The Robert Jones and Agnes Hunt Orthopaedic and District Hospital NHS Trust

ANNUAL OPERATING PLAN

2010/2011

Delivering Outstanding Patient Care

April 2010

CONTENTS

Section 1 - Chief Executive's summary

This document represents the hospital's Annual Operating Plan. It is a summary of our objectives and priorities for 2010/11 in supporting the delivery of the highest quality care for our patients.

We are moving into 2010/11 on a very solid base in terms of our performance as an organisation. In 2009/10 we were awarded an Excellent Quality rating for our services and a Good rating for our Use of Resources. During 2009/10 we repaid the last of our financial loan to the Department of Health and are entering 2010/11 with no external financial support. These and other performance metrics place us in the highest performing hospitals in the UK. Our common purpose, shared at all levels in the hospital, is the delivery of outstanding patient care.

We need to build on our already strong position and 2010/11 will move us towards our vision:

"To be the leading centre for high quality, sustainable orthopaedic and related care, achieving excellence in both experience and outcomes for our patients"

We will begin some major developments in 2010/11 to improve the patient experience even further, including a new focal main entrance, and a revised patient pathway to ensure our patients continue to receive the quality of care they rightly expect from a centre of excellence.

During 2010/11 we will also achieve our ambition of attaining NHS Foundation Trust status - this grants us the earned autonomy to manage our own hospital completely as a Board, and to work actively through our membership in shaping future services for the benefit of patients.

Once established as an NHS Foundation Trust, our Governors will represent our communities, our stakeholders and our staff – this model of representation is we believe the best for our hospital which is unique in the support we receive from our local community, our staff, and the many volunteers who give their own time in support of the hospital.

Wendy Farrington Chadd
Chief Executive

Section 2 – Introduction & overview of the Organisation

2.1 Trust overview

2.1.1 The Robert Jones and Agnes Hunt Orthopaedic and District NHS Trust (RJAH) provides a comprehensive range of Musculoskeletal services including Orthopaedic surgery, Spinal Injuries, Bone Disorders and Medicine and as one of the UK's leading specialist hospitals, provides services on a local, regional and national basis.

Key Statistics (from 2009/10 baseline)	
Trust turnover	£78.8 million
Whole time equivalent staffing	957.6
Total inpatients treated	14,245
Total outpatient visits	77,575
Total beds	207
Total operating theatres	10
Numbers of commissioners	26
Total asset value	£46.9 million
No MRSA bacteraemia since 2006	

2.1.2 The Organisation is a single site Trust based in Oswestry, Shropshire close to the border with Wales. As such, the Trust serves the people of both England and Wales, as well as a wider national catchment. The Trust also hosts some local services which support the communities in and around Oswestry. The Trust has strong links with the local community, who are strong supporters of the hospital.

2.1.3 The hospital has nine inpatient wards including a private patient ward, ten operating theatres, including a newly opened short stay surgery unit, outpatient and diagnostic facilities. Outreach clinics and treatments are held in neighbouring hospitals to ensure our specialist services are provided as close to people's homes as possible supporting the national vision of providing services that 'specialise where necessary' and 'localise where possible'.

2.2 The range of services provided

2.2.1 Musculoskeletal conditions are common. They include over 200 conditions, often progressive, most of which cause pain and a range of disabilities in adults and children. They include well-recognised conditions such as arthritis or back pain; traumatic injuries such as fractures, which are a major cause of pain, distress and disability; and other conditions that are a result of genetic and/or developmental abnormalities.

2.2.2 The Trust provides a full range of musculoskeletal surgical, medical and rehabilitation services delivered through two clinical service units as illustrated below.

Elective Orthopaedic Surgery:

- This is the mainstream business of the Trust and we undertake over 10,000 routine and specialist operations a year for adults and children
- We are one of the three Trusts in the UK performing the highest number of hip and knee replacements per year, undertaking over 2,710 replacements in (source: The National Joint Registry stats online)
- Our foot and ankle service is the largest specialist service of its kind in the UK and we are one of only a small number of Trusts who undertake shoulder and elbow replacement surgery
- We are a regional centre for spinal surgery and recognised for our specialist support for spinal scoliosis surgery and spinal tumour surgery
- As a member of the Greater Midlands Cancer Network the Trust provides a regional specialist service for diagnosis and surgical treatment of patients with cancer of the bone and soft tissue.

Medicine and rehabilitation:

- The Midlands Centre for Spinal Injury provides a regional centre for the treatment and rehabilitation of spinal injury patients
- We are one of only four recognised centres of excellence for neuromuscular disease in the UK and a national centre of excellence for muscle pathology for adults and children
- We are a specialist centre for the treatment of Rheumatology providing a county service for Shropshire and Mid Wales
- The Trust provides a specialist service for the diagnosis and management of metabolic bone disease.
- Elderly rehabilitation as a local service.

Urgent Care:

- Our Spinal Injuries Unit is one of just 10 centres in England with only one other unit uniquely located within a Specialist Orthopaedic Hospital
- We provide an emergency hand trauma service for the whole of Shropshire and Powys health economies
- Our consultants currently provide the emergency trauma rota cover for the Royal Shrewsbury Hospitals Accident and Emergency Department
- We provide a 24 hour on-call spinal surgery service across the region.

2.2.3 In addition we support our local communities' health needs by hosting a number of outreach services on site, provided by Shropshire County PCT and Shrewsbury and Telford Hospitals NHS Trust. This means that the people from Oswestry and our immediate surroundings have local access to maternity services, a minor injuries unit, medical assessment and diagnosis for elderly people and musculoskeletal assessment and triage prior to referral.

2.3 How the Trust is organised

2.3.1 In preparation for NHS Foundation Trust status the Trust has reviewed corporate governance arrangements to ensure they are aligned with NHS reporting requirements and Monitor's regulatory framework. The corporate governance structure is set out below.

2.3.2 *Trust Board:*

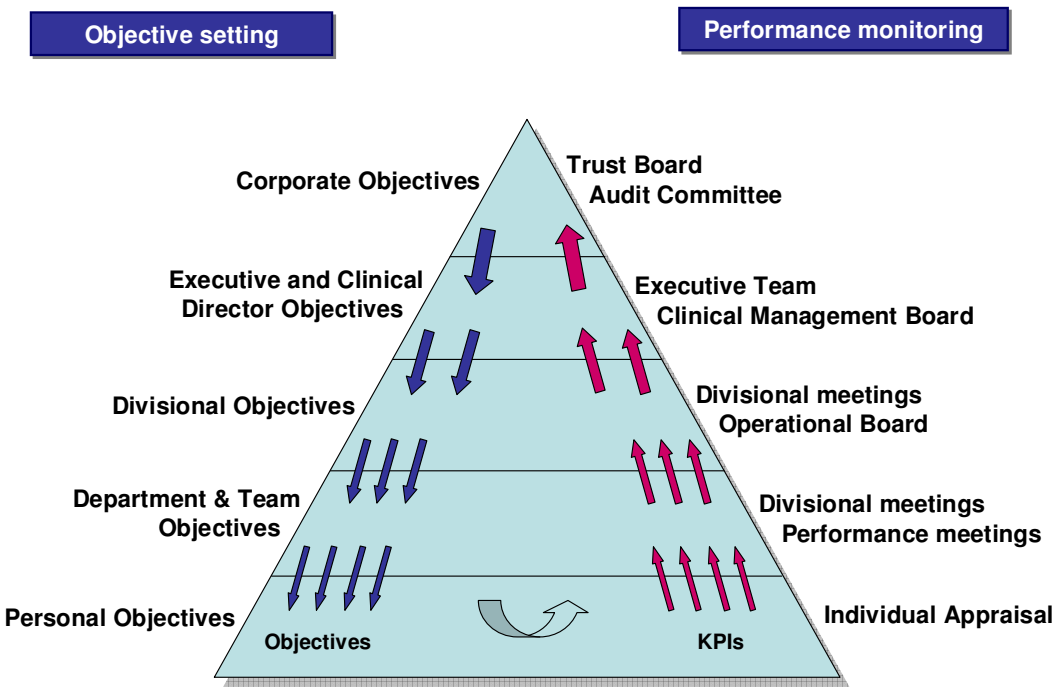
The Board is responsible for setting the strategic direction for the Trust, for monitoring the performance against its objectives and ensuring the highest quality of patient care is provided. The Board is accountable to the Council of Governors (to be established in 2010) through the Chairman. The Board comprises of:

