

Reporting to:	Trust Board Meeting - 25th September 2014
Title	Trust Performance Report
Sponsoring Director	Peter Herring - Chief Executive
Author(s)	Directors
Previously considered by	Not Applicable
Executive Summary	<p>This report summarises the Trust's performance against all the key quality, finance, compliance, and workforce targets and indicators for 2014-15 to date and considers all elements of performance. The report is intended to describe the underlying causes contributing to the performance position. The detail supporting each domain is contained within the supplementary pack if Directors wish to consider this. The paper also contains the Board self certifications required to be submitted to the TDA in relation to Governance and Monitor Licence Conditions.</p> <p>SaTH is currently at Escalation Level 4 (of 5) in the NHS Trust Development Authority's Accountability Framework. This is classified as a 'Material issue' requiring interaction led by the Director of Delivery & Development. Regular meetings are held with the TDA to update on SaTH's improvement trajectories. The key areas of focus are highlighted in this report.</p>
<p>Strategic Priorities</p> <p>1. Quality and Safety</p> <p>2a) Healthcare Standards: Operational Performance Standards</p> <p>2b) Healthcare Standards: Service Reconfiguration</p> <p>3. People and Innovation</p> <p>4. Community and Partnership</p> <p>5. Financial Strength: Sustainable Future</p>	<p><input checked="" type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience through our Quality Improvement Strategy</p> <p><input type="checkbox"/> To develop a transition plan, with supporting mitigation actions and contingency plans, that ensures the safety and short term sustainability of challenged clinical services. 2014/15</p> <p><input checked="" type="checkbox"/> To address the existing capacity shortfall and process issues to consistently deliver national healthcare standards. 2014/15</p> <p><input type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions. 2015/16</p> <p><input type="checkbox"/> Complete and embed the successful reconfiguration of Women and Children's services</p> <p><input type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme</p> <p><input checked="" type="checkbox"/> Develop our leaders and promote staff engagement to make our organisation a great place to work through our People Strategy</p> <p><input type="checkbox"/> Develop a robust Investment Strategy to modernise our equipment and estate to support service transformation and increase productivity through the use of technology)</p> <p><input type="checkbox"/> Embed a customer focussed approach and improve relationships with our GPs through our Stakeholder Engagement Strategy</p> <p><input type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme</p>

Board Assurance Framework (BAF) Risks	<input checked="" type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input checked="" type="checkbox"/> If we do not implement our falls prevention strategy then patients may suffer serious injury <input type="checkbox"/> Risk to sustainability of clinical services due to potential shortages of key clinical staff <input checked="" type="checkbox"/> If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients <input checked="" type="checkbox"/> If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input checked="" type="checkbox"/> If we are unable to resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
Care Quality Commission (CQC) Domains	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led
<input checked="" type="checkbox"/> Receive <input checked="" type="checkbox"/> Review <input type="checkbox"/> Note <input checked="" type="checkbox"/> Approve	Recommendation The Trust Board is asked to REVIEW performance for August 2014 and APPROVE the self certification submissions.

1. QUALITY & SAFETY OVERVIEW

1.1 Prevention of Harm

Infection Prevention and Control (IPC)

A further 4 cases of Clostridium Difficile (C. Diff.) were seen in July. The IPC team are working with ward areas to increase awareness of the importance of sending early samples, as it is possible that patients may have been admitted with C. Diff. but not tested early enough meaning that the result is counted as Trust acquired. There was only one case of C. Diff in August with close scrutiny across all wards on sampling and commode cleanliness.

There were 6 E. Coli bacteraemias in July and 1 in August. This high incidence in July was unexpected and cases are unrelated. Urinary catheters are an acknowledged risk factor for this type of infection, and when considering data published from the national Safety Thermometer, the Trust has a higher than average incidence of Catheter Associated Urinary Tract Infections (CAUTI). The senior nursing team, IPC team and Urology Clinical Nurse Specialist are working together to support wards and theatres in trying to decrease the average length of time catheters are in situ.

Continued improvement is seen in MRSA screening in both elective and non elective patient groups with August seeing the best performance year to date.

Cleanliness

The Trust was subject to an announced visit by the Trust Development Authority on 15th September 2014 in order to review cleanliness and IPC at the Royal Shrewsbury Hospital. The findings were disappointing in that the improvements seen on previous visits had not been sustained and there were issues with cleanliness both in nursing and domestic duties across a range of wards. Prompt and robust action is required in a number of areas and the Director of Nursing and Quality along with the Director of Finance is committed to working together to ensure that these actions are delivered. The action plan will be scrutinised monthly by the Quality and Safety Committee with direct assurance sought from those responsible for delivering actions and from ward visits by the committee.

Pressure Ulcer Prevention

Performance in relation to avoidable pressure ulcers (grades 2-4) remains on a generally improving trajectory and in line with the annual target for each grade of ulcer. The Trust incidence of avoidable pressure ulcers remains well below the national average when reviewed using data from the Safety Thermometer.

Falls

The incidence of RIDDOR reportable/SI falls is currently on trajectory for the year. However, it should be noted that it is not unusual to see a higher incidence during the winter months due to increased admissions of frail and complex patients who are the most likely group of patients to fall within hospital. Fall safe training will be concluded during October which will be followed by the implementation of the new style risk assessment.

A recent audit of nursing records showed 100% compliance with the completion of current falls risk assessments. A new booklet; "Your Guide to

Reducing Falls”, was produced in August with copies being distributed to all ward nursing staff.

1.2 Patient Experience

August saw the launch the Trust Patient Listening Events across the county and also in mid Wales. A total of 6 events were held in a variety of locations and a wide range of people attended to give feedback on their experience of our services. Over 120 people’s views were heard, with trends and themes currently being collated. The Trust is extremely appreciative of the support given to the events by Healthwatch and Montgomery Community Health Council with whom all feedback will be shared. An annual plan for events is being developed incorporating the learning from this first trial.

Whilst the Trust Friends and Family Test score is above the national average, the response rate requires improvement. The inpatient and maternity response rate is showing steady improvement, however the Emergency Department rate has decreased further which is of concern. The Head of PALS and Complaints is working with nursing and operational leads to drive improvements.

1.3 Safe Staffing

The overall fill rate against ward templates of nursing staff was 100.8% and 99.5% for July and August respectively. Detailed data by ward can be found in the board papers information pack which also contains exception reports for areas with a fill rate of less than 85% and greater than 110%.

The implementation of the master vendor scheme for booking agency nurses commenced throughout July and August which caused unforeseen initial difficulties in obtaining the required number of staff. This led to a higher than usual number of shifts being unfilled. During this period Matrons and Clinical Site Managers allocated existing staff according to acuity and dependency on the wards to ensure the most appropriate cover possible was achieved. During the last 2 weeks the fill rate has returned to pre master vendor rates.

Registered nurse recruitment continues monthly, however the August interviews returned a smaller number of candidates than previous months. The overseas recruitment process has progressed, with staff travelling to Spain and Portugal next month to interview registered nurses.

1.4 Care Quality Commission (CQC) Inspection

Preparation is ongoing for the forthcoming CQC inspection during the week commencing 13th October 2014. A number of sealed feedback boxes have been placed around the Trust on behalf of the CQC and patients are being encouraged to use these. There will also be a number of staff focus groups led by the CQC and staff which will be supported to attend.

2. OPERATIONAL PERFORMANCE OVERVIEW

2.1 4 Hour Access Standard

August	93.64%
Q1	92.52%
Year to Date	92.70%

In August 2014 93.6% of patients were admitted or discharged within the 4 hour quality target, representing an improvement of 1.2% compared to July, this is the second month running showing slight improvement.

The causal factors for underperformance continue to be due to:

Demand above plan – Emergency Department [ED] attendances.

Emergency Department [ED] attendances for the period to the end of August were 2.6% (1372 attendances) greater than the same period last year .

The development of the Urgent Care Centre for RSH is on track for delivery in December; and promises to improve the performance within ED as the minor illness stream will be picked up by the co-location of the WIC element of the Shrewsbury WIC.

At PRH a pilot of streaming at the front door of patients to the Emergency Department or to a GP within the department for 2 weeks at the beginning of the month has been positive. A review of this will be undertaken quickly and the recommendations will inform the future front door/Urgent Care Centre model at PRH site.

Implementation of the SMART plan continued throughout August focusing on 3 areas: pre noon discharges, non-admitted pathway breaches and speciality breaches; and each has its own trajectory and target for delivery.

During the month of August the Trust remained in high escalation and whilst medical outliers reduced at PRH and performance improved, there was a large increase in the number of Surgical and T&O outliers at PRH. This impacted on flow from ED and resulted in a high number of capacity related breaches.

Demand above plan – Non Elective Activity

Non Elective activity across the Trust is 5.67% (1128 admissions) greater than the period April to the end of August last year.

All escalation areas have continued to remain open following on from the pattern of Quarter 1. This additional burden on the nursing staff groups is being felt by high usage of agency staffing.

During September work will commence on the planning and delivery of the Discharge to Assess [D2A] model of provision with 3 main pathways:

- Rehabilitation in the community – Integrated Care Service [ICS];
- Inpatient rehabilitation – Shropshire Community Trust;
- No rehabilitation needs, needs placement outside of the acute Trust:

We are working with Shropshire Partners in Care to develop a Trusted Assessor Status for key providers which will enable us to move patients into their placement without the need for homes to come and assess and then accept the patient. This will reduce length of stay as it will remove 2 steps from the current process.

The number of patients on the Fit for Transfer list remains consistently between 60-70 with a switch to higher numbers at RSH than the previous month at PRH. Introduction of the D2A model would reduce these numbers. Delayed Transfers of Care [DTC's] for Powys patients was a significant problem in August and into September with the highest numbers ever seen. The situation was eventually resolved with Powys patients being transferred to additional beds at Ludlow Hospital.

Other Actions to Address Underperformance

An escalation meeting took place on 30th July between the Health Economy and TDA and the outcome of this was a series of actions that each

organisation must deliver on. The specific actions for SATH are contained within the Smart Plan and the CCGs' main area of focus was to deliver the Discharge to Assess and reduce the FTT to below 30 patients by October 2014 across both sites.

2.2 RTT Performance

Admitted

August 84.13% - target failed (90%)

The Recovery Plan remains on track to deliver the target from 1st September 2014, with the exception of ophthalmology and oral surgery, which will deliver from 1st October 2014.

Non Admitted

August 92.39% - target failed (95%)

This was a predicted failure due to the clearance of the backlog of patients waiting over 18 weeks in Ophthalmology and Oral surgery. There are trajectories in place for both specialties which are being monitored weekly with the CCG's and NHS England. Due to the number of patients in the backlog, the specialties will not deliver the standard in September, but will deliver in October.

Incompletes

The incomplete performance in August was 91.99% against the 92% standard and 9 out of 17 specialties delivered against the standard. With the exception of oral surgery and ophthalmology, all specialties will be on trajectory from September 2014 and the remaining specialties from October 2014.

2.3 Cancer Performance

August predicted performance:

31 day second or subsequent treatment 90.63% - target failed
(94%) by 3 patients

62 days urgent referral to treatment 84.10% - target failed
(90%) by 15 patients

Actions

There are three tumour sites, which are continuing to contribute to the underperformance against the cancer standards - Gynaecology; ENT; Skin.

In order to mitigate against this; the following activities are ongoing:

- The Lead Cancer Nurse/Cancer Performance Manager will work within each of the specialties to identify bottlenecks and put revised processes in place, which should support the delivery of the standards:
- Review the 31 and 62 day treatment targets at the PTL meeting each week, and record confirmed breaches on a weekly basis to inform the executive team;
- On-going auditing of the reasons for non-compliance within the 62 day referral to screening standard:
- Site specific pathway reviews to ensure best practice and reinforcement of the required targets through the circulation of simplified guidance (week commencing 22/09/14).

3. FINANCIAL PERFORMANCE OVERVIEW

3.1 Summary Financial Position as at August 2014

The financial position of the Trust at the end of August is presented in the table below:

	Financial Plan £000s	April – August Budget £000s	April – August Actual £000s	Variance £000s	Forecast April –March Flexed Budget £000s	Forecast April –March Actual £000s	Variance £000s
Income	314,949	128,291	127,890	(401)	314,963	318,464	3,501
Pay	(208,315)	(86,090)	(88,840)	(2,750)	(210,139)	(214,938)	(4,799)
Non-pay	(90,167)	(39,338)	(38,684)	654	(97,135)	(96,803)	332
Reserves	(8,773)	(365)	(108)	257			
Total expenditure	(307,255)	(125,793)	(127,632)	(1,839)	(307,275)	(311,741)	(4,467)
EBITDA	7,694	2,498	258	(2,240)	7,688	6,723	(965)
Finance costs	(15,894)	(6,390)	(6,381)	9	(15,936)	(15,606)	330
Surplus/(deficit) before rectification	(8,200)	(3,892)	(6,123)	(2,232)	(8,248)	(8,883)	(635)
Phased spend		(1,535)	(1,535)	-			-
Rectification Plans							
Surplus/(deficit) after rectification	(8,200)	(5,426)	(7,658)	(2,232)	(8,248)	(8,883)	(635)

3.2 Income

Income after five months is below planned levels by £401,000. The table below provides a description of the activity changes and financial impact by point of delivery.

	Activity Over performance	% over performance	Financial Impact £000's
Accident and Emergency	2,038	+4.5%	205
Outpatients	3,981	+2.4%	324
Elective Day Case	(399)	(2.3%)	(793)
Elective Inpatient	(23)	(0.8%)	130
Non Elective	631	+3.3%	(52)
Non Elective other (Maternity)	(370)	(10.5%)	(215)
			(401)

The level of Day Cases is lower than anticipated across MSK, Oral Surgery, Cardiology and Ophthalmology. This is however being compensated in part by over performance within Clinical Haematology and Oncology and Urology and Gastroenterology. The level of Non-Elective over performance as compared with contract has reduced sharply because of reduced levels of activity in the month of August. That said Non-Elective over performance of 3.3% is costing the Trust £52,000 because of the impact of the Non-Emergency Threshold and higher than planned levels of readmissions. The impact of reduced Length of Stay has reduced impact from excess bed days by £362,000 to date.

3.3 Pay Position

Pay in the month amounted to £17.709 million and at the end of August Pay spending had exceeded the budget by £2.75 million. The Pay overspend is being caused predominantly because of Nursing staffing (£1.343 million) and Consultant and Medical staff (£1.08 million).

Nursing

The Nursing overspend is attributable to the increased cost of employing Agency staff amounting to £1.292 million. The Unscheduled Care Group has operated in the period April – August with an average of 41 posts in excess of budget. The excess posts have occurred because of persistently high sickness levels (7 per cent) and the need to respond to increased levels of activity (see above).

Consultants and Medical Staff

Consultant and Medical staffing overspending relates to £422,000. Waiting List Initiative payments and the cost of employing Agency staff to cover vacancies and sickness amounts to £595,000.

3.4 Non Pay

Spending in respect of Non Pay is underspent against budget by £654,000.

3.5 Cost Improvement Programme/Rectification Plans

Savings realised in respect of the Cost Improvement Programme and Rectification Plan (as approved at the Board workshop) amounted to £5.587 million and is consistent with the levels required to achieve the forecast Outturn deficit of £8.883 million.

3.6 Forecast Outturn

The Trust is presently predicting that it will be able to deliver a forecast Outturn deficit of £8.883 million; doing so is however dependant upon:

- Reduced Agency Nursing spending – the plan assumes the achievement of savings as a consequence of reducing the number of trained agency nurses amounting to £1.6 million over the period September – March. Work undertaken to determine the ability to immediately reduce trained agency nurses suggest the number is much lower than originally anticipated. Additionally it is believed that the cost saving available through recruitment will also be smaller. Initial estimates suggest savings amounting to £400,000 will be realisable. Further work is to be undertaken to identify further cost saving opportunities.
- Financial support from CCG's - £2.3 million has been sought from commissioners to support the true cost of delivering increased Non Elective and Accident and Emergency Activity. This information has been shared with the two local commissioners. Forecast Outturn statements have also been shared and discussed. The two Local commissioners have recognised the financial pressure being experienced by the Trust but have expressed concern about their ability to provide resources to the Trust because of their respective financial positions.

3.7 Cash flow

The cash position of the Trust continues to be problematic. At the end of August the Trust had received Temporary Borrowing of £3.2 million and a further £3.7 million has been requested in September. Ongoing discussions are taking place between the Trust and the NTDA with the aim of securing

£15.2 million as permanent financing to support the “in year” deficit and historical liquidity weakness.

4. WORKFORCE OVERVIEW

4.1 Absence

Over the last two months an increase in absence can be seen from 3.98% in June to 4.32% in August. The highest absence rates were seen in the following staff groups: Estates and Facilities 7.57%, an increase of over 2%, Nursing and Midwifery to 4.69% and additional clinical services (Health Care Assistants, Lab Assistants etc) 5.23%. The lowest areas remained Allied Health Professionals 2.49% and Medical staff 2.34%.

Within inpatient areas there are examples of absence rates of over 10%. High levels of absence and vacancies continue to create demand for temporary staffing, placing pressure on pay budgets. Levels of demand for agency continued resulting in costly premium costs.

In August we introduced a Master Vendor for nurse agency, implementation was not smooth as the Master Vendor did not meet the demand initially. This has now improved and is being robustly managed.

4.2 Appraisals

Appraisals fell to 81%; the organisation has set itself a target of 100% by April 2015. Meetings to discuss workforce performance are taking place; a discussion point is the achievement of 100% appraisals. Care Groups have plans in place to achieve this; a risk to this plan is creating the time to hold these discussions in some areas of the organisation due to operational pressures and staffing challenges.

4.3 Recruitment

Given the level of vacancies across key staff groups, all recruitment is being centralised and managed through a project management approach. The plan initially focuses on nursing and domestic roles; for nursing this includes overseas recruitment in Spain and Portugal along with wider national recruitment. Recent recruitment has secured 10 nurses, overseas recruitment is aiming to secure a further 30. The challenge to recruit registered nurses continues, therefore a recruitment strategy has been developed to ensure recruitment of the best individuals in a prompt manner.

4.4 Employment experience

We are in the process of completing the Friends and Family Test (FFT) for Staff for this quarter; early indications suggest a positive response rate. To ensure our employees have confidence that we are listening and responding to their feedback we have produced a ‘you said we did’ from FFT Quarter 1.

