

Reporting to:	Trust Board Meeting - 26th February 2015
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 the end of December 2014 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 January 2014 and APPROVE the self certification submissions.

INTEGRATED PERFORMANCE REPORT

OVERVIEW OF KEY PERFORMANCE AREAS – JANUARY 2014

1. QUALITY & SAFETY OVERVIEW

1.1 Infection Prevention and Control (IPC)

Clostridium Difficile (Cdiff);

Despite the Trust being a good performer across the Region in terms of the incidents of Cdiff bacterium, the targets set nationally continue to be a challenge. A number of cases were reported in January that will significantly test the Trust in meeting its internal target for the year. We know that Cdiff is found in people's intestines and can be found in healthy people, where it causes no symptoms. However, it also causes disease when the normal bacteria in the gut are disadvantaged, usually by someone taking antibiotics which allow it to grow to unusually high levels and particularly the elderly and people whose immune systems are compromised. The Infection Prevention & Control (IPC) Team are supporting those wards where outbreaks of Cdiff have occurred; providing training and cleanliness assessment; including hand hygiene in order to proactively manage and prevent Cdiff within the Trust. Any outbreaks are reviewed using a root cause analysis process to ensure that any learning from potential causative factors or omissions can be shared across the Trust.

Vancomycin Resistant Enterococci (VRE)

There have been a cluster of cases reported of VRE within the Trust in the last few weeks which is an infrequent occurrence. VRE are a type of bacteria called enterococci that have developed resistance to many antibiotics, especially vancomycin. Enterococci bacteria live in our intestines and on our skin, usually without causing problems. But if they become resistant to antibiotics, they can cause infections, particularly in people who are ill or frail. VRE, like many bacteria, can be spread from one person to another through casual contact or through contamination on hands. The IPC team has targeted those wards where VRE has occurred and provided further training, support in cleanliness and prevention, assessed practice as well as viewing decontamination processes. Those wards affected are being specially cleaned as a precautionary measure on a daily basis by the domestic staff; with all patient contact points including lockers and tables being targeted. Each case will be reviewed through the root cause process and although it is often difficult to evidence all causality factors, peripheral to this time period there is sustained increase in demand and capacity across the Trust with associated intensified throughput of patients.

1.2 Serious Incidents

Falls:

The Trust has seen a decreased performance of reported falls during January, showing an increase in incidence compared to December. Following an initial review of records concerning the falls; evidence shows that preventative measures were put in place and despite our best efforts; the patients still fell within our care. The Patient Safety Team and Falls Prevention Practitioner with ward managers will review each fall as part of the root cause process, in order to understand any themes, trends and risk factors. Any actions resulting from the process will be shared through the care group governance forums, via the incident review group, ward managers and nursing and midwifery forum.

1.3 Safe Staffing

Nurse staffing include flow

The overall Trust fill rate for registered staff is detailed below;

January

Registered Nurses / Midwives - Day = 96.8%

Care Staff - Day = 102.5%

Registered Nurses / Midwives - Night = 98.9%

Care Staff - Night = 116.9%

However, this month has seen a sustained heightened level of patient activity. Both sites have been at level 3 or 4 escalation status for most of the month; requiring the opening of additional beds across both main sites; as part of the Trust's escalation procedure. This has on occasion warranted support from non-substantive ward and non-clinical staff along with sharing staffing resources between wards to mitigate risk and ensure the maintenance of quality and patient safety. The amount of "time" provided and resources shared is difficult to quantify due to the short notice and immediacy of requests however, the priority is to provide support and this time and resource is therefore not reflected in the staffing data reported. 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. The impact of staffing is difficult to measure in terms of exact impact on the quality and safety of care however; there are references made through the RCA process that identify where human factors occur within incidents.

1.4 Patient Experience

12 Hour Trolley Breaches

Due to the sustained high level of demand experienced within our emergency departments and the reduced capacity on our inpatient wards across both sites in the New Year; there have been further serious incidents reported in relation to 12 hour trolley breaches through January and into February. The majority of breaches from December and January have had completed Root Cause Analysis (RCAs) and have been reviewed in collaboration with commissioners to ascertain if harm has been caused to the patient whilst waiting. Learning from the trolley breach review has confirmed that none of the patients waiting sustained harm or received sub-optimal care. The review also identified that capacity across the health economy has been a concomitant factor within the breaches and this will be included within the final review report. For example, 30% of those patients waiting may have avoided admission had an alternative model of care been available in the community.

2. OPERATIONAL PERFORMANCE OVERVIEW

2.1 4 Hour Access Standard

January	82.71%
Q4 to Date	82.71%
Year to Date	90.26%

In January 2015 82.71% of patients were admitted or discharged within the 4 hour quality target. This was below the trajectory for January and shows a continued deterioration of performance across the Trust.

The main factors for underperformance continue to be due to:

Demand versus Plan – Emergency Department [ED] attendances

Emergency Department [ED] attendances for the period to the end of December was 3.14% greater than the same period last year and 3.2% in month.

Actions within the SMART plan continued throughout January with the Trust delivering against its trajectories. The main focus of the SMART plan is the reduction in the Fit to Transfer [FTT] list and we are seeing no signs of improvement or delivery. The numbers on the list in January are averaging 81, and in the previous month this was 85.

The discharge to assess model (D2A) has been implemented on two wards on each hospital site with plans to roll it out to more wards by the end of March 2015. The capacity available to do this is being assessed, led by the commissioners.

During the month of January the Trust remained in high levels of escalation with patients bedded down in ED waiting for beds. This resulted in a further 6 x 12 hour breaches; bringing the total to 13 for the year 2014/15. A full Root Cause Analysis [RCA] was completed on this group of patients. As part of the RCA process a full deep dive was carried out with colleagues from both the Clinical Commissioning Groups [CCG's] and Shropshire Community Trust and no harm was found to have occurred for any of these patients as a result of the wait. It was remarked that the care and actions carried out by the Emergency Department [ED] team to ensure patient care and safety was maintained should be commended.

The extreme pressure experienced during January is continuing into February and to date 6 more patients have breached the 12 hour target (these will be reported in February figures), giving a total of 19.

Demand versus Plan – Non Elective Activity

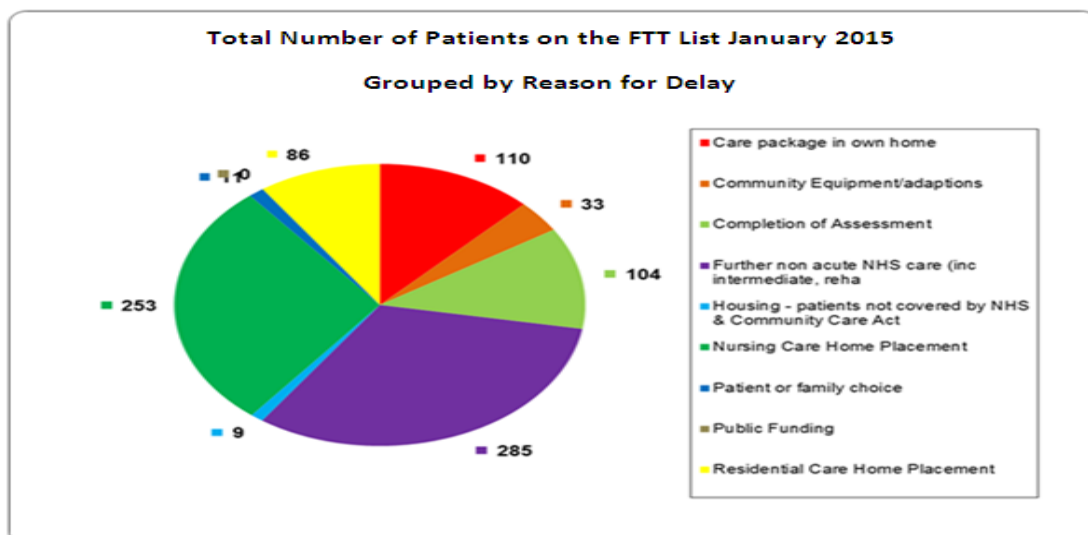
Emergency admissions were 7% lower in January compared to the 3.89% increase in December, however the acuity of patients increased with the main reason for admission being respiratory infections, cardiac conditions and falls; specifically within our elderly and frail population. Year to date April 2014 to January 2015 in comparison to the same period 2013 non elective admissions are 2.99% higher (1,177 admissions).

All escalation areas have remained open following on from the pattern of Quarter 3. This additional burden on the nursing staff groups is being felt by high usage of agency staffing, increased sickness plus the additional challenge of staffing Ward 21 which has remained open for longer than expected.

2.2 Fit to Transfer List

The Fit to Transfer [FTT] list is a list of patients who are medically fit to leave the hospital but require ongoing care in another setting, or an assessment to decide what that ongoing care might be.

The pie chart below demonstrates what patients were waiting for in the Trust in January 2015.



Average LOS on FTT List										
	Care package in own home	Community Equipment/adaptions	Completion of Assessment	Further non acute NHS care (inc intermediate, reha)	Housing - patients not covered by NHS & Community Care Act	Nursing Care Home Placement	Patient or family choice	Public Funding	Residential Care Home Placement	
RSH	Jan-15	4.02	1.55	3.31	4.25	2.45	9.53	8.92	5.76	8.28
PRH	Jan-15	4.09	4.33	3.46	3.77	2.00	8.55	14.00	0.00	6.14
SATH	Jan-15	4.05	2.74	3.38	4.08	2.23	9.02	9.89	5.76	7.19

The above table highlights the average Length of Stay [LOS] on the FTT by reason. The reason will change as a patient progresses through the system and a number end up being due to patient or family choice of a preferred care home. If targeted, work at placement would significantly reduce the number of bed days lost; for example Nursing Care Home Placement 253 with an average LOS of 9.02 days, a total loss 2,282 bed days lost. If this was reduced by 50% to an average LOS of 4.5 days we would save 1,138 bed days or release 36 beds across the Trust.

From the above it can be seen that the volume of patients awaiting ongoing care is large, accounting for 23% of the inpatient adult medical bed base being unavailable for acutely ill patients.

Nationally this is a recognised problem, with a recognised solution – Discharge to Assess [D2A], which the Board will be aware of.

D2A is the concept that post-acute care is planned in the person's own home as soon as the acute episode is completed, and this becomes the default pathway; with non-acute (bedded) alternatives for the patients who cannot manage this.

The model in Shropshire has 3 pathways:

- Pathway 1
 - Rehabilitation or no rehabilitation at home supported by domiciliary care;
- Pathway 2
 - Rehabilitation or need for care within a community hospital;
- Pathway 3
 - Needing supported living outside of own home. This includes placements in care homes (residential and nursing respite care) possibly requiring continuing healthcare funding.

In January the Secretary of State requested that the Clinical Commissioning Groups [CCG's] reduce the number of patients on the Fit to Transfer list by 50% in 2 weeks, with a further 50% reduction in the following 2 weeks. This meant that there should be no more than 38 patients on the Fit to Transfer list over 2 days by 15th February 2015. Whilst on occasion this target has been met, it has not been sustained and on 18th February 2015 stands at 52.

Due to the slow progress in the reduction in the numbers of patients on the Fit to Transfer list we are exploring alternative solutions with the independent sector to increase care home capacity in the Shrewsbury area and intermediate care capacity, working with Shropshire Community Trust.

2.3 SaTH Actions to Improve Internal Processes

- i. 'Check, Chase, Challenge' has been refreshed and relaunched from 16th February 2015, sponsored by the Medical Director, Director of Nursing & Quality and the Chief Operating Officer.

Simply put, this involves all members of the multi-disciplinary team being focused on proactive discharge planning ensuring that patients are ready to go as soon as the doctor says they can, with no delays in waiting for transport or take home drugs (TTO's).

- ii. Planning for a 'perfect weekend'. Discharges are reduced at a weekend for a variety of reasons, some internal, for example not progressing diagnostic tests, and some are external for example care homes refusing to accept patients at a weekend.

Our Health and Social Care partners alongside SaTH have started planning to run a 'perfect weekend' with the aim of increasing the number of discharges at a weekend to ensure that both sites start Mondays with available acute beds to accommodate the predicted emergency and elective admissions.

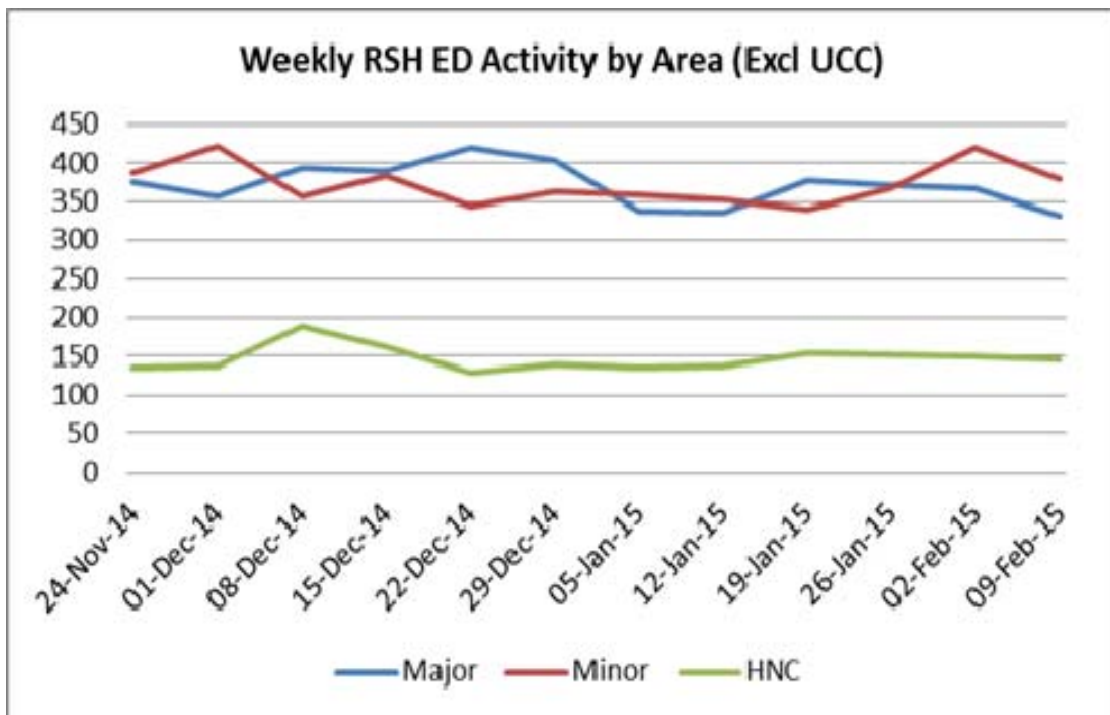
- iii. Weekly CEO level meetings to address any blocks in processes which cannot be resolved at Care Group level.

2.4 Urgent Care Centre

The Prototype Urgent Care Centre [UCC] opened at RSH site on 15th December 2014. It is open from 8.00am – 8.00pm, 7 days per week, and provides a Primary Care walk-in service adjacent to the RSH Emergency Department.

The UCC sees between 30-35 patients on an average weekday increasing to around 50 per day at a weekend. This activity accounts for approximately a quarter of the total number of patients attending the Emergency Department and is new activity. This is less than the numbers being seen when the standalone walk-in centre (WIC) was located in Monkmoor, Shrewsbury, although in February the numbers are showing an increase. A drop in this activity had been assumed by the commissioners due to the re-location.

The graph below demonstrates that there has been no change to the activity being seen in the minors activity through the Emergency Department at RSH.



The development of the Urgent Care Centre into the complete model able to take the full range of minor illnesses and injuries is an ongoing process. Relationships need to be established and trust developed between clinicians and the provider management teams.

Competencies and skills need to be built within the workforce in the Urgent Care Centre to enable them to take more minor injury patients in the future. A project management group meets monthly to progress these developments and by July 2015 it is anticipated that more patients will be streamed into the Urgent Care Centre, reducing the number of patients seen in the minors area of the Emergency Department.

