

# Trust Performance Report

Trust Board  
27<sup>th</sup> July 2017



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# Mortality

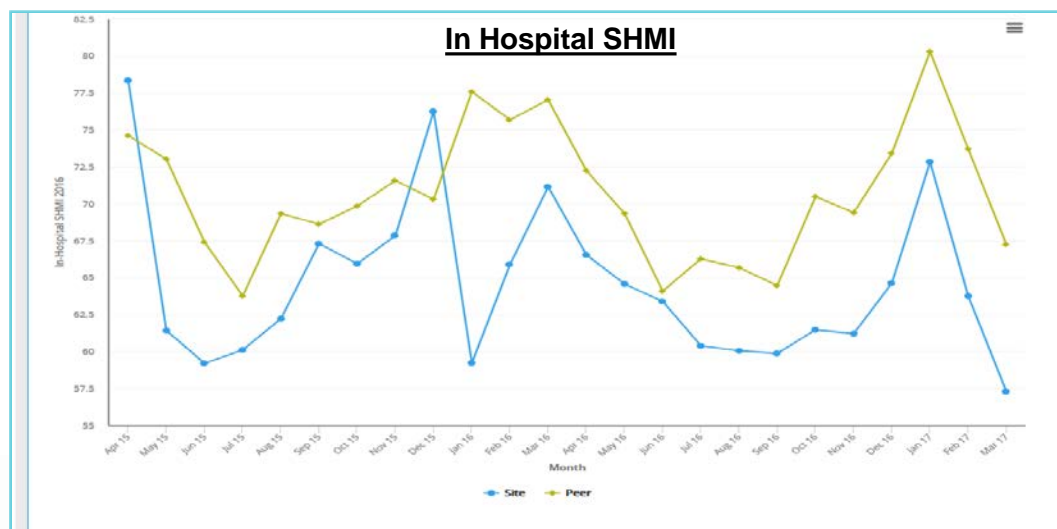
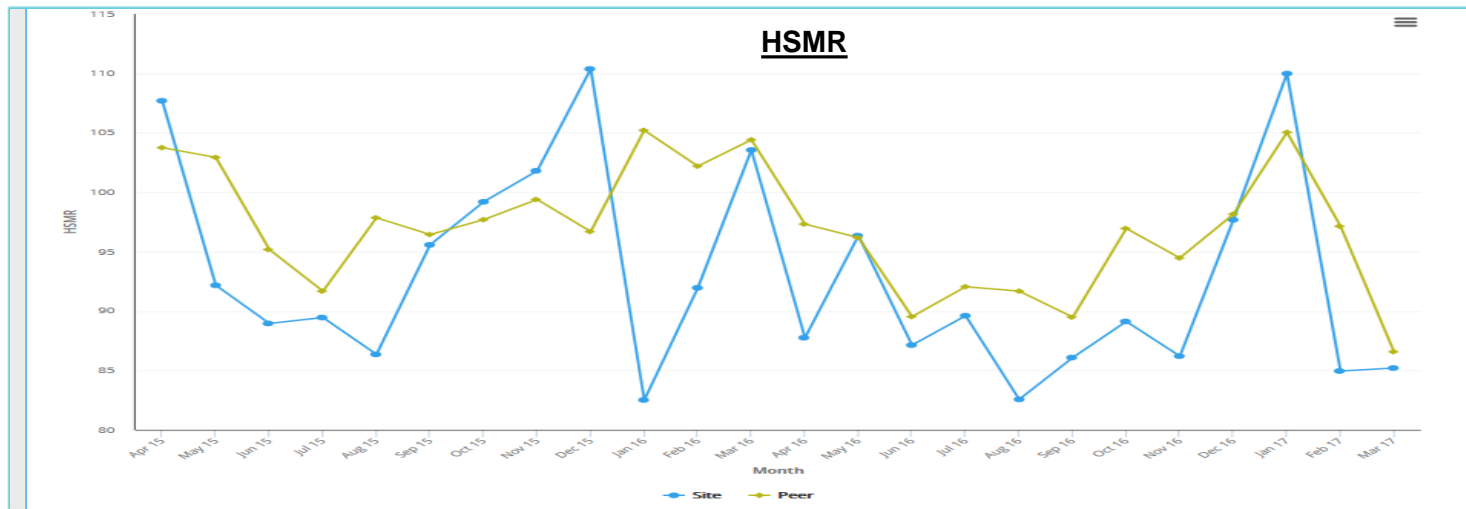


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# Mortality

## HSMR

Trust HSMR performance against the HES peer. The HSMR has been consistently below the HES peer since January 2016. There was a spike over the winter period (January) which has reduced down in February 2017 and sustained into March.



## In Hospital SHMI\*\*

Since December 2015 the In Hospital SHMI has been consistently below the HES Peer.

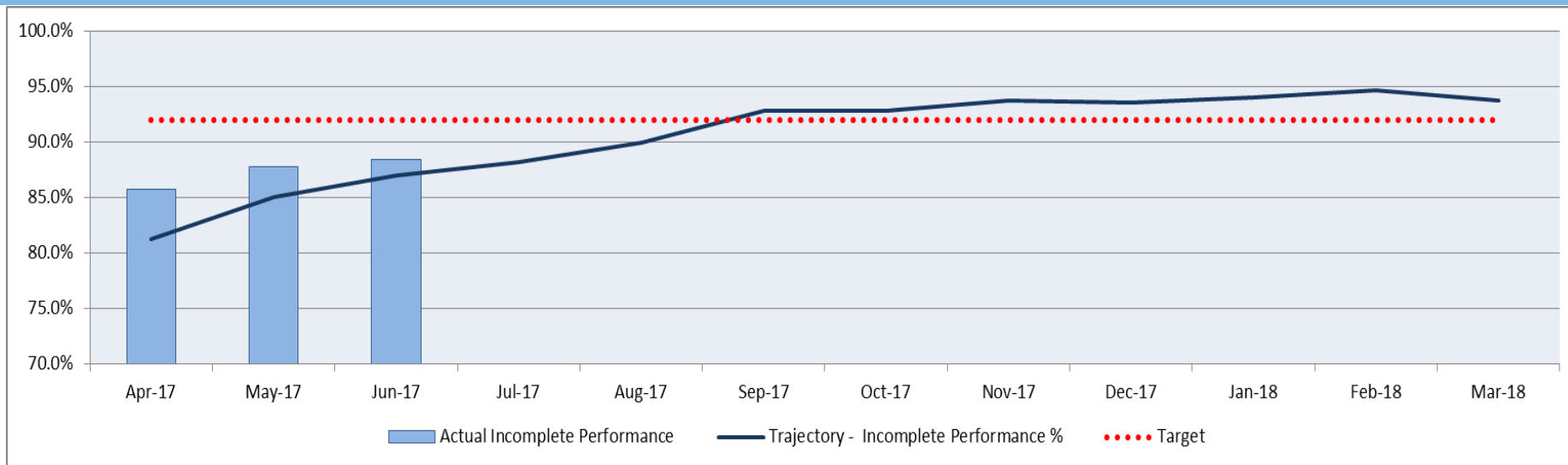
\*\*Please note this data covers only in Hospital deaths

# RTT



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# RTT 2017/2018 Trajectory

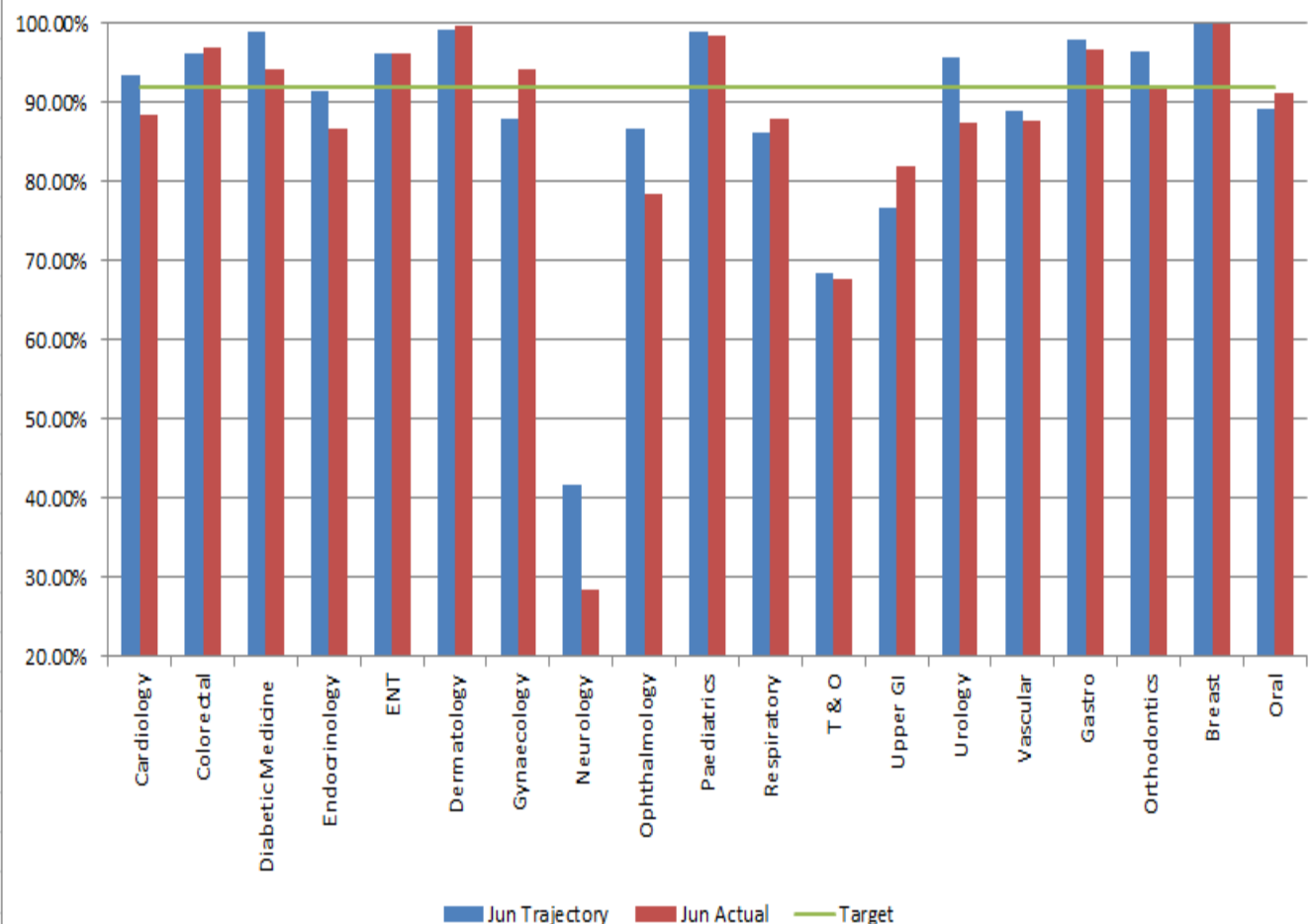


	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Referral to treatment Incompletes Trajectory - >18 weeks	3,042	2,431	2,080	1,862	1,654	1,201	1,159	1,017	1,044	973	865	1,012
Referral to treatment Incompletes Trajectory - Total patients	16,224	16,220	16,000	15,800	16,400	16,600	16,000	16,150	16,100	16,300	16,200	16,150
Trajectory - Incomplete Performance %	81.3%	85.0%	87.0%	88.2%	89.9%	92.8%	92.8%	93.7%	93.5%	94.0%	94.7%	93.7%
Referral to treatment Incompletes Actual - >18 weeks	2297	1974	1795									
Referral to treatment Incompletes Actual - Total patients	16107	16178	15456									
Actual Incomplete Performance	85.7%	87.8%	88.4%									

The table and graph above show the trajectory of performance for 2017/18 along with the projected list size and 18 week breaches per month.

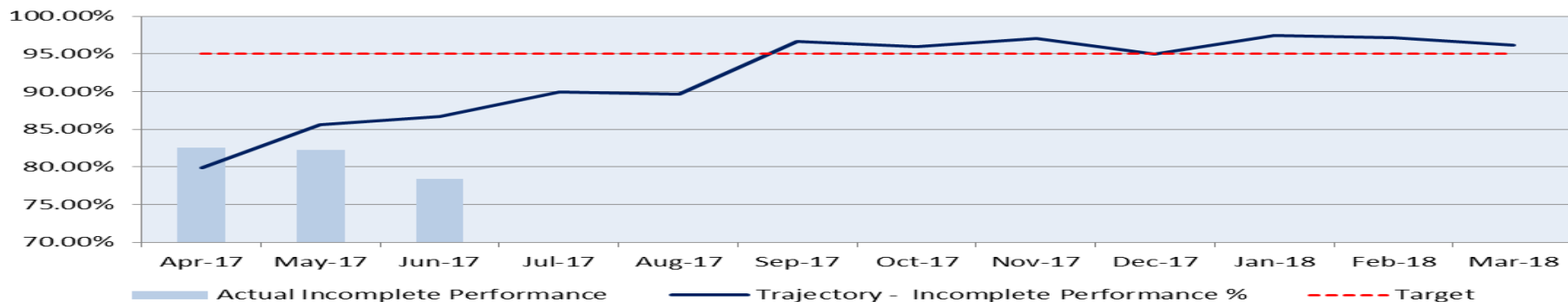
# Speciality Performance Against Trajectory Combined

Specialty	Jun Trajectory	Jun Actual	Variance
Cardiology	93.42%	88.52%	-4.89%
Colorectal	96.15%	96.88%	0.73%
Diabetic Medicine	98.92%	94.20%	-4.72%
Endocrinology	91.39%	86.63%	-4.76%
ENT	96.17%	96.20%	0.03%
Dermatology	99.15%	99.65%	0.49%
Gynaecology	88.00%	94.13%	6.14%
Neurology	41.77%	28.43%	-13.34%
Ophthalmology	86.68%	78.37%	-8.31%
Paediatrics	98.83%	98.40%	-0.43%
Respiratory	86.32%	88.08%	1.76%
T & O	68.54%	67.68%	-0.85%
Upper GI	76.65%	82.02%	5.37%
Urology	95.72%	87.47%	-8.25%
Vascular	88.93%	87.77%	-1.16%
Gastro	97.90%	96.60%	-1.30%
Orthodontics	96.55%	92.02%	-4.53%
Breast	100.00%	100.00%	0.00%
Oral	89.23%	91.31%	2.08%
<b>Total Incompletes</b>	<b>16000</b>	<b>15456</b>	<b>-544</b>
<b>&lt;18</b>	<b>13919</b>	<b>13661</b>	<b>-258</b>
<b>BACKLOG</b>	<b>2081</b>	<b>1795</b>	<b>-286</b>
<b>Total Performance</b>	<b>87.00%</b>	<b>88.39%</b>	<b>1.39%</b>

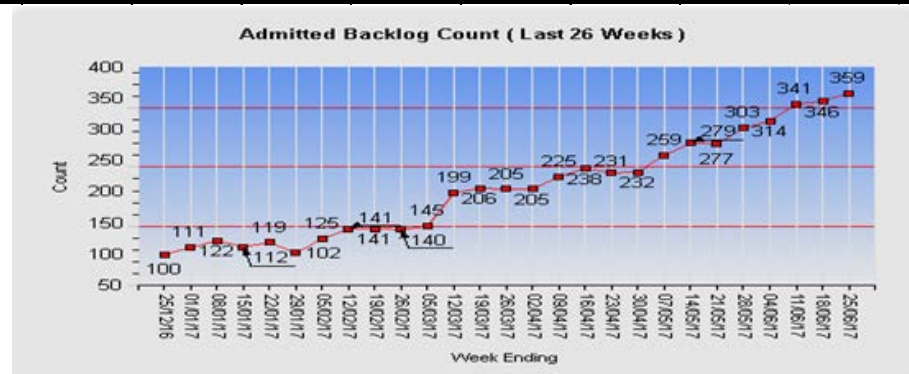
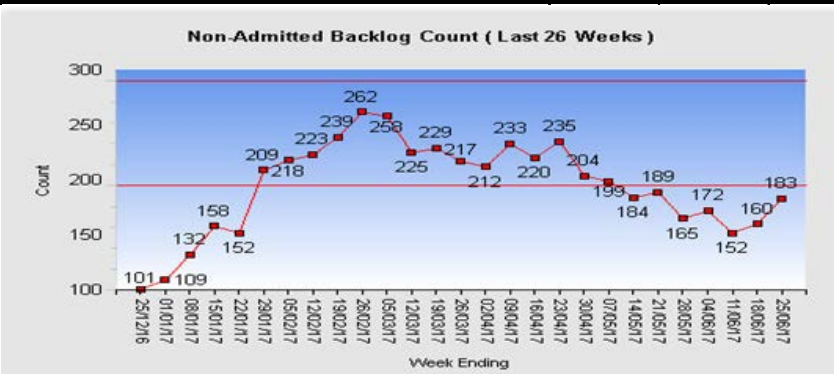


The above table and graph shows performance by speciality against trajectory and the variance from plan for the combined performance.

# RTT - Ophthalmology

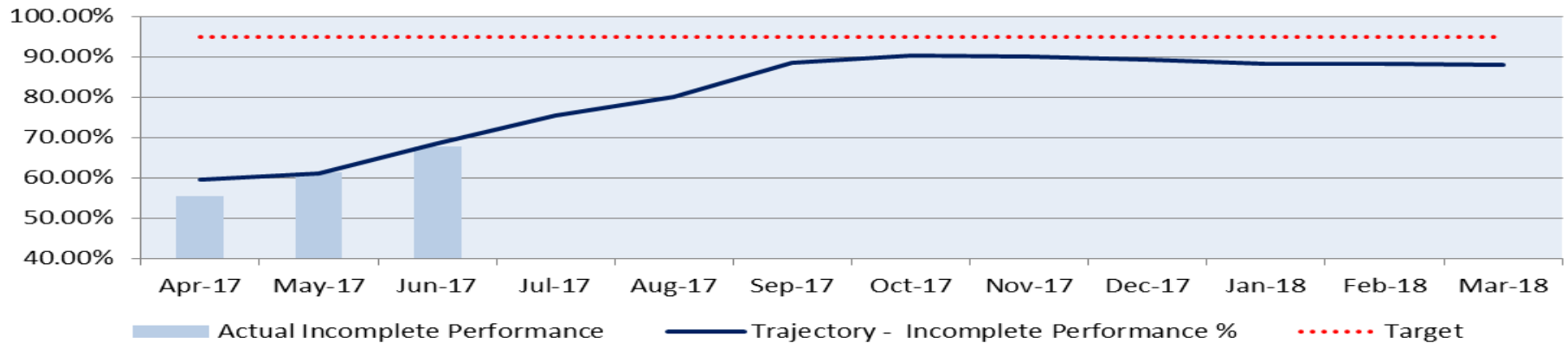


Ophthalmology	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Referral to treatment Incompletes Trajectory - >18 w weeks	570	405	356	257	279	84	101	71	132	67	76	98
Referral to treatment Incompletes Trajectory - Total patients	2842	2807	2673	2561	2688	2495	2517	2451	2637	2634	2641	2580
Trajectory - Incomplete Performance %	79.94%	85.57%	86.68%	89.96%	89.62%	96.63%	95.99%	97.10%	94.99%	97.46%	97.12%	96.20%
Referral to treatment Incompletes Actual - >18 w weeks	453	473	539									
Referral to treatment Incompletes Actual - Total patients	2597	2667	2492									
Actual Incomplete Performance	82.56%	82.26%	78.37%									
Forecast Incomplete Performance	82.56%	82.26%	78.37%	80.90%	80.15%	79.24%	78.35%	77.48%	76.64%	75.79%	74.98%	74.20%

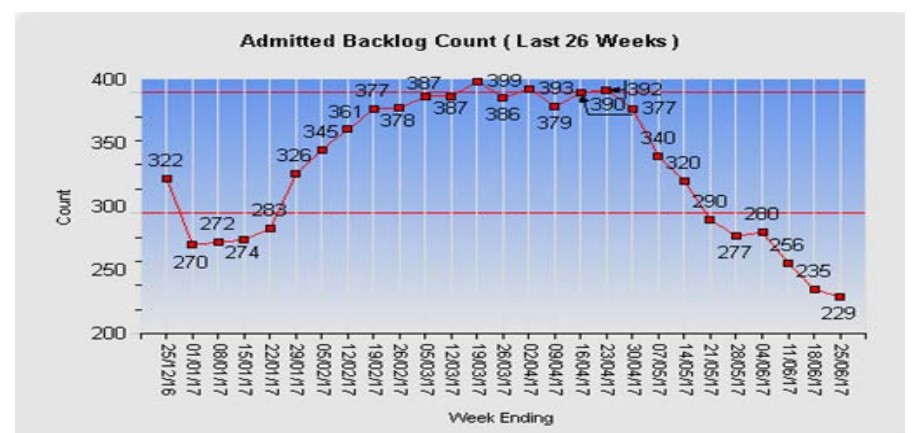
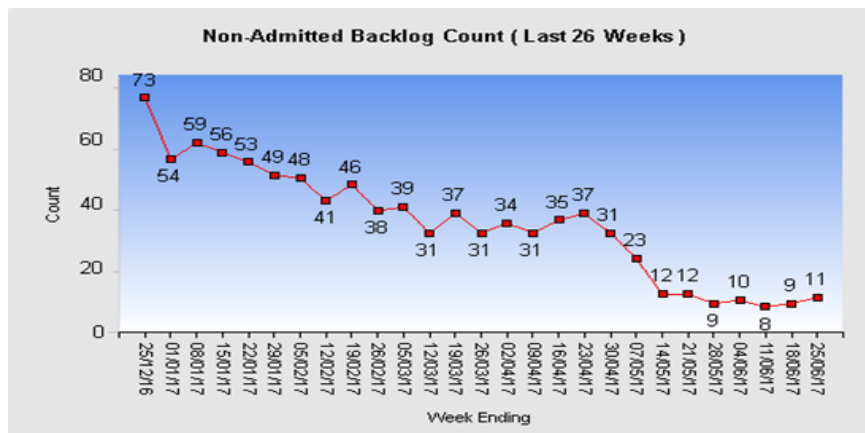


Ophthalmology has seen a decline in performance due to loss of cataract capacity both internally and at the Nuffield. Mid Cheshire Hospital NHS FT have offered capacity which should see performance improving.

# RTT – Trauma & Orthopaedic



Trauma & Orthopaedic	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Referral to treatment Incompletes Trajectory - >18 w weeks	511	465	342	244	185	97	74	80	97	92	81	73
Referral to treatment Incompletes Trajectory - Total patients	1259	1191	1087	996	931	840	772	807	895	783	685	605
Trajectory - Incomplete Performance %	59.41%	60.96%	68.54%	75.50%	80.13%	88.45%	90.41%	90.09%	89.16%	88.25%	88.18%	87.93%
Referral to treatment Incompletes Actual - >18 w weeks	466	351	265									
Referral to treatment Incompletes Actual - Total patients	1045	908	820									
Actual Incomplete Performance	55.41%	61.34%	67.68%									





# July Projected RTT Performance

## Admitted Incomplete Pathways

	Total Open Clocks	18+ Wks	Performance %
<b>Reporting Specialty</b>			
Cardiology	110	31	71.82
Cardiothoracic Surgery	2	1	50.00
Dermatology	3		100.00
Ear, Nose & Throat (ENT)	198	36	81.82
Gastroenterology	9	2	77.78
General Medicine	6	2	66.67
General Surgery	700	152	78.29
Geriatric Medicine	2		100.00
Gynaecology	200	44	78.00
Neurology	1		100.00
Ophthalmology	809	378	53.28
Oral Surgery	159	54	66.04
Other	175	50	71.43
Thoracic Medicine	6		100.00
Trauma & Orthopaedics	612	231	62.25
Urology	398	127	68.09
	<b>3,390</b>	<b>1,108</b>	<b>67.32</b>

## Non Admitted Incomplete Pathways

	Total Open Clocks	18+ Wks	Performance %
	763	111	85.45
	18		100.00
	573	4	99.30
	1618	35	97.84
	970	34	96.49
	444	24	94.59
	1532	16	98.96
	142	7	95.07
	1087	29	97.33
	85	69	18.82
	1616	163	89.91
	700	25	96.43
	803	45	94.40
	469	67	85.71
	242	14	94.21
	781	28	96.41
	<b>11,843</b>	<b>671</b>	<b>94.33</b>

## Combined

	Total Open Clocks	18+ Wks	Performance %
	873	142	83.73
	20	1	95.00
	576	4	99.31
	1816	71	96.09
	979	36	96.32
	450	26	94.22
	2232	168	92.47
	144	7	95.14
	1287	73	94.33
	86	69	19.77
	2425	541	77.69
	859	79	90.80
	978	95	90.29
	475	67	85.89
	854	245	71.31
	1179	155	86.85
	<b>15,233</b>	<b>1,779</b>	<b>88.32</b>

Julys predicted combined incomplete performance is currently at 88.32%, with overall performance being driven by the admitted performance. The figures above are subject to month end validation the variation however is only ever +or – 1%. The projected Admitted incomplete performance for the end of July is 67.32% with all main speciality's failing the Admitted incomplete target. The projected non Admitted performance is 94.33%.

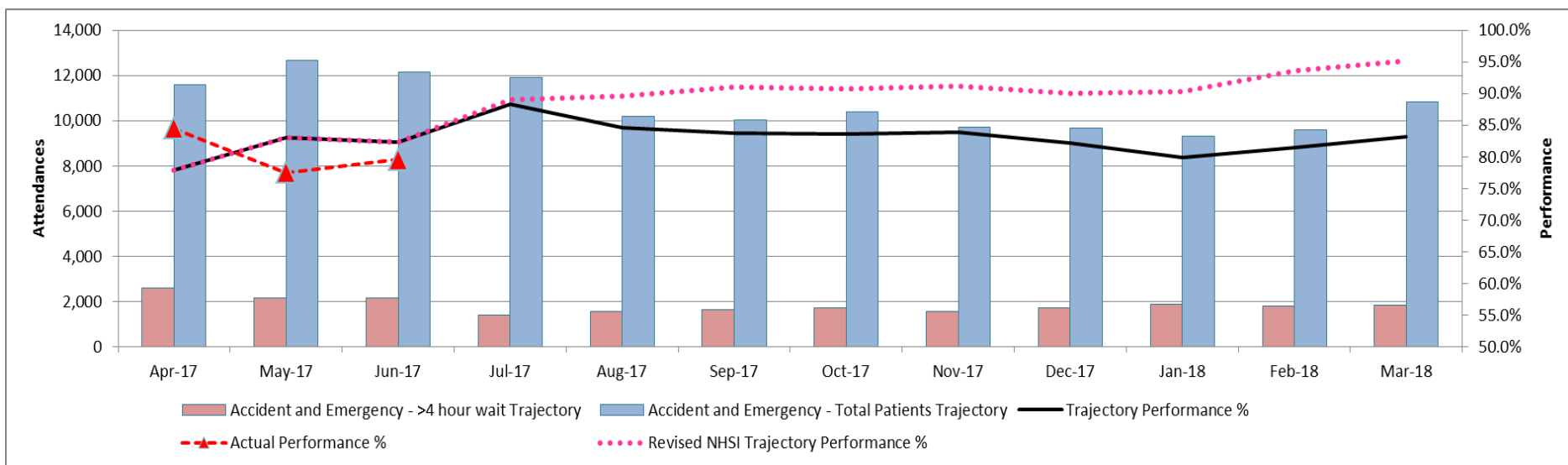
On this projection the RTT will achieve the operational plan target of 88.2% for July.

# Urgent Care Update



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# A&E 2017-2018 Trust Trajectory

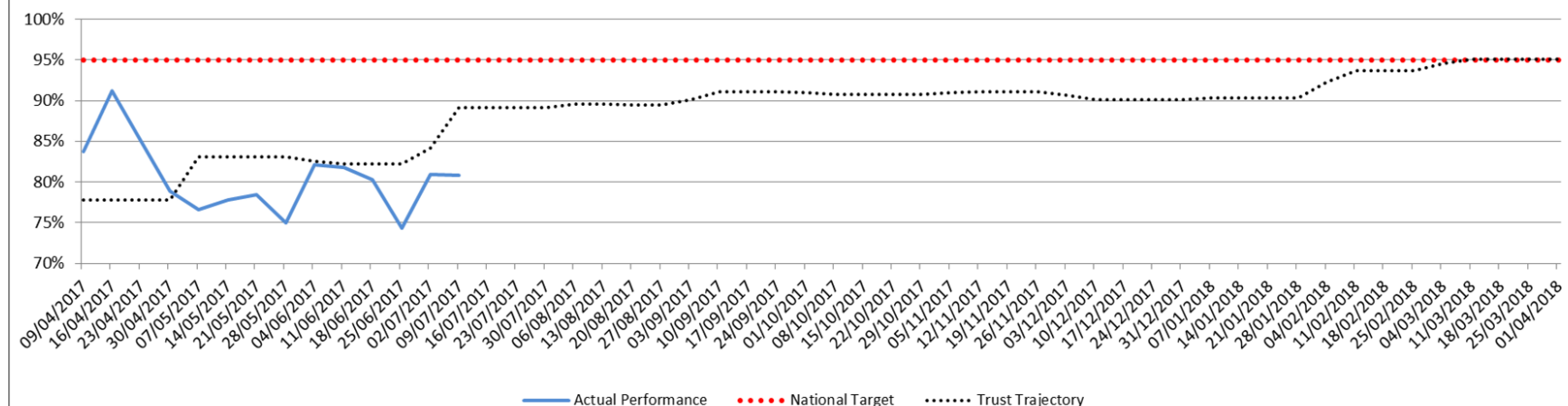


	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Accident and Emergency - >4 hour wait Trajectory	2,570	2,141	2,153	1,402	1,569	1,627	1,712	1,563	1,725	1,863	1,776	1,818
Accident and Emergency - Total Patients Trajectory	11,602	12,654	12,126	11,919	10,201	10,012	10,400	9,692	9,667	9,289	9,583	10,810
Trajectory Performance %	77.8%	83.1%	82.2%	88.2%	84.6%	83.7%	83.5%	83.9%	82.2%	79.9%	81.5%	83.2%
Revised NHSI Trajectory Performance %	77.8%	83.1%	82.2%	89.0%	89.6%	91.0%	90.7%	91.1%	90.0%	90.3%	93.7%	95.2%
Accident and Emergency - >4 Hour Wait Actual	1786	2721	2429									
Accident and Emergency - Total Patients Actual	11520	12106	11877									
Actual Performance %	84.5%	77.5%	79.5%									

The table and graph above show the A&E trajectory of performance for 2017/18 along with the projected attendances and breaches by month based on the Trusts internal trajectory. Junes actual performance was 79.5% against a target of 82.2%. This includes WIC and UCC numbers.

