

Trust Performance Report – Month 11



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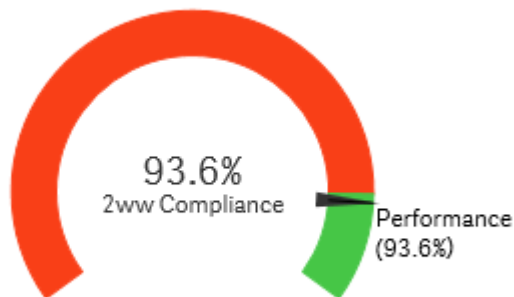
Performance



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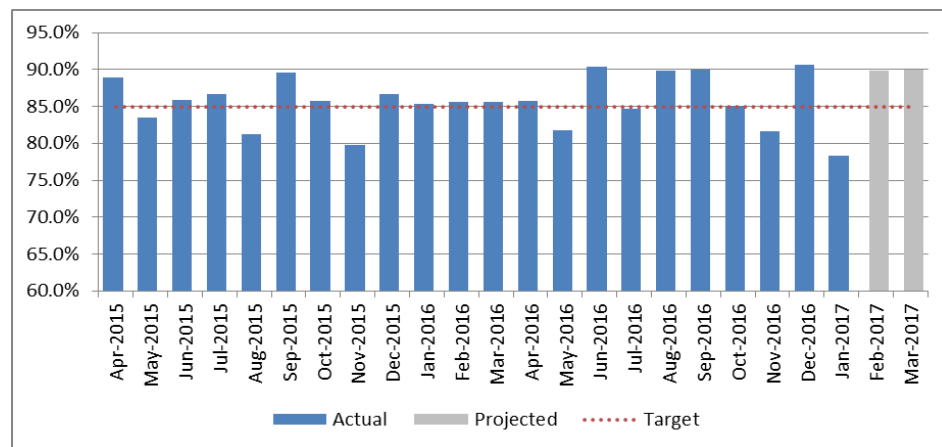
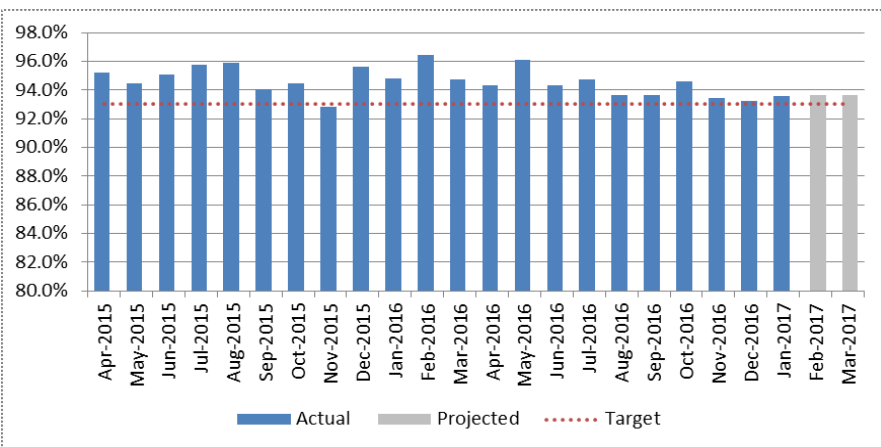
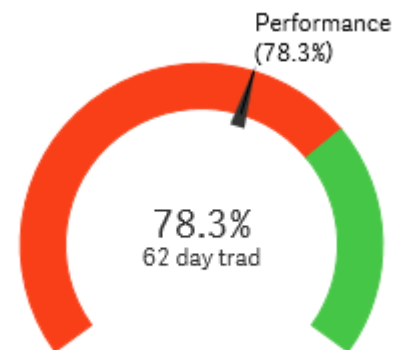
Cancer Target January 2017 Performance

2 Week Wait



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

62 Day Performance



Cancer Performance (Site Specific Performance)

											SaTH YTD
Measure	Annual Target	Monthly Target	July	August	September	October	November	December	January	National Average	
62 days urgent ref to treatment	85%	85%	84.68%	89.86%	89.96%	85.04%	81.70%	90.64%	78.33%	82.10%	85.70%
Brain	85%	85%	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A
Breast	85%	85%	100%	95.70%	100%	100% (0 / 12)	95.00% (1 / 20)	100% (0/11)	90.90% (1½/16½)	95.20%	98.10%
Colorectal	85%	85%	52.90%	93.80%	77.40%	72.70% (3/11)	62.50% (6 / 16)	85.70% (2/14)	87.50% (2/16)	68.00%	78.30%
Gynaecology	85%	85%	88.90%	36.40%	88.20%	89.50% (1 / 9½)	66.70% (4 / 12)	90.00% (0.5/5)	60.00% (2/5)	76.60%	76.70%
Haematology	85%	85%	33.33%	50.00%	54.50%	71.40% (2 / 7)	60.00% (2 / 5)	80.00% (1/5)	63.60% (4/11)	80.40%	66.70%
Head & Neck	85%	85%	87.50%	85.70%	100%	75.00% (2 / 8)	87.50% (1 / 8)	100% (0/6)	50.00% (2/4)	59.60%	78.40%
Lung	85%	85%	86.70%	70.60%	63.60%	70.00% (3 / 10)	66.70% (3.5/10.5)	80.00% (1½/7½)	60.70% (5½/14)	69.30%	71.70%
Skin	85%	85%	100%	100%	96.80%	100% (0/25½)	94.70% (1 / 19)	93.10% (2/29)	95.70% (1/23)	94.80%	97.20%
Upper GI	85%	85%	66.70%	77.80%	100%	83.30% (1 / 6)	68.80% (5 / 16)	85.70% (1/7)	37.50% (7½/11)	70.50%	73.00%
Urology	85%	85%	76.60%	95.80%	89.50%	83.30% (6 / 36)	95.40% (1.5/32.5)	96.40% (1/28)	92.60% (2/27)	73.50%	88.70%

Year end projection indicates that we will achieve the 62 day target.

Risks to performance

- Capacity within the tertiary Centre's
- Workforce within Dermatology which may impact on skin performance

Cancer 104 + Days January

- The following patients received their first definitive treatment for cancer after 104 days in January 2017 (the target for referral to treatment being 62 days):-
- 1 x Gynae (113 days)
- 1 x Haematology (111 days)
- 1 x Haematology (106 days)
- 1 x Head & Neck (120 days)
- 1 x Lung (126 days)
- 1 x Upper GI (157 days)
- 1 x Urology (117 days)

VTE Performance January 17

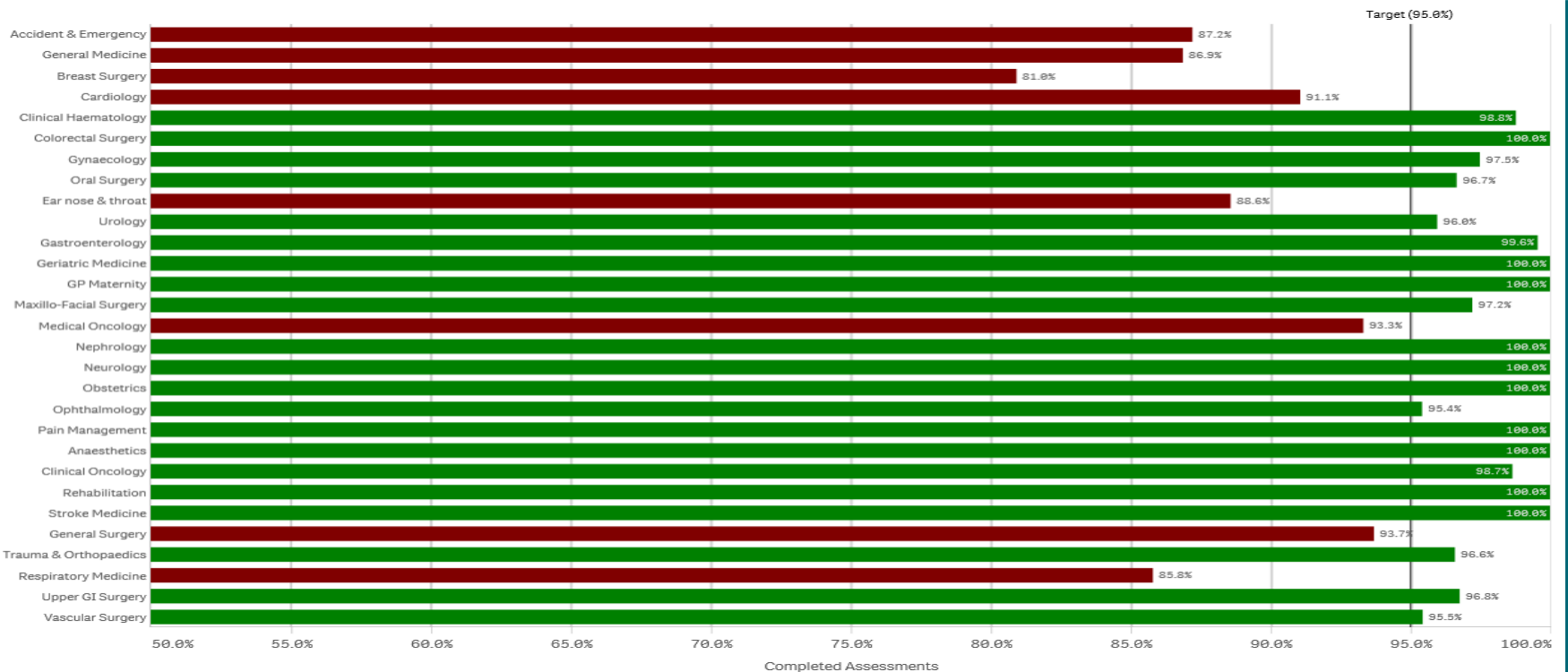
% of Patients assessed for VTE

VTE Assessed
95.7% ✓ 0.4%
 Previous Month Difference

% of Patients assessed for VTE - Monthly Trend



% of Patients assessed for VTE by Specialty



RTT Performance February 17 and Projection to Year End

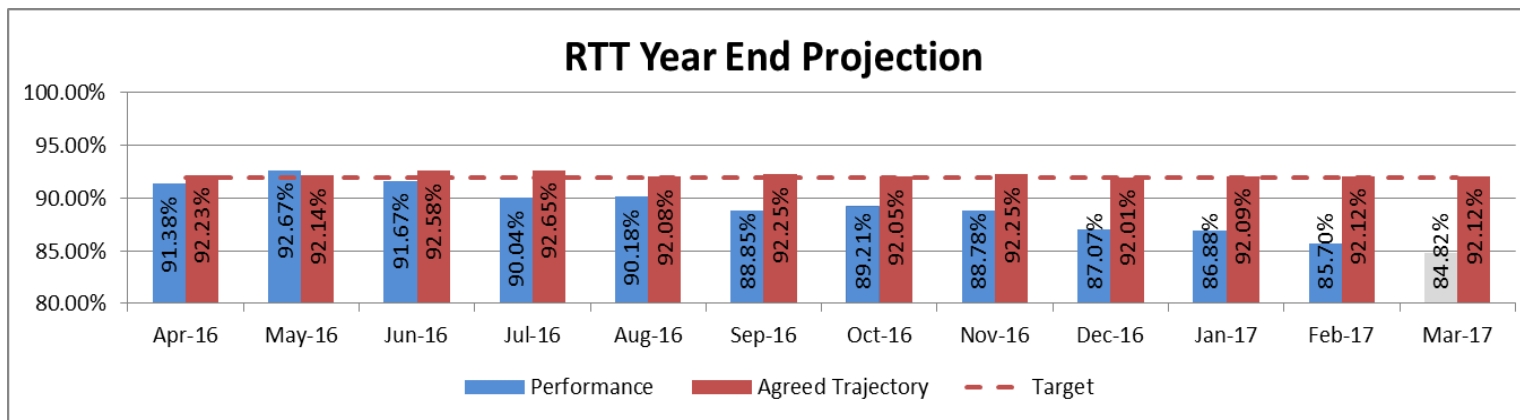
Open Clocks

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

Incomplete

85.70%

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 February 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	Actual
Over Performing Specialties	82	95	90
Under Performing Specialties	18	78	65
Blended Rate	100	92	85

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 would be able to achieve a blended rate of 92%.

RTT March 2017 Projected performance

Admitted Incomplete Pathways

	Open Clocks		Performance %
	Total Open Clocks	18+ Wks	
Reporting Specialty			
Cardiology	102	27	73.53
Cardiothoracic Surgery	4	1	75.00
Dermatology			
Ear, Nose & Throat (ENT)	259	38	85.33
Gastroenterology	33		100.00
General Medicine	5		100.00
General Surgery	744	198	73.39
Geriatric Medicine			
Gynaecology	340	113	66.76
Ophthalmology	580	200	65.52
Urology	420	133	68.33
Other	235	66	71.91
Sub Total	2722	776	71.49
Neurology	2	2	0.00
Oral Surgery	282	179	36.52
Thoracic Medicine	22	4	81.82
Trauma & Orthopaedics	843	457	45.79
Sub Total	1149	642	44.13
	3,871	1,418	63.37

Non Admitted

	Open Clocks		Performance %
	Total Open Clocks	18+ Wks	
	668	95	85.78
	19	1	94.74
	416	16	96.15
	1303	26	98.00
	1110	41	96.31
	527	43	91.84
	1714	23	98.66
	131	6	95.42
	1067	32	97.00
	2074	256	87.66
	803	20	97.51
	792	43	94.57
	10624	602	94.33
	415	261	37.11
	906	100	88.96
	445	108	75.73
	376	37	90.16
	2142	506	76.38
	12,766	1,108	91.32

Combined

	Open Clocks		Performance %
	Total Open Clocks	18+ Wks	
	770	122	84.16
	23	2	91.30
	416	16	96.15
	1562	64	95.90
	1143	41	96.41
	532	43	91.92
	2458	221	91.01
	131	6	95.42
	1407	145	89.69
	2654	456	82.82
	1223	153	87.49
	1027	109	89.39
	13346	1378	89.67
	417	263	36.93
	1188	279	76.52
	467	112	76.02
	1219	494	59.47
	3291	1148	65.12
	16,637	2,526	84.82

March's predicted combined incomplete performance is 84.82%, with performance being driven by the three main challenged specialities

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

Reasons for RTT Under Performance Febuary

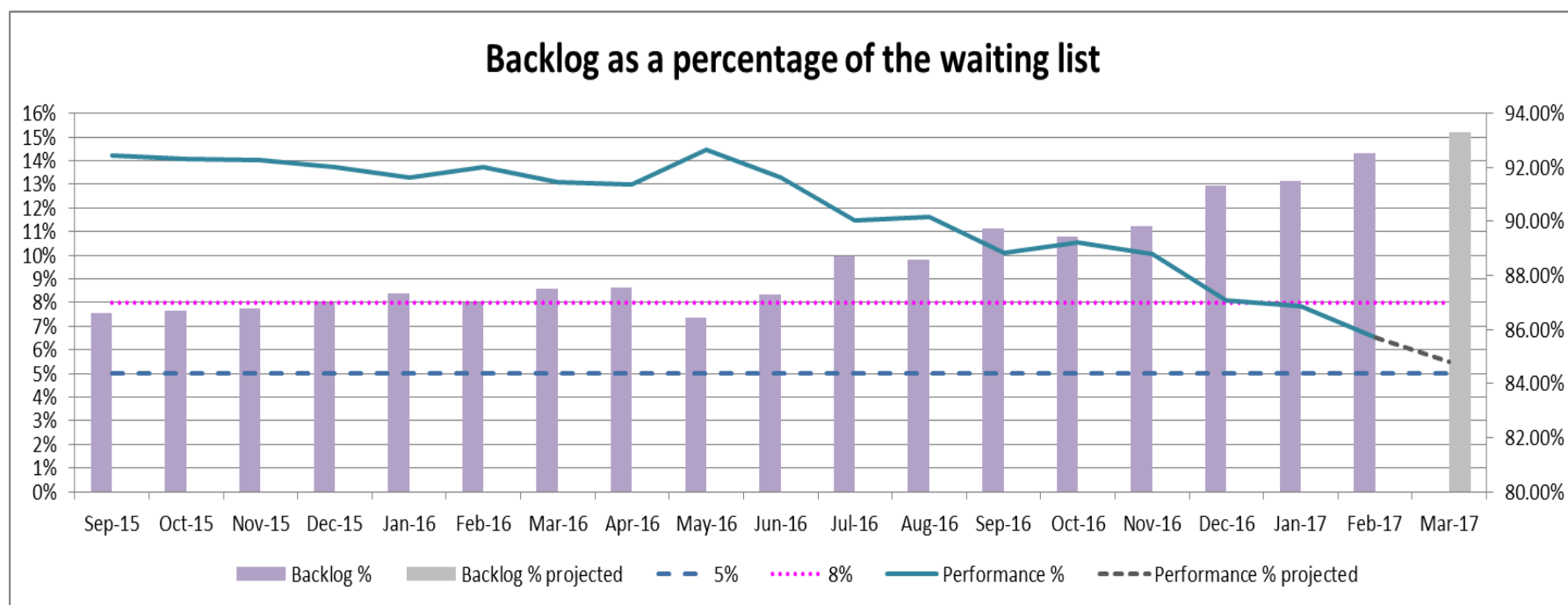
		Admitted		Non Admitted		Blended Rate	
		Target	Actual	Target	Actual	Target	Actual
		%	%	%	%	%	%
Overperforming		91	72	96	94	95	90
Underperforming		70	44	80	76	78	65
Total		87	63	93	91	92	85

- As can be seen above both the over performing and under performing specialties have struggled to achieve the admitted targets but have achieved the expected Non admitted level of performance.
- The reasons for not achieving the expected level of admitted performance are outlined below.
- 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 outlined below are the Elective cancellations for the last quarter this has continued into January and February.

