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Appendix 1 : Principal Objectives and KPI's

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Section 1: Summary of Performance in 2012/13

1.1 Chair and Chief Executive's Summary

1.1.1 It is with great pleasure that we review our performance in 2012/13 and present our plans for 2013/2014.

Once again we have so much to be proud of:

- Having the lowest mortality rates in the North of England, according to the Dr Foster Hospital Guide
- Pioneering the "harm free care" concept for improving patient safety, with some of the highest patient safety results in the country
- Being rated the best acute Trust in the country for our NHS Staff Survey results. The Trust had the best overall staff engagement score, a score measuring motivation, ability to contribute, team working and recommending the Trust as a place to work or be treated. Importantly staff also reported effective procedures to report errors and a culture which empowers them to make improvements.
- 98% of patients saying they would recommend Salford Royal to their family and friends.

1.1.2 We have also delivered some significant developments and improvements as set out in our Annual Plan for 2012/13 these include;

- Focussed progress on the key projects developing integrated care across our community and hospital settings, these include discharge planning. Care for

- frail elderly patients, patients with long term condition and adult community nursing services
- Progress with delivering 'The Salford Standard', consistency of care across 7 days provided by senior clinicians
- Development of the Major Trauma centre at Salford Royal as part of the Greater Manchester collaboration
- Further re-development of the hospital site with the opening of patient and visitor car parks, shops, café, pharmacy and Outpatient Discharge Lounge in Hope Building and the completion of the landscaping and gardens. The relocation and upgrade of a number of departments enabled us to acknowledge the contributions of former colleagues in the renaming of UTB building after former Medical Director Dr Peter Barnes and the Brooke building after Dr Henry Grundy Brooke.
- Improving outpatient services with the opening of new reception facilities, introduction of appointment reminders and implementation of changes to improve patient experience.
- Safely reducing our costs by £18m.
- Retaining Level 3 NHS Litigation Authority (NHSLA) Risk Management accreditation. The accreditation is a testimony to the way staff at Salford Royal work together in the interests of patients and their safety. It also provides significant assurance that the Trust has a strong platform to continue pursuing its ambitious aim to become one of the safest organisations in the NHS.

Further details of achievements in 2012/13 can be found in the Trust's Annual Report.

Section 2: Strategy & Service Plans

2.1 Vision and Values

- 2.1.1 The vision and values to which Salford Royal NHS Foundation Trust aspires were set out in the 2009 service development strategy and remain relevant for 2013/14
- 2.1.2 Values have been further developed as the Organisational Development Strategy has been implemented and have become a fundamental part of the appraisal process and development of staff
- 2.1.3 The Trust, delivers care for **Patients** by being:
- The safest hospital in the country as measured by mortality and harm rates.
 - Viewed as the leading hospital for Quality Improvement and the hospital of choice for patients in the North West.
 - Focused on improving the patient experience, requiring respect, compassion and the right attitude to patients as our customers.
 - Ensuring the highest standards of environmental cleanliness.

The Trust's approach is captured in the commitment to provide care that is 'safe, clean, personal'.

- 2.1.4 Supports **Professionals** by being:
- Attractive to staff, ensuring people have pride in working for the Trust, feel their contribution

matters and want to deliver to their fullest potential.

- Supportive of clinical staff, enabling them to access appropriate education and training, to give of their best and be accountable for delivering safe and effective care.

2.1.5 Works with **Partners and the Public**:

- Respected by partner organisations – people will want to do business with Salford Royal.
- Promotes and upholds high standards of conduct in line with public service values of accountability, probity and openness.
- Works in partnership with primary care providers to give first class care to the people of Salford, promoting health improvement and integrating services.
- Supported by an active membership, people who are genuinely interested in seeing the Trust succeed and want to be involved in shaping the organisation's future.

2.1.6 An innovative, successful **Organisation** that is:

- Highly productive and understands its cost base in order to improve efficiency and generate surpluses for future stability and investment.
- Entrepreneurial, seeking out new opportunities to deliver excellent care and be successful commercially.
- Able to develop its position as a specialist provider of tertiary services.
- Successful in using information to take better decisions, monitor performance and drive improvement.

- Recognised for its contribution to the education of health care professionals and for innovative Research and Development (R&D).
- 2.1.7 In 2011/2012 The Trust agreed some core values to support the Trust's Quality Improvement aims and set out expectations as to how staff should behave towards each other and to patients. All members of staff at Salford Royal Foundation Trust are expected to be:
- 2.1.8 **Patient and customer focussed:**
- Communicates to all relevant parties in an holistic, timely manner
 - Anticipates and delivers on patient needs
 - Cares for the patient and their families as well as for Salford's reputation
- 2.1.9 **Supportive of continuous improvement:**
- Responds well to change and embraces initiatives
 - Open to new ideas and encourages forward thinking
 - Takes ownership for continuous learning and self development
- 2.1.10 **Respectful:**
- Strong focus and personal accountability on actions and results
 - Takes responsibility for own actions
 - Accounts for wider pieces of work rather than limited job description duties
- 2.1.11 **Accountable:**
- Acts as a team player; Recognises and rewards others
 - Fosters a participative work environment
 - Respects policies & procedures & resources

- 2.1.12 The strategy highlights the commitment to the development of a safety culture. The main elements of a safety culture being:
- Open and frequent communication
 - High functioning multidisciplinary teams
 - 'Just' culture (understanding of system vs. individual errors)
 - Robust error reporting systems that 'close the loop'
 - HR practices that support a culture of safety
 - Leadership:
 - Focus on never events
 - Willingness to address bad behaviours
 - Accountability for improvement and safety at all levels
 - Measurement for improvement
- 2.1.13 Using Foundation Trust flexibilities to react quickly to changing challenges and opportunities

2.2 External Environment

- 2.2.1 The national healthcare environment and NHS landscape has changed significantly with the transition from PCT to CCG's and new commissioning bodies
- 2.2.2 There have been a number of national policy changes that impact on the environment within which SRFT operates. These include:-
- A greater focus on competition: both *within the market* (Any Willing Provider) and *for the market* (tenders);
 - Increased emphasis on patient choice, largely supported by the extension of the Any Qualified policy to a much broader range of clinical areas

- An increased focus on outcomes through the national outcomes framework;
 - Changes to the tariff: short term adjustments, increased use of best practice tariff, potential for competition on price.
- 2.2.3 Clinical Commissioning Groups (CCG) have produced their first Operating Plans, for 2013/14. Plans have been set following a structure set by the Greater Manchester Area Team of NHS England (NHSE). It covers the five domains of the NHS Outcomes Framework, commitments from the NHS Constitution and the NHSE Mandate, as well as other priorities contained in the national planning framework, *Everyone Counts: Planning for Patients in 2013/14*.
- 2.2.4 Many of the commitments contained in Salford CCG's Operating Plan will depend on SRFT, as the CCG's primary provider of community and hospital services. SRFT has been working the CCG and commissioners to agree KPIs and CQUIN indicators for 2013/14.
- 2.2.5 The Operating Plan sets out the CCG's work programme, which largely reflects established initiatives, such as the partnership work for Unscheduled Care and Integrated Care for Older People.
- 2.2.6 Many of the CCG's priority outcomes reflect those set by the Department of Health and NHSE:-
- Increase life expectancy
 - Reduce health inequalities
 - Reduce unscheduled admissions
 - Implement and improve results in the friends and family test
 - Strengthen and extend quality incentives (CQUINS) and improve results
- Using patient feedback to improve quality
 - Develop an action plan to implement the recommendations from the Francis Report
 - Reduce deaths from vascular disease
 - Reduce deaths from cancer
 - Reduce the impact of Mental Health problems
 - Reduce the number of people who smoke
 - Reduce the impact of alcohol related harm
 - Reduce obesity in all ages
 - Reduce the rate of teenage pregnancy
- 2.2.7 The CCG will be eligible to receive a Quality Premium, which is intended to reward CCGs for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities. The premium is based on four national and three local measures. The national measures are:
- Reducing potential years of lives lost through amenable mortality (12.5% of quality premium)
 - Reducing avoidable emergency admissions (25% of quality premium)
 - Ensuring roll-out of the Friends and Family Test and improving patient experience of hospital services (12.5% of quality premium)
 - Preventing healthcare associated infections (12.5% of quality premium)
- 2.2.8 During 2013/14, the CCG intends to review and develop a number of pathways, including liver disease, pulmonary rehab and atrial fibrillation, with the intention to improve early management in a community setting.
- 2.2.9 The three locally selected measures, each of which is worth 12.5% of the premium, are:

- Management of atrial fibrillation patients
 - Increasing the number of patients on the *Coordinate my Care* programme (End of Life care)
 - Improving access to memory services
- 2.2.10 As the primary provider of community healthcare and hospital service within Salford, SRFT is a key delivery partner for the CCG.
- 2.2.11 Salford Royal has been working closely with the CCG and other co-commissioners to agree KPIs and CQUIN indicators for 2013/14. The Operating Plan primarily reflects these commitments. Salford Royal has strong history of performance in achieving KPIs and CQUIN targets though it should be noted that there are number of the targets for 2013/14 will be particularly challenging.
- 2.2.12 It is likely that the CCG will pay particular attention to those indicators that are included in the quality premium, as this will be the mechanism by which they can attract additional investment. Salford Royal will want to support the CCG to secure this investment for the benefit of the people of Salford.
- 2.2.13 Clinicians from Salford Royal are already members of the CCG's commissioning strategy groups and it is anticipated that they will be engaged in the work to review clinical pathways.
- 2.2.14 Salford Royal will also work closely with Specialist Commissioners in the development of models of care for Intestinal Failure, Metabolic Medicine, Neurosciences and Renal medicine
- 2.2.15 The Trust Plans reflect the commissioning intentions of National, Specialist and Local commissioners as outlined in commissioning strategies and within the standard contract.
- 2.2.16 Greater Manchester's 'Healthier Together Strategy' defines how services will be reconfigured to improve clinical outcomes and proved sustainable service models for the future. Salford Royals clinicians have been engaged in developing these models.
- 2.2.17 Salford Royal's strategic intent is to consolidate surgical services wherever it can be demonstrated that this will enable costs to be reduced and quality improved. This may be achieved through partnering with other organisations.
- 2.2.18 Salford Royal has considered its approach to mergers and acquisitions and agreed Acquisition of new services / organisations needs to bring tangible benefits to SRFT
- 2.2.19 The key consideration will be service fit, aligned to micro, meso, macro approach The Trust is unlikely to pursue geographically remote acquisitions (e.g. outside of Greater Manchester) nor is it interested in the franchise / turn-around model
- 2.2.20 Further details of the financial implications of external factors are detailed in the Finance section 6 and refer to
- Tariff changes
 - Changes in Non patient related NHS Income (Education, R&D, Provider to Provider SLA's etc)
 - PFI Income & Costs
 - The Unitary Payment (UP)
 - Specialist Commissioners
 - CNST
 - Cost pressures within budget setting

2.3 Service Plans for 2013/14

2.3.1 Plans for 2013/14 aim to progress even further Salford Royal's position as one of the best NHS Trusts in the Country

2.3.2 The Service Plans are presented under the same priority themes identified as 'The Salford Royal way' since 2010/11 and consistent with the service development strategy 2009-2014.

2.3.3 The Strategic themes include

- Pursuing Quality Improvement to become the safest organisation in the NHS
- Achieve cost improvements, income & cost targets to improve margins
- Supporting high performance and improvement
- Improving care & services through integration & Collaboration

Underpinned by

- Compliance with Mandatory Standards
- Implementation of Enabling Strategies

These are detailed further in the next section

2.3.4 During 2013/14 the Trust will develop its Service Development Strategy for the period 2014-2019 which will update the existing longer term plans and revisit

- Changing demographics and health trends
- Reconfiguration of services to achieve clinically sustainable models
- Delivery of reliable 24/7 services meeting the required clinical standards and outcomes

- Workforce plans
- Productivity and efficiency with ongoing benchmarking of services

Strategic Theme	Principal Objective
1. Pursuing Quality Improvement to become the safest organisation in the NHS	1.1 Maintain the relative risk of mortality to be within the top 10% of acute Trusts in the NHS
	1.2 Improve the reliability of care to be the safest organisation in the NHS
	1.3 Improve patient experience to maintain indicators in the top 20% nationally
2. Safely reduce costs by £19m	2.1 Achieving Cost improvements, income and cost targets to improve margins
3. Supporting high performance and improvement	3.1 Improve Staff Contribution to Corporate Objectives & Values
	3.2 Developing a High Performance Culture
	3.3 Implement the Membership and Public Engagement Strategy

4. Improving care & services through integration & Collaboration	4.1 Deliver the Integrated care programme for Older people
	4.2 Integration & Collaboration within the North West Sector
	4.3 Collaborate within Greater Manchester & beyond
5. Demonstrate Compliance with Mandatory Standards	5.1 Clinical & Quality Standards
	5.2 Financial Standards
	5.3 IM&T Standards
	5.4 Access Standards
	5.5 Workforce Standards
	5.6 Buildings & Facilities Standards
6. Implement Enabling Strategies	6.1 Research & Development Strategy
	6.2 Under & Post Graduate Education
	6.3 Hospital Redevelopment/Estates Strategy
	6.4 IM&T Strategy
	6.5 Public Health & CSR Strategy

Theme 1: Pursuing Quality Improvement to become the safest organisation in the NHS

- 2.3.5 2013/14 will be the sixth year of a focus on Quality Improvement, with the 2011-2014 Strategy building on the original 2008-2011 Quality Improvement Strategy. The aim continues to be '*the safest organisation in the NHS*'.
- 2.3.6 The principal aims of the strategy are to reduce mortality and harmful events and to improve reliability of care and patient experience
- 2.3.7 The Trust aims to provide safe, clean and personal care to every patient, every time. To achieve this activity is organised under 4 themes:
- Leadership;
 - Measurement;
 - Building staff capability; and
 - A targeted portfolio of projects
- 2.3.8 The Quality team will provide clinical Microsystems coaching to support teams focus on service improvement
- 2.3.9 The new cohort of the Clinical Quality Academy will commence in 2013/14 including;
- Day Surgery team (working on unit flow)
 - IFU team (working on reduction in length of stay)
 - IFU team (working on nutrition)
 - E&D team (working on equality outcome analysis across renal services)
 - Orthopaedic team (working on enhanced recovery after surgery)
 - Paediatrics Diabetes team

- Critical Care team (working on critical care flow and bed utilisation)
- Diabetes team (working on care of patients under 55)
- Surgical team (working on the World Health Organisation (WHO) Checklist)
- Pain team (working on the reliability of second checking of controlled drugs)
- Adult Community Nursing team (working on the COMFE tool - Community Intentional Rounding).

