

Reporting to:	Trust Board Meeting - 27th March 2014
Title	Integrated Performance Report - February 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>
Strategic Priorities <input checked="" type="checkbox"/> Quality and Safety <input checked="" type="checkbox"/> Healthcare Standards <input checked="" type="checkbox"/> People and Innovation <input type="checkbox"/> Community and Partnership <input checked="" type="checkbox"/> Financial Strength	Operational Objectives QS1 - Reduce avoidable deaths QS2 - Improve the nutritional status of patients and hydration and fluid management QS3 - Enhance communication and information for all patients and their carers QS4 - Eradicate all avoidable grade 3 and 4 pressure ulcers QS5 - Reduce the number of RIDDOR reportable falls HS3 Deliver all key performance targets PI1 - Implement a Staff Engagement Framework that improves employment experience and reduces absence to less than 4% FS1 - Deliver our milestones to achieve NHS Foundation Trust status FS3 - Deliver a financial surplus of £1.2m FS4 - Deliver the Trust 5% implied efficiency target and support delivery of joint QIPP
Board Assurance Framework (BAF) Risks	<input checked="" type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input checked="" type="checkbox"/> If we do not implement our falls prevention strategy then patients may suffer serious injury <input checked="" type="checkbox"/> If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients <input type="checkbox"/> If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input checked="" type="checkbox"/> If we are unable to resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust's Income & Expenditure position then we will not be

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

INTEGRATED PERFORMANCE REPORT – FEBRUARY 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. For information, the data below relates to **February 2014**.

OVERVIEW

- WHO checklist (Safer Surgery) – February continues to show compliance with completion of the WHO check list within the Trust theatres of 99.5%. However; following a review of patient notes for data validation; where relevant, 100% of records have a completed WHO checklist. The Head of Nursing for Unscheduled care is reviewing the audit process with theatre managers in order to ensure robust data validation processes are routinely in place.
- Infection Prevention & Control – A positive performance across all themes relating to infection prevention and control is highlighted this month. There has been no incidence of *C. diff* infections or MRSA and MSSA Bacteraemia in February. Similarly, the Trust has sustained performance with both elective and non-elective MRSA screening whilst maintaining the month position of *E. coli* incidence. For information, the *C. diff* objectives for 2014/15 have been published by NHS England and the Trusts revised target is 38. However, it has been agreed by the senior nursing team across the Trust that an internal Trust target of 27 should be maintained for 2014/15 in order to sustain the focus on improved performance. The Trust is scheduled for a further visit by the TDA on 9th April for an Infection control review.
- Ward to Board metrics – The performance of ward to board metrics continues to show measured improvements. The nursing performance score however has improved compared to the previous 3 months and achieved 95% across the indicators for patient safety and effectiveness. Further improvement in patient experience is planned and follows discussion with senior nurses across the Trust. The metrics are reported and shared on a monthly basis at the nursing and midwifery forum involving peer review and learning across wards. A continued area of focus for improvement relates to communicating discharge arrangements with patients, relatives and carers which will be singled out as a KPI on the quality dashboards from April 2014. Focus in the coming year will be on delivering a wider patient experience programme including the patient experience metrics being collected by volunteers to encourage patients to be open in their feedback.

	Measure	Annual Target	Monthly Target	YTD	November	December	January	February	Year end 12/13
Patient Safety	Risk Adjusted Mortality Index (RAMI)	SaTH < NP	SaTH < NP	82/82	91/83 (Sept)	74/79 (Oct)	76/86 (Nov)	83/90 (Dec)	94/93
	RIDDOR/SI Reportable Falls	15	1	26	0	1	3	5	20

	Grade 3 Avoidable Pressure Ulcers	0	0	17	2	1	3	2	19
	Grade 3 Unavoidable Pressure Ulcers	N/A	N/A	15	0	1	4	2	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	0	1	0	5
	C.difficile Infections	27	2	28	3	2	3	0	45
	MRSA Bacteraemia Infections	0	0	1	0	0	0	0	1
	MSSA Bacteraemia Infections	22	2	20	1	4	3	0	24
	E.coli Bacteraemia Infections	40	3	41	3	5	2	3	45
	MRSA Screening – Elective	95%	95%	95.2%	95.9%	95.9%	95.1%	96%	93.0%
	MRSA Screening – Non-Elective	95%	95%	95.5%	95.4%	95%	96%	96.8%	94.1%
	Number of Serious Incidents	N/A	N/A	137	7	7	11	11	160
	Never Events	0	0	0	0	0	0	0	2
	Safety Thermometer – Harm Free %	N/A	N/A	92.6%	95.7%	92.3%	93.1%	92.3%	92.2%
	WHO Safe Surgery Checklist	100%	100%	100%	100%	100%	99.5%	99.5%	99.9%
	VTE Assessment	95%	95%	93.3%	95.2%	95.0%	95.1%	TBC	90.5%
Maternity Dashboard	Green	Green	N/A	Green	Green	Amber	Green		
Ward to Board – Nursing Performance Score	95%	95%	93%	93%	94%	93%	95%		
Patient Experience	Number of Complaints	N/A	N/A	406	31	24	42	33	671
	Same Sex Accommodation	0	0	0	0	0	0	0	0
	Friends and Family Test Score	75	75	N/A	81	72	75	76	77
	Friends and Family Response Rate	NA	NA	7.5%	8%	14%	16%	16%	NA
	Ward to Board – Patient Experience Score	95%	95%	87%	84%	85%	84%	86%	

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

There were no external assurance visits to the organisation during February.

1.3 REGULATION 28 (formerly known as Rule 43)

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

1.4 SAFEGUARDING

There were 3 safeguarding alerts made towards the Trust in February compared to 11 in January. Progress against the February alerts are as follows:

- 2 were closed at level 1 and deemed not appropriate.
- The remaining case is under investigation and relates to a fall and medication management.

1.5. SERIOUS INCIDENTS

There were 11 SIs reported in February 2014, following data validation in month this is the same level of reporting as January 2014 and comparable with reporting from the previous year.

For information, 10 of the incidents related to clinical effectiveness aligned to the themes below:

- 5 – RIDDOR/SI reportable falls
- 2 – Grade 3 Pressure Ulcers
- 1 – IPC concern (TB Case)
- 1 – Delayed Diagnosis
- 1 – Maternal Death

1 further incident was operational in nature relating to a Confidential Information Breach.

