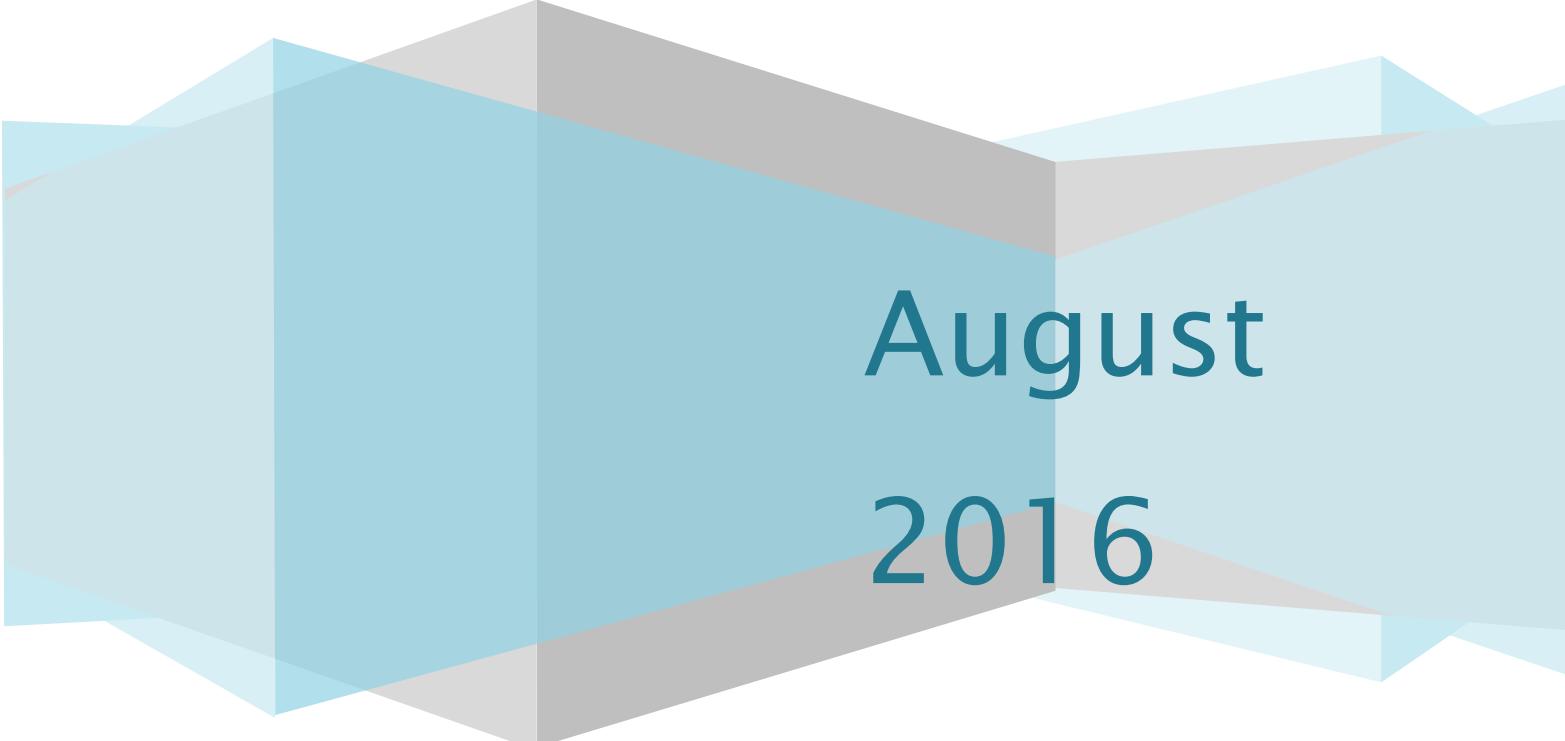


Weston Area Health NHS Trust

Integrated Performance Report



August
2016

Section 1 – Executive Summary

Executive Lead – Mr James Rimmer

The Trust is currently reporting the first five months of the 2016/17 year, and whilst many challenges remain, good progress continues to be made. This progress is undoubtedly due to the hard work and commitment of our clinical, managerial and support staff. The Emergency activity has risen steadily over the summer period maintaining pressure on our services.

Mortality continues to be a key focus for the trust with the improvement work being overseen directly by the Medical Director. The Quality Scorecard demonstrates a good performance in relation to healthcare associated infection. Work continues to embed best practice in relation to pressure damage and falls prevention.

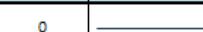
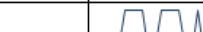
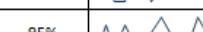
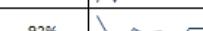
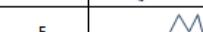
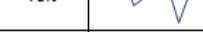
Operationally the Trust continues to deliver to its strengths – 18 week referral to treatment times for planned care and six week diagnostics – whilst maintaining the improvements made against the four hour wait standard in the Emergency Department (ED). Further work is now required to make a step-wise change in the four hour standard and to improve the 62 day standard for patients receiving cancer care. The Trust is putting plans in place, often with partners, to address these areas of shortfall.

The Trust is operating within tight financial constraints, both across the NHS and within the Trust, having been set a control total of a £3.2m deficit for 2016/17. The Trust is on track to deliver this deficit, however, risks to delivery relating to activity, spend (particularly with regard to agency costs) and savings should be noted.

Ultimately the Trust's services are judged by the delivery of better outcomes of care to our patients and the experience they receive. The Trust is committed to improving these two areas through strengthened learning from Mortality and Morbidity Reviews and through better listening to the experience of patients arising from Patient Surveys, the Friends and Family Test and feedback from PALS, Compliments and Complaints.

Section 2 – Quality & Patient Safety

Executive Leads – Ms Helen Richardson & Dr Nick Lyons

No	Category	Performance Indicator	Standards 2016/17	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Year to Date	Trend
1	Healthcare Associated Infections	MRSA (national target)	≤0 p/a	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2		Methicillin sensitive Staphylococcus Aureus (MSSA) - Post 48hrs	≤3 p/a	0	0	0	1	1	1	0	1	1	1	0	1	0		
3		Cases of Clostridium Difficile	≤18 p/a	2	1	1	0	1	1	3	0	1	3	2	0	0		
4	Patient Experience	Friends & Family Test - % Wouldn't Recommend Inpatient	≤2%	1%	1%	1%	1%	1%	3%	2%	2%	1%	2%	1%	0%	1%		
5		Friends & Family Test - % Wouldn't Recommend Emergency Department	<2%	2%	2%	1%	1%	4%	3%	1%	2%	5%	2%	3%	2%	3%		
6		Friends & Family Test - % Recommend Inpatients	≥95% per mth	93%	96%	93%	96%	94%	94%	95%	97%	95%	94%	94%	97%	95%		
7		Friends & Family Test - % Recommend Emergency	≥88% per mth	98%	92%	90%	88%	93%	91%	91%	92%	85%	87%	93%	93%	93%		
8		Local Patient Survey - Were you treated with dignity and respect?	≥90% per mth	98%	99%	98%	97%	91%	90%	98%	95%	93%	93%	94%	98%	100%		
9		Breach Of The Same Sex Accommodation Requirements	Nil	0	0	0	0	0	0	0	0	1	2	1	2	0		
10	Infant Health and Inequalities	Smoking Cessation: % Mothers Who Are Not Smokers At Time Of Delivery	≥80% per mth	86%	88%	76%	82%	56%	63%	84%	84%	68%	40%	68%	91%	94%		
11		Percentage of Mothers initiating breast-feeding in-hospital	≥78% per mth	73%	75%	47%	68%	56%	79%	77%	65%	69%	49%	79%	87%	94%		
12		Numbers of Mothers initiating breast-feeding in-hospital	Target Not Applicable	16	12	8	15	9	19	12	17	15	3	15	13	15		
13	Incidents	Falls - Incidence offalls per 1,000 bed days	≤ 5.6 per mth	5.0	4.1	4.6	5.5	7.7	5.2	6.9	4.9	7.6	5.4	4.3	5.2	5.9		
14		Incidents	Target Not Applicable	466	410	498	558	532	510	541	508	571	512	489	556	467		
15		Incidents - Serious Incidents	Target Not Applicable	7	5	2	3	8	7	7	7	7	5	5	4	3		
16		Never Events	Nil	0	1	1	0	0	1	0	0	0	0	0	0	0		
17	Complaints	Complaints - Received Trust total	Target Not Applicable	26	15	20	14	17	14	20	16	23	21	17	31	31		

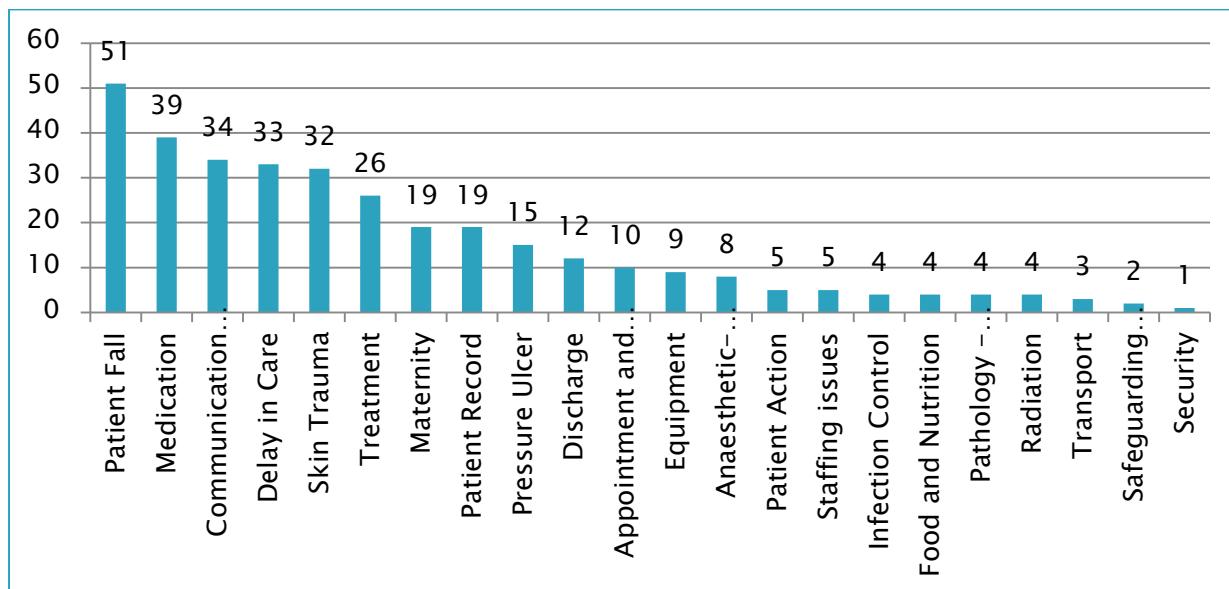
2.1 Quality

2.1.1 Registration with Care Quality Commission (CQC)

The Trust was already addressing a number of issues raised in the CQC 2015 report and had in place a number of pre-existing initiatives which the Trust has built on to incorporate CQC concerns and strengthen and consolidate quality improvement initiatives. Progress against CQC improvement plan is regularly reviewed by the senior management group and reported to board as an individual item with actions being taken to embed actions into the trust ongoing improvement programmes.

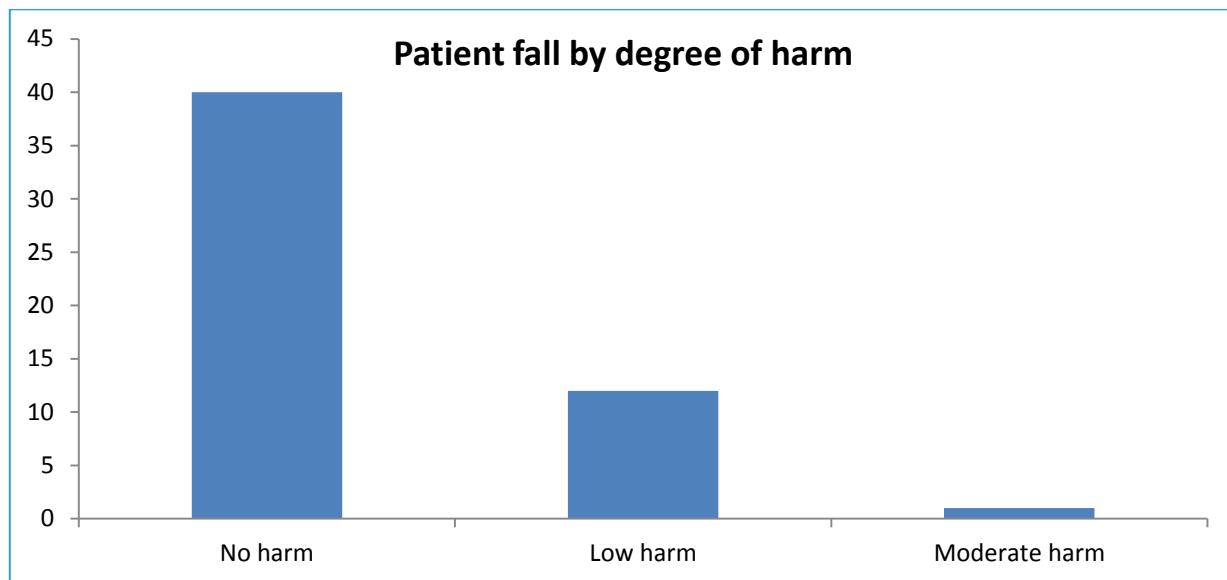
2.1.2 Incident Reporting July 2016

There were a total of 406 trust related incidents reported in July 2016 and the top 3 themes of incidents reported were, patient falls medication and communication. A further 63 community acquired pressure ulcers were reported in the same time period.



