

Operational Performance Report Month 7

Trust Board
28th November 2019



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Summary

Operational Performance											
Metric	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Month	Quarter	YTD
A&E 4 Hour Performance	✗ 95%	68.30%	73.08%	71.14%	73.47%	73.63%	66.10%	64.50%	↓	↓	↓
A&E Minor 4 Hour Performance	✗ 97%	96.40%	97.42%	96.79%	95.75%	95.43%	93.27%	94.06%	↑	↑	↓
Cancer 2WW all cancers, Urgent GP Referral	✗ 93%	82.20%	80.30%	81.70%	81.70%	85.30%	92.70%		↑	↑	↓
Cancer 2WW Symptomatic Breast	✗ 93%	28.00%	12.50%	15.20%	21.00%	44.70%	91.00%		↑	↑	↓
Cancer 31-Day Surgery, subsequent treatments	✓ 94%	86.49%	86.67%	97.50%	90.00%	87.10%	94.90%		↑	↓	↓
Cancer 31-Day Drugs, subsequent treatments	✓ 98%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		↑	↑	↑
Cancer 31-Day Diag to treat, all new cancers	✓ 96%	97.50%	97.90%	97.10%	97.00%	98.20%	98.50%		↑	↑	↑
Cancer Waiting Times - 62 Day GP Referral	✗ 85%	72.10%	74.50%	71.60%	73.82%	73.31%	69.40%		↓	↓	↓
Cancer Waiting Times - 62 Day Screening	✓ 90%	92.20%	82.10%	73.70%	95.45%	98.25%	91.70%		↓	↑	↓
Cancer Waiting Times - 62 Day Upgrade		85.60%	86.60%	86.90%	82.32%	88.59%	85.60%		↓	↓	↓
RTT Performance	✗ 92%	87.45%	87.83%	87.01%	85.99%	85.77%	86.15%	85.03%	↓	↓	↓
RTT Volume of Patients on Incomplete Pathways Waiting List	✗ 18,027	18,902	18,745	18,860	18,825	19,176	19,196	19,330	↓	↓	↓
RTT Number of Patients over 52 weeks on Incomplete Pathways Waiting List	✓ 0	0	0	0	0	0	0	0	↑	↑	↑
Waiting Times - Diagnostic Waits <6 weeks	✓ 99%	99.17%	99.28%	99.52%	98.76%	97.58%	97.29%	99.36%	↑	↓	↓

Please note Cancer Waiting Times - 62 Day Upgrade does not have a national target

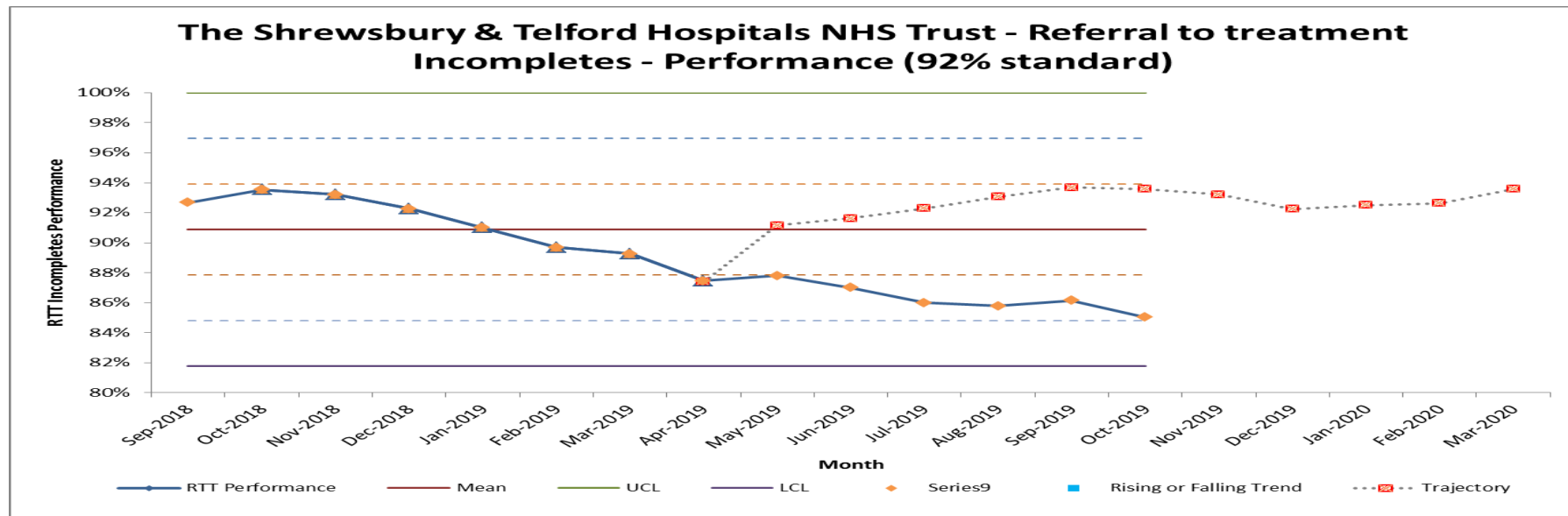
RTT



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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



Oct-19 Actual:

85.03%

Oct-19 Trajectory:

93.58%

Variance to Trajectory

-8.55%

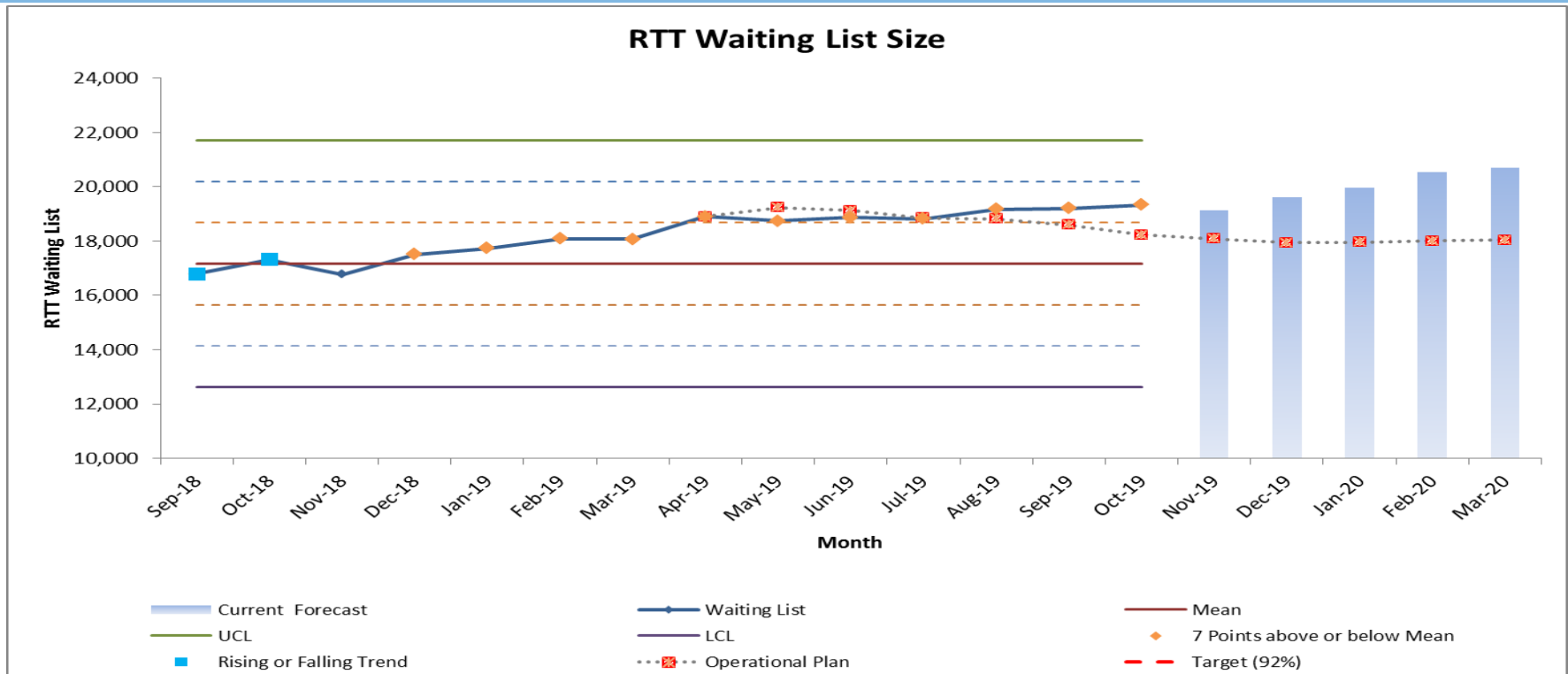
Key actions for December :

- Review of urgent and long waiters
- Management of list to minimise short notice cancellations
- Capacity options Quarter 4 to continue to ensure no 52 week breaches
- Vanguard in place from mid Dec at PRH and additional beds at RSH from mid December

Key risks:

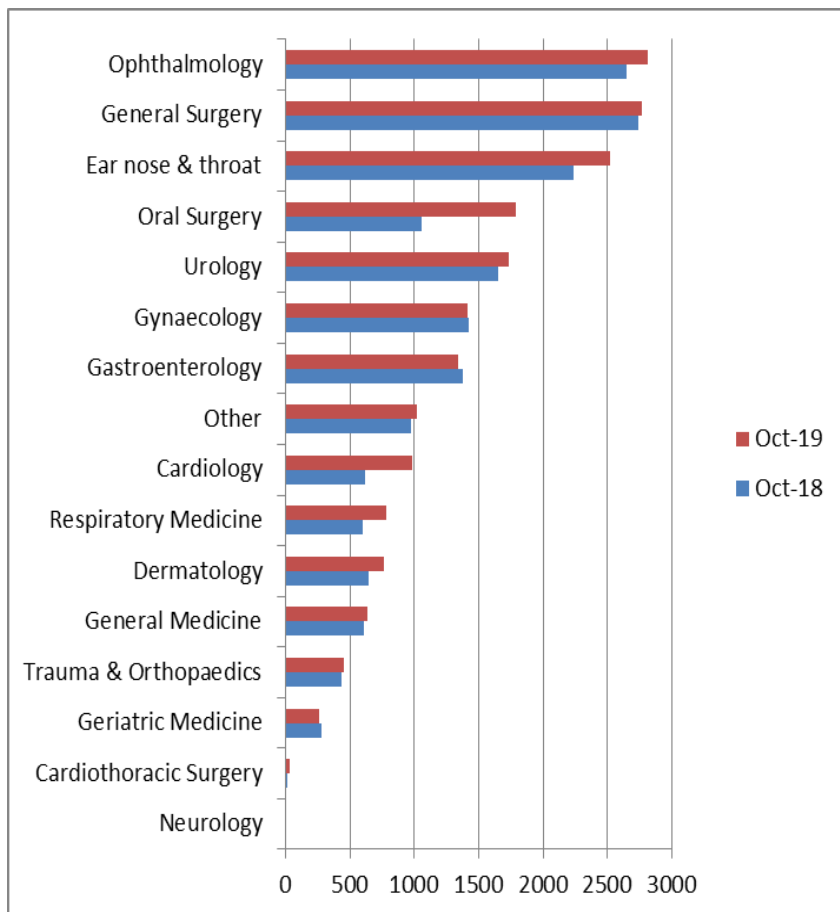
- Bed gap will impact on DSU usage if emergency demand continues.
- Achievement of March 2020 waiting list size to be same as March 2019
- Staffing gaps within theatre teams and consultant anaesthetists
- Impact of pension/tax restrictions on waiting list size.
- Greater than 52 week waiters

RTT Waiting List Size Projection



The total waiting list size in October was 19330 against the operational plan trajectory at this point of 18227. The requirement is to bring the March 2020 position back in line with the March 2019 level (18,064)

