

## Board of Directors Meeting

**Date:** 27 July 2011

**Agenda item:** 8.1, Part 1

**Title:** Integrated Performance Report incorporating:  
Quality / Performance / Finance and Activity / HR

**Prepared by:** Warwick Heale, Associate Director of Planning & Performance  
Ann Goodridge, Corporate Performance Manager

**Presented by:** Dr Vaughan Lewis,  
Joint Medical Director

**Action required:** The Board is asked to receive the Performance Report and note the progress that has been made together with any actions that are planned.

### Monitoring Information

Please *specify* CQC standard numbers and tick  other boxes as appropriate

Care Quality Commission Standards	Outcomes		
Monitor		Finance	
Service Development Strategy		Performance Management	<input checked="" type="checkbox"/>
Local Delivery Plan		Business Planning	
Assurance Framework		Complaints	
Equality, diversity, human rights implications assessed			
Other ( <i>please specify</i> )			

## 1. PURPOSE

- 1.1 To advise the Board of the Trust's performance against the key performance standards and targets.

## 2. BACKGROUND

- 2.1 The Trust's Annual Plan sets out the programme of work to be undertaken to ensure compliance with the Monitor Compliance Framework and local and national standards and targets included in PCT commissioning contracts.

Detailed results of achievement as at 30<sup>th</sup> June 2011 are presented in Appendix A - Performance Dashboards and Data Tables

## 3. KEY ISSUES

- 3.1 The hospital remains under significant pressure for this time of year due to a continued increase in emergency medical admissions. The increase lies predominantly in Cardiology, Gastroenterology and Thoracic Medicine with over 25% growth in each of these specialties and growth of 8% in Geriatric Medicine compared to quarter 1 of the previous year. Although in aggregate the overall emergency admission growth is less than 1 %, the emergency medical admission activity growth is just over 8% and this too masks the operational demand on clinical teams and facilities when the most significant growth is in specialities providing services for patients with the most complex care needs. The impact has compounded by an unseasonal outbreak of Norovirus which ultimately resulted in nine wards having admissions or transfers restricted. The transfer list for patients awaiting community placement has also grown as patients are held on closed wards because of the risk of exposure to Norovirus. This delay to transfer for clinical reasons has increased bed occupancy and length of stay across the hospital.

To minimise the impact on patient care and in order to maintain elective surgery 32 escalation beds remain open. In addition the deep clean programme was modified and although we have managed to complete some high risk clinical areas we have again suspended this work to minimise the disruption during this period.

The combination of Norovirus and the increase in non-elective admissions has contributed to in the risk for the achievement for RTT which we have assessed as medium risk for this month's report.

We continue to work actively with NHS Devon to improve patient's pathways from hospital out into the community either to their home or into another care setting. Whilst the number of patients waiting for community transfers fluctuates it is evident that some areas in the community have greater demand than others which frequently doesn't match the capacity available resulting in delays in transferring their care or placement out of area. Through collaborative work via Clinician to Clinician discussions some innovative proposals are being developed that could be in place using "test of change" methods before the winter.

Clinical specialities continue to work closely with primary care and commissioners on QIPP programmes to improve care for patients and some significant changes are being made to patient pathways for both out patients and patients usually admitted to hospital for treatment and care. Good progress is being made with plans for ambulatory care for urgent assessment and

treatment in the medical specialities and in Child and Women's Health. Gynaecology commenced a new care pathway in June to enable more women to be treated without being admitted to hospital by creating a rapid assessment unit in outpatients. Each service will be monitoring outcomes for patients as part of its redesign process.

Eliminating mixed sex accommodation breaches continues to be a challenge for managing emergency admissions due to the unpredictability of the male to female admission ratio. Whilst the Trust has avoided breaching this target there has been an impact on ED performance and it has also created additional complexity for the placement of elective patients. It is within the remit of the Fit for the Future hospital utilisation group to reconcile this issue as part of capacity planning.

### 3.2 Performance Targets

There is one Monitor target that was not achieved for Quarter 1.

MON01 Clostridium Difficile – The Trust is reporting 27 cases in the quarter against a target of 18, of these cases 17 were detected as a consequence of using the more sensitive test and for the month of July the target of 6 was achieved in spite of the enhanced testing. The Department of Health target makes no allowance for the introduction of the new test and if the additional cases identified were excluded the Trust's performance would be below the target level. It has been agreed with NHS Devon that for contract monitoring purposes cases identified using the new test will be excluded and therefore no financial penalties applied.

The target MON04.I – All cancers: 62-day wait for first treatment from urgent GP referral to treatment currently stands at 85.5% against a target of 85% however it should be noted that this is the position as at 15<sup>th</sup> July and may be subject to change following validation by the National Cancer Registry and may result in a change in performance against this indicator.

### 3.3 Finance

The key areas of financial performance are as follows:

- A year to date surplus of £56k has been generated compared to a planned surplus of £79k. A year end surplus of £3.1m is forecast compared to the planned £3.5m due to the forecast CIP deficit of £592k.
- £514k CIP has been achieved year to date by the 10 SRP steering groups with £1.8m achieved for the year so far. A deficit of £592k is forecast for 11/12.
- A year end Monitor Risk rating of 3 is planned and is currently forecast to be achieved.
- Clinical income is £199k over recovered year to date and a year end forecast of £1.5m is expected. The year end position incorporates growth for 11/12.
- An assumption on likely QIPP savings has been made centrally.
- Pay is under-spent by £186k so far this year but is forecasted to be £2.3m over-spent at year end. Non-pay is £694k under-spent at month 3 and is forecast to be £1m over-spent by year end. Both pay and non pay forecast positions include additional costs in relation to the expected growth in clinical income.

The Capital programme is in line with plan at month 3 but is expected to be £700k under-spent at year end.

### 3.4 Quality

Key issues are:

- The implementation of the Skin Bundle in July to ensure that every ward is using the best evidence guidance relating to the reduction in pressure ulcers.
- Improvement in the rates of both initial and general assessment of nutritional screening (MUST). A focus on ensuring the assessment is undertaken in the acute assessment units should ensure a step change in screening on admission. Additional validation is being undertaken to ensure that the ward whiteboard accurately reflects assessment for those admitted very close to midnight
- Monthly spot audits of recording of VTE Risk Assessments are being undertaken to provide supplementary evidence to electronic recording of risk assessments. These audits are consistently indicating a much higher rate of compliance, with 82.9% recorded in June. Work is ongoing to improve the electronic data capture.

### 3.5 Human Resources

Key issues are:

- An ongoing reduction in the sickness absence rate. The sickness absence rate for the twelve month period ending 31 May 2011 was 3.95% compared to 4.64% for the equivalent period last year.
- A further reduction of 11.36 full time equivalents (FTE) in the Trust's workforce to 5035.30FTE; 139.8FTE below the current funded establishment of 5175.10. The rate of turnover for the twelve month period ending 31 May 2011 was 9.38% compared to 9.87% for the equivalent period last year. The reduction in turnover is consistent with rates reported by other local Trusts.
- A small decrease in the proportion of staff with a Personal Development Review (PDR) completed within the last 12 months has been observed. Due to operational pressures including Norovirus and staffing shortages, PDRs have not been conducted in some areas. As at the end of May 2011, 76.08% of staff had a valid PDR. An audit of PDR documentation is being undertaken.

## 4. FINANCIAL/OTHER IMPLICATIONS

Achieving NHS plan targets and milestones is an important feature of the Trust's overall performance and demonstrates our commitment to delivering good quality care to patients. Commissioners have the discretion to apply financial penalties in respect of underperformance for the following targets:

- Non-achievement of the Clostridium difficile target (depending on the degree of target underperformance, between 0.1% and 2% of the total contract year revenue), the standard contract allows for penalties to be applied where the current year outturn exceeds the number of cases identified in the previous contract year, by more than 2 cases. In order that the Trust is not disadvantaged by the introduction of the new testing methodology, it has been agreed to exclude the impact of the cases identified using the new testing methodology from both last year's baseline and this year's figures, for the purposes of financial and contract penalties. Currently performance to date is better than the previous year, but it is too early to give a confident assessment of the year end risk.
- non-achievement of the referral to treatment time standard (depending on the degree of target underperformance between 0.5% and 5% of monthly elective care revenue),

- each of the following cancer waiting times standards (2% of the actual outturn value of the service line revenue)
    - 14 day urgent GP referral
    - 14 day symptomatic breast
    - 62 days first definitive treatment for GP urgent referral, NHS Cancer Screening Services and Consultant Upgrades
    - 31 day first definitive treatment
    - 31 day second or subsequent treatment (surgery)
    - 31 day second or subsequent treatment (drug treatments)
    - 31 day second or subsequent treatment (radiotherapy)
- These potential penalties are understood to apply to the full year performance and so are currently deemed to be low risk.
- breaches of the Eliminating Mixed Sex Accommodation Plan (£250 per breach per day)

## 5. **RECOMMENDATIONS**

The Board is asked to receive the Performance Report and note the progress that has been made together with any actions that are planned.

## Integrated Performance Report - Summary Table

### Respond

Be the provider of choice, delivering care in the most convenient and appropriate location, with no delay.  
Eliminate all avoidable hospital infections.  
Deliver services in a comfortable, friendly environment in which staff can care for patients effectively.  
Recognise our wider responsibility to the environment and local community by using resources wisely.

Graph	YTD	Indicator	Current	Source Report
R1	Green ↓	Accident and Emergency Maximum 4 Hour Wait	Green	Performance
R2	Amber →	Clostridium Difficile Infections	Green	Performance
R3	Green ↓	Cancer 31 Day Wait: Subsequent Treatment	Green	Performance
R4	Amber ↓	Cancer 62 Day Wait	Amber	Performance
R5	Amber ↑	Hand Hygiene	Green	Quality
R6	Green →	New MRSA Isolates	Green	Quality
R7	Green ↓	Referral to Treatment for Admitted Pathways	Green	Performance
R8	Green ↓	Referral to Treatment for Non-Admitted Pathways	Green	Performance

### Deliver

A high standard of care delivered by experts, which meets the needs and aspirations of patients, staff, carers and the  
A full range of cost-effective accessible local hospital services.  
A range of excellent specialist services.

Graph	YTD	Indicator	Current	Source Report
D1	Green ↑	Outpatient New Attendances	Green	Finance
D2	Green ↑	Elective Daycase Admissions	Green	Finance
D3	Amber ↑	Elective Inpatient Admissions	Amber	Finance
D4	Green ↑	Non-Elective Inpatient Admissions	Green	Finance
D5	Green →	Pressure Sores Assessment	Green	Quality
D6	Amber ↓	Pressure Sores Incidence	Amber	Quality
D7	Red →	MUST Scoring	Red	Quality
D8	Green →	Capital Expenditure	Green	Finance
<b>Additional Reported Indicators (by Exception)</b>				

### Enable

Staff to do their jobs to the best of their ability, by valuing them, ensuring they have the right skills and giving them the opportunity to focus on meeting the needs of patients, so making the RD&E the employer of choice.  
Staff to have a good work/life balance, and achieve their full potential.  
Future and sustained success through good financial management.

