

Trust Performance Report Month 12

Trust Board
27th April 2017



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Together We **Achieve**

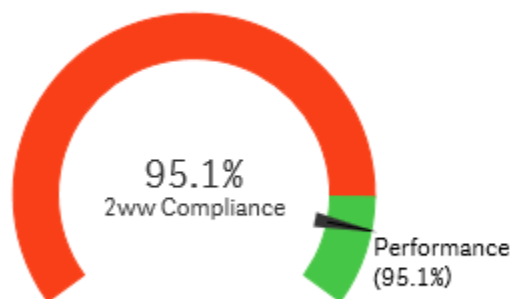
Performance



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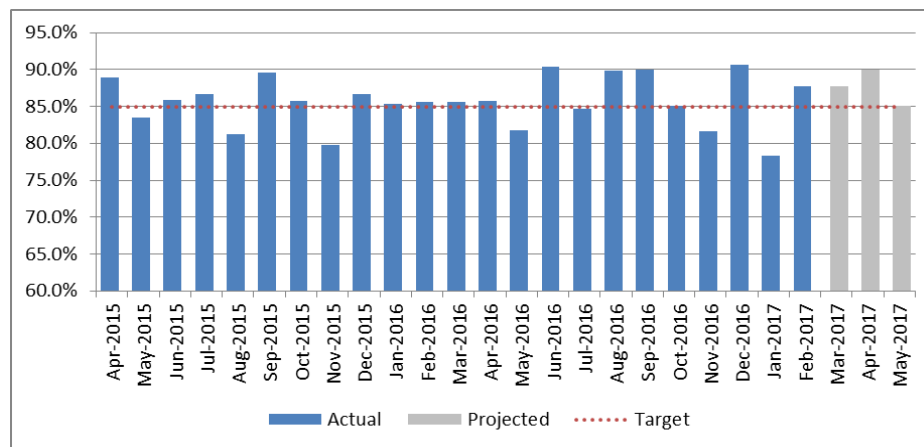
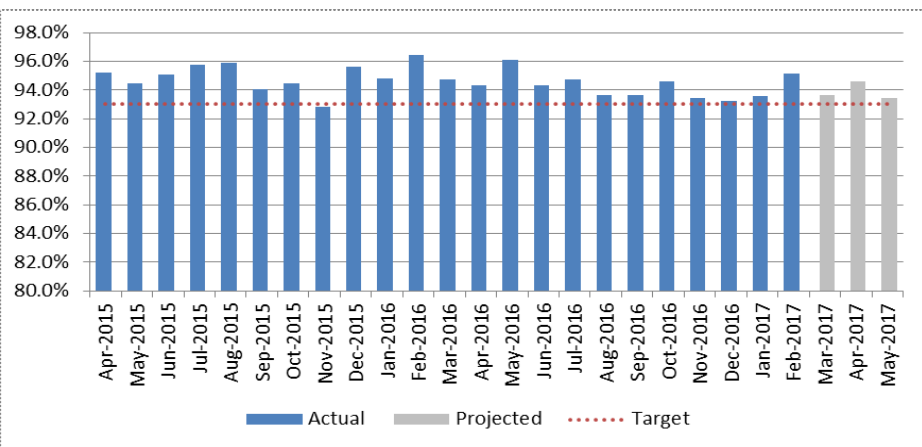
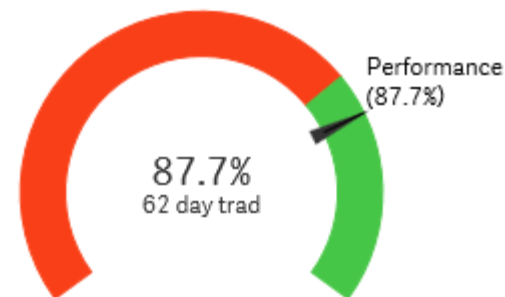
Cancer Target February 2017 Performance

2 Week Wait



The overall 62 Day target was met for the month of February. Both performance targets are projected to achieve to year end.

62 Day Performance



Cancer Performance (Site Specific Performance)

											SaTH YTD
Measure	Annual Target	Monthly Target	August	September	October	November	December	January	February	National Average	
62 days urgent ref to treatment	85%	85%	89.86%	89.96%	85.04%	81.70%	90.64%	78.33%	87.70%	79.60%	85.90%
Brain	85%	85%	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A
Breast	85%	85%	95.70%	100%	100% (0/12)	95.00% (1/20)	100% (0/11)	90.90% (1½/16½)	100% (0/21)	95.90%	98.30%
Colorectal	85%	85%	93.80%	77.40%	72.70% (3/11)	62.50% (6/16)	85.70% (2/14)	87.50% (2/16)	100% (0/8½)	67.80%	85.90%
Gynaecology	85%	85%	36.40%	88.20%	89.50% (1/9½)	66.70% (4/12)	90.00% (½/5)	60.00% (2/5)	90.90% (½/5½)	74.40%	77.60%
Haematology	85%	85%	50.00%	54.50%	71.40% (2/7)	60.00% (2/5)	80.00% (1/5)	63.60% (4/11)	100% (0/2)	81.30%	67.80%
Head & Neck	85%	85%	85.70%	100%	75.00% (2/8)	87.50% (1/8)	100% (0/6)	50.00% (2/4)	66.70% (2/6)	59.10%	77.40%
Lung	85%	85%	70.60%	63.60%	70.00% (3/10)	66.70% (3½/10½)	80.00% (1½/7½)	60.70% (5½/14)	61.90% (4/10½)	72.30%	70.60%
Skin	85%	85%	100%	96.80%	100% (0/25½)	94.70% (1/19)	93.10% (2/29)	95.70% (1/23)	94.40% (1/18)	96.20%	97.00%
Upper GI	85%	85%	77.80%	100%	83.30% (1/6)	68.80% (5/16)	85.70% (1/7)	37.50% (7½/11)	33.33% (3/4½)	71.90%	71.10%
Urology	85%	85%	95.80%	89.50%	83.30% (6/36)	95.40% (1½/32½)	96.40% (1/28)	92.60% (2/27)	95.90% (1/24½)	71.50%	98.30%

From October, performance includes site specific detail – figures in () confirm number of breaches against total number treated.

Year end projection indicates that we will achieve the 62 day target. Risks to performance:

- Capacity within the tertiary Centre's for upper GI, Lung and Gyneacology referrals

Cancer 104 + Days February

The following patients received their first definitive treatment for cancer after 104 days in February 2017 (the target for referral to treatment being 62 days):-

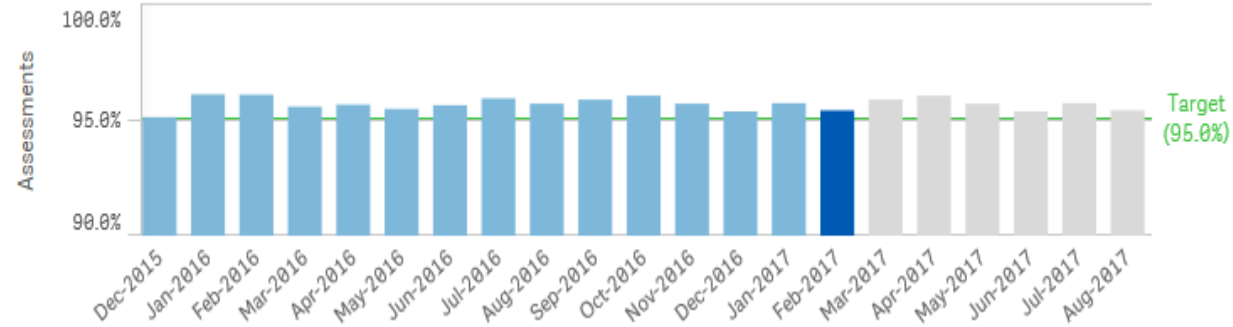
- 1 x Gynaecology (166 days) – complex pathway / delays following tertiary referral
- 1 x Head & Neck (105 days) – complex diagnostic pathway
- 1 x Lung (205 days) – medical delay / capacity
- 1 x Lung (123 days) – patient choice
- 1 x Skin (117 days) – capacity / patient choice
- 1 x Upper GI (116 days) – complex diagnostic pathway
- All pathways will be reviewed and a full Root Cause Analysis (RCA) will be completed. All findings and learning opportunities to be presented to Quality & Safety (Q&S) committee.

VTE Performance February 2017

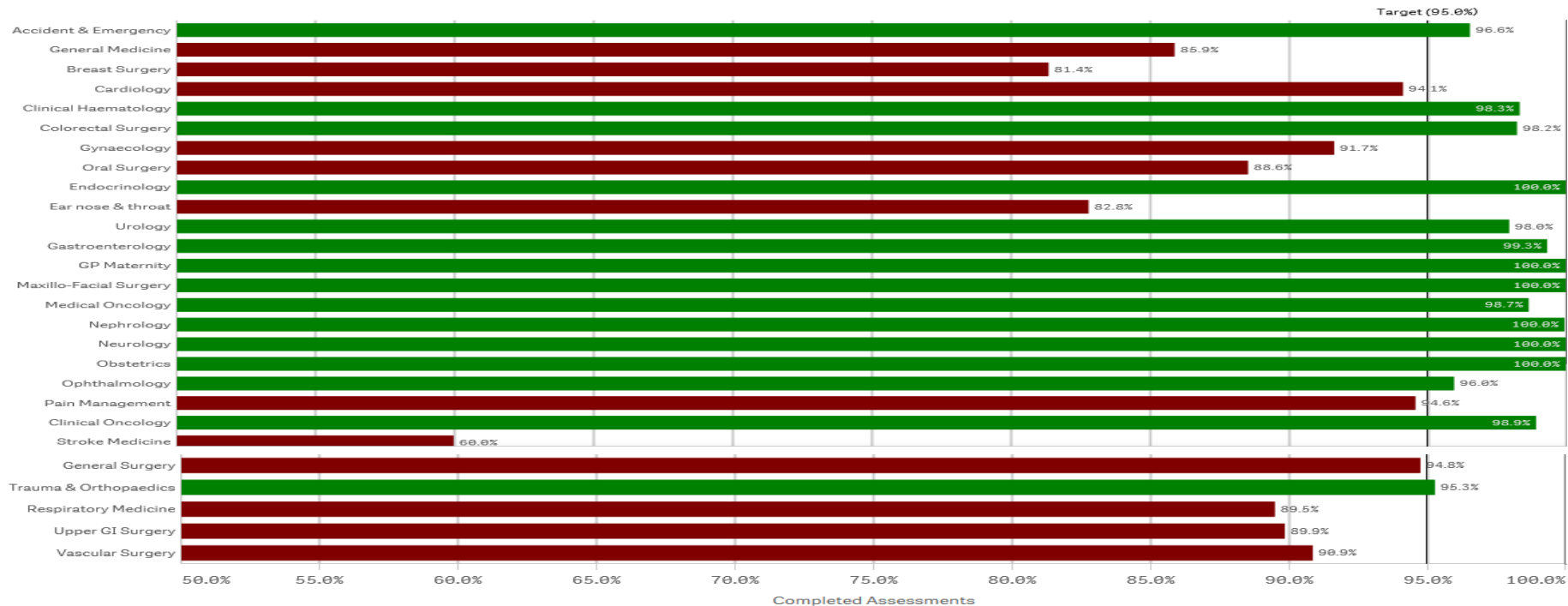
% of Patients assessed for VTE

VTE Assessed
95.3% ✓ -0.3%
 Previous Month Difference

% of Patients assessed for VTE - Monthly Trend



% of Patients assessed for VTE by Specialty

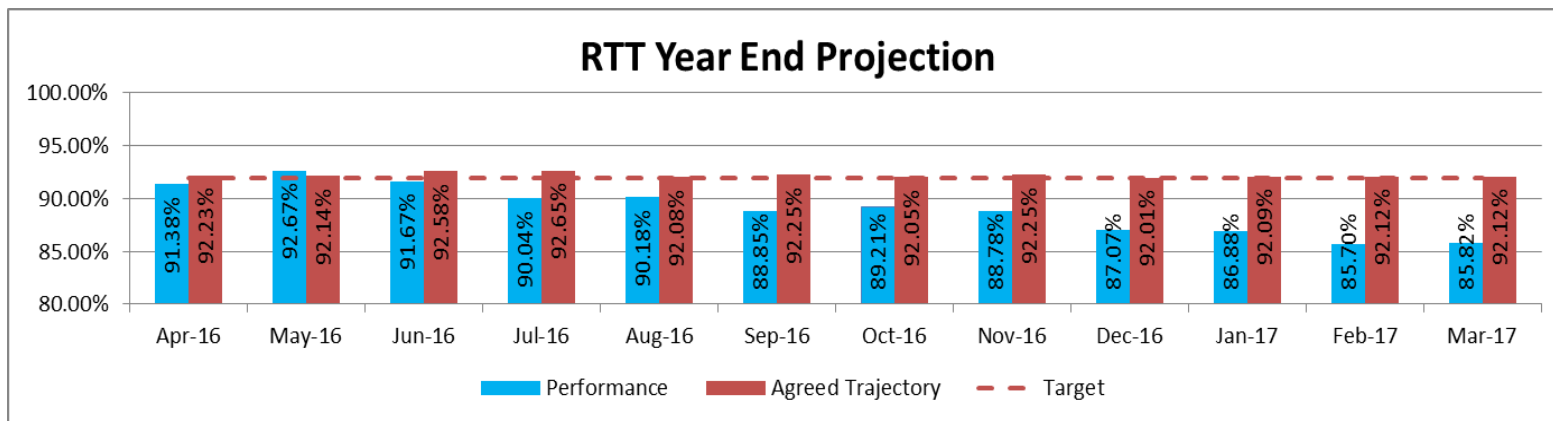


RTT Performance March 17

Open Clocks

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

Incomplete
85.82%



In the period April to March 17 the Trust has been unable to achieve the 92% incomplete target . The expected level of performance is outlined below

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

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

RTT April 2017 Projected performance

Admitted Incomplete Pathways

	Open Clocks		Performance %
	Total Open Clocks	18+ Wks	
Reporting Specialty			
Cardiology	83	23	72.29
Cardiothoracic Surgery	2		100.00
Dermatology			
Ear, Nose & Throat (ENT)	255	47	81.57
Gastroenterology	26	2	92.31
General Medicine	10	1	90.00
General Surgery	767	234	69.49
Geriatric Medicine			
Gynaecology	296	105	64.53
Neurosurgery			
Ophthalmology	593	239	59.70
Urology	368	140	61.96
Other	237	82	65.40
Neurology	1	1	
Oral Surgery	174	106	39.08
Thoracic Medicine	16		100.00
Trauma & Orthopaedics	758	452	40.37
	3,586	1,432	60.07

Non Admitted

	Open Clocks		Performance %
	Total Open Clocks	18+ Wks	
	650	85	86.92
	26	1	96.15
	448	14	96.88
	1461	29	98.02
	1032	36	96.51
	563	34	93.96
	1736	26	98.50
	139	8	94.24
	1087	31	97.15
	2136	274	87.17
	865	34	96.07
	743	56	92.46
	312	211	32.37
	779	83	89.35
	486	89	81.69
	304	44	85.53
	12,767	1,055	91.74

Combined

	Open Clocks		Performance %
	Total Open Clocks	18+ Wks	
	733	108	85.27
	28	1	96.43
	448	14	96.88
	1716	76	95.57
	1058	38	96.41
	573	35	93.89
	2503	260	89.61
	139	8	94.24
	1383	136	90.17
	2729	513	81.20
	1233	174	85.89
	980	138	85.92
	313	212	32.27
	953	189	80.17
	502	89	82.27
	1062	496	53.30
	16,353	2,487	84.79

April's predicted combined incomplete performance is currently at 84.79% subject to validation, with performance being driven by the three main challenged specialities. The figure is subject to month end validation.

