



# Integrated Performance Report – July 2016

## Executive Summary



# Contents

Section	Page
1 Performance Outcomes	3
2 Quality Performance	5
3 Operational Performance	7
4 Financial Performance	9
5 Contract Performance	11
5 Workforce Performance	12

## Integrated Performance Outcomes – July 2016

- The quality position has been maintained; with full delivery of the CQUIN requirements for quarter 1. The Trust HSMR for the 12 months to May 2016 has increased to 108.11; which represents a significant increase on the rate previously reported. Although the rate remains within the revised confidence interval of 103.15 – 113.26, the rate is above the nominal national average of 100. The factors contributing to this increase are being investigated through the Clinical Effectiveness and Mortality Steering Group (CEMSG).
- Type 1 attendances high at 314 per day during July and A&E performance overall was 80.25% against the 85% improvement trajectory. The Trust achieved the 85% target for 5 consecutive days and 9 days in total with a best performance of 93.99%. The conversion rate for type 1 attendances was 30%. There were an average of 191 medically fit for discharge patients occupying beds on a daily basis (compared to 194 in June). Average occupancy was 96.4% and slightly higher than June and there were an average of 24 escalation beds open and a maximum of 31 (excluding 18 outlier beds on E4). The key areas of focus are implementation and delivery of ward standards and full achievement of discharge targets by CSCs earlier in the day in line with the Patient Flow Bundle: SAFER'. Specifically meaningful clinically agreed Expected Discharge Date (EDD) for 95% of patients and 33% of discharges achieved by mid-day. Determining optimal flow through AMU, effectiveness of the Acute Frailty Pathway and processes and efficiencies across AMU and the Short Stay Unit are pivotal to support improvement in performance
- Unscheduled care pressures have continued to have an adverse impact on scheduled care performance throughout July and specifically RTT delivery. This has included use of Cardiac Day Unit overnight, support to front door and flow and reduced inpatient bed capacity due to outliers meaning that the number of non-urgent patients booked for treatment has been kept to a minimum to avoid on the day cancellation and a poor patient experience. As a result the Trust did not achieve the 18 week RTT standard for July, performance was 91.21%, with elective activity at 7% lower than June but comparable with July 2015. The number of patients waiting more than 35 wks for treatment has continued to improve. There were 49 on the day cancellations with no breaches of the 28 day guarantee. The diagnostic 6 wk standard was achieved as per improvement and sustainability trajectory.
- The Trust is forecasting achievement of 7 of the 8 national cancer standards, provisionally, only 62 day treatment has 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, 2 of which under breach sharing guidance would be shared breaches.
- Overall Sentinel Stroke National Audit Programme (SSNAP) performance improved in June with 8 of the key metrics achieved including 90% stay and thrombolysis within 1 hour .
- The 2016-17 Income and Expenditure annual plan delivers a £1.2m surplus. The Trust's I&E position at the end of Month 4 was an actual deficit of £6.1m, this is £1.8m adverse to plan year to date. The month 4 income position has been reported at planned levels for most points of delivery where activity information was not readily available. Cost Improvement Savings (gross of investments) of £5.1m have been recorded for the year to date against a plan level of £4.2m. The Trust has spent £2.9m of capital against a programme for the year of £18.5m. The Trust had a cash balance of £2.4m at the end of July which was materially aligned to the minimum level of cash holding expected of 2 days. Currently the Trust has drawn down £35.3m of its working capital facility.

## Integrated Performance Outcomes – continued

- The temporary workforce capacity increased by 18 FTE and total workforce capacity increased by 32 FTE in July. The sickness absence rate in month has improved and decreased to 3.3%. There is a big drive towards improving the trusts appraisal compliance to bring it back up to 85%. Appraisal compliance increased in month and currently records at 74.5%. No referrals received in July for whistleblowing, safeguarding or professional registrations.

