



# Integrated Performance Report – January 2016 Executive Summary



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# Performance Outcomes – January 2015

## Integrated Performance Outcomes

- Overall performance against the quality of care indicators remains positive for January. With the exception of Maternity this is the second month the Trust has reported zero grade 3 or 4 avoidable and unavoidable pressure ulcers. The Trust has now been a year without a reported grade 4 avoidable pressure ulcer. There remains a continued focus on patient moves and the Friends and Family Test.
- A&E performance remains challenging, there were 9,274 type 1 attendances in January equating to an average of 299 per day compared to an average of 257 type 1 attendances per day in January last year. Emergency admissions were also up by the equivalent of an extra ward, with a conversion rate of 37%. The average bed occupancy for the Trust was 96.7% compared to 94.8% in December, with a maximum occupancy of 98.1% in month. There were an average 40 escalation beds open and a maximum of 50, which required additional agency staff.. Delayed transfers of care deteriorated to 1.6%. As a result of these pressures performance was 75%. The key area for further improvement is delivery of the ward standards and discharge targets set by CSCs in their 'Safer' bundles. This will require an improvement in the number of 'simple' discharges achieved by clinical teams at PHT and an increase in the number of complex discharges health and social care organisations are able to support, particularly at week-ends.
- In recognition of the continuing challenging challenging unscheduled care position the elective programme continued to be significantly reduced during January focusing on urgent and day case treatment, although cardiac day unit operated at a reduced capacity due to outliers, as a result there were only 49 on the day cancellations and 2 breaches of the 28 day guarantee. Despite these pressures the number of patients waiting over 35 wks was reduced to 84.
- The Trust is forecasting achievement of 5 of the 8 national cancer standards, provisionally, 31 day sub surgery, 62 day FDT and the 62 day screening standards have not been achieved. All are expected to improve once validation is completed and capture of all treatments is completed. There were 10 patients provisionally treated outside the 104 day maximum wait standard.
- The 2015-16 Income and Expenditure annual plan delivers a £9.7m deficit stretch target. The year to date Income and Expenditure financial position was a £22.6m deficit against a planned deficit of £9.4m. The annual CIP target is £29.95m following the inclusion of the stretch target and additional recovery actions. Full-year delivery is currently forecast at £16.0m. The 2015-16 Capital Resource Limit (CRL) is £15.7m net charge of capital expenditure. The trust has spent £7.3m capital to date. The 2015-16 External Financing Limit (EFL) has been set at £2.5m year-end cash balance. The trust has a cash balance of £2.6m at the end of January.
- There has been a small increase in substantive staffing for January and temporary staffing use for has marginally decreased. A small increase has been observed in monthly sickness rates and currently stands at 3.7% against a target of 3%. Appraisal compliance has remained the same compared to last months report and continues to be below the 85% target. Targeted work focusing on those staff who have not had an appraisal for the longest period has resumed. Essential skills compliance has increased in month and is now back above target.

