

Trust Performance Report

Trust Board
2nd February 2017



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

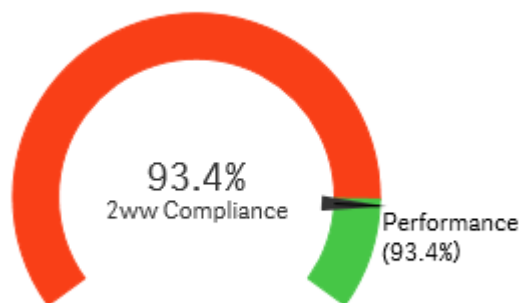
Performance



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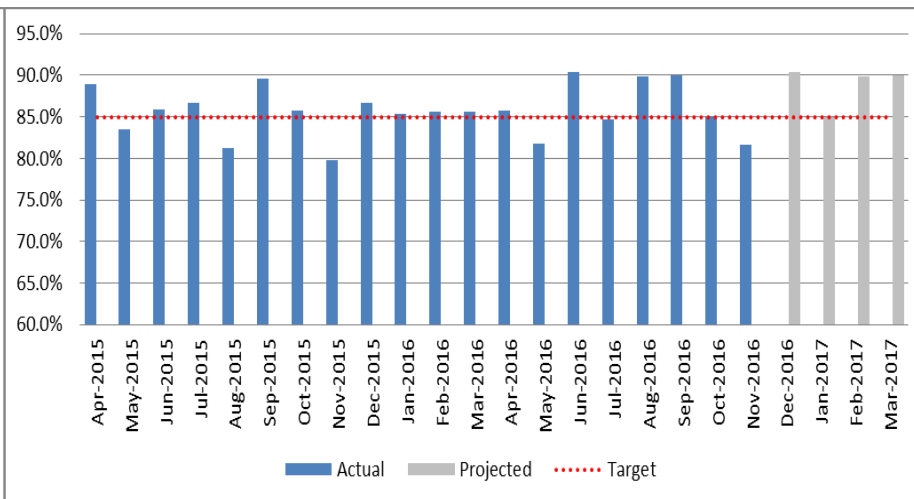
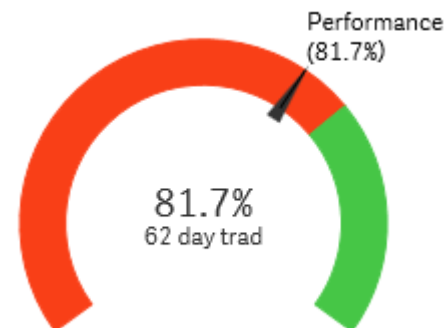
Cancer Target November 2016 Performance

2 Week Wait



The overall 62 Day target was not met for the month of November. Both performance targets are projected to achieve throughout the remaining months to the financial year end at this stage.

62 Day Performance



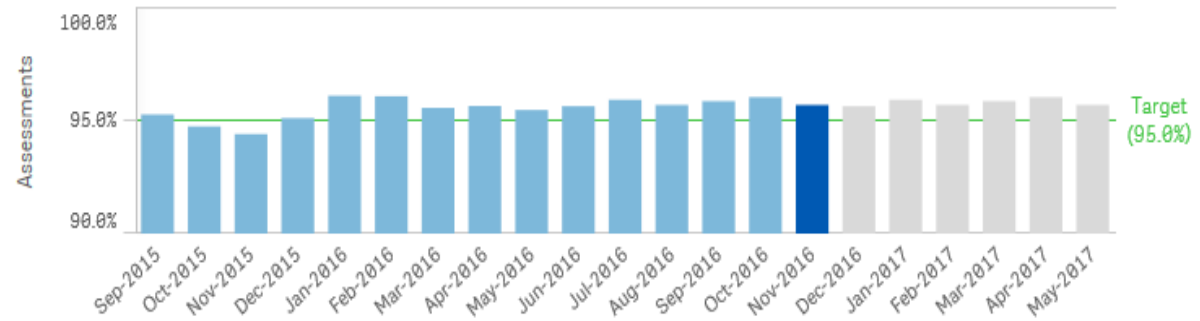
VTE Performance November 16

VTE Assessed

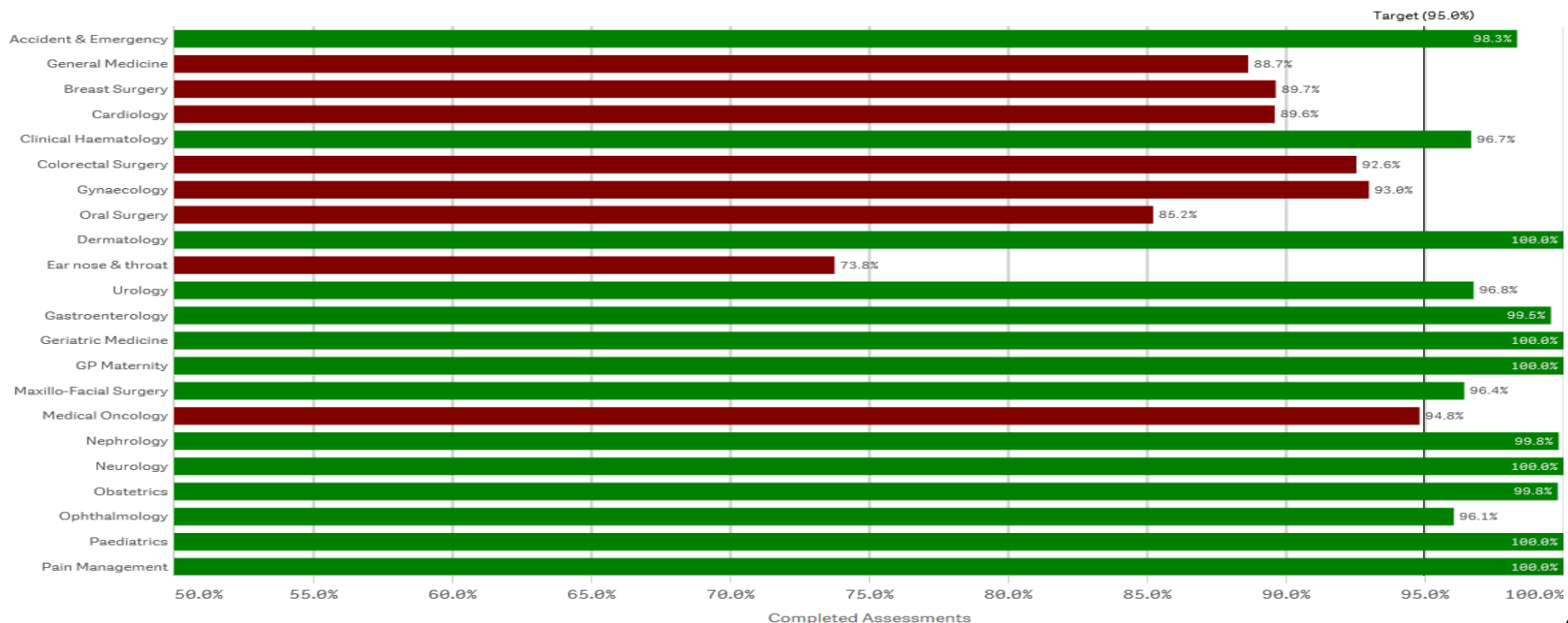
95.6% ✓ -0.3%

Previous Month Difference

% of Patients assessed for VTE - Monthly Trend



% of Patients assessed for VTE by Specialty



RTT Performance December 2016 and Projection without Corrective Action

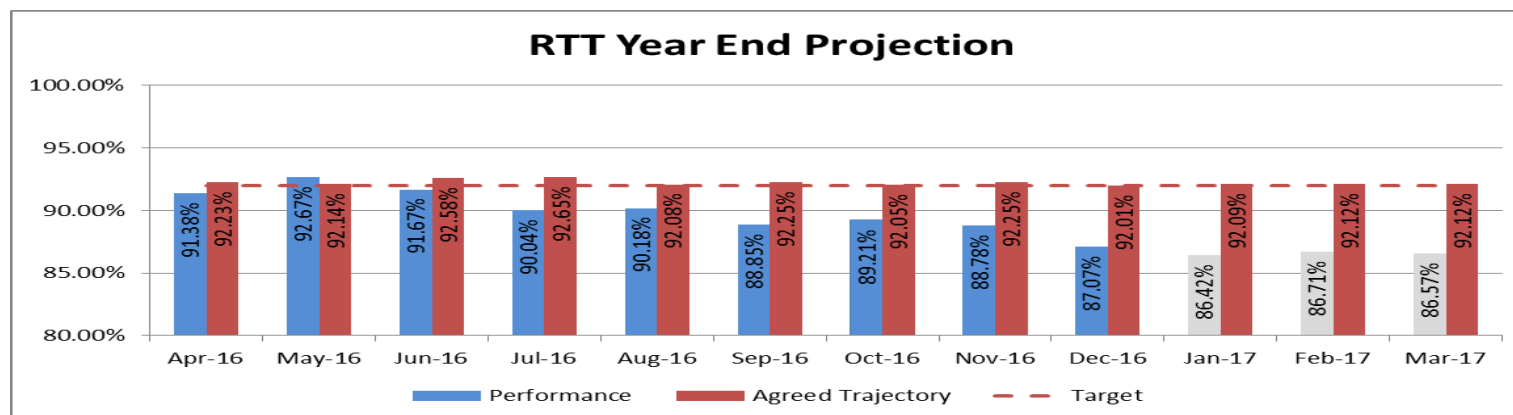
Open Clocks

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

Incomplete

87.48%

RTT Year End Projection



On current performance the Trust is projected to continue to not achieve its RTT target through to the year end

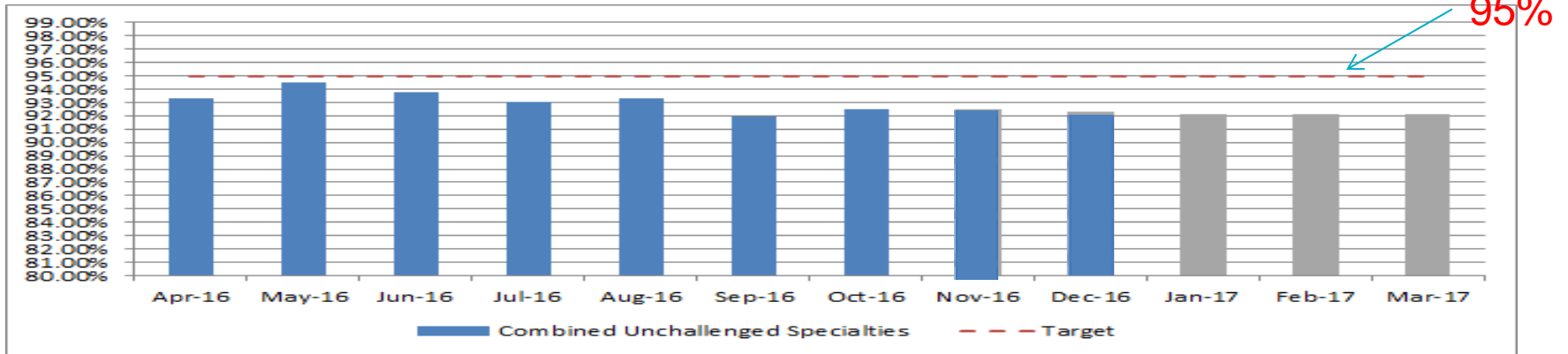
In the period April to December the Trust has been unable to achieve the 92% incomplete target . The expected level of performance is outlined below

	% of activity	Expected Level of Performance
Over Performing Specialties	82	95
Under Performing Specialties	18	78
Blended Rate	100	92

As can be seen from the above table through delivering a 95% level of performance in the over performing specialties and 78% in the challenged specialties the Trust is able to achieve a blended rate of 92%.

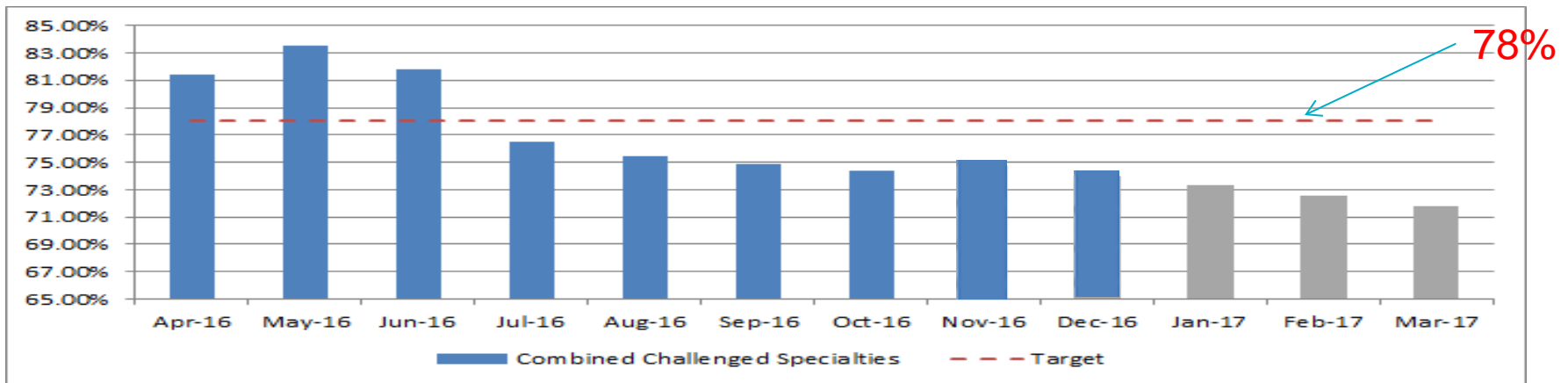
RTT Performance

Over performing Specialities performance projected to year end



As can be seen the trust has struggled to achieve the 95% required in the Unchallenged specialities to deliver the 92% overall target

Under performing Specialities performance projected to year end



As can be seen the trust has struggled to achieve the 78% required in the challenged specialities

RTT January 2017 Projected performance

<u>Admitted Incomplete Pathways</u>				<u>Non Admitted</u>			<u>Combined</u>		
Cohort	Open Clocks		Performance %	Open Clocks		Performance %	Open Clocks		Performance %
	Total Open Clocks	18+ Wks		Total Open Clocks	18+ Wks		Total Open Clocks	18+ Wks	
Reporting Specialty									
Cardiology	106	23	78.30	827	62	92.50	935	85	90.91
Cardiothoracic Surgery	3	1	66.67	19		100.00	22	1	95.45
Dermatology				526	9	98.29	526	9	98.29
Ear, Nose & Throat (ENT)	269	32	88.10	1269	49	96.14	1538	81	94.73
Gastroenterology	17	1	94.12	1238	65	94.75	1255	66	94.74
General Medicine	7	1	85.71	501	32	93.61	508	33	93.50
General Surgery	739	204	72.40	1750	62	96.46	2489	266	89.31
Geriatric Medicine	2	1	50.00	131	10	92.37	133	11	91.73
Gynaecology	281	104	62.99	906	43	95.25	1187	147	87.62
Ophthalmology	503	119	76.34	2278	164	92.80	2781	283	89.82
Other	187	41	78.07	825	37	95.52	1012	78	92.29
Urology	384	107	72.14	746	10	98.66	1130	117	89.65
Sub Total	2498	634	74.26	11,017	543	95.07	13517	1177	91.29
Oral Surgery	220	103	53.18	1023	272	54.70	1243	375	69.83
Trauma & Orthopaedics	918	368	59.91	424	54	87.26	1342	422	68.55
Neurology	1		100.00	635	318	49.92	636	318	50.00
Thoracic Medicine	16	2	87.50	456	43	90.57	472	45	90.47
Sub Total	1155	473	59.05	2538	687	72.93	3693	1160	68.59
	3,637	1,107	69.56	13,557	1,230	90.93	17,210	2,337	86.42

Januarys predicted combined incomplete performance is 86.42%, with performance being driven by the three challenged specialties



The projected Admitted incomplete performance for the end of January is 69.70% with all main speciality's failing the Admitted incomplete target

Neurology, Oral Surgery, Trauma and Orthopaedics are the main specialties with significant RTT delivery issues. There is also concern around Thoracic Medicine and Ophthalmology. Other areas are however set to achieve their non admitted targets.

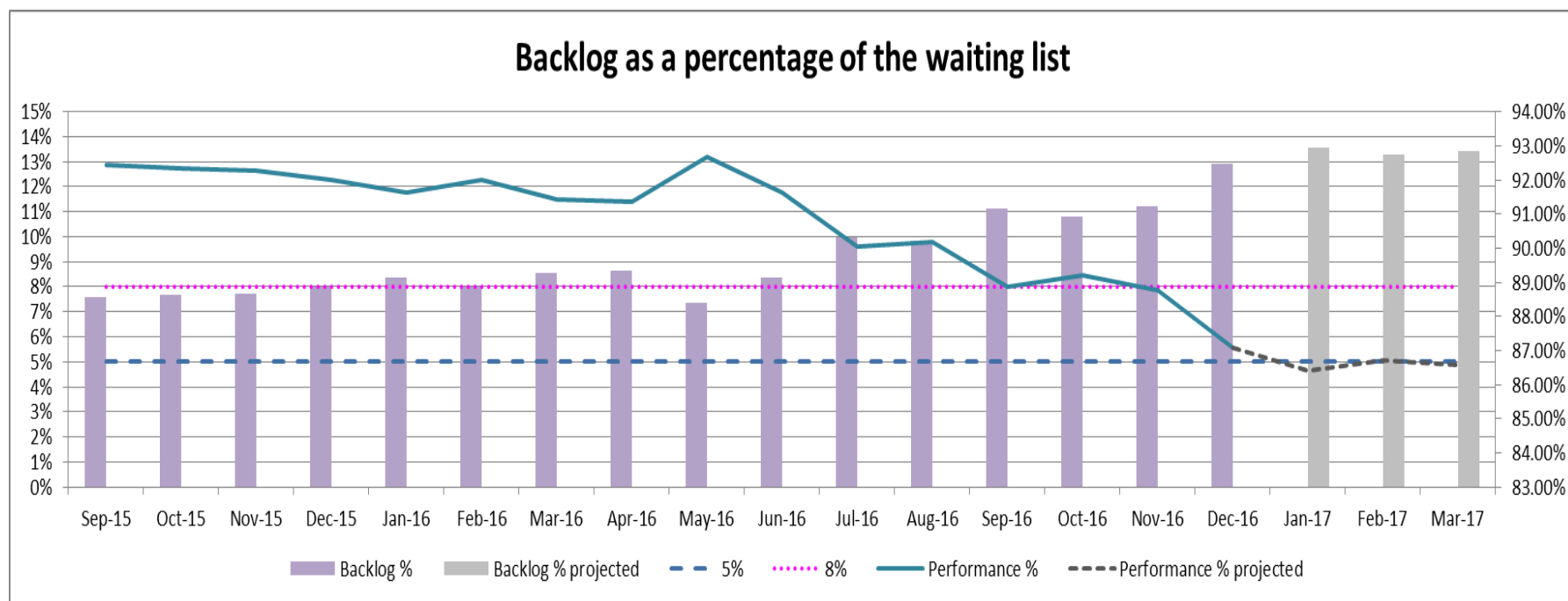
Reasons for RTT Failure January

	Admitted		Non Admitted		Blended Rate	
	Target	Actual	Target	Actual	Target	Actual
	%	%	%	%	%	%
Over performing	91	74	96	95	95	91
Under performing	70	59	80	73	78	69
Total	87	70	93	91	92	86

- Escalation capacity - The growth in the volume of emergency activity and the acuity of patients combined with increased length of stay amongst the MFFD patients has reduced elective bed capacity and as such compromised the performance in respect of admitted activity.
- Admitted capacity has been substantially impacted upon by winter pressures

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	1933	2200	2337	2279	2300
Performance	91.38%	92.67%	91.67%	90.04%	90.18%	88.85%	89.21%	88.78%	87.07%	86.42%	86.71%	86.57%
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 13% therefore with this backlog the trust will not achieve RTT.

