



# Integrated Performance Report – February 2016

## Executive Summary



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## Performance Outcomes – February 2015

### Integrated Performance Outcomes

- Overall performance against the quality of care indicators remains positive for February. The rise in C.Diff noted in January has not continued with 2 cases reported in February. The number of complaints has increased, however; this is reflective of seasonal trends and in line with numbers reported in 2014/2015. There is continued focus on FFT with some improvement in response rates being seen for both In-patients and ED which are above the national average. A slight reduction in patient moves has been seen. A newly published learning from mistakes league table from NHS Improvement has placed the Trust in the top 28% across the UK for good levels of openness and transparency.
- A&E performance remains challenging, there were 8,947 type 1 attendances in February equating to an average of 309 per day compared to an average of 253 type 1 attendances per day in February last year. Emergency admissions were also up by the equivalent of an extra ward, with a conversion rate of 36%. The average bed occupancy for the Trust was 96.4% comparable to January, with a maximum occupancy of 98.2% in month. There were an average 37 escalation beds open and a maximum of 55, which required additional agency staff. As a result of these pressures performance was 73%. 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 February focusing on urgent and day case treatment, although cardiac day unit operated at a reduced capacity due to outliers, as a result there were 64 on the day cancellations and 7 breaches of the 28 day guarantee.
- The Trust is forecasting achievement of 7 of the 8 national cancer standards, provisionally, 62 day FDT has not been achieved. All are expected to improve once validation is completed and capture of all treatments is completed. There were 7 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 £23.3m deficit against a planned deficit of £9.9m. 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 £7.5m 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 £2.7m at the end of February.
- The total workforce capacity and temporary workforce capacity both increased in month in February. The temporary workforce in February comprises of 6.2% of the total workforce capacity. The trust currently holds 221 FTE vacancies against budgeted establishment, this is an increase compared to the previous month reported. Total essential skills have increased to 87.1% and is above the 85% target, however appraisal compliance decreased to 81.6% and records below the 85% target. In-month sickness Absence has continually risen over 5 consecutive months and currently reports at 3.8% in January.

# Quality of Care Key Exceptions

## February performance

Exceptions to note in performance						
Domain	Indicator	Dec.	Jan.	Feb.	Comment	
Safe	<b>Falls</b> Red and amber incidents	3 (2x amber 1 x red)	5 (3x amber 2 x red)	4 (red)	<ul style="list-style-type: none"> <li>Increase in falls with severe harm in February. There are no trends relating to ward, time of incident or staff involvement.</li> <li>n.b. data updated to reflect incidents being finally approved since last report.</li> </ul>	
	<b>C.Difficile</b>	1	7	2	<ul style="list-style-type: none"> <li>Reduction in the numbers of C.Diff reported in February.</li> <li>Year-to-date position of 27 cases against an objective of 37 (annual target of 40 cases).</li> </ul>	
	<b>Learning from mistakes</b>		-		<ul style="list-style-type: none"> <li>NHS Improvement introduced a new league table to encourage openness and transparency in the NHS. The Trust was ranked 64<sup>th</sup> out of 230 trusts; receiving an overall ranking of good levels of openness and transparency. This places the Trust in the top 28% across the UK.</li> </ul>	
Caring	<b>Complaints</b>	39	58	67	<ul style="list-style-type: none"> <li>A continued increase has been seen in complaints. This is comparable with 2014/2015.</li> </ul>	
Responsive	<b>Patient moves (non-clinical) after midnight</b>	113	96	88	<ul style="list-style-type: none"> <li>The number of non-clinical moves after midnight decreased for the second month from 96 in January (average 3.0 per day) to 88 in February (average 3.0 per day).</li> <li>A reduction has also been seen in the number of reported non-clinical moves between 2100 and midnight, from 147 (average 4.7 per day) in January to 133 (average 4.6 per day) in February.</li> <li>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>	24.2%	22.6%	25.3%	<ul style="list-style-type: none"> <li>The total number of responses for both ED and in-patients has increased slightly from 2,910 in January to 3,391 in February.</li> <li>In-patient response rate has increased from 22.6% in January to 25.3% in February; now above the national average of 24.3% for January.</li> <li>ED response rate has also increased from 12.8% in January to 15.4% in February; now above the national average of 12.9% in January.</li> <li>There is targeted focus with areas that have seen a decrease in the number of responses.</li> <li>The reported percentage positive recommendations remain consistent with the national average, however; there has been a deterioration in the negative percentage to recommend.</li> </ul>
		<b>ED response rate</b>	14.3%	12.8%	15.4%	
		<b>% recommend positive</b>	96.5%	96.1%	96%	
		<b>% recommend negative</b>	0.6%	0.6%	1.0%	