# Quality of Care Key Exceptions

## January performance

Exceptions to note in performance						
Domain	Indicator	Nov.	Dec.	Jan.	Comment	
Safe	<b>Avoidable pressure ulcers</b> Grades 3 & 4	1	0	1	<ul style="list-style-type: none"> <li>The Trust reported 1 avoidable grade 3 pressure ulcer in January. This unusually was within the maternity unit. A full review and learning event has taken place.</li> <li>However it is worth noting that in spite of the on-going increase in activity the general hospital has reported zero grade 3 and 4 pressure ulcers.</li> <li>The Trust has been free from avoidable grade 4 pressure ulcers since January 2015.</li> </ul>	
	<b>Falls</b> Red and amber incidents	3	1	4	<ul style="list-style-type: none"> <li>Despite reporting 4 falls the incidence of falls with harm remains below the national incidence of 20.</li> <li>The appointment of the new Trust wide falls specialist will see a re-launch of the Trust's falls prevention programme.</li> </ul>	
	<b>Patient Safety Thermometer</b>	95.94%	95.19%	<b>94.02%</b>	<ul style="list-style-type: none"> <li>The total harm free care, which includes pre-hospital admission harm events, was recorded as 94.02%. This is just below the national percentage of 94.1% harm free care for January.</li> </ul>	
	<b>C.Difficile</b>	1	1	7	<ul style="list-style-type: none"> <li>7 patients with C.difficile attributed to the Trust in January against a monthly objective of 4.</li> <li>The ribotyping received from the reference laboratory does not indicate evidence of patient-to-patient cross-transmission.</li> <li>Year-to-date position of 25 cases against an objective of 34 (annual target of 40 cases).</li> </ul>	
Effective	<b>AKI CQUIN</b>	-			<ul style="list-style-type: none"> <li>The Trust achieved compliance.</li> </ul>	
Caring	<b>Single Sex Accommodation</b>	0	0	3	<ul style="list-style-type: none"> <li>The Trust reported 1 episode relating to 3 patients for a period of 2 hours. This was during a period of black escalation.</li> </ul>	
	<b>QQC 2016/2017 Acute Surveys</b>	-			<ul style="list-style-type: none"> <li>Adult in-patient and A&amp;E survey to be re-run in 2016. Children and Young Patients survey will be re-run, subject to consultation.</li> </ul>	
Responsive	<b>Patient moves (non-clinical) after midnight</b>	103	113	96	<ul style="list-style-type: none"> <li>The number of non-clinical moves after midnight decreased from 113 in December (average 3.6 per day) to 96 in January (average 3.0 per day).</li> <li>In January the number of reported non-clinical moves between 2100 and midnight was 147; compared to 132 in December. This equates to an average of 4.7 non-clinical moves between 2100 and midnight per day. It is to be noted that the number of moves continue to be informed by the high level of medically fit for discharge patients that remain in acute beds and the requirement to create acute bed capacity.</li> </ul>	
Well-led	Friends and Family Test	<b>In-patient response rate</b>	24.7%	24.2%	<b>22.6%</b>	<ul style="list-style-type: none"> <li>The total number of responses for both ED and in-patients has decreased slightly from 3,189 in December to 2,910 in January.</li> <li>In-patient response rate has decreased from 24.2% in December to 22.6% in January; below the national average of 25.1% in November.</li> <li>ED response rate has also decreased from 14.3% in December to 12.8% in January; below the national average of 13.1% in November (national data for December is not yet available).</li> <li>There is targeted focus with areas that have seen a decrease in the number of responses.</li> </ul>
		<b>ED response rate</b>	17.4%	14.3%	<b>12.8%</b>	
		<b>% recommend positive</b>	96.5%	96.5%	<b>96.1%</b>	
		<b>% recommend negative</b>	0.7%	0.6%	<b>0.6%</b>	

