

Single Oversight Framework, Integrated Performance Report – 4th July 2019

MONTHLY REPORT

OVERVIEW

We continue to deliver well against the 4 hour emergency standard and were ranked 17th out of 117 trusts for May performance of 92.6%.



















We have remained very busy during May, with an increase in attendances in our Emergency Department, repeating the trend in April. Admissions to the Medicine pathway have not fallen from the highs experienced during winter. One of the main drivers is ambulance attendance and we must continue to work with all partners across our health system to understand the reasons behind this growth and implement pathways to reduce both attendances and admissions.

The quality of the service we provide is good and our patient safety and quality KPI's reflect the hard work of our staff in ensuring our patients are safe and have a good experience. We do over have lessons to learn regarding communication to patients in some areas.

Sickness absence is reducing which in turn reduces our reliance on agency staff and improves the services we provide. We are working with staff to reduce sickness by providing support with regard to health and wellbeing through counselling services and self-referral to occupational health programmes.

Within finance there is an emerging risk in respect of Out Patient Transformation. The full year plan assumes a reduction of 34,000 appointments (14%) and £2.7m reduction in cost. At the end of May, activity is 3,954 above plan (10%) and the planned £131,000 cost reduction has not been delivered.

PATIENT SAFETY and QUALITY

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	
QUALITY, SAFETY AND PATIENT EXPERIENCE	Patient Safety	Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	Feb-18 - Jan-19	97.2	-		G
		SHMI	100	Jan-18 - Dec-18	95.87	-		G
		Serious Incidents including Never Events (STEIS reportable) by reported date	2	May-19	4	2		G
		Never Events	0	May-19	0	0		G
		NHSE/NHSI Improvement Patient Safety Alerts Compliance (Number open beyond deadline)	0	May-19	3	3		R
	Quality	Safe Staffing Levels - overall fill rate	80.0%	May-19	102.2%	102.3%		G
		Same Sex Accommodation Standards breaches	0	May-19	0	0		G
		Clostridium difficile Hospital acquired cases	4	May-19	4	4		G
		MRSA bacteremia - Hospital acquired cases	0	May-19	0	0		G
		Eligible patients having Venous Thromboembolism (VTE) risk assessment	≥95%	Apr-19	95.3%	95.3%		G
		Eligible patients asked case finding question, or diagnosis of dementia or delirium	≥90%	Apr-19	95.8%	95.8%		G
		Eligible patients having Dementia Diagnostic Assessment	≥90%	Apr-19	99.1%	99.1%		G
		Patients where the dementia outcome was positive or inconclusive, are referred for further diagnostic advice	≥90%	Apr-19	95.1%	95.1%		G
	QUALITY, SAFETY AND PATIENT EXPERIENCE	Patient Experience	Number of complaints	≤60	May-19	47	27	
Recommended Rate: Friends and Family Inpatients			97%	May-19	97.9%	97.5%		G
Recommended Rate: Friends and Family Accident and Emergency			87%	May-19	92.8%	92.5%		G
Recommended Rate: Friends and Family Maternity			96%	May-19	92.0%	89.9%		R
Recommended Rate: Friends and Family Staff			80%	Qtr4 Yr2018/19	82.7%	83.3%		G

The Key Performance Indicators for quality are all above the agreed standards and are closely monitored by their leads. Dementia screening will be closely monitored as this system has now moved from paper to Nerve centre and work is underway with the medical staff to support this change to recording.

The Patient Safety Alerts open beyond deadline relate to:

- Portable fans – CAS deadline 2nd April – on-going, still open
- Hyperkalaemia – CAS deadline 8th May – closed 14th June
- Arteriovenous fistulae and grafts – CAS deadline 13th May – closed 10th June

Patient Experience - FFT – Maternity Recommendation Rate May 89.9% - 6.1% below target

The comments relate to antenatal clinic, clinic 12 and Ward 14 and the two main issues are waiting times and patient information/communication. The antenatal clinic service and capacity issues have recently been reviewed at service line and have been scored as 9 on the risk register. This is a shared service with the endocrine team and division acknowledges when the busy diabetic clinics are

running the waiting times can be affected. Every effort is made to inform women of this possibility both prior to their appointment and when clinics are running late on the day.

The gynaecology feedback relates mostly to patient information and/or communication about the procedure and planning. The colposcopy patient information leaflet is under current review as part of a separate action plan for external accreditation, and the patient feedback is a standing agenda item on the monthly colposcopy operational meeting.

