



Integrated Performance Report – February 2015

Executive Summary

Performance Outcomes – February 2015

Integrated Performance Outcomes

The Trust has continued to experience significant pressure across several integrated performance measures, with high levels of elective cancellations due to unscheduled care pressures resulting in a breach of the cancelled operations 28 day guarantee. Despite this the Trust has focused on backlog reduction, reducing the number of patients waiting more than 18 weeks for treatment from 1,602 to 1,136 at the end of February a reduction of -466 patients.

- The Trust is forecasting achievement of 7 of the 8 national cancer standards, 62 day first definitive treatment is currently not being achieved and is now a risk for Quarter 4. Demand for cancer services continues to increase, recruitment and consequently, capacity shortfalls mean that performance remains a risk in some specialties and this is being carefully managed.
- A&E performance remains challenging, with high number of acutely unwell patients attending. The average length of stay for AMU patients increased from 0.93 in January to 1.06 days in February and high number of medically fit patients making flow through the hospital challenging.
- Cumulative expenditure to 28th February 2015 was £6.1m in excess of income, against a plan for expenditure to be £0.3m in excess of expenditure. This £6.1m adverse variance to plan, included £2.2m of under-delivery on cost improvement programmes (CIPs), £1.6m under-performance on SLA income, £0.8m of net expenditure on 'escalation' beds and nurse specialing and £1.1m overspend on other. Following discussion at the previous Board meeting, the Trust's year-end forecast has been amended to a £1.5m deficit, the movement primarily reflecting pressures relating to unscheduled care.
- The quality position has remained consistent over quarter 4, with pressure ulcers, falls and C.Diff being the main challenges.
- There has been an increase in substantive staffing for February due to the TUPE transfer of Occupational Therapy staff into the Trust. Temporary staffing levels have increased overall as a result of additional activity and capacity requirements. Improvements have been observed in both sickness absence and appraisal compliance, and though remaining above target, overall essential skills compliance has decreased.

Quality of Care Key Exceptions to note

February performance against safety indicators

Safety:

Pressure ulcers:

- 1 patient with an avoidable grade 4 pressure ulcer reported in February.
- There has been a change in the way pressure ulcers are reported. Due to a changing evidence base around pressure damage and other forms of skin damage (e.g. moisture damage) there is now an increased accuracy for grading, which has led to a number of grade 3 pressure ulcers being downgraded. This has been discussed and agreed with the Commissioners.
- Following the change in grading, the Trust year to date position is 25 patients with avoidable pressure ulcers (23 grade 3, previously 26 and 2 grade 4) against an improvement trajectory of 26 (annual improvement trajectory of 28).
- There has been a reduction in SKIN bundle compliance in February leading to a risk to achievement of the quarter 4 target.

Falls:

- 5 patient falls incident reported in February (2 severe harm and 3 moderate harm).
- The Trust year-to-date position is 40 patient harm events as a result of a fall (6 severe harm and 34 moderate harms) against an improvement trajectory of 30 (annual improvement trajectory of 32). Therefore, the Trust has not achieved the CQUIN improvement target.

Healthcare acquired infection:

- MRSA: Year to date position of 2 unavoidable and 1 avoidable (submitted for consideration through the arbitration process) MRSA bacteraemia against a target of 0 (zero) avoidable cases.
- C.Diff: 4 patients with hospital acquired C.Difficile were reported in February against a monthly trajectory of 3. The cases occurred within MOPRS (x2), Surgery (x1), Renal (x1). The Trust year to date position is 39 patients with hospital acquired C.Difficile, against a trajectory of 28 (annual trajectory of 31 cases).

Medication:

- 1 patient suffering severe harm (red incident) as a result of a medication incident confirmed in February.
- Year to date position of 12 patients having suffered harm as a result of medication incidents (2 patients suffering severe harm and 10 patients suffering moderate harm, of which 1 was a non-preventable adverse reaction) against an annual target of 11. Therefore, the Trust has not achieved the quality contract improvement target.