1.6. QUALITY IMPROVEMENT OVERVIEW

Measure	Annual Target	Monthly Target	YTD	November	December	January	February	Year end 12/13
RIDDOR/SI Reportable Falls	15	1	26	0	1	3	5	20
Current State	There has been a slight increase in RIDDOR reported falls in February however, one fall was sustained by a visitor on the hospital premises car-park and therefore not an inpatient. A further inpatient fall resulted in a nose fracture which although not considered serious harm has been openly reported through RIDDOR for transparency. There continues to be a decrease in the total number of falls reported compared to the same reporting period last year.							
Planned Actions	All falls are reviewed via RCAs with on-going internal and external audit to understand further preventative measures. The training in the new Fallsafe risk assessment has commenced and delivery is being targeted to those wards where the risk of falls is raised due to the co-morbidities of the patients. On-going information is being gathered to compare and benchmark the Trusts 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 is below the NPSA mean per 1000 bed days for February (4.5 falls/1000 bed days).							
Key Themes/Trends	The main theme previously identified through the RCA process has been inadequate documentation and completed risk assessments showing the prevention of falls within records. However it is now reported by the falls prevention practitioner that the completion and quality of records is improving thus providing evidence of appropriate preventative actions being taken.							

Measure	Annual Target	Monthly Target	YTD	November	December	January	February	Year end 12/13
Grade 3 Avoidable Pressure Ulcers	0	0	17	2	1	3	2	19

Current State	There were 2 avoidable Grade 3 pressure ulcers reported in February; an improved position compared to January.
Planned Actions	<p>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.</p> <p>As stated previously the Trust are introducing the replacement of all current static mattresses. The new mattresses are currently being manufactured and are planned to be introduced during June 2014. Likewise, the Trust are introducing a new mask product to prevent pressure ulcers from mask devices. The new masks are currently being piloted within the Trust and are planned to be introduced in the new financial year (April 2014). A further action for 2014 is the Trust being part of a review of the grading of pressure ulcers regionally and nationally. This will be particularly relevant in improving the consistency and accuracy of reporting whilst comparing and benchmarking with other Trust's reporting practices.</p>
Key Themes/Trends	<p>The key themes continuing to be identified following review of all pressure ulcers are:</p> <ul style="list-style-type: none"> • Incidence of heel pressure ulcers - The TVN service are reviewing the use of heel protection across the Trust and exploring potential preventative devices. • The need for specific education and training of ward staff in wound classification and treatment, particularly in relation to chronic and complex wounds such as leg ulcers.

2. OPERATIONAL PERFORMANCE

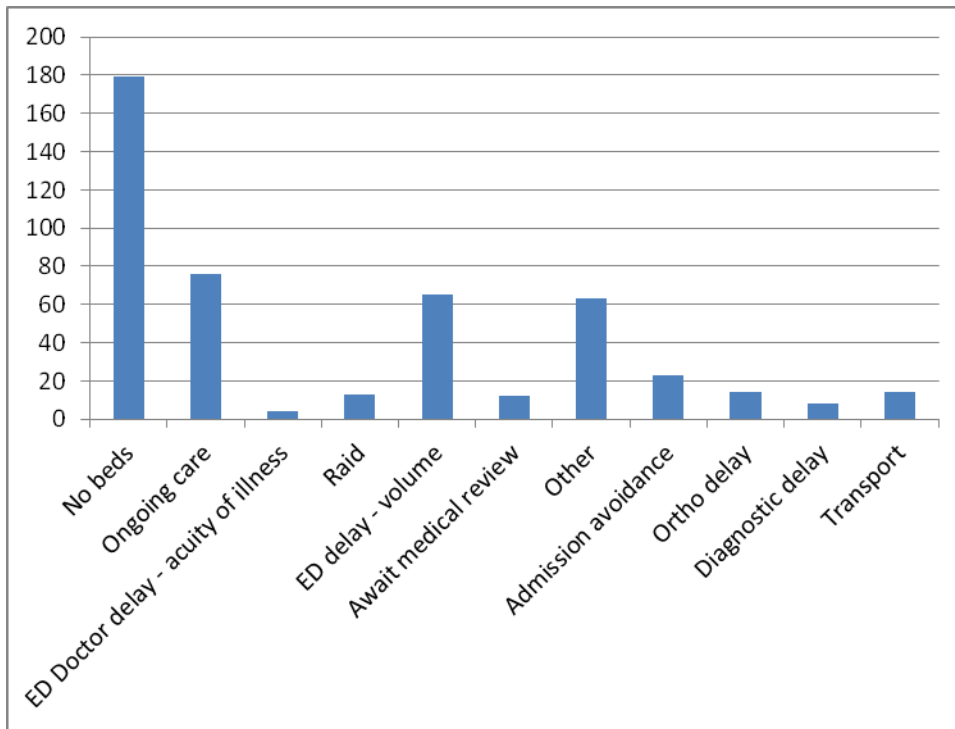
The Operational Performance report provides an overview of the key national healthcare standards in order for the Board to review variances to operational delivery and performance.

OVERVIEW

- **4-hour Access Standard**

In February 2014 93.88% patients were admitted or discharged within the 4 hour quality target. Year to Date [YTD] performance is currently at 93.46%. Work is ongoing within the Emergency Centre to work with the capacity team and other specialties to develop plans to avoid patients spending longer than required within the Emergency Department [ED]. In conjunction with the ED clinical leads and Matrons internal actions are being reviewed to ensure appropriate escalation and flow of patients is managed accordingly. These include development sessions with the coordinators to highlight roles and responsibilities and awareness of internal mechanisms when the department is under pressure, weekly validation and feedback of future actions to lead nurses and the clinical director to put preventative measures in place.

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



- **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), with the exception of maxillofacial surgery. To date we have been unable to engage with NHS England who is the commissioner of this service, and therefore this has been escalated to the 18 Week Planned Care Board and to the Local Area Team.

With the desired outcome of reducing the number of patients waiting over 18 weeks and not yet treated (backlog) in Orthopaedics, Telford & Wrekin CCG are planning to contact patients to offer them alternative providers for their treatment. The main area of backlog is in upper limb procedures. Past experience shows that patients have been unwilling to move from SaTH. The impact of this initiative by the CCG will be closely monitored.

Non admitted

The Trust continues to deliver the overall performance of the non-admitted standard; however, there are still significant challenges within the ophthalmology service. 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, and therefore a full review of the ophthalmology service will be undertaken with the help of the Intensive Support Team over the next 3 months.

