



# Integrated Performance Report – October 2015

## Executive Summary

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# Performance Outcomes – October 2015

## Integrated Performance Outcomes

- Whilst a deterioration in quality metrics in terms of numbers has been seen in October, the Trust has seen a steady improvement in the harm free care provided, as measured by the Safety Thermometer (measuring harm events) since July, with the national average being exceeded in both September and October.
- A&E performance remains challenging, there were 9,503 type 1 attendances in October equating to an average of 307 per day compared to an average of 287 type 1 attendances per day in October 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 increased from 94.5% to 95.7% with a maximum occupancy of 97% in month, with an average 34 escalation beds open, compared to 20 last month, which has required additional agency staff., however delayed transfers of care improved to 1.7%. As a result of these pressures performance was 77.8% compared to 83.9% in September. 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 in October the Trust experienced significant pressure across several integrated performance measures, with 81 on the day elective cancellations, resulting in 3 breaches of the 28 day guarantee. Focus on incomplete performance and treatment of patients according to clinical priority and wait has started to reduce the number of long waiting patients. In October 5,713 elective patients were treated, 2.15% (120) more than in October last year.
- The Trust is forecasting achievement of 6 of the 8 national cancer standards, provisionally the 62 day and 31 days subsequent surgery standards have not been achieved but 31 days may be achieved once validation and capture of all treatments is complete. There 10 patients waiting more 104 days for treatment.
- The 2015-16 Income and Expenditure annual plan delivers a £16m deficit position together with the £9.7m deficit stretch target. The year to date Income and Expenditure financial position was a £17.4m deficit against a planned deficit of £9.8m. 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 a further increase in substantive staffing for October and has continued to increase since March 2015. Temporary staffing use for October has marginally increased. A small decrease has been observed in monthly sickness rates and small increases observed in Essential Skills and Appraisals. Appraisals record above 85% target in October and Essential Skills is below the 85% target. National Staff Survey response rate has increased to 54% and Flu uptake is currently at 52.4%

# Quality of Care Key Exceptions

## October performance

Exceptions to note in performance						
Domain	Indicator	August	Sept.	Oct.	Comment	
Safe	<b>Avoidable pressure ulcers</b> (grades 3 & 4)	1	1	5	<ul style="list-style-type: none"> <li>5 avoidable grade 3 pressure ulcers in October, against a trajectory of 2.</li> <li>Year-to-date position of 11 avoidable grade 3 and 0 (zero) grade 4 pressure ulcers against a trajectory of 14 (year end target of 24).</li> </ul>	
	<b>Falls</b> (red & amber incidents)	1	2	5	<ul style="list-style-type: none"> <li>5 cases of falls incidents in October; 4 resulting in severe harm and 1 resulting in moderate harm.</li> <li>Year-to-date position of 25 cases of falls resulting in harm (22 severe and 3 moderate harm incidents).</li> </ul>	
	<b>Harm Free Care</b>	93.56%	94.40%	95.40%	<ul style="list-style-type: none"> <li>Steady improvement in harm free care since July; exceeding the national percentage of 94.3% harm free care in both September and October.</li> </ul>	
	<b>SIRIs</b>	8	6	14	<ul style="list-style-type: none"> <li>The increase in number of SIRIs reported is broken down into 5 pressure ulcers, 5 falls and 4 clinical SIRIs of which there are no themes.</li> </ul>	
	<b>Development of the Patient Safety Incident Management System (PSIMS)</b>	n/a			<ul style="list-style-type: none"> <li>NHS England are currently developing a new Patient Safety Incident Management System (PSIMS) to replace the current National Reporting and Learning System (NRLS). 6 options under consideration and business case to be developed.</li> </ul>	
	<b>Managing Safety Incidents in NHS Screening Programmes</b>	n/a			<ul style="list-style-type: none"> <li>Guidance has been issued by Public Health England to support the reporting, investigation and management of incidents in screening programmes. The Trust is currently reviewing this guidance to ensure current processes are aligned to the new guidance.</li> </ul>	
Responsive	<b>Patient moves (non-clinical) after midnight</b>	25	63	101	<ul style="list-style-type: none"> <li>A significant Increase in non-clinical moves after midnight is noted, this is consistent with both the increase in activity and number of medically fit for discharge.</li> </ul>	
Well-led	Friends and Family Test (FFT)	<b>In-patient response rate</b>	27.8%	24.10%	22.7%	<ul style="list-style-type: none"> <li>The In-patient response rate has fallen below the national average of 24.5% in October. A targeted approach to the response rate is underway.</li> <li>Whilst it is disappointing that the ED response rate for ED has fallen, it has remained above the national average of 14.1%. This month there will be a focussed campaign targeted at minor injury attendances.</li> <li>The % positive recommend remains above the national average of 95%.</li> </ul>
		<b>ED response rate</b>	13.6%	21.0%	15.7%	
		<b>% recommend positive</b>	96.5%	95.8%	95.9%	
		<b>% recommend negative</b>	0.6%	0.7%	0.8%	