Maintain the relative risk of mortality to be within the top 10% of acute Trusts in the NHS

- 2.3.10 Mortality is measured by both HSMR (Hospital Standardised Mortality Rate) and SHIMI (Standardised Hospital Level Mortality Indicator) The SHIMI has added a focus on deaths within 30 days of leaving the hospital
- 2.3.11 The mortality review process put in place in 2011/2012 continues to report themes and learning within Divisional Governance reporting mechanisms and between Divisions (i.e. Critical Care) where appropriate).
- 2.3.12 An electronic tool is being implemented to support mortality reviews by identifying deaths to the core team and prompting data collection to support the review process.

Improve the reliability of care to be the safest organisation in the NHS

Reducing Avoidable Harm

- 2.3.13 In 2013/14 there will be ongoing measurement of harms as commenced in earlier years these include

- Healthcare acquired infections
- Cardiac arrests
- Safety Thermometer measures Pressure Ulcers, Falls, Catheter- associated urinary tract infection (CAUTI) & Venous Thromboembolism
- Medication errors
- Sepsis

2.3.14 Reliable care will also be measured by achieving 95% reliability in the following care processes and packages, using the principals of reliability science to maintain high performance.

- Community acquired pneumonia care bundle
- Heart failure care bundle
- Hip and knee care bundle
- Myocardial infarction care bundle
- Stroke care bundle
- Intentional rounding
- Structured ward rounds
- Infection bundles

Consistently high standards of care across 7 days & The 'Salford Standard'

2.3.15 The Trust aims to provide safe, clean and personal care to every patient. Plans to implement 7 day working have progressed over the last 12 months initially focused on the emergency village and assessment of patients admitted non-electively in accordance with the 'Salford Standards'. This includes early and ongoing assessment by senior medical staff.

2.3.16 Further roll out of this project will extend beyond the emergency village and incorporate the implementation

of standards being agreed across Greater Manchester for the treatment of emergency surgical cases.

2.3.17 The Trust already has the best access to Radiology outside weekday working hours in Greater Manchester but will be making a wider range of services available out of hours in 2013/14 including improved access to Angiography, Doppler and CT.

2.3.18 A different model of medical management of surgical patients has been implemented in Orthopaedics with input from Care of the Elderly Physicians. This will be extended in 2013/14 with the appointment to further posts to support this outreach model in Orthopaedics and extend it to other surgical specialties.

2.3.19 Processes will be developed to incorporate the review clinical outcome and audit data in Divisional Governance Committees to ensure learning and improvement can be implemented and monitored.

Improving Patient Flow & Reducing Readmissions

2.3.20 There will be a focus on improving patient flow into, through and from the Trust with discharging planning commencing earlier, improved patient information and follow up post discharge.

2.3.21 The Quality Improvement team will be launching a new collaborative in June aimed at reducing 30 days emergency readmissions.

2.3.22 The collaborative will involve multi-disciplinary teams from across the Trust, quality improvement tools and

techniques will be used to accelerate the pace of change and develop ideas to test change.

Work towards delivering the Greater Manchester Surgical Standards & the Acute Abdomen Pathway

- 2.3.23 Salford Royal, in conjunction with Central Manchester and University Hospitals South Manchester Trusts, will continue to participate in a joint Emergency Laparotomy Pathway development project. This follows on from the 2012 National Laparotomy Audit Report on mortality. A best practice template will be launched to ensure the trust continues to provide the best and safest care for this at-risk patient group.
- 2.3.24 The Trust will commence the second phase of the Ca-UTI collaborative, rolling out to further wards and community teams. The aim is to achieve 20% reduction in CAUTIs and 10% reduction in catheter days by 31 December 2013.

Improve patient experience to maintain indicators in the top 20% nationally

- 2.3.25 The experience of patients continues to be of utmost importance and it is the Trust's ambition that we make that experience the best that it can possibly be. The priorities are to
- Respect patients' values, preferences and expressed needs
 - Coordinate and integrate care across boundaries of the system
 - Provide the information, communication, and education that people need and want

- Guarantee physical comfort, emotional support, and the involvement of family and friends

- 2.3.26 Projects address the issues in the NHS National carers strategy and are outlined in the Trust's Patient, Family and Carer Experience project. The key themes include
- Explanation of medication side effects to patients
 - Ensuring patients know who to talk to about their worries and fears
 - Ensuring patients are involved as much as they want to be in decisions about their care
 - Ensuring that when patients have important questions
- 2.3.27 From April 2013 all acute NHS hospitals will be required to test the quality of patient experience using a standardised question called the Friends and Family Test (FFT).
- 2.3.28 In preparation Salford Royal has piloted the question, initially only to patients discharged home from the A&E department. The question asks: "How likely are you to recommend our A&E department to friends and family if they needed similar care or treatment?" The question sent via SMS/text message, asked within 48 hours of discharge, will be rolled out across acute inpatient areas.
- 2.3.29 Patient information is being reviewed with the intention that diagnosis and procedure specific information be provided to patients. The website will also be updated with improved information about clinical services and providing more information for patients about attending and being admitted to the hospital.

- 2.3.30 Services will be reviewed and redesigned to enable more patients to be more involved and take responsibility for their care. Self testing and dosing will be trialled for some patients on anticoagulant drugs and Renal self care models will be expanded and embedded
- 2.3.31 A new volunteer driver scheme will be introduced to help people living in Irlam and Cadishead get to Salford Royal for cancer treatment. The scheme will utilise local volunteers and is being supported by Salford Royal volunteer services, Salford Health Improvement Team and the Salford Macmillan Information and Support Service.

Theme 2: Achieving cost improvements, income & cost targets to improve margins

- 2.3.32 Teams are focused on improving the efficient delivery of contracted activity including planned service developments, making optimum use of beds, theatre and outpatient capacity.
- 2.3.33 Contracts, service level agreements and leases are kept under constant review to ensure they reflect services provided and received within and outside the organisation. The hosting model is being developed as the Trust
- 2.3.34 Workforce plans are being continually reviewed to ensure they meet service demands, compare favourably when benchmarked and minimise the use of temporary staff at premium cost.
- 2.3.35 Procurement is being scrutinised to ensure costs are minimised.

- 2.3.36 All Cost improvement programmes are subject to quality impact and risk assessments.
- 2.3.37 More collaborative working will be undertaken between Divisions, within the Health Economy and between Trusts to identify savings
- 2.3.38 Details of the financial plans for 2013/14 are provided in the Trusts Annual Plan.

Theme 3: Supporting high performance and improvement

Improve Staff Contribution to Corporate Objectives & Values

- 2.3.39 The core values agreed in 2011/2012 will support the Trust's Quality Improvement aims and set out expectations as to how staff should behave towards each other and to patients. All members of staff at Salford Royal Foundation Trust are expected to be:

Patient and customer focussed:

- Communicates to all relevant parties in an holistic, timely manner
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Supportive of continuous improvement:

- Responds well to change and embraces initiatives
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- Takes ownership for continuous learning and self development

Respectful:

- Strong focus and personal accountability on actions and results
- Takes responsibility for own actions
- Accounts for wider pieces of work rather than limited job description duties

Accountable:

- Acts as a team player; Recognises and rewards others
- Fosters a participative work environment
- Respects policies & procedures & resources

2.3.40 The strategy highlights the commitment to the development of a safety culture. The main elements of a safety culture being:

- Open and frequent communication
- High functioning multidisciplinary teams
- 'Just' culture (understanding of system vs. individual errors)
- Robust error reporting systems that 'close the loop'
- HR practices that support a culture of safety
- Leadership:
 - Focus on never events
 - Willingness to address bad behaviours
 - Accountability for improvement and safety at all levels
- Measurement for improvement

Develop a High Performance Culture

2.3.41 The focus for 2013/2014 will be to deliver the clinical and management development, team performance & talent management programmes, a framework for earned autonomy and collaboration

2.3.42 The approach will include

Divisional ownership of the coaching approach to high performance
 Talent identification and development
 Team building strategies
 Safely embed earned autonomy within the assurance framework
 Developing a common purpose
 Mentoring, coaching and performance assessment for clinical leaders
 Collaborative working across divisions
 Developing skills in response to changing service models
 Developing skills around building valued relationships, collaborative decision making, facilitation and conflict resolution.

Team building strategies

2.3.43 Team building strategies will be developed with particular attention in areas of organisational change including Pathology, Theatre and Pharmacy.

Implementation of the new Electronic Patient record (EPR)

2.3.44 The new EPR system will be in place early in 2013/14 providing new functionality to support clinical decisions making and improved reliability of care. Changing working practices and training will exploit the new systems.

Service Line reporting and Trading Accounts

2.3.45 Finance systems will develop to support the business units and trading between departments.

Implement the Membership & Public Engagement Strategy

2.3.46 In 2013/14 the Trust and Council of Governors will implement the Membership and Public Engagement Strategy and the related Membership and Public Engagement Plan.

Key priorities will be:

- To ensure the Trust's membership is representative of the population served, focussing membership recruitment activities on the geographic constituency areas least represented and those in the age range of 16-30.
- To support Governors to fulfil their responsibility to represent members' and public interest particularly in relation to the strategic direction of the Trust.
- To ensure the membership and Public Engagement Strategy is aligned to the Patient, Family and Carer Experience Strategy to ensure complementary and strategic patient and public engagement throughout the Trust.

Theme 4: Improving care & services through integration & Collaboration

Deliver the Integrated Care programme for Older People

2.3.47 Salford Royal will work with Salford CCG, the City Council, Greater Manchester West and non-statutory partners to find better ways of supporting older people, to improve their independence and quality of life. A new model of care has been identified which will be trialled and tested in two neighbourhoods (Swinton & Pendlebury and Eccles, Barton & Winton) during 2013/14.

2.3.48 The new model has three inter-related parts:

- promotion and increased use of **Local Community Assets** (e.g. carer support, self-management, community groups) to support increased independence and resilience for older people;
- establishment of **Multi-Disciplinary Groups** (i.e. structured, multi-disciplinary population based care) to support older people who are most at risk as well as a providing a broader focus on screening, primary prevention and signposting to community support; and
- development of an **Integrated Contact Centre** (i.e. a hub to support navigation, monitoring and support) that brings together aspects of telephony and telecare support for older people.

2.3.49 An interim evaluation will be conducted towards the end of the year and an implementation plan developed to roll out those changes that prove to be most effective to the remaining six neighbourhoods in Salford.

Integration & Collaboration within the North West Sector

2.3.50 Following the successful collaboration with Wrightington Wigan & Leigh Foundation Trust in creating the Pathology at Wigan & Salford model, blood sciences will transfer to Salford Royal in early 2013/14, completing the redesign of Pathology services between the two organisations.

2.3.51 Joint work will also continue in the development of Clinical Haematology. Strategically Wrightington Wigan and Leigh wish to maintain Inpatient and Outpatient services ensuring services for the local population. Given the reputation of Salford Royal it has been agreed

to recruit to joint Consultant posts to ensure equity and attractive job plans. Most of the Consult pool will deliver services on both sites.

- 2.3.52 The Trust will also continue to work with Wrightington, Wigan & Leigh Foundation Trust to improve the reliability and flexibility of the Sterile services Decontamination Unit (SSDU) service to respond to the needs of services within both organisations.
- 2.3.53 The Trust will work with partners in Wigan and Bolton the sector to develop sector solutions to the 'Healthier Together' strategy and explore opportunities for joint working.

Collaborate within Greater Manchester & beyond/Service Developments

- 2.3.54 As a Major Trauma centre the Trust will continue to raise standards in Regional Trauma care by moving towards meeting the service specification standards.
- 2.3.55 Following publication of clinical 'cases for change' the Trust will work commissioners and partner Trusts to agree service models meeting the 'Healthier Together' Recommendations. Additional capacity will be planned to meet the needs of the revised service models including emergency, complex and cancer surgery, assessment capacity and delivery of acute Neurology service models.
- 2.3.56 Plans for further development of the Comprehensive Stroke centre will be developed with commissioners. Additional capacity will be developed to meet the needs of the changing stroke model.

2.3.57 Progress has been made over the last two years to collaboratively commission Neurosciences across Greater Manchester with Salford Royal now managing the provision of most outpatient Neurology services. Completion of the model will be pursued for the remaining outpatient service in Stockport and discussions will be pursued in respect of neurosurgery. Community and GP clinics will be developed in neurology.

2.3.58 Salford Royal will lead, develop and improve access to neuro-rehabilitation for Greater Manchester, working closely with commissioners and other providers. The trust will provide additional services on site in short term and lead on the development of capacity across Greater Manchester to meet the commissioning specification longer term.

2.3.59 Implementation of the Radiology Strategy will commence including planning additional capacity equipment replacement and procurement, review of the workforce, implementation of trading accounts and collaborative working with clinical divisions to improve patient flow and meet changing clinical requirements. Collaboration with other Trusts will continue to improve access to Vascular and Interventional radiology. The department will implement the new CRIS and PAC's systems and exploit the additional functionality of these systems.

2.3.60 Further progress will be pursued in delivery of the Dermatology Strategy including expansion of the Mohs service facilitated by additional theatre capacity,

2.3.61 The Trust will work with the Christie Trust to provide an onsite position emission tomography (PET) imaging service.

Service Developments & Redesign

Outpatient Improvement

2.3.62 The Outpatient Improvement Plan has implemented a number of improvements in its first year and will build on this in the second year including;

- evaluation and potential rollout of the patient portal
- tele-health and tele-medicine deployments,
- Implementation of recommendations from the world outpatient review
- roll out of “managed booking” of appointments.
- Improvements will be supported within specialties with further rapid improvement events.

Implement redesigned Anticoagulation Services

2.3.63 Salford Royal, our Commissioners, and patients have agreed to pilot a self-testing model. A self-testing pilot will commence in June 2013 with 100 point of care testing machines being used by patients in the community. This pilot has been arranged in association with Roche. If successful our ambition is for this to be the pathway of choice for all our patients, with a small number of patients accessing alternative options (eg traditional clinics) if they do not meet the eligibility criteria. It is envisaged that some patients will progress to a self-dosing model.

The Oldham Dialysis Unit

2.3.64 The Oldham Dialysis Unit will open in Autumn 2013 and outpatient clinics will be developed in Pennine satellite units.

Spinal Services

2.3.65 Spinal services will be developed jointly by Neurosurgical and Spinal teams to address demand from within and outside Greater Manchester and in particular to meet the needs of an adolescent population.

Develop the Neurosciences centre and improve ward facilities

2.3.66 The Trust will review facilities to ensure they meet the needs of the complex patients they serve.

Theme 5: Demonstrate compliance with Mandatory Standards

2.3.67 There are an increasing number of

- Monitor Standards
- Care Quality Commission Standards
- National, Specialist Commissioner and Local Commissioner CQUIN standards

2.3.68 These are assigned within the organisation in line with the assurance framework to be managed by service lines, directorates and divisions.