The projected Admitted incomplete performance for the end of April is 60.07% with all main speciality's failing the Admitted incomplete target

Neurology, Oral Surgery, Trauma and Orthopaedics are the main specialties with significant RTT delivery issues. Other areas are however set to achieve their non admitted targets.

Reasons for RTT Under Performance March

	Admitted		Non Admitted		Blended Rate	
	Target	Actual	Target	Actual	Target	Actual
	%	%	%	%	%	%
Overperforming	91	71	96	94	95	89
Underperforming	70	44	80	77	78	66
Total	87	63	93	91	92	85

- As can be seen above both the over performing and under performing specialties have struggled to achieve the admitted targets.
- The reasons for not achieving the expected level of admitted performance are outlined below.
- Admitted capacity has been substantially impacted upon by winter pressures, Elective cancellations for the last quarter are outlined below.

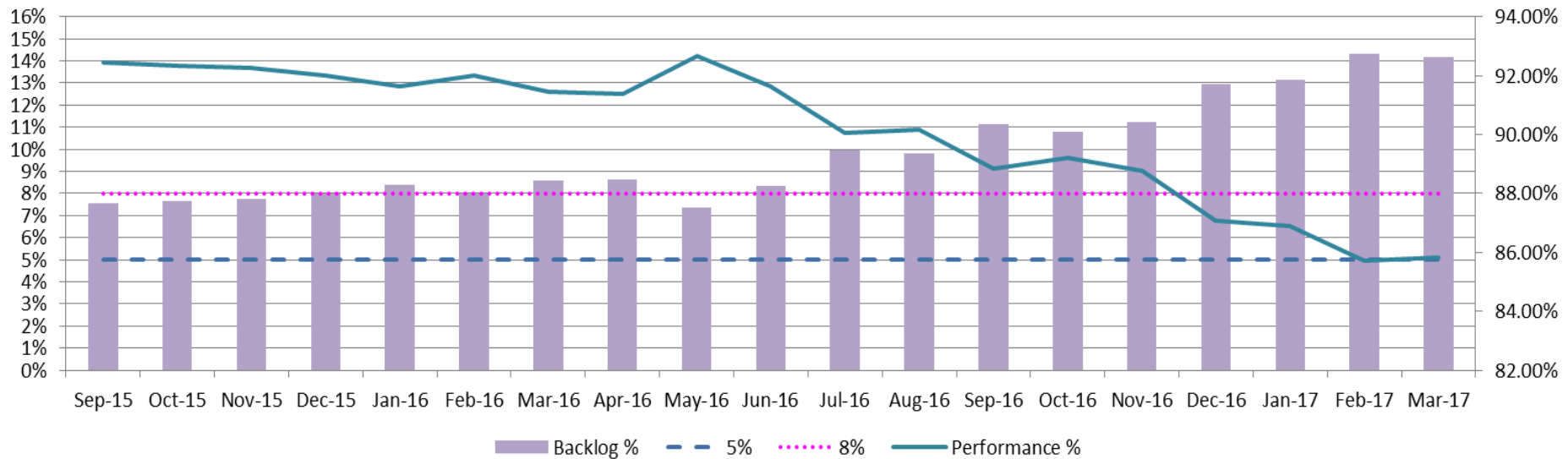
*

	Jan-17	Feb-17	Mar-17
Total Cancellations *	240	289	211

RTT Projection to Year End

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Backlog	1534	1334	1512	1772	1701	2004	1959	1933	2200	2264	2387	2295
Performance	91.38%	92.67%	91.67%	90.04%	90.18%	88.85%	89.21%	88.78%	87.07%	86.88%	85.70%	85.82%
Agreed Trajectory	92.23%	92.14%	92.58%	92.65%	92.08%	92.25%	92.05%	92.25%	92.01%	92.09%	92.12%	92.12%
Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%

Backlog as a percentage of the waiting list



As long as the RTT backlog is between 5% and 8% of total RTT waiting list size then the Trust will deliver the RTT target. Currently the backlog is running at 15%.

A&E Performance – March 2017

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

A&E 4hr Performance

81.6%

5.8%

Previous Month Difference



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

A&E 4-12 hr

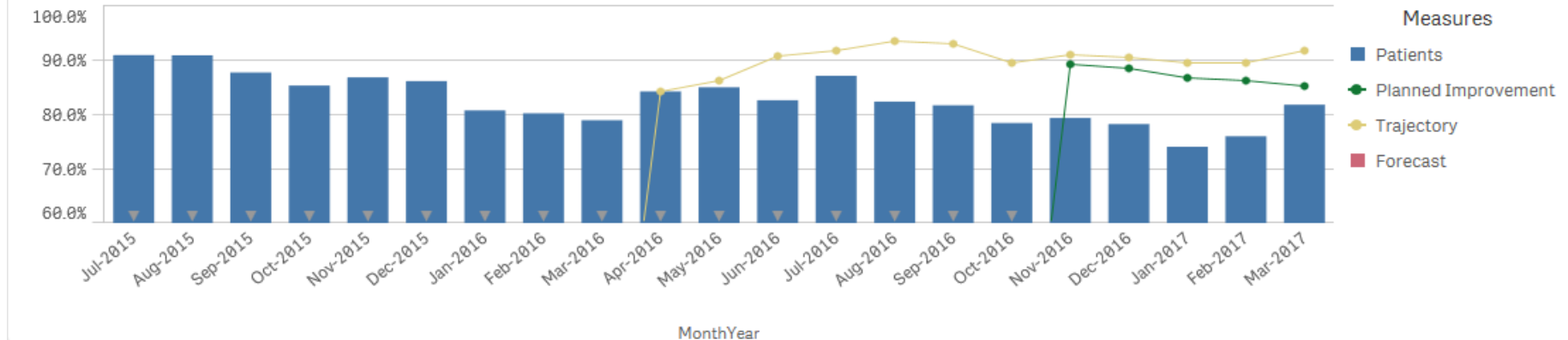
798

1,077

Previous Month

Performance Trend

AE 4hr Performance



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

A&E Year End Performance

	Admitted		Non - Admitted		Total			Trust % with Walk-In	TDA Plan	TDA Planned Breaches	Actual Breaches	Reduction in breaches to hit Monthly TDA Trajectory
	RSH	PRH	RSH	PRH	RSH	PRH	TRUST					
Apr-16	34.07%	61.22%	91.29%	89.41%	78.28%	83.61%	80.98%	84.04%	83.89%	1909	1852	Passed by 17 breaches
May-16	49.02%	56.03%	93.43%	86.67%	83.68%	80.17%	81.94%	84.81%	85.79%	1706	1922	Failed by 124 breaches
Jun-16	27.66%	61.19%	88.55%	88.46%	75.21%	82.93%	79.09%	82.42%	90.27%	1100	2132	Failed by 952 breaches
Jul-16	57.16%	65.69%	93.85%	87.58%	86.28%	83.06%	84.68%	86.93%	91.29%	999	1673	Failed by 558 breaches
Aug-16	32.22%	61.78%	87.81%	88.09%	75.96%	82.72%	79.29%	82.16%	93.04%	763	2113	Failed by 1289 breaches
Sep-16	29.37%	59.16%	89.28%	85.89%	76.92%	80.52%	78.72%	81.48%	92.54%	800	2131	Failed by 1273 breaches
Oct-16	30.01%	47.15%	86.85%	82.87%	74.24%	75.17%	74.71%	78.21%	88.99%	1184	2630	Failed by 1301 breaches
Nov-16	28.45%	49.36%	88.09%	85.12%	74.39%	77.19%	75.80%	79.15%	90.47%	1024	2345	Failed by 1273 breaches
Dec-16	33.19%	46.76%	86.36%	82.85%	73.72%	74.08%	73.90%	78.02%	89.99%	1096	2523	Failed by 1374 breaches
Jan-17	17.48%	34.70%	84.50%	82.59%	67.09%	70.67%	68.97%	73.84%	89.05%	1196	2882	Failed by 1676 breaches
Feb-17	31.60%	34.91%	87.23%	81.75%	72.69%	70.52%	71.56%	75.77%	89.14%	1142	2497	Failed by 1378 breaches
Mar-17	53.19%	44.07%	94.42%	81.48%	84.72%	72.88%	78.59%	81.63%	91.21%	978	2216	Failed by 1155 breaches
Totals	35.46%	51.39%	89.47%	85.30%	77.21%	77.88%	77.55%	80.87%	89.58%	13897	26916	
	43.37%		87.35%		77.55%							

The above table shows the year end performance for admitted patients of 43.37% and non admitted patients of 87.35%. There are significant differences between RSH admitted performance at 35.46% and PRH at 51.39% the differences are less pronounced between the sites when reviewing non-admitted performance. There were 2216 breaches for March. The year end performance is 80.87% including the Walk-In Centre .

Reasons for current A&E performance

- Increased Activity / Complexity

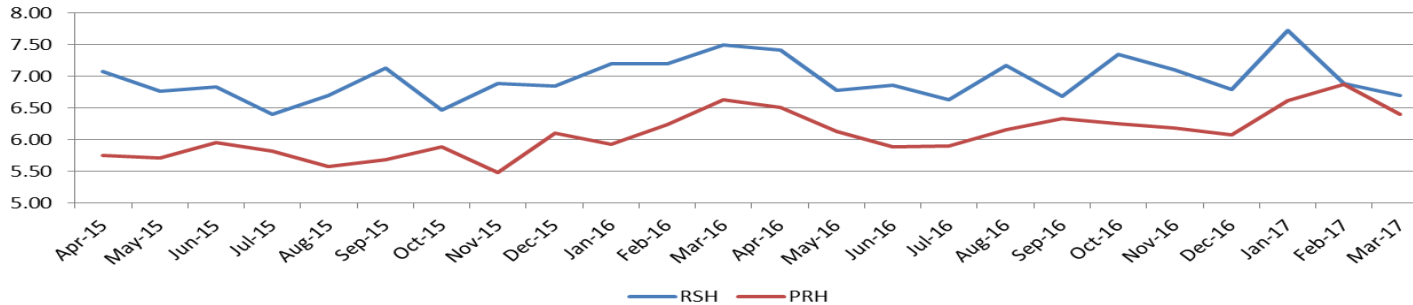
The volume of activity as measured in spells (M1-11 total) has increased in comparison with the same period in 2015/16 by 1%. However there has been a shift in complexity with a 9.2% rise in patients with major complications when comparing M1-11 2015/16 to M1-11 2016/17. Patients with intermediate complications over the same period has shown a 3.8% reduction, overall complication rate has increased by 1.4%

	Financial Year		% Var
	2015/16	2016/17	
With Complications	7245	7351	1.4%
With Intermediate Complications	5053	4869	-3.8%
With Major Complications	7753	8538	9.2%
Total	20051	20758	6.9%

Reasons for current A&E performance

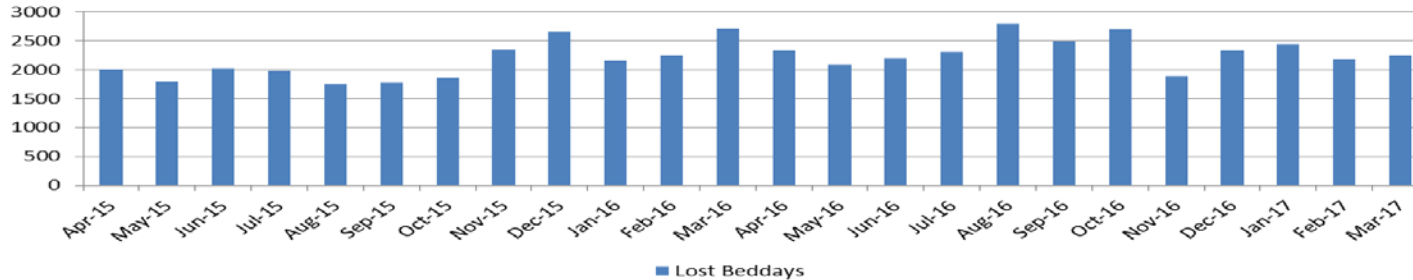
Medically Fit For Discharge

Emergency ALOS Excluding Zero LOS



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

Lost Beddays



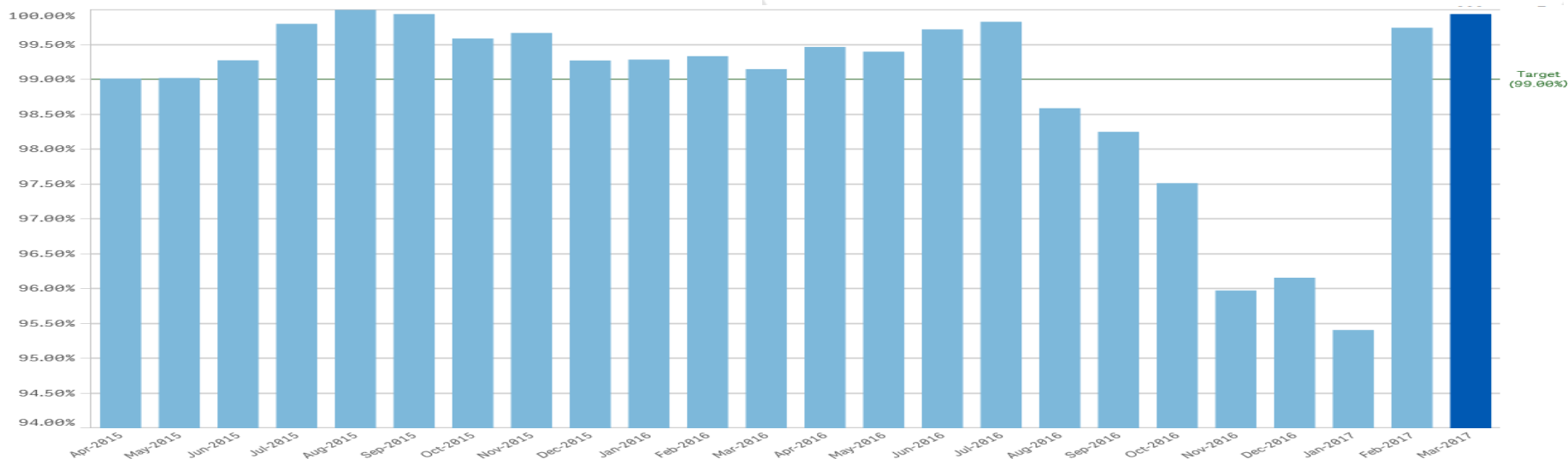
The current year to date Fit for Transfer lost bed days (M1- 12) are 27,989 against 25,317 for the same period last year. This is a percentage increase of 10.6%

	Discharge Month	No. Patients	Lost Beddays	Average Days on List	Avg Patients per week
Total	Apr-16	434	2338	5	109
	May-16	373	2093	6	93
	Jun-16	393	2202	6	98
	Jul-16	352	2304	7	88
	Aug-16	394	2786	7	99
	Sep-16	366	2491	7	92
	Oct-16	384	2703	7	96
	Nov-16	417	1886	5	104
	Dec-16	394	2326	6	99
	Jan-17	468	2434	5	117
	Feb-17	415	2179	5	104
	Mar-17	440	2247	5	110
	Apr-17	98	427	4	25

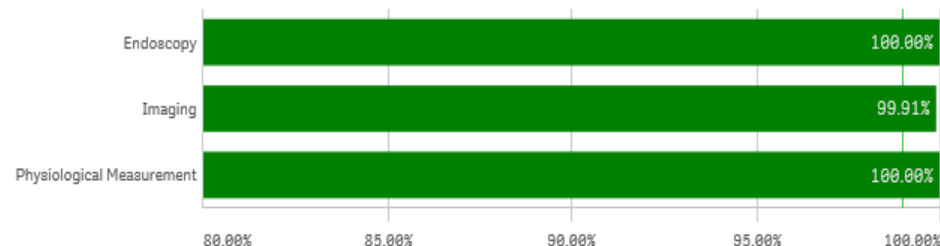
Diagnostic Waiting Times – March 2017

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

% waited under 6 weeks
99.93% ✓ **0.20%**
 Previous Month Difference



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



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

Actions to improve access targets 2017/18



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Cancer

- Specialty MDT PTLs for lung, upper GI and colorectal tumour sites to be in place by July 2017
- Root cause analysis (RCA) for all patients breaching 104 days
- RCA findings and learning to be presented at Q&S committee
- Specialty PTLs to be chaired by MDT lead and Performance manager.