	Name	Position
Executive Directors	Wendy Farrington Chadd	Chief Executive Officer
	David James	Director of Operations
	John Grinnell	Director of Finance, Contracting and Performance
	Vicky Morris	Director of Nursing and Governance
	Professor Iain McCall	Medical Director
Non-Executive Directors	Russell Hardy	Chairman
	James Turner	Vice-Chairman
	Mervyn Dean	Non-Executive Director
	Richard Clarke	Non-Executive Director
	Peter Jones	Non-Executive Director
	Glen Lawes	Non-Executive Director

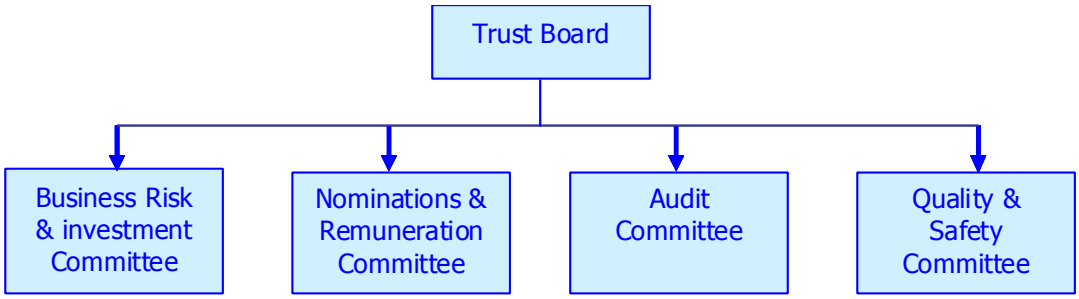
2.3.3 *Trust Governance*

The delivery of the annual plan is monitored in accordance with the Trust's Governance Strategy and objectives through the Assurance Framework. Progress against delivery of the annual plan will be monitored by the Audit Committee, supported by presentation of the assurance framework and the corporate risk register, with a quarterly exception report provided to the Board.

As depicted below, business objectives are embedded within all levels of the Organisation right through from the overarching corporate objectives, through Executive and Divisional Objectives, to team and individual objectives.



The Trust's governance arrangements for 2010/11 are as depicted in the board and formal sub-committee structure diagram shown below:



External reporting to the SHA is required monthly and the new Care Quality Commission will also review performance on a quarterly basis.

Section 3 - Past year's performance

3.1 Performance overview

3.1.1 The Trust's overall performance has been highly successful in 2009/10, continuing the improvement on the trend of the last three years to deliver safe, effective, high quality care to our patients.

3.1.2 The table below tracks quality and resource indicators over the past 3 years alongside a forecast for 2009/10 (to be reported in 2010/11) and shows the real improvements made by the Organisation.

	2006/07 Actual	2007/08 Actual	2008/09 Actual	2009/10 Forecast
Quality of services	Excellent	Fair	Excellent	Excellent
Use of resources	Weak	Fair	Good	Good
Financial outturn	-£2.1	£1.1	£1.0	£2.0
Normalised surplus / loss	-£5.0	-£4.2	-£1.1	£0.7

3.1.3 In 2009/10 the Trust was amongst the top performing Trusts Nationally and achieved a normalised financial surplus without Strategic Health Authority (SHA) support. During 2009/10 the Trust achieved a £2.3m Cost Improvement Programme equating to 3% of the Trust's turnover.

3.1.4 Other key achievements during 2009/10 have been the excellent Care Quality Commission assessment of the Trust, a continued zero MRSA Bacteraemia for a second successive year, continued excellent patient satisfaction scores, the maintenance of the English referral to treatment (RTT) waiting times and achievement of the Welsh RTT.

3.2 Financial performance for 2009/10

	Unit	Plan	Projected	Variance	Risk Rating
Income & Expenditure	£'000	2,000	2,000	0	
Normalised I & E	£'000	700	700	0	
CIP Delivered	£'000	2,360	2,362	2	
BPPC Target	%	95	96	1	
Capital Resource Limit	£'000	3,697	3,697	0	

3.2.1 As can be seen from the table above, the Trust is set to report a surplus of £2m for 2009/10 in line with its revised plan. This has been achieved despite the financial pressures being faced by the majority of the Trust's Commissioners that have led to a number of contractual challenges during the year.

3.2.2 A Trust's cost improvement plan of £2.3m was achieved in full equating to 3% of turnover. A number of these schemes were delivered following the opening of the new Theatre development in September 2009. The Trust will therefore benefit further from the full year impact of these savings during 2010/11.

3.2.3 The normalised I&E position excludes one off income and expenditure and therefore reflects the underlying financial position. Non recurrent support of £1.3m was received during 2009/10 being the final tranche of the SHA support agreed in 2008/09. Significantly, the Trust now has no need for further external support in order to achieve its required statutory break even requirement. This further demonstrates the improvements that have been made in delivering high quality care more efficiently.

3.2.4 Closing cash balances are set to be reported as 1.8m. This healthy position is net of the £0.9m that was agreed to be committed against the delivery of the capital programme. Further our cash balances have ensured that the Trust has faced little difficulty in meeting the requirement to pay its bills within 30 days of receipt.

3.2.5 The Trust has repaid the final loan instalments of £1.1m relating to a cash loan taken in 2006/07. The Trust is now free from historic debt going forward.

3.2.6 The capital programme of £4m was delivered on time and within the agreed Capital Resource Limit set.

3.2.7 The improved financial performance described above is further supported by the Trust's 'Use of Resources' score as reported by the Care Quality Commission. The Trust ranked as 'Good' from the last assessment, an improvement over the previous years classification of 'Fair'.

3.2.8 Additionally, the latest reference cost index for the Trust (2008/09) is 116 which is a significant reduction from the previous years' level of 129 and is further evidence to support the increased efficiencies that have been delivered throughout the Trust.

3.3 Operational performance for 2009/10

3.3.1 Operational performance against a range of national indicators relevant to the Trust was excellent during 2009/10.

3.3.2 *Quality and Infection*

The Care Quality Commission assessment of the Trust for 2008/09 which was released in 2009/10 demonstrated the Trust's excellent achievement of quality in the services provided to patients. It is fully expected that the 2009/10 data once released will show a continuation of this trend.

Indicator	2008/09 Achievement
Overall Quality of Services	 Excellent
Core Standards	 Fully met
Existing National Targets	 Fully met
New National Targets	 Fully met

During 2009/10 the Trust has maintained its very high standards in relation to hospital acquired infections with:

- No cases of MRSA Bacteraemia for a third successive year
- A total of 5 cases of C Difficile against a target ceiling for the year of 8
- Amongst the lowest levels of Surgical Site Infection (SSI) rates in the country.

