

# Performance Report

Trust Board  
30<sup>th</sup> May 2019



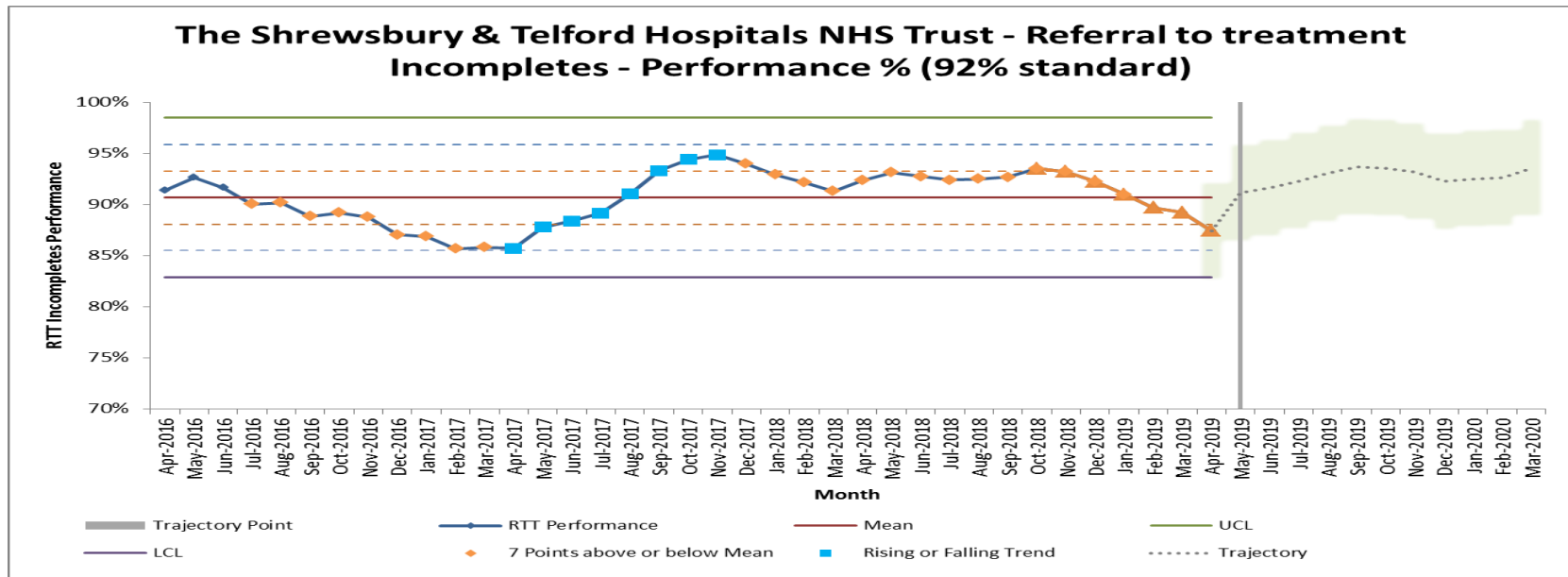
Proud To **Care**  
Make It **Happen**  
We Value **Respect**  
Together We **Achieve**

# RTT



Proud To **Care**  
Make It **Happen**  
We Value **Respect**  
Together We **Achieve**

# Elective Activity - RTT 2019/2020 Trajectory



**Actions:**

Going forward for 2019/20 the Trust is working towards the following to help improve the RTT performance:

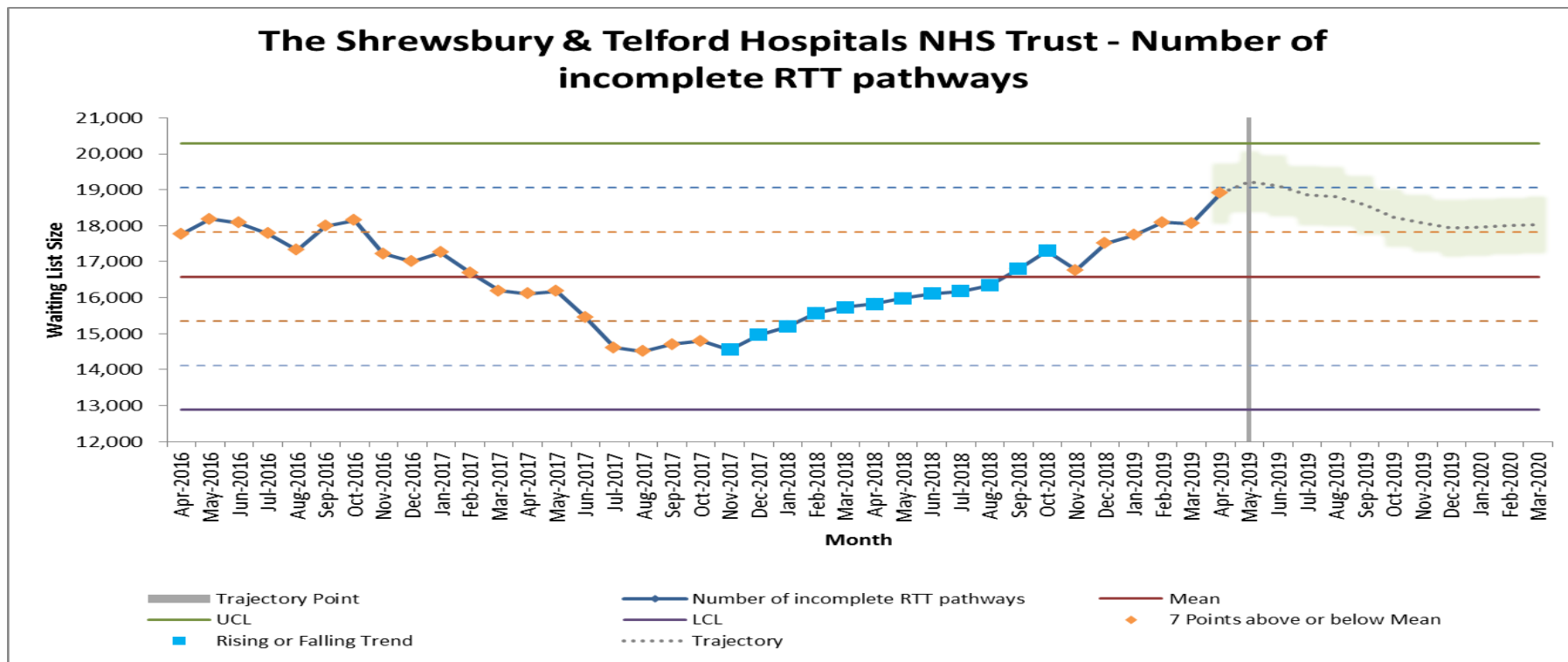
- Ward moves have taken place to ring fence orthopaedic elective activity.
- In Quarter 1 of 2019/20 a Vanguard unit will be located at PRH, clearing 600 off the backlog.

The Trust is looking to recover its 92% performance by Quarter 2, along with reducing the overall waiting list.

**Key risks:**

- June Bed gap (-54) will impact on DSU usage if demand continues as planned

# RTT Waiting List



The Trust failed to hit the national 92% RTT target achieving 87.4%. Due to the demand in emergency activity this has resulted in the Trust enacting its hospital full protocol, using Day Surgery Units and both PRH and RSH for overnight bed capacity which has impacted the RTT waiting list for admitted pathways.

# Projected RTT Performance – May 2019

## Admitted Incomplete Pathways

	Open Clocks		Performance %
	Total Open Clocks	18+ Wks	
<b>Reporting Specialty</b>			
Cardiology	133	39	70.68
Cardiothoracic Surgery	5	1	80.00
Dermatology			
Ear, Nose & Throat (ENT)	371	131	64.69
Gastroenterology	6		100.00
General Medicine	8	2	75.00
General Surgery	761	163	78.58
Geriatric Medicine	2	1	50.00
Gynaecology	318	116	63.52
Neurology			
Ophthalmology	725	215	70.34
Oral Surgery	218	133	38.99
Other	205	57	72.20
Thoracic Medicine	24	8	66.67
Trauma & Orthopaedics	492	153	68.90
Urology	630	233	63.02
	<b>3,898</b>	<b>1,252</b>	<b>67.88</b>

## Non Admitted

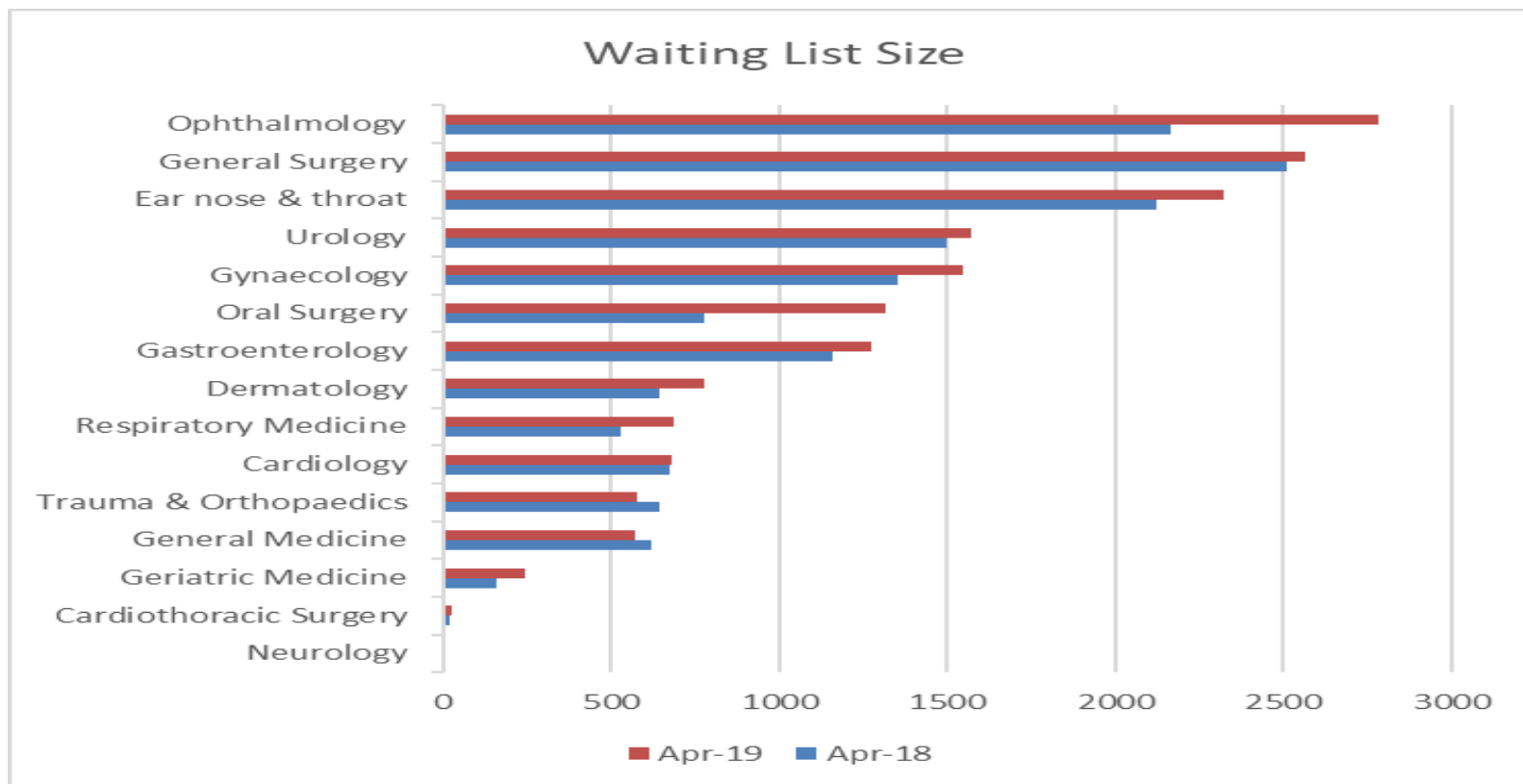
	Open Clocks		Performance %
	Total Open Clocks	18+ Wks	
	745	129	82.68
	23	1	95.65
	963	19	98.03
	1995	79	96.04
	1365	34	97.51
	625	19	96.96
	1894	46	97.57
	241	12	95.02
	1312	65	95.05
	3		100.00
	2103	156	92.58
	1154	228	80.24
	947	66	93.03
	674	140	79.23
	125	3	97.60
	1035	77	92.56
	<b>15,204</b>	<b>1,074</b>	<b>92.94</b>

