

Reporting to:	Trust Board Meeting - Thursday 31st March 2016
Title	Trust Performance Report
Sponsoring Director	Chief Executive
Author(s)	Executive Directors
Previously considered by	Not Applicable
Executive Summary	<p>This report summarises the Trust's performance against all the key quality, finance, compliance, and workforce targets and indicators for 2015-16 to the end of February 2016 and considers all elements of performance. The report is intended to describe the underlying causes contributing to the performance position. The detail supporting each domain is contained within the supplementary information pack if Directors wish to consider this.</p> <p>SaTH is currently at Escalation Level 4 (of 5) in the NHS Trust Development Authority's Accountability Framework. This is classified as a 'Material issue' requiring interaction led by the Director of Delivery & Development. Regular meetings are held with the TDA to update on SaTH's improvement trajectories. The key areas of focus are highlighted in this report.</p> <p>This Integrated Performance Report is also being redesigned into a new format, underpinned with new metrics that shall be presented to the Trust Board in April 2016 for consideration and approval.</p>
Strategic Priorities	
1. Quality and Safety	<input checked="" type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience. <input checked="" type="checkbox"/> Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards <input type="checkbox"/> Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme <input type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions <input type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme
2. People	<input checked="" type="checkbox"/> Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work
3. Innovation	<input type="checkbox"/> Support service transformation and increased productivity through technology and continuous improvement strategies
4. Community and Partnership	<input type="checkbox"/> Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and well-being of the population <input type="checkbox"/> Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies
5. Financial Strength: Sustainable Future	<input type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
Board Assurance Framework (BAF) Risks	<input checked="" type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input checked="" type="checkbox"/> If we do not implement our falls prevention strategy then patients may suffer serious injury <input type="checkbox"/> If the local health and social care economy does not reduce the Fit To Transfer (FTT) waiting list from its current unacceptable levels then patients may suffer serious harm <input type="checkbox"/> Risk to sustainability of clinical services due to potential shortages of key clinical staff

	<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 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 do not have a clear clinical service vision then we may not deliver the best services to patients <input checked="" 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 type="checkbox"/> Receive <input checked="" type="checkbox"/> Review <input type="checkbox"/> Note <input type="checkbox"/> Approve	Recommendation The Trust Board is asked to REVIEW performance for February 2016

INTEGRATED PERFORMANCE REPORT

OVERVIEW OF KEY PERFORMANCE AREAS – FEBRUARY 2016

1. QUALITY & SAFETY OVERVIEW

1.1 High Demand Risks

The Trust continues to be experiencing exceptional levels of demand and concerns of capacity both in our inpatient and emergency areas. This has led to patients being escalated and occupying spaces that are sub-optimal in terms of our ability to care for them safely or with dignity and respect. In order to assess the current risks; the Trust is undertaking risk assessments of patients requiring boarding or escalating in non-ward areas; prior to them being moved. All incidents, complaints or patient feedback regarding those patients boarded is currently being collected via the Datix system ward managers and Matrons. The risks assessed and incidents such as from Datix, complaints, infection prevention control, safeguarding, staffing and legal claims are being triangulated by the corporate nursing team to gain assurance that where possible risks are lessened.

1.2 Infection Prevention and Control (IPC)

Clostridium Difficile (C.diff)

The Trust reported 3 *C.diff* cases during January and 2 cases during February. Despite improvements to the incidence of *C.diff* during the year, the Trust has now exceeded the national target set by NHS England of no more than 25 cases by 5 so far for 2015/16. Of the current 30 cases reported, 9 have been apportioned to the Trust as “lapses in care”, whereby preventative measures have not been evidenced; with 3 further cases still under investigation as potential lapses. Monitoring compliance with guidelines in antibiotic prescribing, raising awareness of the need for rapid isolation of patients with symptoms in statutory training and compliance with hand hygiene and environmental cleanliness is on-going with most cases caused by antibiotic usage; in line with the antibiotic policy. There are some delays in isolation whilst awaiting results however; this is mainly due to a shortage of side rooms across our sites. Work is also on-going across the health economy to continue to attempt reduction in the incidence of *C.diff*.

1.3 Hand Hygiene Compliance

Hand hygiene is the single most important intervention to prevent the spread of any type of infection. The Trust is required in accordance with the Health and Social Care Act 2008 (updated 2015) that:

“All relevant staff, whose normal duties are directly or indirectly concerned with providing care, receives suitable and sufficient information on, and training and supervision in, the measures required to prevent the risks of infection.”

Monitoring of staff hand hygiene assessment therefore forms part of the Trusts assurance mechanism in relation to the Act. Overall there has been a 7% improvement in compliance across service areas and further improvements identified within the care groups. Those areas that require support and further education are supported by the Infection Prevention and Control Team.

1.4 Safe Staffing

Nurse staffing

The Trust Board continues to receive assurance in relation to staffing levels on a monthly basis and narrative explanation provided where staffing hours are $\geq 110\%$ or $\leq 85\%$ than planned. The fill rates for January and February 2016 are found below:

January

Registered Nurses / Midwives - Day = 94.1%

Care Staff - Day = 103.1%

Registered Nurses / Midwives - Night = 97.5%

Care Staff - Night = 103.2%

February

Registered Nurses / Midwives - Day = 93.5%

Care Staff - Day = 102.3%

Registered Nurses / Midwives - Night = 96.7%

Care Staff - Night = 106.8%

The Board continues to receive the report for information, and to support them in fulfilling their responsibilities to monitor staffing capacity and capability. The information received provides details of inpatient ward staffing which is shared with Heads of Nursing and Midwifery, Matrons and Ward Managers in order to monitor actual versus planned staffing levels across the Trust on a daily basis to ensure that appropriate action is taken to mitigate risk when there are staffing shortfalls.

Recruitment

Recruitment into our permanent and bank registered nurse and non-registered nursing vacancies continues on a rolling basis. To date, the majority of Healthcare Assistant posts have been recruited to. Specific recruitment events for nurses are planned going forward including the Trust working with Wolverhampton and Birmingham City Universities to target newly qualified nurses living just outside our boundaries and encouraging them to choose Shrewsbury and Telford as a place to work.

The Trust continues to develop the registration of our Philippine recruitment with 7 nurses now passed their practical exam and pending registration. One nurse is awaiting results, 4 nurses are waiting to re-sit their exams and 9 nurses are currently preparing for their practical examination on the 17th May 2016. Following the Trusts recent visit to the Philippines a further 76 job offers were made.

1.5 International Nurses Day

International Nurses Day is prominent around the world every year on the 12th May; the anniversary of Florence Nightingale's birth. The International Council of Nurses commemorates this important day each year with the production and distribution of educational and public information materials, for use by nurses all over the world.

The Trust recognises that as the single largest group of health professionals within health care who have a presence in all settings; nurses make an enormous impact on the resilience of organisations. Every decision that nurses make in their practice can make a significant difference in the efficiency and effectiveness of the entire system.

In celebration and to thank our nurses for their contribution within the Trust, we are planning a number of initiatives to celebrate international nurse's day.

These include:

- A demonstration of nursing through the ages
- A Vox Pop of opinions from nurses recorded talking informally; to understand their driver to become a nurse
- Communication within the Trust and on local media to celebrate nurses and nursing locally
- Corporate Nursing will be distributing a cake to every nurse across the Trust to personally thank them
- A "Tea with Matron" opportunity for nurses to share experiences
- A number of trust nurses will be attending the Florence Nightingale service in Westminster Abbey on 11th May 2016

1.6 Patient Experience

Trust cancer patient experience survey

The Trust is dedicated to ensuring that we understand and hear patient's views about the care and treatment they receive in order to improve and learn. One of the ways to do this is to seek views from our patients using surveys. In the last financial year, the Trust has undertaken patient surveys from those people using our cancer services. The surveys were sent to patients on a quarterly basis and focused on the interventions and interactions between clinicians and the patient. Feedback from those patients returning the survey (44.5%) was positive and shows an improving picture within the Trusts cancer services that included improvements in the following areas:

- 99% of patients undergoing diagnostic tests for cancer received an explanation of the purpose of the test in a way that they could understand.
- 99% of patients felt that they were treated with respect and dignity.
- 98% of patients undergoing surgery reported that a member of staff explained the operation to them.
- 91.3% of patients rated their care as "Excellent" or "Very good".
- The majority of patient felt there was sufficient privacy when they were told they had cancer, and also when discussing their treatment options.

However; there were some areas where patients felt that the Trust could improve, including the way in which clinicians spoke to patients, the written information offered about the side effects of treatment and the ease in which patients could contact a clinical nurse specialist/key worker. The cancer services team are in the process of implementing development work with a planned quarterly patient's survey being undertaken going forward to monitor the outcome of actions for improvements.

2. OPERATIONAL PERFORMANCE OVERVIEW

2.1 4 Hour Access Standard – Not achieved

February	80.01%
Q4 to Date	80.28%
Year to Date	86.25%

In February 2016, 80.01% of patients were admitted or discharged within the 4-hour quality target.

Under performance is due to:

- February 2016 A&E attendances up 11.27% compared with February 2015. This is an increase of 9032 attendances between April and February which represents an increase of 8.10% YTD;

- February 2016 emergency admissions up 12.25% compared with February 2015. This is an increase of 2192 admissions between April and February which represents an increase of 4.94% YTD.

Please note these figures do include PRH walk-in and RSH UCC.

2.2 Frail Elderly Patients

A workshop was held in February for stakeholders from across the health economy. The key aims from the workshop are:

- There is a common understanding across the LHSE of what Frailty is.
- Consistently identify/flag 100% of patients with frailty in all settings.
- 100% of patients who are identified as frail have an active care plan which is shared as they move from one provider to another on their patient journey.
- Responsive needs based care in the correct setting.
- Reduce length of stay for frailty patients when they are admitted.

Task and finish groups will be established and will report in to the Urgent Care Working Group on progress against the key performance indicators, which are to be agreed at the next meeting at the end of March.

2.3 Whole System Urgent Care Plan and Recovery Trajectory

The trajectory to deliver the 95% 4 hour performance has been recalibrated based on current performance. We are currently in discussion with the Local Health Economy (LHE) on next year's trajectory, which should demonstrate a 3% improvement based on quarter 4 performance 2014/15.

2.4 SaTH Internal Recovery and Improvement Plan

SaTH's internal plan focuses on the following areas:

2.4.1 *Emergency Department (ED):*

- Process/pathway agreed for utilisation of cubicles and improvement in minors flow;
- Improve internal ED processes supported by the Emergency Care Improvement Programme team;
- Additional doctor hours at twilight periods to support minors flow at PRH;
- Daily Operational Support in the ED, Weekly Operational meetings, twice weekly staff engagement; tracker role to expedite non admitted breaches.
- Trajectory to reduce non admitted breaches to no more than 28 per week agreed. Delivery date from 18.4.16.

2.4.2 *Assessment*

- Ring-fence area within ambulatory care to improve flow (when not in escalation);
- Undertake review of alternative location for AEC to avoid being used as escalation area. Potential long term plan to develop an emergency floor at RSH.
- Successful RPIW in ambulatory emergency care unit 7th – 11th March.

2.4.3 *Improving internal flow processes*

- MADE event week commencing 21.3.16 to expedite discharge supported by ECIP;
- Drive for discharge being re-energised to create assessment capacity early in the day;
- Second RPIW on respiratory discharge in planning stages;
- SAFER initiative to be rolled out on 4 wards across both sites week commencing 11.4.16 supported by ECIP;
- Second frailty workshop held.
- Discharge planning Task and Finish group established to review and amend processes.

2.5 Easter Planning

An Easter plan is in place across the LHE, detailing the level of discharges that are required across the system to ensure that 20% of the General and Acute bed base is empty by 24th March. The plan also details the services that are available across the bank holiday.

2.6 RTT Performance

Changes to Operational Standards for 18 week Referral to Treatment

We are now only mandated to deliver the incomplete standard. However, we continue to monitor the admitted and non-admitted standards internally.

Admitted

February 73.74% - standard not achieved (90%)

- Predicted performance in March will continue to see the Trust fail the admitted standard as backlog clearance continues. Recovery trajectories in place and monitored at weekly PTL meetings;
- Mobile theatre/ward unit remains operational on the PRH site supporting maintenance of elective operating capacity. Contract has been extended to 29.4.16 funded by NHS England to support targeted reduction in oral surgery backlog.
- Elective cancellation rates have increased during February due to heightened levels of escalation with a total of 117 operations cancelled in month (98 at RSH / 19 at PRH)

Non Admitted

February 93.59% - standard not achieved (95%)

- Trust failed to deliver overall non-admitted standard in February
- Eight specialties failed to deliver the standard; Trauma & Orthopaedics, Oral Surgery, General Medicine, Gastroenterology, Respiratory, Neurology, Geriatric Medicine and Other. Recovery trajectories to be monitored at the weekly PTL meeting.
- Backlog is currently 730, 5.25% of total list size.

Incompletes

February 92.01% - standard achieved (92%)

- The Trust achieved the overall RTT incomplete standard in February
 - Admitted **79.47%**, **624** patients waiting 18+ weeks, compared to last month's 81.13%, 602 patients waiting 18+ weeks.
 - Non Admitted **94.75**, 730 patients waiting 18+ weeks, compared to last month's 94.27%, 721 patients waiting 18+ weeks

52 Week Breaches

- There were no 52 week breaches in February.

2.10 Cancer Performance

9/9 Cancer Waiting Time Standards were achieved in January 2016 with SaTH performing above the national average for all standards.

February 2016 predicted performance indicates all nine standards will be achieved.

Cancer Patients Waiting 100+ days for Definitive Diagnosis

There are currently 6 Cancer patients who have waited over 100 days for a definitive diagnosis as of 1st March 2016. Specific details of the reasons for delay are identified in the table within the information pack. Each patient is discussed in detail at the weekly PTL meeting and corrective action is put in place to facilitate treatment.

3. FINANCIAL PERFORMANCE OVERVIEW

3.1 Income & Expenditure position

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

	April – Feb Budget £000's	April – Feb Actual £000's	Variance £000's		Revised Budget £000's	Forecast April –March Actual £000's	Variance £000's
Income	299,537	298,442	(1,095)		319,805	324,330	3,909
Pay	(200,756)	(207,592)	(6,836)		(219,225)	(227,494)	(8,269)
Non-pay	(90,521)	(91,276)	(755)		(97,239)	(101,088)	(3,233)
Reserves	(10,866)		10,866		(5,017)		5,017
Total expenditure	(302,143)	(298,868)	3,275		(321,481)	(328,582)	(7,083)
EBITDA	(2,606)	(426)	2,180		(1,676)	(4,253)	(2,577)
Finance costs	(13,515)	(13,515)	-		(15,944)	(14,744)	1,200
Surplus/(deficit) before rectification	(16,121)	(13,941)	2,180		(17,620)	(18,997)	(1,377)
Phased spend	(124)	(124)					0
Rectification Plans					350		(350)
Bank Pay Change						500	500
Stock Change						500	500
Capital to Revenue transfer						2,500	2,500
Agency Nurse Costs						625	625
Non Pay Controls						800	800
Increased Penalties						(500)	(500)
Surplus/(deficit) after rectification	(16,245)	(14,065)	2,180		(17,270)	(14,572)	2,698

The Trust's budgets assume the delivery of a deficit at month 11 amounting to £16,245 million, the actual deficit recorded amounted to £14,065 million. A forecast outturn has been constructed, which suggests that with corrective action the Trust will overspend by £14,572 million.

Plan	April	May	June	July	August	September	October	November	December	January	February	March	Total
Income	25350	26573	26507	27418	25430	27908	29083	27804	26147	27073	27359	27678	324330
PAY	18278	18663	18876	18759	18676	18826	19085	19371	19137	19308	19112	19402	227494
Non Pay	7969	7851	8084	8239	7943	8758	8959	8334	8459	8202	9081	9212	101088
EBITDA	-897	59	-453	420	-1189	324	1039	99	-1449	-437	-834	-936	-4253
F COSTS	1358	1415	1087	1198	1279	1278	1317	1154	1307	1117	1004	1229	14744
Overall	-2255	-1355	-1540	-778	-2468	-954	-278	-1055	-2757	-1554	-1838	-2165	-18997
Bank Pay Change												-500	-500
Stock Gain												-500	-500
Capital to Revenue Transfer											2292	208	2500
Agency Nurse costs								-125	-125	-125	-125	-125	-625
Non Pay controls									-200	-200	-200	-200	-800
Increased Penalties								500					500
													-14572
	-2255	-3610	-5150	-5928	-8396	-9350	-9628	-11058	-13490	-14719	-13940	-14572	
month 7 plan	-2255	-3611	-5151	-5929	-8397	-9352	-9630	-11342	-14117	-15466	-18196	-18190	
Progress	0	1	1	1	1	2	2	284	627	747	4256	3618	

Previously a trajectory was produced indicating that the Trust would record an end of year deficit of £18.19 million. Given this situation, immediate controls were put in place aimed at securing Agency cost savings over the remaining months of the year amounting to £625,000 and general cost savings distributed across the Trust targeted to reduce the "run rate" by £800,000. These two options supported by a Capital to Revenue Transfer of £2.0 million then reduce the end of year deficit to £14.6 million.

Subsequent discussions with Shropshire CCG however have highlighted their intention to increase the level of penalties applied against the Trust for failing to achieve RTT and Accident and Emergency access targets. The effect of the increased penalties increases the end of year deficit by a further £500,000. The more recent additional Capital to Revenue Transfer then resets the Stretch Target to being a deficit of £14.7 million.

Performance since Month 7 has been better than expected when producing the month 7 plan, as described in the table below:

	November Plan	November Actual	December Plan	December Actual	January Plan	January Actual	February Plan	February Actual	YTD Variance against Plan
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Income	27,194	27,304	26,426	26,147	27,863	27,073	26,413	29,651	2,279
Pay	-19,166	-19,246	-19,373	-19,012	-19,349	-19,183	-19,238	-18,987	698
Non Pay	-8,580	-8,334	-8,665	-8,259	-8,701	-8,002	-8,742	-8,881	1,212
Finance costs	-1,162	-1,154	-1,162	-1,307	-1,162	-1,117	-1,162	-1,004	66
In month Deficit	-1,714	-1,430	-2,774	-2,431	-1,349	-1,229	-2,729	779	4,256

As can be seen the Trust at the end of February is presently £4,256,000 ahead of the expected position as profiled in Month 7. This includes the increase in income due to the capital to revenue transfer which as at Month 11 has increased income by £2.3m compared to the Month 7 plan.

3.2 Income

In constructing the forecast outturn it has been assumed that the level of income received in the final month of the year will increase when compared with the levels recorded in the period to date. The average year to date income now includes 11 months of the £2.5m capital to revenue transfer.

Average April – February £000's	March £000's	Variance £000's
27,131	27,886	755

The table below provides an assessment of the risk associated with achieving the increased level of monthly income.

	Risk £000's	Green £000's	Amber £000's	Red £000's
Funding to support the Vanguard Unit	55	55		
Winter Pressures	100	100		
Activity Volumes – Telford and Wrekin CCG	252	252		-
Activity Volumes – Shropshire County CCG	348	348		
Total	755	755		

As can be seen the level of risk is minimal because:

- The Trust has protected its income receivable from its two main commissioners; Shropshire County CCG and Telford and Wrekin CCG by agreeing to a financial settlement for the 2015/16 financial year,
- Secured a capital to revenue transfer from the NTDA,
- The profiling of Trust income allows for a significant reduction in Elective Inpatient and Day Case income as a consequence of needing to respond to winter pressure.

3.3 Expenditure

The forecast outturn position assumes a growth in the monthly run rate over in March when compared with the average level of expenditure incurred during the year to date.

	Monthly Run Rate March £000's	Average monthly Run Rate April – February £000's	Run Rate in the Month of February £000's
Pay	19,277	18,872	18,987
Non Pay	8,512	8,298	8,881
Expenditure	27,789	27,170	27,868
Difference from Forecast Outturn Run Rate		619	-79

The expected level of expenditure for March is £27.789 million which is significantly greater than the average expenditure recorded to date. In February the expenditure was £27.868 million although within this is a non-pay expenditure within High Cost Drugs which is circa £500k higher than the year to date average (offset by increased income).

3.3.1 Pay

Pay in the month amounted to £18.987 million.

Agency spending, particularly in respect of nursing staff has declined over the last two months however the level of cost savings have been suppressed because of increased costs associated with Bank staff as a consequence of the Trust decision to increase bank pay rates by 30 per cent. This being particularly so amongst qualified nursing staff.

Trust plans to reduce Agency Nurse spending by reducing the unavailability percentage and staffing in accordance with the budgeted fill rate of 93 per cent do not show signs of achievement. Consistently unavailability rates operate at 28 per cent per week (as compared with a target of 25 per cent) and a fill rate of 95 per cent as compared with budget of 93 per cent. Failing to achieve the Unavailability and fill rate percentages increases nurse staffing numbers by 60 – 70 posts introducing a cost pressure per month of £225,000.

In August of this financial year Monitor and the NTDA issued to the Trust an agency spending ceiling. The limit set is as follows:

	Qtr 3 2015/16	Qtr 4 2015/16	2016/17	2017/18	2018/19
Ceiling for nursing agency spending	8%	8%	6%	4%	3%

The expectation being that through a combination of reduced staffing numbers and reduced agency premium the Trust would be able to realise a sharp reduction in the level of spending associated with Qualified Nursing staff.

The Trust's current performance in 2015/16 is as follows:

Registered general and specialist nursing staff, midwives	April 2015	May 2015	June 2015	July 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	YTD Total
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Agency	-550	-641	-630	-671	-625	-675	-673	-634	-517	-435	-408	-6458
Bank	-247	-288	-239	-265	-245	-260	-260	-373	-403	-452	-499	-3531
Substantive	-4,819	-4,860	-4,866	-4,804	-4,768	-4,817	-4,876	-4,861	-4,818	-4,910	-4,905	-53,305
Grand Total	-5,616	-5,788	-5,735	-5,740	-5,638	-5,752	-5,809	-5,868	-5,738	-5,797	-5,812	-63,295
Agency as a % of Total Nursing Spend	9.78%	11.07%	10.99%	11.68%	11.08%	11.74%	11.58%	10.81%	9.01%	7.51%	7.01%	10.22%
Distance from 8% Ceiling %	1.78%	3.07%	2.99%	3.68%	3.08%	3.74%	3.58%	2.81%	1.01%	(0.49%)	(0.99%)	2.22%
Distance from 8% Ceiling £000	100	178	171	211	174	215	208	164	58	(29)	(57)	1,394

The previous table shows that the level of agency spending has reduced progressively over the last three months. In the month of February, agency spending again fell below the 8% ceiling as prescribed nationally by the NTDA.

