The Shrewsbury and Telford Hospital **NHS**
NHS Trust

Paper 13

Reporting to:	**Trust Board – 29th September 2016**
Title	Trust Performance Report
Sponsoring Director	Chief Executive
Author(s)	Executive Directors
Previously considered by	N/a
Executive Summary	This report summarises the Trust's performance against key quality, finance, compliance and workforce targets to the end of August 2016 and considers all elements of performance.
Strategic Priorities 1. Quality and Safety	☐ Reduce harm, deliver best clinical outcomes and improve patient experience. ☐ Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards ☐ Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme ☐ To undertake a review of all current services at specialty level to inform future service and business decisions ☐ Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme
2. People	☐ Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work
3. Innovation	☐ Support service transformation and increased productivity through technology and continuous improvement strategies
4 Community and Partnership	☐ Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and well-being of the population ☐ Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies
5 Financial Strength: Sustainable Future	☐ Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
Board Assurance Framework (BAF) Risks	☐ If we do not deliver **safe care** then patients may suffer avoidable harm and poor clinical outcomes and experience ☐ If we do not work with our partners to reduce the number of patients on the **Delayed Transfer of Care** (DTOC) lists, and streamline our internal processes we will not improve our 'simple' discharges. ☐ Risk to **sustainability** of clinical services due to potential shortages of key clinical staff ☐ If we do not achieve safe and efficient **patient flow** and improve our processes and capacity and demand planning then we will fail the national quality and performance standards ☐ If we do not get good levels of **staff engagement** to get a culture of continuous improvement then staff morale and patient outcomes may not improve ☐ If we do not have a clear **clinical service vision** then we may not deliver the best services to patients ☐ If we are unable to resolve our (historic) shortfall in **liquidity** and the structural imbalance in the Trust's **Income & Expenditure** position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment

Care Quality Commission (CQC) Domains	☐ Safe ☐ Effective ☐ Caring ☐ Responsive ☐ Well led
☐ **Receive** ☒ **Review** ☐ **Note** ☐ **Approve**	**Recommendation** The Trust Board is asked to review performance for August 2016.

The Shrewsbury and Telford Hospital NHS
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Trust Performance Report

Trust Board
29th September 2016

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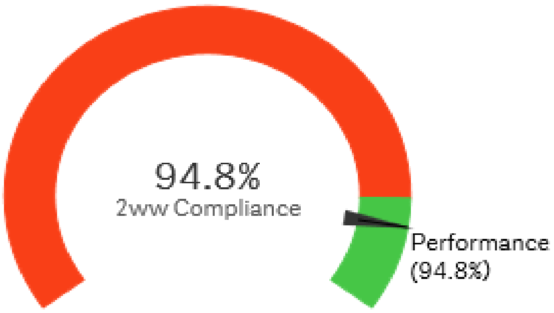
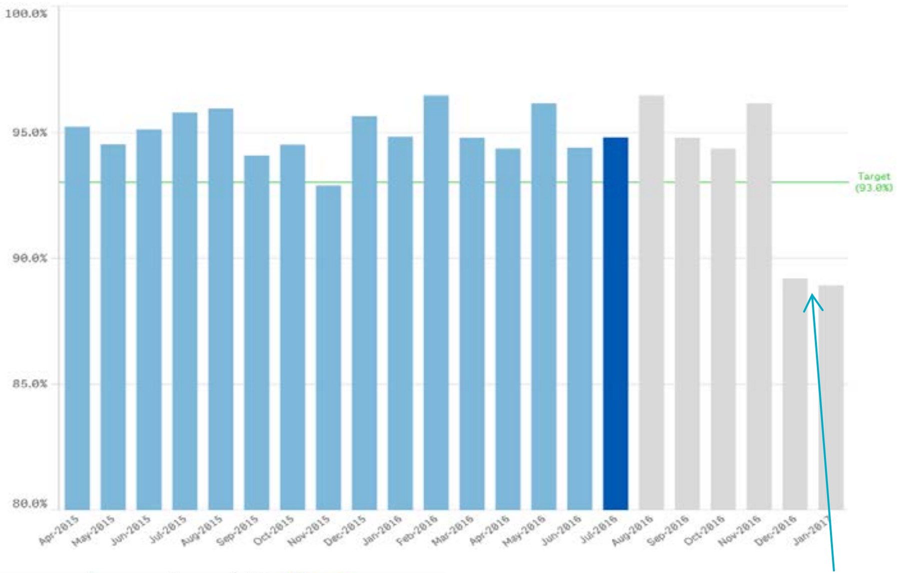
Performance

Cancer Target July Performance

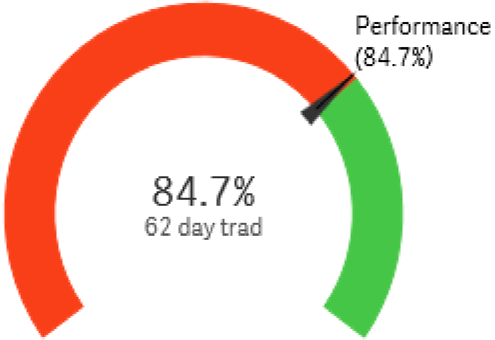
2 Week Wait

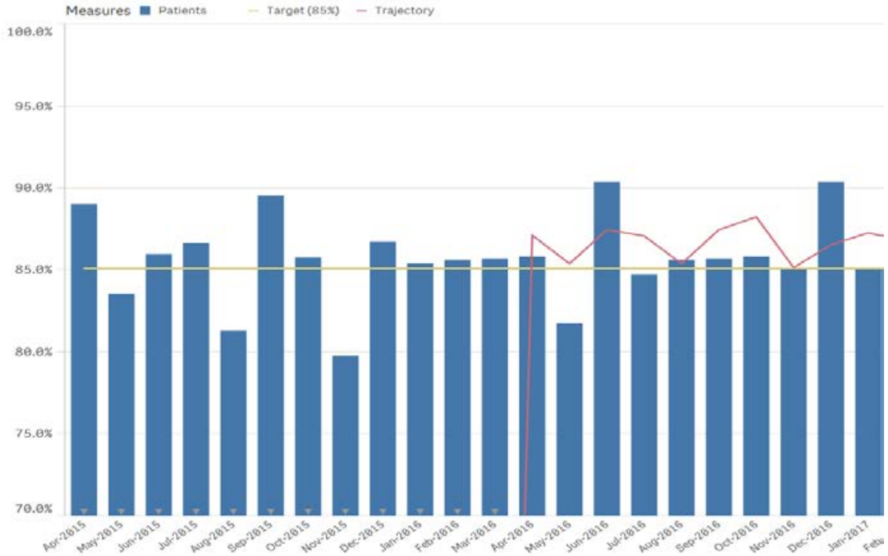




Note the projected reduced performance reflect the reduced capacity of the Breast surgery team due to a retirement

62 Day Performance





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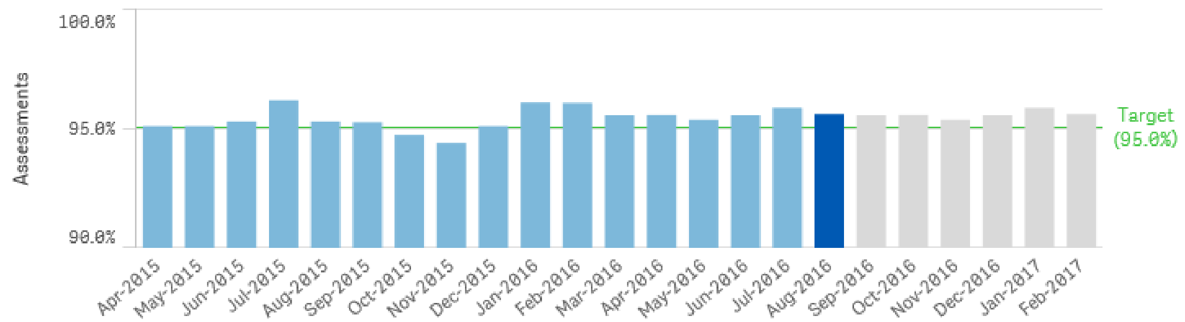
VTE Performance August 16

VTE Assessed

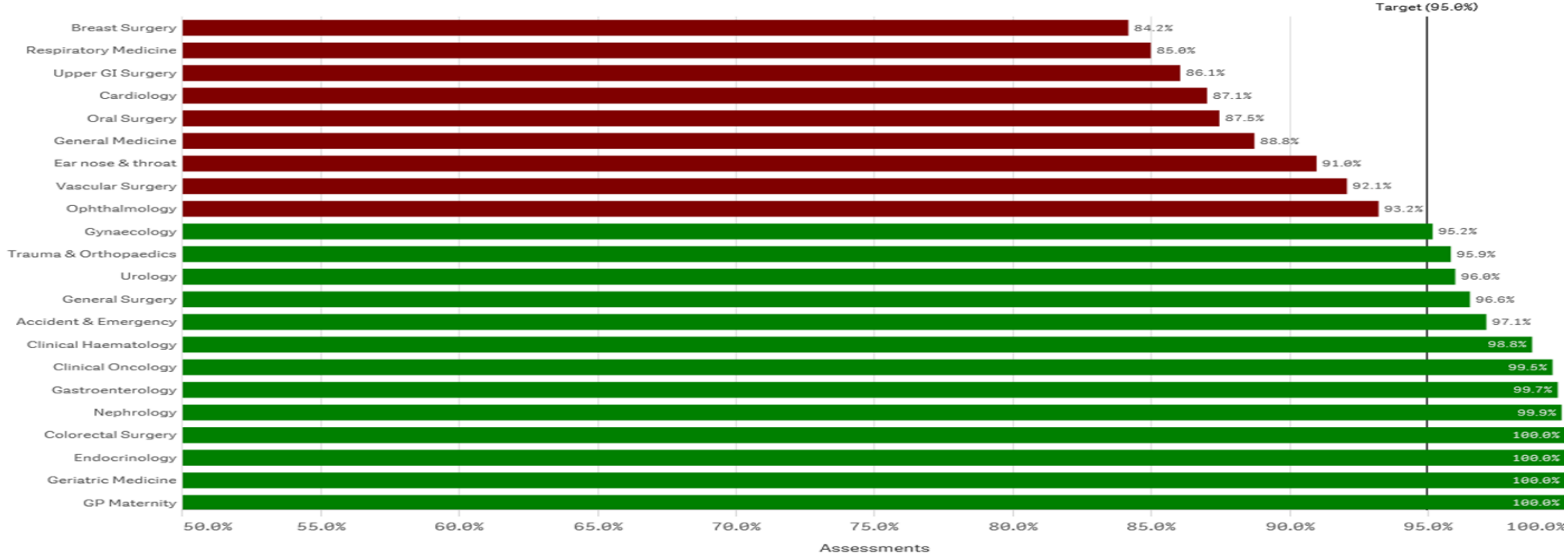
95.6% ✓ -0.3%

Previous Month Difference

% of Patients assessed for VTE - Monthly Trend



% of Patients assessed for VTE by Specialty



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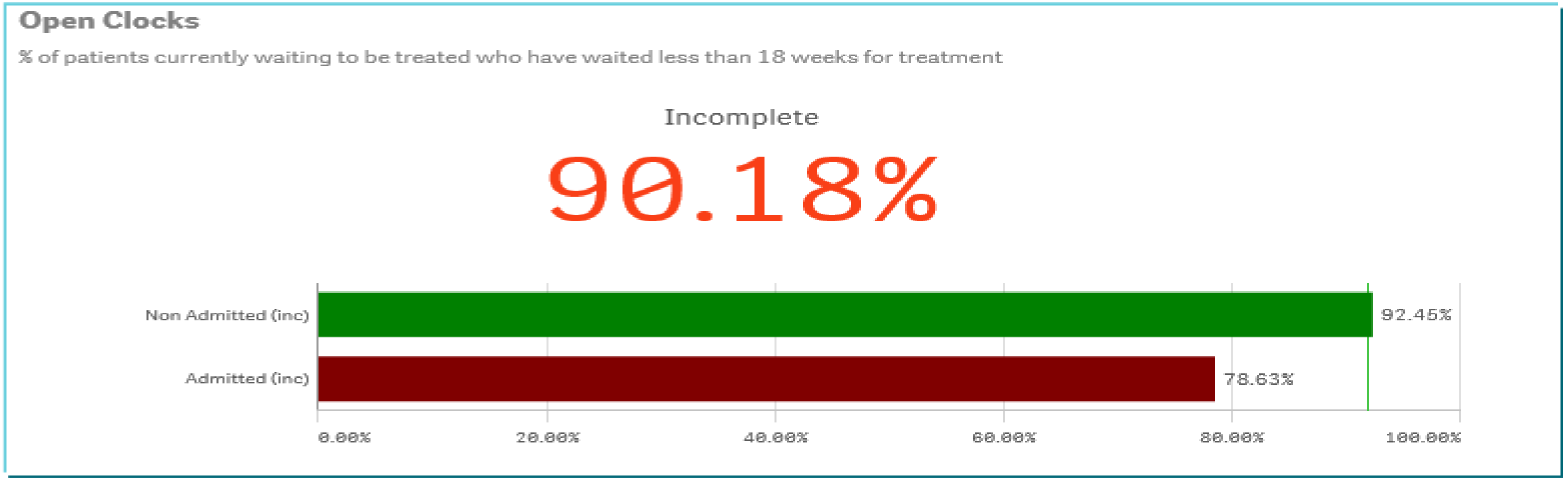
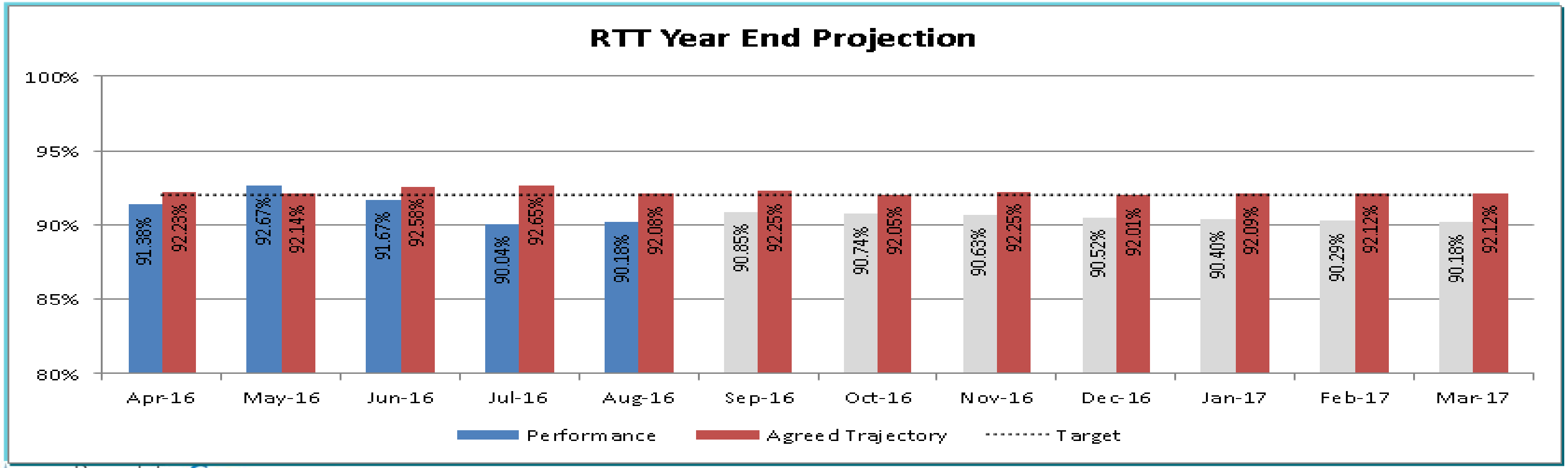
RTT Performance August and Projection without Corrective Action



RTT Projected Performance without corrective action



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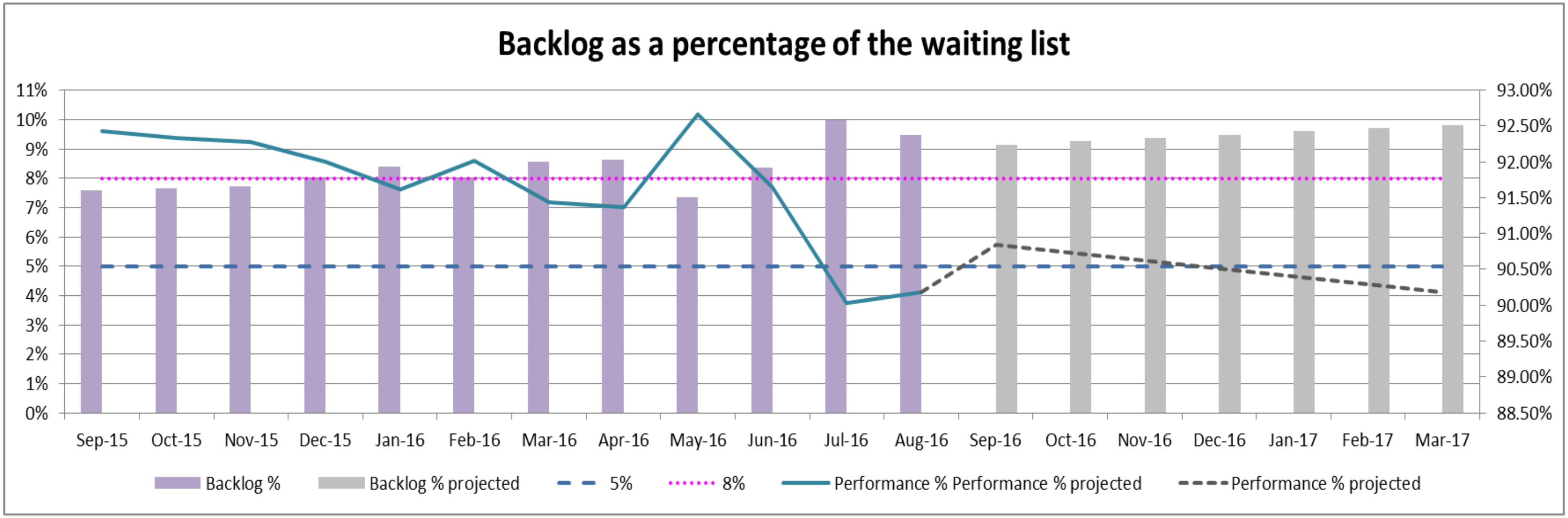
RTT Projection Without Corrective Action

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Performance	91.38%	92.67%	91.67%	90.04%	90.18%	90.85%	90.74%	90.63%	90.52%	90.40%	90.29%	90.18%
Agreed Trajectory	92.23%	92.14%	92.58%	92.65%	92.08%	92.25%	92.05%	92.25%	92.01%	92.09%	92.12%	92.12%
Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%



As long as the RTT backlog is between 5% and 8% of total RTT waiting list size then the Trust will deliver the RTT target

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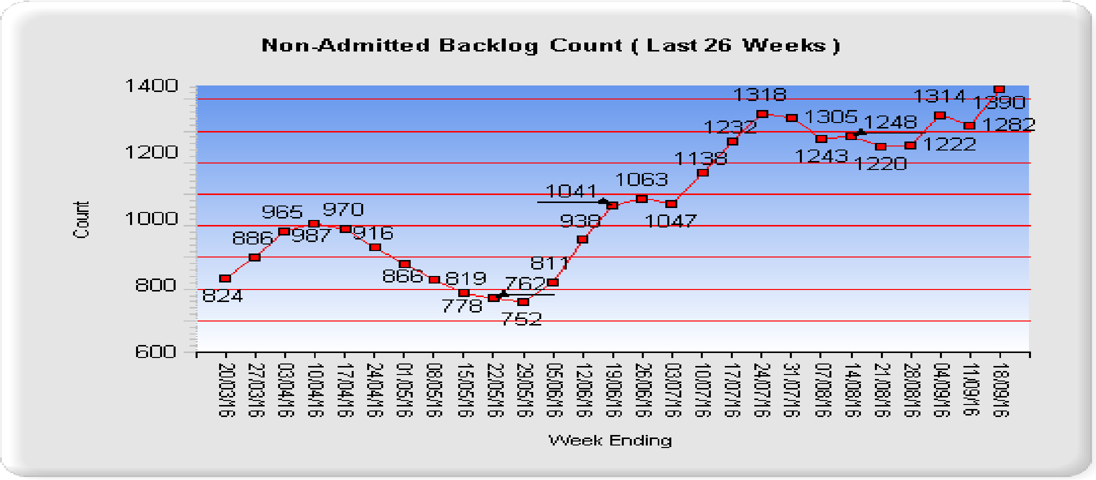
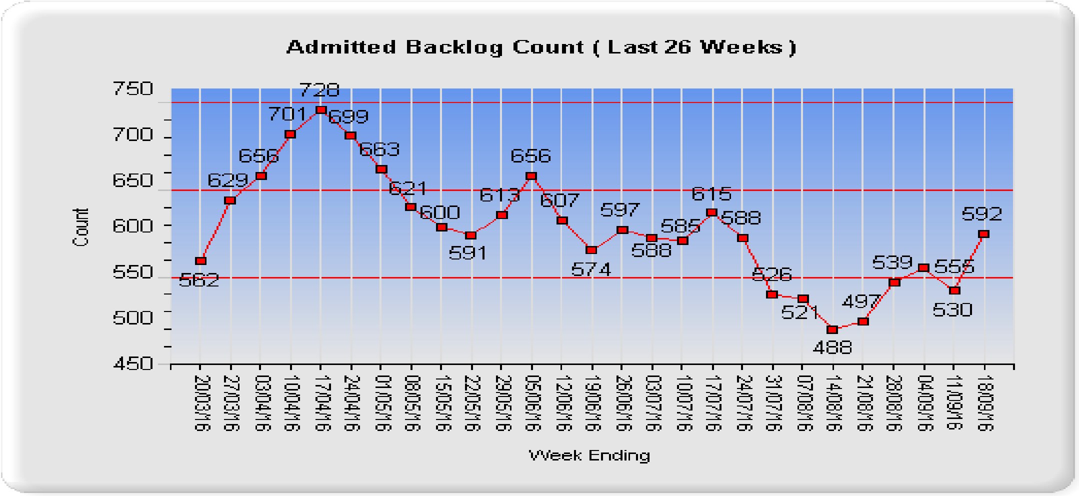
RTT cont..



The Non Admitted backlog has risen steadily since the end of May from 752 to 1390 in September.

The Admitted backlog has risen from 488 at the beginning of August to 592 in September.



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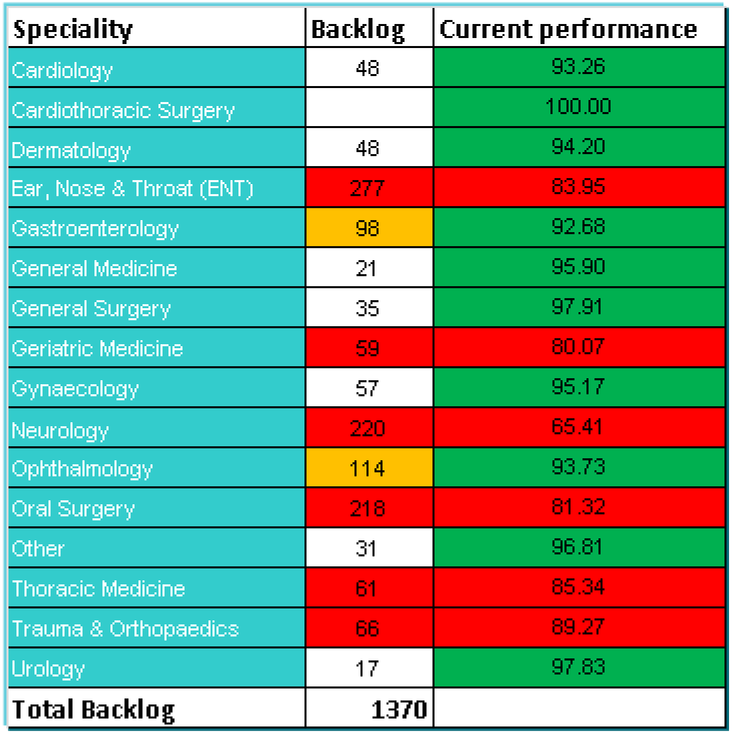
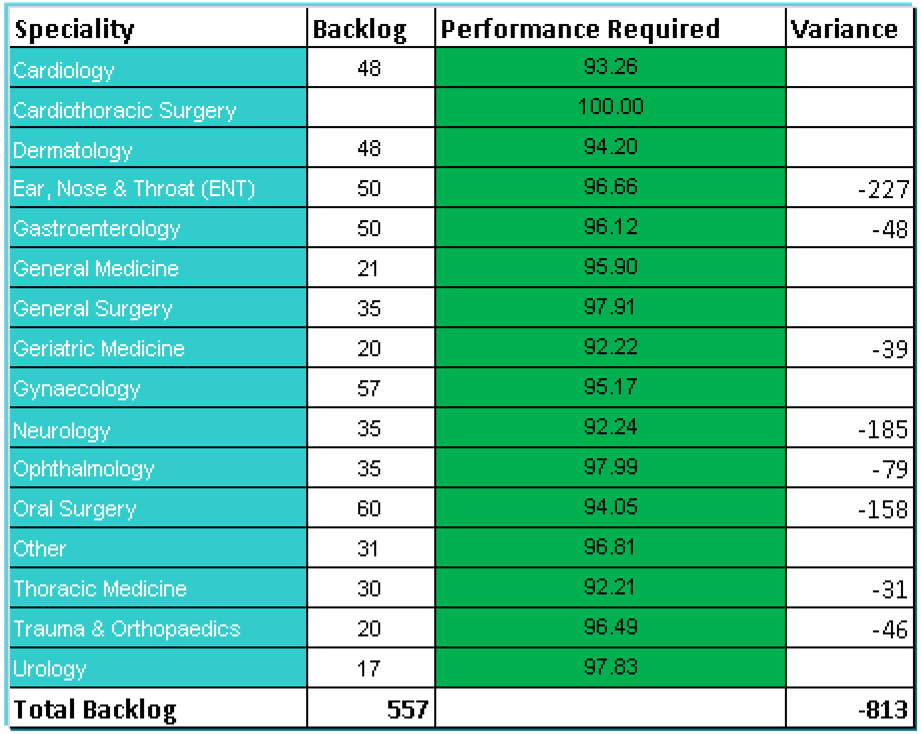
RTT Non Admitted Backlog Reduction by Speciality

Current Non Admitted performance



Speciality	Backlog	Current performance
Cardiology	48	93.26
Cardiothoracic Surgery		100.00
Dermatology	48	94.20
Ear, Nose & Throat (ENT)	277	83.95
Gastroenterology	98	92.68
General Medicine	21	95.90
General Surgery	35	97.91
Geriatric Medicine	59	80.07
Gynaecology	57	95.17
Neurology	220	65.41
Ophthalmology	114	93.73
Oral Surgery	218	81.32
Other	31	96.81
Thoracic Medicine	61	85.34
Trauma & Orthopaedics	66	89.27
Urology	17	97.83
Total Backlog	**1370**	

Revised Non Admitted performance



Speciality	Backlog	Performance Required	Variance
Cardiology	48	93.26	
Cardiothoracic Surgery		100.00	
Dermatology	48	94.20	
Ear, Nose & Throat (ENT)	50	96.66	-227
Gastroenterology	50	96.12	-48
General Medicine	21	95.90	
General Surgery	35	97.91	
Geriatric Medicine	20	92.22	-39
Gynaecology	57	95.17	
Neurology	35	92.24	-185
Ophthalmology	35	97.99	-79
Oral Surgery	60	94.05	-158
Other	31	96.81	
Thoracic Medicine	30	92.21	-31
Trauma & Orthopaedics	20	96.49	-46
Urology	17	97.83	
Total Backlog	**557**		**-813**

To achieve the 92 % RTT on the assumption that the Admitted backlog remains at its current level over the winter period 813 patients will need to be removed from the backlog from ENT, Gastroenterology, Geriatric Medicine Neurology, Ophthalmology, Oral surgery Thoracic Medicine and Orthopaedics. This assumes minimal conversion to the admitted list as these patient are backlog patients.

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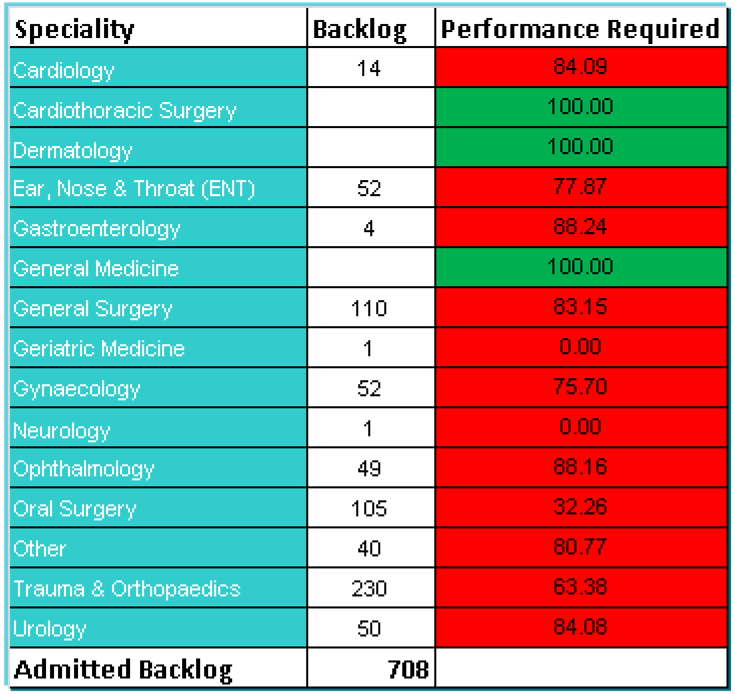
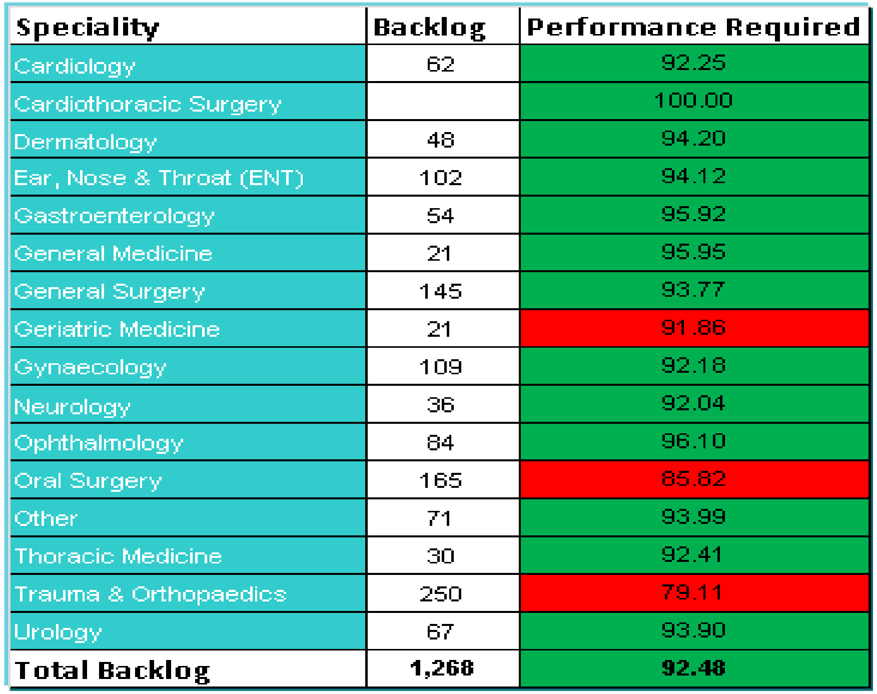
RTT Backlog reduction by Speciality

Current Admitted Backlog will remain Unchanged



Speciality	Backlog	Performance Required
Cardiology	14	84.09
Cardiothoracic Surgery		100.00
Dermatology		100.00
Ear, Nose & Throat (ENT)	52	77.87
Gastroenterology	4	88.24
General Medicine		100.00
General Surgery	110	83.15
Geriatric Medicine	1	0.00
Gynaecology	52	75.70
Neurology	1	0.00
Ophthalmology	49	88.16
Oral Surgery	105	32.26
Other	40	80.77
Trauma & Orthopaedics	230	63.38
Urology	50	84.08
Admitted Backlog	**708**	

Total incomplete performance combining the revised Non Admitted performance and Unchanged Admitted



Speciality	Backlog	Performance Required
Cardiology	62	92.25
Cardiothoracic Surgery		100.00
Dermatology	48	94.20
Ear, Nose & Throat (ENT)	102	94.12
Gastroenterology	54	95.92
General Medicine	21	95.95
General Surgery	145	93.77
Geriatric Medicine	21	91.86
Gynaecology	109	92.18
Neurology	36	92.04
Ophthalmology	84	96.10
Oral Surgery	165	85.82
Other	71	93.99
Thoracic Medicine	30	92.41
Trauma & Orthopaedics	250	79.11
Urology	67	93.90
Total Backlog	**1,268**	**92.48**

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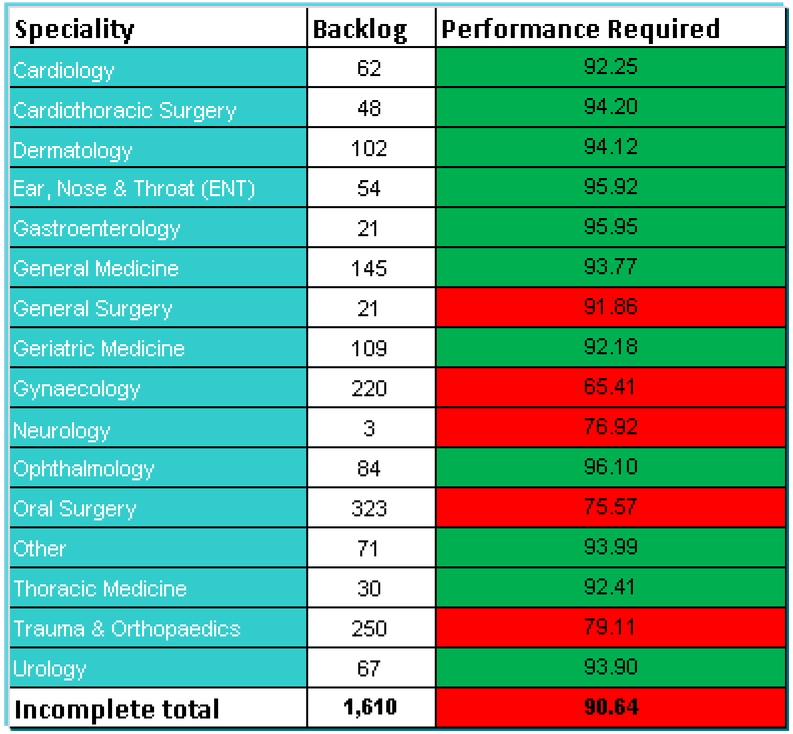
RTT Backlog reduction by Speciality



Speciality	Backlog	Performance Required
Cardiology	62	92.25
Cardiothoracic Surgery	48	94.20
Dermatology	102	94.12
Ear, Nose & Throat (ENT)	54	95.92
Gastroenterology	21	95.95
General Medicine	145	93.77
General Surgery	21	91.86
Geriatric Medicine	109	92.18
Gynaecology	220	65.41
Neurology	3	76.92
Ophthalmology	84	96.10
Oral Surgery	323	75.57
Other	71	93.99
Thoracic Medicine	30	92.41
Trauma & Orthopaedics	250	79.11
Urology	67	93.90
Incomplete total	**1,610**	**90.64**

If no action could be taken within Oral Surgery and Neurology non Admitted then there are insufficient numbers in other speciality's for the Trust to achieve its RTT target and the performance would hit the levels outlined in the chart.

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A&E Performance – August 2016

A&E 4hr Performance

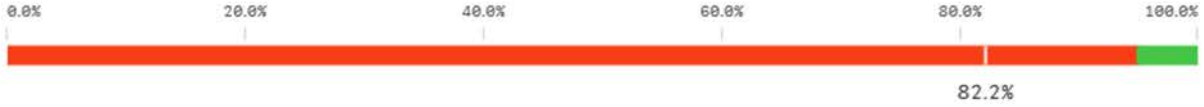
82.2% ▲ -4.8%

Previous Month Difference

A&E 4-12 hr

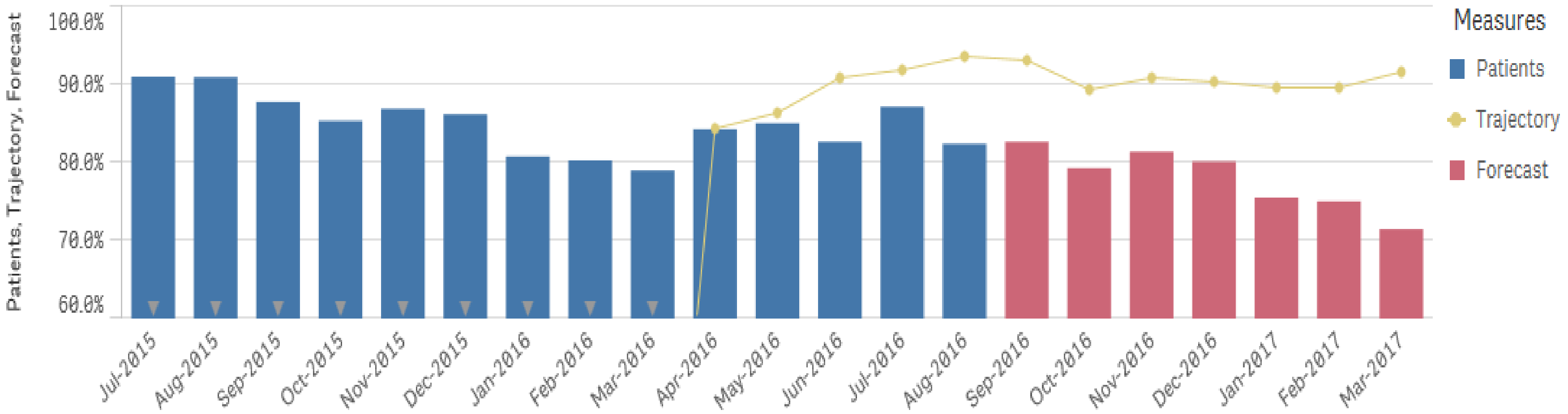
599 ▲ 342

Previous Month



Performance Trend

AE 4hr Performance



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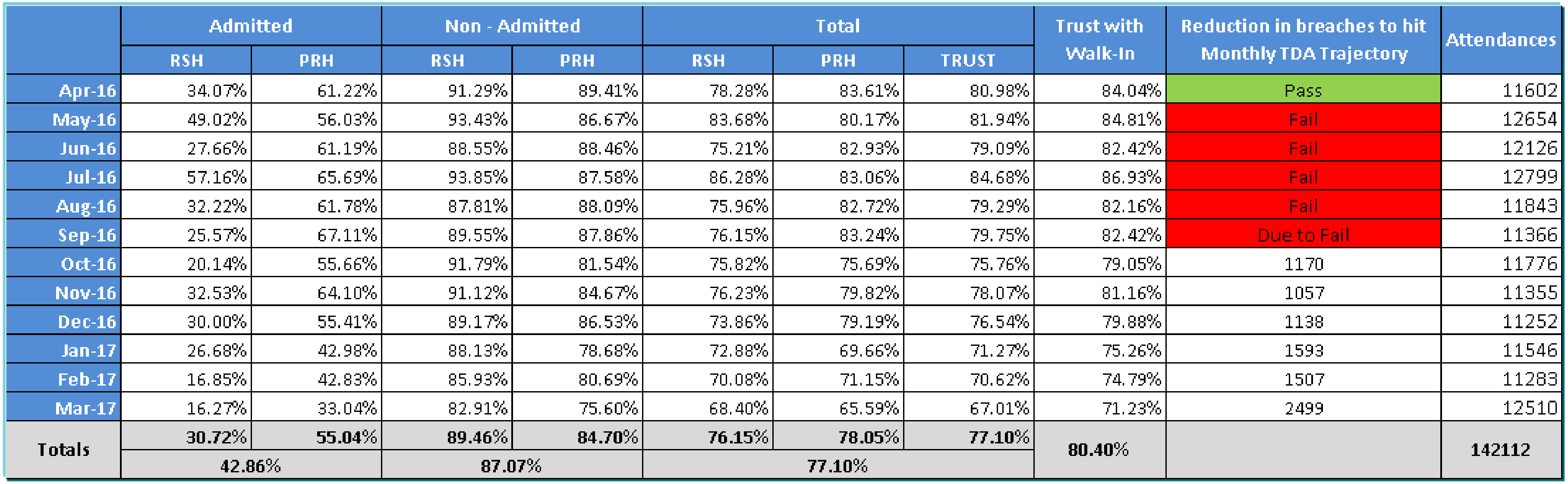
A&E Projected Performance



	Admitted		Non - Admitted		Total			Trust with Walk-In	Reduction in breaches to hit Monthly TDA Trajectory	Attendances
	RSH	PRH	RSH	PRH	RSH	PRH	TRUST			
Apr-16	34.07%	61.22%	91.29%	89.41%	78.28%	83.61%	80.98%	84.04%	Pass	11602
May-16	49.02%	56.03%	93.43%	86.67%	83.68%	80.17%	81.94%	84.81%	Fail	12654
Jun-16	27.66%	61.19%	88.55%	88.46%	75.21%	82.93%	79.09%	82.42%	Fail	12126
Jul-16	57.16%	65.69%	93.85%	87.58%	86.28%	83.06%	84.68%	86.93%	Fail	12799
Aug-16	32.22%	61.78%	87.81%	88.09%	75.96%	82.72%	79.29%	82.16%	Fail	11843
Sep-16	25.57%	67.11%	89.55%	87.86%	76.15%	83.24%	79.75%	82.42%	Due to Fail	11366
Oct-16	20.14%	55.66%	91.79%	81.54%	75.82%	75.69%	75.76%	79.05%	1170	11776
Nov-16	32.53%	64.10%	91.12%	84.67%	76.23%	79.82%	78.07%	81.16%	1057	11355
Dec-16	30.00%	55.41%	89.17%	86.53%	73.86%	79.19%	76.54%	79.88%	1138	11252
Jan-17	26.68%	42.98%	88.13%	78.68%	72.88%	69.66%	71.27%	75.26%	1593	11546
Feb-17	16.85%	42.83%	85.93%	80.69%	70.08%	71.15%	70.62%	74.79%	1507	11283
Mar-17	16.27%	33.04%	82.91%	75.60%	68.40%	65.59%	67.01%	71.23%	2499	12510
Totals	**30.72%**	**55.04%**	**89.46%**	**84.70%**	**76.15%**	**78.05%**	**77.10%**	**80.40%**		**142112**
	42.86%		**87.07%**		**77.10%**					

The above table shows the projected performance on the assumption that there are no changes to the current delivery of service.