## Combined

	Open Clocks		Performance %
	Total Open Clocks	18+ Wks	
	878	168	80.87
	28	2	92.86
	963	19	98.03
	2366	210	91.12
	1371	34	97.52
	633	21	96.68
	2655	209	92.13
	243	13	94.65
	1630	181	88.90
	3		100.00
	2828	371	86.88
	1372	361	73.69
	1152	123	89.32
	698	148	78.80
	617	156	74.72
	1665	310	81.38
	<b>19,102</b>	<b>2,326</b>	<b>87.82</b>

- As at the 20<sup>th</sup> May 2019 the current RTT position is at 87.82%. The non-admitted performance has remained strong compared to the admitted performance
- Both Day Surgery Units remain in use during May 2019 for overnight inpatient capacity
- Continued demand in cancer 2 week waits impacting on capacity available for routine activity

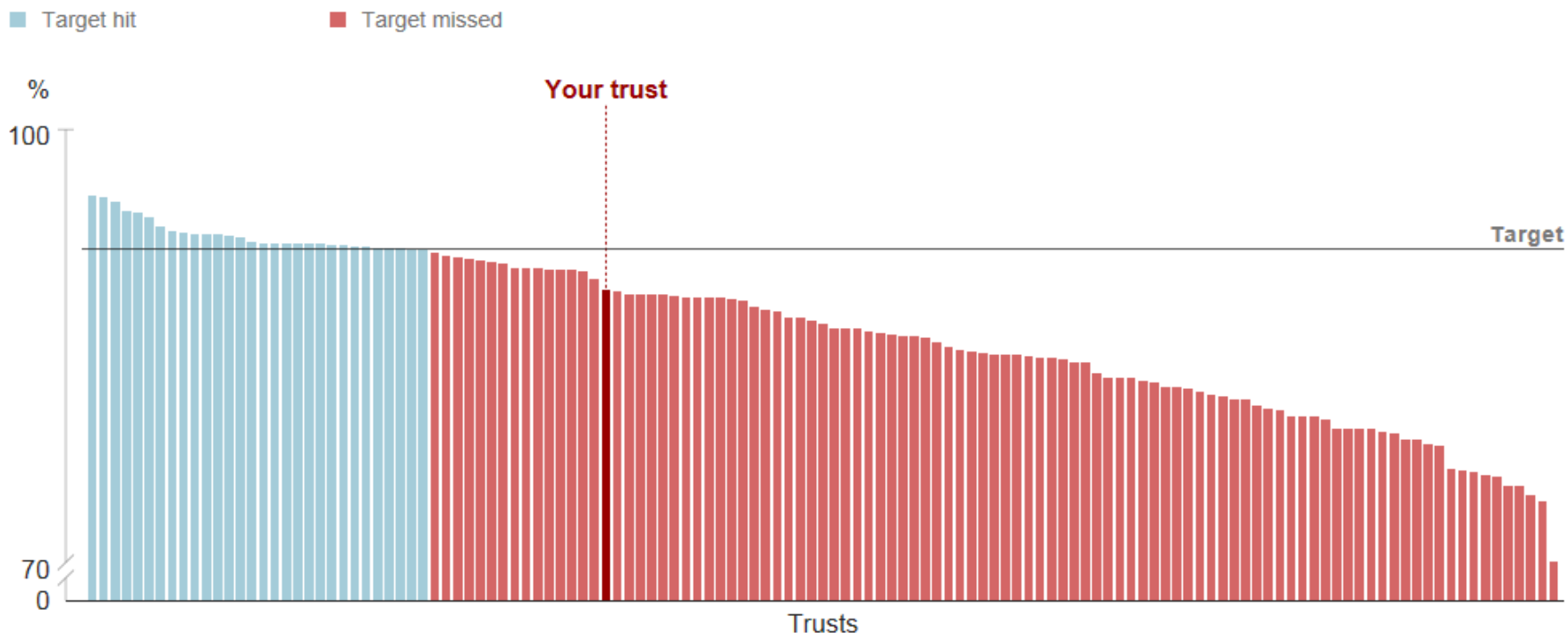
# RTT Waiting List Size



The RTT Waiting list has seen an increase in its overall size, the above shows the greatest increases in the waiting list when compared to the same period last year. Oral Surgery, Ophthalmology, Urology, have seen the greatest increases in the waiting list.

# RTT National view – March 2019

Shrewsbury & Telford Hospital NHS Trust ranked 46 of 129 trusts



TARGET  
**92.0%**

YOUR TRUST  
**89.3%**

ENGLAND  
**86.7%**

Source: BBC website

# RTT Summary

Going forward for 2019/20 the Trust is working towards the following to help improve the RTT performance:

- The DSU's to become operational for elective activity from June 2019, subject to emergency demand.
- Vanguard unit capacity to be optimised – 10 sessions per week.

The Trust is looking to recover its 92% performance by Quarter 2, along with reducing the overall waiting list size to 18064 by March 2020.



# Diagnos**t**ics



Proud To **Care**  
Make It **Happen**  
We Value **Respect**  
Together We **Achieve**

# Diagnosics Waiting list

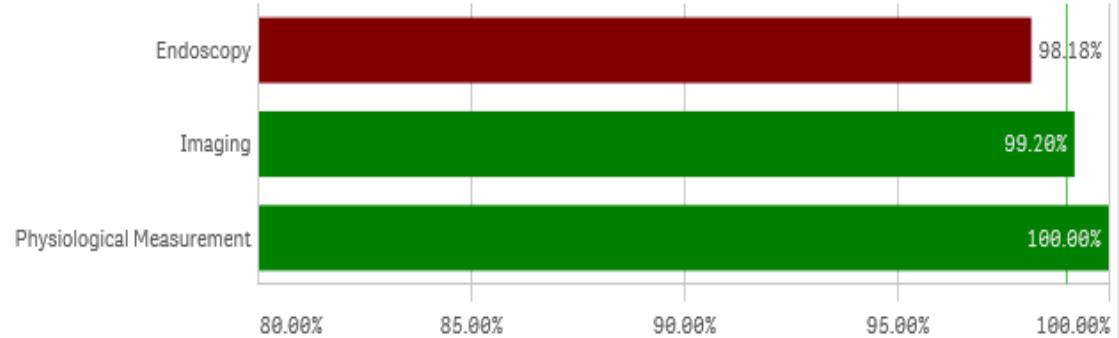
**Apr-2019**

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

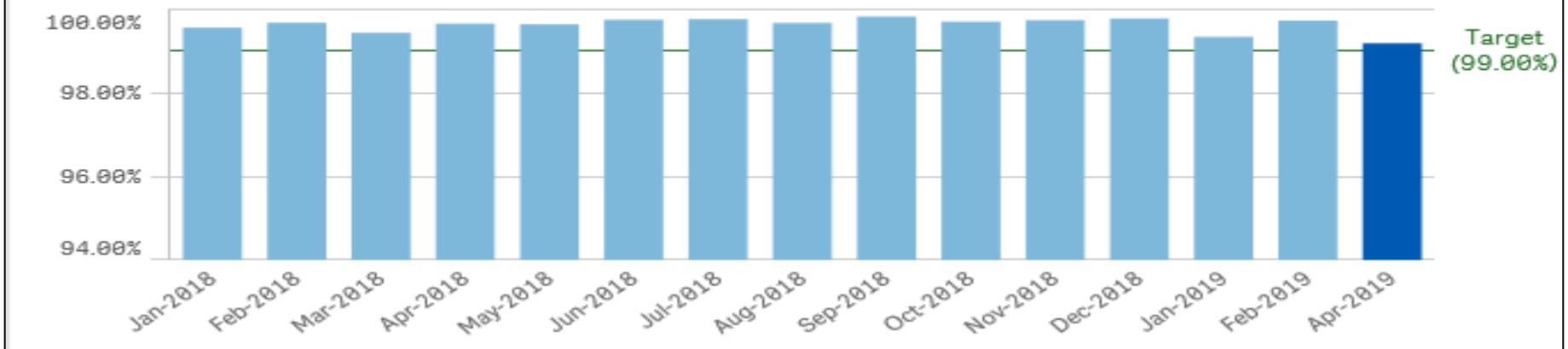
% waited under 6 weeks

**99.17%** ✓ **-0.71%**  
Previous Month Difference

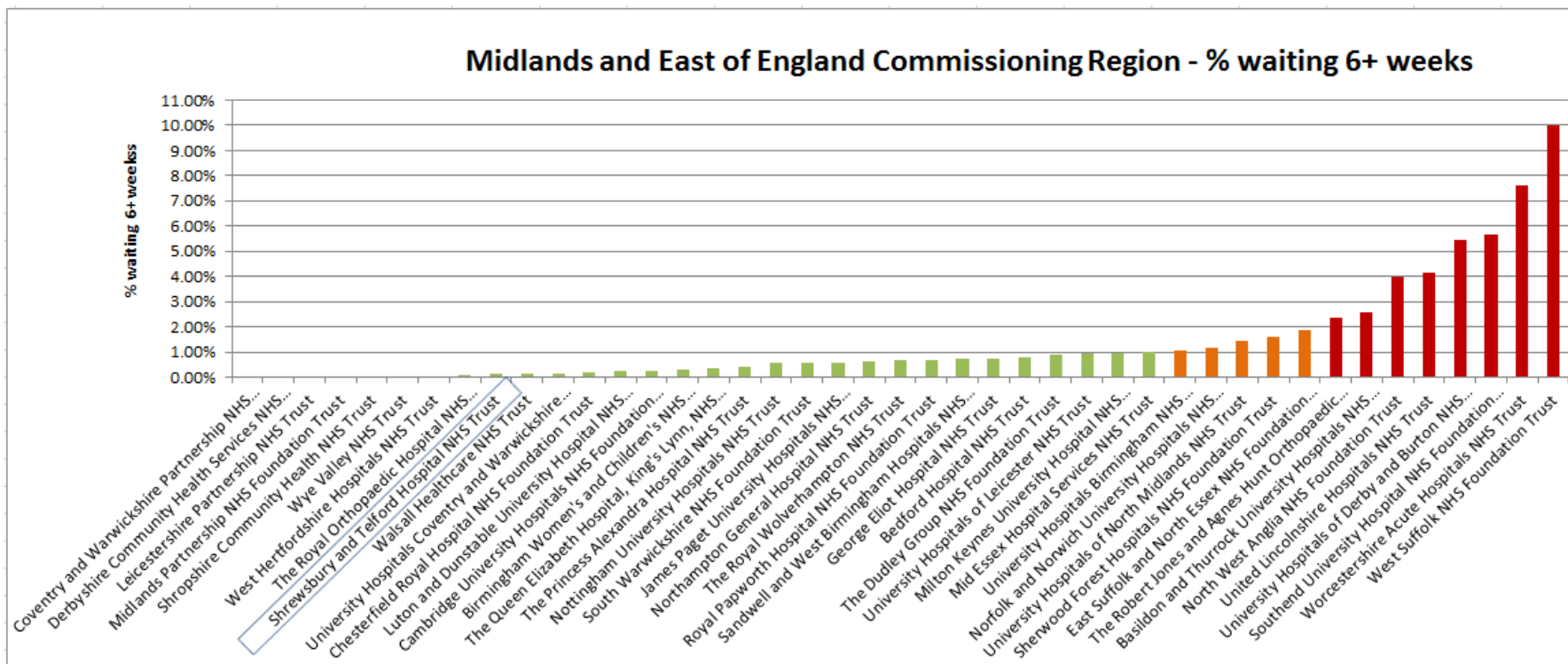
% of patients awaiting a diagnostic test by Group, who have waited less than 6 weeks compared to 99% target



