



Integrated Performance Report – May 2016

Executive Summary



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Integrated Performance Outcomes – May 2016

- The metrics associated with unscheduled care (patient moves, 12 hour DTA breaches) continue to be impacted by the operational pressures. The overall quality metrics, however, remain in a positive position.
- The average bed occupancy for the Trust was 95.6%, lower than April but with very challenging periods when occupancy peaked at 98%. There were an average 39 escalation beds open and a maximum of 57. The number of medically fit for discharge patients remained above 190 per day in month and the number of delayed transfers of care increased to 5.1%, its highest level and 4% up on the same period last year.
- Given this challenging operating environment it is a credit to staff across the Trust that safety has continued the strong performance seen in previous months. Of particular note was the improved rating of stroke services to a Band C, with further improvement to a Band B forecast from the end of Q4, with associated patient, staff morale and strategic benefit.
- The 4 hour A&E performance improved during the month to 79.99%. In the second half of the month performance improved to 84%. Following the launch of the medical take model and short stay medical unit as planned on 1st June, this improvement continued. This resulted in forecast performance of 85% in the last week of June being delivered 2 weeks ahead of schedule. In addition, ambulance handover delays reduced to their lowest level for a year. The key issue going forwards will be to embed the changes in these two areas along with the frailty team changes to deliver the full benefits, whilst addressing workforce gaps at junior doctor level across the urgent care pathway and accelerating the roll-out and consistent practice of SAFER across 40 wards. Whilst moving at pace to implement the urgent care improvement plan, it should be noted that the continuous improvement needed in many processes that are fundamental to the new models of care will take 3-6months from the 1st June before the full benefit is realised.
- The RTT standard was delivered. There were 70 on the day cancellations and no breaches of the 28 day standard. On the day cancellations are forecast to reduce significantly in June, with no breaches of the 28 day standard.
- The Trust is forecasting achievement of 4 of the 8 national cancer standards, provisionally, 62 day and 31 day first definitive treatment, 62 day screening and 2 wk. breast symptomatic have not been achieved. All are expected to improve once validation and capture of all treatments is completed. Provisionally 6 patients were treated outside the 104 day maximum wait standard.
- Diagnostics was on track to achieve the 99% standard from June 2016.
- The 2016-17 Income and Expenditure annual plan delivers a £1.2m surplus. The Trust's I&E position at the end of Month 2 is an actual deficit of £4.4m, this is in line with plan at this time. As a part of this position, Income has been reported at planned levels (with the exception of PbRX drugs). Savings of £1.4m have been recorded for the year against a plan of £1.2m. The trust has spent £1.2m of capital against a programme for the year of £17.2m. The trust has a cash balance of £2.4m at the end of May. The minimum level of cash holding was expected to be £2.5m. Currently the trust has drawn down £31.3m of its working capital facility. The Trust has been advised that the cash support application submitted to the Independent Trust Financing Facility (ITFF) meeting in February was not taken forward and the Trust continues to be in discussion with the NHSI about the implications and management of this.

Integrated Performance Outcomes – continued

- The funded establishment has increased in May, this takes into account anticipated activity growth and investment and excludes CIP. The temporary workforce has remained at 407 FTE and comprises of 5.6% of the funded establishment. Annual Rolling Turnover is currently reported at 10.2% for May and this was similarly reported in April. Appraisal compliance has decreased over three consecutive months and currently records at 75.2% in May and is below the 85% target. Essential Skills is above target and recorded at 87.9% in Ma. Sickness absence rates in month have decreased, reporting at 3.9%, however this is still above the 3% target.

