Public Board Meeting Report

Subject: Single Oversight Framework Integrated Performance Report
Date: 27th April 2017
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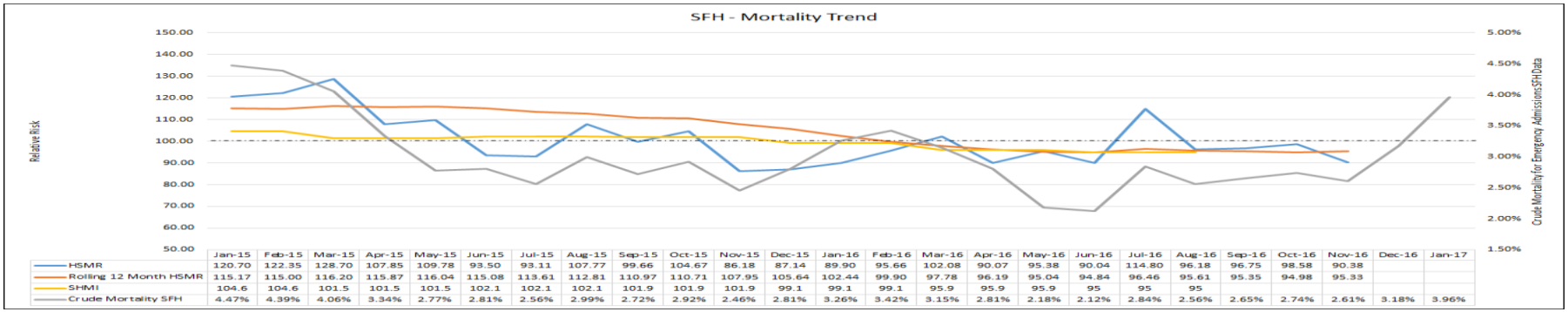
Lead Directors: Andy Haynes – Medical Director, Paul Robinson – Chief Financial Officer, Julie Bacon – Director of HR & OD, Roz Howie – Chief Operating Officer, Suzanne Banks – Chief Nurse

QUALITY, SAFETY AND PATIENT EXPERIENCE

MORTALITY

The table below indicates that HSMR and SHMI continue to be below the expected range.

As highlighted in the March Single Oversight Framework Board Report the Trust has experienced a rise in crude (actual) mortality through the winter period. It is envisioned that the expected mortality rate will also increase to reflect the acuity of patients being admitted during November to March.



	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
HSMR	120.70	122.35	128.70	107.85	109.78	93.50	93.11	107.77	99.66	104.67	86.18	87.14	89.90	95.66	102.08	90.07	95.38	90.04	114.80	96.18	96.75	98.58	90.38		
Rolling 12 Month HSMR	115.17	115.00	116.20	115.87	116.04	115.08	113.61	112.81	110.97	110.71	107.95	105.64	102.44	99.90	97.78	96.19	95.04	94.84	96.46	95.61	95.35	94.98	95.33		
SHMI	104.6	104.6	101.5	101.5	101.5	102.1	102.1	102.1	101.9	101.9	101.9	99.1	99.1	99.1	95.9	95.9	95.9	95	95	95					
Crude Mortality SFH	4.47%	4.39%	4.06%	3.34%	2.77%	2.81%	2.56%	2.99%	2.72%	2.92%	2.46%	2.81%	3.26%	3.42%	3.15%	2.81%	2.18%	2.12%	2.84%	2.56%	2.65%	2.74%	2.61%	3.18%	3.96%

Dr Foster has identified a cohort of 20 Acute Trust with similar demographics and case mix of patients in order to present a peer group comparison. Table 2 indicates how the relative risk for crude mortality for Sherwood Forest has reduced and that it is significantly below the peer group average.

Table 2

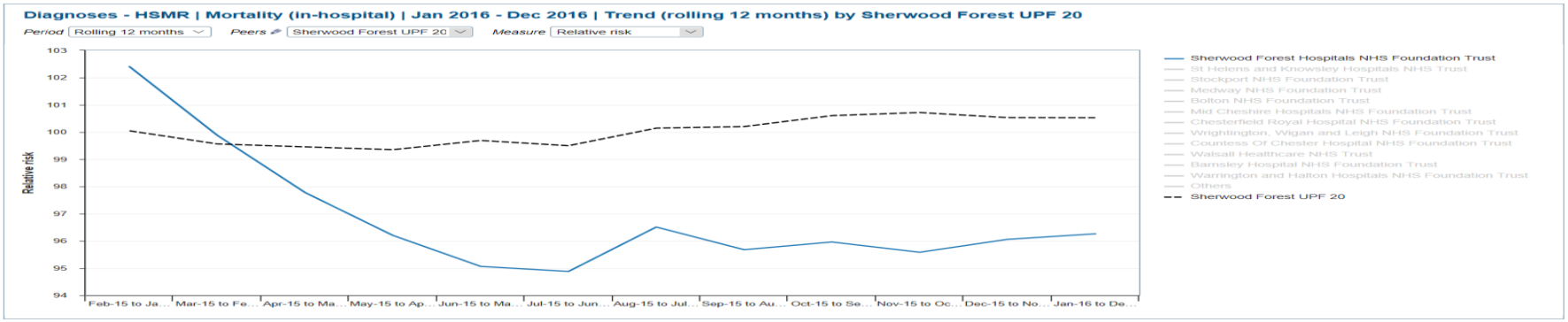


Table 3 below indicates that although the expected mortality at SFH has reduced in line with, it remains slightly above the peer group average.

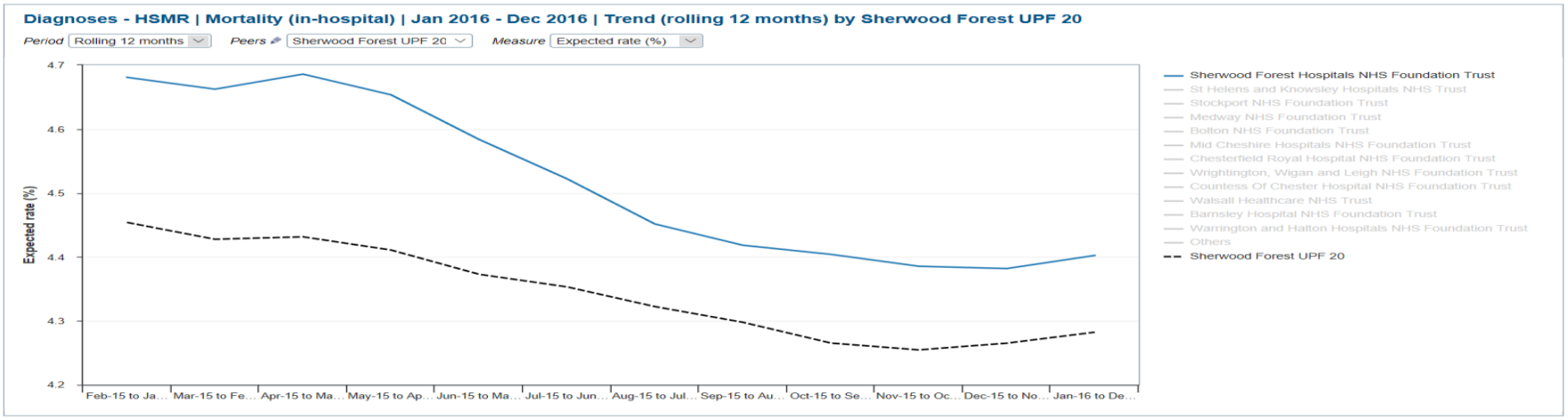


Table 4 below demonstrates that SFH remains within the lowest 3rd nationally when compared to all Acute Providers