# A&E Performance

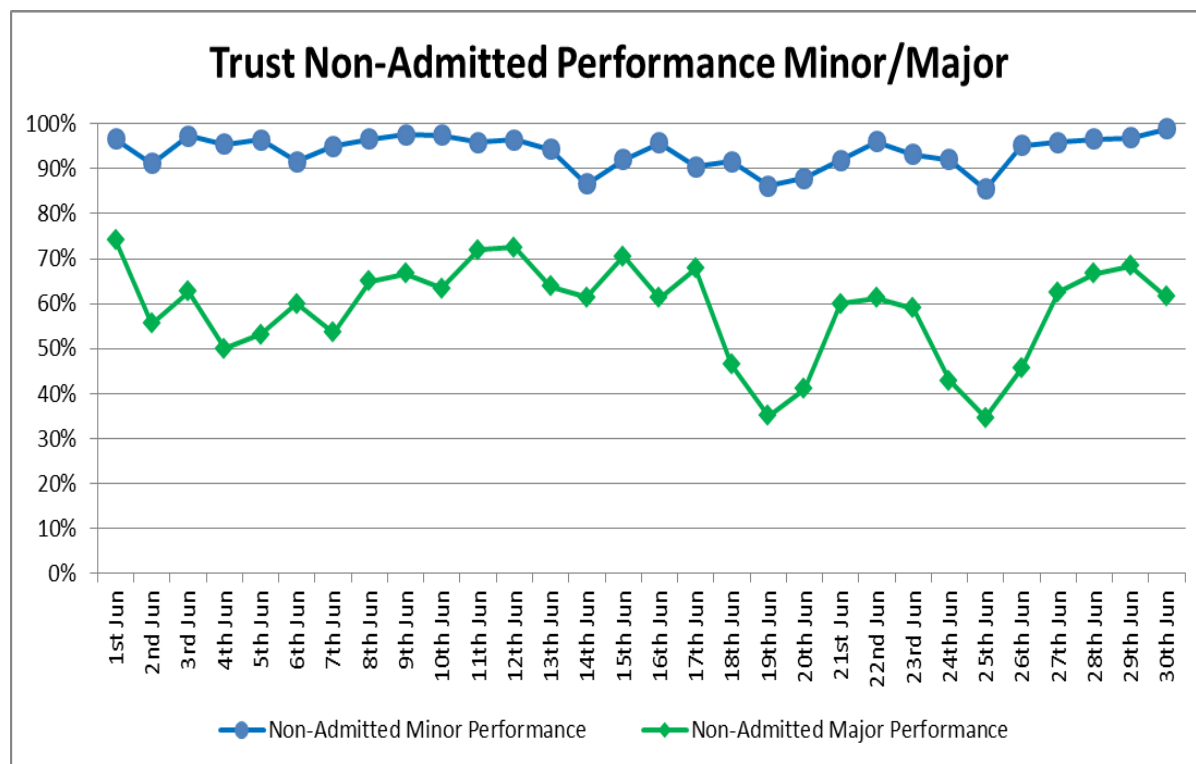
SaTH A&E 17/18 Weekly Performance Vs. Trajectory



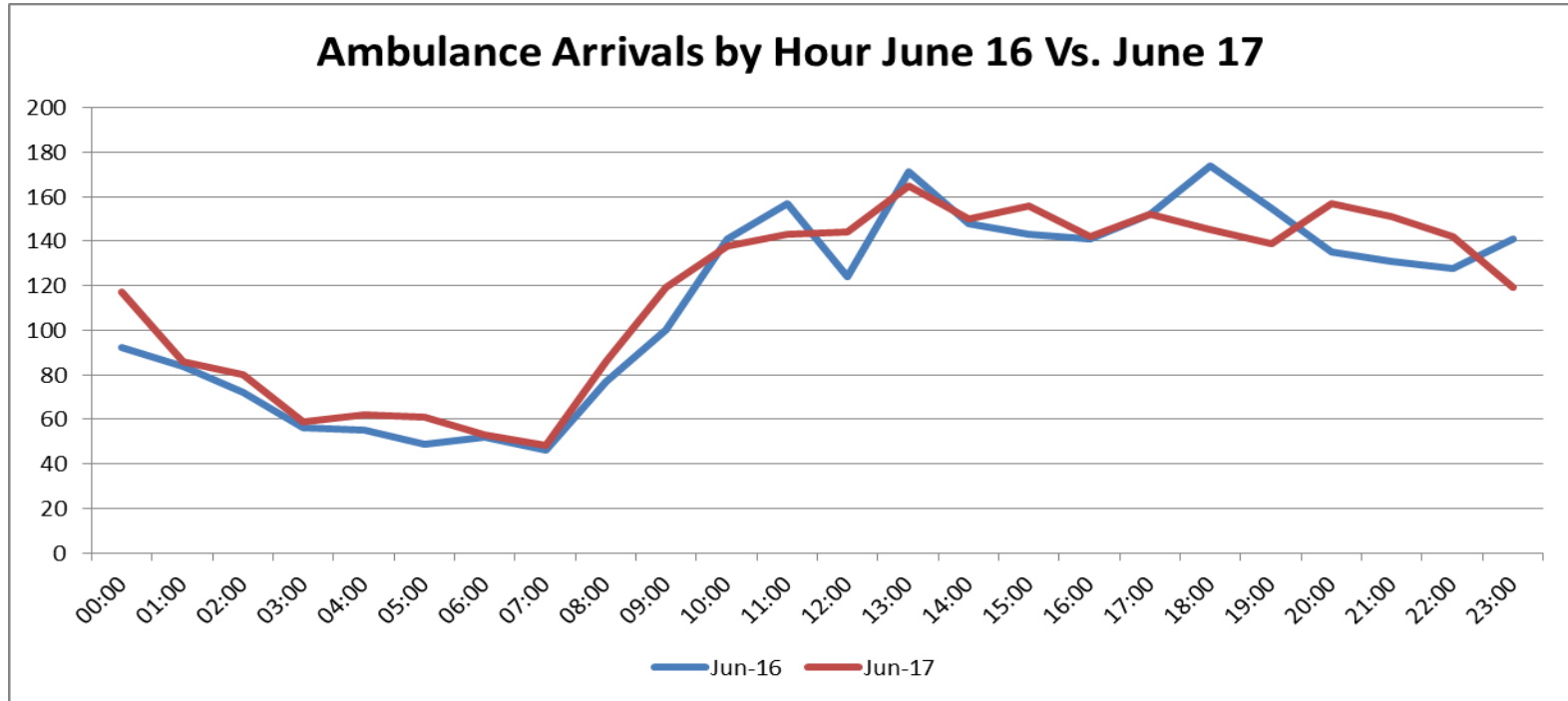
		Apr-17	May-17	Jun-17
Planned Trajectory	Attendance	11602	12654	12126
	>4 Hour Wait	2570	2141	2153
	Performance	77.85%	83.08%	82.24%
Actual Performance	Attendance	11520	12106	11878
	>4 SaTH Non-Admitted	827	1192	1093
	>4 SaTH Admitted	959	1529	1336
	>4 RSH Non-Admitted	306	520	411
	>4 RSH Admitted	537	834	794
	>4 PRH Non-Admitted	521	672	682
	>4 PRH Admitted	422	695	542
	>4 Total	1786	2721	2429
	Performance	84.50%	77.52%	79.55%

# Non-Admitted Performance

Date	Day	Non-Admitted Minor Performance	Non-Admitted Major Performance
1st Jun	Saturday	96.55%	74.07%
2nd Jun	Sunday	91.10%	55.56%
3rd Jun	Monday	97.25%	62.71%
4th Jun	Tuesday	95.48%	50.00%
5th Jun	Wednesday	96.46%	53.13%
6th Jun	Thursday	91.58%	60.00%
7th Jun	Friday	94.97%	53.57%
8th Jun	Saturday	96.52%	65.00%
9th Jun	Sunday	97.49%	66.67%
10th Jun	Monday	97.35%	63.46%
11th Jun	Tuesday	95.91%	71.88%
12th Jun	Wednesday	96.37%	72.55%
13th Jun	Thursday	94.25%	63.79%
14th Jun	Friday	86.67%	61.40%
15th Jun	Saturday	91.94%	70.49%
16th Jun	Sunday	95.74%	61.29%
17th Jun	Monday	90.42%	67.74%
18th Jun	Tuesday	91.63%	46.43%
19th Jun	Wednesday	86.18%	35.09%
20th Jun	Thursday	87.90%	41.03%
21st Jun	Friday	91.90%	60.00%
22nd Jun	Saturday	95.95%	61.22%
23rd Jun	Sunday	93.21%	59.02%
24th Jun	Monday	92.00%	42.86%
25th Jun	Tuesday	85.39%	34.62%
26th Jun	Wednesday	95.09%	45.65%
27th Jun	Thursday	95.82%	62.50%
28th Jun	Friday	96.52%	66.67%
29th Jun	Saturday	96.89%	68.42%
30th Jun	Sunday	98.82%	61.54%
<b>Average</b>		<b>93.78%</b>	<b>58.61%</b>



# Ambulance Activity



RSH Ambulance Arrivals			
Hour Group	Jun-16	Jun-17	Variance
8:00-17:00	640	690	7.81%
18:00-7:00	710	676	-4.79%
	1350	1366	1.19%

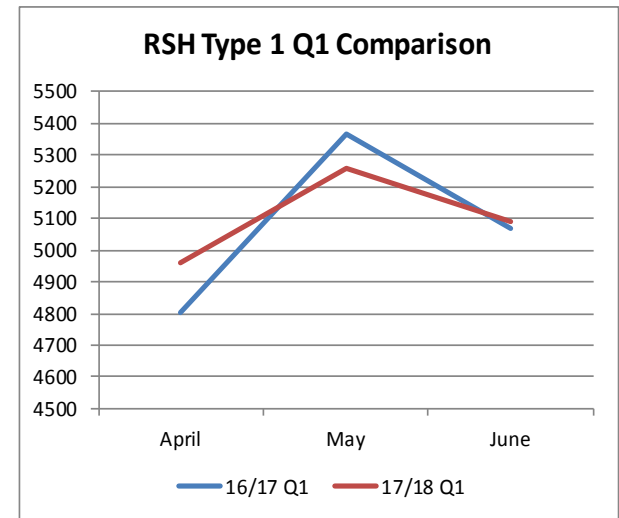
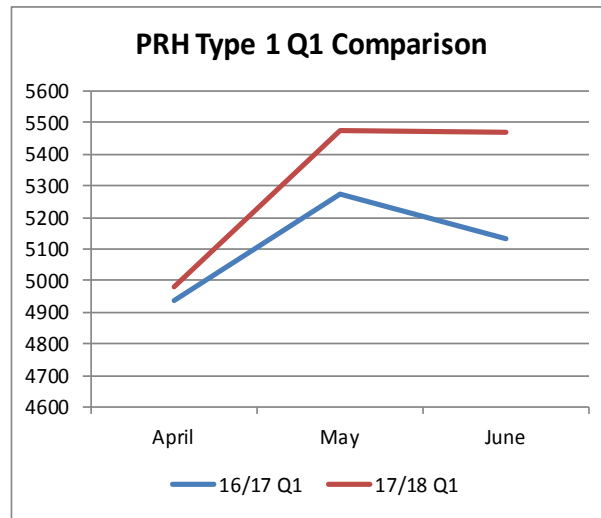
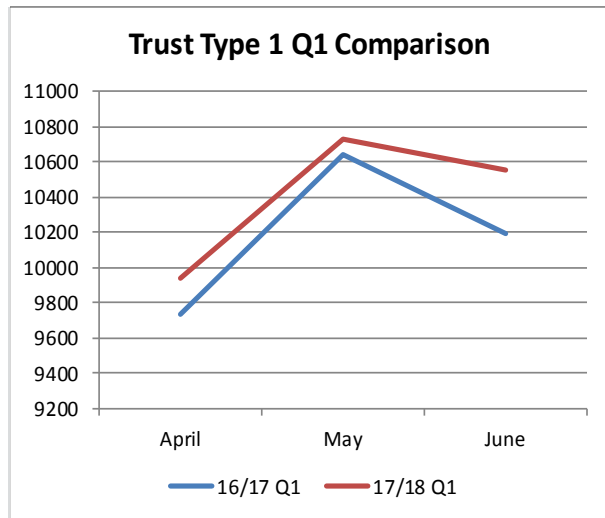
PRH Ambulance Arrivals			
Hour Group	Jun-16	Jun-17	Variance
8:00-17:00	714	705	-1.26%
18:00-7:00	660	743	12.58%
	1374	1448	5.39%

# A&E Type 1 Attendance Q1 Comparison

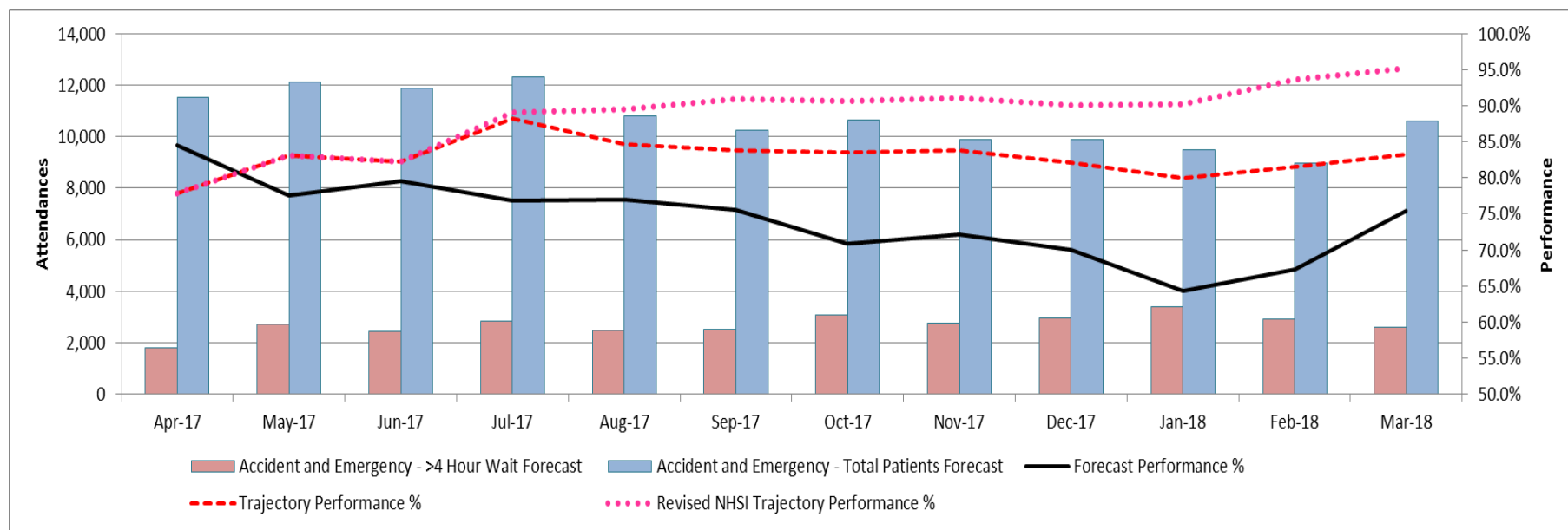
Trust Type 1 Q1 Comparison				
	April	May	June	Total
16/17 Q1	9737	10642	10197	30576
17/18 Q1	9943	10732	10557	31232
% Variance	2.12%	0.85%	3.53%	2.15%
No. Variance	206	90	360	656

PRH Type 1 Q1 Comparison				
	April	May	June	Total
16/17 Q1	4935	5275	5131	15341
17/18 Q1	4982	5474	5470	15926
% Variance	0.95%	3.77%	6.61%	3.81%
No. Variance	47	199	339	585

RSH Type 1 Q1 Comparison				
	April	May	June	Total
16/17 Q1	4802	5367	5066	15235
17/18 Q1	4961	5258	5087	15306
% Variance	3.31%	-2.03%	0.41%	0.47%
No. Variance	159	-109	21	71



# A&E 2017-2018 Trust Trajectory vs Current Forecast



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Accident and Emergency - >4 Hour Wait Forecast	1,786	2,722	2,429	2,844	2,482	2,503	3,089	2,754	2,964	3,385	2,933	2,608
Accident and Emergency - Total Patients Forecast	11,520	12,106	11,877	12,303	10,806	10,226	10,623	9,899	9,874	9,488	8,967	10,593
Forecast Performance %	84.5%	77.5%	79.5%	76.9%	77.0%	75.5%	70.9%	72.2%	70.0%	64.3%	67.3%	75.4%
Trajectory Performance %	77.8%	83.1%	82.2%	88.2%	84.6%	83.7%	83.5%	83.9%	82.2%	79.9%	81.5%	83.2%
Breach Reduction Needed to Hit Trajectory				-1397	-820	-841	-1340	-1158	-1202	-1482	-1271	-827
Revised NHSI Trajectory Performance %	77.8%	83.1%	82.2%	89.0%	89.6%	91.0%	90.7%	91.1%	90.0%	90.3%	93.7%	95.2%

Based on the actual performance of quarter 1 the forecast shows a deterioration in performance this would continue if no changes or steps are introduced.



# Explanation of June's Performance

- The underlying constraints remain e.g. lack of Consultant workforce however the Middle Grade position is worsening leading to insufficient senior decision makers;
- Loss of experienced Middle Grade. Another has accepted a job elsewhere and starts in August;
- ENP vacancies and sickness on PRH site;
- Increasing ambulance activity – joint review by SaTH and Commissioners;
- Changes to Shropdoc cover – impact being explored;
- Increase in non-admitted majors arrivals (acuity);
- General Medicine admissions at RSH site +17%;
- Increased proportion of nursing agency across both sites;
- Insufficient junior doctor cover for inpatients impacting on timeliness of discharges;
- Lack of CDU at PRH is leading to an increase in non-admitted major breaches;
- No weekend medical discharge team due to financial constraints;
- ED trackers removed due to financial constraints;
- SAFER care bundle not yet fully rolled out or embedded;
- Quarterly increase on number of ED attendances at PRH.

# Delivery of Improvement

## **Plan has two sections:**

### Internal delivery

- Streaming and non-admitted breaches;
- Realignment of staff – evenings;
- Weekend working;
- Red to Green (SAFER Care Bundle);
- Reconfiguration of bed base.

### Externally delivered schemes (currently being reviewed)

- Minor Injury Units and Type 5 to be included in the attendances;
- Reduced Ambulance Conveyance;
- Assume additional staffing recruited;
- Health and Social Care Lead Schemes - Discharge to Assess;
- Community Frailty programme.

# Delivery of Improvement

Profile of improvement	April	May	June	July	August	September	October	November	December	January	February	March
Front door streaming	0%	0%	0%	40%	40%	40%	70%	70%	70%	100%	100%	100%
Realignment of staff - evenings	0%	0%	0%	33%	33%	33%	67%	67%	67%	100%	100%	100%
Weekend working	0%	0%	0%	40%	40%	40%	70%	70%	70%	100%	100%	100%
Red to Green	0%	0%	0%	33%	33%	33%	67%	67%	67%	100%	100%	100%
Reconfiguration of bed base	0%	0%	0%	0%	0%	0%	33%	33%	67%	67%	100%	100%

## Trust progress with system priorities:

### Front door streaming:

- Improve streaming process:
  - Kaizen event ED PRH 3<sup>rd</sup> – 7<sup>th</sup> July 2017;
  - Maximise potential of streaming at RSH. New process now live.
- Develop CDU at PRH:
  - Potential patient cohort identified;
  - Scoping exercise regarding locating of CDU completed, dependant on decision of UCC provision;
  - Sustainable service team supporting development.
- Establish UCC on PRH site:
  - Transitional funding from T&W CCG for 18 months agreed;
  - Project group in place;
  - Interim solution needed as £1m Capital scheme cannot be delivered by October 2017.
- Maximise CDU potential at RSH:
  - Standard Operating Procedure to be agreed including decision to ring-fence beds.

### Realignment of staff – evenings:

- Agreement reached for 2 Locum Consultants to work more evenings. However 1 has now resigned. This action closed but scheme to replace this being scoped. Nursing workforce being reviewed.

### Internal acute flow:

- Bed realignment has been agreed between the Care Groups;
- Release of up to 70 beds being finalised;
- Weekend working practices currently under review, including criteria-led discharges;
- SAFER care bundle being rolled out;
- Patient flow 'trackers' in place on both sites;
- Dedicated Director role from 24/7/17.

# Recurring Impact

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Recurring Position	87.21%	92.44%	91.61%	94.35%	90.74%	89.87%	86.71%	87.05%	85.07%	80.19%	81.47%	83.18%	87.80%

As can be seen the impact of delivering the internal schemes is to produce 90% compliance over the period April – September.

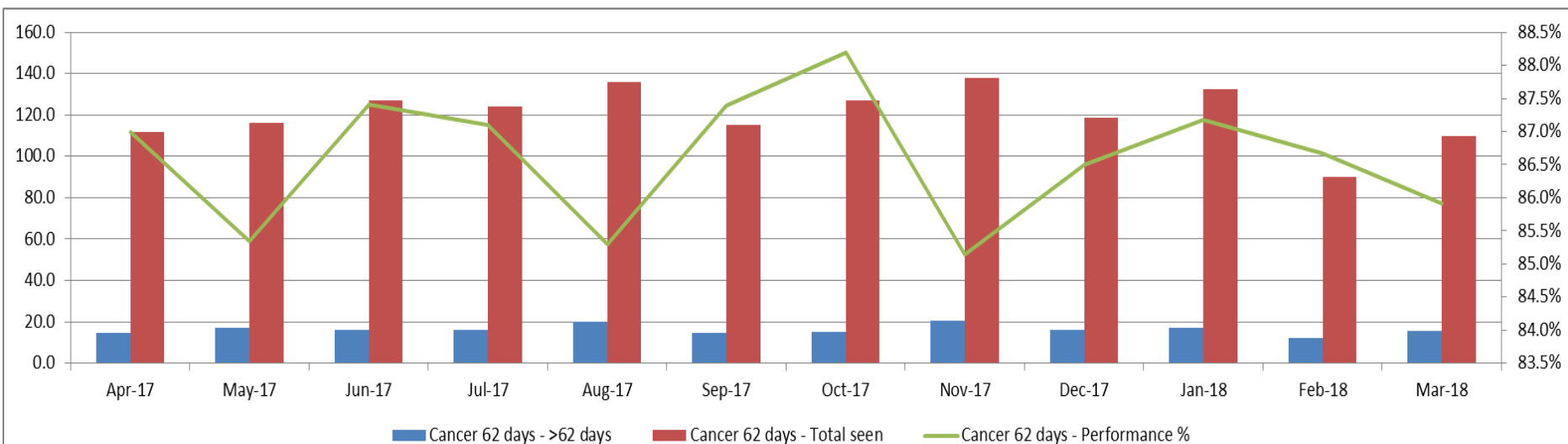
To maintain this over the winter period requires non-recurring mitigating actions.

# Cancer and Diagnostics



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# Cancer 2017/2018 Trajectory

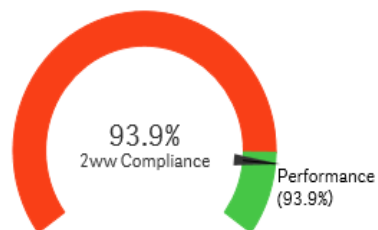


	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Cancer 62 days - >62 days	14.5	17.0	16.0	16.0	20.0	14.5	15.0	20.5	16.0	17.0	12.0	15.5
Cancer 62 days - Total seen	111.5	116.0	127.0	124.0	136.0	115.0	127.0	138.0	118.5	132.5	90.0	110.0
Cancer 62 days - Performance %	87.0%	85.3%	87.4%	87.1%	85.3%	87.4%	88.2%	85.1%	86.5%	87.2%	86.7%	85.9%
Cancer 62 days Actual - >62 days	14.5	17.0	33.5									
Cancer 62 days Actual - Total seen	113.0	118.0	127.0									
Cancer 62 days Actual - Performance %	87.2%	85.6%	73.6%									

# Cancer Target May 2017 Performance – achieved.

Predicted failure of 62 day standard in June due to unprecedented number of complex diagnostic pathways and delays in treatment due to medical condition.