Quality of Care Key Exceptions

May performance

Exceptions to note in performance						
Indicator	March	April	May	Comment		
Safe	Pressure Ulcers Grade 3 or 4 hospital acquired	2 (grade 3)	4 (grade 3)	2 (grade 3)	<ul style="list-style-type: none"> An improvement has been noted in the number of avoidable grade 3 pressure ulcers in May compared to April, reflecting the positive impact the special measures put in place have had. Year to date position of 6 confirmed avoidable grade 3 and zero grade 4 hospital acquired pressure ulcers. Increase in unavoidable grade 3 pressure ulcers of 10 in May compared to 3 in April; due to complex health needs and co-morbidities of patients. 	
	Falls (Moderate or severe harm – confirmed)	4 (2x severe, 2x moderate harm)	2 (1x severe, 1x moderate harm)	0	<ul style="list-style-type: none"> 229 falls incidents reported; 0 (zero) of the reported falls resulted in severed harm. Current year-to-date position: 2 confirmed falls incidents; 2x severe harm with 8x moderate harm incidents to be confirmed. 	
	C.Difficile	2	4	1	<ul style="list-style-type: none"> 1 patient reported with C.Difficile attributed to the Trust in May against a monthly objective of 3. This compares with 4 reported in April. Year-to-date position of 5 cases against an objective of 7 (annual target of 40 cases). 	
	SIRIs	23	32	40	<ul style="list-style-type: none"> 40 SIRIs reported in May compared to 32 in April; increase explained by the 33 instances of 12 hour DTA breaches. To note, 1 additional 12 hour DTA breach occurred in May, but was reported to STEISS in June; therefore, the total 12 hour DTA breaches for May stands at 34 (this will be included in the SIRI figures for June). 	
Effective	HSMR	100.64 (Jan-Dec, '15)	99.46 (Feb.-Jan '16)	98.77 (Mar.-Feb. '16)	<ul style="list-style-type: none"> HSMR for the 12 months to February 2016 is 98.77; representing a decrease on the rate for the 12 months to January 2016 of 99.46. This remains within the confidence interval and is within expected range' and slightly below the nominal national average of 100. 	
Responsive	Parliamentary and Health Service Ombudsman report	N/A			<ul style="list-style-type: none"> The Parliamentary and Health Service Ombudsman (PHSO) published a report on the 24th May in a series of regular digests of summaries of their investigations. The report included two complaints which had involved care provided by the Trust in 2012/2013. The Trust had investigated both complaints, but were unable to resolve these with the complainants. In both cases, the PHSO were satisfied with the standard of clinical care provided, and the handling of the complaints, but made several recommendations. The Trust has complied with the recommendations and has seen improvements in care. 	
	Patient moves (non-clinical) after midnight	135	155	123	<ul style="list-style-type: none"> The number of non-clinical moves after midnight decreased from 155 in April (average 5.2 per day) to 123 in May (average 4.0 per day). An increase has also been seen in the number of reported non-clinical moves between 2100 and midnight, from 170 (average 5.7 per day) in April to 183 (average 5.9 per day). 	
Well-led	Friends and Family Test	In-patient response rate	26.8%	23.7%	23.4%	<ul style="list-style-type: none"> Response rate decreased from 23.7% in April to 23.4%; below the national average of 24.5% in April. Satisfaction rate decreased slightly to 93.9%; below the national average of 96% in April. The number of patients who wouldn't recommend in-patient areas increased to 1% in April; in line with the national average of 1% in April.
		ED response rate	18.8%	16.9%	14.7%	<ul style="list-style-type: none"> Response rate has slightly decreased from 16.9% in April to 14.7% in May; below the target of 15% but remains above the national average of 12.9% in April. Satisfaction rate has seen a small decrease 93.9%; continues to exceed the national benchmark of 86% in April. The number of patients who wouldn't recommend ED, increased slightly to 2.4% in April. This is significantly better than the national average of 8% in April.