Incident themes

a) A total of 53 patient fall incidents were reported on datix in June, of which 51 were related to inpatients. Below chart shows the reported falls broken down by the degree of harm

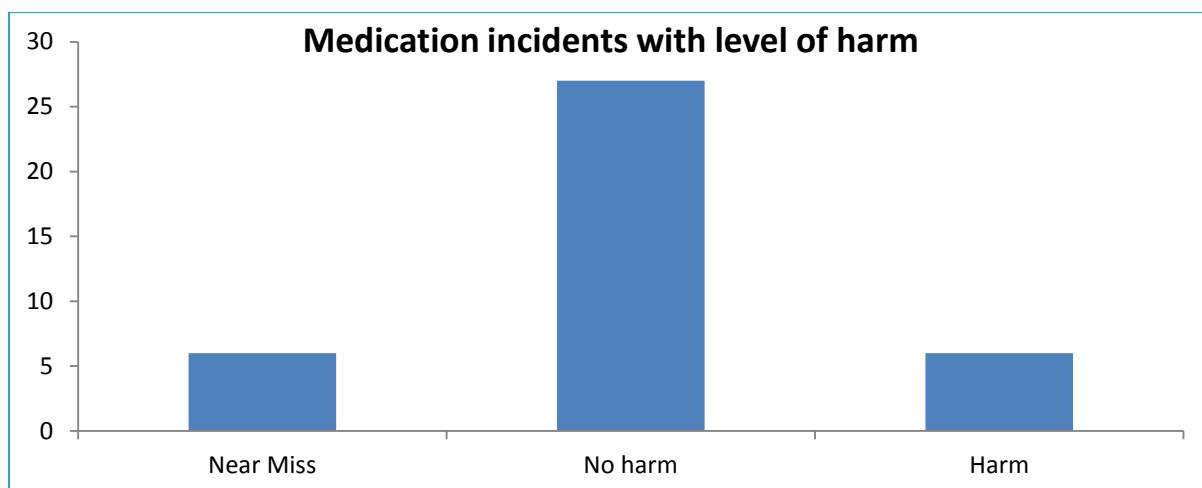


Actions being taken include:

- Working with NHSI to look at best practice and benchmarking in relation to falls prevention, assessment for enhanced supervision and challenging behaviour.
- A risk modified assessment to identify high risk patients that is currently being tested using QI methodology
- The Trust is part of the BNSSG falls reduction programme

The launch of refreshed falls prevention programme is planned for this month.

b) 39 medication incidents were reported on datix in July. Of the 39 incidents, 34 were reported with no harm and 5 with low harm.



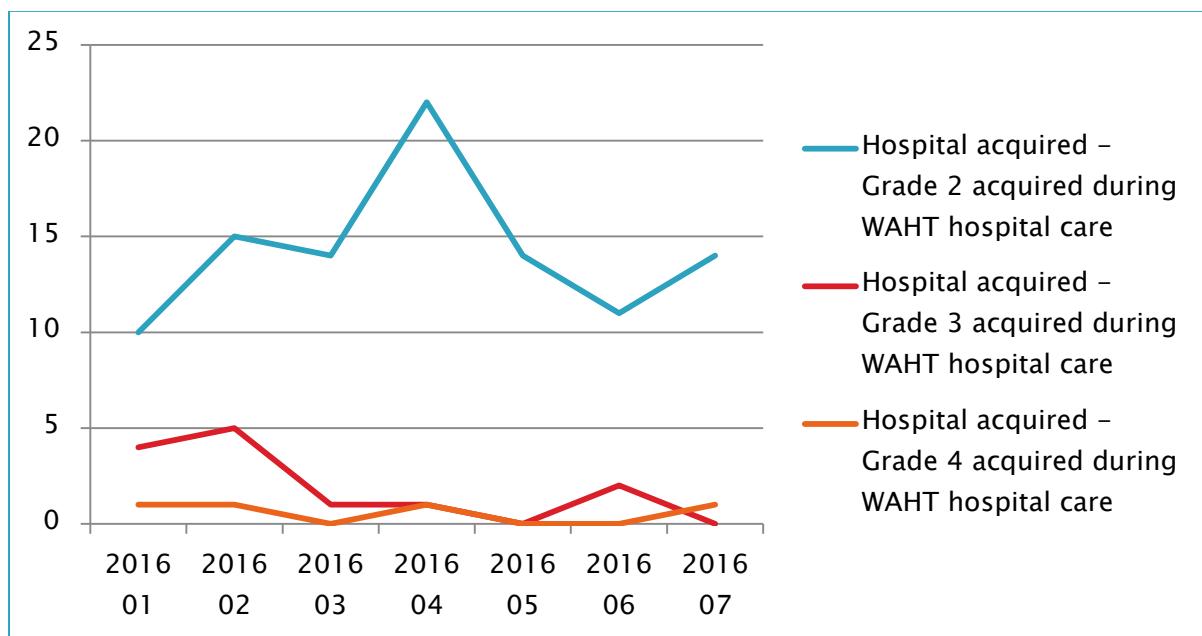
Action taken/being taken:

- Medicines Safety assurance audit to be rolled out trust wide at the end of Quarter 2
- Opiate prescribing guideline to be developed by acute pain nurse in addition to the guideline in renal impairment, that has already been developed
- Missed doses e-learning package proposal to be submitted to Education Committee
- T34 pump e-learning package proposal to be submitted to Education Committee
- Syringe Driver specific drug chart to be developed as part of a 2016/17 Quality Improvement Project
- Medicines Safety assurance audit to be piloted in quarter 2 with view to rolling out trust wide

c) 35 Communication incidents were reported in July 2016. Of the 35 incidents, 20 relate to hand over of care between departments (11) and general poor communication (9) the majority of these being around maternity transfer of care from hospital to community.

Further analysis is being undertaken to define actions and learning

Pressure Ulcers



The Trust reported 15 hospital acquired pressure sores in July (grade 2 to 4) of which 1 was a Grade 4 pressure ulcer for which a root cause investigation is being undertaken.

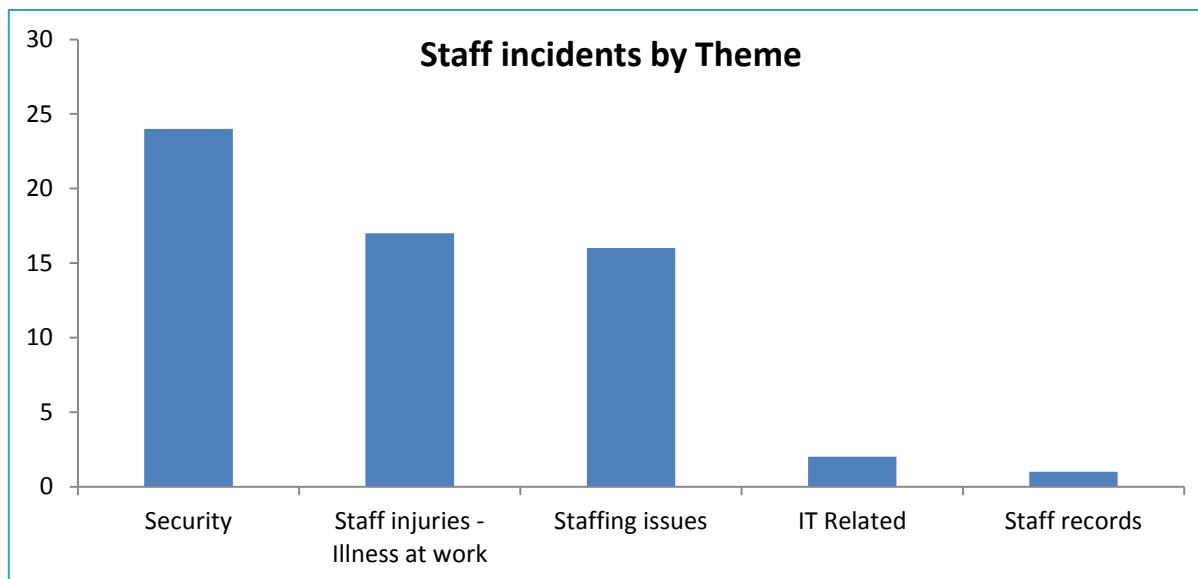
A further 63 community acquired pressure ulcers were reported in the same time period.

Work continues to embed best practice in relation to pressure ulcer prevention.

The trust is contributing to a BNSSG wide pressure ulcer reduction programme

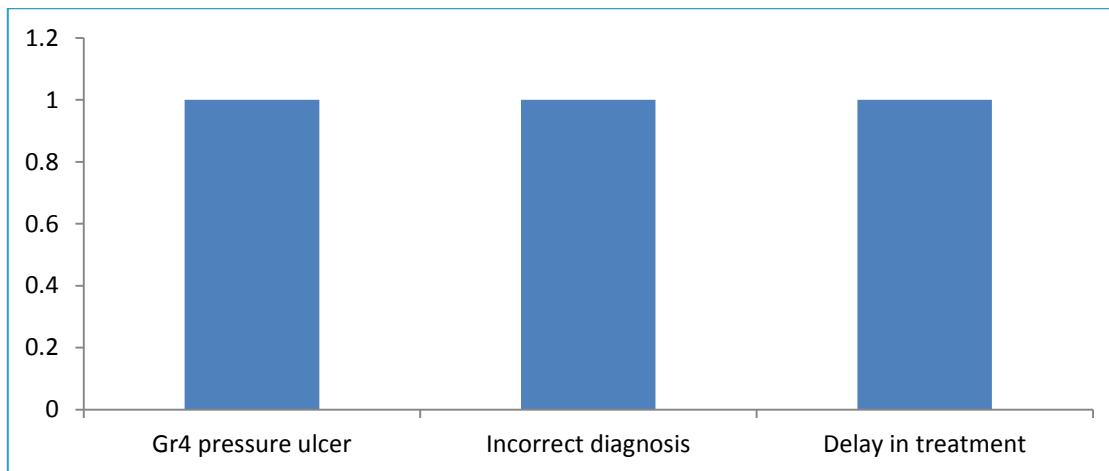
Staff Incidents

There were 62 staff incidents reported in July. The themes are detailed in the below chart. Of the 24 staff injury incidents, one was reported as a RIDDOR.



2.1.3 Serious Incidents (SIRIs)

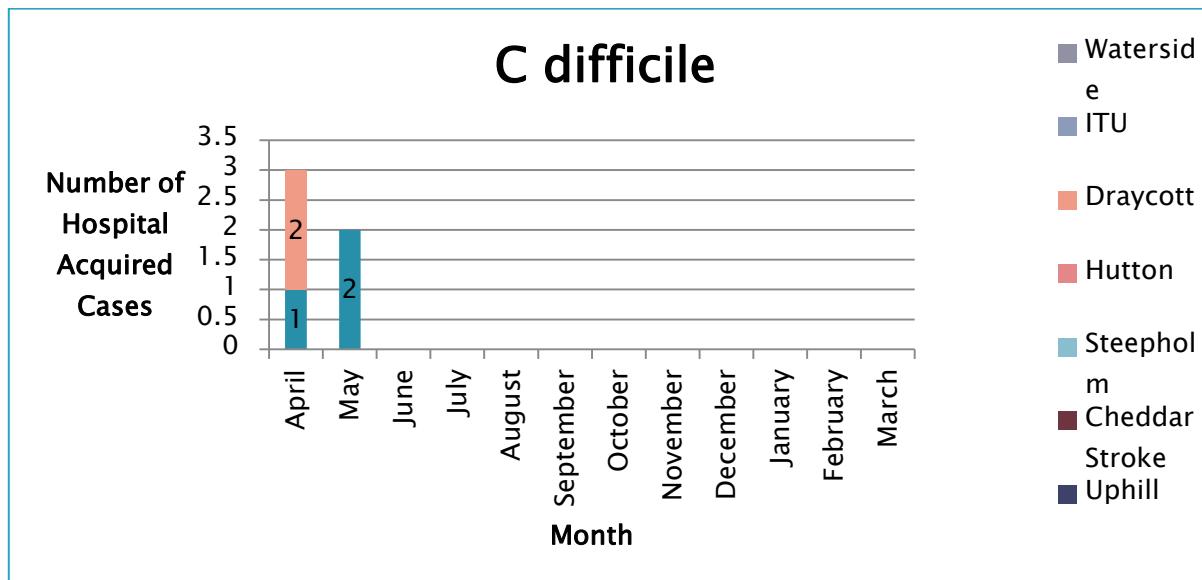
Between the 1st July and 31st July, 3 serious incidents were reported on STEIS, all within 48 hours of the Trust being aware of the Serious Incident. Root cause analysis is being undertaken to identify any learning and actions required.