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

Week Number	Period	Agency Bookings	Off Framework (Tier 5) Bookings excl. Critical Care Areas	Bank Fill Rate	Unavailability	Overall Fill Rate	Weekly Net Hours
		WTE	WTE	%	%	%	Hours
23	30/8 - 5/9	99	3.8	40.2%	30.4%	91.6%	
24	6/9 - 12/9	114	1.7	36.1%	30.5%	94.8%	
25	13/9 - 19/9	108	0.3	40.1%	28.1%	97.4%	(291)
26	20/9 - 26/9	117	0.5	35.3%	27.1%	96.2%	396
27	27/9 - 3/10	103	0.3	39.2%	28.3%	96.3%	141
28	4/10 - 10/10	104	0.6	36.5%	27.1%	96.8%	(145)
29	11/10 - 17/10	109	0.2	37.1%	28.2%	95.9%	7
30	18/10 - 24/10	109	0.0	37.7%	28.1%	96.8%	(91)
31	25/10 - 31/10	113	0.9	34.4%	29.7%	92.7%	254
32	01/11 - 7/11	95	1.6	42.4%	28.7%	95.2%	(187)
33	8/11 - 14/11	114	1.5	39.9%	29.0%	95.3%	223
34	15/11 - 21/11	100	0.0	48.4%	25.3%	94.8%	342
35	22/11 - 28/11	96	0.0	48.7%	29.4%	93.2%	(38)
36	29/11 - 5/12	89	0.0	48.2%	27.2%	92.6%	109
37	6/12 - 12/12	94	0.3	48.4%	29.7%	94.5%	(136)
38	13/12 - 19/12	87	0.0	45.1%	30.2%	92.6%	(446)
39	20/12 - 26/12	61	0.0	35.2%	22.3%	87.7%	764
40	27/12 - 2/1	64	0.6	44.7%	22.9%	88.8%	977
41	3/1 - 9/1	83	0.7	51.2%	27.6%	92.8%	(94)
42	10/1 - 16/1	81	0.3	51.5%	27.1%	95.8%	82
43	17/1 - 23/1	80	0.0	52.9%	27.1%	95.8%	304
44	24/1 - 30/1	89	0.3	48.2%	26.5%	97.1%	67
45	31/1 - 6/2	77	0.6	51.4%	28.2%	94.9%	(112)
46	7/2 - 13/2	75	0.3	54.4%	28.0%	94.3%	137
47	14/2 - 20/2	81	0.3	52.2%	30.6%	92.1%	161
48	21/2 - 27/2	85	1.2	50.2%	30.4%	95.3%	(47.0)

Change since previous week	+4	+0.9	(2.0)%	(0.1)%	3.2%	(208.0)
Financial Impact	Deterioration	Deterioration	Deterioration	Improvement	Deterioration	Improvement

It is clear from the above that the objective of encouraging a switch from Agency to Bank Nursing staff appears to have been realised, though the level of financial gain has been compromised because of higher pay rates for bank staff. Significantly however unavailability percentages continue to exist at approximately 28 per cent (the exception being over the Christmas period when unavailability reduced to 22 per cent) and the nurse fill rate over this period has averaged 95 per cent (again with the exception of the Christmas period when the fill rate dropped to 88 per cent).

In setting budgets it had been agreed to work to a fill rate of 93 per cent so as to be able to afford an unavailability rate of 25 per cent. The effect of instead staffing to a fill rate of 95 per cent and an unavailability rate of 28 per cent has meant that the Trust has grown its paid Nurse staffing workforce by circa 60 - 70 WTE staff resulting in a cost pressure of £225,000 per month or £2.7 million in a full year.

3.3.2 Non Pay

During the month of December, non-pay spending amounted to £8,881million.

3.4 Cash

The Trust held a cash balance of £6.826 million on the Balance Sheet at the end of February 2016.

4. WORKFORCE OVERVIEW

4.1 Sickness

Sickness absence rate has remained high over the Winter months and stood at 4.63% in February, compared with 4.55% in the same month last year.

Mental Health related illness rose sharply in January and February to 23% compared to an average 18% in previous months and has been particularly high in Unscheduled Care and in Estates. Absence amongst Estates and Facilities staff has risen by 1.2% over three months to 8.58%. However, sickness absence amongst registered Nursing and Midwifery and Additional Clinical Services (which includes HCAs) fell by 0.5% in February. Absence amongst Medical Staff rose by 0.5%. Actions continue to support staff including dedicated HR advice to care groups. The introduction of wellbeing initiatives such as the self-referral for physiotherapy services for MSK related problems is resulting in improvement as absence has fallen from an average 22% to 15% in January and 16% in February. In addition next month will see the launch of an on-line portal to enable managers to make referrals to Occupational Health and receive reports more easily.

4.2 Appraisals

Appraisal completion rate remains below the Trust target of 100% at 86%. There has been a small fall over the Winter months from the November 2015 high of 89%; however both Scheduled and Unscheduled Care Groups are above the Trust average with 92% and 89% respectively.

Underperformance continues to be reported and considered at the Confirm and Challenge meetings. The Pay & Progression Working Group has concluded discussions with staff side regarding the implementation of the Agenda for Change link between appraisal performance & incremental progression. This is anticipated to have a positive impact on appraisal completion and to be implemented within 3 months. We are also continuing to provide appraisal training, including 1 to 1 sessions as required and have provided over 350 appraiser training places over the past 12 months. IT are completing the provision of an electronic appraisal completion submission via the intranet to support accurate recording of coverage which will go live at the beginning of May 2016..

4.3 Statutory Training

Statutory Safety Update (SSU) training compliance rate has risen to 78% as at 1st March 2016 which is better than anticipated (bearing in mind winter pressures, less training due to holidays and annual leave), however it remains an underperformance against the Trust target of 80%. We anticipated a slight drop during December; in 2014-15 there was a 2% drop in December with a 2% rise in January and a further 1% in February. This year the drop was exacerbated as training continues to be cancelled due the Junior Doctors' strike days.

The Corporate Education Department has introduced a process this month whereby Managers are e-mailed when a member of staff fails to attend arranged SSU sessions and reminded which staff who are currently non-compliant.

4.4 Recruitment

Our twice-monthly recruitment events for nursing staff have been very successful, with an average of 17 appointments made at each event so far.

23 Filipino nurses have arrived in the Trust and we are now supporting them to complete their Objective Structured Clinical Examination (OSCE) tests and obtain Nursing Midwifery Council (NMC) registration. A comprehensive programme of support is in place and to date 7 have completed their tests and attained their registration, 3 have to re-sit part of the test and 1 will need to retake all elements. There are a further 22 nurses still in the process in the Philippines and we anticipate them to arrive during April and May. A second visit took place recently resulting in 76 conditional offers being made, the first of whom will begin to arrive towards the end of the year.

The Trust contributed to the Migration Advisory Committee review on nursing on the shortage occupational list including a visit to site. The second phase of the national agency cap came into effect on 1st February and the third is to be introduced on 1st April. We are working with agencies to ensure compliance, however this has been challenging due to demand. Although numbers are currently low, we are seeing some migration of nurses from agencies into the Trust. We anticipate that numbers will increase over the summer as the gap in pay between agency workers and NHS employees, which the Trust fully supports. We are looking at strategies to support particularly challenged areas (ITU, Theatres and A&E) as agency supply to those areas is low.

4.5 The Budget

A summary of the key announcements impacting on the NHS and its employees from this year's Budget is below:

- an increase in the personal tax-free allowance from £10,800 in 2016/17 to £11,500 2017/18
- an increase in the higher rate tax threshold from £42,385 to £45,000 in 2017/18
- public sector employer pension contributions will increase from 2019
- more information about pensions to made available to help understanding
- fuel duty will be frozen for the sixth consecutive year
- new sugar tax on soft drinks to be introduced
- introduction of a 'lifetime ISA,' for the under 40s to save towards pensions and/or buying a home, with a government bonus of £1 for every £4 saved until the age of 50
- Crossrail2 rail line to be commissioned, to improve transport across London and the south east of England
- tax relief to be introduced on financial advice
- state-backed savings scheme for low-paid workers, worth up to £1,200 over four years
- investment of £4.5 million from Libor funds to be spent on children's hospital services in Manchester, Sheffield, Birmingham and Southampton.

4.6 Apprenticeships

National Apprenticeship Week took place during week commencing 14th March.

The Government has announced the introduction of an apprenticeship levy which will come into effect in April 2017. Organisations with a pay bill in excess of £3m will be required to pay 0.5% of the pay bill to fund new apprenticeships nationally and will

receive an allowance of £15,000 to offset this. Further details of this are yet to be announced. Whilst fully committed to the apprenticeship agenda, NHS Employers has called for the Government to ensure that timescales are appropriate and for account to be taken of the NHS's commitments to clinical training.

The Trust is preparing for this change to ensure that the Trust meets the required expectations.

1. QUALITY & SAFETY PERFORMANCE

This Integrated Quality & Safety Performance report provides an overview of the key quality performance indicators in order that the Board can review variances to quality performance delivery. This enables the Board to have assurance that actions for improvement are being pursued to benefit patient outcomes and quality performance for **February 2016**.

Table 1:

	Measure	Annual Target 15/16	Monthly Target 15/16	YTD 2015/16	October	November	December	January	February	Year end 14/15
	Risk Adjusted Mortality Index (RAMI)	SaTH < NP	SaTH < NP	85/86	85/84	80	94	80	TBC	82/88
	RIDDOR/SI Reportable Falls	29	2	12	2	1	1	1	0	35
	Grade 4 Avoidable Pressure Ulcers	0	0	0	0	0	0	0	0	0
	Grade 4 Unavoidable Pressure Ulcers	N/A	N/A	2	0	0	0	0	0	1
	Grade 3 Avoidable Pressure Ulcers	6	0	5	1	0	1	0	1	7
	Grade 3 Unavoidable Pressure Ulcers	N/A	N/A	14	1	0	1	3	3	21
	Grade 2 Avoidable Pressure Ulcers	22	1	27	1	1	0	2	1	25
	Grade 2 Unavoidable Pressure Ulcers	N/A	N/A	98	14	11	13	3	3	67
	Grade 2 Unknown (avoidable vs. unavoidable)	N/A	N/A	57	3	6	4	11	23	0
	C. difficile Infections	25	2	30	3	0	2	3	2	29
	MRSA Bacteraemia Infections	0	0	1	0	0	0	0	0	2
	MSSA Bacteraemia Infections (HCAI only)	N/A	N/A	17	3	0	1	1	1	23
	E. coli Bacteraemia Infections (HCAI only)	N/A	N/A	27	4	3	2	4	3	42
	MRSA Screening – Elective	95%	95%	96.7%	98.5%	96.3%	95.0%	95.5%	97.1%	95.2%
	MRSA Screening – Non-Elective	95%	95%	96.2%	96.8%	96.2%	96.1%	95.0%	94.3%	95.6%
	Number of Serious Incidents	N/A	N/A	54	3	5	4	5	4	98
	Never Events	0	0	2	0	1	0	0	0	0
	Safety Thermometer – Harm Free %	N/A	N/A	92.8%	92.3%	96.0%	92.8%	92.6%	92%	N/A
	Safety Thermometer – New Harms%	N/A	N/A	96.8%	96.2%	98.7%	98.1%	96.4%	98.4%	N/A
Patient Safety	WHO Safe Surgery Checklist	100%	100%	100%	100%	100%	100%	100%	100%	99.9%
	VTE Assessment	95%	95%	95.2%	94.6%	94.3%	95.06%	96.05 %	TBC	95.1%
	Maternity Dashboard	Green	Green					Access to booking		N/A
	Ward to Board – Nursing Performance Score	95%	95%	96%	95%	96%	96%	97%	96%	93%
Patient Experience	Number of Complaints	N/A	N/A	286	24	28	25	24	25	377
	Same Sex Accommodation	0	0	0	0	0	0	0	0	0
	ITU Patient Discharge delays>12hrs	N/A	N/A	178*	19	23	12	18	22	N/A
	Friends and Family Response Rate	NA	NA	22.6%	31.2%	15%	26%	16%	17.3%	9.9%
	Friends and Family Test Score	75%	75%	95.1%	94.1%	96.2%	94.7%	95.1%	94.9%	75.8%
	Ward to Board – Patient Experience Score	95%	95%	87%	88%	87%	83%	84%	89%	87%

* ITU Patient Discharge delays>12hrs YTD = May to February.

2. RISK ADJUSTED MORTALITY INDEX (RAMI) UPDATE

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

3. EXTERNAL FEEDBACK AND ASSURANCE

Organisation	Visit Date	Where	Purpose	Outcome
Migration Advisory Committee (MAC)	2 nd February 2016	RSH - Various areas	<p>The purpose of the announced visit was for the MAC to understand whether:</p> <ul style="list-style-type: none">• There is a shortage of nurses or specific nursing job titles.• If nurses should continue to be included on the shortage occupation list. <p>The MAC is an independent, non-statutory, non-time limited, non-departmental public body that advises the government on migration issues.</p>	Informal feedback was positive and Professor Sir David Metcalf CBE (MAC Chair) advised that he understood more fully the challenges of recruitment in a rural acute Trust.

4. WARDS SUBJECT TO A QUALITY IMPROVEMENT FRAMEWORK (QIF)

A Ward at PRH remains subject to support with an improvement framework by the corporate and operational senior nursing team. The ward quality metrics continue to show improvements. Following a quality review of the ward metrics assessing the quality of care and leadership on the ward; it has been agreed by the Head of Nursing and Senior Nursing team that a final decision to remove the QIF will be made during 2016 as part of the "Exemplar ward" development across the Trust.

5. REGULATION 28

There were no Regulation 28s in February 2016.

6. SAFEGUARDING – ADULTS & CHILDREN

There were 11 adult safeguarding alerts made during February 2016, which is comparable to the previous 2 months. 4 of the alerts were made towards the Trust relating to issues regarding care; none of the alerts involved formal complaints. All of the 4 alerts are in the investigatory phase with the remaining 7 alerts raised by Trust staff towards other care providers and individual carers or relatives.

There were 6 children's safeguarding concerns raised by the Trust during February which is twice the number compared to last month. All of the alerts related to Shropshire resident children and 3 were children in care (CIC) placed in county by out of area local authorities. 2 of the alerts also involved direct referrals to social services made by Trust staff and related to non-accidental injuries.

7. SERIOUS INCIDENTS (SI)

There were 4 SIs reported in February 2016 (**Appendix One**):

- 1 – Delayed diagnosis
- 1 – Delayed treatment
- 1 – Sub-optimal care of the deteriorating patient
- 1 – Grade 3 PU – avoidability undetermined

Incidents reported that did not meet the revised Serious Incident Framework are managed as High Risk Case Reviews (HRCR) with summary or concise RCAs either completed or in progress. There were 2 additional falls resulting in a fracture that occurred during February 2016 and there were a further 3 Grade 3 pressure ulcers reported. Previously these would have been reported as an SI however, following initial review it was identified that this incident did not meet the revised SI Framework definition for severity of harm; where act or omission was a factor. Table 2 below provides the details.

Table 2a

Falls	
Location injury	Rationale for not reporting
Undisplaced intratrochanteric fracture	Does not meet the definition of SI, no act or omission contributed to event. Evidence of appropriate care and management in place. Not RIDDOR reportable. HRCR completed
#Left pubic rami	Does not meet the definition of SI, severe harm criteria not met and no act or omission contributed to event. Evidence of appropriate care and management in place. Not RIDDOR reportable. HRCR in progress

Table 2b

Pressure Ulcer (PU)	
Location injury	Rationale for not reporting
Sacrum	Deteriorated from a Deep Tissue Injury (DTI) to grade 3. Compromised by poor compliance by patient and overall health. Initial review by TVN, Ward Manager and Patient Safety confirm likely to be unavoidable. Still in the process of full investigation and RCA, if full investigation identifies other evidence to contradict initial findings, this will be escalated to an SI.
Sacrum	Patient admitted with a Grade 2, and moisture damage. Despite all appropriate actions deteriorated to a Grade 3. Initial review by TVN, Ward Manager and Patient Safety confirm likely to be unavoidable. Still in the process of full investigation and RCA, if full investigation identifies other evidence to contradict initial findings, this will be escalated.
Sacrum	Very small in size, does not meet criteria for severe harm. Initial review by TVN, Ward Manager and Patient Safety confirm likely to be unavoidable. Still in the process of full investigation and RCA, if full investigation identifies other evidence to contradict initial findings, this will be escalated to an SI.

Incident Reporting Status

Table 3 below shows that there are 13 incidents open to investigation; of these, 2 have agreed extensions with commissioners due to external factors affecting capacity to complete the investigation and a further one which may require an extension going forward; that commissioners are aware of. Overall, 19 incident investigations have been completed with a request sent to commissioners to close them on the StEIS system; of which 6 require removal following evidence found that they did not meet the criteria of an SI. No incidents are outside of external contractual time scales.

Table 3: Incident Status at 10/03/2016

	New Incidents for February 2016	4
	Incidents being investigated	13
	Out of internal deadline (excludes external deadline)	2
	Out of external deadline with CCG/CSU	0
	CCG/CSU have been asked to close/remove incident	19

Action plan completion status

There are 6 overdue action plans for 2014/15 with 1 closed during February 2016. There are 15 RCAs out of date for 2015/16 with 3 closed during February 2016. Overall there is a slight increase in the total number of RCA action plans going out of deadline; work continues to ensure action plans are completed in a timely manner. All open action plans will be reviewed at the care group 'confirm and challenge' meetings.

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

A total of 2 RCAs have been completed since the last report;

RIDDOR/SI Falls – 2 investigations were completed and from the evidence found concluded that the falls were unpreventable with all mitigating actions taken and risk assessments documented. While all reasonable measures were in place in each case there were incidental points of learning relating to timely record keeping which are being disseminated.

9. QUALITY IMPROVEMENT OVERVIEW

Measure	Annual Target 15/16	Monthly Target 15/16	YTD 2015/16	October	November	December	January	February	Year end 14/15
MRSA Screening – Non- Elective	95%	95%	96.2%	96.8%	96.2%	96.1%	95.0%	94.3%	95.6%
Current State	This month the Trust was just below the target for emergency admission screening at 94.3%; which is the first time the Trust has been below this target since March 2015.								
Planned Actions	Wards that have missed a significant number of patients will be targeted to review practices for ensuring that emergency admissions are screened. All wards will be required to check the daily list of unscreened patients that is sent by IT; to ensure that patients missed by the admitting ward are screened on the receiving ward.								
Key Themes/Trends	Failure to screen on admitting ward and failure to check list of unscreened patients by all wards.								

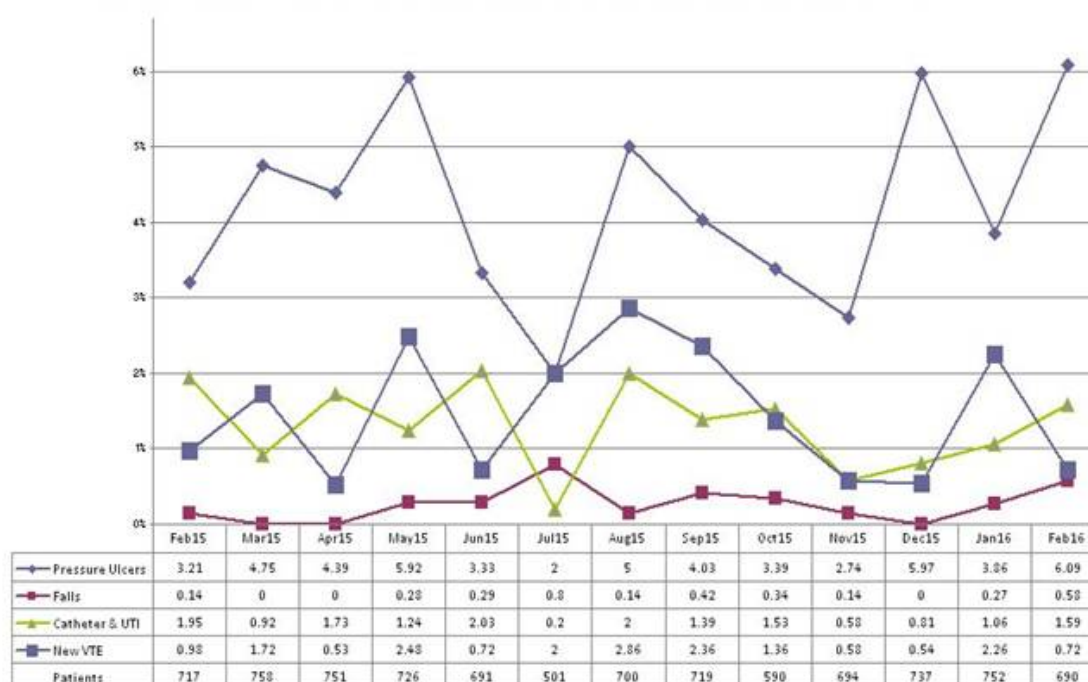
10. SAFETY THERMOMETER (ST)

Table 4 below shows the Trust performance and trends in the number of patients reported as receiving harms in the last 12 months. This is based on a point prevalent survey undertaken on a different weekday each month. **Appendix Two** provides detailed information regarding the Trusts performance for each harm with comparison to other Trusts reporting.

Table 4

Types of Harm: patients with each type of Harm

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



11. FRIENDS AND FAMILY TEST (FFT) February 2016

The overall Trust FFT promoter score was 94.9% which is a slight reduction of 0.2% from last month. The Trust promoter score has remained stable for the year and compares well with the regional score of 94%. The Trust FFT response rate is 17.3% which is an increase of 1.3%. However; the Trust FFT response rate continues on a downward trend and is 6% lower than the regional response rate.