52 week breaches

One 52 week breach in Neurosurgery was discovered in January. This patient was referred on 21.02.13 through the Choose and Book system but as there was no Outpatient slot available an Appointment Slot Issue (ASI) was created. Patients on the ASI lists are shared weekly with the Centres to enable them to source capacity in order that this cohort of patients can be offered suitable appointment dates. However, no capacity was provided and due to an unknown issue within the national Choose and Book system the patient "disappeared" off the ASI list and resulted in them no longer being visible to either patient access staff and centre coordinators. Patients with no activity within the last 180 days within the Choose and Book system are "automatically" removed from the ASI list. This issue was identified at the end of January when the Patient Access staff cross referenced manually held worksheets with the current ASI list in Choose and Book. It was at this point this patient was identified and offered an outpatient appointment on 19.02.14. The patient was then referred to University Hospital North Staffs [UHNS] for surgery but has since decided that she does not wish to proceed at this stage with the surgery and as

such has been removed from the waiting list and advised to contact us should she wish to proceed within the next 4 months. The patient has been reviewed by the consultant and did not come to any harm as a result of this delay.

A Standard Operating Procedure has been put in place to prevent further issues with patients being removed from the system automatically and following the identification of the system error 12 months' worth of ASI & AFB (appointment for booking) spreadsheets that Patient Access Centre [PAC] manual collates, were reviewed and cross referenced, to current ASI/AFB lists. All patients affected have been manually added to the patient administration system (SEMA) and appointments in February scheduled.

Cancer Performance

Two cancer targets failed in January, an improvement on the previous month, however the 62 day target has failed every month since April with the exception of July. The two targets which failed were:

- 2 week GP to 1st outpatient appointment breast symptomatic
- 62 days urgent referral to treatment.

The unvalidated February performance shows an improvement in the 2 week GP to 1st outpatient appointment breast symptomatic achieving 93.83% against the target of 93%, but predicts failure of the 31 day subsequent surgery and 62 day urgent referral to treatment standards. The reasons for this are outlined in the exception report. The reason for the predicted failure of 31 days when performance has been improving and for the worsening 62 day performance is being investigated.

A Remedial Action Plan [RAP] is in place for cancer (enclosed in the information pack), but not formally signed off by the directors of finance, however we are actively working to this RAP. 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 Intensive Support Team [IST] has undertaken a review of cancer services. This review took place over two days in March with a draft report being completed by 28th March 2014, but some of the key findings and recommendations to date are:

- More 'one stop' clinics to be provided in the challenged specialties to reduce the length of the patient pathway;
- A full understanding is required of the demand and capacity for radiology, using the IST recommended modelling tool;
- Use of extended nurse practitioner roles within Urology;

- Clarification of the role of the cancer services team and its relationship with the clinical centres.

Once the report is received, the recommendations will be incorporated in to the RAP and will be monitored at the Cancer Board.

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.

2.1 Performance against national standards, by exception are described below.

INTEGRATED PERFORMANCE REPORT

March 2014

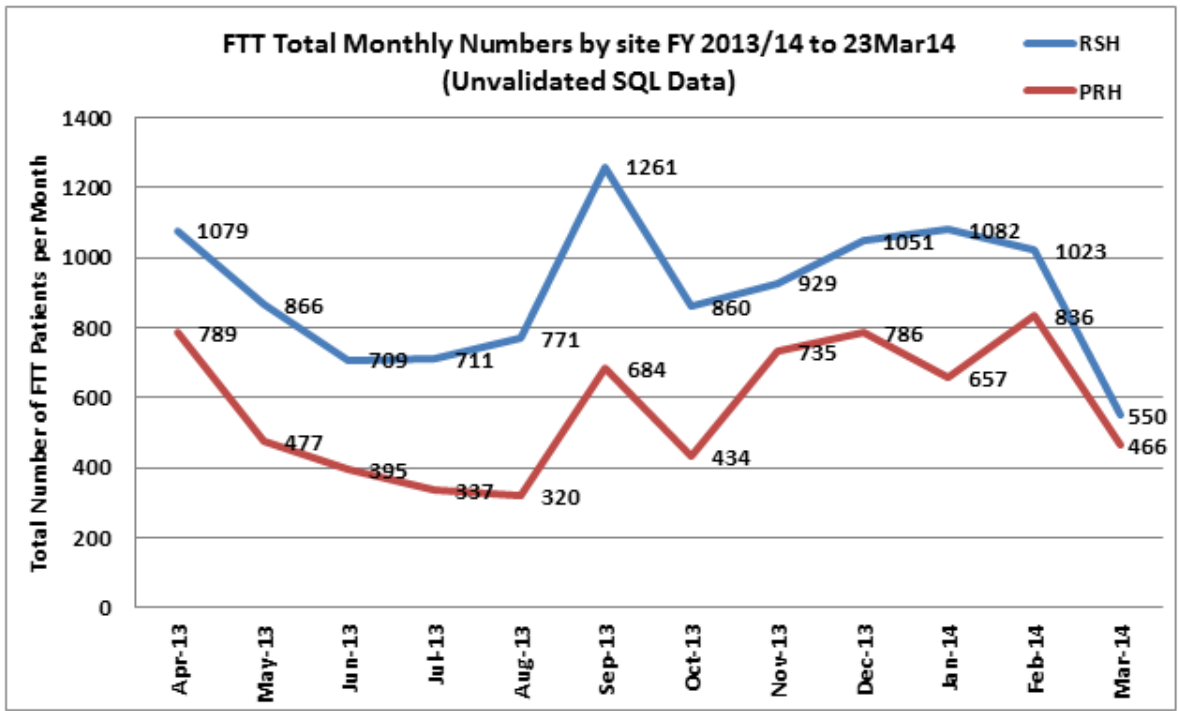
1. OVERVIEW OF PERFORMANCE

Month 11 - 2013/14		Encl 3B																			
Measure		2012/13 Outturn Period	2012/13 Outturn	2013/14 Standard	M1 Apr-13	M2 May-13	M3 Jun-13	Q1 Jul-13	M4 Aug-13	M5 Sep-13	M6 Oct-13	Q2 Nov-13	M7 Dec-13	M8 Jan-14	M9 Feb-14	M10 Mar-14	M11	M12	Q4	2013/14 Year to Date	2013/14 Forecast Outturn
Access	A&E 4 Hour Wait	Full Year	90.62%	95%	87.49%	95.78%	96.10%	93.34%	96.68%	92.73%	94.39%	94.51%	95.15%	92.18%	92.03%	93.31%	90.80%	93.88%		93.46%	
	A&E 12 Hour Trolley Waits	Full Year	16	0	16	0	0	16	0	0	0	0	0	1	0	1	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	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	4	4	1	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%	79.15%			
	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%			
	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%			
	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		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%			
	% 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%		87.25%	
	Cancelled 28 Day Readmission Breaches	Full Year	100	0	3	1	0	4	0	3	1	4	1	1	0	2	0	2		12	
	Number of Urgent operations cancelled more than once				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%	95.73%		94.42%
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%		93.34%	
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%	97.06%		97.39%	
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%		99.03%	
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%	91.67%		93.02%	
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%		97.50%	
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%	79.61%		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%	91.67%		94.14%	
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%	95.35%		92.24%		
Patient Experience / Governance	C-Diff	Full Year	45	27	1	2	2	5	2	6	3	11	4	3	2	9	3	0		28	
	MRSA	Full Year	1	0	0	0	0	0	0	1	0	1	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	
	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%				
	Publication of Formulary	Mar-13	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			

