

Trust Performance Report Month 3

Trust Board
1st August 2019



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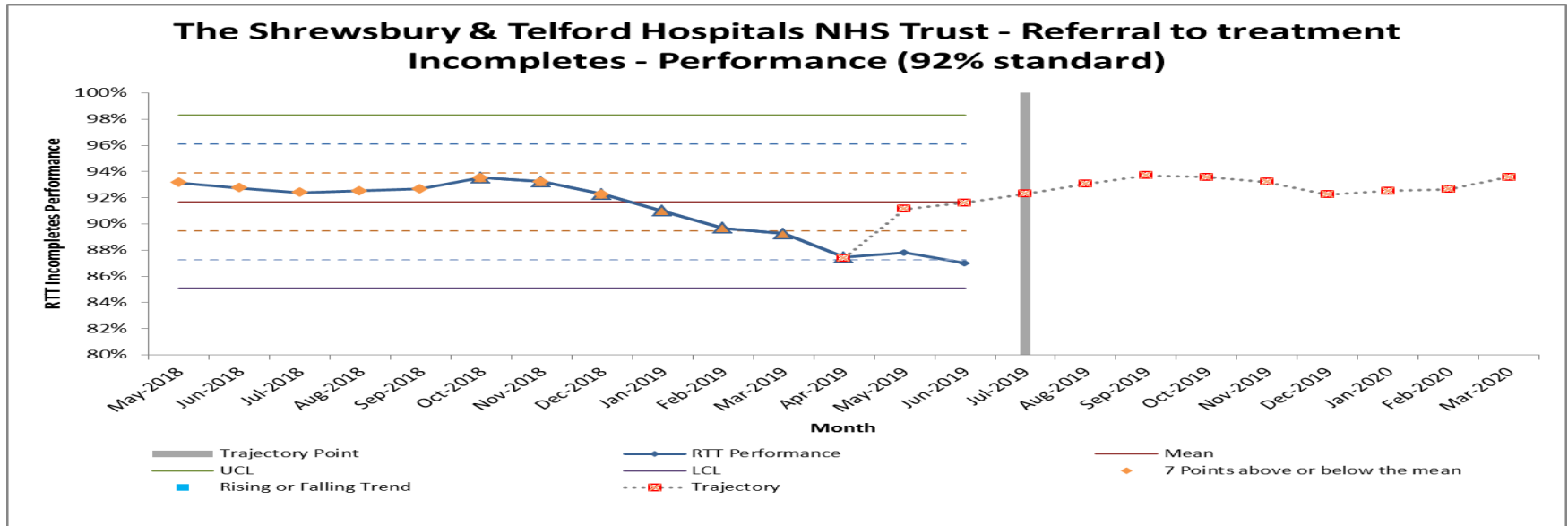
RTT



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Elective Activity - RTT 2019/2020 Trajectory

Please note the SPC graph has been calculated using 24 point, however only 14 points are illustrated



Jun-19 Actual:	87.0%
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Jun-19 Trajectory:	91.6%
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Variance to Trajectory	-4.6%
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Key actions for July :

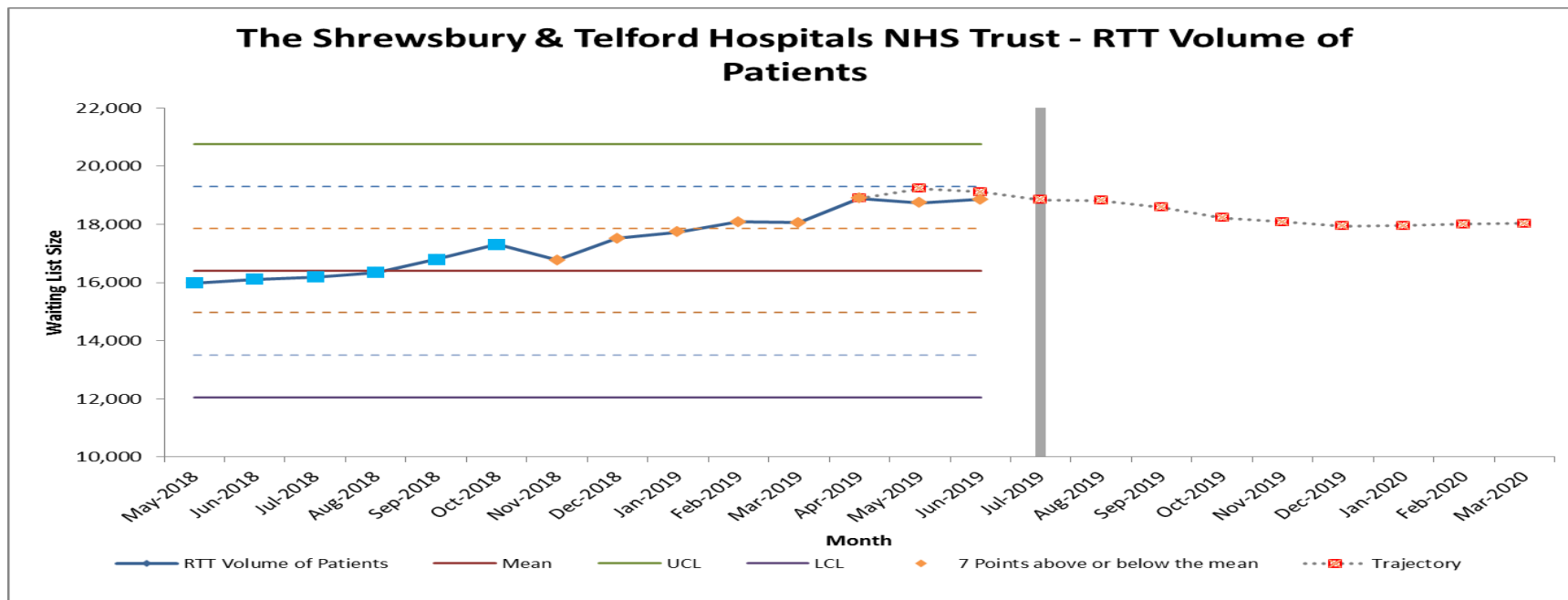
- Continue to Optimisation of lists to improve utilisation and efficiency using 6 4 2 process
- Complete Demand and Capacity models for presentation in August to Chief Operating Officer
- Continue to work with Four-Eyes

Key risks:

- Bed gap will impact on DSU usage if demand continues.
- Achievement of March 2020 waiting list size
- Staffing gaps within theatre teams and consultant anaesthetists
- Impact of pension/tax restrictions on impacting on additional waiting list.

RTT Waiting List

Please note the SPC graph has been calculated using 24 points, however only 14 points are illustrated



Jun-19 Actual:	18,860
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Jun-19 Trajectory:	19,117
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Variance to Trajectory	-257
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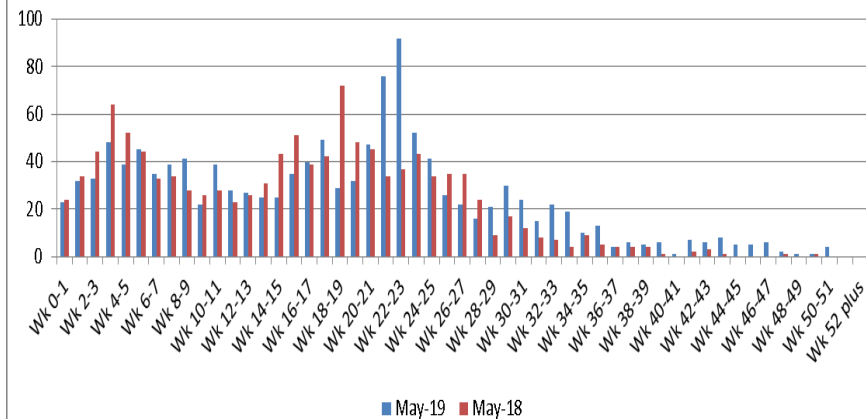
The waiting list size in June was 18,860 against a trajectory of 19117. The target waiting list size for March 2020 is 18027. It should be noted that although the position is better than the trajectory, if the Day surgery units continue to be escalated in to then the year end forecast may be at risk.

RTT Benchmarking – May 2019

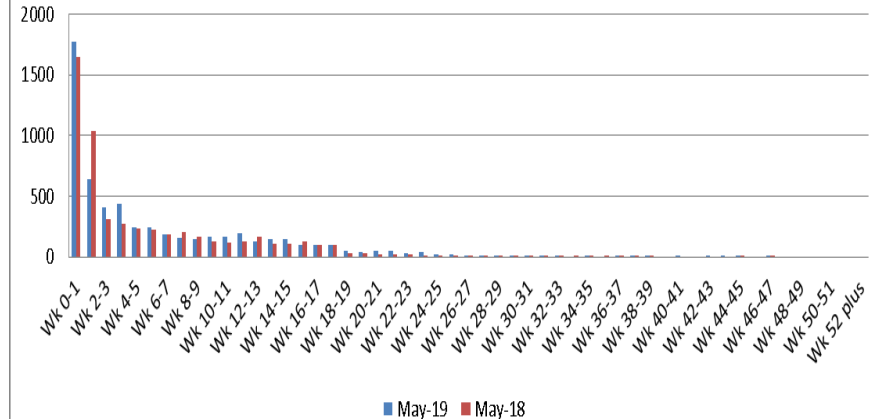
	SaTH	National	Regional Trusts			
			UHNM	RWH	UHB	Worcs
% within 18 weeks	87.80%	86.90%	80.20%	87.10%	86.50%	81.50%
Half of list waiting less than (weeks)	8	8	9	8	8	9
92 out of 100 waiting (weeks)	21	23	26	21	23	26
19 out of 20 admitted patients treated within (weeks)	19	37	34	35	34	43
19 out of 20 non-admitted patients treated within (weeks)	19	26	33	25	30	32

Above table explores the SaTH RTT performance for May 2019 against the National and Regional performance. Below illustrates the variation in the time waited compared to same period last year