A&E Performance – December 2016

% of patients who have a total time in A&E less than 4 hours from arrival to discharge, transfer or admission compared to 95% target

Total number of patients who have waited over 4 hours in A&E from decision to admit to admission - compared to previous month

A&E 4hr Performance

78.0% Δ -1.1%
Previous Month Difference

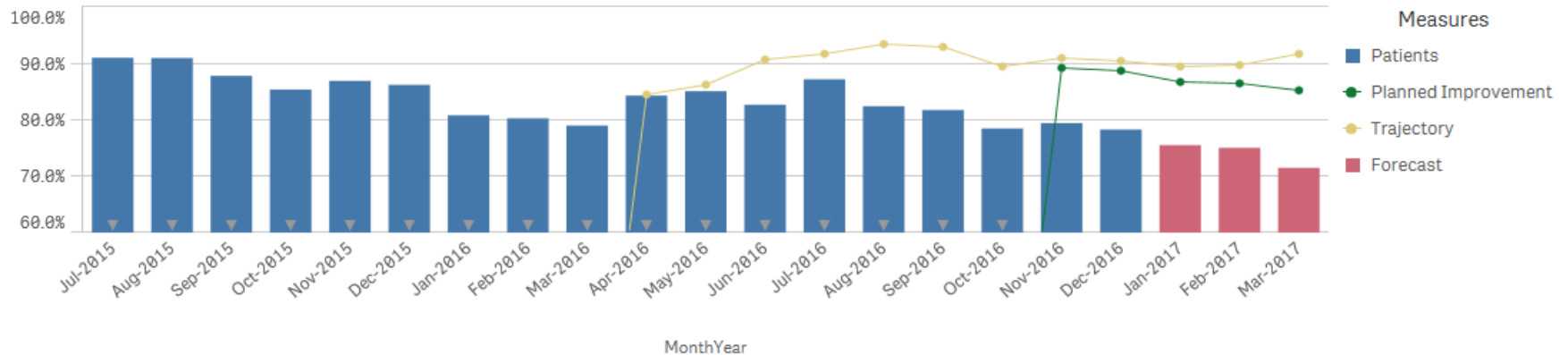
A&E 4-12 hr

769 \triangleright 831
Previous Month



Performance Trend

AE 4hr Performance



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

A&E Projected Performance

	Admitted		Non - Admitted		Total			Trust % with Walk-In	TDA Plan	TDA Planned 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	28.45%	49.36%	88.09%	85.12%	74.39%	77.19%	75.80%	79.15%	90.47%	1024	2345	Failed by 1273 breaches
Dec-16	33.19%	46.76%	86.36%	82.85%	73.72%	74.08%	73.90%	78.02%	89.99%	1096	2523	Failed by 1374 breaches
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	31.74%	51.62%	88.58%	84.40%	75.92%	77.16%	76.54%	79.94%	89.58%	13897	19321	
	41.65%		86.48%		76.54%							

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 41.65% and non admitted patients of 86.48%.

There are significant differences between RSH admitted performance at 31.74% and PRH at 51.62% the differences are less pronounced between the sites when reviewing non-admitted performance. There were 2523 breaches for December the trust would have to halve this figure to achieve the agreed TDA target.

Reasons for current A&E performance

- **Increased Activity / Complexity**

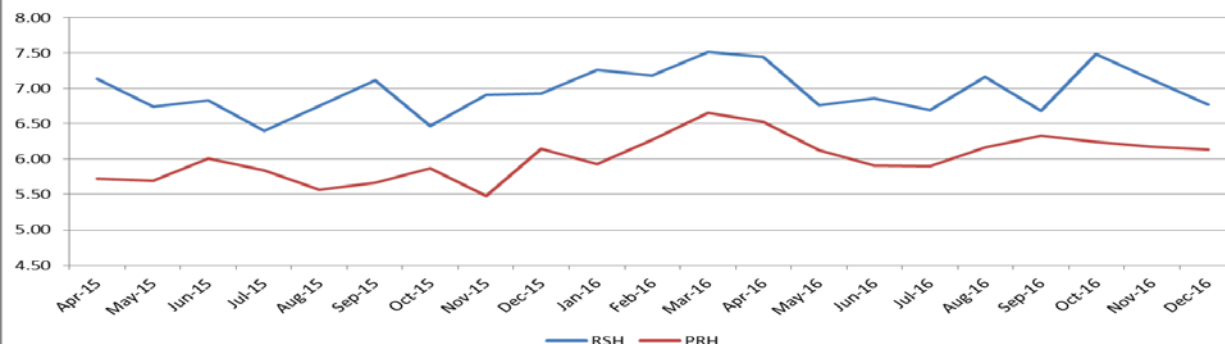
The volume of activity as measured in spells (M1-9 total) has increased in comparison with the same period in 2015/16 by 1%. However there has been a shift in complexity with a 11.3% rise in patients with major complications when comparing M1-9 2015/16 to M1-9 2016/17. Patients with no complications over the same period has shown a 2.7% reduction

	2015/16 In patient spells	2016/17 In patient spells	% Variance
With complications	6,005	6,144	+2.3
With Intermediate complications	4,401	4,376	-0.1
With major complications	6,420	7,241	+11.3
	16,287	17,229	+5.5
Minor/ Without complications	19,863	19,327	-2.7
	36,689	37,088	+0.05

A&E Performance Analysis

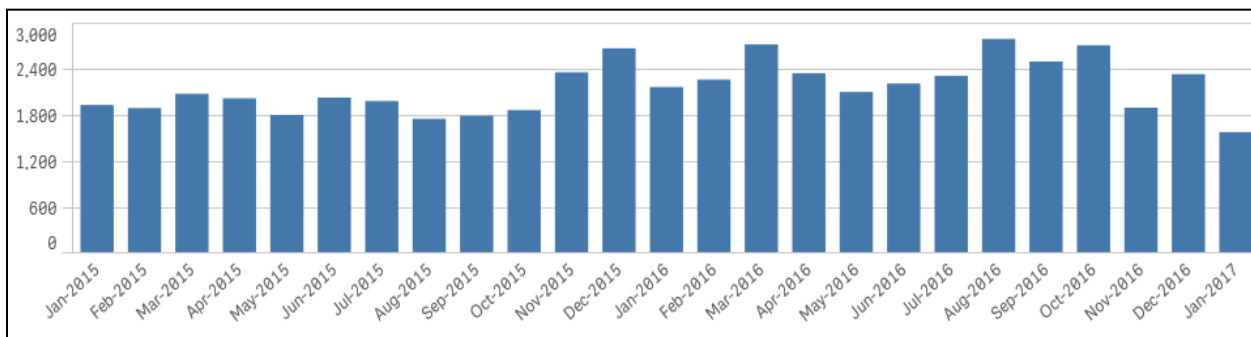
Factors influencing performance

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. November to December is seen to be consistent to the same period last year. RSH & PRH are both running at a higher length of stay than the same period last year

Lost Bed Days by Month (with Forecast)



The current year to date Fit for Transfer lost bed days (M1-9) are 22,698 against 19,855 for the same time last year. This is a percentage change of 14.3%

This would equate to an average of 81 beds at anyone time being occupied by a Medically Fit for Transfer patient this being 10 more than the same period last year

- Note January 17 is a partial month up to 22/01/17

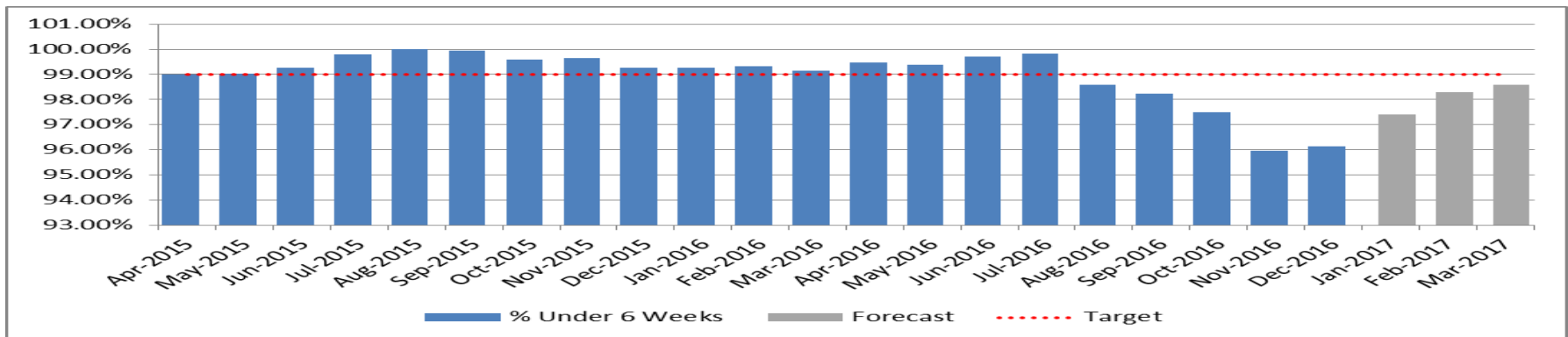
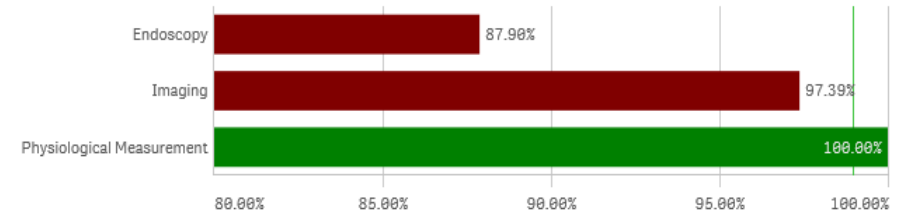
CCG	Discharge Month	No. Patients	Lost Beddays	Average Days on List	Avg Patients per week
Total	Dec-15	428	2662	6	107
	Jan-16	419	2158	5	105
	Feb-16	399	2254	6	100
	Mar-16	447	2715	6	112
	Apr-16	434	2338	5	109
	May-16	373	2093	6	93
	Jun-16	393	2202	6	98
	Jul-16	352	2304	7	88
	Aug-16	394	2786	7	99
	Sep-16	366	2491	7	92
	Oct-16	384	2703	7	96
	Nov-16	417	1886	5	104
	Dec-16	394	2326	6	99
	Jan-17	314	1569	5	79

Diagnostic Waiting Times – December 2016

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

% waited under 6 weeks
96.15% ▲ **0.18%**
 Previous Month Difference

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



Endoscopy October Performance

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

% waited under 6 weeks
87.90% ▲ **4.60%**
 Previous Month Difference

Performance in Endoscopy is predicted to improve from January 2017 with the additional sessions being provided. November also saw Imaging fail the target, it is predicted the backlog is set to increase, however efforts are being put in place to bring this back on track with help of a mobile MRI unit at PRH.

Finance

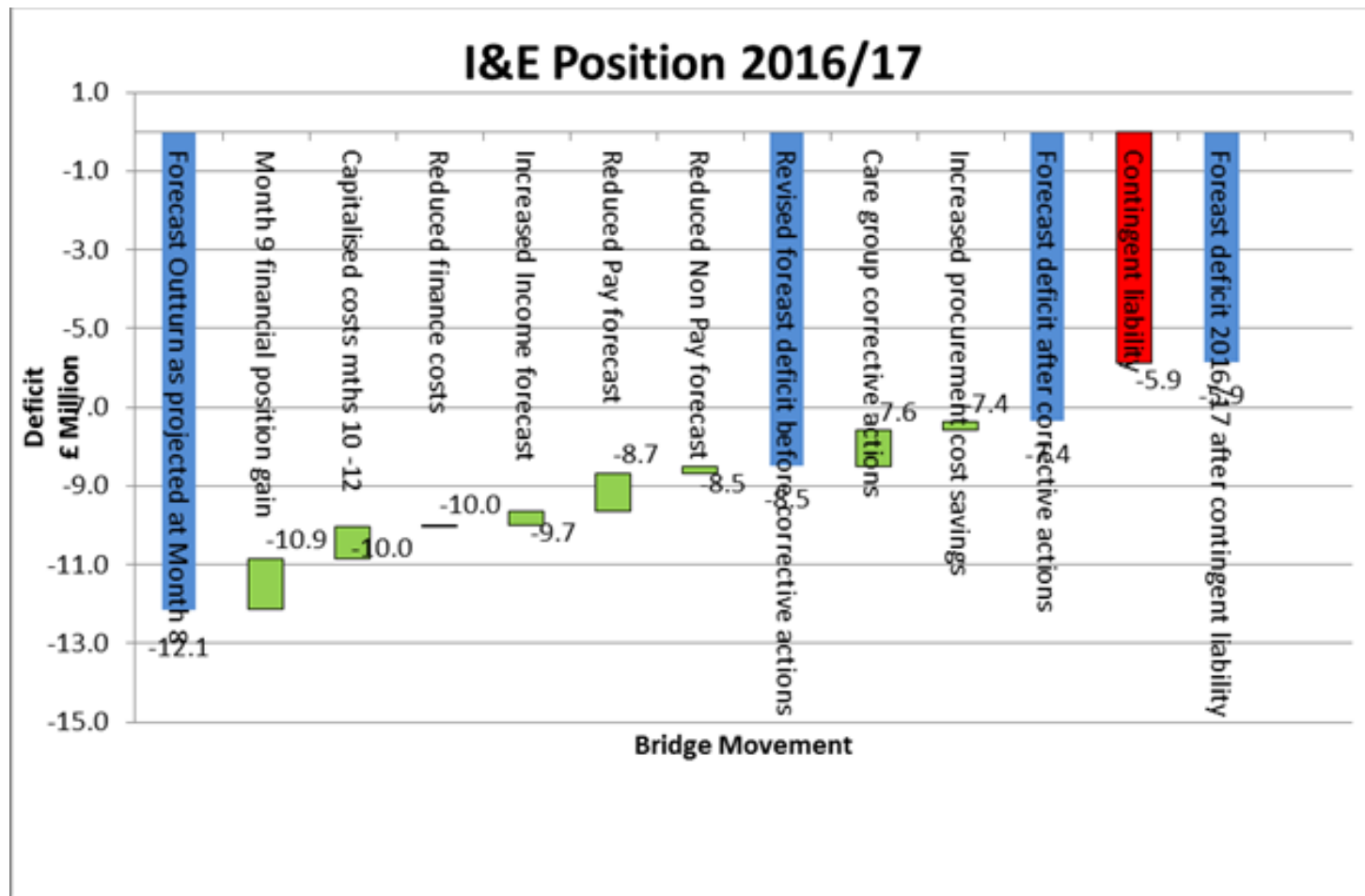


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Income and Expenditure Position

		Financial Plan	April – Dec Plan	April – Dec Actual	Variance
		£000s	£000s	£000s	£000s
Income		341,986	258,876	258,656	-220
Pay		-225,302	-169,860	-175,025	-5,165
Non-pay and Reserves		-107,261	-80,682	-79,226	1,456
Total expenditure		-332,563	-250,542	-254,251	-3,709
EBITDA		9,423	8,334	4,405	-3,929
Finance Costs		-15,323	-10,702	-10,495	207
Surplus/(deficit) before Phased Spend		-5,900	-2,368	-6,090	-3,722
Phased spend adjustment			-2,597		2,597
Plan as described in NHSI Financial Template			-4,965	-6,090	-1,125
Contingent liability				1,125	1,125
Revised Month 9 Position			-4,965	-4,965	-

Forecast Outturn



Revised Forecast Trajectory

		April	May	June	July	August	September	October	November	December	January	February	March	Total
Income		27974	27532	29409	28651	28763	28916	28646	29614	29151	28875	28818	28907	345256
Pay		-19233	-19176	-19476	-19168	-19551	-19582	-19466	-19864	-19494	-19785	-19764	-19821	-234380
Non Pay		-8222	-8415	-8898	-8956	-8844	-9311	-9090	-9094	-8411	-8677	-8590	-8883	-105391
Total Expenditure		-27455	-27591	-28374	-28124	-28395	-28893	-28556	-28958	-27905	-28462	-28354	-28704	-339771
EBITDA		519	-59	1035	527	368	23	90	656	1246	413	464	203	5485
Finance Costs		-1123	-1200	-1166	-1150	-1176	-1175	-1172	-1165	-1169	-1189	-1189	-1189	-14063
Surplus / (deficit)		-604	-1259	-131	-623	-808	-1152	-1082	-509	77	-776	-725	-986	-8578
Cumulative		-604	-1863	-1994	-2617	-3425	-4577	-5659	-6168	-6091	-6867	-7592	-8578	
Care group savings														917
Procurement savings														261
Revised Deficit														-7400
Contingent liability														1500
Revised forecast deficit excluding contingent liability														-5900

Month 9 Financial Position

	Month 8 Forecast – December £000's	Actual December £000's	Variance
Income	28,966	29,151	185
Expenditure			
Pay	(19,955)	(19,494)	461
Non Pay	(9,049)	(8,411)	638
Total Expenditure	(29,004)	(27,905)	1,099
EBITDA	(38)	1,246	1,284
Finance Costs	(1,189)	(1,169)	20
In month Surplus / (deficit)	(1,227)	77	1,304

In constructing the previous forecast it had been assumed that the Trust would record a deficit in the month of December amounting to £1.272 million. In December however the Trust recorded an in month surplus of £77,000.

