

Public Board Meeting Report

Subject: Single Oversight Framework Integrated Performance Report
Date: 30th March 2017
Authors: Victoria Bagshaw – 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, Roz Howie – Chief Operating Officer, Suzanne Banks – Chief Nurse

QUALITY, SAFETY AND PATIENT EXPERIENCE

MORTALITY

Table 1 indicates that HSMR and SHMI continue to show a downward trend and are both now showing that the mortality for Sherwood Forest NHS Foundation Trust is below the expected range. This has been a sustained period throughout 2016/17. Crude mortality has reduced and is now less erratic although the most recent data indicates high crude mortality but this is expected within the winter period.

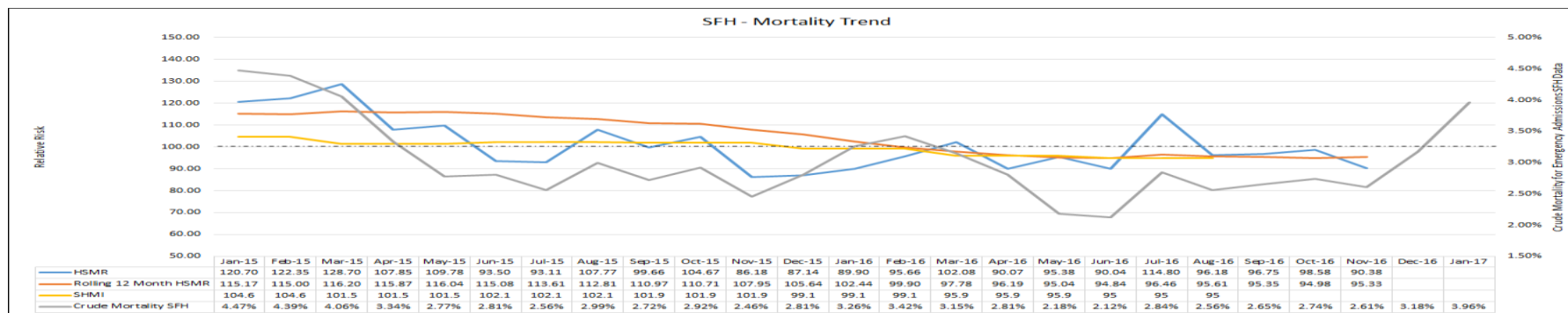


Table 2 below demonstrates the current position of the Trust compared to all acute providers

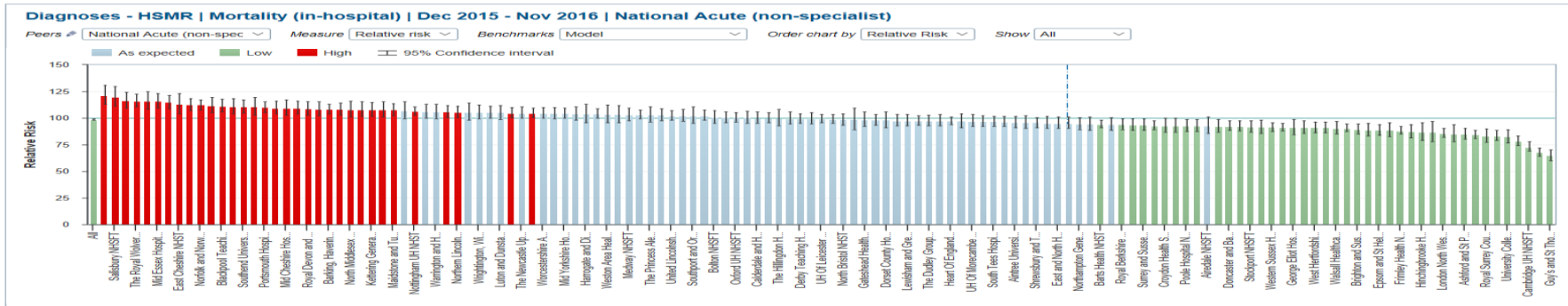
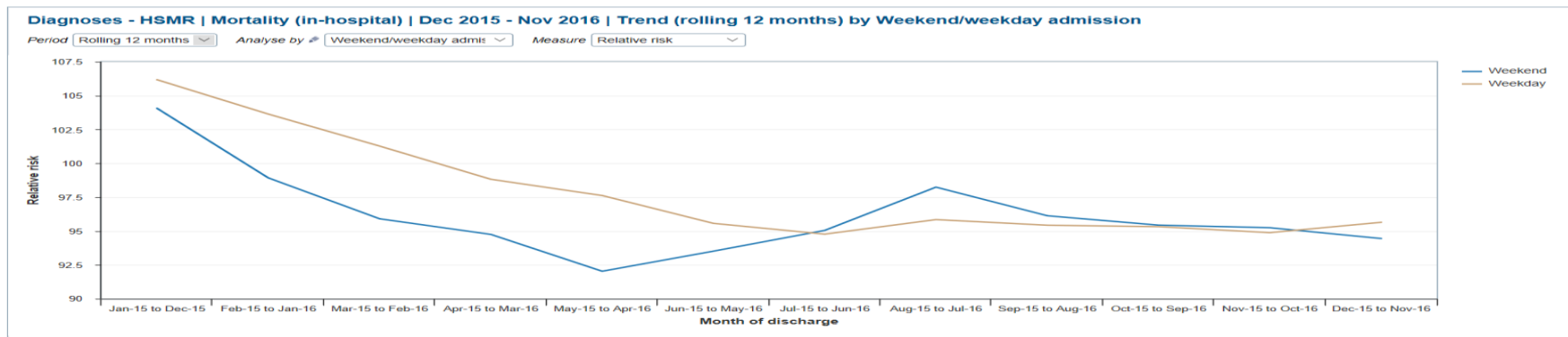


Table 3 indicates the Trust position in a selected peer group (the group has been selected by Dr Foster by similar size and demographic)



Nationally there remains concern and general acceptance that there continues to be a disparity between weekday and weekend mortality however assurance can be given to the Board that the work undertaken in recent years has significantly improved this position. Table 4 demonstrates that not only is the mortality for both weekday and weekend admissions reducing the variation between the two time periods is also reducing.