Admitted Patients by weeks waited for May 18 vs May 19



Non Admitted Patients by weeks waited May 18 vs May 19



Diagnostics

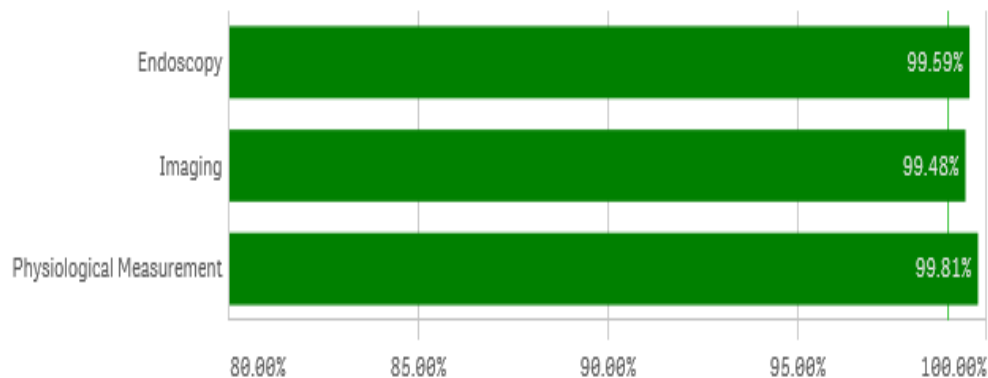


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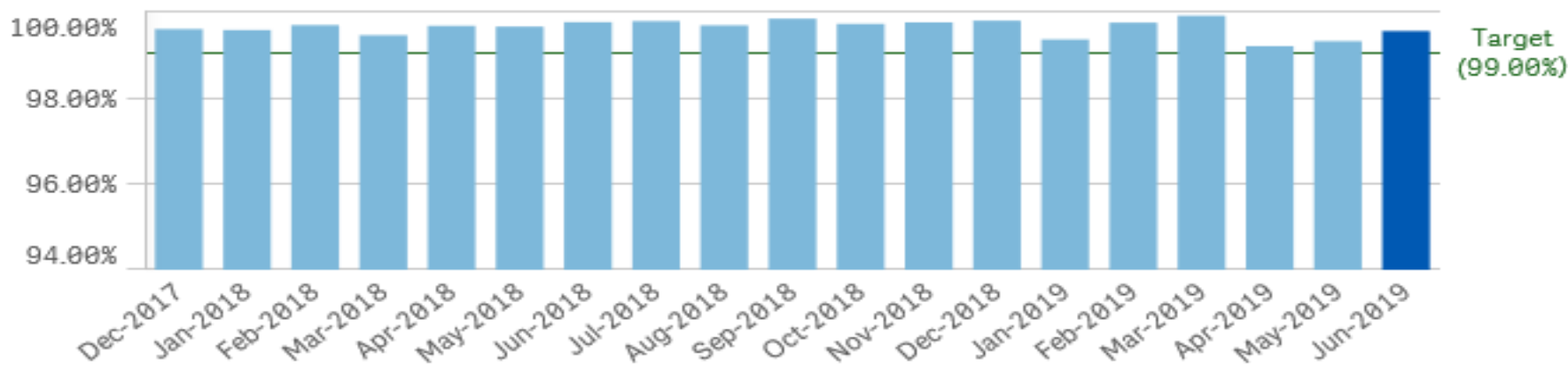
Diagnosics Waiting list – June 2019

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

% 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

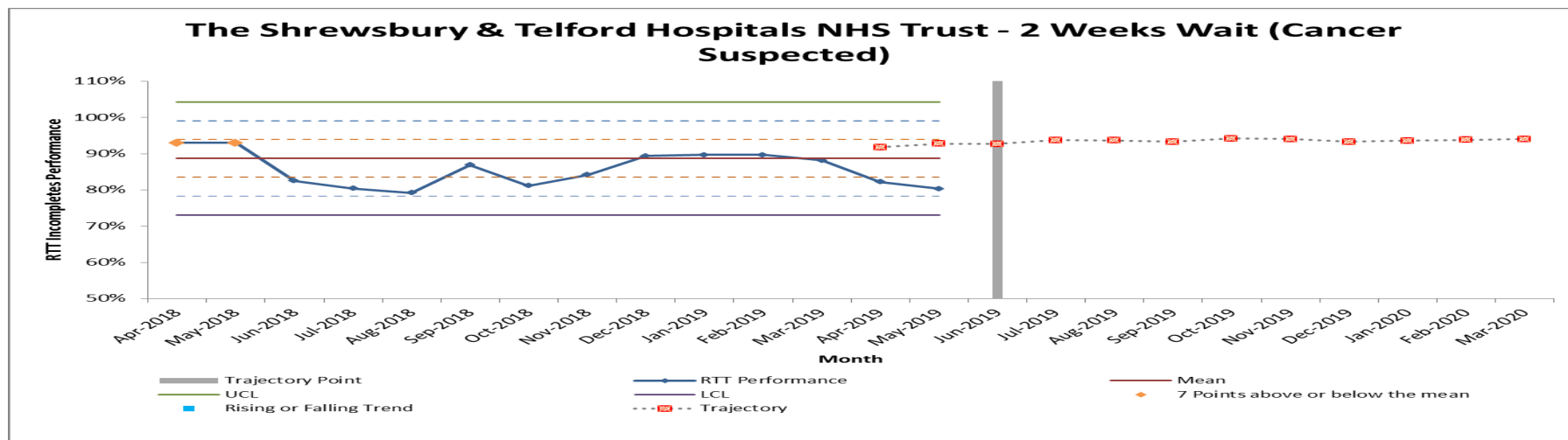


Cancer



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Cancer 2 Week Wait Trajectory 2019/20



June 2019 predicted figures

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
Trajectory 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
Trajectory 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
Trajectory 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%
Actual Number Seen < 2 Wks	1905	1843	1938									
Actual Total Number Seen	2317	2296	2365									
Actual Performance % (93% standard)	82.2%	80.3%	81.9%									

Area	National Standard	SaTH Performance	England Performance	Regional Performance
2 Weeks Wait (Cancer Suspected)	93%	80.3%	90.8%	88.0%

Key Actions For July 2019

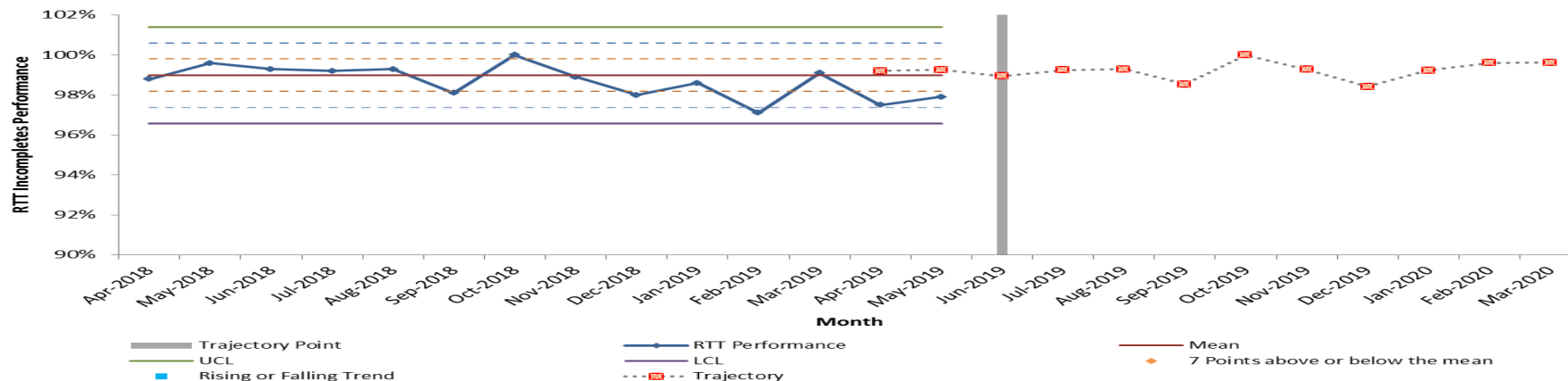
- Secure funding for second workstation to support breast radiology
- Continue to monitor no 2 week compliance and inform GP
- Monitor breast 2 week wait to maximize available capacity and reduce waiting times to below 20 days

Key Risks

- Demand for 2ww appointments exceeds current capacity
- Retention of Bank radiographers
- Unable to Secure funding for second workstation to support breast radiology
- Delay in GMC registration for consultant radiologist

Cancer Performance 31 Day Wait Summary

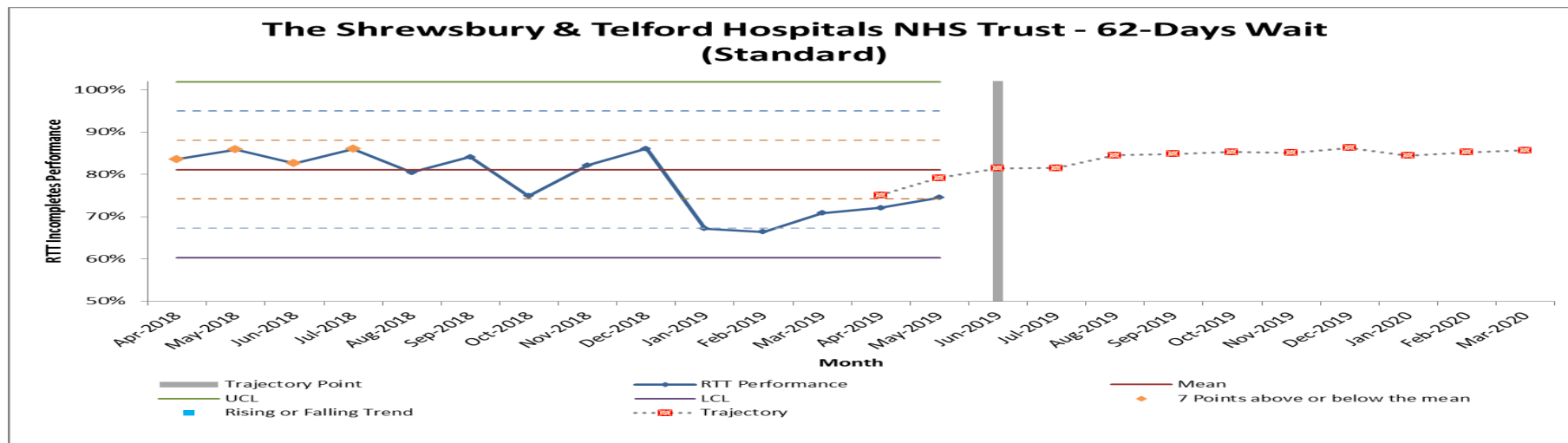
The Shrewsbury & Telford Hospitals NHS Trust - 31-Days Wait (First Treatment)