Capital Programme

Following revision in Month 09, the Capital Resource Limit (CRL) for 2016/17 remains at:

£9.768m million Internally Generated CRL

£2.500 million Capital to Revenue Transfer from 2015/16

£12.268 million CRL

At Month 09 £5.265 million has been expensed, with £0.744 million committed. The remaining £6.254 million is yet to be expensed. Following a review of the Capital Programme, project managers have confirmed delivery of the Capital Programme by the end of the financial year.

Cash

In constructing the cash plan it is therefore necessary to understand the key assumptions that have been adopted in the construction of the plan:

- Forecast outturn position – the cash plan assumes a deficit at the year end amounting to £8.5 million, (cash shortfall £2.6 million) being

	£m's
Forecast deficit – assuming benefit of contingent liability	5.9
Write back of contingent liability	1.5
Undelivered care group and Procurement savings	1.1
Forecast deficit for cash purposes	8.5

- STF Funding – Failure to achieve the £5.9 million control total resulting in a withdrawal of STF for the last quarter of the year - £2.6 million cash shortfall
- Shropshire CCG cash withheld – based upon cash difficulties / contract dispute £2 million.

Based upon the above, the Trust is then required to generate internally cash resources amounting to £7.2 million.

The cash shortfall is then accommodated through:

- £5.4 million – capital creditors growth – arising because whilst the Trust expects to fully commit its Capital Programme in 2016/17 at the year end, given the scale of spending taking place in the last quarter of the year this will result in a significant level of capital creditor that will need to be financed in the opening months of the new year.
- £1.8 million – Revenue creditor suppression.

Workforce



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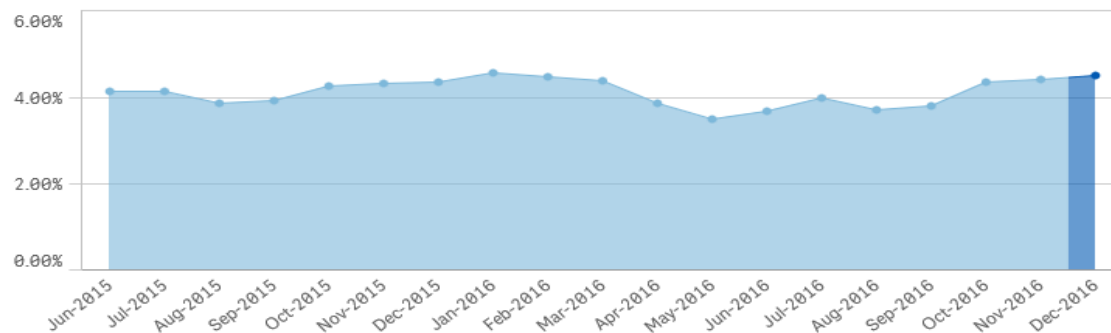
Workforce

Workforce Sickness

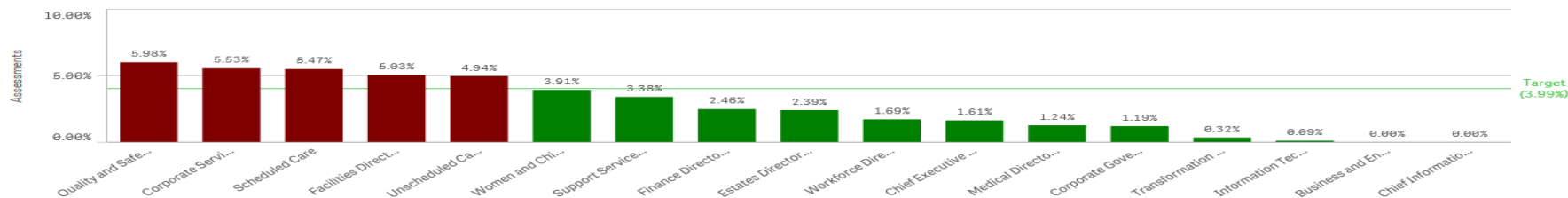
Absent FTE

4.46% ▲ **0.09%**
Previous Month Difference

% FTE Absent - Monthly Trend



% FTE Attended by Directorate



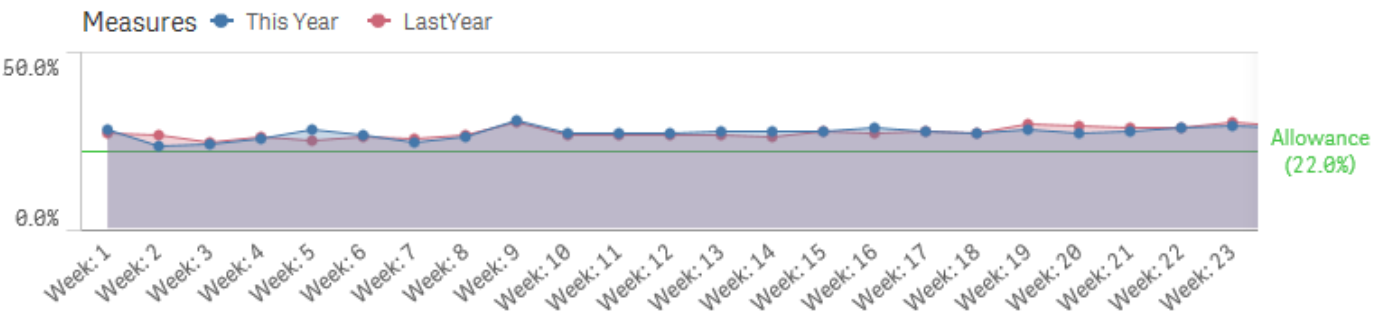
Training & Appraisals

Centre/Specialty	Indicator	Plan	Actual
Corporate	Appraisals	100%	83%
Corporate	Statutory Training	80%	76%
Scheduled Care	Appraisals	80%	89%
Scheduled Care	Statutory Training	80%	82%
Unscheduled Care	Appraisals	100%	74%
Unscheduled Care	Statutory Training	100%	80%
Women and Children	Appraisals	100%	81%
Women and Children	Statutory Training	100%	72%
Support Services	Appraisals	100%	91%

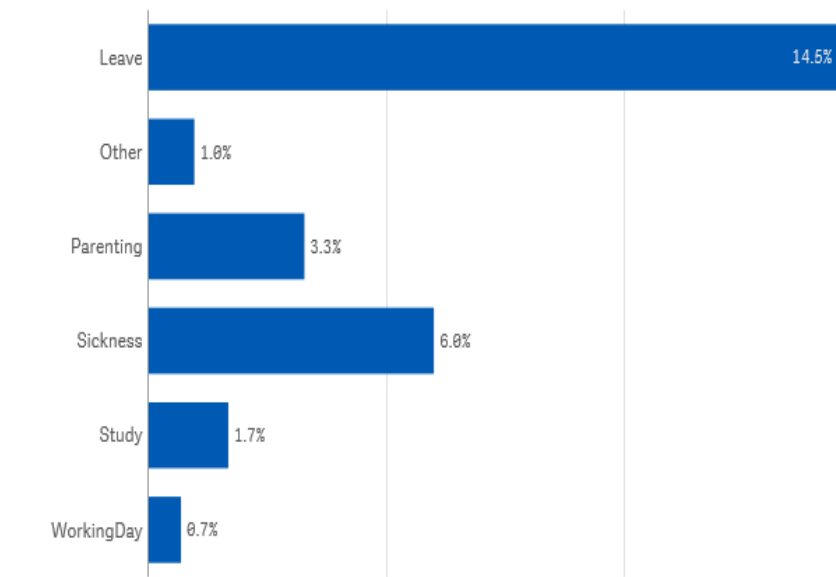
Nursing Unavailability 16/17

Scheduled Care

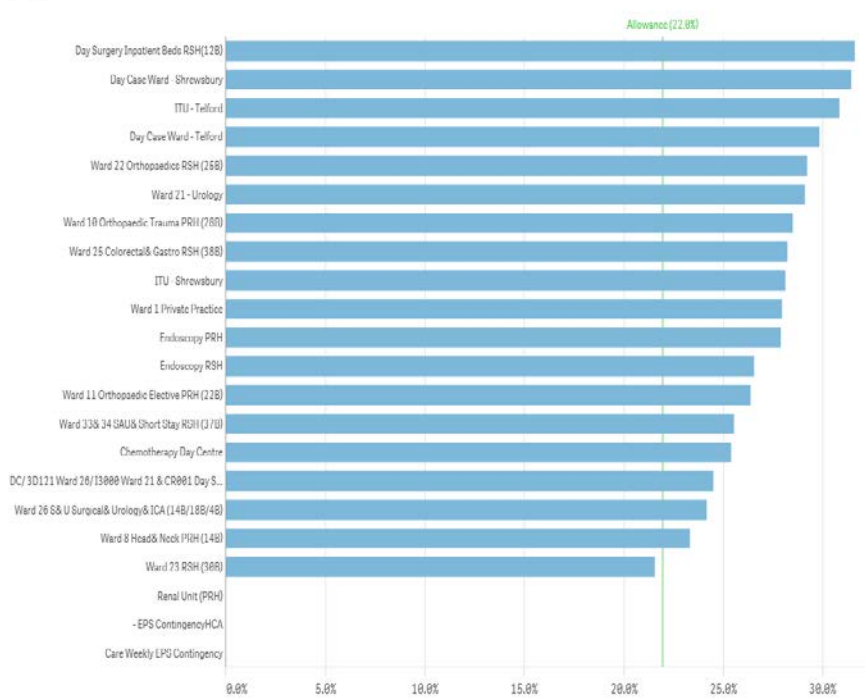
27.22%▲



Breakdown of Total Unavailability %



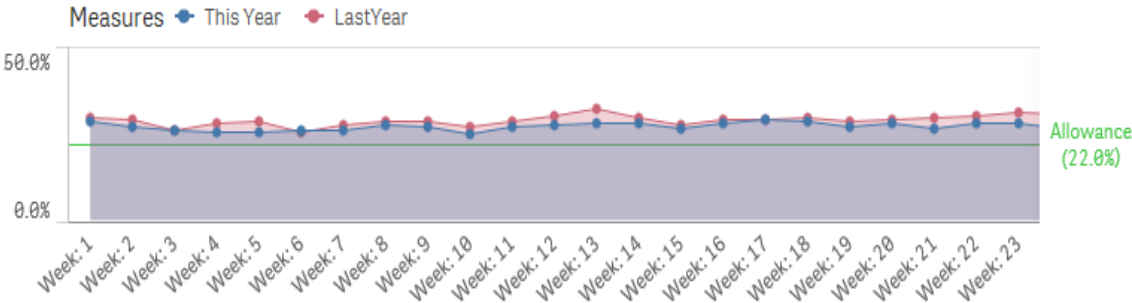
Split by Ward



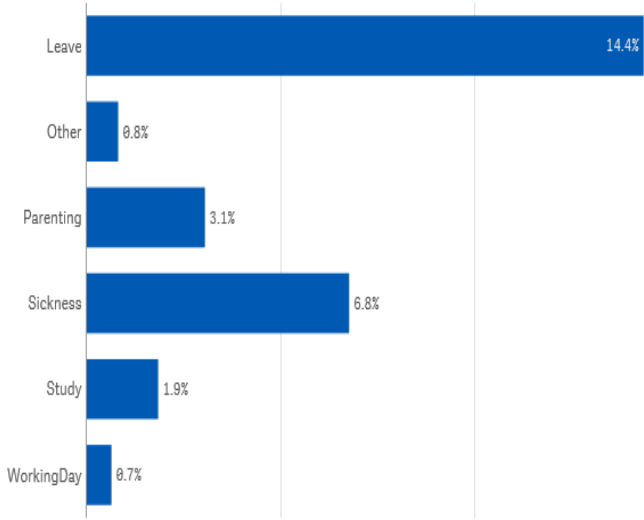
Nursing Unavailability 16/17

Unscheduled Care

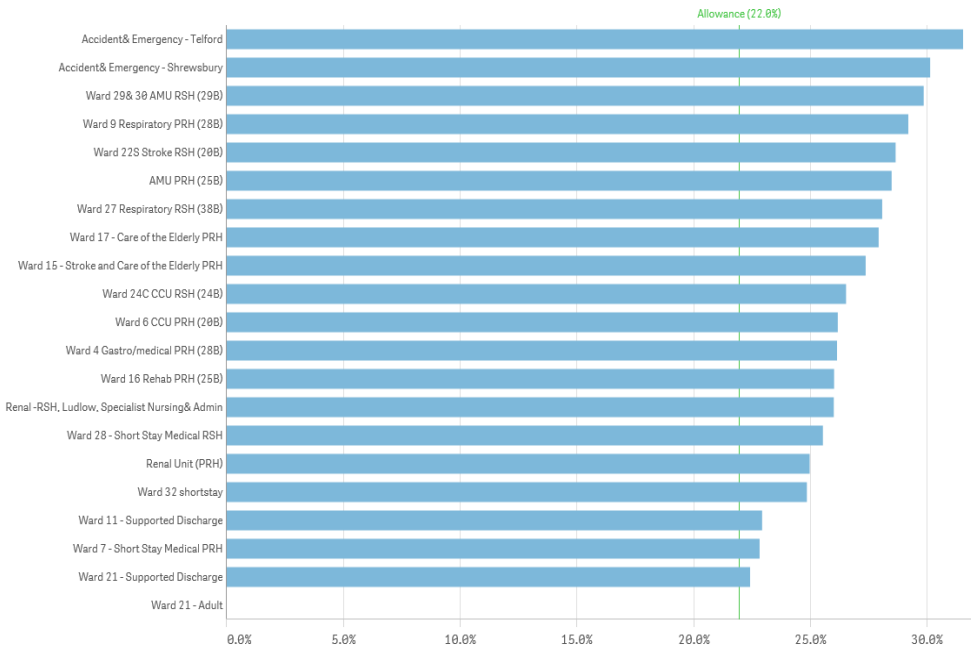
27.61%▲



Breakdown of Total Unavailability %



Split by Ward



Quality and Safety



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Quality and Safety

	Measure	Annual Target 15/16 SaTH < NP	Monthly Target 15/16 SaTH < NP	YTD 2015/16	August	September	October	November	December	Year end 14/15
Patient Safety	<i>Risk Adjusted Mortality Index (RAMI)</i>			88/90	79	89	85	86	TBC	82/88
	<i>RIDDOR/SI Reportable Falls</i>	29	2	12	0	1	2	1	1	35
	<i>Grade 4 Avoidable Pressure Ulcers</i>	0	0	0	0	0	0	0	0	0
	<i>Grade 4 Unavoidable Pressure Ulcers</i>	N/A	N/A	2	0	0	0	0	0	1
	<i>Grade 3 Avoidable Pressure Ulcers</i>	6	0	4	0	0	1	0	1	7
	<i>Grade 3 Unavoidable Pressure Ulcers</i>	N/A	N/A	8	1	0	1	0	1	21
	<i>Grade 2 Avoidable Pressure Ulcers</i>	22	1	23	4	2	1	1	0	25
	<i>Grade 2 Unavoidable Pressure Ulcers</i>	N/A	N/A	82	10	7	14	8	7	67
	<i>Grade 2 Unknown (avoidable vs. unavoidable)</i>	N/A	N/A	32	0	1	4	10	16	0
	<i>C. difficile Infections</i>	25	2	25	4	4	3	0	2	29
	<i>MRSA Bacteraemia Infections</i>	0	0	1	0	0	0	0	0	2
	<i>MSSA Bacteraemia Infections (HCAI only)</i>	N/A	N/A	15	0	2	3	0	1	23
	<i>E. coli Bacteraemia Infections (HCAI only)</i>	N/A	N/A	18	2	3	4	3	TBC	42
	<i>MRSA Screening – Elective</i>	95%	95%	97%	96.7%	97.3%	98.5%	96.3%	95.0%	95.2%
	<i>MRSA Screening – Non-Elective</i>	95%	95%	96.6%	96.9%	97.3%	96.8%	96.2%	96.1%	95.6%
	<i>Number of Serious Incidents</i>	N/A	N/A	47	4	4	4	6	4	98
	<i>Never Events</i>	0	0	2	0	1	0	1	0	0
	<i>Safety Thermometer – Harm Free %</i>	N/A	N/A	92.9%	90.3%	91.8%	92.3%	96.0%	92.8%	N/A
	<i>Safety Thermometer – New Harms%</i>	N/A	N/A	96.4%	94.3%	95.6%	96.2%	98.7%	98.1%	N/A
	<i>WHO Safe Surgery Checklist</i>	100%	100%	100%	100%	100%	100%	100%	100%	99.9%
Patient Experience	<i>VTE Assessment</i>	95%	95%	95.2%	95.2%	95.2%	94.6%	94.3%	TBC	95.1%
	<i>Maternity Dashboard</i>	Green	Green							N/A
	<i>Ward to Board – Nursing Performance Score</i>	95%	95%	95%	96%	96%	95%	96%	96%	93%
	<i>Number of Complaints</i>	N/A	N/A	237	26	29	24	28	25	377
	<i>Same Sex Accommodation</i>	0	0	0	0	0	0	0	0	0
	<i>ITU Patient Discharge delays > 12hrs</i>	N/A	N/A	138*	13	10	19	23	12	N/A
	<i>Friends and Family Response Rate</i>	NA	NA	23.9%	32.5%	18.4%	31.2%	15%	26%	9.9%
	<i>Friends and Family Test Score</i>	75%	75%	95.2%	95%	94.7%	94.1%	96.2%	94.7%	75.8%
	<i>Ward to Board – Patient Experience Score</i>	95%	95%	87%	89%	85%	88%	87%	83%	87%