2.5 RTT Performance

Admitted

January 90.23% - standard achieved (90%)

The Trust delivered the overall RTT standard in January. However, the following specialties have failed to deliver the standard due to the number of routine cancellations in January for lack of beds as a direct result of the emergency pressures.

- Trauma & Orthopaedics
- Max fax
- Gynaecology

Due to the number of elective cancellations, the standard is becoming difficult to achieve as we re-date and treat the over 18 week waits. The admitted backlog has increased from 163 (October 2014) to 495 (January 2015). A recovery plan is currently being produced which will detail when this backlog will be cleared and the impact this will have on the admitted performance. The scheduled care group are undertaking a review of patient flow to ensure all systems and process are in place and that all capacity is maximised.

Non Admitted

January 96.58% - standard achieved (95%)

The Trust delivered the overall RTT standard in January. Three specialties failed to deliver the standard. Rectification plans have been requested from the Centres to ensure all specialties are delivering from 1st March 2015.

Incompletes

January 93.32% - standard achieved (92%)

The Trust delivered the overall RTT standard in January. However four specialties failed to deliver the target. Further analysis is being undertaken to establish the reasons for the failure and will form part of the Centre's rectification plans.

2.6 Cancelled Operations

There has been a significant increase in the number of cancelled operations due to no beds since October. In the period October to January 2013/14 there were 158 cancelled operations due to no beds, and for the same period 2014/15 there were 561; a year on year increase of 72%.

2.7 Cancer Performance

All 9 of the Cancer targets were achieved in December 2014.

January predicted performance indicates all nine standards were achieved, which will mean that all 9 have been delivered for 3 consecutive months.

Actions

January predicted figures do not indicate any exceptions; however "31 day second or subsequent treatment surgery" is not currently stable. A single further breach could see the Trust's position change to a state of non-compliance. Cancer Services will be monitoring this position closely as the remainder of the information for January's upload is recorded and validated.

In order to stabilise the compliant level of the Cancer Waiting Time [CWT] targets; the following activities are on-going:

- Review of escalation process
 - Design and distribute supporting documentation in the form of quick reference guides (raiser / responder)
 - Update and circulate escalation SOP
- MDT review
 - Clinical (Trust Cancer Lead & Clinical Lead Nurse)
 - Administrative (Cancer Services)
- 2WW referral form review (Breast, Gynaecology & Colorectal)
- Review; highlighted areas of insufficient capacity to assess remedial actions to be made by the relevant department / centre.

3. FINANCIAL PERFORMANCE OVERVIEW

3.1 Summary Financial Position as at January 2015

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

	Financial Plan £000's	April – Dec Budget £000's	April – Dec Actual £000's	Variance £000's	Forecast April –March Flexed Budget £000's	Forecast April –March Actual £000's	Variance £000's
Income	314,949	261,433	262,052	620	314,245	315,810	1,565
Pay	(208,315)	(175,373)	(179,624)	(4,251)	(210,439)	(216,358)	(5,919)
Non-pay	(90,167)	(79,129)	(78,621)	508	(96,118)	(95,585)	533
Reserves	(8,773)	(27)		27			
Total expenditure	(307,255)	(254,528)	(258,245)	(3,717)	(306,557)	(311,953)	(5,396)
EBITDA	7,694	6,904	3,807	(3,097)	7,688	3,867	(3,821)
Finance costs	(15,894)	(13,180)	(13,314)	(134)	(15,936)	(16,072)	1(136)
Surplus/(deficit) before rectification	(8,200)	(6,276)	(9,507)	(3,231)	(8,248)	(12,205)	(3,957)
Phased spend		(393)	(393)	-			-
Rectification Plans							
Surplus/(deficit) after rectification	(8,200)	(6,669)	(9,900)	(3,231)	(8,248)	(12,205)	(3,957)

The Trust's budgets assume the delivery of a deficit at month 10 amounting to £6.276 million, the actual deficit recorded amounted to £9.507 million.

To reconcile to the original plan submitted to the NTDA, a phased spend adjustment of £393,000 has been made to both plan and actual spend, bringing a reported position to the NTDA of a deficit at month 10 of £9.9 million.

The Trust is continuing to forecast an end of year deficit amounting to £12.205 million as presented in the table below.

	April £000s	May £000s	June £000s	July £000s	Aug £000s	Sept £000s	Oct £000s	Nov £000s	Dec £000s	Jan £000s	Feb £000s	Mar £000s	Total £000s
Income	24,684	26,101	25,214	27,214	24,686	26,178	27,756	26,534	26,565	27,120	26,255	27,502	315,810
Pay	-17,878	-17,864	-17,780	-17,675	-17,709	-17,884	-18,255	-18,027	-18,062	-18,389	-18,410	-18,424	-216,357
Non Pay	-7,290	-7,949	-7,704	-8,369	-7,373	-8,330	-8,301	-8,139	-7,682	-7,592	-8,463	-8,392	-95,584
Reserves	-829	-198	-137	-191	-325	300	139	446	236	173	199	187	0
Total Expenditure	-25,997	-26,011	-25,621	-26,235	-25,407	-25,914	-26,417	-25,720	-25,508	-25,808	-26,674	-26,629	-311,941
EBITDA	-1,313	90	-407	979	-721	264	1,339	814	1,057	1,312	-419	873	3,869
Finance Costs	-1,157	-1,399	-1,278	-1,278	-1,269	-1,279	-1,376	-1,375	-1,378	-1,525	-1,379	-1,379	-16,072
Surplus/deficit in month	-2,470	-1,309	-1,685	-299	-1,990	-1,015	-37	-561	-321	-213	-1,798	-506	-12,203
Cumulative surplus/deficit	-2,470	-3,779	-5,464	-5,763	-7,753	-8,768	-8,805	-9,366	-9,687	-9,900	-11,698	-12,204	

The table above incorporates the actual income and expenditure figures for the months April – January and then incorporates projected levels of spend for the remaining two months.

3.2 Income

At this stage in the financial year focus inevitably shifts to the outturn, and in particular the assumptions being made in respect of:

- Activity levels that need to be delivered in the remaining months of the financial year to achieve the targeted level of Income; and
- The level of risk associated with the Income levels assumed within the forecast outturn.

Activity assumptions

The table below provides a description of the levels of activity that have been delivered during the 2014/15 financial year along with the estimated levels of activity to be achieved during the months February – March 2015.

Point of Delivery	M1 Frozen	M2 Frozen	M3 Frozen	M4 Frozen	M5 Frozen	M6 Frozen	M7 Frozen	M8 Frozen	M9 Freeze	M10 Flex	M11 FOT	M12 FOT	14/15 Outturn
A&E	9,246	9,642	9,779	9,983	9,070	9,217	9,157	8,714	8,828	8,272	8,626	9,498	110,033
First Attendance	9,029	8,816	9,695	9,912	8,133	9,462	9,746	9,005	8,810	9,151	9,183	9,429	110,370
Follow Up Attendance	14,979	15,281	16,175	17,176	14,170	16,897	16,874	15,908	14,358	16,467	15,665	16,084	190,034
Outpatient Procedure	8,700	8,529	9,146	9,751	8,017	9,189	9,194	8,643	7,402	6,683	8,506	8,734	102,494
Elective DC	3,391	3,370	3,488	3,640	3,337	3,526	3,498	3,311	3,128	3,141	3,361	3,469	40,660
Elective DC Contingency (M)										(71)	(71)	(71)	(214)
Elective DC Total	3,391	3,370	3,488	3,640	3,337	3,526	3,498	3,311	3,128	3,070	3,290	3,398	40,446
Elective IP	581	616	590	646	575	571	609	603	500	461	563	590	6,905
Non Elective	3,947	4,091	3,879	4,083	3,545	3,792	4,024	3,871	4,206	3,897	3,832	4,127	47,305
Non Elective Other	593	601	601	613	605	671	624	561	603	687	600	646	7,405
Grand Total SaTH	50,466	50,946	53,353	55,814	47,452	53,325	53,726	50,616	47,835	48,688	50,266	52,506	614,993
	32,708	32,626	35,016	36,839	30,320	35,548	35,814	33,556	30,570	32,301	33,354	34,247	402,899

Key observations to make from the above table are:

- Aggregate activity levels have reduced during the months of November - January, as compared with average monthly levels of activity recorded between April – October.
- Overall outpatient activity levels have reduced by approximately 3,000 attendances per month, mainly attributable to reduced levels of follow up attendances and outpatient procedures.

- The levels of Day Case activity recorded in the months of December and January are 350 cases per month lower than delivered in the months April – November. This reduction is in part explained by cancellations of operations and also seasonality associated with the Christmas period.
- The level of Elective Inpatient activity in the month of January was the lowest level recorded in the year to date, and on average the level of elective inpatient recorded in the two months December – January is 120 spells lower than the months April – November.
- Non Elective activity levels delivered in the month of January is consistent with levels of activity recorded throughout the financial year. An examination of case mix however has identified increased levels of complexity in the month of January.
- The levels of activity assumed to be achieved in the remaining two months of the financial year as compared with the year to date are as follows:

	Average April – January	Average February – March	Variance
A and E attendances	9,191	9,001	(190)
Outpatient 1 st attendances	9,246	9,185	(61)
Outpatient Follow up attendances	15,859	15,844	(15)
Outpatient Procedures	8,386	8,534	148
Elective Day Cases	3,379	3,344	(35)
Elective Inpatient spells	575	565	(10)
Non Elective Inpatient spells	3,935	3,960	25
Non Elective other	624	620	(4)
Total	51,196	51,053	(143)

In the remaining two months of the year, activity levels are assumed to be marginally lower than the levels delivered on average per month in the year to date.

A comparison of the levels of Income actually recorded in the months 1 - 10 with the levels required over the period months 11 -12, is presented below.

	Months 1- 10 £000's	Months 11 -12 £000's	Level of Monthly Increase £000's
Average Monthly Income	26,205	26,879	674
Total Income generated	262,052	53,758	
% distribution	82.98	17.02	
% in month	8.30	8.51	

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 £674,000.

	Monthly Increase £000's	Green £000's	Amber £000's	Red £000's
Recovery of Financial Penalties/ CQUIN/ Financial Support– Telford and Wrekin	27	27		
Approved Winter Pressures funds 1 st tranche	148	148		
Approved Winter pressures – 2 nd tranche	246	246		
Approved RTT Resilience funds – 1 st tranche	47	47		
Approved RTT – Resilience funds	130	65	65	
Paediatric Assessment Unit	12	12		
Area Team Oral surgery funding	45	(21)		66
Other	(92)	(92)		
Total per month – not activity related	563	432	65	66
Seasonality adjustment	110	104	6	

	Monthly Increase £000's	Green £000's	Amber £000's	Red £000's
Total per month – allowing for seasonality	673	536	71	66
Total over months 11-12		1072	142	132

It can be seen from the above that the level of risk associated with the increase in monthly Income is low. This is so because much of the increased level of Income over the coming months as described in the above is underpinned by formal agreements and not dependant upon the delivery of patient activity. £673,000 of the increased monthly Income can be described as low risk.

In a small number of areas, notably RTT resilience and Area Team Oral Surgery, whilst funding has been approved by commissioners a level of uncertainty continues to exist over the release of these funds. The level of risk associated with these areas amounts to £131,000 per month (£262,000 if not released in the year). In constructing the forecast outturn as described previously, income levels are assumed to increase slightly per month over the remaining three months of the year. The level of activity dependant income increase amounts to £110,000, however because of the existence of a deal with Telford and Wrekin CCG, the level of Income from seasonality at risk is reduced to £66,000 (£132,000 if not achieved in the year).

3.3 Pay Position

The table below provides a description of how the Pay run rate and WTEs have progressed over the period April 2013 through to January 2015.

	April June £000's	July Sept £000's	Oct Dec £000's	Jan Mar 14 £000's	Apr- June 14 £000's	July £000's	August £000's	Sept £000's	Oct £000's	Nov £000's	Dec £000's	Jan 15 £000's
Consultants	2,887	2,887	2,880	2,953	2,191	3,069	3,041	2,980	3,043	3,107	3,046	3,028
Medical Staffing	2,182	2,183	2,025	2,172	2,177	2,162	2,169	2,208	2,238	2,127	2,040	2,129
Nursing	6,808	6,671	6,817	6,990	7,080	7,076	6,942	7,168	7,314	7,198	7,338	7,525
Other Clinical	2,297	2,312	2,314	2,240	2,344	2,332	2,335	2,322	2,334	2,339	2,373	2,388
Non Clinical	3,231	3,247	3,268	3,224	3,232	3,181	3,230	3,210	3,292	3,265	3,266	3,319
Actual Pay Spend £	17,405	17,300	17,304	17,580	17,823	17,820	17,717	17,888	18,221	18,036	18,063	18,389
Consultants	225.14	221.85	227.77	228.56	235.02	240.28	233.54	228.80	236.22	234.04	233.18	243.24
Medical Staffing	343.24	345.25	338.39	344.16	347.49	345.98	351.04	361.29	357.93	350.97	347.86	360.93
Nursing	2,206.43	2,183.30	2,200.93	2,212.96	2,247.60	2,247.88	2,217.76	2,216.01	2,319.52	2,299.78	2,328.73	2,360.06
Other Clinical	731.42	736.40	738.25	741.76	756.21	750.41	758.51	750.13	753.67	751.70	755.90	763.69
Non Clinical	1425.49	1,438.89	1,465.94	1,432.76	1,440.46	1,434.93	1,458.32	1,448.63	1,478.03	1,462.91	1,464.01	1,485.41
Actual Pay wte	4,930.26	4,925.61	4,971.61	4,960.20	5,026.78	5,019.48	5,018.17	5,004.86	5,145.37	5,099.40	5,129.68	5,213.33

In the month of January pay spending was £18.389 million as compared with the expected level of pay spending of £18.137 million as contained within the Recovery Plan that had been submitted in August 2014. During the month the number of WTE employed within the Trust increased to 5,213.33 WTE. This level of staffing is however substantially greater than staffing levels recorded during the 2014/15 year. The increase is principally associated with spending in respect of nursing staff.

Agency Usage

	Average Apr - Jun 2013 £000s	Average Jul-Sept 2013 £000's	Average Oct-Dec 2013 £000's	Average Jan-March 2014 £000's	Average April-June 2014 £000's	Average July- Sept 2014 £000's	October 2014 £000's	November 2014 £000's	December 2014 £000's	January 2015 £'000's
Consultants	166	121	72	95	174	159	145	197	160	167
Medical staff	353	362	211	355	386	366	295	278	236	215
Nursing	446	443	512	629	563	601	773	710	708	802
Other Clinical	37	33	37	(1)	15	1	5	23	22	15
Non clinical	64	47	38	17	19	28	66	65	62	75
Total Agency staff spending	1,066	1006	870	1,095	1157	1155	1,285	1,273	1,188	1,274

	Average Apr - Jun 2013 WTE	Average Jul-Sept 2013 WTE	Average Oct-Dec 2013 WTE	Average Jan- Mar 2014 WTE	Average Apr-Jun 2014 WTE	Average July-Sept 2014 WTE	October 2014 WTE	November 2014 WTE	December 2014 WTE	January 2015 WTE
Consultants	9.95	8.52	5.01	5.37	9.59	8.99	8.82	9.60	7.37	8.56
Medical staff	30.34	32.66	26.71	32.08	36.13	30.34	23.09	22.49	23.05	22.60
Nursing	109.66	109.57	118.94	122.20	112.00	104.82	141.99	137.22	111.12	152.43
Other Clinical	8.95	6.37	5.62	2.70	2.61	0.33	1.57	3.50	2.71	3.60
Non Clinical	11.60	10.71	9.78	5.20	4.75	4.63	16.31	16.37	20.01	24.53
Total Agency staff spending	170.50	167.83	166.06	167.55	164.65	149.11	191.78	189.18	164.26	211.72

Agency spending in the month of January remained high, amounting to £1.274 million (211.72 WTE) and is an increase from levels seen in the month of December.