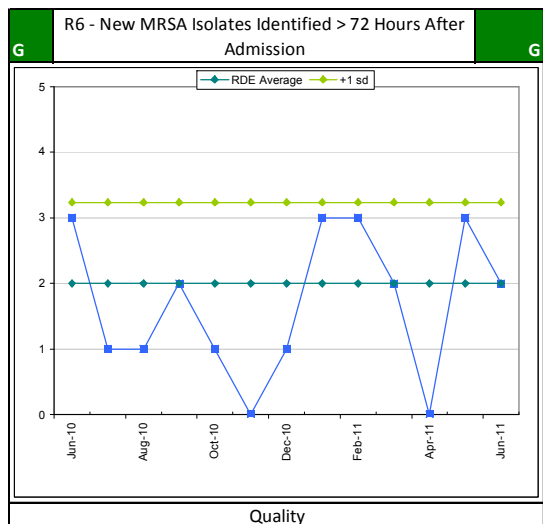
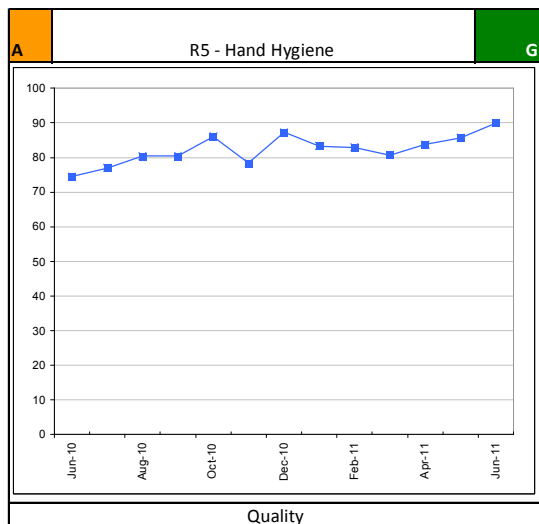
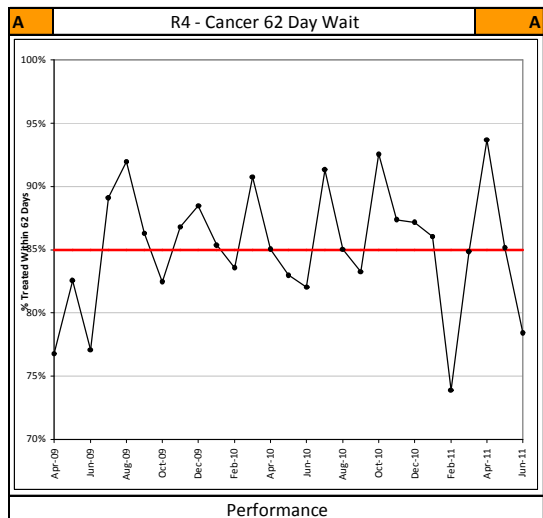
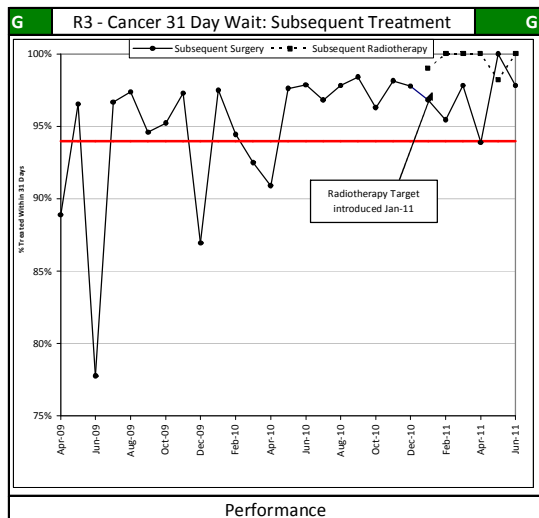
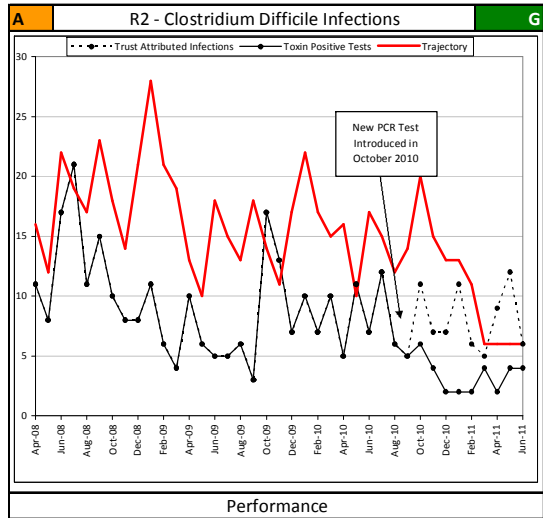
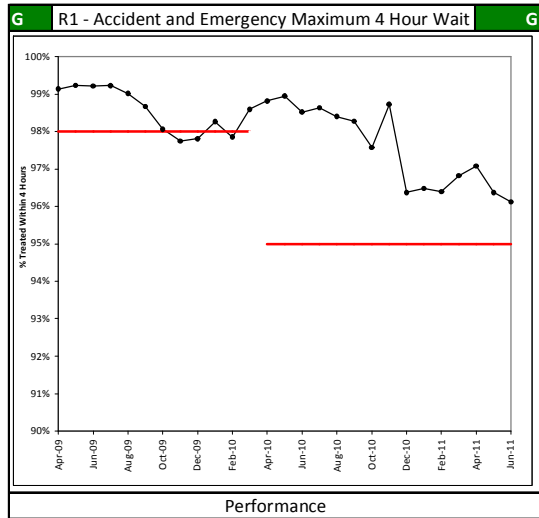
Graph	YTD	Indicator	Current	Source Report
E1	Green →	Bank and Agency Spend All Staff	Amber	Human Resources
E2	Green →	Cash	Green	Finance
E3	Green →	Cost Improvement Programmes	Green	Finance
E4	Green →	Income and Expenditure	Green	Finance
E5	Amber ↓	PDR/PDPs Completed	Amber	Human Resources
E6	Green →	Risk Ratings	Green	Finance
E7	Amber ↑	Sickness Absence Rate	Amber	Human Resources
E8	Green →	Staff Employed	Green	Human Resources
E9	Green ↑	Staff Percentage Turnover Rate	Amber	Human Resources
E10	Green →	Starters and Leavers	Amber	Human Resources

**Red** Off target or significant concerns re. achievement. Board to review exception report.  
**Amber** Slightly off target or minor concerns re. achievement. Board to be aware, but no action required.  
**Green** On target, no significant concerns re. achievement. No Board attention required.  
→ Direction indicators point up for improvement, down for worsening and horizontal for no material change.

**Respond**

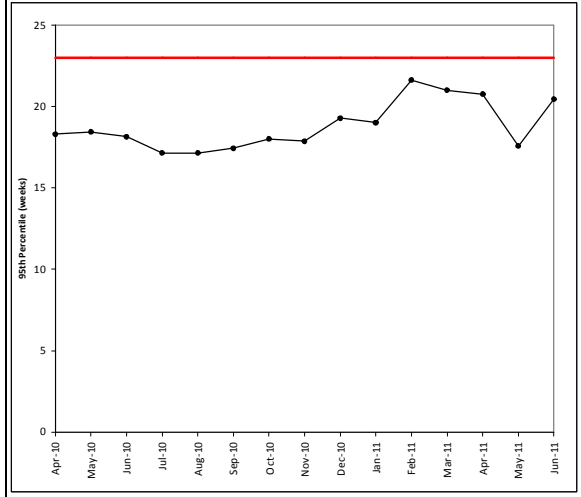
Be the provider of choice, delivering care in the most convenient and appropriate location, with no delay.  
 Eliminate all avoidable hospital infections.  
 Deliver services in a comfortable, friendly environment in which staff can care for patients effectively.  
 Recognise our wider responsibility to the environment and local community by using resources wisely.

YTD	Indicator	Current	YTD	Indicator	Current
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YTD	Indicator	Current
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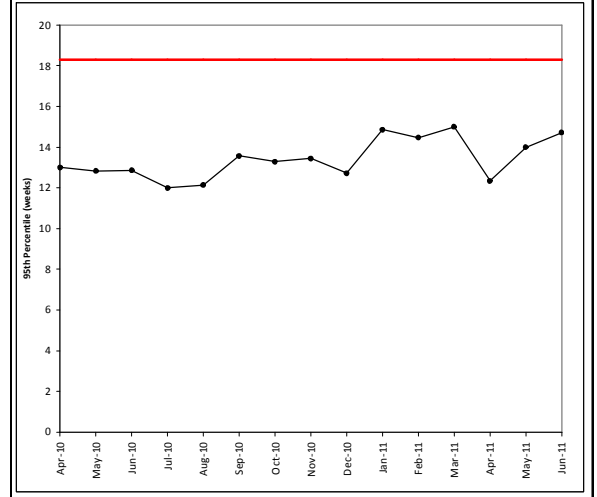
**G R7 - Referral to Treatment for Admitted Pathways G**



Performance

YTD	Indicator	Current
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**G R8 - Referral to Treatment for Non Admitted Pathways G**



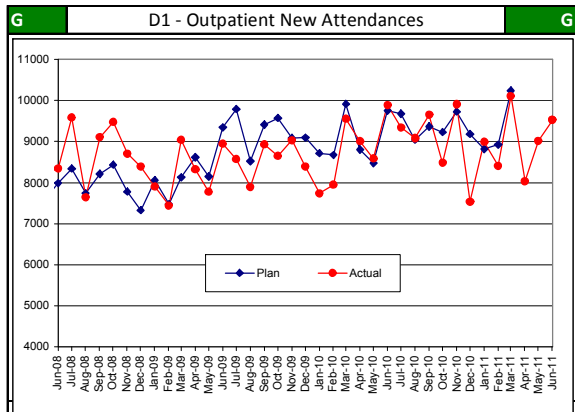
Performance



## Deliver

A high standard of care delivered by experts, which meets the needs and aspirations of patients, staff, carers and the  
 A full range of cost-effective accessible local hospital services.  
 A range of excellent specialist services.

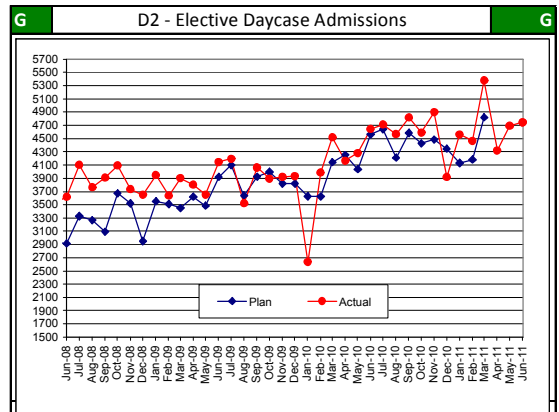
YTD	Indicator	Current
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Current month vs plan: Planned figures not currently available  
 4% lower than the same month last year  
 6% higher than the previous month  
 Year to date: 3% lower than the same period in 2010-11  
 Year to date: planned figures not currently available

Finance

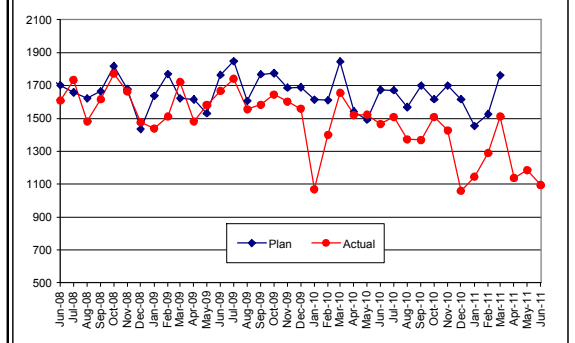
YTD	Indicator	Current
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Current month vs plan: planned figures not currently available  
 2% higher than the same month last year  
 1% higher than the previous month  
 Year to date: 5% higher than the same period in 2010-11  
 Year to date vs plan: planned figures not currently available

Finance

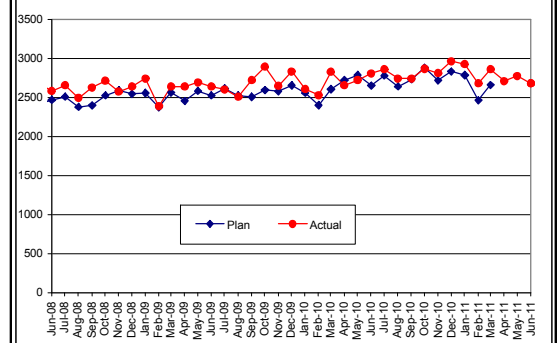
YTD	Indicator	Current
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Current month vs plan: Planned figures not currently available  
 25% lower than the same month last year  
 8% lower than the previous month  
 Year to date: 24% lower than the same period in 2010-11  
 Year to date vs plan: Planned figures not currently available

Finance

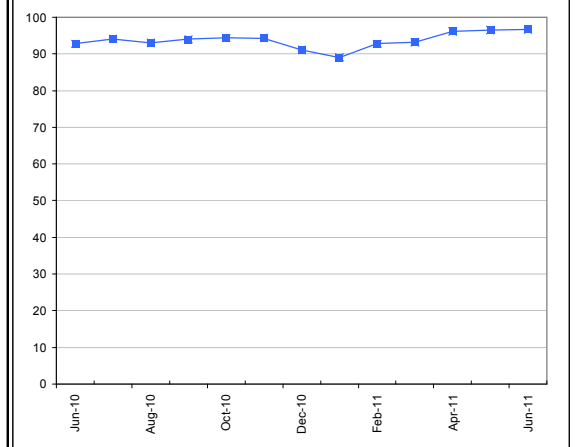
YTD	Indicator	Current
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Current month vs plan: Planned figures not currently available  
 5% lower than the same month last year  
 3% lower than the previous month  
 Year to date: less than 1% growth compared to the same period in 2010-11  
 Year to date vs plan: Planned figures not currently available

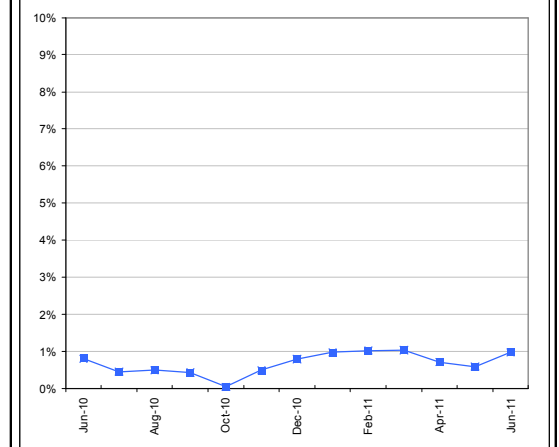
Finance

YTD	Indicator	Current
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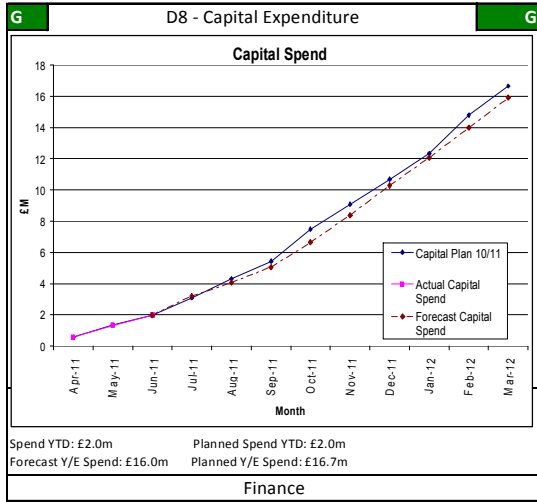
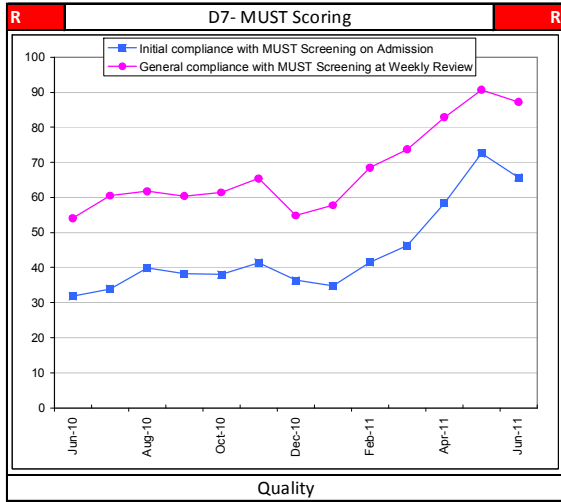


