

Public Board Meeting Report

Subject: Single Oversight Framework Integrated Performance Report
Date: 28th July 2017
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QUALITY, SAFETY AND PATIENT EXPERIENCE

Same sex accommodation

The Trust remains compliant, reporting no same sex **Same sex accommodation**

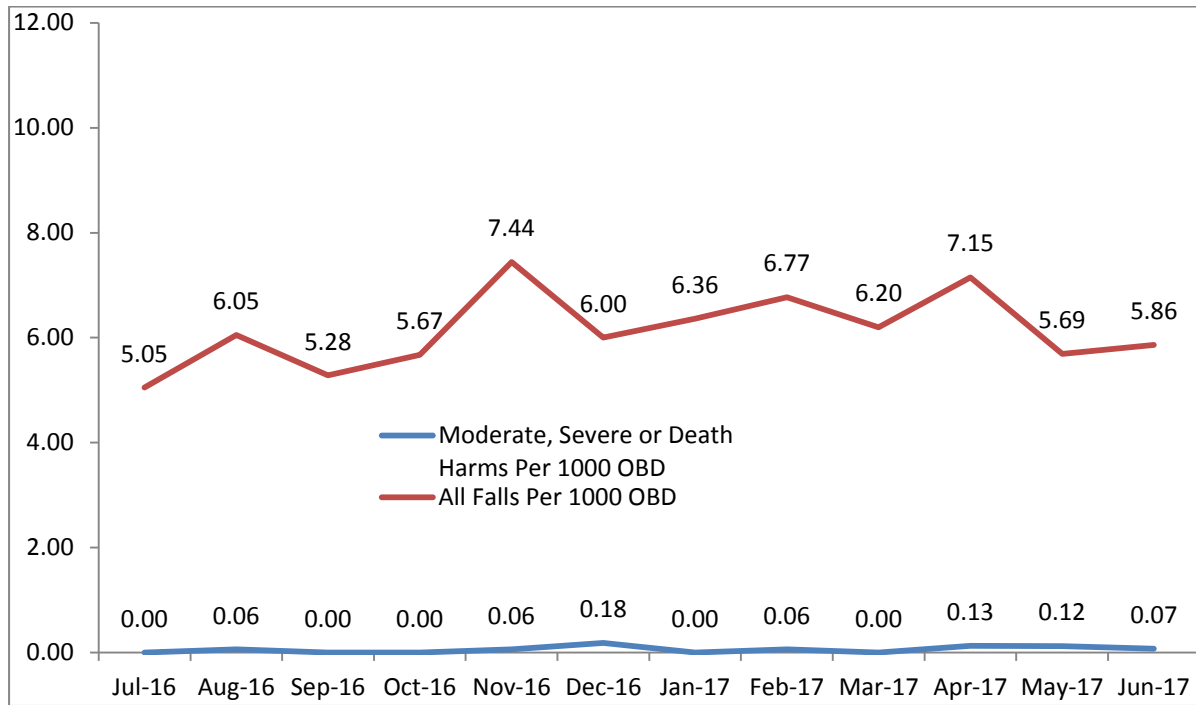
The Trust remains compliant, reporting no same sex accommodation standards breaches in June 2017.

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 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 June 2017 is 5.86, compared to the national average of 6.63.

Percentage of falls calculated by the Occupied Bed Days (OBD) July 2016 to June 2017 (Maternity and Children's OBD not included)



In May the total number of reported falls was 93 in June the total number reported was 83. This represents a downward trend over the last 6 months.

Number of falls by severity of harm over a 13 month period

In-patient Falls by severity of harm	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
No harm Falls	83	89	64	73	72	73	106	82	94	89	90	98	79	70
Low harm Falls	13	21	18	26	12	19	15	17	20	18	14	14	12	12
Moderate harm Falls	0	0	0	1	0	0	1	2	0	1	0	2	2	1
Severe harm Falls	1	1	0	0	0	0	0	1	0	0	0	0	0	0
Total	97	111	82	100	84	92	122	102	114	108	104	114	93	83

In May the total number of reported falls was 93 in June the total number reported was 83. This represents a downward trend over the last 6 months.

There was one patient fall resulting in moderate harm reported on Woodland ward, this was STEIS reportable. A female patient fell backwards in a toilet when pulling on a door handle which came away in her hand. The lady sustained a head injury- bilateral subdural haemorrhage and has subsequently died. This has been escalated to estates to check all door handles and is the subject of a RIDDOR and external investigation.

Focus continues on reducing number of patients who have repeated falls. In May, 24 patients were reported to have fallen more than once; and 15 patients were reported in June. Focus work includes:

- Focus at the July Falls and Safety Group to agree the multi-disciplinary work to be undertaken
- Themes and trends around repeat falls to be reported and analysed
- External networking and learning with other organisations to enable sharing of good practice and improvements.

Harm Free Care

The harm free care rate measured through the national safety thermometer continued to show an overall positive trend over the 12 month period to May 2017. The Trust continues to positively exceed the national threshold of 95%. Work is planned to review the methodology in

August and consider improvements for capture of safety thermometer data and understand how teams can better engage with the information to drive improvements.

VTE

The Trust is not currently meeting this standard (92.8% against a standard of 95%). This is a 'safety-critical' indicator. A specific focus has been taken by Patient Safety and Quality Board and further reviews undertaken to better understand the issues, which includes;

- A number of records contained the file copy of the VTE risk assessment form (suggestive that the top copy has been mislaid in the clinical areas). Of these, some were completed and others were left blank.
- Whilst the audit copy of the VTE risk assessment forms may not have been completed within the 24 hour time period or are missing, all records reviewed show that the clinicians are assessing the patients and initiating VTE prophylaxis in accordance with Trust guidance.

This is being addressed more directly as part of Divisional Performance Reviews.

Dementia Screening

Patients are screened using the Abbreviated Mental Test Score (AMTS). Currently the Trust is screening 97.9% of eligible patients (May 2017); this is above the target (>90%). During July, the ED documentation has been amended to include the dementia case finding question. The Dementia Lead Nurse, Lead Clinician for Dementia and the GSU are reviewing the data information capture and methodology with improvements planned to occur during August.

Friends and Family Test

The FFT data for June shows a marked increase in the response rate trust wide, in particular the Emergency Department with a 7% increase. The Patient Experience Team continue to work closely with the Divisions to understand the reported data and share with the relevant wards and departments to share best practice and understand how areas can be improved. The 'Linked Actions' function in Meridian is to be activated for patient feedback in September; an identified person (usually the ward or department Str/ChN) is informed when a negative comment has been received to enable timely response. Training is planned to support this functionality.

Clostridium Difficile

All healthcare associated infections are carefully monitored and managed in line with national and local guidance. There were three cases of Clostridium Difficile infection (CDI) in June, a total of 7 cases in Quarter 1 of 2017/18. This is well within the objective set by NHS England. The international shortage of piperacillin-tazobactam (used in treatment of sepsis and severe sepsis) has required a change in antimicrobial regime. The IPCT are monitoring all new CDI cases to identify if the changing antimicrobial regime is impacting upon rates; at present this is not the case.

Tissue Viability

The Trust has seen an increase in avoidable hospital acquired pressure ulcers in 2017, peaking in May 2017.