ACCESS

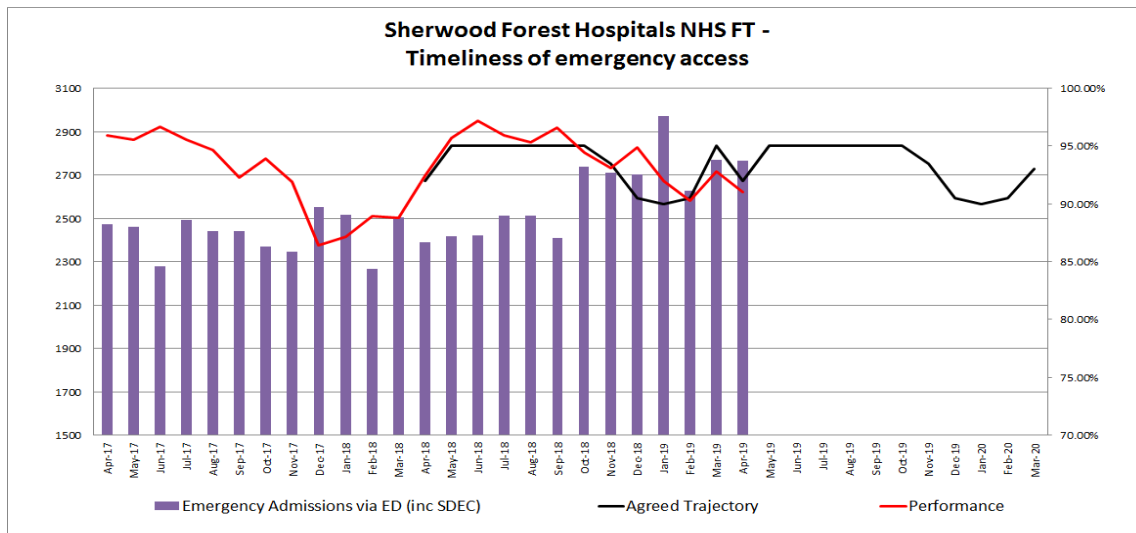
At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	
OPERATIONAL STANDARDS	Emergency Access	Emergency access within four hours Total Trust	≥95%	May-19	91.8%	92.6%		R
		Number of trolley waits > 12 hours	0	May-19	0	0		G
		% of Ambulance handover > 30 minutes	0	May-19	10.1%	10.1%		R
		% of Ambulance handover > 60 minutes	0	May-19	0.6%	0.8%		R
	Referral to Treatment	18 weeks referral to treatment time - incomplete pathways	≥92%	May-19	-	90.8%		R
		Number of cases exceeding 52 weeks referral to treatment	0	May-19	-	0		G
Diagnostics	Diagnostic waiters, 6 weeks and over-DM01	≥99%	May-19	-	97.7%		R	
OPERATIONAL STANDARDS	Cancer Access	62 days urgent referral to treatment	≥85%	Apr-19	80.0%	80.0%		R
		62 day referral to treatment from screening	≥90%	Apr-19	100.0%	100.0%		G

The access portfolio continues to be relatively balanced despite a sustained increase in demand in emergency care growth in attendances and admissions remain consistent with the main winter period. Routine elective performance has improved and we continue to report zero 52+ week waits. The wait for some routine diagnostic tests has been extended due to cancer and capacity issues; plans are in place to address the deficit by the end of June. The 62 day cancer standard for the month of April 2019 was 2.28% below trajectory, this remains a key area of focus, notably ensuring capacity is utilised for those who need it the most and reducing the time to diagnosis.

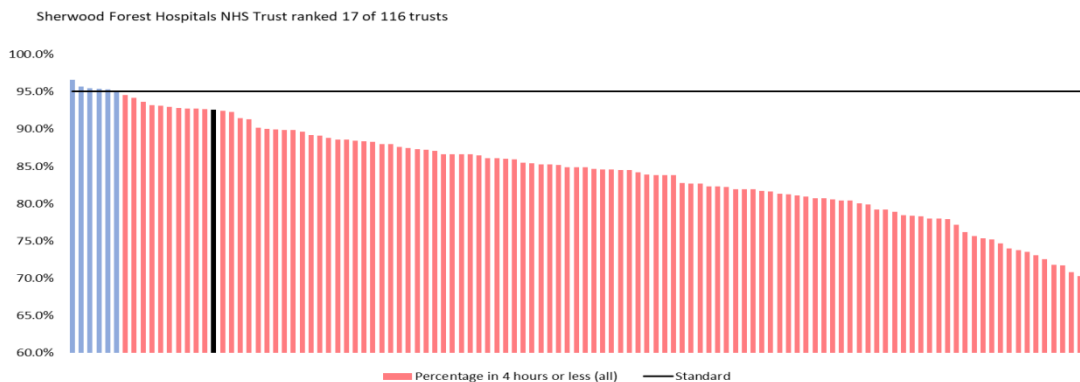
Emergency care

Emergency access performance against the 4 hour wait in May 19' was 92.6%. This was 2.4% below the NHS Improvement agreed trajectory. May performance was ranked 17th of 117 Trusts in the NHS (noting that 14 Trusts are no longer reporting their 4 hour wait performance as they trial the new emergency care standards. Approximately 3 of these Trusts historically performed better than SFH).

4 Hour Wait	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
19/20 NHSI Trajectory	92.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	93.5%	90.5%	90.0%	90.5%	93.0%
19/20 Actual	91.0%	92.6%											
19/20 Quarter Trajectory				94.0%			95.0%			93.0%			91.2%
19/20 Quarter actual													
18/19 Actual	92.4%	95.7%	97.2%	95.9%	95.3%	96.6%	94.4%	93.1%	94.9%	92.0%	90.3%	92.8%	
Ambulance Handover													
19/20 NHSI Trajectory	9.0%	8.5%	8.0%	7.0%	8.0%	8.0%	5.0%	6.0%	6.0%	6.0%	8.0%	7.5%	
19/20 Actual	10.0%	10.1%											
18/19 Actual	15.9%	9.9%	8.2%	12.7%	13.3%	5.9%	7.3%	8.3%	8.3%	9.2%	8.5%	9.8%	



Patients treated or admitted within four hours of arrival at A&E by Trust May 2019 N= 117



Drivers of performance

The main drivers of 4 hour wait performance are related to the below for Majors and Resuscitation areas of the department:

- Admission and discharge deficit – this is caused by an increase in admissions, a decrease in discharges or a combination of the two and can lead to breaches of the 4 hour wait standard and overcrowding in the emergency department
- Waiting time to see a Dr – this has numerous root causes. It can be caused by an imbalance between the number of Drs on shift per hour and the arrival number of patients per hour, or it can be caused by overcrowding which is often caused by driver bullet one leading to a lack of physical space for a Dr to see a patient
- Wait for decision by a Dr – similar causes to bullet 2

May position

Performance improved from April 19, but in May continues to be impacted on by the growth in demand.

