

Date of meeting	13 September 2018
Paper number	D

Integrated Performance Report

For approval:		For assurance:	<input checked="" type="checkbox"/>	To note:	
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Accountable Director	Michelle McKay Chief Executive		
Presented by	Michelle McKay Vicky Morris Suneil Kapadia Jill Robinson Inese Robotham Tina Ricketts	Author	Kimara Sharpe Rebecca Brown Steven Price

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	<input checked="" type="checkbox"/>
Ensure the Trust is financially viable and makes the best use of resources for our patients	<input checked="" type="checkbox"/>	Continuously improve our services to secure our reputation as the local provider of choice			

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

Report previously reviewed by		
Committee/Group	Date	Outcome
Finance and Performance Committee	August 2018	Received for assurance
Quality Governance Committee	August 2018	Received for assurance
People and Culture Committee	August 2018	Received for assurance

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF number(s)	
Assurance in respect of: process/outcome/other (please detail)			
Significant assurance <input type="checkbox"/> <i>High level of confidence in delivery of existing mechanisms/objectives</i>	Moderate assurance <input type="checkbox"/> <i>General confidence in delivery of existing mechanisms/objectives</i>	Limited assurance <input checked="" type="checkbox"/> <i>Some confidence in delivery of existing mechanisms/objectives</i>	No assurance <input type="checkbox"/> <i>No confidence in delivery</i>

Recommendations	The Board is recommended to receive this report for assurance. There are individual recommendations within the Assurance Reports in the IPR.
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Integrated Performance Report

13th September 2018

July 2018

Month 4

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Managing demand and capacity across the Trust remained an issue this month and continued to impact operational and financial performance. An unprecedented number of people attended A&E in July which put additional pressure on both type 1 sites to maintain patient flow. Although improved from the previous month, patients are still waiting longer than expected for cancer appointments within 2 weeks and cancer treatment within 62 days. Patients waiting for a diagnostic tests within 6 weeks has increased with half the breached cohort waiting for a non-obstetric ultrasound. For the first time since October 2016, there are no patients waiting 52+ weeks for their RTT related treatment and the 40-51 week cohort has reduced again.

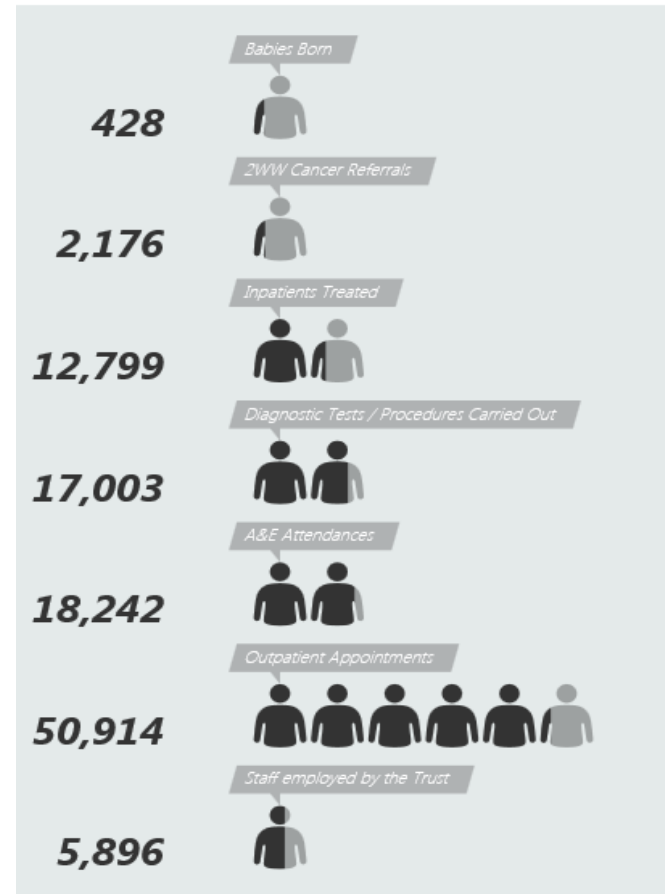
Performance for some quality and safety measures e.g. complaints, SI management and VTE assessments is being maintained at the expected standard; another month of evidenced stability resulting from the processes that have been put in place.

Financial performance remains fragile with higher deficits than planned. This puts accessing the Provider Sustainability Funding at risk. Patient Care Income is behind plan driven by lower than planned activity volumes and lower complexity activity.

Vacancy rates have yet to be reduced so the focus is on appointing the priority staff in advance of the winter period. Mandatory training and PDR compliance remain an area of focus with some small gains being achieved in month.

The forecast for operational performance is, on balance, stable for the next month apart from Diagnostics and EAS which are at risk of declining. There is expected improvement in Breast Cancer waiting times which will contribute to the anticipated Breast Symptomatic improvements and stabilise the 2WW All Cancers performance.

IN THIS MONTH



Each person is equivalent to 10,000 and not proportionally shaded.

C.Diff

- There were six confirmed cases in July. This is in-line with seasonal trend but if this is continued into the coming months, the end of year target is at risk.

Fractured NOF

- Although overall performance is below target, WRH has increased and ALX has stabilised performance.

FFT

- Improvements are evident in Acute response rates linked to the texting reminder service going live.
- The increase in response rate has not impacted the scoring, meaning that the hospital is still being recommended even with more people responding.

Complaints

- Performance has been maintained at the expected standard. The scrutiny of process has been stepped down by QGC; instead the focus will be on themes and learning.

VTE

- Performance is being achieved for this indicator. Recalculation of this indicator based on all data entered on the system results in achieving the standard for the last four months. Timeliness of data entry needs to improve in order to achieve the standard consistently.

Primary Mortality Reviews

- Early indications are that there is improvement in process in the most recent months leading to a higher number of reviews being carried out in timescale but the May position showed a decline in performance.

Month 4 2018-19 Quality & Safety Summary

RAG rated against Internal Trajectory

What are we aiming for in Aug?

	Description	How we did	Trend	Key actions	aiming for in Aug?
Do we investigate incidents in a timely manner?	Every Serious Incident recorded should be investigated and closed within 60 days	<div>0</div> <div>All incidents were closed within the 60 target.</div>		Weekly meetings with the CCG to close queries. Investigation training to take place.	<div>0</div> <div>FORECAST STATUS: DECLINE, STABLE, IMPROVE</div>
Do we manage the risk of falls and harm?	The risk of a patient experiencing harm or injury from a fall is reduced.	<div>1</div> <div>There were 143 falls in July. There was 1 fall which resulted in serious harm to the patient.</div>		Bedside risk alert tool linked to Interactive Whiteboard.	<div><=1</div> <div>FORECAST STATUS: DECLINE, STABLE, IMPROVE</div>
Do we assess patients at risk of developing VTE?	At least 95% of patients who require a VTE assessment should receive one	<div>95.5%</div> <div>We risk assessed 95.5% of our patients who required a VTE assessment. This means 136 patients were not assessed and 267 patients were recorded as 'not known'.</div>		Roll-out new assessment form, robust investigations into hospital acquired thrombosis, recruit VTE Lead Nurse as part of Safer Care team.	<div>>=95%</div> <div>FORECAST STATUS: DECLINE, STABLE, IMPROVE</div>
When a patient dies, do we review their care and treatment?	In-hospital deaths should have a primary mortality review completed within 30 working days	<div>51.46%</div> <div>51.46% of mortality reviews assigned in June were completed within 30 days. 24 deaths were reviewed after 30 days. 59 deaths have not yet been reviewed.</div>		Direct management of consultant completion rates alongside resolution of outstanding issues with the electronic system	<div>>=60%</div> <div>FORECAST STATUS: DECLINE, STABLE, IMPROVE</div>
Would patients and their families recommend us?	Each of our service areas should be recommended by patients to their friends and families	<div>A&E 73.9%</div> <div>Acute 94.1%</div> <div>Mat. 99.2%</div> <div>Out. 90.8%</div> <div>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.</div>		Continue to promote new app to capture, report and publicise response rate and scores. Work on enabling staff to use the feedback data.	<div>>=95%</div> <div>FORECAST STATUS: DECLINE, STABLE, IMPROVE</div>
Do we respond to complaints quickly?	80% of formal complaints should be responded to within 25 days	<div>86.67%</div> <div>We closed 86.67% complaints within 25 working days. This means 4 people were waiting for a response longer than they should have been.</div>		Adherence to the complaint management improvement plan. Weekly oversight of complaints by the CNO holding DDNO's to account.	<div>>=80%</div> <div>FORECAST STATUS: DECLINE, STABLE, IMPROVE</div>

Forecast Status against August performance: Decline – expected to worsen, Stable – not expected to change significantly, Improve – Expected to improve

Quality Governance Committee Assurance Report

Accountable Director	Presented By	Author		
Bill Tunnicliffe - Non-Executive Director	Bill Tunnicliffe - Non-Executive Director	Kimara Sharpe - Company Secretary		
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?		Y	BAF number(s)	1 2 3
Level of assurance and trend				
Significant assurance	Moderate assurance	Limited assurance	No assurance	

X

Executive Summary

Board Assurance Framework: The Committee discussed the new BAF risks assigned to it. The Committee recommended the following:

- Continuation of Risk 1 from the previous BAF (robust clinical governance)
- Merge the proposed Risk 2 into the proposed risk around IT strategy
- Agreed a new risk relating to the Quality Improvement Strategy
- Agreed a new risk in relation to Infection Control.

We also considered the risk ratings and concurred with the ratings as presented. We understand that the changes will be made and presented to this board meeting for consideration. We preferred the new format of the BAF.

- **Corporate Risk Register:** The Committee considered the risks and have requested a more detailed report to the next meeting in order for us to consider the mitigations.
- **Clinical Governance Group (CGG):** We received a report from the CGG which highlighted the following:
 - Improvements:
 - No overdue serious incidents
 - Numbers of pressure ulcers
 - Compliance with safe handling of controlled drugs
 - Number of mixed sex breaches
 - Response to complaints
 - Areas for improvement:
 - Increase in falls with harm (but below the benchmark)
 - Increase in MSSA infection rates
 - Hand hygiene – not 100% compliance

Unfortunately the meeting had no senior clinical representation due to the flow pressures within the Trust. This resulted in a lack of assurance at the meeting in respect of the divisional progress on quality improvement plans. A subsequent meeting gave that assurance and I understand that this area will be addressed at the next meeting. I am concerned that the CGG does not have the space to consider all the reports in detail and so is unable to give adequate assurance to QGC. With the development of the performance review meetings, this will be addressed as a number of items will be considered at this forum rather than at CGG.

Quality Governance Committee Assurance Report

Accountable Director	Presented By	Author		
Bill Tunnicliffe - Non-Executive Director	Bill Tunnicliffe - Non-Executive Director	Kimara Sharpe - Company Secretary		
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?		Y	BAF number(s)	1 2 3
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Significant assurance	Moderate assurance	Limited assurance	No assurance	

X

Executive Summary (cont.)

- Limited assurance**
- **Theatre Review:** The West Midlands Quality Review Service visited the theatre service earlier in the year. The Specialised Services Division attended the meeting to give assurance in relation to the action plan developed following receipt of the report. A detailed action plan has been developed and it was evident that actions were being embedded within the division. Key areas of work included the WHO checklist, consent and medicines management. QGC commended the work being undertaken.
 - **Infection Control:** Members will recall that QGC was tasked with reviewing and monitoring the action plan developed following the NHS Improvement visit in July which resulted in an escalation to red. Representatives from the PFI provider ISS and facilities were also present. The Committee were assured with the actions being taken and the partnership working between the Trust and the PFI provider. There was to be another inspection on 28 August. **Limited assurance**
 - **Mortality report:** Learning from deaths is an agenda item. The Committee was assured in relation to the progress of primary mortality reviews. **Limited assurance (but increasing)**
 - **CQC actions:** The Committee received the update in respect of the CQC must dos and should dos. The electronic monitoring tool will be populated each month and the Committee will review this on an on-going basis.
 - **Serious incident – internal audit report:** This was received.
 - **Metrics:** The Committee has de-escalated the monitoring of complaints with the sustained improvement shown. We are now concentrating on Friends and Family which continues to underperform. VTE initial assessment has also performed well meeting the target for the previous 4 months.

I have arranged an away day for the Committee in early October. We will be reviewing the flow of information to the Committee and our terms of reference, which we deferred from discussing at this meeting.

Background

This report is the regular report to Trust Board from the QGC. It covers the meeting held in August 2018.

Recommendations

- The board is requested to
- Note the Committee’s discussion in respect of the Board Assurance Framework
 - Receive this report for assurance.

Appendices

- TB IPR Dashboards – M4 2018-19

Deficit

- As at the end of July, the Trust reports a YTD cumulative pre PSF deficit of £21.1m against a £19.2m planned deficit, resulting in a £1.9m adverse variance against plan. Inclusion of PSF (£3.9m adverse) increases the adverse variance to £5.8m.

Variance to Plan

- The £1.9m variance to plan is driven by Patient Care income. This variance is partially offset by vacancies within the pay position and delays in recruitment to approved business cases. As a result of the above position the Trust has not been able to access the PSF allocations assigned to financial performance, as well as the operational element due to adverse operational performance.

PSF

- In Month 4 the Trust is recording a pre Provider Sustainability Fund (PSF) deficit of £5.6m, which is £1.0m adverse to plan. Inclusion of PSF takes the deficit to £2.2m in month. The position continues to be driven by a shortfall in Patient Care income (£0.8m).

Income

- Patient Care income is behind plan in elective and non elective activity, driven by a combination of lower than planned activity volumes and lower complexity activity. Outpatient activity is performing above plan. The early view of the August position reflects a similar trend as the actions being taken have had limited impact in August due to timing of implementation.

