

<b>Reporting to:</b>	<b>Trust Board Meeting - Thursday 30 June</b>
<b>Title</b>	Trust Performance Report
<b>Sponsoring Director</b>	Chief Executive
<b>Author(s)</b>	Executive Directors
<b>Previously considered by</b>	Not Applicable
<b>Executive Summary</b>	<p>This report summarises the Trust's performance against all the key quality, finance, compliance, and workforce targets and indicators for 2016-17 to the end of May 2016 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 &amp; 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>
<b>Strategic Priorities</b> 1. Quality and Safety  2. People  3. Innovation  4. Community and Partnership  5. Financial Strength: Sustainable Future	<input checked="" type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience. <input checked="" type="checkbox"/> Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards <input type="checkbox"/> Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme <input type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions <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 <input checked="" type="checkbox"/> Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work <input type="checkbox"/> Support service transformation and increased productivity through technology and continuous improvement strategies <input type="checkbox"/> Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and well-being of the population <input type="checkbox"/> Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies <input type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
<b>Board Assurance Framework (BAF) Risks</b>	<input checked="" type="checkbox"/> If we do not deliver <b>safe care</b> then patients may suffer avoidable harm and poor clinical outcomes and experience <input checked="" type="checkbox"/> If we do not implement our <b>falls prevention</b> strategy then patients may suffer serious injury <input type="checkbox"/> If the local health and social care economy does not reduce the <b>Fit To Transfer (FTT)</b> waiting list from its current unacceptable levels then patients may suffer serious harm <input type="checkbox"/> Risk to <b>sustainability</b> of clinical services due to potential shortages of key clinical staff <input checked="" type="checkbox"/> If we do not achieve safe and efficient <b>patient flow</b> and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input checked="" type="checkbox"/> If we do not get good levels of <b>staff engagement</b> to get a culture of continuous

	<p>improvement then staff morale and patient outcomes may not improve</p> <p><input type="checkbox"/> If we do not have a clear <b>clinical service vision</b> then we may not deliver the best services to patients</p> <p><input checked="" type="checkbox"/> If we are unable to resolve our (historic) shortfall in <b>liquidity</b> and the structural imbalance in the Trust's <b>Income &amp; Expenditure</b> position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment</p>
<p><b>Care Quality Commission (CQC) Domains</b></p>	<p><input checked="" type="checkbox"/> Safe</p> <p><input checked="" type="checkbox"/> Effective</p> <p><input checked="" type="checkbox"/> Caring</p> <p><input checked="" type="checkbox"/> Responsive</p> <p><input checked="" type="checkbox"/> Well led</p>
<p><input type="checkbox"/> Receive    <input checked="" type="checkbox"/> Review</p> <p><input type="checkbox"/> Note        <input checked="" type="checkbox"/> Approve</p>	<p><b>Recommendation</b></p> <p>The Trust Board is asked to REVIEW performance for May 2016 and APPROVE the self certification submissions.</p>

# INTEGRATED PERFORMANCE REPORT

## OVERVIEW OF KEY PERFORMANCE AREAS – MAY 2016

### 1. QUALITY & SAFETY OVERVIEW

#### 1.1 Infection Prevention and Control (IPC)

##### ***Clostridium Difficile (C.diff)***

The outturn position for the Trust *C.diff* performance for 2015/16 was 30 cases reported compared to 29 during 2014/15. The Trust has received a further challenging *C.diff* target of 25 from NHS England for 2016/17; which is the same as 2015/16. Previously, all NHS organisations were required to demonstrate year on year reductions in *C. diff* cases based on the previous year's trend. Next year's targets for all NHS organisations have been brought forward and not calculated based on outturn performance.

#### 1.2 Setting Quality Performance Targets for 2016/17

Quality performance targets are important targets to gain assurance of on-going improvements in the quality and safety of care provided within the Trust. The targets are identified for the Trust at both a national and local level. For governance assurance, local targets are agreed by the Quality and Safety Committee; chaired by a Non-Executive Director. The list below indicates the national and local quality targets; describing the approach taken to govern improvements going forward.

- Falls – These are agreed using last year's outturn position and applying a percentage decrease.
- Pressure ulcers – In 2011 a target of 0 Grade 4 avoidable was set by Midlands and East SHA (Ambition 1). Avoidable Grade 2 and 3 are agreed at the Quality and Safety Committee using last year's outturn position and applying a percentage decrease.
- *Cdiff* – Nationally mandated Public Health England.
- MRSA - Nationally mandated Public Health England.
- MSSA/Ecoli – Locally agreed in collaboration with the Director of Infection Prevention and Control using last year's outturn position and applying a percentage decrease.
- MRSA Screening – Nationally mandated via the NHS Standard contract agreed with commissioners.
- Never Events - Nationally mandated via the NHS Standard contract agreed with commissioners.
- World Health Organisation checklist – Nationally mandated via the NHS Standard contract agreed with commissioners.
- Venous thrombo embolism – Nationally mandated via the NHS Standard contract agreed with commissioners.
- Maternity Dashboard – Nationally mandated via the NHS Standard contract agreed with commissioners.
- Ward to Board metrics – Internally agreed however, these metrics will be incorporated within the Exemplar ward programme for 2016/17.
- Same Sex Accommodation – Nationally mandated via the NHS Standard contract agreed with commissioners.
- Friends and Family Test - Nationally mandated via the NHS Standard contract agreed with commissioners.

### 1.3 Falls Prevention

The effective management and prevention of slips trips and falls has been a priority within the NHS over many years and remains a constant priority within the Trust. The National Reporting and Learning System (NRLS) has previously reported that over 280,000 patient falls are reported from hospitals and mental health units annually across England and Wales and can lead to serious injuries or death.

It is well recognised that while all patients have the potential to be at risk of falling while in hospital, especially if they have a long term health condition; the patients who suffer the most harm are often among the older patients within hospitals. Approximately one in three adults over the age of 65, who live at home will have one fall a year, and about half of these will have more frequent falls; with this risk not limited to home. While the majority of falls do not result in serious injury there is always the possibility that a fall can result in significant injury.

The total number of falls within the Trust during 2015/16 has decreased by 6.5% from 2014/15 and equates to a 16% decrease in the number of reportable falls since monitoring began in 2011/12. Using the number of falls against recorded bed days activity which is benchmarked against the average number of falls in acute Trusts in England; the Trust is reported as 6.3/1000 bed days against the national mean of 6.6 falls/1000 bed days. Further improvement has also been seen during 2015/16 in the level of harm to our patients resulting from a fall which has decreased by 42%.

### 1.4 Safe Staffing

#### *Nurse staffing*

The Board continues to receive information to support them in fulfilling their responsibilities to monitor staffing capacity and capability. The information received provides details of inpatient ward staffing which is shared with Heads of Nursing and Midwifery, Matrons and Ward Managers in order 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 Trust Board receives assurance in relation to staffing levels on a monthly basis with explanation provided where staffing hours are  $\geq 110\%$  or  $\leq 85\%$  than planned. The fill rates for April and May 2016 are found below:

#### **April**

- Registered Nurses/Midwives - Day = 93.1%
- Care Staff - Day = 102.7%
- Registered Nurses/Midwives - Night = 97.8%
- Care Staff - Night = 107.5%

#### **May**

- Registered Nurses/Midwives - Day = 93.9%
- Care Staff - Day = 106.1%
- Registered Nurses/Midwives - Night = 98.4%
- Care Staff - Night = 108.2%

From 1 May 2016 all Trusts are required to report back monthly Care Hours per Patient Day (CHPPD) data to NHS Improvement so they can start to build a national picture on how nursing staff are deployed. Lord Carter's final report, Operational productivity and performance in English acute hospitals: Unwanted variations identified that there was not a consistent way to record and report staff deployment, meaning that Trusts could not measure and then improve on staff productivity. The report recommended that all Trusts start recording CHPPD information - a single, consistent metric of nursing and healthcare support workers deployment in inpatient wards and units. This metric will enable Trusts to have the right staff mix in the right place at the right time, delivering the right care for patients.

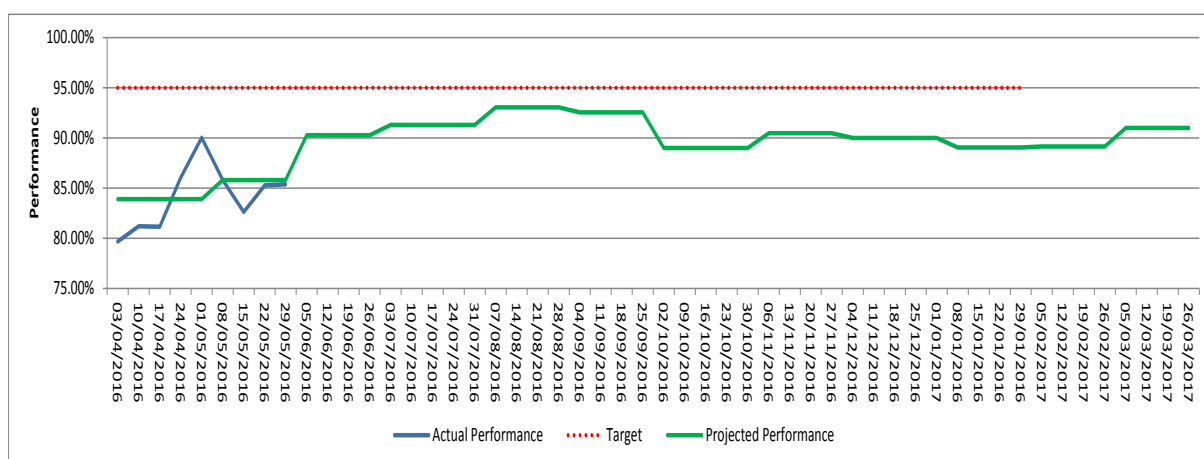
CHPPD will automatically be calculated by taking the actual hours worked (split into registered nurse/midwives and healthcare support workers) divided by the number of patients at midnight (23:59hrs) over the calendar month. This will allow Trusts to see how their CHPPD relates to other Trusts within a speciality and by ward in order to identify how they can improve their staff deployment and productivity.

## 2. OPERATIONAL PERFORMANCE OVERVIEW

### 2.1 4 Hour Access Standard

A&E	Baseline	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Total patients seen	10591	11851	12003	11306	11475	10960	10727	10753	10750	10946	10919	10513	11121	133324
>4 Hour Wait	1489	1909	1706	1100	999	763	800	1184	1024	1096	1196	1142	978	13897
<b>Target Performance</b>	<b>85.94%</b>	<b>83.89%</b>	<b>85.79%</b>	<b>90.27%</b>	<b>91.29%</b>	<b>93.04%</b>	<b>92.54%</b>	<b>88.99%</b>	<b>90.47%</b>	<b>89.99%</b>	<b>89.05%</b>	<b>89.14%</b>	<b>91.21%</b>	<b>89.80%</b>
National Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
<b>Actual Performance</b>		<b>84%</b>	<b>84.81%</b>											<b>84%</b>

### ED Trajectory



A&E	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Total patients seen	11851	12003	11306	11475	10960	10727	10753	10750	10946	10919	10513	11121	133324
>4 Hour Wait	1909	1706	1100	999	763	800	1184	1024	1096	1196	1142	978	13897
<b>Target Performance</b>	<b>83.89%</b>	<b>85.79%</b>	<b>90.27%</b>	<b>91.29%</b>	<b>93.04%</b>	<b>92.54%</b>	<b>88.99%</b>	<b>90.47%</b>	<b>89.99%</b>	<b>89.05%</b>	<b>89.14%</b>	<b>91.21%</b>	<b>89.80%</b>
<b>Actual Performance Target</b>	<b>84%</b>	<b>84.81%</b>											

The Trust failed to deliver the 4 hour target against the trajectory in May 2016. Non-admitted performance at the PRH site was the main contributor to this underperformance. There was an increase of 138 breaches between April and May. There is now an internal improvement plan in place to address some of the key issues and the plan is being monitored on a weekly basis by the Deputy COO and corrective actions taken.

ECIP are on site at the beginning of July, and will work with the Emergency Department team to follow up on issues identified in their visit at the end of May.

## Patient Flow

The SAFER programme has been rolled out on 4 medical wards. The programme has been in place since the beginning of May 2016 and has quickly identified areas of improvement. Each of the ward managers has embraced the programme and changes to working practice have been made. On the PRH site we are delivering 33% of discharges before midday which has improved the admitted breaches within the ED target.

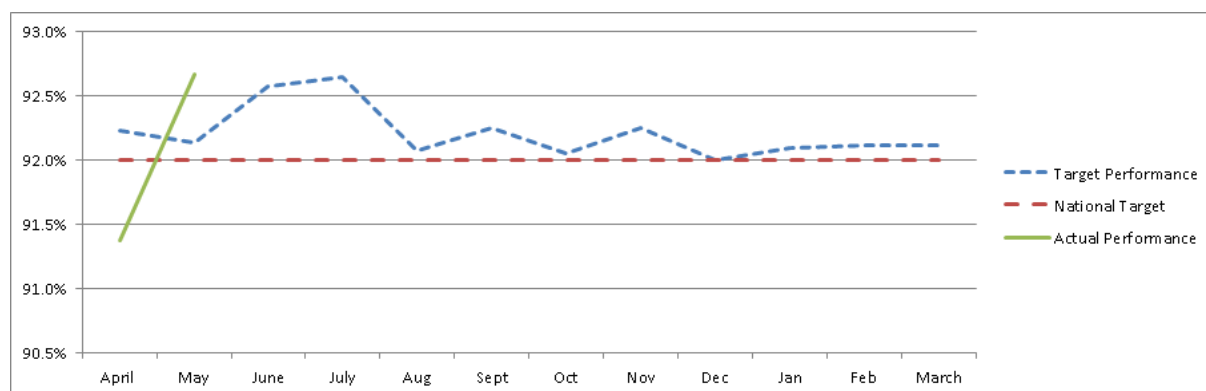
## 2.2 RTT Performance

RTT		Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
52 Week Wait Trajectory		0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Actual Performance</b>		0	0											0

	Baseline	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Total patients Waiting		15785	15907	16029	16152	16274	16396	16519	16641	16763	16886	17008	17130	197490
Patients > 18 weeks Waits		1226	1250	1190	1187	1289	1270	1313	1290	1340	1335	1340	1350	15380
<b>Target Performance</b>		92.2%	92.1%	92.6%	92.7%	92.1%	92.3%	92.1%	92.2%	92.0%	92.1%	92.1%	92.1%	92.20%
National Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	
<b>Actual Performance</b>		91.38%	92.67%											92.03%

### RTT Performance Trajectory



The Trust delivered the RTT performance target in May. The Trust has consistently failed to achieve RTT performance targets in Orthopaedics and Oral Surgery. In setting the RTT performance trajectory it had been assumed that progress would have been made in each of these specialties in the month of May however this has not been the case. This is as a result of: increased Trauma cases resulting in elective sessions being converted to accommodate the activity; TEMS backlog over 18 weeks being added to waiting list; and within Oral Surgery Consultant sickness and an increased demand in Cancer activity.

The RTT trajectory for orthopaedics and oral surgery are being reviewed and additional capacity is being put in place to reduce the 18 week backlog in these

specialties. Further work is being undertaken in oral surgery to source additional capacity with other providers.

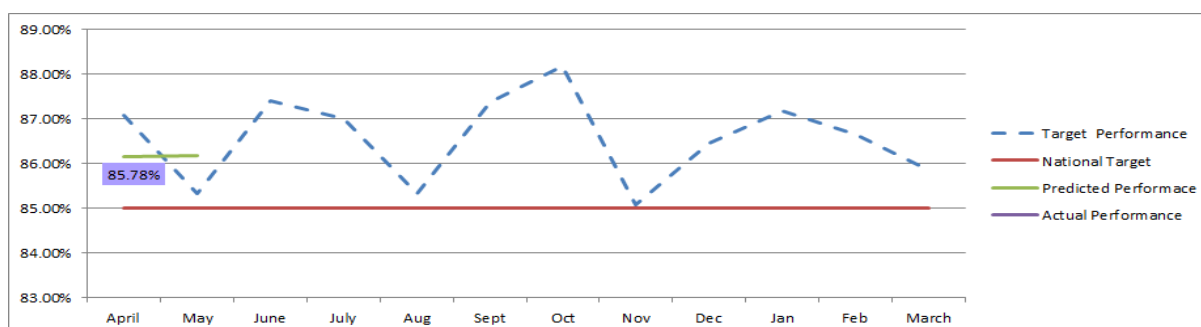
A daily predictor tool is in place to assist the care Groups with the 92% incompletes standard. Also further information on booking profiles and backlog trajectories is available to support the delivery of the RTT standard. Weekly PTL meetings are being chaired by the Deputy COO until the new management structure within the Care Group is fully operational.

## 2.3 Cancer Performance

CANCER	Baseline	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Total patients seen		116	109	131	116	109	111	119	114	112	115	105	106	1362
>62 Days Wait		15	16	17	15	16	14	14	17	15	15	14	15	180
Target Performance	85.14	87.07%	85.32%	87.40%	87.01%	85.32%	87.39%	88.19%	85.09%	86.46%	87.18%	86.67%	85.85%	86.60%
National Target		85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Predicted Performance		86.15%	86.19%											86.17%
Actual Performance		85.78%												85.78%

The Trust continues to deliver the 62 day cancer standard. Further work is required within the tumour sites to improve to ensure this performance is sustainable going forward.