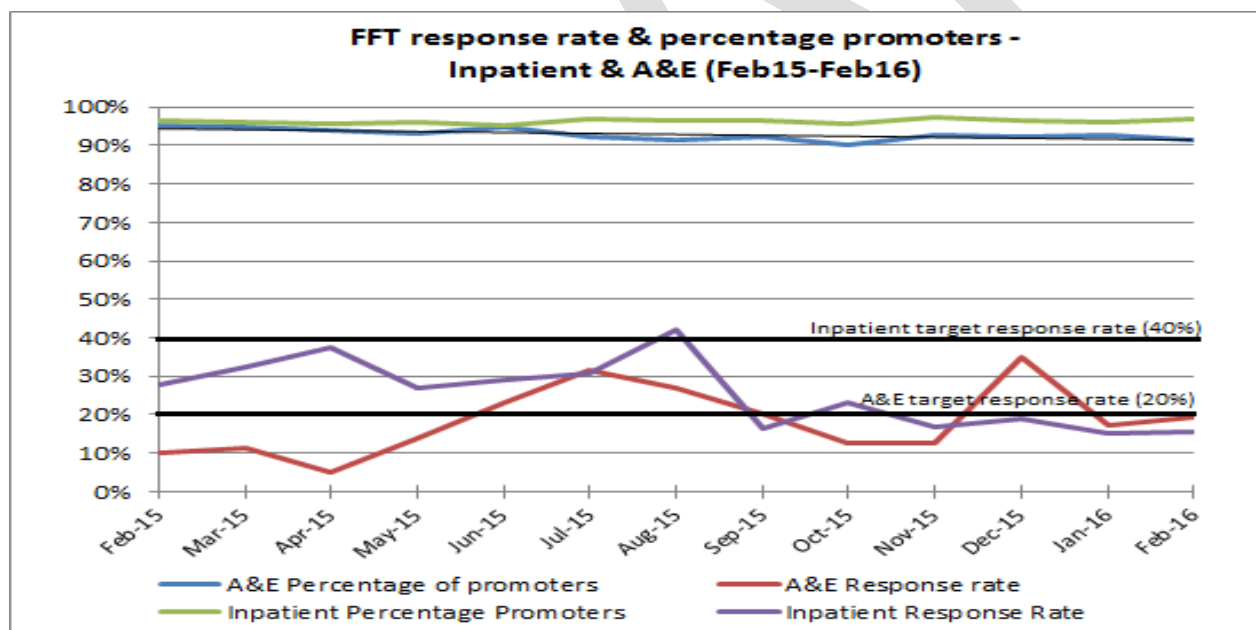
The percentage promoters for Emergency Department (ED) (91.6%) was 1.4% lower than last month and the response rate (19.5%) is 2.5% improved. The inpatient promoter score (96.9%) is comparable to last month; the inpatient response rate (15.4%) has increased by 0.3%. Both fall below the nationally agreed response rate of 20% (ED) and 40% (Inpatients).

The Outpatient promoter score was 95.3% which is an increase of 0.3% compared to last month; the number of responses was 1015 which is a decrease (1048) compared to January's figurer.

As previously reported, the Trust is still likely to be experiencing the impact of changes agreed with the Quality Observatory in September that the Trust would include endoscopy patients within the inpatient submission, rather than the outpatient submission. This is also in part due to new wards/areas opening in the Trust such as the Vanguard Unit and reflects the initial period of these areas becoming familiar with the process. Work is on-going in clinical areas with a suboptimal promoter score and response rate to improve performance against the national metrics. The Trust has deployed two Patient Experience apprentices who will support clinical areas who are underperforming with FFT by assisting with the collection of responses; along with a number of volunteers who support the FFT process in all clinical areas.

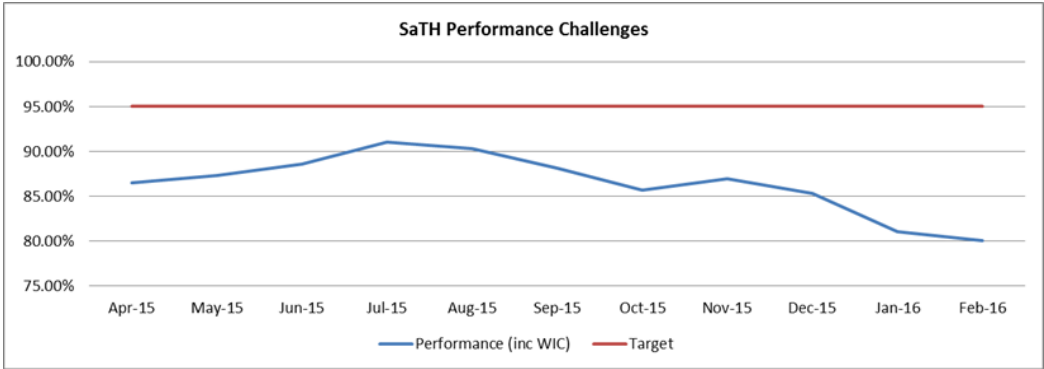
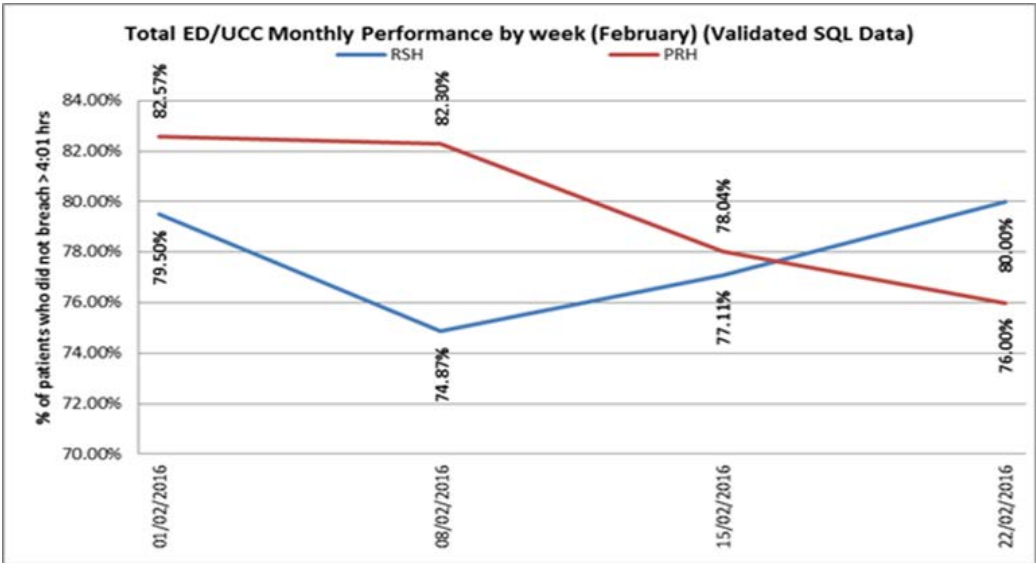
Table 5 below provides the Trust FFT performance over a 12-month period (February 2015 – February 2016).

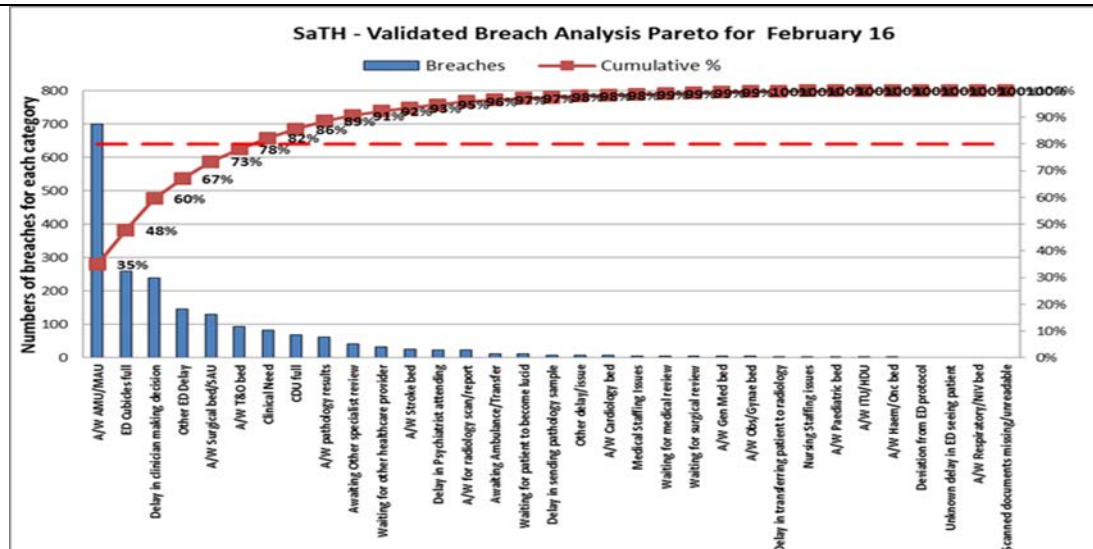
Table 5



	Percentage Promoters	Response Rate
Maternity overall	98.6%	25.3% (Birth only)
A&E	91.6%	19.5%
Inpatient	96.9%	15.4%
Outpatients	95.3%	NA

2. PERFORMANCE OF UNSCHEDULED CARE STANDARDS BY EXCEPTION

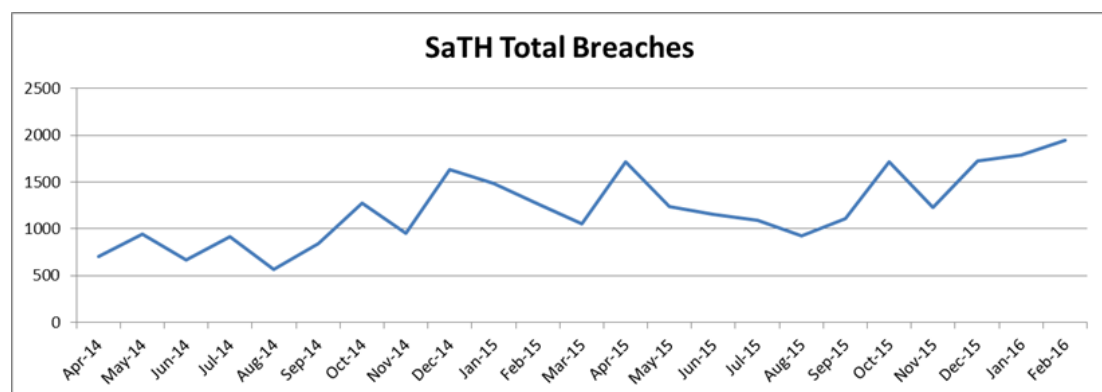
Measure	Annual Target	Monthly Target	December	January	February	QTD (Inc. WIC)	YTD (Inc. WIC)
A&E 4 Hour Wait	95%	95%	85.94%	80.54%	80.01%	80.28%	86.25%
Current State	<p>Performance is significantly below the patient safety target of 95%.</p>  <p>The following graphs highlight the Emergency Department (ED) and Urgent Care Centre (UCC) performance within SaTH for February. PRH performance dipped from 82.57% to 76%. At RSH a slight improvement has been seen from 79.5% to 80%.</p> 						



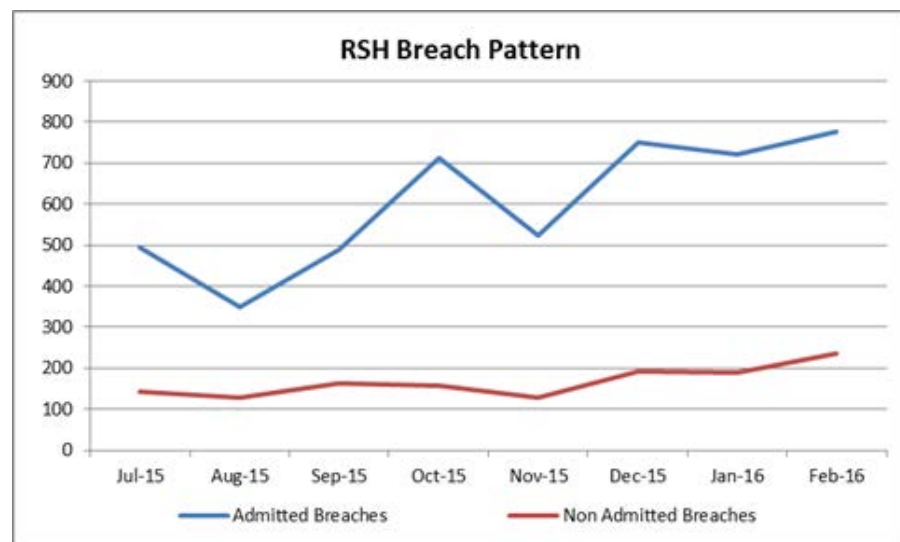
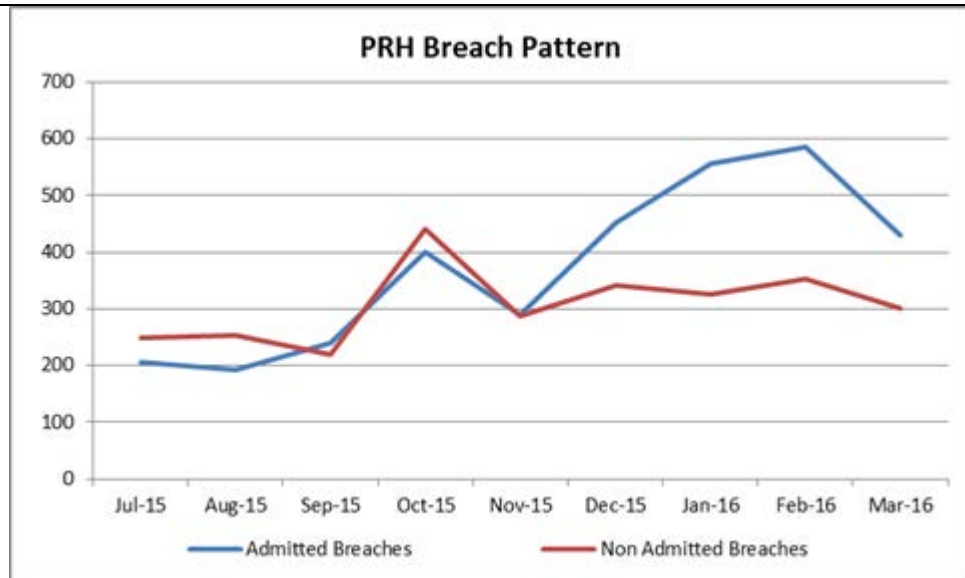
February continued to prove a difficult month for performance across SaTH with deterioration on both sites. The Trust remained in heightened escalation during the month with further escalation areas open on both sites. Some of the reasons for the deterioration in performance were:

- Workforce challenges with insufficient substantive senior decision makers out-of-hours;
- Surges in activity creating significant time pressures resulting in patients waiting to be seen by medics;
- DTOC performance at 6%;
- Increase in the number of patients with a length of stay of 7 days or more.

The Trust failed to deliver the reduction in non-admitted breach target of 95%.

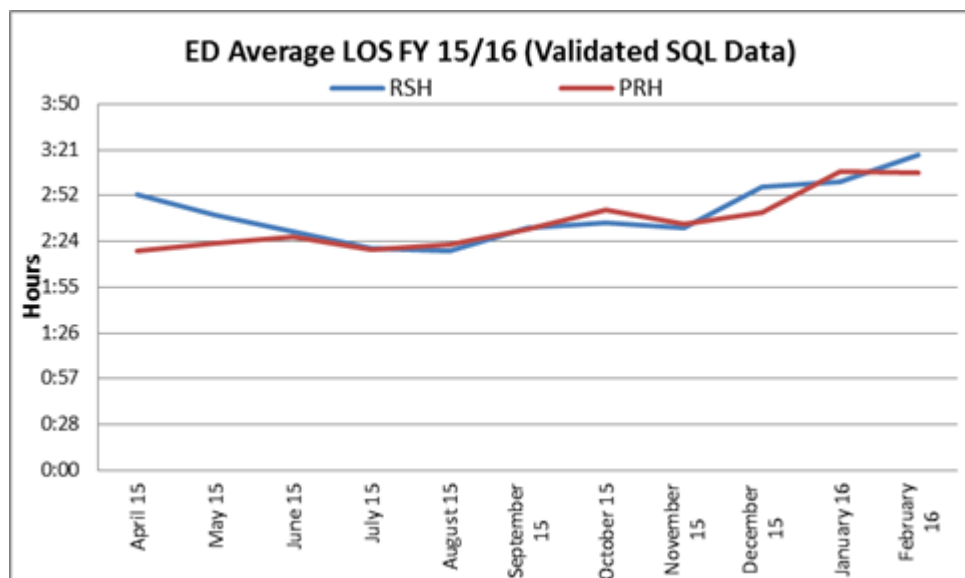


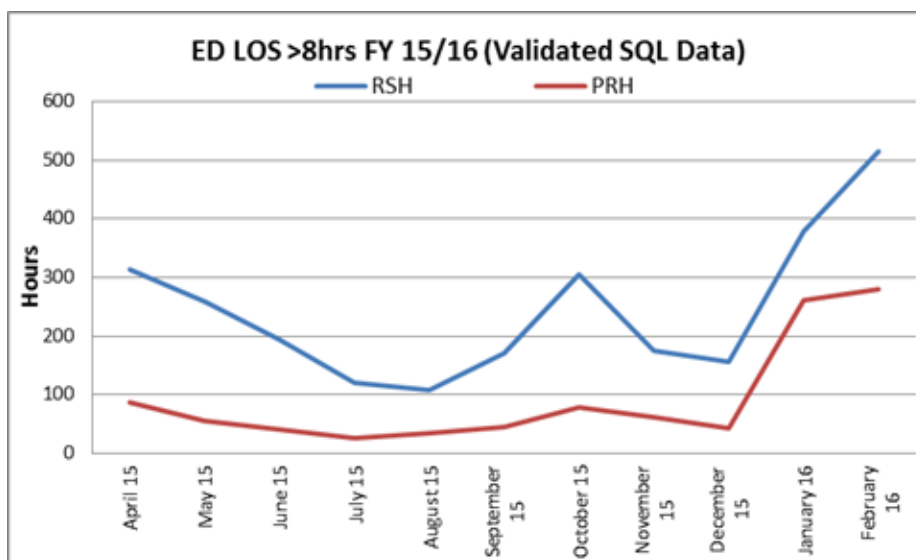
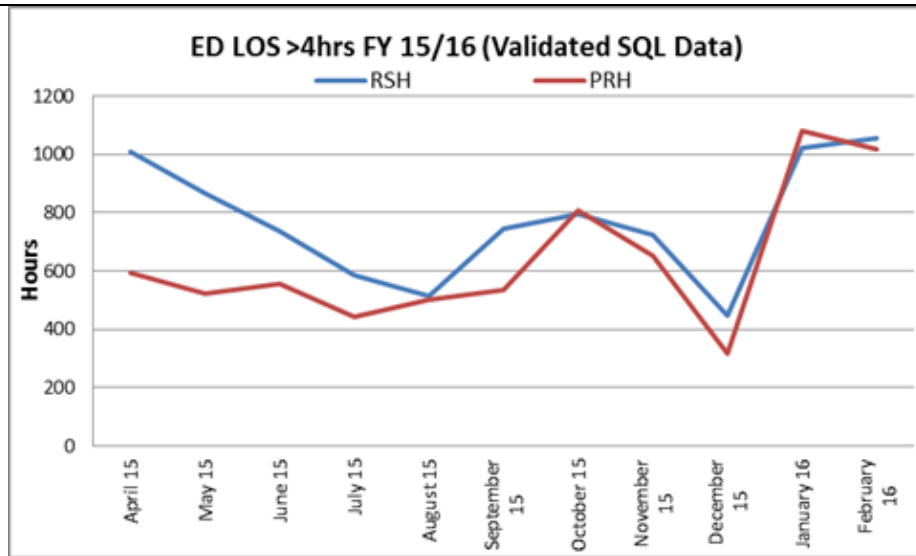
The following two graphs highlight the breach pattern for admitted and non-admitted; at PRH. The non-admitted performance on the PRH site has not improved with the opening of the additional cubicles. A remedial action plan is in place with actions that should however see this improve from April 2016.



The graph below indicates that the average length of stay within the Emergency Departments has increased from January to February.

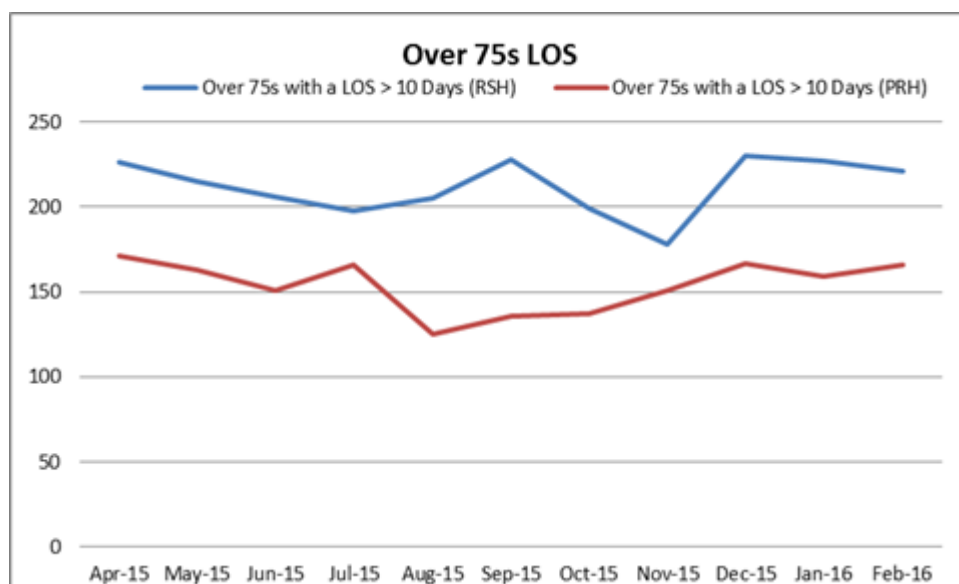
There have been delays in patients being seen due to the increase in attendances at both hospitals in addition to a surge in ambulance attendances on both sites.