3.3.3 Patient Access

The English 18 week referral to treatment waiting times were maintained during the 2009/10 year. In addition the Trust achieved the 26 week waiting times for Welsh Patients by December 2009.

Other achievements include:

- No breaches of the stages of treatment waiting time targets for England and Wales
- Monthly theatre cancellations well below the National target of 0.80%

3.3.4 Patient Experience

- Month on month the Trust has exceeded the 95% patient satisfaction target
- Achieved exceptionally high patient satisfaction scores in the 2009/10 National Outpatient survey
- Delayed transfers of care remain well below the planned target of 3.5% month on month
- Month on month achievement of the daycase basket
- Commenced the development of a Quality Improvement Strategy.

3.3.5 Activity

Activity levels for 2009/10 were higher than in 2008/09 across all categories, as the table below illustrates;

Activity type	2008/09 outturn	2009/10 projected	Variance between years	% increase
First Outpatient attendance	23,259	24,316	1,057	4.5%
Total Outpatient attendances	70,073	73,955	3,882	5.5%
Elective Finished Consultant Episodes (FCEs)	13,440	13,736	296	2.2%
Emergency Finished Consultant Episodes (FCEs)	807	892	85	10.5%

3.3.6 Workforce

During 2009/10 key workforce achievements have included:

- The approval of the Human Resources and Organisational Development Strategy by the Trust Board
- Sickness absence management strategy – a reduction in staff sickness from just under 6% in March 2009 to 4.3% in February 2010
- Turnover rates remaining stable at an exceptionally low rate of 7.2% (as at February 2010)
- Improvement in attendance at statutory training
- The successful recruitment of campaign of staff to the new SSSU / Menzies Unit.

Section 4 - Future business plans

4.1 Trust's vision

4.1.1 The Trust's longer term vision is to become the leading national specialist orthopaedic Trust in the UK, aiming to be the provider of choice for people both locally, and throughout England and Wales when they need high quality, patient centred specialist care. The unique geographical position of the hospital, the high quality of services provided, and the Trust's leading reputation in patient care, research and education place the Organisation in a strong position to achieve this vision.

4.1.2 To support this vision for staff and patient's the Trust has developed the following Mission Statement:

"To be the leading centre for high quality, sustainable orthopaedic and related care, achieving excellence in both experience and outcomes for our patients"

4.1.3 The vision is ambitious, however through the plan to become an NHS Foundation Trust in 2010 the Trust will build on the strong local public and patient support, utilising the benefits of NHS Foundation Trust status to engage fully locally, regionally and in Wales, reinvesting in services to improve the quality of care provided to patients.

4.1.4 The Trust's strategic vision is in line with the Regional direction of the NHS and fully supported by the Local health community including the Trust's main Commissioners Shropshire Primary Care Trust (PCT) & Betsi Cadwaladr University Health Board.

4.1.5 The Trust's overarching operational objectives for 2010/11 are directly comparable to year one of the Trust's Integrated Business Plan (IBP), which is designed to deliver the Trust's vision and follow three key themes as detailed below.

1) **Quality, Innovation, Productivity and Prevention (QIPP)** - We will maintain the current low levels of health care associated infections and use the Commissioning for Quality and Innovation (CQUIN) framework to deliver improved quality and innovation measures. During 2010/11 we will work to redesign the patient pathway to achieve greater productivity and further improve our excellent ratings for patient experience. The QIPP agenda will be brought together through the development of a Quality Strategy.

2) **Access –** We will maintain and improve upon the 18 week Referral to Treatment (RTT) targets for England and 26 weeks waiting for Wales. We will increase our market share as the provider of Choice for local people.

3) **Foundation Trust Status –** We will become an NHS Foundation Trust during the 2010/11 financial year, securing the future for our services.

4.2 Strategic aims

4.2.1 Underpinning our vision and this year's three themes are three key strategic aims. These are supported by a robust business planning and performance management regime which identifies clear objectives, for each aim, sets measurable targets for delivery, and monitors improvements.

4.2.2 The Trust's three strategic aims are:

1. ***To be the provider of choice for patients through the provision of safe, effective and high quality Orthopaedic and related care.***

2. ***To redesign the patient pathway to facilitate improved patient outcomes and increased productivity,***

3. ***To develop a vibrant and viable Organisation where people achieve their full potential and success leads to investment in services for patients.***

4.2.3 *Strategic aim 1:*

To be the provider of choice for patients through the provision of safe, effective, high quality orthopaedic and related care.

The Trust is the provider of choice for our local patient catchment. We have a strong market share within the local health economies of Shropshire and North Wales. This strategic aim sets out our intention to consolidate and expand our market share by attracting patients from beyond our Local Health Economy.

During 2010/11 we will achieve the following objectives:

- Maintain delivery of the NHS Vital signs indicators
- Continued delivery of exceptionally low infection rates, including a zero MRSA Bacteraemia rate, C difficile rates with target and low rates of surgical site infection
- Continue to achieve the very best satisfaction ratings from our patients, over 95% consistently rating their care as excellent
- Achieve patient and staff satisfaction scores in the top 5% of all NHS hospitals
- Maintain our CQC quality ratings
- Deliver the locally agreed CQUIN targets for 2010/11
- Develop and agree a Quality Strategy to drive forward quality in the organisation over the coming years
- Increase our market share by 1% through the implementation of our marketing strategy
- To maintain our commitment to patient's privacy and dignity, through the delivery of inpatient services, where appropriate in same sex environments.

4.2.4 *Strategic aim 2:*

To redesign the patient pathway to facilitate improved patient outcomes and increased productivity.

The NHS faces a challenging financial future and we recognise the need to continue to deliver high quality care, ensuring this is both effective and economically viable. We plan to achieve this through identifying inefficiencies and non value adding processes, and redesigning pathways to ensure the best possible experience for patients and the most effective and efficient use of resources.

During 2010/11 we will achieve the following objectives:

- Maintain access times and Cancer waiting times for England and Wales
- Introduce revised patient pathways for hip and knee procedures reducing length of stay for hips and knees to 4.5 days
- Establish a community rheumatology service within the Telford and Wrekin PCT area and initiate discussions with other commissioners to roll out the service across the health community
- Increase our daycase rate to over 43% of all our procedures
- Reduce our average length of stay by 4% across elective subspecialties from the 2009/10 baseline through improved admission on day of surgery.

4.2.5 *Strategic Aim 3:*

To develop a vibrant and viable Organisation where people achieve their full potential and success leads to investment in services for patients.

This aim relates to our continued development of the Organisation as an employer of choice. The Trust has a committed workforce who are key to ensuring a successful and viable future for the Trust as an independent Organisation. As an NHS Foundation Trust, we will invest in services for patients to improve quality further.

During 2010/11 we will achieve the following objectives:

- Maintain financial stability in line with the LTFM including the delivery of the 2010/11 CIP
- Install a latest technology MRI scanner
- Initiate the improvement of patient flow into the hospital through the commencement of work to redesign the car parking and main entrance
- Continue to support service development though the innovative use of technology
- Reduced staff sickness absence to 4%
- Maintain staff turnover at below 10%

4.3 Strategic context

4.3.1 The Trust's strategic viewpoint takes into account both National and Local strategy as detailed below.

4.3.2 *National Context*

'NHS 2010–2015: from good to great - preventative, people-centred, productive'

In December 2009 the Government released *'NHS 2010–2015: from good to great - preventative, people-centred, productive'*, which sets out the direction of travel for the NHS over the next 5 years. The strategy focuses on continued maintenance of the NHS Constitution whilst developing services which are of the highest quality against a backdrop of increased financial constraint.

