



Integrated Performance Report – March 2015 Executive Summary

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Performance Outcomes – March 2015

Integrated Performance Outcomes

- The Trust has continued to experience significant pressure across several integrated performance measures, with continued elective cancellations due to unscheduled care pressures, but careful management has enabled all patients to be treated within the 28 day guarantee. The Trust has continued to focus on backlog reduction, reducing the number of patients waiting more than 18 weeks for admitted care from 898 at the end of January to 607 at the end of March a reduction of -291 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 unlikely to be achieved for Quarter 4. It should be noted that all other cancer standards (excepting 62 day FDT) have been achieved in every quarter despite increased demand for services.
- A&E performance remains challenging, there were 11,277 attendances in March compared to 9,702 in February. However due to improved processes, tight management control and joint system working performance improved from 75.32% in February to 87.7% in March.
- Cumulative performance against the Income and Expenditure financial plan was a £0.7m adjusted retained deficit against a planned surplus of £1.2m. The final Performance against External Financing Limit (EFL) was a £1.2m year-end cash balance against £1.0m ELF minimum cash requirement (NB this is an undershoot against the EFL which is permissible). The performance against the Capital Resource Limit (CRL) was a £10.1m net charge of capital expenditure against a £12.3m CRL (NB this is an undershoot against the CRL which is permissible).
- The quality position has remained consistent over quarter 4, with pressure ulcers, falls and C.Diff being the main challenges; however the pressure ulcer position has been turned around and the target has been achieved.
- There has been an increase in substantive staffing for March into the Trust as recruitment continues. Temporary staffing levels have decreased overall, though a significant level has still been required as a result of additional activity and capacity requirements. Improvements have been observed in turnover, sickness absence, appraisal compliance and essential skills compliance demonstrating an improving workforce picture, supported by improvements in the NHS Friends and Family Test for Staff for Quarter 4.

Quality of Care Key Exceptions to note

March performance

Safety:

Pressure ulcers:

- The Trust reported 1 avoidable grade 3 pressure ulcer in March.
- The end of year position for grade 3 and 4 pressure ulcers was 24 against an in year target of 28.

Falls:

- The Trust reported 2 cases resulting in severe harm in March.
- The end of year position is 43 patients suffered harm against an in year target of 32.

Healthcare acquired infection:

- The Trust reported 1 case of MRSA Bacteraemia. The Root Cause Analysis, at the time of writing the report, was not completed.
- The end of year position is 2 confirmed unavoidable cases, with 2 cases currently under review against an in year limit of 0 (zero) avoidable.
- The Trust reported 1 case of C.Diff in March.
- The end of year position is 40 cases against a year end limit of 31 cases.

Medication:

- There has been 1 patient suffering severe harm (red incident) and 1 patient suffering moderate harm (amber incident) as the result of a medication incident in March.
- The end of year position is 16 patients having suffered harm as a result of medication incidents.
- A full report is to be presented to the May Board.

Effectiveness:

Standardised Hospital Mortality Index (SHMI):

- The quarterly SHMI figure was published in February. The Trust SHMI for July 2013 to June 2014 is 107.9; which is an increase from the previous quarter's figures of 104.9. Whilst this figure is above the National Average of 100, it is within the official control limits.

Quality of Care Key Exceptions to note

March performance

Caring:

Dementia:

- The quarter 4 CQUIN requirements have been achieved.

Responsive:

Patient moves:

- There was a significant improvement in the number of patient moves after midnight to 54, during March.