SAFER STAFFING – OVERFILL

The Board is provided with a detailed Safer staffing report, in the reading room, which supports this report.

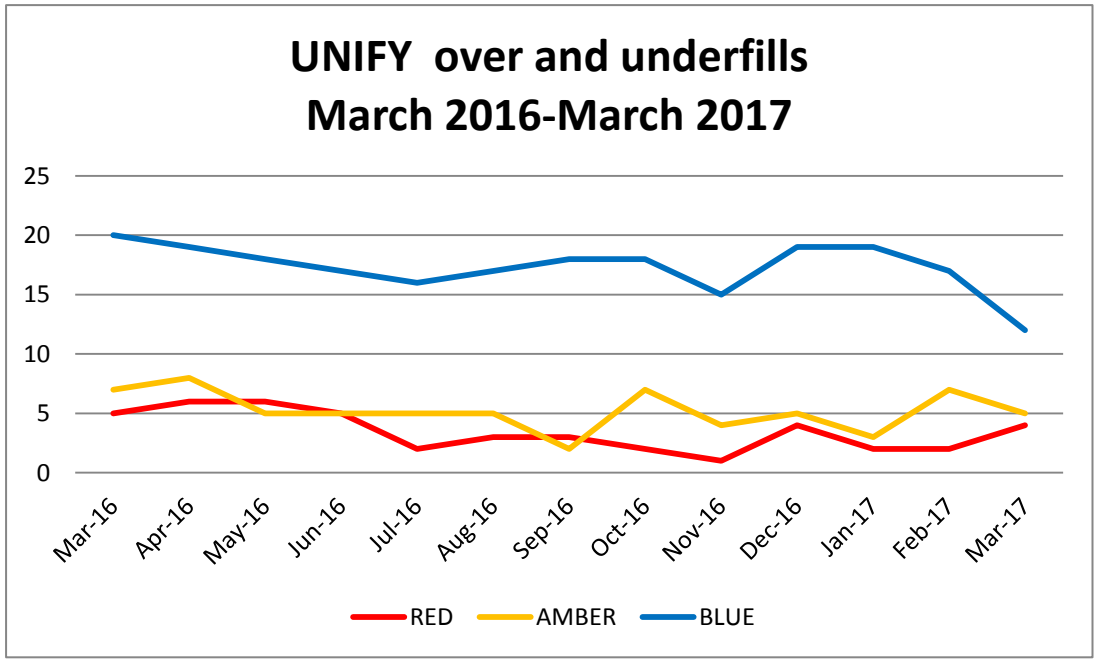
The overfill indicates that actual staffing figures are greater than 110% fill rate. 100% is the planned level of staffing required when off duty is completed. The increased fill rate can be attributed to several aspects including supernumery period of preceptorship for newly qualified registered nurses and return to practice nurses who are in a period of supernumery as part of their programme. Some patients will require more direct care or supervision. Additional care staff are allocated to the ward to maintain safety for a patient or a small group of patients. This is above the 'planned' allocation. The overfill rate therefore is an indication of patient acuity within wards and the additional staffing required to meet patient need

March 2017 saw 12 wards of the 29 areas monitored recording actual staffing numbers greater than 110%. This figure was a continued decrease from previous months and it is expected will be reduced further following establishment reviews and changes that have been implemented from the 1st April. Overfills relate to increased patient dependency and continue to be monitored and managed by the ward sister/charge nurse and matron. In future this will

also be triangulated against the new nursing 'breach report' which highlights where additional staffing has been booked to support patients who require enhanced observations.

Analysis of the under and overfill seen in the **chart 1** below, which displays over a 12 month period, where the Trust has not staffed to its expected planned level (red below 80% and amber between 80% & 90%) and the staffing fill rates above planned (greater than 110% blue).

Chart 1.



SAME SEX ACCOMMODATION

The trust remains compliant reporting no same sex accommodation standards breaches. NHS England Regional Director of Nursing had requested Chief Nurse's review this, as a number of breaches have been identified regionally which previously hadn't been recognised and declared. The Deputy Chief Nurse has lead a review of Level 2 and 3 facilities within the Trust. This review found that all of these facilities were compliant and patients are transferred when clinically suitable; it is noted there is some work to be undertaken with regard to procedures and guidelines to ensure transparency in monitoring. As

part of this work, the Trust policy on Single Sex Accommodation will be reviewed and updated to ensure transparency throughout the Trust in its procedures and guidelines.

FALL PER 1000 BED DAYS RESULTING IN HARM (MODERATE AND ABOVE)

The SOF Dashboard measures only the severe and moderate harm resulting from falls this was recorded as 0.1% in February, with one moderate fall.

The Trust continues to demonstrate a reducing percentage of falls per 1000 bed days 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 February 2017 is 6.77. The National average is currently 6.63. **Graph 1** (below) shows the percentage of falls calculated by the occupied bed days (OBD) as per the National Audit of Inpatient Falls 2015 criteria.