The annual staff survey will be distributed to all staff towards the end of September/beginning of October. For this years survey three questions specific to SaTH have been added, one relating to sustainability and two regarding the Trust values.

Appendix 1 Summary of each relevant licence condition

General Conditions & Trust response

G4: Fit and proper persons - YES

This condition requires that licensees do not allow unfit persons to become or continue as governors or directors. 'Unfit persons' are: undischarged bankrupts, individuals who have served a prison sentence of three months or longer during the previous five years, and disqualified directors. A company may also be an unfit person.

G5: Having regard to Monitor guidance - YES

The Licensee shall at all times have regard to guidance issued by Monitor and where the Licensee decides not to follow the guidance it shall inform Monitor of the reasons for that decision.

G7: Registration with the Care Quality Commission - YES

This condition reflects the obligation in the Act for licensees to be registered with the CQC. This condition allows Monitor to withdraw the licence from providers whose CQC registration is cancelled and who therefore cannot continue to lawfully provide services.

G8: Patient eligibility and selection criteria – N/A:

This condition requires licensees to set and publish transparent patient eligibility and selection criteria and to apply these in a transparent manner. This includes criteria for determining patient eligibility for particular services, for accepting or rejecting referrals, or determining the manner in which services are provided to that person.

Pricing Conditions & Trust response

P1: Recording of information - YES

Under this licence condition, Monitor may require licensees to record information, particularly information on their costs, in line with approved guidance. [Monitor] recently published a draft of this guidance for the collection of 2012/13 costs. The licence condition is worded in a way that any cost and other information that may be required can be collected from both licensees and their sub-contractors.

P2: Provision of information - YES

Having recorded the information in line with Pricing Condition 1 above, Monitor can then require licensees to submit this information.

P3: Assurance report on submissions to Monitor - YES

Monitor may require licensees to submit an assurance report confirming the accuracy of the information they have provided.

P4: Compliance with the National Tariff - YES

The Health and Social Care Act 2012 requires commissioners to pay prices corresponding to those in the National Tariff and, where prices aren't specified, to pay prices in line with the rules contained in the National Tariff. This licence condition imposes a similar obligation on licensees, that is, the obligation to charge for NHS health care services in line with the National Tariff.

P5: Constructive engagement concerning local tariff modifications - YES

[Monitor] will seek to make prices more reflective of the efficient cost of providing a service, but even so, in some circumstances it may be uneconomic for a provider to offer a particular service without additional funding over and above that allowed for in the National Tariff. For this purpose, the Act allows for local modifications, or adjustments, to prices.

Choice and Competition & Trust response

C1: Patient choice - YES

This condition:

- requires licensees to notify their patients when they have a choice of provider, and to tell them where they can find information about the choices they have. This must be done in a way that is not misleading;
- requires that information and advice that licensees provide to patients about their choice of provider does not unfairly favour one provider over another and is presented in a manner that helps patients to make well-informed choices; and
- prohibits licensees from offering gifts and benefits in kind for patient referrals or for the commissioning of services.

C2: Competition oversight - YES

This condition prohibits the licensee from entering into or maintaining agreements that have the object or effect of preventing, restricting or distorting competition to the extent that it is against the interests of health care users.

Integrated Care Condition & Trust response

IC1: Provision of integrated care - YES

In most cases, [Monitor] would expect integrated care to be delivered locally by commissioners specifying their requirements and working with providers. The requirement for care to be delivered in an integrated way would be captured in contracts... [Monitor's] policies in areas such as pricing would act as our main tools for enabling integrated care. The purpose of this licence condition is to enable Monitor to step in where integrated care is not being delivered, in spite of decisions and efforts made by commissioners.

Appendix 2 Self-Certification Board Statements

1 CLINICAL QUALITY – YES

The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the TDA's oversight model (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.

2 CLINICAL QUALITY – YES

The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.

3 CLINICAL QUALITY – YES

The board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.

4 FINANCE – YES

The board is satisfied that the trust shall at all times remain a going concern, as defined by the most up to date accounting standards in force at the time and subject to continuing support from the Trust Development Authority.

5 GOVERNANCE – NO.

- Based upon the Monitor continuity of services risk rating, the Trust is presently described as having a 'material level of financial risk'.
- A&E performance against the 95% target in August was 93.641%
- Admitted RTT in August was 84.13% against the target of 90%
- Non Admitted RTT in August was 92.39% against the target of 95%
- RTT Open Clocks under 18 Weeks was 91.99% in August against the target of 92%
- Trajectories have been agreed with the NTDA and Commissioners to deliver the relevant RTT targets at a specialty level.
- Cancer under-achieved against the 31 day second or subsequent treatment (Surgery) and 62 day referral to treatment in August.
- There was 1 C-Diff cases in August.

The Board will ensure that the Trust remains at all times compliant with the NTDA accountability framework and shows regard to the NHS Constitution at all times.

6 GOVERNANCE – YES

All current key risks to compliance with the NTDA's Accountability Framework have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues in a timely manner.

7 GOVERNANCE – YES

The board has considered all likely future risks to compliance with the NTDA Accountability Framework and has reviewed appropriate evidence regarding the level of severity, likelihood of a breach occurring and the plans for mitigation of these risks to ensure continued compliance.

8 GOVERNANCE – YES

The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual operating plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.

9 GOVERNANCE – YES

An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (www.hm-treasury.gov.uk).

10 GOVERNANCE – YES

The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets as set out in the NTDA oversight model; and a commitment to comply with all known targets going forward.

11 GOVERNANCE – YES

The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.

12 GOVERNANCE – YES

The board will ensure that the trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; and that all board positions are filled, or plans are in place to fill any vacancies.

13 GOVERNANCE – YES

The board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.

14 GOVERNANCE – YES

The board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual operating plan; and the management structure in place is adequate to deliver the annual operating plan.

Reporting to:	Trust Board - 25 September 2014
Title	Nursing and Midwifery Staffing Data - July and August 2014
Sponsoring Director	Director of Nursing & Quality
Author(s)	Philip Fewtrell, Quality Manager
Previously considered by	Quality & Safety Committee - 18 September 2014
Executive Summary	<p>The purpose of this report is to inform the Trust Board of the staffing levels in July and August 2014. The paper details by exception, the reasons why staffing hours were $\geq 110\%$ or $\leq 85\%$ than planned by ward.</p> <p>In July and August 2014 the overall Trust wide staff "fill rates" were:</p> <p>July</p> <p>Registered Nurses / Midwives - Day = 96.2% Care Staff - Day = 102.2% Registered Nurses / Midwives - Night = 99.3% Care Staff - Night = 109%</p> <p>August</p> <p>Registered Nurses / Midwives - Day = 94.8% Care Staff - Day = 100.8% Registered Nurses / Midwives - Night = 97.2% Care Staff - Night = 104.8%</p> <p>The Board will receive the report for information, and to support them in fulfilling their responsibilities to monitor staffing capacity and capability.</p>
<p>Strategic Priorities</p> <p><input checked="" type="checkbox"/> Quality and Safety <input type="checkbox"/> Healthcare Standards <input type="checkbox"/> People and Innovation <input type="checkbox"/> Community and Partnership <input type="checkbox"/> Financial Strength</p>	<p>Operational Objectives</p> <p>Develop robust recruitment plans to recruit to establishment to ensure safe staffing levels.</p>
Board Assurance Framework (BAF) Risks	<p><input checked="" type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience</p> <p><input type="checkbox"/> If we do not implement our falls prevention strategy then patients may suffer serious injury</p> <p><input checked="" type="checkbox"/> Risk to sustainability of clinical services due to potential shortages of key clinical staff</p> <p><input type="checkbox"/> If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards</p> <p><input type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients</p>

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<input checked="" type="checkbox"/> Receive <input checked="" type="checkbox"/> Review <input type="checkbox"/> Note <input type="checkbox"/> Approve	Recommendation REVIEW and RECEIVE the report

Nursing and Midwifery Staffing Data – July and August 2014

1. Hospital Site Monthly Fill Rates

Tables 1 and 2 detail monthly percentage fill rates by hospital site for July and August 2014, together with the number of planned (P) and actual (A) hours. Please refer to Appendix 1 and 2 for a full breakdown of individual wards grouped by Care Group, which is also available via the [“Safe Staffing”](#) page of the Trust’s website.

Table 1 – July 2014

Hospital Site	Day		Night		Overall fill rate %
	Registered Staff	Care Staff	Registered Staff	Care Staff	
Princess Royal Hospital (PRH)	95.5%	102.5%	101.2%	106.5%	102.1%
	23131.5 (A) of 24218.5 (P)	15803 (A) of 15411 (P)	13413.5 (A) of 13250.5 (P)	10341 (A) of 9714 (P)	
Royal Shrewsbury Hospital (RSH)	95.6%	102.5%	98.2%	115.1%	
	34329 (A) of 35909 (P)	20759 (A) of 20255.5 (P)	23735 (A) of 24178.5 (P)	12310.5 (A) of 10699.5 (P)	
SaTH Maternity Units (RSH / PRH / Midwife-Led Units)	101.2%	99.4%	99.8%	97.6%	99.5%
	8274 (A) of 8177 (P)	4226 (A) of 4250 (P)	6207 (A) of 6219 (P)	3453 (A) of 3537 (P)	

Table 2 – August 2014

Hospital Site	Day		Night		Overall fill rate %
	Registered Staff	Care Staff	Registered Staff	Care Staff	
Princess Royal Hospital (PRH)	94.2%	99.4%	97.1%	101%	99.4%
	22620 (A) of 24014 (P)	15143 (A) of 15235.5 (P)	12959.5 (A) of 13352.5 (P)	9894 (A) of 9796 (P)	
Royal Shrewsbury Hospital (RSH)	93.7%	102.1%	96.5%	111%	
	32914 (A) of 35132 (P)	20289.5 (A) of 19872.5 (P)	23100.5 (A) of 23936.5 (P)	11745.5 (A) of 10585.5 (P)	
SaTH Maternity Units (RSH / PRH / Midwife-Led Units)	101%	100.1%	100.2%	97%	99.6%
	8279 (A) of 8194.5 (P)	4280 (A) of 4276.5 (P)	6227.5 (A) of 6215.5 (P)	3382.5 (A) of 3487.5 (P)	

2. Exception Reports

Tables 3 and 4 detail by exception, why staffing hours were $\geq 110\%$ or $\leq 85\%$ than planned by ward.

Table 3 – July 2014

Site	Ward	Staff Group	Time of Day	% Fill Rate	Comment
PRH	9	Care Staff	Night	116.1%	Enhanced Patient Support (EPS) to "special" patients with high risk of falls or dependency due to increased cognitive impairment (e.g. dementia)
PRH	15	Care Staff	Day	114.9%	Long stay patient on the ward with a DOLS in place. Additional staffing required to provide 1:1 constant supervision to maintain patient safety
PRH	15	Care Staff	Night	126.7%	
PRH	17	Care Staff	Night	117%	EPS to "special" patients with high risk of falls or dependency due to increased cognitive impairment (e.g. dementia)
RSH	21 Short Stay	Registered Nurses	Day	84.8%	192 hours provided less than planned, 184 hours of which are Ward Manager hours as a result of the Ward Manager vacancy, which are not "direct" clinical patient care hours.
RSH	21 Short Stay	Care Staff	Night	131.2%	EPS to "special" patients with high risk of falls or dependency due to increased cognitive impairment (e.g. dementia) and a number of new staff doing supernumerary hours
RSH	22 S/R	Care Staff	Night	131.2%	EPS to "special" patients with high risk of falls or dependency due to increased cognitive impairment (e.g. dementia) and a number of new staff doing supernumerary hours
RSH	24/CCU	Care Staff	Night	114.6%	EPS to "special" patients with high risk of falls or dependency due to increased cognitive impairment (e.g. dementia) and a number of new staff doing supernumerary hours
RSH	28	Care Staff	Night	117%	EPS to "special" patients with high risk of falls or dependency due to increased cognitive impairment (e.g. dementia)
PRH	8	Care Staff	Day	111.1%	Staffing rota on this ward is used flexibly across the 24-hour period and adjusted for times when patients require ICA support.
PRH	8	Registered Nurses	Night	112.8%	
PRH	11	Care Staff	Night	112.8%	EPS to "special" patients with high risk of falls or dependency due to increased cognitive impairment (e.g. dementia)
PRH	ITU/HDU	Care Staff	Day	113.4%	Additional hours due to increased dependency of patients
PRH	ITU/HDU	Care Staff	Night	77.4%	Use HCA on nights as dependency of patients requires – used flexibly on rota as above
RSH	22 TO	Care Staff	Night	129.3%	EPS to "special" patients with high risk of falls or dependency due to increased cognitive impairment (e.g. dementia)

RSH	25	Care Staff	Night	132%	EPS to "special" patients with high risk of falls or dependency due to increased cognitive impairment (e.g. dementia)
RSH	26	Care Staff	Day	119%	EPS to "special" patients with high risk of falls or dependency due to increased cognitive impairment (e.g. dementia)
RSH	26	Care Staff	Night	159.2%	EPS to "special" patients with high risk of falls or dependency due to increased cognitive impairment (e.g. dementia)
RSH	DSU Short-Stay	Registered Nurses	Day	142%	Additional staff hours as additional bed capacity open due to escalation procedure and staffing of unit outside contracted planned hours
RSH	ITU/HDU	Care Staff	Day	117.2%	Additional hours due to increased dependency of patients
RSH	18 Antenatal	Registered Midwives	Day	110.8%	In preparation for new template September reconfiguration move

Table 4 – August 2014

Site	Ward	Staff Group	Time of Day	% Fill Rate	Comment
PRH	4	Care Staff	Night	115.8%	EPS to "special" patients with high risk of falls or dependency due to increased cognitive impairment (e.g. dementia)
PRH	15	Care Staff	Night	110.8%	EPS to "special" patients with high risk of falls or dependency due to increased cognitive impairment (e.g. dementia)
PRH	16	Care Staff	Day	111.5%	Long stay patient on the ward with a DOLS in place. Additional staffing required to provide 1:1 constant supervision to maintain patient safety
PRH	16	Care Staff	Night	122%	
RSH	28	Care Staff	Day	114.6%	Additional staff hours as additional bed capacity open due to escalation procedure. Some EPS hours also
RSH	28	Care Staff	Night	123%	
RSH	32	Care Staff	Day	117.1%	Overfill hours attributable to the booking of additional healthcare assistants onto this ward roster over the Bank Holiday weekend to cover staffing shortfalls in other areas of the Unscheduled Care Group
RSH	32	Care Staff	Night	125.8%	
PRH	Apley	Care Staff	Day	77.8%	Ward closed at various points during the month and therefore not all shifts filled
PRH	Apley	Registered Nurses	Night	77.7%	
PRH	8	Care Staff	Night	71.1%	Staffing is flexed when the ICA is open. Some shifts unable to be covered by bank / agency however staff redeployed from Apley Ward and the Vanguard Unit when no lists were running to cover shortfall
PRH	11	Registered Nurses	Day	83.1%	Some shifts unable to be filled by bank/agency. When patient acuity/dependency allowed at weekends ward managed without the

					planned coordinator
PRH	ITU/HDU	Care Staff	Night	30.6%	Flex staffing according to patient dependency and therefore did not go out for bank/agency cover if dependency allowed. Unit plans for a HCAs on nights but only use if it is necessary as above
RSH	22 TO	Care Staff	Day	114.3%	EPS to "special" patients with high risk of falls or dependency due to increased cognitive impairment (e.g. dementia)
RSH	22 TO	Care Staff	Night	136.2%	
RSH	26	Care Staff	Day	111.5%	EPS to "special" patients with high risk of falls or dependency due to increased cognitive impairment (e.g. dementia)
RSH	26	Care Staff	Night	128.8%	
RSH	ITU/HDU	Care Staff	Day	68.6%	Flex staffing according to patient dependency and therefore did not go out for bank/agency cover if dependency allowed. Do not routinely cover HCA shifts during the day if sickness or annual leave
RSH	NNU	Care Staff	Night	77.7%	To ensure there are safe staffing levels on the NNU rapid review meetings are held where issues can be discussed and the immediate risks mitigate. A decision is then achieved regarding staff numbers versus neonate dependency and acuity to enable the unit to run safely

3. Conclusion

This report provides to the Board and to the public, details of inpatient ward staffing for July and August 2014. Whilst the overall hospital staffing fill rates remain good; the fill rate for August was 2.7% less than in July (all areas excluding maternity areas) – this in part was attributable to some areas having a lower acuity and dependency of patients which meant not all unfilled planned staffing hours were required to maintain standards of patient care, and one ward being closed a number of times during the month. The Trust also faced challenges in filling all the planned hours in a number of areas via the hospital bank, and in particular via external nursing agencies, with a greater number of shifts than previously not being filled.

The Heads of Nursing and Midwifery, Matrons and Ward Managers continue to monitor actual versus planned staffing levels across the Trust on a daily basis to ensure that appropriate action is taken to mitigate risk when there are staffing shortfalls.

An evaluation of IT solutions to provide Trust-wide "real-time" monitoring of actual staffing levels measurable against "live" patient acuity and dependency information to enable a more proactive approach to managing staffing shortfalls, is currently being undertaken with a number of companies.

Fill rate data by individual ward can be found within the supplementary information pack to the board papers.

Recommendations

The Board is asked to:

REVIEW and **RECEIVE** the report.