SAFER STAFFING - OVERFILL

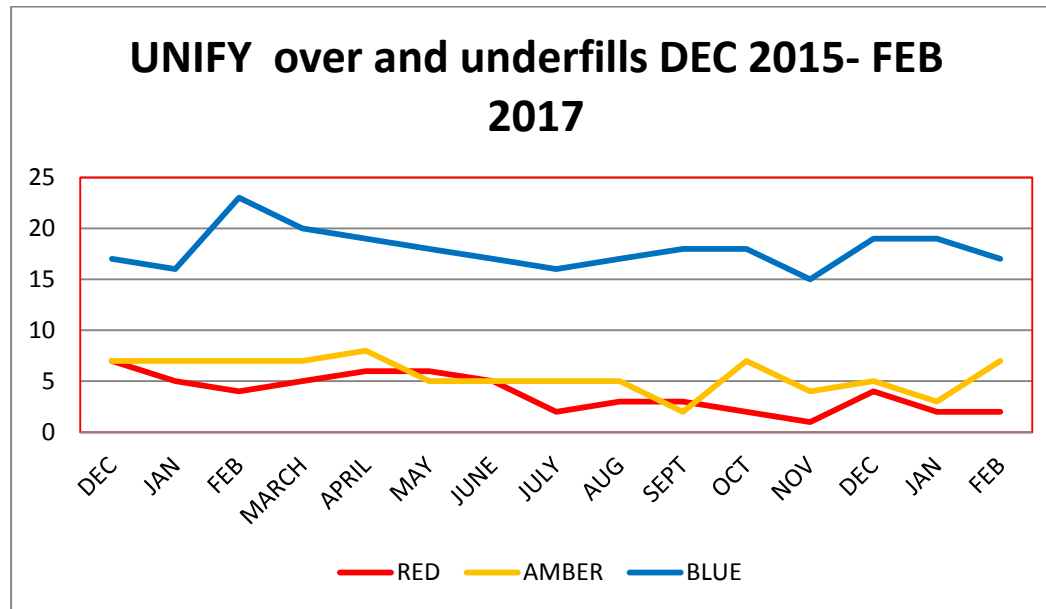
The detailed Safer staffing report is included in the supporting documents to this paper.

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

February saw 17 wards of the 29 areas monitored with an overfill. This figure was a decrease from January when 19 wards were identified and relate to both increased patient acuity and dependency and additional capacity related to the winter pressures. The overfills linked to unregistered staff are seen mainly within the medical division, although surgical wards on occasion require additional staff to support with increased dependency. Following introduction of the reviewed establishments it is anticipated to see a reduction to the blue overfills. The registered staff overfills occur minimally throughout the year and these relate to increased demand on services that have specific staffing level guidance such as ICCU/NICU and Maternity.

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 has 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 is leading this review.

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% in January. The trust continues to demonstrate an overall variation in the reduction of the percentage of falls per 1000 bed days. The current Trust figure for January 2017 is 6.36. The National average is currently 6.63. **Graph 1** and **Table 1** (below) shows the actual numbers of falls and the

percentage of falls calculated by the occupied bed days (OBD) as per the National Audit of Inpatient Falls criteria. The low harm included cuts, skin tears, bruises and fractured pubic rami.

Graph1.