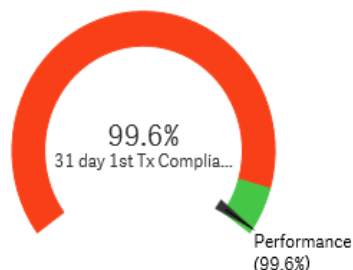
2 Week Wait - Detail



2ww Breast Compliance

93.4% ✓ -0.1%  
Previous Month Difference

31 Day - Detail



31d Surgery Compliance

97.0% ✓ -0.1%  
Previous Month Difference

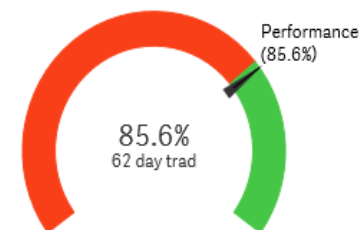
31d Chemo Compliance

100.0% ✓ 0.0%  
Previous Month Difference

31d Radiotherapy Compliance

98.9% ✓ -1.1%  
Previous Month Difference

62 Day - Detail



62 day screening

89.5% ▲ -6.7%  
Previous Month Difference

62 day upgrades

90.4% ✓ -0.5%  
Previous Month Difference

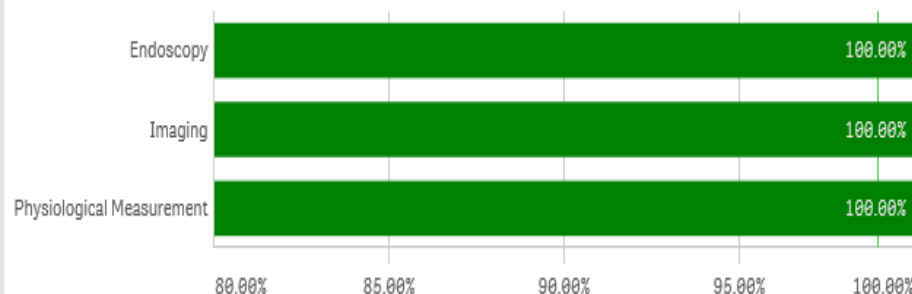
# Diagnostic Waiting Times –June 2017

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

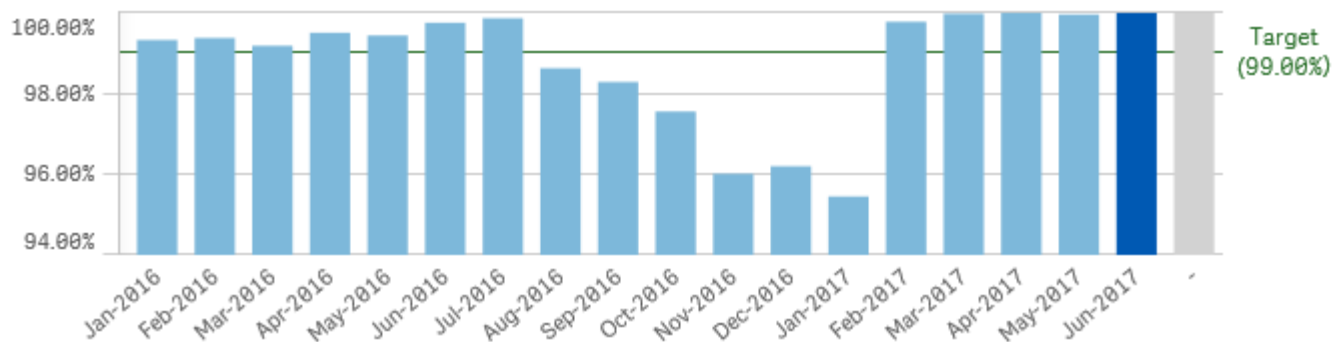
% waited under 6 weeks

100.00% ✓ 0.08%  
Previous Month Difference

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



% of patients awaiting a diagnostic test, who have waited less than 6 weeks - monthly trend



The Diagnostic wait times have been achieved for June the diagnostic target is projected to continue to achieve



# Workforce

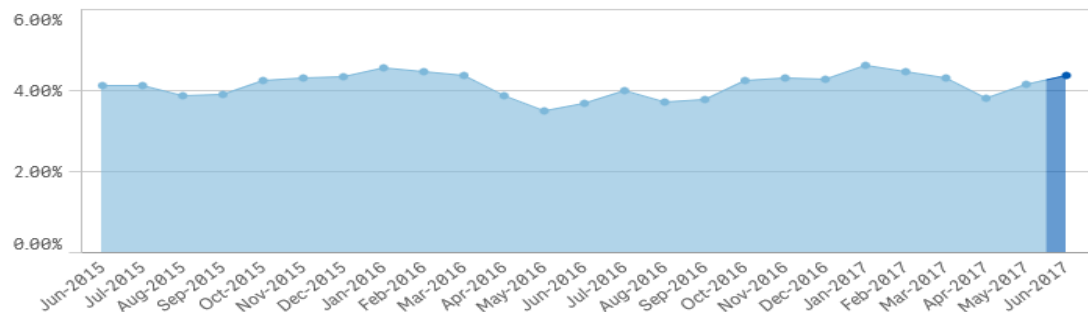


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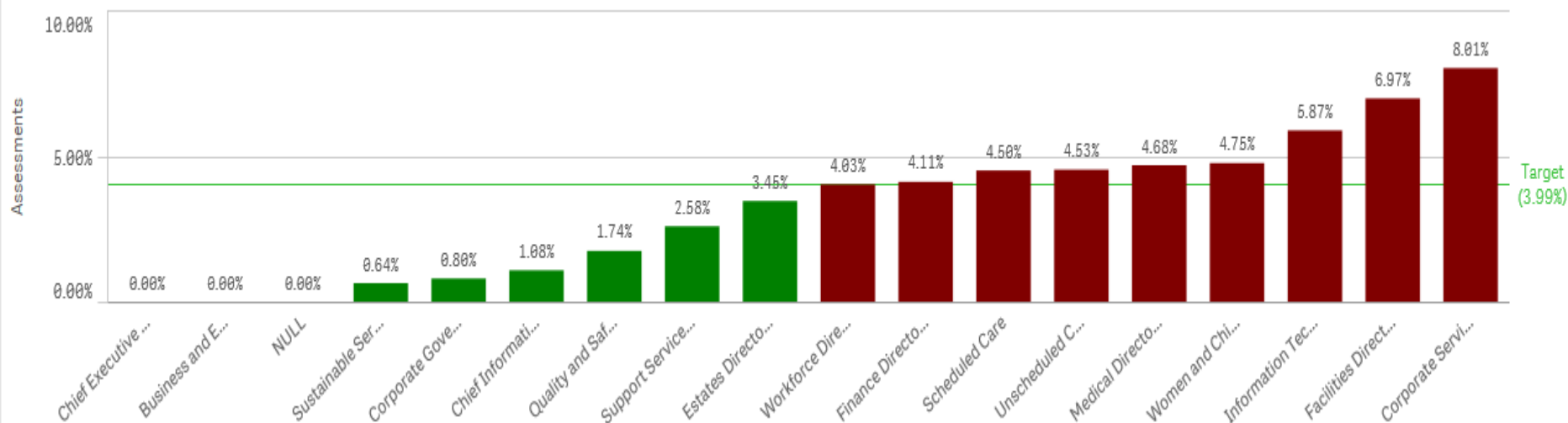
# Workforce Sickness

Absent FTE  
**4.33%** ▲ 0.22%  
 Previous Month Difference

% FTE Absent - Monthly Trend

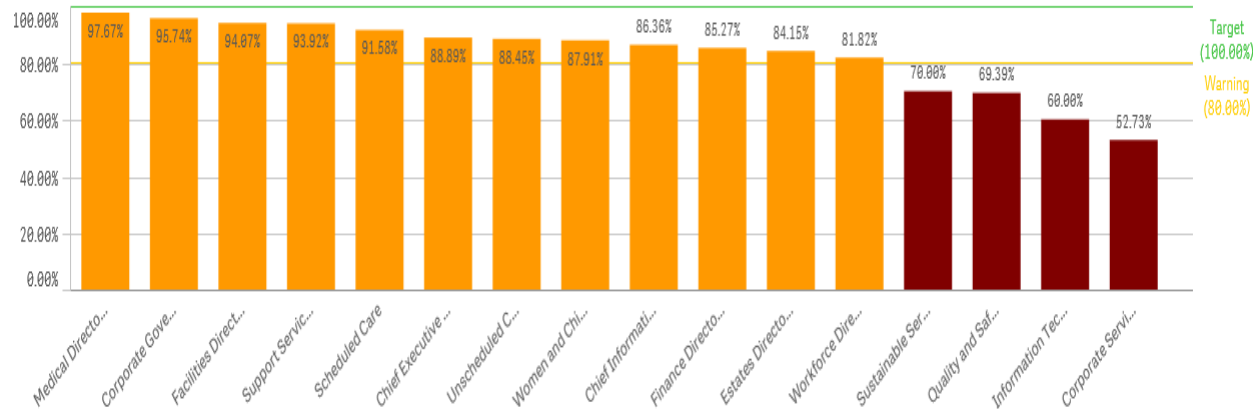


% FTE Attended by Directorate



# Workforce – Training and Appraisals June 2017

% Appraisals Completed within Timescales split by Care Group

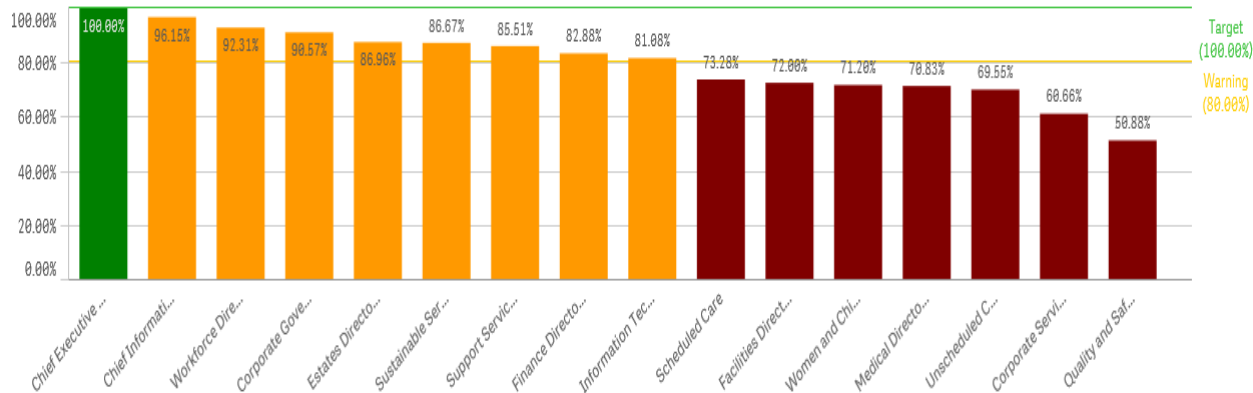


Appraisals in Timescales

89.64% ▲ 0.51%  
Previous Month Difference

% Appraisals Completed within Timescales for Month

% SSU Compliance split by Care Group



SSU Compliance

74.86% ▲ 2.38%  
Previous Month Difference

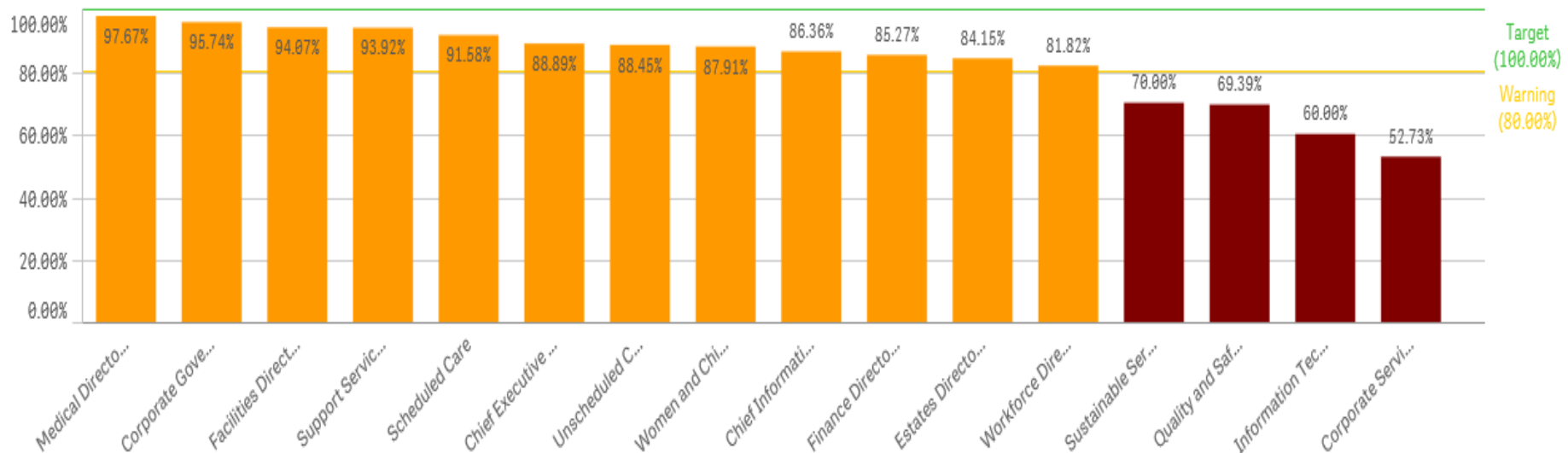
% SSU Compliance for Month

# Appraisal

## Appraisals in Timescales

89.64% ▲ 0.51%  
Previous Month Difference

% Appraisals Completed within Timescales split by Care Group



# Staff Turn Over May 2017 – exc. Junior Doctors

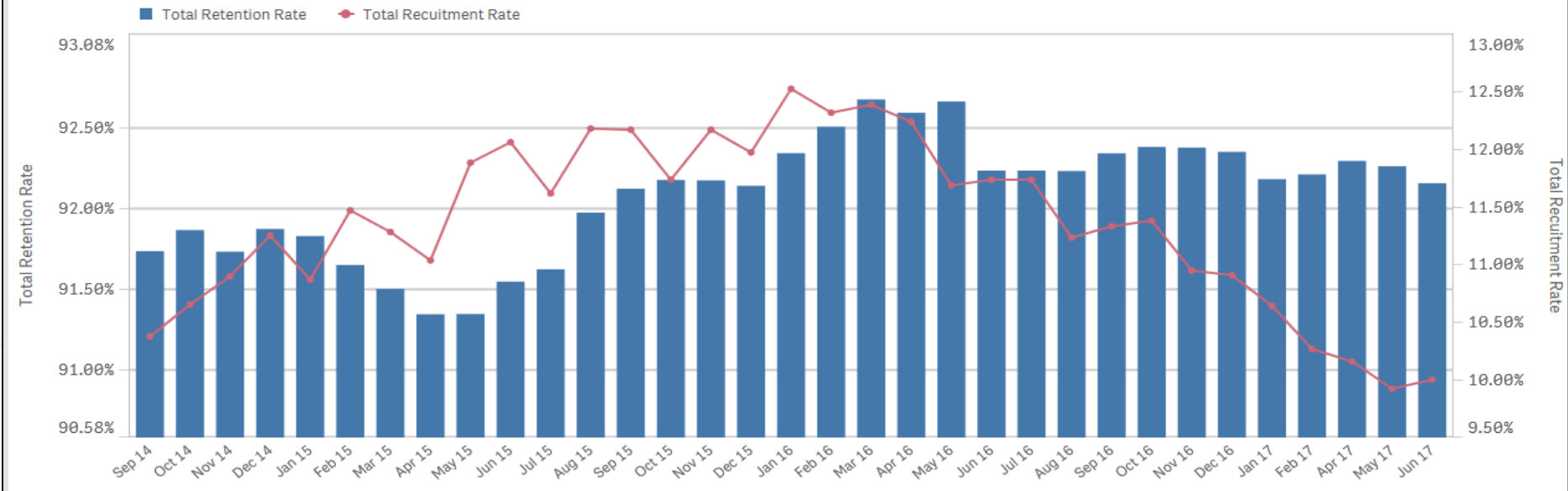
Recruitment Rate

9.99%

Retention Rate

92.15%

Retention Overlaid with Recruitment



# Quality



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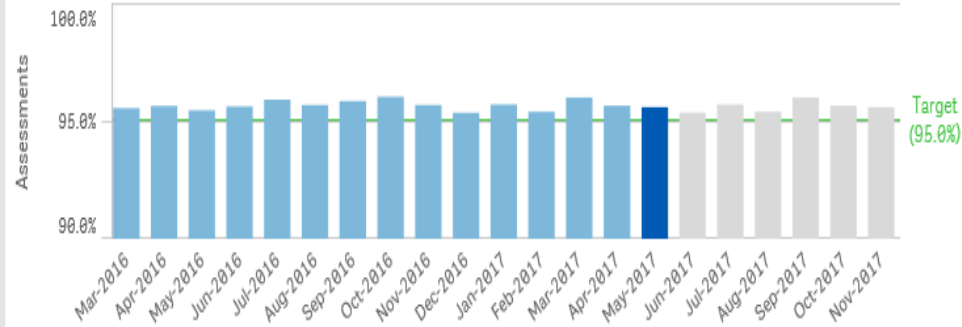
# VTE Performance May 2017

% of Patients assessed for VTE

VTE Assessed

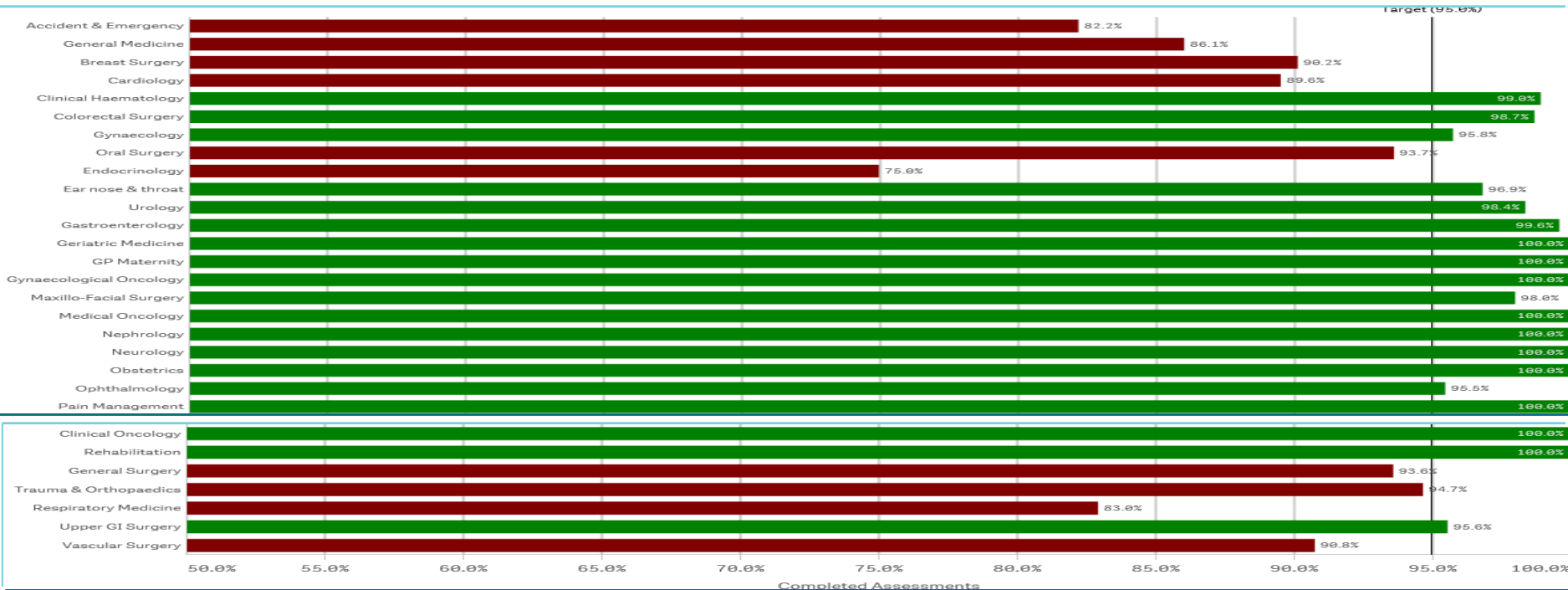
95.5% ✓ -0.1%  
Previous Month Difference

% of Patients assessed for VTE - Monthly Trend



The VTE target for May was achieved at 95.5%. It is projected that the VTE target will continue to be met.

% of Patients assessed for VTE by Specialty



# Quality and Safety

## Section one: Our Key Quality Measures – how are we doing (June 2017 data)

Measure	Year end 16/17	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	April 17	May 17	June 17	Year to date 2017/18	Monthly Target 2017/18	Annual Target 2017/18
<b>Infection Prevention and Control</b>																
Clostridium Difficile infections reported	21	0	1	3	2	2	2	0	1	3	4	3	1	8	2	25
MRSA Bacteraemia Infections	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
MSSA Bacteraemia Infections	9	0	0	1	1	1	0	0	2	1	0	1	1	2	None	None
E. Coli Bacteraemia Infections	31	2	7	0	6	7	1	0	3	1	1	1	1	3	None	None
MRSA Screening (elective) (%)	95.2	95.1	95.2	95.1	95.8	91.2	94.8	95.0	95.8	95.5	95.4	95.9	95.9	95.9	95%	95%
MRSA Screening (non elective) (%)	94.4	93.4	95.1	93.9	94.2	94.7	94.7	95.0	94.2	95.2	96.3	95.0	96.1	96.1	95%	95%
<b>In Service Pressure Ulcer Incidence</b>																
Grade 2 Avoidable	30	4	3	1	6	2	2	4	0	2	0	2	1	3	0	0
Grade 2 Unavoidable	110	12	14	7	9	13	9	4	9	7	6	13	3	22	None	None
Grade 3 Avoidable	9	1	1	0	3	2	1	0	0	0	0	0	1	1	0	0
Grade 3 Unavoidable	9	0	1	0	1	0	0	1	4	1	0	1	2	3	None	None
Grade 4 Avoidable	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Grade 4 Unavoidable	2	0	0	0	0	0	0	0	1	1	0	0	0	0	None	None
<b>Patient Falls</b>																
Falls reported as serious incidents	5	1	0	0	0	1	1	0	0	0	0	0	1	0	None	None
<b>All Serious Incidents Reported</b>																
Number of Serious Incidents	63	4	5	5	7	6	2	4	3	1	2	4	6	12	None	None
<b>Never Events</b>																



# Quality and Safety

Measure	Year end 16/17	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	April 17	May 17	June 17	Year to date 2017/18	Monthly Target 2017/18	Annual Target 2017/18
Never Events	5	0	1	1	0	3	0	0	0	0	0	0	0	0	0	0
NHS Safety Thermometer Point Prevalence Trust Level Data																
Harm Free Care (%)	94.17%	96.0	93.66	93.56	94.9	96.33	93.54	95.49	92.54	93.93	94.31	94.81	93.48	94.20	95%	95%
No New Harms (%)	97.94%	99.0	98.25	97.81	98.58	99.27	98.16	98.62	96.77	97.16	98.47	98.18	97.49	98.04	None	None
Safer Surgery																
WHO Safe Surgery Checklist (%)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Venous Thromboembolism (VTE) Risk Assessment																
VTE Assessment		95.8	95.55	95.74	96.01	95.64	95.31	95.66	95.34	95.96	95.6	95.5		95.5	95%	95%
Mixed Sex Accommodation (MSA)																
MSA including ITU discharge delays > 12hrs	361	27	25	32	31	39	27	33	30	26	17	37	23	77	None	None
Patient, Family and Carer Experience																
Complaints (No)	424	32	41	24	35	41	29	48	45	49	45	56	42	143	None	None
Friends and Family Response Rate (%)	23.8%	21.6	30.7	26.5	20	23.5	20.7	20.0	22.0	23.8	32.2	22.5	23.3	23.3	None	None
Friends and Family Test Score (%)	96.6%	96.5	95.8	96.2	95.8	96.0	96.5	96.6	96.7	96.6	97.1	96.7	97.0	97.0	75%	75%

# Quality and Safety

In Quarter one we have been compliant with most of the quality measures that we measure against. Exceptions are:

**C Diff:** We have seen two more C Diff cases (8) than the maximum for the quarter we set as an internal target (6) although the incidence rate is reducing month by month. We fully investigate every case and the CCGs consider the findings of each as to whether they feel it is attributable to our care. We continue to promote antibiotic guardianship across the Trust.

**Avoidable pressure ulcers:** We have recorded three grade two and one grade three avoidable pressure ulcers in the quarter – all have been investigated and action plans developed and monitored.

**MSA Breaches:** We continue to record patients who are fit to leave our ITU areas but are delayed in doing so due to the unavailability of beds on the general wards. These patients are recorded as mixed sex breaches. We will always try to move patients as soon as possible to ensure that their privacy and dignity is maintained.

# Finance Update

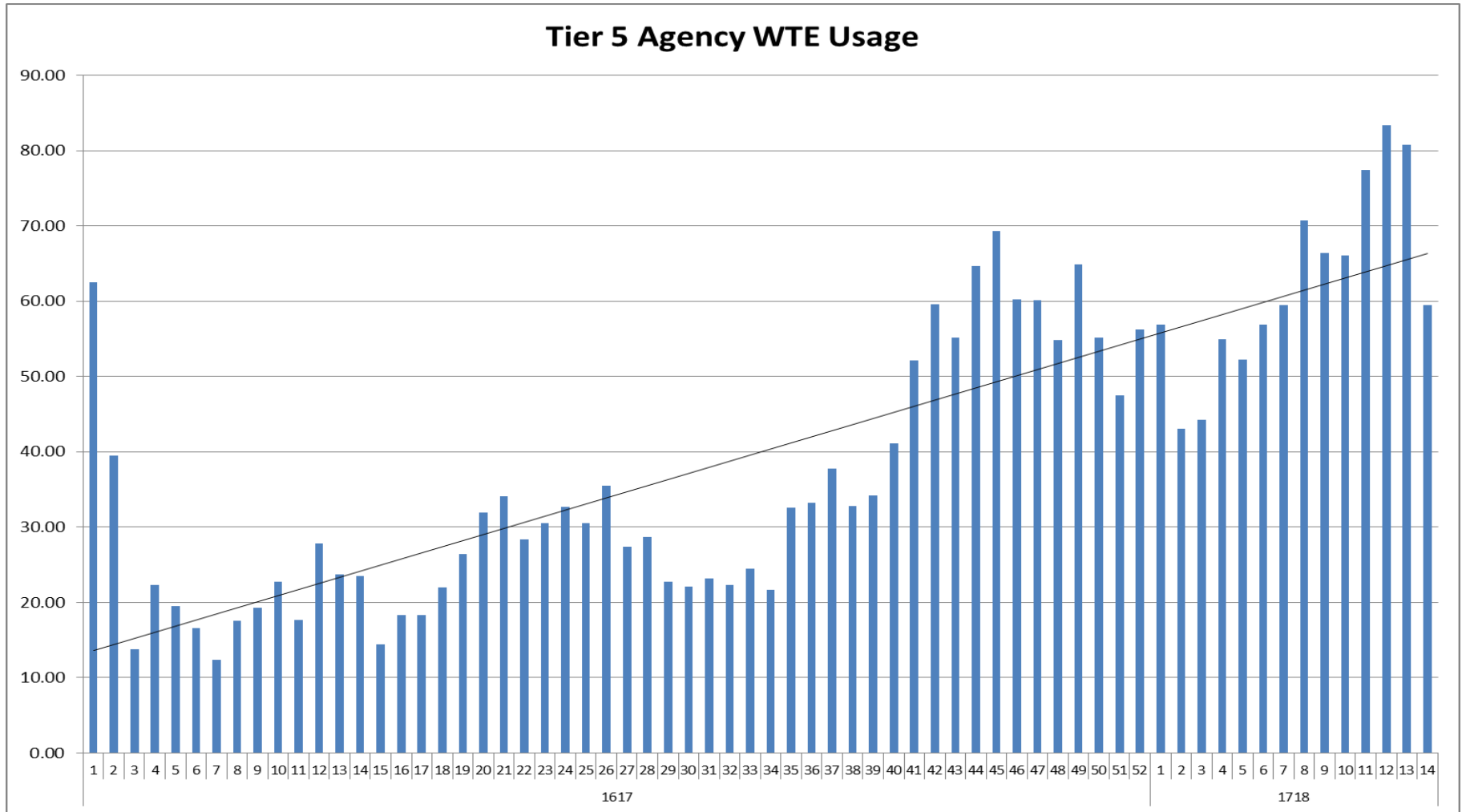


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# The position at Month 3

		Financial Plan	YTD Plan	YTD Actual	Variance
		£ 000s	£ 000s	£ 000s	£ 000s
Income		348,380	86,744	86,591	(153)
Pay		(241,070)	(59,710)	(60,706)	(996)
Non-Pay and Reserves		(108,172)	(27,313)	(27,142)	171
Total expenditure		(349,242)	(87,023)	(87,848)	(825)
EBITDA		(862)	(279)	(1,257)	(978)
Finance Costs		(14,516)	(3,606)	(3,540)	66
Surplus/(deficit) before Phased Spend and STF		(15,378)	(3,885)	(4,797)	(912)
STF		9,315	1,397	1,188	(209)
Surplus/(deficit) before Phased Spend		(6,063)	(2,488)	(3,609)	(1,121)
Corrective Actions for STF		0	0	932	932
Phased spend adjustment		-	(35)	(35)	0
Plan as described in NHSI Financial Template		(6,063)	(2,523)	(2,712)	(189)

# Tier 5 Agency WTE Usage



# Delivery of the Agency Ceiling

	Agency Ceiling YTD Expenditure £000s	Agency YTD £000s	Variance (Under/(Over)) £000s	Annual Agency Ceiling £000s	Agency Cap Spent YTD %
Agency	3,080	4,357	1,277	10,559	41.3%

Total agency spend for the first quarter of the year amounted to £4.357 million, £1.277 million above the Agency Ceiling set by NHSI. In this quarter the Trust has spent 41% of the total agency ceiling value of £10.559 million.

# Forecast Outturn

Given the overspend that exists to date, the expected position at the end of the 2017/18 financial year is a £13.528 million deficit, assuming the current trends continue and no corrective action is taken. This takes us to £7.465 million above the agreed control total with NHSI.

