

Reporting to:	Trust Board Meeting - 27th February 2014
Title	Integrated Performance Report - January 2014
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>
<p>Strategic Priorities</p> <p><input checked="" type="checkbox"/> Quality and Safety</p> <p><input checked="" type="checkbox"/> Healthcare Standards</p> <p><input checked="" type="checkbox"/> People and Innovation</p> <p><input type="checkbox"/> Community and Partnership</p> <p><input checked="" type="checkbox"/> Financial Strength</p>	<p>Operational Objectives</p> <p>QS1 - Reduce avoidable deaths</p> <p>QS2 - Improve the nutritional status of patients and hydration and fluid management</p> <p>QS3 - Enhance communication and information for all patients and their carers</p> <p>QS4 - Eradicate all avoidable grade 3 and 4 pressure ulcers</p> <p>QS5 - Reduce the number of RIDDOR reportable falls</p> <p>HS3 Deliver all key performance targets</p> <p>PI1 - Implement a Staff Engagement Framework that improves employment experience and reduces absence to less than 4%</p> <p>FS1 - Deliver our milestones to achieve NHS Foundation Trust status</p> <p>FS3 - Deliver a financial surplus of £1.2m</p> <p>FS4 - Deliver the Trust 5% implied efficiency target and support delivery of joint QIPP</p>
Board Assurance Framework (BAF) Risks	<p><input checked="" type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience</p> <p><input checked="" type="checkbox"/> If we do not implement our falls prevention strategy then patients may suffer serious injury</p> <p><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</p> <p><input type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients</p> <p><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</p> <p><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</p>

	<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 January 2014 and APPROVE the self certification submissions.</p>

INTEGRATED PERFORMANCE REPORT – JANUARY 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 **January 2014**.

OVERVIEW

- January has seen sustained improvement in the incidence of harm to patients such as a continued decrease in pressure ulcers, overall falls and the number of patients with catheter acquired urinary tract infections. Further assurance for sustained improvement on performance is being developed through relevant clinical groups.
- Cancer services – Following disappointing feedback from the cancer patient satisfaction survey undertaken in 2012 that related to operational and patient experiences; a themed review is being undertaken with commissioners to implement improvement. The progress and outcome of the review will be monitored via the commissioner quality review group.
- Discharge – A number of quality metrics are showing that the Trust needs to improve on discharge planning, process and practices. Patients tell us through the ward metrics that we are not communicating thoroughly prior to discharge. Senior nurses, clinical leads and operational managers continue to work together with patients and partners to identify further measures where performance can be improved.

	Measure	Annual Target	Monthly Target	YTD	October	November	December	January	Year end 12/13
Patient Safety	<i>Risk Adjusted Mortality Index (RAMI)</i>	SaTH < NP	SaTH < NP	82/82	77/79 (Aug)	91/83 (Sept)	74/79 (Oct)	76/86 (Nov)	94/93
	<i>RIDDOR/SI Reportable Falls</i>	15	1	26	5	0	1	3	20
	<i>Grade 3 Avoidable Pressure Ulcers</i>	0	0	16	2	2	1	4	19
	<i>Grade 3 Unavoidable Pressure Ulcers</i>	N/A	N/A	12	0	0	1	1	10
	<i>Grade 4 Avoidable Pressure Ulcers</i>	0	0	0	0	0	0	0	8
	<i>Grade 4 Unavoidable Pressure Ulcers</i>	N/A	N/A	5	0	0	0	1	5
	<i>C.difficile Infections</i>	27	2	28	4	3	2	3	45
	<i>MRSA Bacteraemia Infections</i>	0	0	1	0	0	0	0	1

	MSSA Bacteraemia Infections	22	2	20	1	1	4	3	24
	E.coli Bacteraemia Infections	40	3	36	3	3	5	2	45
	MRSA Screening – Elective	95%	95%	95.1%	96.2%	95.9%	95.9%	95.1%	93.0%
	MRSA Screening – Non-Elective	95%	95%	95.4%	95.8%	95.4%	95%	96%	94.1%
	Number of Serious Incidents	N/A	N/A	126	16	7	7	13	160
	Never Events	0	0	0	0	0	0	0	2
	Safety Thermometer – Harm Free %	N/A	N/A	92.6%	92.6%	95.7%	92.3%	93.1%	92.2%
	WHO Safe Surgery Checklist	100%	100%	100%	100%	100%	100%	99.5%	99.9%
	VTE Assessment	95%	95%	93.3%	95.2%	95.2%	95.0%	TBC	90.5%
	Maternity Dashboard	Green	Green	N/A	Green	Green	Green	Amber	
	Ward to Board – Nursing Performance Score	95%	95%	93%	94%	93%	94%	93%	
Patient Experience	Number of Complaints	N/A	N/A	371	33	31	24	41	671
	Same Sex Accommodation	0	0	0	0	0	0	0	0
	Friends and Family Test Score	75	75	N/A	75	81	72	75	77
	Ward to Board – Patient Experience Score	95%	95%	87%	86%	84%	85%	84%	

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.

1.2 EXTERNAL FEEDBACK AND ASSURANCE

There were no external assurance visits specifically looking at the organisation in January however; the Trust formed part of a review of the WMAS transfer of patients within the ED at RSH undertaken by the CQC.

1.3 REGULATION 28 (formerly known as Rule 43)

There have been no Regulation 28s submitted by the coroner in January 2014

1.4 SAFEGUARDING

There were 11 safeguarding alerts made towards the Trust in January. This is an increase on the December figure where none were reported. Progress against the January alerts is as follows:

- 5 were closed at level 1 and deemed not appropriate
- 2 allegations were made against agency nurses and were closed at alert stage
- The remaining 6 cases are progressing to the next stage

The majority of alerts towards the trust came under the category of neglect/omissions of care and specifically relate to discharge processes. All safeguarding alerts are reviewed on a quarterly basis in order to gain assurance to prevent trends or themes and reported to the CQC.

1.5 SERIOUS INCIDENTS

There were 13 Serious Incidents reported in January 2014 and shows an increase in reporting from the previous 2 months. This is comparable with reporting performance from the previous year. The Trust's average reporting profile is comparable with average national reporting based on NRLS reporting figures (for similar sized Trusts). Key incident themes relate to falls, previous trolley breaches, Infection Control, pressure ulcers, unexpected admissions to NNU, Delays in diagnosis and Information Governance issues.