RTT 92% achievement by 1/10/17

- Reconfiguration of beds (post winter) from May 2017
- Capacity review by Meridian Consultancy by September 2017
- Weekly PTL meetings reinstated, monitoring individual patients and booking profiles
- Outsourcing of orthopaedic activity
- Ring fence day surgery beds on both sites.

DM01- Diagnostics

- Continue insourcing 'Your World' for endoscopy
- Diagnostic PTL to be in place by June 2017
- MRI mobile unit to be utilised during times of high demand
- Business case for endoscopy to be finalised and presented to Execs in May.

A&E – Target 90% by September 2017, 95% by March 2018

- Patient trackers to be retained on both sites
- Realign scheduled and unscheduled care beds by September 2017
- Re -alignment of staffing to meet A&E demand from August 2017
- Primary care streaming in place from October 2017
- Embed SAFER methodology and Red to Green on every ward
- Dedicated Red to Green team in place by June 2017
- Increased weekend discharges using criteria led discharge/nurse led discharge.

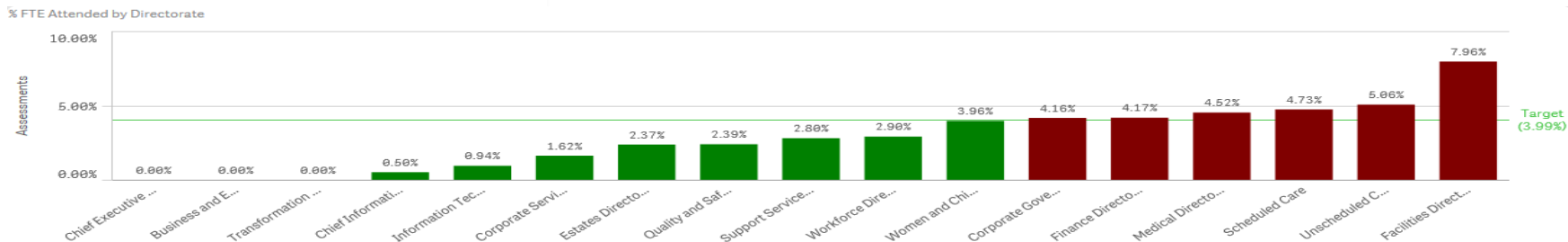
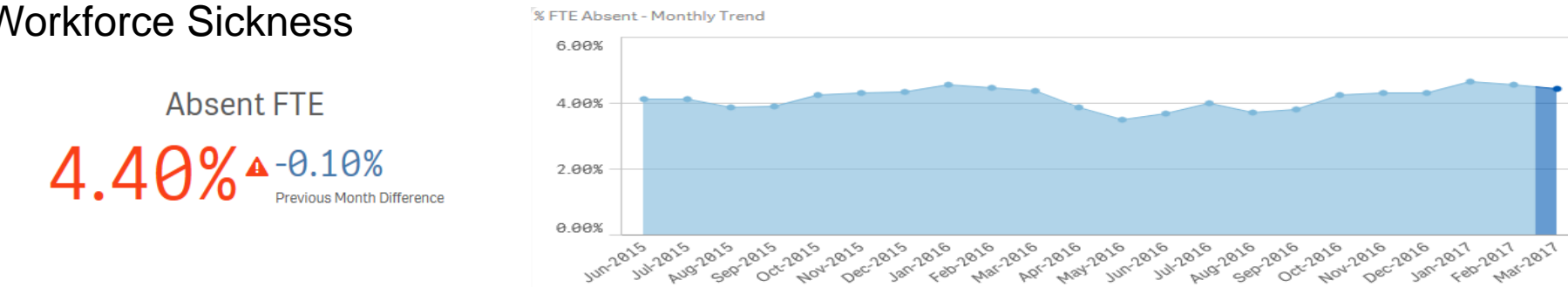
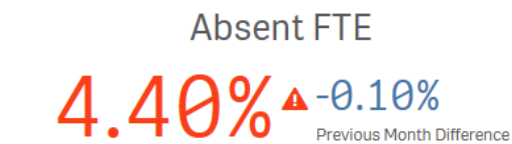
Workforce



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Workforce

Workforce Sickness



Training & Appraisals

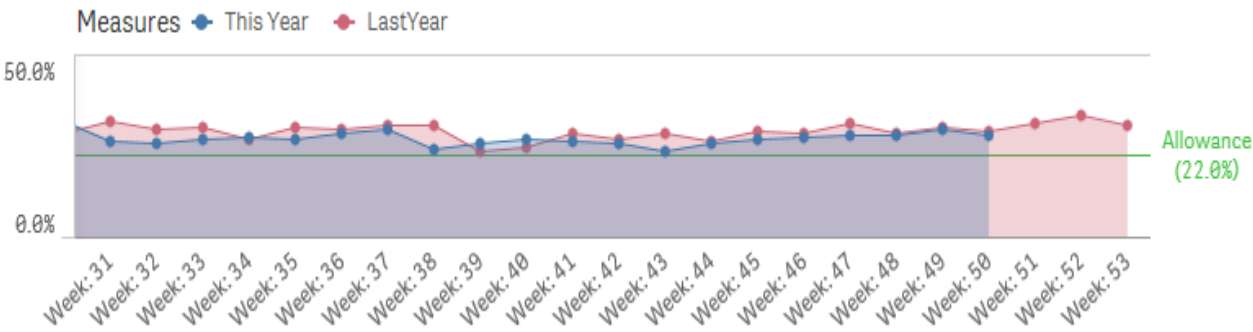
Centre/Specialty	Indicator	Plan	Actual
Corporate services metrics	Appraisals	100%	85%
Corporate services metrics	Statutory Training	100%	75%
Scheduled Care Metrics	Appraisals	100%	89%
Scheduled Care Metrics	Statutory Training	100%	83%
Unscheduled Care Metrics	Appraisals	100%	75%
Unscheduled Care Metrics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

Nursing Unavailability 16/17

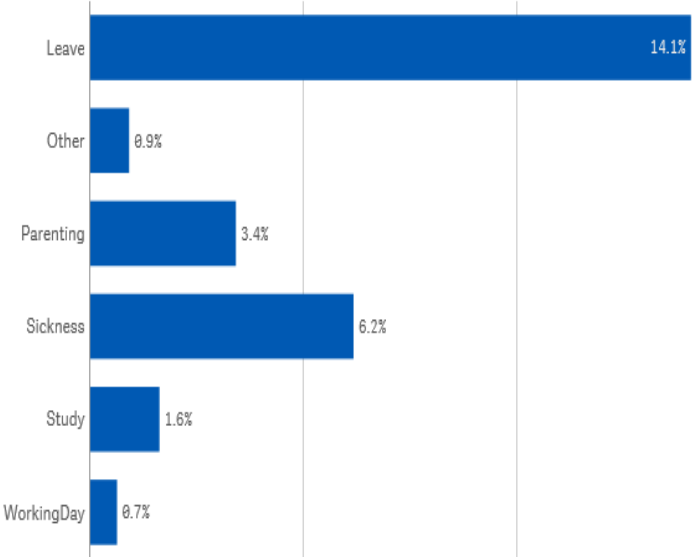
Scheduled Care

% Unavailable

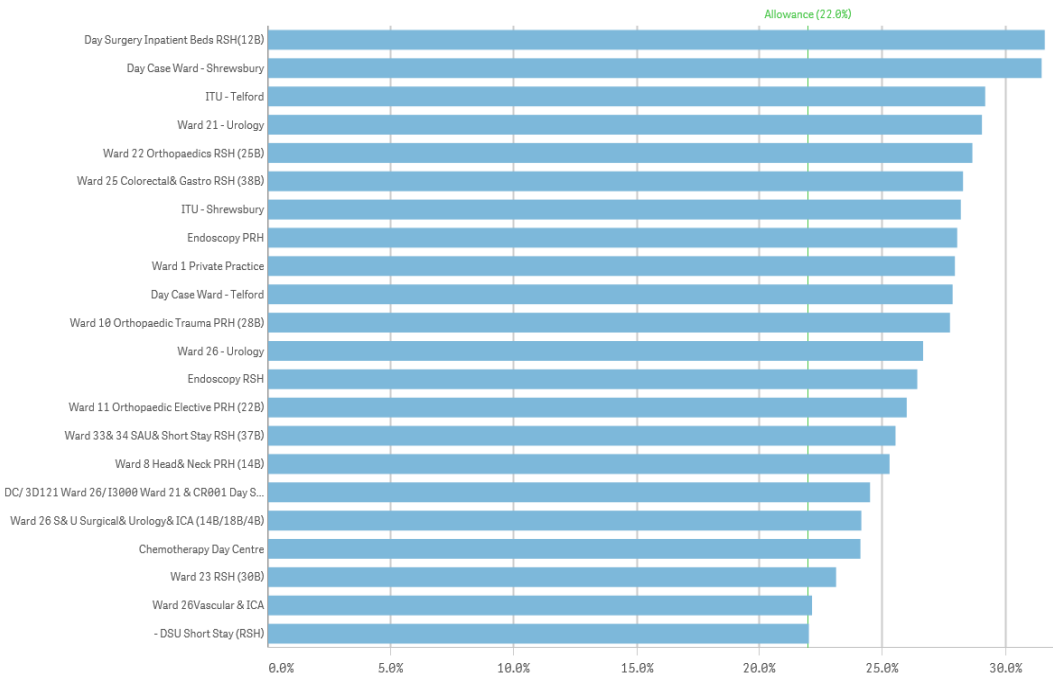
27.01%[▲]