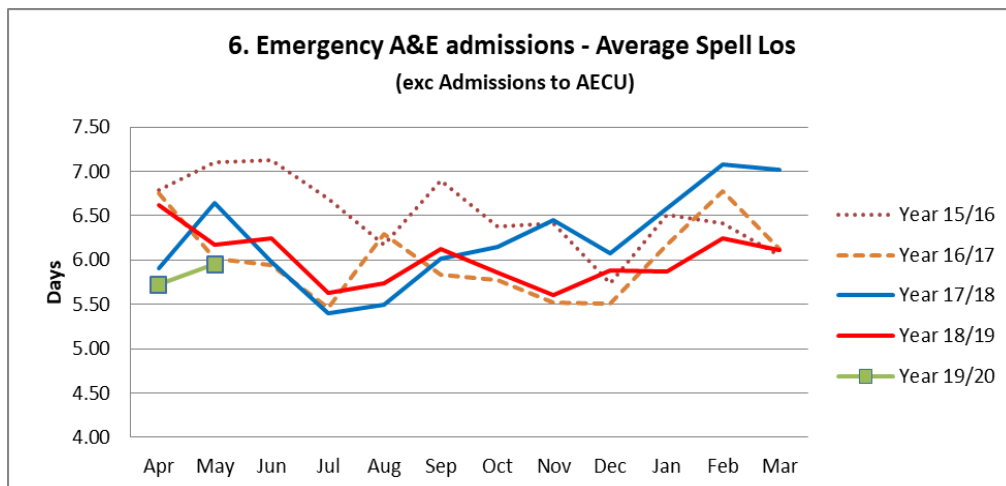
Demand for Emergency care has followed the recent trend following winter, of growth in Majors/Resus attends (160 per day, similar to April 19, but 15 more per day that May 18, 10%

growth and 3 per day more than Jan-Mar 19'). PC24 performance was 97.4% with Newark UCC at 99%.

Admissions to the medicine pathway including same day emergency care (330 more than May 18, 13% growth). The admission growth trend is shown in the chart above with admissions not really falling from the deep winter period (Q4). Some of this growth is driven by ambulance demand, some by walk in patients.

Capacity to treat these patients has reduced as all winter capacity was closed during May (a reduction of 44 winter beds) as per the plan. This makes it a very positive achievement that performance and patient access to care has remained amongst the best in the NHS despite the reducing capacity from winter.

Discharges remained high and the use of this capacity continues to be effective with LOS continuing to be lower than corresponding May in previous years. Patients with a stay >21 days have reduced to the NHSI target of 70 during May (40% reduction against baseline) and the objective is to maintain and continue to improve this level.



On a 3 day rolling measure for the month, similar to April, there were 11 days during May that saw an admission and discharge net deficit and these days led to 53% of the breaches of the 4 hour wait standard over the month. So reducing these deficits remains the majority driver of performance. Despite the reduction in trainee posts this spring at KMH ED, shifts are being able to be filled at the moment via other routes.

Actions being taken to improve back to trajectory levels:

- 'Drivers of demand' work across the ICS to understand why local EDs are seeing increases in attends and admissions and therefore inform actions to be taken. This is being led by Dr Haynes with partners and is due to report at the end of June.
- Additional investment in ED nursing - £700k has been invested in ED nursing to meet growing demand, maintaining the safety of a growing service, and support quicker turnaround of patients. Recruitment is under way and it is likely that this will be in place from September.
- Variation work within ED – discussions taking place with ED team on reducing unwarranted variation. The impact of this is hoped to be an improvement in the consistency of process and admission rates.

- Bed demand and capacity – the work described within the paper discussed at June Board continues both internally and with partners. As requested at June Board Edge Health are doing further analysis on the actual bed deficits seen each month and scenarios.
- Continued strengthening of weekends – weekend discharges have improved with better planning and the provision of a weekend discharge team and this needs to continue to not only improve weekend performance but to reduce the delays patients experience on a Monday
- A workshop is taking place, with partners, to redesign and streamline the front door to reduce admissions. This is scheduled to take place on 3rd July. Plans have also been put in place to continue the excellent progress on ‘Same Day Elective Care’ with an objective of 15 more majors’ patients per week being streamed through it thereby reducing admission rate.