Graph 1

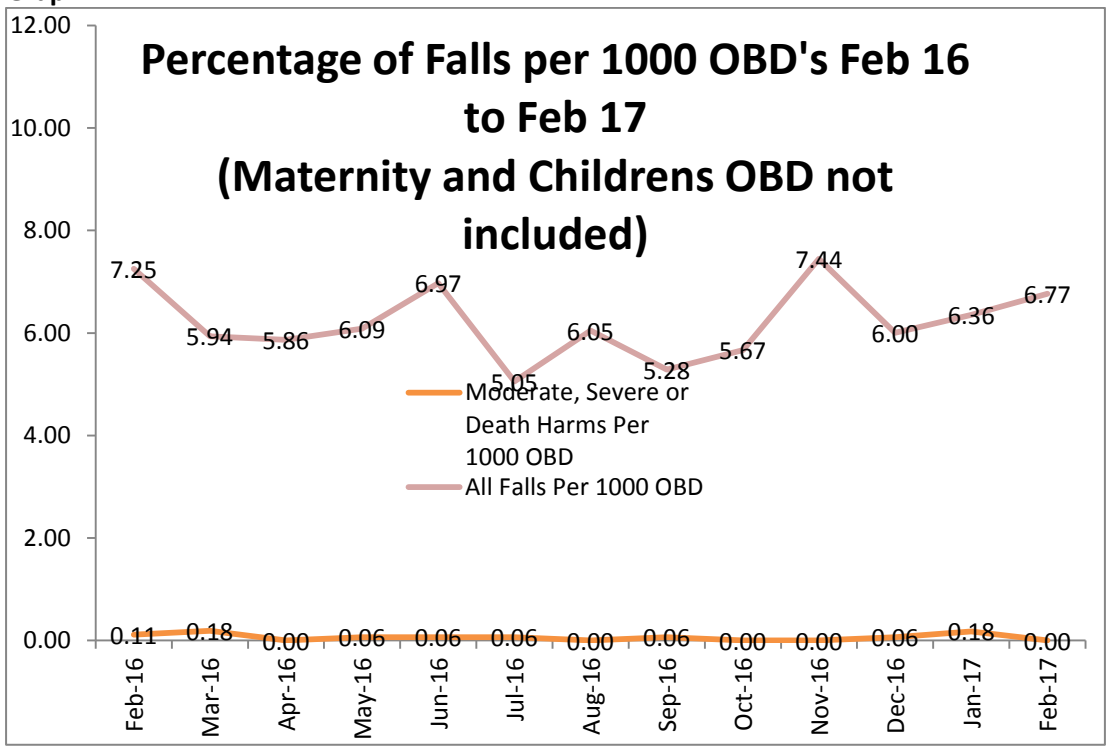


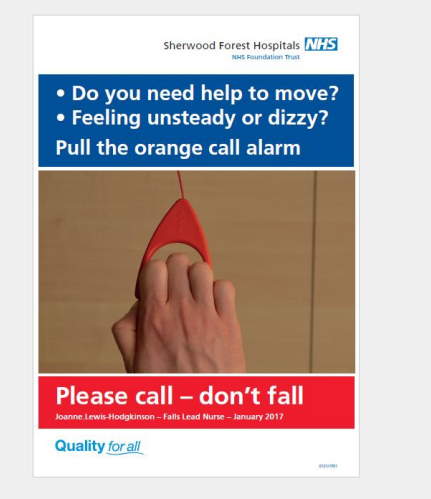
Table 2 below shows the number of falls by severity of harm over a 24 month period.

In-patient Falls by severity of harm	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
No harm Falls	112	122	127	110	132	123	106	95	87	111	95	86	90	83	89	64	73	72	73	106	82	94	89
Low harm Falls	29	27	31	20	24	16	22	17	17	17	20	19	8	13	21	18	26	12	19	15	17	20	18
Moderate harm Falls	0	1	2	3	2	3	3	1	4	1	2	0	0	0	0	0	1	0	0	1	2	0	1
Severe harm Falls	4	2	2	0	2	3	1	0	1	1	1	0	1	1	1	0	0	0	0	0	1	0	0
Total	145	152	162	133	160	145	132	113	109	130	118	105	99	97	111	82	100	84	92	122	102	114	108

In February the total number of reported falls was 108 in February compared to 114 in January; 1 fall with moderate harm reported in February which is currently subject to investigation and level of harm agreement and 18 falls with low harm.

It should also be noted that during this period ward 35/36 and Sconce ward had extra bed capacity and Ward 21 was opened up to full capacity. Focussed work has been undertaken during the year to not only reduce patient harm from moderate and serious falls but reduce the numbers of patients who experience low harm falls but also to reduce the number of patients who experienced repeat falls (patients that fell more than twice). Table 2 demonstrates the impact of this work and whilst the trust has seen an increase in the number of falls over the winter period which mirrors the increase in previous years the number and severity level of harm from falls remains lower than in previous years. On analysis of patients experiencing repeat falls it is noted that in Quarter 1 there were 10 patients who repeatedly fell. In Quarter 2 there were 4. In Quarter 3 there were 7. In January and February 2017 there has been a total of 4.

Current work to reduce harm further has included a new '**Call Don't Fall'** toilet sign have been distributed to all wards in the Trust, following analysis of incidents a high proportion of falls relate to patients who need assistance trying to mobilise or stand in toilets without seeking assistance. And a supply of non-slip slippers has also been made available at ward level



HARM FREE CARE

The safety thermometer is designed to be review as a trend over a period of time. Comparisons between months don't always present an accurate reflection of the trend. An increase in one specific area of harm can impact on the overall percentage of 'Harm Free Care'. The harm free care rate continued to show an overall positive trend over the 12 month period to February 2017. The slight decrease in the rate for February from that identified in January can be explained by a lower than average number of harms in January compared to a slightly higher than average in February. The Trust continues to positively exceed the national threshold of 95%.

VTE

The proportion of eligible patients (all patients over age of 18 admitted to hospital) having a VTE assessment was above the target of 95% in February (95.1%).

However it should be noted the capture of this information is a labour intensive paper based system that requires staff to physically review each set of case notes, wherever these may be in the Trust, for this information. The Trust is moving to a new platform for the electronic recording of patient's vital signs' NerveCentre. NerveCentre has an application for recording patient's VTE Risk Assessment on patient's electronic record; this application is not currently included in the scope for the introduction of NerveCentre. Such an electronic approach would be a considerably more efficient means to determine the Trust's is performance in assessing eligible patients for risk of VTE.

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 91.6% of eligible patients; this is above both the target ($\geq$90%) and the nationally recorded average (87.3%).

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FRIENDS AND FAMILY TEST

In-patient response rates were above the national standard for February, but the Accident & Emergency response rates remain below the performance threshold, the work programme which has been focusing on the reintroduction of FFT for the previous 12 months to improve the both the quality of the process and the response rate is having a positive impact. The work programme reports through PSQB and response rates form part of divisional performance monitoring.

