



Integrated Performance Report – December 2015

Executive Summary

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Performance Outcomes – December 2015

Integrated Performance Outcomes

- Overall performance against the quality of care indicators remains positive for December; with the exception of patient moves which has seen a deterioration in performance. The Trust has reported zero grade 3 or 4 avoidable and unavoidable pressure ulcers in December; the first month in 2015/16 to do so. There remains a continued focus on patient moves and the Friends and Family Test. The Trust performed well, with three outcomes better compared to other trusts (partner involvement, reasonable response times after birth and information and explanations).
- A&E performance remains challenging, there were 9,0581 type 1 attendances in December equating to an average of 302 per day compared to an average of 287 type 1 attendances per day in December last year. Emergency admissions were also up by the equivalent of an extra ward, with a conversion rate of 38%. The average bed occupancy for the Trust was 94.8% despite achieving the national directive of 80% at midnight on Christmas Eve, with a maximum occupancy of 97.6% in month. There were an average 26 escalation beds open and a maximum of 49, which required additional agency staff. Delayed transfers of care deteriorated to 2.6%. Despite these pressures performance remained stable at 78.3%. 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 expectation of a challenging unscheduled care position the elective programme was significantly reduced during December focusing on urgent and day case treatment and as a result there were only 70 on the day cancellations and 2 breaches of the 28 day guarantee. However this meant that less long waiting routine patients were treated and the number of patients waiting over 35 wks increased to 94.
- The Trust is forecasting achievement of 7 of the 8 national cancer standards, the 62 day screening standard has not been achieved. The 62 day first definitive treatment standard is expected to be achieved once validation and capture of all treatments is completed. There were 7 patients waiting more 104 days for treatment, 6 of these were due to complexity or late referral, however one was due to capacity in urology for complex surgery.
- 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 £21.7m deficit against a planned deficit of £9.3m. 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 £16.2m. The 2015-16 Capital Resource Limit (CRL) is £15.7m net charge of capital expenditure. The trust has spent £5.8m 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 £6.6m at the end of December.
- There has been a small decrease in substantive staffing for December. Temporary staffing use for July has marginally increased and remains consistent with recent months usage to manage additional activity and capacity requirements. A small increase has been observed in monthly sickness rates and appraisal compliance has reduced to just 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

