

Public Board Meeting Report

Subject: Single Oversight Framework Integrated Performance Report
Date: 31st August 2017
Authors: Phil Bolton – Deputy Chief Nurse, Jonathan Clements – Financial Planning and Strategy Manager, Helen Cowley and Michelle Smith – Workforce Information Officers, Elaine Jeffers – Medical Director Assistant
Lead Directors: Andy Haynes – Medical Director, Paul Robinson – Chief Financial Officer, Julie Bacon – Director of HR & OD, Denise Smith – Chief Operating Officer, Suzanne Banks – Chief Nurse

QUALITY, SAFETY AND PATIENT EXPERIENCE

Same sex accommodation

The Trust remains compliant, reporting no same sex accommodation standards breaches in July 2017.

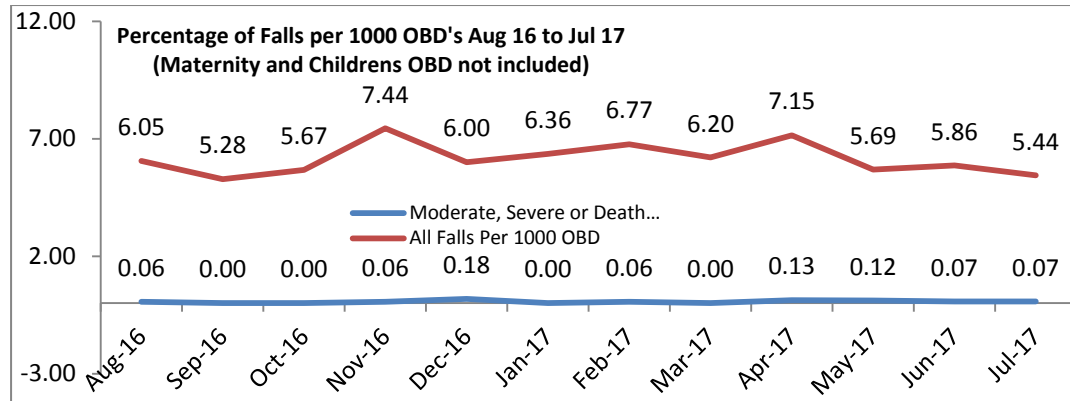
Infection Prevention and Control

All healthcare associated infections are carefully monitored and managed in line with national and local guidance.

There were 6 cases of Clostridium Difficile infection (CDI) in July. This has breached our monthly trajectory for the first time in 16 months. Two cases were identified on one ward and investigations are still ongoing to establish whether there is a link. However five patients were on antibiotics, for existing infections all in line with current guidance and on the new regime following the international shortage of piperacillin-Tazobactam; it is difficult to establish yet whether having to change to this different antibiotic regimes is having a direct impact. Audits within the clinical areas affected show no indication of poor compliance in the application of standard precautions and cleanliness. The Infection Control Team are undertaking a wider review of all CDI acquired over the past 12 months with the Chief Nurse, Medical Director and Microbiology team to establish any wider thematic learning.

Falls per 1000 bed days resulting in harm (moderate and above)

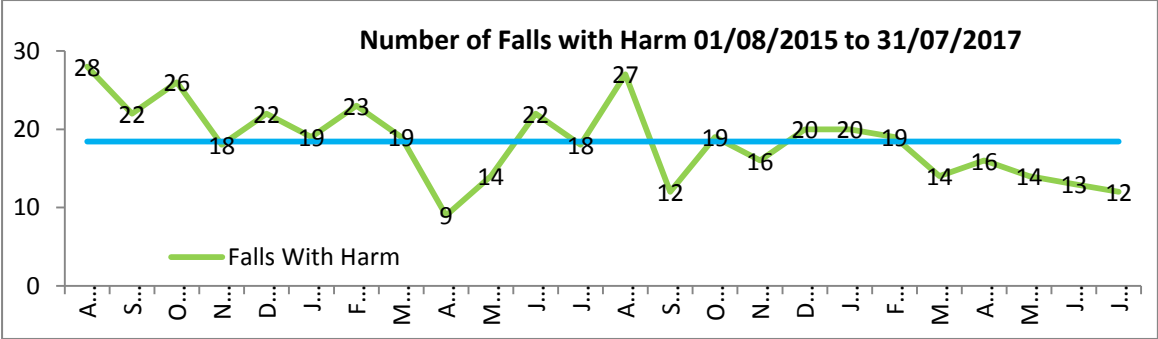
The trust continues to demonstrate a reducing percentage of falls per 1000 bed days and compared to the equivalent point 13 months previously. Noting the fluctuations with this the Trust is focused on embedding improvements to see another step change in reducing the amount of falls. The current Trust figure for July 2017 is 5.44 against the National average of 6.63.



Number of falls by severity of harm over a 15 month period

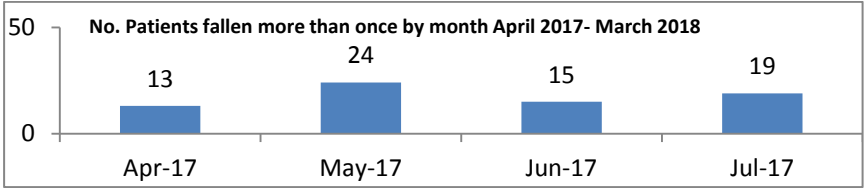
In-patient Falls by severity of harm	Ma y-16	Ju n-16	Jul -16	Au g-16	Se p-16	Oc t-16	No v-16	De c-16	Ja n-17	Fe b-17	Ma r-17	Apr-17	May -17	Jun-17	Jul-17
No harm Falls	83	89	64	73	72	73	106	82	94	89	90	98	79	70	69
Low harm Falls	13	21	18	26	12	19	15	17	20	18	14	14	12	12	11
Moderate harm Falls	0	0	0	1	0	0	1	2	0	1	0	2	2	1	1
Severe harm Falls	1	1	0	0	0	0	0	1	0	0	0	0	0	0	0
Total	97	111	82	100	84	92	122	102	114	108	104	114	93	83	81

In July the total number of reported falls was 81, compared to 83 in June this is the lowest reported number over a period of 23 months and shows a downward trend for the last 6 months.



The total number of falls with harm also demonstrates a decrease over the last 6 month period 2017.

Pending further investigation, there were 3 fractures sustained within our care that were considered to be low harm and one of moderate harm.

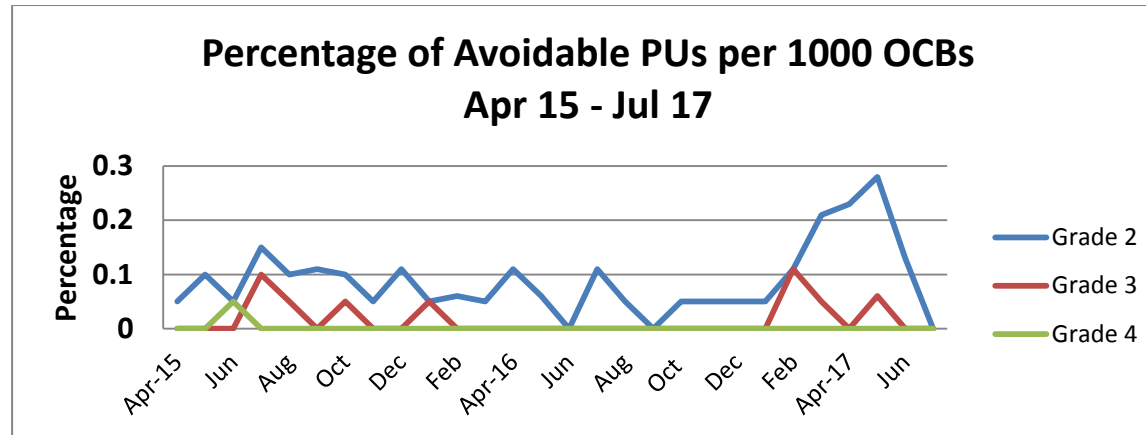


On-going actions:

- Back to floor sessions arranged including a focus on unsocial hours, nights, weekends to provide further assurance and opportunity for staff education.
- The Falls Nurse attended a chair-based exercise course and has purchased equipment to enable this activity to be carried out at ward level. This will tie in with Red and Green Days and the Move More Often Message for patients.
- The Falls Nurse is working with Physiotherapists to help them develop a poster to educate staff how to measure for patient’s normal walking aids out of hours. This will help reduce length of stay and promote early and safe mobility.
- Targeted programme of work around reviewing of medications for patients who are at risk of falls.