	Oct	Nov	Dec	Q3
Total Cancellations	171	195	138	504
Last Minute 28 Day relevant Cancellations	43	46	44	133

RTT Projection to Year End

	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	2264	2387	2526
Performance	91.38%	92.67%	91.67%	90.04%	90.18%	88.85%	89.21%	88.78%	87.07%	86.88%	85.70%	84.82%
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 15% therefore with this backlog the trust will not achieve RTT.

A&E Performance – February 2017

% 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

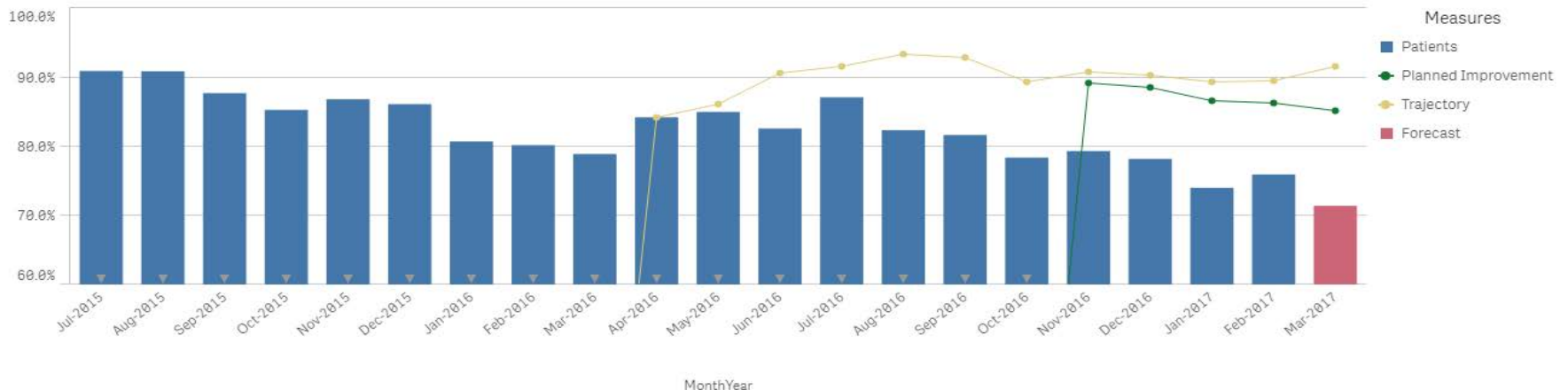
75.8% ▲ 1.9%
Previous Month Difference

A&E 4-12 hr

1,077 ▼ 1,397
Previous Month



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 Year End 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	17.48%	34.70%	84.50%	82.59%	67.09%	70.67%	68.97%	73.84%	89.05%	1196	2882	Failed by 1676 breaches
Feb-17	31.60%	34.91%	87.23%	81.75%	72.69%	70.52%	71.56%	75.77%	89.14%	1142	2497	Failed by 1378 breaches
Mar-17	60.17%	45.86%	95.08%	83.49%	86.86%	74.84%	80.64%	83.38%	91.21%	978		
Totals	36.07%	51.55%	89.53%	85.48%	77.39%	78.05%	77.73%	81.02%	89.58%	13897	24700	
	43.76%		87.47%		77.73%							

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

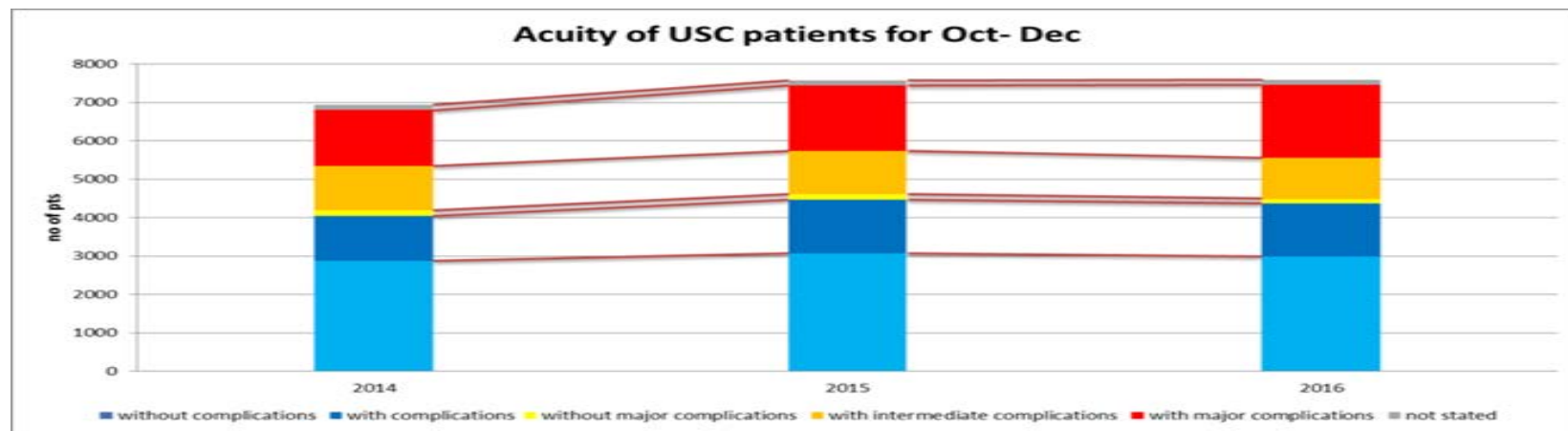
The projection shows the year end performance for admitted patients of 43.76% and non admitted patients of 87.47%. There are significant differences between RSH admitted performance at 36.07% and PRH at 51.55% the differences are less pronounced between the sites when reviewing non-admitted performance. There were 2497 breaches for February. The projected year end performance is 81.02%.

Reasons for current A&E performance

- Increased Activity / Complexity**

The volume of activity as measured in spells (M1-10 total) has increased in comparison with the same period in 2015/16 by 1%. However there has been a shift in complexity with a 12% rise in patients with major complications when comparing M1-10 2015/16 to M1-10 2016/17. Patients with no complications over the same period has shown a 2.7% reduction

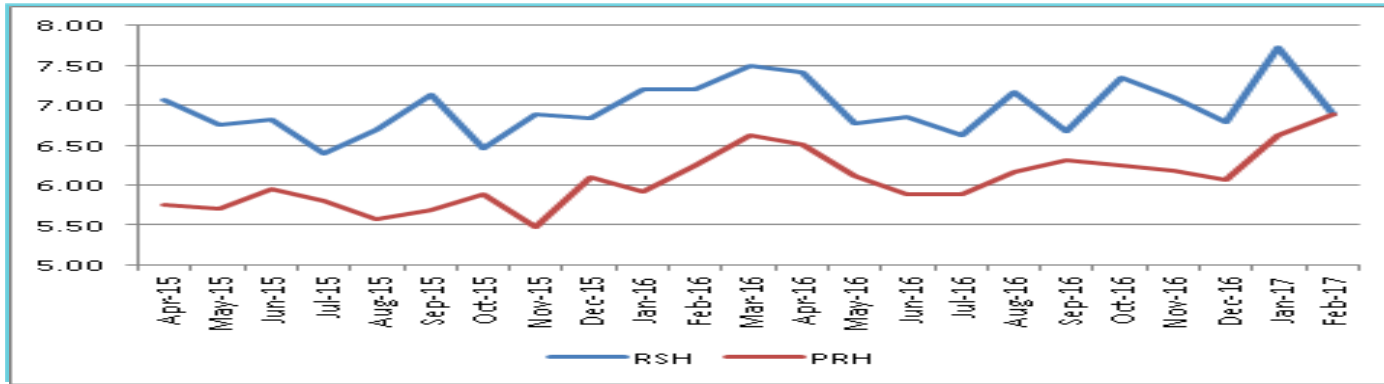
	Financial Year		% Var
	2015/16	2016/17	
With Complications	6610	6811	3.0%
With Intermediate Complications	4559	4507	-1.2%
With Major Complications	7013	7985	12.2%
Total	18182	19303	5.8%



A&E Performance Analysis

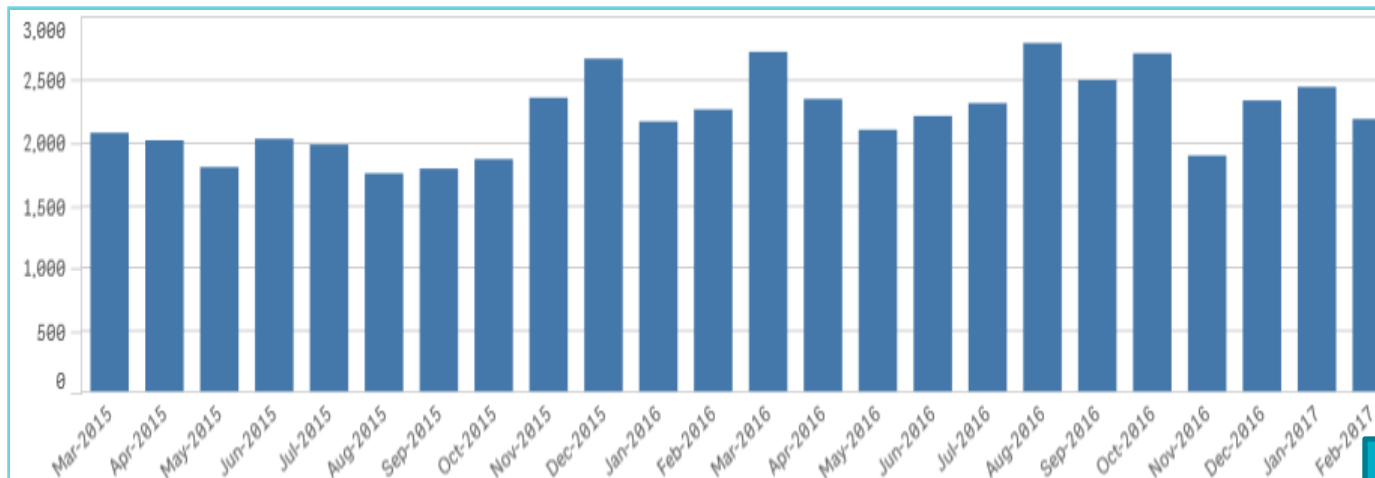
Factors influencing performance

Emergency ALOS Excluding Zero LOS



Average LOS excluding zero LOS patients shows the usual seasonal variation. The LOS however from July onwards to the end of February shows a higher LOS than the previous year.

MFFD lost Bed Days



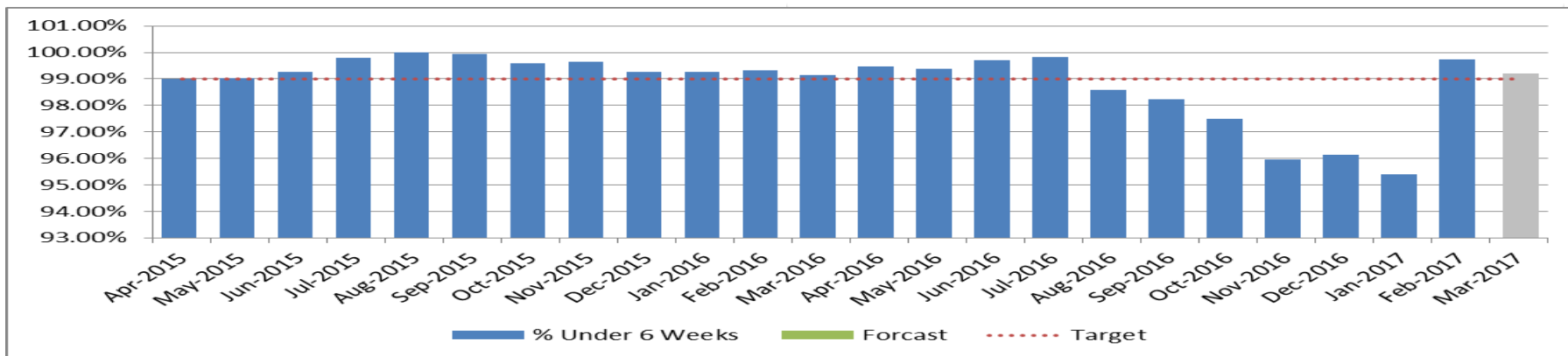
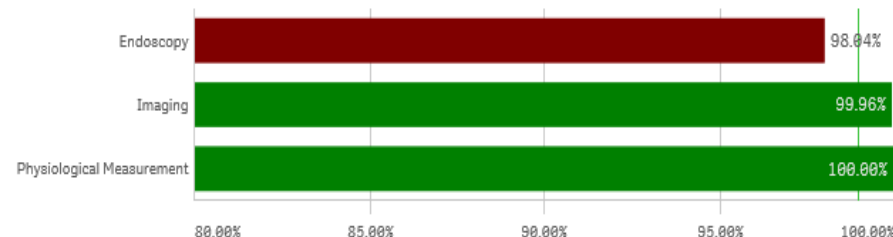
The current year to date Fit for Transfer lost bed days (M1- 11) are 25,742 against 22,602 for the same period last year. This is a percentage increase of 14%

Diagnostic Waiting Times – February 2017

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

% waited under 6 weeks
99.73% ✓ **4.34%**
 Previous Month Difference

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



Endoscopy February 2017 Performance

Group	Modality	Feb 2017 % Under 6 Weeks
Endoscopy		98.04%
	Gastroscopy	97.80%
	Colonscopy	98.07%
	Flexi Sigmoidoscopy	98.16%

Performance in Endoscopy is predicted to improve during March with the additional sessions being provided. During February the Imaging performance improved with the provision of a mobile MRI unit at RSH.

Finance



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The position at Month 11

		Financial Plan	April –Feb Plan	April –Feb Actual	Variance
		£000s	£000s	£000s	£000s
Income		341,986	315,472	316,730	1,258
Pay		-225,302	-208,461	-214,559	-6,098
Non-pay and Reserves		-107,261	-98,620	-96,193	2,427
Total expenditure		-332,563	-307,081	-310,752	-3,671
EBITDA		9,423	8,391	5,978	-2,413
Finance Costs		-15,323	-13,080	-12,843	237
Surplus/(deficit) before Phased Spend		-5,900	-4,689	-6,865	-2,176
Phased spend adjustment			-2,406		2,406
Plan as described in NHSI Financial Template			-7,095	-6,865	230
Contingent liability				1,375	1,375
Revised Month 10 Position			-7,095	-5,490	1,605

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	29638	28436	29302	346032
Pay			-19233	-19176	-19476	-19168	-19551	-19582	-19466	-19864	-19494	-19777	-19772	-19669	-234228
Non Pay			-8222	-8415	-8898	-8956	-8844	-9311	-9090	-9094	-8411	-8896	-8056	-8970	-105163
Total Expenditure			-27455	-27591	-28374	-28124	-28395	-28893	-28556	-28958	-27905	-28673	-27828	-28639	-339391
EBITDA			519	-59	1035	527	368	23	90	656	1246	965	608	663	6641
Finance Costs			-1123	-1200	-1166	-1150	-1176	-1175	-1172	-1165	-1169	-1167	-1180	-1198	-14041
Surplus / (deficit)			-604	-1259	-131	-623	-808	-1152	-1082	-509	77	-202	-572	-535	-7400
Cumulative			-604	-1863	-1994	-2617	-3425	-4577	-5659	-6168	-6091	-6293	-6865	-7400	
Care group savings															
Procurement savings															
Revised Deficit															-7400

Forecast Income

	Average April – February	Average required – March 2017	Average March 2016	Average March 2015	Risk Rating
A and E (attendances)	8,930	9,468	9,466	9,598	Green
Outpatient (attendances)	36,048	36,576	34,304	35,051	Green
Elective (Day cases)	3,789	3,686	3,658	3,732	Green
Elective Inpatient (spells)	492	474	497	531	Green
Emergency (spells)	4,100	4,327	4,288	4,160	Green
Maternity / Non Elective (spells)	673	656	633	607	Green

Average income per Month	£000s
April – February	28,794
March	29,302
Monthly increase/(decrease)	508

Pay Forecast

Average pay spending per Month	£000's
April – February	19,505
Nov - February	19,726
March	19,669
Monthly Increase	164

It is assumed that Pay spending will increase in the remaining month of the year by £0.164 million per month. Spending over the last three months has amounted to £19.726 million per month.

Non Pay Forecast

Average non pay spending per Month	£000's
April – February	8,744
Nov – February	8,614
March	8,970
Monthly increase	226

It is assumed that Non Pay spending will increase in the remaining month of the year by £226,000 per month.

Capital Programme

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

£9.768 million Internally Generated CRL

£2.500 million Capital to Revenue Transfer from 2015/16

£12.268 million CRL

At Month 11, £6.711 million of the Capital Programme has been expensed, with £4.701 million committed but not yet expensed. The remaining £0.856 million is yet to be ordered and expensed. Confirmation has been received from project managers that delivery of the Capital Programme will be completed by the end of the financial year and Capital Planning Group continues to monitor progress.

As reported last month, the Trust has reviewed its Capital Programme and has confirmed to NHSI that it is expected that by the year end it will be fully committed.

Cash

In constructing the cash plan it is 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 £7.4 million, (cash shortfall **£1.5 million**) being the shortfall between the projected I&E deficit and receipt of cash support (loan) of £5.9 million.
- Cash not received relating to income (particularly Shropshire CCG) – based upon cash difficulties / contract dispute **£2 million**. Within the below cash model this is assumed to be received in the summer of 2017.
- The above cash shortfall can be accommodated in the short term by the slippage in delivery of the capital programme resulting in a projected £5.4 million growth in capital creditors.