Specific general activity undertaken during March includes:

- Areas not completing FFT have been identified and are now included in the FFT capture
- Additional iPads have been purchased by Nursing Directorate and are being rolled out to ward areas

Specific Accident & Emergency activity undertaken during February includes:

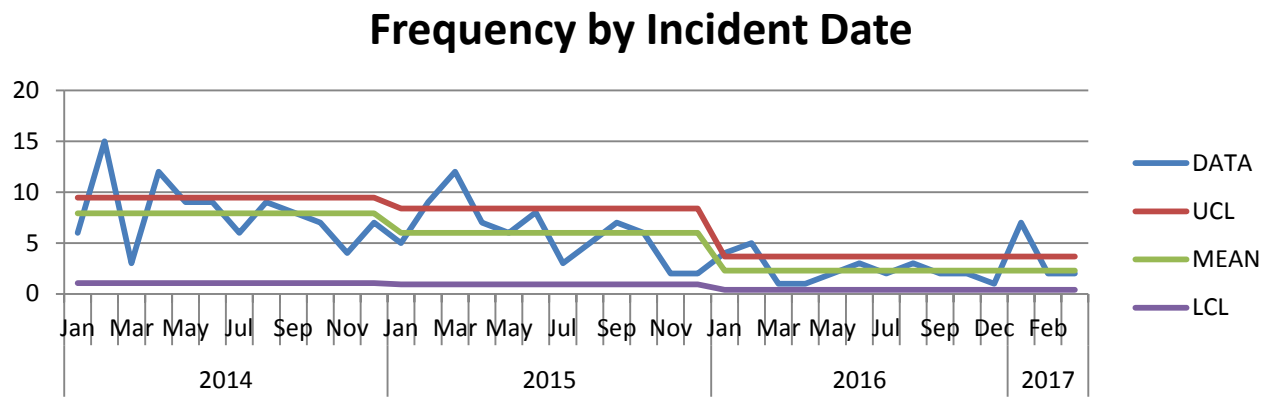
- Text messaging – focus is on ensuring that patient's demographics are correct including mobile number; approximately 80/90 texts being sent out each day. This is based on circa 400 eligible patients. Staff have been reminded to encourage patients to reply to text messages regarding FFT.
- Paper Questionnaires – staff have been reminded to give out and encourage patients to complete paper questionnaires in children's area as this is not covered by text messaging and to those adults who have declined test messaging.
- Senior team members have contacted local Trusts to see if lessons can be shared about how FFT response rates have been improved; all departments report difficulties with FFT in ED's.

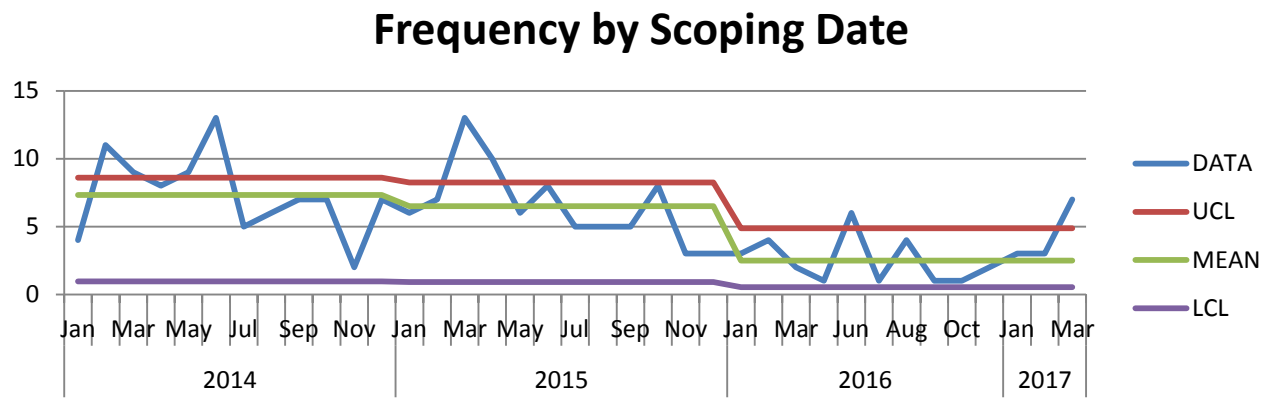
SERIOUS INCIDENTS – EXCEPTION REPORT

Issue: the rate of serious incidents per 1000 bed days currently exceeds the Board's threshold (0.2/1000 against a threshold of ≤0.11/1000).

During the current financial year to date (1st April-16 to 31st March-17) the Trust has declared 29 serious incidents in accordance with NHS England's Serious Incident Framework. The risk of exposure to serious incidents has been steadily reducing as the Trust has progressed on its improvement journey. Serious incidents appear to follow a pattern: Jan-March each year reveals a statistically significant increased risk of serious incidents. However, the increases seen in 2016 and 2017 have not been at the levels encountered in 2014 and 2015 thereby demonstrating the overall improvement over this time period[1].

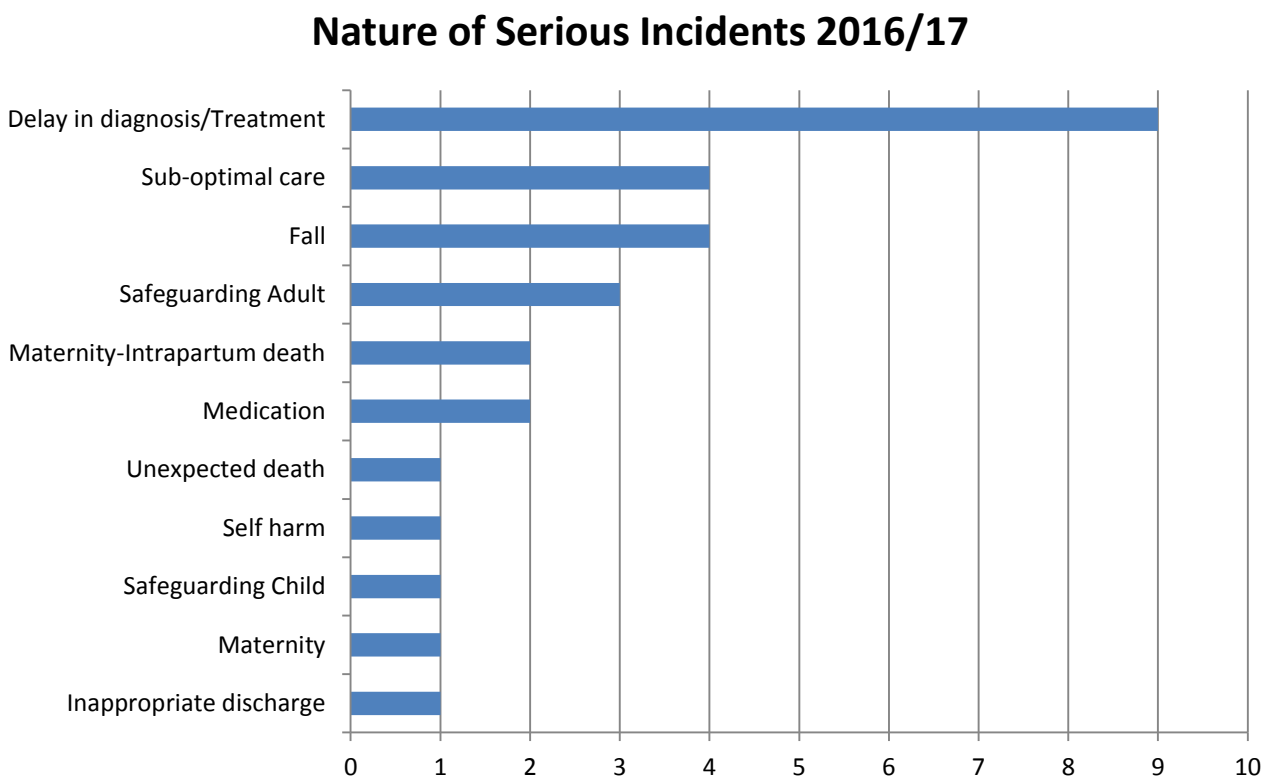
[1] Please note two dates are used to measure serious incidents. The 'incident date' is the date the event happened. The 'scoping date' is the date the event was declared a serious incident. This can produce different figures for each month when cases are reported some time after the event. To illustrate the improvement and pattern of serious incidents, and thus explain why the rate of serious incidents has crossed the Board's threshold, it has been necessary to analyse serious incidents by incident date.