CIP

- The CIP position is £0.2m adverse to plan in month, although this gap relates primarily to timing. Further analysis is being undertaken and additional delivery year to date in respect of Theatres, Outpatients and Q1 vacancies will be recognised in the Month 5 reports.

Confirm & Challenge

- The focus on financial delivery continues into 2018/19 supported by the fortnightly Divisional Confirm and Challenge sessions. These sessions are addressing the issues noted above, in particular development and implementation of robust plans to recover the Patient Care Income position. The sessions throughout September will also include a deep-dive into the relationship between reduction in activity levels and the current expenditure position, particularly within the Surgical Division.

Use of Resources Risk Rating Summary

	Metric Definition	How we did YTD at M4	Risk Rating		Previous Month YTD	Full Year Plan (Forecast)
Are we spending more than we are earning?	I&E surplus or deficit / total revenue.	(15.90%)	4	Adjusted financial performance deficit of £21,184k (£21,184 / total operating income £132,946 = (15.90%)).	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.	(4.90%)	4	I&E margin YTD actual of (15.90%) less I&E margin YTD plan of (11%) = (4.90%) .	4	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.	(59.366)	4	Working Capital of (£70,972) / YTD Operating Expenditure of £145,850 multiplied by the number of YTD days (122) = (59.366).	4	4
Are we earning enough to cover our capital costs?	Degree to which the organisation's generated income covers its financing obligations.	(2.263)	4	Revenue available for service capital (£12,904k) / capital service £5,703k = (2.263)	4	4
Is our agency spend within the imposed limits?	Total agency spend compared to the agency ceiling.	(7.86%)	2	Total agency spend of £6,217k less agency ceiling of £5,764k / divided by agency ceiling of £5,764k = (7.86%) . Recovery of overspend against agency ceiling expected through CIP in future months.	2	1

Financial Performance – Month 4 2018/19

Accountable Director		Presented By	Author	
Jill Robinson – Chief Finance Officer		Jill Robinson – Chief Finance Officer	Jo Kirwan - Assistant Director of Finance Katie Osmond – Assistant Director of Finance	
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?			Y	BAF number(s)
Level of assurance and trend				
Significant assurance	Moderate assurance	Limited assurance	No assurance	

X

Background

The purpose of this paper is to update the Board on the financial performance of the Trust.

For 2018/19 the Trust has committed to delivering a deficit of £41.5m before receipt of Provider Sustainability Funding (PSF). This included £1.5m of control total flexibility which facilitated a reduction in the CIP target (originally £23.9m). The Trust has the opportunity to access up to £17.8m of non-recurrent PSF funding in 2018/19, depending on financial and operational performance. This reduces the control total deficit to £23.7m. The CIP target for 2018/19 is £22.4m, which is considered to be a challenging level of savings in one year, whilst maintaining quality and safety.

Divisional budgets have been set broadly reflecting the recurrent out turn position in 2017/18, which includes a £6.1m additional recurrent benefit from the Financial Recovery Programme (FRP) initiated in November 2017. Additional work is required to devolve those budgets held centrally along with some Divisional budget re-alignment including Divisional CIPs.

All patient care income contracts for 2018/19 have been agreed. The activity plans include a reduction equivalent to £7.5m income for the impact of Worcestershire CCG QIPP schemes which requires the Trust to release the equivalent marginal costs (£4.5m) to meet the planned deficit. The Trust has undertaken an initial review of the CCG QIPP schemes and is working closely with CCGs to assess and monitor deliverability and risk. Growth of £10m (includes activity up to the cap) is also included within the income plan, with an equivalent revenue expenditure reserve at marginal cost rate of £6.9m. After funding approved business cases (£4m) including Frailty, Endoscopy and Stroke – the Trust effectively has no further reserves and therefore any productivity gains will first need to be used to secure delivery of the cap contract value.

Issues and Options

As at the end of July, the Trust reports a YTD cumulative pre PSF deficit of £21.1m against a £19.2m planned deficit, resulting in a £1.9m adverse variance against plan. Inclusion of PSF (£3.9m adverse) increases the adverse variance to £5.8m.

The £1.9m variance to plan is driven by Patient Care income. This variance is partially offset by vacancies within the pay position and delays in recruitment to approved business cases. As a result of the above position the Trust has not been able to access the PSF allocations assigned to financial performance, as well as the operational element due to adverse operational performance.

In Month 4 the Trust is recording a pre Provider Sustainability Fund (PSF) deficit of £5.6m, which is £1.0m adverse to plan. Inclusion of PSF takes the deficit to £2.2m in month. The position continues to be driven by a shortfall in Patient Care income (£0.8m).

Financial Performance – Month 4 2018/19

Accountable Director	Presented By	Author
Jill Robinson – Chief Finance Officer	Jill Robinson – Chief Finance Officer	Jo Kirwan - Assistant Director of Finance Katie Osmond – Assistant Director of Finance

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF number(s)	
Level of assurance and trend			
Significant assurance	Moderate assurance	Limited assurance	No assurance
X			

Issues and Options (cont.)

Patient Care income is behind plan in elective and non elective activity, driven by a combination of lower than planned activity volumes and lower complexity activity. Outpatient activity is performing above plan. The early view of the August position reflects a similar trend as the actions being taken have had limited impact in August due to timing of implementation.

The CIP position is £0.2m adverse to plan in month, although this gap relates primarily to timing. Further analysis is being undertaken and additional delivery year to date in respect of Theatres, Outpatients and Q1 vacancies will be recognised in the Month 5 reports.

The Month 4 position continues to be supported by non-recurrent vacancies and slippage against business cases. It should be noted however that this benefit has reduced in month following recruitment to a number of vacancies. There has also been an increase in fill rate for both substantive and temporary staffing this month.

The focus on financial delivery continues into 2018/19 supported by the fortnightly Divisional Confirm and Challenge sessions. These sessions are addressing the issues noted above, in particular development and implementation of robust plans to recover the Patient Care Income position. The sessions throughout September will also include a deep-dive into the relationship between reduction in activity levels and the current expenditure position, particularly within the Surgical Division,

At the end of July the cash balance was £12.1m, £10.2m above the plan. The £10.2m is as a result of timings in specific receipts. Cash forecasting is undertaken on a weekly basis and the above will be carried forward against expected payments from August onwards.

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. The Trust has formally requested deferral of the £39.5m principal repayment of revenue loans due in this financial year. The level of interim revenue support will increase where the Trust is unable to access the full allocation of PSF. The Trust has requested increased support in September to reflect the shortfall against the I&E plan in Quarter 1. 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.

Financial Special Measures / Enhanced Oversight Regime: The Trust continues to be managed by NHSI via the enhanced oversight regime. Weekly status updates continue to be provided to NHSI including monitoring key expenditures lines such as temporary staffing (bank and agency) and discretionary expenditure. Outputs from the Divisional confirm and challenge meetings are also forwarded and discussed. NHSI continue to assess the robustness of the 2018/19 plan, particularly the readiness and deliverability of the CIP.

Financial Performance – Month 4 2018/19

Accountable Director		Presented By		Author	
Jill Robinson – Chief Finance Officer		Jill Robinson – Chief Finance Officer		Jo Kirwan - Assistant Director of Finance Katie Osmond – Assistant Director of Finance	
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?				Y	BAF number(s)
Level of assurance and trend					
Significant assurance	Moderate assurance	Limited assurance	No assurance		
X					

Recommendations

The Board is asked to note:	
<ul style="list-style-type: none">The financial position at the end of JulyThat as a result of the YTD position, the Trust has not accessed the financial element of the PSF £2.7m. In addition, the Trust has not met the required EAS standard that attracted £1.2m.The continued requirement for access to interim revenue support (cash) in line with the planned 2018/19 I&E deficit position, and that the level of interim revenue support will increase where the Trust is unable to access the full allocation of PSF.That the Trust is in the process of finalising a robust year-end forecast, which will be presented to the September Finance and Performance Committee.	

Appendices

<ul style="list-style-type: none">TB Finance Report – M4 2018-19
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Operational Performance Key Messages

RTT

- The validated position for RTT performance remains stable, with a reduction in the number of patients waiting between 40-51 weeks for treatment and no 52 week breaches at month end.

2WW Breast S

- The number of patients with potential **breast cancer** who wait longer than **2 weeks** to see a specialist remains higher than acceptable though has dropped to its lowest level since April 2018. The forecast is improving for this measure.

EAS 4 Hours

- **EAS 4 hour** performance has dropped marginally and has yet to reach similar performance for the same period the year before. More people attended A&E in month than any other month from April 2016 onwards and three of the top five highest attendance months since April 2016 have been this financial year.

Diagnostics

- A significant and increasing number of patients are still waiting longer than **6 weeks** for a **diagnostic** test. Performance poses considerable concern and is significantly off-track. Half of all patients breaching are waiting for a non-obstetric ultrasound. Although vulnerable, a slight improvement is expected in the next few months.

2WW Cancer

- **Cancer 2WW** performance is struggling to reach the level of performance seen in October and November 2017, though remains stable, albeit below trajectory.

62 Day Cancer

- Performance against the **62 day** standard remains below target level but is relatively stable due to sustained high numbers of patients being seen. However, the backlog of patients waiting for 62 days or more is increasing, particularly in Urology.

Month 4 2018-19 Operational Performance Summary

RAG rated against Internal Trajectory

What are we
aiming for in
August?

Description

How we did

Trend

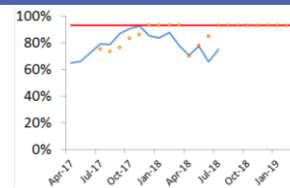
Key actions

Did we see
urgent
cancer
patients
quickly?

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

74.96%

We saw 74.96% of our cancer
patients within 2 weeks. **500**
patients waited longer than 2
weeks.



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.

93.0%

FORECAST STATUS

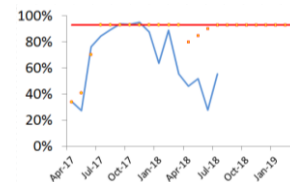
DECLINE **STABLE** IMPROVE

Did we see
patients with
potential
breast
cancer
quickly?

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

55.68%

55.68% of patients were seen
within 2 weeks. **78 patients** waited
longer than 2 weeks.



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

93.0%

FORECAST STATUS

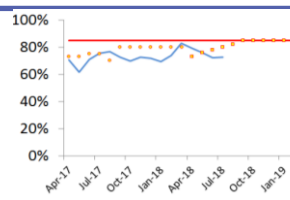
DECLINE STABLE **IMPROVE**

How quickly
did we start
treating
cancer
patients?

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

73.61%

73.61% of patients started treatment
within 62 days. **50 patients waited**
longer before starting treatment.
There were **20 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

80.0%

FORECAST STATUS

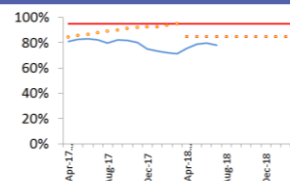
DECLINE **STABLE** IMPROVE

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

77.93%

The Trust performance was 77.93%
with **4,026 patients** breaching the 4
hours standard and **2 patients**
waiting 12+ hours to be admitted.
WRH achieved 57.37% and ALX
75.77% against the EAS standard



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%

FORECAST STATUS

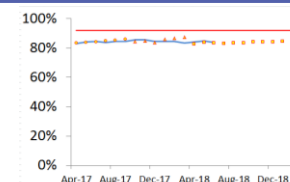
DECLINE STABLE IMPROVE

Did we start
treatment
within 18
weeks?

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

82.87%

82.87% of patients are waiting less
than 18 weeks for treatment. **6,343**
patients have been waiting longer
than 18 weeks and for the first time
since Oct-16 there are no patients
waiting **52 weeks or longer.**



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

83.36%

FORECAST STATUS

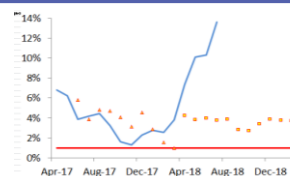
DECLINE **STABLE** IMPROVE

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

86.51%

86.51% of patients requiring a
diagnostic test were waiting less than
6 weeks for their test.
13.49% were waiting 6 or more
weeks; **that's 1,380 patients.**



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

96.1%

FORECAST STATUS

DECLINE STABLE IMPROVE

Finance & Performance Committee Assurance Report				
Accountable Director		Presented By		Author
Phil Mayhew - Non-Executive Director		Phil Mayhew - Non-Executive Director		Katie Osmond – Assistant Director of Finance Thekla Goodman – FPC Committee Administrator
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?			Y	BAF number(s) 5, 6, 7, 8, 9, 10
Level of assurance and trend				
Significant assurance	Moderate assurance	Limited assurance	No assurance	
X				
Executive Summary				
<p>The Finance & Performance Committee (FPC) focuses the agenda on three main priorities:</p> <ul style="list-style-type: none">• Flow• Cancer Performance• Financial performance <p>A combination of in-depth presentations on pertinent subjects and normal business reports provide the detail to enable the Committee members to test assurance levels.</p>				
Background				
<p>The Finance & Performance Committee (FPC) meets on a monthly basis to gain assurance that plans are in place to achieve the Trust’s agreed Operational Performance Targets, Financial Control Total, its Cost Improvement and Financial Recovery Plans.</p> <p>The Committee met on 23 July 2018 (Month 3) and 30 August 2018 (Month 4).</p>				
Standard Agenda Items – Financial Performance				
<p>As at Month 4 the Trust is reporting a deficit of £21.1m which is £1.9m adrift of plan and with the inclusion of not earning the Provider Sustainability Fund (PSF) to date (£3.9m) the overall variance is £5.8m. This is mostly attributable to under-performance on contracted income and CIP. A tight grip is being maintained on expenditure supported by non-recurrent vacancies and slippage against business cases although this benefit has reduced in month following recruitment to a number of vacancies for additional capacity at Worcestershire Royal Hospital (WRH) for surge areas. Through weekly and fortnightly contact, NHS Improvement (NHSI) is fully sighted on the Trust’s position and actions being taken.</p> <p>A fuller report on the Financial performance is elsewhere on the Agenda but the highlights of the discussion at FPC are as follows:</p> <p>Income shortfall – as at Month 4 the Trust’s contracted healthcare income is £3.7m behind plan having deteriorated a further £814k in month. This is predominantly due to day case and elective underperformance (c£2m) driven by a combination of fewer procedures (particularly in Endoscopy) and less complex procedures being undertaken; a number of actions have been instigated including the engagement of additional locum consultants in targeted specialties to increase throughput and maximise use of funded theatre sessions. A lower complexity case mix has driven the underperformance on Non-elective Inpatient and A&E (c£1.1m), including a higher volume of Minor Injury Unit attendances (at a low tariff) than planned, and lower emergency activity from neighbouring CCGs. This is being closely monitored.</p>				

Finance & Performance Committee Assurance Report

Accountable Director		Presented By	Author	
Phil Mayhew - Non-Executive Director		Phil Mayhew - Non-Executive Director	Katie Osmond – Assistant Director of Finance Thekla Goodman – FPC Committee Administrator	
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?			Y	BAF number(s)
Level of assurance and trend				
Significant assurance	Moderate assurance	Limited assurance	No assurance	

X

Standard Agenda Items – Financial Performance (cont.)

