

Reporting to:	Trust Board Meeting - Thursday 28 January 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 December 2015 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 pack if Directors wish to consider this. The paper also contains the Board self certifications required to be submitted to the TDA in relation to Governance and Monitor Licence Conditions.</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>
Strategic Priorities 1. Quality and Safety 2. People 3. Innovation 4. Community and Partnership 5. Financial Strength: Sustainable Future	<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 <input checked="" type="checkbox"/> Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work <input type="checkbox"/> Support service transformation and increased productivity through technology and continuous improvement strategies <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 <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

	<p>improvement then staff morale and patient outcomes may not improve</p> <p><input type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients</p> <p><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</p>
Care Quality Commission (CQC) Domains	<p><input checked="" type="checkbox"/> Safe</p> <p><input checked="" type="checkbox"/> Effective</p> <p><input checked="" type="checkbox"/> Caring</p> <p><input checked="" type="checkbox"/> Responsive</p> <p><input checked="" type="checkbox"/> Well led</p>
<p><input type="checkbox"/> Receive <input checked="" type="checkbox"/> Review</p> <p><input type="checkbox"/> Note <input checked="" type="checkbox"/> Approve</p>	<p>Recommendation</p> <p>The Trust Board is asked to REVIEW performance for December 2015 and APPROVE the self certification submissions.</p>

INTEGRATED PERFORMANCE REPORT

OVERVIEW OF KEY PERFORMANCE AREAS – DECEMBER 2015

1. QUALITY & SAFETY OVERVIEW

1.1 Infection Prevention and Control (IPC)

Clostridium Difficile (C.diff)

The Trust reported a further 2 C.diff cases during December and follows none reported in November. Despite improvements to the incidence of C.diff at the time of reporting, the Trust is now at the expected national target set by NHS England of no more than 25 cases for the year, and is therefore very likely to exceed this figure in 2015/16. 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.

1.2 Never Event

The Trust reported a Never Event (wrong site surgery) during November which is the second event in recent months. Although neither events were related or contained parallels; the Trust are concerned and disappointed in these occurrences. As stated previously, Never Events are serious incidents that are considered wholly preventable, as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level, and should be implemented by all healthcare providers. This particular event involved a patient undergoing teeth extraction.

The procedure requires a throat pack to be inserted; with removal expected before the patient left theatre. In recovery, it was identified that the throat pack remained in-situ. The root cause process is still in progress however; initial findings have shown some deviation from expected safety processes and human factors influencing the event. Importantly, the patient has not been harmed and the never event reported promptly and openly by the Trust. An apology has been provided to the patient and family. The Quality & Safety Committee has reviewed the progress of the investigation to date and will critique the final outcome and learning.

1.3 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 November and December are found below:

November

- Registered Nurses/Midwives - Day = 96.2%
- Care Staff - Day = 100%
- Registered Nurses/Midwives - Night = 97.7%
- Care Staff - Night = 104.4%

December

- Registered Nurses/Midwives - Day = 93.7%
- Care Staff - Day = 100.3%
- Registered Nurses/Midwives - Night = 96.4%
- Care Staff - Night = 105.5%

During November there have been a number of changes within the Trust to our adult inpatient wards as part of the Trust's Winter Plan. The changes included:

- Increase the cubicle capacity in the Emergency Department at PRH site. This included the relocation of cardio-respiratory outpatients to Apley ward. Apley Ward was closed during November and the staff redeployed to a number of other wards.
- A Supported Discharge Ward has been opened on both PRH and RSH sites.

1.4 Exemplar Wards Programme

The Trust is planning to establish a ward accreditation approach for all wards across Shrewsbury and Telford Hospitals. The "Exemplar" philosophy is to deliver excellence in the quality of care all day, every day for every patient, every time. Underpinning this philosophy is introducing standard approaches and removing variation in all we do; with the purpose of removing waste and inefficiency through improvement. This initiative will not work in isolation and will be in collaboration with the Virginia Mason programme initiatives.

The exemplar status will be gained by demonstrating performance against a series of quality improvement measures such as quality, board round distinction, ward round standards and consistency across all areas including improvement in patient flow throughout a patient's journey. The Trust will work with a series of improvement enablers including education, pilot sites, and metrics, all aligned to shared aims.

The framework is designed to incorporate elements of care, efficiency and effectiveness, patient experience, environment and leadership, enabling the ward/department to view performance in a holistic manner. The outcome should include more contact time with patients, more work clinically and patients should feedback a more informed stay and a positive experience within our hospitals.

1.5 Learning Beyond Registration (LBR)

On a positive note, the Trust has received an additional payment of LBR educational funds from Health Education West Midlands (HEWM). This is in recognition of the nationally growing agenda and development needs in the following areas:

- Neonatal
- Diagnostics
- Non-Medical Prescribing
- Mental Health e.g. dementia
- Care and Compassion
- Integrated Care including Older Adult
- Urgent and Acute Care including Emergency Medicine

This funding will support staff to access education and training in these areas during the 2015/16 academic year; which is crucial to the on-going development of our staff and workforce modelling.

1.6 Patient Experience

Developments in Dementia care:

The Trust has appointed to the post of Dementia Nurse Specialist. The role will involve working closely and supporting colleagues on the wards and departments to deliver the very best dementia care to patients, their family or carers.

Developments in improving restful sleep on our wards

Being in hospital is a very anxious time for patients and their loved ones and we know that getting a good night's sleep is important for recovery. Hospitals are busy places and sometimes patients need to be disturbed during the night for their care and treatment. The Trust recognises that we need to make every effort to ensure people can maintain their sleep pattern as much as possible. In November, following a successful trial on selected wards at Royal Shrewsbury Hospital, the Trust introduced "Sleep Packs" to help patients benefit from a good night's sleep. The packs contain a sleep mask and a set of soft mouldable ear plugs. Feedback from patients has been positive and reported improvements to sleep patterns. Further work on reducing noise at night will continue throughout the year.

2. OPERATIONAL PERFORMANCE OVERVIEW

2.1 4 Hour Access Standard (Not achieved)

December	85.94%
Q3 to Date	85.87%
Year to Date	87.57%

In December 2015, 85.94% of patients were admitted or discharged within the 4-hour quality target.

Under performance is due to:

- December 2015 emergency attendances are up 3.17% compared with December 2014. This is an increase of 6645 attendances between April and December which represents an increase of 6.77% YTD.
- December 2015 emergency admissions are up 1.64% compared with December 2014. This is an increase of 1205 admissions between April and December which represents an increase of 3.20% YTD.

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

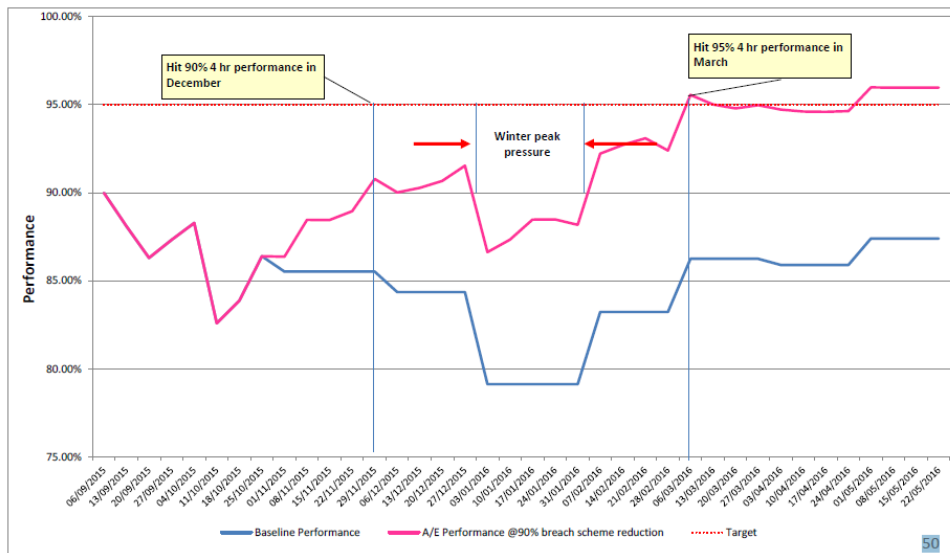
2.2 Frail Elderly Patients

During the month of December we saw an increase of 1% in patients aged 70 years and above at RSH compared to November, and a 4% increase at PRH. This elderly population tend to then fall into complex discharge delays and increases length of stay (LOS) on the medical wards.

2.3 Whole System Urgent Care Plan and Recovery Trajectory

A Whole System Urgent Care Plan and Recovery Plan and Trajectory have been approved by NHS England and the Trust Development Authority (TDA). It includes schemes identified to deliver 90% 4 hour performance from December 2015 until February 2016, and from March 2016 to deliver 95%.

The graph below highlights this recovery trajectory. The target of 90% was not met in December 2015.



2.4 SaTH Internal Recovery and Improvement Plan

SaTH's short term internal plan focuses on the following areas:

Reducing non-admitted breaches at PRH;

- An increase in cubicle capacity at PRH - 8 additional cubicles were opened on 12 January 2016 as per plan;
- New processes being designed to support timely clinical decision making at PRH to ensure that the new cubicle capacity is used to best effect. This will be supported by the Emergency Care Improvement Programme team;

- 1 Implement Ambulatory Emergency (AEC) on both sites. Due date 31 March 2016;
 - The Ambulatory Emergency Care Unit (AECU) on both sites has been unable to function to full capacity during the month of December as the areas were consistently used as additional inpatient capacity;
 - Work is on-going in the development of specialty pathways in support of the utilisation of the AECU.
- 2 Improving internal flow processes as part of the SAFER patient flow bundle. This project is being led by the Transformation Team and is focusing on reducing the average time for the production and delivery of take home drugs by 50%. Three improvement activities have been piloted and the new model will be agreed by 31 January 2016, to be rolled out across all wards by 31 March 2016.

2.5 The Emergency Care Improvement Programme

The report following the diagnostic review has been received with 5 high priority recommendations for implementation.

- 1 Leadership and the development of a system-wide vision;
- 2 Ward processes and the SAFER patient flow bundle (SaTH and Community Trust);
- 3 Ambulatory Emergency Care;
- 4 Interface and discharge (SaTH and Community Trust);
- 5 Emergency Department.

Further to this a subsequent priority area has been agreed which is the frailty pathway (whole system including primary care).

Further detail on the planned schemes and next steps are detailed within the separate Trust Board paper on the Emergency Care Improvement Programme report and work.

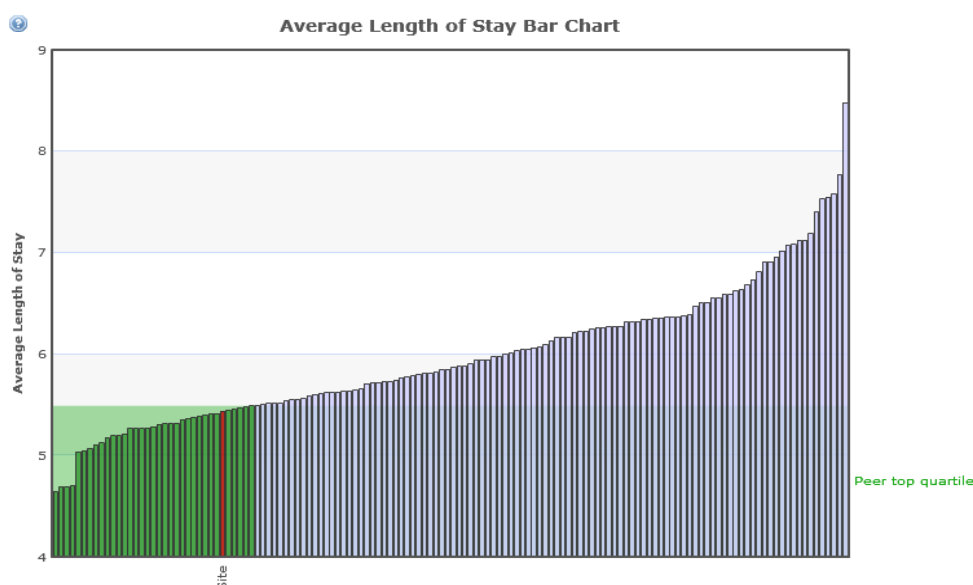
2.6 Winter Resilience Planning

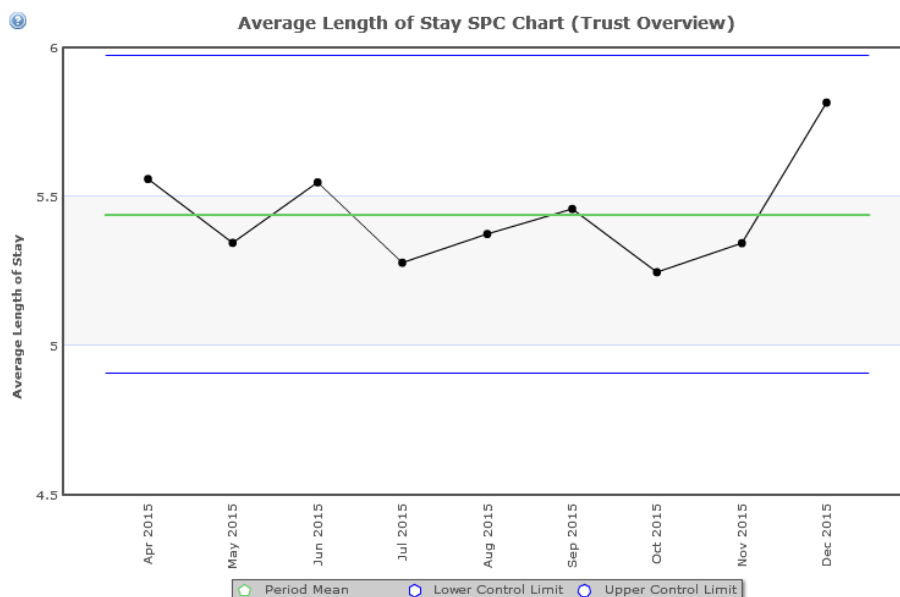
The internal winter plan is fully operational, with planned closure of these schemes during February and March, to match the funding available for winter. A review of the impact of this to date is contained within a separate Board report on the Winter Plan.

2.7 Length of Stay

As a measure of efficiency the average length of stay for general and adult inpatient wards benchmarks well with the Trust being in the 75th percentile. This has continued during the month of December, expectedly as can be seen in the SPC LOS run chart below where we see an increase in LOS at the end of December. This is a usual increase in LOS at the end of December because of the decrease in discharges both simple and complex on 24 December to the 29 December.

Care Group	Trust		Average Pre-Op LoS				Average LoS				Bed Day Opportunity	Bed Day Opp. 25%ile	Bed Day Opp. 75%ile
	SPELLs	SPELLs w/proc	Trust	Peer Avg	Peer 25%ile	Peer 75%ile	Trust	Peer Avg	Peer 25%ile	Peer 75%ile			
Total	37,658	9,193	1.3	1.2	1.3	1	5.4	5.9	6.3	5.5	-18,632	-34,111	-2,058
Women and Childrens	10,286	2,755	0.7	0.7	0.7	0.5	2.8	2.9	3	2.5	-1,304	-2,099	2,549
Scheduled Care	11,822	5,910	1.2	1	1.1	0.8	5.6	5.9	6.4	5.2	-3,754	-9,094	4,443
Unscheduled Care	15,549	527	6.3	3.8	6.1	3.2	7.1	7.9	8.6	7.3	-13,051	-24,249	-3,374





2.8 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.

Incompletes

October 92.00% - standard achieved (92%)

The Trust achieved the overall RTT incomplete standard in December.

Admitted

December 78.02% - standard not achieved (90%)

- Backlog clearance continues. Backlog is currently 574, 18.76% of total list size. 493 of the total list size are within orthopaedics and oral surgery;
- Predicted performance in January 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.
- Winter 2015/16 elective cancellation rates are lower to date than in previous years.

Non Admitted

December 93.71% - standard not achieved (95%)

- Trust failed to deliver overall non-admitted standard in December at 93.71%;
- Nine specialties failed to deliver the standard; Trauma & Orthopaedics, Ophthalmology, Oral Surgery, Gastroenterology, Cardiology, Respiratory, Neurology, Geriatric Medicine and Other. Recovery trajectories to be monitored at the weekly PTL meeting.
- Backlog is currently 725, 5.50% of total list size.

52 Week Breaches

- There were no 52 week breaches in December.

2.9 Cancer Performance

Five out of the nine Cancer Waiting Time Standards were achieved in November 2015.

- The following standards were not achieved:
- week GP referral to first appointment breast symptoms
- week GP referral to first appointment
- 62 days urgent referral to treatment and
- 62 days referral to treatment from screening (4 patients, 1 breach).

2 week wait performance was significantly impacted upon by patient choice, there are no significant 2 week wait capacity issues in any speciality.

December predicted performance indicates all nine standards will be achieved.

Actions

On-going activities to support sustained compliance include:

- Re-launch of the Escalation Procedure for patients on cancer pathways within SaTH.
- Discussions with tertiary providers to ascertain their plans to reduce the number of breaches due to lack of capacity
- Constant review of systems and services to ensure exceptions to performance standards are investigated and action plans for improvements/changes to practice are implemented.
- Roll out of new-style weekly Cancer PTL Meeting following successful implementation and performance improvement in Gynaecology.

Cancer Patients Waiting 100+ days for Definitive Diagnosis

There are currently 11 Cancer patients who have waited over 100 days for a definitive diagnosis as of 6 January 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 December is presented in the table below:

	April – Dec Budget £000's	April – Dec Actual £000's	Variance £000's		Revised Budget £000's	Forecast April –March Actual £000's	Variance £000's
Income	242,256	241,720	(536)		319,805	324,289	4,484
Pay	(164,136)	(169,422)	(5,286)		(219,225)	(227,534)	(8,309)
Non-pay	(73,538)	(74,395)	(857)		(97,239)	(101,030)	(3,791)
Reserves	(6,226)		6,226		(5,017)		5,017
Total expenditure	(243,900)	(243,817)	83		(321,481)	(328,564)	(7,083)
EBITDA	(1,644)	(2,097)	(453)		(1,676)	(4,275)	(2,599)
Finance costs	(11,397)	(11,394)	3		(15,944)	(14,744)	1,200
Surplus/(deficit) before rectification	(13,041)	(13,491)	(450)		(17,620)	(19,019)	(1,399)

	April – Dec Budget £000's	April – Dec Actual £000's	Variance £000's	Revised Budget £000's	Forecast April –March Actual £000's	Variance £000's
Phased spend	(371)	(371)				0
Rectification Plans				350		(350)
Bank Pay Change					500	500
Stock Change					500	500
Capital to Revenue transfer					2,000	2,000
Agency Nurse Costs					500	500
Non Pay Controls					800	800
Increased Penalties					(500)	(500)
Surplus/(deficit) after rectification	(13,412)	(13,862)	(450)	(17,270)	(15,094)	2,176

The Trust's budgets assume the delivery of a deficit at month 9 amounting to £13,412 million, the actual deficit recorded amounted to £13,862 million. A forecast outturn has been constructed, which suggests that with corrective action the Trust will overspend by £15.094 million. The outturn position is profiled in the table below.

Plan	April	May	June	July	August	September	October	November	December	January	February	March	Total
Income	25350	26573	26507	27418	25430	27908	29083	27804	26147	27713	26252	28103	324289
PAY	18278	18663	18876	18759	18676	18826	19085	19371	19137	19348	19238	19276	227534
Non Pay	7969	7851	8084	8239	7943	8758	8959	8334	8459	8749	8789	8897	101030
EBITDA	-897	59	-453	420	-1189	324	1039	99	-1449	-384	-1775	-70	-4275
F COSTS	1358	1415	1087	1198	1279	1278	1317	1154	1307	1117	1117	1116	14744
Overall	-2255	-1355	-1540	-778	-2468	-954	-279	-1055	-2757	-1501	-2892	-1186	-19019
Bank Pay Change												-500	-500
Stock Gain												-500	-500
Capital to revenue transfer												-2000	-2000
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	-9629	-11059	-13490	-14666	-17233	-15094	-15094
month 7 plan	-2255	-3611	-5151	-5929	-8397	-9352	-9630	-11342	-14117	-15466	-18196	-18190	
Progress	0	1	1	1	1	2	1	283	627	800	963	3096	

At the previous Trust Board meeting (Month 7) 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 the reduce "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.

Performance in the last two months has been better than expected when producing the month 7 plan, as described in the table below:

	November Plan £000's	November Actual £000's	December Plan £000's	December Actual £000's	Variance against Plan £000's
Income	27,194	27,304	26,426	26,147	(169)
Pay	(19,166)	(19,246)	(19,373)	(19,012)	281
Non Pay	(8,580)	(8,334)	(8,665)	(8,259)	652
Finance costs	(1,162)	(1,154)	(1,162)	(1,307)	(137)
In month Deficit	(1,714)	(1,430)	(2,774)	(2,432)	627

At the end of December the Trust is presently £627,000 ahead of the expected position as profiled in Month 7.

3.2 Income

In constructing the forecast outturn it has been assumed that the level of income received per month will increase when compared with the levels recorded in the period to date.

Average April – December £000's	Average January – March £000's	Variance £000's
26,913	27,356	443

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
Distribution of penalties	56	56		
Funding to support the Vanguard Unit	68	68		
Casemix – Telford and Wrekin CCG	115	115		-
Casemix – Other CCG	173	116	57	
Total	443	386	57	

As can be seen the level of risk associated with the growth in Trust income is minimal. This is so because:

- the Trust has protected its income receivable from Telford and Wrekin CCG by agreeing to a “block contract” earlier in this financial year; and
- 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	8,614	8,403	8,636	8,651	8,385	9,232	8,756	107,561
Outpatient Attendances	33,528	31,340	37,704	34,191	35,376	31,977	36,501	34,618	35,680	35,899	33,086	34,888	35,913	34,188	35,103	35,068	415,393
Elective Daycases	3,479	3,354	3,584	3,472	3,869	3,335	3,690	3,631	3,738	3,697	3,686	3,707	3,393	3,300	3,981	3,558	42,610
Elective Inpatient Spells	551	528	564	548	605	571	536	571	601	528	519	549	446	492	505	481	6,448
Emergency Spells	3,931	3,998	3,957	3,962	4,091	3,751	3,980	3,941	4,300	4,304	4,367	4,324	4,112	3,815	4,337	4,088	48,530
Maternity/Non Elective Other Spells	631	629	597	619	663	625	657	648	714	729	750	731	626	557	656	613	7,634

Discussions are presently taking place with Shropshire CCG aimed at securing an end of year settlement. These discussions are however proving difficult because the forecast outturn as presented by the CCG is £4.3 million below the level calculated by the Trust. The difference occurs because the CCG assumes:

- An ability to secure QIPP savings over the remaining three months of the year amounting to £1.6 million,
- That the casemix associated with particularly emergency activity will remain consistent throughout the year, whereas historical data consistently shows increased levels of complexity occurring over the winter period. The increased complexity of work is valued at £1.4 million,
- A reduced level of payment based upon contract queries raised by the CCG amounting to £700,000. Each of these queries are disputed and explanations supporting the Trust position have been issued to the CCG,
- Levels of payments made in respect of CQUIN will provide benefit to the CCG amounting to £600,000. In order to achieve this financial benefit the CCG has taken to unilaterally altering previously agreed CQUIN objectives and introducing more demanding performance criteria. The approach adopted by the CCG is being vigorously opposed by the Trust.