# Quality of Care Overview – February 2016

Key:	Performance Indicator	Target	2014/15 Outcome	2015/16												Change Month on Month	Q1	Q2	Q3	Q4	Year to Date 2015/16
				Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16							
→	Pressure Ulcer Incidents (grades 3 & 4)	24	24	1	0	1	2	1	1	6	3	5	1	0	1	0	2	4	6	1	13
	Available hospital acquired Pressure Ulcer Incidents (grades 3 & 4) Unavoidable	Monitor	58	2	4	4	3	1	2	2	2	1	0	1	1	2	2	9	9	4	3
→	Pressure Ulcer Incidents (grades 1 & 2)	Monitor	747	34	35	23	23	31	13	6	6	3	2	9	20	5	92	67	17	25	201
	Falls (red & amber incidents)	Monitor	45	4	3	4	6	2	2	8	4	4	4	3	5	4	11	10	15	9	45
→	Falls per 1,000 occupied bed days (excluding in harm)	2.2 or less across the quarter average	-	1.9	2.4	2.4	2.7	2.5	2.3	2.9	2.3	2.3	2.0	2.7	2.2	2.2	2.2	2.3	2.4	2.5	2.4
	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%	-	97.0%	98.0%	96.0%	96.0%	97.3%	95.0%	96.0%	97.0%	96.3%	
→	Healthcare Acquired Infection - MISA (avoidable)	Zero	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Healthcare Acquired Infection - MISA (unavoidable)	Monitor	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	40	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%	97.50%	97.70%	97.85%	97.53%	97.53%	97.60%	97.15%	97.15%	97.67%	97.53%	97.69%	97.38%	97.37%
→	Never Events	Zero	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%	93.6%	94.0%	95.40%	95.94%	95.19%	94.02%	94.34%	92.72%	93.70%	95.51%	94.18%	94.03%	94.03%	
→	Serious Incidents Requiring Investigation (SIRIs)	Monitor	122	5	4	10	12	8	6	14	10	9	10	14	14	19	26	33	24	102	
	SIRIs unresolved >60 days (number)	Monitor	-	1	0	1	0	0	5	4	1	1	7	5	5	2	5	6	12	25	
→	Patient Safety Incidents (excluding SIRI)	Monitor	890	818	879	944	929	882	1047	1099	1157	914	1004	906	2641	2868	3170	1910	10589		
	Duty of candour breaches (number)	Zero	1	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	
	Medication Errors (red & amber incidents)	Monitor	18	3	1	2	1	4	4	4	2	1	2	2	0	0	6	9	5	2	22
→	Medication errors per 1,000 occupied bed days (resulting in harm)	1.0 or less across the quarter average	-	0.9	0.9	0.9	0.9	0.8	0.8	1.1	0.8	0.6	0.7	0.5	0.3	0.9	0.9	0.7	0.4	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	
→	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	101.72	101.6	101.5	101.4	102.1	101.6		
	Summary Hospital level Mortality Indicator (SHMI)	Within expected range	107.9	107.5	107.5	107.5	108.4	108.4	108.01	108.01	108.01	108.01	105.37	108.01	107.5	108.1	108.0	106.69	107.6		
→	Dementia - case finding question	2.90% each quarter	92.2%	89.70%	94.0%	95.6%	96.8%	97.3%	95.4%	97.5%	95.6%	96.0%	95.2%	92.8%	95.5%	96.2%	95.6%	95.2%	95.2%		
	Dementia - Diagnostic Assessment	2.90% each quarter	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
→	Dementia - Care plan on discharge	2.90% 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	3	
→	Number of Complaints	Monitor	662	43	44	42	61	57	55	58	64	39	58	67	129	173	161	125	588		
	Complaints acknowledged < 3 working days	Monitor	100%	98%	100%	98%	100%	100%	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%	99.64%		
→	Complaints per 1,000 contacts (all types)	Monitor	-	0.65	0.69	0.59	0.82	0.88	0.78	0.79	0.9	0.6	0.91	0.64	0.83	0.76	0.91	0.74	0.74		
	Complaints per 1,000 contacts (all types) (reported 1 month in arrears)	Monitor	11	0	2	1	5	1	4	5	2	9	3	1	3	10	16	4	33		
→	PALs transferred to complaints	Monitor	-	51	57	29	56	25	63	101	103	113	96	88	137	144	317	184	782		
	Patients moved (non-clinical) after midnight	Monitor	-	19.10%	24.1%	22.0%	27.70%	27.80%	24.10%	22.70%	24.70%	24.20%	22.60%	25.30%	21.7%	26.5%	23.8%	24.0%	24.0%		
→	Friends and Family Test response rate - in-patient and day case	Maximise responses	36.6%	17.50%	14.60%	22.70%	17.50%	13.60%	21.00%	15.70%	17.40%	14.30%	12.80%	15.40%	18.27%	17.37%	15.80%	14.1%	16.38%		
	Friends and Family Test - percentage recommendation (positive)	Maximise responses	15.2%	96.50%	97.30%	96.60%	96.50%	95.80%	95.80%	95.90%	96.50%	96.10%	96.00%	96.35%	96.80%	96.27%	96.30%	96.1%	96.35%		
→	Friends and Family Test - percentage not recommend (negative)	Monitor	-	1.10%	0.70%	0.60%	0.90%	0.60%	0.70%	0.80%	0.70%	0.60%	1.00%	0.80%	0.73%	0.70%	0.8%	0.76%	0.76%		
	Friends and Family Test Improving positive responses - in-patient	Maximise responses	93.0%	96.40%	94.80%	91.40%	94.00%	93.20%	93.50%	92.80%	91.80%	92.20%	94.20%	93.50%	94.20%	93.57%	92.27%	93.9%	93.47%		
→	Friends and Family Test Improving positive responses - ED	Maximise responses	94.1%	96.50%	97.40%	96.60%	96.50%	95.80%	95.80%	95.90%	96.50%	96.10%	96.00%	96.83%	96.27%	96.30%	96.1%	96.86%			
	Friends and Family Test Improving positive responses - Maternity	Maximise responses	92.5%	97.00%	99.10%	99.00%	96.90%	96.70%	98.20%	99.50%	98.90%	97.50%	99.40%	99.10%	98.37%	97.9%	98.6%	99.3%	98.55%		
→	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%	18.9%	24.5%	30.8%	19.28%	18.4%	23.4%		

