



Integrated Performance Report – June 2015

Executive Summary

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Performance Outcomes – June 2015

Integrated Performance Outcomes

- Overall performance against quality of care indicators is very positive for June with all standards achieved with the exception of friends and family where there has been an overall deterioration in response rates and positive response rates., actions are underway to improve this.
- A&E performance remains challenging, there were 9,085 type 1 attendances in June (calendar month) equating to an average of 303 per day compared to an average of 270 type 1 attendances per day in March. Emergency admissions were also up by the equivalent of an extra ward, despite a reduced conversion rate of 34%. The average bed occupancy for the Trust was 95% with a maximum occupancy of 96.9% in month, including an average 28 escalation beds open, which has required additional agency staff. Despite the increased demand, performance improved to 85.31% in June compared to 78.9% in May. This included delivery of 90% in the last week of June in line with the recovery plan. 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.
- As a consequence of the urgent care challenges and total bed occupancy of 95% in June, the Trust experienced significant pressure across several integrated performance measures, with 70 on the day elective cancellations compared to 59 in May, resulting in 4 breaches of the 28 day guarantee. The admitted and non-admitted RTT standards were abolished in June allowing focus on incomplete performance and treatment of patients according to clinical priority and wait. This will start to show a benefit from August onwards in reducing the number of long waiters. In June 5,882 elective patients were treated, 12% (653) more than in May.
- The 2015-16 Income and Expenditure annual plan delivers a £16m deficit position. The year to date Income and Expenditure financial position was a £9.8m deficit against a planned deficit of £6.3m. The 2015-16 External Financing Limit (EFL) has been set at £2.5m year-end cash balance (NB an undershoot against the EFL is permissible). The 2015-16 Capital Resource Limit (CRL) is £15.7m net charge of capital expenditure.
- There has been an increase in substantive staffing for June into the Trust as recruitment continues. Temporary staffing use for June has increased to levels observed in April, following a small reduction in May, to manage additional activity and capacity requirements. An increase has been observed in monthly sickness rates, however essential skills compliance has increased in month and appraisal compliance has improved and reached the target of 85% following targeted work focusing on those staff who have not had an appraisal for the longest period.

Quality of Care Key Exceptions to note

June performance

Exceptions to note in performance							
Domain	Indicator	April	May	June	Variance (May-June)	Comment	
Safe	Serious Incidents Requiring Investigation (SIRIs)	5	4	10	▲6	Note the increase in the number of SIRIs seen in June. 4 related to falls with fracture, 1 pressure ulcer and 5 miscellaneous. No trends identified.	
Responsive	Patient moves (non-clinical) after midnight	51	57	29	▼28	Following an increase in patient moves after midnight seen between April and May, the number has dropped significantly in June.	
Well-led	Friends and Family Test (FFT)	In-patient response rate	36.5%	54.0%	48.8%	▼ 5.2%	A general deterioration across response rates is noted. Whilst ED performance has increased, the response rate remains low.
		ED response rate	17.5%	14.6%	22.7%	▲8.1%	
		Maternity response rate	17.8%	39.9%	15.9%	▼ 24%	
		ED positive response rate	96.4%	94.8%	91.4%	▼1.6%	A slight deterioration across all measures has been seen in June.
		Inpatient positive response rate	97.0%	97.4%	96.6%	▼ 0.8%	
		percentage recommend positive	96.7%	96.4%	94.0%	▼ 2.4%	
		percentage recommend negative	1.0%	1.1%	1.2%	▲ 0.1%	

Improvement in performance				
C.Diff	VTE screening (3 months of improvement)	% harm free care (3 months of improvement)	Dementia case finding (3 months of improvement)	Medication errors

Finance Executive Summary – key exceptions to note

Key Metrics:

- Performance against I&E financial Plan = **£16.0m** adjusted retained deficit plan
- Performance against External Financing Limit (EFL) = **£2.5m** year-end cash balance
- Performance against Capital Resource Limit (CRL) = **£20.5m*** net chargeable capital expenditure
- Delivery of a Financial Improvement plan (CIP) = **£16.95m**

*The proposed level of capital spend for 2015/16 has been subject to further review. A reduced programme has now been agreed which is supported by internally generated funds and has so removed the need for external funding. It has been agreed via the Trust Board that half of the programme funding will be released now, with a further review of progress/requirements in October.