2.2 Infection Prevention and Control Performance

Clostridium Difficile

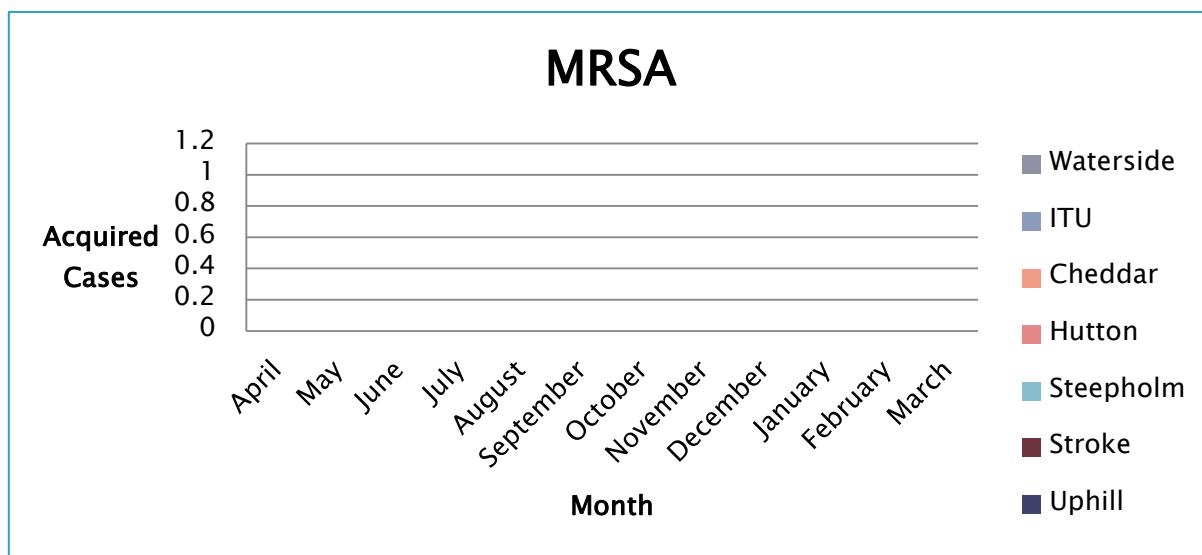
No cases of hospital attributable Clostridium difficile were reported in July 2016. To date five cases have been reported in 2016/17.



MRSA Bacteraemia (bloodstream infection)

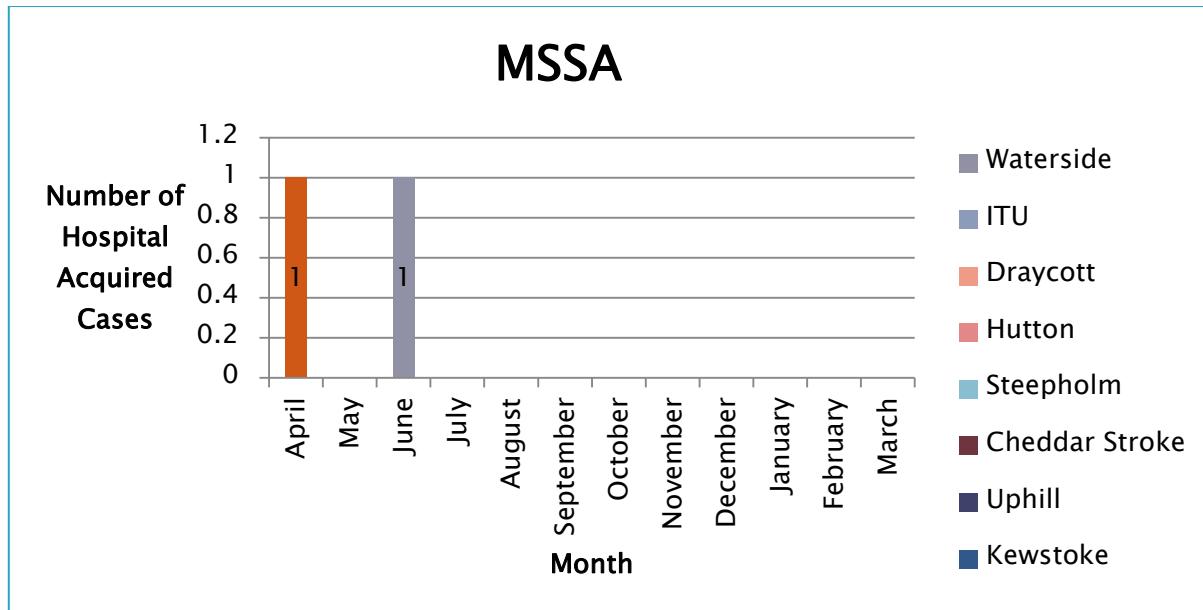
The Trust has a zero trajectory for MRSA bacteraemia and has not reported any cases in the financial year 2016/17.

The last reported case was over 650 days ago in October 2014.



MSSA Bacteraemia (bloodstream infection)

There were no cases of MSSA bacteraemia reported in July 2016. Two cases have been reported in total this financial year.



Outbreaks

No outbreaks were reported in July 2016.

2.3 Patient Safety

No	Category	Performance Indicator	Standards 2016/17	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Year to Date	Trend
18	Safety	Summary Hospital-level Mortality Indicator (In-Hospital)	≤100 per mth	71	63	58	92	85	104	111	93	98	96	68	60	73	74	
19		National SHMI	1	1.17														0.00
20	Exception Reporting	VTE Risk Assessment Using the National Tool	95%	94.61%	93.56%	94.08%	95.43%	97.59%	97.44%	96.99%	96.57%	95.13%	92.09%	85.50%	86.68%	75.24%	76.7%	

2.3.1 Mortality Data

The Weston Area Health NHS Trust Mortality figure is now an outlier (1.12 – upper limit of normal 1.11) Oct 14- Sept 15, based on data from HSCIC. The latest update in June 2016 was for the timeframe Jan 2015 - Dec 2015 and shows a worsening SHMI of 1.17. Further information on mortality is available within the Harm Free Care Report.

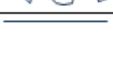
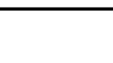
2.3.2 Venous Thrombo-Embolism (VTE)

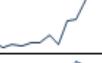
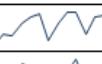
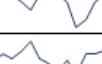
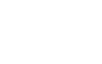
VTE risk assessment compliance continued to be below the required standard of 95% in June and July – 87% and 75% respectively. This in part is attributable to the lack of VTE audit clerk cover meaning that the performance data has not been collected in entirety. The Director of Patient Safety and Medical Director maintain overall responsibility for VTE Assessment Audit.

Section 3 – Operational Performance

Executive Lead – Mrs Karen Croker

No	Category	Performance Indicator	Standards 2016/17	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Year to Date	Trend
21	Emergency Department	4 Hour Maximum Wait in ED	≥ 95% per mth	96.7%	93.5%	91.3%	88.3%	85.8%	84.7%	78.4%	80.4%	72.4%	76.3%	89.4%	88.1%	84.6%	84.6%	
22		Unplanned re-attendance at ED within 7 days of original attendance	between 1%-5%	7.0%	6.8%	7.8%	7.7%	7.4%	6.4%	7.1%	6.6%	7.3%	7.0%	6.9%	6.7%	6.9%	6.9%	
23		95th percentile of times from arrival at ED to admission, transfer or discharge	≤ 4:00 hrs	03:59	04:47	05:42	07:05	08:10	08:02	10:59	11:04	11:56	13:41	07:48	07:30	09:27	09:36	
24		The %age of people who leave the ED department without being seen	≤ 5% per mth	2.20%	3.60%	2.70%	3.00%	2.70%	3.40%	3.40%	2.72%	3.50%	3.73%	2.19%	2.02%	2.39%	2.6%	
25		Median time spent from arrival at ED to treatment	≤ 02:30 hrs	00:12	00:10	00:11	00:44	00:47	00:51	00:49	00:54	01:10	00:46	00:48	00:42	00:51	00:46	
26		Median time from arrival at ED to assessment	≤ 00:15 mins	00:15	00:11	00:16	00:09	00:09	00:10	00:10	00:10	00:11	00:11	00:10	00:10	00:11	00:10	
27		ED Attendances	≤ 51,752 p/a	4714	4757	4616	4641	4275	4257	4231	4075	4886	4205	4720	4584	5042	18551	
28		ED Attendances - Plan	≤ 53,093 p/a	4882	4658	4768	4804	4430	4300	4234	4050	4721	3930	3945	5189	4048	17112	
29		% Total Ambulance arrivals delayed <60 mins	< 5%	1.05%	1.44%	2.07%	2.40%	3.14%	3.97%	4.07%	3.36%	6.08%	5.81%	4.61%	4.34%	5.12%	4.97%	
30		% Total Ambulance arrivals delayed >60 mins	< 1%	0.32%	0.85%	1.24%	1.44%	1.86%	1.70%	0.95%	0.43%	0.38%	0.68%	0.58%	0.75%	0.91%	0.73%	
31	Cancer (Cancer Data Reported in Arrears)	Breast Symptoms Referred To A Specialist Who Are Seen Within 2 Weeks Of Referral	≥ 93% per mth	82.9%	100.0%	97.8%	93.1%	88.2%	100.0%	82.8%	87.5%	88.2%	90.3%	95.5%	96.3%		94.0%	
32		31 Days For Second Or Subsequent Cancer Treatment - Surgery	≥ 94% per mth	100.0%	100.0%	85.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	
33		31 Days For Second Or Subsequent Cancer Treatment - Drug Treatment	≥ 98% per mth	100.0%	100.0%	100.0%	88.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	
34		National Screening Programmes Who Wait Less Than 62 Days From Referral To Treatment	≥ 90% per mth	87.5%	100.0%	100.0%	100.0%	100.00%	100.0%	100.0%	None- Eligible	75.0%	None- Eligible	100.0%	100.0%		100.0%	
35		Cancer Reform Strategy 62 Day Upgrade Standard	≥ 90% per mth	100.0%	100.0%	100.0%	100.0%	100.0%	95.6%	100.0%	86.7%	100.0%	100.0%	75.0%	100.0%		91.7%	
36		2 week wait (urgent GP referral to 1st outpatient appointment all urgent suspected cancer referrals)	≥ 93% per mth	94.1%	97.0%	98.0%	98.1%	95.9%	97.5%	93.1%	96.0%	97.7%	96.2%	95.5%	94.8%		95.5%	
37		NHS Cancer Plan 31 Day Standard	≥ 96% per mth	100.0%	100.0%	97.7%	96.8%	100.0%	100.0%	95.5%	100.0%	98.1%	100.0%	97.5%	100.0%		99.2%	
38		NHS Cancer Plan 62 Day Standard	≥ 85% per mth	85.7%	70.5%	74.7%	77.2%	75.9%	95.6%	69.8%	52.8%	84.1%	87.8%	81.2%	70.0%		80.0%	

No	Category	Performance Indicator	Standards 2016/17	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Year to Date	Trend	
39	Stroke	Stroke Care - Stroke patients to spend 90% of their stay on a stroke unit	≥ 80% per mth	88.3%	81.8%	95.8%	90.9%	93.8%	87.5%	94.1%	96.0%	81.0%	90.0%	100.0%	89.5%	94.4%	93.5%		
40	Fractured Neck of Femur	#NOF - Percentage of Patients Assessed by Ortho-geriatrician within 72hrs of admission to ED or fall within hospital	n/a				84.6%	88.5%	64.0%	67.0%	67.0%	77.0%	50.0%	63.0%	73.0%	81.0%	66.7%		
41		#NOF - Surgery within 36hrs of admission to ED or fall within hospital	n/a				88.5%	73.1%	76.0%	81.0%	72.0%	55.0%	57.0%	70.0%	88.0%	76.2%	72.8%		
42		Number of #NOFs admitted	n/a				26	26	25	21	18	24	30	24	26	21	101		
43	High Risk Transient Ischemic Attack	Number of High Risk TIA Patients	n/a							14	5	10	12	8	6		26		
44		Number Seen Within 24hrs	n/a							5	2	5	8	7	6		21		
45		% Performance	60%							35.71%	40.00%	50.00%	66.67%	87.50%	100.00%		84.72%		
46	Access and Waiting Times (Continued)	RTT - incomplete - 95th percentile	≤ 28 wks	16.4	17.0	16.4	17.0	16.6	17.0	17.5	17.6	18.7	20.1	19.7	19.5	17.6	19.2		
47		RTT Incomplete - 92% in 18 weeks	≥ 92% per mth	96.6%	97.8%	97.8%	98%	98.8%	97.6%	96.7%	96.8%	94.0%	92.0%	92.3%	92.0%	95.8%	93.0%		
48		Choose and Book slot availability	≥ 96% per mth	89%	71%	87%	85%	92%	70%	66%	78%	82%	80%	92%	87%	88%	87.0%		
49		Diagnostic Waits - Seen Within 6 Weeks	≥ 99.5% per mth	99.8%	99.9%	99.5%	99.5%	99.5%	99.9%	99.9%	100.0%	100.0%	99.1%	99.4%	99.6%	99.7%		99.5%	
50		Daycase Rate: Audit Commission Basket	≥ 85% per mth	88%	88%	93%	88%	80%	82%	81%	87%	80%	86%	93%	90%	92%	90.0%		
51		Outpatient DNA Rate	≤ 8% per mth	5.4%	5.2%	5.6%	5.2%	5.5%	5.2%	5.1%	4.5%	4.5%	4.9%	5.1%	5.7%	5.2%	5.2%	5.2%	
52		Outpatient New to Follow Up	≤ 1.6 per mth	1.6	1.6	1.5	1.6	2.1	1.6	1.6	1.6	1.6	1.7	2.0	1.7	1.6	1.8		
53	Cancelled Operations	Cancellation of Elective Care Operation for Non-Clinical reasons	≤ 0.8% per mth	1.37%	1.44%	1.88%	0.50%	5.20%	1.89%	0.58%	0.29%	0.69%	9.67%	5.74%	0.76%	1.43%	4.4%		
54		Cancelled operations - 95% of cancelled patients to be rebooked within 28 days	≥ 95% per mth	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%		