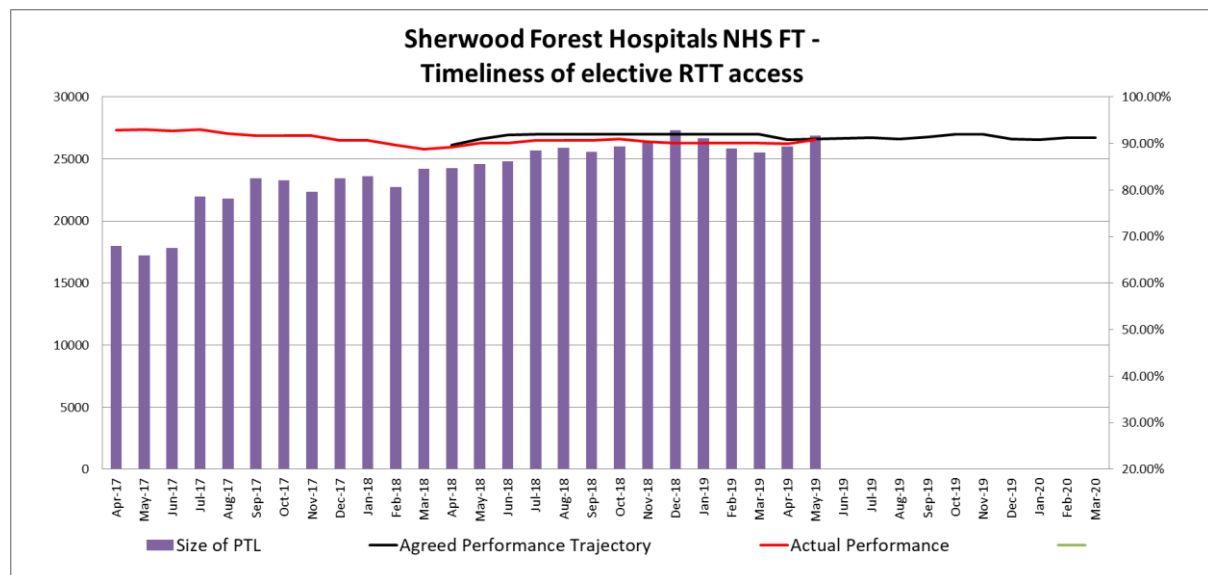
Elective care

RTT Incomplete standard

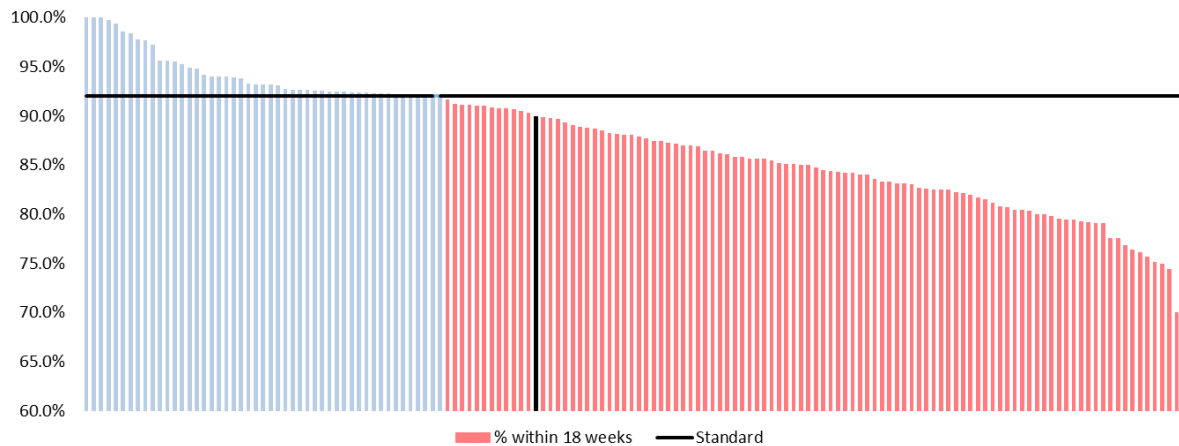
Elective access performance against the 18 week incomplete standard at the end of May 2019 was 90.8%. This was 0.1% below the 2019/20 trajectory but 0.8% better when compared to May 2018.

May performance ranking at time of writing remains unpublished. April ranked 63 from 150 Trusts. The Trust continues to deliver on trajectory with zero patients waiting longer than 52 weeks.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
19/20 NHSI Trajectory	90.72%	90.90%	91.15%	91.29%	90.87%	91.43%	91.98%	92.00%	90.97%	90.75%	91.17%	91.20%
19/20 Actual	90.0%	90.80%										
19/20 Quarter Trajectory			90.9%			91.2%			91.7%			91.0%
19/20 Quarter actual												
18/19 actual	89.2%	90.0%	90.0%	90.6%	90.6%	90.6%	91.0%	90.4%	90.0%	90.03%	90.02%	90.0%



Sherwood Forest Hospitals NHS Trust ranked 63 of 150 trusts



Drivers of performance

The main driver of incomplete performance is an imbalance in demand and capacity for non-admitted activity. From a specialty perspective the biggest risk both in terms of volume and wait for first or follow up continues to be within Ophthalmology. Analysis of referral growth demonstrates an annual increase of 11% and a five year increase of 21%; with the majority related to Macular work.

A system wide plan is in place to identify capacity for Ophthalmology which includes the transfer of post op cataract and stable glaucoma activity to the community. Additionally, a business case has been approved for the recruitment of staff and provision of equipment to improve productivity within existing clinics. The short term plan includes ongoing support from Independent sector providers whilst in-house actions progress.

Other actions in place to improve to trajectory levels are:

- The Outpatient transformation programme focussing on a reduction in face to face follow up activity through the use of virtual clinics, new models of care for long term conditions, risk stratifying pre-op appointments and patient initiated follow ups (PIFU). Ophthalmology are due to implement PIFU in July.
- The staged implementation of the Medefer Virtual Hospital Model. Cardiology went live in June 2019, with small volumes being managed through the virtual triage system to test functionality. This is the first time Medefer has worked with Cardiology and therefore the expected impact is likely to be a 35% reduction in new OP attendances in the first 2 months while the project is closely monitored and results evaluated. Dermatology and Gastroenterology will follow with implementation expected in July 2019. Medefer have extensive experience of Gastroenterology and therefore the expected impact (on commencing) is likely to be a 70% reduction in new outpatient face to face attendances