3.3 Expenditure

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

	Average monthly Run Rate Jan – March £000's	Average monthly Run Rate April – December £000's	Run Rate in the Month of December £000's
Pay	19,162	18,824	19,012
Non Pay	8,611	8,266	8,259
Expenditure	27,773	27,090	27,271
Difference from Forecast Outturn Run Rate		683	502

The average level of monthly spend over the remaining three months of the year amounts to £27.773 and is significantly greater than both the average level of monthly spending recorded to date and in the month of December.

3.3.1 Pay

In setting the forecast outturn, pay spending is assumed to show an increase in average monthly pay spending of £338,000.

Pay	Increased spending £000's	Average per month £000's
Agency Nursing	(291)	(97)
Winter pressures	300	100
Seasonality	1,005	335
	1,014	338

To achieve the forecast outturn, pay spending average monthly pay spend is assumed to amount to £19.162 million. This level of pay spend assumes the delivery of pay spending reductions of £97,000 per month as a result of reduced Agency spending.

In the month of December pay spending amounted to £19.012 million.

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	YTD Total
	£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	-5,615
Bank	-247	-288	-239	-265	-245	-260	-260	-373	-403	-2,579
Substantive	-4,819	-4,860	-4,866	-4,804	-4,768	-4,817	-4,876	-4,861	-4,818	-43,490
Grand Total	-5,616	-5,788	-5,735	-5,740	-5,638	-5,752	-5,809	-5,868	-5,738	-51,684
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%	10.87%
Distance from 8% Ceiling %	1.78%	3.07%	2.99%	3.68%	3.08%	3.74%	3.58%	2.81%	1.01%	2.87%
Distance from 8% Ceiling £000	100	178	171	211	174	215	208	164	58	1,480

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
		WTE	WTE	%	%	%
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%
26	20/9 - 26/9	117	0.5	35.3%	27.1%	96.2%
27	27/9 - 3/10	103	0.3	39.2%	28.3%	96.3%
28	4/10 - 10/10	104	0.6	36.5%	27.1%	96.8%
29	11/10 - 17/10	109	0.2	37.1%	28.2%	95.9%
30	18/10 - 24/10	109	0.0	37.7%	28.1%	96.8%
31	25/10 - 31/10	113	0.9	34.4%	29.7%	92.7%
32	01/11 - 7/11	95	1.6	42.4%	28.7%	95.2%
33	8/11 - 14/11	114	1.5	39.9%	29.0%	95.3%
34	15/11 - 21/11	100	0.0	48.4%	25.3%	94.8%
35	22/11 - 28/11	96	0.0	48.7%	29.4%	93.2%
36	29/11 - 5/12	89	0.0	48.2%	27.2%	92.6%
37	6/12 - 12/12	94	0.3	48.4%	29.7%	94.5%
38	13/12 - 19/12	87	0.0	45.1%	30.2%	92.6%
39	20/12 - 26/12	61	0.0	35.2%	22.3%	87.7%
40	27/12 - 3/1	64	0.6	44.7%	22.9%	88.8%

Change since previous week	+3	+0.6	9.5%	0.6%	1.1%
Financial Impact	Deterioration	Deterioration	Improvement	Deterioration	Deterioration

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 as stated has been compromised because of higher pay rates. 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 25 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

To achieve the forecast outturn, non-pay spending is assumed to amount to £8.611 million per month. An increase of £345,000 million when compared with average spending recorded over the period April – December.

Non Pay	Increased spending £000's	Average per month £000's
Winter pressures	150	50
Vanguard Unit	204	68
Non pay controls	(534)	(178)
Seasonality	1,215	405
		345

During the month of December, non-pay spending amounted to £8.259 million.

3.4 Cash

The Trust held a cash balance of £2.637 million on the Balance Sheet at the end of December 2015.

4. WORKFORCE OVERVIEW

4.1 Sickness

Sickness absence rate for December is 4.45%, a slight increase from October (4.23%) and November (4.34%). In December last year sickness was 4.69%. Both registered Nursing and Midwifery and Medical and Dental staff groups saw the highest increase from November at 0.5% and 0.6% respectively. Mental Health and MSK related illness continues to be the main reason for sickness absence. In partnership with the Occupational Health Service (OH) we have introduced Early Intervention Consultation access to OH for Stress and MSK problems. Additionally an SLA with the Trust Physiotherapy department has been set up to provide staff with fast track physiotherapy. The Trust has opened for tender the OH and Staff Counselling contract, this process is anticipated to be completed by June 2015.

4.2 Appraisals

Appraisal completion rate remains below the Trust target of 100% at 88%. This is a 5% increase on the same time last year which was 83%. Many of the Centres are over 90% and 3 Centres are at 95% or above - Patient Access & Outpatient Nursing Support Centre, Surgical, Oncology & Haematology Centre, Theatres, Anaesthetics & Critical Care Centre.

Underperformance is reported and considered at the Confirm and Challenge meetings. The Pay & Progression Working Group is in 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. We are also continuing to provide Appraisal Training, including 1 to 1 sessions as required. IT are supporting in the provision of an electronic appraisal completion submission via the intranet to support accurate recording of coverage.

4.3 Statutory Training

Following a rise to 78% in November, compliance fell to 75% in December which remains an underperformance against the Trust target of 80%. We anticipated a slight drop during December due to winter pressures and less training due to Holidays and Annual Leave; in 2014-15 there was a 2% drop in December with a 3% rise in January. This year the drop was exacerbated as training was cancelled due the Junior Doctors' strike days and staff being pulled out of training when needed on the wards due to winter pressures.

The Corporate Education Department are also introducing a process this month where Managers will be informed of each member of staff not attending their arranged SSU sessions and reminded which staff who are currently non-compliant.

4.4 Recruitment

Twelve Filipino nurses have arrived in the Trust and we are now supporting them to complete their OSCE tests and obtain NMC registration. we anticipate that this cohort will be fully registered by February and March. Further nurses are expected to arrive between now and the Spring. A return visit is planned in February and we expect nurses from this recruitment exercise to arrive with us in late 2016 and early 2017.

The introduction of the national agency cap has been implemented; we are experiencing some challenges to fill rates as the new rates fully embed. We anticipate further challenges with the introduction of a further cap in February. The aim of the cap is to reduce the gap in pay between agency workers and NHS employees, which the Trust fully supports.

Our recruitment campaign 'Belong to Something' continues to have an impact; we are seeing the brand reaching a wide network of people; to date we have had 7000 likes on our Belong to Something Facebook pages. As discussed at Board next month we will move into monitoring access to the website and social media accounts through to applications.

We have been successful in reaching the regional finals for the Health Education West Midlands Apprenticeship awards in the large employer of the year category, an award we have previously won. The finals will take place in Birmingham ICC on the 5 February 2016.

The 2015 annual staff survey results are currently being collated nationally. The national response rate for acute providers was 42% and we continue to attain a higher response rate at 44%, this means that 2309 legible responses were received from our staff. The results will be published nationally on the 23 February 2016; however, we will be in receipt of an embargoed preliminary report before this date. Results will be shared with the Board in March and the workforce committee will undertake the role of supporting 'Our Commitments'.

1. QUALITY & SAFETY PERFORMANCE

This Integrated Quality & Safety Performance report provides an overview of the key quality performance indicators in order that the Board can review variances to quality performance delivery. This enables the Board to have assurance that actions for improvement are being pursued to benefit patient outcomes and quality performance for **December 2015**.

Table 1:

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

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

2. RISK ADJUSTED MORTALITY INDEX (RAMI) UPDATE

The CHKS RAMI (Risk Adjusted Mortality Index) has been rebased as expected at this time of the year however, this year the methodology has also been updated. The new RAMI model, RAMI 15 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 in effect 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 81/ 83 Peer. September showed a slight upturn on the index. October's and November's Index has fallen but requires further monitoring.

3. EXTERNAL FEEDBACK AND ASSURANCE

Organisation	Visit Date	Where	Purpose	Outcome
Shropshire Clinical Commissioning Group (CCG)	11 th Dec 2015	RSH - Various areas	The purpose of the announced visit was for the CCG to be assured that patient safety was assured during high levels of demand and escalation.	Informal feedback was positive and the CCG were assured of the standard of care provided.
CQC National Survey of women's experience (maternity services)	Published 15 th Dec 2015	All maternity care	The purpose of the survey is to review and improve the quality of services through understanding service user experiences.	A summary report is included as an Appendix.
Trust Quarterly Cancer patient experience survey	Published December 2015	Cancer services	To improve the quality of services by reviewing and understanding service user experiences.	A summary report is included as an Appendix
Trust National Cancer Peer Review Annual Report 2015	Published December 2015	Assesses the quality of Trust cancer services against NICE Guidance	The review programme is directed by the National Director for Cancer and co-ordinated by the National Cancer Peer Review Team. The programme is mandated for all Trusts.	A summary report is included as an Appendix

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 28's during December 2015.

6. SAFEGUARDING – ADULTS & CHILDREN

There were 9 adult safeguarding alerts made during December 2016, which is comparable to the previous month. Only one of the alerts was made towards the Trust relating to discharge planning. The remaining 7 were raised by Trust staff towards other care providers and individual carers or relatives.

There were 3 children's safeguarding concerns raised by the Trust during December; which is a decrease of 4 compared to last month. All of the alerts related to children in Telford and Wrekin with 1 placed in the area from another local authority; therefore a child in care (CIC). Table 2 below provides information by commissioning group relating to safeguarding children alerts in quarter two of the fiscal year.

Table 2

Month	CCG/Area	Number of Alerts	Child in Care (CIC)	Child Protection Plan	Referral to Social Care	Themes
October	T&W	5	4	1	3	Neglect, Non-accidental injury (NAI), Deliberate Self Harm (DSH).
	Shrops	5	1	0	0	
	Powys	1	0	0	0	
November	T&W	5	2	0	3	Neglect, NAI, DSH
	Shrops	2	2	0	0	
	Powys	0	0	0	0	
December	T&W	3	1	1	2	Neglect, NAI, DSH
	Shrops	5	1	0	0	
	Powys	0	0	0	0	
Total Q3: T&W CCG = 13 Shrop CCG = 12 Powys = 1						

7. SERIOUS INCIDENTS (SI)

There were 4 SIs reported in December 2015:

1 Intrapartum Death

1 Delayed Diagnosis

1 fall #NOF

1 Grade 3 PU (avoidability as yet undetermined)

For information; 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 was 1 fall resulting in a fracture that occurred during December 2015 and one Grade 3 pressure ulcer. Previously this 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 3 below provides the details.

Table 3

Falls	
Location injury	Rationale for not reporting
#acetabulum/ Pubic Rami	Does not meet the definition of severe harm. Evidence of appropriate care and management in place. Not RIDDOR reportable.
Pressure Ulcer (PU)	
Location injury	Rationale for not reporting
Heel	Device related (bilateral removable casts), multiple fractures up legs following fall at home, Grade 2 PU present on admission, deteriorated to Deep Tissue Injury (DTI), then to Grade 3, despite evidence of appropriate input, monitoring and management. Highly complex case, multiple co-morbidities and compliance issues. TVN, Ward Manager and Patient Safety Team manager confirm – unavoidable following review.

Incident Reporting Status

Table 4 below shows that there are 12 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, 28 incident investigations have been completed with a request sent to commissioners to close them on the StEIS system; of which 10 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 4: Incident Status at 11/01/2016

	New Incidents for December 2015	4
	Incidents being investigated	12
	Out of internal deadline (excludes external deadline)	3
	Out of external deadline with CCG/CSU	0
	CCG/CSU have been asked to close/remove incident	28

Action plan completion status

There are 7 overdue action plans for 2014/15 with a total of 4 action plans closed since December 2015. There are 12 RCAs out of date for 2015/16 with 5 closed to date. Overall there is a reduction in the number of RCA action plans going out of deadline by 7 cases; 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.

Update on screening for Cancer Cervix cases

The service has now received all reports which were awaiting validation from Royal Stoke University Hospital (RSUH). A total of 19 patients have been identified who require contact and the letters have been sent out to invite them to meet with appropriate Trust representatives. A full report will be available to the committee following completion of the full RCA; this is anticipated to be completed by February 2016.

Never event update

A patient underwent extraction of teeth requiring the need for a throat pack to be inserted. This would normally be removed before the patient left theatre. In recovery the patient became agitated and it was identified that the throat pack remained in-situ. The root cause process is still in progress however; initial findings have shown some deviation from expected safety processes and human factors influencing the outcome. Importantly, the patient has not been harmed and the never event reported promptly and openly by the Trust.

Trigger factors

1. It was known that the theatre list was over capacity based on allocated time per patient on the list. This is recognised as a contributory element of human errors when time pressures are experienced by surgeons. Furthermore, issues relating to other patients waiting for day surgical procedures led to the theatre session starting 20 minutes late adding additional time pressure to the theatre team.
2. Standard practice with "throat swab" insertion is that the swab is identified and written as present on a whiteboard within theatres. This standard practice was not undertaken in this instance. It is unclear at this time why this didn't happen and further exploration of this is being undertaken with the theatre team.
3. As a reminder of the throat swab for the surgical team, common practice at this and other Trusts is to use a "sticker" applied to the surgical drape during head and neck surgery; particularly when the patients face is covered by the drape during surgery. Evidence shows that the sticker alert was insitu however; there is no evidence to suggest it was visible at the end of procedure or when returned to recovery.

Initial Learning

1. A review is in progress of booking theatre lists for head and neck in order that the operating surgeon is able to view their operating list and meet with the theatre list coordinator to review timings and capacity.
2. Trust theatre departments are standardising the use and practice of throat swabs and bite packs in dental surgery.
3. The WHO checklist will now include a "time out" specific question regarding whether throat packs are insitu, written on swab board and removed at the end of surgery.
4. A review and benchmarking exercise to be undertaken in the use of "sticker alerts" within other Trusts.

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

A total of 4 RCAs have been completed since the last report;

2 – Falls (#NOF)

1 – Grade 3 PU (avoidable)

1 – Delayed diagnosis/Fall (#NOF)

RIDDOR/SI Falls – The 2 investigations concluded that the falls proved to be unpreventable with evidence of all risk assessments and mitigating actions fully documented.

Grade 3 Pressure Ulcer (avoidable) – This complex RCA showed that some elements of incomplete assessments were evident and poor communication identified. The patient had an extensive leg ulcer and the point of contact on the patient where staff would physically elevate the leg during dressing changes was where the Grade 3 occurred. It is possible that the pressure damage was pre-admission, but due to the lack of comprehensive assessment, this could not be proven. Learning regarding handling patients with poor skin integrity has been shared across all relevant areas.

Delayed diagnosis/Fall #NOF – A 78 yr gentleman sustained a fall despite having the appropriate support in place for his assessed risks and needs. The fall was unwitnessed and the patient was able to get himself up and mobilise back into his room. There were no obvious signs of injury at the time. His on-going hip and back pain and subsequent reduction in mobility were difficult to interpret. Prior to discharge the patient had a physical examination, including limb rotation, which did not indicate that the patient required an x-ray at this time. A few days later he returned and a fractured femur was diagnosed. This has raised awareness of recognition that confused patients may present difficulties to gaining an accurate history and diagnosis. Learning from the RCA showed that changes in behaviour and mobility require further investigation.

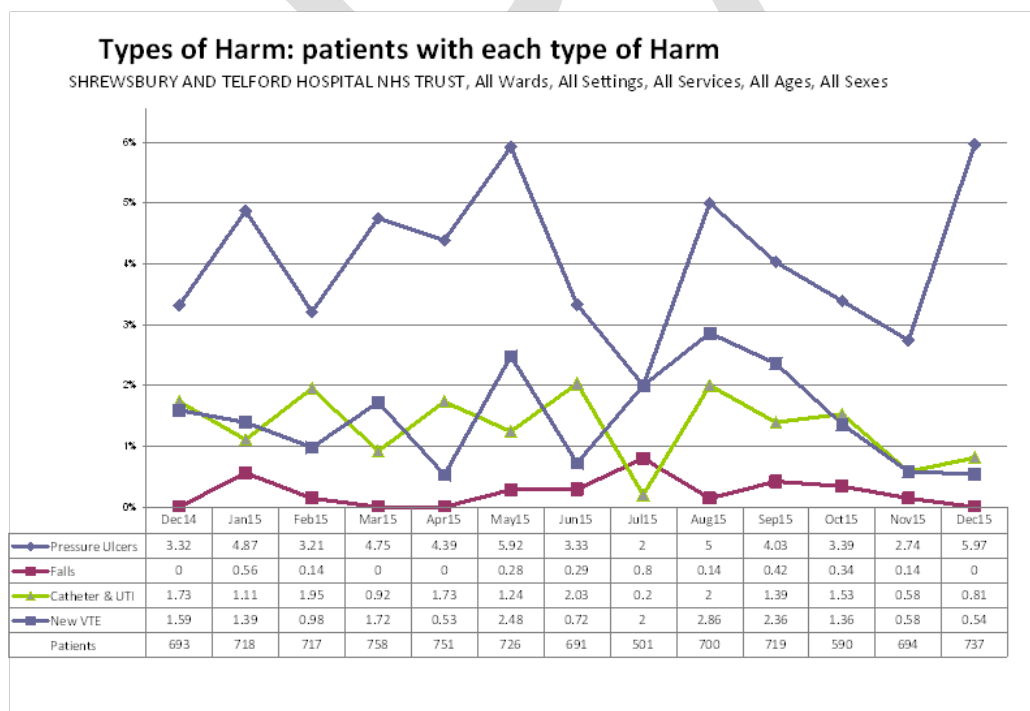
9. QUALITY IMPROVEMENT OVERVIEW

Measure	Annual Target 15/16	Monthly Target 15/16	YTD 2015/16	September	October	November	December	Year end 14/15
Grade 3 Avoidable Pressure Ulcers	6	0	4	0	1	0	1	7
Current State	December has shown 1 avoidable Grade 3 pressure ulcer reported with the avoidability criteria at time of report still pending determination through completed root cause investigation. The year to date figure of 4 reported avoidable Grade 3 pressure ulcers shows a static performance since June this fiscal year.							
Planned Actions	All pressure ulcers are reviewed via RCAs. The TVN service will target wards where episodes of pressure ulcers are reported. Support through education and learning will also be provided by the TVNs.							
Key Themes / Trends	Based on current prevalence in year; no themes have as yet been identified.							

Measure	Annual Target 15/16	Monthly Target 15/16	YTD 15/16	August	September	October	November	Year end 14/15
VTE Assessment	95%	95%	95.2%	95.2%	94.6%	94.3%	TBC	95.1%
Current State	There has been a further reduction in performance of VTE assessments in November and correlates with high levels of escalation, particularly at RSH.							
Planned Actions	<ul style="list-style-type: none"> Escalated to Exec Directors in December following initial reduced performance in October. VTE performance reported weekly to Exec Directors. The Medical Director has been visible and actively checking performance on the wards. Where performance below threshold, Consultants receiving telephone calls from Medical Director and the Care Group Medical Directors and asked to account. Live report currently in test with a plan to automatically email performance to Clinical Director and Operational Managers. CEO and MD meeting with doctors to emphasise expectations and accountability. 							
Key Themes / Trends	There would appear to be a noticeable reduction in VTE assessments in the AMUs particularly at RSH which would correlate with the concerns raised during escalation.							

10. SAFETY THERMOMETER (ST)

The graph 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. Following interrogation of the data, there appears to have been an increase in reporting Grade 2 pressure ulcers during December and this is in synergy with the internal reporting within the Trust. The foundation for this increase is currently unclear; however benchmarking with other Trusts is in progress and initial internal indications show increased reporting in medical and surgical areas.



11. FRIENDS AND FAMILY TEST (FFT)

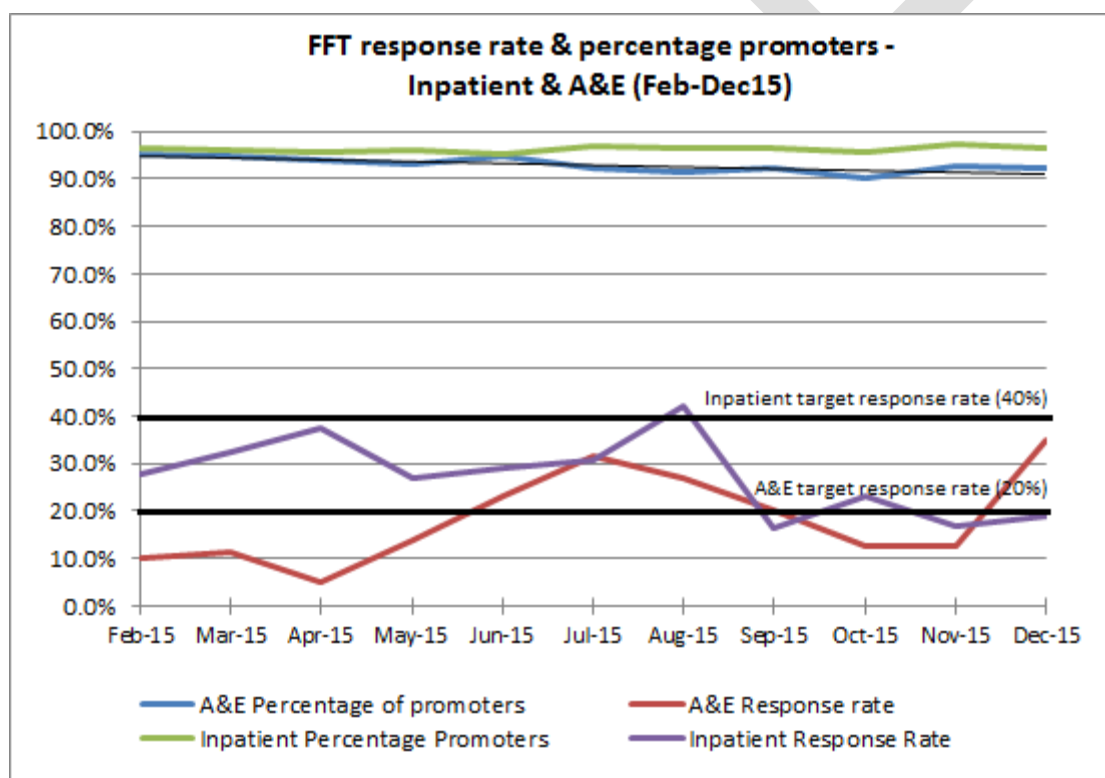
The overall Trust promoter score has reduced from 96.2% in November to 94.7% in December. The Trust overall response rate has increased significantly from 15% in November to 26% in December.

In month there has been a significant increase in the response rate from the Emergency departments from 12.6% in November to 35.1% in December. The percentage of ED promoters has not changed significantly in December.

The Inpatient response rate has increased to 19.1% in December from 15% in November although this figure is not near the nationally agreed response rate of 40%. 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 continues in these areas to boost the response rate.

In December the Outpatient (OPD) percentage promoter score has reduced from 96.4% in November to 95.9% in December. The number of responses for the OPD was significantly reduced from 1523 responders in November to 813 responders in December; this reduction in response rate will be partly as a result of the 3 additional Christmas Bank Holidays occurring during the normal OPD working week.