Impact on 2017/18 cash:

- The Trust's 2016/17 Capital Programme has been fully committed resulting in a projected growth of £5.4 million in capital creditors in 2016/17 which will result in a significant level of capital creditors that will need to be financed in the opening months of the new financial year. This has been factored into the cash model below.
- STF Funding – Failure to achieve the £5.9 million control total for 2016/17 will result in a withdrawal of STF relating to the last quarter of the year - £2.6 million cash shortfall. The Trust has been able to draw the non-receipt of STF funding as loan financing in March 2017. However, this will be repayable should the Trust not achieve its control total. This has **not** been factored into the cash model below.
- The above results in a cash shortfall of £3.4 million in 2017/18 which will result in a need to extend will extend payment terms to our revenue creditor suppliers.
- As the Trust has demonstrated that it is on target to achieve its control total, it has able to secure from the Department a loan facility – Uncommitted Single Currency Interim Revenue Support.

Workforce



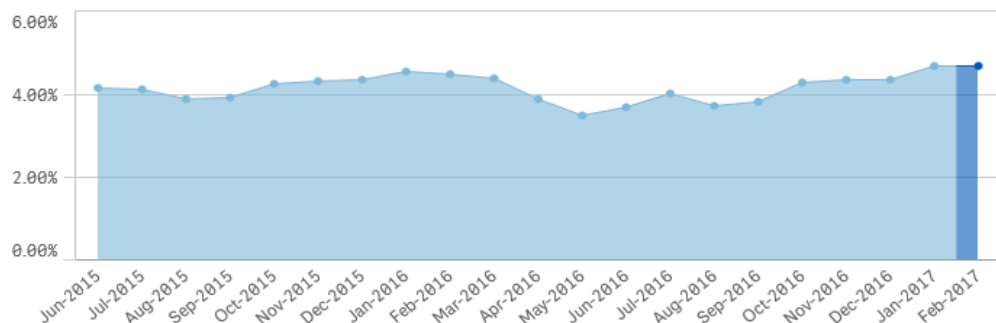
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Workforce

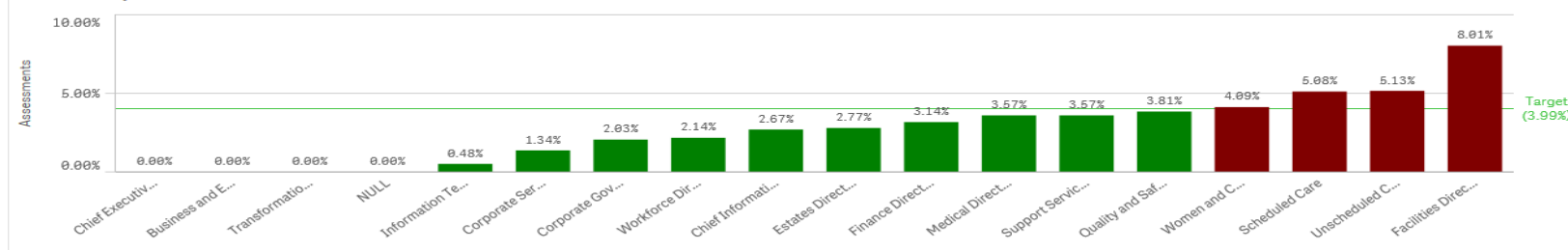
Workforce Sickness

Absent FTE
4.61% ▲ -0.03%
 Previous Month Difference

% FTE Absent - Monthly Trend



% FTE Attended by Directorate



Training & Appraisals

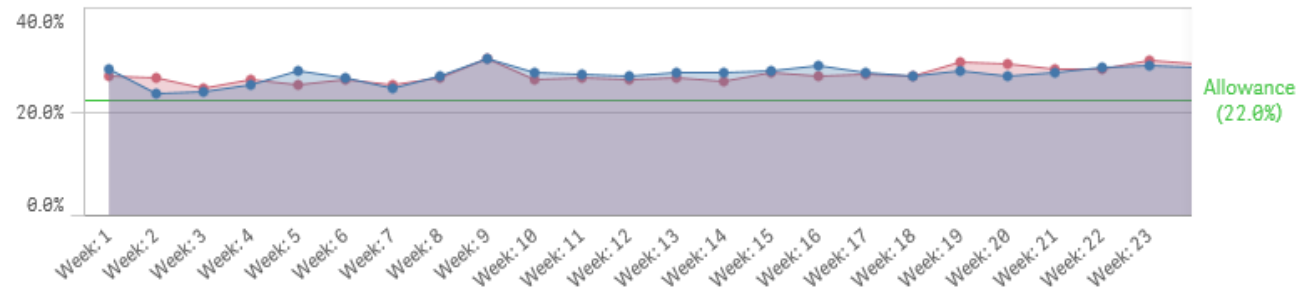
Centre/Specialty	Indicator	Plan	Actual
Corporate services metrics	Appraisals	100%	85%
Corporate services metrics	Statutory Training	100%	75%
Scheduled Care Metrics	Appraisals	100%	89%
Scheduled Care Metrics	Statutory Training	100%	83%
Unscheduled Care Metrics	Appraisals	100%	75%
Unscheduled Care Metrics	Statutory Training	100%	76%
Women and Children's Metrics	Appraisals	100%	83%
Women and Children's Metrics	Statutory Training	100%	73%
Support Services Metrics	Appraisals	100%	85%

Nursing Unavailability 16/17

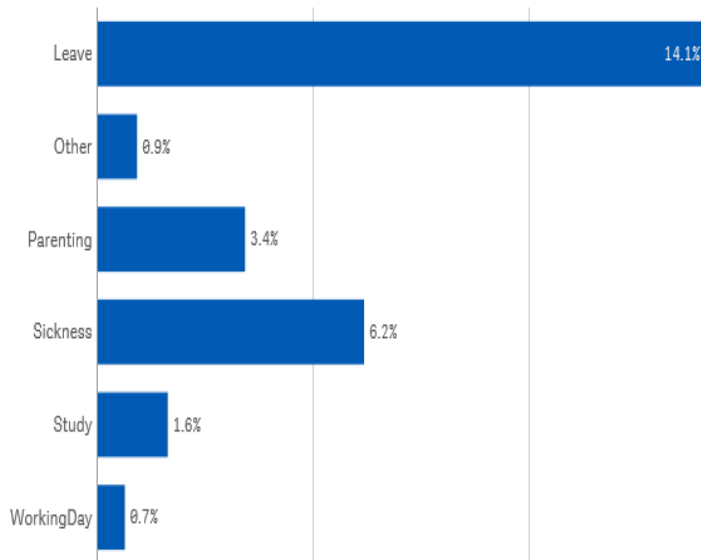
Scheduled Care

% Unavailable

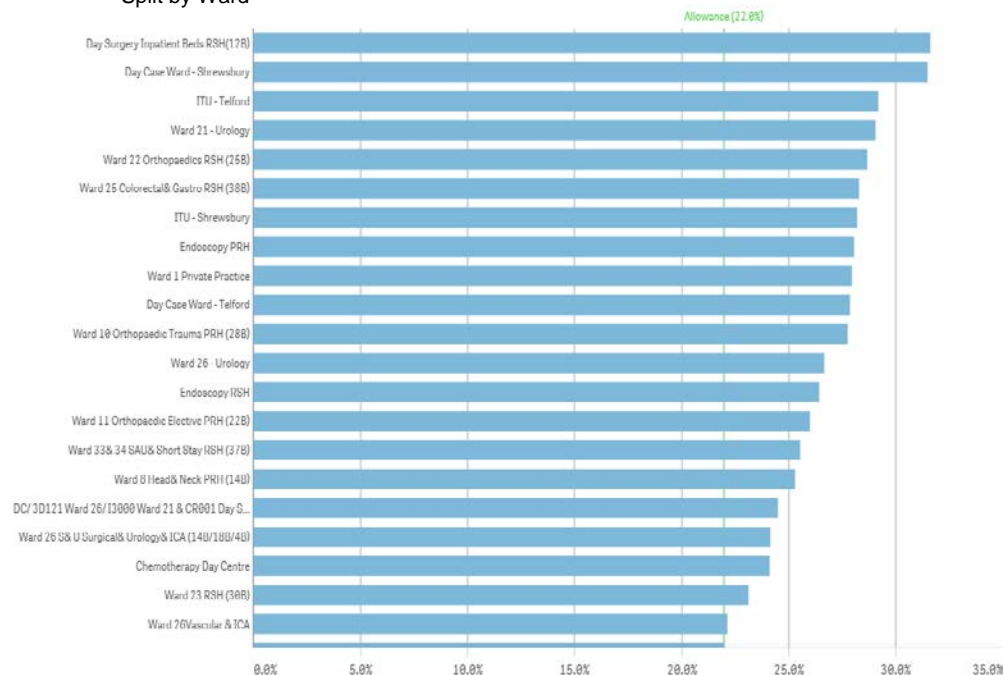
27.01%



Breakdown of Total Unavailability %



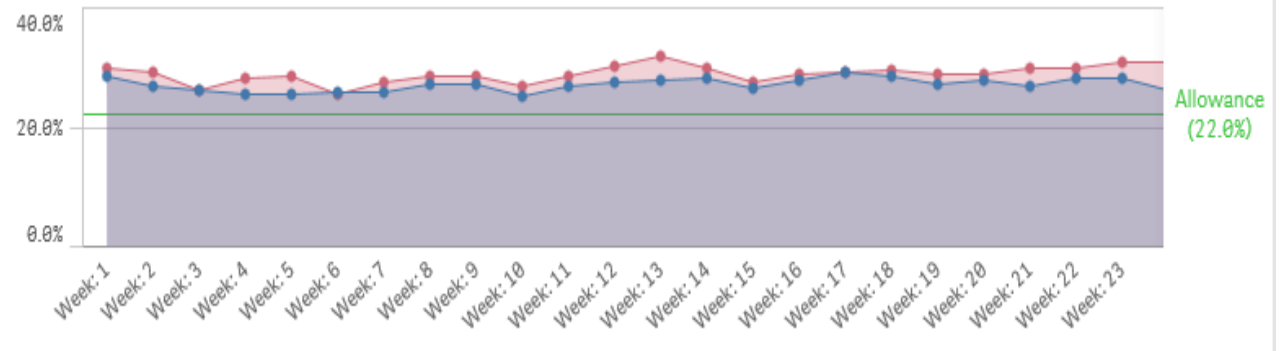
Split by Ward



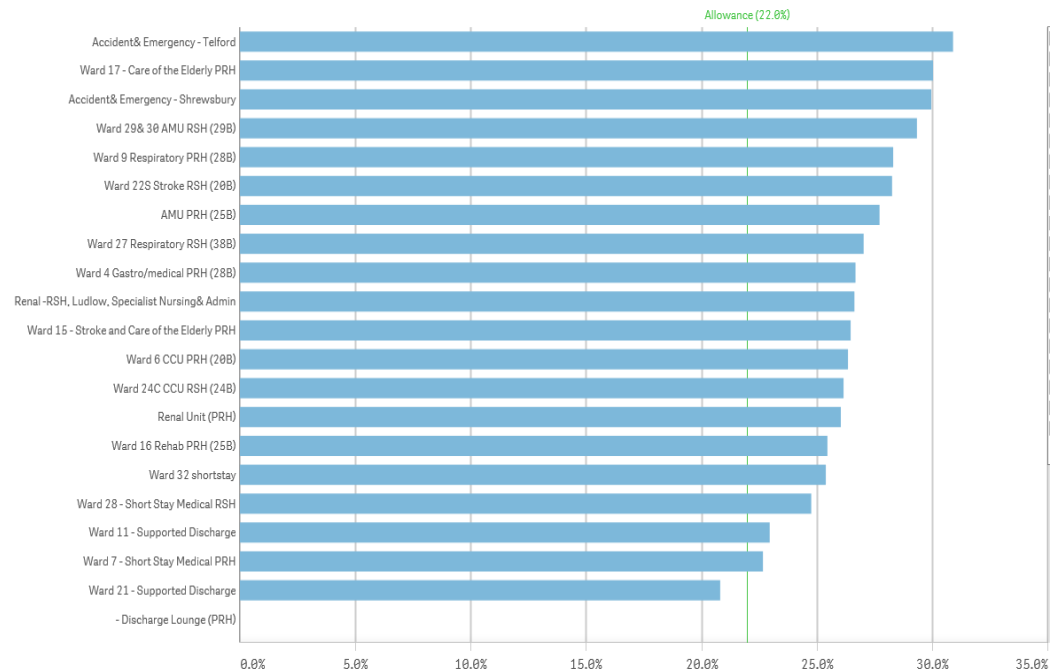
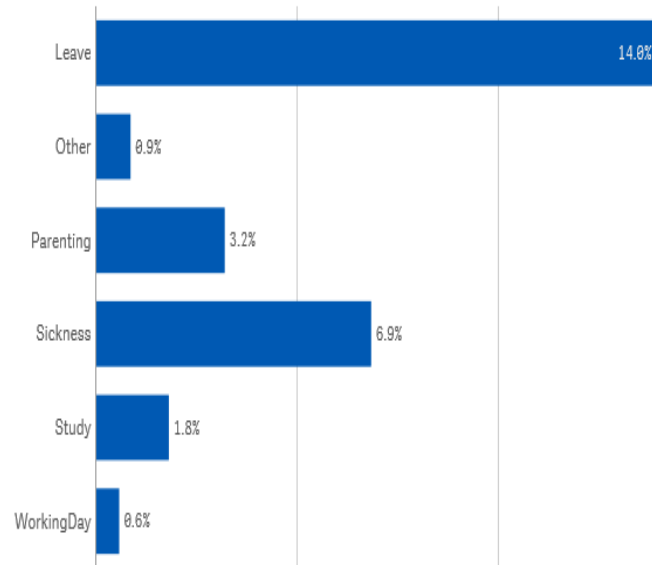
Nursing Unavailability 16/17

Unscheduled Care

27.37%



Breakdown of Total Unavailability %



Quality and Safety



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Quality and Safety

Measure	Year end 2015/16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Year to date 2016/17	Monthly Target 2016/17	Annual Target 2016/17
Infection Prevention and Control																
Clostridium Difficile infections reported	30	0	1	3	3	0	1	3	2	2	2	0	1	18	2	25
MRSA Bacteraemia Infections	1	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0
MSSA Bacteraemia Infections	18	2	1	1	1	0	0	1	1	1	0	0	2	8	None	None
E. Coli Bacteraemia Infections	29	2	1	0	3	2	7	0	6	7	1	0	3	30	None	None
MRSA Screening (elective) (%)	96.6%	95.1	96.0	95.3	95.1	95.1	95.2	95.1	95.8	91.2	94.8	95.0	95.8	95.2%	95%	95%
MRSA Screening (non elective) (%)	96.0%	93.8	94.0	94.6	93.1	93.4	95.1	93.9	94.2	94.7	94.7	95.0	94.2	94.3%	95%	95%
In Service Pressure Ulcer Incidence																
Grade 2 Avoidable	33	1	4	1	1	4	3	1	6	2	1	2	0	25	1	22
Grade 2 Unavoidable	128	17	7	8	12	12	13	7	7	11	8	2	4	91	None	None
Grade 3 Avoidable	9	3	1	0	1	1	1	0	2	2	1	0	0	9	0	6
Grade 3 Unavoidable	15	0	2	1	0	0	1	0	0	1	0	0	4	9	None	None
Grade 4 Avoidable	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0
Grade 4 Unavoidable	2	0	0	0	0	0	0	0	0	0	0	0	1	1	None	None
Patient Falls																
Falls reported as serious incidents	35	1	1	1	1	1	0	0	0	1	1	0	0	6	2	29

Quality and Safety cont...