Cancer Waiting Times - 31 Day First Treatment	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 < 31 Days	248	267	280	262	280	270	273	275	249	260	254	268
Total Number Seen	250	269	283	264	282	274	273	277	253	262	255	269
Performance % (96% standard)	99.2%	99.3%	98.9%	99.2%	99.3%	98.5%	100.0%	99.3%	98.4%	99.2%	99.6%	99.6%
Number Treated < 31 Days	272	274	214									
Total Number Seen	279	280	222									
Performance % (96% standard)	97.5%	97.9%	96.4%									

Area	National Standard	SaTH Performance	England Performance	Regional Performance
31-Days Wait (First Treatment)	96%	97.9%	96.0%	95.3%

Cancer 62 Day GP Referral



June 2019 predicted figures

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
Trajectory 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%
Number Treated < 62 Days	113.5	121	90									
Total Number Seen	157.5	162.5	133									
Performance % (85% standard)	72.1%	74.5%	67.7%									

Area	National Standard	SaTH Performance	England Performance	Regional Performance
62-Days Wait (Standard)	85%	74.5%	77.5%	74.3%

Key Actions

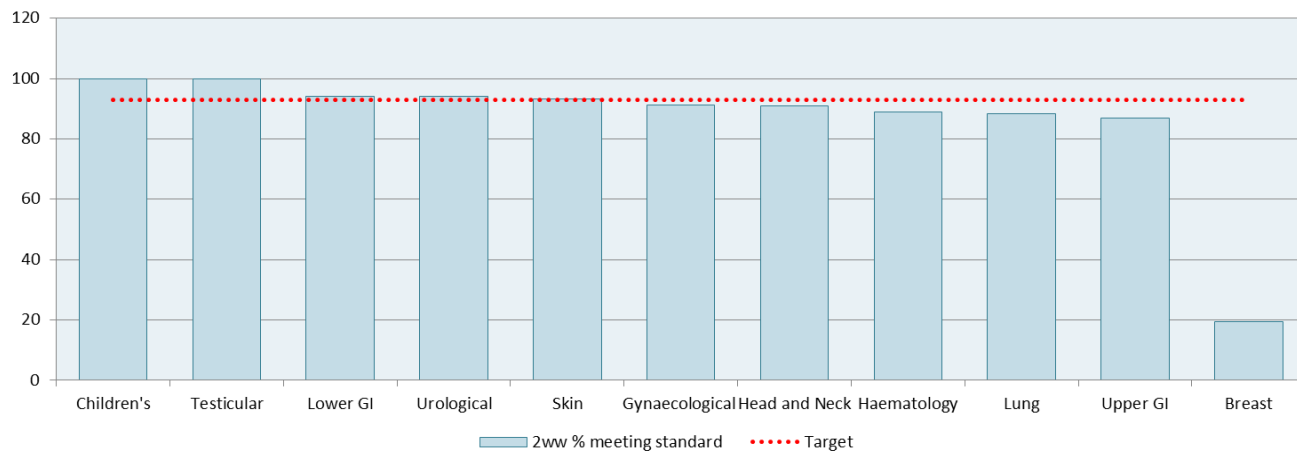
- Roll out plan for all MDTs, timetable to be issued to all MDT leads
- kaizen event for lung MDT commencing 24th July

Key Risks

- Capacity over the summer period within the tumour sites
- Urology capacity at UHNM and SATH to meet demand
- Re provision of MDT meetings.
- Capacity to track all patients due to annual leave
- Radiology reporting due to workforce constraints over the summer period

Cancer Performance By Tumour

2Week Wait % Meeting National Standard (May 2019)



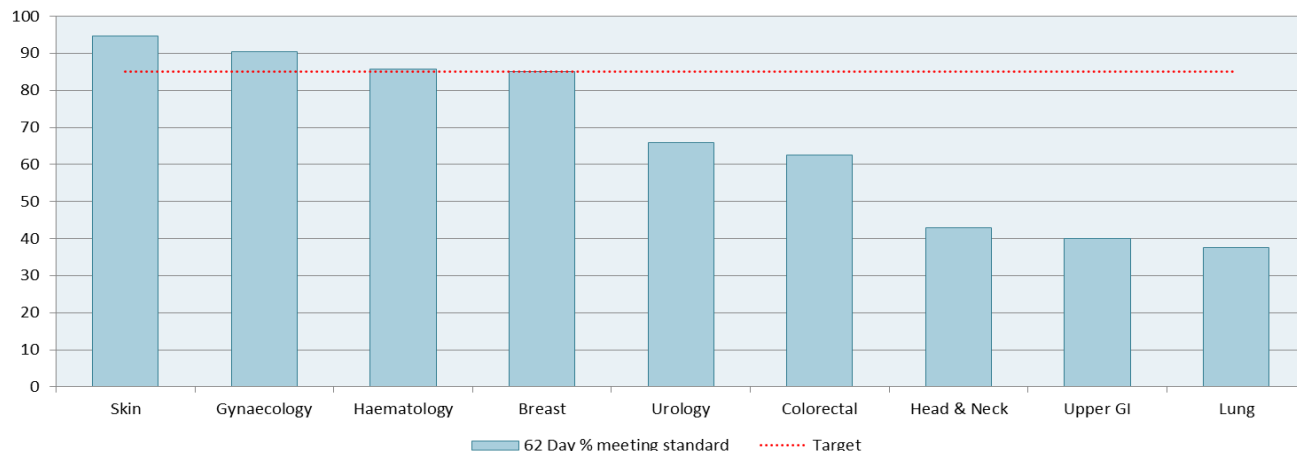
Breast:

The 2 week wait for breast has seen a significant decline and is predicted to remain low for Jun-19 at 14.49%.

Key outcomes:

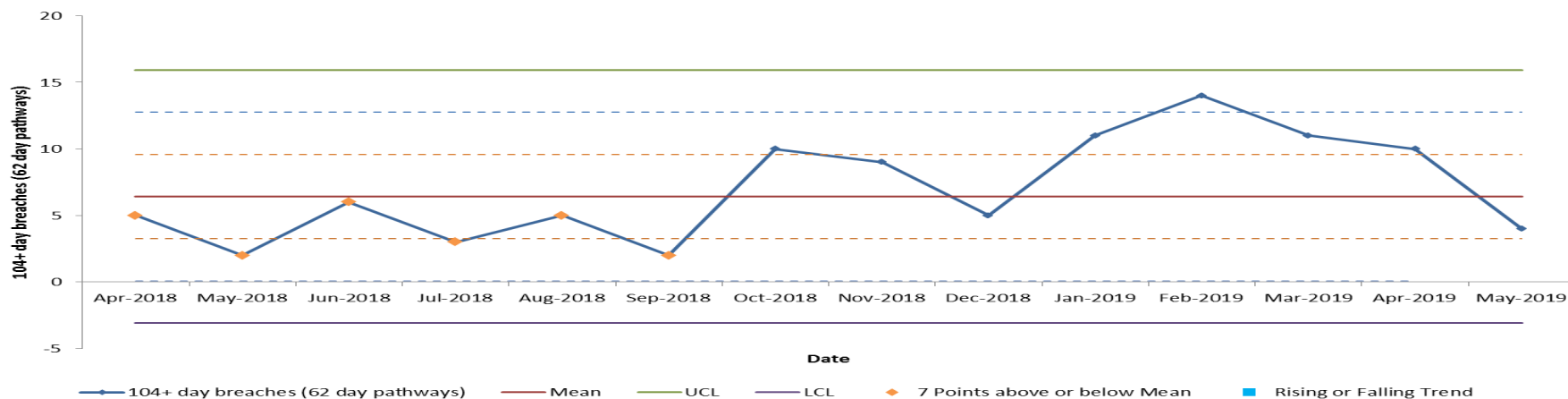
- **Additional radiology locums working Wednesdays and weekends to support clinics**
- **Additional AHP support for clinics**
- **Magseed technology introduced to ensure guide wire service maintained.**
- **New 2 week wait proforma implemented to assist with allocation of radiology resource for clinics**

62 Day % Meeting National Standard (May 2019)



104 day breaches

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



104+ Day Breaches – Validated position relating to May

The following patients received their first definitive treatment for cancer after 104 days in May 2019 (the target for referral to treatment being 62 days):-

- 1 x Colorectal (120 days). Delay for investigations and MDT. 19 days for CTVC from request to report. MDT deferred as Consultant not present. Further investigation needed - unable to complete. Patient asked for time to consider oncology treatment. Emergency admission required.
- 1 x UGI (109 days). Delay to pathway. Patient had fall, delaying referral to UHNM for investigation. Delay to discuss at UHNM MDT. Patient required repeat staging investigations. Referred back to SaTH for oncology treatment.
- 1 x UGI (154 days). Elective capacity inadequate / delay for diagnostics. 34 days for TRUSB from request to report. Known capacity issues for prostatectomy - only one surgeon performs this at SaTH.
- 1 x Urology (104 days). Delay for diagnostics. 37 days for TRUSB from request to report. Change to treatment plan - initial decision was for active monitoring. Plan changed to hormone therapy followed by RT.