2.3.69 Assurance on compliance will be received through the divisional and corporate assurance committees

Theme 6: Implement Enabling Strategies

2.3.70 The enabling strategies in this section are reviewed and updated as part of the annual planning process and where necessary to reflect longer term strategic intentions

Deliver the Research & Development Strategy

2.3.71 The focus of the Research & Development strategy is for Salford Royal to lead on Population Health Improvement through participation in the Greater Manchester Academic Health Science Network (GM AHSN) and Manchester Academic Health Science Centre (MAHSC)

2.3.72 In partnership with others we wish to establish a unique environment and research support infrastructure that supports the development of new health care innovations and treatments and ensures that discoveries are translated into practice and populations at the earliest opportunity. This will ensure that the best health care is available to our local population and others at first opportunity.

2.3.73 Ambitions include

- being a world recognised centre of excellence for Health improvement and population based research.
- ensuring that findings from research are effectively translated into practice and populations

- ensuring that the population of Salford are engaged with the research and understand the opportunities to participate and to influence the future of health care.
- Increasing research capability and capacity to support research of local, national and international importance with particular focus on areas of strength and local priorities.
- developing our research community to ensure that Salford Researchers are leading nationally recognised research programmes in their areas of expertise as well as contributing significantly to the research of others.
- Provision of effective and efficient research support and infrastructure for research of all types to ensure that we are meeting our customer's needs.
- maximising research income to invest in infrastructure, support and people for research and health improvement activity in the future
- Achieving the required 30 day approval and 70 day recruitment standards for clinical trials
- Extending the scope of the research training academy
- Maximising the potential of e-health

2.3.74 Opportunities will be pursued to develop models for shared support services with NHS, Local Authority and other public bodies, with joint governance functions being developed with South Manchester.

Deliver Under & Post Graduate Teaching

2.3.75 The focus of the education strategies will be to

- Improve teaching capacity
- Prepare for a National Education tariff and associated Education Standards

- Prepare for University of Manchester curriculum “evolution” in line with GMC requirements.
- Consolidate Salford as a “test bed” for new developments in Undergraduate Medical Education
- Develop new Quality Assurance processes to support the new Manchester Medical School system of Sector Review
- Support the organisation of additional workplace assessments, specialty blocks and adoption of new systems
- Address issues arising from the shortage of junior doctors.

Deliver the Hospital Redevelopment Strategy

- 2.3.76 Three new theatres will be commissioned in autumn 2013. This will provide a second emergency theatre, enable reconfiguration of theatre allocation to allow upgrade of existing level 1 and 3 theatre suites, and provide additional capacity for service developments.
- 2.3.77 Redevelopment of the Clinical Sciences Building site will be planned including re-provision of clinical and office accommodation in the current building. Provision of facilities for co-location of clinical and academic Dermatology and expansion of surgical capacity to meet the demand of service reconfiguration will be progressed
- 2.3.78 A Community Estate Strategy will be developed to rationalise the locations of services and make provision for more community based services.

Deliver the IM&T Strategy

- 2.3.79 The priorities for 2013/14 include:

- Implementation of a new Electronic Patient Record (EPR) system to replace and extend the scope of the existing electronic record and future proof with additional functionality.
- Improved support to clinical pathways within the Trust by harnessing the increase capabilities of the New Electronic Patient Record System (EPR) to enhance clinical outcomes for patients and support evidence based practise.
- Implementation of new EPR functionality in A&E and Critical care to support efficient and effective practise to enhance clinical outcomes for patients.
- Deployment of new mobile technologies to community staff including District nurses to support delivery of care in patients’ homes.
- Implementation of a replacement PACS and RIS systems to support the reporting of radiology images (X-Rays, CT and MRI scans) in partnership with other trusts across Greater Manchester.
- Continued support the Outpatient Improvement plan, through identify and harnessing new technologies and capability within the new EPR.
- Continued enhancement and development of integrated records within Salford and developing links with partner organisations across Greater Manchester to support coordinated care.

Deliver the Corporate & Social Responsibility & Public Health Strategy

- 2.3.80 The Trust continues to implement the ‘Live Well, Work Well’ strategy agreed in 2011/12 with the following priority themes
- 2.3.81 The Patient & Staff Health & Well Being objectives include

- Alcohol screening & referral in pre-operative assessment
- Brief intervention & referral to smoking cessation services
- Reduced Accidental injuries in children
- Supporting Infection Control measures in hospital and community

2.3.82 The social responsibility element of the strategy includes

- Further Implementation of the Volunteering strategy
- Increased community engagement
- Work placements and career opportunities
- Engagement with the membership in respect of service developments and redesign

2.3.83 The sustainability and environmental impact part of the strategy builds on the work done so far and has set further targets to

- Reduce and recycle waste
- Reduce energy use
- Reduce carbon emissions
- Implement the Green travel plan
- Increase the use of local and fair-trade goods

Section 3: Corporate Governance Statement

- 3.1 The board is satisfied that, to the best of its knowledge and using its own processes and having assessed against Monitor's Quality Governance Framework (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), its NHS foundation trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients
- 3.2 The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements
- 3.3 The board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.
- 3.4 The board anticipates that the trust will continue to maintain a financial risk rating of at least 3, as defined in Monitor's Compliance Framework, over the next 12 months
- 3.5 The board is satisfied that the trust shall at all times remain a going concern, as defined by relevant accounting standards in force from time to time.

- 3.6 The board will ensure that the trust remains at all times compliant with its licence and has regard to the NHS Constitution
- 3.7 All current key risks to compliance with the trust's licence have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues – in a timely manner
- 3.8 The board has considered all likely future risks to compliance with its licence and has reviewed appropriate evidence regarding the level of severity, likelihood of a breach occurring and the plans for mitigation of these risks to ensure continued compliance
- 3.9 The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.
- 3.10 An Annual Governance Statement is in place pursuant to the requirements of the NHS Foundation Trust Annual Reporting Manual, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury
- 3.11 The board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds) and a commitment to comply with all known targets going forwards.

The board has identified a risk associated with the clostridium difficle target based upon the 12 month

rolling average but confirmed all possible measures are in place to ensure ongoing compliance with this target.

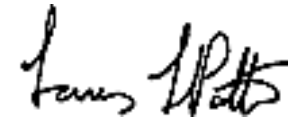
- 3.12 The board is satisfied that its NHS foundation trust can operate in an economic, efficient and effective manner.
- 3.13 The board will ensure that the trust will at all times operate effectively within its constitution. This includes: maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; that all board positions are filled, or plans are in place to fill any vacancies; and that all elections to the board of governors are held in accordance with the election rules.
- 3.14 The board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience, skills and training to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.
- 3.15 The board is satisfied that: the management team has the capacity, capability, training and experience necessary to deliver the annual plan; and the management structure in place is adequate to deliver the annual plan
- 3.16 For an NHS foundation trust engaging in a major Joint Venture, or Academic Health Science Centre (AHSC), the board is satisfied that the trust has fulfilled, or continues to fulfil, the stated criteria.
- 3.17 The board is satisfied that plans are in place to ensure that the trust will at all times comply with all applicable legal requirements

3.18 The board is satisfied that during 2013 the Trust has provided the necessary training to its governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role

3.19 After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.



David N. Dalton
In capacity as Chief
Executive and
Accounting Officer



James J. Potter
In capacity as
Chairman

Signed on behalf of the Board of Directors, and having regards to the views of the governors.

Section 4: Principal Risks & Uncertainties

4.1 **Principal Risks and Uncertainties**

As part of good governance the Trust continues to identify potential risks to achieving its strategic developments. A robust Assurance Framework is maintained which enables the identification, analysis and management of risk. The issues below describe the risks that the Board of Directors considers to be of particular significance. There may be other risks or uncertainties not yet identified by the Trust that could impact on future performance.

4.2 **Healthcare acquired infections**

During 2013/14, the Trust recognises that if it does not sustain the effective measures it has in place for the prevention of infections then patients may be adversely affected and financial penalties will be applied.

Salford Royal has an effective infection control programme in place and continues to work with primary care colleagues to ensure appropriate antibiotic prescribing.

4.3 **Management of Intermediate Rehabilitation Units**

The intermediate rehabilitation of patients affects how patients move through the hospital and the quality of their care. The Trust recognises that if the provision of intermediate rehabilitation across Greater Manchester not managed effectively, then patient flow and quality of care will be adversely affected.

Salford Royal is actively pursuing a solution with its commissioners, Greater Manchester specialty network boards and neighbouring foundation trusts.

4.4 **Implementation of the new Electronic Patient Record (EPR)**

Robust contract clauses in place with EPR partner and on-going internal audits to mitigate risk, during the implementation phase of the Trust's new electronic patient record, of personal data being accessed externally.

4.5 **Joint Decontamination Service**

The Trust is working collaboratively with the Wrightington, Wigan and Leigh NHS FT to provide decontamination services from an off-site facility. The Trust recognises that if operational standards deteriorate at the Decontamination Centre then patients' operations may be cancelled and treatment delayed.

A robust service specification is in place, with managing director involvement and oversight.

A full systems analysis is being undertaken by an external partner to ensure on-going resilience of all systems.

Section 5 : Foundation Trust Membership

- 5.1 A principal objectives of the Trust sets out to
- ensure the Trust’s membership is representative of the population served with focussed membership recruitment activity
 - implement an effective Governor-led membership and public engagement programme that results in meaningful feedback to the Council of Governors and Board of Directors. Engaging members is an essential part of planning, designing and improving services that meet the needs of the communities we serve.
- 5.2 The Salford Royal NHS Foundation Trust membership community includes two classes of members – Public and Staff.

Public Members:

- 5.2.1 There are nine public constituencies – eight of these coterminous with clusters of Salford City Council wards, the ninth is for people who live in any areas served by the Trust but outside of Salford. All members of the public who are over 16 years of age, living in one of the following constituencies can become a member:
- Claremont, Weaste and Seedley
 - East Salford
 - Eccles
 - Irlam and Cadishead
 - Little Hulton and Walkden
 - Ordsall and Langworthy

- Swinton
- Worsley and Boothstown
- Outside of Salford

Staff Members:

- 5.2.2 Staff who are permanently employed by the Foundation Trust or hold a fixed term contract of at least 12 months, or who have been continuously employed by the Foundation Trust for at least 12 months are automatically registered as members unless they choose to opt out.

The Membership and Public Engagement Strategy:

- 5.3 The Strategy sets out the Trusts objectives to be a listening and learning organisation by maintaining a representative membership and involving members and the public in the improvement and transformation of services.
- 5.4 The Communications and Marketing Sub-group of the Council of Governors are responsible for reviewing the Strategy and developing a comprehensive Membership Engagement Plan detailing initiatives for both recruitment and engagement with members, patients and other key stakeholders. Within the Strategy the Trust committed to actively engaging members from the nine protected groups on issues relevant to that group.
- 5.5 Bimonthly GATEway Events are held for the public to be kept informed about volunteering opportunities and other events taking place at the Trust which may be useful in their employment search.

- 5.6 Governors led engagement with members of the public as part of their Governor-led Engagement Programme. The chosen topic
- 5.7 Medicine for Members seminars are held to share information about how the Trust is improving patient care and facilities, as well as providing information on how members can improve their own health and well-being. The events also provided an opportunity for Governors to informally engage with members. A series of seminars is planned for 2013-14.
- 5.8 The Quality Subgroup of the Council of Governors continued to receive and seek assurances from the Trust regarding its Quality Improvement Strategy, Patient Safety, Patient Responsiveness and Patient Waiting Times.
- 5.9 The Strategic Direction Subgroup of the Council of Governors contributes to the forward plans of the organisation by reviewing the timetable and each stage of the Annual Plan Cycle.
- 5.10 The Trust implements a number of feedback mechanisms to ensure regular communication with members these include; quarterly membership newsletter including engagement updates and information on how members can get involved, membership events and the Trust's Annual Open Day.

Section 6: Financial Plans

Continuity of Service Rating (still under consultation)	3	3	4
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6.1 Summary Income and Expenditure Position for 2013/14 to 2015/16

The following table sets out the summary Income and Expenditure Position for the three years covered by this Annual Plan. The table also sets out the summary Financial Risk Rating for each of the 3 years. Further details of the full Financial Risk Rating for the period can be found in section 6.9 of this paper.

	2013/14 £000's	2014/15 £000's	2014/15 £000's
Income	441,139	459,923	453,852
Expenditure	(418,206)	(433,716)	(425,696)
EBITDA	22,933	26,207	28,156
Interest Receivable	65	65	65
Depreciation	(8,329)	(10,504)	(11,916)
PFI Depreciation	(2,311)	(2,311)	(2,311)
Interest Payable – PFI	(5,497)	(5,353)	(5,208)
Contingent Rent	(1,676)	(2,156)	(2,633)
Interest Payable on Loans (£10m repaid over 20 years)	(60)	(120)	(120)
Unwinding of Discounts	(75)	(75)	(75)
PDC Dividend	(2,230)	(3,047)	(3,214)
Normalised Surplus	2,709	2,705	2,742
Accelerated Depreciation (Clinical Sciences Building)	(3,600)	0	0
Surplus / (Deficit) after Exceptional Items	(891)	2,705	2,730
Financial Risk Rating (current calculation)	3	3	3

6.2 Activity Planning

The March 2013 Interim Budget Board Paper included details of the methodology used to calculate the required levels of activity with commissioners. These activity levels have been agreed by both Clinical Commissioning Groups (CCGs) and NHS England (formerly NHS Commissioning Board) as being the levels of activity that they wish to commission from SRFT for 2013/14. The levels of activity forecast to be delivered in 2012/13 is the starting point this will then be adjusted for any agreed changes to the volumes of activity for things such as Service Developments, Achievement of Targets and any changes requested by Commissioners e.g. the Any Qualified Provider programme. These activity levels have been agreed with the Managing Directors and reflect what they believe to be the required levels of activity in 2013/14.

Given the changes to the structures of commissioning organisations and the 'Information Rules' used to allocate who is the responsible commissioner, this has meant that NHS England has had to assimilate these changes, which, in addition to having a new budget has meant that there has been delay in the agreement of the contract for 2013/14. The contracts with both CCGs and NHS England have now been signed.

The value of income within the budget for CCGs remains unchanged, with only minor changes to correct small errors, and those values have been signed off with CCGs. The agreement with NHS England acknowledges that the Trust will deliver activity levels that are above the 2012/13 levels, principally in Neurosurgery, Spines and

Dermatology (Mohs) and that the levels of activity proposed for 2013/14 are realistic. NHS England has agreed that the majority of activity will be within the contract, and therefore, paid as part of the monthly payment, with circa £4 million pounds of activity being paid for as the activity is delivered, thus giving a forecast year end value of circa £171 million, compared to the signed contract value of £167 million.