No	Category	Performance Indicator	Standards 2016/17	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Year to Date	Trend
55	Patient Flow	Delayed Transfers of Care	≤3.5% per mth	2.8%	0.8%	2.4%	1.6%	3.2%	3.2%	6.3%	2.4%	13.1%	13.7%	23.1%			18.4% 	
56		Average LOS (Days)	≤2.9 per mth	2.6	2.9	2.7	2.8	2.6	2.9	3.1	3.1	2.9	3.2	3.1	3	2.8	3.02 	
57		ED Conversion Rate	≤20% per mth	21%	23%	22%	20%	22%	23%	23%	23%	20%	21%	22%	22%	21%	22.0% 	
58		LOS over 10 days	≤18% per mth	12%	12%	13%	15%	14%	13%	16%	16%	14%	16%	14%	14%	12%	14.0% 	
59		Bed Occupancy	between 90-95%	88.8%	92.5%	92.1%	95.9%	98.1%	98.8%	90.2%	96.0%	99.7%	99.6%	92.2%	98.0%	98.4%	97.1% 	
60		Morning Discharge %	≥30% per mth	17.6%	20.4%	19.1%	23.1%	22.6%	20.9%	21.0%	22.5%	21.6%	24.2%	18.8%	20.4%	19.6%	20.7% 	
61		Discharges at Weekend as % of Discharges During Week	≥50% per mth	53.75%	59.64%	48.59%	54.37%	48.96%	57.50%	53.46%	53.82%	46.95%	45.62%	55.35%	51.38%	53.78%	51.5% 	
62	Patient Flow (Continued)	Admission On Day Of Surgery	≥98% per mth	98.4%	100.0%	96.7%	99.8%	99.7%	98.1%	95.6%	99.0%	100.0%	100.0%	98.1%	88.6%	89.8%	94.1% 	
63		Theatres -% late starts (Elective)	≤9% per mth	80.70%	82.52%	69.69%	41.28%	47.74%	33.00%	58.09%	41.80%	56.09%	50.90%	38.59%	42.96%	38.80%	42.8% 	
64		Theatre session utilisation (Elective)	≥95% per mth	100.00%	100.00%	100.00%	99.00%	98.00%	100.00%	100.00%	100.00%	99.00%	96.00%	97.00%	99.00%	100.00%	98.0% 	
65		Theatre in-session utilisation (Elective)	≥96% per mth	69.12%	70.92%	69.53%	71.59%	74.41%	69.63%	68.09%	66.24%	69.01%	65.05%	70.79%	70.91%	71.61%	69.6% 	

3.1 A&E 4 Hour Standard

We are underperforming as failing to consistently meet our current target on a daily basis. Performance improves toward the end of the week. Factors affecting patient flow are as follows:

- Patient discharges at weekends reduce causing pressures in flow on Monday and Tuesdays
- 'Green to Go' patient list static due to increasing complex discharge needs and lack of capacity for palliative/ fast track and EMI placements
- Transfers of care to other local Trusts is slowed due to Pan- BNSSG acute provider capacity issues
- Peaks in demand for Minor' walk in' patient arrivals

3.1.1 Actions taken to mitigate under-performance

A 'Reset the System' day was undertaken with senior managers and clinicians in the Trust last week and further days planned for November 16 and January 17 with wider community partners to participate.

In addition we undertake a regular daily teleconference / contact with BNSSG and Somerset partners to discuss and review the 'Green to Go' patients awaiting discharge. Senior management also participate in the Whole System Operational Group meetings chaired by the CCG.

Consultant and Senior Nurse Reviews of all ward patients take place every week day to manage the progress of patient pathways and additional Medical support for discharges implemented at weekends in Medicine. Additional clinical staffing has also been secured for ED when patient flow pressures predicted internally. ED Minors is now working with Clevedon MIU to divert patients there when agreed and as available.

A 2 hourly Board round is maintained in ED to monitor flow and there is a twice weekly ED working group meetings chaired by the MD. Currently we are focussing on ambulatory pathways from ED to AEC to avoid admissions and are planning to work with NHS Elect to improve the model further next month. We are working with ALAMAC to establish an ED IT based crowding tool which will automatically generate alerts / escalation from ED to managers and other Trust clinical specialties. The Trust has successfully appointed to the post of Head of Patient Flow who will commence in late October

3.1.2 Identifying any future risks

Community capacity is becoming a risk to increased patient LOS in terms of lack of specialist placements, CHC fast track, palliative care, discharge to assess capacity and EMI placements.

The Whole system pressures currently experienced will delay transfer of care across to the acute providers of Vascular, Neuro and Cardiac care. Reliance on external diagnostics such as Angiography has caused pressures this week and delays in patient pathways and this may continue into the winter. Additional winter bed capacity is still in use and causing financial and clinical pressures in staffing.

3.2 18 Week Referral to Treatment Time (RTT)

The Trust continues to achieve the 92% target for 18 weeks RTT and is working towards an achievement of 96% as agreed with the CCG for 2016/17. The Surgical team is currently reviewing theatre efficiencies and scheduling to ensure that the theatre sessions are fully utilised and more patients are booked onto theatre lists.

3.2.1 Identifying any future risks

The risk to RTT achievement will be during the winter period when the Trust faces significant bed pressures. An RTT Steering group is being established which will monitor performance and ensure the Trust continues to perform.

3.3 Cancer Standards

7 of the 8 cancer targets were achieved in the month of June, however the 62 Day Cancer standard continues not to be achieved by the Trust. During June the Trust only treated 25 patients of those 7.5 breached the 62 day target. The main themes of the breaches were due to complex patients, patient choice and delays in tertiary centres, the cancer team is working with both NBT and UHB as part of the 2016/17 CQUIN to implement breach reallocation policy. The implementation of the policy will support Weston in achieving the 62 day cancer performance.

3.4 Diagnostics (6 week standard)

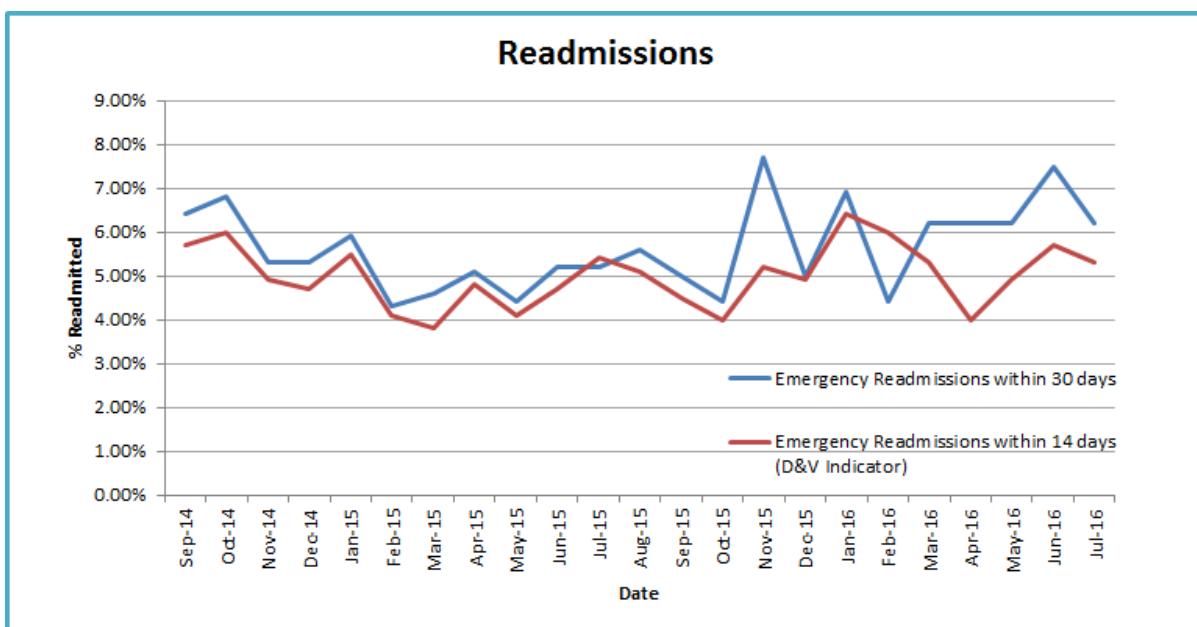
Currently the 6 week Diagnostics target is being achieved at 99.7%. At the moment there are no known emerging risks that would cause the Trust to fail to meet the target set for diagnostics. This is constantly reviewed and monitored by the departments.

3.5 Emergency Readmissions

Monitoring emergency readmission rates is important to the Trust as it can help to prevent or reduce unplanned readmissions to hospital.

The Trust monitors emergency readmissions within 14 days and 30 days. As illustrated in *Figure 13*, readmissions within 30 days returned to a stable 6.20% in July after a small increase in June. Readmissions within 14 days are often an indicator of infective illness such as diarrhoea and vomiting. This has been on the increase since April but has seen a decrease from June to July.

Figure 13:



Section 4 Human Resources

Executive Lead – Mrs Sheridan Flavin

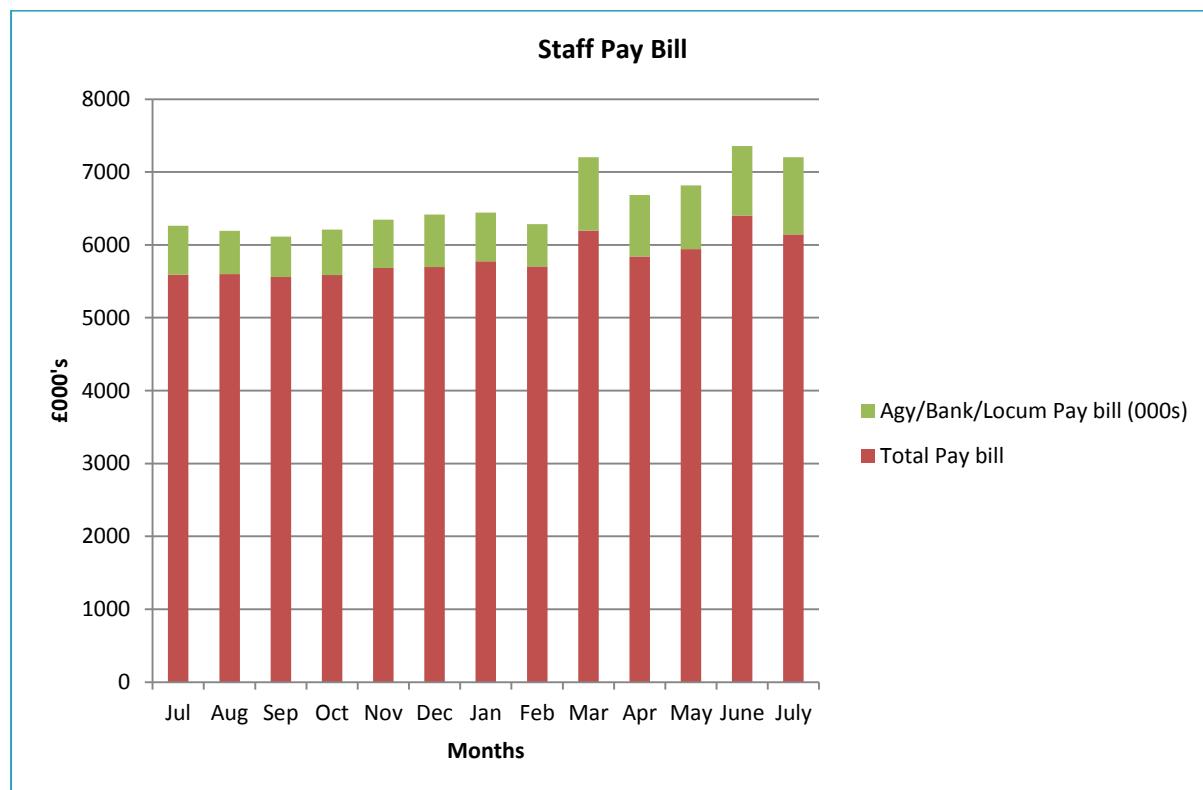
No	Category	Performance Indicator	Standards 2016/17	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Year to Date	Trend
66	Total Staffing	Total Staffing FTE Compared to Funded Establishment (% from target)	Not Applicable	-1%	-1%	-2%	0%	-2%	-2%	-1%	-1%	0%	-1%	-1%	-1%	0.39%	-1%	
67		Total Pay Bill (£000s)	Not Applicable	5592	5598	5558	5586	5681	5699	5733	5707	6198	0	5942	6404	6144	18490	
68		Agency/Bank/Locum Pay Bill (£000s)	Not Applicable	671	595	556	623	665	719	670	578	1005	842	877	953	1058	3730	
69	Sickness/ Absence	Sickness % in month	≤3% per mth	3.2%	3.5%	3.8%	3.5%	3.1%	4.4%	4.5%	4.3%	4.7%	4.4%	3.9%	3.3%	3.7%	3.8%	
70		Sickness Cumulative % (YTD)	≤3% per mth	3.9%	3.8%	3.8%	3.7%	3.7%	3.7%	3.8%	3.8%	3.9%	4.4%	3.9%	3.7%	3.6%	3.9%	
71	Turnover	Turnover % (rolling 12 months)	≤12%	16.3%	17.1%	16.0%	15.4%	14.9%	14.2%	13.9%	14.5%	14.4%	13.4%	13.0%	12.6%	12.4%	13.0%	
72	Stat/Man Training	Mandatory Training % (rolling 12 months)	≥90%	85.0%	86.7%	86.1%	85.7%	85.9%	86.7%	85.3%	85.0%	84.3%	84.0%	84.9%	85.6%	85.1%	84.9%	
73	Appraisal	Appraisals % (rolling 12 months)	≥85%	93.4%	90.7%	88.2%	87.9%	93.0%	86.6%	87.3%	87.7%	86.1%	86.7%	85.5%	85.9%	81.8%	85.0%	