# Quality of Care Overview – January 2016

Domain	Performance Indicator	Target	2014/15 Outcome	2015/16												Change Month on Month	Q1	Q2	Q3	Q4	Year to 2015/16		
				Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16								
Safe	Pressure Ulcer Incidents (grades 3 & 4)	24	24	1	0	1	2	1	1	1	5	1	0	1	1	1	2	4	6	6	1	13	
	Available hospital acquired Pressure Ulcer Incidents (grades 3 & 4) Unavoidable	Monitor	58	2	4	3	1	2	6	4	1	0	1	0	1	1	9	9	5	5	1	24	
	Pressure Ulcer Incidents (grades 1 & 2)	Monitor	747	34	35	23	23	31	13	13	6	2	9	9	20	11	92	67	17	20	1	196	
	Falls (red & amber incidents)	Monitor	45	4	3	4	6	2	2	2	8	4	4	2	4	11	10	10	14	4	4	39	
	Falls per 1,000 occupied bed days (resulting in harm)	2.2 or less across the quarter average	-	1.9	2.4	2.4	2.7	2.4	2.2	2.2	2.8	2.3	1.7	1.9	2.2	2.2	2.4	2.3	2.3	1.9	1.9	2.2	
	Falls risk assessment within 48 hours of admission	95% per month	-	98.0%	98.0%	96.0%	95.0%	95.0%	95.0%	95.0%	95.0%	-	97.0%	98.0%	97.3%	95.0%	95.0%	97.0%	98.0%	98.0%	96.83%	96.83%	
	Healthcare Acquired Infection - MRSA (Avoidable)	Zero	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Healthcare Acquired Infection - CDI/F	40 cases	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Healthcare Acquired Infection - MSSA (Unavoidable)	Monitor	40	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Venous Thrombo-embolus screening	95% per month	97.12%	97.30%	97.50%	98.20%	97.40%	97.70%	97.70%	97.50%	97.70%	97.85%	97.53%	97.60%	97.67%	97.53%	97.53%	97.69%	97.69%	97.60%	97.60%	97.42%	97.42%
	Never Events	Zero	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Patient Safety Thermometer - % Harm Free Care	Monitor	-	91.39%	92.57%	94.21%	93.15%	93.56%	94.40%	95.40%	95.94%	95.94%	95.19%	94.02%	92.72%	93.70%	95.51%	95.51%	94.02%	94.02%	93.99%	93.99%	93.99%
	Serious Incidents Requiring Investigation (SIRIs)	Monitor	122	5	4	10	12	8	6	6	14	10	9	10	19	26	33	33	10	10	88	88	
SIRIs unresolved >60 days (number)	Monitor	-	1	0	1	0	0	5	4	1	1	1	7	2	5	6	6	7	7	20	20		
Patient Safety Incidents (excluding SIRI)	Monitor	8900	818	879	944	929	892	1047	1099	1157	835	690	2641	2641	2868	3091	690	690	9290	9290	9290		
Duty of candour breaches (number)	Zero	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Hospital Acquired VTE SIRIs	Monitor	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Medication Errors (red & amber incidents)	Monitor	18	3	1	2	2	1	4	4	1	1	1	1	6	6	9	2	2	1	18	18		
Medication errors per 1,000 occupied bed days (resulting in harm)	1.0 or less across the quarter	-	0.9	0.9	0.9	0.9	0.8	1.1	0.7	0.5	0.6	0.2	0.9	0.9	0.9	0.6	0.2	0.2	0.7	0.7	0.7		
CAS Alerts Over Deadline	Monitor	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Hospital Standardised Mortality Ratio (HSMR)	Within expected range	100.3	101.0	101.2	102.5	102.5	101.5	100.52	100.28	101.48	102.51	102.45	101.6	101.6	101.5	101.4	102.5	102.5	101.7	101.7	101.7		
Summary Hospital Level Mortality Indicator (SHMI)	Within expected range	107.9	107.5	107.5	107.5	107.5	108.4	108.4	108.01	108.01	108.01	105.37	107.5	107.5	108.1	108.0	105.37	105.37	107.2	107.2	107.2		
Dementia - case finding question	≥ 90% each quarter	92.2%	89.70%	94.0%	94.6%	95.4%	96.8%	97.3%	95.4%	97.5%	95.6%	96.0%	92.8%	92.8%	92.8%	92.8%	92.8%	92.8%	92.8%	92.8%	92.8%		
Dementia - Diagnostic Assessment	≥ 90% each quarter	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Dementia - Care plan on discharge	≥ 90% for quarter 4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Mixed Sex Accommodation Breaches	Zero	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Number of Complaints	Monitor	662	43	44	42	61	57	55	58	64	39	58	129	129	173	161	58	58	321	321	321		
Complaints acknowledged < 3 working days	Monitor	100%	98%	100%	98%	100%	100%	100%	100%	100%	100%	100%	99%	99%	100%	100%	100%	100%	100%	99.64%	99.64%		
Complaints per 1,000 contacts (all types) (reported 1 month in arrears)	Monitor	-	0.65	0.69	0.59	0.82	0.88	0.78	0.8	0.91	0.58	-	0.64	0.64	0.83	0.76	-	-	0.74	0.74	0.74		
PALS transferred to complaints	Monitor	11	0	2	1	5	1	4	5	2	9	3	3	3	10	16	3	3	32	32	32		
patient moves (non-clinical) after midnight	Monitor	-	51	57	29	56	25	63	101	103	113	96	137	137	144	317	96	96	694	694	694		
Friends and Family Test response rate - In-patient and day case	Maximise responses	36.6%	19.10%	24.1%	22.00%	27.70%	27.80%	24.10%	22.70%	24.70%	24.20%	22.60%	21.73%	21.73%	26.53%	23.87%	22.6%	22.6%	23.68%	23.68%	23.68%		
Friends and Family Test response rate - ED	Maximise responses	15.2%	17.50%	14.60%	22.70%	17.50%	13.60%	21.00%	15.70%	17.40%	14.30%	12.80%	18.27%	18.27%	17.37%	15.80%	12.8%	12.8%	16.06%	16.06%	16.06%		
Friends and Family Test - percentage recommend (positive)	Monitor	-	96.50%	97.30%	96.60%	96.50%	96.50%	95.80%	95.80%	96.50%	96.50%	96.10%	96.80%	96.80%	96.27%	96.30%	96.1%	96.1%	96.37%	96.37%	96.37%		
Friends and Family Test - percentage not recommend (negative)	Monitor	-	1.10%	0.70%	0.90%	0.60%	0.70%	0.80%	0.80%	0.70%	0.60%	0.60%	0.80%	0.80%	0.73%	0.70%	0.6%	0.6%	0.71%	0.71%	0.71%		
Friends and Family Test Improving positive responses - ED	Maximise responses	93.0%	96.40%	94.80%	91.40%	94.00%	93.20%	93.50%	92.80%	91.80%	92.20%	94.20%	94.20%	94.20%	93.57%	92.27%	94.2%	94.2%	93.56%	93.56%	93.56%		
Friends and Family Test Improving positive responses - In-patient	Maximise responses	94.1%	96.50%	97.40%	96.60%	96.50%	96.50%	95.80%	95.90%	96.50%	96.50%	96.10%	96.83%	96.83%	96.27%	96.30%	96.1%	96.1%	96.38%	96.38%	96.38%		
Friends and Family Test Improving positive responses - Maternity	Maximise responses	92.5%	97.00%	99.10%	99.00%	98.90%	96.70%	98.20%	99.50%	98.90%	97.50%	99.40%	98.37%	98.37%	97.93%	98.63%	99.4%	99.4%	98.58%	98.58%	98.58%		
Friends and Family Test response rate (Maternity)	Monitor	21.4%	17.8%	39.9%	15.9%	29.3%	28.8%	34.3%	12.0%	24.4%	21.4%	17.8%	24.53%	24.53%	30.80%	19.28%	17.8%	17.8%	23.10%	23.10%	23.10%		