Quality

YTD	Indicator	Current
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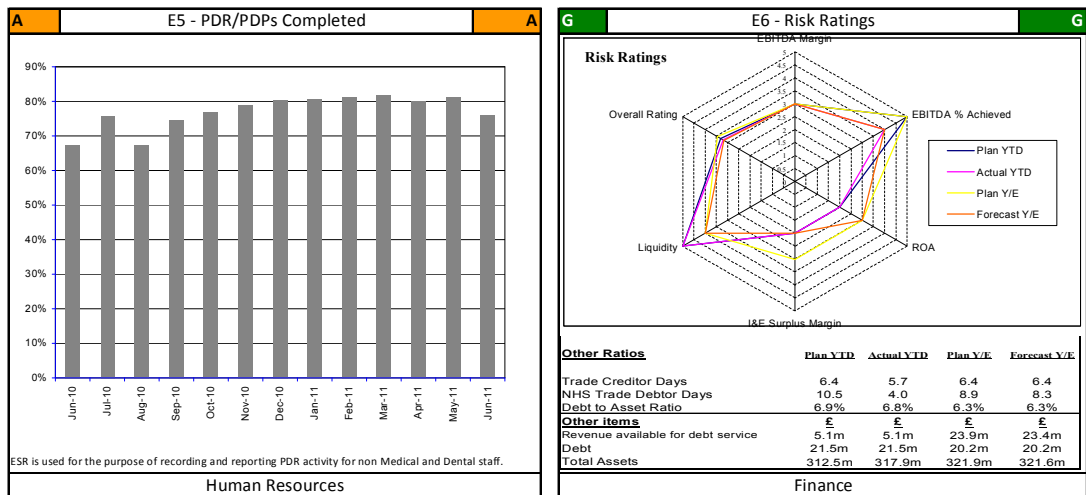
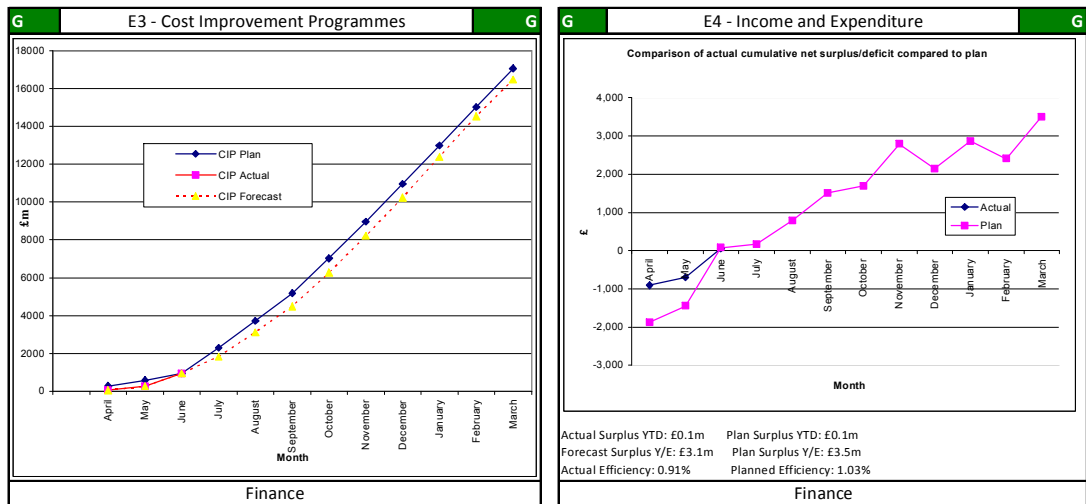
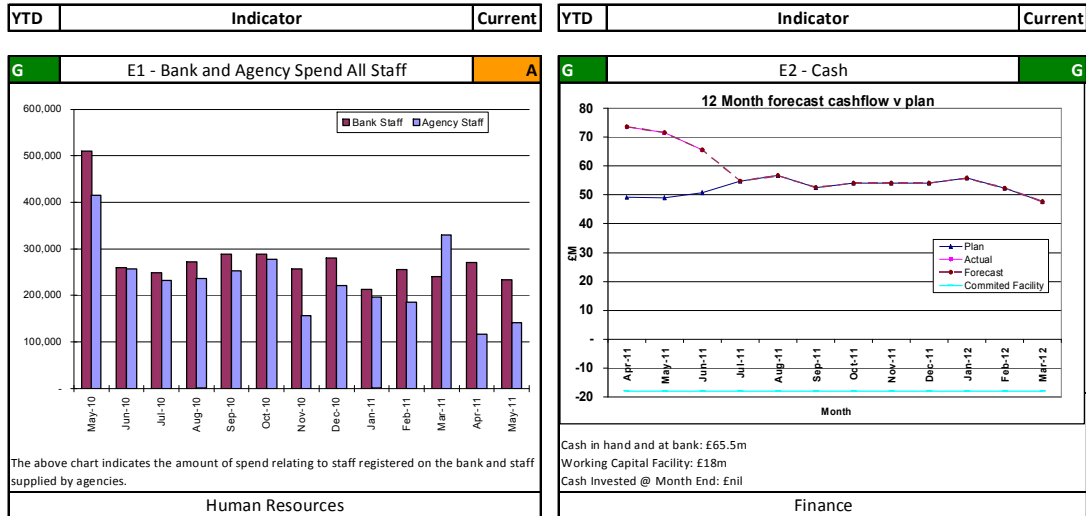


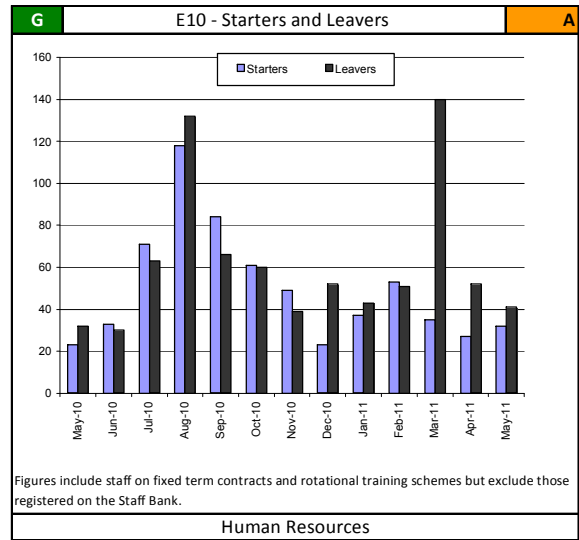
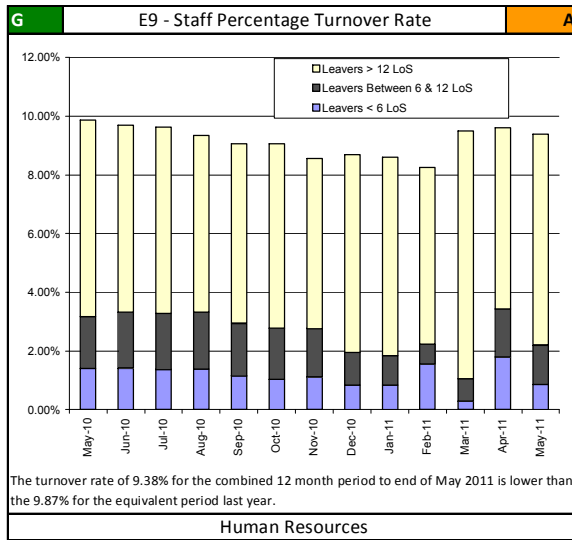
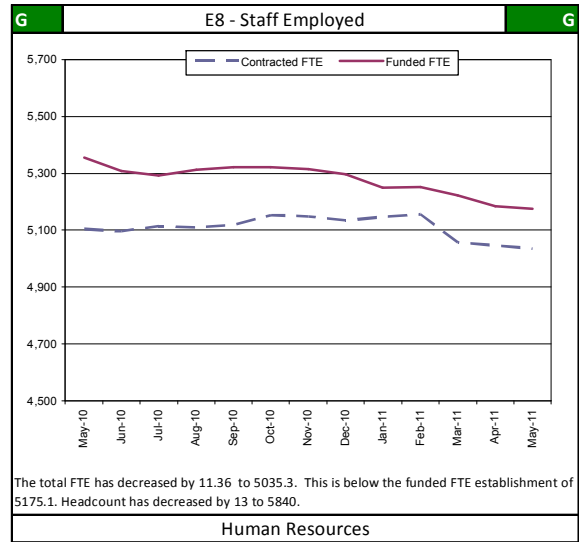
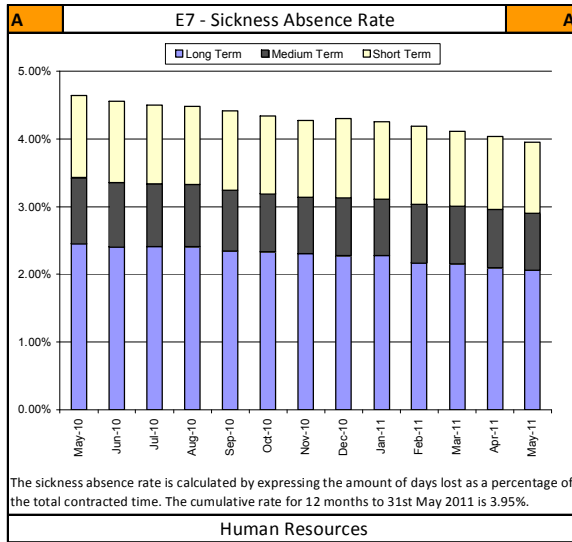
Quality



**Enable**

Staff to do their jobs to the best of their ability, by valuing them, ensuring they have the right skills and giving them the opportunity to focus on meeting the needs of patients, so making the RD&E the employer of choice.  
 Staff to have a good work/life balance, and achieve their full potential.  
 Research and innovation.  
 Future and sustained success through good financial management.





## Finance

### FINANCIAL REPORT FOR THE TRUST COVERING THE PERIOD ENDING 30<sup>th</sup> JUNE 2011

#### Executive Summary

	<u>YTD Month 3</u>	<u>YTD Month 2</u>	<u>Change</u>
	£'000	£'000	£'000
I&E year to date	56	-698	754
I&E Forecast	3,115	3,340	-225
I&E year end forecast variance to budget/Plan	-385	-160	-225
Total Income variance to date	19	848	-829
CIP variance to date	-92	-94	2
Pay expenditure variance to date	186	301	-115
Non pay (excl. R&D) expenditure variance to date	695	118	577
Cash at month end	65,548	71,533	-5,985

The year to date position at month 3 is a surplus of £56k compared to a budgeted deficit of £1.4m and planned surplus of £79k. This is an improvement by £754k on month 2's position and is mainly due to the expenditure position improving.

The forecast position at year end is a surplus of £3.1m compared to the planned £3.5m. This is £225k lower than the forecast at month 2. The main reason the forecast is not on plan is due to the shortfall in the current year CIP plans (£592k).

This position gives the Trust a Monitor risk rating of 3 year to date and forecast at year end.

#### INCOME

At month 3 clinical income is over recovered by £199k year to date which is a deterioration of £514k on month 2's report. One of the main reasons for this deterioration is due to the income budget at month 3 being increased to account for the over recovery of drugs and device items that are fully rechargeable to the PCTs. The offset of this increase in income budget is an increase in the corresponding expense budgets. Another contributing factor is the Trust has recently had to reduce elective activity due to increased emergency medical admissions and the high level of Norovirus experienced during the month.

Clinical Income at the end of the year is forecast to be £1.5m over recovered. Directorates have factored in growth into their forecasts despite activity schedules with NHS Devon not being finalised. The Trust is currently working closely with NHS Devon to finalise activity and income schedules by the end of July.

The assumption on the level of Directorate growth is in line with the figures included in the Monitor Plan. The budget for income and expenditure growth is held centrally and offsets the over achievement forecasted by the Directorates. A level of QIPP achievement has been built into the overall Trust forecast centrally and has not been built into Directorate Forecasts.

The main areas of over/under performance year to date (for all Commissioners) are;

- Women & Childs' Health is the main area to over recover (£344k). This is due to Midwife income (£165k) being 29% above plan on emergency inpatients, Gynaecology day-case and outpatient activity is higher than expected (£110k) and Paediatric

Oncology treating more than twice the level of emergency inpatient activity expected (£74k).

- Medicine are £42k over recovered with Nephrology (£241k favourable) treating more patients on the programme than planned and Dermatology (£228k adverse).
- Surgery is the main area under recovering at month 3 (£404k). General surgery elective inpatient activity is 15% down (£155k) along with emergency activity (£80k), this is partially offset with day-case activity being up (£126k). ENT income is also down (£187k) mainly within elective activity.

Other income is £260k under-recovered year to date, this is due Community Estates (£128k), Laundry (£73k), Catering (£34k) and the bookshop (£24k). These have been forecasted to continue to give a year end under recovery of £668k.

## **EXPENDITURE**

As detailed in the clinical income section above Directorates have forecasted pay and non-pay expenditure to match the income growth being forecasted at 100% cost. Funding held for growth and the reduction in expense relating to QIPP have been forecasted centrally to offset this forecasted overspend.

Pay is under-spent at month 3 by £186k, this is a small deterioration on the month 2 report. The forecast position on pay is £2.3m adverse and this is due to expenditure relating to growth being forecasted. This position is being offset by an under-spend on reserves.

The main areas to under-spend at month 3 are within admin staff (£236k) and senior medical staff (£342k). The under spend on admin staff is being offset by an overspend on senior managers pay (£126k) and senior medical staff is offset with an over-spend on junior medical staff (£276k).

Non pay expenditure at month 3 is under-spent by £695k which is an improvement on last month's report by £577k. The main reason for this improvement is the increase in budget for directly chargeable drugs and devices as per the income section. The forecast position on non pay expenditure is £1m adverse and this is due to the expense being forecast in line with growth.

## **COST IMPROVEMENT PROGRAMME (CIP)**

At month 3 the 10 SRP Steering groups have identified £514k savings year to date compared to a plan of £606k. Non-recurring central savings of £442k have also been identified to give a total actual achievement year to date of £956k compared to the Monitor plan of £844k.

Plans for the year have been generated to save £13.6m on a recurrent basis through the 10 work streams, £8.7m for 2011/12. At month 3 it is forecasted that a shortfall of £592k on the £8.7m plans will occur.