RTT Breakdown



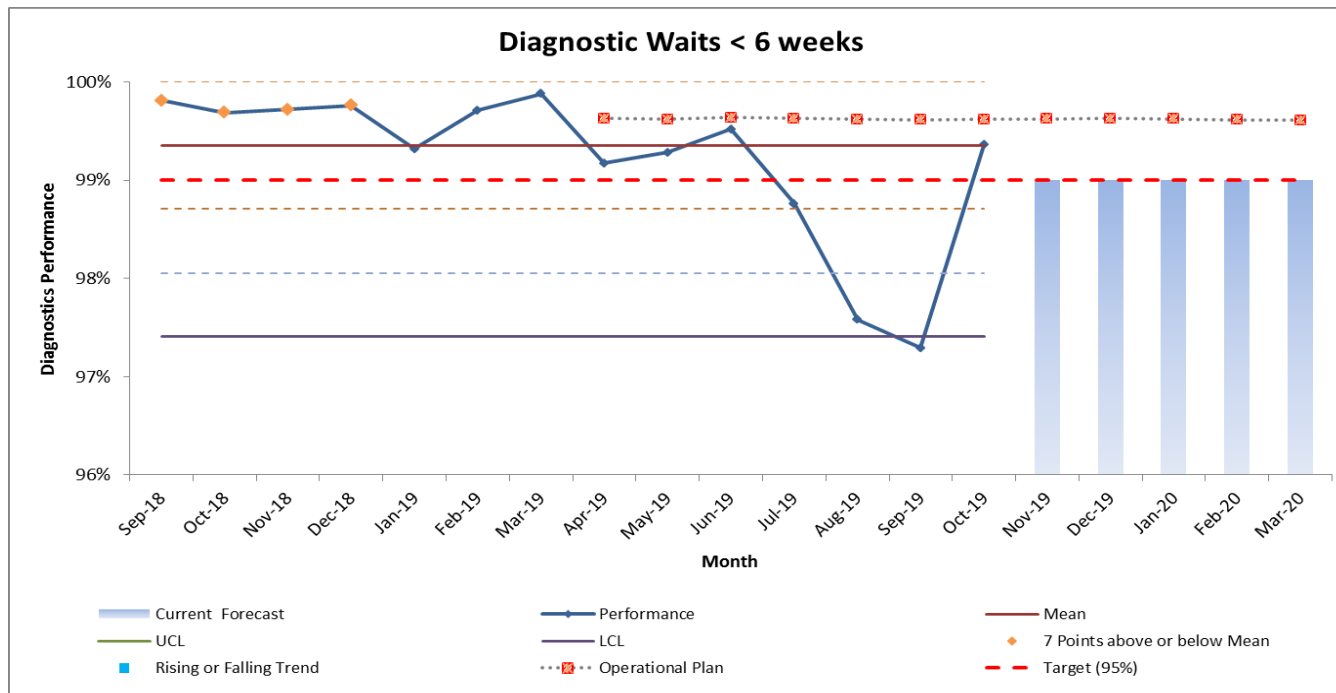
	Waiting List Size			Performance		
	Oct-18	Oct-19	% Var	Oct-18	Oct-19	% Var
Ophthalmology	2646	2814	6.3%	93.0%	93.0%	0.0%
General Surgery	2735	2768	1.2%	93.7%	87.8%	-6.2%
Ear nose & throat	2239	2521	12.6%	95.8%	85.3%	-10.9%
Oral Surgery	1059	1792	69.2%	90.5%	62.6%	-30.8%
Urology	1647	1732	5.2%	87.6%	79.3%	-9.5%
Gynaecology	1423	1416	-0.5%	92.3%	89.3%	-3.3%
Gastroenterology	1376	1344	-2.3%	98.1%	93.9%	-4.3%
Other	976	1024	4.9%	95.5%	90.4%	-5.3%
Cardiology	622	982	57.9%	93.4%	77.0%	-17.6%
Respiratory Medicine	596	786	31.9%	85.7%	76.1%	-11.3%
Dermatology	649	765	17.9%	96.6%	90.8%	-6.0%
General Medicine	608	637	4.8%	98.8%	91.8%	-7.1%
Trauma & Orthopaedics	436	449	3.0%	97.0%	81.7%	-15.8%
Geriatric Medicine	284	266	-6.3%	95.4%	96.2%	0.9%
Cardiothoracic Surgery	11	33	200.0%	100.0%	97.0%	-3.0%
Neurology	1	1	0.0%	100.0%	100.0%	0.0%

Diagnostics



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Diagnostics Waiting Time



Key Actions:

- Continue to improve endoscopy backlog

Key Risks:

- Recovery of Endoscopy position and maintaining the Radiology position

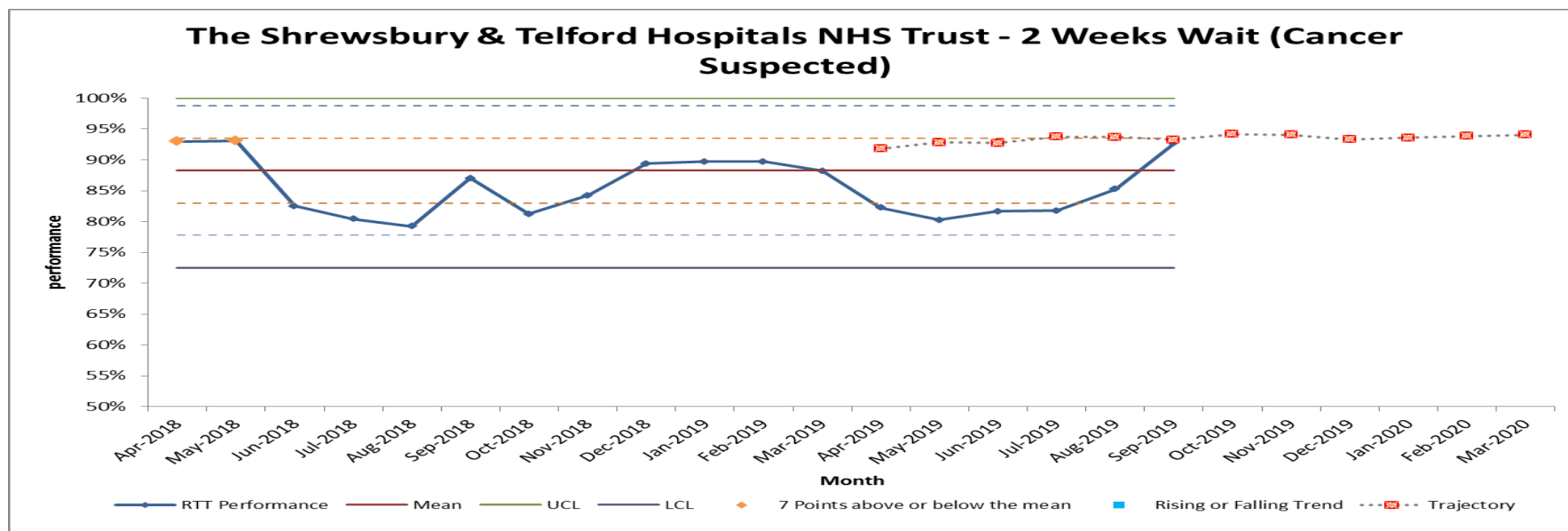
	Jun-19			Jul-19			Aug-19			Sep-19			Oct-19		
	Total WL	Over 6wks	Performance	Total WL	Over 6wks	Performance	Total WL	Over 6wks	Performance	Total WL	Over 6wks	Performance	Total WL	Over 6wks	Performance
Imaging	4775	25	99.48%	4796	69	98.56%	4696	47	99.00%	5345	67	98.75%	6014	24	99.60%
Physiological Measurement	522	1	99.81%	532	2	99.62%	642	1	99.84%	616	3	99.51%	336	6	98.21%
Endoscopy	723	3	99.59%	736	4	99.46%	737	99	86.57%	676	110	83.73%	790	16	97.97%
Total	6020	29	99.5%	6064	75	98.8%	6075	147	97.58%	6637	180	97.29%	7140	46	99.36%

Cancer



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Cancer 2 Week Wait Trajectory 2019/20



October 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	1914	2073	1980	2083	2338					
Actual Total Number Seen	2317	2296	2344	2536	2322	2248	2527					
Actual Performance % (93% standard)	82.2%	80.3%	81.7%	81.7%	85.3%	92.7%	92.5%					

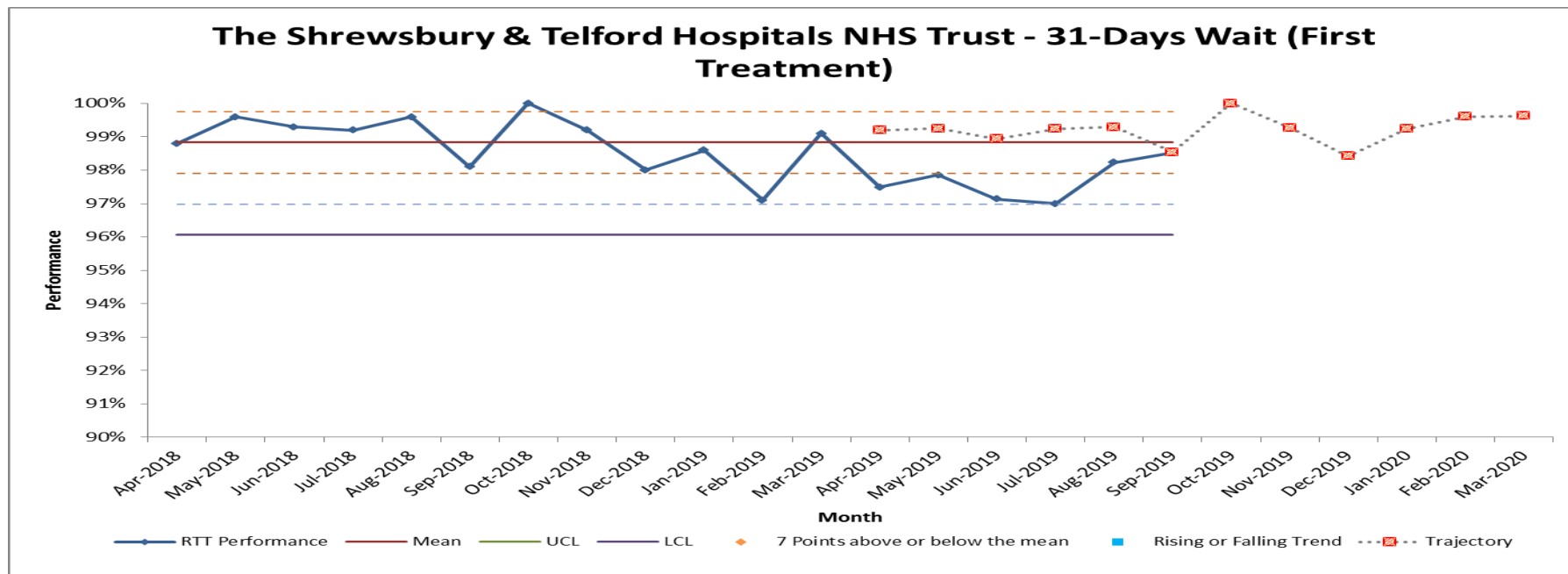
Key Actions December 2019

- Continue to introduce telephone booking as preferential booking format for additional specialties.
- The use of the electronic triage function on ERS to further speed up the triage process for 2WW referrals

Key Risks

- Delay in GMC registration for consultant radiologist, will now be approved by March 2020.
- Capacity within lung cancer team to see all 2 week wait in target.
- Pension tax impacting on performance.