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

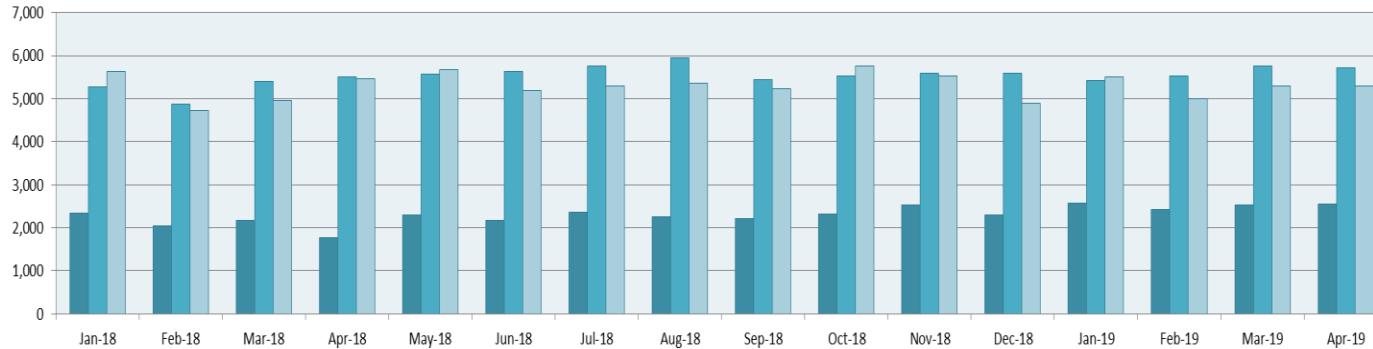


# DM01 – NHS Comparison



# DM01 – Imaging Tests & Procedures Carried Out

## DM01 - Imaging Activity Seen



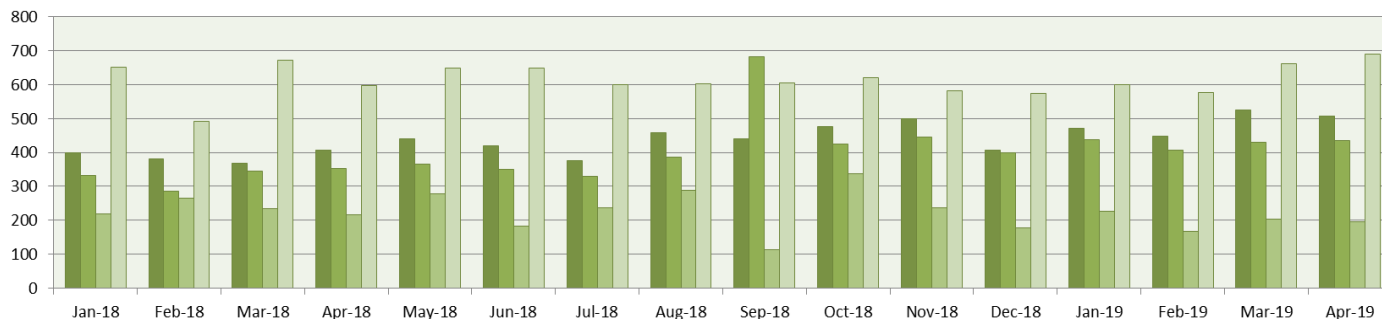
**Apr 18 vs Apr 19**

**6.2%**

Increase in Imaging tests carried out during the month

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Magnetic Resonance Imaging	2,338	2,046	2,161	1,769	2,293	2,178	2,363	2,249	2,221	2,328	2,525	2,305	2,575	2,424	2,523	2,545
Computed Tomography	5,281	4,875	5,393	5,515	5,577	5,633	5,766	5,942	5,432	5,528	5,589	5,586	5,415	5,521	5,751	5,714
Non-obstetric ultrasound	5,634	4,723	4,965	5,466	5,672	5,182	5,297	5,360	5,228	5,750	5,516	4,883	5,507	4,989	5,300	5,291

## DM01 - Endoscopy Activity Seen



**Apr 18 vs Apr 19**

**16.2%**

Increase in Endoscopy procedures carried out during the month

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Colonoscopy	400	382	369	407	440	419	375	458	441	476	499	406	471	447	524	508
Flexi sigmoidoscopy	333	286	345	352	366	350	329	386	682	424	446	400	438	407	429	435
Cystoscopy	220	264	235	216	277	183	236	289	113	336	236	177	227	168	204	195
Gastroscopy	652	491	671	598	648	649	600	602	604	619	581	573	599	576	661	690

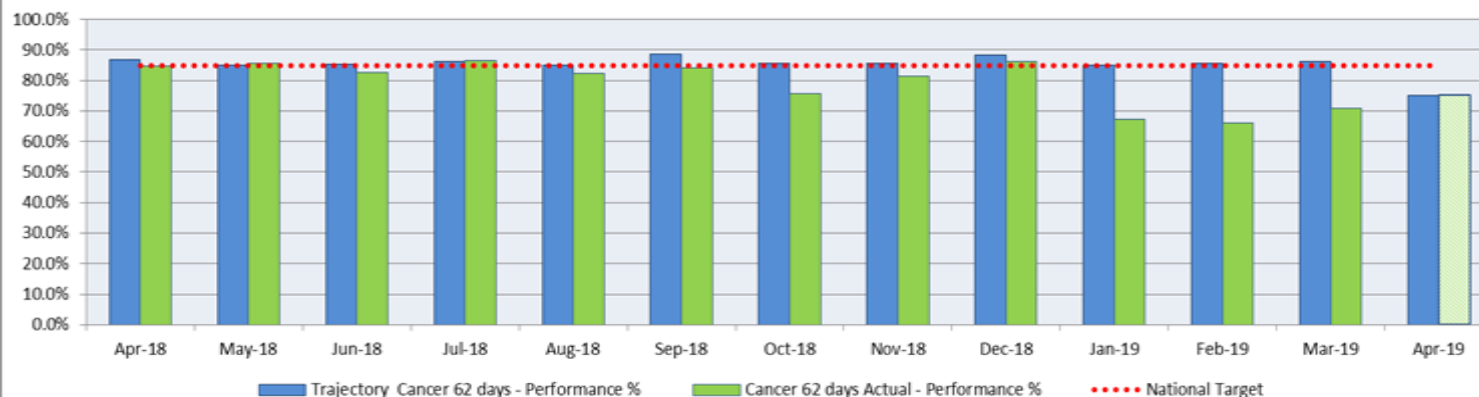
# Cancer



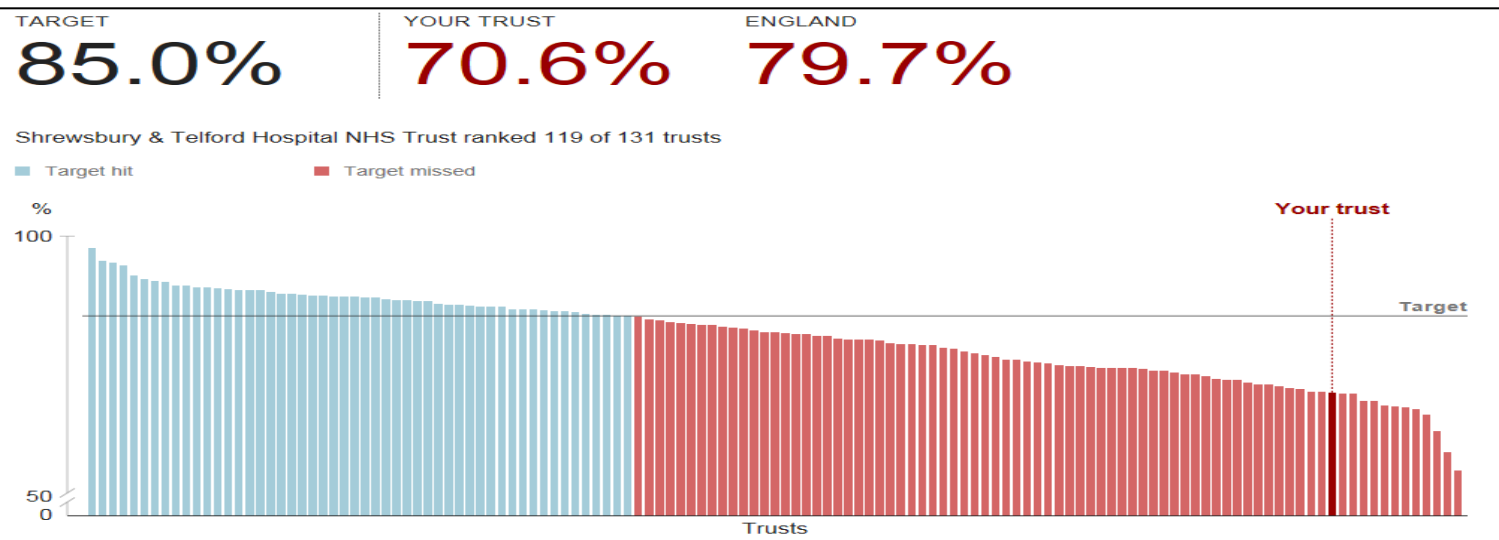
Proud To **Care**  
Make It **Happen**  
We Value **Respect**  
Together We **Achieve**

# Cancer 2018/2019 Trajectory

2018/19 62 day Trajectory vs Actual (inc predicted April-19)



The Trust failed to achieve 62 day national target of 85.0% with March 2019 being 70.6%, early indications predict April 2019 at 75.21%.

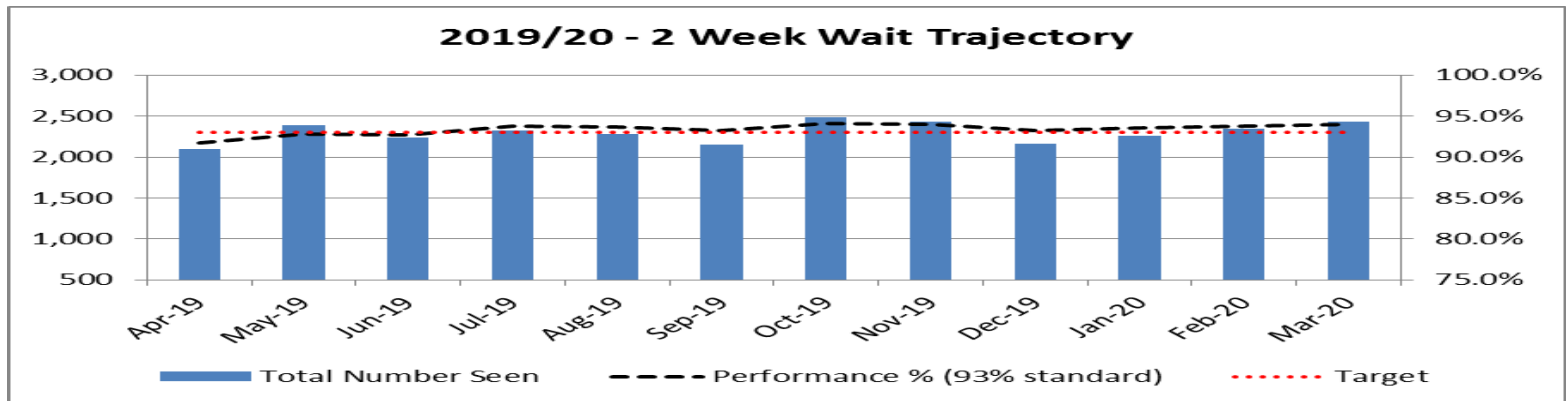


In National comparisons the Trust overall performance is 119 out of 131

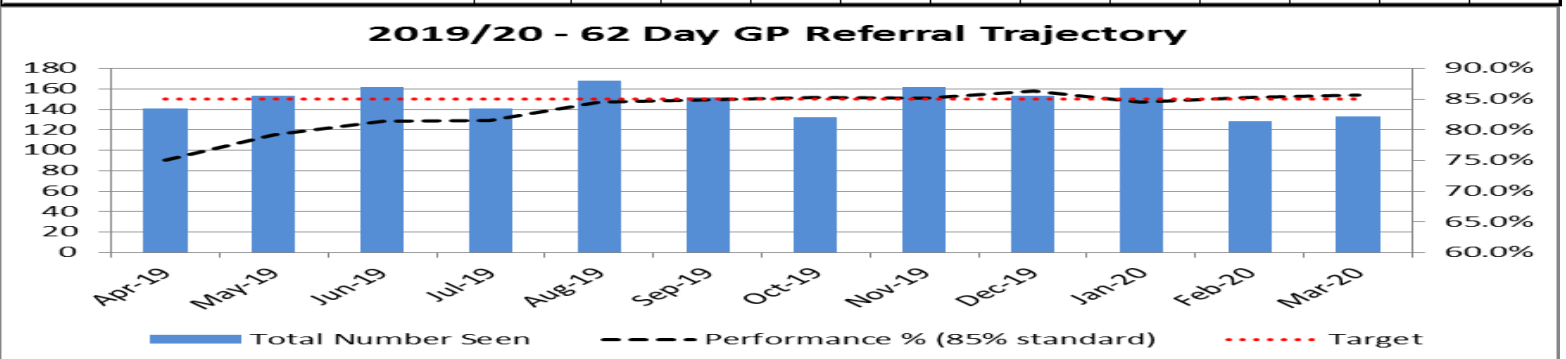
Source: BBC Website March 2019

During February and March, the Trust has aimed to reduce the backlog of patients waiting over 62 days. NB – this increases treatments in month and affects performance. Detailed action plans in place to recover performance in Quarter 3