The Committee was encouraged to note improvements on the horizon - the start of September will see increased elective throughput and whilst there will be increased agency expenditure there will be a correlating increase in contract income. Through increased grip and control, adhering to ‘6,4,2’ booking policy plus theatre forward look, the Trust is able to predict required staffing levels better and engage temporary staff under better contract terms. The introduction of ‘flash reports’ to monitor actual activity and bookings against plan at any given point, will allow more time to react, increase productivity and minimise lost sessions.

The Trust is due to complete a detailed elective capacity modelling exercise against each specialty by September to understand the Trust’s funded capacity against job plans and the physical capacity. This will help to align activity to capacity and also by developing a planning tool model to aid the 2019/20 contract round with realistic activity plans and furthermore, able to understand the capacity available for repatriation.

Cost Improvement Programme: July saw a stepped improvement in delivery; out of a target of £23.9m CIP, £17.742m schemes have turned to green, £11k are amber, £658k are red and £5.490m remain unidentified. Closing the Gap and Confirm and Challenge meetings continue to identify further opportunities.

The Turnaround Director confirmed that development of the 2019/20 plans had commenced.

Medium Term Financial Strategy (MTFS): The Committee noted the approach to developing the MTFS aligned to the clinical strategy to provide an extensive output focused on the whole Trust financial strategy (implications for activity, income, cost, capital, capacity and workforce) to enable informed decision making, the strategy will be completed by the end of the calendar year.

Capital: The Trust has very limited availability of capital and all funds not pre-committed have been held in contingency to support management of critical works in year.

The Trust submitted a new loan application for £5m in July 2018. The Chief Finance Officer continues to converse with regional and national NHSI colleagues to emphasise the Trust’s precarious position and seek capital support sooner rather than later. In the meantime, the Trust continually explores other funding sources.

Cash: The Trust continues to require additional interim revenue support during 2018/19 and has requested support above the original planned level in September, to mitigate the lower than planned cash position from quarter 1.

Finance & Performance Committee Assurance Report

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Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?				Y	BAF number(s)	5, 6, 7, 8, 9, 10
Level of assurance and trend						
Significant assurance		Moderate assurance		Limited assurance		No assurance
X						

Standard Agenda Items – Operational Performance

Integrated Performance is reported elsewhere on the agenda and provides fuller detail of the Trust’s operational performance. The Chief Operating Officer verbally updated the Committee on the current position compared to last month’s forecast and then gave an indicative forecast for month 5 based on forward look, flash reports and so on.

Cancer: The 2 week wait and 2 week breast symptomatic standards had both improved in month 4 and 62 day cancer more or less remained stable.

Emergency Access Standard (EAS): This standard has slipped and is predicted to slip further in Month 5 – the Committee will receive an in-depth review of the Patient Flow Programme at the next meeting to gain assurance on the actions being taken for sustainable improvement. It was noted, however that all actions implemented to date around flow have helped to stem the level of performance deterioration.

Referral to Treatment (RTT): The standard has been stable, the Committee was pleased to note that there were no 52 week breaches in July and the same was predicted for August.

6 weeks Diagnostic: Marginal improvement expected in August following decline in target and further improvement in September due to engagement of an additional Sonographer and working together with GPs in respect of direct access. The Committee felt assured that Trust data was able to support decision making.

Winter Plan – First Draft: The Winter Plan is elsewhere on the agenda. The Committee noted clear bed/occupancy scenarios from the outcome of the predictive model plus capacity requirements - further refinement was on-going both within the Trust and system wide partners but it was evident that substantial support and response would be needed from the wider community to ensure robust plans and systems are in place to relieve pressure at the Trust’s sites. The Committee was assured that the Trust had the tools in place to work up a realistic predictive model to enable informed decision making.

Other Agenda Items - Board Assurance Framework (BAF)

In line with the Quality Governance Committee and People & Culture Committee, the FPC will consider the BAF risks on a quarterly basis to review its allocated risks. Going forwards the Corporate Risk Register will be considered alongside the BAF. The Committee reviewed and commented on each risk assigned to the FPC, some wording revisions were agreed but all scores remained the same. In terms of Risk 9 (The Trust is unable to ensure financial viability and make the best use of resources for our patients - IT Strategy) the Committee noted that Risk 2 on the same theme is reviewed by the Quality Governance Committee and a query was raised whether Risk 2 could be combined with Risk 9. After some discussion this was agreed with the monitoring committees being both the FPC and QGC.

Finance & Performance Committee Assurance Report

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Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?				Y	BAF number(s)	5, 6, 7, 8, 9, 10
Level of assurance and trend						
Significant assurance		Moderate assurance		Limited assurance		No assurance
X						

Other Agenda Items - Financial Governance Review

In early August, an Independent Report of Board Governance at Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUH) commissioned by NHSI was published. Undertaken by Deloitte the report identifies areas of weakness in internal financial control and Board Governance at the Trust that had led to it running out of cash.

The Chief Finance Officer set out an internal assessment of current financial control and governance at the Trust together with identified areas for improvement and proposed actions.

The Committee agreed that the majority of learning arising from the Deloitte report on BHRUH had been evidenced during the meeting thus far, such as joined up working, appropriate discussion with linkages and triangulation on the various topics, backed up by detailed reporting.

Other Agenda Items – Support for Financial Recovery

The Committee received a report outlining the consultancy needed to support delivery of the Financial Sustainability Programme and the further development of the Medium Term Financial Strategy.

The Committee recommended approval to the Board for the continuance of:

- The Turnaround Director up to April 2019 to enable the completion of the MTFS and development of the 2019/20 CIP;
- The Four Eyes Insight Phase 2 project on the Workforce Transformation Programme; and
- The PULSE culture programme – year 2

Other Agenda Items – Energy Procurement Extension to the PFI

The Committee received and considered a request to approve the Trust enters into a variation to add into the scope of the PFI project the procurement of Energy for the Trust across the whole of its Estate/Sites. This is intended to enable improved economies of scale for energy purchasing and administrative benefits.

The Committee recommends that the Board approves for the Trust to enter into the Deed of Variation.

Finance & Performance Committee Assurance Report				
Accountable Director		Presented By		Author
Phil Mayhew - Non-Executive Director		Phil Mayhew - Non-Executive Director		Katie Osmond – Assistant Director of Finance Thekla Goodman – FPC Committee Administrator
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?			Y	BAF number(s) 5, 6, 7, 8, 9, 10
Level of assurance and trend				
Significant assurance	Moderate assurance	Limited assurance	No assurance	
X				
Recommendations				
The Board is asked to confirm it is assured that:				
<ul style="list-style-type: none">Robust actions are in place to improve Patient Care income levelsThe CIP programme has made good in-month progressOperational Performance data is able to support decision making and that tools are in place to work up realistic predictionsThe Committee’s reporting agenda does reflect robust financial governance				
The Board is asked to give its approval for:				
<ul style="list-style-type: none">That BAF Risk 9 is left as a separate risk to be monitored by the Finance & Performance Committee.The consultancy expenditure to support delivery of the Financial Sustainability Programme and for on-going governance to continue as recommended by the CommitteeThe Trust enters into the Deed of Variation with the PFI partner				
Appendices				
<ul style="list-style-type: none">TB IPR Dashboards – M4 2018-19				

Workforce Key Messages

Vacancy Rates

- No improvement in medical and qualified nursing vacancy rates but additional focus being given to these areas to support the recruitment to additional posts required for winter.

Medic PDRs

- Additional HR allocated to address the 5% deterioration in medical PDR compliance.

Non-Medic PDRs

- The Corporate Training Team are proactively chasing PDR compliance for the non-medical workforce which saw the rate improve by 2% this period.

Mandatory Training

- The focus on mandatory training compliance has seen improvement in the majority of subject areas.

Month 4 (July 2018) Engaged Workforce Summary

What are we aiming for in Aug?

Description

How we did

Trend

Key actions

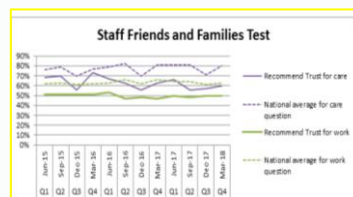
Would our own staff recommend us?

National quarterly measure of whether staff would recommend Trust for treatment (T) or work (W)

60% (T)

50% (W)

Q4 SFFT results from March 2018. 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).



Improve culture, retention and staff experience so that staff report higher satisfaction. Trust wide strategy and divisional action plans to be developed from NHS Staff Survey Results

Improved position to National average – 71% (T) & 61% (W)

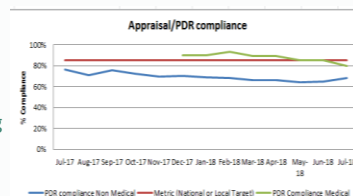
Are our staff having annual appraisals?

All staff should have an annual appraisal/PDR. Compliance separated into Medical (M) and Non-Medical (NM)

80% (M)

68% (NM)

NM appraisal rate has improved (2%) in month. In contrast, the M appraisal rates has deteriorated (5%). Appraisal rates remain below target. Reports continue to be circulated by the Learning and Development team to highlight areas of concern to divisions.



Divisions to be held to account. Communication to continue to be circulated via Weekly Brief and via managers. ESR automatically notifies staff and managers of expiry dates.

75% against 85% target

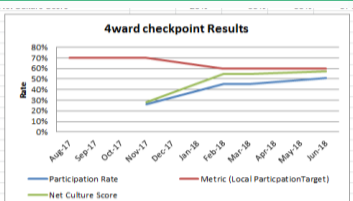
Are we engaged with cultural change?

Summary of results from 4 ward Programme

51% participation

57% net culture

Checkpoint 3 produced a 51% response rate compared to 45% in Checkpoint 2 and 26% in Checkpoint 1. Net culture score has improved from 55% in checkpoint 2 to 57%.



Aiming for an improved response rate in Checkpoint 4 which will be in October 2018. Also improved Net Culture Score from 57% in Checkpoint 3.

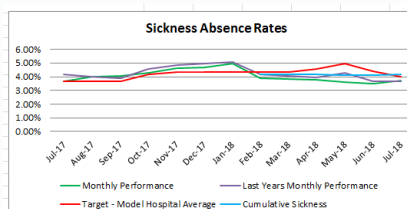
Improving response rate and net culture score

How many of our staff are taking time off sick?

Sickness absence rates measured against National average on NHS Model Hospital (3.99% as at March 2018)

3.70%

Sickness has increased in month (0.20%), however, the rate of sickness absence remains below Model Hospital target.



Sickness absence to continue to be managed through Divisions with support from HR Business Partners.

3.70%

Key to rag rating:

Green - target met;

Amber – on track or close to target:

Red - target missed

Month 4 (July 2018) Skilled Workforce Summary

What are we aiming for in Aug?

Description

How we did

Trend

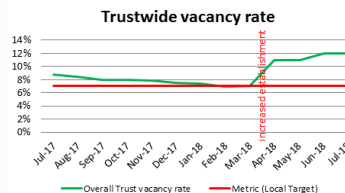
Key actions

Do we have enough staff?

Vacancies against funded establishment compared to 7% Trust local target

12%

Vacancy rates have increased slightly in month. Budget setting for 2018/19 resulted in an increase of 212.50 wte in the Trust's overall establishment, this was a consequence of funding Evergreen, Frailty and other unfunded posts.



Vacancies are being held in some divisions as part of the Trust's Recovery Plan. Assessment Centres are continuing for B5 and B2 Nurses.

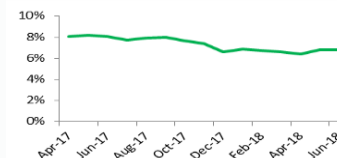
11%

How much are we spending on temporary staff?

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

7.43%

Agency spend increased in July and was 7.43% of the total pay costs. Agency spend was above forecast as the forecast assumed agency costs would represent 5.76% of total pay costs.



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

5.72%
(Forecast)

Are we spending too much on temporary staff?

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

(£263k)

Agency staffing costs of £1,704k in month is an increase of £184k on last month and is (£263k) above the monthly NHSI agency ceiling. Agency costs are above 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.