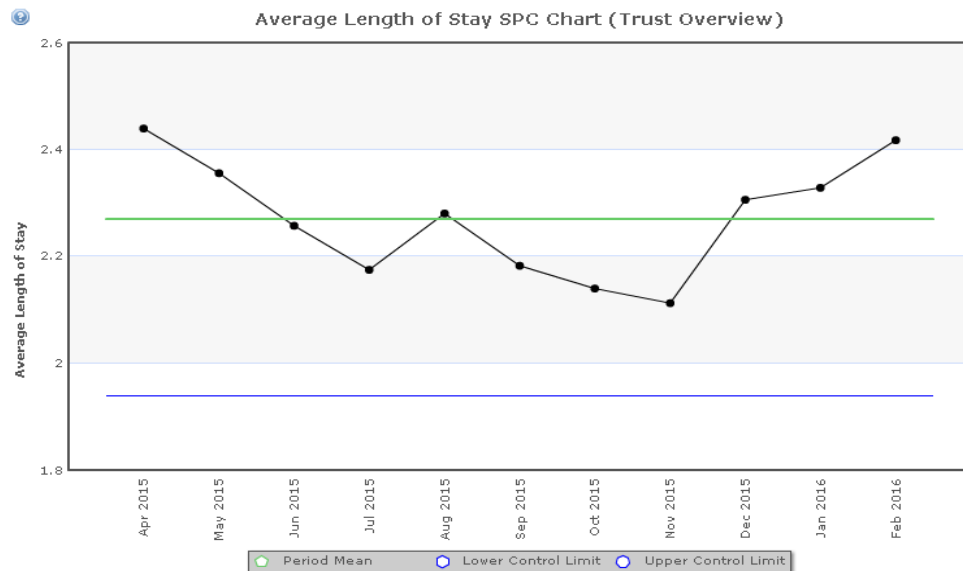
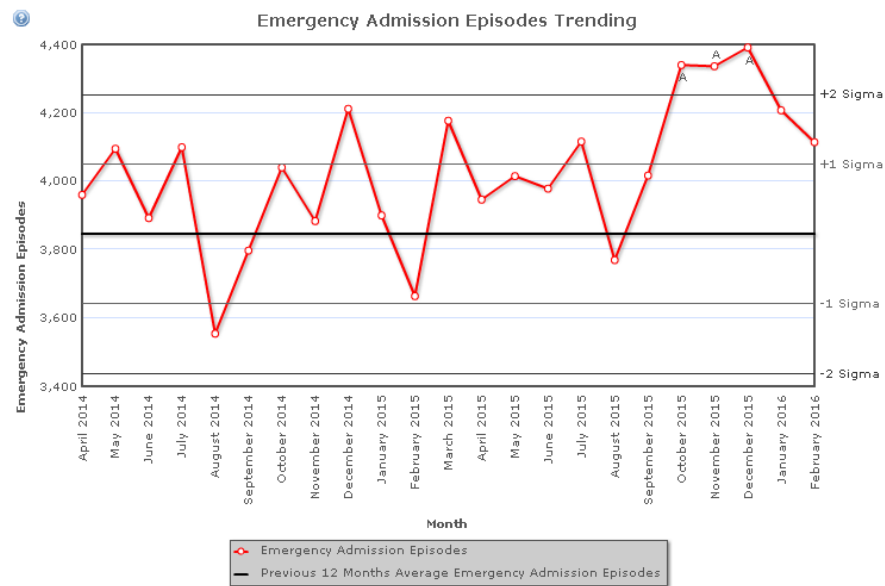


Over 75 Age Group

The increased pressure across SaTH may not be directly attributable to an increase in the over 75 age group however the following graph highlights the current increase in overall length of stay in those patients aged 75 and over.



Emergency Admissions



Planned Actions

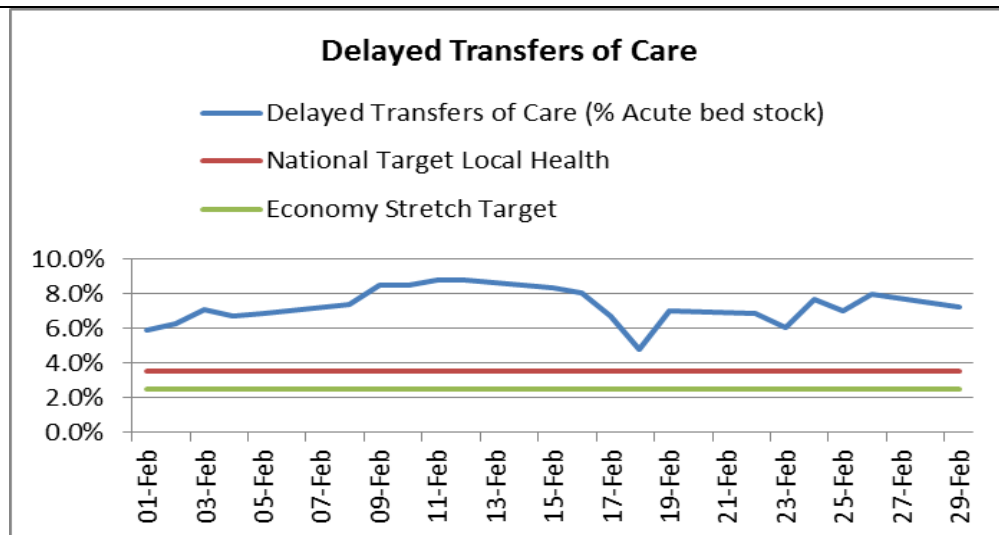
We continue to focus on our own internal recovery plan. The areas of focus are:

- Non admitted breach tracking on both sites;
- Weekly breach analysis and corrective action;
- Implement tracker role in ED at PRH;
- Multidisciplinary Accelerated Discharge Event (MADE) to take place on both sites week commencing 21.3.16;
- Continued development of ambulatory care areas;
- SAFER bundle to be rolled out week commencing 11th April 2016

Key Themes/Trends

Delayed Transfers of Care (DTOC) Numbers

DTOC numbers percentage remained above the national target of 3.5% and above the Health Economy stretch target of 2.5%; during the latter part of February.

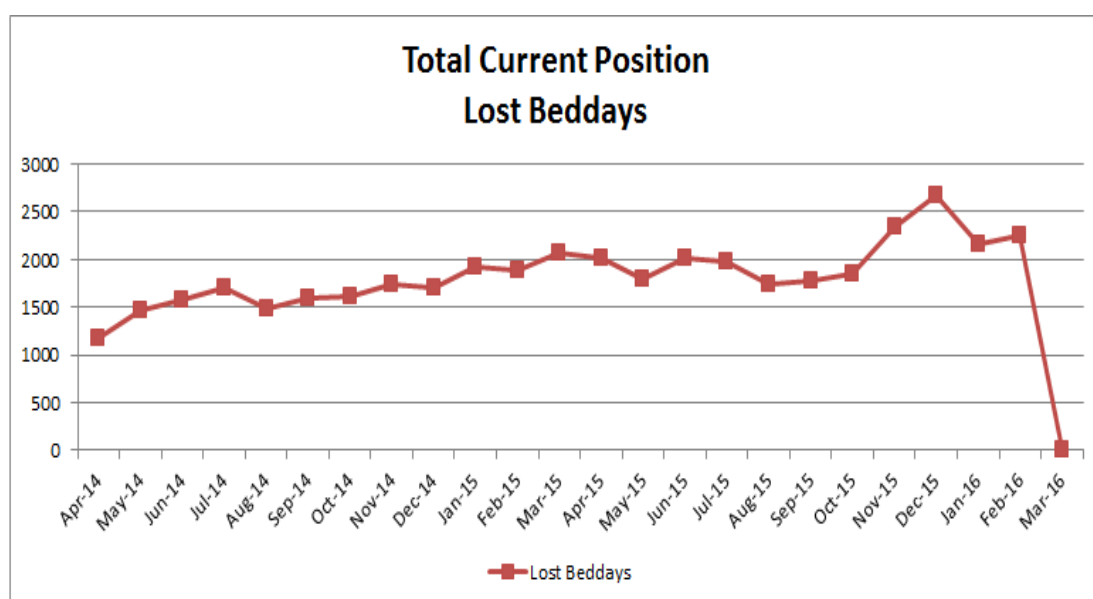


Month	Care Required	RSH				PRH			
		No. Patients	Lost Beddays	Average Days on List	Avg Patients per week	No. Patients	Lost Beddays	Average Days on List	Avg Patients per week
February 2016	Care Package	41	198	5	10	38	319	8	10
	Equipment	6	28	5	2	4	25	6	1
	Completion of Assessment	9	72	8	2	7	34	5	2
	Disputes	0	0	0	0	0	0	0	0
	Further non acute NIIC care	73	105	3	10	17	66	4	4
	Housing - non NHS + Community Care Act	2	22	11	1	1	3	3	0
	Nursing Care Home Placement	19	175	9	5	31	217	7	8
	Patient or family choice	2	7	4	1	3	33	11	1
	Public Funding	1	13	13	0	0	0	0	0
	Residential Care Home Placement	12	81	7	3	14	109	7	4
SaIH Rehab		0	0	0	0	4	10	3	1
February 2016 Total		165	781	5	41	119	810	7	30

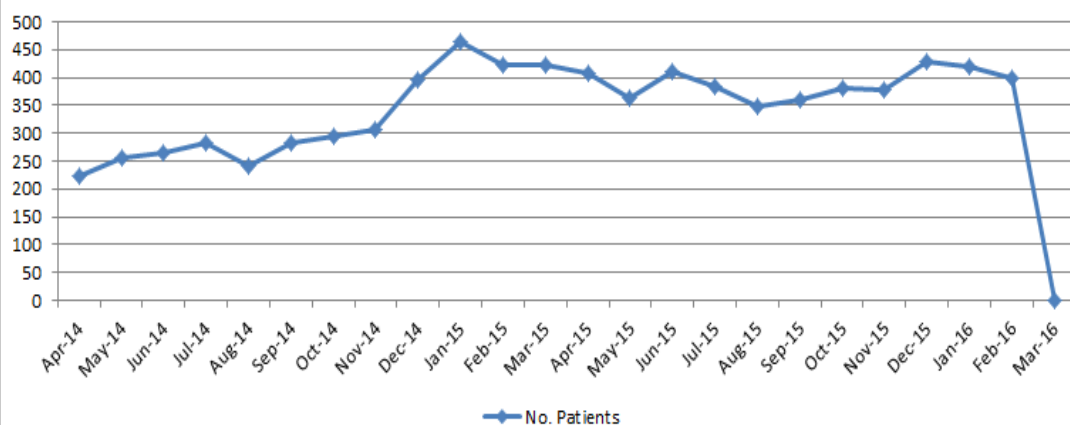
Medically Fit For Discharge Reasons for Delay

Medically Fit For Discharge numbers remain high. The summary of average length of stay and delayed reasons are outlined in the graphs below. These graphs show variation of delays between the sites, however what is apparent is that three main reasons for delays remains domiciliary care provision and nursing/residential home placements and an increase in further non-acute care including rehabilitation.

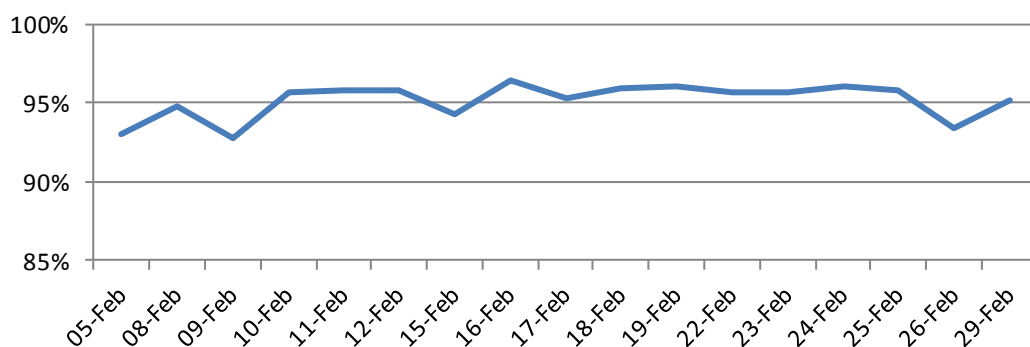
Medically Fit For Discharge patients remain collectively above the target for February



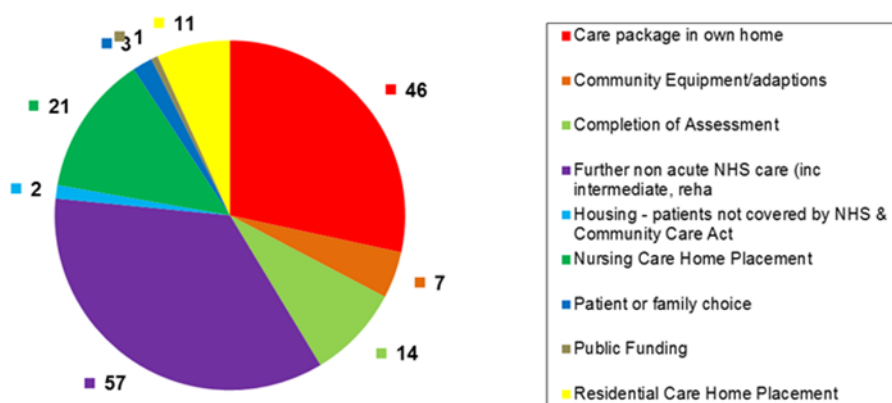
Total Current Position Number of Patients



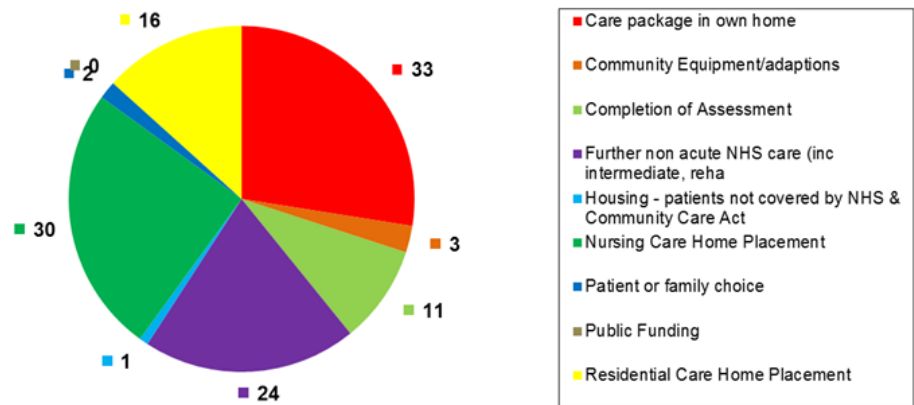
Daily Bed Occupancy



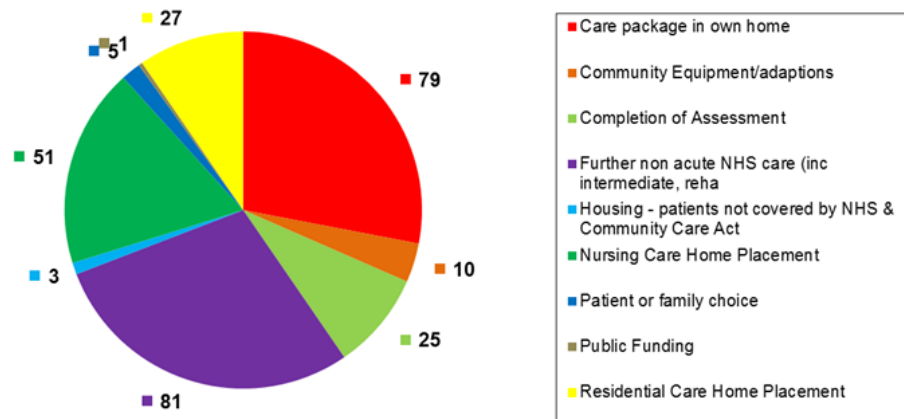
RSH FTT Reasons for Delay Summary (Total Number of Patients) February 16



PRH FTT Reasons for Delay Summary (Total Number of Patients) February 16



SaTH FTT Reasons for Delay Summary (Total Number of Patients) February 16



3. PERFORMANCE OF SCHEDULED CARE STANDARDS BY EXCEPTION

Measure	Annual Target	Monthly Target	June	July	August	September	October	November	December	January	February
18 Week RTT Admitted - English Responsible Only	90%	90%	73.77	73.54	74.89	74.96	73.95	73.68	78.02	73.60	73.74
Current State	The Trust failed to deliver the overall 18 week admitted standard in February. This is as expected as specialties clear the backlog of patients waiting over 18 weeks.										
Planned Actions	Continue to work to trajectories to recover admitted position. Optimal use of Vanguard capacity Vanguard contract extended to 29.14.16 to clear oral surgery backlog – funded by NHS England. Micromanagement of PTL and booking profiles On-going validation of non-admitted pathways.										
Key Themes/Trends	Orthopaedic and Oral Surgery plus increasing volume of elective cancellations across all specialities during Winter pose the greatest risk to recovery of this standard. Late referrals from TeMS also compromising Orthopaedic admitted performance.										

Measure	Annual Target	Monthly Target	June	July	August	September	October	November	December	January	February
18 Week RTT Non - Admitted - English Responsible Only	95%	95%	96.58	96.61	95.33	95.16	95.00	94.22	93.71	93.56	93.59
Current State	The Trust failed to deliver the overall 18 week non admitted standard in February.										
Planned Actions	On-going validation of non-admitted pathways. Chasing down of diagnostic outcomes and communication with patients Programming of additional activity where capacity allows.										
Key Themes/Trends	Deteriorating performance in medical specialities due to workforce challenges.										

Cancer

The current predicted position for February indicates that the Trust will be in a compliant position for 9/9 standards listed below.

	Measure	Annual Target	Monthly Target	July	August	September	October	November	December	January	National Average	February
Cancer	2 Week GP to 1st OP Apt Breast Symptoms	93%	93%	95.85%	92.34%	96.38%	95.38%	91.59%	96.03%	97.70%	92.4%	96.63%
	2 Week GP referral to 1st OP Appointment	93%	93%	95.74%	95.91%	94.05%	94.48%	92.84%	95.60%	94.80%	93.6%	96.44%
	31 day diagnosis to treatment	96%	96%	97.72%	97.70%	96.62%	97.84%	97.13%	99.31%	99.56%	96.9%	97.21%
	31 day second or subsequent treatment – Drug	98%	98%	100%	100%	100%	100%	100%	100%	100%	98.5%	98.70%
	31 day second or subsequent treatment – Surg	94%	94%	97.96%	94.12%	93.02%	97.22%	97.14%	100%	97.87%	94.5%	94.44%
	31 day second or subsequent treatment – Rad	94%	94%	98.61%	98.72%	100%	98.85%	97.65%	100%	97.78%	96.0%	100%
	62 days urgent referral to treatment	85%	85%	86.61%	81.25%	89.52%	87.50%	79.72%	86.69%	85.36%	80.9%	86.89%
	62 days referral to treatment from screening	90%	90%	95.00%	92.11%	91.30%	91.43%	85.71%	100%	100%	92.6%	93.02%
	62 days referral to treatment breast symptomatic			100%	100%	100%	100%	100%	80.00%	100%	92.9%	80.00%
	Extended 62 day treatment targets (upgrades)	85%	85%	89.62%	95.59%	88.89%	82.91%	87.21%	92.86%	93.18%	88.2%	82.92%

*NOTE: February cancer figures are the current predicted position. Targets listed in red are locally agreed.

OVERVIEW OF PERFORMANCE (Site Specific)

										SATH YTD
Measure	Annual Target	Monthly Target	August	September	October	November	December	January	National Average	
62 days urgent ref to treatment	85%	85%	81.25%	89.50%	87.50%	79.70%	86.70%	85.40%	80.90%	85.50%
Brain	85%	85%	100%	N/A	100%	N/A	N/A	N/A		100%
Breast	85%	85%	100%	100%	100%	100%	100%	100%	94.40%	99.50%
Colorectal	85%	85%	63.60%	100%	88.90%	83.50%	82.40%	80.00%	71.20%	79.20%
Gynaecology	85%	85%	54.50%	85.00%	85.70%	44.40%	78.90%	71.40%	75.00%	69.70%
Haematology	85%	85%	50.00%	66.70%	83.30%	100%	57.10%	75.00%	80.30%	76.40%
Head & Neck	85%	85%	50.00%	90.00%	57.10%	36.40%	75.00%	80.00%	69.40%	71.60%
Lung	85%	85%	61.50%	77.30%	53.80%	41.20%	71.40%	62.50%	71.80%	58.30%
Skin	85%	85%	95.50%	95.90%	96.00%	88.90%	92.90%	92.50%	94.30%	93.00%
Upper GI	85%	85%	57.10%	88.90%	60.00%	55.60%	75.00%	68.80%	71.00%	76.50%
Urology	85%	85%	94.40%	85.70%	100%	100%	88.70%	93.10%	76.00%	94.20%

OVERVIEW OF CANCER PERFORMANCE STANDARDS BY EXCEPTION

The current predicted position for February indicates that the Trust will be in a compliant position for all targets therefore there are no exceptions to report.

Patients waiting 100+ days

There were currently 6 patients who have waited over 100 days as of 1st March 2016. Specific details of the reasons for delay are identified in the table below. Each patient is discussed in detail at the weekly PTL meeting and corrective action is put in place to facilitate treatment.