The contract documentation clearly states that activity when delivered will be paid for by NHS England as over performance against the baseline contract.

6.3 **Factors Affecting Income**

The Interim Budget Paper presented at the March 2013 Board of Directors Meeting contained details of the main income and expenditure assumptions for 2013/14. The following section sets out those assumptions for 2013/14 along with a narrative of the main assumptions for 2014/15 and 2015/16.

6.4 **Impact of PBR Tariffs**

6.4.1 **Structural Changes to PBR**

Each year the Department of Health make changes to the construct of National Tariffs, both in terms of the coverage and the values of those tariffs. The Trust has made an assessment of the impact of the changes made to National Tariffs and it is anticipated that these will have an overall positive benefit to the Trust of circa £1 million, within 2013/14.

Whilst the Department of Health and Monitor will have the lead role in constructing and setting tariffs for the future years, it is not possible to anticipate with any certainty the changes that may be made to the construct

and breadth of tariff coverage going forward. Therefore the plans for 2014/15 and 2015/16 do not include any assumptions about the impact that structural changes may have on income to SRFT.

6.4.2 **Deflationary Impact**

Within the Department of Health Payment by Results Guidance for 2013/14 they have indicated that National Tariffs have been deflated by 1.1%, and this level of tariff deflation should be applied to any local process agreed between the Trust and Commissioners. This has been built into the contracts with Commissioners for 2013/14.

It is likely that the Department of Health, whilst maintaining a "flat cash" budget going forward for the NHS will continue with its efficiency requirement for commissioned activity. There is no further guidance available on what assumptions to make at this stage, therefore it is assumed that both PBR and Non PBR Tariffs will be reduced in future years. For 2014/15 PBR and Non PBR income has been reduced by 1.3% (£4.8 million). However, for 2015/16 it is likely that pay awards will be recognised as part of the tariff deflator, therefore we have assumed that the reduction in tariff for 2015/16 will be limited to a 1% (£4.0 million) reduction.

6.5 **Contractual Penalties and CQUIN**

6.5.1 **CQUIN**

The value of CQUIN remains at 2.5% of Commissioner income (as was 2012/13) and this equates to £7.7 million for SRFT, and this is built into plans with Commissioners for 2013/14.

The plans for both 2014/15 and 2015/16 include CQUIN at 2.5% of agreed income will be available to the Trust. The schemes to deliver this level of income will be agreed as part of the contractual round for each of the years.

6.5.2 **Readmissions**

The Trust will operate the Readmissions penalties in the same way that they have been applied in 2012/13, with a maximum risk exposure of £1 million, within 2013/14. However, should the readmissions rate be reduced to circa 9.7% then this will be reduced to a penalty of circa £0.5 million.

In the absence of any further guidance the plans assume that the 2013/14 level of readmissions penalties will be in place, with circa £1 million assumed for each year. The contracts agreed with CCGs have this reduction already factored into to them, so no further reserve is required to cover the penalties should they be required.

6.6 **PFI Related Income**

6.6.1 **“Bank” Funding and Other Support Funding**

The plans for 2013/14 require funding of £3.69 million and the income budgets assume this value will be made available.

The Trust will continue to receive the agreed tapering funding to support the PFI, which has been known previously as NHS Bank funding. The responsibility for the management of these payments has passed from NHS North to the NHS England, with effect from 1st April 2013. Confirmation has been received from the NHS England that they have within their allocations the payments due to SRFT under the NHS Bank

arrangements and these payments will be made to SRFT in 2013/14 and beyond in line with the agreement.

The financial plans for 2014/15 and 2015/16 include the agreed profile of NHS Bank Funding with £2.4 million in 2014/15 and £0.7 million in 2015/16. This leaves £2.1 million of Bank Funding for use in future years.

6.6.2 **Making It Better (MIB) Support**

In line with the agreements relating to MIB the Trust will have received its final payment of MIB support in 2013/14, therefore no further support income will be received relating to MIB. This non-recurrent support has been excluded from the financial plans in 2014/15 and 2015/16.

6.7 **Other Income**

6.7.1 **Education Contract Changes**

The Health Education North West (previously the Manchester Deanery which is a part of Health Education England) will continue the implementation of changes to Education Funding previously highlighted to the Board. This will result in a reduction of circa £800K each year for 4 years. Work is on-going with local Trusts whom the Trust provides element of Educational Support that will no longer be freely available and a locally agreed SLA will be put in place to cover the support provided by SRFT.

The implementation of the changes to payments for education have commenced, with Health Education North West providing transitional support to the Trusts who are “financial losers” under these changes. The transition will be provided for 5 years with a tapering of £866K per year (effectively a reduction of just over £4 million over the transition). The plans assume a reduction of £866K in both 2014/15 and 2015/16.

The Trust is actively pursuing the agreement of Service Level Agreements with Trusts who received a benefit from its use of SRFT facilities, that was previously paid for within the funding received by SRFT formerly from the Deanery and in future from Health Education North West. The financial plans include a conservative estimate of this income of £200K in both 2014/15 and 2015/16.

6.8 **Update on Expenditure Requirements**

The March 2013 Interim Budget Paper set out the high level assumptions made for 2013/14, the following section sets out the main assumptions plus the assumptions made for the following two financial years, 2014/15 and 2015/16.

6.8.1 **Pay Awards**

The March 2013 Budget presented by the Chancellor of the Exchequer set out a number of pay related statements these being that:

- (1) pay awards will be limited to 1% in each year, and;
- (2) that some form of restraint will be put in place with regards to pay progression.

The plans for 2013/14, 2014/15 and 2015/16 include an estimate of a 1% increase in the Trust's pay bill of (£2.4 million) relating to an estimated "cost of living" increase in those years.

6.8.2 **Incremental Drift**

Given that there is uncertainty around what the restraint measures will be related to pay progression and when they may be effective from, it is prudent to assume that an element of incremental drift will continue. Based upon previous experience this will be approximately £3.9

million per annum, and the plans include these values for 2013/14, 2014/15 and 2015/16.

6.8.3 **Other Pay Related Costs**

As in previous years the Trust is required to agree a number of local Distinction Awards and Clinical Excellence Awards. For 2013/14, 2014/15 and 2015/16 a reserve of £0.35 million has been set aside within the financial plans (this is in line with previous expenditure levels).

6.8.4 **Non Pay**

A non-pay reserve has set aside for both 2014/15 and 2015/16 of 3.5% of the non pay budgets. This equates to approximately £3.0 million in both years and will be used to fund the non pay consequences of inflation. This reserve will be used to fund any increases in premiums associated with CNST and other contractual non pay cost increases faced by the Trust. This is higher than in previous years as Trust budgets are anticipated to come under greater pressure as costs of goods and services rise.

6.8.5 **Medical Equipment Maintenance**

The Trust continues to invest in medical equipment as part of its safety and quality patient care delivery approach and this continued investment will require additional maintenance both through the in house team and via external contracts. A reserve has been set aside of £0.3 million in both 2014/15 and 2015/16. This will be allocated as appropriate in the respective years.

6.8.6 **CQUIN**

Increasingly the delivery of CQUIN schemes will require the investment to enable the CQUIN to be achieved and therefore securing the income stream associated with the CQUIN itself, a Reserve of £500K has been set aside to

cover the consequences of delivering the 2013/14 CQUIN plans. Given that the CQUIN schemes have yet to be developed for 2014/15 and 2015/16 a reserve has been set aside of £0.5 million in both years. This will be allocated in line with requirements to deliver the CQUIN and in agreement with the relevant Service Management Teams.

6.8.7 IM&T

In line with previous years a budget of £250K for both 2014/15 and 2015/16 has been established within the financial plans that will be used to continue to develop the IM&T Infrastructure. This is in addition to the agreed investments around EPR. The financial plans include the full impact of the EPR business case in each of the years, in line with the business case.

6.8.8 Business Cases within the 2013/14 Plans

The following is a summary of the business cases that have been included within the Expenditure Budgets.

Business Cases	
	£000's
Redesign & expansion of Spinal activities	2,526
Electronic Document Management System (EDMS)	934
New operating theatres	1,153
EPR	1,200
Intermediate Rehabilitation Unit	2,044
Other (Incl. Rostering, Data Centre, Patient Centre)	1,099
Total Business Cases	8,956

6.8.9 Service Developments – 2014/15 and 2015/16

The financial plans for the Trust do include a number of anticipated Service Developments, which at this stage have yet to be finalised and agreed with Commissioners but the plans include Income and Expenditure for the following service developments. The table below sets out the contribution that has been assumed with the plans.

N.B. the values in the table are additional contribution in each year and are assumed to be recurrent funding.

Contribution from development activities	2014/15 £000's	2015/16 £000's
Major Trauma Centre	200	0
Stroke Expansion	547	0
Intermediate Neuro Rehabilitation (IRU)	220	0
Homecare Prescribing	100	100
Theatre Expansion	388	0
Oldham Renal Dialysis Unit	62	0
Education Service Level Agreements	200	200
Total	1,717	300

6.8.10 PFI Costs

Given that the Unitary Payment associated with the Hospital Redevelopment PFI scheme is now fully within the budgets (2012/13 included the final 'step up' to the full unitary charge) the only changes to the costs associated with the PFI relate to the year on year inflation calculation which is based upon the movement in the Retail Prices Index (RPI) between February and the following February each year. Given that it is difficult to estimate with any degree of accuracy what the RPI movements will be the plans include £500K per annum for both 2014/15 and 2015/16 as a reserve against the movement in RPI each year.

6.8.11 Asset Valuations

Given the current economic climate the Trust has seen downward revaluations of its fixed assets (land and buildings) through year on year revaluations by the Valuation Office. It is difficult to forecast what the prevailing valuations will be at the end of the financial year. The financial plans do not include any changes to the valuations of the Trust's assets base (either up or down). Any impact will be managed within the overall financial position of the year in which the movement occurs. Informal research undertaken with peer group Trusts has concluded that no FTs are anticipating any major upward valuations of their asset base and have adopted an approach which is consistent with that taken within the SRFT plans.

6.8.12 Reserves

The Trust has set aside a number of reserves as a consequence of the expenditure requirements as the timing of these requirements is uncertain. In addition the Trust has a number of unallocated contingency reserves.

For 2013/14 the Reserves are as follows:

Description	Reserves 2013/14	Committed	Un Committed/ Contingency
Pay Awards	2,333,378	2,333,378	
Non Pay Inflation	506,255	506,255	
Drugs	3,085,777	3,085,777	
Trauma Centre costs	898,719	898,719	
CQUIN	500,000	500,000	
Education/CEA's	496,662	496,662	
MDTs	400,000	400,000	
MiB Transitional Funds	737,771	737,771	
Trustwide Funds	625,000	625,000	
Pressures	2,312,030	2,312,030	
Contingency	2,273,906		2,273,906
Total	14,169,498	11,895,592	2,273,906
Existing Trustwide CIP Targets	(401,546)	(401,546)	
Grand Total	13,767,952	11,494,046	2,273,906

6.9 Financial Risk Rating

6.9.1 Whilst Monitor is still consulting on the construct of the new Continuity of Service Risk Rating, the extant Financial Risk Rating will still apply for the first six months of 2013/14. The following table sets out the summary position of the Risk Rating for the period of the Annual Plan.

Metrics	Weight	Elements	2013/14	2014/15	2015/16
EBITDA Margin rating	25%	EBITDA	22.9	26.2	28.1
		Operating Income	444.1	459.9	453.8
		EBITDA margin	5.2% (3)	5.7% (3)	6.2% (3)
EBITDA % of plan achieved rating	10%	EBITDA achieved (% of plan)	100% (5)	100% (5)	100% (5)

Net return after financing rating	20%	Net return after financing costs	2.7	2.7	2.7
		Opening financing costs	221.9	227.5	226.6
		Closing financing costs	227.5	226.6	225.8
		Net return after Financing	1.2% (3)	1.2% (3)	1.2% (3)
IS Surplus margin rating	20%	Surplus	(0.9)	2.7	2.7
		Impairment expenses	3.6	0.0	0.0
		Operating Income	444.1	459.9	453.8
		IS Surplus	0.6% (2)	0.6% (2)	0.6% (2)
Liquidity rating	25%	Cash for liquidity purposes including WCF	34.1	25.1	31.2
		Operating expenditure	418.2	433.7	425.7
		Liquidity days	29 (4)	21 (3)	26 (4)
Overall forecast FRR			3.25	3.00	3.25

6.9.2 Given that Monitor is introducing the new Risk Rating during 2013/14 the following sets out the construct of the new calculation for SRFT for the 3 years of this plan based upon the assumptions within this document and the details provided by Monitor on the calculation of this rating in their consultation document on the new Risk Assurance Framework.

Metrics	Weight	Elements	2013/14	2014/15	2015/16
Debt Service	50%	Revenue	22.9	26.2	28.1

Cover rating		available for Debt Service			
		Debt Service	13.2	14.3	14.8
		Debt Service Cover	1.74x (2)	1.83x (3)	1.90x (3)
Liquidity rating	50%	Cash for CoSRR liquidity purposes	5.1	(3.9)	2.2
		Operating Expenses	418.2	433.7	425.7
		Liquidity metric excluding WCF	4.4 (4)	(3.3) (3)	1.9 (4)
Overall forecast Continuity of Service Risk Rating			3.0	3.0	3.5

6.10 Capital Expenditure Requirements

6.10.1 The Trust continues to invest capital expenditure in assets that are required to deliver the operational requirements of the Trust both within the short term and also within the longer term. The following table sets out the summary capital expenditure requirements along with the resources available in each year.

	2013/14 £000's	2014/15 £000's	2015/16 £000's
Capital Expenditure Requirements	23,210	19,625	5,499
Internally Generated Funding			
- Surplus carried forward from previous year (2012/13)	2,400	0	0
- Depreciation	10,640	12,815	14,227
- Surplus	2,709	2,705	2,730
- Less PFI capital repayment	(3,063)	(3,078)	(3,078)
- Less depreciation on donated assets	(165)	(165)	(165)

Total Internally Generated Funds	12,521	12,227	13,714
Shortfall in Internally Generated Funding	(10,689)	(7,398)	8,215
3 year estimated shortfall			(9,872)

6.10.2As can be seen from the table the Trust will require additional financing to enable it to fund the capital expenditure requirements across the three years of this annual plan. Across the three years of the plan there is a requirement to fund £9,872K, within the first two years £18 million (£10,689K and £7,398K) are required to fund the programme. The funding of this will be managed through an initial loan in 2013/14 of £10 million, with the remainder managed through Trust cash resources.

The level of capital expenditure is the initial phase of work required to help position the Trust ready for the consequences of the strategic change that is going on within Greater Manchester whilst at the same time dealing with some of the poorest elements of the remaining Estate. The Trust needs to develop its clinical capacity to be in a position to be a major player within the GM Healthier Together reconfiguration, and take on additional Surgical workload. To enable this to happen the Trust's site needs further work with the replacement and subsequent demolition of the Clinical Sciences Building that would enable a site to be created within the hospital footprint that would be available for when the business case for the Healthier Together consequences is completed.

