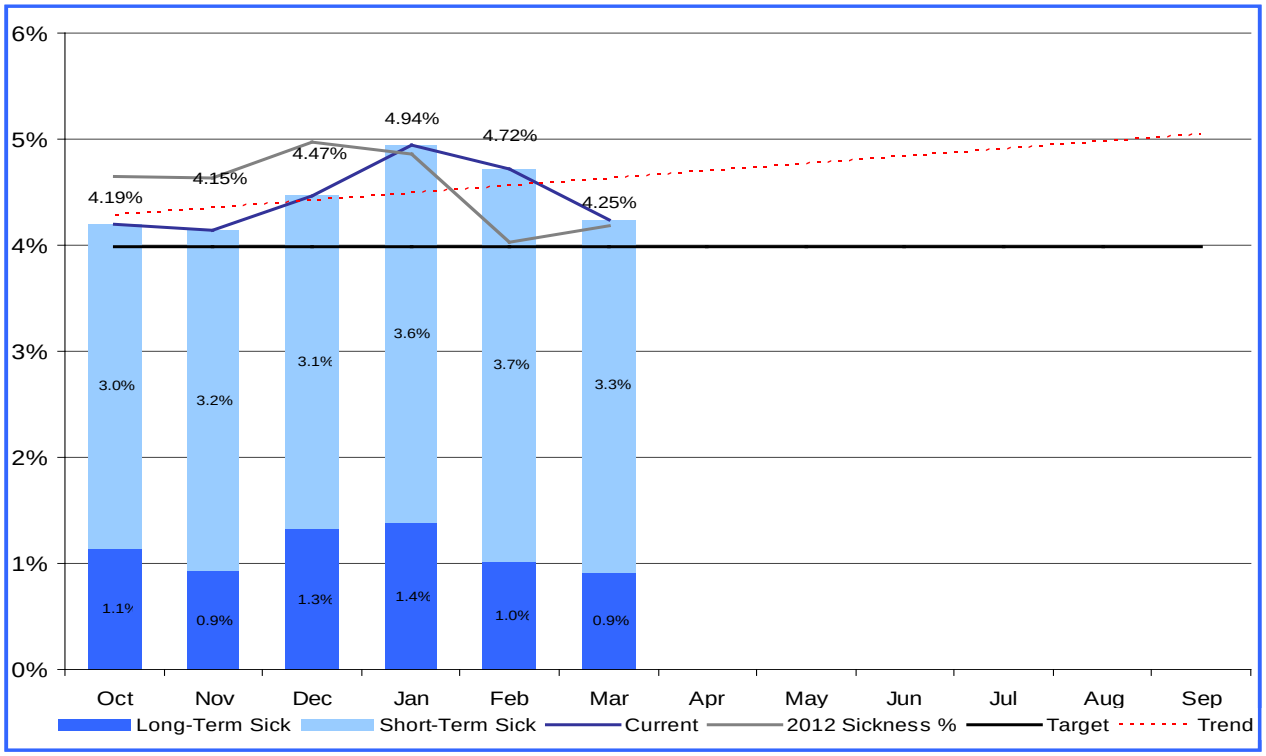
OVERVIEW

- Over the last twelve months the Trust has supported 166 individuals through an apprenticeship framework, this is the highest in the West Midlands.
- Absence has not met the annual target of below 4%; the year end position is 4.12%. Whilst not where we should be this is an improvement on the previous year, this improvement means 3,326 calendar days have been saved.

4.1 PEOPLE STRATEGY

Implementation of the strategy has now commenced and in April the Workforce Committee reviewed the position. Discussions centred on making the strategy real and ensuring implementation also responded to the staff survey. Key activities happening during the first three months of this year are to begin to embed the values, roll out the Leadership Development Programme, draft a 5 year workforce plan and to introduce values based recruitment for consultant appointments.