Table below provides the Trust FFT performance over an 11-month period (February 2015 – December 2015).



The table below indicates both the Trust promoter and response scores by cohort, the figure in bold indicates the number of patients eligible to respond. The Trust A&E response rate of 35.1% compares favourably with the latest available national A&E response rate of 13.6% (October 2015). The Inpatient response rate for December at 19.1% compares less favourably than the nationally reported inpatient response rate of 25% (October 2015). The Trust OPD promoter scores for December compares favourably with the nationally reported OPD promoter score of 92% (October 2015).

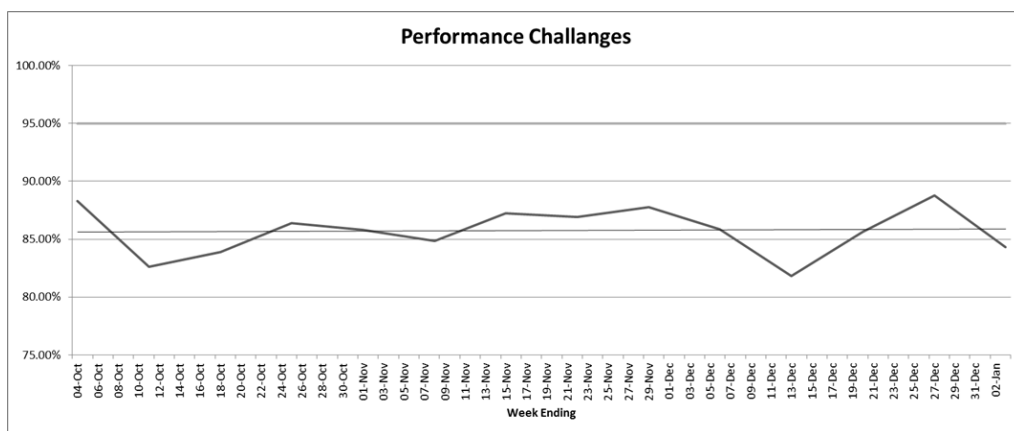
	SaTH		National Average	
	Percentage Promoters	Response Rate	Percentage Promoters	Response rate
Maternity overall	98.5%	35.9% (Birth only)	96%	23.4% (Birth only)
A&E	92.5%	35.1%	87%	13.1%

		(2071/5908)		
Inpatient	96.4%	19.1% (1274/6652)	96%	25.1%
Outpatients	95.9%	NA	92%	N/A
Overall	94.7%	26% (3345/12500)		

OPERATIONAL PERFORMANCE OF UNSCHEDULED CARE STANDARDS BY EXCEPTION

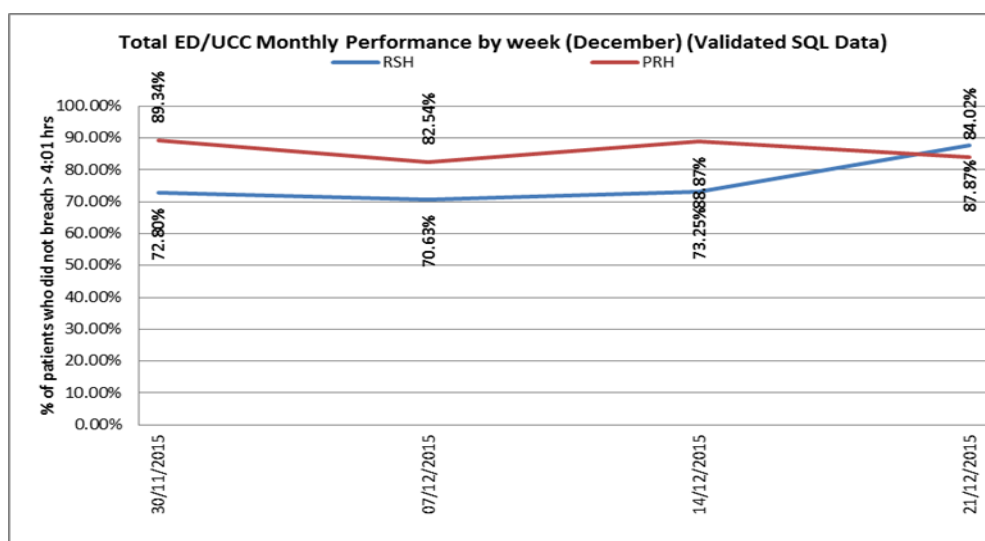
Measure	Annual Target	Monthly Target	October	November	December	QTD (Inc. WIC)	YTD (Inc. WIC)
A&E 4 Hour Wait	95%	95%	85.12%	86.64%	85.94%	85.87%	87.57%

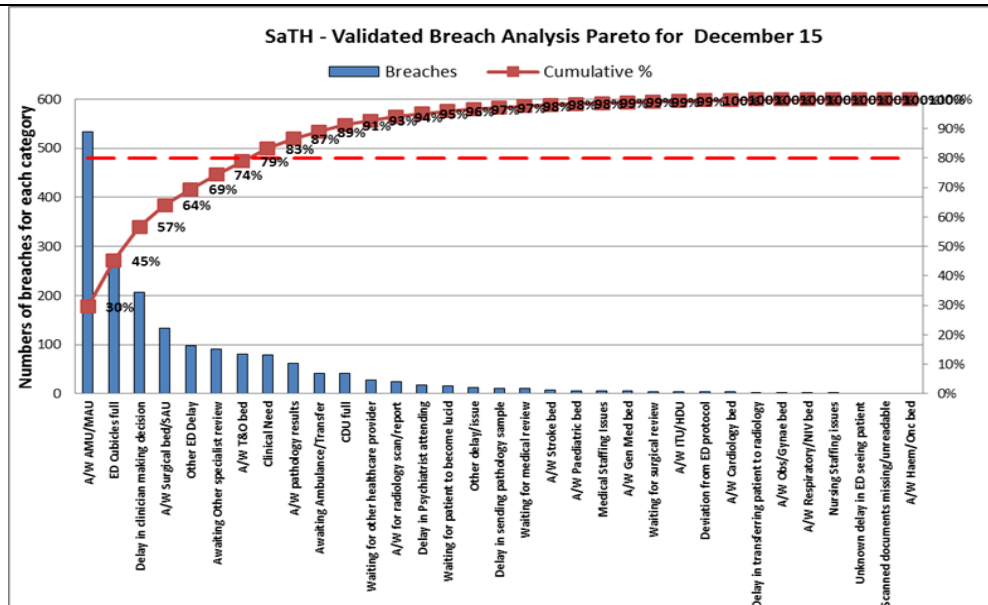
Please see below for current performance. As can be seen performance is significantly below the patient safety target of 95%; performance has remained consistent with previous months with a slight improvement towards the end of December with a corresponding decrease during the first few days of the new year.



Current State

The following graphs highlight the Emergency Department (ED) and Urgent Care Centre (UCC) performance within SaTH for the month of December. PRH in the final week delivered 84.02%. At RSH we have seen a slight improvement to 87.87% underperformance on both sites continues to be caused by lack of internal flow.



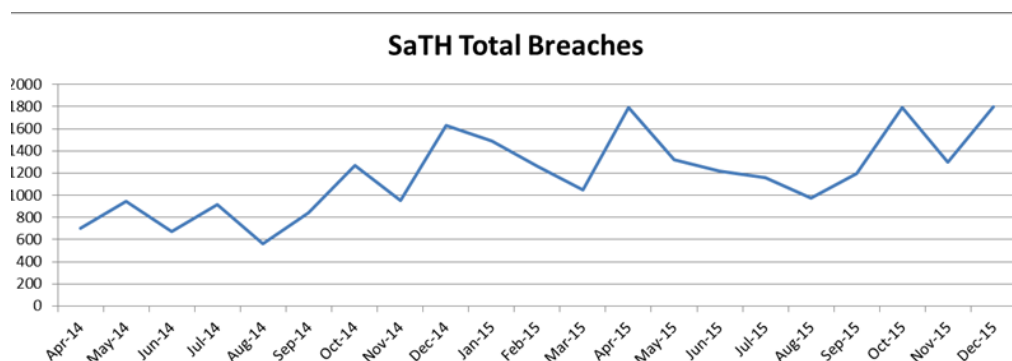


December continued to be a difficult month for performance across SaTH with deterioration on both sites. The Trust remained in heightened escalation during the month at RSH, with PRH continuing to support with transfer of the medical take. The RSH site was at times on level 4 with the reasons remaining similar to those reported in November:-

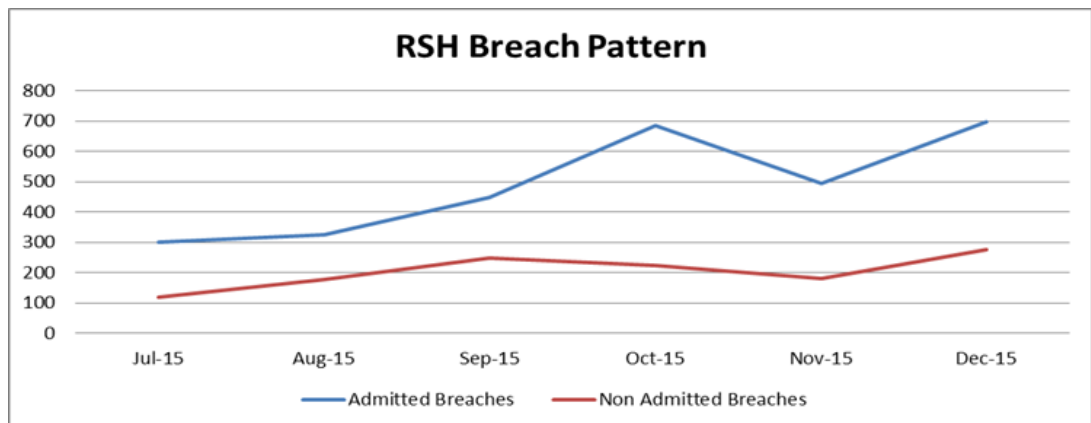
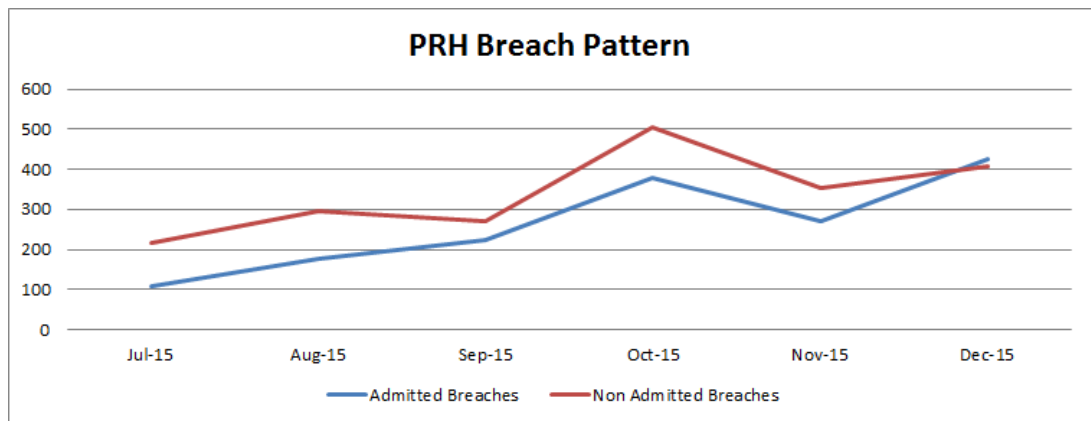
- Estate at RSH is insufficient to match current and growing demand;
- Estate at PRH - insufficient cubicle capacity to match ED demand;
- Workforce challenges with insufficient substantive senior decision makers out of hours;
- Surges in activity creating significant time pressures resulting in patients waiting to be seen by medics;
- Insufficient inpatient capacity available due to DToC's between 6-10%.

Similarly to the November report, the Trust failed to deliver the non-admitted target of 95%; with the main reason for breaches being lack of ED capacity. The Trust continues to have over 60% of all breaches highlighted as lack of capacity and this is an increase on the previous month. In addition, ED delays count for approximately 15%. ED delays are caused through the inability to see patients within cubicles or during times of surge and staffing shortfalls. All escalation capacity remained open and non-funded capacity areas, in addition on a number of occasions we implemented the Hospital Full Capacity Protocol.

The following graph highlights an increase in breaches from April and continued into December this is caused due to lack of internal capacity, this deterioration in performance is in line with the increase in DTOCs, lost bed days and MFFD numbers.

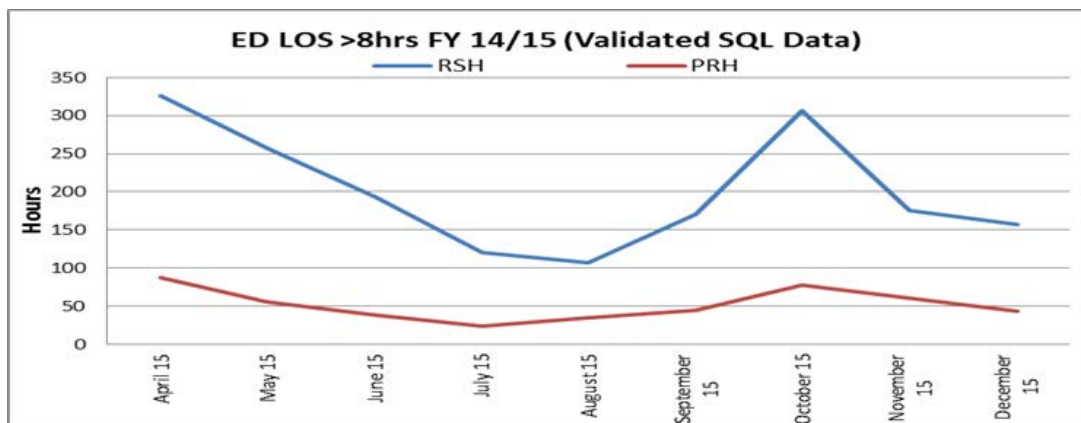
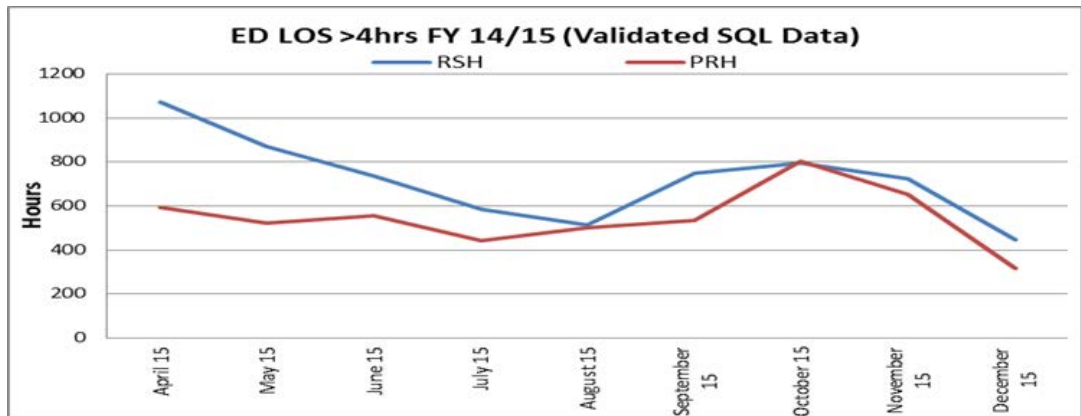
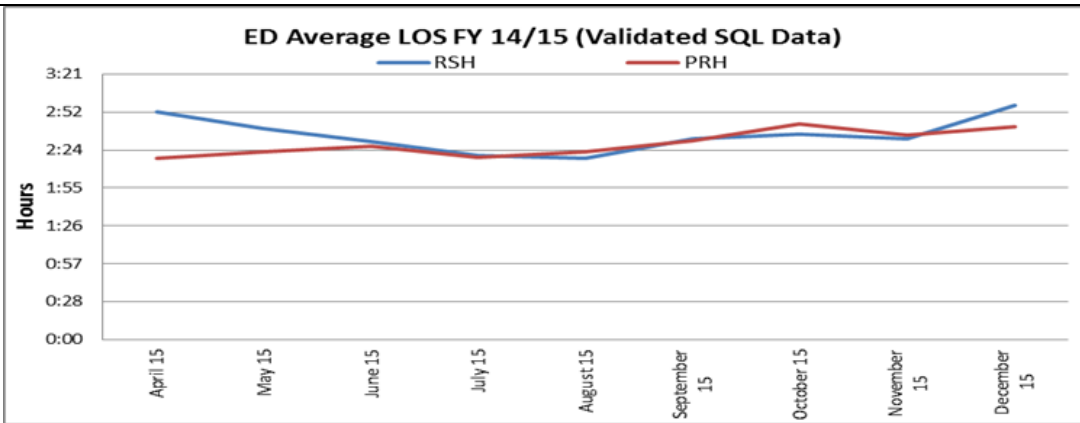


The following two graphs highlight the breach pattern for admitted and non-admitted; at PRH we have a significant problem with non-admitted breaches and at RSH admitted. We are hoping that at PRH we will see improvement in the non-admitted breach pattern when the new cubicles open and the new processes take hold. In support of PRH it has been proposed that the Matron for Emergency Centre supports the daily weekly management of non-admitted breaches to improve and deliver a target of 98%, this is being driven by the Head of Nursing.



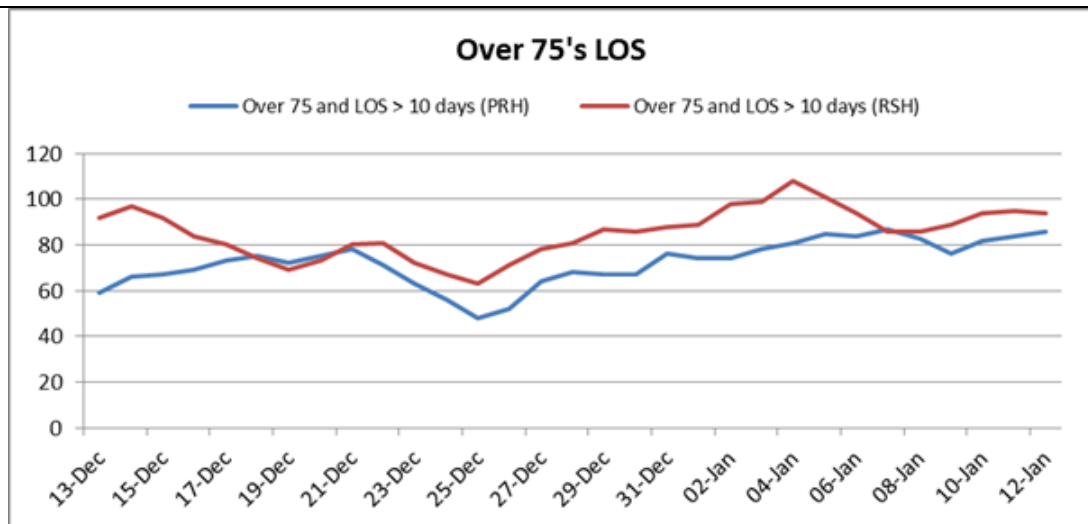
Even though we have seen a deterioration of performance, the Average LOS within the departments, remained consistent with the remainder of the year; we did have a slight rise in December as the pressure on internal capacity increased.

Within the ED, the team are disappointed that they do not hit the 4 hour patient safety target and take non-delivery of it very seriously. The graphs below highlight that the average LOS within ED over 4 hours had reduced and similarly LOS over 8 hours followed the same pattern. The number of breaches indicates no improvement but as capacity within the Trust improves with reduction in LOS on the MFFD and the current high numbers, this will start to have the desired impact and patients will start to move out of the ED within the 4 hours.



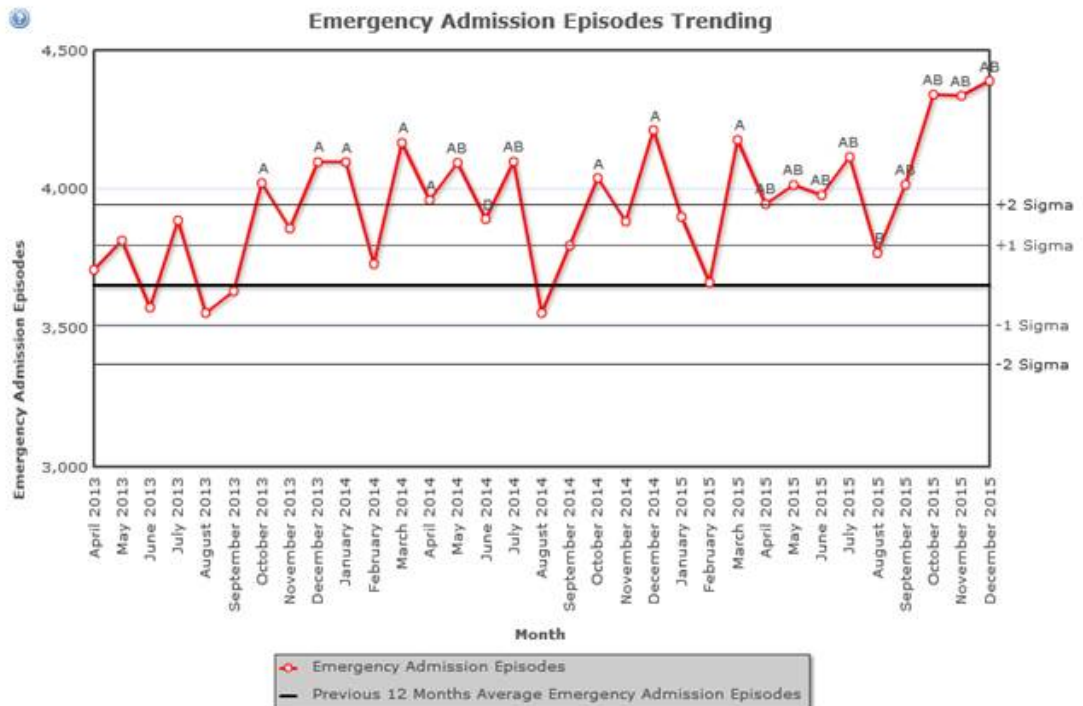
Over 75 Age Group

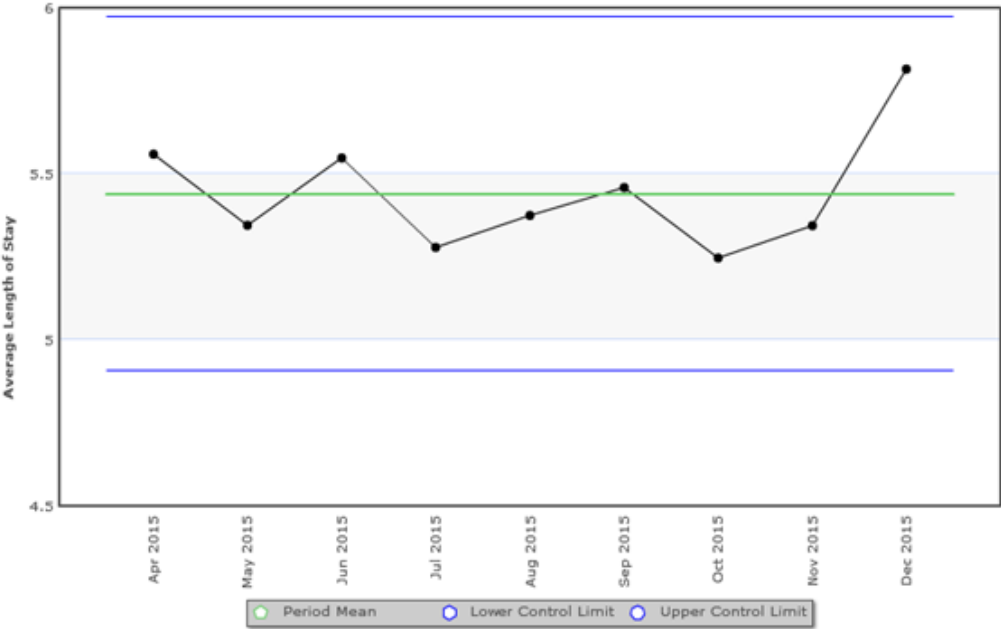
The increased pressure across SaTH may not be directly attributable to an increase in the over 75 age group however the following graph highlights the current increase in overall length of stay in the over 75s.