Avoidable Hospital Acquired Pressure Ulcers 2017/18			
	April	May	Total
Grade 2	4	5	9
Grade 3	0	2	2
Total	4	7	11

All avoidable hospital acquired pressure ulcers have been investigated; areas for learning and improvement have been identified with the key themes and trends being: Registered Nurses (RN) assessing patient's pressure areas; HCSW and temporary staff escalating concerns to the RN and/or Nurse in Charge; checking patient's heels under bandages, seeking tissue viability advice, ensuring photographs and wound swabs are taken, improving communication between shifts.

Immediate actions taken include:

- Tissue damage information presented to the Patient Safety and Quality Board, Divisional Performance Meetings, Nursing & Midwifery Board
- Heads of Nursing to complete a robust improvement action plan with individual Matrons. This will be monitored by the Tissue Viability Consultant Nurse.
- Matrons to review the Tissue Viability Ward Report monthly
- Tissue Viability posters are being updated and relaunched on wards and departments
- Tissue Viability Team are coordinating a 4 week pressure ulcer campaign focusing on ward based learning for all disciplines of staff and incorporating a **STOP THE PRESSURE** competition where wards and departments are encouraged to provide a display or poster relating to pressure ulcer prevention in their clinical area

R2G – why it's important, the challenge and where we are with it

'Patient's time is the most important currency in healthcare' stated Professor Brian Dolan, and this is the reason that the Chief Nurse and her team have taken up the challenge to train 1000 staff in the next 100 days. Red2Green; Last1000days and EndPJParalysis are challenges within the wider NHS and the training and education aims to generate ownership and win hearts and minds of our staff working at Sherwood Forest Hospitals NHS FT to always consider our patients time as a priority.

The challenge faced in rolling out this work include that our staff were initially cautious of the relevance of Red2Green, Last1000days and EndPJParalysis within the non-clinical areas, but the message is spreading through the Trust, and staff from all areas are attending. Most training sessions are 'standing room only'.

Day 21 of the 100 day campaign, the current number of staff who have received their training is 482 staff (48.2%). Further training sessions are planned throughout the summer culminating on Day 100 (24th October) with an in-house workshop lead by Professor Brian Dolan.

Safer Staffing

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 aspects including 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. July has seen a detailed review of this process with addition actions planned to ensure patients continued to be cared for safely whilst optimising staffing.

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).

Graph 1. Staffing over and under-fill captured through the Unify report

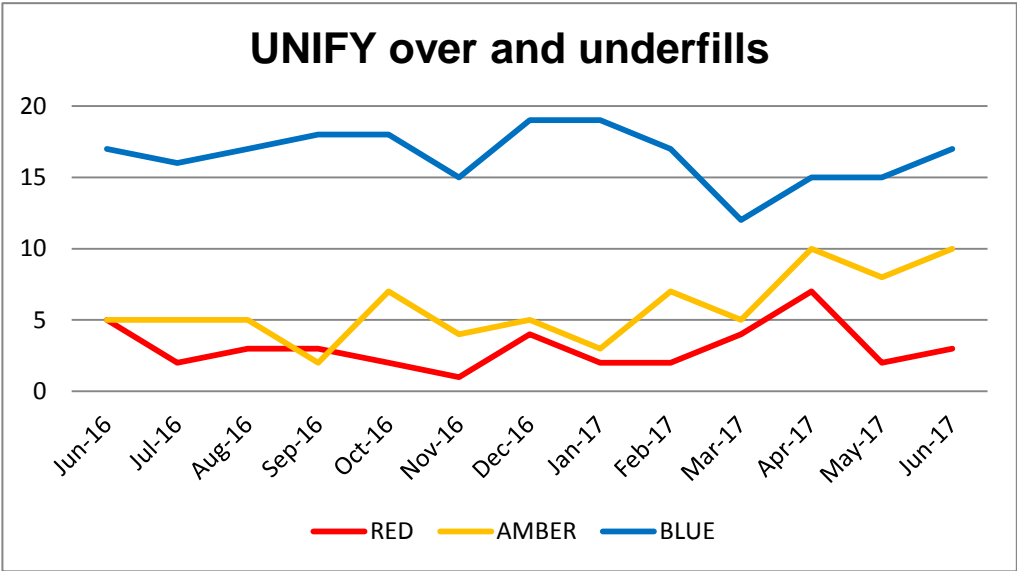


Table 1. Volume of wards identifying under and over-fill staffing levels.

	RED	AMBER	BLUE
Jun-16	5	5	17
Jul-16	2	5	16
Aug-16	3	5	17
Sep-16	3	2	18
Oct-16	2	7	18
Nov-16	1	4	15
Dec-16	4	5	19
Jan-17	2	3	19
Feb-17	2	7	17
Mar-17	4	5	12
April-17	7	10	15
May-17	2	8	15
June-17	3	10	17

The continued focus on the usage of temporary staffing, reducing agency spend specifically related to Thornbury usage and more effective deployment of the virtual ward to ensure safer staffing has had a positive impact without impacting on the safe care of patient related to staffing.

OPERATIONAL STANDARDS

- 1. **Emergency Access**
- 2. **Ambulance handover delays >30 minutes and >60 minutes**

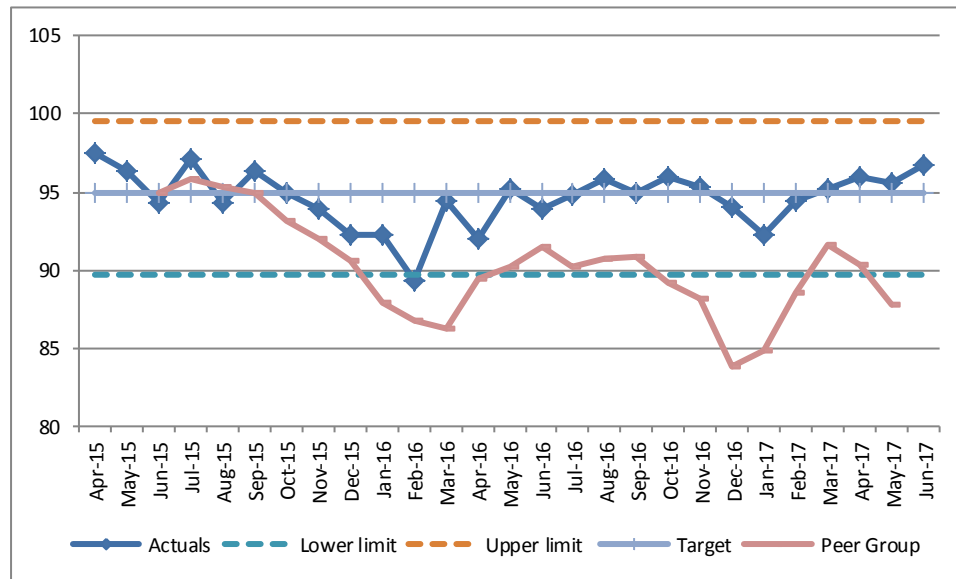
1. Context – Emergency Access

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).

The Trust has achieved the four-hour emergency care standard for four consecutive months, achieving 96.67% in June. Q1 was achieved at 96.04%, 2.03% higher than Q1 (93.74%) 16/17. As of 20th July the Trust is achieving 94.27%.

Graph 1 below shows SFH performance compared to peer group.