7 serious incidents were reported in March 2017. Details have previously been circulated to Board members and investigations remain in progress at time of report.

Summary of Incidents reported in March 2017	Duty of Candour	Status of investigation
Unsatisfactory discharge. Fall involving long bone fracture post discharge.	Completed	Investigation in progress
Fall in hospital involving long bone fracture.	Completed	Investigation in progress
Failure to follow-up (outpatient).	Completed	Investigation completed and reviewed.
Non-standard administration of vaccination (outpatient clinic)	In progress	Investigation in progress
Unsatisfactory discharge.	In progress	Investigation in progress
Extravasation injury following administration of intravenous medicines.	In progress	Investigation in progress
Unsatisfactory discharge. Fall involving long bone fracture post discharge.	In progress	Investigation in progress



Delays in Diagnosis/Treatment and Sub-optimal care account for 45% of all serious incidents in the current financial year to date. These incidents concern unexpected deaths, failure to follow up, and serious avoidable harms. Four of the delays in treatment relate to Ophthalmology and the learning from these incidents informs a comprehensive Ophthalmology Improvement Plan. The Ophthalmology service has been reviewed by the Royal college of Ophthalmologists who concluded the service is not a failing or unsafe service for patients.

The Trust's Patient Safety & Quality Board, co-chaired by the Executive Medical Director and Chief Nurse, has undertaken a deep dive analysis into falls management and discharge. These reviews have informed the further development of the Falls Management Plan and also Advancing Quality Programme (formerly known as the Quality Improvement Programme).

A review of the underlying causal and contributory factors from the 2016/17 cohort of serious incidents is in progress.

OPERATIONAL STANDARDS

1. EMERGENCY ACCESS WITHIN 4 HOURS
2. AMBULANCE HANDOVER DELAYS >30 MINUTES AND >60 MINUTES

1. Context – emergency access

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).

2. Context – ambulance handover delays

Handing over a patient from an ambulance to an ED is expected to take no more than 15 minutes.

The Emergency Access standard was achieved both in both Q2 and Q3 2016/217. Although the standard wasn't achieved in Q4 16/17 the Trust achieved 94% an improvement of 2.83% compared with 15/16 Q4 performance.

The standard was achieved in March 2017 at 95.2% compared with March 16 where the Trust achieved only 89.3%. The Trust continues to perform and as of April 18th had achieved 95.86%.

As a consequence of improving flow, ambulance turnaround times are subsequently improving although remain higher than the national standard of zero. Actions to reduce ambulance turnaround times are detailed below:

Actions:

- Daily review of all ambulance waits over 30 minutes by Head of Service.
- Additional staffing resource into ED to support handovers in an evening (this has been compromised in April due to IR35 pressures).
- Improved enhanced streaming of patients with greater presence of ED consultants
- Transfer team has been launched to support outflow and patient moves which have released ED nurses to support ambulance handovers.
- Improved escalation to Silver on-call out-of-hours.
- Pilot of ED streaming model commenced April 17 to improve ability of ED staff to respond to areas of department with greatest need.
- New dashboard and screens in place to proactively monitor handover times.
- Waits of over 60 minutes (termed 'black breaches') escalated to silver and gold in real time

12 HOUR TROLLEY WAIT

1 patient breached 12 hours, an RCA was completed.

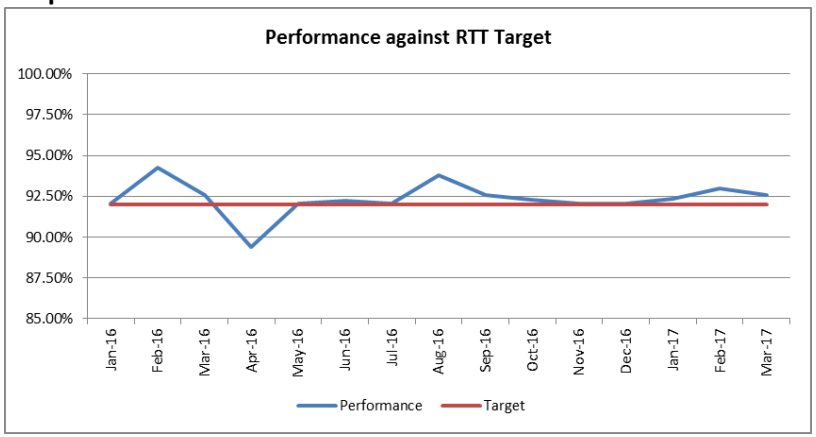
The patient breached due to a combination of lack of mental health beds available within the region and transfer delays. The incident was escalated to both Nottingham Mental Healthcare Trust and EMAS.

REFERRAL TO TREATMENT (RTT)

Context

Since October 2015, the RTT waiting times are reported solely in terms of the Incompletes Pathways Standard – this measures the proportion of patients waiting under 18 weeks as a snapshot at month end (with a standard of 92% under 18 weeks). The Trust consistently achieves above the standard of 92% (see graph 1 below). All cases exceeding 52 weeks and those specialties failing RTT incomplete are reported to Board.

Graph 1



a) Number of Specialties not achieving RTT incomplete

RTT Incomplete – 92% Target
The overall Trust position is achieving the standard at 92.84%.
Current failing specialities are:

- T&O
- Dermatology
- Respiratory
- Urology

Action plans are in place for all failing specialties.