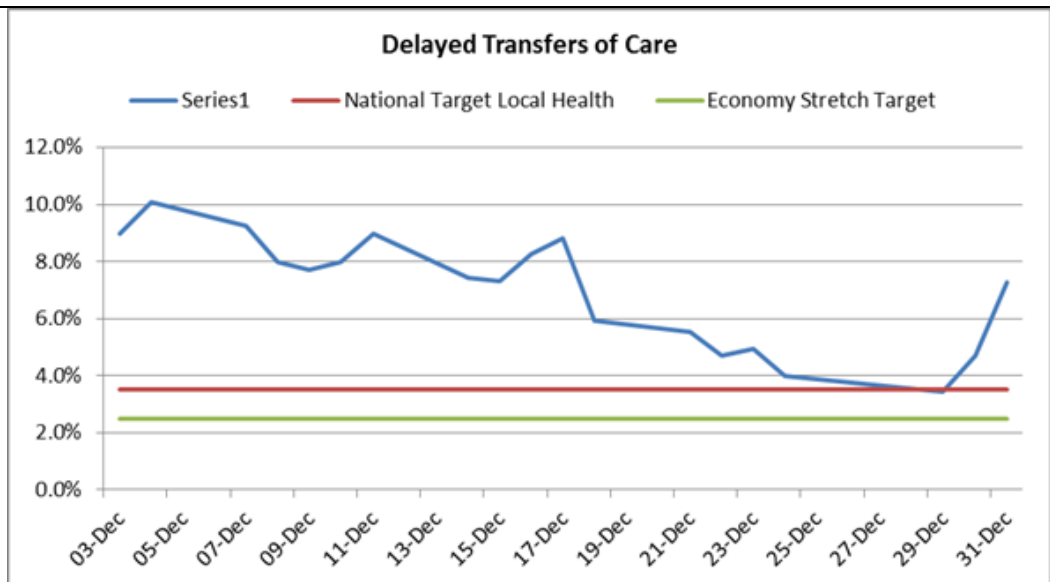


Emergency Admissions

The graph below shows the trend in emergency admissions has continued to remain high, and increased again in December. Against this increase in emergency admission we are seeing the increase in LOS in December; we should see a reduction during the first weeks in January.



	<p>Average Length of Stay SPC Chart (Trust Overview)</p>  <table border="1"> <caption>Approximate data points from the SPC Chart</caption> <thead> <tr> <th>Month</th> <th>Average Length of Stay</th> </tr> </thead> <tbody> <tr><td>Apr 2015</td><td>5.6</td></tr> <tr><td>May 2015</td><td>5.3</td></tr> <tr><td>Jun 2015</td><td>5.6</td></tr> <tr><td>Jul 2015</td><td>5.3</td></tr> <tr><td>Aug 2015</td><td>5.4</td></tr> <tr><td>Sep 2015</td><td>5.5</td></tr> <tr><td>Oct 2015</td><td>5.3</td></tr> <tr><td>Nov 2015</td><td>5.4</td></tr> <tr><td>Dec 2015</td><td>5.8</td></tr> </tbody> </table> <p>Legend: ● Period Mean ○ Lower Control Limit ○ Upper Control Limit</p>	Month	Average Length of Stay	Apr 2015	5.6	May 2015	5.3	Jun 2015	5.6	Jul 2015	5.3	Aug 2015	5.4	Sep 2015	5.5	Oct 2015	5.3	Nov 2015	5.4	Dec 2015	5.8
Month	Average Length of Stay																				
Apr 2015	5.6																				
May 2015	5.3																				
Jun 2015	5.6																				
Jul 2015	5.3																				
Aug 2015	5.4																				
Sep 2015	5.5																				
Oct 2015	5.3																				
Nov 2015	5.4																				
Dec 2015	5.8																				
Planned Actions	<p>During the month of December the continued main focus of the Unscheduled Care team have been around daily operational pressure in support of capacity and flow. The team have continued to focus on the actions that support the urgent care recovery plan and have worked within the ED and capacity teams to ensure site safety. In addition for the latter part of December and into January the operational team are working a split shift pattern to provide additional support to ED.</p> <p>At SaTH we continue to focus on our own internal recovery plan. The areas of focus are:</p> <ul style="list-style-type: none"> • Increase in cubicle capacity at PRH; • Breach reduction and process; • Continued development of ambulatory care areas; • Delivery of bay safe (rolled out across all unscheduled care areas); • SAFER bundle. <p>Concerns remained during December no change from previous months with the impact that DTOC/MFFD were having on available capacity with the trust; on a number of days we had over 130 patients' on the MFFD needing support from an external provider. The main delays being caused by the lack of domiciliary care provision within the Shropshire area. The LA and the CCG have indicated that additional capacity will come on line in January to ease the problem.</p>																				
Key Themes/Trends	<p>Delayed Transfers of Care (DTOC) Numbers</p> <p>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 December in line with previous years the figure did reduce but raised again at the end.</p>																				



Month	Reasons for delay - awaiting:	RSH						PBH					
		Health		Social		Joint		Health		Social		Joint	
		Delays	Lost Beddays	Delays	Lost Beddays	Delays	Lost Beddays	Delays	Lost Beddays	Delays	Lost Beddays	Delays	Lost Beddays
December 2015	A) Completion of assessment	42	63	21	44	0	0	103	160	5	7	3	5
	B) Public Funding	1	1	2	3	0	0	0	0	2	2	0	0
	C) Further non acute NHS care (including intermediate care, rehabilitation etc)	188	800	0	0	0	0	81	193	0	0	0	0
	D i) Residential Care Home Placement	10	32	16	207	0	0	2	3	0	0	14	28
	D ii) Nursing Care Home Placement	44	195	54	379	3	8	16	67	30	113	89	345
	E) Care package in own home	20	58	36	239	152	997	13	27	10	14	36	430
	F) Community Equipment/adaptions	49	123	0	0	0	0	21	30	0	0	0	0
	G) Patient or family choice	10	26	0	0	7	44	29	148	0	0	0	0
	H) Disputes	0	0	0	0	0	0	0	0	0	0	0	0
	I) Housing - patients not covered by NHS and Community Care Act	3	14	0	0	0	0	0	0	2	15	0	0
December 2015 Total		367	1,312	129	872	162	1,049	265	628	49	151	142	808

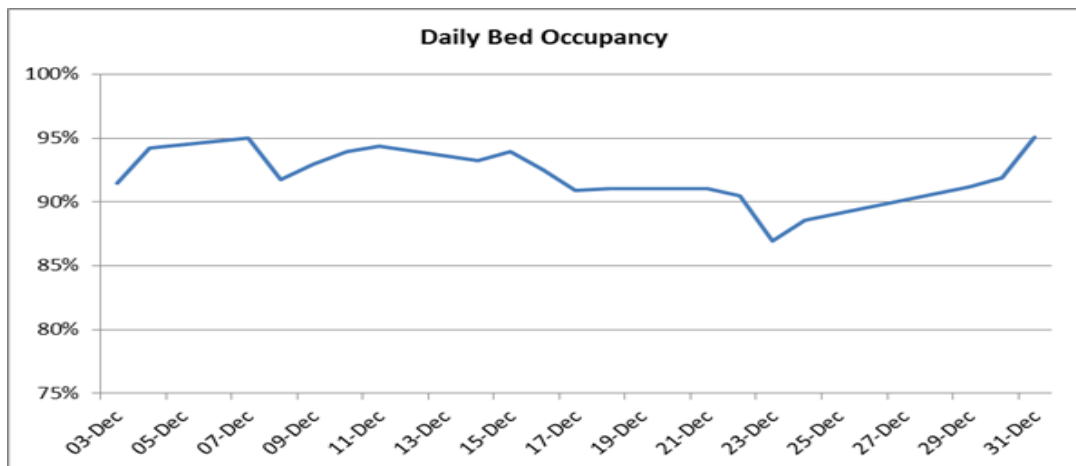
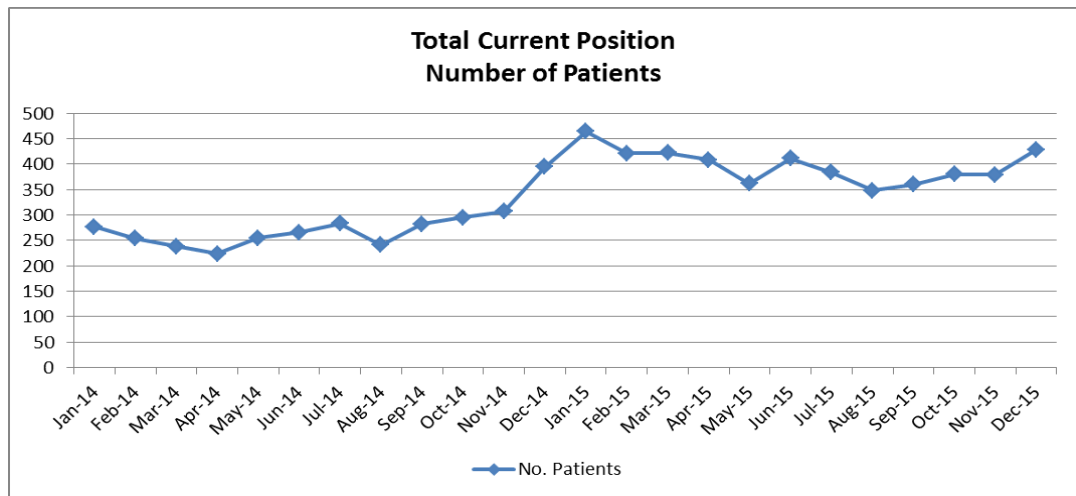
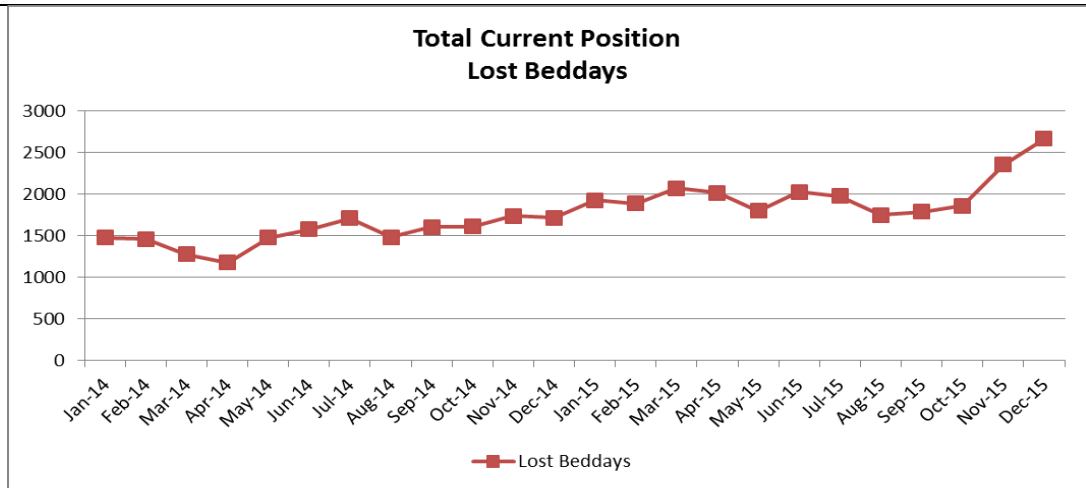
Medically Fit For Discharge Reasons for Delay

Medically Fit For Discharge numbers remain continually 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.

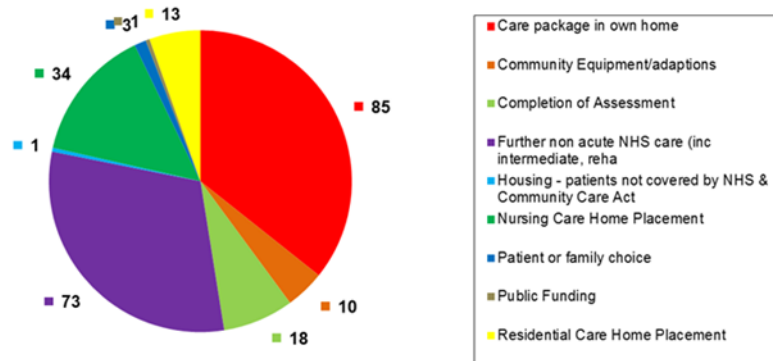
Medically Fit For Discharge patients remain collectively above the target for the month of December.

In addition they highlight the lost bed days attributed to patients whom are medically fit and do not need to be an acute bed. The numbers of patients delayed continues to increase; on average over a 3rd of medicine capacity is lost to a patient who should be elsewhere; this inevitably causes outliers within surgery and reduces the ability to deliver RTT.

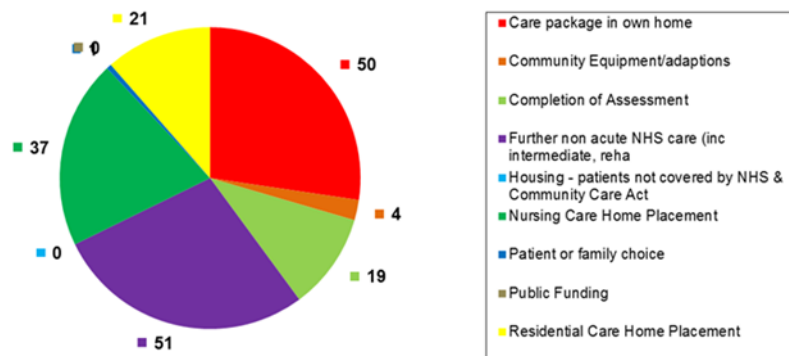
By the end of December the lost beds days as a comparison to the previous year had risen to 18,400 lost bed days against 14,200, an increase of over 29%.



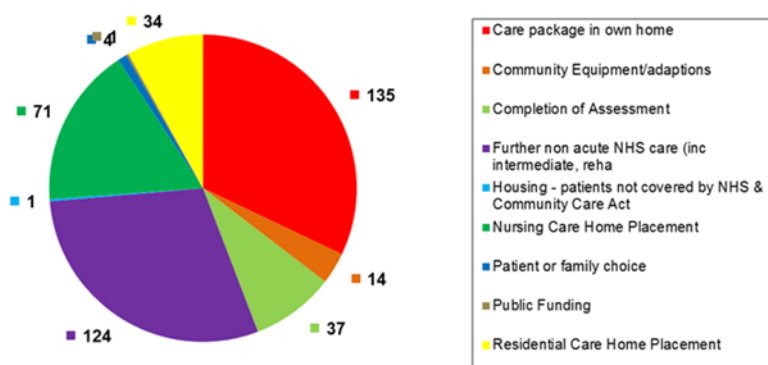
RSH FTT Reasons for Delay Summary (Total Number of Patients) December 15



PRH FTT Reasons for Delay Summary (Total Number of Patients) December 15



SaTH FTT Reasons for Delay Summary (Total Number of Patients) December 15



3. PERFORMANCE OF SCHEDULED CARE STANDARDS BY EXCEPTION

Measure	Annual Target	Monthly Target	April	May	June	July	August	September	October	November	December
18 Week RTT Admitted - English Responsible Only	90%	90%	72.86	77.48	73.77	73.54	74.89	74.96	73.95	73.68	78.02
Current State	The Trust failed to deliver the overall 18 week admitted standard in December. This is as expected as the two specialties (oral surgery and orthopaedics) clear the backlog of patients waiting over 18 weeks.										
Planned Actions	Continue to work to trajectories to recover admitted position.										
Key Themes/Trends	Orthopaedic and Oral Surgery pose the greatest risk to recovery of this standard.										

Measure	Annual Target	Monthly Target	April	May	June	July	August	September	October	November	December
18 Week RTT Non - Admitted - English Responsible Only	95%	95%	96.17	96.99	96.58	96.61	95.33	95.16	95.00	94.22	93.71
Current State	The Trust failed to deliver the overall 18 week non admitted standard in December.										
Planned Actions	On-going validation of non-admitted pathways. Programming of additional activity.										
Key Themes/Trends	Deteriorating performance in medical specialities due to workforce challenges.										

Cancer

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

	Measure	Annual Target	Monthly Target	May	June	July	August	September	October	November	National Average	December
Cancer	2 Week GP to 1st OP Apt Breast Symptoms	93%	93%	93.06%	94.98%	95.85%	92.34%	96.38%	95.38%	91.59%	93.5%	96.03%
	2 Week GP referral to 1st OP Appointment	93%	93%	94.49%	95.08%	95.74%	95.91%	94.05%	94.48%	92.84%	94.7%	95.55%
	31 day diagnosis to treatment	96%	96%	97.92%	98.43%	97.72%	97.70%	96.62%	97.84%	97.13%	97.7%	97.31%
	31 day second or subsequent treatment – Drug	98%	98%	100%	100%	100%	100%	100%	100%	100%	99.5%	100%
	31 day second or subsequent treatment – Surg	94%	94%	90.48%	95.35%	97.96%	94.12%	93.02%	97.22%	97.14%	95.8%	100%
	31 day second or subsequent treatment – Rad	94%	94%	96.34%	98.90%	98.61%	98.72%	100%	98.85%	97.65%	97.8%	100%
	62 days urgent referral to treatment	85%	85%	83.49%	85.93%	86.61%	81.25%	89.52%	87.50%	79.72%	83.3%	85.77%
	62 days referral to treatment from screening	90%	90%	93.33%	98.08%	95.00%	92.11%	91.30%	91.43%	85.71%	93.0%	100%
	62 days referral to treatment breast symptomatic			100%	100%	100%	100%	100%	100%	100%	92.7%	75%
	Extended 62 day treatment targets (upgrades)	85%	85%	90.24%	92.78%	89.62%	85.59%	88.89%	82.91%	87.21%	90.8%	92.52%

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

OVERVIEW OF PERFORMANCE STANDARDS BY EXCEPTION

The current predicted position for December 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 are currently 11 patients who have waited over 100 days as of 6th January 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	CCG	Receipt Date	Days Since Referral	Cancer Site	Latest Tracking Comment	Month of Treatment
17	5MK	11/09/15	103	Upper GI	Complex Pathway / delays at Tertiary Centre. Original referral to Colorectal. Patient required numerous diagnostic tests / cross MDT discussions and referral out of county to determine disease status. Currently awaiting confirmation of TCI date at UHNM. Escalated as per policy (diagnosis remains query cancer).	
18	7A7	09/09/15	105	Urology	Medical delay. Patient admitted for treatment within target - found to have UTI and treatment postponed. Stated time between infection and re-book of surgery required. Repeat PSA due - surgery will be re-booked dependent on outcome. Biopsy now planned.	

19	5M2	07/09/15	107	Head and Neck	Patient choice. Patient has declined surgery until mid-January 2016. Waiting time adjustment to be added once treatment completed.	
20	5MK	04/09/15	110	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 now planned mid-January.	
21	5M2	13/08/15	132	Other	Complex pathway / Medical Delay / Patient Choice: Diagnostic tests delayed due to medical reasons. Patient due to be admitted to correct medical issues. Multiple investigations required. Patient has now requested time to consider palliative treatment. Patient has declined further appointments / interventions. Awaiting update from family. Escalated as per policy.	
22	5M2	10/08/15	135	Gynaecology	Patient Choice / Complex Pathway: Patient delayed beginning of pathway as was on holiday. Numerous diagnostic tests to determine disease status. Not escalated as per policy (diagnosis remains query cancer). Transferred to other provider (RJA) for biopsy - long wait for investigation. Awaiting OPA with breast team.	
23	5M2	04/08/15	141	Upper GI	Complex Pathway / patient choice: Numerous diagnostic tests to determine disease status. Patient referred to Tertiary Centre (QE - Birmingham) for specialist opinion - awaiting update. Escalated as per policy (diagnosis remains query cancer). MRI was moved from 11/11/15 to 16/11/15. Patient requested TCI 6/1/16.	
24	5M2	24/07/15	152	Skin	Complex Pathway: Initial referral to Haematology team. Numerous diagnostic tests to determine disease status. Thought to be mets with unknown primary. Referred to Tertiary Centre day 60. Escalated as per policy. Treated for mets (neck dissection) at QE. Histology reported no sign of mets. For further MDT discussion 11/1/16.	
25	7A7	14/07/15	162	Skin	Complex pathway. Initial referral to haematology. Discussion of biopsy at MDT delayed by one week as meeting cancelled. Tertiary referral sent to QE day 43. Treatment for mets only at tertiary centre early October. Metastatic melanoma confirmed. For further discussion re. primary at MDT 11/1/16.	
26	7A7	01/07/15	175	Gynaecology	Complex pathway. Referral required to Christies for second opinion - rare cancer / diagnosis. Decision made for local surgery - plan changed to refer to UHNM. Discussed at UHNM MDT - decision made to refer to Basingstoke (specialist surgery in view of diagnosis). Referred back to SaTH for colonoscopy before agreeing on treatment required. Nothing shown on colonoscopy. Further tertiary referral to Christie sent 4/1/16.	