Breakdown of Total Unavailability %



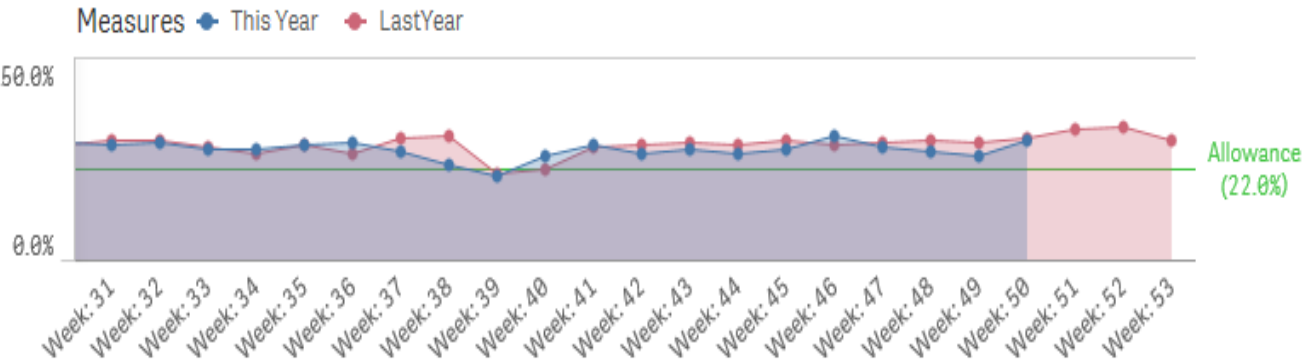
Split by Ward



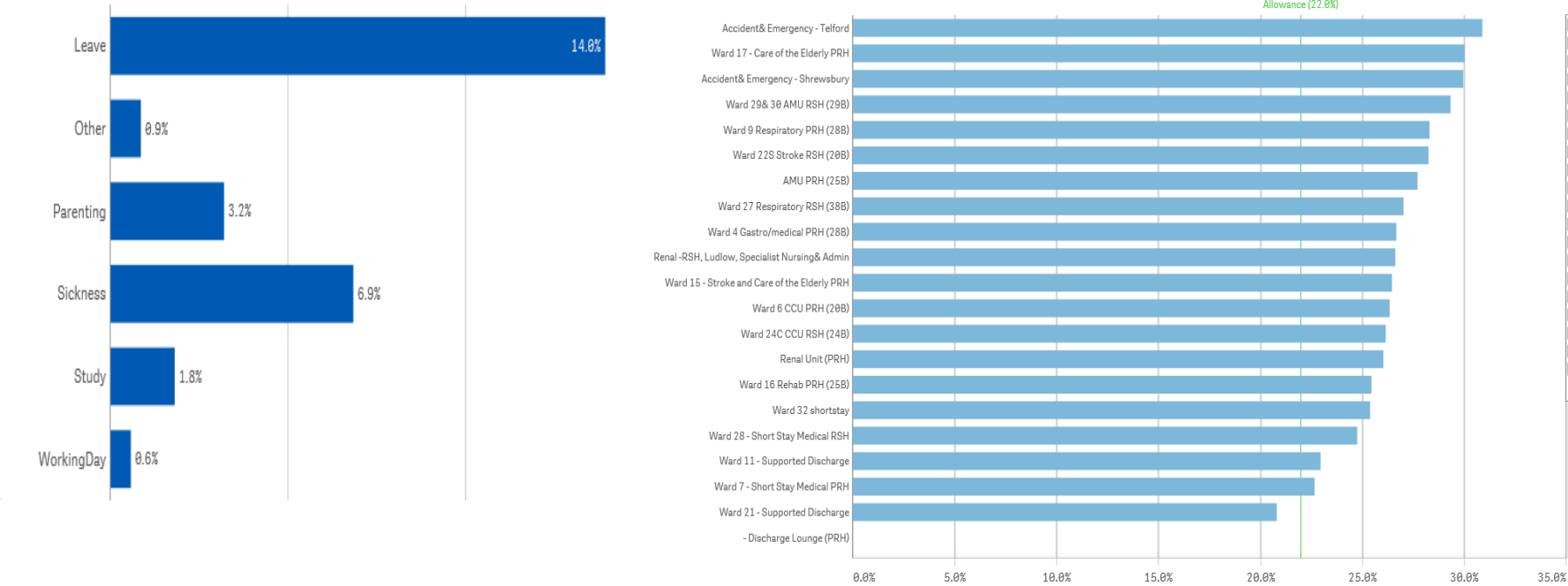
Nursing Unavailability 16/17

Unscheduled Care

27.37%



Breakdown of Total Unavailability %



Staff Turn Over – exc. Junior Doctors

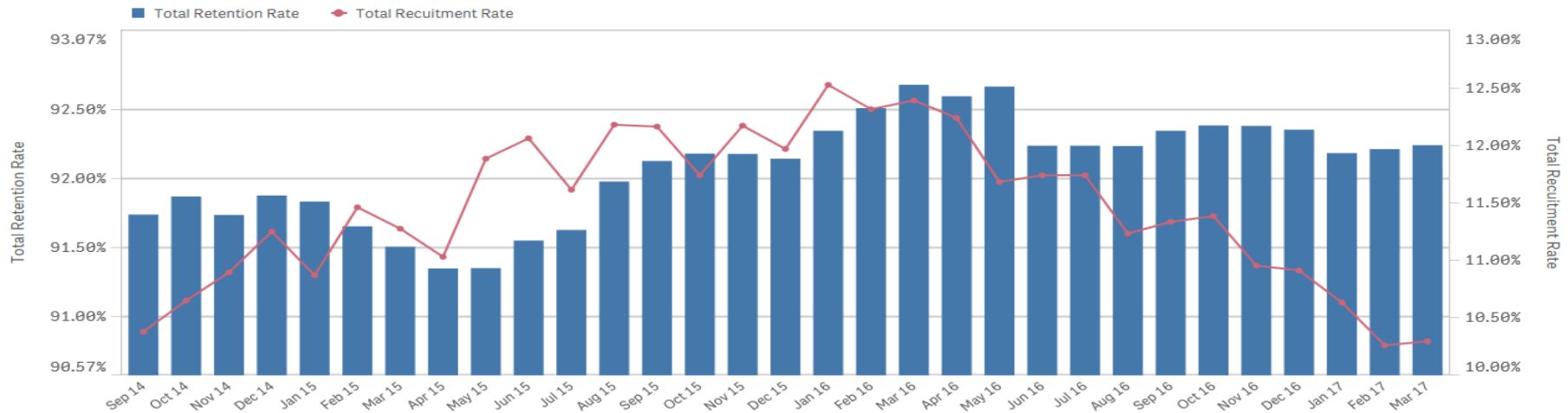
Recruitment Rate

10.28%

Retention Rate

92.23%

Retention Overlaid with Recruitment



Staff Turn Over – exc. Junior Doctors

Scheduled Care

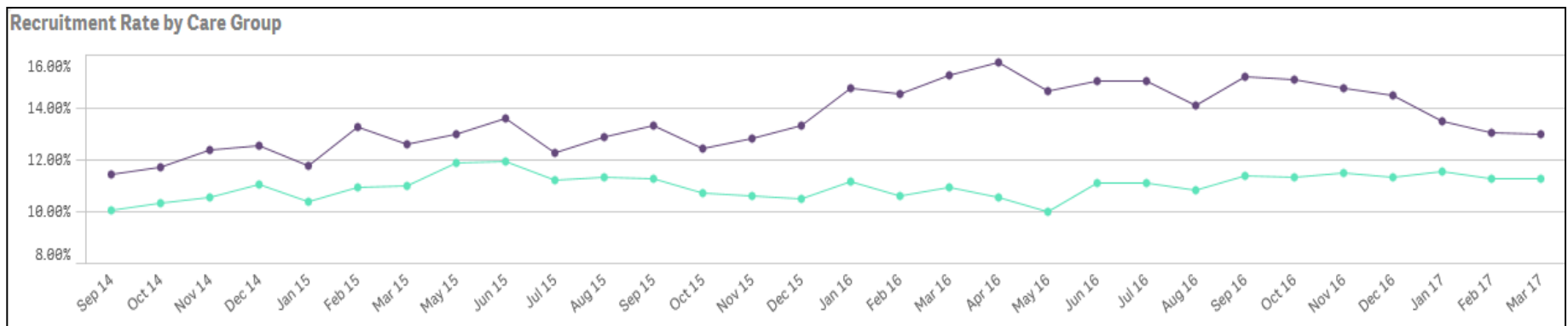
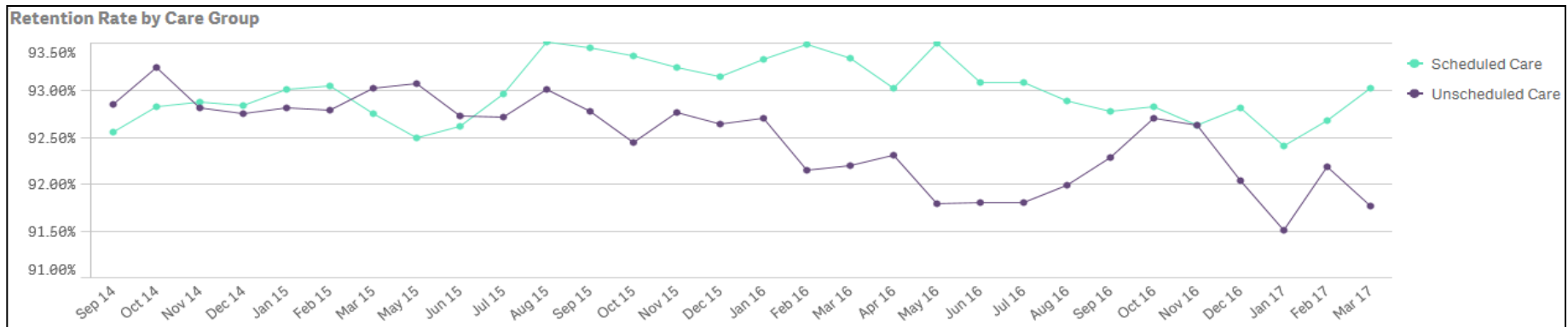
Unscheduled Care

Recruitment Rate
11.18%

Retention Rate
93.00%

Recruitment Rate
12.89%

Retention Rate
91.74%



Quality and Safety



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Quality and Safety

Measure	Year end 15/16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Year end 2016/17	Monthly Target 2016/17	Annual Target 2016/17
Infection Prevention and Control																
Clostridium Difficile infections reported	30	1	3	3	0	1	3	2	2	2	0	1	3	21	2	25
MRSA Bacteraemia Infections	1	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0
MSSA Bacteraemia Infections	18	1	1	1	0	0	1	1	1	0	0	2	1	9	None	None
E. Coli Bacteraemia Infections	29	1	0	3	2	7	0	6	7	1	0	3	1	31	None	None
MRSA Screening (elective) (%)	96.6%	96.0	95.3	95.1	95.1	95.2	95.1	95.8	91.2	94.8	95.0	95.8	95.5	95.2	95%	95%
MRSA Screening (non-elective) (%)	96.0%	94.0	94.6	93.1	93.4	95.1	93.9	94.2	94.7	94.7	95.0	94.2	95.2	94.4	95%	95%
In Service Pressure Ulcer Incidence																
Grade 2 Avoidable	33	4	1	1	4	3	1	6	2	2	4	0	1	29	1	22
Grade 2 Unavoidable	128	7	8	11	12	14	7	8	11	9	4	7	1	99	None	None
Grade 3 Avoidable	9	1	0	0	1	1	0	2	3	1	0	0	0	9	0	6
Grade 3 Unavoidable	15	2	1	0	0	1	0	0	1	0	1	4	1	11	None	None
Grade 4 Avoidable	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0
Grade 4 Unavoidable	2	0	0	0	0	0	0	0	0	0	0	1	1	2	None	None
Patient Falls																
Falls reported as serious incidents	35	1	1	1	1	0	0	0	1	1	0	0	0	6	2	29
All Serious Incidents Reported																
Number of Serious Incidents	58	12	4	10	4	5	5	7	6	2	4	3	1	63	None	None
Never Event																
Never Events	2	0	0	0	0	1	1	0	3	0	0	0	0	5	0	0

Quality and Safety cont...

Measure	Year end 15/16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Year end 2016/17	Monthly Target 2016/17	Annual Target 2016/17
NHS Safety Thermometer Point Prevalence Trust Level Data																
Harm Free Care (%)		94.1	93.0	93.0	96.0	93.66	93.56	94.9	96.33	93.54	95.49	92.54	93.93	94.17%	95%	95%
No New Harms (%)		97.7	98.0	96.0	99.0	98.25	97.81	98.58	99.27	98.16	98.62	96.77	97.16	97.94	None	None
Safer Surgery																
WHO Safe Surgery Checklist (%)	99.9%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Venous Thromboembolism Risk Assessment																
VTE Assessment	95.6%	95.5	95.3	95.5	95.8	95.55	95.74	96.01	95.64	95.31	95.66	95.34			95%	95%
Mixed Sex Accommodation (MSA)																
MSA breaches	0	0	0	0	8	0	0	0	0	0	0	0	0	8	0	0
ITU discharge delays>12hrs	201	29	19	43	19	25	32	31	39	27	33	30	26	353	None	None
Patient, Family and Carer Experience																
Complaints (No)	317	22	24	32	31	41	24	37	41	31	47	45	49	424	None	None
Friends and Family Response Rate (%)	21.68%	14.1	14.3	15.3	21.6	30.7	26.5	20	23.5	20.7	20.0	22.0	23.8	23.8	None	None
Friends and Family Test Score (%)	96.47%	96.0	95.7	98.1	96.5	95.8	96.2	95.8	96.0	96.5	96.6	96.7	96.6	96.6	75%	75%
Real Time Experience Metrics (Exemplar Ward Metrics)																
Nursing Performance Score	89%	96.0	95.0	96.0	96.0	96.0		87.9	90.2	93.2	89.7	90.6	90.4		90%	90%
Patient Experience Score	86%	90.0	86.0	81.0	87.0	88.0		89.1%	88.7%	91%	89.2	89.7	90.2		90%	90%

Finance



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The position at Month 12

		Financial Plan	April–March Actual	Variance
		£000s	£000s	£000s
Income (excl STF)		331,486	338,080	6,594
Pay		(225,302)	(234,620)	(9,318)
Non-Pay and Reserves		(107,261)	(105,787)	1,474
Total expenditure		(332,563)	(340,407)	(7,844)
EBITDA		(1,077)	(2,327)	(1,250)
Finance Costs		(15,323)	(14,071)	1,252
Surplus/(deficit) pre STF		(16,400)	(16,398)	2
STF adjustment		10,500	9,843	(657)
Surplus/(deficit) post STF		(5,900)	(6,555)	(655)

At the end of the 2016/17 financial year the Trust delivered its control total as set by NHSI to deliver a deficit of £16.400 million and actually recorded a deficit of £16.398 million, an underspend of £0.002 million. The 4% overspend in pay, is mainly attributable to the non-delivery of CIP schemes, along with expenditure associated with increased activity levels.

Capital Programme

The Capital Resource Limit (CRL) for 2016/17 was set at:

£9.768 million Internally Generated CRL

£2.500 million Capital to Revenue Transfer from 2015/16

£12.268 million CRL

The capital expenditure against the Trust's CRL for 2016/17 was £12.266 million, an underspend of £0.002 million.

Cash position

The Trust cash balance at the end of 2016/17 was higher than expected at £5.625 million due to receipt of STF income relating to finance element for Q3 being received in addition to loan already received 'in lieu' of this income. Repayment of the loan relating to this will be made in April 2017.

The Trust capital creditors have grown by nearly £5.500 million during 2016/17 and these creditors will become due in the early months of 2017/18. This has been factored into the Trust's cash modelling. It is therefore necessary that expenditure is controlled to ensure that cash is available to pay our creditors.



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Quality Performance Report

April 2017

Introduction

This report covers our performance against contractual and regulatory metrics related to quality and safety during the month of March 2017 (Month 12 for 2016/2017). The report will provide assurance to the Quality and Safety Committee that we are compliant with key performance measures and also that where we have not met our targets that there are recovery plans in place. The report will also provide to the Committee the year end position against our quality measures.

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

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

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Section one: Our Key Quality Measures

Measure	Year end 15/16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Year end 2016/17	Monthly Target 2016/17	Annual Target 2016/17
Infection Prevention and Control																
Clostridium Difficile infections reported	30	1	3	3	0	1	3	2	2	2	0	1	3	21	2	25
MRSA Bacteraemia Infections	1	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0
MSSA Bacteraemia Infections	18	1	1	1	0	0	1	1	1	0	0	2	1	9	None	None
E. Coli Bacteraemia Infections	29	1	0	3	2	7	0	6	7	1	0	3	1	31	None	None
MRSA Screening (elective) (%)	96.6%	96.0	95.3	95.1	95.1	95.2	95.1	95.8	91.2	94.8	95.0	95.8	95.5	95.2	95%	95%
MRSA Screening (non elective) (%)	96.0%	94.0	94.6	93.1	93.4	95.1	93.9	94.2	94.7	94.7	95.0	94.2	95.2	94.4	95%	95%
In Service Pressure Ulcer Incidence																
Grade 2 Avoidable	33	4	1	1	4	3	1	6	2	2	4	0	1	29	1	22
Grade 2 Unavoidable	128	7	8	11	12	14	7	8	11	9	4	7	1	99	None	None
Grade 3 Avoidable	9	1	0	0	1	1	0	2	3	1	0	0	0	9	0	6
Grade 3 Unavoidable	15	2	1	0	0	1	0	0	1	0	1	4	1	11	None	None
Grade 4 Avoidable	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0
Grade 4 Unavoidable	2	0	0	0	0	0	0	0	0	0	0	1	1	2	None	None
Patient Falls																
Falls reported as serious incidents	35	1	1	1	1	0	0	0	1	1	0	0	0	6	2	29
All Serious Incidents Reported																
Number of Serious Incidents	58	12	4	10	4	5	5	7	6	2	4	3	1	63	None	None
Never Event																
Never Events	2	0	0	0	0	1	1	0	3	0	0	0	0	5	0	0

Measure	Year end 15/16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Year end 2016/17	Monthly Target 2016/17	Annual Target 2016/17
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Safer Surgery																
WHO Safe Surgery Checklist (%)	99.9%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Venous Thromboembolism Risk Assessment																
VTE Assessment	95.6%	95.5	95.3	95.5	95.8	95.55	95.74	96.01	95.64	95.31	95.66	95.34			95%	95%
Mixed Sex Accommodation (MSA)																
MSA breaches	0	0	0	0	8	0	0	0	0	0	0	0	0	8	0	0
ITU discharge delays>12hrs	201	29	19	43	19	25	32	31	39	27	33	30	26	353	None	None
Patient, Family and Carer Experience																
Complaints (No)	317	22	24	32	31	41	24	37	41	31	47	45	49	424	None	None
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Real Time Experience Metrics (Exemplar Ward Metrics)																
Nursing Performance Score	89%	96.0	95.0	96.0	96.0	96.0		87.9	90.2	93.2	89.7	90.6	90.4		90%	90%
Patient Experience Score	86%	90.0	86.0	81.0	87.0	88.0		89.1%	88.7%	91%	89.2	89.7	90.2		90%	90%

Section Two: Key Messages

This section of the report will provide the Committee with assurance in relation to quality measures that we have not achieved compliance against in month 12 or for the year or where a negative trend is identified.