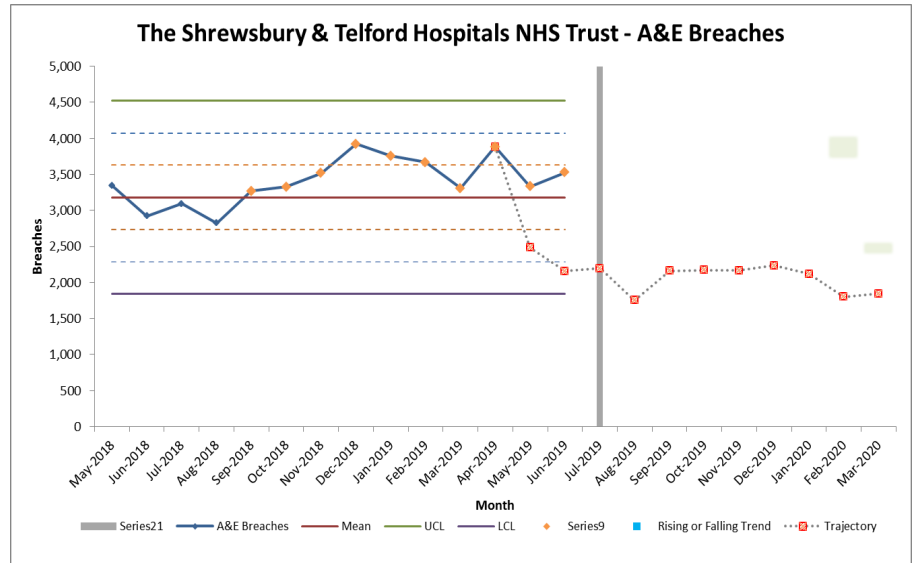
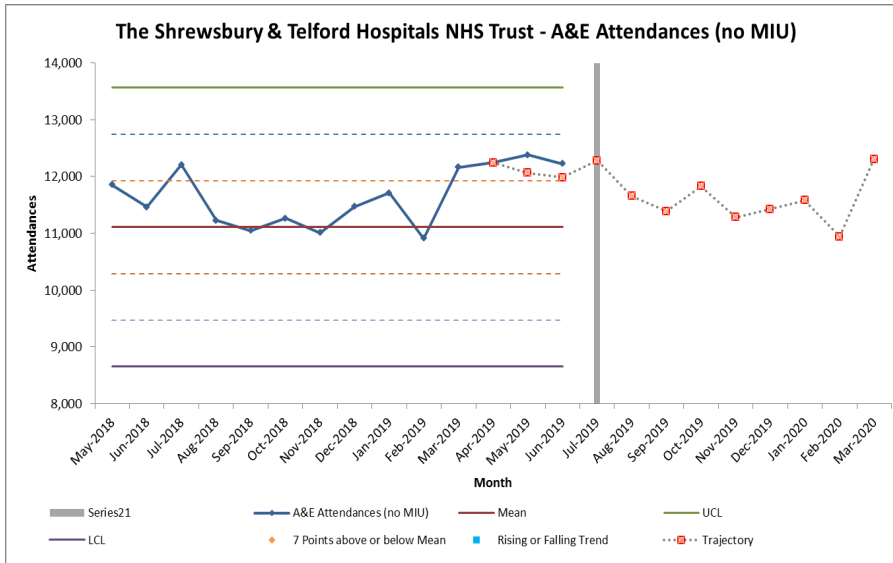
Urgent Care Update



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A&E attendances (excluding MIU)

Please note the SPC graph has been calculated using 24 point, however only 14 points are illustrated



Jun-19 Actual:	12,225
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Jun-19 Trajectory:	11,986
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Variance to Trajectory	239
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Jun-19 Actual:	3,528
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Jun-19 Trajectory:	2,482
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Variance to Trajectory	1,046
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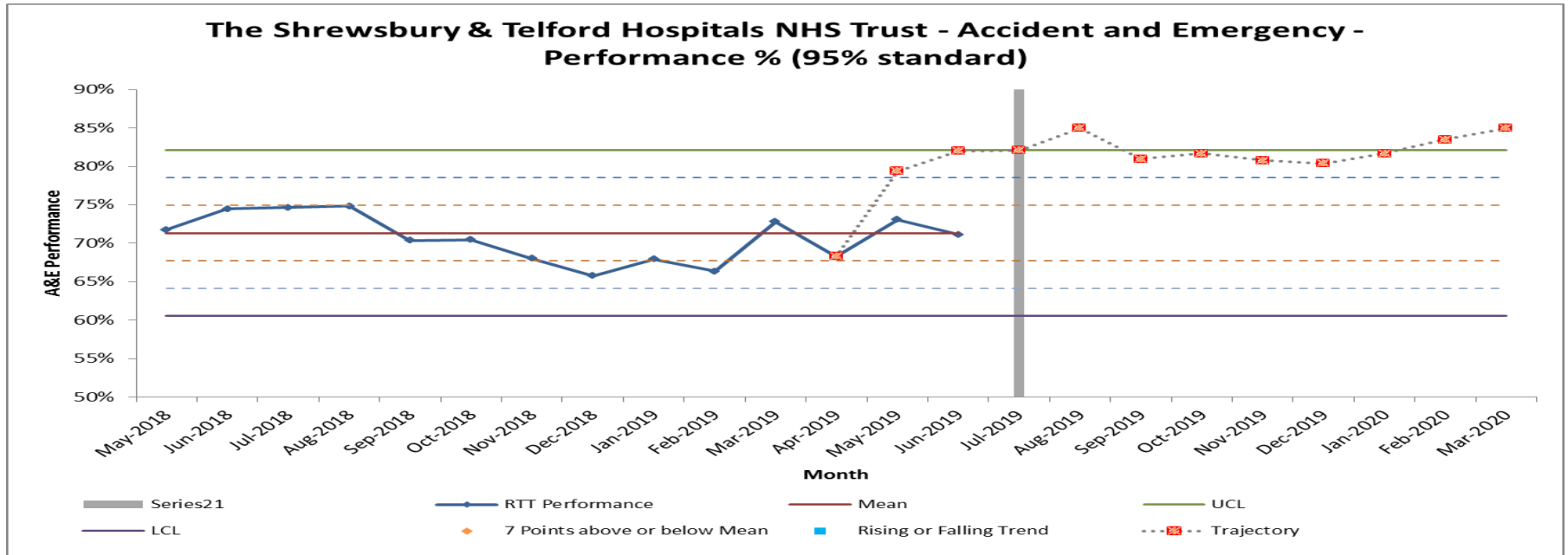
The following recovery actions are included within the trajectory:

- Reduction in 4 - 4 1/2 hour breaches - validation process
- Reduction in 4 - 4 1/2 hour breaches - in hours/ ED owned
- Utilisation of CDU
- Paediatric patients streamed/triaged direct to PAU
- T&O Fracture clinic trial

- Use of ENT treatment room to pull patients from ED
- Improved ED systems and processes
- Adhering to Internal Professional Standards

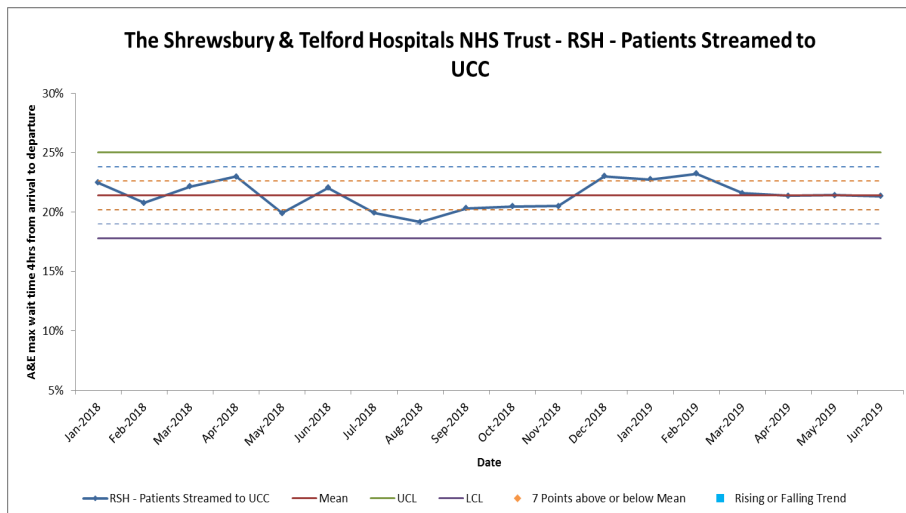
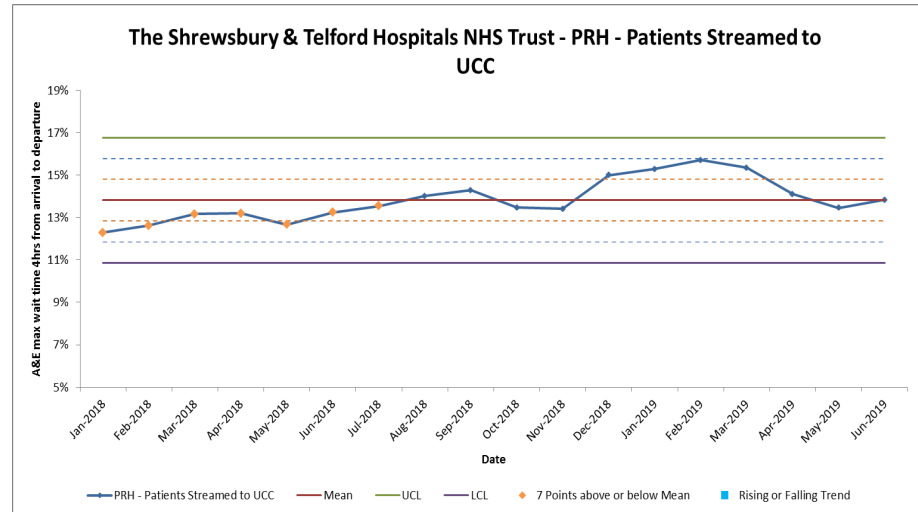
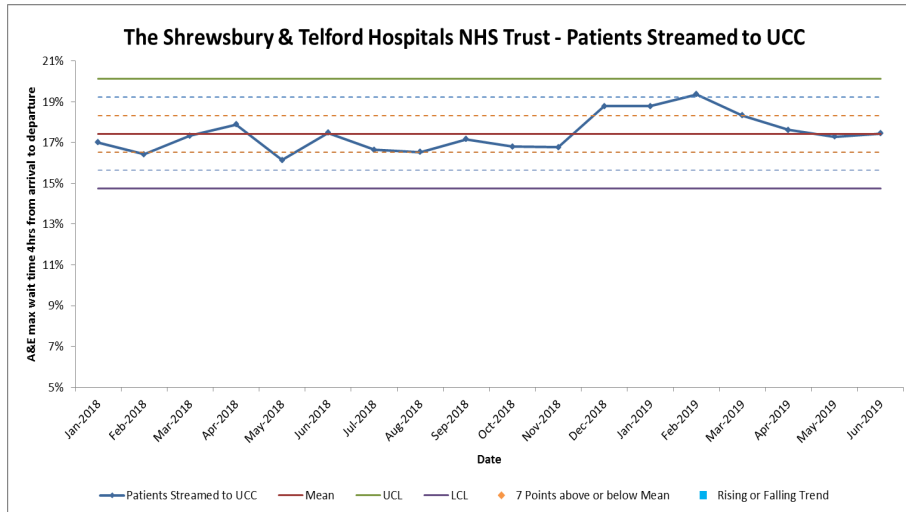
A&E Performance – (excluding MIU)

Please note the SPC graph has been calculated using 24 point, however only 14 points are illustrated