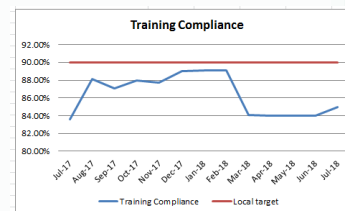
Need to maintain a reduced run-rate

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

85%

Overall compliance increased 1% in month, with incremental improvements being made in 9 of the 12 topics. Overall training compliance is currently reported at base level as advised by NHSI.



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. Task and finish group set up to improve compliance.

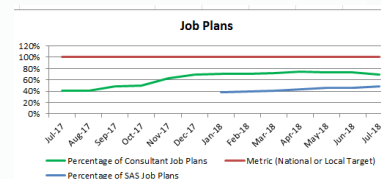
86%

Do our consultants have up to date job plans?

All consultants are required to have an annual job plan review

70%

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



HR have provided dedicated resource to support compliance.

75%

People & Culture Committee Assurance Report

Accountable Director	Presented By	Author		
Mark Yates - Non-Executive Director	Mark Yates - Non-Executive Director	Kimara Sharpe - Company Secretary		
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?		Y	BAF number(s)	10 11
Level of assurance and trend				
Significant assurance	Moderate assurance	Limited assurance	No assurance	

X

Executive Summary

Board Assurance Framework: The Committee discussed and approved the new BAF risks. Some amendments were requested, particularly in relation to the controls and the inclusion of learning and development, which have been incorporated in the paper presented to the Board at this meeting. The Committee also considered the People and Culture Corporate Risk Register.

Winter Plan – workforce element: The Committee received a position statement showing the workforce plans associated with the Winter Plan. There was confidence in recruiting the number of health care assistants required and more recruitment drives are being undertaken. Recruitment to registered nurse positions was more problematic. Staff coming in from bank and agency will be offered specific areas for working to ensure there is the right mix of substantive and temporary staff in place. More flexible patterns of work are being offered (particularly around night and weekend working) to bank staff and the clinical nurse specialists will be regularly helping out on the wards. Block booking of agency staff is in place. NHS locums would be recruited for the medical posts. There was confidence in the ability to recruit to these medical posts. In order to maintain timely oversight of progress I will receive a detailed briefing on the numbers of staff required and recruited by the end of the month but there is a high degree of uncertainty regarding recruiting the necessary number of nursing staff.

People and Culture Strategy: The Committee approved the refresh of the recruitment and retention plan and reviewed the self-assessment against the Care Quality Commission people and culture related key lines of enquiry. A revised governance structure underpinning the work of the committee was discussed. The Committee also received a report in relation to the tragic suicide of Amin Abdullah and the lessons learned. The Trust is ensuring that the disciplinary process is reviewed and a full report relating to the recommendations will be presented to our next meeting. Limited assurance.

Equality Information Report 2017-18: The Committee approved the paper which provided the annual report for equality information with a few additions. This is later on the agenda for the Board. Moderate assurance.

DBS checks: The Committee had previously expressed concern that the Trust was not assured that PFI contractors were undertaking suitable pre employment checks. Assurance was received that a robust system and process was in place and that monitoring was undertaken regularly. Moderate assurance.

Communications and Engagement update: The Committee received an update on the work being undertaken to engage more with clinicians. Regular meetings are in place as well as one to one sessions to encourage participation with the cultural change programme. It was agreed that significant progress had taken place in this area although there are still barriers to overcome. Moderate assurance.

Model hospital data: The Committee was provided with an overview and update of the nursing and midwifery components for the model hospital. In June 2018, the trust identified that it was an outlier for cost per weighted activity. This gave an opportunity for a review of the data and several work streams have been set up to examine this matter.

People & Culture Committee Assurance Report

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Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?				Y	BAF number(s)	1
						2
						3
Level of assurance and trend						
Significant assurance		Moderate assurance		Limited assurance		No assurance

X

Executive Summary (cont.)

Workforce scorecard: The Committee expressed concern about the low level of PDR completion and had a robust discussion about accountability of staff and any sanctions for non-compliance.

Staff Friends and Family test (SFFT) – deep dive: The last response rate was under 3% so it is imperative that a better mechanism is used to collect data. The programme will be re-launched with one third of staff being surveyed each quarter, using postcards (very effective in other trusts) and on line. Results will be linked to 4ward checkpoint results. Moderate assurance.

Apprenticeship levy: The trust has utilised £228k of the £904k levy. The Trust needs to deliver 516 apprenticeships by April 2021 which equates to 172 per annum. We are not at this rate at the current time. However, there are several programmes in place to increase the numbers of apprenticeship which will see numbers rise to 203 by 31 March 2019. Moderate assurance.

Recruitment and retention update: Although the Trust compares favourably to many other Trusts the number of medical and nursing vacancies remains a concern. There are 91.94 medical vacancies and 218.66 nursing vacancies. The Committee were assured about the actions in place to reduce the number of vacancies which includes the implementation of a joined up IT solution to manage the workforce solution in a more robust way for both medics and nursing. Limited assurance.

4ward report: This report showed that the participation rate and thus the net culture score had increased for checkpoint 3. Preparations are underway for checkpoint 4 and the risk in relation to confidentiality has now been approved by the Data Protection Officer. Moderate assurance. The Committee also considered the benefits realisation report and after discussion, are recommending to the Board that the Trust continues with year 2 of the 4ward programme.

Guardian for Safe Working – quarterly report: Miss Blackwell, the Guardian for Safe Working, reported that whilst there were fewer exception reports (240 to 148) from April to August, the main exception reports were from medical FY1s, notably at Worcester. Rota vacancies are the main concern and cause for additional working. The work load at the Worcester site was greater than at the Alexandra and this caused more exception reports. A number of changes have been made to the working arrangements, e.g. no night time working for FY1s. Miss Blackwell read out some exception reports from junior doctors which gave the Committee an insight to some of the problems. Limited assurance.

Health Education England: The Committee received a report in relation to the Quality Framework which sets out the standards that the Trust should be working to for all trainees. A task and finish group is being set up to oversee the actions needed to ensure these standards are met. Limited assurance

People & Culture Committee Assurance Report				
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Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?			Y	BAF number(s) 1 2 3
Level of assurance and trend				
Significant assurance	Moderate assurance	Limited assurance	No assurance	
X				
Executive Summary (cont.)				
Other items presented: <ul style="list-style-type: none">• Safer staffing• Terms of reference (see separate agenda item).• JNCC and MMC Minutes• Work plan				
Background				
The People and Culture Committee is set up to ensure that the Trust develops and implements the People and Culture Strategy. This report covers items discussed at the August 2018 meeting.				
Issues and options				
None.				
Recommendations				
The Trust Board is requested to: <ul style="list-style-type: none">• Receive the report for assurance• Approve the continuation of the 4ward programme.				
Appendices				
<ul style="list-style-type: none">• TB IPR Dashboards – M4 2018-19				

Finance Report

Jill Robinson

Chief Finance Officer

13th September 2018

July 2018

Month 4

Financial Performance Indicators	2
Income & Expenditure Overview	3
Key Variances	4-5
Income and Expenditure analysis	6-8
Cost Improvement Programme	9
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Activity Charts	12-13

Use of Resources Risk Rating Summary

	Metric Definition	How we did YTD at M4	Risk Rating		Previous Month YTD	Full Year Plan (Forecast)
Are we spending more than we are earning?	I&E surplus or deficit / total revenue.	(15.90%)	4	Adjusted financial performance deficit of £21,184k (£21,184 / total operating income £132,946 = (15.90%).	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.	(4.90%)	4	I&E margin YTD actual of (15.90%) less I&E margin YTD plan of (11%) = (4.90%).	4	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.	(59.366)	4	Working Capital of (£70,972) / YTD Operating Expenditure of £145,850 multiplied by the number of YTD days (122) = (59.366).	4	4
Are we earning enough to cover our capital costs?	Degree to which the organisation's generated income covers its financing obligations.	(2.263)	4	Revenue available for service capital (£12,904k)/ capital service £5,703k = (2.263)	4	4
Is our agency spend within the imposed limits?	Total agency spend compared to the agency ceiling.	(7.86%)	2	Total agency spend of £6,217k less agency ceiling of £5,764k / divided by agency ceiling of £5,764k = (7.86%). Recovery of overspend against agency ceiling expected through CIP in future months.	2	1

Income & Expenditure Overview – M4

In Month

At the end of July the Trust is reporting an in month pre Provider Sustainability Fund (PSF) deficit of £5.6m, which is £1.0m worse than plan.

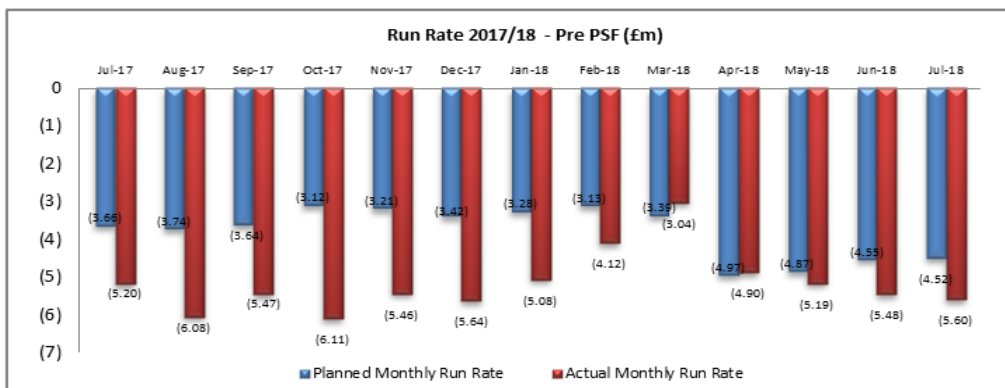
As a result of not achieving the pre PSF plan, the Trust has not received the financial or operational elements of the month 4 PSF (£1.2m). Including PSF results in a £2.2m post PSF adverse variance against a £3.4m deficit plan.

At the end of M4 the Trust reports a £21.1m deficit against a plan of £19.2m resulting in a £1.9m adverse variance (pre PSF). As a result, the Trust has not accessed the YTD financial element of the PSF of £2.7m. In addition, the Trust has not met the required EAS standard that would have attracted £1.2m.

Including PSF results in a YTD adverse variance of £5.8m against a £15.4m deficit plan.

Income & Expenditure	Jul 18 (Month 4)			Year to Date			Full Year NHSI Plan £000s
	Plan £000s	Actual £000s	Var £000s	Plan £000s	Actual £000s	Var £000s	
Operating Revenue & Income							
Patient Care Revenue (pre PSF)	28,211	27,453	(758)	112,845	109,860	(2,985)	338,532
Other Operating Income	2,595	2,605	10	9,319	9,629	310	27,835
Non PBR Drugs	3,242	3,193	(49)	12,967	12,200	(767)	38,904
Non PBR Devices	321	314	(7)	1,285	1,314	29	3,852
Total Operating Revenue pre PSF	34,369	33,565	(804)	136,416	133,003	(3,413)	409,123
Operating Expenses							
Pay	(23,013)	(22,941)	72	(91,396)	(90,570)	826	(271,703)
Non Pay	(10,250)	(10,612)	(362)	(41,627)	(41,833)	(205)	(110,403)
Non PBR Drugs	(3,242)	(3,193)	49	(12,967)	(12,200)	767	(38,651)
Non PBR Devices	(321)	(334)	(13)	(1,285)	(1,306)	(21)	(3,864)
Total Operating Expenses	(36,826)	(37,080)	(254)	(147,275)	(145,909)	1,366	(424,621)
EBITDA *	(2,457)	(3,515)	(1,058)	(10,859)	(12,906)	(2,047)	(15,498)
EBITDA %	-7.1%	-10.5%		-8.0%	-9.7%		-3.8%
Depreciation	(907)	(844)	63	(3,373)	(3,309)	64	(10,928)
Net Interest, Dividends & Gain/(Loss) on asset disposal	(1,264)	(1,250)	14	(5,051)	(5,001)	50	(15,174)
Impairment Loss	0	0	0	0	0	0	0
Reported Total Surplus / (Deficit)	(4,628)	(5,609)	(981)	(19,283)	(21,216)	(1,933)	(41,600)
Less Impact of Donated Asset Accounting	9	9	0	34	32	(2)	90
Surplus / (Deficit) against Control Total pre PSF	(4,619)	(5,600)	(981)	(19,249)	(21,184)	(1,935)	(41,510)
PSF	1,187	0	(1,187)	3,858	0	(3,858)	17,806
Surplus / (Deficit) against Control Total inc PSF	(3,432)	(5,600)	(2,168)	(15,391)	(21,184)	(5,793)	(23,704)

Monthly (Deficit) / Surplus Run Rate



At the end of July the Trust is reporting an in month pre Provider Sustainability Fund (PSF) deficit of £5.6m, which is £1.0m worse than plan.

As a result of not achieving the pre PSF plan, the Trust has not received the financial elements of the month 4 PSF (£831k), nor has it delivered the required level of EAS performance forgoing a further £356k.

Including PSF results in an in month adverse variance of £2.2m against a £3.4m deficit plan. This increases the YTD adverse variance to £5.8m against a £15.4m deficit plan.

The overall run rate has declined by £0.1m from June 18, the primary reason for the deterioration is as a result of a reduction in vacancy levels and an increase in bank and agency fill rates.

The in month plan reduced as a result of an increased CIP profile. A corresponding increase in actual delivery did not materialise, thus increasing the M4 adverse variances. This is partially offset by an increase in Patient Care income.