2010/11 Annual Operating Framework

The 2010/11 Annual Operating Framework sets out the mechanisms for delivering the first year of *'From Good to Great'* alongside locally determined priorities, the main messages for the coming year are;

- A continued drive to deliver **quality** through the delivery of the Vital Signs and locally CQUIN targets, the requirement for Trusts to become registered with the CQC and the publication of the annual 'Quality Account'.
- The need to undertake service redesign to improve **value for money** for the services provided. 2010/11 will be the final year of financial growth for several years to come. As such in a climate of increasing service demand, the service will be expected to redesign pathways to maintain quality whilst reducing inefficiencies.
- The **national performance targets** remain the same as they were for 2010/11 with a maximum Referral to Treatment time target of 18 weeks in England and 26 weeks in Wales.

The five national priorities identified within the framework for 2010/11 remain unchanged from the previous year. They are;

- Improving cleanliness and reducing HCAIs
- Improving access through achievement of the 18 week referral to treatment target
- Keeping adults and children well, improving their health and reducing health inequalities
- Improving patient experience, staff satisfaction and engagement
- Preparing to respond in a state of emergency, such as an outbreak of pandemic influenza

There are several additional National strategic drivers which will influence the way in which the Trust operates during the coming year. These include;

Strategy	Potential Impact & Influence on RJAH
The NHS Constitution and Minimum Standards	The revised NHS Constitution legally binds the Trust into the continued delivery of the 'vital signs' standards. It also requires the Trust to maintain CQC registration.
Transforming Community Services	This strategy sets out need for local health economies to redesign and reorganise community services during 2010/11. This is likely to have minimal impact on the Trust although we may well take a greater role in the management of the musculoskeletal referral pathway.
Specialised Services Designation Strategy	The Trust will continue to work with commissioners to ensure specialised services provided at RJAH meet commissioner requirements with the aim of achieving specialist status as appropriate.
The Independent Inquiry Into Care Provided By Mid Staffordshire NHS Foundation Trust	The report demonstrates the need for Board accountability and robust Quality and Safety mechanisms to be in place. The Trust structures in place at RJAH which are designed to drive forward quality at all stages of the pathway will be maintained in 2010/11. The Trust will also ensure that any recommendations from the report relevant to the organisation are fully implemented.
Prime Minister's Commission on the Future of Nursing and Midwifery	The Trust will ensure that in line with this report it drives forward strategies the empower leadership at all levels of the organisation, continuing to drive quality improvements.
World Class Commissioning	The increased importance of commissioning and performance managing providers combined with increased business acumen within the Trust is driving forward the Commissioner / provider relationship. During 2010/11.
NHS Reform in Wales	The Welsh NHS underwent significant structural change during 2009/10. It is expected that during 2010/11 the NHS in Wales will work to review service provision outside of the Principality. RJAH will input into this process as a major orthopaedic provider to both North and Mid Wales.

4.3.3 *Local Drivers for 2010/11*

There are several key local drivers which will affect the Trust's services during 2010/11. These include;

Health and Health Care Strategy for Shropshire, Telford and Wrekin

This local strategy which has been under development for some time provides a framework for improving health and providing health services in the local health community and set out:

- how patients will be treated
- what developments and improvements are needed
- the implications for staff including recruitment, development and training
- the financial plan

The strategy will also develop a vision to '2020' which will outline the main developments and improvements that will be needed over the next 10 years.

During 2010 the Health Community will consult with the public on the medium term shape of local acute care focussing on where specialist services should be provided in the future. Although not directly relating to the services provided at RJAH the outcome of the Consultation could affect the community and outreach services at RJAH along with Patient Choice.

RJAH will continue to play an active role in shaping the Strategy over the coming year focussing on ensuring that the services provided by the Trust match the health community's requirements.

Osteoporosis / Rheumatology Services in Shropshire, Telford and Wrekin

The local commissioners have undertaken a review of community Rheumatology services. Subsequently during 2009/10 RJAH in partnership with ShropDoc and NHS Telford and Wrekin (the PCT provider arm) has been awarded the contract to establish a new and innovative community service in that area. During 2010/11 this service will be established and plans developed to roll a similar service model out to Shropshire.

Commissioner affordability

The financial pressure experienced within the health Community during 2009/10 is expected to increase during coming financial year and subsequent years thereafter.

The Trust will continue to work closely with commissioners during 2010/11 to maintain financial stability in line with the LTFM and deliver the required CIP. This is explored further in section 4.4 below.

Areas of work include the implementation of safe and effective demand management measures e.g. redesigning the pain pathway, developing thresholds for surgery and reducing follow up appointments and the continued drive for service efficiency though the Trust's Quality Improvement Programme (QIPP).

4.4 Financial Plan (Long Term Financial Model)

4.4.1 The financial plan for 2010/11 has been set based on an assessment of income following the latest contractual discussions with Commissioners and agreed expenditure budgets. Additionally, account has been taken of the Trust's strategic financial objectives as follows:

- To continue to deliver the highest quality clinical care within available resources.
- To create surpluses as a contingency against downside risk but importantly to increase cash balances to:
  - Invest in service delivery and continuous improvements in patient quality and safety

- Invest in our facilities with a focus on maintaining and modernising the estate and in doing so improving the patient experience.

- To ensure efficiencies are delivered in a planned way focusing on service redesign and meeting as a minimum the efficiency targets assumed nationally as part of the national tariff uplift.

4.4.2 The plan demonstrates the delivery of a surplus of £1.3m for 2010/11 which is an increase on the 2009/10 'normalised' position of £0.7m. This increase has been driven by increased efficiencies (a cost improvement plan of £2.7m has been agreed equivalent to 3.5% of turnover) and a small growth in activity commissioned.

4.4.3 The key changes from 2009/10 are outlined in greater detail below:

a) Clinical Income from NHS Contracts

Based on latest contract negotiations, the Trust expects to receive £69.3m during 2010/11 which is around 1.75% higher than 2009/10. Key movements and assumptions are summarised below:

- Loss of £1.3m SHA support now that the Trust has formally ended its period of turnaround.

- Activity volumes based on 2009/10 performance with adjustments as follows:
  - Growth for outpatients and inpatients based on historical growth levels net of demand management controls being implemented by Commissioners.
  - Further demand management controls from Shropshire PCT covering a range of specific schemes including hip and knee revisions, consultant to consultant referrals to the pain management service and reduced arthroplasty outpatient follow up attendances.
  - Additional Shropshire inpatient cases specifically aimed at reducing size of waiting list.
  - Increased market share from Powys LHB as practices from Welshpool and Newtown increase their referrals to the Trust.
  - An average case mix for income has been assumed for additional activity. For the most part this activity will be delivered within the remaining 1,000 episode capacity gained from the Short Stay Surgical Unit expansion and thus marginal costs from increased activity will be low.

- Inflation – The Operating Framework for 2010/11 has confirmed no routine inflation for 2010/11. The element of tariff set aside to Commissioning for Quality and Innovation (C-QUIN) has however increased to 1.5% from 0.5% (net increase of 1%). The plan assumes delivery of the quality improvement metrics needed to secure this income without any material cost investment.