Appendix 1

SaTH Nursing, Midwifery and Care Staff Data - July 2014				Day				Night				Day		Night			
				Registered nurses / midwives	Registered nurses / midwives	Care Staff	Care Staff	Registered nurses / midwives	Registered nurses / midwives	Care Staff	Care Staff	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)		
Care Group	Centre	Hospital Site	Ward Name	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)
Unscheduled Care	Emergency Assessment Centre	PRH	Acute Medical Unit (AMU)	2398	2367	2033	2034	1178	1178	884	879	98.7%	100.0%	100.0%	99.4%		
Unscheduled Care	Medicine Centre	PRH	Ward 4 - Care of the Older Person	1831	1750	1426	1407	713	714	1069	1083	95.6%	98.7%	100.1%	101.3%		
Unscheduled Care	Medicine Centre	PRH	Ward 6 - Coronary Care Unit	1872	1768	1069	1029	1023	1025	713	702	94.4%	96.3%	100.2%	98.5%		
Unscheduled Care	Medicine Centre	PRH	Ward 7 - Gastroenterology	1800	1768	1426	1482	713	713	1069	1043	98.2%	103.9%	100.0%	97.6%		
Unscheduled Care	Medicine Centre	PRH	Ward 9 - Respiratory	1771	1710	1426	1524	1069	1058	713	828	96.6%	106.9%	99.0%	116.1%		
Unscheduled Care	Medicine Centre	PRH	Ward 15 - Care of the Older Person	1474	1346	1426	1638	713	705	1069	1354	91.3%	114.9%	98.9%	126.7%		
Unscheduled Care	Medicine Centre	PRH	Ward 16 - Stroke & Care of the Older Person	2005	1888	1426	1382	1069	1059	1069	1066	94.2%	96.9%	99.1%	99.7%		
Unscheduled Care	Emergency Assessment Centre	PRH	Ward 17 - Short Stay / Medical	2209	2066	1782	1802	1069	1054	1069	1251	93.5%	101.1%	98.6%	117.0%		
Unscheduled Care	Emergency Assessment Centre	RSH	Acute Medical Unit (AMU)	3381	3147	1860	1884	1953	1931	976	965	93.1%	101.3%	98.9%	98.9%		
Unscheduled Care	Medicine Centre	RSH	Ward 21 - Short Stay / Medicine	1261	1069	713	758	713	711	356	467	84.8%	106.3%	99.7%	131.2%		
Unscheduled Care	Medicine Centre	RSH	Ward 22 - Stroke & Rehabilitation Unit	2690	2518	2790	2572	1782	1749	1426	1871	93.6%	92.2%	98.1%	131.2%		
Unscheduled Care	Medicine Centre	RSH	Ward 24 / CCU	2456	2274	1658	1796	1426	1419	713	817	92.6%	108.3%	99.5%	114.6%		
Unscheduled Care	Medicine Centre	RSH	Ward 27 - Respiratory	2706	2534	1782	1820	1426	1426	1069	1069	93.6%	102.1%	100.0%	100.0%		
Unscheduled Care	Emergency Assessment Centre	RSH	Ward 28 - Nephrology / Medicine	2311	2143	1782	1882	1426	1422	1069	1251	92.7%	105.6%	99.7%	117.0%		
Unscheduled Care	Medicine Centre	RSH	Ward 32	632	621	356	332	356	310	356	333	98.3%	93.3%	87.1%	93.5%		
Scheduled Care	Surgical, Oncology and Haematology Centre	PRH	Apley Ward	1032	978	465	429	635	645	0	0	94.8%	92.3%	101.6%	#DIV/0!		
Scheduled Care	Head and Neck Centre	PRH	Ward 8 - Head & Neck Adult Ward	1023	959	433	481	713	804	261	261	93.7%	111.1%	112.8%	100.0%		
Scheduled Care	Musculoskeletal Centre	PRH	Ward 10 - Trauma & Orthopaedics	1784	1746	1069	1055	713	716	713	782	97.9%	98.7%	100.4%	109.7%		
Scheduled Care	Musculoskeletal Centre	PRH	Ward 11 - Trauma & Orthopaedics	1380	1271	899	984	713	713	713	804	92.1%	109.5%	100.0%	112.8%		
Scheduled Care	Theatres, Anaesthetics and Critical Care Centre	PRH	ITU/HDU	2420	2295	186	211	1860	1960	372	288	94.8%	113.4%	105.4%	77.4%		
Scheduled Care	Musculoskeletal Centre	RSH	Ward 22 - Orthopaedics	1691	1608	1069	1101	1069	980	713	922	95.1%	103.0%	91.7%	129.3%		
Scheduled Care	Surgical, Oncology and Haematology Centre	RSH	Ward 23 - Oncology / Haematology	1955	1853	1426	1414	1426	1426	356	344	94.8%	99.2%	100.0%	96.6%		
Scheduled Care	Surgical, Oncology and Haematology Centre	RSH	Ward 25 - Colorectal and Gastroenterology	2313	2299	1798	1942	1426	1426	713	941	99.4%	108.0%	100.0%	132.0%		
Scheduled Care	Surgical, Oncology and Haematology Centre	RSH	Ward 26 - Urology / Surgery / ICA	2355	2299	1612	1928	1426	1387	713	1135	97.6%	119.6%	97.3%	159.2%		
Scheduled Care	Surgical, Oncology and Haematology Centre	RSH	DSU Short Stay Ward	773	1098	356	356	713	631	356	345	142.0%	100.0%	88.5%	96.9%		
Scheduled Care	Surgical, Oncology and Haematology Centre	RSH	SAU & Short Stay Surgical	2404	2287	1782	1668	1782	1761	1069	1046	95.1%	93.6%	98.8%	97.8%		
Scheduled Care	Theatres, Anaesthetics and Critical Care Centre	RSH	ITU/HDU	3822	3526	372	436	2976	3048	45	45	92.3%	117.2%	102.4%	100.0%		
Women & Children's Care Group	Women and Children's Centre	PRH	Ward 19 Children's	1219.5	1219.5	345	345	1069.5	1069.5	0	0	100.0%	100.0%	100.0%	#DIV/0!		
Women & Children's Care Group	Women and Children's Centre	RSH	Ward 16 Children's	1606	1606	402.5	391	1069.5	1058	402.5	402.5	100.0%	97.1%	98.9%	100.0%		
Women & Children's Care Group	Women and Children's Centre	RSH	Ward 17 - Neonatal Unit	2668	2528	141	126	2496	2337	11	11	94.8%	89.4%	93.6%	100.0%		
Women & Children's Care Group	Women and Children's Centre	RSH	Ward 18 Antenatal - Maternity	976.5	1081.5	372	348	744	732	372	324	110.8%	93.5%	98.4%	87.1%		
Women & Children's Care Group	Women and Children's Centre	RSH	Ward 19 Postnatal- Maternity	1288.5	1288.5	1116	1116	1116	1116	744	744	100.0%	100.0%	100.0%	100.0%		
Women & Children's Care Group	Women and Children's Centre	RSH	Ward 20 Labour Ward - Maternity	2790	2790	930	930	1767	1767	589	589	100.0%	100.0%	100.0%	100.0%		
Women & Children's Care Group	Women and Children's Centre	RSH	Shrewsbury Midwife-Led Unit	916	916	372	372	744	744	372	372	100.0%	100.0%	100.0%	100.0%		
Women & Children's Care Group	Women and Children's Centre	Ludlow	Ludlow Midwife-Led Unit	413	405	360	360	360	360	360	360	98.2%	100.0%	100.0%	100.0%		
Women & Children's Care Group	Women and Children's Centre	Oswestry	Oswestry Midwife-Led Unit	444.5	444.5	372	372	372	372	372	372	100.0%	100.0%	100.0%	100.0%		
Women & Children's Care Group	Women and Children's Centre	Bridgnorth	Bridgnorth Midwife-Led Unit	432	432	356	356	372	372	356	356	100.0%	100.0%	100.0%	100.0%		
Women & Children's Care Group	Women and Children's Centre	PRH	Wrekin Maternity	916.5	916.5	372	372	744	744	372	336	100.0%	100.0%	100.0%	90.3%		
Women & Children's Care Group	Women and Children's Centre	RSH	Ward 32 - Gynaecology	885	919	356	353	713	713	356	346	103.8%	99.2%	100.0%	97.2%		
Site Summary	Princess Royal Hospital (PRH)			24218.5	23131.5	15411	15803	13250.5	13413.5	9714	10341	95.5%	102.5%	101.2%	106.5%		
	Royal Shrewsbury Hospital (RSH)			35909	34329	20255.5	20759	24178.5	23735	10699.5	12310.5	95.6%	102.5%	98.2%	115.1%		
	Princess Royal Hospital (PRH) (Maternity)			917	917	372	372	744	744	372	336	100.0%	100.0%	100.0%	90.3%		
	Royal Shrewsbury Hospital (RSH) (Maternity)			5971.0	6076.0	2790	2766	4371	4359	2077	2029	101.8%	99.1%	99.7%	97.7%		
	Bridgnorth Hospital (Maternity)			432	432	356	356	372	372	356	356	100.0%	100.0%	100.0%	100.0%		
	Ludlow Hospital (Maternity)			413.0	405.0	360	360	360	360	360	360	98.1%	100.0%	100.0%	100.0%		
The Robert Jones & Agnes Hunt Orthopaedic Hospital (Maternity)			444.5	444.5	372	372	372	372	372	372	100.0%	100.0%	100.0%	100.0%			
Trustwide Summary				68305	65735	39916.5	40788	43648	43356	23951	26104.5	96.2%	102.2%	99.3%	109.0%		

Appendix 2

SaTH Nursing, Midwifery and Care Staff Data - August 2014				Day				Night				Day		Night			
				Registered nurses / midwives	Registered nurses / midwives	Care Staff	Care Staff	Registered nurses / midwives	Registered nurses / midwives	Care Staff	Care Staff	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)		
Care Group	Centre	Hospital Site	Ward Name	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)
Unscheduled Care	Emergency Assessment Centre	PRH	Acute Medical Unit (AMU)	2734	2658	2017	2051	1178	1143	883	852	97.2%	101.7%	97.0%	96.5%		
Unscheduled Care	Medicine Centre	PRH	Ward 4 - Care of the Older Person	1752	1666	1426	1566	713	715	1069	1238	95.1%	109.8%	100.3%	115.8%		
Unscheduled Care	Medicine Centre	PRH	Ward 6 - Coronary Care Unit	1819	1675	1069	996	1023	1006	713	701	92.1%	93.2%	98.3%	98.3%		
Unscheduled Care	Medicine Centre	PRH	Ward 7 - Gastroenterology	1721	1657	1426	1449	713	713	1069	1081	96.3%	101.6%	100.0%	101.1%		
Unscheduled Care	Medicine Centre	PRH	Ward 9 - Respiratory	1677	1712	1426	1400	1069	1046	713	713	102.1%	98.2%	97.8%	100.0%		
Unscheduled Care	Medicine Centre	PRH	Ward 15 - Stroke & Care of the Older Person	1896	1731	1415	1395	1069	1025	1069	1184	91.3%	98.6%	95.9%	110.8%		
Unscheduled Care	Medicine Centre	PRH	Ward 16 - Care of the Older Person	1282	1282	1231	1373	713	702	885	1080	100.0%	111.5%	98.5%	122.0%		
Unscheduled Care	Emergency Assessment Centre	PRH	Ward 17 - Short Stay / Medical	2193	2105	1782	1666	1069	1051	1069	1103	96.0%	93.5%	98.3%	103.2%		
Unscheduled Care	Emergency Assessment Centre	RSH	Acute Medical Unit (AMU)	3301	3132	2036	1903	1942	1871	976	968	94.9%	93.5%	96.3%	99.2%		
Unscheduled Care	Medicine Centre	RSH	Ward 21 - Short Stay / Medicine	1163	1058	713	701	713	714	356	367	91.0%	98.3%	100.1%	103.1%		
Unscheduled Care	Medicine Centre	RSH	Ward 22 - Stroke & Rehabilitation Unit	2465	2374	2139	2099	1782	1700	1426	1561	96.3%	98.1%	95.4%	109.5%		
Unscheduled Care	Medicine Centre	RSH	Ward 24 / CCU	2391	2256	1658	1658	1426	1419	713	760	94.4%	100.0%	99.5%	106.6%		
Unscheduled Care	Medicine Centre	RSH	Ward 27 - Respiratory	2698	2558	1782	1794	1426	1331	1069	1113	94.8%	100.7%	93.3%	104.1%		
Unscheduled Care	Emergency Assessment Centre	RSH	Ward 28 - Nephrology / Medicine	2233	2023	1782	2042	1426	1378	1069	1315	90.6%	114.6%	96.6%	123.0%		
Unscheduled Care	Medicine Centre	RSH	Ward 32	653	639	356	417	356	345	356	448	97.9%	117.1%	96.9%	125.8%		
Scheduled Care	Surgical, Oncology and Haematology Centre	PRH	Apley Ward	1024	978	465	362	645	501	0	0	95.5%	77.8%	77.7%	#DIV/0!		
Scheduled Care	Head and Neck Centre	PRH	Ward 8 - Head & Neck Adult Ward	966	861	468	428	805	765	356	253	89.1%	91.5%	95.0%	71.1%		
Scheduled Care	Musculoskeletal Centre	PRH	Ward 10 - Trauma & Orthopaedics	1706	1624	1069	1037	713	711	885	885	95.2%	97.0%	99.7%	100.0%		
Scheduled Care	Musculoskeletal Centre	PRH	Ward 11 - Trauma & Orthopaedics	1382	1148	899	871	713	697	713	690	83.1%	96.9%	97.8%	96.8%		
Scheduled Care	Theatres, Anaesthetics and Critical Care Centre	PRH	ITU/HDU	2635	2296	186	204	1860	1815	372	114	87.1%	109.7%	97.6%	30.6%		
Scheduled Care	Musculoskeletal Centre	RSH	Ward 22 - Orthopaedics	1752	1596	1069	1222	1069	1007	713	971	91.1%	114.3%	94.2%	136.2%		
Scheduled Care	Surgical, Oncology and Haematology Centre	RSH	Ward 23 - Oncology / Haematology	1906	1739	1426	1427	1426	1379	356	368	91.2%	100.1%	96.7%	103.4%		
Scheduled Care	Surgical, Oncology and Haematology Centre	RSH	Ward 25 - Colorectal and Gastroenterology	2233	2177	1798	1834	1426	1413	713	768	97.5%	102.0%	99.1%	107.7%		
Scheduled Care	Surgical, Oncology and Haematology Centre	RSH	Ward 26 - Urology / Surgery / ICA	2279	2146	1612	1797	1426	1391	713	918	94.2%	111.5%	97.5%	128.8%		
Scheduled Care	Surgical, Oncology and Haematology Centre	RSH	DSU Short Stay Ward	665	670	299	295	483	492	241	234	100.8%	98.7%	101.9%	97.1%		
Scheduled Care	Surgical, Oncology and Haematology Centre	RSH	SAU & Short Stay Surgical	2465	2267	1782	1799	1782	1738	1069	1162	92.0%	101.0%	97.5%	108.7%		
Scheduled Care	Theatres, Anaesthetics and Critical Care Centre	RSH	ITU/HDU	3814	3425	420	288	2976	2892	0	0	89.8%	68.6%	97.2%	#DIV/0!		
Women & Children's Care Group	Women and Children's Centre	PRH	Ward 19 Children's	1227	1227	357	345	1069.5	1069.5	0	0	100.0%	96.6%	100.0%	#DIV/0!		
Women & Children's Care Group	Women and Children's Centre	RSH	Ward 16 Children's	1591	1522	356.5	357	1069.5	1070	356.5	356.5	95.7%	100.1%	100.0%	100.0%		
Women & Children's Care Group	Women and Children's Centre	RSH	Ward 17 - Neonatal Unit	2653	2487	288	288	2495	2244	103	80	93.7%	100.0%	89.9%	77.7%		
Women & Children's Care Group	Women and Children's Centre	RSH	Ward 18 Antenatal - Maternity	879	873	372	372	744	732	372	360	99.3%	100.0%	98.4%	96.8%		
Women & Children's Care Group	Women and Children's Centre	RSH	Ward 19 Postnatal- Maternity	1303	1303	1116	1116	1116	1116	744	744	100.0%	100.0%	100.0%	100.0%		
Women & Children's Care Group	Women and Children's Centre	RSH	Ward 20 Labour Ward - Maternity	2966	3094	971	991	1767	1815	589	562	104.3%	102.1%	102.7%	95.4%		
Women & Children's Care Group	Women and Children's Centre	RSH	Shrewsbury Midwife-Led Unit	744	744	372	372	744	720	372	324	100.0%	100.0%	96.8%	87.1%		
Women & Children's Care Group	Women and Children's Centre	Ludlow	Ludlow Midwife-Led Unit	462	462	345	340	357	357	310	310	100.0%	98.6%	100.0%	100.0%		
Women & Children's Care Group	Women and Children's Centre	Oswestry	Oswestry Midwife-Led Unit	454.5	454.5	372	372	372	372	372	372	100.0%	100.0%	100.0%	100.0%		
Women & Children's Care Group	Women and Children's Centre	Bridgnorth	Bridgnorth Midwife-Led Unit	470	432	357	345	372	372	357	357	91.9%	96.6%	100.0%	100.0%		
Women & Children's Care Group	Women and Children's Centre	PRH	Wrekin Maternity	917	917	372	372	744	744	372	354	100.0%	100.0%	100.0%	95.2%		
Women & Children's Care Group	Women and Children's Centre	RSH	Ward 32 - Gynaecology	870	845	356	369	713	717	356	356	97.1%	103.7%	100.6%	100.0%		
Site Summary	Princess Royal Hospital (PRH)			24014	22620	15235.5	15143	13352.5	12959.5	9796	9894	94.2%	99.4%	97.1%	101.0%		
	Royal Shrewsbury Hospital (RSH)			35132	32914	19872.5	20289.5	23936.5	23100.5	10585.5	11745.5	93.7%	102.1%	96.5%	111.0%		
	Princess Royal Hospital (PRH) (Maternity)			916.5	916.5	372	372	744	744	372	354	100.0%	100.0%	100.0%	95.2%		
	Royal Shrewsbury Hospital (RSH) (Maternity)			5892	6014	2831	2851	4371	4383	2077	1990	102.1%	100.7%	100.3%	95.8%		
	Bridgnorth Hospital (Maternity)			469.5	432	356.5	345	372	372	356.5	356.5	92.0%	96.8%	100.0%	100.0%		
	Ludlow Hospital (Maternity)			462	462	345	340	356.5	356.5	310	310	100.0%	98.6%	100.0%	100.0%		
The Robert Jones & Agnes Hunt Orthopaedic Hospital (Maternity)			454.5	454.5	372	372	372	372	372	372	100.0%	100.0%	100.0%	100.0%			
Trustwide Summary				67340.5	63813	39384.5	39712.5	43504.5	42287.5	23869	25022	94.8%	100.8%	97.2%	104.8%		