Month / Year	December 2016
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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															
PRH	Acute Medical Unit (AMU)	1858	1849	99.5%	1658	1596	96.3%	1782	1701	95.5%	1069	1052	98.4%	97.5%	97.1%	549	6.5	4.8	11.3		4						
PRH	Ward 4 - Gastroenterology	1707	1623	95.1%	1426	1349	94.6%	1069	1062	99.3%	713	690	96.8%	96.7%	95.3%	814	3.3	2.5	5.8		8						
PRH	Ward 6 - Coronary Care Unit	2094	2021	96.5%	713	686	96.2%	1379	1339	97.1%	356	437	122.8%	96.7%	105.1%	759	4.4	1.5	5.9		4						
PRH	Ward 7 - Acute Medical Short Stay	1390	1532	110.2%	1069	1360	127.2%	713	1047	146.8%	713	667	93.5%	122.6%	113.7%	832	3.1	2.4	5.5		8						
PRH	Ward 9 - Respiratory	1821	1609	88.4%	1426	1311	91.9%	1069	1069	100.0%	713	689	96.6%	92.7%	93.5%	858	3.1	2.3	5.5		11					1	
PRH	Ward 11 - Supported Discharge	1378	1275	92.5%	2139	1984	92.8%	713	690	96.8%	1426	1300	91.2%	94.0%	92.1%	787	2.5	4.2	6.7		2						
PRH	Ward 15 - Acute Stroke Unit	2214	2110	95.3%	1426	1132	79.4%	1426	1423	99.8%	713	713	100.0%	97.1%	86.3%	706	5.0	2.6	7.6		6					1	
PRH	Ward 16 - Stroke Rehab	1310	1045	79.8%	1069	1078	100.8%	713	711	99.7%	713	706	99.0%	86.8%	100.1%	553	3.2	3.2	6.4		9					1	
PRH	Ward 17 - Endocrinology & Care of the Older Person	2067	1938	93.8%	1782	1693	95.0%	1069	1067	99.8%	1426	1510	105.9%	95.8%	99.8%	856	3.5	3.7	7.3		6	1				1	
RSH	Acute Medical Unit (AMU)	2621	2847	108.6%	1426	1329	93.2%	2139	2445	114.3%	1426	1322	92.7%	111.2%	93.0%	840	6.3	3.2	9.5	1	5					1	
RSH	Ward 21 - Supported Discharge	863	814	94.3%	1069	1000	93.5%	713	713	100.0%	713	633	88.8%	96.9%	91.6%	479	3.2	3.4	6.6		3					1	
RSH	Ward 22 - Stroke & Rehabilitation Unit	2394	2009	83.9%	2139	2590	121.1%	1426	1367	95.9%	1782	1806	101.3%	88.4%	112.1%	1227	2.8	3.6	6.3		11					1	
RSH	Ward 24 / CCU	2322	2243	96.6%	1659	1587	95.7%	1783	1392	78.1%	713	1031	144.6%	88.6%	110.4%	961	3.8	2.7	6.5		3						
RSH	Ward 27 - Respiratory	2533	2191	86.5%	2139	2363	110.5%	1426	1402	98.3%	1069	1042	97.5%	90.8%	106.1%	1178	3.1	2.9	5.9		10						
RSH	Ward 28 - Nephrology / Medicine	2091	1793	85.7%	1782	2004	112.5%	1426	1380	96.8%	1069	1094	102.3%	90.2%	108.7%	1034	3.1	3.0	6.1		5					2	
RSH	Ward 32 - Short Stay	1491	1242	83.3%	1069	1060	99.2%	1069	944	88.3%	713	727	101.9%	85.4%	100.3%	697	3.1	2.6	5.7		6					2	
PRH	Ward 8 - Head & Neck Adult Ward	967	976	101.0%	482	515	106.8%	781	746	95.6%	361	453	125.5%	98.6%	114.8%	378	4.6	2.6	7.1		1						
PRH	Ward 10 - Trauma & Orthopaedics	1643	1492	90.8%	1426	1461	102.5%	1069	1053	98.5%	713	809	113.5%	93.8%	106.1%	800	3.2	2.8	6.0		6	1					
PRH	Day Ward Orthopaedics	885	893	100.9%	713	669	93.8%	713	692	97.1%	356	335	94.1%	99.2%	93.9%	307	5.2	3.3	8.4								
PRH	ITU/HDU	2675	2288	85.5%	350	350	100.0%	2604	2328	89.4%	24	24	100.0%	87.4%	100.0%	193	23.9	1.9	25.9								
RSH	Ward 22 - Orthopaedics	1697	1600	94.3%	1426	1445	101.3%	1069	1077	100.7%	1069	1135	106.2%	96.8%	103.4%	830	3.2	3.1	6.3		6						
RSH	Ward 23 - Oncology / Haematology	1911	1807	94.6%	1426	1453	101.9%	1426	1430	100.3%	356	425	119.4%	97.0%	105.4%	892	3.6	2.1	5.7		6						
RSH	Ward 25 - Colorectal and Gastroenterology	2195	2046	93.2%	1798	1944	108.1%	1426	1355	95.0%	1069	1080	101.0%	93.9%	105.5%	1165	2.9	2.6	5.5		7						
RSH	Ward 26 - Surgical / ICA	1136	1117	98.3%	899	1023	113.8%	713	690	96.8%	713	735	103.1%	97.7%	109.1%	533	3.4	3.3	6.7		1						
RSH	Ward 26 - Urology	1139	1093	96.0%	713	791	110.9%	713	690	96.8%	356	460	129.2%	96.3%	117.0%	532	3.4	2.4	5.7								
RSH	Short-Stay Day Surgery	946	854	90.3%	713	610	85.6%	713	643	90.2%	356	403	113.2%	90.2%	94.8%	401	3.7	2.5	6.3								
RSH	Surgical Assessment Unit (SAU)	2243	2225	99.2%	1782	1731	97.1%	1782	1741	97.7%	1069	1460	136.6%	98.5%	111.9%	1045	3.8	3.1	6.8	1	2				1	Grade 3 PU reported as SI	
RSH	ITU/HDU	3403	2995	88.0%	324	300	92.6%	3348	2952	88.2%	0	0	#DIV/0!	88.1%	92.6%	233	25.5	1.3	26.8							2	
PRH	Ward 19 - Children's	3336	3119	93.5%	1070	943	88.2%	2852	2553	89.5%	713	667	93.5%	91.7%	90.3%	799	7.1	2.0	9.1							1	
PRH	Ward 23 - Neonatal Unit	2756	2588	93.9%	356	303	85.1%	2495	2377	95.3%	356	278	78.1%	94.6%	81.6%	292	17.0	2.0	19.0								
PRH	Ward 21 - Postnatal Maternity	1188	1210	101.9%	1116	1101	98.7%	1116	1028	92.1%	744	720	96.8%	97.1%	97.9%	401	5.6	4.5	10.1								
PRH	Ward 22 - Antenatal Maternity	809	826	102.1%	372	350	94.0%	744	725	97.4%	372	348	93.5%	99.9%	93.8%	229	6.8	3.0	9.8								
PRH	Ward 24 - Delivery Suite Maternity	2695	2672	99.1%	1116	1045	93.6%	2604	2576	98.9%	1116	887	79.5%	99.0%	86.6%	151	34.8	12.8	47.5								
PRH	Wrekin Maternity	997	961	96.4%	612	579	94.6%	744	734	98.7%	372	371	99.7%	97.4%	96.5%	109	15.6	8.7	24.3								
RSH	Shrewsbury Midwife-Led Unit	842	861	102.3%	372	373	100.3%	372	367	98.7%	372	361	97.0%	101.2%	98.7%	73	16.8	10.1	26.9								
Bridgnorth	Bridgnorth Midwife-Led Unit	462	462	100.0%	357	282	79.1%	372	375	100.8%	357	346	97.1%	100.4%	88.1%	33	25.4	19.0	44.4								
Ludlow	Ludlow Midwife-Led Unit	468	454	97.0%	356	322	90.4%	372	351	94.4%	356	347	97.5%	95.8%	94.0%	35	23.0	19.1	42.1								
Oswestry	Oswestry Midwife-Led Unit	455	473	104.0%	372	344	92.5%	372	364	97.8%	372	361	97.0%	101.2%	94.8%	69	12.1	10.2	22.3								
PRH	Ward 14 - Gynaecology	849	846	99.6%	356	318	89.3%	713	702	98.5%	356	357	100.3%	99.1%	94.8%	317	4.9	2.1	7.0		1						

Fill Rate Key
<80%
80% to 94.9%
≥95%

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 **December 2016**.

Table 1:

	Measure	Annual Target 16/17	Monthly Target 16/17	YTD 2016/17	August	September	October	November	December	Year end 2015/16
	Risk Adjusted Mortality Index (RAMI)	SaTH < NP	SaTH < NP		85	73	79	74	136	84/87
	RIDDOR/SI Reportable Falls	29	2	6	0	0	0	1	1	35
	Grade 4 Avoidable Pressure Ulcers	0	0	1	0	1	0	0	0	0
	Grade 4 Unavoidable Pressure Ulcers	N/A	N/A	0	0	0	0	0	0	2
	Grade 3 Avoidable Pressure Ulcers	6	0	10	1	0	2	3	1	9
	Grade 3 Unavoidable Pressure Ulcers	N/A	N/A	5	1	0	0	1	0	15
	Grade 2 Avoidable Pressure Ulcers	22	1	14	3	1	5	1	0	33
	Grade 2 Unavoidable Pressure Ulcers	N/A	N/A	47	12	5	1	3	3	128
	Grade 2 Unknown (avoidable vs. unavoidable)	N/A	N/A	56	5	7	17	20	17	0
	C. Difficile Infections	25	2	17	1	3	2	2	2	30
	MRSA Bacteraemia Infections	0	0	1	1	0	0	0	0	1
	MSSA Bacteraemia Infections (HCAI only)	N/A	N/A	6	0	1	1	1	0	18
	E. coli Bacteraemia Infections (HCAI only)	N/A	N/A	27	7	0	6	7	1	29
	MRSA Screening – Elective	95%	95%	95.4%	95.2%	95.1%	95.8%	91.2%	94.8%	96.6%
	MRSA Screening – Non-Elective	95%	95%	94.1%	95.1%	93.9%	94.2%	94.7%	94.7%	96.0%
	Number of Serious Incidents	N/A	N/A	75	5	5	8	7	2	58
	Never Events	0	0	4	1	0	3	0	0	2
	Safety Thermometer – Harm Free %	N/A	N/A	94.2%	93.66%	93.56%	94.9%	96.33%	93.54%	N/A
	Safety Thermometer – New Harms%	N/A	N/A	98.3%	98.25%	97.81%	98.58%	99.27%	98.16%	N/A
	WHO Safe Surgery Checklist	100%	100%	100%	100%	100%	100%	100%	100%	99.9%
	VTE Assessment	95%	95%	95.6%	95.55%	95.74%	96.01%	95.64%		95.6%
	Maternity Dashboard	Green	Green		A	A	A	A	A	N/A
	Nursing Performance Score – Exemplar Self-Assessment	90%	90%	90.4%			87.9%	90.2%	93.2%	89%
	Number of Complaints	N/A	N/A	283	41	24	37	41	31	317
	Same Sex Accommodation	0	0	8	0	0	0	0	0	0
	ITU Patient Discharge delays>12hrs	N/A*	N/A*	298	25	32	27	42	27	201*
	Friends and Family Response Rate	NA	NA	20.7%	30.7%	26.5%	20%	23.5%	20.7%	21.68%
	Friends and Family Test Score	75%	75%	96.2%	95.85	96.2%	95.8%	96%	96.5%	96.47%
	Patient Experience Score – Exemplar Self-Assessment	90%	90%	89.6%			89.1%	88.7%	91%	88%

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

2. REGULATION 28

The Trust received a Regulation 28 report following an inquest into the death of a baby (IM) born on 15 December 2015 with severe neurological disabilities. IM died on 3 May 2016 unexpectedly and following post mortem examination a cause of death was given as:

1a Bronchopneumonia

1b Severe perinatal hypoxic ischaemic brain damage

Following an inquest held in October 2016, the Senior Coroner reached the following conclusion:

IM died from natural causes where death would have been prevented had appropriate monitoring taken place in the second stage of labour. The second stage of labour was delayed which added to the period of hypoxia and the severity of IM's hypoxic ischaemic brain injury at birth. As a result of her avoidable injuries, IM was vulnerable to bronchopneumonia, a condition from which she suffered in the months following her birth. On 3 May, 2016, IM collapsed at home following an episode of bronchopneumonia and did not recover.

A Regulation 28 report was subsequently issued to the Trust and copied to several external agencies including the Medicine and Healthcare products Regulatory Agency (MHRA), Royal College of Obstetrics and Gynaecology (RCOG), the Royal College of Midwives (RCM), the Chief Executive NHS England and the family legal representatives.

The Regulation 28 report set out three main areas of concern:

- a. Fetal heart monitoring
- b. Failure to follow midwifery guidelines
- c. Episiotomy

The Trust provided a comprehensive response to the Regulation 28 report in mid-December 2016, well within the 56 day deadline for responses, which addressed each of the concerns and provided evidence of lessons learned and actions taken to try to prevent a recurrence of the events which led up to IM's delivery.

3. SAFEGUARDING – ADULTS & CHILDREN

There was 1 adult safeguarding concerns made towards the Trust during December, which is 1 less than last month and shows a decreasing trend of adult safeguarding alerts against the Trust for 3 consecutive months. The concern related to an issue of communication and care.

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

4. SERIOUS INCIDENTS (SI)

There were 2 SIs reported during December (Appendix 1)

- 1 - Grade 3 pressure ulcer (likely avoidable)
- 1 - Fall resulting in head injury (patient has subsequently died)

Incidents reported that did not meet the revised Serious Incident Framework are managed as High Risk Case Reviews (HRCR) with summary or concise root causes completed or in progress. There were 3 falls resulting in fractures during December 2016, which measured against the benchmark for reporting did not meet the criteria escalation to SIs; as severity of harm, appropriate risk assessments and management were in place Table 2a below provides the details.

Table 2a

Falls	
Location injury	Rationale for not reporting
Fall #NOF (Ward 8)	Does not meet the definition of SI by act/omission. Independently mobile with stick. MH assessment in place. Falls screening incomplete but evaluation supports MH assessment. Review in progress.

Fall #pubic rami (PRH AMU)	Does not meet the definition of SI by act/omission and level of harm, patient was assessed appropriately and relevant risk reduction strategies in place. Review in progress. Not RIDDOR reportable
Fall #olecranon (Ward 6)	Spontaneous hypotension, does not meet the definition of SI by act/omission and level of harm. 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 20 incidents open to investigation; of these, 7 have agreed extensions with commissioners due to factors affecting capacity to complete the investigation. Overall, 45 incident investigations have been completed with a request sent to commissioners to close them on the StEIS system; of the 45 incidents that remain open 10 require removal following evidence found that they did not meet the criteria of an SI.

Table 3: Incident Status at 11/01/2017

	New Incidents for December 2016	2
	Incidents being investigated	20
	Out of internal deadline (excludes external deadline)	7
	Out of external deadline with CCG/CSU	0
	CCG/CSU have been asked to close/remove incident	45

Action plan completion status

There is 1 overdue action plan for 2014/15 with none closed during December 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 15 RCAs action plans out of date for 2016/17, with 1 closed since the last report. Overall the total number of RCA action plans going out of deadline has increased by 1 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 5 RCAs have been completed since the last report. A short summary of the investigations, with details of learning, can be found below;

Surgical complication

Following a recent emergency admission with cholecystitis, this patient was listed for an elective laparoscopic cholecystectomy. PMH of Hartmann's procedure for diverticular perforation and then reversal 30 years ago. She was readmitted post-surgery with peritonitis from a perforation of the small bowel. She was returned to theatre for a repair and post this operation was cared for on ITU. She has subsequently made a good recovery.

The experienced operator had recognised the potential for difficulties with the surgery due to her previous abdominal surgery and the resultant adhesions. He checked on exiting the abdomen for perforation but none were visible. However due to the adhesions tenting the small bowel and raising up close to the abdominal wall it would seem that the needle used to suture the port hole most likely perforated the small bowel. This patient had a recognised complication of surgery most likely when the sutures were put in place at the end of the operation. Individual learning in place.

Delayed diagnosis

Patient was endoscoped in 2011 and diagnosed with Barrett's oesophagus but surveillance endoscopy was not discussed or offered, the GP was informed of the finding. The patient subsequently was diagnosed in 2016 with oesophageal cancer.

In 2011 the patient had metaplasia and at some time over the intervening years this had progressed through to adenocarcinoma. It is not possible to indicate when that would have been or whether it would have been present at the time of a surveillance endoscopy had it been undertaken. If dysplastic changes had been identified decisions about on going management would have been discussed depending on how physically well the patient is at that time. The clinician reflection is that he became side tracked with the issue of the H Pylori which he arranged tests for, but on receiving those result while acting on that condition, did not consider offering the surveillance. Offering surveillance would not form part of a discussion at the endoscopic procedure as what is offered is based on the histology report that is received several days after the patient has left the department. In this case 12 days and a further 52 days by the time the report of the H Pylori breath test is back. As appears to have happened in this case, a clinician has

been focused on one aspect of the decision making for this patients care and with the passage of time has overlooked another.

The individual clinician has reflected on his practice and since 2011 there is now national guidance that is in place in the endoscopy unit. However it is to investigated whether an electronic reminder could be placed on the histology report to consider surveillance for Barrett's oesophagus patients as a visible aide memoire.

Surgical complication

65 year old gentleman underwent a hand assisted right laparoscopic "simple" nephrectomy for a chronically infected (due to significant stone disease), poorly functioning kidney. The procedure was challenging due to very inflamed tissues making dissection difficult. The vascular stapling device at the time did not deploy properly as the tissues around the vein and artery were too thick resulting in the need for the surgeon to suture the vein stump and clip the artery. 3 days later he was discharged only to be readmitted a further 3 days later with abdominal distension, nausea and vomiting and was diagnosed with an abdominal ileus and it was noted one of his port sites was infected. He returned to theatre where it was identified that there was bowel contents in the abdomen from damage to the small bowel. The RCA concluded that this is complication of the original surgery from a suture that had "caught" the bowel. Individual learning and reflection by those involved has taken place.