# Cancer Trajectory 2019/20



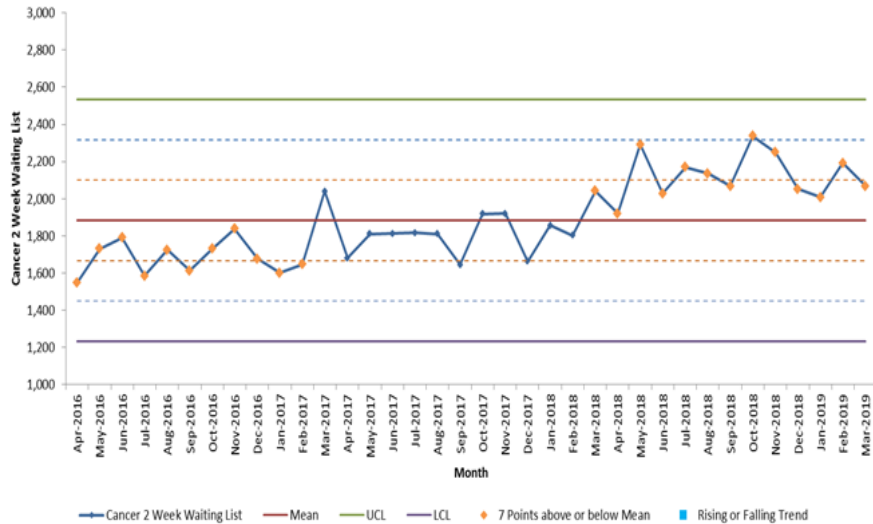
Cancer Waiting Times - 2 Week Wait	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Number Seen < 2 Wks	1,923	2,216	2,075	2,177	2,143	2,009	2,342	2,290	2,016	2,112	2,203	2,287
Total Number Seen	2,095	2,388	2,238	2,322	2,288	2,154	2,487	2,435	2,161	2,257	2,348	2,432
Performance % (93% standard)	91.8%	92.8%	92.7%	93.8%	93.7%	93.3%	94.2%	94.0%	93.3%	93.6%	93.8%	94.0%



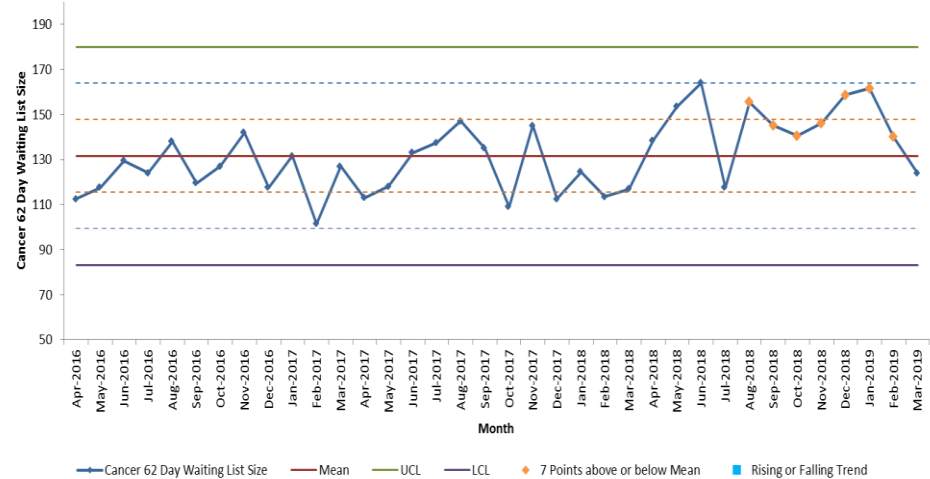
Cancer Waiting Times - 62 Day GP Referral	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Number Treated < 62 Days	106	122	132	115	142	129	113	138	132	136	110	114
Total Number Seen	141	154	162	141	168	152	133	162	153	161	129	133
Performance % (85% standard)	75.1%	79.2%	81.4%	81.5%	84.5%	84.9%	85.3%	85.1%	86.3%	84.5%	85.2%	85.7%

# Cancer Continued

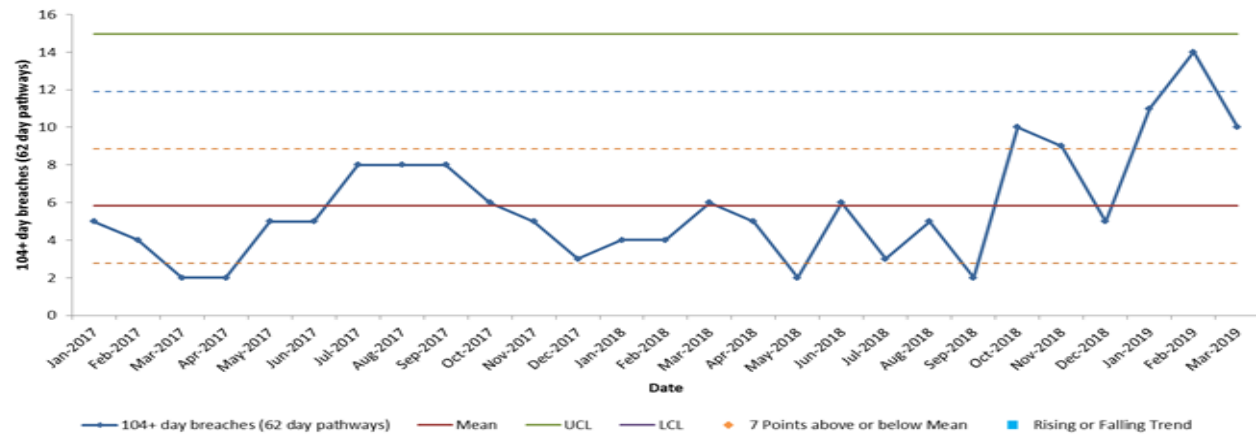
The Shrewsbury & Telford Hospitals NHS Trust - Cancer 2 Week Waiting List



The Shrewsbury & Telford Hospitals NHS Trust - Cancer 62 Day Waiting List Size



The Shrewsbury & Telford Hospitals NHS Trust, CBIU - 104+ day breaches (62 day pathways)





# Risks to cancer performance

## 2 week waits

- Breast Radiology support to 2 week wait clinics – current waiting time is 27 days impacting on Trust performance
- Locum Radiologist awaiting GMC registration - unable to work at present
- Gastro straight to test – patient choice impacting 2 week wait performance

## 62 days

- Waiting times for breast outpatient appointment now impacting on 62 day performance
- Urology capacity at SATH and UHNM impacting on waiting times for procedure
- Urology Consultant gaps due to long term sickness and national shortage
- Robotic capacity at UHNM

## 104 days

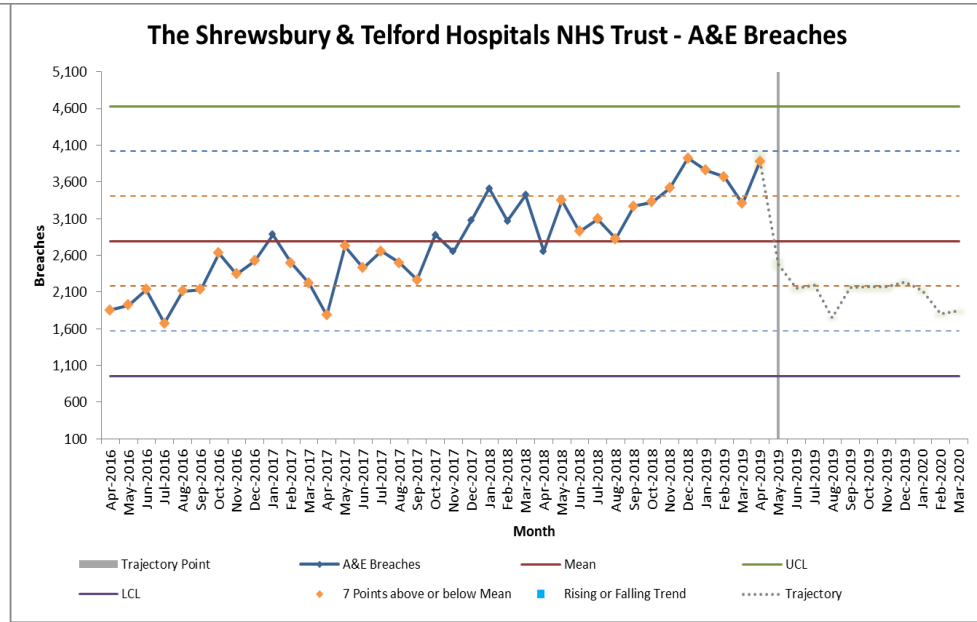
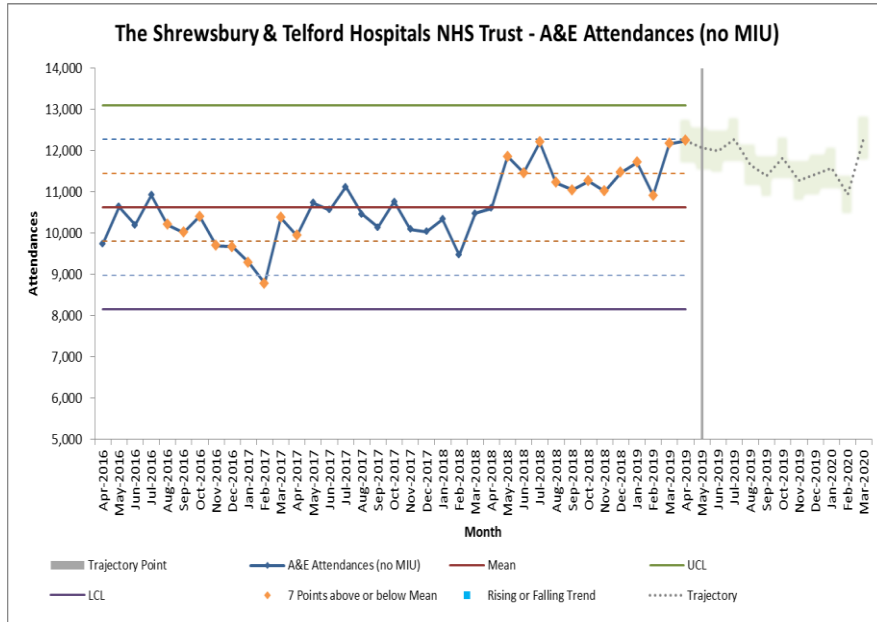
- Increasing waiting times in urology impacting on 104 days

# Urgent Care Update



Proud To **Care**  
Make It **Happen**  
We Value **Respect**  
Together We **Achieve**

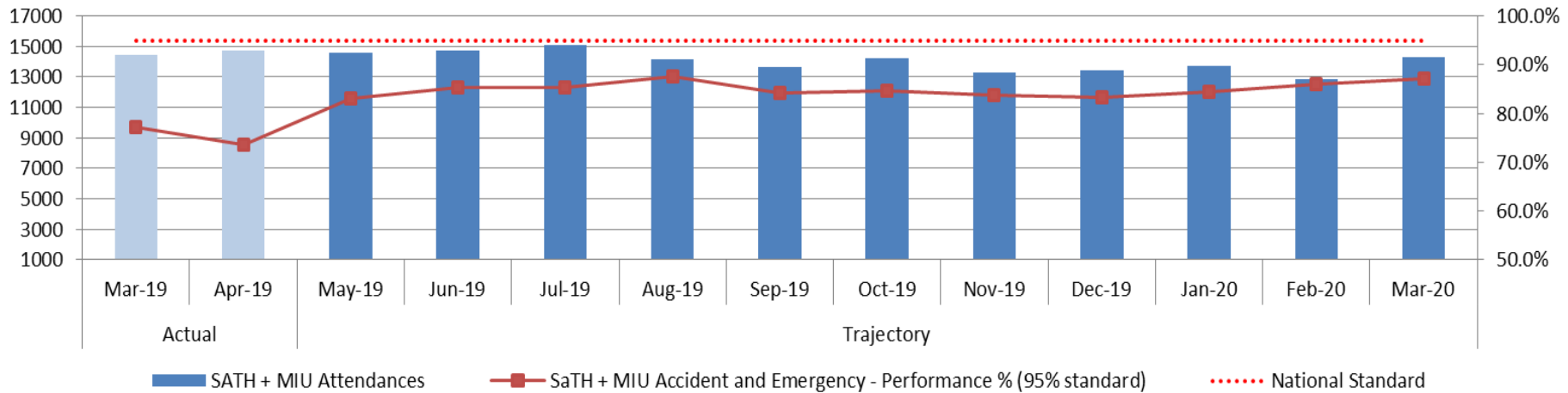
# A&E Performance - SaTH without MIU



	Actual		Trajectory										
	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
SaTH Accident and Emergency - >4 hour wait	12163	12243	12063	11986	12278	11658	11387	11828	11281	11424	11583	10942	12305
SaTH Accident and Emergency - Total Patients	3307	3881	2482	2156	2196	1753	2164	2170	2169	2236	2120	1800	1843
SaTH Accident and Emergency - Performance % (95% standard)	72.8%	68.3%	79.4%	82.0%	82.1%	85.0%	81.0%	81.7%	80.8%	80.4%	81.7%	83.5%	85.0%