December performance

Exceptions to note in performance						
Domain	Indicator	Oct.	Nov.	Dec.	Comment	
Safe	Avoidable pressure ulcers Grades 3 & 4	5	1	0	<ul style="list-style-type: none"> Zero grade 3 or 4 avoidable and unavoidable pressure ulcers reported in December. This is the first month of zero avoidable or unavoidable pressure ulcers in 2015/16. Year-to-date position remains at 12 avoidable grade 3 and 0 (zero) grade 4 pressure ulcers against a trajectory of 16 (year end target of 24). 	
	Falls Red and amber incidents	5	3	1	<ul style="list-style-type: none"> 1 case of a falls incident in December resulting in severe harm. Year-to-date position of 32 cases of falls resulting in harm (25 severe and 7 moderate harm incidents). The Trust has been highlighted following the National Audit of Inpatient falls as an exemplar site for falls prevention by the Royal College of Physicians and has been invited to present at a National Conference. 	
	SIRIs	14	10	9	<ul style="list-style-type: none"> Of the 9 SIRIs reported in December; 1 was a 12 hour Decision To Admit (DTA) breach and 2 ambulance diverts. 	
Effective	AKI CQUIN	-			<ul style="list-style-type: none"> Audit results will be submitted to the National submission deadline of the 12th February 2016. It is anticipated that the Trust will report a quarter 3 compliance of 39% against a target of 30%. 	
	HSMR	-			<ul style="list-style-type: none"> The Trust annual HSMR for the period April 2014 to March 2015 is 101.96. This is within the confidence interval of 97.47-106.60 and is therefore; within the expected range. Dr Foster have informed the Trust that annual HSMR rates will no longer be published. The weekday and weekend HSMR reported to date has been a fixed annual position. The Trust is currently working with Dr Foster to enable this to be updated and reported monthly. 	
Caring	Dementia CQUIN	-			<ul style="list-style-type: none"> Delivery of step 3 of the CQUIN relating to plan of care on discharge is dependent on adapting the Electronic Discharge Summary system (EDS). EDS is currently in the early implementation phase across the Trust and there is a concern that adding extra fields at this time will affect the completion of the current EDS. Discussions are underway regarding delivery of the CQUIN requirements. 	
Responsive	Patient moves (non-clinical) after midnight	101	103	113	<ul style="list-style-type: none"> In December non-clinical moves between 2100 and midnight was 132; compared to 222 in November; equating to an average of 4.2 per day. This exceeds the CQC improvement plan target of less than 3 non-clinical moves after 2100. 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. The number of non-clinical moves after midnight increased from 103 in November (average 3.4 per day) to 113 in December (average 3.6 per day). The daily average deficit between admissions and discharges during December reduced to 1.35 compared to 1.4 in November. 	
Well-led	Friends and Family Test (FFT)	In-patient response rate	22.7%	24.7%	24.2%	<ul style="list-style-type: none"> The total number of responses for both ED and in-patients has decreased; this may be due to the Christmas period and delays in postage in getting the surveys to IWantGreatCare. ED has seen a decrease in the number of responses in December, however; this remains above the national average of 13.1% in November. The In-patient response rate has also decreased in December; this is just below the national average of 25.1% in November. The reported percentage positive recommendations remains above the national average of 96% at 96.5%.
		ED response rate	15.7%	17.4%	14.3%	
		% recommend positive	95.9%	96.5%	96.5%	
		% recommend negative	0.8%	0.7%	0.6%	
Other	CQC National Maternity Survey				<ul style="list-style-type: none"> The Trust performed well, with three outcomes better compared to other trusts (partner involvement, reasonable response times after birth and information and explanations). 	
	Patient and Family Centred Care (PFCC) – living well to the very end programme				<ul style="list-style-type: none"> The Trust has been successful in gaining a place on this programme (run in partnership between the Point of Care Foundation and NHS England South). 	