Never Event (ribbon gauze)

36 year old patient was an elective day surgery admission for a left functional endoscopic sinus surgery (FESS) and was discharged after what was an uneventful procedure. The next day she contacted the head and neck ward as she was concerned that there was some gauze coming from her nose; described as white with blue stripe (this is the same colouring as the gauze used to apply the Moffatt's solution) she also felt there may be another piece in her nose. She was advised to come to hospital to be reviewed and to bring the gauze with her. On examination a second strip of gauze was removed from the same side. The ribbon gauze was retained and consists of two strips 22cm and 23cm in length that matches the ribbon gauze that would have been used to apply the Moffatt's solution. Review identified that the final swab count did not identify that the ribbon gauze had been left insitu. To reduce risk all theatres will have white boards with pre-printed swab types so that only the numbers have to be written by hand, this will support clarity in documentation and safety checks. In addition, a wider piece of work is underway regarding human factors training and the never events have an over-arching action plan to pick up any common themes.

Never Event (urology guidewire)

56 year old gentleman underwent a DVU (Direct Visual Urethrotomy) as a day case. During this procedure a guide wire is used. A urinary catheter is routinely left in-situ post operatively. 10 days later he attended A&E having passed a length of green wire whilst at home on the previous night. The gentleman brought a photograph with him and it was thought to be a piece of the guide wire. He was commenced on prophylactic antibiotics, discharged and after discussion with the consultant urologist plans were made to review him in OPD. The review identified that, the guide wire once it had been used was not checked for completeness at the end of the procedure, however, there are no distinguishing marks on the guide-wire (i.e. the tips) to give an indication that it is incomplete. It is a rare occurrence for a guide wire to break and through the investigation attempts were made to replicate a set of circumstances that could have caused the wire to break. After several attempts it was possible, but extremely difficult to bend the wire within the uteroscopy, which fractured the outer coating exposing the inner wire. Then with the backward and forward motion of the cutting blade (which is blunt - to open up the urethral stricture) the wire broke. On identification of this incident an immediate response was to implement an alert that guide wires are to be checked for completion and signs of breakage at the end of the procedure. In addition, a wider piece of work is underway regarding human factors training and the never events have an over-arching action plan to pick up any common themes.

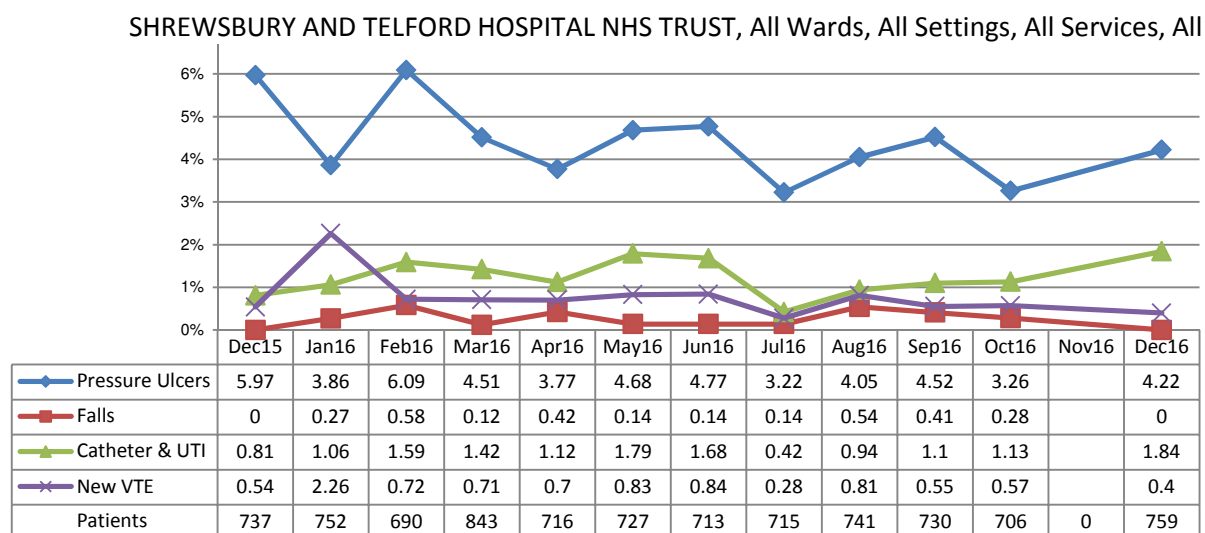
6. QUALITY IMPROVEMENT OVERVIEW

Measure	Annual Target 16/17	Monthly Target 16/17	YTD 2016/17	August	September	October	November	December	Year end 2015/16
<i>MRSA Screening – Non-Elective</i>	95%	95%	94.1%	95.1%	93.9%	94.2%	94.7%	94.7%	96.0%
Current State	We are below 95% for the fourth month running, and the number of patients missed has increased this month from 136 in November to 145 in December.								
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, the exception to this being TAMU, having had 3 less admissions than SAMU in December, TAMU only missed 7 patients whereas SAMU missed 40. Wards that receive few direct admissions miss the highest percentage.								
Measure	Annual Target 16/17	Monthly Target 16/17	YTD 2016/17	August	September	October	November	December	Year end 2015/16
<i>MRSA Screening – Elective</i>	95%	95%	94.9%	95.2%	95.1%	95.8%	91.2%	94.8%	96.6%
Current State	We are below 95% for the second month running. 100 of the missed patients were chemotherapy patients of which only 32 actually needed screening.								
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. Meeting to be arranged with DIPC, Matron for Oncology/Haematology and coding.								
Key Themes/Trends	High percentage of Chemotherapy patients are not being screened, however this maybe a coding issue.								

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.

Types of Harm: patients with each type of Harm



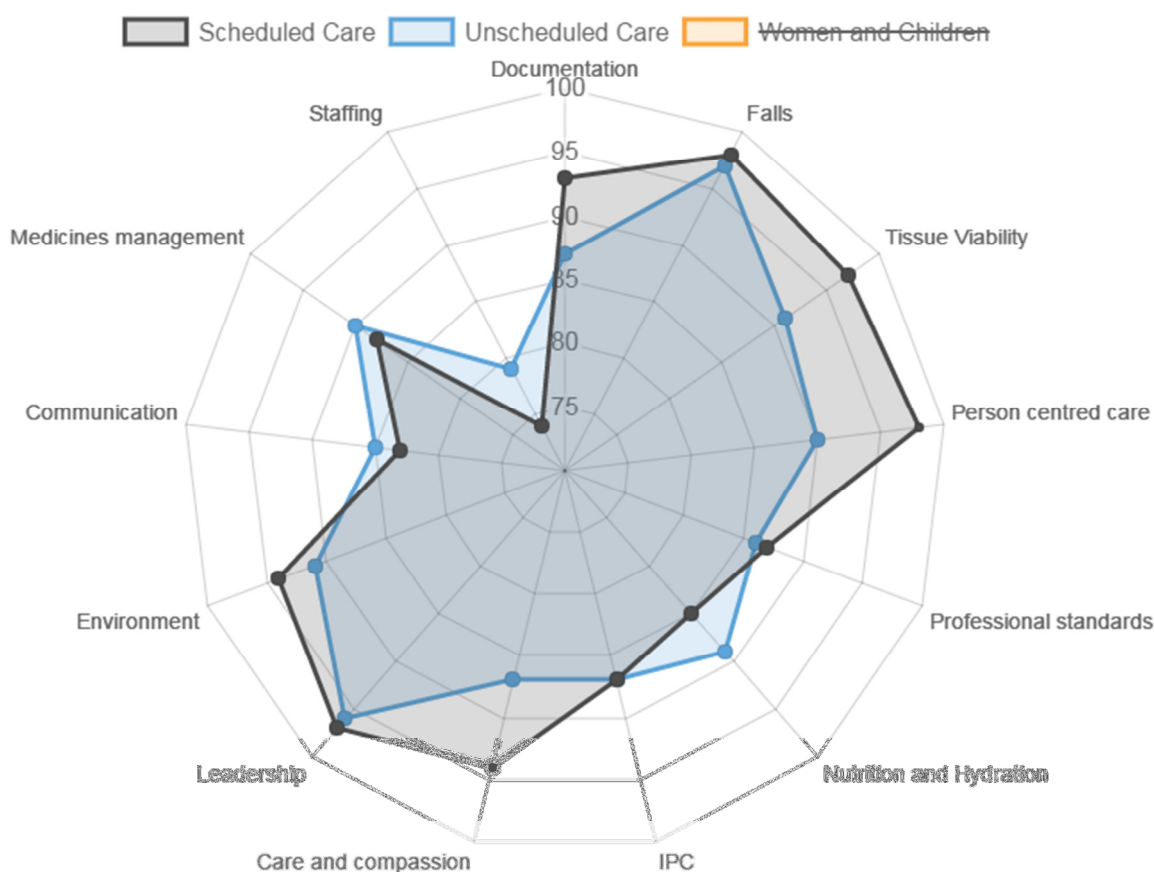
8. MATRON QUALITY REVIEW (Exemplar self-assessment audit)

During December data has continued to be collected by both nursing staff and PIEP members using Real Time Experience (RaTE) software.

The 'Exemplar self-assessment' audit continues to focus on the fundamentals of nursing care, nursing performance, patient experience and the ward environment. The software results can be filtered and analysed by nursing standards and CQC domain (please see graph below for results filtered by nursing standards for Scheduled and Unscheduled care).

This data not only provides us with assurance but also gives a clear indication when a ward may be ready to progress further with the Exemplar programme. It is anticipated the RaTE system will be rolled out further as the Exemplar Programme expands and the new software will encompass a greater number of audits to replace current paper versions.

<https://www.realtimeexperience.co.uk/reports/framework/?o=3n14y57odWQTgSs&month=11>



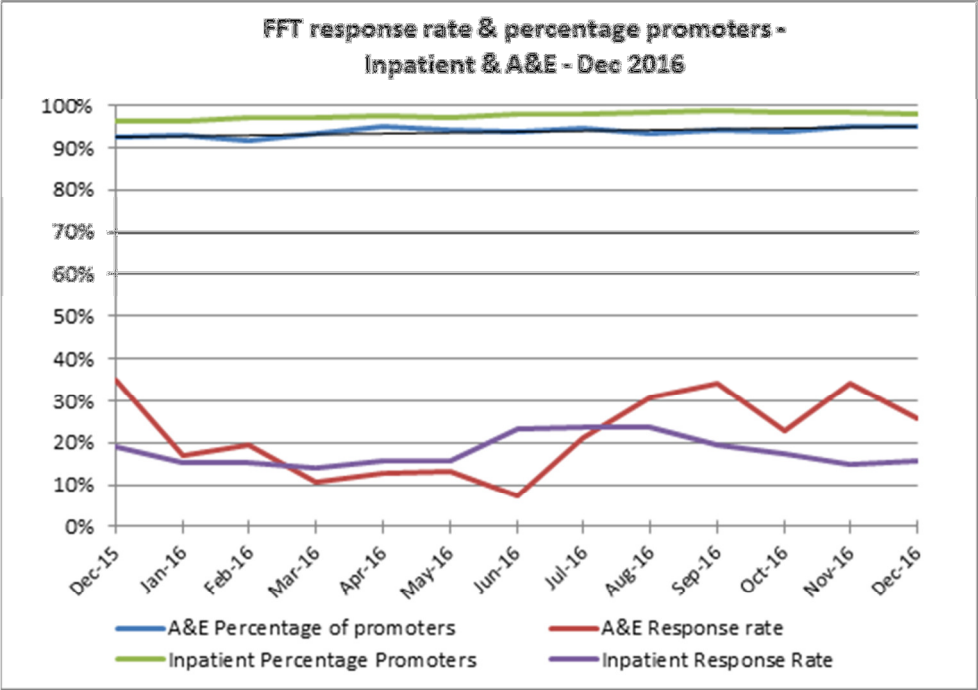
During December 14 out of the 18 ward areas that contributed to the audit achieved > 90% in Nursing Performance with an overall score of 93.2%. Whilst 9 out of the 18 ward areas that contributed to the audit achieving >90% in Patient Experience (overall score of 91%).

9. FRIENDS AND FAMILY TEST (FFT) December 2016

December saw an increase in the overall Trust percentage promoters (patients who are "extremely likely" or "likely" to recommend), now standing at 96.5%. There was also an increase in the percentage promoters for inpatients reaching 98.4% and A&E remained equally as high as November at 95.1%.

There was a slight decline in the overall Trust response rate compared with November; however Inpatients as a whole saw an increase to 15.9%. Maternity Birth saw an increase up to 15.2% which is one of their highest rates to date.

	Percentage Promoters	Response Rate
Maternity overall	99.1%	15.2% (Birth only)
A&E	95.1%	25.9%
Inpatient	97.9%	15.9%
Outpatients	96.4%	NA



10. EXTERNAL QUALITY REVIEWS

There was an inspection from the Care Quality Commission (CQC) undertaken in December. Initial feedback was provided to the Trust and a formal report is to follow.

11. RECOMMENDATIONS

The Committee is asked to review and *note* the Integrated Quality and Safety Performance Report.

SUSTAINABILITY COMMITTEE – 31ST JANUARY 2017

FINANCE REPORT – MONTH 9

1. Income & Expenditure position

The financial position of the Trust at the end of month 9 is presented in the table below:

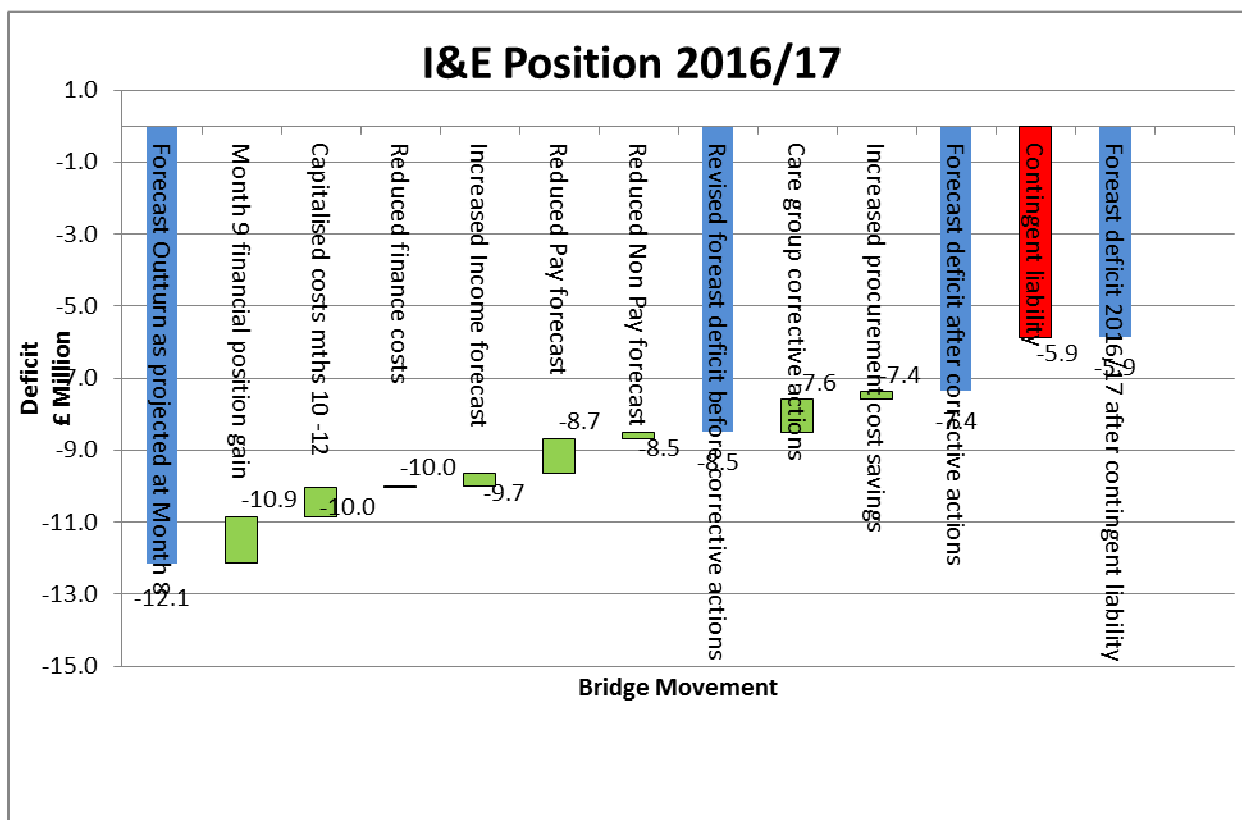
	Financial Plan	April – Dec Plan	April – Dec Actual	Variance
	£000s	£000s	£000s	£000s
Income	341,986	258,876	258,656	-220
Pay	-225,302	-169,860	-175,025	-5,165
Non-pay and Reserves	-107,261	-80,682	-79,226	1,456
Total expenditure	-332,563	-250,542	-254,251	-3,709
EBITDA	9,423	8,334	4,405	-3,929
Finance Costs	-15,323	-10,702	-10,495	207
Surplus/(deficit) before Phased Spend	-5,900	-2,368	-6,090	-3,722
Phased spend adjustment		-2,597		2,597
Plan as described in NHSI Financial Template		-4,965	-6,090	-1,125
Contingent liability			1,125	1,125
Revised Month 9 Position		-4,965	-4,965	-

At the end of month 9 the Trust had planned to deliver an in year deficit of £4.965 million and actually recorded a deficit of £6.09 million. The actual deficit includes a provision relating to potential lost Income in respect of CQUIN and contractual challenges. Whilst this approach is prudent, given that the dispute is under review it is arguably more appropriate to regard the value of the disagreement as a “contingent liability”. Adopting this approach then allows the Trust to withdraw the provision from the month nine position and as a result the Trust is then able to record a year to date deficit of £4.965 million. The revised deficit is consistent with the planned financial position.

The Trust is required to update NHS Improvement of its financial position at the end of month 9. In making this submission the Trust has presented a deficit of £4.965 million and an end of year deficit of £5.9 million. A conversation has been held with the regional operational finance director, confirming that achieving these values is dependent upon the Trust successfully defending commissioner challenges in respect of CQUIN and the contract.

2. Forecast Outturn

Previously the Trust had projected a deficit for the year, without corrective action amounting to £12.148 million. The bridge diagram below describes how the Trust progresses to a revised forecast outturn deficit of £5.9 million.



- Month 9 financial position

In constructing the previous forecast it had been assumed that the Trust would record a deficit in the month of December amounting to £1.272 million. In December however the Trust recorded an in month surplus of £77,000.