Measure	Year end 2015/16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Year to date 2016/17	Monthly Target 2016/17	Annual Target 2016/17
All Serious Incidents Reported																
Number of Serious Incidents	58	8	13	4	10	6	5	5	8	7	2	5	3	64	None	None
Never Events																
Never Events	2	0	0	0	0	0	1	0	3	0	0	0	0	4	0	0
NHS Safety Thermometer Point Prevalence Trust level data																
Harm Free Care (%)		94.0	94.1	93.0	93.0	96.0	93.66	93.56	94.9	96.33	93.54	95.49	92.54	94.18%	95%	95%
No New Harms (%)		97.7	97.7	98.0	96.0	99.0	98.25	97.81	98.58	99.27	98.16	98.62	96.77	98.01%	None	None
Safer Surgery																
WHO Safe Surgery Checklist (%)	99.9%	100	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Venous Thromboembolism Risk Assessment																
VTE Assessment	95.6%	95.5	95.5	95.3	95.5	95.8	95.55	95.74	96.01	95.64	95.31	TBC			95%	95%
Mixed Sex Accommodation (MSA)																
MSA breaches	0	0	0	0	8	0	0	0	0	0	0	0	0	8	0	0
ITU discharge delays>12hrs	201	23	29	19	43	19	25	32	27	39	27	33	30	323	None	None
Patient, Family and Carer Experience																
Complaints (No)	317	31	22	24	32	31	41	24	37	41	31	47	45	201	None	None
Friends and Family Response Rate (%)	21.68%	12.4	14.1	14.3	15.3	21.6	30.7	26.5	20	23.5	20.7	20.0	22.0	20.7	None	None
Friends and Family Test Score (%)	96.47%	95.7	96.0	95.7	98.1	96.5	95.85	96.2	95.8	96.0	96.5	96.6	96.7	96.2%	75%	75%
Real Time Experience Metrics (Exemplar Ward Metrics)																
Nursing Performance Score	89%	96.0	96.0	95.0	96.0	96.0	96.0		87.9	90.2	93.2	89.7	90.6	93%	90%	90%
Patient Experience Score	86%	91.0	90.0	86.0	81.0	87.0	88.0		89.1%	88.7%	91%	89.2	89.7	88%	90%	90%

Reporting to:	Quality and Safety Committee
Title	Quality Performance Report
Sponsoring Director	Director of Nursing
Author(s)	Dee Radford, Associate Director of Patient Safety
Previously considered by	No other forum
Executive Summary	<p>This report covers our performance against contractual and regulatory metrics related to quality and safety during the month of February 2017 (Month 11 for 2016/2017). The report will provide assurance to the Quality and Safety Committee that we are compliant with key performance measures and also that where we have not met our target that there are recovery plans in place.</p> <p>In addition the report gives further detail in relation to pressure ulcers and falls reported in the Trust as requested at the February 2017 meeting.</p>
Strategic Priorities <input checked="" type="checkbox"/> Quality and Safety <input checked="" type="checkbox"/> Healthcare Standards <input type="checkbox"/> People and Innovation <input type="checkbox"/> Community and Partnership <input type="checkbox"/> Financial Strength	Operational Objectives
Board Assurance Framework (BAF) Risks	<input checked="" type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input checked="" type="checkbox"/> If we do not implement our falls prevention strategy then patients may suffer serious injury <input checked="" type="checkbox"/> If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients <input checked="" type="checkbox"/> If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input type="checkbox"/> If we are unable to resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
Care Quality Commission (CQC) Domains	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led

<input checked="" type="checkbox"/> Receive <input type="checkbox"/> Review <input type="checkbox"/> Note <input type="checkbox"/> Approve	Recommendation The Quality and Safety Committee are asked to: <ul style="list-style-type: none">• Discuss the current performance in relation to key quality indicators as at the end of February 2017• Consider the actions being taken where performance requires improvement• Question the report to ensure appropriate assurance is in place
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Quality Performance Report

March 2017

Introduction

This report covers our performance against contractual and regulatory metrics related to quality and safety during the month of February 2017 (Month 11 for 2016/2017). The report will provide assurance to the Quality and Safety Committee that we are compliant with key performance measures and also that where we have not met our target that there are recovery plans in place.

The paper will be submitted to the Quality and Safety Committee as a standalone document and will then be presented to Trust Board as part of the Integrated Performance Paper for consideration and triangulation with performance and workforce indicators.

This paper relates to the Care Quality Commission (CQC) domains of quality – that we provide safe, caring, responsive and effective services that are well led, as well as the goals laid out within our organisational strategy and our vision to provide the safest, kindest care in the NHS.

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Section one: Our Key Quality Measures

Measure	Year end 2015/16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Year to date 2016/17	Monthly Target 2016/17	Annual Target 2016/17
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Clostridium Difficile infections reported	30	0	1	3	3	0	1	3	2	2	2	0	1	18	2	25
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E. Coli Bacteraemia Infections	29	2	1	0	3	2	7	0	6	7	1	0	3	30	None	None
MRSA Screening (elective) (%)	96.6%	95.1	96.0	95.3	95.1	95.1	95.2	95.1	95.8	91.2	94.8	95.0	95.8	95.2%	95%	95%
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Grade 2 Unavoidable	128	17	7	8	12	12	13	7	7	11	8	2	4	91	None	None
Grade 3 Avoidable	9	3	1	0	1	1	1	0	2	2	1	0	0	9	0	6
Grade 3 Unavoidable	15	0	2	1	0	0	1	0	0	1	0	0	4	9	None	None
Grade 4 Avoidable	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0
Grade 4 Unavoidable	2	0	0	0	0	0	0	0	0	0	0	0	1	1	None	None
Patient Falls																
Falls reported as serious incidents	35	1	1	1	1	1	0	0	0	1	1	0	0	6	2	29

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Section Two: Key Messages

This section of the report will provide the Committee with assurance in relation to quality measures that we have not achieved compliance with in month 11 or where a negative trend is identified.

1. MRSA Screening

For non-elective areas we are below 95% in February, equating to 147 patients missed compared to 132 in January. Planned actions include wards that have missed high numbers of patients being required to 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. The wards that show the highest numbers of missed screening are the main admitting wards such as the medical and surgical admissions units.

2. In Service Pressure Ulcers (all grades)

At month 11 we have breached the internal targets set at the beginning of the year for in service pressure ulcers that were found to be avoidable following investigation. Further detail and trends relating to pressure ulcers is shown in section three below as requested by the Committee at the last meeting.

Some of the factors that may have contributed to the higher than expected numbers include:

- The high vacancy rates experienced by the Trust meaning that agency staff have been utilised who may not have received recent pressure ulcer prevention training
- Recent shortfall in the Tissue Viability team has meant that training has not been available as often as planned however the team will be up to full strength by the end of April
- Equipment such as bedside chairs which have required replacement

Actions include:

- The Workforce Committee receive regular reports relating to the vacancies and actions being taken to address these and Care Groups are required to provide evidence of actions to keep people safe at the Confirm and Challenge sessions
- Recruitment to vacancies within Tissue Viability has been successful
- Bid to Capital Planning Group was successful and enough money has been made available to purchase enough chairs to remove all those that failed the recent audit

Information/assurance relating to workforce and equipment were received and discussed by the following groups during February:

Workforce Committee	<input checked="" type="checkbox"/>	Confirm and Challenge	<input checked="" type="checkbox"/>
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3. Never Events

Four Never Events have been reported during 2016/17, none since October 2016. Actions taken include:

- Completion of investigations and root cause analysis
- Actions taken within the affected service areas details of which are reported to the Committee in a separate paper.

As well as at the January 2017 Quality and Safety Committee meeting, information/assurance relating to Never Events has been received and discussed by:

Trust Board	<input checked="" type="checkbox"/>	Clinical Governance Executive	<input checked="" type="checkbox"/>
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4. Mixed Sex Accommodation Breaches

The Trust has reported one episode of a Mixed Sex Accommodation breach in June 2016. There have been no further reports of breaches since then and we remain vigilant to ensure that our patients are cared for in gender appropriate areas.

5. Harm Free Care – NHS Safety Thermometer

The NHS Safety Thermometer is a point prevalence data collection that on one day in the month measures every inpatient in the Trust for the presence of one or more of the following harms:

- Pressure ulcers (both in service and not in service)
- Falls (within 72 hours of the day of measurement with a varying degree of harm)
- Patients with a urinary catheter and an associated infection
- Patients that have developed a VTE whilst in hospital.

The national target is that 95% of patients should be free from any of these four harms. In February we recorded that 92.54% (744) of patients on the day were harm free meaning that 60 patients were recorded as having at least one of the four harms. The highest number related to pressure ulcers (35) the majority of which were not in service (27) and most of which were grade two. Of the eight that were in service, seven were grade two and one was grade three.

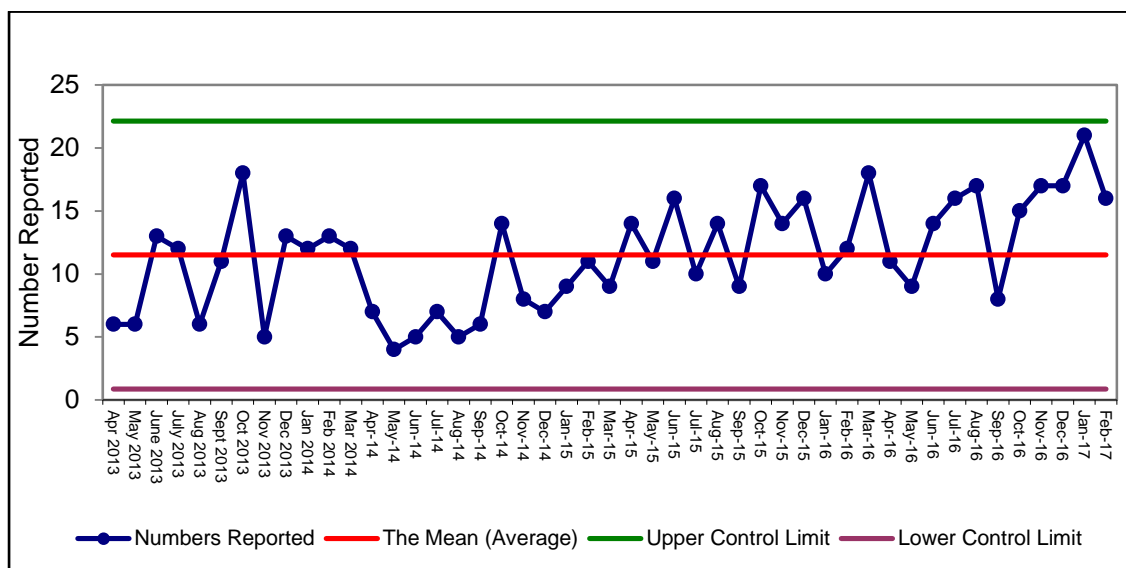
Whilst the Safety Thermometer is prevalence rather than incidence data it does provide us with information about trends relating to harm that may be used to drive improvements.

Section Three: A Learning Organisation

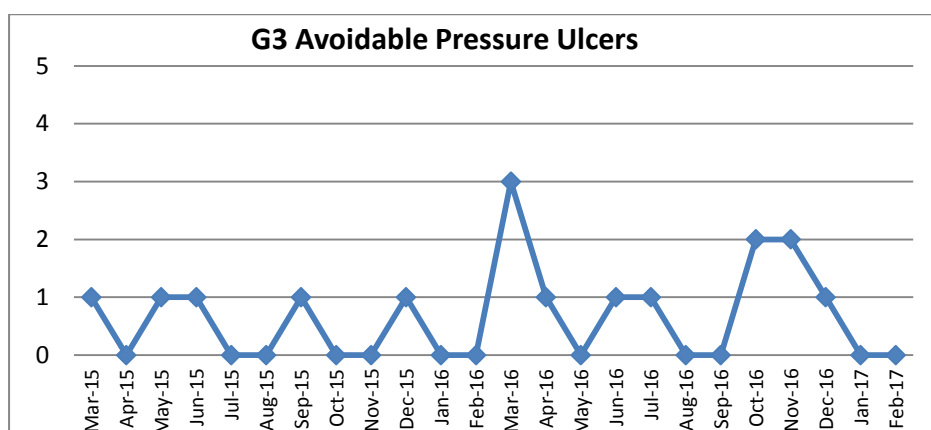
At the February meeting the Committee requested further detail of trends relating to Pressure Ulcers and falls reported as serious incidents.

6. Pressure Ulcers

The following charts provide trend data relating to Pressure Ulcers reported as developing in service - that is when the patient has been in hospital for at least 72 hours. The chart indicates that over the past four years there has been a steady increase in the number of grade two pressure ulcers reported. However, it should be noted by the Committee that this data relates to incidents **reported** as grade two. A number of these will, following investigation, will have been downgraded as they will have been considered a less severe form of skin damage such as moisture related. In some rarer events the damage may be considered more severe and the grading increased accordingly.

Chart one: Grade Two Pressure Ulcers April 2013 – February 2017

Grade three and four pressure ulcers are also reported in the Trust. Chart two below shows the trend of grade three that have been considered to be avoidable over the last two years; we have only reported one grade four over the last year:

Chart two: Grade Three Avoidable Pressure ulcers March 2015 – February 2017

Significant patient safety incidents that did not meet the revised Serious Incident Framework are managed as High Risk Case Reviews (HRCR). To be reported as a serious incident the acts or omissions on behalf of the service must have contributed to the outcome of severe harm or above.

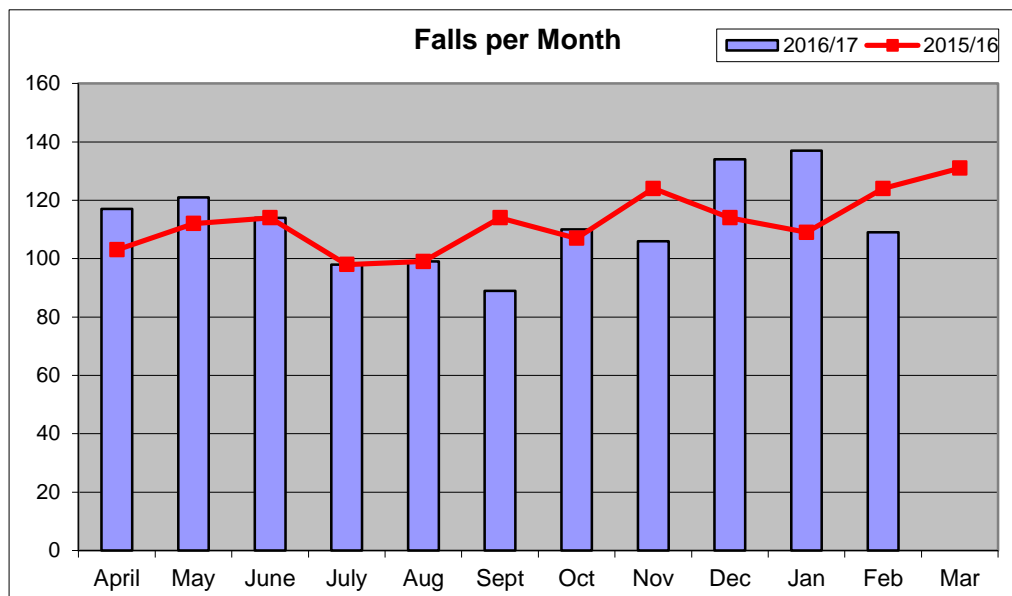
Therefore, some grade three and four pressure ulcers and some falls resulting in fractures will not be reported as serious incidents but will be reviewed to ensure any potential learning is recognised in order to observe trends and potential actions which may reduce risk going forward. The table below indicates the skin damage incidents reported in February that are being managed through this process.

Table one: Skin damage incidents not reported as Serious Incidents February 2017

Skin Damage	
Location/ injury	Rationale for not reporting
Elbows (Grade 4) – Ward 22SR	Patient admitted with grade two to elbows, despite best preventative measures support and advice, the patient continued to use his elbows to support repositioning and these deteriorated to a grade four. Grading on admission may have been inaccurate due to localised oedema and challenging visualisation. TVN confirmed with Patient Safety that this was unavoidable. HRCR in progress.
Ear (Grade 3) – Ward 27	Device related, but also classed as unavoidable due to compliance of the patient. TVN confirms unavoidable, and small. Minimal impact on the patient. (HRCR in progress)
Thoracic spine (Grade 3) – Ward 28	Patient admitted with clear bruising to location. Deteriorated to grade two within four days and grade three within seven days. Documentation regarding appropriate care was good. TVN/Patient Safety confirm (could be classed as on admission damage/poor condition) and a draft HRCR RCA has been completed.
Sacrum (Grade 3) - Ward 11 SD	Patient admitted with small area of skin damage, has not deteriorated in size or depth but has developed a thin layer of slough meeting the Grade three criteria. Care identified is in accordance with guidance. Patient frailty is thought to have contributed to slight deterioration. TVN in agreement to manage as HRCR.
Sacrum (Grade 3) – Ward 26U	Patient non-compliant with interventions, their underlying condition is a factor. TVN confirms that documentation explicit and comprehensive regarding attempted actions. Grade three unavoidable based on compliance. HRCR in progress.

7. Patient Falls

Chart three shows the number of patient falls reported per month in the Trust for 2016/2017 compared to 2015/2016.