1.6 QUALITY IMPROVEMENT OVERVIEW

Measure	Annual Target	Monthly Target	YTD	October	November	December	January	Year end 12/13
RIDDOR/SI Reportable Falls	15	1	26	5	0	1	3	20
Current State	There has been a slight increase in RIDDOR reported falls in January however, there continues to be a decrease in the total number of falls reported compared to the same reporting period last year.							
Planned Actions	All RIDDOR reported falls are reviewed via RCAs with on going internal and external audit to understand further preventative measures. Recruitment to the falls practitioner role is complete and training in the new fallsafe risk assessment has commenced. On going information is being gathered to compare and benchmark the Trust's activity and performance in relation to falls. As stated previously; the measurement of falls per/1000 occupied bed days is considered a more accurate measure of an acute Trust's performance regarding falls. The national benchmark for falls is based on the NPSA reported mean of 5.6 falls per/1000 occupied bed days. The Trust mean has been below or comparable to the NPSA mean per 1000 bed days since July 2013.							
Key Themes/Trends	The main theme previously identified through the RCA process has been a lack of thorough documentation and completed risk assessments showing the prevention of falls within records. However it is now evidenced that the completion of documentation is improving and providing evidence of the preventability of each fall.							
Measure	Annual Target	Monthly Target	YTD	October	November	December	January	Year end 12/13
Grade 3 Avoidable Pressure Ulcers	0	0	16	2	2	1	4	19
Current State	There were 4 avoidable Grade 3 pressure ulcers reported in January and whilst this is a 34% decrease compared to the same reporting period last year it is a deteriorating position compared to previous months.							
Planned Actions	All pressure ulcers are reviewed via RCA's with on going 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. A positive action going forward is the replacement of all current static mattresses across the Trust following a review of the mattress contract. The new mattress specification is of higher quality than the current specification and will support the prevention of pressure ulcers going forward. There has also been a review of the current procurement of masks across the Trust. A new mask product will be purchased going forward that is evidenced to prevent pressure ulcers from mask devices. The new mask will also provide a small annual cost improvement for the Trust.							

Key Themes/Trends	<p>Following a review of the RCA's, the key themes identified are being addressed via the pressure ulcer prevention action plan.</p> <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 the above.
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Measure	Annual Target	Monthly Target	YTD	October	November	December	January	Year end 12/13
C.difficile	27	2	28	4	3	2	3	45
Current State	The Trust has exceeded the annual trajectory in the month of January; however performance to date in comparison to last year shows a continued reduction in cases (28 compared to 37 for the same period). Review of January 2014 cases show that 2 were probably unavoidable with one most likely an incidental finding due to an inappropriate sample as the patient was taking laxative medication.							
Planned Actions	<ul style="list-style-type: none"> Continued RCAs to be undertaken by IPC Team Focus on cleanliness including commodes Compliance with antibiotic prescribing to be audited by pharmacists Education of staff on avoiding inappropriate samples 							
Key Themes/Trends	Predominantly antibiotic associated with a small clusters of cross infection seen in last 3 months. Also some wards sending inappropriate samples.							

Measure	Annual Target	Monthly Target	YTD	October	November	December	January	Year end 12/13
MSSA bacteraemia	22	2	20	1	1	4	3	24
Current State	Currently, we are above our internal trajectory for the year (there is no national or local target for MSSA bacteraemia.) Review of January 2014 cases showed that one patient had an infected dialysis line, and in one case the MSSA was probably a contaminant. The third case was caused by a salivary gland infection which is an extremely rare source of MSSA infection therefore possibly unavoidable. However; the other 2 cases would be considered avoidable.							
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 and doctors are trained by Clinical Practice Educators in blood culture technique. Although it is very rare for MSSA to be a contaminant there were 2 possible cases this month (one in a new admission so not apportioned to SaTH.)							
Key Themes/Trends	Prevention of infection of dialysis lines and other lines, reduction in blood culture contaminants							

2. OPERATIONAL PERFORMANCE

The Operational Performance report provides an overview of the key national healthcare standards in order for the Board to review variances to operational delivery and performance.

OVERVIEW

• Winter Plan

An addendum to the 13/14 Winter Plan has been submitted to the Area Team by the Chair of the Urgent Care Working Group (Caron Morton, Accountable Office, Shropshire CCG Chief Executive Officer) outlining the additional actions which will be taken by the local health and social care economy to deliver the 4 hour standard each week from 2nd March 2014.

These actions include:

- A target to reduce the number of patients on the Fit to Transfer list to no more than 50;
- Increasing the focus on improving internal SaTH discharge planning;
- Introduction of primary care front door schemes;
- Reducing the number of breaches due to transport delays through a pilot with St. John's Ambulance on RSH site week commencing 17th February 2014.

The Trust is concerned that these additional actions will be insufficient and Peter Herring (CEO) has written to the accountable officers of both CCG's asking for renewed action towards a move to a full discharge to assess model.

The Area Team have written to the Chair of the Urgent Care Working Group, Caron Morton, outlining their ongoing concerns regarding the local economy collective control over performance recovery with regards to the 4 hour standard and have outlined required changes to the operational arrangements of the Urgent Care Working Group including the need for fortnightly meetings of this group; rather than monthly.

• 4 Hour Access Standard

Improvement in performance against this standard is beginning to be seen with the Royal Shrewsbury Hospital site showing the greatest improvement.

Performance of 95% was achieved week ending 9th February 2014 and the target just missed at 94% week ending 16th February 2014.

As the Fit to Transfer list remains high at PRH site, the improvements seen at RSH site are deemed to be due to a reduction in the numbers on the Fit to Transfer list at RSH. These improvements are due to increased operational grip through the new Heads of Capacity posts on each site alongside a 'Refresh and Relaunch' week 12th – 19th February. The aim of this was to reset the sites to a level of performance across all areas which would become the 'status quo' and refresh actions which were previously effective to relaunch 'normal business'.

This site safety project included:

- Change in the timing and culture of bed meetings to ensure each meeting has a focus on site safety and that there is progressive planning throughout the day;
- Launching of a refreshed Choice Policy and discharge process including a new discharge booklet;
- Setting of specific ward discharge targets.

Learning from this week will be used to inform further actions needed to improve internal flow.

Financial penalties year to date (9 months) are approximately £180K for failure of this target.

- **RTT Admitted**

All specialties are on trajectory for achieving 18 Weeks. Shropshire and Telford & Wrekin CCG's are currently doing a full review of Orthopaedic Access with a view to managing back demand and being in a position to share their commissioning intentions by the end of June 2014.

Financial penalties year to date (9 months) are approximately £1.1M for failure of this target.

- **Cancer Performance**

The first meeting of the Trust Cancer Board has taken place. This is a key development in supporting the actions being taken to improve the quality of Cancer Services and performance against the Cancer targets.

Three Cancer targets failed in December 2013 with performance being worse than the previous month. These were:

- 2 week GP to 1st Outpatient appointment breast symptoms
- 31 day second or subsequent treatment – surgery
- 62 days urgent referral to treatment

Financial penalties year to date (9 months) are approximately £200K for failure of this target. A trajectory to achieve the Cancer targets in 2014/15 will be agreed with the Clinical Commissioning Groups on 20th March 2014.

As part of the improvement plan a number of changes have already been instigated at SaTH within the Cancer team to facilitate an improvement in Cancer data and reporting. These include:

- Appointment of a new Cancer Information Manager (commenced in post December 2013)
- A revised monthly Cancer Performance Report
- 2 weekly reports on patients over 62 days not yet treated
- Introduction of Standard Operating Procedures for tracking and escalating patients and the running of multidisciplinary meetings
- Weekly review meetings with the Cancer Pathway Co-ordinators team
- Weekly performance meetings focusing on Urology and Gynaecology tumour sites
- Refresh and relaunch of the Escalation Policy this month
- Individual targeted support.