Quality of Care Overview – February 2015

Safety - Overview



Monitoring only	Meeting target	Off track	Risk to achieving target	CC	CCQIN	N	National requirement/target	T	Trust priority	QA	Quality Account priority 2014/15	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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Type	Performance Indicator	Target	2013/14 Outturn	2014/15												Change Month on Month	Q1	Q2	Q3	Q4	Year to Date 2014/15
				Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15							
CC	Pressure Ulcer Incidents (grades 3 & 4) Avoidable hospital acquired	28 (10% reduction)	31	5	3	3	1	2	3	2	3	0	2	1	↑	11	6	5	3	25	
	Pressure Ulcer Incidents (grades 3 & 4) Unavoidable	Monitor	31	5	1	8	8	4	5	6	6	3	8	3	↑	14	17	15	11	57	
	Pressure Ulcer Incidents (grades 1 & 2)	Monitor	566	65	56	61	78	68	48	83	72	62	75	33	↑	182	194	217	108	701	
	Falls (red & amber incidents)	32 (10% reduction)	36	6	2	2	2	4	5	1	6	2	5	5	⇒	10	11	9	10	40	
	Patient Safety Thermometer: Braden risk assessment compliance	95% by the end of quarter 4	-	84.3%	89.0%	89.0%	90.20%	86.25%	90.50%	94.70%	93.50%	94.30%	92.30%	93.84%	↑	87.4%	89.0%	94.17%	93.07%	90.9%	
	Patient Safety Thermometer: Skin bundle compliance	95% by the end of quarter 4	-	82.0%	77.0%	84.0%	84.70%	84.30%	95.0%	95.10%	94.60%	96.50%	95.70%	92.00%	↓	81.0%	88.00%	95.40%	93.85%	89.6%	
N	Healthcare Acquired Infection - MRSA (Avoidable)	Zero	1	0	0	0	0	0	0	0	0	0	0	0	⇒	0	0	0	0	0	
	Healthcare Acquired Infection - MRSA (Unavoidable)	Monitor	3	0	0	0	0	0	0	0	0	0	2	0	↓	0	0	0	2	2	
	Healthcare Acquired Infection - CDI/F	31 cases	30	4	5	3	5	5	1	7	1	1	3	4	↓	12	11	9	7	39	
CCQIN	Venous Thrombo-embolus screening	95% per month	95.50%	96.10%	96.74%	96.78%	96.90%	96.94%	97.10%	97.53%	97.60%	97.30%	97.50%	97.50%	↑	96.54%	96.98%	97.48%	97.50%	97.12%	
	Never Events	Zero	3	0	0	0	0	0	0	0	0	0	0	0	⇒	0	0	0	0	0	
	Patient Safety Thermometer - % Harm Free Care	Monitor	-	91.56%	91.68%	91.19%	89.38%	90.38%	88.99%	90.56%	91.48%	88.82%	90.60%	90.60%	⇒	91.48%	89.58%	90.29%	90.60%	90.49%	
N	Serious Incidents Requiring Investigation (SIRIs)	Monitor	102	12	7	16	9	6	11	11	11	6	16	9	↓	35	26	28	25	114	
	SIRIs unresolved >45 days (number)	Monitor	21	2	4	0	1	4	1	1	2	1	3	4	↓	6	6	4	7	23	
	Patient Safety Incidents (excluding SIRI)	Monitor	7372	740	653	654	772	653	700	773	701	689	701	469	↑	2047	2125	2163	1170	7505	
T	Duty of candour breaches (number)	Zero	0	0	0	0	0	0	0	0	1	0	0	0	⇒	0	0	1	0	1	
	Hospital Acquired VTE SIRIs	Monitor	9	0	1	0	0	0	0	0	0	0	0	0	⇒	1	0	0	0	1	
	Medication Errors (red & amber incidents)	Monitor/no increase	11	0	1	1	1	0	2	2	1	2	1	1	⇒	2	3	5	2	12	
QA	CAS Alerts Over Deadline	Monitor	3	0	0	0	0	0	0	0	0	0	1	0	↑	0	0	0	1	1	
	Hospital Standardised Mortality Ratio (HMSR)	≤ National average of 100	90.0	90	90	88	93.5	92.3	93.6	96.7	95.7	95.7	95.5	95.2	↑	88.0	93.6	95.7	95.2	95.7	