27	5M2	26/06/15	180	Lung	Medical delay / patient choice. First OPA day 12. Delay to report CT - escalated as per procedure. Patient choice to cancel surgical OPA (holiday). Surgery at UHNM postponed mid-procedure as patient experienced reaction to anaesthesia. Patient requires pulmonary rehab prior to surgery being re-booked. Delay to report histology from CTGB. Patient not fit for surgery - for referral to Oncology.	
----	-----	----------	-----	------	---	--

Month 9 - 2015/16		2014/15 Outturn Period	2014/15 Outturn	2015/16 Threshold	M1 Apr-15	M2 May-15	M3 Jun-15	Q1	M4 Jul-15	M5 Aug-15	M6 Sep-15	Q2	M7 Oct-15	M8 Nov-15	M9 Dec-15	Q3	M10 Jan-16	M11 Feb-16	M12 Mar-16	Q4	2015/16 Year to Date
Measure																					
Access	A&E 4 Hour Wait	Full Year	89.96%	95%	86.25%	87.06%	88.25%	87.11%	90.74%	90.70%	87.53%	89.69%	85.12%	86.64%	85.94%	85.89%					87.57%
	Total Attendances		122,134		13,044	10,184	10,401	33,629	11,084	10,966	10,500	32,550	10,858	10,511	10,591	31,960					98,139
	Total Breaches		12,268		1,794	1,318	1,222	4,334	1,026	1,020	1,309	3,355	1,616	1,404	1,489	4,509					12,198
	Breaches Over Threshold		-6,161		-1,142	-809	-702	-2,653	-472	-472	-784	-1,728	-1,073	-878	-959	-2,911					-7,291
	A&E 12 Hour Trolley Waits	Full Year	19	0	0	0	0	0	0	0	0	0	0	0	0	0					0
	Ambulance Handovers not completed within 30 Minutes (SaTH Validated View)	Full Year	296	0	43	22	25	90	20	25	33	78	39	36	65	140					308
	Ambulance Handovers not completed within 60 Minutes (SaTH Validated View)	Full Year	48	0	5	4	3	12	1	3	6	10	7	3	14	24					46
	18 Week RTT Admitted - English Responsible Only - Part 1A	Mar-14	77.78%	90%	72.86%	77.48%	73.77%		73.54%	74.89%	74.96%		73.95%	73.68%	78.02%						
	Total Patients		1,278		1,194	1,181	1,361		1,338	1,111	1,222		1,209	1,208	1,124						
	Total Breaches		284		324	266	357		354	279	306		315	318	247						
	Breaches Over Threshold		-156		-205	-148	-221		-220	-168	-184		-194	-197	-135						
	18 Week RTT Non Admitted - English Responsible Only - Part 1B	Mar-14	97.18%	95%	96.17%	96.99%	96.58%		96.61%	95.33%	95.16%		95.00%	94.22%	93.71%						
	Total Patients		5,355		4,931	4,544	5,207		4,539	4,492	5,085		5,182	5,050	4,899						
	Total Breaches		151		189	137	178		154	210	246		259	292	308						
	Breaches Over Threshold		117		58	90	82		73	15	8		0	-40	-63						
	18 Week RTT Incomplete Pathway - English Responsible Only - Part 2	Mar-14	92.87%	92%	93.12%	92.87%	91.96%		91.25%	92.11%	92.43%		92.33%	92.27%	92.00%						
	Total Patients		14,930		14,952	14,801	14,969		16,608	16,937	17,433		16,383	16,490	16,244						
	Total Breaches		1,064		1,028	1,056	1,203		1,453	1,336	1,320		1,256	1,274	1,299						
	Breaches Over Threshold		130		168	128	-5		-124	19	75		55	45	1						
	18 Week RTT > 52 Weeks - English Responsible Only	Full Year	7	0	1	0	0	1	0	0	0	0	0	0	0	0					1
	% of Patients waiting over 6 Weeks for a Diagnostics Test	Full Year	0.11%	1%	0.99%	0.99%	0.73%	0.90%	0.21%	0.00%	0.07%	0.09%	0.42%	0.34%	0.73%	0.49%					0.49%
	Total Patients		45,801		4,326	5,479	5,324	15,129	5,248	5,293	5,757	16,298	5,961	6,171	5,858	17,990					49,417
	Total Breaches		50		43	54	39	136	11	0	4	15	25	21	43	89					240
	Breaches Over Threshold		408		0	1	14	15	41	53	54	148	35	41	16	91					254
	Cancelled 28 Day Readmission Breaches	Full Year	5	0	1	0	0	1	0	1	0	1	0	0	1	1					3
	Number of Urgent operations cancelled more than once	Full Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0					0

Month 9 - 2015/16																						
Measure		2014/15 Outturn Period	2014/15 Outturn	2015/16 Threshold	M1 Apr-15	M2 May-15	M3 Jun-15	Q1	M4 Jul-15	M5 Aug-15	M6 Sep-15	Q2	M7 Oct-15	M8 Nov-15	M9 Dec-15	Q3	M10 Jan-16	M11 Feb-16	M12 Mar-16	Q4	2015/16 Year to Date	
Cancer	2 Week GP referral to 1st OP Appointment	Full Year	94.76%	93%	95.18%	94.49%	95.08%	94.93%	95.74%	95.91%	94.05%	95.23%	94.48%	92.84%	95.55%	94.31%					94.81%	
	Total Patients		17,054.0		1,391.0	1,398.0	1,627.0	4,416.0	1,645.0	1,442.0	1,545.0	4,632.0	1,521.0	1,607.0	1,685.0	4,813.0					13,861.0	
	Total Breaches		894.0		67.0	77.0	80.0	224.0	70.0	59.0	92.0	221.0	84.0	115.0	75.0	274.0					719.0	
	Breaches Over Threshold		299.8		30.4	20.9	33.9	85.1	45.2	41.9	16.2	103.2	22.5	-2.5	43.0	62.9					251.3	
	2 Week GP to 1st OP Appointment Breast Symptoms	Full Year	95.89%	93%	93.65%	93.06%	94.98%	93.91%	95.85%	92.34%	96.38%	94.96%	95.38%	91.59%	96.03%	94.35%					94.43%	
	Total Patients		2,068.0		189.0	216.0	219.0	624.0	265.0	209.0	221.0	695.0	195.0	226.0	252.0	673.0					1,992.0	
	Total Breaches		85.0		12.0	15.0	11.0	38.0	11.0	16.0	8.0	35.0	9.0	19.0	10.0	38.0					111.0	
	Breaches Over Threshold		59.8		1.2	0.1	4.3	5.7	7.6	-1.4	7.5	13.7	4.7	-3.2	7.6	9.1					28.4	
	31 day diagnosis to treatment	Full Year	97.82%	96%	97.45%	97.92%	98.43%	97.95%	97.72%	97.70%	96.62%	97.33%	97.84%	97.13%	97.31%	97.43%					97.57%	
	Total Patients		2,387.0		235.0	192.0	255.0	682.0	219.0	217.0	237.0	673.0	232.0	209.0	260.0	701.0					2,056.0	
	Total Breaches		52.0		6.0	4.0	4.0	14.0	5.0	5.0	8.0	18.0	5.0	6.0	7.0	18.0					50.0	
	Breaches Over Threshold		43.5		3.4	3.7	6.2	13.3	3.8	3.7	1.5	8.9	4.3	2.4	3.4	10.0					32.2	
	31 day second or subsequent treatment - Drug	Full Year	99.37%	98%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.47%	98.84%					99.65%
	Total Patients		956.0		113.0	74.0	123.0	310.0	103.0	91.0	87.0	281.0	94.0	79.0	85.0	258.0					849.0	
	Total Breaches		6.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.0	3.0					3.0	
	Breaches Over Threshold		13.1		2.3	1.5	2.5	6.2	2.1	1.8	1.7	5.6	1.9	1.6	-1.3	2.2					14.0	
	31 day second or subsequent treatment - Surgery	Full Year	94.32%	94%	87.80%	90.48%	95.35%	91.27%	97.96%	94.12%	93.02%	95.24%	97.22%	97.14%	100.00%	98.00%					94.60%	
	Total Patients		458.0		41.0	42.0	43.0	126.0	49.0	34.0	43.0	126.0	36.0	35.0	29.0	100.0					352.0	
	Total Breaches		26.0		5.0	4.0	2.0	11.0	1.0	2.0	3.0	6.0	1.0	1.0	0.0	2.0					19.0	
	Breaches Over Threshold		1.5		-2.5	-1.5	0.6	-3.4	1.9	0.0	-0.4	1.6	1.2	1.1	1.7	4.0					2.1	
	31 day second or subsequent treatment - Radiotherapy	Full Year	98.62%	94%	97.33%	96.34%	98.90%	97.58%	98.61%	98.72%	100.00%	99.15%	98.85%	97.65%	100.00%	98.74%					98.47%	
	Total Patients		942.0		75.0	82.0	91.0	248.0	72.0	78.0	84.0	234.0	87.0	85.0	66.0	238.0					720.0	
	Total Breaches		13.0		2.0	3.0	1.0	6.0	1.0	1.0	0.0	2.0	1.0	2.0	0.0	3.0					11.0	
	Breaches Over Threshold		43.5		2.5	1.9	4.5	8.9	3.3	3.7	5.0	12.0	4.2	3.1	4.0	11.3					32.2	
	62 days urgent referral to treatment	Full Year	85.19%	85%	88.98%	83.49%	85.93%	86.21%	86.61%	81.25%	89.52%	85.95%	87.50%	79.72%	85.77%	84.70%					85.59%	
	Total Patients		1,178.0		118.0	106.0	135.0	359.0	119.5	104.0	114.5	338.0	140.0	108.5	137.0	385.5					1,082.5	
	Total Breaches		174.5		13.0	17.5	19.0	49.5	16.0	19.5	12.0	47.5	17.5	22.0	19.5	59.0					156.0	

Month 9 - 2015/16

		2014/15 Outturn Period	2014/15 Outturn	2015/16 Threshold	M1 Apr-15	M2 May-15	M3 Jun-15	Q1	M4 Jul-15	M5 Aug-15	M6 Sep-15	Q2	M7 Oct-15	M8 Nov-15	M9 Dec-15	Q3	M10 Jan-16	M11 Feb-16	M12 Mar-16	Q4	2015/16 Year to Date
Measure																					
Cancer (cont.)	Breaches Over Threshold		2.2		4.7	-1.6	1.3	4.4	1.9	-3.9	5.2	3.2	3.5	-5.7	1.1	-1.2					6.4
	62 days referral to treatment from Screening	Full Year	92.26%	90%	100.00%	93.33%	98.08%	97.67%	95.00%	92.11%	91.30%	92.74%	91.43%	85.71%	100.00%	93.22%					94.61%
	Total Patients		239.0		23.5	15.0	26.0	64.5	20.0	19.0	23.0	62.0	17.5	17.5	24.0	59.0					185.5
	Total Breaches		18.5		0.0	1.0	0.5	1.5	1.0	1.5	2.0	4.5	1.5	2.5	0.0	4.0					10.0
	Breaches Over Threshold		5.4		2.4	0.5	2.1	5.0	1.0	0.4	0.3	1.7	0.3	-0.8	2.4	1.9					8.6
	62 days referral to treatment from Hospital Specialist (Upgrades)	Full Year	93.82%	85%	86.89%	90.24%	92.78%	89.70%	89.62%	85.59%	88.89%	87.95%	82.91%	87.21%	92.52%	87.42%					88.34%
	Total Patients		566.0		61.0	41.0	48.5	150.5	53.0	55.5	45.0	153.5	58.5	43.0	53.5	155.0					459.0
	Total Breaches		35.0		8.0	4.0	3.5	15.5	5.5	8.0	5.0	18.5	10.0	5.5	4.0	19.5					53.5
	Breaches Over Threshold		49.9		1.2	2.2	3.8	7.1	2.5	0.3	1.8	4.5	-1.2	1.0	4.0	3.8					15.4

Month 9 - 2015/16		2014/15 Outturn Period	2014/15 Outturn	2015/16 Threshold	M1 Apr-15	M2 May-15	M3 Jun-15	Q1	M4 Jul-15	M5 Aug-15	M6 Sep-15	Q2	M7 Oct-15	M8 Nov-15	M9 Dec-15	Q3	M10 Jan-16	M11 Feb-16	M12 Mar-16	Q4	2015/16 Year to Date
Measure																					
Patient Experience / Governance	C-Diff	Full Year	29	25	4	3	3	10	2	4	4	10	3	0	2	5					25
	MRSA	Full Year	2	0	1	0	0	1	0	0	0	0	0	0	0	0					1
	Same Sex Accommodation Breaches	Full Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0					0
	Compliance with VTE Assessments	Mar-15	94.69%	95%	95.06%	95.06%	95.25%	95.12%	96.14%	95.25%	95.21%	95.54%	94.68%	94.34%							95.33%
	Publication of Formulary	Mar-15	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes		Yes	Yes	Yes						
	Duty of Candour	Mar-15	0	0	0	0	0	0	0	0	0	0	0	0	0	0					0
	Valid NHS Number in submitted Acute datasets	Full Year	99.80%	99%	99.71%	99.87%	99.79%	99.79%	99.76%	99.78%	99.87%	99.80%	99.75%	99.78%	99.82%	99.78%					99.79%
	Total Spells / Outpatient Attendances		817,117		68,818	64,669	73,934	207,421	71,669	69,773	73,222	214,664	73,366	71,811	67,323	212,500					634,585
	Total Breaches		1,623		200	87	157	444	172	154	96	422	183	157	123	463					1,329
	Breaches Over Threshold		6,548		488	560	582	1,630	545	544	636	1,725	551	561	550	1,662					5,017
	Valid NHS Number in submitted A&E datasets	Full Year	98.60%	95%	98.77%	98.99%	98.70%	98.82%	98.41%	98.72%	98.75%	98.63%	98.78%	98.72%	98.74%	98.75%					98.73%
	Total Attendances		108,639		8,956	8,906	9,156	27,018	9,084	9,026	8,654	26,764	8,825	8,587	8,270	25,682					79,464
	Total Breaches		1,525		110	90	119	319	144	116	108	368	108	110	104	322					1,009
	Breaches Over Threshold		3,907		338	355	339	1,032	310	336	325	970	333	319	310	962					2,964

Note: Contract Penalties

- The forecast value of applicable penalties based on December's performance is circa £301k for the month, the highest in-month value for the year-to-date.
- As previously reported at HEC, national guidance has confirmed that financial penalties will no longer be applied to the Admitted and Non Admitted elements of 18 Week RTT – rather a greater emphasis (ie higher penalty) will be placed on the Incomplete element from October 2015. This has now been confirmed as £300 per breach as opposed to £150 for the period up to the end of September.
- Colleagues are further reminded that RTT penalties continue to be applied at a specialty level. Hence, even though the Trust achieved the Incomplete target for December on a 'bottom line' basis, individual specialty-level failures mean that a penalty of circa £130k is due for the month. The total number of breaches for which a penalty will be applied in December is 435, with Maxillo-Facial Surgery accounting for 184 (42%) and Orthopaedics for 110 (25%) of these.
- A forecast of the potential full year impact of these penalties would suggest a figure of circa £2.6m if the broad assumptions identified are correct. This is circa £100k above the forecast as reported at the end of November. The single biggest element of this remains the A&E 95% target (£1.2m), followed by the RTT Incomplete target (£1m).

FINANCE COMMITTEE – 26TH JANUARY 2016

FINANCE DIRECTOR REPORT – MONTH 9

1. Income & Expenditure position

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

	April – Dec Budget £000's	April – Dec Actual £000's	Variance £000's		Revised Budget £000's	Forecast April –March Actual £000's	Variance £000's
Income	242,256	241,720	(536)		319,805	324,289	4,484
Pay	(164,136)	(169,422)	(5,286)		(219,225)	(227,534)	(8,309)
Non-pay	(73,538)	(74,395)	(857)		(97,239)	(101,030)	(3,791)
Reserves	(6,226)		6,226		(5,017)		5,017
Total expenditure	(243,900)	(243,817)	83		(321,481)	(328,564)	(7,083)
EBITDA	(1,644)	(2,097)	(453)		(1,676)	(4,275)	(2,599)
Finance costs	(11,397)	(11,394)	3		(15,944)	(14,744)	1,200
Surplus/(deficit) before rectification	(13,041)	(13,491)	(450)		(17,620)	(19,019)	(1,399)
Phased spend	(371)	(371)					0
Rectification Plans					350		(350)
Bank Pay Change						500	500
Stock Change						500	500
Capital to Revenue transfer						2,000	2,000
Agency Nurse Costs						500	500
Non Pay Controls						800	800
Increased Penalties						(500)	(500)
Surplus/(deficit) after rectification	(13,412)	(13,862)	(450)		(17,270)	(15,094)	2,176

The Trust's budgets assume the delivery of a deficit at month 9 amounting to £13,412 million, the actual deficit recorded amounted to £13,862 million. A forecast outturn has been constructed, which suggests that with corrective action the Trust will overspend by £15.094 million. The outturn position is profiled in the table below.

Plan	April	May	June	July	August	September	October	November	December	January	February	March	Total
Income	25350	26573	26507	27418	25430	27908	29083	27804	26147	27713	26252	28103	324289
PAY	18278	18663	18876	18759	18676	18826	19085	19371	19137	19348	19238	19276	227534
Non Pay	7969	7851	8084	8239	7943	8758	8959	8334	8459	8749	8789	8897	101030
EBITDA	-897	59	-453	420	-1189	324	1039	99	-1449	-384	-1775	-70	-4275
F COSTS	1358	1415	1087	1198	1279	1278	1317	1154	1307	1117	1117	1116	14744
Overall	-2255	-1355	-1540	-778	-2468	-954	-279	-1055	-2757	-1501	-2892	-1186	-19019
Bank Pay Change												-500	-500
Stock Gain												-500	-500
Capital to revenue transfer												-2000	-2000
Agency Nurse costs								-125	-125	-125	-125	-125	-625
Non Pay controls									-200	-200	-200	-200	-800
Increased Penalties								500					500
													-15094
	-2255	-3610	-5150	-5928	-8396	-9350	-9629	-11059	-13490	-14666	-17233	-15094	
Month 7 plan	-2255	-3611	-5151	-5929	-8397	-9352	-9630	-11342	-14117	-15466	-18196	-18190	
Progress	0	1	1	1	1	2	1	283	627	800	963	3096	

At the previous Trust Board meeting (Month 7) 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.

Performance in the last two months has been better than expected when producing the month 7 plan, as described in the table below:

	November Plan £000's	November Actual £000's	December Plan £000's	December Actual £000's	Variance against Plan £000's
Income	27,194	27,304	26,426	26,147	(169)
Pay	(19,166)	(19,246)	(19,373)	(19,012)	281
Non Pay	(8,580)	(8,334)	(8,665)	(8,259)	652
Finance costs	(1,162)	(1,154)	(1,162)	(1,307)	(137)
In month Deficit	(1,714)	(1,430)	(2,774)	(2,432)	627

As can be seen the Trust at the end of December is presently £627,000 ahead of the expected position as profiled in Month 7.

2. Income

2.1 Income – Performance to date

At the end of month 9 in the 2015/16 financial year, the Trust had planned to receive income amounting to £242,256 million and had generated income amounting to £241,720 million, an under performance of £537,000. An analysis of the variance is presented in the table below.

	April - December Budget	April - December Actual	Variance	Variance %	April - December Budget	April - December Actual	Financial Variance Value	Price Variance	Volume Variance
	Activity	Activity	Activity		£000s	£000s	£000s	£000s	£000s
Accident and Emergency (Attendances)	81,293	81,004	(289)	(0.4%)	9,114	9,130	16	49	(32)
Outpatient Appts (Attendances)	310,190	311,091	901	0.3%	37,880	37,819	(61)	(18)	(43)
Elective Day Cases	31,936	32,432	496	1.6%	21,152	21,257	104	44	60
Elective Inpatient (Spells)	5,005	5,003	(2)	(0.0%)	13,727	13,644	(83)	(84)	1
Emergency (Spells)	36,267	36,679	412	1.1%	65,022	64,396	(625)	(402)	(223)
Maternity & Non Elective Other	5,796	5,995	199	3.4%	8,991	9,174	183	(51)	234
Emergency Threshold					(1,318)	(1,370)	(52)	(52)	
Others (Inc Reserves)					87,688	87,670	(19)	(19)	
Total	470,487	472,204	1,717	0.4%	242,256	241,720	(537)	(532)	(4)

Key observations from the above are:

Outpatient Activity

Activity to date is 0.3% over plan which can be seen in the following areas; Clinical Oncology, Urology and Clinical Haematology.

Inpatient Activity

Day Case - The Trust continues to over achieve in respect of Day Case activity predominately within Gastroenterology and Clinical Haematology offsetting an underperformance within Trauma and Orthopaedics and Oral Surgery.

Elective - Elective inpatient activity is in line with where the Trust planned it to be at the end of December.

Non Elective - Non Elective activity is over achieving against plan by 1.1% particularly within General Medicine and Paediatrics. An analysis of the financial impact of activity levels nine 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.

2.2 Forecast Income

In constructing the forecast outturn it has been assumed that the level of income received per month will increase when compared with the levels recorded in the period to date.

Average April – December £000's	Average January – March £000's	Variance £000's
26,913	27,356	443

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
Distribution of penalties	56	56		
Funding to support the Vanguard Unit	68	68		

Casemix – Telford and Wrekin CCG	115	115		-
Casemix – Other CCG	173	116	57	
Total	443	386	57	

As can be seen the level of risk associated with the growth in Trust income is minimal. This is so because:

- the Trust has protected its income receivable from Telford and Wrekin CCG by agreeing to a "block contract" earlier in this financial year; and
- 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	8,614	8,403	8,636	8,651	8,385	9,232	8,756	107,561
Outpatient Attendances	33,528	31,340	37,704	34,191	35,376	31,977	36,501	34,618	35,680	35,899	33,086	34,888	35,913	34,188	35,103	35,068	415,393
Elective Daycases	3,479	3,354	3,584	3,472	3,869	3,335	3,690	3,631	3,738	3,697	3,686	3,707	3,393	3,300	3,981	3,558	42,610
Elective Inpatient Spells	551	528	564	548	605	571	536	571	601	528	519	549	446	492	505	481	6,448
Emergency Spells	3,931	3,998	3,957	3,962	4,091	3,751	3,980	3,941	4,300	4,304	4,367	4,324	4,112	3,815	4,337	4,088	48,530
Maternity/Non Elective Other Spells	631	629	597	619	663	625	657	648	714	729	750	731	626	557	656	613	7,634

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	3,489	3,397	3,542	3,393	3,300	3,981	3,558	42,610
Actual	3,479	3,354	3,584	3,472	3,869	3,335	3,690	3,631	3,738	3,697	3,686	3,707	0	0	0	0	32,432
Variance	0	0	0	0	0	0	0	0	(1)	208	289	165	(3,393)	(3,300)	(3,981)	(3,558)	
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	572	480	550	446	492	505	481	6,448
Actual	551	528	564	548	605	571	536	571	601	528	519	549	0	0	0	0	5,003
Variance	0	0	0	0	0	0	0	0	3	(44)	39	(1)	(446)	(492)	(505)	(481)	
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	4,033	4,222	4,186	4,112	3,815	4,337	4,088	48,530
Actual	3,931	3,998	3,957	3,962	4,091	3,751	3,980	3,941	4,300	4,304	4,367	4,324	0	0	0	0	36,679
Variance	0	0	0	0	0	0	0	0	(4)	271	145	137	(4,112)	(3,815)	(4,337)	(4,088)	
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	618	644	665	626	557	656	613	7,634
Actual	631	629	597	619	663	625	657	648	714	729	750	731	0	0	0	0	5,995
Variance	0	0	0	0	0	0	0	0	(19)	111	106	66	(626)	(557)	(656)	(613)	
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	35,651	32,285	34,588	35,913	34,188	35,103	35,068	415,393
Actual	33,528	31,340	37,704	34,191	35,376	31,977	36,501	34,618	35,680	35,899	33,086	34,888	0	0	0	0	311,091
Variance	0	0	0	0	0	0	0	0	(148)	248	801	300	(35,913)	(34,188)	(35,103)	(35,068)	
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	8,635	8,659	8,733	8,651	8,385	9,232	8,756	107,561
Actual	9,410	9,268	9,339	9,339	9,253	9,094	8,731	9,026	8,892	8,614	8,403	8,636	0	0	0	0	81,004
Variance	0	0	0	0	0	0	0	0	(12)	(21)	(256)	(96)	(8,651)	(8,385)	(9,232)	(8,756)	
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

Discussions are presently taking place with Shropshire CCG aimed at securing an end of year settlement. These discussions are however proving difficult because the forecast outturn as presented by the CCG is £4.3 million below the level calculated by the Trust. The difference occurs because the CCG assumes:

- An ability to secure QIPP savings over the remaining three months of the year amounting to £1.6 million,

- That the casemix associated with particularly emergency activity will remain consistent throughout the year, whereas historical data consistently shows increased levels of complexity occurring over the winter period. The increased complexity of work is valued at £1.4 million,
- A reduced level of payment based upon contract queries raised by the CCG amounting to £700,000. Each of these queries are disputed and explanations supporting the Trust position have been issued to the CCG,
- Levels of payments made in respect of CQUIN will provide benefit to the CCG amounting to £600,000. In order to achieve this financial benefit the CCG has taken to unilaterally altering previously agreed CQUIN objectives and introducing more demanding performance criteria. The approach adopted by the CCG is being vigorously opposed by the Trust.