Tissue Viability

There were no hospital acquired pressure ulcers in July.



Reducing harm from pressure ulcers (PUs) has been identified as a supplementary quality priority in line with the Quality Account that will be implemented during 2017/8.

- Teaching by the Tissue Viability Team and the Practice Development Nurses to areas that require support
- Investigations of all grade 2, 3 and 4 PUs will be presented to the Chief Nurse by the Ward Leader, Matron and the Tissue Viability Nurse Consultant
- The four week 'Pressure Ulcer Campaign' completed for all Health Care Professionals
- Poster/display competition to be judged in October by the Chief Nurse
- Establish E-learning with competency based training to be launched October 2017
- Fundamentals Study Day for all nurses across the Trust to include, Patient Safety, TV, ICP, deteriorating patients, pain. Accountability of RNs will focus throughout the day.

Harm Free Care (Safety Thermometer)

The Trust reported 94.56% harm free care during July against a standard of 95%. The standard includes 'new' harms that are acquired during that admission (new harms total was 0.63% n= 3) and 'old' harms which are present on admission, the total of all harms was 5.44% n= 26.

The standard was not achieved on this occasion due to the following:

- A total of 22 pressure ulcers, 21 were present on admission and 1 was a hospital acquired pressure ulcer. The one hospital acquired pressure ulcer was subsequently reviewed by the Tissue Viability Team and found not to be a pressure ulcer; this was after the submission date for the Patient Safety Thermometer.

- 2 patients fell in hospital with harm, which were classified as low harm.
- 2 harms relate to pre hospital acquired Urinary Tract Infections associated with a urinary catheter.
- All harms were verified by the relevant specialist prior to submission.

VTE

The Trust met this standard for the month of July (95.1% against a standard of 95%). Although the standard was met the Governance Support Unit continues to review a random sample of medical notes to ensure that all eligible patients have had appropriate VTE prophylaxis in accordance with Trust guidance.

A continual VTE review process is also in place to identify potential hospital acquired thrombus. Once identified these are raised on Datix and Investigated in accordance with the Trusts Incident Reporting Policy.

Dementia Screening

Screening of eligible patients (patients over the age of 75, who were admitted as emergencies and have stayed for more than 72 hours) for identification of dementia and/or delirium and subsequent referral for further assessment and investigation is national recorded information. Patients are screened using the Abbreviated Mental Test Score (AMTS). Currently the Trust is screening 96.1% of eligible patients (June 2017); this is above the target (>90%).

The National Audit of Dementia (2017) was published in July. It identified the need to develop and improve a number of key areas; an action plan is being devised by the lead clinician and Dementia Nurse specialist.

Friends and Family Test

The FFT data for July shows a slight decrease in the response rate trust wide.

Training is planned with Meridian support in September for the Lead Nurses in relation to Meridian reporting and linked actions, this opportunity will be used to discuss ways to improve response rates.

Work has been undertaken with Meridian to standardise all electronic patient experience questionnaires; in addition to the FFT question, patients are asked to provide narrative on what was good and what could be improved, and a separate question added 'Was there anyone outstanding?'

Red2Green

Since its launch and the Challenge to train 1000 staff in 1000 days this has already been achieved with the 1000th staff member being trained this week. The staff engagement remains impressive and the positive impact on preventing avoidable delays and reducing length of stay for our patients remains noticeable.

Serious Incidents

Patient with acute kidney injury had unplanned admission to Intensive Care following cardiac arrest. Unrecognised changes in blood results and insufficient monitoring of fluid balance. Cardiopulmonary Resuscitation was successful. Subsequently transferred to Nottingham University Hospitals for specialist renal care. Duty of Candour completed. Investigation in progress.

Patient initially attended ED in September 2016. Pulmonary emboli suspected and confirmed following CT Pulmonary Angiography (CTPA). Treatment successful and discharged home. The Patient returned in July 2017 (10 months later) with similar symptoms. Upon re-examination of the radiology images, a small lesion is present that was not detected. Missed/delayed diagnosis of cancer. Duty of Candour completed. Immediate action taken to raise awareness and reinforce the use of alert codes in diagnostic reports. Investigation in progress.

OPERATIONAL STANDARDS

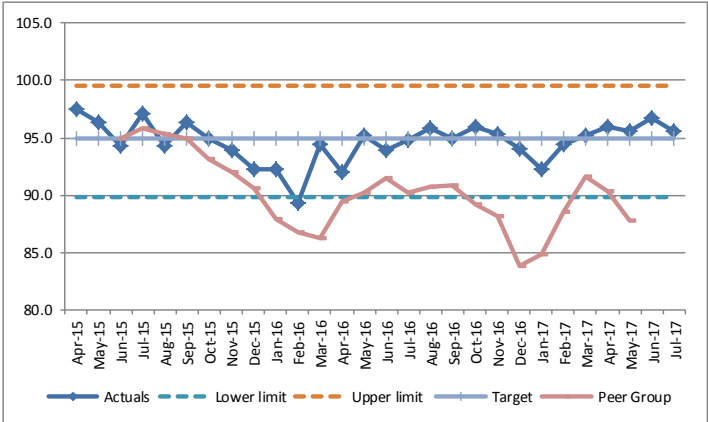
Emergency Access

a) Emergency access within four hours

Patients who attend the ED (Emergency Department) department must be seen, treated and discharged or admitted within 4 hours of arrival (regardless of decision to treat).

The Trust has achieved the four-hour emergency care standard for five consecutive months, achieving 95.5% in July. Graph 1 below shows SFH performance compared to peer group. The Trust continues to perform well and has achieved 94.35% for the month to date as at 20 August, with a failure to achieve the standard on 9 days in month.