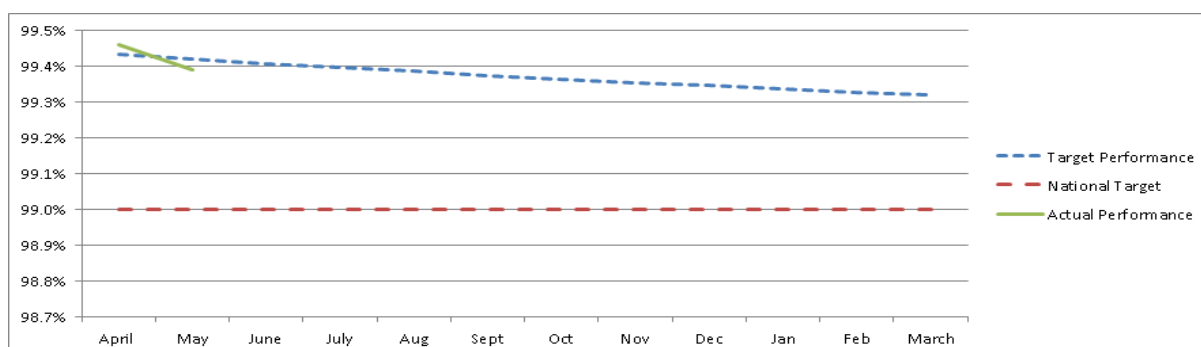
### Cancer Performance Trajectory



## 2.4 Diagnostic Performance

DIAGNOSTICS	Baseline	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Seen within 6 weeks	5,914	6,402	6,536	6,670	6,804	6,938	7,072	7,206	7,340	7,474	7,608	7,742	7,876	85,670
Total Seen	5,957	6,438	6,574	6,710	6,845	6,981	7,117	7,252	7,388	7,523	7,659	7,795	7,930	86,213
Target Performance	99.3%	99.4%	99.4%	99.4%	99.4%	99.4%	99.4%	99.4%	99.4%	99.3%	99.3%	99.3%	99.3%	99.40%
National Target	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
Actual Performance		99.46%	99.39%											99.40%

### Diagnostic Performance Trajectory



The Trust has delivered against the 6 week diagnostic standard in May 2016; however the endoscopy target was not achieved. This is as a result of an increased demand within the service. Additional capacity is being sourced from independent providers who will work within the hospital at weekends to improve the waiting times for routine endoscopy which is currently at 10 weeks.

### 3. FINANCIAL PERFORMANCE OVERVIEW

#### 3.1 Income & Expenditure position

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

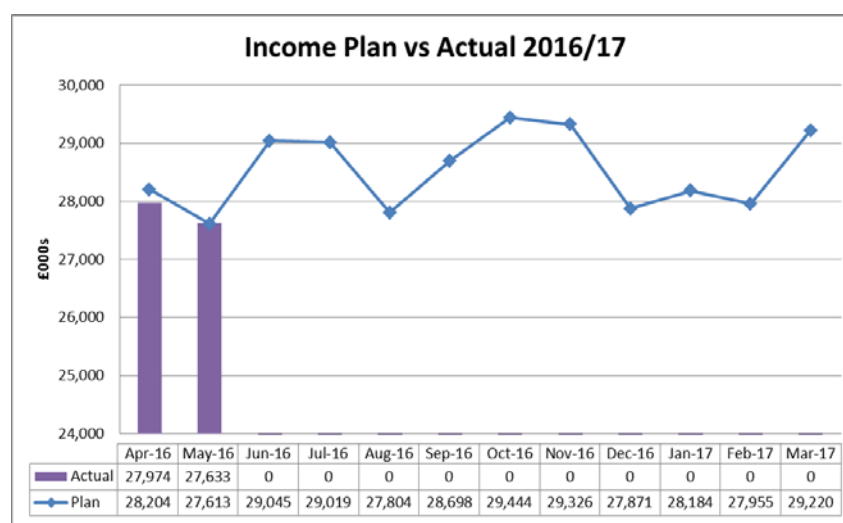
	Financial Plan £000's	April – May Plan £000's	April – May Actual £000's	Variance £000's
Income	341,986	55,817	55,607	(210)
Pay	(225,302)	(37,176)	(38,411)	(1,235)
Non-pay and reserves	(107,261)	(17,275)	(16,635)	640
Total expenditure	(332,563)	(54,451)	(55,046)	(595)
EBITDA	9,423	1,366	561	(805)
Finance costs	(15,323)	(2,378)	(2,321)	57
Surplus/(deficit) before rectification	(5,900)	(1,012)	(1,760)	(748)
Phased spend		(796)	(796)	
Surplus/(deficit) after rectification	(5,900)	(1,808)	(2,556)	(748)

#### 3.2 Income

##### *Performance to date*

Two months into the new financial year, the Trust had planned to receive income amounting to £55.817 million and had generated income amounting to £55.607 million, an under performance of £0.210 million.

The graph below shows the income plan verses actual:





An analysis of the variance is presented in the table below:

	Apr-May Budget	Apr-May Actual	Variance	Variance %	Apr-May Budget	Apr-May Actual	Financial Variance Value	Price Variance	Volume Variance
	Activity	Activity	Activity		£000s	£000s	£000s	£000s	£000s
Accident and Emergency (Attendances)	18,481	18,228	(253)	(1.4%)	2,142	2,119	(24)	6	(29)
Outpatient Appts (Attendances)	69,062	70,580	1,518	2.2%	8,552	8,709	158	(18)	176
Elective Day Cases	7,100	7,432	332	4.7%	4,726	4,903	177	94	83
Elective Inpatient (Spells)	1,051	994	(57)	(5.4%)	2,955	2,536	(419)	(340)	(79)
Non Elective (Spells)	8,021	8,118	97	1.2%	14,401	14,085	(316)	(637)	321
Non Elective Other	1,263	1,538	275	21.8%	2,082	2,390	308	(20)	327
Emergency Threshold					(341)	(399)	(58)	(58)	
Education					1,877	2,058	181	181	
Injury Cost Recovery					239	228	(11)	(11)	
Private Patients					221	229	8	8	
Sustainability & Transformation Funds					1,750	1,750	0	0	
Others (Inc Reserves)					17,213	17,000	(213)	(213)	
<b>Total</b>	<b>104,978</b>	<b>106,890</b>	<b>1,912</b>	<b>1.8%</b>	<b>55,817</b>	<b>55,607</b>	<b>(210)</b>	<b>(1,009)</b>	<b>799</b>

Income is under performing by £0.210 million.

Activity is over performing by 1.8%.

### 3.3 Pay

At the end of May spending amounted to £38.411 million resulting in an overspend of £1.235 million. The £1.235 million overspend is explained as follows:

	£000's
Under achievement of CIP savings	1331
Arrears, payments in lieu of annual leave and Waiting List Initiative Payments	331
Reduced numbers of WTE Agency staff	(427)
<b>In month overspend</b>	<b>1,235</b>

#### ***Under achievement of CIP***

The overall Cost Improvement Programme contains Pay savings amounting to £10.428 million.

	Annual savings £000's	May Budget £000's	May Actual £000's	Under achievement £000's
Unavailability Improvement	1,300	217	-	217
Waiting List Initiative Payments	400	67	-	67
Scheduled Care	2,000	333	-	333
Unscheduled Care	1,000	167	-	167
Women and Children's	250	42	42	-
Agency Cap	3,250	542	111	431
Scheduled Care – Anaesthetic Business case	789	132	103	29
Residual CIP	1,440	240	153	87
	10,428	1740	591	(1331)

#### ***Reduced Numbers of Agency staff***

Contained within the CIP is a significant savings figure associated with Agency premiums, and as can be seen the level of savings achieved are substantially below expected levels. That said, in the months of April and May, in applying the Agency

Cap the Trust has seen a reduction in the numbers of Agency staff as compared with budgeted expectations.

	Budgeted Agency WTE	Actual Agency WTE	Increase/ (reduction) WTE	
Consultants	7.9	10.2	2.3	98
Medical staff	32.0	27.4	(4.6)	(122)
Nursing	116.0	84.0	(32.0)	(352)
Other Clinical	8.9	9.1	(0.2)	(2)
Non Clinical	16.2	10.6	(5.6)	(49)
	181.1	141.4	(39.7)	(427)

As compared with the previous year, Trust spending has reduced Agency spend by an average of £269,000 per month, yielding savings of £538,000 in the two months April and May. The reduced level of spending is predominantly attributable to reduced numbers of staff, accounting for £427,000 of the savings achieved.

Monthly pay spending is potentially distorted because in April and May the Trust has obtained cost savings by reducing the number of employed agency medical staff. Clinical groups indicate that this practice is not sustainable.

### 3.4 Non Pay

In the opening two months of the year, the Trust had underspent by £640,000 as compared with the budget.

Detailed below are the current run rates for Non-Pay after excluding pass through costs.

<i>Month</i>	<i>Total Non Pay Spend (excluding exceptional items HCDs, ICDs etc) £000s</i>	<i>3 month moving average £000s</i>
April 2013 – June 2013	5,776	
July 2013 – Sept 2013	5,908	
Oct 2013 – Dec 2013	6,145	
Jan 2014 – Mar 2014	6,315	
Apr 2014 – June 2014	5,951	
July 2014 – Sept 2014	6,174	
Oct 2014 – Dec 2014	6,215	
Jan-15	5,637	5,949
Feb-15	5,832	5,813
Mar-15	6,482	5,984
Apr-15	5,920	6,078
May-15	5,949	6,117
Jun-15	6,167	6,012
Jul-15	6,076	6,064
Aug-15	6,141	6,128
Sep-15	6,492	6,236
Oct -15	6,318	6,317
Nov -15	6,280	6,363
Dec 15	6,348	6,315

Month	Total Non Pay Spend (excluding exceptional items HCDs, ICDs etc) £000s	3 month moving average £000s
Jan 16	6,086	6,238
Feb 16	6,419	6,284
Mar 16	6,340	6,281
Apr 16	6,184	6,314
May 16	6,195	6,240

As can be seen, the level of Non-Pay spending is remaining consistent on a monthly basis.

### 3.5 Cost Improvement Programme

An assumed plan of £13.031 million equivalent to 3.925% of operational spending was identified.

	Annual Savings £000s	May Planned Savings £000s	May Actual Savings £000s	Forecast Savings £000s
Procurement	2,000	333	270	1,800
Unavailability Improvement	1,300	217	0	250
Waiting List Initiative	400	67	0	137
Pharmacy gain share	300	50	48	300
Scheduled Care	2,000	333	0	245
Unscheduled Care	1,000	167	0	0
Women and Children's	250	42	42	250
Agency Cap	3,250	542	293	1,900
Scheduled Care Anaesthetic savings	789	132	103	400
Residual CIP	1,742	290	153	1,600
<b>Total</b>	<b>13,031</b>	<b>2,172</b>	<b>909</b>	<b>6,882</b>

CIP Savings realised at the end of month 2 amounted to £0.909 million, as compared with a target of £2.172 million.

The CIP programme is forecast to generate savings in the year amounting to £6.882 million.

### 3.6 Cash

The Trust held a cash balance on the Balance Sheet of £1.460 million at May. The actual balance in the Trust's bank account was £1.402 million, the difference being reconciling items e.g. cash in transit; petty cash; patient's cash; un-presented cheques, etc.

## **4. WORKFORCE OVERVIEW**

### **4.1 Absence**

In May a further reduction in absence to 3.45 % from 3.86% in April compared to 3.96% the previous year. Current performance is encouraging, an improved performance meaning attendance for the month was 96.55%. Over the last six months a reduction in MSK absence has been seen which correlates with the introduction of staff Physiotherapy Service. An area that still requires improvement is mental health, a range of supportive measures are in place including counselling and mindfulness. However evidence suggests that further could be done to provide support.

### **4.2 Appraisals**

Appraisal coverage within the organisation remains static at 86% for the last four months, both Scheduled and Un-Scheduled Care have the highest appraisal rates in the Trust which is a significant achievement. The Workforce Committee will be focusing on performance in this area of the next 12 months with a view on improvement.

#### **4.3.1 Statutory Training**

Statutory Training has remained consistent at just below the 80% target, it is felt that the target should be 100% and the Committee are asked to endorse this proposal.

An area of development is increasing capacity for training, this will now be achieved through utilising unused ward space in the Copthorne Building. This space doubles the capacity for manual handling and resuscitation training. It is anticipated that improvements in training coverage will be seen by early next year.

**Simon Wright**  
**Chief Executive**

## Board View

### Shrewsbury and Telford Hospital

PURPLE - information unavail

RED - performance below pla

Amber - some achievement a

Green - on or above plan/tar

Grey cell - not applicable

YTD Performance - MAY 2016

Click on Total Achieving/Failing for detail

	Scheduled Care	Unscheduled Care
<b>Customer/Patient</b>		
RTT incomplete	Green	Green
4 hr A&E target (admitted)	Grey	Red
4 hr A&E target (non-admitted)	Grey	Red
Diagnostic waiting time target	Red	Grey
Cancer waiting time target	Red	Green
VTE assesment	Green	Red
CQC recommendations	Green	Green
Patient experience	Amber	Amber
Accreditation/best practice	Red	Grey

<b>Processes - Care Group Led</b>		
Bowel screening/ Endoscopy Management	Red	Grey
Patient flow/ Pathway redesign	Red	Red
Accommodation	Red	Red
Quality and Safety Metrics	Green	Amber
Internal ED Improvement Programme	Grey	Red
Models of care (Maternity and Neonatology)	Grey	Grey
SAFER	Grey	Green
Frailty pathways development	Grey	Red
Care Group quality projects	Grey	Grey
Development of 7 days service	Grey	Grey

<b>Processes - Trust Wide</b>		
Exemplar ward	Amber	Amber
VMI programme	Grey	Green
Carter review	Green	Green
Capital programme (Estates backlog)	Green	Green
Capital programme (Equipment backlog)	Green	Green
Capital programme (IT backlog)	Grey	Grey
IT service development projects	Green	Green
Winter resilience	Amber	Amber

<b>Finance</b>		
CIP delivery (those not listed)	Red	Red
Staff unavailability management	Red	Red

Agency spending	Red	Red
Waiting list initiatives	Red	Red
Procurement	Green	Green
Pharmacy gain share	Grey	Grey
Theatre productivity - CIP	Red	Grey
Deficit reduction plan	Grey	Grey
Finance Plan	Red	Red

<b>Workforce</b>		
Medical fragility	Red	Red
Nursing workforce plan	Green	Red
Other clinical workforce	Grey	Grey
Trust sustainability project	Green	Green
Agency cap delivery	Red	Red
Recruitment and retention	Yellow	Yellow

table

in/target

against plan/target or incomplete

get

W&C	Support Services	Corporate Services	Over all
			✓
			✗
			✗
			—
			✓
			✓
			✓
			—
			—

			✗
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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 **May 2016**.

Table 1:

Measure	Annual Target 16/17	Monthly Target 16/17	YTD 2016/17	January	February	March	April	May	Year end 2015/16
Risk Adjusted Mortality Index (RAMI)	SaTH < NP	SaTH < NP		77	82	83	86	TBC	84/87
RIDDOR/SI Reportable Falls	29	2	2	1	0	1	1	1	35
Grade 4 Avoidable Pressure Ulcers	0	0	0	0	0	0	0	0	0
Grade 4 Unavoidable Pressure Ulcers	N/A	N/A	0	0	0	0	0	0	2
Grade 3 Avoidable Pressure Ulcers	6	0	1	0	1	3	1	0	7
Grade 3 Unavoidable Pressure Ulcers	N/A	N/A	3	3	3	0	2	1	15
Grade 2 Avoidable Pressure Ulcers	22	1	2	2	2	0	1	1	32
Grade 2 Unavoidable Pressure Ulcers	N/A	N/A	6	7	7	13	3	3	122
Grade 2 Unknown (avoidable vs. unavoidable)	N/A	N/A	33	1	7	5	11	22	15
C. difficile Infections	25	2	4	3	2	0	1	3	30
MRSA Bacteraemia Infections	0	0	0	0	0	0	0	0	1
MSSA Bacteraemia Infections (HCAI only)	N/A	N/A	1	1	1	2	1	1	18
E. coli Bacteraemia Infections (HCAI only)	N/A	N/A	1	4	3	2	1	0	29
MRSA Screening – Elective	95%	95%	95.7%	95.5%	97.1%	95.1%	96.0%	95.3%	96.6%
MRSA Screening – Non-Elective	95%	95%	94.4%	95.0%	94.3%	93.8%	94.0%	94.6%	96.0%
Number of Serious Incidents	N/A	N/A	18	5	3	6	14	4	58
Never Events	0	0	0	0	0	0	0	0	2
Safety Thermometer – Harm Free %	N/A	N/A	92.9%	92.6%	92%	94%	94.1%	93%	N/A
Safety Thermometer – New Harms%	N/A	N/A	96.8%	96.4%	98.4%	97.7%	97.7%	98%	N/A
WHO Safe Surgery Checklist	100%	100%	100%	100%	100%	100%	100%	100%	99.9%
VTE Assessment	95%	95%	95.3%	96.05 %	96.0%	95.5%	95.52%	TBC	95.6%
Maternity Dashboard	Green	Green		Access booking			Access booking		N/A
Ward to Board – Nursing Performance Score	95%	95%	96%	97%	96%	96%	96%	95%	96%
Number of Complaints	N/A	N/A	46	24	25	31	22	24	317
Same Sex Accommodation	0	0	0	0	0	0	0	0	0
ITU Patient Discharge delays > 12hrs	N/A*	N/A*	38	18	22	23	19	19	201*
Friends and Family Response Rate	NA	NA	14.1%	16%	17.3%	12.4%	14.1%	14.3%	22.6%
Friends and Family Test Score	75%	75%	96%	95.1%	94.9%	95.7%	96%	95.7%	95.1%
Ward to Board – Patient Experience Score	95%	95%	88%	84%	89%	91%	90%	86%	87%

\* ITU Patient Discharge delays > 12hrs YTD 2015/16 = May to March – Performance targets for 2016/17 are yet to be agreed.