1. **Clostridium Difficile Incidence**

Our year end position (21 cases) is lower than both our target of no more than 25 reported incidents in the year and our year end position for 2015-2016. However, in March we reported three cases which were above the target of no more than two per month. Investigations are being carried out on all cases but the key trends appear to be delay in isolating patients due to the lack of side rooms and the use of antibiotics.

2. **MRSA Screening (non elective)**

Whilst the March 2017 performance for this indicator was over 95%, the overall figure for the year for non-elective areas was just below the target at 94.4%. Ward areas where screening is not being carried out consistently are identified and ward managers are being required to ensure that this screening takes place.

3. **In Service Pressure Ulcers (all grades)**

We did not meet our internally set targets for any grade of pressure ulcer during 2016-2017. The targets were based on a percentage reduction from the 2015-2016 figures. Avoidable grade two pressure ulcers did reduce from the previous year but not to the level of the target, avoidable grade three pressure ulcers remained the same and there was one avoidable grade four compared to none in 2015-2016.

As reported to the Committee in March, we now have a full strength Tissue Viability team to support clinical staff and we have taken delivery of new bedside chairs that have in built pressure relieving cushions that will also help with pressure ulcer incidence reduction.

4. **Never Events**

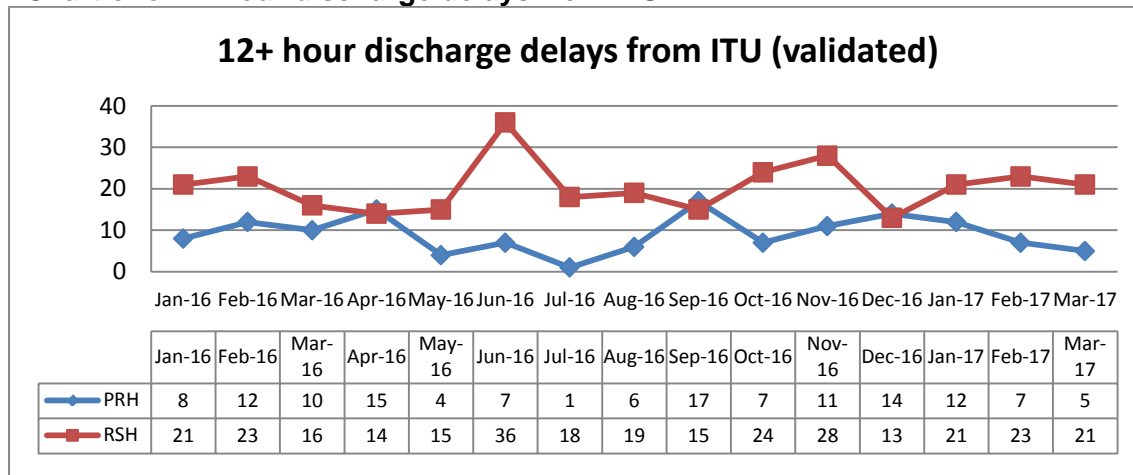
Our total of Never Events for 2016-2017 remains at five – none have been reported since November 2016. Regular reports will continue to be provided to the Committee to provide assurance in relation to actions being taken to prevent such incidents happening again.

5. **Mixed Sex Accommodation Breaches**

The number of mixed sex accommodation breaches for the year remains at eight – all reported in one incident in July 2016.

ITU Discharge Delays greater than 12 hours

Within our intensive care units (ITU) a single sex breach occurs after a delay exceeding 12 hours following the clinician's decision to discharge the patient from Intensive Care. Chart one below shows how many 12 hour or more delays in discharge from ITU were reported each month from January 2016:

Chart one: 12 hour discharge delays from ITU

When considering this data it is helpful to know that during March 2017, Princess Royal Hospital was on level two escalation for 16 days and level three for 15 days and the Royal Shrewsbury Hospital was on level two for 17 days and level three for 12. On one day the hospital was on level one and neither hospital reported level four during the month.

6. Harm Free Care – NHS Safety Thermometer

We saw an improvement in the overall harm free care rate in March bringing our average rate for the year to just under the national target of 95% at 94.17%. In a cohort of 774 patients included in the point prevalence audit in April there were 34 pressure ulcers reported (11 that had developed in our care), one fall within the previous 72 hours resulting in moderate harm, eight patients with a catheter who also had a urinary tract infection (CAUTI), five of which were considered to be “new” and five patients with a newly diagnosed venous thromboembolism.

We will continue to use the data from the NHS Safety Thermometer to measure the safety of the care that we provide in relation to the four most prevalent harms reported in the NHS. The Infection Prevention and Control team will carry out some validation around the CAUTI data and identify actions that are required. This will be monitored through the Infection Prevention and Control Committee.

Section Three: A Learning Organisation

7. Exemplar Ward Programme

The Exemplar Ward Programme represents our vision and aspirations for the Trust, providing core standards that build upon our previous achievements and ambition for our nursing and midwifery workforce to be the best in the NHS whilst keeping patient experience at its core. The Programme was formally launched in April 2017.

The Exemplar Programme self-assessment audits continued to be collected by both nursing staff and Patient Experience and Involvement Panel (PEIP) members using Real Time Experience (RaTE) software.

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

The audit results may be filtered and analysed against nursing standards and CQC domains. During March 2017, thirteen of the ward areas that contributed to the audit achieved greater

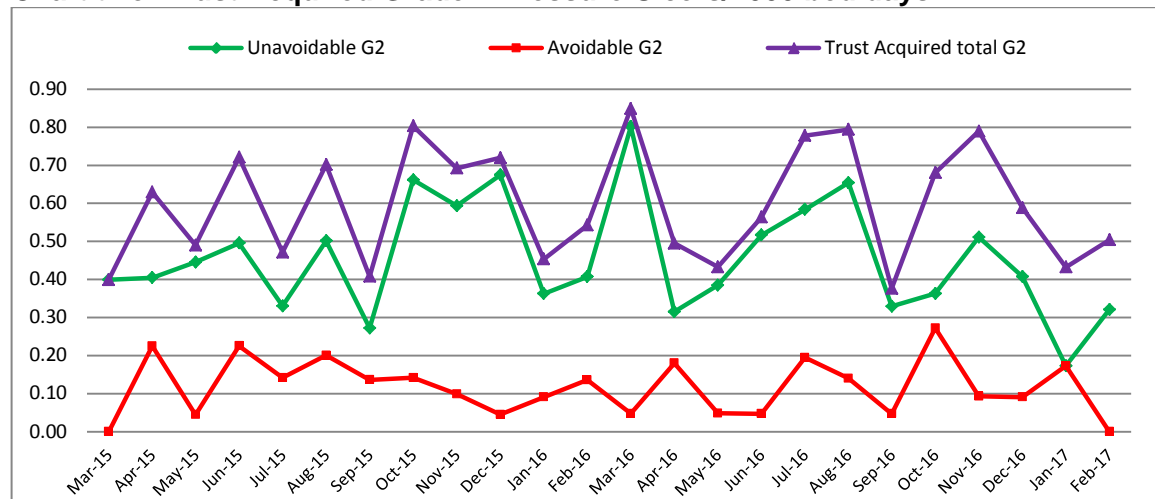
than 90% compliance with an overall score of 90.4%. Eleven ward areas that contributed to the audit achieved greater than 90% against patient experience indicators.

Section Four: A Safe Organisation

8. Pressure Ulcers

Chart two below shows the number of grade two pressure ulcers per 1000 bed days that were recorded as having developed in service since March 2015 up to February 2017. In March 2017 we recorded one avoidable and one unavoidable in service grade two pressure ulcers.

Chart two: Trust Acquired Grade 2 Pressure Ulcers/1000 bed days



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

The table below indicates the skin damage incident reported in March that is being managed through this process. There was one grade four pressure ulcer reported, declared to be unavoidable and complicated by SCALE (skin changes at life's end).

Table One: Skin damage reported in March 2017 not reported as Serious Incident

Skin Damage/Location/ injury	Rationale for not reporting
Elbow (Grade 4) Ward 10 PRH	Frail/deteriorating health, poor compliance and elements of SCALE contributed to outcome. Tissue Viability Nurse confirmed with Patient Safety Team that this was unavoidable. HRCR draft complete.

9. Patient Falls

Chart three below shows all falls reported in the Trust per 1000 bed days. The chart shows that our reporting is below the national benchmark and reduced further in February 2017.

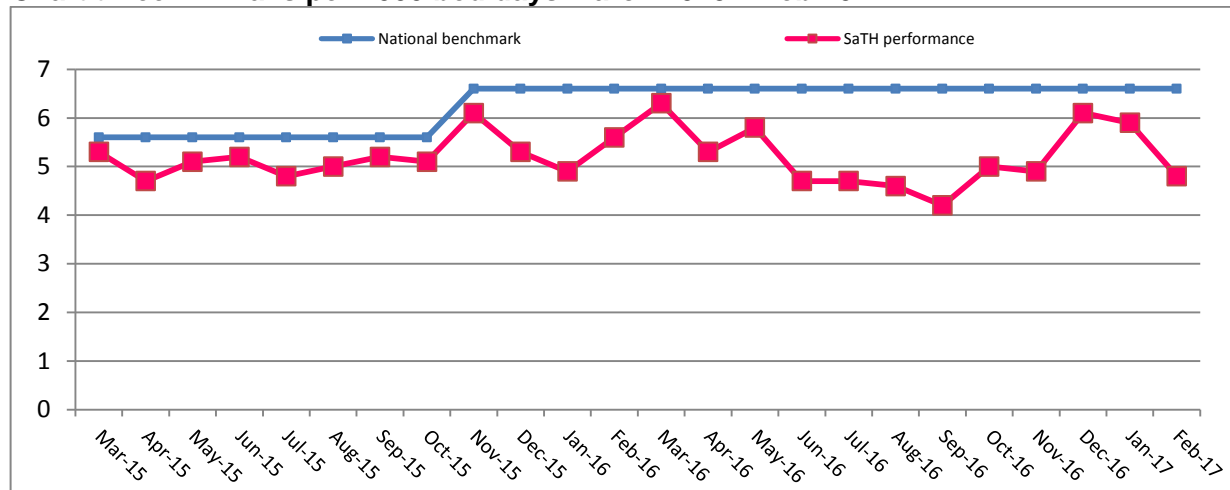
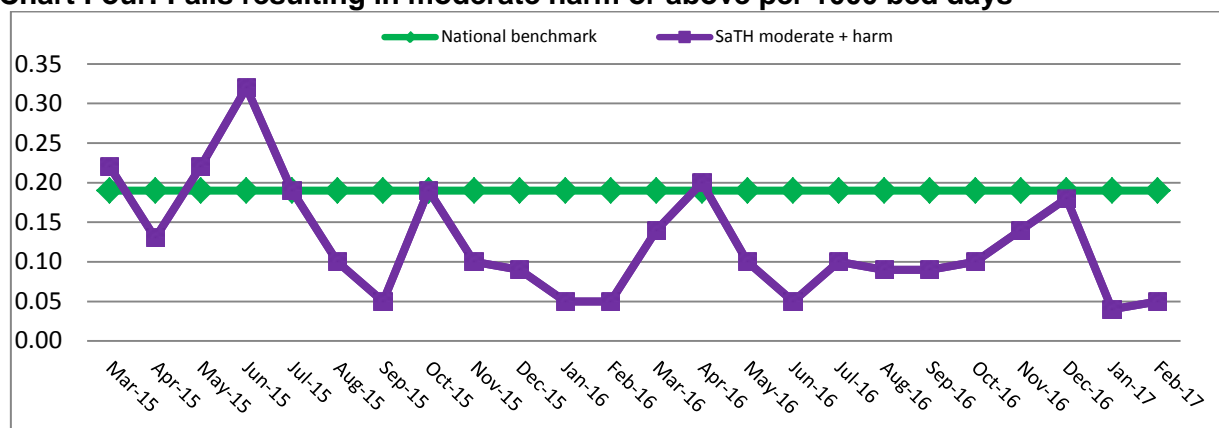
Chart three: All Falls per 1000 bed days March 2015 – Feb 2017

Chart four shows the rate of patient falls resulting in moderate harm or above per 1000 bed days and again shows that we are below the national benchmark in relation to falls resulting in more serious harm.

Chart Four: Falls resulting in moderate harm or above per 1000 bed days

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

Table two: Patient fall reported in March 2017 not reported as Serious Incident

Falls/Location/ injury	Rationale for not reporting
Fractured pubic rami (Ward 22SR)	All appropriate assessments were in place. All relevant interventions had been implemented. Moderate harm event, patient was able to continue to mobilise, did not require surgical intervention and was discharged three days later

10. Serious Incidents reported in month

There was one serious incident reported in March 2017 relating to a delayed diagnosis. This incident is currently being investigated.

11. Safeguarding Vulnerable Adults

In March 2017 there were ten safeguarding concerns raised involving the Trust – three by other care providers relating to potential deficits in care provided by the Trust and seven by the Trust relating to outside agencies. Of the ten cases, five have now been closed.

The Committee will recall that in February 2017 it was reported that a safeguarding concern raised by a community provider relating to the discharge of a patient was subject to an external investigation by the Local Authority. The external report has been received by the Trust and demonstrates that all the care that the Trust provided was appropriate, timely and correct. The report noted that there was no evidence of neglect on the part of the Trust and that the patient's discharge from hospital had been well planned in collaboration with them and their family. The Local Authority has now confirmed that this incident will not be subject to an investigation under Section 42 of the Care Act 2014.

12. Safeguarding Children and Young People

There was one referral made by the Trust to the local authority safeguarding team in March relating to a child. The outcome of their investigation is awaited.

13. Deprivation of Liberty Safeguards (DOLS)

In March we applied for five DOLS authorisations of which three were not approved. Those patients have now been discharged from hospital.

Section Five: A Listening Organisation

14. Friends and Family Test (FFT).

The overall percentage of respondents who are extremely likely or likely to recommend our services has remained at a high rate of 96.6% for March 2017. The same percentage for A&E was 95.8% and inpatients was 97.7% - both of which were very slightly lower figures than February 2016.

The overall response rate has improved for the third consecutive month reaching 23.8%, due to increased efforts. Individually the A&E response rate increased from 29.2% to 31.7% and inpatients from 16.2% to 17.2%. There was however a slight decline in the response rate for maternity births from 8.8% to 8.1%.

15. Complaints and Patient Advice and Liaison Service (PALS).

In March we have continued to see higher numbers of complaints, linked to a change in process to the way complaints and PALS are triaged and higher activity over the winter months. All complaints and learning from complaints are monitored through the Care Group governance meetings.