- A new tariff has been issued for 2010/11 that provides an increased income for some of the trust's more complex procedures. This gain is however offset by a reduced level of income following the re-bundling of diagnostics into the out patient tariff and reduced scope to charge for outpatient procedures. The Trust has negotiated a position with its Commissioners to ensure no overall impact from these structural changes.
- Pricing of non PbR services - an additional £0.3m will be received during 2010/11 as the Trust is paid in full for its Clinical Orthotics and Therapy services following the ending of transitional pricing arrangements applied to 2009/10.

b) Clinical Income from Private Patients

It is assumed that current levels of private patient income will remain constant at around £2.8m per annum. The Trust has scope to market its private facilities further and increase market share in what is perceived to be a declining market given the current economic climate.

The 'ceiling' on the income that may be earned from private activity has been assessed as £5.5m (based on 2002/03 private activity levels) and therefore the Trust faces no constraints should it be able to grow this area of work. Similarly there are no capacity issues following both the Theatres expansion and upgrade to Ludlow Ward undertaken during 2009/10.

c) Income and expenditure from provider SLA's

Many of the Trust's Service Level Agreements with other Trust's have been reviewed for 2010/11. The implications of the revised recharging arrangements have been incorporated into plans.

d) Pay

2009/10 has been used as a baseline for future projections to which the following assumptions have been made:

- Inflation - Pay awards of 2.25% in 2010/11 for staff paid under the agenda for change contract. No award for clinical and very senior managers.
- Incremental pay progression as per agenda for change and the consultant contract terms and conditions equating to a further 0.7% increase to pay cost.
- The full year effect of the increase in establishment relating to the opening of the new theatres during 2009/10.
- Additional recruitment of consultant surgeons and anaesthetists in relation to service developments for Rheumatology and Critical Care. Additionally the appointment of a new Spinal Surgeon.

e) Non Pay

General non pay has been inflated by 2.5%. Additional costs have been assumed for:

- Energy is expected to rise further in 2010/11 – an additional 10% price rise has been assumed in the plan.
- Drugs - a reserve of £100k for implementing any prevailing NICE guidance has been set.

- NHSLA premiums have increased by 10% above 2009/10 levels. This is in line with the national position.
- The lease of a new replacement MRI scanner from August 2010 as per the recently approved business case.
- An additional reserve of 1% of operating costs to cover as yet unknown budgetary pressures has also been included. This level has been used based on previous assessments of annual budgetary pressures.

f) Cost Improvement Plan

The Cost Improvement target for 2010/11 has been set at £2.79m which equates to 3.5% of turnover in line with the efficiency requirements of the national tariff. The Trust's CIP plan focuses on 6 key areas where actual costs can be released as detailed in the table below:

Overarching theme	2010/11 Detailed Schemes £M	QIPP / RAG Rating
Improving Operational Efficiency	**2.02**	
Realising the benefits of technology	**0.14**	
Improved Contributions	**0.06**	
Workforce Productivity	**0.14**	
Back office function	**0.37**	
Estates rationalisation/sustainability	**0.21**	
Miscellaneous	**0.76**	
Total identified **Target** **Excess / shortfall of target**	**3.69** **2.75** **0.94**	**3.69** **2.75** **0.94**

This shows that schemes have been identified in excess of the total target required. This will provide some mitigation against the risk of some schemes failing to deliver within the timeframes required.

The above summarise the most material income and expenditure assumptions for the 2010/11 financial plan. A summary income and expenditure position is shown in the table below:

Summary Forecast I&E	2010/11 Forecast £M
Income	
NHS clinical income	69.3
Other income	9.3
Total income	**78.7**
Expenditure	
Pay costs	-43.9
Non pay costs	-29.4
Total expenditure	**-73.3**
EBITDA	5.3
Depreciation	-2.9
Interest receivable	0.0
Interest payable	0.0
Dividends payable	-1.2
Reported Surplus	**1.3**

4.4.4 *Balance Sheet*

The projected balance sheet for 2010/11 is outlined below:

Future Summary Balance Sheet	2010/11 Forecast £M
Assets non current	**46.9**
Current assets	
Inventories	1.4
Receivables and other financial assets, current	3.9
Cash and cash equivalents	1.9
Liabilities, current	-6.5
Total net current assets	**0.6**
Total assets less current liabilities	**47.5**
Liabilities non current	**-0.3**
TOTAL ASSETS EMPLOYED	**47.3**
Tax payers equity	
Public dividend capital	31.6
Retained earnings	-3.0
Donated asset reserve	10.5
Revaluation reserved	8.2
TOTAL TAX PAYERS EQUITY	**47.3**

4.4.5 *Assets non current (Fixed Assets)*

The Trust is required to index its property assets and high value equipment in the final quarter of each accounting year. Latest published indices suggest that commercial property values may fall further in the future. The Trust has however taken a more prudent view and not taken these into account when forecasting its future capital charges and dividend payments.

4.4.6 *Capital Programme*

The Trust's investment strategy is to at least reinvest depreciation each year on its asset base and, where achievable and appropriate, invest further sums from accumulated surpluses.

The table below sets out the detailed capital plan for 2010/11 which has been set taking into account planned service developments that fit with both the overall Trust service strategy and its Estates strategy:

2010/11 Capital Programme	Forecast £M
Backlog maintenance rolling programme	0.80
Medical Equipment replacement programme	0.25
Demolition nurses home/new main entrance	2.15
MRI Enabling/building works	0.39
Recurrent capitalisations	0.10
Information Technology	0.20
Demolition/relocation programme	0.20
Expand outpatients into vacated MIU/DAART	0.10
Total Capital Programme	**4.19**
Funded By	
Depreciation	2.42
Charitable Donations (Main Entrance)	0.30
League of Friends (MRI)	0.40
Cash generated from surpluses	1.07
Total Funding	**4.19**

It should be noted that delivery of the programme is conditional upon the target surplus being achieved since £1m of the cash generated from this is required to finance the programme.

4.4.7 *Financing and working capital strategy*

The Trust will continue to strengthen its liquidity position throughout 2010/11 by focusing on the timely collection of income owing. Additionally a working capital facility will be put in place to cover 30 days of operational expenditure and equivalent to £5.5m. This is in line with Monitor requirements as the Trust continues along its Foundation Trust trajectory.

As can be seen in the table below our cash position is expected to improve marginally to a closing position of £1.9m.

Future Cashflow	2010/11 Forecast £M
Cashflow from operating activities	**4.9**
Cash flow from investing activities	
Property, plant and equipment expenditure	-3.5
Net cash outflow from investing activities	**-3.5**
Cashflow before Financing	**1.4**
Cash flow from financing activities	
Dividends paid	(1.2)
Interest received on Cash and Cash equivalents	0.0
Repayment of Loans and Leases	(0.1)
Net cash inflow/(outflow) from financing	**(1.3)**
Net cash inflow / - outflow	**0.1**
Opening cash balance	1.8
Closing cash balance	**1.9**

4.4.8 *Monitor Risk Assessment*

The table below forecasts the Trust's compliance with the Monitor risk assessment criteria based on planned performance. This shows the risk rating is set to remain at a level 4 throughout 2010/11.

Future Risk Assessment	2010/11 Forecast £M
EBITDA margin	6.9%
EBITDA, % achieved	100.0%
ROA	5.3%
I&E surplus margin	1.7%
Liquid ratio	26.0
Risk Rating	**4**

4.5 Divisional operational plans

4.5.1 *Planned Activity*

The table below shows the planned activity for the forthcoming financial year which the Trust's operational plans are designed to deliver.

