

Trust Performance Report – Month 7

Trust Board
1st December 2016



Proud To **Care**
Make It **Happen**
We Value **Respect**
Together We **Achieve**

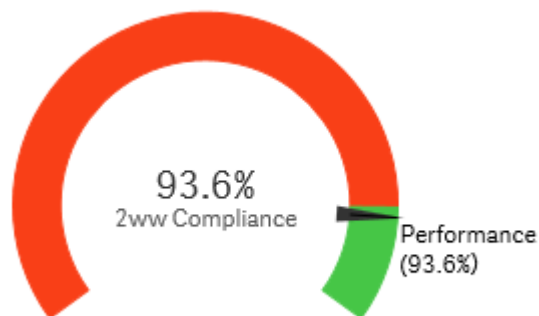
Performance



Proud To **Care**
Make It **Happen**
We Value **Respect**
Together We **Achieve**

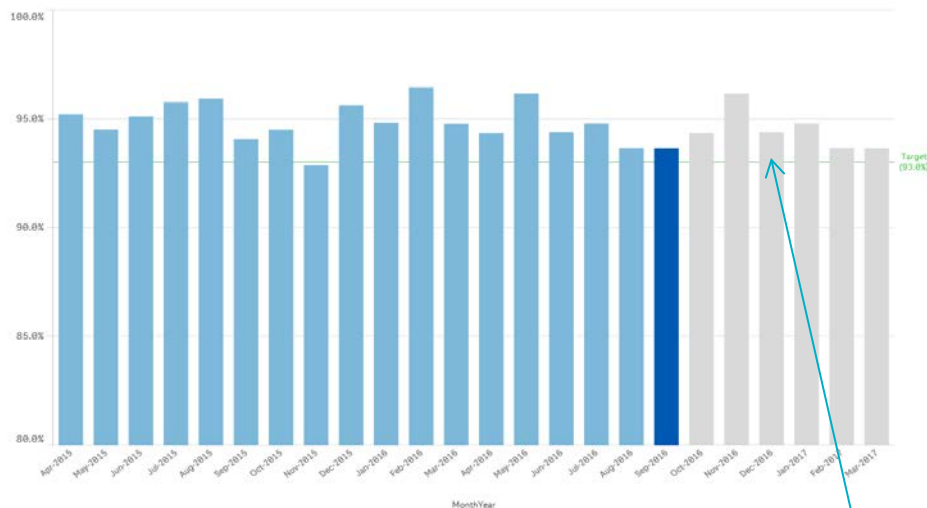
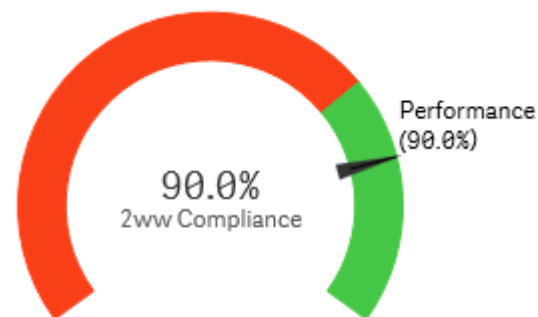
Cancer Target September Performance

2 Week Wait



Both performance targets are projected to achieve throughout the remaining months to the financial year end.

62 Day Performance

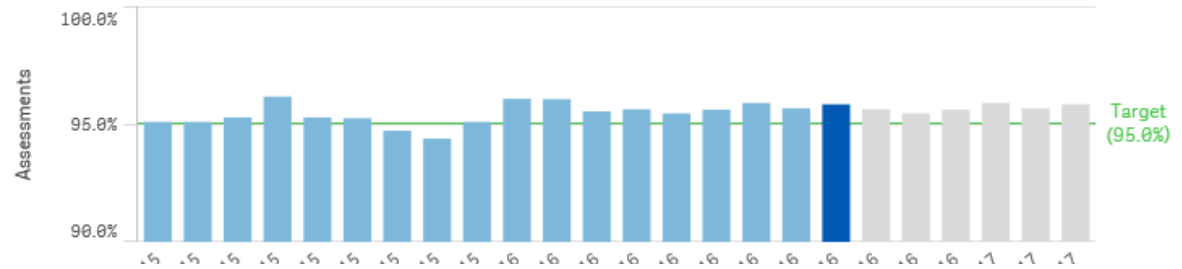


VTE Performance September 16

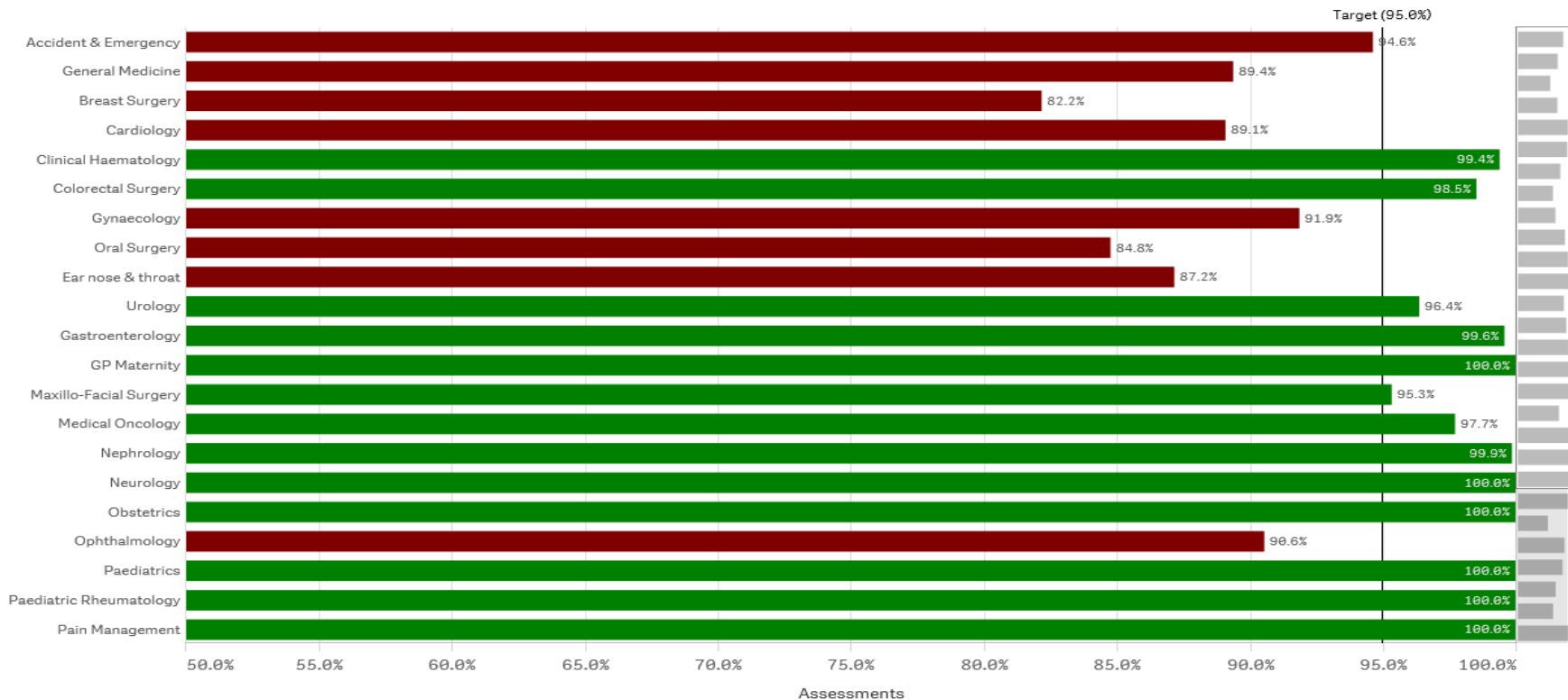
VTE Assessed

95.6% ✓ -0.3%
Previous Month Difference

% of Patients assessed for VTE - Monthly Trend



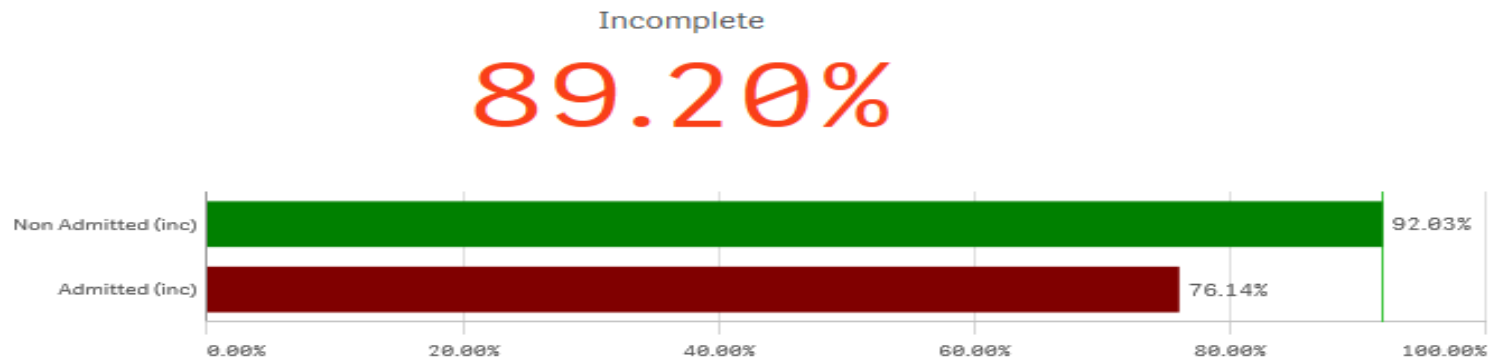
% of Patients assessed for VTE by Specialty



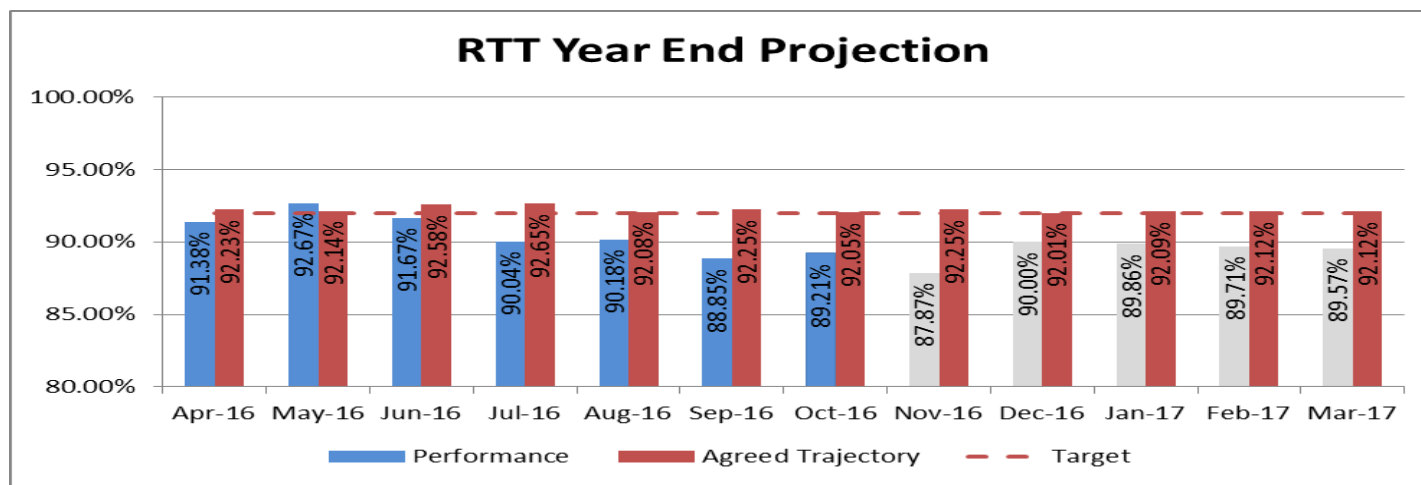
RTT Performance October and Projection without Corrective Action

Open Clocks

% of patients currently waiting to be treated who have waited less than 18 weeks for treatment

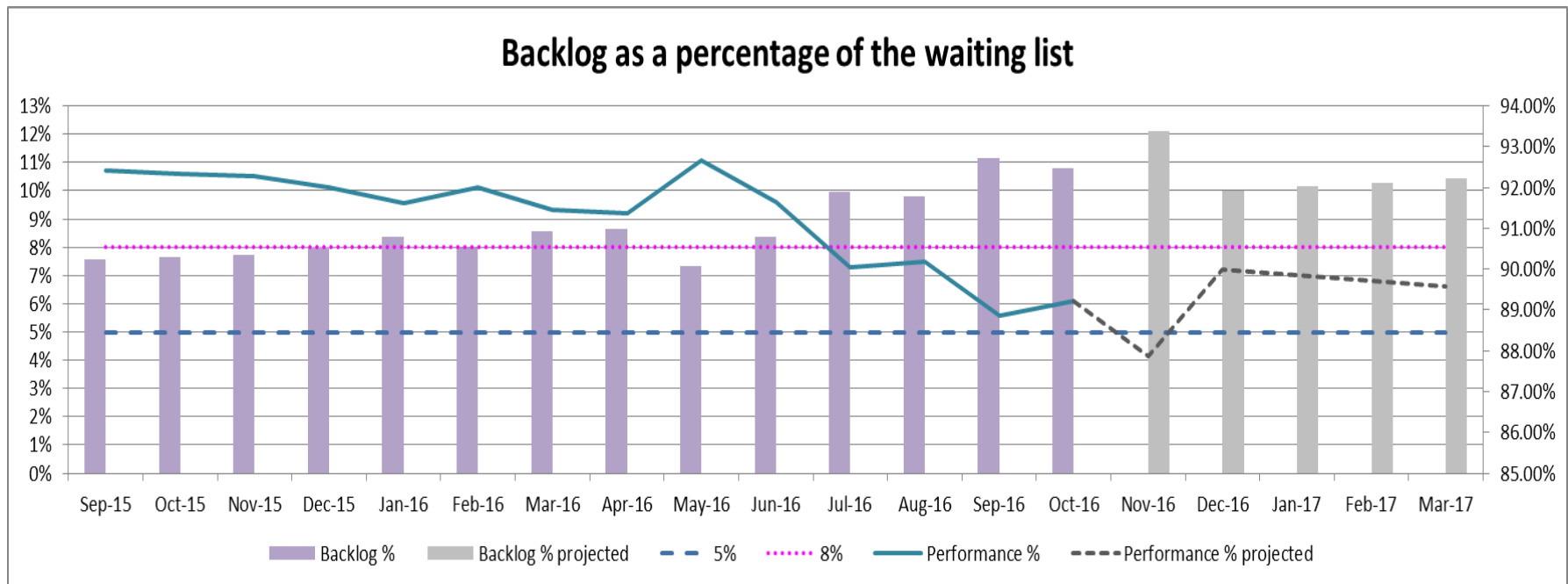


RTT Projected Performance without corrective action



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
Backlog	1534	1334	1512	1772	1701	2004	1959	2167	1782	1808	1845	1869
Performance	91.38%	92.67%	91.67%	90.04%	90.18%	88.85%	89.21%	87.87%	90.00%	89.86%	89.71%	89.57%
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. Currently the backlog is running at 11% therefore with this backlog the trust will not achieve RTT.

RTT November Projected performance

Admitted Incomplete Pathways

Cohort	Total Open Clocks	18+ Wks	Performance %
Reporting Specialty			
Cardiology	93	18	80.65
Cardiothoracic Surgery	1		100.00
Dermatology			
Ear, Nose & Throat (ENT)	249	51	79.52
Gastroenterology	14	1	92.86
General Medicine	2		100.00
General Surgery	673	137	79.64
Geriatric Medicine	8	5	37.50
Gynaecology	282	88	68.79
Neurosurgery			
Ophthalmology	475	62	86.95
Other	150	18	88.00
Plastic Surgery			
Thoracic Medicine	17		100.00
Urology	361	83	77.01
Sub Total	2325	463	80.09
Neurology	1		100.00
Oral Surgery	202	94	53.47
Trauma & Orthopaedics	767	285	62.84
Sub Total	970	379	60.93
Overall Total	3295	842	74.45

Non Admitted

Total Open Clocks	18+ Wks	Performance %
780	65	91.67
22		100.00
685	20	97.08
1578	193	87.77
1307	100	92.35
493	14	97.16
1724	82	95.24
229	41	82.10
1073	46	95.71
2		100.00
1947	112	94.25
853	31	96.37
532	39	92.67
759	13	98.29
11984	756	93.69
674	228	66.17
1149	230	79.98
461	74	83.95
2284	532	76.71
14268	1288	90.97

Combined

Total Open Clocks	18+ Wks	Performance %
873	83	90.49
23		100.00
685	20	97.08
1827	244	86.64
1321	101	92.35
495	14	97.17
2397	219	90.86
237	46	80.59
1355	134	90.11
2		100.00
2422	174	92.82
1003	49	95.11
549	39	92.90
1120	96	91.43
14309	1219	91.48
675	228	66.22
1351	324	76.02
1228	359	70.77
3254	911	72.00
17563	2130	87.87

RTT – Trauma and Orthopaedics Impact of TeMS

Combined RTT Incompletes			
All Sources	Backlog	Total	92% Target
Musculoskeletal	389	1400	72.21%
TeMS Only	Backlog	Total	92% Target
Musculoskeletal	120	257	53.31%
% of total	31%	18%	
Excluding TeMS	Backlog	Total	92% Target
Musculoskeletal	269	1143	76.47%

Average Wait	
All Sources	Weeks
Musculoskeletal	13
TeMS Only	Weeks
Musculoskeletal	19

Of the current list of patients waiting longer than 18 weeks for treatment under RTT rules 31% of them have originated from TeMS. Overall TeMS patients are 18% of the total list size and their exclusion would result in a 4.26% increase in overall performance

The current Average Wait for patients still awaiting treatment under RTT Rules shows a marked increase where the patients have originated from TeMS to such an extent that the average is above the 18 week breach point

TeMS is a triage service commissioned by the Telford and Wrekin CCG.

The extended referral time of transfers from the TeMS service into Trauma & Orthopaedics is reducing the performance of Trauma & Orthopaedics by 4% and currently makes up 31% of the backlog

A&E Performance – October 2016

A&E 4hr Performance

78.2% Δ -3.3%
Previous Month Difference

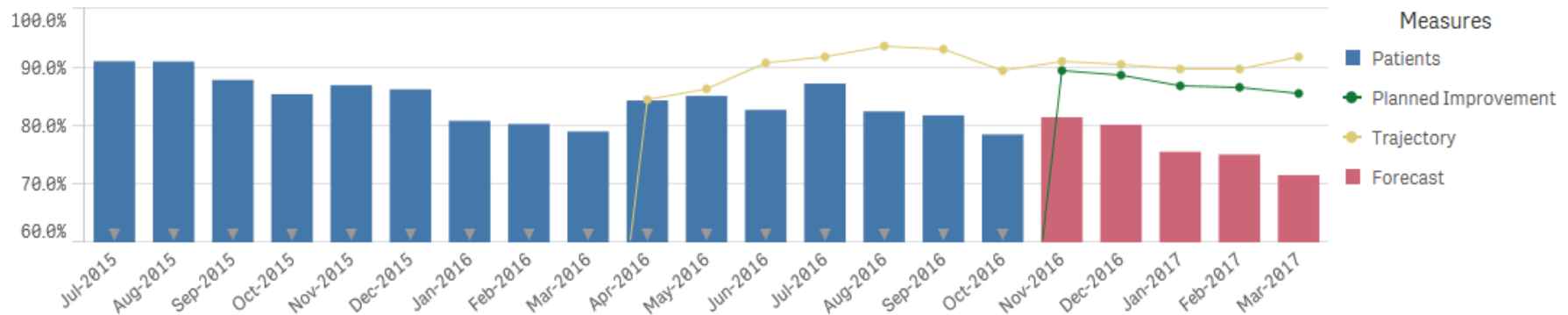
A&E 4-12 hr

882 Δ 613
Previous Month



Performance Trend

AE 4hr Performance



The graph above shows the A/E performance continuing to not achieve and consistently underperform on both the original TDA trajectory and the revised trajectory

A&E Performance Analysis

Factors influencing performance

	Apr	May	Jun	Jul	Aug	Sept	Oct
Planned Trajectory Attendances	11851	12003	11306	11475	10960	10727	10753
Actual Performance Attendances	11602	12654	12126	12799	11843	11505	12071
Variance	-249	651	820	1324	883	778	1318

The total number of attendances has exceeded the agreed TDA attendance each month apart from April where there were 249 less attendances than trajectory this was the last month the Trust achieved the TDA trajectory. October was 1318 attendances above the agreed trajectory

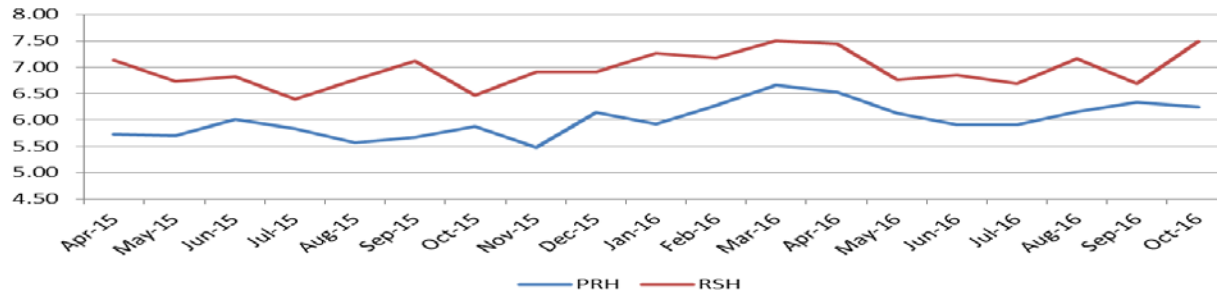
Internal Schemes	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Totals
Scheme 1 -Ringfencing 4 cubicles on PRH to avoid 4 hr 16 - 5hr breaches	140	140	140	140	140	140	140	140	140	140	140	140	1680
Scheme 2 - Deemed effect of SAFER on number of Breaches	20	33	41	66	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
External Schemes	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
Malling Triage at PRH (new service)	450	465	450	620	620	600	620	600	620	620	560	620	6845
Total Breaches saved	650	678	671	866	876	910	1033	1014	1093	1156	1131	1227	11306

The above table shows the schemes that were designed to reduce the number of A/E breaches. The top three schemes were internal schemes and the final scheme being an external scheme. For October the four schemes should have saved 1033 breaches to achieve the TDA trajectory. The internal schemes have not delivered the breach savings that were envisaged at the start of the year and the external scheme was discontinued in May. In October the Trust failed the TDA target by 1301 breaches

A&E Performance Analysis

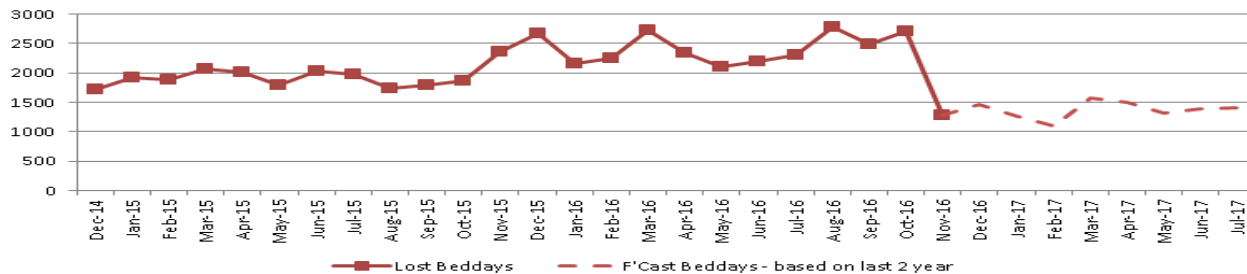
Factors influencing performance

Average Length of Stay of Non Elective Patient split by site (exc 0 LOS)



Average LOS excluding zero LOS patients shows the usual seasonal variation. The LOS however from July onwards to the end of October shows a higher LOS than the previous year. RSH has already reached the levels seen in February & March which usually are the months with the longest length of stay. October is running at one day longer than the previous October

Total MFFD
Lost Beddays



The average lost bed days per month at SaTH is up +25.54% in the 1st six months of 2016/17 when compared with the same period last year.