Quality of Care Overview – December 2015

Key:	Performance Indicator	Target	2014/15 Outcome	2015/16												Change Month on Month	Q1	Q2	Q3	Year to Date 2015/16
				Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Q1	Q2	Q3					
Performance improving Performance worsening Performance the same No concerns Some concerns: action required to remain on track Significant risk to achieving target	Pressure Ulcer Incidents (grades 3 & 4)	24	24	1	0	1	2	1	1	1	5	1	0	2	4	6	12			
	Avoidable hospital acquired Pressure Ulcer Incidents (grades 3 & 4) Unavoidable	Monitor	58	2	4	3	1	2	2	6	4	1	0	9	9	5	23			
	Pressure Ulcer Incidents (grades 1 & 2)	Monitor	747	34	35	23	23	31	13	6	2	9	176	92	67	17	176			
	Falls (red & amber incidents)	Monitor	45	4	3	4	6	2	2	7	3	1	1	11	10	11	32			
	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	2.5	2.2	2.7	2.0	1.0	2.2	2.2	2.5	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%	-	97.0%	97.0%	97.3%	95.0%	97.0%	96.44%			
	Healthcare Acquired Infection - MRSA (Avoidable)	Zero	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
	Healthcare Acquired Infection - MRSA (Unavoidable)	Monitor	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
	Healthcare Acquired Infection - CDI/F	40 cases	40	2	2	1	6	1	1	1	3	1	1	5	8	5	18			
	Venous Thrombo-embolus screening	95% per month	97.12%	97.30%	97.50%	98.20%	97.40%	97.70%	97.50%	97.70%	97.70%	97.70%	97.29%	97.67%	97.53%	97.56%	97.59%			
	Never Events	Zero	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%	95.19%	92.72%	93.70%	95.51%	93.98%				
	Serious Incidents Requiring Investigation (SIRIs)	Monitor	122	5	4	10	12	8	6	14	10	9	19	26	33	78				
	SIRIs unresolved >60 days (number)	Monitor	-	1	0	1	0	0	5	4	1	1	2	5	6	13				
	Patient Safety Incidents (excluding SIRI)	Monitor	8900	830	879	941	925	893	930	972	761	443	2640	2748	2176	7564				
	Duty of candour breaches (number)	Zero	1	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				
	Medication Errors (red & amber incidents)	Monitor	18	3	1	2	1	4	4	1	0	0	6	9	1	16				
Medication errors per 1,000 occupied bed days (resulting in harm)	1.0 or less across the quarter	-	0.9	1	0.9	0.9	0.8	1	0.6	0.4	0.2	0.9	0.9	0.4	0.7					
CAS Alerts Over Deadline	Monitor	2	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	101.6	101.5	101.4	101.5					
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	107.5	108.1	108.0	107.9					
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%	95.3%	92.8%	96.5%	96.1%	95.11%					
Dementia - Diagnostic Assessment	≥ 90% each quarter	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100.00%					
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					
Number of Complaints	Monitor	662	43	44	42	61	57	55	58	64	39	129	173	161	463					
Complaints acknowledged < 3 working days	Monitor	100%	98%	100%	98%	100%	100%	100%	100%	100%	100%	99%	100%	100%	99.52%					
Complaints per 1,000 contacts (all types) (reported 1 month in arrears)	Monitor	-	0.64	0.68	0.58	0.81	0.87	0.77	0.78	0.9	-	0.63	0.82	0.84	0.73					
PALS transferred to complaints	Monitor	11	0	2	1	5	1	4	5	2	9	3	10	16	29					
Patient moves (non-clinical) after midnight	Monitor	-	51	57	29	56	25	63	101	103	113	137	144	317	598					
Friends and Family Test response rate - In-patient and day case	Maximise responses	96.6%	19.10%	24.1%	22.00%	27.70%	27.80%	24.10%	22.70%	24.70%	24.20%	21.73%	26.53%	23.87%	24.04%					
Friends and Family Test - percentage recommend (positive)	Maximise responses	15.2%	17.50%	14.60%	22.70%	17.50%	13.60%	21.00%	15.70%	17.40%	14.30%	18.27%	17.37%	15.80%	17.14%					
Friends and Family Test - percentage not recommend (negative)	Monitor	-	96.50%	97.20%	96.60%	95.80%	95.80%	95.90%	95.90%	96.50%	96.50%	96.80%	96.27%	96.30%	96.46%					
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%	0.80%	0.73%	0.70%	0.74%					
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%	93.57%	92.27%	93.34%					
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%	96.83%	96.27%	96.30%	96.47%					
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%	98.50%	97.50%	98.37%	97.93%	98.63%	98.31%					
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%	24.53%	30.80%	19.28%	24.87%					

Safety - Overview



Responsive – Operational Overview

Performance Against TDA Accountability Framework – December

National Trust Development Agency Key Indicators		Target	2015/16										Change from last mth	Q1	Q2	Q3	Yr to date
			A	M	J	J	A	S	O	N	D						
Responsive	% 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%	●	●	●	●	●	●	●	●	●	●	↓	●	●	●	●	
Effective	Stroke 60 mins (arrival at stroke unit)	bm	●	●	●	●	●	●	●	●	●	↓	●	●	●	●	
	STeMI call to balloon 150 mins	bm	●	●	●	●	●	●	●	●	●	↑	●	●	●	●	
	Emergency readmissions <30 days	bm	●	●	●	●	●	●	●	●	●	↑	●	●	●	●	
Safe	Emergency C-Section Rate	bm	●	●	●	●	●	●	●	●	●	↓	●	●	●	●	



NHS Constitution performance key Standards - December

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, ENT and 'other' due to capacity issues which are being addressed.
- There were 2 patients waiting more than 52 wks for treatment, (both previously reported as patients chose to delay treatment until after Christmas) Both were treated in early January.