INTEGRATED PERFORMANCE REPORT

Month 5 - 2014/15

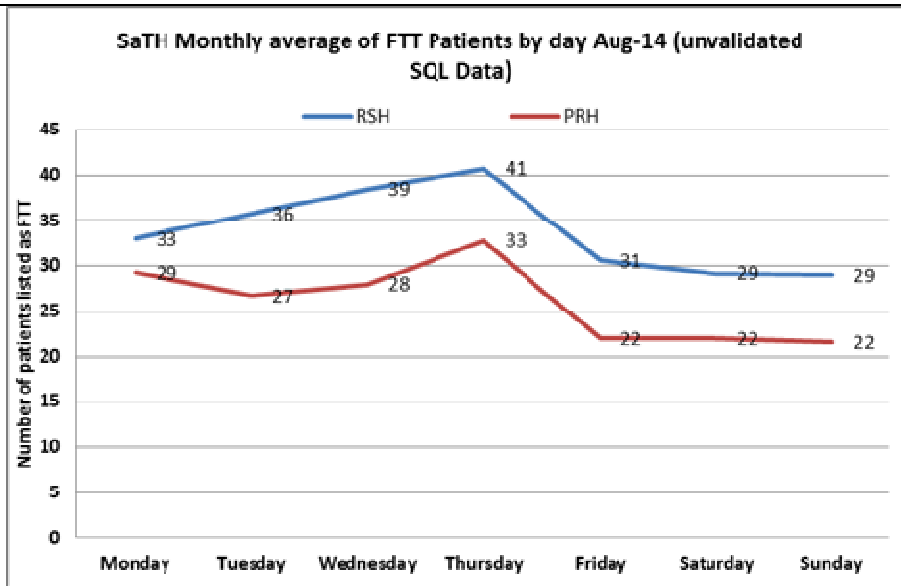
1. OVERVIEW OF PERFORMANCE

Month 5 - 2014/15													
Measure	2013/14 Outturn Period	2013/14 Outturn	2014/15 Threshold	M1 Apr-14	M2 May-14	M3 Jun-14	Q1	M4 Jul-14	M5 Aug-14	M6 Sep-14	Q2	2014/15 Year to Date	2014/15 Forecast Outturn
Access	A&E 4 Hour Wait	Full Year	93.40%	95%	92.51%	92.04%	93.11%	92.52%	92.47%	93.64%		92.96%	92.70%
	A&E 12 Hour Trolley Waits	Full Year	17	0	0	0	0	0	0	0		0	0
	Ambulance Handovers not completed within 30 Minutes (SaTH Validated View)	Full Year	275	0	12	14	11	37	12	4		16	53
	Ambulance Handovers not completed within 60 Minutes (SaTH Validated View)	Full Year	41	0	4	3	0	7	3	0		3	10
	18 Week RTT Admitted - English Responsible Only - Part 1A	Mar-14	76.98%	90%	80.19%	80.07%	82.44%		84.19%	84.13%			
	18 Week RTT Non Admitted - English Responsible Only - Part 1B	Mar-14	93.08%	95%	93.95%	95.04%	94.23%		92.07%	92.39%			
	18 Week RTT Incomplete Pathway - English Responsible Only - Part 2	Mar-14	89.71%	92%	89.82%	89.89%	89.78%		91.20%	91.99%			
	18 Week RTT > 52 Weeks - English Responsible Only	Full Year	38	0	0	0	0	0	2	0		2	2
	% of Patients waiting over 6 Weeks for a Diagnostics Test	Full Year	0.51%	1%	0.24%	0.08%	0.16%	0.16%	0.05%	0.09%		0.07%	0.12%
	Cancelled 28 Day Readmission Breaches	Full Year	14	0	1	0	0	1	0	0		0	1
	Number of Urgent operations cancelled more than once	Full Year	0	0	0	0	0	0	0	0		0	0
	Cancer	2 Week GP referral to 1st OP Appointment	Full Year	94.58%	93%	92.49%	92.46%	93.48%	92.82%	94.70%	93.72%		94.28%
2 Week GP to 1st OP Appointment Breast Symptoms		Full Year	93.35%	93%	86.80%	96.15%	96.60%	92.32%	100.00%	99.24%		99.69%	94.96%
31 day diagnosis to treatment		Full Year	97.33%	96%	97.60%	95.74%	98.40%	97.24%	96.35%	98.31%		97.23%	97.23%
31 day second or subsequent treatment - Drug		Full Year	99.09%	98%	98.44%	100.00%	98.72%	99.04%	100.00%	100.00%		#####	99.47%
31 day second or subsequent treatment - Surgery		Full Year	93.35%	94%	95.45%	84.00%	97.37%	93.46%	88.37%	90.63%		89.33%	91.76%
31 day second or subsequent treatment - Radiotherapy		Full Year	97.69%	94%	100%	97.47%	97.87%	98.38%	97.56%	97.30%		97.44%	98.01%
62 days urgent referral to treatment		Full Year	81.48%	85%	84.21%	77.08%	85.07%	82.09%	87.89%	84.10%		85.97%	83.67%
62 days referral to treatment from Screening		Full Year	93.98%	90%	85.71%	95.00%	86.27%	89.29%	88.89%	100.00%		90.70%	89.68%
62 days referral to treatment from Hospital Specialist (Upgrades)		Full Year	92.13%	85%	92.86%	94.06%	92.21%	93.16%	93.28%	88.57%		91.53%	92.43%
Patient Experience / Governance	C-Diff	Full Year	31	38	1	4	4	9	4	1		5	14
	MRSA	Full Year	1	0	0	0	0	0	0	0		0	0
	Same Sex Accommodation Breaches	Full Year	0	0	0	0	0	0	0	0		0	0
	Compliance with VTE Assessments	Mar-14	95.20%	95%	95.13%	95.2%	95.07%	95.13%	95.18%			95.18%	95.13%
	Publication of Formulary	Mar-14	Yes	Yes	Yes	Yes	Yes		Yes	Yes			
	Duty of Candour	Mar-14	N/A	0	0	0	0	0	0	0		0	0
	Valid NHS Number in submitted Acute datasets	Mar-14	N/A	99%	99.79%	99.76%	99.82%	99.79%	99.77%	TBC		99.77%	99.79%
	Valid NHS Number in submitted A&E datasets	Mar-14	N/A	95%	98.56%	98.64%	98.53%	98.58%	97.90%	TBC		97.90%	98.41%

2. PERFORMANCE OF UNSCHEDULED CARE STANDARDS BY EXCEPTION

Measure	Annual Target	Monthly Target	YTD (Inc. WI)	May	June	July	August	Year end 14/15															
A&E 4 Hour Wait	95%	95%	92.71%	92.04%	93.11%	92.47%	93.64%	92.70%															
Current State	<div data-bbox="428 527 1328 1104" data-label="Figure"> <table border="1"> <caption>Monthly ED Breach Performance by week (August) (Unvalidated SQL Data)</caption> <thead> <tr> <th>Date</th> <th>RSH (%)</th> <th>PRH (%)</th> </tr> </thead> <tbody> <tr> <td>04/08/2014</td> <td>95%</td> <td>97%</td> </tr> <tr> <td>11/08/2014</td> <td>91%</td> <td>94%</td> </tr> <tr> <td>18/08/2014</td> <td>91%</td> <td>91%</td> </tr> <tr> <td>25/08/2014</td> <td>92%</td> <td>93%</td> </tr> </tbody> </table> </div> <p>The above graph shows the ED performance on both sites by week in August.</p> <p>August continued to be a challenging month of high demand; and we continue to see and treat over 300 patients daily with high peaks. We have seen continued stabilisation at PRH, with variation at RSH between early parts of the week (poor performance) after a weekend and the improvement in the latter part of the week. This is indicative of inconsistency in weekend working and discharge. Problems are still being encountered regarding adequate senior medical cover, resulting in the need for the Consultant within ED to step down to cover the Registrar Rota. The pattern of overall improvement compared to the same period last year continues, and no 12 hour breaches have occurred.</p>								Date	RSH (%)	PRH (%)	04/08/2014	95%	97%	11/08/2014	91%	94%	18/08/2014	91%	91%	25/08/2014	92%	93%
Date	RSH (%)	PRH (%)																					
04/08/2014	95%	97%																					
11/08/2014	91%	94%																					
18/08/2014	91%	91%																					
25/08/2014	92%	93%																					
Planned Actions	<p>The cycle of improvement, which includes progress within discreet ongoing projects in Unscheduled Care continues. The following actions will be seen throughout the month:</p> <ul style="list-style-type: none"> • Continued focus on both EDs to ensure internal systems and procedures do not contribute to delays; • A review of the urgent care system and specifically processes within the PRH ED is the specific area of focus for ECIST. Currently awaiting their report; • Delivery against the 3 key metrics within the SMART plan; • We are continuing to develop the following: <ul style="list-style-type: none"> ○ Development of an Ambulatory Emergency Care service on both sites; ○ Collaborating with Shropshire Country CCG who will lead on an Urgent Care Centre project to be based at RSH in December 2014; ○ Integrated Care Service rollout in Shropshire; 																						

	<ul style="list-style-type: none"> ○ Reconfiguration of Medicine Strategy plan including: <ul style="list-style-type: none"> ▪ Reconfiguration of Cardiology – main service on one site with Chest Pain Assessment on other site, delivery throughout September and October; ▪ Trialling of an improved Elderly Care Model (Elderly Care Assessment Unit, Frail & Complex) supported by therapies but limited by recruitment challenges in Care of the Elderly workforce, this will initially start as a Short Stay Elderly care Ward, due to current workforce constraints; ▪ Short Stay ward at PRH, first week in September; ▪ 7 day TIA service. <p>The Care Group continues to focus on the need for improvement in patient flow. Work is ongoing with wards and ward teams to deliver capacity early in the day by achievement of discharges pre 12 and 3; and this has been further supported by ECIST.</p> <p>Whilst the focus is on the internal issues we know and understand, there remains external health economy issues which are a cause of significant concern, i.e. FTT and increase in demand within the EDs and assessment units.</p> <p>We remain constrained by the availability of residential and nursing home beds and also each having rigid rules about when they will not take patients i.e. later in the day, none on a Friday, not more than 1 admission per day. We are working with Shropshire Partners in Care [SPIC] to develop a Trusted Assessor Status for key providers which will enable us to move patients to placement without the need for homes to come and assess/accept etc. first. Community hospitals are now working towards providing beds available earlier in the day; however this will take time to embed.</p> <p>Primary breach reasons continue to be lack of capacity (beds) for a variety of reasons and ED delays due to acuity (overall acuity, not individual complex patients). The Fit for Transfer numbers continue to remain in the 60-70s peaking at over 80. Powys has ongoing issues with care provision, with resolution not expected until autumn and this has resulted in congestion within their community bed base which directly affects our ability to transfer and discharge Powys patients. During the first week of September planning and delivery of the Discharge to Assess [D2A] model of provision has commenced and this will have 3 main pathways:</p> <ul style="list-style-type: none"> • Rehabilitation in the community – Integrated Care Service [ICS]; • Inpatient rehabilitation – Shropshire Community Trust; • No rehabilitation needs, needs placement: <ul style="list-style-type: none"> ○ Dementia; ○ Nursing; ○ Residential; ○ Continuing Health Care [CHC].
Key Themes/Trends	Fit to Transfer Trend Chart – Daily Average by Site/Month

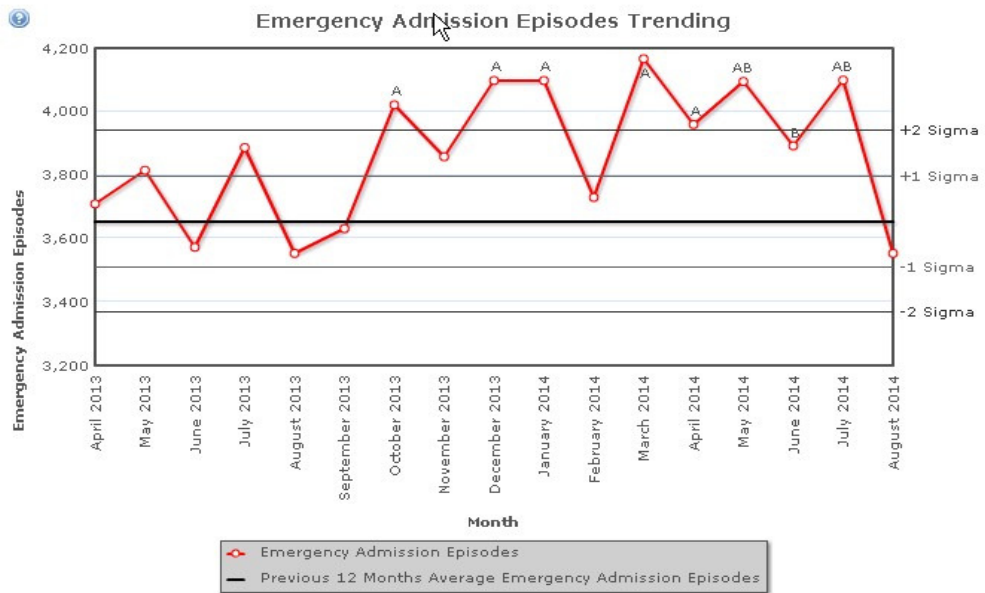


The above graph indicates how the Fit for Transfer remains high, as previously reported these remain excessive and are more akin to winter.

Discussions have been held with both CCG's about this. T&W has provided additional measures to reduce this as part of the Better Care Fund. The SMART plan has a target of 40 for September and 30 from October onwards, this will support flow across the two sites if achieved.

Emergency Admissions

The graph below shows the trend in emergency admissions, including 0 day length of stay, which correlates with the national position. It highlights a welcome slight reduction in admissions although we are still seeing high numbers of attendances. This also links to the increase in ED breach delays which includes delays that occur due to the overall acuity of patients in the department at any one time which generally leads to ED doctor / clinical assessment delays due to volume of attenders in the departments. The reduction was not felt at RSH but predominantly PRH resulting in an improvement of performance and the reduction in the large number of medical outliers.



Special Cause Flags

- A:** Value beyond 2 sigma
- B:** 8 consecutive values one side of the average
- C:** 6 consecutive values trended in one direction
- D:** 4 of 5 beyond 1 sigma

3. PERFORMANCE OF SCHEDULED CARE STANDARDS BY EXCEPTION

Measure	Annual Target	Monthly Target	Year end 13/14	April	May	June	July	August	Year end 14/15
18 Week RTT Admitted - English Responsible Only	90%	90%	76.98	80.19	80.07	82.45	84.19	84.13	%
Current State	<ul style="list-style-type: none"> - The admitted performance failed to deliver the overall target in August, which was in line with the admitted trajectory. 								
Planned Actions	<ul style="list-style-type: none"> - Continue to use the Vanguard unit for all specialties. - Weekly validation of all inpatient lists - Monitor activity against the weekly trajectory - Review booking profiles for each specialty - Complete Harm proforma for all patients who have breached 40 weeks - Access policy training and 18-week training commences at the end of September. All staff involved in RTT to undertake the training program and a competency based assessment. 								
Key Themes/Trends	<ul style="list-style-type: none"> - General surgery, urology, cardiology, general medicine, & gastroenterology & ENT continue to deliver the admitted standard. 								

Measure	Annual Target	Monthly Target	Year end 13/14	April	May	June	July	August	Year end 14/15
18 Week RTT Non Admitted - English Responsible Only	95%	95%	93.08	93.95	95.04	94.23	92.07	92.39	%
Current State	<ul style="list-style-type: none"> - The non-admitted performance failed to deliver the overall target in August 								
Planned Actions	<ul style="list-style-type: none"> - Continue the weekly meetings with the booking and scheduling management team to ensure compliance against the KPIs and access policy; - Rollout of new clinical outcome form to all specialties; - Access policy training and 18-week training commences at the end of September. All staff involved in RTT to undertake the training program and a competency based assessment. 								
Key Themes/Trends	<p>Booking and scheduling team continue to work with Centres to ensure all capacity is utilised. Booking profiles are adhered to and patients are treated in chronological order.</p>								

Measure	Annual Target	Monthly Target	Year end 13/14	April	May	June	July	August	Year end 14/15
18 Week RTT Incomplete Pathway - English Responsible Only	92%	92%	89.71	89.82	89.89	89.78	91.20	91.99	%
Current State	- Target failed in August in line with the trajectory								
Planned Actions	- To ensure all patients are booked in chronological order. This will be monitored at the weekly PTL meeting.								
Key Themes/Trends	- On target to deliver 92% from September with the exception of oral surgery and ophthalmology.								

OVERVIEW OF PERFORMANCE STANDARDS BY EXCEPTION

Please note that unvalidated Cancer breaches for July are reported here (figures are predicted as further patients and subsequent cancer information may be added resulting in a variance to the current reporting position).