Effective C/OA	Summary Hospital Level Mortality Indicator (SHMI)	≤ National average of 100	104.0	104.5	104.5	104.5	104.4	104.4	104.4	104.9	104.9	104.9	107.9	107.9	↓	104.5	104.4	104.9	107.9	107.9	
	Dementia - case finding question	≥ 90% each quarter	72.5%	61.1%	86.20%	82.70%	81.90%	94.50%	93.60%	92.50%	90.70%	90.20%	93.90%	92.70%	↓	76.68%	90.0%	91.1%	93.30%	87.78%	
CC	Dementia - Diagnostic Assessment	≥ 90% each quarter	88.6%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	⇒	100%	100%	100%	100%	100.00%	
	Dementia - Referral for Specialist Diagnosis	≥ 90% each quarter	94.6%	68.0%	100%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	⇒	89.3%	100%	100%	100%	97.3%	
	Mixed Sex Accommodation Breaches	Zero	0	0	8	0	0	0	0	0	0	0	0	0	⇒	8	0	0	0	8	
Caring C/N	Number of Complaints	Monitor	682	54	58	60	64	44	48	68	54	39	56	60	↓	172	156	161	116	605	
	Complaints acknowledged < 3 working days	Monitor	99.71%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	⇒	100%	100%	100.0%	100.0%	100.00%	
	Complaints per 1,000 episodes (all types)	Monitor	0.97	0.96	0.96	1.01	0.98	0.82	0.78	1.04	0.93	0.68	0.93	1.03	↓	0.98	0.86	0.88	0.98	0.93	
	PALs Transferred to Complaints (reporting from June)	Monitor	-	-	-	-	1	0	1	2	2	0	1	3	↓	-	2	4	4	10	
Responsive QA	Friends & Family Test - Net Promoter Score	Monitor	-	73	76	76	71	76	73	76	74	74	76	76	↑	75	74	75	76	75	
	Patient Moves 0700 - 1859	Quarter by quarter improvement	-	480	492	487	493	423	437	482	454	438	440	370	↑	1459	1353	1374	810	4996	
	Patient Moves 1900 - 2259	Quarter by quarter improvement	-	234	233	196	252	198	198	246	232	224	220	171	↑	663	648	702	391	2404	
	Patient Moves 2300 - 0659	Quarter by quarter improvement	-	142	107	141	160	147	149	143	103	186	228	196	↑	390	456	432	424	1702	
Well-liked CC	Friends and Family Test response rate - In-patient	Q1, Q2, Q3: 25% average Q4: 30% average	39.2%	25.0%	28.6%	45.7%	36.50%	37.80%	40.20%	42.30%	36.00%	35.20%	36.60%	36.50%	↓	33.1%	38.2%	37.8%	36.55%	36.4%	
	Friends and Family Test response rate - ED	Q1: 10% Q2: 10% average Q3: 12% Q4: 15%	6.6%	8.8%	4.2%	20.0%	15.90%	14.00%	15.40%	18.40%	14.90%	19.20%	16.60%	16.90%	↑	11.0%	15.1%	17.5%	16.75%	15.1%	
	Friends and Family Test improvement target - ED	Q4: 92% average	89.0%	92.50%	89.30%	91.50%	92.80%	93.30%	91.40%	91.00%	94.20%	94.20%	94.90%	95.40%	↑	91.1%	92.5%	93.1%	95.15%	93.0%	
	Friends and Family Test improvement target - In-patient	Q4: 96% average	93.0%	92.20%	93.20%	93.10%	92.40%	93.30%	91.50%	92.20%	96.00%	95.50%	96.40%	96.60%	↑	92.8%	92.4%	94.6%	96.5%	94.1%	
	Friends and Family Test improvement target - Maternity	Q4: 75% average	72.0%	60.75%	61.99%	98.20%	98.60%	98.84%	97.50%	96.34%	99.70%	99.50%	99.10%	98.90%	↓	73.6%	98.3%	98.5%	99.0%	92.4%	
U	Friends and Family Test response rate (Maternity)	Monitor	-	21.9%	19.8%	21.6%	17.7%	25.4%	21.3%	28.8%	18.8%	20.8%	25.3%	20.3%	↓	21.1%	21.5%	22.8%	22.8%	22.0%	