The average no. of patients of the MFFD list per month at SaTH is up just +1.85% in the 1st six months of 2016/17 when compared with the same period last year.

Discharge Month	Patients	Lost Beddays	Avg Days on List	Avg Patients per week
Nov-15	379	2349	6	95
Dec-15	428	2662	6	107
Jan-16	419	2158	5	105
Feb-16	399	2254	6	100
Mar-16	447	2715	6	112
Apr-16	434	2338	5	109
May-16	373	2093	6	93
Jun-16	393	2202	6	98
Jul-16	352	2304	7	88
Aug-16	394	2786	7	99
Sep-16	366	2491	7	92
Oct-16	384	2703	7	96
Nov-16	272	1272	5	68

Both the increase in LOS and increased MFFD influence the ability to move patients in a timely manner from the ED

- Note November 16 is a partial month up to 20 /11/16

A&E Projected Performance

	Admitted		Non - Admitted		Total			Trust % with Walk-In	TDA Plan	TDA Planne d Breaches	Actual Breaches	Reduction in breaches to hit Monthly TDA Trajectory
	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%	83.89%	1909	1852	Passed by 17 breaches
May-16	49.02%	56.03%	93.43%	86.67%	83.68%	80.17%	81.94%	84.81%	85.79%	1706	1922	Failed by 124 breaches
Jun-16	27.66%	61.19%	88.55%	88.46%	75.21%	82.93%	79.09%	82.42%	90.27%	1100	2132	Failed by 952 breaches
Jul-16	57.16%	65.69%	93.85%	87.58%	86.28%	83.06%	84.68%	86.93%	91.29%	999	1673	Failed by 558 breaches
Aug-16	32.22%	61.78%	87.81%	88.09%	75.96%	82.72%	79.29%	82.16%	93.04%	763	2113	Failed by 1289 breaches
Sep-16	29.37%	59.16%	89.28%	85.89%	76.92%	80.52%	78.72%	81.48%	92.54%	800	2131	Failed by 1273 breaches
Oct-16	30.01%	47.15%	86.85%	82.87%	74.24%	75.17%	74.71%	78.21%	88.99%	1184	2630	Failed by 1301 breaches
Nov-16	32.53%	64.10%	91.12%	84.67%	76.23%	79.82%	78.07%	81.16%	90.47%	1024		1057
Dec-16	30.00%	55.41%	89.17%	86.53%	73.86%	79.19%	76.54%	79.88%	89.99%	1096		1138
Jan-17	26.68%	42.98%	88.13%	78.68%	72.88%	69.66%	71.27%	75.26%	89.05%	1196		1593
Feb-17	16.85%	42.83%	85.93%	80.69%	70.08%	71.15%	70.62%	74.79%	89.14%	1142		1507
Mar-17	16.27%	33.04%	82.91%	75.60%	68.40%	65.59%	67.01%	71.23%	91.21%	978		2499
Totals	31.80%	53.63%	89.03%	84.65%	76.08%	77.78%	76.93%	80.25%	89.58%	13897	14453	
	42.63%		86.82%		76.93%							

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

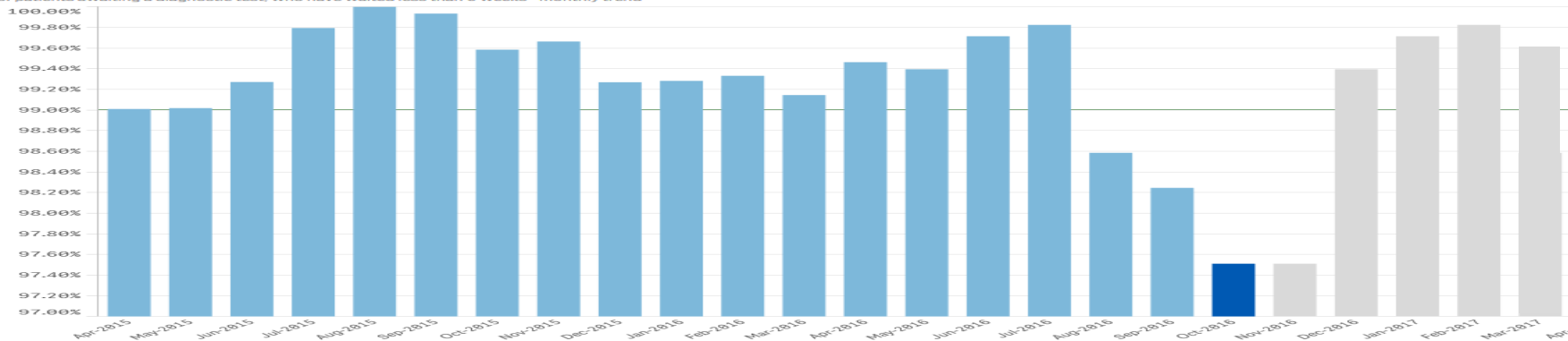
The projection shows the year end performance for admitted patients of 42.63% and non admitted patients of 86.82%. There are significant differences between RSH admitted performance at 31.80% and PRH at 53.63% the differences are less pronounced between the sites when reviewing non-admitted performance. There were 2630 breaches for October the trust would have to halve this figure to achieve the agreed TDA target.

Diagnostic Waiting Times – October 2016

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

% waited under 6 weeks
97.51% ▲ -0.74%
 Previous Month Difference

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

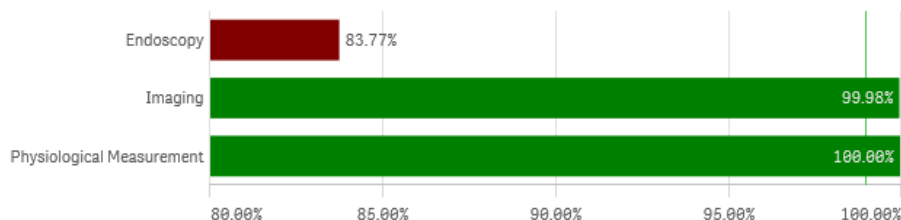


Endoscopy October Performance

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

% waited under 6 weeks
83.77% ▲ -2.61%
 Previous Month Difference

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



Reduced Endoscopy is the reason for overall failure for the months August 2016 to November 2016. Endoscopy has a recovery plan in place to deliver extra activity which will bring performance back on track in the new year

Finance



Proud To **Care**
Make It **Happen**
We Value **Respect**
Together We **Achieve**

The position at Month 7

	Financial Plan	April –Oct Plan	April – Oct Actual	Variance
	£000s	£000s	£000s	£000s
Income	341,986	200,694	199,893	-801
Pay	-225,302	-131,435	-135,658	-4,223
Non-pay and Reserves	-107,261	-62,307	-61,730	577
Total expenditure	-332,563	-193,742	-197,388	-3,646
EBITDA	9,423	6,952	2,505	-4,447
Finance Costs	-15,323	-8,324	-8,161	163
Surplus/(deficit) before Phased Spend	-5,900	-1,372	-5,656	-4,284
Phased spend adjustment		-4,261	-852	3,409
Plan as described in NHSI Financial Template		-5,633	-6,508	-875

- Trust has recorded a deficit of £5.656 million at the end of the October 2016
- The deficit does not assume penalties for undelivery of RTT and A & E performance trajectories – application would increase the deficit by a further £787,500.
- The October position, when compared with a re-phased budget, is showing an adverse variance of £4.284 million.
- The Trust had originally set a plan with NHSI with a month 7 deficit of £5.633 million. The Trust has committed to taking actions to address the adverse variance and in doing so retain STF Funds.

Revised Forecast Outturn

Forecast Outturn	Approved plan	Revised forecast	Movement
Forecast Outturn	-12333	-12333	0
Recover Winter Funds	1470	0	1470
Capitalise revenue costs	600	600	0
	-10263	-11733	1470
Additional Winter funds - £1.7	-217	-217	0
Additional overspend - Oct		-483	483
	-10480	-12433	1953
Finance cost savings		17	-17
Savings identified	2895	1680	1215
Revised Forecast Outturn	-7585	-10736	3151
Agreed Control Total	-5900	-5900	0
Existing Gap	-1685	-4836	3151

- Board Development Session 27th October 2016 sanctioned winter pressure spending of £1.7 million and had been presented with savings opportunities amounting to £2.895 million. A residual £1.685 million needed to be identified in order to achieve the agreed control total for the 2016/17 year.
- Delivery of the £5.9 million control total required the receipt of winter funding from Shropshire CCG amounting to £1.47 million. The CCG has indicated that they will not be releasing winter funding in this year.
- Validation of the savings identified (and presented to the Board) now amount to £1.68 million and represents a shortfall of £1.215 million.
- In order to achieve the control total the Trust therefore needs to identify further savings amounting to £4.836 million. Further work has been undertaken with the care groups to establish such savings. The results of this work is to be computed.
- The Trust has notified NHSI that its projected deficit for the year will be £7.4 million in recognition of the absence of winter funding support. The expectation of NHSI remains that the Trust will deliver to its control total.

Revised Forecast Position

- Deficit – Revised forecast is – deficit - £10.736 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	27,532	29,409	28,650	28,762	28,918	28,646	29,630	28,491	28,567	28,415	28,789	343,783
Pay	(19,233)	(19,176)	(19,476)	(19,168)	(19,551)	(19,582)	(19,466)	(19,885)	(19,624)	(19,729)	(19,685)	(19,750)	(234,323)
Non-Pay (Incl Reserves)	(8,222)	(8,415)	(8,898)	(8,956)	(8,844)	(9,312)	(9,090)	(8,820)	(8,927)	(8,872)	(8,887)	(8,846)	(106,091)
Total Expenditure	(27,454)	(27,591)	(28,374)	(28,124)	(28,395)	(28,893)	(28,555)	(28,706)	(28,551)	(28,601)	(28,572)	(28,596)	(340,414)
EBITDA	520	(59)	1,036	525	367	25	91	924	(60)	(34)	(157)	193	3,370
Finance Costs	(1,123)	(1,200)	(1,166)	(1,150)	(1,176)	(1,175)	(1,172)	(1,189)	(1,189)	(1,189)	(1,189)	(1,189)	(14,106)
Surplus/(Deficit)	(603)	(1,258)	(130)	(625)	(809)	(1,150)	(1,081)	(265)	(1,249)	(1,223)	(1,346)	(996)	(10,736)
Cumulative	(603)	(1,861)	(1,992)	(2,616)	(3,425)	(4,576)	(5,657)	(5,922)	(7,171)	(8,394)	(9,741)	(10,736)	

Position assumes:

- £1.7 million additional spending to support winter pressures over the remaining months of the year.
- £1.47 million funding from Shropshire CCG which is presently in dispute, is not received by the Trust
- £1.6 million – readmissions Income loss following the recent arbitration decision.
- Care Groups deliver identified savings amounting to £1.68 million in the remaining five months of the year.
- The deficit of £10.736 million does not allow for further losses associated with CQUIN (£550,000) or financial penalties arising from a failure to achieve performance targets (£2.3 million).

Why are we going to be in this position?

Spending by care group

- Deficit per month increases from £808,000 to £1.06 million per month.
- Pay spending increases by £356,000 per month and Non Pay by £59,000.
- Winter Pressures – increases spending by £1.7 million from month 7 onwards.
- To achieve the control total further savings amounting to £4.836 million need to be identified equivalent to a monthly run rate reduction of £960,000.
- To achieve a £7.4 million deficit (as notified to NHSI) savings of £3.336 million are required (£670,000 per month).

Care Group	Income/Pay/Non Pay	mths 1-7 £000s	Mths 8-12 £000s	Var £000s
Income	Income	28556	28778	222
Income Total		28556	28778	222
Scheduled Care	Pay	-6781	-6770	11
	Non-Pay	-1821	-1707	115
Scheduled Care Total		-8602	-8476	126
Unscheduled Care	Pay	-4647	-4843	-197
	Non-Pay	-915	-959	-45
Unscheduled Care Total		-5561	-5803	-241
Women & Childrens	Pay	-2720	-2764	-43
	Non-Pay	-402	-411	-9
Women & Childrens Total		-3122	-3175	-52
Support (Excluding HCD)	Pay	-2587	-2660	-74
	Non-Pay	-581	-607	-26
Support (Excluding HCD) Total		-3167	-3267	-100
HCD	Pay	0	0	0
	Non-Pay	-2191	-2191	1
HCD Total		-2191	-2191	1
Estates	Pay	-258	-277	-19
	Non-Pay	-828	-912	-84
Estates Total		-1086	-1189	-103
Facilities	Pay	-692	-688	4
	Non-Pay	-311	-312	0
Facilities Total		-1003	-1000	3
Finance	Pay	-567	-587	-20
	Non-Pay	-1473	-1485	-12
Finance Total		-2041	-2072	-31
Other Corporate	Pay	-1128	-1146	-18
	Non-Pay	-289	-287	2
Other Corporate Total		-1416	-1433	-16
Finance Costs	Finance Costs	-1166	-1189	-23
Finance Costs Total		-1166	-1189	-23
Reserves	Reserves	-8	0	8
Finance Costs Total		-8	0	8
	Income	28556	28778	222
	Pay	-19379	-19735	-356
	Non-Pay	-8812	-8871	-59
	Reserves	-8	0	8
	Finance Costs	-1166	-1189	-23
Surplus/(Deficit)		-808	-1016	-208

Estimated CIP Delivery

- Delivery of revised CIP Programme

CIP Programme	Budget	Budget adjust		Recovery actions	Revised Target	Mth 6 adjustme	Expected position	Savings mth 8 - 12	Revised Target	Identified	Shortfall	Risk Rating
Procurement	2000		2000		2000	-300	1700		1700	1700		
Unavailability improvement	1300	-1198	102	1200	1302	-1302	0		0	0	0	
Cease enhanced bank rate				400	400	-400	0		0	0	0	
Waiting List Initiative Payment	400	-186	214		214	-77	137		137	137	0	
Pharmacy gain share	300		300		300	0	300	0	300	300	0	
Scheduled Care Group	2300	-1440	860		860	-610	250	1126	1376	852	-524	
Unscheduled Care group	1240	-1000	240		240	-140	100	1118	1218	717	-501	
Womens and Children	950		950		950	-350	600	239	839	686	-153	
Support Services	200		200		200	93	293	413	706	668	-38	
Corporate services	302		302		302	458	760	87	847	760	-87	
Non Clinical Temporary posts				500	500	-300	200		200	200	0	
Agency Cap	3250	-1726	1524		1524	0	1524		1524	1524	0	
Tier 5 Agency usage				800	800	-800	0		0	0	0	
Scheduled Care Anaesthetic sav	789		789		789	-450	339		339	339	0	
Non Pay controls				1000	1000	-750	250		250	250	0	
Finnace costs		1400	1400		1400	0	1400		1400	1417	17	
To be identified								1597	1597		-1597	
capitalise revenue costs								600	600	600	0	
Total	13031	-4150	8881	3900	12781	-4928	7853	5180	13033	10150	-2883	
Additional savings required to cover												
Winter funding shortfall									1470		-1470	
October deficit									483		-483	
Total savings required - November									14986	10150	-4836	

- Programme adjusted to reflect Recovery Plan as presented at Board Development session 27th October 2016.
- Savings as presented at the Board Development session 27th October 2016 are short of the required level by £2.883 million.
- Lack of winter funding combined with October deficit have increased the scale of shortfall to £4.836 million.

Scale of identified Recovery Plan actions

	Forecast	Forecast per month	Required per month	Required wte reduction	Forecast wte reduction	Variance
Pay		£000's	£000's	WTE	WTE	WTE
Medical Staff	159	32	314	19.16	1.94	-17.22
Nursing	497	99	376	92.05	24.33	-67.72
Other clinical	324	65	38	10.48	18.07	7.59
Non clinical	264	53	73	28.94	21.00	-7.94
Total Pay	1244	249	800	150.63	65.35	-85.28
Non Pay	436	87	400			

- Total forecast savings £1.244 million pay and £436,000 non pay over the period November 2016 to March 2017.
- The required level of savings is £4.0 million pay and £2.0 million non pay.
- The forecast level of monthly pay savings is £249,000 per month, equivalent to 65 wte. This is 85 wte below the required level. The under achievement relates to medical staff and nursing staff.
- The forecast level of non pay savings is £87,000 per month as compared with a required £400,000 per month.
- Care groups presently working to identify further opportunities to reduce gap.

Workforce



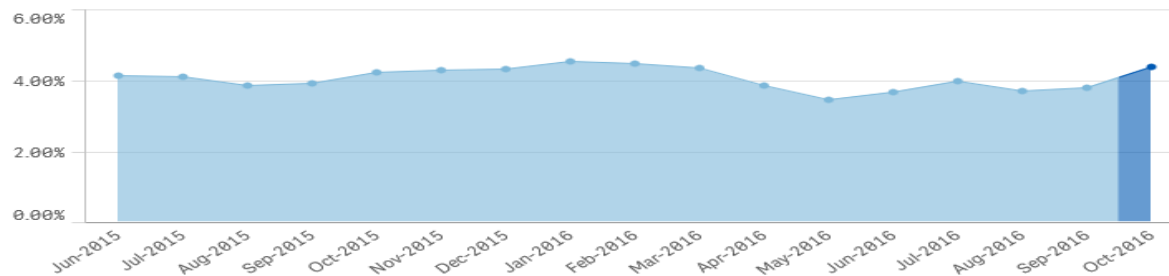
Proud To **Care**
Make It **Happen**
We Value **Respect**
Together We **Achieve**

Workforce

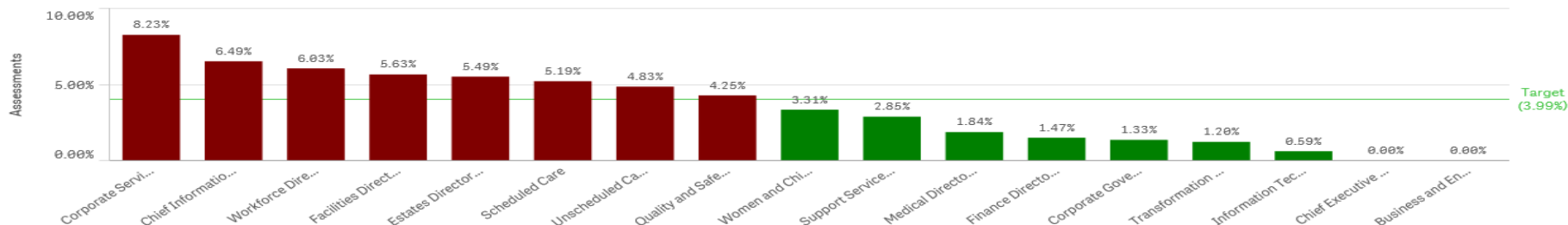
Workforce Sickness

Absent FTE
4.35% ▲ **0.58%**
 Previous Month Difference

% FTE Absent - Monthly Trend



% FTE Attended by Directorate



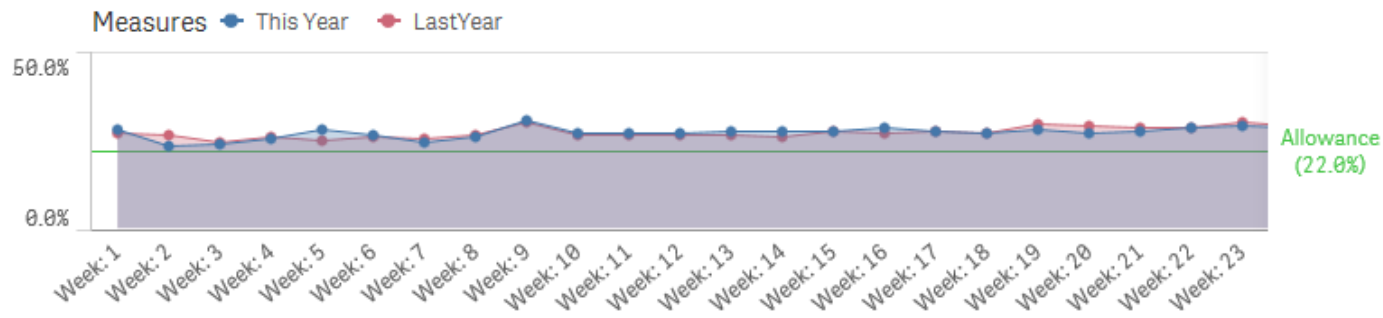
Training & Appraisals

Centre/Specialty	Indicator	Plan	Actual
Corporate	Appraisals	100%	82%
Corporate	Statutory Training	80%	73%
Scheduled Care	Appraisals	80%	89%
Scheduled Care	Statutory Training	80%	82%
Unscheduled Care	Appraisals	80%	80%
Unscheduled Care	Statutory Training	80%	76%
Women and Children	Appraisals	80%	84%
Women and Children	Statutory Training	80%	Unavailable
Support Services	Appraisals	100%	90%