Measure	Annual Target	Monthly Target	YTD	Year end 13/14	April	May	June	July	August	Year end 14/15
31 day second or subsequent treatment – Surgery	94%	94%	93.32%	93.32%	95.45%	84.00%	97.37%	88.37%	90.63%	92.05%
Current State	<ul style="list-style-type: none"> - Target failed in August with 3/32 patients breaching (9.37% representative) - Non-compliant year end 13/14; fluctuating month on month with a predicted non-compliance for 14/15 of -1.95% *Detailed breach reasons are included within the key themes and trends section									

Planned Actions	<ul style="list-style-type: none"> - PTL meeting and subsequent work processes set-up in April 2014; effects of which will now become visible within the overall CWT targets compliance level - involvement of the process now includes: - Reinforcement of the required targets and subsequent dates for treatment to be completed - Training and support for Centres to respond to escalations invoked midway in the patient's pathway within Somerset - Routine reporting (monthly) - Cancer RAP; weekly updates - Cancer Standards Workshop; best practice 12.09.14 - Waiting further patient additions when histology reports are available which will affect the denominator; based on previous figures we anticipate some movement within the denominator, providing the current breach figure does not increase the compliance level is likely to improve
Key Themes / Trends	<p>All breaches reported and confirmed were contributed to the following cancer sites:</p> <ul style="list-style-type: none"> - Head & Neck (2 cases) 66.66% <p>Both cases breached due to insufficient surgical capacity;</p> <ul style="list-style-type: none"> - Case 1 patient given initial treatment date out of target (escalated as per local policy); earlier appointment offered however patient declined This is not in accordance with best practice and is preventative when attempting to proactively manage patients' treatments - Case 2 consultant availability (annual leave) failed escalation as Centre was unable to resolve - Skin(1 case) 33.33%; highly complex case, patient had multiple comorbidities which resulted in delays throughout the diagnostic pathway

Measure	Annual Target	Monthly Target	YTD	Year end 13/14	April	May	June	July	August	Year end 14/15
62 days urgent referral to treatment	85%	85%	81.58%	81.58%	84.20%	77.08%	85.07%	87.89%	84.10%	83.67%
Current State	<ul style="list-style-type: none"> - Target failed in August with 15.5/97.5 patients breaching (15.89% representative) - Third episode of non-compliance for 14/15 after a period of 2 months where the Trust reached compliance; predictive year-end position at -1.33% <p>*Detailed breach reasons are included within the key themes and trends section</p>									

Planned Actions	<ul style="list-style-type: none"> - New style escalation meeting and subsequent work processes set-up in April 2014; effects of which will now become visible within the overall CWT targets compliance level - involvement of the process now includes: - Reinforcement of the required targets and subsequent dates for treatment to be completed - Training and support for Centres to respond to escalations invoked midway in the patient's pathway within Somerset - Routine reporting (monthly) - Cancer RAP; weekly updates - Cancer Standards Workshop; best practice 12.09.14 - Waiting further patient additions when histology reports are available which will affect the denominator; based on previous figures we anticipate some movement within the denominator, providing the current breach figure does not increase the compliance level is likely to improve
Key Themes / Trends	<p>All breaches reported and confirmed were contributed to the following cancer sites:</p> <ul style="list-style-type: none"> - Upper GI (5 Cases / 1 shared breach) - Case 1 patient given initial treatment date out of target (escalated as per local policy); earlier appointment offered however patient declined - Case 2 patient referred to QE for treatment prior to date 42 of the pathway as per local policy; awaiting confirmation of breach reason from QE - Case 3&4 both highly complex cases, patient had multiple comorbidities and/ or required multiple diagnostic investigations - Case 5 patient choice; refused standard diagnostic procedures which were then supplemented however this created delays during the initial part of the pathway - Colorectal (3 Cases) - Case 1 diagnostic delays; radiology delay to action CT request and subsequent CT date (suspected cancer patient not indicated) - Case 2 diagnostic delay (capacity - consultant leave); although patient did have a complex diagnosis / cross MDT discussions - Case 3 patient choice; patient CNA'd / DNA'd multiple diagnostic tests and treatment planning OPAs - Haematology (3 Cases) - Case 1 treatment delays; insufficient chemotherapy capacity due to consultant leave (escalated as per local policy); although patient did have a complex diagnosis / cross MDT discussions - Case 2&3 histology reporting delays resulting in delayed planning and subsequent treatment - Gynaecology (2 Cases) - Case 1 diagnostic delay - histology reporting and complex diagnosis / cross MDT discussions delayed treatment. - Case 2 complex diagnosis: multiple investigations / cross MDT discussions and OPA treatment delays (insufficient capacity) - Breast (1 Case) - Case 1 surgical capacity; patient requested immediate reconstruction (consultant availability) - Skin (1 Case) - Case 1 surgical capacity; consultant availability of initial surgeon - consultant surgeons did not pool resources as per local policy (failed escalation) - Urology (1 Case / 1 shared breach) - Case 1 patient referred to UHB for treatment prior to date 42 of the pathway as per local policy; awaiting confirmation of breach

	<p>reason from UHB</p> <ul style="list-style-type: none">- Lung (1 Case / 1 shared breach)- Case 1 patient referred to UHNS for treatment prior to date 42 of the pathway as per local policy; awaiting confirmation of breach reason from UHNS
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RTT EXCEPTION REPORT - AUGUST 2014

Specialty	RTT Admitted Performance August 2014 %	Update	Additional support required from CCG or AT Y/N	RTT Non Admitted Performance August 2014 %	Update	Additional support required from CCG or AT Y/N	Incompletes
Colorectal surgery	94.42	Delivering RTT	No	98.41	Delivering RTT	N	97.69
Upper Gi		Delivering RTT	No		Delivering RTT	N	
Vascular		Delivering RTT	No		Delivering RTT	N	
Breast		Delivering RTT	No		Delivering RTT	N	
Urology		94.74	Delivering RTT		No	96.14	
ENT	92.04	Delivering RTT	No	96.43	Delivering RTT	N	97.67
Max fax and oral surgery	64.08	1.10.14	No	78.83	1.10.14	N	82.76
Ophthalmology	80.34	1.10.14	No	78.36	1.10.14	Y	84.14
Gynaecology	98.61	Delivering RTT	No	97.39	Delivering RTT	N	98.00
T&O	65.78	1.9.14	No	89.44	1.9.14	N	91.03
Gastroenterology	100.00	Delivering RTT	No	93.43	Will be back on trajectory from 1.9.14	N	97.99
Cardiology	100.00	Delivering RTT	No	98.90	Delivering RTT	N	97.40
Dermatology		N/A	No	100.00	Delivering RTT	N	99.81
Neurology		N/A	No	94.57	TBC	N	92.91
Respiratory		N/A	No	98.48	Delivering RTT	N	90.07
General Medicine	100.00	N/A	No	99.43	Delivering RTT	N	91.60
Cardiothoracic surgery		N/A		100.00	Delivering RTT	N	90.91
Neuro surgery		N/A		100.00	Recommendation that this contract transfers to UHNS due to the small numbers	Y	87.50
Other (inc Pain)	85.11		No	90.94		N	81.66
Trust Total	84.13			92.39			91.99

Key

Red Not delivering to trajectory or no recovery plan in place
 Amber Not delivering but on planned trajectory
 Green Delivering RTT

FINANCE COMMITTEE – 23RD SEPTEMBER 2014
FINANCE DIRECTOR REPORT – MONTH 05

1. Income & Expenditure position

The financial position of the Trust at the end of August is presented in the table below:

	Financial Plan £000s	April – August Budget £000s	April – August Actual £000s	Variance £000s	Forecast April –March Flexed Budget £000s	Forecast April –March Actual £000s	Variance £000s
Income	314,949	128,291	127,890	(401)	314,963	318,464	3,501
Pay	(208,315)	(86,090)	(88,840)	(2,750)	(210,139)	(214,938)	(4,799)
Non-pay	(90,167)	(39,338)	(38,684)	654	(97,135)	(96,803)	332
Reserves	(8,773)	(365)	(108)	257			
Total expenditure	(307,255)	(125,793)	(127,632)	(1,839)	(307,275)	(311,741)	(4,467)
EBITDA	7,694	2,498	258	(2,240)	7,688	6,723	(965)
Finance costs	(15,894)	(6,390)	(6,381)	9	(15,936)	(15,606)	330
Surplus/(deficit) before rectification	(8,200)	(3,892)	(6,123)	(2,232)	(8,248)	(8,883)	(635)
Phased spend		(1,535)	(1,535)	-			-
Rectification Plans							
Surplus/(deficit) after rectification	(8,200)	(5,426)	(7,658)	(2,232)	(8,248)	(8,883)	(635)

The Trust's budgets assume the delivery of a deficit at month 5 amounting to £3.892 million, the actual deficit recorded amounted to £6.123 million.

To reconcile to the original plan submitted to the NTDA, a phased spend adjustment of £1.535 million has been made to both plan and actual spend, bringing a reported position to the NTDA of a deficit at month 5 of £7.658 million.

At the extraordinary Board workshop held on the 14th August 2014 a programme of rectification was agreed. Delivering the rectification enables the Trust to end the financial year with a deficit of £8.883 million. The monthly trajectory underpinning the forecast outcome is presented in the table below.

	Actual July £000s	Aug £000s	Sept £000s	Oct £000s	Nov £000s	Dec £000s	Jan £000s	Feb £000s	Mar £000s	Total £000s
Income	103,212	25,080	26,112	28,169	26,516	25,679	27,659	25,897	30,139	318,464
Pay	(71,131)	(17,729)	(17,851)	(18,013)	(18,137)	(18,013)	(18,018)	(18,021)	(18,023)	(214,938)
Non Pay	(31,396)	(7,864)	(7,992)	(8,021)	(8,249)	(8,277)	(8,306)	(8,334)	(8,363)	(96,803)
Reserves	(109)	-	107	-	-	-	-	-	2	-
Total Expenditure	(102,636)	(25,593)	(25,737)	(26,035)	(26,386)	(26,291)	(26,324)	(26,355)	(26,383)	(311,741)
EBITDA	575	(513)	375	2,135	130	(612)	1,335	(458)	3,756	6,723
Finance costs	(5,102)	(1,276)	(1,276)	(1,376)	(1,316)	(1,316)	(1,316)	(1,316)	(1,316)	(15,606)
Phased Spend	(1,238)	(298)	219	219	219	219	219	219	219	-
Surplus / (deficit)	(5,765)	(2,087)	(681)	1,021	(983)	(1,725)	222	(1,571)	2,643	(8,883)
Cumulative Surplus / (deficit)	(5,765)	(7,852)	(8,533)	(7,555)	(8,520)	(10,228)	(9,989)	(11,543)	(8,883)	

(Note in March £2.3 million is included relating to funding from the local CCG's).

An examination of the performance in August as compared with the trajectory is presented in the table below.

	Aug £000s	Actual Aug £000s	Variance £000s
Income	25,080	24,678	(402)
Pay	(17,729)	(17,709)	20
Non Pay	(7,864)	(7,288)	576
Reserves	-	-	-
Total Expenditure	(25,593)	(24,996)	596
EBITDA	(513)	(318)	195
Finance costs	(1,276)	(1,279)	(3)
Phased Spend	(298)	(298)	(-)
Surplus / (deficit)	(2,087)	(1,895)	192
Cumulative Surplus / (deficit)	(7,852)	(7,658)	194

As can be seen, the trajectories assumed that the Trust would record an overspend in the month of August amounting to £2.087 million, the actual level of overspend amounted to £1.895 million.

<i>Income and Expenditure Position – Key Messages</i>
<ul style="list-style-type: none"> <i>The Trust had assumed that it would overspend in the month by £5.426 million. The actual overspend amounted to £7.658 million.</i> <i>The overspend is principally associated with increased pay costs, particularly in respect of nurse and medical staff.</i> <i>Following the extraordinary Board meeting, the Trust is now working towards the delivery of recovery plan, the effect of the recovery plan is to generate a deficit at the year end of £8.833 million.</i> <i>In setting the recovery plan, the Trust expected to record a deficit in the month of August amounting to £2.087 million, the actual deficit recorded amounted to £1.895 million.</i>

2. Income

In reporting upon the Income position of the Trust it is necessary to:

- Provide a description of the position as recorded in the opening five months of the year; and then
- Consider how the performance as recorded in the period to date reconciles to the Forecast Income position by the year end.

Position as recorded in the period April - August

At the end of August the Trust had generated Income amounting to £127.89 million, this level of Income is £401,000 lower than budgeted.

Month 5 Position - Total Trust

Activity	YTD Planned	YTD Actual	Variance
A&E	45,681	47,719	2,038
First Attendance	46,332	46,773	441
Follow Up Attendance	73,795	78,561	4,766
Outpatient Procedure	43,098	41,872	(1,226)
Total Outpatients	163,225	167,206	3,981
Elective DC	17,687	17,288	(399)
Elective IP	3,031	3,008	(23)
Non Elective	18,925	19,556	631
Non Elective Other	3,513	3,143	(370)
SaTH Total	252,062	257,920	5,858

£'s	YTD Planned	YTD Actual	Variance	YTD	
				Price Variance	Volume Variance
A&E	4,705,280	4,910,688	205,407	(4,533)	209,941
First Attendance	6,749,034	6,745,338	(3,697)	(93,676)	89,979
Follow Up Attendance	6,416,533	6,866,534	450,000	44,555	405,445
Outpatient Procedure	6,523,875	6,401,340	(122,535)	85,093	(207,628)
Total Outpatients	19,689,443	20,013,211	323,768	35,972	287,796
Elective DC	12,730,586	11,937,456	(793,130)	40,236	(833,366)
Elective IP	8,053,080	8,183,424	130,344	421,256	(290,912)
Non Elective	34,318,499	34,554,757	236,258	(1,019,813)	1,256,469
Non Elective Other	5,489,813	5,038,944	(450,869)	145,681	(596,550)
Emergency Threshold	(541,667)	(628,783)	(87,116)	(87,116)	0
Readmissions	(969,680)	(1,170,225)	(200,544)	(200,544)	0
Others (inc Reserves)	44,815,646	45,053,392	237,745	237,745	0
Reported Income Figure	128,291,000	127,892,863	(398,137)	(431,115)	33,377

Key observations from the above are:

Activity Volume Variation - £33k above plan

The Income associated with the volume of activity performed is now largely consistent with contracted, however this overall position is distorted by:

- Elective Day Case activity is 399 cases below contracted levels (2.3%) resulting in a volume variance of £833,000. The Elective Day Case under performance is explained as follows :

	Activity	Volume Variance £000s
Under performance		
Pain Management	(168)	(110)
MSK	(171)	(288)
ENT	(81)	(74)
Ophthalmology	(76)	(59)
Oral Surgery	(240)	(179)
Cardiology	(149)	(153)
Gynaecology	(143)	(148)
Other	(204)	(170)
	(1,232)	(1,181)
Over performance		
Clinical Oncology	331	116
Gastroenterology	304	145
Clinical Haematology	118	49
Urology	80	38
	833	348
Net Day Case volume variance	(399)	(833)

- Outpatient activity is above planned levels specifically within Cardiology, Surgical and Oral Surgery.
- Accident and Emergency activity is over performing and has seen a 4% increase on the volumes seen within the same period last year.
- Non Elective activity is significantly over achieving in volume terms but offset financially by a significant price variance.
- Non Elective Other (predominately relating to births) remains below planned levels. This relates in the main to activity levels within April being lower. May, June and July are broadly in line with planned levels.

Activity Price Variation - £431k below plan

As with previous months there continues to be a significant price variance within Non Elective Activity, whilst activity numbers continue to be in excess of planned levels the income generated from these additional cases is being offset by an overall reduced unit price for Non Elective Activity. The main reasons for the price variance are as follows:

- Readmissions - Increased levels of readmissions – £201,000 – The gain to commissioners from applying the readmissions in the year is now estimated at £2.94 million.
- Emergency Threshold - increased Emergency activity, resulting in an increased gain to commissioners from the application of the Emergency Threshold - £87,000. (The full year from the Emergency Threshold is now estimated at £1.6 million).
- Excess Bed days - Reduced length of stay impacting upon excess bed days – impact to date £362,000.
- Financial Penalties - Application of financial penalties - £125,000 – though commissioners have indicated that this may be reinvested with the Trust in year.

Forecast Outturn

In order to gain confidence in respect of the forecast outturn, it is necessary to understand how the:

- Income levels assumed within the forecast outturn compare with the Income levels received in the year to date; and
- level of activity to be delivered over the remaining months of the year.

Monthly Income level comparison

A comparison of the levels of Income actually recorded in the months 1 - 5 is compared with the levels required over the period months 6 -12, and is presented below.

	Months 1- 5 £000s	Months 6 -12 £000s	Level of Increase Monthly Increase £000s
Average Monthly Income	25,578	27,225	1,645
Total Income generated	127,890	190,574	
% distribution	40.2	59.8	
% in month	8.04	8.54	

This table shows that for the Trust to achieve the forecast Outturn Income level, the average level of Income received per month will need to increase by £1.645 million.

	Monthly Increase £000s	Green £000s	Amber £000s	Red £000s
Readmissions classification	88	88		
CQUIN achieved 100 Per cent	68		68	
Approved Winter Pressures funds	162	162		
Income within rectification plans	26	26		
Approved RTT Resilience funds	73	73		
Approved screening programmes	25	25		
CCG Support	328			328
Seasonal Activity	732	732		
Transitional support Shropshire CCG approved	143	143		
Total per month	1,645	1,254	63	328
Total over months 6 -12		8,778	476	2,300

A risk assessment of the monthly Income increase would suggest that two potential areas carry risk, these being :

- Achievement of CQUIN at a rate of 100 per cent – potential risk up to £476k; and
- Agreement with the two local CCG's of financial support amounting to £2.3 million. This being so because having presented an estimated financial outturn to each of the local CCG's, both organisations have indicated that the forecast outturn will significantly compromise their ability to deliver their financial plans.

Achievement of seasonal activity

A major element of the increased monthly Income relates to increased levels of Income arising as a consequence of the seasonal nature of activity. The tables below illustrate how activity is expected to progress over the remaining seven months of the year by Point of Delivery in order to achieve the desired level of forecast Income.