A themed review of Cancer Care and Cancer Services is being undertaken with commissioners focusing on quality and patient experience, safety and effectiveness and will be review at the Clinical Quality and Risk Meeting with the CCG's this month.

- **Ambulance Handovers**

Validation of January's data is not complete and therefore no information is available this month.

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

INTEGRATED PERFORMANCE REPORT

February 2014

OVERVIEW OF PERFORMANCE

Month 10 - 2013/14		2012/13 Outturn Period	2012/13 Outturn	2013/14 Standard	M1	M2	M3	Q1	M4	M5	M6	Q2	M7	M8	M9	Q3	M10	M11	M12	Q4	2013/14 Year to Date	2013/14 Forecast Outturn
Measure					Apr-13	May-13	Jun-13		Jul-13	Aug-13	Sep-13		Oct-13	Nov-13	Dec-13		Jan-14	Feb-14	Mar-14			
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%				93.42%	
	A&E 12 Hour Trolley Waits	Full Year	16	0	16	0	0	16	0	0	0	0	0	1	0	1	0				1	
	Ambulance Handovers not completed within 30 Minutes (SaTH Validated View)	Full Year		100%	105	22	39	166	9	20	11	40	7	8	8	23	TBC				TBC	
	Ambulance Handovers not completed within 60 Minutes (SaTH Validated View)	Full Year		100%	27	0	0	27	0	5	0	5	0	0	2	2	TBC				TBC	
	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%					
	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%					
	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%					
	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				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%				0.56%	
	% 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%				86.61%	
	Cancelled 28 Day Readmission Breaches	Full Year	100	0	3	1	0	4	0	3	1	4	1	1	0	2	0				10	
	Number of Urgent operations cancelled more than once				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%	94.78%				94.30%	
	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%	92.78%				93.27%	
	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%	97.61%				97.41%	
	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%	98.86%				98.79%	
	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%	91.89%				92.90%	
	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%				97.27%	
	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%	78.04%				81.49%	
	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%				94.35%	
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%	94.06%				91.83%		
Patient Experience / Governance	C-Diff	Full Year	45	27	1	2	2	5	2	6	3	11	4	3	2	9	3				28	
	MRSA	Full Year	1	0	0	0	0	0	0	1	0	1	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	
	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%	TBC					
	Publication of Formulary	Mar-13	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					

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)	October	November	December	January	Year end 12/13																								
A&E 4 Hour Wait	95%	95%	93.46%	94.46%	92.30%	90.99%	89.45%	90.62%																								
Current State	<ul style="list-style-type: none"> - Target not achieved during January also a deterioration in performance on previous month. - 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. - The FTT LoS increased in January indicating a slowdown in community provision over all. The discharge hub has continued applying pressure to improve discharge rates - The Remedial Action Plan [RAP] for ED is being progressed and actions within the RAP have started with deliverables in key areas already completed and workstreams underway. - A Refresh and re-launch has taken place in February to deliver changes in site working, ie Battle Rhythm and new ways of working. - The new discharge targets have been implemented. - Matrons and Ward Managers no longer attend site safety meetings and actions are carried out by Medical Matron of the day and the Surgical Matron of the day. 																															
Key Themes/Trends	<ul style="list-style-type: none"> - The Trust continues to function at above 98% bed occupancy daily with all assessment areas full; - Across the month of January the main reason for breaches remains that of no capacity (beds). - Two wards worth of patients are fit to transfer at any one time. During the latter part of January the number of patients on the Fit to Transfer list peaked at 92. - 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. - Performance deteriorated during the month of January at PRH moreso than that of RSH. Some of this is attributable to increase in the FTT LoS and the numbers on the FTT being double that for previous averages. <p>Fit to Transfer Trend Chart – Daily Average by Site/Month</p> <table border="1"> <caption>Average number of FTT Patients in January (to 02Feb) 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>41</td> <td>23</td> </tr> <tr> <td>Tuesday</td> <td>43</td> <td>25</td> </tr> <tr> <td>Wednesday</td> <td>34</td> <td>18</td> </tr> <tr> <td>Thursday</td> <td>33</td> <td>21</td> </tr> <tr> <td>Friday</td> <td>28</td> <td>18</td> </tr> <tr> <td>Saturday</td> <td>34</td> <td>23</td> </tr> <tr> <td>Sunday</td> <td>33</td> <td>23</td> </tr> </tbody> </table>								Day	RSH	PRH	Monday	41	23	Tuesday	43	25	Wednesday	34	18	Thursday	33	21	Friday	28	18	Saturday	34	23	Sunday	33	23
Day	RSH	PRH																														
Monday	41	23																														
Tuesday	43	25																														
Wednesday	34	18																														
Thursday	33	21																														
Friday	28	18																														
Saturday	34	23																														
Sunday	33	23																														

Measure	Annual Target	Monthly Target	YTD	July	August	September	October	November	December	January	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%	81.73%	78.00%
Current State	<ul style="list-style-type: none"> - The target failed in January in line with the agreed Remedial Action Plan [RAP]. General Surgery, Urology and Ophthalmology achieved for the second month ahead of their original plans. 										
Planned Actions	<ul style="list-style-type: none"> - Complete the booking profile for ENT to ensure the backlog is cleared in accordance with the trajectories - Work with NHS England to improve the performance within maxillo facial surgery. Complete the booking profile workshops. - 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. 										
Key Themes/Trends	<ul style="list-style-type: none"> - The number of patients waiting over 18 weeks (backlog) 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. 										

Measure	Annual Target	Monthly Target	YTD	July	August	September	October	November	December	January	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%	89.40%	86.57%
Current State	<ul style="list-style-type: none"> - Target failed in January as expected. 										
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	August	September	October	November	December	January	Year end 13/14
2 Week GP to 1st OP Appointment Breast Symptoms	93%	93%	94.21%	91.49%	94.23%	96.45%	91.53%	89.94%	92.78%	92.95%
Current State (unvalidated)	<ul style="list-style-type: none"> - Target failed in January with 14/194 patients breached (7.22% representative) - Third consecutive episode of noncompliance in the last 6 month period - Predicted noncompliance for year end 2013/14 of -0.05%; if percentages continue to decrease this will have a negative effect on the year-end figure 									
Planned Actions	<ul style="list-style-type: none"> - Actions from the Breast meeting recirculated; operational meeting arranged and confirmed for 13.02.14 with a follow up meeting with senior management on the 26.02.14 - Investigate clinic cancellation and escalate to senior management - Development of a 2WW SOP to provide guidance to booking clerks to ensure best practice - Breach report summary presented to MDT; template outlining outcome for patient / risk of harm completed. Outcomes will be taken forward to the Cancer Services meeting - The adoption of local stretch targets should ensure patients are offered earlier dates in the future and a subsequent date within target; to be facilitated by telephone versus paper correspondence - GP education; raise with commissioning the updating of referral forms to indicate when the patient is available to attend first OPA (e.g. holidays) 									
Key Themes / Trends	<ul style="list-style-type: none"> - 14 breaches: 3 patients unavailable (holidays, patient choice), 4 resulting from a clinic cancellation, and a further 6 patients were unavailable to attend the initial appointment offered (only 2 were recorded as having been offered an initial date within target) - Initial appointments were declined with the alternative date given outside of the current target (or original date offered not recorded); a result exacerbated by the time of year - 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 - Exponential increase in referrals. 									