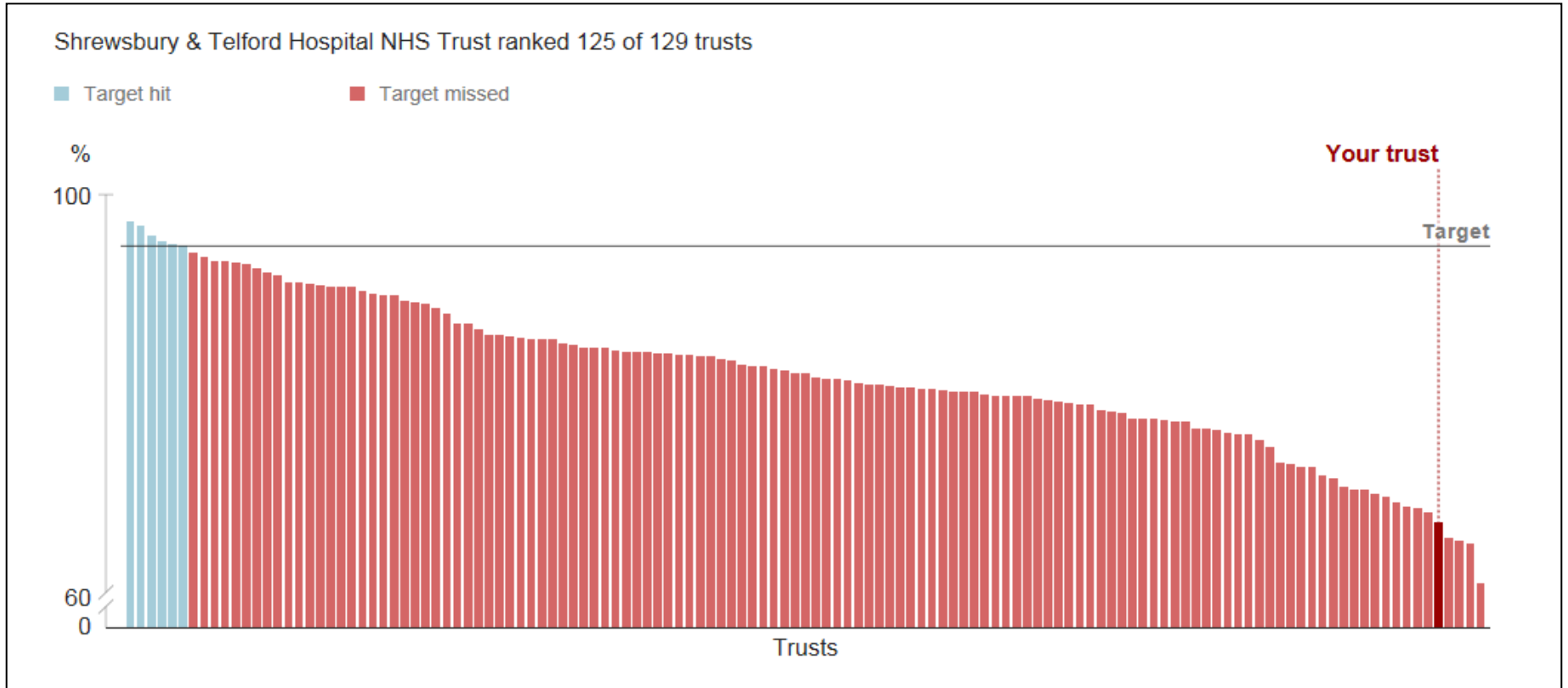
# A&E Performance with MIU

## 2019/20 SaTH Trajectory (inc MIU)



	Actual		Trajectory										
	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
SaTH Accident and Emergency - >4 hour wait	12163	12243	12063	11986	12278	11658	11387	11828	11281	11424	11583	10942	12305
SaTH Accident and Emergency - Total Patients	3307	3881	2482	2156	2196	1753	2164	2170	2169	2236	2120	1800	1843
SaTH Accident and Emergency - Performance % (95% standard)	72.8%	68.3%	79.4%	82.0%	82.1%	85.0%	81.0%	81.7%	80.8%	80.4%	81.7%	83.5%	85.0%
MIU Attendances	2284	2492	2522	2728	2805	2487	2298	2434	2030	1985	2129	1933	2002
SATH + MIU Attendances	14447	14735	14585	14714	15083	14145	13685	14262	13311	13409	13712	12875	14307
SaTH + MIU Accident and Emergency - Performance % (95% standard)	77.1%	73.7%	83.0%	85.3%	85.4%	87.6%	84.2%	84.8%	83.7%	83.3%	84.5%	86.0%	87.1%

# A&E National view – April 2019



TARGET

**95.0%**

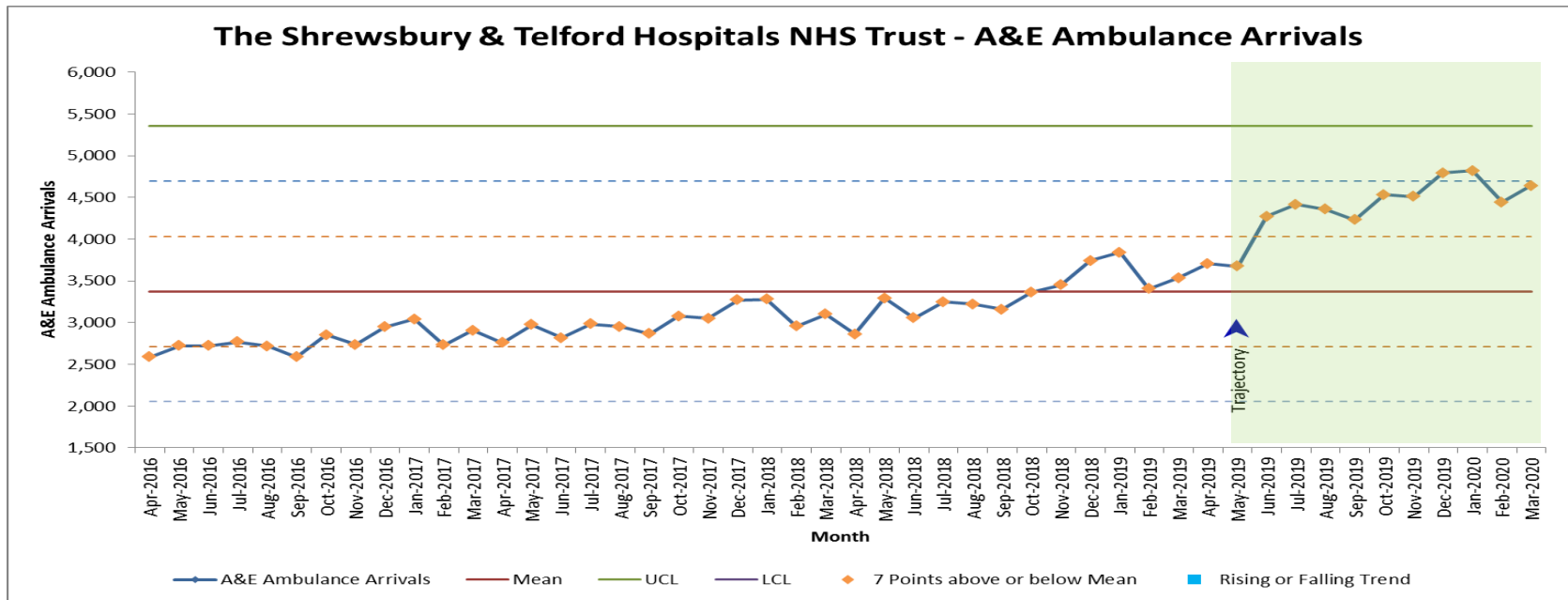
YOUR TRUST

**68.2%**

ENGLAND

**85.1%**

# Ambulance Handovers



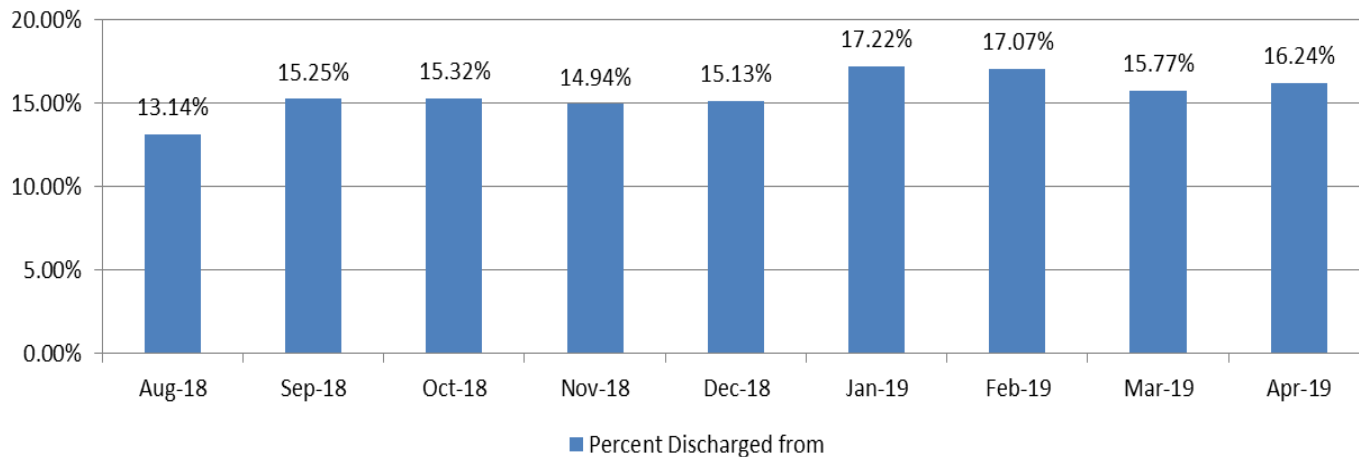
The ambulance handover trajectory has been resubmitted, this has taken into account the predictions by WMAS and the Aprils' Actual performance, which saw a 16% increase in demand compared to the original prediction made by SaTH. April 2018 vs April 2019 saw a 27.9% increase in ambulance arrivals.