	ACTUAL								PLAN								Annual
	Apr	May	Jun	Average Per Month Apr-Jun	Jul	Aug	Sep	Average Per Month Jul-Sep	Oct	Nov	Dec	Average Per Month Oct-Dec	Jan	Feb	Mar	Average Jan-Mar	
Outpatient Attendances	32,708	32,626	34,953	33,429	36,680	30,239	34,864	33,928	37,499	35,256	31,927	34,894	35,515	33,809	34,714	34,679	410,790
Elective Daycases	3,391	3,370	3,488	3,416	3,640	3,389	3,566	3,535	3,845	3,741	3,456	3,681	3,724	3,490	3,602	3,605	42,713
Elective Inpatient Spells	581	616	591	596	646	574	605	608	667	650	590	636	599	587	616	601	7,322
Emergency Spells	3,947	4,091	3,879	3,972	4,093	3,546	3,829	3,823	4,093	3,979	4,123	4,065	4,108	3,846	4,142	4,032	47,676
Maternity/Non Elective Other Spells	593	601	601	598	613	735	615	654	658	640	663	653	660	618	666	648	7,662
Elective Day Case																	
	Apr	May	Jun	Average Per Month Apr-Jun	Jul	Aug	Sep	Average Per Month Jul-Sep	Oct	Nov	Dec	Average Per Month Oct-Dec	Jan	Feb	Mar	Average Jan-Mar	Annual
Revised FOT	3,391	3,370	3,488	3,416	3,640	3,399	3,566	3,535	3,845	3,741	3,456	3,681	3,724	3,490	3,602	3,605	42,713
Actual	3,391	3,370	3,488	3,416	3,640	3,389	3,566	2,346				0				0	17,288
Variance	0	0	0	0	0	0		(1,189)				(3,681)				(3,605)	(25,425)
13/14	2,825	3,193	3,125	3,048	3,571	3,223	3,205	3,333	3,664	3,266	3,066	3,332	3,657	3,166	3,642	3,488	39,603
12/13	2,763	3,509	3,103	3,125	3,147	3,085	3,016	3,083	3,509	3,579	2,844	3,311	3,185	2,940	3,262	3,129	37,942
Elective Inpatient																	
	Apr	May	Jun	Average Per Month Apr-Jun	Jul	Aug	Sep	Average Per Month Jul-Sep	Oct	Nov	Dec	Average Per Month Oct-Dec	Jan	Feb	Mar	Average Jan-Mar	Annual
Plan	581	616	591	596	646	574	605	608	667	650	590	636	599	587	616	601	7,322
Actual	581	616	591	596	646	574	607	407				0				0	3,008
Variance	0	0	0	0	0	0		(202)				(636)				(601)	(4,314)
13/14	470	527	604	534	677	609	614	633	672	654	580	635	603	631	622	619	7,263
12/13	540	703	615	619	615	607	516	579	592	620	524	579	533	510	539	527	6,914
Non Elective																	
	Apr	May	Jun	Average Per Month Apr-Jun	Jul	Aug	Sep	Average Per Month Jul-Sep	Oct	Nov	Dec	Average Per Month Oct-Dec	Jan	Feb	Mar	Average Jan-Mar	Annual
Plan	3,947	4,091	3,879	3,972	4,093	3,546	3,829	3,823	4,093	3,979	4,123	4,065	4,108	3,846	4,142	4,032	47,676
Actual	3,947	4,091	3,879	3,972	4,093	3,546		2,546				0				0	19,556
Variance	0	0	0	0	0	0		(1,276)				(4,065)				(4,032)	(28,120)
13/14	3,705	3,811	3,563	3,693	3,870	3,554	3,626	3,683	4,020	3,845	4,090	3,985	4,094	3,721	4,147	3,987	46,046
12/13	3,749	4,035	3,796	3,860	3,982	3,800	3,611	3,798	3,993	3,872	3,839	3,901	3,829	3,585	4,153	3,856	46,244
Maternity/Non Elective Other																	
	Apr	May	Jun	Average Per Month Apr-Jun	Jul	Aug	Sep	Average Per Month Jul-Sep	Oct	Nov	Dec	Average Per Month Oct-Dec	Jan	Feb	Mar	Average Jan-Mar	Annual
Plan	593	601	601	598	613	735	615	654	658	640	663	653	660	618	666	648	7,662
Actual	593	601	601	598	613	735		449				0				0	3,143
Variance	0	0	0	0	0	0		(205)				(653)				(648)	(4,519)
13/14	760	761	704	742	795	752	681	743	785	758	724	756	715	672	713	700	8,820
12/13	530	582	583	565	540	539	571	550	576	515	583	558	573	488	627	563	6,707
Outpatients																	
	Apr	May	Jun	Average Per Month Apr-Jun	Jul	Aug	Sep	Average Per Month Jul-Sep	Oct	Nov	Dec	Average Per Month Oct-Dec	Jan	Feb	Mar	Average Jan-Mar	Annual
Plan	32,708	32,626	34,953	33,429	36,680	30,239	34,864	33,928	37,499	35,256	31,927	34,894	35,515	33,809	34,714	34,679	410,790
Actual	32,708	32,626	34,953	33,429	36,680	30,239		22,306				0				0	167,206
Variance	0	0	0	0	0	0		(11,621)				(34,894)				(34,679)	(243,584)

The above tables, with the exception of Day Case Activity, appear to indicate that the planned levels of activity are deliverable when compared with:

- activity levels performed to date; and
- activity recorded in previous years.

Day Case activity requires further investigation because the position is complicated by the clearance of RTT backlog.

Income – Key Messages
<ul style="list-style-type: none"> • <i>Income after the four months is £401k below planned levels.</i> • <i>An examination of activity into case mix and activity variances has highlighted a case mix issue amounting to £431k, of which the majority is within Non Electives.</i>

- To achieve the forecast outturn average monthly income is required to increase by £1.6 million; the principal risk associated with income relates to the request from CCG's of financial resources amounting to £2.3 million.
- The Trust has also had reduced income levels due the financial adjustments made as a result of increased levels of readmissions (£201k), emergency threshold adjustments above those planned (£87k) and an assumption around financial penalties (£125k).
- Current trends suggest that the Trust will achieve the activity levels required to deliver the annual budgeted income targets.

3. Pay Position

Description of Pay performance April - August

During the months of April - August, pay overspent as compared with budget by £2.75 million.

The table below provides a description of how the Pay run rate and WTEs have progressed over the period April 2013 through to August 2014.

	April June £000's	July Sept £000's	Oct Dec £000's	Jan 2014 £000's	Feb £000's	Mar £000's	Apr £000's	May £000's	June £000's	July £000's	August £000's
Consultants	2,887	2,887	2,880	2,893	2,977	2,990	2,928	3,052	2,992	3,069	3,041
Medical Staffing	2,182	2,183	2,025	2,131	2,157	2,229	2,144	2,199	2,189	2,162	2,169
Nursing	6,808	6,671	6,817	7,128	6,854	6,988	7,237	6,996	7,006	7,076	6,942
Other Clinical	2,297	2,312	2,314	2,253	2,301	2,166	2,354	2,320	2,357	2,332	2,335
Non Clinical	3,231	3,247	3,268	3,078	3,231	3,363	3,236	3,252	3,208	3,181	3,230
Actual Pay Spend £	17,405	17,300	17,304	17,483	17,520	17,736	17,899	17,819	17,752	17,820	17,717
Consultants	225.14	221.85	227.77	228.06	228.13	229.49	229.11	239.09	236.86	240.28	233.54
Medical Staffing	343.24	345.25	338.39	346.70	343.30	342.48	335.95	356.90	349.63	345.98	351.04
Nursing	2,206.43	2,183.30	2,200.93	2,205.43	2,196.52	2,236.92	2,268.33	2,255.47	2,218.99	2,247.88	2,217.76
Other Clinical	731.42	736.40	738.25	733.55	744.78	746.95	763.03	750.07	755.52	750.41	758.51
Non Clinical	1425.49	1,438.89	1,465.94	1,424.09	1,434.17	1,440.03	1,443.30	1,446.95	1,431.13	1,434.93	1,458.32
Actual Pay wte	4,930.26	4,925.61	4,971.61	4,937.83	4,946.90	4,995.88	5,039.72	5,048.48	4,992.13	5,019.48	5,018.17

Whilst the budget for the year has been constructed at a ward/ departmental level a sense check was undertaken as part of the budget setting process which compared the budgeted monthly run rate with the levels of spending that occurred over the period April 2013 to February 2014 period. The planned monthly spend of £17.397 million compared favourably with the April to February monthly pay spend of £17.367 million and so provided confidence that the proposed budget for the year appeared to be soundly based.

The table provided below then considers by whole time equivalents and cost, how the position in April - August varies by comparison with the reference period April 2013 to February 2014.

	Consultants	Medical staff	Nursing	Other Clinical	Non Clinical	Total
April 2013 - Feb 2014 compared with April - Aug 2014 WTE	10.28	5.12	44.06	19.46	2.09	81.01
April 2013 - Feb 2014 compared with April - Aug 2014 £000s	122	40	243	38	(11)	432

As can be seen the total number of staff employed has increased by an average of 81.01 WTE over the period April - August and generated an increase in the average monthly pay run rate of £432,000. All staffing group areas have increased their staffing levels, however the main area is Nursing, Consultants and Medical Staffing.

3.1 The budgetary position

Whilst the above analysis provides a useful description of the trend within the Pay run rate, more significant is the performance of the April – August run rate when compared with the budgetary position. The table below provides an analysis comparing budgeted levels of staffing (WTE) compared with actual.

				<i>Bank & Agency WTE worked included within Month 5</i>	
	<i>Budget WTE</i>	<i>Mth 5 WTE Worked (inc Bank and Agency)</i>	<i>Under / (over establishment) WTE</i>	<i>Bank WTE worked</i>	<i>Agency WTE Worked</i>
Corporate Services (inc E&F)	874.97	792.72	82.25	24.42	4.30
Diagnostics	393.40	385.23	8.17	6.79	0.97
Pharmacy	124.71	115.80	8.91	1.54	
Scheduled Care	1,714.04	1,664.28	49.76	94.38	48.11
Therapies	189.40	186.96	2.44	2.72	
Unscheduled Care	1,204.55	1,234.49	(29.94)	94.05	79.13
Women and Children's	634.26	638.69	(4.43)	22.23	2.54
WTE	5,135.33	5,018.17	117.16	246.13	135.05
Vacancy factor	(102.45)		(102.45)		
	5,032.88	5,018.17	14.71		
Cost in month £000's				587	1,130

An examination of this WTE position by staffing groups shows:

	<i>Budget Month 5 WTE</i>	<i>Mth 5 WTE</i>	<i>Month 5 Variance WTE</i>	<i>Budget Month 4 WTE</i>	<i>Mth 4 WTE</i>	<i>Month 4 Variance WTE</i>
Consultants and Medical staff	578.73	583.58	(4.85)	578.70	586.26	(7.56)
Nursing	2,236.8	2,217.76	19.04	2,225.52	2,247.88	(22.36)
Other Clinical and Non Clinical	2,319.8	2,216.83	102.97	2,318.26	2,185.34	132.92
Vacancy factor	(102.45)		(102.45)	(102.45)		(102.45)
	5032.88	5018.17	14.71	5,020.03	5,019.48	0.55

Immediate observations from the above are:

- The Trust presently has a level of vacancies that are consistent with the application of a vacancy factor,
- Overspending within Pay is therefore not attributable to the inability to release savings from vacancies but instead because of premium rates associated with high levels of agency staffing.

3.2 Over established Posts and Use of Premium Rate Staff

The analysis below details a description of the current over establishments in the two prime overspending staffing areas, notably Medical Staff and Nursing. The analysis evaluates the overspending in terms of:

- Volume variance (caused by WTE over establishment) and a
- Price variance (caused by using a skill mix and or mix of agency and substantive that is richer than the average that has been budgeted for).

3.2.1 Nursing Staffing

	Av WTE	Price	Volume	Total
	Over established	Variance	Variance	Variance
	WTE	£000	£000	£000
Scheduled Care	10.32	(596)	181	(415)
Unscheduled Care	(40.87)	(564)	(332)	(896)
Other Care Groups	12.25	(132)	100	(32)
Total	(18.30)	(1,292)	(51)	(1,343)

The table above shows that over the period April – August the level of nursing has exceeded budget levels by an average of 18.30 WTE posts, and in doing so over the period created an overspend of £51,000. More significantly however the price paid to nursing staff has created an overspend to date of £1.292 million and has arisen because of the continuing use of high cost agency staff.

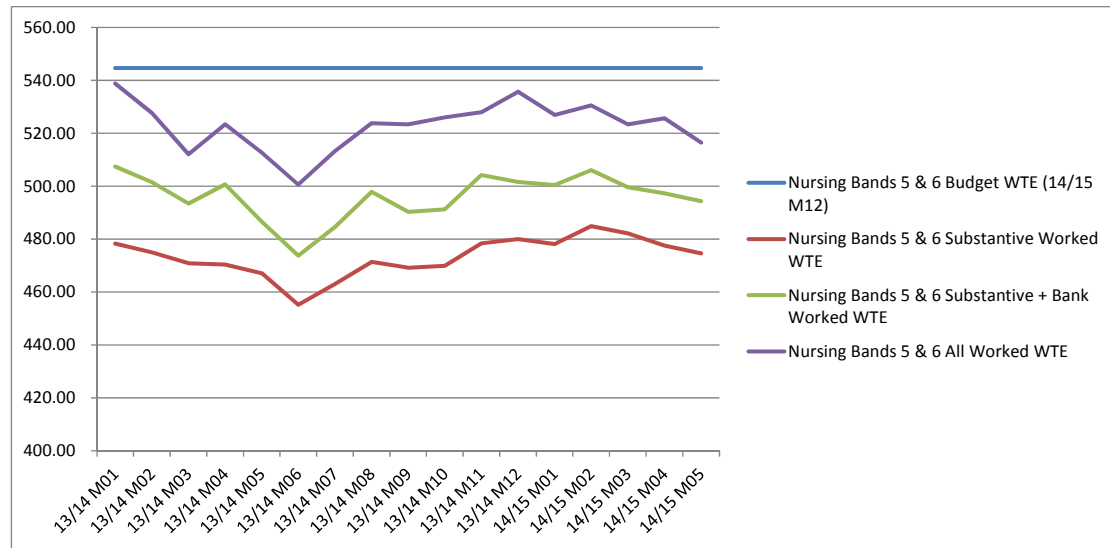
Price variance

The nursing pay budget for the 2014/15 financial year reflects the approved nursing template. In making the change to the new nursing templates, this resulted in a need to increase substantially the number of both trained and untrained nursing staff.

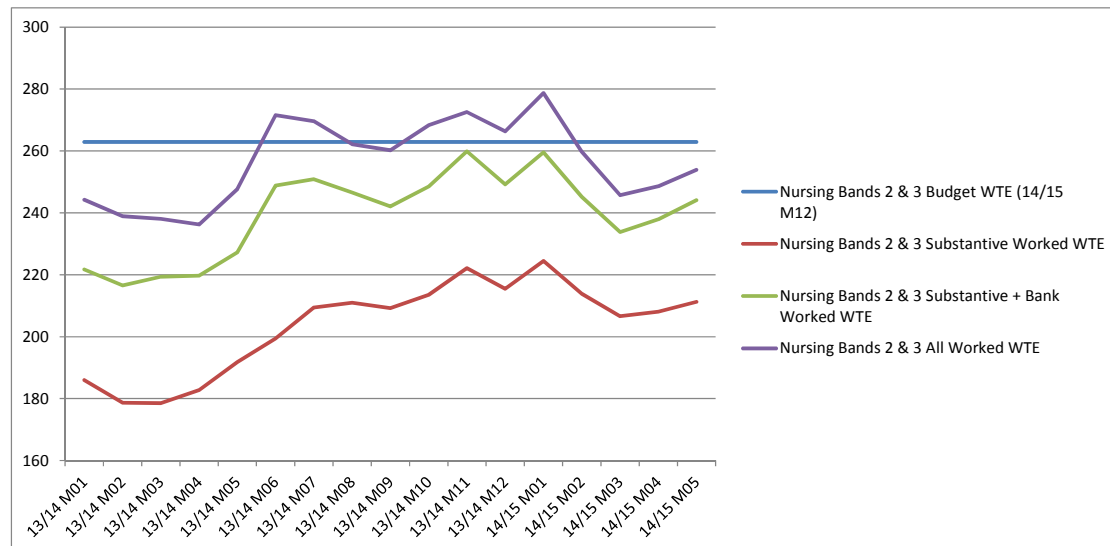
The diagrams below show how the nursing staffing levels (both qualified and unqualified) have altered over a period from Month 1 2013/ 14 to Month 5 2014/15 in both the Scheduled and Unscheduled Care groups.

Scheduled Care Nursing Tables

Qualified staff

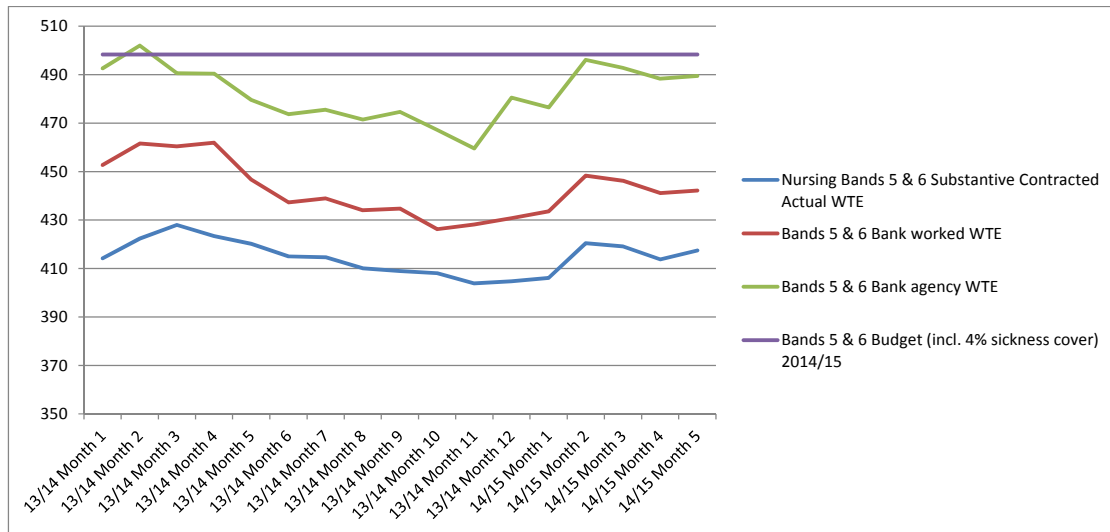


Unqualified staff

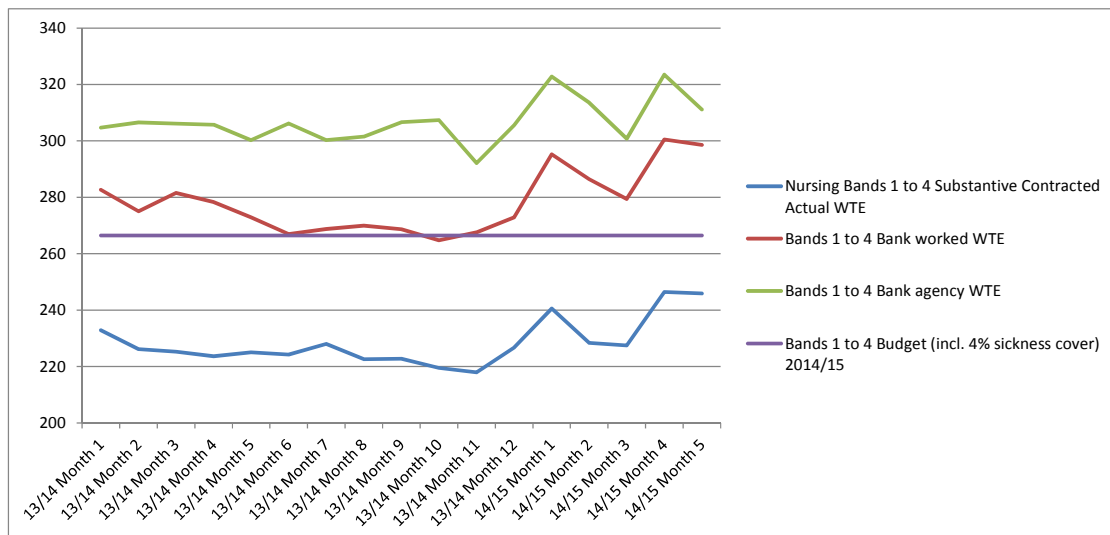


Unscheduled Care Nursing Tables

Qualified



Unqualified



Observations from these graphs are:

Scheduled Care

- Qualified and unqualified nursing staffing levels over the period April – August is below the Nursing Template.
- The level of substantively employed qualified nursing staff appears to be reducing however qualified bank and agency usage appears static.
- Unqualified substantive staff is however increasing, bank and agency unqualified staff usage is constant.