NUMBER OF CASES EXCEEDING 52 WEEKS REFERRAL TO TREATMENT

- 1 x General Surgery at 120 weeks – Decision not to treat surgically 15th October 2015, patients clock stopped incorrectly. Patient needs referral to medical team for non-operative treatment. Clock stopped 10th April 2017 – No Harm
- 1 x Ophthalmology at 97 weeks – Identified through Ophthalmology validation. Clock stopped in error following DNA. Patient contacted and no further appointment required at 18th April 2017 – No Harm
- 1 x Ophthalmology at 90 weeks – Identified through Ophthalmology validation. Added to the waiting list 7th July 2015, patient never listed as request was filed within the patient notes. Patient has an appointment 25th April to review, if surgery required, date for surgery held prior to month end April.
- 1 x Urology at 74 weeks (highlighted last month) – Patient attended 16th February 2016 at SFH and referred to NUH same day. No record of read receipt and NUH cannot find patient on system. Appointment given on 17th March 2017 but patient DNA'd - rebooked 3rd April 2017 and clock stopped – No Harm.
- 1 x Ophthalmology at 71 weeks – Patient was seen in clinic and transferred to NUH for treatment on 19th November 2015. Patient not on NUH's system. Telephone Consultation with Consultant 19th April 2017 with a view to transferring to NUH for treatment.
- 1 x Gastroenterology at 54 weeks - Patient identified through validation. Patient seen in clinic 2nd February 2017 and added to the waiting list for a Capsule Endoscopy and an incorrect stop added. Patient was seen and clock stopped following receipt of results on 4th April – No Harm

An RTT action plan is being implemented to further mitigate 52 week breaches focusing on:

- The Chief Operating Officer has written to providers agreeing Inter Provider Transfer processes and read receipts.
- Ensure robust collection of RTT status at all stages of the patients pathway is recorded through regular specialty audit
- Reviewing all clock-stops through validation (recruitment of additional 4 validators approved and recruitment process underway). This is additional to the current 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 - new improved format now implemented, consisting of 6-hour review of all 30+ week waits ensuring that pathways are being progressed and issues escalated.

62 DAY REFERRAL TO TREATMENT FROM SCREENING

Context

62 days from urgent referral from NHS Cancer Screening Programmes (breast, cervical and bowel) to first treatment (**90%**).

February 2017 achieved all standards except 62 day screening. 1 shared LGI breach due to delays with Gynaecology MDT at NUH.

	Monthly Total		Monthly total breaches (inc.tertiary breaches)	% Performance	National Standard
	Actual		Actual	Actual	%
2 week wait – GP referral to 1st appointment	***1001.0***		***16.0***	**98.4%**	93%
VSA 08 2WW Breast Symptomatic – Referral to 1st appointment	***43.0***		***0.0***	**100.0%**	93%
31 day 1st treatment – Decision to treat to 1st definitive treatment	***112.0***		***2.0***	**98.2%**	96%
VSA11 31 day subsequent Surgery– Decision to treat to subsequent cancer treatment	***9.0***		***0.0***	**100.0%**	94%
VSA 11 31 day subsequent Drug- Decision to treat to subsequent cancer treatment	***28.0***		***0.0***	**100.0%**	98%
VSA 12 31 day subsequent Other treatments - Decision to treat to subsequent cancer treatment	***2.0***		***0.0***	**100.0%**	TBC
62 day 1st treatment – 2ww to 1st definitive treatment	***66.5***		***8.5***	**87.2%**	85%
VSA 13a Screening 62 day – to 1st definitive treatment	***3.5***		***0.5***	**85.7%**	90%
VSA 13b Consultant Upgrade 62 day – Upgrade to 1st definitive treatment	***11.5***		***2.0***	**82.6%**	TBC

16/17 Q4 Projections are as follows:

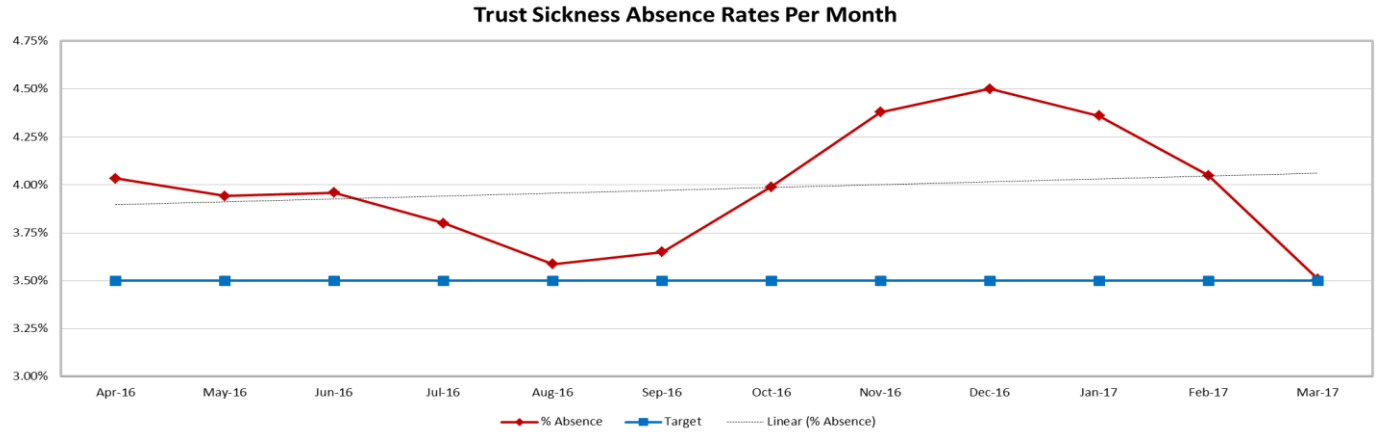
	Total for Quarter	Quarterly total breaches (inc.tertiary breaches)	% Perf	National Standard %
	Projected	Projected	Projected	
2 week wait – GP referral to 1st appointment	***3245.0***	*110*	**96.6%**	93%
VSA 08 2WW Breast Symptomatic – Referral to 1st appointment	***138.0***	*8.0*	**94.2%**	93%
31 day 1st treatment – Decision to treat to 1st definitive treatment	***373.0***	*11.0*	**97.1%**	96%
VSA11 31 day subsequent Surgery– Decision to treat to subsequent cancer treatment	***29.0***	*0.0*	**100.0%**	94%
VSA 11 31 day subsequent Drug- Decision to treat to subsequent cancer treatment	***75.0***	*3.0*	**96.0%**	98%
VSA 12 31 day subsequent Other treatments - Decision to treat to subsequent cancer treatment	***5.0***	*0.0*	**100.0%**	TBC
62 day 1st treatment – 2ww to 1st definitive treatment	***222.5***	*31.5*	**85.8%**	85%
VSA 13a Screening 62 day – to 1st definitive treatment	***20.0***	*2.5*	**87.5%**	90%
VSA 13b Consultant Upgrade 62 day – Upgrade to 1st definitive treatment	***36.5***	*5.0*	**86.3%**	TBC

ORGANISATIONAL HEALTH

SICKNESS ABSENCE

The Trust has made positive progress over the last 12 months in relation to managing sickness absence effectively. Sickness absence figures decreased in March by 0.54% to 3.51%, (February 4.05%), which is virtually to target. Short term sickness decreased by 0.54% (1.99%) and long term sickness remained static (1.52%).The Corporate Division had the highest reduction is sickness absence decreasing by 1.59% (2.50%) followed by the Surgery Division which had a reduction of 0.89% (3.58%).