Friends and Family Test:

- Staff Implementation – Achieved.
- Response rates – Achieved.
 - In-patient areas: A response rate of 37.4% averaged over quarter 4 was achieved, therefore exceeding the CQUIN target of 30% average over quarter 4.
 - ED: At the end of quarter 4 the Trust achieved a response rate of 18.5%, therefore exceeding the CQUIN target of 15% CQUIN by the end of quarter 4.
- Improving positive responses – Achieved.
 - ED: An average positive response rate of 95.3% was achieved in quarter 4, therefore exceeding the CQUIN target of 92% average in quarter 4.
 - In-patient areas: An average positive response rate of 96.5% was achieved in quarter 4, therefore exceeding the CQUIN target of 96% average in quarter 4.
 - Maternity: An average positive response rate of 99.3% was achieved in quarter 4, therefore exceeding the CQUIN target of 75% average in quarter 4.

Quality of Care Overview – March 2015

Safety - Overview



Monitoring only	Meeting target	Off track	Risk to patient	CQ	N	T	QA	Performance improving	Performance remaining	Performance in time	No concerns	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	Mar-15						
CQ	Pressure Ulcer Incidents (grades 3 & 4) Avoidable hospital acquired	28 (10% reduction)	31	5	3	3	1	2	3	2	3	0	0	1	1	→	11	6	5	2	24
	Pressure Ulcer Incidents (grades 3 & 4) Unavoidable	Monitor	31	5	1	8	8	4	5	6	6	3	6	3	3	→	14	17	15	12	58
	Pressure Ulcer Incidents (grades 1 & 2)	Monitor	566	65	56	61	78	68	48	83	72	62	75	46	19	↑	182	194	217	140	733
	Falls (red & amber incidents)	32 (10% reduction)	36	6	2	2	2	4	5	1	6	2	5	6	2	↑	10	11	9	13	43
	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%	91.00%	↓	87.4%	89.0%	94.17%	92.38%	90.7%
	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%	98.00%	↑	81.0%	88.00%	95.40%	95.23%	89.9%
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	31 cases	30	4	5	3	5	5	1	7	1	1	3	4	1	↓	12	11	9	8	40
	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%	97.77%	97.20%	↓	96.54%	96.98%	97.48%	97.49%	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%	92.81%	↑	91.48%	89.58%	90.29%	91.34%	90.67%
C	Serious Incidents Requiring Investigation (SIRIs)	Monitor	102	12	7	16	9	7	12	11	12	6	12	9	11	↓	35	28	29	32	124
	SIRIs unresolved >45 days (number)	Monitor	21	2	4	0	1	4	1	1	2	1	3	4	6	↓	6	6	4	13	29
	Patient Safety Incidents (excluding SIRI)	Monitor	7372	718	661	629	776	653	708	764	723	718	777	659	470	↑	2008	2137	2205	1906	8256
	Duty of candour breaches (number)	Zero	0	0	0	0	0	0	0	1	0	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	2	2	2	1	2	↓	2	3	6	5	16
CAS Alerts Over Deadline	Monitor	3	0	0	0	0	0	0	0	0	0	1	0	1	↓	0	0	0	2	2	
Effective	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	100.3	↓	88.0	93.6	95.7	100.3	100.3
	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	107.9	→	104.5	104.4	104.9	107.9	107.9
Caring	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%	89.90%	↓	76.68%	90.0%	91.1%	92.17%	87.50%
	Dementia - Diagnostic Assessment	≥ 90% each quarter	88.6%	100%	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%	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	0	→	8	0	0	0	8
	Number of Complaints	Monitor	682	54	58	60	64	44	48	68	55	39	55	60	57	↑	172	156	162	172	662
	Complaints acknowledged < 3 working days	Monitor	99.71%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	→	100%	100%	100.0%	100.0%	100.0%
F	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	0.91	↑	0.98	0.86	0.88	0.96	0.92
	PALs Transferred to Complaints (reporting from June)	Monitor	-	-	-	-	1	0	1	2	2	0	1	3	1	↓	-	2	4	5	11
	Friends & Family Test - Net Promoter Score	Monitor	-	73	76	76	71	76	73	76	74	74	76	77	77	→	75	74	75	230	114
Responsive	Patient Moves 0700 - 1859	Quarter by quarter improvement	-	480	492	487	493	423	437	482	454	438	443	369	576	↑	1459	1353	1374	1388	5574
	Patient Moves 1900 - 2259	Quarter by quarter improvement	-	234	233	196	252	198	198	246	232	224	220	169	214	↑	663	648	702	603	2616
	Patient Moves 2300 - 0659	Quarter by quarter improvement	-	142	107	141	160	147	149	143	103	186	228	194	175	↓	390	456	432	597	1875
Well-led	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%	39.20%	↑	33.1%	38.2%	37.8%	37.43%	36.6%
	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%	18.50%	↑	11.0%	15.1%	17.5%	17.33%	15.2%
	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%	95.60%	↑	91.1%	92.5%	93.1%	95.30%	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%	96.50%	↓	92.8%	92.4%	94.6%	96.50%	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%	100.00%	↑	73.6%	98.3%	98.5%	99.33%	92.5%
	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%	15.1%	↓	21.1%	21.5%	22.8%	20.2%	21.4%