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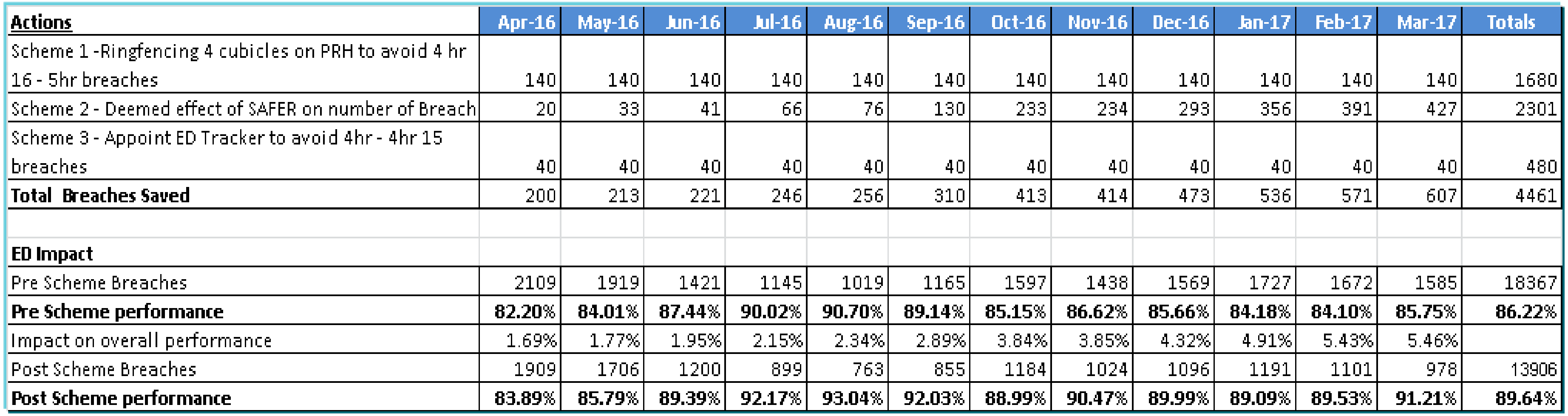
2015/16 A/E Action Plan



Actions	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Totals
Scheme 1 -Ringfencing 4 cubicles on PRH to avoid 4 hr 16 - 5hr breaches	140	140	140	140	140	140	140	140	140	140	140	140	1680
Scheme 2 - Deemed effect of SAFER on number of Breach	20	33	41	66	76	130	233	234	293	356	391	427	2301
Scheme 3 - Appoint ED Tracker to avoid 4hr - 4hr 15 breaches	40	40	40	40	40	40	40	40	40	40	40	40	480
Total Breaches Saved	200	213	221	246	256	310	413	414	473	536	571	607	4461
ED Impact													
Pre Scheme Breaches	2109	1919	1421	1145	1019	1165	1597	1438	1569	1727	1672	1585	18367
Pre Scheme performance	**82.20%**	**84.01%**	**87.44%**	**90.02%**	**90.70%**	**89.14%**	**85.15%**	**86.62%**	**85.66%**	**84.18%**	**84.10%**	**85.75%**	**86.22%**
Impact on overall performance	1.69%	1.77%	1.95%	2.15%	2.34%	2.89%	3.84%	3.85%	4.32%	4.91%	5.43%	5.46%	
Post Scheme Breaches	1909	1706	1200	899	763	855	1184	1024	1096	1191	1101	978	13906
Post Scheme performance	**83.89%**	**85.79%**	**89.39%**	**92.17%**	**93.04%**	**92.03%**	**88.99%**	**90.47%**	**89.99%**	**89.09%**	**89.53%**	**91.21%**	**89.64%**

If the three schemes had delivered the expected reduction in breaches performance would not have reached the Trajectory given the level of breaches

A&E Action Plan

In the middle of August the National A&E Improvement Plan was publicised with 5 areas mandated for delivery:

- Streaming at the front door to ambulatory and primary care;
- NHS 111 – increasing the number of calls transferred for clinical advice;
- Ambulances – Dispatch and Disposition and code review pilots; HEE increasing workforce;
- Improved flow – must do's that each Trust should implement to enhance patient flow;
- Discharge – mandatory 'Discharge to Assess' and trusted assessor types of models.

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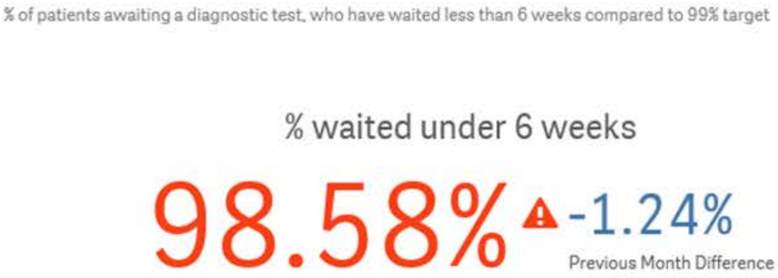
A&E Action Plan cont…..

The areas of focus within the Trust remain:

- Improving internal flow by the rollout of the SAFER patient flow bundle across all medical wards;
- The development and embedding of internal professional standards;
- Increase in the number of patients identified for event-led discharge;
- Delivery of 95% non-admitted breaches;
- Development of a frailty service;
- Protection of ambulatory care;
- Reducing ambulance handover delays.

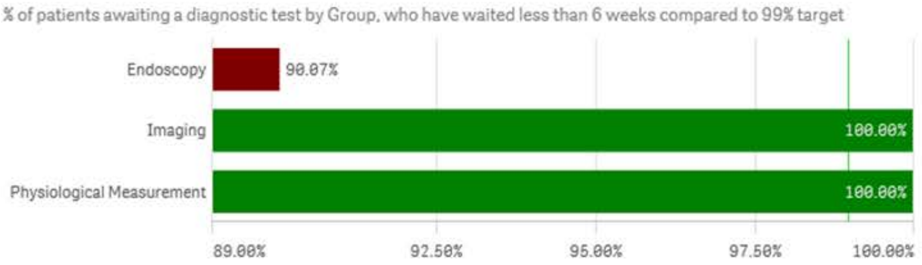
Diagnostic Waiting Times – August 16

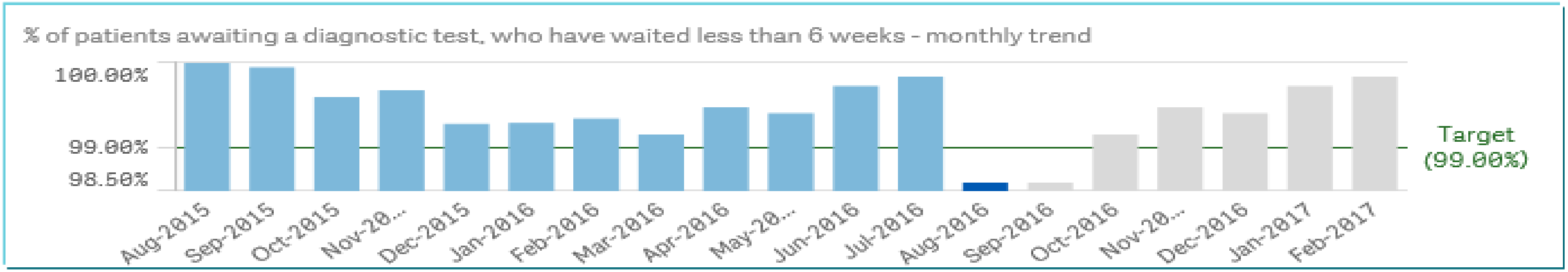

% of patients awaiting a diagnostic test, who have waited less than 6 weeks compared to 99% target

% waited under 6 weeks

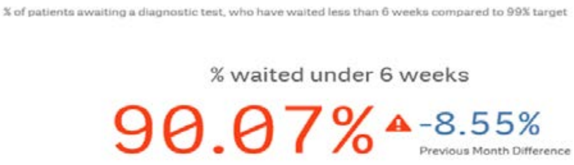
98.58% ▲-1.24%

Previous Month Difference


% of patients awaiting a diagnostic test by Group, who have waited less than 6 weeks compared to 99% target


% of patients awaiting a diagnostic test, who have waited less than 6 weeks - monthly trend

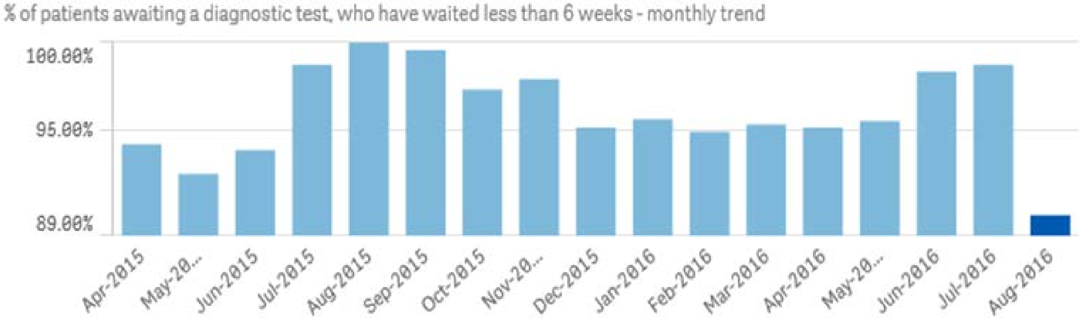
Endoscopy August Performance


% of patients awaiting a diagnostic test, who have waited less than 6 weeks compared to 99% target

% waited under 6 weeks

90.07% ▲-8.55%

Previous Month Difference


% of patients awaiting a diagnostic test, who have waited less than 6 weeks - monthly trend

Number of patients awaiting a diagnostic test, by weeks waited

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Finance

The position at Month 5

		Financial Plan	April –Aug Plan	April – Aug Actual	Variance
		£000s	£000s	£000s	£000s
Income		341,986	142,218	142,327	109
Pay		-225,302	-93,362	-96,630	-3,268
Non-pay and Reserves		-107,261	-44,679	-43,308	1,371
Total expenditure		-332,563	-138,041	-139,938	-1,897
EBITDA		9,423	4,177	2,389	-1,788
Finance Costs		-15,323	-5,945	-5,814	131
Surplus/(deficit) before Phased Spend		-5,900	-1,768	-3,425	-1,657
Phased spend adjustment			-3,360	-1,733	1,627
Plan as described in NHSI Financial Template			-5,128	-5,158	-30

Where are we going to be?

Forecast Outturn

- Deficit - £8.429 million

	April £000s	May £000s	June £000s	July £000s	August £000s	September £000s	October £000s	November £000s	December £000s	January £000s	February £000s	March £000s	Total £000s
Income	27,974	27,632	29,309	28,650	28,762	28,363	29,173	28,699	27,747	28,150	27,915	29,524	341,899
Pay	(19,233)	(19,176)	(19,476)	(19,168)	(19,551)	(19,468)	(19,387)	(19,765)	(19,555)	(19,694)	(19,642)	(19,686)	(233,801)
Non-Pay	(8,222)	(8,415)	(8,898)	(8,956)	(8,844)	(8,932)	(8,791)	(8,828)	(8,595)	(8,801)	(8,723)	(8,884)	(104,890)
Total Expenditure	**(27,454)**	**(27,591)**	**(28,374)**	**(28,124)**	**(28,395)**	**(28,400)**	**(28,178)**	**(28,593)**	**(28,150)**	**(28,495)**	**(28,366)**	**(28,571)**	**(338,691)**
EBITDA	**520**	**41**	**936**	**525**	**367**	**(37)**	**995**	**106**	**(402)**	**(345)**	**(451)**	**954**	**3,208**
Finance Costs	(1,123)	(1,200)	(1,166)	(1,150)	(1,176)	(1,189)	(1,189)	(1,189)	(1,189)	(1,189)	(1,189)	(1,189)	(14,137)
Surplus/(Deficit)	**(603)**	**(1,158)**	**(230)**	**(625)**	**(809)**	**(1,226)**	**(194)**	**(1,083)**	**(1,591)**	**(1,534)**	**(1,640)**	**(235)**	**(10,929)**
Cumulative	(603)	(1,761)	(1,992)	(2,616)	(3,425)	(4,651)	(4,846)	(5,929)	(7,520)	(9,054)	(10,694)	(10,929)	
CIP Recovery plan						214	381	381	381	381	381	381	2,500
Revised Cumulative position	(603)	(1,761)	(1,992)	(2,616)	(3,425)	(4,437)	(4,251)	(4,953)	(6,163)	(7,316)	(8,575)	(8,429)	(8,429)

Position assumes:

- £1.1 million additional spending to support winter pressures covered by funding from Shropshire CCG which is presently in dispute (Option paper for the September Board estimates cost pressure of £2.1 - £4.4 million)
- £2.5 million recovery plan savings achieved

Where are we going to be?

Spending by care group

Care Group	Income/Pay/Non Pay	Mths 1 -5	Mths 6 -12	Increase
Income	Income	28465	28510	45
Income Total		**28465**	**28510**	**45**
Scheduled Care	Pay	-6757	-6766	-9
	Non-Pay	-1833	-1791	42
Scheduled Care Total		**-8590**	**-8560**	**30**
Unscheduled Care	Pay	-4623	-4848	-225
	Non-Pay	-881	-954	-73
Unscheduled Care Total		**-5503**	**-5801**	**-298**
Women & Childrens	Pay	-2714	-2747	-33
	Non-Pay	-396	-397	-1
Women & Childrens Total		**-3110**	**-3144**	**-34**
Support (Excluding HCD)	Pay	-2593	-2649	-56
	Non-Pay	-587	-626	-39
Support (Excluding HCD) Total		**-3180**	**-3275**	**-96**
HCD	Pay	0	0	0
	Non-Pay	-2161	-2161	0
HCD Total		**-2161**	**-2161**	**0**
Estates	Pay	-261	-258	3
	Non-Pay	-819	-893	-74
Estates Total		**-1080**	**-1151**	**-71**
Facilities	Pay	-694	-681	13
	Non-Pay	-301	-312	-11
Facilities Total		**-995**	**-993**	**2**
Finance	Pay	-560	-577	-17
	Non-Pay	-1382	-1385	-3
Finance Total		**-1942**	**-1962**	**-20**
Other Corporate	Pay	-1119	-1074	45
	Non-Pay	-294	-285	9
Other Corporate Total		**-1413**	**-1358**	**55**
Finance Costs	Finance Costs	-1163	-1189	-26
Finance Costs Total		**-1163**	**-1189**	**-26**
	Income	28465	28510	45
	Pay	-19320	-19600	-279
	Non-Pay	-8653	-8803	-150
	Finance Costs	-1163	-1189	-26
Surplus/(Deficit)		**-671**	**-1082**	**-411**

Where are we going to be? - Expenditure

- Delivery of revised CIP Programme

CIP Programme	Budget	Budget adjust	Forecast Budget	Recovery actions	Revised Target	Expected position	Under achieved	Risk Rating
Procurement	2000		2000		2000	2000	0	G
Unavailability improvement	1300	-1198	102	1200	1302	702	-600	R
Cease enhanced bank rate				400	400		-400	R
Waiting List Initiative Payments	400	-186	214		214	137	-77	A
Pharmacy gain share	300		300		300	300	0	G
Scheduled Care Group	2300	-1440	860		860	776	-84	G
Unscheduled Care group	1240	-1000	240		240	10	-230	G
Women and Children's	950		950		950	650	-300	G
Support Services	200		200		200	293	93	G
Corporate services	302		302		302	900	598	G
Non Clinical Temporary posts				500	500	500	0	G
Agency Cap	3250	-1726	1524		1524	1524	0	A
Tier 5 Agency usage				800	800	400	-400	R
Scheduled Care Anaesthetic savings	789		789		789	789	0	G
Non Pay controls				1000	1000	1000	0	G
Finance costs		1400	1400		1400	1400	0	G
Total	**13031**	**-4150**	**8881**	**3900**	**12781**	**11381**	**-1400**	

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Workforce

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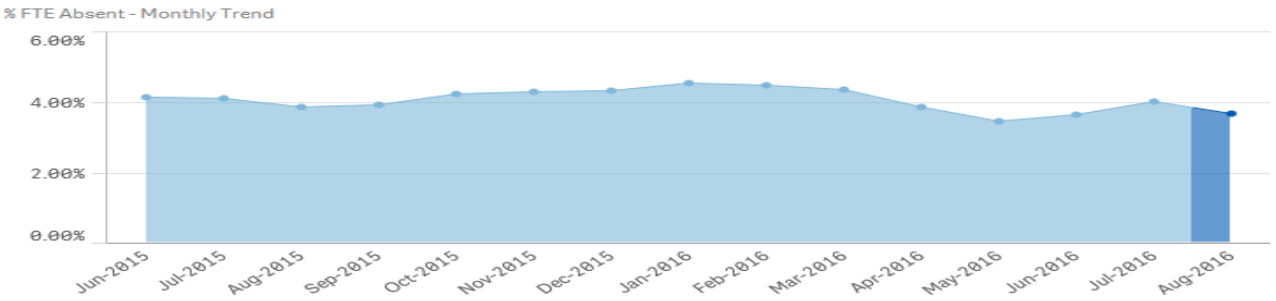
Workforce

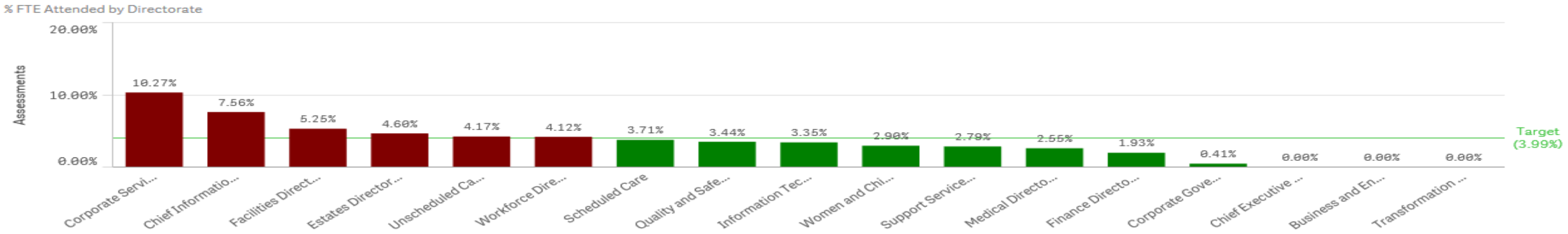
Workforce Sickness

Absent FTE

3.63% ✓ -0.33%

Previous Month Difference





Training & Appraisals

Centre/Specialty	Trajectory Name	Plan	Actual
Corporate	Appraisals	100%	76%
Corporate	Statutory Training	80%	73%
Scheduled Care	Appraisals	80%	91%
Scheduled Care	Statutory Training	80%	80%
Unscheduled Care	Appraisals	80%	86%
Unscheduled Care	Statutory Training	80%	78%
Women and Children	Appraisals	80%	86%
Women and Children	Statutory Training	80%	77%
Support Services	Appraisals	80%	84%

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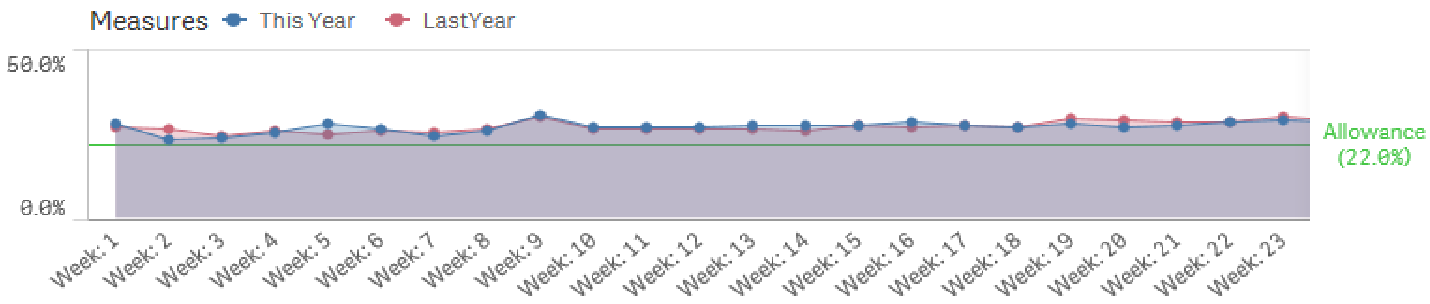
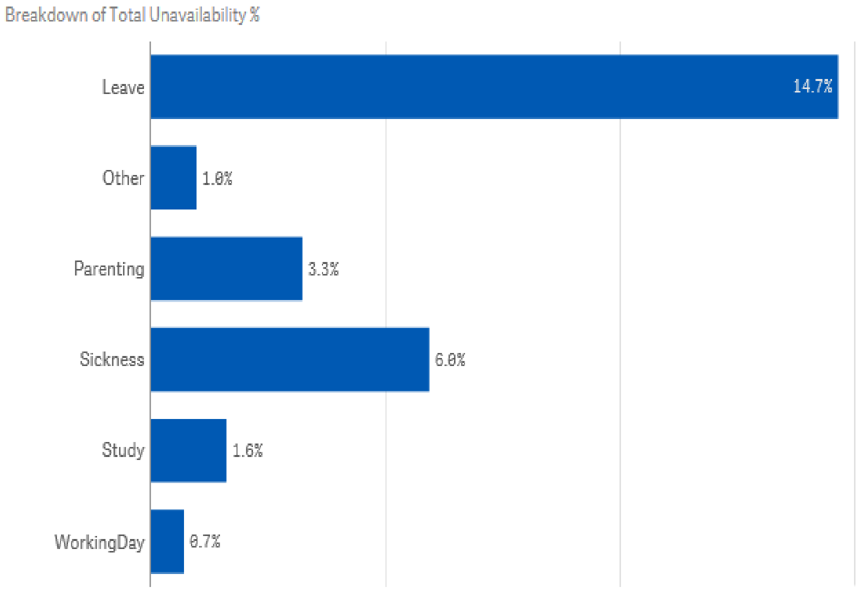
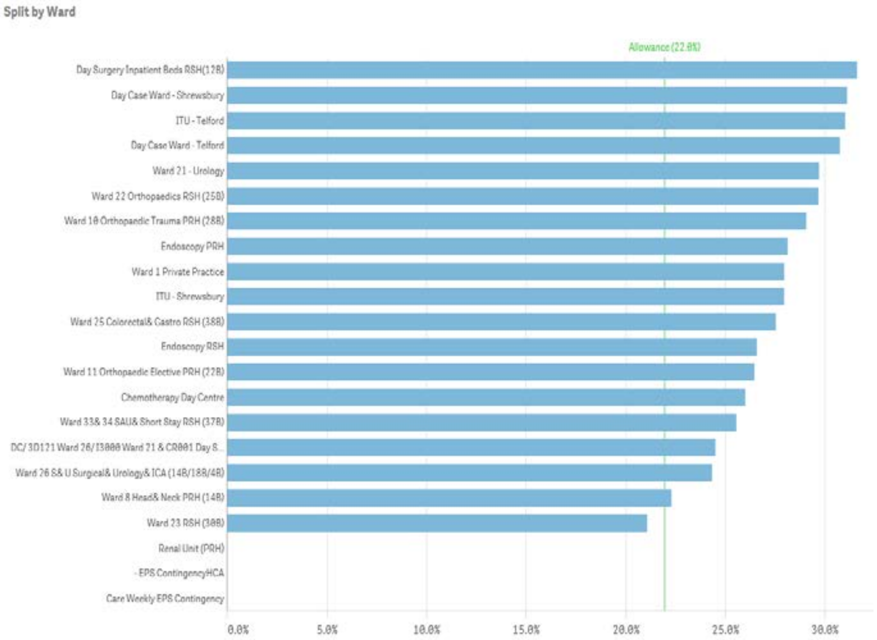
Nursing Unavailability 16/17

Scheduled Care

27.24% ⚠







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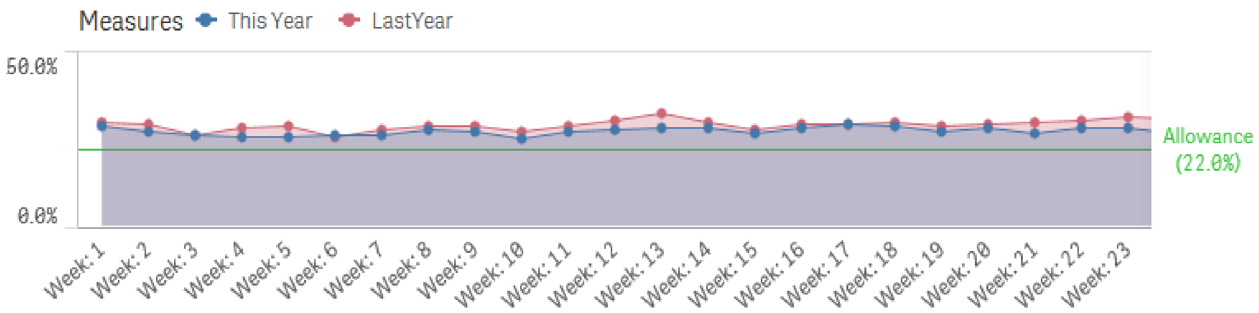
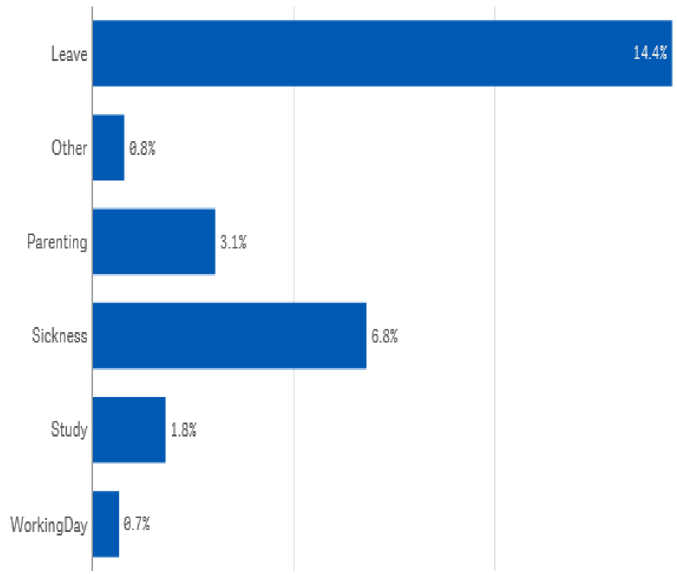
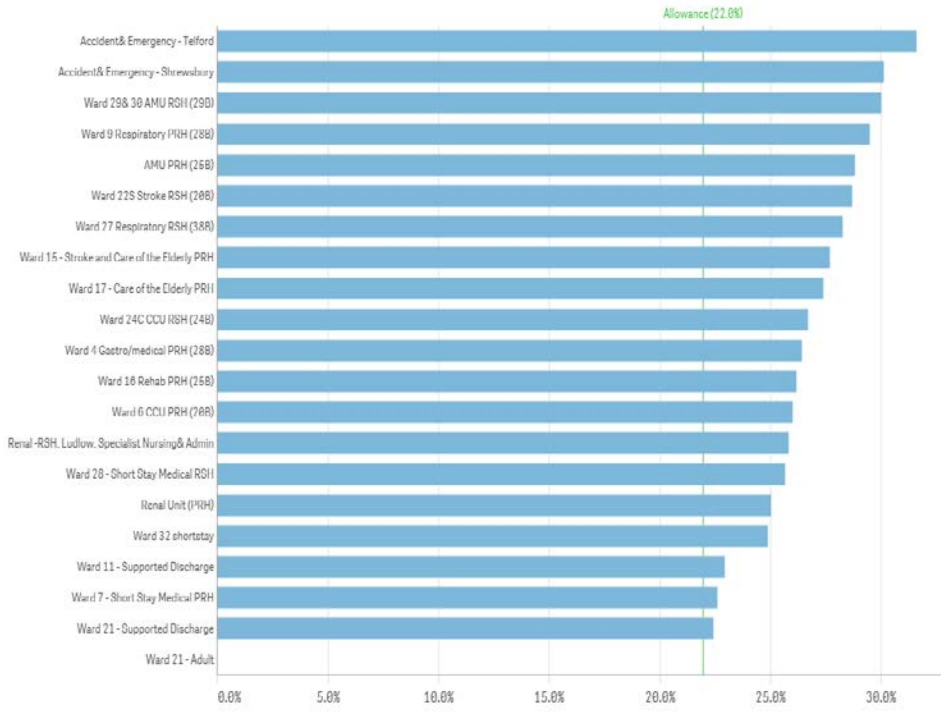
Nursing Unavailability 16/17

Unscheduled Care

27.67% ⚠




Breakdown of Total Unavailability %


Split by Ward

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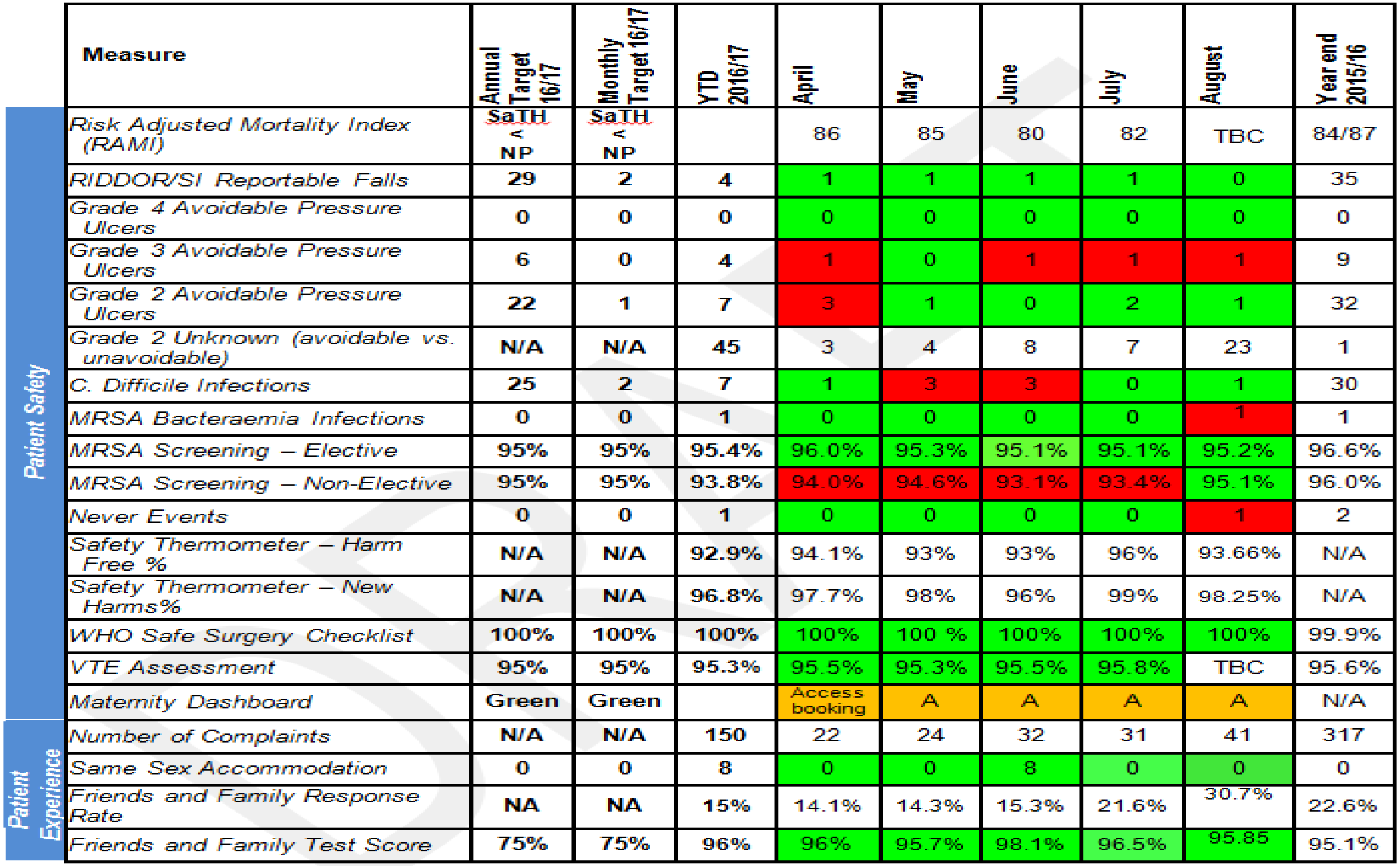
Quality and Safety

Quality and Safety



	Measure	Annual Target 16/17	Monthly Target 16/17	YTD 2016/17	April	May	June	July	August	Year end 2015/16
Patient Safety	Risk Adjusted Mortality Index (RAMI)	SaTH < NP	SaTH < NP		86	85	80	82	TBC	84/87
	RIDDOR/SI Reportable Falls	29	2	4	1	1	1	1	0	35
	Grade 4 Avoidable Pressure Ulcers	0	0	0	0	0	0	0	0	0
	Grade 3 Avoidable Pressure Ulcers	6	0	4	1	0	1	1	1	9
	Grade 2 Avoidable Pressure Ulcers	22	1	7	3	1	0	2	1	32
	Grade 2 Unknown (avoidable vs. unavoidable)	N/A	N/A	45	3	4	8	7	23	1
	C. Difficile Infections	25	2	7	1	3	3	0	1	30
	MRSA Bacteraemia Infections	0	0	1	0	0	0	0	1	1
	MRSA Screening – Elective	95%	95%	95.4%	96.0%	95.3%	95.1%	95.1%	95.2%	96.6%
	MRSA Screening – Non-Elective	95%	95%	93.8%	94.0%	94.6%	93.1%	93.4%	95.1%	96.0%
	Never Events	0	0	1	0	0	0	0	1	2
	Safety Thermometer – Harm Free %	N/A	N/A	92.9%	94.1%	93%	93%	96%	93.66%	N/A
	Safety Thermometer – New Harms%	N/A	N/A	96.8%	97.7%	98%	96%	99%	98.25%	N/A
	WHO Safe Surgery Checklist	100%	100%	100%	100%	100 %	100%	100%	100%	99.9%
	VTE Assessment	95%	95%	95.3%	95.5%	95.3%	95.5%	95.8%	TBC	95.6%
	Maternity Dashboard	Green	Green		Access booking	A	A	A	A	N/A
Patient Experience	Number of Complaints	N/A	N/A	150	22	24	32	31	41	317
	Same Sex Accommodation	0	0	8	0	0	8	0	0	0
	Friends and Family Response Rate	NA	NA	15%	14.1%	14.3%	15.3%	21.6%	30.7%	22.6%
	Friends and Family Test Score	75%	75%	96%	96%	95.7%	98.1%	96.5%	95.85	95.1%

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September 2016

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 **August 2016**.