4.1 Executive Summary Headlines

- The temporary staffing costs were 14.8% in June and 17.2% July as a percentage of the total pay bill
- Sickness rates were 3.3% in June and 3.7% in July
- The appraisal rate was 85.9% in June and 81.8% in July
- The training compliance rate was 85.6% in June and 85.1% in July

4.2 Workforce

Chart 1



4.2.1 Temporary Staffing

Chart 1 above shows the pay expenditure for contracted staff and temporary workforce. Temporary staffing costs continue to be high due to the operational challenges. During the

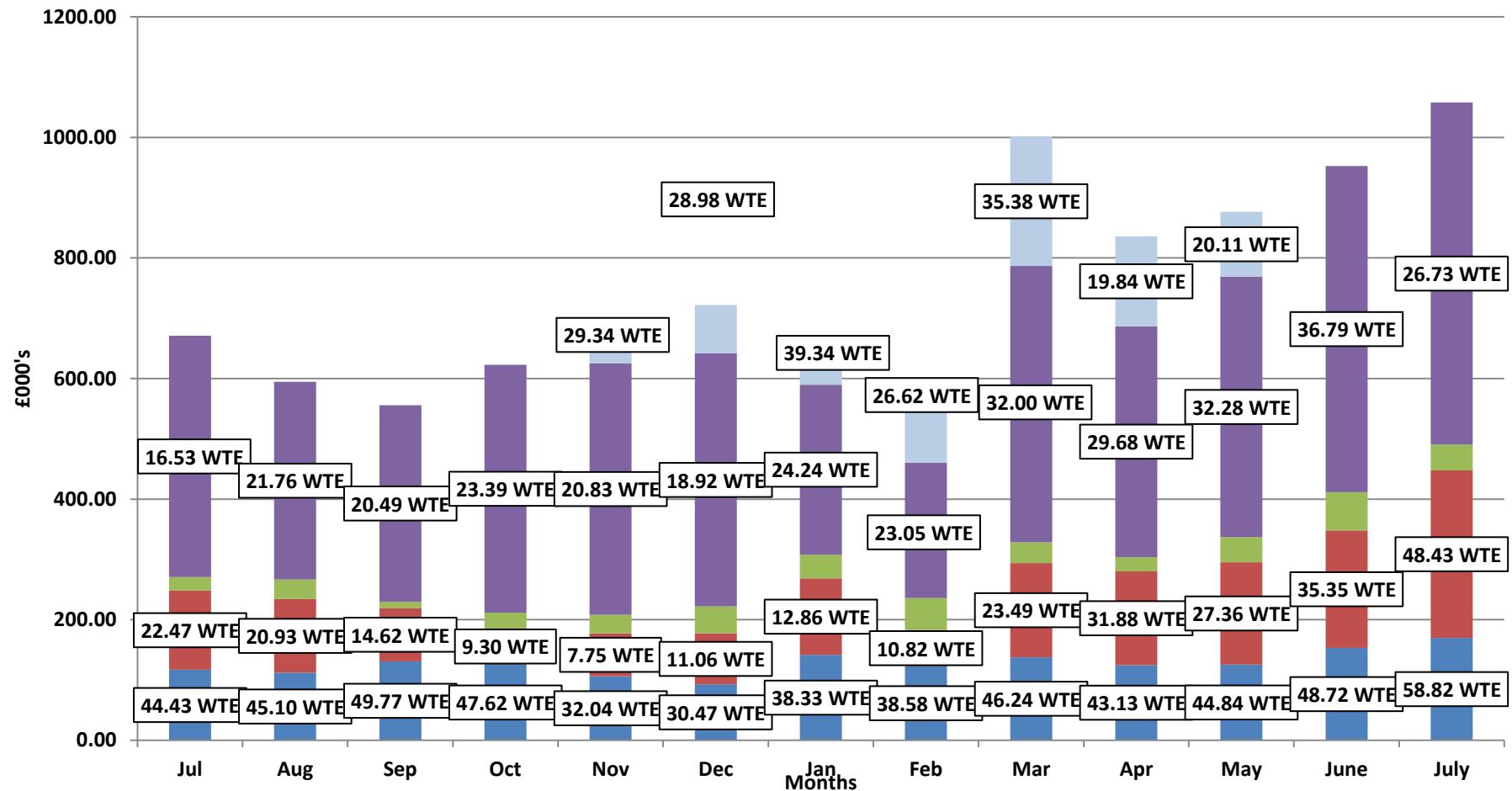
reporting period and since the start of the financial year, the Trust has seen high levels of unplanned extra capacity use. The use of unplanned bed capacity requires an increase in the use of our temporary workforce which has increased the Trust's usage of high costs nursing agencies.

Chart 2 shows a breakdown of our temporary staffing costs by staff groups, and outlines the whole time equivalent against expenditure month by month. Over the past four months agency usage and cost has increased, month on month

Chart 2

Bank and Agency Spend

■ Bank Nurses ■ Agency Nursing ■ Other Agency ■ Medical Agency ■ Winter



As part of the Trusts planning for the current financial year and as previously reported, the Trust has submitted an operational, financial and workforce plan, which includes planned agency usage month by month.

Table 1 outlines the planned whole time equivalent agency usage compared to the actual temporary staffing usage. Unfortunately, the data illustrates that the workforce plan for temporary staffing has not been achieved for the year to date, with the current temporary staffing usage forecast to continue during August.

Registered nursing in the last two months, Support to nursing staff (nursing assistants) in the last four months and Medical and Dental staff for three out of the last four months, represent the staff groups with the highest levels of actual usage against planned usage.

Table 1

Agency Usage Planned v Actual 16/17	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<i>Registered Nurses</i>	29.0	28.0	11.0	11.0	11.0	11.0	11.0	26.0	26.0	35.0	35.0	35.0
Registered Nurses	24.1	22.6	24.6	33.6								
<i>Qualified Scientific, Therapeutic</i>	4.0	4.0	3.0	3.0	3.0	3.0	3.0	5.0	5.0	5.0	5.0	5.0
Qualified Scientific, Therapeutic	2.0	3.0	3.0	3.0								
<i>Support to nursing staff</i>	0	0	0	0	0	0	0	0	0	0	0	0
Support to nursing staff	7.8	9.1	10.7	14.9								
<i>Non Medical-Non-Clinical Staff</i>	1.0	1.0	1.0									
Non Medical-Non-Clinical Staff	2.0	2.0	2.0	1.0								
<i>Medical and Dental Staff</i>	27.5	27.5	27.5	27.5	27.5	27.5	27.5	30.5	30.5	30.5	30.5	30.5
Medical and Dental Staff	29.7	32.3	36.8	26.7								
<i>Agency staff Planned Total</i>	61.5	60.5	42.5	41.5	41.5	41.5	41.5	61.5	61.5	70.5	70.5	70.5
Agency staff Actual Total	65.6	69.0	77.1	79.1								

The Trust is working with NHS Improvement to identify areas of management process and poor practice that require improvement and development to ensure more effective use of temporary staff.

4.2.2 Recruitment

Recruitment across the Trust continues to be a challenge, particularly within our medical workforce. However, we have successfully recruited a Consultant Microbiologist who commenced employment in July; and have two Respiratory Consultants starting with the Trust in September.

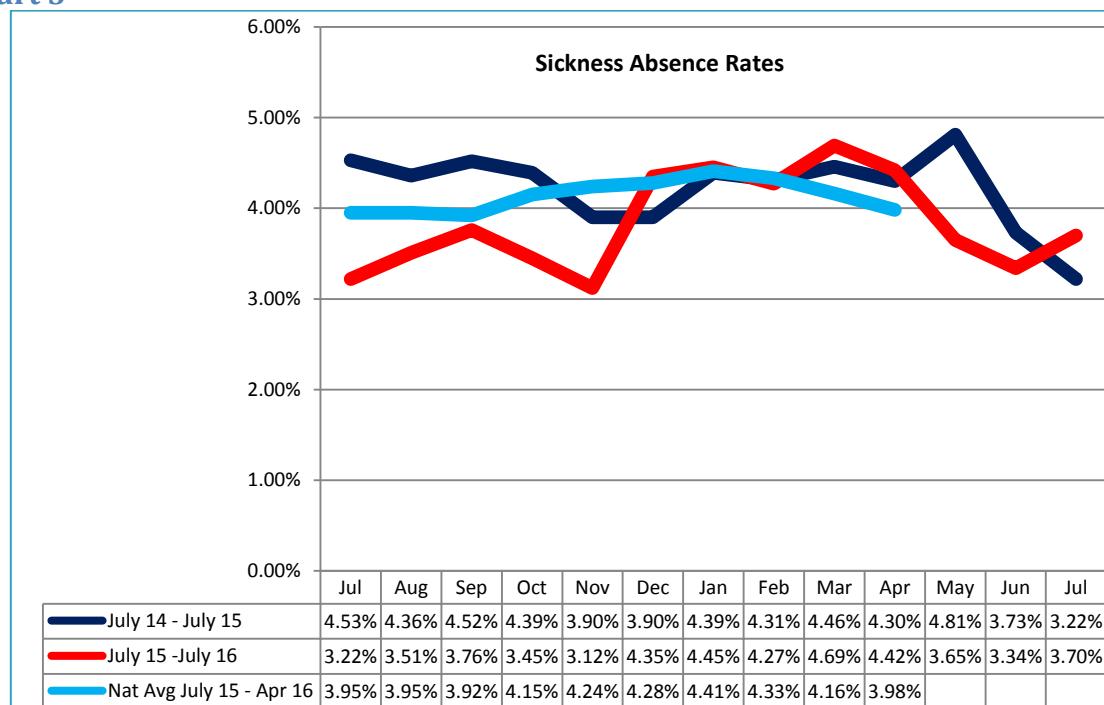
Whilst we strive to recruit in all specialties, the Emergency Department remain a priority and we have recently appointed one middle grade doctor and have a further four interviews in the process of being arranged.

Within nursing whilst agency use across our wards has been high, and in July accounts for 8.9% of our nursing workforce, vacancies within the core ward areas is low, with some areas over established. However a high level of vacancies exists within some of the more specialist areas such as Theatres and the Emergency Department. The Emergency Department have successfully appointed registered nurses who will be starting in the coming weeks'.

4.2.3 Sickness

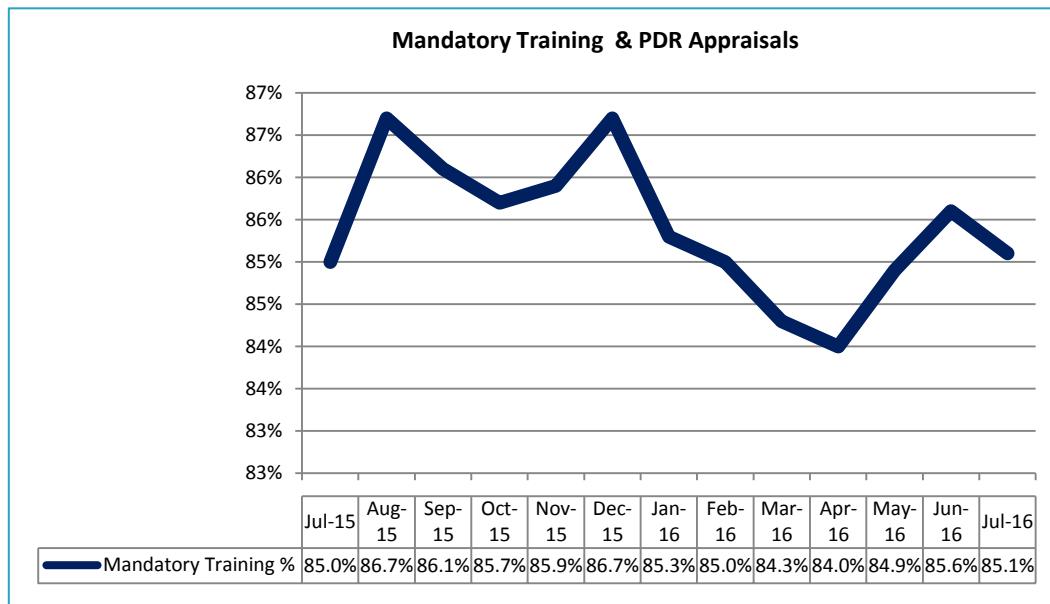
Sickness has remained low at 3.34% in June and 3.70% during July. The split between short and long terms sickness illustrates that short terms sickness was 1.87% in June and 2.21% in July, with long term sickness at 1.47% in June and 1.49% in July.