No.	PCT \ CCG	Date Since Referral	62 Day Target Date with 1st appt pauses	Cancer Site	Latest Tracking Comment
1	5MK	179	05 Nov 2015	Lung	Capacity for diagnostics (tertiary centre) / medical delay / patient choice. Patient referred to tertiary centre (UHNM) for EBUS day 35 (not performed at SaTH due to capacity). Patient required fitness for surgery / anaesthetic review prior to surgery (treatment). Treatment (surgery) planned November - cancelled as no bed. Patient required fitness for surgery assessing - refused to stop smoking resulting in further delay. Treatment planned mid-January delayed due to patient's on-going chest infection. Emergency surgery required. Oncology treatment delayed to allow patient recovery time
2	5MK	152	02 Dec 2015	Skin	Patient choice. Patient / family delayed biopsy as concerned about possible TIA and not having transport. Repeat biopsy required - histology reported. Awaiting excision under care of ENT Surgeon.
3	5M2	116	07 Jan 2016	Colorectal	Medical delay / capacity. Patient required involvement of Anaesthetists to confirm fitness for surgery. Delay for OPA and then to confirm outcome (not escalated). Surgical OPA booked out of target. Request to bring forward not resolved (capacity). Treatment plan confirmed (March) - delay incurred as patient to stop anticoagulation therapy.
4	5M2	105	18 Jan 2016	Urology	Admin error / patient choice. Investigation not requested as per procedure - incorrect level of urgency. Repeat investigation required - escalated as per procedure. Patient unsure if wishes to proceed with surgery. Awaiting outcome of further OPA to confirm patient decision.
5	5MK	104	19 Jan 2016	Urology	Patient declined first offered investigation in favour of his preference. Unable to attend first offered date and made self unavailable as going on holiday. Subsequently unable to tolerate investigation under LA. Awaiting histology from GA cystoscopy.
6	5MK	103	20 Jan 2016	Skin	Complex diagnostic pathway. Patient referred to tertiary centre (QE) day 26 for investigation / consideration of treatment. Surgery planned at QE then treatment plan changed following further imaging. Further discussion at MDT and treatment plan changed again. Awaiting Oncology OPA at SaTH - will be for palliative care only.

FINANCE COMMITTEE – 29th MARCH 2016

FINANCE DIRECTOR REPORT – MONTH 11

1. Income & Expenditure position

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

	April – Feb Budget £000's	April – Feb Actual £000's	Variance £000's		Revised Budget £000's	Forecast April –March Actual £000's	Variance £000's
Income	299,537	298,442	(1,095)		319,805	324,330	3,909
Pay	(200,756)	(207,592)	(6,836)		(219,225)	(227,494)	(8,269)
Non-pay	(90,521)	(91,276)	(755)		(97,239)	(101,088)	(3,233)
Reserves	(10,866)		10,866		(5,017)		5,017
Total expenditure	(302,143)	(298,868)	3,275		(321,481)	(328,582)	(7,083)
EBITDA	(2,606)	(426)	2,180		(1,676)	(4,253)	(2,577)
Finance costs	(13,515)	(13,515)	-		(15,944)	(14,744)	1,200
Surplus/(deficit) before rectification	(16,121)	(13,941)	2,180		(17,620)	(18,997)	(1,377)
Phased spend	(124)	(124)					0
Rectification Plans					350		(350)
Bank Pay Change						500	500
Stock Change						500	500
Capital to Revenue transfer						2,500	2,500
Agency Nurse Costs						625	625
Non Pay Controls						800	800
Increased Penalties						(500)	(500)
Surplus/(deficit) after rectification	(16,245)	(14,065)	2,180		(17,270)	(14,572)	2,698

The Trust's budgets assume the delivery of a deficit at month 11 amounting to £16,245 million, the actual deficit recorded amounted to £14,065 million. A forecast outturn has been constructed, which suggests that with corrective action the Trust will overspend by £14,572 million.

Plan	April	May	June	July	August	September	October	November	December	January	February	March	Total
Income	25350	26573	26507	27418	25430	27908	29083	27804	26147	27073	27359	27678	324330
PAY	18278	18663	18876	18759	18676	18826	19085	19371	19137	19308	19112	19402	227494
Non Pay	7969	7851	8084	8239	7943	8758	8959	8334	8459	8202	9081	9212	101088
EBITDA	-897	59	-453	420	-1189	324	1039	99	-1449	-437	-834	-936	-4253
F COSTS	1358	1415	1087	1198	1279	1278	1317	1154	1307	1117	1004	1229	14744
Overall	-2255	-1355	-1540	-778	-2468	-954	-278	-1055	-2757	-1554	-1838	-2165	-18997
Bank Pay Change												-500	-500
Stock Gain												-500	-500
Capital to Revenue Transfer											2292	208	2500
Agency Nurse costs								-125	-125	-125	-125	-125	-625
Non Pay controls									-200	-200	-200	-200	-800
Increased Penalties								500					500
	-2255	-3610	-5150	-5928	-8396	-9350	-9628	-11058	-13490	-14719	-13940	-14572	-14572
month 7 plan	-2255	-3611	-5151	-5929	-8397	-9352	-9630	-11342	-14117	-15466	-18196	-18190	
Progress	0	1	1	1	1	2	2	284	627	747	4256	3618	

Previously a trajectory was produced indicating that the Trust would record an end of year deficit of £18.19 million. Given this situation, immediate controls were put in place aimed at securing Agency cost savings over the remaining months of the year amounting to £625,000 and general cost savings distributed across the Trust targeted to reduce the "run rate" by £800,000. These two options supported by a Capital to Revenue Transfer of £2.0 million then reduces the end of year deficit to £14.6 million.

Subsequent discussions with Shropshire CCG however have highlighted their intention to increase the level of penalties applied against the Trust for failing to achieve RTT and Accident and Emergency access targets. The effect of the increased penalties increases the end of year deficit by a further £500,000. The more recent additional Capital to Revenue Transfer then resets the Stretch Target to being a deficit of £14.7 million.

Performance since Month 7 has been better than expected when producing the month 7 plan, as described in the table below:

	November Plan	November Actual	December Plan	December Actual	January Plan	January Actual	February Plan	February Actual	YTD Variance against Plan
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Income	27,194	27,304	26,426	26,147	27,863	27,073	26,413	29,651	2,279
Pay	-19,166	-19,246	-19,373	-19,012	-19,349	-19,183	-19,238	-18,987	698
Non Pay	-8,580	-8,334	-8,665	-8,259	-8,701	-8,002	-8,742	-8,881	1,212
Finance costs	-1,162	-1,154	-1,162	-1,307	-1,162	-1,117	-1,162	-1,004	66
In month Deficit	-1,714	-1,430	-2,774	-2,431	-1,349	-1,229	-2,729	779	4,256

As can be seen the Trust at the end of February is presently £4,256,000 ahead of the expected position as profiled in Month 7. This includes the increase in income due to the capital to revenue transfer which as at Month 11 has increased income by £2.3m compared to the Month 7 plan.

2. Income

2.1 Income – Performance to date

At the end of month 11 in the 2015/16 financial year, the Trust had planned to receive income amounting to £299,537 million and had generated income amounting to £298,442 million, an under performance of £1,095 million. An analysis of the variance is presented in the table below.

	April - February Budget	April - February Actual	Variance	Variance %	April - February Budget	April - February Actual	Financial Variance Value	Price Variance	Volume Variance
	Activity	Activity	Activity		£000s	£000s	£000s	£000s	£000s
Accident and Emergency (Attendances)	98,308	98,485	177	0.2%	11,038	11,113	75	56	20
Outpatient Appts (Attendances)	378,899	378,343	(556)	(0.1%)	46,305	46,028	(277)	27	(303)
Elective Day Cases	38,879	39,354	475	1.2%	25,794	25,667	(126)	(70)	(57)
Elective Inpatient (Spells)	5,908	5,999	91	1.5%	16,332	16,215	(117)	(310)	193
Emergency (Spells)	44,471	44,929	458	1.0%	80,164	79,438	(726)	(489)	(238)
Maternity & Non Elective Other	7,192	7,366	174	2.4%	11,069	11,122	52	(21)	74
Emergency Threshold					(1,624)	(1,764)	(139)	(139)	
Others (Inc Reserves)					110,459	110,623	164	164	
Total	573,657	574,476	819	0.1%	299,537	298,442	(1,095)	(784)	(311)

Key observations from the above are:

Outpatient Activity

Activity to date is 0.2% under plan which can be seen in the following areas; General Medicine, Cardiology, Breast Surgery and Ophthalmology.

Inpatient Activity

Day Case - The Trust continues to over achieve in respect of Day Case activity predominately within Gastroenterology, Urology and Clinical Haematology offsetting an underperformance within Trauma and Orthopaedics and Oral Surgery. This is generating a negative volume variance due to the average price of Gastroenterology activity being significantly lower than that of Trauma and Orthopaedics and Oral Surgery. A negative price variance also exists but it is believed that the remaining backlog within Trauma and Orthopaedics is that of a more complex nature.

Elective - Elective inpatient activity is 1.5% higher than the forecast to the end of February however, a negative price variance exists due to the fact the Trust has seen a simpler casemix than planned. That being said as with Day Case activity, it is expected that Trauma and Orthopaedics will recover in the last two months of the financial year as the backlog remaining is of a more complex nature.

Non Elective - Non Elective activity is over achieving against plan by 1.0% particularly within General Medicine and Paediatrics. An analysis of the financial impact of activity levels eleven months into the financial year suggests that an adverse case mix issue appears to exist in respect of Non Elective activity; this is attributable to medical specialties and is due to the Trust not seeing the complexity of cases when compared to the same period last year, and appears to be explained by the introduction of new ambulatory care arrangements that have the effect of reducing the length of stay attributable to emergency admissions. In addition a further negative volume variance exists due to the average price of Paediatric activity being significantly lower than that of Trauma and Orthopaedics.

2.2 Forecast Income

In constructing the forecast outturn it has been assumed that the level of income received in the final month of the year will increase when compared with the levels recorded in the period to date. The average year to date income now includes 11 months of the £2.5m capital to revenue transfer.

Average April – February £000's	March £000's	Variance £000's
27,131	27,886	755

The table below provides an assessment of the risk associated with achieving the increased level of monthly income.

	Risk £000's	Green £000's	Amber £000's	Red £000's
Funding to support the Vanguard Unit	55	55		
Winter Pressures	100	100		
Activity Volumes – Telford and Wrekin CCG	252	252		-
Activity Volumes – Shropshire County CCG	348	348		
Total	755	755		

As can be seen the level of risk is minimal because:

- The Trust has protected its income receivable from its two main commissioners; Shropshire County CCG and Telford and Wrekin CCG by agreeing to a financial settlement for the 2015/16 financial year,
- Secured a capital to revenue transfer from the NTDA,
- The profiling of Trust income allows for a significant reduction in Elective Inpatient and Day Case income as a consequence of needing to respond to winter pressure.

15/16 Plan	Actual												Plan				
	Apr	May	Jun	Average Per Month Apr-Jun	Jul	Aug	Sep	Average Per Month Jul-Sep	Oct	Nov	Dec	Average Per Month Oct-Dec	Jan	Feb	Mar	Average Jan-Mar	Annual
A&E	9,410	9,268	9,339	9,339	9,253	9,094	8,731	9,026	8,892	8,616	8,403	8,637	8,829	8,650	9,232	8,904	107,541
Outpatient Attendances	33,528	31,339	37,702	34,190	35,376	31,977	36,501	34,618	35,680	36,293	32,296	34,756	33,785	33,866	34,457	34,036	413,356
Elective Daycases	3,479	3,354	3,584	3,472	3,869	3,335	3,625	3,610	3,658	3,616	3,653	3,642	3,568	3,613	3,981	3,721	42,860
Elective Inpatient Spells	551	528	564	548	605	571	536	571	601	526	509	545	527	481	505	504	6,413
Emergency Spells	3,931	3,998	3,957	3,962	4,091	3,751	3,980	3,941	4,300	4,302	4,363	4,322	4,174	4,082	4,337	4,198	48,807
Maternity/Non Elective Other Spells	631	629	597	619	663	625	657	648	714	632	607	651	759	852	656	756	7,848

Elective Day Case

	Apr	May	Jun	Average Per Month Apr-Jun	Jul	Aug	Sep	Average Per Month Jul-Sep	Oct	Nov	Dec	Average Per Month Oct-Dec	Jan	Feb	Mar	Average Jan-Mar	Annual
15/16 FOT	3,479	3,354	3,584	3,472	3,869	3,335	3,690	3,631	3,739	3,739	3,397	3,625	3,393	3,300	3,981	3,558	42,860
Actual	3,479	3,354	3,584	3,472	3,869	3,335	3,625	3,610	3,658	3,616	3,653	3,642	3,568	3,613	0	2,394	39,354
Variance	0	0	0	0	0	0	(65)	(22)	(81)	(123)	256	17	175	313	(3,981)	(1,164)	
14/15	3,391	3,370	3,488	3,416	3,640	3,337	3,526	3,501	3,498	3,311	3,146	3,318	3,137	3,051	3,732	3,307	40,627
13/14	2,825	3,193	3,125	3,048	3,571	3,223	3,205	3,333	3,664	3,266	3,066	3,332	3,657	3,166	3,642	3,488	39,603
12/13	2,763	3,509	3,103	3,125	3,147	3,085	3,016	3,083	3,509	3,579	2,844	3,311	3,185	2,940	3,262	3,129	37,942

Elective Inpatient

	Apr	May	Jun	Average Per Month Apr-Jun	Jul	Aug	Sep	Average Per Month Jul-Sep	Oct	Nov	Dec	Average Per Month Oct-Dec	Jan	Feb	Mar	Average Jan-Mar	Annual
15/16 FOT	551	528	564	548	605	571	536	571	598	537	480	538	446	492	505	481	6,413
Actual	551	528	564	548	605	571	536	571	601	526	509	545	527	481	0	336	5,999
Variance	0	0	0	0	0	0	0	0	3	(11)	29	7	81	(11)	(505)	(145)	
14/15	581	616	590	596	646	575	571	597	609	603	502	571	465	515	531	504	6,804
13/14	470	527	604	534	677	609	614	633	672	654	580	635	603	631	622	619	7,263
12/13	540	703	615	619	615	607	516	579	592	620	524	579	533	510	539	527	6,914

Non Elective

	Apr	May	Jun	Average Per Month Apr-Jun	Jul	Aug	Sep	Average Per Month Jul-Sep	Oct	Nov	Dec	Average Per Month Oct-Dec	Jan	Feb	Mar	Average Jan-Mar	Annual
15/16 FOT	3,931	3,998	3,957	3,962	4,091	3,751	3,980	3,941	4,304	4,310	4,222	4,279	4,112	3,815	4,337	4,088	48,807
Actual	3,931	3,998	3,957	3,962	4,091	3,751	3,980	3,941	4,300	4,302	4,363	4,322	4,174	4,082	0	2,752	44,929
Variance	0	0	0	0	0	0	0	0	(4)	(8)	141	43	62	267	(4,337)	(1,336)	
14/15	3,947	4,091	3,879	3,972	4,093	3,545	3,792	3,810	4,024	3,871	4,202	4,032	3,891	3,656	4,160	3,902	47,151
13/14	3,705	3,811	3,563	3,693	3,870	3,554	3,626	3,683	4,020	3,845	4,090	3,985	4,094	3,721	4,147	3,987	46,046
12/13	3,749	4,035	3,796	3,860	3,982	3,800	3,611	3,798	3,993	3,872	3,839	3,901	3,829	3,585	4,153	3,856	46,244

Maternity/Non Elective Other

	Apr	May	Jun	Average Per Month Apr-Jun	Jul	Aug	Sep	Average Per Month Jul-Sep	Oct	Nov	Dec	Average Per Month Oct-Dec	Jan	Feb	Mar	Average Jan-Mar	Annual
15/16 FOT	631	629	597	619	663	625	657	648	733	831	644	736	626	557	656	613	7,848
Actual	631	629	597	619	663	625	657	648	714	632	607	651	759	852	0	537	7,366
Variance	0	0	0	0	0	0	0	0	(19)	(199)	(37)	(85)	133	295	(656)	(76)	
14/15	593	601	601	598	613	605	671	630	624	561	604	596	570	493	607	557	7,143
13/14	760	761	704	742	795	752	681	743	785	758	724	756	715	672	713	700	8,820
12/13	530	582	583	565	540	539	571	550	576	515	583	558	573	488	627	563	6,707

Outpatients

	Apr	May	Jun	Average Per Month Apr-Jun	Jul	Aug	Sep	Average Per Month Jul-Sep	Oct	Nov	Dec	Average Per Month Oct-Dec	Jan	Feb	Mar	Average Jan-Mar	Annual
15/16 FOT	33,528	31,340	37,704	34,191	35,376	31,977	36,501	34,618	35,828	36,142	31,691	34,554	35,253	33,559	34,457	34,423	413,356
Actual	33,528	31,339	37,702	34,190	35,376	31,977	36,501	34,618	35,680	36,293	32,296	34,756	33,785	33,866	0	22,550	378,343
Variance	0	(1)	(2)	(1)	0	0	0	0	(148)	151	605	203	(1,468)	307	(34,457)	(11,873)	
14/15	32,708	32,634	35,016	33,453	36,839	30,320	35,548	34,236	35,814	33,549	30,576	33,313	32,859	30,892	35,051	32,934	401,806

A&E

	Apr	May	Jun	Average Per Month Apr-Jun	Jul	Aug	Sep	Average Per Month Jul-Sep	Oct	Nov	Dec	Average Per Month Oct-Dec	Jan	Feb	Mar	Average Jan-Mar	Annual
15/16 FOT	9,410	9,268	9,339	9,339	9,253	9,094	8,731	9,026	8,904	8,614	8,659	8,726	8,651	8,385	9,232	8,756	107,541
Actual	9,410	9,268	9,339	9,339	9,253	9,094	8,731	9,026	8,892	8,616	8,403	8,637	8,829	8,650	0	5,826	98,485
Variance	0	0	0	0	0	0	0	0	(12)	2	(256)	(89)	178	265	(9,232)	(2,930)	
14/15	9,246	9,642	9,779	9,556	9,983	9,069	9,217	9,423	9,157	8,714	8,822	8,898	8,277	7,856	9,598	8,577	109,360
13/14	9,200	9,299	9,069	9,189	9,840	9,058	8,933	9,277	8,961	8,195	8,462	8,539	8,232	7,915	9,538	8,562	106,702
12/13	8,973	9,905	9,457	9,445	9,950	9,576	9,379	9,635	9,211	8,938	8,835	8,995	8,688	8,249	9,522	8,820	110,683

Income – Key Messages

- Income after eleven months is under performing by £1,095 million
- To achieve the forecast outturn month 12 income is required to increase by £755k

3. Expenditure

The forecast outturn position assumes a growth in the monthly run rate over in March when compared with the average level of expenditure incurred during the year to date.

	Monthly Run Rate March £000's	Average monthly Run Rate April – February £000's	Run Rate in the Month of February £000's
Pay	19,277	18,872	18,987
Non Pay	8,512	8,298	8,881
Expenditure	27,789	27,170	27,868
Difference from Forecast Outturn Run Rate		619	-79

The expected level of expenditure for March is £27.789 million which is significantly greater than the average expenditure recorded to date. In February the expenditure was £27.86 8million although within this is a non pay expenditure within High Cost Drugs which is circa £500k higher than the year to date average (offset by increased income).

3.1 Pay

Pay expenditure reduced in the month of February but is £720,000 greater than recorded in the equivalent period of the previous financial year. The increased monthly cost is explained by a growth in staffing levels (126 WTE) and an increase in agency premiums particularly within Medical staff.

	Oct - Dec 13 £000's	Jan- Mar 14 £000's	Apr- June 14 £000's	July- Sept 14 £000's	Oct- Dec 14 £000's	Jan - Mar 15 £000's	Apr- June 15 £000's	July - Sept 15 £000's	Oct - Dec 15 £000's	Jan 16 £000's	Feb 16 £000's
Consultants	2,880	2,953	2,991	3,030	3,043	3,079	3,140	3,282	3,179	3,191	3,270
Medical Staffing	2,025	2,172	2,177	2,180	2,238	2,100	2,207	2,235	2,423	2,457	2,118
Nursing	6,817	6,990	7,080	7,062	7,314	7,473	7,451	7,413	7,591	7,619	7,719
Other Clinical	2,314	2,240	2,344	2,330	2,334	2,346	2,415	2,421	2,472	2,484	2,446
Non Clinical	3,268	3,224	3,232	3,207	3,292	3,269	3,393	3,404	3,449	3,433	3,433
Actual Pay Spend £	17,304	17,580	17,823	17,808	18,221	18,267	18,606	18,755	19,115	19,184	18,987
Consultants	227.77	228.56	235.02	234.21	236.22	242.09	237.71	243.09	253.05	240.70	238.74
Medical Staffing	338.39	344.16	347.49	352.77	357.93	362.36	357.78	357.54	368.14	356.19	351.15
Nursing	2,200.93	2,212.96	2,247.60	2,227.22	2,319.52	2,368.20	2,322.33	2,330.11	2,381.89	2,392.13	2,417.29
Other Clinical	738.25	741.76	756.21	753.02	753.67	769.06	760.60	775.11	791.44	785.32	801.03
Non Clinical	1,465.94	1,432.76	1,440.46	1,447.29	1,478.03	1,472.83	1,479.17	1,502.42	1,514.86	1,514.87	1,531.86
Actual Pay wte	4,971.61	4,960.20	5,026.78	5,014.17	5,145.37	5,214.53	5,157.59	5,208.27	5,291.37	5,289.21	5,340.07

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

Agency Usage

	Average Jan-March 2014 £000's	Average April-June 2014 £000's	Average July- Sept 2014 £000's	Average Oct-Dec 2014 £000's	Average January - March 2015 £000's	Average April-June 2015 £000's	Average July-Sept 2015 £000's	Oct- Nov 2015 £000's	Jan 2016 £000's	Feb 2016 £000's
Consultants	95	174	159	167	172	120	182	150	211	197
Medical staff	355	386	366	270	236	285	379	557	581	402
Nursing	629	563	601	731	781	671	705	667	477	443
Other Clinical	(1)	15	1	17	22	43	35	52	60	27
Non clinical	17	19	28	64	83	79	76	79	45	50
Total Agency staff spending	1,095	1,157	1,155	1,249	1,293	1,198	1,377	1,506	1,374	1,120

	Average Jan- Mar 2014 WTE	Average Apr-Jun 2014 WTE	Average July-Sept 2014 WTE	Average Oct-Dec 2014 WTE	Average January- March 2015 WTE	Average April- June 2015 WTE	Average July- Sept 2015 WTE	Average Oct- Dec 2015 WTE	Jan 2016 WTE	Feb 2016 WTE
Consultants	5.37	9.59	8.99	8.60	8.62	7.04	8.99	7.48	8.83	9.06
Medical staff	32.08	36.13	30.34	22.88	22.17	21.98	29.53	40.61	43.81	34.61
Nursing	122.20	112.00	104.82	130.11	150.19	124.35	117.72	112.69	95.62	88.90
Other Clinical	2.70	2.61	0.33	2.59	4.04	8.29	7.76	9.62	12.44	10.93
Non Clinical	5.20	4.32	4.63	17.56	22.87	20.94	16.42	12.86	11.07	11.16
Total Agency staff spending	167.55	164.65	149.11	181.74	207.88	182.60	180.42	183.25	171.77	154.66

The reduced level of Nurse Agency staff has however been accompanied by a corresponding increase in the numbers of nurses engaged from the Trust pool of Bank staff.