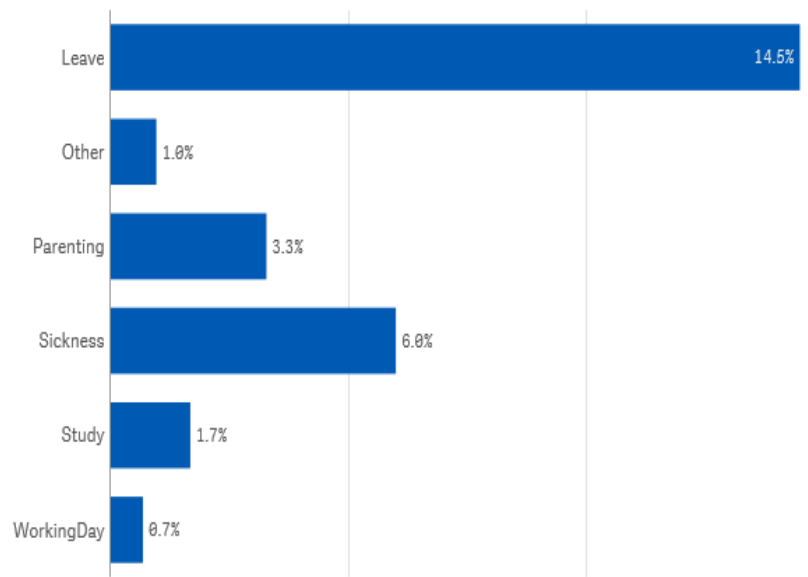
Nursing Unavailability 16/17

Scheduled Care

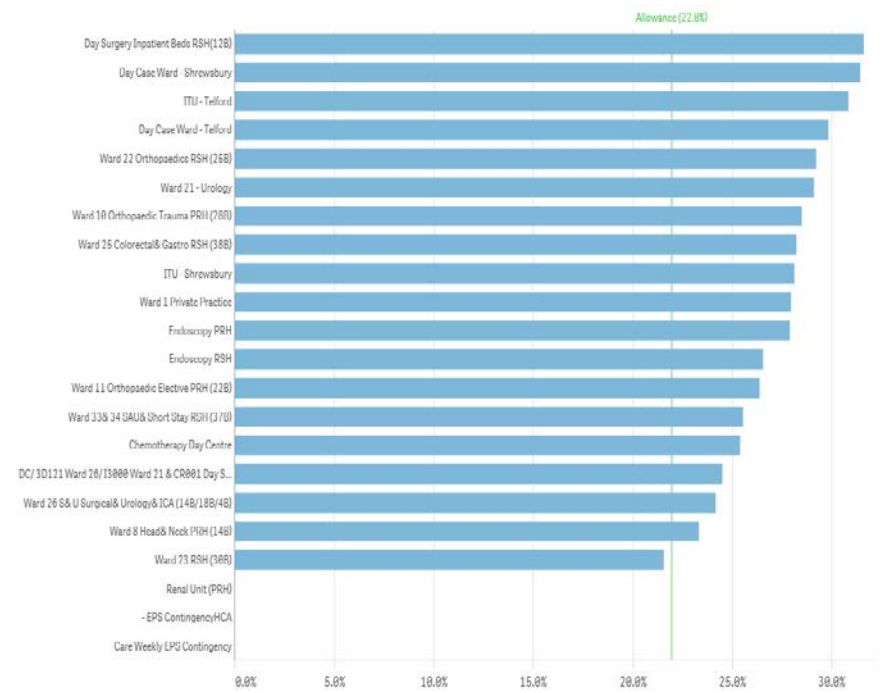
27.22%▲



Breakdown of Total Unavailability %



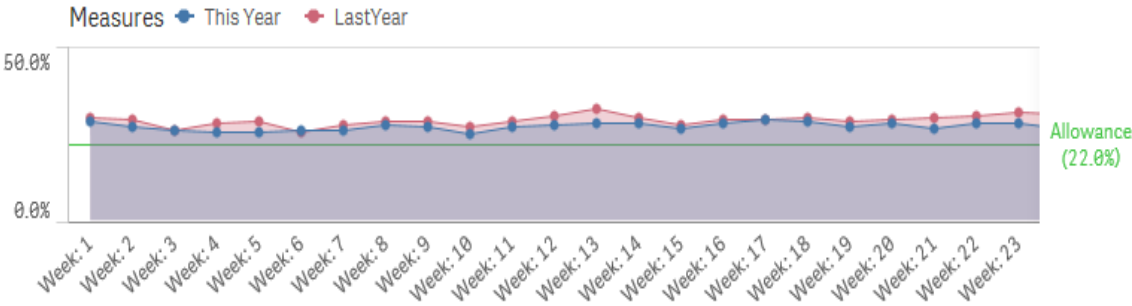
Split by Ward



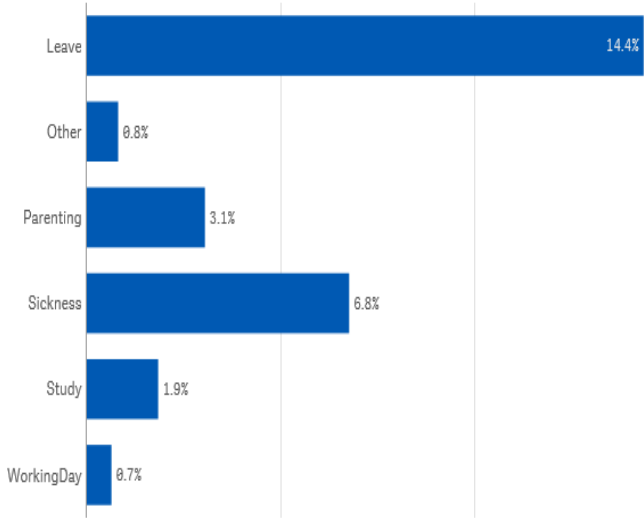
Nursing Unavailability 16/17

Unscheduled Care

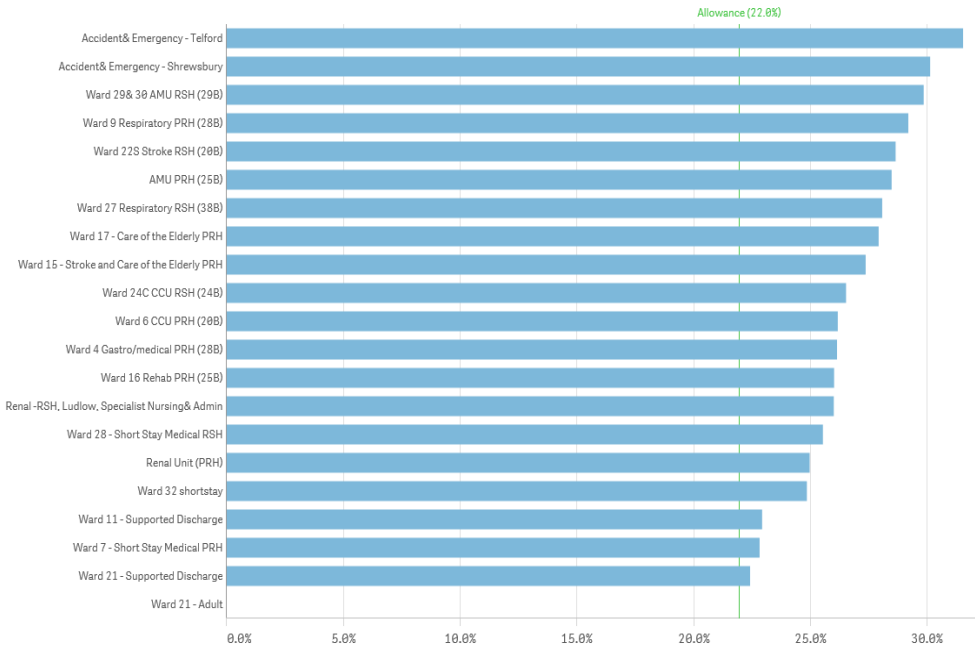
27.61%▲



Breakdown of Total Unavailability %



Split by Ward



Quality and Safety



Proud To **Care**
Make It **Happen**
We Value **Respect**
Together We **Achieve**

Quality and Safety

	Measure	16/1 Annual Target 7	Monthly Target 16/17	YTD 2016/17	May	June	July	August	September	Year end 2015/16
Patient Safety	Risk Adjusted Mortality Index (RAMI)	SaTH < NP	SaTH < NP		85	80	82	86	86	84/87
	RIDDOR/SI Reportable Falls	29	2	4	1	1	1	0	0	35
	Grade 4 Avoidable Pressure Ulcers	0	0	0	0	0	0	0	1	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	0	1	1	1	0	9
	Grade 3 Unavoidable Pressure Ulcers	N/A	N/A	4	1	0	0	1	0	15
	Grade 2 Avoidable Pressure Ulcers	22	1	13	1	1	4	2	1	32
	Grade 2 Unavoidable Pressure Ulcers	N/A	N/A	44	7	11	11	8	2	128
	Grade 2 Unknown (avoidable vs. unavoidable)	N/A	N/A	44	3	3	2	11	23	1
	C. Difficile Infections	25	2	7	3	3	0	1	3	30
	MRSA Bacteraemia Infections	0	0	0	0	0	0	1	0	1
	MSSA Bacteraemia Infections (HCAI only)	N/A	N/A	3	1	1	0	0	1	18
	E. coli Bacteraemia Infections (HCAI only)	N/A	N/A	6	0	3	2	7	0	29
	MRSA Screening – Elective	95%	95%	95.40%	95.30%	95.10%	95.10%	95.20%	95.10%	96.60%
	MRSA Screening – Non-Elective	95%	95%	93.80%	94.60%	93.10%	93.40%	95.10%	93.90%	96.00%
	Number of Serious Incidents	N/A	N/A	44	4	10	6	6	5	58
	Never Events	0	0	1	0	0	0	1	0	2
	Safety Thermometer – Harm Free %	N/A	N/A	92.90%	93%	93%	96%	93.66%	93.56%	N/A
	Safety Thermometer – New Harms%	N/A	N/A	96.80%	98%	96%	99%	98.25%	97.81%	N/A
	WHO Safe Surgery Checklist	100%	100%	100%	100%	100%	100%	100%	100%	99.90%
	VTE Assessment	95%	95%	95.30%	95.30%	95.50%	95.80%	95.55%	TBC	95.60%
Patient Experience	Maternity Dashboard	Green	Green		A	A	A	A	A	N/A
	Ward to Board – Nursing Performance Score	95%	95%	96%	95%	96%	96%	96%	96%	96%
	Number of Complaints	N/A	N/A	183	24	32	31	41	24	317
	Same Sex Accommodation	0	0	8	0	8	0	0	0	0
	ITU Patient Discharge delays > 12hrs	N/A*	N/A*	126	19	44	19	25	32	201*
	Friends and Family Response Rate	NA	NA	15%	14.30%	15.30%	21.60%	30.70%	26.50%	21.68%
	Friends and Family Test Score	75%	75%	96%	95.70%	98.10%	96.50%	95.85	96.20%	96.47%
	Ward to Board – Patient Experience Score	95%	95%	86%	86%	81%	87%	88%	87%	87%

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

SUSTAINABILITY COMMITTEE

29th November 2016

Operating Plan – Progress Report Month 07 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 Month 7, October 2016. Performance against the 62 day cancer standard is for September 2016, as this is reported a month in arrears and is the validated position.

2. Methodology

The table below details performance for October using the agreed rating 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. Within the Care Groups, this responsibility sits with the Care Group Directors and Care Group Boards. At the Trust-level this is via a Validation Panel comprising:

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

3. Position at the end of October

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 October and remain into November; especially in the Scheduled and Unscheduled Care Groups. It is envisaged this pressure will continue throughout the winter months with increased demand being placed upon the care and services delivered by the Trust.

Performance against the monthly trajectories agreed with NHSI:

- RTT access target – performance of 89.20% against a required trajectory of 92%;
- 4 hour Accident and Emergency waiting time access targets 78.24% against a required trajectory of 95%.

The Trust again met its performance targets against cancer waiting times for September, although concerns about the sustainability of this level of performance remain.

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 7 - October	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 assessment						✓
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						✖
TCPS 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

The focus and actions taken have led to some improvement in the recorded delivery of the performance targets identified in the Operational Plan for Scheduled Care. Performance improvement has been achieved in RTT for some specialties and cancer waiting times. However, based on current performance and future RTT projections challenges remain within oral surgery (79.23%) and trauma and orthopaedics (73.31%).

Whilst the Care Group delivered the 2 week wait, 31 day and 62 day cancer waiting targets, the sustainability of this performance is potentially an issue due to concerns over performance in endoscopy. Insourcing capacity is being considered as a viable option with a project plan to be drawn up if viable. Diagnostic waiting time for Endoscopy has also dropped to a 7 month low of 87.7% compared to last month's 86% performance against a target of 99%.

Theatre utilisation continues to be an issue with utilisation for October at 77% against a target performance of 85%, a reduction of 2% from September. Theatre utilisation meetings have focussed on developing an action plan to address this, with weekly assurance meetings in place to enable proactive monitoring. The Assistant Chief Operating Officer has met with theatre teams to discuss governance arrangements and processes to inform the rectification plans

All IT service development projects for the care group are on target.

The Care Group continues to be challenged with addressing its workforce issues. Performance is behind plan against medical fragility (particularly at consultant level in ENT, Ophthalmology and Gastroenterology and middle grade risks in Surgery, Head and Neck and Ophthalmology), Nursing workforce and other clinical workforce. Sickness rate improvement has slight variances to plan. Improvements against target (80%) for Appraisals and Training have been achieved, 89% and 82% respectively.

Nurse staffing remains a concern with only one of the wards delivering within 0.5% of the 24% staff unavailability target. The Care Group average performance is 27.45% which represents an improvement from September. The fill rate has improved slightly with an overall performance of 95.3% against a 95% fill rate target. However there is a huge variance between wards with a high of 196.4% and a low of 76.5%; work is underway to understand variance across areas. Delivery of the agency cap is also a concern especially within Gastroenterology, Vascular and Ophthalmology.

At the end of October, against the agreed control total the Scheduled Care Group has an adverse year to date variance of £2,724k and in month adverse variance of £162k. The main reasons for this variance are increased escalation costs for the Day Surgery Unit and 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 £4,135k before recovery plans. Schemes have been identified which would reduce the deficit to £3,050k. Work is on-going to identify schemes to improve this position.

3.2 Unscheduled Care

RTT – non admitted continues to be a challenge particularly in Neurology (66.27%), a slight reduction in performance from September.

The 4 hour accident and emergency waiting time slipped further in October to 78.21% from September's 81.48% and against the Trust's planned target trajectory of 88.99%. Improving the A&E 4hr target is recognised as a priority within the Trust as it is essential for the Unscheduled Care Group and impacts on the whole of the organisation. Progress against plans for October remained a challenge and is receiving additional focus into

November. 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 ongoing fragility of the medical workforce and lack of clarity and uncertainty over the affordability and deliverability of the current options for the Trust's Winter Strategy. The admitted 4 hr performance target has slipped from September to 38.61% from 44.04% against an October trajectory of 66.9%.

The diagnostic waiting time trajectory was surpassed with performance at 100% against 99% planned, maintained from the previous month. Cancer 2 week wait performance declined slightly from September's 98.8% to 94% for October against a target of 93% (still above target).

Progress of other improvement schemes currently at risk of non-delivery until the Trust's position on its Winter Strategy is confirmed include the Supportive Discharge Ward and the workforce restructure of 16 WTE to HCA.

The internal ED improvement programme is not delivering a satisfactory emergency centre workforce plan. Work is currently on detailed hourly analysis to understand key constraints. In addition further clarification is being sought from CCGs in response to descriptor of AEC patients as "outpatients".

Trust projects on frailty pathways are progressing slightly behind trajectory. The team are working with Support Services and Therapies to look at options to create the elderly short stay model and to review the function of CDU/AMU for frailty to remove the pressure from ED.

Medical fragility remains a key issue with consultants at 54 against a plan of 62, SAS grade at 20 against a plan of 27 and a total of 17 vacancies across Consultants, SAS, STR3+, STR lower and FY2 and FY1. Extensive documented recruitment plans are in place with a targeted campaign identified to begin in November. Nursing workforce is reporting a shortage against plan of 66 WTEs against a plan of 783.

Agency cap delivery is off trajectory with 220 shifts being utilised above cap.

Staff unavailability and fill rate continue to represent a significant challenge to the Care Group. For RNs, unavailability for September was 27.8% and the fill rate was 93%, against targets of 24% and 95% respectively. For HCAs against the same targets, unavailability was 26.2% and the fill rate was 109%.

Staff sickness is currently above the target of 3.9% at 4.83% but below September's level of 4.96%. Appraisal rates have decreased from 85% for September to 80%, although on target against a plan of 80% and statutory training is behind plan at 76% (80%), a 2% reduction compared to September.

Against the approved financial control total the Care Group had an adverse variance in month 7 of £566k (£2,987k year to date). The forecast outturn without rectification is expected to be £68,432k, which is £5,466k above the control total. A series of rectification schemes, approved by the Executive Directors, was approved at £1.2m. The current forecast delivery of these schemes though is £450k. With this forecast corrective action, the outturn is expected to amount to £5.0m 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%.

3.3 Women and Children's

Performance within RTT for October was 75.19% for admitted and 96.61% for non-admitted. Work is still on-going with the Scheduled Care Group to increase the number of inpatient theatre sessions that are required to deliver this target.

Whilst the cancer standard within Gynaecology has been achieved there are concerns around the sustainability of this performance, 96.3% against a target of 93%.

Models of care redesign for the role of MLUs is behind plan but a briefing paper is being prepared for executives in November.

Workforce issues remain balanced with little areas for concern for both medical and nursing staff. Detailed plans are in place to ensure that this situation remains managed and an active recruitment process is in place as and when required.

Agency cap delivery is under control with just 1 shift being utilised above cap, a reduction of 1 from September's performance of 2.

Sickness is below the 3.9% target at 3.31%, up from 2.84% in September. Appraisals are above 80% target at 84%. No data was reported for statutory training for October but September's performance was just 4% below target at 76%.

The Care Group is £546k over spent for the year. Pay is over spent by £512k for the year and over spent by £35k compared with an under spend on non-pay by £5k for October. Income for the care group is £205k over plan, including income at month 7 (flex). Women and Children's Care Group is £128k better than the original forecast. The CIP target is £1,050k - there is currently a predicted £324k shortfall. A financial recovery plan of £215k has been submitted also during the month.

3.4 Support Services

The largest area for improvement within Support Services remains instigating recommendations from the Carter review. A Carter implementation group has been established and new metrics are being established to lead performance improvement. Areas of focus for Support Services include the introduction of a Pathology QA dashboard and the development of a hospital Pharmacy transformation plan. Critical analysis papers have been submitted for each area with detailed implementation plans being drafted to be complete by the end of November.

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 £870k over spent for the year to date. Pay is over spent by £573k for the year and over spent on non-pay by £297k. Income for the Care Group is £303k above plan at month 7 (flex), including direct access. Support Services month 7 position was £552k, higher than the allocated control total. Original CIP forecast to be £176k short of £800k target. A financial recovery plan of £453k has been submitted by the Care Group.

3.5 Corporate Areas

Within the Corporate areas Estates and Facilities are broadly forecast to balance. Finance non-pay position now includes provision for Architects fees, and other corporate non-pay employment tribunal costs. CIP targets are forecast to be delivered in all areas. Carter of Coles implementation plans are at the same level as Support Services (due to be drafted by end of November), following the completion of critical analysis papers.

3.6 Other Areas to Highlight

The Trust CQC action plan has been reviewed and updated with a new delivery plan and is in place.

The SAFER programme is due to be re-launched week commencing 5 December 2016 with the support of ECIP. The roll out of SAFER is heavily reliant on the medical workforce in Unscheduled Care with engagement being sought in some area.

The Transforming Care Institute and all KPO work streams are currently on plan as is the Sustainable Services Programme. All 3 reported capital programmes are on track as are all IT service development projects.

4. Conclusion

Overall, the Trust has not achieved/delivered key elements of the Operational Plan for October. This includes non-delivery/red ratings overall for:

- RTT incomplete
- 4 hour A&E target
- Diagnostic Waiting Time Target
- Bowel Screening/Endoscopy Management
- Quality and Safety Metrics
- Internal ED programme
- Winter resilience
- 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.

The projected outturn for the key performance targets/standards and the Care Group's financial position is detailed below. Without immediate mitigation and actions the Trust will be unable to recover this position and deliver the agreed Operational Plan for 2016/17.

Projected Outturn at Month 6 (Forecast Worst case before Recovery)	Scheduled Care	Unscheduled Care	W&C	Support Services		Overall	
RTT Incomplete						89.20%	
4 Hour A&E Target (Admitted)						38.61%	78.21%
4 Hour A&E Target (Non-Admitted)						84.81%	
Diagnostic Waiting Time Target						97.51%	
Cancer Waiting Time Target (62 day)						88.5%	
Finance Plan	(£4,135k)	(£5,545k)	(£53k)	(£1,736k)	(£3,008k)	(£14,477k)	

5. Plan for 2017/18 and 2018/19

Within the context of a submitted Sustainability and Transformation Plan (submitted on 21 October 2016), the Trust is required to deliver a two year Operational Plan for 2017-2019. The draft Operational Plan was submitted on 24 November with a final submission required on 23 December 2016.

Work on the development of the Operational Plan for 2017/19 and the detailed plans for Care Groups has commenced. Sustainability Committee will be updated on progress within this report each month.

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 **October 2016**.

Table 1:

	Measure	Annual Target 16/17	Monthly Target 16/17	YTD 2016/17	June	July	August	September	October	Year end 2015/16
	Risk Adjusted Mortality Index (RAMI)	SaTH < NP	SaTH < NP		80	81	85	75	112	84/87
	RIDDOR/SI Reportable Falls	29	2	4	1	1	0	0	0	35
	Grade 4 Avoidable Pressure Ulcers	0	0	1	0	0	0	1	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	6	1	1	1	0	2	9
	Grade 3 Unavoidable Pressure Ulcers	N/A	N/A	4	0	0	1	0	0	15
	Grade 2 Avoidable Pressure Ulcers	22	1	15	1	4	3	2	0	33
	Grade 2 Unavoidable Pressure Ulcers	N/A	N/A	55	12	12	11	5	0	128
	Grade 2 Unknown (avoidable vs. unavoidable)	N/A	N/A	44	2	0	6	7	29	0
	C. Difficile Infections	25	2	13	3	0	1	3	2	30
	MRSA Bacteraemia Infections	0	0	1	0	0	1	0	0	1
	MSSA Bacteraemia Infections (HCAI only)	N/A	N/A	5	1	0	0	1	1	18
	E. coli Bacteraemia Infections (HCAI only)	N/A	N/A	19	3	2	7	0	6	29
	MRSA Screening – Elective	95%	95%	95.4%	95.1%	95.1%	95.2%	95.1%	95.8%	96.6%
	MRSA Screening – Non-Elective	95%	95%	94.0%	93.1%	93.4%	95.1%	93.9%	94.2%	96.0%
	Number of Serious Incidents	N/A	N/A	52	10	6	6	5	8	58
	Never Events	0	0	4	0	0	1	0	3	2
	Safety Thermometer – Harm Free %	N/A	N/A	92.9%	93.13%	95.94%	93.66%	93.56%	94.9%	N/A
	Safety Thermometer – New Harms%	N/A	N/A	96.8%	96.91%	98.88%	98.25%	97.81%	98.58%	N/A
	WHO Safe Surgery Checklist	100%	100%	100%	100%	100%	100%	100%	100%	99.9%
	VTE Assessment	95%	95%	95.3%	95.5%	95.8%	95.55%	95.74%	TBC	95.6%
	Maternity Dashboard	Green	Green		A	A	A	A	A	N/A
	Nursing Performance Score – Exemplar Self-Assessment	90%	90%	87.9%					87.9%	96%
Patient Safety										
	Number of Complaints	N/A	N/A	183	32	31	41	24	37	317
	Same Sex Accommodation	0	0	8	8	0	0	0	0	0
	ITU Patient Discharge delays>12hrs	N/A*	N/A*	126	44	19	25	32	27	201*
	Friends and Family Response Rate	NA	NA	15%	15.3%	21.6%	30.7%	26.5%	20%	21.68%
	Friends and Family Test Score	75%	75%	96%	98.1%	96.5%	95.85	96.2%	95.8%	96.47%
	Patient Experience Score – Exemplar Self-Assessment	90%	90%	89.1%					89.1%	87%
Patient Experience										

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

2. REGULATION 28

There were no Regulation 28 reports issued to the Trust during the duration of this report.