The cumulative rate for the year is 3.98% which is a reduction of 0.18% when compared to 2015/2016 (4.16%).



Absence rates in March 2017 were 3.51%. This was 0.63% lower than the absence rate in the same month a year ago.

HR Business Partners continue to work proactively with managers across divisions to apply the policy and manage absence. Managers are encouraged to keep in touch with employees during sickness absence and to reassure staff who are off with long term absence of support that will be available upon their return.

Reasonable adjustments are explored more creatively, occupational health advice is considered and where possible implemented to support an early return to work. Resilience is discussed and how employees are maintaining their own well-being, and lifestyle choices. .

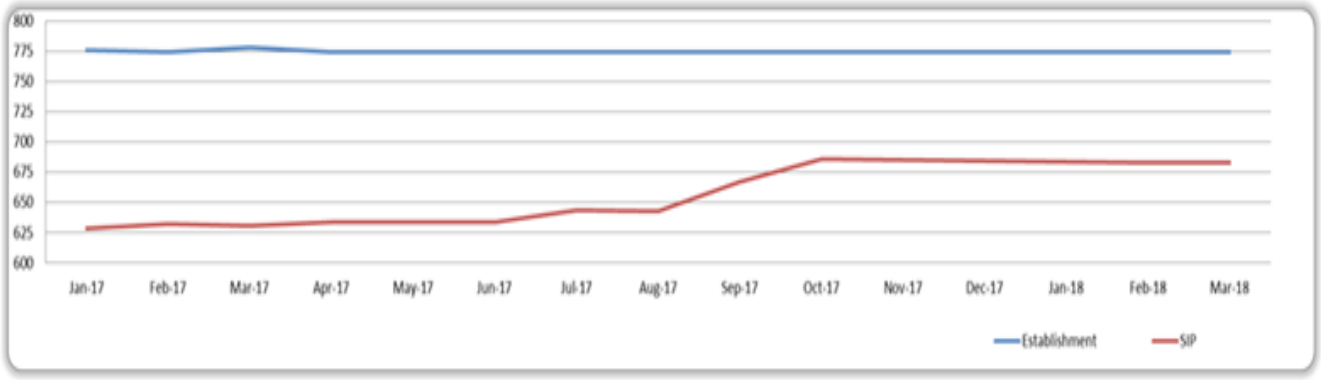
STAFFING

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

	Mar-17								
	Budget - FTE	SIP - FTE	SIP - Headcount	Vac - FTE / Gap - FTE	% Vacancy / % Gap	Starters without Rotational Doctors	Leavers without Rotational Doctors	% Turnover without Rotational Doctors	Active Adverts
Total Trust									
Admin & Clerical	1110.91	1034.73	1272	76.18	6.86%	13.00	11.03	1.07%	41
Allied Health Professionals	213.78	205.22	255	8.56	4.01%	3.57	1.00	0.49%	6
Ancillary	38.46	37.86	44	0.60	1.57%	0.00	0.00	0.00%	8
Medical & Dental	481.84	419.46	438	62.38	12.95%	1.00	0.00	0.00%	22
Registered Nurse Operating Line * - ALL Bands	1328.64	1170.86	1372	157.78	11.87%	12.85	9.20	0.79%	30
Scientific & Professional	216.91	190.09	204	26.82	12.37%	4.00	1.00	0.53%	3
Technical & Other	267.97	249.41	308	18.56	6.93%	2.51	2.27	0.91%	2
Unregistered Nurse	549.25	567.10	665	-17.85	-3.25%	7.68	5.00	0.88%	3
Total - Trust	**4248.70**	**3874.73**	**4558**	**373.97**	**8.80%**	**44.61**	**29.50**	**0.76%**	**115**
Band 5 Registered Nurse Only operating line *	777.91	630.95	749	146.96	18.89%	10.56	5.30	0.84%	18

**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.*

Excluding rotational doctors, there were 29.50 FTE leavers compared to 44.61 FTE starters, the turnover rate decreased by 0.16% to 0.76%, (February 0.92%) which remains below the 1% threshold.



Band 5 registered nurses (RN) trajectory:

Of the eight (7.21WTE) RNs who left in February, two were retirements, three were relocations and three left to move to other Trusts.

The new recruitment branding campaign was launched in March with a bespoke recruitment microsite going live (sfhjobs.co.uk). Communications have worked hard on a corresponding media campaign covering press, radio and local news, coupled with extensive social media coverage.

The first Registered Nurse Assessment Day is on the 25th April with 7 confirmed candidates. Further targeted social media work will be completed in the week before the Assessment Day. The next HCSW Assessment Day is also booked for 15th May to backfill movement as planned from the Virtual Ward.

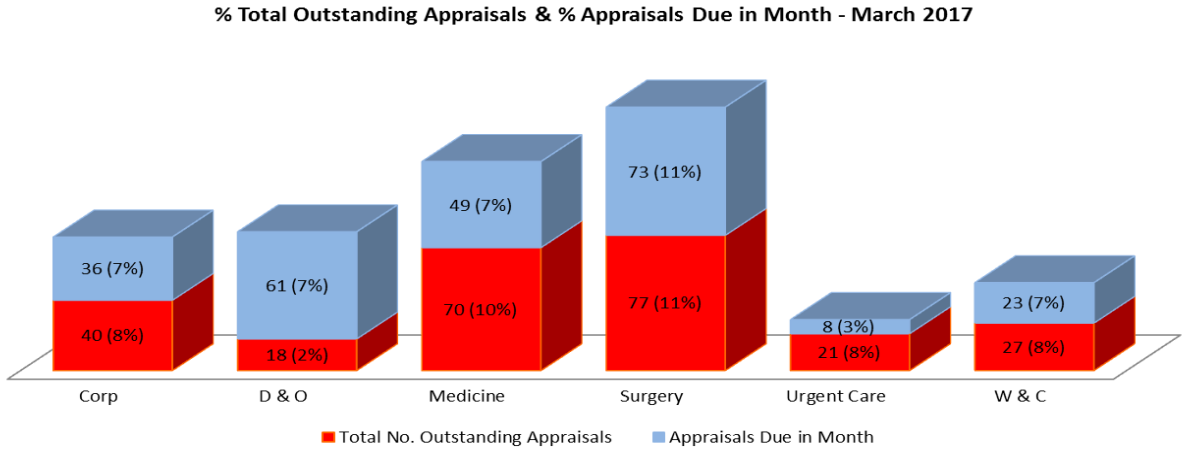
From 1st May, Bank shifts for most staff will be paid weekly. It is hoped that this move and a revised higher rate of pay for qualified nurses will attract a transition of more shifts to be carried out via the Bank rather than agency.