Actions to address handover delays:

- A system wide T&F group has been established to reduce ambulance conveyance and use alternative pathways
- Clinical Care coordinator to work with WMAS (30<sup>th</sup> & 31<sup>st</sup> May proof of concept) to reduce conveyance by using MIU and alternative pathways
- Pit stop on both sites and additional CDU cubicles at RSH site
- Service Specification for HALO at RSH site

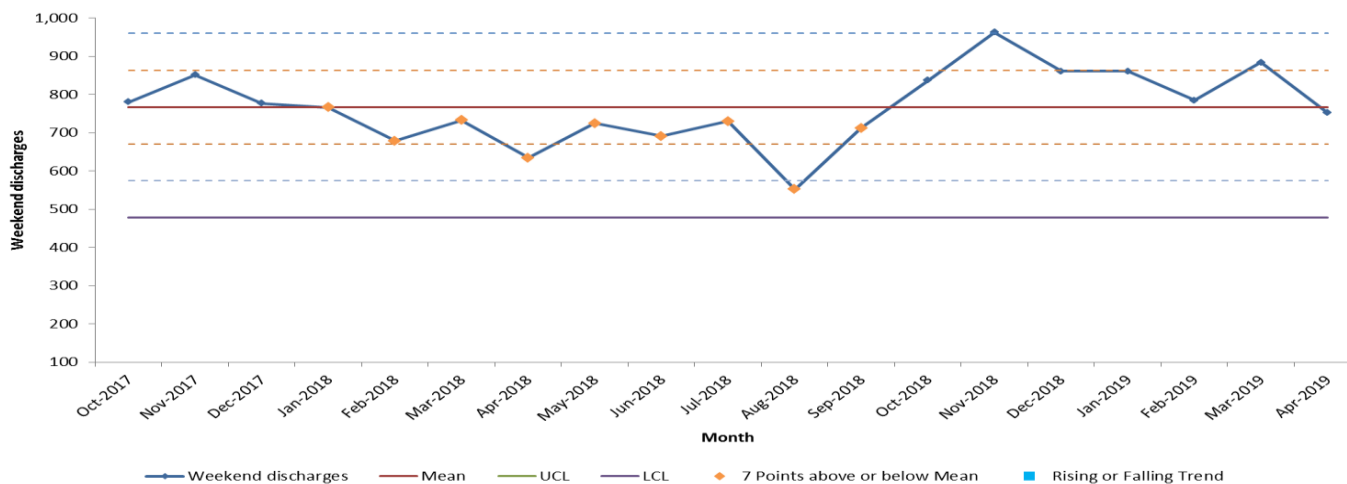
# Discharges

## Percent Transferred to Discharge Lounge by noon

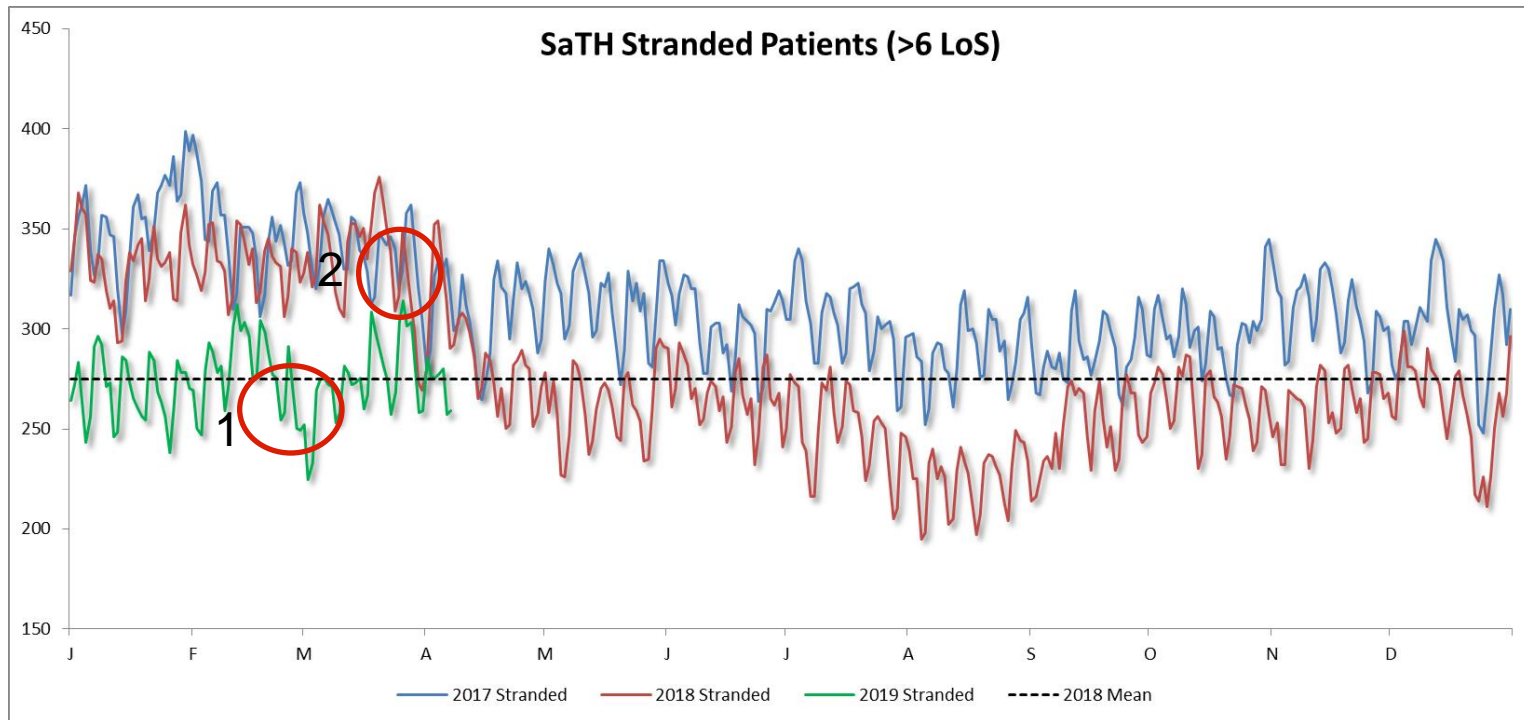


- Pre 12 discharges below national average.
- Nursing workforce gaps are impacting on improvement.
- Criteria led discharge to be reviewed in June 19
- Discharge lounge unable to take bedded patients is impacting on flow.

## The Shrewsbury & Telford Hospitals NHS Trust - Weekend discharges



# Stranded Patients over all position

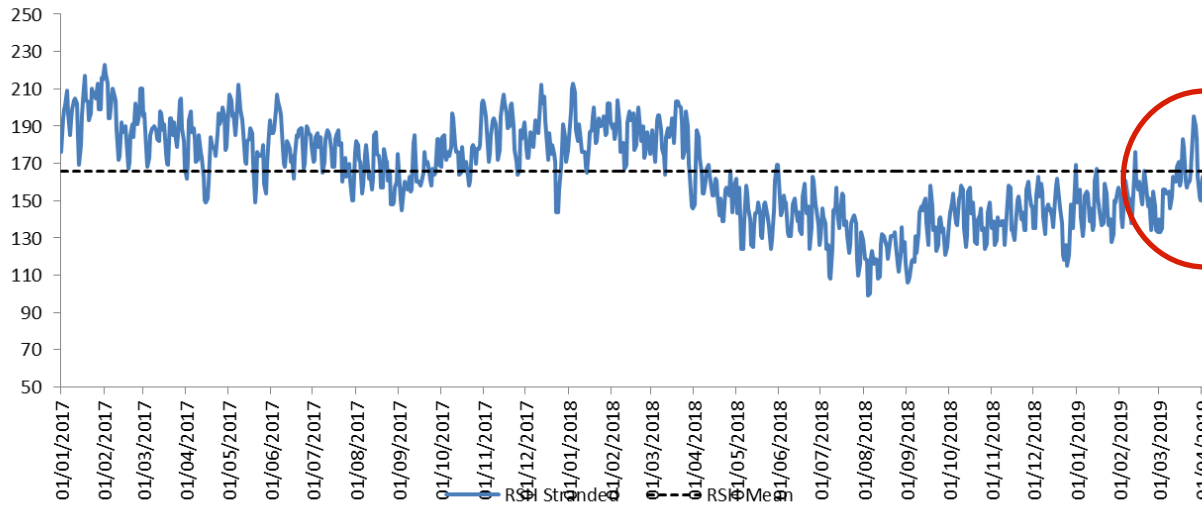


- Point 1: Start of March we had begun to significantly improve out of winter and the launch of the MFFD SOP really helped to improve the position further
- Point 2: Highlights the impact of Noro Virus – however even with the spike in stranded numbers this did still follow a seasonal trend and despite challenges improvement was maintained in comparison to the same period the previous year
- Our worst days with 3 wards closed this year were still better than our best days in winter the past 2 years
- Weekly Multi Agency Discharge Events (MADE) will support further improvement of the metric



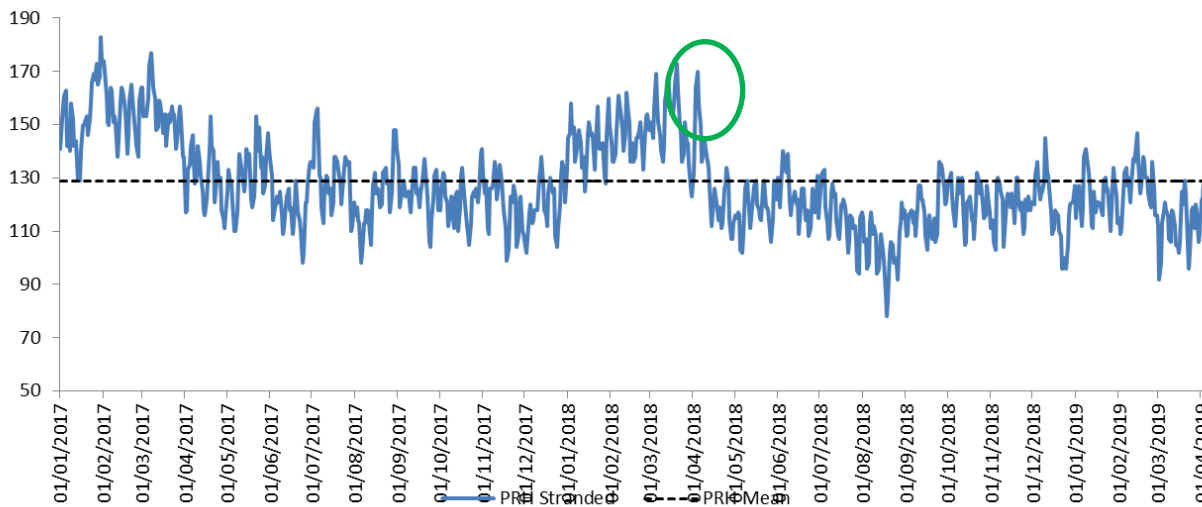
# Stranded Patients – By Site

## RSH Stranded Patients



RSH Norovirus impact however recovered quickly as wards reopened

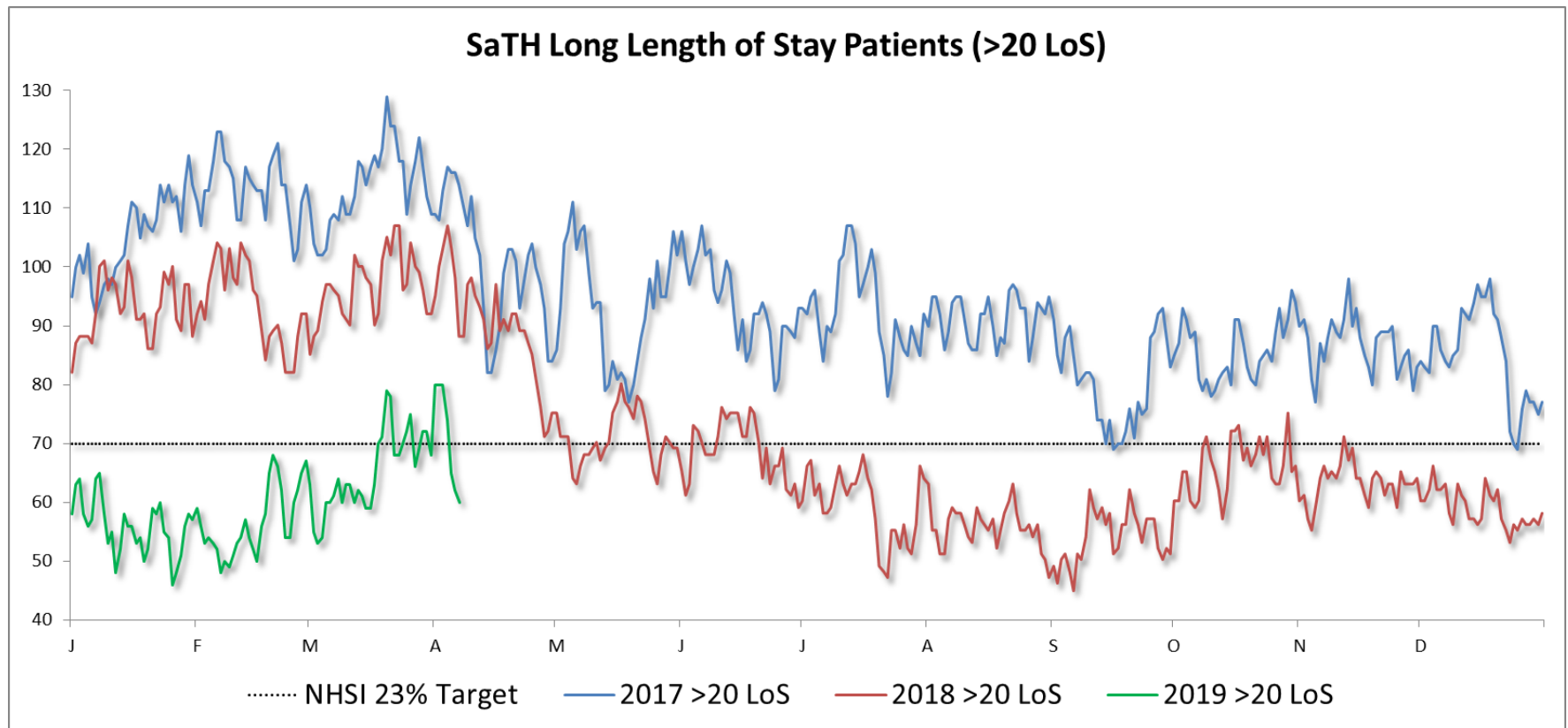
## PRH Stranded Patients



PRH has avoided the season winter spike of the past 2 years showing that although there have been challenges with capacity to support improvement at PRH impact has still been achieved.