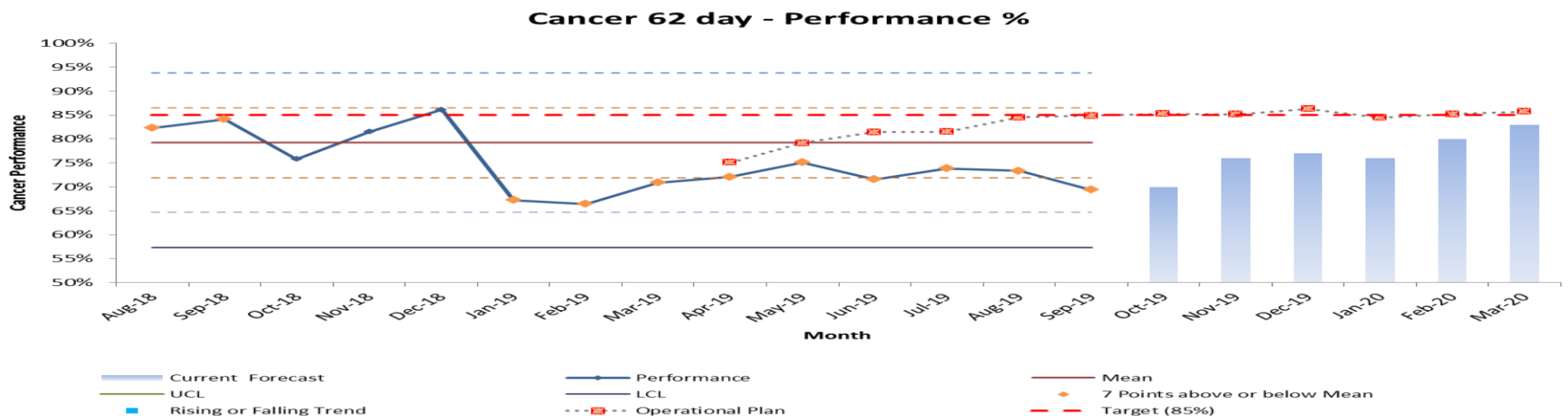
Cancer Performance 31 Day Wait Summary



October 2019 predicted figures

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	237	290	277	269	264					
Total Number Seen	279	280	244	299	282	273	271					
Performance % (96% standard)	97.5%	97.9%	97.1%	97.0%	98.2%	98.5%	97.4%					

Cancer 62 Day GP Referral



October 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
Ongoing Forecast - Number Treated < 62 Days	106	122	132	115	142	87	94	123	118	123	103	111
Total Number Seen	141	154	162	141	168	129	133	162	153	161	129	133
Performance % (85% standard)	75.1%	79.2%	81.4%	81.5%	84.5%	67.7%	70.9%	76.2%	77.1%	76.4%	80.2%	83.5%
Number Treated < 62 Days	114.5	122	109.5	125.5	103	100	117.5					
Total Number Seen	158	162.5	153	170	140.5	144	155.5					
Performance % (85% standard)	72.5%	75.1%	71.6%	73.8%	73.3%	69.4%	75.6%					

Key Actions

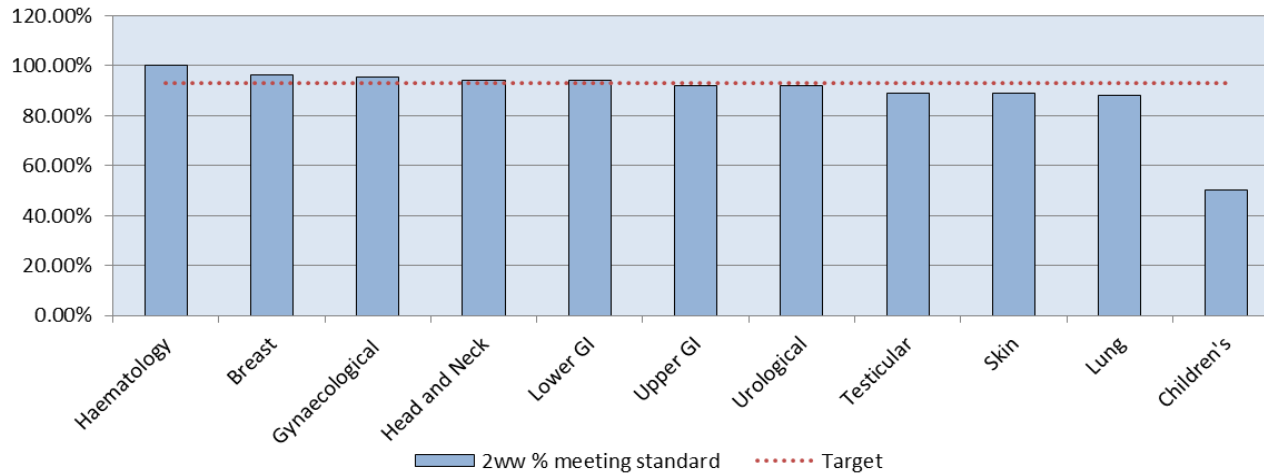
- Introduction of weekly Cancer Assurance and Performance meetings
- Capacity review
- NHSI led improvement planning

Key Risks

- Urology capacity due to workforce gaps .
- Anaesthetic capacity to support additional lists
- Impact of 2ww lung capacity on 62 day performance.

Cancer Performance By Tumour – Sept 19

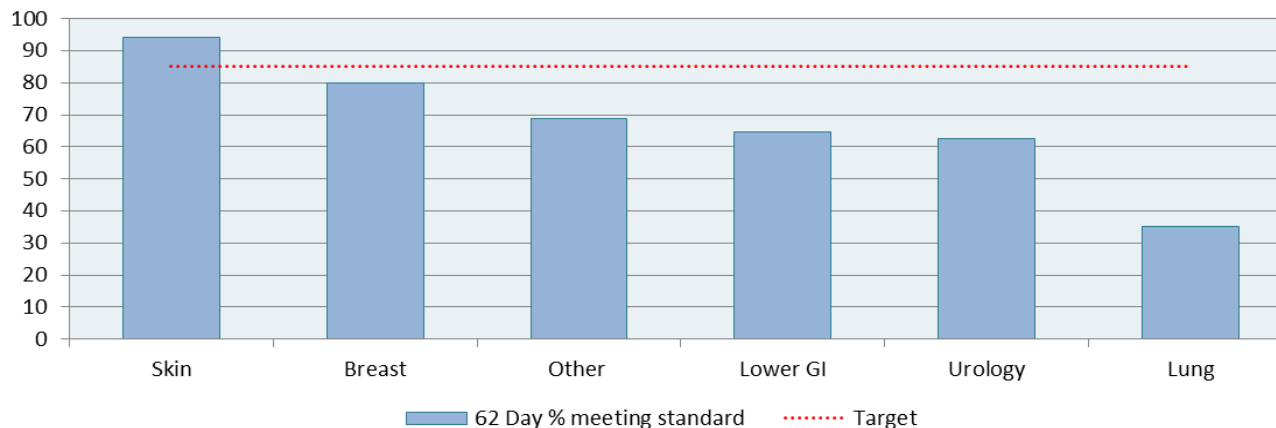
2 Week Wait % Meeting National Standard



2 Week Wait:

There are currently significant delays for Oncology appointments for certain specialties (up to 3 weeks or more) as a result of capacity issues.

62 Day % Meeting National Standard

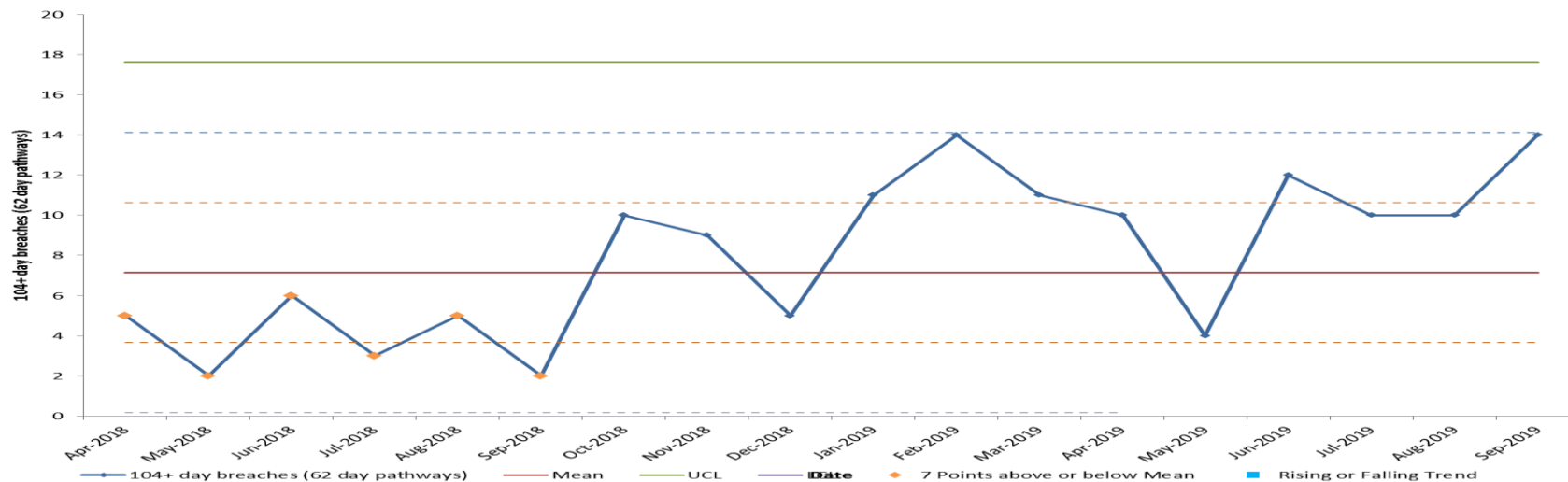


62 Day:

Current prediction for October-19 is at 75.5%. The reduction in performance is as a result of clearing the backlog of patients waiting over 62days.

104 day breaches

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



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

- 1 x Breast (122 days) - Diagnosis delayed for medical reasons - pathway delayed as patient in hospital for 3 weeks. Patient also failed to attend an OPA.
- 1 x Colorectal (115 days) - Patient choice.
- 1 x Colorectal (108 days) - Complex diagnostic pathway.
- 1 x Colorectal (110 days) - Complex pathway.
- 1 x Lung (166 days) - Diagnosis delayed for medical reasons.
- 1 x Lung (151 days) - Delayed pathway. First OPA day 21. Patient required review and investigation in other specialty.
- 1 x Lung (175 days) - Complex pathway. Patient required review in x2 specialties prior to referral to Lung.
- 1 x UGI (116 days) - Capacity issues in Radiology led to MDT discussion deferred. OPA Surgeon delayed due to no surgeon being available at SATH one week.
- 1 x UGI (147 days) - Complex pathway / patient choice. Multiple and repeat investigations needed as patient did not wish to progress to surgery.
- 1 x UGI (106 days) - Complex pathway - investigations required in other specialty.
- 1 x Urology (187 days) - Delay for diagnostics/MDT discussion. 23 days for CT. Patient choice to delay investigation.
- 1 x Urology (105 days) - Diagnosis delayed for medical reasons - patient had UTI delaying investigations for 3 weeks.
- 1 x Urology (133 days) - Medical delay.
- 1 x Urology (105 days) - Complex diagnostic pathway / delay for diagnostics.
- 1 x Urology (107 days) - Complex Pathway.
- 1 x Urology (107 days) - Delay for diagnostics / elective capacity inadequate. One surgeon only performs this surgery at SaTH.