Measure	Annual Target	Monthly Target	YTD	August	September	October	November	December	January	Year end 13/14
31 day second or subsequent treatment – Surgery	94%	94%	92.61%	88.89%	95.24%	96.15%	91.43%	93.75%	91.89%	92.85%
Current State (unvalidated)	<ul style="list-style-type: none"> - Target failed in January with 3/37 patients breached (8.11% representative) - Fourth episode of noncompliance in the last 6 month period - Predicted noncompliance for year end 2013/14 by -1.15%; decreasing percentages continue to negatively impact the year end position 									
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; pauses can be added if surgical capacity is evidenced as a non-contributing factor - Ensure escalation policy is adhered to; update version distributed and now in operation from (11.02.14) - Group escalation meetings re-established (11.02.14) manager to manager led to ensure all professionals involved in patient delivery can assist in expediting patients were necessary - Updated escalation policy distributed (11.02.14) to all clinical and non-clinical teams to ensure future compliance - Subsequent Tracking SOP distributed and in operation (10.02.14); all subsequent treatments to be tracked via SCR (Somerset) 									
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; patients to be escalated as per policy - Admin delay; no tracking notes available due to the use of Excel over SCR (Somerset) 									

Measure	Annual Target	Monthly Target	YTD	August	September	October	November	January	January	Year end 13/14
62 days urgent referral to treatment	85%	85%	81.91%	84.29%	84.68%	79.80%	83.52%	80.20%	78.04%	81.78%
Current State (unvalidated)	<ul style="list-style-type: none"> - Target failed in January with 23.5/107 patients breached (21.96% representative) - Sixth consecutive episode of noncompliance in the last 6 month period - Predicted noncompliance for year end 2013/14 by -3.22%; decreasing percentages continue to negatively impact the year end position - Breaches reported are across eight cancer sites; although surgical cases represent 52.17%, drug treatment 34.78% and other 13.05% 									

<p>Planned Actions</p>	<ul style="list-style-type: none"> - Consultant surgeons are continued to be advised to pool surgical cases and offer patients alternative appointments within target; pauses can be added if surgical capacity is evidenced as a non-contributing factor - Ensure escalation policy is adhered to; update version distributed and now in operation (10.02.14) - Group escalation meetings re-established (11.02.14) manager to manager led to ensure all professionals involved in patient delivery can assist in expediting patients where necessary - Updated escalation policy distributed (11.02.14) to all clinical and non-clinical teams to ensure future compliance - Cancer Pathway Coordinator's escalation workshop (12.02.14); demonstrating best practice - Remedial Action Plan [RAP] being progressed.
<p>Key Themes / Trends</p>	<ul style="list-style-type: none"> - Surgical capacity: alternative appointments are not being offered to all patients within target - Common themes highlighted across disciplines: - 10x breaches due to complex disease / medical conditions - 1x breach referred to tertiary centre for second opinion (day 35) - 4x breaches due to patient choice (availability for diagnostics) - 5x breaches not escalated as per policy - 4x delays to diagnostics

3. FINANCE

OVERVIEW

Income and Expenditure

- Trust deficit at end of January of £1.383 million, after allowing for NHS Trust Development Authority (NTDA) transitional support of £3.33 million.
- The Trust achieved its income target for the month of January.
- Trust received £4 million transitional support on the basis that it is able to achieve a balanced position by the year end.
- Estimated that Trust has a £1 million risk in delivering a balanced end of year position.

Cash position

- Trust had £2.8 million in the bank at the end of January, following the receipt of temporary borrowing amounting to £7.5 million.
- Trust required to repay £7.5 million in full in March 2014.
- The Trust is presently in discussions with Telford and Wrekin CCG about the level of cash payment to be received in the 2013/14 year.

3.1 FINANCE PERFORMANCE SUMMARY – MONTH 10

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	87.60%	99.41%	
	EBITDA Margin	5%	Q YTD	2.8%	4%	4.7%	4.6%	Mar-13	9%	4.0%	
	I&E Surplus Margin	1%	Q YTD	-1.90%	-0.50%	0.00%	0.03%	Mar-13	4.91%	-0.55%	
	Return on Assets	5%	Q YTD	0.03%	1.20%	2.60%	3.30%	Mar-13	11.94%	1.86%	
	Liquidity ratio	15 days	Q YTD	13.5	14.4	12.9	13.3	Mar-13		22.7	
	Total Income (actual v plan)	0.5% of plan	Q YTD	99.6%	99.6%	99.90%	99.73%	Mar-13	99.20%	99.74%	
	Pay Expenditure (actual v plan)	At or below plan	Q YTD	101%	102.40%	99.90%	100.27%	Mar-13	100.61%	99.97%	
	Non Pay Expenditure (actual v plan)	At or below plan	Q YTD	98.04%	95.20%	100.3%	101.03%	Mar-13	99.78%	99.96%	
	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	100.81%	78.24%		

3.2 MONTH 10 POSITION

In the last month a series of changes have been made in respect of the Trust's budget for the 2013/14 year, these changes are as follows:

	Income £000's	Pay £000's	Non Pay £000's	Reserves £000's	Finance Costs £000's	Transitional support £000's	Surplus / (deficit) £000's
Month 9 Budget	305,485	(208,350)	(91,084)	2,055	(14,126)	4,000	(2,017)
High Cost Drugs – Month 10	200		(200)				-
Car Parking rebate	90						90
Welsh contracts	500						500
Specialised services – pricing change	650						650
Specialised services – rebased contract	874						874
Winter pressures	40	(40)					-
RTT Non Pay			(200)				(200)
Energy rebate				350			350
Overstated Shropshire CCG contract	(840)						(840)
Month 10 budget	306,999	(208,390)	(91,484)	2,405	(14,126)	4,000	(593)

The effect of the above changes is to reduce the budgetary deficit for the year from £2.017 million to £593,000.

Applying the above trajectory the Income and Expenditure position at the end of Month 10 as compared with the Plan is as follows:

	Months 1 – 10 Budget £000's	Months 1- 10 Actual £000's	Variance £000's	Planned Forecast Outturn £000's	Forecast Outturn £000's	Variance £000's	Months 1 -10 2012/13 £000's
Income	254,970	254,311	(659)	306,999	306,910	(89)	246,922
Expenditure							
Pay	(173,561)	(173,512)	49	(208,390)	(208,341)	49	(168,637)
Non Pay	(75,899)	(75,868)	31	(91,484)	(91,454)	30	(71,870)
Reserves	1,579	2,096	517	2,405	3,044	639	756
Finance Cost	(11,805)	(11,774)	31	(14,126)	(14,129)	(3)	(11,603)
Total Expenditure	(259,686)	(259,058)	628	(311,592)	(310,880)	712	(251,353)
Under / Over spend	(4,716)	(4,747)	(31)	(4,593)	(3,970)	623	(4,431)
Transitional support	3,333	3,333	-	4,000	4,000	-	4,484
Surplus / (deficit)	(1,383)	(1,414)	(31)	(593)	30	623	53
Corrective actions				593		(593)	
Surplus Deficit after corrective actions				-	30	30	53

As can be seen the Trust planned to deliver a cumulative deficit at the end of January amounting to £1.383 million. The actual level of deficit recorded amounted to £1.414 million.