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)	November	December	January	February	Year end 12/13
A&E 4 Hour Wait	95%	95%	93.46%	92.30%	90.99%	89.45%	93.88%	90.62%
Current State	<ul style="list-style-type: none"> - Target not achieved during February, however we have seen an improvement in performance over January and the sites are managing surge in a better way. We again had 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 an agreement to continue these throughout the year to support joined up planning and working together as teams. Each organisation has presented its plans for redesigning its element of the urgent care pathway to the Urgent Care Working Group. - The Fit to Transfer [FTT] Length of Stay [LOS] reduced in February as the Discharge Hub Meetings make further impact in improving flow. The discharge hub has continued applying pressure to improve discharge rates, the largest area of concern has been the reduction in community provision in Powys. Discussions are ongoing with Powys Local Health Board [LHB]. - The Remedial Action Plan [RAP] for ED is being progressed and all actions are on track. - The Refresh and Re-launch took place in February and delivered the changes required in site working, ie battle rhythm and new ways of working. This has proved positive and we are now embedding the changes. The new discharge targets were implemented as part of the Refresh and Re-launch week. 							
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. Improvements are being seen in flow through an increase in pre 10, 12 and 1500 hours discharges. - Across the month of January the main reason for breaches remains that of no capacity (beds), this number is gradually being reduced. - Failure to meet the target of no more than 50 patients on the FTT list. - 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 in February at PRH followed the same pattern as January. The new site working arrangements and Head of Capacity [HOC] for the site will provide stronger challenge and support greater robustness of process. The average number on the FTT at PRH has been consistently higher than that at RSH and the LOS on the FTT is on average double the RSH average LOS on FTT. <p><i>Fit to Transfer Trend Chart – Daily Average by Site/Month</i></p>							



Measure	Annual Target	Monthly Target	YTD	July	August	September	October	November	December	January	February	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%	79.15%	78.00%
Current State	<ul style="list-style-type: none"> - The target failed in February in line with the agreed Remedial Action Plan [RAP]. General Surgery and Urology, continue to deliver performance ahead of the trajectory for the third month. Trauma and Orthopaedics is ahead of plan and ENT is on plan at the end of February to deliver from Quarter 2. 											
Planned Actions	<ul style="list-style-type: none"> - Pooling of upper limb procedures to ensure patients are treated chronologically - Develop the use of Vanguard Theatre at RSH for upper limb orthopaedics - Implement a Surgical Admissions Suite at PRH to reduce pre op length of stay and improve patient flow for elective orthopaedics - Implementation of a weekly exception report 											
Key Themes/Trends	<ul style="list-style-type: none"> - Validation of Patient Tracking Lists [PTL] must be undertaken by each centre to ensure accuracy. This is still not as robust as it could be and the relevant clinical centres have been reminded of their responsibility. This will continue to be monitored at the weekly PTL meeting 											

Measure	Annual Target	Monthly Target	YTD	July	August	September	October	November	December	January	February	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%	87.65%	86.57%
Current State	<ul style="list-style-type: none"> - Target failed in February as expected. 											
Planned Actions	<ul style="list-style-type: none"> - Reduce the backlog of patients in accordance with the trajectories - Improve the booking profile within ENT and Maxillofacial - Improve clearance times for RTT 											
Key Themes/Trends	<ul style="list-style-type: none"> - None 											

Measure	Annual Target	Monthly Target	YTD	July	August	September	October	November	December	January	February	Year end 12/13
Cancelled 28 Day Readmission Breaches	0	0	12	0	3	1	1	1	0	0	2	100
Current State	<ul style="list-style-type: none"> 2 patients were not admitted within 28 days following cancellation of surgery, 1 in Orthopaedics and 1 in Medicine due to not being added back on to the list. 											
Planned Actions	<ul style="list-style-type: none"> All Centre managers have been reminded of the cancellation policy and any further breaches due to lack of management action will be monitored. There is a zero tolerance to patients not being readmitted within 28 days and any risks of this occurring have to be discussed with the Assistant Chief Operating Officer in Scheduled Care. 											

Measure	Annual Target	Monthly Target	YTD	September	October	November	December	January	February	Year end 13/14
31 day second or subsequent treatment – Surgery	94%	94%	90.75%	95.24%	96.15%	91.43%	93.75%	94.44%	91.67%	92.26%
Current State	<ul style="list-style-type: none"> Target failed in February with 3/36 patients breached (8.34% representative) Predicted third episode of noncompliance for the last 6 month period; the current figure for February is in line with the previous months prediction which provides us with an indication that the final position will be 94% in February Predicted noncompliance for year end 2013/14 by -1.74%; a low average for the first two quarters have had a negative impact on the year-end position. A positive compliance of 94% for this month would improve the year-end position although a compliance level of 98% minimum would be required to comply 2013-14 									
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 a patient is offered an alternative date with another consultant and the patient declines this. Letter to be distributed week commencing 17.03.14 supported by the Assistant Chief Operating Officer of Scheduled Care and Clinical Lead Ensure escalation policy is adhered to; supporting Cancer Escalation Administration SOP distributed 12.03.14 to improve efficiency and underpin the process. Group escalation meetings re-established 11.02.14 which enables dynamic planning of any patient likely to breach within 14 days. Each manager provides details of surgical slots to plan the pathway and provide some assurance that the breach can be avoided; early indications are that the number of preventable breaches are being reduced; improved meeting structure to incorporate allocated slots to relevant groups to be in place during March 14 Individual meetings commencing 13.03.14; reviewing processes and highlighting best practice Additional weekly reporting of TCI dates from SEMA to assist with tracking, in place from 13.03.14 to ensure that patients are booked within their target date. 									