Summary of Performance:

Key financial headlines at the end of June (Month 3)

- In June actual expenditure was **£2.7m** in excess of income resulting in a **£1.95m** adverse variance to plan in month and **£3.45m** adverse variance to plan for the year to date. It should be noted that these results use the revised profile for income highlighted previously, and this together with the phasing of deployment of centrally held funds creates a small difference when compared to the trust's TDA return, as this is still based on the original phasing profile. Performance against this original profile results in an adverse variance to plan (year to date) of **£3.65m**.
- The overall financial improvement required this year by the Trust has been set at **£16.95m**. This includes a stretch target of **£2.45m**. The savings (CIP) plans have been profiled to produce a realistic view of delivery from work-streams. The original target for the first quarter was **£1.67m**, delivery of savings has been re-assessed and the revised target is **£2.21m** year to date. Delivery against this has been tracked at **£1.75m**.
- The total 2015-16 clinical income plan was shown as **£429.8m** in Month 1. This is now shown as **£436.1m** (£397.8m NHS PbR income + £38.3m Pass Through Drugs) as income previously identified under the category of 'Other Income' e.g. CDF (cancer drugs fund) & DSC Physiotherapy, has been moved into Clinical Income, which is consistent with how it appears on returns to the TDA.
- Initially the income plan had been phased based on calendar days. This approach has been revisited and updated based on previous actual performance in order to give a more accurate reflection. This has been communicated to the TDA and the trust is currently exploring the possibility of altering its planning submission to this revised profile. Based on the revised phasing the estimated position for Month 3, year to date, is a favourable variance of **£1.8m**.

Contracts Executive Summary – key exceptions to note

15/16 contracts - Contract information is dependent on validation processes so this report is regarding Month 2.

- Month 2 performance against all contracts is over-performing by £2.8 m which includes a £0.5m payment for additional services (so is a true over-performance of £2.3m) (NB Trust expected income target is higher than Contract indicative value).

CCG

- CCG contract is signed by major CCGs, with some associates still to sign or agree an indicative activity plan. All unsigned CCGs are paying 12ths payments on time and to a reasonable level, so signature delays are not creating any cash concerns
- Local CQUIN scheme details are the single major contract item yet to be agreed with local Commissioners.
- Month 2 performance against all CCG contracts is over-performing by £ 2.65 m, although this contains some payments made for services outside of the contract, (real effect £2.15m) NB Trust expected income target is higher than Contract indicative value.
- Process regarding payments and reinvestments of fines, especially around unscheduled care, remains under discussion with Commissioners.

NHS England contracts

- Specialised Commissioners have signed a memorandum of agreement, and signed contracts are anticipated by early June pending guidance and advice as below.
- The outstanding issues with Specialised Commissioners are:
 - Application of 'SBV' payment thresholds within guidance
 - Detailed Indicative Activity Plan values
 - Agreement of Clinical Utilisation Review CQUIN
 - Process for ensuring the 15/16 Plan is updated to include demand-led pressures.
- NHSE Public Health. Military and Dental Contract details are agreed, although NHSE are expected to sign as one body, not as Associates.
- NHSE contracts are over-performing by £100k at Month 2, almost all of the over-performance is in Specialised Commissioning . (NB Trust expected income target is higher than Contract indicative value).

Contract Notices and Remedial Action Plans in place

- There are no open Remedial Activity Plans or Contract Performance Notices this month.

Other Items to note

- CSCs have reduced the number of PLCVs performed from £50k per month to £7k per month. The remaining cases are in Pain and skin lesions, and work goes on with those CSCs to reduce this number to zero.

Workforce Executive Summary – key exceptions to note

Performance Theme

- Total Workforce Capacity increased by 69 FTE in June to 6,689 FTE as a result of increases in substantive staffing and temporary staffing.
- Temporary Workforce increased by 42 FTE in June to 481 FTE.
- There are 388 FTE (5.9%) vacancies against total budgeted establishment of which 229 are registered nurses and midwives.
- Staffing levels (as per NQB Safe Staffing Levels) are reported as 100.3% against planned requirements for June.
- Appraisal Compliance increased from 83.6% to 86.8% in June following targeted work on the staff who have been out of date for the longest period.
- Total Essential Skills Compliance rates increased by 0.9% to 83.7% in June.
- Information Governance Essential Skills Training increased by 0.8% to 91.1% in June however remains below the target of 95%.
- Fire Safety (classroom based) has increased in June from 58.3% to 60.6%.
- Staff Turnover remained at 10.9% in June.
- In-month sickness absence rate increased by 0.4% to 3.3% in May and 12 month rolling average remained at 3.5%.