

Date of meeting	17 July 2018
Paper number	Enc D1

Integrated Performance Report – Month 2

For approval:		For assurance:	<input checked="" type="checkbox"/>	To note:	
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Accountable Director	Michelle McKay Chief Executive		
Presented by	Vicky Morris, CNO Suneil Kapadia, CMO Inese Robotham, Interim COO Jill Robinson, CFO Tina Ricketts, Dir P&C	Author	Assistant Director of Performance and Information

Alignment to the Trust's strategic priorities

Deliver safe, high quality, compassionate patient care	<input checked="" type="checkbox"/>	Design healthcare around the needs of our patients, with our partners	<input checked="" type="checkbox"/>	Invest and realise the full potential of our staff to provide compassionate and personalised care	
Ensure the Trust is financially viable and makes the best use of resources for our patients		Develop and sustain our business			

Alignment to the Single Oversight Framework

Leadership and Improvement Capability		Operational Performance	<input checked="" type="checkbox"/>	Quality of Care	<input checked="" type="checkbox"/>
Finance and use of resources	<input checked="" type="checkbox"/>	Strategic Change		Stakeholders	

Report previously reviewed by

Committee/Group	Date	Outcome
Finance and Performance Committee	25 th June 2018	
Quality Governance Committee	24 th June 2018	
People and Culture Committee	9 July 2018	

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?

Y

BAF number(s)

R2.1

Assurance in respect of: process/outcome/other (please detail)

Significant assurance <i>High level of confidence in delivery of existing mechanisms/objectives</i>	<input type="checkbox"/>	Moderate assurance <i>General confidence in delivery of existing mechanisms/objectives</i>	<input checked="" type="checkbox"/>	Limited assurance <i>Some confidence in delivery of existing mechanisms/objectives</i>	<input type="checkbox"/>	No assurance <i>No confidence in delivery</i>	<input type="checkbox"/>
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Recommendations	<p>The Board is asked to:</p> <ol style="list-style-type: none">1) Review the Integrated Performance Reports for Month 2.2) Seek assurance as to whether:<ol style="list-style-type: none">a) the risks of under-performance in each area have been suitably mitigated, and;b) robust plans are in place to improve performance in 18/19.
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Executive Summary

This paper provides the Board Members with an update on the Trust's quality of care, operational, workforce and financial performance in Month 2 (May 2018) against priority metrics that form part of NHSI's Single Oversight Framework (SOF). This report has been updated since being reviewed by the Finance and Performance Committee with the latest validated and unvalidated data available.

Corrective Action Statements have been compiled from submissions made by the Divisions and are available by request.

The NHS Constitutional standards are the Emergency Access Standard and Access to Elective treatment within 18 weeks.

Background

NHS Improvement monitors the performance of NHS Trusts through the Single Oversight Framework. A series of metrics are used to assess providers' performance against the themes of the framework and potential support needs are considered accordingly.

Issues and options

Quality: We are starting to see evidence of improvement against a range of quality indicators; Venous Thromboembolism (VTE) assessment, complaints management, and serious incident management are all at the expected levels. High numbers of patients continue to be likely or very likely to recommend our hospital. HSMR is within expected levels. Challenges continue around completion of Primary Mortality Reviews within 30 days. Triangulation of themes with the recent CQC report and the Quality Improvement Strategy is taking place.

Performance: The Trust met the in-month target for Referral to Treatment with nearly all of the specialised medicine specialties achieving the operational standard, which significantly contributes to maintaining the target. The target for cancer 31 days is being met but the impact of an increased number of cancer referrals is impacting on 2 week waits, diagnostics and 62 day cancer performance. As the backlog of patients starts to increase again, the aspiration to achieve the national targets by September is at risk. Diagnostics performance continues to decline with more patients waiting over 6 weeks for their test. In regards to Urgent Care, the trust has not met the YTD EAS target however the underlying causes of this are reflective of widely reported pressures relating to demand, a very full hospital and a lack of capacity in primary, community and social care services. The Right Move (a system reset) is taking place during the first 2 weeks of July. The Winter Plan 2018/19 is currently in development.

Income & Expenditure Summary: In Month 2 the Trust is recording a pre Provider Sustainability Fund (PSF) deficit of £5.19m. This is £0.3m adverse to plan and is largely due to a shortfall in patient care income and an increase in the run rate deficit. As a result the Trust has not been able access the month 2 PSF allocations assigned to financial performance nor the operational element due to adverse operational performance. The Trust has assumed that the month 1 financial element of the PSF will not be retained due the adverse year to date (ytd) financial position and has therefore removed it from the accounts in month 2.

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The overall month 2 position results in an adverse variance of £1.8m when PSF is included.

As at the end of May, the Trust reports a cumulative pre PSF deficit of £10.1m against a £9.9m planned deficit resulting in a £0.2m adverse variance against plan for the first two months of the financial year. Inclusion of PSF (£1.8m adverse) increases the adverse variance to £2m.

The overall run rate declined by £0.3m from a £4.9m deficit in April to £5.2m in May. Allowing for c£0.1m of enhancement costs due to the additional bank holiday in May, the primary reasons for the deterioration are an increase in temporary nursing - despite the closure of Evergreen 2 and increased non-pay costs driven by T&O loan kit and Radiology reporting sent out of the Trust.

The adverse variance due to reduced levels of activity (£0.7m), predominately surgical electives, continued into month 2.

Other adverse variances include ward nursing as a result of increased temporary nursing costs (£0.15m) driven by specialising and vacancies. Non pay adverse variances include increased Trauma & Orthopaedics loan kit in theatres (£55k and an increase in Radiology reporting activity sent out of the Trust as a result of increased demand (£57k). In part this has been offset by a continuation of vacancies (£0.25m) and slippage against approved business cases (£0.34m).

Cash: At the end of May the cash balance was £1.9m, consistent with the minimum balance required by the DH.

The Trust has a planned requirement for interim revenue support in 2018/19. The Trust requires support for both the in-year deficit (£22.2m assuming the full PSF is accessed) plus further support to meet revenue loan principal repayments (£39.5m) in the event that an alternative solution cannot be secured. In May the Trust received £2.446m of revenue support. Capital loans planned to be received in May were re-scheduled for June. The level of interim revenue support will increase if the Trust is unable to access the full allocation of PSF. The DHSC are currently approving cash support on a month by month basis. If support is not agreed as planned, the Trust would need to reduce payments to creditors to compensate for any reduction in cash support.

CIP: The level of CIP delivery in May (£173k) was consistent with April, despite a £25k increase in the May plan. This results in an adverse variance of £8k against the YTD plan of £351k. In month 3 the CIP plan increases by a further £84k which is predominately targeted against procurement and agency reductions.

As at the timing of writing this report, the unidentified CIP stands at £8.1m with a further £2.6m in the development stage. Approved schemes remain at £6.4m with a further £6.8m worked up into a plan. The Trust continues to develop opportunities through two major themes focussed on productivity and workforce. In addition, meetings have taken place with the Divisions led by the Turnaround Director where Divisions were presented with model hospital opportunities at specialty level. Follow up meetings have taken place to agree schemes with project plan documentation including financials to be completed by the end of June 2018.

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The focus on financial delivery continues into 2018/19 supported by the continuation of the fortnightly Divisional confirm and challenge sessions.

The CIP gap continues to pose as a significant risk to the Trust delivering to its pre PSF control total of £40m and therefore an urgent assessment of the most likely CIP delivery following the conclusion of the second meeting with Divisions is imperative. It should be noted that at the time of writing the Trust remains concerned regarding the size of the unidentified value.

In addition to the CIP risk, delivery of the income plan (£2m to £5m of risk as stated previously) and the provision of additional bed capacity in excess of the funded bed base (£1m) are further risks that have been identified and require careful management. The temporary staffing risk has been updated this month to reflect the increased temporary nursing run rate. An initial mitigation plan has been compiled and an assessment of any residual risk requires urgent action.

People and Culture: Sickness absence has improved from the previous month, is also lower than this time last year and benchmarks the Trust favourably against the national data Model Hospital. Mandatory training compliance continues to be an area of focus for the Trust. The Trust's current PDR/appraisal status as at end of May 2018 has deteriorated from April 2018. This reduction is, in part, due to changing the way that PDRs are reported to include all non-medical staff including staff that are on long term absence (sickness and maternity etc.) who were previously excluded which then matches model hospital benchmarking data.

Recommendations

The Board is asked to:

- 1) Review the Integrated Performance Reports for Month 2.
- 2) Seek assurance as to whether:
 - a) the risks of under-performance in each area have been suitably mitigated, and;
 - b) robust plans are in place to improve performance in 18/19.

Appendices

- 1) Trust Board IPR 1819 Month 2 Slide Deck Summary
- 2) Trust Board IPR 1819 Month 2 Performance Dashboard
- 3) Trust Board IPR 1819 Month 2 Quality Dashboard
- 4) Trust Board IPR 1819 Month 2 P&C Scorecard
- 5) Trust Board IPR 1819 Month 2 - Finance Report



Trust Board Integrated Performance Report Month 2

July 2018

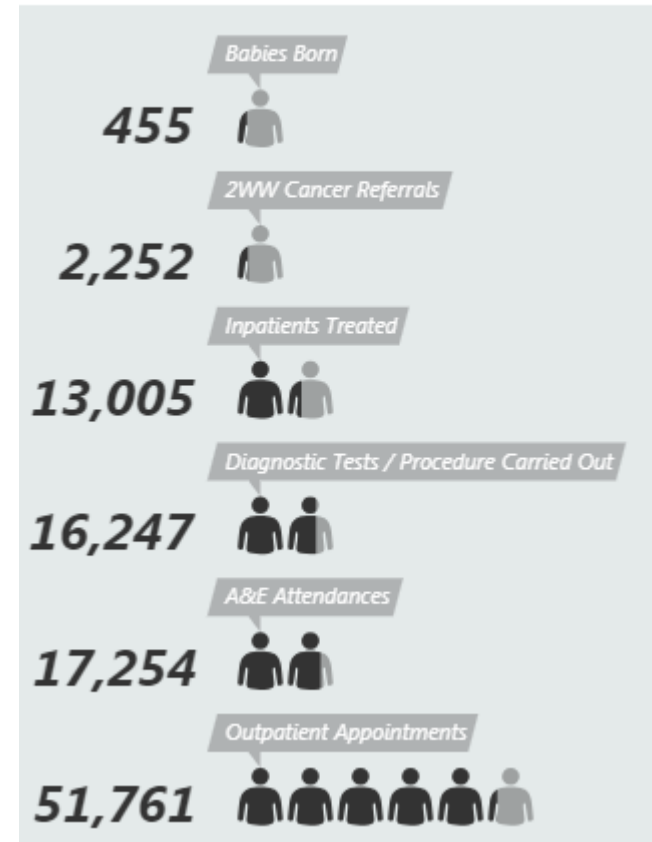
We are starting to see evidence of improvement against a range of quality indicators; Venous Thromboembolism (VTE) assessment, complaints management, and serious incident management are all at the expected levels. High numbers of patients continue to be likely or very likely to recommend our hospital. HSMR is within expected levels. Challenges continue around completion of Primary Mortality Reviews within 30 days. Triangulation of themes with the recent CQC report and the Quality Improvement Strategy is taking place.

The Trust met the in-month target for Referral to Treatment with nearly all of the specialised medicine specialties achieving the operational standard, which significantly contributes to maintaining the target. The target for cancer 31 days is being met but the impact of an increased number of cancer referrals is impacting on 2 week waits, diagnostics and 62 day cancer performance. As the backlog of patients starts to increase again, the aspiration to achieve the national targets by September is at risk. Diagnostics performance continues to decline with more patients waiting over 6 weeks for their test. In regards to Urgent Care, the trust has not met the YTD EAS target however the underlying causes of this are reflective of widely reported pressures relating to demand, a very full hospital and a lack of capacity in primary, community and social care services.

As at Month 2 the Trust is reporting a deficit of £5.19m which is £300k adrift of plan and is mainly attributable to a shortfall in patient care income and an increase in the run rate. The Chief Finance Officer anticipates that with the actions being put in place, that overall, Q1 is achievable.

Sickness absence has improved from the previous month and is also lower than this time last year. Mandatory training compliance continues to be an area of focus for the Trust. Completion rates of PDR/appraisal status are not improving.