4.2 SICKNESS ABSENCE

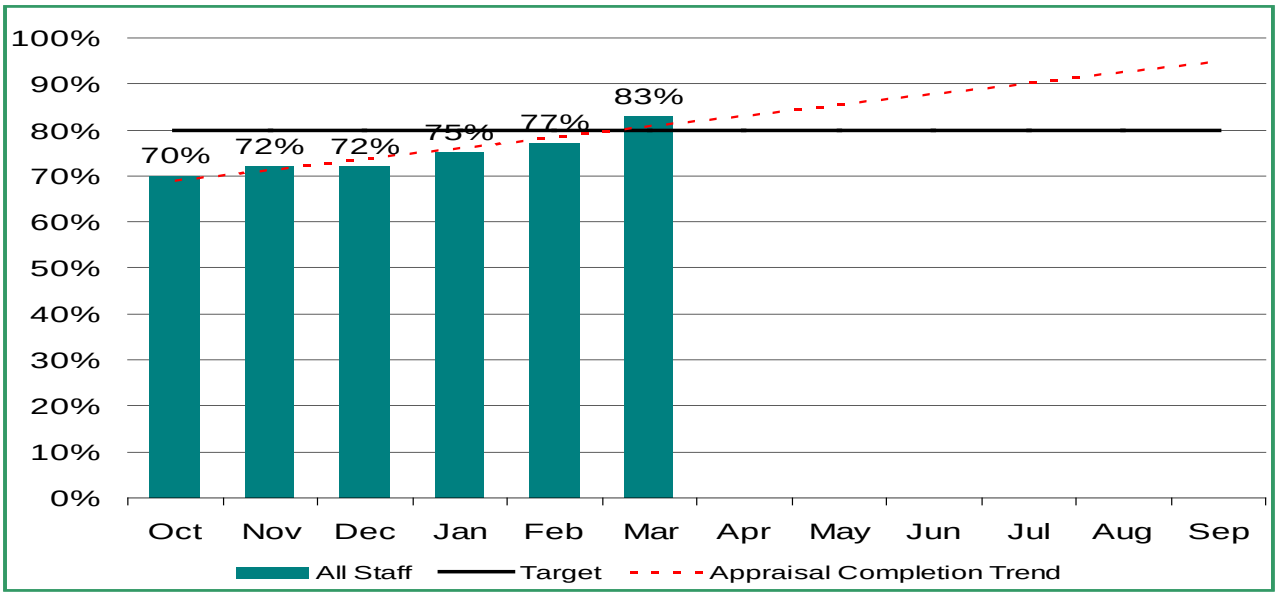


Sickness absence fell by 0.47% in March to 4.25%, with a year to date performance of 4.12%.

The end of year target of 3.99% has not been achieved, although there has been an improvement of 0.3% on last year. A total of 6117 fte calendar days were lost to sickness absence with an indicative cost of £427k (excluding backfill costs).

Measure	Annual Target	Monthly Target	YTD	Decemb er	January	February	March	Year end 12/13
Sickness Absence	**Less than 4%**	**Less than 4%**	**4.12%**	**4.47%**	**4.94%**	**4.75%**	**4.25%**	4.41%
Current State	- Target failed in March, however a decrease of 0.47% was seen. - Year to date performance is above 4%.							
Planned Actions	- Health and Wellbeing plan has been approved by the Workforce Committee which supports effective management and proactive support for Health and Wellbeing.							
Key Themes/ Trends	- Highest reasons for absence remain stress. - Year to date above 4%							

4.3 APPRAISALS



An improvement in performance during March means that over 80% of staff have received an appraisal; a significant increase was seen in doctor appraisals.

Measure	Annual Target	Monthly Target	Year end 12/13	December	January	February	March	Year end 12/13
Appraisals	**80%**	**80%**	**83%**	**72%**	**75%**	**77%**	**83%**	72%
Current State	- Target met in March							
Planned Actions	- Plans in place for those below 80% - Development of new target for this year including plan to introduce values.							
Key Themes/Trends	- Improvement of 8% since December.							

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 March 2014 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 3 for the month of March and 2 for the year.
- A&E performance against the 95% target in March was 92.67%
- Admitted RTT in March was 76.98% against the target of 90%, with non-admitted being 93.08% against the target of 95%.
- RTT Open Clocks under 18 Weeks was 89.71% in March against the target of 92%
- Trajectories have been agreed the NTDA and Commissioners to deliver the relevant RTT targets at a specialty level.
- Cancer under-achieved against the 62 Day Referral to Treatment during March.
- There were 3 C-Diff cases in March, giving a year-end of 31 cases against an annual target of no more than 27.

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.