Table 1:

	Measure	**Annual Target 16/17**	**Monthly Target 16/17**	**YTD 2016/17**	**April**	**May**	**June**	**July**	**August**	**Year end 2015/16**
Patient Safety	*Risk Adjusted Mortality Index (RAMI)*	**SaTH < NP**	**SaTH < NP**		86	85	80	82	TBC	84/87
	RIDDOR/SI Reportable Falls	**29**	**2**	**4**	1	1	1	1	0	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**	**4**	1	0	1	1	1	9
	Grade 3 Unavoidable Pressure Ulcers	**N/A**	**N/A**	**4**	2	1	0	0	1	15
	Grade 2 Avoidable Pressure Ulcers	**22**	**1**	**7**	3	1	0	2	1	32
	Grade 2 Unavoidable Pressure Ulcers	**N/A**	**N/A**	**35**	5	7	9	10	4	128
	Grade 2 Unknown (avoidable vs. unavoidable)	**N/A**	**N/A**	**45**	3	4	8	7	23	1
	C. Difficile Infections	**25**	**2**	**7**	1	3	3	0	1	30
	MRSA Bacteraemia Infections	**0**	**0**	**1**	0	0	0	0	1	1
	MSSA Bacteraemia Infections (HCAI only)	**N/A**	**N/A**	**3**	1	1	1	0	0	18
	E. coli Bacteraemia Infections (HCAI only)	**N/A**	**N/A**	**6**	1	0	3	2	7	29
	MRSA Screening – Elective	**95%**	**95%**	**95.4%**	96.0%	95.3%	95.1%	95.1%	95.2%	96.6%
	MRSA Screening – Non-Elective	**95%**	**95%**	**93.8%**	94.0%	94.6%	93.1%	93.4%	95.1%	96.0%
	Number of Serious Incidents	**N/A**	**N/A**	**40**	13	4	10	6	7	58
	Never Events	**0**	**0**	**1**	0	0	0	0	1	2
	Safety Thermometer – Harm Free %	**N/A**	**N/A**	**92.9%**	94.1%	93%	93%	96%	93.66%	N/A
	Safety Thermometer – New Harms%	**N/A**	**N/A**	**96.8%**	97.7%	98%	96%	99%	98.25%	N/A
	WHO Safe Surgery Checklist	**100%**	**100%**	**100%**	100%	100 %	100%	100%	100%	99.9%
	VTE Assessment	**95%**	**95%**	**95.3%**	95.5%	95.3%	95.5%	95.8%	TBC	95.6%
	Maternity Dashboard	**Green**	**Green**		Access booking	A	A	A	A	N/A
	Ward to Board – Nursing Performance Score	**95%**	**95%**	**96%**	96%	95%	96%	96%	96%	96%
Patent Experience	*Number of Complaints*	**N/A**	**N/A**	**150**	22	24	32	31	41	317
	Same Sex Accommodation	**0**	**0**	**8**	0	0	8	0	0	0
	ITU Patient Discharge delays>12hrs	**N/A***	**N/A***	**126**	19	19	44	19	25	201*
	Friends and Family Response Rate	**NA**	**NA**	**15%**	14.1%	14.3%	15.3%	21.6%	30.7%	22.6%
	Friends and Family Test Score	**75%**	**75%**	**96%**	96%	95.7%	98.1%	96.5%	95.85	95.1%
	Ward to Board – Patient Experience Score	**95%**	**95%**	**86%**	90%	86%	81%	87%	88%	87%

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

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2. REGULATION 28

There were no Regulation 28's reported in August 2016.

3. SAFEGUARDING – ADULTS & CHILDREN

There was 1 adult safeguarding concern made towards the Trust during August, involving a pressure ulcer which is under investigation and comparable to last month.

There were 26 children's safeguarding concerns raised by Trust staff during August which is a significant increase on last month. 22 of the alerts related to children resident in Telford and 2 related to Shropshire children. The final 2 alerts related to children resident in Powys and Birmingham. The themes identified were in relation to deliberate self – harm, neglect and parenting concerns.

During August, 38 bed days were used for children and young people who required input from child and adolescent mental health services; this is comparable to the previous month. The key themes for admission were self-harming and over dose; with remaining factors relating to suicidal ideation and pseudo pain. 0 children aged 16-18 years old were admitted.

4. SERIOUS INCIDENTS (SI)

There were 7 SIs reported in August 2016 (Appendix One):

2 - Delayed diagnosis
2 - Surgical Invasive procedure Incident (one of which = Never Event)
1 - Treatment Delay
1 - Infection Control issue (MRSA bacteraemia)
1 - Grade 3 Pressure Ulcer (avoidability to be confirmed)

Never Event Update:

The RCA meeting has been held in relation to this case and has identified that there were no specific breaches in protocol, the patient was admitted for removal of UL8 and UL7; the clinician successfully removed UL8 and requested forceps to remove UL7. The operator then placed the forceps on UL6 and removed it and immediately realised it was the incorrect tooth. The Consultant was called and he scrubbed in and attempted to re implant the tooth. Due to the fact that the tooth roots were curled it was not possible to do.

The RCA has been written and is currently out for circulation before being submitted for approval in accordance with current process.

Falls and Pressure ulcers not meeting SI criteria

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 was 1 fall resulting in a fracture that occurred and 1 grade 3 pressure ulcer identified during August 2016. Following initial review it was identified that these incidents did not meet the revised SI Framework definition for severity of harm, where act or omission was a factor. Table 2a and 2b below provides the details.

Table 2a

Falls	
Location injury	Rationale for not reporting
#NOF	Does not meet the definition of SI by act or omission, patient was assessed appropriately and relevant risk reduction strategies in place. Review in progress.

Table 2b

Pressure Ulcer	
Location injury	Rationale for not reporting
Natal Cleft	Patient admitted with radiation damaged skin, had full capacity and was aware of risks of not moving, area of radiation damage deteriorated to grade 3 pressure ulcer. Very good documentation regarding engagement and compliance recorded.

Incident Reporting Status
Table 3 below shows that there are 26 incidents open to investigation; of these, 13 have agreed extensions with commissioners due to factors affecting capacity to complete the investigation. Overall, 36 incident investigations have been completed with a request sent to commissioners to close them on the StEIS system; of the 36 incidents that remain open 12 require removal following evidence found that they did not meet the criteria of an SI.

Table 3: Incident Status at 12/09/2016

	New Incidents for August 2016	**7**
	Incidents being investigated	**26**
🟨	Out of internal deadline (excludes external deadline)	**13**
🟨	Out of external deadline with CCG/CSU	**0**
🟧	CCG/CSU have been asked to close/remove incident	**36**

Action plan completion status
There is 1 overdue action plan for 2014/15 with none closed during July 2016; the remaining open action plan for 2014/15 is aligned with unscheduled care. There are 16 RCAs action plans out of date for 2015/16 with 1 closed since last month’s report. There are 6 RCAs action plans out of date for 2016/17, with 2 closed since the last report (within timescales). Overall the total number of RCA action plans going out of deadline has increased with work continuing with operational teams to support action plans completed in a timely manner.

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

A total of 4 RCAs have been completed since the last report, 2 of which have been submitted for downgrading as following investigation it has been identified that they do not meet the criteria for SI reporting. A short summary of the remaining 2 investigations can be found below, with details of learning;

Ophthalmology – delayed diagnosis: Patient was known to have dry macular degeneration and was requiring cataract surgery. Following surgery there was a delay of approximately 8 weeks in recognising that she had also developed wet macular degeneration. Unfortunately by the time that the diagnosis was made the condition was too far advanced for treatment to be offered. Part of the delay related to the patient undergoing FFA, which was rescheduled due to issues with the patient being cannulated. Systems are in place to ensure that this is being addressed.

Ophthalmology – surgical complication: Patient underwent cataract surgery at ICAT where at surgery a complication occurred and a posterior chamber lens could not be left in-situ. The patient subsequently agreed to an anterior chamber lens insertion. The lens selected, while the correct dioptre for the patient, did not take into account the white to white (WTW) measurement and a 13mm lens was inserted, instead of a smaller lens, compatible with the WTW measurement. At surgery the lens was inserted. Due to advances in ophthalmic surgery this type of procedure is rarely undertaken, there is a plan in place to ensure any complicated/rarely performed surgery, is now discussed with Consultant colleagues and individual patient plans made.

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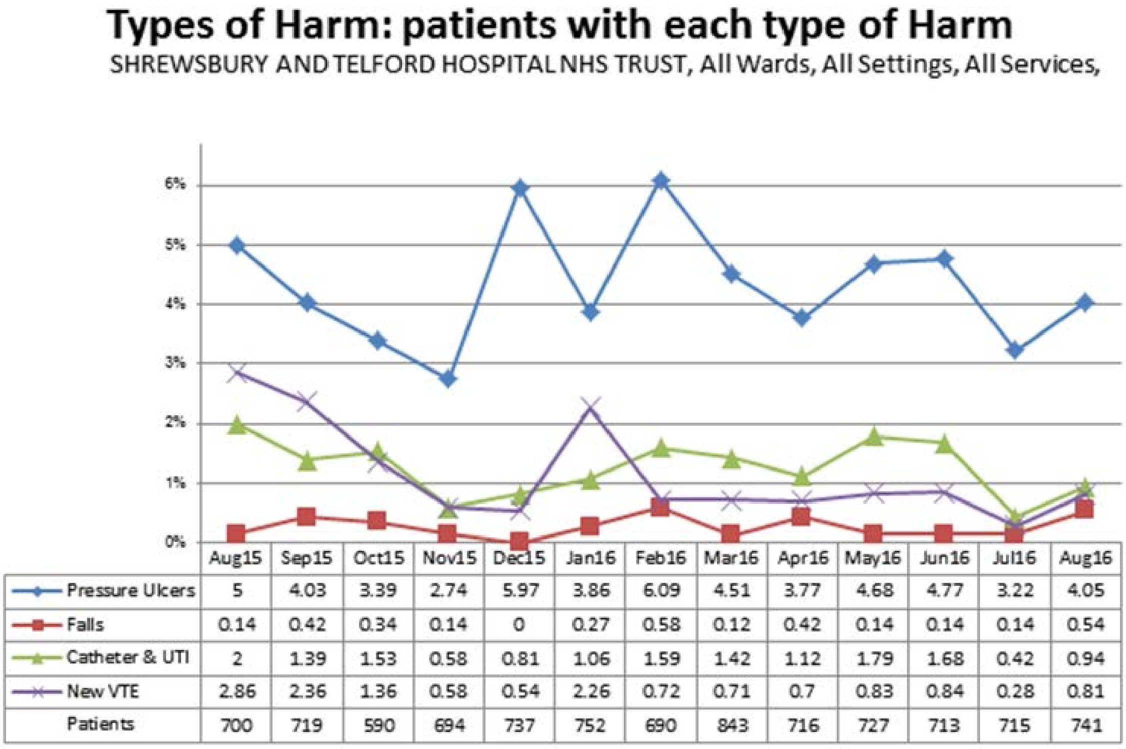
6. QUALITY IMPROVEMENT OVERVIEW

Measure	Annual Target 15/16	Monthly Target 15/16	YTD 2016/17	April	May	June	July	August	Year End 2015/16
MRSA Bacteraemia	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**1**	**1**
Current State	We are above our target of zero cases of MRSA Bacteraemia but there was a gap of 485 days between this case and the last apportioned to the Trust.								
Planned Actions	Department where incident occurred to audit documentation of insertion of iv cannulas and to perform enhanced audit of care bundles for insertion and on-going care of iv cannulas. Share lessons with other areas								
Key Themes/Trends	MRSA bacteraemia is now rare. This case was in a known carrier whose peripheral iv cannula became infected. There was a failure to monitor the cannula through VIP (visual inspection of phlebitis) scoring. Also failure to document insertion of the cannula								

7. 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.



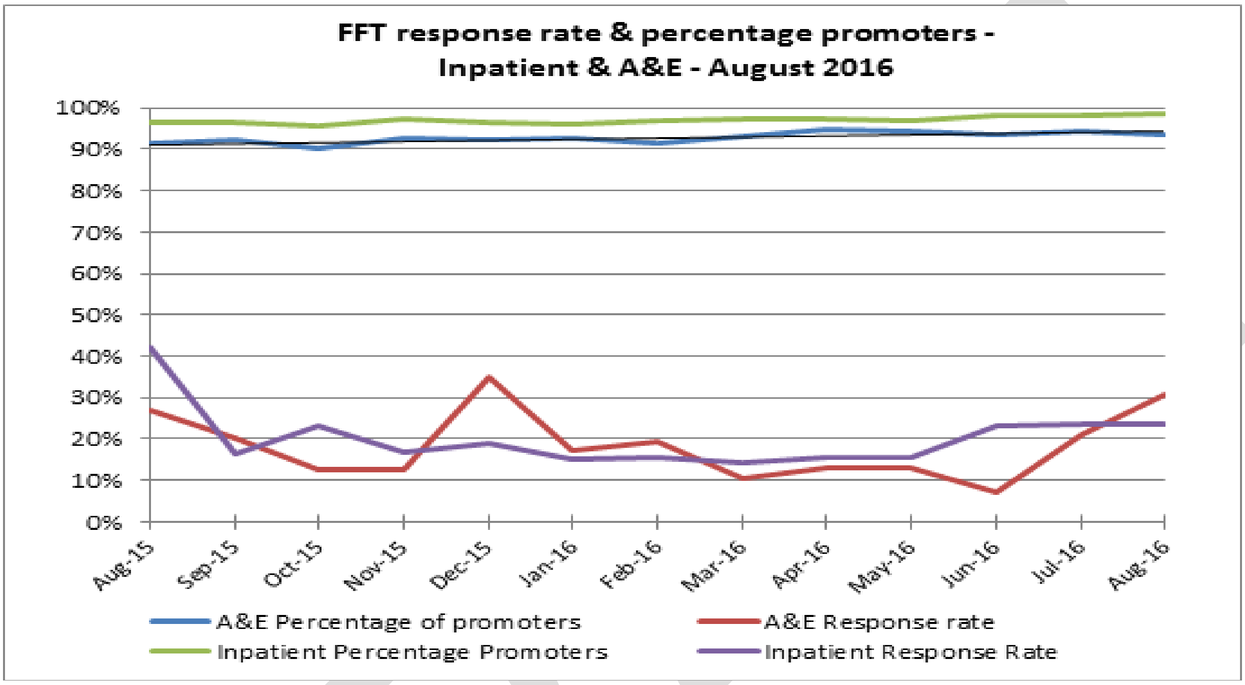
Types of Harm: patients with each type of Harm

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

	Aug15	Sep15	Oct15	Nov15	Dec15	Jan16	Feb16	Mar16	Apr16	May16	Jun16	Jul16	Aug16
Pressure Ulcers	5	4.03	3.39	2.74	5.97	3.86	6.09	4.51	3.77	4.68	4.77	3.22	4.05
Falls	0.14	0.42	0.34	0.14	0	0.27	0.58	0.12	0.42	0.14	0.14	0.14	0.54
Catheter & UTI	2	1.39	1.53	0.58	0.81	1.06	1.59	1.42	1.12	1.79	1.68	0.42	0.94
New VTE	2.86	2.36	1.36	0.58	0.54	2.26	0.72	0.71	0.7	0.83	0.84	0.28	0.81
Patients	700	719	590	694	737	752	690	843	716	727	713	715	741

8. FRIENDS AND FAMILY TEST (FFT) July 2016

	Percentage Promoters	Response Rate
Maternity overall	98.8%	18.8% (Birth only)
A&E	93.44%	30.7%
Inpatient	98.5%	23.49%
Outpatients	95.96%	NA



The overall Trust response rate has steadily increased over the year, doubling over the last couple of months from 15.3% in June this year to 30.7% of all applicable patients for August. In particular this is a reflection of great efforts by A & E staff, increasing their overall response rate to 30.7%. In addition to this, almost a quarter of all inpatients gave feedback (23.49% response rate) for August.

The percentage of promoters (patients who are “extremely likely” or “likely” to recommend) now stands at its’ highest to date (98.5%) for inpatients, which together with the high response rate for this area can be considered to give a good indication of overall patient satisfaction. The overall Trust promoter score remains high at 95.8%, meaning that a total of 4868 patients would recommend the Trust to their Friends and Family. Support from Volunteers and the Patient Experience Apprentices has contributed to a total of 1212 responses from Outpatients, with 95.96% of these being Promoters.

9. EXTERNAL QUALITY REVIEWS

There were no external reviews of services conducted during August.

The Shrewsbury and Telford Hospital NHS
NHS Trust

SUSTAINABILITY COMMITTEE – 27TH SEPTEMBER 2016
FINANCE REPORT – MONTH 5

1. Income & Expenditure position

The financial position of the Trust at the end of month 5 is presented in the table below:

		Financial Plan	April –Aug Plan	April – Aug Actual	Variance
		£000s	£000s	£000s	£000s
Income		341,986	142,218	142,327	109
Pay		-225,302	-93,362	-96,630	-3,268
Non-pay and Reserves		-107,261	-44,679	-43,308	1,371
Total expenditure		-332,563	-138,041	-139,938	-1,897
EBITDA		9,423	4,177	2,389	-1,788
Finance Costs		-15,323	-5,945	-5,814	131
Surplus/(deficit) before Phased Spend		-5,900	-1,768	-3,425	-1,657
Phased spend adjustment			-3,360	-1,733	1,627
Plan as described in NHSI Financial Template			-5,128	-5,158	-30

At the end of month 5 the Trust had planned to deliver an in year deficit of £1.768 million and actually recorded a deficit of £3.425 million.

Forecast Outturn

Based upon performance at the end of month 5 and after allowing for the delivery of Cost Improvement savings projected over the remaining 7 months of the year, it is forecast that the Trust will record an overspend at the end of the year amounting to £11.999 million. This deficit is £6.099 million in excess of the agreed control total with the NHSI.

	April	May	June	July	August	September	October	November	December	January	February	March	Total
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Income	27,974	27,632	29,309	28,650	28,762	28,363	29,173	28,699	27,747	28,150	27,915	29,524	341,899
Pay	(19,233)	(19,176)	(19,476)	(19,168)	(19,551)	(19,468)	(19,387)	(19,765)	(19,555)	(19,694)	(19,642)	(19,686)	(233,801)
Non-Pay	(8,222)	(8,415)	(8,898)	(8,956)	(8,844)	(8,932)	(8,791)	(8,828)	(8,595)	(8,801)	(8,723)	(8,884)	(104,890)
Total Expenditure	**(27,454)**	**(27,591)**	**(28,374)**	**(28,124)**	**(28,395)**	**(28,400)**	**(28,178)**	**(28,593)**	**(28,150)**	**(28,495)**	**(28,366)**	**(28,571)**	**(338,691)**
EBITDA	**520**	**41**	**936**	**525**	**367**	**(37)**	**995**	**106**	**(402)**	**(345)**	**(451)**	**954**	**3,208**
Finance Costs	(1,123)	(1,200)	(1,166)	(1,150)	(1,176)	(1,189)	(1,189)	(1,189)	(1,189)	(1,189)	(1,189)	(1,189)	(14,137)
Surplus/(Deficit)	**(603)**	**(1,158)**	**(230)**	**(625)**	**(809)**	**(1,226)**	**(194)**	**(1,083)**	**(1,591)**	**(1,534)**	**(1,640)**	**(235)**	**(10,929)**
Cumulative	(603)	(1,761)	(1,992)	(2,616)	(3,425)	(4,651)	(4,846)	(5,929)	(7,520)	(9,054)	(10,694)	(10,929)	
CIP Recovery plan						214	381	381	381	381	381	381	2,500
Revised Cumulative position	(603)	(1,761)	(1,992)	(2,616)	(3,425)	(4,437)	(4,251)	(4,953)	(6,163)	(7,316)	(8,575)	(8,429)	(8,429)

The forecast outturn has been constructed based upon work developed at care group level and is presented in the table below.

Care Group	Income/Pay/Non Pay	April	May	June	July	August	September	October	November	December	January	February	March	Total
		£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Income	Income	27,974	27,632	29,309	28,650	28,762	28,363	29,173	28,699	27,747	28,150	27,915	29,524	341,899
Income Total		**27,974**	**27,632**	**29,309**	**28,645**	**28,766**	**28,363**	**29,173**	**28,699**	**27,747**	**28,150**	**27,915**	**29,524**	**341,899**
Scheduled Care	Pay	(6,672)	(6,718)	(6,829)	(6,683)	(6,883)	(6,775)	(6,669)	(6,864)	(6,654)	(6,791)	(6,780)	(6,829)	(81,146)
	Non-Pay	(1,614)	(1,774)	(1,983)	(1,890)	(1,904)	(1,912)	(1,819)	(1,703)	(1,805)	(1,736)	(1,786)	(1,779)	(21,706)
Scheduled Care Total		**(8,286)**	**(8,492)**	**(8,812)**	**(8,557)**	**(8,803)**	**(8,687)**	**(8,488)**	**(8,567)**	**(8,459)**	**(8,528)**	**(8,566)**	**(8,624)**	**(102,868)**
Unscheduled Care	Pay	(4,610)	(4,588)	(4,631)	(4,614)	(4,670)	(4,716)	(4,701)	(4,903)	(4,903)	(4,903)	(4,903)	(4,903)	(57,047)
	Non-Pay	(863)	(836)	(887)	(924)	(895)	(938)	(938)	(960)	(960)	(960)	(960)	(960)	(11,080)
Unscheduled Care Total		**(5,473)**	**(5,424)**	**(5,517)**	**(5,538)**	**(5,565)**	**(5,654)**	**(5,639)**	**(5,863)**	**(5,863)**	**(5,863)**	**(5,863)**	**(5,863)**	**(68,127)**
Women & Childrens	Pay	(2,770)	(2,688)	(2,744)	(2,647)	(2,722)	(2,754)	(2,764)	(2,764)	(2,764)	(2,729)	(2,728)	(2,727)	(32,800)
	Non-Pay	(343)	(406)	(408)	(416)	(404)	(394)	(397)	(397)	(397)	(397)	(397)	(397)	(4,754)
Women & Childrens Total		**(3,113)**	**(3,094)**	**(3,152)**	**(3,063)**	**(3,126)**	**(3,148)**	**(3,161)**	**(3,161)**	**(3,161)**	**(3,126)**	**(3,125)**	**(3,124)**	**(37,554)**
Support (Excluding HCD)	Pay	(2,565)	(2,569)	(2,629)	(2,599)	(2,602)	(2,632)	(2,652)	(2,652)	(2,652)	(2,652)	(2,652)	(2,652)	(31,509)
	Non-Pay	(521)	(565)	(626)	(649)	(572)	(626)	(626)	(626)	(626)	(626)	(626)	(626)	(7,318)
Support (Excluding HCD) Total		**(3,085)**	**(3,135)**	**(3,255)**	**(3,249)**	**(3,174)**	**(3,258)**	**(3,278)**	**(3,278)**	**(3,278)**	**(3,278)**	**(3,278)**	**(3,278)**	**(38,826)**
HCD	Pay	0	0	0	0	0	0	0	0	0	0	0	0	0
	Non-Pay	(2,023)	(2,077)	(2,284)	(2,125)	(2,298)	(2,257)	(2,161)	(2,257)	(1,874)	(2,161)	(2,066)	(2,353)	(25,936)
HCD Total		**(2,023)**	**(2,077)**	**(2,284)**	**(2,125)**	**(2,298)**	**(2,257)**	**(2,161)**	**(2,257)**	**(1,874)**	**(2,161)**	**(2,066)**	**(2,353)**	**(25,936)**
Estates	Pay	(266)	(248)	(255)	(257)	(278)	(259)	(259)	(259)	(257)	(257)	(257)	(257)	(3,106)
	Non-Pay	(916)	(787)	(747)	(841)	(805)	(824)	(866)	(902)	(950)	(938)	(906)	(866)	(10,347)
Estates Total		**(1,182)**	**(1,035)**	**(1,001)**	**(1,098)**	**(1,083)**	**(1,083)**	**(1,125)**	**(1,161)**	**(1,206)**	**(1,195)**	**(1,162)**	**(1,122)**	**(13,453)**
Facilities	Pay	(704)	(686)	(711)	(676)	(695)	(680)	(690)	(670)	(673)	(709)	(670)	(678)	(8,242)
	Non-Pay	(291)	(290)	(291)	(330)	(302)	(312)	(312)	(312)	(312)	(312)	(312)	(312)	(3,686)
Facilities Total		**(995)**	**(976)**	**(1,002)**	**(1,006)**	**(997)**	**(992)**	**(1,002)**	**(982)**	**(984)**	**(1,021)**	**(982)**	**(989)**	**(11,928)**
Finance	Pay	(531)	(554)	(553)	(584)	(577)	(577)	(577)	(577)	(577)	(577)	(577)	(577)	(6,837)
	Non-Pay	(1,351)	(1,409)	(1,337)	(1,411)	(1,401)	(1,384)	(1,385)	(1,385)	(1,385)	(1,385)	(1,385)	(1,385)	(16,602)
Finance Total		**(1,881)**	**(1,963)**	**(1,890)**	**(1,995)**	**(1,978)**	**(1,960)**	**(1,962)**	**(1,962)**	**(1,962)**	**(1,962)**	**(1,962)**	**(1,962)**	**(23,440)**
Other Corporate	Pay	(1,116)	(1,126)	(1,123)	(1,107)	(1,124)	(1,076)	(1,076)	(1,076)	(1,075)	(1,075)	(1,075)	(1,064)	(13,114)
	Non-Pay	(275)	(266)	(323)	(358)	(246)	(286)	(286)	(286)	(286)	(286)	(286)	(277)	(3,460)
Other Corporate Total		**(1,391)**	**(1,392)**	**(1,446)**	**(1,434)**	**(1,401)**	**(1,362)**	**(1,362)**	**(1,362)**	**(1,361)**	**(1,361)**	**(1,361)**	**(1,341)**	**(16,574)**
Finance Costs	Finance Costs	(1,123)	(1,200)	(1,166)	(1,150)	(1,176)	(1,189)	(1,189)	(1,189)	(1,189)	(1,189)	(1,189)	(1,189)	(14,137)
Finance Costs Total		**(1,123)**	**(1,200)**	**(1,166)**	**(1,150)**	**(1,177)**	**(1,189)**	**(1,189)**	**(1,189)**	**(1,189)**	**(1,189)**	**(1,189)**	**(1,189)**	**(14,138)**
	Income	27,974	27,632	29,309	28,650	28,762	28,363	29,173	28,699	27,747	28,150	27,915	29,524	341,899
	Pay	(19,233)	(19,176)	(19,476)	(19,168)	(19,551)	(19,468)	(19,387)	(19,765)	(19,555)	(19,694)	(19,642)	(19,686)	(233,801)
	Non-Pay	(8,196)	(8,412)	(8,885)	(8,944)	(8,827)	(8,932)	(8,791)	(8,828)	(8,595)	(8,801)	(8,723)	(8,954)	(104,890)
	Finance Costs	(1,123)	(1,200)	(1,166)	(1,150)	(1,176)	(1,189)	(1,189)	(1,189)	(1,189)	(1,189)	(1,189)	(1,189)	(14,137)
Surplus/(Deficit)		**(578)**	**(1,155)**	**(217)**	**(613)**	**(792)**	**(1,226)**	**(194)**	**(1,083)**	**(1,591)**	**(1,534)**	**(1,640)**	**(305)**	**(10,929)**

The Trust is expecting to finalise plans in mid-August that will reduce spending over the remaining months of the year by £4.15 million. Doing so will then enable the Trust to achieve the agreed control total deficit of £5.9 million.

2. Income

2.1 Income – Performance to date

At the end of month 5 in the 2016/17 financial year, the Trust had planned to receive income amounting to £142.218 million and had generated income amounting to £142.327 million, an over performance of £0.109 million.

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

	Apr-Aug Budget	Apr-Aug Actual	Variance	Variance %	Apr-Aug Budget	Apr-Aug Actual	Financial Variance Value	Price Variance	Volume Variance
	Activity	Activity	Activity		£000s	£000s	£000s	£000s	£000s
Accident and Emergency (Attendances)	46,300	46,156	(144)	(0.3%)	5,367	5,400	33	50	(17)
Outpatient Appts (Attendances)	178,770	178,813	43	0.0%	22,082	21,854	(228)	(284)	56
Elective Day Cases	18,364	18,946	582	3.2%	12,224	12,382	159	181	(22)
Elective Inpatient (Spells)	2,793	2,551	(242)	(8.7%)	7,853	7,205	(648)	48	(696)
Non Elective (Spells)	19,958	20,430	472	2.4%	35,831	36,641	810	(245)	1,055
Non Elective Other	3,151	3,317	166	5.3%	5,197	5,613	416	254	162
Emergency Threshold					(848)	(1,136)	(288)	(288)	
Education					2,786	2,852	66	66	
Injury Cost Recovery					359	381	22	22	
Private Patients					332	327	(5)	(5)	
Sustainability & Transformation Funds					4,375	4,375	0	0	
Others (Inc Reserves)					46,662	46,434	(228)	(228)	
Total	**269,336**	**270,213**	**877**	**0.3%**	**142,218**	**142,327**	**109**	**(429)**	**538**

The table below details the activity levels seen in the 5 months of 2016/17 and the trajectory for the remainder of the year, compared to the previous 2 financial years.

	Actual						Plan										
15/16 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**
A&E	8,703	9,523	9,143	9,123	9,730	9,057	8,825	9,204	9,013	8,832	8,613	8,820	9,001	8,742	9,505	9,082	108,831
Outpatient Attendances	35,206	35,726	37,157	36,030	34,163	36,561	38,104	36,276	37,600	38,465	34,226	36,764	35,662	35,920	36,563	36,048	435,312
Elective Daycases	3,813	3,576	3,873	3,754	3,814	3,870	3,709	3,798	3,805	3,692	3,593	3,697	3,491	3,580	3,570	3,547	43,803
Elective Inpatient Spells	489	493	558	513	525	486	550	520	602	569	509	560	509	519	527	518	6,578
Emergency Spells	3,993	4,137	4,164	4,098	4,156	3,980	4,026	4,054	4,350	4,352	4,419	4,374	4,231	4,129	4,338	4,232	49,803
Maternity/Non Elective Other Spells	606	716	633	652	664	698	658	673	715	633	609	653	651	660	634	649	7,713

Elective Day Case

	Apr	May	Jun	Average Per Month Apr-Jun	Jul	Aug	Sep	Average Per Month Jul-Sep	Oct	Nov	Dec	Average Per Month Oct-Dec	Jan	Feb	Mar	Average Jan-Mar	Annual
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	3,813	3,576	3,873	3,754	3,814	3,870		3,842				0				0	18,946
Variance	**213**	**76**	**13**	**101**	**(160)**	**440**		**138**				**(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

	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	489	493	558	513	525	486		506				0				0	2,551
Variance	**(26)**	**(43)**	**(5)**	**(25)**	**(92)**	**(76)**		**(71)**				**(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

	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	4,137	4,164	4,098	4,156	3,980		4,068				0				0	20,430
Variance	**16**	**92**	**161**	**90**	**17**	**185**		**81**				**(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

	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	716	633	652	664	698		681				0				0	3,317
Variance	**(26)**	**86**	**35**	**31**	**(0)**	**72**		**31**				**(653)**				**(649)**	
15/16	631	629	597	619	663	625	657	648	714	632	608	651	650	659	633	647	7,698
14/15	593	601	601	598	613	605	671	630	624	561	604	596	570	493	607	557	7,143

Outpatients

	Apr	May	Jun	Average Per Month Apr-Jun	Jul	Aug	Sep	Average Per Month Jul-Sep	Oct	Nov	Dec	Average Per Month Oct-Dec	Jan	Feb	Mar	Average Jan-Mar	Annual
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	35,206	35,726	37,157	36,030	34,163	36,561		35,362				0				0	178,813
Variance	**(622)**	**2,493**	**(2,480)**	**(203)**	**(3,001)**	**3,654**		**(696)**				**(36,764)**				**(36,048)**	
15/16	33,528	31,339	37,702	34,190	35,376	31,977	36,501	34,618	35,680	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

	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	8,703	9,523	9,143	9,123	9,730	9,057		9,394				0				0	46,156
Variance	**(531)**	**276**	**(200)**	**(152)**	**389**	**(78)**		**293**				**(8,820)**				**(9,082)**	
15/16	9,410	9,268	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	109,360

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

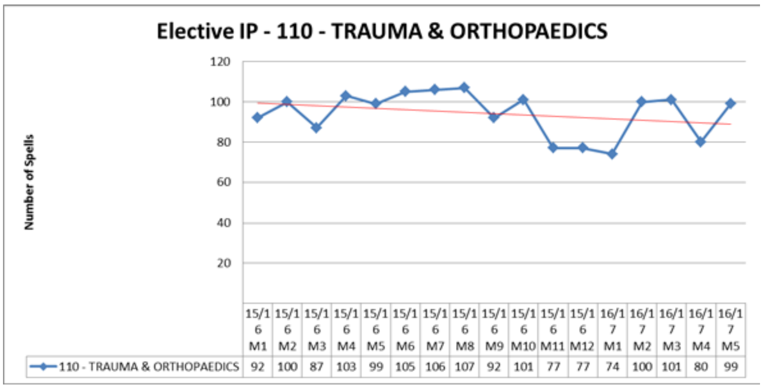
A number of observations can be made that will need to be closely monitored as performance progresses through the year. These observations being:

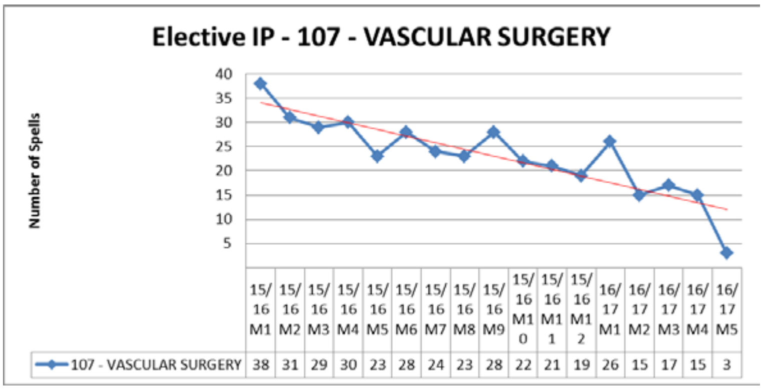
i) Accident and Emergency attendances –the actual level of attendances recorded year to date were 46,156 attendances, equivalent to 0.3% below plan. This under performance arose in the month of April and it is believed this was because of the junior doctor’s strike.

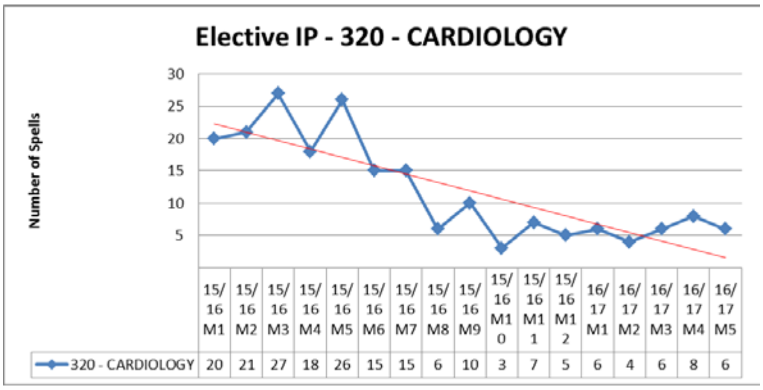
ii) Outpatient attendances – outpatients are cumulatively balanced to plan, due to a significant over performance in month (11.10%) mainly within Ophthalmology due to additional sessions being provided by Viewpoint and iVision to clear past max waits, Trauma & Orthopaedics and Oncology. As can be seen from the table above, historically we have seen a lower level of outpatient attendances in the month of August, however, this year, the month of August has seen one of the largest activity months for outpatient activity in the 2016/17 financial year.

iii) Elective Day Cases – the value of Elective Day Cases performed to date has increased by 7.5% when compared with the same period last financial year. Actual performance shows under performance within the Trauma and Orthopaedics, Ophthalmology and Oral Surgery. Conversely however, Urology, Clinical Oncology and Clinical Haematology have substantially over performed.

iv) Elective Inpatient spells – there is a continuing downward trend across all specialties and we are therefore seeing a further underperformance, with a significant income variance (£648k). This is mainly attributable to Trauma and Orthopaedics, Vascular Surgery and Cardiology, these specialties have seen a downward trend over the past 17 months which can be seen in the graphs below.







v) Non Elective activity – is over plan by 2.4% and marginally higher than the levels recorded in the same period in previous years. The Trust has seen an increase in Respiratory and General Medicine activity.

2.2 Income Forecast

The table below provides a comparison of the average level of monthly income received to date, with the average monthly income assumed over the remaining seven months.

Average income per Month	£000s
April - August	28,465
September – March	28,510
Monthly increase/(decrease)	45

As can be seen it is assumed that income will increase over the remaining months of the year by £0.045 million per month.

Income – Key Messages
Income is over performing by £0.109 million. *Activity is over performing by 0.3%.*

3. Expenditure

3.1 Pay

At the end of August spending amounted to £96.630 million resulting in an overspend of £3.268 million.

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

	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*	*June 16 £000's*	*July 16 £000's*	*Aug 16 £000's*
Consultants	3,030	3,043	3,079	3,140	3,282	3,179	3,218	3,331	3,399	3,352	3,380	3,494
Medical Staffing	2,180	2,238	2,100	2,207	2,235	2,423	2,268	2,058	2,133	2,208	2,173	2,308
Nursing	7,062	7,314	7,473	7,451	7,413	7,591	7,619	7,720	7,539	7,688	7,441	7,589
Other Clinical	2,330	2.334	2,346	2,415	2,421	2,472	2,477	2,585	2,566	2,592	2,583	2,582
Non Clinical	3,207	3,292	3,269	3,393	3,404	3,449	3,492	3,539	3,540	3,639	3,585	3,599
Actual Pay Spend £	17,808	18,221	18,267	18,606	18,755	19,115	19,074	19,233	19,177	19,479	19,162	19,572
Consultants	234.21	236.22	242.09	237.71	243.09	253.05	239.78	244.79	243.67	249.65	243.04	247.31
Medical Staffing	352.77	357.93	362.36	357.78	357.54	368.14	349.42	332.91	336.43	349.89	349.89	363.30
Nursing	2,227.22	2,319.52	2,368.20	2,322.33	2,330.11	2,381.89	2,416.46	2361.92	2345.77	2,356.53	2,350.33	2,352.95
Other Clinical	753.02	753.67	769.06	760.60	775.11	791.44	794.95	787.04	794.91	796.98	800.17	804.23
Non Clinical	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	1,542.40	1,551.58	1,542.46
Actual Pay wte	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	5,295.45	5,294.11	5,310.25

Significantly, pay expenditure in August is £0.817 million greater than recorded in the equivalent period of the previous financial year. The increased monthly cost is explained by a growth in staffing levels (102 WTE).