3. SAFEGUARDING – ADULTS & CHILDREN

There were 5 adult safeguarding concerns made towards the Trust during October, which are 2 more than last month. 3 of the concerns related to discharge planning, 1 related to a pressure ulcer and 1 related to care. All of the concerns are under investigation.

There were 4 children's safeguarding concerns raised by Trust staff during October; which is 2 less than last month. 1 of the alerts related to a child resident in Telford and 3 related to Shropshire children. 3 of the alerts included a referral to social services under Section 47 of the Children Act. The themes identified were in relation to neglect, deliberate self-harm and physical abuse.

During October 42 paediatric bed days were used for children and young people who required input from child and adolescent mental health services; this is 14 days more than the previous month. The key themes for admission were over dose and self-harm. Two of the children admitted were aged 16-18 years.

4. SERIOUS INCIDENTS (SI)

There were 8 SIs reported during September (Appendix 1)

- 3 - Never Event – retained gauze, 2 retained foreign object (guide-wire)
- 2 - Grade 3 pressure ulcer
- 1 - OPD ophthalmology delay
- 1 - suboptimal care
- 1 - surgical complication

There were 3 Never events reported in October; one retained ribbon gauze and 2 retained guidewires. The RCA meeting for the retained ribbon gauze has been undertaken and the RCA is being written. The guide-wire never event RCAs are being co-ordinated. Guidewires' as never events is more challenging as they currently do not require a 2 person check. The first reported event related to a retained piece of guidewire following a urology procedure where it appears a piece of a long length of guidewire broke away from the main wire. The introducing wire does not have a different coloured tip therefore it was not obvious that a piece was missing against a long wire. The second guidewire never event relates to a femoral line insertion. The line was not used and after 18 hours removal was requested, it was at this point that it was noted that the guidewire was still within the line.

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 small sub-dural bleed which occurred identified during October 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 below provides the details.

Table 2a

Falls	
Location injury	Rationale for not reporting
Small subdural bleed	Does not meet the definition of SI by severity of harm or act/omission, patient was assessed appropriately and relevant risk reduction strategies in place. Review in progress. Not RIDDOR reportable

Incident Reporting Status

Table 3 below shows that there are 23 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 8 require removal following evidence found that they did not meet the criteria of an SI.

Table 3: Incident Status at 14/11/2016

	New Incidents for October 2016	6
	Incidents being investigated	24
	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 October 2016; this open action plan is aligned with unscheduled care. There are 16 RCAs action plans out of date for 2015/16 with none closed since last month's report. There are 18 RCAs action plans out of date for 2016/17, with none 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 9 RCAs have been finalised since the last report. A short summary of those investigations can be found below, with details of learning;

Sub-optimal Care: 75 year old lady with a cardiac history, but recent reassuring EHCO was admitted with chest pain. An ECG was performed which demonstrated a 1mm ST elevation in V4/V5, discussed with Stoke, who advised with a 1mm elevation the patient could remain at SaTH but if other changes for further discussion. Consecutive ECGs performed every 30 minutes, no changes to ECG – Stoke were called again as the lady remained in pain, but their advice was unchanged. There was a delay in transferring the patient to the cardiology ward as planned. During her admission her overall condition deteriorated and within 20 hours of admission she suffered a cardiac arrest and died. Cause of death was identified as untreated cardiogenic shock. In the investigation, the contributory factors in this case centred around communication concerns with Stoke and lack of escalation to the Consultant. As Stoke were giving advice, this offered false reassurance (alongside her previous history and tests), therefore escalation to the Consultant on call was not deemed essential. Processes have been initiated to ensure that if a tertiary referral centre declines to take the patient then the Consultant on call must be informed.

Unexpected death (baby): Planned home birth, initially all seemed well but overnight mother called MLU as concerned with baby not feeding. Advice given with follow up in the morning, although there is divergence in recollection and recording of contacts postnatally between midwifery services and the family. The baby collapsed at 11:34 and father commenced resuscitation and an ambulance was called. The baby was admitted to ED and resuscitation continued, while ROSC was attained for a short period of time the baby died at 16:09. A lumbar puncture performed whilst in ED revealed that the baby had Group B haemolytic streptococcus meningitis. While several incidental findings were identified during investigation which are being managed, the main findings related to the triage system and the divergence of accounts. The service is considering all options in relation to telephone triage including benchmarking with other Trusts in order to identify the best and safest option which will be looked at for feasibility for implementation..

Unexpected admission to NNU: Attended WMLU on 19/8/15 at 39+3 wks and transferred to CU for delay 1st stage of labour at 20:20hrs. CTG commenced at 20:33hrs - FH at 65bpm. VE performed by Tier 2 FH remained below 100bpm and cat 1 LSCS called at 20:38. Patient transferred to theatre 9 arrived in theatre at 20:43, live male born by Cat 1 EMCS at 20:53. Baby Apgar's = 1 at 1 min, 3 at 5 min, 3 at 10 min. Admission to Neonatal Unit, ventilated and cooled. Transferred to New Cross Hospital, decision made to withdraw care and passed away on 23.08.15. Initial findings suggested that there had been no omissions in care, but subsequent deeper analysis, supported by external expert findings, that there were failings to reclassify the mother as a high risk case and 2 episodes of failure to auscultate the fetal heart rate at critical times. Policies and guidelines have been updated, and the process of raising awareness and monitoring compliance has been implemented.

MRSA bacteraemia: Patient admitted from home on to ED 10.08.16 and transferred to CDU, following collapse at home due to alcohol withdrawal, reduced mobility, alcohol dependency. Past medical history: diabetes, falls, hypertension, alcohol dependency, history of MRSA. Last recent positive 07.07.16; nose screen. Screening on admission confirmed that the patient was still colonised with MRSA. Cannulated in ED, but there was no documentation to support correct protocol for insertion date and time or on-going

monitoring of VIP scores. RCA identified that source of bacteraemia was from colonisation. Education, training and monitoring in place to ensure ED and CDU comply with Trust standards for cannula insertion and monitoring.

Grade 4 Pressure ulcer: Avoidable pressure ulcer, patient has complex health condition affecting connective tissue. Care was generally excellent, but at one point the patient was sat out in a specially ordered chair by using a hoist. The sling was accidentally left in place, the patient returned to bed within 2½ hours, but the beading of the sling had caused pressure on the patient's sacrum. A grade 2 pressure ulcer was first noted then, due to the patient's underlying condition, despite best practice with repositioning the wound deteriorated to a grade 4. It is slowly improving as the patient's condition has been stabilised. The human factors which affected the sling being left in place have been addressed by the therapy staff, and more widely the Tissue Viability guidance and manual handling training is being updated to ensure that hoist slings are not left in position for more than assessment purposes.

Unexpected neonatal death: 33 year old Primagravida, non-smoker, BMI 21, IVF pregnancy. Fibroids detected at early USS with plans for review at 34 weeks. 31+5 self-referral from home to Antenatal Triage with history of reduced fetal movements. Appropriate management of obstetric emergency and delivery of live male infant, but despite best efforts the baby died. Investigation identified; Hypoxic ischaemic encephalopathy secondary to placental abnormalities and failure to identify intrauterine growth restriction. The use of abdominal measuring and plotting did not identify intrauterine growth restriction due to the presence of large fibroids. Clear guidance and a care pathway for women with fibroids will be developed and the use of serial scans will be reviewed.

Major incident suspension of services: Shortly after the 6monthly maintenance and validation programme, the air system within the aseptic plant suffered a catastrophic breakdown that was neither preventable nor predictable (this affected preparation of chemotherapy). Contingency plans were evoked at operational level, and as a result of excellent communication, flexibility and team work by contractors, estates and all staff throughout the patient pathway, disruption to treatment and patient harm were kept to a minimum. The scale and impact of the incident was not immediately known at the time so there was a delay in notifying external stakeholders. Subsequent review has identified that no harm is the outcome of the event. What was identified as part of the investigation that; the Business Continuity Planning Policy and Strategy update must be completed and training provided on the notification processes, particularly 'when, who, how and what' to escalate an internal incident and inform external stakeholders.

Delayed diagnosis Baby noted to have distended abdomen on newborn examination. She was examined by a number of health professionals and felt to be gaseous distension. On day 3 community midwife identified a palpable mass in the records, but noted no follow-up required following discharge from PRH. The baby was referred from primary care at 26 days of age with suspected abdominal mass – confirmed on USS and baby transferred to BCH and underwent radical nephrectomy with histology confirming Wilms Tumour Stage (II). This was a highly unusual finding and extremely rare in a child so young. The surgery would have been the same had the tumour been identified earlier. The main change is thought to be a longer course of chemotherapy, then the baby would have ordinarily undergone. It is unknown what long term effects the longer term of chemotherapy will have. The key findings in relation to this incident related to the manner of communication and escalation. This is being addressed within the team and the human factors training they currently participate in.

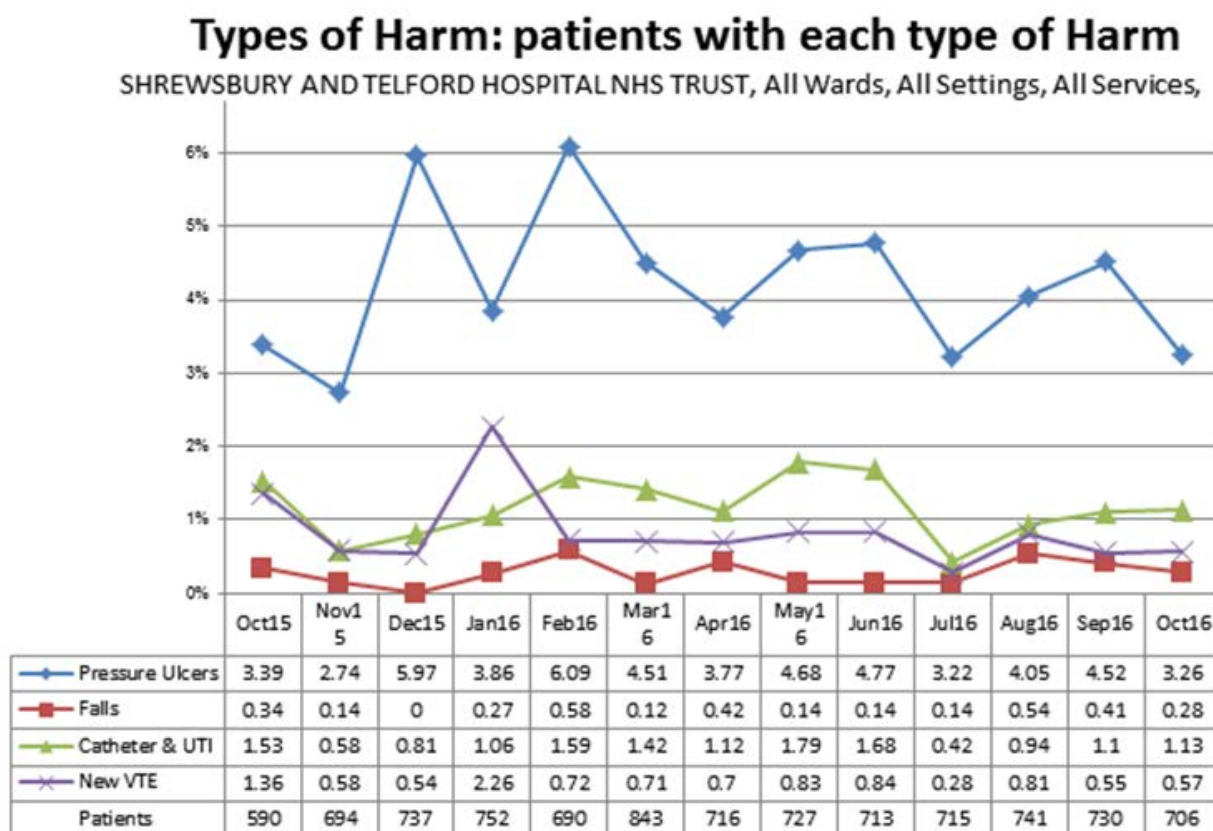
Surgical invasive procedure incident 78 year old lady who underwent an elective laparoscopic right hemicolectomy for cancer which was converted to an open procedure as the hepatic flexure was adhered to the Liver. The operation was undertaken by a Consultant Colorectal surgeon. On opening the abdomen it was identified that an injury had occurred to the superior mesenteric artery which had devascularised approximately 120cm of bowel. A Consultant colleague was called to theatre and a resection of the affected bowel was undertaken and an ileocolic anastomosis was performed. During the surgical procedure the Surgeon misidentified the anatomy and divided the blood supply of the incorrect vessels which lead to devascularisation of small bowel that was removed. The individual learning has taken place and this case will be presented to colleagues for wider learning, in relation to challenging anatomy. The patient has made a good recovery.

6. QUALITY IMPROVEMENT OVERVIEW

Measure	Annual Target 15/16	Monthly Target 15/16	YTD 2016/17	June	July	August	September	October	Year end 2015/16
MRSA Screening – Non- Elective	95%	95%	94.0%	93.1%	93.4%	95.1%	93.9%	94.2%	96.0%
Current State	We are below 95% compliance again with 145 patients missed screening overall in October, down slightly from 155 in September. SAMU missed 28 patients (35 last month), S34SAU missed 28 (24 last month), SDSU missed 16, (7 last month), SAEDU missed 10 (11 last month). All other wards missed less than 10 patients.								
Planned Actions	Wards who have missed high numbers of patients should urgently review their procedures for ensuring that patients are screened. All wards must ensure that they check the daily list sent by IT to all wards of inpatients that have not been screened.								
Key Themes/Trends	The main admission wards tend to miss the highest number of patients but wards that receive few direct admissions miss the highest percentage								

7. SAFETY THERMOMETER (ST)

The table below 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.



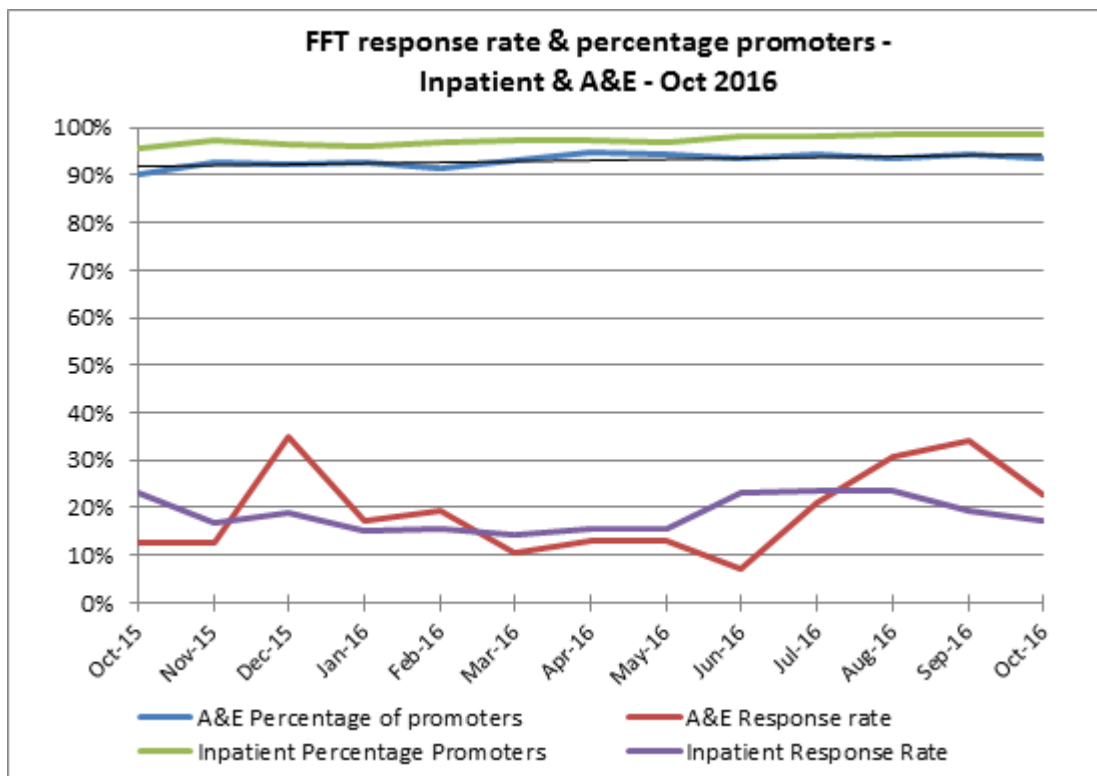
8. FRIENDS AND FAMILY TEST (FFT) September 2016

During October, the overall Trust response rate declined slightly, now standing at 20%. A & E response rate continues to exceed that for inpatients, at 22.8%, with 93.6% of these patients being “promoters”.

The overall percentage of promoters (patients who are “extremely likely” or “likely” to recommend) for inpatients remains very high, at 98.5%, with equally high levels of satisfaction in maternity (also 98.5%).

The overall Trust percentage of promoters remains consistently high at 95.8%, and work this month will focus on improving the number of responses in Outpatients which has dropped this month to a total of 790.

	Percentage Promoters	Response Rate
Maternity overall	98.5%	12.6% (Birth only)
A&E	93.6%	22.8%
Inpatient	98.5%	17.2%
Outpatients	95.4%	NA



9. EXTERNAL QUALITY REVIEWS

On the 5th of October Healthwatch Shropshire, conducted an announced semi announced Enter and View visit the Wrekin MLU a Princess Royal site, the draft report has been received. The informal feedback has been positive and we await the final report.

On the 31st of October the Shropshire Healthwatch conducted an Enter and View visit to RSH ED, no report has been received to date.

SUSTAINABILITY COMMITTEE – 29th November 2016
FINANCE REPORT – MONTH 7

1. Income & Expenditure position

The financial position of the Trust at the end of month 7 is presented in the table below:

	Financial Plan	April –Oct Plan	April – Oct Actual	Variance
	£000s	£000s	£000s	£000s
Income	341,986	200,694	199,893	-801
Pay	-225,302	-131,435	-135,658	-4,223
Non-pay and Reserves	-107,261	-62,307	-61,730	577
Total expenditure	-332,563	-193,742	-197,388	-3,646
EBITDA	9,423	6,952	2,505	-4,447
Finance Costs	-15,323	-8,324	-8,161	163
Surplus/(deficit) before Phased Spend	-5,900	-1,372	-5,656	-4,284
Phased spend adjustment		-4,261	-852	3,409
Plan as described in NHSI Financial Template		-5,633	-6,508	-875

At the end of month 7 the Trust had planned to deliver an in year deficit of £1.372 million and actually recorded a deficit of £5.656 million.

Forecast Outturn

Based upon performance at the end of month 7 and after allowing for the delivery of Cost Improvement savings projected over the remaining 5 months of the year, it is forecast that the Trust will record an overspend at the end of the year amounting to £10.736 million. This deficit is £4.836 million in excess of the agreed control total with the NHSI.