Income – Key Messages

- *Income levels for the remaining months of the year are expected on average to be £443k higher than the average income received in the months 1-9.*
- *The level of risk associated with the average monthly income growth is relatively small, amounting to £57,000*
- *Presently Shropshire CCG are seeking to make a payment in the 2015/16 financial year that is £4.3 million lower than the forecast position presented to the CCG by the Trust. Cash payments presently reflect the view presented by Shropshire CCG.*

3. Expenditure

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

	Average monthly Run Rate Jan – March £000's	Average monthly Run Rate April – December £000's	Run Rate in the Month of December £000's
Pay	19,162	18,824	19,012
Non Pay	8,611	8,266	8,259
Expenditure	27,773	27,090	27,271
Difference from Forecast Outturn Run Rate		683	502

The average level of monthly spend over the remaining three months of the year amounts to £27.773, and is significantly greater than both the average level of monthly spending recorded to date and in the month of December.

3.1 Pay

Pay expenditure reduced in the month of December, but is £780,000 greater than recorded in the equivalent period of the previous financial year. The increased monthly cost is explained by a growth in staffing levels (150 WTE) and an increase in agency premiums particularly within Medical staff and Nursing staff.

	July- Sept 13 £000's	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 15 £000's	Nov 15 £000's	Dec 15 £000's
Consultants	2,887	2,880	2,953	2,991	3,030	3,043	3,079	3,140	3,282	3,324	3,153	3,061
Medical Staffing	2,183	2,025	2,172	2,177	2,180	2,238	2,100	2,207	2,235	2,332	2,487	2,451
Nursing	6,671	6,817	6,990	7,080	7,062	7,314	7,473	7,451	7,413	7,557	7,659	7,557
Other Clinical	2,312	2,314	2,240	2,344	2,330	2,334	2,346	2,415	2,421	2,459	2,481	2,475
Non Clinical	3,247	3,268	3,224	3,232	3,207	3,292	3,269	3,393	3,404	3,413	3,467	3,468
Actual Pay Spend £	17,300	17,304	17,580	17,823	17,808	18,221	18,267	18,606	18,755	19,085	19,247	19,012

Consultants	221.85	227.77	228.56	235.02	234.21	236.22	242.09	237.71	243.09	235.36	234.83	234.89
Medical Staffing	345.25	338.39	344.16	347.49	352.77	357.93	362.36	357.78	357.54	368.13	368.36	367.93
Nursing	2,183.30	2,200.93	2,212.96	2,247.60	2,227.22	2,319.52	2,368.20	2,322.33	2,330.11	2,373.91	2,398.07	2,373.70
Other Clinical	736.40	738.25	741.76	756.21	753.02	753.67	769.06	760.60	775.11	791.37	790.28	792.68
Non Clinical	1,438.89	1,465.94	1,432.76	1,440.46	1,447.29	1,478.03	1,472.83	1,479.17	1,502.42	1,504.40	1,512.09	1,528.10
Actual Pay wte	4,925.61	4,971.61	4,960.20	5,026.78	5,014.17	5,145.37	5,214.53	5,157.59	5,208.27	5,273.17	5,303.63	5,297.30

During the months of November and December the numbers of staff employed as agency workers reduced, this being particularly so within the nursing staff group.

Agency Usage

	Average Oct-Dec 2013 £000's	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 2015 £000's	Nov 2015 £000's	Dec 2015 £000's
Consultants	72	95	174	159	167	172	120	182	192	157	102
Medical staff	211	355	386	366	270	236	285	379	576	514	582
Nursing	512	629	563	601	731	781	671	705	728	701	573
Other Clinical	37	(1)	15	1	17	22	43	35	37	65	53
Non clinical	38	17	19	28	64	83	79	76	86	91	60
Total Agency staff spending	870	1,095	1,157	1,155	1,249	1,293	1,198	1,377	1,620	1,528	1,370

	Average Oct-Dec 2013 WTE	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	Oct 2015 WTE	Nov 2015 WTE	Dec 2015 WTE
Consultants	5.01	5.37	9.59	8.99	8.60	8.62	7.04	8.99	7.05	7.01	8.37
Medical staff	26.71	32.08	36.13	30.34	22.88	22.17	21.98	29.53	42.80	35.95	43.07
Nursing	118.94	122.20	112.00	104.82	130.11	150.19	124.35	117.72	128.93	111.80	97.35
Other Clinical	5.62	2.70	2.61	0.33	2.59	4.04	8.29	7.76	6.98	10.11	11.77
Non Clinical	9.78	5.20	4.32	4.63	17.56	22.87	20.94	16.42	14.61	14.74	9.22
Total Agency staff spending	166.06	167.55	164.65	149.11	181.74	207.88	182.60	180.42	200.37	179.61	169.78

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 Oct-Dec 2013 £000's	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	Oct 2015 £000's	Nov 2015 £000's	Dec 2015 £000's
Nursing	413	403	429	422	500	546	522	533	517	644	715
Other Clinicala	31	19	26	33	40	36	32	37	33	39	42
Non clinical	117	103	123	124	127	129	127	150	117	128	146
Total Bank staff	561	525	578	579	667	712	681	720	667	811	903

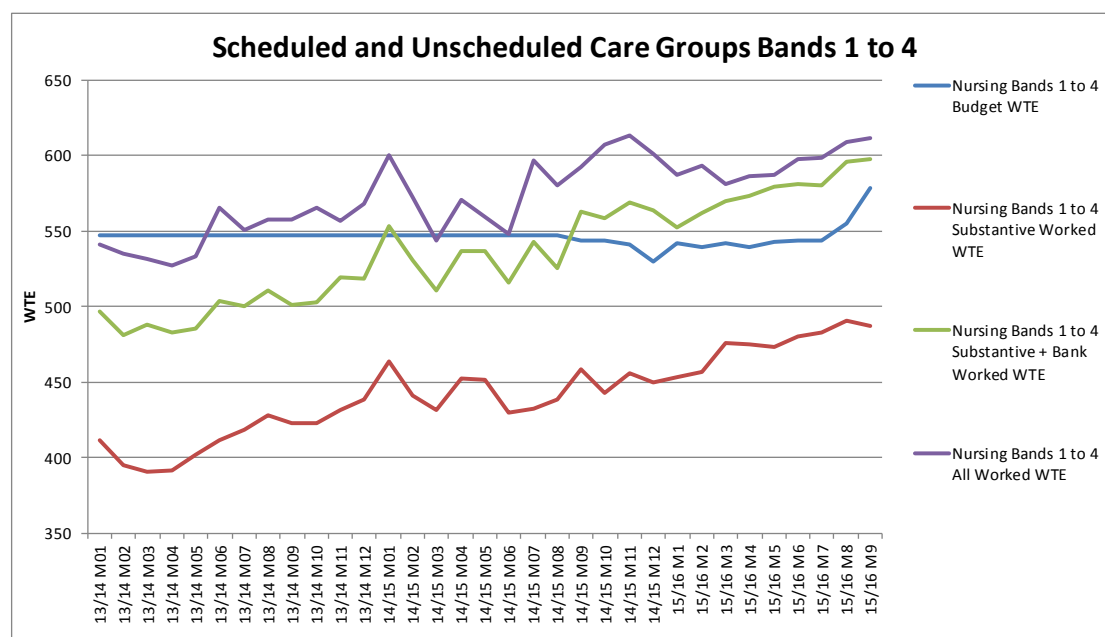
	Average Oct-Dec 2013 WTE	Average Jan-Mar 2014 WTE	Average April-Jun 2014 WTE	Average July-Aug 2014 WTE	Average Oct-Dec 2014 WTE	Average Jan - March 2015 WTE	Average April-June 2015 WTE	Average July-Sept 2015 WTE	Oct 2015 WTE	Nov 2015 WTE	Dec 2015 WTE
Nursing	146.53	146.88	154.79	152.40	185.47	203.56	177.01	177.66	175.44	196.81	202.72
Other Clinical	12.50	6.86	9.17	12.53	13.07	10.98	9.51	11.90	9.76	11.27	14.72
Other	63.23	52.97	63.55	73.21	69.81	66.16	60.14	68.75	59.31	55.23	74.21
Total Bank staff wte	222.26	206.71	227.51	238.14	268.35	280.70	246.66	258.31	244.51	263.31	291.65

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.

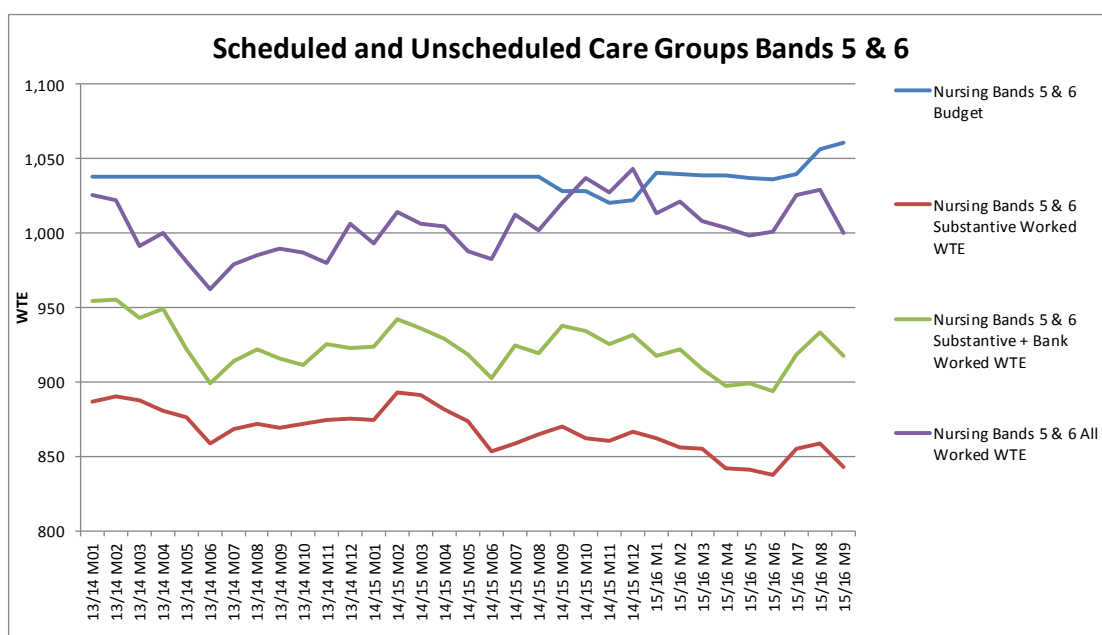
Scheduled and Unscheduled Care Groups

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	YTD Total
	£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	-5,615
Bank	-247	-288	-239	-265	-245	-260	-260	-373	-403	-2,579
Substantive	-4,819	-4,860	-4,866	-4,804	-4,768	-4,817	-4,876	-4,861	-4,818	-43,490
Grand Total	-5,616	-5,788	-5,735	-5,740	-5,638	-5,752	-5,809	-5,868	-5,738	-51,684

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	YTD Total
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%	10.87%
Distance from 8% Ceiling %	1.78%	3.07%	2.99%	3.68%	3.08%	3.74%	3.58%	2.81%	1.01%	2.87%
Distance from 8% Ceiling £000	100	178	171	211	174	215	208	164	58	1,480

The table above demonstrates that the level of Agency spending in respect of qualified nursing has reduced, however the level of financial gain has been suppressed because of the increased level of cost associated with employing staff from the Nurse Bank.

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 – see below.

Week Number	Period	Agency Bookings	Off Framework (Tier 5) Bookings excl. Critical Care Areas	Bank Fill Rate	Unavailability	Overall Fill Rate
		WTE	WTE	%	%	%
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%
26	20/9 - 26/9	117	0.5	35.3%	27.1%	96.2%
27	27/9 - 3/10	103	0.3	39.2%	28.3%	96.3%
28	4/10 - 10/10	104	0.6	36.5%	27.1%	96.8%
29	11/10 - 17/10	109	0.2	37.1%	28.2%	95.9%
30	18/10 - 24/10	109	0.0	37.7%	28.1%	96.8%
31	25/10 - 31/10	113	0.9	34.4%	29.7%	92.7%
32	01/11 - 7/11	95	1.6	42.4%	28.7%	95.2%
33	8/11 - 14/11	114	1.5	39.9%	29.0%	95.3%
34	15/11 - 21/11	100	0.0	48.4%	25.3%	94.8%
35	22/11 - 28/11	96	0.0	48.7%	29.4%	93.2%
36	29/11 - 5/12	89	0.0	48.2%	27.2%	92.6%
37	6/12 - 12/12	94	0.3	48.4%	29.7%	94.5%
38	13/12 - 19/12	87	0.0	45.1%	30.2%	92.6%
39	20/12 - 26/12	61	0.0	35.2%	22.3%	87.7%
40	27/12 - 3/1	64	0.6	44.7%	22.9%	88.8%

Change since previous week	+3	+0.6	9.5%	0.6%	1.1%
Financial Impact	Deterioration	Deterioration	Improvement	Deterioration	Deterioration

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 as stated in the above has been compromised because of higher pay rates. 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 25 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 Oct-Dec 2013 £000s	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	Oct 2015 £000's	Nov 2015 £000's	Dec 2015 £000's
Scheduled Care	129	162	187	192	192	111	174	137	182	157	254
Unscheduled Care	28	36	25	10	16	22	16	25	30	14	16
Diagnostic Care Group	20	15	34	13	26	32	27	56	44	44	46
Women and Children's Care Group	-	-	-	-	-	1	1				
Total Waiting List Initiative	177	213	246	215	234	166	218	218	256	215	316

Forecast Pay Spend

In setting the forecast outturn, pay spending is assumed to show an increase in average monthly pay spending of £338,000.

Pay	Increased spending £000's	Average per month £000's
Agency Nursing	(291)	(97)
Winter pressures	300	100
Seasonality	1,005	335
	1,014	338

To achieve the forecast outturn, pay spending average monthly pay spend is assumed to amount to £19.162 million. This level of pay spend assumes the delivery of pay spending reductions of £97,000 per month as a result of reduced Agency spending.

In the month of December pay spending amounted to £19.012 million.

Pay – Key Messages
<ul style="list-style-type: none"> Pay in the month amounted to £19.012 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. As can be seen over the past two months Non Pay costs have increased sharply when compared with the period April – August.

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

To achieve the forecast outturn, non pay spending is assumed to amount to £8.611 million per month. An increase of £345,000 million when compared with average spending recorded over the period April – December.

Non Pay	Increased spending £000's	Average per month £000's
Winter pressures	150	50
Vanguard Unit	204	68
Non pay controls	(534)	(178)
Seasonality	1,215	405
		345

During the month of December, non pay spending amounted to £8.259 million.

4. Sensitivity Test of the Forecast Outturn

In order to test the sensitivity of the forecast outturn position, two scenarios have been considered. These two scenarios seek to establish how Pay and Non Pay run rates would need to change in order to:

- achieve the planned deficit for the year of £17.271 million, and
- achieve the stretch Target of £15.2 million;

	Existing forecast outturn - £15.09 million Run rate £000's	Planned position - £17.2 million Run Rate £000's	Stretch Target - £15.2 million Run Rate £000's	Existing Monthly average Run Rate £000's	December Monthly Run Rate £000's
Income	28,023	28,023	28,023	26,913	
Pay	(19,162)	(19,646)	(19,186)	(18,824)	(19,012)
Non Pay	(8,611)	(8,829)	(8,622)	(8,266)	(8,259)
Increased monthly spend as compared with existing Monthly average run rate	683	1,385	718		
Spending increase as compared with the forecast Outturn position monthly run rate		702	35		
Spending increase as compared with December run rate.	502	1,204	537		

In delivering the forecast outturn deficit of £15.09 million, expenditure is assumed to increase by £683,000 per month over the remaining three months of the year. The planned deficit for the year of £17.2 million becomes possible if the average level of monthly spend increases by £1.385 million. To achieve the Stretch Target average monthly expenditure growth over the remaining three months of the year needs to be restricted to £718,000 per month.

In each of the above scenarios it is now recognised that the Trust increases Income by £667,000 per month as a consequence of the £2 million capital to revenue transfer.

5. 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

	Rec £m	Nrec £m	Total £m		CIP Rec £m	CIP Nrec £m	Total
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		1.0	1.0			1.0	1.0
Additional saving schemes		0.8	0.8			0.8	0.8
Forecast end of year position	(16.7)	1.5	(15.2)		10.9	7.4	18.3

As can be seen the Trust takes forward into the 2016/17 financial year a further deterioration in its recurrent financial position, amounting to £4.8 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 £18.3 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	-	1000
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	-	-
Womens and Children	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		2000	2000	-	-
Nurse Agency/ Escalation / Recruitment		1100	1100	-	-
Activity efficiencies	2600	-	2600	2600	-
	10900	7400	18300	15,700	(4,800)

Cost Improvement Programme – Key Messages

- To achieve the stretch financial Target, the Trust has needed to deliver in year £18.3 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 £4.8 million.

6. Service Line Reporting

The Trust is, through the use of its Patient Level Costing system, now able to provide Income and Expenditure positions for each of the Care Groups. In producing this information, because of time constraints associated with the apportionment of service charges and central overheads is presently

producing this information in arrears by one month. The table below therefore produces a Clinical Centre financial position reconciled to the deficit as presented at Month 8 YTD.

Centre Summary Month 8 YTD

Metrics	Surgical	Oncology	MSK	H&N	Theatre & Critical Care	Medicine	Emergency	Womens & Childrens	TOTAL
Income	40,830	22,830	18,381	16,904	5,381	62,685	12,958	35,561	215,531
Cost									
Direct									
Nursing	- 7,390	- 1,862	- 2,992	- 934	- 2,591	- 17,969	- 2,969	- 12,181	- 48,888
Consultants	- 3,711	- 1,181	- 1,508	- 2,688	- 61	- 4,262	- 680	- 3,053	- 17,142
Other Clinical	- 3,054	- 1,571	- 2,187	- 3,269	- 68	- 5,354	- 2,566	- 4,695	- 22,765
Non Clinical	- 1,619	- 775	- 810	- 1,284	- 129	- 1,995	- 429	- 1,414	- 8,454
Total Direct Pay Costs	- 15,775	- 5,388	- 7,497	- 8,174	- 2,849	- 29,579	- 6,644	- 21,342	- 97,248
Drugs	- 3,266	- 9,329	- 355	- 1,414	- 273	- 5,121	- 235	- 1,205	- 21,199
Supplies	- 624	- 415	- 456	- 985	- 419	- 3,751	- 364	- 1,316	- 8,331
Other Direct Costs	- 766	- 178	- 207	- 412	- 67	- 1,340	- 224	- 1,140	- 4,334
Total Direct Non Pay Costs	- 4,656	- 9,923	- 1,018	- 2,811	- 759	- 10,212	- 822	- 3,661	- 33,863
Direct Cost Total	- 20,431	- 15,311	- 8,515	- 10,985	- 3,608	- 39,791	- 7,466	- 25,004	- 131,111
Indirect									
Blood	- 2	- 3	- 1	- 1	- 0	- 9	- 0	- 6	- 22
Allied Healthcare Professionals	- 787	- 614	- 379	- 708	- 2	- 2,017	- 117	- 393	- 5,017
Radiology	- 1,770	- 312	- 954	- 266	- 0	- 2,558	- 1,933	- 363	- 8,157
Pathology	- 1,743	- 470	- 806	- 447	- 1	- 3,288	- 1,427	- 647	- 8,828
Theatre	- 7,023	- 37	- 4,400	- 2,998	- 1,383	- 338	- 8	- 1,746	- 17,934
Other Services	- 2,217	- 125	- 264	- 875	- 11	- 1,593	- 43	- 432	- 5,559
Prosthetics	- 64	- 0	- 964	- 20	- 0	- 4	- 0	- 13	- 1,065
Hotel Services	- 1,222	- 393	- 489	- 510	- 39	- 1,883	- 634	- 1,020	- 6,191
Pharmacy	- 365	- 435	- 129	- 103	- 1	- 1,023	- 43	- 357	- 2,455
CNST	- 903	- 73	- 884	- 222	- 0	- 884	- 505	- 3,860	- 6,710
Total Indirect Costs	- 16,096	- 2,462	- 9,271	- 6,149	- 1,437	- 12,977	- 4,711	- 8,836	- 61,939
Direct/ Indirect Total	- 36,527	- 17,773	- 17,786	- 17,134	- 5,045	- 52,768	- 12,177	- 33,840	- 193,051
Direct Contribution	4,302	5,057	595	230	337	9,917	781	1,721	22,480
Contribution %	10.54%	22.15%	3.24%	-1.36%	6.25%	15.82%	6.03%	4.84%	10.43%
Overheads									
Site Costs	- 1,449	- 888	- 688	- 872	- 182	- 2,109	- 549	- 1,328	- 8,065
Corporate Costs	- 2,675	- 1,400	- 1,373	- 1,639	- 314	- 4,155	- 1,367	- 2,593	- 15,516
Overhead Total	- 4,124	- 2,289	- 2,062	- 2,511	- 496	- 6,264	- 1,916	- 3,921	- 23,582
Total Cost	- 40,651	- 20,062	- 19,848	- 19,645	- 5,541	- 59,031	- 14,093	- 37,761	- 216,632
EBITDA	179	2,769	1,466	2,741	159	3,653	1,135	2,200	1,102
EBITDA %	0.44%	12.13%	-7.98%	-16.22%	-2.96%	5.83%	-8.76%	-6.19%	-0.51%
Finance Costs	- 2,116	- 1,006	- 906	- 902	- 203	- 2,749	- 832	- 1,765	- 10,479
Profit/Loss	1,937	1,762	2,372	3,643	362	905	1,967	3,966	11,581
Profitability %	-4.74%	7.72%	-12.91%	-21.55%	-6.73%	1.44%	-15.18%	-11.15%	-5.37%
Donated Assets Adjustment									17
Corporate Reserves									1,335
Telford and Wrekin Income adj									417
Trust Surplus/(Deficit)									- 12,482
NOTE	CNST costs are now shown in Indirect Costs previously shown in Overheads in line with national costing standards								

Service Line Reporting – Key Messages

- All Care Groups generated a loss in Month 8.
- CNST has now moved up into indirect costs to fall in line with National Costing Standards
- Collectively the Care Groups generated a contribution percentage of 10.43% of Income. In order to achieve a break even position (without support) requires this percentage to increase to 17.6%. Benchmarked data recommends a percentage achievement of 25%. The contribution percentage is under review following the movement of CNST into Indirect Costs.
- All three Care Groups achieved a positive contribution.