## 2. RISK ADJUSTED MORTALITY INDEX (RAMI) UPDATE

The RAMI 15 model has been calculated on the new Healthcare Resource Group (HRG) 4.8 and calculates the HRGs in a collapsed form which are individually normalised for the whole of the United Kingdom. This creates over 700 models that are more clinically appropriate. By focusing on those groups where death is a significant outcome, the model now predicts probability more accurately. Comparisons should not be drawn to previous year's reports only against the peer for example, SaTH 79/ 86 peers. December showed a spike with the index falling back on January.

## 3. REGULATION 28

There were no Regulation 28's reported by the coroner during May 2016.

## 4. SAFEGUARDING – ADULTS & CHILDREN

There were 10 adult safeguarding alerts made during May 2016 which is comparable to the 2 preceding months. 3 of the alerts were made towards the Trust involving issues of care and discharge; which is 50% less than last month's alerts. All of the 3 alerts are in the investigatory phase with the remaining 7 alerts raised by Trust staff towards other care providers and individual carers or relatives.

There were 7 children's safeguarding concerns raised by Trust staff during May which is a significant decrease compared to last month (20). 5 of the alerts related to children resident in Telford and 2 related to Shropshire children. 1 child was a Child in Care (CIC) and placed from out of County. The themes identified were in relation to deliberate self-harm and neglect.

During May 2016, 39 children and young people were admitted to the paediatric ward requiring child and adolescent mental health services; which is comparable to last month's figure (40). 4 of the children required one-to-one care and the main reasons for admission were self-harming and over dose; with remaining factors relating to suicidal ideation.

## 5. SERIOUS INCIDENTS (SI)

There were 4 SIs reported in May 2016:

- 2 x Diagnostic Delay
- 1 x Fall #patella
- 1 x Unexpected admission NNU (delayed reporting upgraded from HRCR)

Incidents reported that did not meet the revised Serious Incident Framework are managed as High Risk Case Reviews (HRCR) with summary or concise root causes completed or in progress. There were 2 falls resulting in a fracture that occurred during May 2016 and one Grade 3 pressure ulcer reported. Following initial review it was identified that none of the incidents met the revised SI Framework definition for severity of harm, where act or omission was a factor. Tables 2a & b below provides the details.

**Table 2a**

Falls	
Location injury	Rationale for not reporting
#T11 and L1 (CDU)	Does not meet the definition of SI by level of harm, patient continued to mobilise with analgesia, no surgical intervention required. RIDDOR reportable. Review in progress.
Patient handling; Pathological #NOF	Does not meet the definition of SI re; no act or omission contributed to event. Evidence of appropriate care and management in place, review by patient handling team and medical team confirm unpreventable. Not RIDDOR reportable. HRCR in progress.

**Table 2b**

Pressure Ulcers	
Location injury	Rationale for not reporting
Buttock – Grade 3	Admitted with skin damage, no act or omission contributed, remained consistent in size (<1cm x 1cm). Appropriate care and management in place. Review in progress.

## Incident Reporting Status

Table 3 below shows that there are 28 incidents open to investigation; of these, 3 have agreed extensions with commissioners due to external factors affecting capacity to complete the investigation. Overall, 21 incident investigations have been completed with a request sent to commissioners to close them on the StEIS system; of the 21 incidents that remain open 6 require removal following evidence found that they did not meet the criteria of an SI. No incidents are outside of external contractual time scales.

**Table 3: Incident Status at 06/06/2016**

	New Incidents for May 2016	<b>4</b>
	Incidents being investigated	<b>24</b>
	Out of internal deadline (excludes external deadline)	<b>6</b>
	Out of external deadline with CCG/CSU	<b>0</b>
	CCG/CSU have been asked to close/remove incident	<b>25</b>

## Action plan completion status

There are 2 overdue action plans for 2014/15 with 3 closed during May 2016; the remaining open action plans for 2014/15 are aligned with unscheduled care. There are 13 RCAs action plans out of date for 2015/16 with 1 closed since last month's report. Overall the total number of RCA action plans going out of deadline has slightly reduced with work continuing with operational teams to support action plans completed in a timely manner.

## 6. REVIEW OF ROOT CAUSE ANALYSES (RCAs) COMPLETED SINCE LAST REPORT

A total of 8 RCAs have been completed since the last report, 2 of which have been downgraded based on the outcome of the investigation confirming that they do not meet the criteria for an SI. The remaining 6 can be found below, with details of learning;

Delay in Treatment (Ophthalmology): A 67 year old gentleman had a delay in diagnosing a benign pituitary tumour although being seen in ophthalmology clinic and also by a consultant neurologist. The investigation identified that the referring Ophthalmologist was considering a scan of the patients head and asked the opinion of a consultant neurologist. The consultant neurologist had received a separate referral from the GP regarding dizziness and focused his consultation on the vestibular symptoms. The consultant neurologist copied the GP clinic letter to the Consultant Ophthalmologist which did not detail that scan was being arranged. At this point, the review agreed that the Consultant Ophthalmologist would have been advised to arrange a head scan. There was a breakdown in communication in understanding between the two specialties, which is being managed through the action plan, and highlighted to the Medical Director.

Delay in Treatment (Ophthalmology): A 73 year old lady required macular hole surgery after presenting to the emergency department. For optimum outcomes surgery should be undertaken within two months however, it was 12 months before the operation was undertaken; resulting in poor vision in the affected eye. The available pathway was followed however, review has identified that a patient with this level of complexity would have benefitted from additional care. A separate pathway for complex patients allowing for their clinical need has been developed.

Fall, serious head injury: The investigation was completed and concluded that the fall proved to be unpreventable with all mitigating actions taken and risk assessments documented and in place. Despite the sad outcome the family expressed their appreciation for all the care received.

Avoidable Grade 3 pressure damage: Following a fall at home a patient sustained a fractured femur. Following surgery he was discharged to the care of a nursing home with a hinged brace plaster of paris in-situ with a plan for follow up in 4 weeks. This appointment was cancelled by the patient due to illness and fracture clinic was not alerted. Similarly he was admitted under the medical team for suspected urosepsis, his fracture clinic appointment was rebooked and there was no escalation to the fracture clinic. Under his cast the patient developed a grade 3 pressure ulcer. There were several opportunities identified both in hospital and in the Nursing Home to have managed this patient more effectively. The systems and processes in place were not robust to prevent this case from occurring; the recommendations identified for the Trust will reduce risk internally and dialogue is in place with the nursing home. The case was discussed for Trust wide learning at the Clinical Governance Executive.

Avoidable Grade 3 pressure damage: A 98 year old lady who fell at home and sustained a fractured hip developed a grade 3 pressure ulcer whilst in our care. There is evidence that there was a lack of consistent and accurate assessment of the risks of pressure sore development and appropriate repositioning schedules. A second gap was identified during the review, which was the lack of actively repositioning the patient during the night shift. This has been taken forward by the Ward Manager and Matron who have met individually with those concerned and the expectations explained regarding appropriate care provision and documentation.

Retained part of wound infiltration catheter: Patient underwent surgery and at the end of the surgical procedure an elastometric wound infiltration catheter was inserted. The catheter is attached to elastometric infusion device with the purpose of slow infusion of local anaesthetic. It is designed to stay in-situ for 72 hours providing a slow infusion of local anaesthetic before being removed. The records relating to the removal of the device are meagre and the patient was readmitted 12 months later with concerns regarding the wound site. Following exploration it became apparent that the catheter had been incompletely removed and the tip had remained embedded. Actions are in place to ensure that removal of these types of catheter follows the same guidance as epidural devices.

## 7. QUALITY IMPROVEMENT OVERVIEW

Measure	Annual Target 16/167	Monthly Target 16/17	YTD 2016/17	January	February	March	April	May	Year end 2015/16
MRSA Screening – Non- Elective	95%	95%	94.4%	95.0%	94.3%	93.8%	94.0%	94.6%	96.0%
Current State	This month the Trust was below the target for emergency admission screening for a concurrent month at 94.6%; which is the fourth time the Trust has been below this target since March 2015.								
Planned Actions	Wards that have missed a significant number of patients will be targeted to review practices for ensuring that emergency admissions are screened. All wards will be required to check the daily list of unscreened patients that is sent by IT; to ensure that patients missed by the admitting ward are screened on the receiving ward.								
Key Themes/Trends	Failure to screen on admitting ward and failure to check list of unscreened patients by all wards.								

Measure	Annual Target 16/17	Monthly Target 16/17	YTD 2016/17	January	February	March	April	May	Year end 2016/17
C. difficile Infections	25	2	4	3	2	0	1	3	30
Current State	The Trust is above projected target for the month and plan for 2016/17.								
Planned Actions	<ul style="list-style-type: none"> <li>Continue to monitor compliance with guidelines in antibiotic prescribing</li> <li>Raise awareness of the need for rapid isolation in statutory training</li> <li>Maintain high levels of compliance with hand hygiene and environmental cleanliness Consider use of additional UVO decontamination.</li> <li>Discuss and agree actions for further preventative measures as part of the local health economy strategic approach to reducing incidence of CDiff.</li> </ul>								
Key Themes/Trends	Most cases are caused by antibiotic usage and this is predominantly in line with the antibiotic policy. There are some delays in isolation until the results are returned however this is mainly due to a shortage of side rooms.								

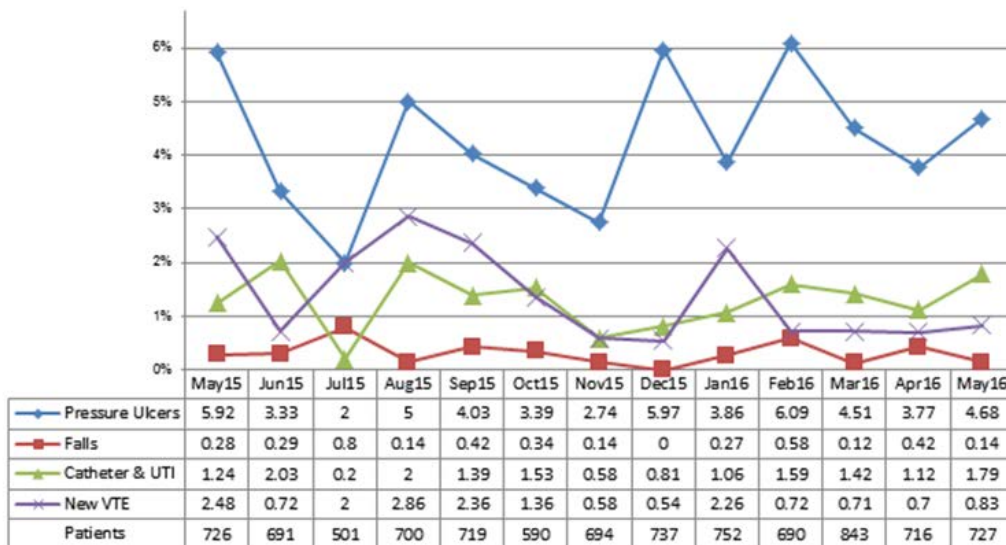
## 8. SAFETY THERMOMETER (ST)

Table 4 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.

**Table 4**

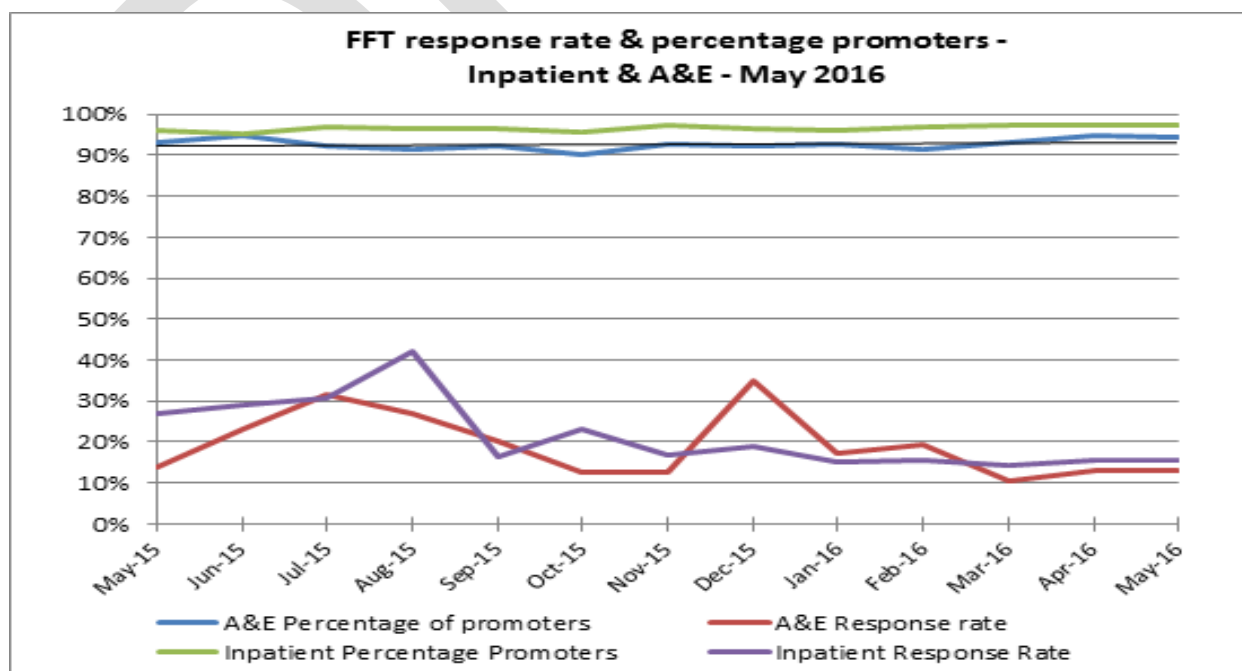
### Types of Harm: patients with each type of Harm

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



## 9. FRIENDS AND FAMILY TEST (FFT) May 2016

	Percentage Promoters	Response Rate
Maternity overall	98.9%	11.4% (Birth only)
A&E	94.3%	13%
Inpatient	97.0%	15.6%
Outpatients	95.9%	NA

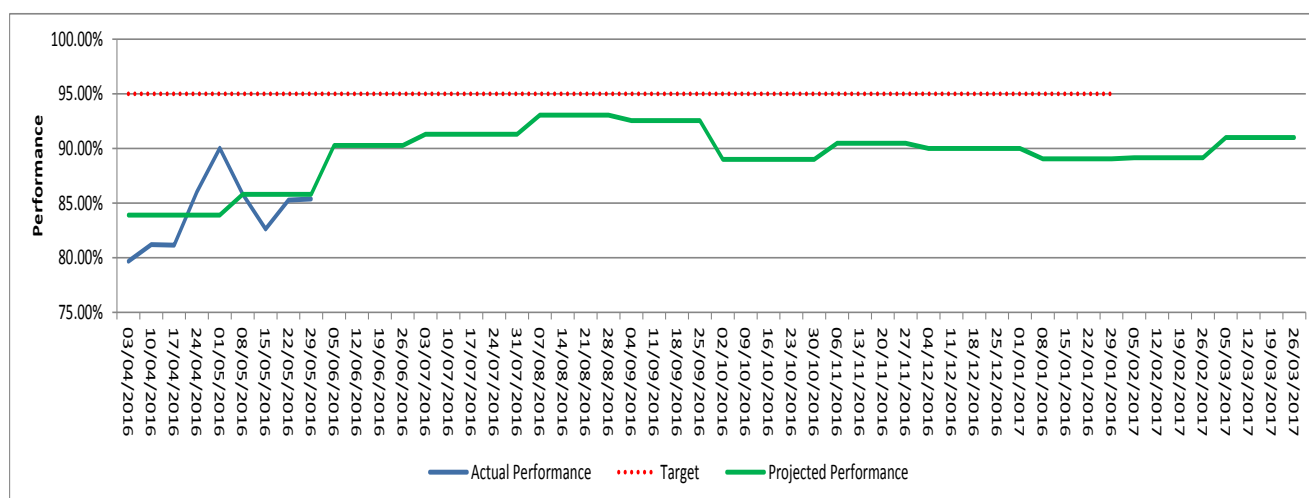


## 2. OPERATIONAL PERFORMANCE OVERVIEW

### 2.1 4 Hour Access Standard

A&E	Baseline	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Total patients seen	10591	11851	12003	11306	11475	10960	10727	10753	10750	10946	10919	10513	11121	133324
>4 Hour Wait	1489	1909	1706	1100	999	763	800	1184	1024	1096	1196	1142	978	13897
Target Performance	85.94%	83.89%	85.79%	90.27%	91.29%	93.04%	92.54%	88.99%	90.47%	89.99%	89.05%	89.14%	91.21%	89.80%
National Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Actual Performance		84%	84.81%											84%

### ED Trajectory



A&E	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Total patients seen	11851	12003	11306	11475	10960	10727	10753	10750	10946	10919	10513	11121	133324
>4 Hour Wait	1909	1706	1100	999	763	800	1184	1024	1096	1196	1142	978	13897
Target Performance	83.89%	85.79%	90.27%	91.29%	93.04%	92.54%	88.99%	90.47%	89.99%	89.05%	89.14%	91.21%	89.80%
Actual Performance		84%	84.81%										

The Trust failed to deliver the 4 hour target against the trajectory in May 2016. Non admitted performance at the PRH site was the main contributor to this underperformance. There was an increase of 138 breaches between April and May. There is now an internal improvement plan in place to address some of the key issues and the plan is being monitored on a weekly basis by the Deputy COO and corrective actions taken.