Performance Overview March

A&E service quality standards

- The national four-hour wait target was not achieved in March however performance improved and was 87.7%
- There were no 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.

Cancelled operations 28 day guarantee

- There were no breaches of this 0 tolerance standard, and no urgent operations were cancelled for a second time.

Cancer standards - Provisional

- 7 of the 8 national standards were achieved. 62 day first definitive treatment has not been achieved and has not been achieved for quarter 4. All other standards were achieved in every quarter.

Stroke performance targets - Provisional

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

PPCI performance standards

- All 4 key PPCI / Coronary Heart Disease performance standards were achieved in March.

Diagnostic waits

- The maximum 6 week waiting time for diagnostics was achieved in month 12 and this has been achieved for 7 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	Mar-15	Change month on 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	M/OFC	min / yr	30	4	5	3	5	5	1	7	1	1	3	4	1	↑	12	11	9	8	40		
	Meeting avoidable MRSA Objective	0	M/OFC	min / yr	0	0	0	0	0	0	0	0	0	0	0	0	0	↓	0	0	0	0	0		
A&E Patient Impact	VTE risk assessment	95%	O/FIC	min / yr	95.4%	96.1%	96.7%	96.8%	96.9%	96.9%	97.1%	97.5%	97.6%	97.3%	97.3%	97.8%	97.2%	↑	96.5%	97.0%	97.5%	97.5%	97.1%		
	A&E 4 hr arrival to admission/transfer/discharge	95%	M/OFC	min / yr	89.3%	84.7%	88.1%	85.2%	86.5%	88.0%	80.6%	82.3%	86.0%	76.6%	78.7%	78.32%	87.7%	↑	83.0%	84.2%	81.7%	83.8%	83.0%		
A&E Timeliness	12 hr Trolley Wait	0	M/OFC	min / yr	0	0	0	0	1	0	0	0	0	1	1	3	0	↓	0	1	1	3	11		
	Unplanned re-attendance rate <7days	<5%	C	monthly	5.6%													↓					1.6%		
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%	1.8%	↓	2.6%	2.6%	2.8%	2.3%	2.8%		
	Total time in A&E (95th percentile)*	<4hrs	C	monthly	6.30	7.15	6.53	6.43	7.08	6.63	6.03	7.42	7.14	10.07	8.55	11.49	6.32	↓	6.63	7.27	8.30	9.25	8.00		
A&E Timeliness	Arrival to Assessment (95th percentile)*	<15 mins	C	monthly	0.37	1.16	1.19	1.14	1.11	1.13	1.29	1.13	1.54	1.32	1.36	1.38	1.08	↓	1.15	1.21	1.25	1.23	1.13		
	Median time arrival to treatment*	<90 mins	C	monthly	0.53	0.59	1.11	1.07	0.58	0.55	0.57	0.54	0.50	0.58	0.49	0.53	0.48	↓	1.02	0.57	0.54	0.50	0.55		