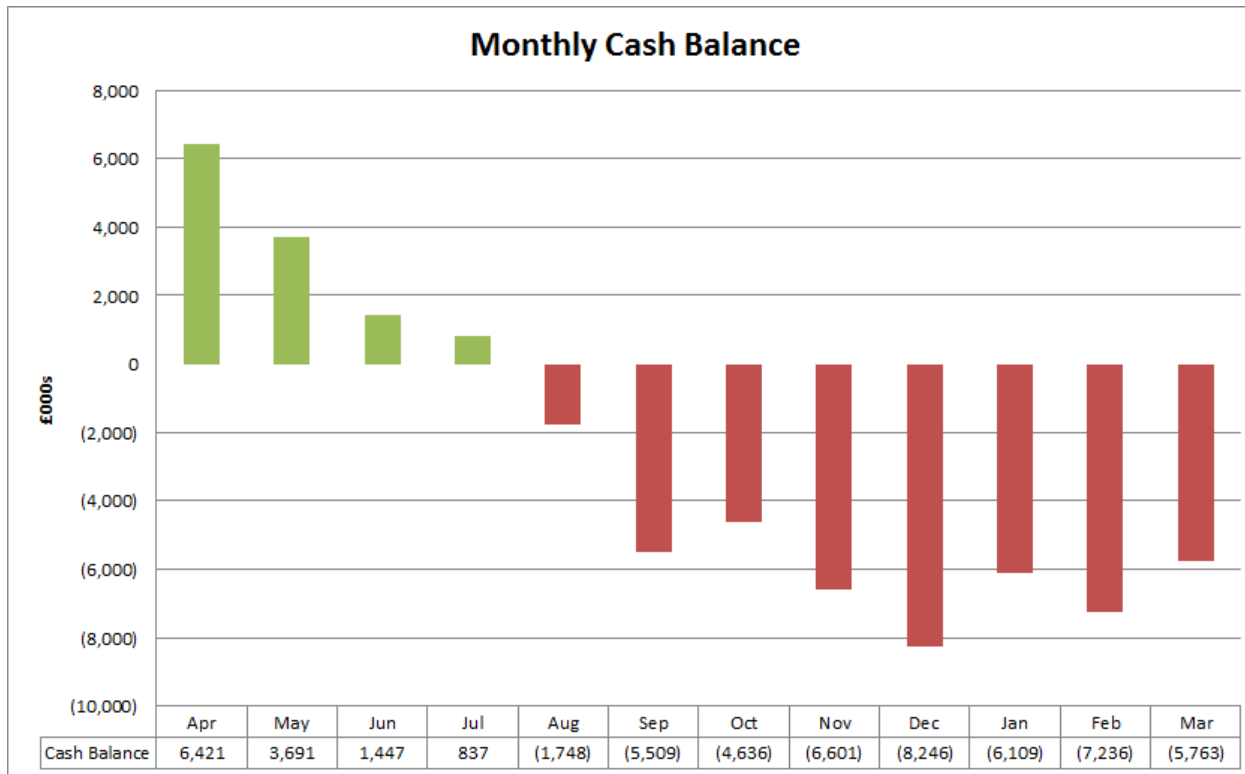
			April	May	June	July	August	September	October	November	December	January	February	March	Total
Income			26727	30218	30834	29626	29555	30127	31161	31343	28773	30988	29440	31316	360108
Pay			-19810	-20516	-20380	-20303	-20272	-20464	-20396	-20575	-20840	-20944	-20778	-20723	-246000
Non-Pay			-8588	-9661	-8893	-9388	-9175	-9681	-9951	-9638	-9453	-9628	-9639	-9778	-113476
Total Expenditure			-28398	-30177	-29273	-29691	-29448	-30146	-30347	-30213	-30293	-30572	-30417	-30501	-359476
<b>EBITDA</b>			<b>-1671</b>	<b>41</b>	<b>1561</b>	<b>-65</b>	<b>107</b>	<b>-19</b>	<b>814</b>	<b>1130</b>	<b>-1520</b>	<b>416</b>	<b>-977</b>	<b>815</b>	<b>632</b>
Finance Costs			-1151	-1194	-1195	-1180	-1180	-1180	-1180	-1180	-1180	-1180	-1180	-1180	-14160
<b>Surplus / (deficit)</b>			<b>-2822</b>	<b>-1153</b>	<b>366</b>	<b>-1245</b>	<b>-1073</b>	<b>-1199</b>	<b>-366</b>	<b>-50</b>	<b>-2700</b>	<b>-764</b>	<b>-2157</b>	<b>-365</b>	<b>-13528</b>
<b>Cumulative</b>			<b>-2822</b>	<b>-3975</b>	<b>-3609</b>	<b>-4854</b>	<b>-5926</b>	<b>-7125</b>	<b>-7492</b>	<b>-7542</b>	<b>-10242</b>	<b>-11006</b>	<b>-13163</b>	<b>-13528</b>	

# CIP Delivery

Scheme	Savings Target In Year £000s	YTD Plan	YTD Actual	YTD Variance	Identified IEP CIP PYE	RAG
Procurement	1600	267	267	0	1600	G
Unavailability Improvement	650	0	0	0	0	R
Bed Realignment	1000	0	0	0	0	RA
Outpatient Theatre Review	1200	0	0	0	1200	G
Bank Rate Review	220	0	0	0	0	R
SCG tier 1/2/3	413	24	86	62	315	G
USCG tier 1/2/3	580	0	0	0	0	R
W&C's tier 1/2/3	201	44	44	0	167	AG
Agency Cap Savings	1050	0	0	0	0	RA
Cease all HCA Agency	90	0	0	0	0	R
Carter Support Services	375	69	51	-17	315	A
Corporate Services	500	90	90	1	477	G
<b>Total</b>	<b>7879</b>	<b>493</b>	<b>538</b>	<b>45</b>	<b>4074</b>	



# Cash



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Level of Creditor Suppression required to achieve minimum cash balance					3,448	3,761		1,092	1,645		-1010	-1473
Revised Balance C/fwd	6,421	3,691	1,447	837	1,700	1,700	2,573	1,700	1,700	3,837	1,700	1,700

<b>Recommendation</b>  <input checked="" type="checkbox"/> <b>DECISION</b>  <input type="checkbox"/> <b>NOTE</b> (select)	<b>The Trust Board is asked to:</b> <ul style="list-style-type: none"> <li>• <b>Discuss</b> the current performance in relation to key quality indicators as at the end of June 2017</li> <li>• <b>Consider</b> the actions being taken where performance requires improvement</li> <li>• <b>Question</b> the report to ensure appropriate assurance is in place</li> <li>• <b>Approve</b> the new quarterly format to be presented at Public Board.</li> </ul>
<b>Reporting to:</b>	<b>Trust Board</b>
<b>Date</b>	27 July 2017
<b>Paper Title</b>	Quality Performance Report
<b>Brief Description</b>	<p>This report will provide the Trust Board with assurance relating to our compliance with quality performance measures during June 2017 (month three 2017/18).</p> <p>This report provides detail in relation to the quality indicators that support a positive patient and carer experience and safe and effective services.</p> <p>This report will be provided quarterly in order to better identify and address trends. On a monthly basis a high level exception report will be provided.</p> <p><b>Key points to note:</b></p> <p>The Trust is compliant with a number of quality measures however:</p> <ul style="list-style-type: none"> <li>• We are not compliant with Mixed Sex Accommodation (MSA) requirements due to the number of patients that wait for more than 12 hours to be transferred from our critical care units.</li> <li>• We have reported six serious incidents in June 2017.</li> <li>• We had to place additional patients on our wards during June.</li> <li>• We are not compliant with Safeguarding Level two training – a recovery plan is in place to improve the current position by the end of Qtr 2.</li> </ul>
<b>Sponsoring Director</b>	Deirdre Fowler, Director of Nursing and Quality
<b>Author(s)</b>	Dee Radford, Associate Director of Patient Safety
<b>Recommended / escalated by</b> (Tier 2 Committee)	Quality and Safety Committee
<b>Previously considered by</b> (consultation / communication)	<b>Quality and Safety Committee</b>
<b>Link to strategic objectives</b> (see over)	<p><b>Patient and Family</b> – through partnership working we will deliver operational performance objectives</p> <p><b>Safest and Kindest</b> – delivering the safest and highest quality care causing</p>

	zero harm
<b>Link to Board Assurance Framework</b> (see over)	RR561 RR951 RR1185
<b>Equality Impact Assessment</b> (select one)	<input checked="" type="radio"/> <b>Stage 1 only (no negative impacts identified)</b> <input checked="" type="radio"/> <b>Stage 2 recommended (negative impacts identified)</b> <ul style="list-style-type: none"> <li><input checked="" type="radio"/> negative impacts have been mitigated</li> <li><input checked="" type="radio"/> negative impacts balanced against overall positive impacts</li> </ul>
<b>Freedom of Information Act (2000) status</b> (select one)	<input checked="" type="radio"/> <b>This document is for full publication</b> <input checked="" type="radio"/> <b>This document includes FOIA exempt information</b> <input checked="" type="radio"/> <b>This whole document is exempt under the FOIA</b>



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# Quarterly Quality Governance Report

## Quarter One 2017-2018

### April – June 2017

## Introduction

This report covers our performance against contractual and regulatory metrics related to quality and safety during the month of June 2017 (Month three for 2017/2018) and also for the first quarter of the year as a whole. The report will provide assurance to the Quality and Safety Committee that we are compliant with key performance measures and where we are not, recovery plans are in place to improve our current position.

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.

The report will be submitted to our commissioners (Shropshire Clinical Commissioning Group and Telford and Wrekin Clinical Commissioning Group) to provide assurance to them that we are fulfilling our contractual requirements as required in the Quality Schedule of our 2017-2018 contracts.

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## Section one: Our Key Quality Measures – how are we doing (June 2017 data)

Measure	Year end 16/17	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	April 17	May 17	June 17	Year to date 2017/18	Monthly Target 2017/18	Annual Target 2017/18
<b>Infection Prevention and Control</b>																
Clostridium Difficile infections reported	21	0	1	3	2	2	2	0	1	3	4	3	1	8	2	25
MRSA Bacteraemia Infections	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
MSSA Bacteraemia Infections	9	0	0	1	1	1	0	0	2	1	0	1	1	2	None	None
E. Coli Bacteraemia Infections	31	2	7	0	6	7	1	0	3	1	1	1	1	3	None	None
MRSA Screening (elective) (%)	95.2	95.1	95.2	95.1	95.8	91.2	94.8	95.0	95.8	95.5	95.4	95.9	95.9	95.9	95%	95%
MRSA Screening (non elective) (%)	94.4	93.4	95.1	93.9	94.2	94.7	94.7	95.0	94.2	95.2	96.3	95.0	96.1	96.1	95%	95%
<b>In Service Pressure Ulcer Incidence</b>																
Grade 2 Avoidable	30	4	3	1	6	2	2	4	0	2	0	2	1	3	0	0
Grade 2 Unavoidable	110	12	14	7	9	13	9	4	9	7	6	13	3	22	None	None
Grade 3 Avoidable	9	1	1	0	3	2	1	0	0	0	0	0	1	1	0	0
Grade 3 Unavoidable	9	0	1	0	1	0	0	1	4	1	0	1	2	3	None	None
Grade 4 Avoidable	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Grade 4 Unavoidable	2	0	0	0	0	0	0	0	1	1	0	0	0	0	None	None
<b>Patient Falls</b>																
Falls reported as serious incidents	5	1	0	0	0	1	1	0	0	0	0	0	1	0	None	None
<b>All Serious Incidents Reported</b>																
Number of Serious Incidents	63	4	5	5	7	6	2	4	3	1	2	4	6	12	None	None
<b>Never Events</b>																

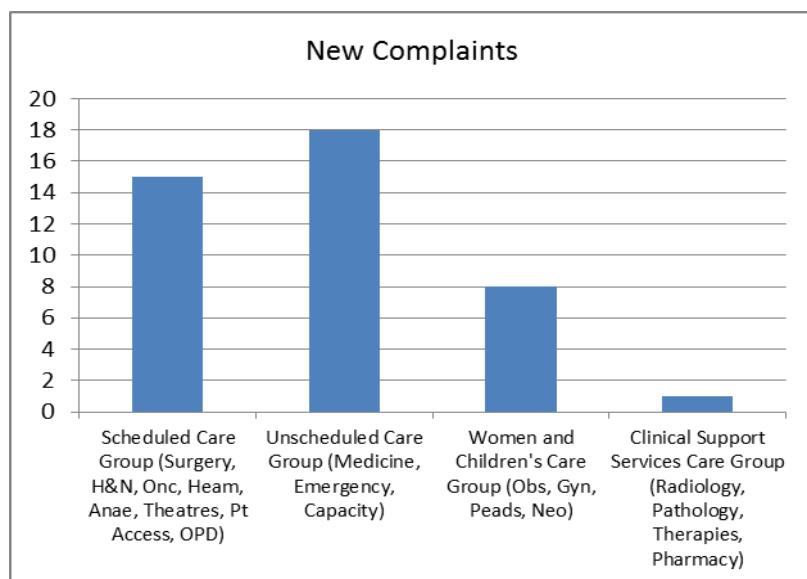
Measure	Year end 16/17	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	April 17	May 17	June 17	Year to date 2017/18	Monthly Target 2017/18	Annual Target 2017/18
Never Events	5	0	1	1	0	3	0	0	0	0	0	0	0	0	0	0
<b>NHS Safety Thermometer Point Prevalence Trust Level Data</b>																
Harm Free Care (%)	94.17%	96.0	93.66	93.56	94.9	96.33	93.54	95.49	92.54	93.93	94.31	94.81	93.48	94.20	95%	95%
No New Harms (%)	97.94%	99.0	98.25	97.81	98.58	99.27	98.16	98.62	96.77	97.16	98.47	98.18	97.49	98.04	None	None
<b>Safer Surgery</b>																
WHO Safe Surgery Checklist (%)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Venous Thromboembolism (VTE) Risk Assessment</b>																
VTE Assessment		95.8	95.55	95.74	96.01	95.64	95.31	95.66	95.34	95.96	95.6	95.5		95.5	95%	95%
<b>Mixed Sex Accommodation (MSA)</b>																
MSA including ITU discharge delays>12hrs	361	27	25	32	31	39	27	33	30	26	17	37	23	77	None	None
<b>Patient, Family and Carer Experience</b>																
Complaints (No)	424	32	41	24	35	41	29	48	45	49	45	56	42	143	None	None
Friends and Family Response Rate (%)	23.8%	21.6	30.7	26.5	20	23.5	20.7	20.0	22.0	23.8	32.2	22.5	23.3	23.3	None	None
Friends and Family Test Score (%)	96.6%	96.5	95.8	96.2	95.8	96.0	96.5	96.6	96.7	96.6	97.1	96.7	97.0	97.0	75%	75%



## Section Two – Patient Experience

### Complaints and Patient Advice and Liaison Service (PALS) Update – June 2017

The Committee receive a separate Quarterly report in relation to Complaints and PALS. Therefore the summary below shows complaints received and closed in June 2017.



#### New Complaints

There were 42 formal complaints received in June 2017. This is in line with expected figures.

All complaints received an acknowledgement within three working days.

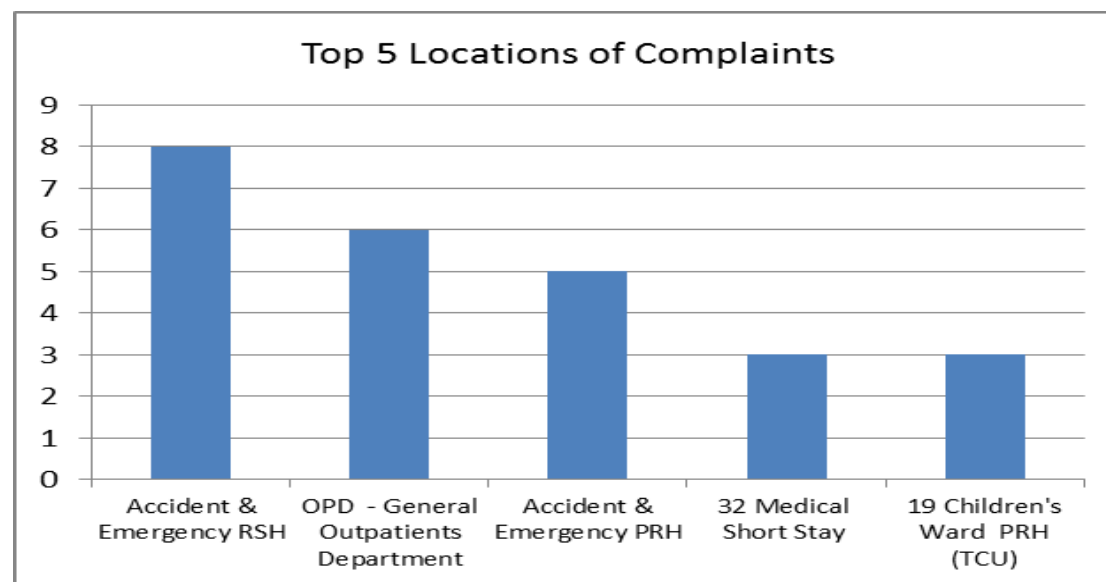
#### Top Five Locations of Complaints

ED RSH received the highest number of complaints with communication, lack of clear diagnosis and waiting times being the main themes.

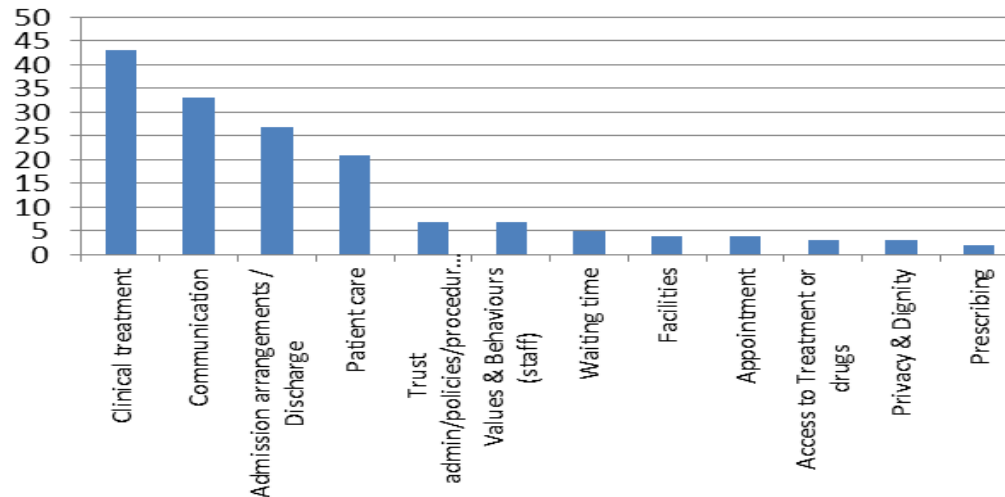
The complaints related to Outpatients were about cancelled appointments, delays and poor communication.

The complaints about ED PRH related to discharge and poor communication.

The complaints on Ward 32 and Ward 19 all related primarily to the discharge process and poor



### Complaints by Subject



### Complaints by Subject

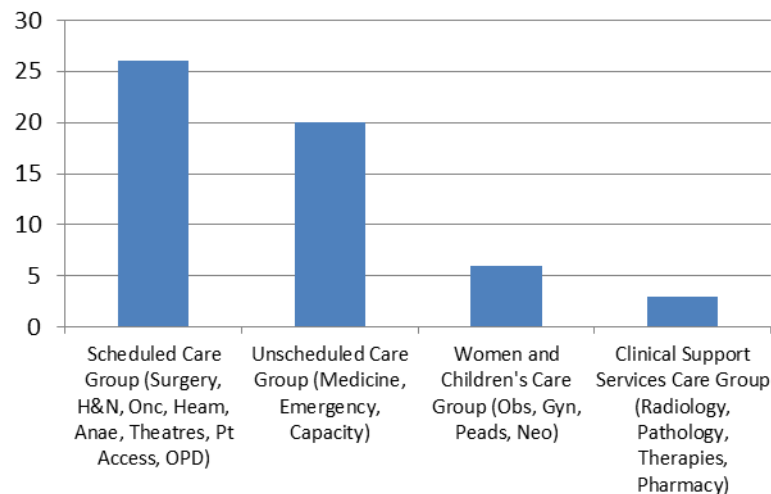
The number of complaints relating to discharges has increased again, with 17 of the complainants raising this as an issue.

These complaints will be further analysed and details shared with the Care Boards for them to take appropriate action.

To this end, the Complaints Manager attends all Care Group Boards to discuss the complaints for that area in detail, identifying trends and actions to be taken.

Further detail will be provided in the Quarterly report to the Committee.

### Closed Complaints



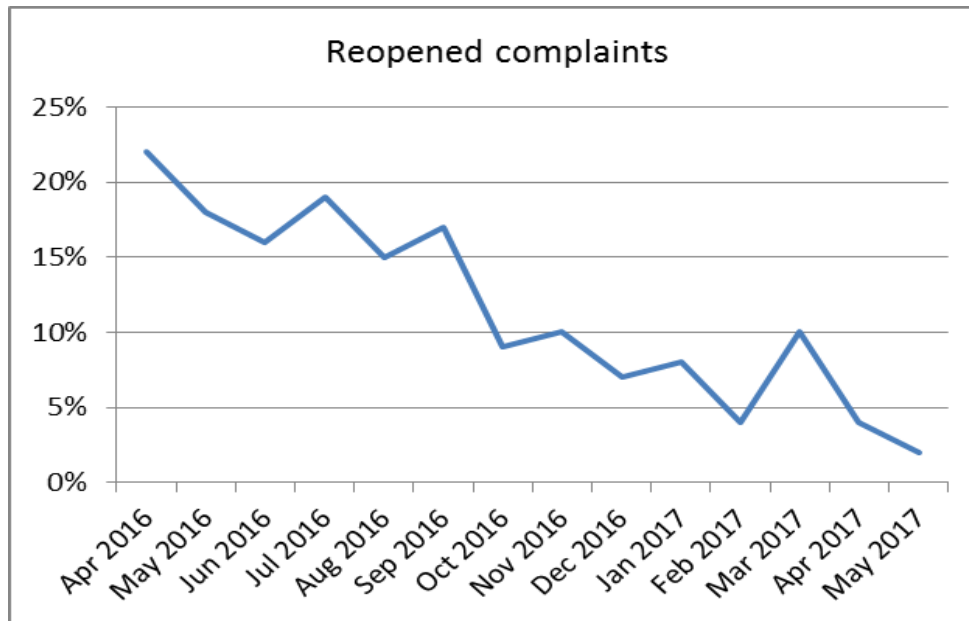
### Closed Complaints

Fifty five complaints were closed in June 2017.

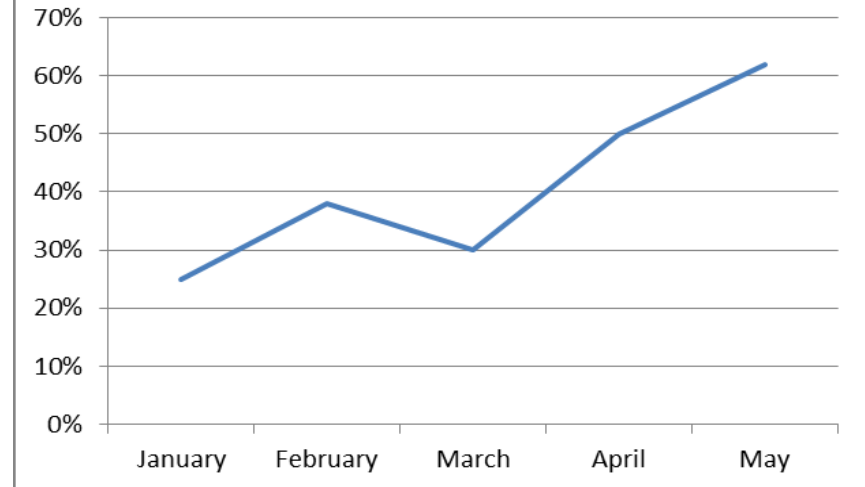
The complaints team are continuing to work with Care Groups to ensure comments are received back in time to enable a full response to be written and to clear the backlog of older complaints that are still awaiting comments.

### Complaints closed within agreed timescale

The number of complaints closed within timescale continues to increase. There are a number of complaints still open and within time from April and May, so these figures may change.



### Complaints closed within agreed timescale



### Reopened Complaints

Five complaints were reopened in June 2017.

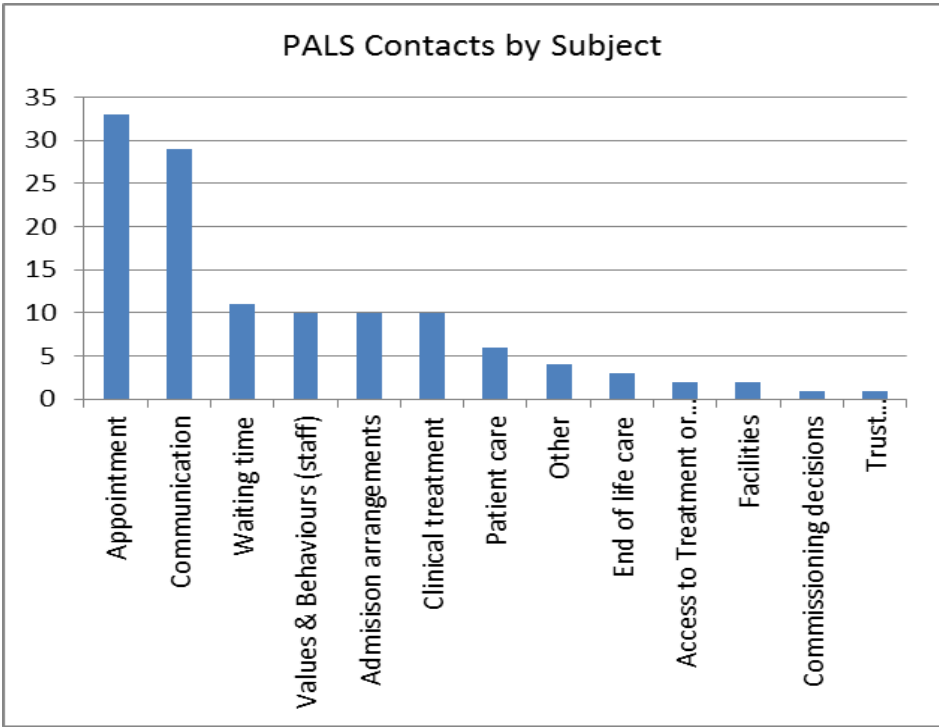
The graph on the left shows the percentage of complaints that are reopened by month received. Although figures are likely to increase for more recent months, the downward trend indicates that the responses are now more adequately addressing the patients' concerns.

**Parliamentary & Health Service Ombudsman (PHSO)**

The Trust has not been advised of any new referrals to the Parliamentary and Health Services Ombudsman or closed cases in June 2017

**Patient Advice and Liaison Service (PALS)**

The Trust received 132 PALS contacts in June 2017.

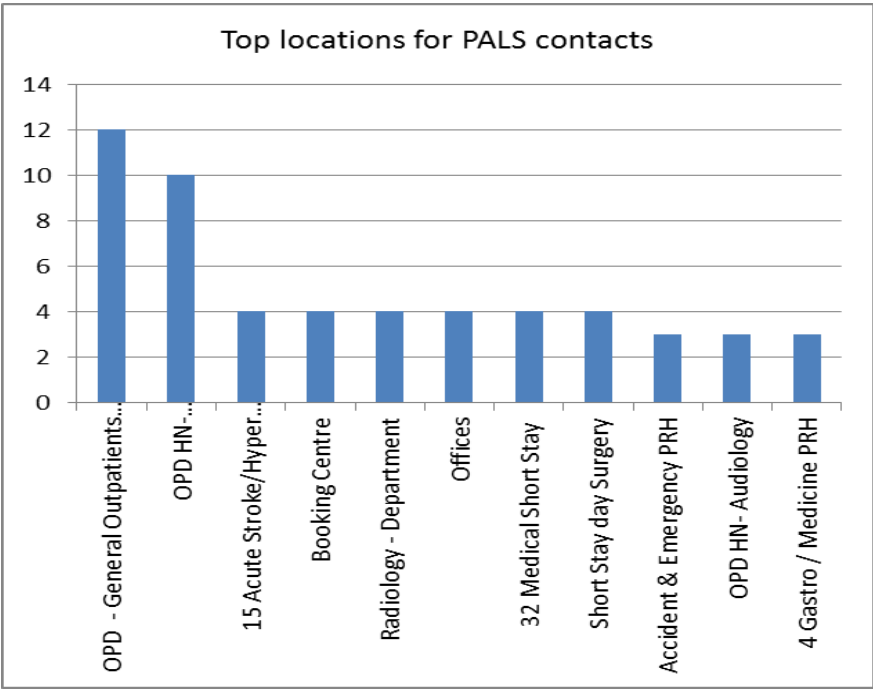


**PALS Contacts by Subject**

In keeping with previous months, the majority of PALS contacts relate to issues with appointments and poor communication.

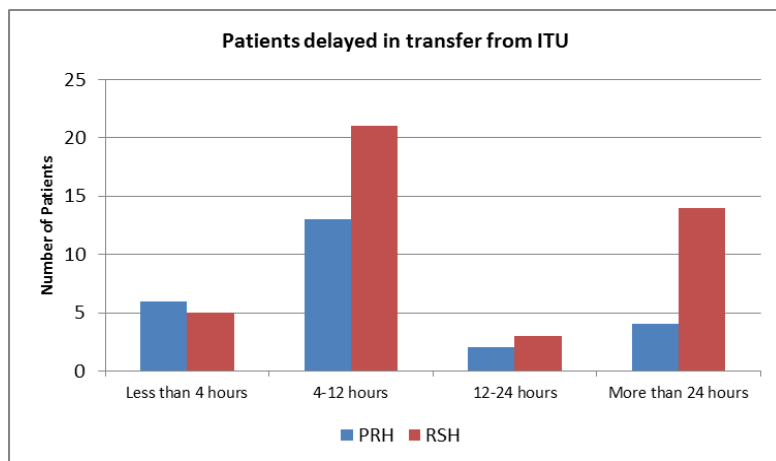
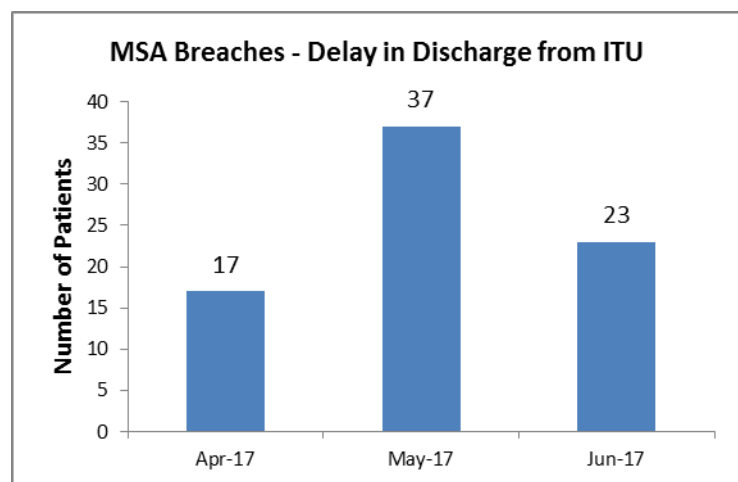
**Top Locations for PALS Contacts**

Outpatients and Ophthalmology have seen most PALS contacts; these are mainly linked to appointments.