Quality of Care Overview – May 2016

QUALITY SCORECARD

Domain	Performance Indicator	Target	Mar-16	Apr-16	May-16	Variation	Q1	YTD	2015/16 Outturn	Key:		
										Performance improving	Performance worsening	Performance the same
SAFETY												
Pressure ulcers												
	Grade 4 - Avoidable hospital acquired	Monitor	0	0	0	↘	0	0	0			
	Grade 3 - Avoidable hospital acquired	Monitor	2	4	2	↘	6	6	6			
	Grade 3 unavoidable	Monitor	6	3	10	↘	13	13	13			
	Grade 1 and 2	Monitor	12	16	13	↘	29	29	29			
	Pressure ulcers per 1,000 occupied bed days (All moderate and severe harm incidents reported)	Monitor	-	1.1	1.0	↘	1.05	1.05	1.05			
Falls												
	Total falls incidents	Monitor	-	222	229	↘	451	451	451			
	Falls resulting in severe harm (confirmed)	Monitor	2	2	0	↘	2	2	2			34
	Falls resulting in moderate harm (confirmed)	Monitor	2	0	0	↘	0	0	0			15
	Falls per 1,000 occupied bed days (All moderate and severe harm incidents reported)	2.0 on average each quarter	-	0.3	0.1	↘	0.2	0.2	0.2			-
Medication												
	Total medication incidents	Monitor	-	132	166	↘	298	298	298			-
	Medication incidents resulting in severe harm (confirmed)	Monitor	0	1	0	↘	1	1	1			1
	Medication incidents resulting in moderate harm (confirmed)	Monitor	0	1	0	↘	1	1	1			21
	Medication incidents per 1,000 occupied bed days (All moderate and severe harm incidents reported)	0.5 on average each quarter	-	0.2	0.3	↘	0.3	0.3	0.3			-
NHS Safety Thermometer												
	Total harm free care	Monitor	93.80%	93.90%	92.28%	↘	93.09%	93.09%	93.09%			-
	Trust harm free care	Monitor	97.60%	97.70%	97.80%	↘	97.75%	97.75%	97.75%			-
Healthcare Acquired Infection												
	MRSA - Avoidable	Zero	0	0	0	↘	0	0	0			1
	MRSA - Unavoidable	Monitor	0	0	0	↘	0	0	0			0
	C. Difficile	40 cases	2	4	1	↘	5	5	5			29
Monitoring of incidents												
	Never Events	Zero	0	1	0	↘	1	1	1			0
	Serious Incidents Requiring Investigations (SIRIs)	Monitor	23	32	40	↘	72	72	72			125
	SIRIs unresolved >60 days	Monitor	3	3	3	↘	6	6	6			28
	Duty of Candour breaches	Zero	0	0	0	↘	0	0	0			0
	Patient safety incidents (excluding SIRIs)	Monitor	1206	1521	1498	↘	3019	3019	3019			11555
	CAS alerts over deadline	Monitor	0	0	0	↘	0	0	0			0
Other safety metrics												
	Venous Thrombo-embolus (VTE) screening	95% per month	96.40%	96.30%	96.70%	↘	96.50%	96.50%	96.50%			97.49%
	Hospital Acquired VTE SIRIs	Monitor	1	1	0	↘	1	1	1			1

Safety - Overview



Responsive – Operational Overview

Performance Against TDA Accountability Framework – May

National Trust Development Agency Key Indicators	Target	Trend	2015/16												16/17		Change from last mth	Q1	Yr to date		
			J	J	A	S	O	N	D	J	F	M	A	M							
% Incomplete Pathways < 18 wks	92%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	↑	●	●
Incomplete Patients waiting > 52 wks	0		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●
Incomplete Patients waiting >40 wks	0		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	↑	●	●
Diagnostic waits: 6 weeks	99%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	↑	●	●
Endoscopy waits 6 weeks	99%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	↑	●	●
4 hr arrival to admission/transfer/discharge	95%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	↑	●	●
12 hr Trolley waits	0		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●
All 2-week wait referrals	93%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	↑	●	●
Breast symptomatic 2-week wait referrals	93%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	↑	●	●
31-day diagnosis to treatment	96%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●
31-day subsequent cancers to treatment	94%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●
31-day subsequent anti-cancer drugs	98%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	→	●	●
31-day subsequent radiotherapy	94%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●
62-day referral to treatment	85%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●
62-day screening to treatment	90%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●
Cancer maximum wait to treatment 104 day	0		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	↑	●	●
Cancelled urgent operations	0		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	↑	●	●
Urgent Operations cancelled for a 2nd time	0		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	→	●	●
Cancelled operations: 28-day guarantee	0		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	→	●	●
Total bed days blocked	N/A		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	→	●	●
Delayed Transfers of Care	3.5%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●
30 days emergency readmissions	N/A		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	↑		



NHS Constitution performance key Standards - May

Referral to Treatment (RTT) Incomplete standard

- This is all patients waiting for treatment (total waiting list) The Trust achieved the standard in May, performance was 92.3% and ahead of improvement trajectory at aggregate level with speciality fails due to capacity issues and continued unscheduled care pressures.
- There was 1 breach of the 0 tolerance 52 wk. maximum wait standard.