YTD 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 – M4 Key Variances (Pre PSF) (1)

Key Variances	M1 £m	M2 £m	M3 £m	M4 £m	Themes	Key Planned Actions, Operational Lead and Timescales
Reduced levels of patient care income (net of marginal cost of delivery) Emergencies (£0.6m) Day case and Electives (£0.3m) Other including drugs/devices, BPT, audiology, bowel scoping and electrophysiology (£0.2m) OP & A&E over-performed plan £0.3m	(£0.6m)	(£0.7m)	(£1.1m)	(£0.8m)	<ul style="list-style-type: none"> Productivity/ capacity / delivery of growth Case mix – lower value activity than planned (e.g. Elective - fewer major joints , Non Elective – fewer high value cases and more lower value medical admissions) ESTC impact Change in HDU pathways / capacity 	<ul style="list-style-type: none"> Contract activity flash report launched to increase visibility of activity performance – Divisions to embed in operational meets and through Execs and C&C meets Appointment of locums in targeted areas following elective capacity planning (T&O / Gen Surg) Target recovery of Specialised Commissioning activity ESTC - output from General Surgery job planning exercise Maximise productivity of existing sessions Validation of capture of activity following ward reconfiguration
Increased nursing costs Temporary nursing costs have increased, driven by an increase in occupied adult in-patient beds.	-	(£0.1m)	(£0.05m)	(£0.15m)	<p>M2 > Predominately Medicine driven by – 7.94wte increased specialling and vacancies</p> <p>M3> Reduction in temporary cover for specialling and other gaps</p> <p>M4> Continued reduction in specialling in month within Medicine. Increased recruitment within Surgery and W&C and increased sickness levels which has been covered by temporary staff.</p>	<ul style="list-style-type: none"> Deputy Chief Nursing Officer implemented weekly reviews from July with her leadership team to review key weekly spend metrics including Model Hospital. Divisional Nursing Directors have been tasked with achieving 100% on completion of rota's six weeks in advance by end of August. Increased grip and control on approval of agency bookings as jointly approved between Director of Operations and Nursing from August. July supplier review with agency held by Procurement and Finance resulting in reduced rates from August. NHSP our key 3rd Party Supply Partner for Nursing are being further integrated into the Trust (attending weekly reviews above) to provide guidance on how to further introduce efficiencies and good practise. Procurement to organise further supplier reviews from September once the above controls have further matured.
Increased non pay costs (T&O & Radiology): Theatre loan kit in Trauma & Orthopaedics - (£48k) YTD	(£0.01m)	(£0.05m)	(£0.01m)	£0.02m	<p>Loan Kit £23k favourable in month</p> <p>Further decrease in loan kit expenditure in month, supported in part by credit note relating to prior period.</p> <p>Year to date Overspend is driven by case mix (revisions), adherence to controls and potentially impact of standardising elective prosthesis to a single supplier.</p>	<ul style="list-style-type: none"> Central email address for all loan kit requests is now in place, with authorisation only to be granted by Clinical Lead / designated representative. Year end forecast has been developed. Clinical Lead / DDOP to formally sign off with reference to anticipated level of revisions – 31st August. Q2 audit to be undertaken by Finance Team – 30th September. Procurement and Finance to confirm whether any Q1 costs can be retrospectively be reclaimed – 31st August.

2018/19 – M4 Key Variances (Pre PSF) (2)

Key Variances	M1 £m	M2 £m	M3 £m	M4 £m	Themes	Key Planned Actions, Operational Lead and Timescales
Radiology external reporting £84k (net of vacancies offsetting this pressure)	-	(£0.06m)	(£0.05m)	(£0.08m)	Radiology external reporting - £84k Increased demand > CT scan activity has increased by 250 per month. Majority internally driven while Xray scans are up by 1,000 per month (2/3 rd driven by GP/outpatient demand 1/3 rd ED). This coupled with the requirement to report 2ww within 2 days of scan (previously 7 days) is resulting in an increase in work sent out of the Trust.	Radiology External Reporting <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
Vacancies (Divisional vacancies over and above previous year averages) Consultant vacancies reduced in month following locum appointments in Oncology(1.5wte), Radiology(1wte) and General Surgery(1wte). ST&T vacancies reduced in SCSD Division following recruitment to vacancies Non Clinical vacancies reduced in Surgery and W&C Divisions	£0.25m	£0.27m	£0.29m	£0.1m	M4> Decrease in vacancy position within Medics (4.19wte), ST&T (9.72wte) and Non Clinical (5.85wte) staff groups. YTD Variances by Division <ul style="list-style-type: none"> Corporate & AMIT £180k – Non Clinical SCSD £215k – ST&T Pharmacy/Radiology Surgery £248k – ST&T Audiology Women's & Children's £213k – Medics & Nursing Medicine £43k – Nursing 	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 and Reserves (Revenue expenditure)	£0.33m	£0.34m	£0.33m	£0.28m	<ul style="list-style-type: none"> Revenue budgets held centrally pending further review/implementation YTD release of ED Overnight and Heart Failure Business cases in month 4 – (£50k) 	Review business case implementation within forecast

Income Summary

Month 4 – July 2018

Income including PSF was £2.0m below plan in July. Excluding PSF £0.8m adverse.

Inpatients was £0.8m adverse in July:

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

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

Other Operating Income is breakeven.

Provider Sustainability Fund(PSF) is £1.2m adverse; Trust has not met the control total or the performance target in June.

Income – The combined total reported income (including PSF) is **£7.3m below the YTD plan**. Prior to PSF funding there was an underperformance of **£3.4m at the end of July**.

Key movements in July:

Inpatients £0.8m adverse – Emergencies £0.5m, Day cases £0.1m and Electives £0.2m were adverse:

Emergency activity 1% below plan; Medicine -£233k (price & volume), Surgery - £167k (General Surgery; activity below plan) and W&C -£67k (volume).

Day case activity was 5% below plan; General Surgery - £177k (£130k is endoscopies), Oral Surgery -£40k and Gastro -£95k offset by the endoscopy insourcing +£136k and Oncology +£35k.

Elective activity 5% below plan; surgical areas -£0.2m. T&O - £95k(less complicated high value procedures)and Oral Surgery -£54k (activity is below).

Outpatients is £0.1m favourable; T&O £43k (new and follow up attendances) and Cardiology +£57k (new attendances and OP procedures).

ED/MIU £0.1m favourable and Maternity £0.1m adverse (-£61k Deliveries and -£21k Antenatal / Postnatal on plan). **Other Income -£0.2m**; Drugs -£49k, Critical Care -£80k and Other -£59k (Bowel Scope and delays in recruitment for BPT improvements). **Other Operating Income is breakeven**.

PSF Funding £1.2m adverse – Financial control and the performance target (30% - Emergency Access Standard) has not been met in July and YTD. PSF is assessed quarterly. The Trust can earn back the financial element in future quarters but the performance element, if not achieved cannot be earned back.

CQUINs – Total CQUIN is worth £7.9m; Worcestershire CCGs £6.5m; Associate CCGs £0.6m and NHS England £0.8m. Failure to delivered 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. Q1 submissions were sent to commissioners at the end of July with feedback anticipated in August.

By Commissioner: Under performance reported against Worcestershire CCG contract is £249k YTD (before Cap/Collar/Other adjustments). NHS England contract (Prescribed Services/Dental/Screening) is £1.5m below plan YTD (Inpatients, Critical Care and PbR Excluded Drugs). Associate contracts -£330k; Birmingham Solihull -£230k, South Warwickshire -£300k , Herefordshire CCG +£122k and Powys +£80k.

	In Month				YTD			
	Plan £'000	Actual £'000	Var £'000	% £'000	Plan £'000	Actual £'000	Var £'000	% £'000
Inpatient	14,011	13,253	(758)	(5%)	54,677	52,097	(2,580)	(5%)
Outpatient	3,839	3,960	121	3%	14,866	15,305	439	3%
ED/MIU	1,873	2,002	129	7%	7,334	7,537	203	3%
Maternity	2,077	1,995	(82)	(4%)	8,409	8,127	(282)	(3%)
Paediatrics	1,153	1,124	(29)	(3%)	4,666	4,669	3	%
Other	8,821	8,626	(195)	(2%)	37,146	35,639	(1,507)	(4%)
Patient Care Income	31,774	30,960	(814)	(3%)	127,097	123,374	(3,723)	(3%)
Other Operating Income	2,595	2,605	10	%	9,319	9,629	310	3%
Patient Care & Other Operating Income	34,369	33,565	(804)	(2%)	136,416	133,003	(3,413)	(3%)
PSF	1,187	0	(1,187)	(100%)	3,858	0	(3,858)	(100%)
Total Income	35,556	33,565	(1,991)	-6%	140,274	133,003	(7,271)	-5%

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 4 – July 2018

Pay expenditure in July was £22.9m, an under spend against plan of £72k.

- Substantive pay spend was £19.5m (inc additional sessions).
- Bank pay spend was £1.73m.
- Agency pay spend was £1.70m.

The overall run rate on pay increased by £0.6m.

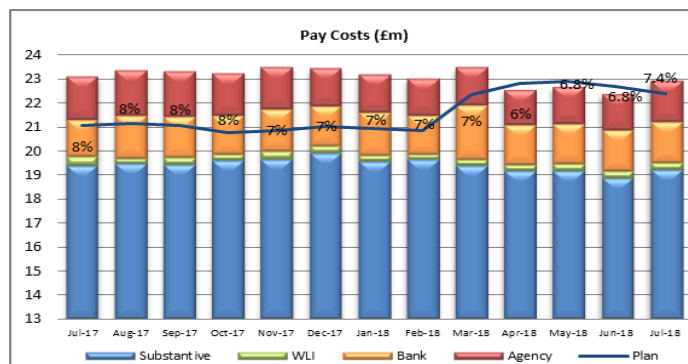
The increase in run rate is attributable to a reduction in vacancies (10.18wte) and an increase in bank and agency fill rate (36.72wte) which increased the run rate by £0.2m. The pay award further increased the run rate by £0.3m.

Temporary nursing costs increased in July in line with increased bed capacity and sickness levels.

In July total pay expenditure was £22.9m, which is a favourable variance to plan of £72k. The July run rate increased by £0.6m.

The increase in run rate is attributable to a reduction in vacancies following ongoing recruitment (10.18wte) and an increase in bank and agency fill rate driven by increased sickness and additional bed capacity (36.72wte) which increased the run rate by £0.2m. The pay award further increased the run rate by £0.3m.

FT Subjective	Jul-18			Year to Date		
	Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Medics - Consultants	(3,855)	(3,452)	403	(15,623)	(13,861)	1,762
Medics - Other	(2,281)	(1,823)	458	(9,124)	(7,420)	1,704
Medics - Agency / Bank	(657)	(1,623)	(966)	(2,536)	(6,046)	(3,511)
Total Medics Pay	(6,793)	(6,898)	(104)	(27,282)	(27,327)	(45)
Non Clinical	(3,569)	(3,411)	158	(13,878)	(13,373)	505
Non Clinical - Agency / Bank	(24)	(76)	(52)	(96)	(261)	(165)
Total Non Clinical Pay	(3,593)	(3,488)	106	(13,974)	(13,634)	340
Nursing & Midwifery	(8,833)	(7,772)	1,061	(35,225)	(31,022)	4,203
Nursing & Midwifery - Agency / Bank	(479)	(1,572)	(1,093)	(1,952)	(6,143)	(4,192)
Total Nursing Pay	(9,312)	(9,345)	(33)	(37,177)	(37,165)	12
ST&T	(3,157)	(2,909)	248	(12,455)	(11,503)	952
ST&T - Agency / Bank	(15)	(166)	(151)	(121)	(559)	(438)
Total ST&T Pay	(3,172)	(3,075)	98	(12,575)	(12,062)	514
Other	(142)	(136)	6	(387)	(382)	6
Total Other Pay	(142)	(136)	6	(387)	(382)	6
TOTAL PAY	(23,013)	(22,941)	72	(91,396)	(90,570)	826



Percentages shows proportion of agency spend against total spend.
2017/18 actuals adjusted for inflationary rates.

Key Budget Variances:

Consultants – Substantive - Under spending on substantive Consultants is due to vacant posts. Specialties with more than 4wte vacant Consultant positions include A&E and SIFT. Consultant vacancies reduced in month following locum appointments in Oncology(1.5wte), Radiology(1wte) and General Surgery(1wte).

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, Anaesthetics, 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 increased by £0.07m from M3 driven by increased fill rate against vacant posts (Oncology, Radiology and General Surgery) and on-call costs within Surgery.

Nursing - At month 4 the Trust reports 351.50 wte 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. Specialities with more than 15 wte vacancies include A&E, Acute Medicine, Elderly Care, General Surgery and Theatres.

The overall nursing position is an adverse in month variance of £33k. Included within the adverse variance is the cost of providing additional capacity of £0.2m.

Scientific Technical & Therapeutic (ST&T) - ST&T remains within budget, pay costs increased from M3 by £117k due to an increase in fill rate against vacant posts within Pharmacy(8.41wte), Pathology(5wte), Radiology(1.43wte) & Oncology(1.06wte). An assessment of activity suggests there were no material benefits to increased capacity.

Business cases – contained within the month 4 position is a favourable variance of £51k as a result of slippage against planned business cases. The split of the variance is Medics – (£19k), Nursing –£16k, ST&T - £52k and Non Clinical - £2k. The adverse variance within Medics is attributable to a YTD release of ED Overnight and Heart Failure Business cases .

Non Pay Expenditure Month 4 – July 2018

In July non pay expenditure was £16.2m, an over spend against plan of £0.3m.