ECIP are on site at the beginning of July, and will work with the Emergency department team to follow up on issues identified in their visit at the end of May.

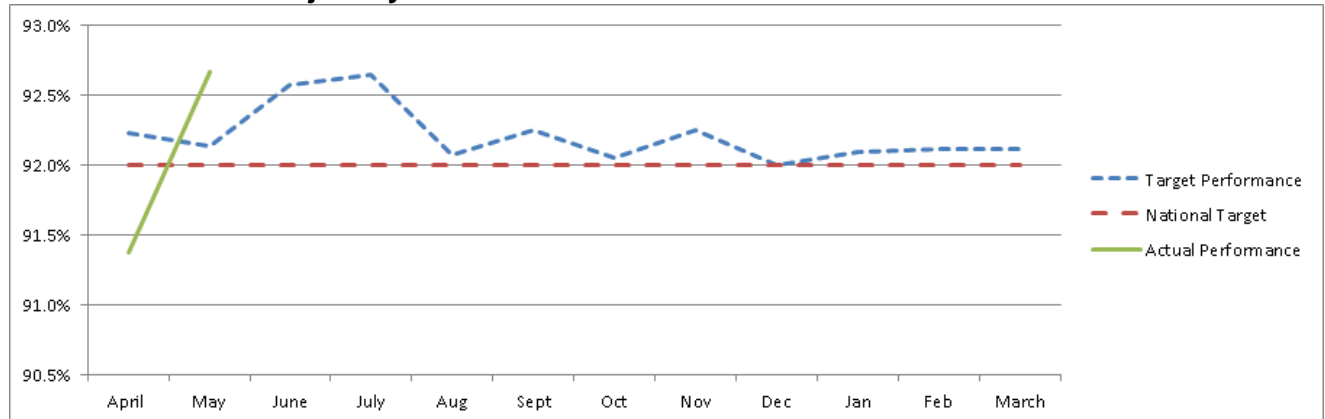
### Patient Flow

The SAFER programme has been rolled out on 4 medical wards. The programme has been in place since the beginning of May 2016 and has quickly identified areas of improvement. Each of the ward managers has embraced the programme and changes to working practice have been made. On the PRH site we are delivering 33% of discharges before midday which has improved the admitted breaches within the ED target.

## 2.2 RTT Performance

RTT		Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
52 Week Wait Trajectory		0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Actual Performance</b>		<b>0</b>	<b>0</b>											<b>0</b>
	Baseline	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Total patients Waiting		15785	15907	16029	16152	16274	16396	16519	16641	16763	16886	17008	17130	197490
Patients > 18 weeks Waits		1226	1250	1190	1187	1289	1270	1313	1290	1340	1335	1340	1350	15380
<b>Target Performance</b>		<b>92.2%</b>	<b>92.1%</b>	<b>92.6%</b>	<b>92.7%</b>	<b>92.1%</b>	<b>92.3%</b>	<b>92.1%</b>	<b>92.2%</b>	<b>92.0%</b>	<b>92.1%</b>	<b>92.1%</b>	<b>92.1%</b>	<b>92.20%</b>
National Target		92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	
<b>Actual Performance</b>		<b>91.38%</b>	<b>92.67%</b>											<b>92.03%</b>

### RTT Performance Trajectory



The Trust delivered the RTT performance target in May. The Trust has consistently failed to achieve RTT performance targets in Orthopaedics and Oral Surgery. In setting the RTT performance trajectory it had been assumed that progress would have been made in each of these specialties in the month of May however this has not been the case. This is as a result of: increased Trauma cases resulting in elective sessions being converted to accommodate the activity; TEMS backlog over 18 weeks being added to waiting list; and within Oral Surgery Consultant sickness and an increased demand in Cancer activity.

The RTT trajectory for orthopaedics and oral surgery are being reviewed and additional capacity is being put in place to reduce the 18 week backlog in these specialties. Further work is being undertaken in oral surgery to source additional capacity with other providers.

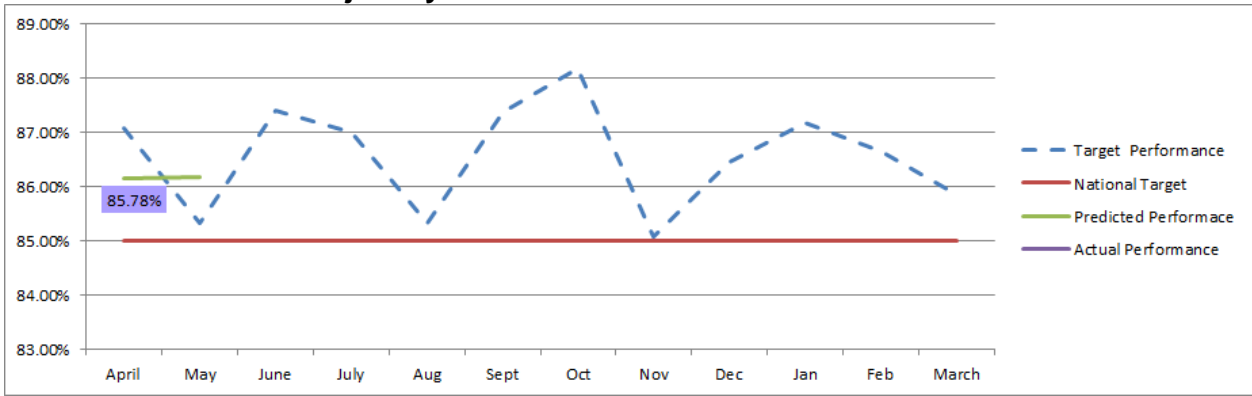
A daily predictor tool is in place to assist the care Groups with the 92% incompletes standard. Also further information on booking profiles and backlog trajectories is available to support the delivery of the RTT standard. Weekly PTL meetings are being chaired by the Deputy COO until the new management structure within the Care Group is fully operational.

## 2.3 Cancer Performance

CANCER	Baseline	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Total patients seen		116	109	131	116	109	111	119	114	112	115	105	106	1362
>62 Days Wait		15	16	17	15	16	14	14	17	15	15	14	15	180
<b>Target Performance</b>	<b>85.14</b>	<b>87.07%</b>	<b>85.32%</b>	<b>87.40%</b>	<b>87.01%</b>	<b>85.32%</b>	<b>87.39%</b>	<b>88.19%</b>	<b>85.09%</b>	<b>86.46%</b>	<b>87.18%</b>	<b>86.67%</b>	<b>85.85%</b>	<b>86.60%</b>
National Target		85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	
Predicted Performance		86.15%	86.19%											86.17%
<b>Actual Performance</b>		<b>85.78%</b>												<b>85.78%</b>

The Trust continues to deliver the 62 day cancer standard. Further work is required within the tumour sites to improve to ensure this performance is sustainable going forward.

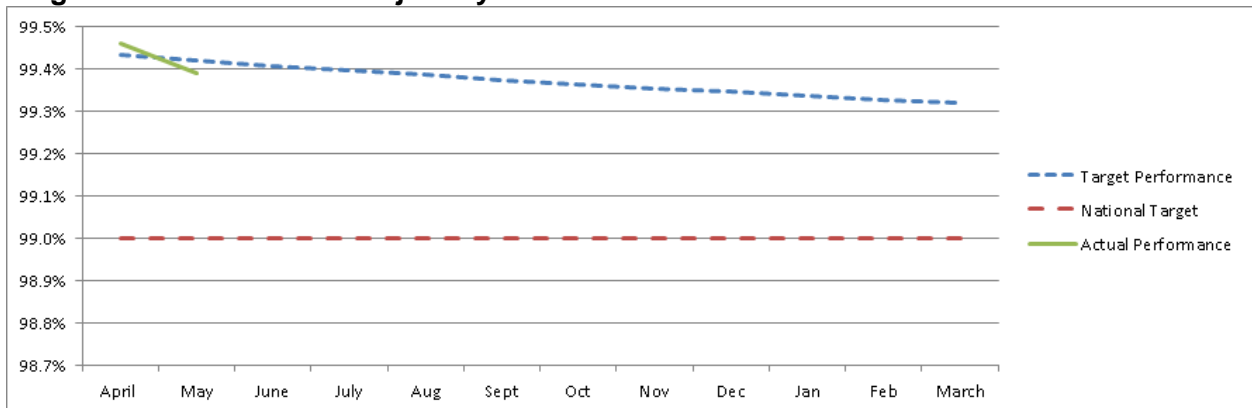
## Cancer Performance Trajectory



## 2.4 Diagnostic Performance

DIAGNOSTICS	Baseline	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Seen within 6 weeks	5,914	6,402	6,536	6,670	6,804	6,938	7,072	7,206	7,340	7,474	7,608	7,742	7,876	85,670
Total Seen	5,957	6,438	6,574	6,710	6,845	6,981	7,117	7,252	7,388	7,523	7,659	7,795	7,930	86,213
Target Performance	99.3%	99.4%	99.4%	99.4%	99.4%	99.4%	99.4%	99.4%	99.4%	99.3%	99.3%	99.3%	99.3%	99.40%
National Target	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
Actual Performance		99.46%	99.39%											99.40%

## Diagnostic Performance Trajectory



The Trust has delivered against the 6 week diagnostic standard in May 2016; however the endoscopy target was not achieved. This is as a result of an increased demand within the service. Additional capacity is being sourced from independent providers who will work within the hospital at weekends to improve the waiting times for routine endoscopy which is currently at 10 weeks.



SUSTAINABILITY COMMITTEE – 28<sup>TH</sup> JUNE 2016

FINANCE REPORT – MONTH 02

1. Income & Expenditure position

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

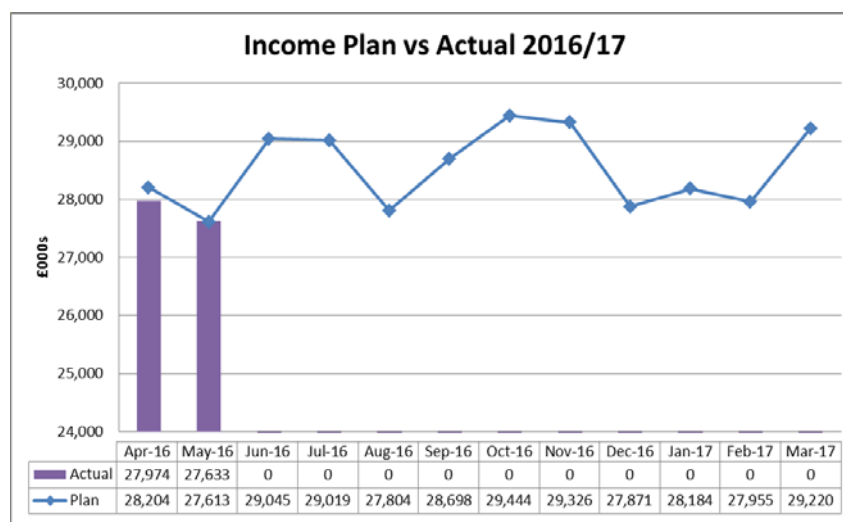
	Financial Plan £000's	April – May Plan £000's	April – May Actual £000's	Variance £000's
Income	341,986	55,817	55,607	(210)
Pay	(225,302)	(37,176)	(38,411)	(1,235)
Non-pay and reserves	(107,261)	(17,275)	(16,635)	640
Total expenditure	(332,563)	(54,451)	(55,046)	(595)
EBITDA	9,423	1,366	561	(805)
Finance costs	(15,323)	(2,378)	(2,321)	57
Surplus/(deficit) before rectification	(5,900)	(1,012)	(1,760)	(748)
Phased spend		(796)	(796)	
Surplus/(deficit) after rectification	(5,900)	(1,808)	(2,556)	(748)

2. Income

Income – Performance to date

Two months into the new financial year, the Trust had planned to receive income amounting to £55.817 million and had generated income amounting to £55.607 million, an under performance of £0.210 million.

The graph below shows the income plan verses actual:



An analysis of the variance is presented in the table below:

	Apr-May Budget	Apr-May Actual	Variance	Variance %	Apr-May Budget	Apr-May Actual	Financial Variance Value	Price Variance	Volume Variance
	Activity	Activity	Activity		£000s	£000s	£000s	£000s	£000s
Accident and Emergency (Attendances)	18,481	18,228	(253)	(1.4%)	2,142	2,119	(24)	6	(29)
Outpatient Appts (Attendances)	69,062	70,580	1,518	2.2%	8,552	8,709	158	(18)	176
Elective Day Cases	7,100	7,432	332	4.7%	4,726	4,903	177	94	83
Elective Inpatient (Spells)	1,051	994	(57)	(5.4%)	2,955	2,536	(419)	(340)	(79)
Non Elective (Spells)	8,021	8,118	97	1.2%	14,401	14,085	(316)	(637)	321
Non Elective Other	1,263	1,538	275	21.8%	2,082	2,390	308	(20)	327
Emergency Threshold					(341)	(399)	(58)	(58)	
Education					1,877	2,058	181	181	
Injury Cost Recovery					239	228	(11)	(11)	
Private Patients					221	229	8	8	
Sustainability & Transformation Funds					1,750	1,750	0	0	
Others (Inc Reserves)					17,213	17,000	(213)	(213)	
<b>Total</b>	<b>104,978</b>	<b>106,890</b>	<b>1,912</b>	<b>1.8%</b>	<b>55,817</b>	<b>55,607</b>	<b>(210)</b>	<b>(1,009)</b>	<b>799</b>

The table below details the activity levels seen in the two months of 2016/17 and the trajectory for the remainder of the year, compared to the previous two financial years.

Activity Assessment

Month

2

15/16 Plan	Actual		Plan														Annual
	Apr	May	Jun	Average Per Month Apr-Jun	Jul	Aug	Sep	Average Per Month Jul-Sep	Oct	Nov	Dec	Average Per Month Oct-Dec	Jan	Feb	Mar	Average Jan-Mar	
A&E	8,708	9,520	9,343	9,190	9,341	9,135	8,825	9,100	9,013	8,832	8,613	8,820	9,001	8,742	9,505	9,082	108,831
Outpatient Attendances	35,079	35,501	39,637	36,739	37,164	32,907	38,104	36,058	37,600	38,465	34,226	36,764	35,662	35,920	36,563	36,048	435,312
Elective Daycases	3,795	3,637	3,860	3,764	3,974	3,430	3,709	3,704	3,805	3,692	3,593	3,697	3,491	3,580	3,570	3,547	43,803
Elective Inpatient Spells	498	496	563	519	617	562	550	576	602	569	509	560	509	519	527	518	6,578
Emergency Spells	3,993	4,125	4,003	4,040	4,139	3,795	4,026	3,987	4,350	4,352	4,419	4,374	4,231	4,129	4,338	4,232	49,803
Maternity/Non Elective Other Spells	606	932	598	712	664	626	658	650	715	633	609	653	651	660	634	649	7,713

Elective Day Case

16/17 Plan	Apr	May	Jun	Average Per Month Apr-Jun	Jul	Aug	Sep	Average Per Month Jul-Sep	Oct	Nov	Dec	Average Per Month Oct-Dec	Jan	Feb	Mar	Average Jan-Mar	Annual
16/17 Plan	3,600	3,500	3,860	3,653	3,974	3,430	3,709	3,704	3,805	3,692	3,593	3,697	3,491	3,580	3,570	3,547	43,803
Actual	3,795	3,637		3,716				0				0				0	7,432
Variance	195	137		63				(3,704)				(3,697)				(3,547)	
15/16	3,479	3,354	3,584	3,472	3,869	3,336	3,625	3,610	3,658	3,618	3,585	3,620	3,512	3,513	3,658	3,561	42,791
14/15	3,391	3,370	3,488	3,416	3,640	3,337	3,526	3,501	3,498	3,311	3,146	3,318	3,137	3,051	3,732	3,307	40,627

Elective Inpatient

16/17 Plan	Apr	May	Jun	Average Per Month Apr-Jun	Jul	Aug	Sep	Average Per Month Jul-Sep	Oct	Nov	Dec	Average Per Month Oct-Dec	Jan	Feb	Mar	Average Jan-Mar	Annual
16/17 Plan	515	536	563	538	617	562	550	576	602	569	509	560	509	519	527	518	6,578
Actual	498	496		497				0				0				0	994
Variance	(17)	(40)		(41)				(576)				(560)				(518)	
15/16	551	528	564	548	605	571	536	571	601	526	509	545	524	481	497	501	6,493
14/15	581	616	590	596	646	575	571	597	609	603	502	571	465	515	531	504	6,804

Non Elective

16/17 Plan	Apr	May	Jun	Average Per Month Apr-Jun	Jul	Aug	Sep	Average Per Month Jul-Sep	Oct	Nov	Dec	Average Per Month Oct-Dec	Jan	Feb	Mar	Average Jan-Mar	Annual
16/17 Plan	3,977	4,045	4,003	4,008	4,139	3,795	4,026	3,987	4,350	4,352	4,419	4,374	4,231	4,129	4,338	4,232	49,803
Actual	3,993	4,125		4,059				0				0				0	8,118
Variance	16	80		51				(3,987)				(4,374)				(4,232)	
15/16	3,931	3,998	3,957	3,962	4,091	3,751	3,980	3,941	4,300	4,302	4,368	4,323	4,182	4,081	4,288	4,184	49,229
14/15	3,947	4,091	3,879	3,972	4,093	3,545	3,792	3,810	4,024	3,871	4,202	4,032	3,891	3,656	4,160	3,902	47,151