IN THIS MONTH



Each person is equivalent to 10,000 but is not proportionately shaded

Operational
Performance

Quality & Safety

Integrated
Performance
Report

Workforce

Use of Resources

Month 2 2018-19 Operational Performance Summary

RAG rated against Internal Trajectory | 18/19 trajectories are linear progression to achieve operational standard

What are we aiming for in June?

Description

How we did

Trend

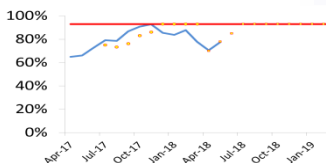
Key actions

Did we see urgent cancer patients quickly?

93% of potential cancer patients seen by a specialist within 2 weeks.

77.54%

We saw 77.54% of our cancer patients within 2 weeks. **465 patients waited longer.**



Recruitment in key specialties, use of nurse practitioners, work with CCGs re urgency of 2ww referrals, triaging lists, daily monitoring, introduction of multi-disciplinary approach.

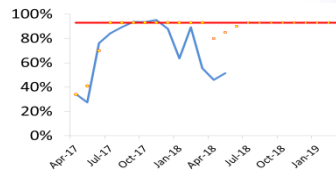
85.0%

Did we see patients with potential breast cancer quickly?

93% of patients with potential **breast cancer** seen by a specialist within 2 weeks

51.46%

51.46% of patients were seen within 2 weeks. **83 patients** waited longer than 2 weeks.



Increased week and weekend slots, enhanced consultant radiology cover, proactive cover for breast consultants over summer period.

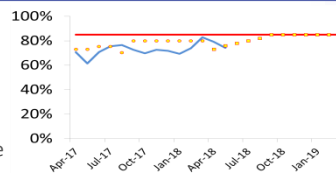
90.0%

How quickly did we start treating cancer patients?

85% of cancer patients to start treatment within **62 days** of urgent GP referral.

75.32%

75.32% of patients started treatment within 62 days. **194.5 patients were treated in total and of those, 48 patients waited longer before starting treatment.** There were **21 patients** still waiting 104 days or more for treatment.



Agreement on internal standards for diagnostic for cancer pathways. Straight to test pathways for lung implemented

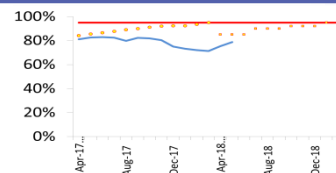
78.0%

Are we seeing patients with an emergency within 4 hours?

The Trust should see **95%** of patients within 4 hours from arrival to admission, transfer or discharge

78.78%

The Trust performance was 78.78% with **3,662 patients** breaching the 4 hours standard and **28 patients** waiting 12+ hours to be admitted.



Implementation of a shared set professional standards. Consultant-led flow management process, focussed on discharge, with on-call consultants beginning rounds in ED.

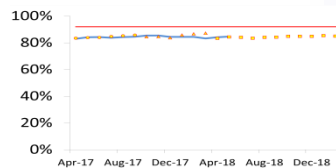
85.0%

Did we start treatment within 18 weeks?

92% of patients on a 'referral to treatment' (RTT) pathway should be seen within 18 weeks.

84.76%

84.76% of patients are waiting less than 18 weeks for treatment. **5,817 patients have been waiting longer than 18 weeks** and, of those, **2** have been waiting for **52 weeks or longer.**



Actions around recruitment and staff capacity are the most critical factor for RTT. Enhanced nursing roles and additional sessions.

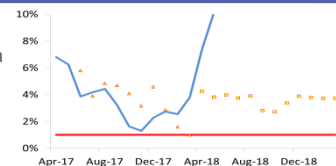
84.39%

When a patient needs a diagnostic test, do we do this within 6 weeks?

A minimum of **99%** of patients who need a diagnostic test should be waiting less than 6 weeks

89.89%

89.89% of patients requiring a diagnostic test were waiting less than 6 weeks for their test.
10.11% were waiting 6 or more weeks; **that's 1,071 patients.**



Insourcing and outsourcing initiatives, waiting list initiatives, ensuring best use of equipment availability, reducing staff vacant sessions.

96.2%

Description	How we did	Trend	Key actions
<p>Do we investigate incidents in a timely manner?</p> <p>Every Serious Incident recorded should be investigated and closed within 60 days</p>	<p>0</p> <p>All investigations were completed and closed within the 60 day target.</p>		<p>Weekly meetings with the CCG to close queries. Investigation training to take place.</p> <p>0</p>
<p>Do we manage the risk of falls and harm?</p> <p>The risk of harm/injury from falls is reduced.</p>	<p>1</p> <p>There were 170 falls in May - this is 6.70 falls per 1,000 bed days. There was 1 serious fall; equivalent to 0.04 per 1,000 bed days.</p>		<p>Bedside risk alert tool linked to Interactive Whiteboard.</p> <p><=1</p>
<p>Do we assess patients at risk of developing VTE?</p> <p>At least 95% of patients who require a VTE assessment should receive one</p>	<p>95.13%</p> <p>We risk assessed 95.13% of our patients who required a VTE assessment. This means 198 patients were not assessed and 231 patients were recorded as 'not known'.</p>		<p>Roll-out new assessment form, robust investigations into hospital acquired thrombosis, recruit VTE Lead Nurse as part of Safer Care team.</p> <p>>=95%</p>
<p>When a patient dies, do we review their care and treatment?</p> <p>In-hospital deaths should have a primary mortality review completed within 30 working days</p>	<p>45.11%</p> <p>45.11% of mortality reviews assigned in March were completed within 30 days. 382 reviews have yet to be completed.</p>		<p>Direct management of consultant completion rates alongside resolution of outstanding issues with the electronic system</p> <p>>=60%</p>
<p>Would patients and their families recommend us?</p> <p>Each of our service areas should be recommended by patients to their friends and families</p>	<p>A&E 80.35%</p> <p>Acute 94.45%</p> <p>Mat. 98.26%</p> <p>Out. 92.60%</p> <p>3 out of 4 service areas received results that indicated a high proportion of patients would be likely or highly likely to recommend our hospital.</p>		<p>Continue to promote new app to capture, report and publicise response rate and scores. Investigate possibility of bringing out-patient data in-house.</p> <p>>=95%</p>
<p>Do we respond to complaints quickly?</p> <p>80% of formal complaints should be responded to within 25 days</p>	<p>81.08%</p> <p>We closed 74 formal complaints in month, 81.08% were within 25 working days. This means 14 people were waiting for a response longer than they should have been.</p>		<p>Adherence to the complaint management improvement plan.</p> <p>Weekly oversight of complaints by the CNO holding DDNO's to account.</p> <p>>=80%</p>

Month 2 (May 2018) People & Culture Summary



	Description	How we did	Trend	Key actions	What are we aiming for in June?
Would our own staff recommend us?	National quarterly measure of whether our staff would recommend the Trust as a place to be treated (T), or to work.(W)	60% (T) 50% (W)	Q4 SFFT results from March 2018 SFFT issued as Chat Back survey . Nationally results in Staff Opinion Survey 2017 fell from 81% (T) and 64% (W). Our results are lower than average but are improving from 56% (T) and 48% (W).	 <p>Improve culture, retention and staff experience so that staff report higher satisfaction. Trust wide and Divisional Action plans to be developed from Staff Opinion Survey</p>	Improved position to National average – 71% (T) & 61% (W)
Are our staff having annual appraisals?	All staff, both medical (M) and non-medical (NM) should have an appraisal/PDR every year.	84% (M) 64% (NM)	Appraisal rates fell for both Medical and Non-Medical staff which continues to cause concern and has been highlighted by the recent CQC report. This is a priority area for all Managers in all divisions.	 <p>Divisions to be held to account. Communication to be circulated via Weekly Brief.</p>	75% against 85% target
Are we engaged with cultural change?	Quarterly measure of how engaged our staff are with cultural change. Measures are participation rate and culture score.	55% net culture score	Results of Checkpoint 2 published on 18 th April 2018. Participation rate was 45%. Net culture score 55% improved from 28% Checkpoint 1. Checkpoint 3 is due to be circulated in mid June 2018.	 <p>A 55% Net Culture Score indicates that 5.5 people out of every 10 are currently engaged, willing or are attempting to positively demonstrate our 4Ward behaviours.</p>	60% Staff Participation
How many of our staff are taking time off sick?	A measure of how many of our staff are absent due to sickness and compared to the National average (4.98% as at January 2018)	3.63%	Sickness absence dropped by 0.20% from 3.83% last month and remains below the Model Hospital target. This is also an improvement from 3.87% on the same period last year.	 <p>Sickness absence to continue to be managed through Divisions with support from HR business partners.</p>	3.75%

Key to rag rating:

Green - target met

Amber – on track or close to target

Red - target missed

Month 2 (May 2018) Skilled Workforce Summary

What are we aiming for in June?

Description

How we did

Trend

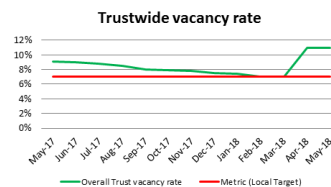
Key actions

Do we have enough staff?

Vacancies against funded establishment compared to 7% Trust local target

11%

Our overall vacancy rate has been improving since May 2017. However, budget setting resulted in an increase in overall establishment by 212.50 wte due to the funding of Evergreen 1, Frailty and other unfunded posts.



Overall vacancy rate has been remaining on target. However, the increase in establishment has increased our rate from 7% to 11%. This primarily affects our Nursing vacancy rates due to an additional 41.05 registered nurses posts.

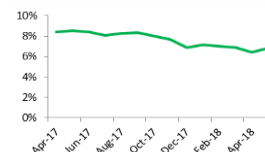
10%

How much are we spending on temporary staff?

Agency spend as a percentage of total substantive and temporary pay spend

6.79%

Agency spend increased in May and was 6.79% of the total pay costs. Agency spend was above forecast as the forecast assumed agency costs would represent 6.29% of total pay costs.



The FRP plan is to improve quality and safety through recruitment of substantive clinical staff.

5.95%
(Forecast)

Are we spending too much on temporary staff?

NHSI set the Trust an annual agency expenditure ceiling of £17.3m

(£98k)

Agency staffing costs of £1,539k in month is an increase of £85k on last month and is (£98k) above the monthly NHSI agency ceiling. Agency costs are in line with the Trusts internal plan.



As part of the FRP the Trust is strengthening controls across all staff groups requesting agency and engaging with agency suppliers to ensure compliance with capped rates.

Need to maintain a reduced run-rate

Are our staff doing the necessary training?

All staff are required to undertake e-learning or face to face training at the appropriate level assigned by leads in 11 mandatory training topics

84%

Compliance is now produced from OLM Competencies which does not remove any exclusions for sickness, maternity leave or career break which reduced compliance. From M1. This is an area that has been highlighted by the CQC.



Embedding the roll out of ESR Employee Self Service through validation of data with divisions, with divisions being held to account for their staff compliance.. Training for managers and staff has commenced

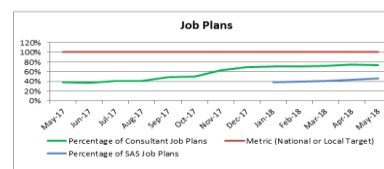
86%

Do our consultants have up to date job plans?

All consultants are required to have an annual job plan review

73%

Compliance for Consultants reduced by 2% this month but for SAS doctors improved by 3%.



HR have provided dedicated resource to support this workload.