Responsive – Operational Overview

Performance Overview February

A&E service quality standards

- The national four-hour wait target was not achieved in February and performance was 75.32%.
- There were 8 breaches of the 12 hr trolley wait standard

Referral to Treatment (RTT) admitted and non-admitted targets

- The Trust achieved 2 of the 3 RTT standards at aggregate level, there was agreement with the TDA for further reduction in backlog with a planned fail of the admitted standard and this has also been agreed for March.

Cancelled operations 28 day guarantee

- Due to unscheduled care pressures there was 1 breach of this 0 tolerance standard with patients not being offered another binding date for treatment within 28 days, all patients have now been treated.

Cancer standards - Provisional

- 7 of the 8 national standards were achieved. 62 day first definitive treatment has not been achieved and is at risk for quarter 4. However the backlog of patients waiting longer than standard significantly reduced.

Stroke performance targets - Provisional

- 2 of the 4 key stroke performance metrics were achieved in February. The counting methodology for CT scan 60 mins is being reviewed.

PPCI performance standards

- 2 out of 4 key PPCI / Coronary Heart Disease performance standards were achieved in February

Diagnostic waits

- The maximum 6 week waiting time for diagnostics was achieved in month 11 and this has been achieved for 6 consecutive months.

Key Targets Dashboard		2013/14 Performance Indicators	Type	Monitoring Period	Yr to date 2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Change in month	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Yr to date 2013/14	On Plan to Achieve	Areas of Concern	
Quality of Care	Meeting CDIFF Objective	< / = 30	MOFIC	quarter	30	4	5	9	5	5	1	7	1	1	3	4	↓	4	11	9	7	35			
	Meeting avoidable MRSA Objective	0	MOFIC	monthly	1	0	0	0	0	0	0	0	0	0	0	0	⇒	0	0	0	0	0			
	VTE risk assessment	95%	OFIC	monthly	95.4%	96.1%	96.7%	96.8%	96.9%	96.9%	97.1%	97.5%	97.6%	97.3%	97.3%	97.5%	97.3%	↓	95.5%	97.0%	97.5%	97.5%	97.1%		
A&E Patient Impact	A&E 4 hr arrival to admission/transfer/discharge	95%	MOFIC	week	93.9%	94.7%	95.1%	95.2%	95.5%	95.0%	95.6%	92.3%	95.6%	95.6%	95.6%	95.6%	95.3%	↓	95.0%	94.2%	97.1%	97.1%	92.6%		
	12 hr Trolley Wait	0	MOFIC	week	0	0	0	0	1	0	0	0	0	1	1	1	8	↓	0	1	1	3	11		
	Unplanned re-attendance rate <7days	<5%	C	monthly	5.6%												↓					14%			
A&E Timeliness	Left without being seen	<= 5%	C	monthly	1.7%	2.3%	2.6%	2.9%	2.8%	2.7%	3.1%	2.5%	2.3%	3.4%	2.6%	2.6%	↓	2.6%	2.6%	2.8%	2.6%	2.9%			