Agency Usage

	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 £000s	May 2016 £000s	June 2016 £000s	July 2016 £000s	August 2016 £000s
Consultants	167	172	120	182	150	217	218	193	225	277	288
Medical staff	270	236	285	379	557	478	259	264	324	330	376
Nursing	731	781	671	705	667	527	561	461	501	452	533
Other Clinical	17	22	43	35	52	52	53	68	63	43	62
Non clinical	64	83	79	76	79	55	54	36	40	45	62
Total Agency staff spending	1,249	1,293	1198	1377	1,506	1,329	1,145	1,022	1,153	1,147	1,321

	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	June 2016 WTE	July 2016 WTE	Aug 2016 WTE
Consultants	8.60	8.62	7.04	8.99	7.48	9.50	9.82	10.69	11.55	12.63	14.33
Medical staff	22.88	22.17	21.98	29.53	40.61	37.69	23.81	30.97	30.07	32.17	38.63
Nursing	130.11	150.19	124.35	117.72	112.69	101.45	89.25	78.71	89.97	82.94	94.87
Other Clinical	2.59	4.04	8.29	7.76	9.62	11.77	8.60	9.74	11.08	8.06	9.85
Non Clinical	17.56	22.87	20.94	16.42	12.86	11.49	10.56	10.73	12.18	11.94	13.68
Total Agency staff spending	181.74	207.88	182.60	180.42	183.25	171.90	142.04	140.84	154.85	147.74	171.36

Bank Usage

	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	June 2016 £000's	July 2016 £000's	Aug 2016 £000's
Nursing	500	546	522	533	625	738	506	569	496	540	538
Other Clinical	40	36	32	37	38	39	46	43	47	52	48
Non clinical	127	129	127	150	130	135	150	142	170	174	136
Total Bank staff	667	712	681	720	794	912	702	754	713	766	722

	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	June 2016 WTE	July 2016 WTE	Aug 2016 WTE
Nursing	185.47	203.56	177.01	177.66	191.66	225.36	166.15	169.39	166.92	181.58	184.99
Other Clinical	13.07	10.98	9.51	11.90	11.92	11.73	10.36	9.45	11.35	11.75	10.96
Other	69.81	66.16	60.14	68.75	62.92	70.72	68.70	66.73	76.38	81.76	69.15
Total Bank staff wte	268.35	280.70	246.66	258.31	266.49	307.81	245.21	245.57	254.65	275.09	265.10

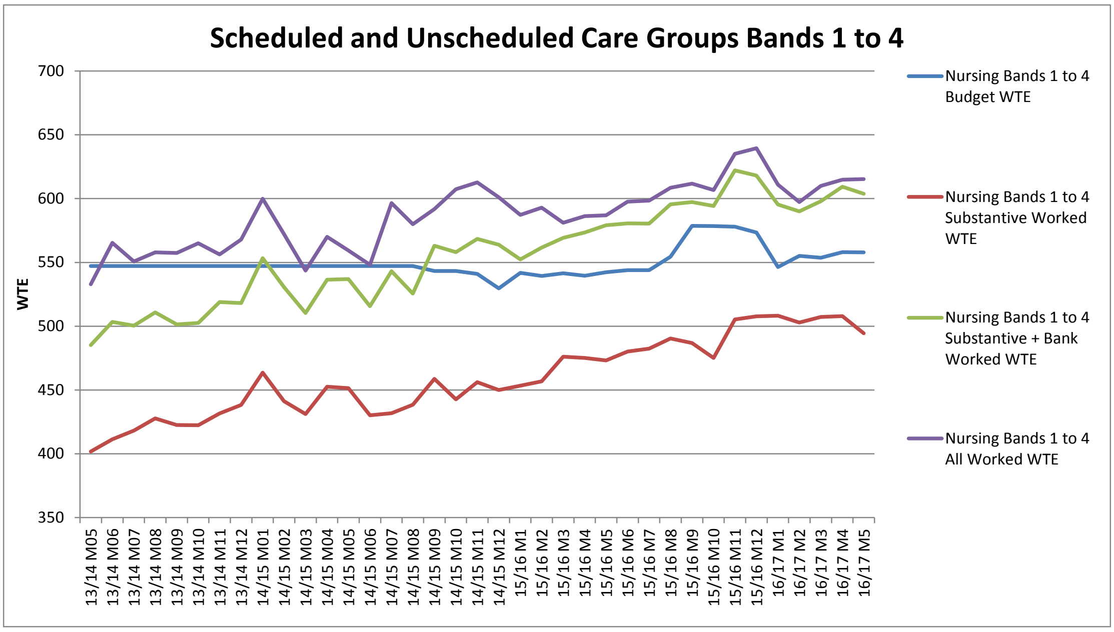
Key observations from the data are:

i) Total pay spending has increased by £0.410 million as compared to last month.
ii) Agency spending in August is £0.174 million higher than the previous month. This is due to an increase in wte of 23.62.
iii) Bank staffing numbers are consistent with levels seen in the previous financial year; however costs are greater due to the decision to introduce new premium rates for registered nursing.

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.

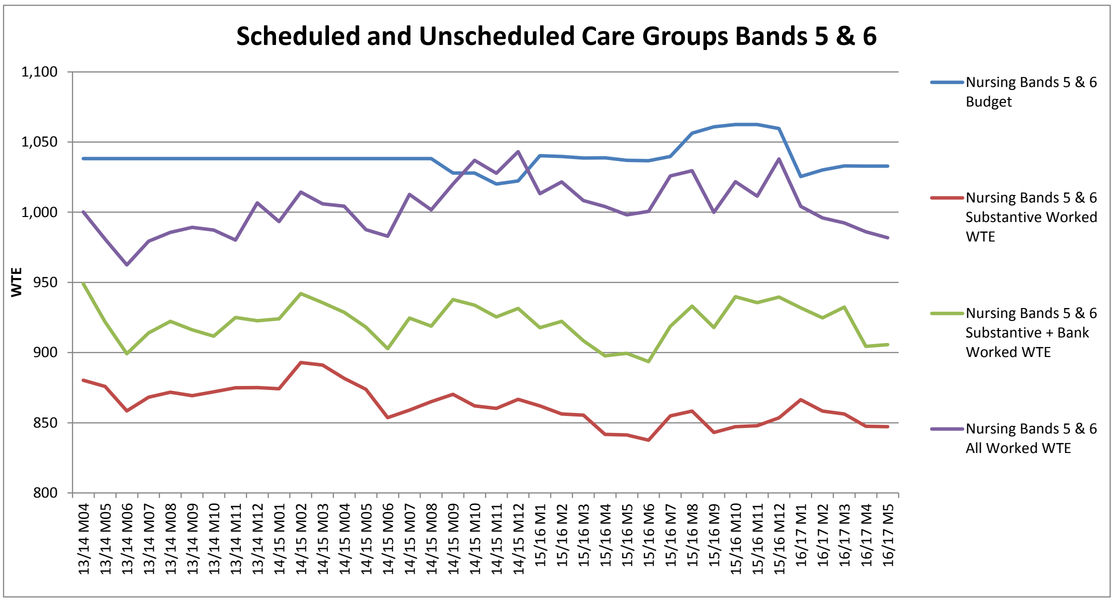
Scheduled and Unscheduled Care Groups

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.
- Since April 2016 the Trust has serviced its need for unqualified nursing staff through increased volumes of substantive and bank staff with minimal levels of agency staff.

In order to establish whether actions to reduce agency and unavailability 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
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
10	5/6 - 11/6	73	5.2	19.3	34%	44%	26.9%	95.3%	29
11	12/6 - 18/6	76	6.5	11.2	23%	41%	27.1%	95.9%	2
12	19/6 - 25/6	86	10.0	17.8	32%	39%	29.1%	93.5%	248
13	26/6 - 2/7	78	8.3	15.5	30%	42%	28.4%	94.7%	(52)
14	3/7 - 9/7	77	4.6	18.9	31%	43%	28.8%	94.2%	(191)
15	10/07 - 16/7	70	2.2	12.2	21%	46%	27.3%	94.5%	(35)
16	17/07 - 23/7	74	1.6	16.7	25%	40%	27.6%	92.6%	(158)
17	24/7 - 30/7	78	2.82	15.5	24%	41%	28.8%	91.3%	283
18	31/7 - 6/8	76	4.14	17.9	29%	40%	28.3%	91.0%	329
19	7/8 - 13/8	65	8.43	18.0	41%	44%	27.7%	92.1%	(170)
20	14/8 - 20/8	81	9.48	22.5	39%	36%	27.7%	91.6%	17
21	21/8 - 27/8	88	12.12	21.95	39%	38%	28.0%	91.4%	400
22	28/8 - 3/9	81	9.08	19.52	35%	39%	27.8%	90.9%	512

Agreed 16/17 Business Planning Parameters		0.0	0.0	0.0%		24.0%	95.0%	
Variance to Parameter		+9.1	+19.5	35.31%		3.8%	(4.1)%	
Financial Impact		Deterioration	Deterioration	Deterioration		Deterioration	Improvement	

Change since previous week	(7)	(3.0)	(2.4)	(3.4)%	1%	(0.1)%	(0.5)%	112.0
Financial Impact	Improvement	Improvement	Improvement	Improvement	Improvement	Improvement	Improvement	Deterioration

As reported previously in the report the level of agency usage remains high with in increasing proportion of tier 5 (most expensive agencies). Bank fill remains relatively constant. There has not been a material reduction in the level of substantive unavailability.

Based on the agreed 95% / 24% = 119 then the most recent week's performance (week 22) of 90.9% / 27.8% = 118.7 is 0.3% below the agreed parameters. However, in delivering this the level of agency (including tier 5) has increased.

	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%
Week 10	13.5%	5.8%	3.7%	2.0%	1.6%	26.6%
Week 11	14.6%	5.2%	3.6%	1.8%	2.0%	27.2%
Week 12	14.4%	6.5%	3.6%	2.4%	2.2%	29.1%
Week 13	14.5%	6.6%	3.6%	2.0%	1.7%	28.4%
Week 14	14.7%	6.2%	3.6%	2.8%	1.3%	28.7%
Week 15	14.7%	6.1%	3.7%	1.6%	1.1%	27.2%
Week 16	14.9%	5.7%	4.1%	1.5%	1.3%	27.6%
Week 17	15.1%	6.9%	4.1%	1.3%	1.5%	28.8%
Week 18	15.5%	5.8%	4.8%	0.7%	1.6%	28.3%
Week 19	15.5%	5.0%	4.3%	1.0%	1.9%	27.7%
Week 20	15.7%	5.4%	4.2%	1.0%	1.4%	27.7%
Week 21	15.7%	5.5%	4.2%	0.8%	1.7%	27.9%

	Annual Leave	Sickness	Parenting	Study	Other	Total
Week 22	15.9%	5.2%	4.6%	0.9%	1.2%	27.8%
Total	14.7%	6.0%	3.9%	1.8%	1.7%	28.0 %

	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%
Week 10	26.5%	26.7%	26.6%
Week 11	26.5%	27.9%	27.2%
Week 12	29.1%	29.1%	29.1%
Week 13	28.1%	28.8%	28.4%
Week 14	28.9%	28.3%	28.7%
Week 15	26.8%	27.6%	27.2%
Week 16	27.1%	28.2%	27.6%
Week 17	29.2%	28.4%	28.8%
Week 18	28.3%	28.3%	28.3%
Week 19	27.2%	28.3%	27.7%
Week 20	27.7%	27.6%	27.7%
Week 21	27.1%	28.8%	27.9%
Week 22	27.6%	28.1%	27.8%
Total	28.4%	27.4%	28.0%

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

3.1.1 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 £0.224 million per month this year.

	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	June 2016 £000's	July 2016 £000's	Aug 2016 £000's
Scheduled Care	192	111	174	137	198	130	181	173	140	147	162
Unscheduled Care	16	22	16	25	20	15	22	35	15	24	21
Diagnostic Care Group	26	32	27	56	45	46	35	43	40	37	45
Women and	-	1	1			-					

	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	June 2016 £000's	July 2016 £000's	Aug 2016 £000's
Children's Care Group Total Waiting List Initiative	234	166	218	218	263	191	238	251	195	208	228

3.1.2 Pay Forecast

The table below provides a comparison of the average level of monthly Pay spending recorded in the first four months of the year, with the average level of monthly Pay spending assumed over the remaining eight months of the financial year.

Average pay spending per Month	£000's
April - August	19,320
Sept – March	19,600
Monthly Increase	279

As can be seen it is assumed that Pay spending will increase over the remaining months of the year by £0.279 million per month.

Pay – Key Messages

- *The Trust has overspent in respect of Pay by £3.268 million in the first five 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 the first four months the Trust has obtained cost savings by reduced numbers of agency medical staff employed. Clinical groups indicate that this practice is not sustainable.*

3.2 Non-Pay Spending

In the first five months of the year, the Trust had underspent by £1.371 million 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	

Month	*Total Non Pay Spend (excluding exceptional items HCDs, ICDs etc) £000s*	*3 month moving average £000s*
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
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
June 16	6,589	6,323
July 16	6,763	6,515
August 16	6,425	6,592

As can be seen, the 3 month moving average level of Non Pay spending is remaining fairly consistent, although reduced in August.

3.2.1 Non Pay Forecast

The table below provides a comparison of the average level of monthly Non Pay spending recorded in the first five months of the year, with the average level of monthly Non Pay spending assumed over the remaining seven months of the financial year.

Average non pay spending per Month	£000's
April - August	8,653
Sep – March	8,803
Monthly Decrease	150

As can be seen it is assumed that Non Pay spending will decrease over the remaining months of the year by £0.150 million per month.

4. Service Line Reporting

The Trust is, through the use of its Patient Level Costing system, able to provide Income and Expenditure positions for each of the Care Groups. This information is currently being produced quarterly in arrears as the system is being updated to reflect the work carried out as part of the deep dive process and to utilise data feeds now available in the data warehouse.

Further to this we are bringing the costing system in line with the costing guidance recently published as a result of Monitor's costing transformation programme (CTP) which was introduced in March 2015. The aim of the CTP is to deliver a step change in the quality and consistency of Providers' costing information to improve benchmarking and to improve currency and tariff design.

The table below shows the financial position reconciled to the deficit as presented at Month 3 2016/17.

Metrics	Scheduled Care	Surgical	Oncology	MSK	H&N	Theatre & Critical Care	Unscheduled Care	Medicine	Emergency	Womens & Childrens	TOTAL
Income	**39,446**	15,511	8,989	6,870	6,049	2,027	**28,324**	23,446	4,878	**14,658**	**82,428**
Cost											**-**
Direct											**-**
Nursing	**- 4,938**	- 2,691	- 695	- 1,173	- 378	- 0	**- 8,679**	- 7,281	- 1,398	**- 5,154**	**- 18,770**
Consultants	**- 3,531**	- 1,505	- 466	- 587	- 970	- 3	**- 1,927**	- 1,630	- 297	**- 1,253**	**- 6,711**
Other Clinical	**- 3,691**	- 1,020	- 570	- 771	- 1,327	- 2	**- 2,848**	- 1,932	- 916	**- 1,703**	**- 8,243**
Non Clinical	**- 1,615**	- 574	- 309	- 270	- 460	- 1	**- 875**	- 725	- 150	**- 766**	**- 3,256**
Total Direct Pay Costs	**- 13,775**	- 5,790	- 2,041	- 2,802	- 3,135	- 7	**- 14,329**	- 11,568	- 2,761	**- 8,875**	**- 36,980**
Drugs	**- 5,916**	- 1,590	- 3,656	- 124	- 546	- 0	**- 2,214**	- 2,119	- 95	**- 471**	**- 8,600**
Supplies	**- 820**	- 204	- 126	- 162	- 329	- 0	**- 1,311**	- 1,178	- 133	**- 528**	**- 2,660**
Other Direct Costs	**- 593**	- 300	- 78	- 71	- 143	- 0	**- 645**	- 555	- 90	**- 457**	**- 1,695**
Total Direct Non Pay Costs	**- 7,329**	- 2,094	- 3,859	- 357	- 1,018	- 1	**- 4,170**	- 3,852	- 318	**- 1,456**	**- 12,955**
Direct Cost Total	**- 21,104**	- 7,884	- 5,900	- 3,159	- 4,153	- 8	**- 18,499**	- 15,420	- 3,079	**- 10,331**	**- 49,934**
Indirect							**-**			**-**	**-**
Blood	**-**	-	-	-	-	-	**-**	-	-	**- 7**	**- 7**
Allied Healthcare Professionals	**- 826**	- 270	- 188	- 116	- 252	- 1	**- 779**	- 745	- 35	**- 476**	**- 2,082**
Radiology	**- 1,382**	- 662	- 161	- 427	- 131	- 0	**- 1,556**	- 893	- 663	**- 160**	**- 3,099**
Pathology	**- 1,343**	- 645	- 235	- 293	- 168	- 1	**- 1,675**	- 1,222	- 453	**- 441**	**- 3,459**
Theatre	**- 5,485**	- 2,825	- 9	- 1,574	- 1,059	- 18	**- 365**	- 362	- 4	**- 660**	**- 6,511**
Other Services	**- 1,229**	- 916	- 28	- 61	- 224	- 1	**- 421**	- 409	- 12	**- 184**	**- 1,834**
Prosthetics	**- 351**	- 23	- 0	- 321	- 7	- 0	**- 2**	- 1	- 0	**- 6**	**- 359**
Hotel Services	**- 1,007**	- 461	- 179	- 188	- 170	- 9	**- 1,123**	- 879	- 244	**- 467**	**- 2,597**
Pharmacy	**- 391**	- 128	- 182	- 46	- 35	- 0	**- 483**	- 466	- 17	**- 136**	**- 1,010**
CNST	**- 1,009**	- 446	- 37	- 428	- 97	- 0	**- 409**	- 113	- 296	**- 1,733**	**- 3,151**
Total Indirect Costs	**- 13,024**	- 6,376	- 1,021	- 3,454	- 2,144	- 29	**- 6,813**	- 5,090	- 1,723	**- 4,271**	**- 24,108**
Direct/ Indirect Total	**- 34,129**	- 14,260	- 6,921	- 6,613	- 6,297	- 37	**- 25,312**	- 20,510	- 4,802	**- 14,602**	**- 74,042**
Direct Contribution	**5,318**	1,251	2,068	257	- 248	1,990	**3,012**	2,936	75	**56**	**8,386**
Contribution %	**13.48%**	8.06%	23.01%	3.75%	-4.10%	98.17%	**10.63%**	12.52%	1.54%	**0.38%**	**10.17%**
Overheads										**-**	**-**
Site Costs	**- 1,426**	- 538	- 343	- 242	- 301	- 3	**- 990**	- 795	- 195	**- 579**	**- 2,995**
Corporate Costs	**- 2,788**	- 1,083	- 613	- 497	- 581	- 14	**- 2,207**	- 1,730	- 477	**- 1,387**	**- 6,382**
Overhead Total	**- 4,214**	- 1,621	- 956	- 739	- 882	- 17	**- 3,197**	- 2,525	- 672	**- 1,966**	**- 9,376**
Total Cost	**- 38,342**	- 15,881	- 7,877	- 7,352	- 7,179	- 54	**- 28,509**	- 23,035	- 5,474	**- 16,567**	**- 83,419**
EBITDA	**1,104**	- 370	1,112	- 481	- 1,130	1,973	**- 186**	411	- 596	**- 1,909**	**- 991**
EBITDA %	**2.80%**	-2.39%	12.37%	-7.00%	-18.68%	97.36%	**-0.66%**	1.75%	-12.23%	**-13.03%**	**-1.20%**
Finance Costs	**- 1,712**	- 709	- 351	- 329	- 321	- 1	**- 1,274**	- 1,029	- 245	**- 741**	**- 3,727**
Profit/Loss	**- 608**	- 1,079	761	- 810	- 1,451	1,972	**- 1,460**	- 618	- 842	**- 2,651**	**- 4,718**
Profitability %	-1.54%	-6.96%	8.47%	-11.79%	-23.99%	97.30%	**-5.15%**	-2.64%	-17.25%	**-18.08%**	**-5.72%**
											-
Donated Assets Adjustment											**125**
											-
Sustainability and Transformation Funding											**2624**
Reserves	**-**	-	-	-	-	-	**-**	-	-	**-**	**- 223**
Trust Surplus/(Deficit)											**- 2,193**

Service Line Reporting – Key Messages

- *All three Care Groups recorded a loss at the end of Q1 16/17*
- *Collectively the Care Groups generated a contribution percentage of 10.17% of income.*
- *All three Care Groups achieved a positive contribution.*

5. Cost Improvement Programme

An assumed plan of £13.031 million equivalent to 3.925% of operational spending was identified in March 2016. At M5, this has been adjusted to £11.38 million.

CIP Programme	Budget	Budget adjust	Forecast Budget	Recovery actions	Revised Target	Expected position	Under achieved	Risk Rating
Procurement	2000		2000		2000	2000	0	G
Unavailability improvement	1300	-1198	102	1200	1302	702	-600	R
Cease enhanced bank rate				400	400		-400	R
Waiting List Initiative Payments	400	-186	214		214	137	-77	A
Pharmacy gain share	300		300		300	300	0	G
Scheduled Care Group	2300	-1440	860		860	776	-84	G
Unscheduled Care group	1240	-1000	240		240	10	-230	G
Women and Children's	950		950		950	650	-300	G
Support Services	200		200		200	293	93	G
Corporate services	302		302		302	900	598	G
Non Clinical Temporary posts				500	500	500	0	G
Agency Cap	3250	-1726	1524		1524	1524	0	A
Tier 5 Agency usage				800	800	400	-400	R
Scheduled Care Anaesthetic savings	789		789		789	789	0	G
Non Pay controls				1000	1000	1000	0	G
Finance costs		1400	1400		1400	1400	0	G
Total	**13031**	**-4150**	**8881**	**3900**	**12781**	**11381**	**-1400**	

The above table reflects the changes to the Cost Improvement Programme as agreed at month 3. As can be seen the Trust is presently forecasting that the CIP will underachieve by £1.4 million at the year end.

6. 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 05 (August 2016)

Scheme	2016/17 Capital Budget £000's	2016/17 Spend to date £000's	Expenditure committed - ordered £000's	Total expenditure/ committed to date £000's	Expenditure committed - to be ordered £000's	Scheme yet to be identified £000's	Forecast Outturn £000's	Variance under/ (over) spend £000's
Outstanding Commitments from 2015/16	200	59	13	71	108	21	200	0
Capital to Revenue Transfer	500	175	176	351	87	63	500	0
ENABLING WORKS FOR 3RD LINAC	366	0	0	0	366	0	366	0
RSH MLU/PAU - P2 FCHS	100	0	0	0	100	0	100	0
Contingency Fund - Estates	250	55	35	90	39	122	250	0
Contingency Fund - Medical Equipment	200	15	0	15	0	185	200	0
Contingency Fund - IT Equipment	200	124	2	126	0	74	200	0
Contingency Fund - Non-Patient Connected Equipment	75	19	7	27	0	48	75	0
Contingency Fund - VitalPac	50	0	0	0	0	50	50	0
Total Delegated Contingency Funds	**775**	**213**	**45**	**258**	**39**	**479**	**775**	**0**
Capitalisation of Expenditure	1,200	422	560	983	217	0	1,200	0
Capital Salaries	650	259	342	601	49	0	650	0
Contingency Fund - Corporate	1,000	122	25	147	138	716	1,000	0
Total Capital Contingencies/Capitalisation of Salaries	**3,625**	**1,016**	**972**	**1,988**	**443**	**1,194**	**3,625**	**0**
Agreed Schemes 2016/2017								0
IT COMPUTER ROOM INFRASTRUCTURE	450	0	0	0	450	0	450	0
PRH STATUTORY	120	0	0	0	120	0	120	0
PRH MECHANCIAL & ELECTRICAL	209	0	0	0	209	0	209	0
RSH STATUTORY	228	0	0	0	228	0	228	0
FIRE PHASE 3	900	11	152	163	737	0	900	0
RSH ITU AHU REPLACEMENT	300	0	0	0	300	0	300	0
RSH PHARMACY AHU ASEPTIC	180	1	0	1	179	0	180	0
RSH WARD 31/32/EPAS & FERTILITY	210	-1	0	-1	211	0	210	0
RSH PATHOLOGY SWITCHGEAR	23	0	2	2	21	0	23	0
RSH AIR HANDLING DUCTING	150	0	0	0	150	0	150	0
RSH PLANT ROOM PIPEWORK	5	0	0	0	4	0	5	0
RSH ELECTRICAL	60	0	0	0	60	0	60	0
ESTATES CONDITION ASSESSMENTS STILL REQUIRED	186	7	160	167	19	0	186	0
PRH DUODENOSCOPES	29	71		71	0	0	71	-42
RSH DUODENOSCOPES	30	71	0	71	0	0	71	-41
PRH COLONOSCOPES/GASTROSCOPES	39	0	0	0	39	0	39	0
RSH FERTILITY CABINET	26	15	0	15	11	0	26	0
RSH/PRH RENAL DIALYSIS MACHINES	242	0	0	0	242	0	242	0
PRH THEATRE STACK SYSTEMS & POWER TOOLS	180	0	0	0	180	0	180	0
RSH/PRH OPERATING MICROSCOPES	203	0	0	0	203	0	203	0
Charitable Contribution ref 2015/16 Capital Programme	0	0	0	0	-83	0	-83	83
SERVERS	483	151	13	164	319	0	483	0
SWITCHES (NETWORKING)	327	23	0	23	304	0	327	0
COMPUTERS	0	0	0	0	0	0	0	0
Total Capital Schemes	**9,370**	**1,601**	**1,487**	**3,087**	**5,005**	**1,278**	**9,370**	**0**
Overcommitted/Unallocated	-420	0	0	0	0	-420	-420	0
Total	**8,950**	**1,601**	**1,487**	**3,087**	**5,005**	**858**	**8,950**	**0**

. The internal Capital Resource Limit (CRL) for 2016/17 has been set as follows:

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

Expenditure to Month 05 (August 2016) as detailed above is £1.601 million. In addition £1.487 million has been committed by way of orders placed, giving a total of £3.087 million of expenditure committed. Of the £5.863 million remaining to be committed, £5.005 million remains to be committed against agreed schemes, with £0.858 million remaining for schemes yet to be identified. Of this, £0.468 million remains in delegated contingency funds and £0.716 million remains in corporate contingency. This is reduced by the overcommitment in the original Capital Programme of £0.420 million. The Trust is awaiting confirmation from NHSI regarding the £0.500 million Capital to Revenue Transfer from 2015/16 but as this funding relates to schemes commenced in 2015/16 the Trust is incurring costs – a total of £0.175 million to date.

There continues to be many demands for capital expenditure in light of the high value of risks the Trust has identified. The Capital Planning Group (CPG) has not been able to support a number of requests due to the limited capital available.

7. Statement of Financial Position

Total Assets Employed

The in month movement of Total Assets Employed is a negative £2.664 million due to a decrease in non-current assets (£0.316 million) and current assets (£0.532 million) but an increase in current liabilities (£0.941 million) and revolving working capital loan (£0.875 million). Net current liabilities have increased in month by £1.473 million.

Total Non-Current Assets

The decrease in non-current assets of £0.316 million relates to a decrease of £0.412 million within fixed assets and an increase in long term receivables relating to the Compensation Recovery Unit of £0.096 million.

	March 15 £000	July 16 £000	August 16 £000	Variance to March 15 £000	Variance to July 16 £000
Total Non Current Assets	162,060	159,173	158,857	(3,203)	(316)
Inventories	7,875	8,892	9,055	1,180	163
Current Trade and Other Receivables	8,829	20,985	16,817	7,988	(4,168)
Cash and Cash Equivalents	1,700	4,478	7,951	6,251	3,473
Total Current Assets	18,404	34,355	33,823	15,419	(532)
Current Trade and Other Payables	(22,969)	(32,423)	(33,044)	(10,075)	(621)
PDC dividend Payable accrual	0	(1,432)	(1,790)	(1,790)	(358)
Interest on Revolving Working Capital Facility	(23)	(106)	(41)	(18)	65
Provisions	(561)	(371)	(398)	163	(27)
Total Current Liabilities	(23,553)	(34,332)	(35,273)	(11,720)	(941)
Net Current Liabilities	(5,149)	23	(1,450)	3,699	(1,473)
Total Assets less Current Liabilities	156,911	159,196	157,407	496	(1,789)
Revolving Working Capital Support Facility	(12,700)	(17,725)	(18,600)	(5,900)	(875)
Provisions	(175)	(125)	(125)	50	0
Total Assets Employed	144,036	141,346	138,682	(5,354)	(2,664)
Financed by Taxpayers' Equity					
Public dividend capital	197,106	197,106	197,106	0	0
Retained Earnings	(82,053)	(84,743)	(87,407)	(5,354)	(2,664)
Revaluation reserve	28,983	28,983	28,983	0	0
Total Taxpayers' Equity	144,036	141,346	138,682	(5,354)	(2,664)

Total Taxpayers' Equity has decreased by £2.664 million in month due to a decrease in retained earnings of £2.664 million comprising a £2.591 million I&E deficit in month and a £0.073 million adjustment for donated asset reserve elimination.

Total Current Assets

Inventories have increased by £0.163 million within the month.

Receivables have decreased by £4.168 million in the areas of NHS receivables (£2.199 million), prepayments and accrued income (£1.768 million), Non-NHS receivables (£0.065 million) and VAT (£0.136 million).

Accounts Receivable aged debt summary as at 31 August 2016:

	1-30 Days	31-60 Days	61+ Days	Total
	£000	£000	£000	£000
NHS (English)	1,504	1,185	518	3,207
NHS (Non-English)	906	2	216	1,124
Private Patients	196	87	160	443
Other*	14	9	93	116
Total	2,620	1,283	987	4,890

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

The outstanding receivables balances as at 31 August 2016 over £0.100 million are:

	1-30 Days	31-60 Days	61+ Days	Total
	£000	£000	£000	£000
NHS England Commissioning	725	509	0	1,234
Powys LHB	813	0	8	821
RJAH	225	272	82	579
Shropshire Community HCT	110	68	133	311
Shropshire CCG	122	67	26	215
South Staffordshire & Shrops FT	23	46	45	114
Telford & Wrekin CCG	38	29	36	103

The NHS England Commissioning balance 1-30 days includes £0.509 million of invoices raised in advance for Month 6 contract income to ensure these invoices are paid in September 2016. The outstanding balance 31-60 days was paid 1 September 2016.

Total Current Liabilities and the Better Payment Practice Code

Payables have increased by £0.621 million in the areas of Non-NHS payables (£0.439 million), capital payables (£0.173 million), tax and social security costs (£0.040 million), payments on account (£0.003 million) and Non-NHS accruals and deferred income (£0.002 million) but an decrease in NHS payables (£0.036 million).

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

	1-30 Days	31-60 Days	61+ Days	Total

	£000	£000	£000	£000
NHS Invoices	324	253	744	1,321
Non-NHS Invoices	4,949	4,387	2,508	11,844
Total	5,273	4,640	3,252	13,165

Non-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 - £0.836 million pharmacy, £0.362 million maintenance contracts, £0.347 million agency, £0.302 million electric, £0.253 million biochemistry managed service contract
Over 60 days - £0.051 million insulin pumps, £0.031 mattresses contract, £0.024 million pharmacy

Non NHS Spend	YTD	M1	M2	M3	M4	M5	YTD
	2015/16	2016/17	2016/17	2016/17	2016/17	2016/17	2016/17
By Volume							
Total Volume	39,889	6,772	6,033	9,005	4,270	5,091	31,171
BPPC compliant volume	36,705	6,316	5,553	7,747	4,000	1,929	25,545
BPPC compliant %	92%	93%	92%	86%	94%	38%	82%
By Value							
Total value (£000)	50,453	9,182	9,703	11,305	6,154	7,671	44,015
BPPC compliant value (£000)	45,793	8,187	8,917	8,955	5,826	4,192	36,077
BPPC compliant %	91%	89%	92%	79%	95%	55%	82%
Current Month							
Payment made	Quantity	Quantity %	Value	Value %			
0-30 days	1,929	38%	4,192,532	55%			
31-35 days	416	8%	472,718	6%			
36-40 days	648	13%	986,438	13%			
41-45 days	716	14%	538,145	7%			
46-50 days	753	15%	568,748	7%			
51-55 days	245	5%	565,787	7%			
56-60 days	176	3%	119,996	2%			
over 60 days	208	4%	226,858	3%			
Total invoices paid	**5,091**	**100%**	**7,671,222**	**100%**			

NHS – Year to date performance is slightly 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 - £0.068 million laundry charge, £0.059 million trauma consultant, £0.021 million chilled meals, £0.015 million maternity charge
Over 60 days - £0.177 million trauma consultant

NHS Spend	YTD	M1	M2	M3	M4	M5	YTD
	2015/16	2016/17	2016/17	2016/17	2016/17	2016/17	2016/17
By Volume							
Total Volume	1,094	192	100	386	12	184	874
BPPC compliant volume	992	175	58	207	10	106	556
BPPC compliant %	91%	91%	58%	54%	83%	58%	64%
By Value							
Total value (£000)	4,730	364	485	1,052	81	677	2,659
BPPC compliant value (£000)	4,512	269	251	556	17	284	1,377
BPPC compliant %	95%	74%	52%	53%	21%	42%	52%
Current Month							
Payment made	**Quantity**	Quantity %	Value	Value %			
0-30 days	106	58%	283,856	42%			
31-35 days	11	6%	80,282	12%			
36-40 days	26	14%	19,616	3%			
41-45 days	8	4%	7,315	1%			
46-50 days	7	4%	24,600	4%			
50-55 days	5	3%	1,524	0%			
56-60 days	1	1%	67,775	10%			
over 60 days	20	11%	192,337	28%			
Total invoices paid	**184**	**100%**	**677,306**	**100%**			

Provisions have moved as expected within the month.

8. Cash flow

8.1 Statement of cash flow

Key points regarding cash flow 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 £7.951 million at the end of August. The actual balance in the Trust's bank account was £8.418 million, the difference being reconciling items e.g. cash in transit; petty cash; patients cash; unpresented cheques, and a transfer payment of £0.510 million actioned within the ledger but not paid from the bank.

- Based on the Plan deficit of £5.9 million, the Trust will receive £5.9 million cash support in 2016/17.

- As at Month 05, the Trust has drawn its full agreed loan funding of £5.9 million - £4.375 million in lieu of Sustainability and Transformation Funding (STF) and £1.525 million to support I&E deficit. The receipt in lieu of STF will be repayable when this cash is received as an income receipt.

- The cash balance held at Month 05 is required due to: receipt of loan funding of £4.375 million in lieu of Sustainability and Transformation Funding (STF) for 5 months which will be required to be repaid if the Trust does not report a position in line with Plan; 1st Quarter STF received as income in Month 05 (in advance of repayment of loan funding) £2.625 million; bi-annual payment of dividend on Public Dividend Capital Dividend of £1.531 million.

- To establish a cash improvement plan to enable the Trust to manage the uncertainty regarding the receipt of the quarterly STF Funding, the Trust has reduced the level of payments to creditors.
- Within the I&E reported income position there is an accrual of £3 million relating to Shropshire CCG which is yet to be received as cash.

Cashflow 1:

- First cashflow below, assumes that the Trust will be in a position to report achievement of the planned position thus receiving STF funding each quarter.
- The suppression of creditors is reversed due to receipt of STF funding.

Cashflow 2:

- Second cashflow below, assumes that the Trust will not reduce spending and will overspend by £4.15 million in addition to the agreed deficit of £5.9 million. As the Trust cannot report achievement of the planned position no further STF funding will be received after Quarter 1, giving a shortfall in income of £7.875 million. Total cash shortfall will be £12.025 million.
- The Trust experiences cashflow difficulties from November onwards.