75%

Use of Resources

Risk Rating Summary

	Metric Definition	How we did YTD at M2	Risk Rating		Previous Month YTD	Full Year Plan (Forecast)
Are we spending more than we are earning?	I&E surplus or deficit / total revenue.	(15.13%)	4	Adjusted financial performance deficit of £10,098k (£10,098 / total operating income £66,751= (15.13%)).	4	4
How close are we to our financial plan?	YTD actual I&E surplus/deficit in comparison to YTD plan I&E surplus/deficit.	(3.59%)	4	I&E margin YTD actual of (15.13%) less I&E margin YTD plan of (11.54%) = (3.59%) .	2	1
How many days worth of cash do we have?	Measures the days of operating costs held in cash, cash-equivalent and liquid working capital forms.	(65.067)	4	Working Capital of (£77,571) / YTD Operating Expenditure of £72,722 multiplied by the number of YTD days (61) = (65.067) .	4	4
Are we earning enough to cover our capital costs?	Degree to which the organisation's generated income covers its financing obligations.	(2.095)	4	Revenue available for service capital (£5,971k)/ capital service £2,850k = (2.095k)	4	4
Is our agency spend within the imposed limits?	Total agency spend compared to the agency ceiling.	(3.59%)	2	Total agency spend of £2,984k less agency ceiling of £2,882k / divided by agency ceiling of £2,882k = (3.54%) .	1	1



Worcestershire Acute Hospitals NHS Trust

Performance Metrics Overview



Reporting Period: May 2018

*** PLEASE NOTE THIS IS A DRAFT VERSION WITH PRE-VALIDATED FIGURES WHICH ARE SUBJECT TO CHANGE ***

Area	Indicator Type	Indicator		May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Current YTD	Prev Year	Tolerance Type	2018/19 Tolerances			SRO	Data Quality Kitemark
Waits	National	PW1.1.3	Proportion of patients referred for diagnostic tests who have been waiting for less than six weeks	93.76%	96.15%	95.82%	95.58%	96.76%	98.37%	98.71%	97.73%	97.26%	97.46%	96.20%	92.63%	89.89%			National	>=99%	-	<99%	COO	<div></div>
	National	CW3.0	RTT - Patients on an incomplete pathway (within 18 weeks)	84.21%	84.24%	83.82%	84.29%	84.49%	85.47%	85.49%	84.45%	84.46%	84.46%	83.24%	84.15%	84.76%			National	>=92%	-	<92%	COO	<div></div>
	National	CW4.0	RTT - Patients waiting 52 weeks or more for treatment	43	34	37	28	63	12	21	14	3	2	4	3	2			National	0	-	>=1	COO	<div></div>
A & E	National	CAE1.1a	4 Hour Waits (%) - Trust inc. MIU	82.64%	82.93%	82.43%	79.76%	82.24%	81.85%	80.33%	74.98%	73.28%	72.12%	71.28%	75.34%	78.77%	77.14%	78.91%	National	>=95%	-	<95%	COO	<div></div>
	Local	CAE2.1	12 hour trolley breaches	6	1	1	0	0	0	17	4	8	24	75	44	28	72	140	Local	0		0	COO	<div></div>
	National	CAE3.1	Time to Initial Assessment for Pts arriving by Ambulance (Mins) - 95th Percentile	28	22	22	28	28	29	32	41	56	58	59	68	47	58	-	National	<=15mins	-	>15mins	COO	<div></div>
	National	CAE3.2	Time to Initial Assessment for All Patients (Mins) - 95th Percentile	26	24	26	27	27	29	29	36	46	49	49	64	55	60	-	National	<=15mins	-	>15mins	COO	<div></div>
	National	CAE7.0	Ambulance Handover within 15 mins (%) - WMAS data	52.50%	60.60%	57.90%	57.90%	55.20%	50.30%	46.20%	38.10%	33.30%	28.90%	28.60%	33.30%	36.70%	35.50%	46.30%	National	>=80%	-	<80%	COO	<div></div>
	National	CAE8.0	Ambulance Handover within 30 mins (%) - WMAS data	86.80%	92.10%	87.50%	87.80%	86.40%	85.30%	80.50%	75.00%	70.40%	67.40%	71.40%	73.80%	78.80%	76.70%	81.20%	National	>=95%	-	<95%	COO	<div></div>
	National	CAE9.0	Ambulance Handover over 60 minutes - WMAS data	95	43	63	78	95	99	152	254	372	336	335	263	174	425	1,992	Local	0		>0	COO	<div></div>
Cancer	National	CCAN1.0	2WW: All Cancer Two Week Wait (Suspected cancer)	66.03%	72.81%	79.14%	78.61%	86.77%	90.81%	92.75%	85.42%	83.74%	87.79%	77.75%	70.48%	77.54%	71.33%	80.63%	National	>=93%	-	<93%	COO	<div></div>
	National	CCAN2.0	2WW: Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	27.37%	76.19%	84.38%	89.31%	93.68%	93.55%	95.17%	87.91%	63.64%	89.15%	55.65%	45.96%	51.46%	42.41%	71.79%	National	>=93%	-	<93%	COO	<div></div>
	National	CCAN3.0	31 Days: Wait For First Treatment: All Cancers	96.40%	98.14%	98.05%	97.83%	96.65%	98.21%	98.28%	97.55%	97.24%	97.11%	98.11%	97.39%	97.35%	97.64%	97.63%	National	>=96%	-	<96%	COO	<div></div>
	National	CCAN7.0	62 Days: Wait For First Treatment From Urgent GP Referral: All Cancers	61.78%	70.88%	75.52%	76.58%	72.65%	69.90%	72.76%	71.88%	69.39%	74.06%	82.93%	79.11%	75.32%	74.14%	72.65%	National	>=85%	-	<85%	COO	<div></div>
	Local	CCAN7.2	62 Days: Wait For First Treatment From Urgent GP Referral: Breast*	84.21%	93.10%	100.00%	86.21%	82.05%	100.00%	93.75%	86.96%	69.23%	90.91%	86.44%	87.50%	82.35%	85.13%	88.59%	National	>=97%	-	<97%	COO	<div></div>
	Local	CCAN7.3	62 Days: Wait For First Treatment From Urgent GP Referral: Gynae*	75.00%	100.00%	71.43%	100.00%	50.00%	62.50%	57.14%	76.92%	71.43%	0.00%	100.00%	81.82%	52.63%	64.10%	74.12%	National	>=83%	-	<83%	COO	<div></div>
	Local	CCAN7.4	62 Days: Wait For First Treatment From Urgent GP Referral: Haematological*	76.92%	70.00%	91.67%	100.00%	66.67%	83.33%	83.33%	77.78%	60.00%	60.00%	76.00%	71.43%	70.00%	72.73%	78.71%	National	>=86%	-	<86%	COO	<div></div>
	Local	CCAN7.5	62 Days: Wait For First Treatment From Urgent GP Referral: Head & Neck*	33.33%	33.33%	30.77%	100.00%	0.00%	0.00%	44.44%	11.76%	41.67%	26.67%	28.57%	100.00%	73.33%	58.06%	28.79%	National	>=74%	-	<74%	COO	<div></div>
	Local	CCAN7.6	62 Days: Wait For First Treatment From Urgent GP Referral: Lower Gastro*	36.73%	60.00%	56.25%	37.14%	28.57%	55.26%	60.00%	65.00%	54.55%	51.16%	80.00%	71.43%	71.43%	72.31%	52.19%	National	>=77%	-	<77%	COO	<div></div>
	Local	CCAN7.7	62 Days: Wait For First Treatment From Urgent GP Referral: Lung*	50.00%	50.00%	33.33%	80.00%	20.00%	38.46%	42.86%	58.82%	28.57%	53.85%	50.00%	57.14%	76.47%	66.10%	56.08%	National	>=81%	-	<81%	COO	<div></div>
	Local	CCAN7.8	62 Days: Wait For First Treatment From Urgent GP Referral: Skin*	92.00%	92.59%	93.75%	96.97%	100.00%	98.41%	92.86%	98.44%	91.18%	90.63%	97.30%	96.88%	100.00%	98.91%	94.99%	National	>=96%	-	<96%	COO	<div></div>
	Local	CCAN7.9	62 Days: Wait For First Treatment From Urgent GP Referral: Upper Gastro*	72.73%	56.00%	66.67%	66.67%	68.42%	71.43%	62.50%	76.67%	48.15%	66.67%	90.91%	57.14%	90.48%	72.09%	67.03%	National	>=80%	-	<80%	COO	<div></div>
	Local	CCAN7.10	62 Days: Wait For First Treatment From Urgent GP Referral: Urological*	40.74%	51.35%	64.00%	65.12%	69.70%	53.85%	60.53%	63.83%	78.48%	83.54%	83.33%	77.14%	58.33%	58.11%	65.16%	National	>=81%	-	<81%	COO	<div></div>
	Local	CCAN7.11	62 Days: Wait For First Treatment From Urgent GP Referral: Other*	50.00%	66.67%	-	-	100.00%	40.00%	100.00%	0.00%	-	-	-	33.33%	-	33.33%	56.10%	National	-	-	-	COO	<div></div>
	National	CCAN8.0	62 Days: Wait For First Treatment From National Screening Service Referral: All Cancers (Small numbers)	95.00%	92.68%	94.12%	85.71%	88.24%	92.86%	96.15%	93.10%	76.00%	69.23%	71.43%	85.19%	85.19%	86.09%	87.73%	National	>=90%	-	<90%	COO	<div></div>
	Local	CCAN12.0	62 Days waits : 62 day treatments waiting over 62 days	205	186	187	166	157	121	101	114	95	73	78	83	93								
	Local	CCAN10.0	104 Day waits : 62 day treatments waiting over 104 days	21	21	30	33	35	45	27	27	26	27	24	15	21								
	Local	CCAN11.0	Cancer Long Waiters (104+ Days) - treated in month	12.5	5.0	6.0	13.0	9.5	12.5	19.0	11.0	12.0	10.0	12.0	7.5	9.5	25.5	127.0	-	-	-	-	COO	<div></div>
Stroke	Local	CST1.1	80% of Patients spend 90% of time on a Stroke Ward	68.8%	75.7%	55.4%	68.5%	67.6%	74.6%	75.4%	50.0%	70.0%	59.3%	60.7%	64.3%	61.1%	66.70%	1	Local	>=80%	-	<80%	COO	<div></div>
	Local	CST2.1	Direct Admission (via A&E) to a Stroke Ward	30.9%	23.1%	31.6%	34.5%	29.8%	43.8%	23.3%	25.0%	32.4%	27.8%	27.3%	17.6%	22.0%	18.00%	0	Local	>=90%	-	<90%	COO	<div></div>
	Local	CST3.1	TIA clinic within 24 hours	0.8%	1.6%	5.5%	43.2%	71.4%	83.0%	76.6%	55.0%	77.2%	80.5%	85.0%	68.0%	75.8%	71.00%	0	Local	>=60%	-	<60%	COO	<div></div>
	Local	CST4.0	CT scan within 60 minutes of arrival	38.8%	37.8%	34.2%	35.7%	38.7%	35.7%	28.6%	21.9%	27.1%	37.9%	23.6%	36.4%	38.8%	42.20%	34.90%	Local	>=80%	-	<80%	COO	<div></div>
	Local	PIN1.5	Bed Occupancy (Midnight General & Acute) - WRH	97.0%	96.8%	97.1%	96.1%	96.6%	98.6%	97.1%	97.2%	98.8%	100.2%	99.9%	99.6%	99.6%	99.2%	97.4%	Local	<90%	90 - 95%	>95%	COO	<div></div>
Inpatients (All)	Local	PIN1.6	Bed Occupancy (Midnight General & Acute) - ALX	83.2%	82.5%	83.0%	86.0%	84.6%	85.2%	85.9%	88.6%	92.3%	91.2%	91.7%	87.8%	87.5%	87.5%	86.8%	Local	<90%	90 - 95%	>95%	COO	<div></div>
	Local	PIN2.3	Beds Occupied by NEL Stranded Patients (>7 days) - last week of month	38.46%	34.71%	39.30%	40.46%	37.55%	38.44%	41.11%	44.44%	47.27%	44.30%	45.12%	40.20%	38.41%			Local	<=45%	-	>45%	COO	<div></div>
	National	PIN3.1	Delayed Transfers of Care SitRep (Patients) - Acute/Non-Acute	32	15	35	27	33	31	31	54	51	38	25	36	35			Local	<30	-	>=30	COO	<div></div>
	National	PIN3.2	Delayed Transfers of Care SitRep (Days) - Acute/Non-Acute	819	734	622	775	834	845	936	1,127	1,160	876	923	830	803			-	-	-	-	COO	<div></div>
	National	PEL3.1	Number of patients - 28 Day Breaches (cancelled operations)	11	8	5	17	12	10	8	16	38	15	19	36	13	49	-	TBC	-	-	-	COO	<div></div>
Emergency	National	PEL4.2	Urgent Operations Cancelled for 2nd time	1	0	0	0	0	0	2	1	1	0	1	0	1	1	7	Local	TBC	TBC	TBC	COO	<div></div>
	Local	PEM2.0	Length of Stay (All Patients)	4.4	4.4	4.2	4.4	4.8	4.4	4.3	4.5	4.8	5.0	4.9	5.2	4.7	5.0	4.6	-	-	-	-	COO	<div></div>
	Local	PEM3.0	Length of Stay (Excluding Zero LOS Spells)	6.4	6.4	6.2	6.3	6.8	6.5	6.4	6.6	7.0	7.2	7.1	7.5	6.9	7.2	6.6	National	<=0	-	>0	COO	<div></div>
Dementia	National	QEF1.1	Dementia: Find, Assess, Investigate and Refer (Pt 1 - Find)	94.9%	92.4%	97.1%	94.1%	96.0%	95.4%	95.4%	95.5%	94.3%	91.5%	88.1%	88.4%	87.4%	87.1%	94.1%	National	>=90%	-	<90%	CMO	<div></div>
	National	QEF1.2	Dementia: Find, Assess, Investigate and Refer (Pt 2 - Investigate)	92.1%	89.7%	90.2%	95.1%	94.9%	85.7%	89.6%	95.6%	96.4%	93.5%	92.2%	93.9%	94.1%	92.7%	92.4%	National	>=90%	-	<90%	CMO	<div></div>
	National	QEF1.3	Dementia: Find, Assess, Investigate and Refer (Pt 3 - Refer)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	National	>=90%	-	<90%	CMO	<div></div>

* Cancer_this involves small numbers that can impact the variance of the percentages substantially.