	Total time in A&E (95th percentile)*	<4hrs	C	monthly	6.39	7.15	6.53	6.49	7.08	6.63	6.03	7.42	7.14	10.17	9.65	11.43		↓	6.53	7.37	8.39	10.54	9.70		
	Arrival to Assessment (95th percentile)*	<15 mins	C	monthly	0.37	1.16	1.16	1.14	1.11	1.19	1.39	1.23	1.12	1.54	1.32	1.36		↓	1.15	1.21	1.25	1.34	1.19		
	Median time arrival to treatment*	<60 mins	C	monthly	0.63	0.59	1.01	1.07	0.68	0.66	0.57	0.64	0.50	0.68	0.49	0.53		↓	1.02	0.57	0.54	0.51	0.56		
	Single longest wait arrival to treatment*	Improve	C	monthly	10.13	7.25	4.07	6.50	8.29	8.03	8.32	9.29	8.44	11.29	11.21	9.19		↓	6.27	9.39	11.21	11.21	10.21		
RTT	Ambulance delays > 30 minutes (SCAS data)	0	OFIC	monthly	1347	142	129	125	124	113	291	165	231	387	497	663		↓	397	528	1103	1361	3588		
	Ambulance delays > 60 minutes (SCAS data)	0	OFIC	monthly	712	45	45	41	34	25	129	73	94	174	314	563		↓	128	139	741	977	1945		
	% Admitted	90%	MOFIC	monthly	88.2%	90.4%	91.7%	92.4%	91.6%	89.5%	85.3%	88.1%	86.3%	93.6%	91.9%	83.6%		↓	91.6%	88.3%	89.4%	88.5%	89.5%		
	% Non-Admitted	95%	MOFIC	monthly	96.4%	95.0%	96.2%	96.8%	97.0%	96.5%	95.6%	97.6%	95.7%	97.5%	97.4%	96.2%		↓	95.4%	96.4%	96.0%	96.0%	96.6%		
	% Incomplete Pathways < 18 wks (monthly)	92%	MOFIC	monthly	94.4%	94.3%	95.7%	95.8%	95.5%	95.8%	96.7%	96.1%	96.1%	94.9%	93.7%	95.1%		↓	95.3%	96.1%	95.7%	93.7%	95.1%		
Diagnostics	Admitted backlog target	308	T	monthly		633	545	475	536	521	426	497	434	712	399	672		↓	475	536	536	0			
	18-week NON-ADMITTED backlog (monthly)	2022	T	monthly		837	605	574	672	532	354	455	440	487	542	468		↓	574	672	672	0			
	Incomplete Patients waiting > 82 wks	0	OFIC	monthly	0	0	0	0	0	0	0	0	0	0	0		↓	0	0	0	0	0			
Cancer	Incomplete Patients waiting > 35 wks	0	C	monthly	n/a	85	133	84	43	35	20	12	4	19	35	29		↓	n/a	n/a	n/a	n/a	n/a		
	Diagnostic waits	90% <6 wks	OFIC	monthly	98.0%	91.4%	97.8%	95.7%	97.6%	95.1%	99.5%	99.4%	99.4%	99.1%	99.4%	99.2%		↓	93.5%	93.9%	99.4%	99.4%	94.4%		
	All 2-week wait referrals	93%	MOFIC	Quarterly	94.6%	96.6%	96.0%	97.9%	97.0%	90.7%	95.4%	93.9%	95.4%	93.7%	96.2%	97.6%		↓	97.1%	94.6%	94.3%	96.9%	95.6%		
	Breast symptomatic 2-week wait referrals	93%	MOFIC	Quarterly	94.9%	92.9%	93.2%	92.0%	94.2%	95.2%	96.4%	96.7%	93.2%	93.4%	97.4%	97.3%		↓	93.0%	95.2%	94.2%	97.4%	94.6%		
	31-day diagnosis to treatment	98%	MOFIC	Quarterly	98.0%	98.3%	98.0%	97.4%	98.0%	98.7%	97.1%	98.4%	95.5%	98.3%	96.8%	97.7%		↓	98.2%	97.9%	97.7%	97.2%	97.8%		
	31-day subsequent cancers to treatment	94%	MOFIC	Quarterly	94.0%	97.8%	96.0%	97.4%	92.6%	94.6%	98.3%	85.2%	92%	100%	100%	95.9%		↓	97.1%	95.3%	94.0%	98.1%	95.8%		