# Quality of Care Key Exceptions

## July performance

Exceptions to note in performance					
Indicator		May	June	July	Comment
Safe	<b>Falls</b> (Moderate or severe harm – confirmed) <i>Monthly numbers subject to change as incidents are confirmed</i>	4 (1x severe/ 3x moderate)	2 (2x severe)	4 (4x severe)	<ul style="list-style-type: none"> <li>A total of 4 incidents resulting in severe harm reported. This includes one historic incident which was confirmed as a severe harm incident in July, following a full investigation. The incident is subject to a Coroners case.</li> <li>The current year-to-date position is 11 confirmed falls incidents 8x resulting in severe harm and 3x moderate harm incidents.</li> </ul>
	<b>Sepsis (CQUIN)</b>	Not applicable			<ul style="list-style-type: none"> <li>All quarter 1 requirements achieved.</li> </ul>
Effective	<b>HSMR</b>	98.77 (Mar. – Feb. '16)	100.64 (April - March '16)	108.11 (June '15 - May '16)	<ul style="list-style-type: none"> <li>Updated Trust HSMR for the 12 months to May 2016 is 108.11. This represents a significant increase on the rate previously reported for the 12 months to March 2016 of 100.64. This remains within the revised confidence interval of 103.15 – 113.26 and is therefore, 'within expected range', but is well above the nominal national average of 100.</li> <li>The factors contributing to this increase are being investigated through the Clinical Effectiveness and Mortality Steering Group (CEMSG).</li> </ul>
	<b>Patient-Led Assessments of the Care Environment (PLACE)</b>	Not applicable			<ul style="list-style-type: none"> <li>The Trust scored above the national average in 7 of the 8 domains; with organisational food scoring slightly lower.</li> </ul>
Caring	<b>Complaints</b>	55	71	45	<ul style="list-style-type: none"> <li>A reduction has been seen in the number of complaints received in July.</li> </ul>
	<b>Patient moves between 0001:0700 (non-clinical)</b>	123	82	73	<ul style="list-style-type: none"> <li>A decrease has been seen in the number of non-clinical moves between 0001:0700 to 73 (average 2.4 per day).</li> <li>An increase has been seen in the number of reported non-clinical moves between 2100:0000 to 202 (average 6.5 per day).</li> <li>There has been a concerted effort to try to move patients earlier; therefore, the decrease in moves after midnight is accompanied by an increase in those before midnight.</li> <li>The overall increase in numbers reflects the challenges the Trust has had with shortfalls in medical capacity and the need to compensate for discharge rates across medical areas often being lower than the target and lower than the number of admissions to these areas.</li> </ul>
Well-led Friends and Family Test	<b>In-patient response rate</b>	23.4%	32.8%	29.4%	<ul style="list-style-type: none"> <li>The reduction in the ED response rate is multi-factorial and includes an administrative error in that incorrect forms were utilised and were; therefore, not eligible for inclusion. These issues have been rectified and a recovery is anticipated in August.</li> <li>There has been a decrease in the reported satisfaction rate in July to 93.5%, compared to 95% in June.</li> </ul>
	<b>ED response rate</b>	14.7%	27.9%	16.4%	

# Quality of Care Overview – July 2016

## QUALITY SCORECARD

Key:	→	Performance improving
	↔	Performance same
Significant risk to achieving target	↘	Performance worsening
	↗	No concerns
Some concerns: action required to remain on track	↘	Performance worsening
	↗	No concerns