Emergency access within four hours



Graph 1

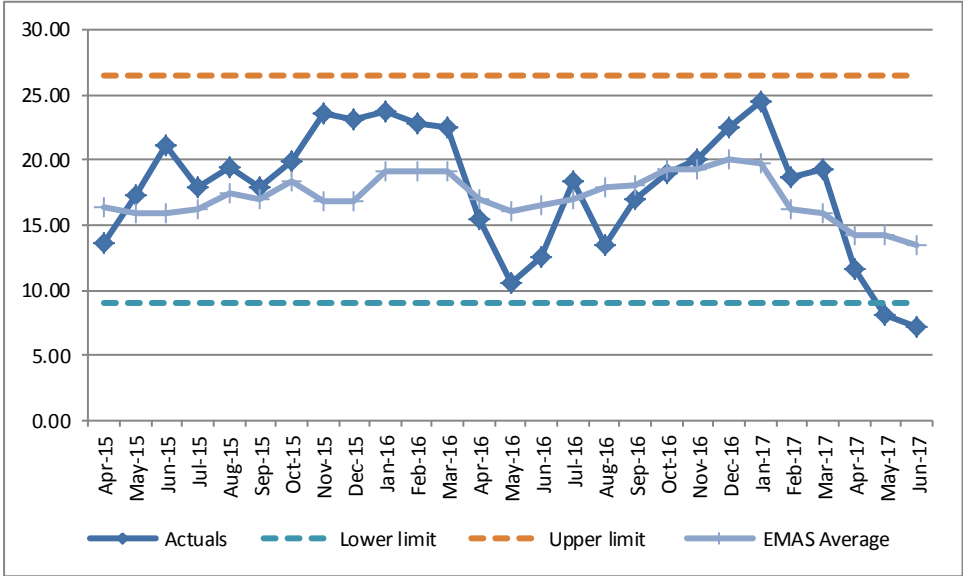
2. Context – ambulance handover delays

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

As a consequence of improving flow, ambulance turn-around times are improving (see graphs 2 and 3) 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

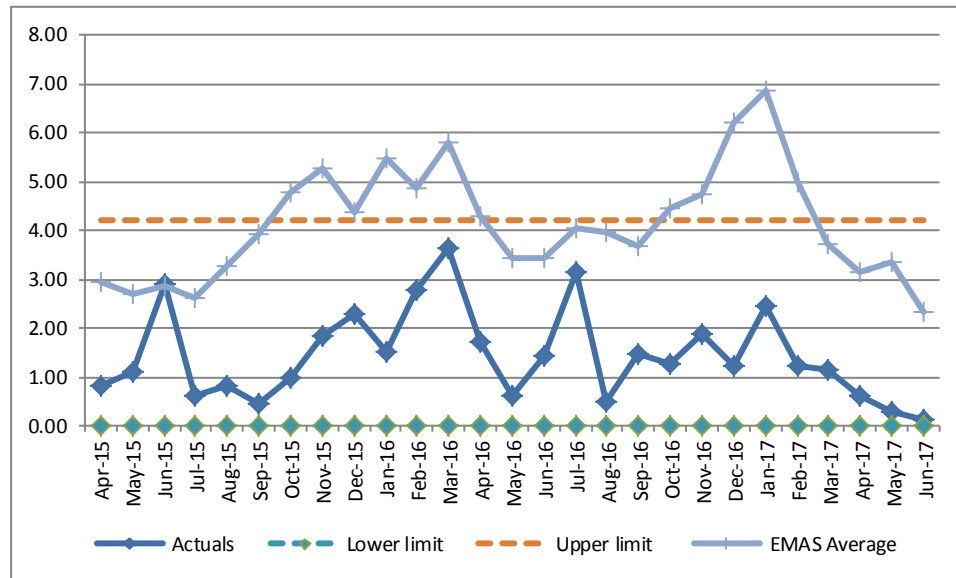
Emergency Department (ED) attendances and ambulances. In addition, the handover standard is difficult to achieve due to the presenting patient condition, for example infectious patients may be held in the ambulance until an isolation area is available. The 2 graphs (graph 2 and 3) below clearly show SFH performs well in comparison to EMAS average in handing over a patient from an ambulance to an ED within 30 and 60 minutes.

Ambulance handover > 30 minutes



Graph 2

Ambulance handover > 60 minutes



Graph 3

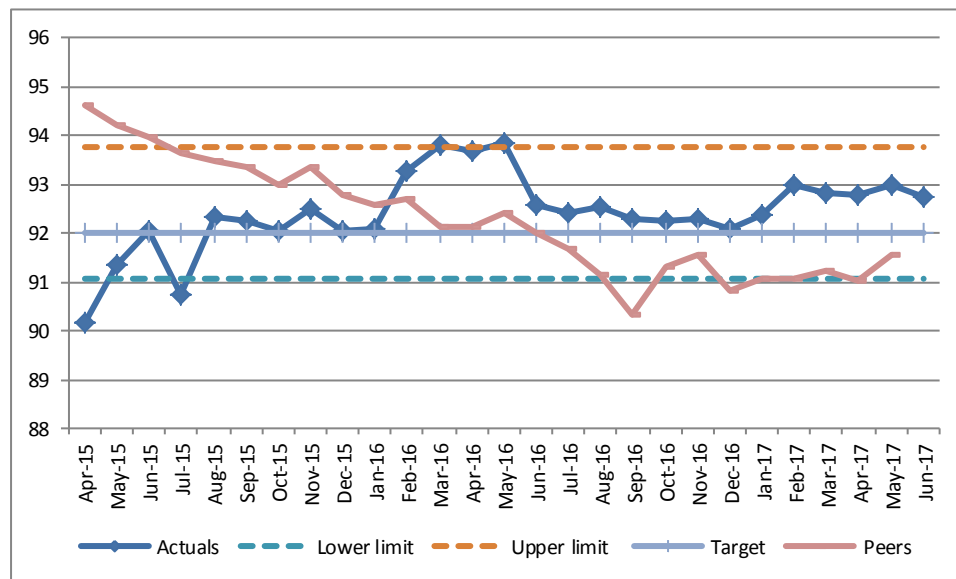
Actions continue to reduce ambulance turnaround times:

- Daily review of all ambulance waits over 30 minutes by Head of Service.
- Improved enhanced streaming of patients with greater presence of ED consultants
- Implementation of transfer team 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 continues. Decision expected by 24th July with regards to substantive funding of service.
- 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.

3. RTT - Context

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). Overall, the Trust is achieving the standard at **92.73%**. However as part of the single oversight framework (SOF) the Trust reports on specialties failing RTT incomplete and any patient who exceeds RTT waits of more than 52 weeks.

18 weeks referral to treatment time - incomplete pathways



Graph 4

a) Number of Specialties not achieving RTT incomplete

The Trust is failing the standard in six specialties and is likely to continue to fail in a number of these specialties for a number of months as the actions required to ensure sustainability require: workforce, system wide or partnership solutions.