# Safety - Overview

Responsive – Operational Overview

# Performance Against TDA Accountability Framework – January

National Trust Development Agency Key Indicators		Target	2015/16											Change from last mth	Q1	Q2	Q3	Q4	Yr to date
			A	M	J	J	A	S	O	N	D	J							
<b>Responsive</b>	% Admitted	90%	●	●	●	●	●	●	●	●	●	●	↓	●	●	●	●	●	
	% Non-Admitted	95%	●	●	●	●	●	●	●	●	●	●	↑	●	●	●	●	●	
	% Incomplete Pathways < 18 wks	92%	●	●	●	●	●	●	●	●	●	●	↑	●	●	●	●	●	
	Incomplete Patients waiting > 52 wks	0	●	●	●	●	●	●	●	●	●	●	↑	●	●	●	●	●	
	Diagnostic 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 days	0	●	●	●	●	●	●	●	●	●	●	●	↓	●	●	●	●	●
	Urgent Operations cancelled for a 2nd time	0	●	●	●	●	●	●	●	●	●	●	●	→	●	●	●	●	●
	Cancelled operations: 28-day guarantee	0	●	●	●	●	●	●	●	●	●	●	●	→	●	●	●	●	●
	Delayed Transfers of Care	3.5%	●	●	●	●	●	●	●	●	●	●	●	↑	●	●	●	●	●
	<b>Effective</b>	STeMI call to balloon 150 mins	bm	●	●	●	●	●	●	●	●	●	●	↓	●	●	●	●	●
Emergency readmissions <30 days		bm	●	●	●	●	●	●	●	●	●	●	↑	●	●	●	●	●	
<b>Safe</b>	Emergency C-Section Rate	bm	●	●	●	●	●	●	●	●	●	●	↓	●	●	●	●	●	