NB - Theatre Utilisation is currently RED on the Data Quliaty Kite Mark - it will remain this way until the 4Eyes work has concluded and revised methodology agreed.

Worcestershire Acute Hospitals NHS Trust (WAHT)is committed to continuous improvement of data quality. The Trust supports a culture of valuing high quality data and strives to ensure all data is accurate, valid, reliable, timely, relevant and complete. This data quality agenda presents an on-going challenge from ward to Board. Identified risks and relevant mitigation measures are included in the WAHT risk register. This report is the most complete and accurate position available. Work continues to ensure the completeness and validity of data entry, analysis and reporting.

Data Quality Kite Mark Descriptions
Green - Reviewed in last 6 months and confidence level high.
Amber - Potential issue to be investigated
Red - DQ issue identified - significant and urgent review required.
Blue - Unknown - will be scheduled for review.
White - No data available to assign DQ kite mark



Worcestershire Acute Hospitals NHS Trust

Quality Metrics Overview



Reporting Period: May 2018

SAFE																							
Area	Indicator Type	Indicator		May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Current YTD	Prev Year	2018/19 Tolerances			SRO	Data Quality Kitemark
																			On Target	Of Concern	Action Required		
Incidents	Local	QPS3.3	Incidents - SI's open > 60 days (Awaiting closure - WAHT)	11	9	8	6	11	10	7	5	4	1	1	4	0			0	-	>0	CMO	
Falls	Local	QPS6.6	Falls: Total Falls Resulting in Serious Harm (In Month)	1	1	3	3	6	2	1	2	0	1	2	2	1	3	24	<=1	-	>=2	CNO	
VTE	National	QPS11.1	VTE Risk Assessment (as recorded in Bluespier and OASIS)	94.74%	94.34%	94.25%	90.73%	91.52%									94.46%	92.88%	>=95%	94% - 94.9%	<94%	CMO	
	National	QPS11.2	VTE Risk Assessment (as recorded in OASIS only - Aug-17 onwards)						93.64%	94.21%	89.64%	92.42%	91.85%	90.65%	93.74%	95.13%			>=95%	94% - 94.9%	<94%	CMO	
Never Events	National	QPS4.1	Never Events	0	0	0	1	0	0	1	0	0	0	0	0	0	0	2	0	-	>0	CMO	
Pressure Ulcers	Contractual	QPS7.5	Pressure Ulcers: New Pts. with Hosp. Acq. Grade 3 Avoidable (Monthly)	2	2	1	1	1	2	1	1	2	2	2	2	1	4	17	0	1 - 3	>=4	CNO	
	Contractual	QPS7.7	Pressure Ulcers: New Pts. with Hosp. Acq. Grade 4 Avoidable (Monthly)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	>=1	CNO	
Infection Control	National	QPS12.1	Clostridium Difficile (Monthly)	1	3	4	3	7	3	3	0	3	1	3	3	2	5	33	17/18 Threshold <= 32 18/19 Threshold <= 31			CNO	
	National	QPS12.4	MRSA Bacteremia - Hospital Attributable (Monthly)	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	-	>0	CNO	
	National	QPS12.131	MRSA Patients Screened (High Risk Wards Only) - Elective	97.4%	95.8%	96.4%	95.6%	98.0%	96.1%	97.4%	97.6%	95.1%	98.8%	97.3%	96.8%	95.50%	1		>=95	-	<95%	CNO	
	Contractual	QPS12.14	Ecoli Cases (Trust Attributable)	8	8	6	5	9	4	0	4	3	3	4	5	5	10	62	-	-	-	CNO	
C-Sections	Contractual	MCS1.2	Emergency Caesareans	16.7%	15.9%	14.7%	18.4%	18.5%	16.0%	14.9%	17.3%	18.1%	18.9%	15.5%	12.6%	14.1%	13.4%	16.1%	<=15.2%		>15.2%	CNO	

EFFECTIVE																							
Mortality	National	QPS9.81	Mortality - HSMR - All Diagnostic Groups - rolling 12 months*	106.17	104.73	102.67	103.87	102.50	102.80	102.28	103.74	104.55	104.82				-	-	<=100	-	-	DPS	
	National	QPS9.1	Mortality - SHMI (HED tool) Inc. deaths 30 days post discharge - rolling 12 months*	103.15	102.55	100.89	101.25	103.22	101.48	101.05	103.62						-	-	-	-	-	DPS	
	National	QPS9.23	% Primary Mortality Reviews returned within 30 days of issue (from month assigned)	18.20%	36.80%	38.90%	42.40%	53.10%	54.97%	51.85%	18.13%	56.28%	52.59%	45.11%	34.16%				>=60%	-	<60%	DPS	
	National	QPS9.25	Number of issued Primary Reviews not completed (backlog - based on month assigned)						189	235	317	290	335	382	393				-	-	-	DPS	
EMSA	National	QEX3.1	EMSA - Eliminating Mixed Sex Accommodation	34	34	40	33	37	46	47	59	50	39	32	55	62	174	487	0	-	>0	CNO	
NOF	National	QEF3.1	Hip Fracture - Time to Theatre <= 36 hrs (%)	90.74%	76.67%	85.96%	67.12%	79.31%	80.00%	85.19%	81.33%	80.95%	80.65%	81.48%	73.33%	79.10%		81.4%	>=85%	-	<85%	CMO	
	National	QEF3.2	Hip Fracture - Time to Theatre <= 36 hrs (%) - Excl. Unfit/Non-Operative Pts	96.08%	97.87%	94.23%	79.03%	92.00%	88.89%	100.00%	92.42%	94.44%	94.34%	89.80%	83.02%	84.13%		91.9%	>=85%	-	<85%	CMO	
Audits	Local	QR1.9	% Of NICE assessments completed within 12 weeks following publication	81.0%	81.0%	81.0%	81.0%	75.0%	81.0%	78.0%	85.0%	82.0%	84.0%	85.5%					>95%	20% - 94%	<20%	CNO	
	Local	QR1.16	% of NICE assessments completed within 10 weeks (8 weeks wef 1/9/18, 6 weeks wef 1/4/19)												46.2%	74.6%			>=85%	84%- 75%	<75%	CMO	
	Local	QR1.12	Implement recommendations arising from NCEPOD*																>=90%	89-80%	<80%	CMO	
	Local	QR1.13	Complete an annual programme of local clinical audit												0.0%	1.0%			>=60%	59%- 50%	<50%	CMO	
	Local	QR1.14	Participate in all relevant national clinical audits that the trust is eligible to participate in.												94.0%	95.0%			>=94%	93-90%	<90%	CMO	

* NCEPOD - currently not active as no reports are due

CARING																							
Friends & Family	National	QEX2.1a	Friends & Family - A&E (% Recommend)					89.98%	91.11%	91.84%	85.62%	78.95%	73.60%	73.75%	80.13%	80.35%	-	-	>=95%	85% - 94%	<85%	CNO	
	National	QEX2.2	Friends & Family - A&E (Response Rate %)	2.60%	3.21%	4.92%	5.35%	4.71%	5.12%	4.97%	3.54%	1.3%	6.10%	3.59%	6.64%	5.72%	6.40%	-	>=20%	-	<20%	CNO	
	National	QEX2.61a	Friends & Family - Acute Wards (% Recommend)					94.88%	93.79%	96.72%	93.75%	95.21%	94.84%	93.58%	96.27%	94.45%	-	-	>=95%	85% - 94%	<85%	CNO	
	National	QEX2.62	Friends & Family - Acute Wards (Response Rate %)	9.31%	10.48%	8.58%	8.93%	8.65%	7.32%	8.63%	5.18%	6.79%	9.30%	5.65%	7.51%	8.69%	11.3%	-	>=30%	-	<30%	CNO	
	National	QEX2.7a	Friends & Family - Maternity (% Recommend)					98.56%	96.78%	99.01%	95.64%	97.02%	97.51%	98.73%	98.68%	98.26%	-	-	>=95%	85% - 94%	<85%	CNO	
	National	QEX2.8	Friends & Family - Maternity (Response Rate %)	31.32%	32.78%	23.13%	23.28%	32.31%	22.60%	15.38%	19.61%	34.04%	34.93%	19.14%	30.18%	26.56%	26.5%	-	>=30%	-	<30%	CNO	
	National	QEX2.10a	Friends & Family - Outpatients (% Recommend)					93.73%	94.52%	94.96%	91.23%	91.79%	92.17%	92.39%	92.44%	92.60%	-	-	>=95%	85% - 94%	<85%	CNO	
	National	QEX2.11	Friends & Family - Outpatients (Response Rate %)	3.03%	3.04%	3.28%	2.60%	2.66%	2.95%	2.63%	1.70%	3.67%	5.69%	4.13%	5.32%	4.40%	4.59%	-	>=10%	-	<10%	CNO	

RESPONSIVE																							
Complaint Management	Local	QEX1.24	Formal Complaints - Received In Month	60	48	42	49	50	55	69	31	62	52	56	55	61	160	607	-	-	-	CNO	
	Local	QEX1.37	Formal Complaints - % responded within 25 days (closed in month)	34.00%	41.82%	37.50%	31.15%	42.50%	42.42%	52.63%	40.43%	44.26%	53.33%	78.57%	77.78%	81.08%			>=80%	70-79%	<=69%	CNO	
	Local	QEX1.41	Formal Complaints - % of further concerns received	10.0%	18.8%	11.9%	8.2%	6.0%	9.1%	1.5%	12.9%	5.0%	4.0%	0.0%	0.0%	3.0%			<10%	-	>=10%	CNO	

* NCEPOD - currently not active as no reports are due

CARING																							
Friends & Family	National	QEX2.1a	Friends & Family - A&E (% Recommend)					89.98%	91.11%	91.84%	85.62%	78.95%	73.60%	73.75%	80.13%	80.35%	-	-	>=95%	85% - 94%	<85%	CNO	
	National	QEX2.2	Friends & Family - A&E (Response Rate %)	2.60%	3.21%	4.92%	5.35%	4.71%	5.12%	4.97%	3.54%	1.3%	6.10%	3.59%	6.64%	5.72%	6.40%	-	>=20%	-	<20%	CNO	
	National	QEX2.61a	Friends & Family - Acute Wards (% Recommend)					94.88%	93.79%	96.72%	93.75%	95.21%	94.84%	93.58%	96.27%	94.45%	-	-	>=95%	85% - 94%	<85%	CNO	
	National	QEX2.62	Friends & Family - Acute Wards (Response Rate %)	9.31%	10.48%	8.58%	8.93%	8.65%	7.32%	8.63%	5.18%	6.79%	9.30%	5.65%	7.51%	8.69%	11.3%	-	>=30%	-	<30%	CNO	
	National	QEX2.7a	Friends & Family - Maternity (% Recommend)					98.56%	96.78%	99.01%	95.64%	97.02%	97.51%	98.73%	98.68%	98.26%	-	-	>=95%	85% - 94%	<85%	CNO	
	National	QEX2.8	Friends & Family - Maternity (Response Rate %)	31.32%	32.78%	23.13%	23.28%	32.31%	22.60%	15.38%	19.61%	34.04%	34.93%	19.14%	30.18%	26.56%	26.5%	-	>=30%	-	<30%	CNO	
	National	QEX2.10a	Friends & Family - Outpatients (% Recommend)					93.73%	94.52%	94.96%	91.23%	91.79%	92.17%	92.39%	92.44%	92.60%	-	-	>=95%	85% - 94%	<85%	CNO	
	National	QEX2.11	Friends & Family - Outpatients (Response Rate %)	3.03%	3.04%	3.28%	2.60%	2.66%	2.95%	2.63%	1.70%	3.67%	5.69%	4.13%	5.32%	4.40%	4.59%	-	>=10%	-	<10%	CNO	

RESPONSIVE																							
Complaint Management	Local	QEX1.24	Formal Complaints - Received In Month	60	48	42	49	50	55	69	31	62	52	56	55	61	160	607	-	-	-	CNO	
	Local	QEX1.37	Formal Complaints - % responded within 25 days (closed in month)	34.00%	41.82%	37.50%	31.15%	42.50%	42.42%	52.63%	40.43%	44.26%	53.33%	78.57%	77.78%	81.08%			>=80%	70-79%	<=69%	CNO	
	Local	QEX1.41	Formal Complaints - % of further concerns received	10.0%	18.8%	11.9%	8.2%	6.0%	9.1%	1.5%	12.9%	5.0%	4.0%	0.0%	0.0%	0.0%	3.0%			<10%	-	>=10%	CNO

* A new electronic mortality review system was introduced at the end on May - this means previous months are not comparable. PMR reporting is based on the month assigned and reported a month in arrears.