Bank Usage

The table below shows the use of bank staff in terms of WTE and cost.

	Average Apr - Jun 2013 £000s	Average July -Sept 2013 £000s	Average Oct-Dec 2013 £000s	Average Jan-Mar 2014 £000s	Average April-June 2014 £000s	Average July-Sept 2014 £000s	October 2014 £000s	November 2014 £000s	December 2014 £000s	January 2015 £000s
Nursing	423	396	413	403	429	422	540	439	521	535
Other Clinical	24	31	31	19	26	33	43	36	41	41
Non clinical	116	140	117	103	123	124	140	113	127	125
Total Bank staff	563	567	561	525	578	579	723	588	689	701

	Average Apr - Jun 2013 WTE	Average July -Sept 2013 WTE	Average Oct-Dec 2013 WTE	Average Jan-Mar 2014 WTE	Average April-June 2014 WTE	Average July-Aug 2014 WTE	October 2014 WTE	November 2014 WTE	December 2014 WTE	January 2015 WTE
Nursing	174.54	159.66	146.53	146.88	154.79	152.40	197.91	162.02	196.47	208.86
Other Clinical	10.24	12.46	12.50	6.86	9.17	12.53	14.28	10.85	14.08	12.26
Other	53.38	62.05	63.23	52.97	63.55	73.21	78.26	60.05	71.12	68.96
Total Bank staff wte	238.16	234.17	222.26	206.71	227.51	238.14	290.45	232.92	281.67	290.08

The level of Bank usage in the month of January, expressed in terms of £'s and WTE's, has increased from December to that had occurred previously in October 2014.

Pay – Forecast Outturn

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

- The impact of clearing elective backlog and maintaining RTT performance,
- Winter Pressures

	Months 1 -10 £000's	Months 11 -12 £000's	Monthly increase £000's
Average monthly Pay Spend	17,962	18,367	405
	179,624	36,734	

3.4 Non Pay

Non pay spending in the month of January further reduced when compared with the levels recorded in the month of December, and has returned to expenditure levels seen earlier in the financial year.

Non Pay – Forecast Outturn

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

- Seasonal cost increases associated with the winter period, eg utilities,
- Increased costs associated with HCD and pass through Non Pay costs
- Winter Pressures and RTT improvement plans

	Months 1 -10 £000s	Months 11 -12 £000s	Monthly increase £000s
Average monthly Non Pay Spend	7,862	8,482	620
	78,621	16,964	

3.5 Cost Improvement Programme

Savings realised in the month amounted to £11,168 million, as compared with a target of £14,497 million.

It is anticipated that the Trust will deliver savings in year of £13.5 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. The Trust is also now forecasting that 90 per cent of CQUIN funds will be achieved in the year, which reduces the savings forecasted.

Rectification savings have been identified amounting to £6.338 million. The Trust has discounted Income from CCG's amounting to £1.5 million and reduced the level of Agency Nurse savings in the remaining months of the year.

3.6 Cash flow

At the end of January the cash position on the balance sheet was £2.124 million.

4. WORKFORCE

4.1 Sickness absence

Absence for the Trust is 4.66%, a decrease from December 2014.

Musculoskeletal (MSK) remains a high reason high at 16%, however this has reduced by 4% since November. Mental Health is the second biggest reason at 14.6%, a small decrease.

Analysis of staff groups, illustrates high absence in Estates at 6.8%, additional clinical staff (includes Health Care Assistants) 6% and Nursing at 5.4%

4.2 Appraisals

Appraisal coverage is 84%, an increase of 1% however there are a number of departments at 100% including Chief Executive and Management teams within Scheduled and Unscheduled Care. The biggest area of improvement has been Patient Access; an increase of 6% has been achieved in January.

A significant step change will need to take place to secure coverage at 100%. Discussions are being held with Care Groups through Confirm and Challenge meetings. For corporate teams discussions are being held through management meetings.

4.3 Statutory and Mandatory Training

A review of training capacity is underway to support increased demand; this includes working with team and departments to bring training to them. Performance remains static at 63%.

4.4 Temporary Staffing

Demand for temporary staffing remains high, particularly in nursing. The Trust has a master vendor arrangement to support agency bookings through tier 1 (the most competitive in terms of price), the vendor arrangement should ensure 90% of bookings are through tier 1. Demand for agency nurses is high across the country therefore fill rates are spread across a number of tiers, leading to a higher cost. This is a similar picture from neighbouring trusts. Work is underway to address this including working with other NHS organisations.

4.5 Recruitment

A review of staff nurse recruitment has been completed to ensure effectiveness, a number of changes have been implemented such as testing and being able to re sit on the day, offers being made on the day and the interview process.

The organisation is holding two information days to recruit 70 Health Care Assistants (HCA) to a range of roles across wards, outpatient areas and temporary staffing. Interest in the days has been pleasing with both days fully booked.

1. QUALITY & SAFETY PERFORMANCE

This Integrated Quality & Safety Performance report provides an overview of the key quality performance indicators in order that the Board can review variances to quality performance delivery. This enables the Board to have assurance that actions for improvement are being pursued to benefit patient outcomes and quality performance for **January 2015**.

Table 1:

Measure	Annual Target 14/15	Monthly Target	YTD	September	October	November	December	January	Year end 13/14
<i>Risk Adjusted Mortality Index (RAMI)</i>	SaTH < NP	SaTH < NP	SaTH 75/86	SaTH 83	SaTH 74	SaTH 80	SaTH 94	TBC	81/81
<i>RIDDOR/SI Reportable Falls</i>	29	2	26	5	2	4	1	5	34
<i>Grade 4 Avoidable Pressure Ulcers</i>	0	0	0	0	0	0	0	0	0
<i>Grade 4 Unavoidable Pressure Ulcers</i>	N/A	N/A	1	0	0	1	0	0	5
<i>Grade 3 Avoidable Pressure Ulcers</i>	9	0	7	1	0	0	0	2	18
<i>Grade 3 Unavoidable Pressure Ulcers</i>	N/A	N/A	17	4	0	3	1	0	17
<i>Grade 2 Avoidable Pressure Ulcers</i>	12	1	11	1	2	1	0	0	47
<i>Grade 2 Unavoidable Pressure Ulcers</i>	N/A	N/A	40	8	5	9	4	0	79
<i>Grade 2 Unknown (avoidable vs. unavoidable)</i>	N/A	N/A	33	0	3	3	10	17	0
<i>C. difficile Infections</i>	30*	2	27	1	2	1	3	6	31
<i>MRSA Bacteraemia Infections</i>	0	0	2	0	1	0	1	0	1
<i>MSSA Bacteraemia Infections</i>	20	1	17	4	1	2	1	2	23
<i>E. coli Bacteraemia Infections</i>	40	3	42	5	7	5	7	3	42
<i>MRSA Screening – Elective</i>	95%	95%	95.7%	96.9%	95.7%	95.7%	96.9%	95.7%	95.2%
<i>MRSA Screening – Non-Elective</i>	95%	95%	96%	95.3%	94.8%	96.2%	95.1%	95.3%	95.6%
<i>Number of Serious Incidents</i>	N/A	N/A		17	6	11	8	23	145
<i>Never Events</i>	0	0	0	0	0	0	0	0	0
<i>Safety Thermometer – Harm Free %</i>	N/A	N/A		92.3%	92.9%	92.5%	93.7%	92.1%	92.6%
<i>Safety Thermometer – New Harms%</i>	N/A	N/A		98%	98.2%	96.5%	98.1%	96.2%	N/A
<i>WHO Safe Surgery Checklist</i>	100%	100%	100%	100%	100%	100%	100%	100%	99.9%
<i>VTE Assessment</i>	95%	95%	94.9%	95.1%	95.0%	93.9%	94.3%	TBC	94.2%
<i>Maternity Dashboard</i>	Green	Green							N/A
<i>Ward to Board – Nursing Performance Score</i>	95%	95%		94%	95%	94%	94%	95%	93%
<i>Number of Complaints</i>	N/A	N/A	316	38	43	38	16	28	444
<i>Same Sex Accommodation</i>	0	0	0	0	0	0	0	0	0
<i>Friends and Family Response Rate</i>	NA	NA	11.8%	13.7%	8.6%	9.7%	14.3%	12.9%	9.9%
<i>Friends and Family Test Score</i>	75	75	91.1%	76%	90.3% (75% NPS)	96.2% (77% NPS)	97.2% (80 NPS)	96.1%	75.8
<i>Ward to Board – Patient Experience Score</i>	95%	95%		87%	88%	88%	88%	84%	87%

*C. diff – The agreed local internal C. diff target for 2014/15 is 30. The national externally reported target set by Public Health England is 38.

A summary of patient outcome quality measures for the Board are outlined in Table 1 above. These metrics provide the patient experience and outcomes chosen to monitor the impact and quality of care provided for the patient. Where performance indicators are rated red the key summary points for the Board's attention are provided below within the overview.

2. RISK ADJUSTED MORTALITY INDEX (RAMI) UPDATE

The risk adjusted mortality index has been updated with the latest available national data and shows that the Trust is performing well against national peer up to November 2014. December's figure has risen to 94 however, the year to date figure remains below the national position.

3. EXTERNAL FEEDBACK AND ASSURANCE

Organisation	Visit Date	Where	Outcome	Status
Care Quality Commission (CQC) Thematic Review of Mental Health Crisis Care in Emergency Departments.	26 th /27 th January 2015.	PRH/RSH	The purpose of the formal visit was to review mental health crisis care within Shropshire; with a focus of the thematic review relating to the experience of patients within emergency departments.	Initial informal feedback praised the Trusts joint working and information sharing evident between the mental health Rapid Assessment Interface and Discharge (RAID) service and emergency department staff. They also observed a positive and caring attitude of staff towards people who present to the department in mental health crisis. A formal draft report will be sent to the Chief Executive by the end of February.

4. WARDS SUBJECT TO A QUALITY IMPROVEMENT FRAMEWORK (QIF)

One ward within the Trust continues to be subject to support with an improvement framework by the corporate and operational senior nursing team. The improvement framework is being reviewed and assurances regularly overseen by the Director of Nursing and Quality.

5. REGULATION 28 (formerly known as Rule 43)

There were no Regulation 28 reports issued by the Coroner in January 2015.

6. SAFEGUARDING – ADULTS & CHILDREN

There were 3 adult safeguarding alerts made towards the Trust during January; which is the same number of alerts made last month. 2 alerts remain in progress and 1 has been found to be substantiated relating to poor discharge information provided about the patient. The Trust raised 13 safeguarding alerts against other care providers and carers during January 2015.

There was 1 child safeguarding referral made to social services by the Trust during January 2015; following the child bringing to our attention their concerns regarding a teacher. In accordance with protocol, the Trust reported and took advice from the Local Authority Designated Officer (LADO). Following investigation by the local authority no action was instigated.

7. SERIOUS INCIDENTS (SI)

There were 23 SIs reported in January 2015:

- 12 – 12 hour trolley breaches (5 of which occurred in December, but were reported in January)
- 5 – RIDDOR/SI reportable falls
- 2 – Grade 3 Pressure Ulcer (avoidability as yet undetermined)
- 2 – Infection Control issues (PII – 1 x VRE and 1 x C.Diff)
- 1 – Surgical error
- 1 – Delayed diagnosis

Incident Reporting Status

Table Two below shows that there are 45 incidents open to investigation; of these, 8 have an agreed clock stop. There are also nineteen 12 hour trolley breaches following unprecedented demand within the Trust emergency departments; which are under root cause investigation. Regionally, the approach to 12 hour trolley breaches is to report them as SIs initially, until analysis shows whether harm has been caused as a result of the patient waiting.

The majority of the trolley breaches have a completed draft root causes analysis (RCAs) and will be subject to further review using an adapted Global Trigger Tool (GTT) in collaboration with commissioners. The GTT is a recognised tool for measuring adverse events and provides a method for accurately identifying whether harm or sub-optimal care has occurred. Following an initial GTT review of 13 of the trolley breaches; none of the patients were found to have received sub-optimal care or were harmed as a result of waiting. These will be removed from the Strategic Executive Information System (STEIS) and downgraded as not meeting the SI criteria.

40 incident investigations have been completed with a request sent to commissioners to close them on the STEIS system; of which 10 still require removal following evidence found that they did not meet the criteria of an SI. 6 incidents are still under investigation and outside of the internal timescale performance target; it is expected that these will be expedited to meet external timescales. There are currently no incidents under investigation that exceed the external closing target for commissioners which have not been granted an extension. There remains sustained improvement on the timeliness of completion of RCAs and of commendable note within the care groups.

Table Two: Incident Status at 12/02/2015

	New Incidents for January 2015	23
	Incidents being investigated	45
	Out of internal deadline (excludes external deadline)	6
	Out of external deadline with CCG/CSU	0
	CCG/CSU have been asked to close/remove incident	40

Action plan status

There are 11 action plans outstanding for 2013/14, which is a slight decrease of 3 from reporting last month, all of which relate to unscheduled care. There are 25 overdue action plans for 2014/15; with the majority being held within unscheduled care. The Care Group Medical Directors, Assistant Chief Operating Officers and Heads of Nursing are working with the patient safety team to close off actions and plans. The Director of Nursing & Quality is also being provided with monthly updates on the status of overdue action plans.

8. REVIEW OF ROOT CAUSE ANALYSIS (RCA) COMPLETED DURING DECEMBER 2014

Of the 8 validated SIs reported in December:

5 – Have completed RCAs

2 – Are near completion and within identified external deadlines

1 – Has a clock stop criteria applied

Sub-Optimal Care – The outcome of the investigation concluded that poor communication, both verbal and written occurred throughout the team and was a key element identified as part of the root cause. As stated previously, the ward where the SI was reported is subject to support with an improvement framework by the corporate and operational senior nursing team.

Decontamination failure (cross infection risk) – Multiple environmental, training and human factors were identified during this investigation which led to the re-use of biopsy forceps during a flexible cystoscope which had not been decontaminated in accordance with Trust and statutory processes. Each factor is being addressed through a comprehensive action plan and in the short term disposable biopsy forceps are being used to reduce risk until satisfactory processes are in place. The patient involved has been informed, offered an apology and blood borne infection screening.

Delayed diagnosis (lost specimen) – The exact sequence of events leading to the lost sample between theatres and histology has not been determined. The specimen was reported as arrived in histology, but when the pot opened 3 days after being triaged into the department, no specimen was found in the pot to analyse. Whilst the outcome for the patient is not considered to be significant in relation to their clinical needs, clearer processes are being implemented to reduce future risk.

OPD delay (Ophthalmology) – This investigation confirms as with the previous SIs the support required within the service as a result of poor capacity and administrative processes. There is an on-going review of the service and a process of validating all the Cashing up of Ophthalmology Forms (COFs) is in place. Commissioners are undertaking a review of the service.

MRSA Bacteraemia – During the process of investigation several good practices were noted. The main omission highlighted during the review identified that when the patient was catheterised a Catheter Specimen of Urine (CSU) was not obtained. This is possibly the route of the infection as all other MRSA screening up until the blood culture, had been negative for MRSA.

Trolley waits – As stated previously, 13 patients kept waiting for more than 12 hours on a trolley within the Trusts emergency departments have been reviewed using the GTT. Findings from the RCAs and the GTT has shown that none of the patients received sub-optimal care or were harmed as a result of waiting. A comprehensive report from the review will be completed and considered by the quality and safety committee going forward however; initial findings and learning points are:

- There was evidence of timely risk assessment and prioritisation of patients.
- Evidence of care and dignity provided to patients.
- There was evidence of clear clinical management plans.
- Some evidence of robust nursing and medical records along with some omissions of risk assessment recording and lack of thorough recording.
- 30% of patients reviewed did not require acute care and avoided admission had treatment been available within primary/community care settings.