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 tracked and escalated as per policy - Medical reasons; complex cases
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Measure	Annual Target	Monthly Target	YTD	September	October	November	December	January	February	Year end 13/14
62 days urgent referral to treatment	85%	85%	83.10%	84.68%	79.80%	83.52%	80.20%	80.21%	79.61%	82.18%
Current State	<ul style="list-style-type: none"> - Target failed in February with 15.5/76 patients breached (21.96% representative) - Sixth consecutive episode of noncompliance in the last 6 month period - Predicted noncompliance for year end 2013/14 by -2.85%; decreasing percentages continue to negatively impact the year end position - Breaches reported are across seven cancer sites; although surgical cases represent 70% of the breaches 									
Planned Actions	<ul style="list-style-type: none"> - Planned actions are as per subsequent surgery; comparable issues and solutions 									
Key Themes / Trends	<ul style="list-style-type: none"> - Surgical capacity: alternative appointments are not being offered to all patients within target; patients to be tracked and escalated as per policy - Common themes highlighted across disciplines: - Breaches due to complex disease / medical conditions - Breach referred to tertiary centre for second opinion (day post day 42 x1) - Breaches due to patient choice (availability for diagnostics) - Breaches not escalated as per policy (x2) - Delays to diagnostics 									

3. FINANCE

OVERVIEW

Income and Expenditure

- Trust deficit at end of February of £1.135 million, after allowing for NHS Trust Development Authority (NTDA) transitional support of £3.667 million.
- The Trust over achieved its income target for the month of February and required £26.732 million income in March to deliver the forecasted position.
- Trust received £4 million transitional support on the basis that it is able to achieve a balanced position by the year end.

Cash position

- A cash balance of £11.329 million was held on the Balance Sheet at the end of February. This balance includes £7.5 million Temporary Borrowing (TBL)
- Trust required to repay £7.5 million in full in March 2014.
- Level of Cash Receipts from 2 main Commissioners has been confirmed and the required levels.

3.1 FINANCE PERFORMANCE SUMMARY – MONTH 11

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	3	2	
	EBIT DA Achieved	85%	Q YTD	84.20%	88%	98%	87.81%	Mar-13	397.41%	109.01%	
	EBIT DA Margin	5%	Q YTD	2.8%	4%	4.7%	4.6%	Mar-13	5%	4.1%	
	I&E Surplus Margin	1%	Q YTD	-1.90%	-0.50%	0.00%	0.03%	Mar-13	1.05%	-0.40%	
	Return on Assets	5%	Q YTD	0.03%	1.20%	2.60%	3.30%	Mar-13	4.47%	2.22%	
	Liquidity ratio	15 days	Q YTD	13.5	14.4	12.9	13.3	Mar-13		21.2	
	Total Income (actual v plan)	0.5% of plan	Q YTD	99.6%	99.6%	99.90%	99.73%	Mar-13	104.82%	100.20%	
	Pay Expenditure (actual v plan)	At or below plan	Q YTD	101%	102.40%	99.90%	100.27%	Mar-13	100.52%	100.02%	
	Non Pay Expenditure (actual v plan)	At or below plan	Q YTD	98.04%	95.20%	100.3%	101.03%	Mar-13	101.36%	100.09%	
	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	190.92%	91.35%	

3.2 INCOME AND EXPENDITURE POSITION

At the end of February the Trust recorded a cumulative deficit amounting to £1,135k, after including £3.67m of the total £4m support from the NTDA.

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

- Income overachievement of £560k,
- Pay £42k overspend.
- Non Pay overspend of £75k.

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

	Months 1 – 11 Budget £000's	Months 1- 11 Actual £000's	Variance £000's	Planned Forecast Outturn £000's	Forecast Outturn £000's	Variance £000's	Months 1-11 2012/13 £000's
Income	279,952	280,512	560	306,999	306,910	(89)	271,915
Expenditure							
Pay	(190,990)	(191,032)	(42)	(208,390)	(208,341)	49	(185,629)
Non Pay	(83,676)	(83,751)	(75)	(91,484)	(91,454)	30	(79,029)
Reserves	1,816	2,343	527	2,405	3,044	639	862
Finance Cost	(12,964)	(12,874)	31	(14,126)	(14,129)	(3)	(12,755)
Total Expenditure	(285,814)	(285,314)	500	(311,592)	(310,880)	712	(276,551)
Under / Over spend	(5,862)	(4,802)	1060	(4,593)	(3,970)	623	(4,636)
Transitional support	3,667	3,667	-	4,000	4,000	-	4696
Surplus / (deficit)	(2,195)	(1,135)	1060	(593)	30	623	60
Corrective actions				593		(593)	
Surplus Deficit after corrective actions				-	30	30	60

3.3 INCOME

Activity and Income Variance Analysis

	April - February Budget	April - February Actual	Variation	% Variation	April - February Budget	April - February Actual	Financial Variance Value
	Activity	Activity	Activity		£000s	£000s	£000s
Accident and Emergency (Attendances)	97,551	97,164	(387)	(0.4%)	10,106	10,152	45
Outpatient Appts (Attendances)	355,609	355,026	(583)	(0.2%)	42,073	41,975	(99)
Elective Day Cases	36,158	35,941	(217)	(0.6%)	25,402	25,196	(206)
Elective Inpatient (Spells)	6,623	6,634	11	0.2%	17,657	17,803	146
Emergency (Spells)	41,669	41,901	232	0.6%	76,251	76,752	501
Maternity	8,386	8,144	(242)	(2.9%)	12,935	12,527	(409)
Others (Inc Reserves)					95,527	96,109	582
NTDA Support					3,667	3,667	0
Total	545,996	544,810	(1,185)	(0.2%)	283,619	284,179	561

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

Forecast outturn – Income

The table below shows the average monthly income for Qtr 1 -3, actual income for January and February and the income required in March, at a point of delivery, to deliver the forecast outturn.

Activity	Average Qtr1	Average Qtr2	Average Qtr3	Month 10 Actual	Month 11 Actual	Month 12 Forecast	Annual FOT
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Accident and Emergency (Attendances)	950	961	900	887	832	961	11,113
Outpatient Appts (Attendances)	3,781	3,836	3,779	4,130	3,657	3,785	45,760
Elective Day Cases	2,095	2,363	2,318	2,559	2,307	2,435	27,630
Elective Inpatient (Spells)	1,427	1,672	1,732	1,643	1,668	1,653	19,455
Emergency (Spells)	6,834	6,814	7,190	7,684	6,554	7,510	84,263
Maternity	1,126	1,162	1,173	1,079	1,065	1,284	13,810
Emergency Threshold	(46)	(31)	(101)	(44)	578	0	0
Others (Inc Reserves)	8,416	8,742	8,851	8,583	9,495	8,771	104,878
NTDA Support			1,000	333	333	333	4,000
Total	24,583	25,519	26,843	26,855	26,489	26,732	310,910

In order to achieve the Trust forecast outturn position, the Trust needs to deliver £26.732m of income in March, requiring the Trust to deliver broadly the same levels of activity as were delivered in January.