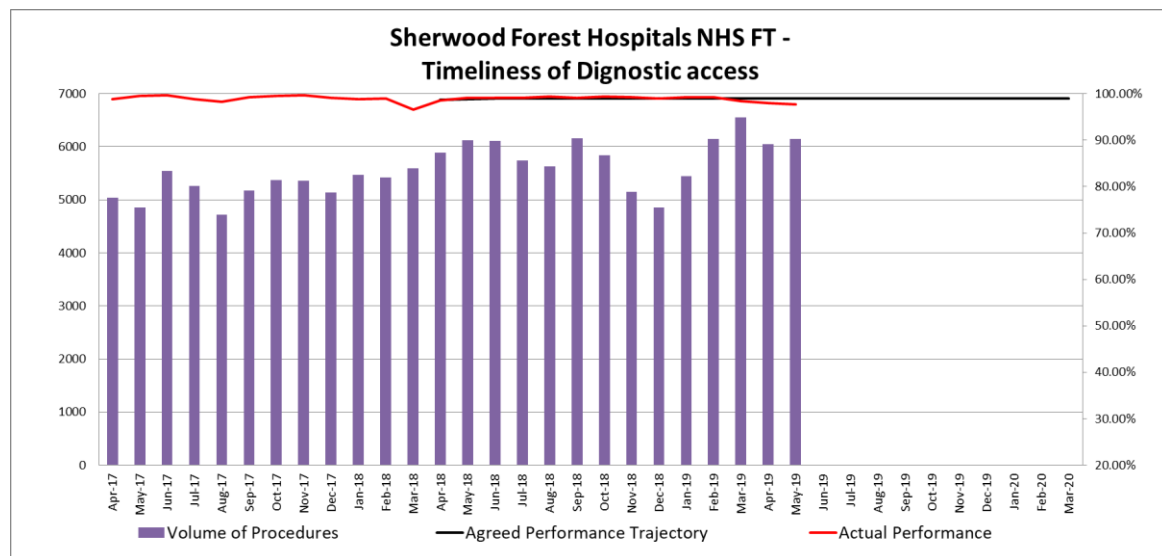
- Increasing theatre productivity by implementing ways of working more efficiently, reducing the amount of unutilised time on a list and allowing more patients to receive surgery. The key areas of focus in this programme are on the day performance, improved scheduling and patient optimisation. Year to date performance is positive with 108 additional cases completed above trajectory.

Diagnostics (DM01)

At the end of May 2019 the Trust failed the DM01 standard. Performance of 97.7% is based on 141 breaches from a waiting list of 6,143 procedures. The main driver for underperformance is the volume of breaches in echocardiography (77), followed by Audiology (11) and Colonoscopy (12). Sleep, MRI and CT delivered an improved position from April and reported <10 breaches in each modality.

As described previously, a backlog of routine patients developed for echocardiography following a period of staff sickness within the non-invasive cardiology physiologist workforce. Actions to mitigate the reduction in workforce included securing a locum, formalising a local workforce agreement to enhance weekend working and securing a contract agreement with Inhealth Group. The impact of these actions enables a forecast for recovery in June.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
19/20 Trajectory	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%
19/20 Actual	98.02%	97.70%										
19/20 Quarter Trajectory			99.0%			99.0%		99.0%				99.0%
19/20 Quarter actual												
18/19 actual	98.59%	99.12%	99.12%	99.13%	99.45%	99.16%	99.37%	99.24%	99.03%	99.13%	99.30%	98.40%