# Quality of Care Overview – October 2015

Domain	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										
Safe	Pressure Ulcer Incidents (grades 3 & 4)	24	24	1	0	1	2	1	1	1	5	2	4	5	11					
	Avoidable hospital acquired Pressure Ulcer Incidents (grades 3 & 4) Unavoidable	Monitor	58	2	4	3	1	2	4	3	9	7	3	19						
	Pressure Ulcer Incidents (grades 1 & 2)	Monitor	747	34	35	23	23	31	13	6	92	67	6	165						
	Falls (red & amber incidents)	Monitor	45	4	3	4	6	1	2	5	11	9	5	25						
	Falls per 1,000 occupied bed days (resulting in harm)	2.2 or less across the quarter average	-	2.0	2.5	2.5	2.9	2.5	2.2	2.0	2.3	2.5	2.0	2.3						
	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%	97.3%	95.0%	1	95.78%						
	Healthcare Acquired Infection - HCAI (Avoidable)	Zero	0	0	0	0	0	0	0	0	0	0	0	0						
	Healthcare Acquired Infection - HCAI (Unavoidable)	Monitor	2	0	0	0	0	0	0	0	0	0	0	0						
	Healthcare Acquired Infection - CDIIF	40 cases	40	2	2	1	6	1	1	3	5	8	3	16						
	Venous Thrombo-embolus screening	95% per month	97.12%	97.30%	97.50%	98.20%	97.40%	97.70%	97.50%	97.70%	97.67%	97.53%	97.70%	97.63%						
Never Events	Zero	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%	92.72%	93.70%	1	93.94%							
Serious Incidents Requiring Investigation (SIRIS)	Monitor	122	5	4	10	12	8	6	14	19	26	14	59							
SIRIS unresolved >60 days (number)	Monitor	-	1	0	1	0	0	5	4	2	5	4	11							
patient safety incidents (excluding SIRI)	Monitor	8900	797	843	897	834	834	782	578	2537	2450	578	5565							
Duty of candour breaches (number)	Zero	1	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							
Medication Errors (red & amber incidents)	Monitor	18	3	1	2	1	3	1	1	6	5	1	12							
Medication errors per 1,000 occupied bed days (resulting in harm)	1.0 or less across the quarter average	-	1.0	1	0.8	0.8	0.8	0.8	0.6	0.9	0.7	0	0.8							
CAS Alerts Over Deadline	Monitor	2	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	101.5	100.52	100.28	101.6	101.5	100.3	101.1						
Summary Hospital Level Mortality Indicator (SHMI)	Within expected range	107.9	107.5	107.5	107.5	107.5	108.4	108.4	108.0	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%	97.3%	92.8%	96.5%	97.3%	95.52%							
Dementia - Diagnostic Assessment	≥ 90% each quarter	100.0%	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							
Number of Complaints	Monitor	662	43	44	42	61	57	55	58	129	173	58	360							
Complaints acknowledged < 3 working days	Monitor	100%	98%	100%	98%	100%	100%	100%	100%	99%	100%	1	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	0.77	0.63	0.82	-	0.73							
PALS transferred to complaints	Monitor	11	0	2	1	5	1	4	5	3	10	5	18							
patient moves (non-clinical) after midnight	Monitor	-	51	57	29	56	25	63	101	137	144	101	382							
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%	21.7%	26.53%	22.70%	23.66%							
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%	18.2%	17.37%	15.70%	17.11%							
Friends and Family Test - percentage recommend (positive)	Monitor	-	96.50%	97.30%	96.60%	96.50%	96.50%	95.80%	95.90%	96.80%	96.27%	95.90%	96.32%							
Friends and Family Test - percentage not recommend (negative)	Monitor	-	1.10%	0.70%	0.60%	0.90%	0.60%	0.70%	0.80%	0.80%	0.73%	0.80%	0.78%							
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%	94.20%	93.57%	92.80%	93.52%							
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%	96.83%	96.27%	95.90%	96.33%							
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%	98.37%	97.93%	99.50%	98.60%							
Friends and Family Test response rate (Maternity)	Monitor	21.4%	17.8%	39.9%	15.9%	29.3%	28.8%	34.3%	12.0%	24.53%	30.80%	12.03%	22.45%							