** There has been a change in methodology for FFT - the 'score' now represents % recommended (where the response was either extremely likely or likely)

Worcestershire Acute Hospitals NHS Trust (WAHT)is committed to continuous improvement of data quality. The Trust supports a culture of valuing high quality data and strives to ensure all data is accurate, valid, reliable, timely, relevant and complete. This data quality agenda presents an on-going challenge from ward to Board. Identified risks and relevant mitigation measures are included in the WAHT risk register. This report is the most complete and accurate position available. Work continues to ensure the completeness and validity of data entry, analysis and reporting.

Data Quality Kite Mark Descriptions
Green - Reviewed in last 6 months and confidence level high.
Amber - Potential issue to be investigated
Red - DQ issue identified - significant and urgent review required.
Blue - Unknown - will be scheduled for review.
White - No data available to assign DQ kite mark



Worcestershire Acute Hospitals NHS Trust
People & Culture Scorecard



As at 31 May 2018

DATA FROM OLM - run 14 June 2018								
Metric	Description	31/03/2016	31/03/2017	31/03/2018	30/04/2018	31/05/2018	Target	Trend from last month
Establishment	Trust wide establishment for M2 2018/19			5672.36		5884.86	NB. Registered Nursing establishment increased by 41.05 wte from M12	
	Difference in establishment from M12 to M2					212.50		
Staff In Post (SIP)	Contracted SIP (FTE)	5,080.09	5,104.18	5,199.57	5,212.41	5,211.93	5884.86	↓ -0.48
Vacancy Rate	Overall Vacancy Rate			7.00%	7.00%	11.00%	7%	↑ 4.00%
	Medics Overall	16%	20%	16.23%	14.71%	14.95%	10%	↑ 0.24%
	Consultant	11%	15%	14.13%	13.54%	11.42%	15%	↓ -2.12%
	Other Medics	20%	24%	19.08%	17.19%	17.71%	10%	↑ 0.52%
	Registered Nursing and Midwifery	7.13%	8.38%	7.46%	12.04%	10.53%	7%	↓ -1.51%
	Registered Nursing	7.83%	9.97%	6.94%	6.77%	12.10%	7%	↑ 5.33%
	Registered Midwifery			-0.48%	-10.31%	-2.06%	7%	↑ 8.25%
	AHP'S			4.69%	5.35%	7.85%	7%	↑ 2.50%
	Scientific, Therapeutic and Technical			4.16%	3.19%	6.72%	7%	↑ 3.53%
	Ancillary			10.03%	10.79%	9.89%	7%	↓ -0.90%
	Senior Managers			9.37%	8.40%	6.13%	7%	↓ -2.27%
	Administrative and Clerical			6.10%	4.80%	7.25%	7%	↑ 2.45%
Staff FFT - Recommend Trust as a place to Work	2017 Staff Opinion Survey provisional results	51%	48%	50%	50%	50%	60 % QH average	→ 0.00%
PDR Compliance	Medical	82%	82%	89%	89%	85%	85%	↓ -4.00%
	Non Medical	80%	76%	66%	66%	64%	85%	↓ -2.00%
Up to date Job Plans	All Medical staff	68%	61%	67%	70%	69%	100%	↓ -1.00%
	Consultants			72%	75%	73%	100%	↓ -2.00%
	SAS Doctors			41%	43%	46%	100%	↑ 3.00%
Mandatory Training Compliance	Overall Training Compliance			89%	84%	84%	90%	→ 0.00%
	Reduction in overall training compliance in Month 1 is due to move from Corporate Dashboard to OLM Competencies levels as confirmed with NHSJ (at base)							
	Information Governance	87%	90%	94%	90%	91%	95%	↑ 1.00%
	Fire	85%	82%	81%	81%	81%	90%	→ 0.00%
	Health & Safety	75%	85%	84%	85%	85%	90%	→ 0.00%
	Conflict Resolution	81%	87%	88%	88%	88%	90%	→ 0.00%
	Equality & Diversity	74%	69%	69%	69%	69%	90%	→ 0.00%
	Infection Control L1	85%	77%	89%	88%	89%	90%	↑ 1.00%
	Infection Control L2			67%	68%	68%	90%	→ 0.00%
	Moving & Handling L1	90%	88%	88%	88%	88%	90%	→ 0.00%
	Moving and Handling L2			77%	74%	72%	90%	↓ -2.00%
	Safeguarding Children L1	88%	80%	99%	99%	99%	90%	→ 0.00%
	Safeguarding Children L2			63%	63%	63%	90%	→ 0.00%
	Safeguarding Children L3			59%	59%	61%	90%	↑ 2.00%
	Safeguarding Children L4			100%	75%	75%	90%	→ 0.00%
								→ 0.00%
	Safeguarding Children L5			100%	0%	0%	90%	→ 0.00%
								→ 0.00%
	Safeguarding Adults L1	96%	96%	87%	86%	85%	90%	↓ -1.00%
	Safeguarding Adults L2			59%	59%	61%	90%	↑ 2.00%
	Safeguarding Adults L3			1%	4%	6%	90%	↑ 2.00%
	Safeguarding Adults L4			100%	100%	100%	90%	→ 0.00%
	Safeguarding Adults L5			33%	33%	33%	90%	→ 0.00%
	Resuscitation L1			72%	82%	86%	90%	↑ 4.00%
	Resuscitation L2 Basic Life Support	85%	85%	86%	85%	83%	90%	↓ -2.00%
	NLS L4 Newborn Life Support			58%	74%	76%	90%	↑ 2.00%
	EPLS L4			74%	76%	77%	90%	↑ 1.00%
	ALS L4 Advanced Life Support			63%	68%	68%	90%	→ 0.00%
	Preventing Radicalisation L1			86%	84%	84%	85%	→ 0.00%
	Preventing Radicalisation L2			89%	87%	87%	85%	→ 0.00%
	Preventing Radicalisation L3 (WRAP)			52%	54%	57%	85%	↑ 3.00%
	Preventing Radicalisation L4 (WRAP)			100%	100%	100%	85%	→ 0.00%
	Preventing Radicalisation L5 (WRAP)			100%	100%	100%	85%	→ 0.00%
	MCA and DoLS L1			64%	65%	65%	90%	→ 0.00%
	MCA and DoLS L2			47%	49%	52%	90%	↑ 3.00%
	MCA and DoLS L3	Training not yet provided at this level in the Trust		0%	0%	0%	90%	→ 0.00%
	MCA and DoLS L4			0%	0%	0%	90%	→ 0.00%
Turnover	Annual Turnover	12.97%	12.57%	11.04%	11.07%	10.90%	10-12%	↓ -0.17%
	Monthly Turnover			1.02%	0.80%	0.66%	0.95%	↓ -0.14%
	Retention/stability index			90.08%	89.71%	89.98%	85.70%	↑ 0.27%
Sickness Absence	Monthly sickness absence	4.06%	4.06%	3.93%	3.75%	3.63%	4.59% (Model Hospital)	↓ -0.12%
	Cumulative Sickness over 12 months			4.17%	4.15%	4.14%	4.59%	↓ -0.01%
Agency as a % of Gross Cost*	All staff groups	13.12%	9.36%	6.89%	6.44%	6.79%	7%	↑ 0.35%
Bank as a % of Gross Cost *	All staff groups	3.56%	4.01%	10.15%	7.50%	7.39%	7%	↓ -0.11%
NOTES: Vacancy rate is an in month value only Gross Pay Costs = Gross Staffing Costs Registered nursing and midwifery vacancy rate includes Nurses & Midwives Band 5 and above Agency as a % of gross pay cost = this is all agency for all staffing types No exclusions for sickness, maternity or career break are made to Mandatory Training figures; New starters in last 12 month are excluded from PDR %								
KEY TO COLUMN G	TARGET MET		GREY BOXES ARE NOT APPLICABLE OR NOT AVAILABLE	KEY TO COLUMN I		PERFORMANCE IMPROVED		
	WITHIN 3% OF TARGET					PERFORMANCE DETERIORATED		
	TARGET NOT MET					PERFORMANCE UNCHANGED		
						-1	ARROW DEPICTS DIRECTION OF TRAVEL	

Finance Report

Jill Robinson

Chief Finance Officer

17th July 2018

May 2018

Month 2

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Income & Expenditure Overview – M2

In Month

At the end of May the Trust is reporting an in month pre Provider Sustainability Fund (PSF) deficit of £5.19m, which is £0.32m worse than plan.

As a result of not achieving the pre PSF plan, the Trust has not received the financial or operational elements of the month 2 PSF (£890k).

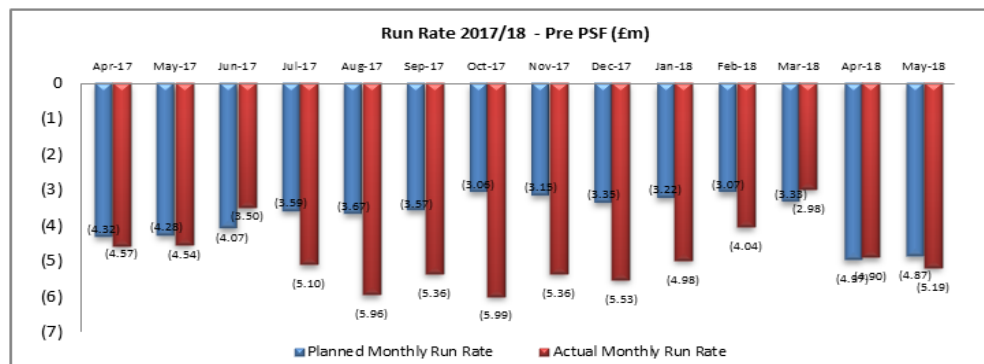
The Trust has assumed the month 1 financial element of the PSF will not be retained due the deterioration of the financial position, therefore this has been removed in month 2.

Including PSF increases the deficit to £5.82m against a £3.98m deficit plan resulting in a £1.83m post PSF adverse variance.