Specialty	Current Performance	Reason	Actions	Forecast Delivery
Urology	89.33%	Lack of manpower	<ul style="list-style-type: none"> Partnership working clinical model approved and joint post recruited to. Risk – Derby giving SFH notice of intent to withdraw support from 2 clinics. 	August 2017
Dermatology / Plastic Surgery	90.82% / 89.66%	Lack of manpower	<ul style="list-style-type: none"> Closed to routine referrals Contact made with DHU / Sheffield to see if support could be provided but all Trusts in a similar position. Source additional locum / ad hoc sessions to provide more capacity Look to recruit substantive staff members Set up weekly capacity meetings with nurses, waiting lists clerks, cancer team and clinical leads to better manage escalate potential breaches Micromanagement of service from Operations Team 	Jul 2017
Neurology	91.99%	Lack of manpower	<ul style="list-style-type: none"> Partnership working clinical model approved 	Feb 2018
Cardiology	91.98%	Lack of manpower	<ul style="list-style-type: none"> Recruitment Review of new to follow up ratios Review of DNA and utilisation rates Additional locum recruited 	Jul 2017
Other	89.21%	Lack of manpower (Diabetes and Endocrinology)	<ul style="list-style-type: none"> Conversion of new and F/U slots agreed with Consultants Advertising Locum Consultant posts / ongoing 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 for a number of months due to the ongoing validation of all clock stops.

Reported Last Month – Not Yet Treated

1 x Ophthalmology - 103 weeks. *Identified through validation.* Patient requires cataract surgery, date for treatment (TCI) 26 July 2017 due to patient being unsure whether to proceed (4 weeks thinking time) and cancelling TCI 25 May 2017.

1 x Gastroenterology - 57 weeks

Patient seen in outpatients, had ultrasound 16/6 and Multidisciplinary team (MDT) 23/6 discussion. Vascular MDT advised no abnormalities, patient discharged 5 July 2017.

New Patients

1 x Ophthalmology - 98 weeks. *Found through validation.* Attended 7 July 2017 – offered TCI date of 27 July 2017, awaiting patient confirmation.

1 x ENT - 67 weeks. *Found through validation as incorrect stop.* Patient did not respond to letter in August 2016 regarding surgery, incorrect stop applied. TCI date 3 August 2017 cancelled by patient, patient requests TCI after 18 August with 4 weeks' notice. New date to be confirmed.

An RTT action plan has been implemented to further mitigate 52 week breaches, on-going actions include:

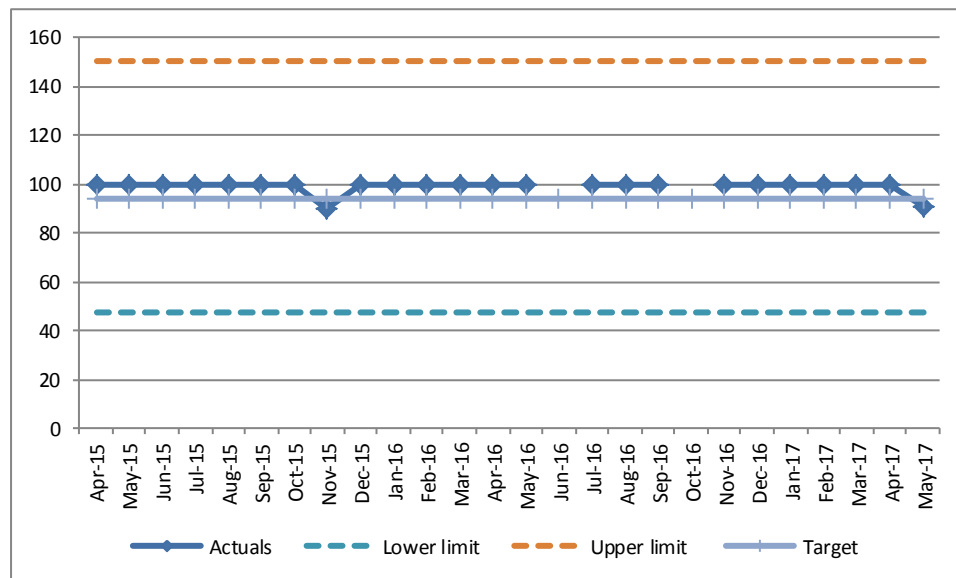
- Ensure robust collection of RTT status at all stages of the patients pathways through regular specialty audit (audit data available end July)
- Review all clock-stops through validation (recruitment in progress, start dates agreed for August 2017). This is in addition to the existing process of validating 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 - new improved format implemented, consisting of 6-hour review of all 30+ week waits ensuring that pathways are being progressed and issues escalated.
- Exploring opportunities to bring forward validation timescales and extending validation to include historical clock stops.
- **Paper presented to Execs on 19th July to expedite validation times.**

4. Trust Cancer Performance

a) 31 Day second or subsequent treatment surgery (94% target)

The Trust achieved 90.9% in May 2017 against a standard of 94%. There was one breach, in Gastroenterology, due to patient being unfit for surgery.

31 day second or subsequent treatment (surgery)



Graph 5

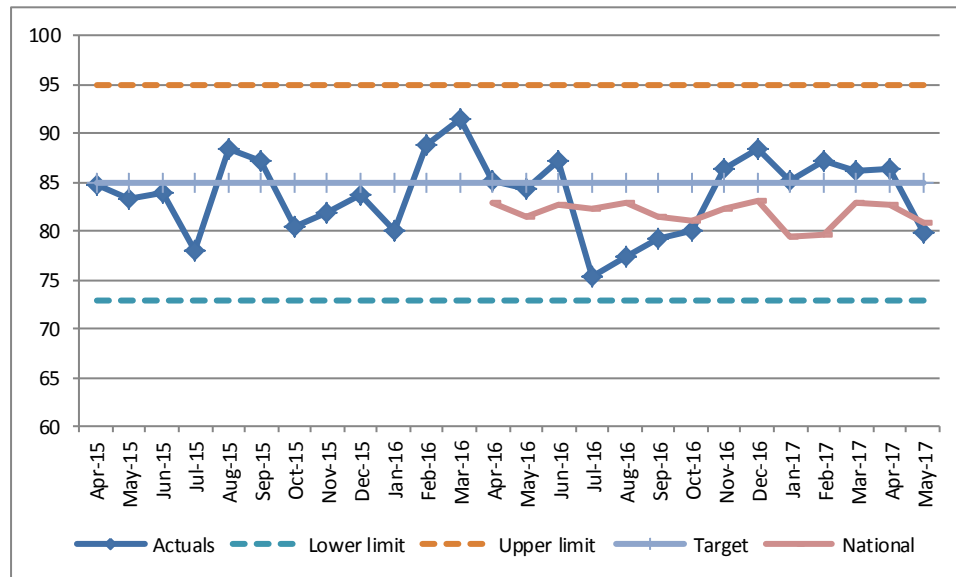
b) 62 days urgent referral to treatment

The Trust achieved 79.9% in May 2017 against a standard of 85%.