Emergency access within four hours

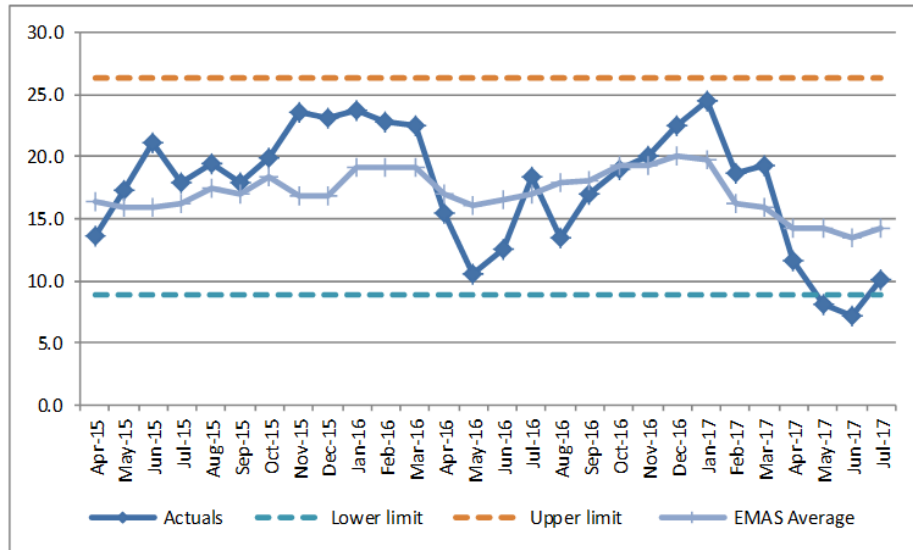


b) Ambulance handover

Handing over a patient from an ambulance to an ED is expected to take no more than 15 minutes. In July, 10.1% of ambulance handovers took between 15 and 59 minutes and 0.5% took 60 minutes or more. In July, average ambulance handover time was just below 19 minutes.

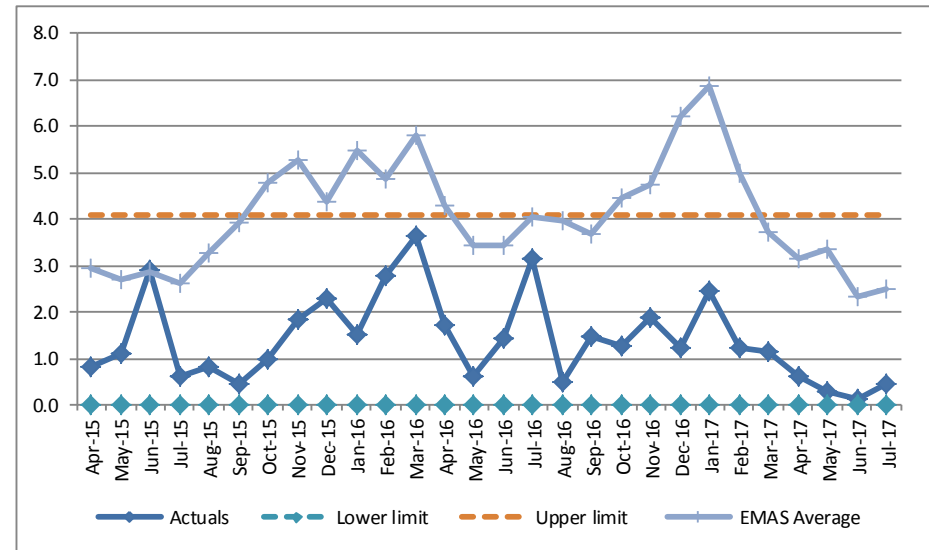
As a consequence of improving flow, ambulance turn-around times are improving (see graphs 1 and 2) although remain higher than the national standard of zero. It is highly unlikely that the Trust will achieve zero handover delays due to the nature of fluctuating demand of both Emergency Department (ED) attendances and ambulances. The Trust is working with EMAS to develop an operational handover policy and agree a joint action plan to further improve handover times.

Ambulance handover > 30 minutes



Graph 1

Ambulance handover > 60 minutes



Graph 2

c) 12 hour trolley wait

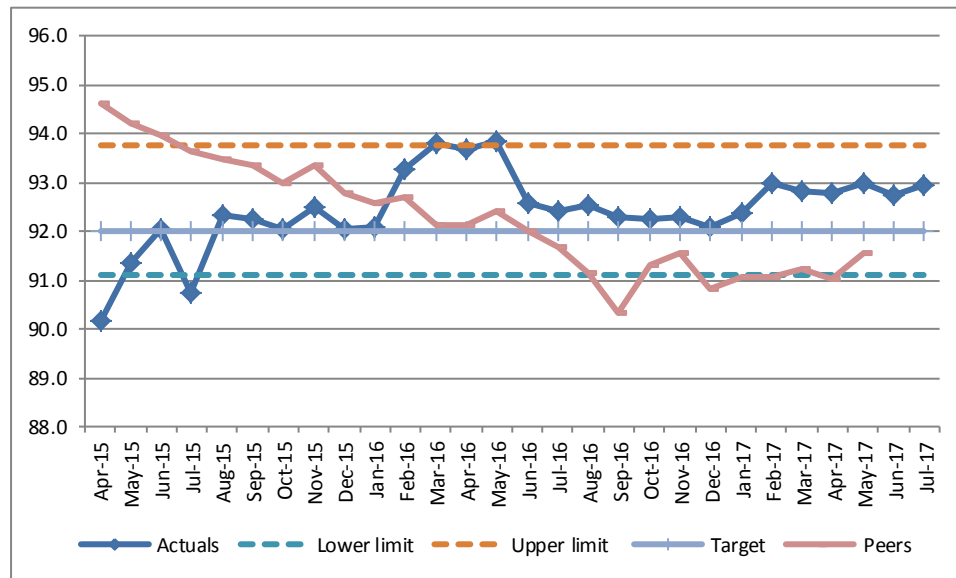
Patients who wait 12 hours or more for an emergency admission from the time the decision is made to admit or when treatment in ED is completed (whichever is later).

There were no 12 hour trolley waits in July.

Referral to Treatment

Since October 2015, the RTT (Referral to Treatment) waiting times are reported solely in terms of the Incomplete Pathways Standard – this measures the proportion of patients waiting under 18 weeks as a snapshot at month end (with a target of 92% under 18 weeks). The Trust consistently achieves above the standard of 92% (see graph 4 below showing performance against peers). The Trust reports on all cases exceeding 52 weeks and those specialties failing RTT incomplete.

18 weeks referral to treatment time - incomplete pathways



Graph 4

a) Number of Specialties not achieving RTT incomplete

Overall, the Trust is achieving the standard at 92.96%. However, the Trust is failing the standard in six specialties and is likely to continue to fail in some specialties for a number of months as the actions required to ensure sustainability require either a system wide or partnership solution.

Specialty	Current Performance	Reason	Actions	Forecast Delivery
Urology	91.61%	Lack of manpower	<ul style="list-style-type: none"> Partnership working clinical model approved and joint post recruited to (start date April 2018) 	Oct 2017
Cardiology	85.55%	Lack of manpower	<ul style="list-style-type: none"> Review of new to follow up ratios Review of DNA and utilisation rates Additional locum recruited Further additional capacity may be required to manage overdue reviews 	Nov 2017
Dermatology	87.56%	Lack of manpower	<ul style="list-style-type: none"> Service remains closed to routine referrals External support sought from DHU / Sheffield but not available as similar challenges faced. Locum and internal ad hoc sessions requested Weekly Divisional capacity planning meetings Further additional capacity may be required to manage overdue reviews 	Nov 2017
Neurology	89.92%	Lack of manpower	<ul style="list-style-type: none"> Partnership working clinical model approved, implementation planned for January 2018 	Feb 2018
Endocrine	84.02%	Lack of manpower	<ul style="list-style-type: none"> Conversion of new and F/U slots agreed with Consultants Ongoing Consultant recruitment Virtual review of overdue review patients 	Oct 2017
Diabetes	79.04%	Lack of manpower (Diabetes and Endocrinology)	<ul style="list-style-type: none"> Conversion of new and F/U slots agreed with Consultants Ongoing Consultant recruitment Virtual review of overdue review patients 	Oct 2017

b) Number of cases exceeding 52 weeks referral to treatment

The Trust will continue to report 52 week breaches due to the ongoing validation of all clock stops.