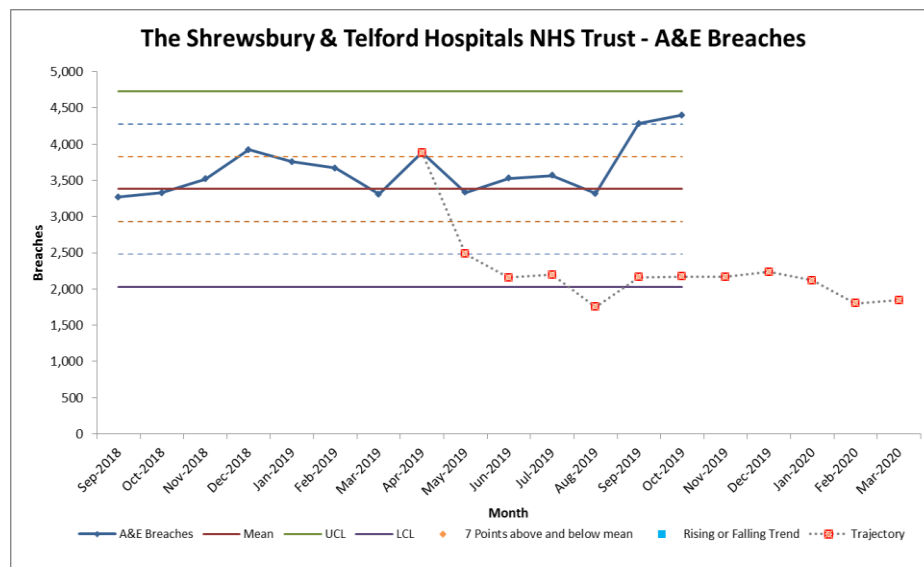
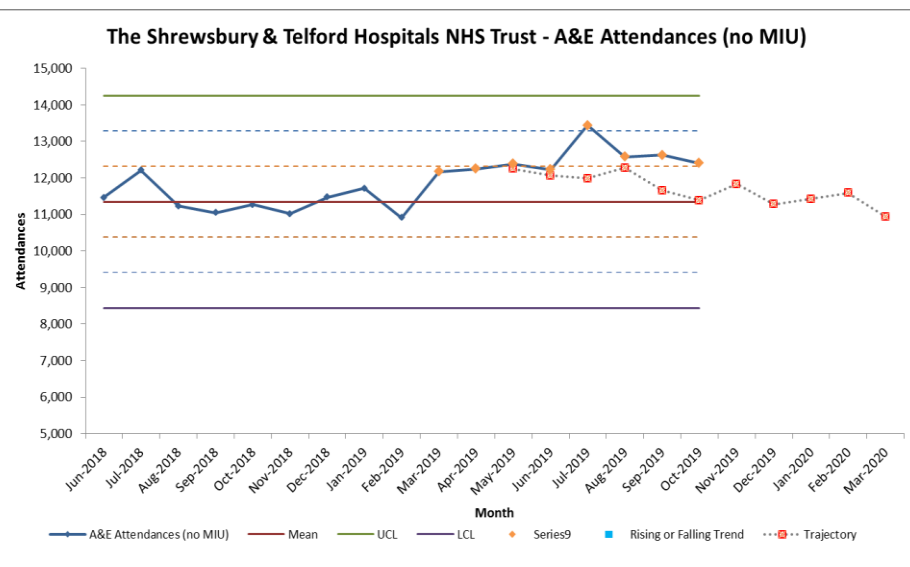
Urgent Care Update



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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



Oct-19 Actual:	12,399	Oct-19 Trajectory:	11,828	Variance to Trajectory	571
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Oct-19 Actual:	4,400	Oct-19 Trajectory:	2,482	Variance to Trajectory	1,918
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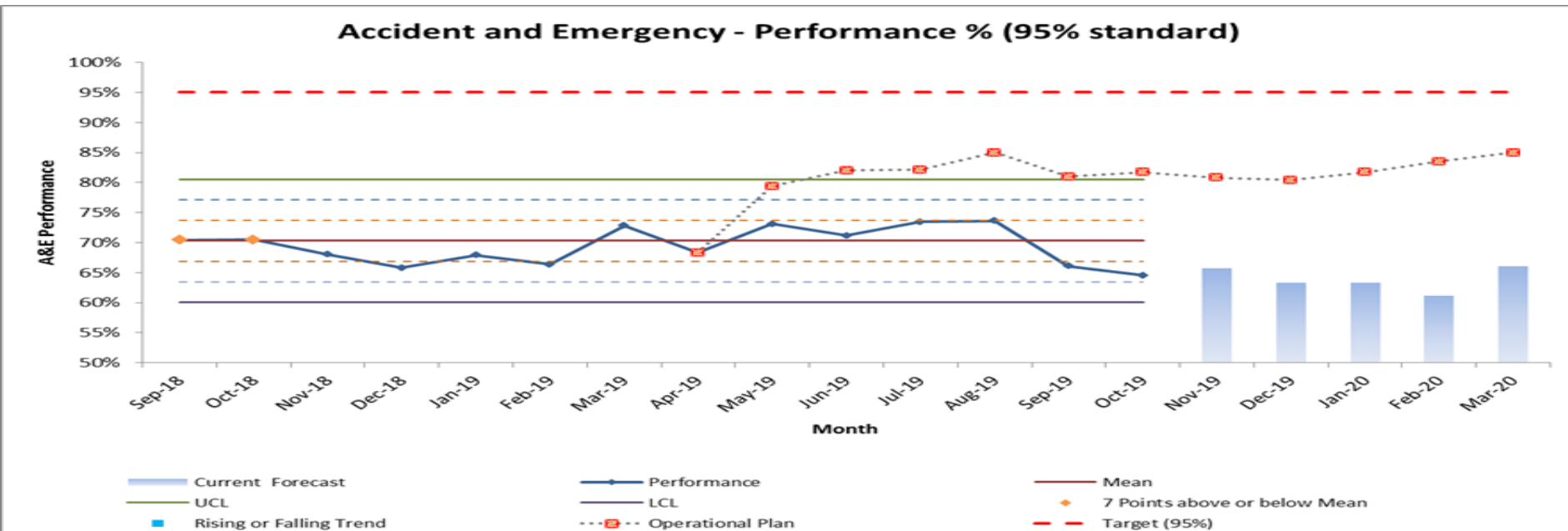
The following recovery actions are included within the trajectory:

- 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
- Referral to Fracture clinic 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

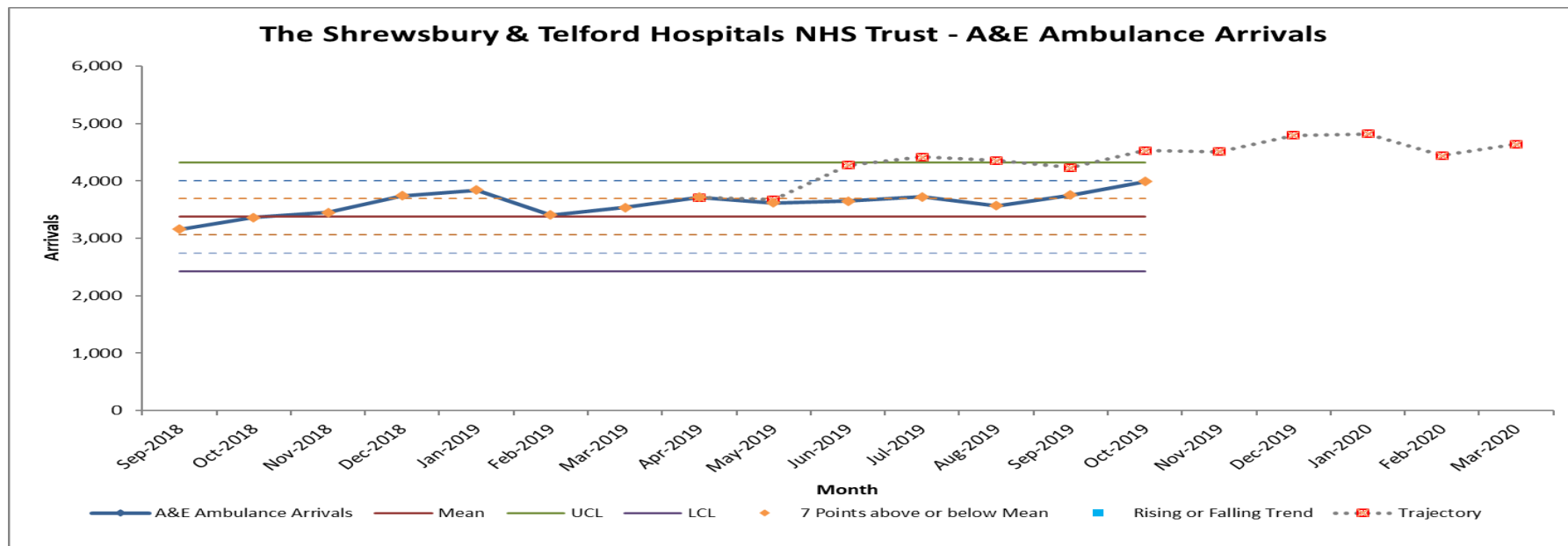


Accident and Emergency Performance	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Trajectory A&E - Total Patients	12243	12063	11986	12278	11658	11387	11828	11281	11424	11583	10942	12305
Trajectory A&E - >4 hour wait	3881	2482	2156	2196	1753	2164	2170	2169	2236	2120	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	13441	12574	12623	12399					
Actual A&E - >4 hour wait	3881	3332	3528	3566	3375	4282	4400					
Actual A&E - Performance % (95% standard)	68.3%	73.1%	71.1%	73.5%	73.2%	66.1%	64.5%					

Ambulance arrivals and handover delays

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

Oct-19 Actual:	3,991	Oct-19 Trajectory:	4,530	Variance to Trajectory	-539
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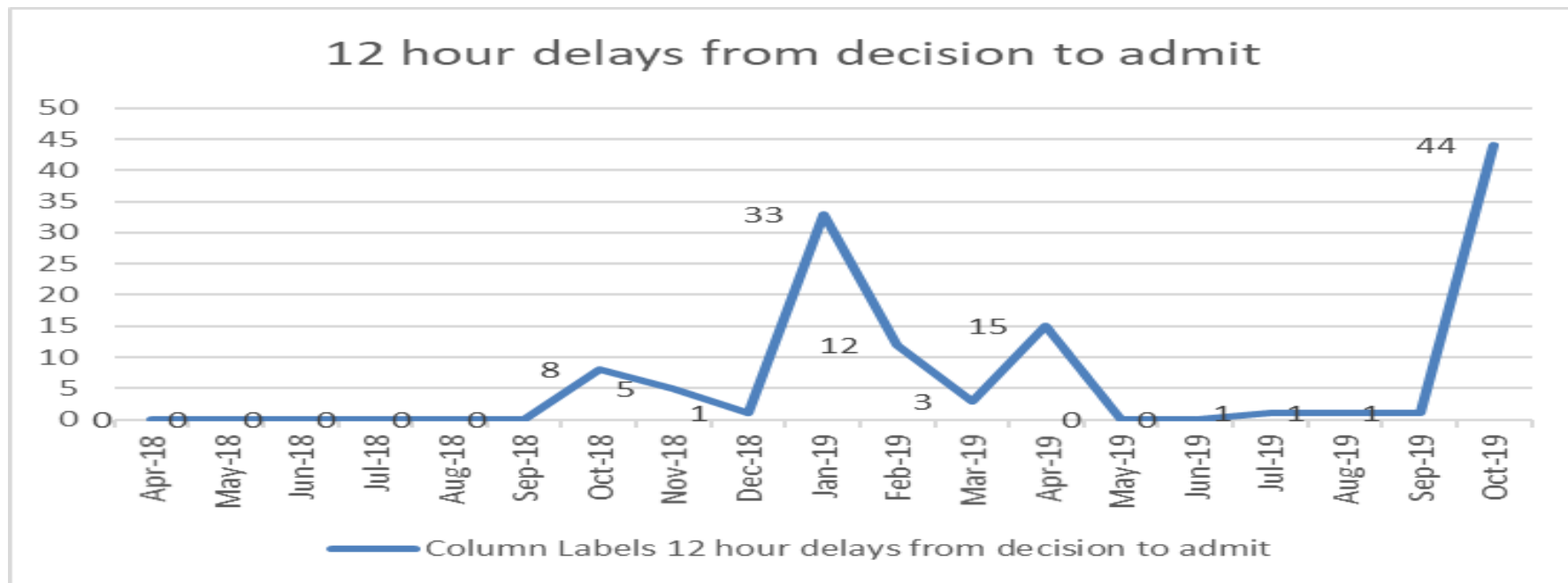
Handover breaches by time band for October 2019:

Please note based on WMAS Figures

	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
Oct-19	2286	734	172	1596	892	217	-30.18%	21.53%	26.16%

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

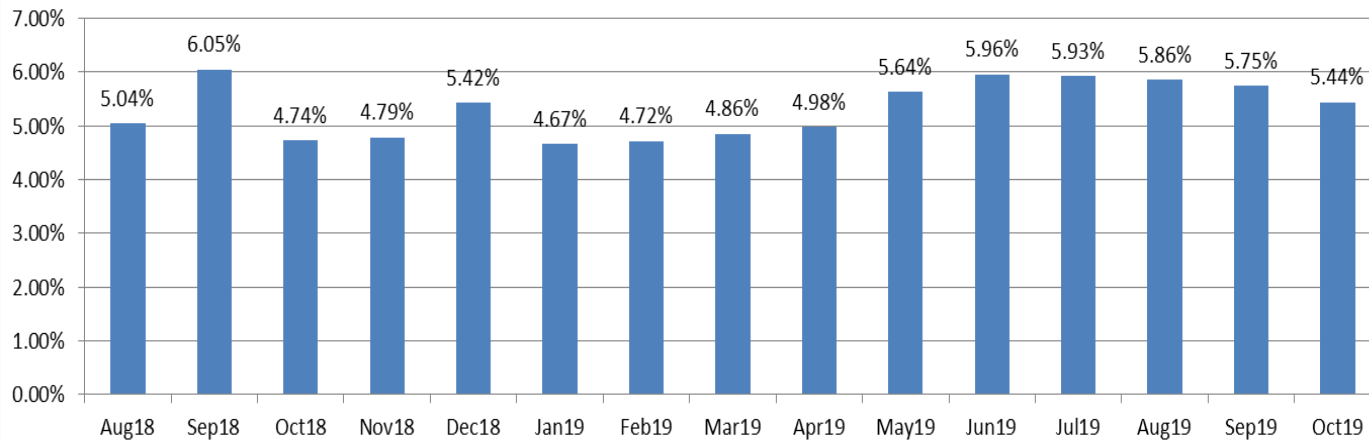
12 Hour Breaches



The Trust has experience a substantial increase in 12 hour delays from decision to admit from A&E. October 2019 saw 39 more breaches compared to the same period last year.