The SRP Board have made delivery of the £13.6m target the key priority over the next few weeks. Once QIPP plans have been finalised with NHS Devon, the impact on the 11/12 CIP target (£17.1m for 2011/12 plus brought forward requirement £2.3m) can be reassessed and further plans generated to close the remaining gap. Directorates have also been asked to identify non-recurring savings for 2011/12.

Please refer to appendix 7 for more detail on the 10 CIP work streams.

## CAPITAL

Actual expenditure for the first quarter of the year was £2.0m and is in line with the plan. The larger schemes are included on appendix 6.

The Trust's capital expenditure forecast is £15.9m, which is £0.7m lower than the plan. The slippage in capital expenditure is due to the Durbin Ward refurbishment being delayed until after the winter, the majority of the expenditure will now be incurred in 2012/13. It is likely that the replacement of the Heavitree B block windows will now continue into 2012/13. However, further consideration is required whether this capital scheme continues due to costs being higher than originally forecast.

## DEBTORS

Debtors are £7.6m lower than plan. The value is lower mainly due to the monthly block instalment received being higher than the actual income due, the recoverability of debtors being better than expected and income being lower than planned.

The percentage of trade debtors that exceeded their due date by 90 days is 2.6%. This low percentage reflects the success of the Trust's receivables department in recovering debtors promptly. The percentage is also well below Monitor's financial risk percentage indicator of 5%

## CASH

The cash balance at the end of June is £65.5m, which is £14.8m higher than plan (plan is £50.7m). The following provides a summary of the main reasons for the increase:

Trade and other receivables lower than plan	£7.6m	See above for an explanation.
Deferred income higher than plan	£9.0m	NHS Devon paid the majority of their month 4 income early
Other	<u>(£1.8m)</u>	
Total	<u>£14.8m</u>	

## INVESTMENTS

The above cash includes £3m invested Lloyds TSB bank. These investments are in accordance with the Treasury Management Policy approved by the Board. See below table for further details.

<u>Investor</u>	<u>£m</u>	<u>Interest rate</u>	<u>Period</u>	<u>Return date</u>
Lloyds TSB	£3m	1.27%	90 days	25/08/2011

## ACTIVITY

Activity in June has decreased for both elective and emergency inpatients compared to the activity treated in May (8% & 3% lower respectively). Outpatient and day-case activity has increased in June compared to May (6% & 1% respectively). Compared to the same month last year all patient types have seen less activity with the exception of day-cases (outpatients 4%, elective inpatients 25%, emergency inpatients 5% lower and day-cases 2% higher). Elective activity has been affected recently due to increased medical emergency admissions and Norovirus.

Elective inpatient activity has steadily been reducing over the years as more activity is being treated in a day-case setting. During 2009/10 the average monthly number of elective

inpatients treated was 1,547, during 2010/11 this dropped to 1,397 (9.7% drop) and so far during 2011/12 the average number of patients treated is 1,140.

A comparison to planned figures is not available until the contract schedules with NHS Devon are finalised at the end of July.

## **OTHER ISSUES**

### Service Line Reporting

Appendix 6 shows a surplus/deficit analysis by Directorate and is based on a Service Line Reporting perspective. It should be noted the figures here relate to the Month 2 position.

The detailed activity and financial information underpinning these reports is subject to ongoing scrutiny. More detailed reports at HRG and Consultant level are now being piloted in some Service Lines with the intention to make this level of information available across the Trust in the near future. This information should lead to a better understanding of costs and profitability which will inform strategic and operational decision making and eventually assist in identifying opportunities for cost improvements.

### Consolidation of Charitable Funds

The annual plan was prepared on the basis that the Royal Devon and Exeter NHS FT General Charity will be consolidated within the 2011/12 financial period. Guidance has recently been issued that the Government, with Monitor has agreed that the Charity will not have to be consolidated until 2013/14. No actual or forecast figures are therefore included for the 2011/12 period.

## **CONCLUSION**

The key areas of financial performance are as follows:

- A year to date surplus of £56k has been generated compared to a planned surplus of £79k. A year end surplus of £3.1m is forecast compared to the planned £3.5m due to the forecast CIP deficit of £592k.
- £514k CIP has been achieved year to date by the 10 SRP steering groups with £1.8m achieved for the year so far. A deficit of £592k is forecast for 11/12.
- A year end Monitor Risk rating of 3 is planned and is currently forecast to be achieved.
- Clinical income is £199k over recovered year to date and a year end forecast of £1.5m is expected. The year end position incorporates growth for 11/12.
- An assumption on likely QIPP savings has been made centrally.
- Pay is under-spent by £186k so far this year but is forecasted to be £2.3m over-spent at year end. Non-pay is £694k under-spent at month 3 and is forecast to be £1m over-spent by year end. Both pay and non pay forecast positions include additional costs in relation to the expected growth in clinical income.

The Capital programme is in line with plan at month 3 but is expected to be £700k under-spent at year end.



## Quality

### **Pressure Sores Assessment & Incidence**

The Skin Bundle is being implemented in July to ensure every ward is using the best evidence guidance relating to the reduction in pressure ulcers. Members of the Tissue Viability Team are visiting the Wrightington, Wigan & Leigh NHS Foundation Trust a QUEST programme member to share best practice.

### **MUST Scoring**

The compliance with this measure continues to improve. A focus on ensuring the assessment is being undertaken in the acute assessment units should ensure a step change in screening on admission. Validation of the data is being undertaken to ensure that the ward whiteboard accurately reflects assessment for those admitted very close to midnight.

### **Early Warning Scores, and Cardiac Arrest Calls**

The number of MET calls received in June has not been validated and is therefore not included in this report. The appointment of an additional RTO trainer provides additional support for validation of the data.

The Cardiac Arrest Calls data for June has not been validated and is therefore not included in this report. This data will be integrated into the Datixweb system to ensure timely reporting.

### **Electronic VTE Risk Assessment, and Thromboprophylaxis Audit**

The target figure for electronic VTE risk assessment is 90%. The compliance rate reported here reflects the introduction of the electronic whiteboard monitoring system. An agreement with the PCT is that monthly spot audits will be undertaken whilst the data capture issues are addressed. June spot audit data = 82.9%.

With the introduction of EPS we will be able to undertake real time audit of Thromboprophylaxis prescriptions.

### **Incidents & Complaints / Concerns**

The Risk Management Team are reviewing the incident reports for June to check if the increase in incident reports is related to the introduction of Datixweb in June.

## **Human Resources**

### **Sickness Absence**

For the past year there has been a steady and sustained improvement month on month in the annual sickness absence rate. This continues with a rate of 3.95% recorded for the 12 month period ending 31st May 2011. This is an impressive reduction of 0.69% when compared with 4.64% reported for the same period last year. This steady reduction is a result of the continued focus on proactively managing sickness absence and the promotion of good health and well being throughout the Trust.

The sustained reduction in the rates reported for each individual month continued in May showing a decrease for the sixth consecutive month

### **Turnover**

The annual turnover rate has reduced from 9.61% reported last month to 9.38% for May 2011. This is also a small reduction on the rate of 9.87% reported the same time last year. The reduction is consistent with rates reported by other local Trusts and reflects the continued uncertainty in the current economic climate.

### **Staff Numbers**

The total full time equivalent (FTE) decreased by 11.36 to 5035.30 in May 2011 which is below the current funded establishment of 5175.10. Headcount has also decreased by 13 to 5840 this month.

The number of staff with fixed term contracts has reduced to 217 this month with a total of 172.53 FTE's ending within the next twelve months.

### **Personal Development Review's (PDR)**

Following the small increase last month the rate recorded for this month has shown a reduction of 5.26% to 76.08%. Due to operational issues such as Norovirus and staffing shortages PDR's in some areas have not been carried out in the last month. As reported last month an audit of PDR's is currently taking place and this will hopefully highlight any issues around the reduction in compliance rates.

# Data Appendices – Performance

Monitor Dashboard - June 2011														
Indicator	Trend	Position for Quarter	Target	Monitor Weighting	Risk for Period	Risk for Year	Indicator	Trend	Position for Quarter	Target for Period	Monitor Weighting	Risk for Period	Risk for Year	
MON01 Clostridium Difficile*		27 (18)	max. 74 annual	1.0	High	Medium	MON08.I Cancer 14 Day GP Urgent		96.1% (96 of 2487)	min. 93%	0.5	Very Low	Very Low	
MON02 MRSA		0 (1)	max. 3 annual	1.0	Medium	Medium	MON08.II Cancer 14 Day Symptomatic Breast		100.0% (0 of 140)	min. 93%	0.5	Very Low	Very Low	
MON03.I Cancer 31 Day Subsequent Surgery		97.4% (4 of 152)	min. 94%	1.0	Low	Medium	MON09 A&E - 4 Hour Target		96.5%	min. 95%	1.0	Medium	Medium	
MON03.II Cancer 31 Day Subsequent Drug		99.5% (1 of 194)	min. 98%		Low	Medium	MON09.I A&E - Total Time		4.8	95 <sup>th</sup> Percentile max. 4 hours	0.5 for each indicator failure capped at a maximum of 1.0	Not Set	Medium	
MON03.III Cancer 31 Day Subsequent Radiotherapy		99.4% (2 of 309)	min. 94%		Low	Medium	MON09.II A&E - Time to Initial Assessment		29.0	95 <sup>th</sup> Percentile max. 15 minutes		Not Set	Medium	
MON04.I Cancer 62 Day GP Urgent		85.5% (41 of 283)	min. 85%	1.0	Medium	Medium	MON09.III A&E - Time to Treatment Decision		45.0	Median max. 60 minutes		Not Set	Low	
MON04.II Cancer 62 Day Screening		95.1% (2 of 40.5)	min. 90%		Medium	Medium	MON09.IV A&E - Unplanned Reattendance Rate		8.2%	max. 5%		Not Set	Medium	
MON05 RTT Admitted 95 <sup>th</sup> Percentile		19.3	95 <sup>th</sup> Percentile max. 23 weeks	1.0	Medium	Medium	MON09.V A&E - Left Without Being Seen		2.8%	max. 5%		Not Set	Low	
MON06 RTT Non-Admitted 95 <sup>th</sup> Percentile		14.0	95 <sup>th</sup> Percentile max. 18.3 weeks	1.0	Low	Low	MON10 Stroke Indicator	Not Yet Defined	n/a	Not known	0.5	Not Set	Not Set	
MON07 Cancer 31 Day First Treatment		97.9% (14 of 669)	min. 96%	0.5	Low	Low	MON11 Learning Disability Compliance	Not applicable	Compliant	Compliant	0.5	Very Low	Very Low	

Trend graphs run from April 2010 to current month

Indicates that the target has been achieved for the quarter  
 Indicates that the target has not been achieved for the quarter

Indicates that the target has been achieved for that month but the quarter has not yet finished  
 Indicates that the target has not been achieved for that month but the quarter has not yet finished  
 Indicates that the target is not yet enforced

The position for Cancer targets is subject to change when the data is uploaded to the National Cancer Waiting Times Database 6 weeks after month end.

\*MON01 - Clostridium Difficile - The Department of Health are currently reviewing the impact of increased testing. This target may be subject to change.

## Monitor Targets Detail - June 2011

Indicator		Code	Target	Apr-11	May-11	Jun-11	Q1	Weighting	Position	Risk for Quarter	Risk for Year		
Safety	Clostridium Difficile – meeting the Clostridium Difficile objective*		MON01	74	9 (6)	12 (6)	6 (6)	27 (18)	1.0	Not Achieving	High	Medium	
	MRSA – meeting the MRSA objective		MON02	3	0 (0)	0 (0)	0 (1)	0 (1)	1.0	Achieving	Medium	Medium	
Quality	All cancers: 31-day wait for second or subsequent treatment	surgery	MON03.I	94%	93.9% (3 of 49)	100.0% (0 of 57)	97.8% (1 of 46)	97.4% (4 of 152)	1.0	Achieving	Low	Medium	
		anti cancer drug treatments	MON03.II	98%	100.0% (0 of 55)	98.7% (1 of 76)	100.0% (0 of 63)	99.5% (1 of 194)					
		radiotherapy	MON03.III	94%	100.0% (0 of 75)	98.2% (2 of 112)	100.0% (0 of 122)	99.4% (2 of 309)					
	All cancers: 62-day wait for first treatment	from urgent GP referral to treatment	MON04.I	85%	93.7% (5.5 of 87)	85.1% (15 of 101)	78.4% (20.5 of 95)	85.5% (41 of 283)	1.0	Achieving	Medium	Medium	
		from consultant screening service referral	MON04.II	90%	100.0% (0 of 12)	93.8% (1 of 16)	92.0% (1 of 12.5)	95.1% (2 of 40.5)					
Patient experience	Referral to treatment waiting times – (95th percentile)		admitted pathways	MON05	23 weeks	20.7	17.6	20.5	19.3	1.0	Achieving	Medium	Medium
			non-admitted pathways	MON06	18.3 weeks	12.3	14.0	14.7	14.0	1.0	Achieving	Low	Low
Quality	All cancers: 31-day wait from diagnosis to first treatment		MON07	96%	99.0% (2 of 192)	98.2% (4 of 228)	96.8% (8 of 249)	97.9% (14 of 669)	0.5	Achieving	Low	Low	
	Cancer: two week wait from referral to date first seen	all cancers	MON08.I	93%	97.4% (23 of 874)	96.5% (28 of 811)	94.4% (45 of 802)	96.1% (96 of 2487)	0.5	Achieving	Very Low	Very Low	
		for symptomatic breast patients (cancer not initially suspected)	MON08.II	93%	100.0% (0 of 46)	100.0% (0 of 42)	100.0% (0 of 52)	100.0% (0 of 140)					
	Total time in A&E (95th percentile)		MON09	95%	97.1%	96.4%	96.1%	96.5%	1.0	Achieving	Medium	Medium	
	A&E Clinical Quality Indicators	Total time in A&E (95th percentile)	MON09.I	≤4 hrs	4.4	4.8	5.0	4.8	0.5 for each indicator failure capped at a maximum of 1.0	Not Yet Implemented	Not Set	Medium	
		Time to initial assessment (95th percentile)	MON09.II	≤15 mins	30.0	30.0	24.0	29.0		Not Yet Implemented	Not Set	Medium	
		Time to treatment decision (median)	MON09.III	≤60 mins	46.0	43.0	46.0	45.0		Not Yet Implemented	Not Set	Low	
		Unplanned reattendance rate	MON09.IV	≤5%	8.0%	8.2%	8.4%	8.2%		Not Yet Implemented	Not Set	Medium	
		Left without being seen	MON09.V	≤5%	2.9%	2.9%	2.7%	2.8%		Not Yet Implemented	Not Set	Low	
	Stroke Indicator		MON10	tbc	Not yet defined				0.5	Achieving	Not Set	Not Set	
Patient experience	Certification against compliance with requirements regarding access to healthcare for people with a learning disability		MON11	n/a	Compliant				0.5	Achieving	Very Low	Very Low	

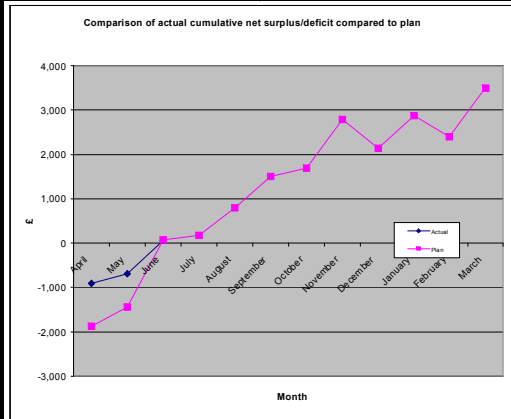
The position for Cancer targets is subject to change when the data is uploaded to the National Cancer Waiting Times Database 6 weeks after month end.