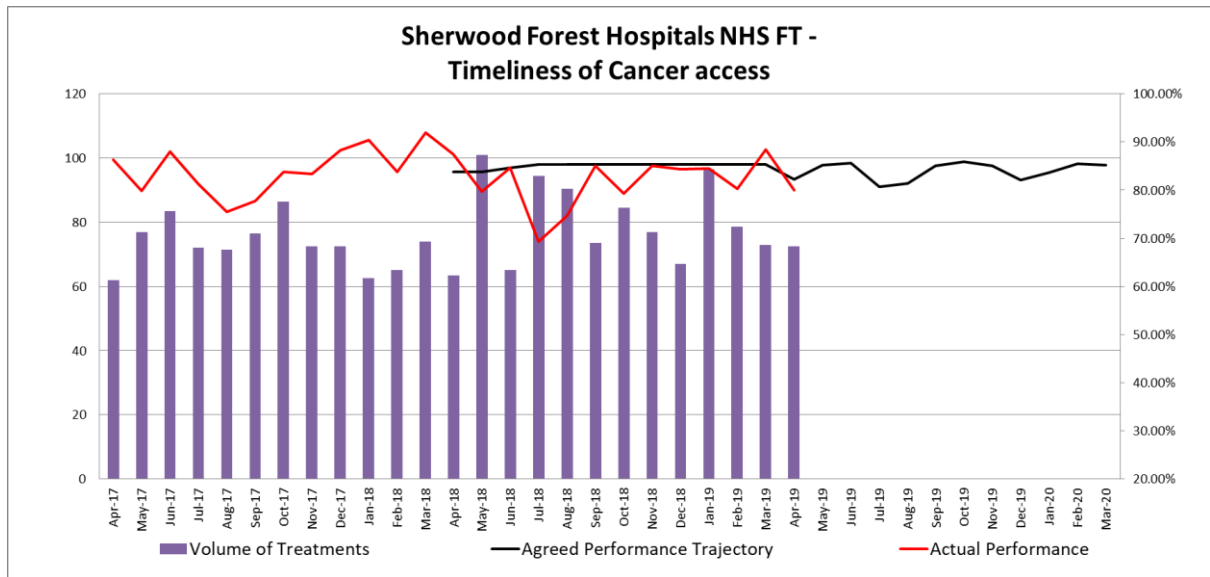


Cancer

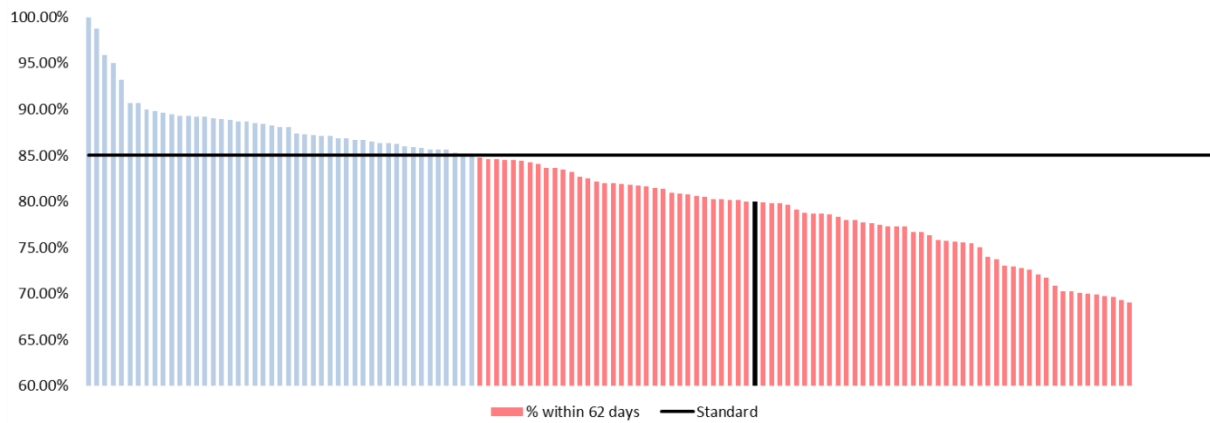
The Trust delivered 80.0% against the 62 day standard for the month of April 2019 with 14.5 breaches from 72.5 treatments this gave a national ranking of 81 from 136 Trusts.

At the end of April 23 patients were waiting 104+ days. All patients with a confirmed diagnosis have started the harm review process.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
19/20 Trajectory	82.28%	85.20%	85.56%	80.65%	81.40%	85.06%	85.86%	85.06%	82.14%	83.70%	85.47%	85.23%
19/20 Actual	80.00%											
19/20 Quarter Trajectory	84.4%			82.4%			84.4%			84.8%		
19/20 Quarter actual												
18/19 actual	87.60%	79.80%	84.60%	69.30%	74.30%	85.10%	79.30%	85.10%	84.30%	84.50%	80.30%	88.4%



Sherwood Forest Hospitals NHS Trust ranked 81 of 136 trusts



Drivers of performance

The main drivers of performance relate to a sustained increase in demand and complexity. Comparing April 2018 to April 2019 there has been a 17% increase in 2WW referrals (1,094 vs 1,281) and 14% increase in the volume of treatments which has caused capacity gaps across most tumour site pathways with pressure on outpatient, diagnostic, surgical and oncology capacity both at the Trust and its main tertiary provider. Nationally, it is well recognised that Urology (particularly the prostate pathway) impacts significantly on performance. As noted in previous Board papers if the Trust can sustainably deliver 85% for Urology (and maintain good performance in other tumour sites) the overall position would consistently be within a range of 82% - 90%. For April if the volume

of Urology breaches had remained within historical normal limits, performance would have improved by 1.4%.

The complexity of patients is increasing with multiple co-morbidities requiring additional and often specialist diagnostics both at the Trust or Tertiary provider and discussion at more than 1 MDT meeting thereby extending the pathway beyond 62 days. A third of all breaches in April were due to complex patients.




Actions being taken to return to trajectory include:

- Senior Leadership session undertaken on 25th June; to determine how clinicians can support primary care to strengthen the 2WW referral process and identify additional actions to improve time to diagnosis. Some key actions include:
 - Review of referrals to determine which practices are not meeting current guidelines and support with targeted education sessions
 - Co-ordination of referrals by PCN to ensure the correct tests have been ordered before the referral is received by the Trust
 - Understand the potential for different roles for radiology and pathology reporting
 - Potential to use of the “Flo” system as a way of communicating results with patients in a more timely manner
- A refresh of data to undertake 2WW demand and capacity modelling has circulated to divisional teams for completion within the next 4 weeks.
- Urology specific actions include;
 - a twice weekly virtual clinic in place now
 - priority vetting of 2ww prostate by July 2019
 - plan for flexible cystoscopies to be undertaken in clinics by September 2019
 - nurse practitioner role in place by August 2019.
- Other tumour site actions include;
 - developing straight to Test (STT) for Lower GI first meeting in July 2019
 - Upper GI trialling clinical triage and staging laps to be undertaken in June 2019.

Other Cancer standards

The 2WW standard for the month of April was not achieved for the first time in over 2 years with performance of 91.3% against the 93% standard. The breach reasons were patient choice and two unexpected clinic cancellations.