Chart 3



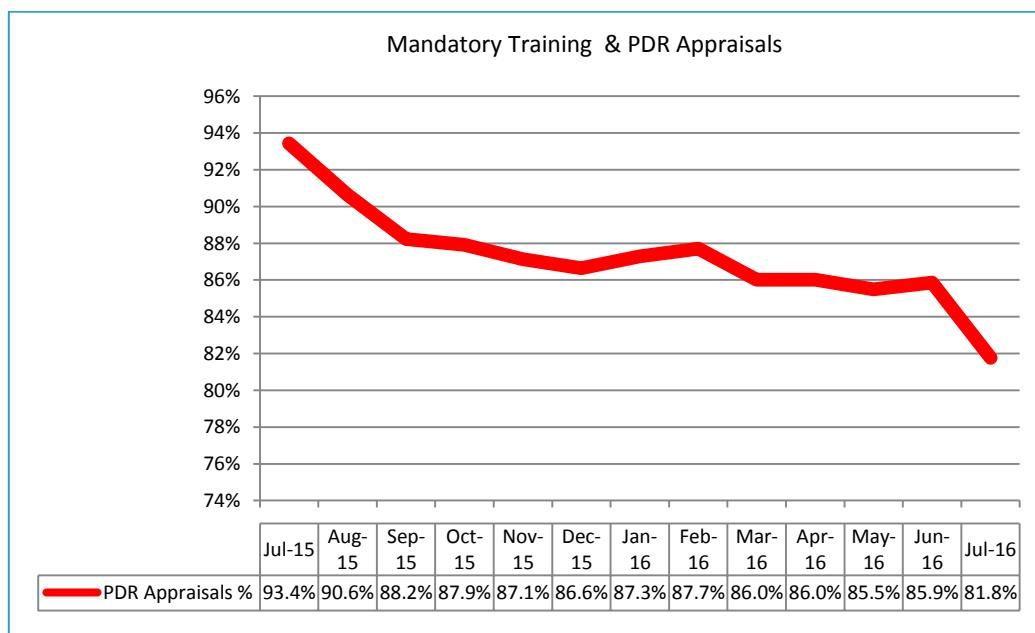
4.2.4 Statutory/Mandatory Training

The training compliance rate was 85.6% in June and 85.1% in July which represents a slight improvement on the previous two months of this financial year.



4.2.5 Appraisal

The appraisal rate was 85.9% in June and 81.8% in July. This means appraisal compliance rate has decreased to below the Trust target for the first time in over a year. A renewed focus over the coming months will ensure we are working with managers to make sure appraisals are being completed and accurately recorded.



4.2.6 Junior Doctors Contract Negotiations

The Junior Doctors Contract implementation is now underway with the first cohort of doctors being transferred onto the new contract with effect from December 2016. The contract implementation timetable as detailed below shows at what stage each grade and speciality transfer onto the new contract.

Speciality	Grade	Numbers in the Trust	Implementation Date
Medicine and Surgical Foundation One	F1	21	07 December 2016
Surgery	F2 / ST1&2/GPVTs, ST3	10	04 April 2017
Orthopaedic Senior	ST3 - 7 (+ SAS)	4	04 April 2017
Medicine Junior	F2 / CT1&2/GPVTs + CF	11	01 August 2017
Medicine Registrar	ST3 -7 + CF	4	01 August 2017
Anaesthetics	Ct1/CF/SAS	3	01 August 2017
Emergency Junior	F2 / GPVTS	8	01 August 2017
Rheumatology	ST6	1	01 August 2017
Radiology	ST3	1	01 August 2017
Medical Education	CF (ST3)	2	01 August 2017

Section 5 – Finance Report

Executive Lead – Mr Rob Little

No	Category	Performance Indicator	Standards 2016/17	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Year to Date	Trend
73	Cash	Cash available (£000)	303	1328	3091	1993	1622	1869	1131	3927	4751	3825	3141	2408	2430	3811	11790	
74	Capital	Capital expenditure against plan (£000)	3,500	1113	1370	1601	2049	2402	2629	2787	3168	5609	46	86	201	448	781	
75	Public Sector Payment Policy	Performance against the prompt payment policy	≥95%	94.3%	94.9%	95.4%	95.8%	95.9%	96.1%	96.3%	96.4%	96.7%	97.5%	97.5%	97.4%	97.1%	97.4%	

5.1 Executive Summary Headlines

- The financial position at Month 4 is that the Trust is reporting a year to date deficit which is in line with the plan.
- Total income is £151k under plan at the end of July.
- Overall expenditure is £150k under plan at the end of July.
- The Trust's plan for the year is a deficit budget of £3.2m.

5.1.1 Statement of Comprehensive Income Position to Date

The financial position at Month 4 is that the Trust is reporting a £1,545k deficit which is in line with the Trust plan.

Revenue from patient activity is £339k under plan for the 4 months to the end of July 2016. Other sources of income are £188k over plan. Overall expenditure for pay, non pay, reserves and depreciation is £150k under plan as at M4. Pay is £382k overspent and Non pay expenditure is £40k under plan. The Trust's Service Improvement Programme (SIP) is below target by £330k year to date. The adjusted run rate for expenditure has decreased by £1k in July, when compared with the June level.

5.1.2 Statement of Comprehensive Income Position In Month

Income from patient care activity is £226k over plan whilst other sources of income generated £98k more than plan. Pay and non pay expenditure, including savings delivery, is £264k over plan for the month of July. The Trust's Service Improvement Programme (SIP) delivered £242k in July against a plan of £314k.

5.1.3 Cash

The cash plan for 2016/17 is to hold a yearend balance of £1,541k at 31st March 2017. The opening cash balance as at 1st April 2016 was £3,825k. The cash balance of £3,811k, as at 31st July, is £1,467k higher than the planned position of £2,344k.

5.1.4 External Financing Limit

The Trust's External Financing Limit will be achieved through the management of cash and working balances along with the planned level of Public Dividend Capital.

5.1.5 Capital Resource Limit

The capital resource limit for 2016/17 is £4,000k and in addition the Trust is due to receive £1,078k exceptional PDC capital funding for the upgrade of the interim patient administration system. The Trust's anticipated forecast capital resource and spend on capital projects is £5,078k. As at the 31st July the programme has delivered capital expenditure of £448k. The Trust will operate within its Capital Resource Limit with continued capital programme management and prioritisation.

5.1.6 Capital Cost Absorption rate

The Trust's Capital Cost Absorption (CCA) rate is fixed at 3.5% and was calculated based on 3.5% of actual balance sheet values at the end of the financial year.

5.1.7 Better Payment Practice Code (BPPC)

The Trust's overall performance as at 31st July 2016 is 97.1% on the number of invoices paid and 96.5% on the value of invoices paid.

Financial Dashboards 2016/17: Month 4

	Level 1 Financial Indicator	Calculation	Annual Target 16/17	May 2016				June 2016				July 2016				Forecast Outturn Actual	Forecast Outturn Traffic Light
				Plan / Target	Actual	Traffic Light	Variance from Target	Plan / Target	Actual	Traffic Light	Variance from Target	Plan / Target	Actual	Traffic Light	Variance from Target		
<u>Financial duties</u>																	
Cumulative	Bottom line Statement of Comprehensive Income	Bottom line Statement of Comprehensive Income against plan Surplus/ (Deficit) before impairments	-3200	-577	-577	Green	0	-1529	-1529	Green	0	-1545	-1545	Green	0	-3200	Green
In month	Bottom line Statement of Comprehensive Income	Bottom line Statement of Comprehensive Income against plan Surplus/ (Deficit) before impairments	-3200	506	506	Green	0	-952	-952	Green	0	-16	-16	Green	0	-242	Green
Cumulative	Achievement of External Financing Limit	Cash available against planned cash available	1541	1632	2408	Green	776	898	2430	Green	1532	2344	3811	Green	1467	1541	Green
Cumulative	Achievement of Capital Resource Limit	Capital Expenditure against plan	5078	86	86	Green	0	201	201	Green	0	448	448	Green	0	5078	Green
<u>Subsidiary duties</u>																	
Cumulative	Capital cost absorption rate		3.50%	3.50%	3.50%	Green		3.50%	3.50%	Green		3.50%	3.50%	Green		3.50%	Green
Cumulative	Better Payment Practice Code	Year to date performance against the prompt payment policy for Combined NHS & Non-NHS suppliers (by number)	95.0%	95.0%	97.4%	Green	2.4%	95.0%	97.4%	Green	2.4%	95.0%	97.4%	Green	2.4%	95.0%	Green

5.2 The Income and Expenditure Position of the Trust

5.2.1 The financial position at Month 4 is a deficit of £1,545k.

5.3 Expenditure

5.3.1 The main points are:

- The position is that overall the Trust has overspent the expenditure budgets by £672k year to date which includes under delivery of Savings (SIP) of £330k. This overspend, along with the income underachievement, has been offset with £822k from reserves which is a reduction of £60k from last month.
- Pay expenditure is higher than budgeted with an overspend of £382k year to date at Month 4. The only staff category with an overspend at the end of July was Medical staff (£601k), however the cost of the junior doctor bandings back pay (£345k) is included in this figure. This is offset by underspends in the Admin and Clerical (£161k), Nursing (£47k), Biomedical Scientists (£74k) and Ancillary Staff (£60k) categories.
- Bank and agency expenditure on Nursing increased by £100k in July with additional capacity in use and other staffing requirements. Agency expenditure increased by £83k in July to £278k, compared to £195k in July, whilst Bank expenditure also increased by £17k from £153k in June to £170k in July.
- The Trust has a significant number of Medical staff vacancies which has led to a high use of Agency locums to cover the Trust services. Medical agency expenditure increased from £521k in June to £567k in July. Some of the locum expenditure is offset by medical staff vacancy savings of £333k.
- Non pay expenditure is £40k under budget at the end of July. There are overspends on NHS recharges (£60k), Linen, Laundry and disposable clothing (£40k), Medical and Surgical Equipment (£40k), X ray expenditure (£21k) and Print, Postage and Stationery (£29k), offset by underspends on Drugs (£76k), Blood Products (£39k), Utilities (£18k), Training (£20k) and Travel and Subsistence (£20k).

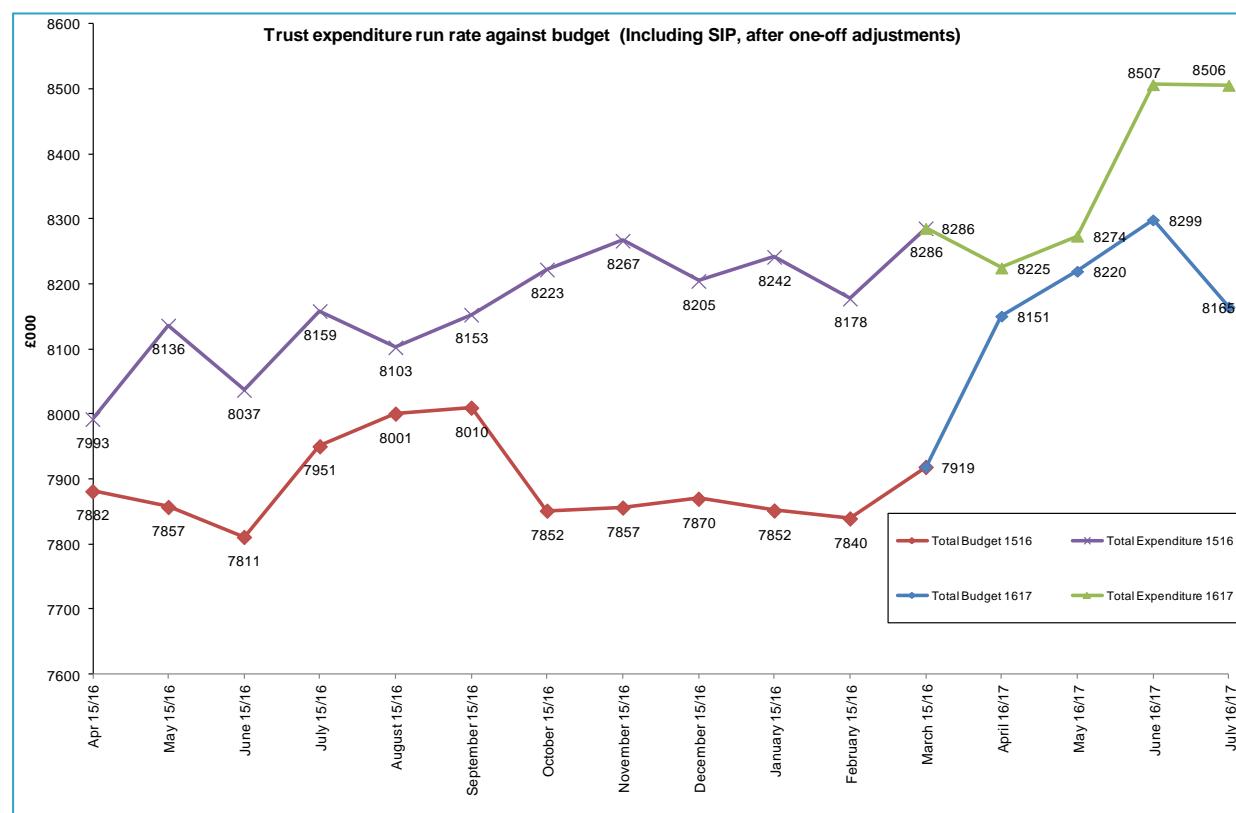
5.3.2 At Month 4 the main points for the Directorate and Corporate performance is as follows:

- The Emergency Directorate has overspent by £557k at the end of month 4. Of this, Pay expenditure is overspent by £417k and Non Pay is overspent by £13k. SIP delivery is underachieved by £131k.
- The Surgical Directorate has overspent by £385k at the end of July. The pay overspend is £278k whilst non pay is underspent by £13k. The SIP underachievement is £126k.
- The Clinical Support Directorate has underspent by £21k at the end of month 4. The pay underspend is £164k whilst non pay is overspent by £26k. The Directorate income is £22k below the planned level which is primarily due to reduced income from the Waterside private patient facility. The Directorate also had a SIP underachievement of £95k.