\*MON01 - Clostridium Difficile - The Department of Health are currently reviewing the impact of increased testing. This target may be subject to change.

# Data Appendices – Finance

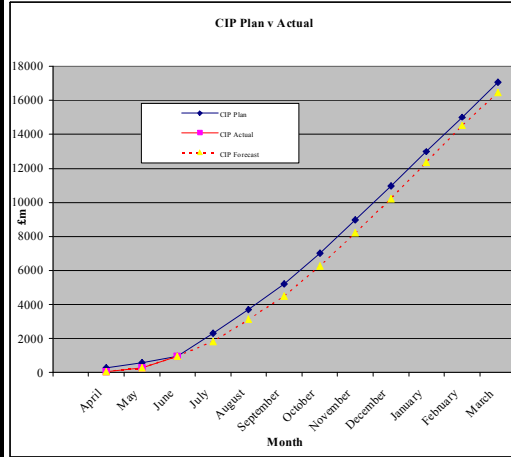
at 30th June (YTD - Month 03)

1. I&E	
Actual Surplus YTD £0.1m	Plan Surplus YTD £0.1m
Forecast Surplus Y/E £3.1m	Plan Surplus Y/E £3.5m
Actual Efficiency* 0.91%	Planned Efficiency* 1.03%



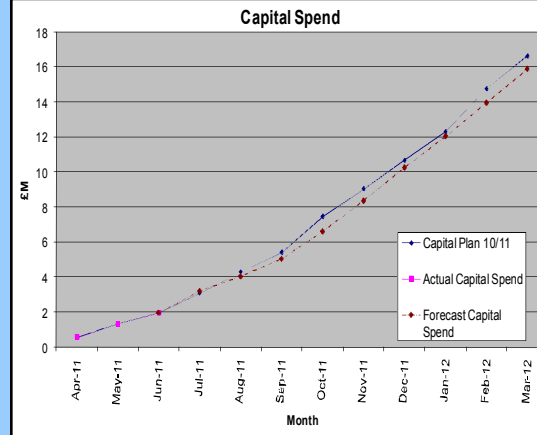
## 2. CIP

Graph – Actual, Forecast & Plan



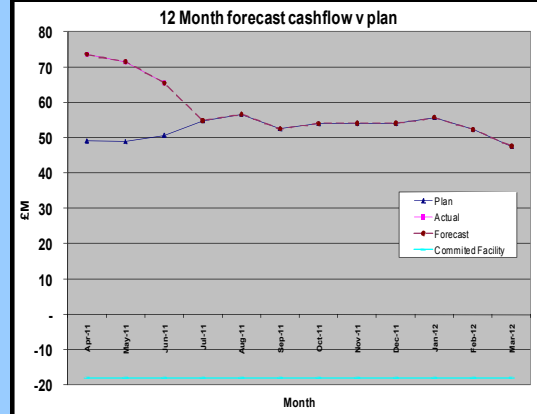
3. Capital	
Spend YTD £2.0m	Planned Spend YTD £2.0m
Forecast Y/E Spend £16.0m	Planned Y/E Spend £16.7m

forecast spend

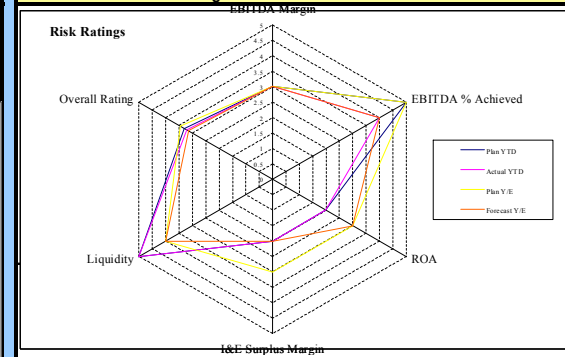


## 4. Cash

Cash in hand and at bank	£65.5m
Working Capital Facility	£18m
Cash invested @ Month End	£nil



## 5. Ratios/Risk Rating



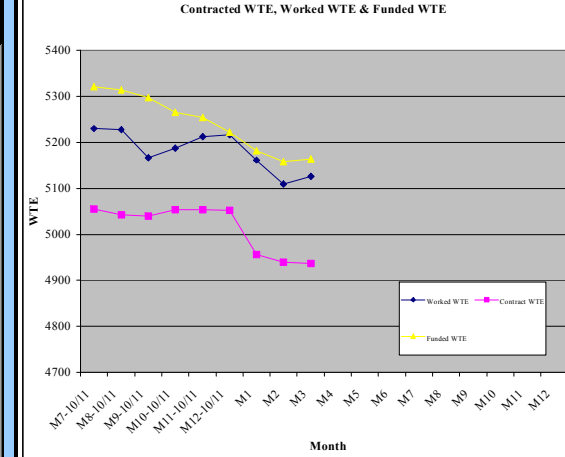
### Other Ratios

	Plan YTD	Actual YTD	Plan Y/E	Forecast Y/E
Trade Creditor Days	6.4	5.7	6.4	6.4
NHS Trade Debtor Days	10.5	4.0	8.9	8.3
Debt to Asset Ratio	6.9%	6.8%	6.3%	6.3%

Other items	£	£	£	£
Revenue available for debt service	5.1m	5.1m	23.9m	23.4m
Debt	21.5m	21.5m	20.2m	20.2m
Total Assets	312.5m	317.9m	321.9m	321.6m

## 6. WTE

Contracted WTE, Worked WTE & Funded WTE



APPENDIX 1

\*(planned surplus / planned operating income \*100)

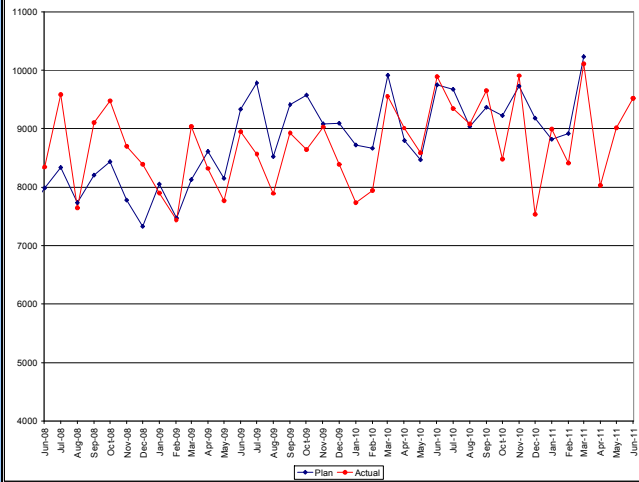
\*(forecast surplus / forecast operating income \*100)

### Activity Dashboard

RD&E Activity Overview as at 30 June 2011 (YTD - Month 3)

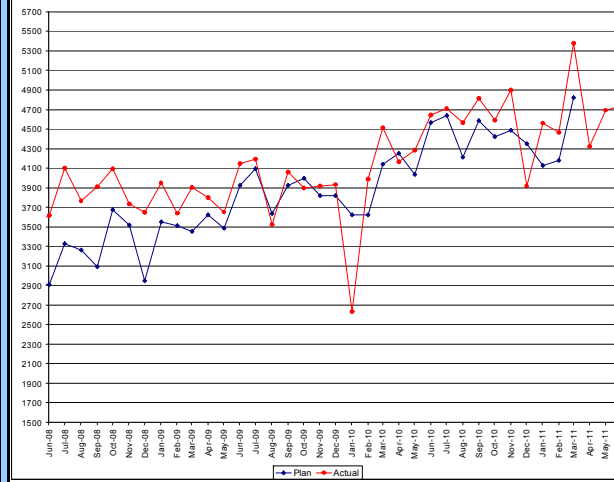
**Overall :** Year to Date 3% down compared to similar period in 1011

**OP 1st Attendances**



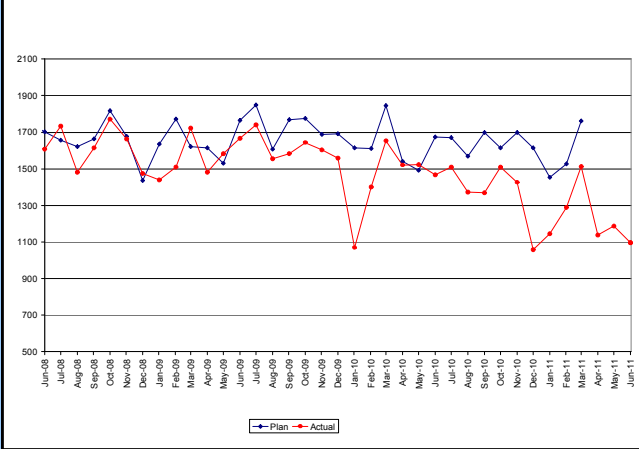
- Current Month v plan. Planned figures not currently available.
- 4% lower than the same month last year
- 6% higher than previous month
- Year to Date 3% lower than same period in 1011
- Year to date v plan. Planned figures not currently available.

**Day Case 1st FCEs**



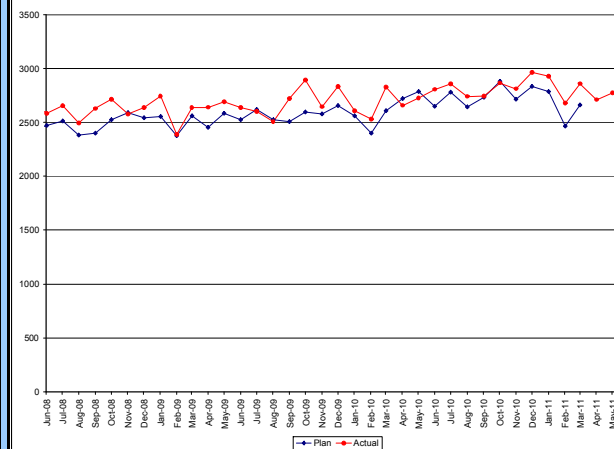
- Current Month v plan. Planned figures not currently available.
- 2% higher than the same month last year
- 1% higher than the previous month
- Year to Date 5% above than same period in 1011.
- Year to date v plan. Planned figures not currently available.

**Elective IP 1st FCEs**



- Current Month v plan. Planned figures not currently available.
- 25% lower than the same month last year
- 8% lower than previous month
- Year to Date 24% lower than the same period in 1011.
- Year to date v plan. Planned figures not currently available.

**Non-Elective IP 1st FCEs**



- Current Month v plan. Planned figures not currently available.
- 5% lower than the same month last year
- 3% lower than previous month
- Year to Date equal to the same period in 1011.
- Year to date v plan. Planned figures not currently available.