Income & Expenditure	May 18 (Month 2)			Year to Date			Full Year
	Plan £000s	Actual £000s	Var £000s	Plan £000s	Actual £000s	Var £000s	NHSI Plan £000s
Operating Revenue & Income							
Patient Care Revenue (pre PSF)	28,212	27,653	(559)	56,423	55,395	(1,028)	339,000
Other Operating Income	2,249	2,388	139	4,484	4,585	101	27,367
Non PBR Drugs	3,241	3,006	(235)	6,483	6,132	(351)	38,904
Non PBR Devices	322	341	19	643	673	30	3,852
Total Operating Revenue pre PSF	34,024	33,388	(636)	68,033	66,785	(1,248)	409,123
Operating Expenses							
Pay	(22,903)	(22,675)	228	(45,709)	(45,238)	471	(271,703)
Non Pay	(10,356)	(10,493)	(137)	(20,887)	(20,722)	166	(108,899)
Non PBR Drugs	(3,242)	(3,010)	232	(6,483)	(6,132)	351	(38,651)
Non PBR Devices	(321)	(341)	(20)	(643)	(665)	(22)	(3,864)
Total Operating Expenses	(36,822)	(36,519)	303	(73,722)	(72,757)	966	(423,117)
EBITDA *	(2,798)	(3,131)	(333)	(5,689)	(5,972)	(282)	(13,994)
EBITDA %	-8.2%	-9.4%		-8.4%	-8.9%		-3.4%
Depreciation	(822)	(822)	0	(1,644)	(1,644)	0	(10,928)
Net Interest, Dividends & Gain/(Loss) on asset disposal	(1,262)	(1,250)	12	(2,524)	(2,500)	23	(15,174)
Impairment Loss	0	0	0	0	0	0	0
Reported Total Surplus / (Deficit)	(4,882)	(5,203)	(321)	(9,857)	(10,116)	(259)	(40,096)
Less Impact of Donated Asset Accounting	9	9	0	18	18	0	90
Surplus / (Deficit) against Control Total pre PSF	(4,873)	(5,194)	(321)	(9,839)	(10,098)	(259)	(40,006)
PSF	890	(623)	(1,513)	1,780	0	(1,780)	17,806
Surplus / (Deficit) against Control Total inc PSF	(3,983)	(5,817)	(1,834)	(8,059)	(10,098)	(2,039)	(22,200)

* EBITDA = earnings before interest, tax, depreciation and amortisation

Monthly (Deficit) / Surplus Run Rate



At the end of May the Trust is reporting an in month pre Provider Sustainability Fund (PSF) deficit of £5.19m, which is £0.32m worse than plan. As a result of not achieving the pre PSF plan, the Trust has not received the financial or operational elements of the PSF (£890k). The Trust has assumed the month 1 financial element of the PSF will not be retained due the deterioration of the financial position, therefore this has been removed in month 2. Including PSF increases the deficit to £5.81m against a £3.98m deficit plan resulting in a £1.83m post PSF adverse variance.

The overall run rate has declined by £0.3m from April 18. Allowing for c£0.1m of enhancement costs due to the additional bank holiday, the primary reasons for the deterioration is an increase in temporary nursing - despite the closure of Evergreen 2. Non pay costs also increased driven by increased T&O loan kit expenditure and Radiology reporting sent out of the Trust. Fortnightly confirm and challenge meetings continue with increased scrutiny to address the deteriorating financial position.

Adverse variances from reduced levels of activity versus the plan have been partially offset by vacancies and slippage against business cases. Page 4 includes further supporting detail.

2018/19 – M2 Key Variances (Pre PSF)

Key Variances	M1 £m	M2 £m	Themes	Key Planned Actions, Operational Lead and Timescales
Reduced levels of patient care income (net of marginal cost of delivery) <ul style="list-style-type: none"> HDU (£0.05m) Day case and Electives including endoscopy (£0.6m) BPT (£0.1m) 	(£0.6m)	(£0.7m)	<ul style="list-style-type: none"> Change in HDU pathways Productivity/capacity ESTC impact Delivery of growth 	<ul style="list-style-type: none"> Validation of capture of activity following ward reconfiguration Increase visibility of the Four eyes weekly theatre tracker – incorporate within the FRP tracker into Executive Team Assessment of vacant Surgeon posts ESTC - output from General Surgery job planning exercise and agree tariff with Commissioners Maximise productivity of existing sessions
Increased nursing costs Temporary nursing costs have increased, despite a reduction in occupied adult in-patient beds.	-	(£0.1m)	Predominately Medicine driven by – 7.94wte increased specialising, increased vacancies as a result of 8 wte suspensions and additional capacity costs continuing despite Evergreen 2 closure.	Medicine – meeting held on the 15 th June with DDN and finance to review M2 results and ascertain controllable and uncontrollable factors. Nursing grip and control under review – scoping lead time for agency booking and enhancing performance management of e rostering metrics.
Increased non pay costs: Theatre loan kit in Trauma & Orthopaedics - £55k Radiology external reporting £57k (net of vacancies offsetting this pressure, actual increase c£80K)	-	(£0.11m)	Loan Kit £55k <ul style="list-style-type: none"> Increase in loan kit expenditure driven by case mix (revisions), adherence to controls and potentially impact of standardising elective prosthesis to a single supplier. Radiology external reporting £57k <ul style="list-style-type: none"> Impact of 2 week wait cancer diagnostic turnarounds. Reporting requirements for cancer patients has moved from 7 days to 2 days (end of March 18), there is already a significant shortfall in reporting capacity. To meet these targets, cancer scans are being sent to an external third party provider to be reported. 	Loan Kit <ul style="list-style-type: none"> Audit of loan kit against agreed controls – 6th July Clinical lead to project volume of revisions for remainder of year and plan to manage finances accordingly. – 13th July Clinical lead to refresh and reissue the loan kit approval process. Procurement and Finance to confirm whether any April/May loan kit costs can be retrospectively reclaimed – end August 18. Radiology <ul style="list-style-type: none"> Weekly meetings with directorate team Briefing paper going to Exec team to show the impact of the recent decision to “carve out” capacity to reduce delay in 2ww Cancer Pathway Detailed demand and capacity for reporting, forward look of reporting gaps and external reporting requirements
Provision of additional capacity – offset by income (includes Evergreen 2, Ward 11 and 18 Endoscopy unit)	-	-	<ul style="list-style-type: none"> Evergreen 2 remained open in April – now closed Ward 11, 18 and Endoscopy continue Usage of premium staff to support surge areas – eg Thornbury 	Alignment with flow projects
Vacancies (Divisional vacancies over and above previous year averages)	£0.25m	£0.27m	<ul style="list-style-type: none"> Corporate £80k – Non Clinical SCSD £57k – ST&T Pharmacy/Radiology Surgery £79k – ST&T Audiology Women's & Children's £35k – Medics & Nursing AMIT £13k – Non Clinical 	Ongoing vacancy management via the updated approval to recruit process – linkage with the Transformational Steering Group work. Assessment of new roles.
Slippage against Business Cases (Revenue expenditure)	£0.33m	£0.34m	<ul style="list-style-type: none"> Revenue budgets held centrally pending further review/implementation 	Review business cases implementation with COO

Income Summary

Month 2 – April 2018

Income including PSF was £2.1m below plan in May. Excluding PSF £0.6m adverse.

Inpatients was £0.6m adverse in May:

- Day case activity 1% below plan
- Elective activity 10% below plan
- Emergency activity 5% below plan

Outpatients £0.2m favourable, ED/MIU was breakeven, Maternity is £0.2m and other income £0.1m is adverse.

Other Operating Income is £0.1m favourable.

Provider Sustainability Fund (PSF) is £1.5m adverse; Trust has not met the control total or the performance target in May

Income – The combined total reported income (including PSF) is **£3.0m below the YTD plan**. Prior to PSF funding there was an underperformance of **£1.2m at the end of May**.

Key movements in May:

Inpatients £0.6m adverse – Emergencies were breakeven, Day cases £0.2m and Electives £0.4m were adverse;.

Emergency activity 5% below plan – General Medicine £0.1m and T&O £0.1m offset by previous month coding impact £0.2m adverse (uncoded activity was 30% in May).

Day case activity was 1% below plan; endoscopy -£40k (inpatient in endoscopy suite offset by the insourcing), -£70k previous months coding impact and Cardiology was -£27k adverse.

Elective activity 10% below plan; surgical areas -£0.4m. T&O -£192k (driven by vacancies –hand and lower limb), General Surgery -£77k and Urology -£54k.

Outpatients £0.2m favourable; Medicine £69k (higher new attendances), Surgery £65k, SCS £21k and W&C £21k.

ED/MIU is breakeven and **Maternity** -£260k (-£145k Deliveries and -£115k Post/Antenatal were on plan). **Other Income -£0.1m**; Drugs -215k and Critical Care £117k (long staying patients). **Other Operating Income** £139k; NHSI special measures funding and private patient/overseas income.

PSF Funding £1.5m adverse – Financial control and the performance target (30% - Emergency Access Standard) has not been met in May and YTD. The PSF is assessed quarterly, therefore April's financial control element has been reversed in May.

CQUINs – Total CQUIN is worth £7.9m; Worcestershire CCGs £6.5m; Associate CCGs £0.6m and NHS England £0.8m. Failure to deliver the CQUIN targets will result in a risk to payments, albeit the £6.5m for the Worcestershire CCGs is mitigated through the cap/collar arrangement. PMO are working with the leads within the Trust to ensure that the milestones targets are met each quarter.

By Commissioner: Over-performance reported against Worcestershire CCG contract plan £315k (before Cap/Collar/Other adjustments). NHS England contract is (Prescribed Services/Dental/Screening) is £0.7m below plan (Prescribed Services - Inpatients, Critical Care and Unbundled Chemotherapy). Associate contracts -£180k; Birmingham Solihull -£110k, South Warwickshire -£140k and Herefordshire CCG +£66k.

	In Month				YTD			
	Plan £'000	Actual £'000	Var £'000	% £'000	Plan £'000	Actual £'000	Var £'000	% £'000
Inpatient	13,952	13,330	(622)	(4%)	26,935	25,926	(1,008)	(4%)
Outpatient	3,838	4,027	189	5%	7,341	7,625	284	4%
ED/MIU	1,842	1,855	13	1%	3,619	3,554	(65)	(2%)
Maternity	2,225	1,965	(260)	(12%)	4,224	3,942	(282)	(7%)
Paediatrics	1,194	1,227	33	3%	2,335	2,422	88	4%
Other	8,722	8,596	(126)	(1%)	19,095	18,731	(364)	(2%)
Patient Care Income	31,774	31,000	(774)	(2%)	63,548	62,200	(1,348)	(2%)
Other Operating Income	2,249	2,388	139	6%	4,484	4,585	101	2%
Patient Care & Other Operating Income	34,023	33,388	(635)	(2%)	68,032	66,785	(1,247)	(2%)
PSF	890	(623)	(1,513)	(170%)	1,780	0	(1,780)	(100%)
Total Income	34,913	32,765	(2,148)	-6%	69,812	66,785	(3,027)	-4%

Note the table above reflects the adjusted Cap/Collar position based on the annual phased limits – Collar 270.4m and Cap £277.9m

Pay Expenditure Month 2 – May 2018

Pay expenditure in May was £22.7m, an under spend against plan of £0.2m.

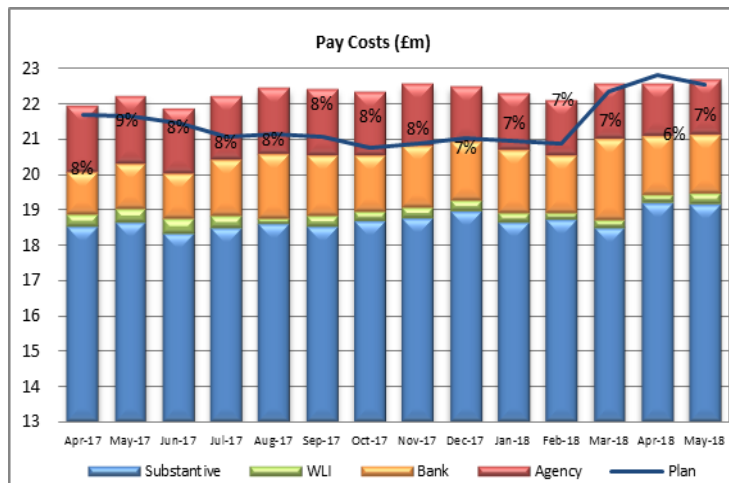
- Substantive pay spend was £19.1m (inc additional sessions).
- Bank pay spend was £1.68m.
- Agency pay spend was £1.53m.

The overall run rate on pay increased by £0.1m as a result of an additional bank holiday and increased temporary spend.

Temporary nursing costs increased in May – despite a reduction in bed capacity.

In May total pay expenditure was £22.7m, which is a favourable variance to plan of £0.2m. The May run rate increased by £0.1m as a result of an additional bank holiday and increased temporary spend.