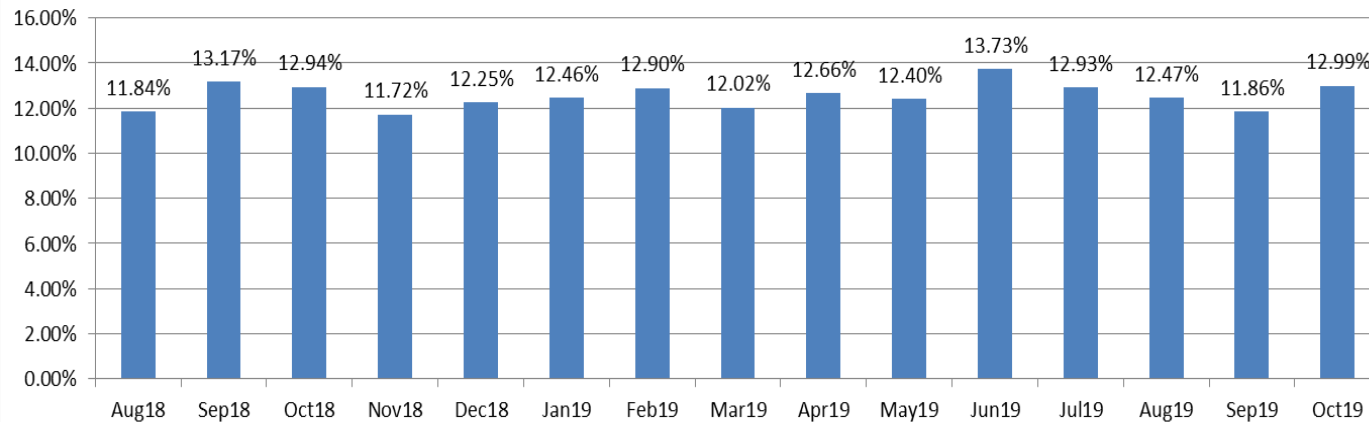
Discharges

% Discharged before 10am

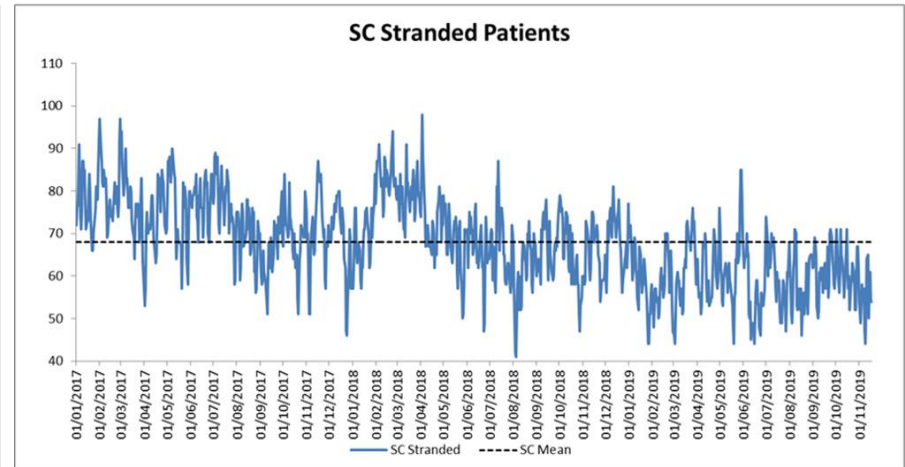
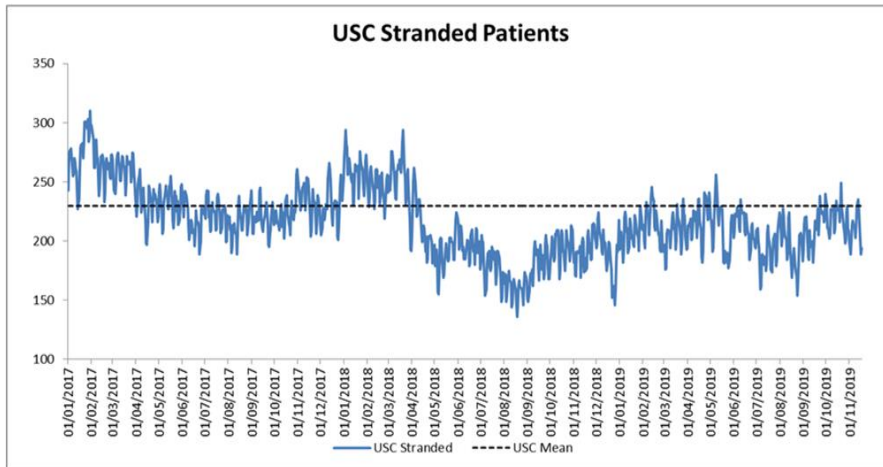
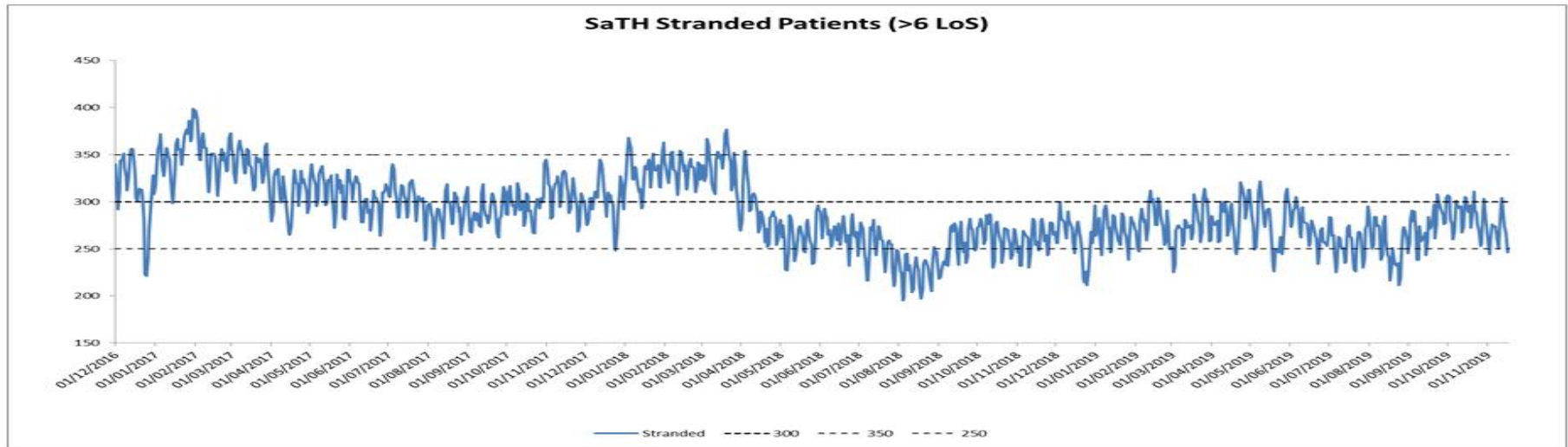


- Pre 12 discharges below national average.
- Workforce gaps are impacting on improvement.

% Discharged before 12pm

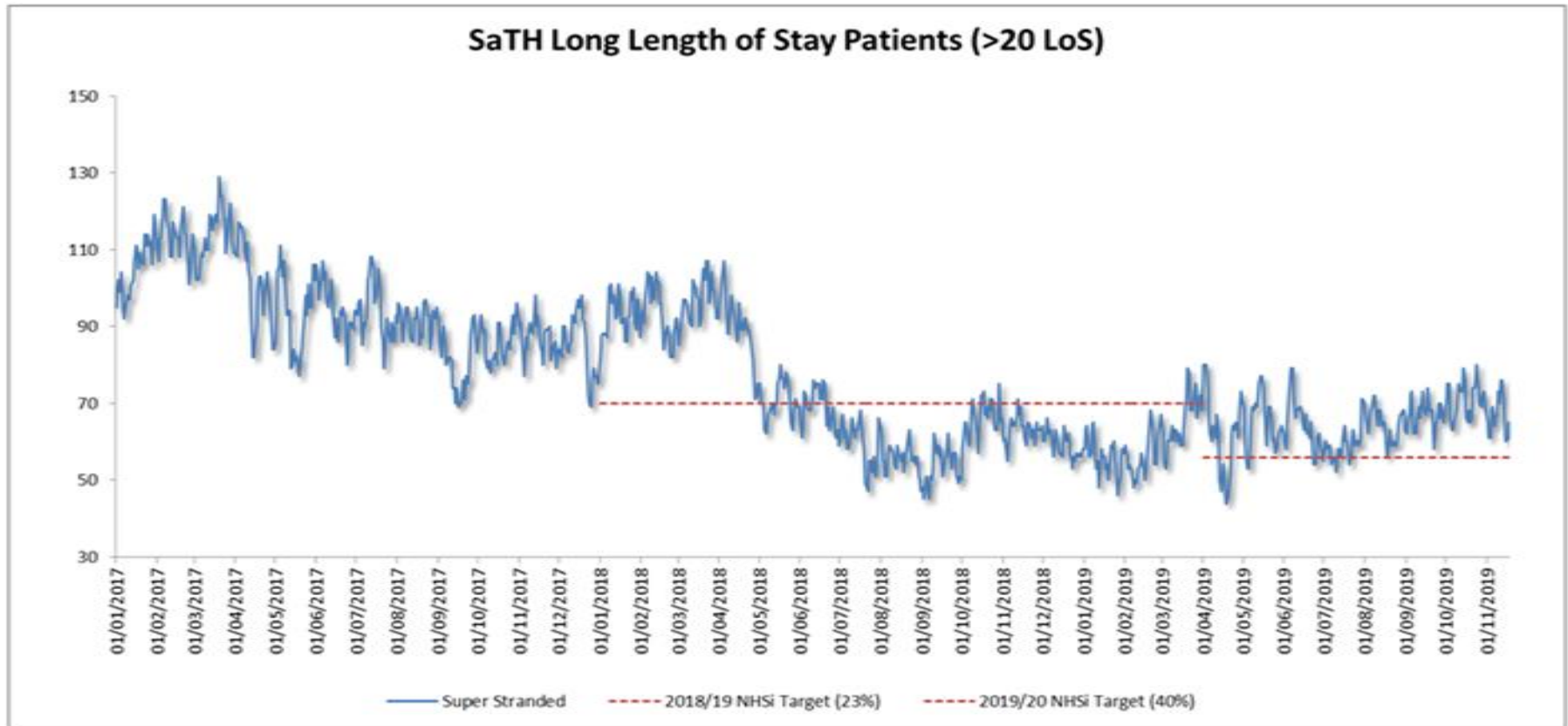


Stranded Patients over all position



Improvement in stranded patients (>6 LOS) has been maintained by both Care Groups (Scheduled and Unscheduled)

Super Stranded Patient



The Trust worked towards achieving the 23% NHSi target in 2018/19, it is now working towards the 40% reduction set by NHSi

Finance Report Month 7



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Finance Overview 2019/20

Income & Expenditure Position Month 7 Year to Date

The Trust has a planned deficit of £8.826m for the period April –October 2019. (Annual Plan £17.351m deficit). Actual Deficit reported is £11.735m, £2.909m above planned levels

Income £11.1m overachieved, predominately within

- non elective activity £2.573m (3.6%) above plan.
- A&E activity £0.734m (6.4%) above plan.
- Non Elective Other (Maternity) £1.0m
- Additional £0.3m for additional posts funded externally including Health Education England.
- Phased income adjustment from both local CCGs of £2.4m.
- Deferred Income and Education income release £0.4m.
- Readmission income of £1.480m.
- FIT Monies of £0.613m.