Accident and Emergency Performance	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Trajectory A&E - Total Patients	12243	12063	11986	12278	11658	11387	11828	11281	11424	11583	10942	12305
Actual A&E - >4 hour wait	3881	2482	2156	2196	1753	2164	2170	2169	2236	2120	1800	1843
Trajectory A&E - Performance % (95% standard)	68.3%	79.4%	82.0%	82.1%	85.0%	81.0%	81.7%	80.8%	80.4%	81.7%	83.5%	85.0%
Actual A&E - Total Patients	12243	12383	12225									
Actual A&E - >4 hour wait	3881	3332	3528									
Trajectory A&E - Performance % (95% standard)	68.3%	73.1%	71.1%									

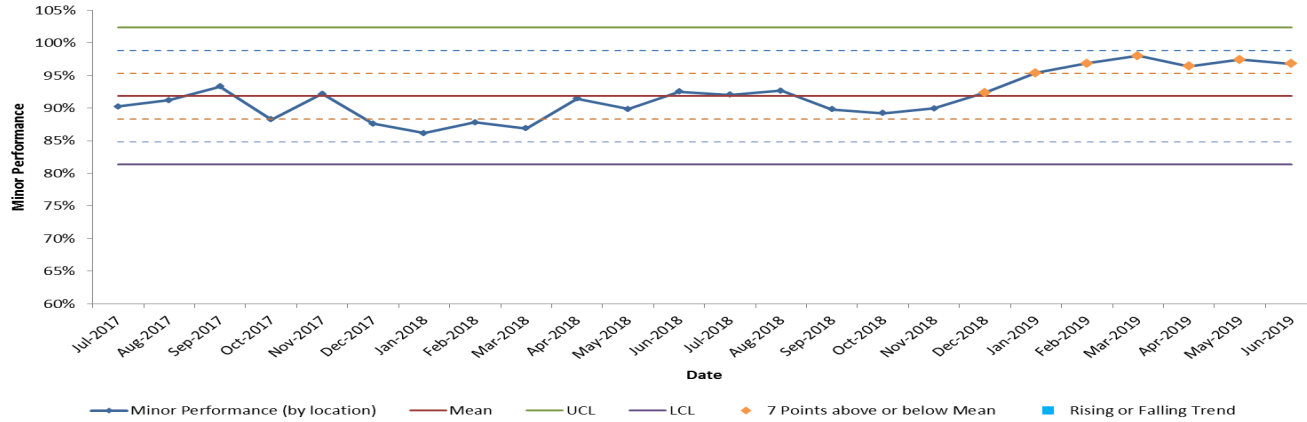
Patients Streamed to Urgent Care Centre (UCC)



Streaming to UCC remains below the recommend national average of 35%. The average for 2019/20 is, 14% for PRH and 21% for RSH. The overall for SaTH is 17%

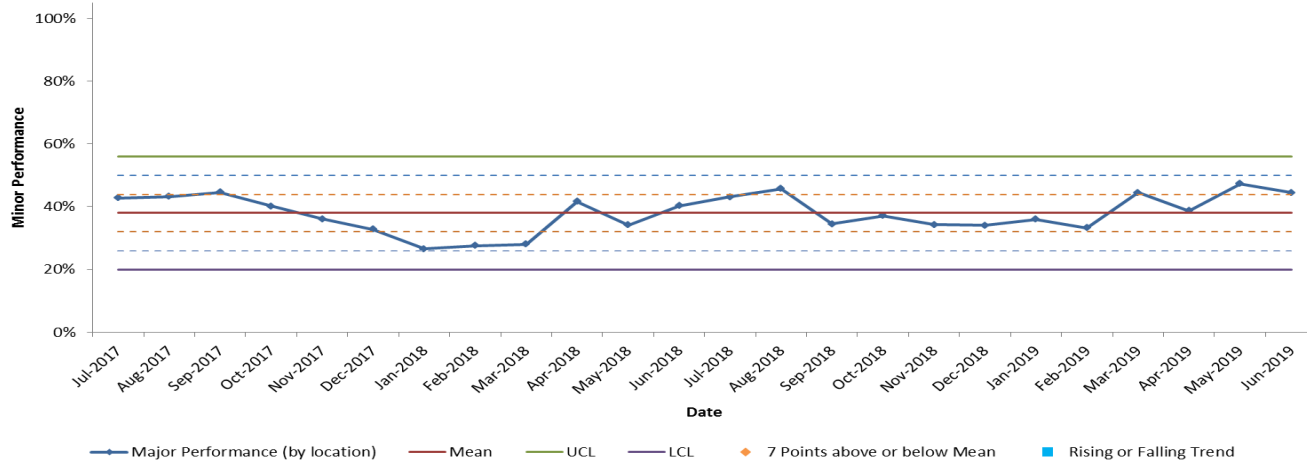
Minor and Major Performance

The Shrewsbury & Telford Hospitals NHS Trust - Minor Performance (by location)



Significant improvement in minor performance since December 2018, majors remains primary challenge due to flow, space and overnight medical capacity.

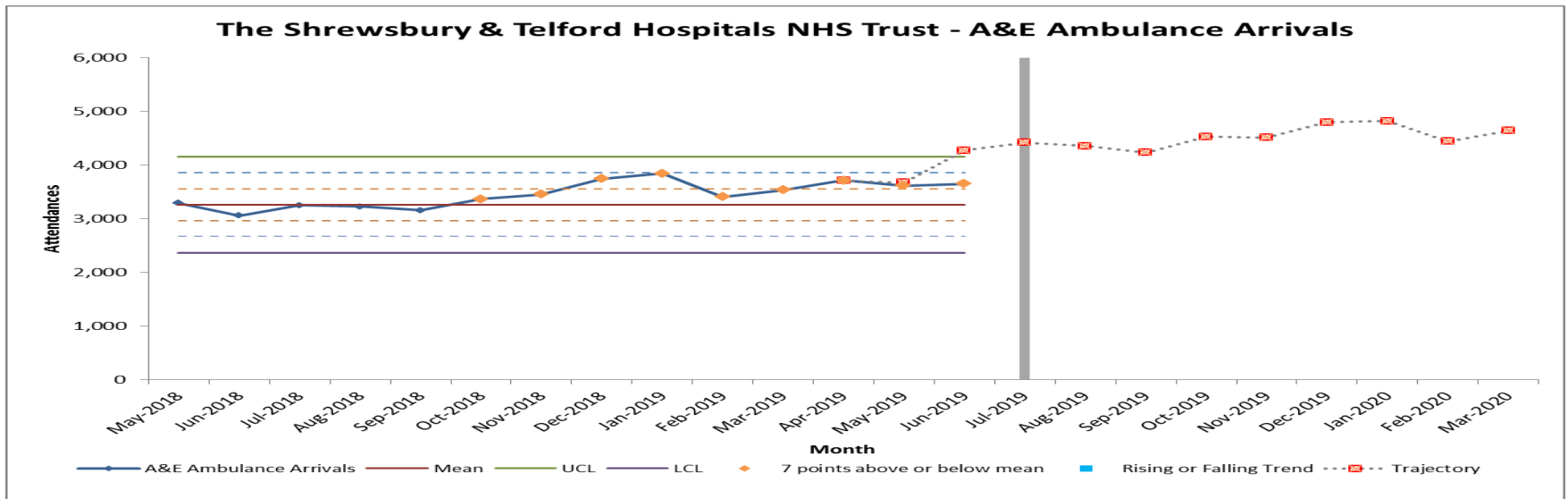
The Shrewsbury & Telford Hospitals NHS Trust - Major Performance (by location)



Ambulance arrivals and handover delays

Please note the SPC graph has been calculated using 24 point, however only 14 points are illustrated

Jun-19 Actual:	3,648	Jun-19 Trajectory:	4,272	Variance to Trajectory	-624
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Please note based on WMAS Figures

Handover breaches by time band for June 2019:

	Trajectory			Actual			% Variance Trajectory vs Actual		
	15-30 mins	30-60 mins	>60mins	15-30 mins	30-60 mins	>60mins	15-30 mins	30-60 mins	>60mins
Jun-19	2083	702	113	1550	629	122	-25.59%	-10.40%	7.96%

Continuing to work with system wide handover group and West Midlands Ambulance Service to reduce overall handover delays

Finance Report Month 03



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Finance Overview 2019/20

Income & Expenditure Position Quarter 1

The Trust has a planned deficit of £4.094m for the period April – June 2019. (Annual Plan £17.351m deficit)

The Trust had delivered this required position and therefore is eligible to receive support of £3.079m and as a result is reporting a overall deficit for the first quarter of £1.825m in line with the planned control total.

Income £2.761m overachieved, predominately within non elective activity 1.9% above plan £0.9m, and underperformance (3.1%) in Outpatients £0.5m. Additional income for High Cost Drugs and Devices £0.5m and income support for the hire of vanguard unit £0.4m. Non delivery of CIP of £0.3m.

Pay £1.602m overspent, as a result of an overspend on agency costs of £1.0m and non delivery of CIP of £0.7m

Non Pay £2.493m increase costs of High Costs Drugs and Devices (contra to income) £0.5m, additional costs of clinical waste £0.2m, additional consultancy fees £0.2m, hire of vanguard unit £0.4m (contra to income) and non delivery of CIP of £1.1m

Balance Sheet Review £1.2m Release of Balance Sheet items

After adding back non-recurrent items, including balance sheet items referred to above, the underlying position is therefore a £2.8m adverse to plan for Qtr1.

	Financial Plan	Plan	YTD	
			Actual	Variance
	£000s	£000s	£000s	£000s
Income	381,059	94,261	97,022	2,761
Pay	(273,760)	(67,815)	(69,417)	(1,602)
Non-Pay	(110,491)	(27,952)	(30,391)	(2,439)
Reserves			1,200	1,200
Total expenditure	(384,251)	(95,767)	(98,608)	(2,841)
EBITDA	(3,192)	(1,506)	(1,586)	(80)
Finance Costs	(14,159)	(3,398)	(3,318)	80
Surplus/(deficit) against Control Total pre Support	(17,351)	(4,904)	(4,904)	0
Support PSF/MRET/FRF	17,351	3,079	3,079	0
Surplus/(deficit) against Control Total post PSF	0	(1,825)	(1,825)	0

Cash If the Trust achieves the planned breakeven position, it will be eligible for funding totalling £12.593m in respect of conditional PSF/FRF funding. It is projected that the minimum cash balance of £1.700m will be achieved..