Reported Last Month – Not Yet Treated

1 x Ears, Nose & Throat 75 weeks

Identified through validation - pathway correct in June, impact of patient choice since then, 3 TCI's offered and declined, patient has accepted TCI of 24 August 2017.

New Patients

Currently there are no new patients identified as waiting over 52 weeks since month end.

Action Plan

The RTT action plan continues to focus on the following:

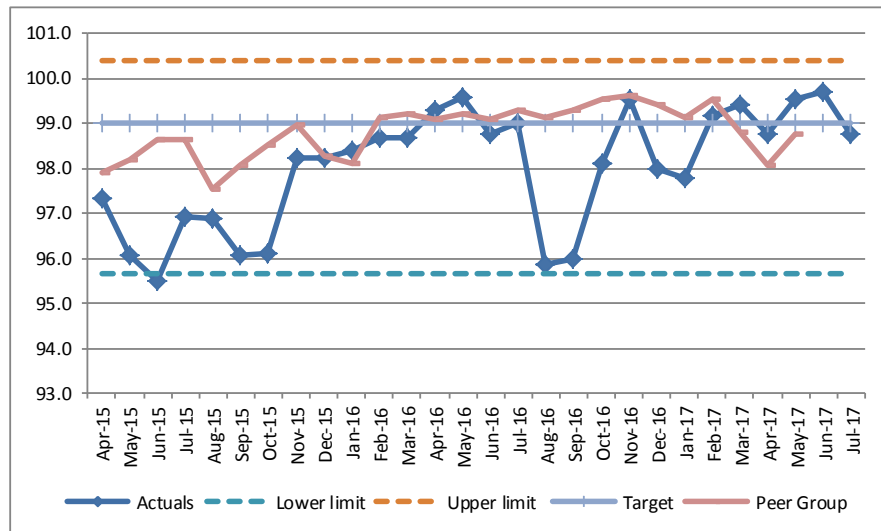
- Ensuring robust collection of RTT status at all stages of the patients pathways is recorded through regular specialty audit (audit data available end July)
- Reviewing all clock-stops through validation (This is in addition to the existing process of validating all 12+ week waits on the live PTL).
- Utilisation of Data Quality reporting to focus staff on cleansing data.
- Continually deliver robust competency based training package to all relevant members of staff across the Trust
- Weekly Trust PTL meetings – revised format implemented, consisting of 6-hour review of all 30+ week waits ensuring that pathways are being progressed and issues escalated.
- Greater assurance expected following 12 months validation (June 2018)
- Exploring opportunities to bring forward validation timescales and extending validation to include historical clock stops.

Diagnostic waiters

Overall the Trust performance in July 2017 was 98.8% against the 99% standard, as shown in graph 5. The Trust delivered the 99% standard in 7 diagnostic tests but failed to achieve the standard for the following:

<u>Diagnostic test</u>	<u>Performance</u>
MRI	98.2%
DEXA Scan	94.74%
Cardiology – echocardiography	98.15%
Urodynamics – pressures and flow	95.56%
Colonoscopy	98.77%

Diagnostic waiters, 6 weeks and over-DM01



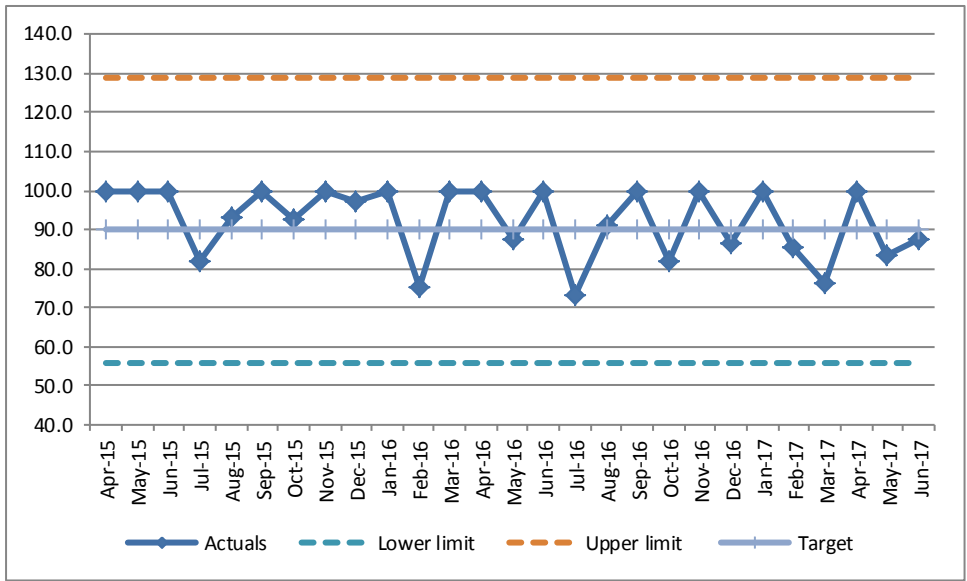
Graph 5

Cancer Access

a) 62 day referral to treatment from screening

The Trust achieved 87.5% in June against the standard of 90%; the breach related to one patient.

62 day referral to treatment from screening

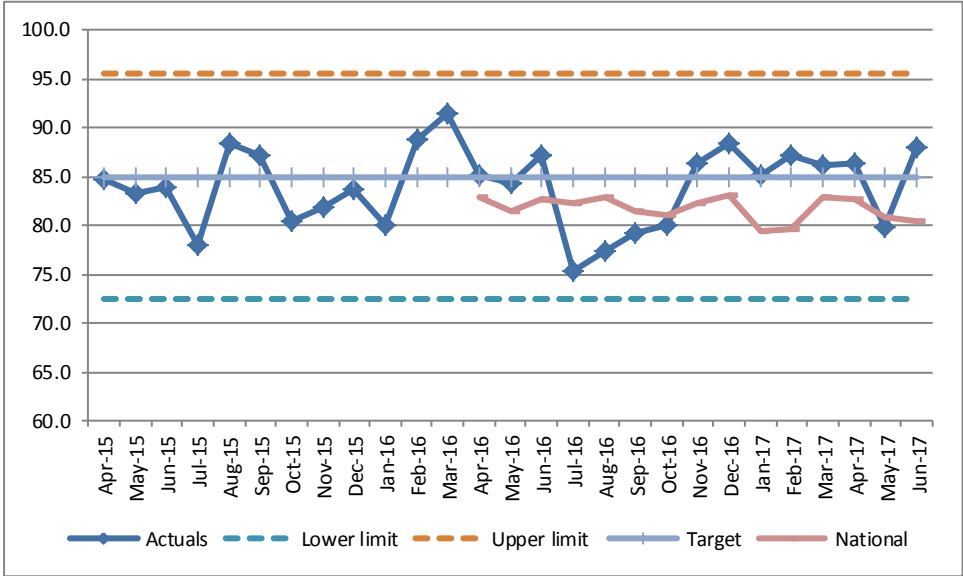


Graph 6

b) 62 days urgent referral to treatment

The Trust achieved 88% in June against the standard of 85%.

62 days urgent referral to treatment



Graph 7

Forecasting against this standard has been reviewed with each tumour site and collated to provide an overall Trust position. As shown below, the Trust is forecasting to achieve sustainable delivery against this standard from December 2017. This forecast reflects the ongoing work to reduce diagnostic protocols and review pathways in line with regional optimal pathways. It also reflects the current challenges with regard to tertiary capacity in some tumour sites.

Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
77.53%	67.73%	75.96%	82.94%	82.20%	85.73%	88.19%	89.95%	89.56%

The forecast assumes short term, additional investment in diagnostic capacity pending the outcome of a bid to NHS Improvement to secure additional funding.

ORGANISATIONAL HEALTH

Sickness Absence

Sickness absence figures decreased in July 2017 by 0.12% to 3.43%. This is now delivering to target which is for sickness absence not to exceed a level of 3.5%.

Short term sickness was 1.76% (June 2017, 1.87%) and long term sickness was 1.67% which remained static from June 2017.

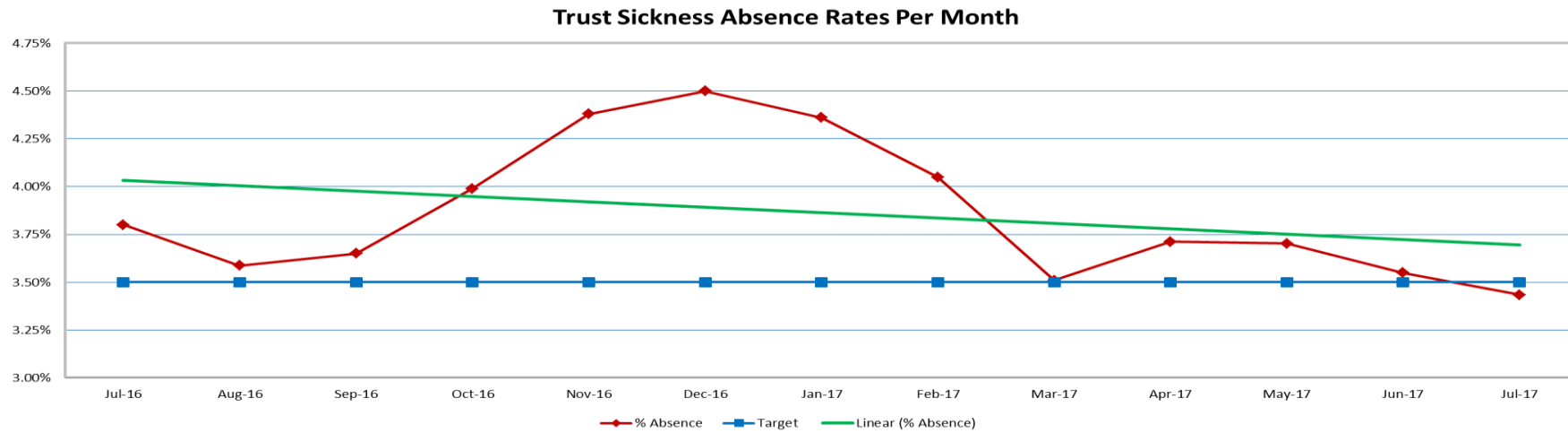
Three Divisions have achieved or exceeded the 3.5% target:

- Diagnostics & Outpatients – 2.84% (June, 3.02%)
- Corporate - 2.87% (June, 2.31%) This Division had the highest increase by 0.56%
- Urgent & Emergency Care – 2.87% (June, 3.04%)

Three Divisions are exceeding the 3.5% target:

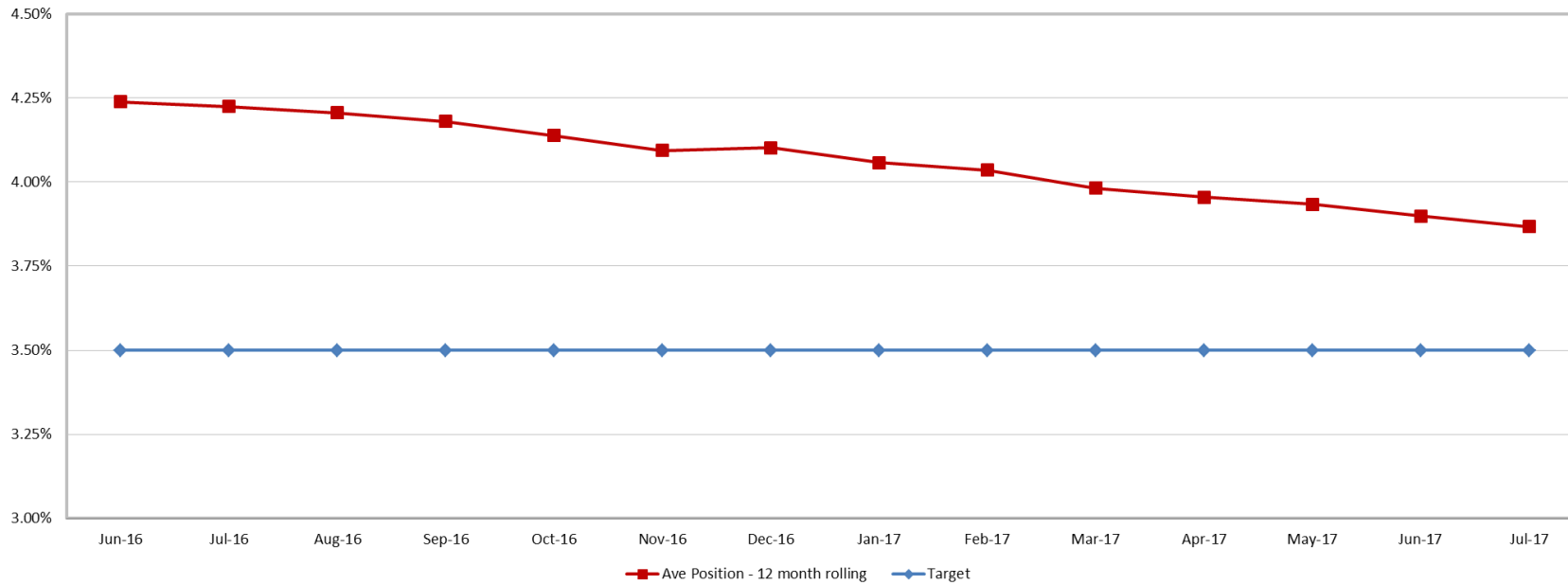
- Medicine – 4.24% (June, 4.55%)
- Surgery – 3.75% (June, 3.60%)
- Women & Childrens – 3.67% (June, 4.65%) This Division had the highest reduction by 0.98% in month and has shown a reduction of 1.21% over the current financial period (April, 4.88%).

As can be seen from the chart below, July 17 sickness absence is significantly lower than in July 2016.



In order to clearly depict the sickness absence trend an additional chart is used. Below is a chart showing a 12 month rolling year (sickness averaged for the previous 12 month period for each month). This indicates a significant sustained improvement.

Average Sickness % - 12 Month Rolling Year



Long term sickness

For July 2017, Anxiety/stress/depression features as one of the top three long term sickness absence reasons in all staff groups, except Medical & Dental and Scientific & Professional. It was highest in the Surgery Division with 177.94 days lost which represents almost half of the Trusts days lost for this condition.