Pay £6.3m overspent, as a result of an overspend on agency costs of **£4.2m** and non delivery of CIP of **£1.5m**.

Non Pay (excl. pass throughs) £9.2m, additional consultancy fees £0.9m; diagnostic reporting £1.2m and non delivery of CIP of £3.2m; additional costs of clinical waste and other estate costs £1.4m; Clinical supplies £0.5m; RN recruitment £0.3m.

Balance Sheet Review £1.2m Release of Balance Sheet items transacted in the Month 3 financial position.

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.

However if the Trust does not achieve financial plan, PSF and FRF funding will not be received for Quarters 3 and 4 resulting in shortfall in income of £8.138m.

The projected cashflow is based on the revised forecast projection of deficit of £19.734m, with cash benefit in 2019/20 in respect of receipt of PSF funding relating to 2018/19 (£4.5m)

It is projected that the Trust will require external cash support of £15.327m .

The Trust will receive cash support in lieu of conditional funding of £2.520m in November and has requested £3.402m to be received in December. This support is included in the forecast. This is repayable on receipt of conditional income funding.

Capital The total (purchased and donated) Internally Generated Capital Resource Limit (CRL) for 2019/20 is now £11.618 m. At Month 07, only £1.657m remains uncommitted - £0.152m in Corporate Contingency; £0.751m within the delegated reserve fund; £0.749m within the general uncommitted reserve and £0.005m yet to be committed in agreed schemes. The Trust is currently £0.351m overcommitted (after allocation for FIT equipment) whilst awaiting confirmation of receipt of £0.441m funding from HSLI funding for Data Warehouse. (Business case to be submitted in November) The formal application is currently being finalised. Trust has received confirmation of success of emergency capital loan funding £1.622m for fire safety in the Copthorne building. The Trust has been successful in receiving additional capital funding of £5.5m for additional capacity (£4.0m Modular Building at PRH and £1.5m for additional beds at RSH & PRH) as reported at last Board meeting).

	Annual	YTD		
	NHSI Plan	Plan	Actual	Variance
	£000s	£000s	£000s	£000s
Income	345,477	201,383	212,496	11,113
Income for pass through costs (Excluded medicines and devices)	33,382	19,525	19,339	(186)
Pay	(273,760)	(157,753)	(163,306)	(5,553)
Non-Pay & Reserves	(76,109)	(45,207)	(54,384)	(9,177)
Non-pay pass through costs	(33,382)	(19,525)	(19,339)	186
Reserves	1,200	700	1,200	500
Total expenditure	(382,051)	(221,785)	(235,829)	(14,044)
EBITDA	(3,192)	(877)	(3,994)	(3,117)
Finance Costs	(14,159)	(7,949)	(7,741)	208
Surplus/(deficit) against Control Total pre Support	(17,351)	(8,826)	(11,735)	(2,909)
Provider Support	17,351	8,444	8,444	0
Surplus/(deficit) against Control Total post PSF	0	(382)	(3,291)	(2,909)

Income & Expenditure – In Month

	Annual	In Month		
	NHSI Plan	Plan	Actual	Variance
	£000s	£000s	£000s	£000s
Income	345,477	30,303	30,311	8
Income for pass through costs (Excluded medicines and devices)	33,382	2,945	3,080	135
Pay	(273,760)	(22,396)	(24,002)	(1,606)
Non-Pay & Reserves	(76,109)	(6,898)	(8,254)	(1,356)
Non-pay pass through costs	(33,382)	(2,945)	(3,080)	(135)
Reserves	1,200			0
Total expenditure	(382,051)	(32,239)	(35,336)	(3,097)
EBITDA	(3,192)	1,009	(1,945)	(2,954)
Finance Costs	(14,159)	(1,141)	(1,104)	37
Surplus/(deficit) against Control Total pre Support	(17,351)	(132)	(3,049)	(2,917)
Provider Support	17,351	1,656	1,656	0
Surplus/(deficit) against Control Total post PSF	0	1,524	(1,393)	(2,917)

Key Message

- In Month the Trust is £2.917m above control total.
- **Income £0.143m above plan**
- Phased Income adjustment
- Reduction in the month of £0.5m, the cumulative position is now £2.4m from £2.9m
- Income continues to over-deliver against plan predominately within non-electives.
- **Pay £1.6m above plan**
- Non-delivery of CIP (£0.1m)
- Agency usage (£0.9m) above plan
- Increased levels of substantive recruitment across all staff groups (£0.1m)
- ED RN volume increased above business plan (£0.1m).
- **Non Pay £1.4m**
- Non-delivery of CIP (£0.5m)
- Diagnostic reporting (£0.2m)
- Clinical Waste (£0.1m)
- Consultancy fees (£0.1m)
- Maintenance contracts (£0.1m)
- Overseas Nursing Recruitment Fees (£0.1m).

Normalised Income and Expenditure

	Month 1 £000s	Month 2 £000s	Month 3 £000s	Month 4 £000s	Month 5 £000s	Month 6 £000s	Month 7 £000s	Total £000s
Income (excluding PSF & Passthrough)	29,238	28,800	31,057	30,014	30,312	32,764	30,311	212,496
<i>Passthrough Income (excluded medicines and devices)</i>	<i>2,363</i>	<i>2,829</i>	<i>2,735</i>	<i>3,028</i>	<i>2,646</i>	<i>2,658</i>	<i>3,080</i>	<i>19,339</i>
Income finalisation phasing	(566)	926	105	640	(1,009)	186	(282)	0
Pay	(23,408)	(23,029)	(22,980)	(23,206)	(23,057)	(23,624)	(24,002)	(163,306)
Non-Pay (exc Passthrough)	(7,268)	(7,251)	(7,945)	(8,382)	(8,108)	(7,176)	(8,254)	(54,384)
<i>Passthrough costs</i>	<i>(2,363)</i>	<i>(2,829)</i>	<i>(2,735)</i>	<i>(3,028)</i>	<i>(2,646)</i>	<i>(2,658)</i>	<i>(3,080)</i>	<i>(19,339)</i>
Balance Sheet Write off			1,200					1,200
EBITDA	(2,004)	(554)	1,437	(934)	(1,862)	2,150	(2,227)	(3,994)
Finance Costs	(1,073)	(1,140)	(1,104)	(1,109)	(1,118)	(1,093)	(1,104)	(7,741)
Actual Deficit exc PSF	(3,077)	(1,694)	333	(2,043)	(2,980)	1,057	(3,331)	(11,735)
less Non Recurrent								0
Phased Income Adjustment			(1,600)			(1,300)	500	(2,400)
Release of Deferred Income						(125)		(125)
Release of HEE Deferred Income						(290)		(290)
Readmission income						(1,480)		(1,480)
Maternity Incentivisation Scheme						(512)		(512)
Cost of Organisational change							150	150
Balance Sheet accrual release			(1,200)					(1,200)
Underlying Deficit	(3,077)	(1,694)	(2,467)	(2,043)	(2,980)	(2,650)	(2,681)	(17,592)
Planned Deficit	(2,770)	(840)	(1,294)	(836)	(517)	(2,437)	(132)	(8,826)
Variance	(307)	(854)	(1,173)	(1,207)	(2,463)	(213)	(2,549)	(8,766)

Key Message

- The average underlying deficit in each of the first seven months is circa £2.5m, a cumulative position of £17.6m, £8.7m above planned levels.
- Income levels for individual months have been adjusted to reflect the actual income relating to the month once all activity has been coded.
- From month 7 the Trust will reverse phased income adjustment over the remainder of the year.

Income Analysis by Activity Type

	YTD Budget	YTD Actual	Variance	Variance %	YTD Budget	YTD Actual	Financial Variance Value
	Activity	Activity	Activity		£000s	£000s	£000s
Accident and Emergency	75,897	78,548	2,651	3.4%	11,435	12,170	734
Outpatient Appts (Attend	254,655	252,289	(2,366)	(0.9%)	30,534	30,804	270
Elective Day Cases	30,494	30,298	(196)	(0.6%)	19,065	19,152	88
Elective Inpatient (Spells)	3,049	3,277	228	7.0%	9,707	10,700	993
Non Elective (Spells)	34,400	35,317	917	2.6%	70,837	73,410	2,573
Non Elective Other	3,160	3,604	444	12.3%	6,600	7,578	978
Others (Inc Reserves)					72,730	78,021	5,291
Total	401,655	403,333	1,678	0.4%	220,907	231,835	10,927
Provider Sustainability Funding (PSF)					8,444	8,444	0
Total after PSF	401,655	403,333	1,678	0.4%	229,351	240,279	10,927

Accident and Emergency attendances are above planned levels by 3.4%, creating a positive variance to plan of £0.734m.

Outpatient attendances are under planned levels by 0.9%

Elective Inpatient spells are under delivering against plan by 228 spells with a positive variance of £993k

Non Elective activity is 917 spells higher than the planned levels (2.6%); this includes the clinical decisions unit (CDU) at the PRH site. This has delivered a positive variance of £2.573m 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 2.2%.

Blended tariff adjustment, the contract adjustment to income values for non elective and Accident and Emergency activity amounted to £4.055m. Other includes the phased income adjustment from both local Health Economy CCGs of £2.4m and readmissions income of £1.480m and FIT monies of £.613m.

When compared to the signed CCG contract financial values, Shropshire CCG are over performing by £6.273m (7.3%) and Telford & Wrekin by £3.347m (5.7%)

This is mainly in non elective activity with over performance.

Key Messages

- Income over performance of £10.783m year to date. Non elective activity above plan by 2.2% and circa 10% higher than activity levels in 18/19.
- Receipt of phased income adjustment from local CCGs of £2.9m in Qtr1 and Qtr2. Readmissions income received from both CCG's of £1.480m.

Income and Expenditure year to date and forecast outturn

	Annual	YTD			Forecast Outturn (most likely scenario)		
	NHSI Plan	Plan	Actual	Variance	Plan	Actual	Variance
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Income	345,477	201,383	212,496	11,113	345,477	356,930	11,453
Income for pass through costs (Excluded medicines and devices)	33,382	19,525	19,339	(186)	33,382	33,063	(319)
Pay	(273,760)	(157,753)	(163,306)	(5,553)	(273,760)	(282,331)	(8,571)
Non-Pay & Reserves	(76,109)	(45,207)	(54,384)	(9,177)	(76,109)	(90,540)	(14,431)
Non-pay pass through costs	(33,382)	(19,525)	(19,339)	186	(33,382)	(33,063)	319
Reserves	1,200	700	1,200	500	1,200	1,200	0
Total expenditure	(382,051)	(221,785)	(235,829)	(14,044)	(382,051)	(404,734)	(22,683)
EBITDA	(3,192)	(877)	(3,994)	(3,117)	(3,192)	(14,741)	(11,549)
Finance Costs	(14,159)	(7,949)	(7,741)	208	(14,159)	(14,159)	0
Surplus/(deficit) against Control Total pre Support	(17,351)	(8,826)	(11,735)	(2,909)	(17,351)	(28,900)	(11,549)
Provider Support	17,351	8,444	8,444	0	17,351	9,166	(8,185)
Surplus/(deficit) against Control Total post PSF	0	(382)	(3,291)	(2,909)	0	(19,734)	(19,734)

Forecast normalised income variance

		Income Variance	
		£000	£000
Income Overperformance			11,453
Normalised Adjustments			
Income Phasing Adjustment			
Readmissions	(1,480)		
Deferred income	(415)		
Bowel Screening Income	(613)		
Total adjustments			(2,508)
Normalised Income overperformance			8,945

Year to Date normalised income variance

		Income Variance	
		£000	£000
Income Overperformance at Month 7			11,113
Normalised Adjustments			
Income Phasing Adjustment	(2,400)		
Readmissions (full year effect)	(1,480)		
Deferred income	(415)		
Bowel Screening Income	(613)		
Total adjustments			(4,908)
Normalised Income overperformance			6,205

Normalised Income position at month 7 is an over performance of £6.205m versus an £8.9m over performance at month 12.