	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	27,532	29,409	28,650	28,762	28,918	28,646	29,630	28,491	28,567	28,415	28,789	343,783
Pay	(19,233)	(19,176)	(19,476)	(19,168)	(19,551)	(19,582)	(19,466)	(19,885)	(19,624)	(19,729)	(19,685)	(19,750)	(234,323)
Non-Pay (Incl Reserves)	(8,222)	(8,415)	(8,898)	(8,956)	(8,844)	(9,312)	(9,090)	(8,820)	(8,927)	(8,872)	(8,887)	(8,846)	(106,091)
Total Expenditure	(27,454)	(27,591)	(28,374)	(28,124)	(28,395)	(28,893)	(28,555)	(28,706)	(28,551)	(28,601)	(28,572)	(28,596)	(340,414)
EBITDA	520	(59)	1,036	525	367	25	91	924	(60)	(34)	(157)	193	3,370
Finance Costs	(1,123)	(1,200)	(1,166)	(1,150)	(1,176)	(1,175)	(1,172)	(1,189)	(1,189)	(1,189)	(1,189)	(1,189)	(14,106)
Surplus/(Deficit)	(603)	(1,258)	(130)	(625)	(809)	(1,150)	(1,081)	(265)	(1,249)	(1,223)	(1,346)	(996)	(10,736)
Cumulative	(603)	(1,861)	(1,992)	(2,616)	(3,425)	(4,576)	(5,657)	(5,922)	(7,171)	(8,394)	(9,741)	(10,736)	

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 £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	Income	27,974	27,532	29,409	28,650	28,762	28,918	28,646	29,630	28,491	28,567	28,415	28,789	343,783
Income Total		27,974	27,532	29,409	28,645	28,766	28,918	28,648	29,630	28,491	28,567	28,415	28,789	343,784
Scheduled Care	Pay	(6,672)	(6,718)	(6,829)	(6,683)	(6,883)	(6,818)	(6,863)	(6,919)	(6,628)	(6,753)	(6,739)	(6,809)	(81,314)
	Non-Pay	(1,614)	(1,774)	(1,983)	(1,890)	(1,904)	(1,854)	(1,729)	(1,659)	(1,745)	(1,684)	(1,726)	(1,719)	(21,282)
Scheduled Care Total		(8,286)	(8,492)	(8,812)	(8,573)	(8,803)	(8,672)	(8,592)	(8,578)	(8,373)	(8,437)	(8,465)	(8,528)	(102,595)
Unscheduled Care	Pay	(4,610)	(4,588)	(4,631)	(4,614)	(4,670)	(4,735)	(4,679)	(4,854)	(4,849)	(4,838)	(4,838)	(4,838)	(56,743)
	Non-Pay	(863)	(836)	(887)	(924)	(895)	(948)	(1,051)	(978)	(951)	(951)	(957)	(957)	(11,199)
Unscheduled Care Total		(5,473)	(5,424)	(5,517)	(5,538)	(5,565)	(5,683)	(5,729)	(5,832)	(5,801)	(5,789)	(5,795)	(5,795)	(67,942)
Women & Childrens	Pay	(2,770)	(2,688)	(2,744)	(2,647)	(2,722)	(2,744)	(2,727)	(2,748)	(2,794)	(2,760)	(2,759)	(2,758)	(32,860)
	Non-Pay	(843)	(406)	(408)	(416)	(404)	(384)	(453)	(411)	(411)	(411)	(411)	(411)	(4,873)
Women & Childrens Total		(3,113)	(3,094)	(3,152)	(3,063)	(3,126)	(3,128)	(3,180)	(3,159)	(3,205)	(3,170)	(3,169)	(3,169)	(37,733)
Support (Excluding HCD)	Pay	(2,565)	(2,569)	(2,629)	(2,599)	(2,602)	(2,592)	(2,549)	(2,669)	(2,658)	(2,658)	(2,658)	(2,658)	(31,407)
	Non-Pay	(521)	(565)	(626)	(649)	(572)	(555)	(575)	(596)	(596)	(614)	(614)	(614)	(7,097)
Support (Excluding HCD) Total		(3,085)	(3,135)	(3,255)	(3,249)	(3,174)	(3,147)	(3,124)	(3,265)	(3,254)	(3,272)	(3,272)	(3,272)	(38,504)
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)	(2,184)	(2,349)	(2,191)	(2,191)	(2,191)	(2,191)	(2,191)	(26,295)
HCD Total		(2,023)	(2,077)	(2,284)	(2,125)	(2,298)	(2,184)	(2,349)	(2,191)	(2,191)	(2,191)	(2,191)	(2,191)	(26,295)
Estates	Pay	(266)	(248)	(255)	(257)	(278)	(265)	(235)	(279)	(277)	(277)	(277)	(277)	(3,189)
	Non-Pay	(916)	(787)	(747)	(841)	(805)	(831)	(872)	(902)	(950)	(938)	(906)	(866)	(10,360)
Estates Total		(1,182)	(1,035)	(1,001)	(1,098)	(1,083)	(1,096)	(1,108)	(1,181)	(1,226)	(1,215)	(1,182)	(1,142)	(13,549)
Facilities	Pay	(704)	(686)	(711)	(676)	(695)	(690)	(681)	(680)	(683)	(709)	(680)	(688)	(8,283)
	Non-Pay	(291)	(290)	(291)	(330)	(302)	(333)	(343)	(312)	(312)	(312)	(312)	(312)	(3,738)
Facilities Total		(995)	(976)	(1,002)	(1,006)	(997)	(1,023)	(1,024)	(992)	(994)	(1,021)	(992)	(999)	(12,021)
Finance	Pay	(531)	(554)	(553)	(584)	(577)	(588)	(585)	(587)	(587)	(587)	(587)	(587)	(6,906)
	Non-Pay	(1,351)	(1,409)	(1,337)	(1,411)	(1,401)	(1,947)	(1,456)	(1,485)	(1,485)	(1,485)	(1,485)	(1,485)	(17,737)
Finance Total		(1,881)	(1,963)	(1,890)	(1,995)	(1,978)	(2,535)	(2,041)	(2,072)	(2,072)	(2,072)	(2,072)	(2,072)	(24,643)
Other Corporate	Pay	(1,116)	(1,126)	(1,123)	(1,107)	(1,124)	(1,150)	(1,147)	(1,149)	(1,148)	(1,148)	(1,148)	(1,136)	(13,622)
	Non-Pay	(275)	(266)	(323)	(358)	(246)	(263)	(290)	(286)	(286)	(286)	(286)	(292)	(3,456)
Other Corporate Total		(1,391)	(1,392)	(1,446)	(1,434)	(1,401)	(1,413)	(1,437)	(1,435)	(1,434)	(1,434)	(1,433)	(1,428)	(17,079)
Finance Costs	Finance Costs	(1,123)	(1,200)	(1,166)	(1,150)	(1,176)	(1,175)	(1,172)	(1,189)	(1,189)	(1,189)	(1,189)	(1,189)	(14,106)
Finance Costs Total		(1,123)	(1,200)	(1,166)	(1,150)	(1,177)	(1,175)	(1,172)	(1,189)	(1,189)	(1,189)	(1,189)	(1,189)	(14,107)
Reserves	Reserves	(25)	(3)	(13)	(12)	(17)	(13)	28	0	0	0	0	0	(55)
Finance Costs Total		(25)	(3)	(13)	(12)	(17)	(13)	28	0	0	0	0	0	(55)
Income	Income	27,974	27,532	29,409	28,650	28,762	28,918	28,646	29,630	28,491	28,567	28,415	28,789	343,783
Pay	Pay	(19,233)	(19,176)	(19,476)	(19,168)	(19,551)	(19,582)	(19,466)	(19,885)	(19,624)	(19,729)	(19,685)	(19,750)	(234,323)
Non-Pay	Non-Pay	(8,196)	(8,412)	(8,885)	(8,944)	(8,827)	(9,299)	(9,118)	(8,820)	(8,927)	(8,872)	(8,887)	(8,846)	(106,035)
Reserves	Reserves	(25)	(3)	(13)	(12)	(17)	(13)	28	0	0	0	0	0	(55)
Finance Costs	Finance Costs	(1,123)	(1,200)	(1,166)	(1,150)	(1,176)	(1,175)	(1,172)	(1,189)	(1,189)	(1,189)	(1,189)	(1,189)	(14,106)
Surplus/(Deficit)		(603)	(1,258)	(130)	(625)	(809)	(1,150)	(1,081)	(265)	(1,249)	(1,223)	(1,346)	(996)	(10,736)

Position assumes:

- £1.7 million additional spending to support winter pressures over the remaining months of the year.
- £1.47 million funding from Shropshire CCG which is presently in dispute, is not received by the Trust
- £1.6 million – readmissions Income loss following the recent arbitration decision.
- Care Groups deliver identified savings amounting to £1.68 million in the remaining five months of the year.
- The deficit of £10.736 million does not allow for further losses associated with CQUIN (£550,000) or financial penalties arising from a failure to achieve performance targets (£2.3 million).

2. Income

2.1 Income – Performance to date

At the end of month 7 in the 2016/17 financial year, the Trust had planned to receive income amounting to £200.694 million and had generated income amounting to £199.893 million, an under performance of £0.801 million.

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

	Apr-Oct Budget	Apr-Oct Actual	Variance	Variance %	Apr-Oct Budget	Apr-Oct Actual	Financial Variance Value	Price Variance	Volume Variance
	Activity	Activity	Activity		£000s	£000s	£000s	£000s	£000s
Accident and Emergency (Attendances)	64,139	64,533	394	0.6%	7,435	7,568	134	88	46
Outpatient Appts (Attendances)	254,474	255,359	885	0.3%	31,131	31,217	86	(89)	175
Elective Day Cases	25,877	26,625	748	2.9%	17,225	17,383	158	174	(15)
Elective Inpatient (Spells)	3,945	3,553	(392)	(9.9%)	11,093	10,154	(939)	205	(1,144)
Non Elective (Spells)	28,335	28,567	232	0.8%	50,870	51,797	927	282	645
Non Elective Other	4,525	4,750	225	5.0%	7,462	7,985	523	309	214
Emergency Threshold					(1,193)	(1,541)	(348)	(348)	
Education					6,519	6,683	164	164	
Injury Cost Recovery					837	875	38	38	
Private Patients					775	760	(15)	(15)	
Sustainability & Transformation Funds					6,125	6,125	0	0	
Others (Inc Reserves)					62,414	60,885	(1,529)	(1,529)	
Total	381,295	383,387	2,092	0.5%	200,694	199,892	(801)	(722)	(79)

The table below details the activity levels seen in the 7 months of 2016/17 and the trajectory for the remainder of the year, compared to the previous 2 financial years.

15/16 Plan	Actual									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	9,729	9,058	9,025	9,271	9,352	8,832	8,613	8,933	9,001	8,742	9,505	9,082	108,831	
Outpatient Attendances	35,444	35,987	37,404	36,278	34,449	37,056	38,017	36,507	37,002	38,465	34,226	36,565	35,662	35,920	36,563	36,048	435,312	
Elective Daycases	3,814	3,577	3,874	3,755	3,811	3,919	3,883	3,871	3,747	3,692	3,593	3,677	3,491	3,580	3,570	3,547	43,803	
Elective Inpatient Spells	490	493	558	514	525	484	505	505	498	569	508	525	509	519	527	518	6,578	
Emergency Spells	3,993	4,125	4,158	4,092	4,159	3,974	4,099	4,077	4,059	4,352	4,419	4,277	4,231	4,129	4,338	4,232	49,803	
Maternity/Non Elective Other Spells	606	697	631	645	666	646	677	663	827	633	609	690	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	3,814	3,577	3,874	3,755	3,811	3,919	3,883	3,871	3,747			3,747				0	26,625
Variance	214	77	14	102	(163)	489	174	167	(58)			50				(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	490	493	558	514	525	484	505	505	498			498				0	3,553
Variance	(25)	(43)	(5)	(24)	(92)	(78)	(45)	(72)	(104)			(62)				(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	4,125	4,158	4,092	4,159	3,974	4,099	4,077	4,059			4,059				0	28,567
Variance	16	80	155	84	20	179	73	91	(291)			(315)				(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	697	631	645	666	646	677	663	827			827				0	4,750
Variance	(26)	67	33	24	2	20	19	13	112			174				(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	35,444	35,987	37,404	36,278	34,449	37,056	38,017	36,507	37,002			37,002				0	255,359
Variance	(384)	2,754	(2,233)	45	(2,715)	4,149	(87)	449	(598)			238				(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

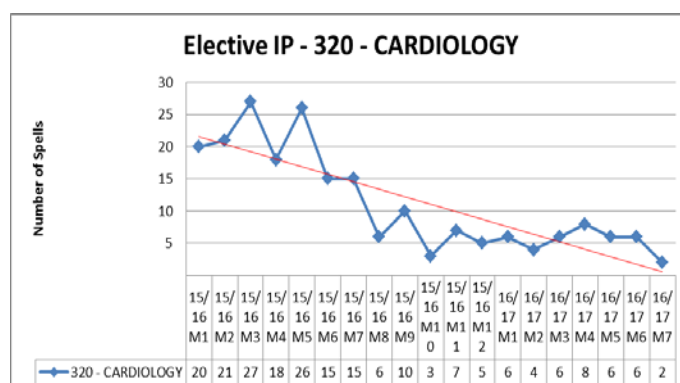
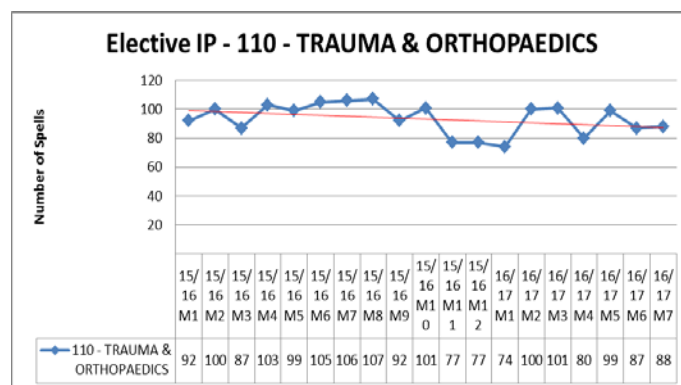
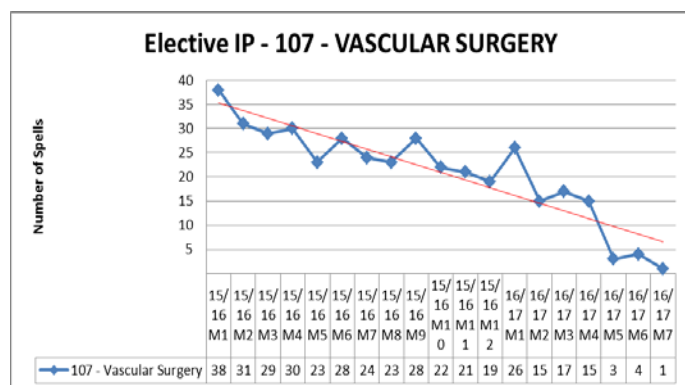
	Apr	May	Jun	Average Per Month Apr-Jun	Jul	Aug	Sep	Average Per Month Jul-Sep	Oct	Nov	Dec	Average Per Month Oct-Dec	Jan	Feb	Mar	Average Jan-Mar	Annual
16/17 Plan	9,234	9,247	9,343	9,275	9,341	9,135	8,825	9,100	9,013	8,832	8,613	8,820	9,001	8,742	9,505	9,082	108,831
Actual	8,703	9,523	9,143	9,123	9,729	9,058	9,025	9,271	9,352			9,352				0	64,533
Variance	(531)	276	(200)	(152)	388	(77)	200	170	339			532				(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, these observations being:

- Accident and Emergency attendances – the actual level of attendances recorded year to date were 64,533 attendances, equivalent to 0.6% above plan.
- Outpatient attendances – outpatients are cumulatively over plan by 0.3%.
- Elective Day Cases – the number of Elective Day Cases performed to date has increased by 6.9% 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.
- Elective Inpatient spells – there is a continuing downward trend across all specialties and the Trust are therefore seeing a further underperformance, with a significant income variance (£0.939 million). This is mainly attributable to Trauma and Orthopaedics, Vascular Surgery and Cardiology, these

specialties have seen a downward trend over the past 19 months which can be seen in the graphs below.



- v) Non Elective activity – is over plan by 0.8% and 2.0% higher than the levels recorded in the same period in the previous year. However, the Trust has recorded activity levels for the month of October equivalent to 5.6% lower than the level seen in October in 2015/16 which is mainly attributable to the RSH site.

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 five months.

Average income per Month	£000s
April – October	28,556
November – March	28,722
Monthly increase/(decrease)	166

As can be seen it is assumed that income will increase over the remaining months of the year by £0.166 million per month.

Income – Key Messages

- Income is under performing by £0.801 million.
- Activity is over performing by 0.5%.

3. Expenditure

3.1 Pay

At the end of October spending amounted to £135.658 million resulting in an overspend of £4.223 million.

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

	July- Sep-14	Oct- Dec-14	Jan – Mar 15	Apr- Jun-15	July – Sep-15	Oct – Dec-15	Jan – Mar-16	Apr-16 £000's	May-16 £000's	Jun-16 £000's	Jul-16 £000's	Aug-16 £000's	Sep-16 £000's	Oct-16 £000's
	£000's	£000's	£000's	£000's	£000's	£000's	£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	3,454	3,447
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	2,208	2,224
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	7,712	7,667
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	2,596	2,546
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	3,619	3,584
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	19,589	19,438
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	251.93	248.12
Medical Staffing	352.77	357.93	362.36	357.78	357.54	368.14	349.42	332.91	336.43	349.89	349.89	363.3	355.60	354.76
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	2,369.48	2,385.11
Other Clinical	753.02	753.67	769.06	760.6	775.11	791.44	794.95	787.04	794.91	796.98	800.17	804.23	809.28	804.97
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	1,548.61	1,544.28
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	5,334.90	5,337.24

Significantly, pay expenditure in October is £0.323 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 (46 WTE).

Agency Usage

	Average Oct-Dec 2014 £000's	Average Jan-Mar 2015 £000's	Average Apr-Jun 2015 £000's	Average Jul-Sep 2015 £000's	Average Oct-Nov 2015 £000's	Average Jan-Mar 2016 £000's	Apr 2016 £000's	May 2016 £000's	Jun 2016 £000's	Jul 2016 £000's	Aug 2016 £000's	Sep 2016 £000's	Oct 2016 £000's
Consultants	167	172	120	182	150	217	218	193	225	277	288	293	319
Medical staff	270	236	285	379	557	478	259	264	324	330	376	215	311
Nursing	731	781	671	705	667	527	561	461	501	452	533	563	530
Other Clinical	17	22	43	35	52	52	53	68	63	43	62	49	35
Non clinical	64	83	79	76	79	55	54	36	40	45	62	50	8
Total Agency Staff Spending	1,249	1,293	1198	1377	1,506	1,329	1,145	1,022	1,153	1,147	1,321	1,170	1,203

	Average Oct-Dec 2014 WTE	Average Jan- Mar 2015 WTE	Average Apr-Jun 2015 WTE	Average Jul-Sep 2015 WTE	Average Oct-Dec 2015 WTE	Average Jan-Mar 2016 WTE	Apr 2016 WTE	May 2016 WTE	Jun 2016 WTE	Jul 2016 WTE	Aug 2016 WTE	Sep 2016 WTE	Oct 2016 WTE
Consultants	8.6	8.62	7.04	8.99	7.48	9.5	9.82	10.69	11.55	12.63	14.33	15.57	15.48
Medical staff	22.88	22.17	21.98	29.53	40.61	37.69	23.81	30.97	30.07	32.17	38.63	27.86	31.03
Nursing	130.11	150.19	124.35	117.72	112.69	101.45	89.25	78.71	89.97	82.94	94.87	97.92	94.67
Other Clinical	2.59	4.04	8.29	7.76	9.62	11.77	8.6	9.74	11.08	8.06	9.85	9.35	7.01
Non Clinical	17.56	22.87	20.94	16.42	12.86	11.49	10.56	10.73	12.18	11.94	13.68	13.46	6.89
Total Agency Staff Spending	181.74	207.88	182.6	180.42	183.25	171.9	142.04	140.84	154.85	147.74	171.36	164.16	155.08

Bank Usage

	Average Oct-Dec 2014 £000's	Average Jan-Mar 2015 £000's	Average Apr-Jun 2015 £000's	Average Jul-Sep 2015 £000's	Average Oct-Dec 2015 £000's	Average Jan-Mar 2016 £000's	Apr 2016 £000's	May 2016 £000's	Jun 2016 £000's	Jul 2016 £000's	Aug 2016 £000's	Sep 2016 £000's	Oct 2016 £000's
Nursing	500	546	522	533	625	738	506	569	496	540	538	593	580
Other Clinical	40	36	32	37	38	39	46	43	47	52	48	34	26
Non Clinical	127	129	127	150	130	135	150	142	170	174	136	153	122
Total Bank Staff	667	712	681	720	794	912	702	754	713	766	722	780	728

	Average Oct-Dec 2014 WTE	Average Jan - Mar 2015 WTE	Average Apr-Jun 2015 WTE	Average Jul-Sep 2015 WTE	Average Oct-Dec 2015 WTE	Average Jan-Mar 2015 WTE	Apr 2016 WTE	May 2016 WTE	Jun 2016 WTE	Jul 2016 WTE	Aug 2016 WTE	Sep 2016 WTE	Oct 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	179.54	178.85
Other Clinical	13.07	10.98	9.51	11.9	11.92	11.73	10.36	9.45	11.35	11.75	10.96	12.02	10.85
Other	69.81	66.16	60.14	68.75	62.92	70.72	68.7	66.73	76.38	81.76	69.15	64.01	58.42
Total Bank Staff wte	268.35	280.7	246.66	258.31	266.49	307.81	245.21	245.57	254.65	275.09	265.1	255.57	248.12

Key observations from the data are:

- Total pay spending has decreased by £0.151 million as compared to last month.
- Agency spending in October is £0.033 million higher than the previous month and WTE has reduced by 9 from last month.
- Bank staffing numbers are down on the latter half of the previous financial year by 18 FTE; this is reflective of the £0.066 million reduction in costs.

Achievement of Agency Savings/Growth in wtes

The tables below provide a description of the level of agency premium savings that are estimated to be saved during the year and the cost associated with the growth in staffing levels.

Agency premium savings

	Average cost Wte	In year Cost chg	Average WTE	In year WTE chg	Agency premium savings
Consultants	241438	14598	12.87	4.62	559412
Medical staff	116230	-18459	30.65	-1.80	-685966
Nursing	68792	-5490	89.76	-24.29	-1417856
Other Clinical	70089	21372	9.10	-0.26	191307
Non Clinical	44411	-17232	11.35	-4.08	-335241
					-1688343

The combined effect of reduced agency staff and reduced agency rates is combining to generate significant agency premium savings. Based upon the performance in the period to date, it is estimated that during the year the Trust will have secured £1.69 million as agency cost savings.

Growth in staffing levels

	Ave Inc WTE WTE	Annual Cost £000's
Consultants	3.52	516
Medical staff	-9.30	-633
Nursing	-2.37	-86
Other Clinical	19.13	702
Non Clinical	35.35	968
Total	46.33	1468

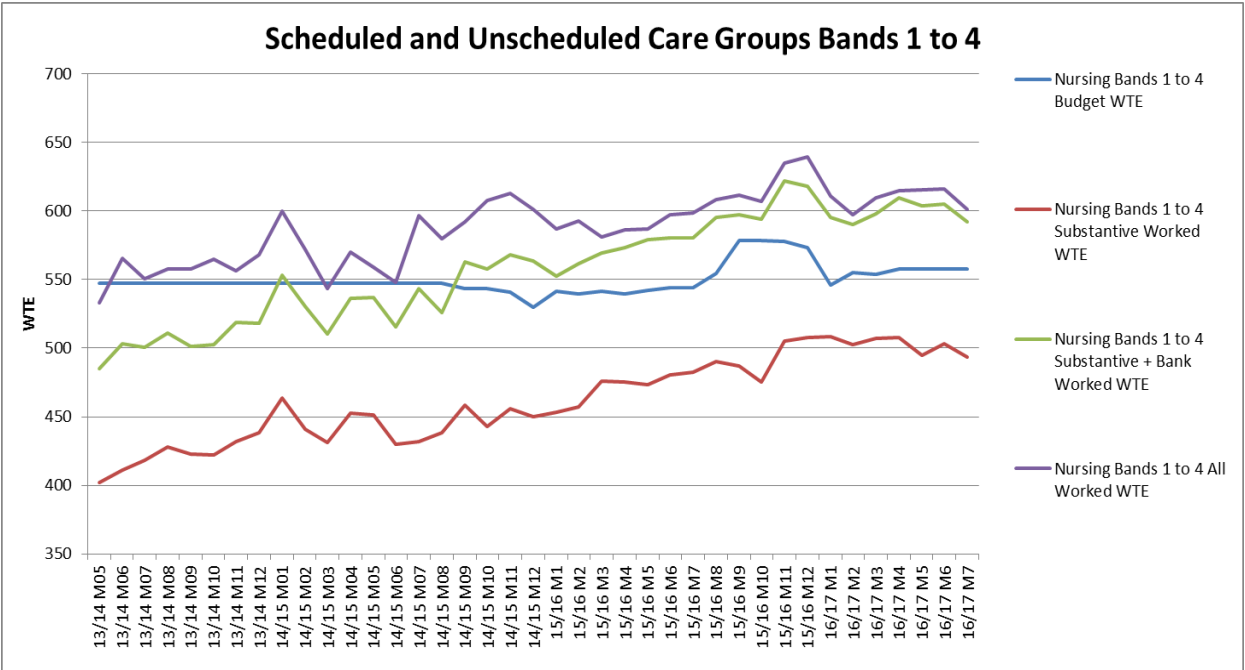
During the year the level of wte employed within the Trust has increased by 46.33 wte and in doing so has introduced increased spending amounting to £1.47 million. The increase is principally within other clinical and non clinical staffing areas.