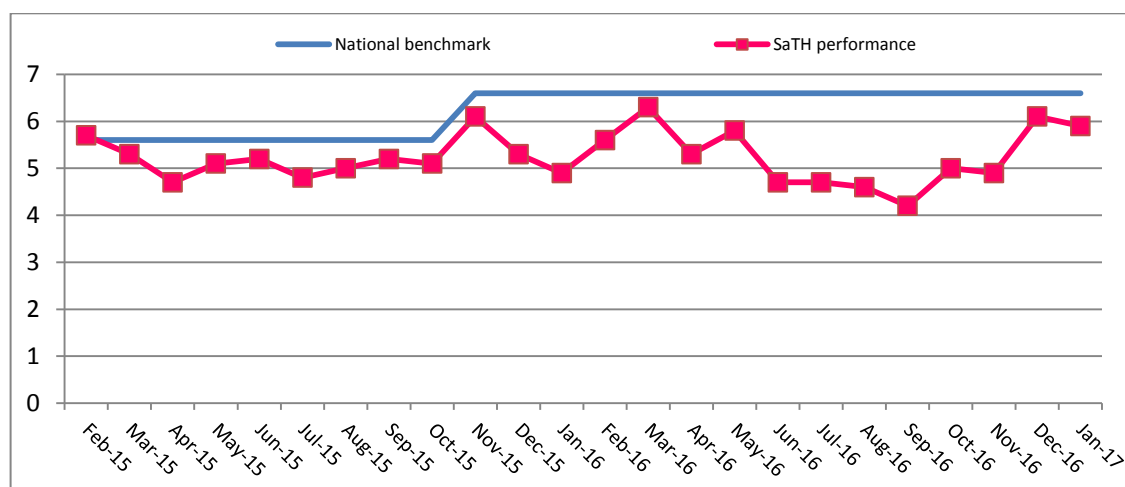
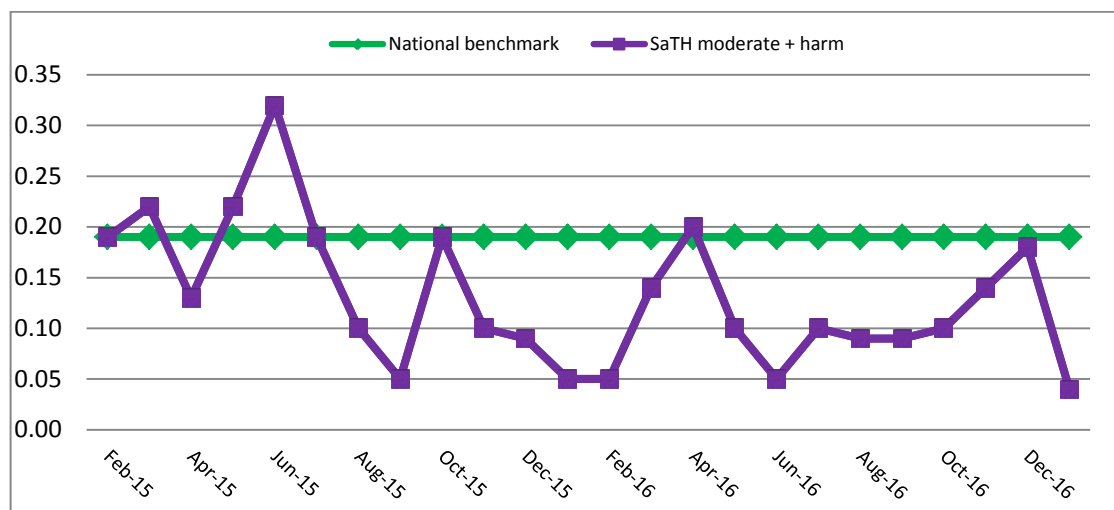


Patient Falls may be reported as serious incidents if serious harm is considered to have occurred. In the same way as skin damage, falls are also considered and may not be reported as serious incidents. There was one fall that resulted in a patient sustaining a fracture in February:

Table two: Patient Falls not reported as serious incidents in February 2017

Falls	
Location/ injury	Rationale for not reporting
Fractured ankle (Ward 21SD)	All appropriate assessments were in place. All relevant interventions had been implemented. Likely pathological fracture (patient turned and ankle 'gave way' – guided descent as HCA was with the patient). Unpreventable event, moderate harm outcome. Being managed as HRCR.

In order to benchmark data, we consider the number of falls that we report as falls per thousand bed days. Charts four and five below provide this information:

Chart four: Falls per 1000 bed days – all falls**Chart five: Falls per thousand bed days (moderate harm or above)**

8. Serious Incidents reported in month

There were three serious incidents reported during February 2017 relating to a delayed diagnosis, a surgical complication and a medication error. All are being investigated at present.

9. Process for the investigation of and learning from Serious Incidents

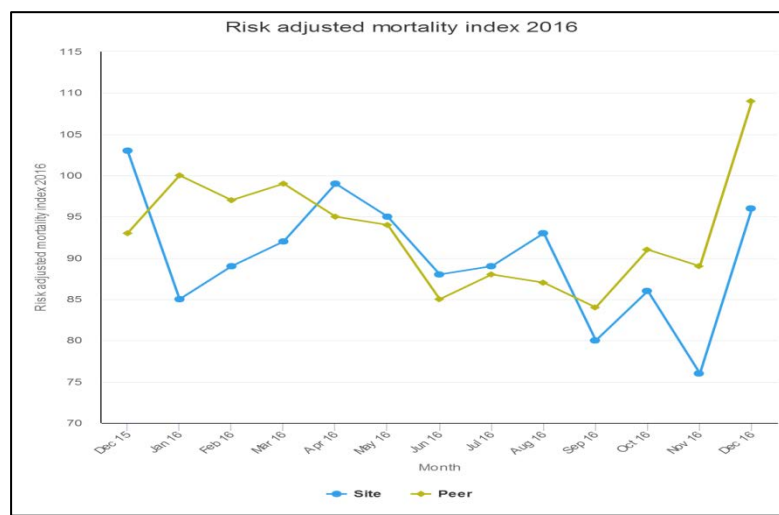
At the February 2017 meeting the Committee requested assurance in relation to the investigation of incidents reported as Serious Incidents. The Trust follows the guidance set out by Serious Incident Framework (2015) in terms of reporting Serious Incidents and the guidance is incorporated into Policy. Appendix one identifies the process for reporting and investigation.

10. Mortality

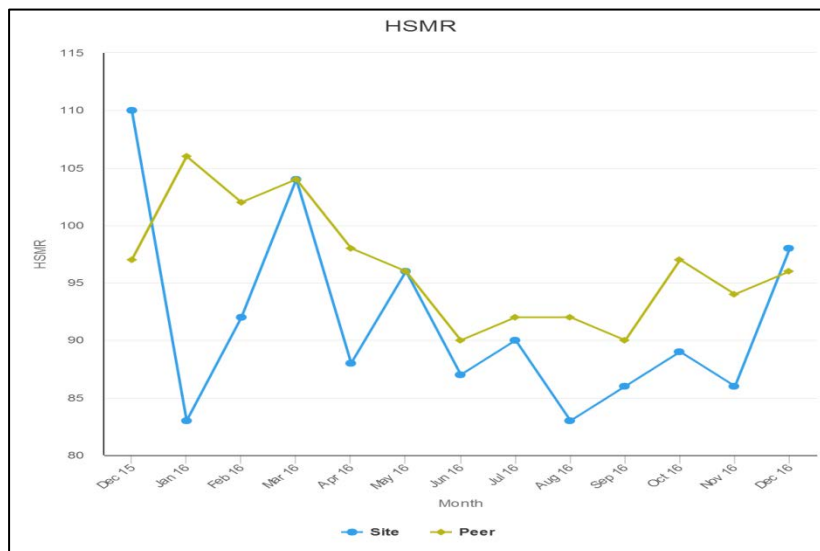
The Trust's Mortality Group met on 06 March 2017 and reviewed overall and speciality specific mortality at SaTH. The paper illustrated that the Trust has seen an improvement in performance regarding mortality over the last four years, demonstrated consistently over the four mortality parameters that we use. The parameters are:

- **Crude Mortality** – this indicator provides a basic view of mortality relating to the number of deaths per month.

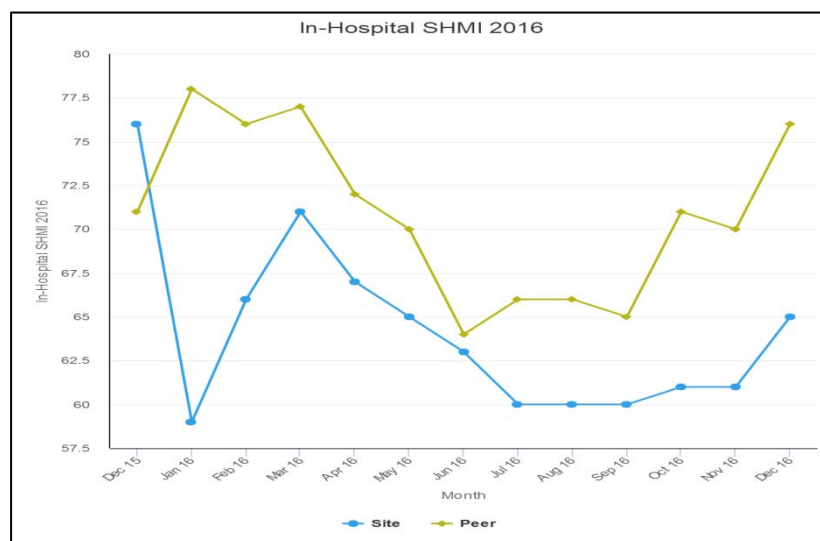
Chart six: RAMI – SaTH v Trust Peer December 2015 – December 2016 Average Index for period SaTH 75 v Trust Peer 95



- **Risk Adjusted Mortality Index (RAMI)** – this mortality ratio is described as “the number of observed deaths divided by the number of predicted deaths”. It includes palliative care but excludes certain specialties. The chart below indicates our performance against our peer group:

Chart seven: HSMR December 2015 – December 2016

- Hospital Standardised Mortality Ratio (HSMR).** HSMR is the ratio of the observed number of in hospital deaths at the end of a continuous inpatient spell to the expected number of in hospital deaths (multiplied by 100) for 56 diagnostic groups. These groups contribute to over 80% of in hospital deaths in England.

Chart eight: In hospital SHMI – SaTH v Trust Peer December 2015 – December 2016

- Summary Hospital Level Mortality Indicator (SHMI).** SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die, on the basis of average England figures given the characteristics of the patients treated there. SHMI gives a complete picture of measuring hospital mortality by including deaths up to 30 days after discharge from the hospital and is counted once against the discharging hospital. This does not exclude palliative care but does exclude day cases. It is based on 259 clinical classification system diagnostic groups. SHMI type indicators cannot be used to quantify hospital care quality directly due to the limitations of datasets.

- **Current Mortality Alerts**



	Alert From	Subject	Status
1.	National Hip Fracture Database 2015	Fracture Neck of Femur RSH	Final report being drafted
2.	Dr Foster Unit @ Imperial College London And CQC	Fluids and Electrolytes	Final report completed and response submitted

- **Potential Future Alerts**

The Trust is aware that an increase in the number of patients, who have 'pneumonia' as their cause of death may trigger an alert. The Mortality Group already has set this as a priority for review.

11. **Actions for Trusts following the CQC Report “Learning, Candour and Accountability”**

In December 2016 the CQC published a report of their findings into the way that NHS Trusts review and investigate the deaths of patients in England. The report was accepted by the Secretary of State for Health and consequently a letter has been received by all Trusts giving an indication of the requirements that will come into effect from 01 April 2017. These include:

- The identification of an Executive Director to take responsibility for this agenda and a Non-Executive Director to be responsible for oversight of the process
- Skills of staff undertaking reviews should be considered – the Royal College of Physicians has been commissioned to provide training. More detail is awaited.
- We need to ensure that we engage with bereaved carers and families more effectively
- From April we will need to collect and publish on quarterly basis specified information on deaths. NHS Improvement suggests that a quarterly paper be provided for the Trust Board to ensure this information is reviewed. Further detail is to be provided

The Trust will be represented at a national conference on 21 March 2017 to discuss this agenda and to input into further development of guidance and associated tools.

12. **Exemplar Ward**

The Exemplar programme self-assessment audit questions continue to focus on the fundamentals of nursing care, nursing performance, patient experience and the ward environment. This data not only provides us with assurance but also prepares each area for Exemplar Programme assessment team validation. The Exemplar self-assessment audit is soon to be adapted and implemented in the Women's and Children's Care Group.

The audit results may be filtered and analysed against nursing standards and CQC domains. During February 2017, fourteen of the ward areas that contributed to the audit achieved greater than 90% compliance against nursing standards with an overall score of 90.6%. Nine ward areas that contributed to the audit achieved greater than 90% against overall patient experience indicators.

Section Four: A Safe Organisation

- ### 13. **Safeguarding Vulnerable Adults.**
- In February a total of six safeguarding vulnerable adults referrals were made involving the Trust. This is a reduction from the previous month. The referrals included two against the Trust made by partner organisations, one relating to a member of staff that was not substantiated and three made by Trust staff against partner

organisations or individuals. Three investigations have been completed and three are on track for completion.

- 14. Safeguarding Children and Young People.** There were no safeguarding referrals made by or against the Trust during February.

During February the Trust was represented at the Telford and Wrekin Safeguarding Adults Board and at the sub groups of both that and the equivalent Board in Shropshire. The Safeguarding Operational Group meets on 22 March 2017 and will receive feedback relating to the work of the sub groups.

Section Five: A Listening Organisation

- 15 Friends and Family Test (FFT).** The table below shows the results from the FFT survey carried out during February 2017. We continue to record a high level of respondents that state that they are likely or extremely likely to recommend the service or department they are feeding back on to their families and friends.

Table three: FFT responses March 2017

	Percentage Promoters	Response Rate
Maternity overall	98.8%	8.8% (Birth only)
A&E	96.2%	29.2%
Inpatient	98.2%	16.2%
Outpatients	95.6%	NA

- 16 Complaints and Patient Advice and Liaison Service (PALS).** In January and February we saw an increase in the number of complaints received from 31 in December to 47 and 45 respectively. The increase does appear to be related to the increase in activity and winter pressures. It is also due to a change in the internal processes around the way complaints and PALS concerns are categorised, meaning that more issues are being dealt with as complaints than previously.
- 17 Listening to our staff.** The Committee will be aware that the results of the NHS Staff Survey have been released in early March 2017. The Trust has a plan in place to feedback to staff and hold conversations with them at drop in sessions across the sites to ensure that everyone has the opportunity to attend. Further detail will be provided to the Committee.
- 18 Quality Account 2016-2017.** The Committee will be aware that we are obliged, by law, to publish an annual Quality Account on or before 30 June. The document reflects on how we have performed against quality indicators over the previous year including against specific quality priorities that were identified by the Trust in collaboration with stakeholders.

As required by the NHS (Quality Accounts) Regulations 2010 we have held a stakeholder event to discuss the priorities that we may set for the forthcoming Quality Account. As in a previous year we held the event in collaboration not only with our stakeholders (including patient representatives, Healthwatch, Clinical Commissioning Groups) but with our colleagues from Shropshire Community Health NHS Trust (SCHT).

The outcome of the stakeholder group was that the group felt that collaboration between organisations around safer patient discharge, transition of care for young people and admission avoidance would be a positive step. The Quality Team are collating the Quality Account at present and aim to bring a draft to the May 2017 Quality and Safety Committee

meeting. The detail around our key priorities will be brought to the April 2017 Committee for discussion.

19 External Reviews

The West Midlands Quality Review Service (WMQRS) reported on the formative quality standards for the care of patients living with a learning disability, the Trust in working in collaboration with commissioners, SSSFT and external stakeholders to develop an overarching programme of work to deliver the recommendations in the report. An update as to progress will be reported to the committee in due course.

The WMQRS also reported on its peer review of Stroke services at SATH, within the report they raised a number of immediate concerns about the service, these have been addressed and a response has been sent by the CEO of the Trust to the WMQRS, the report was also discussed at the February CQRM. The outstanding actions will be addressed by the Unscheduled Care Group.

Section six: Recommendations for the Committee

20 The Quality and Safety Committee are asked to:

- **Discuss** the current performance in relation to key quality indicators as at the end of February 2017
- **Consider** the actions being taken where performance requires improvement
- **Question** the report to ensure appropriate assurance is in place

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	SI reportable 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									
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		4							
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				1			
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							
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	1 x Fall reported as SI		
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		2							
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									
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						2			
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							
Trustwide		65851	61998	94.1%	42497	42374	99.7%	49028	47300	96.5%	27255	27780	101.9%	95.1%	100.6%	22947	4.8	3.1	7.8	2	133	2	0	0	1	15		