Activity type	2010/11 planned activity
First Outpatient attendance	24,316
Total Outpatient attendances	73,955
Elective Finished Consultant Episodes (FCEs)	13,836
Emergency Finished Consultant Episodes (FCEs)	892

4.5.2 *Operational Service Plans*

The Trust's operational objectives as set out in section 4.2.6 have been developed to reflect national requirements and also the three strategic aims of the Organisation.

The following sections discuss in further detail the direction of travel and planned actions over the coming year to achieve the Trust's core aims and objectives.

Deliver of these objectives will be measured by the Trust Board on a monthly basis using balanced score card methodology, an example of which can be found in appendix a.

4.5.3 *Service Development Plans – Surgery*

Surgical services are the mainstream business of the Organisation; it is therefore essential that they are sustainable and continue to make a profitable contribution to the Organisation. During the coming financial year it will be key to redesign and improve the patient pathway to deliver a more effective and efficient service. Specific areas of work for the coming year include:

1. Streamline and standardise the **patient pathway** from referral to outpatients and the onward pathway to diagnostics, pre operative assessment, admissions and surgical treatment. The outcomes of which will be increase patient satisfaction, reduced lengths of stay and the ability to reduce the Trust's overall bed stock.

2. Maximise use of the **Orthopaedic theatres and outpatient department** on the RJAH hospital site and develop community outpatient services to improve responsiveness to patient needs and reduce the need to undertake work elsewhere.

3. Further develop medical support for **Critical care** services to facilitate the care of patients on wards who may require additional care from that normally provided. This will include the current establishment of the 5th level 2 critical care bed and the bolstering of medical support to the Critical care unit and hospital wards.

4.5.4 *Service Development Plans – Medicine*

During 2010/11 the Division will continue to drive forward service developments to enable services to be provided in a timely and appropriate setting. Key areas for development include:

1) **Rheumatology Medicine** – Develop community based Rheumatology services for local commissioners with the aim of transferring outpatient services out of the secondary care setting and into the local community, supported by more complex diagnostic and inpatient services provided in our specialist hospital.

2) **Spinal Injuries** – Focus will continue on the redesign of patient pathways in line with the 'smooth' service review carried out in 2009/10. The aims during the year will be to improve the overall patient pathway, smooth the discharge transition back into the community and to improve the service provided to patients requiring follow up outpatient appointments and daycase procedures.

3) **Metabolic Medicine** – 2010/11 will see the continued drive of the development of the service through the expansion of mobile services, the introduction of

Radiographer reported Dual Energy X-ray Absorptiometry (DEXA) scans and greater cross working with the Rheumatology team facilitated by the introduction of a new Consultant to the service.

4) **Orthotic Research and Locomotor Assessment Unit (ORLAU)** – The focus of developments in ORLAU for 2010/11 will focus on the marketing of the GAIT lab services. The team is now fully established and will work to maximise referrals and activity during the forthcoming year.

5) **Paediatric Medicine** – To continue the development of Paediatric medicine services which support paediatric surgery on the hospital site, provided a seamless service for patient's and their families.

4.5.5 *Service Development Plans - Therapy and Diagnostic Imaging*

Therapies - Include physiotherapy, occupational therapy and orthotics. All therapy services support both admitted and non-admitted patient pathways. Improving the patient pathway will necessitate changes to the deployment of all of these therapies to better inform the patients of their planned care and reduce the length of stay. Throughout 2010/11 the Trust will continue to work with PCTs to provide a service that is aligned to the patients' expectations, meets the requirements of *'Transforming Community Care'* and to avoid repeat visits to hospital.

The re-bundling of diagnostics during 2010/11 poses both an opportunity and a threat to the Trust. If the current service models and patient pathways remain unchanged, commissioners may seek to separately procure the diagnostic element of outpatient pathways from locations closer to patients' homes. To mitigate this threat the Trust will review its existing pathways and models of care with a view to increasing the number of one-stop clinics to include diagnostics as part of a single visit. The introduction of a new state of the art 3Tesla MRI scanner during 2010/11 will assist the Trust in developing flexibility to achieve this vision.

Where appropriate the Trust will also consider the provision of mobile diagnostic services, seek opportunities for partnership working with community providers and maximise the use of available technology and IT solutions.

4.5.6 *Workforce*

The Trust's greatest asset is its workforce. Over the coming year we will continue to invest in and support our workforce to deliver the Organisation's core objectives

During 2010/11 the Trust will develop a succession plan and recruitment strategy to ensure appropriate steps are in place to develop our workforce over the longer term. The Trust will also put in place a training and development strategy to support staff through the service redesign required in the coming year.

We will continue to develop the Organisation as a vibrant and viable environment in which staff can achieve there full potential with the aims of maintaining our low turnover rates and reducing sickness absences through the introduction of measures to manage long term and repeated occurrences of sickness.

4.5.7 *Community/District Services*

Shropshire PCT are currently in the process of developing an Oswestry Health Village It is envisaged that the following services, currently either hosted at RJAH or provided by the Trust itself, will ultimately relocate to the Health Village:

- Minor Injuries Unit (MIU) – *hosted service*
- Diagnostic Assessment And Rehabilitation Team (DAART) – *hosted service*
- GP medical beds (Sheldon Ward) – *provided by RJAH*
- Maternity services – *hosted service*

The Trust will continue to work closely with colleagues in Shropshire County PCT to ensure that these local services are convenient for patients, economically viable and meet the needs of the population.

4.6 Supporting strategies

4.6.1 The Trust has developed the following key supporting strategies which will enable the effective delivery of service during 2010/11. These are:

- **Quality Strategy** - This strategy is currently being developed. It will build on the Trust's reputation for quality and continuous quality improvement to facilitate the delivery of the strategic and core business goals.

  The development of a Quality Strategy in consultation with staff, patients and stakeholders will outline the transformational improvements that will be undertaken over the next 5 years to ensure that all patients experience the highest quality care.

  Each year Quality Accounts will report on performance and progress and set out the improvement priorities agreed by the Trust for the forthcoming year. Each divisional Team will develop annual Quality Development Plans (QDP), with a focus on areas which improve quality whilst reducing costs.

  Workforce measures will also be developed at service line level to establish 'team' measures which will address staff-related quality issues. The development of the annual QDP will set out clear objectives and milestones for delivery of each of the quality indicators.

- **Estates Strategy** - The hospital site covers 13.2 hectares and has a total building asset value of £33.5 million. The Estates Strategy was agreed by the Board in 2009 and set out the direction of travel and a strategic framework for the development of the Trust's estate over the next 5 years to support service developments whilst improving efficiency and sustainability.