Domain	Performance Indicator	Target	Apr-16	May-16	Jun-16	Jul-16	Variation	Q1	Q2	YTD	2015/16 Outturn	
SAFETY	<b>Pressure ulcers</b>											
	Grade 4 - Avoidable hospital acquired	Monitor	0	0	0	0	↗	0	0	0	0	
	Grade 3 - Avoidable hospital acquired	Monitor	4	2	1	0	↘	7	0	7	15	
	Grade 3 unavoidable	Monitor	3	10	1	2	↘	14	2	16	31	
	Grade 1 and 2	Monitor	16	13	5	8	↘	34	8	42	218	
	Pressure ulcers per 1,000 occupied bed days (Confirmed moderate and severe harm incidents)	Monitor	0.1	0.1	0.0	0.0	↗	0.1	0.0	0.0	0.0	-
	<b>Falls</b>											
	Total falls incidents	Monitor	222	229	198	208	↘	649	208	857	-	
	Falls resulting in severe harm (confirmed) Monthly numbers subject to change as incidents are confirmed	Monitor	1	1	2	4	↘	4	4	8	34	
	Falls resulting in moderate harm (confirmed) Monthly numbers subject to change as incidents are confirmed	Monitor	0	3	0	0	↗	3	0	3	15	
	Falls per 1,000 occupied bed days (Confirmed moderate and severe harm incidents)	2.0 on average each quarter	0.0	0.1	0.1	0.1	↗	0.1	0.1	0.1	0.1	-
	<b>Medication</b>											
Total medication incidents	Monitor	132	166	129	115	↘	427	115	542	-		
Medication incidents resulting in severe harm (confirmed) Monthly numbers subject to change as incidents are confirmed	Monitor	1	0	0	0	↗	1	0	1	1		
Medication incidents resulting in moderate harm (confirmed) Monthly numbers subject to change as incidents are confirmed	Monitor	2	2	0	0	↗	4	0	4	21		
Medication incidents per 1,000 occupied bed days (Confirmed moderate and severe harm incidents)	0.5 on average each quarter	0.1	0.1	0.0	0.0	↗	0.1	0.0	0.0	0.0	-	
<b>NHS Safety Thermometer</b>												
Total harm free care	Monitor	93.90%	92.28%	94.40%	94.30%	↗	93.53%	94.3%	93.91%	-		
Trust harm free care	Monitor	97.70%	97.80%	97.80%	99.00%	↘	97.77%	99.0%	98.38%	-		
<b>Healthcare Acquired Infection</b>												
MRSA - Avoidable	Zero	0	0	0	0	↗	0	0	0	1		
MRSA - Unavoidable	Monitor	0	0	0	0	↗	0	0	0	0		
C. Difficile	40 cases	4	1	1	3	↘	6	3	9	29		
<b>Monitoring of incidents</b>												
Never Events	Zero	1	0	1	0	↘	2	0	2	0		
Serious Incidents Requiring Investigations (SIRIs)	Monitor	32	40	8	9	↘	80	9	89	125		
SIRIs unresolved >60 days	Monitor	3	3	5	3	↘	11	3	14	28		
Duty of Candour breaches	Zero	0	0	0	0	↗	0	0	0	0		
Patient safety incidents (excluding SIRIs)	Monitor	1521	1498	1484	1457	↘	4503	1457	5960	11555		
CAS alerts over deadline	Monitor	0	0	0	0	↗	0	0	0	0		
<b>Other safety metrics</b>												
Venous Thrombo-embolus (VTE) screening	95% per month	96.50%	96.80%	96.60%	97.00%	↘	96.63%	97.00%	96.82%	97.49%		
Hospital Acquired VTE SIRIs	Monitor	1	0	0	0	↗	1	0	1	1		

# Safety - Overview



Responsive – Operational Overview

# Performance Against TDA Accountability Framework – July

National Trust Development Agency Key Indicators		Target	Trend	2015/16												16/17				Change from last mth	Q1	Q2	Yr to date
				A	S	O	N	D	J	F	M	A	M	J	J								
	% 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 - July

## Referral to Treatment (RTT) Incomplete standard

- This is all patients waiting for treatment (total waiting list) The Trust achieved 91.21% against the 92% standard for July, just behind the improvement trajectory of 92% at aggregate level with speciality fails due to continued capacity issues.
- There was 1 breach of the 0 tolerance 52 wk. maximum wait standard.

## Diagnostic waits

- The maximum 6 week waiting time standard for diagnostics was achieved, performance was 99.4% against the improvement trajectory of 99.1% (national standard 99%)

## A&E service quality standards

- Performance was 80.25% against the 95% standard and improvement trajectory of 85% Total attendances in July averaged 412 per day compared to 403 per day in July last year despite the direct admission of GP heralded patients.
- There were 0 breaches of the 12 hr trolley wait standard

## Cancer standards - Provisional

- 7 of the 8 national standards were achieved. 62 day first definitive treatment is currently not being achieved, validation and capture of all treatments is expected to improve performance to achieve the improvement trajectory, but the standard is unlikely to be recovered.
- 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.
- 3 urgent operations were cancelled but none of these for a second time.

## Delayed Transfers of Care

- 5.8% of patients were officially delayed in their transfer of care which is compared to 1.4% July last year, the majority of patients are waiting for social care assessment. Average number of medically fit for discharge patients in Trust beds was 191 (194 last month) 60 Portsmouth, 131 Hampshire and 2.5 out of area.