3.4 PAY EXPENDITURE

- The underlying level of monthly Pay spending amounts to £17.4 million.
- The level of spending in respect of bank staff has increased in February 2014 to £569,000.
- Spending in respect of bank and agency nursing staff has amounted to £1 million per month throughout the year.
- The level of staffing associated with EPS remains broadly in line with those in January.
- The overall level of Agency spending has reduced in the month of February.

- In the month of February, nursing agency spend reduced to £490,000.

3.5 NON PAY

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

	<i>Total Non Pay Spend £000s</i>	<i>3 month moving average £000s</i>
April	7,084	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
February (exc exceptional items HCD and ICD)	7,794	7,484

To achieve the forecast outturn for the year it is necessary for the non pay spending to be contained within a level of £7.792 million in March.

3.6 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	2013/14 Spend to date	Forecast Outturn	Variance (under)/ over spend
	£000's	£000's	£000's	£000's
Reconfiguration	20,630	16,885	20,630	0
Patient Monitoring equipment	250	249	250	0
LINAC Installation works	69	31	69	0
Ward moves (21/23/27)	253	172	253	0
Enabling work to implement Gender Separation & Washer	386	217	386	0
Path lab Reconfiguration	400	210	380	0
Solution re non-closure of beds to enable Recon (PRH Energy Solution)	575	13	575	0
IT Technology Fund	600	1	600	
Other Capital Schemes	1,552	1,116	1,502	0
Capital contingencies	3,265	2,692	3,335	0
F&E re enabling FCHS	1,700	888	1,700	0
Total Discretionary Capital Schemes	9,050	5,589	9,050	0
Total including reconfiguration	29,680	22,474	29,680	0

The CRL for 2013/14 has increased due to £600k capital allocation for Safer Hospitals, Safer Wards Technology Fund:

- £8.450m Internally Generated CRL
- £0.600m IT Technology Fund
- £20.630m PDC Future Configuration of Hospital Services
- **£29.680m CRL**

3.7 CASH FLOW

Key points regarding cash flow are as follows:

- A cash balance of £11.329 million was held on the Balance Sheet at the end of February. This balance includes £7.5 million Temporary Borrowing (TBL) (£6.0m 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 on 24 March 2014.
- The Trust is currently in discussion with various Commissioners relating to outstanding issues in respect of £2.497million 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 £6.2 million. In support of such a plan the Trust will need to secure temporary borrowing from August 2014 of £0.7 million rising to £6.2 million by March 2015.

The Shrewsbury and Telford Hospital NHS Trust
Cashflow

2013-14

	Actual February Month £000's	Forecast March Month £000's
Balance B/fwd	2,779	11,348
INCOME		
Income I&E	30,908	26,645
Income - Total Balance Sheet Movements	0	(802)
Total Income Cashflow	30,908	25,843
PAY		
Pay I&E	(17,628)	(17,460)
Pay - Total Balance Sheet Movements	0	(0)
Total Pay Cashflow	(17,628)	(17,460)
NON PAY		
Non Pay I&E	(5,673)	(7,212)
Non Pay - Total Balance Sheet Movements	0	(4,493)
Total Non Pay Cashflow	(5,673)	(11,705)
FINANCE COSTS		
Finance Costs I&E	2	(2,656)
Finance Costs - Total Balance Sheet Movements	0	0
Total Finance Costs Cashflow	2	(2,656)
CAPITAL		
Capital Expenditure	(149)	2
Capital - Total Balance Sheet Movements	0	0
Total Capital Cashflow	(149)	2
Temporary Borrowing Limit 1 (Temp PDC) August 13	0	(3,000)
Temporary Borrowing Limit 2 (Temp PDC) November 13	0	(3,000)
Temporary Borrowing Limit 3 (Temp PDC) December 13	0	(1,500)
2014/15 Temporary Borrowing/Permanent PDC	0	0
Donated Assets		
Donated Assets Income	0	713
Donated Assets Expenditure	(82)	(224)
Total Donated Assets Cashflow	(82)	489
FCHS		
PDC Drawdown re FCHS	3,247	5,881
Capital re FCHS	(2,057)	(2,042)
Total FCHS Cashflow	1,190	3,839
Total Cashflow	8,569	(9,148)
Balance C/fwd	11,348	2,200

2014-15

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	3,665	3,293	1,768	1,928	590	589	1,773	415	556	1,964	606
26,288	26,288	26,288	26,288	26,288	26,288	26,288	26,288	26,288	26,288	26,288	26,288
2,676	(90)	310	1,844	(922)	(922)	1,844	(922)	(922)	1,844	(922)	(922)
28,964	26,199	26,599	28,132	25,366	25,366	28,132	25,366	25,366	28,132	25,366	25,366
(17,778)	(17,778)	(17,778)	(17,778)	(17,778)	(17,778)	(17,778)	(17,778)	(17,778)	(17,778)	(17,778)	(17,778)
0	0	0	0	0	0	0	0	0	0	0	0
(17,778)	(17,778)	(17,778)	(17,778)	(17,778)	(17,778)	(17,778)	(17,778)	(17,778)	(17,778)	(17,778)	(17,778)
(7,710)	(7,710)	(7,710)	(7,710)	(7,710)	(7,710)	(7,710)	(7,710)	(7,710)	(7,710)	(7,710)	(7,710)
2,403	2,403	0	0	0	0	0	0	0	0	0	1,053
(5,307)	(5,307)	(7,710)	(7,710)	(7,710)	(7,710)	(7,710)	(7,710)	(7,710)	(7,710)	(7,710)	(6,657)
(484)	(484)	(484)	(484)	(484)	(484)	(484)	(484)	(484)	(484)	(484)	(484)
(484)	(484)	(484)	(484)	(484)	(484)	(484)	(484)	(484)	(484)	(484)	(484)
(2,059)	(1,607)	(1,060)	(1,247)	(753)	(753)	(153)	(753)	(753)	(753)	(753)	(853)
(2,059)	(1,607)	(1,060)	(1,247)	(753)	(753)	(153)	(753)	(753)	(753)	(753)	(853)
				700	2,000			1,500			2,000
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
1,466	(372)	(1,525)	160	(1,338)	(2)	1,184	(1,358)	142	1,407	(1,358)	1,595
3,665	3,293	1,768	1,928	590	589	1,773	415	556	1,964	606	2,200