# Safety - Overview

Performance improving	Performance worsening	Performance the same	No concerns	Some concerns: action required to remain on track	Significant risk to achieving target
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Responsive – Operational Overview

# Performance Against TDA Accountability Framework - October

National Trust Development Agency Key Indicators		Target	2014/15							2015/16							Change from last mth	Q1 Q2 Q3			Yr to date
			S	O	N	D	J	F	M	A	M	J	J	A	S	O		Q1	Q2	Q3	
<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>	Stroke 60 mins (arrival at stroke unit)	bm	●	●	●	●	●	●	●	●	●	●	●	●	●	↑	●	●	●	●	
	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 - October

## Referral to Treatment (RTT) Incomplete standard

- This is all patients waiting for treatment (total waiting list) some of whom will be waiting to be seen, have been seen and waiting for diagnostics or waiting for inpatient/daycase treatment. Focus on this allows the trust to treat patients according to clinical priority and wait. The Trust achieved the standard at aggregate level with speciality fails for urology, surgery, gastroenterology, plastics and 'other' due to capacity issues which are being addressed.
- There were 2 patients waiting more than 52 wks for treatment and 2 patients treated >52 wks in month

## Diagnostic waits

- The maximum 6 week waiting time for diagnostics was achieved at 99.13% compared to South of England performance of 97.6% (September)

## A&E service quality standards

- Performance was 77.8% against the 95% standard, compared to 83.9% in September. Attendances in October averaged 392 per day compared to 356 a day in October last year.
- There were no breaches of the 12 hr trolley wait standard

## Cancer standards - Provisional

- 6 of the 8 national standards were achieved. 31 day and 62 day first definitive treatment standards have provisionally not been achieved, but 31 day is expected to be achieved once validation and inclusion of confirmed treatments is completed.
- There were 10 patients waiting more than the new maximum wait standard of 104 days, 7 were clinically complex, 2 were late referrals and 1 due to urology capacity issues.

## Cancelled operations

- There were 3 breaches of the 0 tolerance 28 day guarantee.
- No urgent operations were cancelled for a second time.

## Delayed Transfers of Care

- 1.7% 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
% 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 7 is an actual deficit of £17.4m, this is an adverse variance of £7.6m against plan. Income is ahead of plan by £4.1m. Operating expenses are overspent by £11.1m of which pay costs are £7m. Savings of £6.6m have been recorded for the year to date against a plan of £10.3m. The annual target is now £29.95m following the inclusion of the stretch target and additional recovery actions. Full-year delivery is currently forecast at £23.3m, but is subject to detailed validation which will be set out for the Board at the beginning of December.

The trust has spent £6.1m capital to date. The revised programme for the year totals £15.7m with 50% released initially and Board approval required to release additional funds.

The trust has a cash balance of £7.1m at the end of October (Month 7). 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.