FT Subjective	May-18			Year to Date		
	Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Medics - Consultants	(3,922)	(3,440)	483	(7,846)	(6,939)	907
Medics - Other	(2,280)	(1,878)	402	(4,563)	(3,745)	818
Medics - Agency / Bank	(626)	(1,429)	(803)	(1,260)	(2,916)	(1,656)
Total Medics Pay	(6,828)	(6,747)	82	(13,670)	(13,601)	69
Non Clinical	(3,443)	(3,340)	103	(6,848)	(6,635)	213
Non Clinical - Agency / Bank	(13)	(57)	(44)	(48)	(126)	(77)
Total Non Clinical Pay	(3,455)	(3,396)	59	(6,896)	(6,761)	135
Nursing & Midwifery	(8,683)	(7,820)	863	(17,712)	(15,620)	2,092
Nursing & Midwifery - Agency / Bank	(699)	(1,571)	(872)	(982)	(3,065)	(2,083)
Total Nursing Pay	(9,382)	(9,391)	(9)	(18,694)	(18,685)	9
ST&T	(3,110)	(2,903)	207	(6,198)	(5,774)	424
ST&T - Agency / Bank	(45)	(157)	(112)	(90)	(254)	(164)
Total ST&T Pay	(3,155)	(3,059)	96	(6,288)	(6,029)	260
Other	(82)	(82)	1	(162)	(163)	(1)
Total Other Pay	(82)	(82)	1	(162)	(163)	(1)
TOTAL PAY	(22,903)	(22,675)	228	(45,709)	(45,238)	471



Percentages shows proportion of agency spend against total spend.

Key Budget Variances:

Consultants – Substantive

Under spending on substantive Consultants is due to vacant posts. Specialties with more than 4 wte vacant Consultant positions include A&E, Elderly Care and SIFT WRH.

Medics Other – Substantive

As with Consultants, under spending on other medical staffing is a result of vacancies. Specialties with more than 6 wte vacancies include A&E, Acute Medicine, Elderly Care, General Surgery, Madel, Paediatrics and T&O.

Favourable variances against substantive posts are offset by the costs incurred by bank and agency staff to cover these vacancies. Temporary staffing budget lines have been set to include the premium element of covering posts to a level equivalent to the underlying average spend incurred in 2017/18.

The overall medics run rate reduced by £0.1m from M1 driven by the one off retrospective shifts that had been reported in M1.

Nursing – At month 2 the Trust reports 330.11wte nursing vacancies across both trained and untrained staff. This increased level of vacancies is as a result of funding Evergreen 1 and recognising the additional wte investment following the ward reconfiguration. Specialties with more than 15 wte vacancies include A&E, Acute Medicine, Cardiology, Elderly Care, General Surgery, Theatres and T&O.

The overall nursing position is an adverse in month variance of £9k. Included within the adverse variance is the cost of providing additional capacity of £0.15m.

Scientific Technical & Therapeutic (ST&T)

Although ST&T remains within budget, pay costs increased from M1 by £90k due to temporary and substantive appointments.

Business cases – contained within the month 2 position is a favourable variance of £114k as a result of slippage against planned business cases. The split of the variance is Medics – £22k, Nursing –£37k, ST&T - £52k and Non Clinical - £3k

Non Pay Expenditure Month 2 – May 2018

In May non pay expenditure was £15.9m, an under spend against plan of £0.1m.

Underspends of £0.2m non pbr pass through items, £0.2m slippage on business cases and £0.1m reserves. Offset by £0.4m Increased levels of activity and slippage against 2017/18 FRP and 2018/19 CIP

The overall run rate on non pay increased on April driven by loan kit expenditure in T&O and activity sent out of the Trust in radiology, Pathology and Dermatology.

In May total non pay expenditure, excluding depreciation, PDC and interest payable, was £13.8m. Including these items total non pay expenditure is £15.9m.

FT Subjective	May-18			Year to Date		
	Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Clinical Supplies & Services	(3,816)	(3,954)	(138)	(7,801)	(7,768)	33
Drugs	(731)	(764)	(33)	(1,461)	(1,424)	37
Non PbR Drugs	(3,242)	(3,010)	232	(6,483)	(6,132)	351
Non PbR Devices	(321)	(341)	(20)	(643)	(665)	(22)
Establishment Expenses	(345)	(260)	85	(692)	(627)	66
General Supplies & Services	(594)	(564)	30	(1,148)	(1,212)	(64)
Other	(4,869)	(4,951)	(82)	(9,785)	(9,692)	93
TOTAL NON PAY	(13,918)	(13,844)	75	(28,014)	(27,519)	494
Depreciation	(822)	(822)	0	(1,644)	(1,644)	0
PDC - Dividend	0	0	0	0	0	0
Interest Payable	(1,266)	(1,250)	15	(2,531)	(2,501)	30
Interest Receivable	4	0	(4)	7	0	(7)
Impairment Losses	0	0	0	0	0	0
GRAND TOTAL	(16,002)	(15,916)	86	(32,181)	(31,663)	518

Run Rate Changes

The non pay line excluding Non PbR, depreciation, PDC and interest payable saw an increase of £0.2m in month. Including these items total non pay increased by £0.1m.

The key driver of the in month increase was loan kit expenditure in T&O and activity sent out of the Trust in radiology, Pathology and Dermatology.

Key Variances:

Clinical Supplies and Services.

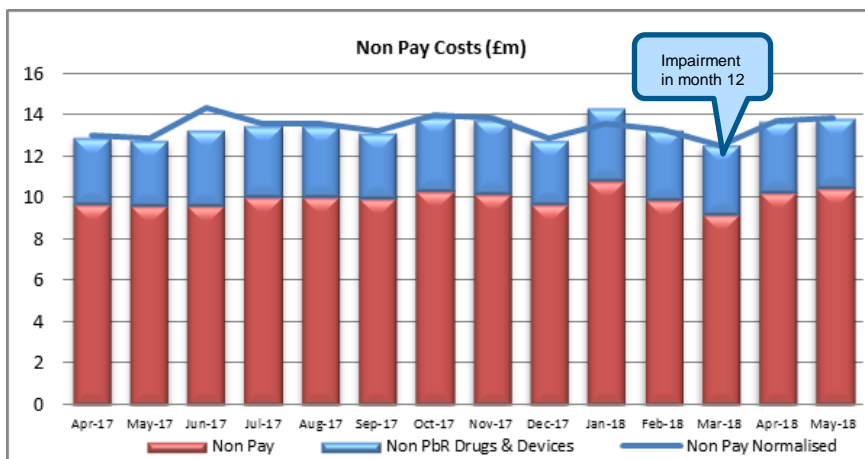
Expenditure on clinical supplies & services was £3.9m in month. The run rate for clinical supplies increased in month as a result of loan kit expenditure in T&O and activity sent out of the Trust in Pathology and Dermatology as a result of medical vacancies.

Non PbR Drugs.

Expenditure on Non PbR Drugs was £3.0m in month. The expenditure is £0.2m lower than plan and is attributable to lower activity levels.

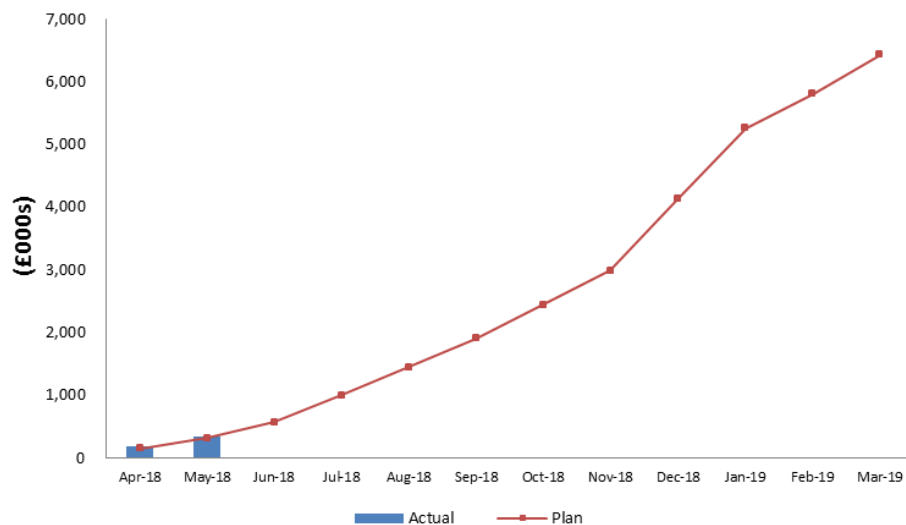
Other

Contained within the "Other" line are YTD underspends within AMIT relating to reclassification of invoices for Computercentre.

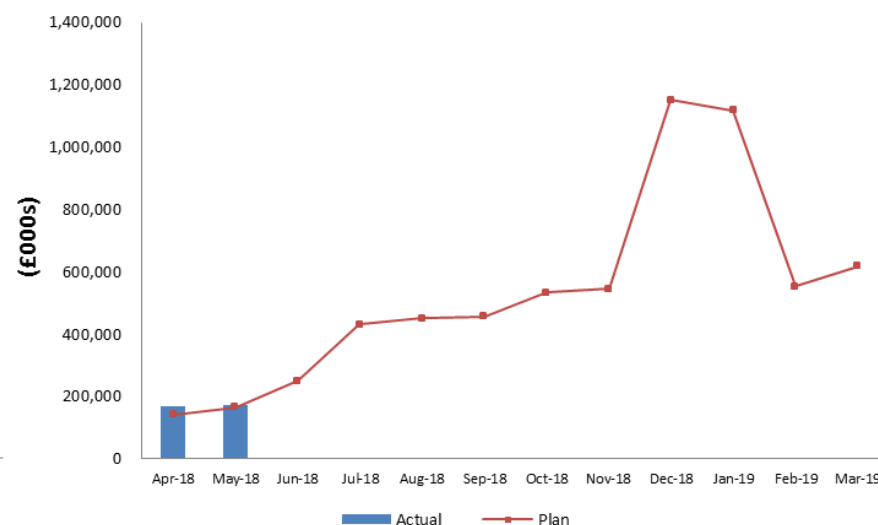


CIP Performance Month 2 – May 2018

CIP Plan vs Actuals Cumulative (Green Schemes)



CIP Plan vs Actuals (Green Schemes)



Status	In-year value (£'000s)
Delivered	343
Green	6,079
Amber	6,780
Red	2,563
Undocumented (black)	8,135
Total	23,900

Programmes	Blue	Green	Amber	Red	Black	Total (exc Black)
Productive Hospital	0	300	3,860	1,860	TBC	6,020
Workforce and People	0	156	2,720	0	TBC	2,876
Back Office and Infrastructure	130	3,324	0	703	TBC	4,157
Health System Collaboration	42	208	200	0	TBC	450
Divisional Additional Schemes	171	2,091	0	0	TBC	2,262
Totals	343	6,079	6,780	2,563	8,135	23,900

Balance Sheet

The balance sheet shows the assets, liabilities and equity held by the Trust and is used to assess the financial soundness of an entity in terms of liquidity risk, financial risk, credit risk and business risk.

May

In May the Balance Sheet is behind the plan by £1.8m

Significant variances this month include:

- Property, plant and equipment is £7.8m lower than plan. This is due to ASR PDC and loan funding not yet received.
- Pharmacy drugs stock is lower than planned this month by £2m.
- Trade and Other Receivables is £5.2m lower than plan mainly due to credits accrued for under-performance on CCG's main contracts (£3m).
- Trade and Other Payables is £11.9m lower than plan, mainly due to capital expenditure being lower than planned due to ASR PDC and capital loans not yet received.

	Budget	Actual	Fav/(Adv)
	£000s	£000s	£000s
Assets			
Property, Plant and Equipment, non current	185,821	178,560	(7,261)
PFI Property, plant & equipment, non current	88,456	88,219	(237)
Intangible Assets, non current	2,690	2,351	(339)
Trade and Other Receivables, non current	2,734	2,835	101
Total Non Current Assets	279,701	271,965	(7,736)
Inventories	11,882	8,993	(2,889)
Trade and Other Receivables, current	33,428	28,271	(5,157)
Other Assets, Current	0	0	0
Cash and Cash Equivalents	1,930	1,984	54
Assets Held for Sale	400	400	0
Total Current Assets	47,640	39,648	(7,992)
Total Assets	327,341	311,613	(15,728)
Current Liabilities			
Trade and Other Payables	(52,357)	(40,384)	11,973
Borrowings PFI	(1,756)	(1,756)	0
DH Revenue Support Loan	(54,771)	(54,771)	0
DH Capital Loan	(2,904)	(2,904)	0
Interest payable on DH Loans	(900)	(900)	0
Provisions	(828)	(812)	16
Other Liabilities	(1,607)	(2,798)	(1,191)
Total Current Liabilities	(115,123)	(104,325)	10,798
Net Current Assets/(Liabilities)	(67,483)	(64,677)	2,806
Non Current Liabilities			
Borrowings PFI	(60,704)	(60,704)	0
DH Revenue Support Loan	(117,414)	(117,531)	(117)
DH Capital Loan	(27,525)	(24,294)	3,231
Provisions	(2,960)	(2,960)	0
Other Liabilities	(3,214)	(3,214)	0
Total Non-Current Liabilities	(211,817)	(208,703)	3,114
Total Assets Employed	401	(1,415)	(1,816)
Financed by Taxpayers Equity:			
Public Dividend Capital	187,347	187,347	0
Revaluation reserve	69,238	69,238	0
Other reserves	(861)	(861)	0
I&E Reserve - Breakeven Performance	(218,015)	(219,831)	(1,816)
I&E Reserve - IFRS Transition and non breakeven	(37,308)	(37,308)	0
Total Taxpayers Equity	401	(1,415)	(1,816)

Cash

At the end of May the cash balance was £1.9m, as per the plan.