Royal Devon & Exeter NHS Foundation Trust		Year to Date					Outturn					Prior Yr			
		Actual	Budget	Actual Variance to Budget Fav./(Adv.) £000	Annual Plan Fav./(Adv.) £000	Actual Variance to Plan Fav./(Adv.) £000	Actual	Budget	Actual Variance to Budget Fav./(Adv.) £000	Annual Plan Fav./(Adv.) £000	Actual Variance to Plan Fav./(Adv.) £000	Mar-10 Actual £000			
<b>Income Statement</b> Period ending 30/06/2011 Month 03		£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000			
<b>Income</b>															
	NHS Clinical Income	67,952	67,753	199	1	69,713	(1,761)	280,936	279,475	1,461	1	278,936	1,999	1	287,191
	Private patient income	194	270	(76)		274	(80)	1,120	1,120	0		1,150	(30)		1,142
	Research and Development	3,257	3,109	148		3,162	95	12,739	12,413	326		12,649	89		13,071
	Education and Training	3,502	3,494	8		3,496	6	13,856	13,824	32		12,982	873		14,231
	Other income	8,440	8,700	(260)	2	8,668	(228)	32,775	33,443	(668)	2	34,806	(2,032)		35,035
	<b>Total income</b>	<b>83,345</b>	<b>83,326</b>	<b>19</b>		<b>85,313</b>	<b>(1,968)</b>	<b>341,424</b>	<b>340,275</b>	<b>1,149</b>		<b>340,524</b>	<b>900</b>		<b>350,670</b>
<b>Expense</b>															
	Employee Benefits Expenses (Pay)	(50,028)	(50,214)	186	3	(51,283)	1,255	(202,219)	(199,895)	(2,324)	3	(198,588)	(3,632)		(203,420)
	Drug Costs	(7,110)	(7,311)	201	4	(7,195)	85	(29,665)	(28,639)	(1,026)	3	(29,120)	(545)	2	(27,777)
	Clinical Supplies	(8,036)	(8,458)	422		(9,292)	1,256	(35,540)	(34,784)	(756)	3	(38,858)	3,318	2	(40,253)
	Non Clinical Supplies	(1,067)	(1,113)	46		(1,108)	41	(4,461)	(4,390)	(71)		(4,364)	(97)		(4,432)
	Research & Development Expenses	(2,916)	(2,995)	79		(3,215)	299	(12,296)	(11,972)	(324)		(12,861)	565		(13,009)
	Misc. Other Operating Expenses	(7,872)	(7,898)	25		(8,160)	288	(30,934)	(31,782)	848		(33,016)	2,082	3	(36,505)
	Reserves	(1,297)	(1,739)	442		0	(1,297)	(3,116)	(5,095)	1,979	3	0	(3,116)		0
	<b>Total Costs</b>	<b>(78,326)</b>	<b>(79,728)</b>	<b>1,402</b>		<b>(80,254)</b>	<b>1,928</b>	<b>(318,231)</b>	<b>(316,557)</b>	<b>(1,674)</b>		<b>(316,806)</b>	<b>(1,424)</b>		<b>(325,396)</b>
	<b>EBITDA</b>	<b>5,019</b>	<b>3,599</b>	<b>1,421</b>		<b>5,059</b>	<b>(40)</b>	<b>23,193</b>	<b>23,718</b>	<b>(525)</b>		<b>23,718</b>	<b>(524)</b>		<b>25,274</b>
	Profit / loss on asset disposals	(42)	0	(42)		0	(42)	0	0	0		0	0		(2,841)
	Exceptional Income/ Costs & Impairments **														
	Total Depreciation	(2,867)	(2,920)	53		(2,918)	51	(11,855)	(11,995)	140		(11,994)	139		(10,499)
	<b>Total operating surplus (deficit)</b>	<b>2,110</b>	<b>679</b>	<b>1,432</b>		<b>2,141</b>	<b>(31)</b>	<b>11,338</b>	<b>11,723</b>	<b>(385)</b>		<b>11,723</b>	<b>(385)</b>		<b>11,934</b>
	Total interest receivable/ (payable) - inc committed WC facilities	35	49	(14)		45	(10)	195	195	0		195	0		247
	Total interest payable on Loans and leases	(252)	(255)	3		(255)	3	(1,007)	(1,007)	0		(1,007)	0		(1,072)
	PDC Dividend	(1,837)	(1,853)	16		(1,853)	16	(7,411)	(7,411)	0		(7,411)	0		(7,048)
	<b>Net Surplus/(deficit)</b>	<b>56</b>	<b>(1,380)</b>	<b>1,437</b>		<b>79</b>	<b>(22)</b>	<b>3,115</b>	<b>3,500</b>	<b>(385)</b>		<b>3,500</b>	<b>(385)</b>		<b>4,061</b>
<b>YTD KEY MOVEMENTS</b>												<b>FORECAST KEY MOVEMENTS</b>			
<p>1 Decreased variance compared to month 2 report partly due to increased budget for drugs &amp; device items that are rechargeable.</p> <p>2 Under recovery within community Estates, Laundry, Catering, the Bookshop and the Nursery.</p> <p>3 Pay underspends have occurred within Snr Med Staff and admin staff, offset by overspends on senior managers and Jnr Med Staff</p> <p>4 Increased favourable variance due to budget increase for drugs &amp; device items that are rechargeable.</p>												<p>1 Income forecast includes growth plans and a likely achievement of QIPP.</p> <p>2 Under recovery within Laundry, Catering and the Nursery expected to continue.</p> <p>3 Forecast includes additional pay and non pay expenditure in line with the growth in income. This is offset with funding held centrally.</p>			

Royal Devon & Exeter NHS Foundation Trust  Statement of Financial Position Period ending 30/06/2011 Month 03	Year to Date						Outturn					Prior Yr	
	Actual	Budget	Actual Variance to Budget Fav./(Adv.) £000	Annual Plan	Actual Variance to Plan Fav./(Adv.) £000		Actual	Budget	Actual Variance to Budget Fav./(Adv.) £000	Annual Plan	Actual Variance to Plan Fav./(Adv.) £000		Mar-10
	£000	£000		£000	£000		£000	£000	£000	£000	£000		£000
<b>Assets, Non-Current</b>													
Intangible Assets, Net	597	490	107		490	107	326	326	0	326	0		544
Property, Plant and Equipment, Net	237,787	237,905	(118)		237,905	(118)	254,212	254,072	140	254,072	140		238,779
Non NHS Trade Receivables, Non-Current	1,041	838	203		838	203	838	838	0	838	0		966
<b>Assets, Non-Current, Total</b>	<b>239,425</b>	<b>239,232</b>	<b>193</b>		<b>239,232</b>	<b>193</b>	<b>255,376</b>	<b>255,236</b>	<b>140</b>	<b>255,236</b>	<b>140</b>		<b>240,289</b>
<b>Assets, Current</b>													
Inventories	4,388	4,595	(207)		4,595	(207)	4,624	4,624	0	4,624	0		4,592
Trade and Other Receivables, Net, Current	8,554	14,670	(6,116)	1	16,129	(7,574)	12,196	12,642	(447)	12,642	(447)		11,009
Non Current Assets held for sale	0	0	0		0	0	0	0	0	0	0		0
Cash	65,548	50,725	14,823	2	50,725	14,823	47,644	47,644	0	47,644	0		53,583
Other Assets - Current Assets Held by Charitable Funds	0	0	0	4	1,800	(1,800)	1,800	1,800	0	1,800	0		0
<b>Assets, Current, Total</b>	<b>78,490</b>	<b>69,990</b>	<b>8,500</b>		<b>73,249</b>	<b>5,241</b>	<b>66,264</b>	<b>66,711</b>	<b>(447)</b>	<b>66,711</b>	<b>(447)</b>		<b>69,184</b>
<b>Liabilities, Current</b>													
Loans, non-commercial, Current (DH, FTFF, NLF, etc)	(1,270)	(1,270)	0		(1,270)	0	(1,270)	(1,270)	0	(1,270)	0		(1,270)
Trade and Other Payables, Current	(8,717)	(9,969)	1,252		(9,969)	1,251	(10,007)	(10,007)	0	(10,007)	0		(10,262)
Deferred Income, Current	(9,925)	(1,820)	(8,105)	3	(1,820)	(8,105)	(1,620)	(1,620)	0	(1,620)	0		(1,520)
Provisions, Current	(1,368)	(1,368)	0		(1,368)	0	(193)	(193)	0	(193)	0		(1,368)
Current Tax Payables	(4,324)	(4,468)	144		(4,468)	144	(4,276)	(4,276)	0	(4,276)	0		(5,083)
Other Financial Liabilities, Current	(13,195)	(12,651)	(544)		(12,651)	(544)	(11,315)	(11,315)	0	(11,315)	0		(10,893)
<b>Liabilities, Current, Total</b>	<b>(38,799)</b>	<b>(31,546)</b>	<b>(7,253)</b>		<b>(31,546)</b>	<b>(7,253)</b>	<b>(28,681)</b>	<b>(28,681)</b>	<b>0</b>	<b>(28,681)</b>	<b>0</b>		<b>(30,396)</b>
<b>NET CURRENT ASSETS (LIABILITIES)</b>	<b>39,691</b>	<b>38,444</b>	<b>1,247</b>		<b>41,703</b>	<b>(2,012)</b>	<b>37,583</b>	<b>38,030</b>	<b>(447)</b>	<b>38,030</b>	<b>(447)</b>		<b>38,788</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>279,116</b>	<b>277,676</b>	<b>1,440</b>		<b>280,935</b>	<b>(1,819)</b>	<b>292,959</b>	<b>293,266</b>	<b>(307)</b>	<b>293,266</b>	<b>(307)</b>		<b>279,077</b>
<b>Liabilities, Non-Current</b>													
Loans, Non-Current, non-commercial (DH, FTFF, NLF, etc)	(20,213)	(20,213)	(0)		(20,213)	(0)	(18,942)	(18,942)	0	(18,942)	0		(20,213)
Other Creditors, Non-Current	(110)	(109)	(1)		(109)	(1)	(78)	(78)	0	(78)	0		(123)
Provisions, Non-Current	(340)	(346)	6		(346)	6	(346)	(346)	0	(346)	0		(346)
<b>TOTAL ASSETS EMPLOYED</b>	<b>258,453</b>	<b>257,009</b>	<b>1,445</b>		<b>260,267</b>	<b>(1,814)</b>	<b>273,593</b>	<b>273,900</b>	<b>(307)</b>	<b>273,900</b>	<b>(307)</b>		<b>258,395</b>
<b>TAX PAYERS' EQUITY</b>													
Public dividend capital	149,715	149,715	0		149,715	0	149,715	149,715	0	149,715	0		149,715
Retained Earnings (Accumulated Losses)	44,514	42,993	1,521		44,452	63	48,839	49,145	(307)	49,145	(307)		43,949
Charitable Funds	0	0	0	4	1,800	(1,800)	1,800	1,800	0	1,800	0		0
Revaluation Reserve	60,689	60,776	(87)		60,776	(87)	69,924	69,924	0	69,924	0		61,200
Donated Asset Reserve	3,535	3,525	10		3,525	10	3,316	3,316	0	3,316	0		3,531
<b>TOTAL TAX PAYERS' EQUITY</b>	<b>258,453</b>	<b>257,009</b>	<b>1,445</b>		<b>260,267</b>	<b>(1,814)</b>	<b>273,593</b>	<b>273,900</b>	<b>(307)</b>	<b>273,900</b>	<b>(307)</b>		<b>258,395</b>
<b>OUTTURN KEY MOVEMENTS</b>													
1 Debtors are £7.6m lower than plan. The value is lower mainly due to the monthly block instalment received being higher than the actual income due, recoverability of debtors being better than expected and income being lower than plan.													
2 The cash balance is higher mainly due to receiving income in advance and debtors being lower than planned. See the below deferred income explanation and also the integrated performance report for further details.													
3 £9 million of the month 4 block income, due from NHS Devon, has been received early in month 3.													
4 Guidance has been received this month that Charitable Funds will not be required to be consolidated until 2013/14. No actual or forecast figures have therefore been included.													

APPENDIX 4



Royal Devon & Exeter NHS Foundation Trust	Year to Date					Outturn					Prior Yr
	Actual	Budget	Actual Variance to Budget	Annual Plan	Actual Variance to Plan	Actual	Budget	Actual Variance to Budget	Annual Plan	Actual Variance to Plan	Mar-10
	£000	£000	£000 Fav./(Adv.)	£000 Fav./(Adv.)	£000 Fav./(Adv.)	£000	£000	£000 Fav./(Adv.)	£000 Fav./(Adv.)	£000 Fav./(Adv.)	£000
<b>Cash Flow Statement</b>											
Period ending 30/06/2011											
Month 03											
<b>NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES</b>											
Surplus/(deficit) after tax	56	(1,380)	1,437	79	(22)	3,193	3,500	(307)	3,500	(307)	4,061
<b>Non-cash flows in operating surplus/(deficit)</b>											
Finance (income)/charges	217	206	11	209	8	812	812	0	812	0	825
Depreciation and amortisation	2,867	2,920	(53)	2,918	(51)	11,855	11,995	(140)	11,994	(139)	10,499
Impairment	0	0	0	0	0	0	0	0	0	0	2,806
PDC dividend expense	1,837	1,853	(16)	1,853	(16)	7,411	7,411	0	7,411	0	7,048
Other increases/(decreases) to reconcile to profit/(loss) from operations	(31)	(69)	38	(69)	38	(278)	(278)	(0)	(278)	(0)	(238)
<b>Non-cash flows in operating surplus/(deficit), Total</b>	4,890	4,910	(20)	4,912	(21)	19,800	19,940	(140)	19,940	(140)	20,940
<b>Increase/(Decrease) in working capital</b>											
(Increase)/decrease in inventories	204	(3)	207	(3)	207	(32)	(32)	0	(32)	0	15
(Increase)/decrease in NHS Trade Receivables	3,501	(1,298)	4,799	(2,757)	6,257	(758)	(1,204)	447	(1,204)	447	974
(Increase)/decrease in Non NHS Trade Receivables	761	10	751	10	751	71	71	0	71	0	163
(Increase)/decrease in other receivables	(146)	(296)	150	(296)	150	(276)	(276)	0	(276)	0	749
(Increase)/decrease in accrued income	(696)	(794)	98	(794)	98	(208)	(208)	0	(208)	0	187
(Increase)/decrease in prepayments	(965)	(1,283)	318	(1,283)	318	(16)	(16)	0	(16)	0	(250)
Increase/(decrease) in Deferred Income (excl. Donated Assets)	8,405	300	8,105	300	8,105	100	100	0	100	0	(730)
Increase/(decrease) in provisions	(6)	0	(6)	0	(6)	(1,175)	(1,175)	0	(1,175)	0	1,288
Increase/(decrease) in Trade Creditors	(889)	(138)	(751)	(138)	(751)	(200)	(200)	0	(200)	0	(139)
Increase/(decrease) in tax payable	(759)	(615)	(144)	(615)	(144)	(807)	(807)	0	(807)	0	1,035
Increase/(decrease) in Other Creditors	0	145	(145)	145	(145)	(55)	(55)	0	(55)	0	88
Increase/(decrease) in accruals	213	(350)	563	(350)	563	684	684	0	684	0	(1,037)
<b>Increase/(Decrease) in working capital, Total</b>	9,623	(4,322)	13,945	(5,781)	15,403	(2,672)	(3,119)	447	(3,119)	447	2,343
<b>Net cash inflow/(outflow) from investing activities</b>											
Property - new land, buildings or dwellings - see below	(1,292)	(1,093)	(199)	(1,093)	(199)	(4,434)	(4,434)	0	(4,434)	0	(3,555)
Property - maintenance expenditure - see below	(285)	(331)	46	(331)	46	(3,042)	(3,042)	0	(3,042)	0	(8,851)
Plant and equipment - Information Technology - see below	(264)	(291)	27	(291)	27	(1,451)	(1,451)	0	(1,451)	0	0
Plant and equipment - Other - see below	(139)	(275)	135	(275)	135	(7,723)	(7,723)	0	(7,723)	0	0
Proceeds on disposal of property, plant and equipment	12	0	12	0	12	0	0	0	0	0	6,081
Increase/(decrease) in Capital Creditors	(656)	(300)	(356)	(300)	(356)	0	0	0	0	0	(242)
Other cash flows from financing activities	73	63	10	63	10	63	63	0	63	0	0
<b>Net cash inflow/(outflow) from investing activities, Total</b>	(2,551)	(2,227)	(324)	(2,227)	(324)	(16,587)	(16,587)	0	(16,587)	0	(6,568)
<b>Net cash inflow/(outflow) from financing activities</b>											
PDC Dividends paid	0	(0)	0	0	0	(7,673)	(7,673)	0	(7,673)	0	(6,502)
PDC Dividend Received	0	0	0	0	0	0	0	0	0	0	0
Interest (paid) on commercial loans	(0)	(0)	(0)	0	(0)	(1,007)	(1,007)	0	(1,007)	0	(1,072)
Interest received on cash and cash equivalents	35	49	(14)	45	(10)	195	195	0	195	0	247
Repayment of non-commercial loans	0	(0)	0	0	0	(1,271)	(1,271)	0	(1,271)	0	(1,271)
(Increase)/decrease in non-current receivables	(75)	128	(203)	128	(203)	128	128	0	128	0	(128)
Increase/(decrease) in non-current payables	(13)	(14)	1	(14)	1	(45)	(45)	0	(45)	0	34
<b>Net cash inflow/(outflow) from financing activities, Total</b>	(53)	162	(216)	160	(213)	(9,673)	(9,673)	0	(9,673)	0	(8,692)
<b>Net increase/(decrease) in cash and cash equivalents</b>	11,965	(2,857)	14,822	(2,858)	14,823	(5,939)	(5,939)	(0)	(5,939)	(0)	12,085
<b>Opening cash and cash equivalents</b>	53,583	53,583	0	53,583	0	53,583	53,583	0	53,583	0	41,498
<b>Closing cash and cash equivalents</b>	65,548	50,726	14,822	50,725	14,823	47,644	47,644	(0)	47,644	(0)	53,583