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	(9,798)	(17,357)	(7,560)	Current Cash & Cash Equivalents - £k	2,500	7,095	4,595
Forecast End of Year Metrics	1	2	Year End Adjusted Trajectory - £k	(9,724)	(23,122)	(13,398)	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 October is a '1', which is in line with plan. The end of year forecast indicates a risk rating of 2, but is based upon achievement of the stretch target. Failure to achieve the stretch target is likely to result in a rating of '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 7 the trust is showing a deficit which is £7.6m adverse to plan. Income is showing an over-performance of £4.1m. This includes £1.4m against Pass Through Drugs, which offsets in full the overspend seen in Operating Costs. Pay costs are overspent by £7m, with total spend to date including £20.6m against all forms of temporary cost. Other non pay costs are overspent by £2.4m.</p>			<p>Actual cash held at the end of October was £7.1m. The trust is required to hold a minimum cash level of £2.5m, and therefore has a positive variance against this requirement of £4.6m, largely driven by lower than planned capital spend. It should be noted that by the end of October 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.</p>				

Income <span style="float: right;">A</span>				Operating Costs <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	287,265	291,398	4,132	Year to date - £k	(277,117)	(288,202)	(11,085)	Current Month Position - Days	(27)	(29)	(2)
Year End Forecast - £k	494,993	497,689	2,696	Year End Forecast - £k	(504,717)	(520,811)	(16,094)	Year End Forecast - Days	(28)	(17)	12
<p>The trust is reporting an over-performance against income of £4.1m for the year to date. The over-performance is driven by clinical income within which is £1.4m 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.</p>				<p>At the end of month 7 the trust is reporting an £11.1m overspend against expenditure. Pay is overspent by £7m with total costs including £20.6m spent against all forms of temporary cost, within which agency alone is £10.1m. The non pay overspend includes £1.4m against Pass Through Drugs, which is offset in full by additional income. 'Other' non pay costs are overspent by £2.4m. 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 negative liquidity days are reflective of the trust's I&amp;E position, with the improvement in the year end forecast linked to the assumption that the stretch target deficit is achieved. Clearly if this is not the case then the current forecast of (17) days will worsen.</p>			

Cost Improvement Plans (CIPS) <span style="float: right;">R</span>				Capital <span style="float: right;">G</span>				Indicators of Forward Financial Risk
	Plan	Actual / Forecast	Variance		Plan	Actual / Forecast	Variance	
Year to date - £k	10,256	6,646	(3,610)	Year to date - £k	14,097	6,133	7,964	To Be Reported From Month 8
Year End Forecast - £k	29,925	23,294	(6,630)	Year End Forecast - £k	20,396	15,548	4,848	
<p>The total value of the savings programme has been increased from £16.95m to £29.95m following the inclusion of the stretch target deficit and additional recovery actions.</p> <p>At month 7 delivery is £3.6m short of plan. All workstreams are underperforming against target the most notable of which are linked to workforce savings (£1m) and the additional recovery actions (£1.3m).</p>				<p>The trust has spent £6.1m capital to the end of month 7. This is c. £8m less than planned reflecting the reduction to the total programme for the year, and Board agreement to release 50% of the funds initially. The current forecast is to spend up to the reduced programme value but this will be dependant upon Board approval to release the remaining 50% of the funds.</p>				

# Finance Executive Summary – key exceptions to note

## Key Metrics:

- Performance against I&E financial Plan = **£16.0m** adjusted retained deficit plan, moving to a **£9.7m** TDA approved 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 against CIP and Recovery plan = **£29.95m** (comprising **£16.95m** CIP linked to the original £16m deficit, a further **£6.3m** CIP linked to the reducing the planned deficit to **£9.7m** and a balance of **£6.7m** relating to Recovery initiatives).

\*The proposed level of capital spend for 2015/16 has been reduced following a series of reviews to **£15.7m**. The revised figure can be supported by internally generated funds and so has removed the need for external funding. The Board previously agreed that half of the funding be released, with a further review of progress/requirements required before releasing the remaining funding.