In July 2017, people were being managed through formal sickness absence stages in accordance with Trust policy: Corporate – 2; Diagnostics & Outpatients – 4 (plus 1 ill health termination); Medicine – 16; Surgery – 12; Urgent & Emergency Care – 0; Women & Children’s - 6

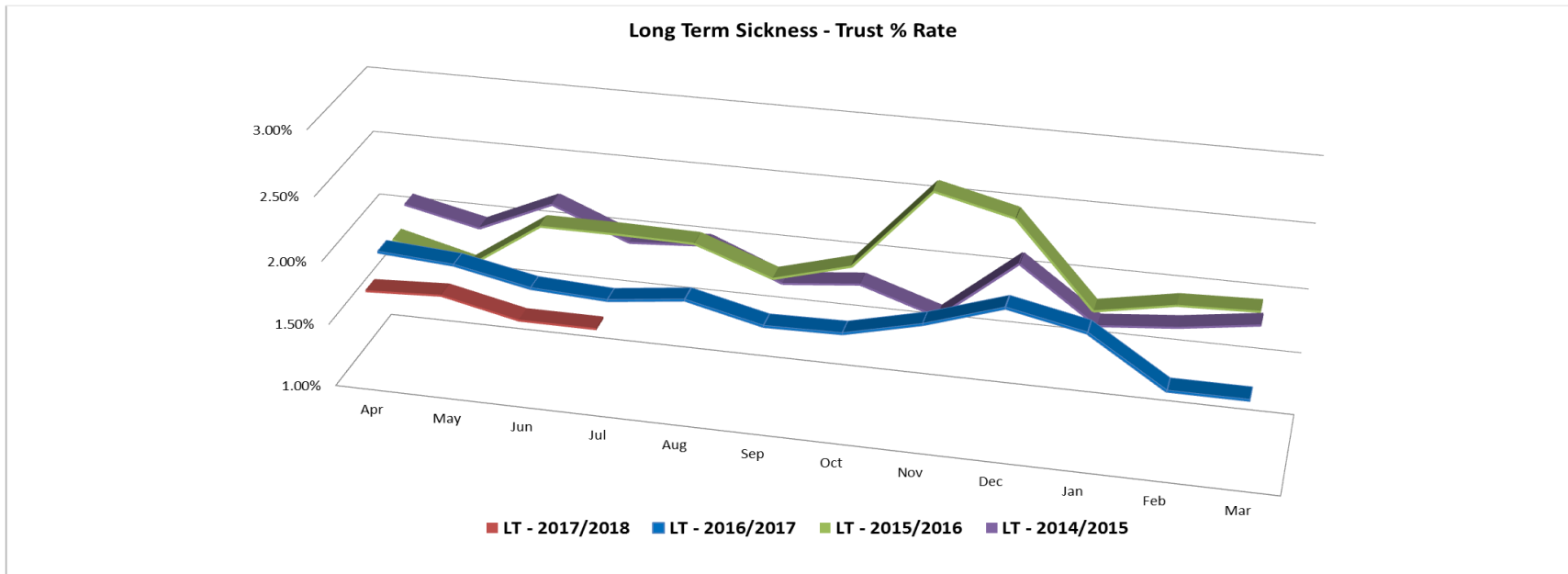
Top three reasons for long term sickness by Division

Division	Absence Reason	Days Lost
Corporate	S19 Heart, cardiac & circulatory problems	62.00
	S25 Gastrointestinal problems	58.28
	S11 Back Problems	31.00
Diagnostics & Outpatients Division	S25 Gastrointestinal problems	90.64
	S28 Injury, fracture	72.11
	S10 Anxiety/stress/depression/other psychiatric illnesses	69.44
Medicine Division	S17 Benign and malignant tumours, cancers	138.47
	S12 Other musculoskeletal problems	108.71
	S28 Injury, fracture	83.80
Surgery Division	S10 Anxiety/stress/depression/other psychiatric illnesses	177.94
	S12 Other musculoskeletal problems	86.28
	S26 Genitourinary & gynaecological disorders	86.00
Urgent & Emergency Care Division	S10 Anxiety/stress/depression/other psychiatric illnesses	60.60
	S11 Back Problems	31.00
	S13 Cold, Cough, Flu - Influenza	18.19
Women & Childrens Division	S12 Other musculoskeletal problems	31.00
	S28 Injury, fracture	31.00
	S17 Benign and malignant tumours, cancers	28.93

Top three reason for long term sickness absence in the Trust

Absence Reason	Total
S10 Anxiety/stress/depression/other psychiatric illnesses	404.29
S28 Injury, fracture	293.87
S12 Other musculoskeletal problems	285.92

The graph below shows a comparison of long term sickness over the last four year, with the current year showing a marked improvement.



Staffing

This table shows the net position with staff in post against establishment in July 2017 across the Trust:

	Jul-17								
	Budget - FTE	SIP - FTE	SIP - Headcount	Vac - FTE / Gap - FTE	% Vacancy / % Gap	Starters	Leavers	% Turnover	Active Adverts
Total Trust									
Admin & Clerical	1139.03	1058.40	1298	80.63	7.08%	12.75	8.60	0.81%	27
Allied Health Professionals	223.74	206.85	256	16.89	7.55%	5.59	0.93	0.45%	9
Ancillary	40.47	36.86	43	3.61	8.93%	0.00	0.00	0.00%	0
Medical & Dental	493.77	444.54	463	49.23	9.97%	1.00	6.65	1.50%	14
Registered Nurse Operating Line * - ALL Bands	1298.73	1162.07	1367	136.65	10.52%	9.42	7.82	0.67%	13
Scientific & Professional	214.91	186.68	203	28.23	13.14%	0.00	2.00	1.07%	4
Technical & Other	271.46	260.98	324	10.48	3.86%	5.43	3.87	1.48%	2
Unregistered Nurse	594.35	581.84	678	12.51	2.10%	11.09	4.40	0.76%	3
Total - Trust	4344.81	3938.21	4632	406.60	9.36%	45.28	34.26	0.87%	72
Band 5 Registered Nurse Only operating line *	751.77	615.46	781	136.32	18.13%	4.71	2.52	0.41%	-

Note: Starters and Leavers excludes Rotational Doctors

*Establishment and thereby vacancies in the Band 5 RN category have been reduced by 5% of establishment in order to reflect the margin that would usually be left unfilled to fund the cover for unplanned absences such as sickness with bank and agency. This margin is never filled with substantive staff. This impacts both the band 5 RN figure and the total RN figure.

Across the Trust, there were 11.02FTE more leavers than starters in July 17. (34.26 FTE leavers v 45.28 FTE starters) and the turnover rate slightly increased to 0.87% in July (June, 0.84%), but is still under the 1% threshold. This is not unexpected as new starters may wait until they have been on their summer vacation before they start a new job.

The Scientific and Professional group has increased from 10.22% to 13.14% vacancies since April 2017 and has turnover slightly above the Trusts threshold. In this category, the Trust is currently advertising for vacancies in Pharmacy; Clinical Biochemistry and Medical Illustration.

There has been a significant improvement in the vacancy position for medical staff in the Trust. Compared with a baseline of August 2016, medical vacancies have reduced by 4.56%. This is show in the tracker below:

Medical Staff vacancy levels

Date	Budgeted establishment	Staff in Post	Vacancies	Vacancy %	Change since baseline
Aug 16	483.57	413.30	70.27	14.53	-
April 17	494.09	427.96	66.13	13.38	-1.15
May 17	494.09	428.44	65.65	13.29	-1.24
June 17	494.09	427.84	66.25	13.41	-1.12
July 17	493.77	444.54	49.23	9.97	-4.56

Nursing

Band 5 Registered Nurse vacancies have increased by 1.31% to 18.13%. This is due to the budget increasing by 0.80 FTE and the staff in post reducing by 9.21 FTE, which was primarily due to internal promotions. Only 4 (2.52 WTE) Band 5 Registered Nurses left the Trust in July including one retirement.