7. Capital Programme

The position in respect of the Capital Programme as at December 2015 is presented in the table below:

The Shrewsbury and Telford Hospital NHS Trust 2015/16 Capital Programme Update as at Month 9 (December 2015)				
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	120	199	1
2nd Phase RSH Mortuary	1,499	1,392	1,469	30
Completion of CT Scanner replacement/additional	265	226	245	20
Fire Safety	1,228	16	1,228	0
Asbestos Removal from Ducts	120	25	120	0
Replacement of Obsolete Windows XP Computing	115	81	116	-1
Estates - Ward Kitchen Replacement	44	30	44	0
Macmillan Rehab Shop Development	59	0	0	59
Additional Capacity at PRH ED by 8 cubicles	401	210	401	0
Completion of Telecoms - W&C Centre PRH	103	0	103	0
Total Capital Contingencies/Capitalisation of Salaries	3,387	2,538	3,722	-335
Patient Monitoring	100	77	100	0
RSH MLU/PAU - P2 FCHS	100	0	0	100
Renal Solution (net of charitable funds contribution)	300	5	300	0
Dialysis Replacement Programme	200	0	200	0
PRH Cystoscopes	48	0	0	48
Sustainability 'Invest to Save' Funding	58	25	58	0
Replacement for Anaesthetic Machines	220	0	220	0
Automated Surveillance System for Infection Control	86	0	48	39
Mixed Gender Waiting Area in SAS	100	0	0	100
Estates (includes Condition Surveys)	300	142	300	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	9,133	4,888	8,872	261
League of Friends Contribution (Renal/Anaes)	-420	0	-420	0
Overcommitted/Unallocated	-263	0	0	-263
Total	8,450	4,888	8,452	-2

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

- £8.450m Internally Generated CRL.

Externally the CRL had been set at £10.533m and the Trust has received confirmation that it can action a capital to revenue transfer of £2m. This benefit is assumed within the projected I&E position.

Expenditure against this CRL at Month 08 is £4.888m. It should be noted that all of the Capital Budget has been allocated to schemes or is within the control of the Delegated Managers.

8. Statement of Financial Position

Total Assets Employed

The in month movement of Total Assets Employed is a negative £1,328k due to an increase in non-current assets (£390k), provisions (£1k) and revolving working capital support facility (£2,810k) but a decrease in current assets (£256k) and current liabilities (£1,349k). Net current liabilities have decreased in month by £1,093k.

Total Non-Current Assets

The increase in non-current assets of £390k relates to an increase of £324k within fixed assets and long term receivables relating to the Compensation Recovery Unit of £66k.

	March 15 £000	November 15 £000	December 15 £000	Variance to March 15 £000	Variance to November 15 £000
Total Non Current Assets	198,921	196,335	196,725	(2,196)	390
Inventories	7,241	7,508	7,595	354	87
Current Trade and Other Receivables	15,147	16,490	15,501	354	(989)
Cash and Cash Equivalents	1,001	1,991	2,637	1,636	646
Total Current Assets	23,389	25,989	25,733	2,344	(256)
Current Trade and Other Payables	(23,175)	(25,988)	(24,075)	(900)	1,913
PDC dividend Payable accrual	0	(995)	(1,488)	(1,488)	(493)
Interest on Revolving Working Capital Facility	0	(44)	(78)	(78)	(34)
Provisions	(570)	(522)	(559)	11	(37)
Total Current Liabilities	(23,745)	(27,549)	(26,200)	(2,455)	1,349
Net Current Liabilities	(356)	(1,560)	(467)	(111)	1,093
Total Assets less Current Liabilities	198,565	194,775	196,258	(2,307)	1,483
Revolving Working Capital Support Facility	0	(8,795)	(11,605)	(11,605)	(2,810)
Provisions	(265)	(180)	(181)	84	(1)
Total Assets Employed	198,300	185,800	184,472	(13,828)	(1,328)
Financed by Taxpayers' Equity					
Public dividend capital	199,606	199,606	199,606	0	0
Retained Earnings	(51,025)	(63,525)	(64,853)	(13,828)	(1,328)

Revaluation reserve	49,719	49,719	49,719	0	0
Total Taxpayers' Equity	198,300	185,800	184,472	(13,828)	(1,328)

Total Taxpayers' Equity has decreased £1,328k in month due to a decrease in retained earnings comprising a £1,380k I&E deficit in month and a £52k adjustment for donated asset reserve elimination.

Total Current Assets

Inventories have increased by £87k within the month.

Receivables have decreased by £989k in the areas of prepayments and accrued income (£484k), Non-NHS receivables (£426k) and VAT (£237k) but a decrease in NHS receivables (£158k).

Accounts Receivable aged debt summary as at 31 December 2015:

	1-30 Days	31-60 Days	61+ Days	Total
	£000	£000	£000	£000
NHS (English)	4,186	321	944	5,451
NHS (Non-English)	-18	38	174	194
Private Patients	63	14	70	147
Other*	161	114	547	822
Total	4,392	487	1,735	6,614

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

The NHS receivables sum reflects the Trust position in respect of contractual performance with Shropshire CCG. As stated previously the view of Shropshire CCG is that contractual performance will be significantly lower. In the event that the Trust and CCG were unable to reach agreement by the 31st March 2016, Shropshire CCG may make cash payments consistent with their position (this being particularly so if this is required in order for the CCG to achieve its cash limit target). In such a situation, the Trust would need to restrict payment to suppliers. In recognition of this situation the Trust cash flow has been constructed so as to allow for a phased reduction in supplier payments. This action will result in a deterioration in the Trusts performance in respect of Better Payment Practice Code.

The outstanding receivables balances as at 31 December 2015 over £100k are:

	1-30 Days	31-60 Days	61+ Days	Total
	£000	£000	£000	£000
Health Education England	3,385	0	0	3,385
Shropshire Community HCT	299	21	53	373
Shropshire CCG	36	76	254	365
South Staffordshire & Shropshire NHS FT	19	50	277	346
NHS England Commissioning	74	0	131	205
Macmillan Cancer Support	0	73	78	151
University Hospitals North Midlands	49	29	45	123

The balance outstanding with Health Education England relates to an invoice for the period January-March 2016 which was raised early to ensure payment during January 2016.

The balance over 61 days with Shropshire CCG relate to invoices for AQP activity and PAU services - further negotiations are currently taking place to agree these balances.

The disputed element of the outstanding balance over 61 days with South Staffordshire and Shropshire NHS Foundation Trust relating to inflationary charges has now been resolved but this has highlighted further invoice queries that now need to be resolved.

Total Current Liabilities and the Better Payment Practice Code

Payables have decreased by £1,913k in the areas of Non-NHS accruals and deferred income (£1,107k), NHS payables (£247k), Non-NHS payables (£632k) and tax and social security costs (£25k) but an increase in VAT (£90k) and payments on account (£8k).

Accounts Payable aged summary of outstanding invoices as at 31 December 2015:

	1-30 Days	31-60 Days	61+ Days	Total
	£000	£000	£000	£000
NHS Invoices	68	103	482	653
Non-NHS Invoices	3,719	1,239	1,524	6,482
Total	3,787	1,342	2,006	7,135

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

The areas of non-compliance primarily relate to:

Over 30 days - £254k agency costs, £50k pacemakers, £43k pharmacy, £30k non-patient transport

Over 60 days - £213k agency costs

Non NHS Spend	YTD	M1	M2	M3	M4	M5	M6	M7	M8	M9	YTD
	2014/15	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16
By Volume											
Total Volume	70,622	8,479	7,359	7,255	9,429	7,367	8,629	7,886	7,821	7,819	72,044
BPPC compliant volume	27,530	8,076	7,162	6,870	8,177	6,420	7,550	7,060	6,839	6,729	64,883
BPPC compliant %	39%	95%	97%	95%	87%	87%	87%	90%	87%	86%	90%
By Value											
Total value (£000)	83,941	11,816	10,156	9,079	10,698	8,704	10,261	9,847	9,571	9,080	89,212
BPPC compliant value (£000)	45,238	10,831	9,616	8,110	9,614	7,622	9,365	9,075	8,633	8,289	81,155
BPPC compliant %	54%	92%	95%	89%	90%	88%	91%	92%	90%	91%	91%
Current Month											
Payment made											
0-30 days	6,729	86%	£8,288,654	91%							
31-35 days	223	3%	£265,395	3%							
36-40 days	112	1%	£57,525	1%							
41-45 days	150	2%	£74,012	1%							
46-50 days	99	1%	£43,397	0%							
51-55 days	91	1%	£66,846	1%							
56-60 days	40	1%	£30,478	0%							
over 60 days	375	5%	£253,357	3%							
Total invoices paid	7,819	100%	£9,079,664	100%							

NHS – Year to date performance is slightly 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 - £78k laundry

Over 60 days - £15k maternity charge, £9k haematology

NHS Spend	YTD	M1	M2	M3	M4	M5	M6	M7	M8	M9	YTD
	2014/15	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16
By Volume											
Total Volume	1,927	271	205	179	286	153	235	182	241	222	1,974
BPPC compliant volume	1,025	254	178	165	255	140	200	171	229	209	1,801
BPPC compliant %	53%	94%	87%	92%	89%	92%	85%	94%	95%	94%	91%
By Value											
Total value (£000)	10,639	1,376	799	780	1,269	506	560	286	711	925	7,212
BPPC compliant value (£000)	6,057	1,370	717	750	1,245	430	471	282	641	807	6,713
BPPC compliant %	57%	100%	90%	96%	98%	85%	84%	99%	90%	87%	93%
Current Month											
Payment made											
0-30 days	209	94%	£807,465	87%							
31-35 days	0	0%	£0	0%							
36-40 days	0	0%	£0	0%							
41-45 days	3	1%	£82,064	9%							
46-50 days	5	2%	£5,694	1%							
50-55 days	0	0%	£0	0%							
56-60 days	0	0%	£0	0%							
over 60 days	5	2%	£29,447	3%							
Total invoices paid	222	100%	£924,669	100%							

Provisions have moved as expected within the month.

9. Statement of Cash flow

Key points regarding cashflow are as follows:

- The current 2015/16 cash plan is constructed based upon an forecast income and expenditure deficit for the year of £15.265 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. To assist the Trust in achieving this, a capital to revenue transfer of £2 million has been agreed.
- 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 has received RWC of £11.605 million to date.
- The Trust will receive a further £2.706 million RWC in January 2016.
- The Trust held a cash balance of £2.637 million on the Balance Sheet at the end of December 2015.

	Actual December Month £000's	Forecast January Month £000's	Forecast February Month £000's	Forecast March Month £000's
Balance B/fwd	2,005	2,681	6,807	6,323
INCOME				
Service Agreements				
Income I&E	26,499	27,913	27,913	28,312
Income - Total Balance Sheet Movements	(486)	1,393	(1,181)	(1,339)
Total Income Cashflow	26,014	29,306	26,732	26,973
Receipt of Revolving Working Capital	2,810	2,706	889	0
Receipt of Permanent PDC		0	0	0
Total Income Cashflow (inc RWC)	28,824	32,012	27,621	26,973
PAY				
Pay I&E	(18,966)	(19,136)	(19,025)	(19,063)
Pay - Total Balance Sheet Movements	0	(134)	(134)	(214)
Total Pay Cashflow	(18,966)	(19,270)	(19,159)	(19,276)
NON PAY				
Non Pay I&E	(8,200)	(8,409)	(8,450)	(8,496)
Non Pay - Total Balance Sheet Movements	(173)	424	925	1,154
Total Non Pay Cashflow	(8,373)	(7,985)	(7,525)	(7,341)
Finance Costs				
Finance Costs I&E	2	1	1	(3,256)
Finance Costs - Total Balance Sheet Movements	0	0	0	0
Total Finance Costs Cashflow	2	1	1	(3,256)
Capital				
Capital Expenditure	(1,054)	(263)	(817)	(2,615)
Capital - Total Balance Sheet Movements	244	(377)	(506)	992
Total Capital Cashflow	(810)	(640)	(1,323)	(1,623)
Repayment of Revolving Working Capital	0	0	0	0
PDC Revenue	0	0	0	0
Donated Assets				
Donated Assets Income	0	280	174	174
Donated Assets Expenditure	0	(273)	(273)	(274)
Total Donated Assets Cashflow	0	7	(99)	(100)
Total Cashflow	676	4,125	(484)	(4,623)
Balance C/fwd	2,681	6,807	6,323	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
1,700	1,700	1,700	1,700	1,700	1,700	1,700	1,700	1,700
26,276	26,276	26,276	26,276	26,276	26,276	26,276	26,276	26,276
0	0	0	0	0	0	0	0	0
669	200	752	604	259	3,918	653	712	1,114
26,945	26,476	27,028	26,880	26,535	30,194	26,929	26,988	27,390
(18,869)	(18,869)	(18,869)	(18,869)	(18,869)	(18,869)	(18,869)	(18,869)	(18,869)
0	0	0	0	0	0	0	0	0
(18,869)	(18,869)	(18,869)	(18,869)	(18,869)	(18,869)	(18,869)	(18,869)	(18,869)
(7,180)	(7,180)	(7,180)	(7,180)	(7,180)	(7,180)	(7,180)	(7,180)	(7,180)
75	66	55	40	32	26	18	17	15
(7,105)	(7,114)	(7,125)	(7,140)	(7,148)	(7,154)	(7,162)	(7,163)	(7,165)
0	0	0	0	0	(3,595)	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	(3,595)	0	0	0
(303)	(306)	(725)	(560)	(503)	(560)	(980)	(940)	(1,341)
(750)	(171)	(293)	(294)	0	0	(1)	0	0
(1,053)	(477)	(1,018)	(854)	(503)	(560)	(981)	(940)	(1,341)
83	83	83	83	84	84	83	84	84
0	(100)	(100)	(100)	(100)	(100)	0	(100)	(100)
83	(17)	(17)	(17)	(16)	(16)	83	(16)	(16)
1	(0)	(0)	0	(1)	0	0	(0)	(0)
1,700	1,700	1,700	1,700	1,700	1,700	1,700	1,700	1,700

Statement of Financial Position – Key Messages
<ul style="list-style-type: none">• The current 2015/16 cash plan is constructed based upon an forecast income and expenditure deficit for the year of £15.265 million.• Although the Trust has secured an Interim Revolving Working Capital Support Facility (RWC) of £16.8 million, 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. To assist the Trust in achieving this, a capital to revenue transfer of £2 million has been agreed.• 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 has received RWC of £11.605 million to date• The Trust will receive a further £2.706 million RWC in January 2016.• The Trust held a cash balance of £2.637 million on the Balance Sheet at the end of December 2015.

Neil Nisbet
Finance Director
19th January 2016

Reporting to:	Trust Board – 28 January 2016
Title	Nursing and Midwifery Staffing Data - November and December 2015
Sponsoring Director	Director of Nursing & Quality
Author(s)	Philip Fewtrell, Quality Manager
Previously considered by	Quality & Safety Committee – 17 December 2015 and 19 January 2016
Executive Summary	<p>The purpose of this report is to inform the Trust Board of the staffing levels in November and December 2015. The paper details by exception, the reasons why staffing hours were $\geq 110\%$ or $\leq 85\%$ than planned by ward.</p> <p>November</p> <p>Registered Nurses / Midwives - Day = 96.2%</p> <p>Care Staff - Day = 100%</p> <p>Registered Nurses / Midwives - Night = 97.7%</p> <p>Care Staff - Night = 104.4%</p> <p>December</p> <p>Registered Nurses / Midwives - Day = 93.7%</p> <p>Care Staff - Day = 100.3%</p> <p>Registered Nurses / Midwives - Night = 96.4%</p> <p>Care Staff - Night = 105.5%</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

	<p>improvement then staff morale and patient outcomes may not improve</p> <p><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</p>
Care Quality Commission (CQC) Domains	<p><input checked="" type="checkbox"/> Safe</p> <p><input checked="" type="checkbox"/> Effective</p> <p><input checked="" type="checkbox"/> Caring</p> <p><input type="checkbox"/> Responsive</p> <p><input checked="" type="checkbox"/> Well led</p>
<p><input checked="" type="checkbox"/> Receive <input checked="" type="checkbox"/> Review</p> <p><input type="checkbox"/> Note <input type="checkbox"/> Approve</p>	<p>Recommendation</p> <p>REVIEW and RECEIVE the report</p>

Nursing and Midwifery Staffing Data – November and December 2015

1. Hospital Site Monthly Fill Rates

Tables 1 and 2 detail the monthly staffing fill rates by hospital site for November and December 2015, 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.

During November there have been a number of changes to our adult inpatient wards as part of the Trust's Winter Plan:

- To increase the cubicle capacity in the Emergency Department at PRH site the Cardiorespiratory Department will move to the location previously occupied by Apley Ward. This ward closed during November and the staff have been redeployed to a number of other wards.
- A Supported Discharge Ward has been opened on both PRH and RSH sites. At PRH this is located on Ward 11 and will have a capacity of up to 28 beds and at RSH this is located on Ward 21, with a bed capacity of 16.
- To enable the opening of the above wards; Ward 11 Orthopaedics has moved to the Day Surgery Unit at PRH with a reduced bed capacity of up to 16 beds (from 20) and Ward 21 Urology has moved to the Day Surgery Unit at RSH with a bed capacity of up to 10 (from 16). These wards are called “Day Ward Orthopaedics” and “Treatment Centre Urology Ward” respectively and are planned to be opened for the “20 weeks of winter”.

Table 1 – November

Hospital Site	Day		Night		Overall fill rate %
	Registered Staff	Care Staff	Registered Staff	Care Staff	
Princess Royal Hospital (PRH)	95.9%	101.2%	97.4%	104.9%	99%
	29253 (A) of 30518 (P)	17120 (A) of 16911 (P)	21856 (A) of 22444 (P)	11622 (A) of 11074 (P)	
Royal Shrewsbury Hospital (RSH)	95.9%	100.4%	98.3%	107.6%	96.6%
	23745 (A) of 24762 (P)	18500 (A) of 18428 (P)	17707 (A) of 18006 (P)	11455 (A) of 10647 (P)	
SaTH Maternity Units (RSH / PRH / Midwife-Led Units)	98.1%	95%	97.1%	94.7%	96.6%
	8682 (A) of 8850 (P)	4861 (A) of 5124 (P)	6117 (A) of 6300 (P)	3808 (A) of 4020 (P)	
Overall Trust fill rate	96.2%	100%	97.7%	104.4%	

Table 2 – December

Hospital Site	Day		Night		Overall fill rate %
	Registered Staff	Care Staff	Registered Staff	Care Staff	
Princess Royal Hospital (PRH)	93.3%	97.5%	96.7%	104.4%	98%
	28994 (A) of 31079 (P)	17806.5 (A) of 18257 (P)	21723 (A) of 22467 (P)	12747.5 (A) of 12215 (P)	
Royal Shrewsbury Hospital (RSH)	92.9%	105.1%	96.4%	110.9%	95.4%
	24537.5 (A) of 26415 (P)	19858 (A) of 18886 (P)	18354 (A) of 19032 (P)	12255 (A) of 11047 (P)	
SaTH Maternity Units (RSH / PRH / Midwife-Led Units)	97.5%	92.7%	95.5%	94.5%	95.4%
	8589 (A) of 8812 (P)	4901 (A) of 5286 (P)	6213 (A) of 6509 (P)	3925 (A) of 4153 (P)	
Overall Trust fill rate	93.7%	100.3%	96.4%	105.5%	

2. Exception Report

Tables 3 and 4 details 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 November amounts to 1107 hours and for December 1502 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 – November 2015

Site	Ward	Staff Group	Time of Day	% Fill Rate	Reason(s) for over / under fill
PRH	4	Care Staff	Day	103%	Pre-Reg RN hours = 81.5
PRH	4	Care Staff	Night	113.8%	Additional Duties Total shifts = 2, Total hours = 23 EPS – 2 shifts, 23 hrs Pre-Reg RN hours = 70
PRH	6	Registered	Night	112.1%	Additional Duties Total shifts = 14, Total hours = 160 Escalation own area – 13 shifts, 149 hrs Staff moved to another ward – 1 shift, 11 hrs
PRH	6	Care Staff	Night	133.3%	Additional Duties Total shifts = 10, Total hours = 115 EPS – 1 shift, 11 hrs Escalation own area – 9 shifts, 103 hrs

PRH	7	Care Staff	Day	104.3%	Pre-Reg RN hours = 133
PRH	9	Care Staff	Day	112.1%	Pre-Reg RN hours = 206
PRH	11 Supported Discharge	Care Staff	Day	72.9%	Newly opened ward for Winter from 21/11/15. Staffing template for 6 HCAs during the day - unable to fill all duties
PRH	17	Care Staff	Night	117.4%	Additional Duties Total shifts = 21, Total hours = 240 EPS – 21 shifts, 240 hrs
RSH	AMU	Care Staff	Day	98%	Pre-Reg RN hours = 80
RSH	AMU	Care Staff	Night	108.9%	Additional Duties Total shifts = 2, Total hours = 23 EPS – 1 shift, 12 hrs Escalation – 1 shift, 11 hrs Pre-Reg RN hours = 173
RSH	21 Supported Discharge	Care Staff	Day	80.1%	Newly opened ward for Winter from 14/11/15. Initial staffing template was for 4 HCAs during the day however since opening this has been reviewed by the Matron/Ward Manager and will now be 3
RSH	21 Supported Discharge	Care Staff	Night	84.8%	Newly opened ward for Winter from 14/11/15. Initial staffing template was for 3 HCAs at night however since opening this has been reviewed by the Matron/Ward Manager and will now be 2
RSH	27	Care Staff	Day	95%	Additional Duties Total shifts = 7, Total hours = 80 Change in Skill Mix – 7 shifts, 80 hrs Pre-Reg RN hours = 80
RSH	28 N	Care Staff	Day	112.9%	Additional Duties Total shifts = 16, Total hours = 184 Escalation – 16 shifts, 184 hrs Pre-Reg RN hours = 149.5
RSH	28 N	Care Staff	Night	126.3%	Additional Duties Total shifts = 27 , Total hours = 306 EPS – 2 shifts, 20 hrs Escalation – 25 shifts, 286 hrs
PRH	Apley	Care Staff	Day	150.3%	Additional Duties Total shifts = 10, Total hours = 111 EPS – 10 shifts, 111 hrs
PRH	Apley	Care Staff	Night	Plan = 0 Actual = 99	Additional Duties Total shifts = 9, Total hours = 99 EPS – 9 shifts, 99 hrs
PRH	Day Ward Orthopaedics (Old Ward 11)	Registered	Day	114.5%	As part of the Winter Plan and opening of the new Supported Discharge Ward, Ward 11 Orthopaedics and its staff moved down to the Day Surgery Unit during November. Overfill due to the honouring of shifts
PRH	Day Ward Orthopaedics (Old Ward 11)	Care Staff	Day	111.6%	