There is a dedicated project plan in place to support PRH reduction from June 2019.

# Super Stranded



- Super Stranded position April 1<sup>st</sup> 2018 was 130 compared to April 1<sup>st</sup> 2019 was 80 following the Noro Virus this still provided a 38% improvement
- Position continuing to improve currently at 51 Supers (w/c 15/04)
- Consistently maintaining 44% improvement against the 23% improvement target set by NHSI April 2018

# Finance Report Month 01

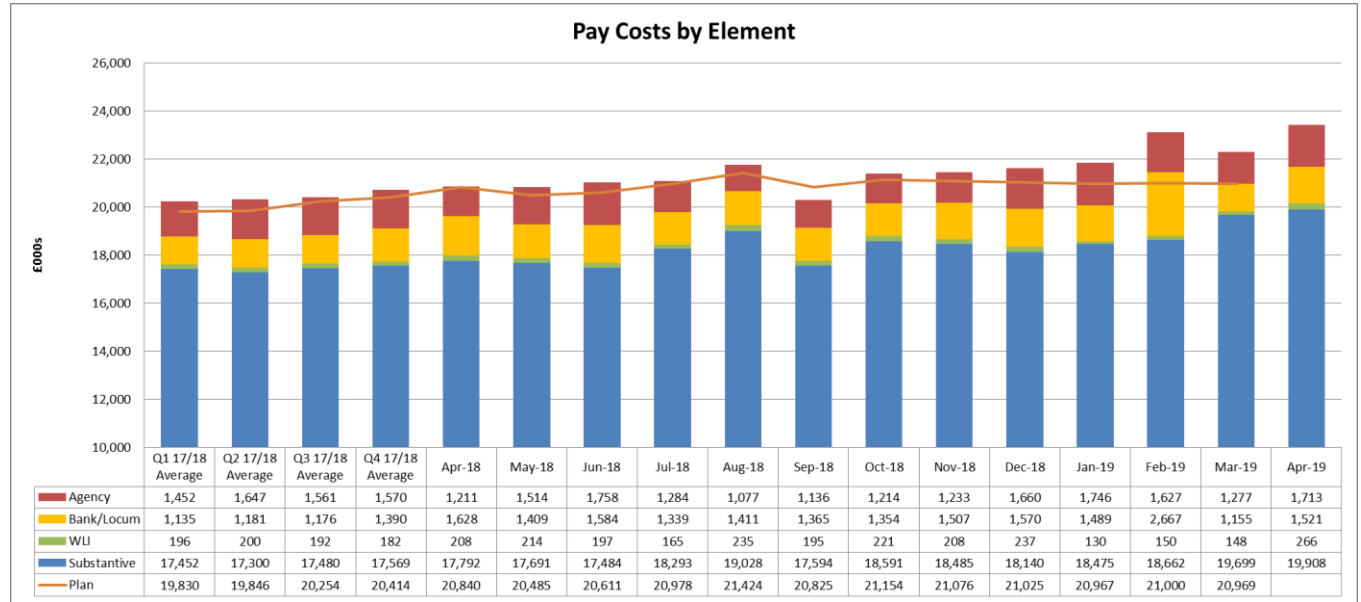


Proud To **Care**  
Make It **Happen**  
We Value **Respect**  
Together We **Achieve**

# Pay

## Key Messages

- Month 1 pay spend amounted to £23.4m which includes a pay award of £1.1m (of which £0.8m is non recurrent). Pay position is broadly in line with Q4 18/19.
- Year to date plan is not yet available.



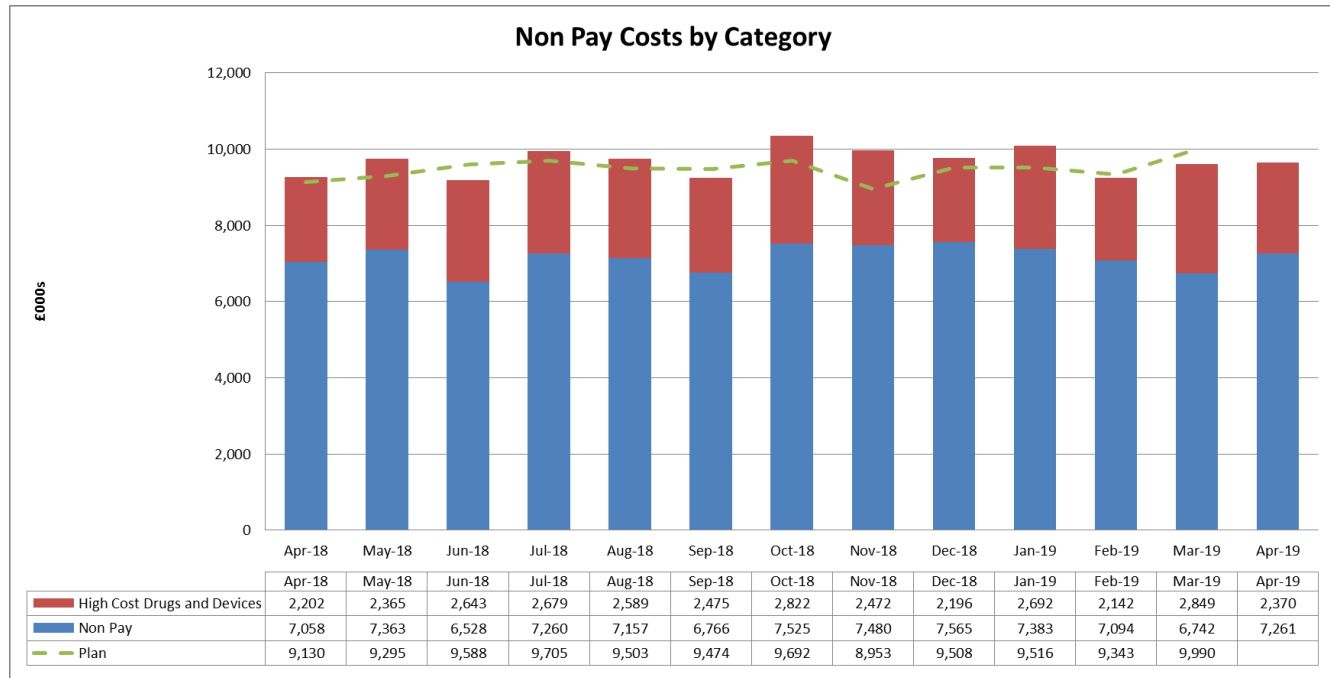
Annual		YTD					In Month		
Agency Ceiling	NHSI Agency Plan	Agency Ceiling Plan	Agency NHSI Plan	Agency Expenditure Actual	Variance Under/(Over)	Variance Under/(Over)	Agency NHSI Plan	Agency Expenditure Actual	Variance Under/(Over)
£000s	£000s	£000s	£000s	£000s	Agency Ceiling	Agency NHSI Plan	£000s	£000s	Agency NHSI Plan
14,232	19,153	1,186	1,609	1,714	(528)	(105)	1,609	1,714	(105)

Agency spend accounts for 7%, £1.714 m in month. Against the NHSI Plan the Trust overspent by £0.105m during month one.

# Non Pay

## Key Messages

- Month 1 non pay spend amounted to £9.6m and is broadly in line with Q4 1819.



The graph above shows that circa a quarter of the Trust's non pay spend is attributable to high cost drugs and devices which are a pass through cost to commissioners.

# 19/20 CIP Programme

## Key Messages

- 19/20 Operational plan requires delivery of £18.9m Cost Improvement Programme
- Made up 3% Waste reduction scheme (£12m) + additional £6.9m to achieve Control Total
- Scoping of schemes carried out with further work ongoing to achieve total savings.
- Current plan summarised in table to the right.

Schemes	£m
Care Group CIP schemes (Green)	1.1
Procurement CIP schemes	2.0
Frailty funding	0.9
SSP Staffing Capitalisation	0.5
New post external funding	0.1
19/20 Development phasing (PYE saving)	0.9
Sath to Home ceasing	1.3
Balance Sheet flexibility	1.2
Income inflation	1.8
STP OPD/Elective schemes	1.0
<b>Sub Total</b>	<b>10.7</b>
<b>Further Opportunities being developed</b>	
Further 19/20 Development phasing (PYE saving)	0.9
Care Group Amber/Red Schemes	3.3
GIRFT	3.0
Sickness/Clinical efficiency	0.5
Medicines spend	0.3
Other	0.1
<b>Other Schemes</b>	<b>8.1</b>
<b>Total</b>	<b>18.9</b>

# Commissioner 2019/20 Contract Update

Commissioner	Value	Agreed	Signed*	Update
Main CCG - Shropshire, Telford and Associates including CQUIN	£254,784,328	✓	✗	Awaiting CEO approval / signature
NHS England – Specialised Services and Associates including CQUIN	£54,122,168	✗	✗	Contract values are agreed. Discussions regarding contract documentation are continuing
Powys Teaching Health Board	£26,699,210	✗	✗	Issue re Welsh funding at English Tariff rates being progressed at national England –Wales level
Betsi Cadwaladr University Health Board (North Wales)	£1,682,113	✗	✗	Issue re Welsh funding at English Tariff rates being progressed at national England –Wales level
Welsh Health Specialised Services Committee (WHSSC)	£1,092,802	✗	✗	Issue re Welsh funding at English Tariff rates being progressed at national England –Wales level
Hywel Dda	£139,318	✗	✗	Issue re Welsh funding at English Tariff rates being progressed at national England –Wales level

# Income

## Month 1 update

- Due to technical system issues with the Activity and Income Data Warehouse, income data for month 1 is not yet available.
- Income plan to be finalised in line with agreement of contracts.