6.10.3It is recommended that a £10 million loan to be repaid over 20 years is secured during 2013/14 to finance the 3-year programme. This assumption has been included in these financial plans. Interest rates are currently low and a 20 year loan with the National Loans Fund

currently charges interest at 2.2%. The financial values relating to this loan are £120K of interest payable (Revenue charge), with a principal repayment of £500K (Balance Sheet charge).

6.10.4In the unlikely event that the Trust experiences financial difficulties during the period of this 3-year plan and is at risk of not being able to repay its obligations under the loan the Trust would look to scale back (and / or slip) its capital expenditure requirements and use that cash to repay its obligations. There are a number of schemes in the proposed capital programme that can be deferred or scaled back to release sufficient cash to repay the principal, with a total value of circa £5.7 million. These schemes are:

- Ward Upgrades and Sanitary Accommodation £2.7 million
- Patients Kitchen £2.5 million
- Other Minor Schemes £0.5 million.

6.11 Requirement for Cost Improvements

6.11.1Based upon the contracts agreed with the various Commissioners and the budgets agreed by the Board at its March 2013 meeting there is a requirement for the Trust to deliver a Cost Improvement Programme of £19 million for 2013/14. This value has been removed from the budgets across the Trust to ensure that ownership of the delivery of the savings are with the various operational teams. The following table sets out the summary of the latest position with regards to CIP identified across the Trust.

DIVISION	TARGET	IDENTIFIED - MAY 2013
SHC	4,015,032	4,019,400
CSS & TM	4,991,719	4,603,032
Surgery	2,969,355	2,777,107
N&R	4,225,894	3,926,693
Facilities	1,130,702	1,161,500
R&D	130,685	158,133
Finance	281,725	303,000
IM&T	460,169	460,200
HR	166,721	163,564
L&D	80,921	80,921
Education	92,538	69,241
Nurse	235,513	235,000
S&D	49,001	49,000
Exec	113,685	50,000
TOTAL	19,000,000	18,113,131

The balance that has yet to be identified has been taken from the budgets of the groups to ensure that the underlying financial position of the groups shows the position net of any achieved CIP. The main area of shortfall relates to the Clinical Support and Tertiary Medicine Group who have a number of plans that are being worked on to close the gap. These include:

- Review of Group Non Pay requirements £400K
- Further Review of AHP Structures £200K

The assumptions set out in this paper for 2014/15 and 2015/16 will mean that there will be a requirement for a

Cost Improvement Programme of £19 million in both 2014/15 and 2015/16, to ensure that the Trust delivers its financial plans within those years and delivers the Monitor Financial Risk Rating of 3 in each of the years of the Annual Plan Financial Plans.

The following attachment is the full detail of the individual schemes that build have been implemented by the Trust to deliver the required CIP in 2013/14.



2013_14 CIP Detail to Monitor 3rd June 2

6.12 **Main Themes of Cost Reduction in 2014/15 and 2015/16**

The Trust is continually reviewing its cost structures with a view to ensuring the delivery of high quality, safe, patient care services. The Trust is looking at all elements of its cost base on a regular basis to ensure that all services are delivered in the most cost efficient and safe way possible. Given the continued need to make savings over the coming years the Trust will look to adopt a facilitated approach that will allow services to be reviewed in the context of the whole Trust with a view to ensuring that whole pathway redesign is achieved. This approach will take the form of specific facilitated pieces of work rather than reverting to the previous Programme Management approach which focused primarily on the whole programme. This approach will allow a greater degree of flexibility to review pathways and agree cost reductions in that context.

The following sections set out the main themes that will be followed through to enable cost reductions.

6.12.1 **EPR**

The Trust will be implementing the new Allscripts Electronic Patient Record system during 2013, which will provide a significant opportunity for services to be streamlined and redesigned with the aid of specifically designed workflow systems and processes to ensure safe delivery of patient care within the Trust.

6.12.2 **Joint Working across GM West Sector**

The Boards of Salford Royal, Wrightington, Wigan and Leigh and Royal Bolton Foundation Trusts have agreed that exploratory will be undertaken to see if a number of, predominantly surgical based services can be delivered on behalf of the 3 Trusts, under a different model, but done at a reduced cost. Whilst the fine detail of the services has yet to be agreed it is likely that the services will focus on delivering high quality services, with safe and compliant staffing rotas but sensitive to the needs of the 3 populations, and commissioners.

6.12.3 **Healthier Together**

The NHS Commissioning Board Local Area Team, have commenced a review of services across Greater Manchester entitled Healthier Together, this will focus on the following main service areas:

- Emergency Care Services
- Surgical Services
- Women and Children's Services
- Mental Health
- Primary Care

6.12.4 Salford Royal has been selected along with Central Manchester Foundation Trust as being a Tier 1 Trust within the review, which will ensure that SRFT is a major player in the delivery of the reconfigured services across Greater Manchester. These reconfigured services will be designed to ensure high quality, safe patient care at a lower cost than the combined current costs.

6.12.5 **Older People Integrated Care Project**

The Trust is working closely with other NHS organisations and also Salford City Council (Adult Social Services) to re-design services for Older People across Salford to provide them with a more appropriate treatment option than those currently provided. A test of change project has just commenced that "trigages" Older Peoples referrals into Health and Social Care through a Multi Disciplinary Group who make the decisions about the most appropriate care. This can be into either the newly created alternative care models or (a reduced number of) referral into the existing services.

6.12.5 **Divisional Efficiency Agenda**

The Divisional Managing Directors and Chairs of Division continue to review their services with a view to providing safe care at a lower cost. This will involve a series of benchmarking reviews, assessments of where service have a positive financial contribution to the Trust. This will involve a mixture of the traditional approach to cost reduction along with service redesign and cost reduction approaches.

6.12.6 **Corporate Programme Board**

The back office functions within the Trust will continually be reviewed to ensure that all appropriate delivery models are investigated to ensure that services are delivered in the most cost effective manner.

6.12.7 **Procurement Programmes**

The work to ensure that the Trust gets its goods and services at the most cost effective price will continue with a 3 pronged approach to Procurement.

- Local Procurement Initiatives
- Use of Shared Business Services Procurement Products
- Strategic Advantage Programme Membership

6.12.8 **Service Developments at Marginal Cost**

Despite the overall financial pressures faced by Commissioners there are a number of services that will need investment in the future. The Trust will work with Commissioners who will invest in service developments at the Trust. Given that Payment BY Results is the vehicle through which the Trust will be paid for the services it is anticipated that the Trust will deliver these service developments at marginal cost.

6.13 **Risks**

This financial plan has been constructed to represent a prudent view of the likely financial position of the Trust in the coming 3 years. The assumptions underpinning the plans have been tested with colleagues across the Trust. The income plans are based upon signed contracts with Commissioners. The plan represents a balanced view of the financial position of the Trust through the three years of the Annual Plan. Should the Trust start to feel any in year financial pressure then a number of contingency measures will be enacted.

- Recovery Plans developed and Delivered by Operational Groups
- Slow down of discretionary expenditure

- Slippage in Capital Expenditure Programme to conserve cash
- Use of Uncommitted Reserves and Earmarked Reserves



1. Pursuing Quality Improvement to become the safest organisation in the NHS



Principal Themes	Executive Lead	Principal Objectives	Objectives & Key Performance Indicators	Timescales
1.1 Maintain relative risk of mortality to be within the top 10% of acute Trusts	Elaine Burke	Maintain the relative risk of mortality to be within the top 10% of acute Trusts in the NHS	Safe <ul style="list-style-type: none"> • HSMR Relative risk • SHMI • Mortality Reviews 	From 1 st April 2013
1.2 Improve the reliability of care to be the safest organisation in the NHS	Elaine Burke	Deliver the Quality Improvement Strategy : Safe & Clean	<ul style="list-style-type: none"> • Reduce avoidable harm • Deliver the 'Safety Thermometer' Standards • 95% of patients receive harm free care • 95% reliability in the agreed care bundles • Consistently high standards of care across 7 days • Demonstrate compliance with the 'Salford Standard' • Demonstrate rigorous Governance systems supporting safety for patients and staff • Reduce Readmissions • Benchmark & Improve performance against clinical outcome measures • Work towards delivering the Greater Manchester Surgical Standards • Work towards achieving the Major Trauma Standards Clean <ul style="list-style-type: none"> • Reduce healthcare acquired infections 	By 31st March 2013
1.3 Improve patient experience to maintain indicators in the top 20% nationally	Elaine Burke	Deliver the Quality Improvement Strategy : Personal	Personal <ul style="list-style-type: none"> • Deliver the Patient Experience Strategy • Improve Engagement & Openness with Patients & Families • Maintain patient experience indicators in top 20% nationally • Patient Surveys • Patient Experience trackers • 'Family & Friends' Test • Patient Reported Experience Measures (PREM's) • Hospital & Community Nursing Accreditation and Assessment System (NAAS/CAAS) • PALs feedback 	From 1 st April 2012

2. Safely reducing costs by £19m



Principal Themes	Executive Lead	Principal Objectives	Objectives & Key Performance Indicators	Timescales
2.1 Achieve cost improvements, income & cost targets to improve margins	Tony Whitfield	Reduce costs by £19m	<ul style="list-style-type: none"> • Improve profitability • Review & benchmark workforce plans • Reduce premium workforce costs • Improve utilisation of Theatres, beds & Outpatients • Improve patient flow • Ensure Service Level Agreements, contracts & leases accurately reflect services received / provided • Efficiently deliver contracted activity & service developments • Reduce costs of procurement • Develop the hosting model • Develop more collaborative working to identify cost reductions across Divisions, within the Health Economy & between Trusts 	From 1 st April 2013

3. Supporting high performance and improvement



Principal Themes	Executive Lead	Principal Objectives	Objectives & Key Performance Indicators	Timescales
3.1 Improve Staff Contribution to Corporate Objectives and Values	Paul Renshaw		<ul style="list-style-type: none"> • Embed use of the Performance Framework • Staff Engagement & Communication • Implement Communications Strategy • Implement the Volunteer Strategy • Develop a Reward strategy 	From 1 st April 2013
3.2 Develop a High Performance Culture	Paul Renshaw	Development of a Coaching Style within the environment of earned autonomy	<ul style="list-style-type: none"> • Coaching • Talent Management • Team building strategies • Service Line management • Collaborative working across divisions • Develop skills in response to changing service models • Develop skills around building valued relationships, collaborative decision making, facilitation and conflict resolution. • Implement EPR • Service Line reporting and Trading Accounts 	From 1 st April 2013
3.3 Implement the Membership & Public Engagement Strategy	Paul Renshaw	Implement the Membership & Public Engagement Strategy	<ul style="list-style-type: none"> • Representative Membership • Membership numbers • Engagement activity 	From 1 st April 2013

4. Improving care & services through Integration & Collaboration



Principal Themes	Executive Lead	Principal Objectives	Objectives & Key Performance Indicators	Timescales
4.1 Deliver the Integrated Care Programme for Older People	Simon Neville		<ul style="list-style-type: none"> Pilot a new model in two neighbourhoods (Swinton & Pendlebury and Eccles, Barton & Winton) Implement the new model for Anti-coagulation services 	31 st March 2014
4.2 Integration & Collaboration within the NW Sector	Simon Neville	Work with Partners to identify areas for collaboration and implement agreed plans	<ul style="list-style-type: none"> Conclude Pathology at Wigan & Salford transfers Sterile Services Joint Haematology services with WWL Develop early solutions to the 'Healthier Together' Strategy 	31 st March 2014
4.3 Integration & Collaboration within Greater Manchester & beyond	Simon Neville	Work in partnership with organisations in Greater Manchester and beyond to improve clinical outcomes and improve efficiencies	<ul style="list-style-type: none"> Achieve Trauma centre standards Plan capacity for Healthier Together service configurations Plan for further developments of the comprehensive stroke centre Collaboratively commission Neurosciences Develop neuro rehabilitation capacity Develop PET services 	31 st March 2014
4.4 Service Developments/redesign	Simon Neville		<ul style="list-style-type: none"> Implement the Radiology Strategy Implement the Dermatology Strategy Develop MOH's surgery Implement the Outpatient improvement plan including patient portal, tele-health and tele-medicine deployments, Open the Oldham Dialysis Unit Develop Spinal Services Develop the Neurosciences centre and improve ward facilities 	31 st March 2014

5. Demonstrate Compliance with Mandatory Standards

Principal Themes	Executive Lead	Principal Objectives	Objectives & Key Performance Indicators	Timescales
5.1 Achieve Clinical & Quality Standards	Chris Brookes	Demonstrate compliance with the Clinical & Quality Standards	<ul style="list-style-type: none"> • NHSLA Standards • Monitor Infection Control Quality Targets • CQC Outcomes 1-21 • National CQUIN Standards • Greater Manchester CQUIN Standards • Local CQUIN Standards 	From 1 st April 2013
5.2 Financial Standards	Tony Whitfield	Achieve Monitor Finance Standards	<ul style="list-style-type: none"> • Monitor Financial rating • I&E • Surplus • EBITDA • Capital • CIP 	From 1 st April 2013
5.3 IM&T Standards	Tony Whitfield	Demonstrate compliance with Information Governance Standards & standard returns	<ul style="list-style-type: none"> • Information Governance Standards • Mandatory returns 	From 1 st April 2013
5.4 Access Standards	Simon Neville	Achieve Monitor, Contractual and Trust Stretch Access Targets	<ul style="list-style-type: none"> • Monitor Access Targets • 18 weeks • 6 week diagnostic wait • Cancer 14, 31 & 62 days • A&E/Ambulance Transfer Local Access Standards • Cancelled Operations • Choose & Book Slots/Named Consultant • Delayed transfer of care • Emergency readmissions 	From 1 st April 2013
5.5 Workforce Standards	Paul Renshaw	Demonstrate Compliance with workforce standards	<ul style="list-style-type: none"> • Appraisal • Mandatory Training • Consultant revalidation • Sickness absence 	From 1 st April 2013
5.6 Building and Facilities Standards	Simon Neville	Demonstrate compliance with Building & Facilities Standards	<ul style="list-style-type: none"> • Health & Safety Standards • PEAT assessments 	From 1 st April 2013