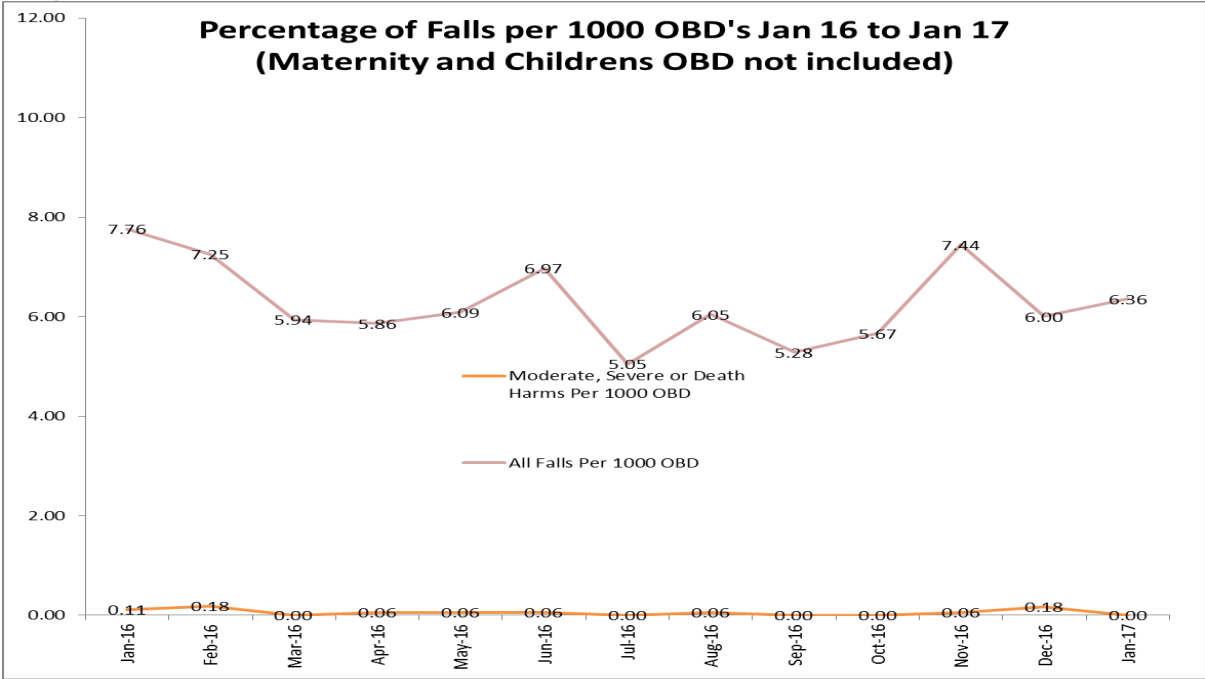


Table 1 below shows the number of falls by severity of harm over a 13 month period.

In-patient Falls by severity of harm	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
No harm Falls	111	95	86	90	83	89	64	73	72	73	106	82	94
Low harm Falls	17	20	19	8	13	21	18	26	12	19	15	17	20
Moderate harm Falls	1	2	0	0	0	0	0	1	0	0	1	2	0
Severe harm Falls	1	1	0	1	1	1	0	0	0	0	0	1	0
Total	130	118	105	99	97	111	82	100	84	92	122	102	114

Focussed work has been undertaken during the year to not only reduce patient harm from falls but reduce the numbers of patients who experience repeated falls (patients who fell more than twice). On analysis, in Quarter 1 there were 10 repeat patients fallers, in Quarter 2 there were 4, in Quarter 3 there were 7, and in January 2017 there have been 2.

It should also be noted that during this period ward 35/36 had extra bed capacity and Ward 21 opened up to full capacity. Sconce ward also had extra bed capacity.

HARM FREE CARE

The safety thermometer is designed to be reviewed 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 January 2017. The improvement in the rate identified in January from the preceding months, directly correlates with the reduction in harms from falls. The Trust continues to positively exceed the national threshold of 95%.

VTE

The proportion of eligible patients of eligible patients having a VTE assessment was below the target of 95% in January (94.6%). This may have been affected by a supply problem with the prescription charts which had reduced availability of the forms by which the VTE information is captured, this has now been resolved and this target has been met in 9 of the previous 11 months.

DEMENTIA SCREENING

Screening of eligible patients having dementia and the appropriate referral is nationally recorded information. Currently the Trust is screening above both the target and the nationally recorded average. The capture of this information is a labour intensive paper based system; this is being reviewed with consideration made how to transform this to an electronic data capture.

FRIENDS AND FAMILY TEST

Whilst the Accident & Emergency and inpatient 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 February 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.
- 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
- Senior team are contacting local Trusts to see if lessons can be shared about how FFT response rates have been improved