APPENDIX 5

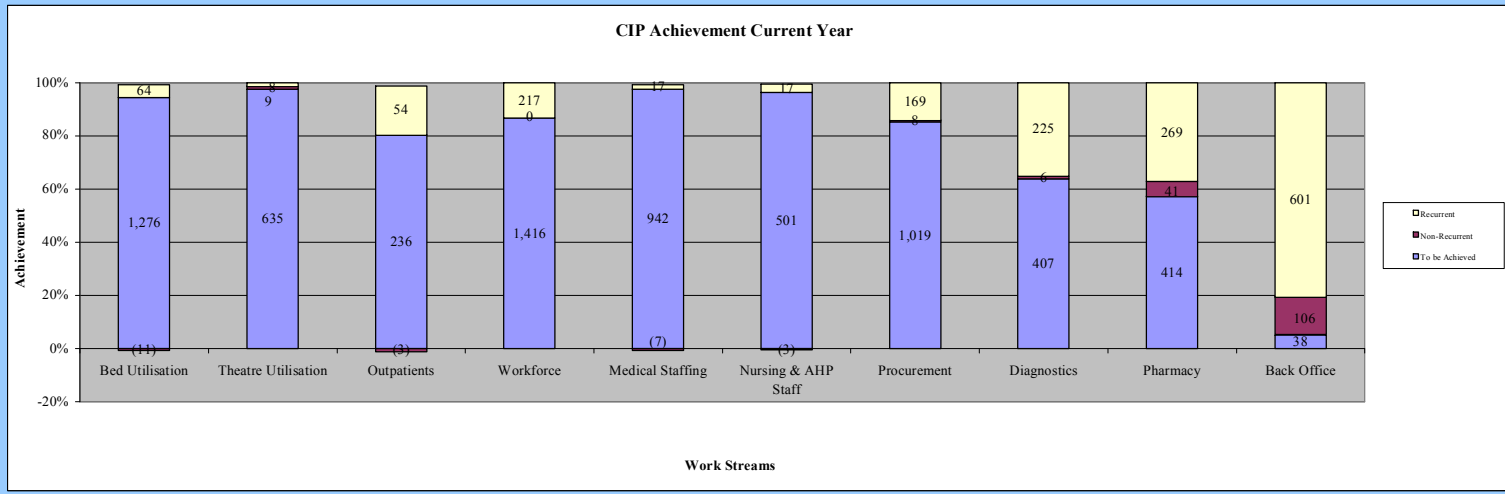
Royal Devon and Exeter NHS Foundation Trust		Actual expenditure to date compared to budget on annual plan			Total expenditure forecast for the year compared to the budget on the annual plan				Total expected expenditure compared to the value approved by the Exec Group.			Expected completion date
Capital expenditure		Column B	Column C	Column D	Column E	Column F	Column G	Column H	Schemes over £500K in progress or planned			
Period ending 30/06/11												
Month 3												
Scheme	Approval level	YTD planned expenditure per annual plan £'000	YTD actual expenditure £'000	YTD variance slippage / (overspend) (B - C) £'000	Forecast future capital expenditure for the year £'000	Forecast total capital expenditure for the year (C + E) £'000	Full year expenditure per annual plan £'000	11/12 forecast slippage / (overspend) (G - F) £'000	Expenditure approved by the Exec Group £'000	Total expenditure forecast for the scheme £'000	Scheme variance under spend / (overspend) £'000	
<b>Priority 1</b>												
Rebuild CIVAS unit and equip.	OBC	235	236	(1)	2,015	2,251	2,251	-	8,700	8,700	-	31-Mar-15
Research, Innovation, Learning and Development	Note 2	34	99	(66)	213	312	378	66	7,900	7,900	-	31-Mar-15
Increasing radiotherapy capacity(3rd LINACC)	FBC	822	943	(121)	1,319	2,262	2,261	(1)	6,200	5,343	857	31-Jan-12
Estates infrastructure	Note 1	-	-	-	750	750	750	-	5,000	5,000	-	31-Mar-14
Pain management (inc. physio)	FBC	-	6	(6)	14	20	-	(20)	2,803	3,123	(320)	Complete
Renal Heavitree	FBC	(21)	(19)	(3)	-	(19)	(21)	(3)	2,370	1,924	446	Complete
Order comms and e-prescribing IT systems	FBC	135	196	(62)	356	552	527	(26)	2,207	2,193	14	31-Mar-14
Procurement of third CT scanner	FBC	-	31	(31)	34	65	77	12	1,366	1,140	226	01-Aug-11
Nursery expansion	FBC	-	-	-	-	-	-	-	1,248	1,287	(39)	Occupied
Core network upgrade	Note 1	-	-	-	267	267	267	-	1,175	1,175	-	31-Mar-15
Durbin Ward refurbishment (includes £184k allocated from priority 2 plus £166k additional funding not included in annual plan)	Note 1	-	18	(18)	162	180	584	404	950	950	-	31-Mar-13
Energy centre - replace main air conditioning	Approved	88	137	(49)	51	187	188	-	925	925	-	31-Oct-11
Heavitree replace B block windows	Note 1	-	-	-	517	517	850	333	850	850	-	31-Aug-12
Other schemes < £500K and contingency	Approved	698	332	366	5,649	5,981	5,956	(25)				
<b>Priority 1 total</b>		<b>1,989</b>	<b>1,980</b>	<b>10</b>	<b>11,345</b>	<b>13,325</b>	<b>14,066</b>	<b>741</b>				
<b>Priority 2</b>												
Priority 2 schemes - £2,768k allocated below plus £184k allocated to priority 1 Durbin Ward refurbishment												
Electronic document management	FBC	-	-	-	1,934	1,934	1,934	-	4,556	4,556	-	31-Mar-15
Replacement PAS, CDM & ward whiteboard	Note 2	-	-	-	250	250	250	-	2,787	2,787	-	31-Mar-14
North Devon expansion and central water processing plant	Note 2	-	-	-	400	400	400	-	1,440	1,440	-	31-Mar-13
<b>Priority 2 total</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>2,584</b>	<b>2,584</b>	<b>2,584</b>	<b>-</b>				
<b>Grand total</b>		<b>1,989</b>	<b>1,980</b>	<b>10</b>	<b>13,929</b>	<b>15,909</b>	<b>16,650</b>	<b>741</b>				

**Approval Level Key**

- OBC Outline business case
- FBC Full business case
- SOC Strategic outline case
- Note 1 Subject to the production of relevant capital forms
- Note 2 Subject to Board approval of full business cases (SOC, OBC, FBC)

APPENDIX 6

Royal Devon & Exeter NHS Foundation Trust  Cost Improvement Programme Period ending 30/06/2011 Month 03	Year to Date - Achieved			Monitor	Current Year - Achieved			Current Year - Forecast		Full Year - Achieved				YTD Target	CY Target
	Actual	Plan	Variance to Budget Fav./(Adv.)	YTD Plan	Actual	Plan (target)	Variance to Budget Fav./(Adv.)	Forecast	CY Forecast Variance Fav / (Adv)	Actual	Plan	Variance to Budget Fav./(Adv.)	Forecast	Confidence Rating	Confidence Rating
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	R/A/G	R/A/G
Bed Utilisation	5	136	(130)	147	53	1,330	(1,276)	796	(534)	64	2,080	(2,016)	2,080	R	R
Theatre Utilisation	10	6	4	114	16	652	(635)	652	0	9	983	(974)	984	G	G
Outpatients	10	10	1	15	51	288	(236)	209	(79)	54	1,063	(1,009)	1,063	G	R
Workforce	54	54	0	132	217	1,633	(1,416)	1,632	(0)	217	1,876	(1,659)	1,873	G	G
Medical Staffing	0	0	0	16	10	952	(942)	952	0	17	2,110	(2,093)	2,110	G	G
Nursing & AHP Staff	1	0	1	71	14	515	(501)	455	(60)	17	998	(981)	998	G	A
Procurement	51	98	(48)	158	177	1,196	(1,019)	1,196	0	169	1,580	(1,411)	1,580	R	G
Diagnostics	54	57	(3)	0	231	638	(407)	638	0	225	1,179	(954)	1,179	A	G
Pharmacy	73	97	(24)	58	310	724	(414)	724	(0)	269	843	(574)	842	R	G
Back Office	256	148	108	132	708	746	(38)	828	82	601	853	(252)	1,272	G	G
	514	606	(92)	844	1,786	8,671	(6,885)	8,080	(592)	1,642	13,565	(11,923)	13,981		
Unidentified / Non Recurring Plans	442	0	442		442	8,388	(7,946)	8,388	0	0	3,495	(3,495)	3,079	G	G
	956	606	350	844	2,228	17,059	(14,831)	16,468	(592)	1,642	17,060	(15,418)	17,060		



**Key**

R Red > 20% variance to plan  
A Amber > 5 % variance to plan  
G Green < 5% variance to plan

APPENDIX 1

Royal Devon & Exeter NHS Foundation Trust

Forecast Surplus / (Deficit) by Directorate based on SLR reporting

Period ending 31st May 2011

Month 2

	Medicine £'000	Critical Care £'000	Orthopaedic s £'000	Surgery I £'000	Specialist Surgery £'000	Women & Child Health £'000	Cancer Services £'000	Diagnostics £'000	Professional Services £'000	Other £'000	Trust £'000
Patient Income -PbR	9,804	217	5,348	5,128	3,758	4,093	838	17	0	0	29,203
Patient Income - Non PbR	4,160	1,224	282	184	742	2,465	2,894	1,446	1,571	246	15,213
<b>Total Clinical Income</b>	<b>13,964</b>	<b>1,441</b>	<b>5,630</b>	<b>5,312</b>	<b>4,499</b>	<b>6,558</b>	<b>3,732</b>	<b>1,463</b>	<b>1,571</b>	<b>246</b>	<b>44,416</b>
Admin Secretarial Support	454	17	166	179	168	389	109	0	0	0	1,481
Anaesthetics	39	0	313	318	292	179	2	0	0	0	1,143
Blood handling	79	21	15	43	5	15	171	166	0	0	515
Devices	725	120	539	69	64	4	0	0	0	0	1,521
Other Departments	642	86	75	89	225	902	198	42	196	1,094	3,549
Diabetes services	153	0	0	0	0	0	0	0	0	0	153
Dialysis	759	1	0	0	0	0	0	0	0	0	760
Medical Staffing	2,082	196	777	738	1,059	1,203	298	0	0	0	6,352
Mobility Centre	0	0	0	0	0	0	0	0	1,199	0	1,199
Nuclear Medicine	31	0	7	45	8	4	30	0	3	0	128
Oncology Centre	0	0	0	0	0	0	451	0	0	0	451
Professions Allied to Medicine	480	36	257	122	109	80	22	0	27	0	1,133
Pathology	456	27	47	247	74	270	114	946	2	0	2,183
Pharmacy	1,107	75	363	188	567	140	1,071	0	18	0	3,529
Radiology	702	16	132	280	118	85	220	78	35	0	1,666
Health Records	115	4	157	39	57	49	32	0	19	0	473
R.T. Physics	0	0	0	0	0	0	209	0	0	0	209
Theatres	782	38	1,394	1,283	1,172	529	29	0	0	0	5,228
Wards / Nursing	5,605	690	1,070	1,671	780	2,984	641	3	0	0	13,443
<b>Total Expense</b>	<b>14,209</b>	<b>1,325</b>	<b>5,310</b>	<b>5,311</b>	<b>4,698</b>	<b>6,834</b>	<b>3,599</b>	<b>1,235</b>	<b>1,499</b>	<b>1,094</b>	<b>45,115</b>
<b>Surplus / (Deficit)</b>	<b>(245)</b>	<b>116</b>	<b>320</b>	<b>1</b>	<b>(198)</b>	<b>(276)</b>	<b>133</b>	<b>228</b>	<b>72</b>	<b>(848)</b>	<b>(699)</b>
Margin %	(1.8%)	8.0%	5.7%	0.0%	(4.4%)	(4.2%)	3.6%	15.6%	4.6%	(344.4%)	(1.6%)