Fill Rate Key
<80%
80% to 94.9%
≥95%

Month / Year	January 2017
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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	SI reportable 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)	1878	1818	96.8%	1659	1386	83.6%	1782	1738	97.5%	1069	1093	102.2%	97.2%	90.9%	647	5.5	3.8	9.3		1					2	
PRH	Ward 4 - Gastroenterology	1715	1653	96.4%	1426	1446	101.4%	1069	1072	100.3%	713	790	110.8%	97.9%	104.5%	842	3.2	2.7	5.9		11					2	
PRH	Ward 6 - Coronary Care Unit	2098	1983	94.5%	713	707	99.2%	1379	1355	98.3%	356	391	109.8%	96.0%	102.7%	784	4.3	1.4	5.7		3					1	
PRH	Ward 7 - Acute Medical Short Stay	1467	1572	107.2%	1069	1378	128.9%	713	1048	147.0%	713	760	106.6%	120.2%	120.0%	847	3.1	2.5	5.6		11						
PRH	Ward 9 - Respiratory	1820	1614	88.7%	1426	1373	96.3%	1069	1049	98.1%	713	690	96.8%	92.2%	96.4%	887	3.0	2.3	5.3		5					3	
PRH	Ward 11 - Supported Discharge	1346	1282	95.2%	2139	1970	92.1%	713	695	97.5%	1426	1401	98.2%	96.0%	94.6%	866	2.3	3.9	6.2		3						
PRH	Ward 15 - Acute Stroke Unit	2211	2125	96.1%	1426	1116	78.3%	1426	1409	98.8%	713	725	101.7%	97.2%	86.1%	730	4.8	2.5	7.4		8					1	
PRH	Ward 16 - Stroke Rehab	1356	1096	80.8%	1069	1093	102.2%	713	715	100.3%	713	813	114.0%	87.5%	107.0%	563	3.2	3.4	6.6		6					1	
PRH	Ward 17 - Endocrinology & Care of the Older Person	2060	1955	94.9%	1782	1744	97.9%	1069	1060	99.2%	1426	1510	105.9%	96.4%	101.4%	872	3.5	3.7	7.2		5						
RSH	Acute Medical Unit (AMU)	2553	2784	109.0%	1426	1385	97.1%	2139	2621	122.5%	1426	1404	98.5%	115.2%	97.8%	1017	5.3	2.7	8.1		10					1	
RSH	Ward 21 - Supported Discharge	878	796	90.7%	1069	995	93.1%	713	687	96.4%	713	659	92.4%	93.2%	92.8%	500	3.0	3.3	6.3		7						
RSH	Ward 22 - Stroke & Rehabilitation Unit	2435	1986	81.6%	2139	2632	123.0%	1426	1416	99.3%	1782	1837	103.1%	88.1%	114.0%	1233	2.8	3.6	6.4		7						
RSH	Ward 24 / CCU	2375	2324	97.9%	1658	1607	96.9%	1782	1701	95.5%	713	813	114.0%	96.8%	102.1%	1000	4.0	2.4	6.4		3					2	
RSH	Ward 27 - Respiratory	2529	2383	94.2%	2139	2245	105.0%	1426	1380	96.8%	1069	1069	100.0%	95.1%	103.3%	1200	3.1	2.8	5.9		5						
RSH	Ward 28 - Nephrology / Medicine	2134	1865	87.4%	1782	1875	105.2%	1426	1414	99.2%	1069	1086	101.6%	92.1%	103.9%	1065	3.1	2.8	5.9		5					1	
RSH	Ward 32 - Short Stay	1558	1206	77.4%	1069	1038	97.1%	1069	909	85.0%	713	839	117.7%	80.5%	105.3%	741	2.9	2.5	5.4		2						
PRH	Ward 8 - Head & Neck Adult Ward	1017	1023	100.6%	473	708	149.7%	774	740	95.6%	334	621	185.9%	98.4%	164.7%	416	4.2	3.2	7.4		3					1	
PRH	Ward 10 - Trauma & Orthopaedics	1718	1624	94.5%	1426	1461	102.5%	1069	1044	97.7%	713	840	117.8%	95.7%	107.6%	845	3.2	2.7	5.9		6					4	
PRH	Day Ward Orthopaedics	919	946	102.9%	713	738	103.5%	713	851	119.4%	356	614	172.5%	110.1%	126.5%	392	4.6	3.4	8.0		3					1	
PRH	ITU/HDU	2672	2555	95.6%	330	306	92.7%	2604	2474	95.0%	24	36	150.0%	95.3%	96.6%	227	22.2	1.5	23.7							1	
RSH	Ward 22 - Orthopaedics	1689	1591	94.2%	1426	1433	100.5%	1069	1062	99.3%	1069	1332	124.6%	96.2%	110.8%	855	3.1	3.2	6.3								
RSH	Ward 23 - Oncology / Haematology	1913	1834	95.9%	1426	1721	120.7%	1426	1464	102.7%	356	578	162.4%	98.8%	129.0%	936	3.5	2.5	6.0		7					1	
RSH	Ward 25 - Colorectal and Gastroenterology	2193	2120	96.7%	1798	1951	108.5%	1426	1379	96.7%	1069	1124	105.1%	96.7%	107.3%	1170	3.0	2.6	5.6		8						
RSH	Ward 26 - Surgical / ICA	1121	1084	96.7%	899	833	92.7%	713	679	95.2%	713	723	101.4%	96.1%	96.5%	547	3.2	2.8	6.1							1	
RSH	Ward 26 - Urology	1134	1006	88.7%	713	724	101.5%	713	666	93.4%	356	365	102.5%	90.5%	101.9%	548	3.1	2.0	5.0		1						
RSH	Short-Stay Day Surgery	945	1268	134.2%	713	952	133.5%	713	1034	145.0%	356	643	180.6%	138.8%	149.2%	696	3.3	2.3	5.6		1						
RSH	Surgical Assessment Unit (SAU)	2204	2157	97.9%	1782	1909	107.1%	1782	1778	99.8%	1069	1678	157.0%	98.7%	125.8%	1184	3.3	3.0	6.4		6					1	
RSH	ITU/HDU	3447	3259	94.5%	432	396	91.7%	3348	3073	91.8%	0	24	#DIV/0!	93.2%	97.2%	266	23.8	1.6	25.4								
PRH	Ward 19 - Children's	3366	2959	87.9%	1070	1058	98.9%	2852	2645	92.7%	713	690	96.8%	90.1%	98.1%	672	8.3	2.6	10.9							1	
PRH	Ward 23 - Neonatal Unit	2780	2713	97.6%	356	338	94.9%	2495	2442	97.7%	356	311	87.4%	97.7%	91.2%	370	13.9	1.8	15.7								
PRH	Ward 21 - Postnatal Maternity	1249	1269	101.6%	1116	1113	99.7%	1116	1075	96.3%	744	696	93.5%	99.1%	97.3%	439	5.3	4.1	9.5								
PRH	Ward 22 - Antenatal Maternity	854	866	101.4%	372	358	96.2%	744	740	99.5%	372	354	95.2%	100.5%	95.7%	290	5.5	2.5	8.0							1	
PRH	Ward 24 - Delivery Suite Maternity	2740	2887	105.4%	1116	1084	97.1%	2604	2614	100.4%	1116	973	87.2%	102.9%	92.2%	184	29.9	11.2	41.1								
PRH	Wrekin Maternity	999	866	86.7%	612	571	93.3%	744	665	89.4%	372	361	97.0%	87.8%	94.7%	122	12.5	7.6	20.2								
RSH	Shrewsbury Midwife-Led Unit	864	908	105.1%	372	373	100.3%	372	378	101.6%	372	373	100.3%	104.0%	100.3%	60	21.4	12.4	33.9								
Bridgnorth	Bridgnorth Midwife-Led Unit	447	451	100.9%	356	322	90.4%	372	373	100.3%	356	357	100.3%	100.6%	95.4%	24	34.3	28.3	62.6								
Ludlow	Ludlow Midwife-Led Unit	462	417	90.3%	356	351	98.6%	372	363	97.6%	356	345	96.9%	93.5%	97.8%	17	45.9	40.9	86.8								
Oswestry	Oswestry Midwife-Led Unit	440	446	101.4%	372	349	93.8%	372	378	101.6%	372	360	96.8%	101.5%	95.3%	49	16.8	14.5	31.3								
PRH	Ward 14 - Gynaecology	875	863	98.6%	356	387	108.7%	713	713	100.0%	356	367	103.1%	99.2%	105.9%	363	4.3	2.1	6.4		2					2	
Trustwide		66461	63554	95.6%	42575	43426	102.0%	49020	48899	99.8%	27227	29645	108.9%	97.4%	104.7%	24466	4.6	3.0	7.6	0	129	0	0	0	0	28	

Fill Rate Key
<80%
80% to 94.9%
≥95%

Month / Year	February 2017
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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	SI reportable 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)	1720	1709	99.4%	1498	1244	83.0%	1610	1597	99.2%	966	955	98.9%	99.3%	89.2%	590	5.6	3.7	9.3		4					1	
PRH	Ward 4 - Gastroenterology	1595	1582	99.2%	1288	1192	92.5%	966	943	97.6%	644	678	105.3%	98.6%	96.8%	761	3.3	2.5	5.8		3	1				1	
PRH	Ward 6 - Coronary Care Unit	1902	1817	95.5%	644	624	96.9%	1246	1222	98.1%	322	357	110.9%	96.5%	101.6%	697	4.4	1.4	5.8		2						
PRH	Ward 7 - Acute Medical Short Stay	1308	1452	111.0%	966	1165	120.6%	644	966	150.0%	644	656	101.9%	123.9%	113.1%	789	3.1	2.3	5.4		5					1	
PRH	Ward 9 - Respiratory	1662	1523	91.6%	1288	1269	98.5%	966	939	97.2%	644	644	100.0%	93.7%	99.0%	799	3.1	2.4	5.5		3						
PRH	Ward 11 - Supported Discharge	1228	1198	97.6%	1932	1764	91.3%	644	643	99.8%	1288	1264	98.1%	98.3%	94.0%	781	2.4	3.9	6.2		3						
PRH	Ward 15 - Acute Stroke Unit	2012	1913	95.1%	1288	1045	81.1%	1288	1273	98.8%	644	656	101.9%	96.5%	88.0%	659	4.8	2.6	7.4		5						
PRH	Ward 16 - Stroke Rehab	1226	1014	82.7%	966	908	94.0%	644	644	100.0%	644	644	100.0%	88.7%	96.4%	504	3.3	3.1	6.4		2					1	
PRH	Ward 17 - Endocrinology & Care of the Older Person	1928	1872	97.1%	1610	1534	95.3%	966	975	100.9%	1288	1262	98.0%	98.4%	96.5%	787	3.6	3.6	7.2		8						
RSH	Acute Medical Unit (AMU)	2288	2444	106.8%	1288	1222	94.9%	1932	2221	115.0%	1288	1275	99.0%	110.5%	96.9%	834	5.6	3.0	8.6		7					3	
RSH	Ward 21 - Supported Discharge	794	725	91.3%	966	848	87.8%	644	644	100.0%	644	646	100.3%	95.2%	92.8%	439	3.1	3.4	6.5		4					1	
RSH	Ward 22 - Stroke & Rehabilitation Unit	2216	1871	84.4%	1932	2342	121.2%	1288	1280	99.4%	1610	1624	100.9%	89.9%	112.0%	1115	2.8	3.6	6.4		4						
RSH	Ward 24 / CCU	2196	2065	94.0%	1498	1530	102.1%	1610	1575	97.8%	644	809	125.6%	95.6%	109.2%	893	4.1	2.6	6.7		4					2	
RSH	Ward 27 - Respiratory	2270	2173	95.7%	1932	2190	113.4%	1288	1262	98.0%	966	1045	108.2%	96.5%	111.6%	1079	3.2	3.0	6.2		1					2	
RSH	Ward 28 - Nephrology / Medicine	1892	1638	86.6%	1610	1795	111.5%	1288	1285	99.8%	966	1180	122.2%	91.9%	115.5%	953	3.1	3.1	6.2		11						
RSH	Ward 32 - Short Stay	1380	1172	84.9%	966	841	87.0%	966	863	89.3%	644	688	106.8%	86.7%	94.9%	649	3.1	2.4	5.5		2						
PRH	Ward 8 - Head & Neck Adult Ward	865	875	101.2%	435	489	112.5%	662	650	98.3%	288	413	143.4%	99.9%	124.8%	378	4.0	2.4	6.4								
PRH	Ward 10 - Trauma & Orthopaedics	1503	1441	95.9%	1288	1329	103.2%	966	931	96.4%	644	771	119.7%	96.1%	108.7%	750	3.2	2.8	6.0		5					2	
PRH	Day Ward Orthopaedics	826	936	113.3%	644	723	112.3%	644	912	141.6%	322	702	218.0%	125.7%	147.5%	331	5.6	4.3	9.9		2						
PRH	ITU/HDU	2420	2399	99.1%	280	280	100.0%	2352	2353	100.0%	12	36	300.0%	99.6%	108.2%	192	24.8	1.6	26.4								
RSH	Ward 22 - Orthopaedics	1503	1431	95.2%	1288	1265	98.2%	966	971	100.5%	966	1033	106.9%	97.3%	102.0%	760	3.2	3.0	6.2		4					1	
RSH	Ward 23 - Oncology / Haematology	1725	1669	96.8%	1288	1265	98.2%	1288	1276	99.1%	322	318	98.8%	97.7%	98.3%	834	3.5	1.9	5.4		5						
RSH	Ward 25 - Colorectal and Gastroenterology	1980	1852	93.5%	1624	1840	113.3%	1288	1263	98.1%	966	978	101.2%	95.3%	108.8%	1061	2.9	2.7	5.6		10					1	
RSH	Ward 26 - Surgical / ICA	1023	999	97.7%	812	884	108.9%	644	641	99.5%	644	736	114.3%	98.4%	111.3%	498	3.3	3.3	6.5		3					1	
RSH	Ward 26 - Urology	1024	976	95.3%	644	877	136.2%	644	633	98.3%	322	504	156.5%	96.5%	143.0%	496	3.2	2.8	6.0		2						
RSH	Short-Stay Day Surgery	854	1073	125.6%	644	882	137.0%	644	931	144.6%	322	654	203.1%	133.8%	159.0%	569	3.5	2.7	6.2		1						
RSH	Surgical Assessment Unit (SAU)	2012	1972	98.0%	1610	1725	107.1%	1610	1596	99.1%	966	1436	148.7%	98.5%	122.7%	1025	3.5	3.1	6.6		5						
RSH	ITU/HDU	3111	2677	86.0%	311	318	102.3%	3024	2760	91.3%	0	60	#DIV/0!	88.6%	121.5%	249	21.8	1.5	23.4							2	
PRH	Ward 19 - Children's	2981	2776	93.1%	966	874	90.5%	2576	2358	91.5%	644	575	89.3%	92.4%	90.0%	615	8.3	2.4	10.7							5	
PRH	Ward 23 - Neonatal Unit	2515	2451	97.5%	322	322	100.0%	2254	2210	98.0%	322	245	76.1%	97.7%	88.0%	375	12.4	1.5	13.9								
PRH	Ward 21 - Postnatal Maternity	1088	1108	101.8%	1008	1003	99.5%	1008	980	97.2%	672	628	93.5%	99.6%	97.1%	445	4.7	3.7	8.4								
PRH	Ward 22 - Antenatal Maternity	736	780	106.0%	336	323	96.1%	672	644	95.8%	336	312	92.9%	101.1%	94.5%	308	4.6	2.1	6.7								
PRH	Ward 24 - Delivery Suite Maternity	2477	2584	104.3%	1008	1038	103.0%	2352	2337	99.4%	1008	877	87.0%	101.9%	95.0%	190	25.9	10.1	36.0							1	
PRH	Wrekin Maternity	912	674	73.9%	552	487	88.2%	672	605	90.0%	336	286	85.1%	80.7%	87.0%	131	9.8	5.9	15.7								
RSH	Shrewsbury Midwife-Led Unit	762	766	100.5%	336	326	97.0%	336	319	94.9%	336	339	100.9%	98.8%	99.0%	70	15.5	9.5	25.0								
Bridgnorth	Bridgnorth Midwife-Led Unit	409	413	101.0%	322	298	92.5%	336	340	101.2%	322	322	100.0%	101.1%	96.3%	33	22.8	18.8	41.6								
Ludlow	Ludlow Midwife-Led Unit	426	434	101.9%	322	316	98.1%	336	338	100.6%	322	311	96.6%	101.3%	97.4%	40	19.3	15.7	35.0								
Oswestry	Oswestry Midwife-Led Unit	388	389	100.3%	336	285	84.8%	336	328	97.6%	336	324	96.4%	99.0%	90.6%	29	24.7	21.0	45.7								
PRH	Ward 14 - Gynaecology	779	789	101.3%	322	311	96.6%	644	658	102.2%	322	311	96.6%	101.7%	96.6%	326	4.4	1.9	6.3		2					1	

Trustwide	59936	57631	96.2%	38370	38972	101.6%	44244	44366	100.3%	24576	26554	108.0%	97.9%	104.1%	22034	4.6	3.0	7.6	0	107	1	0	0	0	26
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Fill Rate Key
<80%
80% to 94.9%
≥95%

SUSTAINABILITY COMMITTEE – 28TH March 2017

FINANCE REPORT – MONTH 11

1. Income & Expenditure position

The financial position of the Trust at the end of month 11 is presented in the table below:

	Financial Plan	April –Feb Plan	April –Feb Actual	Variance
	£000s	£000s	£000s	£000s
Income	341,986	315,472	316,730	1,258
Pay	-225,302	-208,461	-214,559	-6,098
Non-pay and Reserves	-107,261	-98,620	-96,193	2,427
Total expenditure	-332,563	-307,081	-310,752	-3,671
EBITDA	9,423	8,391	5,978	-2,413
Finance Costs	-15,323	-13,080	-12,843	237
Surplus/(deficit) before Phased Spend	-5,900	-4,689	-6,865	-2,176
Phased spend adjustment		-2,406		2,406
Plan as described in NHSI Financial Template		-7,095	-6,865	230
Contingent liability			1,375	1,375
Revised Month 10 Position		-7,095	-5,490	1,605

At the end of month 11 the Trust had planned to deliver an in year deficit of £7,095 million and actually recorded a deficit of £6.865 million. The Trust has recently agreed an end of year position with Shropshire CCG. The effect of which will mean that the Trust delivers an end of year deficit amounting to £7.4 million. This deficit does not allow for STF penalties associated with none delivery of Access targets in quarters 2 and 3 and not achieving the financial control total in quarter 4. The Access target penalties are presently under review by NHSI, if applied would reduce STF funds by £1.05 million. Losing STF funding in quarter 4 equates to £3.281 million. Accordingly, if STF penalties are applied this increases the Trust deficit to £11.731 million.

2. Forecast Outturn

Based upon financial performance in February, the Trust has produced a revised forecast outturn. This is presented in the table below.

	April	May	June	July	August	September	October	November	December	January	February	March	Total
Income	27974	27532	29409	28651	28763	28916	28646	29614	29151	29638	28436	29302	346032
Pay	-19233	-19176	-19476	-19168	-19551	-19582	-19466	-19864	-19494	-19777	-19772	-19669	-234228
Non Pay	-8222	-8415	-8898	-8956	-8844	-9311	-9090	-9094	-8411	-8896	-8056	-8970	-105163
Total Expenditure	-27455	-27591	-28374	-28124	-28395	-28893	-28556	-28958	-27905	-28673	-27828	-28639	-339391
EBITDA	519	-59	1035	527	368	23	90	656	1246	965	608	663	6641
Finance Costs	-1123	-1200	-1166	-1150	-1176	-1175	-1172	-1165	-1169	-1167	-1180	-1198	-14041
Surplus / (deficit)	-604	-1259	-131	-623	-808	-1152	-1082	-509	77	-202	-572	-535	-7400
Cumulative	-604	-1863	-1994	-2617	-3425	-4577	-5659	-6168	-6091	-6293	-6865	-7400	
Care group savings													
Procurement savings													
Revised Deficit													-7400

As can be seen the Trust is continuing to present a forecast outturn deficit for the year of £7.4 million.