## Mixed Sex Accommodation Breaches (MSA)

There were no MSA breaches in the Trust in June with the exception of patients being delayed in transfer out of intensive care areas to the general wards. Validated data for May showed the total in month to be 37 which has dropped to 23 in June.



### MSA Breaches – June 2017

Trust wide 16.18% of ITU discharges were within four hours of a patient being considered fit for transfer to another area. Of these, 50% were discharged between 4 and 12 hours, 7.35% between 12 – 24 hours and 26.47% over 24 hours.

#### PRH:

- 6 ITU discharges within 4 hours at 24.00%
- 13 ITU discharges between 4 and 12 hours at 52%
- 2 ITU discharges between 12 and 24 hours at 8%
- 4 ITU discharges bat 40.7 % over 24 hours 16%.

#### RSH

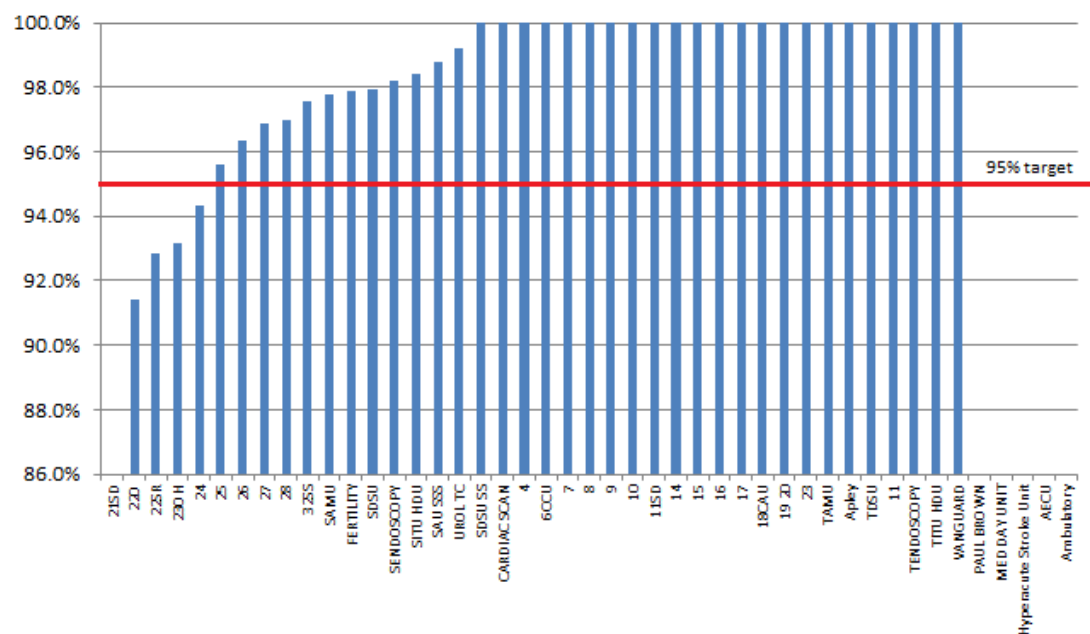
- 5 ITU discharges within 4 hours at 11.63%
- 21 ITU discharges between 4 – 12 hours at 48.84%
- 3 ITU discharges between 12 and 24 hours 6.98%
- 14 ITU discharges over 24 hours 32.56%

## Friends and Family Test Feedback (FFT)

The overall percentage of patients who would recommend the ward they were treated on to friends and family, if they needed similar care and treatment, was 97%. This was an increase on May's results. Individually, Maternity, A&E and Outpatients all saw improvements, however inpatients did see a slight decrease compared to the previous month.

The overall response rate was 23.3% which was an improvement compared to May results. Individually, inpatients did increase on their responses; however maternity birth and A&E decreased slightly. A new patient experience apprentice has been appointed which we hope will have further a positive impact going forward.

**Percentage promoters - wards - June17**



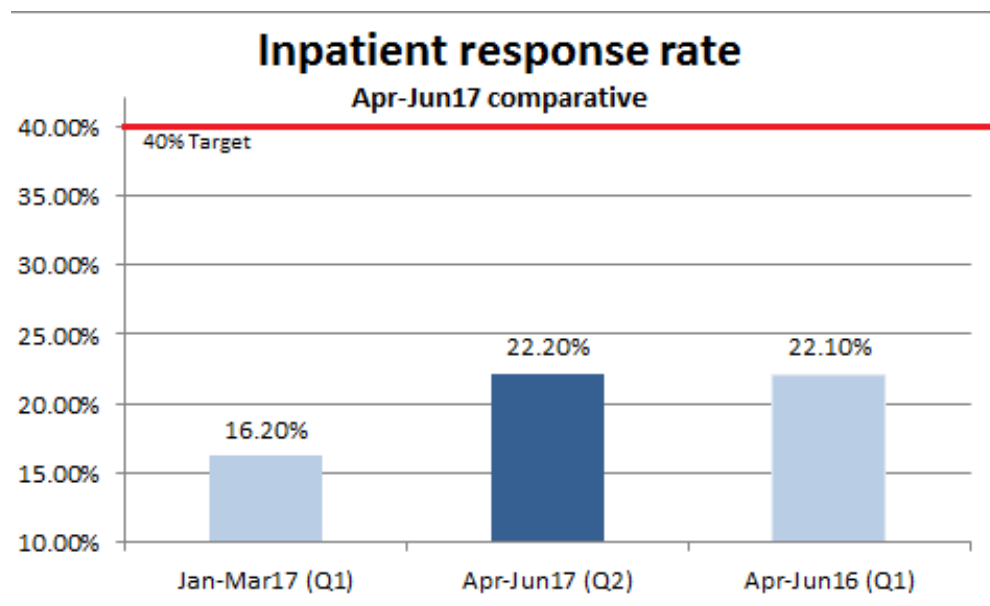
### Maternity

Nationally the percentage of promoters for Maternity in April was 96.4%. SaTH reached 100% in April and more recently 98.8% in June.

The response rate for Maternity only includes 'birth' and the National rate in April was 23.9%. SaTH reached 13% in April but has dropped to 7.3% in June

### Inpatient Summary

- The most recent National figures available are for April 17. These show the percentage of promoters at 95.8%. SaTH is therefore exceeding this as we reach 98% for inpatients in Apr17. Inpatients remain consistently high at 97.9% for June17.
- The majority of inpatient areas are achieving the Trust target of 95% for patients who would recommend the ward (percentage of promoters).
- The National response rate for inpatient in April 17 is 25.3% which is higher than SaTH at 21%. We have however increased locally to 24.5% in June 17.
- Even with this increase, we still remain nearly 16% under the SaTH target response rate of 40%.
- It is encouraging to see that this quarter (Apr-Jun17) has seen an increased response rate compared to the first quarter of 2017 (Jan-Mar) as well as responses this time last year (Quarter 2, Jan-Mar16).



AE	TARGET	Apr-17	May-17	Jun-17
SaTH Response Rate	>=20%	44.0%	24.1%	21.9%
SaTH % Recommenders	>=95%	97.2%	95.9%	96.6%
National Response Rate	No Target	12.5%		
National % Recommend	No Target	87.5%		

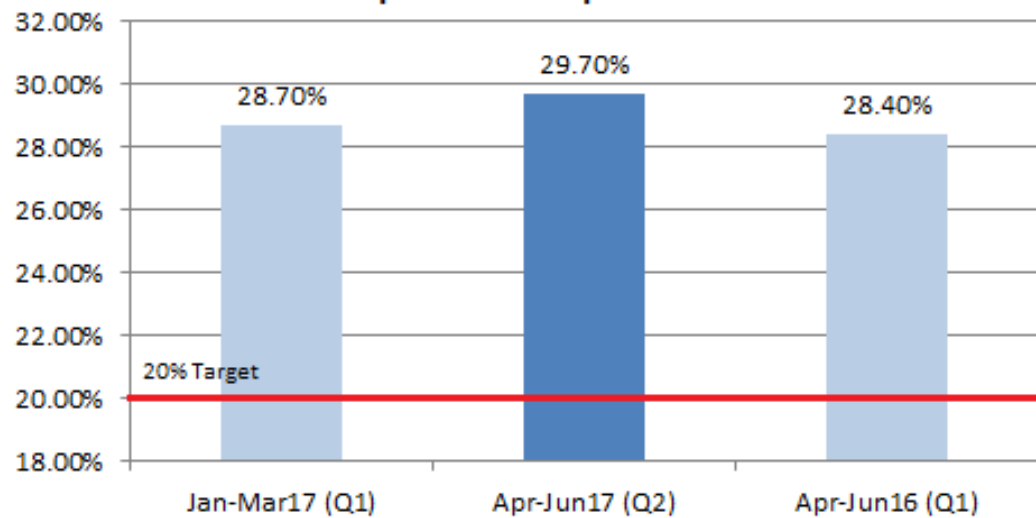
#### Outpatients

- In April SaTH saw 95.6% of patients recommending the outpatient department (percentage of promoters). This was higher than the 93.3% National figures.
- June saw a further increase to 96.1% for SaTH.

#### A&E Summary

- The National percentage of promoters for A&E for April is 87.5%, whilst SaTH was at 97.2%. This ranked SaTH 8<sup>th</sup> highest in the country (out of 140 Trusts).
- SaTH saw a slight decline in June at 96.6% but still remains above the 95% target rate.
- The National response rate for A&E in April was 12.5% which SaTH dramatically exceeded at 44%. This ranked SaTH at number one out of 140 Trusts; with the highest response rate nationally.
- While the response rate has dropped to 21.9% in June, it is still over the target rate of 20%.
- It is encouraging to see that this quarter (Apr-Jun17) has seen an increased response rate compared to the first quarter of 2017 (Jan-Mar) as well as responses this time last year (Quarter 2, Jan-Mar16).

## A&E response rate - Apr-Jun17 comparative



- A second apprentice has been appointed recently who is currently giving many more patients the opportunity to complete the FFT cards throughout the Trust. This will inevitably help to improve response rates for the future, particularly for inpatients where there is still room for improvement to reach our 40% target response rate.



## Additional Patients on our wards

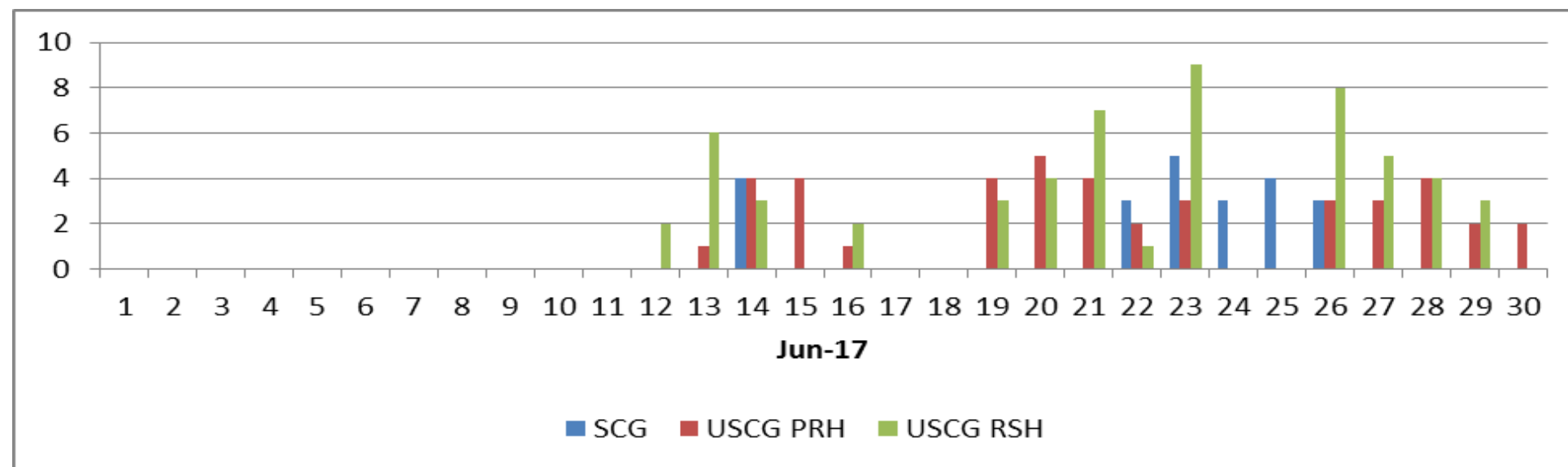
During June 2017 the Trust recorded 121 incidents of additional patients to our wards. This was across both sites and both Unscheduled and Scheduled Care Groups.

A process has been strengthened to ensure that all such admissions are recorded on Datix and that a risk assessment is carried out for the patient that potentially will be additional to the ward bed numbers and a copy of that risk assessment is kept within the patient record. Additionally a Matron will speak to the patient and their relatives to explain what is happening and answer any questions they may have.

The majority of episodes when additional patients to our wards were via our Unscheduled Care Group (99) with 22 episodes of care recorded in Scheduled Care. The latter were all at RSH.

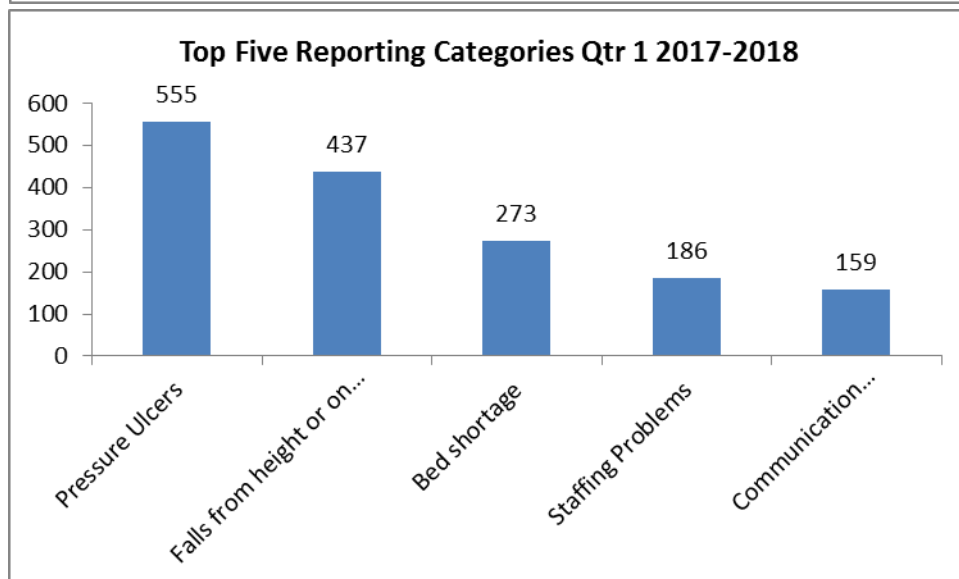
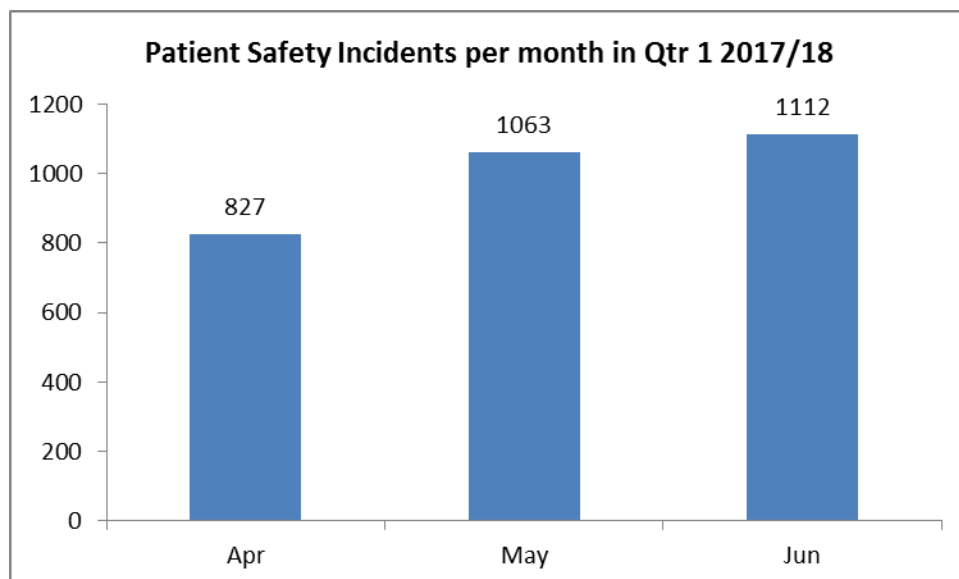
The chart below shows that there were 17 days during June when we had additional patients on the ward.

On 23 June we had 17 additional patients – 14 at RSH and three at PRH.



## Section Three – Patient Safety

### All Patient Safety Incidents

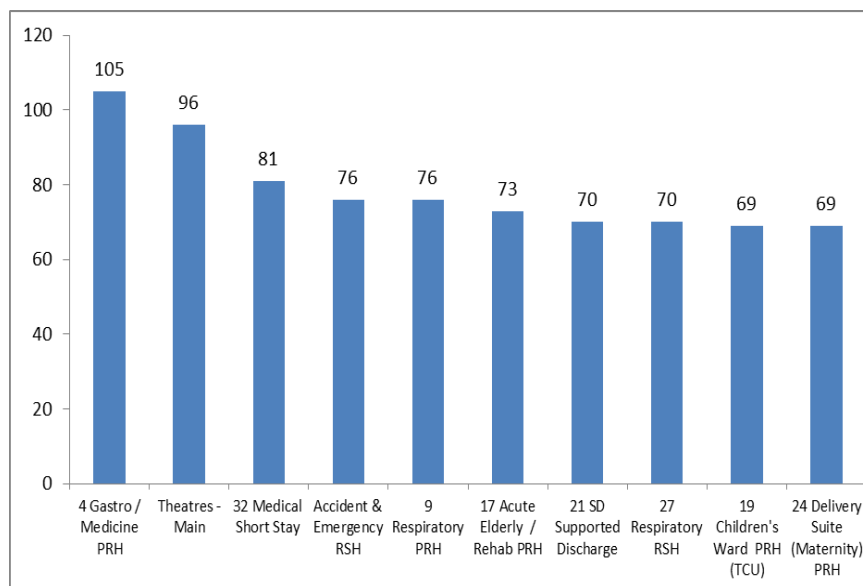


### Patient Safety Incidents

A total of 3002 patient safety incidents were reported in Qtr 1 2017-2018 across the Trust. This compares to 3120 in the same quarter of 2016-2017. It is a slight decrease from the 3017 reported in Qtr 4 of 2017-2018.

### Top Five Reporting Categories/Top Ten Areas

It should be noted that of the 555 pressure ulcers reported, 364 were present on admission, meaning that 191 potential pressure ulcers were reported as having occurred in our care. Following review and validation by the ward managers and, if required, the Tissue Viability Team, this number will reduce.



The table below shows the detail relating to the status of the incidents that have been reported in the Quarter. The Trust Incident Reporting Policy requires managers to whom the incidents have been reported (the handler of the incident) to review and close the incident within specified timescales depending on the severity of the harm that may have occurred. Final approval is a process by which the relevant member of the Patient Safety Team reviews the actions and ensures that the Datix record is correct.

#### All Patient Safety Incidents by Care Group and Approval status as at 07 July 2017

	In holding area, awaiting review	Being reviewed	Awaiting final approval	Being approved	Final approval	Total
Ambulance/ Patient first	0	1	2	0	0	3
Corporate Governance Directorate (Legal, Security, H&S, Assurance, Gov, R&D)	2	0	0	0	0	2
Workforce Directorate (HR, Med Education)	0	0	1	0	0	1
Quality & Safety Directorate (Pat Safety, Pat Services, Infection Control)	2	0	0	0	0	3
Resources Directorate (Estates, Facilities, Finance, IT,)	3	2	3	1	2	11
Scheduled Care Group (Surgery, H&N, Onc, Haem, Anae, Theatres, Pt Access, OPD)	174	99	440	4	241	963
Clinical Support Services Care Group (Radiology, Pathology, Therapies, Pharmacy)	25	18	49	0	21	113
Test CG do not use	1	1	0	0	0	2
Unscheduled Care Group (Medicine, Emergency, Capacity)	214	99	522	9	609	1455
Women and Children's Care Group (Obs, Gyn, Paeds, Neo)	233	40	94	0	80	449
<b>Totals:</b>	<b>654</b>	<b>260</b>	<b>1111</b>	<b>14</b>	<b>953</b>	<b>3002</b>

From September 2017 we will be implementing a process by which all moderate harm and above RCA will be reviewed by a panel on a weekly basis. Additionally, we will be uploading data to NRLS on a fortnightly basis which will ensure that incidents are validated promptly by the Patient Safety Team and managers supported to close incidents in a timely manner.

### Uploading Patient Safety Incidents to the National Reporting and Learning Service (NRLS)

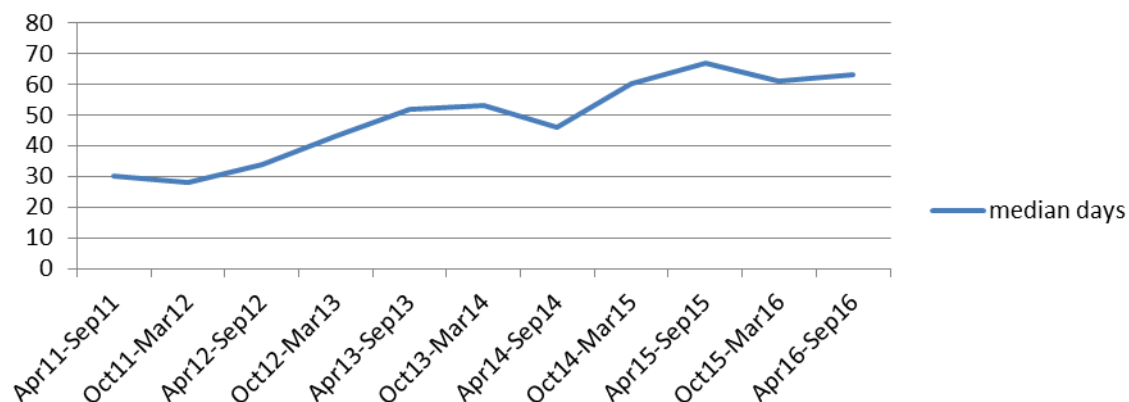
From the inception of the NRLS, it has been Trust policy to only upload Patient Safety incidents to the NRLS, once they have been fully investigated and data quality checked.

The exception to this is those incidents which are reported as Serious Incidents, whereby the relevant Datix is uploaded to the NRLS at the time of reporting the Serious Incident on StEIS. The Trust has a fast track email alert system within Datix to identify any incident which may meet SI or Never Event criteria.

Trust policy is for the managers to investigate and take appropriate action within 30 days. Incidents should then be given final approval by the relevant Safety Advisor (this also includes Health and Safety advisors as well as Patient Safety Advisors) within 40 days.

There has been slippage in meeting the Trust target since 2012 and the median average number of days from incident date to NRLS upload date since 2014 is 63 days.

### Median days from incident date to upload to NRLS date



There are two main reasons why the median number of days to reporting to the NRLS has increased by 60% in the last NRLS report for the period October 2016-March 2017:

Long term sickness absence has meant that the task of uploading incidents was shared between members of the Patient Safety team. Incidents were uploaded monthly instead of fortnightly. In addition, weekly reminders of the number of overdue incidents have not been sent to managers.

Due to winter pressures and the need to manage nursing vacancy and sickness levels, the ward managers have spent more time working clinically to maintain clinical standards. The impact this would have on the time to close incidents was recognised and reported in early 2017. More Band 6 staff have been given access to manage Datix incidents, but the speed of training has been delayed due to the issues within the Patient Safety Team. More Band 6 staff will be trained to support the managers.

Recovery plan includes benchmarking with other Trusts about their uploading of incidents and possibly then uploading sooner after the incident and again when the incident has been closed.

## Organisation Patient Safety Incident Report

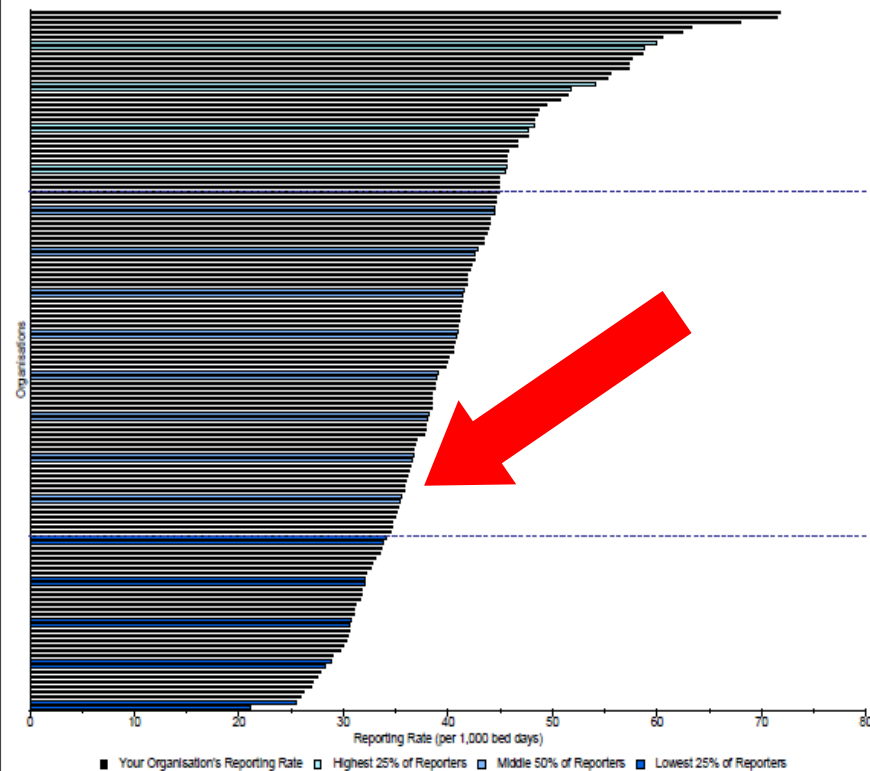
Reported Incidents between 01 April 2016 to 30 September 2016

SHREWSBURY AND TELFORD HOSPITAL NHS TRUST  
Organisation type: Acute (non-specialist) organisation

### Are you actively encouraging reporting of incidents?

The comparative reporting rate summary shown below provides an overview of incidents reported by NHS organisations to the National Reporting and Learning System (NRLS) occurring between 01 April 2016 to 30 September 2016. Your organisation reported 4,398 incidents (rate of 36.93) during this period.

Figure 1: Comparative reporting rate, per 1,000 bed days, for 136 Acute (non-specialist) organisations.

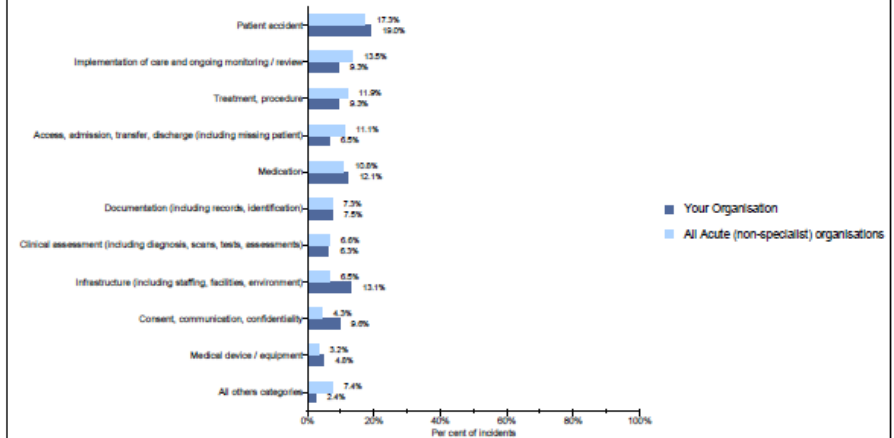


The median reporting rate for this cluster is 40.02 incidents per 1,000 bed days.

Organisations that report more incidents usually have a better and more effective safety culture. You can't learn and improve if you don't know what the problems are.

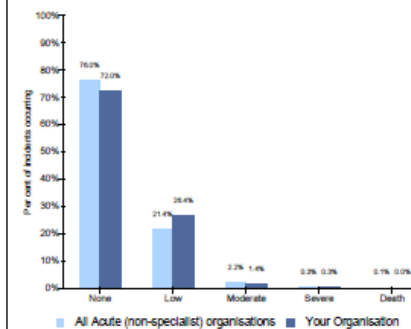
### What types of incidents are reported in your organisation?

Figure 2: Top 10 Incident types



If your reporting profile looks different from similar organisations, this could reflect differences in reporting culture, the type of services provided or patients cared for. It could also be pointing you to high risk areas. The response system is more important than the reporting system.

Figure 3: Incidents reported by degree of harm for Acute (non-specialist) Organisations



Your figures:

Degree of harm	None	Low	Moderate	Severe	Death
Count	3,195	1,159	60	14	0

### Do you understand harm?

Nationally, 73 per cent of incidents are reported as no harm, and just under 1 per cent as severe harm or death.

However, not all organisations apply the national coding of degree of harm in a consistent way, which can make comparison of harm profiles of organisations difficult.

Organisations should record actual harm to patients rather than potential degree of harm.