- The Estates and Facilities Directorate has underspent by £114k at the end of July. Pay is underspent by £57k whilst non pay is underspent by £21k. Savings are overachieved by £36k.
- The Corporate Departments have underspent by £142k.

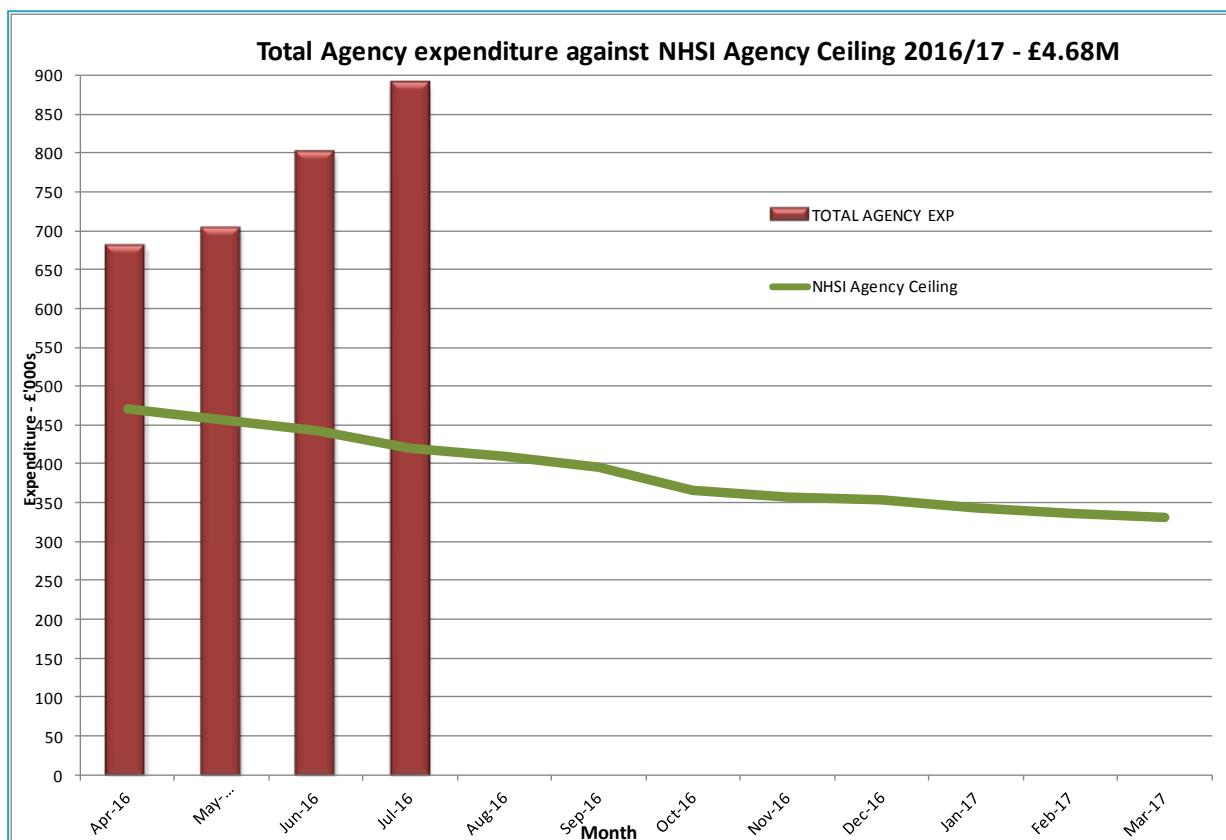
Reserves have been deployed to cover spending where there are agreed allocations such as Medical agency premiums, winter resilience and ED Sustainability.

5.3.3 The Trust's expenditure run-rate information has been rebased to neutralise the effect on both expenditure and budgets for variations in monthly NICE funded drugs expenditure, winter expenditure and ED Sustainability which has no overall impact on the Trust's net financial position. There have also been amendments for one-off exceptional items. The Trust's expenditure run rate is shown in the table below compared to the adjusted budget expenditure for each month.

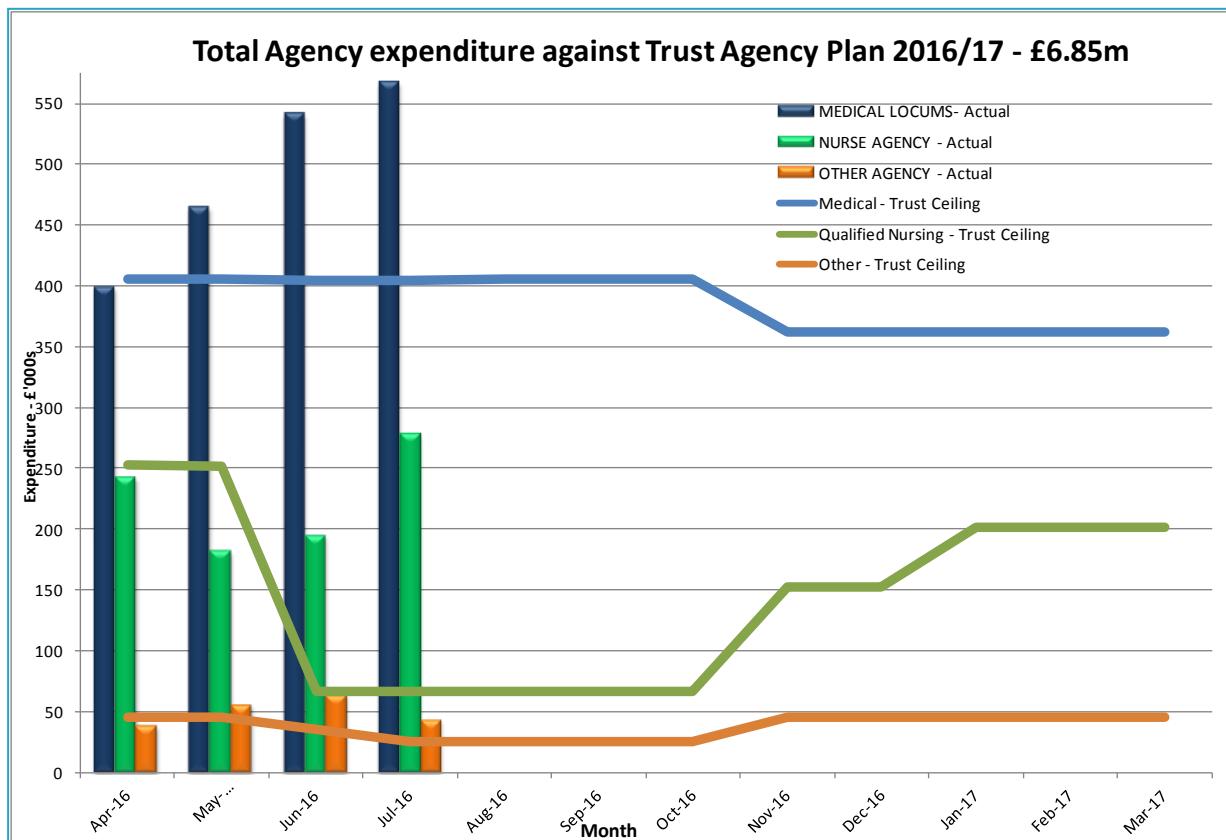


The adjusted budget run rate for July is £8,165k a decrease of £134k compared with June. The adjusted expenditure run rate has decreased in July by £1k, from £8,507k in June to £8,506k in July.

5.3.4 Agency expenditure ceiling. The graph below shows performance for the first 4 months against the NHSI agency expenditure ceiling. The annual ceiling is £4.68m however the Trust planned expenditure is actually £6.85m. For the first 4 months of the year the Trust failed to deliver within the ceiling of £1.79m, as the total spend was £3.07m, £1.28m above the ceiling. The Trust's own plan was also exceeded by £659k. In month there was an increase of £89k.

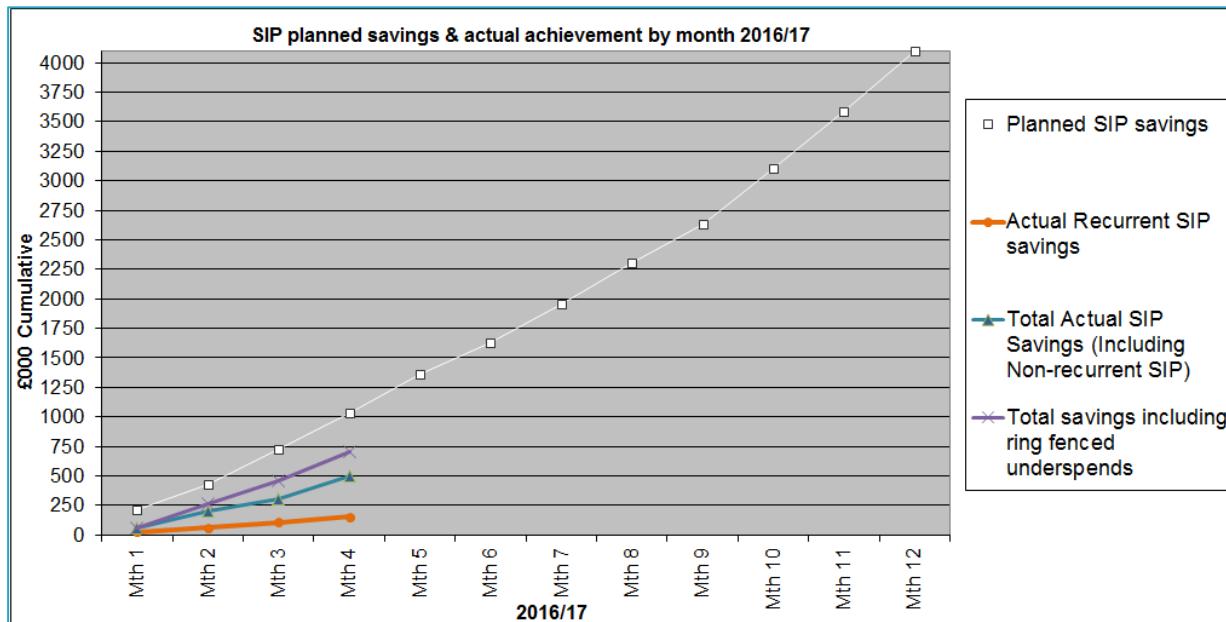


The graph below shows the agency spend against the Trusts internal agency plan, by staff group. It shows that in month Medical agency was £162k over the plan, agency Nursing was £211k over plan and the agency used to cover Other staff groups was £18k over plan. Agency expenditure must be strictly managed to bring it down to the levels of the Trusts plan.



5.4 Savings Plans (SIP)

5.4.1 The Trust savings requirement of £4.099m for the year represents 4.12% of directorate expenditure budgets. The position on the programme is that the actual saving at month 4 is £706k, an under-performance of £331k. There have been recurrent savings of £156k, and non recurrent of £550k. The Trusts performance against its monthly SIP savings requirement is shown below.



5.5 Activity and Income

5.5.1 Overall patient activity income is assessed at £339k under plan at the end of July 2016.

- Income related to North Somerset CCG contract is £449k under plan.
- Income related to the Somerset CCG contract is £57k over plan
- Other CCG patient care activities is £168k over plan
- The Specialist services contract is £140k under plan
- Local authorities income is £26k over plan
- Private patients' income is £34k under plan.

July 2016 Activity and Income Report

	Annual Plan	YTD Plan	YTD Actual	YTD Variance	Variance
	£,000	£,000	£,000	£,000	%
Day cases	9,757	2,897	2,706	(191)	-6.6%
Elective Inpatients	6,160	1,876	1,813	(63)	-3.4%
Non Elective Inpatients	26,923	8,778	9,208	430	4.9%
Non Elective Excess Bed days	1,200	390	427	37	9.5%
Elective Excess Bed Days	59	20	17	(3)	-15.0%
First Outpatients	5,532	1,837	1,760	(77)	-4.2%
Follow up Outpatients	5,319	1,770	1,746	(24)	-1.4%
Outpatient procedures	2,694	897	1,016	119	13.3%
ED attendances	6,699	2,233	2,324	91	4.1%
Critical Care	2,491	830	830	0	0.0%
Rehabilitation	1,788	596	576	(20)	-3.4%
Children Services	2,684	895	895	0	0.0%
Direct Access	3,554	1,185	1,241	56	4.7%
Audiology	665	222	219	(3)	-1.4%
Dietetics	61	20	25	5	25.0%
Maternity Services	2,698	899	869	(30)	-3.3%
NICE income	6,325	2,108	1,852	(256)	-12.1%
Unbundle OP radiodiagnostic	1,164	388	400	12	3.1%
CQUINS	2,053	684	352	(332)	-48.5%
Private Patients	340	113	180	67	59.3%
NHS pass through drugs e.g. CDF	1,408	493	493	0	
Other	(3,817)	2,279	2,060	(219)	-9.6%
Sub total	100,109	32,567	32,230	(337)	-1.0%
Penalties	0	0	(2)	(2)	
Total	100,109	32,567	32,228	(339)	-1.0%