The Shrewsbury and Telford Hospital NHS Trust 2016/17 2017/18
Cashflow - August 2016

	2016/17								2017/18				
	Actual August Month £000's	**Forecast September Month £000's**	**Forecast October Month £000's**	**Forecast November Month £000's**	**Forecast December Month £000's**	**Forecast January Month £000's**	**Forecast February Month £000's**	**Forecast March Month £000's**	**Forecast April Month £000's**	**Forecast May Month £000's**	**Forecast June Month £000's**	**Forecast July Month £000's**	**Forecast August Month £000's**
Balance B/fwd	4,436	8,418	5,316	5,850	2,492	2,058	3,963	4,809	1,700	1,700	1,700	1,700	1,700
INCOME													
Income I&E	29,631	27,126	29,093	28,812	26,187	29,093	28,812	32,676	28,579	28,579	28,579	28,579	28,579
Income - Total Balance Sheet Movements	280	766	0	0	0	0	0	130	0	0	0	0	0
Total Income Cashflow	29,912	27,892	29,093	28,812	26,187	29,093	28,812	32,806	28,579	28,579	28,579	28,579	28,579
Revolving Working Capital - I&E Deficit	**0**	1,042	**0**	**0**	1,471	1,862	**0**	0	**0**	**0**	**0**	**0**	**0**
Revolving Working Capital - STF	**875**	0	**0**	**0**	0	0	**0**						
Receipt of Permanent PDC	**0**	0	**0**	**0**	0	0	**0**	2,500	**0**	**0**	**0**	**0**	**0**
Total Income Cashflow (inc RWC)	**30,787**	**28,934**	**29,093**	**28,812**	**27,658**	**30,955**	**28,812**	**35,306**	28,579	28,579	28,579	28,579	28,579
PAY													
Pay I&E	(19,270)	(18,931)	(18,931)	(19,150)	(18,931)	(18,931)	(18,931)	(19,150)	(19,200)	(19,200)	(19,200)	(19,200)	(19,200)
Pay - Total Balance Sheet Movements	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Pay Cashflow	(19,270)	(18,931)	(18,931)	(19,150)	(18,931)	(18,931)	(18,931)	(19,150)	(19,200)	(19,200)	(19,200)	(19,200)	(19,200)
NON PAY													
Non Pay I&E	(7,155)	(8,543)	(9,082)	(10,287)	(7,788)	(8,542)	(7,392)	(9,060)	(8,535)	(8,534)	(8,535)	(8,534)	(8,535)
Non Pay - Total Balance Sheet Movements	0	0	0	0	0	0	0	(4,416)	0	0	0	0	0
Total Non Pay Cashflow	(7,155)	(8,543)	(9,082)	(10,287)	(7,788)	(8,542)	(7,392)	(13,476)	(8,535)	(8,534)	(8,535)	(8,534)	(8,535)
Finance Costs													
Finance Costs I&E	(95)	(2,135)	2	2	2	2	2	(2,209)	(17)	(17)	(17)	(17)	(17)
Finance Costs - Total Balance Sheet Movements	0	604	0	0	0	0	0	0	0	0	0	0	0
Total Finance Costs Cashflow	(95)	(1,531)	2	2	2	2	2	(2,209)	(17)	(17)	(17)	(17)	(17)
Capital													
Capital Expenditure	(477)	(504)	(748)	(1,320)	(1,795)	(1,764)	(1,119)	(4,214)	(827)	(828)	(827)	(828)	(827)
Capital - Total Balance Sheet Movements	192	98	201	336	421	186	(525)	634	0	0	0	0	0
Total Capital Cashflow	(285)	(406)	(547)	(984)	(1,374)	(1,578)	(1,645)	(3,580)	(827)	(828)	(827)	(828)	(827)
Repayment of RWC - on receipt of STF	0	(2,625)	0	(1,750)			0	0	0				
PDC Revenue	0	0							0				
Total Cashflow	3,982	(3,102)	534	(3,358)	(434)	1,905	846	(3,110)	0	0	0	0	0
Balance C/fwd	8,418	5,316	5,850	2,492	2,058	3,963	4,809	1,700	1,700	1,700	1,700	1,700	1,700

The Shrewsbury and Telford Hospital NHS Trust

Cashflow - August 2016

	2016/17								2017/18				
	Actual August Month £000's	**Forecast September Month £000's**	**Forecast October Month £000's**	**Forecast November Month £000's**	**Forecast December Month £000's**	**Forecast January Month £000's**	**Forecast February Month £000's**	**Forecast March Month £000's**	**Forecast April Month £000's**	**Forecast May Month £000's**	**Forecast June Month £000's**	**Forecast July Month £000's**	**Forecast August Month £000's**
Balance B/fwd	4,436	8,418	4,735	4,687	(763)	(1,071)	(1,609)	(3,970)	(10,326)	(10,393)	(10,459)	(10,526)	(10,592)
INCOME													
Income I&E	29,631	27,126	29,093	26,187	26,187	29,093	26,187	30,050	28,579	28,579	28,579	28,579	28,579
Income - Total Balance Sheet Movements	280	766	0	0	0	0	0	130	0	0	0	0	0
Total Income Cashflow	29,912	27,892	29,093	26,187	26,187	29,093	26,187	30,180	28,579	28,579	28,579	28,579	28,579
Revolving Working Capital - I&E Deficit	**0**	1,042	**0**	**1,154**	2,179	0	**0**	0	**0**	**0**	**0**	**0**	**0**
Revolving Working Capital - STF	**875**	0	**0**	**0**	0	0	**0**						
Receipt of Permanent PDC	**0**	0	**0**	**0**	0	0	**0**	2,500	**0**	**0**	**0**	**0**	**0**
Total Income Cashflow (inc RWC)	**30,787**	**28,934**	**29,093**	**27,341**	**28,366**	**29,093**	**26,187**	**32,680**	28,579	28,579	28,579	28,579	28,579
PAY													
Pay I&E	(19,270)	(19,380)	(19,380)	(19,605)	(19,380)	(19,380)	(19,380)	(19,605)	(19,200)	(19,200)	(19,200)	(19,200)	(19,200)
Pay - Total Balance Sheet Movements	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Pay Cashflow	(19,270)	(19,380)	(19,380)	(19,605)	(19,380)	(19,380)	(19,380)	(19,605)	(19,200)	(19,200)	(19,200)	(19,200)	(19,200)
NON PAY													
Non Pay I&E	(7,155)	(8,676)	(9,216)	(10,454)	(7,921)	(8,675)	(7,525)	(9,227)	(8,535)	(8,534)	(8,535)	(8,534)	(8,535)
Non Pay - Total Balance Sheet Movements	0	0	0	0	0	0	0	(4,416)	0	0	0	0	0
Total Non Pay Cashflow	(7,155)	(8,676)	(9,216)	(10,454)	(7,921)	(8,675)	(7,525)	(13,643)	(8,535)	(8,534)	(8,535)	(8,534)	(8,535)
Finance Costs													
Finance Costs I&E	(95)	(2,135)	2	2	2	2	2	(2,209)	(17)	(17)	(17)	(17)	(17)
Finance Costs - Total Balance Sheet Movements	0	604	0	0	0	0	0	0	0	0	0	0	0
Total Finance Costs Cashflow	(95)	(1,531)	2	2	2	2	2	(2,209)	(17)	(17)	(17)	(17)	(17)
Capital													
Capital Expenditure	(477)	(504)	(748)	(1,320)	(1,795)	(1,764)	(1,119)	(4,214)	(894)	(894)	(894)	(894)	(894)
Capital - Total Balance Sheet Movements	192	98	201	336	421	186	(525)	634	0	0	0	0	0
Total Capital Cashflow	(285)	(406)	(547)	(984)	(1,374)	(1,578)	(1,645)	(3,580)	(894)	(894)	(894)	(894)	(894)
Repayment of RWC - on receipt of STF	0	(2,625)	0	(1,750)			0	0	0				
PDC Revenue	0	0							0				
Total Cashflow	3,982	(3,683)	(48)	(5,450)	(308)	(538)	(2,361)	(6,357)	(67)	(66)	(67)	(66)	(67)
Balance C/fwd	8,418	4,735	4,687	(763)	(1,071)	(1,609)	(3,970)	(10,326)	(10,393)	(10,459)	(10,526)	(10,592)	(10,659)

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 of £7.951 million at the end of August*.
- *As at Month 05, the Trust has drawn its full agreed loan funding of £5.9 million - £4.375 million in lieu of Sustainability and Transformation Funding (STF) and £1.525 million to support I&E deficit. The receipt in lieu of STF will be repayable when this cash is received as an income receipt.*
- *The Trust needs to hold sufficient cash balances to repay RWC received in lieu of STF funding and bi-annual payment of Public Dividend Capital (PDC).*
- *To establish a cash improvement plan to enable the Trust to manage the uncertainty regarding the receipt of the quarterly STF Funding, the Trust has reduced the level of payments to creditors.*
- *Within the I&E reported income position there is an accrual of £3 million relating to Shropshire CCG which is yet to be received as cash.*
- *If the Trust does not reduce spending to the agreed deficit of £5.9 million and therefore does not received STF funding, cashflow difficulties will be experienced from November onwards.*

Neil Nisbet
Finance Director and Deputy Chief Executive
21st September 2016

Paper 13i

Reporting to:	**Trust Board – 29 September 2016**
Title	Nursing & Midwifery Staffing Data – June, July and August 2016
Sponsoring Director	Director of Nursing & Quality
Author(s)	Philip Fewtrell, Quality Manager
Previously considered by	Quality & Safety Committee – 21 September 2016
Executive Summary	The purpose of this report is to inform the Trust Board of the staffing levels in June, July and August 2016. The paper details by exception, the reasons why staffing hours were ≥110% or ≤85% than planned by ward. **June** Registered Nurses / Midwives - Day = 93.9% Care Staff - Day = 106.9% Registered Nurses / Midwives - Night = 97.4% Care Staff - Night = 110.6% **July** Registered Nurses / Midwives - Day = 92.7% Care Staff - Day = 104.8% Registered Nurses / Midwives - Night = 97.6% Care Staff - Night = 107.3% **August** Registered Nurses / Midwives - Day = 93.2% Care Staff - Day = 107.8% Registered Nurses / Midwives - Night = 97.4% Care Staff - Night = 110.9% The Board will receive the report for information, and to support them in fulfilling their responsibilities to monitor staffing capacity and capability.
Strategic Priorities 1. Quality and Safety	☒ Reduce harm, deliver best clinical outcomes and improve patient experience. ☐ Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards ☐ Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme ☐ To undertake a review of all current services at specialty level to inform future service and business decisions ☐ Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme
2. People	☐ Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work
3. Innovation	☐ Support service transformation and increased productivity through technology and continuous improvement strategies

4 Community and Partnership	☐ Develop the principle of ‘agency’ in our community to support a prevention agenda and improve the health and well-being of the population ☐ Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies
5 Financial Strength: Sustainable Future	☐ Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
Board Assurance Framework (BAF) Risks	☒ If we do not deliver **safe care** then patients may suffer avoidable harm and poor clinical outcomes and experience ☐ If we do not work with our partners to reduce the number of patients on the **Delayed Transfer of Care** (DTOC) lists, and streamline our internal processes we will not improve our ‘simple’ discharges. ☒ Risk to **sustainability** of clinical services due to potential shortages of key clinical staff ☐ If we do not achieve safe and efficient **patient flow** and improve our processes and capacity and demand planning then we will fail the national quality and performance standards ☐ If we do not get good levels of **staff engagement** to get a culture of continuous improvement then staff morale and patient outcomes may not improve ☐ If we do not have a clear **clinical service vision** then we may not deliver the best services to patients ☐ If we are unable to resolve our (historic) shortfall in **liquidity** and the structural imbalance in the Trust's **Income & Expenditure** position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
Care Quality Commission (CQC) Domains	☒ Safe ☒ Effective ☒ Caring ☐ Responsive ☒ Well led
☒ **Receive** ☒ **Review** ☐ **Note** ☐ **Approve**	**Recommendation** **REVIEW and RECEIVE the report**

Nursing and Midwifery Staffing Data – June, July and August 2016

1. Hospital Site Monthly Fill Rates

Tables 1, 2 and 3 details the monthly staffing fill rates by hospital site for June, July and August 2016, together with the number of planned (P) and actual (A) hours. Please refer to Appendix 1, 2 and 3 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 – June 2016

Hospital Site	Day		Night		Overall fill rate %
	Registered Staff	**Care Staff**	**Registered Staff**	**Care Staff**	
Princess Royal Hospital (PRH)	**94%**	**103.6%**	**98.4%**	**108.6%**	**100.4%**
	25797 (A) of 27449 (P)	15130 (A) of 14600 (P)	19429 (A) of 19738 (P)	10090 (A) of 9291 (P)	
Royal Shrewsbury Hospital (RSH)	**92.1%**	**111.9%**	**95.9%**	**117.2%**	
	24858 (A) of 26995 (P)	20919 (A) of 18686 (P)	18336 (A) of 19110 (P)	13347 (A) of 11385 (P)	
SaTH Maternity Units (RSH / PRH / Midwife-Led Units)	**99.9%**	**97.3%**	**98.4%**	**97.1%**	**98.5%**
	7948 (A) of 7952 (P)	4762 (A) of 4893 (P)	6375 (A) of 6480 (P)	4026 (A) of 4146 (P)	
Overall Trust fill rate	**93.9%**	**106.9%**	**97.4%**	**110.6%**	

Table 2 – July 2016

Hospital Site	Day		Night		Overall fill rate %
	Registered Staff	**Care Staff**	**Registered Staff**	**Care Staff**	
Princess Royal Hospital (PRH)	**94.5%**	**102.6%**	**99.3%**	**109.7%**	**98.8%**
	26242 (A) of 27768 (P)	15385 (A) of 14992 (P)	19930 (A) of 20081 (P)	10565 (A) of 9627 (P)	
Royal Shrewsbury Hospital (RSH)	**88.5%**	**108.2%**	**95.7%**	**108.9%**	
	24532 (A) of 27710 (P)	21061 (A) of 19470 (P)	18889 (A) of 19746 (P)	12801 (A) of 11385 (P)	
SaTH Maternity Units (RSH / PRH / Midwife-Led Units)	**100.5%**	**97.9%**	**98.2%**	**97.1%**	**98.7%**
	8034 (A) of 7996 (P)	4580 (A) of 4676 (P)	6573 (A) of 6696 (P)	3944 (A) of 4060 (P)	
Overall Trust fill rate	**92.7%**	**104.8%**	**97.6%**	**107.3%**	

Table 3 – August 2016

Hospital Site	Day		Night		Overall fill rate %
	Registered Staff	Care Staff	Registered Staff	Care Staff	
Princess Royal Hospital (PRH)	**93.4%**	**104.5%**	**98.2%**	**111.2|%**	**100.4%**
	26158 (A) of 28019 (P)	15676 (A) of 15000 (P)	18267 (A) of 18600 (P)	10431 (A) of 9384 (P)	
Royal Shrewsbury Hospital (RSH)	**91%**	**113.3%**	**95.7%**	**115.8%**	
	25260 (A) of 27745 (P)	21907 (A) of 19341 (P)	19152 (A) of 20009 (P)	13624 (A) of 11760 (P)	
SaTH Maternity Units (RSH / PRH / Midwife-Led Units)	**100.5%**	**97.9%**	**98.2%**	**97.1%**	**98.6%**
	8034 (A) of 7996 (P)	4580 (A) of 4676 (P)	6573 (A) of 6696 (P)	3944 (A) of 4060 (P)	
Overall Trust fill rate	**93.2%**	**107.8%**	**97.4%**	**110.9%**	

2. Exception Report

Table 4, 5 and 6 details by exception, why staffing hours were ≥110% or ≤85% than planned. For wards with a fill rate ≥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 June amounts to 1423 hours, July 1386 hours and August 737.5 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 4 – June 2016

Site	Ward	Staff Group	Time of Day	% Fill Rate	Reason(s) for over / under fill
PRH	4	Care Staff	Day	103.4%	Pre-Reg RN hours = **116**
PRH	4	Care Staff	Night	116.5%	**Additional Duties** **Total shifts = 11, Total hours = 127** EPS – 11 shifts, 127 hrs
PRH	6	Care Staff	Day	111.7%	**Additional Duties** **Total shifts = 12, Total hours = 104** Change in Skill Mix – 4 shifts, 18 hrs EPS – 8 shifts, 86 hrs
PRH	6	Care Staff	Night	163.5%	**Additional Duties** **Total shifts = 19, Total hours = 219** Change in Skill Mix – 1 shift, 12 hrs EPS – 18 shifts, 207 hrs

PRH	7	Care Staff	Day	138.4%	**Additional Duties** **Total shifts = 31, Total hours = 339** Change in Skill Mix – 3 shifts, 21 hrs Escalation – 28 shifts, 318 hrs Pre-Reg RN hours = **124**
PRH	7	Registered	Night	148.8%	**Additional Duties** **Total shifts = 30, Total hours = 336** Escalation – 30 shifts, 336 hrs
PRH	9	Care Staff	Day	107.3%	Pre-Reg RN hours = **127**
PRH	9	Care Staff	Night	105%	Pre-Reg RN hours = **34.5**
PRH	15	Care Staff	Night	121.4%	**Additional Duties** **Total shifts = 13, Total hours = 148** EPS – 13 shifts, 148 hrs
PRH	17	Care Staff	Day	113.1%	**Additional Duties** **Total shifts = 9, Total hours = 101** EPS – 9 shifts, 101 hrs Pre-Reg RN hours = **161**
RSH	AMU	Registered	Day	113.4%	**Additional Duties** **Total shifts = 27, Total hours = 305** Escalation – 27 shifts, 305 hrs
RSH	AMU	Registered	Night	118.9%	**Additional Duties** **Total shifts = 26, Total hours = 296** Escalation – 26 shifts, 296 hrs
RSH	22 SR	Registered	Day	83%	Under fill due to a change in the ward staffing template over the Winter period; (now extended) 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	134.4%	**Additional Duties** **Total shifts = 70, Total hours = 704** Change in Skill Mix – 57 shifts, 554 hrs (as detailed above) EPS – 13 shifts, 150 hrs
RSH	24/CCU	Registered	Night	82.3%	Under fill due to a change in the ward staffing template over the Winter period; (now extended) with a planned reduction in the number of Registered Nurses on duty during the night. One RN has been replaced with one HCA on each shift
RSH	24/CCU	Care Staff	Night	173.5%	**Additional Duties** **Total shifts = 44, Total hours = 506** Change in Skill Mix – 27 shifts, 311 hrs EPS – 17 shifts, 195 hrs
RSH	27	Care Staff	Day	114.5%	**Additional Duties** **Total shifts = 47, Total hours = 421** Change in Skill Mix – 46 shifts, 409 hrs EPS – 1 shift, 12 hrs
RSH	27	Care Staff	Night	114.3%	**Additional Duties** **Total shifts = 19, Total hours = 201** Change in Skill Mix – 10 shifts, 109 hrs EPS – 9 shifts, 92 hrs

RSH	28 N	Care Staff	Day	111.8%	**Additional Duties** **Total shifts = 25, Total hours = 255** Change in Skill Mix – 25 shifts, 255 hrs
RSH	32	Registered	Day	84.6%	Low fill rate due to reassignment of 115 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	111.1%	Pre-Reg RN hours = **115**
RSH	32	Care Staff	Night	119.5%	**Additional Duties** **Total shifts = 6, Total hours = 70** Change in Skill Mix – 5 shifts, 58 hrs EPS – 1 shift, 12 hrs Pre-Reg RN hours = **92**
PRH	10	Care Staff	Night	120%	**Additional Duties** **Total shifts = 12, Total hours = 138** EPS – 12 shifts, 138 hrs
PRH	11	Care Staff	Night	125.1%	**Additional Duties** **Total shifts = 15, Total hours = 173** EPS – 14 shifts, 161 hrs Escalation – 1 shift, 12 hrs
PRH	ITU/HDU	Registered	Day	83.6%	Low fill rate due to low patient dependency during the month requiring less staffing hours to provide required care
RSH	21 U	Registered	Day	79.1%	Low fill rate due to reassignment of 206 hours of Registered Staff hours to Care Staff category, worked by Pre-Reg RN
RSH	21 U	Care Staff	Day	124.1%	Pre-Reg RN hours = **206**
RSH	21 U	Care Staff	Night	130%	**Additional Duties** **Total shifts = 6, Total hours = 69** EPS – 6 shifts, 69 hrs Pre-Reg RN hours = **34.5**
RSH	22 TO	Care Staff	Day	102.2%	**Additional Duties** **Total shifts = 1, Total hours = 7** EPS – 1 shift, 7 hrs Pre-Reg RN hours = **75**
RSH	22 TO	Care Staff	Night	114.4%	**Additional Duties** **Total shifts = 12, Total hours = 138** EPS – 12 shifts, 138 hrs Pre-Reg RN hours = **11.5**
RSH	23 OH	Care Staff	Night	120%	**Additional Duties** **Total shifts = 7, Total hours = 81** EPS – 7 shifts, 81 hrs
RSH	25	Care Staff	Day	112%	**Additional Duties** **Total shifts = 13, Total hours = 143** EPS – 13 shifts, 143 hrs Pre-Reg RN hours = **133**
RSH	25	Care Staff	Night	115.5%	**Additional Duties** **Total shifts = 16, Total hours = 183** EPS – 16 shifts, 183 hrs

RSH	26	Care Staff	Day	118.1%	**Additional Duties** **Total shifts = 26 , Total hours = 292** EPS – 26 shifts, 292 hrs Pre-Reg RN hours = **40.5**
RSH	26	Care Staff	Night	106.7%	**Additional Duties** **Total shifts = 6 , Total hours = 70** EPS – 3 shifts, 35 hrs Change in Skill Mix – 2 shifts, 23 hrs Staff moved to other ward – 1 shift, 12 hrs Pre-Reg RN hours = **11.5**
RSH	SAU	Care Staff	Day	118.6%	**Additional Duties** **Total shifts = 24, Total hours = 260** EPS – 24 shifts, 260 hrs Pre-Reg RN hours = **130**
RSH	SAU	Care Staff	Night	148.8%	**Additional Duties** **Total shifts = 48, Total hours = 552** EPS – 26 shifts, 299 hrs Escalation – 21 shifts, 241 hrs High Acuity – 1 shift, 12 hrs Pre-Reg RN hours = **11.5**

Table 5 – July 2016

Site	Ward	Staff Group	Time of Day	% Fill Rate	Reason(s) for over / under fill
PRH	4	Care Staff	Day	112.9%	**Additional Duties** **Total shifts = 8, Total hours = 84** EPS – 6 shifts, 65 hrs Change in Skill mix – 2 shifts, 19 hrs Pre-Reg RN hours = **116**
PRH	4	Care Staff	Night	120.1%	**Additional Duties** **Total shifts = 13, Total hours = 149** EPS – 13 shifts, 149 hrs
PRH	6	Care Staff	Night	193.8%	**Additional Duties** **Total shifts = 28, Total hours = 322** EPS – 28 shifts, 322 hrs
PRH	7	Care Staff	Day	127.6%	**Additional Duties** **Total shifts = 31, Total hours = 326** Change in Skill Mix – 3 shifts, 23 hrs Escalation – 28 shifts, 303 hrs Pre-Reg RN hours = **92**
PRH	7	Registered	Night	135.1%	**Additional Duties** **Total shifts = 25, Total hours = 285** Escalation – 25 shifts, 285 hrs
PRH	9	Care Staff	Day	102%	Pre-Reg RN hours = **59**
PRH	9	Care Staff	Night	130.3%	**Additional Duties** **Total shifts = 13, Total hours = 205** EPS – 18 shifts, 205 hrs Pre-Reg RN hours = **23**
PRH	15	Care Staff	Night	119.4%	**Additional Duties** **Total shifts = 12, Total hours =** 138 Change in Skill Mix – 2 shifts, 23 hrs EPS – 10 shifts, 115 hrs

PRH	17	Care Staff	Day	105.3%	**Additional Duties** **Total shifts = 13, Total hours = 127** Change in Skill Mix – 2 shifts, 21 hrs EPS – 11 shifts, 107 hrs Pre-Reg RN hours = **66**
RSH	22 SR	Registered	Day	79.2%	Under fill due to a change in the ward staffing template over the Winter period; (now extended) 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	125.3%	**Additional Duties** **Total shifts = 87, Total hours = 791** Change in Skill Mix – 77 shifts, 686 hrs (as detailed above) EPS – 10 shifts, 105 hrs
RSH	24/CCU	Registered	Night	82.7%	Under fill due to a change in the ward staffing template over the Winter period; (now extended) with a planned reduction in the number of Registered Nurses on duty during the night. One RN has been replaced with one HCA on each shift
RSH	24/CCU	Care Staff	Night	136%	**Additional Duties** **Total shifts = 27, Total hours = 292** Change in Skill Mix – 26 shifts, 280 hrs EPS – 1 shift, 12 hrs
RSH	27	Care Staff	Night	116.9%	**Additional Duties** **Total shifts = 33, Total hours = 240** Change in Skill Mix – 23 shifts, 172 hrs EPS – 2 shifts, 23 hrs Escalation – 8 shifts, 45 hrs
RSH	32	Registered	Day	79.1%	Low fill rate due to reassignment of 127 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	110.5%	Pre-Reg RN hours = **127**
RSH	32	Care Staff	Night	109.5%	**Additional Duties** **Total shifts = 4, Total hours = 45** Change in Skill Mix – 4 shifts, 45 hrs Pre-Reg RN hours = **46**
PRH	ITU/HDU	Registered	Day	82.4%	Low fill rate due to low patient dependency during the month requiring less staffing hours to provide required care
RSH	21 U	Registered	Day	84.7%	Low fill rate due to reassignment of 142 hours of Registered Staff hours to Care Staff category, worked by Pre-Reg RN
RSH	21 U	Care Staff	Day	119.4%	Pre-Reg RN hours = **142**
RSH	21 U	Care Staff	Night	113.2%	**Additional Duties** **Total shifts = 4, Total hours = 46** EPS – 4 shifts, 46 hrs

RSH	22 TO	Registered	Day	85%	Low fill rate due to reassignment of 153 hours of Registered Staff hours to Care Staff category, worked by Pre-Reg RN
RSH	22 TO	Care Staff	Day	107.5%	Pre-Reg RN hours = **153**
RSH	23 OH	Care Staff	Night	135.7%	**Additional Duties** **Total shifts = 12, Total hours = 138** Change in Skill Mix – 2 shifts, 23 hrs EPS – 10 shifts, 115 hrs
RSH	25	Care Staff	Day	112.1%	**Additional Duties** **Total shifts = 3, Total hours = 35** EPS – 2 shifts, 23 hrs Staff move to other area – 1 shift, 12 hrs Pre-Reg RN hours = **207**
RSH	26	Care Staff	Day	108.6%	**Additional Duties** **Total shifts = 10, Total hours = 112** Change in Skill Mix – 3 shifts, 35 hrs EPS – 7 shifts, 77 hrs Pre-Reg RN hours = **110**
RSH	SAU	Care Staff	Day	108.8%	**Additional Duties** **Total shifts = 7, Total hours = 81** Change in Skill Mix – 1 shift, 12 hrs EPS – 6 shifts, 69 hrs Pre-Reg RN hours = **150**
RSH	SAU	Care Staff	Night	129.9%	**Additional Duties** **Total shifts = 31, Total hours = 344** EPS – 15 shifts, 173 hrs Escalation – 16 shifts, 171 hrs Pre-Reg RN hours = **23**
RSH	ITU	Care Staff	Day	122.5%	Pre-Reg RN hours = **72**
PRH	19 Children’s	Care Staff	Night	79%	Low fill rate due to a high number of vacancies, maternity leave and honouring annual leave previously booked by new starters
PRH	Wrekin MLU	Registered	Night	83.3%	Reduced fill rate due to the movement of midwives to other clinical areas for part or the entire shift due to the overall maternity acuity levels across the maternity service. On-call midwife cover in place as required.

Table 6 – August 2016

Site	**Ward**	**Staff Group**	**Time of Day**	**% Fill Rate**	**Reason(s) for over / under fill**
PRH	4	Care Staff	Night	110%	**Additional Duties** **Total shifts = 6, Total hours = 69** EPS – 6 shifts, 69 hrs
PRH	7	Registered	Day	110.2%	**Additional Duties** **Total shifts = 22, Total hours = 245** Escalation – 22 shifts, 245 hrs
PRH	7	Care Staff	Day	123.1%	**Additional Duties** **Total shifts = 24, Total hours = 267** Escalation – 24 shifts, 267 hrs Pre-Reg RN hours = **11.5**

PRH	7	Registered	Night	144.7%	**Additional Duties** **Total shifts = 30, Total hours = 344** Escalation – 30 shifts, 344 hrs
PRH	9	Care Staff	Night	138.8%	**Additional Duties** **Total shifts = 26, Total hours = 298** EPS – 26 shifts, 298 hrs
PRH	15	Care Staff	Night	112.9%	**Additional Duties** **Total shifts = 10, Total hours =** 114 Change in Skill Mix – 1 shift, 12 hrs EPS – 9 shifts, 102 hrs
PRH	16	Registered	Day	70.3%	Under fill due to a temporary change in the ward staffing template with a planned reduction in the number of Registered Nurses on duty during the day. One RN has been replaced with one Healthcare Assistant (HCAs) on each shift
PRH	16	Care Staff	Day	146%	**Additional Duties** **Total shifts = 55, Total hours =** 511 Change in Skill Mix – 30 shifts, 334 hrs (as detailed above) EPS – 25 shifts, 177 hrs
PRH	16	Care Staff	Night	148.4%	**Additional Duties** **Total shifts = 31 , Total hours =** 356 EPS – 31 shifts, 356 hrs
PRH	17	Care Staff	Day	110%	**Additional Duties** **Total shifts = 16, Total hours = 184** EPS – 16 shifts, 184 hrs
RSH	AMU	Care Staff	Day	114.4%	**Additional Duties** **Total shifts = 19, Total hours = 215** Change in Skill Mix – 18 shifts, 206 hrs OHH CSM Transfer – 1 shift, 8 hrs
RSH	AMU	Registered	Night	116.7%	**Additional Duties** **Total shifts = 27, Total hours = 328** Escalation – 26 shifts, 328 hrs Staff moved to other ward – 1 shift, 12 hrs
RSH	AMU	Care Staff	Night	112%	**Additional Duties** **Total shifts = 19 , Total hours = 219** Change in Skill Mix – 17 shifts, 196 hrs High Acuity – 1 shift, 12 hrs Staff moved to other ward – 1 shift, 12 hrs Pre-Reg RN hours = **11.5**
RSH	22 SR	Registered	Day	82.9%	Under fill due to a change in the ward staffing template over the Winter period; (now extended) 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	128.7%	**Additional Duties** **Total shifts = 64, Total hours = 591** Change in Skill Mix – 63 shifts, 584 hrs (as detailed above) EPS – 1 shift, 7 hrs
RSH	24/CCU	Registered	Night	83.2%	Under fill due to a change in the ward staffing template over the Winter period; (now extended) with a planned reduction in the number of Registered Nurses on duty during the night. One RN has been replaced with one HCA on each shift

RSH	24/CCU	Care Staff	Night	138.7%	**Additional Duties** **Total shifts = 27, Total hours = 311** Change in Skill Mix – 27 shifts, 311 hrs
RSH	27	Care Staff	Day	116.2%	**Additional Duties** **Total shifts = 44, Total hours = 502** Change in Skill Mix – 27 shifts, 311 hrs Escalation – 17 shifts, 192 hrs
RSH	28	Care Staff	Day	111.2%	**Additional Duties** **Total shifts = 22, Total hours = 250** Change in Skill Mix – 20 shifts, 227 hrs EPS – 2 shifts, 23 hrs
RSH	32	Registered	Day	79.3%	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	102.8%	Pre-Reg RN hours = **69**
RSH	32	Registered	Night	78.5%	Low fill rate due to reassignment of 80.5 hours of Registered Staff hours to Care Staff category worked by Pre-Reg RN, in addition to being unable to fill all vacant duties with an RN, which have been substituted where possible by a HCA
RSH	32	Care Staff	Night	125.5%	**Additional Duties** **Total shifts = 12, Total hours = 131** Change in Skill Mix – 12 shifts, 131 hrs Pre-Reg RN hours = **80.5**
PRH	8	Care Staff	Night	125%	**Additional Duties** **Total shifts = 4 , Total hours = 46** EPS – 4 shifts, 46 hrs
PRH	10	Care Staff	Night	114.4%	**Additional Duties** **Total shifts = 10 , Total hours = 115** EPS – 10 shifts, 115 hrs
PRH	ITU/HDU	Registered	Day	82.9%	Low fill rate due to low patient dependency during the month requiring less staffing hours to provide required care
PRH	ITU/HDU	Registered	Night	82%	Low fill rate due to low patient dependency during the month requiring less staffing hours to provide required care
RSH	21 U	Registered	Day	83.3%	Low fill rate due to reassignment of 145 hours of Registered Staff hours to Care Staff category, worked by Pre-Reg RN
RSH	21 U	Care Staff	Day	127.3%	**Additional Duties** **Total shifts = 7, Total hours = 78** EPS – 7 shifts, 78 hrs Pre-Reg RN hours = **145**
RSH	21 U	Care Staff	Night	125.8%	**Additional Duties** **Total shifts = 8, Total hours = 92** EPS – 8 shifts, 92 hrs
RSH	22 TO	Care Staff	Day	108%	Pre-Reg RN hours = **150**

RSH	22 TO	Care Staff	Night	109.7%	**Additional Duties** **Total shifts = 9, Total hours = 103** EPS – 9 shifts, 103 hrs Pre-Reg RN hours = **11.5**
RSH	23 OH	Care Staff	Day	112.9%	**Additional Duties** **Total shifts = 19 , Total hours = 219** Change in Skill Mix – 4 shifts, 46 hrs EPS – 15 shifts, 173 hrs
RSH	23 OH	Care Staff	Night	200%	**Additional Duties** **Total shifts = 31, Total hours = 356** Change in Skill Mix – 3 shifts, 35 hrs EPS – 27 shifts, 310 hrs Staff moved to other ward - 1 shift, 12 hrs
RSH	25	Care Staff	Day	122.7%	**Additional Duties** **Total shifts = 31, Total hours = 327** Change in Skill Mix – 2 shifts, 23 hrs EPS – 28 shifts, 294 hrs Staff move to other area – 1 shift, 10 hrs Pre-Reg RN hours = **126.5**
RSH	SAU	Care Staff	Night	147.5%	**Additional Duties** **Total shifts = 47, Total hours = 539** EPS – 18 shifts, 207 hrs Escalation – 29 shifts, 332 hrs
RSH	ITU	Care Staff	Day	106.5%	Pre-Reg RN hours = **36**
RSH	ITU	Care Staff	Night	Actual hours = 108 Planned hours = 0	**Additional Duties** **Total shifts = 1, Total hours = 12** Escalation – 1 shift, 12 hrs Pre-Reg RN hours = **96**
PRH	Ward 23 NNU	Care Staff	Night	82%	Under fill due to vacancy and sickness and limited pool of suitably trained bank staff to backfill to these hours

3. Conclusion

This report provides details of inpatient ward staffing for June, July and August 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

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

Appendix 2

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

Appendix 3

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

Fill rate indicator return
Staffing: Nursing, midwifery and care staff

Org: RXW Shrewsbury And Telford Hospital NHS Trust

Period: June_2016-17

Please provide the URL to the page on your trust website where your staffing information is available

(Please can you ensure that the URL you attach to the spreadsheet is correct and links to the correct web page and include 'http://' in your URL)

http://www.sath.nhs.uk/safestaffing/default.aspx

Comments

			Only complete sites your organisation is accountable for			Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
	Hospital Site Details		Ward name	Main 2 Specialties on each ward		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
Validation alerts (see control panel)	Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours								
	RXWAT	THE PRINCESS ROYAL HOSPITAL - RXWA	AMU - PRH	300 - GENERAL MEDICINE		1824	1773	1605	1582	1725	1680	1035	1017	97.2%	98.6%	97.4%	98.3%	503	6.9	5.2	12.0
	RXWAT	THE PRINCESS ROYAL HOSPITAL - RXWA	Ward 4	300 - GENERAL MEDICINE	301 - GASTROENTEROLOGY	1685	1503	1380	1427	1035	1036	690	804	89.2%	103.4%	100.1%	116.5%	800	3.2	2.8	6.0
	RXWAT	THE PRINCESS ROYAL HOSPITAL - RXWA	Ward 6 CCU	320 - CARDIOLOGY	300 - GENERAL MEDICINE	2084	1981	690	771	1335	1291	345	564	95.1%	111.7%	96.7%	163.5%	735	4.5	1.8	6.3
	RXWAT	THE PRINCESS ROYAL HOSPITAL - RXWA	Ward 7	300 - GENERAL MEDICINE		1404	1477	1035	1432	690	1027	690	671	105.2%	138.4%	148.8%	97.2%	823	3.0	2.6	5.6
	RXWAT	THE PRINCESS ROYAL HOSPITAL - RXWA	Ward 9	300 - GENERAL MEDICINE	340 - RESPIRATORY MEDICINE	1792	1637	1380	1481	1035	1001	690	725	91.4%	107.3%	96.7%	105.0%	826	3.2	2.7	5.9
	RXWAT	THE PRINCESS ROYAL HOSPITAL - RXWA	Ward 15	328-STROKE MEDICINE	300 - GENERAL MEDICINE	2154	2078	1380	1255	1380	1340	690	838	96.5%	90.9%	97.1%	121.4%	676	5.1	3.1	8.2
	RXWAT	THE PRINCESS ROYAL HOSPITAL - RXWA	Ward 16	314 - REHABILITATION	300 - GENERAL MEDICINE	1328	1224	1035	1017	690	693	690	667	92.2%	98.3%	100.4%	96.7%	540	3.6	3.1	6.7
	RXWAT	THE PRINCESS ROYAL HOSPITAL - RXWA	Ward 17	430 - GERIATRIC MEDICINE	302 - ENDOCRINOLOGY	2037	1838	1725	1951	1035	1033	1380	1509	90.2%	113.1%	99.8%	109.3%	828	3.5	4.2	7.6
	RXWAS	ROYAL SHREWSBURY HOSPITAL - RXWA	AMU - RSH	300 - GENERAL MEDICINE		1838	2084	1380	1173	1380	1641	1380	1350	113.4%	85.0%	118.9%	97.8%	658	5.7	3.8	9.5
	RXWAS	ROYAL SHREWSBURY HOSPITAL - RXWA	Ward 22 S/R	300 - GENERAL MEDICINE	314 - REHABILITATION	2383	1977	2070	2782	1380	1367	1725	1897	83.0%	134.4%	99.1%	110.0%	1199	2.8	3.9	6.7
	RXWAS	ROYAL SHREWSBURY HOSPITAL - RXWA	Ward 24 CCU	300 - GENERAL MEDICINE	320 - CARDIOLOGY	2340	2261	1605	1659	1725	1419	690	1197	96.6%	103.4%	82.3%	173.5%	966	3.8	3.0	6.8
	RXWAS	ROYAL SHREWSBURY HOSPITAL - RXWA	Ward 27	300 - GENERAL MEDICINE	100 - GENERAL SURGERY	2479	2133	2070	2370	1380	1338	1035	1183	86.0%	114.5%	97.0%	114.3%	1154	3.0	3.1	6.1
	RXWAS	ROYAL SHREWSBURY HOSPITAL - RXWA	Ward 28	300 - GENERAL MEDICINE	361 - NEPHROLOGY	2067	1813	1725	1929	1380	1380	1035	1010	87.7%	111.8%	100.0%	97.6%	1015	3.1	2.9	6.0
	RXWAS	ROYAL SHREWSBURY HOSPITAL - RXWA	Ward 32 Short Stay	300 - GENERAL MEDICINE		1486	1257	1035	1150	1035	897	690	823	84.6%	111.1%	86.7%	119.3%	717	3.0	2.8	5.8
	RXWAT	THE PRINCESS ROYAL HOSPITAL - RXWA	Head & Neck	120 - ENT	103-BREAST SURGERY	958	940	469	465	703	703	321	321	98.2%	99.1%	100.0%	100.0%	347	4.7	2.3	7.0
	RXWAT	THE PRINCESS ROYAL HOSPITAL - RXWA	Ward 10	110 - TRAUMA & ORTHOPAEDICS		1656	1608	1035	989	1035	1024	690	828	97.1%	95.6%	98.9%	120.0%	756	3.5	2.4	5.9
	RXWAT	THE PRINCESS ROYAL HOSPITAL - RXWA	Ward 11	110 - TRAUMA & ORTHOPAEDICS		1227	1288	870	867	690	748	690	863	105.0%	99.7%	108.4%	125.1%	594	3.4	2.9	6.3
	RXWAT	THE PRINCESS ROYAL HOSPITAL - RXWA	ITU/HDU (PRH)	192 - CRITICAL CARE MEDICINE		2585	2161	271	271	2520	2172	0	0	83.6%	100.0%	86.2%	-	177	24.5	1.5	26.0
	RXWAS	ROYAL SHREWSBURY HOSPITAL - RXWA	Ward 21	101 - UROLOGY		986	780	690	856	690	656	345	449	79.1%	124.1%	95.0%	130.0%	467	3.1	2.8	5.9
	RXWAS	ROYAL SHREWSBURY HOSPITAL - RXWA	Ward 22 O	110 - TRAUMA & ORTHOPAEDICS		1755	1637	1380	1410	1035	1022	1035	1185	93.3%	102.2%	98.7%	114.4%	840	3.2	3.1	6.3
	RXWAS	ROYAL SHREWSBURY HOSPITAL - RXWA	Ward 23O/H	800 - CLINICAL ONCOLOGY	823 - HAEMATOLOGY	1874	1900	1380	1428	1380	1357	345	414	101.4%	103.5%	98.3%	120.0%	891	3.7	2.1	5.7
	RXWAS	ROYAL SHREWSBURY HOSPITAL - RXWA	Ward 25	100 - GENERAL SURGERY	300 - GENERAL MEDICINE	2151	1859	1740	1948	1380	1367	1035	1195	86.4%	112.0%	99.1%	115.5%	1134	2.8	2.8	5.6
	RXWAS	ROYAL SHREWSBURY HOSPITAL - RXWA	S26U/S/ICA	100 - GENERAL SURGERY		2151	2065	1560	1843	1380	1338	1035	1105	96.0%	118.1%	96.9%	106.7%	1065	3.2	2.8	6.0
	RXWAS	ROYAL SHREWSBURY HOSPITAL - RXWA	SAU	100 - GENERAL SURGERY		2170	2036	1725	2045	1725	1708	1035	1541	93.8%	118.6%	99.0%	148.8%	1117	3.4	3.2	6.6
	RXWAS	ROYAL SHREWSBURY HOSPITAL - RXWA	ITU/HDU (RSH)	192 - CRITICAL CARE MEDICINE	300 - GENERAL MEDICINE	3315	3056	326	326	3240	2848	0	0	92.2%	100.0%	87.9%	-	252	23.4	1.3	24.7
	RXWAT	THE PRINCESS ROYAL HOSPITAL - RXWA	Ward 19 Childrens	420 - PAEDIATRICS		3270	2895	1035	943	2760	2576	690	621	88.5%	91.1%	93.3%	90.0%	580	9.4	2.7	12.1
	RXWAT	THE PRINCESS ROYAL HOSPITAL - RXWA	Ward 23 NNU	422- NEONATOLOGY		2694	2643	345	334	2415	2413	345	328	98.1%	96.8%	99.9%	95.1%	481	10.5	1.4	11.9
	RXWMT	THE PRINCESS ROYAL HOSPITAL (MATER	Ward 21 Postnatal	501 - OBSTETRICS		1235	1232	1080	1081	1080	1058	720	708	99.8%	100.1%	98.0%	98.3%	460	5.0	3.9	8.9
	RXWMT	THE PRINCESS ROYAL HOSPITAL (MATER	Ward 22 Antenatal	501 - OBSTETRICS		886	886	720	709	720	647	576	523	100.0%	98.5%	89.9%	90.8%	248	6.2	5.0	11.1
	RXWMT	THE PRINCESS ROYAL HOSPITAL (MATER	Ward 24 Delivery Suite	501 - OBSTETRICS		2662	2701	1080	1019	2520	2516	1080	1024	101.5%	94.4%	99.8%	94.8%	176	29.6	11.6	41.3
	RXWMT	THE PRINCESS ROYAL HOSPITAL (MATER	Wrekin Midwife Led Unit	560- MIDWIFE LED CARE		983	894	588	558	720	708	360	360	91.0%	94.9%	98.3%	100.0%	143	11.2	6.4	17.6
	RXWMS	ROYAL SHREWSBURY HOSPITAL (MATER	Midwife Led Unit	560- MIDWIFE LED CARE		799	791	360	360	360	362	360	360	99.0%	100.0%	100.6%	100.0%	56	20.6	12.9	33.4
	RXWMB	BRIDGNORTH HOSPITAL (MATERNITY) - R	Midwife Led Unit	560- MIDWIFE LED CARE		458	486	345	320	360	360	345	346	106.2%	92.8%	100.0%	100.3%	22	38.5	30.3	68.7
	RXWML	LUDLOW HOSPITAL (MATERNITY) - RXWM	Midwife Led Unit	560- MIDWIFE LED CARE		472	481	360	360	360	360	345	345	101.9%	100.0%	100.0%	100.0%	28	30.0	25.2	55.2
	RXWMJ	ROBERT JONES & AGNES HUNT ORTHOP	Midwife Led Unit	560- MIDWIFE LED CARE		458	477	360	355	360	364	360	360	104.3%	98.6%	101.1%	100.0%	36	23.4	19.9	43.2
	RXWAT	THE PRINCESS ROYAL HOSPITAL - RXWA	Ward 14 Gynae	502 - GYNAECOLOGY		751	751	345	345	690	692	345	334	100.0%	100.0%	100.3%	96.8%	326	4.4	2.1	6.5

Paper 13ii

Reporting to:	**Trust Board - June 2016**
Title	Nursing and Midwifery Establishment Review
Sponsoring Director	Sarah Bloomfield - Director of Nursing & Quality
Author(s)	Helen Jenkinson Deputy Director of Nursing and Quality
Previously considered by	
Executive Summary	From July 2014 National Institute for Health and Care Excellence published its first clinical guidelines in "Safe Staffing for nursing in adult inpatient wards in acute hospitals" . Establishing appropriate staffing levels is complex and depends upon a range of factors including patient dependency, acuity, patient flow, nurses capacity and capability and the environment of the care provision In order to comply with the statutory requirements, the Trust is required to undertake a six monthly nursing staffing capacity and capability review.
Strategic Priorities ☒ Quality and Safety ☐ Healthcare Standards ☐ People and Innovation ☐ Community and Partnership ☐ Financial Strength	**Operational Objectives** Develop robust recruitment plans to recruit to establishment to ensure safe staffing levels.
Board Assurance Framework (BAF) Risks	☒ If we do not deliver **safe care** then patients may suffer avoidable harm and poor clinical outcomes and experience ☐ If we do not implement our **falls** prevention strategy then patients may suffer serious injury ☒ Risk to **sustainability** of clinical services due to potential shortages of key clinical staff ☐ If we do not achieve safe and efficient **patient flow** and improve our processes and capacity and demand planning then we will fail the national quality and performance standards ☐ If we do not have a clear **clinical service vision** then we may not deliver the best services to patients ☐ If we do not get good levels of **staff engagement** to get a culture of continuous improvement then staff morale and patient outcomes may not improve ☐ If we are unable to resolve our (historic) shortfall in **liquidity** and the structural imbalance in the Trust's **Income & Expenditure** position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
Care Quality Commission (CQC) Domains	☒ Safe ☒ Effective ☒ Caring ☐ Responsive ☒ Well led

☒ **Receive** ☐ **Review** ☒ **Note** ☐ **Approve**	**Recommendation** **To NOTE the findings and RECEIVE the report**

The Shrewsbury and Telford Hospital NHS
NHS Trust

Nursing and Midwifery Establishment Review

June 2016

1. Purpose of this Report

The purpose of this report is to inform the Trust Board of the latest position in relation to Nursing and Midwifery Staffing in line with the expectations of NHS England (National Quality Board – NQB's Ten Expectations), A framework for nursing, midwifery and care staff NHS England 2016, and The Care Quality Commission. This paper outlines the processes adopted in reviewing Nursing and Midwifery staffing levels and a summary evaluation of the findings of the most recent establishment review.