Maternity/Non Elective Other

16/17 Plan	Apr	May	Jun	Average Per Month Apr-Jun	Jul	Aug	Sep	Average Per Month Jul-Sep	Oct	Nov	Dec	Average Per Month Oct-Dec	Jan	Feb	Mar	Average Jan-Mar	Annual
16/17 Plan	632	630	598	620	664	626	658	650	715	633	609	653	651	660	634	649	7,713
Actual	606	932		769				0				0				0	1,538
Variance	(26)	302		149				(650)				(653)				(649)	
15/16	631	629	597	619	663	625	657	648	714	632	608	651	650	659	633	647	7,898
14/15	593	601	601	598	613	605	671	630	624	561	604	596	570	493	607	557	7,143

Outpatients

16/17 Plan	Apr	May	Jun	Average Per Month Apr-Jun	Jul	Aug	Sep	Average Per Month Jul-Sep	Oct	Nov	Dec	Average Per Month Oct-Dec	Jan	Feb	Mar	Average Jan-Mar	Annual
16/17 Plan	35,828	33,233	39,637	36,233	37,164	32,907	38,104	36,058	37,600	38,465	34,226	36,764	35,662	35,920	36,563	36,048	435,312
Actual	35,079	35,501		35,290				0				0				0	70,580
Variance	(749)	2,268		(943)				(36,058)				(36,764)				(36,048)	
15/16	33,528	31,339	37,702	34,190	35,376	31,977	36,501	34,618	35,880	36,293	32,299	34,757	33,557	33,831	34,304	33,897	412,387
14/15	32,708	32,634	35,016	33,453	36,839	30,320	35,548	34,236	35,814	33,549	30,576	33,313	32,859	30,892	35,051	32,934	401,806

A&E

16/17 Plan	Apr	May	Jun	Average Per Month Apr-Jun	Jul	Aug	Sep	Average Per Month Jul-Sep	Oct	Nov	Dec	Average Per Month Oct-Dec	Jan	Feb	Mar	Average Jan-Mar	Annual
16/17 Plan	9,234	9,247	9,343	9,275	9,341	9,135	8,825	9,100	9,013	8,832	8,613	8,820	9,001	8,742	9,505	9,082	108,831
Actual	8,708	9,520		9,114				0				0				0	18,228
Variance	(526)	273		(161)				(9,100)				(8,820)				(9,082)	
15/16	9,410	9,288	9,339	9,339	9,253	9,094	8,731	9,026	8,892	8,616	8,397	8,635	8,828	8,652	9,466	8,982	107,946
14/15	9,246	9,642	9,779	9,556	9,983	9,069	9,217	9,423	9,157	8,714	8,822	8,898	8,277	7,856	9,598	8,577	109,380

The Trust in setting the plan for the 2016/17 year has reflected seasonal patterns as seen in previous years.

Drawing definite conclusions in respect of the Trust income position so as to determine a potential outturn position is not possible at this stage in the year because of the availability of a single month's coded data. That said, a number of observations can be made that will need to be closely monitored as performance progresses through the year. These observations being:

- i) Accident and Emergency attendances – historically, the value of Accident and Emergency activity is greater in the first quarter of the year than in other periods during the year. The Trust plan reflects this experience. However, the actual level of attendances recorded year to date were 253 attendances, equivalent to 1.4% below plan. This under performance arose in the month of April and it is believed this was because of the junior doctor's strike.
- ii) Outpatient attendances – whilst there was an underperformance recorded in the month of April, this has been recovered in the month of May and outpatients are cumulatively over performing by 2.2%. This is mainly attributable to Clinical Haematology, Respiratory Medicine and Neonates.
- iii) Elective Day Cases – the value of Elective Day Cases performed to date is an increase of 8.8% on the same period last financial year. Actual performance shows under performance within the Trauma and Orthopaedics and ENT because of reduced bed capacity. Conversely however, Gastroenterology, Urology, Clinical Oncology and Clinical Haematology have substantially over performed.
- iv) Elective Inpatient spells – the trend from April has continued into the month of May and we are seeing a further underperformance, with a significant income variance. This is mainly attributable to Trauma and Orthopaedics, Vascular Surgery and Cardiology.
- v) Non Elective activity – is over plan by 1.2% and marginally higher than the levels recorded in the same period in previous years. Non Elective activity is however showing a negative income variance, this is so because high value activity (Trauma and Orthopaedics and Gastroenterology) is significantly below plan whereas relatively low value activity is substantially over performing (Medical specialties).

<b>Income – Key Messages</b>	
•	<i>Income is under performing by £0.210 million.</i>
•	<i>Activity is over performing by 1.8%.</i>

### 3. Expenditure

#### 3.1 Pay

At the end of May spending amounted to £38.411 million resulting in an overspend of £1.235 million. The £1.235 million overspend is explained as follows:

	£000's
Under achievement of CIP savings	1331
Arrears, payments in lieu of annual leave and Waiting List Initiative Payments	331
Reduced numbers of WTE Agency staff	(427)
<b>In month overspend</b>	<b>1,235</b>

##### 3.1.1 Under achievement of CIP

The overall Cost Improvement Programme contains Pay savings amounting to £10.428 million.

	Annual savings £000's	May Budget £000's	May Actual £000's	Under achievement £000's
Unavailability Improvement	1,300	217	-	217
Waiting List Initiative Payments	400	67	-	67
Scheduled Care	2,000	333	-	333
Unscheduled Care	1,000	167	-	167
Women and Children's	250	42	42	-
Agency Cap	3,250	542	111	431
Scheduled Care – Anaesthetic Business case	789	132	103	29
Residual CIP	1,440	240	153	87
	10,428	1740	591	(1331)

### 3.1.2 Reduced Numbers of Agency staff

Contained within the CIP is a significant savings figure associated with Agency premiums, and as can be seen the level of savings achieved are substantially below expected levels. That said, in the months of April and May, in applying the Agency Cap the Trust has seen a reduction in the numbers of Agency staff as compared with budgeted expectations.

	Budgeted Agency WTE	Actual Agency WTE	Increase/ (reduction) WTE	
Consultants	7.9	10.2	2.3	98
Medical staff	32.0	27.4	(4.6)	(122)
Nursing	116.0	84.0	(32.0)	(352)
Other Clinical	8.9	9.1	(0.2)	(2)
Non Clinical	16.2	10.6	(5.6)	(49)
	181.1	141.4	(39.7)	(427)

As compared with the previous year, Trust spending has reduced Agency spend by an average of £269,000 per month, yielding savings of £538,000 in the two months April and May. The reduced level of spending is predominantly attributable to reduced numbers of staff, accounting for £427,000 of the savings achieved.

The tables below provide analysis of total pay and agency/bank spending.

	Oct - Dec 13 £000's	Jan- Mar 14 £000's	Apr- June 14 £000's	July- Sept 14 £000's	Oct- Dec 14 £000's	Jan - Mar 15 £000's	Apr- June 15 £000's	July - Sept 15 £000's	Oct - Dec 15 £000's	Jan - Mar 16 £000's	April 16 £000's	May 16 £000's
Consultants	2,880	2,953	2,991	3,030	3,043	3,079	3,140	3,282	3,179	3,218	3,331	3,399
Medical Staffing	2,025	2,172	2,177	2,180	2,238	2,100	2,207	2,235	2,423	2,268	2,058	2,133
Nursing	6,817	6,990	7,080	7,062	7,314	7,473	7,451	7,413	7,591	7,619	7,720	7,539
Other Clinical	2,314	2,240	2,344	2,330	2,334	2,346	2,415	2,421	2,472	2,477	2,585	2,566
Non Clinical	3,268	3,224	3,232	3,207	3,292	3,269	3,393	3,404	3,449	3,492	3,539	3,540
Actual Pay Spend £	17,304	17,580	17,823	17,808	18,221	18,267	18,606	18,755	19,115	19,074	19,233	19,177
Consultants	227.77	228.56	235.02	234.21	236.22	242.09	237.71	243.09	253.05	239.78	244.79	243.67
Medical Staffing	338.39	344.16	347.49	352.77	357.93	362.36	357.78	357.54	368.14	349.42	332.91	336.43
Nursing	2,200.93	2,212.96	2,247.60	2,227.22	2,319.52	2,368.20	2,322.33	2,330.11	2,381.89	2,416.46	2,361.92	2,345.77
Other Clinical	738.25	741.76	756.21	753.02	753.67	769.06	760.60	775.11	791.44	794.95	787.04	794.91
Non Clinical	1,465.94	1,432.76	1,440.46	1,447.29	1,478.03	1,472.83	1,479.17	1,502.42	1,514.86	1,526.04	1,527.22	1,530.24
Actual Pay wte	4,971.61	4,960.20	5,026.78	5,014.17	5,145.37	5,214.53	5,157.59	5,208.27	5,291.37	5,326.65	5,253.88	5,251.02

Whilst pay expenditure in May is broadly in line with previous months it is £0.6m greater than recorded in the equivalent period of the previous financial year. The increased monthly cost is explained by a growth in staffing levels (94 WTE).

The numbers of staff employed as agency workers has continued to reduce, this being particularly so within the nursing staff group.

## Agency Usage

	Average Jan-March 2014 £000's	Average April-June 2014 £000's	Average July- Sept 2014 £000's	Average Oct-Dec 2014 £000's	Average January - March 2015 £000's	Average April-June 2015 £000's	Average July-Sept 2015 £000's	Oct-Nov 2015 £000's	Jan-Mar 2016 £000's	April 2016 £000's	May 2016 £000's
Consultants	95	174	159	167	172	120	182	150	217	218	193
Medical staff	355	386	366	270	236	285	379	557	478	259	264
Nursing	629	563	601	731	781	671	705	667	527	561	461
Other Clinical	(1)	15	1	17	22	43	35	52	52	53	68
Non clinical	17	19	28	64	83	79	76	79	55	54	36
Total Agency staff spending	1,095	1,157	1,155	1,249	1,293	1,198	1,377	1,506	1,329	1,145	1,022

	Average Jan- Mar 2014 WTE	Average Apr-Jun 2014 WTE	Average July-Sept 2014 WTE	Average Oct-Dec 2014 WTE	Average January-March 2015 WTE	Average April-June 2015 WTE	Average July-Sept 2015 WTE	Average Oct-Dec 2015 WTE	Average Jan-Mar 2016 WTE	April 2016 WTE	May 2016 WTE
Consultants	5.37	9.59	8.99	8.60	8.62	7.04	8.99	7.48	9.50	9.82	10.69
Medical staff	32.08	36.13	30.34	22.88	22.17	21.98	29.53	40.61	37.69	23.81	30.97
Nursing	122.20	112.00	104.82	130.11	150.19	124.35	117.72	112.69	101.45	89.25	78.71
Other Clinical	2.70	2.61	0.33	2.59	4.04	8.29	7.76	9.62	11.77	8.60	9.74
Non Clinical	5.20	4.32	4.63	17.56	22.87	20.94	16.42	12.86	11.49	10.56	10.73
Total Agency staff spending	167.55	164.65	149.11	181.74	207.88	182.60	180.42	183.25	171.90	142.04	140.84

## Bank Usage

	Average Jan-Mar 2014 £000's	Average April-June 2014 £000's	Average July-Sept 2014 £000's	Average Oct-Dec 2014 £000's	Average Jan - March 2015 £000's	Average April-June 2015 £000's	Average July-Sept 2015 £000's	Average Oct - Dec 2015 £000's	Average Jan - Mar 2016 £000's	April 2016 £000's	May 2016 £000's
Nursing	403	429	422	500	546	522	533	625	738	506	569
Other Clinical	19	26	33	40	36	32	37	38	39	46	43
Non clinical	103	123	124	127	129	127	150	130	135	150	142
Total Bank staff	525	578	579	667	712	681	720	794	912	702	754

	Average Jan-Mar 2014 WTE	Average April-Jun 2014 WTE	Average July-Aug 2014 WTE	Average Oct-Dec 2014 WTE	Average Jan - March 2015 WTE	Average April-June 2015 WTE	Average July-Sept 2015 WTE	Average Oct - Dec 2015 WTE	Average Jan - Mar 2015 WTE	April 2016 WTE	May 2016 WTE
Nursing	146.88	154.79	152.40	185.47	203.56	177.01	177.66	191.66	225.36	166.15	169.39
Other Clinical	6.86	9.17	12.53	13.07	10.98	9.51	11.90	11.92	11.73	10.36	9.45
Other	52.97	63.55	73.21	69.81	66.16	60.14	68.75	62.92	70.72	68.70	66.73

	Average Jan-Mar 2014 WTE	Average April-Jun 2014 WTE	Average July-Aug 2014 WTE	Average Oct-Dec 2014 WTE	Average Jan - March 2015 WTE	Average April-June 2015 WTE	Average July-Sept 2015 WTE	Average Oct - Dec 2015 WTE	Average Jan - Mar 2015 WTE	April 2016 WTE	May 2016 WTE
Total Bank staff wte	206.71	227.51	238.14	268.35	280.70	246.66	258.31	266.49	307.81	245.21	245.57

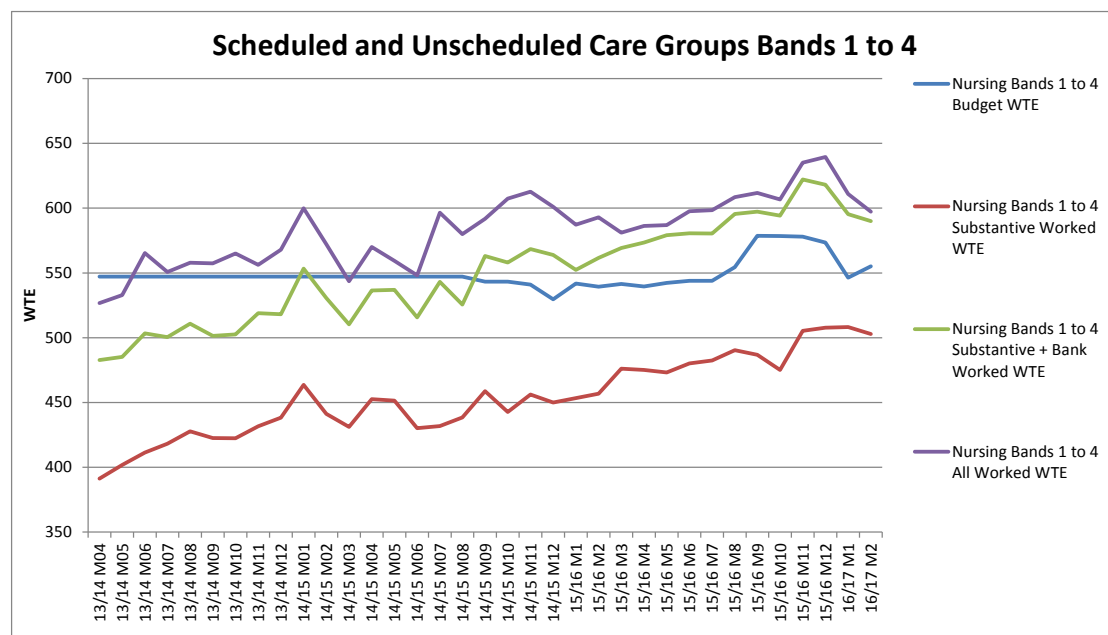
Key observations from the data are:

- i) Total pay spending has increased by £600,000.
- ii) Agency spending has reduced by an average £269,000 per month, as a consequence of reduced numbers of agency staff. The change being predominantly amongst nursing staff.
- iii) Bank staffing numbers are consistent with levels seen in the previous financial year, however costs are greater and reflects the decision to introduce new premium rates.

The recruitment of substantive nurses and reduction in high cost agency (and to a lesser extent bank staff) is a key part of the Trusts overall financial strategy. The diagrams below illustrate the progress being made.

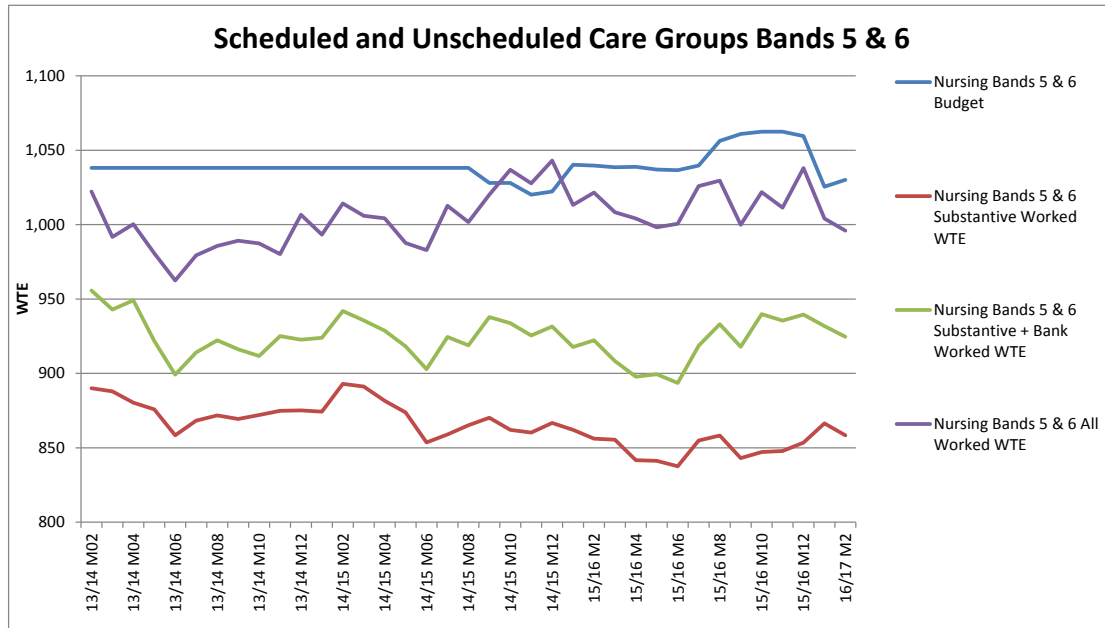
### Scheduled and Unscheduled Care Groups

#### Unqualified



## Scheduled and Unscheduled Care Groups

### Qualified



These two diagrams show:

- The Trust is continuing to struggle to recruit into vacant posts in respect of qualified nursing staff and is continuing to need to service the Nurse Staffing Template through the use of Agency staff.
- Over the last 2 – 3 months the Trust has serviced its need for unqualified nursing staff through increased volumes of substantive staff and reduced levels of Agency staff.