  The key aims of the Trust's Estates Strategy are to:

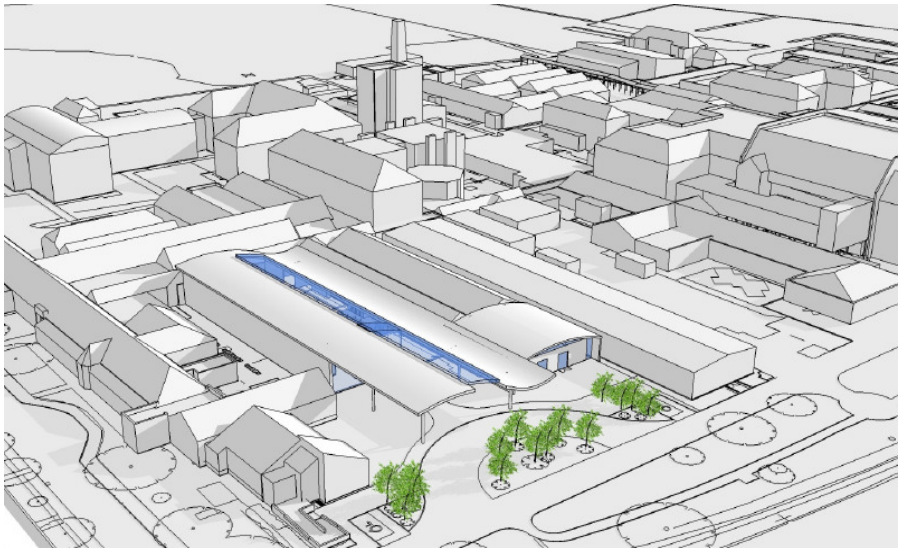
  - Improved patient flow will allow for safe convenient access to improve patient care. Plans have been developed for a new focal main entrance

- Improve functional suitability of the estate, enabling productive ways of working
- Reduce the estates risk and backlog maintenance (currently £1.6m) on a risk adjusted basis)
- Reduce the carbon footprint
- Optimise value for money from the estate.

The service developments that have specific estates implications over the coming year are:

- Improvement in the patient pathway
- Replacement of diagnostic equipment
- Improvements to existing estates facilities to reduce the backlog maintenance risk.

The Trust has developed a vision for transforming the access to our hospital and improving patient flow. The picture below illustrates the new focal point of the hospital, development of which is due to commence in 2010/11:



Organisation development and workforce strategy - Organisational development and workforce strategy – "Sustainability through our Staff", has been developed to underpin strategic aim 3.

The strategy is built upon our belief that our workforce is our biggest asset and staff need to be fully engaged in responding to meet the changing needs of patients. The key strands of the strategy are:

- Identification and development of organisational capability and capacity
- Quality, innovation, productivity and prevention through service improvement
- Leadership and management development
- Workforce planning, development and redesign

- **IM&T Strategy** - The IM&T strategy recognises that Information technology and information management systems play a growing role in providing effective quality healthcare for patients, improving care and safety, increasing clinical standards and improving productivity.

  Overall the Trust's IM&T systems and compare well with other NHS Organisations however we believe that over the next 5 years, IM&T development is crucial to support the redesign patient pathways by:

  - Simplifying and integrating the way individuals and teams work
  - Capturing comprehensive, accurate and timely data on patients, activity, resources and services to improve decision making and continuously improve performance and services.

- **Marketing Strategy** - In order to support the Trust's future plans to maintain and grow our market share, a comprehensive Marketing Strategy has been developed. The purpose of the strategy is to outline our plans to become more market focussed and customer driven.

  This strategy describes the way in which we will seek to understand our target customers and monitor our competitors, whilst managing our relationships with key stakeholders and strengthening our communications and reputation.

- **Research and development -** The Trust is an internationally recognised centre for research. Research helps support the hospital through the following:

  - Improve treatments for musculoskeletal diseases
  - Maintain the national and international reputation
  - Increase the quality of the care of patients
  - Attract high quality clinicians
  - Be an added incentive for patients to be referred or for self-referral.

  Research programmes are funded from a variety of sources including central financial allocations and by external grants. There has been a strong collaboration with the University of Keele, with a number of personnel working across the two Organisations, this not only supports research but also reinforces Nurse and Allied Health Profession training. In a similar manner Staffordshire University have a satellite school of health based on our site providing pre and post registration training courses further strengthening the research and training base.

  The Trust has been working with the West Midlands Workforce Deanery to support the development of role redesign. A successful bid for funds has facilitated a review of roles to support improvements in the Orthopaedic patient pathway and the first phase of that work is now completed with phase 2 looking at Outreach/In reach services in partnership with Commissioners.

  The Trust hosts the Institute of Orthopaedics on site, a charity whose purpose is to raise finds to support research at RJAH.

Section 5- Risk analysis

5.1 Risk identification & management

5.1.1 The key business risks to the Organisation which could potentially impact on the delivery of both the Trust's annual business plan during 2010/11 or the five year business plan and long term financial model have been identified through a Strengths, Weaknesses, Opportunity and Threat (SWOT) analysis and Political, Economic, Social and Technological (PEST) analysis as detailed within the Trust's IBP.

5.1.2 The Trust's top three strategic risks have been identified as:

- Clinical Risk
- Finance Risk
- Deliver of the Trust's QIPP and CIP programmes

5.1.3 From an operational viewpoint Monitor require the Trust to identify active risks for the coming year into three categories:

- Financial risk
- Operational Service risk (including clinical risk)
- Governance Risks (also known as Business risk)

5.1.4 In line with Foundation Trust requirements the Trust Board monitor principal risks to the strategic objectives through the Board. Operationally the Board subcommittee have management responsibilities for each risk area as shown in the Table below.

5.1.5 Mitigation plans have been identified and put in place for all corporate risks and the financial consequences are modelled, where appropriate, within the IBP.

Risk Area	Responsible Committee
Financial Risk • Economic Climate • Fraud • Financial probity • Integrity of Financial reporting	Audit Committee
Operational & Clinical Risks • Increasing patient complexity and co-morbidity • Clinical Outcomes • Compliance with governance policies including the Hygiene code	Quality and Safety Committee
Governance & Business Risk • Non Clinical risks to include Health & safety, environmental, business continuity • Failure to deliver CIP and QIPP • Business continuity and Local Health Economy planning	Business Risk and Investment Committee

5.2 Governance risk

5.2.1 High level governance risks which will be managed via the assurance framework described above for 2010/11 include:

- Failure to achieve Foundation Trust Status
- Failure to deliver CIP and QIPP programme
- Failure of major incident or business continuity plans should a critical incident occur (e.g. Pandemic Flu or a major onsite incident)
- Failure in governance processes results in quality and safety breaches
- Lack of engagement or failure to engage patients/stakeholders and carers in services and developments

5.3 Financial risk

5.3.1 Whilst the Trust has produced a robust plan for 2010/11 there are a number of residual risks that may impact upon delivery of the required position. These are summarised as follows:

- Further budget cuts following a change to government – this is predicted by many although it is impossible to predict the impact at individual Trust level. In readiness for any such eventuality, the West Midlands Strategic Health Authority has 'top sliced' a proportion of PCT uplifts. These continue to be held centrally and will likely offer some mitigation against this threat.
- Failure to deliver CIP in full – The Trust has an excellent recent track record of delivering its CIP programmes so the risk of non achievement is considered to be low. Additionally. Schemes in excess of the target level have already been identified which offers some headroom for individual schemes failing to deliver on time.
- The income plans for this financial year have been carefully constructed. However at the time of writing this annual plan commissioners intentions had not been finalised. The impact of the final agreements will be managed via a full update to the May Trust Board.

5.4 Operational risk

5.4.1 The Trusts top operational risks for 2010/11 are:

- Core failure to meet Clinical and hygiene standards
- Referrals contain an increasingly complex case mix due to increasing numbers of revisions and higher numbers of complicating co-morbidities
- Inability to deliver our efficiency requirements though QIPP
- Demand for service outstrips capacity
- Key performance targets not met

Section 6 - Foundation Trust

6.1 Foundation Trust application

6.1.1 Becoming an NHS Foundation Trust is the next key stage to support the delivery of the Trust's vision and strategy for becoming the leading provider of orthopaedic services in the UK.