Nursing spending

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.

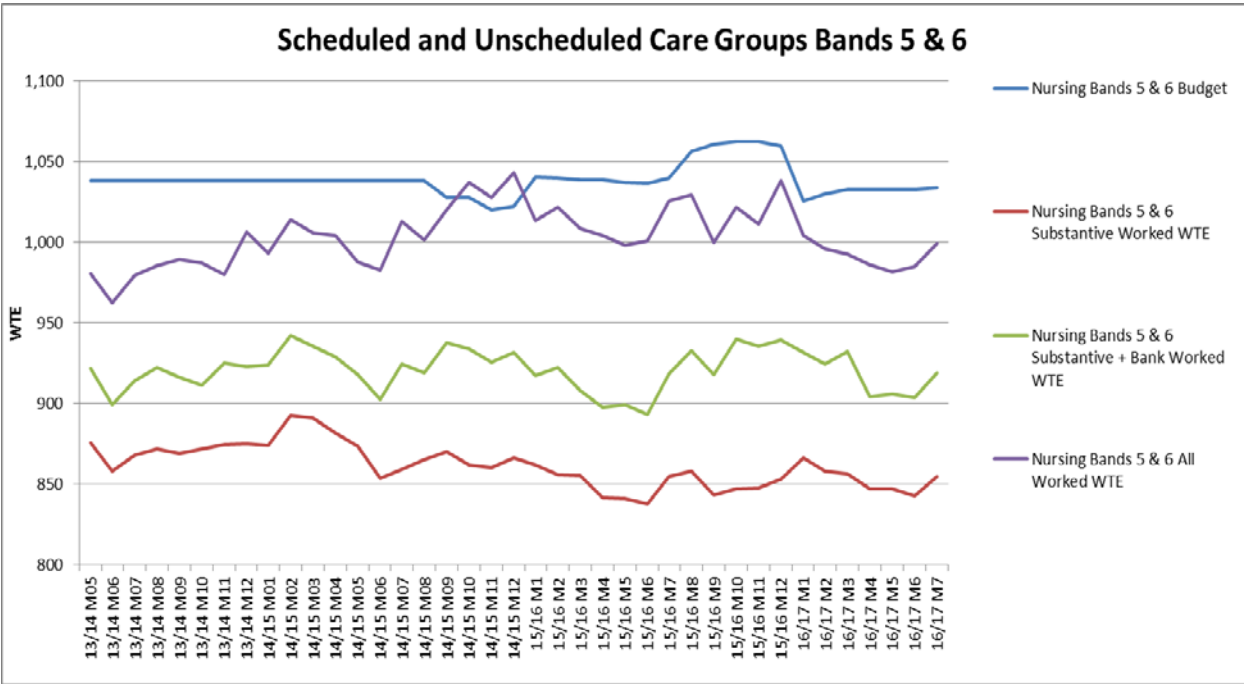
Scheduled and Unscheduled Care Groups

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. However, the levels exceed approved unqualified nursing templates.

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
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	10/7 - 16/7	70	2.2	12.2	21%	46%	27.3%	94.5%	(35)
16	17/7 - 23/7	74	1.6	16.7	25%	40%	27.6%	92.6%	(158)
17	24/7 - 30/7	78	2.8	15.5	24%	41%	28.8%	91.3%	283
18	31/7 - 6/8	76	4.1	17.9	29%	40%	28.3%	91.0%	329
19	7/8 - 13/8	65	8.4	18.0	41%	44%	27.7%	92.1%	(170)
20	14/8 - 20/8	81	9.5	22.5	39%	36%	27.7%	91.6%	17
21	21/8 - 27/8	88	12.1	22.0	39%	38%	28.0%	91.4%	400
22	28/8 - 3/9	81	9.1	19.5	35%	39%	27.8%	90.9%	512
23	4/9 - 10/9	77	10.3	20.3	40%	43%	27.7%	93.8%	(253)
24	11/9 - 17/9	90	17.2	15.4	36%	37%	27.2%	95.2%	(41)
25	18/9 - 24/9	86	13.9	16.7	36%	40%	26.7%	94.2%	264
26	25/9 - 1/10	92	15.5	20.0	39%	38%	28.6%	94.4%	47
27	2/10 - 8/10	85	13.4	14.0	32%	39%	28.9%	93.7%	(322)
28	9/10 - 15/10	83	10.2	18.5	35%	39%	26.5%	94.5%	135
29	16/10 - 22/10	78	13.4	9.3	29%	45%	28.2%	94.1%	170
30	23/10 - 29/10	82	9.6	12.5	27%	40%	30.7%	91.1%	2
31	30/10 - 6/11	69	9.6	13.7	34%	42%	27.1%	94.7%	(231)

Agreed 16/17 Business Planning Parameters		0.0	0.0	0.0%		24.0%	95.0%	
Variance to Parameter		+9.6	+13.7	33.7%		3.1%	(0.3)%	
Financial Impact		Deterioration	Deterioration	Deterioration		Deterioration	Improvement	

Change since previous week	(13)	(0.0)	+1.2	6.7%	2%	(3.7)%	3.5%	(232.8)
Financial Impact	Improvement	Improvement	Deterioration	Deterioration	Improvement	Improvement	Deterioration	Improvement

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

Based on the agreed 95% / 24% = 119 then the most recent week's performance (week 31) of 94.7% / 27.1% = 122% is 3% above the agreed parameters. However, in delivering this the level of agency (including tier 5) remains high, although in the most recent weeks (29-31) the level has decreased.

RN agency levels remain high for the trust, however, an overall reduction can be seen in the agency usage (agency bookings at 69 wte for week 31 compared with 92 in week 26).

	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%
Week 22	15.9%	5.2%	4.6%	0.9%	1.3%	27.8%
Week 23	14.7%	5.3%	4.5%	1.7%	1.6%	27.8%
Week 24	13.8%	5.1%	4.2%	2.6%	1.6%	27.2%
Week 25	13.6%	5.2%	4.2%	2.6%	1.1%	26.7%
Week 26	12.5%	6.4%	4.4%	3.8%	1.5%	28.6%
Week 27	13.0%	6.1%	4.0%	0.7%	4.4%	28.9%
Week 28	12.6%	6.3%	2.0%	0.7%	4.5%	26.5%
Week 29	13.4%	5.8%	3.2%	0.7%	4.5%	28.2%
Week 30	16.0%	7.1%	1.8%	0.7%	4.8%	30.7%
Week 31	12.6%	6.3%	1.9%	0.5%	4.8%	27.1%
Total Ave.	14.6%	6.0%	1.9%	0.8%	3.9%	28.0%

	Unscheduled Care	Scheduled Care	Total
Week 1	28.00%	27.40%	27.80%
Week 2	25.50%	24.50%	25.00%
Week 3	22.90%	24.10%	23.40%
Week 4	25.40%	26.20%	25.70%
Week 5	25.60%	27.90%	26.60%
Week 6	27.60%	28.40%	27.90%
Week 7	26.00%	26.10%	26.00%
Week 8	28.40%	26.90%	28.00%
Week 9	27.00%	31.40%	28.60%
Week 10	26.50%	26.70%	26.60%
Week 11	26.50%	27.90%	27.20%
Week 12	29.10%	29.10%	29.10%
Week 13	28.10%	28.80%	28.40%
Week 14	28.90%	28.30%	28.70%
Week 15	26.80%	27.60%	27.20%
Week 16	27.10%	28.20%	27.60%
Week 17	29.20%	28.40%	28.80%
Week 18	28.30%	28.30%	28.30%
Week 19	27.20%	28.30%	27.70%
Week 20	27.70%	27.60%	27.70%
Week 21	27.10%	28.80%	27.90%
Week 22	27.60%	28.10%	27.80%
Week 23	27.40%	28.30%	27.80%
Week 24	25.70%	29.20%	27.20%
Week 25	26.50%	26.90%	26.70%
Week 26	27.80%	29.50%	28.60%
Week 27	28.70%	29.20%	28.90%
Week 28	25.90%	27.20%	26.50%
Week 29	26.80%	30.00%	28.20%
Week 30	29.90%	31.70%	30.70%
Week 31	26.50%	27.80%	27.10%
Total Ave.	28.30%	27.50%	27.90%

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 £0.218 million per month this year.

	Average Oct-Dec 2014 £000's	Average Jan-Mar 2015 £000's	Average Apr-Jun 2015 £000's	Average Jul-Sep 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	Sep 2016 £000's	Oct 2016 £000's
Scheduled Care	192	111	174	137	198	130	181	173	140	147	162	143	106
Unscheduled Care	16	22	16	25	20	15	22	35	15	24	21	34	32
Diagnostic Care Group	26	32	27	56	45	46	35	43	40	37	45	47	42
Women and Children's Care Group	-	1	1			-							3
Total Waiting List Initiative	234	166	218	218	263	191	238	251	195	208	228	224	183

In order for the Trust to achieve its financial control total the Trust committed to reducing spend over the period November to March 2016. These savings to be achieved through the use of temporary staff.

£000's										Target
		Locums	WLI	Bank	Agency	Addnl Hours	Overtime	Total		£800k per month
Consultants		120	224		293			637		191.51
Medical staff		191			215			406		122.06
Nursing				593	563	54	41	1251		376.10
Other Clinical				34	49	17	25	125		37.58
Non Clinical				153	51	22	16	242		72.75
		311	224	780	1171	93	82	2661		800.00

WTE	Locums	WLI	Bank	Agency	Addnl Hours	Overtime	Total	Wte reduction	Wte establishment	% Reduction
Consultants	8.93			15.27			24.2	7.28	251.93	2.89%
Medical staff	11.64			27.86			39.5	11.88	355.6	3.34%
Nursing			179.5	97.92	17.07	11.69	306.18	92.05	2369.48	3.88%
Other Clinical			12.02	9.35	7.17	6.32	34.86	10.48	809.28	1.30%
Non Clinical			64.01	13.46	13.38	5.42	96.27	28.94	1548.61	1.87%
	20.57	0	255.53	163.86	37.62	23.43	501.01	150.62	5334.9	2.82%

- The Recovery Plan set a target of achieving reduced spending over the period November to March 2016 amounting to £1.2 million per month (£6.0 million).
- To achieve pay reduction requires reduced levels of temporary staff. The average level of spending per month in respect of temporary staff is £2.6 million equivalent to 501 wte. To achieve the target the Trust needs to take actions to reduce temporary staffing levels by 150 wte.
- Achieving a reduction of 150 wte amounts to a 2.8% reduction in the overall level of wte.

Progress in identifying pay cost savings

	Forecast	Forecast per month	Required per month	Required wte reduction	Forecast wte reduction	Variance
Pay		£000's	£000's	WTE	WTE	WTE
Medical Staff	159	32	314	19.16	1.94	-17.22
Nursing	497	99	376	92.05	24.33	-67.72
Other clinical	324	65	38	10.48	18.07	7.59
Non clinical	264	53	73	28.94	21.00	-7.94
Total Pay	1244	249	800	150.63	65.35	-85.28
Non Pay	436	87	400			

- Presently, the Trust has identified savings over the period November 2016 to March 2017 amounting to £1.244 million as compared with the required level of savings of £4.0 million.
- The forecast level of monthly pay savings is £249,000 per month, equivalent to 65 wte. This is 85 wte below the required level. The under achievement relates to medical staff and nursing staff.
- Care groups are presently working to identify further opportunities to reduce the gap.

The table below provides a comparison of the average level of monthly Pay spending recorded in the period April to October 2016, with the average level of monthly Pay spending assumed over the remaining five months of the financial year.

Average pay spending per Month	£000's
April - October	19,379
November - March	19,735
Monthly Increase	356

As can be seen it is assumed that Pay spending will increase over the remaining months of the year by £0.356 million per month.

Pay – Key Messages

- The Trust has overspent in respect of Pay by £4.223 million in the first seven months of the year
- In order to achieve the Trust control total, it is necessary to reduce the level of pay savings over the period November 2016 to March 2017 by £800,000 per month. Savings are presently identified producing savings of £249,000 per month.
- The Trust forecast outturn position assumes that pay increases over the remaining five months of the year by £356,000 per month. This increase reflects a growth in expenditure in order to accommodate winter pressures.

3.2 Non-Pay Spending

In the first seven months of the year, the Trust had underspent by £0.577 million as compared with the budget.

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

<i>Month</i>	<i>Total Non Pay Spend (excluding exceptional items HCDs, ICDs etc) £000s</i>	<i>3 month moving average £000s</i>
April 2013 – June 2013	5,776	
July 2013 – Sept 2013	5,908	
Oct 2013 – Dec 2013	6,145	
Jan 2014 – Mar 2014	6,315	
Apr 2014 – June 2014	5,951	
July 2014 – Sept 2014	6,174	
Oct 2014 – Dec 2014	6,215	
Jan-15	5,637	5,949
Feb-15	5,832	5,813
Mar-15	6,482	5,984
Apr-15	5,920	6,078
May-15	5,949	6,117
Jun-15	6,167	6,012
Jul-15	6,076	6,064
Aug-15	6,141	6,128
Sep-15	6,492	6,236
Oct -15	6,318	6,317
Nov -15	6,280	6,363
Dec 15	6,348	6,315
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
September 16	6,988	6,725
October 16	6,451	6,621

As can be seen, the 3 month moving average level of Non Pay spending has reduced in October.

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 seven months of the year, with the average level of monthly Non Pay spending assumed over the remaining five months of the financial year.

Average non pay spending per Month	£000's
April - October	8,812
November – March	8,871
Monthly Decrease	59

As can be seen it is assumed that Non Pay spending will increase over the remaining months of the year by £0.059 million per month.

4. Service Line Reporting

Centre Summary by Care Group Q2 YTD

Metrics	Scheduled Care	Surgical	Oncology	MSK	H&N	Theatre & Critical Care	Unscheduled Care	Medicine	Emergency	Womens & Childrens	Support Services	TOTAL
Income	79,191	31,062	17,938	13,783	12,471	3,936	56,050	47,277	8,773	28,271	7,951	171,463
Cost												
Direct												
Nursing	- 10,862	- 4,812	- 1,396	- 2,295	- 738	- 1,622	- 16,240	- 13,567	- 2,673	- 10,142	- 72	- 37,316
Consultants	- 7,014	- 2,948	- 996	- 1,121	- 1,902	- 46	- 3,924	- 3,348	- 576	- 2,477	- 3	- 13,418
Other Clinical	- 7,516	- 2,111	- 1,172	- 1,476	- 2,704	- 53	- 5,824	- 3,952	- 1,872	- 3,345	- 210	- 16,895
Non Clinical	- 3,326	- 1,120	- 628	- 543	- 927	- 108	- 1,660	- 1,363	- 297	- 1,344	- 193	- 6,523
Total Direct Pay Costs	- 28,718	- 10,990	- 4,193	- 5,436	- 6,271	- 1,829	- 27,648	- 22,230	- 5,418	- 17,308	- 477	- 74,151
Drugs	- 11,861	- 2,932	- 7,437	- 251	- 1,065	- 176	- 4,537	- 4,353	- 183	- 967	- 1	- 17,366
Supplies	- 1,953	- 355	- 312	- 332	- 690	- 263	- 2,701	- 2,422	- 279	- 1,106	- 2	- 5,762
Other Direct Costs	- 1,389	- 634	- 165	- 166	- 379	- 45	- 1,307	- 1,130	- 176	- 913	- 13	- 3,622
Total Direct Non Pay Costs	- 15,204	- 3,922	- 7,914	- 749	- 2,134	- 484	- 8,544	- 7,905	- 639	- 2,986	- 17	- 26,750
Direct Cost Total	- 43,921	- 14,912	- 12,107	- 6,185	- 8,405	- 2,313	- 36,192	- 30,136	- 6,057	- 20,294	- 494	- 100,901
Indirect												
Blood	-	-	-	-	-	-	-	-	-	- 12	-	- 12
Allied Healthcare Professionals	- 1,644	- 534	- 373	- 227	- 508	- 1	- 1,547	- 1,482	- 65	- 288	- 690	- 4,169
Radiology	- 2,294	- 1,079	- 255	- 724	- 209	- 27	- 2,558	- 1,439	- 1,119	- 219	- 1,161	- 6,232
Pathology	- 1,578	- 728	- 337	- 219	- 235	- 59	- 2,092	- 1,746	- 346	- 699	- 2,502	- 6,871
Theatre	- 11,492	- 5,242	- 6	- 3,224	- 2,063	- 958	- 283	- 277	- 6	- 1,383	- 0	- 13,159
Other Services	- 2,451	- 1,810	- 59	- 124	- 445	- 14	- 845	- 824	- 21	- 312	- 71	- 3,680
Prosthetics	- 764	- 46	- 0	- 702	- 16	- 0	- 4	- 3	- 0	- 11	- 1	- 780
Hotel Services	- 2,011	- 883	- 346	- 368	- 336	- 78	- 2,171	- 1,702	- 469	- 822	- 123	- 5,128
Pharmacy	- 774	- 249	- 369	- 89	- 67	- 0	- 949	- 919	- 29	- 250	- 52	- 2,025
CNST	- 2,018	- 891	- 75	- 856	- 195	- 0	- 818	- 227	- 591	- 3,467	- 0	- 6,302
Total Indirect Costs	- 25,027	- 11,462	- 1,821	- 6,534	- 4,074	- 1,136	- 11,267	- 8,621	- 2,646	- 7,462	- 4,600	- 48,356
Direct/ Indirect Total	- 68,948	- 26,374	- 13,927	- 12,719	- 12,479	- 3,449	- 47,460	- 38,756	- 8,703	- 27,756	- 5,094	- 149,257
Direct Contribution	10,242	4,689	4,011	1,064	8	487	8,591	8,521	70	516	2,857	22,206
Contribution %	12.93%	15.09%	22.36%	7.72%	-0.06%	12.36%	15.33%	18.02%	0.80%	1.82%	35.93%	12.95%
Overheads												
Site Costs	- 2,942	- 1,028	- 708	- 481	- 598	- 127	- 1,923	- 1,552	- 370	- 1,095	- 215	- 6,175
Corporate Costs	- 6,420	- 2,344	- 1,394	- 1,118	- 1,313	- 252	- 4,804	- 3,786	- 1,017	- 2,792	- 549	- 14,564
Overhead Total	- 9,362	- 3,372	- 2,102	- 1,598	- 1,911	- 379	- 6,726	- 5,338	- 1,388	- 3,886	- 764	- 20,738
Total Cost	- 78,310	- 29,745	- 16,029	- 14,318	- 14,390	- 3,828	- 54,186	- 44,095	- 10,091	- 31,642	- 5,858	- 169,996
EBITDA	881	1,317	1,909	534	1,919	108	1,864	3,182	1,318	3,371	2,093	1,467
EBITDA %	1.11%	4.24%	10.64%	-3.88%	-15.39%	2.74%	3.33%	6.73%	-15.02%	-11.92%	26.32%	0.86%
Finance Costs	- 5,328	- 2,056	- 1,142	- 952	- 914	- 263	- 3,723	- 3,079	- 643	- 2,040	- 464	- 11,555
Profit/Loss	- 4,447	- 739	- 767	- 1,487	- 2,833	- 155	- 1,858	- 103	- 1,961	- 5,411	1,629	- 10,088
Profitability %	-5.62%	-2.38%	4.27%	-10.79%	-22.71%	-3.94%	-3.32%	0.22%	-22.36%	-19.14%	20.48%	-5.88%
Donated Assets Adjustment												
												- 265
Sustainability and Transformation Funding Reserves												- 5,250
												- 1,460
Trust Surplus/(Deficit)												- 6,033

Service Line Reporting – Key Messages

- Support Services are now a separate Care Group- these costs will no longer be absorbed over other Care Groups.
- Scheduled Care, Unscheduled Care and Women's reported a loss at Month 6 whilst Support Services generated a profit, however, there is little patient level data to correctly assign costs.
- Collectively the Care Groups generated a contribution percentage of 12.95% of Income. In order to achieve a break even position (without support) requires this percentage to increase to 18.83%. Benchmarked data recommends a percentage achievement of 25%. The contribution

percentage is under review following the movement of CNST into Indirect Costs.

- All four Care Groups achieved a positive contribution.

5. Cost Improvement Programme

CIP Programme	Budget	Budget adjust		Recovery actions	Revised Target	Mth 6 adjustment	Expected position	Savings mth 8 - 12	Revised Target	Identified	Shortfall	Risk Rating
Procurement	2000		2000		2000	-300	1700		1700	1700		
Unavailability improvement	1300	-1198	102	1200	1302	-1302	0		0	0	0	
Cease enhanced bank rate				400	400	-400	0		0	0	0	
Waiting List Initiative Payment	400	-186	214		214	-77	137		137	137	0	
Pharmacy gain share	300		300		300	0	300	0	300	300	0	
Scheduled Care Group	2300	-1440	860		860	-610	250	1126	1376	852	-524	
Unscheduled Care group	1240	-1000	240		240	-140	100	1118	1218	717	-501	
Womens and Children	950		950		950	-350	600	239	839	686	-153	
Support Services	200		200		200	93	293	413	706	668	-38	
Corporate services	302		302		302	458	760	87	847	760	-87	
Non Clinical Temporary posts				500	500	-300	200		200	200	0	
Agency Cap	3250	-1726	1524		1524	0	1524		1524	1524	0	
Tier 5 Agency usage				800	800	-800	0		0	0	0	
Scheduled Care Anaesthetic sav	789		789		789	-450	339		339	339	0	
Non Pay controls				1000	1000	-750	250		250	250	0	
Finnace costs		1400	1400		1400	0	1400		1400	1417	17	
To be identified								1597	1597		-1597	
capitalise revenue costs								600	600	600	0	
Total	13031	-4150	8881	3900	12781	-4928	7853	5180	13033	10150	-2883	
Additional savings required to cover												
Winter funding shortfall									1470		-1470	
October deficit									483		-483	
Total savings required - November									14986	10150	-4836	

- The Cost Improvement Programme has been adjusted to reflect the Recovery Plan (see attached Appendix A) as presented at Board Development session 27th October 2016.
- Savings as presented at the Board Development session 27th October 2016 are short of the required level by £2.883 million.
- Lack of winter funding combined with October deficit have increased the scale of shortfall to £4.836 million.