Diagnostic waits

- The maximum 6 week waiting time for diagnostics was not achieved, performance was 98.3% against the improvement trajectory of 98.5% (national standard 99%) and compared to South of England performance of 97.8% (April)

A&E service quality standards

- Performance was 79.99% against the 95% standard and improvement trajectory of 76.1% (April performance 76.2%) Attendances in May averaged 402 per day compared to 381 per day in May last year despite the direct admission of GP heralded patients.
- There were 34 breaches of the 12 hr trolley wait standard

Cancer standards - Provisional

- 4 of the 8 national standards were achieved. 31 day and 62 day first definitive treatment, 62 day screening and 2 wk. breast symptomatic are currently not being achieved, validation and capture of all treatments is expected to improve performance but the standards are unlikely to be achieved.
- Provisionally there were 6 patients who waited more than 104 days for treatment.

Cancelled operations

- There were no breaches of the 0 tolerance 28 day guarantee.
- 5 urgent operations were cancelled but none of these for a second time.

Delayed Transfers of Care

- 5.1% of patients were officially delayed in their transfer of care which is compared to 3.6 in April and 1.1% in May last year. There were a minimum of 190 medically fit for discharge patients per day in the Trust

National Trust Development Agency Key Indicators	Target	Trend	2015/16												16/17	Change from last mth	Yr to date	
			J	J	A	S	O	N	D	J	F	M	A	M				
% Incomplete Pathways < 18 wks	92%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	↑	●
Incomplete Patients waiting > 52 wks	0		●	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●
Incomplete Patients waiting >40 wks	0		●	●	●	●	●	●	●	●	●	●	●	●	●	●	↑	●
Diagnostic waits: 6 weeks	99%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	↑	●
Endoscopy waits 6 weeks	99%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	↑	●
4 hr arrival to admission/transfer/discharge	95%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	↑	●
12 hr Trolley waits	0		●	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●
All 2-week wait referrals	93%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	↑	●
Breast symptomatic 2-week wait referrals	93%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	↑	●
31-day diagnosis to treatment	96%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●
31-day subsequent cancers to treatment	94%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●
31-day subsequent anti-cancer drugs	98%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	→	●
31-day subsequent radiotherapy	94%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●
62-day referral to treatment	85%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●
62-day screening to treatment	90%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●
Cancer maximum wait to treatment 104 day	0		●	●	●	●	●	●	●	●	●	●	●	●	●	●	↑	●
Cancelled urgent operations	0		●	●	●	●	●	●	●	●	●	●	●	●	●	●	↑	●
Urgent Operations cancelled for a 2nd time	0		●	●	●	●	●	●	●	●	●	●	●	●	●	●	→	●
Cancelled operations: 28-day guarantee	0		●	●	●	●	●	●	●	●	●	●	●	●	●	●	→	●
Total bed days blocked	N/A		●	●	●	●	●	●	●	●	●	●	●	●	●	●	→	●
Delayed Transfers of Care	3.5%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●
30 days emergency readmissions	N/A		●	●	●	●	●	●	●	●	●	●	●	●	●	●	↑	●

Responsive

Finance: Overview

Finance Report Month 02 2016/17

Summary

The Trust has a surplus of £1.2m as its planned financial outturn in 2016-17. However, the first quarter of the financial year has a deficit plan aligned to the 2015-16 final run rate. Actions to improve financial performance need to arise more significantly from June onwards. The trust's I&E position at the end of Month 2 is an actual deficit of £4.4m, this is in line with plan at this time. As a part of this position, Income has been reported at planned levels for May pending final validation (with the exception of PbRX drugs). The final income figures for April were £0.4m favourable to plan. Operating expenses are adverse to plan by £0.2m of which pay costs are in balance. Savings of £1.4m have been recorded for the year against a plan of £1.2m. The trust has spent £1.2m of capital against a programme for the year of £17.2m. The trust has a cash balance of £2.4m at the end of May. The minimum level of cash holding was expected to be £2.5m. Currently the trust has drawn down £31.3m of its working capital facility. The Trust has been advised that the cash support application submitted to the Independent Trust Financing Facility (ITFF) meeting in February was not taken forward and the Trust continues to be in discussion with the NHSI about the implications and management of this.