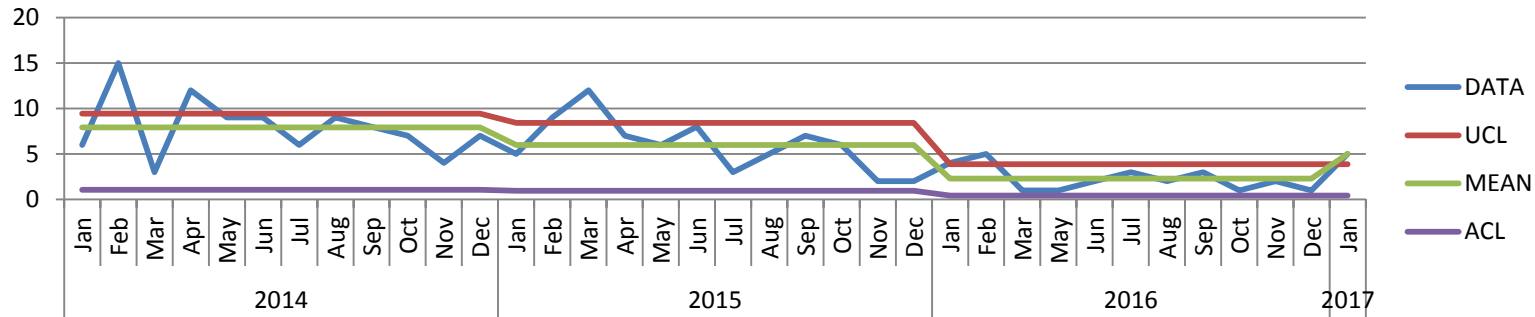
SERIOUS INCIDENTS – EXCEPTION REPORT

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

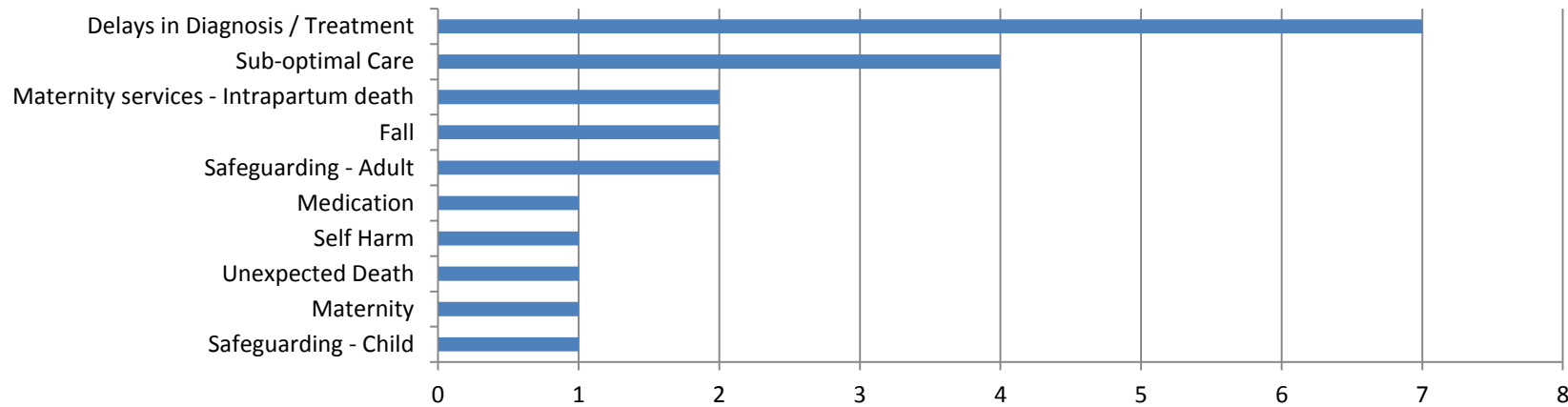
During the current financial year to date (Apr-16 to Jan-17) the Trust has declared 22 serious incidents in accordance with NHS England's Serious Incident Framework. The risk of exposure to serious incidents has been steadily reducing as the Trust has progressed on its improvement journey. Serious incidents 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 period¹.

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.

Serious Incident Frequency (By Incident Date)



SI's by Incident Type (Ranked by Frequency) 2016/17



Delays in Diagnosis/Treatment and Sub-optimal care account for half of all serious incidents in the current financial year to date. These incidents concern unexpected deaths, failure to follow up, and serious avoidable harms. The Trust has in place a comprehensive mortality review plan, where all deaths are examined to identify good care and opportunities for improvement. Mortality review is overseen by the Deteriorating Patient Group and Patient Safety & Quality Board. Three of the delays in treatment relate to Ophthalmology and the learning from these incidents informs a comprehensive Ophthalmology Improvement Plan. The Trust commissioned an independent peer review of the Ophthalmology service from the Royal College of the Ophthalmologists. This review took place on 9th March 2017. Initial immediate feedback from the Royal College confirmed the service is not a failing or an unsafe service; there is good team working and the challenges associated with capacity and demand is being managed better than most trusts. A full review report shall be made available in due course.

The Director of Quality Governance, Medical Director and Chief Nurse are reviewing serious incidents to refresh and triangulate the underlying causal factors and ensuring that coordinated action is directed through divisional action plans, and also more widely as part of the Quality Improvement Plan. The Director of Quality Governance will brief the Board on the nature and underlying causes of serious incidents following further analysis. The Board are advised that two Never Events occurred in January 2017. These matters related to: (i) a retained swab; and (ii) a misplaced nasogastric tube. Both cases have been thoroughly investigated, and action plans agreed and being implemented. The reports of those investigations are in the concluding stages of being signed off by the Executive and will be used as the basis for discussion with the patients involved.

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).

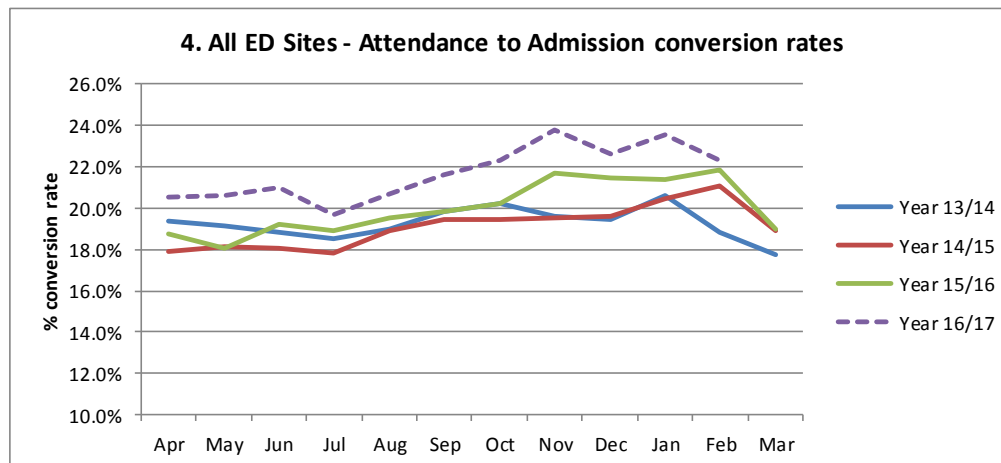
2. Context – ambulance handover delays

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 December 2016 (94.05%), January 2017 (92.32%) and February (94.44% - achieved 17 out of the last 20 days in February), to 19th March 2017 the Trust was achieving 95.71%. The Trust remains one of the top 10 across the country for performance over this period.