16. Quality Account 2016-2017

We are continuing to prepare our 2016-2017 Quality Account in line with the NHS (Quality Accounts) regulations. As reported to the Committee in March, we held a stakeholder event to discuss which priorities we should identify for the coming year. The following priorities have been suggested and are being further developed at present:

Priority one: Making sure that people are safely discharged from our hospitals

We know that leaving hospital after a period of ill health, whilst a happy time can also be a period of anxiety for patients, their families and their carers. We need to make sure that when we discharge people from our services we do so in a way that means that they are confident they have everything they need to continue their treatment or recovery.

We will make sure that we prepare people correctly before they go home – for example teaching them about new medication or ensuring that they can dress themselves or make a cup of tea safely

What will success look like?

- Patients will know what their expected date of discharge is so that they and their families have time to plan for them going home
- We will routinely use the principles of “Red to Green” to ensure that we do not keep people waiting to go home unnecessarily
- We will make sure that everything they need is ready for them, including medication, information and equipment
- Where necessary we will speak to other providers (such as district nurses) who may be supporting people at home to make sure that they are ready
- We will reduce the number of complaints that we get about discharge processes.
- Less people will come back into hospital because something went wrong with the discharge process

Priority two: Making it possible for people to tell us their stories to help us improve their care

We have used feedback in the form of patient stories for some time at our Trust Board meetings. We think that we can do more to capture the views of people or their families that have used our services, not only when things have gone well but where they think their feedback will show us where we can improve.

What will success look like?

- We will have a variety of methods to capture patient stories – for example by video, in person, in writing and through feedback to our partners.
- We will make sure that if someone wishes to provide feedback we will work with them to do this in the best way for them
- We will ensure that if a patient story is presented to a group of people such as the Trust Board that we will show how we have made changes or have actions to carry out as a result of that feedback so that we can really demonstrate a difference that the feedback has made
- We will work with a variety of other groups such as Healthwatch or the Young Health Champions to make sure that people who sometimes do not get their voices heard are able to do so

Priority three: Implementation of the Values Based Leadership and Cultural Development plan in the Women’s and Children’s Care Group

The Women and Children’s Care Group have developed a plan to embed Values-Based leadership and further develop the culture of continuous learning that already exists.

The plan focuses on organisational support to develop the Care Group Vision and Strategy, understand how the Trust values come to life, provide the opportunity for self-reflection and support development with specific interventions from this.

What will success look like?

- We will use staff feedback (such as the NHS staff survey, drop in sessions and through relationships with their representatives) to show where we need to improve to provide a better experience for our staff and to measure improvement.
- We will help and support our staff to make changes where they need to.
- We will further develop our learning culture by ensuring that our staff will be supported and trained appropriately

We await the report from the CQC following their visit in December in order to identify further priorities for the Quality Account.

17. External Reviews

The West Midlands Quality Review Service (WMQRS) visited theatres during February. The final report of the visit is awaited.

Section six: Recommendations for the Committee

18. The Quality and Safety Committee is asked to:

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

SUSTAINABILITY COMMITTEE – 25TH April 2017

FINANCE REPORT – MONTH 12

1. Income & Expenditure position

The financial position of the Trust at the end of month 12 is presented in the table below:

	Financial Plan	April–March Actual	Variance
	£000s	£000s	£000s
Income (excl STF)	331,486	338,080	6,594
Pay	(225,302)	(234,620)	(9,318)
Non-Pay and Reserves	(107,261)	(105,787)	1,474
Total expenditure	(332,563)	(340,407)	(7,844)
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STF adjustment	10,500	9,843	(657)
Surplus/(deficit) post STF	(5,900)	(6,555)	(655)

At the end of the 2016/17 financial year the Trust delivered its control total as set by NHSI to deliver a deficit of £16.400 million and actually recorded a deficit of £16.398 million, an underspend of £0.002 million. The 4% overspend in pay, is mainly attributable to the non-delivery of CIP schemes, along with expenditure associated with increased activity levels.

2. Trust Capital Programme

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

The Shrewsbury and Telford Hospital NHS Trust								
2016/17 Capital Programme Update as at Month 12 (March 2017)								
Scheme	2016/17 Capital Budget	2016/17 Spend to date	Expenditure committed - ordered	Total expenditure/ committed to date	Expenditure committed - to be ordered	Scheme yet to be identified	Forecast Outturn	Variance under/ (over) spend
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Outstanding Commitments from 2015/16	200	200	0	200	0	0	200	0
Capital to Revenue Transfer	1,398	1,416	0	1,416	0	0	1,416	-19
ENABLING WORKS FOR 3RD LINAC	346	344	0	344	0	0	344	2
RSH MLU/PAU - P2 FCHS	100	0	0	0	0	0	0	100
Contingency Fund - Estates	250	263	0	263	0	0	263	-13
Contingency Fund - Medical Equipment	200	258	0	258	0	0	258	-58
Contingency Fund - IT Equipment	143	160	0	160	0	0	160	-17
Contingency Fund - Non-Patient Connected Equipment	75	87	0	87	0	0	87	-12
Contingency Fund - VitalPac	50	48	0	48	0	0	48	2
Total Delegated Contingency Funds	718	815	0	815	0	0	815	-97
Capitalisation of Expenditure	2,198	2,194	0	2,194	0	0	2,194	4
Capital Salaries	645	641	0	641	0	0	641	4
Contingency Fund - Corporate	1,848	1,821	0	1,821	0	0	1,821	27
Total Capital Contingencies/Capitalisation of Salaries	5,409	5,471	0	5,471	0	0	5,471	-62
Agreed Schemes 2016/2017								
IT COMPUTER ROOM INFRASTRUCTURE	430	428	0	428	0	0	428	2
PRH STATUTORY	0	0	0	0	0	0	0	0
PRH MECHANICAL & ELECTRICAL	63	0	0	0	0	0	0	63
RSH STATUTORY	100	25	0	25	0	0	25	75
FIRE PHASE 3	433	429	0	429	0	0	429	4
RSH ITU AHU REPLACEMENT	0	0	0	0	0	0	0	0
RSH PHARMACY AHU ASEPTIC	0	1	0	1	0	0	1	-1
RSH WARD 31/32/EPAS & FERTILITY	2	2	0	2	0	0	2	0
RSH PATHOLOGY SWITCHGEAR	2	1	0	1	0	0	1	0
RSH AIR HANDLING DUCTING	0	0	0	0	0	0	0	0
RSH PLANT ROOM PIPEWORK	0	0	0	0	0	0	0	0
RSH ELECTRICAL	0	0	0	0	0	0	0	0
ESTATES CONDITION ASSESSMENTS STILL REQUIRED	186	185	0	185	0	0	185	1
OPHTHALMOLOGY MOVE INTO COPTHORNE BUILDING	596	657	0	657	0	0	657	-61
RSH MATERNITY	179	182	0	182	0	0	182	-3
PRIORITY ESTATES SCHEMES YET TO BE IDENTIFIED (ref CPG)	0	0	0	0	0	0	0	0
FUEL TANKS	59	59	0	59	0	0	59	0
NURSE CALL HANDSETS	28	25	0	25	0	0	25	3
ROOFING	4	4	0	4	0	0	4	0
EXTERNAL WORKS	3	0	0	0	0	0	0	3
FLOORING	7	8	0	8	0	0	8	-1
QUEENSWAY BMS SYSTEM	24	27	0	27	0	0	27	-3
MEDICAL GAS BOTTLE STORAGE	8	10	0	10	0	0	10	-2
PRH FRACTURE CLINIC UPGRADE	22	22	0	22	0	0	22	0
BATHROOMS	101	106	0	106	0	0	106	-5
HSE COMPLIANCE	111	149	0	149	0	0	149	-38
DUCTS PHASE 1	211	224	0	224	0	0	224	-13
RP1 ASBESTOS	149	154	0	154	0	0	154	-4
RP1 LIFTS	78	78	0	78	0	0	78	0
MICAD - Compliance	179	246	0	246	0	0	246	-67
RESET	29	29	0	29	0	0	29	0
ELECTRICAL TESTING	80	62	0	62	0	0	62	18
PUMPING STATION BMS panel refurbishment RSH & 2 pu	50	39	0	39	0	0	39	11
RSH CALORIFIERS PLATES	163	78	0	78	0	0	78	85
Endoscopy Washer Software Upgrade	30	8	0	8	0	0	8	22
PRH DUODENOSCOPES	71	71	0	71	0	0	71	0
RSH DUODENOSCOPES	71	71	0	71	0	0	71	0
PRH COLONOSCOPES/GASTROSCOPES	39	38	0	38	0	0	38	1
RSH FERTILITY CABINET	15	15	0	15	0	0	15	0
RSH/PRH RENAL DIALYSIS MACHINES	131	131	0	131	0	0	131	0
PRH THEATRE STACK SYSTEMS & POWER TOOLS	140	140	0	140	0	0	140	0
RSH/PRH OPERATING MICROSCOPES	90	91	0	91	0	0	91	0
OCT x 2	140	141	0	141	0	0	141	-1
ARGON DIATHERMY PRH ENDOSCOPY	30	29	0	29	0	0	29	1
P1 MEDICAL EQUIPMENT - yet to be identified	57	41	0	41	0	0	41	16
PRH MATY COSY THERM	9	9	0	9	0	0	9	0
Charitable Contribution ref 2015/16 Capital Programm	0	0	0	0	0	0	0	0
SERVERS	476	495	0	495	0	0	495	-19
SWITCHES (NETWORKING)	317	321	0	321	0	0	321	-4
COMPUTERS	0	0	0	0	0	0	0	0
Total Capital Schemes	12,368	12,266	0	12,266	0	0	12,266	102
Overcommitted/Unallocated	-100	0	0	0	0	0	0	-100
Total	12,268	12,266	0	12,266	0	0	12,266	2

The Capital Resource Limit (CRL) for 2016/17 was set at:

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

The capital expenditure against the Trust's CRL for 2016/17 was £12.266 million, an underspend of £0.002 million.

3. Trust cash position

The Trust cash balance at the end of 2016/17 was higher than expected at £5.625 million due to receipt of STF income relating to finance element for Q3 being received in addition to loan already received 'in lieu' of this income. Repayment of the loan relating to this will be made in April 2017. In addition cash of £2.000 million was received from Shropshire CCG, which the Trust had been prudent in not assuming. The Trust's External Financing Limit (EFL) will be adjusted to reflect these receipts.

The Trust capital creditors have grown by nearly £5.500 million during 2016/17 and these creditors will become due in the early months of 2017/18. This has been factored into the cash model below. It is therefore necessary that expenditure is controlled to ensure that cash is available to pay our creditors.

For 2017/18, the Trust is forecasting a deficit of £6.063 million (after support from STF funding) – the Trust will require support for this deficit via a Department of Health loan. The Trust has access to Uncommitted Single Currency Interim Revenue Support however, the Trust has been informed that access to revenue financing will be subject to increased challenge and scrutiny and will only be provided in exceptional circumstances with additional information being required eg. aged creditors/debtors, liquidity days, creditors beyond payment terms and suppliers threatening to put accounts on stop. Therefore no cash support is assumed in the below cash model.

The cash model is presented in the table below.

	Actual March Month
	£000's
Balance B/fwd	6,389
INCOME	
Income I&E	29,532
Income - Total Balance Sheet Movements	0
Total Income Cashflow	29,532
Revolving Working Capital - I&E Deficit	2,243
Revolving Working Capital - STF	5,250
Receipt of Permanent PDC	0
NTDA Support	1,969
Total Income Cashflow (inc loan)	38,994
PAY	
Pay I&E	(20,154)
Pay - Total Balance Sheet Movements	(4,527)
Total Pay Cashflow	(24,682)
NON PAY	
Non Pay I&E	(12,568)
Non Pay - Total Balance Sheet Movements	0
Total Non Pay Cashflow	(12,568)
Finance Costs	
Finance Costs I&E	(2,165)
Finance Costs - Total Balance Sheet Movements	0
Total Finance Costs Cashflow	(2,165)
Capital	
Capital Expenditure	(7,003)
Capital - Total Balance Sheet Movements	6,659
Total Capital Cashflow	(344)
Repayment of RWC - on receipt of STF	0
PDC Revenue	
Total Cashflow	(765)
Balance C/fwd	5,625

Forecast April Month	Forecast May Month	Forecast June Month	Forecast July Month	Forecast August Month	Forecast September Month	Forecast October Month	Forecast November Month	Forecast December Month	Forecast January Month	Forecast February Month	Forecast March Month	Total To Date And Forecast
£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
5,625	2,845	364	(1,727)	(971)	897	(3,483)	(2,728)	(2,490)	(4,581)	(3,826)	(2,135)	5,625
28,002	30,848	28,002	30,848	31,961	28,002	30,848	30,330	28,002	30,848	30,330	28,700	356,719
3,282	0	0	0	0	0	0	0	0	0	0	0	3,282
31,284	30,848	28,002	30,848	31,961	28,002	30,848	30,330	28,002	30,848	30,330	28,700	360,001
0	0		0	0		0	0		0	0		0
												0
0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0
31,284	30,848	28,002	30,848	31,961	28,002	30,848	30,330	28,002	30,848	30,330	28,700	360,001
(19,890)	(19,890)	(19,890)	(19,890)	(19,890)	(19,890)	(19,890)	(19,890)	(19,890)	(19,890)	(19,890)	(19,890)	(238,682)
4,527	0	0	0	0	0	0	0	0	0	0	0	0
(15,363)	(19,890)	(19,890)	(19,890)	(19,890)	(19,890)	(19,890)	(19,890)	(19,890)	(19,890)	(19,890)	(19,890)	(238,682)
(9,728)	(9,372)	(9,372)	(9,372)	(9,372)	(9,372)	(9,372)	(9,372)	(9,372)	(9,372)	(7,919)	(7,919)	(109,911)
	0	0	0	0	0	0	0	0	0	0	0	0
(9,728)	(9,372)	(9,372)	(9,372)	(9,372)	(9,372)	(9,372)	(9,372)	(9,372)	(9,372)	(7,919)	(7,919)	(109,911)
2	2	2	2	2	(2,287)	2	2	2	2	2	(2,287)	(4,553)
0	0	0	0	0	0	0	0	0	0	0	0	0
2	2	2	2	2	(2,287)	2	2	2	2	2	(2,287)	(4,553)
(833)	(833)	(833)	(833)	(833)	(833)	(833)	(833)	(833)	(833)	(833)	(833)	(9,993)
(2,236)	(3,236)	0	0	0	0	0	0	0	0	0	0	(5,471)
(3,068)	(4,068)	(833)	(833)	(833)	(833)	(833)	(833)	(833)	(833)	(833)	(833)	(15,463)
(5,907)							0					0
0												0
(2,780)	(2,480)	(2,091)	755	1,868	(4,380)	755	238	(2,091)	755	1,691	(2,229)	(9,988)
2,845	364	(1,727)	(971)	897	(3,483)	(2,728)	(2,490)	(4,581)	(3,826)	(2,135)	(4,363)	(4,363)