Cost Improvement Programme – Key Messages

- The CIP programme has been adjusted to reflect the Recovery Plan as presented at Board Development session 27th October 2016. The scale of savings shortfall is presently calculated at £4.836 million.

6. Capital Programme

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

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	80	5	85	108	7	200	0
Capital to Revenue Transfer	500	376	0	376	57	67	500	0
ENABLING WORKS FOR 3RD LINAC	366	336	0	336	30	0	366	0
RSH MLU/PAU - P2 FCHS	100	0	0	0	100	0	100	0
Contingency Fund - Estates	250	163	0	163	49	38	250	0
Contingency Fund - Medical Equipment	200	68	0	68	0	132	200	0
Contingency Fund - IT Equipment	200	127	2	129	0	71	200	0
Contingency Fund - Non-Patient Connected Equipment Replacement	75	50	0	50	0	25	75	0
Contingency Fund - VitalPac	50	1	0	1	0	49	50	0
Total Delegated Contingency Funds	775	408	2	410	49	315	775	0
Capitalisation of Expenditure	1,200	842	159	1,001	199	0	1,200	0
Capital Salaries	650	377	247	625	25	0	650	0
Contingency Fund - Corporate	1,000	168	0	168	731	101	1,000	0
Total Capital Contingencies/Capitalisation of Salaries	3,625	1,796	409	2,205	1,004	417	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 MECHANICAL & ELECTRICAL	209	0	0	0	209	0	209	0
RSH STATUTORY	228	0	0	0	228	0	228	0
FIRE PHASE 3	900	408	0	408	492	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	2	0	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	167	0	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	38	0	38	1	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	140	0	140	40	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	200	0	200	283	0	483	0
SWITCHES (NETWORKING)	327	175	0	176	151	0	327	0
COMPUTERS	0	0	0	0	0	0	0	0
Total Capital Schemes	9,370	3,877	414	4,291	4,589	490	9,370	0
Overcommitted/Unallocated	-420	0	0	0	0	-420	-420	0
Total	8,950	3,877	414	4,291	4,589	70	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 07 (October 2016) as detailed above is £3.877 million. In addition £0.414 million has been committed by way of orders placed, giving a total of £4.291 million of expenditure committed. Of the £4.659 million remaining to be committed, £4.589 million remains to be committed against agreed schemes, with £0.070 million remaining for schemes yet to be identified. Of this, £0.315 million remains in delegated contingency funds and £0.101 million remains in corporate contingency, with the remaining £0.074 million relating to completion of prior year schemes. This is reduced by the overcommitment in the original Capital Programme of £0.420 million. Confirmation has now been received from NHSI that the Trust will receive £2.500 million in respect of the revenue to capital transfer actioned in 2015/16. £0.500 million of this is already included in the Trust's Capital Programme in respect of schemes commenced in 2015/16 and costs of £0.376 million have been incurred to date on these schemes.

The remaining £2.000 million has been received in respect of backlog issues, and a revised Capital Programme will be presented to December's Capital Planning Group. A review of the agreed Capital Programme is on-going to establish a realistic year end position with regard to delivery and costs.

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 £0.413 million due to a decrease in current assets (£2.109 million), current liabilities (£1.480 million) and provisions (£0.013 million) but an increase in non-current assets (£0.203 million). Net current liabilities have increased in month by £0.629 million.

Total Non-Current Assets

The increase in non-current assets of £0.203 million relates to an increase of £0.079 million within fixed assets and an increase in long term receivables relating to the Compensation Recovery Unit of £0.124 million.

	March 16 £000	September 16 £000	October 16 £000	Variance to March 16 £000	Variance to September 16 £000
Total Non Current Assets	162,060	159,590	159,793	(2,267)	203
Inventories	7,875	8,926	8,643	768	(283)
Current Trade and Other Receivables	8,829	19,455	14,781	5,952	(4,674)
Cash and Cash Equivalents	1,700	4,541	7,389	5,689	2,848
Total Current Assets	18,404	32,922	30,813	12,409	(2,109)
Current Trade and Other Payables	(22,969)	(37,179)	(35,299)	(12,330)	1,880
PDC dividend Payable accrual	0	0	(358)	(358)	(358)
Interest on Revolving Working Capital Facility	(23)	(25)	(50)	(27)	(25)
Provisions	(561)	(427)	(444)	117	(17)
Total Current Liabilities	(23,553)	(37,631)	(36,151)	(12,598)	1,480
Net Current Liabilities	(5,149)	(4,709)	(5,338)	(189)	(629)
Total Assets less Current Liabilities	156,911	154,881	154,455	(2,456)	(426)
Revolving Working Capital Support Facility	(12,700)	(17,017)	(17,017)	(4,317)	0
Provisions	(175)	(125)	(112)	63	13
Total Assets Employed	144,036	137,739	137,326	(6,710)	(413)
Financed by Taxpayers' Equity					
Public dividend capital	197,106	197,106	197,106	0	0
Retained Earnings	(82,053)	(88,350)	(88,763)	(6,710)	(413)
Revaluation reserve	28,983	28,983	28,983	0	0

Total Taxpayers' Equity	144,036	137,739	137,326	(6,710)	(413)
--------------------------------	----------------	----------------	----------------	----------------	--------------

Total Taxpayers' Equity has decreased by £0.413 million in month due to a decrease in retained earnings of £0.413 million comprising a £0.476 million I&E deficit in month and a £0.063 million adjustment for donated asset reserve elimination.

Total Current Assets

Inventories have decreased by £0.283 million within the month.

Receivables have decreased by £4.674 million in the areas of NHS receivables (£3.327 million), prepayments and accrued income (£1.337 million), VAT (£0.007 million) and Non-NHS receivables (£0.003 million).

Accounts Receivable aged debt summary as at 31 October 2016:

	1-30 Days	31-60 Days	61+ Days	Total
	£000	£000	£000	£000
NHS (English)	1,383	575	573	2,531
NHS (Non-English)	29	58	253	340
Private Patients	61	5	30	96
Other*	269	39	278	586
Total	1,742	677	1,134	3,553

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

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

	1-30 Days	31-60 Days	61+ Days	Total
	£000	£000	£000	£000
NHS England Commissioning	769	198	0	967
RJAH	179	149	56	384
Shropshire CCG	95	35	85	215
Shropshire Community HCT	46	82	83	211
CP Plus	103	0	0	103

The NHS England Commissioning 1-30 days balance includes invoices raised in advance to ensure these invoices are paid in November 2016.

Total Current Liabilities and the Better Payment Practice Code

Payables have increased by £1.880 million in the areas of NHS payables (£0.065 million), Non-NHS payables (£0.291 million) and capital payables (£0.557 million) but a decrease in payments on account (£0.002 million), tax and social security costs (£0.004 million) and Non-NHS accruals and deferred income (£2.787 million).

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

	1-30 Days	31-60 Days	61+ Days	Total
	£000	£000	£000	£000
NHS Invoices	328	430	761	1,519
Non-NHS Invoices	6,016	4,442	2,606	13,064
Total	6,344	4,872	3,367	14,583

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 - £1.310 million pharmacy, £0.285 million agency, £0.253 million energy contract, £0.071 million day case surgery

Over 60 days - £0.170 million PACS system, £0.117 million pathology system, £0.080 million day case surgery, £0.078 million accommodation, £0.075 million pharmacy, £0.053 million agency

Non NHS Spend	YTD	M1	M2	M3	M4	M5	M6	M7	YTD
	2015/16	2016/17	2016/17	2016/17	2016/17	2016/17	2016/17	2016/17	2016/17
By Volume									
Total Volume	56,404	6,772	6,033	9,005	4,270	5,091	7,768	8,267	47,206
BPPC compliant volume	51,315	6,316	5,553	7,747	4,000	1,929	2,495	3,687	31,727
BPPC compliant %	91%	93%	92%	86%	94%	38%	32%	45%	67%
By Value									
Total value (£000)	70,561	9,182	9,703	11,305	6,154	7,671	9,177	8,939	62,131
BPPC compliant value (£000)	64,233	8,187	8,917	8,955	5,826	4,192	4,361	4,813	45,251
BPPC compliant %	91%	89%	92%	79%	95%	55%	48%	54%	73%
Current Month									
Payment made	Quantity	Quantity %	Value	Value %					
Supplier Invoice Queries	634	8%	404,488	5%					
0-30 days	3,053	37%	4,409,295	49%					
31-35 days	574	7%	629,232	7%					
36-40 days	896	11%	638,705	7%					
41-45 days	1,167	14%	1,081,980	12%					
46-50 days	396	5%	213,214	2%					
51-55 days	334	4%	313,777	4%					
56-60 days	373	5%	234,500	3%					
over 60 days	1,474	18%	1,418,413	16%					
Total invoices paid	8,267	100%	8,939,116	100%					

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 - £0.059 million blood products

Over 60 days - £0.150 million laundry, £0.017 million chilled meals, £0.011 million blood products

NHS Spend	YTD	M1	M2	M3	M4	M5	M6	M7	YTD
	2015/16	2016/17	2016/17	2016/17	2016/17	2016/17	2016/17	2016/17	2016/17
By Volume									
Total Volume	1,511	192	100	386	12	184	215	179	1,268
BPPC compliant volume	1,363	175	58	207	10	106	101	72	729
BPPC compliant %	90%	91%	58%	54%	83%	58%	47%	40%	57%
By Value									
Total value (£000)	5,576	364	485	1,052	81	677	522	514	3,695
BPPC compliant value (£000)	5,265	269	251	556	17	284	344	208	1,929
BPPC compliant %	94%	74%	52%	53%	21%	42%	66%	40%	52%
Current Month									
Payment made	Quantity	Quantity %	Value	Value %					
Supplier Invoice Queries	39	22%	68,843	13%					
0-30 days	33	18%	139,625	27%					
31-35 days	14	8%	47,486	9%					
36-40 days	4	2%	5,236	1%					
41-45 days	12	7%	5,984	1%					
46-50 days	7	4%	841	0%					
50-55 days	5	3%	8,263	2%					
56-60 days	2	1%	994	0%					
over 60 days	63	35%	236,420	46%					
Total invoices paid	179	100%	513,692	100%					

Provisions have moved as expected within the month.

8. 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 £1.700 million.
- The Trust held a cash balance on the Balance Sheet of £7.389 million at the end of October. The actual balance in the Trust's bank account was £7.343 million, the difference being reconciling items e.g. cash in transit; petty cash; patients cash; unpresented cheques, etc.
- Based on the Plan deficit of £5.900 million, the Trust will receive £5.900 million cash support in 2016/17.
- The below cashflow is based on a forecast outturn of a deficit of £12.333 million. This presents the Trust with a shortfall in cash of £6.43 million.
- Within the I&E reported income position at Month 07, there is an accrual of £2.381 million relating to Shropshire CCG which is yet to be received as cash.
- The cashflow below assumes that £2.000 million income relating to 2016/17 will not have been received in cash by the end of March.
- Additional cash of £6.433 million required to cover the forecast I&E deficit over the loan available and non-receipt of cash for income of £2.000 million, gives a forecast shortfall of cash of £8.433 million.
- To cover this cash shortfall, payments to creditors will need to be suppressed by £8.433 million by the end of the financial year.
- As at Month 07, the Trust has drawn loan funding of £4.317 million - £1.750 million in lieu of Sustainability and Transformation Funding (STF) and £2.567 million to support I&E deficit. The loan monies received in lieu of STF will be repayable when this cash is received as an income receipt. This income receipt is expected to be received in November.























The Shrewsbury and Telford Hospital NHS Trust	2016/17							2017/18							
Cashflow - October 2016															
	Actual October Month	Forecast November Month	Forecast December Month	Forecast January Month	Forecast February Month	Forecast March Month	Total To Date And Forecast		Forecast April Month	Forecast May Month	Forecast June Month	Forecast July Month	Forecast August Month	Forecast September Month	Forecast October Month
	£000's	£000's	£000's	£000's	£000's	£000's	£000's		£000's	£000's	£000's	£000's	£000's	£000's	£000's
Balance B/fwd	4,490	7,343	3,713	(0)	0	0	1,636		1,700	1,700	1,701	1,700	1,700	1,701	1,701
INCOME															
Income I&E	31,537	27,474	27,774	29,892	28,824	32,562	344,152		29,858	29,858	29,858	29,858	29,858	29,858	29,858
BS Changes - to year end forecast - Income 16.17 C/F	0	0	0	0	0	(2,000)	(2,000)		500	500	500	500	0	0	0
Income - Total Balance Sheet Movements	0	7	0	0	0	(1,897)	(22)		500	500	500	500	0	0	0
Total Income Cashflow	31,537	27,481	27,774	29,892	28,824	30,665	344,130		30,358	30,358	30,358	30,358	29,858	29,858	29,858
Revolving Working Capital - I&E Deficit	0	0	0	0	0	3,333	5,900		0	0	0	0	0	3,032	0
Revolving Working Capital - STF		0	0	0	0		4,375								
Receipt of Permanent PDC	0	2,500	0	0	0	0	2,500		0	0	0	0	0	0	0
Total Income Cashflow (inc RWC)	31,537	29,981	27,774	29,892	28,824	33,998	356,905		30,358	30,358	30,358	30,358	29,858	32,890	29,858
PAY															
Pay I&E	(19,525)	(20,209)	(19,901)	(19,901)	(19,901)	(20,209)	(235,391)		(19,372)	(19,372)	(19,372)	(19,372)	(19,372)	(19,372)	(19,372)
Pay - Total Balance Sheet Movements	0	0	0	0	0	0	2,051		0	0	0	0	0	0	0
Total Pay Cashflow	(19,525)	(20,209)	(19,901)	(19,901)	(19,901)	(20,209)	(233,340)		(19,372)	(19,372)	(19,372)	(19,372)	(19,372)	(19,372)	(19,372)
NON PAY															
Non Pay I&E	(8,764)	(11,729)	(8,804)	(10,326)	(7,467)	(8,553)	(106,010)		(9,495)	(9,495)	(9,495)	(9,495)	(9,495)	(9,495)	(9,495)
BS Changes - Non Pay - 16/17 c/f - Creditor Suppression		0	732	4,421	1,124	2,156	8,433		(500)	(500)	(500)	(500)			
Non Pay - Total Balance Sheet Movements	0	0	(6)	1,587	582	1,830	3,993		(500)	(500)	(500)	(500)	0	0	0
Total Non Pay Cashflow	(8,764)	(11,729)	(8,810)	(8,739)	(6,885)	(6,723)	(102,017)		(9,995)	(9,995)	(9,995)	(9,995)	(9,495)	(9,495)	(9,495)
Finance Costs															
Finance Costs I&E	2	2	2	2	2	(2,178)	(4,421)		(21)	(21)	(21)	(21)	(21)	(2,558)	(21)
Finance Costs - Total Balance Sheet Movements	0	0	0	0	0	0	604		0	0	0	0	0	0	0
Total Finance Costs Cashflow	2	2	2	2	2	(2,178)	(3,816)		(21)	(21)	(21)	(21)	(21)	(2,558)	(21)
Capital															
Capital Expenditure	(698)	(2,177)	(1,561)	(1,879)	(2,629)	(2,172)	(13,162)		(971)	(970)	(971)	(971)	(970)	(1,465)	(971)
Capital - Total Balance Sheet Movements	301	503	533	625	589	(1,017)	(131)		0	0	0	0	0	0	0
Total Capital Cashflow	(397)	(1,674)	(1,028)	(1,254)	(2,040)	(3,188)	(13,293)		(971)	(970)	(971)	(971)	(970)	(1,465)	(971)
Repayment of RWC - on receipt of STF			(1,750)			0	(4,375)		0						
PDC Revenue							0		0						
Total Cashflow	2,853	(3,630)	(3,713)	1	(0)	1,700	64		(0)	1	(0)	(0)	1	0	(0)
Balance C/fwd	7,343	3,713	(0)	0	0	1,700	1,700		1,700	1,701	1,700	1,700	1,701	1,701	1,700




















Statement of Financial Position – Key Messages
<ul style="list-style-type: none">• The Trust is required to hold a minimum daily cash balance of £1.700 million.• The Trust held a cash balance on the Balance Sheet of £7.389 million at the end of October.• During 2016/17, the Trust will receive £5.900 million cash support against a forecast I&E deficit of £12.333 million.• Within the I&E reported income position at Month 07, there is an accrual of £2.381 million relating to Shropshire CCG. It has been assumed that £2.000 million cash relating to 2016/17 income will not be received.• To cover the cash shortfall, payments to creditors will need to be suppressed by £8.433 million by the end of the financial year.• As at Month 07, the Trust has drawn loan funding of £4.317 million - £1.750 million in lieu of Sustainability and Transformation Funding (STF) and £2.567 million to support I&E deficit.

Neil Nisbet
Finance Director and Deputy Chief Executive
23rd November 2016

Appendix A

Risk		Proposal		Plan						Forecast						Shortfall
Risk	Ref	Category	Proposal	SC	USC	W&C	SS	Corp	Total	SC	USC	W&C	SS	Corp	Total	Total
RAG		Tier 1		£,000	£,000	£,000	£,000	£,000	£,000	£,000	£,000	£,000	£,000	£,000	£,000	£,000
	1	Medical Staff	Revisit/update consultant workforce plan	127	32				159	0	0				0	-159
	2	Medical Staff	Specialties WLI expenditure	45	0		50		95	37			50		87	-8
	3	Medical Staff	Revisit/update junior workforce plan	5	63				68	3	31				34	-34
	4	Medical Staff	Cease Pain Management Service	25					25	25					25	0
	5	Nursing	Reduction in RN non-statutory training		18				18		0				0	-18
	6	Nursing	Reduction in HCA non-statutory training		5				5		0				0	-5
	7	Nursing	Consistency of management time	8	21				29	8	21				29	0
	8	Nursing	Close Ward 21 (16 beds)	269					269	0					0	-269
	9	Nursing	Reduce agency through redeployment of staff	117					117	0					0	-117
	10	Nursing	Redeploys staff from Ward 21 to Ward 8	14					14	0					0	-14
	11	Nursing	Delay introduction of Surgical Admission Suite (PRH)	32					32	32					32	0
	12	Nursing	Delay in ACP recruitment reduction in supernumerary to no more than 2 weeks for new RN starters/ MW reduce rotation from 72hrs to 24hrs	13					13	18					18	5
	13	Nursing/Midwifery			86	22			108		86	22			108	0
	14	Nursing	Risk assessed nursing ratio implementation		397	24			421		397	24			421	0
	15	Nursing	Reduce Urodynamics by 2 sessions per month			1			1			1			1	0
	16	Other clinical	Physician Associates - not being recruited until Jan 17. No locums, no backfill		45				45		45				45	0
	17	Other clinical	Cease payment for private patient work				8		8				8		8	0
	18	Other clinical	Reduce Support Service agency and bank				66		66				66		66	0
	19	Other clinical	Review progression of business cases				158		158				158		158	0
	20	Non-clinical	Reduction in bank admin, ward admin pilot		25				25		25				25	0
	21	Non-clinical	Recruitment of substantive posts -cease bank enhancement	4					4	4					4	0
	22	Non-clinical	Workforce saving	126	86	24	65	87	388	43	86	8	65	0	202	-186
	23	Others	Lymphedema service change				20		20				20		20	0
			Additional cost (USC - Nursing ratio)	-60	-397				-457	-60	-397				-457	0
		Total		725	381	71	367	87	1631	110	294	55	367	0	826	-805
		Amendment	Remove Ward 21 closure	400					400						0	-400
		Revised Total		325	381	71	367	87	1231	110	294	55	367	0	826	-405

			Tier 2	SC	USC	W&C	SS	Corp	Total	SC	USC	W&C	SS	Corp	Total	
	24	Medical Staff	Cease Keele sessions to offset WLI/agency		60				60		0				0	-60
	25	Medical Staff	Cease Keele sessions - 2/52 Xmas work at SaTH		25				25		0				0	-25
	26	Medical Staff	Re provide Consultant SPA to clinical (0.5 SPA)	153					153	0					0	-153
	27	Medical Staff	Consultant pay back Clinical Governance	57					57	0					0	-57
	28	Medical Staff	Staff Flow VAT savings	3					3	3					3	0
	29	Medical Staff	Cease variation in internal locum rates		2				2		2				2	0
	30	Medical Staff	Redirect 3 corporate non-clinical to offset agency		44				44		0				0	-44
	31	Medical Staff	Consultant Histology extra reporting				8		8				8		8	0
	32	Nursing	Reduction in TCI unavailability		11				11		0				0	-11
	33	Nursing	CNS - one shift per month	15					15	0					0	-15
	34	Nursing	Delay annual RN stat training moving to 2 yearly		28				28		0				0	-28
	35	Nursing	Delay annual HCA stat training moving to 2 yearly		6				6		0				0	-6
	36	Nursing	Operate Medical Day Unit as part of AMU		12				12		12				12	0
	37	Nursing	Move Ward 17 to standard ward template		81				81		0				0	-81
	38	Nursing	Cease Streaming Nurse PRH A&E		25				25		0				0	-25
	39	Nursing	Cease Streaming Nurse RSH A&E		24				24		0				0	-24
	40	Nursing	Close 2 x gynae beds at the weekend, save HCA hours				9		9				9		9	0
	41	Nursing /Midwifery	Remove all overtime enhancements - PT staff to pick up hours				22		22				22		22	0
	42	Other clinical	MSK Physio				3		3				0		0	-3
	43	Other clinical	TTOs				15		15				0		0	-15
			Additional cost (USC - ward 22 nurse patient ratio)		-51				-51		-51				-51	0
		Total		228	267	31	26	0	552	3	-37	31	8	0	5	-547