	Month 8 Forecast – December £000's	Actual December £000's	Variance
Income	28,966	29,151	185
Expenditure			
Pay	(19,955)	(19,494)	461
Non Pay	(9,049)	(8,411)	638
Total Expenditure	(29,004)	(27,905)	1,099
EBITDA	(38)	1,246	1,284
Finance Costs	(1,189)	(1,169)	20
In month Surplus / (deficit)	(1,227)	77	1,304

In setting the plan for December it had been assumed that Pay spending, particularly in respect of Nurse staffing, would increase as a result of introducing the winter plan. During the month however, whilst the winter plan was implemented, the delivery of actions to reduce spending as described within the care group financial recovery plans has meant that the overall level of nurse staffing remained relatively unchanged. This combined with reduced nursing “fill rate”, over the period has ensured that nurse staffing costs have remained consistent with levels recorded in previous months.

Non pay spending is also lower than anticipated. This has occurred because £250,000 of non pay spending has been capitalised and also the level of “pass through” high cost drugs was markedly lower in the month.

- Capitalised costs

In setting the recovery plan it had been assumed that it would be possible to capitalise revenue costs amounting to £1 million. As stated above, in December non pay amounting to £250,000 was capitalised. Work is presently being finalised to capitalise a further £750,000.

- Reduced finance costs

The overall level of finance costs for the year has been recalculated. A re-examination of the value of Trusts overall asset base is expected to result in the level dividend payment being reduced by £20,000.

- Forecast Income

The improved level of Income recorded in the month of December has led to a re-examination of anticipated income over the remaining three months of the year. This exercise suggests that income during the year will increase by a further £360,000, and reflects a higher level of acuity experienced amongst non elective patients, as illustrated in the table below.

	2015/16 In patient spells	2016/17 In patient spells	% Variance
With complications	6,005	6,144	+2.3
With Intermediate complications	4,401	4,376	-0.1
With major complications	6,420	7,241	+11.3
	16,287	17,229	+5.5
Minor/ Without complications	19,863	19,327	-2.7
	36,689	37,088	+0.05

In order to achieve this level of income the Trust will be required to deliver the following levels of activity.

	Average April – December	Average required – January – March 2017	Average January – March 2016	Average January – March 2015	Risk Rating
A and E (attendances)	9,097	9,115	8,982	8,577	Green
Outpatient (attendances)	36,114	35,803	33,897	32,934	Amber
Elective (Day cases)	3,793	3,647	3,561	3,307	Amber
Elective Inpatient (spells)	510	473	501	514	Green
Emergency (spells)	4,120	4,230	4,184	3,902	Green
Maternity / Non Elective (spells)	672	672	647	557	Green

The above tables suggest activity levels that appear realistic when compared with year to date and previous years. In setting the plan for the year, activity levels are flexed in recognition of the impact of winter pressures. The intensity of winter pressure experienced in January of this year is however believed to be harsher than in previous years and in doing so may impact upon elective outpatient and day case activity. Accordingly in the risk rating these two areas have been classified as Amber risk.

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 three months.

Average income per Month	£000s
April –December	28,740
January – March	28,867
Monthly increase/(decrease)	127

To achieve the level of forecasted Income it will be necessary to record a monthly increase of £127,000.

- Reduced pay forecast

The revised forecast position now assumes that the aggregate level of pay spending during the financial year will be £981,000 lower than the levels as previously assumed.

	January £000's	February £000's	March £000's	Actual April – December £000's
Month 8 Forecast	20,114	20,087	20,150	19,446
Revised Forecast	19,785	19,764	19,821	

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

Average pay spending per Month	£000's
April – December	19,446
January – March	19,790
Monthly Increase	344

As can be seen it is assumed that Pay spending will increase over the remaining months of the year by £0.344 million per month.

- Reduced Non pay forecast

The revised forecast position now assumes that the aggregate level of non pay spending during the financial year will be £175,000 lower than the levels as previously assumed.

	January £000's	February £000's	March £000's	Actual April – December £000's
Month 8 Forecast	9,017	9,025	9,033	8,804
Revised Forecast	8,927	8,840	9,133	

(Note the above discounts capitalised cost savings - £250,000 per month)

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

Average non pay spending per Month	£000's
April – December	8,804
January – March	8,967
Monthly Increase	163

As can be seen it is assumed that Non Pay spending will increase over the remaining months of the year by £0.163 million per month.

- Care Group Recovery Plans

The care groups have committed to delivering cost savings as part of the Trust's financial recovery programme amounting to £1.663 million. Over the remaining three months of the financial year the Trust is expecting to accelerate the financial recovery programme and in doing so generate increased cost savings amounting to £917,000.

Care group	Schemes commenced to date	Schemes – January – March	Total
Scheduled Care	156	429	585
Unscheduled Care	329	234	563
Women and Children's services	49	62	111
Support Services	156	161	317
Corporate Services	57	30	87
Total	746	917	1663

- Procurement

The Trust's Cost Improvement Programme allows for a growth in the level of procurement savings recorded during the remaining three months of the year, arising from supplier rebates and the commencement of revised contracts. The level of increased savings amount to £261,000.

Forecast deficit – inclusive of contingent liability

The effect of the above reduces the forecast deficit from an estimated £12.148 million (as forecast in month 8) to a revised forecast deficit amounting to £7.4 million. In presenting this level of deficit the Trust incorporates a provision amounting to £1.5 million to cover risk associated with CQUIN penalties and contract challenges.

Forecast deficit – excluding contingent liability

The Trust has in constructing its financial position recognised a potential liability amounting to £1.4 million. This is summarised in the table below.

	£000's	Risk assessment
CQUIN Challenges		
Influenza vaccination	74	Amber
Sepsis Targets	261	Green
Antibiotic prescribing	107	Green
Ambulatory Care services	308	Green
Fragility service development	103	Amber
Total CQUIN	853	
Contract challenges	587	Amber
Total CQUIN and contract challenges	1,440	

The Trust believes that a case can be strongly made to contest both the CQUIN and contract challenges.

In the event that the Trust were able to avoid the CQUIN penalties and contract challenges, this would then reduce the forecast deficit to £5.9 million.

3. The Revised Forecast Trajectory

Given the above, a revised trajectory has been constructed.

			April	May	June	July	August	September	October	November	December	January	February	March	Total
Income			27974	27532	29409	28651	28763	28916	28646	29614	29151	28875	28818	28907	345256
Pay			-19233	-19176	-19476	-19168	-19551	-19582	-19466	-19864	-19494	-19785	-19764	-19821	-234380
Non Pay			-8222	-8415	-8898	-8956	-8844	-9311	-9090	-9094	-8411	-8677	-8590	-8883	-105391
Total Expenditure			-27455	-27591	-28374	-28124	-28395	-28893	-28556	-28958	-27905	-28462	-28354	-28704	-339771
EBITDA			519	-59	1035	527	368	23	90	656	1246	413	464	203	5485
Finance Costs			-1123	-1200	-1166	-1150	-1176	-1175	-1172	-1165	-1169	-1189	-1189	-1189	-14063
Surplus / (deficit)			-604	-1259	-131	-623	-808	-1152	-1082	-509	77	-776	-725	-986	-8578
Cumulative			-604	-1863	-1994	-2617	-3425	-4577	-5659	-6168	-6091	-6867	-7592	-8578	
Care group savings															917
Procurement savings															261
Revised Deficit															-7400
Contingent liability															1500
Revised forecast deficit excluding contingent liability															-5900

4. Trust Capital Programme

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

The Shrewsbury and Telford Hospital NHS Trust								
2016/17 Capital Programme Update as at Month 09 (December 2016)								
Scheme	2016/17 Capital Budget £000's	2016/17 Spend to date £000's	Expenditure committed - ordered £000's	Total expenditure/ committed to date £000's	Expenditure committed - to be ordered £000's	Scheme yet to be identified £000's	Forecast Outturn £000's	Variance under/ (over) spend £000's
Outstanding Commitments from 2015/16	200	181	3	184	15	1	200	0
Capital to Revenue Transfer	2,500	383	0	383	1,555	562	2,500	0
ENABLING WORKS FOR 3RD LINAC	366	336	0	336	30	0	366	0
RSH MLU/PAU - P2 FCHS	100	0	0	0	0	0	0	100
Contingency Fund - Estates	250	197	0	197	58	0	255	-5
Contingency Fund - Medical Equipment	200	96	0	96	0	104	200	0
Contingency Fund - IT Equipment	200	137	0	137	0	63	200	0
Contingency Fund - Non-Patient Connected Equipment	75	50	0	50	0	25	75	0
Contingency Fund - VitalPac	50	1	0	1	0	49	50	0
Total Delegated Contingency Funds	775	481	0	481	58	241	780	-5
Capitalisation of Expenditure	2,198	1,179	97	1,276	922	0	2,198	0
Capital Salaries	650	483	162	645	5	0	650	0
Contingency Fund - Corporate	1,000	182	0	182	275	543	1,000	0
Total Capital Contingencies/Capitalisation of Salaries	4,623	2,326	259	2,585	1,259	784	4,628	-5
Agreed Schemes 2016/2017								
IT COMPUTER ROOM INFRASTRUCTURE	450	385	0	385	65	0	450	0
PRH STATUTORY	120	0	0	0	120	0	120	0
PRH MECHANICAL & ELECTRICAL	209	0	0	0	187	0	187	23
RSH STATUTORY	228	0	0	0	228	0	228	0
FIRE PHASE 3	900	412	21	433	0	0	433	467
RSH ITU AHU REPLACEMENT	300	0	0	0	150	0	150	150
RSH PHARMACY AHU ASEPTIC	180	1	0	1	99	0	100	80
RSH WARD 31/32/EPAS & FERTILITY	210	2	0	2	0	0	2	208
RSH PATHOLOGY SWITCHGEAR	23	2	0	2	0	0	2	21
RSH AIR HANDLING DUCTING	150	0	0	0	0	0	0	150
RSH PLANT ROOM PIPEWORK	5	0	0	0	0	0	0	4
RSH ELECTRICAL	60	0	0	0	0	0	0	60
ESTATES CONDITION ASSESSMENTS STILL REQUIRED	186	171	0	171	15	0	186	0
OPHTHALMOLOGY MOVE INTO COPTHORNE BUILDING	0	171	460	631	169	0	800	-800
RSH MATERNITY	0	0	0	0	200	0	200	-200
PRIORITY ESTATES SCHEMES YET TO BE IDENTIFIED (ref CPG)	0	0	0	0	0	162	162	-162
PRH DUODENOSCOPES	29	71	0	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	200	0	200	42
PRH THEATRE STACK SYSTEMS & POWER TOOLS	180	140	0	140	40	0	180	0
RSH/PRH OPERATING MICROSCOPES	203	90	0	90	0	0	90	113
OCT x 2	0	0	0	0	100	0	100	-100
ARGON DIATHERMY PRH ENDOSCOPY	0	0	0	0	30	0	30	-30
P1 MEDICAL EQUIPMENT - yet to be identified	0	0	0	0	0	25	25	-25
Charitable Contribution ref 2015/16 Capital Programme	0	0	0	0	-83	0	-83	83
SERVERS	483	215	0	215	268	0	483	0
SWITCHES (NETWORKING)	327	254	0	254	73	0	327	0
COMPUTERS	0	0	0	0	0	0	0	0
Total Capital Schemes	12,368	5,265	744	6,009	4,730	1,534	12,273	95
Overcommitted/Unallocated	-100	0	0	0	0	0	0	-100
Total	12,268	5,265	744	6,009	4,730	1,534	12,273	-5

Following revision in Month 09, the Capital Resource Limit (CRL) for 2016/17 remains at:

- £9.768m million Internally Generated CRL
- £2.500 million Capital to Revenue Transfer from 2015/16
- **£12.268 million CRL**

At Month 09 £5.265 million has been expensed, with £0.744 million committed. The remaining £6.254 million is yet to be expensed. Following a review of the Capital Programme, project managers have confirmed delivery of the Capital Programme by the end of the financial year.

Significantly, the Trust received on the 23rd January 2017 a letter from NHSI explaining that nationally the Capital Programme for the NHS provider sector is presently over committed by £1 billion. Specifically the Trust was required to review its capital spending over the remaining months of the year to determine whether opportunity existed to restrict spending over the remaining months of the year. The Trust has responded stating that it is expected that by the year end the Capital Programme will be fully committed.

In making this representation, a potential issue exists in respect of donated assets. In particular, the Trust believes that the CRL for the Trust incorrectly assumes a level of spending relating to donated assets. However, the Trust is aware that if this is corrected (and the CRL is adjusted downwards), then in parallel the Trust cash resources will also be adjusted downwards (in other words cash will be removed from the Trust). The Trust believes that this is incorrect. This issue is to be discussed further with NHSI.

5. Trust cash position

In judging how to manage the cash resources, consideration needs to exist in respect of:

- The anticipated forecast outturn position
- The impact of the forecast outturn position with regard to the release of STF funding; and
- The level of cash released by particularly Shropshire CCG, given their financial position position and the likelihood of contract dispute at the year end.

In constructing the cash plan it is therefore necessary to understand the key assumptions that have been adopted in the construction of the plan:

- Forecast outturn position – the cash plan assumes a deficit at the year end amounting to £8.5 million, (cash shortfall **£2.6 million**) being :

	£m's
Forecast deficit – assuming benefit of contingent liability	5.9
Write back of contingent liability	1.5
Undelivered care group and Procurement savings	1.1
Forecast deficit for cash purposes	8.5

- STF Funding – Failure to achieve the £5.9 million control total resulting in a withdrawal of STF for the last quarter of the year - **£2.6 million** cash shortfall
- Shropshire CCG cash withheld – based upon cash difficulties / contract dispute **£2 million**.

Based upon the above, the Trust is then required to generate internally cash resources amounting to **£7.2 million**.

The cash shortfall is then accommodated through:

- £5.4 million – capital creditors growth – arising because whilst the Trust expects to fully commit its Capital Programme in 2016/17 at the year end, given the scale of spending taking place in the last quarter of the year this will result in a significant level of capital creditor that will need to be financed in the opening months of the new year.
- £1.8 million – Revenue creditor suppression.

The cash model is presented in the table below.

The Shrewsbury and Telford Hospital NHS Trust
Cashflow - December 2016

2016/17

	Actual December Month	Forecast January Month	Forecast February Month	Forecast March Month	Total To Date And Forecast
	£000's	£000's	£000's	£000's	£000's
Balance B/fwd	6,579	4,138	8,333	7,528	1,636
INCOME					
Income I&E	27,332	31,510	27,130	33,955	345,260
Income - Total Balance Sheet Movements	2	0	0	(1,897)	(28)
Total Income Cashflow	27,333	31,510	27,130	32,058	345,232
Revolving Working Capital - I&E Deficit	0	1,090	0	2,243	5,900
Revolving Working Capital - STF	0	657	0	0	5,032
Receipt of Permanent PDC	0	0	0	0	2,500
Total Income Cashflow (inc RWC)	27,333	33,257	27,130	34,301	358,664
PAY					
Pay I&E	(19,734)	(20,303)	(20,303)	(20,636)	(235,376)
Pay - Total Balance Sheet Movements	0	0	0	0	2,051
Total Pay Cashflow	(19,734)	(20,303)	(20,303)	(20,636)	(233,325)
NON PAY					
Non Pay I&E	(7,681)	(9,342)	(8,084)	(10,836)	(106,271)
BS Changes - Non Pay - 15/16 b/f	0	(811)	(811)	(811)	(2,433)
BS Changes - Non Pay - 16/17 c/f - Creditor Suppression		1,836	1,836	1,836	5,508
Non Pay - Total Balance Sheet Movements	0	1,025	1,025	1,025	3,075
Total Non Pay Cashflow	(7,681)	(8,317)	(7,059)	(9,811)	(103,196)
Finance Costs					
Finance Costs I&E	1	2	2	(2,209)	(4,453)
Finance Costs - Total Balance Sheet Movements	0	0	0	0	604
Total Finance Costs Cashflow	1	2	2	(2,209)	(3,848)
Capital					
Capital Expenditure	(475)	(1,361)	(2,925)	(10,538)	(18,472)
BS Changes - Capital B/F from 2015/16	(136)	528	528	528	(131)
BS Changes - Capital C/F from 2016/17	0	389	1,822	3,193	5,404
Capital - Total Balance Sheet Movements	(136)	917	2,350	3,721	5,273
Total Capital Cashflow	(611)	(444)	(575)	(6,817)	(13,200)
Repayment of RWC - on receipt of STF	(1,750)			(657)	(5,032)
PDC Revenue					0
Total Cashflow	(2,441)	4,195	(805)	(5,829)	64
Balance C/fwd	4,138	8,333	7,528	1,700	1,700

2017/18

Forecast April Month	Forecast May Month	Forecast June Month	Forecast July Month	Forecast August Month	Forecast September Month	Forecast October Month	Forecast November Month	Forecast December Month
£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
1,700	1,700	1,700	1,700	1,925	2,150	2,751	3,351	1,963
29,858	29,858	29,858	29,858	29,858	29,858	29,858	29,858	29,858
500	500	500	500	0	0	0	0	0
30,358	30,358	30,358	30,358	29,858	29,858	29,858	29,858	29,858
2,008	2,457	555	0	0		0	0	0
0	0	0	0	0	0	0	0	0
32,366	32,815	30,913	30,358	29,858	32,890	29,858	29,858	29,858
(19,372)	(19,372)	(19,372)	(19,372)	(19,372)	(19,372)	(19,372)	(19,372)	(19,372)
0	0	0	0	0	0	0	0	0
(19,372)	(19,372)	(19,372)	(19,372)	(19,372)	(19,372)	(19,372)	(19,372)	(19,372)
(9,495)	(9,495)	(9,495)	(9,495)	(9,495)	(9,495)	(9,495)	(9,495)	(9,495)
0	0	0	0	0	0	0	0	0
(500)	(500)	(500)	(500)					
(500)	(500)	(500)	(500)	0	0	0	0	0
(9,995)	(9,995)	(9,995)	(9,995)	(9,495)	(9,495)	(9,495)	(9,495)	(9,495)
(21)	(21)	(21)	(21)	(21)	(2,558)	(21)	(21)	(21)
0	0	0	0	0	0	0	0	0
(21)	(21)	(21)	(21)	(21)	(2,558)	(21)	(21)	(21)
(371)	(370)	(371)	(371)	(370)	(865)	(371)	(371)	(371)
0	0	0	0	0	0	0	0	0
(2,607)	(3,059)	(1,155)	(376)	(376)	0	0	0	(18)
(2,607)	(3,059)	(1,155)	(376)	(376)	0	0	0	(18)
(2,978)	(3,428)	(1,525)	(747)	(746)	(865)	(371)	(371)	(389)
0							(1,988)	
0								
1	(1)	0	224	225	601	600	(1,388)	582
1,700	1,700	1,700	1,925	2,150	2,751	3,351	1,963	2,545