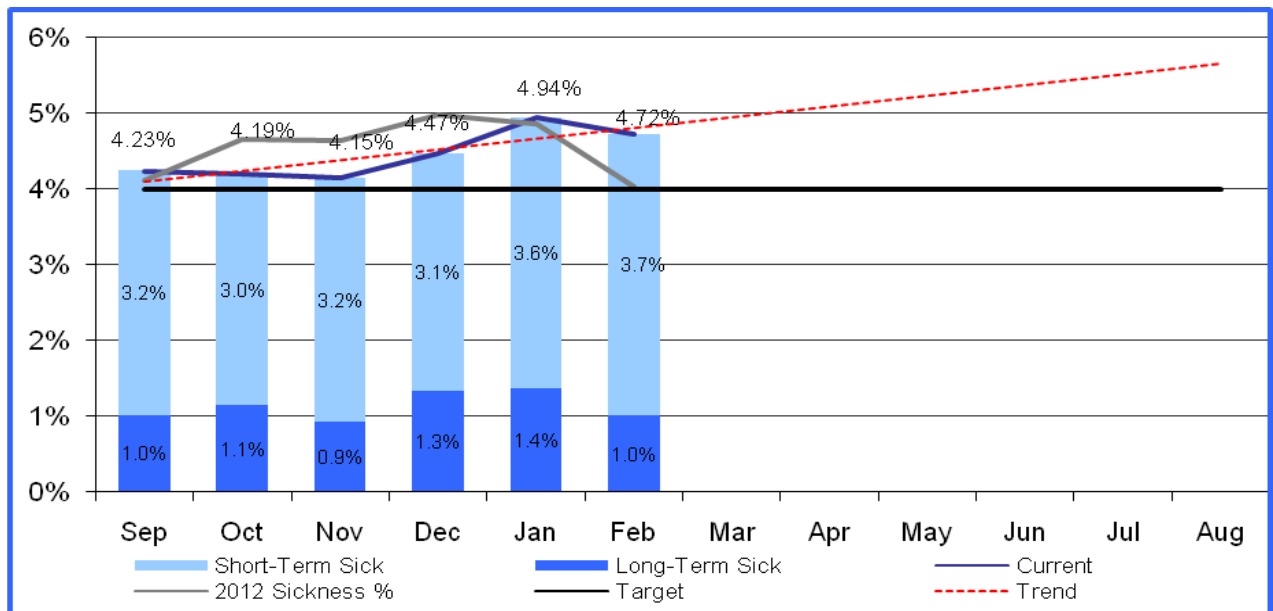
Summary Activity Position (Internal Plan) Month 11 (Initial Data Submission)		Appendix	All Commissioners									
Point of Delivery	Care Group	12/13 Restated Outturn	Month Plan	Month Actuals	Variance	Variance %	Year-to- Date Plan	Year-to- Date Actual	Variance	Variance %	13/14 Annual Plan	13/14 Forecast Outturn
Consultant Led/Responsible First Attendance	Scheduled Care	60,595	5,040	4,797	-243	-4.8%	57,448	55,657	-1,791	-3.1%	62,740	62,740
	Therapies / Diagnostics	166	14	12	-2	-16.2%	165	179	14	8.2%	180	180
	Unscheduled Care	23,778	2,004	2,021	17	0.8%	22,873	22,374	-499	-2.2%	24,977	24,977
	Women and Children's	16,780	1,252	1,473	221	17.6%	14,033	14,279	246	1.8%	15,348	15,348
Consultant Led/Responsible First Attendance Total		101,319	8,311	8,303	-8	-0.1%	94,519	92,489	-2,030	-2.1%	103,246	103,246
Consultant Led/Responsible Follow Up Attendance	Scheduled Care	119,790	9,323	9,818	495	5.3%	106,516	108,013	1,497	1.4%	116,304	116,304
	Therapies / Diagnostics	474	38	46	8	20.7%	440	457	17	3.8%	480	480
	Unscheduled Care	43,947	3,446	3,654	208	6.0%	39,519	39,058	-461	-1.2%	43,138	43,138
	Women and Children's	18,620	1,861	2,052	191	10.3%	21,029	21,031	2	0.0%	22,983	22,983
Consultant Led/Responsible Follow Up Attendance Total		182,831	14,668	15,570	902	6.2%	167,504	168,559	1,055	0.6%	182,906	182,906
Consultant Led/Responsible Outpatient Procedure	Scheduled Care	47,615	4,224	3,808	-416	-9.8%	50,763	51,234	471	0.9%	55,198	55,198
	Therapies / Diagnostics	42	-	-	0	0.0%	-	-	0	0.0%	-	-
	Unscheduled Care	25,571	1,496	1,984	488	32.6%	18,695	19,723	1,028	5.5%	20,265	20,265
	Women and Children's	25,084	2,011	1,299	-712	-35.4%	24,128	23,021	-1,107	-4.6%	26,240	26,240
Consultant Led/Responsible Outpatient Procedure Total		98,312	7,731	7,091	-639	-8.3%	93,586	93,978	392	0.4%	101,703	101,703
Total Outpatients	Scheduled Care	228,000	18,587	18,423	-164	-0.9%	214,726	214,904	178	0.1%	234,242	234,242
	Therapies / Diagnostics	682	52	58	6	10.6%	606	636	30	5.0%	661	661
	Unscheduled Care	93,296	6,947	7,659	713	10.3%	81,086	81,155	69	0.1%	88,380	88,380
	Women and Children's	60,484	5,124	4,824	-300	-5.9%	59,191	58,331	-859	-1.5%	64,571	64,571
Total Outpatients Total		382,462	30,710	30,964	254	0.8%	355,609	355,026	-583	-0.2%	387,855	387,855
Elective DC	Scheduled Care	33,148	2,985	2,745	-240	-8.0%	31,718	31,483	-235	-0.7%	34,780	34,780
	Unscheduled Care	2,391	178	215	37	20.6%	2,224	2,289	65	2.9%	2,413	2,413
	Women and Children's	2,531	189	192	3	1.8%	2,216	2,169	-47	-2.1%	2,414	2,414
	Elective DC Total		38,070	3,352	3,152	-200	-6.0%	36,158	35,941	-217	-0.6%	39,607
Elective IP	Scheduled Care	5,723	543	500	-43	-7.9%	5,424	5,420	-4	-0.1%	5,944	5,944
	Unscheduled Care	246	15	36	21	140.2%	241	293	52	21.7%	257	257
	Women and Children's	958	79	88	9	12.0%	959	921	-38	-4.0%	1,042	1,042
Elective IP Total		6,927	636	624	-12	-2.0%	6,623	6,634	11	0.2%	7,242	7,242
Non Elective	Scheduled Care	12,308	1,051	1,021	-30	-2.9%	11,755	11,564	-191	-1.6%	12,915	12,915
	Unscheduled Care	23,306	2,011	1,966	-45	-2.2%	22,453	22,330	-123	-0.5%	24,670	24,670
	Women and Children's	8,394	668	739	71	10.7%	7,460	8,007	547	7.3%	8,197	8,197
Non Elective Total		44,008	3,730	3,726	-4	-0.1%	41,669	41,901	232	0.6%	45,782	45,782
Non Elective Other	Scheduled Care		5	5	-0	-2.7%	57	62	5	8.1%	63	63
	Unscheduled Care		19	10	-9	-48.1%	218	214	-4	-1.9%	239	239
	Women and Children's	9,466	732	696	-36	-4.9%	8,110	7,868	-242	-3.0%	8,918	8,918
Non Elective Other Total		9,466	757	711	-46	-6.0%	8,386	8,144	-242	-2.9%	9,220	9,220
Total Spells	Scheduled Care	51,179	4,584	4,271	-313	-6.8%	48,954	48,529	-425	-0.9%	53,702	53,702
	Unscheduled Care	25,943	2,224	2,227	3	0.2%	25,136	25,126	-10	0.0%	27,580	27,580
	Women and Children's	21,349	1,667	1,715	48	2.9%	18,746	18,965	219	1.2%	20,570	20,570
Total Spells Total		98,471	8,475	8,213	-262	-3.1%	92,836	92,620	-216	-0.2%	101,852	101,852
A&E	Unscheduled Care	110,680	7,867	7,915	48	0.6%	97,551	97,164	-387	-0.4%	106,831	106,831
A&E Total		110,680	7,867	7,915	48	0.6%	97,551	97,164	-387	-0.4%	106,831	106,831