The importance of appropriate staffing has reinforced the need for good quality care. Appropriate nurse staffing levels is fundamental to the delivery of safe and effective care. Safe staffing can be a complex area and has to take account of multiple factors. It must be matched to patients' needs and is about skill-mix as well as numbers, about other staff as well as nurses, and other settings as well as hospitals. It is the responsibility of health and care providers, which are regulated by system regulators in the four countries of the UK.

2. Background

The last report on this topic was presented to the Trust Board in December 2015.

This report is to confirm on-going compliance with:

- the requirement to publish monthly planned and actual staffing levels for nursing, midwifery and care assistant staff, and;
- provides the outcomes of the bi-annual nursing and midwifery staffing establishments review.

The Trust Board is requested to:

- Receive this report,
- Decide if any if any further actions and/or information are required.

2.1. Expectation 7

Expectation 7 of the NQB's standards requires Trust Boards to:

- receive monthly updates on workforce information, and that;
- staffing capacity and capability is discussed at a Trust Board meeting in public at least every six months on the basis of a full nursing and midwifery establishment review. The first specific requirement of Expectation 7 is for provider Trusts to upload the staffing levels for all inpatient areas on a monthly basis into the national reporting database (UNIFY 2). These are then published via the NHS Choices Website; with a full breakdown of staffing by ward available on the dedicated "Safe

DH (2013) Hard Truths
NQB/CNO (2013) How to ensure the right people, with the right skills, are in the right place at the right time.
Safety data (June 2014)1
2nd Francis report
Leading Change, Adding Value – A framework for nursing, midwifery and care staff, May 2016
Reference: Twigg et all (2011) The impact of the nursing hours per patient day (NHPPD) staffing method on patient outcomes: A retrospective analysis of patient and staffing data. International Journal of Nursing Studies. Volume 45, Issue 5, pp540-548)

Nursing & Midwifery Council (NMC) (2015) NMC Briefing: Appropriate staffing in health and care settings [online]. NMC. Available at http://www.nmc.org.uk/globalassets/sitedocuments/press/safe-staffing-position-statement.pdf

Staffing Levels" page on the Trust's website. The Trust Board is advised that the Trust continues to comply with the requirement to upload and publish the aggregated monthly average nursing and midwifery (registered) and care staff (non-registered) staffing data for inpatient areas.

- From 1 May 2016 all Trusts should report back monthly Care Hours Per Patient Day (CHPPD) data to NHS Improvement so that they are able to build up a national picture of how nursing staff are deployed. 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 (see section 5.3). This information will be reported using the UNIFY Safe Staffing return and full details reported in the monthly Staffing Paper submitted to the Trust Board as from June 2016.
- Figure 1 details the overall Inpatient Wards Day and Night Registered and unregistered staffing fill rates (%) since their initial inception in June 2014. Between this time period the monthly Registered Staff fill rate Day is averaged at 95.3% and Night 97.5%; with the Unregistered Staff Day being 102.3% and Night 110.5%. The larger variance in the Unregistered Staff being due to the levels of Enhanced Patient Support (EPS), although this has reduced in the 12 months to April 2016.

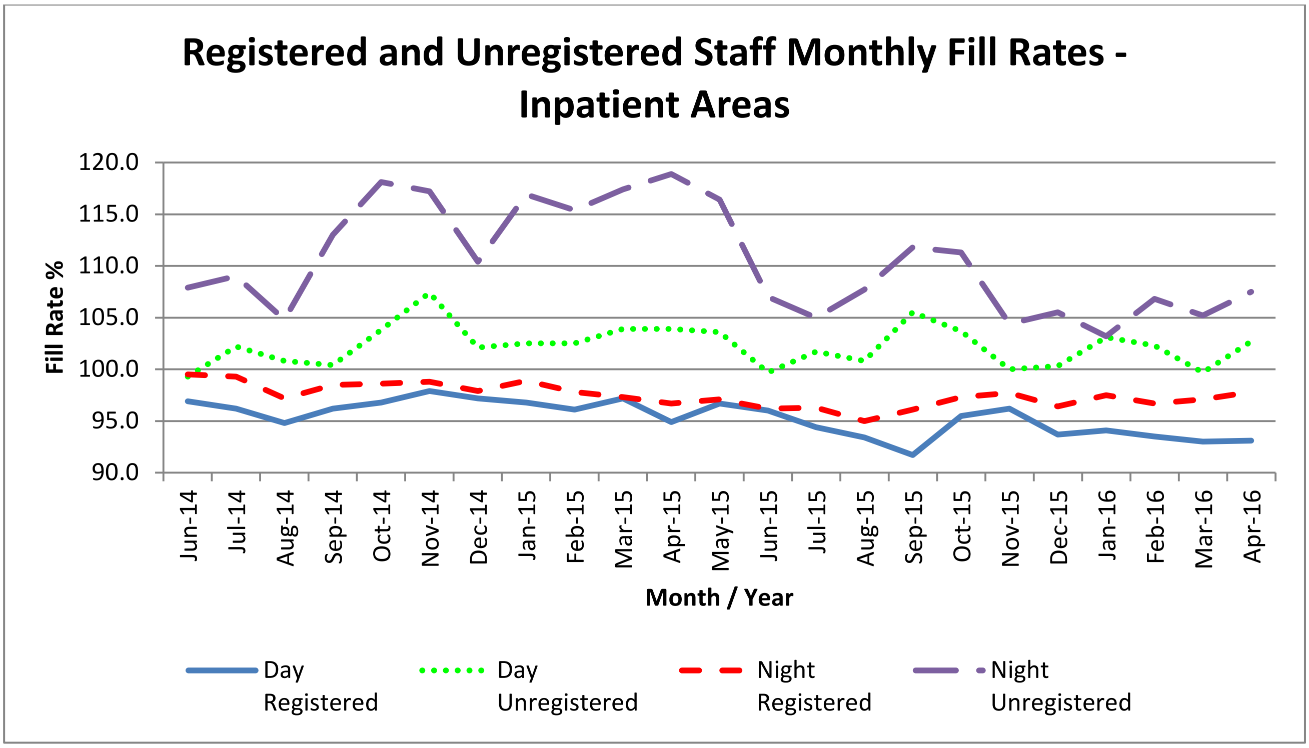


Figure 1

3. Methodology for staffing establishment review

The NQB professional guidance (March 2014) details the key points that need to be included in staffing review reports to Trust boards. Using this guidance the Trust uses the below detailed process to conduct its nursing and midwifery establishment reviews.

The methodology used relies on a triangulation and consideration of a range of different factors, including:

DH (2013) Hard Truths
NQB/CNO (2013) How to ensure the right people, with the right skills, are in the right place at the right time.
Safety data (June 2014)1
2nd Francis report
Leading Change, Adding Value – A framework for nursing, midwifery and care staff, May 2016
Reference: Twigg et all (2011) The impact of the nursing hours per patient day (NHPPD) staffing method on patient outcomes: A retrospective analysis of patient and staffing data. International Journal of Nursing Studies. Volume 45, Issue 5, pp540-548)

Nursing & Midwifery Council (NMC) (2015) NMC Briefing: Appropriate staffing in health and care settings [online]. NMC. Available at http://www.nmc.org.uk/globalassets/sitedocuments/press/safe-staffing-position-statement.pdf

- Use of the evidence based tool Shelford Group Safer Nursing Care Tool (SNCT) which was endorsed by NICE in October 2014. This tool measures individual patient acuity and dependency and uses nurse multipliers to calculate the nursing establishments required. SaTH has been using the SNCT for the last two and a half years, collecting data initially every quarter, and from January 2016 this is now collected 6-montly.

- Nurse to bed ratios, whilst there is currently no minimum recommended Registered Nurse (RN): patient ratio from NICE, there is good evidence that when this ratio is higher than 1:8 care is compromised and the risk of harm significantly increases. The Safe Staffing Alliance recommends that during the day time on general acute wards RN should care for no more than 8 patients. It is important that all clinical areas note that the 1:8 status is about 'direct patient care' this excludes the Ward Manager role and the role of the Ward Coordinator that is pivotal in patient flow and the wider patient journey. There is currently a lack of clarity on the suggested requirements for night shifts, which historically has been lower due to lower activity levels. This ratio is mandated by law in countries such as the USA and Australia and in most cases a notably higher ratio is used.

- Professional judgement and scrutiny. NICE recommends this as an important aspect of methodology due to variables such as acuity, estate and speciality mix being present across all organisations differently. This aspect of the process is carried out by senior nurses who have a detailed working knowledge of the clinical areas in question which is then subject to challenge from the Senior Nursing and Midwifery Committee.

- Nurse sensitive indictors (NSIs) refer to quality indicators that can be linked to nurse staffing issues, The NSIs include official complaints, slips, trips and falls, pressure ulcers and drug errors and have been identified as service quality indicators with specific sensitivity to nursing interventions. This data is collected retrospectively at the end of the acuity data collection period and when aligned to patient flow, acuity and dependency, supports professional judgement to enable appropriate nursing establishments for meeting the patients' needs to be agreed.

- Ward layout and environment - The geographical design and layout of wards can differ a great deal some of which can provide challenges to the visibility and ease of access to patients and may need to be considered when reviewing staffing establishments.

4. Ward changes since December 2015 establishment review

The Trust's adult inpatient bed base has remained largely unchanged since the last staffing review in December 2015.

5. The process for the Nursing Establishment review

All adult inpatient areas (excluding ITUs) have collected data using the Safer Nursing Care Tool during each quarter since the last staffing review; data was collected between 5th – 30th October 2015 and 4th – 29th December 2015, June 2016. The Trust now has 2 years' worth of SNCT data which enables a seasonal overview of patient acuity / dependency trends and ongoing monitoring of the "required" staffing levels as determined by the tool, compared to the budgeted staffing. The live acuity tool planned for July 2016 will help to inform the Trust in the placement of nursing to support the changing acuity on our adult in patient wards

DH (2013) Hard Truths
NQB/CNO (2013) How to ensure the right people, with the right skills, are in the right place at the right time.
Safety data (June 2014)1
2nd Francis report
Leading Change, Adding Value – A framework for nursing, midwifery and care staff, May 2016
Reference: Twigg et all (2011) The impact of the nursing hours per patient day (NHPPD) staffing method on patient outcomes: A retrospective analysis of patient and staffing data. International Journal of Nursing Studies. Volume 45, Issue 5, pp540-548)

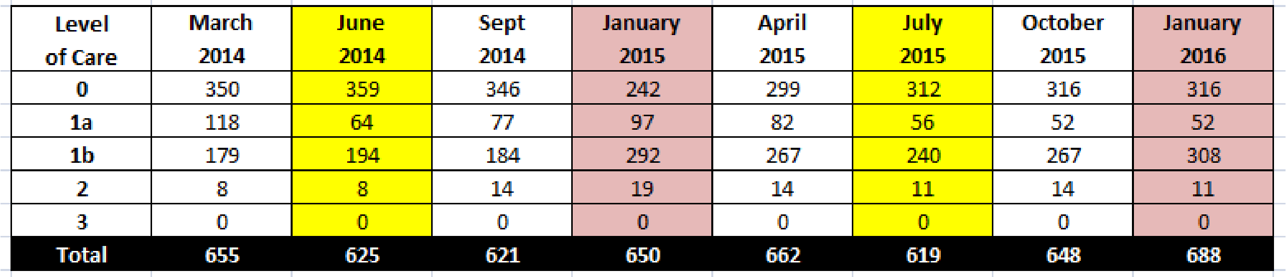
Nursing & Midwifery Council (NMC) (2015) NMC Briefing: Appropriate staffing in health and care settings [online]. NMC. Available at http://www.nmc.org.uk/globalassets/sitedocuments/press/safe-staffing-position-statement.pdf

Table 1 shows the average number of patients per day and their required “level of care” for each of the 8 data collection periods over the past 2 years. This data captures each of the seasons to be able to identify any seasonal trends in care requirements.

The total number of patients has remained fairly constant (as determined by the number of adult inpatient beds); January 2016 saw the highest number of patients on average per day, which is a reflection of the additional beds opened as part of the “Winter Plan”, together with the Trust being at a high level of escalation necessitating the opening of all of its additional bed capacity and the “boarding” of patients on wards too, we have continued to ‘board’ patients from January – June 2016.

Figure 1 line chart shows the trends in the levels of care required over time.   The number patients requiring level 0 care (see Appendix 1 Levels of Care Descriptors) has remained constant, there is a the noticeable trend, particularly over the last 12 months, towards more of our patients requiring level 1b care (Figure 2). These are patients who are medically “stable” but who are dependent on nursing care to meet most or all of the activities of daily living, for example washing and dressing and assistance in maintaining their fluid and food intake. It also includes patients who are confused and those whose discharge is “complex”.

Table 1



Level of Care	March 2014	June 2014	Sept 2014	January 2015	April 2015	July 2015	October 2015	January 2016
0	350	359	346	242	299	312	316	316
1a	118	64	77	97	82	56	52	52
1b	179	194	184	292	267	240	267	308
2	8	8	14	19	14	11	14	11
3	0	0	0	0	0	0	0	0
Total	**655**	**625**	**621**	**650**	**662**	**619**	**648**	**688**

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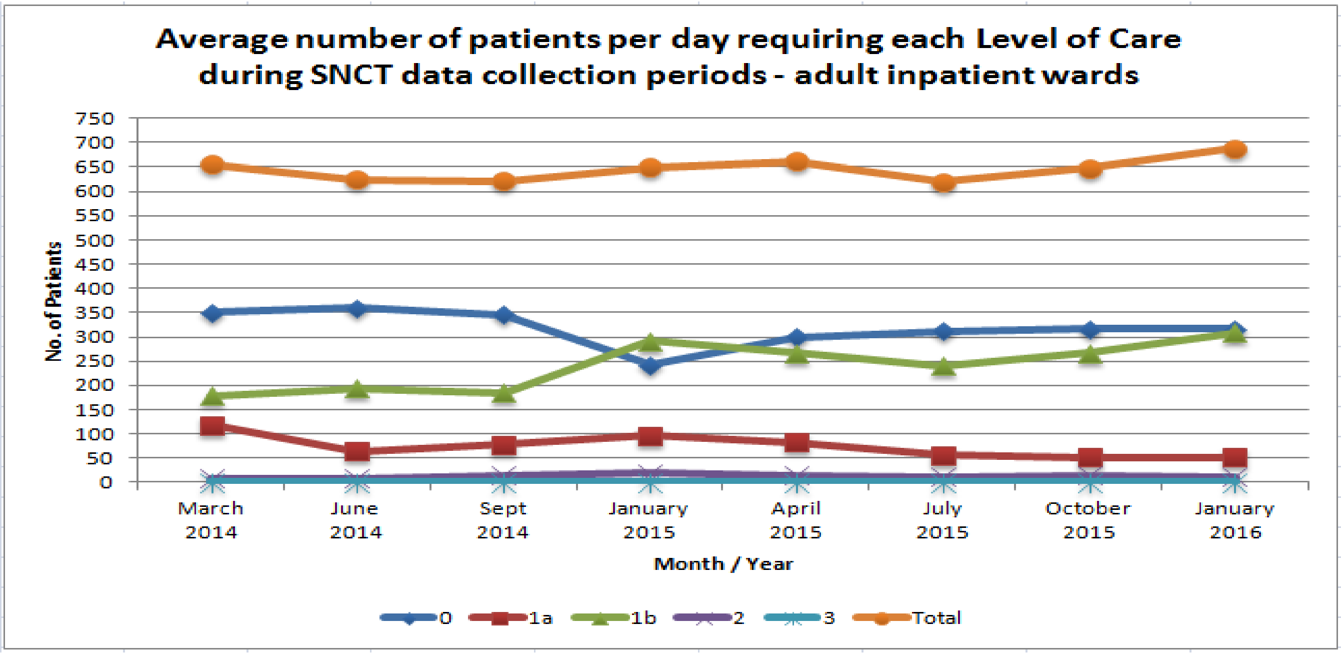

Figure 1

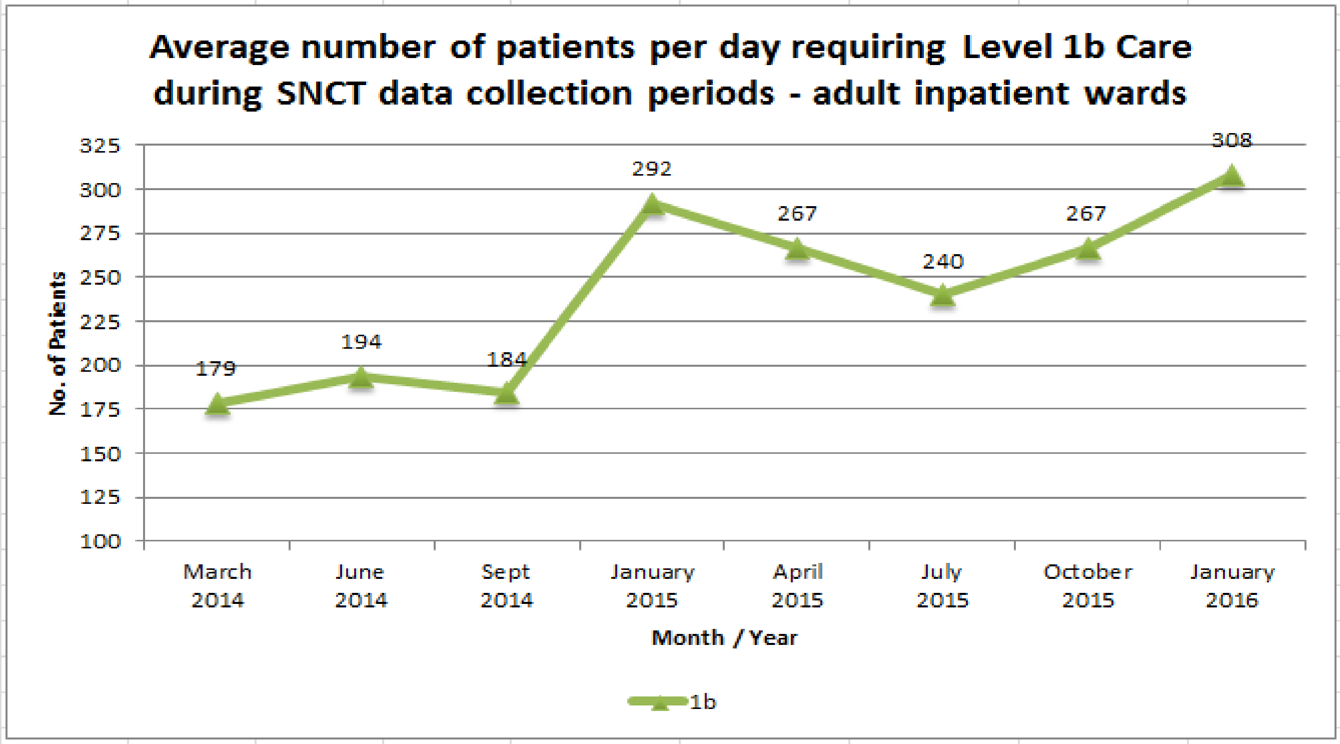

Figure 2

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The SNCT recognises that in addition to the delivery of direct patient care, additional activities also contribute to the nursing workload, and this data is collected in relation to these activities for the duration of the data collection period. These activities include admissions, discharges, transfers in and out, ward attendees and deaths.

Ward quality dashboards for each ward were discussed in relation to the SNCT results and also soft intelligence gathered by the senior nurses from a variety of sources including the Patient Advocacy and Liaison Service, patient representatives and staff.

Each ward's data and findings have been discussed, challenged and scrutinised by a collective group of senior nurses including the Director and Deputy Director of Nursing and Quality, Senior Nursing Team Quality Manager and Heads of Nursing for each care group.

Peer Validation of SNCT Data

5.1 Summary outcomes of the inpatient nursing establishment review

The SNCT data analysis provides a "required" whole time equivalent (WTE) staffing based on the acuity / dependency of patients over the 20-day data collection period. With 2 years' worth of data we are now able to more confidently judge if each ward's staffing is meeting the "nursing" needs of patients throughout the year.

In the last staffing review paper a number of wards were highlighted as specifically requiring additional scrutiny during 2015/16 as they were consistently indicating that the budgeted staffing was not matching the "required" staffing as determined by the SNCT.

Following the review in December 2015, the Ward/Unit Templates were measured and deemed safe and adequate. Comparisons were made with other acute hospitals to assure the current benchmark and were found to be in line with all other organisations. The Templates on the wards were slightly altered to meet the recruitment deficit in a planned way. A small number of wards reviewed the RN deficient and were able to replace shift by shift with an HCA in areas where there was a need for HCA skills, i.e. Stroke Rehabilitation and Older Adult Care.

5.2 2015/16 Analysis

As part of this Staffing Review the Senior Nursing Team has reviewed the data from the SNCT data collected during 2015. In addition to the notes above; the following wards have been identified as requiring a more in-depth review of their staffing requirements and are exception reported:

As explained in the previous paper - Ward 9 (28 beds) and 27 (38 beds) – These two Respiratory Wards show a higher than expected case mix of patients requiring level 2 care due to the number of patients requiring non-invasive ventilation on the ward. An identified Intermediate Care Area (ICA) on the ward has previously been considered; which will be revisited by the Head of Nursing for the Care Group in conjunction with the nursing and medical Teams. Ward 9 is fully staffed with a permanent staffing template to reflect the needs of the patients. Ward 27 reviewed the staffing template in an attempt to mix the staffing ration, RNs to HCAs. A RN per shift changed to a HCA for a 3 month period, this was an unsuccessful pilot as the clinical needs of the patients continued to require a RN on shift. The template returned to the original template and the recruitment of staff continues. The Registered Nurse vacancies are reducing on Ward 27, the staffing ratio is in line with NICE guidance and the vacant shifts are filled with Bank/Agency

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Registered Nurses to meet the needs of the patients. The dependency of the Respiratory wards must be noted and the need to assure the safe template is vital for safe care.

5.3 Staffing Reviews

Care Hours Per Patient Day (CHPPD)

As set out in Lord Carter's final report, *Operational productivity and performance in English acute hospitals: Unwarranted variations*, better planning of staff resources is crucial to improving quality of care, staff productivity and financial control. Working closely with Trusts, the Carter Team found there is 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 **Care Hours Per Patient Day (CHPPD)** - a single, consistent metric of nursing and healthcare support workers deployment on 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.

From 1 May 2016 all Trusts were 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. 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. CHPPD will become the principle measure of nursing and care support deployment, with the expectation that it will form part of an integrated ward / unit level quality framework and dashboard encompassing patient outcomes, people productivity and financial sustainability.

Senior nursing leaders in the NHS support the Carter review that CHPPD is developed to become the principal measure of nursing and healthcare support worker deployment. The CHPPD approach to recording and reporting builds upon the Nursing Hour per Patient Day (NHPPD) practice seen in Western Australia, New Zealand and the US, where local senior leaders have greater control and flexibility in deploying staff, with greater effectiveness. This has also demonstrated improvements in quality and patients outcomes (Twigg et al 2011).

CHPPD data will be reported to the Trust Board as part of the monthly Staffing Levels paper. The Board will receive a paper detailing the background to this work and the preliminary findings, including benchmarking to a number of other NHS Trusts, at the next Trust Board meeting.

6. Future Work – “Live” Patient Acuity / Dependency vs Ward Actual Staffing

The Trust has commissioned Elica Ltd to develop software that will that will enable adult inpatient ward staff to assign each patient’s level of care on a shift-by-shift basis on the electronic Patient Status at a Glance (PSAG) boards. This will identify the “hours of care” required to meet the ward’s level of nursing care; which, when aligned to the actual number of hours of staffing working on the shift; would identify a potential surplus or deficit of time. This system will allow for a more proactive approach to staffing across the organisation in “real time” to meet the needs of patients; as well as enabling us to collect patient acuity / dependency information 365 days of the year rather than quarterly.

It is anticipated that this system will be going “live” from October 2016

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7. Summary

The aim of the Trust is to improve staffing levels through better support mechanisms; this will include recruitment, retention and overseas appointments. As measured through increased staff availability and reduced temporary staffing spend. Currently the staffing levels are balanced and managed as effectively as possible across the organisation, with the aim of achieving at least minimum safe staffing levels, this will be further supported by the live acuity data in October 2016.

Nursing and Midwifery staffing establishments are set and financed at adequate levels in the Trust. The CQC recommended review of staffing levels in Maternity, Emergency Care, CCU and ITU, this work is complete and the recommendations have been implemented. However, the challenges remain around recruitment and, whilst this is improving steadily, risks remain in terms of the available supply of registered nurses, overseas recruitment continues.

8. ACTION REQUESTED OF THE TRUST BOARD

The Trust Board is requested to:

- Receive this report.

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Appendix 1 Safer Nursing Care Tool (SNCT) – Acuity and Dependency Levels of Care

Level of Care		Descriptor
0	Patient requires hospitalisation. Needs met by provision of “normal” ward care.	***Care requirements may include the following:*** • Elective medical or surgical admission. • May have underlying medical condition requiring on-going treatment. • Patients awaiting discharge. • Post-operative / post-procedure care – observations recorded ½ hourly initially then 4-hourly. • Regular (two-four hourly) observations. • **Early Warning Score** within normal threshold. • ECG monitoring. • Fluid management. • Oxygen therapy less than 35%. • Patient controlled analgesia (PCA). • Nerve block. • Single chest drain. • Confused patients not at risk. • Patients requiring assistance with some activities of daily living, requires one person to mobilise. • Experiences occasional incontinence.
1a	Acutely ill patients requiring intervention or those who are UNSTABLE with a GREATER POTENTIAL to deteriorate.	***Care requirements may include the following:*** • Increased observations and therapeutic interventions. • **Early Warning Score** – trigger-point reached and requiring escalation. • Post operative care following complex surgery. • Emergency admission requiring immediate therapeutic intervention. • Instability requiring continual observation / invasive monitoring. • Oxygen therapy greater than 35%; chest physiotherapy 2 - 4 hourly. • Arterial blood gas analysis – intermittent. • 24 hours after insertion of tracheostomy, central line, epidural or multiple chest or extra ventricular drains. • Severe infection or sepsis.

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1b	Patient is STABLE but is dependent on nursing care to meet most or all of the activities of daily living.	***Care requirements may include the following:*** • Complex wound management requiring more than 1 nurse or procedure takes more than one hour to complete. • VAC therapy, where ward-based nurses undertake the treatment. • Patients with spinal instability / spinal cord injury. • Mobility or repositioning difficulties requiring two staff. • Complex Intravenous drug regimes – (including prolonged preparatory / administration / post administration care). • Patient and / or carers requiring enhanced psychological support owing to poor disease prognosis or clinical outcome. • Patients on end-of-life plan. • Confused patient at risk **or** requiring constant supervision. • Requires assistance with most or all activities of daily living. • Potential for self-harm and requires constant observation. • Complex discharge, which is the ward-based nurse's responsibility.
Level of Care		**Descriptor**

2	May be managed within clearly identified, designated beds and resources with the required expertise and staffing level OR may require transfer to a dedicated Level 2 facility / unit.	• Deteriorating / compromised single organ system.
		• Post operative optimisation (pre-op invasive monitoring) / extended post-op care.
		• Patients requiring non-invasive ventilation / respiratory support; CPAP / BiPAP in acute respiratory failure.
		• First 24 hours following tracheosomy.
		• Requires one or more therapeutic interventions, including:
		  • Greater than 50% oxygen continuously.
		  • Continuous cardiac monitoring and invasive pressure monitoring.
		  • Drug infusion requiring more intensive monitoring e.g. vasoactive drugs (amiodarone, inotropes, GTN) or potassium, magnesium.
		  • Pain management such as intra-thecal analgesia.
		  • CNS depressed airway **and** protective reflexes.
		  • Invasive neurological monitoring.

3	Patients needing advanced respiratory support and / or therapeutic multiple-organ support.	• Monitoring and supportive therapy for compromised / collapse of two or more organ / systems. • Respiratory or CNS depression / compromise requires mechanical / invasive ventilation. • Invasive monitoring, vasoactive drugs, hypovolaemia / haemorrhage / sepsis treatment or neuro protection.

The Safer Nursing Care Tool (SNCT) is based on the critical care patient classification (*Comprehensive Critical Care, DH 2000*). These classifications have been adapted to support measurement across a range of wards / specialties.

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Paper 13iii

Reporting to:	**Trust Board - Thursday 29 September 2016**
Title	A&E Improvement Plan
Sponsoring Director	Debbie Kadum, Chief Operating Officer
Author(s)	Debbie Kadum, Chief Operating Officer
Previously considered by	Executive Directors
Executive Summary	A&E 4 hour performance is off trajectory. This paper describes the approach to getting performance back on plan supported by the National A&E Improvement Plan.
Strategic Priorities 1. Quality and Safety	☒ Reduce harm, deliver best clinical outcomes and improve patient experience. ☒ Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards ☒ Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme ☐ To undertake a review of all current services at specialty level to inform future service and business decisions ☒ Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme
2. People	☐ Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work
3. Innovation	☐ Support service transformation and increased productivity through technology and continuous improvement strategies
4 Community and Partnership	☐ Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and well-being of the population ☐ Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies
5 Financial Strength: Sustainable Future	☐ Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
Board Assurance Framework (BAF) Risks	☒ If we do not deliver **safe care** then patients may suffer avoidable harm and poor clinical outcomes and experience ☐ If the local health and social care economy does not reduce the **Fit To Transfer** (FTT) waiting list from its current unacceptable levels then patients may suffer serious harm ☒ Risk to **sustainability** of clinical services due to potential shortages of key clinical staff ☐ If we do not achieve safe and efficient **patient flow** and improve our processes and capacity and demand planning then we will fail the national quality and performance standards ☐ If we do not get good levels of **staff engagement** to get a culture of continuous improvement then staff morale and patient outcomes may not improve ☒ If we do not have a clear **clinical service vision** then we may not deliver the best services to patients ☐ If we are unable to resolve our structural inbalance in the Trust's **Income & Expenditure** position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment

Care Quality Commission (CQC) Domains	☒ Safe ☒ Effective ☒ Caring ☒ Responsive ☒ Well led
☒ **Receive** ☐ **Review** ☒ **Note** ☐ **Approve**	**Recommendation** The Trust Board is asked to RECEIVE and NOTE the 2016/17 A&E Improvement Plan.

The Shrewsbury and Telford Hospital
NHS Trust

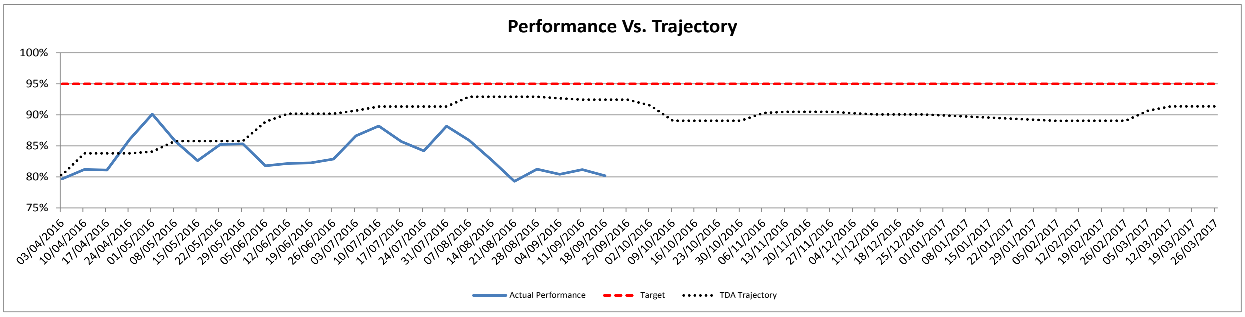
A&E IMPROVEMENT PLAN

September 2016

1.0 Performance

A&E 4 hour performance as can be seen below is off trajectory for a variety of reasons, with the primary reason for breaches remaining as Emergency Department [ED] cubicles full and awaiting a bed in AMU.

The Trust has been receiving individual support from the Emergency Care Improvement Team since October 2015.



There are differing issues on each of the two sites with admitted breaches being the predominant factor at RSH, and non-admitted breaches at PRH.

Barriers to improving performance are:

1. Workforce availability within SaTH. Analysis of performance demonstrates that performance between 9am and 6pm is around 90% but significantly deteriorates as the number of senior decision makers reduces (out of hours).
2. In August the Trust received less Junior Doctors than planned and expected which has led to increased lengths of stay and internal delays in patient flow;
3. Inadequate discharge planning leading to late discharges;
4. Above planned levels of ED admissions (on which the improvement trajectory was based);
5. Continued high levels of Delayed Transfers of Care [DToC] throughout the summer (c10%) and Medically Fit For Discharge (MFFD) patients at 14%;
6. Failure to realise the expected reduction in the number of breaches through the SAFER programme, and streaming in ED aimed at non-admitted breach reduction.

2.0 National A&E Improvement Plan

In July, SaTH's position nationally was 54th worst for Type 1 attendances and 52nd worst for all attendances. This has shown an improved position month on month.

In the middle of August the National A&E Improvement Plan was publicised with 5 areas mandated for delivery:

1. Streaming at the front door to ambulatory and primary care;
2. NHS 111 – increasing the number of calls transferred for clinical advice;
3. Ambulances – Dispatch and Disposition and code review pilots; HEE increasing workforce;
4. Improved flow – must do's that each Trust should implement to enhance patient flow;
5. Discharge – mandatory 'Discharge to Assess' and trusted assessor types of models.

This has been supported by a change from the System Resilience Groups (SRG's) to Local A&E Delivery Boards whose focus is solely on urgent and emergency care. These new Boards are chaired by local Acute Trust CEO's.

Systems have been required to RAG rate their respective schemes against the National Plan and agree any other areas of focus to supplement the 5 mandated areas.

This full plan is enclosed within the Board Information Pack as ***Appendix A***.

This is being presented at the first A&E Delivery Board meeting on 27th September 2016 with a view to agreeing any additional schemes for implementation this year in support of achieving the 4 hour trajectory for the remainder of the year.

3.0 SaTH A&E Improvement Plan

As a sub-section of this plan, SaTH has, as part of the mandated improved flow guidelines, refreshed its existing internal ED improvement plan and contains a section on improving non admitted breaches which are within the gift of the Emergency Department itself.
This plan is also enclosed within the Board Information Pack as ***Appendix B***.

The areas of focus within the Trust remain:

- Improving internal flow by the rollout of the SAFER patient flow bundle across all medical wards;
- The development and embedding of internal professional standards;
- Increase in the number of patients identified for event-led discharge;
- Delivery of 95% non-admitted breaches;
- Development of a frailty service;
- Protection of ambulatory care;
- Reducing ambulance handover delays.

Internal governance arrangements have been reviewed in line with the new system-wide governance structure with the Deputy Chief Operating Officer taking responsibility for overseeing the delivery of the SaTH Improvement Plan. The National Plan requires the support from a dedicated improvement team to support delivery within SaTH, and this will be provided by the Kaizen Promotion Office team.

The respiratory discharge value stream is also contributing to improvements in internal flow.

4.0 Action Required

There is absolute focus on improving performance against the 4 hour target and we will use the latest advice from the Centre to support the delivery of this.

Monitoring of an improvement in performance against the 4 hour target will occur at the Sustainability Committee supported by the internal Confirm & Challenge meeting chaired by the Deputy Chief Executive.

The Trust Board is requested to RECEIVE and NOTE the publication of the National A&E Improvement Plan, and assurance that SaTH's actions within this and the change in governance arrangements will deliver an improvement in performance.