Significant over & under performance areas				
		Volume variances greater than 5% and more than 10 cases		
	Day cases	%	Elective inpatients	%
Over performing	Urology	45%	General Medicine	228%
	Rheumatology	30%	Colorectal Surgery	40%
	Trauma & Orthopaedics	11%		
	Colorectal Surgery	7%		
Under performing	General Medicine	-40%	Cardiology	-29%
	Gastroenterology	-36%	Gynaecology	-28%
	Cardiology	-35%	Gastroenterology	-18%
	Paediatrics	-30%	General Surgery	-14%
	Clinical Oncology	-28%	General Medicine	-13%
	Upper GI Surgery	-10%	Trauma & Orthopaedics	-9%
	Breast Surgery	-6%	Urology	-7%
	Non Elective inpatients	%	Outpatient procedures	%
Over performing	Gastroenterology	300%	Diabetic medicine/Endocrinology	2700%
	Cardiology	75%	Rheumatology	118%
	General Medicine	8%	General Surgery	37%
			Urology	30%
			Trauma & Orthopaedics	24%
			Urology	23%
			Trauma & Orthopaedics	13%
			Colorectal Surgery	10%
			Gynaecology	10%
			ENT	9%
Under performing	Paediatrics	-19%	Ophthalmology	-27%
	Gynaecology	-13%	Upper GI Surgery	-25%
	General Surgery	-9%	Breast Surgery	-25%
	Urology	-8%	Paediatrics	-20%
			Colorectal Surgery	-14%
			General Surgery	-6%
	First Outpatient attendances	%	F/U Outpatient attendances	%
Over performing	Cardiology	73%	Cardiology	168%
	Chemical Pathology	50%	Clinical Oncology	35%
	Anticoagulant Service	42%	Clinical & Medical Oncology	35%
	Endocrinology	16%	Gynaecology	20%
	Colorectal Surgery	12%	Endocrinology	19%
	General Medicine	10%	Rheumatology	14%
	Rheumatology	10%	Chemical Pathology	11%
	Paediatrics	7%		8%
				7%
Under performing	Clinical Oncology	-34%	Anticoagulant Service	-53%
	Clinical & Medical Oncology	-34%	Genito-Urinary Medicine	-39%
	Upper GI Surgery	-32%	Palliative Medicine	-37%
	Gastroenterology	-28%	Upper GI Surgery	-32%
	Urology	-20%	Geriatric Medicine	-27%
	Palliative Medicine	-20%	General Medicine	-24%
	Trauma & Orthopaedics	-18%	General Surgery	-18%
	Trauma & Orthopaedics incl paed	-18%	Trauma & Orthopaedics	-17%
	Genito-Urinary Medicine	-16%	Cardiothoracic Surgery	-10%
	Geriatric Medicine	-11%	Ophthalmology	-10%
	Gynaecology	-9%	Respiratory Medicine	-7%
	Gynaecology	-9%	Colorectal Surgery	-7%
	Respiratory Medicine	-6%	Urology	-6%

5.5.2 The following table shows the overall activity for the period ended 31st July 2016:

The Activity plan YTD has been determined using the average monthly activity for the last two financial years.						
July 2016 Activity and Income Report						
Volumes including ACC	Annual Activity Plan	YTD Activity Plan	YTD Activity Actual	YTD Activity variance	YTD Volume	Variance %
Elective Day Cases	14,090	4,481	4,627	146	3.3%	
Elective Inpatients	1,665	525	487	(38)	-7.2%	
Non-Elective Inpatients	14,663	4,781	4,906	125	2.6%	
First Outpatients	35,787	11,881	11,067	(814)	-6.9%	
Follow Up Outpatients	57,089	18,990	18,390	(600)	-3.2%	
Outpatient procedures	12,508	4,170	4,567	397	9.5%	
Emergency department attendances	53,700	17,903	17,716	(187)	-1.0%	

5.6 CQUINS

5.6.1 At the time the income position was reported to the main commissioner the CQUIN's were calculated on some estimates, subject to final validation, and the shortfall in delivery was £54k year to date. The CQUINs position will be monitored on a monthly basis as performance information becomes available. Please note that the year to date plan of the CQUIN's is not 4/12's of the annual plan – the payment on a number of the schemes is heavily weighted towards delivery later in the year.

The estimated CQUIN performance for the first 4 months shows that there is a shortfall in the income achieved as follows:

	Annual Plan	Plan YTD	M1	M2	M3	M4	Total	YTD VARIANCE
Health & Wellbeing Initiatives Option B	201158	40,232	13,411	13,411	13,410	0	40,232	0
Healthy foods	201158	40,232	13,410	13,411	13,411	0	40,232	0
Flu vaccinations - Clinical Staff	201158	40,232	13,411	13,411	13,410	0	40,232	0
Sepsis identification in Emergency departments	100579	33,191	4,149	4,149	4,149	4,149	16,596	-16,595
Sepsis identification in Acute inpatient setting	100579	33,191	8,298	8,298	8,298	8,297	33,191	0
Reduction in antibiotic consumption per 1,000 admissions	160926	40,232	13,411	13,411	13,410	0	40,232	0
Empiric review of antibiotic prescriptions	40232	13,411	3,353	3,353	3,353	3,352	13,411	0
Advice and guidance	160926	10,728	0	0	0	0	0	-10,728
Providing a robust medicines reconciliation service to patients	241389	26,821	0	0	0	0	0	-26,821
Living Beyond Cancer	201158	13,411	3,353	3,353	3,353	3,352	13,411	0
Implementation of Treatment Escalation Plans	201158	33,526	6,705	6,705	6,705	13,411	33,526	0
Achieving 62 day cancer target (GP referred)	201158	67,053	16,763	16,763	16,763	16,764	67,053	0
Total		2,011,578	392,260	96,264	96,265	96,262	49,325	338,116
								-54,144

5.7 Sanctions

5.7.1 A provision of £2k for sanctions for the period ending 31st July 2016 has been included and is shown in the table below. This will be updated as the validation of performance in these areas is finalised.

Estimate of Payable Sanctions - Months 1-4 16/17	April	May	June	July	YTD
	2016	2016	2016	2016	2016-17
	Actual	Actual	Actual	Actual	Total
Sanctions that remain applicable after STF agreed					
Cancer 2 week waits	0	0	0	0	0
Users referred urgently with breast symptoms	600	0	0	400	1,000
Cancer - no more than 31 days from diagnosis to first definitive treatment	0	0	0	0	0
31 days for subsequent treatment where that treatment is surgery	0	0	0	0	0
No more than 31 days for subsequent treatment where that treatment is an anti-cancer drug regimen	0	0	0	0	0
No more than 31 days for subsequent treatment where the treatment is a course of radiotherapy	0	0	0	0	0
Cancer - no more than 62 days from referral from an NHS screening service to first definitive treatment	0	0	0	0	0
Mixed sex accommodation breach	500	250	500	0	1,250
Operations cancelled, on or after the day of admission, for non-clinical reasons to be offered another binding date within 28 days	0	0	0	0	0
Zero tolerance methicillin-resistant Staphylococcus aureus	0	0	0	0	0
Minimise rates of Clostridium difficile*	0	0	0	0	0
No urgent operation should be cancelled for a second time*	0	0	0	0	0
VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE, as defined in Contract Technical Guidance	0	0	0	0	0
Duty of candour	0	0	0	0	0
Valid NHS Number field in mental health and acute commissioning data sets submitted via SUS	0	0	0	0	0
Valid NHS Number field in A&E commissioning data sets submitted via SUS	0	0	0	0	0
IAPT Minimum Data Set outcome data for all appropriate Service Users	0	0	0	0	0
IAPT programmes: the percentage of Service Users referred to an IAPT programme who are treated within six weeks of referral	0	0	0	0	0
IAPT programmes: the percentage of Service Users referred to an IAPT programme who are treated within 18 weeks of referral	0	0	0	0	0
Total Sanctions	1,100	250	500	400	2,250

5.8 Sustainability and Transformation Fund

5.8.1 £3.6m of STF monies are planned to be achieved by the Trust in 2016/17. These are earned based on the performance against the following criteria –

Delivery of Finance position in line with submitted monthly profiled plan of £3.2m deficit	70%
Delivery of agreed Referral to Treatment trajectory	12.5%
Delivery of agreed A&E 4hour trajectory	12.5%
Delivery of agreed Cancer 62 day trajectory	5%
Total of £3.6m funding dependant of above performance measures	100%

The RTT and A&E 4 hour performance is measured on a year to date basis, whereas the 62 day cancer is measured on a cumulative quarterly basis, with each quarter measured separately. The trajectory has been met for RTT and A&E, and whilst the Cancer 62 day performance is still to be reported it is also believed to be recoverable for quarter 2.

The remaining 70% of the STP fund is dependent on the delivery of the year to date financial position in line with the plan submitted to NHS Improvement in early June. This showed that the planned position at the end of month 4 is a deficit of £1.267m. The Trust has therefore reported that this plan was achieved after an adjustment relating to the phasing of CQUINs income. The impact of the adjusting item is shown below:

	£k
Month 3 Statement of Comprehensive income (as per financial ledger)	-1545
Income Adjustment - Including CQUINs profiling	278
Planned Quarter 1 deficit as submitted to NHS Improvement	-1267
Planned deficit as submitted to NHSI	-1267

As it has been assumed that all of the criteria will be delivered for the first 4 months of the year this has achieved £1,200k of the STF monies.

5.9 Summary of Risks

The table in Appendix A shows the Trust is forecasting the delivery of the £3.2m deficit control total at year end. At this stage for the year it is too early to work through a detailed year end forecast, due to the number of variables. There are a number of risks to the delivery of the planned deficit of £3.2m and known when the plan was agreed for the year.

The key risks are-

- Ability to deliver the planned activity levels in order to secure all income agreed in Commissioners contracts. This includes the recovery of underperformance against elective work, and the planned additional £2.1m of elective activity in quarters 3 and 4.
- Delivery of 90% of the CQUINs income.
- The delivery of the Operational trajectories required to secure the full £3.6m of Sustainability and Transformation funds.
- A reduction in medical agency back to affordable levels – in line with the Trust medical agency plan.

- Reduction of Nursing agency and the management of nursing expenditure within funded levels.
- The plan to deliver services within the funded bed base throughout autumn and winter.
- Continuing to provide ED services within the available funds.
- Maximising the value of savings schemes – SIP must maximise delivery against the original planned value of £4.098m.

5.10 Statement of Financial Position

5.10.1 The Trust's main accounting statements are shown in the appendices of this report and see Appendix B for the Statement of Financial Position as at 31st July 2016.

Cash

5.10.2 The External Financing Limit will be achieved by in year management of cash and working balances. The cash balance of £3,811k, as at 31st July, is £1,467k higher than the planned position of £2,344k. The difference between actual cash balance held and the statement of financial position balance £3,000k relates to un-presented cheques, BACS and cash in transit as at 31st July.

5.10.3 The Trust met the quarter 1 trajectories on Sustainability and Transformation Fund (STF) to trigger a payment of £900k i.e. One quarter of the annual £3,600K STF due, the money will be received from in August 2016.

5.10.4 The process for receiving the planned £3,200k interim revenue support is still in the process of being finalised nationally. It is anticipated that an application may not be required, as in previous years, as the Trust has signed up to deliver the STF targets. Within the Trusts current cash plan it is assuming £1,600k will be received in October 2016 with the balance to be drawn in March 2017.

5.10.5 If the trust requires any short term cash facilities should either the STF or the interim revenue support be delayed, then it will access cash via the Interim Revenue Financing (Revolving Working Capital Support Facility). The forecast balance as at 31st March 2017 is £1,541k which will ensure that the Trust meets its requirement to remain within its External Financing Limit.

Debtors

5.10.6. The figures from the debtors system represent invoices raised for which cash has yet to be received. The total outstanding debt as at 31st July is £1,197k, which is divided between NHS £840k, Private Patients £54k and non NHS £303k. Debts over 250 days represent £112k which is 9.3% of the total debt.

Creditors

5.10.7 The measure for the better payment practice code is to pay all NHS and non-NHS trade creditors within 30 calendar days of receipt of goods or a valid invoice (whichever is later),

unless other payment terms have been agreed. The compliance is for at least 95% of invoices to be paid (by the bank automated credit system or date and issue of a cheque) within thirty days, or within agreed contract terms. The year to date performance against the target is:

	Number	Value
	%	%
Non-NHS	97.5	97.1
NHS	87.5	95.1
Combined	97.1	96.5

5.11 Capital Programme and Performance against Capital Resource Limit

5.11.1 The Trust will operate within its Capital Resource Limit and detailed capital programme management will enable the capital expenditure to be delivered within resources and the Trust's cash plans for the year. The Capital Planning Committee continues to monitor the capital priorities and projects and the detail is included on Appendix D. As at 31st July 2016 there has been £448k of capital expenditure.

5.12 Foundation Trust Continuity of Services Risk Rating

5.12.1 The Continuity of Services risk rating metrics, if the Trust was operating as a Foundation Trust, as at the 31st July 2016, scores a level 1.5. The liquidity ratio is (13.2) days and scores a level 2. The calculation for the Continuity of Services Risk Rating is detailed below; the Trust scores a 2 for liquidity and 1 for Capital Service capacity. This is due to the Trust's overall financial sustainability issues.

Continuity of Services Risk metrics		Weighting	Plan 2016/17			Year to date 2016/17		
			Plan 2016/17	Monitor Rating	Weighted rating	Year to date 2016/17	Monitor Rating	Weighted rating
Liquidity	Liquidity Ratio (days)	50%	(11.3)	2	1.0	(13.2)	2	1
Capital service capacity	Revenue available for debt service Annual debt service	50%	(1.9)	1	0.5	0.6	1	0.5
Continuity of Services Risk metrics				1.5	1.5		1.5	1.5

5.13 Recommendation

The Board is asked to note the Trust's Month 4 financial performance for 2016/17 regarding the revenue, capital and cash positions.