## Summary of Performance:

### Key financial headlines at the end of October (Month 7)

- In October actual expenditure was **£1.7m** in excess of income. The planned deficit in the month was **£0.1m**. This results in a **£1.6m** adverse variance to plan in month, and a **£7.6m** adverse variance against the revised plan for the year to date.
- The requirement to deliver the revised deficit target of **£9.7m** and to submit a plan to achieve this has resulted in changes to the income and the CIP plans of the Trust for the current financial year.
  1. Savings have been profiled to produce a realistic view of delivery from work-streams, with a target year to date of **£10.3m** against which **£6.7m** has been identified as delivered. Recovery of the trust's current variance to plan, together with achieving the new CIP target, requires further actions linked to financial improvement. To that end a Financial Recovery Plan (FRP) was presented to the Trust Board at its July meeting, details of which have been formally communicated to the TDA. Total Recovery initiatives have been used to increase the savings plan to **£23.25m** and then to provide a residual savings sum of **£6.7m**. The additional recovery sum will be monitored alongside the CIP.
  2. The total 2015-16 clinical income plan has been increased to **£441.2m** (£402.9m NHS PbR income + £38.3m Pass Through Drugs) as a result of actions identified within the Trust's FRP. It should also be noted that within the FRP, over-performance against income targets also forms part of the Trust's recovery against the current actual position. The Trust is working with commissioners with a view to achieving alignment of assumptions to ensure any differences are discussed and resolved in order to mitigate associated systems risks.
  3. As in previous months reporting on income provides a 'fast-track' assessment for the reported month, which is followed by a 'final' update once all figures have been validated e.g. allowing for flex and freeze adjustments etc. The fast-track assessment for income in October indicates breakeven to the plan, with the favourable variance year to date continuing at of **£4.1m** against plan. NB – Within this position previous months i.e. Months 1 to 6, are based on the final, validated, income figures.

## Contracts Executive Summary – key exceptions to note

### 15/16 contracts Summary - Contract information is dependent on validation processes so this report is regarding Month 6

- Month 6 performance against all contracts is over-performing by £8.7 m (NB Trust expected income target is higher than Contract indicative value).

### 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. 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 urgent matter has been escalated to FDs for urgent discussion.
- Month 6 performance against all CCG contracts is over-performing by £ 6.9 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 and the Trust is seeking urgent resolution with CCG.
- The CCG have provided the Trust with an extended list of data validation and payment challenges in month 6, 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 £1.35 m at Month 6, 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 formal RAPs, which the Trust will do as soon as the plans are finalised with CCGs.

### 16/17 Contract

- Commissioning intentions and statutory notices have been exchanged on 30<sup>th</sup> 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 using month 6 activity, The Trust is also seeking agreement over terms of a review of local prices as part of this process.

### CSCs actions requested

- 1) minimise the financial risk of booking LCVs without authorisation 2) develop activity projections for 16/17, 3) develop ideas with Contracts on suitable CQUIN schemes for proposal to Commissioners, and 4) 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 increased by 3.5 FTE to 6,757 FTE in October and is 141 FTE over the new establishment.
- The temporary workforce capacity increased by 13 FTE to 415 FTE in October and comprises 6.3% of the total workforce capacity.
- There are 275 FTE vacancies against budgeted establishment, which is 4.2% of establishment in October.
- Staffing levels (as per NQB Safe Staffing Levels) are reported as 99.7% in October.
- Appraisal compliance has increased to 84.3% in October, recording slightly below the target of 85%
- Total Essential Skills compliance had increased in October from 86.1% to 86.9% and remains above the 85% target. There has been a increase in essential skills compliance across all CSCs in October.
- Information Governance Essential Skills Training has continued to improve and has increased by 0.4% to 93.1% for October, however this remains below the 95% target.
- Fire Safety (face to face training) increased by 0.1% from 69.1% to 69.2% in October, however this remains below the 85% target.
- In-month sickness absence decreased by 0.2% to 2.9% in September and below the target. The 12 month rolling average remained at 3.5% and remains above the target.