Interim Support/Borrowings

The Trust will require cash support in line with its planned deficit of £22.2m. In May the Trust received £2.446m of revenue support. Capital loans planned to be received in May were re-scheduled for June. In addition, the Trust will request £39.5m for principal repayment of revenue loans due in this financial year, or an alternative approach to be agreed with NHSI.

Total current and non-current borrowings as at May are summarised in the table below.

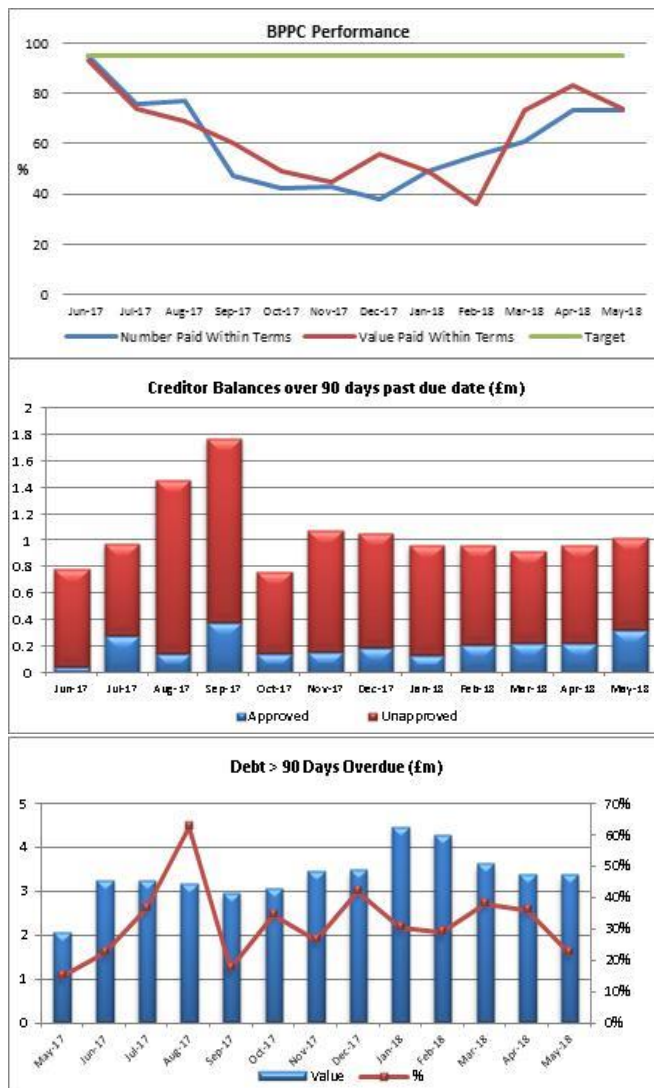
	Borrowing Balances		
	Capital	Revenue	Total
	£000s	£000s	£000s
Radiotherapy Loan	17,336		17,336
IT Infrastructure Loan	1,980		1,980
Emergency Department Loan	3,169		3,169
Capital Emergency Loan	4,713		4,713
Interim Revenue Support Loan		172,300	172,300
PFI Borrowings	62,460		62,460
Total borrowing	89,658	172,300	261,958

The Trust requested £3.331m in July and forecast to receive further £1m in August.

The working capital balance remains negative in May.

The Trust manages the cash flow through borrowing from DH on a monthly basis against I&E deficit.

The Trust doesn't hold a sufficient level of cash to cover its operating expenditure, meaning its liquidity ratio is a negative value. The shortage in cash is managed through reducing creditor payments, resulting in reduction of BPPC performance.



Better Payment Practice Code (BPPC) performance has deteriorated this month, and it is still below the national target of 95%. Only 73%, 6,250 invoices out of 8,538, and 74% value, £14.2m worth of invoices out of £19.3m were paid on time this month.

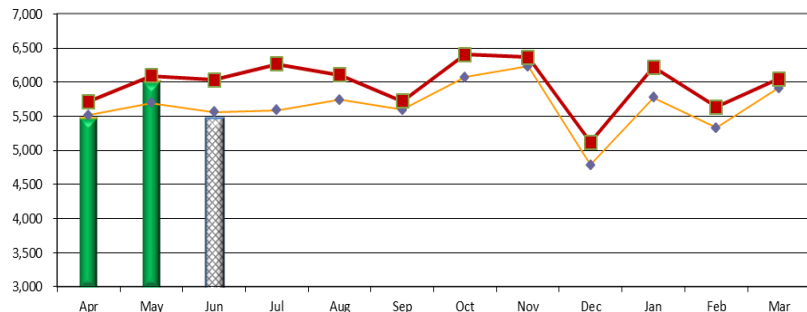
Outstanding creditors over 90 days past the due date have marginally increased this month. Unapproved invoices over 90 days of £698k remains high mainly due to disputed charges. The most significant aged creditors over 90 days overdue are Birmingham Women & Children £191k, Siemens £121k, UHB NHS FT £183k.

The debt over 90 days overdue remains at the same level this month with the value at the end of the month being £3.375m, 22% of the total debt. Debtors with most significant outstanding values over 90 days are South Worcs CCG £1125k, NHS Redditch and Bromsgrove CCG £274k, Birmingham Children & Women £155k, NHS Wye Forest CCG £149k, Wye Valley NHST £108k for ICT recharges, pharmacy gain share, maternity pathways, various SLA's.

Activity – Elective, Day Cases and Outpatients New

Daycase activity (includes Paediatrics and Chemotherapy delivery)

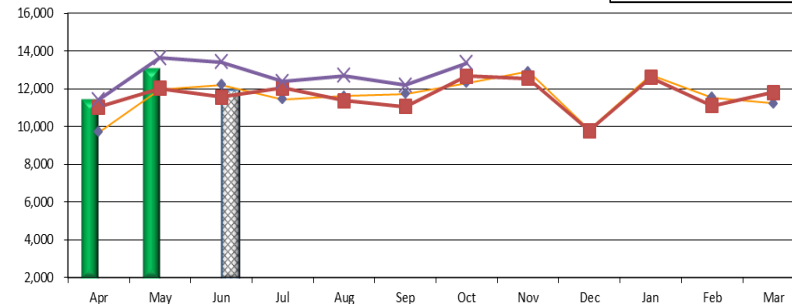
Forecast based upon activity up to 13th Jun



2017/18 Actual - Private Forecast 2018/19 Actual 2017/18 Actual 2018/19 Plan

Outpatient New Activity (includes Paediatrics)

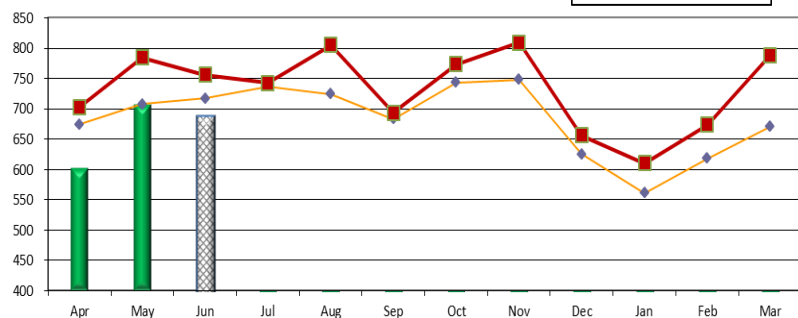
Forecast based upon activity up to 13th Jun



2018/19 Actual Forecast 2017/18 Actual 2018/19 Plan Referrals

Elective activity (includes Paediatrics)

Forecast based upon activity up to 13th Jun



2017/18 Actual - Private Forecast 2018/19 Actual 2017/18 Actual 2018/19 Plan

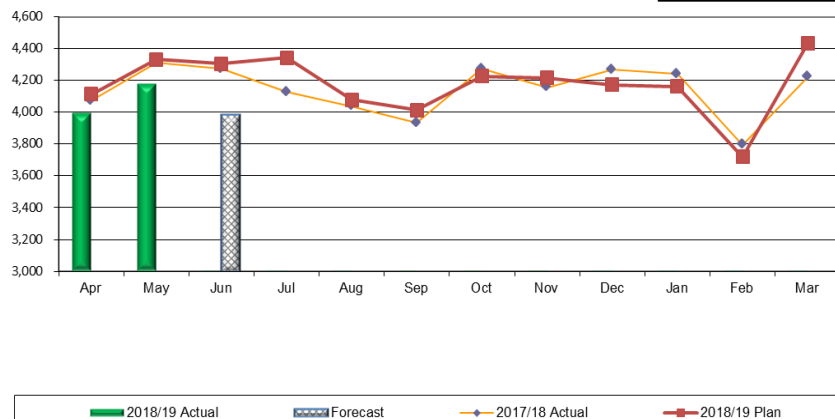
Activity performed within Trust and sent Private

	Daycase		Elective IP	
	Trust	Private	Trust	Private
Apr	5,469	32	603	0
May	6,011	26	707	0
Jun	0	0	0	0
Jul	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
YTD	11,480	58	1,310	0

Activity – Outpatients, Non Elective and A&E

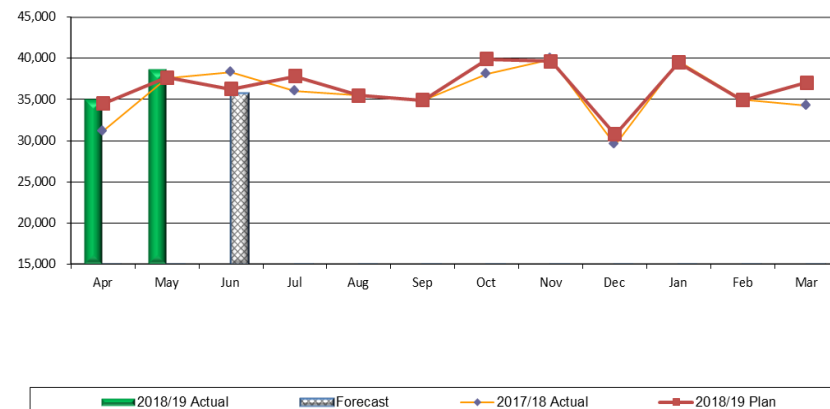
Non Elective - Emergency Discharged activity (includes Paediatrics)

Forecast based upon activity up to 13th Jun



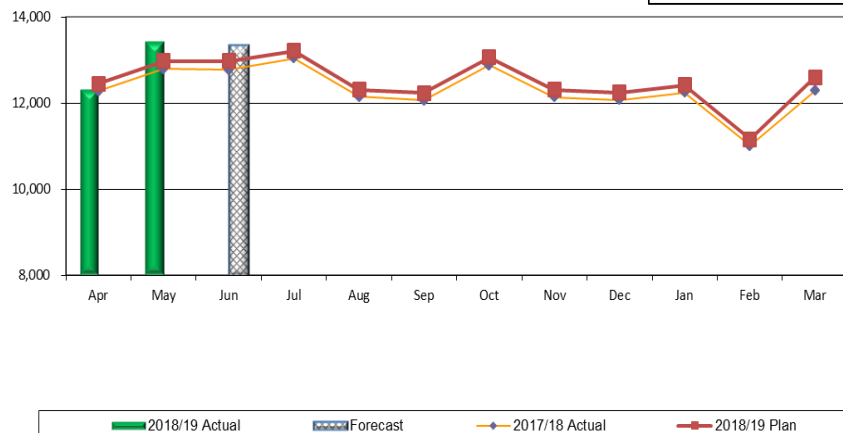
Outpatient activity (includes Paediatrics)

Forecast based upon activity up to 13th Jun



A&E activity

Forecast based upon activity up to 13th Jun



Stranded Patients - Occupied Bed Days
May 17 - May 18