# Safety - Overview



Responsive – Operational Overview

# Performance Against TDA Accountability Framework – February

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	F							
<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 - February

## 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, oral surgery, orthopaedics, gastroenterology, and 'other' due to capacity issues which are being addressed.
- 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 99.38% compared to South of England performance of 98.5% (November)

## A&E service quality standards

- Performance was 72.92% against the 95% standard, compared to 75.05% in January. Attendances in February averaged 390 per day compared to 334 a day in February last year.
- There were 3 breaches of the 12 hr trolley wait standard

## Cancer standards - Provisional

- 7 of the 8 national standards were achieved. 62 day first definitive treatment has not currently been 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 7 patients who waited more than 104 days for treatment, 1 late referral, 3 clinically complex, 1 diagnostic delays, and 2 due to capacity.

## Cancelled operations

- There were 7 breaches of the 0 tolerance 28 day guarantee.
- No urgent operations were cancelled for a second time.

National Trust Development Agency Key Indicators	Target	2015/16						Change from last mth	Q1	Q2	Q3	Q4	Yr to date	
		S	O	N	D	J	F							
% 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%	●	●	●	●	●	●	↑	●	●	●	●	●	
Responsive	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%	●	●	●	●	●	●	↑	●	●	●	●	●	

# Finance: Overview

## Summary

The trust's I&E position at the end of Month 11 is an actual deficit of £23.3m, this is an adverse variance of £13.3m against overall plan. As a part of this position, income is ahead of plan by £6.7m. Operating expenses are overspent by £20.8m of which pay costs are £11.9m. Savings of £12.9m have been recorded for the year to date against a plan of £23.7m. Full-year delivery is currently forecast at £15.8m. The trust has spent £7.5m capital to date. The revised programme for the year totals £15.7m with 75% 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 February. The minimum level of cash holding is expected to be £2.5m. Currently the trust has drawn down £32.0m 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 is now in discussion with the TDA about the implications and management of this. As a result, the Trust will finish the year with £31.3m drawn down against the working capital facility, leaving £6.0m unutilised at the start of 2016/17.

Financial Sustainability Risk Rating		R	
	Plan	Actual / Forecast	
Current Month Metrics	1	1	
Forecast End of Year Metrics	1	1	

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.

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

Surplus/(Deficit)		R	
	Plan	Actual / Forecast	Variance
Year to date - £k	(9,930)	(23,271)	(13,341)
Year End Adjusted Trajectory - £k	(9,724)	(23,600)	(13,876)

At month 11 the trust is showing a deficit which is £13.3m adverse to plan. Clinical Income is showing an over-performance of £4.6m. This includes £3.2m against Pass Through Drugs, which offsets in related the overspend seen in Operating Costs. Pay costs are overspent by £11.9m, with total spend to date including £30.2m against all forms of temporary workforce costs. Clinical supply costs are overspent by £2.2m and other non pay costs are by £3.2m, predominantly volume related. 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 and this now been recorded in full in the year to date position.