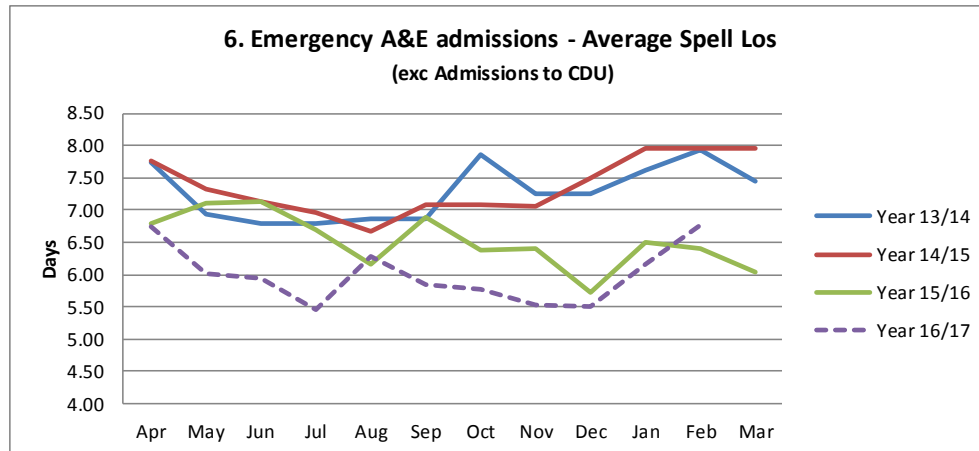
The Trust is continuing to work with health partners to develop the urgent care pathway and is supporting the ‘broadening of A&E oversight’ including improving pathways for the sickest patients, improving management of ‘high volume service users’ and improving out-of-hours working. Actions being undertaken include:

- Implementation of Tier 1-5 Medical Rota in ED which is resulting in better alignment of demand and capacity (Tier 1-4 implemented, Tier 5 in process of implementation)
- Implementation of ‘Ambscoring’ to maximise Ambulatory Emergency Care activity now complimented with Acute Ambulatory in-reach service to ED to support admission avoidance and improve patient flow.
- Target initiative for 25% of medical take to be seen through Ambulatory Care as per NHS England guidance
- New model for streaming patients (using learning from Luton model) - April 17
- Review of patients with over 10 day length of stay, concentrated effort on patients over 28 days within the organisation (decreased length of stay from 5.8 days in 15/16 to 4.8 days in 16/17).
- Implementation of SAFER bundle and improved board rounds
- Respiratory Assessment Unit implemented and further refined
- Rolled out, not yet embedded ‘red and green days’ across the organisation



Graph 1

Acuity has remained high in February as demonstrated by the continued attendance to conversion rates (see graph 1) and increased length of stay (graph 2).



Graph2

A number of actions have been put in place with local health partners to ensure continued resilience through winter:

- Attendance and admission avoidance strategies being implemented through the Better Together Alliance.
- EMAS conveyance rates discussed with CCG.
- As part of the winter planning, staffing increased in AECU to reduce admissions into the main organisation.
- Extra capacity being utilised at Newark and at KMH to sustain flow reduced towards the end of February.

High numbers of ambulance conveyances continued into February. There have been challenges with the batching of ambulances and out of hours including weekends. A number of actions have been put in place to mitigate these

- Daily review of all ambulance waits over 30 minutes by Head of Service
- Additional staffing resource put into ED to support handovers on an evening
- Improved outflow with resilient winter pressures plan in place
- 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
- Proposal to pilot ED streaming model 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

NUMBER OF CASES EXCEEDING 52 WEEKS REFERRAL TO TREATMENT

Context

Since October 2015, the RTT (Referral to Treatment) 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 target of 92% under 18 weeks). Any patients exceeding 52 weeks are reported.

Four patients breached 52 weeks:

Vascular Patient 143 weeks: Inter-provider Transfer (IPT) data quality issue. Referred to NUH 3rd June 2014 for treatment, identified 20th February 2017 that NUH don't have the patient on their system. Patient treated 3rd March 2017, no harm.

General Surgery patient 94 weeks: Patient listed as a surveillance patient, previously treated. Referral was not made and patient not added to the waiting list for 1 year surveillance. Patient listed for 27/2/17, DNA'd - relisted for 6/3/17, attended and clock stopped, RCA underway pending biopsy to assess harm.


Urology Patient 70 weeks: Inter-provider Transfer data quality issue. 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, FU booked 17th March 2017. Harm Proforma ready for completion, specialty initially thinks low harm but FU apt needed to confirm.

Respiratory 55 weeks: Referred for sleep study 17th March 2016, capacity issues in specialty resulting in delay, follow up appointment 28th September - DNA'd, rebooked 18th January 2017 (unable to bring forward due to capacity). Patient requires actigraph, booked 15th February 2017. CPAP treatment 8th March 2017. No Harm.

A RTT action plan is being developed to further mitigate 52 week breaches focusing on:

- Ensure robust collection of RTT status at all stages of the patients pathways 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.


Theme around IPT's has prompted a review of all IPT's and expectations of process letter sent to NUH and DRH.

Target	February	YTD	Forecast
0	3		March 
Expected date to achieve standard			April 17
Lead Director			Roz Howie

31 DAY 1ST TREATMENT – DECISION TO TREAT TO 1ST DEFINITIVE TREATMENT

Context – Patients should wait no more than 31 days from the decision to treat to the start of their first treatment. It is also expected that any subsequent surgical, drug or radiotherapy treatments will be delivered within 31 days.


January performance relates to 6 breaches. 3 patients chose to delay their pathways due to Christmas.

Target	December	YTD	Forecast
96%	95.1%		February 
Expected date to achieve standard			February 2017
Lead Director			Roz Howie

31 DAY SUBSEQUENT DRUG - DECISION TO TREAT TO SUBSEQUENT CANCER TREATMENT

Context - Patients should wait no more than 31 days from the decision to treat to the start of their first treatment. It is also expected that any subsequent surgical, drug or radiotherapy treatments will be delivered within 31 days.

Projecting 98.6% in Quarter 4, January performance relating to 1 breach which was due to patient choice of treatment date.