Recognising and reporting incidents resulting in severe harm or death is an important sign of an organisation's reporting culture. If the numbers of incidents reported as severe harm or death are low compared with peers you should check that your reports reflect all incidents you are aware of through sources such as mortality review, inquests, litigation or complaints.

### Learning from your incident reports

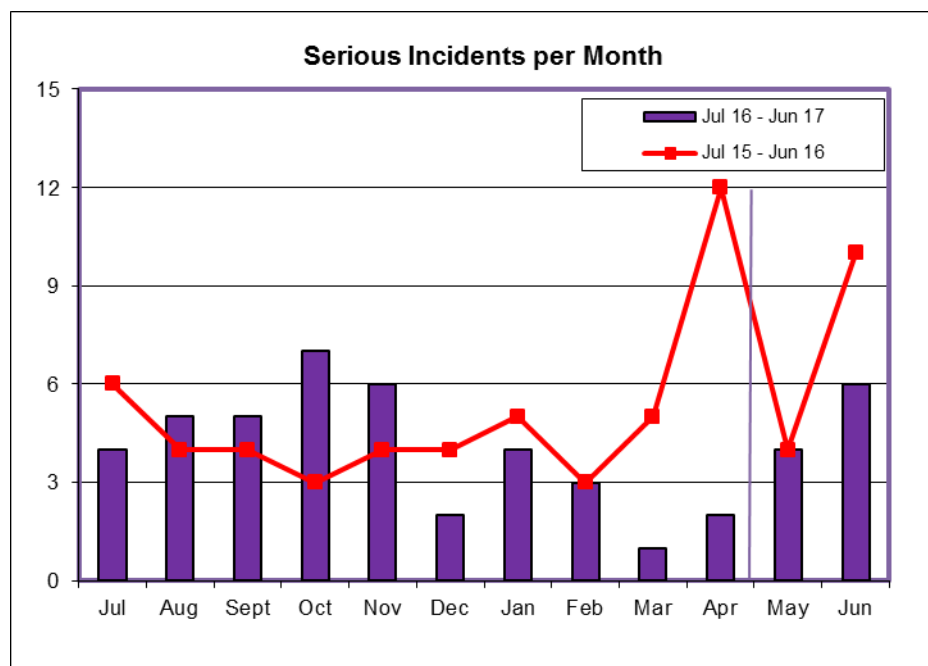
We know from international research studies that not all patient safety incidents are recognised and reported, even in the most safety-aware organisations. NHS Improvement are keen that numbers of reported incidents to the NRLS are always framed in terms of reporting patient safety incidents is good, not that high reporting equals an unsafe organisation.

An NHS trust where staff feel encouraged and supported to report should show a higher rate of incident reports, a higher proportion of no harm reports, and staff survey responses about incident reporting behaviour that are above average.

NHS organisations are encouraged to apply their local knowledge and expertise – in addition to considering these other related sources of patient safety information (such as CQC reports, local serious incident information, 'friends and family' patient feedback, and local complaints data) alongside their NRLS data, in order to check that the messages from each data source are consistent and learning is identified and acted upon.

For further information [click here](#).

## Serious Incidents Reported in Quarter One 2017-2018



There were three Serious Incidents reported in April 2017 but this has been reduced to two as the CCGs have agreed to downgrade one.

This was because the investigation found that there was no harm caused to the patient (incident 2017/9066 below).

Type of Incident	Care Group	Date of incident
<b>April:</b>		
Assault by inpatient	Scheduled Care	April 2017
Delayed Diagnosis	Women's and Children's	Sep 2014
<b>May:</b>		
Sub Optimal Care	Unscheduled Care	Dec 2016
Sub Optimal Care	Unscheduled Care	Feb 2017
Delay in Treatment	Unscheduled Care	May 2017
Delay in Treatment	Scheduled Care	May 2017
<b>June:</b>		
Other	Unscheduled Care	May 2017
Maternity/Obstetric	Women's and Children's	Dec 2016
Fall resulting in head injury	Scheduled Care	Jun 2016
Delayed Treatment	Scheduled Care	Jul 2016
Delayed Diagnosis	Scheduled Care	Jun 2017
Grade 3 Pressure Ulcer	Unscheduled Care	Jun 2017
<b>TOTAL</b>		<b>12</b>

Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires us to inform people when a notifiable incident has occurred. To monitor our compliance with this, staff are required to note on our reporting system (Datix) what steps they have taken to ensure they comply with the regulation. In order to further strengthen this process and to ensure that Duty of Candour has been applied to appropriate incidents the Trust will, from September hold weekly meetings to review all patient safety incidents from the previous week. This will not only provide assurance relating to Duty of Candour but also whether incidents are graded correctly and whether there is any immediate learning that may be shared.

### Serious Incident (SI) Reporting Status

The table below shows that there are 14 incidents open to investigation; of these six have agreed extensions with commissioners due to factors affecting capacity to complete the investigation.

Overall, 30 incident investigations have been completed with a request sent to commissioners to close them on the StEIS system; of the 30 incidents that remain open 17 require removal following evidence found that they did not meet the criteria of an SI.

### Incident Status at 11/07/2017

	New Incidents for June 2017	6
	Incidents being investigated	14
	Out of internal deadline (excludes external deadline & RCAs with extensions)	2
	Out of external deadline with CCG/CSU (excludes RCAs with extensions)	0
	CCG/CSU have been asked to close/remove incident	30

### Action plan completion status

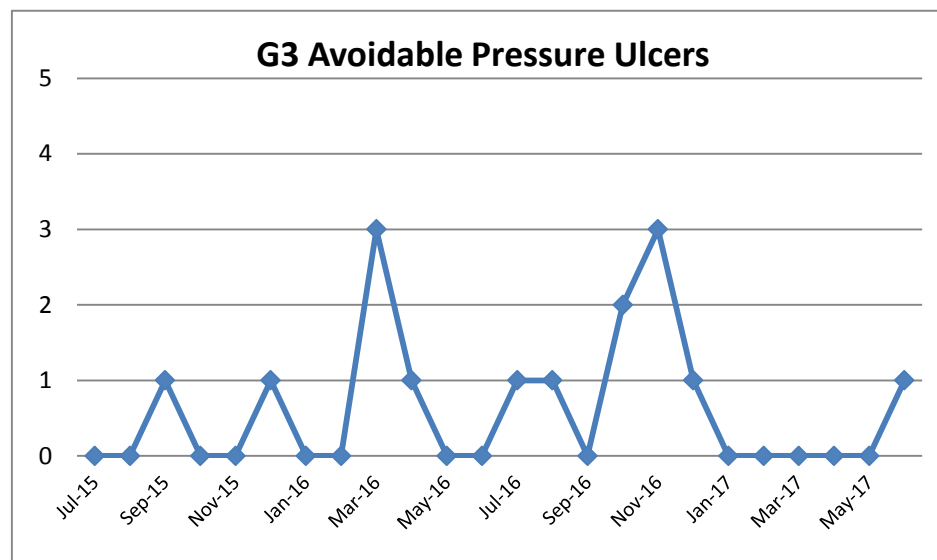
There are eight RCAs action plans out of date for 2015/16 with none closed since last month's report. There are 27 RCAs action plans out of date for 2016/17, with none closed since the last report. Overall the total number of RCA action plans going out of deadline has increased by two with work continuing with operational teams to support action plans completed in a timely manner.

### Serious Incidents submitted to the Clinical Commissioning Groups in Quarter One 2017-2018 with learning identified

StEIS No	Type of Incident	Clinical Area	Learning identified
2017/11936	Sub optimal care	ED (PRH)	<p>All information available must be utilised and considered when formulating a diagnosis so as to provide a complete clinical view.</p> <p>To avoid bias, clinical history can be obtained and preliminary diagnosis made prior to reviewing other available information when a definitive diagnosis can be offered.</p> <p>Patient review must be carried out prior to providing a prescription.</p>
2017/5651	Missed Medication	Ward 28 (RSH)	<p>A new prescription administration chart has been implemented since the incident (Appendix D), this facilitates up to 28 days of VTE prophylactic treatment before requiring any need to transcribe to another chart.</p> <p>It is paramount to have a formalised process to alert relevant persons to the requirement for new prescription charts to be written.</p>
2017/7565	Delayed Diagnosis	Gynae OPD	<p>Variation exists in consultant practice in relation to symptomatic post-menopausal patients presenting with an abnormal ovary based on USS. This variation demonstrates a lack of local knowledge of practice undertaken by practitioners employed by SaTH. This matter is in part resolved by the application of local guidance.</p>

StEIS No	Type of Incident	Clinical Area	Learning identified
			Understanding and the appreciation of the impact of personal stressors in the work place (Human Factors) and the identification of these and the design of systems and process to support professionals in maintaining high standards of care.
2017/9066	Delayed Diagnosis	Outpatients	<p>The Incident has been investigated and a root cause analysis meeting held to understand why a referral was not acted on. For this patient it is now known that if they had been investigated in 2015 it would have been found to be negative. This has been an opportunity to review the referral pathways within the Trust.</p> <p>We will be seeking a downgrade of this serious incident as the investigation has shown that there was no harm to this patient.</p>

### Avoidable Hospital Acquired Pressure Ulcers



We have reported one avoidable Grade three pressure ulcer in June 2017. The investigation is in progress and on track for completion within timescales. The total reported for 2017-2018 to date is one.

We have not identified or reported any avoidable Grade four pressure ulcers in 2017-2018 to date.

We identified an avoidable Grade two pressure ulcer in June 2017. An RCA has been completed and appropriate actions identified and shared with the ward staff. The learning related to the regular reassessment of potential skin damage and the monitoring of any areas of concern.

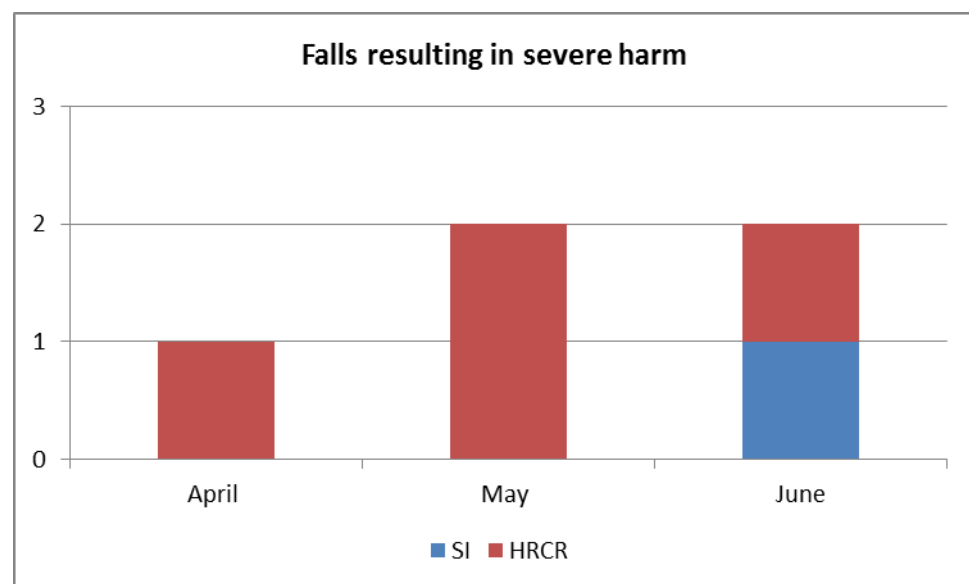
We have now had two avoidable grade two pressure ulcers in the year to date.



There were two pressure ulcers (grade three) that were reported in June but not escalated as a serious incident for the following reasons:

Pressure Ulcer Site	Rationale for not reporting as an SI
Grade 3 Heel	Patient had significant risk factors. There is a pattern of very good risk assessment and good risk reduction strategies in place including; offloading of heels, orthotic boots to try and reduce risk of skin breaking down, appropriate repositioning regime and air mattress. Patient has poor circulation and high risks. Despite interventions the skin broke down to a grade 3. TVN and patient safety are satisfied with documentation. HRCR in progress to ensure any learning outcomes are identified
Grade 3 Ankle	Patient at high risk; end of life care. Still had capacity but expressed desire not to move in accordance with risk reduction strategies, good documentation regarding alerting patient to risks. TVN/Pt safety, Ward Manager and Matron in agreement, not SI – managed as HRCR

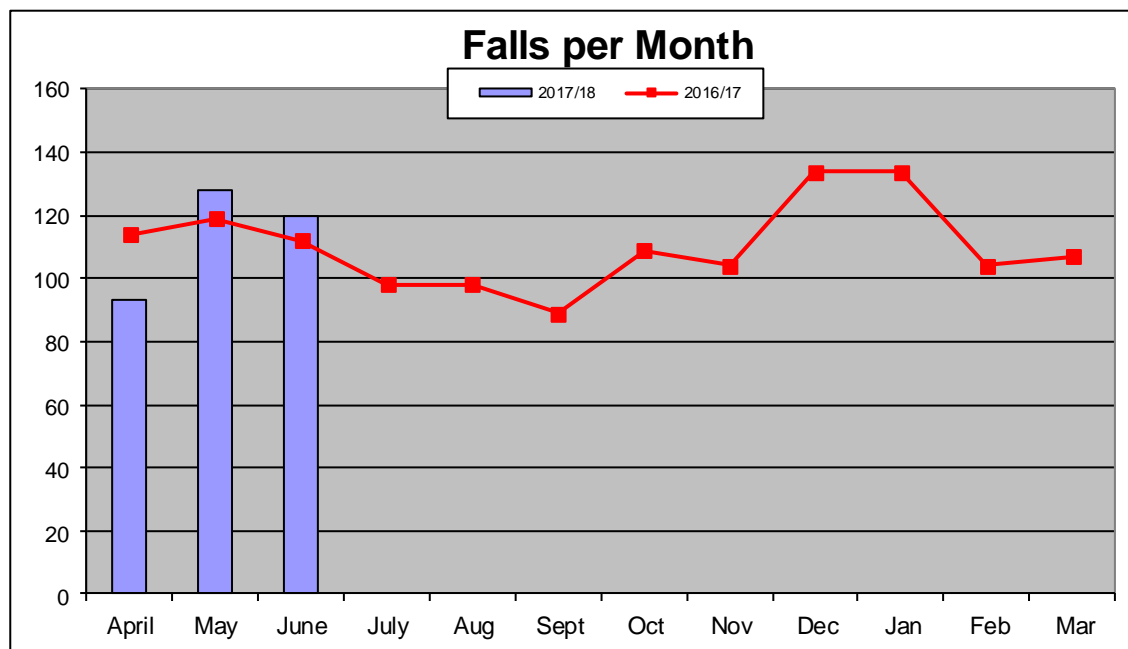
## Patient Falls



### Patient falls resulting in severe harm

In quarter one five patient falls resulting in severe harm have been reported. Of these one (in June) has been reported as a serious incident – the investigation is in progress and on track for completion in timescales. The other four have been reviewed and a high risk case review carried out. In June we had one such incident in addition to the serious incident.

Fall fracture site	Rationale for not reporting as an SI
Hairline fracture greater trochanter	The outcome for the patient is a hairline fracture of the greater trochanter which does not require surgery and the patient is mobilising with a Zimmer as they were on admission, therefore does not meet the criteria for SI based on level of harm. Their risk assessments were complete; they had capacity and they were mobile with a frame.

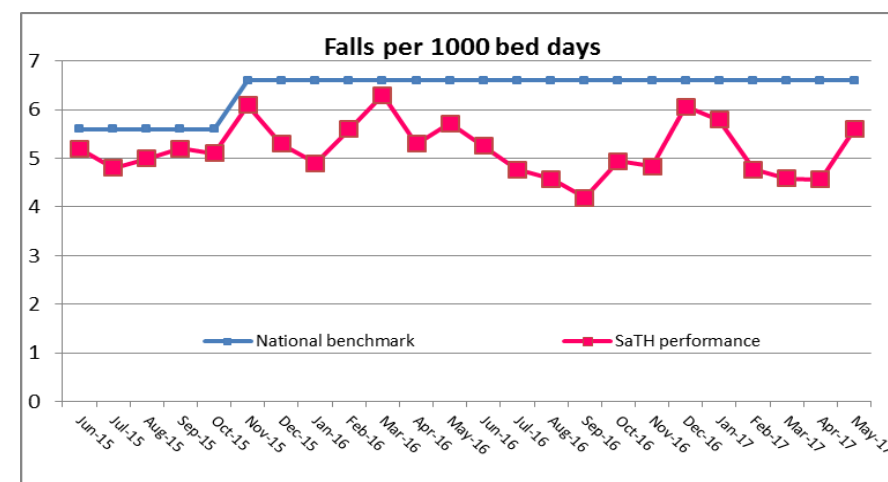
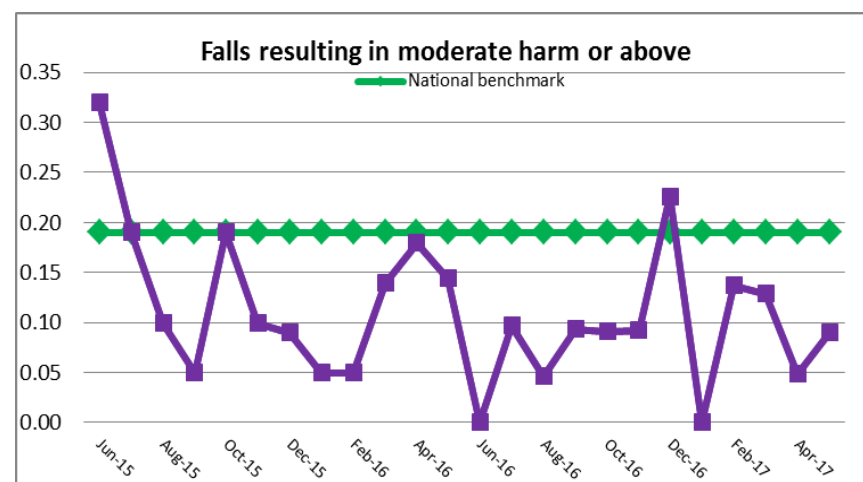


### Patient Falls

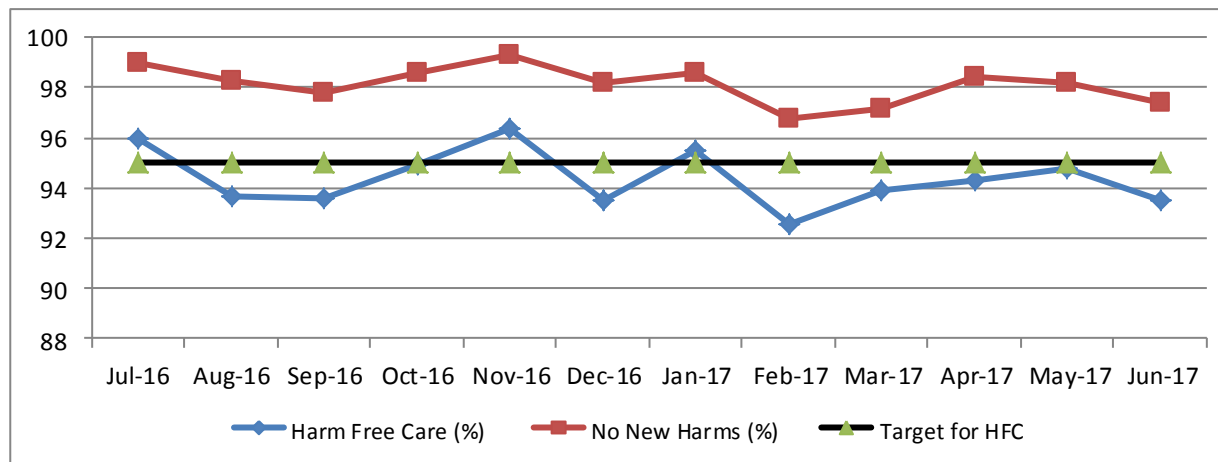
The chart indicates the number of patient falls reported per month compared to 2016-2017. As may be seen with the exception of April we have reported more falls per month than the same period last year.

We have recently contributed to the National Audit for Inpatient Falls data collection for 2017 – the report is expected later this year and the results will be brought back to the Committee.

The charts below show the falls per 1000 bed days compared to the national benchmark.



## NHS Safety Thermometer



The NHS Safety Thermometer is a point prevalence audit carried out on a specific day across services providing NHS services.

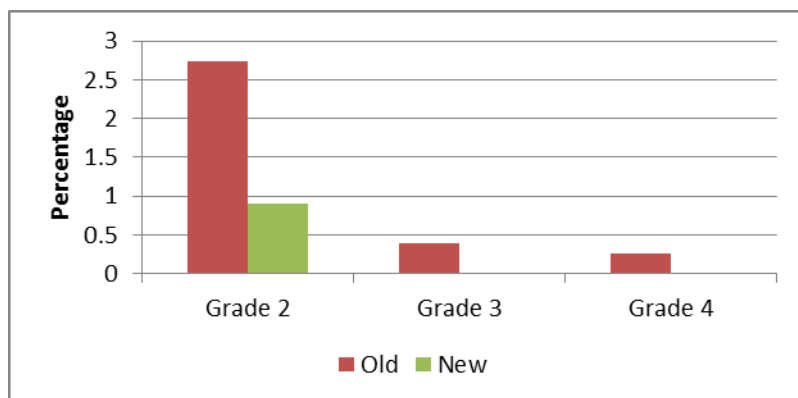
The audit measures whether a patient has one or more of four specific “harms” as detailed below.

Harms as described as new – those that occurred whilst in our care or old – those that were present when the patient was admitted to our care.

The data that was collected during June 2017 included 767 patients that were in our inpatient areas on the day of the data collection.

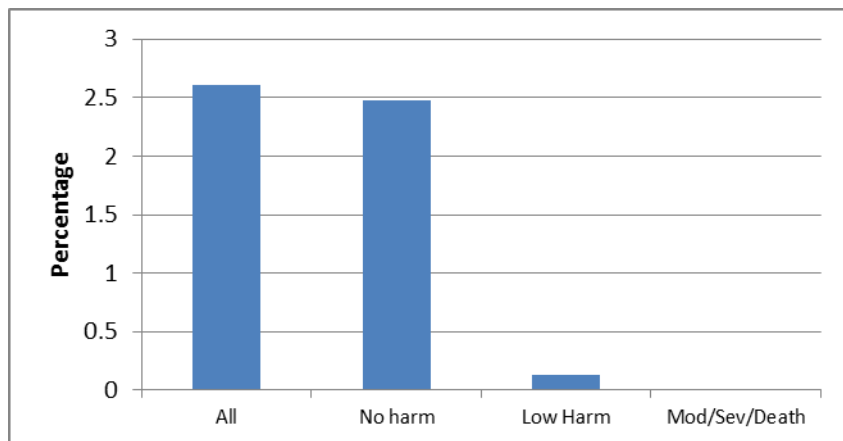
Overall, we recorded that 93.48% of the patient cohort on the day were free from any of the four harms measured in the data collection. We also found that 97.39% (747) were free from any harm that occurred whilst in our care.

A total of 6.52% of the total cohort were recorded as having at least one of the four measured harms (both new or old) on the day of the data collection. Of these, 6.13% (47) had one harm and 0.39% (3) had two harms. Therefore there were no patients who were measured as having all four harms on the day.



**Pressure Ulcers.** The collection measures the grade and whether the pressure ulcer was old (was present on admission or developed within 72 hours of admission), new (developed when a patient had been in our care for more than 72 hours). The data for June is shown to the left and indicates that the majority of pressure ulcers seen on the data collection day were grade two pressure ulcers that were present on admission.

The only new pressure ulcers reported were seven grade two.



### Patient Falls

In June we recorded an increase in the total number of patient falls recorded on the data collection day. For the purposes of this audit, a fall is recorded if it occurred within 72 hours of the data collection day.

A total of 20 patient falls were recorded affecting 2.61% of the total cohort. Of these the majority (19) were reported as resulting in no harm to the patient and one resulted in low harm (defined as the patient required first aid, minor treatment, extra observation or medication).

### Catheters and UTI

A total of 130 patients were recorded as having a urinary catheter in situ on the data collection day, 99 of which had been in situ for less than 28 days.

Of these, three patients were recorded as having a new UTI as well as a catheter.

### Catheters and Urinary Tract Infections (UTI)

	All	Present for less than 28 days	Present for more than 28 days
Catheters	16.95	12.91	4.04
		Old	New
UTI	4.56	2.87	1.69
Catheter and UTI	1.04	0.65	0.39

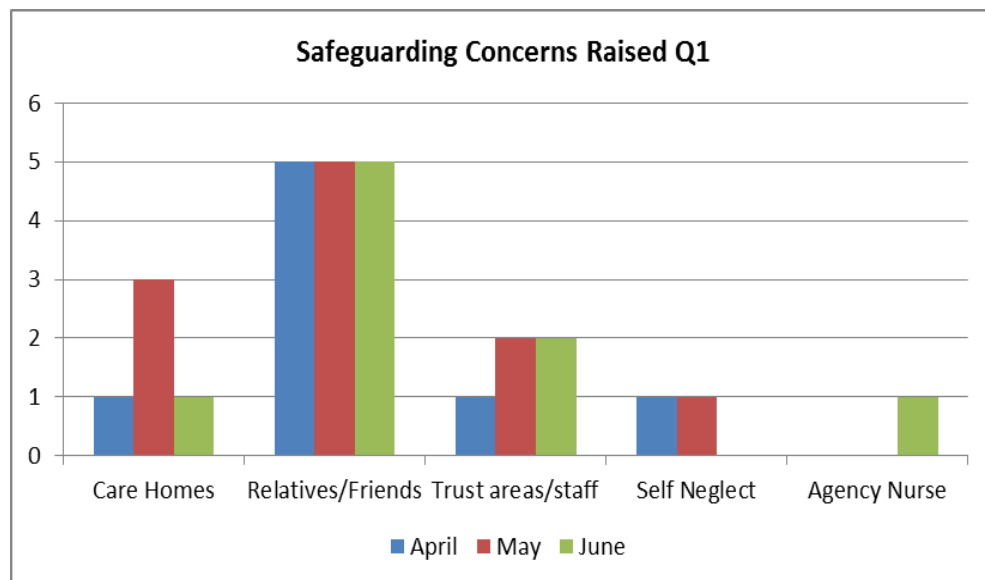
### Venous Thromboembolism (VTE)

The data collection records the percentage of patients that have been assessed for risk of VTE (87.48%), the number on prophylaxis (72.88%) and the number that have old and new VTE of some description.

In June we recorded an increase in the number of VTE (78 patients) the majority of which (67) were old. Eleven patients were recorded as developing VTE whilst in our care.

## Safeguarding

### Safeguarding Vulnerable Adults



This chart shows the individuals or services that safeguarding concerns were made against. Of the total of 28 in the quarter that involved our services, 23 were raised by the Trust against others and five were raised against our services.

The highest numbers over the quarter were made against family members or friends (n=15) with five being made against care homes.

During Quarter one 2017-2018 we saw a total of 28 Safeguarding concerns raised. This compares to 30 in the previous quarter. There were fewer concerns raised against Trust services in Quarter one (five compared to 12 in Quarter four).

We have not identified any specific trends in the types of concerns being raised but the highest number (57%) related to potential neglect or omission of care.

Types of Harm			
	April	May	June
Psychological Harm	1		1
Neglect/Omission of Care	3	7	6
Financial	2		
Self Neglect	1	1	
Physical Harm	1		1
Domestic Abuse		3	1
<b>Total</b>	<b>8</b>	<b>11</b>	<b>9</b>

### Deprivation of Liberty Safeguards (DOLS)

Referrals	Approved	Comment
5	1	One patient sectioned under Mental Health Act One patient discharged prior to assessment by LA
4	0	All patient discharged home before assessment by LA
10	0	Six patients discharged home before assessment by LA Remaining outstanding at time of report.

During August we will carry out an audit to verify the number of DOLS referrals to ensure that referrals are being made appropriately.

There were five referrals made against the Trust during the quarter, one by SaTH. Detail is given below:

#### **April**

Referral made by Safeguarding SaTH as patient on Ward 26S RSH was assaulted by a patient in the same bay who was hallucinating at that time. This patient was struck several times with a zimmer frame. A CT scan of the head did not reveal any injuries but the patient had sustained a fractured wrist. Patient deteriorated and died suddenly three days later. Relatives informed the Police as they had concerns that the Trust failed to protect their family member.

#### **Actions:**

- Home Office post mortem.
- On-going Police investigation.
- Reported as a serious incident.
- Root Cause Analysis arranged.

Outcome: Investigations still in progress

#### **May**

Referral made by Nursing Home as concerns raised that patient on Ward 23 was discharged with a grade three pressure ulcer to his foot, skin tear to his elbow, wound to his knee and a grade two pressure ulcer to his buttock.

#### **Actions:**

- Enquiry completed.
- Statement submitted to the Safeguarding Team and CCG.
- Nursing documentation and medical illustration evidence that this skin damage was present on admission.

Outcome: Does not meet the criteria for a section 42 enquiry. Closed to Safeguarding.

Referral made by Social Services as patient attended the ED at PRH following a fall and sustained a fractured wrist. This patient is normally mobile with a zimmer frame. The patient was discharged home as the patient had capacity and felt they could manage with the help of their daughter. Daughter contacted Social Services as could not manage. Patient was then admitted to emergency respite care.