Cash		R	
	Plan	Actual / Forecast	Variance
Current Cash & Cash Equivalents - £k	2,500	2,666	166
Year End Forecast - £k	2,500	2,500	0

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 February the trust had drawn down £31.3m 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&E performance and other cash flow requirements. The Trust will need to work with DH and the TDA in 2016/17 to finalise cash support requirements.

Income		G	
	Plan	Actual / Forecast	Variance
Year to date - £k	450,512	457,228	6,716
Year End Forecast - £k	492,538	502,233	9,695

The trust is reporting an over-performance against all income of £6.7m for the year to date. The over-performance in terms of clinical income is £4.6m of which PbRX drug income is £3.2m offsetting the equivalent overspend in expenditure against Pass Through Drugs. Also included within the over-performance is income for Cedar & Artk Royal (wards) offsetting associated costs prior to their transfer in October 2015. A second tranche of income relating to a capital to revenue transfer of £0.7m was received in February.

Operating Expenditure		R	
	Plan	Actual / Forecast	Variance
Year to date - £k	(429,047)	(449,891)	(20,844)
Year End Forecast - £k	(467,938)	(490,491)	(22,553)

At the end of month 11 the trust is reporting a £20.8m overspend against operating expenditure. Pay is overspent by £11.9m with total costs including temporary workforce costs. The non pay overspend includes £3.2m against Pass Through Drugs, which is offset in full by related income. Clinical supplies are overspent by £2.2m. 'Other' non pay costs are overspent by £4.5m. Included within this are costs associated with Cedar & Ark Royal, which are offset in income, and CIP underperformance.

Liquidity Days		A	
	Plan	Actual / Forecast	Variance
Current Month Position - Days	(27)	(38)	(11)
Year End Forecast - Days	(28)	(40)	(12)

Liquidity days are calculated using the Continuity of Services Risk Rating Methodology, taking working capital compared to operating expenditure.

The current position reflects the trust's I&E position, and the balance on the IRWCF not being repaid by the end of 2015/16 (The IRWCF is shown as a Current Liability on the Balance Sheet).

Cost Improvement Plans (CIPs)		R	
	Plan	Actual / Forecast	Variance
Year to date - £k	23,734	12,879	(10,855)
Year End Forecast - £k	29,925	15,805	(14,120)

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 11 delivery is £10.9m under plan and forecast to be £14.1m 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 £1.4m 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 £12.3m (a 73% delivery).

Capital		G	
	Plan	Actual / Forecast	Variance
Year to date - £k	13,083	7,332	5,751
Year End Forecast - £k	15,694	10,830	4,864

The trust has spent £7.3m capital to the end of month 11. This is c. £5.8m less than originally planned reflecting the reduction to the total programme for the year, and Board agreement to release 75% 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. The Trust is currently showing a forecast underspend of £0.7m and is looking at schemes that can be brought forward and completed in 2015/16.

# 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 10

- Month 10 performance against all contracts is over-performing by £15m in activity terms (NB Trust expected income target is higher than Contract indicative value). Statements also include a £3.0m 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 10 performance against all CCG contracts is over-performing by £ 9.0 m, plus a £3m out-of-contract payment. NB Trust-expected income target is higher than Contract indicative value.
- Process regarding payments and reinvestment of fines is being finalised in a year-end payment agreement.
- 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 next year.

### NHS England contracts

- NHSE contracts are over-performing by £2.5 m at Month 10, 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 all recovery plans are agreed and under way, the documentation supporting the ED CQUIN is not yet agreed. This is due to a joint planning issue, so no funds are being withheld from the Trust.

## Workforce Executive Summary – key exceptions to note

### Performance Theme

- The total workforce capacity increased by 47 FTE to 6,785 FTE in February and is 206 FTE over the funded establishment.
- The temporary workforce capacity increased by 54 FTE to 427 FTE in February and comprises 6.2% of the total workforce capacity.
- There are 221 FTE vacancies against budgeted establishment in February. This is an increase since the previous reporting period of 11 FTE and is 3.3 % of establishment in February.
- Staffing levels (as per NQB Safe Staffing Levels) are reported as 99.3% in February, this is a marginal decrease compared to January (100%).
- Appraisal compliance has decreased to 81.6% in February and continues to be below the 85% target.
- Total essential skills increased in February from 86.5% to 87.1% and currently records above the 85% target. Essential skills compliance has increased in month across all CSCs in February.
- Information Governance Training has marginally decreased to 93.3% for February and remains below the 95% target.
- Fire Safety (face to face training) decreased by 0.9% to 72.0% in February and remains below the 85% target.
- Sickness Absence Rate (12 month rolling average) remained at 3.4% in January and remains above the target. In-month sickness absence increased by 0.1% to 3.8% in January and is above the target. The in-month sickness absence rate has continually increased for 5 consecutive months.
- 1 referrals received in February for whistleblowing and safeguarding. No referrals received for professional registrations.