An estimation of the forecast outturn has been undertaken. The outturn calculation suggests that the Trust is presently on course to deliver a balanced Income and Expenditure position by the year end. This outturn calculation does however assume that planned activity levels set for the months of February and March are achieved. (This is discussed more fully below).

In recognition of the variability associated with the Income plans, the Trust has reported to the NTDA that whilst all efforts are being made to deliver a balanced Income and Expenditure position in the 2013/14 year, there remains a risk of circa £1 million.

3.3 INCOME

January Income position

In constructing the forecast outturn last month, it was evident that the ability of the Trust to achieve an end of year balanced Income and Expenditure position depended heavily on the financial performance recorded in the month of January. This being so because the volume of activity anticipated in January, and hence level of Income, is substantially higher than historically recorded levels. The increased activity reflecting the Trust plan to:

- Recover under performance within elective inpatient and Day case activity, recorded earlier in the financial year; combined with
- An acceleration of activity in order to address RTT Backlog.

The table below provides a description of the activity levels by point of delivery as compared with the plan for the month.

	Activity volumes			Unit Prices		
	Plan Jan	Actual Jan	Variance	Plan Jan	Actual Jan	Variance
A and E attendances	8,442	8,231	(211)	104	107	3
Outpatient attendance	33,781	34,498	717	118	117	(1)
Elective Day Cases	3,650	3,653	3	715	745	30
Elective Inpatient	694	598	(96)	2,717	2,597	(120)
Emergency spells	3,949	4,096	147	1,826	1,814	(12)
Maternity	801	752	(49)	1,538	1,491	(47)

As can be seen from the above, with the exception of Elective inpatient activity the volumes of activity delivered in the month are largely consistent with Plan. A review of the unit costs by line of activity suggests however that marginally less complex level of activity have been performed in the month.

The table below provides a description of the January position analysed into its overall volume and price (case mix) variation.

	Financial Variance Value	Price Variance	Volume Variance
	£000s	£000s	£000s
Accident and Emergency (Attendances)	18	40	(22)
Outpatient Appts (Attendances)	186	40	146
Elective Day Cases	32	11	20
Elective Inpatient (Spells)	(239)	(6)	(233)
Emergency (Spells)	223	13	208
Maternity	(168)	(7)	(160)
Emergency Threshold	(80)	(80)	0
Others (Inc Reserves)	(487)	(487)	0
Reclassified previous mth activity	296	296	
NTDA Support	0	0	0
Total	(218)	(180)	(41)

During the month the Trust under achieved as compared with budget by £218,000. The £487,000 underperformance in month is principally attributable to £255,000 drugs, £70,000 rehabilitation and £47,000 critical care.

Forecast outturn – Income

In constructing a forecast outturn, the approach adopted has been to use the actual income received at the end of January and then to incorporate the income plans as set for the period February to March.

	April – Jan £000's	Feb £000's	Mar £000's	Total £000's
Monthly Income	254,311	25,792	26,806	306,909

Adopting such an approach assumes that the volumes of activity and associated case mix as contained within the existing plans over the period February – March are deliverable.

	Activity volumes				Unit Prices				Last year
	Average Apr – Jan	Average Oct – Dec	Actual Jan	Average required Feb–Mar	Average April – Jan	Average Oct – Dec	Actual Jan	Average required Feb–Mar	Average Feb-Mar
A and E attendances	8,925	8,632	8,231	8,573	104	105	107	104	8,884
Outpatient attendance	32,400	31,948	34,498	31,478	118	120	117	117	30,135
Elective Day Cases	3,279	3,390	3,653	3,401	703	659	745	711	3,101
Elective Inpatient	601	646	598	628	2,669	2,665	2,597	2,700	525
Emergency spells	3,818	3,916	4,096	3,922	1,831	1,814	1,814	1,826	3,869
Maternity	747	751	752	795	1,540	1,544	1,491	1,538	564

As can be seen, in order to achieve the required level of Income, the Trust is expecting to see increased levels of:

- Elective day case and inpatient activity; and
- Emergency spells

when compared with the levels recorded in the year to date.

3.4 PAY EXPENDITURE

The table below presents the level of Pay spending over the past twenty two 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>
March	17,298	17,173	
April	17,591	17,294	17.0 – 17.2
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
January	17,483	17,349	

- The underlying level of monthly Pay spending amounts to £17.4 million.
- The overall level of Agency spending has increased in the month of January.
- The level of spending in respect of bank staff has reduced in January 2014 to £484,000.
- Spending in respect of bank and agency nursing staff has amounted to £1 million per month throughout the year.
- In the month of January, nursing agency spending was £665,000, the highest level recorded to date.
- The level of staffing associated with EPS reduced in January.

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
January (exc exceptional items HCD and ICD)	7,433	7,363

3.6 STANDING FINANCIAL INSTRUCTIONS – BORROWINGS

Standing Financial Instructions (Section 24) allow for the Board to delegate short term borrowings (repayable within the first year) to authorised employees. At The Shrewsbury and Telford Hospital NHS Trust, this has been confined just to the CEO and Finance Director (or their deputies) rather than any wider authorisation or panel. The Board are then duly advised at the next meeting. Any longer term borrowing does require prior Board approval.

3.7 CAPITAL PROGRAMME

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

Scheme	2013/14 Capital Budget £000's	2013/14 Spend to date £000's	Forecast Outturn £000's	Variance (under)/ over spend £000's
Reconfiguration	20,630	12,628	20,630	0
Patient Monitoring equipment	250	123	250	0
LINAC Installation works	69	0	69	0
Ward moves (21/23/27)	253	0	253	0
Enabling work to implement Gender Separation & Washer	386	53	386	0
Path lab Reconfiguration	400	55	400	0
Solution re non-closure of beds to enable Recon (PRH Energy Solution)	575	13	575	0
Other Capital Schemes	1,552	1,034	1,552	0
Capital contingencies	3,265	3,104	3,265	0
F&E re enabling FCHS	1,700	0	1,700	0
Total Discretionary Capital Schemes	8,450	4,383	8,450	0
Total including reconfiguration	29,080	17,011	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**

3.8 CASH FLOW

Key points regarding cash flow are as follows:

- A cash balance of £2.810 million was held on the Balance Sheet at the end of January. This balance includes £7.5 million Temporary Borrowing (TBL) (£6m revenue and £1.5m capital).
- 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, will result in an increase in the level of capital creditors by the year end.
- Receipt of Temporary Borrowing – In order to address a significant cash problem, the Trust has received Temporary Borrowing. The level of TBL received to date in respect of revenue is £6 million which is repayable in full at the beginning of March 2014. Following agreement with Shropshire CCG, the Trust will receive a cash payment of £3.0 million relating to agreed activity levels before this payment date. Payment for support of £4.0 million is due from the NHS England, the Trust is liaising with the NHS England/NTDA to ensure receipt of cash before repayment of the Temporary Borrowing.
- The end of year cash position assumes full receipt of cash from Shropshire CCG in line with agreed outturn activity levels. A shortfall in cash of £2.0 million is assumed from Telford and Wrekin CCG from the Trust's activity levels with them. It is anticipated that this dispute will not be resolved until the new financial year and receipt of the £2m cash is assumed in June 2014.
- The Trust is currently in discussion with various Commissioners relating to outstanding issues in respect of £2.497m income, it is assumed that these will not be resolved before the year end. Receipt of this cash is assumed during the first three months of 2014/15 financial year.
- Cash movement – The Trust is required to maintain a cash balance at year end of £2.2 million.

The 2014/15 cash plan has been constructed based upon an assumed income and expenditure deficit for the year of £7.8 million. In support of such a plan the Trust will need to secure temporary borrowing from August 2014 of £2 million rising to £7.8 million by March 2015.

Cashflow

	Actual January Month £000's	Forecast February Month £000's	Forecast March Month £000's
Balance B/fwd	645	2,779	2,336
Income			
Total Income I&E	25,600	26,590	26,590
Total Income - Balance Sheet Changes	0	(4,088)	5,659
Total Income Cashflow	25,600	22,502	32,249
Pay			
Total Pay I&E	(17,449)	(17,348)	(17,348)
Total Pay - Balance Sheet Changes	0	260	260
Total Pay Cashflow	(17,449)	(17,088)	(17,088)
Non Pay			
Total Non Pay I&E	(6,292)	(7,378)	(7,378)
Total Non Pay - Balance Sheet Changes	0	188	(2,015)
Total Non Pay Cashflow	(6,292)	(7,190)	(9,393)
Finance Costs			
Total Finance Costs I&E	2	3	(2,749)
Total Finance Costs - Balance Sheet Changes	0	0	0
Total Finance Costs Cashflow	2	3	(2,749)
Capital			
Capital	(246)	(162)	(584)
IT Technology Fund	0	0	600
Total Capital	(246)	(162)	16
BS Changes - Capital	0	0	0
BS Movements - Capital	0	0	0
Total Capital Cashflow	(246)	(162)	16
Temporary Borrowing Limit 1 (Temp PDC) August 13	0	0	(3,000)
Temporary Borrowing Limit 2 (Temp PDC) November 13	0	0	(3,000)
Temporary Borrowing Limit 3 (Temp PDC) December 13	0	0	(1,500)
2014/15 Temporary Borrowing/Permanent PDC	0	0	0
Donated Assets			
Donated Assets Income	59	357	357
Donated Assets Expenditure	(6)	(144)	(162)
Total Donated Assets Cashflow	53	213	195
FCHS			
PDC Drawdown re FCHS	2,177	3,247	5,881
Capital re FCHS	(1,791)	(1,967)	(1,746)
Total FCHS Cashflow	386	1,280	4,135
Total Cashflow	2,134	(443)	(136)
Balance C/fwd	2,779	2,336	2,200

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
2,200	2,576	1,185	1,018	863	777	726	1,789	382	475	1,761	354
25,600	25,600	25,600	25,600	25,600	25,600	25,600	25,600	25,600	25,600	25,600	25,600
2,628	(66)	1,934	1,796	(898)	(898)	1,796	(898)	(898)	1,796	(898)	(898)
28,237	25,542	27,542	27,404	24,710	24,710	27,404	24,710	24,710	27,404	24,710	24,710
(17,355)	(17,355)	(17,355)	(17,355)	(17,355)	(17,355)	(17,355)	(17,355)	(17,355)	(17,355)	(17,355)	(17,355)
0	0	0	0	0	0	0	0	0	0	0	0
(17,355)	(17,355)	(17,355)	(17,355)	(17,355)	(17,355)	(17,355)	(17,355)	(17,355)	(17,355)	(17,355)	(17,355)
(7,690)	(7,690)	(7,690)	(7,690)	(7,690)	(7,690)	(7,690)	(7,690)	(7,690)	(7,690)	(7,690)	(7,690)
1,628	1,628	0	0	0	0	0	0	0	0	0	1,053
(6,071)	(6,071)	(7,698)	(7,698)	(7,698)	(7,698)	(7,698)	(7,698)	(7,698)	(7,698)	(7,698)	(6,645)
(505)	(505)	(505)	(505)	(505)	(505)	(505)	(505)	(505)	(505)	(505)	(505)
(505)	(505)	(505)	(505)	(505)	(505)	(505)	(505)	(505)	(505)	(505)	(505)
(2,059)	(1,507)	(960)	(1,147)	(459)	(459)	(459)	(459)	(459)	(459)	(459)	(459)
0	(100)	(100)	(100)	(100)	(100)	500	(100)	(100)	(100)	(100)	(200)
(2,059)	(1,607)	(1,060)	(1,247)	(559)	(559)	41	(559)	(559)	(559)	(559)	(659)
(2,059)	(1,607)	(1,060)	(1,247)	(559)	(559)	41	(559)	(559)	(559)	(559)	(659)
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	2,000	2,000	0	0	1,500	0	0	2,300
0	100	100	100	100	100	0	100	100	100	100	100
0	(100)	(100)	(100)	(100)	(100)	0	(100)	(100)	(100)	(100)	(100)
0	0	0	0	0	0	0	0	0	0	0	0
(1,871)	(1,396)	(1,091)	(753)	(680)	(644)	(823)	0	0	0	0	0
(1,871)	(1,396)	(1,091)	(753)	(680)	(644)	(823)	0	0	0	0	0
376	(1,391)	(167)	(155)	(87)	(51)	1,063	(1,407)	93	1,287	(1,407)	1,846
2,576	1,185	1,018	863	777	726	1,789	382	475	1,761	354	2,200