Diagnostic waits

- The maximum 6 week waiting time for diagnostics was not achieved, performance was 98.6% compared to South of England performance of 98.3% (October)

A&E service quality standards

- Performance was 78.3% against the 95% standard, compared to 78.4% in November. Attendances in December averaged 366 per day compared to 341 a day in December last year.
- There was 1 breach of the 12 hr trolley wait standard

Cancer standards - Provisional

- 6 of the 8 national standards were achieved. 62 day first definitive treatment standard has not been achieved at present, but is expected to achieve standard once validation and inclusion of confirmed treatments is completed. 62 day screening standard not achieved and not expected to be recovered.
- There were 7 patients waiting more than the new maximum wait standard of 104 days, 3 clinically complex, 2 late referrals, 1 unfit and 1 due to capacity in urology.

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

- 2.6% of patients were officially delayed in their transfer of care.

National Trust Development Agency Key Indicators	Target	2015/16												Change from last mth	Q1	Q2	Q3	Yr to date
		A	M	J	J	A	S	O	N	D								
% 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 9 is an actual deficit of £21.7m, this is an adverse variance of £12.4m against overall plan. As a part of this position, Income is ahead of plan by £4.4m. Operating expenses are overspent by £16.2m of which pay costs are £9.2m. Savings of £9.7m have been recorded for the year to date against a plan of £17.3m. 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 £16.2m. The trust has spent £5.8m 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 £6.6m at the end of December. 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 of £39m. The application is subject to ongoing TDA review and is likely to be reduced to £32.6m.

Financial Sustainability Risk Rating R				Surplus/(Deficit) R				Cash R			
	Plan	Actual / Forecast		Plan	Actual / Forecast	Variance		Plan	Actual / Forecast	Variance	
Current Month Metrics	1	1	Year to date - £k	(9,307)	(21,667)	(12,360)	Current Cash & Cash Equivalents - £k	2,500	6,561	4,061	
Forecast End of Year Metrics	1	1	Year End Adjusted Trajectory - £k	(9,724)	(25,700)	(15,976)	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 9 the trust is showing a deficit which is £12.4m adverse to plan. Income is showing an over-performance of £4.4m. This includes £2.5m against Pass Through Drugs, which offsets in related the overspend seen in Operating Costs. Pay costs are overspent by £9.2m, with total spend to date including £25.2m against all forms of temporary workforce costs. Clinical supply costs are overspent by £2.0m and other non pay costs are by £3.5m. The year end forecast includes an assessment of risks and opportunities and is currently recognised by the Board as a £23.6m deficit. The forecast reported to the TDA will be £25.7m deficit as it will exclude the capital to revenue transfer valued at £2.1m which is as yet unconfirmed by them.</p>			<p>Actual cash held at the end of December was £6.6m. The trust is required to hold a minimum cash level of £2.5m, and therefore has a positive variance against this requirement of £4.1m. It should be noted that by the end of December 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&E performance and other cash flow requirements. To this end an ITFF application of £32.6m will be submitted to replace the temporary borrowing facility.</p>					
Income G				Expenditure R				Liquidity Days A			
	Plan	Actual / Forecast	Variance		Plan	Actual / Forecast	Variance		Plan	Actual / Forecast	Variance
Year to date - £k	371,213	375,635	4,422	Year to date - £k	(380,520)	(397,303)	(16,783)	Current Month Position - Days	(26)	(12)	14
Year End Forecast - £k	495,125	502,510	7,385	Year End Forecast - £k	(504,849)	(527,754)	(22,905)	Year End Forecast - Days	(28)	(29)	(1)
<p>The trust is reporting an over-performance against all income of £4.4m for the year to date. The over-performance is driven by clinical income within which is £2.5m offsetting the overspend 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.</p>			<p>At the end of month 9 the trust is reporting an £16.8m overspend against expenditure. Pay is overspent by £9.2m with total costs including temporary workforce costs. The non pay overspend includes £2.5m against Pass Through Drugs, which is offset in full by related income. Clinical supplies are overspent by £1.8m. 'Other' non pay costs are overspent by £3.5m. Included within this are costs associated with Cedar & 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&E position, it improves in the forecast position after receiving cash support.</p>					
Cost Improvement Plans (CIPS) R				Capital G							
	Plan	Actual / Forecast	Variance		Plan	Actual / Forecast	Variance				
Year to date - £k	17,336	9,738	(7,598)	Year to date - £k	15,192	5,759	9,433				
Year End Forecast - £k	29,925	16,174	(13,751)	Year End Forecast - £k	20,396	10,830	9,566				
<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 9 delivery is £7.6m under plan and forecast to be £13.8m 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</p>			<p>The trust has spent £5.5m capital to the end of month 9. This is c. £10m 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. The current forecast is to have slippage against the programme by a total of £2.1m but this will be dependant upon Board approval to release any remaining funds.</p>								