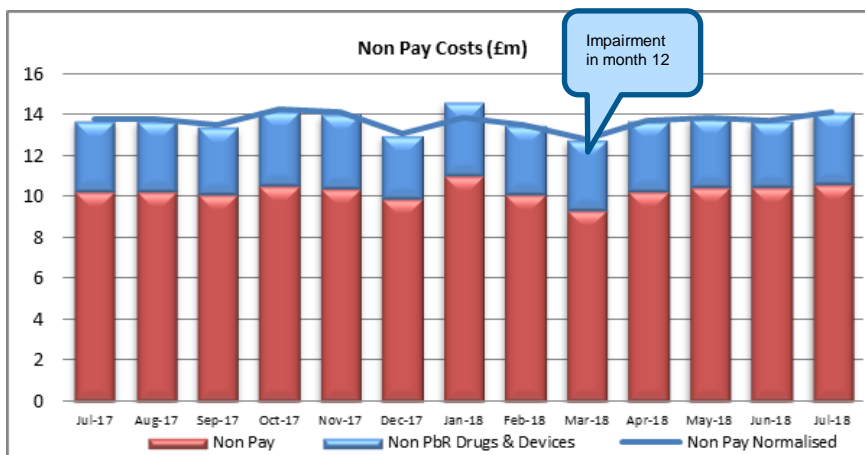
Key Variances YTD include:

- Non Pbr pass through items £0.8m
- Business cases/reserves £0.6m
- Work sent out Radiology/Pathology/Dermatology (£0.2m)
- Increased medical demand (£0.2m)
- Increased CIP profile with no increase in actual delivery (£0.2m)

The overall run rate on non pay increased in July driven by an increase in Radiology work sent out and Four Eyes phase 2 invoice

In July total non pay expenditure, excluding depreciation, PDC and interest payable, was £14.1m. Including these items total non pay expenditure is £16.2m.

FT Subjective	Jul-18			Year to Date		
	Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Clinical Supplies & Services	(3,739)	(4,082)	(343)	(15,541)	(15,831)	(290)
Drugs	(715)	(728)	(13)	(2,859)	(2,870)	(10)
Non PbR Drugs	(3,242)	(3,171)	71	(12,967)	(12,178)	789
Non PbR Devices	(321)	(334)	(13)	(1,285)	(1,306)	(21)
Establishment Expenses	(344)	(334)	11	(1,382)	(1,298)	84
General Supplies & Services	(574)	(550)	24	(2,296)	(2,315)	(19)
Other	(4,878)	(4,940)	(61)	(19,549)	(19,541)	9
TOTAL NON PAY	(13,813)	(14,139)	(326)	(55,879)	(55,339)	540
Depreciation	(907)	(844)	63	(3,373)	(3,309)	64
PDC - Dividend	0	0	0	0	0	0
Interest Payable	(1,268)	(1,250)	17	(5,065)	(5,001)	64
Interest Receivable	4	0	(4)	14	0	(14)
Impairment Losses	0	0	0	0	0	0
GRAND TOTAL	(15,984)	(16,233)	(249)	(64,303)	(63,649)	654



Run Rate Changes

The non pay line excluding Non PbR, depreciation, PDC and interest payable increased in month by £0.14m as a result of payment of Four Eyes phase 2 invoice. Including these items total non pay increased by £0.5m.

The key driver of the in month increase was non pbr pass through items.

Key Variances M4:

Clinical Supplies and Services.

Expenditure on clinical supplies & services was £4.08m in month. The run rate for clinical supplies increased in month as a result of increased Radiology work sent out expenditure. The increase is primarily as a result of retrospective costs not previously captured. A process is being put in place to ensure this does not happen going forward.

Non PbR Drugs.

Expenditure on Non PbR Drugs was £3.17m in month. The expenditure is £0.07m lower than plan and is attributable to lower activity levels.

Other

Contained within the "Other" line is an overspend relating to Four Eyes phase 2 invoice. Benefits of the project are planned to commence from August to offset costs incurred to date.

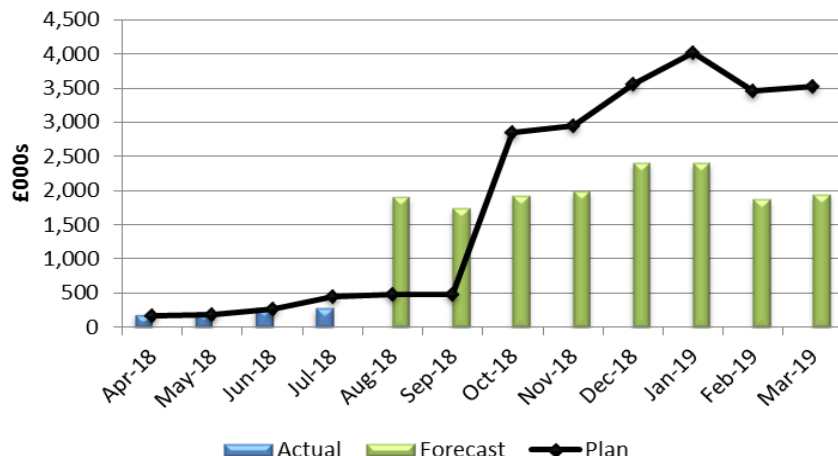
Key Variances YTD include:

- Non Pbr pass through items £0.8m
- Business cases/reserves £0.6m
- Work sent out Radiology/Pathology/Dermatology (£0.2m)
- Increased medical demand (£0.2m)
- Increased CIP profile with no increase in actual delivery (£0.2m)

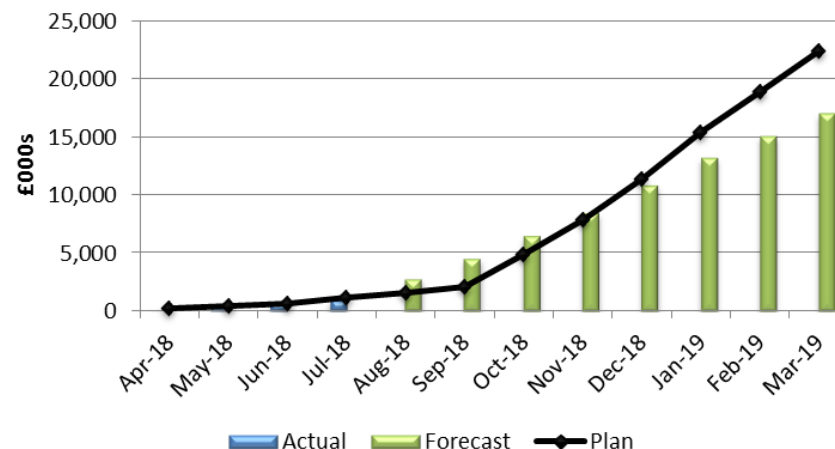
CIP Performance

Month 4 – July 2018

CIP Plan Vs Actuals (Green Schemes)



CIP Plan vs Actuals Cumulative (Green Schemes)



M5 forecast includes recognition of Theatres, Outpatient and Non Recurrent CIP schemes delivered in M1-4

	M1 £000's	M2 £000's	M3 £000's	M4 £000's	M5 £000's	M6 £000's	M7 £000's	M8 £000's	M9 £000's	M10 £000's	M11 £000's	M12 £000's	Total
Original Plan - NHSI June Submission	163	188	272	453	473	478	2,842	2,952	3,558	4,025	3,459	3,527	22,391
Actual/Forecast Delivery (Green Schemes)	176	198	272	267	1,893	1,734	1,923	1,976	2,400	2,395	1,867	1,937	17,037
Investment	(60)	(60)	(76)	(60)	(152)	(210)	(210)	(210)	(168)	(105)	(105)	(105)	(1,521)
Net Position	116	138	197	207	1,741	1,524	1,713	1,766	2,232	2,290	1,762	1,832	15,516

The above forecast assumes delivery of all schemes categorised as green on CIP tracker dated 22nd August.

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.

In July the Balance Sheet is behind the plan by £5.8m

Significant variances this month include:

- Property, plant and equipment is £13m lower than plan. This is due to ASR PDC and loans, funding capital expenditure as per the plan, has not been received yet.
- Trade and Other Payables is £7m lower than plan, mainly due to capital expenditure, as per the comments above.
- Other liabilities include £8.8m of deferred income, sales invoices related to September SLA's raised in August.

July

	Budget	Actual	Fav/(Adv)
	£000s	£000s	
Assets			
Property, Plant and Equipment, non current	190,017	177,582	(12,435)
PFI Property, plant & equipment, non current	88,493	87,895	(598)
Intangible Assets, non current	2,663	2,668	5
Trade and Other Receivables, non current	2,743	2,861	118
Total Non Current Assets	283,916	271,006	(12,910)
Inventories	10,209	8,923	(1,286)
Trade and Other Receivables, current	31,445	30,006	(1,439)
Other Assets, Current	0	0	0
Cash and Cash Equivalents	1,930	12,166	10,236
Assets Held for Sale	400	400	0
Total Current Assets	43,984	51,495	7,511
Total Assets	327,900	322,501	(5,399)
Current Liabilities			
Trade and Other Payables	(50,450)	(43,236)	7,214
Borrowings PFI	(1,406)	(1,406)	0
DH Revenue Support Loan	(54,771)	(54,771)	0
DH Capital Loan	(2,904)	(2,904)	0
Interest payable on DH Loans	(708)	(708)	0
Provisions	(870)	(840)	30
Other Liabilities	(1,496)	(9,279)	(7,783)
Total Current Liabilities	(112,605)	(113,144)	(539)
Net Current Assets/(Liabilities)	(68,621)	(61,649)	6,972
Non Current Liabilities			
Borrowings PFI	(60,704)	(60,704)	0
DH Revenue Support Loan	(124,520)	(124,520)	0
DH Capital Loan	(27,525)	(27,525)	0
Provisions	(2,907)	(2,964)	(57)
Other Liabilities	(3,329)	(3,159)	170
Total Non-Current Liabilities	(218,985)	(218,872)	113
Total Assets Employed	(3,690)	(9,515)	(5,825)
Financed by Taxpayers Equity:			
Public Dividend Capital	190,347	190,347	0
Revaluation reserve	69,238	69,238	0
Other reserves	(861)	(861)	0
I&E Reserve - Breakeven Performance	(225,106)	(230,931)	(5,825)
I&E Reserve - IFRS Transition and non breakeven	(37,308)	(37,308)	0
Total Taxpayers Equity	(3,690)	(9,515)	(5,825)

Cash

At the end of July the cash balance was £12.1m, £10.2m above the plan. The £10.2m include STF 2017/18 bonus of £3.288m, PDC receipt of £3m, NHSE 2017/18 contract settlement of £3.753m which were expected later. Expenditure against this cash receipts was forecast in August, therefore the cash balance is carried forward to August.

Interim Support/Borrowings

The Trust will require cash support in line with its planned deficit of £41.5m, control total pre PSF. The Trust has already received £12.7m in revenue loans and £3.231m in capital loans as at end of August.

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

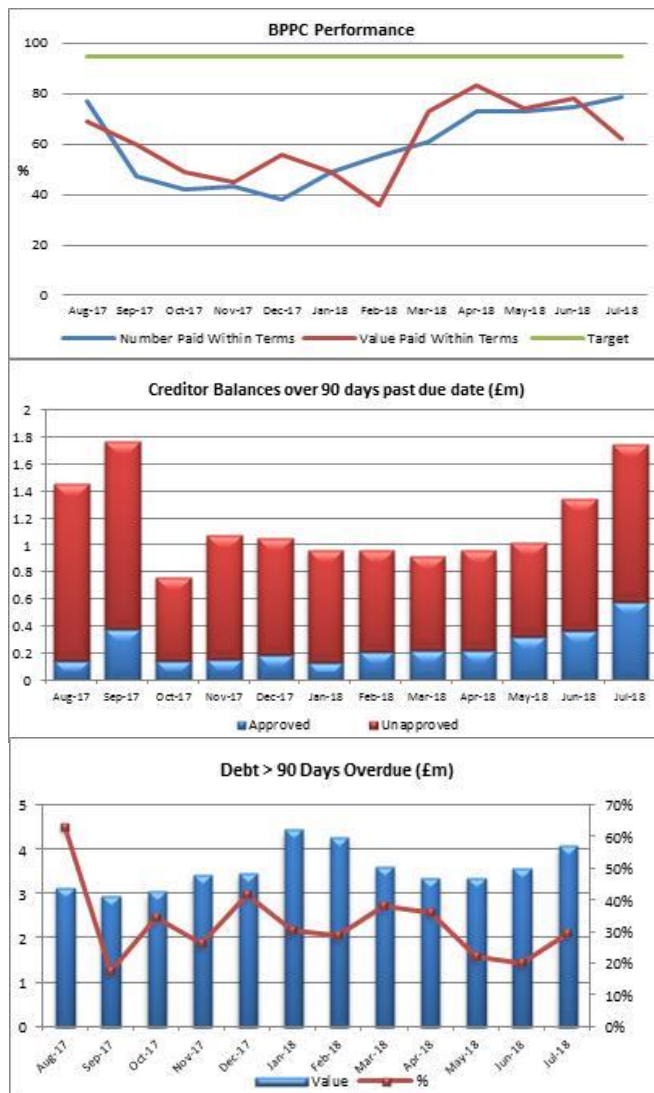
	Borrowing Balances		
	Capital £000s	Revenue £000s	Total £000s
Radiotherapy Loan	17,336		17,336
IT Infrastructure Loan	1,980		1,980
Emergency Department Loan	3,800		3,800
Capital Emergency Loan	7,313		7,313
Interim Revenue Support Loan		179,291	179,291
PFI Borrowings	62,110		62,110
Total borrowing	92,539	179,291	271,830

The Trust received £1m in August and forecast to receive further £7.238m in September to align with Qtr1 actual performance.

The working capital balance remains negative in July.

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

The Trust doesn't hold sufficient level of cash to cover its operating expenditure, liquidity ratio is a negative value. This also effects the long term cash availability, as the Trust cannot repay its revenue loans. The Trust is due to repay £38.1m in December this year but has agreed with NHSI that we will formally request deferral of repayment. Decision awaited.