RTT	Single longest wait arrival to treatment*	Improve	C	monthly	16.13	7.95	8.27	6.93	8.29	8.03	5.92	9.29	8.44	11.21	11.21	9.19	11.52	↓	8.27	9.32	11.21	11.52	11.52		
	Ambulance delays > 30 minutes (SCAS data)	0	C/OFC	monthly	1347	143	123	125	124	113	291	185	211	387	497	663	173	↓	397	520	1303	1533	1162		
RTT	Ambulance delays > 80 minutes (SCAS data)	0	C/OFC	monthly	702	49	49	41	34	26	123	73	94	174	314	563	78	↓	130	169	741	855	2023		
	% Admitted	90%	M/OFC	monthly	88.2%	90.4%	91.7%	92.4%	91.6%	89.5%	88.3%	88.1%	86.3%	93.6%	91.9%	83.6%	88.3%	↓	91.6%	88.3%	89.4%	88.3%	88.3%		
RTT	% Non-Admitted	92%	M/OFC	monthly	96.4%	95.8%	96.2%	96.8%	97.0%	96.5%	95.6%	97.6%	95.7%	97.3%	96.2%	96.3%	↓	96.4%	96.4%	96.8%	96.8%	96.8%			
	% Incomplete Pathways < 18 wks (monthly)	92%	M/OFC	monthly	94.4%	94.3%	95.7%	95.8%	95.5%	96.8%	96.7%	96.1%	96.1%	94.9%	93.7%	95.1%	94.5%	↓	95.3%	96.1%	95.7%	93.7%	94.6%		
RTT	Admitted backlog target	308	T	monthly	680	645	475	526	521	429	497	434	712	690	672	632	↓	475	526	526	607				
	18-week NON-ADMITTED backlog (monthly)	2292	T	monthly	837	665	574	672	532	354	455	440	487	542	468	683	↓	574	672	672	683				
RTT	Incomplete Patients waiting > 52 wks	0	O/FIC	monthly	0	0	0	0	0	0	0	0	0	0	0	0	↓	0	0	0	0	0			
	Incomplete Patients waiting > 35 wks	0	C	monthly	n/a	86	133	84	49	35	20	12	4	16	35	29	37	↓	n/a	n/a	n/a	n/a	n/a		
Diagnostics	Diagnostic waits	99% <6 wks	O/FIC	monthly	99.5%	91.4%	97.3%	96.7%	87.6%	96.1%	99.5%	99.4%	99.4%	99.1%	99.4%	99.2%	99.0%	↓	98.6%	93.8%	89.4%	89.2%	98.8%		
	All 2-week wait referrals	93%	M/OFC	Quarterly	94.6%	96.6%	96.8%	97.9%	97.8%	90.7%	95.4%	93.8%	95.4%	93.7%	96.2%	97.6%	95.5%	↓	97.1%	94.6%	94.3%	96.4%	95.6%		
Cancer	Breast symptomatic 2-week wait referrals	93%	M/OFC	Quarterly	94.9%	92.9%	93.2%	92.0%	94.2%	95.2%	96.4%	96.7%	93.2%	93.4%	97.3%	93.1%	↓	93.0%	95.2%	94.3%	96.0%	94.7%			
	31-day diagnosis to treatment	96%	M/OFC	Quarterly	98.0%	98.3%	98.8%	97.4%	98.0%	98.7%	97.1%	98.4%	96.5%	98.3%	96.8%	97.7%	96.1%	↓	98.2%	97.9%	97.7%	97.1%	97.7%		
Cancer	31-day subsequent cancers to treatment	94%	M/OFC	Quarterly	94.8%	97.8%	96.0%	97.4%	92.6%	94.6%	98.3%	85.2%	92%	100%	100%	95.8%	94.7%	↓	97.1%	95.3%	94.0%	96.7%	95.5%		