At the September Trust Board, a series of actions were approved aimed at reducing the level of agency spending. In order to establish whether the actions have taken effect, a series of key performance indicators are being tracked on a weekly basis and are illustrated in the table below.

### Nurse Staffing Weekly Key Performance Indicators

Week Number	Period	Agency Bookings	Off Framework (Tier 5) Bookings excl. Critical Care Areas	Off Framework (Tier 5) Bookings for Critical Care Areas	Proportion of Agency staff that are Tier 5	Bank Fill Rate	Unavailability	Overall Fill Rate	Weekly Net Hours
		WTE	WTE	WTE	%	%	%	%	Hours
41	3/1 - 9/1	83	0.7	2.7	4%	51%	27.6%	92.8%	(94)
42	10/1 - 16/1	81	0.3	3.9	5%	52%	27.1%	95.8%	82
43	17/1 - 23/1	80	0.0	3.0	4%	53%	27.1%	95.8%	304
44	24/1 - 30/1	89	0.3	8.1	9%	48%	26.5%	97.1%	67
45	31/1 - 6/2	77	0.6	9.9	14%	51%	28.2%	94.9%	(112)
46	7/2 - 13/2	75	0.3	4.2	6%	54%	28.0%	94.3%	137
47	14/2 - 20/2	81	0.3	9.0	11%	52%	30.6%	92.1%	161
48	21/2 - 27/2	85	1.2	9.6	13%	50%	30.4%	95.3%	(47)
49	28/2 - 5/3	97	4.3	18.3	23%	44%	30.5%	95.7%	24
50	6/3 - 12/3	97	4.3	18.3	23%	42%	29.7%	96.0%	(228)
51	13/3 - 19/3	99	4.6	10.5	15%	44%	31.3%	95.2%	52
52	20/3 - 26/3	92	4.6	19.5	26%	44%	32.7%	91.6%	322
53	27/3 - 2/4	83	14.7	24.9	48%	38%	30.5%	91.1%	79
1	3/4 - 9/4	84	30.1	30.7	72%	36%	27.8%	92.0%	309
2	10/4 - 16/4	70	18.7	15.0	48%	46%	25.0%	95.5%	(20)
3	17/4 - 23/4	61	4.0	10.7	24%	47%	23.4%	92.5%	180
4	24/4 - 30/4	72	5.5	17.8	32%	41%	25.7%	94.8%	283
5	1/5 - 7/5	69	2.2	17.8	29%	45%	26.6%	94.2%	207
6	8/5 - 14/5	68	4.0	13.5	26%	44%	27.9%	94.4%	(190)
7	15/5 - 21/5	62	0.9	11.7	20%	49%	26.0%	94.3%	27
8	22/5 - 28/5	73	3.5	13.7	24%	42%	28.0%	93.8%	(167)
9	29-5 - 4/6	76	3.4	16.9	27%	42%	28.6%	90.3%	714
Agreed 16/17 Business Planning Parameters			0.0	0.0	0.0%		24.0%	95.0%	
Variance to Parameter			+3.4	+16.9	27%		4.6%	(4.8)%	
Financial Impact			Deterioration	Deterioration	Deterioration		Deterioration	Improvement	
Change since previous week		+3	(0.1)	+3.1	3%	0%	0.6%	(3.6)%	881
Financial Impact		Deterioration	Improvement	Deterioration	Deterioration	Improvement	Deterioration	Improvement	Deterioration

The fill rate has reduced to 90.3%, which is the lowest rate in the last 22 weeks.

Despite the low fill rate, agency booked have increased to 76 wte, of which 27% were tier 5.

Bank fill remained static at 42%.

A critical component within the key performance indicators relates to the unavailability rate. This being so because:

- the Trust has assumed unavailability to be managed at a rate of 24%; and
- where unavailability exceeds 24% this is expected to result in reduced numbers of staff employed across wards, as measured by the fill rate.

	Annual Leave	Sickness	Parenting	Study	Other	Total
Week 1	14.4%	7.1%	3.4%	1.3%	1.6%	27.8%
Week 2	12.3%	5.8%	3.4%	2.2%	1.3%	25.0%
Week 3	12.0%	5.2%	3.4%	1.6%	1.3%	23.4%
Week 4	12.6%	5.2%	3.3%	2.3%	2.2%	25.7%
Week 5	13.3%	6.0%	3.5%	2.3%	1.5%	26.6%
Week 6	12.6%	6.0%	3.6%	4.1%	1.5%	27.9%
Week 7	12.9%	5.7%	3.6%	1.9%	1.8%	26.0%
Week 8	13.4%	6.2%	3.9%	2.3%	2.1%	28.0%
Week 9	16.3%	5.6%	3.9%	1.5%	1.2%	28.6%
Total	13.3%	5.9%	3.6%	2.2%	1.6%	26.6%



	Unscheduled Care	Scheduled Care	Total
Week 1	28.0%	27.4%	27.8%
Week 2	25.5%	24.5%	25.0%
Week 3	22.9%	24.1%	23.4%
Week 4	25.4%	26.2%	25.7%
Week 5	25.6%	27.9%	26.6%
Week 6	27.6%	28.4%	27.9%
Week 7	26.0%	26.1%	26.0%
Week 8	28.4%	26.9%	28.0%
Week 9	27.0%	31.4%	28.6%
Total	26.3%	26.9%	26.6%

As can be seen both of the care groups are presently operating with a level of unavailability in excess of the 24% target.

Across the two months, the volume of nursing staff complied with the fill rate/unavailability parameters on 4 of the 9 weeks.

### **Medical Staffing Key Performance Indicators**

Systematic review of medical staffing usage is complicated because the Trust presently has an ongoing issue with regard to the availability of reliable rotas.

Accordingly in measuring medical staffing compliance, the agency cap review has adopted a more limited position and instead focuses upon the percentage of sessions booked and the extent to which more sessions are booked within national rates.

## Medical Staffing Weekly Key Performance Indicators

Based on extract from LMS System

Based on all grades of Medical Staffing (Consultants/Middle Grades/Juniors etc)

Week Number	Week Ending	Total Locum Hours Booked	Agency Hours Proportion	Internal Locum Hours Proportion	Overall Fill Rate	Total Estimated Locum Cost (Exc VAT) £000s	Number of locum shifts in week exceeding Apr hourly rate cap (01/04/16)	Percentage of locum shifts in week exceeding Apr hourly rate cap (01/04/16)
41	10/01/16	2,099			TBA	145	250	98%
42	17/01/16	2,225			TBA	152	266	100%
43	24/01/16	2,078			TBA	145	263	98%
44	31/01/16	1,980			TBA	135	258	98%
45	07/02/16	1,444			TBA	96	180	97%
46	14/02/16	1,341			TBA	89	168	96%
47	21/02/16	1,440			TBA	95	188	99%
48	28/02/16	1,649			TBA	105	168	80%
49	06/03/16	1,540			TBA	94	175	88%
50	13/03/16	1,457			TBA	89	166	87%
51	20/03/16	1,729			TBA	110	183	83%
52	27/03/16	1,722			TBA	111	169	78%
53	03/04/16	1,282			TBA	83	149	90%
1	10/04/16	882			TBA	60	98	87%
2	17/04/16	969			TBA	66	112	89%
3	24/04/16	1,067			TBA	75	122	85%
4	01/05/16	1,294			TBA	90	136	77%
5	08/05/16	1,044			TBA	69	116	86%
6	15/05/16	1,188			TBA	79	133	82%
7	22/05/16	1,245			TBA	84	144	84%
8	29/05/16	1,320			TBA	91	154	87%
9	05/06/16	1,258			TBA	86	143	85%
10	12/06/16	1,482	85%	15%	TBA	94	162	79%

Change since previous week	+224	+85%	+15%	TBA	+8	+19	(6%)
Financial Impact	Deterioration	Deterioration	Improvement	TBA	Deterioration	Deterioration	Improvement

The table above highlights that:

- the number of sessions booked has reduced significantly in the opening two months of the year as compared with the winter period.
- The Trust is struggling to meet the agency staffing requirements and comply with national agency rates. For example, in the most recent week, 79% of sessions were obtained through the use of staff paid above the April hourly capped rate.

### Waiting List Initiatives

A further factor impacting significantly upon pay spending relates to Waiting List Initiatives payments. Over the past two years budgets have been realigned to reflect revised demand and capacity model. This has had the effect of increasing substantive pay budgets. Despite these budget increases, as the table below shows, payments in respect of Waiting List Initiatives have continued at an average rate of circa £230,000 per month.

	Average Jan-Mar 2014 £000s	Average April-Jun 2014 £000s	Average July-Aug 2014 £000s	Average Oct-Dec 2014 £000s	Average Jan - March 2015 £000s	Average April-June 2015 £000s	Average July-Sept 2015 £000s	Average Oct-Dec 2015 £000's	Average Jan- Mar 2016 £000's	April 2016 £000's	May 2016 £000's
Scheduled Care	162	187	192	192	111	174	137	198	130	181	173
Unscheduled Care	36	25	10	16	22	16	25	20	15	22	35

	Average Jan-Mar 2014 £000s	Average April-Jun 2014 £000s	Average July-Aug 2014 £000s	Average Oct-Dec 2014 £000s	Average Jan - March 2015 £000s	Average April-June 2015 £000s	Average July-Sept 2015 £000s	Average Oct-Dec 2015 £000's	Average Jan- Mar 2016 £000's	April 2016 £000's	May 2016 £000's
Diagnostic Care Group	15	34	13	26	32	27	56	45	46	35	43
Women and Children's Care Group	-	-	-	-	1	1			-		
Total Waiting List Initiative	213	246	215	234	166	218	218	263	191	238	251

### Pay – Key Messages

- The Trust has overspent in respect of Pay by £1.235 million in the opening two months of the year
- The Pay overspend is attributed to the inability to achieve savings as contained within the Cost Improvement Programme. Specifically, these relate to savings assumed through improving staffing unavailability, implementation of the clinical and non clinical Agency Caps and the requirement for the Scheduled and Unscheduled Care Groups to identify schemes to reduce workforce costs.
- Monthly pay spending is potentially distorted because in April and May the Trust has obtained cost savings by reducing the number of employed agency medical staff. Clinical groups indicate that this practice is not sustainable.

### 3.2 Non-Pay Spending

In the opening two months of the year, the Trust had underspent by £640,000 as compared with the budget.

Detailed below are the current run rates for Non-Pay after excluding pass through costs.

Month	Total Non Pay Spend (excluding exceptional items HCDs, ICDs etc) £000s	3 month moving average £000s
April 2013 – June 2013	5,776	
July 2013 – Sept 2013	5,908	
Oct 2013 – Dec 2013	6,145	
Jan 2014 – Mar 2014	6,315	
Apr 2014 – June 2014	5,951	
July 2014 – Sept 2014	6,174	
Oct 2014 – Dec 2014	6,215	
Jan-15	5,637	5,949
Feb-15	5,832	5,813
Mar-15	6,482	5,984
Apr-15	5,920	6,078
May-15	5,949	6,117
Jun-15	6,167	6,012
Jul-15	6,076	6,064
Aug-15	6,141	6,128

<i>Month</i>	<i>Total Non Pay Spend (excluding exceptional items HCDs, ICDs etc) £000s</i>	<i>3 month moving average £000s</i>
Sep-15	6,492	6,236
Oct -15	6,318	6,317
Nov -15	6,280	6,363
Dec 15	6,348	6,315
Jan 16	6,086	6,238
Feb 16	6,419	6,284
Mar 16	6,340	6,281
Apr 16	6,184	6,314
May 16	6,195	6,240

As can be seen, the level of Non Pay spending is remaining consistent on a monthly basis.

#### 4. Cost Improvement Programme

An assumed plan of £13.031 million equivalent to 3.925% of operational spending was identified.

	Annual Savings £000s	May Planned Savings £000s	May Actual Savings £000s	Forecast Savings £000s
Procurement	2,000	333	270	1,800
Unavailability Improvement	1,300	217	0	250
Waiting List Initiative	400	67	0	137
Pharmacy gain share	300	50	48	300
Scheduled Care	2,000	333	0	245
Unscheduled Care	1,000	167	0	0
Women and Children's	250	42	42	250
Agency Cap	3,250	542	293	1,900
Scheduled Care Anaesthetic savings	789	132	103	400
Residual CIP	1,742	290	153	1,600
<b>Total</b>	<b>13,031</b>	<b>2,172</b>	<b>909</b>	<b>6,882</b>

CIP Savings realised at the end of month 2 amounted to £0.909 million, as compared with a target of £2.172 million.

The CIP programme is forecast to generate savings in the year amounting to £6.882 million .

<b>Cost Improvement Programme – Key Messages</b>
<ul style="list-style-type: none"> <li>• Main areas of underperformance compared to assumed savings plan are within; <ul style="list-style-type: none"> <li>- Unscheduled Care Group</li> <li>- Scheduled Care Group</li> <li>- Unavailability improvement</li> </ul> </li> <li>• Based upon existing savings plans, it is predicted that the Trust will deliver circa £6.8 million within the 2016/17 financial year. This is £6.1 million less than the budgeted expectation.</li> </ul>

## 5. Capital Programme

The Trust's Capital Programme for 2016/17 is presented in the table below:

**The Shrewsbury and Telford Hospital NHS Trust**

**2016/17 Capital Programme Update as at Month 02 (May 2016)**

Scheme	2016/17 Capital Budget	2016/17 Spend to date	Forecast Outturn	Variance under/ (over) spend
	£000's	£000's	£000's	£000's
Outstanding Commitments from 2015/16	200	-17	198	2
Capital to Revenue Transfer	500	122	501	-1
ENABLING WORKS FOR 3RD LINAC	366	0	366	0
RSH MLU/PAU - P2 FCHS	100	0	100	0
<b>Total Capital Contingencies/Capitalisation of Salaries</b>	<b>3,625</b>	<b>316</b>	<b>3,625</b>	<b>0</b>
<b>Agreed Schemes 2016/2017</b>				0
IT COMPUTER ROOM INFRASTRUCTURE	450	0	450	0
PRH STATUTORY	120	0	120	0
PRH MECHANICAL & ELECTRICAL	209	0	209	0
RSH STATUTORY (INCLUDES £600K NET FOR FIRE)	1,128	0	1,128	0
RSH ITU AHU REPLACEMENT	300	0	300	0
RSH PHARMACY AHU ASEPTIC	180	0	180	0
RSH WARD 31/32/EPAS & FERTILITY	210	0	210	0
RSH PATHOLOGY SWITCHGEAR	23	0	23	0
RSH AIR HANDLING DUCTING	150	0	150	0
RSH PLANT ROOM PIPEWORK	5	0	5	0
RSH ELECTRICAL	60	0	60	0
RSH PHARMACY MALE CHANGING AREA	0	0	0	0
RSH MATERNITY	0	0	0	0
ESTATES CONDITION ASSESSMENTS STILL REQUIRED	186	0	186	0
PRH DUODENOSCOPES	30	71	30	0
RSH DUODENOSCOPES	30	71	30	0
PRH COLONOSCOPES/GASTROSCOPES	39	0	39	0
RSH FERTILITY CABINET	26	0	26	0
RSH/PRH RENAL DIALYSIS MACHINES	242	0	242	0
PRH THEATRE STACK SYSTEMS & POWER TOOLS	180	0	180	0
RSH/PRH OPERATING MICROSCOPES	203	0	203	0
PRH GYNAE TELESCOPES	0	0	0	0
MATERNITY ULTRASOUND SCANNER	0	0	0	0
SERVERS	483	25	483	0
SWITCHES (NETWORKING)	327	2	327	0
COMPUTERS	0	0	0	0

<b>Total Discretionary Capital Schemes</b>	<b>9,370</b>	<b>591</b>	<b>9,370</b>	<b>0</b>
Overcommitted/Unallocated	-420	0	-420	0
<b>Total</b>	<b>8,950</b>	<b>591</b>	<b>8,950</b>	<b>0</b>

The internal CRL for 2016/17 has been set as follows:

- £8.450m Internally Generated CRL
- £0.500m Capital to Revenue Transfer from 2015/16
- **£8.950m CRL**

Expenditure to Month 02 (May 2016) as detailed above is £591k.

## 6. Statement of Financial Position

### Total Assets Employed

The in month movement of Total Assets Employed is a negative £1,510k due to a decrease in non-current assets (£294k) and current liabilities (£2,139k) but an increase in current assets (£897k) and provisions (£26k). Net current liabilities have decreased in month by £1,536k.

### Total Non-Current Assets

The decrease in non-current assets of £294k relates to a decrease of £426k within fixed assets and an increase in long term receivables relating to the Compensation Recovery Unit of £132k.