# NHS Constitution performance key Standards - January

## Referral to Treatment (RTT) Incomplete standard

- This is all patients waiting for treatment (total waiting list) The Trust achieved the standard at aggregate level with speciality fails for urology, surgery, gastroenterology, and 'other' due to capacity issues which are being addressed, ENT achieved the standard.
- There were no patients waiting more than 52 wks for treatment.

## Diagnostic waits

- The maximum 6 week waiting time for diagnostics was achieved, performance was 99.27% compared to South of England performance of 98.5% (November)

## A&E service quality standards

- Performance was 75.05% against the 95% standard, compared to 78.3% in December. Attendances in January averaged 374 per day compared to 323 a day in January last year.
- There were 3 breaches of the 12 hr trolley wait standard

## Cancer standards - Provisional

- 5 of the 8 national standards were achieved. 31 day subsequent surgery, 62 day first definitive treatment and. 62 day screening not currently achieved, validation and capture of all treatments is on-going and expected to improve performance but this may not be sufficient to achieve all the standards.
- Provisionally there were 10 patients who waited more than 104 days for treatment, 3 late referrals, 2 clinically complex, 2 diagnostic delays, 1 unfit, 1 patient choice and 1 due to capacity.

## Cancelled operations

- There were 2 breaches of the 0 tolerance 28 day guarantee.
- No urgent operations were cancelled for a second time.

## Delayed Transfers of Care

- 1.6% of patients were officially delayed in their transfer of care.

National Trust Development Agency Key Indicators	Target	2015/16												Change from last mth	Yr to date			
		A	M	J	J	A	S	O	N	D	J	Q1	Q2		Q3	Q4		
% Admitted	90%	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●	●	●
% Non-Admitted	95%	●	●	●	●	●	●	●	●	●	●	●	●	↑	●	●	●	●
% Incomplete Pathways < 18 wks	92%	●	●	●	●	●	●	●	●	●	●	●	●	↑	●	●	●	●
Incomplete Patients waiting > 52 wks	0	●	●	●	●	●	●	●	●	●	●	●	●	↑	●	●	●	●
Diagnostic 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%	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●	●	●
<b>Responsive</b> 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	95%	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●	●	●
62-day screening to treatment	90%	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●	●	●
Cancer maximum wait to treatment 104 days	0	●	●	●	●	●	●	●	●	●	●	●	●	↓	●	●	●	●
Urgent Operations cancelled for a 2nd time	0	●	●	●	●	●	●	●	●	●	●	●	●	→	●	●	●	●
Cancelled operations: 28-day guarantee	0	●	●	●	●	●	●	●	●	●	●	●	●	→	●	●	●	●
Delayed Transfers of Care	3.6%	●	●	●	●	●	●	●	●	●	●	●	●	↑	●	●	●	●

# Finance: Overview

## Summary

The trust's I&E position at the end of Month 10 is an actual deficit of £22.6m, this is an adverse variance of £13.2m against overall plan. As a part of this position, Income is ahead of plan by £5.7m. Operating expenses are overspent by £18.4m of which pay costs are £10.3m. Savings of £11.4m have been recorded for the year to date against a plan of £21.2m. Full-year delivery is currently forecast at £16.0m. The trust has spent £7.3m capital to date. The revised programme for the year totals £15.7m with 50% released initially and Board approval required to release additional funds for medical equipping. The trust has a cash balance of £2.7m at the end of January. The minimum level of cash holding is expected to be £2.5m. Currently the trust has drawn down £28.6m of its working capital facility. In mid-December the Trust applied for a medium term cash loan to replace the temporary borrowing facility of £39m. The application has passed TDA review and following the approval of capital to revenue transfers is valued at £31.2m.