Better Payment Practice Code (BPPC) performance has declined in value paid within terms, however the number of invoices paid within terms have increased, which means that more low value invoices have been paid this month. 79%, 7,401 invoices out of 9,326, and 62% value, £12m worth of invoices out of £20.1m were paid on time this month.

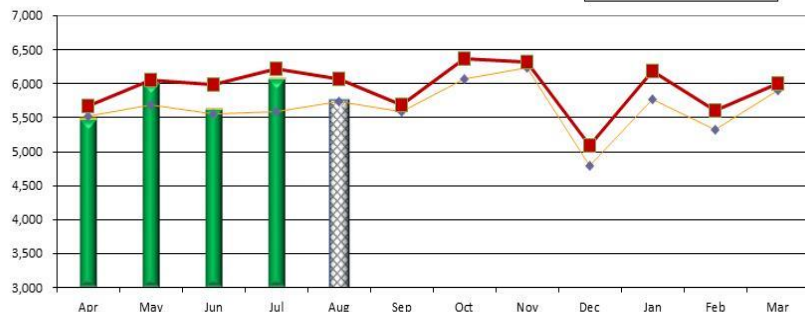
Outstanding creditors over 90 days past the due date have increased this month by £0.405k. The most significant aged creditors over 90 days overdue are Birmingham Women & Children £227k, Computacenter £218k, Siemens £115k, UHB NHS FT £188k, Worcs HC NHST £176k, Elkin Consulting £111k.

The debt over 90 days overdue has increased by £0.5m this month with the value at the end of the month being £4.097m, 29% of the total debt. Debtors with most significant outstanding values over 90 days are South Worcs CCG £1,452k, NHS Redditch and Bromsgrove CCG £408k, NHS Wye Forest CCG £213k, Worcs HC NHST £215k for ICT recharges, pharmacy gain share, maternity pathways, various SLA's. The finance team are proactively working to resolve debt levels.

Activity – Elective, Day Cases and Outpatients New

Daycase activity (includes Paediatrics and Chemotherapy delivery)

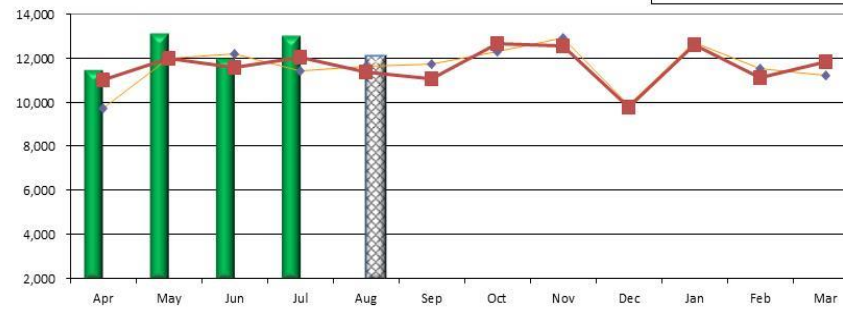
Forecast based upon activity up to 19th Aug



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 19th Aug



2018/19 Actual Forecast - A&E 2017/18 Actual 2018/19 Plan

Elective activity (includes Paediatrics)

Forecast based upon activity up to 19th Aug



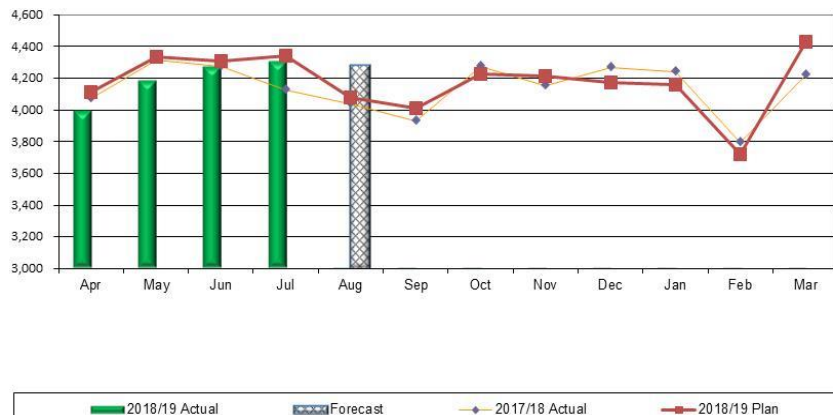
2017/18 Actual - Private Forecast 2018/19 Actual 2017/18 Actual 2018/19 Plan

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	5,617	9	670	0
Jul	6,064	1	705	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	23,161	68	2,685	0

Activity – Outpatients, Non Elective and A&E

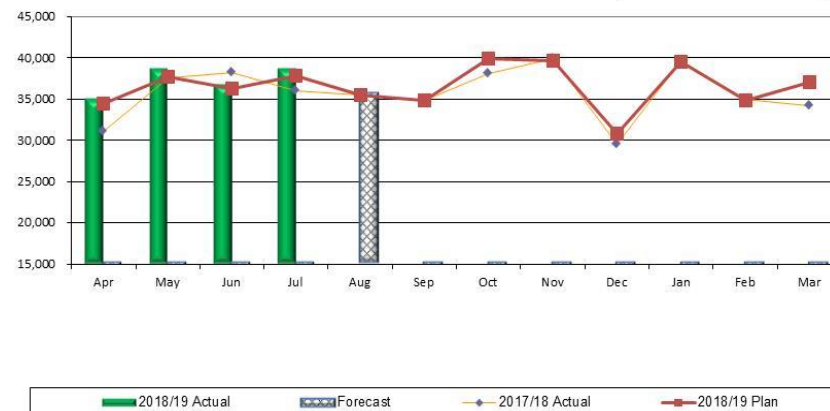
Non Elective - Emergency Discharged activity (includes Paediatrics)

Forecast based upon activity up to 19th Aug



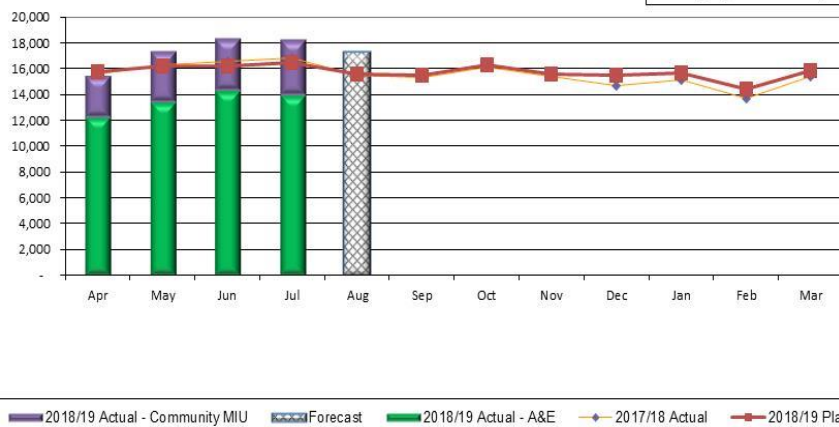
Outpatient activity (includes Paediatrics)

Forecast based upon activity up to 19th Aug

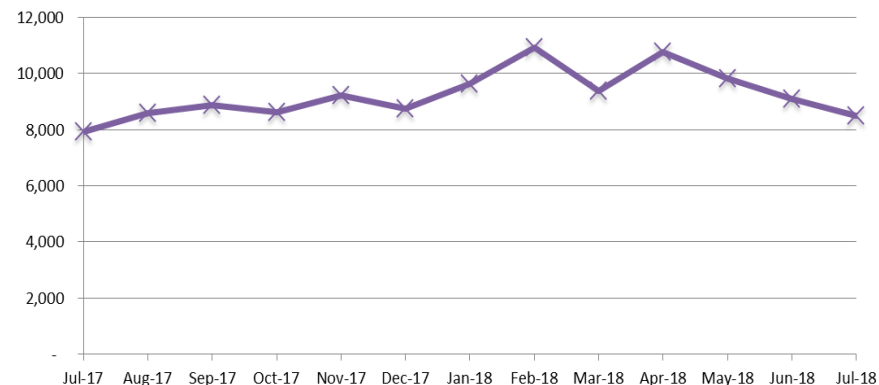


A&E activity

Forecast based upon activity up to 19th Aug



**Stranded Patients - Occupied Bed Days
July 17 - July 18**





Worcestershire Acute Hospitals NHS Trust

Quality Metrics Overview

Enc D



Reporting Period: July 2018

SAFE																							
Area	Indicator Type	Indicator		Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Current YTD	Prev Year	2018/19 Tolerances			SRO	Data Quality Kite mark
																			On Target	Of Concern	Action Required		
Incidents	Local	QPS3.3	Number of overdue SIs	8	6	11	10	7	5	4	1	1	4	0	0	0			0	-	>0	CMO	
Falls	Local	QPS6.6	Falls: Total Falls Resulting in Serious Harm (In Month)	3	3	6	2	1	2	0	1	2	2	1	2	1	6	24	<=1	-	>=2	CNO	
VTE	National	QPS11.1	VTE Risk Assessment (as recorded in Bluespier and OASIS)	94.25%	90.73%	91.52%	93.64%	94.21%									94.71%	92.88%	>=95%	94% - 94.9%	<94%	CMO	
	National	QPS11.2	VTE Risk Assessment (as recorded in OASIS only - Aug-17 onwards)						89.64%	92.42%	91.85%	90.65%	93.74%	95.13%	94.35%	95.51%			>=95%	94% - 94.9%	<94%	CMO	
Never Events	National	QPS4.1	Never Events	0	1	0	0	1	0	0	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)	1	1	1	2	1	1	2	2	2	2	1	1	0	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)	4	3	7	3	3	0	3	1	3	3	2	3	6	14	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	0	0	0	0	0	-	>0	CNO	
	National	QPS12.131	MRSA Patients Screened (High Risk Wards Only) - Elective	96.4%	95.6%	98.0%	96.1%	97.4%	97.6%	95.1%	98.8%	97.3%	96.8%	95.5%	95.6%	97.70%	1		>=95	-	<95%	CNO	
	Contractual	QPS12.14	Ecoli Cases (Trust Attributable)	6	5	9	4	0	4	3	3	4	5	5	6	6	22	62	-	-	-	CNO	
C-Sections	Contractual	MCS1.2	Emergency Caesareans	14.70%	18.40%	18.50%	16.00%	14.90%	17.20%	18.10%	18.90%	15.40%	12.60%	14.10%	12.10%	14.00%	13.20%	16.14%	<=15.2%		>15.2%	CNO	

EFFECTIVE																							
Mortality	National	QPS9.81	Mortality - HSMR - All Diagnostic Groups - rolling 12 months*	102.67	103.87	102.50	102.80	102.28	103.74	104.55	104.82	104.14					-	-	<=100	-	-	DPS	
	National	QPS9.1	Mortality - SHMI (HED tool) Inc. deaths 30 days post discharge - rolling 12 months*	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)	38.90%	42.40%	53.10%	54.97%	51.85%	18.13%	56.28%	52.59%	45.11%	34.16%	58.62%	51.46%				>=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	382	408				-	-	-	DPS	
EMSA	National	QEX3.1	EMSA - Eliminating Mixed Sex Accommodation	40	33	37	46	47	59	50	39	32	55	62	62	55	234	487	0	-	>0	CNO	
NOF	National	QEF3.1	Hip Fracture - Time to Theatre <= 36 hrs (%)	85.96%	67.12%	79.31%	80.00%	85.19%	81.33%	80.95%	80.65%	81.48%	73.33%	79.10%	68.52%	76.60%		81.4%	>=85%	-	<85%	CMO	
	National	QEF3.2	Hip Fracture - Time to Theatre <= 36 hrs (%) - Excl. Unfit/Non-Operative Pts	94.23%	79.03%	92.00%	88.89%	100.00%	92.42%	94.44%	94.34%	89.80%	83.02%	84.13%	84.09%	87.50%		91.9%	>=85%	-	<85%	CMO	
Audits	Local	QR1.9	% Of NICE assessments completed within 12 weeks following publication	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%	74.60%	81.69%	79.39%			>=85%	84%- 75%	<75%	CMO	
	Local	QR1.13	Complete an annual programme of local clinical audit										0.0%	1.0%	2.0%	5.0%			>=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%	95.00%	95.00%	95.00%			>=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)					91.84%	85.62%	78.95%	73.60%	73.75%	80.13%	80.35%	81.46%	73.93%	-	-	>=95%	85% - 94%	<85%	CNO	
	National	QEX2.2	Friends & Family - A&E (Response Rate %)	4.92%	5.35%	4.71%	5.12%	4.97%	3.54%	1.3%	6.10%	3.59%	6.64%	5.72%	6.00%	4.86%	5.77%	-	>=20%	-	<20%	CNO	
	National	QEX2.61a	Friends & Family - Acute Wards (% Recommend)					96.72%	93.75%	95.21%	94.84%	93.58%	96.27%	94.45%	94.49%	94.14%	-	-	>=95%	85% - 94%	<85%	CNO	
	National	QEX2.62	Friends & Family - Acute Wards (Response Rate %)	8.58%	8.93%	8.65%	7.32%	8.63%	5.18%	6.79%	9.30%	5.65%	7.51%	8.69%	17.46%	19.33%	13.30%	-	>=30%	-	<30%	CNO	
	National	QEX2.7a	Friends & Family - Maternity (% Recommend)					99.01%	95.64%	97.02%	97.51%	98.73%	98.68%	98.26%	97.25%	98.60%	-	-	>=95%	85% - 94%	<85%	CNO	
	National	QEX2.8	Friends & Family - Maternity (Response Rate %)	23.13%	23.28%	32.31%	22.60%	15.38%	19.61%	34.04%	34.93%	19.14%	30.18%	26.56%	22.38%	27.99%	26.75%	-	>=30%	-	<30%	CNO	
	National	QEX2.10a	Friends & Family - Outpatients (% Recommend)					94.96%	91.23%	91.79%	92.17%	92.39%	92.44%	92.60%	90.79%	92.17%	-	-	>=95%	85% - 94%	<85%	CNO	
	National	QEX2.11	Friends & Family - Outpatients (Response Rate %)	3.28%	2.60%	2.66%	2.95%	2.63%	1.70%	3.67%	5.69%	4.13%	5.32%	4.40%	4.06%	4.13%	4.46%	-	>=10%	-	<10%	CNO	