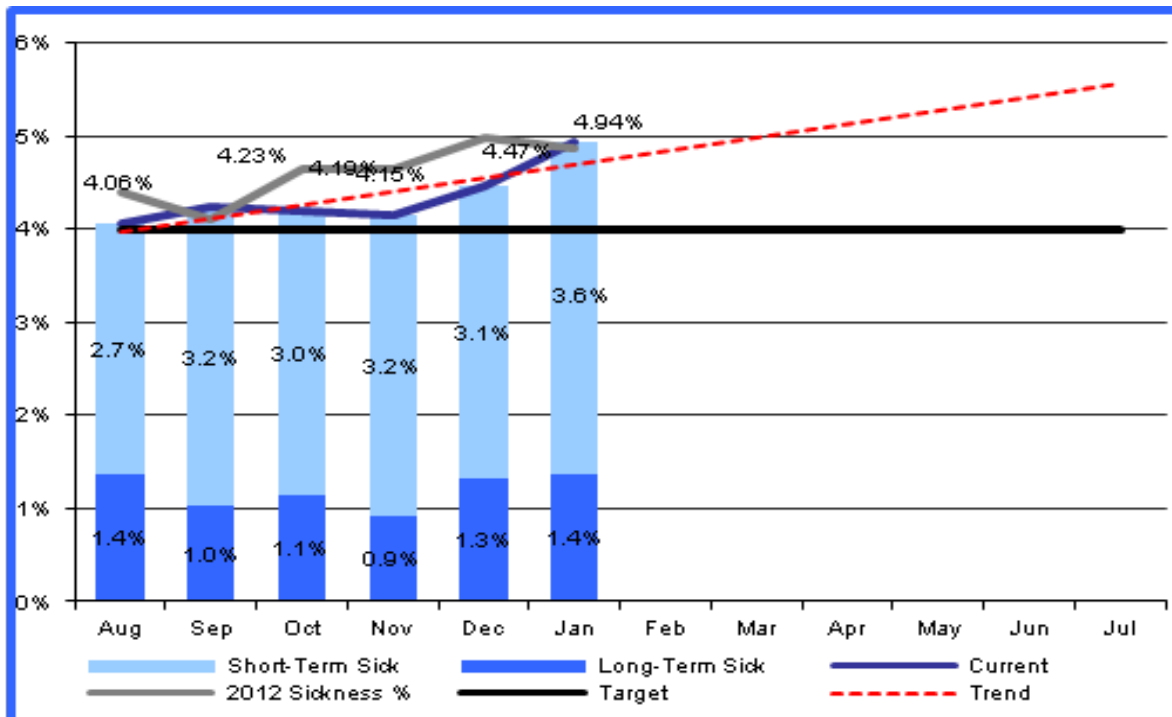
Month 10 Summary Activity Position - APPENDIX												
Point of Delivery	Care Group	12/13 Restated Outturn	Month Plan	Month Actuals	Variance	Variance %	Year-to- Date Plan	Year-to- Date Actual	Variance	Variance %	13/14 Annual Plan	13/14 Forecast Outturn
Consultant Led/Responsible First Attendance	Scheduled Care	60,595	5,544	5,523	-21	-0.4%	52,408	51,338	-1,070	-2.0%	62,740	62,740
	Therapies / Diagnostics	166	16	21	5	33.3%	151	168	17	11.2%	180	180
	Unscheduled Care	23,778	2,205	2,107	-98	-4.4%	20,868	20,449	-419	-2.0%	24,977	24,977
	Women and Children's	16,780	1,378	1,692	314	22.8%	12,781	13,025	244	1.9%	15,348	15,348
Consultant Led/Responsible First Attendance Total		101,319	9,142	9,343	201	2.2%	86,208	84,980	-1,228	-1.4%	103,246	103,246
Consultant Led/Responsible Follow Up Attendance	Scheduled Care	119,790	10,255	11,561	1,306	12.7%	97,193	99,062	1,869	1.9%	116,304	116,304
	Therapies / Diagnostics	474	42	55	13	31.2%	402	411	9	2.2%	480	480
	Unscheduled Care	43,947	3,791	3,839	48	1.3%	36,073	35,573	-500	-1.4%	43,138	43,138
	Women and Children's	18,620	2,047	2,210	163	7.9%	19,168	19,205	37	0.2%	22,983	22,983
Consultant Led/Responsible Follow Up Attendance Total		182,831	16,135	17,665	1,530	9.5%	152,836	154,251	1,415	0.9%	182,906	182,906
Consultant Led/Responsible Outpatient Procedure	Scheduled Care	47,615	4,646	3,840	-806	-17.4%	46,539	46,099	-440	-0.9%	55,198	55,198
	Therapies / Diagnostics	42			0	#DIV/0!			230	1.3%		
	Unscheduled Care	25,571	1,646	2,185	539	32.8%	17,199	17,429	-877	-4.0%	20,265	20,265
	Women and Children's	25,084	2,212	1,465	-747	-33.8%	22,117	21,240	-877	-4.0%	26,240	26,240
Consultant Led/Responsible Outpatient Procedure Total		98,312	8,504	7,490	-1,014	-11.9%	85,855	84,768	-1,087	-1.3%	101,703	101,703
Total Outpatients	Scheduled Care	228,000	20,445	20,924	479	2.3%	196,140	196,499	359	0.2%	234,242	234,242
	Therapies / Diagnostics	682	58	76	18	31.8%	553	579	26	4.7%	661	661
	Unscheduled Care	93,296	7,641	8,131	490	6.4%	74,140	73,451	-689	-0.9%	88,380	88,380
	Women and Children's	60,484	5,637	5,367	-270	-4.8%	54,066	53,470	-596	-1.1%	64,571	64,571
Total Outpatients Total		382,462	33,781	34,498	717	2.1%	324,899	323,999	-900	-0.3%	387,855	387,855
Elective DC	Scheduled Care	33,148	3,245	3,234	-11	-0.4%	28,733	28,743	10	0.0%	34,780	34,780
	Unscheduled Care	2,391	197	229	32	16.0%	2,046	2,066	20	1.0%	2,413	2,413
	Women and Children's	2,531	208	190	-18	-8.6%	2,028	1,978	-50	-2.4%	2,414	2,414
Elective DC Total		38,070	3,651	3,653	2	0.1%	32,806	32,787	-19	-0.1%	39,607	39,607
Elective IP	Scheduled Care	5,723	591	492	-99	-16.7%	4,881	4,915	34	0.7%	5,944	5,944
	Unscheduled Care	246	17	35	18	105.6%	226	257	31	13.8%	257	257
	Women and Children's	958	87	71	-16	-18.2%	880	833	-47	-5.4%	1,042	1,042
Elective IP Total		6,927	694	598	-96	-13.9%	5,987	6,005	18	0.3%	7,242	7,242
Non Elective	Scheduled Care	12,308	1,113	1,108	-5	-0.5%	10,704	10,605	-99	-0.9%	12,915	12,915
	Unscheduled Care	23,306	2,129	2,201	72	3.4%	20,442	20,307	-135	-0.7%	24,670	24,670
	Women and Children's	8,394	707	787	80	11.3%	6,793	7,268	475	7.0%	8,197	8,197
Non Elective Total		44,008	3,949	4,096	147	3.7%	37,938	38,180	242	0.6%	45,782	45,782
Non Elective Other	Scheduled Care		5	5	-0	-8.0%	52	58	6	11.0%	63	63
	Unscheduled Care		20	17	-3	-16.6%	199	203	4	2.1%	239	239
	Women and Children's	9,466	775	730	-45	-5.8%	7,378	7,211	-167	-2.3%	8,918	8,918
Non Elective Other Total		9,466	801	752	-49	-6.1%	7,629	7,472	-157	-2.1%	9,220	9,220
Total Spells	Scheduled Care	51,179	4,954	4,839	-115	-2.3%	44,370	44,321	-49	-0.1%	53,702	53,702
	Unscheduled Care	25,943	2,364	2,482	118	5.0%	22,912	22,833	-79	-0.3%	27,580	27,580
	Women and Children's	21,349	1,777	1,778	1	0.1%	17,078	17,290	212	1.2%	20,570	20,570
Total Spells Total		98,471	9,095	9,099	4	0.0%	84,360	84,444	84	0.1%	101,852	101,852
A&E	Unscheduled Care	110,680	8,442	8,231	-211	-2.5%	89,684	89,248	-436	-0.5%	106,831	106,831
A&E Total		110,680	8,442	8,231	-211	-2.5%	89,684	89,248	-436	-0.5%	106,831	106,831