Financial Sustainability Risk Rating <span style="float: right;">R</span>				Surplus/(Deficit) <span style="float: right;">R</span>				Cash <span style="float: right;">R</span>			
	Plan	Actual / Forecast		Plan	Actual / Forecast	Variance		Plan	Actual / Forecast	Variance	
Current Month Metrics	1	1	Year to date - £k	(9,369)	(22,617)	(13,248)	Current Cash & Cash Equivalents - £k	2,500	2,694	194	
Forecast End of Year Metrics	1	1	Year End Adjusted Trajectory - £k	(9,724)	(23,600)	(13,876)	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 December 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>At month 10 the trust is showing a deficit which is £13.2m adverse to plan. Clinical Income is showing an over-performance of £4.8m. This includes £2.8m against Pass Through Drugs, which offsets in related the overspend seen in Operating Costs. Pay costs are overspent by £10.3m, with total spend to date including £27.6m against all forms of temporary workforce costs. Clinical supply costs are overspent by £2.1m and other non pay costs are by £4.1m. The year end forecast includes an assessment of risks and opportunities and is currently recognised by the Board as a £23.6m deficit. The TDA have confirmed capital to revenue transfers valued at £1.347m as part of the year end forecast out-turn.</p>			<p>Actual cash held at the end of January was £2.7m. The trust is required to hold a minimum cash level of £2.5m, and therefore has a positive variance against this requirement of £0.2m. It should be noted that by the end of January the trust had drawn down £28.6m of cash against its working capital facility. Cash is red rated due to the scale of risk associated with the changes to the mechanisms for securing cash support. The forecast position assumes the trust is successful in securing sufficient support in line with eventual I&amp;E performance and other cash flow requirements. To this end an ITFF application of £31.2m has been submitted to replace the temporary borrowing facility.</p>					
Income <span style="float: right;">G</span>				Operating Expenditure <span style="float: right;">R</span>				Liquidity Days <span style="float: right;">A</span>			
	Plan	Actual / Forecast	Variance		Plan	Actual / Forecast	Variance		Plan	Actual / Forecast	Variance
Year to date - £k	412,401	418,158	5,757	Year to date - £k	(393,194)	(411,612)	(18,418)	Current Month Position - Days	(26)	(36)	(10)
Year End Forecast - £k	495,155	503,988	8,833	Year End Forecast - £k	(469,757)	(492,909)	(23,152)	Year End Forecast - Days	(28)	(29)	(1)
<p>The trust is reporting an over-performance against all income of £5.8m for the year to date. The over-performance is driven by clinical income within which is £2.8m offsetting the overspend against Pass Through Drugs. Also included within the over-performance is income for Cedar &amp; Artk Royal (wards) offsetting associated costs prior to their transfer in October 2015. Income relating to a capital to revenue transfer of £0.6m was received in January with a further £0.75m to come.</p>			<p>At the end of month 10 the trust is reporting a £18.4m overspend against expenditure. Pay is overspent by £10.3m with total costs including temporary workforce costs. The non pay overspend includes £2.8m against Pass Through Drugs, which is offset in full by related income. Clinical supplies are overspent by £2.1m. 'Other' non pay costs are overspent by £4.1m. Included within this are costs associated with Cedar &amp; Ark Royal, which are offset in income, and CIP underperformance.</p>			<p>Liquidity days are calculated using the Continuity of Services Risk Rating Methodology, taking working capital compared to operating expenditure.</p> <p>The current position reflects the trust's I&amp;E position, it improves in the forecast position after receiving cash support.</p>					
Cost Improvement Plans (CIPS) <span style="float: right;">R</span>				Capital <span style="float: right;">G</span>							
	Plan	Actual / Forecast	Variance		Plan	Actual / Forecast	Variance				
Year to date - £k	21,284	11,472	(9,812)	Year to date - £k	13,083	7,332	5,751				
Year End Forecast - £k	29,925	16,006	(13,919)	Year End Forecast - £k	15,694	9,506	6,188				
<p>The total value of the savings programme has been increased from £16.95m to £29.95m following the inclusion of the revised target deficit and additional recovery actions. At month 10 delivery is £9.8m under plan and forecast to be £13.9m under by the financial year end. All workstreams are underperforming against the revised target the most notable of which are linked to workforce savings (forecast £1.3m adverse to plan) and the additional recovery actions (forecast £6.4m adverse to plan). Forecast CIP performance against the original plan of £16.95m is £12.4m (a 75% delivery).</p>			<p>The trust has spent £7.3m capital to the end of month 10. This is c. £10.7m less than originally planned reflecting the reduction to the total programme for the year, and Board agreement to release 50% of the funds so far. A further contingency sum has been released related to medical devices. Capital to Revenue transfers in respect of in year slippage have been agreed with the TDA - these total £1.347m. Information relating to this has been separately reported to the Finance Committee.</p>								