Target	December	YTD	Forecast
98%	95.2%		February 
Expected date to achieve standard			February 2017
Lead Director			Roz Howie

Note all other cancer targets achieved in January.

Projected to recover both the above targets in February, March and subsequently quarter 4. Risk in Quarter 4 is the delivery of 62 day referral treatment to 1st definitive treatment due to projected March performance, currently projecting 79.7% (12.5 accountable breaches).

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 February to 4.05%, (January 4.36%). However, it is unlikely that the 3.5% target will be met in the final quarter of 2016/17, although continued reduction is expected.

HR Business Partners are working proactively with managers across divisions to apply the policy and manage absence. Since the start of the year managers are asked to sign the notes from meetings to confirm the information recorded is correct, and assurance over the actions agreed.

Managers are encouraged to keep in touch with employees during sickness absence and to reassure staff who are off long term of support on their return.

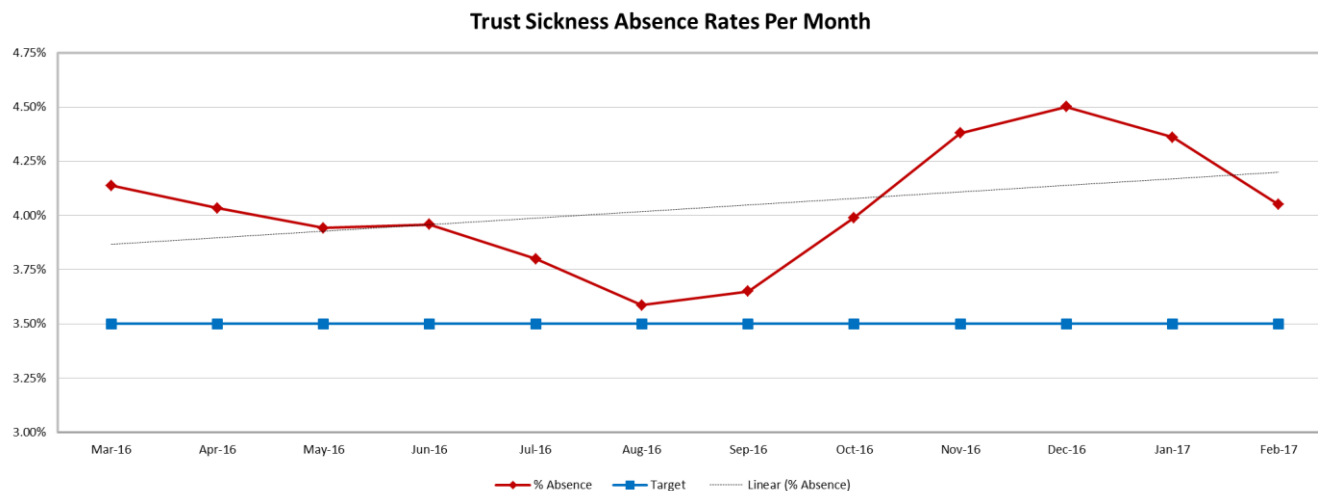
Reasonable adjustments are explored more creatively, occupational health advice is considered and where possible implemented to support an early return to work. Resilience is discussed and how employees are maintaining their own well-being, and lifestyle choices. .

Cases are being dealt with through a formal process; this is a significant increase since the turn of the year and has been a main focus of the HR department during the winter period.


A Happy Healthy Here campaign is about to be launched across the Trust which will include a Trust wide poster campaign and employee booklet that will be distributed across all sites.

TRUST WIDE SICKNESS ABSENCE

Overall sickness levels decreased by 0.31% in month to 4.05% (January, 4.36%). Short term sickness increased by 0.07% (2.53%) and long term sickness decreased by 0.38% (1.52%).



Absence rates in February 2017 were 4.05%. This was 0.28% lower than the absence rate in the same month a year ago.

Target	YTD	Forecast
≥3.5%	4.05%	February 
Expected date to achieve standard	May 2017	
Lead Director	Julie Bacon	

STAFFING:

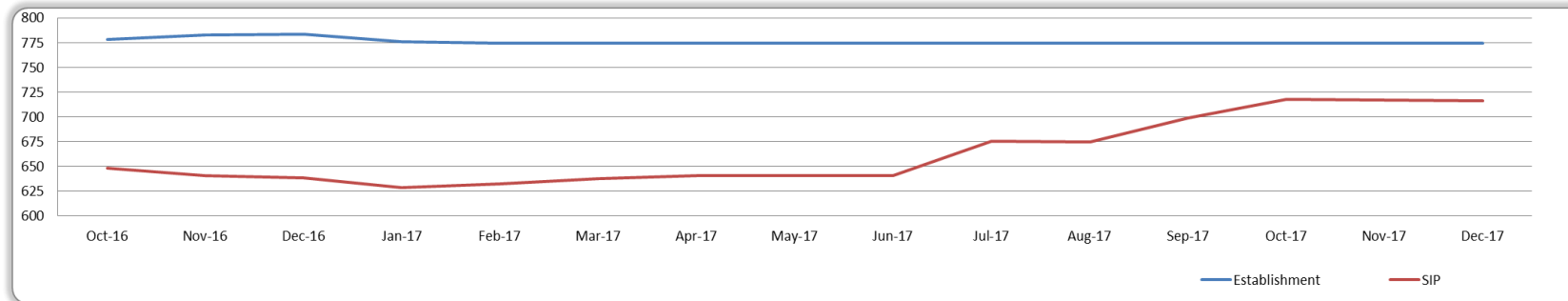
This table shows the net position with staff in post against establishment in February 2017 across the Trust:

	Feb-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	1110.95	1029.94	1267	81.01	7.29%	10.45	9.50	0.92%	31
Allied Health Professionals	213.78	202.84	251	10.94	5.12%	2.00	2.00	0.99%	6
Ancillary	38.46	37.27	43	1.19	3.09%	0.00	0.00	0.00%	1
Medical & Dental	481.84	416.69	435	65.15	13.52%	4.00	0.00	0.00%	15
Registered Nurse - ALL Bands	1368.94	1165.72	1365	203.22	14.85%	15.11	15.47	1.33%	24
Scientific & Professional	216.57	186.69	201	29.88	13.80%	2.00	1.80	0.96%	1
Technical & Other	267.97	246.68	306	21.29	7.94%	6.01	1.80	0.73%	4
Unregistered Nurse	549.25	569.28	667	-20.03	-3.65%	10.60	4.99	0.88%	4
Total - Trust	4247.76	3855.11	4535	392.65	9.24%	50.18	35.56	0.92%	86.00
Band 5 Registered Nurse Only operating line *	774.71	632.48	749	142.23	18.36%	11.70	3.50	0.55%	14

*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.

There were 35.56 FTE leavers excluding rotational doctors compared to 50.18 FTE starters, the turnover rate remained at 0.92% in February, (January 0.92%) which remains below the 1% threshold.

Band 5 registered nurses (RN) trajectory:



Of the 10 (8.34WTE) RNs who left in February, three were retirements, two were relocations, one for health reasons, one for childcare reasons and three left to move to other Trusts.

The Assessment Days for Healthcare Support Workers have enabled all Virtual Ward posts to be filled. Future days will be held to backfill any gaps resulting from any movement from the Virtual Ward to fill vacancies in wards and departments.

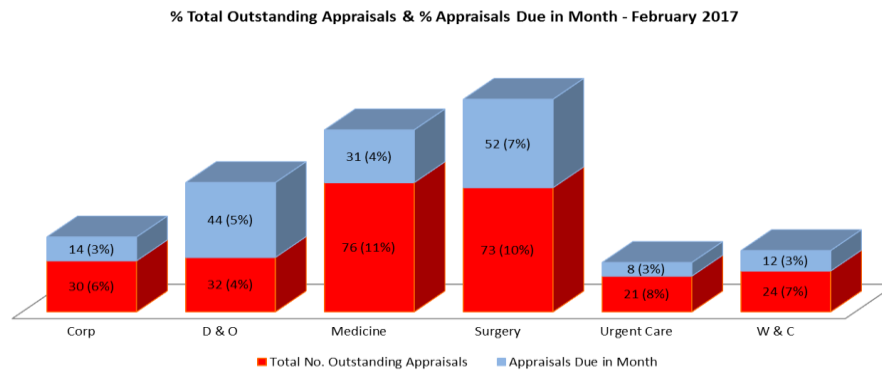
The bespoke social media recruitment campaign for Band 5 nurses which took place for Ward 23 resulted in two appointments being made, whereas previously they had no applicants.

Work is almost complete on the new recruitment branding and a bespoke recruitment microsite is being built. As part of this new branding a postcard has been developed which will be sent out to new recruits at key intervals to keep them 'warm' before they start i.e. we are making plans for your first day/ we are looking forward to you starting.

APPRAISAL:

Trust wide appraisal compliance was 93% for February 2017 remaining the same as January 2017 (93%). The Trust appraisal compliance target is 98%. Although appraisal is not quite up to standard, it is remaining fairly constant and is only 2% away from the new April target of 95%.

There were 256 (7%) appraisals required in February to reach 100%. However there were also an additional 161 (5%) appraisals due to be completed which expired in month, a total of 417 (12%) required to be completed in February 2017. These were spread across the Divisions below:



TRAINING AND EDUCATION

Mandatory training remained static at 92% in February; this is the fourth month in a row at this rate. This is continuing to exceed the target of 90% (92% with a 2% tolerance).

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

FINANCE REPORT

Financial performance compared with plan remains good. The Trust is £0.48m ahead of its YTD control total excluding LTP costs. Capital expenditure is £0.93m behind plan and is forecast to be £0.24m less than the NHSI capital review control total at year end as agreed with NHSI when accessing cash. The Trust continues to forecast achievement of its control total and as a result is forecasting receipt of an additional £0.50m of STF incentive funding.

	Feb In-Month			Year to Date			Annual Plan £m	Forecast £m	Forecast Variance £m
	Plan	Actual	Variance	Plan	Actual	Variance			
	£m	£m	£m	£m	£m	£m			
Surplus/(Deficit) - Control Total Basis	(3.20)	(3.48)	(0.28)	(55.33)	(48.59)	6.74	(57.02)	(50.29)	6.73
Long Term Partnership (LTP)	(0.16)	(0.11)	0.05	(15.72)	(9.46)	6.26	(15.88)	(9.63)	6.25
Surplus/(Deficit) - Excluding LTP - Control Total Basis	(3.04)	(3.37)	(0.33)	(39.60)	(39.12)	0.48	(41.14)	(40.66)	0.48
Use of Resources Metric YTD				3	3		3	3	
CIPs	1.33	1.40	0.07	11.27	12.50	1.23	12.60	13.47	0.87
Capex (including donated)	0.57	0.44	(0.13)	8.83	7.90	(0.93)	9.53	9.29	(0.24)
Closing Cash	1.45	1.45	(0.00)	1.45	1.45	(0.00)	1.45	1.45	0.00
Agency Cap - Excluding LTP	(1.39)	(2.19)	(0.81)	(16.55)	(25.91)	(9.36)	(17.91)	(28.18)	(10.27)
Better Payment Practice Code - (Value / Number)		92.0% / 92.8%			93.3% / 89.4%				