APPENDIX 8

**MONITOR PROPOSED FURTHER INDICATORS FOR FRR - COMPLIANCE FRAMEWORK CONSULTATION**

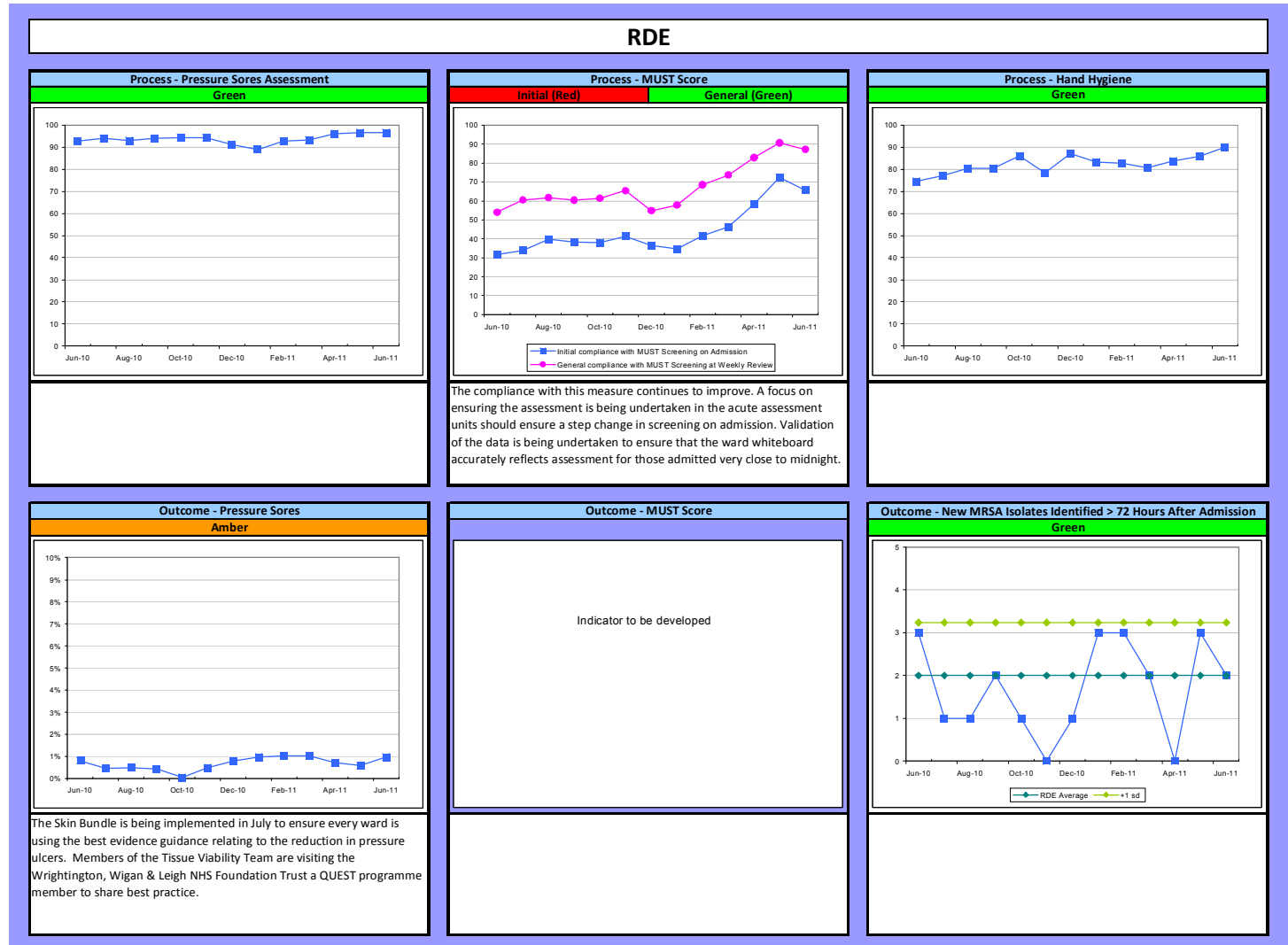
Proposed indicator	Potential financial weakness	Criteria to measure against	31/03/2011	30/04/2011	31/05/2011	30/06/2011
Unplanned decrease in EBITDA margin in two consecutive quarters	Deteriorating trend in operating performance and cashflow generation	Variance to planned EBITDA margin	NO 101.34%	NO -356.67%	NO 77.92%	NO 100.80%
Quarterly self-certification by trust that FRR may be less than 3 in the next 12 months	Identified risk of potential financial breach within the next year	Forecast financial risk rating for the next 12 months	NO 3+	NO 3+	NO 3+	NO 3+
FRR 2 for any one quarter	In year deterioration in financial performance	Current period Financial Risk Rating	NO 3	NO 3	NO 3	NO 4
Debtors more than 90 days past due account for more than 5% of total debtor balances	Potential for payment / debtor collection concerns	% of Debtors more than 90 days past due account	NO 3.68%	NO 1.75%	YES 6.91%	NO 2.72%
Creditors more than 90 days past due account for more than 5% of total creditor balances	Potential for build up in creditors, resulting in future liquidity concerns	% of Creditors more than 90 days past due account	NO 0.00%	NO 0.00%	NO 0.00%	NO 0.00%
Capital expenditure is less than 75% of plan for the year to date	Capital expenditure plans are delayed to conserve cash	Capital expenditure variance to plan	YES 70.44%	NO 100.00%	NO 98.30%	NO 99.51%
Quarter end cash balance less than 10 days of operating expenses	Potential liquidity concerns and ability to meet liabilities as they fall due	Liquidity days at period end	NO 60.16	NO 83.64	NO 81.45	NO 76.36

Working capital facility (WCF) agreement includes default clause. This will require all trusts to review their WCF agreements.	Risk that WCF, whilst included in calculation of liquidity days for the purpose of FRR, may not be available if and when required (eg: FRR 1 or 2).	Review of WCF	No	No	No	NO No
Interim Finance Director in place over more than one quarter end	Absence of permanent / substantive appointment to key position		No	No	No	NO NO
Two or more changes in Finance Director in a twelve month period	Multiple changes in a short period of lead financial officer		No	No	No	NO NO

Notes / Explanations

1. The percentage of trade debtors that exceed their due date by 90 days is 6%. The percentage is higher than 5% mainly due to the value of current debtors being fairly low in value. In financial terms the total value of debtors that exceeded their due date by 90 days is £210,000

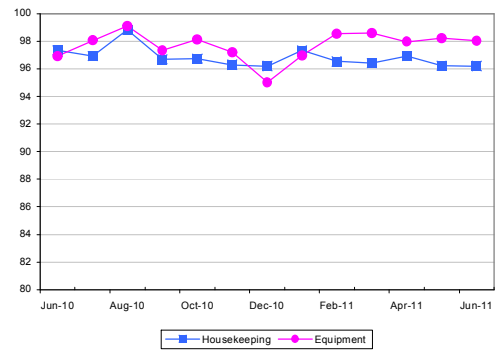
# Data Appendices – Quality



# RDE

## Process - Housekeeping & Equipment Cleaning

Housekeeping (Green) | Equipment (Green)

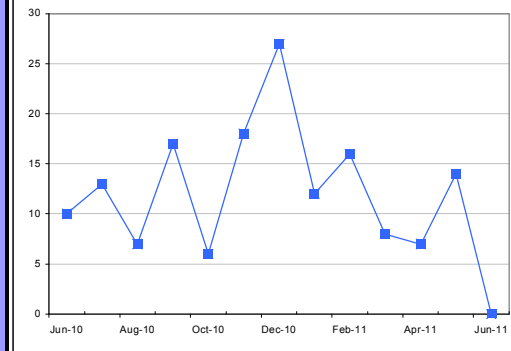


## Process - Falls Risk Assessment

Percentage Compliance with Falls Risk Assessment by month to follow when data becomes available

## Process - EWS Calls

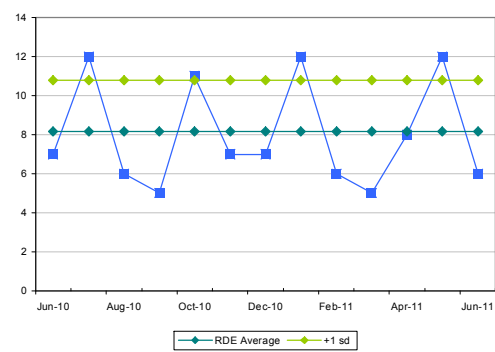
No threshold



The number of MET calls received in June has not been validated and is therefore not included in this report. The appointment of an additional RTO trainer provides additional support for validation of the data.

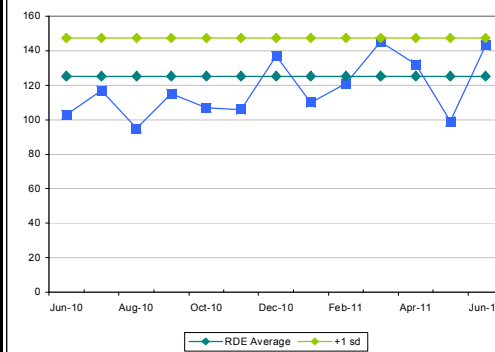
## Outcome - C.Difficile Infections Identified > 72 Hours After Admission

Green



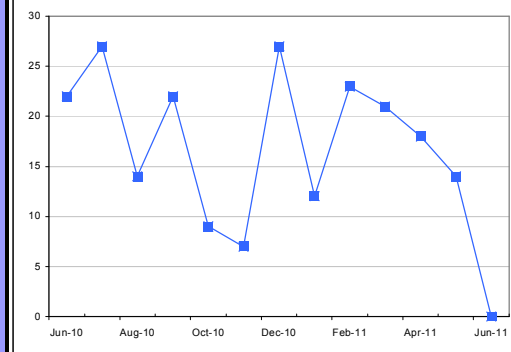
## Outcome - Inpatient Slips, Trips & Falls

No threshold



## Outcome - Cardiac Arrest Calls

No threshold

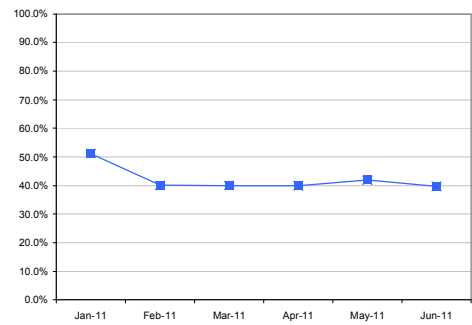


The data for June has not been validated and is therefore not included in this report. This data will be integrated into the Datixweb system to ensure timely reporting.

# RDE

## Process - Electronic VTE Risk Assessment

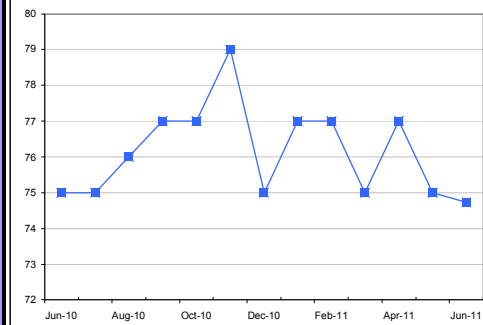
Red



The target figure for electronic VTE risk assessment is 90%. The compliance rate reported here reflects the introduction of the electronic whiteboard monitoring system. An agreement with the PCT is that monthly spot audits will be undertaken whilst the data capture issues are addressed. June spot audit data = 82.9%.

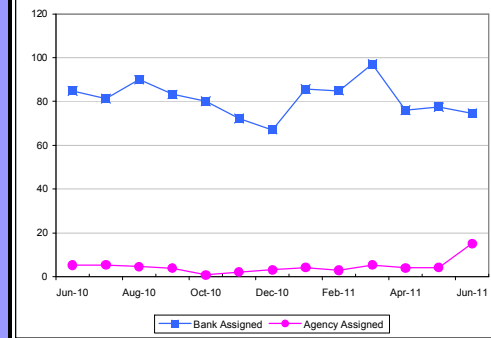
## Process - Estimated Date of Discharge

Green



## Process - Bank & Agency Staff Usage

No threshold



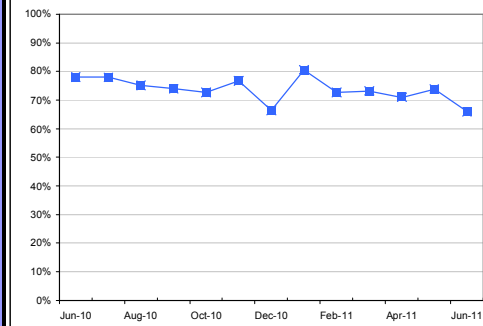
## Outcome - Thromboprophylaxis Audit

Indicator to be developed

With the introduction of EPS we will be able to undertake real time audit of Thromboprophylaxis prescriptions.

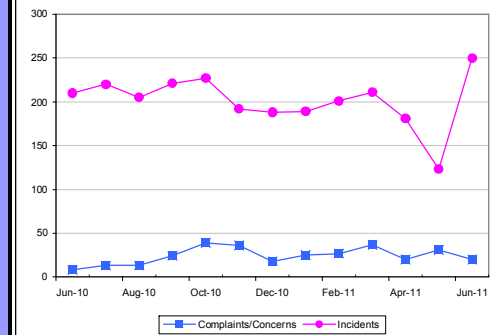
## Outcome - Estimated Date of Discharge met

No Threshold



## Outcome - Incidents & Complaints/Concerns

No Threshold



The Risk Management Team are reviewing the incident reports for June to check if the increase in incident reports is related to the introduction of Datixweb in June.