	31-day subsequent anti-cancer drugs	98%	M/OFC	Quarterly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	↓	100%	100%	100%	100%	100%			
Cancer	31-day subsequent radiotherapy	94%	M/OFC	Quarterly	96.7%	97.2%	97.7%	97.4%	99.5%	97.9%	97.2%	97.7%	98.9%	98.5%	95.3%	100%	97%	↓	97.4%	97.1%	98.3%	97.3%	97.8%		
	62-day referral to treatment	95%	M/OFC	Quarterly	96.9%	87.7%	89.6%	89.9%	88.6%	86.8%	85.6%	91.6%	93.2%	88.7%	84.2%	80.2%	75.4%	↓	89.2%	87.2%	85.1%	85.4%	85.6%		
Cancer	62-day screening to treatment	90%	M/OFC	Quarterly	92.4%	96.3%	85.0%	100%	96.6%	93.7%	100%	91.2%	88%	92%	93%	100%	↓	93.8%	93.9%	90.6%	95%	93.2%			
	62-day consultant upgrade to treatment	86%	M/OFC	Quarterly	94%	99%	95.2%	88%	93%	96%	77.8%	88%	87.1%	100%	91%	67%	100%	↓	94.4%	89.7%	89.9%	96%	90.6%		
Stroke Care	80% of stay on a stroke unit	80%	TIC	Quarterly	87.3%	80.3%	81.8%	87.7%	87.0%	87.2%	83.3%	89.3%	71.1%	82.7%	63.9%	77.0%	73.1%	↓	82.8%	67.8%	63.6%	71.6%	70.9%		
	Admission directly to a stroke unit	90%	TIC	Quarterly	90.3%	88.8%	89.6%	91.2%	81.8%	91.0%	89.3%	89.8%	89.2%	83.4%	86.1%	83.2%	82.9%	↓	88.7%	87.0%	86.9%	87.4%	87.2%		
Stroke Care	% 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%	72.4%	72.8%	68.1%	↓	78.6%	72.8%	72.3%	71.0%	73.4%		
	URGENT CT within 60 minutes of arrival	75%	TIC	Quarterly														↓							
NSF Coronary Heart Disease	PPCI within 120 mins of call**	80%	TIC	Monthly	70.7%	66.3%	72.0%	69.5%	63.6%	88.9%	96.2%	76.0%	69.4%	55.6%	73.1%	67.0%	75.0%	↑	65.2%	64.0%	68.3%	67.6%	60.0%		
	PPCI within 90 mins of arrival (door to balloon)	75%	TIC	Monthly	92%	96.2%	96.4%	90.0%	92%	100%	90.3%	96.4%	91.3%	76.5%	97%	83%	96.3%	↑	94%	95%	87.1%	90%	91%		
NSF Coronary Heart Disease	PPCI within 60 mins of arrival (door to balloon)	50%	TIC	Monthly	80.1%	80.8%	78.6%	70.0%	72.0%	86.5%	87.1%	78.6%	73.9%	64.7%	75.8%	64.1%	85.2%	↑	76.2%	82.8%	71.0%	73.7%	76.2%		
	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%	100%	100%		
Flow	Emergency readmissions within 30 days*	7%	C/OFC	monthly	6.4%	6.2%	6.5%	6.4%	6.8%	7.1%	6.3%	6.1%	6.1%	6.4%				↑							
	Cancelled operations - 28-day guarantee	5%	O/FIC	monthly	0.5%	3.8%	3.8%	0.0%	0.0%	0.0%	0.0%	1.7%	0.0%	0.9%	13.3%	1.4%	0.0%	↑	11.2%	0.0%	0.9%	3.9%	2.0%		
Flow	Urgent Operations cancelled for a 2nd time	0	O/FIC	monthly	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	↑	0	0	0	0	0		