PRH	Day Ward Orthopaedics (Old Ward 11)	Registered	Night	111.7%	already assigned to staff who moved from the closure of Apley Ward, together with additional staffing to support the ward move
PRH	ITU	Registered	Night	82.4%	Low patient dependency during the month, with staffing adjusted according to patient need
RSH	Urology Ward Treatment Centre (Old Ward 21U)	Care Staff	Day	95.4%	Pre-Reg RN hours = 7.5
RSH	22 TO	Care Staff	Night	139.8%	Additional Duties Total shifts = 35, Total hours = 402 EPS – 29 shifts, 333 hrs Escalation – 6 shifts, 69 hrs
RSH	26	Care Staff	Day	117.2%	Additional Duties Total shifts = 24, Total hours = 275 EPS – 20 shifts, 229 hrs Change in Skill Mix – 3 shifts, 34 hrs Escalation – 1 shift, 11 hrs Pre-Reg RN hours = 57
RSH	26	Care Staff	Night	106.5%	Additional Duties Total shifts = 4, Total hours = 46 EPS – 4 shifts, 46 hrs, Pre-Reg RN hours = 34
RSH	SAU	Care Staff	Day	110.1%	Additional Duties Total shifts = 21 , Total hours = 241 EPS – 21 shifts, 241 hrs Pre-Reg RN hours = 24
RSH	SAU	Care Staff	Night	125.6%	Additional Duties Total shifts = 24, Total hours = 276 EPS – 24 shifts, 276 hrs
RSH	ITU	Care Staff	Day	68.1%	Reduced hours due to HCA sickness which is not backfilled
PRH	23 Neonatal Unit	Care Staff	Day	98.7%	Pre-Reg RN hours = 11.5
PRH	22 Antenatal Ward	Registered	Night	82.6%	Reduced fill rate due to staff sickness 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	24 Delivery Suite	Care Staff	Day	84.1%	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. Recruitment is in progress
PRH	24 Delivery Suite	Care Staff	Night	81.2%	

Ludlow	Midwife Led Unit	Registered	Day	84.6%	Ward Manager on sick leave during the month – reduced fill rate through lost Ward Manager duties. The Ward Manager from Bridgnorth MLU is providing one day (7.5 hrs) per week Ward Manager support to this Unit currently. No under fill of Clinical hours
--------	------------------	------------	-----	-------	---

Table 4 – December 2015

Site	Ward	Staff Group	Time of Day	% Fill Rate	Reason(s) for over / under fill
PRH	4	Care Staff	Day	97.5%	Pre-Reg RN hours = 87
PRH	4	Care Staff	Night	114.7%	Additional Duties Total shifts = 5, Total hours = 57 EPS – 4 shifts, 46 hrs Change in Skill Mix – 1 shift, 11 hrs Pre-Reg RN hours = 57
PRH	6	Care Staff	Day	113.9%	Additional Duties Total shifts = 15, Total hours = 154 EPS – 14 shifts, 143 hrs Escalation – 1 shift, 11 hrs
PRH	6	Care Staff	Night	213.5%	Additional Duties Total shifts = 35, Total hours = 394 EPS – 22 shifts, 252 hrs High Acuity – 1 shift, 11 hrs Escalation – 8 shifts, 90 hrs Change in Skill Mix – 2 shifts, 22 hrs Not recorded – 2 shifts, 19 hrs
PRH	7	Care Staff	Day	101.2%	Pre-Reg RN hours = 34.5
PRH	9	Registered	Day	80.6%	Reassignment of RN duties to Care Staff – 4 shifts, 46 hrs Pre-Reg RN hours reassigned to Care Staff = 207
PRH	9	Care Staff	Day	113.2%	Pre-Reg RN hours = 207
PRH	9	Care Staff	Night	112.1%	Additional Duties Total shifts = 5, Total hours = 57 OHH CSM Transfer – 2 shifts, 24 hrs Allocate on Arrival CSM – 2 shifts, 22hrs Unknown – 1 shift, 11 hrs Pre-Reg RN hours = 24
PRH	17	Care Staff	Day	101.9%	Additional Duties Total shifts = 4, Total hours = 46 EPS – 4 shifts, 46 hrs Pre-Reg RN hours = 57.5
RSH	AMU	Care Staff	Day	98%	Pre-Reg RN hours = 126
RSH	AMU	Care Staff	Night	100.8%	Additional Duties Total shifts = 2, Total hours = 22 OHH CSM Transfer – 1 shift, 12 hrs Change in Skill Mix – 1 shift, 10 hrs Pre-Reg RN hours = 115

RSH	22SR	Registered	Day	83.2%	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 day. One RN has been replaced with 1.5 Healthcare Assistants (HCAs) on each shift
RSH	22SR	Care Staff	Day	110.7%	Additional Duties Total shifts = 65, Total hours = 642 EPS – 14 shifts, 140 hrs Change in Skill Mix – 51 shifts, 502 hrs (as detailed above)
RSH	22SR	Care Staff	Night	113.6%	Additional Duties Total shifts = 21, Total hours = 240 EPS – 19 shifts, 218 hrs Change in Skill Mix – 1 shift, 11 hrs OHH CSM Transfer – 1 shift, 11 hrs
RSH	24/CCU	Registered	Night	83.5%	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	131.6%	Additional Duties Total shifts = 23, Total hours = 264 EPS – 1 shift, 11 hrs Change in Skill Mix – 14 shifts, 161 hrs Reassignment of RN duties to Care Staff – 8 shifts, 92 hrs (as detailed above)
RSH	27	Care Staff	Day	114.2%	Pre-Reg RN hours = 138
RSH	28	Registered	Day	84.5%	Under fill due to reassignment of 183.5 hours of RN duties to Care staff category as worked by a Pre-Reg Nurse
RSH	28	Care Staff	Day	103.7%	Pre-Reg RN hours = 183.5
RSH	28	Care Staff	Night	104.3%	Pre-Reg RN hours = 57
PRH	Day Ward Orthopaedics	Care Staff	Night	71.4%	Under fill due to reallocation of HCA's to other wards on a number of nights when this ward had a low bed occupancy and patient acuity / dependency
RSH	Urology Ward Treatment Centre	Care Staff	Day	119.1%	Additional Duties Total shifts = 11, Total hours = 96 Escalation – 11 shifts, 96 hrs Pre-Reg RN hours = 181
RSH	Urology Ward Treatment Centre	Registered	Night	125.8%	Additional Duties Total shifts = 16 , Total hours = 183 Escalation – 16 shifts, 183 hrs
RSH	Urology Ward Treatment Centre	Care Staff	Night	121.3%	Additional Duties Total shifts = 9, Total hours = 98 Change in Skill Mix – 1 shift, 11 hrs Escalation – 8 shifts, 87 hrs

RSH	22TO	Care Staff	Day	98.7%	Pre-Reg RN hours = 67
RSH	22TO	Care Staff	Night	147.1%	Additional Duties Total shifts = 46, Total hours = 528 EPS – 46 shifts, 528 hrs
RSH	23OH	Care Staff	Night	136.2%	Additional Duties Total shifts = 12, Total hours = 131 EPS – 12 shifts, 131 hrs
RSH	25	Care Staff	Day	104.5%	Additional Duties Total shifts = 8, Total hours = 92 EPS – 8 shifts, 92 hrs Pre-Reg RN hours = 7.5
RSH	26	Care Staff	Day	122.8%	Additional Duties Total shifts = 28, Total hours = 321 EPS – 28 shifts, 321 hrs Pre-Reg RN hours = 126
RSH	26	Care Staff	Night	95.3%	Additional Duties Total shifts = 2, Total hours = 23 EPS – 2 shifts, 23 hrs Pre-Reg RN hours = 34
RSH	SAU	Care Staff	Night	110.8%	Additional Duties Total shifts = 11, Total hours = 127 EPS – 11 shifts, 127 hrs
PRH	22 Antenatal Ward	Registered	Night	77.1 %	Reduced fill rate due to staff sickness 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	24 Delivery Suite	Care Staff	Night	81.7%	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. Recruitment is in progress

3. Conclusion

This report provides details of inpatient ward staffing for November and December 2015. 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

November 2015 - Staffing Data by Ward

Appendix 2

December 2015 - Staffing Data by Ward

Appendix 1

SaTH Nursing, Midwifery and Care Staff Data - November 2015				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			
Unscheduled Care	Emergency Assessment Centre	PRH	Acute Medical Unit (AMU)	1794	1770	98.7%	1605	1581	98.5%	1725	1712	99.2%	1035	1023	98.8%	99.0%	98.7%
Unscheduled Care	Medicine Centre	PRH	Ward 4 - Gastroenterology	1674	1574	94.0%	1380	1422	103.0%	1035	970	93.7%	690	785	113.8%	93.9%	108.4%
Unscheduled Care	Medicine Centre	PRH	Ward 6 - Coronary Care Unit	2040	2061	101.0%	690	722	104.6%	1335	1496	112.1%	345	460	133.3%	106.5%	119.0%
Unscheduled Care	Medicine Centre	PRH	Ward 7 - Acute Medical Short Stay	1363	1181	86.6%	1035	1080	104.3%	690	690	100.0%	690	678	98.3%	93.3%	101.3%
Unscheduled Care	Medicine Centre	PRH	Ward 9 - Respiratory	1704	1561	91.6%	1415	1586	112.1%	1035	1011	97.7%	690	669	97.0%	94.7%	104.5%
Unscheduled Care	Medicine Centre	PRH	Ward 11 - Supported Discharge	448	448	100.0%	690	503	72.9%	230	230	100.0%	460	436	94.8%	100.0%	83.8%
Unscheduled Care	Medicine Centre	PRH	Ward 15 - Acute Stroke Unit	2131	2119	99.4%	1380	1330	96.4%	1380	1345	97.5%	690	678	98.3%	98.5%	97.3%
Unscheduled Care	Medicine Centre	PRH	Ward 16 - Stroke Rehab	1300	1280	98.5%	1035	1032	99.7%	690	691	100.1%	690	682	98.8%	99.3%	99.3%
Unscheduled Care	Emergency Assessment Centre	PRH	Ward 17 - Endocrinology & Care of the Older Person	2028	2041	100.7%	1725	1812	105.0%	1035	1032	99.7%	1380	1620	117.4%	100.2%	111.2%
Unscheduled Care	Emergency Assessment Centre	RSH	Acute Medical Unit (AMU)	2533	2284	90.2%	1380	1352	98.0%	2070	1871	90.4%	1380	1503	108.9%	90.3%	103.4%
Unscheduled Care	Medicine Centre	RSH	Ward 21 - Supported Discharge	541	540	99.8%	753	603	80.1%	391	378	96.7%	607	515	84.8%	98.2%	82.5%
Unscheduled Care	Medicine Centre	RSH	Ward 22 - Stroke & Rehabilitation Unit	2042	2029	99.4%	2488	2425	97.5%	1380	1368	99.1%	1725	1641	95.1%	99.2%	96.3%
Unscheduled Care	Medicine Centre	RSH	Ward 24 / CCU	2126	2133	100.3%	1605	1436	89.5%	1610	1575	97.8%	805	781	97.0%	99.1%	93.2%
Unscheduled Care	Medicine Centre	RSH	Ward 27 - Respiratory	2433	2297	94.4%	2127	2020	95.0%	1380	1358	98.4%	1035	989	95.6%	96.4%	95.3%
Unscheduled Care	Emergency Assessment Centre	RSH	Ward 28 - Nephrology / Medicine	1982	1810	91.3%	1725	1948	112.9%	1380	1356	98.3%	1035	1307	126.3%	94.8%	119.6%
Unscheduled Care	Medicine Centre	RSH	Ward 32 - Short Stay	1402	1394	99.4%	1035	990	95.7%	1035	1041	100.6%	690	688	99.7%	100.0%	97.7%
Scheduled Care	Surgical, Oncology and Haematology Centre	PRH	Apley Ward	384	391	101.8%	193	290	150.3%	299	288	96.3%	0	99	#DIV/0!	99.1%	150.3%
Scheduled Care	Head and Neck Centre	PRH	Ward 8 - Head & Neck Adult Ward	1029	1033	100.4%	482	482	100.0%	810	810	100.0%	240	228	95.0%	100.2%	97.5%
Scheduled Care	Musculoskeletal Centre	PRH	Ward 10 - Trauma & Orthopaedics	1614	1587	98.3%	1035	996	96.2%	1035	1024	98.9%	690	713	103.3%	98.6%	99.8%
Scheduled Care	Musculoskeletal Centre	PRH	Day Ward Orthopaedics / Ward 11	1126	1289	114.5%	810	904	111.6%	690	771	111.7%	690	701	101.6%	113.1%	106.6%
Scheduled Care	Theatres, Anaesthetics and Critical Care Centre	PRH	ITU/HDU	2585	2211	85.5%	331	331	100.0%	2520	2076	82.4%	24	24	100.0%	84.0%	100.0%
Scheduled Care	Surgical, Oncology and Haematology Centre	RSH	Urology Ward Treatment Centre / Ward 21	1011	963	95.2%	690	659	95.4%	690	701	101.6%	345	356	103.2%	98.4%	99.3%
Scheduled Care	Musculoskeletal Centre	RSH	Ward 22 - Orthopaedics	1669	1672	100.2%	1300	1324	101.9%	1035	1036	100.1%	955	1334	139.8%	100.2%	120.8%
Scheduled Care	Surgical, Oncology and Haematology Centre	RSH	Ward 23 - Oncology / Haematology	1817	1678	92.4%	1380	1373	99.5%	1380	1404	101.7%	345	368	106.7%	97.0%	103.1%
Scheduled Care	Surgical, Oncology and Haematology Centre	RSH	Ward 25 - Colorectal and Gastroenterology	2143	2082	97.2%	1740	1790	102.9%	1380	1324	95.9%	1035	1075	103.9%	96.5%	103.4%
Scheduled Care	Surgical, Oncology and Haematology Centre	RSH	Ward 26 - Short-Stay Surgery / Surgical / ICA	2134	2015	94.4%	1560	1828	117.2%	1380	1334	96.7%	1035	1102	106.5%	95.5%	111.8%
Scheduled Care	Surgical, Oncology and Haematology Centre	RSH	Surgical Assessment Unit (SAU)	2162	2053	95.0%	1725	1900	110.1%	1725	1725	100.0%	1035	1300	125.6%	97.5%	117.9%
Scheduled Care	Theatres, Anaesthetics and Critical Care Centre	RSH	ITU/HDU	3301	3080	93.3%	301	205	68.1%	3240	3107	95.9%	0	0	#DIV/0!	94.6%	68.1%
Women & Children's Care Group	Women and Children's Centre	PRH	Ward 19 - Children's	3263	3013	92.4%	1035	1024	98.9%	2760	2760	100.0%	690	633	91.7%	96.2%	95.3%
Women & Children's Care Group	Women and Children's Centre	PRH	Ward 23 - Neonatal Unit	2673	2580	96.5%	345	341	98.7%	2415	2389	98.9%	345	345	100.0%	97.7%	99.3%
Women & Children's Care Group	Women and Children's Centre	PRH	Ward 21 - Postnatal Maternity	1216	1202	98.8%	1080	1068	98.9%	1080	1081	100.1%	720	708	98.3%	99.5%	98.6%
Women & Children's Care Group	Women and Children's Centre	PRH	Ward 22 - Antenatal Maternity	1247	1178	94.5%	720	649	90.1%	1080	892	82.6%	720	683	94.9%	88.5%	92.5%
Women & Children's Care Group	Women and Children's Centre	PRH	Ward 24 - Delivery Suite Maternity	3206	3237	101.0%	1305	1097	84.1%	1995	2015	101.0%	855	694	81.2%	101.0%	82.6%
Women & Children's Care Group	Women and Children's Centre	PRH	Wrekin Maternity	1028	1025	99.7%	594	630	106.1%	720	696	96.7%	360	360	100.0%	98.2%	103.0%
Women & Children's Care Group	Women and Children's Centre	RSH	Shrewsbury Midwife-Led Unit	810	820	101.2%	360	360	100.0%	360	363	100.8%	360	358	99.4%	101.0%	99.7%
Women & Children's Care Group	Women and Children's Centre	Bridgnorth	Bridgnorth Midwife-Led Unit	435	422	96.9%	345	343	99.3%	360	362	100.6%	345	345	100.0%	98.7%	99.6%
Women & Children's Care Group	Women and Children's Centre	Ludlow	Ludlow Midwife-Led Unit	458	387	84.6%	360	360	100.0%	345	348	100.9%	300	300	100.0%	92.8%	100.0%
Women & Children's Care Group	Women and Children's Centre	Oswestry	Oswestry Midwife-Led Unit	450	411	91.3%	360	354	98.3%	360	360	100.0%	360	360	100.0%	95.7%	99.2%
Women & Children's Care Group	Women and Children's Centre	PRH	Ward 14 - Gynaecology	830	831	100.1%	345	333	96.5%	690	690	100.0%	345	345	100.0%	100.1%	98.3%
Site Summary	Princess Royal Hospital (PRH)			30518	29253	95.9%	16911	17120	101.2%	22444	21856	97.4%	11074	11622	104.9%		
	Royal Shrewsbury Hospital (RSH)			24762	23745	95.9%	18428	18500	100.4%	18006	17707	98.3%	10647	11455	107.6%		
	Princess Royal Hospital (PRH) (Maternity)			6697	6642	99.2%	3699	3444	93.1%	4875	4684	96.1%	2655	2445	92.1%		
	Royal Shrewsbury Hospital (RSH) (Maternity)			810	820	101.2%	360	360	100.0%	360	363	100.8%	360	358	99.4%		
	Bridgnorth Hospital (Maternity)			435	422	96.9%	345	343	99.3%	360	362	100.6%	345	345	100.0%		
	Ludlow Hospital (Maternity)			458	387	84.6%	360	360	100.0%	345	348	100.9%	300	300	100.0%		
The Robert Jones & Agnes Hunt Orthopaedic Hospital (Maternity)				450	411	91.3%	360	354	98.3%	360	360	100.0%	360	360	100.0%		
Trustwide Summary				64129	61679	96.2%	40463	40480.5	100%	46750	45679.5	97.7%	25741	26885	104.4%		

Appendix 1 Summary of each relevant licence condition

General Conditions & Trust response

G4: Fit and proper persons - YES

This condition requires that licensees do not allow unfit persons to become or continue as governors or directors. 'Unfit persons' are: undischarged bankrupts, individuals who have served a prison sentence of three months or longer during the previous five years, and disqualified directors. A company may also be an unfit person.

G5: Having regard to Monitor guidance - YES

The Licensee shall at all times have regard to guidance issued by Monitor and where the Licensee decides not to follow the guidance it shall inform Monitor of the reasons for that decision.

G7: Registration with the Care Quality Commission - YES

This condition reflects the obligation in the Act for licensees to be registered with the CQC. This condition allows Monitor to withdraw the licence from providers whose CQC registration is cancelled and who therefore cannot continue to lawfully provide services.

G8: Patient eligibility and selection criteria – N/A:

This condition requires licensees to set and publish transparent patient eligibility and selection criteria and to apply these in a transparent manner. This includes criteria for determining patient eligibility for particular services, for accepting or rejecting referrals, or determining the manner in which services are provided to that person.

Pricing Conditions & Trust response

P1: Recording of information - YES

Under this licence condition, Monitor may require licensees to record information, particularly information on their costs, in line with approved guidance. [Monitor] recently published a draft of this guidance for the collection of 2012/13 costs. The licence condition is worded in a way that any cost and other information that may be required can be collected from both licensees and their sub-contractors.

P2: Provision of information - YES

Having recorded the information in line with Pricing Condition 1 above, Monitor can then require licensees to submit this information.

P3: Assurance report on submissions to Monitor - YES

Monitor may require licensees to submit an assurance report confirming the accuracy of the information they have provided.

P4: Compliance with the National Tariff - YES

The Health and Social Care Act 2012 requires commissioners to pay prices corresponding to those in the National Tariff and, where prices aren't specified, to pay prices in line with the rules contained in the National Tariff. This licence condition imposes a similar obligation on licensees, that is, the obligation to charge for NHS health care services in line with the National Tariff.

P5: Constructive engagement concerning local tariff modifications - YES

[Monitor] will seek to make prices more reflective of the efficient cost of providing a service, but even so, in some circumstances it may be uneconomic for a provider to offer a particular service without additional funding over and above that allowed for in the National Tariff. For this purpose, the Act allows for local modifications, or adjustments, to prices.

Choice and Competition & Trust response

C1: Patient choice - YES

This condition:

- requires licensees to notify their patients when they have a choice of provider, and to tell them where they can find information about the choices they have. This must be done in a way that is not misleading;
- requires that information and advice that licensees provide to patients about their choice of provider does not unfairly favour one provider over another and is presented in a manner that helps patients to make well-informed choices; and
- prohibits licensees from offering gifts and benefits in kind for patient referrals or for the commissioning of services.

C2: Competition oversight - YES

This condition prohibits the licensee from entering into or maintaining agreements that have the object or effect of preventing, restricting or distorting competition to the extent that it is against the interests of health care users.

Integrated Care Condition & Trust response

IC1: Provision of integrated care - YES

In most cases, [Monitor] would expect integrated care to be delivered locally by commissioners specifying their requirements and working with providers. The requirement for care to be delivered in an integrated way would be captured in contracts... [Monitor's] policies in areas such as pricing would act as our main tools for enabling integrated care. The purpose of this licence condition is to enable Monitor to step in where integrated care is not being delivered, in spite of decisions and efforts made by commissioners.

Appendix 2 Self-Certification Board Statements

1 CLINICAL QUALITY – YES

The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the TDA's oversight model (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.

2 CLINICAL QUALITY – YES

The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.

3 CLINICAL QUALITY – YES

The board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.

4 FINANCE – YES

The board is satisfied that the trust shall at all times remain a going concern, as defined by the most up to date accounting standards in force at the time and subject to continuing support from the Trust Development Authority.

5 GOVERNANCE – NO.

- Based upon the Monitor financial sustainability risk rating, the Trust is presently described as having a 'material level of financial risk'
- A&E performance was 85.94 % against a target of 95% in December
- There were 65 x 30 minute and 14 x 60 minute Ambulance Handover Delays in December
- There were two cases of C-Diff in December
- The 95% target for VTE assessments was not achieved in December (predicted, pending validation)

The Board will ensure that the Trust remains compliant with the NTDA accountability framework and shows regard to the NHS Constitution at all times.

6 GOVERNANCE – YES

All current key risks to compliance with the NTDA's Accountability Framework have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues in a timely manner.

7 GOVERNANCE – YES

The board has considered all likely future risks to compliance with the NTDA Accountability Framework and has reviewed appropriate evidence regarding the level of severity, likelihood of a breach occurring and the plans for mitigation of these risks to ensure continued compliance.

8 GOVERNANCE – YES

The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual operating plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.

9 GOVERNANCE – YES

An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (www.hm-treasury.gov.uk).

10 GOVERNANCE – YES

The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets as set out in the NTDA oversight model; and a commitment to comply with all known targets going forward.

11 GOVERNANCE – YES

The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.

12 GOVERNANCE – YES

The board will ensure that the trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; and that all board positions are filled, or plans are in place to fill any vacancies.

13 GOVERNANCE – YES

The board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.

14 GOVERNANCE – YES

The board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual operating plan; and the management structure in place is adequate to deliver the annual operating plan.