Debbie Kadum
Chief Operating Officer
September 2016

SaTH NHS Trust

2016-17 A&E Plan - Rapid Implementation Guidance

SCHEME Sub-section 1: Streaming to Ambulatory Care and Primary Care from A&E

B-RAG	Description
Blue	Scheme already in place/alternative in place
Green	Actions in place and on track for initiative to be implemented within rapid implementation guidance timeframes
Amber	In plans, but risks associated with delivery
Red	No evidence of existing implementation or in system plans

Item	Initiatives for Local Adoption	Further Information	Milestones	Timeline for delivery of milestones	Owner	Baseline Questions	RAG	Notes	Impact H/M/L or None
1.1	Processes should be in place to allow general practice and emergency departments immediate telephone access to discuss urgent referrals with senior doctors from all major admitting specialities.	Response times should be agreed as an Internal Professional Standard The telephone service should be provided by a senior clinician equivalent to ST4 or above Guidance Reference 1.1	Establish availability of senior medical staff to provide telephone support. Start with an 8-8 service and adapt to demand profile Agree time response standards for telephone response	Oct 2016 Oct 2016	SaTH	Do the major specialties have a consultant immediately available on the telephone to offer advice & streaming for primary care and ED referrals? Do the ED team and primary care consider this a responsive and helpful service?	**Blue**	Yes. Local professional standards have been developed and rolled out across the Trust for specialty teams. Consultants are available for advice. To strengthen this On Call Consultant to hold Bleep - to be actioned. Yes.	N Nationally mandated action
1.2	Trusts should consider developing a primary care stream in the emergency department where this can be justified following a review of patient arrival volumes by type, time/day, 4-hour breach patterns and cost effectiveness. This could be supported by on-site pharmacy services	Careful design and robust, ongoing evaluation is essential to assess the effectiveness of the service and to avoid supplier induced demand The primary care workforce may include a wide range of healthcare professionals Guidance Reference 1.2	Urban acute hospitals should complete an evaluation of the need for a primary care stream based on presentations with minor illness, mental health and chronic disease Design a primary care practitioner workforce plan to deliver the service Where justified, establish a service based on best practice guidance	Dec 2016 Feb 2017 Mar 2017	SaTH	Can more than 20% of patients presenting to the ED be managed in a primary care stream? If there is a primary care stream available that matches demand? Can the service see and complete care for all primary care patients within 3 hours of arrival?	**Blue**	Yes. Streaming to Primary Care and out of hours is in place on both sites. Need to check consistency. Yes.	N Nationally mandated action
1.3	24/7 liaison mental health services for people of all ages should be available at all times within one hour of referral by an emergency department to navigate patients swiftly to appropriate physical or mental health services.	Patients with mental health problems should receive the same priority as those with physical problems. A network model may be required to provide a 24 hour service Guidance Reference 1.3	Evaluate the need for these services based on current activity levels & whether this would support A&E staff Agree quality & time standards for access to mental health services which are consistent with ED time standards. Establish access to Mental Health Service 24 hours per day	Oct 2016 Nov 2016 Jan 2017	CCG	Can patients with mental health problems receive timely access (consistent with ED standards) to liaison psychiatric services? Are these services available to take patients direct from streaming? Can the care of this cohort of patients be completed within 4 hours in the ED?	**Blue**	***Princess Royal Hospital*** - 0800 to 2000 hours response within 1 hour of referral is commissioned, and after 2000 hours within 4 hours through the Crisis Team, but acute requests are prioritised and achieve an average of a 2 hour turnaround. ***Royal Shrewsbury Hospital*** - there is a 24/7 service with response time of 1 hour commissioned. Placement of these patients once assessed can be a challenge. Work with 111 directory and increase in 136 facilities are ongoing.	N

Item	Initiatives for Local Adoption	Further Information	Milestones	Timeline for delivery of milestones	Owner	Baseline Questions	RAG	Notes	Impact H/M/L or None
1.4	Ambulatory Emergency Care for the major medical & surgical specialties should be available at least 12 hours a day, seven days a week to receive patients directly from primary care or the emergency department	Systems should consider joining the Ambulatory Emergency Care Network where their AEC service is embryonic Guidance Reference 1.4	Agree a process for identifying suitable patients for AEC Ensure a senior clinician is available to provide timely assessment and treatment Ensure AEC units are not bedded overnight	Oct 2016 Nov 2016 Nov 2016	SaTH	Is there an AEC service operating 12 hours per day, 7 days per week? Does the service get used as overnight bed space? Are more than 25% of new emergency admissions managed through AEC?	**Green**	Both main hospital sites have developed ambulatory care providing robust 5 day service - weekend ambulatory care continues but dependent on seniority of medical staff. Current ambulatory physical capacity is part of the escalation bedded capacity which if deployed prevents full functioning of the service. Escalation plans are being reviewed to improve sustainability of this service. Current workforce does not enable the delivery of a 7 day service. The 5 day service is fragile due to the availability of the medical workforce. We are currently working at 19%.	H
1.5	Processes should be in place to enable patients requiring urgent specialist assessment to be streamed directly to an appropriate assessment unit. This applies to patients referred for assessment by general practitioners as well as from emergency departments	An effective AMU model can improve patient outcomes & reduce emergency bed days. Guidance reference 1.5	Ensure assessment units have capacity to receive the predicted admissions 4 hours ahead. Ensure a senior doctor is available to provide early assessment for patients Agree a handover process between clinical staff to ensure the safe transfer of patients.	Oct 2016 Nov 2016 Nov 2016	SaTH	Do GP referred patients go directly to the assessment areas? Are patients arriving on the assessment units seen within the recommended time standards by a senior doctor 7 days per week? What are the results of the friends and family test in relation to the AMU?	**Blue**	The service is fragile due to the availability of the medical workforce.	N
1.6	Trusts should have processes systematically to identify people with frailty syndromes and provide them with comprehensive geriatric assessment (CGA) within 24 hours of admission. An acute frailty service should be established to receive patients directly from streaming.	An effective frailty service operating at scale with integrated community & social care support offers patients access to specialist care and the opportunity to return home quickly. Guidance Reference 1.6	Establish a multi-professional specialty team that can start CGA on arrival Agree pathways to support timely assessment by partners. Ensure services are available to support discharge as soon as this is considered medically appropriate	Nov 2016 Nov 2016 Dec 2016	SaTH & ShropCom	Is there an acute frailty service available 12 hours per day 7 days per week? Is comprehensive geriatric assessment started on arrival? Can appropriate patients be discharged back to care homes without the need for further review? Can patients requiring simple equipment be discharged directly home? Can patients requiring support at home be discharged with suitable support available within 2 hours?	**Amber**	Current service 12 midday to 5pm 7 days per week. Constraint is availability of workforce. Comprehensive geriatric assessment in place. Acute frailty service in development. Frail and Complex team in place in the ED. Short Stay facility is currently being developed and expected to be in place by 1st November 2016. No. Yes. No.	H
1.7	Protocols should exist for specialty wards to receive agreed patients directly following referral from GPs and emergency departments. Local protocols should support the identification of these patients, initial assessment, investigation & management	Some patients require direct access to specialist services where there clinical needs can be best addressed. Specific examples are available from the Royal Colleges	Trusts should agree local protocols for direct admission to ward areas. Examples include stroke, fractured neck of femur, post-operative complications, hospital acquired infection etc.	Nov-16	SaTH	Are protocols in place to support the early transfer of patients from ED to specialty wards? How effective are these protocols?	**Amber**	Fractured neck of femur pathway for direct admission needs to be consistently implemented.	L Nationally mandated action

Item	Initiatives for Local Adoption	Further Information	Milestones	Timeline for delivery of milestones	Owner	Baseline Questions	RAG	Notes	Impact H/M/L or None
1.8	Rapid response community/intermediate care services should be available that can accept a patient within two hours of referral with a primary aim of supporting people at home	This service should be linked to the provision of acute frailty above. Guidance Reference 1.8	Agree process for identification and referral of patients that can discharged from A&E with support from community/intermediate care service Systems should ensure transport services are available to support access. Services should have a standardised offer for patients based on need and demand. Simple clinical rules should be agreed to facilitate transfer based on what can be delivered in ED.	Nov 2016 Nov 2016 Jan 2017 Jan 2017	ShropCom	Can community and intermediate care services respond to requests for patient support within 2 hours? Are services available to support the early safe discharge of patients from ED who do not need in-patient care?	**Blue**	Yes. Systems to respond to both sites within 2 hours are in place but this does not happen overnight.	N

Guidance:

1.1 The 6A's of Managing Emergency Admissions - http://fabnhsstuff.net/2013/03/18/6-managing-emergency-admissions/
1.2 Primary Care in A&E - www.nhsimas.nhs.uk/.../Primary_Care_in_A_E_Guidance_Feb_2015.pdf
1.3 Royal College of Physicians, Managing Urgent Mental Health needs in the Acute Trust - www.rcpsych.ac.uk/pdf/ManagingurgentMHneed.pdf
1.4 Royal College of Physicians, Acute Care Toolkit 10: Ambulatory Emergency Care - https://www.rcplondon.ac.uk/guidelines-policy/acute-care-toolkit-10-ambulatory-emergency-care
Ambulatory Emergency Care Network - http://www.ambulatoryemergencycare.org.uk/
1.5 Royal College of Physicians of Edinburgh, Improving quality of care through effective patient flow - www.rcpe.ac.uk/.../files/files/final_statement_patient_flow_.pdf
1.6 Silver Book, Quality care for older people with U&EC needs - www.bgs.org.uk/campaigns/silverb/silver_book_complete.pdf
The Acute Frailty Network - http://www.acutefrailtynetwork.org.uk
1.8 The Health Foundation, Improving the Flow of Older People - https://www.england.nhs.uk/wp-content/uploads/2013/08/sheff-study.pdf

SaTH NHS Trust

2016-17 A&E Plan - Rapid Implementation Guidance

SCHEME Sub-section 2: Increase the % of Calls Transferred to a Clinical Advisor

B-RAG	Description
Blue	Scheme already in place/alternative in place
Green	Actions in place and on track for initiative to be implemented within rapid implementation guidance timeframes
Amber	In plans, but risks associated with delivery
Red	No evidence of existing implementation or in system plans

Item	Initiatives for Local Adoption	Further Information	Milestones	Timeline for delivery of milestones	Owner	Baseline Questions	RAG	Notes	Impact H/M/L or None
2.1	Commissioners and Providers should ensure access to a range of clinical staff who have the necessary skills in specific areas of practice, these skill sets include mental health; pharmacy; dental; and independent prescribing	Access to clinical staff can decrease demand for urgent care services, increasing self-care dispositions, improving the patient journey and improving patient experience The NHS 111 Workforce Report is available on request from england.nhs111@nhs.net	Analysis of current call volumes and staffing requirements An audit of number of clinicians involved per patient pathway, right person, right time rather than duplication of effort across scarce shared clinical resource	Aug-16	CCG's and 111 Provider	Is Integrated Urgent Care workforce planning taking place at U&EC network level? Is clinical expertise availability planned according to demand?	**Green**	There is currently local access but this will be significantly enhanced by the establishment of the new regional clinical hub which is currently being implemented as part of the retendered regional integrated urgent care service.	L Nationally mandated action
2.2	Commissioners and Providers should ensure additional clinical assessment of: - NHS111 A&E dispositions - NHS111 Green Ambulance dispositions	Recent Audits show up to 60% of all A&E dispositions can be sent to more appropriate providers in the community Reports available on request from england.nhs111@nhs.net	Local Urgent Care Clinical Governance Lead to agree safe handover in timely manner of A&E dispositions for clinical triage Agree with Clinical Leads that Green Ambulance dispositions can be sent to a clinical queue	Nov-16	CCG's and 111 Provider	Do you have a lead starting to integrate the NHS 111 service and local Out of Hospital Provision, particularly OOH? What is the current rate of Green Ambulance Dispatch	**Green**	Integration has commenced. A contract variation has been agreed and signed with the OOH provider to provide a fully integrated service with the new WM 111 provider. The 111 service has been retendered to provide a new integrated service in line with national commissioning requirements. Mobilisation is underway with a go live date of 8 November. The CCG has a dedicated a lead who is working with the OOH provider and the regional commissioners leading on the integration. Current rate of green ambulance dispatches (August) for 111 is 5.4%.	L Nationally mandated action
2.3	Commissioners should consider sharing care planning with all NHS 111 services via a flagging mechanism to allow Call Handler to recognise Special Patient Need and transfer to Clinician as appropriate	Consider sharing care planning with all NHS 111 services via a flagging mechanism to allow Call Handler to recognise Special Patient Needs and transfer to Clinician	Clinicians to have access to relevant care plans when assessing a patient	Nov-16	CCG's	Clinicians to have access to relevant care plans when assessing a patient	**Amber**	This is being addressed as part of the mobilisation plan. Actions are underway but full implementation will be after initial go live date in November.	N Nationally mandated action
2.4	Providers should consider the use of Interactive Voice Response (IVR) to transfer Dental and/or Pharmacy Calls more speedily to an appropriate clinician	Providers interested in utilising IVR should contact Adrian Price adrian.price@nhs.net Reports available on request from england.nhs111@nhs.net.	Identify relevant NHS 111 call volumes/flows/resources Get technical and clinical input as early as possible in the redesign process	Nov-16	111 Provider	Can you manage any clinical/operational risks arising from this initiative?	**Green**	This is being addressed as part of the mobilisation plan and will implemented from the go live date of 8 November.	N
2.5	Providers should consider tagging callers from Care Homes and direct these numbers directly to a Clinician	With IUC the plan is to formally request these services dial 111 in the first instance rather than current process of calling 999	Agree change to current workflow Identify relevant NHS 111 call volumes and flows (including demand patterns), and any telephony/operational considerations	Oct-16	111 Provider	What are the current volumes going into 111 from these services?	**Amber**	Work on this is included within the new service. Will update with timescales and data when received from regional commissioners.	N

Item	Initiatives for Local Adoption	Further Information	Milestones	Timeline for delivery of milestones	Owner	Baseline Questions	RAG	Notes	Impact H/M/L or None
2.6	Commissioners should work closely with DoS Leads and NHS 111 call handling providers to ensure A&E services are appropriately ranked, so that alternative services (e.g. clinical hub, urgent care centre) are offered in preference to A&E where available.	"DoS Profiling Principles" (draft) provides guidance on optimal ranking strategy setup and considerations. Regional clinical governance groups should have oversight of ranking strategies and strategic DoS changes	Review ranking strategy within each CCG Consider how DoS can remove A&E as an option for outcomes where there is a suitable lower acuity alternative	Aug2016 Sep 2016	CCG's	Is your A&E DoS service type ranked as low as possible, apart from other A&E-type services and services not commissioned within the CCG?	**Green**	S&WB CCG commissions DOS Lead via WMAS with dedicated leads for CCG's and regular reviews of the DOS are undertaken to ensure all patients are directed to appropriate services. As part of the mobilisation of the new integrated urgent care service this will be reviewed and updated accordingly to ensure the correct and any additional services are added and ranked appropriately.	N Nationally mandated action
2.7	Commissioners should work closely with DoS Leads and urgent care providers to ensure alternatives to A&E have the widest clinical profile available and that there is always an alternate service to A&E.	Reports available on request from england.nhs111@nhs.net	Identify services with the potential to increase their clinical profile Meet with services with proposal for new codes for their clinical profile	Sep-16	CCG's	Are there alternative services which can accept NHS Pathways outcomes for limb injuries, bites, stings, plaster cast problems, suspected DVT, falls etc.? Can clinicians access additional social care, community, mental health services & public health services?	**Blue**	Locally there are a number of pathways which accept NHS pathways. Falls, walk-in centres, rapid response and ICS.	N Nationally mandated action
2.8	Commissioners should consider baselining of investment in clinical services	Financial modelling tool created by Primary Care Foundation available to support commissioners with baselining scenarios. Available on request from england.nhs111@nhs.net	Assessment of current cost of service Financial modelling to determine the optimum service approach and cost implication	Nov-16	CCG's	Do you know what referral services are available for patients? Do you know demographics of your area, a greater demand for OOH services are generated from the elderly?	**Blue**	There have been several pieces of work across the health and care system over the last 3 years that provide us with a sound evidence base and many local services including discharge to assess, fit for frailty, ambulatory care and frailty units have been established over time as a consequence of this knowledge.	N

Supporting Documents: There are a number of supporting documents available on IUC including, IUC Commissioning Standards; Clinical Hub Guidance, procurement guidance and a financial toolkit. These are available on request from: england.nhs111@nhs.net

SaTH NHS Trust

2016-17 A&E Plan - Rapid Implementation Guidance

SCHEME Sub-section 3: Ambulance Response Programme

B-RAG	Description
Blue	Scheme already in place/alternative in place
Green	Actions in place and on track for initiative to be implemented within rapid implementation guidance timeframes
Amber	In plans, but risks associated with delivery
Red	No evidence of existing implementation or in system plans

Item	Initiatives for Local Adoption	Further Information	Milestones	Timeline for delivery of milestones	Owner	Baseline Questions	RAG	Notes	Impact H/M/L or None
3.1	Implementation of Nature of Call (NoC) as a best practise early identifier of cardiac arrest and peri-arrest in-line with nationally agreed timetables	It is recommended that a Board-level representative takes on the role of ARP lead. The use of a NoC/pre-triage sieve to be agreed by all AT via ARP steering group. The use of NoC will allow for the earliest possible identification of the most life-threatening 999 calls and the earliest dispatch of resource to that call.	Confirmation of Ambulance Trust (AT) adoption of pre-triage sieve within an agreed timeframe NHS England (NHSE) Readiness Checklist Activities completed and confirmed AT appoint workstream leads to manage NoC activity Annex A submission on T-times and call and dispatch processes for NHSE AT Executive Group paper submitted to NHSE with agreement to provide monthly data return.	6 ATs currently trialling initiative, to be extended to all ATs in September – October 2016 (subject to agreement with DH)	WMAS	Do you have an executive lead for ARP involved in your A&E Delivery Board? Are you able to map NoC list against current keyword flows/AMPDS/NHSP and have you considered Pre call entry script process on CAD module?	Blue	Mark Docherty is the Executive Lead for WMAS who will be present at A&E Delivery Boards. Gail Fortes Mayer - Lead Commissioner will support A&E Delivery Boards across the West Midlands CCG's.	N Nationally mandated action
3.2	Increase the number of ambulance service interventions where the most clinically appropriate resource is allocated to a 999 call first time through the use of Dispatch on Disposition (DoD) in line with nationally agreed timetables for local adoption.	It is recommended that a Board-level representative takes on the role of ARP lead. The use of DoD allows call handlers a more accurate clinical assessment of 999 calls (except for those most life-threatening calls identified through the NoC) leading to the dispatch of the most clinically appropriate resource to each call. The additional triage time facilitates the use of alternatives to A&E attendance such as Hear and Treat, See and Treat, referral to other pathways and conveyance to other than Type 1 & 2 EDs.	Confirmation of Ambulance Trust acceptance for moving to 240 DoD within an agreed timeframe (AT CEO to confirm change) NHSE Readiness Checklist Activities confirmed with National Programme Manager with AT AT appoint workstream leads to manage each DoD activity Annex A submission on T-times and call and dispatch processes for NHSE AT Executive Group paper submitted with agreement to provide monthly data returns.	6 ATs currently trialling initiative, to be extended to all ATs in September – October 2016 (subject to agreement with DH)	WMAS	Do you have an executive lead for ARP involved in your A&E Delivery Board? Have you undertaken a scoping exercise to determine if CAD supplier can undertake change of 240 DoD unit time requirements to meet new standards? Do you have a workforce enabled to deliver Hear and Treat and See and Treat services? Do you have access to alternative clinical pathways?	Amber	This is happening across the West Midlands CCG's and working definitions exist. The LHE already has relatively high level of S&T and WMAS as part of the ARP is working with other Trusts to improve H&T rates in line with the urgent and emergency care networks in the West Midlands.	L Nationally mandated action

Item	Initiatives for Local Adoption	Further Information	Milestones	Timeline for delivery of milestones	Owner	Baseline Questions	RAG	Notes	Impact H/M/L or None
3.3	Adoption of clinical call categorisation based on robust evaluation of the clinical disposition of actual 999 calls in line with nationally agree timetables. This will help the system to support A&E performance through implementation of key activities identified through the Urgent & Emergency Care Review such as Hear and Treat and See and Treat where clinically appropriate.	A new call categorisation set builds on the NoC and DoD interventions to: • Ensure a timely response to patients with life-threatening conditions • Provide the right clinical resources to meet the needs of patients based on presenting conditions • Reduce multiple dispatches • Reduce the diversion of resources • Increase the ability to support patients through hear and treat • Increase the ability to support patients through see and treat • Ensure a transporting resource available for patients who need to be taken to a definitive place of care. This will mean reduced conveyance to Type 1 EDs and increased use of alternative clinical pathways and referral into the wider health and social care system where this is clinically appropriate.	Confirmation of Ambulance Trust (AT) adoption of the new code set within an agreed timeframe NHS England (NHSE) Readiness Checklist Activities completed and confirmed AT appoint workstream leads to manage activity AT Executive Group paper submitted to NHSE with agreement to provide monthly data return.	Currently being piloted in 3 ATs, decision on extension / revision to be taken in Autumn 2016-17 (subject to DH approval) Impact assessment to support commissioning and operational requirements associated with the ARP recommendations in development	WMAS	Do you have an executive lead for ARP involved in your A&E Delivery Board? Is your CAD supplier able to make the required system changes within timescale, cost and quality frameworks? Have you undertaken a communications and training exercise with the workforce to enable full understanding of the changes? Does the local health economy: * understand the scope of the call categorisation changes? * acknowledge the readiness process? * recognise that further information on the impact assessment will be available?	**Amber**	Mark Docherty is the Executive Lead for WMAS who will be present at A&E Delivery Boards. Gail Fortes Mayer - Lead Commissioner will support A&E Delivery Boards across the West Midlands CCG's.	M Nationally mandated action
3.4	Seek local opportunities to increase Hear and Treat rates for 999 calls where clinically appropriate by making trained clinicians available to deal with 999 calls, particularly at times of peak demand (e.g. evenings and weekends).	A strong focus on clinician input to green ambulance dispositions will be a key enabler to admission avoidance This local work to identify opportunities will be augmented later in the winter period through the provision of detailed diagnostic information in Q4.	Agree protocols locally Establish local mechanism for increasing clinical input into green ambulance dispositions.	Sep-16	WMAS	Does the local economy have a map of the current service offer? Is the workforce in place and appropriately skilled to deliver the offer?	**Amber**	West Midlands CCG's and WMAS are rolling out paramedic pathfinder; CQUIN 16-17 to improve the skill mix of WMAS working on DCA's. Access to alternative services is being developed through the EPR and enhancing DOS as services cited are not always accessible. This is amber because WMAS is unclear about the schemes being created to allow for additional access to Primary Care. Additional clinical services are in place for patients who can be appropriately looked after through alternative care pathways. Greater access to Primary Care is needed. Local A&E Delivery Board will need to consider how this can be actioned either from within existing resource/additional resource.	L Nationally mandated action

Item	Initiatives for Local Adoption	Further Information	Milestones	Timeline for delivery of milestones	Owner	Baseline Questions	RAG	Notes	Impact H/M/L or None
3.5	Seek local opportunities to increase See and Treat rates where clinically appropriate by making use of suitably trained ambulance clinicians responding to 999 calls to assess patients, complete management at scene, discharge and/or refer into alternative care pathways.	All system partners will need to work together to commission, provide and improve alternative care pathways that support Hear and Treat and See and Treat, avoiding A&E attendance, and where appropriate offer alternative treatment options. The local work to identify opportunities will be augmented later in the winter period through the provision of detailed diagnostic information in Q4.	Agree protocols locally. Review opportunity to increase clinical input to control room.	Sep-16	WMAS		**Amber**	The requirement to increase S&T and H&T has been identified in commissioning intentions for 2017/18. There is a physician response unit (PRU) service being piloted in some post code areas in Shropshire with an intention to expand once pilot evaluated as successful and affordable. Plans have been agreed to ensure there is a paramedic skill mix that ensures a paramedic on every frontline vehicle, and this should be achieved by early 2017. Further consideration needs to be given to PEEP and how providers can work together across a range of co-dependant metrics.	M Nationally mandated action

SaTH NHS Trust

2016-17 A&E Plan - Rapid Implementation Guidance

SCHEME Sub-section 4: Improved Patient Flow

B-RAG	Description
Blue	Scheme already in place/alternative in place
Green	Actions in place and on track for initiative to be implemented within rapid implementation guidance timeframes
Amber	In plans, but risks associated with delivery
Red	No evidence of existing implementation or in system plans

Item	Initiatives for Local Adoption	Further Information	Milestones	Tim elivery of nes X:\CEOOffice\COO\ A&E Plan 16-17\ SAFER Project Plan	Owner	Baseline Questions	RAG	Notes	Impact H/M/L or None
4.1	The SAFER patient flow bundle summarises a small number of key actions that if implemented systematically, will significantly improve patient flow. As a minimum, all acute trusts must ensure that SAFER is implemented on assessment and medical wards.	Guidance Reference 4.1	* Implement 'SAFER' on two exemplar wards on each acute hospital site using PDSA rapid testing cycles	Nov-16	SaTH, ShropCom and LA	* Has the trust a local alternative approach to SAFER that is equally effective? * What percentage of wards on each acute site has SAFER in place? * Has there been an audit to see how effectively SAFER has been implemented? * Is there a board-approved plan for whole hospital roll-out? * Has the implementation of the SAFER bundle been considered for acute surgical wards and wards in community hospitals?	Green	Both sites have SAFER bundle implementation plans - aimed to be rolled out by October 2016. 34% of base medical wards have implemented SAFER bundle. The Trust are also working with Virginia Mason to improve patient flow across identified specialties e.g. respiratory care.	H Nationally mandated action
			* Progressively implement the bundle on all wards	Feb-17				Please refer to the SAFER rollout plan.	
			* Audit the implementation of the five elements of the SAFER patient flow bundle across all sites during	Feb-17				Dedicated improvement team to support rollout and embedding. SAFER is rolled out across Community Hospital beds along with Red to Green. To request ECIP support with rollout across enablement beds.	
4.2	The 'red and green day' approach (a 'red day' is of no value to a patient while a 'green day' is of value) compliments SAFER and should be considered for all acute and community hospital inpatient wards.	Guidance Reference 4.2	* Acute Trusts should consider implementing the red and green day approach at the same time as (and as a part of) the SAFER patient flow bundle	Feb-17	SaTH	* Has use of the red and green day approach been considered?	Blue	This has been implemented across all wards, ED and used within daily hub meetings to support patient flow and capacity.	N Nationally mandated action
4.3	All patients must have a written care plan that includes clinical criteria for discharge (CCDs) and an expected date of discharge (EDD) so that multidisciplinary teams have clear goals for each patient. The care plan must be determined and signed off by the consultant within 14 hours of a patient's admission.	Guidance Reference 4.3	* Carry out a baseline audit to establish use of EDDs and CCD * Embed a clear definition of EDDs and CCDs in trust policy by November 2016 * Plan for 50% of all patients to have an EDD linked to CCDs within 14 hours of admission to a ward by Dec 2016, and 75% by March 2017 * Audit the implementation of EDDs linked to CCDs	Sep 2016 Nov 2016 Dec 2016 - March 2017 Feb 2017	SaTH	* Has a baseline assessment of the effective use of EDDs and CCDs been carried out? * Are EDDs and CCDs set by senior doctors? * Does the trust have clear definitions of EDDs and CCDs signed off by the medical and nursing directors? * Is there a plan to ensure that all patients have consultant approved EDDs, with linked CCDs?	Amber	Weekly reports are received. Focused work with Virginia Mason on respiratory pathway has reduced the time to determine EDD from 22 hours to 15 minutes. This work is an integral part of a SAFER bundle development and will be rolled out in line with that programme of work. EDD provide a focus at hub meetings. Task & Finish group to be established. Clinical lead to be identified.	H Nationally mandated action
4.4	The use of ward round checklists is essential to patient safety and should be mandatory	Guidance Reference 4.4	Test the use of ward round checklists for two weeks (using PDSA cycles) by at least two consultant teams by October 2016. Progressively roll out checklists to be used on all wards	Oct 2016 Mar 2017	SaTH	* Are ward round checklists in use in all wards in the acute hospital/s? * Is there an ambitious plan to roll out checklists using an improvement approach (such as PDSA)?	Green	These have been rolled out to all medical wards with plans to include surgical and Gynae wards by March 2017.	L Nationally mandated action

Item	Initiatives for Local Adoption	Further Information	Milestones	Tim X:\CEOOffice\COO\ A&E Plan 16-17\ elivery of nes	Owner	Baseline Questions	RAG	Notes	Impact H/M/L or None
4.5	Implement ‘Internal Professional Standards’ It is important within health care organisations, that all departments work together to agree response standards (‘or ‘internal professional standards’). Such standards should be agreed ‘bottom up’ through discussion between senior clinicians. Standards should be measureable, auditable and transparent so that everyone is clear about what to expect when making referrals or requesting tests and procedures. Trust boards should have evidence of the implementation of a wide range of locally agreed response standards (‘internal professional standards’) that are regularly audited and feature in board reports.	Guidance Reference 4.5	* A report on local internal professional standards should feature in trust board papers during	Dec-16	SaTH Medical Director and Director of Nursing & Quality	* Has the organisation a wide range of local standards that have been developed and agreed ‘bottom up’? * Have local standards been discussed at the trust board during 2016? * Is the board satisfied that agreed response times exist and are complied with along their internal emergency care pathway?	**Green**	Compliance monitored by Care Group Boards.	H Nationally mandated action
4.6	Respond rapidly to requests for home visits Early and effective assessment of frail and vulnerable adults can enable general practice to plan alternatives to hospital admissions or arrange for early specialist hospital review. Where specialist assessment is needed, early conveyance ensures that patients attend hospital early enough to avoid a default admission, which is typical where patients arrive after 2pm. General practices should have processes in place to respond to and prioritise requests for urgent home visits, usually through early telephone assessment and a duty doctor rota.	Guidance Reference 4.6	This standard should be incentivised by commissioners through a LES	1st June 2017	CCG's	* Do all local practices triage requests for urgent domiciliary visits within one hour of the call being received? * Is there a locally agreed process for all urgent domiciliary visits to be carried out within one hour of a call being triaged?	**Amber**	Working to establish current baseline information to be received from Chris Morris.	M
4.7	Commissioners of ambulance services should ensure that ambulance services respond rapidly to general practice requests relating to patients who may need an urgent ambulance service response and potential conveyance to hospital. This standard must be met at the time the response standard LES becomes operational.		* Ambulance commissioners should review contracts to ensure that rapid response to requests from GPs is built in to specifications. * Revised specifications agreed * Contracts to support early conveyance (within two hours of request) of frail patients urgently referred by GPs to hospitals	Sept 2016 April 2017 April 2017	CCG's	* Is there a local agreement with ambulance services to rapidly convey frail patients to hospital following an urgent request from a GP? * Are general practice and ambulance services fully involved in local work on developing frailty pathways?	**Amber**	GP 4 hour requests are currently in place with the NEPT service and a process of escalation established. Commissioners are working with the NEPT provider in relation to roll out of this service to GP 2 hour requests and the expectation is for an agreement to be in place for April 2017.	H

Guidance:

4.1 ‘ECIP SAFER patient flow bundle’ - http://www.ecip.nhs.uk/uploads/files/1/Resource/Safer%20Start/SAFER%20-%20May%202016%20V6.pdf
‘ECIP SAFER Quick Guide’ - http://fabnhsstuff.net/2015/08/26/the-safer-patient-flow-bundle/

4.2 ‘ECIP Quick Guide Red and Green Days’ - http://www.fabnhsstuff.net/2016/03/21/ecip-quick-guide-red-green-days-dr-ian-sturgess/

4.3 ‘Safer, Faster, Better (Section 20)’ - http://www.ecip.nhs.uk/uploads/files/1/Resource/Safer-Faster-Better.pdf
‘ECIP Quick Guide – Expected date of discharge and clinical criteria for discharge’ - http://fabnhsstuff.net/2016/06/09/eddcdd/
‘Royal College of Physicians, Ward rounds in medicine: principals for best practice’ - https://www.rcplondon.ac.uk/projects/outputs/ward-rounds-medicine-principles-best-practice
‘Seven Day Services Clinical Standards (Standard 8B)’ - http://www.nhsiq.nhs.uk/media/2746158/clinical_standards_feb_2016.pdf

Item	Initiatives for Local Adoption	Further Information	Milestones	Tim elivery of nes X:\CEOOffice\COO\ A&E Plan 16-17\ SAFER Project Plan	Owner	Baseline Questions	RAG	Notes	Impact H/M/L or None
4.4	‘Why patients need leaders: Introducing a ward safety checklist’ - http://jrs.sagepub.com/content/105/9/377.full.pdf. ‘Western Sussex Checklist’ - http://carebydesign.org/file_download/53/Ward_Round_Checklist_v4_1.pdf								
4.5	‘Harvard Business Review – Promise Based Management’ - http://donsull.com/wp-content/uploads/2013/07/PBM-HBR-APR-07.pdf								
4.7	‘Safer, Faster, Better’ (Section 9) - http://www.ecip.nhs.uk/Resource/Safer-Faster-Better ‘Urgent Care: A practical guide to transforming same-day care in general practice’ - http://www.ecip.nhs.uk/Resource/Safer-Faster-Better ‘Acute Geriatric Intervention Service: the right response, first time, in a timely manner?’ - http://www.kingsfund.org.uk/sites/files/kf/media/The%20Acute%20Geriatric%20Intervention%20service%20(AGIS).pdf								

SaTH NHS Trust

2016-17 A&E Plan - Rapid Implementation Guidance

SCHEME Sub-section 5: Discharge

B-RAG	Description
Blue	Scheme already in place/alternative in place
Green	Actions in place and on track for initiative to be implemented within rapid implementation guidance timeframes
Amber	In plans, but risks associated with delivery
Red	No evidence of existing implementation or in system plans

Item	Initiatives for Local Adoption	Further Information	Milestones	Timeline for delivery of milestones	Owner	Baseline Questions	RAG	Notes	Impact H/M/L or None
5.1	Embed 'home first: discharge to assess' ways of working	Working definition of discharge to assess: 'Where people who are medically optimised and do not require an acute hospital bed, but may still require care services, are provided with short term support to be discharged to their own home (where possible) or another community setting. This is where assessment for longer-term needs is then undertaken in the most appropriate setting and at the right time for the person. Commonly used terms for this are: 'discharge to assess', 'home first', 'safely home' and 'step down'.' Guidance to be published in mid-September 2016 – 'Quick Guide: home first – discharging to assess' and specific package to support roll-out will be developed and communicated as part of broader support package. *A variety of models can be adopted with different resource and timing implications - from realigning existing services within £ envelope through to commissioning a new service.	Establish which acute trusts operate a discharge to assess scheme, whether this mirrors good practice, and the proportion of patients discharged through this pathway If no existing scheme: Decide best model to implement locally, agreeing any funding routes Put in place any required enablers for integrated working Initiate a pilot of new ways of working Model operational with ongoing monitoring of progress If low numbers through D2A pathway: Set an ambitious aim for broadening use of existing scheme (for example ensuring discharge via this pathway from all wards) Broaden use of existing scheme	Aug 2016 Sep 2016 Oct 2016 Nov 2016 Mar 2017 Sep 2016 Mar 2017	Joint SaTH, ShropCom and LA	Do you use a 'home first' or 'discharge to assess' model? How many patients are discharged per month on a discharge to assess pathway?	Amber	Yes. Discharge to assess has been established on 4 wards across the Trust with full rollout plan by March 2017. Currently 32 patients per month are discharged via the D2A pathway.	H Nationally mandated action
5.2	Embed 'trusted assessor' ways of working	Many local health systems have introduced 'trusted assessor' or 'generic assessment' where one person or team is appointed to undertake health and social care assessments on behalf of multiple teams, using agreed criteria and protocols. More guidance and case studies will be published within the Quick Guide: Home first – discharging to assess due to be published in mid-September 2016.	Identify where 'trusted assessor' arrangements could remove any delays (e.g. with CHC teams, social care teams, care homes, homecare providers etc.) Agree ways of working and design new systems and streamlined documentation; formalising these arrangements where necessary and helpful. Ambitions for number of joint assessments should be set and system for monitoring effectiveness. Test and design new system (on high usage wards) Roll-out new ways of working, including any new documentation	Aug 2016 Sep – Oct 2016 Nov 2016 Jan/Feb 2016	SaTH/LA's/Shropcom joint	Do you have trusted assessor arrangements in place with a. Social care? b. Continuing healthcare? c. Local care homes? How many joint assessments are conducted per month? How many joint assessments could have been done per month?	Amber	Principles of trusted assessors are in place but further work is required to ensure full benefits are realised.	H Nationally mandated action

Item	Initiatives for Local Adoption	Further Information	Milestones	Timeline for delivery of milestones	Owner	Baseline Questions	RAG	Notes	Impact H/M/L or None
5.3	Implement policy on supporting patients' choices to avoid long hospital stays (if existing policy not in use)	Guidance Reference 5.3	Bring together local system partners to work through checklist contained with Quick Guide Adapt policy according to local circumstances Agree policy, any new pathways and new documentation by relevant organisation boards Roll-out policy and new pathways, and raise awareness with staff and patients	31 Aug 2016 Sept 2016 Oct 2016 Nov 2016	SaTH	Do you have a Standard Operational Procedure on supporting patients' choices to avoid long hospital stays? Have you updated your policy to take account of Quick Guide: Supporting patients' choices to avoid long hospital stays published earlier this year? What % of DToC figures are due to 'patient or family choice'?	**Green**	Needs constant application. Policies and procedures are in place as part of the Discharge Policy but further work is required to ensure benefits are maximised taking into account latest guidance. This is also part of the Virginia Mason Transforming Care programme of work.	L Nationally mandated action
5.4	Reduce the number of NHS CHC screenings and full assessments taking place in an acute location (applies only to those CCGs where the majority of their CHC assessments, triggered in an acute inpatient setting, are completed in the acute setting)	Caveat: It can be appropriate for NHS CHC assessments to be undertaken in hospital for a minority of patients. Case studies from local systems where CHC assessment is conducted outside of hospital will be circulated late August	Whole system planning for alternative arrangements: * Determine relevant volumes of activity * Review options of how it has been done elsewhere * Develop an alternative delivery model options to hospital CHC assessment A&E Delivery Board to set up a task and finish group to plan and develop a community-based CHC model for local health economy jointly owned by all partners (CCG, acute and LA). Design and test new model Roll-out new arrangements and cease existing practices	Aug 2016 Sep 2016 Oct 2016 Nov 2016	CCG's	What % of NHS CHC assessments are conducted outside of acute hospital settings? What is the average length of time for a CHC decision to be taken (from full assessment to decision)?	**Blue**	For the first quarter assessment conducted outside of an acute setting: SCCG 95%, and T&W CCG 96%.	N
5.5	Increase proportion of patients receiving RRR (rehabilitation, recovery and reablement) care in home or community settings	Rehabilitation, recovery and reablement (RRR) describes the phase of care following an acute intervention. For example, a patient receives hip replacement surgery after a fall. After the operation, once the patient is medically stable, they receive care that is no longer 'acute', but should be aimed at aiding their RRR from the surgery. RRR care can be received in a variety of settings – in the acute hospital, in step-down facilities or at home. To ease pressure on capacity in acute hospitals and to improve the experience for patients, it is generally more beneficial if patients received RRR care in home or community settings. Guidance Reference 5.5	Run the RRR audit to identify improvement opportunities and use the modelling tool to test and plan changes Agree the priority admissions from the above e.g. medical, hip fractures, geriatric Identify the alternative RRR support available or where gaps develop plans Agree the joint assessment and care planning approach with the aim of discharge within 48 hours Implement the service model	Aug 16 Sep 16 Sep 16 Sep 16 Oct 16	SaTH/LA's/Shropcom joint	What is the average waiting time for bedded rehabilitation? What is the average waiting time for home-based rehabilitation? What is the average waiting time for reablement?	**Amber**	This action is part of the mandated Discharge to Assess scheme.	H Nationally mandated action