RESPONSIVE																							
Complaint Management	Local	QEX1.24	Formal Complaints - Received In Month	42	49	50	55	69	31	62	52	56	55	61	44	58	268	607	-	-	-	CNO	
	Local	QEX1.37	Formal Complaints - % responded within 25 days (closed in month)	37.50%	31.15%	42.50%	42.42%	52.63%	40.43%	44.26%	53.33%	78.57%	77.78%	81.08%	82.61%	87.10%			>=80%	70-79%	<=69%	CNO	
	Local	QEX1.41	Formal Complaints - % of further concerns received	11.9%	8.2%	6.0%	9.1%	1.5%	12.9%	5.0%	4.0%	0.0%	0.0%	3.0%	0.0%	0.0%			<10%	-	>=10%	CNO	

* A new electronic mortality review system was introduced at the end of 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

Performance Metrics Overview



Reporting Period: July 2018

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

Area	Indicator Type	Indicator			Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-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			95.82%	95.58%	96.76%	98.37%	98.71%	97.73%	97.26%	97.46%	96.20%	92.63%	89.89%	89.69%	86.51%			National	>=99%	-	<99%	COO	<div></div>	
	National	CW3.0	RTT - Patients on an incomplete pathway (within 18 weeks)			83.82%	84.29%	84.49%	85.47%	85.49%	84.45%	84.46%	84.46%	83.24%	84.15%	84.76%	83.86%	82.87%			National	>=92%	-	<92%	COO	<div></div>	
	National	CW4.0	RTT - Patients waiting 52 weeks or more for treatment			37	28	63	12	21	14	3	2	4	3	2	1	0			National	0	-	>=1	COO	<div></div>	
A & E	National	CAE1.1a	4 Hour Waits (%) - Trust			82.43%	79.76%	82.24%	81.85%	80.33%	74.98%	73.28%	72.12%	71.28%	75.34%	78.77%	79.80%	78.00%	78.06%	78.91%	National	>=95%	-	<95%	COO	<div></div>	
	Local	CAE2.1	12 hour trolley breaches			1	0	0	0	17	4	8	24	75	44	28	3	2	77	140	Local	0		0	COO	<div></div>	
	National	CAE3.1	Time to Initial Assessment for Pts arriving by Ambulance (Mins) - 95th Percentile			22	28	28	29	32	41	56	58	59	68	47	40	51	53	-	National	<=15mins	-	>15mins	COO	<div></div>	
	National	CAE3.2	Time to Initial Assessment for All Patients (Mins) - 95th Percentile			26	27	27	29	29	36	46	49	49	64	55	64	66	61	-	National	<=15mins	-	>15mins	COO	<div></div>	
	National	CAE7.0	Ambulance Handover within 15 mins (%) - WMAS data			57.90%	57.90%	55.20%	50.30%	46.20%	38.10%	33.30%	28.90%	28.60%	33.30%	36.70%	53.60%	51.00%	41.60%	46.30%	National	>=80%	-	<80%	COO	<div></div>	
	National	CAE8.0	Ambulance Handover within 30 mins (%) - WMAS data			87.50%	87.80%	86.40%	85.30%	80.50%	75.00%	70.40%	67.40%	71.40%	73.80%	78.80%	85.70%	83.40%	79.70%	81.20%	National	>=95%	-	<95%	COO	<div></div>	
	National	CAE9.0	Ambulance Handover over 60 minutes - WMAS data			63	78	95	99	152	254	372	336	335	263	174	123	210	548	1,992	Local	0		>0	COO	<div></div>	
Cancer	National	CCAN1.0	2WW: All Cancer Two Week Wait (Suspected cancer)			79.14%	78.61%	86.77%	90.81%	92.75%	85.42%	83.74%	87.79%	77.75%	70.48%	77.49%	65.62%	74.96%	74.03%	80.63%	National	>=93%	-	<93%	COO	<div></div>	
	National	CCAN2.0	2WW: Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)			84.38%	89.31%	93.68%	93.55%	95.17%	87.91%	63.64%	89.15%	55.65%	45.96%	51.76%	27.66%	55.68%	54.16%	71.79%	National	>=93%	-	<93%	COO	<div></div>	
	National	CCAN3.0	31 Days: Wait For First Treatment: All Cancers			98.05%	97.83%	96.65%	98.21%	98.28%	97.55%	97.24%	97.11%	98.11%	97.39%	97.32%	98.80%	97.86%	97.83%	97.63%	National	>=96%	-	<96%	COO	<div></div>	
	National	CCAN7.0	62 Days: Wait For First Treatment From Urgent GP Referral: All Cancers			75.52%	76.58%	72.65%	69.90%	72.76%	71.88%	69.39%	74.06%	82.93%	79.11%	76.01%	72.14%	73.61%	75.52%	72.65%	National	>=85%	-	<85%	COO	<div></div>	
	Local	CCAN7.2	62 Days: Wait For First Treatment From Urgent GP Referral: Breast*			100.00%	86.21%	82.05%	100.00%	93.75%	86.96%	69.23%	90.91%	86.44%	87.50%	85.19%	86.67%	93.55%	88.46%	88.59%	National	>=97%	-	<97%	COO	<div></div>	
	Local	CCAN7.3	62 Days: Wait For First Treatment From Urgent GP Referral: Gynae*			71.43%	100.00%	50.00%	62.50%	57.14%	76.92%	71.43%	0.00%	100.00%	81.82%	55.00%	60.00%	69.23%	64.81%	74.12%	National	>=83%	-	<83%	COO	<div></div>	
	Local	CCAN7.4	62 Days: Wait For First Treatment From Urgent GP Referral: Haematological*			91.67%	100.00%	66.67%	83.33%	83.33%	77.78%	60.00%	60.00%	76.00%	71.43%	70.00%	75.00%	92.86%	78.26%	78.71%	National	>=86%	-	<86%	COO	<div></div>	
	Local	CCAN7.5	62 Days: Wait For First Treatment From Urgent GP Referral: Head & Neck*			30.77%	100.00%	0.00%	0.00%	44.44%	11.76%	41.67%	26.67%	28.57%	100.00%	71.43%	10.00%	50.00%	55.10%	28.79%	National	>=74%	-	<74%	COO	<div></div>	
	Local	CCAN7.6	62 Days: Wait For First Treatment From Urgent GP Referral: Lower Gastro*			56.25%	37.14%	28.57%	55.26%	60.00%	65.00%	54.55%	51.16%	80.00%	71.43%	70.00%	73.91%	80.00%	73.81%	52.19%	National	>=77%	-	<77%	COO	<div></div>	
	Local	CCAN7.7	62 Days: Wait For First Treatment From Urgent GP Referral: Lung*			33.33%	80.00%	20.00%	38.46%	42.86%	58.82%	28.57%	53.85%	50.00%	57.14%	75.00%	75.00%	60.00%	66.67%	56.08%	National	>=81%	-	<81%	COO	<div></div>	
	Local	CCAN7.8	62 Days: Wait For First Treatment From Urgent GP Referral: Skin*			93.75%	96.97%	100.00%	98.41%	92.86%	98.44%	91.18%	90.63%	97.30%	96.88%	100.00%	100.00%	87.88%	96.45%	94.99%	National	>=96%	-	<96%	COO	<div></div>	
	Local	CCAN7.9	62 Days: Wait For First Treatment From Urgent GP Referral: Upper Gastro*			66.67%	66.67%	68.42%	71.43%	62.50%	76.67%	48.15%	66.67%	90.91%	57.14%	90.48%	53.85%	56.86%	60.25%	67.03%	National	>=80%	-	<80%	COO	<div></div>	
	Local	CCAN7.10	62 Days: Wait For First Treatment From Urgent GP Referral: Urological*			64.00%	65.12%	69.70%	53.85%	60.53%	63.83%	78.48%	83.54%	83.33%	77.14%	59.68%	53.21%	56.86%	60.25%	65.16%	National	>=81%	-	<81%	COO	<div></div>	
	Local	CCAN7.11	62 Days: Wait For First Treatment From Urgent GP Referral: Other*			-	-	100.00%	40.00%	100.00%	0.00%	-	-	-	33.33%	100.00%	100.00%	0%	70.00%	56.10%	National	-	-	-	COO	<div></div>	
	National	CCAN8.0	62 Days: Wait For First Treatment From National Screening Service Referral: All Cancers (Small numbers)			94.12%	85.71%	88.24%	92.86%	96.15%	93.10%	76.00%	69.23%	71.43%	85.19%	85.19%	90.00%	90.70%	86.41%	87.73%	National	>=90%	-	<90%	COO	<div></div>	
	Local	CCAN12.0	62 Days waits: 62 day treatments waiting over 62 days			187	166	157	121	101	114	95	73	78	83	93	107	113									
	Local	CCAN10.0	104 Day waits : 62 day treatments waiting over 104 days			30	33	35	45	27	27	26	27	24	15	21	17	20									
	Local	CCAN11.0	Cancer Long Waiters (104+ Days) - treated in month			6.0	13.0	9.5	12.5	19.0	11.0	12.0	10.0	12.0	7.5	9.5	9.5	12.0	38.5	127.0	-	-	-	-	COO	<div></div>	
Stroke**	Local	CST1.1	80% of Patients spend 90% of time on a Stroke Ward			55.4%	68.5%	67.6%	74.6%	75.4%	50.0%	70.0%	59.3%	60.7%	64.3%	62.5%	75.0%	63.1%	65.90%	1	Local	>=80%	-	<80%	COO	<div></div>	
	Local	CST2.1	Direct Admission (via A&E) to a Stroke Ward			31.6%	34.5%	29.8%	43.8%	23.3%	25.0%	32.4%	27.8%	27.3%	17.6%	22.0%	40.0%	31.3%	26.00%	0	Local	>=90%	-	<90%	COO	<div></div>	
	Local	CST3.1	TIA clinic within 24 hours			5.5%	43.2%	71.4%	83.0%	76.6%	55.0%	77.2%	80.5%	85.0%	68.3%	76.8%	77.6%	44.2%	73.40%	0	Local	>=60%	-	<60%	COO	<div></div>	
	Local	CST4.0	CT scan within 60 minutes of arrival			34.2%	35.7%	38.7%	35.7%	28.6%	21.9%	27.1%	37.9%	23.6%	36.4%	38.8%	34.0%	35.5%	36.20%	34.90%	Local	>=80%	-	<80%	COO	<div></div>	
Inpatients (All)	Local	PIN1.5	Bed Occupancy (Midnight General & Acute) - WRH			97.1%	96.1%	96.6%	98.6%	97.1%	97.2%	98.8%	100.2%	99.9%	99.8%	99.8%	98.8%	100.2%	99.7%	97.4%	Local	<90%	90 - 95%	>95%	COO	<div></div>	
	Local	PIN1.6	Bed Occupancy (Midnight General & Acute) - ALX			83.0%	86.0%	84.6%	85.2%	85.9%	88.6%	92.3%	91.2%	91.7%	87.2%	87.2%	87.3%	88.2%	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			39.30%	40.46%	37.55%	38.44%	41.11%	44.44%	47.27%	44.30%	45.12%	40.20%	38.41%	41.18%	39.19%			Local	<=45%	-	>45%	COO	<div></div>	
	National	PIN3.1	Delayed Transfers of Care SitRep (Patients) - Acute/Non-Acute			35	27	33	31	31	54	51	38	25	36	35	40	25			Local	<30	-	>=30	COO	<div></div>	
Elective	National	PIN3.2	Delayed Transfers of Care SitRep (Days) - Acute/Non-Acute			622	775	834	845	936	1127	1160	876	923	830	803	713	617	3803	-	-	-	-	COO	<div></div>		
	National	PEL3.1	Number of patients - 28 Day Breaches (cancelled operations)			5	17	12	10	8	16	38	15	19	36	19	34	8	97	-	TBC	-	-	-	-	COO	<div></div>
	National	PEL4.2	Urgent Operations Cancelled for 2nd time			0	0	0	0	2	1	1	0	1	0	1	1	3	5	7	National	<=0	-	>0	COO	<div></div>	
Emergency	Local	PEM2.0	Length of Stay (All Patients)			4.2	4.4	4.8	4.4	4.3	4.5	4.8	5.0	4.9	5.2	4.6	4.6	4.5	4.7	4.6	Local	TBC	TBC	TBC	COO	<div></div>	
	Local	PEM3.0	Length of Stay (Excluding Zero LOS Spells)			6.2	6.3	6.8	6.5	6.4	6.6	7.0	7.2	7.1	7.5	6.9	6.9	6.6	7.0	6.6	-	-	-	-	COO	<div></div>	
Dementia	National	QEF1.1	Dementia: Find, Assess, Investigate and Refer (Pt 1 - Find)			97.1%	94.1%	96.0%	95.4%	95.4%	95.5%	94.3%	91.5%	88.1%	89.9%	88.1%	85.4%	93.3%	90.3%	94.1%	National	>=90%	-	<90%	CMO	<div></div>	
	National	QEF1.2	Dementia: Find, Assess, Investigate and Refer (Pt 2 - Investigate)			90.2%	95.1%	94.9%	85.7%	89.6%	95.6%	96.4%	93.5%	92.2%	93.4%	94.3%	90.5%	93.7%	93.0%	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.

** Stroke metrics are reported one month in arrears

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