9. QUALITY IMPROVEMENT OVERVIEW

Measure	Annual Target	Monthly Target	YTD	October	November	December	January	Year end 13/14
RIDDOR/SI Reportable Falls	29	2	26	2	4	1	5	34
Current State	January has shown a deteriorating position for reported falls compared to last month; with 5 falls reported compared to 1 in December. Of the 5 falls, 4 were considered to meet the criteria for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and caused significant/severe harm in terms of fractures. The root cause process is under way with 1 fall showing that all active measures to prevent the fall was undertaken thereby did not meet the RIDDOR criteria.							
Planned Actions	The Patient Safety Team and Falls Prevention Practitioner with ward managers are reviewing each fall as part of the RCA process, in order to understand any themes, trends and risk factors. Any actions resulting from the RCA process will be shared through the care group governance forums and shared learning will be shared via the incident review group, ward managers and nursing and midwifery forum.							
Key Themes / Trends	The RCA process is still in progress relating to the 4 falls reported. Any themes and trends will be shared as described above and will also be reported at the Quality and Safety Committee going forward.							

Measure	Annual Target	Monthly Target	YTD	October	November	December	January	Year end 13/14
Avoidable Grade 3 Pressure Ulcers	9	0	7	0	0	0	2	18
Current State	There were 2 Grade 3 pressure ulcers reported in January which is a slight increase of 1 compared to last month. The RCAs are in progress and as yet the avoidability criteria remains undetermined. For information, the Grade 3 pressure ulcer reported in December has been reported as unavoidable following completion of the RCA process.							
Planned Actions	All pressure ulcers are reviewed via RCAs with on-going internal and external audit to understand further preventative measures. The TVN service continues to target where wards have episodes of pressure ulcers in order to support the teams with education and training. The incident review group will monitor and gain assurance that preventative measures are being practiced on wards where pressure ulcers occur.							
Key Themes / Trends	Key themes relating to these pressure ulcers are yet to be identified however; it is of note that both pressure ulcers were found in the sacral area.							

Measure	Annual Target	Monthly Target	YTD	October	November	December	January	Year end 13/14
C. difficile Infections	30*	2	27	2	1	3	6	31
Current State	Performance is over the projected internal target for the year and for January however, within the national target for the year. Six cases were apportioned to the Trust during January as a result of clusters of cases with 2 cases found on one ward (now shown to be different ribotypes) and a further 3 cases found on another ward within 30 days. Two cases have been shown to be the same on ribotyping indicating likely cross infection.							
Planned Actions	All cases are in the process of RCAs, led by the clinical teams. The Infection Prevention & Control (IPC) team are reviewing a newly developed national tool for investigating cases with the intention of adopting the tool locally. The actions are currently focussed on rapid isolation, thoroughness of sampling processes, environmental cleaning and responsible antibiotic prescribing.							
Key Themes / Trends	Most cases are caused by antibiotic prescribing and this is mainly in accordance with antibiotic policies, meaning that the cases reported are considered unavoidable. However, occasional cross infection still occurs and delays in sending samples and isolating symptomatic patient with diarrhoea are also a theme.							

Planned Actions	Review compliance with care bundles for peripheral and central lines and care of renal dialysis patients.							
Measure	Annual Target	Monthly Target	YTD	October	November	December	January	Year end 13/14
Key Themes / Trends	Most avoidable health care associated cases are linked to central and dialysis intravenous lines.							
MSSA Bacteraemia Infections	20	1	17	1	2	1	2	23
Current State	Performance is slightly above the projected internal target for MSSA bacteraemia. In January there were 2 cases apportioned to the Trust. One source was unknown but possibly related to recent surgery and the second was in a dialysis patient without a central line. The source is unknown and possibly skin or soft tissue infection. Both sources related to complex patients receiving treatment in augmented care areas such as ITU and renal services.							

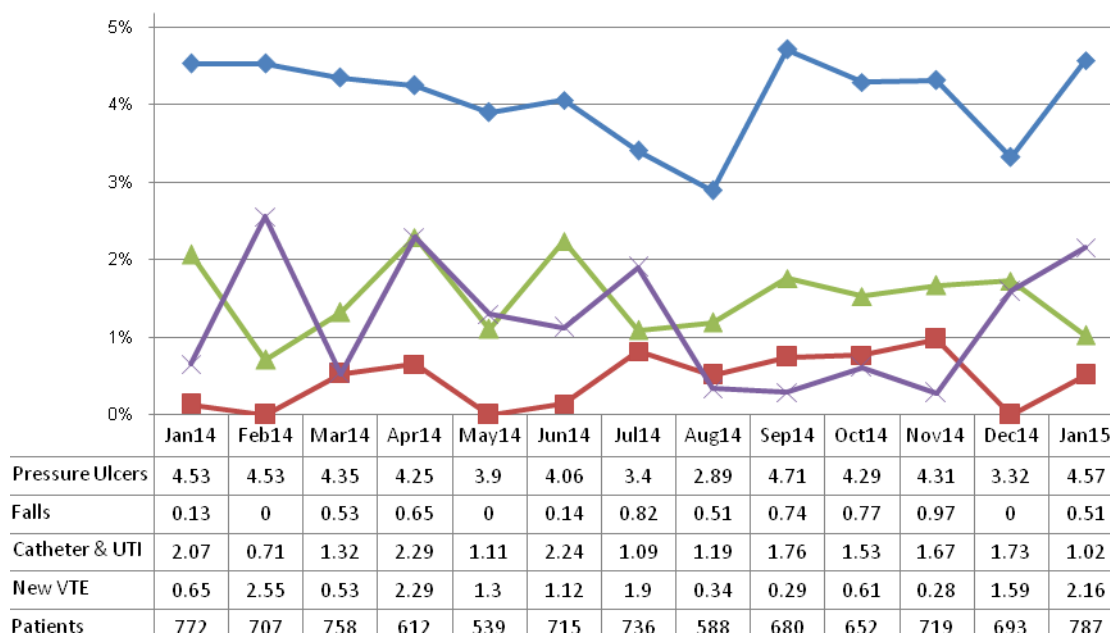
Measure	Annual Target	Monthly Target	YTD	October	November	December	January	Year end 13/14
VTE Assessment	95%	95%	94.9%	95.0%	93.9%	94.3%	TBC	94.2%
Current State	December has seen a further month of reduced performance in meeting the Venous Thromboembolism (VTE) risk assessment target. This coincides with a sustained period of increased demand and issues of capacity being experienced across the Trust.							
Planned Actions	Further action and communication will be made with all doctors to emphasize their responsibilities regarding VTE assessments. The Medical Director and Medical Performance manager are monitoring performance and will work with clinical leads and the audit team to agree actions going forward.							
Key Themes / Trends	No key themes or trends have currently been identified.							

10. SAFETY THERMOMETER (ST)

The graph shows the Trust performance and trends in the number of patients reported as receiving harms in the last 12 months. This is based on a point prevalent survey undertaken on a different weekday each month. 92.1% of 787 patients surveyed reported that they received harm free care during January; which is a decrease of 1.6% harm free care reported compared to last month. The number of patients receiving no new harms was reported as 96.2% which is a decrease of 2% compared to last month.

Types of Harm: patients with each type of Harm

SHREWSBURY AND TELFORD HOSPITAL NHS TRUST, All Wards, All Settings, All



INTEGRATED PERFORMANCE REPORT

Month 10 - 2014/15

1. OVERVIEW OF OPERATIONAL PERFORMANCE

Month 10 - 2014/15		2013/14	2014/15	M1	M2	M3	Q1	M4	M5	M6	Q2	M7	M8	M9	Q3	M10	M11	M12	Q4	2014/15	2014/15
Measure	Outturn Period	Outturn	Threshold	Apr-14	May-14	Jun-14		Jul-14	Aug-14	Sep-14		Oct-14	Nov-14	Dec-14		Jan-15	Feb-15	Mar-15		Year to Date	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%	90.93%	92.34%	88.90%	89.10%	87.94%	88.66%	82.71%			82.71%	90.26%
	A&E 12 Hour Trolley Waits	Full Year	17	0	0	0	0	0	0	0	0	0	0	0	0	0	13			13	13
	Ambulance Handovers not completed within 30 Minutes (SaTH Validated View)	Full Year	275	0	12	14	11	37	12	4	5	21	16	36	48	100	62			62	220
	Ambulance Handovers not completed within 60 Minutes (SaTH Validated View)	Full Year	41	0	4	3	0	7	3	0	0	3	0	4	10	14	16			16	40
	18 Week RTT Admitted - English Responsible Only - Part 1A	Mar-14	76.98%	90%	80.19%	80.07%	82.44%		84.19%	84.13%	89.15%		90.83%	91.50%	91.31%		90.23%				
	18 Week RTT Non Admitted - English Responsible Only - Part 1B	Mar-14	93.08%	95%	93.85%	95.04%	94.23%		92.07%	92.39%	92.52%		95.70%	96.40%	97.12%		96.58%				
	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%	93.81%		94.50%	94.65%	94.53%		93.32%				
	18 Week RTT > 52 Weeks - English Responsible Only	Full Year	38	0	0	0	0	0	2	0	0	2	0	0	0	0	0			0	2
	% of Patients waiting over 6 Weeks for a Diagnostics Test	Full Year	0.51%	1%	0.24%	0.08%	0.16%	0.16%	0.06%	0.09%	0.06%	0.07%	0.00%	0.03%	0.05%	0.03%	0.13%			0.13%	0.09%
	Cancelled 28 Day Readmission Breaches	Full Year	14	0	1	0	0	1	0	0	0	0	0	0	1	1	0			0	2
Number of Urgent operations cancelled more than once	Full Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	
Cancer	2 Week GP referral to 1st OP Appointment	Full Year	94.58%	93%	92.49%	92.46%	93.48%	92.82%	94.70%	93.70%	94.08%	94.21%	95.50%	95.13%	95.60%	95.41%	95.67%			95.67%	94.31%
	2 Week GP to 1st OP Appointment Breast Symptoms	Full Year	93.35%	93%	86.80%	96.15%	96.60%	92.32%	100.00%	99.23%	98.18%	99.18%	99.37%	95.74%	94.79%	96.62%	97.22%			97.22%	95.91%
	31 day diagnosis to treatment	Full Year	97.33%	96%	97.60%	95.74%	98.40%	97.24%	96.35%	99.48%	96.23%	97.28%	97.44%	98.46%	98.33%	98.10%	98.45%			98.45%	97.64%
	31 day second or subsequent treatment - Drug	Full Year	99.09%	98%	98.44%	100.00%	98.72%	99.04%	100.00%	100.00%	98.44%	99.58%	100.00%	100.00%	98.33%	99.59%	98.73%			98.73%	99.35%
	31 day second or subsequent treatment - Surgery	Full Year	93.35%	94%	95.45%	84.00%	97.37%	93.46%	88.37%	92.11%	94.44%	91.45%	100.00%	97.06%	97.62%	98.21%	94.29%			94.29%	94.34%
	31 day second or subsequent treatment - Radiotherapy	Full Year	97.69%	94%	100%	97.47%	97.87%	98.38%	97.56%	97.44%	96.10%	97.05%	100.00%	100.00%	100.00%	100.00%	100.00%			100.00%	98.58%
	62 days urgent referral to treatment	Full Year	81.48%	85%	84.21%	77.03%	85.07%	82.09%	87.89%	84.08%	87.23%	86.36%	90.24%	65.71%	68.98%	68.45%	66.71%			66.71%	85.83%
	62 days referral to treatment from Screening	Full Year	93.98%	90%	85.71%	95.00%	86.27%	89.29%	88.89%	100.00%	96.55%	95.00%	84.21%	97.87%	95.45%	93.02%	92.00%			92.00%	92.46%
	62 days referral to treatment from Hospital Specialist (Upgrades)	Full Year	92.13%	85%	92.86%	94.06%	92.21%	93.16%	93.28%	93.41%	92.52%	93.06%	99.02%	96.08%	86.67%	93.85%	94.34%			94.34%	93.48%
	C-Diff	Full Year	31	38	1	4	4	9	4	1	1	6	2	1	3	6	6			6	27
Patient Experience / Governance	MRSA	Full Year	1	0	0	0	0	0	0	0	0	0	1	0	1	2	0			0	2
	Same Sex Accommodation Breaches	Full Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0
	Compliance with VTE Assessments	Mar-14	95.20%	95%	95.13%	95.20%	95.07%	95.13%	95.18%	95.10%	95.18%	95.14%	95.06%	93.93%	94.30%	94.43%					94.79%
	Publication of Formulary	Mar-14	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes		Yes	Yes	Yes		Yes				
	Duty of Candour	Mar-14	N/A	0	0	0	0	0	0	0	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%	99.79%	99.87%	99.81%	99.81%	99.88%	99.76%	99.82%	99.80%			99.80%	99.81%
Valid NHS Number in submitted A&E datasets	Mar-14	N/A	95%	98.56%	98.64%	98.53%	98.58%	97.90%	98.27%	98.89%	98.35%	98.73%	98.71%	98.45%	98.63%	99.01%			99.01%	98.56%	

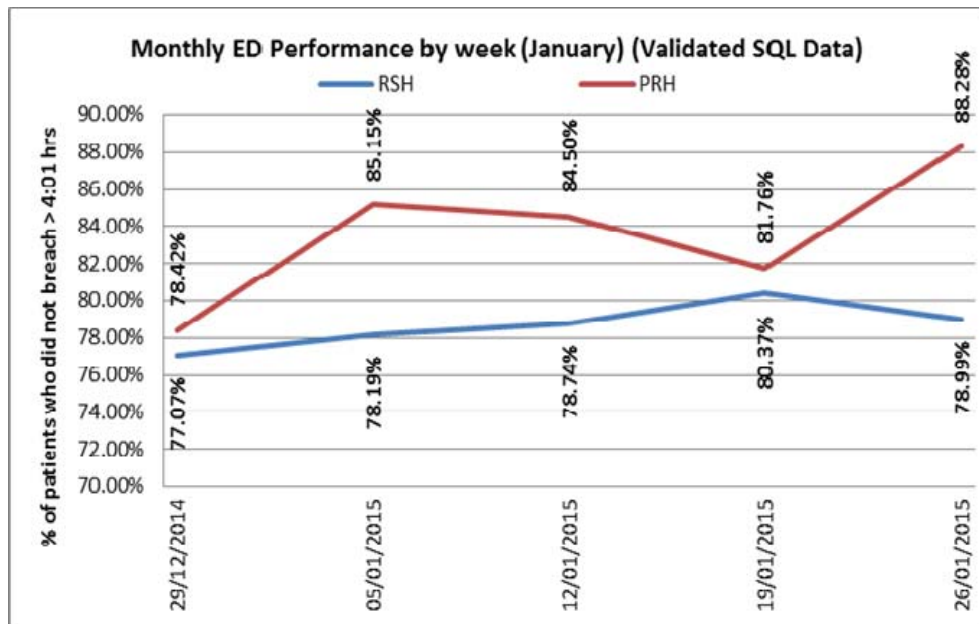
2. PERFORMANCE OF UNSCHEDULED CARE STANDARDS BY EXCEPTION

Measure	Annual Target	Monthly Target	YTD (Inc. WI)	October	November	December	January	Year end 14/15
A&E 4 Hour Wait	95%	95%	90.24%	88.90%	88.12%	87.40%	82.71%	90.26%

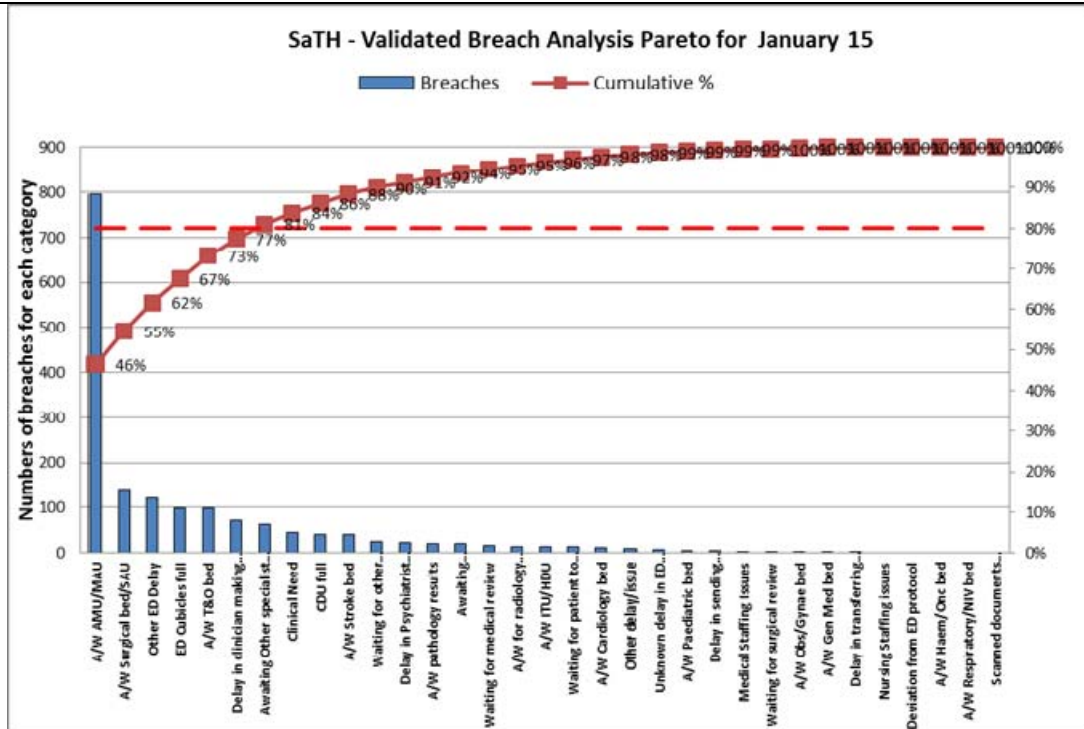
The table below highlight actual performance with the Trajectory for February and March. It shows the continued drop off in performance for January compared to December and previous months.