- Forecast Income

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

	Average April – February	Average required – March 2017	Average March 2016	Average March 2015	Risk Rating
A and E (attendances)	8,930	9,468	9,466	9,598	Green
Outpatient (attendances)	36,048	36,576	34,304	35,051	Green
Elective (Day cases)	3,789	3,686	3,658	3,732	Green
Elective Inpatient (spells)	492	474	497	531	Green
Emergency (spells)	4,100	4,327	4,288	4,160	Green
Maternity / Non Elective (spells)	673	656	633	607	Green

The above tables suggest activity levels that appear realistic when compared with year to date and previous years and the majority of the Trust's risk on income has now been mitigated due to the fact the Trust has now established a jointly agreed outturn position with its two main commissioners, Shropshire CCG and Telford and Wrekin CCG.

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 month.

Average income per Month	£000s
April – February	28,794
March	29,302
Monthly increase/(decrease)	508

To achieve the level of forecasted Income it will be necessary to record a monthly increase of £0.508 million.

- Pay forecast

The table below provides a comparison of the average level of monthly Pay spending recorded in the period April to February 2017, with the average level of monthly Pay spending assumed over the remaining month of the financial year.

Average pay spending per Month	£000's
April – February	19,505
Nov - February	19,726
March	19,669
Monthly Increase	164

As can be seen it is assumed that Pay spending will increase in the remaining month of the year by £0.164 million. Spending over the last three months has amounted to £19.726 million per month.

- Non pay forecast

The table below provides a comparison of the average level of monthly Non Pay spending recorded in the period April to February 2017, with the average level of monthly Pay

spending assumed over the remaining month of the financial year.

Average non pay spending per Month	£000's
April – February	8,744
Nov – February	8,614
March	8,970
Monthly increase	226

As can be seen it is assumed that Non Pay spending will increase in the remaining month of the year by £0.226 million.

3. 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 11 (February 2017)								
Scheme	2016/17 Capital Budget	2016/17 Spend to date	Expenditure committed - ordered	Total expenditure/ committed to date	Expenditure committed - to be ordered	Scheme yet to be identified	Forecast Outturn	Variance under/ (over) spend
£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Outstanding Commitments from 2015/16	200	186	18	204	0	0	204	-4
Capital to Revenue Transfer	1,398	330	1,062	1,392	10	0	1,402	-5
ENABLING WORKS FOR 3RD LINAC	346	338	0	338	5	0	343	3
RSH MLU/PAU - P2 FCHS	100	0	0	0	0	0	0	100
Contingency Fund - Estates	250	262	2	264	14	0	278	-28
Contingency Fund - Medical Equipment	200	108	150	258	0	0	258	-58
Contingency Fund - IT Equipment	143	139	2	141	0	0	141	2
Contingency Fund - Non-Patient Connected Equipment	75	50	37	87	0	0	87	-12
Contingency Fund - VitalPac	50	3	47	50	0	0	50	0
Total Delegated Contingency Funds	718	562	237	799	14	0	813	-95
Capitalisation of Expenditure	2,198	2,004	194	2,198	0	0	2,198	0
Capital Salaries	645	589	54	643	0	0	643	2
Contingency Fund - Corporate	1,848	232	1,529	1,762	45	0	1,807	41
Total Capital Contingencies/Capitalisation of Salaries	5,409	3,387	2,014	5,401	59	0	5,461	-52
Agreed Schemes 2016/2017								
IT COMPUTER ROOM INFRASTRUCTURE	430	407	23	430	0	0	430	0
PRH STATUTORY	0	0	0	0	0	0	0	0
PRH MECHANICAL & ELECTRICAL	187	0	0	0	187	0	187	0
RSH STATUTORY	100	0	25	25	75	0	100	0
FIRE PHASE 3	433	410	23	433	0	0	433	0
RSH ITU AHU REPLACEMENT	0	0	0	0	0	0	0	0
RSH PHARMACY AHU ASEPTIC	0	1	0	1	0	0	1	-1
RSH WARD 31/32/EPAS & FERTILITY	2	2	0	2	0	0	2	0
RSH PATHOLOGY SWITCHGEAR	2	1	0	1	0	0	1	0
RSH AIR HANDLING DUCTING	0	0	0	0	0	0	0	0
RSH PLANT ROOM PIPEWORK	0	0	0	0	0	0	0	0
RSH ELECTRICAL	0	0	0	0	0	0	0	0
ESTATES CONDITION ASSESSMENTS STILL REQUIRED	186	191	0	191	0	0	191	-5
OPHTHALMOLOGY MOVE INTO COPTHORNE BUILDING	563	227	293	520	43	0	563	0
RSH MATERNITY	159	0	138	138	21	0	159	0
PRIORITY ESTATES SCHEMES YET TO BE IDENTIFIED (ref CPG	0	0	0	0	0	0	0	0
FUEL TANKS	59	59	0	59	0	0	59	0
NURSE CALL HANDSETS	28	28	0	28	0	0	28	0
ROOFING	4	4	0	4	0	0	4	0
EXTERNAL WORKS	3	3	0	3	0	0	3	0
FLOORING	7	8	0	8	0	0	8	-1
QUEENSWAY BMS SYSTEM	24	0	27	27	0	0	27	-3
MEDICAL GAS BOTTLE STORAGE	8	8	2	10	0	0	10	-2
PRH FRACTURE CLINIC UPGRADE	22	0	22	22	0	0	22	0
BATHROOMS	101	0	101	101	0	0	101	0
HSE COMPLIANCE	41	0	62	62	0	0	62	-21
DUCTS PHASE 1	211	0	202	202	9	0	211	0
RP1 ASBESTOS	149	0	137	137	20	0	157	-7
RP1 LIFTS	78	0	78	78	0	0	78	0
MICAD - Compliance	179	0	0	0	179	0	179	0
RESET	29	0	29	29	0	0	29	0
ELECTRICAL TESTING	80	0	62	62	0	0	62	18
PUMPING STATION BMS panel refurbishment RSH & 2 pu	50	0	39	39	0	0	39	11
RSH CALORIFIERS PLATES	163	0	0	0	163	0	163	0
Endoscopy Washer Software Upgrade	30	1	7	8	22	0	30	0
PRH DUODENOSCOPES	71	71	0	71	0	0	71	0
RSH DUODENOSCOPES	71	71	0	71	0	0	71	0
PRH COLONOSCOPES/GASTROSCOPES	39	38	0	38	0	0	38	1
RSH FERTILITY CABINET	15	15	0	15	0	0	15	0
RSH/PRH RENAL DIALYSIS MACHINES	131	131	0	131	0	0	131	0
PRH THEATRE STACK SYSTEMS & POWER TOOLS	140	140	0	140	0	0	140	0
RSH/PRH OPERATING MICROSCOPES	90	91	0	91	0	0	91	0
OCT x 2	140	0	141	141	0	0	141	-1
ARGON DIATHERMY PRH ENDOSCOPY	30	29	0	29	0	0	29	1
P1 MEDICAL EQUIPMENT - yet to be identified	57	0	40	40	0	0	40	17
PRH MATY COSYTERM	9	0	9	9	0	0	9	0
Charitable Contribution ref 2015/16 Capital Programme	0	0	0	0	0	0	0	0
SERVERS	476	264	98	362	114	0	476	0
SWITCHES (NETWORKING)	317	269	48	316	0	0	316	1
COMPUTERS	0	0	0	0	0	0	0	0
Total Capital Schemes	12,368	6,711	4,701	11,412	906	0	12,318	50
Overcommitted/Unallocated	-100	0	0	0	0	0	0	-100
Total	12,268	6,711	4,701	11,412	906	0	12,318	-50

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

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

At Month 11, £6.711 million of the Capital Programme has been expensed, with £4.701 million committed but not yet expensed. The remaining £0.856 million is yet to be ordered and expensed. Confirmation has been received from project managers that delivery of the Capital Programme will be completed by the end of the financial year and Capital Planning Group continues to monitor progress.

As reported last month, the Trust has reviewed its Capital Programme and has confirmed to NHSI that it is expected that by the year end it will be fully committed.

4. 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 non-receipt of cash in this financial year due to the lateness of resolution 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 £7.4 million, (cash shortfall **£1.5 million**) being the shortfall between the projected I&E deficit and receipt of cash support (loan) of £5.9 million.
- Cash not received relating to income (particularly Shropshire CCG) – based upon cash difficulties / contract dispute **£2 million**. Within the below cash model this is assumed to be received in the summer of 2017.
- The above cash shortfall can be accommodated in the short term by the slippage in delivery of the capital programme resulting in a projected £5.4 million growth in capital creditors.

Impact on 2017/18 cash:

- The Trust's 2016/17 Capital Programme has been fully committed resulting in a projected growth of £5.4 million in capital creditors in 2016/17 which will result in a significant level of capital creditors that will need to be financed in the opening months of the new financial year. This has been factored into the cash model below.
- STF Funding – Failure to achieve the £5.9 million control total for 2016/17 will result in a withdrawal of STF relating to the last quarter of the year - £2.6 million cash shortfall. The Trust has been able to draw the non-receipt of STF funding as loan financing in March 2017. However, this will be repayable should the Trust not achieve its control total. This has **not** been factored into the cash model below.

- The above results in a cash shortfall of £3.4 million in 2017/18 which will result in a need to extend will extend payment terms to our revenue creditor suppliers.
- As the Trust has demonstrated that it is on target to achieve its control total, it has able to secure from the Department a loan facility – Uncommitted Single Currency Interim Revenue Support. This loan facility carries a lower interest cost of 1.5% where compared to the working capital facility of 3.5%. However the Trust has been informed that access to revenue financing will be subject to increased challenge and scrutiny and will only be provided in exceptional circumstances with additional information being required eg aged creditors/detbors, liquidity days, creditors beyond payment terms and suppliers threatening to put accounts on stop. Therefore no cash support is assumed in the below cash model.

The cash model is presented in the table below.

The Shrewsbury and Telford Hospital NHS Trust
Cashflow - February 2017

2016/17

	Actual February Month	Forecast March Month	Total To Date And Forecast
	£000's	£000's	£000's
Balance B/fwd	7,620	6,389	1,636
INCOME			
Income I&E	25,376	30,746	341,072
Income - Total Balance Sheet Movements	0	(1,897)	(28)
Total Income Cashflow	25,376	28,849	341,044
Revolving Working Capital - I&E Deficit	0	2,243	5,900
Revolving Working Capital - STF		5,250	10,282
Receipt of Permanent PDC	0	0	2,500
Total Income Cashflow (inc RWC)	25,376	36,342	359,726
PAY			
Pay I&E	(19,687)	(21,609)	(234,372)
Pay - Total Balance Sheet Movements	0	0	2,051
Total Pay Cashflow	(19,687)	(21,609)	(232,321)
NON PAY			
Non Pay I&E	(5,830)	(10,123)	(105,006)
Non Pay - Total Balance Sheet Movements	0	(6,283)	(6,283)
Total Non Pay Cashflow	(5,830)	(16,406)	(111,288)
Finance Costs			
Finance Costs I&E	(110)	(2,074)	(4,431)
Finance Costs - Total Balance Sheet Movements	0	0	604
Total Finance Costs Cashflow	(110)	(2,074)	(3,827)
Capital			
Capital Expenditure	(1,261)	(7,348)	(13,069)
BS Changes - Capital B/F from 2015/16	280	1,056	(131)
BS Changes - Capital C/F from 2016/17	0	5,350	5,350
Capital - Total Balance Sheet Movements	280	6,406	5,219
Total Capital Cashflow	(981)	(942)	(7,850)
Repayment of RWC - on receipt of STF		0	(4,375)
PDC Revenue			0
Total Cashflow	(1,231)	(4,689)	64
Balance C/fwd	6,389	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	Forecast January Month	Forecast February Month
£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
1,700	(1,030)	(3,074)	(3,650)	(3,650)	(2,983)	(5,348)	(4,682)	(4,682)	(4,682)	(4,682)
29,858	29,858	29,858	29,858	29,858	29,858	29,858	29,858	29,858	29,858	29,858
0	0	0	0	667	667	667	0	0	0	0
29,858	29,858	29,858	29,858	30,525	30,525	30,525	29,858	29,858	29,858	29,858
0	0	0	0	0		0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0
29,858	29,858	29,858	29,858	30,525	30,525	30,525	29,858	29,858	29,858	29,858
(19,372)	(19,372)	(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	0	0
(19,372)	(19,372)	(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)	(9,495)	(9,495)
0	0	0	0	0	0	0	0	0	0	0
(9,495)	(9,495)	(9,495)	(9,495)	(9,495)	(9,495)	(9,495)	(9,495)	(9,495)	(9,495)	(9,495)
(21)	(21)	(21)	(21)	(21)	(2,558)	(21)	(21)	(21)	(21)	(21)
0	0	0	0	0	0	0	0	0	0	0
(21)	(21)	(21)	(21)	(21)	(2,558)	(21)	(21)	(21)	(21)	(21)
(971)	(970)	(971)	(971)	(970)	(1,465)	(971)	(971)	(971)	(970)	(971)
0	0	0	0	0	0	0	0	0	0	0
(2,730)	(2,045)	(575)	0	0	0	0	0	0	0	0
(2,730)	(2,045)	(575)	0	0	0	0	0	0	0	0
(3,701)	(3,015)	(1,547)	(971)	(970)	(1,465)	(971)	(971)	(971)	(970)	(971)
0							0			
0										
(2,731)	(2,044)	(576)	(0)	667	(2,365)	666	(0)	(0)	1	(0)
(1,030)	(3,074)	(3,650)	(3,650)	(2,983)	(5,348)	(4,682)	(4,682)	(4,682)	(4,682)	(4,682)

Income Position

	Apr-Feb Budget	Apr-Feb Actual	Variance	Variance %	Apr-Feb Budget	Apr-Feb Actual	Financial Variance Value	Price Variance	Volume Variance
	Activity	Activity	Activity		£000s	£000s	£000s	£000s	£000s
Accident and Emergency (Attendances)	99,327	98,225	(1,102)	(1.1%)	11,514	11,638	124	252	(128)
Outpatient Appts (Attendances)	398,749	396,528	(2,221)	(0.6%)	48,637	48,571	(66)	(62)	(4)
Elective Day Cases	40,233	41,676	1,443	3.6%	26,781	26,858	77	279	(202)
Elective Inpatient (Spells)	6,051	5,408	(643)	(10.6%)	17,014	15,477	(1,537)	454	(1,991)
Non Elective (Spells)	45,465	45,096	(369)	(0.8%)	81,625	82,979	1,354	1,886	(532)
Non Elective Other	7,079	7,407	328	4.6%	11,674	12,120	446	254	192
Emergency Threshold					(1,902)	(2,601)	(699)	(699)	
Education					10,337	10,565	228	228	
Injury Cost Recovery					1,315	1,296	(19)	(19)	
Private Patients					1,218	1,209	(9)	(9)	
Sustainability & Transformation Funds					9,625	9,625	0	0	
Others (Inc Reserves)					97,634	98,998	1,364	1,364	
Total	596,903	594,340	(2,563)	(0.4%)	315,472	316,730	1,262	3,926	(2,664)

Activity Assessment

Month

11

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	Annual
A&E	8,703	9,523	9,143	9,123	9,729	9,058	9,025	9,271	9,352	8,724	8,616	8,897	8,356	7,996	9,505	108,831
Outpatient Attendances	35,444	35,967	37,404	36,278	34,449	37,056	38,043	36,516	36,417	39,050	31,059	35,509	36,885	34,734	36,563	435,312
Elective Daycases	3,814	3,577	3,874	3,755	3,811	3,919	3,895	3,875	3,751	3,895	3,576	3,741	3,739	3,825	3,570	43,803
Elective Inpatient Spells	490	493	558	514	525	484	505	505	498	551	489	513	390	425	527	447
Emergency Spells	3,993	4,125	4,158	4,092	4,159	3,974	4,099	4,077	4,057	4,207	4,310	4,191	4,149	3,865	4,338	49,803
Maternity/Non Elective Other Spells	606	697	631	645	666	646	677	663	712	689	648	683	669	766	634	690

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	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	43,803
Actual	3,814	3,577	3,874	3,755	3,811	3,919	3,895	3,875	3,751	3,895	3,576	3,741	3,739	3,825	3,570	41,676
Variance	214	77	14	102	(163)	489	188	171	(94)	203	(17)	44	248	245		235
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	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	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	Annual
16/17 Plan	515	536	563	538	617	562	550	576	602	569	509	560	509	519	527	6,578
Actual	490	493	558	514	525	484	505	505	498	551	489	513	390	425		5,408
Variance	(25)	(43)	(5)	(24)	(92)	(78)	(45)	(72)	(104)	(18)	(20)	(47)	(119)	(94)		(111)
15/16	551	528	564	548	605	571	536	571	601	526	509	545	524	481	497	6,493
14/15	581	616	590	596	646	575	571	597	609	603	502	571	465	515	531	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	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	49,803
Actual	3,993	4,125	4,158	4,092	4,159	3,974	4,099	4,077	4,057	4,207	4,310	4,191	4,149	3,865	4,007	45,096
Variance	16	80	155	84	20	179	73	91	(293)	(145)	(109)	(162)	(62)	(264)		(225)
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	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	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	Annual
16/17 Plan	632	630	598	620	664	626	658	650	715	633	609	653	651	660	634	649
Actual	606	697	631	645	666	646	677	663	712	689	648	683	669	765		7,143
Variance	(26)	67	33	24	2	20	19	13	(3)	56	39	30	18	106		69
15/16	631	629	597	619	663	625	657	648	714	632	608	651	650	659	633	647
14/15	593	601	601	598	613	605	671	630	624	561	604	596	570	493	607	557