	March 15 £000	April 16 £000	May 16 £000	Variance to March 15 £000	Variance to April 16 £000
<b>Total Non Current Assets</b>	<b>162,060</b>	<b>160,121</b>	<b>159,827</b>	<b>(2,233)</b>	<b>(294)</b>
Inventories	7,875	7,891	8,076	201	185
Current Trade and Other Receivables	8,829	14,923	16,652	7,823	1,729
Cash and Cash Equivalents	1,700	2,477	1,460	(240)	(1,017)
<b>Total Current Assets</b>	<b>18,404</b>	<b>25,291</b>	<b>26,188</b>	<b>7,784</b>	<b>897</b>
<b>Current Trade and Other Payables</b>	<b>(22,969)</b>	<b>(28,796)</b>	<b>(30,475)</b>	<b>(7,506)</b>	<b>(1,679)</b>
PDC dividend Payable accrual	0	(358)	(716)	(716)	(358)
Interest on Revolving Working Capital Facility	(23)	0	(55)	(32)	(55)
Provisions	(561)	(551)	(598)	(37)	(47)
<b>Total Current Liabilities</b>	<b>(23,553)</b>	<b>(29,705)</b>	<b>(31,844)</b>	<b>(8,291)</b>	<b>(2,139)</b>
<b>Net Current Liabilities</b>	<b>(5,149)</b>	<b>(4,414)</b>	<b>(5,656)</b>	<b>(507)</b>	<b>(1,242)</b>
<b>Total Assets less Current Liabilities</b>	<b>156,911</b>	<b>155,707</b>	<b>154,171</b>	<b>(2,740)</b>	<b>(1,536)</b>
Revolving Working Capital Support Facility	(12,700)	(12,700)	(12,700)	0	0
Provisions	(175)	(175)	(149)	26	26

<b>Total Assets Employed</b>	<b>144,036</b>	<b>142,832</b>	<b>141,322</b>	<b>(2,714)</b>	<b>(1,510)</b>
<b>Financed by Taxpayers' Equity</b>					
Public dividend capital	197,106	197,106	197,106	0	0
Retained Earnings	(82,053)	(83,257)	(84,767)	(2,714)	(1,510)
Revaluation reserve	28,983	28,983	28,983	0	0
<b>Total Taxpayers' Equity</b>	<b>144,036</b>	<b>142,832</b>	<b>141,322</b>	<b>(2,714)</b>	<b>(1,510)</b>

Total Taxpayers' Equity has decreased by £1,510k in month due to a decrease in retained earnings of £1,510k comprising a £1,430k I&E deficit in month and a £80k adjustment for donated asset reserve elimination.

### Total Current Assets

Inventories have increased by £185k within the month.

Receivables have increased by £1,729k in the areas of NHS receivables (£639k), VAT (£217k) and prepayments and accrued income (£1,095k) but a decrease in Non-NHS receivables (£222k).

Accounts Receivable aged debt summary as at 31 May 2016:

	1-30 Days	31-60 Days	61+ Days	Total
	£000	£000	£000	£000
NHS (English)	1,583	465	614	2,662
NHS (Non-English)	44	25	868	937
Private Patients	54	9	58	121
Other*	77	91	119	287
<b>Total</b>	<b>1,758</b>	<b>590</b>	<b>1,659</b>	<b>4,007</b>

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

The outstanding receivables balances as at 31 May 2016 over £100k are:

	1-30 Days	31-60 Days	61+ Days	Total
	£000	£000	£000	£000
NHS England Commissioning	760	0	0	760
Powys LHB	10	0	712	722
Public Health England	0	0	336	336
RJAH	132	138	33	303
Shropshire Community HCT	180	42	55	277
Stafford & Surrounds CCG	0	69	69	138

The NHS England Commissioning balance includes £509k of invoices raised in advance for Month 3 contract income to ensure these invoices are paid in July 2016.

The balance outstanding over 61 days with Powys LHB relates to disputed invoices for monthly Powys outreach SLA invoices which are currently trying to be resolved.

### Total Current Liabilities and the Better Payment Practice Code

Payables have decreased by £1,679k in the areas of NHS payables (£1,909k) and Non-NHS accruals and deferred income (£560k) but an increase in capital payables (£275k), Non-NHS payables (£402k) and tax and social security costs (£113k).

Accounts Payable aged summary of outstanding invoices as at 31 May 2016:

	1-30 Days	31-60 Days	61+ Days	Total
	£000	£000	£000	£000
NHS Invoices	379	352	827	1,558
Non-NHS Invoices	6,297	1,433	1,657	9,387
<b>Total</b>	<b>6,676</b>	<b>1,785</b>	<b>2,484</b>	<b>10,945</b>

Non-NHS – Year to date performance is better by value but worse by volume than the previous month and cumulative performance is better than the equivalent 2015/16 YTD performance.

The areas of non-compliance primarily relate to:

Over 30 days - £131k stretchers/trolleys, £126k electricity costs, £122k pharmacy, £18k agency

Over 60 days - £86k AECU service, £45k pharmacy, £13k agency

Non NHS Spend	YTD	M1	M2	YTD
	2015/16	2016/17	2016/17	2016/17
<b>By Volume</b>				
Total Volume	15,838	6,772	6,033	12,805
BPPC compliant volume	15,238	6,316	5,553	11,869
BPPC compliant %	86%	93%	92%	93%
<b>By Value</b>				
Total value (£000)	21,972	9,182	9,703	18,885
BPPC compliant value (£000)	20,447	8,187	8,917	17,104
BPPC compliant %	88%	89%	92%	91%
<b>Current Month</b>				
<b>Payment made</b>	<b>Quantity</b>	<b>Quantity %</b>	<b>Value</b>	<b>Value %</b>
0-30 days	5,553	92%	8,916,965	92%
31-35 days	191	3%	394,586	4%
36-40 days	25	0%	15,329	0%
41-45 days	52	1%	31,004	0%
46-50 days	39	1%	102,790	1%
51-55 days	21	0%	13,242	0%
56-60 days	33	1%	32,569	0%
over 60 days	119	2%	197,056	2%
<b>Total invoices paid</b>	<b>6,033</b>	<b>100%</b>	<b>9,703,541</b>	<b>100%</b>

NHS – Year to date performance is worse than the previous month and cumulative performance is worse than the equivalent 2015/16 YTD performance.

The areas of non-compliance primarily relate to:

Over 30 days - £169k laundry, £20k blood recharge

Over 60 days - £33k T&O consultant recharge



NHS Spend	YTD	M1	M2	YTD
	2015/16	2016/17	2016/17	2016/17
<b>By Volume</b>				
Total Volume	476	192	100	292
BPPC compliant volume	432	175	58	233
BPPC compliant %	87%	91%	58%	80%
<b>By Value</b>				
Total value (£000)	2,175	364	485	849
BPPC compliant value (£000)	2,087	269	251	520
BPPC compliant %	89%	74%	52%	61%
<b>Current Month</b>				
<b>Payment made</b>	<b>Quantity</b>	<b>Quantity %</b>	<b>Value</b>	<b>Value %</b>
0-30 days	58	58%	250,958	52%
31-35 days	6	6%	97,494	20%
36-40 days	2	2%	3,409	1%
41-45 days	3	3%	4,968	1%
46-50 days	4	4%	76,587	16%
50-55 days	7	7%	7,031	1%
56-60 days	1	1%	3,666	1%
over 60 days	19	19%	41,159	8%
<b>Total invoices paid</b>	<b>100</b>	<b>100%</b>	<b>485,272</b>	<b>100%</b>

Provisions have moved as expected within the month.

## 7. Statement of Cash flow

Key points regarding cashflow are as follows:

- In line with DH Interim Support Finance Guidance, the Trust is required to hold a minimum daily cash balance of two days operating expenses which equates to £1.7 million.
- The Trust held a cash balance on the Balance Sheet of 1.460 million at May. The actual balance in the Trust's bank account was £1.402 million, the difference being reconciling items eg cash in transit; petty cash; patients cash; unrepresented cheques, etc.
- The 2016/17 cash plan is constructed based on an Income and Expenditure deficit of £5.9 million.
- It has been agreed that the Trust will receive £10.5 million from the General Element of the Sustainability and Transformation Fund (STF); however the Trust is awaiting guidance as to the assessment required and timing of receipt of this cash.
- The Trust will receive £5.9 million cash support in 2016/17.
- The Trust is drawing £3.633 million in June from its Revolving Working Capital Facility in lieu of 3 months STF of £2.625m and £1.008m to support I&E deficit.

	Actual May Month	Forecast June Month	Forecast July Month	Forecast August Month	Forecast September Month	Forecast October Month	Forecast November Month	Forecast December Month	Forecast January Month	Forecast February Month	Forecast March Month	Forecast April Month	Forecast May Month
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Balance B/fwd	2,308	1,402	766	3,004	2,362	3,631	6,017	3,863	1,958	4,920	2,647	1,700	1,700
<b>INCOME</b>													
Service Agreements													
Income I&E	28,545	25,490	29,600	26,589	29,274	32,726	26,589	26,589	31,926	26,589	32,680	28,499	28,499
Income - Total Balance Sheet Movements	(57)	66	(7)	63	645	0	0	0	0	0	323	0	0
<b>Total Income Cashflow</b>	<b>28,488</b>	<b>25,556</b>	<b>29,593</b>	<b>26,651</b>	<b>29,919</b>	<b>32,726</b>	<b>26,589</b>	<b>26,589</b>	<b>31,926</b>	<b>26,589</b>	<b>33,002</b>	<b>28,499</b>	<b>28,499</b>
Revolving Working Capital - I&E Deficit	0	1,008	517	0	4,375	0	0	0	0	0	0	0	0
Revolving Working Capital - STF		2,625	875	875									
Receipt of Permanent PDC	0	0	0	0	0	0	606	394	500	500	500	0	0
<b>Total Income Cashflow (inc RWC)</b>	<b>28,488</b>	<b>29,189</b>	<b>30,985</b>	<b>27,526</b>	<b>34,294</b>	<b>32,726</b>	<b>27,195</b>	<b>26,983</b>	<b>32,426</b>	<b>27,089</b>	<b>33,502</b>	<b>28,499</b>	<b>28,499</b>
<b>PAY</b>													
Pay I&E	(19,516)	(19,080)	(19,080)	(19,080)	(19,080)	(19,080)	(19,080)	(19,080)	(19,080)	(19,080)	(19,072)	(19,101)	(19,101)
Pay - Total Balance Sheet Movements	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Pay Cashflow</b>	<b>(19,516)</b>	<b>(19,080)</b>	<b>(19,080)</b>	<b>(19,080)</b>	<b>(19,080)</b>	<b>(19,080)</b>	<b>(19,080)</b>	<b>(19,080)</b>	<b>(19,080)</b>	<b>(19,080)</b>	<b>(19,072)</b>	<b>(19,101)</b>	<b>(19,101)</b>
<b>NON PAY</b>													
Non Pay I&E	(9,165)	(10,149)	(9,249)	(8,556)	(8,246)	(8,422)	(8,743)	(8,060)	(8,884)	(8,196)	(8,049)	(8,612)	(8,612)
Non Pay - Total Balance Sheet Movements	0	0	0	0	0	0	0	0	0	0	(2,001)	0	0
<b>Total Non Pay Cashflow</b>	<b>(9,165)</b>	<b>(10,149)</b>	<b>(9,249)</b>	<b>(8,556)</b>	<b>(8,246)</b>	<b>(8,422)</b>	<b>(8,743)</b>	<b>(8,060)</b>	<b>(8,884)</b>	<b>(8,196)</b>	<b>(10,050)</b>	<b>(8,612)</b>	<b>(8,612)</b>
Finance Costs													
Finance Costs I&E	2	2	2	2	(2,788)	2	2	2	2	2	(2,788)	(17)	(17)
Finance Costs - Total Balance Sheet Movements	0	0	0	0	627	0	0	0	0	0	0	0	0
<b>Total Finance Costs Cashflow</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>(2,161)</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>(2,788)</b>	<b>(17)</b>	<b>(17)</b>
Capital													
Capital Expenditure	(441)	(212)	(319)	(820)	(1,091)	(920)	(1,862)	(1,396)	(1,711)	(1,577)	(1,770)	(814)	(814)
Capital - Total Balance Sheet Movements	(143)	(385)	(99)	286	179	(168)	336	(256)	209	(509)	(764)	0	0
<b>Total Capital Cashflow</b>	<b>(584)</b>	<b>(597)</b>	<b>(418)</b>	<b>(534)</b>	<b>(912)</b>	<b>(1,088)</b>	<b>(1,526)</b>	<b>(1,652)</b>	<b>(1,502)</b>	<b>(2,086)</b>	<b>(2,534)</b>	<b>(814)</b>	<b>(814)</b>
Repayment of RWC - on receipt of STF				0	(2,625)	(1,750)						0	0
PDC Revenue					0							0	0
Donated Assets													
Donated Assets Income	0	71	71	71	71	71	71	71	71	71	70	126	80
Donated Assets Expenditure	(131)	(73)	(73)	(73)	(73)	(73)	(73)	(73)	(170)	(73)	(76)	(80)	(80)
<b>Total Donated Assets Cashflow</b>	<b>(131)</b>	<b>(1)</b>	<b>(1)</b>	<b>(1)</b>	<b>(1)</b>	<b>(1)</b>	<b>(1)</b>	<b>(98)</b>	<b>(1)</b>	<b>(1)</b>	<b>(5)</b>	<b>46</b>	<b>0</b>
<b>Total Cashflow</b>	<b>(906)</b>	<b>(636)</b>	<b>2,239</b>	<b>(643)</b>	<b>1,269</b>	<b>2,386</b>	<b>(2,154)</b>	<b>(1,905)</b>	<b>2,961</b>	<b>(2,273)</b>	<b>(947)</b>	<b>(0)</b>	<b>(46)</b>
Balance C/fwd	1,402	766	3,004	2,362	3,631	6,017	3,863	1,958	4,920	2,647	1,700	1,700	1,654

*Statement of Financial Position – Key Messages*

- *The Trust is required to hold a minimum daily cash balance of £1.7 million.*
- *The Trust held a cash balance on the Balance Sheet of 1.460 million at May. The actual balance in the Trust's bank account was £1.402 million, the difference being reconciling items eg cash in transit; petty cash; patients cash; un-presented cheques, etc.*
- *The 2016/17 cash plan is constructed based on an Income and Expenditure deficit of £5.9 million and will receive £5.9 million cash support in 2016/17.*
- *The Trust will receive £10.5 million from the Sustainability and Transformation Fund; guidance is awaited.*
- *The Trust is drawing £3.633 million in June from its Revolving Working Capital Facility in lieu of 3 months STF of £2.625m and £1.008m to support I&E deficit.*

Neil Nisbet  
Finance Director and Deputy Chief Executive  
22nd June 2016



## Nursing and Midwifery Staffing Data – April and May 2016

### 1. Hospital Site Monthly Fill Rates

Tables 1 and 2 detail the monthly staffing fill rates by hospital site for April and May 2016, together with the number of planned (P) and actual (A) hours. Please refer to Appendix 1 and 2 for a full breakdown of individual wards grouped by Care Group, which is also available via the [“Safe Staffing”](#) page of the Trust’s website.

*The information in this report has been extracted from MAPS Healthroster.*

**Table 1 – April 2016**

Hospital Site	Day		Night		Overall fill rate %
	Registered Staff	Care Staff	Registered Staff	Care Staff	
Princess Royal Hospital (PRH)	<b>93.9%</b>	<b>99.3%</b>	<b>96.3%</b>	<b>105.4%</b>	<b>98.5%</b>
	26167 (A) of 27875 (P)	15300 (A) of 15406 (P)	19215 (A) of 19959 (P)	10089 (A) of 9570 (P)	
Royal Shrewsbury Hospital (RSH)	<b>90.6%</b>	<b>106.2%</b>	<b>98.6%</b>	<b>111.6%</b>	<b>99.4%</b>
	24356 (A) of 26885 (P)	20184 (A) of 19002 (P)	19009 (A) of 19271 (P)	12882 (A) of 115464 (P)	
SaTH Maternity Units (RSH / PRH / Midwife-Led Units)	<b>98.3%</b>	<b>99.7%</b>	<b>100.1%</b>	<b>100.6%</b>	<b>99.4%</b>
	8135 (A) of 8279 (P)	5110 (A) of 5124 (P)	5961 (A) of 5955 (P)	4088 (A) of 4065 (P)	
<b>Overall Trust fill rate</b>	<b>93.1%</b>	<b>102.7%</b>	<b>97.8%</b>	<b>107.5%</b>	

**Table 2 – May 2016**

Hospital Site	Day		Night		Overall fill rate %
	Registered Staff	Care Staff	Registered Staff	Care Staff	
Princess Royal Hospital (PRH)	<b>96.3%</b>	<b>103.9%</b>	<b>100.3%</b>	<b>110.6%</b>	<b>100.2%</b>
	27415 (A) of 28460 (P)	15539 (A) of 14961 (P)	20506 (A) of 20436 (P)	10653 (A) of 9634 (P)	
Royal Shrewsbury Hospital (RSH)	<b>90%</b>	<b>109.9%</b>	<b>96.4%</b>	<b>110.6%</b>	<b>98.1%</b>
	25087 (A) of 27876 (P)	21230 (A) of 19310 (P)	19039 (A) of 19745 (P)	13004 (A) of 11760 (P)	
SaTH Maternity Units (RSH / PRH / Midwife-Led Units)	<b>98.7 %</b>	<b>97.9%</b>	<b>98.6%</b>	<b>96.6%</b>	<b>98.1%</b>
	8088 (A) of 8195 (P)	4652 (A) of 4753 (P)	6577 (A) of 6668 (P)	4270 (A) of 4421 (P)	
<b>Overall Trust fill rate</b>	<b>93.9%</b>	<b>106.1%</b>	<b>98.4%</b>	<b>108.2%</b>	

## 2. Exception Report

Tables 3 and 4 details by exception, why staffing hours were  $\geq 110\%$  or  $\leq 85\%$  than planned. For wards with a fill rate  $\geq 110\%$  the number and reason for additional duties worked above the planned staffing template is included. This is represented by the total number of shifts and equivalent hours worked during the month. Where a ward has a pre-registration nurse(s) working outside their supernumerary period; the number of hours they have worked which have been assigned to the Care Staff hours sum is also detailed, which, for April this amounts to 1184 hours and for May 1305 hours. They will remain assigned to this staffing category from a recording of their worked hour's perspective until they have been registered with the UK Nursing & Midwifery Council (NMC).