- In month, excluding LTP, the Trust is £0.33m worse than plan. YTD the control total deficit is £39.12m, £0.48m ahead of plan (on control total basis).
- YTD Long Term Partnership costs are £9.46m, £6.26m 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 £12.50m against plan of £11.27m.
- Capex expenditure position was behind plan in February with an in month spend of £0.44m, cumulatively capex is now £0.93m behind YTD plan. Following deferment of non committed schemes to 17/18 by NHSI, capex is forecast to be £0.24m below plan at year end.
- Closing cash at 28th February was on plan at £1.45m.
- Agency cap excluding LTP costs - YTD agency spend totalled £25.91m against the cap of £16.55m.
- BPPC YTD performance is 93.3% by value of invoices paid and 89.4% by number of invoices paid, within 30 days.

The Trust is ahead of its planned deficit by £0.48m at the end of February excluding LTP, driven by income over-performance and CIP delivery. This is £0.15m better than forecast in month. Including LTP costs the Trust is £6.74m ahead of plan.

	Feb In-Month			Year to Date		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Clinical Income	18.81	19.93	1.12	216.03	219.92	3.88
STF	0.86	0.54	(0.32)	9.44	8.95	(0.49)
Other Operating Income	2.99	3.03	0.04	32.55	34.43	1.88
Total Operating Income	22.66	23.49	0.84	258.02	263.30	5.27
Pay	(15.81)	(16.34)	(0.52)	(176.43)	(178.48)	(2.05)
Non Pay	(7.66)	(8.12)	(0.46)	(110.02)	(106.24)	3.78
EBITDA	(0.82)	(0.96)	(0.14)	(28.43)	(21.42)	7.01
Operating Costs Excl. from EBITDA	(0.83)	(0.88)	(0.05)	(9.10)	(9.52)	(0.42)
Non Operating Income	0.00	0.07	0.07	0.02	0.05	0.04
Non Operating Expenditure	(1.55)	(1.71)	(0.16)	(17.88)	(17.76)	0.12
Surplus/(Deficit)	(3.20)	(3.49)	(0.28)	(55.38)	(48.64)	6.74
Technical Adjustments to Control Total	(0.01)	(0.01)	0.00	(0.06)	(0.06)	0.00
Surplus/(Deficit) - Control Total Basis	(3.20)	(3.48)	(0.28)	(55.33)	(48.59)	6.74
Long Term Partnership	(0.16)	(0.11)	0.05	(15.72)	(9.46)	6.26
Surplus/(Deficit) - Excluding LTP - Control Total Basis	(3.04)	(3.37)	(0.33)	(39.60)	(39.12)	0.48

Operating statement identifies:

- The Trust has received £2.26m of income from NHSE on behalf of the CCGs, which has been transferred to them. This income has to be accounted for as other operating income with an offsetting adjustment to clinical income. The overall impact to the Trust is nil.
- If this technical adjustment is disregarded then clinical income is above plan by £1.12m in month and ahead of YTD plan by £6.14m. This is primarily as a result of continued non elective and outpatient growth.

- STF monies are below plan by £0.32m in month and £0.49m YTD due to non delivery of the A+E 4 hour and cancer trajectories. The Trust will appeal A+E 4 hour monies based on increase in numbers and acuity of patients, this has not been assumed to be successful due to high uncertainty.
- The valuation agency has reviewed and increased the rateable value of the Trust's estate wef 1/4/15. The YTD position includes additional expenditure of £0.25m for 15/16 and £0.23m for 11 months of 16/17. This is being disputed.

The forecast at M11 is £0.48m ahead of control total (excluding LTP), this includes £0.50m of STF incentive monies. Total costs for LTP are forecast to be £6.25m less than the £15.88m control total.

	Forecast Outturn		
	Plan £m	Actual £m	Variance £m
Clinical Income	236.75	241.24	4.49
STF	10.30	10.31	0.01
Other Operating Income	38.31	37.68	(0.63)
Total Operating Income	285.36	289.23	3.86
Pay	(193.07)	(194.87)	(1.80)
Non Pay	(119.87)	(115.01)	4.86
EBITDA	(27.58)	(20.66)	6.92
Operating Costs Excl. from EBITDA	(9.92)	(10.44)	(0.51)
Non Operating Income	0.26	0.14	(0.12)
Non Operating Expenditure	(19.84)	(19.53)	0.31
Surplus/(Deficit)	(57.08)	(50.49)	6.59
Technical Adjustments to Control Total	(0.06)	(0.20)	(0.14)
Surplus/(Deficit) - Control Total Basis	(57.02)	(50.29)	6.73
Long Term Partnership	(15.88)	(9.63)	6.25
Surplus/(Deficit) - Excluding LTP - Control Total Basis	(41.14)	(40.66)	0.48

- The overall forecast outturn is £0.48m better than plan on a control total basis. This reflects the reduction of £0.31m in forecast STF income.
- STF income is forecast to be £0.01m above plan at year end, this comprises STF incentive monies of £0.50m offset by non achievement of 4 months of the cancer target £0.17m (Jul to Oct) and 3 months of A+E £0.32m (Dec, Jan and Feb).
- The forecast outturn ranges from £2.9m worse to £2.7m favourable to control total. The downside risk relates principally to commissioners non-payment and the loss of STF for ED performance and financial performance. The upside opportunity is principally additional STF incentive monies and release of provisions against commissioners' coding and counting challenges.