Finance Executive Summary – key exceptions to note

Overview (subject to External Audit)

Key Metrics (subject to External Audit):

- Performance against I&E financial Plan = **£0.7m** adjusted retained deficit against planned surplus of **£1.2m** (see below).
- Performance against External Financing Limit (EFL) = **£1.2m** year-end cash balance against **£1.0m** ELF minimum cash requirement. NB this is an undershoot against the EFL which is permissible.
- Performance against Capital Resource Limit (CRL) = **£10.1m** net chargeable capital expenditure against **£12.3m** CRL. NB this is an undershoot against the CRL which is permissible.

The Trust has utilised a number of technical adjustments to its I&E position in 2014/15 and these have been considered in detail by the Trust Board and the Trust Audit Committee. These adjustments are still subject to full consideration by the Trust's External Auditors and the reported position above is dependent upon a positive outcome of this process.

Summary of Performance:

Cumulative expenditure for the 2014/15 financial year to 31st March 2015 was £0.7m in excess of income, against a plan for a **£1.2m** surplus. The **£0.7m** adjusted retained deficit, whilst **£1.8m** adverse variance to the original Trust plan, is **£0.8m** favourable to the **£1.5m** year-end deficit forecast at month 11. The **£0.7m** adjusted retained deficit can be analysed as follows:

	£'000	£'000
Retained deficit for the year		(5,855)
IFRIC 12 adjustments (UK GAAP to IFRS)	4,649	
Impairments (Asset Revaluations)	(102)	
Adjustment in respect of donated asset reserve	651	5,198
Adjusted Retained Deficit		(657)

The Trust set a challenging 2014/15 savings target of **£17.5m** as part of the nationally required cost improvement programme for NHS acute trusts and as part of its plan to deliver a **£1.2m** surplus. Whilst there has been some in-year substitution of savings schemes, the Trust fully achieved this savings target for the financial year. Pressures on the urgent care pathway and the resulting cancellation of programmed elective activity put significant pressure on the financial outturn. However, these along with other pressures were largely offset via a range of non-recurrent measures and the technical accounting adjustments above, which enabled the Trust to contain the position to a **£0.7m** deficit at the year-end.

As part of the 2014/15 planning round, the Trust identified the need to apply for financing from the Department of Health to fund the planned capital programme, revenue plan and phased repayment of existing loans. The Trust went through a rigorous application process with the Trust Finance Facility with support from the NHS Trust Development Authority. The application was considered in January 2015 and the Trust was granted financing of **£6.9m** in the form of capital and revenue loans.

Workforce Executive Summary – key exceptions to note

Performance Theme

- Total Workforce Capacity decreased by 125 FTE in month to 6,571 FTE as a result of reductions in temporary staffing.
- Temporary Workforce decreased by 154 FTE in March to 482 FTE.
- There are 252 FTE (4.0%) vacancies against total budgeted establishment of which 168 are registered nurses and midwives.
- Staffing levels (as per NQB Safe Staffing Levels) are reported as 98.7% against planned requirements for March.
- Appraisal Compliance increased by 2.6% to 88.3% in March and is above the target of 85%.
- Total Essential Skills Compliance rates has increased by 3% to 88.7% in March, and remains compliant.
- Information Governance Essential Skills Training increased by 3.7% to 94.0% in March and remains below the target of 95%.
- Fire Safety (classroom based) has increased in March from 57.2% to 59.0%.
- Staff Turnover decreased by 0.1% to 10.9% in March.
- In-month sickness absence rate decreased by 0.7% to 3.4% in February, and 12 month rolling average remained at 3.5%.
- NHS Friends and Family Test for Staff (SFFT) for Quarter 4 outcomes demonstrate a positive response, with an increased percentage for 'Recommendation as a place to receive care and treatment' and 'Recommendation as a place to work' of 8% and 9% respectively.

Intelligence Reviewed**Root causes evaluated****Action plan in place****Actions Underway****Actions Complete**