#### **Actions:**

- Enquiry completed.
- Statement submitted to the safeguarding team and CCG.
- Action agreed regarding ED that a mobility assessment should have been undertaken and also next of kin informed. Closed to safeguarding.

Outcome: Does not meet the criteria for a section 42 enquiry. Closed to Safeguarding

## June

Referral made by Residential Home as patient was discharged from Ward 10 without requesting District Nurses to resume administration of her insulin.

### Actions:

- Enquiry completed.
- Statement submitted to the safeguarding team and CCG.
- The Ward Manager has shared this concern with the nursing staff. She has reinforced to her staff that Residential Homes do not have registered nurses and would require District Nurse input.

**Outcome: Does not meet the criteria for a section 42 enquiry. Closed to Safeguarding.**

Referral made by care agency as patient has raised concerns regarding care and a member of staff's attitude on Ward 32. Care agency also raised concerns that patient was not discharged at the time requested by the care agency; they have also raised concerns that the patient was not medically fit to be discharged. The care agency has also stated that patient was not provided with food and drink whilst in hospital and refused a commode. The care agency has now submitted a formal complaint with the above concerns.

### Actions:

- Closed to safeguarding as now being investigated through the formal complaints process.

**Outcome: Does not meet the criteria for a section 42 enquiry.**

## Safeguarding Children

During Quarter One 2017-2018 there were eight Safeguarding Children alerts involving the Trust. All were raised by Trust staff and none were made against the Trust services.

There are currently no Serious Case Reviews (SCR) in progress although there are two cases that are being considered for review by the local authority in Telford and Wrekin.

The CQC carried out a joint inspection of Looked After Children (LAC) services across Telford and Wrekin following which a joint action plan was written. The Trust has some specific actions which are in progress and will be reviewed by the CCG in July.

## Prevent

Prevent is part of the Government counter-terrorism strategy CONTEST and aims to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.

Prevent focuses on all forms of terrorism and operates in a 'pre-criminal' space'. The Prevent strategy is focused on providing support and re-direction to individuals at risk of, or in the process of being groomed /radicalised into terrorist activity before any crime is committed. Radicalisation is comparable to other forms of exploitation; it is a safeguarding issue that staff working in the health sector must be aware of.

The Prevent Duty 2015 requires all specified authorities including NHS Trusts and Foundation Trusts to ensure that there are mechanisms in place for understanding the risk of radicalisation. Furthermore, they must ensure that health staff understand the risk of radicalisation and how to seek appropriate advice and support. Healthcare staff will meet, and treat people who may be vulnerable to being drawn into terrorism. The health sector needs to ensure that healthcare workers are able to identify early signs of an individual being drawn into radicalisation.

Staff must be able to recognise key signs of radicalisation and be confident in referring individuals to their organisational safeguarding lead or the police thus enabling them to receive the support and intervention they require.

The Home Office have, this month, updated their training guidance for Prevent:

There are two levels of training:

- Basic Awareness Training – we provide this to all staff on Corporate Induction and then through Safeguarding Updates.
- Workshop to Raise Awareness of Prevent (WRAP) – required by specific staff and provided through face to face training by facilitators who have been provided with a Home Office reference number (currently four in the Trust).

We are in the process of identifying all staff in the specific group for WRAP training but have put into place sessions to raise awareness across the Trust of the signs that someone may be at risk of radicalisation. NHS England require that 85% of relevant staff have received WRAP training by March 2018 against which requirement we are developing our recovery plan.

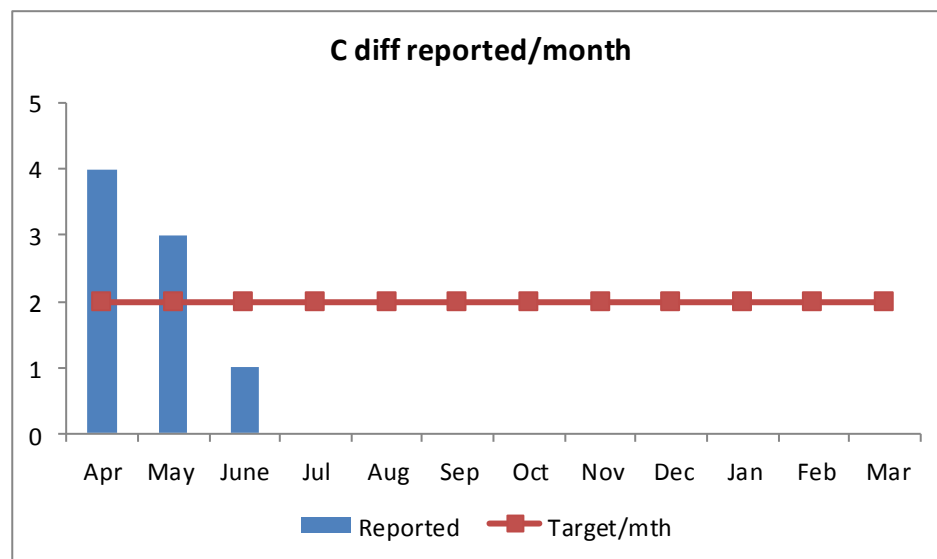
## Safeguarding Training

We are not compliant with training requirements in Qtr one 2017-2018 relating to Level two safeguarding training for both adults and children. Recovery plans are in place including additional training sessions for staff and the provision of e learning for level two Children's safeguarding.

At present Children's Level Two Safeguarding is 41% against and 85% target (data cleansing is in progress) and Adults Level Two is 57% against an 85% target.



## Infection Prevention and Control



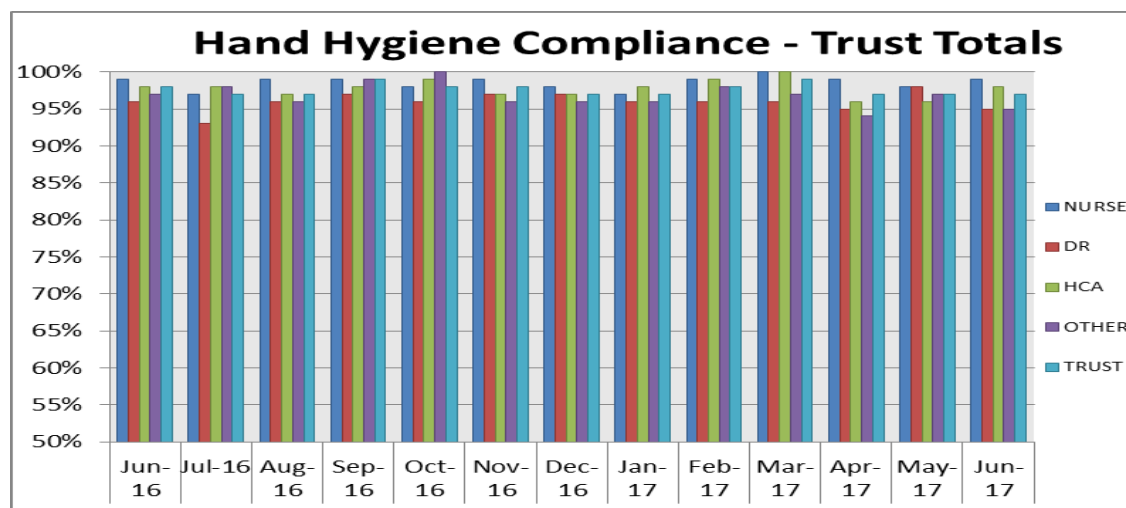
### Clostridium Difficile (C Diff)

We are above our internal target for C Diff for the year so far – we have reported eight cases as shown.

Post Incident Reviews (PIR) are carried out on all cases and submitted to the CCG for review and consideration of whether the infection is attributable to the care provided by the Trust. The next panel will be held in September.

### Hand Hygiene Audits – June 2017

The hand hygiene observational audit results have been analysed against staff groups and show the following level of compliance:



### Hand Hygiene

Hand Hygiene audits have been carried out during May as per the Trust Policy. Overall compliance with hand hygiene standards for the Trust is 97% with the breakdown per staff group as follows:

NURSE	DR	HCA	OTHER	TRUST
99%	95%	98%	95%	97%

Areas of compliance less than 95% will be required to carry out the audit monthly otherwise the audit is carried out every other month.

### High Impact Interventions (HII)

The HIIs are an evidence-based approach that relate to key clinical procedures or care processes that can reduce the risk of infection if performed appropriately. They have been developed to provide a practical way of highlighting the critical elements of a particular procedure or care process (a care bundle), the key actions required and a means of demonstrating reliability.

The Trust carried out the audits as required against the HII in June 2017 the results of which are reported to the Infection Prevention and Control Committee and the Care Group Boards.

### Patient Environment Audits

Patient Environment Audits are carried out monthly as per the Infection Prevention and Control plan and include assessment of environment, estates, facilities and decontamination. Audits were carried out in June and all areas with an overall compliance of less than 95% are required to complete again in July 2017.

### NPSA Patient Safety Alerts open at present

#### Patient Safety Alerts

Patient safety alerts, previously issued by the National Patient Safety Agency, are now issued through NHS England. Responses to these alerts i.e. timely sign-off have formed part of the CQC Intelligent Monitoring Report from June 2014. The revised system is a three-stage alerting system as follows:

Current position:

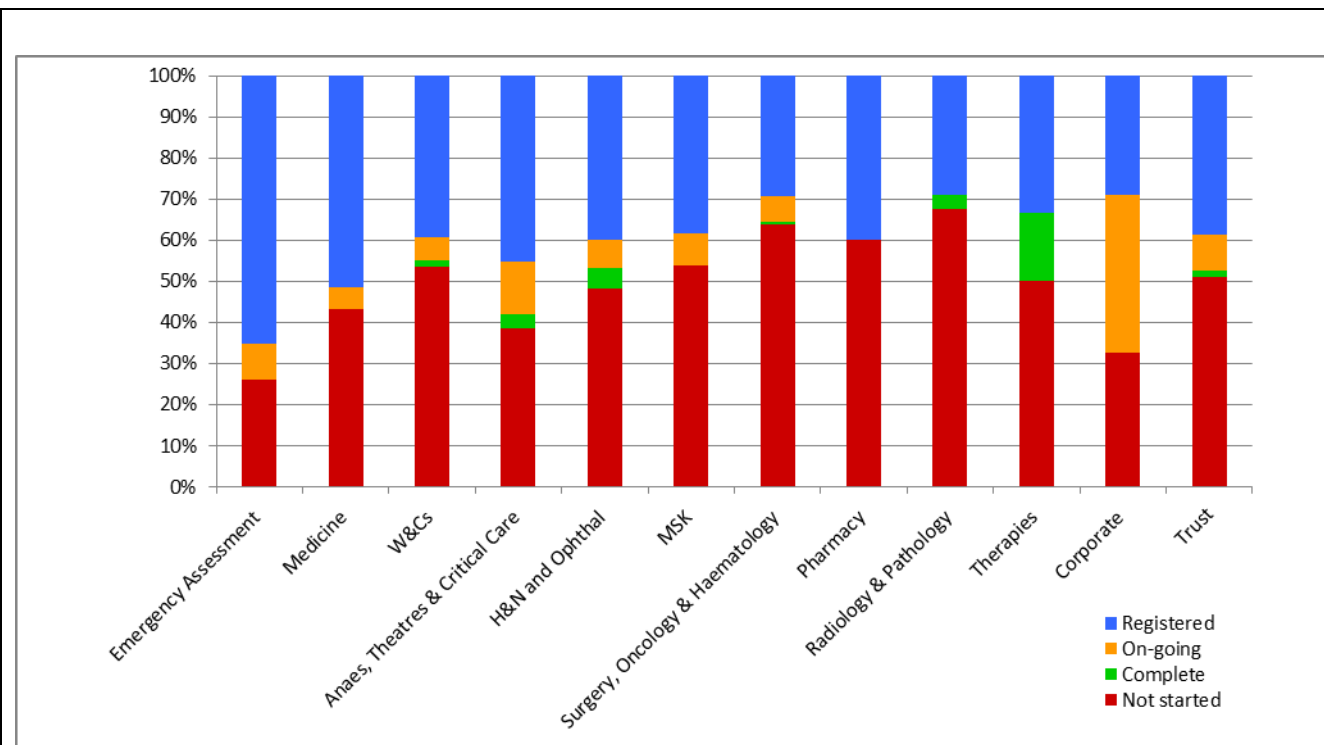
One new alert released (Warning)

Two Stage two Resources remain open but within timescales

Issue Date	Deadline	Alert Ref and stage	Title	Lead Director	Trust Lead	Status
Issued 23/02/2017	23/08/2017	NHS/PSA/Re/2017/001	Resources to support safer care for full-term babies	Medical Director	A Gornall W Tyler	On track for completion in timescale
Issued 06/04/2017	06/10/2017	NHS/PSA/RE/2017/002	Resources to support the safety of girls and women who are being treated with valproate	Medical Director	J Bowen P Newman	On track for completion in timescale
Issued 05/07/2017	16/08/2017	NHS/PSA/W/2017/003	Risk of death and severe harm from ingestion of superabsorbent polymer gel granules	Medical Director	Paula Davies	On track for completion in timescale

## Section four: Clinical Effectiveness

### Performance against Clinical Audit Forward Plan 2017/18



38% of audits are currently registered, compared with 25% expected at the end of quarter 1. 389 audits were carried over from 2016/17 (including on-going audits), 56% of these are currently in progress. Outstanding projects include some mandatory NICE audits, and Care Groups are asked to ensure that audits on the plan are completed as a priority.

To support progress with the plan, the Clinical Audit Department meet regularly with the audit leads, and present audit activity updates at the speciality Clinical Governance meetings. Progress is also presented to Governance Leads at the quarterly Clinical Audit Committee meeting and to Clinical Governance Executive.

An up to date Clinical Audit Forward Plan is available on the Clinical Audit section of the Intranet.

### NICE Guidance and Compliance Qtr One 2017-2018

Month	Sent out	Received Back	Completion rate
April	6	0	0%
May	2	0	0%
June	10	1	10%
<b>TOTAL</b>	<b>18</b>	<b>1</b>	<b>5.5%</b>

### NICE Guidance

A total of 28 *new* NICE guidance documents were published during April, May and June of which 18 have been disseminated to the relevant leads for review, and the remaining ten were not applicable to the Trust.

The current process utilises the national NICE tools to obtain a gap analysis for Guidelines and Quality Standards. Technology Appraisal Guidelines (TAG's) are disseminated prior to implementation, providing the Trust has been determined as eligible by NHS England. All other guidance is disseminated with a request for a compliance review.

## Section five: Recommendations for the Committee

The Quality and Safety Committee is asked to:

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

## SUSTAINABILITY COMMITTEE – 25<sup>th</sup> JULY 2017

Paper 8

### FINANCE REPORT – MONTH 03

#### 1. Income & Expenditure position

The financial position of the Trust at the end of month 3 is presented in the table below:

	Financial Plan	YTD Plan	YTD Actual	Variance
	£000s	£000s	£000s	£000s
Income	348,380	86,744	86,591	(153)
Pay	(241,070)	(59,710)	(60,706)	(996)
Non-Pay and Reserves	(108,172)	(27,313)	(27,142)	171
<b>Total expenditure</b>	<b>(349,242)</b>	<b>(87,023)</b>	<b>(87,848)</b>	<b>(825)</b>
<b>EBITDA</b>	<b>(862)</b>	<b>(279)</b>	<b>(1,257)</b>	<b>(978)</b>
Finance Costs	(14,516)	(3,606)	(3,540)	66
<b>Surplus/(deficit) before Phased Spend and STF</b>	<b>(15,378)</b>	<b>(3,885)</b>	<b>(4,797)</b>	<b>(912)</b>
<b>STF</b>	<b>9,315</b>	<b>1,397</b>	<b>1,188</b>	<b>(209)</b>
<b>Surplus/(deficit) before Phased Spend</b>	<b>(6,063)</b>	<b>(2,488)</b>	<b>(3,609)</b>	<b>(1,121)</b>
Corrective Actions for STF	0	0	932	932
Phased spend adjustment	-	(35)	(35)	0
<b>Plan as described in NHSI Financial Template</b>	<b>(6,063)</b>	<b>(2,523)</b>	<b>(2,712)</b>	<b>(189)</b>

At the end of month 3 the Trust had planned to deliver an in year deficit before phased spend and STF of £3.885 million and actually recorded a deficit of £4.797 million, £0.912 million worse than plan.

#### 2. Forecast Outturn

Given the overspend that exists to date, the expected position at the end of the 2017/18 financial year is a £13.528 million deficit, assuming the current trends continue and no corrective action is taken. This takes us to £7.465 million above the agreed control total with NHSI.

	April	May	June	July	August	September	October	November	December	January	February	March	Total
Income	26727	30218	30834	29626	29555	30127	31161	31343	28773	30988	29440	31316	360108
Pay	-19810	-20516	-20380	-20303	-20272	-20464	-20396	-20575	-20840	-20944	-20778	-20723	-246000
Non-Pay	-8588	-9661	-8893	-9388	-9175	-9681	-9951	-9638	-9453	-9628	-9639	-9778	-113476
<b>Total Expenditure</b>	<b>-28398</b>	<b>-30177</b>	<b>-29273</b>	<b>-29691</b>	<b>-29448</b>	<b>-30146</b>	<b>-30347</b>	<b>-30213</b>	<b>-30293</b>	<b>-30572</b>	<b>-30417</b>	<b>-30501</b>	<b>-359476</b>
<b>EBITDA</b>	<b>-1671</b>	<b>41</b>	<b>1561</b>	<b>-65</b>	<b>107</b>	<b>-19</b>	<b>814</b>	<b>1130</b>	<b>-1520</b>	<b>416</b>	<b>-977</b>	<b>815</b>	<b>632</b>
Finance Costs	-1151	-1194	-1195	-1180	-1180	-1180	-1180	-1180	-1180	-1180	-1180	-1180	-14160
<b>Surplus / (deficit)</b>	<b>-2822</b>	<b>-1153</b>	<b>366</b>	<b>-1245</b>	<b>-1073</b>	<b>-1199</b>	<b>-366</b>	<b>-50</b>	<b>-2700</b>	<b>-764</b>	<b>-2157</b>	<b>-365</b>	<b>-13528</b>
<b>Cumulative</b>	<b>-2822</b>	<b>-3975</b>	<b>-3609</b>	<b>-4854</b>	<b>-5926</b>	<b>-7125</b>	<b>-7492</b>	<b>-7542</b>	<b>-10242</b>	<b>-11006</b>	<b>-13163</b>	<b>-13528</b>	

### 3. Income

#### 3.1 Income – Performance to date

Three months into the new financial year, the Trust had planned to receive income amounting to £86.743 million and had generated income amounting to £86.7591 million, an under performance of £0.153 million.

	YTD Budget	YTD Actual	Variance	Variance %	YTD Budget	YTD Actual	Financial Variance Value	Price Variance	Volume Variance
	Activity	Activity	Activity		£000s	£000s	£000s	£000s	£000s
Accident and Emergency (Attendances)	27,504	28,075	571	2.1%	3,571	3,682	112	38	74
Outpatient Appts (Attendances)	110,167	107,089	(3,078)	(2.8%)	12,527	12,173	(354)	19	(374)
Elective Day Cases	11,956	11,889	(67)	(0.6%)	7,439	7,536	97	50	47
Elective Inpatient (Spells)	1,540	1,403	(137)	(8.9%)	4,481	4,243	(238)	98	(336)
Non Elective (Spells)	12,288	12,515	227	1.8%	24,109	24,212	104	(498)	602
Non Elective Other	1,996	1,934	(62)	(3.1%)	3,907	3,873	(33)	75	(109)
Emergency Threshold					(748)	(692)	56	56	
Education					1,909	1,903	(6)	(6)	
Injury Cost Recovery					233	220	(13)	(13)	
Private Patients					221	218	(3)	(3)	
Others (Inc Reserves)					29,095	29,221	127	127	
<b>Total</b>	<b>165,452</b>	<b>162,905</b>	<b>(2,547)</b>	<b>(1.5%)</b>	<b>86,743</b>	<b>86,591</b>	<b>(153)</b>	<b>(58)</b>	<b>(95)</b>

The Trust in setting the plan for the 2017/18 year has reflected seasonal patterns as seen in previous years.

A number of observations can be made from the above table that will need to be closely monitored as performance progresses through the year. These observations being:

- i) STF income is less than planned (£0.209 million) due to none delivery of the national A&E target.
- ii) Accident and Emergency attendances are above planned levels by 2%.
- iii) Outpatient attendances are underperforming to date namely within; Clinical Physiology, Neurology, Dermatology, Paediatrics and Geriatric Medicine.
- iv) Elective Daycase activity is broadly balanced year to date.
- v) Elective Inpatient spells have underperformed against plan by 137 spells (9%) resulting in a £0.336 million reduction from the planned levels of income however, the Trust is seeing a richer casemix within this point of delivery which offsets £0.098m of the volume variance.
- vi) Non Elective activity is 227 spells higher than the planned levels (2%) and is 2% higher than the activity levels seen in the previous financial year during the same period.

	Actual				Plan												
	Apr	May	Jun	Average Per Month Apr-Jun	Jul	Aug	Sep	Average Per Month Jul-Sep	Oct	Nov	Dec	Average Per Month Oct-Dec	Jan	Feb	Mar	Average Jan-Mar	Annual
A&E	8,867	9,676	9,532	9,358	9,682	9,104	9,190	9,325	9,427	8,840	8,852	9,039	8,764	8,316	9,551	8,877	109,229
Outpatient Attendances	31,303	37,858	37,928	35,696	35,718	36,418	37,725	36,620	39,574	40,721	30,831	37,042	40,339	35,807	36,935	37,694	444,234
Elective Daycases	3,761	4,161	3,967	3,963	4,048	3,868	3,885	3,934	4,160	4,018	3,406	3,861	3,934	3,838	4,184	3,985	46,957
Elective Inpatient Spells	397	484	522	468	533	512	490	512	560	561	464	528	454	468	476	466	6,059
Emergency Spells	4,013	4,267	4,235	4,172	4,062	4,038	4,254	4,118	4,138	4,219	4,436	4,264	4,346	4,107	4,534	4,329	50,423
Maternity/Non Elective Other Spells	612	649	673	645	716	662	676	685	745	697	638	694	634	633	693	653	8,090

#### 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
17/18 Plan	3,392	4,079	4,146	3,872	4,048	3,868	3,885	3,934	4,160	4,018	3,406	3,861	3,934	3,838	4,184	3,985	46,957
Actual	3,761	4,161	3,967	3,963				0				0				0	11,889
Variance	369	82	(179)	91				(3,934)				(3,861)				(3,985)	
16/17	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	3,695	4,436	3,987	45,985
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
17/18 Plan	446	549	545	513	533	512	490	512	560	561	464	528	454	468	476	466	6,059
Actual	397	484	522	468				0				0				0	1,403
Variance	(49)	(65)	(23)	(46)				(512)				(528)				(466)	
16/17	490	493	558	3,755	525	484	505	3,875	498	551	489	3,741	390	424	556	3,987	5,963
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
17/18 Plan	4,094	4,036	4,158	4,096	4,062	4,038	4,254	4,118	4,138	4,219	4,436	4,264	4,346	4,107	4,534	4,329	50,423
Actual	4,013	4,267	4,235	4,172				0				0				0	12,515
Variance	(81)	231	77	76				(4,118)				(4,264)				(4,329)	
16/17	3,993	4,125	4,158	3,755	4,159	3,974	4,099	3,875	4,057	4,207	4,310	3,741	4,149	3,860	4,528	3,987	49,619
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
17/18 Plan	621	711	665	665	716	662	676	685	745	697	638	694	634	633	693	653	8,090
Actual	612	649	673	645				0				0				0	1,934
Variance	(9)	(62)	8	(21)				(685)				(694)				(653)	
16/17	606	697	631	3,755	666	646	677	3,875	712	689	648	3,741	669	647	675	3,987	7,963
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
17/18 Plan	31,702	39,279	39,186	36,722	35,718	36,418	37,725	36,620	39,574	40,721	30,831	37,042	40,339	35,807	36,935	37,694	444,234
Actual	31,303	37,858	37,928	35,696				0				0				0	107,089
Variance	(399)	(1,421)	(1,258)	(1,026)				(36,620)				(37,042)				(37,694)	
16/17	35,444	35,987	37,404	3,755	34,449	37,056	38,043	3,875	36,417	39,050	31,059	3,741	37,037	34,626	39,227	3,987	435,799
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
17/18 Plan	8,665	9,553	9,286	9,168	9,682	9,104	9,190	9,325	9,427	8,840	8,852	9,039	8,764	8,316	9,551	8,877	109,229
Actual	8,867	9,676	9,532	9,358				0				0				0	28,075
Variance	202	123	246	190				(9,325)				(9,039)				(8,877)	
16/17	8,703	9,523	9,143	3,755	9,729	9,058	9,025	3,875	9,352	8,724	8,616	3,741	8,357	7,995	9,282	3,987	107,507
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

## 4. Expenditure

### 4.1 Pay

To date the pay spend amounted to £59.710 million against a plan of £60.706 million resulting in an overspend of £0.996 million.

This is made up of the following:

	£000s
CIP underachievement	35
Tier 5 agency usage	646
Escalation	240
RTT	75
Total	996

## 4.2 Non Pay

To date the non pay spend amounted to £27.142 million against a plan of £27.313 million resulting in an underspend of £0.171 million.

The table below highlights the average run rate for non pay since May 2015, these cost have adjusted to remove high cost drugs and devices as these can vary significantly month on month.

Total Non Pay Spend (excluding Pass Through Costs and High Cost Drugs)	
Period	£000s
Apr-Jun 2015 (Avg)	6,005
Jul-Sep 2015 (Avg)	6,241
Oct-Dec 2015 (Avg)	6,189
Jan-Mar 2016 (Avg)	6,381
Apr-Jun 2016 (Avg)	6,243
Jul-Sep 2016 (Avg)	6,680
Oct-16	6,541
Nov-16	6,578
Dec-16	6,091
Jan-17	6,406
Feb-17	6,440
Mar-17	6,704
Apr-17	6,459
May-17	6,804
Jun-17	6,767

*Excludes Pass Through Costs and High Cost Drugs*

## 5. Trust Capital Programme

The Trust's Capital Programme for 2017/18 is presented in the table below:



The Shrewsbury and Telford Hospital NHS Trust								
2017/18 Capital Programme Update as at Month 03 (June 2017)								
Scheme	2017/18 Capital Budget £000's	2017/18 Spend to date £000's	Expenditure committed - ordered £000's	Total expenditure/ committed to date £000's	Expenditure committed - to be ordered £000's	Scheme yet to be identified £000's	Forecast Outturn £000's	Variance under/ (over) spend £000's
<b>Outstanding Commitments from 2016/17</b>	<b>200</b>	<b>-10</b>	<b>81</b>	<b>71</b>	<b>118</b>	<b>11</b>	<b>200</b>	<b>0</b>
<b>Pre-Committed Schemes</b>								
MRI Scanners x 3 Enabling Works not completed 16.17	1,501	2	897	898	603	0	1,501	0
Ophthalmology move into Copthorne Building - not completed 16.17	373	489	172	660	0	0	660	-287
Ophthalmology move into Copthorne Building - (F&E agreed by CPG)	65	5	57	62	3	0	65	0
Medicines Stock Management (agreed at Sustainability Cttee Feb 17)	305	0	0	0	305	0	305	0
Additional Car Parking Spaces (agreed at Feb CPG)	50	0	0	0	50	0	50	0
E-Rostering Software Implementation - I-pads	50	0	0	0	50	0	50	0
In House costs of delivery of schemes	820	161	490	651	169	0	820	0
Replacement Linac (condition of Lingen Davies Grant)	366	0	0	0	366	0	366	0
RSH MLU/PAU - P2 FCHS	100	0	0	0	100	0	100	0
PRH IT Computer Room Infrastructure	450	0	0	0	450	0	450	0
Contingency Fund - Estates	130	0	99	99	0	32	130	0
Contingency Fund - Medical Equipment	130	0	0	0	0	130	130	0
Contingency Fund - IT Equipment	130	8	0	8	0	122	130	0
Contingency Fund - Non-Patient Connected Equipment Replacement	35	0	0	0	0	35	35	0
Contingency Fund - VitalPac/PSAG	25	0	0	0	0	25	25	0
Contingency Fund - Support Services Care Group Equipment	100	0	0	0	0	100	100	0
Contingency Fund - Facilities Equipment	25	0	0	0	0	25	25	0
Contingency Fund - Patient Environment (inc Furniture)	25	0	0	0	0	25	25	0
<b>Total Delegated Contingency Funds</b>	<b>600</b>	<b>8</b>	<b>99</b>	<b>106</b>	<b>0</b>	<b>494</b>	<b>600</b>	<b>0</b>
Capitalisation of Expenditure	1,200	291	843	1,134	66	0	1,200	0
Corporate Contingency (in Year Allocations)	1,000	0	0	0	0	1,000	1,000	0
<b>Estates Risks Rated Priority 1</b>								
Ward Block calorifers	150	0	20	20	130	0	150	0
Continuation of fire safety strategy	400	3	5	8	392	0	400	0
Subway duct - Phase 2	730	0	0	0	730	0	730	0
RSH ward block lifts	190	0	0	0	190	0	190	0
<b>Total Capital Schemes</b>	<b>8,550</b>	<b>948</b>	<b>2,664</b>	<b>3,611</b>	<b>3,722</b>	<b>1,505</b>	<b>8,837</b>	<b>-287</b>
Overcommitted/Unallocated	-100	0	0	0	0	-100	-100	0
<b>Total</b>	<b>8,450</b>	<b>948</b>	<b>2,664</b>	<b>3,611</b>	<b>3,722</b>	<b>1,405</b>	<b>8,737</b>	<b>-287</b>

The Capital Resource Limit (CRL) for 2017/18 has been set at the historic amount of £8.450 million in respect of Internally Generated CRL.