Assuming Income and Expenditure continue in line with the current underlying run rate and that we will not be eligible to receive Q2-Q4 financial support (PSF/FRF) the Trust will need to pull down loans from November. This differs from the June report due to the confirmed receipt of Q1 and Q2 MRET payments.

Capital The Internally Generated Capital Resource Limit (CRL) for 2019/20 has been agreed at £10.450m.

At Month 03, only £2.016m remains uncommitted. £0.252m in Corporate Contingency, £1.007m within the delegated reserve fund and £0.749m within the general uncommitted reserve. Following requirement at national level to reduce capital expenditure in 2019/20 within the STP, the Trust has reduced the requirement for drawdown for Sustainable Services Project from £8m to £4.674m. This is a postponement of drawdown only.

Waste Reduction Schemes External advisor in place to lead programme delivery.

Significant challenges for Q3 and Q4 delivery, but Care Groups focussed on reducing delivery risk. Against the annual plan of £12.9m, schemes have been identified with varying levels of delivery risk to that value. Year to date against a target profile of £0.858m, £0.447m has been delivered

Income & Expenditure – Overview YTD

	Financial Plan	YTD			In Month		
		Plan	Actual	Variance	Plan	Actual	Variance
		£000s	£000s	£000s	£000s	£000s	£000s
Income	381,059	94,261	97,022	2,761	31,380	33,792	2,412
Pay	(273,760)	(67,815)	(69,417)	(1,602)	(22,456)	(22,980)	(524)
Non-Pay	(110,491)	(27,952)	(30,391)	(2,439)	(9,001)	(10,680)	(1,679)
Reserves			1,200	1,200		1,200	1,200
Total expenditure	(384,251)	(95,767)	(98,608)	(2,841)	(31,457)	(32,460)	(1,003)
EBITDA	(3,192)	(1,506)	(1,586)	(80)	(77)	1,332	1,409
Finance Costs	(14,159)	(3,398)	(3,318)	80	(1,217)	(1,104)	113
Surplus/(deficit) against Control Total pre Support	(17,351)	(4,904)	(4,904)	0	(1,294)	227	1,521
Support PSF/MRET/FRF	17,351	3,079	3,079	0	1,027	1,027	0
Surplus/(deficit) against Control Total post PSF	0	(1,825)	(1,825)	0	(267)	1,254	1,521

The Trust has a pre-PSF annual plan of £17.351m deficit, which will result in the receipt of support to a level that will allow the Trust to deliver a breakeven position.

At the end of June income has over-achieved by £2.761m, pay has overspent by £1.602 and non-pay by £2.493m.

Key Message

- Year to date the Trust has delivered the required Quarter 1 control total.
- After adding back non-recurrent items, including balance sheet items referred to above, the underlying position is therefore a £2.8m adverse to plan for Qtr1.

Income Analysis by Activity Type

	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 (Att)	32,529	32,993	464	1.4%	4,925	5,148	223	153	70
Outpatient Appts (Attendance)	108,154	104,937	(3,217)	(3.1%)	13,197	12,677	(520)	7	(527)
Elective Day Cases	12,666	12,844	178	1.4%	8,020	8,234	214	101	113
Elective Inpatient (Spells)	1,301	1,333	32	2.4%	4,208	3,986	(222)	(325)	103
Non Elective (Spells)	14,740	15,018	278	1.9%	30,477	31,396	919	344	575
Non Elective Other	1,342	1,543	201	13.0%	2,789	3,229	440	23	417
Others (Inc Reserves)					30,644	32,352	1,707	1,600	107
Total					94,261	97,022	2,761	1,903	858
Provider Sustainability Funding (PSF)					3,079	3,079	0	0	
Total after PSF					97,340	100,101	2,761	1,903	858

Accident and Emergency attendances are above planned levels by 1.4%, creating a positive variance to plan of £0.223m.

Outpatient attendances are currently underperforming by 3.1%, leading to an adverse variance to plan of £0.520m.

Elective Day Case activity is over plan by 178 spells (1.4%), this is mainly in non-bedded areas, providing a positive variance to plan of £0.214m.

Elective Inpatient spells are over delivering against plan by 32 spells (2.4%) however due to the case mix this is delivering an adverse variance of £0.222m.

Non Elective activity is 278 spells higher than the planned levels (1.9%); this includes the clinical decisions unit (CDU) at the PRH site. This has delivered a positive variance of £0.919m to plan. In the planning assumptions the Trust has assumed a circa 8% growth in non electives in comparison to 18/19 levels and this has been overachieved by a further 1.9%.

Blended tariff adjustment, the contract adjustment to income values for non elective and Accident and Emergency activity amounted to £1.726m

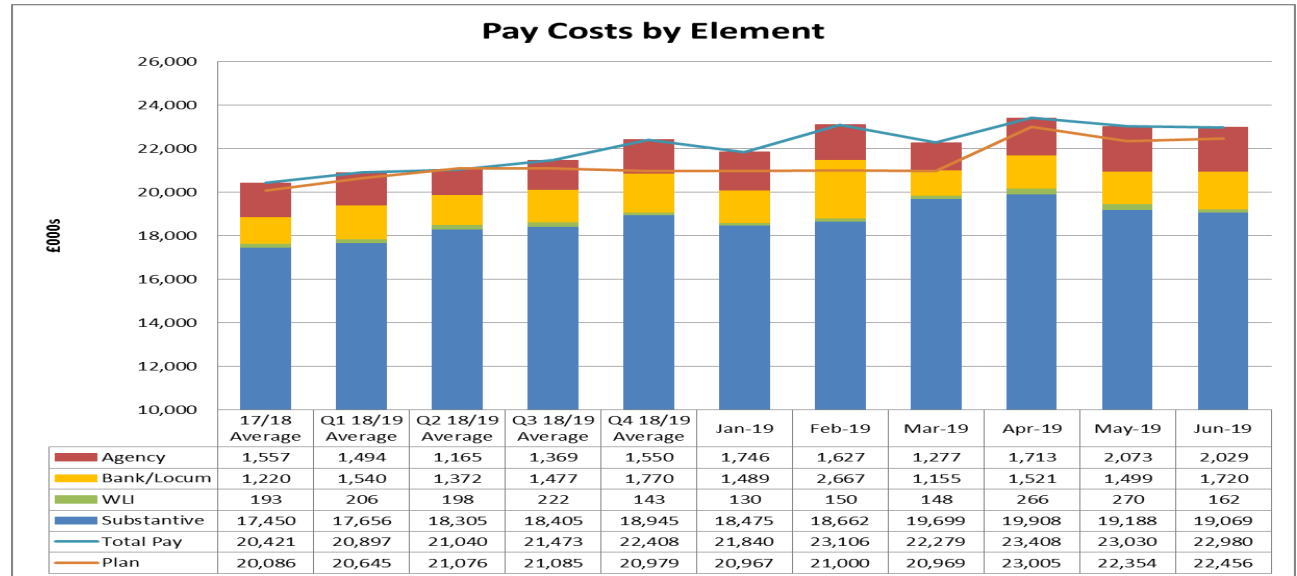
Additional income relating to income for High Cost Drugs and Devices £0.5m above plan and income for the hire of vanguard unit £0.4m (contra to expenditure)

Key Messages

- Income over performance of £2.761m for the first quarter. Non elective activity above plan by 1.9% and circa 10% higher than activity levels in 18/19

Pay 2019/20

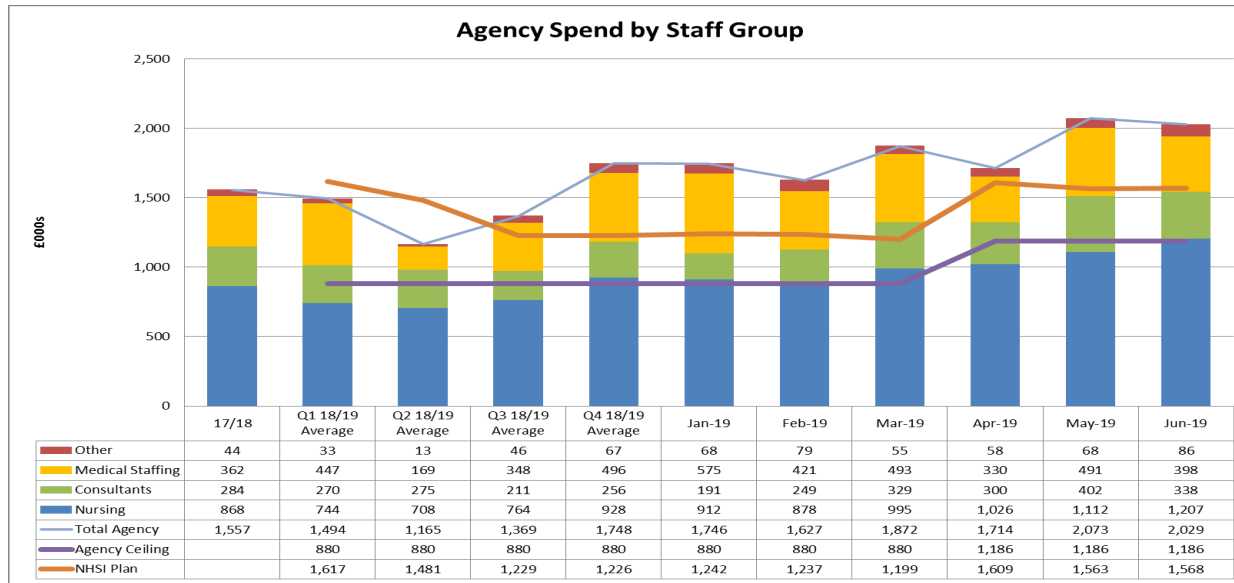
- To date the pay spend has amounted to £69.417m against a plan of £67.815m resulting in an overspend of £1.6m
- Agency usage is exceeding plan by £1.079m.
- CIP has underperformed against the original target by £0.7m



Key Messages

- At the end of June the pay budget is overspend by £1.6m as a result of an overspend on agency costs of £1.0m and non delivery of CIP of £0.7m
- Agency spend is 8.4 % of total pay spend at £5.8m for the first quarter.