**Table 3 – April 2016**

Site	Ward	Staff Group	Time of Day	% Fill Rate	Reason(s) for over / under fill
PRH	4	Registered	Day	79%	Low fill rate due to reassignment of 320.5 hours of Registered Staff hours to Care Staff category, worked by Pre-Reg RN
PRH	4	Care Staff	Day	118.8%	Pre-Reg RN hours = <b>320.5</b>
PRH	4	Care Staff	Night	115.1%	<b>Additional Duties</b> <b>Total shifts = 10, Total hours = 115</b> Change in Skill Mix – 1 shift, 11.5 hrs EPS – 6 shifts, 69 hrs OHH CSM Transfer – 1 shift, 11.5 hrs High Acuity – 1 shift, 11.5 hrs Staff moved to other ward – 1 shift, 11.5 hrs Pre-Reg RN hours = <b>11.5</b>
PRH	6	Care Staff	Night	110.1%	<b>Additional Duties</b> <b>Total shifts = 4, Total hours = 46</b> Change in Skill Mix – 1 shift, 11.5 hrs EPS – 3 shifts, 34.5 hrs
PRH	7	Care Staff	Day	123.7%	<b>Additional Duties</b> <b>Total shifts = 36, Total hours = 401</b> Change in Skill Mix – 1 shift, 11.5 hrs Escalation – 31 shifts, 346 hrs OHH CSM Transfer – 1 shift, 9 hrs High Acuity – 1 shift, 11.5 hrs Staff moved to other ward – 2 shifts, 23 hrs
PRH	7	Registered	Night	143.3%	<b>Additional Duties</b> <b>Total shifts = 29, Total hours = 333</b> EPS – 1 shift, 11.5 hrs Escalation – 27 shifts, 310 hrs High Acuity – 1 shift, 11.5 hrs
PRH	7	Care Staff	Night	120%	<b>Additional Duties</b> <b>Total shifts = 12, Total hours = 138</b> Change in Skill Mix – 1 shift, 11.5 hrs Escalation – 10 shifts, 115 hrs EPS – 1 shift, 11.5 hrs

PRH	9	Care Staff	Day	96.7%	Pre-Reg RN hours = <b>11.5</b>
PRH	11 Supported Discharge	Registered	Day	72.1%	Low fill rate due to the reducing in patient numbers and therefore required staffing as part of the closing of this ward post Winter set opening period
PRH	11 Supported Discharge	Care Staff	Day	57.3%	
PRH	15	Care Staff	Night	116.7%	<b>Additional Duties</b> <b>Total shifts = 10, Total hours = 114.5</b> Escalation – 1 shift, 11.5 hrs EPS – 9 shifts, 103.5 hrs
PRH	17	Care Staff	Day	99.2%	Pre-Reg RN hours = <b>57.5</b>
RSH	21 Supported Discharge	Registered	Day	84.7%	Low fill rate due to the reducing in patient numbers and therefore required staffing as part of the closing of this ward post Winter set opening period
RSH	21 Supported Discharge	Care Staff	Day	58%	
RSH	21 Supported Discharge	Care Staff	Night	84.5%	
RSH	22 SR	Registered	Day	79.6%	Under fill due to a change in the ward staffing template over the Winter period; with a planned reduction in the number of Registered Nurses on duty during the day. One RN has been replaced with 1.5 Healthcare Assistants (HCAs) on each shift
RSH	22 SR	Care Staff	Day	128.1%	<b>Additional Duties</b> <b>Total shifts = 64, Total hours = 641.5</b> Change in Skill Mix – 58 shifts, 576 hrs (as detailed above) Escalation – 1 shift, 8 hrs EPS – 5 shifts, 57.5 hrs
RSH	24/CCU	Care Staff	Night	120%	<b>Additional Duties</b> <b>Total shifts = 14 , Total hours = 161</b> Change in Skill Mix – 14 shifts, 161 hrs
RSH	27	Care Staff	Day	102.6%	Pre-Reg RN hours = <b>149.5</b>
RSH	28 N	Care Staff	Day	96.8%	Pre-Reg RN hours = <b>57.5</b>
RSH	32	Registered	Day	83.3%	Low fill rate due to reassignment of 69 hours of Registered Staff hours to Care Staff category, worked by Pre-Reg RN, in addition to not staffing the co-ordinator nurse at weekends currently

RSH	32	Care Staff	Day	106.7%	Pre-Reg RN hours = 69
RSH	32	Care Staff	Night	110.1%	<b>Additional Duties</b> <b>Total shifts = 8, Total hours = 89</b> EPS – 8 shifts, 89 hrs Pre-Reg RN hours = 35
PRH	8	Care Staff	Night	144.2%	<b>Additional Duties</b> <b>Total shifts = 4, Total hours = 46</b> EPS – 3 shifts, 34.5 hrs High Acuity – 1 shift, 11.5 hrs
PRH	10	Care Staff	Night	126.2%	<b>Additional Duties</b> <b>Total shifts = 14, Total hours = 161</b> Escalation – 1 shift, 11 hrs EPS – 11 shifts, 127 hrs Staff moved to other ward – 2 shifts, 23 hrs
PRH	ITU/HDU	Registered	Day	84.4%	Low fill rate due to low patient dependency during the month requiring less staffing hours to provide required care
RSH	Urology Ward Treatment Centre	Care Staff	Day	129.4%	<b>Additional Duties</b> <b>Total shifts = 15, Total hours = 121.5</b> Escalation – 14 shifts, 110 hrs EPS – 1 shift, 11.5hrs Pre-Reg RN hours = 129
RSH	Urology Ward Treatment Centre	Registered	Night	121.7%	<b>Additional Duties</b> <b>Total shifts = 15, Total hours = 161</b> Escalation – 15 shifts, 161hrs
RSH	Urology Ward Treatment Centre	Care Staff	Night	135.4%	<b>Additional Duties</b> <b>Total shifts = 12, Total hours = 122</b> EPS – 4 shifts, 46 hrs Escalation – 6 shifts, 57 hrs OHH CSM Transfer – 1 shift, 12 hrs Staff moved to other wd – 1 shift, 8 hrs
RSH	22 TO	Care Staff	Night	122.2%	<b>Additional Duties</b> <b>Total shifts = 25, Total hours = 288</b> EPS – 25 shifts, 288 hrs
RSH	25	Registered	Day	85%	Low fill rate due to reassignment of 138 hours of Registered Staff hours to Care Staff category, worked by Pre-Reg RN
RSH	25	Care Staff	Day	118.8%	<b>Additional Duties</b> <b>Total shifts = 18, Total hours = 196</b> Change in Skill Mix – 4 shifts, 41 hrs EPS – 13 shifts, 144 hrs OHH CSM Transfer – 1 shift, 11.5 hrs Pre-Reg RN hours = 138
RSH	25	Care Staff	Night	112.9%	<b>Additional Duties</b> <b>Total shifts = 12, Total hours = 137.5</b> Change in Skill Mix – 5 shifts, 57 hrs EPS – 6 shifts, 69 hrs OHH CSM Transfer – 1 shift, 11.5 hrs
RSH	26	Care Staff	Day	114.6%	<b>Additional Duties</b> <b>Total shifts = 21 , Total hours = 242</b> EPS – 21 shifts, 242 hrs Pre-Reg RN hours = 69
RSH	SAU	Care Staff	Day	112.2%	<b>Additional Duties</b> <b>Total shifts = 14, Total hours = 155</b> EPS – 14 shifts, 155 hrs



					Pre-Reg RN hours = 136
RSH	SAU	Care Staff	Night	159.5%	<b>Additional Duties</b> <b>Total shifts = 59, Total hours = 694</b> Change in Skill Mix – 1 shift, 12 hrs EPS – 32 shifts, 364 hrs Escalation – 26 shifts, 298 hrs

**Table 4 – May 2016**

Site	Ward	Staff Group	Time of Day	% Fill Rate	Reason(s) for over / under fill
PRH	4	Care Staff	Day	115.4%	<b>Additional Duties</b> <b>Total shifts = 3, Total hours = 34.5</b> EPS – 3 shifts, 34.5 hrs Pre-Reg RN hours = 218.5
PRH	4	Care Staff	Night	120.8%	<b>Additional Duties</b> <b>Total shifts = 13, Total hours = 148</b> Change in Skill Mix – 1 shift, 10 hrs EPS – 12 shifts, 138 hrs Pre-Reg RN hours = 8
PRH	6	Care Staff	Night	142.1%	<b>Additional Duties</b> <b>Total shifts = 13, Total hours = 150</b> Change in Skill Mix – 2 shifts, 23 hrs EPS – 11 shifts, 127 hrs
PRH	7	Registered	Day	111.2%	<b>Additional Duties</b> <b>Total shifts = 26, Total hours = 298</b> Escalation – 26 shifts, 298 hrs
PRH	7	Care Staff	Day	134%	<b>Additional Duties</b> <b>Total shifts = 31, Total hours = 338</b> Change in Skill Mix – 2 shifts, 17 hrs Escalation – 29 shifts, 321 hrs
PRH	7	Registered	Night	145.2%	<b>Additional Duties</b> <b>Total shifts = 27, Total hours = 311</b> Escalation – 27 shifts, 311 hrs
PRH	7	Care Staff	Night	117.4%	<b>Additional Duties</b> <b>Total shifts = 11, Total hours = 125</b> Change in Skill Mix – 1 shift, 11.5 hrs Escalation – 9 shifts, 102 hrs Staff moved to other ward – 1 shift, 11.5 hrs
PRH	9	Care Staff	Day	104.5%	Pre-Reg RN hours = 80.5
PRH	9	Care Staff	Night	104.9%	<b>Additional Duties</b> <b>Total shifts = 1, Total hours = 11.5</b> Change in Skill Mix – 1 shift, 11.5 hrs Pre-Reg RN hours = 23
PRH	17	Care Staff	Day	109.1%	<b>Additional Duties</b> <b>Total shifts = 6, Total hours = 69</b> EPS – 5 shifts, 57.5 hrs OHH CSM Transfer – 1 shift, 11.5 hrs Pre-Reg RN hours = 126.5

PRH	17	Care Staff	Night	112.1%	<b>Additional Duties</b> <b>Total shifts = 16, Total hours = 184</b> EPS – 16 shifts, 184 hrs
RSH	22 SR	Registered	Day	82%	Under fill due to a change in the ward staffing template over the Winter period; with a planned reduction in the number of Registered Nurses on duty during the day. One RN has been replaced with 1.5 Healthcare Assistants (HCAs) on each shift
RSH	22 SR	Care Staff	Day	128.2%	<b>Additional Duties</b> <b>Total shifts = 63, Total hours = 631.5</b> Change in Skill Mix – 62 shifts, 599 hrs (as detailed above) Staff moved to other ward – 1 shift, 11.5 hrs
RSH	22 SR	Registered	Night	114.6%	<b>Additional Duties</b> <b>Total shifts = 25 , Total hours = 275.5</b> EPS – 3 shifts, 34.5 hrs High Acuity – 22 shifts, 241 hr
RSH	24/CCU	Care Staff	Night	128.1%	<b>Additional Duties</b> <b>Total shifts = 18, Total hours = 200.5</b> Change in Skill Mix – 17 shifts, 189 hrs EPS – 1 shift, 11.5 hrs
RSH	27	Care Staff	Day	112%	<b>Additional Duties</b> <b>Total shifts = 28, Total hours = 231</b> Change in Skill Mix – 28 shifts, 231 hrs Pre-Reg RN hours = <b>57.5</b>
RSH	32	Registered	Day	82.1%	Low fill rate due to reassignment of 149.5 hours of Registered Staff hours to Care Staff category, worked by Pre-Reg RN in addition to not staffing the co-ordinator nurse at weekends currently
RSH	32	Care Staff	Day	112.5%	<b>Additional Duties</b> <b>Total shifts = 2, Total hours = 23</b> EPS – 2 shifts, 23 hrs Pre-Reg RN hours = <b>149.5</b>
RSH	32	Care Staff	Night	109.7%	<b>Additional Duties</b> <b>Total shifts = 2, Total hours = 23</b> EPS – 2 shifts, 23 hrs Pre-Reg RN hours = <b>103.5</b>
PRH	10	Care Staff	Night	132.3%	<b>Additional Duties</b> <b>Total shifts = 20, Total hours = 230</b> Change in Skill Mix – 1 shifts, 11.5 hrs EPS – 19 shifts, 218.5 hrs
PRH	11	Care Staff	Night	112.9%	<b>Additional Duties</b> <b>Total shifts = 9, Total hours = 104</b> EPS – 9 shifts, 104 hrs
RSH	21 Urology	Care Staff	Day	104.3%	<b>Additional Duties</b> <b>Total shifts = 1, Total hours = 11</b> EPS – 1 shift, 11 hrs Pre-Reg RN hours = <b>76</b>
RSH	21 Urology	Care Staff	Night	126.1%	<b>Additional Duties</b> <b>Total shifts = 9, Total hours = 103.5</b> EPS – 9 shifts, 103.5 hrs
RSH	22 TO	Care Staff	Night	129%	<b>Additional Duties</b> <b>Total shifts = 26, Total hours = 298</b> EPS – 26 shifts, 298 hrs

RSH	23 OH	Care Staff	Day	111.4%	<b>Additional Duties</b> <b>Total shifts = 19, Total hours = 214</b> Change in Skill Mix – 1 shift, 11 hrs EPS – 16 shifts, 184 hrs High Acuity – 2 shifts, 18 hrs
RSH	23 OH	Care Staff	Night	168%	<b>Additional Duties</b> <b>Total shifts = , Total hours = 253</b> Change in Skill Mix – 2 shifts, 23 hrs EPS – 20 shifts, 230 hrs
RSH	25	Care Staff	Day	116.1%	<b>Additional Duties</b> <b>Total shifts = 20, Total hours = 230.5</b> EPS – 19 shifts, 219 hrs Staff moved to other ward – 1 shift, 11.5 hrs Pre-Reg RN hours = 150
RSH	26	Care Staff	Day	125.2%	<b>Additional Duties</b> <b>Total shifts = 27, Total hours = 311</b> EPS – 27 shifts, 311 hrs Pre-Reg RN hours = 150
RSH	26	Care Staff	Night	112.5%	<b>Additional Duties</b> <b>Total shifts = 11, Total hours = 125</b> EPS – 11 shifts, 125 hrs Pre-Reg RN hours = 23
RSH	SAU	Care Staff	Care	111.7%	<b>Additional Duties</b> <b>Total shifts = 13, Total hours = 150</b> EPS – 13 shifts, 150 hrs Pre-Reg RN hours = 93
RSH	SAU	Care Staff	Night	128.1%	<b>Additional Duties</b> <b>Total shifts = 25, Total hours = 288</b> EPS – 17 shifts, 196 hrs Escalation – 8 shifts, 92 hrs Pre-Reg RN hours = 46
RSH	ITU	Care Staff	Night	No planned hrs	<b>Additional Duties</b> <b>Total shifts = 1, Total hours = 12</b> High Acuity – 1 shift, 12 hrs
PRH	14 Gynae	Care Staff	Night	110.1%	<b>Additional Duties</b> <b>Total shifts = 3, Total hours = 34.5</b> EPS – 3 shifts, 34.5 hrs

### 3. Care Hours Per Patient Day (CHPPD)

From 1 May 2016 all Trusts are required to report back monthly **Care Hours Per Patient Day (CHPPD)** data to NHS Improvement so they can start to build a national picture on how nursing staff are deployed. Lord Carter's final report, *Operational productivity and performance in English acute hospitals: Unwanted variations* identified that there was not a consistent way to record and report staff deployment, meaning that Trusts could not measure and then improve on staff productivity. The report recommended that all Trusts start recording CHPPD information – a single, consistent metric of nursing and healthcare support workers deployment in inpatient wards and units. This metric will enable Trusts to have the right staff mix in the right place at the right time, delivering the right care for patients.

CHPPD will automatically be calculated by taking the actual hours worked (split into registered nurse / midwives and healthcare support workers) divided by the number of patients at midnight (23:59hrs) cumulatively over the calendar month. This will allow Trusts to see how their CHPPD relates to other Trusts within a speciality and by ward in order to identify how they can improve their staff deployment and productivity.

Appendix 3 details the CHPPD information for the inpatients wards and units in the Unscheduled, Scheduled and Women's and Children's Care Groups based upon the number of patients in these wards at 23:59hrs each night throughout the month of May. *This cumulative count is reported from the Trust's Patient Administration System (PAS).*

Data quality checks in relation to this information are currently being undertaken in our inpatient maternity areas and this information is expected to be available for reporting from July 2016 onwards.

#### **4. Conclusion**

This report provides details of inpatient ward staffing for April and May 2016. 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**

April 2016 - Staffing Data by Ward

## **Appendix 2**

May 2016 - Staffing Data by Ward

## **Appendix 3**

2016 – may – Fill rate indicator return – Staffing – Nursing, midwifery and care staff