At Month 03, £0.948 million of the Capital Programme has been expensed, with £2.664million committed but not yet expensed. A further £3.722 million has been allocated to schemes but not yet ordered. £1.405 million has yet to be committed to individual schemes (mainly held in Contingency Funds) - however there is an overcommitment relating to Ophthalmology Services into Copthorne Building (Phase1) of £0.287 million which reduces the uncommitted allocation to £1.116 million.

## 6. Trust cash position

In order to manage the Trust's cash resources, consideration needs to be given to the anticipated forecast outturn position and the impact of the forecast outturn position with regard to the receipt of Sustainability and Transformation Funding (STF).

The Trust's cash position for 2017/18 is based on the Trust's projected deficit £13.528 million. It assumes the Trust will receive STF support. The timing of receipt of STF funding is not yet known. The Trust has the ability to drawdown loan in lieu of this funding until the income is received and therefore the below table assumes receipt of STF income or loan 'in lieu' of this funding.

In line with the Trust's Standing Financial Instructions, under which the Finance Director has delegated authority for loans and overdrafts and in line with the Resolution passed at March's Trust Board, the Trust accessed £2.329 million Uncommitted Single Currency Interim Revenue Support in June in lieu of receipt of STF funding. This will be repaid on receipt of STF income.

The cashflow assumes access to loan to support I&E deficit to the value of the agreed control total and drawdown in line with the original plan.

As can be seen the Trust will begin to experience severe cashflow problems from August onwards. The Trust is already challenged in meeting agreed payment terms and unless expenditure is tightly controlled, the level of creditor suppression will have to increase to cover the cash shortfall caused by increased deficit.

The Shrewsbury and Telford Hospital NHS Trust  
Cashflow - 2017/18

	Actual April Month £000's	Actual May Month £000's	Actual June Month £000's	Forecast July Month £000's	Forecast August Month £000's	Forecast September Month £000's	Forecast October Month £000's	Forecast November Month £000's	Forecast December Month £000's	Forecast January Month £000's	Forecast February Month £000's	Forecast March Month £000's	Total To Date And Forecast £000's	Forecast April Month £000's	Forecast May Month £000's	Forecast June Month £000's
Balance B/fwd	5,625	6,421	3,691	1,447	837	(1,748)	(5,509)	(4,636)	(6,601)	(8,246)	(6,109)	(7,236)	5,625	(5,763)	(5,047)	(5,442)
INCOME																
Income I&E	25,265	28,769	26,681	28,772	30,082	30,286	31,287	30,145	28,174	30,914	30,967	39,765	361,108	28,950	29,988	27,913
Income - Total Balance Sheet Movements	2,518	1,068	(124)	3,145	10	(0)	5	5	5	5	5	66	6,706	0	0	0
<b>Total Income Cashflow</b>	<b>27,783</b>	<b>29,837</b>	<b>26,557</b>	<b>31,917</b>	<b>30,091</b>	<b>30,286</b>	<b>31,292</b>	<b>30,150</b>	<b>28,179</b>	<b>30,919</b>	<b>30,972</b>	<b>39,831</b>	<b>367,814</b>	<b>28,950</b>	<b>29,988</b>	<b>27,913</b>
Revolving Working Capital - I&E Deficit					3,731	0				340	1,575	417	6,063	920	919	920
Revolving Working Capital - STF			2,329		100	621	932	932	932	1,087	1,087	1,087	9,107			
<b>Total Income Cashflow (inc loan)</b>	<b>27,783</b>	<b>29,837</b>	<b>28,886</b>	<b>31,917</b>	<b>33,922</b>	<b>30,907</b>	<b>32,224</b>	<b>31,081</b>	<b>29,111</b>	<b>32,346</b>	<b>33,634</b>	<b>41,335</b>	<b>382,984</b>	<b>29,870</b>	<b>30,907</b>	<b>28,833</b>
Repayment of RWC - on receipt of STF 1617	(1,959)	(656)			(2,635)							0	(5,250)			
Repayment of RWC - on receipt of STF 1718					(1,187)			(1,863)			(2,795)	(3,262)	(9,106)			
Total repayment of Loans re STF	(1,959)	(656)	0	0	(3,822)	0	0	(1,863)	0	0	(2,795)	(3,262)	(14,356)			
PAY																
Pay I&E	(19,550)	(19,776)	(20,339)	(21,688)	(20,792)	(21,687)	(20,570)	(20,429)	(20,684)	(20,666)	(19,873)	(19,949)	(246,000)	(19,821)	(20,029)	(19,821)
Pay - Total Balance Sheet Movements	4,527	0	0	0	0	0	0	0	0	0	0	0	4,527	0	0	0
<b>Total Pay Cashflow</b>	<b>(15,022)</b>	<b>(19,776)</b>	<b>(20,339)</b>	<b>(21,688)</b>	<b>(20,792)</b>	<b>(21,687)</b>	<b>(20,570)</b>	<b>(20,429)</b>	<b>(20,684)</b>	<b>(20,666)</b>	<b>(19,873)</b>	<b>(19,949)</b>	<b>(241,473)</b>	<b>(19,821)</b>	<b>(20,029)</b>	<b>(19,821)</b>
NON PAY																
Non Pay I&E	(6,828)	(9,647)	(9,203)	(10,265)	(11,157)	(10,187)	(10,039)	(9,735)	(9,069)	(8,766)	(7,999)	(10,582)	(113,475)	(8,483)	(10,423)	(8,483)
Non Pay - Total Balance Sheet Movements	0	393	(393)	0	0	0	0	0	0	0	(2,220)	(2,220)	(4,439)	0	0	0
<b>Total Non Pay Cashflow</b>	<b>(6,828)</b>	<b>(9,254)</b>	<b>(9,596)</b>	<b>(10,265)</b>	<b>(11,157)</b>	<b>(10,187)</b>	<b>(10,039)</b>	<b>(9,735)</b>	<b>(9,069)</b>	<b>(8,766)</b>	<b>(10,218)</b>	<b>(12,801)</b>	<b>(117,914)</b>	<b>(8,483)</b>	<b>(10,423)</b>	<b>(8,483)</b>
Finance Costs																
Finance Costs I&E	0	2	2	(12)	(133)	(2,145)	3	3	(15)	(11)	(102)	(2,142)	(4,553)	(18)	(18)	(18)
Finance Costs - Total Balance Sheet Movements	2	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0
<b>Total Finance Costs Cashflow</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>(12)</b>	<b>(133)</b>	<b>(2,145)</b>	<b>3</b>	<b>3</b>	<b>(15)</b>	<b>(11)</b>	<b>(102)</b>	<b>(2,142)</b>	<b>(4,551)</b>	<b>(18)</b>	<b>(18)</b>	<b>(18)</b>
Capital																
Capital Expenditure	(133)	(337)	(417)	(563)	(603)	(650)	(745)	(1,022)	(987)	(766)	(1,773)	(2,611)	(10,607)	(833)	(833)	(833)
Capital - Total Balance Sheet Movements	(3,047)	(2,547)	(780)	0	0	0	0	0	0	0	0	902	(5,471)	0	0	0
<b>Total Capital Cashflow</b>	<b>(3,180)</b>	<b>(2,883)</b>	<b>(1,197)</b>	<b>(563)</b>	<b>(603)</b>	<b>(650)</b>	<b>(745)</b>	<b>(1,022)</b>	<b>(987)</b>	<b>(766)</b>	<b>(1,773)</b>	<b>(1,709)</b>	<b>(16,078)</b>	<b>(833)</b>	<b>(833)</b>	<b>(833)</b>
<b>Total Cashflow</b>	<b>796</b>	<b>(2,730)</b>	<b>(2,244)</b>	<b>(610)</b>	<b>(2,585)</b>	<b>(3,761)</b>	<b>873</b>	<b>(1,965)</b>	<b>(1,645)</b>	<b>2,137</b>	<b>(1,127)</b>	<b>1,473</b>	<b>(11,388)</b>	<b>716</b>	<b>(395)</b>	<b>(321)</b>
Balance C/fwd	6,421	3,691	1,447	837	(1,748)	(5,509)	(4,636)	(6,601)	(8,246)	(6,109)	(7,236)	(5,763)	(5,763)	(5,047)	(5,442)	(5,763)

Level of Creditor Suppression required to achieve minimum cash balance

Revsied Balance C/fwd

3448 3,761 1,092 1,645 (1,010) (1,473) 7,463  
1,700 1,700 2,573 1,700 1,700 3,837 1,700 1,700 1,700

## Appendix

	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- Sep-16	Oct-16 £000's	Nov-16 £000's	Dec-16 £000's	Jan-17 £000's	Feb-17 £000's	Mar-17 £000's	Apr-17 £000's	May-17 £000's	Jun-17 £000's
	£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	3,443	3,447	3,640	3,422	3,415	3,416	3,358	3,394	3,519	3,562
Medical Staffing	2,180	2,238	2,100	2,207	2,235	2,423	2,268	2,133	2,230	2,224	2,266	2,234	2,234	2,213	2,133	2,243	2,302	2,139
Nursing	7,062	7,314	7,473	7,451	7,413	7,591	7,619	7,649	7,581	7,667	7,750	7,666	8,083	7,973	8,010	7,895	8,238	8,217
Other Clinical	2,330	2	2,346	2,415	2,421	2,472	2,477	2,581	2,587	2,546	2,570	2,567	2,592	2,580	2,609	2,610	2,636	2,589
Non Clinical	3,207	3,292	3,269	3,393	3,404	3,449	3,492	3,573	3,601	3,555	3,643	3,610	3,452	3,577	3,622	3,680	3,810	3,872
Actual Pay Spend £	17,808	18,221	18,267	18,606	18,755	19,115	19,074	19,296	19,441	19,438	19,869	19,498	19,776	19,758	19,732	19,822	20,505	20,380
Consultants	234	236	242	238	243	253	240	246	247	248	254	247	246	246	254	247	255	255
Medical Staffing	353	358	362	358	358	368	349	340	356	355	357	358	368	358	358	369	373	370
Nursing	2,227	2,320	2,368	2,322	2,330	2,382	2,416	2,355	2,358	2,385	2,404	2,382	2,408	2,399	2,429	2,391	2,390	2,395
Other Clinical	753	754	769	761	775	791	795	793	805	805	807	810	812	809	811	813	806	807
Non Clinical	1,447	1,478	1,473	1,479	1,502	1,515	1,526	1,533	1,548	1,544	1,561	1,544	1,538	1,540	1,545	1,543	1,548	1,559
Actual Pay wte	5,014	5,145	5,215	5,158	5,208	5,291	5,327	5,267	5,313	5,337	5,384	5,341	5,373	5,353	5,397	5,363	5,372	5,386

## 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	Average Jul-Sep 2016 £000's									
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun								
Consultants	167	172	120	182	150	217	212	286	319	224	226	260	246	260	251	311	311
Medical Staff	270	236	285	379	557	478	282	307	311	298	317	276	241	277	279	244	183
Nursing	731	781	671	705	667	527	508	516	530	536	634	866	855	1010	786	898	999
Other Clinical	17	22	43	35	52	52	61	51	35	30	29	47	40	36	45	12	23
Non clinical	64	83	79	76	79	55	43	52	8	20	22	-3	4	3	4	3	6
Total Agency Staff Spending	1,249	1,293	1,198	1,377	1,506	1,329	1,107	1,213	1,203	1,109	1,228	1,447	1,386	1,585	1,366	1,469	1,522

	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	Average Jul-Sep 2016 WTE									
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun								
Consultants	8.6	8.62	7.04	8.99	7.48	9.5	10.69	14.18	15.48	15.25	11.96	12.24	12.74	14.56	11.96	15.04	16.18
Medical Staff	22.88	22.17	21.98	29.53	40.61	37.69	28.28	32.89	31.03	28.57	25.76	25.62	25.94	26.44	26.38	24.32	25.41
Nursing	130.11	150.19	124.35	117.72	112.69	101.45	85.98	91.91	94.67	95.61	108.20	138.04	136.08	145.73	121.79	136.12	147.58
Other Clinical	2.59	4.04	8.29	7.76	9.62	11.77	9.81	9.09	7.01	6.47	6.47	8.87	9.07	7.43	10.75	6.61	7.11
Non Clinical	17.56	22.87	20.94	16.42	12.86	11.49	11.16	13.03	6.89	6.20	5.94	2.87	1.93	1.06	1.00	0.86	1.71
Total Agency Staff Spending	181.74	207.88	182.6	180.42	183.25	171.9	145.91	161.09	155.08	152.10	158.33	187.64	185.76	195.22	171.88	182.95	197.99

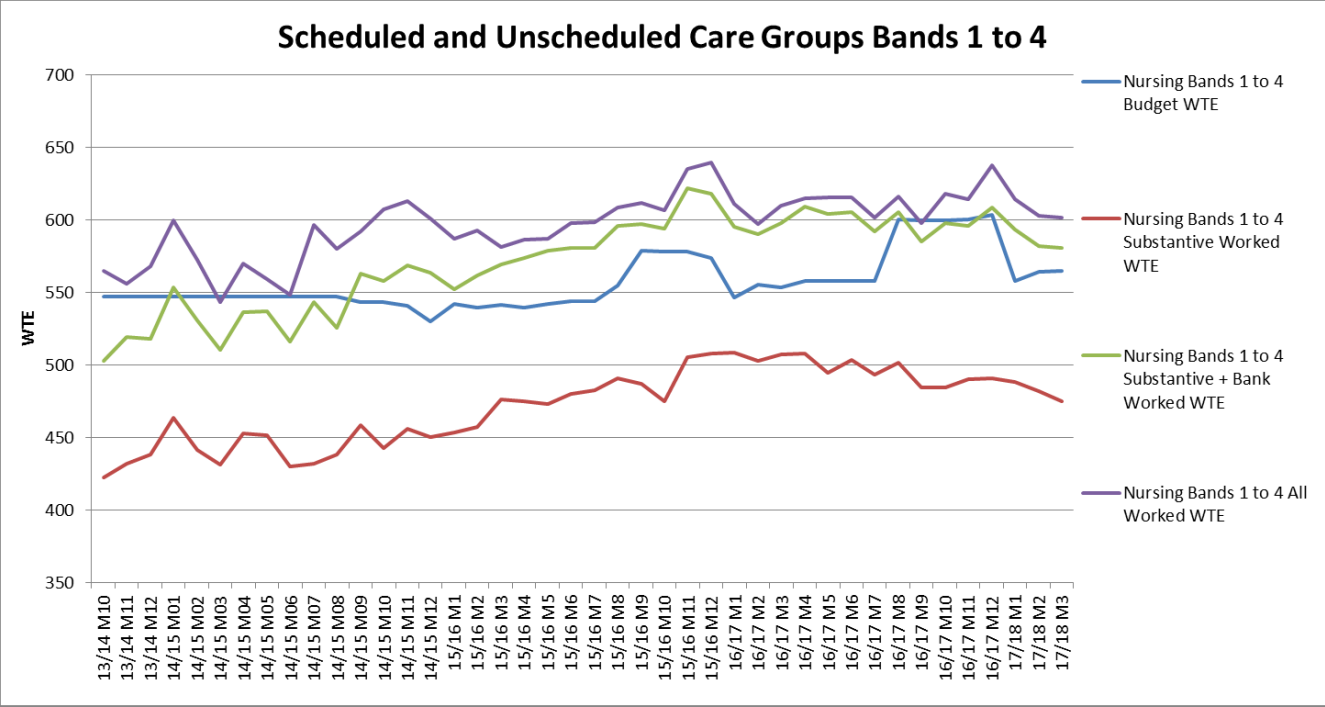
## Bank Usage

	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	Average Jul-Sep 2016 £000's									
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun								
Nursing	500	546	522	533	625	738	524	557	580	607	556	620	568	563	659	634	655
Other Clinical	40	36	32	37	38	39	45	45	26	37	28	17	19	49	30	30	25
Non Clinical	127	129	127	150	130	135	154	154	122	160	138	102	95	161	116	96	112
Total Bank Staff	667	712	681	720	794	912	723	756	728	804	723	739	682	774	805	760	792

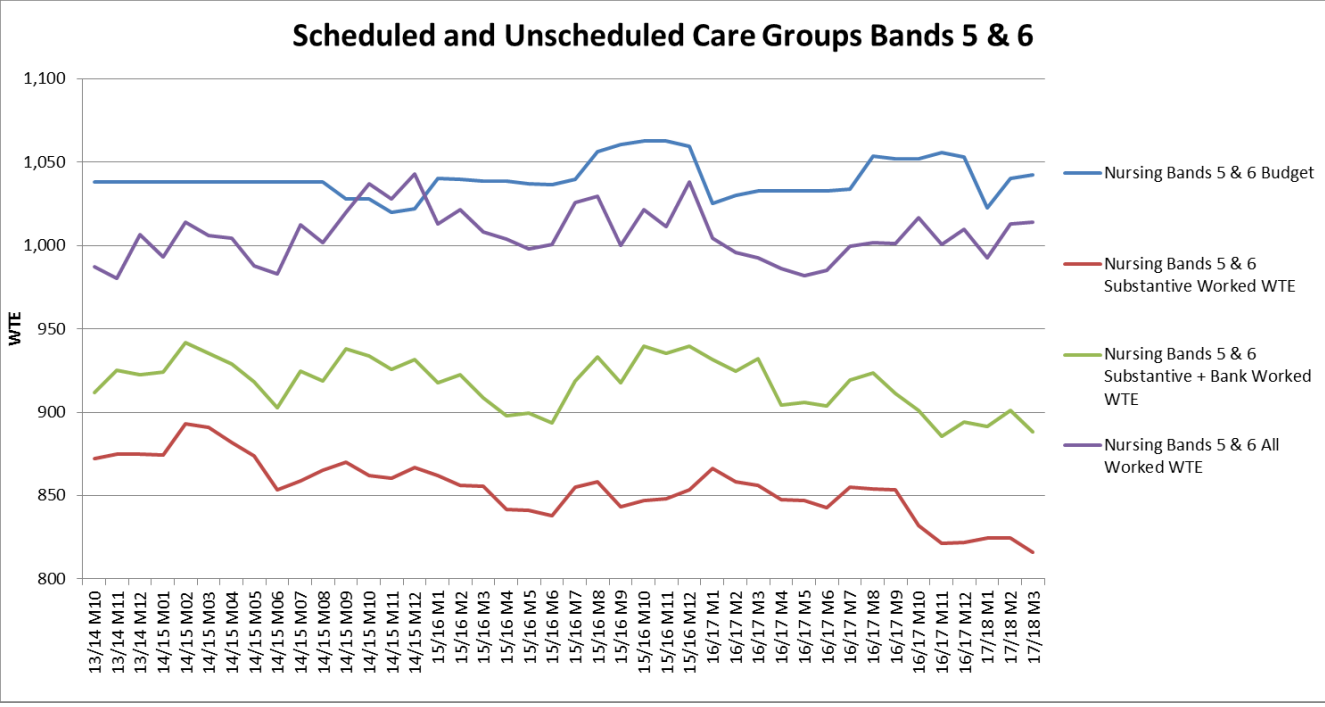
	Average Oct-Dec 2014 WTE	Average Jan-Mar 2015 WTE	Average Apr-Jun 2015 WTE	Average Jul-Sep 2015 WTE	Average Oct-Dec 2015 WTE	Average Jan-Mar 2016 WTE	Average Apr-Jun 2016 WTE	Average Jul-Sep 2016 WTE									
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun								
Nursing	185.47	203.56	177.01	177.66	191.66	225.36	167.49	167.49	182.04	178.85	192.64	173.91	195.48	185.55	208.45	192.27	190.58
Other Clinical	13.07	10.98	9.51	11.9	11.92	11.73	10.39	10.39	11.58	10.85	12.92	10.67	7.78	8.95	12.78	11.67	12.54
Non Clinical	69.81	66.16	60.14	68.75	62.92	70.72	70.60	70.60	71.64	58.42	75.44	62.84	50.05	46.56	51.19	44.62	45.68
Total Bank Staff wte	268.35	280.7	246.66	258.31	266.49	307.81	248.48	248.48	265.25	248.12	281.00	247.42	253.31	241.06	272.42	248.56	247.37

## Nursing spending - Scheduled and Unscheduled Care Groups

Unqualified



Qualified



## Cost Improvement Programme

Scheme	Savings Target In Year	M3 Plan	M3 Actual	Variance	Identified IEP CIP PYE	Total of FYE IEP CIP Identified	FYE as per Board Paper	RAG
Procurement	1600	267	267	0	1600	1600	1600	G
Unavailability Improvement	650	0	0	0	0	16.0	1300	R
Bed Realignment	1000	0	0	0	0	0	3500	RA
Outpatient Theatre Review	1200	0	0	0	1200	1200	2500	G
Bank Rate Review	220	0	0	0	0	0	350	R
SCG tier 1/2/3	413	24	86	62	315	415	550	G
USCG tier 1/2/3	580	0	0	0	0	0	640	R
W&C's tier 1/2/3	201	44	44	0	167	110	402	AG
Agency Cap Savings	1050	0	0	0	0	34	1400	RA
Cease all HCA Agency	90	0	0	0	0	0.0	100	R
Carter Support Services	375	69	51	-17	315	328	660	A
Corporate Services	500	90	90	1	477	642	500	G
<b>Total</b>	<b>7879</b>	<b>493</b>	<b>538</b>	<b>45</b>	<b>4074</b>	<b>4344</b>	<b>13502</b>	
Assumed Cip Savings	-1076							
Total Cip Achieved	6803						13492	

### M3 Actual:

### To Be Noted:

- Against a plan of **£293k** at M3, **£538k** has been delivered. This is due to an earlier delivery in SCG from the overseas income scheme and Reduction in Waiting List, offsetting partial shortfalls in other areas.
- Against an annual savings target of **£7.8M**, **£4.1M** PYE has been confirmed as identified.
- Against the full year effect of **£13.5M**, **£4.3M** has been identified.

***Concerns: It is to be noted, that albeit a plan of £4.1M being identified, this is underpinned by the successful delivery of the operating plan. Long term, adverse variances will be seen within the CIP schemes if the Trust is unable to improve its deficit position against the Operating plan. For further over spends reduce the delivery of the CIP savings.***

**Further Review:**

- There is a shortfall across a number of key areas, with improved review required from the pay schemes which have yet to forecast potential savings.
- USCG has embarked on a prioritisation process to identify schemes, as yet these remain to be determined and there are concerns over the QIA.
- Support Services, W&Cs have identified a number of schemes, albeit they still fall short of their annual target. Potential opportunities being developed as pipeline may offset some of this shortfall.
- SCG has identified schemes and has developed plans to support these.
- Corporate Services have identified a plan with a FYE of £642k against £500k. There has been some minor slippage in month due to processing issues around invoicing.
- Procurement has developed a plan which demonstrates £1.6M PYE can be achieved however £600k is at risk if the non-pay spend position does not improve.

**Action Required:**

Trust wide support to engage Project Leads to support CIP delivery through documented governance and assurance

- In summary, it is evident that where schemes have failed to describe the approach to be taken within a PID, supported by fully developed robust plans, QIAs do not demonstrate outputs correctly. Thus the financial assurance around output and delivery is low.

Red: (R/RA) requires more detailed supporting Monthly Financial Trajectory, Project Plans, PIDs, QIA's.

Amber: (A/AR) Plans, QIAs, PIDS and financial plans are in place, whilst requiring further review to embed.

Green: (G) Assurance can be given that supporting documents are completed with plans delivering savings.

Scheme	Commentary.
<b>Procurement</b>	A fully developed plan is in place, with detailed schemes broken down by CG and product type. There is an actual cap of £1028k with the remaining identified as forecast opportunities. At present the CIP is on track, but due to the non pay overspend, this could affect the CIP long term delivery adversely.
<b>Unavailability Improvement</b>	Initial draft Care group plans have been developed by USCG and SCG, these are pending wider review and direction. A detailed financial trajectory is not yet available for the plans need further review and embedding. A wider understanding of Bank HCA deployment is required.
<b>Bed Realignment</b>	The approach has been developed and there is an overarching programme currently been mapped out with sub project groups. However, there are concerns over the sequence of the ordering of events which will determine key risks to be considered. Supporting trajectories are being considered, however inter dependencies to there schemes need to agreed. (What cap will be counted where) CG engagement is being sought for improvement and development of the approach.
<b>Outpatient Theatre Review</b>	External consultancy support is onsite to support the Trust to deliver the outcomes. The supporting plans have been developed with an internal SaTH facing view and over arching consultancy support view. These are currently being reviewed to finalise and embed.
<b>Bank Rate Review</b>	Direction provided by the Executive Sponsor and team would give assurance that the approach to deliver the scheme is under consideration. A paper is being finalised for presentation to Executive directors in June. The outcome of this will be the approach adopted to embed and support development of supporting documents.
<b>SCG tier 1/2/3</b>	In month all live schemes under delivered with the exception of overseas income. This has over delivered, and offset the adverse variances.
<b>USCG tier 1/2/3</b>	The Care Group is currently undertaking a CIP Prioritisation Process. This was expected to be completed by the end of May/June, from which final schemes for inclusion would have been identified. There are concerns over the prioritisation process QIA which indicates that there is an adverse impact to quality. Question, will it deliver any cip schemes? The final position is being locked down, with supporting documents nearing completion.
<b>W&amp;C's tier 1/2/3</b>	A number of non recurrent schemes in place, hence FYE is lower. Additional opportunities need to be identified.
<b>Agency Cap Savings</b>	Direction provided by the Executive Sponsor and team would give assurance that the approach to deliver the scheme is under consideration. It is expected that Confirm and Challenge will support the identification of savings at care group level. A level of saving has been identified by SCG which has been apportioned to this scheme.
<b>Cease all HCA Agency</b>	The approach and direction will be formulated following the Task and Finish group. The Agency saving paper and agreed approach is an enabler to this scheme.
<b>Carter Support Services</b>	The final position is being locked down, with supporting documents nearing completion. Further review of Therapies is in hand, which should offset the shortfalls seen in Radiology in month.
<b>Corporate Services</b>	Assurance can be given that the status is Green for all schemes included



## **Statement of Financial Position**

	March 17 £000	May 17 £000	June 17 £000	Variance to March 17 £000	Variance to May 17 £000
Property, Plant and Equipment	164,219	163,332	162,714	(1,505)	(618)
Intangible Assets	2,977	2,837	2,767	(210)	(70)
Trade and Other Receivables	1,464	220	302	(1,162)	82
<b>Total Non Current Assets</b>	<b>168,660</b>	<b>166,389</b>	<b>165,783</b>	<b>(2,877)</b>	<b>(606)</b>
Inventories	7,860	8,045	8,061	201	16
Trade and Other Receivables	14,582	19,575	23,396	8,814	3,821
Cash and Cash Equivalents	5,682	3,298	1,494	(4,188)	(1,804)
<b>Total Current Assets</b>	<b>28,124</b>	<b>30,918</b>	<b>32,951</b>	<b>4,827</b>	<b>2,033</b>
<b>Current Trade and Other Payables</b>	<b>(26,831)</b>	<b>(32,114)</b>	<b>(31,151)</b>	<b>(4,320)</b>	<b>963</b>
PDC Dividend Payable accrual	0	(684)	(1,025)	(1,025)	(341)
Interest on DOH loan	(33)	(91)	(119)	(86)	(28)
Provisions	(601)	(602)	(372)	229	230
<b>Total Current Liabilities</b>	<b>(27,465)</b>	<b>(33,491)</b>	<b>(32,667)</b>	<b>(5,202)</b>	<b>824</b>
<b>Net Current Assets/Liabilities</b>	<b>659</b>	<b>(2,573)</b>	<b>284</b>	<b>(375)</b>	<b>2,857</b>
<b>Total Assets less Current Liabilities</b>	<b>169,319</b>	<b>163,816</b>	<b>166,067</b>	<b>(3,252)</b>	<b>2,251</b>
DOH loan	(24,507)	(21,892)	(24,221)	286	(2,329)
Provisions	(214)	(189)	(189)	25	0
<b>Total Assets Employed</b>	<b>144,598</b>	<b>141,735</b>	<b>141,657</b>	<b>(2,941)</b>	<b>(78)</b>
<b>Financed by:</b>					
Public dividend capital	199,606	199,606	199,606	0	0
Retained Earnings	(87,762)	(90,625)	(90,703)	(2,941)	(78)
Revaluation reserve	32,754	32,754	32,754	0	0
<b>Total Taxpayers' Equity</b>	<b>144,598</b>	<b>141,735</b>	<b>141,657</b>	<b>(2,941)</b>	<b>(78)</b>