Agency Expenditure 2019/20



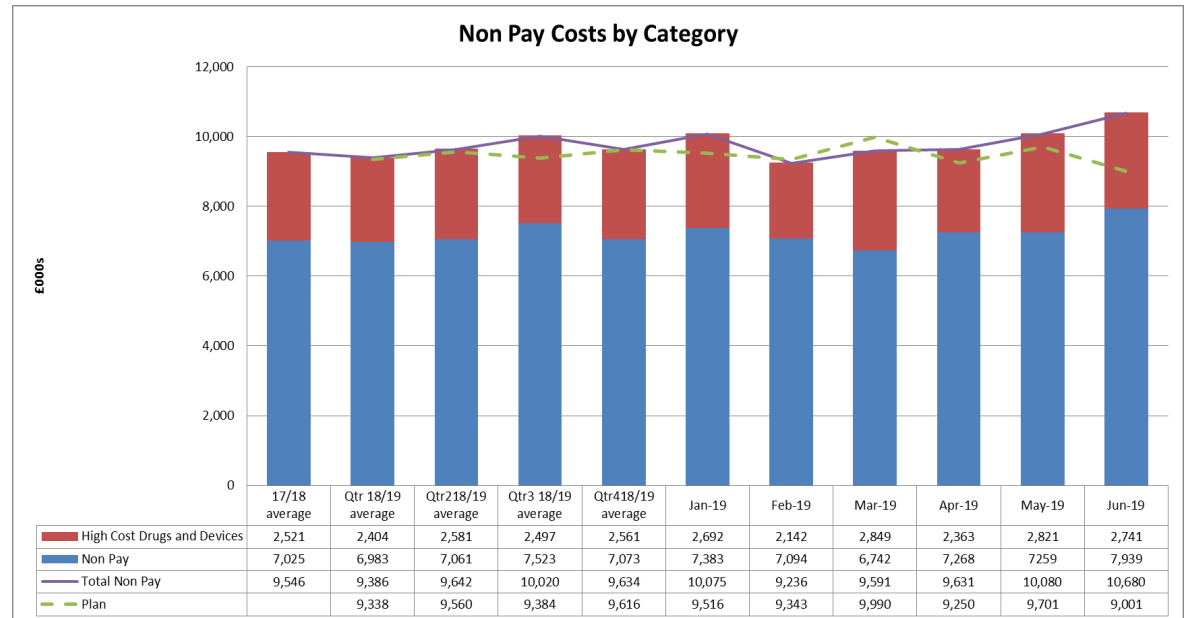
Annual		YTD					In Month		
Agency Ceiling	NHSI Agency Plan	Agency Ceiling Plan	Agency NHSI Plan	Agency Expenditure Actual	Variance Under/ (Over) Agency Ceiling	Variance Under/ (Over) Agency NHSI Plan	Agency NHSI Plan	Agency Expenditure Actual	Variance Under/ (Over) Agency NHSI Plan
£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
14,232	19,153	3,558	4,740	5,816	(2,258)	(1,076)	1,568	2,029	(461)

Key Messages

- Agency expenditure has exceeded budget by £0.4m per month, £1.1m year to date. associated with unavailability and capacity issues.
- The run rate for agency costs has increased by £0.3m in comparison to Qtr. 4 2018/19 average
- Annual plan for agency is £19.2m with a nationally set agency ceiling of £14.2m.

Non Pay

- 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.
- Non pay overspends relate to non delivery of CIP of £1.1m against original planned levels, additional costs of clinical waste £0.2m and increased consultancy fees £0.2m.
- The additional costs relating to the hire of vanguard unit £0.4m and the increase costs of High Costs Drugs and Devices £0.5m are a contra to additional income received to cover this additional expenditure



Key Messages

- Month 3 non pay spend amounted to £10.680m and £30.391m year to date.
- These levels have created an adverse variance to plan of £2.439m year to date.
- £0.9m of the overspend relates to pass through costs which have an equal entry to income
- Use of consultancy fees were not included within the original budgeting assumptions.

Care Group Expenditure Position

Care Group		YTD		
		Plan £000s	Actual £000s	Variance £000s
Income	Total	94,261	97,022	2,761
Pay and Non Pay				
Scheduled Care	Pay	(22,351)	(23,238)	(887)
	Non-Pay	(5,828)	(5,993)	(166)
	Total	(28,179)	(29,231)	(1,053)
Unscheduled Care	Pay	(17,491)	(18,470)	(979)
	Non-Pay	(3,785)	(3,715)	70
	Total	(21,276)	(22,185)	(909)
Women and Children's	Pay	(9,022)	(9,126)	(104)
	Non-Pay	(1,341)	(1,422)	(81)
	Total	(10,363)	(10,548)	(185)
Support Services	Pay	(8,235)	(8,531)	(296)
	Non-Pay	(2,190)	(2,368)	(178)
	Total	(10,425)	(10,899)	(474)
Estates	Pay	(942)	(943)	(1)
	Non-Pay	(2,745)	(3,354)	(609)
	Total	(3,687)	(4,297)	(610)
Reserves and Undistributed CIP	Pay	(1,024)		1,024
	Non-Pay	1,376		(1,376)
	Total	352	0	(352)
Corporate Services (inc facilities)	Pay	(8,751)	(9,111)	(360)
	Non-Pay	(13,439)	(13,538)	(99)
	Total	(22,190)	(22,649)	(459)
Total Expenditure		(95,767)	(99,809)	(4,042)
Balance Sheet			1,200	1,200
EBITDA		(1,506)	(1,586)	(80)
Finance Costs		(3,398)	(3,318)	80
Surplus/(deficit) against Control Total pre Support		(4,904)	(4,904)	0
Support PSF/MRET/FRF		3,079	3,079	0
Surplus/(deficit) against Control Total post PSF		(1,825)	(1,825)	0

USC

Implementation of the ED Nursing Workforce Business is exceeding the approved levels by £407k ytd
Under-developed Waste Reduction amounting to £614k ytd.

Scheduled Care

Under-developed Waste Reduction amounting to £680k ytd.
Consultant Costs covering sickness/absence £200k. Your World and Four Eyes £100k.

Support

£293k shortfall on CIP vs 3% plan ytd
Radiology Outsourcing cost increasing above plan, combined with increased consultant spend on WLIs and locum staff - £190k total cost pressure ytd
Increased agency use in Therapies £50k
Offset by increased vacancies in Pathology and Pharmacy circa £120k

Women and Children's

£233k shortfall on CIP vs 3% plan ytd
Increased Gynae medical agency £107k plus gynae nursing £18k
Offset increased vacancies Neonates and Paeds circa £130k

Estates

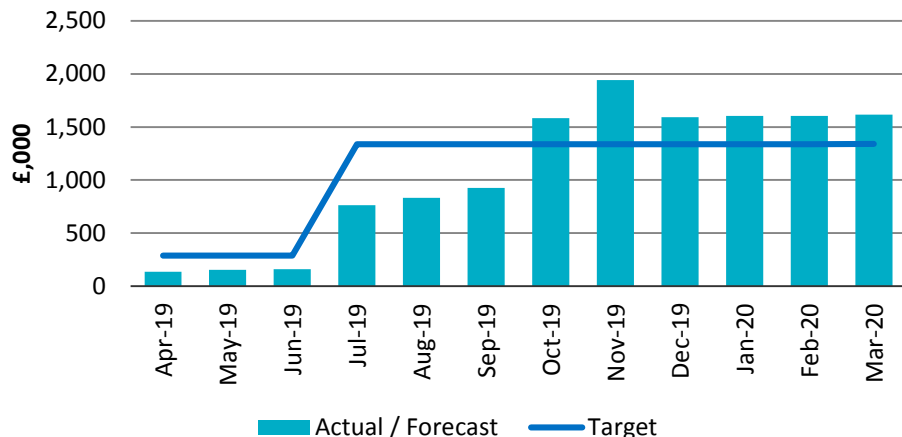
Clinical Waste (£0.2m) and Under-developed Waste Reduction.

Corporate

Additional spend on Consultancy Services

Waste Reduction Performance 2019/20

Waste Reduction Programme



Key Messages

- External advisor in place to lead programme delivery.
- Significant challenges for Q3 and Q4 delivery, but Care Groups focussed on reducing delivery risk.
- Against the annual plan of £12.9m, schemes have been identified with varying levels of delivery risk to that value. Year to date against a target profile of £0.858m, £0.447m has been delivered.



The table that follows describes the Trust's Waste Reduction Programme as reported to NHSI in the monthly return.

	2019/20 Annual Plan	2019/20 YTD Plan	2019/20 YTD Delivery	2019/20 YTD Variance
Pay	3,320	831	88	(743)
Non Pay	8,581	1,407	348	(1,059)
Income	1,000	249	11	(238)
Totals	12,901	2,487	447	(2,040)

The original NHSI plan submission at the start of the financial year was profiled using high-level estimates which assumed M3 YTD delivery of £2,487k. However, since then the additional work being done on CIPs has revised this profile to £858k as at M3, recognising the realities of where each individual scheme sits. The revised profile is shown in the table below.

This shows a shortfall of £411k year to date.