Across all registered nurse leavers, (7.82 FTE), the reasons for leaving were: Flexi Retirement, 2.60 FTE; Retirement, 2.02 FTE; Early Retirement, 1.00 FTE; Voluntary – Better Reward Package, 1.00 FTE; Voluntary – Health, 0.60, Voluntary – Work Life Balance, 0.60 FTE.

Below are Registered Nurse vacancy levels tracked against an August 2016 baseline.

Registered Nurses – All bands

Date	Budgeted establishment	Staff in Post	Vacancies	Vacancy %	Change since baseline
Aug 16 -Baseline	1327.51	1123.65	203.86	17.39	-
April 17	1299.27	1164.22	135.05	10.39	-7.00
May 17	1297.96	1167.43	130.53	10.06	-7.33
June 17	1296.87	1166.15	130.73	10.08	-7.31
July 17	1298.73	1162.07	136.65	10.52	-6.87

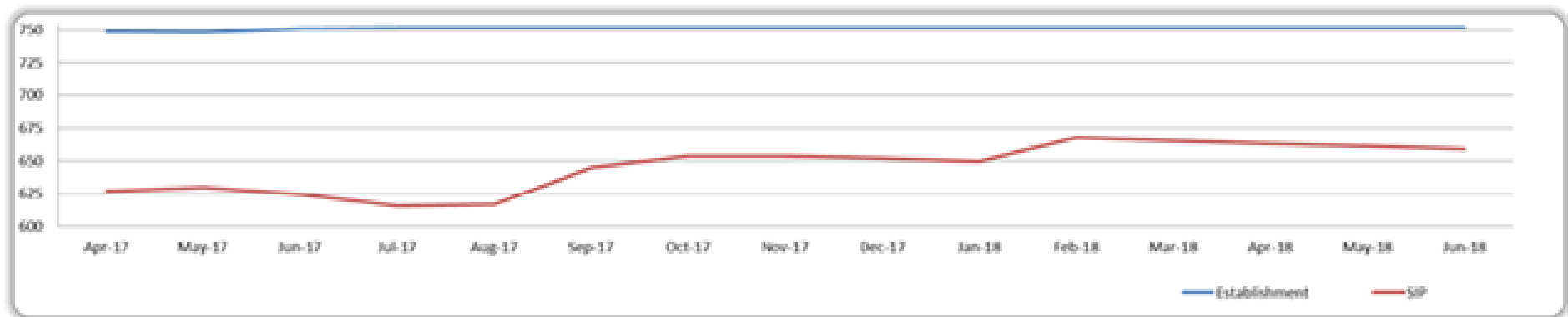
Registered Nurses – Band 5

Date	Budgeted establishment	Staff in Post	Vacancies	Vacancy %	Change since baseline
Aug 16 - Baseline	773.30	613.58	159.12	20.65	-
April 17	748.75	626.76	121.99	16.29	-4.36
May 17	748.05	629.85	118.20	15.80	-4.85
June 17	751.01	624.67	126.34	16.82	-3.83
July 17	751.77	615.46	136.32	18.13	-2.52

The improvement in the staff in post position of band 5 Registered Nurses in the Trust has a positive impact on reducing the Trusts agency usage and spend. It not only assists the financial position, but also helps to maintain safe staffing.

Some of the improvement relates to changes in establishment, but not all, as the Trust has more staff in post. It is expected that the staff in post figure to improve further later this summer when the new staff appointed at the assessment days take up post, together with the new qualified student nurses. This is shown in the trajectory below

Band 5 registered nurses (RN) trajectory:



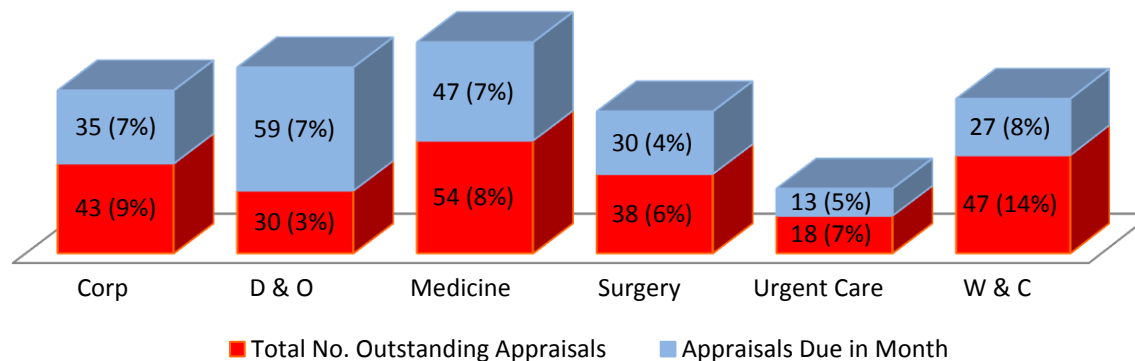
26 substantive Registered Nurses have been recruited from the first 3 Assessment Centres with an additional 31 external bank registered nurses also being recruited since June. 10 more external bank applicants are booked in for interviews over next few weeks and the next assessment day is scheduled for 30th August. The significant increase due in September 2017 is due to the student nurse intake.

Appraisal

Trust wide appraisal compliance was 93% for July 2017, remaining the same as the previous month. The new target from April 2017 is 95%. Whilst the Trust is not quite at target, for many months compliance has been solidly in the low 90's.

There were 230 (7%) appraisals required in July to reach 100%. However there were also an additional 211 (6%) appraisals due to be completed which expired in month, a total of 441. Therefore 13% of appraisals were required to be completed in July remaining the same as June. These were spread across the Divisions below:

% Total Outstanding Appraisals & % Appraisals Due in Month - July 2017



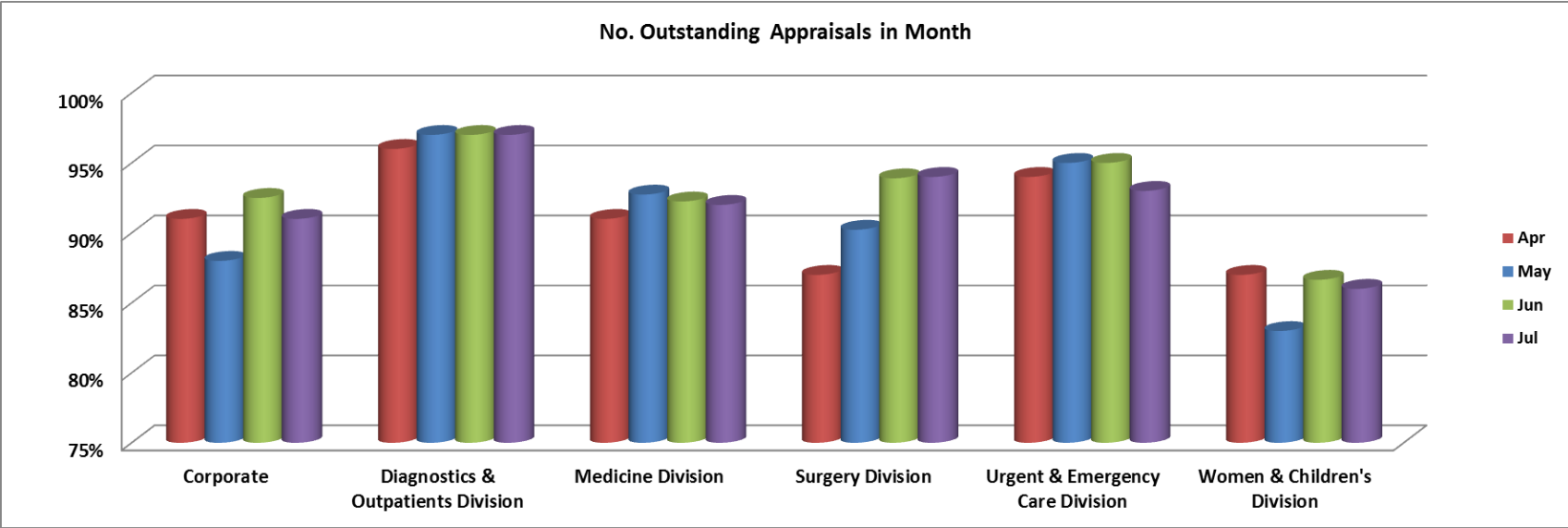
Divisions exceeding or at the 95% target are:

- Diagnostics and Outpatients – 97%. They have consistently delivered at or above the target this financial year.