Income Position

Activity Assessment
Month

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15/16 Plan	Actual																
	Apr	May	Jun	Average Per Month Apr-Jun	Jul	Aug	Sep	Average Per Month Jul-Sep	Oct	Nov	Dec	Average Per Month Oct-Dec	Jan	Feb	Mar	Average Jan-Mar	Annual
A&E	8,703	9,523	9,143	9,123	9,729	9,058	9,025	9,271	9,352	8,724	8,616	8,897	8,357	7,996	9,284	8,546	107,510
Outpatient Attendances	35,444	35,987	37,404	36,278	34,449	37,056	38,043	36,516	36,417	39,050	31,059	35,509	37,037	34,587	39,537	37,054	436,070
Elective Daycases	3,814	3,577	3,874	3,755	3,811	3,919	3,895	3,875	3,751	3,895	3,576	3,741	3,742	3,693	4,525	3,987	46,072
Elective Inpatient Spells	490	493	558	514	525	484	505	505	498	551	489	513	390	424	555	456	5,962
Emergency Spells	3,993	4,125	4,158	4,092	4,159	3,974	4,099	4,077	4,057	4,207	4,310	4,191	4,149	3,860	4,526	4,178	49,617
Maternity/Non Elective Other Spells	606	697	631	645	666	646	677	663	712	689	648	683	669	646	794	703	8,081

Elective Day Case

	Apr	May	Jun	Average Per Month Apr-Jun	Jul	Aug	Sep	Average Per Month Jul-Sep	Oct	Nov	Dec	Average Per Month Oct-Dec	Jan	Feb	Mar	Average Jan-Mar	Annual
16/17 Plan	3,600	3,500	3,860	3,653	3,974	3,430	3,709	3,704	3,805	3,692	3,593	3,697	3,491	3,580	3,570	3,547	43,803
Actual	3,814	3,577	3,874	3,755	3,811	3,919	3,895	3,875	3,751	3,895	3,576	3,741	3,742	3,693	4,525	3,987	46,072
Variance	214	77	14	102	(153)	489	186	171	(54)	203	(17)	44	251	113	955	440	
15/16	3,479	3,354	3,584	3,472	3,869	3,336	3,625	3,610	3,658	3,618	3,585	3,620	3,512	3,513	3,658	3,561	42,791
14/15	3,391	3,370	3,488	3,416	3,640	3,337	3,526	3,501	3,498	3,311	3,146	3,318	3,137	3,051	3,732	3,307	40,627

Elective Inpatient

	Apr	May	Jun	Average Per Month Apr-Jun	Jul	Aug	Sep	Average Per Month Jul-Sep	Oct	Nov	Dec	Average Per Month Oct-Dec	Jan	Feb	Mar	Average Jan-Mar	Annual
16/17 Plan	515	536	563	538	617	562	550	576	602	569	509	560	509	519	527	518	6,578
Actual	490	493	558	514	525	484	505	505	498	551	489	513	390	424	555	456	5,962
Variance	(25)	(43)	(5)	(24)	(92)	(78)	(45)	(72)	(104)	(18)	(20)	(47)	(119)	(95)	28	(62)	
15/16	551	528	564	548	605	571	536	571	601	526	509	545	524	481	497	501	6,493
14/15	581	616	590	596	646	575	571	597	609	603	502	571	465	515	531	504	6,804

Non Elective

	Apr	May	Jun	Average Per Month Apr-Jun	Jul	Aug	Sep	Average Per Month Jul-Sep	Oct	Nov	Dec	Average Per Month Oct-Dec	Jan	Feb	Mar	Average Jan-Mar	Annual
16/17 Plan	3,977	4,045	4,003	4,008	4,139	3,795	4,026	3,987	4,350	4,352	4,419	4,374	4,231	4,129	4,338	4,232	49,803
Actual	3,993	4,125	4,158	4,092	4,159	3,974	4,099	4,077	4,057	4,207	4,310	4,191	4,149	3,860	4,526	4,178	49,617
Variance	16	80	155	84	20	179	73	91	(293)	(145)	(109)	(162)	(62)	(269)	188	(54)	
15/16	3,931	3,998	3,957	3,962	4,091	3,751	3,980	3,941	4,300	4,302	4,368	4,323	4,182	4,081	4,288	4,184	49,229
14/15	3,947	4,091	3,879	3,972	4,093	3,545	3,792	3,810	4,024	3,871	4,202	4,032	3,891	3,656	4,160	3,902	47,151

Maternity/Non Elective Other

	Apr	May	Jun	Average Per Month Apr-Jun	Jul	Aug	Sep	Average Per Month Jul-Sep	Oct	Nov	Dec	Average Per Month Oct-Dec	Jan	Feb	Mar	Average Jan-Mar	Annual
16/17 Plan	632	630	598	620	664	626	658	650	715	633	609	653	651	660	634	649	7,713
Actual	606	697	631	645	666	646	677	663	712	689	648	683	669	646	794	703	8,081
Variance	(26)	67	33	24	2	20	19	13	(3)	56	39	30	18	(14)	160	54	
15/16	631	629	597	619	663	625	657	648	714	632	608	651	650	659	633	647	7,698
14/15	593	601	601	598	613	605	671	630	624	561	604	596	570	493	607	557	7,143

Outpatients

	Apr	May	Jun	Average Per Month Apr-Jun	Jul	Aug	Sep	Average Per Month Jul-Sep	Oct	Nov	Dec	Average Per Month Oct-Dec	Jan	Feb	Mar	Average Jan-Mar	Annual
16/17 Plan	35,828	33,233	39,637	36,233	37,164	32,907	38,104	36,058	37,600	38,465	34,226	36,764	35,662	35,920	36,563	36,048	435,312
Actual	35,444	35,987	37,404	36,278	34,449	37,056	38,043	36,516	36,417	39,050	31,059	35,509	37,037	34,587	39,537	37,054	436,070
Variance	(384)	2,754	(2,233)	45	(2,715)	4,149	(61)	458	(1,183)	585	(3,167)	(1,255)	1,375	(1,333)	2,974	1,005	
15/16	33,528	31,339	37,702	34,190	35,376	31,977	36,501	34,618	35,680	36,293	32,299	34,757	33,557	33,831	34,304	33,897	412,387
14/15	32,708	32,634	35,016	33,453	36,839	30,320	35,548	34,236	35,814	33,549	30,576	33,313	32,859	30,892	35,051	32,934	401,806

A&E

	Apr	May	Jun	Average Per Month Apr-Jun	Jul	Aug	Sep	Average Per Month Jul-Sep	Oct	Nov	Dec	Average Per Month Oct-Dec	Jan	Feb	Mar	Average Jan-Mar	Annual
16/17 Plan	9,234	9,247	9,343	9,275	9,341	9,135	9,825	9,100	9,013	8,832	8,613	8,820	9,001	8,742	9,505	9,082	108,831
Actual	8,703	9,523	9,143	9,123	9,729	9,058	9,025	9,271	9,352	8,724	8,616	8,897	8,357	7,996	9,284	8,546	107,510
Variance	(531)	276	(200)	(152)	388	(77)	200	170	339	(108)	3	78	(644)	(746)	(221)	(537)	
15/16	9,410	9,268	9,339	9,339	9,253	9,094	8,731	9,026	8,892	8,616	8,397	8,635	8,828	8,652	9,466	8,982	107,946
14/15	9,246	9,642	9,779	9,556	9,983	9,069	9,217	9,423	9,157	8,714	8,822	8,898	8,277	7,856	9,598	8,577	109,360

Pay & WTE

	July- Sep-14	Oct- Dec-14	Jan – Mar 15	Apr- Jun-15	July – Sep-15	Oct – Dec-15	Jan – Mar-16	Apr- Jun-16	Jul-16 £000's	Aug-16 £000's	Sep-16 £000's	Oct-16 £000's	Nov-16 £000's	Dec-16 £000's	Jan-17 £000's	Feb-17 £000's	Mar-17 £000's
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's									
Consultants	3,030	3,043	3,079	3,140	3,282	3,179	3,218	3,361	3,380	3,494	3,454	3,447	3,640	3,422	3,415	3,416	3,358
Medical Staffing	2,180	2,238	2,100	2,207	2,235	2,423	2,268	2,133	2,173	2,308	2,208	2,224	2,266	2,234	2,234	2,213	2,133
Nursing	7,062	7,314	7,473	7,451	7,413	7,591	7,619	7,649	7,441	7,589	7,712	7,667	7,750	7,666	8,083	7,973	8,010
Other Clinical	2,330	2	2,346	2,415	2,421	2,472	2,477	2,581	2,583	2,582	2,596	2,546	2,570	2,567	2,592	2,580	2,609
Non Clinical	3,207	3,292	3,269	3,393	3,404	3,449	3,492	3,573	3,585	3,599	3,619	3,555	3,643	3,610	3,452	3,577	3,622
Actual Pay Spend £	17,808	18,221	18,267	18,606	18,755	19,115	19,074	19,296	19,162	19,572	19,589	19,438	19,869	19,498	19,776	19,758	19,732
Consultants	234	236	242	238	243	253	240	246	243	247	252	248	254	247	246	246	254
Medical Staffing	353	358	362	358	358	368	349	340	350	363	356	355	357	358	368	358	358
Nursing	2,227	2,320	2,368	2,322	2,330	2,382	2,416	2,355	2,350	2,353	2,369	2,385	2,404	2,382	2,408	2,399	2,429
Other Clinical	753	754	769	761	775	791	795	793	800	804	809	805	807	810	812	809	811
Non Clinical	1,447	1,478	1,473	1,479	1,502	1,515	1,526	1,533	1,552	1,542	1,549	1,544	1,561	1,544	1,538	1,540	1,545
Actual Pay wte	5,014	5,145	5,215	5,158	5,208	5,291	5,327	5,267	5,294	5,310	5,335	5,337	5,384	5,341	5,373	5,353	5,397

Agency Usage

	Average Oct-Dec 2014 £000's	Average Jan-Mar 2015 £000's	Average Apr-Jun 2015 £000's	Average Jul-Sep 2015 £000's	Average Oct-Nov 2015 £000's	Average Jan-Mar 2016 £000's	Average Apr-Jun 2016 £000's	Jul 2016 £000s	Aug 2016 £000s	Sep 2016 £000s	Oct 2016 £000s	Nov 2016 £000s	Dec 2016 £000s	Jan 2017 £000s	Feb 2017 £000s	Mar 2017 £000s
Consultants	167	172	120	182	150	217	212	277	288	293	319	224	226	260	246	260
Medical Staff	270	236	285	379	557	478	282	330	376	215	311	298	317	276	241	277
Nursing	731	781	671	705	667	527	508	452	533	563	530	536	634	866	855	1010
Other Clinical	17	22	43	35	52	52	61	43	62	49	35	30	29	47	40	36
Non clinical	64	83	79	76	79	55	43	45	62	50	8	20	22	-3	4	3
Total Agency Staff Spending	1,249	1,293	1,198	1,377	1,506	1,329	1,107	1,147	1,321	1,170	1,203	1,109	1,228	1,447	1,386	1,585

	Average Oct-Dec 2014 WTE	Average Jan- Mar 2015 WTE	Average Apr-Jun 2015 WTE	Average Jul-Sep 2015 WTE	Average Oct-Dec 2015 WTE	Average Jan-Mar 2016 WTE	Average Apr-Jun 2016 WTE	Jul 2016 WTE	Aug 2016 WTE	Sep 2016 WTE	Oct 2016 WTE	Nov 2016 WTE	Dec 2016 WTE	Jan 2017 WTE	Feb 2017 WTE	Mar 2017 WTE
Consultants	8.6	8.62	7.04	8.99	7.48	9.5	10.69	12.63	14.33	15.57	15.48	15.25	11.96	12.24	12.74	14.56
Medical Staff	22.88	22.17	21.98	29.53	40.61	37.69	28.28	32.17	38.63	27.86	31.03	28.57	25.76	25.62	25.94	26.44
Nursing	130.11	150.19	124.35	117.72	112.69	101.45	85.98	82.94	94.87	97.92	94.67	95.61	108.20	138.04	136.08	145.73
Other Clinical	2.59	4.04	8.29	7.76	9.62	11.77	9.81	8.06	9.85	9.35	7.01	6.47	6.47	8.87	9.07	7.43
Non Clinical	17.56	22.87	20.94	16.42	12.86	11.49	11.16	11.94	13.68	13.46	6.89	6.20	5.94	2.87	1.93	1.06
Total Agency Staff Spending	181.74	207.88	182.6	180.42	183.25	171.9	145.91	147.74	171.36	164.16	155.08	152.10	158.33	187.64	185.76	195.22

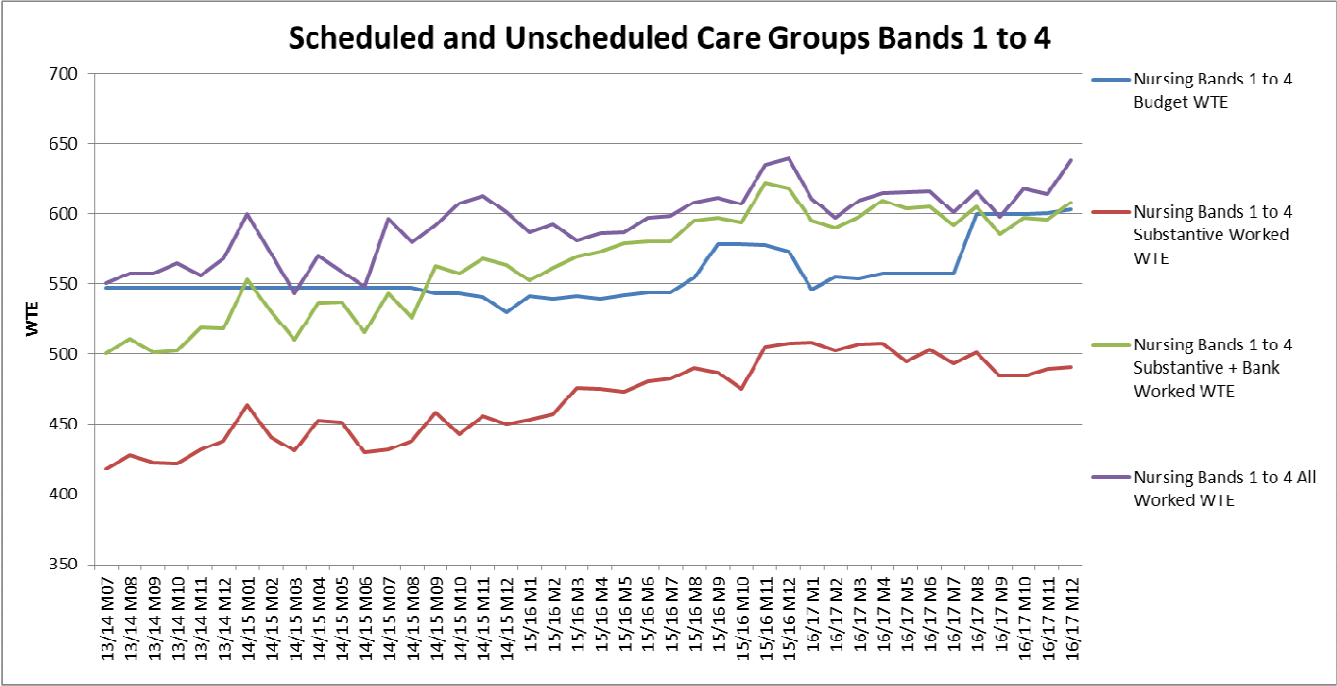
Bank Usage

	Average Oct-Dec 2014 £000's	Average Jan-Mar 2015 £000's	Average Apr-Jun 2015 £000's	Average Jul-Sep 2015 £000's	Average Oct-Dec 2015 £000's	Average Jan-Mar 2016 £000's	Average Apr-Jun 2016 £000's	Jul 2016 £000's	Aug 2016 £000's	Sep 2016 £000's	Oct 2016 £000's	Nov 2016 £000's	Dec 2016 £000's	Jan 2017 £000's	Feb 2017 £000's	Mar 2017 £000's
Nursing	500	546	522	533	625	738	524	540	538	593	580	607	556	620	568	563
Other Clinical	40	36	32	37	38	39	45	52	48	34	26	37	28	17	19	49
Non Clinical	127	129	127	150	130	135	154	174	136	153	122	160	138	102	95	161
Total Bank Staff	667	712	681	720	794	912	723	766	722	780	728	804	723	739	682	774