National Trust Development Agency Key Indicators	Target	Trend	2015/16												16/17	Change from last mth	Q1 16	Yr to date			
			A	S	O	N	D	J	F	M	A	M	J	J							
% 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	98%		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	↑	●	●
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		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●



# Finance: Overview

## Finance Report Month 4 2016/17

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 with improvements required from July

The Trusts I&E position at the end of July is an actual deficit of £6.1m. This is £1.8m behind the planned deficit of £4.2m. This has been driven by the continued use of temporary staff to maintain urgent care services and additional capacity that has remained open due to the volume of patients that have remained in hospital. Non-pay costs are higher than planned due to the use of the private sector to support RTT delivery and out of hospital purchase of beds. The Trusts plan for Quarter 2 year to date deficit position of £5.9m. Therefore to deliver this position the Trust is required to breakeven for the months of August and September. There is a significant delivery risk and a review of potential adjustments relating to non-operating expenditure is being investigated to mitigate the position in the short-term. However, this is not sustainable and underlying improvements in financial performance are required.

The Trust has completed a Quarter 1 review of the forecast year end position. Under a potential realistic scenario this was shown to be challenging and with considerable risk. However, based on the number of variables and opportunities identified, it was considered still to be a deliverable objective at this point in the financial year.

The Trust has spent £2.9m of capital against a programme for the year of £18.5m. The trust has a cash balance of £2.4m at the end of July. The minimum level of cash holding was expected to be £2.5m.

Currently the Trust has drawn down £35.3m 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 has not taken forward and the Trust continues to be in discussion with the NHSi about the implications and management of this.

# Finance: Overview

## Finance Report Month 04 2016/17

Financial Sustainability Risk Rating <b>R</b>			
	Liquidity	Capital Servicing	Overall
Year to Date	1	1	2
Year End Forecast	1	2	2

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 June is a '1', which is in line with plan. The end of year forecast indicates a risk rating is a 2, this is because the trust is forecasting achievement of the I&E plan.

NB - a NHS trust is rated as Red for its Financial Sustainability Risk Rating unless it achieves a score below 2.5.

(Surplus)/Deficit £k <b>A</b>			
	Plan	Actual / Forecast	Variance
Year to Date £k	4,245	6,071	(1,826)
Year End Forecast £k	(1,200)	(1,200)	0

The Trust is reporting a £6.1m year to date deficit at the end of July; this is £1.8m adverse to the Financial Plan submitted to NHS Improvement. This is driven by the continued reliance on temporary staff to maintain urgent care services and additional bed capacity related to the volume of patients that have remained in hospital. The Trust has completed an initial review of the forecast position at quarter 1. Under a potential realistic scenario this was shown to be challenging and with considerable risk. However, based on the number of variables and opportunities identified, it was considered still to be a deliverable objective at this point in the financial year. Therefore, the Trusts forecast for the year end position remains at £1.2m. The Trust continues to review its forecast position and CSC's have all completed forecast scenarios, highlighting the risk and opportunities to improve financial performance. These are currently being reviewed and will be presented to Executives through the performance review framework. The financial position reflects the Trusts assessment of activity and income levels delivered for the

Cash £k <b>A</b>			
	Plan	Actual / Forecast	Variance
Year to Date £k	2,500	2,395	105
Year End Forecast £k	2,500	2,500	0

The plan reflects the July 2016 TDA submission and is based on the receipt of Sustainability and Transformation Plan funding and the achievement of the planned control total for the year. The Trust will be applying to increase its temporary financing facility in August. The limit is currently based on 2013/14 expenditure levels so needs to be amended to reflect 2015/16 expenditure levels.

Income £k <b>G</b>			
	Plan	Actual / Forecast	Variance
Year to Date £k	176,450	176,447	3
Year End Forecast £k	544,399	544,399	0

Overall the Trust is reporting delivery of the income plan year to date. The Trust SLA income has marginal overperformance of £0.3m. This is offset by equivalent pressures of £0.3m 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 payment for 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. The financial position reflects the Trusts assessment of activity and income levels delivered for the year to date position and includes the relevant proportion of STP funding (£4.9m). The Trust had agreed Payment by Results (PbR) contracts with both Local Clinical Commissioning Groups and NHS England.