Appendix

	Apr-Dec Budget	Apr-Dec Actual	Variance	Variance %	Apr-Dec Budget	Apr-Dec Actual	Financial Variance Value	Price Variance	Volume Variance
	Activity	Activity	Activity		£000s	£000s	£000s	£000s	£000s
Accident and Emergency (Attendances)	81,584	81,873	289	0.4%	9,457	9,647	190	156	33
Outpatient Appts (Attendances)	327,166	325,023	(2,143)	(0.7%)	39,957	39,811	(146)	(67)	(79)
Elective Day Cases	33,162	34,134	972	2.9%	22,074	22,115	41	206	(165)
Elective Inpatient (Spells)	5,023	4,588	(435)	(8.7%)	14,124	13,102	(1,022)	334	(1,356)
Non Elective (Spells)	37,106	37,084	(22)	(0.1%)	66,617	67,502	885	937	(52)
Non Elective Other	5,768	6,048	280	4.9%	9,511	10,072	561	323	238
Emergency Threshold					(1,548)	(2,124)	(576)	(576)	
Education					8,470	8,684	214	214	
Injury Cost Recovery					1,076	1,037	(39)	(39)	
Private Patients					996	985	(11)	(11)	
Sustainability & Transformation Funds					7,875	5,250	(2,625)	(2,625)	
Others (Inc Reserves)					80,266	79,951	(316)	(316)	
Total	489,809	488,750	(1,059)	(0.2%)	258,876	256,032	(2,845)	(1,464)	(1,381)

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	8,722	8,618	8,897	9,001	8,742	9,505	9,082	108,831
Outpatient Attendances	35,444	35,987	37,404	36,278	34,449	37,056	38,043	36,516	36,417	38,993	31,230	35,547	35,662	35,920	36,563	36,048	435,312
Elective Daycases	3,814	3,577	3,874	3,755	3,811	3,919	3,895	3,875	3,751	3,885	3,608	3,748	3,491	3,580	3,570	3,547	43,803
Elective Inpatient Spells	490	493	558	514	525	484	505	505	498	551	484	511	509	519	527	518	6,578
Emergency Spells	3,993	4,125	4,158	4,092	4,159	3,974	4,099	4,077	4,057	4,208	4,311	4,192	4,231	4,129	4,338	4,232	49,803
Maternity/Non Elective Other Spells	606	697	631	645	666	646	677	663	712	689	724	708	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	3,895	3,875	3,751	3,885	3,608	3,748				0	34,134
Variance	214	77	14	102	(163)	489	186	171	(54)	193	15	51				(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	551	484	511				0	4,588
Variance	(25)	(43)	(5)	(24)	(92)	(78)	(45)	(72)	(104)	(18)	(25)	(49)				(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	4,057	4,208	4,311	4,192				0	37,084
Variance	16	80	155	84	20	179	73	91	(293)	(144)	(108)	(182)				(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	712	689	724	708				0	6,048
Variance	(26)	67	33	24	2	20	19	13	(3)	56	115	56				(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	38,043	36,516	36,417	38,993	31,230	35,547				0	325,023
Variance	(384)	2,754	(2,233)	45	(2,715)	4,149	(61)	458	(1,183)	528	(2,996)	(1,217)				(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	8,722	8,618	8,897				0	81,873
Variance	(531)	276	(200)	(152)	388	(77)	200	170	339	(110)	5	78				(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

	July- Sep-14	Oct- Dec-14	Jan – Mar 15	Apr- Jun-15	July – Sep-15	Oct – Dec-15	Jan – Mar-16	Apr- Jun-16	Jul-16 £000's	Aug-16 £000's	Sep-16 £000's	Oct-16 £000's	Nov-16 £000's	Dec-16 £000's
	£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	3,361	3,380	3,494	3,454	3,447	3,640	3,422
Medical Staffing	2,180	2,238	2,100	2,207	2,235	2,423	2,268	2,133	2,173	2,308	2,208	2,224	2,266	2,234
Nursing	7,062	7,314	7,473	7,451	7,413	7,591	7,619	7,649	7,441	7,589	7,712	7,667	7,750	7,666
Other Clinical	2,330	2	2,346	2,415	2,421	2,472	2,477	2,581	2,583	2,582	2,596	2,546	2,570	2,567
Non Clinical	3,207	3,292	3,269	3,393	3,404	3,449	3,492	3,573	3,585	3,599	3,619	3,555	3,643	3,610
Actual Pay Spend £	17,808	18,221	18,267	18,606	18,755	19,115	19,074	19,296	19,162	19,572	19,589	19,438	19,869	19,498
Consultants	234	236	242	238	243	253	240	246	243	247	252	248	254	247
Medical Staffing	353	358	362	358	358	368	349	340	350	363	356	355	357	358
Nursing	2,227	2,320	2,368	2,322	2,330	2,382	2,416	2,355	2,350	2,353	2,369	2,385	2,404	2,382
Other Clinical	753	754	769	761	775	791	795	793	800	804	809	805	807	810
Non Clinical	1,447	1,478	1,473	1,479	1,502	1,515	1,526	1,533	1,552	1,542	1,549	1,544	1,561	1,544
Actual Pay wte	5,014	5,145	5,215	5,158	5,208	5,291	5,327	5,267	5,294	5,310	5,335	5,337	5,384	5,341

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	Average Apr-Jun 2016 £000's	Jul 2016 £000s	Aug 2016 £000s	Sep 2016 £000s	Oct 2016 £000s	Nov 2016 £000s	Dec 2016 £000s
Consultants	167	172	120	182	150	217	212	277	288	293	319	224	226
Medical Staff	270	236	285	379	557	478	282	330	376	215	311	298	317
Nursing	731	781	671	705	667	527	508	452	533	563	530	536	634
Other Clinical	17	22	43	35	52	52	61	43	62	49	35	30	29
Non clinical	64	83	79	76	79	55	43	45	62	50	8	20	22
Total Agency Staff Spending	1,249	1,293	1198	1377	1,506	1,329	1,107	1,147	1,321	1,170	1,203	1,109	1,228

	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	Average Apr-Jun 2016 WTE	Jul 2016 WTE	Aug 2016 WTE	Sep 2016 WTE	Oct 2016 WTE	Nov 2016 WTE	Dec 2016 WTE
Consultants	8.6	8.62	7.04	8.99	7.48	9.5	10.69	12.63	14.33	15.57	15.48	15.25	11.96
Medical Staff	22.88	22.17	21.98	29.53	40.61	37.69	28.28	32.17	38.63	27.86	31.03	28.57	25.76
Nursing	130.11	150.19	124.35	117.72	112.69	101.45	85.98	82.94	94.87	97.92	94.67	95.61	108.20
Other Clinical	2.59	4.04	8.29	7.76	9.62	11.77	9.81	8.06	9.85	9.35	7.01	6.47	6.47
Non Clinical	17.56	22.87	20.94	16.42	12.86	11.49	11.16	11.94	13.68	13.46	6.89	6.20	5.94
Total Agency Staff Spending	181.74	207.88	182.6	180.42	183.25	171.9	145.91	147.74	171.36	164.16	155.08	152.10	158.33

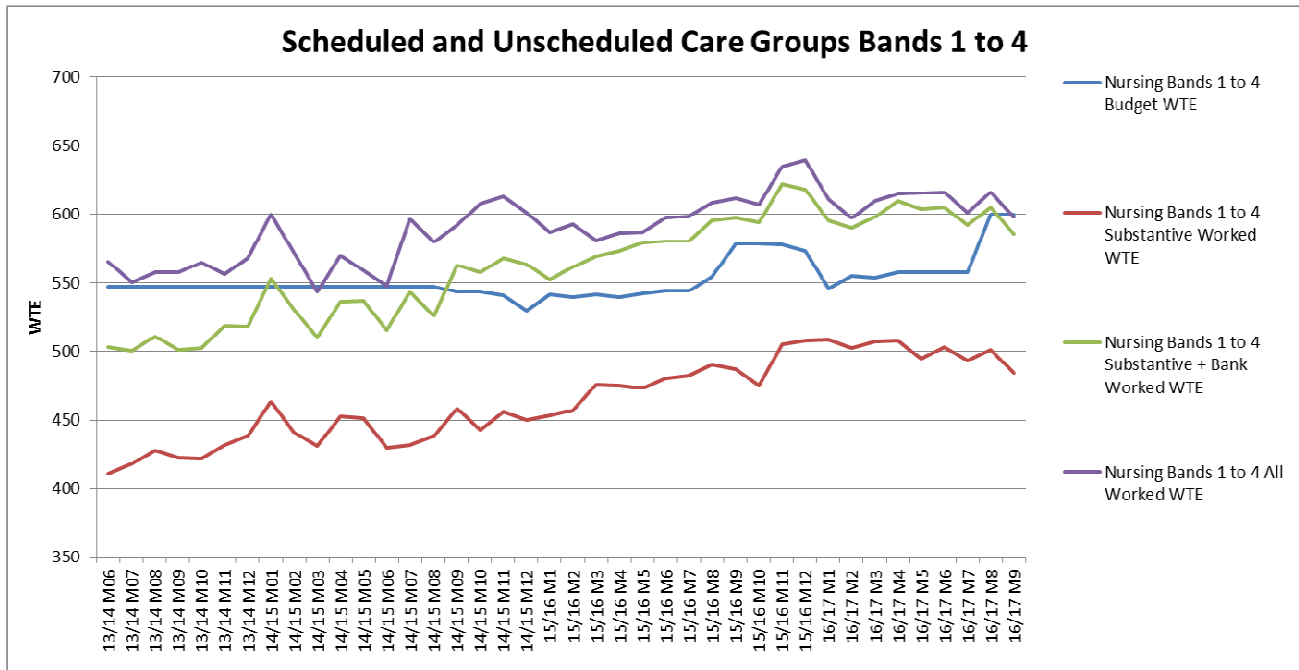
Bank Usage

	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	Average Apr-Jun 2016 £000's	Jul 2016 £000's	Aug 2016 £000's	Sep 2016 £000's	Oct 2016 £000's	Nov 2016 £000's	Dec 2016 £000's
Nursing	500	546	522	533	625	738	524	540	538	593	580	607	556
Other Clinical	40	36	32	37	38	39	45	52	48	34	26	37	28
Non Clinical	127	129	127	150	130	135	154	174	136	153	122	160	138
Total Bank Staff	667	712	681	720	794	912	723	766	722	780	728	804	723

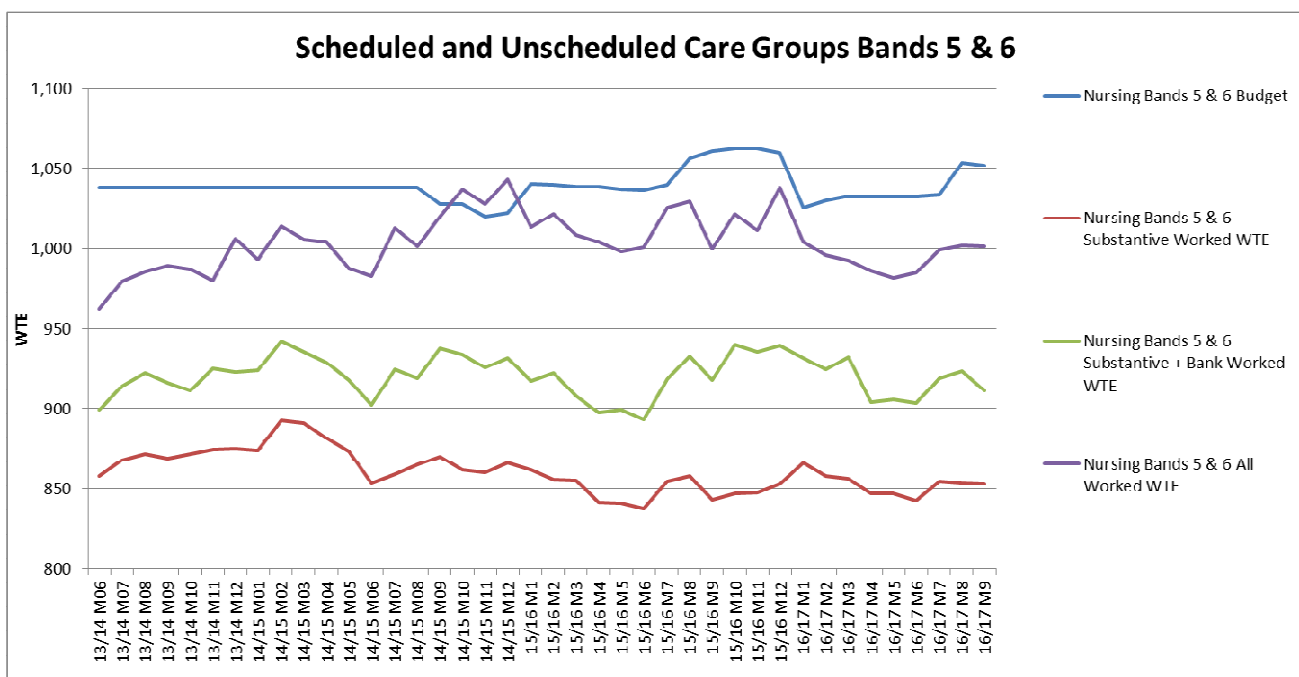
	Average Oct-Dec 2014 WTE	Average Jan - Mar 2015 WTE	Average Apr-Jun 2015 WTE	Average Jul-Sep 2015 WTE	Average Oct-Dec 2015 WTE	Average Jan-Mar 2016 WTE	Average Apr-Jun 2015 WTE	Average Apr-Jun 2015 WTE	Jul 2016 WTE	Aug 2016 WTE	Sep 2016 WTE	Oct 2016 WTE	Nov 2016 WTE	Dec 2016 WTE
Nursing	185.47	203.56	177.01	177.66	191.66	225.36	167.49	167.49	181.58	184.99	179.54	178.85	192.64	173.91
Other Clinical	13.07	10.98	9.51	11.9	11.92	11.73	10.39	10.39	11.75	10.96	12.02	10.85	12.92	10.67
Other	69.81	66.16	60.14	68.75	62.92	70.72	70.60	70.60	81.76	69.15	64.01	58.42	75.44	62.84
Total Bank Staff wte	268.35	280.7	246.66	258.31	266.49	307.81	248.48	248.48	275.09	265.1	255.57	248.12	281.00	247.42

Nursing spending - Scheduled and Unscheduled Care Groups

Unqualified



Qualified



Service Line Reporting

Centre Summary 1617 Month 8 YTD

Metrics	Surgical	Oncology	MSK	H&N	Theatre & Critical Care	Medicine	Emergency	Womens & Childrens	Support Services	TOTAL
Income	41,726	24,348	18,140	16,707	5,893	63,088	11,549	37,919	10,522	229,892
Cost										
Direct										
Nursing	- 6,518	- 1,940	- 3,031	- 1,004	- 2,070	- 18,161	- 3,483	- 13,565	- 109	- 49,880
Consultants	- 3,915	- 1,331	- 1,484	- 2,552	- 59	- 4,551	- 742	- 3,360	- 5	- 18,000
Other Clinical	- 2,832	- 1,581	- 1,924	- 3,619	- 67	- 5,260	- 2,606	- 4,479	- 270	- 22,637
Non Clinical	- 1,505	- 844	- 726	- 1,249	- 142	- 1,809	- 392	- 1,811	- 256	- 8,735
Total Direct Pay Costs	- 14,770	- 5,696	- 7,165	- 8,424	- 2,337	- 29,781	- 7,224	- 23,216	- 640	- 99,253
Drugs	- 3,523	- 9,876	- 325	- 1,552	- 220	- 6,092	- 261	- 1,363	- 2	- 23,212
Supplies	- 491	- 439	- 416	- 943	- 334	- 3,459	- 384	- 1,507	- 4	- 7,976
Other Direct Costs	- 846	- 227	- 203	- 558	- 78	- 1,531	- 230	- 1,255	- 21	- 4,949
Total Direct Non Pay Costs	- 4,861	- 10,542	- 943	- 3,052	- 631	- 11,081	- 876	- 4,125	- 27	- 36,138
Direct Cost Total	- 19,631	- 16,238	- 8,108	- 11,477	- 2,968	- 40,862	- 8,099	- 27,340	- 667	- 135,391
Indirect										
Blood	-	-	-	-	-	-	-	- 18	-	- 18
Allied Healthcare Professionals	- 724	- 500	- 304	- 686	- 2	- 1,970	- 86	- 384	- 906	- 5,561
Radiology	- 1,463	- 339	- 966	- 272	- 36	- 1,948	- 1,483	- 272	- 1,567	- 8,344
Pathology	- 986	- 460	- 294	- 318	- 73	- 2,390	- 473	- 949	- 3,203	- 9,145
Theatre	- 7,051	- 14	- 4,381	- 2,744	- 1,240	- 444	- 6	- 1,829	- 0	- 17,710
Other Services	- 2,461	- 78	- 171	- 592	- 17	- 1,078	- 28	- 415	- 96	- 4,935
Prosthetics	- 64	- 0	- 929	- 21	- 0	- 4	- 1	- 15	- 1	- 1,035
Hotel Services	- 1,206	- 491	- 497	- 463	- 103	- 2,322	- 644	- 1,129	- 172	- 7,027
Pharmacy	- 335	- 508	- 116	- 92	- 1	- 1,214	- 38	- 337	- 69	- 2,711
CNST	- 1,189	- 100	- 1,142	- 260	- 0	- 302	- 788	- 4,622	- 0	- 8,403
Total Indirect Costs	- 15,479	- 2,491	- 8,800	- 5,446	- 1,471	- 11,672	- 3,546	- 9,971	- 6,014	- 64,890
Direct/ Indirect Total	- 35,110	- 18,729	- 16,908	- 16,923	- 4,440	- 52,534	- 11,645	- 37,311	- 6,681	- 200,280
Direct Contribution	6,617	5,619	1,231	216	1,453	10,555	96	608	3,841	29,611
Contribution %	15.86%	23.08%	6.79%	-1.29%	24.66%	16.73%	-0.83%	1.60%	36.50%	12.88%
Overheads										
Site Costs	- 1,351	- 940	- 623	- 785	- 162	- 2,064	- 483	- 1,446	- 276	- 8,129
Corporate Costs	- 3,198	- 1,916	- 1,515	- 1,809	- 335	- 5,216	- 1,379	- 3,823	- 739	- 19,930
Overhead Total	- 4,548	- 2,856	- 2,138	- 2,594	- 496	- 7,280	- 1,862	- 5,269	- 1,015	- 28,059
Total Cost	- 39,658	- 21,585	- 19,046	- 19,517	- 4,936	- 59,813	- 13,507	- 42,580	- 7,696	- 228,339
EBITDA	2,068	2,763	907	2,811	957	3,275	1,958	4,661	2,825	1,552
EBITDA %	4.96%	11.35%	-5.00%	-16.82%	16.24%	5.19%	-16.95%	-12.29%	26.85%	0.68%
Finance Costs	- 2,665	- 1,496	- 1,220	- 1,191	- 354	- 4,011	- 826	- 2,648	- 595	- 15,007
Profit/Loss	- 596	1,266	2,127	4,001	603	736	2,784	7,309	2,231	13,454
Profitability %	-1.43%	5.20%	-11.73%	-23.95%	10.23%	-1.17%	-24.11%	-19.28%	21.20%	-5.85%
Donated Assets Adjustment										272
Sustainability and Transformation Funding Reserves										7,000
										384
Trust Surplus/(Deficit) as per Board Paper										- 6,838