SaTH Actual ED Performance/Trajectory				
	Total Attenders	Breaches	% Performance	Target
Apr 14	8599	704	91.81%	95%
May-14	10937	942	91.39%	95%
Jun-14	9134	670	92.66%	95%
Jul-14	11208	912	91.86%	95%
Aug-14	8159	563	93.10%	95%
Sep-14	8569	841	90.19%	95%
Oct-14	10447	1270	87.84%	95%
Nov-14	8069	950	88.23%	95%
Dec-14	10871	1629	85.02%	95%
Jan 15	8297	1490	82.04%	95%
Feb 15	11870	620	94.78%	95%
Mar 15	11900	590	95.04%	95%
Total	118060	11181	90.53%	95%

Current State



The above graph shows the Emergency Department [ED] performance on both sites by week in January, with a significant drop off in performance during the first week and the 4th reportable week.



January was a poor month for performance across the Trust with both sites in heightened escalation for the majority of the month ending at level 4. This resulted in having to implement the hospital full capacity protocol on a weekly basis. During the month the Fit to Transfer [FTT] list consistently at RSH rose above 50 with an average of 40 plus. At PRH with high demand the site was consistently at escalation level 3 and 4 with an average with upwards of 30 plus medical outliers across orthopaedic specialities. We escalated permanently in to Day Surgery Unit [DSU]. We also had 6 x 12 hour Decision To Admit [DTA] reportable breaches, with 13 in total year to date (7 reported for December and 6 for January).

The number of patients being seen in the Urgent Care Centre at RSH is showing a rise in February with the greatest increase at weekends and specifically on a Saturday. This model of care will continue to develop in line with the development of Ambulatory Emergency Care [AEC].

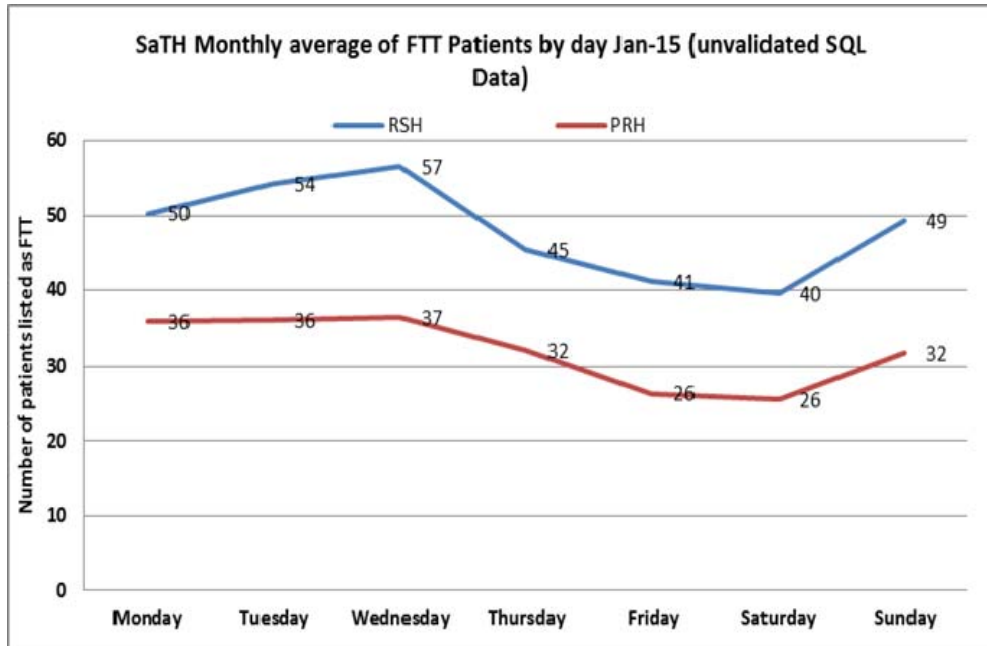
Planned Actions

Other projects ongoing are:

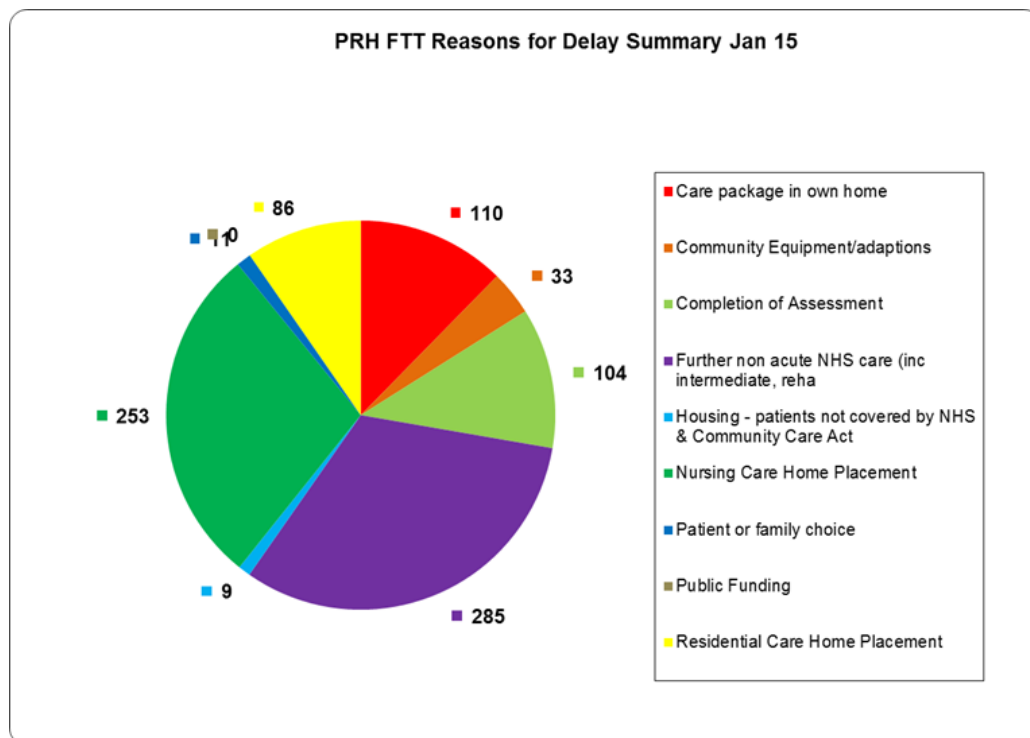
- Continued focus on the SMART Plan to support improvements in the Urgent Care system, by the whole health economy. We are not seeing a real live impact on admission avoidance or early facilitated discharge from this
- We are continuing to develop the following:
 - Development of an Ambulatory Emergency Care service. A Project Manager has been appointed.
 - Opened Ward 21 to an additional 16 patients to support Fit to Transfer [FTT] patients.

External planned actions are all geared around admission avoidance either via the SMART Plan or the Resilience Plan and we are seeing little impact from these plans at the front door or in discharge practices. We continue to remain constrained by the availability of residential and nursing home beds, and a slowdown of domiciliary care. Powys continues to remain constrained with little and slow movement. Primary breach reasons continue to be lack of capacity which for the month of December was in the region of 70-75%. The Fit for Transfer numbers continue to be a main concern as previously described. We have continued to cancel high numbers of elective operations in both day case and on wards due to lack of capacity caused by medical outliers being unable to access medical beds because of FTT patients.

Fit to Transfer Trend Chart – Daily Average by Site/Month



Fit to Transfer Reason for Delay Chart – Month



The above graph highlights the main reasons for the delays across the Trust and as can be seen the main reasons continue to be Further Non Acute NHS care and Nursing Home Placement.

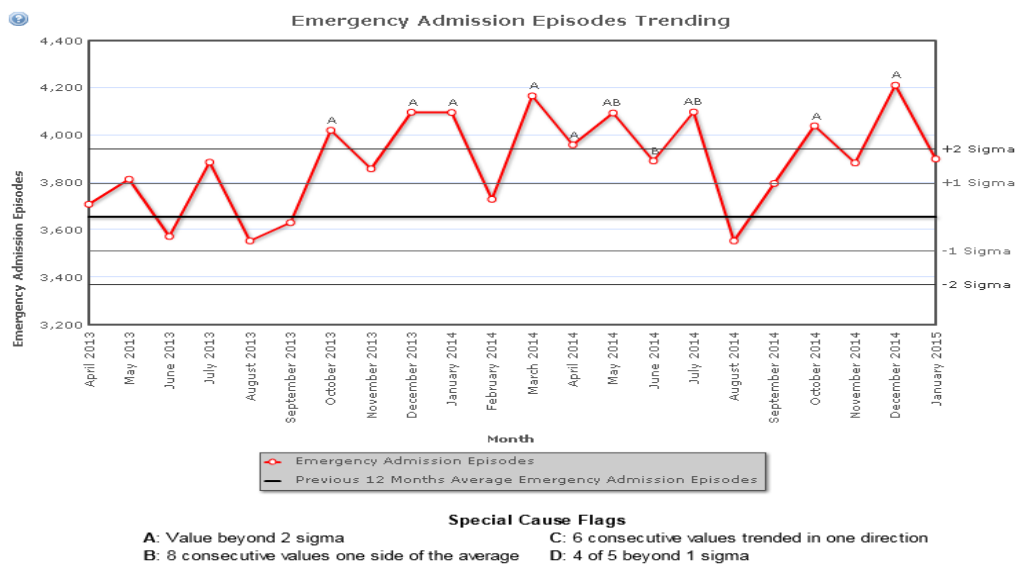
Key Themes/Trends

Average LOS on FTT List									
	Care package in own home	Community Equipment/adaptions	Completion of Assessment	Further non acute NHS care (inc intermediate, reha)	Housing - patients not covered by NHS & Community Care Act	Nursing Care Home Placement	Patient or family choice	Public Funding	Residential Care Home Placement
RSH	4.02	1.55	3.31	4.25	2.45	9.53	8.92	5.76	8.28
Jan-15									
PRH	4.09	4.33	3.46	3.77	2.00	8.55	14.00	0.00	6.14
Jan-15									
SATH	4.05	2.74	3.38	4.08	2.23	9.02	9.89	5.76	7.19
Jan-15									

The above table highlights the average Length of Stay [LOS] on the FTT by reason. The reason will change as a patient progresses through the system and a number end up being due to family choice. If targeted, work at placement would significantly reduce the number of bed days lost, for example Nursing Care Home Placement 253 with an average LOS of 9.02 days, a total loss 2,282 bed days lost. If this was reduced by 50% to an average LOS of 4.5 days we would save 1,138 bed days or release 36 beds across the Trust.

Emergency Admissions

The graph below shows the trend in emergency admissions has continued to remain high, but shows a drop off in January, although the acuity of patients increased and in particular in the frail & elderly.



3. PERFORMANCE OF SCHEDULED CARE STANDARDS BY EXCEPTION

There were no standards to report by exception in January – all RTT and Cancer targets were met.

Month 10 - 2014/15		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	M7 Oct-14	M8 Nov-14	M9 Dec-14	Q3	M10 Jan-15	M11 Feb-15	M12 Mar-15	Q4	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%	90.93%	92.34%	88.90%	89.10%	87.94%	88.66%	82.71%			82.71%	90.26%		
	A&E 12 Hour Trolley Waits	Full Year	17	0	0	0	0	0	0	0	0	0	0	0	0	0	13			13	13		
	Ambulance Handovers not completed within 30 Minutes (SaTH Validated View)	Full Year	275	0	12	14	11	37	12	4	5	21	16	36	48	100	62			62	220		
	Ambulance Handovers not completed within 60 Minutes (SaTH Validated View)	Full Year	41	0	4	3	0	7	3	0	0	3	0	4	10	14	16			16	40		
	18 Week RTT Admitted - English Responsible Only - Part 1A	Mar-14	76.98%	90%	80.19%	80.07%	82.44%		84.19%	84.13%	89.15%		90.83%	91.50%	91.31%		90.23%						
	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%	92.52%		95.70%	96.40%	97.12%		96.58%						
	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%	93.81%		94.50%	94.65%	94.53%		93.32%						
	18 Week RTT > 52 Weeks - English Responsible Only	Full Year	38	0	0	0	0	0	2	0	0	2	0	0	0	0	0				0	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%	0.06%	0.07%	0.00%	0.03%	0.05%	0.03%	0.13%				0.13%	0.09%	
	Cancelled 28 Day Readmission Breaches	Full Year	14	0	1	0	0	1	0	0	0	0	0	0	0	1	1	0			0	2	
Number of Urgent operations cancelled more than once	Full Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0		
Cancer	2 Week GP referral to 1st OP Appointment	Full Year	94.58%	93%	92.49%	92.46%	93.48%	92.82%	94.70%	93.70%	94.08%	94.21%	95.50%	95.13%	95.60%	95.41%	95.67%			95.67%	94.31%		
	2 Week GP to 1st OP Appointment Breast Symptoms	Full Year	93.35%	93%	86.80%	96.15%	96.60%	92.32%	100.00%	99.23%	98.18%	99.18%	99.37%	95.74%	94.79%	96.62%	97.22%			97.22%	95.91%		
	31 day diagnosis to treatment	Full Year	97.33%	96%	97.60%	95.74%	98.40%	97.24%	96.35%	99.48%	96.23%	97.28%	97.44%	98.46%	98.33%	98.10%	98.45%			98.45%	97.64%		
	31 day second or subsequent treatment - Drug	Full Year	99.09%	98%	98.44%	100.00%	98.72%	99.04%	100.00%	100.00%	98.44%	99.58%	100.00%	100.00%	98.33%	99.59%	98.73%			98.73%	99.35%		
	31 day second or subsequent treatment - Surgery	Full Year	93.35%	94%	95.45%	84.00%	97.37%	93.46%	88.37%	92.11%	94.44%	91.45%	100.00%	97.06%	97.62%	98.21%	94.29%			94.29%	94.34%		
	31 day second or subsequent treatment - Radiotherapy	Full Year	97.69%	94%	100%	97.47%	97.87%	98.38%	97.56%	97.44%	96.10%	97.05%	100.00%	100.00%	100.00%	100.00%	100.00%			100.00%	98.58%		
	62 days urgent referral to treatment	Full Year	81.48%	85%	84.21%	77.08%	85.07%	82.09%	87.89%	84.08%	87.23%	86.36%	90.24%	85.71%	88.98%	88.45%	86.71%			86.71%	85.83%		
	62 days referral to treatment from Screening	Full Year	93.98%	90%	85.71%	95.00%	86.27%	89.29%	88.89%	100.00%	96.55%	95.00%	84.21%	97.87%	95.45%	93.02%	92.00%			92.00%	92.46%		
62 days referral to treatment from Hospital Specialist (Upgrades)	Full Year	92.13%	85%	92.86%	94.06%	92.21%	93.16%	93.28%	93.41%	92.52%	93.06%	99.02%	96.08%	86.67%	93.85%	94.34%			94.34%	93.48%			
Patient Experience / Governance	C-Diff	Full Year	31	38	1	4	4	9	4	1	1	6	2	1	3	6	6			6	27		
	MRSA	Full Year	1	0	0	0	0	0	0	0	0	0	1	0	1	2	0			0	2		
	Same Sex Accommodation Breaches	Full Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0		
	Compliance with VTE Assessments	Mar-14	95.20%	95%	95.13%	95.20%	95.07%	95.13%	95.18%	95.10%	95.18%	95.14%	95.06%	93.93%	94.30%	94.43%					94.79%		
	Publication of Formulary	Mar-14	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes		Yes	Yes	Yes		Yes						
	Duty of Candour	Mar-14	N/A	0	0	0	0	0	0	0	0	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%	99.79%	99.87%	99.81%	99.81%	99.88%	99.76%	99.82%	99.80%				99.80%	99.81%	
	Valid NHS Number in submitted A&E datasets	Mar-14	N/A	95%	98.56%	98.64%	98.53%	98.58%	97.90%	98.27%	98.89%	98.35%	98.73%	98.71%	98.45%	98.63%	99.01%				99.01%	98.56%	