The Trust is forecasting to achieve the standard in June. However key risks to delivery are ensuring definitive diagnosis by day 28 and decision to treat by day 31; these risks are as a result of:

- 2 week waits – increase in referrals and lack of capacity to book within timescales
- Endoscopy - capacity constraints (protocol amended to 14 calendar days due to capacity constraint)
- Radiology - CT colon (21 days protocol), other radiology protocols have been extended to 14 days.
- Oncology – continued capacity constraints due to vacancies at NUH. This also has an adverse effect on tertiary referral by day 38 which may lead to increased allocation of breaches to the Trust.
- Urology – lack of surgical capacity at Derby
- Patient choice
- Complex patients with numerous co-morbidities

62 days urgent referral to treatment

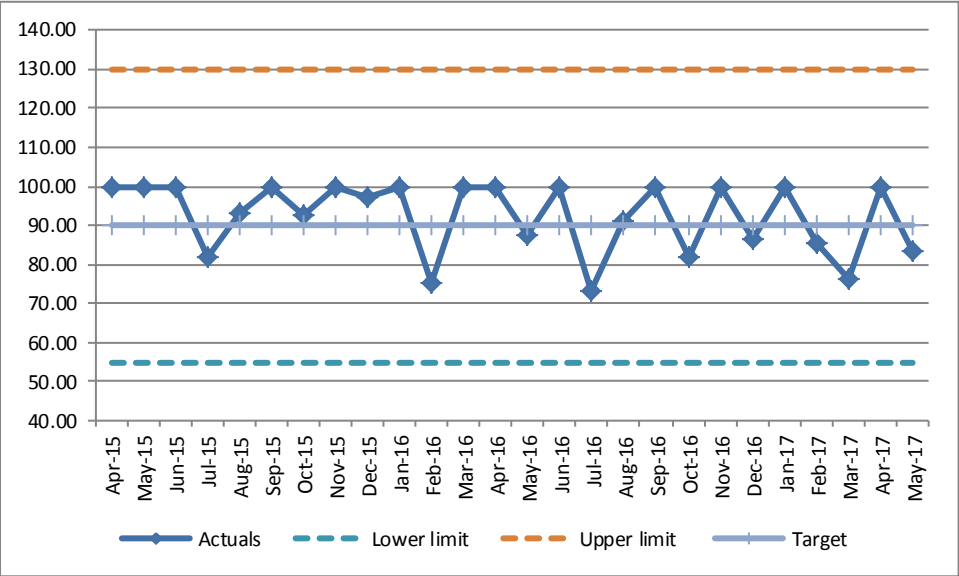


Graph 6

c) 62 Day Screening (90% target)

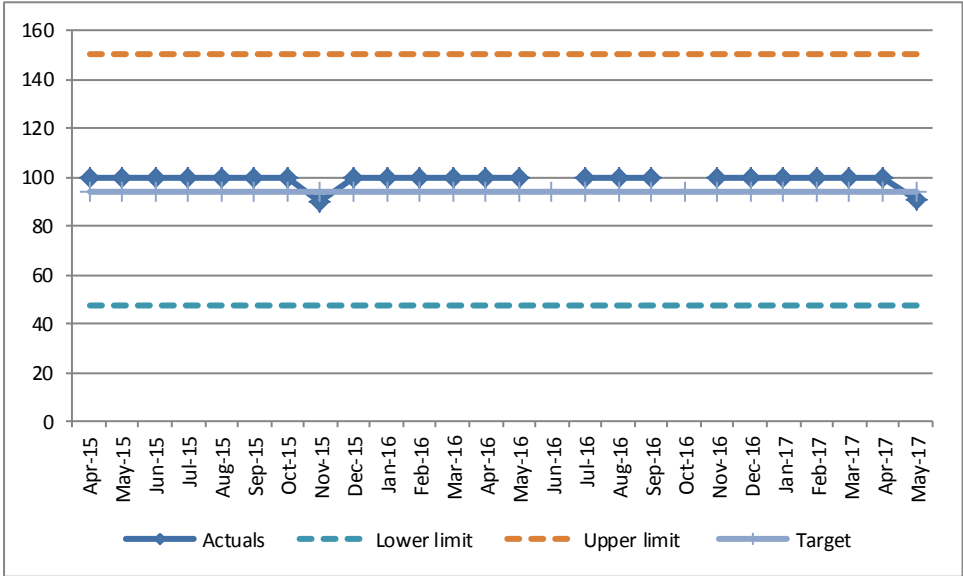
The Trust achieved 83.3% in May 2017 against a standard of 90%. There was one breach, in breast, due to lack of patient fitness and further investigations being required. The Trust is forecasting to deliver in quarter 1.

62 day referral to treatment from screening



d) 31 Day second or subsequent treatment surgery (94% target)

31 day second or subsequent treatment (surgery)

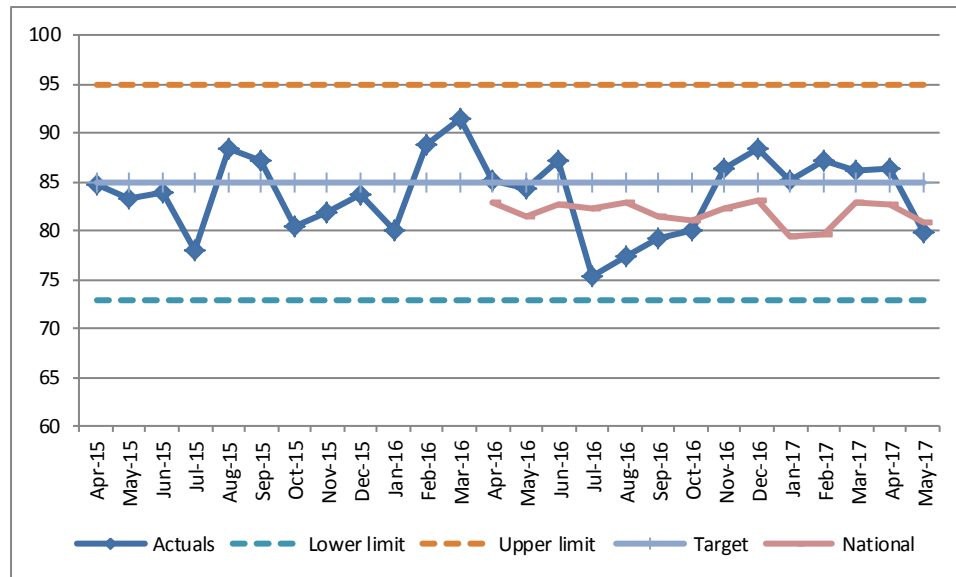


Graph 6

The Trust achieved 90.9% in May 2017 against a standard of 94%. There was one breach, in Gastroenterology, due to patient being unfit for surgery.

e) 62 days urgent referral to treatment

62 days urgent referral to treatment



Graph 7

The Trust achieved 79.9% in May 2017 against a standard of 85%.

The Trust is forecasting to achieve the standard in June but is at risk of failing the standard in July and for quarter 1. Key risks to delivery are ensuring definitive diagnosis by day 28 and decision to treat by day 31; these risks are as a result of:

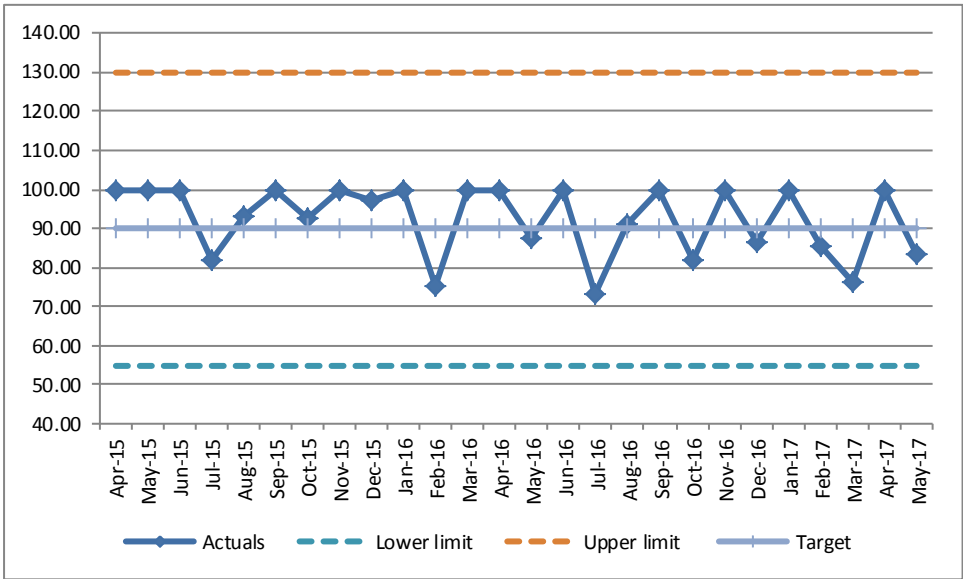
- 2 week waits – increase in referrals and lack of capacity to book within timescales
- Endoscopy - capacity constraints (protocol amended to 14 calendar days due to capacity constraint)
- Radiology - CT colon 90% within 15 working days, all other Radiology examinations 90% within 10 working days. Performance in May, 82.5% CT Colons and 88.1% achieved for all examinations

- Oncology – continued capacity constraints due to vacancies at NUH. This also has an adverse effect on tertiary referral by day 38 which may lead to increased allocation of breaches to the Trust.
- Urology – lack of surgical capacity at Derby
- Patient choice
- Complex patients with numerous co-morbidities

f) 62 Day Screening (90% target)

The Trust achieved 83.3% in May 2017 against a standard of 90%. There was one breach, in breast, due to lack of patient fitness and further investigations being required. The Trust is forecasting to deliver in quarter 1.

62 day referral to treatment from screening



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 June 2017 by 0.15% to 3.55%. This means that this is the second time within 4 months that the Trust is within sight of the 3.5% target and it continues to hold sickness absence relatively steady for the last few months. It is expected that this trend will continue across the summer.

March 3.51%, April, 3.71% and May 3.70%, June 3.55%

Short term sickness was 1.87% (May 2017, 1.90%) and long term sickness was 1.67% (May 2017, 1.80%).

Three Divisions have achieved the 3.5% target:

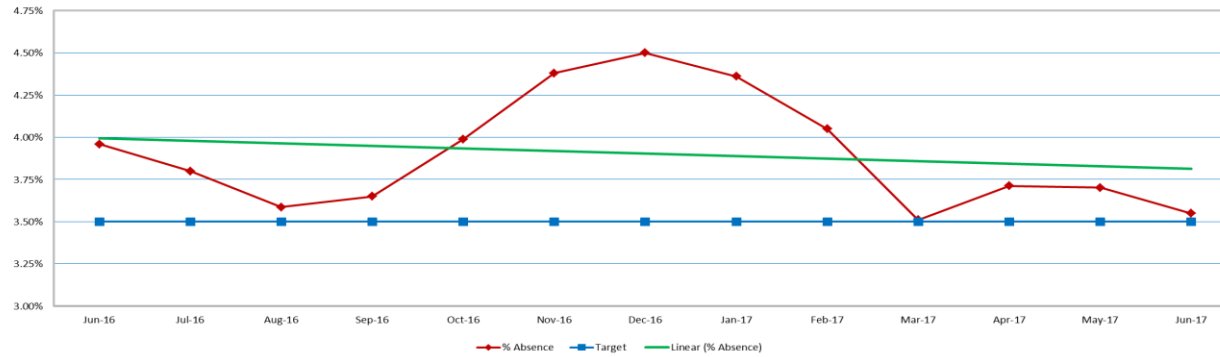
- Corporate - 2.31%
- Diagnostics & Outpatients - 3.02%
- Urgent & Emergency Care - 3.04%. Urgent & Emergency care also had the most significant decrease in absence in month reducing by 0.86% with Surgery also reducing by 0.84% (3.60%).

Three Divisions exceeding the 3.5% target:

- Medicine – 4.55%. This Division had the highest increase by 0.51%.
- Surgery – 3.60%
- Women & Childrens – 4.65%

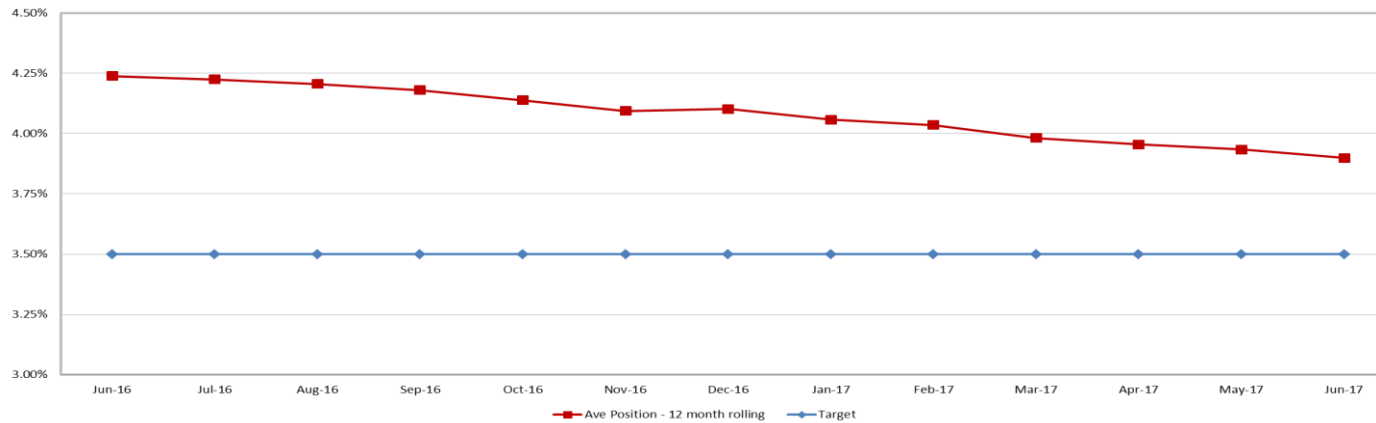
As can be seen from the chart below, June 17 sickness absence is significantly lower than in June 2016.

Trust Sickness Absence Rates Per Month



Last month the Board requested a sickness graph that could better depict the trend. 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



Staffing:

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

	Jun-17								
	Budget - FTE	SIP - FTE	SIP - Headcount	Vac - FTE / Gap - FTE	% Vacancy / % Gap	Starters	Leavers	% Turnover	Active Adverts
Total Trust									
Admin & Clerical	1127.50	1062.50	1301	65.00	5.77%	11.93	12.17	1.15%	29
Allied Health Professionals	223.97	202.69	251	21.28	9.50%	2.50	0.80	0.39%	5
Ancillary	40.67	37.46	43	3.21	7.90%	0.00	0.00	0.00%	3
Medical & Dental	494.09	427.84	448	66.25	13.41%	2.00	1.00	0.23%	19
Registered Nurse Operating Line * - ALL Bands	1296.87	1166.15	1373	130.73	10.08%	7.35	7.56	0.65%	24
Scientific & Professional	214.65	186.67	203	27.98	13.04%	1.00	3.00	1.61%	1
Technical & Other	271.18	256.38	318	14.80	5.46%	2.91	1.00	0.39%	7
Unregistered Nurse	593.53	573.79	671	19.74	3.33%	3.80	7.44	1.30%	4
Total - Trust	4330.72	3913.47	4608	417.25	9.63%	31.49	32.97	0.84%	92
Band 5 Registered Nurse Only operating line *	751.01	624.67	745	126.34	16.82%	3.50	2.60	0.42%	-

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.