6. Enabling Strategies

Principal Themes	Executive Lead	Principal Objectives	Objectives & Key Performance Indicators	Timescales
6.1 Deliver the Research & Development Strategy	Paul Renshaw	Deliver the Research & Development Strategy	<ul style="list-style-type: none"> • Lead on Population Health Improvement • Develop research infrastructure • Develop research community • maximising research income • Achieving the 30 day approval and 70 day recruitment standards for clinical trials • Extending the scope of the research training academy • Maximising the potential of e-health 	From 1 st April 2013
6.2 Under & Post Graduate Teaching		Deliver Under & Post Graduate Education	<ul style="list-style-type: none"> • Deliver Undergraduate Medical Education • Deliver Post Graduate Medical Education • Deliver Student Nursing/clinical placements • Demonstrate compliance with Deanery Standards • Fulfil the SHA Learning Contract • Demonstrate transparency of funding streams into Divisional budgets 	From 1 st April 2013
6.3 Deliver the Hospital Redevelopment/Estates Strategy	Simon Neville	Deliver the Capital Programme	<ul style="list-style-type: none"> • Commission 3 new theatres • CSB replacement building • Ward Refurbishments/Sanitary Upgrades • 2nd Server Room 	October 2013
6.4 Deliver the IM&T Strategy	Tony Whitfield	Deliver the key projects in the IM&T Strategy	<ul style="list-style-type: none"> • EPR replacement • GP Communication • GP Requesting • EDMS scanning • Outpatient appointment text reminder service • Outpatient Self check in • Transfer former SCH services to SRFT PAS • Clinical access of data from the Christie & UHSM • Electronic requesting, investigations & referrals • Elective surgical pathway • Electronic requesting pathology & radiology • Patient centre roll out • SMART workforce management system • Enable Telemedicine pilots 	June 2013 From 1 st April 2013

6.5 Deliver the Corporate & Social Responsibility & Public Health Strategy	Simon Neville	Deliver the Corporate & Social Responsibility & Public Health Strategy	<p>Patient & Staff Health & Well Being</p> <ul style="list-style-type: none"> • Alcohol screening & referral in pre-operative assessment • Brief intervention & referral to smoking cessation services • Reduced Accidental injuries in children • Supporting Infection Control measures in hospital and community <p>Social Responsibility</p> <ul style="list-style-type: none"> • Volunteering • Community engagement • Work Placements & Career opportunities • Representative & Engaged Membership • 'Live Well Work well Strategy' <p>Sustainability & Environmental Impact</p> <ul style="list-style-type: none"> • Minimise Waste/Increase recycling • Minimise Energy Use • Minimise Carbon emissions • Green travel plan • Procurement – promote use of local goods/fair trade 	From 1 st April 2013
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Appendix B : Strategic Template : Top CIP Schemes (NOT for Publication)

Ref	Scheme	Scheme description including how scheme will reduce costs	Under-pinning IT / information or management systems	Total savings £m	Phasing over three-year period (£)			WTE Reduction	Has the scheme been subject to a quality impact assessment (Y/N)	Who is responsible for signing off on the quality impact assessment	Key measure of quality for plan	Scheme Lead
					Yr. 1	Yr. 2	Yr. 3					
1	Efficiency of working	Delivery of the 2012/13 activity levels at marginal rates	Monthly financial reporting arrangements supplemented by SLR and PLICS	3.9	3.9				Yes	Medical Director and Executive Nurse (with appropriate MD and CHD)		Managing Directors and Chairs of Division
2	Workforce Reviews	Review and amendment of working practises and rotas etc.	Monthly financial reporting arrangements supplemented by Workforce dashboard	2.2	2.2				Yes	Medical Director and Executive Nurse (with appropriate MD and CHD)		Managing Directors and Chairs of Division
3	Pathway Redesign	Delivery of activity through more appropriate operational services	Monthly financial reporting arrangements supplemented by SLR and PLICS	1.7	1.7				Yes	Medical Director and Executive Nurse (with appropriate MD and CHD)		Managing Directors and Chairs of Division
4	Bed Reductions	Reconfiguration of beds within the Trust bed stock.	Monthly Dashboards through Operations Board	1.1	1.1				Yes	Medical Director and Executive Nurse (with appropriate MD and CHD)		Managing Directors and Chairs of Division
5	Procurement and Non Pay	Procurement activity, Non Pay reviews and Contract negotiations	Monthly financial reporting arrangements supplemented by SLR and PLICS	1.4	1.4				Yes	Medical Director and Executive Nurse (with appropriate MD and CHD)		Managing Directors and Chairs of Division

Appendix C: Strategic Template : Use of external assurance (including internal audit) (NOT FOR PUBLICATION)

Third party reports are a valuable tool for Trust Boards to gain assurance and to highlight areas of weakness within the Trust. Please indicate below the material assurance projects which the Trust has commissioned within the last 12 months, particularly in respect of the delivery of this plan and/or diagnosis of the issues it is trying to address, and any material issues or recommendations which were raised and proposed action plans to address them.

The Mersey Internal Audit Programme in 2012/13 included the following mandated and requested audits

- Assurance Framework
- CQC Outcomes
- Divisional Governance
- Clinical Audit
- Job Plans
- Activity/Waiting list management
- Dignity & respect in care of Older People
- Performance of Community services
- Combined financial systems
- Payroll/ESR
- Ward/Service reviews
- Information Governance
- Relationships with PFI partners
- Safely reducing costs
- Scanning of health records
- Pharmacy

Significant overall assurance was reported from this portfolio of audit. Action plans arising from them are tracked to conclusion

- A program of Peer Review – (eg cancer, Stroke, Neuro-rehabilitation, Trauma etc)
- Peer Review from NHS QUEST partners

Specialist advice has also been sought from

- Pascal Metrics to support work on changing team culture and embed the safety culture
- Rothwell Douglas to support the implementation of the organisational development strategy
- Unipart to improve the reliability and processes in the joint Sterile Services facility
- The Manufacturing Institute as part of a programme to improve theatre productivity
- NHS Greater Manchester and Leeds in respect of Infection Control and Antibiotic Stewardship/reliability of processes
- The Major Trauma Centre Collaborative/Specialist Commissioners

Appendix D: Strategic Template : Commercial or other confidential matters (NOT FOR PUBLICATION)

There are no Commercial or other confidential matters to report

Appendix E : Financial Template : Targets and Indicators

Target or Indicator (per Compliance Framework 13/14)	Threshold	Weighting	At Risk?	Score	Agreed targets per Q				Comments
					Q1	Q2	Q3	Q4	
Referral to treatment time, 18 weeks in aggregate, admitted patients	>90%	1.0	No						Target achieved in aggregate each month in 2012/13 and expected to be achieved 2013/14
Referral to treatment time, 18 weeks in aggregate, non-admitted patients	>95%	1.0	No						Target achieved in aggregate each month in 2012/13 and expected to be achieved 2013/14
Referral to treatment time, 18 weeks in aggregate, incomplete pathways	>92%	1.0	No	0					Target achieved in aggregate each month in 2012/13 and expected to be achieved 2013/14
A&E Clinical Quality- Total Time in A&E under 4 hours	>95%	1.0	No	0					Target not achieved in Q3 2012/13 and not achieved in April 2013 so potential risk in 2013/14
Cancer 62 Day Waits for first treatment (from urgent GP referral)	>85%	1.0	No						Target achieved each quarter in 2012/13 and expected to be achieved 2013/14
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)	>90%	1.0	No	0					Whilst target not achieved in each quarter in 2012/13, numbers were below de minimis of 5/Qtr
Cancer 31 day wait for second or subsequent treatment - surgery	>94%	1.0	No						Target achieved each quarter in 2012/13 and expected to be achieved 2013/14
Cancer 31 day wait for second or subsequent treatment - drug treatments	>98%	1.0	No						Target achieved each quarter in 2012/13 and expected to be achieved 2013/14
Cancer 31 day wait for second or subsequent treatment - radiotherapy	>94%	1.0	No	0					Target achieved each quarter in 2012/13 and expected to be achieved 2013/14
Cancer 31 day wait from diagnosis to first treatment	>96%	0.5	No	0					Target achieved each quarter in 2012/13 and expected to be achieved 2013/14
Cancer 2 week (all cancers)	>93%	0.5	No						Target achieved each quarter in 2012/13 and expected to be achieved 2013/14
Cancer 2 week (breast symptoms)	>93%	0.5	No	0					Target achieved each quarter in 2012/13 and expected to be achieved 2013/14
Clostridium Difficile -meeting the C.Diff objective	35	1.0	Yes	1	9	9	9	8	Although objective for April of 3 was not exceeded, the objective of 35 for the year is very challenging
MRSA - meeting the MRSA objective	0	1.0	No	0	0	0	0	0	Target achieved in April and whilst zero bacteraemias is challenging the de minimis is set at 6
Compliance with requirements regarding access to healthcare for people with a learning disability	N/A	0.5	No	0					Target currently being achieved
Community care - referral to treatment information completeness	>50%	1.0	No						Target achieved each quarter in 2012/13 and expected to be achieved 2013/14
Community care - referral information completeness	>50%	1.0	No						Target achieved each quarter in 2012/13 and expected to be achieved 2013/14
Community care - activity information completeness	>50%	1.0	No	0					Target achieved each quarter in 2012/13 and expected to be achieved 2013/14
Risk of, or actual, failure to deliver mandatory services	N/A	4.0	No	0					
CQC compliance action outstanding (as at 31 May 2013)	N/A	special	No						
CQC enforcement action within last 12 months (as at 31 May 2013)	N/A	special	No						
CQC enforcement notice currently in effect (as at 31 May 2013)	N/A	4.0	No						
Moderate CQC concerns or impacts regarding the safety of healthcare provision (as at 31 May 2013)	N/A	special	No						
Major CQC concerns or impacts regarding the safety of healthcare provision (as at 31 May 2013)	N/A	2.0	No	0					
Unable to maintain, or certify, a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements	N/A	2.0	No	0					
Score of 7 or less in standard 1 assessment at last NHSLA CNST inspection (maternity or all services)	N/A	special	No						
Trust unable to declare ongoing compliance with minimum standards of CQC registration	N/A	special	No						
Results left to complete				0					
Total Score				1					
Override Rating (if any)									
Enter the reason for any non-scoring related rating override here									

Indicative Governance risk rating **AMBER-GREEN**

Corporate Governance Statement from the Board of Salford Royal

The board are required to respond "Confirmed" or "Not confirmed" to the following statements, setting out any risks and mitigating actions planned for each (see notes below)

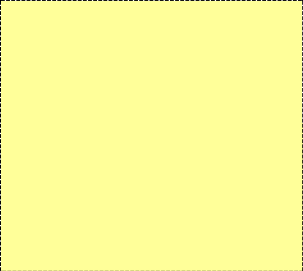
For quality, that:

<p>1 The board is satisfied that, to the best of its knowledge and using its own processes and having assessed against Monitor's Quality Governance Framework (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), its NHS foundation trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.</p>	<p>Confirmed</p>
<p>2 The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.</p>	<p>Confirmed</p>
<p>3 The board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.</p>	<p>Confirmed</p>
<p>4 The board anticipates that the trust will continue to maintain a financial risk rating of at least 3, as defined in Monitor's Compliance Framework, over the next 12 months</p>	<p>Confirmed</p>
<p>5 The board is satisfied that the trust shall at all times remain a going concern, as defined by relevant accounting standards in force from time to time.</p>	<p>Confirmed</p>
<p>6 The board will ensure that the trust remains at all times compliant with its licence and has regard to the NHS Constitution</p>	<p>Confirmed</p>
<p>7 All current key risks to compliance with the trust's licence have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues – in a timely manner</p>	<p>Confirmed</p>
<p>8 The board has considered all likely future risks to compliance with its licence and has reviewed appropriate evidence regarding the level of severity, likelihood of a breach occurring and the plans for mitigation of these risks to ensure continued compliance.</p>	<p>Confirmed</p>
<p>9 The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.</p>	<p>Confirmed</p>

10 An Annual Governance Statement is in place pursuant to the requirements of the NHS Foundation Trust Annual Reporting Manual, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (www.hm-treasury.gov.uk).	Confirmed
11 The board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix E; and a commitment to comply with all known targets going forwards.	Confirmed
12 The board is satisfied that its NHS foundation trust can operate in an economic, efficient and effective manner.	Confirmed
13 The board will ensure that the trust will at all times operate effectively within its constitution. This includes: maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; that all board positions are filled, or plans are in place to fill any vacancies; and that all elections to the board of governors are held in accordance with the election rules.	Confirmed
14 The board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience, skills and training to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.	Confirmed
15 The board is satisfied that: the management team has the capacity, capability, training and experience necessary to deliver the annual plan; and the management structure in place is adequate to deliver the annual plan.	Confirmed
16 For an NHS foundation trust engaging in a major Joint Venture, or Academic Health Science Centre (AHSC), the board is satisfied that the trust has fulfilled, or continues to fulfil, the criteria in Appendix C4.	Confirmed
17 The board is satisfied that plans are in place to ensure that the trust will at all times comply with all applicable legal requirements	Confirmed
18 The board is satisfied that during 2013 the Trust has provided the necessary training to its governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role	Confirmed
19 EITHER: After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.	Confirmed

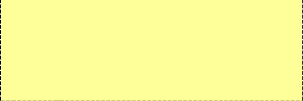
OR

After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services



OR

In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.