RTT EXCEPTION REPORT - JANUARY 2015

Specialty	RTT Admitted Performance January 2014 Target 90%	Update	Additional support required from CCG or AT Y/N	RTT Non Admitted Performance January 2014 Target 95%	Update	Additional support required from CCG or AT Y/N	Incompletes Target 92%
Colorectal surgery		Delivering RTT	No		Delivering RTT	N	
Upper Gi		Delivering RTT	No		Delivering RTT	N	
Vascular	93.80	Delivering RTT	No	98.61	Delivering RTT	N	95.46
Breast		Delivering RTT	No		Delivering RTT	N	
Urology	94.38	Delivering RTT	No	98.07	Delivering RTT	N	95.39
ENT	90.53	Delivering RTT	No	95.71	Delivering RTT	N	95.25
Max fax and oral surgery	82.46	tbc	No	98.04	Delivering RTT	N	91.79
Ophthalmology	90.12	tbc	No	97.00	Delivering RTT	Y	96.16
Gynaecology	84.62	tbc	No	98.50	Delivering RTT	N	95.90
T&O	71.26	tbc	No	92.53	Rectification plan requested from MSK team	N	87.27
Gastroenterology	100.00	Delivering RTT	No	97.00	Delivering RTT	N	98.13
Cardiology	96.00	Delivering RTT	No	96.96	Delivering RTT	N	95.67
Dermatology		N/A	No	95.45	Delivering RTT	N	96.76
Neurology	100.00	N/A	No	95.43	Delivering RTT	Y	94.26
Respiratory	100.00	N/A	No	88.96	Rectification plan requested from Unscheduled care	N	93.19
General Medicine	100.00	N/A	No	98.02	Delivering RTT	N	97.66
Cardiothoracic surgery	100.00	N/A		100.00	Delivering RTT	N	86.67
Neuro surgery		N/A		83.33	Recommendation that this contract transfers to UHNM due to the small numbers, this is being progressed with UHNM	Y	86.36
Other (inc Pain)	78.95	See detail below	No	93.95	Rectification plans from each care group	N	80.17
Trust Total							

Key

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

Breakdown of Other by Specialty	RTT Admitted Performance January 2014 Target 95%	RTT Non Admitted Performance January 2014 % Target 95%
Allied Health Prof. Epis.		100.00
Chemical Pathology		100.00
Dietetics		100.00
Neonatology		
Obstetrics		100.00
Orthodontics		25.00
Orthoptics		100.00
Paediatrics		95.53
Paediatric Clinical Imm.		90.91
Paed. Cystic Fibrosis		
Paediatric Endocrinology		100.00
Paediatric Epilepsy		100.00
Paediatric Gastroent.		100.00
Paediatric Medical Oncol.		100.00
Paediatric Neurology		
Paediatric Nephrology		100.00
Paediatric Respir. Med.	100.00	100.00
Paediatric Rheumatology		100.00
Paediatric Surgery	100.00	100.00
Pain Management	66.67	71.43
Anaesthetics	100.00	
Psychotherapy		
Clinical Oncology	100.00	100.00
Restorative Dentistry		60.00
Speech & Language Therapy		100.00
Treatment_Orthodontics		100.00
Trust Total	78.95	93.95

INTEGRATED PERFORMANCE REPORT

February 2015

3. FINANCIAL PERFORMANCE OVERVIEW

3.1 Summary Financial Position as at January 2015

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

	Financial Plan £000's	April – Dec Budget £000's	April – Dec Actual £000's	Variance £000's	Forecast April –March Flexed Budget £000's	Forecast April –March Actual £000's	Variance £000's
Income	314,949	261,433	262,052	620	314,245	315,810	1,565
Pay	(208,315)	(175,373)	(179,624)	(4,251)	(210,439)	(216,358)	(5,919)
Non-pay	(90,167)	(79,129)	(78,621)	508	(96,118)	(95,585)	533
Reserves	(8,773)	(27)		27			
Total expenditure	(307,255)	(254,528)	(258,245)	(3,717)	(306,557)	(311,953)	(5,396)
EBITDA	7,694	6,904	3,807	(3,097)	7,688	3,867	(3,821)
Finance costs	(15,894)	(13,180)	(13,314)	(134)	(15,936)	(16,072)	1(136)
Surplus/(deficit) before rectification	(8,200)	(6,276)	(9,507)	(3,231)	(8,248)	(12,205)	(3,957)
Phased spend		(393)	(393)	-			-
Rectification Plans							
Surplus/(deficit) after rectification	(8,200)	(6,669)	(9,900)	(3,231)	(8,248)	(12,205)	(3,957)

The Trust's budgets assume the delivery of a deficit at month 10 amounting to £6.276 million, the actual deficit recorded amounted to £9.507 million.

To reconcile to the original plan submitted to the NTDA, a phased spend adjustment of £393,000 has been made to both plan and actual spend, bringing a reported position to the NTDA of a deficit at month 10 of £9.9 million.

The Trust is continuing to forecast an end of year deficit amounting to £12.205 million as presented in the table below.

	April £000s	May £000s	June £000s	July £000s	Aug £000s	Sept £000s	Oct £000s	Nov £000s	Dec £000s	Jan £000s	Feb £000s	Mar £000s	Total £000s
Income	24,684	26,101	25,214	27,214	24,686	26,178	27,756	26,534	26,565	27,120	26,255	27,502	315,810
Pay	-17,878	-17,864	-17,780	-17,675	-17,709	-17,884	-18,255	-18,027	-18,062	-18,389	-18,410	-18,424	-216,357
Non Pay	-7,290	-7,949	-7,704	-8,369	-7,373	-8,330	-8,301	-8,139	-7,682	-7,592	-8,463	-8,392	-95,584
Reserves	-829	-198	-137	-191	-325	300	139	446	236	173	199	187	0
Total Expenditure	-25,997	-26,011	-25,621	-26,235	-25,407	-25,914	-26,417	-25,720	-25,508	-25,808	-26,674	-26,629	-311,941
EBITDA	-1,313	90	-407	979	-721	264	1,339	814	1,057	1,312	-419	873	3,869
Finance Costs	-1,157	-1,399	-1,278	-1,278	-1,269	-1,279	-1,376	-1,375	-1,378	-1,525	-1,379	-1,379	-16,072
Surplus/deficit in month	-2,470	-1,309	-1,685	-299	-1,990	-1,015	-37	-561	-321	-213	-1,798	-506	-12,203
Cumulative surplus/deficit	-2,470	-3,779	-5,464	-5,763	-7,753	-8,768	-8,805	-9,366	-9,687	-9,900	-11,698	-12,204	

The table above incorporates the actual income and expenditure figures for the months April – January and then incorporates projected levels of spend for the remaining two months.

3.2 Income

At this stage in the financial year focus inevitably shifts to the outturn, and in particular the assumptions being made in respect of:

- Activity levels that need to be delivered in the remaining months of the financial year to achieve the targeted level of Income; and
- The level of risk associated with the Income levels assumed within the forecast outturn.

Activity assumptions

The table below provides a description of the levels of activity that have been delivered during the 2014/15 financial year along with the estimated levels of activity to be achieved during the months February – March 2015.

Point of Delivery	M1 Frozen	M2 Frozen	M3 Frozen	M4 Frozen	M5 Frozen	M6 Frozen	M7 Frozen	M8 Frozen	M9 Freeze	M10 Flex	M11 FOT	M12 FOT	14/15 Outturn
A&E	9,246	9,642	9,779	9,983	9,070	9,217	9,157	8,714	8,828	8,272	8,626	9,498	110,033
First Attendance	9,029	8,816	9,695	9,912	8,133	9,462	9,746	9,005	8,810	9,151	9,183	9,429	110,370
Follow Up Attendance	14,979	15,281	16,175	17,176	14,170	16,897	16,874	15,908	14,358	16,467	15,665	16,084	190,034
Outpatient Procedure	8,700	8,529	9,146	9,751	8,017	9,189	9,194	8,643	7,402	6,683	8,506	8,734	102,494
Elective DC	3,391	3,370	3,488	3,640	3,337	3,526	3,498	3,311	3,128	3,141	3,361	3,469	40,660
Elective DC Contingency (M)										(71)	(71)	(71)	(214)
Elective DC Total	3,391	3,370	3,488	3,640	3,337	3,526	3,498	3,311	3,128	3,070	3,290	3,398	40,446
Elective IP	581	616	590	646	575	571	609	603	500	461	563	590	6,905
Non Elective	3,947	4,091	3,879	4,093	3,545	3,792	4,024	3,871	4,206	3,897	3,832	4,127	47,305
Non Elective Other	593	601	601	613	605	671	624	561	603	687	600	646	7,405
Grand Total SaTH	50,466	50,946	53,353	55,814	47,452	53,325	53,726	50,616	47,835	48,688	50,286	52,506	614,993
	32,708	32,626	35,016	36,839	30,320	35,548	35,814	33,556	30,570	32,301	33,354	34,247	402,899

Key observations to make from the above table are:

- Aggregate activity levels have reduced during the months of November - January, as compared with average monthly levels of activity recorded between April – October.
- Overall outpatient activity levels have reduced by approximately 3,000 attendances per month, mainly attributable to reduced levels of follow up attendances and outpatient procedures.
- The levels of Day Case activity recorded in the months of December and January are 350 cases per month lower than delivered in the months April – November. This reduction is in part explained by cancellations of operations and also seasonality associated with the Christmas period.
- The level of Elective Inpatient activity in the month of January was the lowest level recorded in the year to date, and on average the level of elective inpatient recorded in the two months December – January is 120 spells lower than the months April – November.
- Non Elective activity levels delivered in the month of January is consistent with levels of activity recorded throughout the financial year. An examination of case mix however has identified increased levels of complexity in the month of January.
- The levels of activity assumed to be achieved in the remaining two months of the financial year as compared with the year to date are as follows:

	Average April – January	Average February – March	Variance
A and E attendances	9,191	9,001	(190)
Outpatient 1 st attendances	9,246	9,185	(61)
Outpatient Follow up attendances	15,859	15,844	(15)
Outpatient Procedures	8,386	8,534	148
Elective Day Cases	3,379	3,344	(35)
Elective Inpatient spells	575	565	(10)
Non Elective Inpatient spells	3,935	3,960	25
Non Elective other	624	620	(4)
Total	51,196	51,053	(143)

In the remaining two months of the year, activity levels are assumed to be marginally lower than the levels delivered on average per month in the year to date.

A comparison of the levels of Income actually recorded in the months 1 - 10 with the levels required over the period months 11 -12, is presented below.

	Months 1- 10 £000's	Months 11 -12 £000's	Level of Monthly Increase £000's
Average Monthly Income	26,205	26,879	674
Total Income generated	262,052	53,758	
% distribution	82.98	17.02	
% in month	8.30	8.51	

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 £674,000.

	Monthly Increase £000's	Green £000's	Amber £000's	Red £000's
Recovery of Financial Penalties/ CQUIN/ Financial Support– Telford and Wrekin	27	27		
Approved Winter Pressures funds 1 st tranche	148	148		
Approved Winter pressures – 2 nd	246	246		

	Monthly Increase £000's	Green £000's	Amber £000's	Red £000's
tranche				
Approved RTT Resilience funds – 1 st tranche	47	47		
Approved RTT – Resilience funds	130	65	65	
Paediatric Assessment Unit	12	12		
Area Team Oral surgery funding	45	(21)		66
Other	(92)	(92)		
Total per month – not activity related	563	432	65	66
Seasonality adjustment	110	104	6	
Total per month – allowing for seasonality	673	536	71	66
Total over months 11-12		1072	142	132

It can be seen from the above that the level of risk associated with the increase in monthly Income is low. This is so because much of the increased level of Income over the coming months as described in the above is underpinned by formal agreements and not dependant upon the delivery of patient activity. £673,000 of the increased monthly Income can be described as low risk.

In a small number of areas, notably RTT resilience and Area Team Oral Surgery, whilst funding has been approved by commissioners a level of uncertainty continues to exist over the release of these funds. The level of risk associated with these areas amounts to £131,000 per month (£262,000 if not released in the year). In constructing the forecast outturn as described previously, income levels are assumed to increase slightly per month over the remaining three months of the year. The level of activity dependant income increase amounts to £110,000, however because of the existence of a deal with Telford and Wrekin CCG, the level of Income from seasonality at risk is reduced to £66,000 (£132,000 if not achieved in the year).

3.3 Pay Position

The table below provides a description of how the Pay run rate and WTEs have progressed over the period April 2013 through to January 2015.

	April June £000's	July Sept £000's	Oct Dec £000's	Jan Mar 14 £000's	Apr- June 14 £000's	July £000's	August £000's	Sept £000's	Oct £000's	Nov £000's	Dec £000's	Jan 15 £000's
Consultants	2,887	2,887	2,880	2,953	2,191	3,069	3,041	2,980	3,043	3,107	3,046	3,028
Medical Staffing	2,182	2,183	2,025	2,172	2,177	2,162	2,169	2,208	2,238	2,127	2,040	2,129
Nursing	6,808	6,671	6,817	6,990	7,080	7,076	6,942	7,168	7,314	7,198	7,338	7,525
Other Clinical	2,297	2,312	2,314	2,240	2,344	2,332	2,335	2,322	2,334	2,339	2,373	2,388
Non Clinical	3,231	3,247	3,268	3,224	3,232	3,181	3,230	3,210	3,292	3,265	3,266	3,319
Actual Pay Spend £	17,405	17,300	17,304	17,580	17,823	17,820	17,717	17,888	18,221	18,036	18,063	18,389
Consultants	225.14	221.85	227.77	228.56	235.02	240.28	233.54	228.80	236.22	234.04	233.18	243.24
Medical Staffing	343.24	345.25	338.39	344.16	347.49	345.98	351.04	361.29	357.93	350.97	347.86	360.93
Nursing	2,206.43	2,183.30	2,200.93	2,212.96	2,247.60	2,247.88	2,217.76	2,216.01	2,319.52	2,299.78	2,328.73	2,360.06
Other Clinical	731.42	736.40	738.25	741.76	756.21	750.41	758.51	750.13	753.67	751.70	755.90	763.69
Non Clinical	1,425.49	1,438.89	1,465.94	1,432.76	1,440.46	1,434.93	1,458.32	1,448.63	1,478.03	1,462.91	1,464.01	1,485.41
Actual Pay wte	4,930.26	4,925.61	4,971.61	4,960.20	5,026.78	5,019.48	5,018.17	5,004.86	5,145.37	5,099.40	5,129.68	5,213.33

In the month of January pay spending was £18.389 million as compared with the expected level of pay spending of £18.137 million as contained within the Recovery Plan that had been submitted in August 2014. During the month the number of WTE employed within the Trust increased to 5,213.33 WTE. This level of staffing is however substantially greater than staffing levels recorded during the 2014/15 year. The increase is principally associated with spending in respect of nursing staff.