# 15/16 Contracts Executive Summary – key exceptions to note

## 15/16 contracts Summary - Contract information is dependent on validation processes so this report is regarding Month 9

- Month 9 performance against all contracts is over-performing by £14.6 m (NB Trust expected income target is higher than Contract indicative value). Statements also include a £2.7m CCG payment for services outside of the contract.

### CCG.

- Local CQUIN scheme details are agreed for Elective Schemes and Emergency Schemes although the CCG have recently contested that agreement. This is subject to formal dispute discussions between FDs.
- Month 9 performance against all CCG contracts is over-performing by £ 9.0 m. NB Trust-expected income target is higher than Contract indicative value.
- Process regarding payments and reinvestment of fines is subject to formal dispute discussions.
- The CCG have provided the Trust with an extended list of data validation and payment challenges, which the Trust is responding to appropriately and quickly in order to achieve early resolution and minimise system risk.

### NHS England contracts

- NHSE contracts are over-performing by £2.5 m at Month 9, the majority of the over-performance is in Specialised, arising from non-realisation of commissioner QIPP schemes which are included in the contract target. Discussions of alternatives are under way.

### Contract Notices and Remedial Action Plans

- There are 4 Remedial Action Plans under way in Cancer Access times, RTT, Cancelled patients rebooked within 28 days, and ED 4-hour waits.
- Although the recovery plans are agreed and under way, the documentation supporting those plans is not agreed.,

## Workforce Executive Summary – key exceptions to note

### Performance Theme

- The total workforce capacity decreased by 6 FTE to 6,738 FTE in January and is 163 FTE over the funded establishment.
- The temporary workforce capacity decreased by 23.9 FTE to 372.9 FTE in January and comprises 5.5% of the total workforce capacity.
- There are 210 FTE vacancies against budgeted establishment in January. This is a decrease since the previous reporting period and is 3.2% of establishment in January.
- Staffing levels (as per NQB Safe Staffing Levels) are reported as 100% in January, this is a marginal decrease compared to November (100.2%).
- Appraisal compliance remained the same at 83.3% in January and continues to be below the 85% target.
- Total essential skills increased in January from 85.9% to 86.5% and currently records above the 85% target. There has been an increase in month in essential skills across all CSCs in January with the exception of Renal CSC. However Renal CSC continues to be above the 85% target.
- Information Governance Training has remained at 93.4% for January and remains below the 95% target.
- Fire Safety (face to face training) increased by 2.1% to 72.9% in January, however this remains below the 85% target.
- Sickness Absence Rate (12 month rolling average) decreased to 3.4% in December and remains above the target. In-month sickness absence increased by 0.1% to 3.7% in December and is above the target.
- No referrals received in January for whistleblowing, safeguarding or professional registrations.