Financial Sustainability Risk Rating R				(Surplus)/Deficit £k G				Cash £k A			
	Liquidity	Capital Servicing	Overall		Plan	Actual / Forecast	Variance		Plan	Actual / Forecast	Variance
Year to Date	1	1	2	Year to Date £k	4,439	4,438	1	Year to Date £k	2,500	2,373	127
Year End Forecast	1	2	2	Year End Forecast £k	(1,200)	(1,200)	0	Year End Forecast £k	2,500	2,500	0
<p>The Financial Sustainability Risk Rating adds 2 further metrics to Monitor's Continuity of Services Risk Rating (CoSRR). The trust's risk rating at the end of April is a '1', which is in line with plan. The end of year forecast indicates a risk rating is also a 1.</p> <p>NB - a NHS trust is rated as Red for its Financial Sustainability Risk Rating unless it achieves a score above 2.5.</p>				<p>The Trust performance is in line with plan at the end of month 2. SLA over performance of £0.4m identified through the finalisation of month 1 activity returns is currently offsetting non-pay expenditure overspends relating to outsourcing costs.</p>				<p>The adverse variance on movement in working capital reflects the decrease in receivables. The Trust has made no further drawdowns or repayments against its Interim Financing Facility. The balance drawn down remains at £31.2m against a limit of £37.3m.</p> <p>The year end level of cash holding has been set to align with the TDA 10 days operating expenses which is the maximum cash holding assumed for an organisation with temporary revenue support.</p>			

Income £k G				Operating Costs £k A				Capital £k A			
	Plan	Actual / Forecast	Variance		Plan	Actual / Forecast	Variance		Plan	Actual / Forecast	Variance
Year to Date £k	86,107	86,266	(159)	Year to Date £k	84,473	84,672	199	Year to Date £k	2,427	1,246	1,181
Year End Forecast £k	539,704	539,704	0	Year End Forecast £k	501,690	501,690	0	Year End Forecast £k	17,153	18,360	(1,207)
<p>Overall the Trust is reporting a year to date position of £0.2m above plan including additional pass through payments. The Trust SLA income has an overperformance of £0.4m. This is offset by pressures in Private Patient income recovery and in RTA income. Neither of these two areas are expected to suffer a continuation of difficulties. Conversations with the CCGs on performance issues are on-going relating to the treatment of CQUINs and pay for more than the planned level of activity and this carries a risk. The Trust's estimate of activity related income for 2016/17 is significantly higher than Commissioners. Therefore, there is a risk of securing the levels of planned income. The Trust continues to work with Commissioners to find effective plans to mitigate these risks and find a joint position in relation to this.</p>				<p>At the end of month 2 the Trust is reporting a £0.2m overspend against operating expenditure. Pay is breakeven against plan budget year to date including temporary workforce costs. The non pay overspend includes a £0.1m cost pressure relating to 2015-16 commitments to outsourcing activity to the private sector. Month 2 also includes a further outsourcing pressure to the ISTC for Gastro activity of £0.2m.</p>				<p>The trust has spent £0.6m capital in May (month 2) of the new financial year and £1.246m year to date. This is less than plan YTD due to a linear capital profile being included in the original plan. An updated capital profile will be presented to the next Finance and Performance Committee meeting.</p>			