Cost Improvement Programme

CIP	Revised Annual Saving £000s	Revised December Planned Saving £000s	December Actual Saving £000s	Forecast Expected Position £000s	Difference YTD	Forecast Shortfall Against Revised Target
Procurement	2000	1500	961	1600	-539	-400
Unavailability Improvement	1302	977	0	0	-977	-1302
Ceased enhanced bank rate	400	300	0	0	-300	
Waiting list Initiative Payments	214	161	137	137	-24	-77
Pharmacy	300	225	225	300	0	0
SCG	860	645	224	350	-421	-510
USCG	240	180	8	8	-172	-232
Women and Children	950	713	499	600	-214	-350
Support Services	200	150	173	200	23	0
Corporate Services	302	227	665	760	439	458
Non clinical temp posts	500	375		0	-375	-500
Agency Cap	1524	1143	908	1614	-235	90
Tier 5 Agency Usage	800	600		0	-600	-800
Scheduled Care Anaesthetic savings	789	592	268	339	-324	-450
Non Pay Controls	1000	750		0	-750	-1000
Finance Costs	1400	1050	933	1400	-117	0
Original CIP Total	12781	9586	4068	7308	-5518	-5473
Rectification(M7) plan	2983	1705	746	1663	-959	-1320
Total		11290	4814	8971	-6476	-3810

Statement of Financial Position

	March 16	November 16	December 16	Variance to March 16	Variance to November 16
	£000	£000	£000	£000	£000
Total Non Current Assets	162,060	159,366	159,674	(2,386)	308
Inventories	7,875	8,184	8,000	125	(184)
Current Trade and Other Receivables	8,829	15,414	17,127	8,298	1,713
Cash and Cash Equivalents	1,700	6,612	4,173	2,473	(2,439)
Total Current Assets	18,404	30,210	29,300	10,896	(910)
Current Trade and Other Payables	(22,969)	(31,485)	(30,643)	(7,674)	842
PDC dividend Payable accrual	0	(716)	(1,074)	(1,074)	(358)
Interest on Revolving Working Capital Facility	(23)	(73)	(98)	(75)	(25)
Provisions	(561)	(475)	(507)	54	(32)
Total Current Liabilities	(23,553)	(32,749)	(32,322)	(8,769)	427
Net Current Liabilities	(5,149)	(2,539)	(3,022)	2,127	(483)
Total Assets less Current Liabilities	156,911	156,827	156,652	(259)	(175)
Revolving Working Capital Support Facility	(12,700)	(17,017)	(15,267)	(2,567)	1,750
Provisions	(175)	(111)	(111)	64	0
Total Assets Employed	144,036	139,699	141,274	(2,762)	1,575
Financed by Taxpayers' Equity					
Public dividend capital	197,106	199,606	199,606	2,500	0
Retained Earnings	(82,053)	(88,890)	(87,315)	(5,262)	1,575
Revaluation reserve	28,983	28,983	28,983	0	0
Total Taxpayers' Equity	144,036	139,699	141,274	(2,762)	1,575

Reporting to:	Trust Board -2 February 2017
Title	Midlands and East Agency Report Month 8
Sponsoring Directors	Workforce Director
Author(s)	
Previously considered by	Workforce Committee
Executive Summary	This paper provides benchmark information relating to agency; to be considered alongside the Trust Performance Report.
Strategic Priorities	
1. Quality and Safety	<input type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience. <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 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 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	<div> <input checked="" type="checkbox"/> Safe </div> <div> <input checked="" type="checkbox"/> Effective </div> <div> <input checked="" type="checkbox"/> Caring </div> <div> <input checked="" type="checkbox"/> Responsive </div> <div> <input checked="" type="checkbox"/> Well led </div>
<div> <div>Receive</div> <div><input type="checkbox"/> Review</div> </div> <div> <div><input checked="" type="checkbox"/> Note</div> <div><input type="checkbox"/> Approve</div> </div>	The Trust Board are asked to NOTE the report.

Midlands and East monthly regional agency performance report: September 2016

This is the first Midlands and East monthly regional agency performance report: a monthly update to trusts providing further information to the region on our combined effort to reduce spend on agency staff. This document will allow you to see how you and your peers are doing on key agency metrics and will provide updates on support available and steps to take to keep up the momentum.

It has been one year since NHS Improvement introduced the agency rules, at trusts' request, and the sector has delivered reductions in agency spending of over £600 million. Spending on agency staff in the Midlands and East is now c.15% lower than in the first six months last year.

Our region is £52 million above our ceiling target

We need to keep improving and more can be done across the region; we are already £52 million above the aggregate ceiling this financial year. The Single Oversight Framework now scores trusts based on their variance to their allocated ceiling, further triggering action from trust boards.

The Midlands and East Region agency spend has high contributions from medical and nursing agency staff. Over 10% of the region's total medical and dental pay bill is on agency staff: the highest proportion in the country. Across the region we've reduced the level of nursing shifts breaching the price cap by c.39% since the start of April, which has contributed to savings made across the sector.

Supporting trusts

NHS Improvement is supporting trusts to further improve their agency performance. Our workforce improvement team has enabled some trusts to improve their agency controls and spend. All approved frameworks have fully embedded the requirements of NHS Improvement, including price caps and maximum wage rates, in their contractual terms and conditions. This means that all agencies on the approved frameworks have agreed to meet these conditions.

NHS Improvement has taken steps to help tackle medical locum spend. Guides are available on our website (<https://improvement.nhs.uk/>) to help trusts further reduce locum spend. If all the c.6,400 weekly locum shifts above price cap in our region are reduced by £5 an hour, we'll save around £13 million a year.

Spend relative to ceiling

The three trusts with the lowest spend relative to ceiling are:

Trust name	Agency spend vs. ceiling %
West Midlands Ambulance Service NHS Foundation Trust	(80.6%)
Lincolnshire Community Health Services NHS Trust	(78.4%)
Birmingham Women's NHS Foundation Trust	(48.8%)

The three trusts with the highest spend relative to ceiling are:

Trust name	Agency spend vs. ceiling %
Walsall Healthcare NHS Trust	116.6%
The Dudley Group NHS Foundation Trust	114.7%
Kettering General Hospital NHS Foundation Trust	82.1%

If you have not done so already, please ensure that leaders from your organisation attend our development day 'Reducing your reliance on agency staff' on 24 November 2016 at Leicester City Football Club (www.eventbrite.co.uk/e/reducing-reliance-on-agency-staff-midlands-and-east-registration-29069738370). This will be a great opportunity to hear from national, regional and provider leads, and share experiences of our collective efforts to reduce agency spend.

The Month 6, Provider Sector Performance Report will be published this month and for the first time will include details of trust performance on agency spend. In the report we will be publishing a national table of trusts with the highest 20 and lowest 20 agency spend against ceiling and also spend as a percentage of total staff pay.

If you need any support or questions regarding the agency rules, please email NHSI.agencyrules@nhs.net



Dale Bywater
Executive Regional Managing Director (Midlands and East)

Midlands and East Region - monthly agency performance report

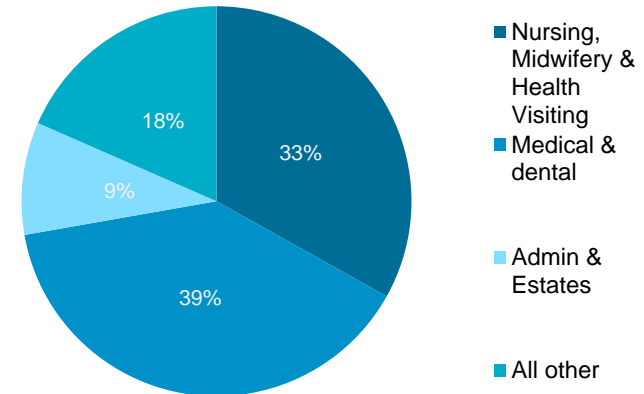
This report is based on information between April and September 2016

Agency spend

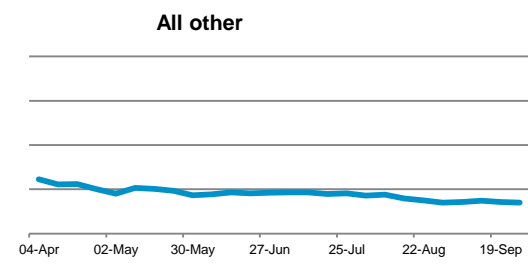
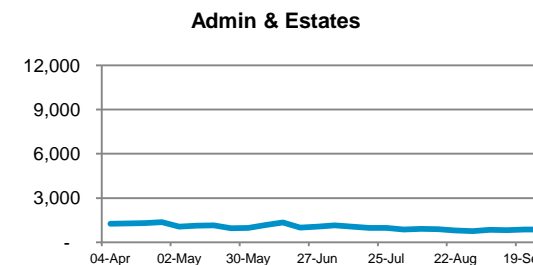
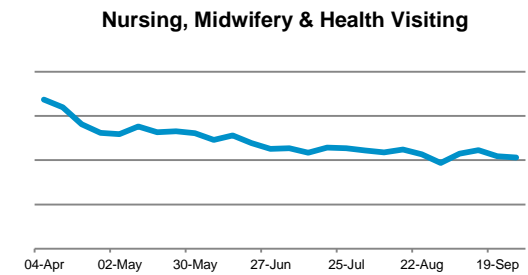
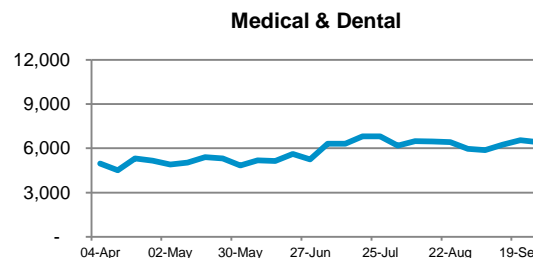
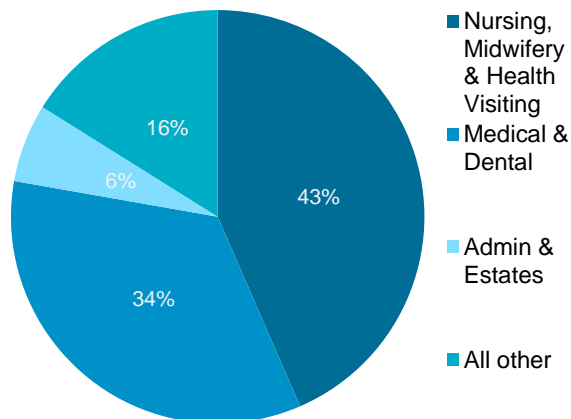
Agency Single Oversight Framework score

Agency spend - breakdown

		Agency SOF score (Distance from provider ceiling)	Number of trusts
Agency spend	£460.8m	Score – 1 (Less than 0%)	29
Agency spend vs. ceiling %	+12.7%	Score – 2 (Between 0% – 25%)	23
Agency spend % of total pay	6.8%	Score – 3 (Between 25% – 50%)	9
		Score – 4 (Above 50%)	12
		Total	73



Price cap overrides - breakdown



Midlands and East Region - monthly agency performance report

Trust name	Agency spend vs. ceiling %	Agency spend vs. ceiling % Rank	Spend % of total staff cost Rank	Trust name	Agency spend vs. ceiling %	Agency spend vs. ceiling % Rank	Spend % of total staff cost Rank
Basildon and Thurrock University Hospitals NHS Foundation Trust	34.4%	57	53	Norfolk and Suffolk NHS Foundation Trust	(3.0%)	25	37
Bedford Hospital NHS Trust	(20.2%)	8	32	Norfolk Community Health and Care NHS Trust	53.8%	66	18
Birmingham and Solihull Mental Health NHS Foundation Trust	22.9%	51	26	North Essex Partnership University NHS Foundation Trust	16.8%	46	62
Birmingham Children'S Hospital NHS Foundation Trust	(40.7%)	4	6	North Staffordshire Combined Healthcare NHS Trust	48.7%	60	31
Birmingham Community Healthcare NHS Foundation Trust	25.9%	53	46	Northampton General Hospital NHS Trust	34.4%	56	51
Birmingham Women'S NHS Foundation Trust	(48.8%)	3	8	Northamptonshire Healthcare NHS Foundation Trust	(11.7%)	15	48
Black Country Partnership NHS Foundation Trust	53.0%	65	34	Nottingham University Hospitals NHS Trust	10.6%	40	16
Burton Hospitals NHS Foundation Trust	24.8%	52	35	Nottinghamshire Healthcare NHS Foundation Trust	2.6%	32	13
Cambridge University Hospitals NHS Foundation Trust	(38.3%)	5	7	Papworth Hospital NHS Foundation Trust	4.5%	35	11
Cambridgeshire and Peterborough NHS Foundation Trust	19.2%	49	38	Peterborough and Stamford Hospitals NHS Foundation Trust	(2.2%)	27	47
Cambridgeshire Community Services NHS Trust	(7.1%)	19	19	Sandwell and West Birmingham Hospitals NHS Trust	78.4%	70	39
Chesterfield Royal Hospital NHS Foundation Trust	17.7%	47	64	Sherwood Forest Hospitals NHS Foundation Trust	63.2%	67	73
Colchester Hospital University NHS Foundation Trust	(3.1%)	23	71	Shrewsbury and Telford Hospital NHS Trust	18.8%	48	28
Coventry and Warwickshire Partnership NHS Trust	0.4%	30	29	Shropshire Community Health NHS Trust	(19.9%)	9	45
Derby Teaching Hospitals NHS Foundation Trust	(1.2%)	29	12	South Essex Partnership University NHS Foundation Trust	(7.3%)	18	30
Derbyshire Community Health Services NHS Foundation Trust	42.9%	58	4	South Staffordshire and Shropshire Healthcare NHS Foundation Trust	31.3%	55	41
Derbyshire Healthcare NHS Foundation Trust	65.3%	69	23	South Warwickshire NHS Foundation Trust	(12.3%)	14	14
Dudley and Walsall Mental Health Partnership NHS Trust	3.1%	33	60	Southend University Hospital NHS Foundation Trust	51.9%	62	63
East and North Hertfordshire NHS Trust	52.8%	64	67	Staffordshire and Stoke On Trent Partnership NHS Trust	(24.7%)	6	15
East Midlands Ambulance Service NHS Trust	(15.6%)	12	2	The Dudley Group NHS Foundation Trust	114.7%	72	44
East Of England Ambulance Service NHS Trust	(19.2%)	10	5	The Princess Alexandra Hospital NHS Trust	9.6%	39	61
George Eliot Hospital NHS Trust	(4.9%)	21	66	The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust	14.4%	44	59
Heart Of England NHS Foundation Trust	(22.9%)	7	21	The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	(8.8%)	17	9
Hertfordshire Community NHS Trust	(5.3%)	20	50	The Royal Orthopaedic Hospital NHS Foundation Trust	14.2%	43	58
Hertfordshire Partnership University NHS Foundation Trust	(3.0%)	24	36	The Royal Wolverhampton NHS Trust	64.8%	68	24
Hinchingbrooke Health Care NHS Trust	10.7%	41	65	United Lincolnshire Hospitals NHS Trust	(9.8%)	16	54
Ipswich Hospital NHS Trust	19.6%	50	27	University Hospitals Birmingham NHS Foundation Trust	49.2%	61	22
James Paget University Hospitals NHS Foundation Trust	(1.6%)	28	43	University Hospitals Coventry and Warwickshire NHS Trust	8.7%	38	55
Kettering General Hospital NHS Foundation Trust	82.1%	71	72	University Hospitals Of Leicester NHS Trust	14.0%	42	17
Leicestershire Partnership NHS Trust	29.6%	54	25	University Hospitals Of North Midlands NHS Trust	(2.9%)	26	42
Lincolnshire Community Health Services NHS Trust	(78.4%)	2	3	Walsall Healthcare NHS Trust	116.6%	73	40
Lincolnshire Partnership NHS Foundation Trust	(18.6%)	11	10	West Hertfordshire Hospitals NHS Trust	3.4%	34	70
Luton and Dunstable University Hospital NHS Foundation Trust	15.2%	45	49	West Midlands Ambulance Service NHS Foundation Trust	(80.6%)	1	1
Mid Essex Hospital Services NHS Trust	(3.9%)	22	52	West Suffolk NHS Foundation Trust	2.5%	31	20
Milton Keynes Hospital NHS Foundation Trust	6.1%	37	68	Worcestershire Acute Hospitals NHS Trust	(14.6%)	13	57
Norfolk and Norwich University Hospitals NHS Foundation Trust	45.1%	59	56	Worcestershire Health and Care NHS Trust	5.6%	36	33
				Wye Valley NHS Trust	52.1%	63	69

Note – Rank 1 indicates lowest agency spend against ceiling and % of total staff cost.

About NHS Improvement

NHS Improvement is the operational name for the organisation that brings together Monitor, NHS Trust Development Authority, Patient Safety, the National Reporting and Learning System, the Advancing Change team and the Intensive Support Teams.

This publication can be made available in a number of other formats on request.

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