	31-day subsequent anti-cancer drugs	94%	MOFIC	Quarterly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		↓	100%	100%	100%	100%	100%		
	31-day subsequent radiotherapy	98%	MOFIC	Quarterly	96.7%	97.2%	97.7%	97.4%	99.5%	97.9%	97.2%	97.7%	99.9%	99.5%	95.3%	100%		↓	97.4%	98.1%	98.3%	97.4%	97.9%		
Stroke Care	62-day referral to treatment	85%	MOFIC	Monthly	86.9%	97.7%	89.6%	89.9%	88.8%	86.8%	85.6%	91.6%	83.2%	88.7%	84.2%	80.8%		↓	89.2%	87.2%	85.1%	82.5%	86.4%		
	62-day screening to treatment	90%	MOFIC	Monthly	92.4%	96.3%	85.0%	100%	96.6%	83.7%	100%	91.2%	83%	92%	89%	95%		↓	83.8%	93.9%	90.6%	92%	82.4%		
	62-day consultant upgrade to treatment	86%	MOFIC	Monthly	84%	96%	95.2%	88%	93%	95%	77.8%	88%	87.1%	100%	91%	67%		↓	84.4%	88.7%	89.8%	82%	90.4%		
	90% of stay on a stroke unit	80%	TIC	Quarterly	87.3%	90.3%	91.8%	87.7%	87.6%	87.2%	63.3%	63.3%	71.1%	62.7%	63.9%	77.6%		↓	82.8%	67.8%	63.6%	76.6%	76.7%		
NSF Coronary Heart Disease	Admission directly to a stroke unit	90%	TIC	Quarterly	80.3%	86.8%	88.6%	91.2%	81.8%	91.0%	88.3%	88.8%	88.2%	80.4%	86.1%	81.5%		↓	88.7%	87.2%	86.1%	83.8%	87.4%		
	% of high risk TIA seen and treated within 24-hours of first contact with health professional	60%	TIC	Quarterly	77.5%	77.1%	80.0%	78.4%	83.1%	66.7%	68.7%	61.7%	72.2%	81.4%	72.2%	72.9%		↓	78.6%	72.8%	72.3%	72.5%	74.0%		
	Urgent CT within 60 minutes of arrival	50%	TIC	Quarterly													↓	73.9%	85.1%	85.5%	92.3%	84.0%			
	PPCI within 120 mins of call**	75%	TIC	Monthly	70.7%	68.7%	72.0%	55.5%	63.6%	68.9%	96.2%	76.0%	88.4%	55.6%	73.1%	57.1%		↓	65.2%	84.0%	88.1%	64.8%	70.7%		
Flow	PPCI within 90 mins of arrival (door to balloon)	80%	TIC	Monthly	92%	95.2%	96.4%	90.0%	92%	100%	90.3%	96.4%	91.3%	76.5%	97%	83%		↓	94%	95%	87.1%	88%	91%		
	PPCI within 60 mins of arrival (door to balloon)	50%	TIC	Monthly	90.1%	90.8%	78.6%	70.0%	72.0%	85.5%	87.1%	78.6%	73.9%	64.7%	75.8%	64.1%		↓	76.2%	82.8%	71.8%	65.4%	73.4%		
	Rapid Access Chest pain clinic within 2 wks	98%	TIC	Monthly	100%	100%	100%	99%	100%	100%	100%	100%	100%	100%	100%		↓	100%	100%	100%	100%	100%			
Emergency readmissions within 30 days*	Emergency readmissions within 30 days*	7%	OFIC	Monthly	6.4%	6.2%	6.5%	6.4%	6.8%	7.1%	6.3%	6.1%	6.1%	6.4%	0.0%	0.0%		↓	7.0%				8.0%		
	Cancelled operations - 28-day guarantee	5%	OFIC	Monthly	0.5%	3.8%	3.8%	0.0%	0.0%	0.0%	0.0%	1.7%	0.0%	0.9%	43.3%	1.4%		↓	1.2%	0.0%	0.9%	7.8%	2.2%		
Urgent Operations cancelled for a 2nd time	0	OFIC	Monthly	0.0%	0	0	0	0	0	0	0	0	0	0	0		↓	0	0	1	1.0%				