Bank Usage

	Average Jan-Mar 2014 £000's	Average April-June 2014 £000's	Average July-Sept 2014 £000's	Average Oct-Dec 2014 £000's	Average Jan - March 2015 £000's	Average April-June 2015 £000's	Average July-Sept 2015 £000's	Average Oct - Dec 2015 £000's	Jan 2016 £000's	Feb 2016 £000's
Nursing	403	429	422	500	546	522	533	625	755	862
Other Clinicala	19	26	33	40	36	32	37	38	42	31
Non clinical	103	123	124	127	129	127	150	130	129	140
Total Bank staff	525	578	579	667	712	681	720	794	926	1,034

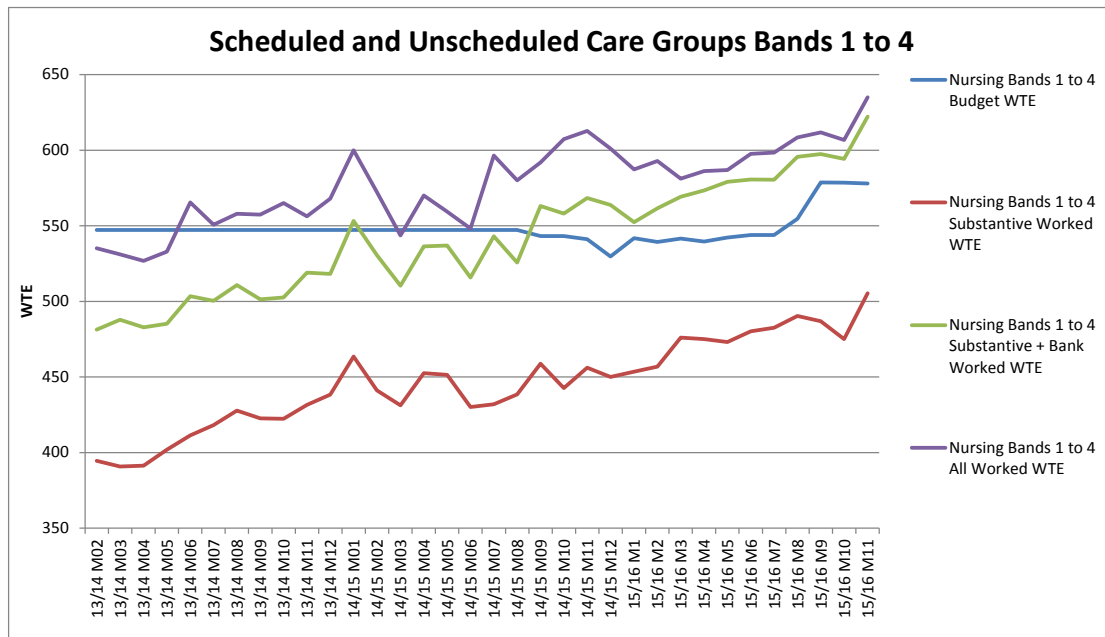
	Average Jan-Mar 2014 WTE	Average April-Jun 2014 WTE	Average July-Aug 2014 WTE	Average Oct-Dec 2014 WTE	Average Jan - March 2015 WTE	Average April-June 2015 WTE	Average July-Sept 2015 WTE	Average Oct - Dec 2015 WTE	Jan 2015 WTE	Feb 2016 WTE
Nursing	146.88	154.79	152.40	185.47	203.56	177.01	177.66	191.66	231.64	226.71
Other Clinical	6.86	9.17	12.53	13.07	10.98	9.51	11.90	11.92	11.40	13.01
Other	52.97	63.55	73.21	69.81	66.16	60.14	68.75	62.92	66.68	73.06
Total Bank staff wte	206.71	227.51	238.14	268.35	280.70	246.66	258.31	266.49	309.72	312.78

In order to encourage a switch from Agency to Bank Nursing staff revised pay rates were introduced that served to increase standard bank pay by 30 per cent. This new rate has meant that the Trust has not seen a reduction in the level of pay spending associated with nurse staffing.

An examination of the status of nursing staffing levels, into Substantive, Bank and Agency is presented in the two diagrams below.

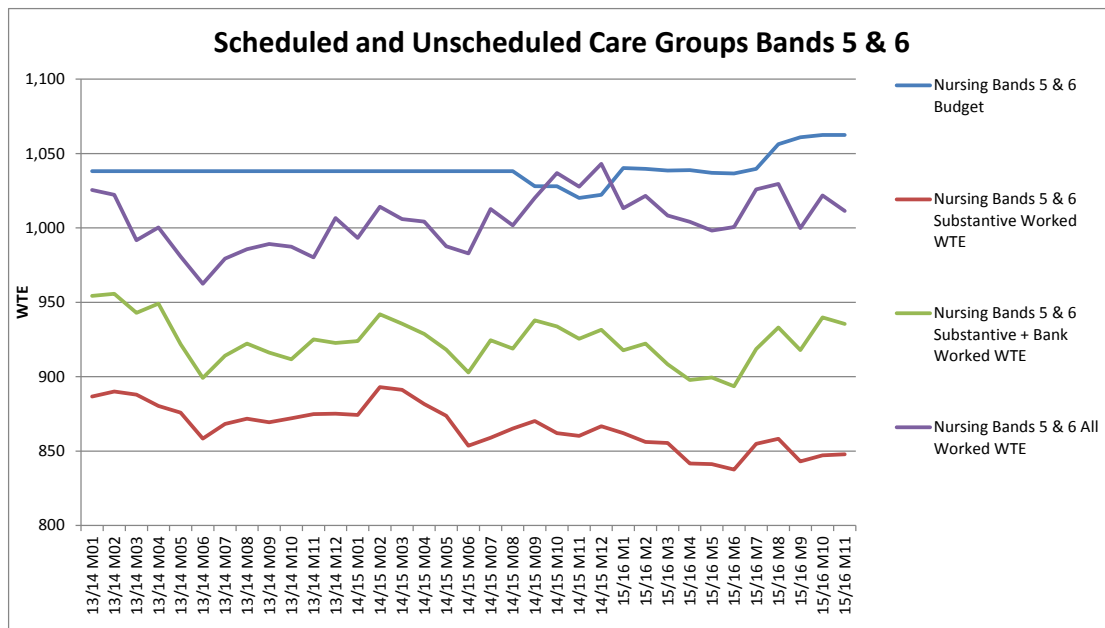
Scheduled and Unscheduled Care Groups

Unqualified



Scheduled and Unscheduled Care Groups

Qualified



These two diagrams show:

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

Monitor and NHS Trust Development Authority – Rules for Nursing Agency

In August of this financial year Monitor and the NTDA issued to the Trust an agency spending ceiling. The limit set is as follows:

	Qtr 3 2015/16	Qtr 4 2015/16	2016/17	2017/18	2018/19
Ceiling for nursing agency spending	8%	8%	6%	4%	3%

The expectation being that through a combination of reduced staffing numbers and reduced agency premium the Trust would be able to realise a sharp reduction in the level of spending associated with Qualified Nursing staff.

The Trust's current performance in 2015/16 is as follows:

Registered general and specialist nursing staff, midwives	April 2015	May 2015	June 2015	July 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	YTD Total
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Agency	-550	-641	-630	-671	-625	-675	-673	-634	-517	-435	-408	-6458
Bank	-247	-288	-239	-265	-245	-260	-260	-373	-403	-452	-499	-3531
Substantive	-4,819	-4,860	-4,866	-4,804	-4,768	-4,817	-4,876	-4,861	-4,818	-4,910	-4,905	-53,305
Grand Total	-5,616	-5,788	-5,735	-5,740	-5,638	-5,752	-5,809	-5,868	-5,738	-5,797	-5,812	-63,295
Agency as a % of Total Nursing Spend	9.78%	11.07%	10.99%	11.68%	11.08%	11.74%	11.58%	10.81%	9.01%	7.51%	7.01%	10.22%
Distance from 8% Ceiling %	1.78%	3.07%	2.99%	3.68%	3.08%	3.74%	3.58%	2.81%	1.01%	(0.49%)	(0.99%)	2.22%
Distance from 8% Ceiling £000	100	178	171	211	174	215	208	164	58	(29)	(57)	1,394

The above table shows that the level of agency spending has reduced progressively over the last three months. In the month of February, agency spending again fell below the 8% ceiling as prescribed nationally by the NTDA.

Week Number	Period	Agency Bookings	Off Framework (Tier 5) Bookings excl. Critical Care Areas	Bank Fill Rate	Unavailability	Overall Fill Rate	Weekly Net Hours
		WTE	WTE	%	%	%	Hours
23	30/8 - 5/9	99	3.8	40.2%	30.4%	91.6%	
24	6/9 - 12/9	114	1.7	36.1%	30.5%	94.8%	
25	13/9 - 19/9	108	0.3	40.1%	28.1%	97.4%	(291)
26	20/9 - 26/9	117	0.5	35.3%	27.1%	96.2%	396
27	27/9 - 3/10	103	0.3	39.2%	28.3%	96.3%	141
28	4/10 - 10/10	104	0.6	36.5%	27.1%	96.8%	(145)
29	11/10 - 17/10	109	0.2	37.1%	28.2%	95.9%	7
30	18/10 - 24/10	109	0.0	37.7%	28.1%	96.8%	(91)
31	25/10 - 31/10	113	0.9	34.4%	29.7%	92.7%	254
32	01/11 - 7/11	95	1.6	42.4%	28.7%	95.2%	(187)
33	8/11 - 14/11	114	1.5	39.9%	29.0%	95.3%	223
34	15/11 - 21/11	100	0.0	48.4%	25.3%	94.8%	342
35	22/11 - 28/11	96	0.0	48.7%	29.4%	93.2%	(38)
36	29/11 - 5/12	89	0.0	48.2%	27.2%	92.6%	109
37	6/12 - 12/12	94	0.3	48.4%	29.7%	94.5%	(136)
38	13/12 - 19/12	87	0.0	45.1%	30.2%	92.6%	(446)
39	20/12 - 26/12	61	0.0	35.2%	22.3%	87.7%	764
40	27/12 - 2/1	64	0.6	44.7%	22.9%	88.8%	977
41	3/1 - 9/1	83	0.7	51.2%	27.6%	92.8%	(94)
42	10/1 - 16/1	81	0.3	51.5%	27.1%	95.8%	82
43	17/1 - 23/1	80	0.0	52.9%	27.1%	95.8%	304
44	24/1 - 30/1	89	0.3	48.2%	26.5%	97.1%	67
45	31/1 - 6/2	77	0.6	51.4%	28.2%	94.9%	(112)
46	7/2 - 13/2	75	0.3	54.4%	28.0%	94.3%	137
47	14/2 - 20/2	81	0.3	52.2%	30.6%	92.1%	161
48	21/2 - 27/2	85	1.2	50.2%	30.4%	95.3%	(47.0)

Change since previous week	+4	+0.9	(2.0)%	(0.1)%	3.2%	(208.0)
Financial Impact	Deterioration	Deterioration	Deterioration	Improvement	Deterioration	Improvement

It is clear from the above that the objective of encouraging a switch from Agency to Bank Nursing staff appears to have been realised, though the level of financial gain has been compromised because of higher pay rates for bank staff. Significantly however unavailability percentages continue to exist at approximately 28 per cent (the exception being over the Christmas period when unavailability reduced to 22 per cent) and the nurse fill rate over this period has averaged 95 per cent (again with the exception of the Christmas period when the fill rate dropped to 88 per cent).

In setting budgets it had been agreed to work to a fill rate of 93 per cent so as to be able to afford an unavailability rate of 25 per cent. The effect of instead staffing to a fill rate of 95 per cent and an unavailability rate of 28 per cent has meant that the Trust has grown its paid Nurse staffing workforce by circa 60 -70 WTE staff resulting in a cost pressure of £225,000 per month or £2.7 million in a full year.

Waiting List Initiatives

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

	Average Jan-Mar 2014 £000s	Average April-Jun 2014 £000s	Average July-Aug 2014 £000s	Average Oct-Dec 2014 £000s	Average Jan - March 2015 £000s	Average April-June 2015 £000s	Average July-Sept 2015 £000s	Average Oct-Dec 2015 £000's	Jan 2016 £000's	Feb 2016 £000's
Scheduled Care	162	187	192	192	111	174	137	198	126	157
Unscheduled Care	36	25	10	16	22	16	25	20	22	15
Diagnostic Care Group	15	34	13	26	32	27	56	45	50	69
Women and Children's Care Group	-	-	-	-	1	1				
Total Waiting List Initiative	213	246	215	234	166	218	218	263	198	241

Pay – Key Messages

- Pay in the month amounted to £18.987 million.
- Agency spending, particularly in respect of nursing staff has declined over the last two months however the level of cost savings have been suppressed because of increased costs associated with Bank staff as a consequence of the Trust decision to increase bank pay rates by 30 per cent. This being particularly so amongst qualified nursing staff.
- Trust plans to reduce Agency Nurse spending by reducing the unavailability percentage and staffing in accordance with the budgeted fill rate of 93 per cent do not show signs of achievement. Consistently unavailability rates operate at 28 per cent per week (as compared with a target of 25 per cent) and a fill rate of 95 per cent as compared with budget of 93 per cent. Failing to achieve the Unavailability and fill rate percentages increases nurse staffing numbers by 60 – 70 posts introducing a cost pressure per month of £225,000.

3.2 Non Pay Spending

When reviewing Non Pay, the level of expenditure is consistently distorted by “pass through” non pay costs that are funded directly by commissioners. Accordingly, in order to understand performance in respect of non pay expenditure it is necessary to discount for such items.

Detailed below are the current run rates for non-pay after excluding pass through costs.

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

<i>Month</i>	<i>Total Non Pay Spend (excluding exceptional items HCDs, ICDs etc) £000s</i>	<i>3 month moving average £000s</i>
May-15	5,949	6,117
Jun-15	6,167	6,012
Jul-15	6,076	6,064
Aug-15	6,141	6,128
Sep-15	6,492	6,236
Oct -15	6,318	6,317
Nov -15	6,280	6,363
Dec 15	6,348	6,315
Jan 16	6,086	6,238
Feb 16	6,419	6,284

4. Cost Improvement Programme

In order to understand the level of Cost Improvement savings realised during this financial year it is necessary to consider how the savings target has altered as the "in year" financial position has needed to be redefined in order to achieve an approved position as agreed with the NTDA.

	Rec £m	Nrec £m	Total £m		CIP Rec £m	CIP Nrec £m	Total
Original Budgeted Position	(11.9)	(5.3)	(17.2)		15.7	(0.9)	14.8
Underachievement of Original CIP Programme	(7.3)	3.0	(4.3)		(7.3)	3.0	(4.3)
In year CIP schemes identified	2.5	(0.2)	2.3		2.5	(0.2)	2.3
Forecast deficit without actions – August Board	(16.7)	(2.5)	(19.2)		10.9	1.9	12.8
Additional Winter schemes		(1.0)	(1.0)				
Approved additional savings schemes – agreed August board		4.0	4.0			4.0	4.0
Capital to revenue transfer		1.0	1.0			1.0	1.0
Forecast deficit with actions – August board	(16.7)	1.5	(15.2)		10.9	6.9	17.8
Underachievement – savings schemes August board		(1.3)	(1.3)			(1.3)	(1.3)
Additional CCG Penalties		(0.5)	(0.5)				
Additional Capital to Revenue transfer		1.5	1.5			1.5	1.5
Additional saving schemes		0.8	0.8			0.8	0.8
Forecast end of year position	(16.7)	2.0	(14.7)		10.9	7.9	18.8

As can be seen the Trust takes forward into the 2016/17 financial year a further deterioration in its recurrent financial position, amounting to £3.8 million, as a consequence of under achievement of the CIP Programme. To achieve the financial Stretch Target, the Trust has however needed to deliver "in year" savings amounting to £18.8 million.

	Recurrent Savings £m	Non Recurrent Savings £m	Total Savings £m	Original recurrent savings Target £m	Under achieved recurrent savings £m
Procurement	2000	(400)	1600	1800	200
Estate Revaluation	1000	1500	2500	-	-
Corporate services	600	-	600	600	-
Compensation Recovery Unit	300	-	300	1000	(700)
Capitalised costs	1200	-	1200	1200	-
Pharmacy Gain Share	300	(100)	200	500	(200)
Support Services		100	100	-	-
Women and Children's	200	100	300	500	(300)
Unscheduled Care	300	500	800	2000	(1700)
Scheduled Care	500	1100	1600	5000	(4500)
HR Apprenticeship schemes	200	(100)	100	200	-
Prompt Payment discounts	200	-	200	200	-
Salary Sacrifice	100	-	100	100	-
Inflation Reserves	1300	-	1300	-	1300
Weekly Pay Changes		500	500	-	-
Stock Measurement		500	500	-	-
Balance Sheet write offs		600	600	-	-
Capital to Revenue Transfer		2500	2500	-	-
Nurse Agency/ Escalation / Recruitment		1100	1100	-	-
Activity efficiencies	2600	-	2600	2600	-
	10900	7900	18800	15,700	(3,800)

Cost Improvement Programme – Key Messages

- *To achieve the financial Stretch Target, the Trust has needed to deliver in year £18.8 million as cost savings or Income growth*
- *The Trust plan was to achieve from its original cost Improvement Programme on going (recurrent) benefit of £15.7 million. The actual level of recurrent benefit generated amounts to £10.9 million as such the Trust will take forward into the 2016/17 a recurrent shortfall of 3.8 million.*

5. Capital Programme

The position in respect of the Capital Programme as at February 2016 is presented in the table below:

The Shrewsbury and Telford Hospital NHS Trust

2015/16 Capital Programme Update as at Month 11 (February 2016)

Scheme	2015/16 Capital Budget	2015/16 Spend to date	Forecast Outturn	Variance under/ (over) spend
	£000's	£000's	£000's	£000's
Outstanding Commitments from 2014/15	200	164	179	21
2nd Phase RSH Mortuary	1,499	1,420	1,344	155
Completion of CT Scanner replacement/additional	265	226	226	39
Fire Safety	1,206	72	1,016	190
Asbestos Removal from Ducts	120	111	120	0
Replacement of Obsolete Windows XP Computing	115	95	114	1

Estates - Ward Kitchen Replacement	44	43	44	0
Macmillan Rehab Shop Development	59	0	0	59
Additional Capacity at PRH ED by 8 cubicles	423	404	423	0
Completion of Telecoms - W&C Centre PRH	103	0	45	58
Total Capital Contingencies/Capitalisation of Salaries	3,386	3,190	3,837	-451
Patient Monitoring	100	98	98	2
RSH MLU/PAU - P2 FCHS	100	0	0	100
Renal Solution (net of charitable funds contribution)	300	241	304	-4
Dialysis Replacement Programme	0	0	0	0
PRH Cystoscopes	48	0	0	48
Sustainability 'Invest to Save' Funding	58	32	33	25
Replacement for Anaesthetic Machines	0	0	0	0
Automated Surveillance System for Infection Control	86	0	0	86
Mixed Gender Waiting Area in SAS	100	0	0	100
Estates (includes Condition Surveys)	309	259	309	0
Fit to Transfer Ward 16 (Estates)	80	0	0	80
Fit to Transfer Ward 16 (Equipment)	120	0	0	120
Total Discretionary Capital Schemes	8,721	6,354	8,092	629
League of Friends Contribution (Renal/Anaes)	0	0	0	0
2015.16 expenditure carried forward to 2016.17			-59	59
Overcommitted/Unallocated	-688	0	0	-688
Total	8,033	6,354	8,033	0

The internal Capital Resource Limit (CRL) for 2015/16 was set at £8.450m to reflect the projected depreciation charge for the year.

Externally the CRL had been set at £10.533m. The Trust has agreed a capital to revenue transfer of £2.5m. This benefit is assumed within the projected I&E position. The reduction in 2015/16 CRL of £500k of the agreed capital to revenue transfer, will be managed over the year end, with return of this CRL in 2016/17. Following these adjustments, the Trust's CRL is £8.033m.

Expenditure against this CRL at Month 11 is £6.354m. It should be noted that all of the Capital Budget has been allocated to schemes or is within the control of the Delegated Managers.

6. Statement of Financial Position

Total Assets Employed

The in month movement of Total Assets Employed is a negative £1,164k due to an increase in non-current assets (£110k) but a decrease in current assets (£4,403k), current liabilities (£2,018k) and revolving working capital support facility (£1,111k). Net current liabilities have decreased in month by £2,275k.

Total Non-Current Assets

The increase in non-current assets of £110k relates to an increase of £20k within fixed assets and long term receivables relating to the Compensation Recovery Unit of £90k.

	March 15 £000	January 16 £000	February 16 £000	Variance to March 15 £000	Variance to January 16 £000
Total Non Current Assets	198,921	197,102	197,212	(1,709)	110
Inventories	7,241	7,882	7,578	337	(304)
Current Trade and Other Receivables	15,147	18,709	13,474	(1,673)	(5,235)
Cash and Cash Equivalents	1,001	5,690	6,826	5,825	1,136
Total Current Assets	23,389	32,281	27,878	4,489	(4,403)
Current Trade and Other Payables	(23,175)	(28,846)	(26,291)	(3,116)	2,555
PDC dividend Payable accrual	0	(1,967)	(2,458)	(2,458)	(491)
Interest on Revolving Working Capital Facility	0	(121)	(130)	(130)	(9)
Provisions	(570)	(582)	(619)	(49)	(37)
Total Current Liabilities	(23,745)	(31,516)	(29,498)	(5,753)	2,018
Net Current Liabilities	(356)	765	(1,620)	(1,264)	(2,385)
Total Assets less Current Liabilities	198,565	197,867	195,592	(2,973)	(2,275)
Revolving Working Capital Support Facility	0	(14,311)	(13,200)	(13,200)	1,111
Provisions	(265)	(159)	(159)	106	0
Total Assets Employed	198,300	183,397	182,233	(16,067)	(1,164)
Financed by Taxpayers' Equity					
Public dividend capital	199,606	199,606	197,606	(2,000)	(2,000)
Retained Earnings	(51,025)	(65,928)	(65,092)	(14,067)	836
Revaluation reserve	49,719	49,719	49,719	0	0
Total Taxpayers' Equity	198,300	183,397	182,233	(16,067)	(1,164)

Total Taxpayers' Equity has decreased £1,164k in month due to an increase in retained earnings comprising a £901k I&E surplus in month and a £65k adjustment for donated asset reserve elimination, and a £2m reduction in PDC dividend capital.