### Key Messages

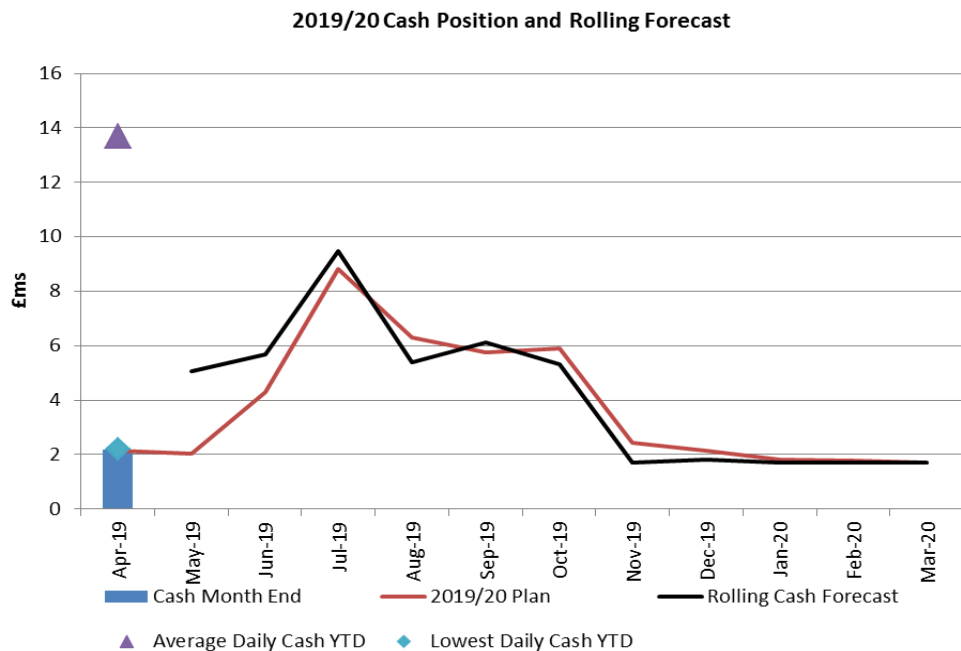
While the overall Income position is not yet available, key indicators show the month 1 activity levels are broadly in line with Month 12 18/19 for ED and Non Elective, but are offset with reduction in Day Cases as follows:

- ED attendances were 10,916 which is 258 (2%) more than in March (10,658)
- Non-Electives were 4,905 which is 70 (1.5%) fewer than in March (4975)
- Day cases were 4,146 which is 231 (5.3%) fewer than March (4377)



# Cash

	Actual YTD £000's	Total To Date And Forecast £000's
Balance B/fwd	1,649	1,649
<b>I&amp;E CASHFLOW</b>		
Income I&E (inc Donated & PSF)	25,235	399,471
Pay I&E	(22,690)	(273,760)
Non Pay I&E	(6,434)	(110,491)
Finance Costs I&E	10	(3,602)
Capital Expenditure (inc Donated) re Depreciation	(173)	(11,618)
Total I&E Cashflow	(4,051)	(1)
<b>EXTERNAL FUNDING</b>		
Revolving Working Capital - I&E Deficit	0	0
Revolving Working Capital - Additional Support	0	0
Loan facility to cover non-receipt of PSF	0	0
Total External Funding Cashflow	0	0
<b>Total Balance Sheet Changes</b>	<b>4,589</b>	<b>51</b>
<b>Total Cashflow</b>	<b>538</b>	<b>51</b>
<b>Balance C/fwd</b>	<b>2,188</b>	<b>1,700</b>

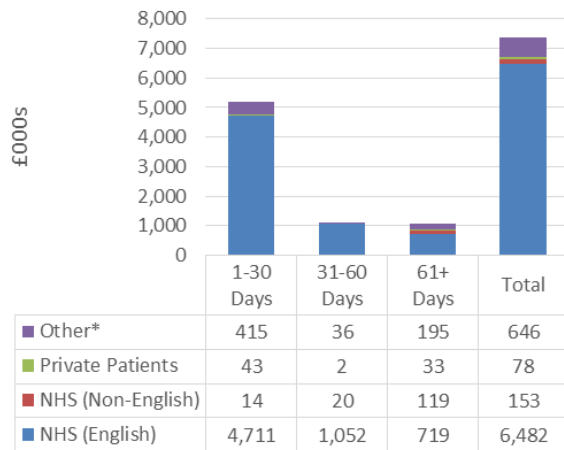


## Key Messages

- If the Trust achieves Plan of breakeven position, it will be eligible for funding totalling £17.351m in respect of PSF/FRF/MRET funding. It is projected that the minimum cash balance of £1.700m will be achieved.
- If the Trust does not achieve the additional Waste Reduction Schemes of £12.901m, the Trust may not be eligible for PSF/FRF/MRET – resulting in total cash shortfall of £30.252m.
- It is projected that this Trust cash shortfall will present in August.

# Receivables/Payables

Accounts Receivable aged debt summary as at 30 April 2019

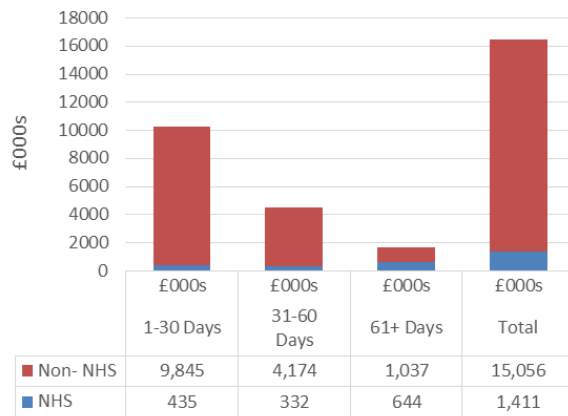


The outstanding receivables balances as at 30 April 2019 over £0.100m are:

	1-30 Days £000s	31-60 Days £000s	61+ Days £000s	Total £000s
NHS England Commissioning	3,889	1,029	493	5,411
RJAH NHSFT	107	70	32	209
Shropshire CCG	38	76	63	177
Shropshire Community Health Trust	106	51	17	174
University Hospital of North Midlands	32	50	55	137
CP Plus	124	0	0	124
Telford and Wrekin CCG	109	0	0	109

There were no credit notes raised over £0.100m in April 2019.

Accounts Payable aged summary of outstanding invoices as at 30 April 2019



# SLR (18/19 Total)

Metrics	Surgical	Oncology	MSK	H&N	Theatre & Critical Care	Medicine	Emergency	Womens & Childrens	Support Services	TOTAL
<b>Income</b>	59,619	21,119	23,886	21,876	7,566	100,756	22,349	55,081	50,402	362,654
Cost										
Direct										
Nursing	(9,218)	(3,505)	(4,116)	(1,331)	(3,123)	(33,228)	(7,133)	(20,542)	(482)	(82,678)
Consultants	(7,797)	(2,563)	(3,044)	(4,420)	(271)	(8,432)	(1,686)	(5,492)	(588)	(34,294)
Other Clinical	(5,312)	(3,086)	(3,957)	(5,597)	(116)	(11,335)	(6,351)	(8,086)	(822)	(44,662)
Non Clinical	(2,853)	(1,340)	(1,175)	(1,834)	(160)	(3,952)	(1,028)	(3,015)	(525)	(15,882)
<b>Total Direct Pay Costs</b>	<b>(25,180)</b>	<b>(10,494)</b>	<b>(12,292)</b>	<b>(13,182)</b>	<b>(3,671)</b>	<b>(56,948)</b>	<b>(16,198)</b>	<b>(37,135)</b>	<b>(2,416)</b>	<b>(177,515)</b>
Drugs	(984)	(1,708)	(263)	(275)	(269)	(4,395)	(586)	(750)	(27,552)	(36,784)
Supplies	(604)	(788)	(544)	(1,912)	(348)	(5,458)	(704)	(1,929)	11	(12,277)
Other Direct Costs	(1,618)	(503)	(349)	(902)	(84)	(3,079)	(1,707)	(1,653)	(162)	(10,058)
<b>Total Direct Non Pay Costs</b>	<b>(3,206)</b>	<b>(3,000)</b>	<b>(1,157)</b>	<b>(3,089)</b>	<b>(702)</b>	<b>(12,932)</b>	<b>(2,998)</b>	<b>(4,332)</b>	<b>(27,703)</b>	<b>(59,119)</b>
<b>Direct Cost Total</b>	<b>(28,386)</b>	<b>(13,494)</b>	<b>(13,449)</b>	<b>(16,271)</b>	<b>(4,373)</b>	<b>(69,880)</b>	<b>(19,195)</b>	<b>(41,467)</b>	<b>(30,119)</b>	<b>(236,634)</b>
Indirect										
Blood	(106)	(382)	(57)	(7)	(1)	(240)	(58)	(55)	(63)	(969)
Allied Healthcare Professionals	(900)	(613)	(253)	(703)	(2)	(2,655)	(153)	(205)	(2,574)	(8,057)
Radiology	(1,825)	(388)	(1,015)	(311)	(58)	(2,474)	(2,242)	(321)	(3,407)	(12,043)
Pathology	(1,301)	(956)	(280)	(289)	(95)	(3,197)	(694)	(1,006)	(5,394)	(13,212)
Theatre	(9,416)	(25)	(5,537)	(3,748)	(596)	(763)	(18)	(3,431)	(7)	(23,542)
Other Services	(4,225)	(114)	(192)	(1,026)	(40)	(1,453)	(93)	(622)	(150)	(7,915)
Prosthetics	(69)	(0)	(1,121)	(25)	(0)	(7)	(1)	(27)	(1)	(1,250)
Hotel Services	(1,487)	(633)	(623)	(604)	(176)	(3,944)	(1,050)	(1,649)	(373)	(10,539)
Pharmacy	(710)	(799)	(176)	(221)	(9)	(2,199)	(82)	(373)	(35)	(4,603)
CNST	(1,833)	(154)	(1,764)	(401)	0	(467)	(1,217)	(7,139)	0	(12,975)
<b>Total Indirect Costs</b>	<b>(21,873)</b>	<b>(4,063)</b>	<b>(11,018)</b>	<b>(7,335)</b>	<b>(977)</b>	<b>(17,399)</b>	<b>(5,608)</b>	<b>(14,828)</b>	<b>(12,004)</b>	<b>(95,105)</b>
<b>Direct/ Indirect Total</b>	<b>(50,259)</b>	<b>(17,557)</b>	<b>(24,467)</b>	<b>(23,606)</b>	<b>(5,350)</b>	<b>(87,279)</b>	<b>(24,803)</b>	<b>(56,295)</b>	<b>(42,123)</b>	<b>(331,739)</b>
<b>Direct Contribution</b>	<b>9,359</b>	<b>3,562</b>	<b>(581)</b>	<b>(1,730)</b>	<b>2,216</b>	<b>13,477</b>	<b>(2,455)</b>	<b>(1,214)</b>	<b>8,279</b>	<b>30,915</b>
<b>Contribution %</b>	<b>15.70%</b>	<b>16.87%</b>	<b>(2.43%)</b>	<b>(7.91%)</b>	<b>29.29%</b>	<b>13.38%</b>	<b>(10.98%)</b>	<b>(2.20%)</b>	<b>16.43%</b>	<b>8.52%</b>
Overheads										
Site Costs	(2,067)	(932)	(898)	(1,054)	(210)	(3,626)	(941)	(2,443)	(1,410)	(13,581)
Corporate Costs	(4,553)	(1,779)	(1,767)	(2,362)	(503)	(9,240)	(2,077)	(5,174)	(1,860)	(29,315)
<b>Overhead Total</b>	<b>(6,621)</b>	<b>(2,711)</b>	<b>(2,666)</b>	<b>(3,415)</b>	<b>(713)</b>	<b>(12,866)</b>	<b>(3,018)</b>	<b>(7,617)</b>	<b>(3,270)</b>	<b>(42,896)</b>
<b>Total Cost</b>	<b>(56,880)</b>	<b>(20,268)</b>	<b>(27,132)</b>	<b>(27,021)</b>	<b>(6,063)</b>	<b>(100,145)</b>	<b>(27,822)</b>	<b>(63,912)</b>	<b>(45,393)</b>	<b>(374,636)</b>
<b>EBITDA</b>	<b>2,739</b>	<b>851</b>	<b>(3,246)</b>	<b>(5,145)</b>	<b>1,503</b>	<b>611</b>	<b>(5,473)</b>	<b>(8,831)</b>	<b>5,010</b>	<b>(11,981)</b>
<b>EBITDA %</b>	<b>4.59%</b>	<b>4.03%</b>	<b>(13.59%)</b>	<b>(23.52%)</b>	<b>19.86%</b>	<b>0.61%</b>	<b>(24.49%)</b>	<b>(16.03%)</b>	<b>9.94%</b>	<b>(3.30%)</b>
Finance Costs	(2,222)	(807)	(913)	(1,162)	(247)	(4,474)	(1,074)	(2,462)	(967)	(14,328)
<b>Profit/Loss</b>	<b>517</b>	<b>44</b>	<b>(4,160)</b>	<b>(6,307)</b>	<b>1,256</b>	<b>(3,863)</b>	<b>(6,547)</b>	<b>(11,293)</b>	<b>4,043</b>	<b>(26,309)</b>
<b>Profitability %</b>	<b>0.87%</b>	<b>0.21%</b>	<b>(17.41%)</b>	<b>(28.83%)</b>	<b>16.60%</b>	<b>(3.83%)</b>	<b>(29.29%)</b>	<b>(20.50%)</b>	<b>8.02%</b>	<b>(7.25%)</b>
Donated Assets Adjustment										(41)
Provider Sustainability Funding										5,185
Contract Adjustment										930
Flex to Freeze Adjustment										1,451
<b>Trust Surplus/(Deficit) as per Board Paper</b>										<b>(18,743)</b>

## Key Messages

- At month 12 the overall contribution for the Trust was 8.52%.
- At month 12 the overall profitability for the Trust was 7.25% loss.
- The service line reporting position is reported in care group boards each month and is used to explore opportunities to reduce costs in conjunction with the model hospital and GIRFT.

# SLR – Bubble Chart – 18/19 Total