			Tier 3	SC	USC	W&C	SS	Corp	Total	SC	USC	W&C	SS	Corp	Total	
	44	Medical Staff	All agency locum consultants via Staff Flow (2 Neurology; 2 A&E; 1 Respiratory)		37				37		0				0	-37
	45	Medical Staff	All agency locum non-consultants via Staff Flow		14				14		0				0	-14
	46	Medical Staff	Withdraw Consultants on Ward 4, PRH		32				32		0				0	-32
	47	Nursing	Cease all RN staff within both theatres due to reduced theatre capacity 50% reduction in level until 31/10/23 validated as vacant or currently filled (RN PRH)		66				66	66					66	0
	48	Nursing	50% reduction in level until 31/10/23 validated as vacant or currently filled (HCA PRH)		73				73		73				73	0
	49	Nursing	50% reduction in level until 31/10/23 validated as vacant or currently filled (RN RSH)		23				23		23				23	0
	50	Nursing	50% reduction in level until 31/10/23 validated as vacant or currently filled (HCA RSH)		67				67		67				67	0
	51	Nursing	50% reduction in level until 31/10/23 validated as vacant or currently filled (HCA RSH)		19				19		19				19	0
	52	Nursing	Remove ITU supernumery posts - both sites at night		103				103	77					77	-26
	53	Nursing	Cease PRH Discharge Lounge		28				28		28				28	0
	54	Nursing	Removal of unfunded escalation - Ward 7		113				113		0				0	-113
	55	Nursing	Removal of unfunded escalation - H&N Theatre		102				102		0				0	-102
	56	Nursing	Removal of unfunded escalation - CDU Corridor		38				38		0				0	-38
	57	Nursing	Removal of unfunded escalation - Ambulatory Care PRH		16				16		0				0	-16
	58	Nursing	Removal of unfunded escalation - ED PRH		19				19		0				0	-19
	59	Nursing	Removal of unfunded escalation - ED RSH		12				12		0				0	-12
	60	Midwifery	Convert 3 x MLUs to birthing centres			95			95			0			0	-95
	61	Other clinical	Physician Associates - not being recruited until Jan 17. No locums, no backfill		47				47		47				47	0
	62	Non-clinical	Cease Ophthalmology past max wait activity - receptionist and secretary		16				16	13					13	-3
	63	Non-clinical	Cease payments for on call managers (3 months notice)		6				6	0					0	-6
	64	Service Review	Renal service at Ludlow - repatriate to main sites		59				59		0				0	-59
		Total		223	667	95	0	0	985	156	257	0	0	0	413	-572
		Amendment	Remove removal of escalation capacity		-300				-300						0	300
		Revised Total		223	367	95	0	0	685	156	257	0	0		413	-272
		Tier Total Pay		776	1,015	197	393	87	2468	269	514	86	375	0	1244	-1224
		Non-pay	Tier 1	240	73	42	20		375	238	73	0	0		311	-64
			Tier 2	0	0	0			0	0	0	0			0	0
			Tier 3	110	30				140	95	30				125	-15
		Total non-pay		350	103	42	20	0	515	333	103	0	0	0	436	-79
		Overall Total		1,126	1,118	239	413	87	2983	602	617	86	375	0	1680	-1303

- 1 SC - Reduce WLU/Agency in Ophthalmology. USC - adjustments to Respiratory, A&E
3 grade leave
8 SC - Scheme discounted due to impact on USC
9 SC - Scheme discounted due to impact on USC
10 SC - Scheme discounted due to impact on USC
14 W&C - relates to CAU RSH
18 SS - Therapy 41K, Pharmacy 25k
19 SS - Breast 70k, Breast/harem 24k, Pharmacy 64k
21 USC - PACC
54 USC - Scheme discounted due to impact on capacity
55 USC - Scheme discounted due to impact on capacity
56 USC - Scheme discounted due to impact on capacity
57 USC - Scheme discounted due to impact on capacity
58 USC - Scheme discounted due to impact on capacity
59 USC - Scheme discounted due to impact on capacity

NP T1 SS - linked to business case review
NP T3 notice)

Reporting to:	Trust Board – 1 December 2016
Title	Nursing & Midwifery Staffing Data – September and October 2016
Sponsoring Director	Director of Nursing & Quality
Author(s)	Philip Fewtrell, Quality Manager
Previously considered by	Quality & Safety Committee – 24 October 2016
Executive Summary	<p>The purpose of this report is to inform the Trust Board of the staffing levels in September and October 2016.</p> <p>September</p> <p>Registered Nurses / Midwives - Day = 92.7%</p> <p>Care Staff - Day = 105.4%</p> <p>Registered Nurses / Midwives - Night = 95.9%</p> <p>Care Staff - Night = 107.7%</p> <p>October</p> <p>Registered Nurses / Midwives - Day = 94.8%</p> <p>Care Staff - Day = 101.9%</p> <p>Registered Nurses / Midwives - Night = 97.6%</p> <p>Care Staff - Night = 106.6%</p> <p>From September, Nurse Sensitive Indicators (Patient Safety Metrics) have been aligned to each of the wards / units for which we are mandated to submit their staffing information – these are the number of Serious Incidents (SIs) (by incident date), Falls, Cdif (post 72 hours), MRSA Bacteraemia, Grade 3 and 4 Pressure Ulcers and Medication Administration Errors.</p> <p>The Board will receive the report for information, and to support them in fulfilling their responsibilities to monitor staffing capacity and capability.</p>
Strategic Priorities	<input checked="" type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience.
1. Quality and Safety	<input type="checkbox"/> Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards <input type="checkbox"/> Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme <input type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions <input type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme
2. People	<input type="checkbox"/> Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work
3. Innovation	<input type="checkbox"/> Support service transformation and increased productivity through technology and continuous improvement strategies
4. Community and Partnership	<input type="checkbox"/> Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and well-being of the population <input type="checkbox"/> Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies

5 Financial Strength: Sustainable Future	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> 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. <input checked="" type="checkbox"/> Risk to sustainability of clinical services due to potential shortages of key clinical staff <input type="checkbox"/> If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input type="checkbox"/> If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients <input type="checkbox"/> If we are unable to resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
Care Quality Commission (CQC) Domains	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led
<input checked="" type="checkbox"/> Receive <input checked="" type="checkbox"/> Review <input type="checkbox"/> Note <input type="checkbox"/> Approve	Recommendation REVIEW and RECEIVE the report

Month / Year	September 2016
--------------	----------------

Nursing, Midwifery and Care Staff Data and Patient Quality Metrics Report		Day							Night					Care Hours per Patient Day (CHPPD)				Nurse Sensitive Indicators (Patient Safety Metrics)							Notes
		Registered nurses / midwives	Registered nurses / midwives	Average fill rate - registered nurses / midwives (%)	Care Staff	Care Staff	Average fill rate - care staff (%)	Registered nurses / midwives	Registered nurses / midwives	Average fill rate - registered nurses / midwives (%)	Care Staff	Care Staff	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall	Serious Incidents (SIs)	Falls (all reportable)	Cdiff (post 72 hours)	MRSA Bacteraemia	Pressure Ulcers (PU)		Medication Administration Errors	
																						Grade 4	Grade 3		
Hospital Site	Ward Name	Total monthly planned staff hours	Total monthly actual staff hours		Total monthly planned staff hours	Total monthly actual staff hours		Total monthly planned staff hours	Total monthly actual staff hours		Total monthly planned staff hours	Total monthly actual staff hours													
PRH	Acute Medical Unit (AMU)	1831	1799	98.2%	1605	1575	98.1%	1725	1645	95.3%	1035	1034	99.9%	483	7.1	5.4	12.5		3				4		
PRH	Ward 4 - Gastroenterology	1743	1658	95.1%	1380	1394	101.0%	1035	1002	96.8%	690	691	100.1%	806	3.3	2.6	5.9		2				2		
PRH	Ward 6 - Coronary Care Unit	2073	1969	95.0%	690	690	100.0%	1335	1294	96.9%	345	381	110.4%	718	4.5	1.5	6.0		5	1			1		
PRH	Ward 7 - Acute Medical Short Stay	1449	1600	110.4%	1035	1329	128.4%	690	978	141.7%	690	713	103.3%	809	3.2	2.5	5.7		2						
PRH	Ward 9 - Respiratory	1811	1783	98.5%	1380	1242	90.0%	1035	1001	96.7%	690	873	126.5%	835	3.3	2.5	5.9		7						
PRH	Ward 15 - Acute Stroke Unit	2150	1909	88.8%	1380	1453	105.3%	1380	1327	96.2%	690	755	109.4%	650	5.0	3.4	8.4	1	2						
PRH	Ward 16 - Stroke Rehab	1340	930	69.4%	1035	1445	139.6%	690	693	100.4%	690	821	119.0%	538	3.0	4.2	7.2		3			1		Grade 3 PU reportable as SI	
PRH	Ward 17 - Endocrinology & Care of the Older Person	2062	1910	92.6%	1725	1734	100.5%	1035	1040	100.5%	1380	1649	119.5%	833	3.5	4.1	7.6		5				1		
RSH	Acute Medical Unit (AMU)	2534	2333	92.1%	1380	1642	119.0%	2070	1995	96.4%	1380	1562	113.2%	883	4.9	3.6	8.5		4				3		
RSH	Ward 22 - Stroke & Rehabilitation Unit	2370	1890	79.7%	2070	2684	129.7%	1380	1369	99.2%	1725	1656	96.0%	1198	2.7	3.6	6.3		4						
RSH	Ward 24 / CCU	2312	2197	95.0%	1605	1611	100.4%	1725	1399	81.1%	690	978	141.7%	956	3.8	2.7	6.5		3				2		
RSH	Ward 27 - Respiratory	2456	2114	86.1%	2070	2082	100.6%	1380	1369	99.2%	1035	1183	114.3%	1161	3.0	2.8	5.8		5				1		
RSH	Ward 28 - Nephrology / Medicine	2015	1659	82.3%	1725	1847	107.0%	1380	1324	95.9%	1035	1058	102.2%	1014	2.9	2.9	5.8		2	1					
RSH	Ward 32 - Short Stay	1440	1184	82.2%	1035	1105	106.8%	1035	879	84.9%	690	779	112.9%	677	3.0	2.8	5.8		7	1					
PRH	Ward 8 - Head & Neck Adult Ward	917	911	99.3%	463	487	105.2%	670	647	96.6%	92	126	137.0%	367	4.2	1.7	5.9								
PRH	Ward 10 - Trauma & Orthopaedics	1632	1547	94.8%	1035	1085	104.8%	1035	997	96.3%	690	898	130.1%	775	3.3	2.6	5.8		11				4		
PRH	Ward 11 - Orthopaedics	1230	1254	102.0%	870	844	97.0%	690	689	99.9%	690	636	92.2%	547	3.6	2.7	6.3		1						
PRH	ITU/HDU	2594	2149	82.8%	327	363	111.0%	2520	2126	84.4%	12	12	100.0%	201	21.3	1.9	23.1								
RSH	Ward 21 - Urology	979	862	88.0%	690	789	114.3%	690	690	100.0%	345	436	126.4%	474	3.3	2.6	5.9		3						
RSH	Ward 22 - Orthopaedics	1653	1414	85.5%	1380	1538	111.4%	1035	1006	97.2%	1035	1024	98.9%	822	2.9	3.1	6.1		4				5		
RSH	Ward 23 - Oncology / Haematology	1865	1687	90.5%	1380	1394	101.0%	1380	1325	96.0%	345	415	120.3%	880	3.4	2.1	5.5	1	2					Grade 3 PU reportable as SI	
RSH	Ward 25 - Colorectal and Gastroenterology	2116	1923	90.9%	1740	1984	114.0%	1380	1298	94.1%	1035	1045	101.0%	1130	2.9	2.7	5.5		10				1		
RSH	Ward 26 - Short-Stay Surgery / Surgical / ICA	2169	2002	92.3%	1560	1577	101.1%	1380	1277	92.5%	1035	1091	105.4%	1063	3.1	2.5	5.6		1						
RSH	Surgical Assessment Unit (SAU)	2137	2108	98.6%	1725	1699	98.5%	1725	1734	100.5%	1035	1398	135.1%	1106	3.5	2.8	6.3		3				3		
RSH	ITU/HDU	3315	3069	92.6%	333	357	107.2%	3240	3098	95.6%	0	12	#DIV/0!	260	23.7	1.4	25.1						1		
PRH	Ward 19 - Children's	3270	2979	91.1%	1035	978	94.4%	2760	2335	84.6%	690	610	88.3%	573	9.3	2.8	12.0								
PRH	Ward 23 - Neonatal Unit	2689	2614	97.2%	345	311	90.1%	2415	2395	99.2%	345	322	93.3%	426	11.8	1.5	13.2								
PRH	Ward 21 - Postnatal Maternity	1237	1240	100.2%	1080	1072	99.3%	1080	1062	98.3%	720	684	95.0%	450	5.1	3.9	9.0								
PRH	Ward 22 - Antenatal Maternity	783	820	104.7%	360	360	100.0%	720	715	99.3%	360	324	90.0%	213	7.2	3.2	10.4						1		
PRH	Ward 24 - Delivery Suite Maternity	2635	2785	105.7%	1080	979	90.6%	2520	2596	103.0%	1080	979	90.6%	156	34.5	12.6	47.0								
PRH	Wrekin Maternity	983	914	93.0%	588	528	89.8%	720	655	91.0%	360	360	100.0%	146	10.7	6.1	16.8								
RSH	Shrewsbury Midwife-Led Unit	810	795	98.1%	360	369	102.5%	360	366	101.7%	360	360	100.0%	81	14.3	9.0	23.3								
Bridgnorth	Bridgnorth Midwife-Led Unit	435	450	103.4%	345	340	98.6%	360	363	100.8%	345	346	100.3%	24	33.9	28.6	62.5								
Ludlow	Ludlow Midwife-Led Unit	420	431	102.6%	345	343	99.4%	360	364	101.1%	345	347	100.6%	25	31.8	27.6	59.4								
Oswestry	Oswestry Midwife-Led Unit	451	459	101.8%	360	354	98.3%	360	364	101.1%	360	360	100.0%	52	15.8	13.7	29.6								
PRH	Ward 14 - Gynaecology	775	776	100.1%	345	311	90.1%	690	667	96.7%	345	345	100.0%	308	4.7	2.1	6.8								

Trustwide	62681	58123	92.7%	37861	39893	105.4%	45985	44083	95.9%	24389	26262	107.7%	21640	4.7	3.1	7.8	2	89	3	0	0	2	29
-----------	-------	-------	-------	-------	-------	--------	-------	-------	-------	-------	-------	--------	-------	-----	-----	-----	---	----	---	---	---	---	----

Fill Rate Key
<80%
80% to 94.9%
≥95%

Month / Year	October 2016
--------------	--------------

Nursing, Midwifery and Care Staff Data and Patient Quality Metrics Report		Day						Night						Daily Average		Care Hours per Patient Day (CHPPD)				Nurse Sensitive Indicators (Patient Safety Metrics)							Notes
		Registered nurses / midwives	Registered nurses / midwives	Average fill rate - registered nurses / midwives (%)	Care Staff	Care Staff	Average fill rate - care staff (%)	Registered nurses / midwives	Registered nurses / midwives	Average fill rate - registered nurses / midwives (%)	Care Staff	Care Staff	Average fill rate - care staff (%)	Registered	Care Staff	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall	Serious Incidents (SIs)	Falls (all reportable)	Cdiff (post 72 hours)	MRSA Bacteraemia	Pressure Ulcers (PU)		Medication Administration Errors	
																								Grade 4	Grade 3		
Hospital Site	Ward Name	Total monthly planned staff hours	Total monthly actual staff hours		Total monthly planned staff hours	Total monthly actual staff hours		Total monthly planned staff hours	Total monthly actual staff hours		Total monthly planned staff hours	Total monthly actual staff hours															
	Acute Medical Unit (AMU)	1906	1885	98.9%	1659	1391	83.9%	1783	1733	97.2%	1070	1069	99.9%	98.1%	90.2%	544	6.6	4.5	11.2							1	
	Ward 4 - Gastroenterology	1757	1630	92.7%	1426	1479	103.7%	1070	1057	98.8%	713	760	106.6%	95.0%	104.7%	821	3.3	2.7	6.0								
	Ward 6 - Coronary Care Unit	2134	1955	91.6%	713	682	95.7%	1380	1358	98.4%	357	357	100.1%	94.3%	97.1%	763	4.3	1.4	5.7								
	Ward 7 - Acute Medical Short Stay	1448	1610	111.2%	1070	1279	119.6%	713	1070	150.1%	713	713	100.0%	124.0%	111.8%	852	3.1	2.3	5.5					1		1	Grade 3 PU reported as SI
	Ward 9 - Respiratory	1821	1639	90.0%	1426	1281	89.8%	1070	1061	99.2%	713	714	100.1%	93.4%	93.3%	871	3.1	2.3	5.4							5	
	Ward 15 - Acute Stroke Unit	2209	2086	94.4%	1426	1473	103.3%	1426	1390	97.5%	713	727	102.0%	95.6%	102.9%	709	4.9	3.1	8.0							1	
	Ward 16 - Stroke Rehab	1333	1061	79.6%	1070	1016	95.0%	713	713	100.0%	713	685	96.1%	86.7%	95.4%	556	3.2	3.1	6.3								
	Ward 17 - Endocrinology & Care of the Older Person	2104	1989	94.5%	1783	1753	98.3%	1070	1074	100.4%	1426	1688	118.4%	96.5%	107.2%	865	3.5	4.0	7.5								
	Acute Medical Unit (AMU)	2637	2410	91.4%	1426	1646	115.4%	2139	2205	103.1%	1426	1784	125.1%	96.6%	120.2%	886	5.2	3.9	9.1								
	Ward 22 - Stroke & Rehabilitation Unit	2418	1949	80.6%	2139	2703	126.4%	1426	1394	97.8%	1783	1763	98.9%	87.0%	113.9%	1237	2.7	3.6	6.3								
	Ward 24 / CCU	2361	2217	93.9%	1659	1618	97.6%	1783	1469	82.4%	713	978	137.2%	89.0%	109.5%	968	3.8	2.7	6.5								
	Ward 27 - Respiratory	2518	2241	89.0%	2139	2283	106.7%	1426	1401	98.2%	1070	1220	114.1%	92.3%	109.2%	1194	3.1	2.9	6.0							2	
	Ward 28 - Nephrology / Medicine	2124	1731	81.5%	1783	2023	113.5%	1426	1378	96.6%	1070	1063	99.4%	87.6%	108.2%	1043	3.0	3.0	5.9			1				2	
	Ward 32 - Short Stay	1483	1251	84.4%	1070	1093	102.2%	1070	902	84.3%	713	783	109.7%	84.3%	105.2%	719	3.0	2.6	5.6								
	Ward 8 - Head & Neck Adult Ward	953	969	101.7%	476	473	99.5%	765	753	98.5%	312	312	100.0%	100.3%	99.7%	397	4.3	2.0	6.3							1	
	Ward 10 - Trauma & Orthopaedics	1677	1644	98.0%	1070	1139	106.5%	1070	1058	98.9%	713	839	117.7%	98.4%	110.9%	801	3.4	2.5	5.8							1	
	Ward 11 - Orthopaedics	1260	1321	104.8%	899	868	96.6%	713	802	112.5%	713	724	101.5%	107.6%	98.8%	671	3.2	2.4	5.5								
	ITU/HDU	2670	2278	85.3%	257	257	100.0%	2604	2283	87.7%	60	60	100.0%	86.5%	100.0%	187	24.4	1.7	26.1								
	Ward 21 - Urology	1050	1028	97.9%	713	731	102.5%	713	710	99.6%	357	426	119.5%	98.6%	108.2%	486	3.6	2.4	6.0							1	
	Ward 22 - Orthopaedics	1704	1560	91.5%	1426	1401	98.2%	1070	1050	98.2%	1070	1125	105.2%	94.1%	101.2%	861	3.0	2.9	6.0								
	Ward 23 - Oncology / Haematology	1911	1854	97.0%	1426	1447	101.5%	1426	1381	96.8%	357	436	122.3%	96.9%	105.6%	921	3.5	2.0	5.6			1					
	Ward 25 - Colorectal and Gastroenterology	2203	2127	96.6%	1798	1912	106.3%	1426	1389	97.4%	1070	1100	102.9%	96.9%	105.0%	1170	3.0	2.6	5.6					14			
	Ward 26 - Short-Stay Surgery / Surgical / ICA	2248	2177	96.8%	1612	1637	101.6%	1426	1390	97.5%	1070	989	92.5%	97.1%	97.9%	1095	3.3	2.4	5.7							1	
	Surgical Assessment Unit (SAU)	2211	2216	100.2%	1783	1818	102.0%	1783	1731	97.1%	1070	1500	140.3%	98.8%	116.3%	1121	3.5	3.0	6.5							1	
	ITU/HDU	3416	2960	86.7%	356	296	83.1%	3348	3028	90.4%	0	0	#DIV/0!	88.5%	83.1%	252	23.8	1.2	24.9								
	Ward 19 - Children's	3396	3289	96.8%	1070	1035	96.8%	2852	2622	91.9%	713	644	90.3%	94.6%	94.2%	665	8.9	2.5	11.4			1				2	
	Ward 23 - Neonatal Unit	2761	2675	96.9%	357	336	94.2%	2496	2485	99.6%	357	308	86.4%	98.2%	90.3%	435	11.9	1.5	13.3							1	
	Ward 21 - Postnatal Maternity	1232	1248	101.3%	1116	1133	101.5%	1116	1071	96.0%	744	743	99.9%	98.8%	100.9%	488	4.8	3.8	8.6								
	Ward 22 - Antenatal Maternity	797	894	112.2%	372	327	87.9%	744	698	93.8%	372	334	89.8%	103.3%	88.8%	298	5.3	2.2	7.6								
	Ward 24 - Delivery Suite Maternity	2768	3194	115.4%	1116	985	88.3%	2604	2818	108.2%	1116	961	86.1%	111.9%	87.2%	300	20.0	6.5	26.5								
	Wrekin Maternity	995	1048	105.3%	618	489	79.1%	744	752	101.1%	372	504	135.5%	103.5%	100.3%	151	11.9	6.6	18.5								
	Shrewsbury Midwife-Led Unit	403	419	104.1%	192	192	100.0%	192	196	101.8%	192	192	100.0%	103.4%	100.0%	33	18.6	11.6	30.3								
Bridgnorth	Bridgnorth Midwife-Led Unit	447	447	100.0%	357	318	89.2%	372	377	101.3%	357	358	100.4%	100.6%	94.8%	30	27.5	22.5	50.0								
Ludlow	Ludlow Midwife-Led Unit	194	194	100.3%	150	157	104.7%	144	144	100.0%	138	138	100.0%	100.1%	102.4%	11	30.7	26.8	57.5								
Oswestry	Oswestry Midwife-Led Unit	472	465	98.5%	372	366	98.4%	372	377	101.3%	372	372	100.0%	99.8%	99.2%	53	15.9	13.9	29.8								
PRH	Ward 14 - Gynaecology	806	818	101.5%	357	357	100.1%	713	715	100.3%	357	357	100.1%	100.9%	100.1%	349	4.4	2.0	6.4								

Trustwide	63826	60477	94.8%	38675	39392	101.9%	47182	46034	97.6%	25068	26725	106.6%	95.9%	103.7%	22803	4.7	2.9	7.6	2	106	2	0	0	1	20
-----------	-------	-------	-------	-------	-------	--------	-------	-------	-------	-------	-------	--------	-------	--------	-------	-----	-----	-----	---	-----	---	---	---	---	----

Fill Rate Key
<80%
80% to 94.9%
≥95%