	2019/20 Annual Plan	2019/20 YTD Plan	2019/20 YTD Delivery	2019/20 YTD Variance
Scheduled	3,337	391	168	(223)
Unscheduled	2,644	51	51	0
Womens and Childrens	1,187	77	36	(41)
Clinical Support Services	1,260	46	15	(31)
Corporate (Chief Exec)	667	32	51	19
Estates	462	12	12	0
Facilities	396	19	9	(10)
Finance	399	25	25	0
Other	2,548	204	80	(124)
	12,901	858	447	(411)

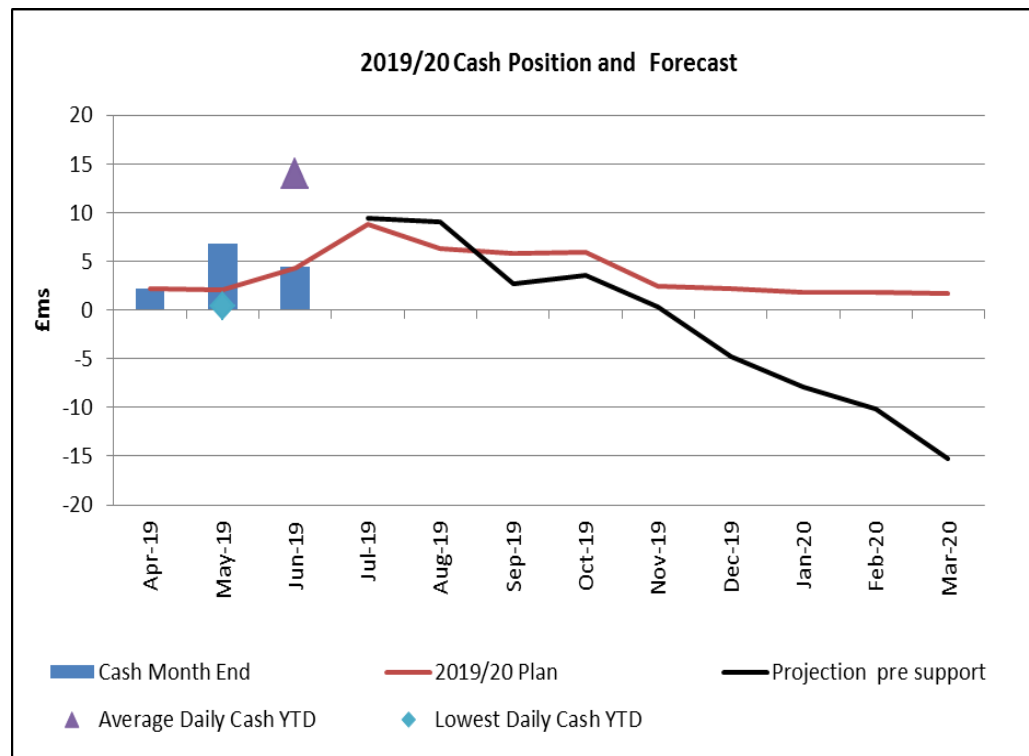
Commissioner 2019/20 Contract Update

Commissioner	Value	Agreed	Signed*	Update
Main CCG - Shropshire, Telford and Associates including CQUIN	£254,784,328	✓	✓	
NHS England – Specialised Services and Associates including CQUIN	£54,122,168	✓	✓	
Powys Teaching Health Board	£26,699,210	✗	✗	Issue of Welsh Commissioners paying English 19/20 National Tariff (less 1.25% CQUIN) has been resolved. Revised offers have been issued.
Betsi Cadwaladr University Health Board (North Wales)	£1,682,113	✗	✗	Issue of Welsh Commissioners paying English 19/20 National Tariff (less 1.25% CQUIN) has been resolved. Revised offers have been issued.
Welsh Health Specialised Services Committee (WHSSC)	£1,092,802	✗	✗	Issue of Welsh Commissioners paying English 19/20 National Tariff (less 1.25% CQUIN) has been resolved. Revised offers have been issued.
Hywel Dda	£139,318	✗	✗	Issue of Welsh Commissioners paying English 19/20 National Tariff (less 1.25% CQUIN) has been resolved. Revised offers have been issued.

If our Welsh commissioners only funded estimated activity levels at 2018/19 tariff prices (i.e. a worst case scenario) there would be a shortfall in income of circa £1.3m. The NHSE national pricing team have confirmed Sath will be paid the 1.25% CQUIN directly via NHSE and we will shortly be requesting some info to enable the national team to validate payment values. We will retain this as an income risk until the final payment is received, but the likelihood of non payment has been significantly reduced.

Cash

	Actual YTD	Total Based on Plan	Total - Projected on actuals YTD
	£000's	£000's	£000's
Balance B/fwd	1,649	1,649	1,649
I&E CASHFLOW			
Income I&E (inc Donated & PSF)	91,626	399,471	393,505
Pay I&E	(68,820)	(273,760)	(273,781)
Non Pay I&E	(28,189)	(110,491)	(125,965)
Finance Costs I&E	(17)	(3,602)	(3,602)
Capital Expenditure (inc Donated) re Depreciation	(962)	(11,618)	(11,618)
Total I&E Cashflow	(6,362)	0	(21,460)
EXTERNAL FUNDING			
Loan to cover timing of receipt of PSF/FRF/MRET	0	0	0
Sustainable Services - (Expenditure)	(58)	(4,674)	(4,674)
Sustainable Services - (Income)	0	4,674	4,674
Total External Funding Cashflow	(58)	0	0
Total Balance Sheet Changes	9,194	51	4,568
Total Cashflow	2,775	51	(16,892)
Balance C/fwd	4,424	1,700	(15,243)
Required Cash Support	0	0	16,943
Balance C/fwd after Support	0	0	1,700



Key Messages

- If the Trust achieves the planned breakeven position, it will be eligible for funding totalling £12.593m in respect of conditional PSF/FRF funding. It is projected that the minimum cash balance of £1.700m will be achieved.
- However if the Trust does not achieve financial plan, PSF and FRF funding will not be received for Quarters 2 to 4 resulting in shortfall in income of £10.705m. This shortfall is offset by projected overachievement of income from Commissioners of £4.739m, giving on overall reduction in income of £5.966m.
- Projected cashflow based on actuals to Month 03, results in a cash shortfall of £5.966m in income (as above) and expenditure of £15.474m.
- It is projected that the Trust will require external cash support of £16.943m phased from November onwards.

Capital Programme

Scheme	2019/20 Capital Budget	2019/20 Spend to date	Expenditure committed - ordered	Total expenditure/ committed to date	Expenditure committed - to be ordered	Scheme yet to be identified	Forecast Outturn	Variance under/ (over) spend
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Outstanding Commitments from 2018/19	200	-27	9	-18	213	4	200	0
PC In House costs of delivery of schemes	850	168	584	752	98	0	850	0
PC RSH MLU/PAU - P2 FCHS	100	0	0	0	100	0	100	0
PC Fire safety Programme	291	4	0	4	287	0	291	0
PC Subway Duct - RSH (further phases following on from 2017/18 agreement)	950	0	1	1	949	0	950	0
PC Ophthalmology move into Copthorne Building - Phase 3 (additional asbestos)	50	0	0	0	50	0	50	0
PC IT Storage Solution (further phases following on from 2018/19 investment)	500	466	1	467	33	0	500	0
PC Replacement of Autoclaves in Path Lab (agreed at CPG)	202	0	5	5	197	0	202	0
PC RSH Catering Service (agreed at CPG/PC)	68	0	0	0	68	0	68	0
PC Eye Injection Automation System (agreed at CPG)	80	0	0	0	80	0	80	0
Total Delegated Contingency Funds	1,300	189	79	269	24	1,007	1,300	0
Corporate Contingency (In Year Allocations)	1,000	1	4	4	744	252	1,000	0
Capitalisation of Expenditure	1,200	154	280	434	766	0	1,200	0
AS Endoscopy Suite Reconfiguration	1,300	0	0	0	1,300	0	1,300	0
RF Fire Safety Copthorne Building (original balance)	359	56	19	75	284	0	359	0
Uncommitted Fund Balance	749	0	0	0	0	749	749	0
UF PRH CT Scanner - Enabling Works	400	0	0	0	400	0	400	0
UF Sustainable Services	400	0	0	0	400	0	400	0
UF Actions from CQC visit	10	0	7	7	0	3	10	0
UF Data Warehouse	441	0	13	13	428	0	441	0
Total Internally Generated Capital Schemes	10,450	1,011	1,002	2,013	6,421	2,016	10,450	0
NIY Sustainable Services Project	4,674	58	21	79	4,595	0	4,674	0
Total Capital Programme	15,124	1,069	1,023	2,092	11,016	2,016	15,124	0

Status

	£m	%
Expensed	1.011	10%
Ordered – not yet expensed	1.002	10%
Committed – not yet ordered or expensed	6.421	61%
Schemes yet to be identified	2.016	19%

Key Messages

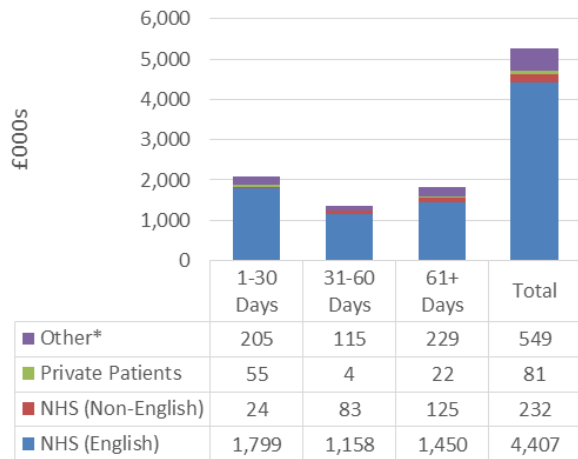
The Internally Generated Capital Resource Limit (CRL) for 2019/20 has been agreed at £10.450m.

At Month 03, only £2.016m remains uncommitted. £0.252m in Corporate Contingency, £1.007m within the delegated reserve fund and £0.749m within the general uncommitted reserve.

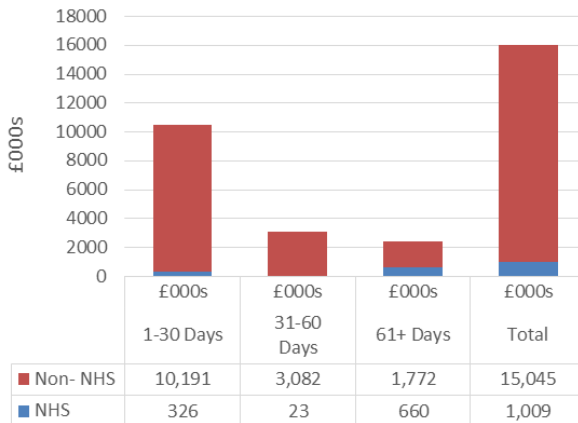
Following requirement at national level to reduce capital expenditure in 2019/20 within the STP, the Trust has reduced the requirement for drawdown for Sustainable Services Project from £8m to £4.674m. This is a postponement of drawdown only.

Receivables/Payables

Accounts Receivable aged debt summary as at 30 June 2019



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



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

	1-30 Days £000s	31-60 Days £000s	61+ Days £000s	Total £000s
NHS England Commissioning	839	644	1,047	2,530
Telford and Wrekin CCG	142	108	108	358
Shropshire CCG	134	48	152	334
Shropshire Community Health	178	26	53	257
RJAH NHSFT	47	63	116	226
Welsh Health Specialised Services	0	52	81	133

The outstanding balance with NHS England Commissioning over 61 days relates to the 2018/19 interim forecast outturn. Discussions are near completion and there is not expected to be any significant variances from those estimated within the 2018/19 forecast outturn.

The 1-30 days balance with NHS England Commissioning includes £642k of invoices raised in advance for Month 4 contract income to ensure these invoices are paid in July 2019.

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