Total Current Assets

Inventories have decreased by £304k within the month.

Receivables have decreased by £5,235k in the areas of NHS receivables (£3,698k), VAT (£67k), Non-NHS receivables (£153k) and prepayments and accrued income (£1,317k).

Accounts Receivable aged debt summary as at 29 February 2016:

	1-30 Days	31-60 Days	61+ Days	Total
	£000	£000	£000	£000
NHS (English)	1,137	470	704	2,311
NHS (Non-English)	56	62	180	298
Private Patients	56	8	71	135
Other*	221	38	196	455
Total	1,470	578	1,151	3,199

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

The outstanding receivables balances as at 29 February 2016 over £100k are:

	1-30 Days	31-60 Days	61+ Days	Total
	£000	£000	£000	£000
NHS England Commissioning	318	42	131	491
RJAH	180	130	31	341
Shropshire Community HCT	151	86	53	290
Western Sussex Hospitals NHS FT	76	0	76	152
Shropshire CCG	50	27	74	151
South Staffs & Shropshire NHS FT	22	4	120	146

The NHS England Commissioning balance 61+ days relates to an invoice for RTT sessions which is in dispute.

The balance over 61 days with South Staffordshire and Shropshire NHS Foundation Trust relates to various invoice queries that are currently trying to be resolved.

Total Current Liabilities and the Better Payment Practice Code

Payables have decreased by £2,555k in the areas of Non-NHS accruals and deferred income (£1,423k), NHS payables (£1,577k) and payments on account (£2k) but a decrease in Non-NHS payables (£360k) and tax and social security costs (£87k).

Accounts Payable aged summary of outstanding invoices as at 29 February 2016:

	1-30 Days	31-60 Days	61+ Days	Total
	£000	£000	£000	£000
NHS Invoices	294	410	680	1,384
Non-NHS Invoices	4,205	2,703	1,045	7,953
Total	4,499	3,113	1,725	9,337

Non-NHS – Year to date performance is worse than the previous month but cumulative performance is better than the equivalent 2014/15 YTD performance.

The areas of non-compliance primarily relate to:

Over 30 days - £473k pharmacy, £272k ICDs, £240k Biochemistry service contract, £230k agency costs

Over 60 days - £153k agency costs, £22k Ward 99 works

Non NHS Spend	YTD	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	YTD
	2014/15	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16
By Volume													
Total Volume	91,748	8,479	7,359	7,255	9,429	7,367	8,629	7,886	7,821	7,819	7,435	6,405	85,884
BPPC compliant volume	39,883	8,076	7,162	6,870	8,177	6,420	7,550	7,060	6,839	6,729	6,617	3,738	75,238
BPPC compliant %	43%	95%	97%	95%	87%	87%	87%	90%	87%	86%	89%	58%	88%
By Value													
Total value (£000)	109,103	11,816	10,156	9,079	10,698	8,704	10,261	9,847	9,571	9,080	8,972	8,280	106,464
BPPC compliant value (£000)	61,295	10,831	9,616	8,110	9,614	7,622	9,365	9,075	8,633	8,289	7,816	5,445	94,416
BPPC compliant %	56%	92%	95%	89%	90%	88%	91%	92%	90%	91%	87%	66%	89%
Current Month													
Payment made													
0-30 days	3,738	58%	5,445,332	66%									
31-35 days	720	11%	821,485	10%									
36-40 days	1,017	16%	1,027,653	12%									
41-45 days	445	7%	613,707	7%									
46-50 days	48	1%	73,274	1%									
51-55 days	37	1%	17,911	0%									
56-60 days	83	1%	50,658	1%									
over 60 days	317	5%	229,804	3%									
Total invoices paid	6,405	100%	£8,279,824	100%									

NHS – Year to date performance is worse than the previous month by volume but better by value and cumulative performance is better than the equivalent 2014/15 YTD performance.

The areas of non-compliance primarily relate to:
Over 30 days - £5k haematology costs

NHS Spend	YTD	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	YTD
	2014/15	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16
By Volume													
Total Volume	2,417	271	205	179	286	153	235	182	241	222	122	12	2,108
BPPC compliant volume	1,378	254	178	165	255	140	200	171	229	209	105	10	1,916
BPPC compliant %	57%	94%	87%	92%	89%	92%	85%	94%	95%	94%	86%	83%	91%
By Value													
Total value (£000)	12,348	1,376	799	780	1,269	506	560	286	711	925	230	126	7,568
BPPC compliant value (£000)	7,076	1,370	717	750	1,245	430	471	282	641	807	184	121	7,018
BPPC compliant %	57%	100%	90%	96%	98%	85%	84%	99%	90%	87%	80%	96%	93%
Current Month													
Payment made													
0-30 days	10	83%	£121,268	96%									
31-35 days	0	0%	£0	0%									
36-40 days	0	0%	£0	0%									
41-45 days	1	8%	£54	0%									
46-50 days	0	0%	£0	0%									
50-55 days	1	8%	£4,800	4%									
56-60 days	0	0%	£0	0%									
over 60 days	0	0%	£0	0%									
Total invoices paid	12	100%	£126,122	100%									

Provisions have moved as expected within the month.

7. Statement of Cash flow

Key points regarding cashflow are as follows:

- The current 2015/16 cash plan is constructed based upon a forecast income and expenditure deficit for the year of £14.778 million.
- Although the Trust has secured an Interim Revolving Working Capital Support Facility (RWC) of £16.8 million, representing 20 days equivalent operating expenditure, we are only able to draw down maximum cash support in 2015/16 of £15.2 million, which is in line with the 'stretch target' which the Trust has been requested to achieve. In addition the Trust's agreed capital to revenue transfer of £2.5 million reduces the maximum cash support to £12.7 million.
- The Trust received RWC of £14.311 million during 2015/16, of which the Trust has repaid £13.811 million, with the remaning £500k being repaid in March.

- The RWC has been converted to an Interim Revenue Support Loan (RSL). The Trust received £12.7 million RSL in February 2016.
- In line with DH Interim Support Finance Guidance, the Trust is required to hold a minimum daily cash balance of two days operating expenses which equates to £1.7 million. This requirement has been included in the cash plan below.
- The Trust held a cash balance of £6.826 million on the Balance Sheet at the end of February 2016.

The Shrewsbury and Telford Hospital
Cashflow - February 2016

2015/16

2016/17

	Actual February Month £000's	Forecast March Month £000's
Balance B/fwd	5,545	6,950
INCOME		
Service Agreements		
Income I&E	30,806	26,403
Income - Total Balance Sheet Movem	(424)	455
Total Income Cashflow	30,382	26,858
Receipt of Revolving Working Capi	0	0
Receipt of Permanent PDC	12,700	0
Total Income Cashflow (inc RWC)	43,082	26,858
PAY		
Pay I&E	(19,083)	(18,681)
Pay - Total Balance Sheet Movements	0	(1,225)
Total Pay Cashflow	(19,083)	(19,905)
NON PAY		
Non Pay I&E	(5,751)	(8,471)
Non Pay - Total Balance Sheet Mover	(46)	833
Total Non Pay Cashflow	(5,797)	(7,638)
Finance Costs		
Finance Costs I&E	2	(3,086)
Finance Costs - Total Balance Sheet	0	0
Total Finance Costs Cashflow	2	(3,086)
Capital		
Capital Expenditure	(591)	(1,679)
Capital - Total Balance Sheet Movem	(106)	1,199
Total Capital Cashflow	(698)	(480)
Repayment of Revolving Working Ca	(13,811)	(500)
PDC Revenue	(2,000)	(500)
Donated Assets		
Donated Assets Income	0	282
Donated Assets Expenditure	(290)	(281)
Total Donated Assets Cashflow	(290)	1
Total Cashflow	1,405	(5,250)
Balance C/fwd	6,950	1,700

Forecast April Month £000's	Forecast May Month £000's	Forecast June Month £000's	Forecast July Month £000's	Forecast August Month £000's	Forecast September Month £000's	Forecast October Month £000's	Forecast November Month £000's	Forecast December Month £000's	Forecast January Month £000's	Forecast February Month £000's
1,700	1,700	1,700	2,744	2,811	3,112	1,700	1,700	1,700	1,700	1,700
28,274	28,274	28,274	28,274	28,274	28,274	28,274	28,274	28,274	28,274	28,274
0	0	2,886	0	0	0	0	0	0	0	0
28,274	28,274	31,160	28,274	28,274	28,274	28,274	28,274	28,274	28,274	28,274
					1,331			441	239	
					0			0		
28,274	28,274	31,160	28,274	28,274	29,605	28,274	28,274	28,715	28,513	28,274
(18,206)	(18,537)	(18,537)	(18,537)	(18,537)	(18,537)	(18,537)	(18,537)	(18,537)	(18,537)	(18,537)
0	0	0	0	0	0	0	0	0	0	0
(18,206)	(18,537)	(18,537)	(18,537)	(18,537)	(18,537)	(18,537)	(18,537)	(18,537)	(18,537)	(18,537)
(8,108)	(9,311)	(10,827)	(8,976)	(8,976)	(8,976)	(8,954)	(8,890)	(8,976)	(8,976)	(8,976)
75	66	55	0	0	0	0	0	0	0	0
(8,034)	(9,245)	(10,772)	(8,976)	(8,976)	(8,976)	(8,954)	(8,890)	(8,976)	(8,976)	(8,976)
2	2	2	2	2	(2,996)	2	2	2	2	2
0	0	0	0	0	0	0	0	0	0	0
2	2	2	2	2	(2,996)	2	2	2	2	2
(268)	(271)	(642)	(496)	(446)	(496)	(868)	(833)	(1,188)	(985)	(666)
(1,851)	(207)	(150)	0	0	0	0	0	0	0	0
(2,119)	(478)	(792)	(496)	(446)	(496)	(868)	(833)	(1,188)	(985)	(666)
83	83	83	83	84	63	83	84	84	83	83
0	(100)	(100)	(100)	(100)	(75)	0	(100)	(100)	(100)	(100)
83	(17)	(17)	(17)	(16)	(12)	83	(16)	(16)	(17)	(17)
0	(1)	1,044	250	301	(1,412)	(0)	0	0	(0)	80
1,700	1,700	2,744	2,994	3,112	1,700	1,700	1,700	1,700	1,700	1,780

Statement of Financial Position – Key Messages

- The 2015/16 cash plan is constructed based upon a forecast income and expenditure deficit for the year of £14.778 million.
- The Trust has secured an Interim Revolving Working Capital Support Facility (RWC) of £16.8 million, representing 20 days equivalent operating expenditure, however we are only able to draw down maximum cash support in 2015/16 of £15.2 million, which is in line with the 'stretch target' which the Trust has been requested to achieve. In addition the Trust's agreed capital to revenue transfer of £2.5 million reduces the maximum cash support to £12.7 million
- The Trust received RWC of £14.311 million during 2015/16, of which the Trust has repaid £13.811 million, with the remaining £500k being repaid in March.
- The RWC has been converted to an Interim Revenue Support Loan (RSL). The Trust received £12.7 million RSL in February 2016.
- In line with DH Interim Support Finance Guidance, the Trust is required to hold a minimum daily cash balance of two days operating expenses which equates to £1.7 million.
- The Trust held a cash balance of £6.826 million on the Balance Sheet at the end of February 2016.

Neil Nisbet
Finance Director and Deputy Chief Executive
22ND March 2016

Reporting to:	Trust Board – 31 March 2016
Title	Nursing and Midwifery Staffing Data - January and February 2016
Sponsoring Director	Director of Nursing & Quality
Author(s)	Philip Fewtrell, Quality Manager
Previously considered by	NA
Executive Summary	<p>The purpose of this report is to inform the Trust Board of the staffing levels in January and February 2016. The paper details by exception, the reasons why staffing hours were $\geq 110\%$ or $\leq 85\%$ than planned by ward.</p> <p>January</p> <p>Registered Nurses / Midwives - Day = 94.1%</p> <p>Care Staff - Day = 103.1%</p> <p>Registered Nurses / Midwives - Night = 97.5%</p> <p>Care Staff - Night = 103.2%</p> <p>February</p> <p>Registered Nurses / Midwives - Day = 93.5%</p> <p>Care Staff - Day = 102.3%</p> <p>Registered Nurses / Midwives - Night = 96.7%</p> <p>Care Staff - Night = 106.8%</p> <p>The Board will receive the report for information, and to support them in fulfilling their responsibilities to monitor staffing capacity and capability.</p>
Strategic Priorities <input checked="" type="checkbox"/> Quality and Safety <input type="checkbox"/> Healthcare Standards <input type="checkbox"/> People and Innovation <input type="checkbox"/> Community and Partnership <input type="checkbox"/> Financial Strength	Operational Objectives <p>Develop robust recruitment plans to recruit to establishment to ensure safe staffing levels.</p>
Board Assurance Framework (BAF) Risks	<input checked="" type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> If we do not implement our falls prevention strategy then patients may suffer serious injury <input checked="" type="checkbox"/> Risk to sustainability of clinical services due to potential shortages of key clinical staff <input type="checkbox"/> If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients

	<input type="checkbox"/> If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input type="checkbox"/> If we are unable to resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
Care Quality Commission (CQC) Domains	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led
<input checked="" type="checkbox"/> Receive <input checked="" type="checkbox"/> Review <input type="checkbox"/> Note <input type="checkbox"/> Approve	Recommendation REVIEW and RECEIVE the report

Nursing and Midwifery Staffing Data – January and February 2016

1. Hospital Site Monthly Fill Rates

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

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

Table 1 – January 2016

Hospital Site	Day		Night		Overall fill rate %
	Registered Staff	Care Staff	Registered Staff	Care Staff	
Princess Royal Hospital (PRH)	95.5%	99.5%	98.7%	99.3%	99.1%
	29622 (A) of 31006.5 (P)	18415 (A) of 18514.5 (P)	22219 (A) of 22518 (P)	12221 (A) of 12304 (P)	
Royal Shrewsbury Hospital (RSH)	91.7%	109.5%	97.8%	111.2%	99.1%
	24098.5 (A) of 26279 (P)	20839 (A) of 19030 (P)	18615.5 (A) of 19032 (P)	12288.5 (A) of 11047 (P)	
SaTH Maternity Units (RSH / PRH / Midwife-Led Units)	96.1%	92.5%	92.6%	93.5%	94%
	8606 (A) of 8955 (P)	4899 (A) of 5299 (P)	6029 (A) of 6510 (P)	3885 (A) of 4154 (P)	
Overall Trust fill rate	94.1%	103.1%	97.5%	103.2%	

Table 2 – February 2016

Hospital Site	Day		Night		Overall fill rate %
	Registered Staff	Care Staff	Registered Staff	Care Staff	
Princess Royal Hospital (PRH)	95.3%	99.7%	97.8%	102.1%	99.0%
	27962 (A) of 29344 (P)	17310 (A) of 17356 (P)	20678.5 (A) of 21138 (P)	11922.5 (A) of 11676.5 (P)	
Royal Shrewsbury Hospital (RSH)	90.5%	106.9%	97.6%	116.5%	99.0%
	22158 (A) of 24490 (P)	19078.5 (A) of 17845 (P)	17391 (A) of 17816 (P)	12042 (A) of 10337 (P)	
SaTH Maternity Units (RSH / PRH / Midwife-Led Units)	96.2%	94.3%	90%	95.2%	94%
	8027.5 (A) of 8345.5 (P)	4666 (A) of 4949 (P)	5483 (A) of 6090 (P)	3698 (A) of 3886 (P)	
Overall Trust fill rate	93.5%	102.3%	96.7%	106.8%	

2. Exception Report

Tables 3 and 4 detail by exception, why staffing hours were $\geq 110\%$ or $\leq 85\%$ than planned. For wards with a fill rate $\geq 110\%$ the number and reason for additional duties worked above the planned staffing template is included. This is represented by the total number of shifts and equivalent hours worked during the month. Where a ward has a pre-registration nurse(s) working outside their supernumerary period; the number of hours they have worked which have been assigned to the Care Staff hours sum is also detailed, which, for January amounts to 1684.5 hours and for February 1474 hours. They will remain assigned to this staffing category from a recording of their worked hour's perspective until they have been registered with the UK Nursing & Midwifery Council (NMC).

Table 3 – January 2016

Site	Ward	Staff Group	Time of Day	% Fill Rate	Reason(s) for over / under fill
PRH	4	Care Staff	Day	95.6%	Pre-Reg RN hours = 45
PRH	4	Care Staff	Night	109.9%	Additional Duties Total shifts = 4, Total hours = 45 EPS – 3 shifts, 34 hrs High Acuity – 1 shift, 11 hrs Pre-Reg RN hours = 34.5
PRH	7	Care Staff	Day	111%	Additional Duties Total shifts = 19, Total hours = 210 Escalation – 19 shifts, 210 hrs
PRH	7	Registered	Night	136.7%	Additional Duties Total shifts = 23, Total hours = 264 Escalation – 23 shifts, 264 hrs
PRH	9	Care Staff	Day	108.8%	Pre-Reg RN hours = 161
PRH	9	Care Staff	Night	96.7%	Pre-Reg RN hours = 11.5
PRH	15	Care Staff	Day	106.6%	Pre-Reg RN hours = 149.5
RSH	AMU	Care Staff	Day	97.1%	Additional Duties Total shifts = 1, Total hours = 11 Escalation – 1 shift, 11 hrs, Pre-Reg RN hours = 138
RSH	AMU	Care Staff	Night	95.3%	Pre-Reg RN hours = 92
RSH	22 SR	Registered	Day	79.4%	Under fill due to a change in the ward staffing template over the Winter period; with a planned reduction in the number of Registered Nurses on duty during the day. One RN has been replaced with 1.5 Healthcare Assistants (HCAs) on each shift

RSH	22 SR	Care Staff	Day	137.8%	Additional Duties Total shifts = 93, Total hours = 868.5 EPS – 24 shifts, 269.5 hrs Change in Skill Mix – 68 shifts, 591 hrs (as detailed above) Escalation – 1 shift, 8 hrs
RSH	22 SR	Care Staff	Night	116.1%	Additional Duties Total shifts = 29, Total hours = 333.5 EPS – 29 shifts, 333.5 hrs
RSH	24/CCU	Registered	Night	82.6%	Under fill due to a change in the ward staffing template over the Winter period; with a planned reduction in the number of Registered Nurses on duty during the night. One RN has been replaced with one HCA on each shift
RSH	24/CCU	Care Staff	Night	130.5%	Additional Duties Total shifts = 4, Total hours = 46 Change in Skill Mix – 4 shifts, 46 hrs Reassignment of RN duties to Care Staff – 228.5 hrs (as detailed above)
RSH	27	Registered	Day	79.9%	Low fill rate due to reassignment of 310.5 hours of Registered Staff hours to Care Staff category, worked by Pre-Reg RN
RSH	27	Care Staff	Day	121%	Additional Duties Total shifts = 8, Total hours = 92 Change in Skill Mix – 8 shifts, 92 hrs Pre-Reg RN hours = 310.5
RSH	28 N	Care Staff	Day	112.3%	Additional Duties Total shifts = 1, Total hours = 11 Escalation – 1 shift, 11 hrs Pre-Reg RN hours = 310.5
PRH	10	Care Staff	Day	110.2%	Additional Duties Total shifts = 12, Total hours = 121 Change in Skill Mix – 1 shift, 7 hrs EPS – 9 shifts, 97 hrs Not recorded – 2 shifts, 17 hrs
PRH	10	Care Staff	Night	127.6%	Additional Duties Total shifts = 16, Total hours = 183 Change in Skill Mix – 3 shifts, 34 hrs EPS – 13 shifts, 149 hrs
RSH	Urology Ward Treatment Centre	Registered	Day	112.5%	Additional Duties Total shifts = 24, Total hours = 252 Escalation – 24 shifts, 252 hrs
RSH	Urology Ward Treatment Centre	Care Staff	Day	124.1%	Additional Duties Total shifts = 17, Total hours = 134 Escalation – 17 shifts, 134 hrs Pre-Reg RN hours = 61
RSH	Urology Ward Treatment Centre	Registered	Night	137.2%	Additional Duties Total shifts = 30, Total hours = 345 Escalation – 30 shifts, 345 hrs
RSH	Urology Ward Treatment Centre	Care Staff	Night	112.9%	Additional Duties Total shifts = 2, Total hours = 23 Escalation – 2 shifts, 23 hrs Pre-Reg RN hours = 46
RSH	22 TO	Care Staff	Day	106.3%	Additional Duties Total shifts = 10, Total hours = 110 EPS – 10 shifts, 110 hrs Pre-Reg RN hours = 96