Finance Executive Summary – key exceptions to note

Overview

Year-to-date Performance - £5.7m adverse variance against plan:

The financial position of the Trust remains challenging, whilst there was a **£0.9m** improvement against plan in February, this included a **£1.4m** favourable adjustment, which was originally phased for March. The **£5.7m** year-to-date adverse variance against plan includes:

- **£2.2m** of under-delivery on cost improvements (CIPs).
- **£0.8m** of escalation bed and nurse specialising pressures, net of Operational Resilience & Capacity Planning (ORCP) funding.
- **£1.6m** shortfall on SLA Income (after adjusting for 'pass-through' costs, of £1.9m).
- **£1.1m** of other expenditure adverse variances.

CSC Forecast Year-end Performance - £4.8m adverse variance against plan:

CSCs are forecasting a year-end variance to plan of **£4.8m**, a **£0.5m** deterioration from that previously within the CSC forecast. The revised forecast incorporates:

- Cost improvement delivery, of **£15.1m**, which is **£2.4m** adverse of plan.
- PbR income under-performance of **£1.2m** (excluding 'pass-through' costs, of £2.1m).
- Expenditure pressures on escalation beds and nurse specialising of **£1.0m** (net of ORCP funding).
- Other over-spends against budget of **£0.2m**.

Risks and Opportunities – Trust Forecast I&E deficit of £1.5m:

Net risks and opportunities total **£3.3m** and, when combined with CSC forecasts, result in a **£1.5m** year-end deficit; against a planned surplus of **£1.2m**.

The December 2014 CSC year-end forecast, incorporating risk and opportunities, was a **£1.4m** forecast deficit and this moved to a forecast year-end deficit of **£1.9m** in January 2015. The February 2015 year-end forecast deficit, of **£1.5m** reflects continuing elective under-forecast performance and continuing unscheduled care cost pressures. This has been offset by an improvement in adjustments relating to PFI accounting treatment.

Workforce Executive Summary – key exceptions to note

Performance Theme

- Total Workforce Capacity increased by 278 FTE in month to 6,696 FTE as a result of TUPE transfer of Occupational Therapy Staff (52 FTE) and significant levels of temporary staffing.
- Temporary Workforce increased by 211 FTE in February to 636 FTE, as a result of continued challenge on unscheduled care and recovering elective activity cancelled in previous months due to unscheduled care challenges.
- There are 286 FTE (4.5%) vacancies against total budgeted establishment of which 179 are registered nurses and midwives.
- Staffing levels (as per NQB Safe Staffing Levels) are reported as 99.0% against planned requirements for February.
- Appraisal Compliance increased by 0.1% to 85.7% in February and is above the target of 85%.
- Total Essential Skills Compliance rate decreased by 1.3% to 85.7% in February, though remains compliant overall.
- Information Governance Essential Skills Training increased by 1.2% to 90.3% in February and therefore below the target of 95%.
- Fire Safety (classroom based) has decreased in February from 67.2% to 57.2% due to a change in the classification of requirements.
- Staff Turnover increased by 0.3% to 11.0% in February.
- In-month sickness absence rate decreased by 0.1% to 4.1% in January, and 12 month rolling average remained at 3.5%.

Intelligence Reviewed

Root causes evaluated

Action plan in place

Actions Underway

Actions Complete