Signed on behalf of the board of directors, and having regard to the views of the governors

Signature

Name David Dalton

Capacity Chief Executive

Date 3rd June 2013

Appendix G : Assessment Against the 2013/14 Annual Plan Governance Statement

	Statement	Supporting Information
1	<p>The board is satisfied that, to the best of its knowledge and using its own processes and having assessed against Monitor's Quality Governance Framework (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), its NHS foundation trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.</p>	<p>The Trust's Executive Quality and Safety Governance Committee will conduct its annual review of the Trust's quality governance arrangements, using the Quality Governance Framework developed by the Monitor, on Thursday, 23 May 2013.</p> <p>Within the Trust's Safely Reducing Costs Programme, a quality and safety assessment process is used to evaluate the impact of a safely reducing costs initiative at Divisional or Departmental level, against key quality and safety indicators.</p>
2	<p>The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.</p>	<p>EARC has established a multi-focused approach to ensure that the organisation is effectively assessed against the requirements described in the Care Quality Commissions Essential Standards for Quality and Safety. During 2012/13 all services have been assessed and unannounced corporate assurance visits have taken place.</p> <p>The Trust's Audit Committee will review the process, assessment outcomes and conducted reviews of individual services and outcomes, on Friday 24 May 2013. Audit Committee will provide report to Board. Internal Audit awarded 'Significant Assurance' based on the overall governance processes in place to ensure compliance with the CQC Essential standards of Quality and Safety. This was also reviewed by the Trust's Audit Committee on 2 May 2012.</p>
3	<p>The board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.</p>	<p>The Executive Medical Director has provided comprehensive assurance to the Board (August 2012) about the processes and procedures in place to ensure all medical practitioners providing care on behalf of the Trust meet the relevant registration and revalidation requirements.</p>
4 & 5	<p>The Board anticipates that the Trust will continue to maintain a financial risk rating of at least 3 over the next 12 months.</p> <p>The Board is satisfied that the trust shall at all times remain a going concern, as defined by relevant accounting standards in force from time to time.</p>	<p>SRFT's 2012/13 Annual Plan includes firm plans that the Trust will continue to maintain a financial risk rating of 3.</p> <p>Comprehensive 'Going Concern' Report presented annually to Audit Committee - to be reviewed by Audit Committee on 24 May 2013. Subsequent report to Board.</p>

	Statement	Supporting Information
6	The board will ensure that the trust remains at all times compliant with its licence and has regard to the NHS Constitution	The full set of Licence conditions are set out in Appendix I. The overall requirements of the Licence do not require any significant changes to be made to SRFT's current governance processes. Patient and Staff Experience Committee received assurance of compliance with the NHS Constitution at its April 2013 meeting following review of the self assessment undertaken in 2009 with relevant managers throughout the Trust.
7 & 8	All current key risks to compliance with the trust's licence have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues – in a timely manner The board has considered all likely future risks to compliance with its licence and has reviewed appropriate evidence regarding the level of severity, likelihood of a breach occurring and the plans for mitigation of these risks to ensure continued compliance.	The Board Assurance Framework is supported by strong governance arrangements that enable all current and likely future risks to be identified and appropriately managed. The Board Assurance Framework consists all current key risks to the delivery of the Annual Plan, that includes compliance with the Trust's Licence. The Board Assurance Framework identifies all known principal risks, outlines key controls, key gaps in controls, key assurances, key gaps in assurances, the current action plan and performance to date. Level of likelihood, impact and control are continuously assessed and reviewed via the Assurance Framework.
9	The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily	Effective planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual plan, as evidenced via the Board's Assurance Framework.
10	An Annual Governance Statement is in place pursuant to the requirements of the NHS Foundation Trust Annual Reporting Manual, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (www.hm-treasury.gov.uk).	Annual Governance Statement in place pursuant to the requirements of the NHS Foundation Trust Annual Reporting Manual – approved by Audit Committee on 26 April 2013 and reported to Board.
11	The board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix F; and a commitment to comply with all known targets going forwards.	See Appendix F.

	Statement	Supporting Information
12	The board is satisfied that its NHS foundation trust can operate in an economic, efficient and effective manner.	Please refer to financial risk ratings and performance to date.
13	The board will ensure that the trust will at all times operate effectively within its constitution. This includes: maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; that all board positions are filled, or plans are in place to fill any vacancies; and that all elections to the board of governors are held in accordance with the election rules.	Robust processes in place to ensure the Trust, at all times, operates effectively within its constitution. Registers of Interests maintained and reviewed appropriately for the Board of Directors and Senior Staff; Nominations, Remuneration and Terms of Service (NRTS) Committee arrangements in place that include review of Board composition. Board composition reviewed in 2012, two NED roles subsequently agreed. Recruitment processes overseen by CoG. All Governor elections conducted jointly with the Electoral Reform Service, in accordance with the election rules (as appended to the Constitution).
14	The board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience, skills and training to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.	Comprehensive job descriptions in place for all executive and non-executive directors that set out required qualifications, experience and skills that have been agreed, by the NRTS and NRTO committees, and Board of Directors, as necessary to discharge their functions effectively. Robust performance appraisal in place that includes review of on-going development/training needs
15	The board is satisfied that: the management team has the capacity, capability, training and experience necessary to deliver the annual plan; and the management structure in place is adequate to deliver the annual plan.	Executive and Divisional teams in place. Performance Management Programme implemented, incorporating review of capacity, capability and experience necessary to achieve agreed G&Os, which are fully aligned to the Trust's Annual Plan Objectives. Leadership development programme underway at Exec Team and Senior Clinical Management level
16	For an NHS foundation trust engaging in a major Joint Venture, or Academic Health Science Centre (AHSC), the board is satisfied that the trust has fulfilled, or continues to fulfil, the criteria in Appendix C4.	The Board certified to Monitor, prior to entering into the MAHSC agreement, that it was satisfied that it met the requirements of these provisions.
17	The board is satisfied that plans are in place to ensure that the trust will at all times comply with all applicable legal requirements	Board Assurance Framework and Corporate Risk Register records risks to all objectives.
18	The board is satisfied that during 2013 the Trust has provided the necessary training to its governors, as required in s151(5) of the Health and Social Care	Induction provided for all governors, specific topic training days and Governor Development Day provided. Governor skills audit to be

	Statement	Supporting Information
	Act, to ensure they are equipped with the skills and knowledge they need to undertake their role	undertaken in 2013, to identify further training needs.
19	<p>Either After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.</p> <p>Or After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services</p> <p>Or In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.</p>	<p>The Trust's plans include assumptions, based on reasonable expectation, that SRFT will have the Required Resources available during 2013/14.</p>

Appendix H : Assessment Against the key conditions in the SRFT Licence

An assessment has been completed against these conditions and assurance is provided that the Trust meets these conditions.

Condition G4: Fit and proper persons as Governors and Directors	
1.	The Licensee shall ensure that no person who is an unfit person may become or continue as a Governor, except with the approval in writing of Monitor.
2.	The Licensee shall not appoint as a Director any person who is an unfit person, except with the approval in writing of Monitor.
3.	The Licensee shall ensure that its contracts of service with its Directors contain a provision permitting summary termination in the event of a Director being or becoming an unfit person. The Licensee shall ensure that it enforces that provision promptly upon discovering any Director to be an unfit person, except with the approval in writing of Monitor.
4.	If Monitor has given approval in relation to any person in accordance with paragraph 1, 2, or 3 of this condition the Licensee shall notify Monitor promptly in writing of any material change in the role required of or performed by that person.
Condition G5 – Monitor guidance	
1.	Without prejudice to any obligations in other Conditions of this Licence, the Licensee shall at all times have regard to guidance issued by Monitor for any of the purposes set out in section 96(2) of the 2012 Act.
2.	In any case where the Licensee decides not to follow the guidance referred to in paragraph 1 or guidance issued under any other Conditions of this licence, it shall inform Monitor of the reasons for that decision.
Condition G6 – Systems for compliance with licence conditions and related obligations	
1.	The Licensee shall take all reasonable precautions against the risk of failure to comply with: (a) the Conditions of this Licence, (b) any requirements imposed on it under the NHS Acts, and (c) the requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS.
2.	Without prejudice to the generality of paragraph 1, the steps that the Licensee must take pursuant to that paragraph shall include: (a) the establishment and implementation of processes and systems to identify risks and guard against their occurrence; and (b) regular review of whether those processes and systems have been implemented and of their effectiveness.
3.	Not later than two months from the end of each Financial Year, the Licensee shall prepare and submit to Monitor a certificate to the effect that, following a review for the purpose of paragraph 2(b) the Directors of the Licensee are or are not satisfied, as the case may be that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with this Condition.
	The Licensee shall publish each certificate submitted for the purpose of this Condition within one month of its submission to Monitor in such manner as is likely to bring it to the attention of such persons who reasonably can be expected to have an interest in it.
Condition G7 – Registration with the Care Quality Commission	
1.	The Licensee shall at all times be registered with the Care Quality Commission in so far as is necessary in order to be able lawfully to provide the services authorised to be provided by this Licence.
2.	The Licensee shall notify Monitor promptly of: (a) any application it may make to the Care Quality Commission for the cancellation of its registration by that Commission, or (b) the cancellation by the Care Quality Commission for any reason of its registration by that Commission.
3.	A notification given by the Licensee for the purposes of paragraph 2 shall: (a) be made within 7 days of: (i) the making of an application in the case of paragraph (a), or (ii) becoming aware of the cancellation in the case of paragraph (b), and

	(b) contain an explanation of the reasons (in so far as they are known to the Licensee) for: (i) the making of an application in the case of paragraph (a), or (ii) the cancellation in the case of paragraph (b).
Condition G8 – Patient eligibility and selection criteria	
1.	The Licensee shall: (a) set transparent eligibility and selection criteria, (b) apply those criteria in a transparent way to persons who, having a choice of persons from whom to receive health care services for the purposes of the NHS, choose to receive them from the Licensee, and (c) publish those criteria in such a manner as will make them readily accessible by any persons who could reasonably be regarded as likely to have an interest in them.
Condition G9 – Application of Section 5 (Continuity of Services)	
6.	The Licensee shall give Monitor not less than [28] days' notice of the expiry of any contractual obligation pursuant to which it is required to provide a Commissioner Requested Service to a Commissioner for which no extension or renewal has been agreed.
	If any contractual obligation of a Licensee to provide a Commissioner Requested Service expires without extension or renewal having been agreed between the Licensee and the Commissioner who is a party to the contract, the Licensee shall continue to provide that service on the terms of the contract (save as agreed with that Commissioner), and the service shall continue to be a Commissioner Requested Service, for the period from the expiry of the contractual obligation until Monitor issues either: (a) a direction of the sort referred to in paragraph 8, or (b) a notice in writing to the Licensee stating that it has decided not to issue such a direction.
11.	The Licensee shall make available free of charge to any person who requests it a statement in writing setting out the description and quantity of services which it is under a contractual or other legally enforceable obligation to provide as Commissioner Requested Services.
12.	Within [28] days of every occasion on which there is a change in the description or quantity of the services which the Licensee is under a contractual or other legally enforceable obligation to provide as Commissioner Requested Services, the Licensee shall provide to Monitor in writing a notice setting out the description and quantity of all the services it is obliged to provide as Commissioner Requested Services.
	Unless it is proposes to cease providing the service, the Licensee shall not make any application to Monitor for a determination in accordance with paragraph 10(b): (a) in the case of a service which is a Commissioner Requested Service by virtue only of paragraph 2(a) above, in the period of 3 years since the commencement of this Licence or (b) in the case of a service which is a Commissioner Requested Service by virtue only of paragraph 2(b), in the period until the later of 1 April 2016 or 1 year from the commencement of this Licence. (10b - A service shall cease to be a Commissioner Requested Service if Monitor has issued a determination in writing that the service is no longer a Commissioner Requested Service)
Condition P1 – Recording of information	
1.	If required in writing by Monitor, and only in relation to periods from the date of that requirement, the Licensee shall: (a) obtain, record and maintain sufficient information about the costs which it expends in the course of providing services for the purposes of the NHS and other relevant information, and (b) establish, maintain and apply such systems and methods for the obtaining, recording and maintaining of such information about those costs and other relevant information, as are necessary to enable it to comply with the following paragraphs of this Condition.
2.	From the time of publication by Monitor of Approved Reporting Currencies the Licensee shall maintain records of its costs and of other relevant information broken down in accordance with those Currencies by allocating to a record for each such Currency all costs expended by the Licensee in providing health care services for the purposes of the NHS within that Currency and by similarly treating other relevant information.
	In the allocation of costs and other relevant information to Approved Reporting Currencies in accordance with paragraph 2 the Licensee shall use the cost allocation methodology and procedures relating to other relevant information set out in the Approved Guidance.
	If the Licensee uses sub-contractors in the provision of health care services for the purposes of the

	NHS, to the extent that it is required to do so in writing by Monitor the Licensee shall procure that each of those sub-contractors: (a) obtains, records and maintains information about the costs which it expends in the course of providing services as sub-contractor to the Licensee, and establishes, maintains and applies systems and methods for the obtaining, recording and maintaining of that information, in a manner that complies with paragraphs 2 and 3 of this Condition, and (b) provides that information to Monitor in a timely manner.
	Records required to be maintained by this Condition shall be kept for not less than six years.
Condition P2 – Provision of information	
	Subject to paragraph 3, and without prejudice to the generality of Condition G1, the Licensee shall furnish to Monitor such information and documents, and shall prepare or procure and furnish to Monitor such reports, as Monitor may require for the purpose of performing its functions under Chapter 4 in Part 3 of the 2012 Act.
	Information, documents and reports required to be furnished under this Condition shall be furnished in such manner, in such form, at such place and at such times as Monitor may require.
	In furnishing information documents and reports pursuant to paragraphs 1 and 2 the Licensee shall take all reasonable steps to ensure that: (a) in the case of information or a report, it is accurate, complete and not misleading; (b) in the case of a document, it is a true copy of the document requested
Condition P3 – Assurance report on submissions to Monitor	
	If required in writing by Monitor the Licensee shall, as soon as reasonably practicable, obtain and submit to Monitor an assurance report in relation to a submission of the sort described in para 2 and para 3 of P3.
Condition P4 – Compliance with the National Tariff	
	Except as approved in writing by Monitor, the Licensee shall only provide health care services for the purpose of the NHS at prices which comply with, or are determined in accordance with, the national tariff published by Monitor, in accordance with section 116 of the 2012 Act.
	Without prejudice to the generality of paragraph 1, except as approved in writing by Monitor, the Licensee shall comply with the rules, and apply the methods, concerning charging for the provision of health care services for the purposes of the NHS contained in the national tariff published by Monitor in accordance with, section 116 of the 2012 Act, wherever applicable
Condition P5 – Constructive engagement concerning local tariff modifications	
	The Licensee shall engage constructively with Commissioners, with a view to reaching agreement as provided in section 124 of the 2012 Act, in any case in which it is of the view that the price payable for the provision of a service for the purposes of the NHS in certain circumstances or areas should be the price determined in accordance with the national tariff for that service subject to modifications.
Condition C1- The right of patients to make choices	
	Subsequent to a person becoming a patient of the Licensee and for as long as he or she remains such a patient, the Licensee shall ensure that at every point where that person has a choice of provider under the NHS Constitution or a choice of provider conferred locally by Commissioners, he or she is notified of that choice and told where information about that choice can be found.
	Information and advice about patient choice of provider made available by the Licensee shall not be misleading.
	Without prejudice to paragraph 2, information and advice about patient choice of provider made available by the Licensee shall not unfairly favour one provider over another and shall be presented in a manner that, as far as reasonably practicable, assists patients in making well informed choices between providers of treatments or other health care services.
	In the conduct of any activities, and in the provision of any material, for the purpose of promoting itself as a provider of health care services for the purposes of the NHS the Licensee shall not offer or give gifts, benefits in kind, or pecuniary or other advantages to clinicians, other health professionals, Commissioners or their administrative or other staff as inducements to refer patients or commission services
Condition C2 – Competition oversight	
	The Licensee shall not: (a) enter into or maintain any agreement or other arrangement which has the object or which has (or would be likely to have) the effect of preventing, restricting or distorting competition in the provision of