Cost Improvement Plans £k A				Key Risks:			
	Plan	Actual / Forecast	Variance				
Year to Date £k	1,185	1,398	(213)	<p>The key risks for the year relate to controlling the deficit position encountered in the first two quarters of the year and transforming this position into a subsequent surplus. Any difficulties related to this action is likely to adversely affect cash flow resulting in debtor and creditor management, and potential revisions to the capital plan. The key risks are: (a) Maintaining the performance of the budgetary control environment (b) Achieving income targets (c) The identification and delivery of a full financial improvement plan (d) The delivery of performance trajectories.</p>			
Year End Forecast £k	32,200	32,200	0				
<p>The total value of the savings programme is £32.2m in 2016-17. Saving workplans are still being developed but to date potential opportunities have been identified of £28.96m. Savings requirements escalate within the plan in the course of the year. In month 2 the savings plan was for £0.64m. Delivery against this was valued at £1.4m. There remain material risks associated with the full delivery of CIP targets and this will be covered in a separate report to the Finance Committee.</p>							

16/17 Contracts Executive Summary – key exceptions to note

16/17 Contracts - Contract information is dependent on validation processes so this report is regarding Month 1

CCG.

- **STF trajectory** plans are under way in Unscheduled care and Elective care as Service Development & Improvement Plans (**SDIP**). Progress against SDIPs requires close monitoring with Commissioners, the outcome of which is discussed at Contract meetings.
- A **Contract Performance Notice (CPN)** has been issued by CCGs for some incomplete actions in the **CQC report** which are not covered by current agreed plans. The Trust expect the actions to be added to existing plans (e.g. SDIP) by agreement, and therefore not to result in additional Remedial Action Plans.
- The CCG have introduced a revised **PLCV** policy and the Trust have brought some clinical risks and other ambiguities arising from the amendments to the attention of the Commissioners. Whilst these issues are resolved, an implementation date of **22 June** is still expected for the additional authorisation processes to apply. Failure to apply for correct authorisation will result in non-payment.
- Some proposed **QIPP** aspirations have yet to be agreed in practice, and the Indicative Activity Plan (**IAP**) therefore still remains higher than Commissioners can afford. In some cases, the Trust is unable to deliver the full likely activity requirements without further plans for alternatives, and discussions are under way with other local partners to assist.
- A local Price review is scheduled to be agreed in detail during July, revising all non-National Tariff prices for all commissioners.
- The Trust continues to discuss some suggested changes in responsibility for **mental health**, learning difficulties, and other social needs services which were provided in the past by community partners during acute hospital stay.

Local CQUIN agreement

- A collaborative transformation project (**COBIC**) CQUIN scheme is agreed with Commissioners in outline, and the Trust is currently meeting with main **Community partners in MSK** to agree a way forward and a milestone plan in order to earn the full CQUIN Value.
- The Trust continue to discuss aspects of the **Paediatric** unscheduled care strategy that can be implemented this year as part of the local CQUIN programme.
- The CCG have proposed that we make improvements in Admission, Discharge and Transfer (**ADT**) processes as an additional CQUIN. The Trust is discussing with CCGs how this might work in practice, and may agree further workstreams.

NHS England contracts

- The NHSE Contract is agreed and ready to sign on 22 June
- A **Contract Performance Notice** has been received for delays in **Pathology response times in Cervical Screening**. A Remedial Action Plan is in place and pending final agreement, expected to complete within 3 months without major concerns.

Workforce Executive Summary – key exceptions to note

Performance Theme

- The total workforce capacity increased by 28 FTE to 6,813 FTE in May and is 25 FTE over the new funded establishment
- The temporary workforce capacity remained at 407 FTE in May and comprises 6.2% of the total workforce capacity.
- Staffing levels (as per NQB Safe Staffing Levels) are reported as 100% in May, this is a small decrease compared to April 16.
- Annual Rolling Turnover Rate is reported as 10.2% for May and this was similarly reported in April.
- Appraisal compliance has decreased by 1.8% to 75.2% in May and continues to be below the 85% target.
- Total essential skills increased in May from 87.2% to 87.9% and continues to record above the 85% target.
- Information Governance Training has remained at 86.9% in May
- Fire Safety (face to face training) decreased to 69.6% in May
- Sickness Absence Rate (12 month rolling average) remained at 3.5% in April and remains above the target. In-month sickness absence decreased by 0.4% to 3.9% in April and is above the target.
- No referrals received in May for whistleblowing and safeguarding. No referrals received for professional registrations.