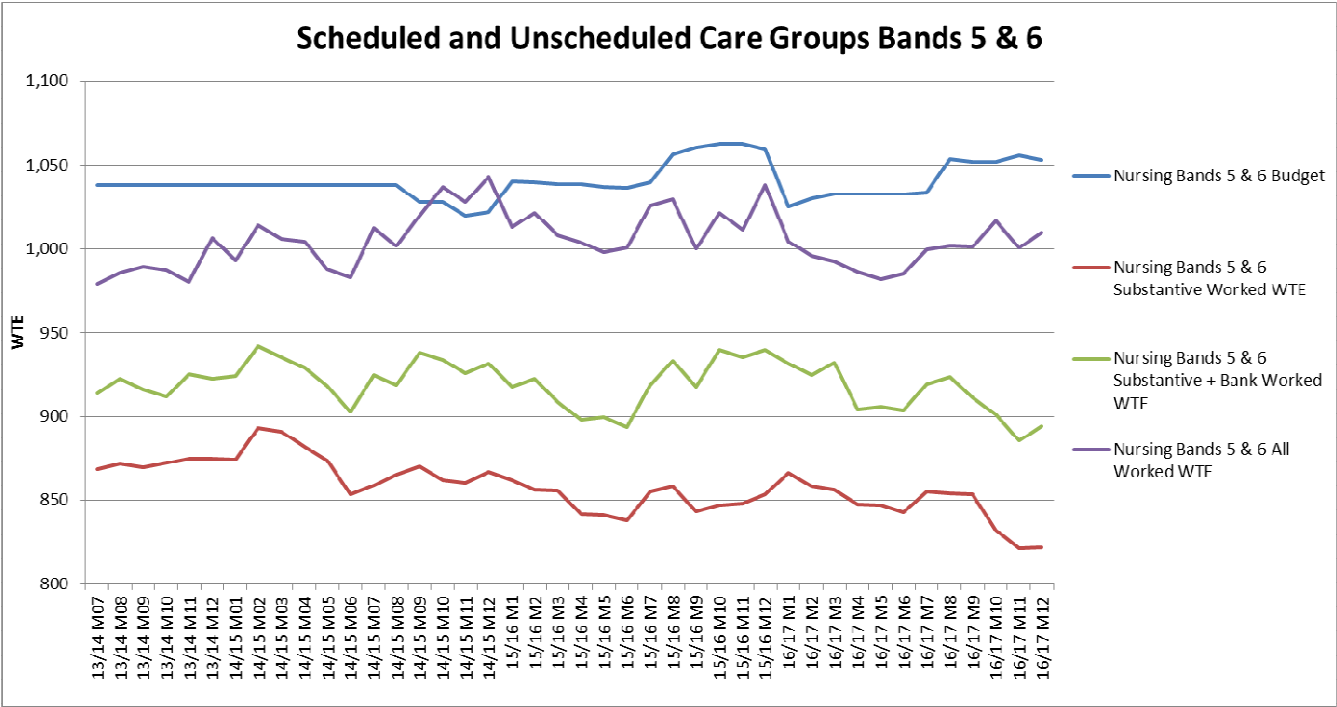
	Average Oct-Dec 2014 WTE	Average Jan - Mar 2015 WTE	Average Apr-Jun 2015 WTE	Average Jul-Sep 2015 WTE	Average Oct-Dec 2015 WTE	Average Jan-Mar 2016 WTE	Average Apr-Jun 2016 WTE	Jul 2016 WTE	Aug 2016 WTE	Sep 2016 WTE	Oct 2016 WTE	Nov 2016 WTE	Dec 2016 WTE	Jan 2017 WTE	Feb 2017 WTE	Mar 2017 WTE
Nursing	185.47	203.56	177.01	177.66	191.66	225.36	167.49	167.49	181.58	184.99	179.54	178.85	192.64	173.91	195.48	208.45
Other Clinical	13.07	10.98	9.51	11.9	11.92	11.73	10.39	10.39	11.75	10.96	12.02	10.85	12.92	10.67	7.78	12.78
Non Clinical	69.81	66.16	60.14	68.75	62.92	70.72	70.60	70.60	81.76	69.15	64.01	58.42	75.44	62.84	50.05	51.19
Total Bank Staff wte	268.35	280.7	246.66	258.31	266.49	307.81	248.48	248.48	275.09	265.1	255.57	248.12	281.00	247.42	253.31	272.42

Nursing spending - Scheduled and Unscheduled Care Groups

Unqualified



Qualified



Service Line Reporting

Centre Summary 1617 Month 11 YTD										
Metrics	Surgical	Oncology	MSK	H&N	Theatre & Critical Care	Medicine	Emergency	Womens & Childrens	Support Services	Total
Income	56,649	33,573	24,355	22,703	7,745	87,881	15,527	51,652	14,413	314,500
Cost										
Direct										
Nursing	(9,051)	(2,733)	(4,085)	(1,407)	(2,809)	(25,838)	(4,827)	(18,630)	(152)	(69,530)
Consultants	(5,343)	(1,836)	(2,074)	(3,495)	(79)	(6,355)	(976)	(4,610)	(15)	(24,783)
Other Clinical	(3,944)	(2,298)	(2,672)	(4,956)	(97)	(7,296)	(3,792)	(6,268)	(449)	(31,772)
Non Clinical	(2,061)	(1,162)	(1,005)	(1,726)	(199)	(2,485)	(502)	(2,539)	(361)	(12,040)
Total Direct Pay Costs	(20,398)	(8,028)	(9,836)	(11,585)	(3,184)	(41,974)	(10,097)	(32,046)	(977)	(138,125)
Drugs	(4,350)	(13,602)	(390)	(2,016)	(281)	(8,098)	(375)	(1,959)	(2)	(31,074)
Supplies	(683)	(590)	(548)	(1,380)	(454)	(4,784)	(537)	(1,987)	(5)	(10,966)
Other Direct Costs	(1,170)	(318)	(244)	(828)	(131)	(2,056)	(267)	(1,751)	(30)	(6,794)
Total Direct Non Pay Costs	(6,202)	(14,510)	(1,182)	(4,224)	(866)	(14,938)	(1,179)	(5,697)	(37)	(48,835)
Direct Cost Total	(26,600)	(22,538)	(11,018)	(15,808)	(4,050)	(56,912)	(11,276)	(37,743)	(1,015)	(186,960)
Indirect										
Blood	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(29)	(0)	(29)
Allied Healthcare Professionals	(997)	(693)	(412)	(926)	(2)	(2,700)	(115)	(525)	(1,185)	(7,555)
Radiology	(2,044)	(467)	(1,281)	(368)	(52)	(2,697)	(1,945)	(357)	(2,274)	(11,487)
Pathology	(1,340)	(637)	(402)	(418)	(99)	(3,339)	(666)	(1,286)	(4,402)	(12,591)
Theatre	(9,683)	(16)	(6,009)	(3,671)	(1,637)	(566)	(6)	(2,509)	(0)	(24,098)
Other Services	(3,276)	(121)	(283)	(812)	(23)	(1,495)	(38)	(552)	(129)	(6,729)
Prosthetics	(83)	(0)	(1,228)	(26)	(0)	(6)	(1)	(19)	(1)	(1,364)
Hotel Services	(1,662)	(682)	(671)	(627)	(138)	(3,251)	(874)	(1,539)	(236)	(9,680)
Pharmacy	(469)	(749)	(158)	(133)	(3)	(1,683)	(53)	(456)	(98)	(3,803)
CNST	(1,634)	(137)	(1,570)	(357)	(0)	(416)	(1,084)	(6,356)	(0)	(11,554)
Total Indirect Costs	(21,188)	(3,502)	(12,015)	(7,339)	(1,955)	(16,153)	(4,782)	(13,627)	(8,326)	(88,888)
Direct/ Indirect Total	(47,788)	(26,040)	(23,033)	(23,148)	(6,005)	(73,066)	(16,058)	(51,371)	(9,341)	(275,848)
Direct Contribution	8,861	7,534	1,322	(444)	1,741	14,816	(531)	282	5,072	38,652
Contribution %	15.64%	22.44%	5.43%	(1.96%)	22.47%	16.86%	(3.42%)	0.55%	35.19%	12.29%
Overheads										
Site Costs	(1,849)	(1,310)	(850)	(1,070)	(217)	(2,874)	(664)	(1,994)	(385)	(11,212)
Corporate Costs	(4,295)	(2,614)	(2,028)	(2,430)	(448)	(7,113)	(1,854)	(5,158)	(1,009)	(26,950)
Overhead Total	(6,144)	(3,924)	(2,878)	(3,500)	(665)	(9,986)	(2,518)	(7,153)	(1,394)	(38,161)
Total Cost	(53,932)	(29,964)	(25,910)	(26,648)	(6,669)	(83,052)	(18,576)	(58,524)	(10,735)	(314,010)
EBITDA	2,717	3,609	(1,555)	(3,944)	1,076	4,829	(3,049)	(6,871)	3,678	490
EBITDA %	4.80%	10.75%	(6.39%)	(17.37%)	13.89%	5.50%	(19.63%)	(13.30%)	25.52%	0.16%
Finance Costs	(3,544)	(2,027)	(1,614)	(1,585)	(462)	(5,457)	(1,098)	(3,541)	(804)	(20,132)
Profit/Loss	(827)	1,583	(3,169)	(5,530)	614	(628)	(4,147)	(10,412)	2,874	(19,641)
Profitability %	(1.46%)	4.71%	(13.01%)	(24.36%)	7.92%	(0.71%)	(26.71%)	(20.16%)	19.94%	(6.25%)
Donated Assets Adjustment										446
Sustainability and Transformation Funding Reserves										9,625
Contract Adjustment										2,705
Trust Surplus/(Deficit) as per Board Paper										(6,865)

Cost Improvement Programme

CIP	Annual Savings Plan £000s	April – March Actual Savings £000s	Variance
Procurement	2000	1624	-376
Unavailability Improvement	1302	0	-1302
Ceased enhanced bank rate	400	0	-400
Waiting list Initiative Payments	214	137	-77
Pharmacy	300	338	38
SCG	860	355	-505
USCG	240	8	-232
Women and Children	950	706	-244
Support Services	200	246	46
Corporate Services	302	912	610
Non clinical temp posts	500	0	-500
Agency Cap	1524	832	-692
Tier 5 Agency Usage	800	0	-800
Scheduled Care Anaesthetic savings	789	339	-450
Non Pay Controls	1000	0	-1000
Finance Costs	1400	1400	0
Original CIP Total	12781	6897	-5884
Non pay controls		488	488
Activity Efficiencies - non pay		600	600
Activity Efficiencies - pay		1400	1400
Contract Negotiation - income		1526	1526
Revised CIP total	12781	10911	-1870

To be noted:

- The revised CIP savings realised at the end of Month 12 amounted to £10.911 million, as compared with a target of £12.781 million.
- The shortfalls are attributed to a number of Pay schemes and shortfalls within Unscheduled Care Group and Scheduled Care Group.

Statement of Financial Position

	March 16 £000	February 17 £000	March 17 £000	Variance to March 16 £000	Variance to February 17 £000
Total Non Current Assets	162,060	159,639	168,660	6,600	9,021
Inventories	7,875	7,788	7,860	(15)	72
Current Trade and Other Receivables	8,829	16,391	13,658	4,829	(2,733)
Cash and Cash Equivalents	1,700	6,451	5,682	3,982	(769)
Total Current Assets	18,404	30,630	27,200	8,796	(3,430)
Current Trade and Other Payables	(22,969)	(31,560)	(26,831)	(3,862)	4,729
PDC dividend Payable accrual	0	(1,790)	0	0	1,790
Interest on Revolving Working Capital Facility	(23)	(30)	(33)	(10)	(3)
Provisions	(561)	(558)	(601)	(40)	(43)
Total Current Liabilities	(23,553)	(33,938)	(27,465)	(3,912)	6,473
Net Current Liabilities	(5,149)	(3,308)	(265)	4,884	3,043
Total Assets less Current Liabilities	156,911	156,331	168,395	11,484	12,064
Revolving Working Capital Support Facility	(12,700)	(17,014)	(24,507)	(11,807)	(7,493)
Provisions	(175)	(90)	(214)	(39)	(124)
Total Assets Employed	144,036	139,227	143,674	(362)	4,447
Financed by Taxpayers' Equity					
Public dividend capital	197,106	199,606	199,606	2,500	0
Retained Earnings	(82,053)	(89,362)	(88,686)	(6,633)	676
Revaluation reserve	28,983	28,983	32,754	3,771	3,771
Total Taxpayers' Equity	144,036	139,227	143,674	(362)	4,447

Reporting to:	Trust Board – 27 April 2017
Title	Nursing & Midwifery Staffing Data
Sponsoring Director	Director of Nursing & Quality
Author(s)	Julie Lloyd/Eleri Mills
Previously considered by	No other forum
Executive Summary	<p>The purpose of this report is to inform the Trust board of the nursing staffing fill rate levels for March 2017</p> <p>Registered nurses/Midwives – Day = 95.2%</p> <p>Care staff – Day = 102.7%</p> <p>Registered nurses/Midwives – Night = 99.2%</p> <p>Care staff – Night = 106%</p> <p>Nurse Sensitive Indicators (number of Serious Incidents (SIs) (by incident date), Falls, Cdiff (post 72 hours), MRSA Bacteraemia and Grade 3 and 4 Pressure Ulcers) are reflected in the Quality Performance Paper received by the Trust board to support them in fulfilling their responsibilities to monitor staffing capacity and capability.</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 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 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 type="checkbox"/> If we do not work with our partners to reduce the number of patients on the Delayed Transfer of Care (DTOC) lists, and streamline our internal processes we will not improve our ‘simple’ discharges. <input checked="" type="checkbox"/> Risk to sustainability of clinical services due to potential shortages of key clinical staff <input type="checkbox"/> If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input type="checkbox"/> If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the

	best services to patients <input type="checkbox"/> If we are unable to resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
Care Quality Commission (CQC) Domains	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led
<input checked="" type="checkbox"/> Receive <input checked="" type="checkbox"/> Review <input type="checkbox"/> Note <input type="checkbox"/> Approve	Recommendation REVIEW and RECEIVE the report