4. WORKFORCE

OVERVIEW

- Absence has increased to 4.94%, with a year to date performance of 4.09%, this is the first time absence has been over 4% this financial year. Such levels present a challenge to the organisation in terms of operational performance, quality, job effectiveness and satisfaction. The 2013 Staff Survey results do not represent the employment experience we want for our staff however they do illustrate areas of improvement from last year.

4.1 SICKNESS ABSENCE



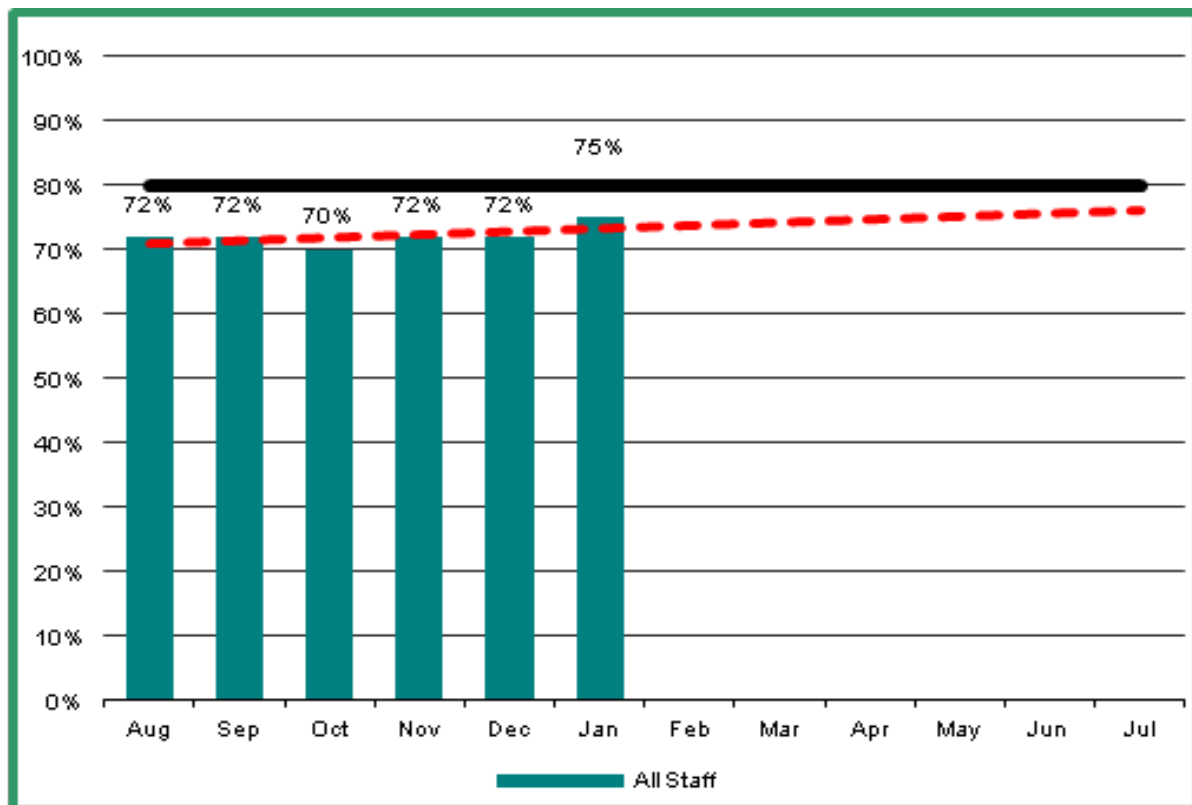
Sickness absence rates increased by 0.47% in January, due almost entirely to an increase in short term sickness absence. There has been a 3% increase within the Estates and Ancillary staff. The team are providing support to enable managers to deal with this specific issue effectively. Absence due to mental health illness has fallen by 2% and absence for musculoskeletal and back problems has fallen by 1%. Musculoskeletal/back problems and mental health illness are the most commonly reported reasons for absence, although 4% of absence was reported as 'unknown'. The year to date position for absence is 4.09%, performance last year was 4.48%. This is still an overall improvement of 0.39%.

Rates in January were higher than in the same month last year, for the first time since September. 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 December costs were £436,040 whilst in January costs rose to £498,584. Year to date cost is £3,434,318.

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 17 February 2014, 2360 staff had received vaccinations, which equates to 68.8%. Vaccination clinics will continue until March 2014.

Measure	Annual Target	Monthly Target	YTD	October	November	December	January	Year end 12/13
Sickness Absence	Less than 4%	Less than 4%	4.09%	4.19%	4.15%	4.47%	4.94%	4.41%
Current State	<ul style="list-style-type: none"> - Target failed in January. - Year to date performance is above 4%. 							
Planned Actions	<ul style="list-style-type: none"> - New Absence Policy approved by Board in January. - Manager training sessions are being rolled out. - Manager guidance is being produced to support managers - HR support in areas of high absence. - Trends being identified and managed - Discussions with Occupational Health to develop service. 							
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. 							

4.2 APPRAISALS



Measure	Annual Target	Monthly Target	YTD	October	November	December	January	Year end 12/13
Appraisals	80%	80%	75%	70%	72%	72%	75%	72%
Current State	<ul style="list-style-type: none"> - Target failed in January - Progress seen by 3%, now at 75%. 							
Planned Actions	<ul style="list-style-type: none"> - Analysis by Care Group/Directorate to quantify numbers needed to achieve target. - HR Business Partners leading discussions in Care Groups. - Recovery Plans in place for Unscheduled, Scheduled and Therapies Care Group 							
Key Themes/Trends	<ul style="list-style-type: none"> - Improvement seen in January but remains 5% below target. - Biggest improvement seen for over 12 months. 							

5. MONTHLY SELF-CERTIFICATIONS – NTD A 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 January 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 2 for the month of January.
- A&E performance against the 95% target in January was 90.80%.
- Admitted RTT in January was 81.73% against the target of 90%.
- RTT Open Clocks under 18 Weeks was 89.40% in January against the target of 92%
- Trajectories have been agreed the NTDA and Commissioners to deliver the relevant RTT targets at a speciality level.
- Cancer under-achieved against the 2 week Breast Symptoms, 31 Day Surgery and 62 Day Referral to Treatment during January.
- C-Diff failed with 28 cases year to date against a target of 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.