Contracts Executive Summary – key exceptions to note

15/16 contracts Summary - Contract information is dependent on validation processes so this report is regarding Month 8

- Month 8 performance against all contracts is over-performing by £12.9 m (NB Trust expected income target is higher than Contract indicative value). Statements also include a £2.7m payment for services outside of the contract.

CCG

- CCG contract is signed by all major CCGs. All unsigned CCGs have agreed the contract values and are paying 12ths payments on time and to a reasonable level. Other signature delays by Commissioners are currently not creating any cash concerns at the Trust.
- 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 starting 4 January.
- Month 8 performance against all CCG contracts is over-performing by £ 9.7 m. NB Trust-expected income target is higher than Contract indicative value.
- Process regarding payments and reinvestments of fines as agreed is a material issue for our local LHE This is subject to formal dispute discussions starting 4 January.
- The CCG have provided the Trust with an extended list of data validation and payment challenges in month 7, 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 £1.9 m at Month 7, 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 no open Remedial Action Plans, although the Trust has been asked via Contract performance notices to convert existing Cancer and RTT recovery plans into full formal RAPs, which the Trust is achieving with CCGs. Following receipt of another CPN for Emergency Department 4-hour wait standard, the Trust is also agreeing a suitable RAP of all the actions required to help remedy the performance issue.

16/17 Contract

- Commissioning intentions and statutory notices have been exchanged on 30th Sept, being 6 months to the start of the new contract year. The Trust is seeking agreement on a detailed timetable for the 16/17 Contract with clear delivery and escalation points. Next steps will be full-year activity planning. The Trust is also seeking agreement over terms of a review of local prices as part of this process. Commissioner CQUIN schemes are likely to include enhanced reporting of outcome measures.

CSCs actions requested

- 1) minimise the financial risk of booking LCVs without authorisation 2) develop robust activity / capacity projections for 16/17, 3) to bring any other foreseen contractual issues to the attention of the Contracts team to assist the 16/17 process.

Workforce Executive Summary – key exceptions to note

Performance Theme

- The total workforce capacity decreased by 8.8 FTE to 6,746.1 FTE in December and is 172 FTE over the funded establishment.
- The temporary workforce capacity increased by 15.6 FTE to 396.8 FTE in December and comprises 5.9% of the total workforce capacity.
- There are 224.1 FTE vacancies against budgeted establishment in December. This is an increase since the previous reporting period and is 3.4 % of establishment in December.
- Staffing levels (as per NQB Safe Staffing Levels) are reported as 100.2% in December, this is a decrease compared to November (101.6%).
- Appraisal compliance decreased to 83.3% in December and is below the 85% target.
- Total essential skills increased in December from 84.6% to 85.9 and currently records above the 85% target. All CSCs essential skills compliance increased in-month and recorded above the 85% target in December.
- Information Governance Training has increased by 0.6% to 93.4% for December and remains below the 95% target.
- Fire Safety (face to face training) increased by 1.3% to 70.8% in December, however this remains below the 85% target.
- Sickness Absence Rate (12 month rolling average) remained at 3.5% in November and remains above the target. In-month sickness absence increased by 0.2% to 3.6% in November and is above the target.
- 60.8% of the workforce have had this years flu vaccination.