RSH	22 TO	Care Staff	Night	139.7%	Additional Duties Total shifts = 36, Total hours = 414 EPS – 35 shifts, 402 hrs Not recorded – 1 shift, 11 hrs Pre-Reg RN hours = 34
RSH	23 OH	Care Staff	Night	116%	Additional Duties Total shifts = 7, Total hours = 78 EPS – 7 shifts, 78 hrs
RSH	26	Care Staff	Day	108.6%	Additional Duties Total shifts = 13, Total hours = 144 EPS – 13 shifts, 144 hrs Pre-Reg RN hours = 57
RSH	26	Care Staff	Night	101.1%	Additional Duties Total shifts = 1, Total hours = 11 High Acuity – 1 shift, 11 hrs, Pre-Reg RN hours = 46
RSH	SAU	Care Staff	Day	120.7%	Additional Duties Total shifts = 34 , Total hours = 391 EPS – 34 shifts, 391 hrs Pre-Reg RN hours = 92
RSH	SAU	Care Staff	Night	140.8%	Additional Duties Total shifts = 39, Total hours = 447 EPS – 36 shifts, 412 hrs Escalation – 3 shifts, 34 hrs
PRH	22 Antenatal	Registered	Day	78.2%	Reduced fill rate due to high levels of staff sickness and maternity leave and unable to cover all planned hours. In order to maintain quality and safety of service delivery Maternity Services use their maternity escalation tool to review acuity and occupation of beds on the Consultant Unit and move staff between areas to maintain safety. Should patient activity increase, the escalation policy would be used to move staff from midwife led units who have no or few in-patients should the on-call manager assess as necessary
PRH	22 Antenatal Ward	Registered	Night	67.3%	
PRH	24 Delivery Suite	Care Staff	Day	82.1%	Reduced fill rate due to staff vacancies. The Unit functions safely with 2 Women's Services Assistants; the increase to 3 is to maintain patient experience and quality due to the increase in size and layout of the new building. WSA staffing template is currently under view
PRH	24 Delivery Suite	Care Staff	Night	76.8%	
PRH	Wrekin Midwife Led Unit	Care Staff	Day	83.2%	Reduced fill rate due to Care Staff sickness and maternity leave

Table 4 – February 2016

Site	Ward	Staff Group	Time of Day	% Fill Rate	Reason(s) for over / under fill
PRH	AMU	Care Staff	Day	100%	Pre-Reg RN hours = 35.5

PRH	4	Registered	Day	81%	Additional Duties Total shifts = 1, Total hours = 11.5 Change in Skill Mix – 1 shift, 11.5 hrs Low fill rate due to reassignment of 242.5 hours of Registered Staff hours to Care Staff category, worked by Pre-Reg RN
PRH	4	Care Staff	Day	109.4%	Pre-Reg RN hours = 242.5
PRH	4	Care Staff	Night	108.2%	Pre-Reg RN hours = 57.5
PRH	7	Registered	Day	114.9%	Additional Duties Total shifts = 26, Total hours = 290.8 Escalation – 25 shifts, 287.5 hrs Staff moved to another area – 1 shift, 3.3 hrs
PRH	7	Care Staff	Day	116.1%	Additional Duties Total shifts = 21, Total hours = 240 Escalation – 21 shifts, 240 hrs
PRH	7	Registered	Night	144.8%	Additional Duties Total shifts = 28, Total hours = 322 Escalation – 28 shifts, 322 hrs
PRH	7	Care Staff	Night	120.5%	Additional Duties Total shifts = 13, Total hours = 148.5 Escalation – 13 shifts, 148.5 hrs
PRH	9	Care Staff	Day	100%	Pre-Reg RN hours = 80.5
PRH	9	Care Staff	Night	101.8%	Pre-Reg RN hours = 23
PRH	15	Care Staff	Day	105.8%	Pre-Reg RN hours = 149.5
PRH	16	Care Staff	Night	124.1%	Additional Duties Total shifts = 15, Total hours = 172.5 EPS – 15 shifts, 172.5 hrs
RSH	22 SR	Registered	Day	74.8%	Under fill due to a change in the ward staffing template over the Winter period; with a planned reduction in the number of Registered Nurses on duty during the day. One RN has been replaced with 1.5 Healthcare Assistants (HCAs) on each shift
RSH	22 SR	Care Staff	Day	127.6%	Additional Duties Total hours = 868.5 Change in Skill Mix – 406 hrs (as detailed above)
RSH	24/CCU	Care Staff	Day	97.1%	Pre-Reg RN hours = 11.5

RSH	24/CCU	Registered	Night	81.2%	Under fill due to a change in the ward staffing template over the Winter period; with a planned reduction in the number of Registered Nurses on duty during the night. One RN has been replaced with one HCA on each shift
RSH	24/CCU	Care Staff	Night	146.9%	Additional Duties Total shifts = 3, Total hours = 34.5 Allocate on Arrival – 1 shift, 11.5 hrs Change in Skill Mix – 1 shift, 11.5 hrs Escalation – 1 shift, 11.5 hrs Reassignment of RN duties to Care Staff – 300 hrs (as detailed above)
RSH	27	Registered	Day	82.7%	Low fill rate due to reassignment of 161 hours of Registered Staff hours to Care Staff category, worked by Pre-Reg RN
RSH	27	Care Staff	Day	102.6%	Additional Duties Total shifts = 3, Total hours = 34.5 Change in Skill Mix – 1 shift, 11.5 hrs High Acuity – 1 shift, 11.5 hrs Other – 1 shift, 11.5 hrs Pre-Reg RN hours = 161
RSH	28 N	Care Staff	Day	103.7%	Additional Duties Total shifts = 1, Total hours = 11.5 Change in Skill Mix – 1 shift, 11.5 hrs Pre-Reg RN hours = 218.5
RSH	32	Care Staff	Day	99.7%	Pre-Reg RN hours = 11.5
RSH	8	Care Staff	Night	151.1%	Additional Duties Total shifts = 14, Total hours = 159 EPS – 14 shifts, 159 hrs
PRH	Day Ward Orthopaedics	Care Staff	Night	65.7%	Low fill rate due to planned reduction in number of Care Staff on nights (1 instead of the staffing template of 2) due to short term Winter reduction in bed numbers following move from original location on Ward 11
RSH	Urology Ward Treatment Centre	Registered	Day	119.9%	Additional Duties Total shifts = 27, Total hours = 307.2 Escalation – 27 shifts, 307.2 hrs
RSH	Urology Ward Treatment Centre	Care Staff	Day	139.3%	Additional Duties Total shifts = 29, Total hours = 250 EPS – 7 shifts, 80.5 hrs Escalation – 22 shifts, 169.5 hrs Pre-Reg RN hours = 69
RSH	Urology Ward Treatment Centre	Registered	Night	143.1%	Additional Duties Total shifts = 28, Total hours = 322 Escalation – 28 shifts, 322 hrs
RSH	Urology Ward Treatment Centre	Care Staff	Night	193.9%	Additional Duties Total shifts = 23, Total hours = 257.3 EPS – 19 shifts, 212 hrs Escalation – 4 shifts, 45.3 hrs Pre-Reg RN hours = 57.5
RSH	22 TO	Care Staff	Day	98.2%	Pre-Reg RN hours = 34.5

RSH	22 TO	Care Staff	Night	136.2%	Additional Duties Total shifts = 33, Total hours = 374.38 EPS – 19 shifts, 365.8 hrs Change in Skill Mix – 1 shift, 8.5 hrs Pre-Reg RN hours = 11.5
RSH	23 OH	Care Staff	Day	92.9%	Pre-Reg RN hours = 11.5
RSH	25	Care Staff	Day	105.9%	Pre-Reg RN hours = 149.5
RSH	26	Care Staff	Day	124.4%	Additional Duties Total shifts = 34, Total hours = 373.5 Change in Skill Mix – 1 shift, 6 hrs EPS – 33 shifts, 367.5 hrs Pre-Reg RN hours = 80.5
RSH	26	Care Staff	Night	119.5%	Additional Duties Total shifts = 19, Total hours = 217 Change in Skill Mix – 2 shifts, 23 hrs EPS – 17 shifts, 194 hrs
RSH	SAU	Care Staff	Day	108%	Additional Duties Total shifts = 12 , Total hours = 133.7 Change in Skill Mix – 3 shifts, 34.5 hrs EPS – 9 shifts, 99.2 hrs Pre-Reg RN hours = 69
RSH	SAU	Care Staff	Night	147.1%	Additional Duties Total shifts = 42 , Total hours = 482 EPS – 16 shifts, 183 hrs Escalation – 26 shifts, 299 hrs
PRH	22 Antenatal	Registered	Day	78.7%	Reduced fill rate due to the temporary reduction in staffing from 3 midwives to 2 as part of the trial of the Obstetric Triage Area. 4 night shifts of midwifery staffing was supported by the 2 triage midwives due to sickness on the ward
PRH	22 Antenatal Ward	Registered	Night	60%	
PRH	24 Delivery Suite	Care Staff	Day	84.1%	Reduced fill rate due to staff vacancies and limited pool of Bank Care Staff who have the necessary skill-set to be able to work in the Theatre element of the job. The Unit functions safely with 2 Women's Services Assistants; the increase to 3 is to maintain patient experience and quality due to the increase in size and layout of the new building. WSA staffing template is currently under view
PRH	24 Delivery Suite	Care Staff	Night	80.5%	

3. Conclusion

This report provides details of inpatient ward staffing for January and February 2016. The Heads of Nursing and Midwifery, Matrons and Ward Managers continue to monitor actual versus planned staffing levels across the Trust on a daily basis to ensure that appropriate action is taken to mitigate risk when there are staffing shortfalls.

Recommendations

The Board is asked to:

REVIEW and **RECEIVE** the report.

Appendix 1

January 2016 - Staffing Data by Ward

Appendix 2

February 2016 – Staffing Data by Ward

Appendix 1

SaTH Nursing, Midwifery and Care Staff Data - January 2016				Day						Night						Average	Average
				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
Care Group	Centre	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		Total monthly planned staff hours	Total monthly actual staff hours
Unscheduled Care	Emergency Assessment Centre	PRH	Acute Medical Unit (AMU)	1859	1791	96.3%	1658	1558	94.0%	1782	1749	98.1%	1069	1010	94.5%	97.2%	94.2%
Unscheduled Care	Medicine Centre	PRH	Ward 4 - Gastroenterology	1730	1625	93.9%	1426	1363	95.6%	1069	1003	93.8%	713	784	109.9%	93.9%	102.7%
Unscheduled Care	Medicine Centre	PRH	Ward 6 - Coronary Care Unit	2096	2032	96.9%	713	760	106.6%	1379	1385	100.4%	356	391	109.8%	98.7%	108.2%
Unscheduled Care	Medicine Centre	PRH	Ward 7 - Acute Medical Short Stay	1431	1543	107.8%	1069	1187	111.0%	713	975	136.7%	713	775	108.7%	122.3%	109.9%
Unscheduled Care	Medicine Centre	PRH	Ward 9 - Respiratory	1843	1582	85.8%	1426	1552	108.8%	1069	1047	97.9%	713	690	96.7%	91.9%	102.8%
Unscheduled Care	Medicine Centre	PRH	Ward 11 - Supported Discharge	1421	1378	97.0%	2139	1949	91.1%	713	713	100.0%	1426	1380	96.8%	98.5%	93.9%
Unscheduled Care	Medicine Centre	PRH	Ward 15 - Acute Stroke Unit	2188	1952	89.2%	1426	1520	106.6%	1426	1391	97.5%	713	713	100.0%	93.4%	103.3%
Unscheduled Care	Medicine Centre	PRH	Ward 16 - Stroke Rehab	1332	1191	89.4%	1069	1058	99.0%	713	702	98.5%	713	690	96.8%	93.9%	97.9%
Unscheduled Care	Emergency Assessment Centre	PRH	Ward 17 - Endocrinology & Care of the Older Person	2072	1983	95.7%	1782	1715	96.2%	1069	1059	99.1%	1426	1401	98.2%	97.4%	97.2%
Unscheduled Care	Emergency Assessment Centre	RSH	Acute Medical Unit (AMU)	1893	1783	94.2%	1426	1384	97.1%	1426	1423	99.8%	1426	1359	95.3%	97.0%	96.2%
Unscheduled Care	Medicine Centre	RSH	Ward 21 - Supported Discharge	941	879	93.4%	1070	967	90.3%	713	713	100.0%	713	610	85.5%	96.7%	87.9%
Unscheduled Care	Medicine Centre	RSH	Ward 22 - Stroke & Rehabilitation Unit	2367	1880	79.4%	2139	2949	137.8%	1426	1402	98.3%	1782	2069	116.1%	88.9%	127.0%
Unscheduled Care	Medicine Centre	RSH	Ward 24 / CCU	2219	2153	97.0%	1658	1495	90.2%	1782	1473	82.6%	713	931	130.5%	89.8%	110.3%
Unscheduled Care	Medicine Centre	RSH	Ward 27 - Respiratory	2553	2041	79.9%	2196	2658	121.0%	1426	1420	99.6%	1069	1002	93.7%	89.8%	107.4%
Unscheduled Care	Emergency Assessment Centre	RSH	Ward 28 - Nephrology / Medicine	2110	1844	87.4%	1782	2001	112.3%	1426	1394	97.8%	1069	1092	102.2%	92.6%	107.2%
Unscheduled Care	Medicine Centre	RSH	Ward 32 - Short Stay	1433	1334	93.1%	1069	1027	96.1%	1069	1045	97.8%	713	701	98.3%	95.4%	97.2%
Scheduled Care	Head and Neck Centre	PRH	Ward 8 - Head & Neck Adult Ward	939	959	102.1%	470	489	104.0%	713	696	97.6%	161	161	100.0%	99.8%	102.0%
Scheduled Care	Musculoskeletal Centre	PRH	Ward 10 - Trauma & Orthopaedics	1695	1660	97.9%	1069	1178	110.2%	1069	1018	95.2%	713	910	127.6%	96.6%	118.9%
Scheduled Care	Musculoskeletal Centre	PRH	Day Ward Orthopaedics	958	976	101.8%	713	644	90.3%	713	713	100.0%	713	612	85.8%	100.9%	88.1%
Scheduled Care	Theatres, Anaesthetics and Critical Care Centre	PRH	ITU/HDU	2649	2463	93.0%	347	347	100.0%	2604	2480	95.2%	24	24	100.0%	94.1%	100.0%
Scheduled Care	Surgical, Oncology and Haematology Centre	RSH	Urology Ward Treatment Centre	1006	1132	112.5%	713	885	124.1%	713	978	137.2%	356	402	112.9%	124.8%	118.5%
Scheduled Care	Musculoskeletal Centre	RSH	Ward 22 - Orthopaedics	1791	1677	93.6%	1426	1516	106.3%	1069	1049	98.1%	1069	1493	139.7%	95.9%	123.0%
Scheduled Care	Surgical, Oncology and Haematology Centre	RSH	Ward 23 - Oncology / Haematology	1854	1629	87.8%	1426	1352	94.8%	1426	1379	96.7%	356	413	116.0%	92.3%	105.4%
Scheduled Care	Surgical, Oncology and Haematology Centre	RSH	Ward 25 - Colorectal and Gastroenterology	2182	2012	92.2%	1798	1766	98.2%	1426	1356	95.1%	1069	991	92.7%	93.7%	95.5%
Scheduled Care	Surgical, Oncology and Haematology Centre	RSH	Ward 26 - Short-Stay Surgery / Surgical / ICA	2177	2075	95.3%	1611	1750	108.6%	1426	1357	95.2%	1069	1081	101.1%	95.2%	104.9%
Scheduled Care	Surgical, Oncology and Haematology Centre	RSH	Surgical Assessment Unit (SAU)	2260	2157	95.4%	1782	2151	120.7%	1782	1787	100.3%	1069	1505	140.8%	97.9%	130.7%
Scheduled Care	Theatres, Anaesthetics and Critical Care Centre	RSH	ITU/HDU	3386	3288	97.1%	360	324	90.0%	3348	3263	97.5%	0	0	#DIV/0!	97.3%	90.0%
Women & Children's Care Group	Women and Children's Centre	PRH	Ward 19 - Children's	3359	3152	93.9%	1070	1001	93.5%	2852	2645	92.7%	713	621	87.1%	93.3%	90.3%
Women & Children's Care Group	Women and Children's Centre	PRH	Ward 23 - Neonatal Unit	2768	2765	99.9%	356	366	102.8%	2495	2508	100.5%	356	345	96.9%	100.2%	99.9%
Women & Children's Care Group	Women and Children's Centre	PRH	Ward 21 - Postnatal Maternity	1218	1245	102.2%	1116	1118	100.2%	1116	1115	99.9%	744	732	98.4%	101.1%	99.3%
Women & Children's Care Group	Women and Children's Centre	PRH	Ward 22 - Antenatal Maternity	1273	996	78.2%	744	714	96.0%	1116	751	67.3%	744	692	93.0%	72.8%	94.5%
Women & Children's Care Group	Women and Children's Centre	PRH	Ward 24 - Delivery Suite Maternity	3289	3304	100.5%	1348	1107	82.1%	2061	1939	94.1%	883	678	76.8%	97.3%	79.5%
Women & Children's Care Group	Women and Children's Centre	PRH	Wrekin Maternity	999	996	99.7%	618	514	83.2%	744	732	98.4%	372	372	100.0%	99.0%	91.6%
Women & Children's Care Group	Women and Children's Centre	RSH	Shrewsbury Midwife-Led Unit	805	801	99.5%	372	372	100.0%	372	380	102.2%	372	372	100.0%	100.8%	100.0%
Women & Children's Care Group	Women and Children's Centre	Bridgnorth	Bridgnorth Midwife-Led Unit	447	441	98.5%	357	330	92.4%	372	372	100.0%	357	356	99.7%	99.3%	96.1%
Women & Children's Care Group	Women and Children's Centre	Ludlow	Ludlow Midwife-Led Unit	462	406	87.8%	372	372	100.0%	357	368	103.1%	310	311	100.3%	95.4%	100.2%
Women & Children's Care Group	Women and Children's Centre	Oswestry	Oswestry Midwife-Led Unit	462	417	90.3%	372	372	100.0%	372	372	100.0%	372	372	100.0%	95.1%	100.0%
Women & Children's Care Group	Women and Children's Centre	PRH	Ward 14 - Gynaecology	774	789	101.9%	356	345	96.9%	713	713	100.0%	356	356	100.0%	101.0%	98.5%
Site Summary	Princess Royal Hospital (PRH)			31007	29622	95.5%	18515	18415	99.5%	22518	22219	98.7%	12304	12221	99.3%		
	Royal Shrewsbury Hospital (RSH)			26279	24099	91.7%	19030	20839	109.5%	19032	18616	97.8%	11047	12289	111.2%		
	Princess Royal Hospital (PRH) (Maternity)			6779	6541	96.5%	3826	3453	90.3%	5037	4537	90.1%	2743	2474	90.2%		
	Royal Shrewsbury Hospital (RSH) (Maternity)			805	801	99.5%	372	372	100.0%	372	380	102.2%	372	372	100.0%		
	Bridgnorth Hospital (Maternity)			447	441	98.5%	357	330	92.4%	372	372	100.0%	357	356	99.7%		
	Ludlow Hospital (Maternity)			462	406	87.8%	372	372	100.0%	357	368	103.1%	310	311	100.3%		
The Robert Jones & Agnes Hunt Orthopaedic Hospital (Maternity)				462	417	90.3%	372	372	100.0%	372	372	100.0%	372	372	100.0%		
Trustwide Summary				66241	62326	94.1%	42844	44153	103.1%	48060	46864	97.5%	27505	28395	103.2%		

	RTT Admitted Performance February 2016 Target 90%	Update	Additional support required from CCG or AT Y/N	RTT Non Admitted Performance February 2016 Target 95%	Update	Additional support required from CCG or AT Y/N	Incompletes Target 92%
Colorectal surgery	78.21	Backlog Clearance	No	97.59	Delivering RTT	No	95.41
Upper Gi		Backlog Clearance	No		Delivering RTT	No	
Vascular		Backlog Clearance	No		Delivering RTT	No	
Breast		Backlog Clearance	No		Delivering RTT	No	
Urology	86.15	Backlog Clearance	No	98.47	Delivering RTT	No	92.50
ENT	74.38	Backlog Clearance	No	98.08	Delivering RTT	No	96.97
Max fax and oral surgery	40.51	Will not deliver RTT based on current D&C model	Yes	61.76	Work ongoing with NHS England	Yes	74.21
Ophthalmology	90.22	Backlog Clearance	No	97.80	Delivering RTT	No	96.44
Gynaecology	67.06	Backlog Clearance	No	97.17	Delivering RTT	No	92.10
T&O	54.27	Backlog Clearance	No	92.90	Backlog Clearance	No	87.01
Gastroenterology	100.00	Delivering RTT	No	87.88	Backlog Clearance	No	95.01
Cardiology	84.62	Delivering RTT	No	96.22	RAP Developed	No	95.09
Dermatology				95.29	Delivering RTT	No	98.46
Geriatric Medicine				77.63	Backlog Clearance	No	97.50
Neurology				78.95	Backlog Clearance	No	89.15
Respiratory	100.00	Delivering RTT	No	85.79	Backlog Clearance	No	89.31
General Medicine	100.00	Delivering RTT	No	93.13	Backlog Clearance	No	90.60
Cardiothoracic surgery				100.00	Delivering RTT	No	96.30
Rheumatology							
Neuro surgery				100.00	Delivering RTT	Yes	85.00
Other (inc Pain)	41.94	See detail below	No	93.61	See detail below	No	86.42
Trust Total	73.74			93.59			92.01

Breakdown of Other by Specialty	RTT Admitted Performance February 2016 Target 90%	RTT Non Admitted Performance February 2016 Target 95%
Accident & Emergency		100.00
Allied Health Professional		88.89
Chemical Pathology		100.00
Clinical Physiology		100.00
Dietetics		100.00
Midwife		
Medical Oncology		
Neonates		
Obstetrics		
Occupational Therapy		100.00
Orthodontics		20.00
Orthoptics		100.00
Paediatrics		98.23
Paed. Clinical Haematology		100.00
Paed. Clinical Imm.		100.00
Paed. Cystic Fibrosis		
Paed Diabetic Medicine		100.00
Paediatric Endocrinology		100.00
Paediatric Epilepsy		100.00
Paediatric Gastroenterology		100.00
Paediatric Medical Oncology		100.00
Paediatric Nephrology		100.00
Paediatric Neurology		100.00
Paediatric Respir. Med.		100.00
Paediatric Rheumatology		100.00
Paediatric Surgery	62.50	92.31
Pain Management	31.82	100.00
Physiotherapy		100.00
Psychotherapy		100.00
Clinical Oncology	100.00	100.00
Restorative Dentistry		80.00
Speech & Language Therapy		95.45
Trust Total	41.94	93.61

RTT EXCEPTION REPORT MARCH 2016

Key

Red

Not delivering to trajectory or no recovery plan in place

Amber

Not delivering but on planned trajectory

Green

Delivering RTT