Agency Usage

	Average Apr - Jun 2013 £000's	Average Jul-Sept 2013 £000's	Average Oct-Dec 2013 £000's	Average Jan-March 2014 £000's	Average April-June 2014 £000's	Average July- Sept 2014 £000's	October 2014 £000's	November 2014 £000's	December 2014 £000's	January 2015 £'000's
Consultants	166	121	72	95	174	159	145	197	160	167
Medical staff	353	362	211	355	386	366	295	278	236	215
Nursing	446	443	512	629	563	601	773	710	708	802
Other Clinical	37	33	37	(1)	15	1	5	23	22	15
Non clinical	64	47	38	17	19	28	66	65	62	75
Total Agency staff spending	1,066	1006	870	1,095	1157	1155	1,285	1,273	1,188	1,274

	Average Apr - Jun 2013 WTE	Average Jul-Sept 2013 WTE	Average Oct-Dec 2013 WTE	Average Jan- Mar 2014 WTE	Average Apr-Jun 2014 WTE	Average July-Sept 2014 WTE	October 2014 WTE	November 2014 WTE	December 2014 WTE	January 2015 WTE
Consultants	9.95	8.52	5.01	5.37	9.59	8.99	8.82	9.60	7.37	8.56
Medical staff	30.34	32.66	26.71	32.08	36.13	30.34	23.09	22.49	23.05	22.60
Nursing	109.66	109.57	118.94	122.20	112.00	104.82	141.99	137.22	111.12	152.43
Other Clinical	8.95	6.37	5.62	2.70	2.61	0.33	1.57	3.50	2.71	3.60
Non Clinical	11.60	10.71	9.78	5.20	4.75	4.63	16.31	16.37	20.01	24.53
Total Agency staff spending	170.50	167.83	166.06	167.55	164.65	149.11	191.78	189.18	164.26	211.72

Agency spending in the month of January remained high, amounting to £1.274 million (211.72 WTE) and is an increase from levels seen in the month of December.

Bank Usage

The table below shows the use of bank staff in terms of WTE and cost.

	Average Apr - Jun 2013 £000s	Average July -Sept 2013 £000s	Average Oct-Dec 2013 £000s	Average Jan-Mar 2014 £000s	Average April-June 2014 £000s	Average July-Sept 2014 £000s	October 2014 £000s	November 2014 £000s	December 2014 £000s	January 2015 £000s
Nursing	423	396	413	403	429	422	540	439	521	535
Other Clinical	24	31	31	19	26	33	43	36	41	41
Non clinical	116	140	117	103	123	124	140	113	127	125
Total Bank staff	563	567	561	525	578	579	723	588	689	701

	Average Apr - Jun 2013 WTE	Average July -Sept 2013 WTE	Average Oct-Dec 2013 WTE	Average Jan-Mar 2014 WTE	Average April-Jun 2014 WTE	Average July-Aug 2014 WTE	October 2014 WTE	November 2014 WTE	December 2014 WTE	January 2015 WTE
Nursing	174.54	159.66	146.53	146.88	154.79	152.40	197.91	162.02	196.47	208.86

	Average Apr - Jun 2013 WTE	Average July -Sept 2013 WTE	Average Oct-Dec 2013 WTE	Average Jan-Mar 2014 WTE	Average April-Jun 2014 WTE	Average July-Aug 2014 WTE	October 2014 WTE	November 2014 WTE	December 2014 WTE	January 2015 WTE
Other Clinical	10.24	12.46	12.50	6.86	9.17	12.53	14.28	10.85	14.08	12.26
Other	53.38	62.05	63.23	52.97	63.55	73.21	78.26	60.05	71.12	68.96
Total Bank staff wte	238.16	234.17	222.26	206.71	227.51	238.14	290.45	232.92	281.67	290.08

The level of Bank usage in the month of January, expressed in terms of £'s and WTE's, has increased from December to that had occurred previously in October 2014.

Pay – Forecast Outturn

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

- The impact of clearing elective backlog and maintaining RTT performance,
- Winter Pressures

	Months 1 -10 £000's	Months 11 -12 £000's	Monthly increase £000's
Average monthly Pay Spend	17,962	18,367	405
	179,624	36,734	

3.4 Non Pay

Non pay spending in the month of January further reduced when compared with the levels recorded in the month of December, and has returned to expenditure levels seen earlier in the financial year.

Non Pay – Forecast Outturn

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

- Seasonal cost increases associated with the winter period, eg utilities,
- Increased costs associated with HCD and pass through Non Pay costs
- Winter Pressures and RTT improvement plans

	Months 1 -10 £000s	Months 11 -12 £000s	Monthly increase £000s
Average monthly Non Pay Spend	7,862	8,482	620
	78,621	16,964	

3.5 Cost Improvement Programme

Savings realised in the month amounted to £11,168 million, as compared with a target of £14,497 million.

It is anticipated that the Trust will deliver savings in year of £13.5 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. The Trust is also now forecasting that 90 per cent of CQUIN funds will be achieved in the year, which reduces the savings forecasted.

Rectification savings have been identified amounting to £6.338 million. The Trust has discounted Income from CCG's amounting to £1.5 million and reduced the level of Agency Nurse savings in the remaining months of the year.

3.6 Cash flow

At the end of January the cash position on the balance sheet was £2.124 million.

Reporting to:	Trust Board – 26 February 2015
Title	Nursing and Midwifery Staffing Data - January 2015
Sponsoring Director	Director of Nursing & Quality
Author(s)	Philip Fewtrell, Quality Manager
Previously considered by	Quality & Safety Committee - 18 February 2015
Executive Summary	<p>The purpose of this report is to inform the Trust Board of the staffing levels in January 2015. The paper details by exception, the reasons why staffing hours were $\geq 110\%$ or $\leq 85\%$ than planned by ward.</p> <p>In January 2015 the overall Trust wide staff "fill rates" were:</p> <p>January</p> <p>Registered Nurses / Midwives - Day = 96.8%</p> <p>Care Staff - Day = 102.5%</p> <p>Registered Nurses / Midwives - Night = 98.9%</p> <p>Care Staff - Night = 116.9%</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</p> <p><input type="checkbox"/> Healthcare Standards</p> <p><input type="checkbox"/> People and Innovation</p> <p><input type="checkbox"/> Community and Partnership</p> <p><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> <p><input type="checkbox"/> If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve</p> <p><input 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</p>

Care Quality Commission (CQC) Domains	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led
<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 – January 2015

1. Hospital Site Monthly Fill Rates

Table 1 details monthly staffing fill rates by hospital site for January 2015, together with the number of planned (P) and actual (A) hours. Please refer to Appendix 1 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 – January 2015

Hospital Site	Day		Night		Overall fill rate %
	Registered Staff	Care Staff	Registered Staff	Care Staff	
Princess Royal Hospital (PRH)	99%	101.3%	100.2%	121.1%	105%
	30763 (A) of 31077.5 (P)	17459 (A) of 17239 (P)	21611.5 (A) of 21572 (P)	14377.5 (A) of 11877 (P)	
Royal Shrewsbury Hospital (RSH)	93.1%	105.5%	97.9%	121.6%	
	25153 (A) of 27009 (P)	18506 (A) of 17549 (P)	19333 (A) of 19749 (P)	11710 (A) of 9628 (P)	
SaTH Maternity Units (RSH / PRH / Midwife-Led Units)	100.3%	96.4%	97.5%	94.3%	97.1%
	8886.5 (A) of 8863.5 (P)	4917.5 (A) of 5099.5 (P)	6711.5 (A) of 6882.5 (P)	3917 (A) of 4154.5 (P)	

2. Exception Reports

Table 2 details by exception, why staffing hours were $\geq 110\%$ or $\leq 85\%$ than planned by ward.

Table 2 – January 2015

Site	Ward	Staff Group	Time of Day	% Fill Rate	Comment
PRH	4	Care Staff	Day	110.4%	High patient acuity on the ward warranting increased staffing, together with a number of Enhanced Patient Support (EPS) shifts to “special” patients with high risk of falls or dependency due to increased cognitive impairment (e.g. dementia)
PRH	4	Care Staff	Night	162.8%	
PRH	7	Care Staff	Day	128.3%	Additional staff hours as additional bed capacity open due to escalation procedure
PRH	7	Care Staff	Night	162.8%	
PRH	9	Care Staff	Night	121.2%	High patient acuity on the ward warranting increased staffing, together with a number of EPS shifts
RSH	22 SR	Care Staff	Day	115.9%	EPS to “special” patients with high risk of falls or dependency due to increased cognitive impairment (e.g.

					dementia)
RSH	22 SR	Care Staff	Night	143.5%	EPS to "special" patients with high risk of falls or dependency due to increased cognitive impairment (e.g. dementia)
RSH	28 N	Care Staff	Day	116.4%	Additional staff hours as additional bed capacity open due to escalation procedure
RSH	28 N	Care Staff	Night	131%	
PRH	Apley	Care Staff	Day	117.2%	High patient acuity on the ward warranting increased staffing
PRH	Apley	Care Staff	Night	Actual hrs 229, planned 0	
PRH	10	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	11	Care Staff	Day	115.9%	Additional staff hours as additional bed capacity open due to escalation procedure, together with a number of EPS shifts to "special" patients with high risk of falls or dependency due to increased cognitive impairment (e.g. dementia)
PRH	11	Care Staff	Night	145.3%	
PRH	ITU	Registered	Day	132.1%	Additional staffing hours due to increased dependency of patients
PRH	ITU	Registered	Night	123.7%	
RSH	22 TO	Care Staff	Day	119%	Additional staff hours as additional bed capacity open due to escalation procedure, together with a number of EPS shifts to "special" patients with high risk of falls or dependency due to increased cognitive impairment (e.g. dementia)
RSH	22 TO	Care Staff	Night	232.3%	
RSH	23 OH	Care Staff	Night	127.7%	EPS to "special" patients with high risk of falls or dependency due to increased cognitive impairment (e.g. dementia) and a number of shifts where HCA cover was increased to support Registered Nurse deficit
RSH	25	Care Staff	Day	106.7%	EPS to "special" patients with high risk of falls or dependency due to increased cognitive impairment (e.g. dementia) and a number of shifts where HCA cover was increased to support Registered Nurse deficit
RSH	25	Care Staff	Night	138.7%	
RSH	26	Care Staff	Day	113.2%	EPS to "special" patients with high risk of falls or dependency due to increased cognitive impairment (e.g. dementia)
RSH	26	Care Staff	Night	159.6%	
RSH	SAU/SSS	Care Staff	Night	119.9%	Additional staff hours as additional bed capacity open due to escalation procedure, together with a number of

					EPS shifts to "special" patients with high risk of falls or dependency due to increased cognitive impairment (e.g. dementia)
RSH	DSU SS	Registered Staff	Day	119.7%	Additional staff hours as additional bed capacity open due to escalation procedure
RSH	DSU SS	Care Staff	Day	147.9%	
RSH	DSU SS	Registered Staff	Night	148.4%	
RSH	DSU SS	Care Staff	Night	112.3%	
PRH	19 Children's	Care Staff	Day	66.7%	Under fill due to vacancies waiting to be filled, new staff members waiting to come into post and staff sickness. In addition it is a requirement to staff the Children's Assessment Unit (CAU) with a children's nursing assistant who has, on occasions been allocated from the ward staffing. The staffing for this area is not included in the staffing levels reported which therefore affects the overall fill rate
PRH	19 Children's	Care Staff	Night	66.1%	
PRH	24 Delivery Suite	Care Staff	Day	84%	Under fill due to increasing planned staffing template as part of reconfiguration of services from 2 Women Services Assistants (WSAs) to 3 per shift and not all vacancies filled. Increase to 3 WSAs is to maintain patient experience and quality due to the increase in size and layout of the new building. Unit functions safely on 2 WSAs
PRH	24 Delivery Suite	Care Staff	Night	76.7%	
PRH	Wrekin Maternity	Registered	Day	116.2%	Additional staff hours in response to increased patient acuity following reconfiguration of services. Staffing templates currently under review
PRH	Wrekin Maternity	Care Staff	Day	117.7%	Increased staffing to provide support to staff returning from maternity leave
PRH	14 Gynaecology	Registered	Day	85%	124 hours less than planned of which 112.5 hours are due to the Ward Manager vacancy which are not direct clinical care hours

3. Conclusion

This report provides to the Board and to the public, details of inpatient ward staffing for January 2015.

As in December, this month saw a continued heightened level of patient activity, with both sites being at level 3 or 4 escalation status for most of the month. This has necessitated the opening of additional beds across both main sites as part of the Trust's escalation procedure which has on occasion warranted the assistance from non-substantive ward and non-clinical staff to ensure the maintenance of quality and patient safety. This "time" is difficult to

quantify to due to short notice requests and naturally the priority to provide that support and is therefore not reflected in the staffing data reported.

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.

Recommendations

The Board is asked to:

REVIEW and **RECEIVE** the report.