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	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	435,312
Actual	35,444	35,967	37,404	36,278	34,449	37,056	38,043	36,516	36,417	39,050	31,059	35,509	36,885	34,734	36,563	396,528
Variance	(384)	2,734	(2,233)	45	(2,715)	4,149	(61)	458	(1,183)	585	(3,167)	(1,256)	1,223	(1,186)		(299)
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	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	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	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	108,831
Actual	8,703	9,523	9,143	9,123	9,729	9,058	9,025	9,271	9,352	8,724	8,616	8,897	8,356	7,996		98,225
Variance	(531)	276	(200)	(152)	388	(77)	200	170	339	(108)	3	76	(645)	(746)		(806)
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	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	109,360

Pay & WTE

	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	Jan-17 £000's	Feb-17 £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	3,415	3,416
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	2,234	2,213
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	8,083	7,973
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	2,592	2,580
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	3,452	3,577
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	19,776	19,758
Consultants	234	236	242	238	243	253	240	246	243	247	252	248	254	247	246	246
Medical Staffing	353	358	362	358	358	368	349	340	350	363	356	355	357	358	368	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	2,408	2,399
Other Clinical	753	754	769	761	775	791	795	793	800	804	809	805	807	810	812	809
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	1,538	1,540
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	5,373	5,353

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	Jan 2017 £000s	Feb 2017 £000s
Consultants	167	172	120	182	150	217	212	277	288	293	319	224	226	260	246
Medical Staff	270	236	285	379	557	478	282	330	376	215	311	298	317	276	241
Nursing	731	781	671	705	667	527	508	452	533	563	530	536	634	866	855
Other Clinical	17	22	43	35	52	52	61	43	62	49	35	30	29	47	40
Non clinical	64	83	79	76	79	55	43	45	62	50	8	20	22	-3	4
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	1,447	1,386

	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	Jan 2017 WTE	Feb 2017 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	12.24	12.74
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	25.62	25.94
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	138.04	136.08
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	8.87	9.07
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	2.87	1.93
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	187.64	185.76

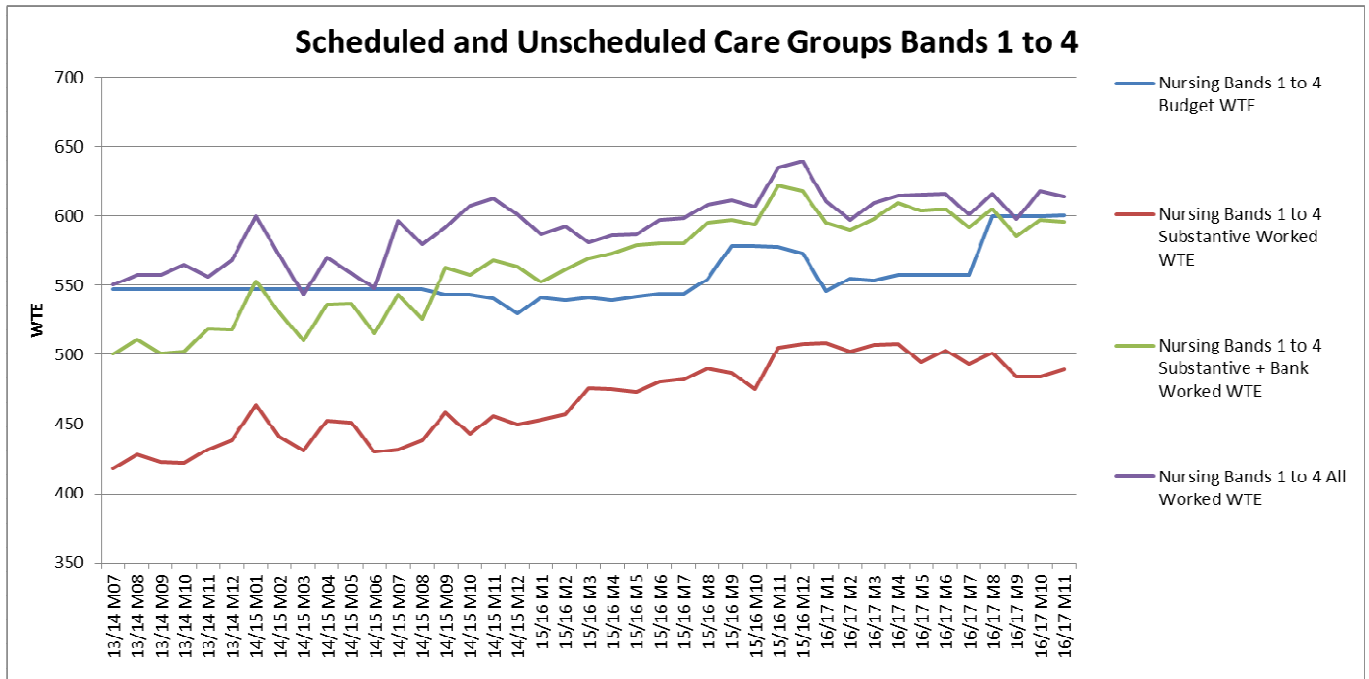
Bank Usage

	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	Jan 2017 £000's	Feb 2017 £000's
Nursing	500	546	522	533	625	738	524	540	538	593	580	607	556	620	568
Other Clinical	40	36	32	37	38	39	45	52	48	34	26	37	28	17	19
Non Clinical	127	129	127	150	130	135	154	174	136	153	122	160	138	102	95
Total Bank Staff	667	712	681	720	794	912	723	766	722	780	728	804	723	739	682

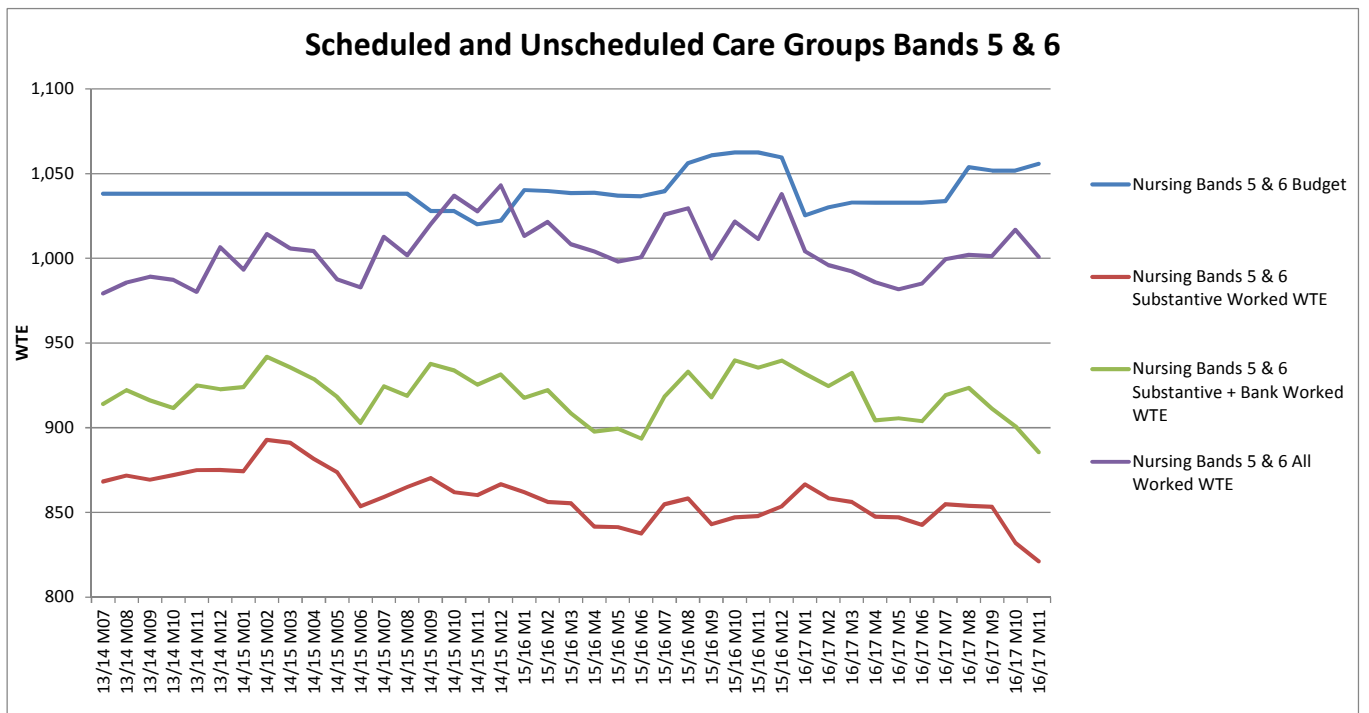
	Average Oct-Dec 2014 WTE	Average Jan - Mar 2015 WTE	Average Apr-Jun 2015 WTE	Average Jul-Sep 2015 WTE	Average Oct-Dec 2015 WTE	Average Jan-Mar 2015 WTE	Average Apr-Jun 2015 WTE	Average Apr-Jun 2015 WTE	Average Jul 2016 WTE	Average Aug 2016 WTE	Average Sep 2016 WTE	Average Oct 2016 WTE	Average Nov 2016 WTE	Average Dec 2016 WTE	Average Jan 2017 WTE	Average Feb 2017 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	195.48	185.55
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	7.78	8.95
Non Clinical	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	50.05	46.56
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	253.31	241.06

Nursing spending - Scheduled and Unscheduled Care Groups

Unqualified



Qualified



Service Line Reporting

Centre Summary 1617 Month 10 YTD

Metrics	Surgical	Oncology	MSK	H&N	Theatre & Critical Care	Medicine	Emergency	Womens & Childrens	Support Services	TOTAL
Income	51,690	30,674	22,305	20,676	7,041	79,556	14,225	47,274	13,033	286,473
Cost										
Direct										
Nursing	- 8,187	- 2,467	- 3,761	- 1,281	- 2,571	- 23,228	- 4,363	- 16,927	- 138	- 62,922
Consultants	- 4,866	- 1,668	- 1,879	- 3,181	- 73	- 5,754	- 898	- 4,185	- 12	- 22,517
Other Clinical	- 3,529	- 2,045	- 2,422	- 4,504	- 86	- 6,579	- 3,390	- 5,676	- 385	- 28,616
Non Clinical	- 1,877	- 1,060	- 914	- 1,561	- 181	- 2,265	- 472	- 2,298	- 325	- 10,955
Total Direct Pay Costs	- 18,459	- 7,241	- 8,975	- 10,527	- 2,912	- 37,827	- 9,123	- 29,086	- 861	- 125,010
Drugs	- 4,125	- 12,328	- 369	- 1,855	- 263	- 7,426	- 340	- 1,770	- 1	- 28,477
Supplies	- 623	- 535	- 506	- 1,262	- 420	- 4,346	- 488	- 1,916	- 5	- 10,103
Other Direct Costs	- 1,057	- 293	- 227	- 742	- 95	- 1,877	- 259	- 1,542	- 26	- 6,118
Total Direct Non Pay Costs	- 5,805	- 13,156	- 1,102	- 3,859	- 778	- 13,649	- 1,087	- 5,228	- 33	- 44,698
Direct Cost Total	- 24,264	- 20,396	- 10,077	- 14,386	- 3,690	- 51,476	- 10,210	- 34,314	- 893	- 169,708
Indirect										
Blood	- 0	- 0	- 0	- 0	- 0	- 0	- 0	- 21	- 0	- 21
Allied Healthcare Professionals	- 907	- 625	- 378	- 839	- 2	- 2,461	- 106	- 479	- 1,087	- 6,884
Radiology	- 1,851	- 430	- 1,181	- 338	- 47	- 2,443	- 1,785	- 327	- 2,038	- 10,440
Pathology	- 1,216	- 584	- 368	- 383	- 92	- 3,028	- 609	- 1,170	- 4,010	- 11,459
Theatre	- 8,786	- 16	- 5,516	- 3,355	- 1,533	- 508	- 6	- 2,278	- 0	- 21,998
Other Services	- 2,987	- 103	- 264	- 742	- 21	- 1,361	- 33	- 506	- 119	- 6,136
Prosthetics	- 77	- 0	- 1,133	- 25	- 0	- 5	- 1	- 18	- 1	- 1,260
Hotel Services	- 1,510	- 619	- 616	- 571	- 127	- 2,940	- 797	- 1,405	- 214	- 8,798
Pharmacy	- 427	- 669	- 145	- 121	- 2	- 1,529	- 48	- 418	- 88	- 3,446
CNST	- 1,486	- 125	- 1,427	- 325	- 0	- 378	- 985	- 5,778	- 0	- 10,503
Total Indirect Costs	- 19,247	- 3,171	- 11,028	- 6,697	- 1,824	- 14,653	- 4,369	- 12,398	- 7,558	- 80,945
Direct/ Indirect Total	- 43,511	- 23,567	- 21,105	- 21,083	- 5,515	- 66,129	- 14,580	- 46,711	- 8,452	- 250,653
Direct Contribution	8,179	7,107	1,200	408	1,526	13,428	355	562	4,581	35,820
Contribution %	15.82%	23.17%	5.38%	-1.97%	21.67%	16.88%	-2.49%	1.19%	35.15%	12.50%
Overheads										
Site Costs	- 1,680	- 1,186	- 778	- 973	- 200	- 2,600	- 603	- 1,813	- 348	- 10,182
Corporate Costs	- 3,978	- 2,412	- 1,891	- 2,245	- 419	- 6,563	- 1,715	- 4,780	- 929	- 24,931
Overhead Total	- 5,659	- 3,598	- 2,669	- 3,217	- 619	- 9,163	- 2,318	- 6,593	- 1,278	- 35,113
Total Cost	- 49,169	- 27,165	- 23,774	- 24,300	- 6,133	- 75,292	- 16,898	- 53,305	- 9,730	- 285,766
EBITDA	2,520	3,509	1,469	3,625	907	4,265	2,673	6,031	3,304	707
EBITDA %	4.88%	11.44%	-6.59%	-17.53%	12.89%	5.36%	-18.79%	-12.76%	25.35%	0.25%
Finance Costs	- 3,244	- 1,851	- 1,485	- 1,451	- 424	- 4,962	- 1,006	- 3,246	- 730	- 18,400
Profit/Loss	- 724	1,658	2,954	5,076	483	697	3,679	9,277	2,574	17,693
Profitability %	-1.40%	5.40%	-13.25%	-24.55%	6.86%	-0.88%	-25.86%	-19.62%	19.75%	-6.18%
Donated Assets Adjustment										377
Sustainability and Transformation Funding										8,750
Reserves										
Contract Adjustment										2,274
Trust Surplus/(Deficit) as per Board Paper										- 6,292

Cost Improvement Programme

CIP	Revised Annual Saving £000s	Revised February Planned Saving £000s	February Actual Saving £000s	Forecast Expected Position £000s	Difference YTD	Forecast Shortfall Against Revised Target	Risk Rating
Procurement	2000	1833	1199	1600	-634	-400	A
Unavailability Improvement	1302	1194	0	0	-1194	-1302	R
Ceased enhanced bank rate	400	367	0	0	-367		R
Waiting list Initiative Payments	214	196	137	137	-59	-77	A
Pharmacy	300	275	305	330	30	30	G
SCG	860	788	323	351	-465	-509	R
USCG	240	220	8	8	-212	-232	R
Women and Children	950	871	645	654	-226	-296	A
Support Services	200	183	223	276	40	76	G
Corporate Services	302	277	819	769	542	467	G
Non clinical temp posts	500	458	0	0	-458	-500	R
Agency Cap	1524	1397	857	958	-540	-566	AR
Tier 5 Agency Usage	800	733	0	0	-733	-800	R
Scheduled Care Anaesthetic savings	789	723	316	339	-407	-450	A
Non Pay Controls	1000	917	0	0	-917	-1000	R
Finance Costs	1400	1283	1283	1400	0	0	G
Original CIP Total	12781	11716	6115	6822	-5601	-5959	AR
Rectification(M7) plan	2983	2557	1394	1683	-1163	-1300	A
Total		14273	7509	8505	-6763	-4276	A

To be noted: forecast out turn has dropped by £85k due to reconciliation of pay schemes.

Statement of Financial Position

	March 16 £000	January 17 £000	February 17 £000	Variance to March 16 £000	Variance to January 17 £000
Total Non Current Assets	162,060	159,591	159,639	(2,421)	48
Inventories	7,875	7,934	7,788	(87)	(146)
Current Trade and Other Receivables	8,829	16,143	16,391	7,562	248
Cash and Cash Equivalents	1,700	7,678	6,451	4,751	(1,227)
Total Current Assets	18,404	31,755	30,630	12,226	(1,125)
Current Trade and Other Payables	(22,969)	(32,293)	(31,560)	(8,591)	733

PDC dividend Payable accrual	0	(1,432)	(1,790)	(1,790)	(358)
Interest on Revolving Working Capital Facility	(23)	(120)	(30)	(7)	90
Provisions	(561)	(526)	(558)	3	(32)
Total Current Liabilities	(23,553)	(34,371)	(33,938)	(10,385)	433
Net Current Liabilities	(5,149)	(2,616)	(3,308)	1,841	(692)
Total Assets less Current Liabilities	156,911	156,975	156,331	(580)	(644)
Revolving Working Capital Support Facility	(12,700)	(17,014)	(17,014)	(4,314)	0
Provisions	(175)	(90)	(90)	85	0
Total Assets Employed	144,036	139,871	139,227	(4,809)	(644)
Financed by Taxpayers' Equity					
Public dividend capital	197,106	199,606	199,606	2,500	0
Retained Earnings	(82,053)	(88,718)	(89,362)	(7,309)	(644)
Revaluation reserve	28,983	28,983	28,983	0	0
Total Taxpayers' Equity	144,036	139,871	139,227	(4,809)	(644)