	health care services for the purposes of the NHS, or (b) engage in any other conduct which has (or would be likely to have) the effect of preventing, restricting or distorting competition in the provision of health care services for the purposes of the NHS, to the extent that it is against the interests of people who use health care services.
Condition IC1 – Provision of integrated care	
	The Licensee shall not do anything that reasonably would be regarded as against the interests of people who use health care services by being detrimental to enabling its provision of health care services for the purposes of the NHS to be integrated with the provision of such services by others with a view to achieving one or more of the objectives referred to in paragraph 4.
	The Licensee shall not do anything that reasonably would be regarded as against the interests of people who use health care services by being detrimental to enabling its provision of health care services for the purposes of the NHS to be integrated with the provision of health-related services or social care services by others with a view to achieving one or more of the objectives referred to in paragraph 4.
	The Licensee shall not do anything that reasonably would be regarded as against the interests of people who use health care services by being detrimental to enabling it to co-operate with other providers of health care services for the purposes of the NHS with a view to achieving one or more of the objectives referred to in paragraph 4.
	The objectives referred to in paragraphs 1, 2 and 3 are: (a) improving the quality of health care services provided for the purposes of the NHS (including the outcomes that are achieved from their provision) or the efficiency of their provision, (b) reducing inequalities between persons with respect to their ability to access those services, and (c) reducing inequalities between persons with respect to the outcomes achieved for them by the provision of those services.
	The Licensee shall have regard to such guidance as may have been issued by Monitor from time to time concerning actions or behaviours that might reasonably be regarded as against the interests of people who use health care services for the purposes of paragraphs 1, 2 or 3 of this Condition.
Condition CoS1 – Continuing provision of Commissioner Requested Services	
	The Licensee shall not cease to provide, or materially alter the specification or means of provision of, any Commissioner Requested Service otherwise than in accordance with the following paragraphs of this Condition.
	If, during the period of a contractual or other legally enforceable obligation to provide a Commissioner Requested Service, or during any period when this condition applies by virtue of Condition G9(1)(b), Monitor issues to the Licensee a direction in writing to continue providing that service for a period specified in the direction, then the Licensee shall provide the service for that period in accordance with the direction.
	The Licensee shall not materially alter the specification or means of provision of any Commissioner Requested Service except: (a) with the agreement in writing of all Commissioners to which the Licensee is required by a contractual or other legally enforceable obligation to provide the service as a Commissioner Requested Service; or (b) at any time when this condition applies by virtue of Condition G9(1)(b), with the agreement in writing of all Commissioners to which the Licensee provides, or may be requested to provide, the service as a Commissioner Requested Service; or (c) if required to do so by, or in accordance with the terms of its authorisation by, any body having responsibility pursuant to statute for regulating one or more aspects of the provision of health care services in England and which has been designated by Monitor for the purposes of this condition and of equivalent conditions in other licences granted under the 2012 Act.
	If the specification or means of provision of a Commissioner Requested Service is altered as provided in paragraph 3 the Licensee, within [28] days of the alteration, shall give to Monitor notice in writing of the occurrence of the alteration with a summary of its nature.
Condition CoS2 – Restriction on the disposal of assets	
1.	The Licensee shall establish, maintain and keep up to date, an asset register which complies with paragraphs 2 and 3 of this Condition (“the Asset Register”)
2.	The Asset Register shall list every relevant asset used by the Licensee for the provision of

	Commissioner Requested Services.
3.	The Asset Register shall be established, maintained and kept up to date in a manner that reasonably would be regarded as both adequate and professional.
5.	The Licensee shall not dispose of, or relinquish control over, any relevant asset except: (a) with the consent in writing of Monitor, and (b) in accordance with the paragraphs 6 to 8 of this Condition.
	The Licensee shall furnish Monitor with such information as Monitor may request relating to any proposal by the Licensee to dispose of, or relinquish control over, any relevant asset.
10.	The Licensee shall have regard to such guidance as may be issued from time to time by Monitor regarding: (a) the manner in which asset registers should be established, maintained and updated, and (b) property, including buildings, interests in land, intellectual property rights and equipment, without which a licence holder's ability to provide Commissioner Requested Services should be regarded as materially prejudiced.
Condition CoS3 – Standards of corporate governance and financial management	
	The Licensee shall at all times adopt and apply systems and standards of corporate governance and of financial management which reasonably would be regarded as: (a) suitable for a provider of the Commissioner Requested Services provided by the Licensee, and (b) providing reasonable safeguards against the risk of the Licensee being unable to carry on as a going concern.
	In its determination of the systems and standards to adopt for the purpose of paragraph 1, and in the application of those systems and standards, the Licensee shall have regard to: (a) such guidance as Monitor may issue from time to time concerning systems and standards of corporate governance and financial management; (b) the Licensee's rating using the risk rating methodology published by Monitor from time to time, and (c) the desirability of that rating being not less than the level regarded by Monitor as acceptable under the provisions of that methodology.
Condition CoS4 – Undertaking from the ultimate controller	
	The Licensee shall procure from each company or other person which the Licensee knows or reasonably ought to know is at any time its ultimate controller, a legally enforceable undertaking in favour of the Licensee, in the form specified by Monitor, that the ultimate controller ("the Covenantor"): (a) will refrain for any action, and will procure that any person which is a subsidiary of, or which is controlled by, the Covenantor (other than the Licensee and its subsidiaries) will refrain from any action, which would be likely to cause the Licensee to be in contravention of any of its obligations under the 2012 Act or this Licence, and (b) will give to the Licensee, and will procure that any person which is a subsidiary of, or which is controlled by, the Covenantor (other than the Licensee and its subsidiaries) will give to the Licensee, all such information in its possession or control as may be necessary to enable the Licensee to comply fully with its obligations under this Licence to provide information to Monitor.
	The Licensee shall obtain any undertaking required to be procured for the purpose of paragraph 1 within 7 days of a company or other person becoming an ultimate controller of the Licensee and shall ensure that any such undertaking remains in force for as long as the Covenantor remains the ultimate controller of the Licensee.
	The Licensee shall: (a) deliver to Monitor a copy of each such undertaking within seven days of obtaining it; (b) inform Monitor immediately in writing if any Director, secretary or other officer of the Licensee becomes aware that any such undertaking has ceased to be legally enforceable or that its terms have been breached, and (c) comply with any request which may be made by Monitor to enforce any such undertaking.
	For the purpose of this Condition, subject to paragraph 5, a person (whether an individual or a body corporate) is an ultimate controller of the Licensee if: (a) directly, or indirectly, the Licensee can be required to act in accordance with the instructions of that person acting alone or in concert with others, and (b) that person cannot be required to act in accordance with the instructions of another person acting

	alone or in concert with others.
	A person is not an ultimate controller if they are: (a) a health service body, within the meaning of section 9 of the 2006 Act; (b) a Governor or Director of the Licensee and the Licensee is an NHS foundation trust; (c) any Director of the Licensee who does not, alone or in association with others, have a controlling interest in the ownership of the Licensee and the Licensee is a body corporate; or (d) a trustee of the Licensee and the Licensee is a charity.
Condition CoS5 – Risk pool levy	
	The Licensee shall pay to Monitor any sums required to be paid in consequence of any requirement imposed on providers under section 135(2) of the 2012 Act, including sums payable by way of levy imposed under section 139(1) and any interest payable under section 143(10), by the dates by which they are required to be paid.
	In the event that no date has been clearly determined by which a sum referred to in paragraph 1 is required to be paid, that sum shall be paid within 28 days of being demanded in writing by Monitor.
Condition CoS6 – Co-operation in the event of financial stress	
	The obligations in paragraph 2 shall apply if Monitor has given notice in writing to the Licensee that it is concerned about the ability of the Licensee to carry on as a going concern. 2. When this paragraph applies the Licensee shall: (a) provide such information as Monitor may direct to Commissioners and to such other persons as Monitor may direct; (b) allow such persons as Monitor may appoint to enter premises owned or controlled by the Licensee and to inspect the premises and anything on them, and (c) co-operate with such persons as Monitor may appoint to assist in the management of the Licensee's affairs, business and property.
Condition CoS7 – Availability of resources	
	The Licensee shall at all times act in a manner calculated to secure that it has, or has access to, the Required Resources.
	The Licensee shall not enter into any agreement or undertake any activity which creates a material risk that the Required Resources will not be available to the Licensee.
	The Licensee, not later than two months from the end of each Financial Year, shall submit to Monitor a certificate as to the availability of the Required Resources for the period of 12 months commencing on the date of the certificate, in one of the following forms: (a) "After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate." (b) "After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services". (c) "In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate".
	The Licensee shall submit to Monitor with that certificate a statement of the main factors which the Directors of the Licensee have taken into account in issuing that certificate.
	The statement submitted to Monitor in accordance with paragraph 4 shall be approved by a resolution of the board of Directors of the Licensee and signed by a Director of the Licensee pursuant to that resolution.
	The Licensee shall inform Monitor immediately if the Directors of the Licensee become aware of any circumstance that causes them to no longer have the reasonable expectation referred to in the most recent certificate given under paragraph 3.
	The Licensee shall publish each certificate provided for in paragraph 3 in such a manner as will enable any person having an interest in it to have ready access to it.
Condition FT1 – Information to update the register of NHS foundation trusts	
	The Licensee shall ensure that Monitor has available to it written and electronic copies of the

	<p>following documents:</p> <p>(a) the current version of Licensee's constitution;</p> <p>(b) the Licensee's most recently published annual accounts and any report of the auditor on them, and</p> <p>(c) the Licensee's most recently published annual report,</p> <p>and for that purpose shall provide to Monitor written and electronic copies of any document establishing or amending its constitution within 28 days of being adopted and of the documents referred to in sub-paragraphs (b) and (c) within 28 days of being published.</p>
6.	<p>When submitting a document to Monitor for the purposes of this Condition, the Licensee shall provide to Monitor a short written statement describing the document and specifying its electronic format and advising Monitor that the document is being sent for the purpose of updating the register of NHS foundation trusts maintained in accordance with section 39 of the 2006 Act.</p>
Condition FT2 – Payment to Monitor in respect of registration and related costs	
	<p>The obligations in the following paragraph of this Condition apply if the Licensee is an NHS foundation trust, without prejudice to the generality of the other conditions in this Licence.</p> <p>2. Whenever Monitor determines in accordance with section 50 of the 2006 Act that the Licensee must pay to Monitor a fee in respect of Monitor's exercise of its functions under sections 39 and 39A of that Act the Licensee shall pay that fee to Monitor within 28 days of the fee being notified to the Licensee by Monitor in writing.</p>
Condition FT3 – Provision of information to advisory panel	
	<p>The obligation in the following paragraph of this Condition applies if the Licensee is an NHS foundation trust, without prejudice to the generality of the other conditions in this Licence.</p> <p>2. The Licensee shall comply with any request for information or advice made of it under Section 39A(5) of the 2006 Act.</p>
Condition FT4 – NHS foundation trust governance arrangements	
2.	<p>The Licensee shall apply those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.</p>
	<p>Without prejudice to the generality of paragraph 2 and to the generality of General Condition 5, the Licensee shall:</p> <p>(a) have regard to such guidance on good corporate governance as may be issued by Monitor from time to time; and</p> <p>(b) comply with the following paragraphs of this Condition.</p>
	<p>The Licensee shall establish and implement:</p> <p>(a) effective board and committee structures;</p> <p>(b) clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and</p> <p>(c) clear reporting lines and accountabilities throughout its organisation.</p>
	<p>The Licensee shall establish and effectively implement systems and/or processes:</p> <p>(a) to ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;</p> <p>(b) for timely and effective scrutiny and oversight by the Board of the Licensee's operations;</p> <p>(c) to ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;</p> <p>for effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);</p> <p>(e) to obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;</p> <p>(f) to identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;</p> <p>(g) to generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and</p> <p>(h) to ensure compliance with all applicable legal requirements.</p>
	<p>The systems and/or processes referred to in paragraph 5 should include but not be restricted to systems and/or processes to ensure:</p> <p>(a) that there is sufficient capability at Board level to provide effective organisational leadership on the</p>

	<p>quality of care provided;</p> <p>(b) that the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;</p> <p>(c) the collection of accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(d) that the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(e) that the Licensee including its Board actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and</p> <p>(f) that there is clear accountability for quality of care throughout the Licensee's organisation including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.</p>
	<p>The Licensee shall ensure the existence and effective operation of systems to ensure that it has in place personnel on the Board, reporting to the Board and within the rest of the Licensee's organisation who are sufficient in number and appropriately qualified to ensure compliance with the Conditions of this Licence.</p>
	<p>The Licensee shall submit to Monitor within three months of the end of each financial year:</p> <p>(a) a corporate governance statement by and on behalf of its Board confirming compliance with this Condition as at the date of the statement and anticipated compliance with this Condition for the next financial year, specifying any risks to compliance with this Condition in the next financial year and any actions it proposes to take to manage such risks; and</p> <p>(b) if required in writing by Monitor, a statement from its auditors either:</p> <p>(i) confirming that, in their view, after making reasonable enquiries, the Licensee has taken all the actions set out in its corporate governance statement applicable to the past financial year, or</p> <p>(ii) setting out the areas where, in their view, after making reasonable enquiries, the Licensee has failed to take the actions set out in its corporate governance statement applicable to the past financial year.</p>

Appendix I : Annual Report 2012/2013 Principal Risks & Uncertainties & Annual Plan Risks

Principal Risks and Uncertainties

As part of good governance the Trust continues to identify potential risks to achieving its strategic developments. A robust Assurance Framework is maintained which enables the identification, analysis and management of risk. The issues below describe the risks that the Board of Directors considers to be of particular significance. There may be other risks or uncertainties not yet identified by the Trust that could impact on future performance.

Healthcare acquired infections

During 2013/14, the Trust recognises that if it does not sustain the effective measures it has in place for the prevention of infections then patients may be adversely affected and financial penalties will be applied.

Salford Royal has an effective infection control programme in place and continues to work with primary care colleagues to ensure appropriate antibiotic prescribing.

Management of Intermediate Rehabilitation Units

The intermediate rehabilitation of patients affects how patients move through the hospital and the quality of their care. The Trust recognises that if the provision of intermediate rehabilitation across Greater Manchester not managed effectively, then patient flow and quality of care will be adversely affected.

Salford Royal is actively pursuing a solution with its commissioners, Greater Manchester specialty network boards and neighbouring foundation trusts.

Implementation of the new Electronic Patient Record (EPR)

The Trust has ensured robust clauses are in place within the legal contract with its EPR partner, Allscripts, to safeguard data, during the current implementation phase. Effect audit mechanisms are also in place to mitigate risk of inappropriate access. Essential external access will be complete by the end of June 2013.

Joint Decontamination Service

The Trust is working collaboratively with the Wrightington, Wigan and Leigh NHS FT to provide decontamination services from an off-site facility. The Trust recognises that if operational standards deteriorate at the Decontamination Centre then patients' operations may be cancelled and treatment delayed.

A robust service specification is in place, with managing director involvement and oversight.

A full systems analysis is being undertaken by an external partner to ensure on-going resilience of all systems.