CIP Delivery

CIP Programme	Year to Date			Forecast Outturn		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Internal Core CIP plan	7,115	2,062	(5,053)	12,901	8,000	(4,901)
Breakeven schemes	3,400	3,770	370	5,988	5,837	(150)
Total	10,515	5,832	(4,683)	18,889	13,837	(5,051)

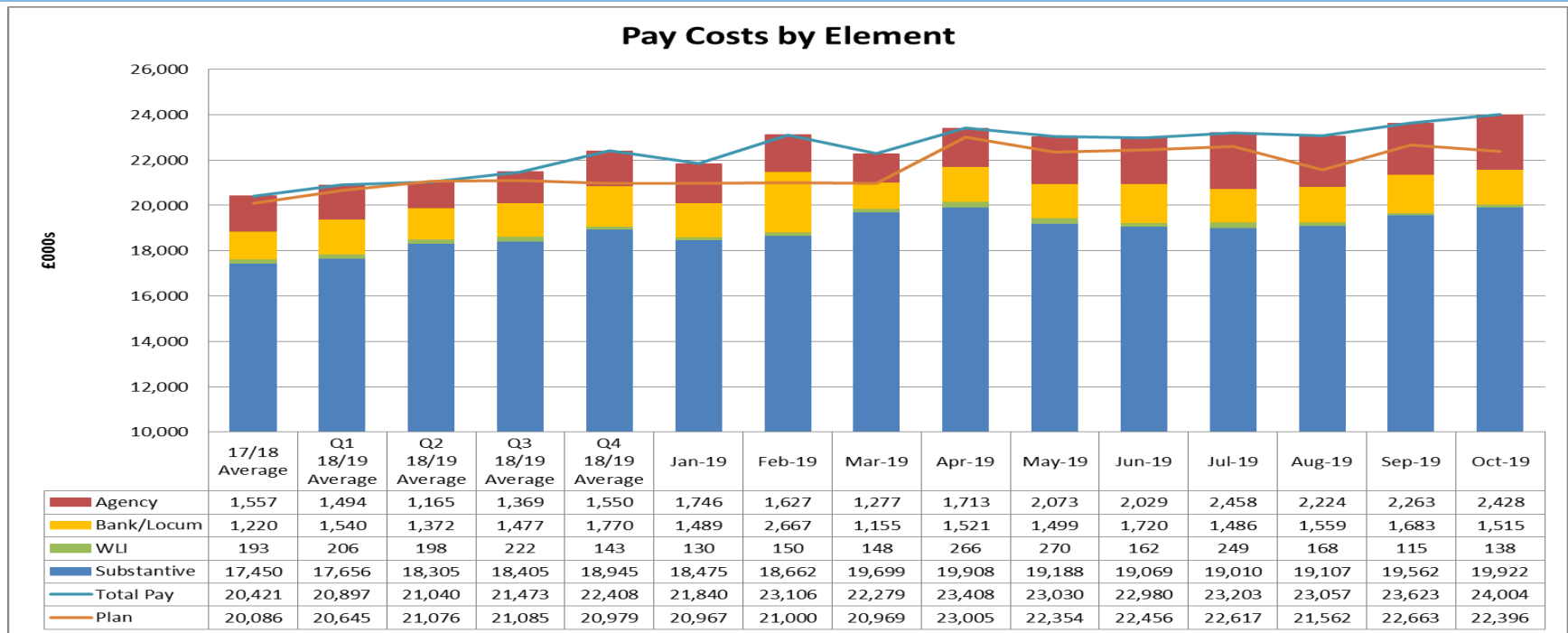
The Trust has delivered £5.83M CIP as at Month 7. This is made up of:

- Core CIPs have delivered £2.06M YTD against the NHSI submitted plan of £7.12M (29%).
- Break-even schemes have delivered £3.77M YTD against a plan of £3.40M (111%).
- As a result, the overall YTD CIP position is £5.83M delivered against an overall YTD Plan (Core + Breakeven) of £10.52M (55% of YTD delivery).

Assumed outturn CIP delivery within the 'most likely' scenario of forecast outturn is £8.0m, and full delivery of the breakeven schemes.

Currently the report to the financial improvement board illustrates that for the core CIP schemes, £5.223m of the £8.0m required in the forecast have been fully identified. Further schemes to a level of £2m have been identified and currently within the pipeline schemes for delivery.

Pay 2019/20

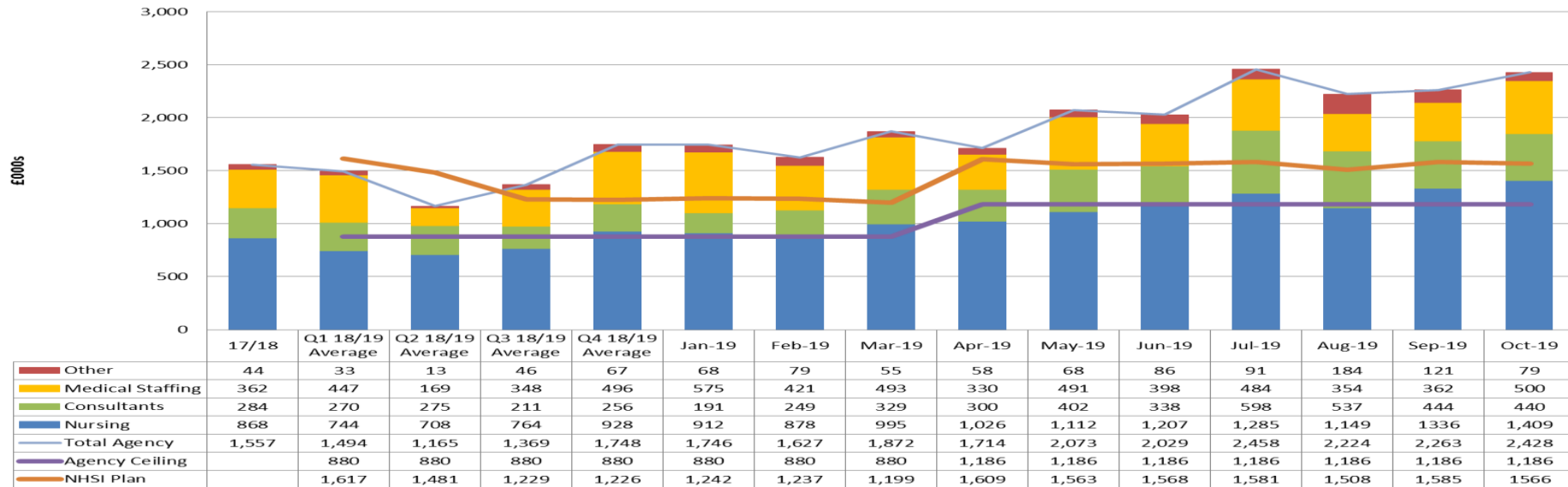


Key Messages

- At the end of October the pay budget is overspend by £6.3m as a result of an overspend on agency costs of £4.2m and non delivery of CIP of £1.5m. Substantive staff costs have increased by £0.3m in October over that incurred in September. The operationalisation of the ED nursing business case continues to be a financial concern. The increasing reliance on agency is creating financial pressures. The Trust continues to spend on average £1m per month on agency that recorded for the previous year.
- The overall run rate for October is £0.4m higher than September. September figures also include the impact of an element of double running costs whilst newly recruited RNs are introduced into the organisation.
- The Trust alongside Deloitte have weekly panels to review the key staff groups using agency to improve the review and improve recruitment and other aspects with the intention of reducing usage.

Agency Expenditure 2019/20

Agency Spend by Staff Group

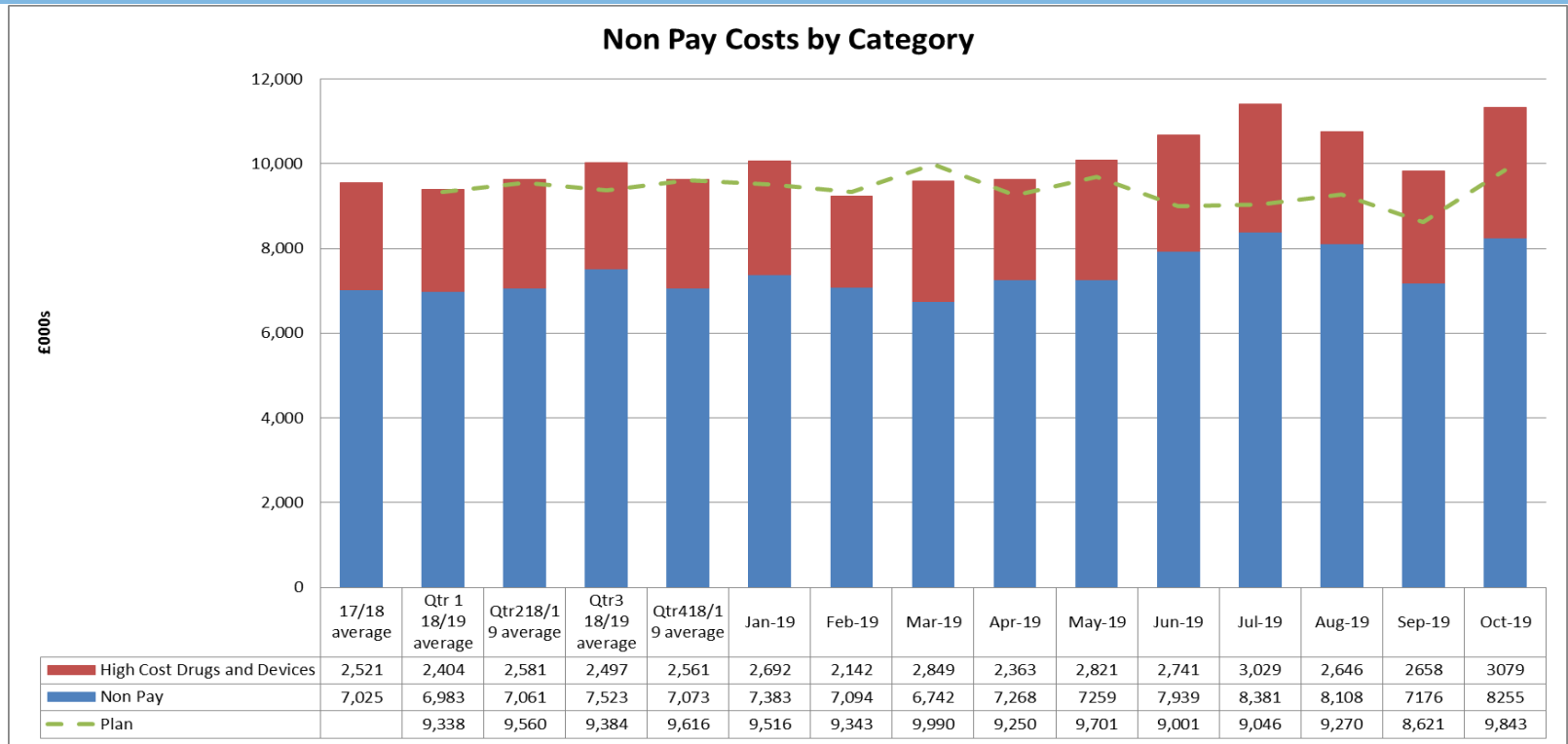


Annual		YTD					In Month		
Agency Ceiling	NHSI Agency Plan	Agency Ceiling Plan	Agency NHSI Plan	Agency Expenditure Actual	Variance Under/ (Over) Agency Ceiling	Variance Under/ (Over) Agency NHSI Plan	Agency NHSI Plan	Agency Expenditure Actual	Variance Under/ (Over) Agency NHSI Plan
£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
14,232	19,153	8,302	10,980	15,189	(6,887)	(4,209)	1,566	2,428	(862)

Key Messages

- Agency expenditure has exceeded budget by £0.862m in month, £4.209m year to date. associated with unavailability and capacity issues.
- Expenditure in October is £1m more in the month than the average for 2018/19.
- Annual plan for agency is £19.2m with an nationally set agency ceiling of £14.2m.
- The Trust is currently exceeding the agency ceiling by 83%. Within the use of resources metrics an actual spend greater than 50% of the ceiling value results in an 'inadequate' score against the metric.