Operating Costs £k <b>A</b>			
	Plan	Actual / Forecast	Variance
Year to Date £k	168,457	170,400	1,943
Year End Forecast £k	506,206	506,206	0

At the end of July the Trust is reporting a £1.9m overspend against operating expenditure. Pay is £1.1m adverse to plan year to date. The entirety of the pay overspend against profiled budgetary plans occurred in Month 4 due to the under-delivery of the workforce CIP plans, and on going premium costs above plan. In addition, the on-going costs of additional capacity assumed to be closed as part of the Trusts Unscheduled Care Improvement Plan have further impacted on the expenditure trends against pay budgets.

Capital £k <b>A</b>			
	Plan	Actual / Forecast	Variance
Year to Date £k	4,769	2,877	1,892
Year End Forecast £k	18,500	18,360	140

The trust has spent £0.7m capital in July and £2.9m year to date. This is less than plan YTD due to a linear capital profile being included in the original plan.

The Trust is to establish a Capital Investment Group, with associated sub committees for Medical Devices, IT, Estates and Service Development. The sub committees will be responsible for the reprioritisation of the programme during the year. This will strengthen the governance around capital and ensure progress against plans is monitored and reported regularly. The Senior Management Team will consider a revised set of proposals and priorities for the 16/17 capital programme on 24 August and the output of this session will be reported to the Finance Committee at the end of August.

Cost Improvement Plans £k <b>A</b>			
	Plan	Actual / Forecast	Variance
Year to Date £k	4,210	5,072	(863)
Year End Forecast £k	32,200	32,200	0

The total value of the savings programme is £32.2m in 2016-17. The process of developing saving workplans is ongoing but to date potential opportunities have been identified of £30.6m. Savings requirements escalate within the plan in the course of the year. In month 4 the savings plan was for £1.85m. Delivery against this was valued at £1.91m. 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. The savings figure reported of £5.07m is gross of investments.

Key Risks:
The key financial risks 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. The financial risk associated with delivering the quarter 2 plan and the year end surplus plan for the financial year is in progress.

--

# 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 3**

## 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 agreed additional actions have been 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, this policy was implemented on **22 June** it 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 the form of robust plans, and the Indicative Activity Plan (**IAP**) therefore still remains higher than Commissioners can afford.
- 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 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 work streams.

## NHS England contracts

- The NHSE Contract is agreed and signed
- A **Contract Performance Notice** has been received for delays in **Pathology response times in Cervical Screening**. A Remedial Action Plan is in place and expected to complete within 2 months without major concerns.

## 17/18 contracts

- NHS Improvement have published some consultation proposals for the 17/18 tariff, to which the Trust is responding.

## Workforce Executive Summary – key exceptions to note

### Performance Theme

- The total workforce capacity increased by 32 FTE to 6,897 FTE in July and is 49 FTE over the new funded establishment.
- The temporary workforce capacity increased to 462 FTE in July, this is an in month increase of 18 FTE and comprises 6.7% of the total workforce capacity. This is a 0.2% increase compared to June 16.
- Staffing levels (as per NQB Safe Staffing Levels) are reported as 99.7% in July, this is a decrease compared to June 16.
- The CHPPD (Care Hours Per Patient Day) metric has been recorded for three months. The evidence collected for July indicates that overall CHPPD is 5.0 for RNs and 2.5 for HCSWs for PHT. This was similarly reported in previous months.
- Appraisal compliance has increased and currently records at 74.5% in July however it continues to be below the 85% target. The appraisal compliance has been below target since the beginning of the financial year.
- Total essential skills increased in July from 88.5% to 88.6% and continues to record above the 85% target.
- Information Governance Training has remained at 89.3% in July, however continues to be below the 95% target.
- Fire Safety (face to face training) decreased to 66.7% in July.
- Sickness Absence Rate (12 month rolling average) remained at 3.6% in June and remains above the target. In-month sickness absence decreased from 3.6% to 3.3% in June and is above the target.
- No referrals received in July for whistleblowing, professional registrations or safeguarding.