Unscheduled Care

- Qualified nursing staffing levels have increased sharply over the period to become consistent with the new nursing template. The increased numbers of staff has been achieved disproportionately through increased agency staff. Unqualified nursing staffing levels have

operated throughout the April – August period at levels beyond the new Template levels. The level of agency unqualified has remained constant.

More generally these graphs appear to suggest that the level of substantively employed qualified nursing staff has not altered significantly over the last nine months.

Pursuance of a strategy to deliver staffing levels consistent with the new nursing templates therefore requires a continued use of high levels of bank and agency staff. Accordingly the overspending within nursing recorded to date would appear to be the result of pursuing the new nursing templates and through increased levels of agency staff.

Volume Variation

Whilst nurse overspending is attributable mainly to a higher cost of nursing staff employed, there does exist a volume variation associated with the employment of staff numbers exceeding agreed budgeted levels. A critical reason for such a variation will be where the numbers of staff absent from work on wards exists because sickness, annual leave and training absence exceeds the budgeted cover.

Nursing Cover

In order for the nursing establishment to remain within budget levels, the average cover (for sickness, annual leave and training) needs to remain within the 20.5% that is currently within the budget. Illustrated below is the position for the two main care groups since the beginning of June when the new monitoring arrangements were introduced.

Unscheduled Care

	Care Group Total Cover % Used	Care Group Sickness	Care Group Annual Leave %	Care Group Training %	Care Group Other Cover %
8/6/14 - 14/6/14	24.90%	6.20%	13.50%	2.70%	2.60%
15/6/14 - 21/6/14	24.00%	6.90%	13.00%	1.50%	2.60%
22/6/14 - 28/6/14	26.40%	7.90%	13.20%	3.10%	2.10%
29/6/14 - 5/7/14	22.50%	6.10%	12.30%	1.50%	2.70%
6/7/14 - 12/7/14	26.12%	6.49%	13.45%	3.38%	2.79%
13/7/14 - 19/7/14	28.51%	6.96%	14.18%	4.51%	2.86%
20/7/14 - 26/7/14	27.67%	7.41%	15.37%	1.38%	3.50%
27/7/14 - 2/8/14	26.29%	6.16%	16.26%	0.82%	3.05%
3/8/14 - 9/8/14	25.6%	5.2%	16.9%	0.1%	3.4%
10/8/14 - 16/8/14	27.3%	6.3%	17.2%	1.0%	2.8%
17/8/14 - 23/8/14	27.0%	6.4%	16.7%	1.1%	2.8%
24/8/14 - 30/8/14	26.2%	7.1%	16.3%	0.0%	2.8%

Budgeted Levels 20.50% 4% 15% 1.50% 0%

Scheduled Care

	Care Group Total Cover % Used	Care Group Sickness	Care Group Annual Leave %	Care Group Training %	Care Group Other Cover %
8/6/14 - 14/6/14	22.40%	4.90%	14.70%	2.30%	0.50%
15/6/14 - 21/6/14	20.20%	5.20%	12.40%	1.70%	0.90%
22/6/14 - 28/6/14	22.10%	5.10%	13.80%	2.50%	0.80%
29/6/14 - 5/7/14	19.20%	5.30%	11.50%	1.00%	1.50%
6/7/14 - 12/7/14	19.52%	4.53%	12.19%	1.44%	1.36%

	Care Group Total Cover % Used	Care Group Sickness	Care Group Annual Leave %	Care Group Training %	Care Group Other Cover %
13/7/14 - 19/7/14	22.08%	4.63%	14.47%	1.97%	1.00%
20/7/14 - 26/7/14	24.09%	5.24%	17.61%	0.63%	0.62%
27/7/14 - 2/8/14	23.91%	5.29%	17.67%	0.42%	0.53%
3/8/14 - 9/8/14	24.7%	4.6%	18.7%	0.0%	1.4%
10/8/14 - 16/8/14	23.4%	4.6%	17.8%	0.1%	0.9%
17/8/14 - 23/8/14	23.9%	5.7%	16.3%	0.5%	1.5%
24/8/14 - 30/8/14	24.8%	5.2%	18.7%	0.0%	0.8%

Budgeted Levels 20.50% 4% 15% 1.50% 0%

As can be seen the total level of cover required to cover sickness, annual leave and training within Unscheduled Care has persistently exceeded the agreed cover level of 20.5 per cent. Unscheduled Care have, through persistently high levels of sickness, required cover in excess of the approved level. This situation has been exacerbated in recent weeks through higher than budgeted levels of annual leave. Scheduled Care had demonstrated an ability to manage to the budgeted cover level up the period ending 12th July 2014. Since 13th July 2014, spending has exceeded the approved level of cover. This has occurred predominantly because of annual leave.

3.2.2 Consultants and Medical Staff

Analysis of Consultant and Medical Staffing Overspend

Below is the breakdown of the current Consultant and Medical Staffing overspend.

	Av WTE	Over establishment	WLI	Agency	Total
	Over established		Variance	Variance	Variance
	WTE	£000	£000	£000	£000
Scheduled Care	4.42	207	(262)	(362)	(417)
Unscheduled Care	(7.71)	(287)	(57)	(144)	(488)
Other Care Groups	(0.18)	17	(103)	(89)	(175)
	(3.11)	(63)	(422)	(595)	(1,080)

Scheduled Care

- The effect of seeking to achieve RTT Targets has resulted in higher levels of WLI payments than budgeted - £262k.

Vacancies and sickness amongst middle grade medical staff within MSK, Surgery and Oncology and Haematology has resulted in overspending amounting to £362k in the period to date

- .

Unscheduled Care

- High levels of sickness and vacancies within A & E, Cardiology and Acute Medicine have meant that the Trust has needed to employ high cost Agency support. The effect of doing so has generated an overspend in the opening five months of the year amounting to circa £144,000. In addition the service is presently operating with over established posts creating a variance of £287k.

Pay – Forecast Outturn

In developing the forecast outturn, it has been assumed initially that the pay run rate as recorded in the opening five months of the year will continue over the remaining seven months of the year. Allowance is then also made for :

- Pay awards and Increments,
- Winter Pressures; and
- Additional cost pressures arising from the opening of the new Womens and Childrens facility.

Agreed rectification actions are then applied to provide a revised average monthly run rate.

	Months 1 -5	Months 6 -12	Monthly increase
Average monthly Pay Spend	17,768	18,014	246
	88,840	126,098	

As can be seen, after allowing for savings as contained within the Trust rectification plans, the Trust is assuming that Pay spending will increase on average by £246,000 per month.

In order for the average monthly pay run rate in months 6 – 12 to be achieved it is necessary for the savings contained within rectification plans to be achieved. An examination has been made of the risk status of the rectification schemes.

	£000's	Green	Amber	Red
Reduced Agency Nursing costs	1,600	400		1,200
Reduced Medical/ Consultant Agency spending	500		500	
Corporate Vacancy freeze	100	100		
Care group Pay spending reductions	963	963		
	3,163	1,463	500	1,200

The risk assessment highlights risks in delivery, in two key areas.

- Reduced Nursing Agency costs – In order for the Trust to achieve reduced Agency Nursing costs it is necessary for the level of trained agency nurses to reduce substantially as a consequence of:
 - (a) agreement to immediately substitute trained nurses for untrained nurses; and
 - (b) Acceleration in the number of substantive trained and untrained nurse through aggressive recruitment.

The effect of the transition period and the programme of nurse recruitment are expected to impact upon nursing staffing numbers as follows:

What this means in terms of staffing numbers									
	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	
Substantive - Trained	886.43	889.43	898.43	919.43	934.43	943.43	949.43	953.43	
Agency - Trained	74.96	40	40	40	0	0	0	0	
Bank Trained	46.86	46.86	46.86	46.86	46.86	46.86	46.86	46.86	
Substantive - Untrained	428.53	428.53	428.53	458.53	458.53	458.53	458.53	458.53	
Agency - Untrained	32.06	64.02	55.02	4.02	29.02	20.02	14.02	10.02	
Bank - Agency	81.72	66.22	66.22	66.22	66.22	66.22	66.22	66.22	
Total staffing employed	1550.56	1535.06	1535.06	1535.06	1535.06	1535.06	1535.06	1535.06	1535.06

and as a result is estimated to reduce agency overspending by circa £1.6 million.

	Sept	Oct	Nov	Dec	Jan	Feb	March	Total savings
Estimated Increase in staffing levels (WTE)	-3	-12	-33	-48	-57	-63	-67	
Effect of Increasing Trained staff	-8820	-35280	-102020	-142120	-187580	-205220	-216980	-898020
Reduction in Qualifiesd/ Increase Unqualified (wte)	31.96	22.96	1.96	26.96	17.96	11.96	7.96	
	-75425.6	-54185.6	-4625.6	-63625.6	-42385.6	-28225.6	-18785.6	-287259
Impact of additional 30 HCA (WTE)			-17400	-17400	-17400	-17400	-17400	-87000
Remove over establishment	-41428.6	-41428.6	-41428.6	-41428.6	-41428.6	-41428.6	-41428.6	-290000
Monthly pay reduction	-125674	-130894	-148074	-247174	-271394	-274874	-277194	-1562279

Since constructing this trajectory a risk based review has been undertaken at ward level, this has suggested that the opportunity to substitute trained for untrained staff is lower than originally anticipated. In addition further review of the Trust recruitment programme now indicates that the expected growth in substantive trained and untrained nursing staff will be less than anticipated and will be delivered more slowly.

Pay – Key Messages
<ul style="list-style-type: none"> • Pay in the month amounted to £17.7 million. • At the end of August spending exceeded the budget (after allowing for pay CIP) by £2.75 million. • The main areas of pay overspend are within Consultant and Medical Staff (£1080k) and Nursing (£1343k). • £1292k of the Nursing overspend relates to price variation associated with the use of Agency staff, and appears to be as a consequence of staffing to the new Nursing Template. • £51k of the Nursing overspend relates to volume variation has occurred within Unscheduled Care. • Consultant and Medical staffing has overspent by £1080k and has occurred because of increased costs in respect of Waiting List Initiative Payments and the need to cover agency and sickness through the use of Agency staff.

4. Non Pay

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

	Total Non Pay Spend £000s	3 month moving average £000s
April	7,084	7,198
May	7,471	7,307
June	6,992	7,182
July (exc exceptional items HCD)	7,382	7,282
August (exc exceptional items HCD and RTT)	7,036	7,137
September (exc exceptional items HCD and ICD)	7,052	7,157

	Total Non Pay Spend £000s	3 month moving average £000s
October (exc exceptional items HCD and ICD)	7,922	7,378
November (exc exceptional items HCD and ICD)	7,430	7,468
December (exc exceptional items HCD and ICD)	7,227	7,526
January (exc exceptional items HCD and ICD)	7,433	7,363
February (exc exceptional items HCD and ICD)	7,794	7,484
March (exc exceptional items HCD and ICD)	8,059	7,762
April (exc exceptional items HCD and ICD)	7,167	7,673
May (exc increased HCD and pass through costs)	7,655	7,627
June (exc increased HCD and pass through costs)	7,641	7,487
July (exc increased HCD and pass through costs)	8,080	7,792
August (exc increased HCD and pass through costs)	7,161	7,629

Forecast Outturn – Non Pay

In developing the forecast outturn, it has been assumed initially that the non pay run rate as recorded in the opening five months of the year will continue over the remaining seven months of the year. Allowance is then also made for:

- Seasonal cost increases associated with the winter period, eg utilities,
- Winter Pressures and RTT improvement plans; and
- Additional cost pressures arising from the opening of the new Womens and Childrens facility.

Agreed rectification actions are then applied to provide a revised run rate.

	Months 1 -5 £000's	Months 6 -12 £000's	Monthly increase £000's
Average monthly Pay Spend	7,737	8,303	569
	38,684	58,119	

As can be seen, after allowing for savings as contained within the Trust rectification plans, the Trust is assuming that Non Pay spending will increase on average by £569,000 per month.

In order for the average monthly pay run rate in months 6 – 12 to be achieved it is necessary for the savings contained within rectification plans to be achieved. An examination has been made of the risk status of the rectification schemes.

	£000's	Green	Amber	Red
Care group Non Pay spending reductions	220	220		
	220	220		

Non Pay – Key Messages

- At the end of August non pay budgets had underspent by £654,000.

5. Cost Improvement Programme

In setting the financial plan for the 2014/15 year the Trust had a requirement to deliver a Cost Improvement Programme of £15.2 million in order to support an end of year deficit of £8.2 million. The effect of higher than expected Agency Nursing and Medical staffing costs combined with increased costs associated with a need to respond to increased emergency activity (not compensated by the emergency tariff because of the application of the emergency threshold), has meant that a number of the CIP schemes as originally planned are no longer realisable.

Accordingly an exercise was completed in July that sought to describe the forecast Outturn position without management actions, the figure computed amounted to a deficit of £15.2 million. An extraordinary Board workshop held in August confirmed a series of rectification actions to supplement the existing CIP plan. The effect of delivering these actions is to reduce the forecast outturn deficit by £6.3 million, with the result that the Trust then delivers a deficit at the year end of £8.9 million. The table below provides a description of the savings programme now being pursued by the Trust in order to achieve the £8.9 million deficit

	<i>Original Plan £000s</i>	<i>Revised Annual Plan £000s</i>	<i>Amended based upon board workshop</i>	<i>Amended Annual CIP Plan</i>	<i>Forecast Outturn</i>
Original CIP Schemes					
Procurement	2,000	2,000		2000	2000
CNST Contribution	500	400		400	400
Salary Sacrifice	100	100		100	100
Pharmacy gain share	200	100		100	100
Capitalisation	1200	1200		1200	1200
Outpatient and CNS Nurses	500	-			
Diagnostic staff	300	-			
CQUIN	600	600		600	600
Corporate	600	600		600	600
Agency Nursing	600	600	(600)		
Nursing review transition	400	400	(100)	300	300
Unscheduled care	500	1,000	(900)	100	100
Medical staff Management	200	-			
Travel expenses	200	200		200	200
Non pay controls	600	-			
To be identified	500	500	(500)		
Pay reduction		1,300	(1300)		
Income based Productivity gains	6,200	6,200		6,200	6200
Total	15,200	15,200	(3,400)	11,800	11,800
Rectification plans					
Agency Nursing			1,600	1,600	1600
Local CCG Financial Support			2,300	2,300	2300
Agency Medical staffing			500	500	500
Vacancy Freeze corporate services			100	100	100
Care group action plans			1,838	1,838	1838
			6,338	18,138	18,138

The position recorded as at the end of August is as follows:

	<i>Amended Annual Plan £000s</i>	<i>CIP to date £000s</i>	<i>Actual £000s</i>
Original CIP Schemes			
Procurement	2,000	1,073	1,073
CNST Contribution	400	208	208
Salary Sacrifice	100		
Pharmacy gain share	100	83	67
Capitalisation	1200	583	583
Outpatient and CNS Nurses		-	
Diagnostic staff		-	
CQUIN	600	250	250
Corporate	600	249	249

	<i>Amended Annual Plan £000s</i>	<i>CIP to date £000s</i>	<i>Actual £000s</i>
Agency Nursing			
Nursing review transition	300	300	352
Unscheduled care	100	100	106
Medical staff Management		-	
Travel expenses	200	83	83
Non pay controls		-	
To be identified			
Pay reduction			
Income based Productivity gains	6,200	2,584	2,584
Total	11,800	5,513	5,555
Rectification plans			
Agency Nursing	1,600		
Local CCG Financial Support	2,300		
Agency Medical staffing	500		
Vacancy Freeze corporate services	100		
Care group action plans	1,838	37	32
	18,138	5,550	5,587

At the end of August it had been assumed that savings amounting to £5.550 million would have been delivered. The actual level of savings amounts to £5.587 million.

<i>Cost Improvement Programme – Key Messages</i>
<ul style="list-style-type: none"> <i>Savings realised in the month amounted to £5.587 million, as compared with a target of £5.550 million.</i> <i>It is anticipated that the Trust will deliver savings in year of £11.8 million as compared with the original CIP. The shortfall has occurred because the Trust has been unable to secure savings from nursing, medical staffing and has also been required to retain escalation beds.</i> <i>Rectification savings have been identified amounting to £6.338 million.</i>

6. Service Line Reporting

The Trust is, through the use of its Patient Level Costing system, now able to provide Income and Expenditure positions for each of the Care Groups. In producing this information, because of time constraints associated with the apportionment of service charges and central overheads is presently producing this information in arrears by one month. The table below therefore produces a Clinical Centre financial position reconciled to the deficit as presented at Month 4.