4. WORKFORCE

OVERVIEW

- The Government have announced the NHS pay award for the next two years; staff employed in NHS organisations will be eligible for an annual increase of at least one per cent, either through contractual pay progression, or for staff at the top of their pay bands, through a non-consolidated payment. Nationally most staff will see their pay increase through incremental progression by amounts varying, typically, between around two and five per cent. For our organisation 66% of our employees are at the top of their pay band therefore the majority will receive a 1% increase.
- Absence remains a focus whilst February's absence rate has fallen, year to date remains over 4%. Robust plans are in place for high absence areas based on effective management and support.
- The organisation has launched its Leadership Development Programme this month; the programme has been designed to improve leadership capability, with a strong focus on leadership behaviours.

4.1 SICKNESS ABSENCE

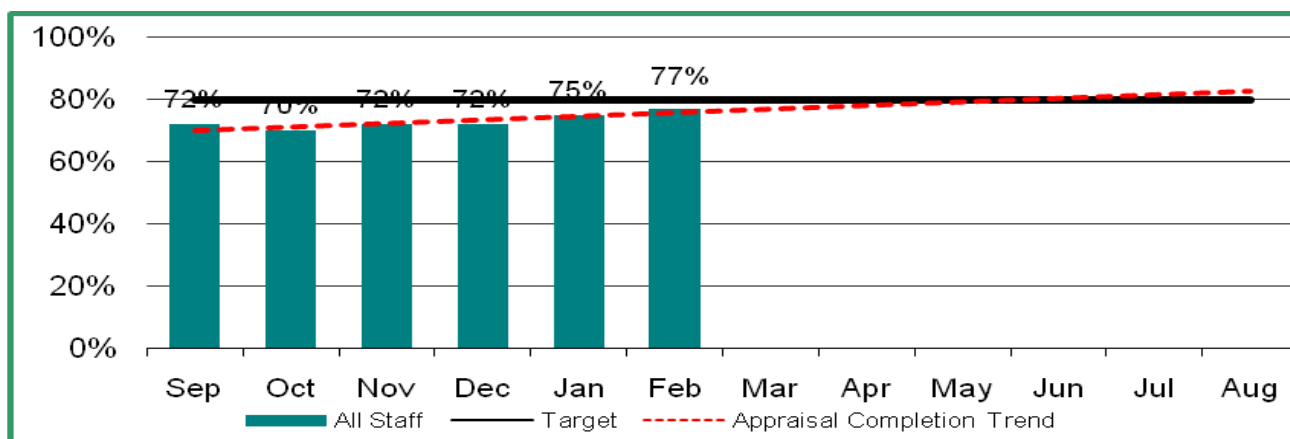


Sickness absence fell by 0.22% in February to 4.72%, with a year to date performance of 4.12%. However, it remains above our target 4% and is higher than the same month last year. It appears from the trend that the higher winter absence levels occurred slightly later in the year this year. Long term sickness absence has fallen by 0.4%. Estates and Facilities continue to show high levels of absence, with dedicated HR resources allocated to provide support in this area.

The most commonly reported reasons for absence were back and other musculoskeletal problems (increasing by 2% to 21%, with 1507 calendar days lost) and psychiatric illness (increasing by 2% to 17%, with 1191 calendar days lost), with cold, coughs and flu also showing a 2% increase to 12% (867 calendar days lost). Cost of sickness absence was £430k, compared to £498k in January

Measure	Annual Target	Monthly Target	YTD	November	December	January	February	Year end 12/13
Sickness Absence	Less than 4%	Less than 4%	4.12%	4.15%	4.47%	4.94%	4.72%	4.41%
Current State	<ul style="list-style-type: none"> - Target failed in February, however decrease was seen. - Year to date performance is above 4%. 							
Planned Actions	<ul style="list-style-type: none"> - Robust support in place for areas with high absence. - Management briefings on new policy near completion; 153 managers have attended the briefing sessions. - Health and Wellbeing plan designed to ensure effective management and support. 							
Key Themes/Trends	<ul style="list-style-type: none"> - Highest reasons for absence remain musculoskeletal (MSK) and stress. - Year to date above 4% 							

4.2 APPRAISALS



Measure	Annual Target	Monthly Target	YTD	November	December	January	February	Year end 12/13
Appraisals	80%	80%	78%	72%	72%	75%	77%	72%
Current State	<ul style="list-style-type: none"> - Target failed in February, however improvement continues. - Year to date performance is 78% 							
Planned Actions	<ul style="list-style-type: none"> - Recovery plans continue to be delivered. - Over 300 non medical staff have been written to requesting their appraisal is completed. 							
Key Themes/Trends	<ul style="list-style-type: none"> - Improvement seen in January remains 5% below target. - Biggest improvement seen for over 12 months. 							

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 February 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 February and 2 for the year to date.
- A&E performance against the 95% target in February was 93.88%
- Admitted RTT in February was 79.15% against the target of 90%.
- RTT Open Clocks under 18 Weeks was 87.65% in February 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 31 Day Surgery and 62 Day Referral to Treatment during February.
- C-Diff achieved in the month of February but has failed the full year with 28 cases year to date against an annual 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.