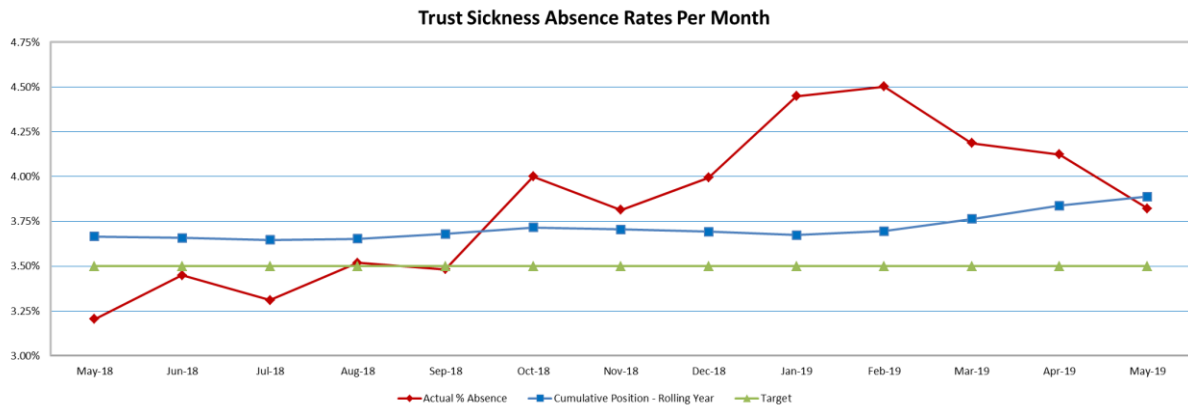
ORGANISATIONAL HEALTH

At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating
ORGANISATIONAL HEALTH	HR	WTE lost as a % of contracted WTE due to sickness absence within last 12 months	≤3.5%	Jun-18 - May-19	3.8%	-		A
		Staff Turnover	≤0.9%	May-19	0.5%	0.5%		G
		Proportion of Temporary Staff	7.30%	May-19	7.3%	7.3%		G

Sickness – 3.5% Target - AMBER

Sickness absence has reduced further in month to a figure of 3.82% (April 2019, 4.12%), it is however higher than the position last year of 3.20% May 2018. In context to the new seasonal target of this adverse by 0.62% where absence to achieve a 3.5% rolling absence should be at 3.20%.

The 0.8% stress, anxiety and depression sub-threshold was breached in May 2019 at 1.14%.



It should be noted that this chart now contains both the actual absence for the month (red line) and the 12 month cumulative absence, which indicates the overall trend.

One Division was at or under the 3.5% in May 2019; Diagnostics and Outpatients 3.26%; along with the Corporate Divisions at 3.20%

The remaining Divisions are Amber Urgent & Emergency Care, 3.73% or Red Women & Children’s 4.18%; Medicine, 4.22% and Surgery, 4.28%.

The top three absence reasons in May are:

- Anxiety/stress/depression - 1.14%, 1438.33 FTE Days Lost which is an increase of 6.72 FTE days lost from April 2019. It is above the 0.8% sub-threshold.
- Gastrointestinal problems - 0.47%, 597.70 FTE days lost which is a decrease of 76.59 FTE days lost from April 2019
- Other musculoskeletal problems – 0.42%, 534.89 FTE days lost which is a decrease of 169.12 FTE days lost from April 2019.

We have wellbeing initiatives in place to support staff, many of which target absence for the top three reasons.

The Trust has a comprehensive Employee Assistance Scheme that provides a range of offerings including 24/7 telephone counselling, a range of online cognitive behavioural therapy workbooks, downloadable apps and access to an online CBT programme. A self-referral face to face counselling service is also available offering up to 6 x 50 minute face to face counselling sessions. The face to face counselling service has a current waiting list of 12 weeks and therefore provision going forward is being reviewed. The Occupational Health Department provides a self-referral ‘listening ear’ service, building resilience and introduction to mindfulness sessions to individual staff. Training and development offer a coping under pressure & building resilience course. Additionally there is also a network of over 30 staff “time to change champions” trained in providing support with mental health issues.

Gastrointestinal problems can be a symptom of stress and therefore, these interventions are also helping to target this area of absence. In line with other NHS organisations, the Trust follows strict infection control guidelines and staff who are experiencing diarrhoea and vomiting symptoms are required to be absent from work until they have been 48 hours symptom free. This is recorded as sickness absence and means that some level of absence for this reason is inevitable.

Our Occupational Health Department has one WTE physiotherapist to provide a fast track self-referral service for staff with acute muscular skeletal (MSK) issues. Since establishment of the service in 2017 there has been a 14% overall reduction in the amount of staff MSK related sickness (a reduction of 1600 days). Interestingly this breaks down into a 24% reduction in back related MSK problems and a 10% reduction in other MSK problems.

Of staff that were off sick who used the service (25%), 85% considered the service reduced the time they were off sick. Of the staff that were not off sick (75%) 90% considered the service stopped them going off sick. The service has also developed an intranet webpage of resources for staff including the referral process, self-management advice, MSK wellbeing and healthy aging. The senior physiotherapist was asked share good practice and present at regional Occupational Health and Health & Safety conferences in spring 2019 and at a webinar to Society of Occupational Medicine in June 2019.

The Trust also has a moving and handling advisory service, which in addition to providing staff with mandatory and specialist training, also undertake staff workplace assessments and advises managers on any specialist equipment provision. Additionally, over 200 staff have been provided with MSK health education sessions in their workplace by the 'MSK health team' (consisting of the Occupational Health Physiotherapist, Moving & Handling advisor and Health & Safety Manager).

At the end of June, Occupational Health staff are undertaking a walk round to wards and departments at all Trust sites to deliver 'wellbeing packs' to ensure that staff are aware of the range of health and wellbeing services that are available to them.

All individual sickness absence cases are managed by Divisional management, supported by HR, in line with our sickness absence policy, which has been revised to encourage more discretion.

Training sessions take place to support managers using discretion around sickness absence and bespoke coaching sessions are available to coach managers on their practice.