Metrics	Scheduled Care	Surgical & Oncology	Musculoskeletal	Head & Neck	Theatre & Critical Care Centre	Unscheduled Care	Emergency	Medicine	Womens & Childrens	TOTAL
Total Income	50,675	29,370	9,365	9,034	2,906	35,638	5,271	30,367	17,029	103,343
Total Direct/Indirect Cost										
Direct Costs										
Direct Pay Costs										
Nursing	6,814	3,640	1,393	497	1,284	10,029	1,456	8,573	6,550	23,393
Consultants	4,356	2,128	747	1,464	16	2,362	406	1,955	1,297	8,015
Other Clinical	4,310	1,798	984	1,519	8	3,960	1,133	2,827	1,784	10,054
Non-clinical	1,641	867	258	423	93	867	178	688	580	3,089
Total: Direct Pay Costs	17,122	8,433	3,383	3,903	1,403	17,217	3,174	14,043	10,211	44,550
Direct Non Pay Costs										
Drug Costs	6,442	5,340	177	755	169	2,324	2	2,326	691	9,457
Supplies	1,445	374	214	591	265	1,587	188	1,399	780	3,812
Other Direct Costs	1,087	431	380	242	34	1,192	89	1,104	298	2,577
Total: Direct Non Pay Costs	8,973	6,146	771	1,588	468	5,104	275	4,829	1,769	15,846
Total: Direct Costs	26,095	14,578	4,154	5,491	1,871	22,321	3,449	18,872	11,980	60,396
Indirect Costs										
Allied Healthcare Professionals	1,163	659	229	273	2	1,107	84	1,022	137	2,406
Radiology	1,883	1,011	687	184	1	2,082	658	1,424	278	4,244
Pathology	1,728	1,066	323	336	2	2,159	405	1,754	505	4,392
Theatre	7,607	3,006	2,224	1,510	867	191	7	185	898	8,696
Other Services	2,803	1,585	307	875	36	1,151	68	1,082	397	4,351
Prosthetics	516	33	462	19	1	3	0	3	4	523
Hotel Services	-	-	-	-	-	-	-	-	-	-
Pharmacy	606	455	83	67	0	647	27	620	235	1,487
Other Costs	-	-	-	-	-	-	-	-	-	-
Total: Indirect Costs	16,306	7,815	4,317	3,264	909	7,340	1,249	6,090	2,454	26,099
Total: Total Direct/Indirect Cost	42,401	22,394	8,471	8,755	2,780	29,661	4,698	24,962	14,434	86,495
Contribution	8,275	6,976	894	278	126	5,977	573	5,405	2,595	16,847
Contribution %	16.33%	23.75%	9.55%	3.08%	4.34%	16.77%	10.87%	17.80%	15.24%	16.30%
Overhead Costs										
Site Costs	3,016	1,570	604	714	129	2,424	521	1,903	1,129	6,569
Corporate Costs	4,237	2,210	752	1,033	241	3,082	605	2,477	1,823	9,142
CNST contribution	661	322	267	70	2	278	187	91	1,286	2,225
Total: Overhead Costs	7,914	4,102	1,623	1,817	372	5,784	1,313	4,471	4,239	17,937
Cost	50,315	26,496	10,094	10,573	3,152	35,445	6,011	29,434	18,673	104,432
EBITDA	361	2,874	729	1,539	245	193	740	933	1,644	1,090
EBITDA %	0.71%	9.79%	-7.79%	-17.03%	-8.45%	0.54%	-14.04%	3.07%	-9.65%	-1.05%
Finance Costs	2,475	1,355	510	489	120	1,751	350	1,402	914	5,140
Total Profit	- 2,115	1,519	- 1,240	- 2,028	- 365	- 1,558	- 1,090	- 468	- 2,558	- 6,230
Profitability	-4.17%	5.17%	-13.24%	-22.45%	-12.57%	-4.37%	-20.67%	-1.54%	-15.02%	-6.03%
Donated Assets Adjustment										233
Trust Surplus/(Deficit)										- 5,997

Service Line Reporting – Key Messages

- All three Care Groups recorded a loss in July.
- Collectively the Care Groups generated a contribution percentage of 16% of Income. In order to achieve a break even position (without support) requires this percentage to increase to 23%. Benchmarked data recommends a percentage achievement of 25%.
- All three Care Groups achieved a positive contribution.

7. Forecast Outturn

Risk assessments have been presented in respect of Income and Pay and Non Pay expenditures. In order to understand the sensitivity of the Trust forecast Outturn position it is useful to present a series of scenarios that display the average monthly run rates associated with:

- The achievement of the forecast outturn position,
- An adjusted outturn position, that incorporates failure to achieve both amber and red risks; and
- A outturn position based upon the originally anticipated forecast outturn deficit of £15.2 million before rectification schemes had been identified.

	Forecast Outturn position	Risk adjusted Forecast Outturn discounted for Amber and Red risks	Forecast Outturn without achievement of any rectification schemes	Actual in Mths 1 -5
Forecast Outturn deficit	(8,883)	(12,883)	(15,356)	
Average Monthly run rates for:				
Income	27,225	26,897	26,764	25,578
Pay	18,014	18,257	18,414	17,768
Non Pay	8,303	8,303	8,342	7,737
Finance Costs	1,318	1,318	1,364	1,276

From the above sensitivity analysis it is clear that in order for the Trust to deliver a forecast deficit at the year end of £8.883 million, then it is crucial for:

- A conclusion to be reached with regard to the utilisation of agency trained nursing staff,
- Funding from commissioners needs to be secured to recognise the true cost of delivery increased emergency activity, and
- Plans to reduce agency spending in respect of consultant and medical staff need to be concluded upon.

8. Capital Programme

The position in respect of the Capital Programme as at August 2014 is presented in the table below:

Scheme	2014/15 Capital Budget	2014/15 Spend to date	Forecast Outturn	Variance under/ (over) spend
	£000's	£000's	£000's	£000's
Future Configuration of Hospital Services	5,054	122	5,054	0
IT Technology Fund	570	35	570	0
Outstanding Commitments from 2013/14	905	488	915	-10
Creating Additional Capacity at PRH	2,987	1,051	2,987	0
Bowel Scope Screening Programme	105	0	105	0
Water/RO Plant at RSH	100	0	100	0
Asbestos Removal from Duct	100	0	100	0
Server Replacement Scheme	120	0	120	0
Network Replacement Scheme	120	0	120	0
Estates Replacement Fund	250	0	250	0
Maternity Ultrasound Equipment	140	0	130	10
PRH Cystoscopes	125	0	125	0
PRH Operating Tables (part completed 2013.14)	150	0	150	0
Renal Dialysis Stations Replacement	100	0	100	0
Creation of Surgical Admission and Discharge Suite - PRH	110	0	110	0
Creation of Urgent Care Centre and Ambulatory Care Area - RSH	130	0	130	0
Creation of Clinical Decision Unit - PRH	150	0	150	0
Total Capital Contingencies/Capitalisation of Salaries	2,881	963	2,881	0
Capital Salaries	600	377	600	0
Other Capital Schemes (inc LoF contribution)	-42	53	-42	0
Total Discretionary Capital Schemes	8,431	2,554	8,430	0
Total Including Reconfiguration	14,055	2,711	14,055	0

The CRL for 2014/5 of £14.055m comprises of:

- £8.450m Internally Generated CRL
- £0.570m IT Technology Fund
- £5.035m PDC Future Configuration of Hospital Services

As at M05 £2.711m has been expended.

9. Statement of Financial Position

Total Assets Employed

The in month movement of Total Assets Employed is a positive £1,404k due to an increase in Non-Current Assets (£79k) and current assets (£726k) and an decrease in current liabilities (£599k). Net current liabilities have decreased in month by £1,325k.

Total Non-Current Assets

The increase in non-current assets of £79k relates to an increase of £9k within fixed assets and an increase in long term receivables relating to CRU of £70k.

	March 13 £000	July 14 £000	August 14 £000	Variance to March 13 £000	Variance to July 14 £000
Total Non Current Assets	200,789	198,390	198,469	(2,320)	79
Inventories	6,470	6,481	6,509	39	28
Current Trade and Other Receivables	12,010	14,701	12,888	878	(1,813)
Cash and Cash Equivalents	2,200	495	3,006	806	2,511
Total Current Assets	20,680	21,677	22,403	1,723	726
Current Trade and Other Payables	(27,477)	(30,245)	(29,112)	(1,635)	1,133
PDC dividend Payable accrual	0	(1,978)	(2,473)	(2,473)	(495)
Provisions	(634)	(510)	(549)	85	(39)
Total Current Liabilities	(28,111)	(32,733)	(32,134)	(4,023)	599
Net Current Liabilities	(7,431)	(11,056)	(9,731)	(2,300)	1,325
Total Assets less Current Liabilities	193,358	187,334	188,738	(4,620)	1,404
Provisions	(347)	(318)	(318)	29	0
Total Assets Employed	193,011	187,016	188,420	(4,591)	1,404
Financed by Taxpayers' Equity					
Public dividend capital	174,801	174,801	178,001	3,200	3,200
Retained Earnings	(30,392)	(36,387)	(38,183)	(7,791)	(1,796)
Revaluation reserve	48,602	48,602	48,602	0	0
Total Taxpayers' Equity	193,011	187,016	188,420	(4,591)	1,404

Total Taxpayers' Equity has increased £1,404k in month due to £3,200k temporary PDC and a negative £1,796k to retained earnings comprising a £1,895k I&E deficit in month and a £99k adjustment for donated asset reserve elimination.

Total Current Assets

Inventories have increased by £28k within the month.

Receivables have decreased by £1,813k in the areas of NHS receivables (£1,276k), Non-NHS receivables (£907k) and VAT (£150k) but an increase in prepayments and accrued income (£520k).

Accounts Receivable aged debt summary as at 31 August 2014:

	1-30 Days	31-60 Days	61+ Days	Total
	£000	£000	£000	£000
NHS (English)	797	453	539	1,789
NHS (Non-English)	29	7	1,067	1,103
Private Patients	83	8	53	144
Other*	366	54	392	812
Total	1,275	522	2,051	3,848

*Other includes prescriptions, catering recharges, accommodation, overseas visitors and MES activity.

The outstanding receivables balances as at 31 August 2014 over £100k are:

	1-30 Days	31-60 Days	61+ Days	Total
	£000	£000	£000	£000
Powys LHB	2	6	982	990
Shropshire Community Health Trust	160	100	164	424
Cogenco	0	0	287	287
Shropshire CCG	114	58	62	234
South Staffordshire & Shropshire NHS FT	15	20	171	206
Western Sussex NHS Trust	0	179	0	179
University Hospital of North Staffs NHS Trust	85	10	76	171
NHS England Commissioning	126	0	0	126
CP Plus	105	0	0	105

The invoice for Powys LHB over 61 days relates to the contract overperformance for 2013/14. This invoice was raised at the end of the financial year but the contract outturn figure was only finally agreed in August 2014 and payment should be received in September 2014.

Total Current Liabilities and the Better Payment Practice Code

Payables have decreased by £1,133k in the areas of tax and social security costs (£187k), Non-NHS accruals and deferred income (£657k), payments on account (£20k) and Non-NHS payables (£445k) but an increase in NHS payables (£176k).

Accounts Payable aged summary of outstanding invoices as at 31 August 2014:

	1-30 Days	31-60 Days	61+ Days	Total
	£000	£000	£000	£000
NHS Invoices	90	274	692	1,056
Non-NHS Invoices	4,738	4,465	2,582	11,785
Total	4,828	4,739	3,274	12,841

Non-NHS – Year to date performance has improved slightly to the previous month, with cumulative performance worse than the 2013/14 performance.

The areas of non-compliance primarily relate to:

Over 30 days - £1,149 NHS Supplies, £725k pharmacy supplies, £88k mobile laminar flow theatre and modular ward

Over 60 days - £147k pharmacy supplies, £88k PACS contract

Non NHS Spend	YTD	M1	M2	M3	M4	M5	YTD	Prior
	2013/14	2014/15	2014/15	2014/15	2014/15	2014/15	2014/15	Month YTD
By Volume								
Total Volume	33,917	5,783	8,254	8,307	10,331	6,606	39,281	
BPPC compliant volume	18,199	1,970	2,273	2,638	3,474	2,524	12,879	
BPPC compliant %	54%	34%	28%	32%	34%	38%	33%	31%
By Value								
Total value (£000)	49,418	7,980	10,079	9,572	10,233	8,163	46,027	
BPPC compliant value (£000)	36,109	4,770	4,665	4,746	5,562	4,091	23,834	
BPPC compliant %	73%	60%	46%	50%	54%	50%	52%	51%
Current Month								
Payment made								
0-30 days	2,524	38%	4,091,244	50%				
31-35 days	372	6%	409,975	5%				
36-40 days	662	10%	596,249	7%				
41-45 days	606	9%	663,682	8%				
46-50 days	442	7%	793,975	10%				
51-55 days	381	6%	205,994	3%				
56-60 days	413	6%	590,553	7%				
over 60 days	1,206	18%	811,624	10%				
Total invoices paid	6,606	100%	8,163,297	100%				

NHS – Year to date performance has improved to the previous month by volume but is worse than the equivalent 2013/14 YTD performance.

The areas of non-compliance primarily relate to:

Over 30 days - £38k cook-chill meals, £14k cancer register

Over 60 days - £7k clinical illustration, £7k prescriptions

NHS Spend	YTD	M1	M2	M3	M4	M5	YTD	Prior
	2013/14	2014/15	2014/15	2014/15	2014/15	2014/15	2014/15	Month YTD
By Volume								
Total Volume	832	102	214	186	213	190	905	
BPPC compliant volume	559	81	113	88	131	120	533	
BPPC compliant %	67%	79%	53%	47%	62%	63%	59%	56%
By Value								
Total value (£000)	5,560	1,177	2,506	1,956	1,331	784	7,754	
BPPC compliant value (£000)	4,394	947	2,194	782	237	659	4,819	
BPPC compliant %	79%	80%	88%	40%	18%	84%	62%	70%
Current Month								
Payment made								
0-30 days	120	63%	£659,531	84%				
31-35 days	2	1%	£265	0%				
36-40 days	7	4%	£20,982	3%				
41-45 days	10	5%	£15,323	2%				
46-50 days	6	3%	£2,676	0%				
50-55 days	1	1%	£466	0%				
56-60 days	25	13%	£59,331	8%				
over 60 days	19	10%	£25,941	3%				
Total invoices paid	190	100%	784,516	100%				

Provisions have moved as expected within the month.

10. Statement of Cash flow

Key points regarding cash flow are as follows:

- A cash balance of £2.2 million is required to be held on the Balance Sheet at the end of March 2015.
- PDC Receipts – The Trust will draw down PDC in line with reported expenditure on the Future Configuration of Hospital Services (£5.035m) and IT Technology Fund (£0.570m).
- The Trust held a cash balance of £3.006 million on the balance sheet at the end of August 2014.
- The 2014/15 cash plan has been constructed based upon an assumed income and expenditure deficit for the year of £8.2 million. In support of such a plan, the Trust needs to secure a permanent loan of £8.2 million.
- The Trust has made an application for permanent financing of £18.2 million to support the forecast I&E deficit of £8.2 million and £10 million to cover the historical deficiency in the Trust's working balances (the following cashflow forecast is based on receipt of £8.2 million support in line with Plan).
- The Trust received Temporary Borrowing of £3.2 million in August.
- The Trust has made an application for Temporary Borrowing to be received in September of £3.7million.
- If the Trust's application for permanent support is successful, the Trust will receive the cash in October and will be required to repay the Temporary Borrowing at that time.

The Shrewsbury and Telford Hospital NHS Trust
Cashflow

	2014/15								2015/16			
	Actual August Month £000's	Forecast September Month £000's	Forecast October Month £000's	Forecast November Month £000's	Forecast December Month £000's	Forecast January Month £000's	Forecast February Month £000's	Forecast March Month £000's	Forecast April Month £000's	Forecast May Month £000's	Forecast June Month £000's	Forecast July Month £000's
Balance B/fwd	455	2,962	572	4,608	2,758	1,324	4,977	4,068	2,200	1,877	1,279	639
INCOME												
Income I&E	25,317	25,823	27,865	26,212	25,374	27,355	25,593	27,137	26,258	26,262	26,259	26,265
Income - Total Balance Sheet Movements	145	(752)	1,601	(1,843)	(1,053)	1,946	(1,138)	(1,138)	0	0	0	0
Receipt of TBL/Permanent PDC	3,200	3,700	8,200	0	0	0	0	0				
Total Income Cashflow	28,662	28,771	37,666	24,369	24,321	29,301	24,455	25,999	26,258	26,262	26,259	26,265
PAY												
Pay I&E	(18,081)	(18,268)	(18,268)	(18,268)	(17,789)	(17,206)	(17,244)	(17,427)	(17,645)	(17,645)	(17,645)	(17,645)
Pay - Total Balance Sheet Movements	0	(98)	277	277	277	277	277	277	0	0	0	0
Total Pay Cashflow	(18,081)	(18,366)	(17,991)	(17,991)	(17,512)	(16,929)	(16,967)	(17,150)	(17,645)	(17,645)	(17,645)	(17,645)
NON PAY												
Non Pay I&E	(7,277)	(8,445)	(7,512)	(7,512)	(7,513)	(7,511)	(7,216)	(7,187)	(7,768)	(7,768)	(7,768)	(7,768)
Non Pay - Total Balance Sheet Movements	0	(55)	(55)	(55)	(55)	(55)	(55)	(55)	0	0	0	0
Total Non Pay Cashflow	(7,277)	(8,500)	(7,567)	(7,567)	(7,568)	(7,566)	(7,271)	(7,242)	(7,768)	(7,768)	(7,768)	(7,768)
Finance Costs												
Finance Costs I&E	0	(2,968)	2	2	2	2	2	(2,964)	(492)	(492)	(492)	(492)
Finance Costs - Total Balance Sheet Movements	0	68	0	0	0	0	0	0	0	0	0	0
Total Finance Costs Cashflow	0	(2,900)	2	2	2	2	2	(2,964)	(492)	(492)	(492)	(492)
Capital												
Capital Expenditure	(696)	(981)	(1,045)	(545)	(681)	(1,277)	(1,223)	(1,491)	(765)	(940)	(983)	(765)
Capital - Total Balance Sheet Movements	49	(417)	(204)	(120)	0	0	0	989	0	0	0	0
Total Capital Cashflow	(647)	(1,398)	(1,249)	(665)	(681)	(1,277)	(1,223)	(502)	(765)	(940)	(983)	(765)
Repayment of TBL	0	0	(6,900)	0	0	0	0	0				
Donated Assets												
Donated Assets Income	0	103	144	102	103	222	194	131	88	84	87	81
Donated Assets Expenditure	(151)	(100)	(70)	(100)	(100)	(100)	(100)	(140)	0	(100)	(100)	(100)
Total Donated Assets Cashflow	(151)	3	74	2	3	122	94	(9)	88	(16)	(13)	(19)

FCHS													
PDC Drawdown re FCHS	0	1,250	0	0	1,250	1,250	1,285	0					
Capital re FCHS	0	(1,250)	0	0	(1,250)	(1,250)	(1,285)	0					
Total FCHS Cashflow	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Cashflow	2,507	(2,390)	4,035	(1,850)	(1,435)	3,653	(910)	(1,868)	(323)	(598)	(641)	(423)	
Balance C/fwd	2,962	572	4,608	2,758	1,324	4,977	4,068	2,200	1,877	1,279	639	216	

Statement of Financial Position – Key Messages

- *Cash position on the balance sheet is £3.006 million at the end of August.*
- *The cashflow statement for 2014/15 is based on a £8.2 million deficit*
- *The Trust has made an application for permanent financing to support the forecast I&E deficit of £8.2 million and to cover the historical deficiency in the Trust's working balances (the above cashflow forecast is based on receipt of £8.2 million support in line with Plan).*
- *Receipt of temporary borrowing is required whilst a permanent solution is secured.*
- *Temporary borrowing of £3.2 million was received in August.*
- *An application for a further temporary borrowing of £3.7 million in September has been made.*

Neil Nisbet
Finance Director
18th September 2014