6.1.2 Achieving NHS Foundation Trust status will have the following benefits:

- Active membership providing support to our planning and direction, from across England and Wales.
- Having stakeholder representatives who serve our catchment population.
- Benefits for staff through ownership as Governors and members in securing the future of the hospital.
- An NHS Foundation Trust Board who are here to support the interests and purpose of RJAH Orthopaedic Hospital.

6.1.3 During 2010/11 the Trust will continue to progress its formal Foundation Trust application with a view to achieving authorisation within the financial year. The Trust's application will be judged on three key assessment criteria; that the Trust is legally constituted, is financially viable and is well governed.

6.1.4 In 2009/10 the Trust successfully completed phases 1 and 2 of the formal application process including:

- Diagnostic assessment of the Trust's performance and governance
- Development of the Integrated Business Plan (IBP) and Long Term Financial Model (LTFM)
- Stage 1 of the historical due diligence assessment process
- Full public Consultation

6.1.5 To achieve Foundation Trust status the following steps will be completed during 2010/11.

Stage	Timescale	Brief summary
Phase 3 – Post Consultation	4-8 weeks	Final submission of the IBP and LTFM to the SHA. Stage 2 of the Historical due Diligence process completed.
Phase 4 – Secretary of State Approval	6 weeks	The Strategic Health Authority (SHA) will formally submit the Trust's application to the Department of Health (DoH) for authorisation.
Phase 5 – Monitor Assessment	3 months	Successful application passed to Monitor. Monitor in-depth review of governance and 5 year plans including a board to board challenge, before final approval.

6.2 Foundation Trust membership and governor report

6.2.1 *Membership*

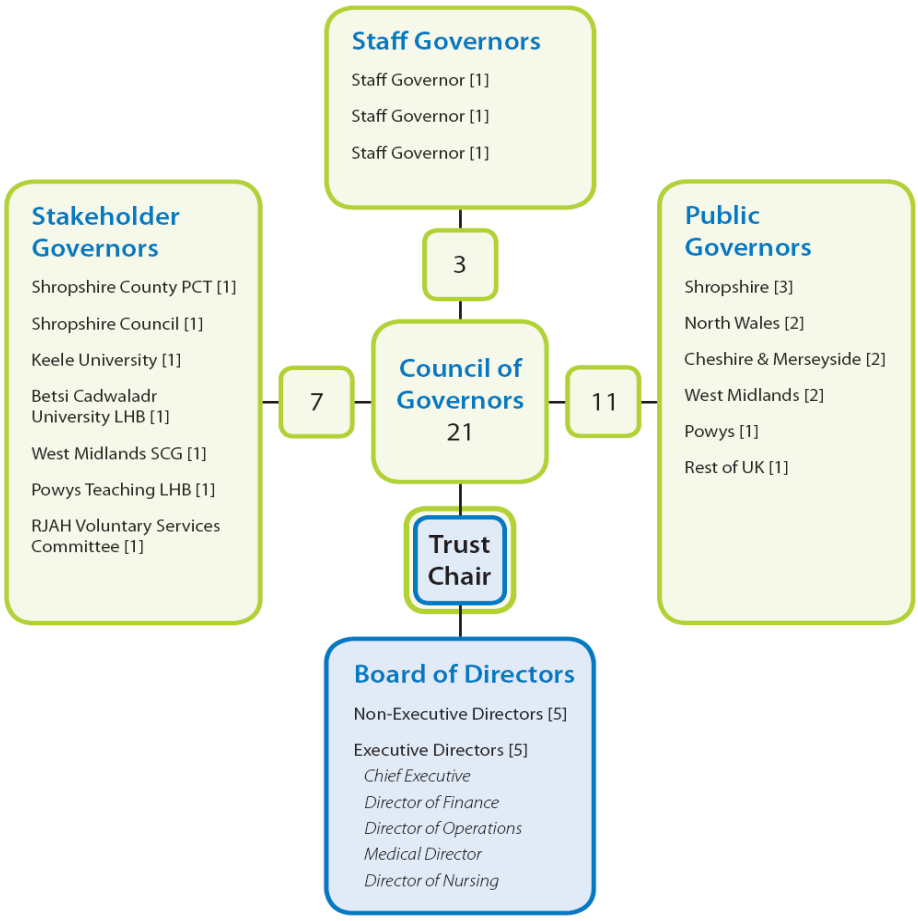
Formal membership recruitment for the Foundation Trust commenced during the public consultation process in 2009/10. The Trust currently has 2,700 members (as at the 18th of March 2010), a number which is growing daily. Of the members 1235 are staff, 595 volunteers and 900 public. The number of members in March 2010 is in line with planned numbers agreed by the Executive Team as part of the Foundation Trust membership strategy.

It is planned to increase overall membership to 3,900 during 2010/11. This will be achieved through a continued recruitment drive including promoting membership when patients visit the hospital, through routine correspondence, during public meetings and though the Trust website.

6.2.2 *Council of Governors*

A key element of Foundation Trust status will be the establishment of a Council of Governors, elections for which will take place in the summer of 2010. The Council of Governors will be the primary route for members to influence the future direction of the Trust. It will strengthen the corporate governance framework of the Trust and enable closer working with stakeholders, the local public, independent and voluntary organisations.

The Council will be established prior to Foundation Trust approval from Monitor. The Council will link to the Trust Board and constituted as set below:



These arrangements will give the NHS Foundation Trust a majority of elected Governors (11) as required by the core constitution in accordance with NHS Foundation Trust governance requirements.

All meetings of the Council of Governors will be open to the public and will form the key face of public accountability for the Board. The Council of Governors will be chaired by the Trust Chairman.

Appendix - a
Balanced Scorecard
Trust Board
DRAFT FOR 2010/11

Clinical Effectiveness / Patient safety				
Overall Performance				
Period	**Key Metrics**	**Current**		**Year end**
	Hospital Acquired Infection - MRSA			
	Hospital Acquired Infection - C Difficile			
	MSSA Cases Recorded			
	Missed Medication Doses			
	Unexpected Hospital Mortality Rates			
	Patient Reported Outcome Measures			
	Serious Untoward Incidents			
	Number of Surgical Site Infections			
	Inpatients Received VTE Risk Assessments			
	Inpatient Falls			
	Pressure Ulcers			
	Inpatient Nutritional Assessments			

External Perception			
Metric	**RAG**		**Year end**
Care Quality Commission Rating			
Foundation Trust Trajectory			
Auditor's Local Evaluation			

Finance				
Overall Performance				
Period	**Key Metrics**	**Current**		**Year end**
	Income & Expenditure			
	Cost Improvement Plan Delivery			
	Capex Spend			
	PSPP			
	Monitor Risk Rating			
	SHA Finance Rating			
	Liquidity Ratio			

Vision

The leading centre for high quality, sustainable Orthopaedic and related care, achieving excellence in both experience and outcomes for our patients

Patient Experience				
Overall Performance				
Period	**Key Metrics**	**Current**		**Year end**
	Patient Satisfaction			
	Access to Services (waiting times)			
	Reportable Cancellations			
	Delayed Discharged			
	Access to our Cancer Services			
	Number of Complaints			
	Number of Ombudsman's Review Requests			
	Outpatients Offered Smoking Cessation Advice			

Operational Efficiency				
Overall Performance				
Period	**Key Metrics**	**Current**		**Year end**
	Activity Against Trajectory			
	Day Case Rates			
	Admission on Day of Surgery			
	Sickness Absence Rates			
	Staff Turnover			
	Demand for Services			
	Waiting List Size			
	Bed Occupancy			
	Market Share			
	Average Length of Stay			
	Average Length of Stay for Hips & Knees			
	Readmission Rates			