A new postcard has been designed and ordered which will be sent out to new recruits to keep them interested in the Trust whilst proceeding through the recruitment process.

APPRAISAL

Trust wide appraisal compliance was 92% for March 2017, decreasing by 1% from February 2017 (93%). The Trust appraisal compliance target is 98%. Although appraisal is not quite up to standard, it is remaining fairly constant and is currently only 3% away from the new April target of 95%.

There were 253 (8%) appraisals required in March to reach 100%. However there were also an additional 250 (8%) appraisals due to be completed which expired in month, a total of 503 (16% rounded) required to be completed in March 2017. These were spread across the Divisions below:



TRAINING AND EDUCATION

Mandatory training increased by 1% in March to 93%, this had remained static for the previous four months (92%). This is continuing to exceed the target of 90%.

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

FINANCE REPORT

As previously forecast the Trust has ended the year £0.59m ahead of its control total excluding LTP costs and fixed asset impairment. This includes STF incentive monies of £0.39m, but excludes potential STF Bonus monies which are being notified to the Trust by NHSI on 24th April.

	Mar In-Month			Actual		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Surplus/(Deficit) - Control Total Basis	(1.69)	(46.30)	(44.61)	(57.02)	(94.75)	(37.73)
Surplus/(Deficit) - Excluding Impairment - Control Total Basis	(1.69)	(4.74)	(3.05)	(57.02)	(53.19)	3.83
Long Term Partnership (LTP)	(0.16)	(3.18)	(3.02)	(15.88)	(12.64)	3.24
Surplus/(Deficit) - Excluding LTP and Impairment - Control Total Basis	(1.54)	(1.56)	(0.03)	(41.14)	(40.55)	0.59
Use of Resources Metric YTD				3	3	
CIPs	1.33	1.80	0.47	12.60	14.30	1.70
Capex (including donated)	0.13	1.23	1.10	9.53	9.13	(0.40)
Closing Cash	1.45	3.90	2.45	1.45	3.90	2.45
Agency Cap - Excluding LTP	(1.36)	(2.35)	(0.98)	(17.91)	(28.25)	(10.34)
Better Payment Practice Code - (Value / Number)		55.3% / 22.9%			90.7% / 83.9%	

- In month, excluding LTP and Impairment, the Trust is £0.03m worse than plan. The year-end control total deficit is £40.55m, £0.59m ahead of plan (on control total basis).
- Long Term Partnership costs in 16/17 are £12.64m, £3.24m better than plan.
- The finance element of the Single Oversight Framework is a score of 3 against a plan of 3.
- CIP YTD delivery of £14.30m against plan of £12.60m.
- Capex expenditure position was £0.40m below plan. £0.24m as agreed with NHSI and £0.16m relating to donated assets.

- Closing cash at 31st March was above plan due to the unplanned receipt of Q3 STF income of £2.45m in March which had expected to be received in 2017/18.
- Agency cap excluding LTP costs - agency spend totalled £28.25m against the cap of £17.91m.
- Outturn BPPC performance is 90.7% by value of invoices paid and 83.9% by number of invoices paid, within 30 days.

The Trust is ahead of its planned deficit by £0.59m at year end excluding LTP and Impairment, driven by STF incentive monies of £0.39m.

	Mar In-Month			Actual		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Clinical Income	20.72	18.42	(2.29)	236.75	238.34	1.59
STF	0.86	1.57	0.72	10.30	10.52	0.22
Other Operating Income	5.76	7.52	1.76	38.31	41.95	3.64
Total Operating Income	27.34	27.52	0.18	285.36	290.82	5.45
Pay	(17.18)	(17.72)	(0.54)	(193.61)	(196.19)	(2.59)
Non Pay	(9.31)	(12.19)	(2.88)	(119.33)	(118.43)	0.90
EBITDA	**0.85**	**(2.39)**	**(3.24)**	**(27.58)**	**(23.81)**	**3.77**
Operating Costs Excl. from EBITDA	(0.83)	(42.47)	(41.65)	(9.92)	(51.99)	(42.07)
Non Operating Income	0.24	0.16	(0.08)	0.26	0.21	(0.05)
Non Operating Expenditure	(1.96)	(1.77)	0.20	(19.84)	(19.53)	0.31
Surplus/(Deficit)	**(1.70)**	**(46.47)**	**(44.77)**	**(57.08)**	**(95.11)**	**(38.03)**
Technical Adjustments to Control Total	(0.01)	(0.17)	(0.17)	(0.06)	(0.37)	(0.30)
Surplus/(Deficit) - Control Total Basis	**(1.69)**	**(46.30)**	**(44.61)**	**(57.02)**	**(94.75)**	**(37.73)**
Impairment	0.00	(41.56)	(41.56)	0.00	(41.56)	(41.56)
Surplus/(Deficit) - Excluding Impairment - Control Total Basis	**(1.69)**	**(4.74)**	**(3.05)**	**(57.02)**	**(53.19)**	**3.83**
Long Term Partnership	(0.16)	(3.18)	(3.02)	(15.88)	(12.64)	3.24
Surplus/(Deficit) - Excluding Impairment and LTP - Control Total Basis	**(1.54)**	**(1.56)**	**(0.03)**	**(41.14)**	**(40.55)**	**0.59**

Operating statement identifies:

- An income transfer of £1.8m has been transacted by the trust on behalf NHIS to the CCG. Whilst the CCG is using this credit to reduce the Trust's clinical income, the offsetting income is included within Other Operating Income (as it is technically non clinical income). As with the £2.26m of income from NHSE on behalf of the CCGs, recognised earlier in the year this income has to be accounted for as other operating income with an offsetting adjustment to clinical income. The overall impact to the Trust of these transfers is nil.
- If this technical adjustment is disregarded then clinical income is below plan by £0.49m in month but ahead of plan by £5.63m for the year as a whole. This is primarily as a result of continued non elective and outpatient growth.
- Core STF monies are below plan by £0.17m for the year due to non delivery of the July to October 2016 cancer trajectories.
- Incentive STP of £0.39m is due for being better than control total.
- Bonus STF monies are being notified to Trust's by NHSI on 24th April.