There were marginally more leavers than starters in June 17 with a difference of 1.48FTE. (32.97 FTE leavers v 31.49 FTE starters). This is one of the few months where this has occurred. The last time was December 2016.

The turnover rate increased to 0.84% in June (May, 0.62%), but is still under the 1% threshold.

Nursing

Band 5 Registered Nurse vacancies have also increased by 1% to 16.82%. This is due to the budget increasing by 2.96 FTE and the staff in post reducing by 5.18 FTE. Although starters for the month of June was 0.90 FTE higher than the leavers, the SIP decreased overall by 5.18 FTE, 4.28 was due to the internal promotion of staff out of that grade.

All Registered Nurses receive an exit interview when they hand in their notice. The reasons for leaving for the 7.56 FTE leavers in June were:

Flexi Retirement, 0.96 FTE, Dismissal Capability, 1.00 FTE; Retirement, 1.40 FTE; Promotion, 1.00 FTE; Work Life Balance, 0.60, Relocation 1.00 FTE, Voluntary – Other/Not Known 1.60 FTE).

Recent changes to all Registered Nurse vacancies using August 2016 as a baseline.

Date / RNs	Budgeted Establishment	Staff in Post	Vacancies	Vacancy %
Aug 16 all RNs	1327.51	1123.65	203.86	17.39
May 17 all RN	1297.96	1167.43	130.53	10.06
June 17 all RN	1296.87	1166.15	130.73	10.08

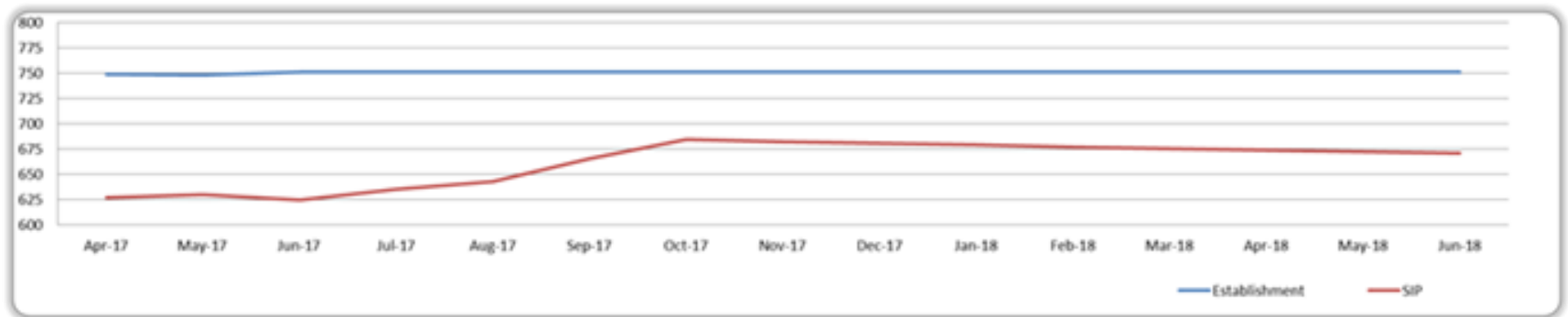
There has been a very significant reduction in RN vacancies in the trust at all bands since August 2016, although the slight reduction in establishment has assisted this.

Recent changes to band 5 Registered Nurse vacancies using August 2016 as a baseline

Date / RNs	Budgeted Establishment	Staff in Post	Vacancies	Vacancy %
Aug 16 B5	773.30	613.58	159.12	20.65
May 17 B5	748.05	629.85	118.20	15.80
June 17 B5	751.01	624.67	126.34	16.82

The improvement in the vacancy position of band 5 Registered Nurses in the Trust has a real impact on 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:



Recruitment:

We had only 3 (2.60 WTE) Band 5 Registered Nurses leave in June, one left due to promotion, cited work life balance as the reason and the other left to join another local Trust but the reason was unknown.

The keeping in touch postcards are being sent out at key intervals to the new recruits to keep them 'warm'. A Meet & Greet session is being planned for August where all students who will be joining us after summer will have the opportunity to get to know SFH better and get answers to any questions so they are fully prepared before they start.

The next Assessment Day which is booked for 21st July with 20 already invited to attend. Additional Bank RN interviews are being held on a weekly basis in response to numbers being attracted to the new rate of pay.

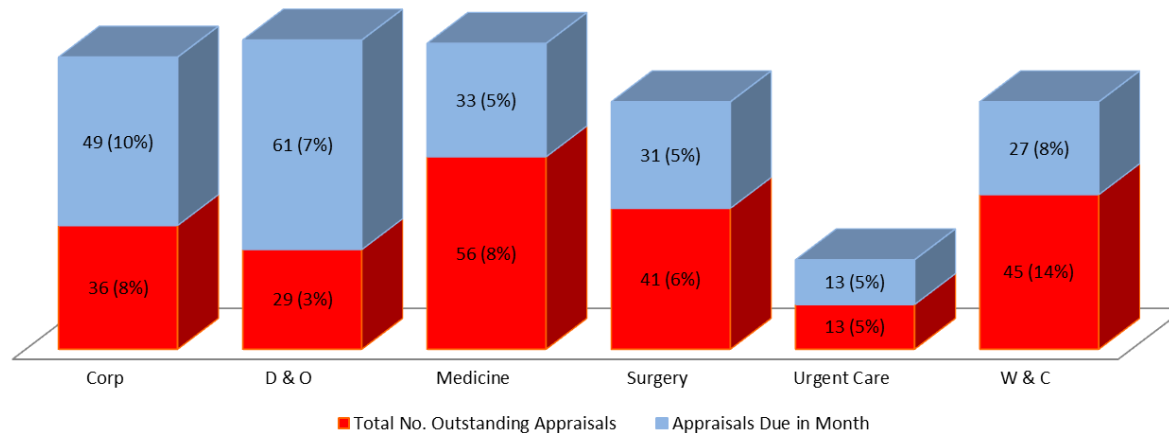
Success in recruitment to substantive and bank staff band 5 RN's has a significant impact on reducing nurse agency spend.