Non Pay

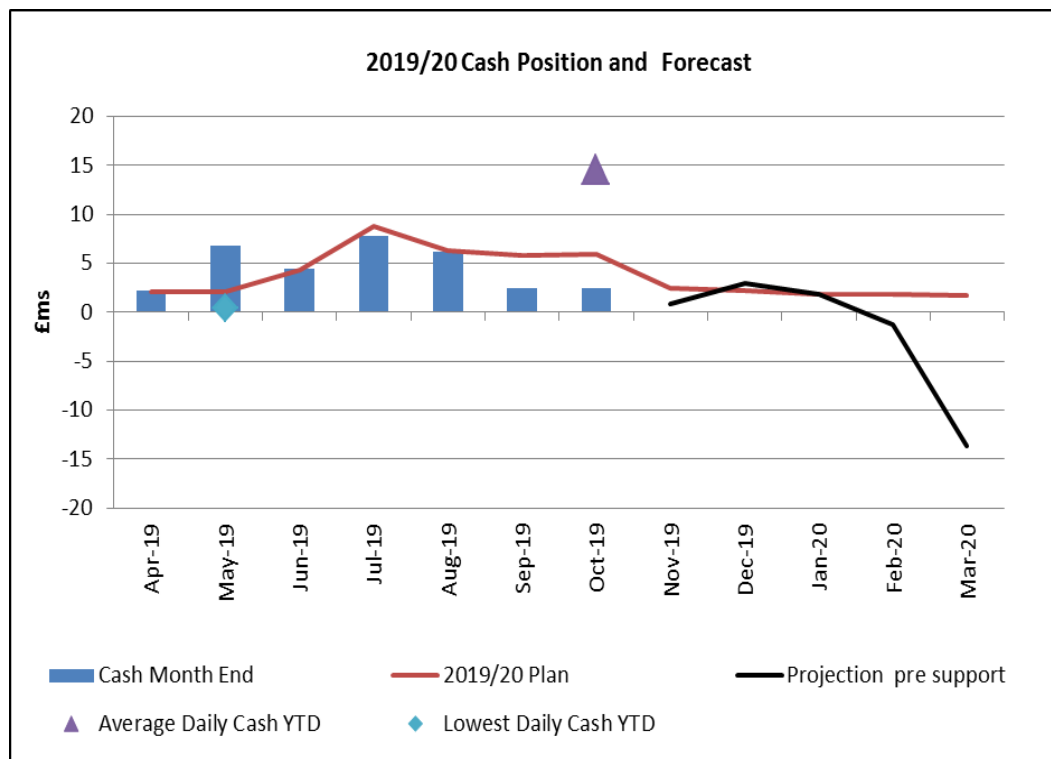


Key Messages

- Month 7 non pay spend excluding high costs drugs and devices amounted to £8.255m and £54.387m year to date.
- September's non-pay was positively impacted by £0.5m CNST Maternity Incentivisation Scheme benefit.

Cash

	Actual YTD	Total Based on Revised Forecast
	£000's	£000's
Balance B/fwd	1,649	1,649
I&E CASHFLOW		
Income I&E (inc Donated & PSF)	227,218	400,220
Pay I&E	(163,835)	(282,331)
Non Pay I&E	(70,347)	(122,403)
Finance Costs I&E	(1,619)	(3,602)
Capital Expenditure (inc Donated) re Depreciation	(2,689)	(11,618)
Total I&E Cashflow	(11,271)	(19,734)
EXTERNAL FUNDING		
PDC Allocations - (Expenditure)	(442)	(11,796)
PDC Allocations - (Income)	0	11,796
Total External Funding Cashflow	(442)	0
Total Balance Sheet Changes	12,544	4,458
Total Cashflow	832	(15,276)
Balance C/fwd	2,481	(13,627)
Required Cash Support	0	15,327
Balance C/fwd after Support	0	1,700
Cash Support included Nov & Dec in lieu of PSF & FRF (to be repaid on receipt of income)		5,922



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 3 and 4 resulting in shortfall in income of £8.138m.
- The above projected cashflow is based on the revised forecast projection of deficit of £19.734m, with cash benefit in 2019/20 in respect of receipt of PSF funding relating to 2018/19 (£4.5m)
- It is projected that the Trust will require external cash support of £15.327m .
- The Trust will receive cash support in lieu of conditional funding of £2.520m in November and has requested £3.402m to be received in December. This support is included in the above. This is repayable on receipt of conditional income funding.

Capital Programme

The Shrewsbury and Telford Hospital NHS Trust								
2019/20 Capital Programme Update as at Month 07 (October 2019)								
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	-5	10	5	180	2	186	14
PC In House costs of delivery of schemes	780	443	338	781	0	0	781	-1
PC RSH MLU/PAU - P2 FCHS	0	0	0	0	0	0	0	0
PC Fire safety Programme	291	4	9	13	278	0	291	0
PC Subway Duct - RSH (further phases following on from 2017/18 agreement)	950	0	33	33	917	0	950	0
PC Ophthalmology move into Copthorne Building - Phase 3 (additional asbestos)	50	0	2	2	48	0	50	0
PC IT Storage Solution (further phases following on from 2018/19 investment)	500	467	0	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	10	21	31	37	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	382	156	539	10	751	1,300	0
Corporate Contingency (In Year Allocations)	1,170	237	110	348	699	152	1,198	-28
Capitalisation of Expenditure	1,200	690	318	1,008	192	0	1,200	0
Additional Capitalisation of Expenditure - FIT funding	619	0	619	619	0	0	619	0
AS Endoscopy Suite Reconfiguration	1,300	0	0	0	1,300	0	1,300	0
RF Fire Safety Copthorne Building (original balance)	359	228	21	249	110	0	359	0
Uncommitted Fund Balance	749	0	0	0	0	749	749	0
UF High Value Radiology Equipment (inc PRH CT Scanner)	400	1	349	350	50	0	400	0
UF Sustainable Services	400	116	175	292	108	0	400	0
UF Actions from CQC visit	10	7	0	7	0	3	10	0
UF Data Warehouse	441	37	417	454	0	0	454	-13
IGDA - A&E System - System C	900	0	0	0	900	0	900	0
Total Internally Generated Capital Schemes	11,969	2,618	2,582	5,200	5,140	1,657	11,997	-28
NIY Sustainable Services Project	4,674	408	218	626	4,048	0	4,674	0
NIY - Fire Safety Copthorne Building	1,622	2	346	348	1,246	0	1,594	28
NIY - Additional Capacity - RSH/PRH	1,500	0	343	343	1,157	0	1,500	0
NIY - PRH Modular Build/Refurbishment of Wrekin MLU	4,000	32	3,388	3,420	580	0	4,000	0
Overcommitted	-351	0	0	0	0	-351	-351	0
Total Capital Programme	23,414	3,060	6,877	9,937	12,171	1,306	23,414	0
% Internally Generated		22.54%	22.22%	44.76%	44.24%	14.02%	103.02%	
% Total Capital Programme		13.07%	29.37%	42.44%	51.98%	5.58%	100.00%	

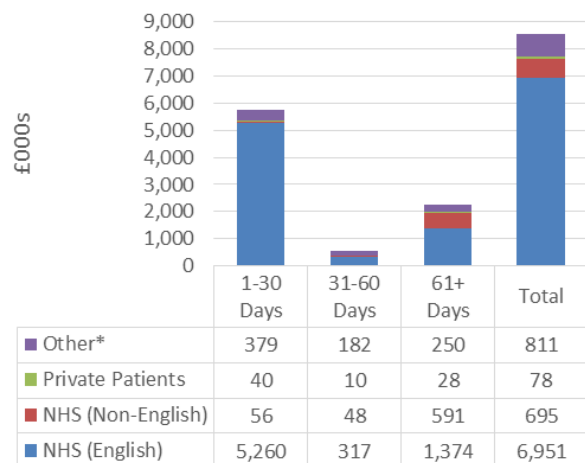
	Internally Generated CRL		Total CRL	
	£m	%	£m	%
Expensed	2.618	22.54%	3.060	13.07%
Ordered - not yet expensed	2.582	22.22%	6.877	29.37%
Committed - not yet ordered or expensed	5.140	44.24%	12.171	51.98%
To be identified/overcommitted	1.629	14.02%	1.306	5.58%
	11.969	103.02%	23.414	100.00%

Key Messages

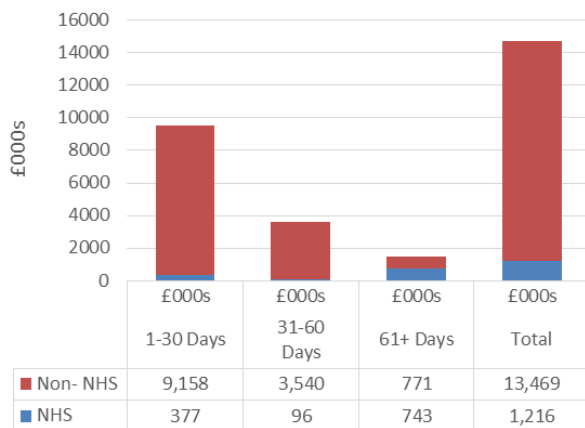
- The total (purchased and donated) Internally Generated Capital Resource Limit (CRL) for 2019/20 is now £11.618 m.
- At Month 07, only £1.657m remains uncommitted - £0.152m in Corporate Contingency; £0.751m within the delegated reserve fund; £0.749m within the general uncommitted reserve and £0.005m yet to be committed in agreed schemes.
- The Trust is currently £0.351m overcommitted (after allocation for FIT equipment) whilst awaiting confirmation of receipt of £0.441m funding from HSLI funding for Data Warehouse. (Business case to be submitted in November) The formal application is currently being finalised.
- Trust has received confirmation of success of emergency capital loan funding £1.622m for fire safety in the Copthorne building.
- The Trust has been successful in receiving additional capital funding of £5.5m for additional capacity (£4.0m Modular Building at PRH and £1.5m for additional beds at RSH & PRH) as reported at last Board meeting).

Receivables/Payables

Accounts Receivable aged debt summary as at 31 October 2019



Accounts Payable aged summary of outstanding invoices as at 31 October 2019



The outstanding receivables balances as at 31 October 2019 over £0.100m are:

	1-30 Days	31-60 Days	61+ Days	Total
	£000s	£000s	£000s	£000s
NHS England Commissioning	900	-25	400	1,275
Telford & Wrekin CCG	939	108	541	1,588
Powys LHB	27	27	527	581
RJAH NHSFT	158	42	125	325
Shropshire CCG	2,721	88	173	2,982
CP Plus	124	124	0	248
Shropshire Community Health Trust	113	17	27	157
University Hospital of North Midlands	75	0	27	102

The 1-30 days balance with NHS England Commissioning includes £642k of invoices raised in advance for Month 8 contract income to ensure these invoices are paid in November 2019.

NHSE dental contract for Month 6 was not paid in Month 6 due to the commissioner being unable to authorise the invoices on time. This invoice has been paid in November 2019.

Shropshire CCG (£30k per month) and Telford and Wrekin CCG (£108k per month) are short-falling their monthly contract payments due to contract disputes.

Powys LHB includes an invoice raised for £431k for the final contract settlement for 2018/19. This invoice has been agreed for payment in November 2019.

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

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.