Confirm and Challenge meetings occur each month and any trends or significant issues impacting sickness levels will be reported at Executive Performance Review meetings.

Turnover – 0.9% Target - GREEN

In May 2019, the overall turnover rate decreased to 0.49% (April, 0.56%). It has now been under the threshold for a year and compares well with other Trusts.

There were 0.23 FTE more starters than leavers in May 2019 (20.53 FTE starters' v 20.30 FTE leavers). Registered Nurses had 7.21 FTE leavers, of these 3.60 FTE were Band 5.

Percentage of Temporary Staff - Target 7.3% - GREEN

This was at 7.3% for May. A reduced of 0.1% from the month of April 2019. This figure includes both bank workers and agency workers. Temporary employees have to be used to fill gaps in nursing, medical and AHP rotas, in order for us to ensure safe staffing levels and service continuity.

We continue to focus on recruiting to substantive position in order to reduce the use of temporary staff. Medical vacancies are 11.07%. This figure has only risen since March because additional posts have been added to the medical establishment, which we have not yet had the time to fill.

In May 2019, Band 5 RN vacancies decreased to 109.68 (15.9%), this is the lowest number of vacancies the Trust has had for the third consecutive month.

Of the five (3.60 WTE) band 5 Registered Nurse leavers in May, one was dismissed, one relocated, one retirement, one cited work life balance and one who did not give a reason.

At the latest Assessment Centre in May further eight offers were made. The next monthly RN Assessment Centre will be held 25th June.

16 nurses have now joined the Trust from overseas. Four have now sat final exams and have all passed so will now apply to be a registered nurse in the UK. The final cohort (four nurses) is due to arrive at the end of June.

FINANCE

✓ £0.11m	Control Total Performance <ul style="list-style-type: none"> At the end of month 2 the Trust is reporting a monthly deficit of £9.74m before Provider Sustainability Funding (PSF), Financial Recovery Funding (FRF), Marginal Rate Emergency Tariff (MRET) and Impairments. This is £0.12m ahead of plan. PSF of £0.65m, FRF of £1.48m and MRET of £0.90m have currently been reflected in the position in accordance with the plan. PSF and FRF measures are assessed at quarter end and the amounts are dependent on delivery of control totals across the trust and system. The reported control total deficit is therefore £6.71m, £0.12m ahead of plan. The full value of PSF and FRF have been assumed at M2 as both the Trust and the ICS has achieved the control total.
✓ £1.58m	Income <ul style="list-style-type: none"> Clinical income is £0.60m above plan in month 2 and £1.37m YTD, reflecting non-elective (NEL) activity performance at 8.6% above plan.
✗ (£1.47m)	Expenditure <ul style="list-style-type: none"> Pay costs are £0.46m above plan in month 2 and £0.73m YTD, due mainly to an increase in medical and nursing pay run-rates. Non-pay costs are £0.43m above plan in month 2 and £0.74m YTD, with NHIS accounting for £0.32m.
✗ (£0.02m)	FIP <ul style="list-style-type: none"> The Financial Improvement Plan (FIP) has delivered savings of £0.63m at month 2, £0.02m behind planned savings YTD. Schemes in delivery are expected to achieve £2.74m and the current most likely value of pipeline schemes is £4.20m. This results in a FIP risk of £5.86m as at month 2.
✓ £0.52m	Agency Expenditure <ul style="list-style-type: none"> Agency spend in May was £0.17m lower than the ceiling at month 2, and £0.52m below the ceiling YTD.
✓	Other <ul style="list-style-type: none"> Capital spend at month 2 is £0.34m, £0.02m below plan. Closing cash at 31st May was £1.53m, £0.13m below plan. NHSI has notified the Trust of an additional allocation of 2018/19 PSF of £0.57m. A full forecast will be undertaken at the end of the first quarter. A divisional risk assessment has been undertaken and reported to the Finance Committee.

	May In-Month			Year to Date (YTD)			Annual Plan	Forecast	Forecast Variance
	Plan	Actual	Variance	Plan	Actual	Variance			
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	24.92	25.74	0.82	49.23	50.81	1.58	300.34	301.92	1.58
Expenditure	(29.12)	(30.01)	(0.89)	(59.07)	(60.54)	(1.47)	(341.86)	(343.44)	(1.58)
Surplus/(Deficit) - Control Total Basis Exc PSF, FRF, MRET and Impairment	(4.21)	(4.27)	(0.07)	(9.85)	(9.73)	0.11	(41.52)	(41.52)	0.00
Surplus/(Deficit) - Control Total Basis Inc PSF, FRF, MRET and Exc Impairment	(2.69)	(2.76)	(0.07)	(6.82)	(6.71)	0.11	(14.87)	(14.87)	0.00
Financial Improvement Programme (FIP)	0.33	0.55	0.22	0.65	0.63	(0.02)	12.80	12.80	0.00
Capex (including donated)	(0.18)	(0.19)	(0.02)	(0.35)	(0.34)	0.02	(10.83)	(10.83)	0.00
Closing Cash	1.66	1.53	(0.13)	1.66	1.53	(0.13)	1.46	1.46	0.00
NHSI Agency Ceiling - Total	(1.28)	(1.11)	0.17	(2.67)	(2.16)	0.52	(16.66)	(15.44)	1.22
<u>NHSI Use of Resources Score</u>									
Capital service cover rating	4	4		4	4		4	4	
Liquidity rating	4	4		4	4		4	4	
I&E margin rating	4	4		4	4		4	4	
I&E margin: distance from financial plan		1			1			1	
Agency rating	1	1		1	1		1	1	
Overall risk ratings		3			3			3	