Divisions below target are:

- Surgery – 94%

- Urgent & Emergency Care – 93%
- Medicine – 92%
- Corporate – 91%
- Women & Children’s – 86%



Despite assurances that there is an action plan in place in the Women and Childrens Division designed to improve the compliance levels with appraisals, the actual compliance level has fallen in July after it did appear to improve in June. This will be scrutinised at the next Divisional performance meeting.

Training and Education

Mandatory training remained static at 92% for July 2017. This is above the 90% target. Although it has been as high as 93%, there were some new training requirements brought in for April, which impacted compliance levels slightly.

The Divisional compliance information shows only one Division marginally below target as follows:

Corporate 96%

D&O	95%
Surgery	92%
Medicine	91%
Urgent & Emergency Care	91%
Women & Children's	88%

**This rate refers to the number of competencies completed and not the number of staff compliant.*

FINANCE REPORT

The Trust is reporting a position in line with control total plan for the month of July, which leaves the year to date (YTD) position at £0.1m better than control total plan.

Clinical income was behind plan in month by £0.1m, this was due to high cost drugs and devices (HCD&D) being less than plan, for which there is a corresponding underspend in non pay. YTD clinical income is £0.1m worse than plan with HCD&D being £0.2m behind plan, meaning underlying patient activity related income is £0.1m better than plan. Within this, Emergency Department under performance against plan is offset by over performance in day case.

Expenditure in month was £0.2m better than plan and £0.2m better than plan YTD. Overall the Cost Improvement Plan (CIP) is £0.1m worse than plan YTD which relates to performance in month 4. Most significant slippage is against the internal Patient Flow Transformation workstream. The STP element of the CIP target YTD is £1.5m and this has been offset on a non-recurrent basis by SFH mitigations including the control total adjustment and interest payment benefits.

Pay overspends of £0.2m YTD are primarily a result of the non-delivery of pay CIP, although it should be noted that Corporate underspends are in part offsetting medical and nursing overspends. Agency spend was £1.6m in month, in line with spend in June. This is below the Trust trajectory in month by £0.4m and within the NHSI ceiling by £0.1m. Medical agency spend is below the NHSI target reduction by £0.4m YTD.

Non pay is £0.4m better than plan YTD. Of this, £0.2m is underspends on HCD&D. The remainder relates primarily to STP CIP offsetting schemes, such as interest rate payments being lower than planned.

Following the first full forecast at month 3, the forecast has been updated in month 4. This continues to demonstrate that the Trust can deliver the control total of a maximum deficit of £46.4m before Sustainability and Transformation Funding (STF). Based on this, and assuming ED performance to continue, full receipt of STF of £8.8m has been forecast reducing the deficit to £37.6m in line with control total. Key assumptions in this forecast include full delivery of the CIP target of £16.3m, that commissioner QIPP and contract notices that reduce income are matched by equivalent cost reductions that CQUIN will be delivered in full. Reviewing risks gives a forecast range of £15.1m downside (£8.5m worse than plan and £6.6m loss of STF as a result) to £3.5m upside. This is a narrowing of the range of £1.2m compared to month 3. Work continues on understanding the phasing of the forecast and the likely position at quarter ends. The main downside risks are commissioner challenges to income and delivery of the STP CIP. To mitigate the downside risks all underspends at Month 4 are to remain uncommitted and Divisions forecasting deficits are required to formulate actions plans to achieve control totals. The Chief Financial Officer is meeting with each division to understand the forecast position, recovery plans and actions that need to be taken to ensure delivery. In addition a series of workshops are planned to develop further CIP opportunities.

The Trust is awaiting authorisation from the DoH of £5.6m of capital borrowing. This continues to delay full roll out of the capital programme.

Overall, the month 4 position remains in line with plan. Agency spend continues ahead of the Trust trajectory. CIP is slightly behind plan with SFH mitigations offsetting the STP CIP. The forecast indicates that the control total can be delivered with maintaining tight cost control and flexing capacity in line with demand remaining the priority for coming months.

Financial Summary

At the end of July the Trust is £0.09m ahead of the control total. Agency spend is consistent with June and was better than ceiling in month. CIP performance is slightly behind plan and agreement of capital loan means capital expenditure is behind plan. Cash is ahead of plan due to receipt of 2016/17 Sustainability and Transformation Funding.

	July In-Month			YTD			Annual Plan £m	Forecast £m	Forecast Variance £m
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m			
Surplus/(Deficit) - Control Total Basis	(3.33)	(3.30)	0.03	(13.42)	(13.33)	0.09	(37.62)	(37.62)	0.00
Finance and Use of Resources Metric YTD				3	3		3	3	
CIPs	1.13	1.04	(0.09)	3.83	3.74	(0.09)	16.26	16.26	0.00
Capex (including donated)	(1.12)	(0.12)	1.00	(3.24)	(1.06)	2.18	(9.67)	(9.67)	0.00
Closing Cash	1.45	7.93	6.48	1.45	7.93	6.48	1.45	1.45	0.00
NHSI Agency Ceiling - Total	(1.65)	(1.57)	0.08	(5.99)	(6.39)	(0.40)	(17.91)	(18.25)	(0.34)
NHSI Agency Ceiling - Medical	(1.11)	(1.06)	0.06	(4.46)	(4.03)	0.43	(13.37)	(10.89)	2.48
Better Payment Practice Code - (Value / Number)		80.7% / 76.1%			72.2% / 46.3%				

- In month the Trust is £0.03m better than plan and cumulatively £0.09m better than plan.
- The finance element of the Single Oversight Framework is a score of 3 against a plan of 3.
- CIP YTD delivery is below plan by £0.09m. The Trust expects to achieve its overall CIP plan for 17/18 as outlined above. The current risk adjusted forecast per the CIP delivery tracker is £9.92m.
- YTD Capex expenditure position is £2.18m below plan, this reflects the requirement to only incur expenditure on the self-funded elements of the capital programme, until approval is given by NHSI for the additional borrowing required to support the full year plan. The loan proposal is currently with NHSI/DoH for review.
- Closing cash at 31st July was above plan at £7.93m, this is due to receipt of 2016/17 STF including bonus, this has reduced borrowing requirement for August and September.
- YTD agency spend at M4 totalled £6.39m against the profiled NHSI ceiling of £5.99m. For the first-time performance is within the NHSI ceiling in month. Whilst we are forecasting to breach the NHSI ceiling by £0.34m, this is a significant improvement on our plan of £22.15m. Performance remains within our own trajectory of £8.47m YTD. Medical agency spend remains within the reduction required by NHSI.