Appendix 1

January 2015 - Staffing Data by Ward

Appendix 1

SaTH Nursing, Midwifery and Care Staff Data - January 2015				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)	1924	1878	1659	1593	1783	1725	1070	1075	1075	1075	97.6%	96.0%	96.7%	100.5%	
Unscheduled Care	Medicine Centre	PRH	Ward 4 - Gastroenterology	1822	1861	1426	1575	1070	1046	713	1161	1161	1161	102.1%	110.4%	97.8%	162.8%	
Unscheduled Care	Medicine Centre	PRH	Ward 6 - Coronary Care Unit	2069	1979	1070	941	1380	1304	713	721	721	721	95.7%	87.9%	94.5%	101.1%	
Unscheduled Care	Medicine Centre	PRH	Ward 7 - Acute Medical Short Stay	1541	1631	1070	1373	713	701	713	1161	1161	1161	105.8%	128.3%	98.3%	162.8%	
Unscheduled Care	Medicine Centre	PRH	Ward 9 - Respiratory	1858	1757	1426	1441	1070	1031	713	864	864	864	94.6%	101.1%	96.4%	121.2%	
Unscheduled Care	Medicine Centre	PRH	Ward 15 - Acute Stroke Unit	2006	1880	1426	1370	1070	1040	1070	1162	1162	1162	93.7%	96.1%	97.2%	108.6%	
Unscheduled Care	Medicine Centre	PRH	Ward 16 - Stroke Rehab	1312	1245	1070	1054	713	717	713	699	699	699	94.9%	98.5%	100.6%	98.0%	
Unscheduled Care	Emergency Assessment Centre	PRH	Ward 17 - Endocrinology & Care of the Older Person	2098	2002	1783	1711	1070	1026	1426	1398	1398	1398	95.4%	96.0%	95.9%	98.0%	
Unscheduled Care	Emergency Assessment Centre	RSH	Acute Medical Unit (AMU)	2703	2516	1535	1520	2139	2035	1426	1426	1426	1426	93.1%	99.0%	95.1%	100.0%	
Unscheduled Care	Medicine Centre	RSH	Ward 22 - Stroke & Rehabilitation Unit	2523	2344	2139	2480	1783	1620	1426	2047	2047	2047	92.9%	115.9%	90.9%	143.5%	
Unscheduled Care	Medicine Centre	RSH	Ward 24 / CCU	2522	2290	1659	1713	1783	1706	713	735	735	735	90.8%	103.3%	95.7%	103.1%	
Unscheduled Care	Medicine Centre	RSH	Ward 27 - Respiratory	2572	2384	1783	1856	1426	1359	1070	1143	1143	1143	92.7%	104.1%	95.3%	106.8%	
Unscheduled Care	Emergency Assessment Centre	RSH	Ward 28 - Nephrology / Medicine	2173	1897	1783	2075	1426	1368	1070	1402	1402	1402	87.3%	116.4%	95.9%	131.0%	
Unscheduled Care	Medicine Centre	RSH	Ward 32 - Short Stay	1434	1277	1070	1014	1070	977	713	690	690	690	89.1%	94.8%	91.3%	96.8%	
Scheduled Care	Surgical, Oncology and Haematology Centre	PRH	Apley Ward	1013	973	465	545	645	648	0	229	229	229	96.1%	117.2%	100.5%	#DIV/0!	
Scheduled Care	Head and Neck Centre	PRH	Ward 8 - Head & Neck Adult Ward	1088	1019	648.5	637	897	828	597	597	597	597	93.7%	98.2%	92.3%	100.0%	
Scheduled Care	Musculoskeletal Centre	PRH	Ward 10 - Trauma & Orthopaedics	1706	1708	1070	1113	713	713	1070	1207	1207	1207	100.1%	104.0%	100.0%	112.8%	
Scheduled Care	Musculoskeletal Centre	PRH	Ward 11 - Trauma & Orthopaedics	1355	1285	899	1042	713	703	713	1036	1036	1036	94.8%	115.9%	98.6%	145.3%	
Scheduled Care	Theatres, Anaesthetics and Critical Care Centre	PRH	ITU/HDU	2679	3539	374	374	2604	3220	227	227	227	227	132.1%	100.0%	123.7%	100.0%	
Scheduled Care	Musculoskeletal Centre	RSH	Ward 22 - Orthopaedics	1802	1817	1070	1273	1070	1063	713	1656	1656	1656	100.8%	119.0%	99.3%	232.3%	
Scheduled Care	Surgical, Oncology and Haematology Centre	RSH	Ward 23 - Oncology / Haematology	1850	1662	1426	1372	1426	1348	357	456	456	456	89.8%	96.2%	94.5%	127.7%	
Scheduled Care	Surgical, Oncology and Haematology Centre	RSH	Ward 25 - Colorectal and Gastroenterology	2211	1951	1798	1919	1426	1324	713	989	989	989	88.2%	106.7%	92.8%	138.7%	
Scheduled Care	Surgical, Oncology and Haematology Centre	RSH	Ward 26 - Urology / Surgery / ICA	2265	2121	1612	1825	1426	1358	713	1138	1138	1138	93.6%	113.2%	95.2%	159.6%	
Scheduled Care	Surgical, Oncology and Haematology Centre	RSH	DSU Short Stay Ward	781	935	357	528	713	1058	357	401	401	401	119.7%	147.9%	148.4%	112.3%	
Scheduled Care	Surgical, Oncology and Haematology Centre	RSH	SAU & Short Stay Surgical	2552	2279	2015	1852	1783	1788	1070	1283	1283	1283	89.3%	91.9%	100.3%	119.9%	
Scheduled Care	Theatres, Anaesthetics and Critical Care Centre	RSH	ITU/HDU	3423	3497	372	352	3348	3392	0	0	0	0	102.2%	94.6%	101.3%	#DIV/0!	
Women & Children's Care Group	Women and Children's Centre	PRH	Ward 19 - Children's	3208.5	2806	1069.5	713	2852	2679.5	713	471.5	471.5	471.5	87.5%	66.7%	94.0%	66.1%	
Women & Children's Care Group	Women and Children's Centre	PRH	Ward 23 - Neonatal Unit	2770	2681	357	336	2496	2454	357	357	357	357	96.8%	94.1%	98.3%	100.0%	
Women & Children's Care Group	Women and Children's Centre	PRH	Ward 22 - Antenatal Maternity	1153.5	1111.5	744	726	1116	1020	744	720	720	720	96.4%	97.6%	91.4%	96.8%	
Women & Children's Care Group	Women and Children's Centre	PRH	Ward 21 - Postnatal Maternity	1303	1281	1116	1116	1116	1116	744	732	732	732	98.3%	100.0%	100.0%	98.4%	
Women & Children's Care Group	Women and Children's Centre	PRH	Ward 24 - Delivery Suite Maternity	3418	3378	1395	1172	2062	2011	884	678	678	678	98.8%	84.0%	97.5%	76.7%	
Women & Children's Care Group	Women and Children's Centre	PRH	Wrekin Maternity	866.5	1006.5	372	438	744	744	372	384	384	384	116.2%	117.7%	100.0%	103.2%	
Women & Children's Care Group	Women and Children's Centre	RSH	Shrewsbury Midwife-Led Unit	759	720	372	372	744	720	372	372	372	372	94.9%	100.0%	96.8%	100.0%	
Women & Children's Care Group	Women and Children's Centre	Bridgnorth	Bridgnorth Midwife-Led Unit	447	450.5	356.5	349.5	372	372	356.5	356.5	356.5	356.5	100.8%	98.0%	100.0%	100.0%	
Women & Children's Care Group	Women and Children's Centre	Ludlow	Ludlow Midwife-Led Unit	454.5	447	372	372	356.5	356.5	310	302.5	302.5	302.5	98.3%	100.0%	100.0%	97.6%	
Women & Children's Care Group	Women and Children's Centre	Oswestry	Oswestry Midwife-Led Unit	462	492	372	372	372	372	372	372	372	372	106.5%	100.0%	100.0%	100.0%	
Women & Children's Care Group	Women and Children's Centre	PRH	Ward 14 - Gynaecology	826	702	356	368	713	713	356	356	356	356	85.0%	103.4%	100.0%	100.0%	
Site Summary	Princess Royal Hospital (PRH)			31077.5	30763	17239	17459	21572	21611.5	11877	14377.5	14377.5	14377.5	99.0%	101.3%	100.2%	121.1%	
	Royal Shrewsbury Hospital (RSH)			27009	25153	17549	18506	19749	19333	9628	11710	11710	11710	93.1%	105.5%	97.9%	121.6%	
	Princess Royal Hospital (PRH) (Maternity)			6741	6777	3627	3452	5038	4891	2744	2514	2514	2514	100.5%	95.2%	97.1%	91.6%	
	Royal Shrewsbury Hospital (RSH) (Maternity)			759	720	372	372	744	720	372	372	372	372	372	94.9%	100.0%	96.8%	100.0%
	Bridgnorth Hospital (Maternity)			447	450.5	356.5	349.5	372	372	356.5	356.5	356.5	356.5	356.5	100.8%	98.0%	100.0%	100.0%
	Ludlow Hospital (Maternity)			454.5	447	372	372	356.5	356.5	310	302.5	302.5	302.5	302.5	98.3%	100.0%	100.0%	97.6%
The Robert Jones & Agnes Hunt Orthopaedic Hospital (Maternity)			462	492	372	372	372	372	372	372	372	372	372	106.5%	100.0%	100.0%	100.0%	
Trustwide Summary				66950	64802.5	39887.5	40882.5	48203.5	47656	25659.5	30004.5	30004.5	30004.5	30004.5	96.8%	102.5%	98.9%	116.9%

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 January was 82.71%
- The validated position against VTE assessments for December confirmed the Trust had not achieved the target with 94.3% against a target of 95%. Unvalidated data suggests this target has also not been achieved in January.

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.

WORKFORCE COMMITTEE

Workforce Assurance Report – February 2015

1. Purpose

This report provides the Committee with an update regarding Workforce management, planning and development within the organisation covering the following key areas:

- **Workforce Management:** Performance against key metrics and performance indicators including workforce usage, budget and sickness absence. Also key updates on a range of HR issues including such matters as the national NHS workforce landscape, terms and conditions of employment and health and wellbeing.
- **Workforce Planning:** Performance against plans and progress towards development of future plans.
- **Workforce Transformation:** Programmes for transformation.
- **Organisational Development:** Strategies to effect cultural change and develop organisational performance.

2. WORKFORCE MANAGEMENT

2.1 Statistical data for the year to December 2014 is shown at Appendix A.

2.2 Staff Utilisation

Staffing levels in October to December have been higher than at any time during the last twelve months and in December were 2.9% higher than in the same time last year at 5246wte. Contracted staffing levels are rising steadily but slowly (4733wte in December). Bank, Agency, overtime and excess hours continues at around 10% of total wte used, with an increase in Bank usage of 50wte and a drop in Agency usage of 25wte in December, compared to November.

Workforce costs remained static at £18.0m, with Agency spend falling by £85k in December and Bank spend rising by £101k. There was a significant reduction in the use of both Bank and Agency during the month due to restrictions on annual leave during the Christmas period and reduction in service provision in other areas such as Medical Records.

2.3 Sickness absence

Sickness absence rose sharply to 4.8% with long term sickness rates increasing by 0.4%. Absence levels were highest amongst Estates and Ancillary staff and Additional Clinical Services staff (which includes Healthcare Assistants)

Musculoskeletal and back problems and mental health issues remain the most commonly cited reasons for absence (18% and 15% respectively), although both have reduced.

The HR team at all levels continue to support Care Groups in managing absence from work. Our named HR Advisors for sickness absence in each Care Group continue to deliver an increased level of scrutiny of sickness absences triggering management action, as well as a continued emphasis on supporting managers to proactively and effectively manage sickness absence. Additionally, in December we began a new approach in conjunction with the Chief Operating Officer to introduce more effective management of all types of absence, specifically focussed in the clinical Care Groups. As part of this process HR Business Partners are working closely with their Care Groups on a monthly Confirm and Challenge process at Board level, as well as holding meetings with individual managers at least monthly. As part of this work, trajectories have been developed with clinical Care Groups to bring absence of all types to Trust target levels.

We are also working with Medical Staffing to clarify roles and responsibilities in the management of medical sickness absence and improve those management processes.

2.4 **Appraisal and Mandatory Training**

The Appraisal completion rate has increased to 83% against a target of 100% completion by all relevant staff set by the Chief Executive for 2014-15 and, following a fall in October 2015, there has been a steady rise in Medical Staff appraisal completion rates to 83%.

Rates for Statutory Safety Updates returned to 62% against a target of 80% and Information Governance rose by 2% to 77% against a target of 95%. High risk non-compliant staff continued to be monitored in November and December, but access to the number-restricted Moving and Handling and Resuscitation training sessions remains an issue as well as escalation pressures reducing attendance at booked sessions. Actions taken to improve results include an online option for low risk non-patient handling staff for every other refresher. This will free up some additional sessions from February 2015 onwards. Another action being explored is the provision of training rooms in the vacated Cophorne Building at RSH as part of the Rainbow Learning Centre legacy unit to enable training to be delivered more efficiently to larger groups of staff with effect from March 2015 onwards.

3. **WORKFORCE PLANNING**

- 3.1 As we move into our business planning process our HR business partners will lead on all workforce elements ensuring alignment with activity and finance. We continue to develop mitigation actions and contingency plans, which ensure the safety and short term sustainability of our challenged clinical services.

We continue to submit monthly returns to the Trust Development Authority (TDA) which measure our actual position against plan.

4. **WORKFORCE TRANSFORMATION**

- 4.1 We continue to work in partnership with UHNM on the rotational advanced practice programme within acute medicine. We have funding to support the training of five advanced practitioners within SaTH.

Eleven Wellbeing Apprentices are supporting our most challenged clinical areas for EPS shifts. Feedback from the wards and the learners has been positive and we look to introduce a further cohort in early 2015.

Assistant Practitioner development continues with clinical areas currently scoping opportunities for role development. We are currently looking at a model of education provision that would encompass a higher apprenticeship and as such enable us to draw down national funding streams which would meet the majority of the educational cost as opposed to utilising foundation degrees.

- 4.2 **Trust Leadership Development and Programmes**

Evaluation of the impacts of the Leadership Conference is underway using Survey Monkey to facilitate easy collation and reporting. Results are collated and have been forwarded to the Workforce Director so that the October 2015 event is even more successful.

The first cohorts (below Executive Director level) of the Trust's Leadership programme that started in June 2014 for 46 Trust leaders and two workshops and two Action learning sets have now been completed and evaluation is taking place, together with a plan for roll out from April 2015 onwards.

Twenty staff are undertaking the Award in Team Leadership (levels 2 and 3) which is being run in conjunction with Telford College of Arts and Technology.

5. **ORGANISATIONAL DEVELOPMENT**

- 5.1 The Q2 staff Friends and Family Test showed continued improved with both indicators improving by 3%. We are currently looking at how we improve the process and increase opportunities for staff to feedback. The final SFFT is currently being collated.

- 5.2 Through November two health and wellbeing road shows were held across both sites, with 600+ staff members attending. The feedback was positive and some of the 'good ideas' suggested by staff are being considered. A more comprehensive update will be provided within the agenda.

6. NATIONAL CONTEXT

6.1 Industrial Action

The industrial action planned for the 29th January 2015 was suspended following a new offer proposed. The strike is suspended whilst the unions consult with their members regarding the new offer.

6.2 Annual NHS Staff Survey

The annual staff survey was completed mid-December. An initial report has been received and will be presented within the agenda. Our full analysis will be available through February 2015.

7. LOCAL ISSUES

7.1 Pay Progression linked to performance

Following discussion at TNCC the decision has been taken to place the emphasis on the development of this policy Trust-wide. Consequently, we have placed the change originally intended for Estates into abeyance until the larger piece of work has been completed.

7.2 Nurse Recruitment

Nurses recruited from our visit to Portugal and from Skype interviews with Spanish and Portuguese nurses joining the Trust in the last two months. Feedback from those that have joined us has been extremely positive and they are settling in well, although one nurse resigned after going home for Christmas due to illness of a family member. Further trips to Italy and Spain are scheduled for March, along with a trip to the Philippines where we are aiming to appoint around 60 nurses. NMC registration will take a minimum of two months and probably longer as mandatory skills tests must be successfully completed and there is only one test centre in the UK for these to be undertaken. The TDA and Nursing Directors across the country are lobbying the NMC to increase availability of these facilities. Whilst awaiting registration, new recruits will be employed as "novice nurses" and will undertake a comprehensive induction programme which will prepare them fully for the staff nurse role.

We ran two Return to Practise promotion events in conjunction with Staffordshire University in January where nurses that have allowed their registration to lapse were given the opportunity to meet Trust and college staff to gain an understanding of the Return to Practise course, the support available and the employment opportunities with the Trust following successful completion. 20 people attending the events and applications for the course must be submitted by 23rd March.

Looking at recruitment more widely, we are considering options to engage with a marketing consultancy to help us to develop our employer branding so that we can promote the Trust both locally and nationally and can attract candidates for all roles.

7.3 Up-date on the introduction of weekly pay for Bank Staff

Since weekly pay for Bank Staff was introduced in July 2014, 205 of our substantive staff nurses and HCAs have joined the Bank and we have been able fill an extra 1057 shifts (519 RN and 538 HCA) that may otherwise have been filled by agency staff. The difference in cost between a Bank worker and an Agency worker is around £12 per hour for a staff nurse and around £3 per hour for an HCA, therefore, assuming all bookings were for 12 hour shifts, the total potential saving of this initiative so far is around £94.1k.

7.4 Non-Medical On-Call

The new on-call policy HR72 came into effect on 1st November 2014, with a pay protection period running until 31st January 2015. From 1st February 2015 pay protection ceases and the full effect of the changes to pay will be realised.

The implementation of harmonised on call arrangements means that the Trust has finally completed the Agenda for Change assimilation process which began in 2004.