Item	Initiatives for Local Adoption	Further Information	Milestones	Timeline for delivery of milestones	Owner	Baseline Questions	RAG	Notes	Impact H/M/L or None
5.6	Focus on simple discharge Expediting routine (simple) discharges can be more effective in releasing beds than only concentrating on complex discharges. All hospitals must establish a systematic process to review the reasons for any inpatient stay that exceeds six days and monitor progress using the 'stranded patient metric'.	Guidance Reference 5.6	* The six day review process is part of SAFER and should be implemented with it. * Complete a baseline assessment of the proportion of patients with a length of stay of over 6 days * Use the stranded patient metric to monitor the effectiveness of implementing SAFER * Locally measure the proportion of patients with a LOS >6 days from	Oct 2016 Nov 2016 Nov 2016	SaTH & ShropCom	* Does the trust regularly review all patients with an extended length of stay? * Does the trust know how many of its patients LOS exceeds 6 days? * Is a metric used to measure progress with improving simple discharge rates?	**Amber**	Over 7 day report is produced twice-weekly and reviewed by the Care Groups with Care Teams requested to review all patients who have exceeded that duration of stay. Further work is required to ensure focused use of that information and the plan is to link this to the rollout of the SAFER bundle as part of the implementation plan. It will also form of the implementation plan of professional standards. All patients with identified delays are reviewed daily in the discharge hub with support from commissioners. Service delivery is fragile due to availability of workforce. SAFER is implemented in the 4 community hospitals (97beds) using red to green days. Internal delays are reported daily and escalated where resolution cannot be found. Plans being developed to implement the principles of SAFER in the independent sector rehabilitation beds.	H Nationally mandated action

Guidance:

5.3 'Quick Guide: Supporting patients to avoid long hospital stays' - http://www.nhs.uk/NHSEngland/keogh-review/Documents/quick-guides/Quick-Guide-supporting-patients-choices.pdf

5.5 'Unbundling recovery: A step-by-step guide to audit and modelling' – http://www.nhsiq.nhs.uk/media/2657169/nhsiq_step-by-step_guide_audit_modelling_100615__hi_res.pdf
'Unbundling recovery simulation model' - http://www.nhsiq.nhs.uk/improvement-programmes/long-term-conditions-and-integrated-care/ltc-year-of-care-commissioning-model/long-term-conditions-year-of-care-commissioning-unbundling-recovery-simulation-model.aspx

5.6 'Why the stranded patient metric? Dr Ian Sturgess' - http://fabnhsstuff.net/2016/02/09/stranded-patient-metric-dr-ian-sturgess-associate-medical-director-monitor/

SaTH NHS Trust

2016-17 A&E Plan - Rapid Implementation Internal ED Improvement Plan

B-RAG	Description
Blue	Scheme already in place/alternative in place
Green	Actions in place and on track for initiative to be implemented within rapid implementation guidance timeframes
Amber	In plans, but risks associated with delivery
Red	No evidence of existing implementation or in system plans

Item	Initiatives	Action	Further Information	Milestones	Timescale	Owner	RAG	Notes	Mandatory
1	Review Internal ED Improvement Meeting	Write terms of reference to monitor internal action plan		TBC	30th September 2016	Carol McInnes		Revise current Terms of reference	N
2	Establish Monthly ED Resilience Group	Write terms of reference and invite attendees.		TBC	Mid October 2016	Sara Biffen/Astrid Lynch	Amber	In progress	N
3	Processes should be in place to allow general practice and emergency departments immediate telephone access to discuss urgent referrals with senior doctors from all major admitting specialities.	Establish availability of senior medical staff to provide telephone support. Start with an 8-8 service and adapt to demand profile Agree time response standards for telephone response	Response times should be agreed as an Internal Professional Standard The telephone service should be provided by a senior clinician equivalent to ST4 or above Guidance Reference 1.1	Establish availability of senior medical staff to provide telephone support. Start with an 8-8 service and adapt to demand profile Agree time response standards for telephone response	Oct 2016 Oct 2016	Carol McInnes/Carolynne Scott	Blue	Yes. Local professional standards have been developed and rolled out across the Trust for specialty teams. Consultants are available for advice. To strengthen this On Call Consultant to hold Bleep - to be actioned. Yes.	Y
4	Trusts should consider developing a primary care stream in the emergency department where this can be justified following a review of patient arrival volumes by type, time/day, 4-hour breach patterns and cost effectiveness. This could be supported by on-site pharmacy services	Urban acute hospitals should complete an evaluation of the need for a primary care stream based on presentations with minor illness, mental health and chronic disease Design a primary care practitioner workforce plan to deliver the service Where justified, establish a service based on best practice guidance	Careful design and robust, ongoing evaluation is essential to assess the effectiveness of the service and to avoid supplier induced demand The primary care workforce may include a wide range of healthcare professionals Guidance Reference 1.2	Urban acute hospitals should complete an evaluation of the need for a primary care stream based on presentations with minor illness, mental health and chronic disease Design a primary care practitioner workforce plan to deliver the service Where justified, establish a service based on best practice guidance	Dec 2016 Feb 2017 Mar 2017	Carol McInnes/Carolynne Scott	Blue	Yes. Streaming to Primary Care and out of hours is in place on both sites. Need to check consistency. Yes.	Y
5	Trusts should have processes systematically to identify people with frailty syndromes and provide them with comprehensive geriatric assessment (CGA) within 24 hours of admission. An acute frailty service should be established to receive patients directly from streaming.	Establish a multi-professional specialty team that can start CGA on arrival Agree pathways to support timely assessment by partners. Ensure services are available to support discharge as soon as this is considered medically appropriate		TBC	Nov 2016 Nov 2016 Dec 2016	Carol McInnes & ShropCom	Amber	Current service 12 midday to 5pm 7 days per week. Constraint is availability of workforce. Comprehensive geriatric assessment in place. Acute frailty service in development. Frail and Complex team in place in the ED. Short Stay facility is currently being developed and expected to be in place by 1st November 2016. No. Yes. No.	N
6	Protocols should exist for specialty wards to receive agreed patients directly following referral from GPs and emergency departments. Local protocols should support the identification of these patients, initial assessment, investigation & management	Trusts should agree local protocols for direct admission to ward areas. Examples include stroke, fractured neck of femur, post-operative complications, hospital acquired infection etc.	Some patients require direct access to specialist services where there clinical needs can be best addressed. Specific examples are available from the Royal Colleges	Trusts should agree local protocols for direct admission to ward areas. Examples include stroke, fractured neck of femur, post-operative complications, hospital acquired infection etc.	Nov-16	Carol McInnes/Carolynne Scott/Jo Banks	Amber	Fractured neck of femur pathway for direct admission needs to be consistently implemented.	Y
7	Processes should be in place to enable patients requiring urgent specialist assessment to be streamed directly to an appropriate assessment unit. This applies to patients referred for assessment by general practitioners as well as from emergency departments	Ensure assessment units have capacity to receive the predicted admissions 4 hours ahead. Ensure a senior doctor is available to provide early assessment for patients Agree a handover process between clinical staff to ensure the safe transfer of patients.		TBC	Oct 2016 Nov 2016 Nov 2016	Carol McInnes/Carolynne Scott/Jo Banks	Blue	The service is fragile due to the availability of the medical workforce.	N
	The SAFER patient flow bundle summarises a small number of key actions that if implemented systematically, will	Launch SAFER on the remaining medical wards during October Wards 7, 15, 16, 17 &	* Implement ‘SAFER’ on two exemplar wards on each acute hospital site using PDSA rapid testing cycles	Nov-16				Both sites have SAFER bundle implementation plans - aimed to be rolled out by end of October 2016. 34% of base medical wards have implemented SAFER bundle. The Trust are also working with Virginia Mason to improve patient flow across identified specialties e.g. respiratory care.	

Item	Initiatives	Action	Further Information	Milestones	Timescale	Owner	RAG	Notes	Mandatory
8	significantly improve patient flow. As a minimum, all acute trusts must ensure that SAFER is implemented on assessment and medical wards.	wards during October Wards 7, 15, 16, 17 & 9 at PRH plus AMU & Wards 22, 24, 27 and AMU	* Progressively implement the bundle on all wards	Feb-17	31st October 2016	Sara Biffen	Green	X:\CEOOffice\COO\ A&E Plan 16-17\ SAFER Project Plan	Y
			* Audit the implementation of the five elements of the SAFER patient flow bundle across all sites during	Feb-17			🟩	Dedicated improvement team to support rollout and embedding.	
9	The 'red and green day' approach (a 'red day' is of no value to a patient while a 'green day' is of value) compliments SAFER and should be considered for all acute and community hospital inpatient wards.	This has been implemented across all wards, ED and used within daily hub meetings to support patient flow and capacity.	Guidance Reference 4.2	* Acute Trusts should consider implementing the red and green day approach at the same time as (and as a part of) the SAFER patient flow bundle	In place	Ward Managers & Heads of Capacity	Blue	Weekly review of Red to green actions at the ED Resilience group	Y
10	All patients must have a written care plan that includes clinical criteria for discharge (CCDs) and an expected date of discharge (EDD) so that multidisciplinary teams have clear goals for each patient. The care plan must be determined and signed off by the consultant within 14 hours of a patient's admission.		Guidance Reference 4.3	* Carry out a baseline audit to establish use of EDDs and CCD * Embed a clear definition of EDDs and CCDs in trust policy by November 2016 * Plan for 50% of all patients to have an EDD linked to CCDs within 14 hours of admission to a ward by Dec 2016, and 75% by March 2017 * Audit the implementation of EDDs linked to CCDs	Sep 2016 Nov 2016 Dec 2016 - March 2017 Feb 2017	SaTH	Amber	Weekly reports are received. Focused work with Virginia Mason on respiratory pathway has reduced the time to determine EDD from 22 hours to 15 minutes. This work is an integral part of a SAFER bundle development and will be rolled out in line with that programme of work. EDD provide a focus at hub meetings. Task & Finish group to be established. Clinical lead to be identified.	Y
11	The use of ward round checklists is essential to patient safety and should be mandatory	Rolled out on medical wards. Surgical wards to implement ward round checklists.	Guidance Reference 4.4	Test the use of ward round checklists for two weeks (using PDSA cycles) by at least two consultant teams by October 2016. Progressively roll out checklists to be used on all wards	Oct 2016 Mar 2017	Kevin Eardley/Mark Cheetham/Andrew Tapp	Green	These have been rolled out to all medical wards with plans to include surgical and Gynae wards by March 2017.	Y
12	Implement 'Internal Professional Standards' It is important within health care organisations, that all departments work together to agree response standards ('or 'internal professional standards'). Such standards should be agreed 'bottom up' through discussion between senior clinicians. Standards should be measureable, auditable and transparent so that everyone is clear about what to expect when making referrals or requesting tests and procedures. Trust boards should have evidence of the implementation of a wide range of locally agreed response standards ('internal professional standards') that are regularly audited and feature in board reports.	Write Internal professional standards as part of the SAFER rollout. Each ward manager with clinical leads to agree the standards.	Guidance Reference 4.5	* A report on local internal professional standards should feature in Trust board papers during	Dec-16	SaTH Medical Director and Director of Nursing & Quality	Green	Compliance monitored by Care Group Boards.	Y

Item	Initiatives	Action	Further Information	Milestones	Timescale	Owner	RAG	Notes	Mandatory
13	Embed 'home first: discharge to assess' ways of working	TBC	Working definition of discharge to assess: 'Where people who are medically optimised and do not require an acute hospital bed, but may still require care services, are provided with short term support to be discharged to their own home (where possible) or another community setting. This is where assessment for longer-term needs is then undertaken in the most appropriate setting and at the right time for the person. Commonly used terms for this are: 'discharge to assess', 'home first', 'safely home' and 'step down'.' Guidance to be published in mid-September 2016 – 'Quick Guide: home first – discharging to assess' and specific package to support roll-out will be developed and communicated as part of broader support package. *A variety of models can be adopted with different resource and timing implications - from realigning existing services within £ envelope through to commissioning a new service.	Establish which acute trusts operate a discharge to assess scheme, whether this mirrors good practice, and the proportion of patients discharged through this pathway If no existing scheme: Decide best model to implement locally, agreeing any funding routes Put in place any required enablers for integrated working Initiate a pilot of new ways of working Model operational with ongoing monitoring of progress If low numbers through D2A pathway: Set an ambitious aim for broadening use of existing scheme (for example ensuring discharge via this pathway from all wards) Broaden use of existing scheme	Aug 2016 Sep 2016 Oct 2016 Nov 2016 Mar 2017 Sep 2016 Mar 2017	Heads of Capacity/ShropCom/LA	**Amber**	Yes. Discharge to assess has been established on 4 wards across the Trust with full rollout plan by March 2017. Currently 32 patients per month are discharged via the D2A pathway.	Y
14	Embed 'trusted assessor' ways of working	TBC	Many local health systems have introduced 'trusted assessor' or 'generic assessment' where one person or team is appointed to undertake health and social care assessments on behalf of multiple teams, using agreed criteria and protocols. More guidance and case studies will be published within the Quick Guide: Home first – discharging to assess due to be published in mid-September 2016.	Identify where 'trusted assessor' arrangements could remove any delays (e.g. with CHC teams, social care teams, care homes, homecare providers etc.) Agree ways of working and design new systems and streamlined documentation; formalising these arrangements where necessary and helpful. Ambitions for number of joint assessments should be set and system for monitoring effectiveness. Test and design new system (on high usage wards) Roll-out new ways of working, including any new documentation	Aug 2016 Sep – Oct 2016 Nov 2016 Jan/Feb 2016	Heads of Capacity/ShropCom/LA	**Amber**	Principles of trusted assessors are in place but further work is required to ensure full benefits are realised.	Y
15	Implement policy on supporting patients' choices to avoid long hospital stays (if existing policy not in use)	Bring together local system partners to work through checklist contained with Quick Guide Adapt policy according to local circumstances Agree policy, any new pathways and new documentation by relevant organisation boards Roll-out policy and new pathways, and raise awareness with staff and patients	Guidance Reference 5.3	Bring together local system partners to work through checklist contained with Quick Guide Adapt policy according to local circumstances Agree policy, any new pathways and new documentation by relevant organisation boards Roll-out policy and new pathways, and raise awareness with staff and patients	31 Aug 2016 Sept 2016 Oct 2016 Nov 2016	Heads of Capacity	**Green**	Needs constant application. Policies and procedures are in place as part of the Discharge Policy but further work is required to ensure benefits are maximised taking into account latest guidance. This is also part of the Virginia Mason Transforming Care programme of work.	Y
16	Increase proportion of patients receiving RRR (rehabilitation, recovery and reablement) care in home or community settings	TBC	Rehabilitation, recovery and reablement (RRR) describes the phase of care following an acute intervention. For example, a patient receives hip replacement surgery after a fall. After the operation, once the patient is medically stable, they receive care that is no longer 'acute', but should be aimed at aiding their RRR from the surgery. RRR care can be received in a variety of settings – in the acute hospital, in step-down facilities or at home. To ease pressure on capacity in acute hospitals and to improve the experience for patients, it is generally more beneficial if patients received RRR care in home or community settings. Guidance Reference 5.5	Run the RRR audit to identify improvement opportunities and use the modelling tool to test and plan changes Agree the priority admissions from the above e.g. medical, hip fractures, geriatric Identify the alternative RRR support available or where gaps develop plans Agree the joint assessment and care planning approach with the aim of discharge within 48 hours Implement the service model	Aug 16 Sep 16 Sep 16 Sep 16 Oct 16	Heads of Capacity/ShropCom/LA	**Amber**	This action is part of the mandated Discharge to Assess scheme.	Y

Item	Initiatives	Action	Further Information	Milestones	Timescale	Owner	RAG	Notes	Mandatory
17	Focus on simple discharge Expediting routine (simple) discharges can be more effective in releasing beds than only concentrating on complex discharges. All hospitals must establish a systematic process to review the reasons for any inpatient stay that exceeds six days and monitor progress using the 'stranded patient metric'.	TBC	Guidance Reference 5.6	* The six day review process is part of SAFER and should be implemented with it. * Complete a baseline assessment of the proportion of patients with a length of stay of over 6 days * Use the stranded patient metric to monitor the effectiveness of implementing SAFER * Locally measure the proportion of patients with a LOS >6 days from	Oct 2016 Nov 2016 Nov 2016	Heads of Capacity/Carol McInnes/Carol Scott & ShropCom	**Amber**	Over 7 day report is produced twice-weekly and reviewed by the Care Groups with Care Teams requested to review all patients who have exceeded that duration of stay. Further work is required to ensure focused use of that information and the plan is to link this to the rollout of the SAFER bundle as part of the implementation plan. It will also form of the implementation plan of professional standards. All patients with identified delays are reviewed daily in the discharge hub with support from commissioners. Service delivery is fragile due to availability of workforce. SAFER is implemented in the 4 community hospitals (97beds) using red to green days. Internal delays are reported daily and escalated where resolution cannot be found. Plans being developed to implement the principles of SAFER in the independent sector rehabilitation beds.	Y
18	Demand & Capacity	Undertake D&C modelling by hour of the day and day of the week for both ED departments		TBC	27th September 2016	Rebecca Houlston	**Green**	Review against staffing levels	N
19	Increase senior nursing presence within the ED after 5pm	To look at staffing availability to enable CSM's/ward managers to work twilight shifts to support the departments		TBC		HoN	**Amber**	Ward managers have worked ad hoc twilight shifts but this has not been sustainable. Option to base H@N in the ED's is under review. This would mean during any "down time", they would be required to support the ED Team	N
20	Standardisation of white boards in ED	Ensure all sections of the white board are completed and to the same standard on both sites. If an intervention takes place it must be recorded and bed availability for DTAs must be recorded.		TBC	In place	Rebecca Houlston	**Amber**	Audit of white board usage to be undertaken week commencing 19th September. SoP in place and is part of induction for all new starters. Regular agenda item at Coordinator meetings.	N
21	"Red-to-Green" concept in ED	To liaise with IT to arrange for the to do list to be colour coded to improve visibility		TBC	1st November 2016	Rebecca Houlston	**Amber**	IT have reviewed the concept and are able to develop on whiteboard however timing of delivery is to be confirmed. To be discussed at PRH consultant meeting on 20th September	N
22	Review the role of the ED Co-ordinator	Ensure ED Co-ordinator is co-ordinating the department and is aware of all patients and their care plans		TBC	In place	HoN	**Amber**	Audit of white board usage to be undertaken week commencing 19th September. SoP in place and is part of induction for all new starters. Regular agenda item at Coordinator meetings.	N
23	Complete a breach report for every breach	Review all breaches on a daily basis		TBC	In place	Rebecca Houlston	**Green**	This has been in place for approximately 12 weeks. Audit of breach themes is underway and will be completed by 26th September 2016	N
24	No batching of patients in minors	All patients to be seen in chronological order as they present to ED		TBC	In place	Rebecca Houlston	**Green**	Continue to monitor however streaming has helped to improve this process	N
25	Nurse-led discharge in ED	To review potential of nurse led ED to improve discharge process from department		TBC	1st November 2016	Matrons	**Amber**	Meeting cancelled due to changes in structure. Matrons to meet with Clinical Director to progress	N
26	Reduce ambulance handover delays	Review handover policy and then implement within the department		TBC	14th November 2016	Rebecca Houlston	**Green**	Visit to Worcester 14th September to look at alternative ways of working to reduce handover delays. Meeting scheduled for 21st September with Heads of Capacity to consider piloting reverse queuing however staffing levels will need to be increased. Process mapping exercise also scheduled with WMAS for 13th October.	N
27	Tracker role	To be put in place to review if role is beneficial to coordinator		TBC	Compete	Rebecca Houlston	**Green**	Pilot completed - feedback was that this would not be required long term	N
28	Ward Clerk Hours	Review cross site cover to ensure service needs are met		TBC	1st November 2016	Rebecca Houlston	**Amber**	Template reviewed and costed by Finance. To be discussed at operational meeting on 21st September	N
29	MSL	To review use of electronic system within the ED's		TBC	In place	Rebecca Houlston	**Green**	Staff reminded that patients must be declared as 'ready for transport' to prevent any unnecessary delays	N
30	Extend ENP service	Review cross site hours available against service needs		TBC	1st December 2016	Rebecca Houlston	**Amber**	8wte required to extend current service (will have 5.6wte in place by January 2017) however funding source to be determined to enable recruitment	N
31	CasCards	To review current pages and contents		TBC	In place	Rebecca Houlston	**Green**	New version agreed with printers	N

Item	Initiatives	Action	Further Information	Milestones	Timescale	Owner	RAG	Notes	Mandatory
32	Nurse Staffing shortfalls	To provide interim staffing solutions . Explore the utilisation of H@N care workers to be allocated to ED;s at night and weekends. Increase HCA on LD and night at PRH .Utilise AMU RN at PRH on nights from Amb care backfill with HCA		TBC	1st October 2016	Matrons	**Amber**	Further review underway by Vanessa Roberts	N
33	Event led discharge on wards	All medical wards to have event led/criteria led discharge on medical wards by		TBC	Mar-17	Sarah Bloomfield / Edwin Borman	**Amber**	Clinical and operational leads to be identified and establish a Task & Finish Group	N
34	Ambulatory Emergency Care for the major medical & surgical specialties should be available at least 12 hours a day, seven days a week to receive patients directly from primary care or the emergency department		Systems should consider joining the Ambulatory Emergency Care Network where their AEC service is embryonic Guidance Reference 1.4	Agree a process for identifying suitable patients for AEC Ensure a senior clinician is available to provide timely assessment and treatment Ensure AEC units are not bedded overnight	Oct 2016 Nov 2016 Nov 2016	Vanessa Roberts	**Green**	Both main hospital sites have developed ambulatory care providing robust 5 day service - weekend ambulatory care continues but dependent on seniority of medical staff. Current ambulatory physical capacity is part of the escalation bedded capacity which if deployed prevents full functioning of the service. Escalation plans are being reviewed to improve sustainability of this service. Current workforce does not enable the delivery of a 7 day service. The 5 day service is fragile due to the availability of the medical workforce. We are currently working at 19%.	Y
35	Remove beds from AEC	AEC should not be used as a bedded area and will be removed from the escalation policy		TBC	30th September 2016	Sara Biffen	**Amber**	Revised Escalation Policy and communication to be sent to all Care Groups	N
36	Additional HCA supporting streaming function	Review requirement for the role		TBC	In place	Matrons	**Amber**	In place and working well but is a cost pressure so funding options to be reviewed	N
37	Improve management of general surgery patients	To review potential of access to hot clinics		TBC	1st November 2016	Rebecca Houlston/Kerry Malpass	**Amber**	Meeting with leads took place on 16/09. Potential to allow access to 4 clinic slots a day (specific criteria identified) as a pilot	N
38	Improve management of MSK patients	To develop assessment areas		TBC	1st November 2016	Rebecca Houlston/Laura Graham	**Amber**	Meeting scheduled for 20th September	N
39	Improve management of frail and complex patients	To develop assessment areas		TBC	1st November 2016	Rebecca Houlston/Hazel Davies	**Amber**	Meeting scheduled for 23rd September	N
40	Review pathology efficiencies	To walk through patient journey to review potential to reduce time		TBC	14th October 2016	Rebecca Houlston	**Amber**	Awaiting date for patient journey exercise	N
41	Plaster room technician	Review availability at weekends		TBC	14th October 2016	Rebecca Houlston	**Amber**	Meeting arranged to review potential of weekend support to remove impact on ED staff	N
42	Dedicated MSK therapy support	Review criteria of patients that can be seen to improve minor flow		TBC	14th October 2016	Rebecca Houlston	**Amber**	Dedicated staff in post - meeting to take place to review criteria of patients that this group of staff can manage	N

The Shrewsbury and Telford Hospital **NHS**
NHS Trust

Paper 13iv

Reporting to:	**Trust Board - 29th September 2016**
Title	Operational Plan Progress Report - Month 5
Sponsoring Director	Neil Nisbet, Finance Director and Deputy Chief Executive
Author(s)	Kate Shaw, Associate Director of Service Transformation Sara Biffen, Deputy Chief Operating Officer
Previously considered by	Sustainability Committee 27th September 2016
Executive Summary	This paper provides the progress report for performance in August 2016 on the Trust's delivery of the 2016/17 Operational Plan.
Strategic Priorities 1. Quality and Safety	☒ Reduce harm, deliver best clinical outcomes and improve patient experience. ☒ Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards ☒ Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme ☒ To undertake a review of all current services at specialty level to inform future service and business decisions ☒ Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme
2. People	☒ Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work
3. Innovation	☒ Support service transformation and increased productivity through technology and continuous improvement strategies
4 Community and Partnership	☐ Develop the principle of ‘agency’ in our community to support a prevention agenda and improve the health and well-being of the population ☒ Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies
5 Financial Strength: Sustainable Future	☒ Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
Board Assurance Framework (BAF) Risks	☒ If we do not deliver **safe care** then patients may suffer avoidable harm and poor clinical outcomes and experience ☐ If the local health and social care economy does not reduce the **Fit To Transfer** (FTT) waiting list from its current unacceptable levels then patients may suffer serious harm ☒ Risk to **sustainability** of clinical services due to potential shortages of key clinical staff ☒ If we do not achieve safe and efficient **patient flow** and improve our processes and capacity and demand planning then we will fail the national quality and performance standards ☒ If we do not get good levels of **staff engagement** to get a culture of continuous improvement then staff morale and patient outcomes may not improve ☒ If we do not have a clear **clinical service vision** then we may not deliver the best services to patients ☒ If we are unable to resolve our structural inbalance in the Trust's **Income & Expenditure** position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment

Care Quality Commission (CQC) Domains	☒ Safe ☒ Effective ☒ Caring ☒ Responsive ☒ Well led
☐ **Receive** ☐ **Review** ☒ **Note** ☐ **Approve**	**Recommendation** • To NOTE progress of the Operational Plan for August 2016.

The Shrewsbury and Telford Hospital NHS
NHS Trust

TRUST BOARD

29th September 2016

Operating Plan – Progress Report Month 05 2016/17

1. Introduction

The Operational Plan for 2016/17 was approved at the March Trust Board. This paper provides a summary update of the progress made in respect of the plan based on the progress achieved within August 2016.

2. Methodology

The table below details performance for August using the agreed traffic light system. This provides an indication of progress for each of the specific activities/schemes required to deliver the Operational Plan. Progress is shown at a Care Group/Directorate level. Assessment of progress is based upon:

- recorded performance as compared with a planned trajectory; and/or
- the degree in which actions within an approved action plan have been delivered.

The judgement on progress is based upon the view of the manager /officer responsible for each of the Operating Plan activities. The process of validating this judgement internally within the Care Groups and then again at a Trust level is in place. At the Trust-level this is via a Trust Dashboard Validation Panel comprising:

- Finance Director/ Deputy Chief Executive;
- Deputy Chief Operating Officer;
- Associate Director of Service Transformation;
- Chief Information Officer.

3. Position at the end of August

Progress in delivery of the Trust's Operational Plan is set out below.

Challenges in the delivery of the financial and workforce elements of the Operational Plan continued in August and remain into September; especially in the Scheduled and Unscheduled Care Groups.

Performance against the monthly trajectories agreed with NHSI:

- RTT access target (performance of 88.6% against a required trajectory of 92%)
- 4 hour Accident and Emergency waiting time access targets (82.16% against a required trajectory of 93.04%)

The Trust did not meet its performance targets against cancer waiting times in July. The un-validated position for August indicates that all of the nine standards were achieved however, performance within the individual care groups against the 62 day target is not sustainable.

Board View

Shrewsbury and Telford Hospital

Purple - Information unavailable

RED - performance is below plan/target

Amber - some achievement against plan/target or incomplete

Green - on or above plan/target

YTD Performance

Click on Total Achieving/Failing for detail

Month 5 - August	Scheduled Care	Unscheduled Care	W&C	Support Services	Corporate Services	Over all
Customer/Patient						
RTT incomplete	🟥	🟥	🟨			✖
4 hr A&E target		🟥				✖
Diagnostic waiting time target	🟥	🟩		🟩		✖
Cancer waiting time target	🟥	🟩	🟥			−
VTE assesment	🟪	🟪	🟪			●
CQC recommendations					🟥	✖
Patient experience	🟩	🟩	🟩			✓
Accreditation/best practice	🟥			🟨		✖
Mortality					🟩	✓
Processes						
Bowel screening/ Endoscopy Management	🟥					✖
Patient flow/ Pathway redesign	🟥	🟥	🟩	🟨		✖
Accommodation	🟥					✖
Quality and safety metrics	🟨	🟥	🟩			✖
Internal ED Improvement Programme		🟨				−
Models of care (Maternity and Neonatology)			🟩			✓
SAFER					🟨	−
Frailty pathways development		🟨				−
Development of 7 days service				🟩		✓
Exemplar ward programme					🟥	✖
VMI programme					🟩	✓
Carter review				🟨	🟩	−
Capital programme (Estates backlog)					🟩	✓
Capital programme (Equipment backlog)					🟩	✓
Capital programme (IT backlog)					🟩	✓
IT service development projects	🟩	🟨	🟩	🟩	🟩	−
Winter resilience					🟩	✓
Theatres	🟥					✖
Finance						
CIP delivery (those not listed)	🟥	🟥	🟨	🟨	🟩	✖
Staff unavailability management	🟥	🟥				✖
Fill Rate	🟥	🟥				✖
Agency spending	🟩	🟥		🟥	🟥	✖
Waiting list initiatives	🟥					✖
Procurement CIP	🟩	🟩	🟥	🟥	🟨	✖
Pharmacy gain share				🟨		−
Anaesthetic Care Service Development	🟨					−
Deficit reduction plan	🟥	🟥	🟩	🟩	🟥	✖
Finance Plan	🟥	🟥	🟨	🟩	🟥	✖
Trust Sustainability Project					🟩	✓
Workforce						
Medical fragility	🟥	🟥	🟨	🟨		✖
Nursing workforce plan	🟥	🟥	🟥	🟥		✖
Other clinical workforce	🟥	🟥	🟥	🟥		✖
Agency cap delivery	🟨	🟥	🟥	🟨	🟥	✖
Recruitment and retention					🟥	✖
Appraisal and Training	🟩	🟨	🟨	🟩	🟨	−
Sickness	🟨	🟥	🟩	🟩	🟥	✖

3.1 Scheduled Care

Delivery of the Operational Plan for Scheduled Care requires immediate action to address how the Care Group can deliver the Trust's performance targets. Based on current performance and future RTT projections, the position for the three specialties within Head & Neck (H&N) are likely to face challenges in delivering in quarter 2. Oral Surgery, Trauma and Orthopaedics and Urology are also working to address their achievement of the RTT.

The Care Group did not deliver the 62 day Cancer Waiting Target in July. Theatre Utilisation continues to be an issue and the Theatre Utilisation Meetings have been reinstated to try to address this. Theatres at both RSH and PRH were unable to achieve their target for Dropped Funded Sessions and a review is now underway to understand the reasons for this and to support them to address any issues.

Nurse staffing also remains a concern with only one of the wards delivering within 0.5% of the 24% staff unavailability target, and only three wards delivering within 0.5% of the 95% fill rate target. Delivery of the Agency Cap is also a concern with 16% of agency shifts paid over cap. Other workforce issues highlighted are the fragility of the medical workforce, particularly at consultant level in ENT, Ophthalmology and Gastroenterology and middle grade risks in Surgery, Head and Neck and Ophthalmology. Sickness performance for August was within the target.

Key improvement schemes not being delivered to plan include the Productive Endoscopy Programme, the development of the SAS at PRH, the MSK-ENT Bed Reconfiguration and the Theatre Productivity Improvement Programme.

At the end of August, against the agreed control total the Scheduled Care Group has an adverse year to date variance of £2,448k and in month adverse variance of £758k. The main reasons for this variance are non-delivery of CIP (unavailability, waiting list reductions and non-delivery of deficit reduction plans such as contributing 6.8 wte non-clinical temporary posts to the Trust's overall target of 20 wte, ceasing the enhanced RN bank rate and ceasing Tier 5 agency).

The forecast deficit is £3,623k before recovery plans. Schemes have been identified which would reduce the deficit to £2,503k. Work is on-going to identify schemes to improve this position.

3.2 Unscheduled Care

Achievement of the 4 hour Accident and Emergency Waiting Time trajectory is essential for the Unscheduled Care Group and impacts on the whole of the organisation, with August's performance at 82.16%. Progress against plans for August continued to be a challenge. An internal ED Improvement Programme is in place and is reviewed on a weekly basis by the A&E Operational Team. The delivery of this programme is at significant risk due to the fragility of the medical workforce and uncertainty over the affordability and deliverability of the current options for the Trust's Winter Plan. Other improvement schemes currently at risk of non-delivery include the Dermatology SCC, where waiting times have been extended due to capacity, the Supportive Discharge Ward at PRH and the delivery of the Frailty CQUIN.

The SAFER programme has been rolled out on four wards across the two sites successfully. The performance of each ward is monitored through a KPI Dashboard which is reviewed weekly at ward level and fortnightly by the Deputy Chief Operating Officer. Work with the next group of wards to go live was due to commence in June but due to staffing issues this has been delayed. Ward 9 has been covered as part of the Transforming Care Institute workstreams. The second group of wards are due to launch week commencing 12 September at RSH and 19 September at PRH.

Quality and Safety Metrics has been highlighted as red because of the non-performance in non-elective MRSA Screening and VIPS Scores. Discussions are underway to address this.

Staff unavailability and fill rate continue to represent a significant challenge to the Care Group. For RNs, unavailability for August was 27.6% and the fill rate was 92%, against targets of 24% and 95% respectively. For HCAs against the same targets, unavailability was 26.6% and the fill rate was 117%. Other workforce issues highlighted this month include the fragility of the medical workforce in the Emergency Department which at consultant level is locum dependent. There are also risks around the middle grade rota. Recruitment work is ongoing with UHNM and with a professional agency. Staff sickness is currently above the target at 5.25%. Ward areas will have a tailored plan for improvement by mid-September and a deep dive will be undertaken by the HR Business Partner in to areas with significant sickness issues.

Against the approved financial control total the Care Group had an adverse variance in month 5 of £523k (£1,891k year to date). A series of reinvigorated suite of schemes, approved by the Executive Directors, is forecast to deliver £840k worth of improvement by year end. With this element of corrective action, the forecast outturn is expected to amount to £4.5m above the control total. The main reasons for this position are non-delivery of CIP (relating to agency cap, unavailability) alongside other issues such as volume of agency RN, unfunded escalation and HCA fill rate considerably in excess of 95% (c117%).

3.3 Women and Children's

Performance against the RTT standard for August was 88.6%, consistent with performance in July. This is mainly due to underperformance in Admitted patients which currently sits at 65.6%.

The 62 day cancer standard within Gynaecology was not achieved in July and there are concerns around the overall sustainability of this standard. An action plan needs to be in place to address this.

Workforce issues highlighted for August include the fragility of the nursing workforce due to a national shortage of Paediatric nurses, although the Care Group has been successful in appointing 5 wte through a recruitment event in July.

The Care Group is £374k under spent for the year. Pay is over spent by £363k for the year and over spent on non-pay by £11k. Pay is under spent in the month due to non-achievement of CIP (equally phased in plan) of £233k, Nursing overspend in midwifery of £157k, offset by vacancies in paediatrics, and Consultants - job plan alignment of £36k. Non-pay is slightly over spent. Women and Children's month 5 position was £98k lower than the control total. The CIP target is £1,050k - there is currently a predicted £300k shortfall. SLR contribution of 5.1% at month 12 (4.87% month 9).

3.4 Support Services

Areas of concern highlighted for Support Services include the risks of non-delivery of some elements of the Carter Review, including the introduction of a Pathology QA Dashboard and the development of a Hospital Pharmacy Transformation Plan. Overall the care group is performing well although a national shortage of Radiologists and Pathologists is causing some fragility at consultant level.

Support services are £668k over spent for the year. Pay is over spent by £417k for the year and over spent on non-pay by £251k. Pay is over spent due to extended winter posts in Therapies and Pharmacy from 15/16 and previous year's £168k. Non achievement of all the CIP (equally phased in plan) is £146k. Expenditure on agency and WLI for Radiologists is £94k (net vs. vacancies). Non-pay is over spent due to increased activity in Radiology and Pathology of £128k, Non achievement of the CIP (equally phased in plan) is £125k. Support Services month 5 position was £437k, higher than the allocated control total, excluding HCD. CIP target £800k - of which £374k is either unidentified or RAG rated Red (15 September 2016).

3.5 Other Areas to Highlight

The Trust CQC Action Plan is currently being reviewed and a new delivery plan will be in place by October. Sickness levels in Estates and Facilities are above target at 5.3% and 5.6% respectively. The Transforming Care Institute and all KPO workstreams are currently on plan as is the Sustainable Services Programme, all of which are pivotal in addressing the operational challenges that compromise the achievement of the some of the key elements of the operational plan.

4. Conclusion

Overall, for August the Trust has not achieved against some key elements of the Operational Plan. Plans are being progressed in the following areas to recover the Trusts position:

- RTT incomplete
- 4 hour A&E target
- Diagnostic Waiting Time Target
- CQC Recommendations
- Accreditation/Best Practice
- Bowel Screening/Endoscopy Management
- Patient Flow/Pathway Redesign
- Accommodation
- Quality and Safety Metrics
- Exemplar Ward Programme
- Theatres
- CIP Delivery
- Staff Unavailability and Fill Rate
- Agency Spending
- Waiting List Initiatives
- Procurement CIP
- Deficit Reduction Plan
- Finance Plan
- Medical Fragility
- Nursing Workforce
- Other Clinical Workforce
- Agency Cap Delivery
- Recruitment and Retention
- Sickness.

Without rectification, the projected outturn for the key performance targets/standards and the Care Group's financial position is detailed below.

<table>
<tr><th>Projected Outturn at Month 5</th><th>Scheduled Care</th><th>Unscheduled Care</th><th>W&C</th><th>Support Services</th><th>Corporate Services</th><th colspan="2">Overall</th></tr>
<tr><td>RTT Incomplete</td><td></td><td></td><td></td><td></td><td></td><td colspan="2">88.4%</td></tr>
<tr><td>4 Hour A&E Target (Admitted)</td><td></td><td></td><td></td><td></td><td></td><td>42.86%</td><td rowspan="2">77.1%</td></tr>
<tr><td>4 Hour A&E Target (Non-Admitted)</td><td></td><td></td><td></td><td></td><td></td><td>87.07%</td></tr>
<tr><td>Diagnostic Waiting Time Target</td><td></td><td></td><td></td><td></td><td></td><td colspan="2">99.4%</td></tr>
<tr><td>Cancer Waiting Time Target (62 day)</td><td></td><td></td><td></td><td></td><td></td><td colspan="2">86.6%</td></tr>
<tr><td>Finance Plan</td><td>(£3,623k)</td><td>(£4,500k)</td><td>£135k</td><td>(£1,555k)</td><td>(£1,600k)</td><td colspan="2">(£11,143k)</td></tr>
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