Appraisal:

Trust wide appraisal compliance was 93% for June 2017, increasing by 1% for the second month in a row April 2017, 91% and May 2017, 92%. 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 220 (7%) appraisals required in June to reach 100%. However there were also an additional 214 (7%) appraisals due to be completed which expired in month, a total of 434. Therefore 13% of appraisals were required to be completed in June compared to 16% in May 2017 (521). These were spread across the Divisions below:

% Total Outstanding Appraisals & % Appraisals Due in Month - June 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.
- Urgent & Emergency Care – 95%

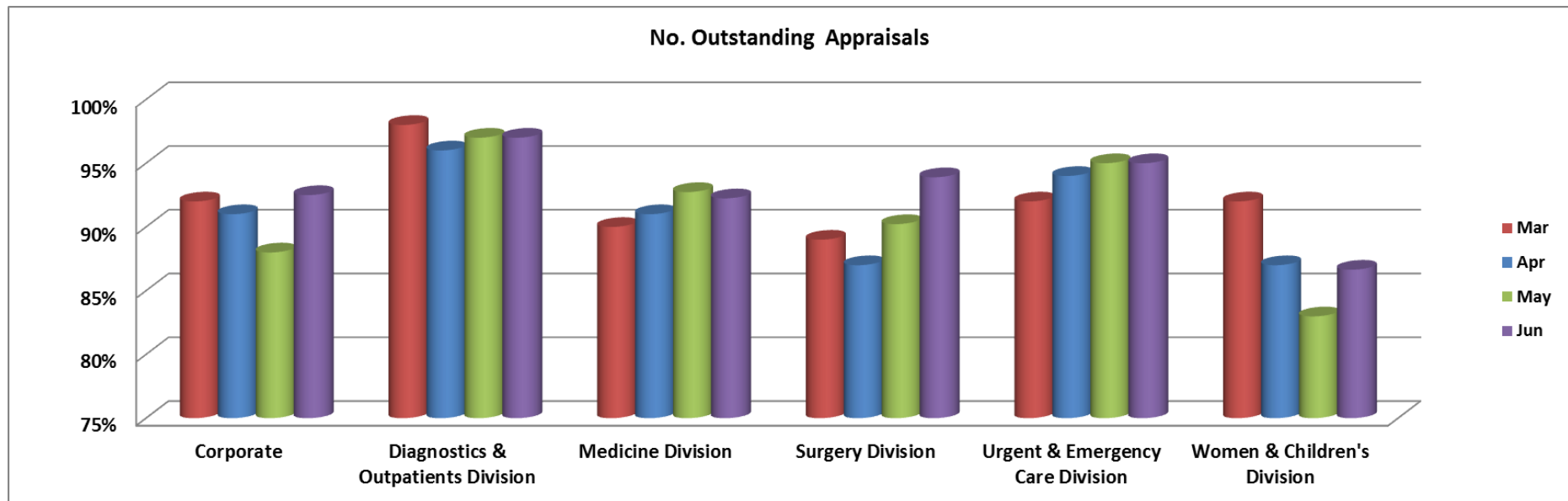
Divisions below target are:

- Surgery – 94%
- Medicine – 92%
- Corporate – 92%

- Women & Childrens – 87%

The position in Women’s and Children’s division is of concern, although appraisal rates increased to 87% for June from 83% in May. There were 45 outstanding appraisals at the end of June. 24 of these are in Maternity, which has high vacancy rates and has experienced unprecedented levels of sickness recently, for which there is no common theme or pattern. In addition Maternity has seen increases in number and acuity of patients over recent weeks.

Senior Midwives have developed a plan to ensure staff have participated in an appraisal and are being supported by HR with this through confirm & challenge meetings. The Divisional Nurse & Head of Midwifery is aware of the issue and has tasked managers with providing assurance that plans are in place to improve appraisal compliance.



Training and Education

Mandatory training remained static at 92%,(May, 91%). 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	95%
D&O	95%
Medicine	91%
Surgery	91%
Women & Children's	90%
Urgent & Emergency Care	89%

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

FINANCE REPORT

The Trust is reporting a position £0.2m better than control total plan for the month of June bringing the year to date (YTD) to £0.1m better than control total plan.

Clinical income was ahead of plan in month by £0.2m and was the highest month this year. YTD clinical income is in line with plan. YTD high cost drugs and devices are £0.1m worse than plan, therefore underlying income is £0.1m better than plan. Underperformance against plan in ED and outpatients is offset with over-performance in day case activity.

Other operating income is £0.1m favourable to plan in month and £0.1m favourable to plan YTD relating primarily to NHIS and drug recharges to other Trusts for which there is expenditure offsetting.

Expenditure YTD is in line with plan. Overall CIP has delivered to plan YTD, although delivered more in non-pay than was planned and less in pay. The STP element of the CIP target is £1.0m of which 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, £0.1m lower than May. This is below the Trust trajectory by £0.5m but higher than the NHSI ceiling by £0.1m. Medical agency spend is below the NHSI ceiling by £0.37m YTD.

Non pay YTD is in line with plan, with £0.1m of high cost drugs and devices underspends and CIP delivery better than plan for non pay offset with overspends of £0.3m related to NHIS for which income has been received.

The first full forecast at month 3 demonstrates that the Trust can deliver to the control total deficit before Sustainability and Transformation Funding (STF) of £46.4m. 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. Key assumptions in this forecast include full delivery of the CIP target of £16.3m, that £5.8m of commissioner QIPP will be delivered and cost can be reduced by this amount, that contract notices that reduce income also mean cost is reduced and that CQUIN will be delivered in full. Reviewing risks gives a forecast range of £16.1m downside (£9.5m worse than plan and £6.6m loss of STF as a result) to £3.7m upside. The main downside risks are commissioner challenges to income and delivery of the STP CIP. To mitigate the downside risks all underspends at Month 3 are to remain uncommitted and Divisions forecasting deficits are required to formulate actions plans to achieve control totals.

Overall, the month 3 position is broadly in line with plan. Agency spend has reduced in month 3 and continues ahead of the Trust trajectory. CIP is delivering to plan with SFH mitigations offsetting the STP CIP. The first 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 June the Trust is £0.05m ahead of its control total. The Trust is therefore entitled to receipt of STF for Q1 and is assuming receipt of Q2, Q3 and Q4 based on delivering its control total at year end and delivery of ED target. In June agency spend decreased relative to May by £0.08m. Whilst this is in excess of NHSI ceiling it is less than the trajectory the Trust set.

	June 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	(2.25)	(2.04)	0.21	(10.09)	(10.03)	0.05	(37.62)	(37.62)	(0.00)
Finance and Use of Resources Metric YTD				3	3		3	3	
CIPs	1.07	0.93	(0.14)	2.70	2.69	(0.01)	16.26	16.26	0.00
Capex (including donated)	(1.38)	(0.59)	0.78	(2.11)	(0.94)	1.18	(9.67)	(9.67)	0.00
Closing Cash	1.45	2.61	1.16	1.45	2.61	1.16	1.45	1.45	0.00
NHSI Agency Ceiling - Total	(1.46)	(1.59)	(0.13)	(4.34)	(4.82)	(0.47)	(17.91)	(18.44)	(0.53)
NHSI Agency Ceiling - Medical	(1.11)	(1.06)	0.05	(3.34)	(2.97)	0.37	(13.37)	(11.24)	2.14
Better Payment Practice Code - (Value / Number)		66.2% / 40.7%			69.5% / 42.2%				

- In month the Trust is £0.21m better than plan and cumulatively £0.05m 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 above plan by £0.44m. 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 £8.41m.
- YTD Capex expenditure position was £1.18m 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 30th June was above plan at £2.61m; this is due to improved working capital management during June.
- YTD agency spend at M3 totaled £4.82m against the profiled NHSI ceiling of £4.34m. Whilst we are forecasting to breach the NHSI ceiling by £0.53m, this is a significant improvement on our plan of £22.15m. Performance remains within our own trajectory of £6.45m YTD. Medical agency spend remains within the reduction required by NHSI.
- YTD BPPC performance is 69.5% by value of invoices paid and 42.2% by number of invoices paid, within 30 days. Process changes have been introduced to improve performance moving forward.