Public Board Meeting Report

Subject: Single Oversight Framework Integrated Performance Report
Date: 29th June 2017
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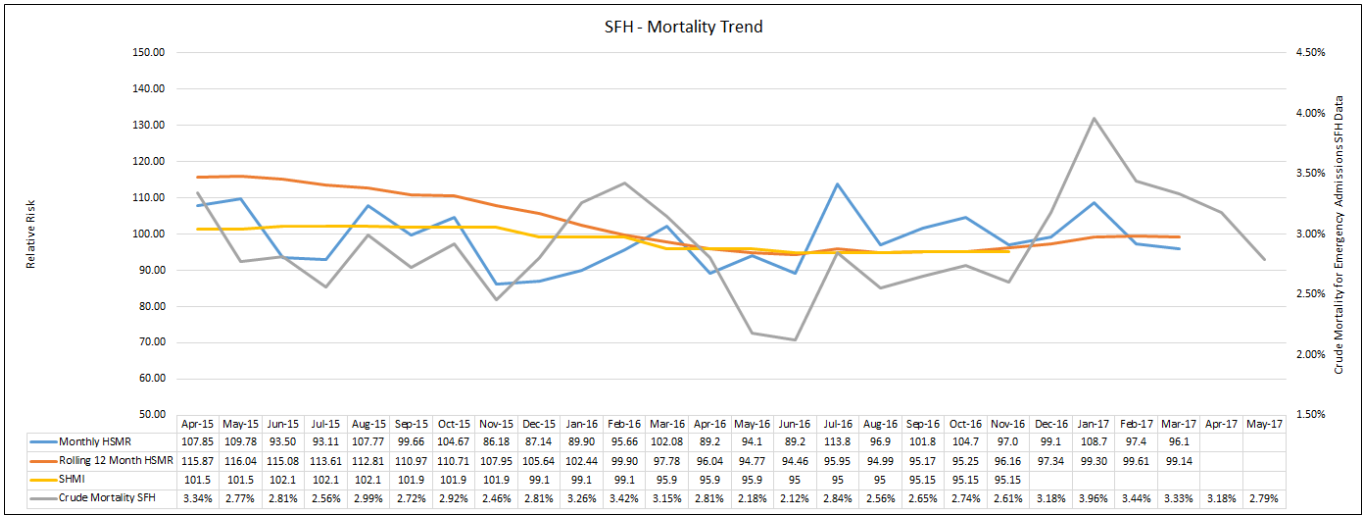
QUALITY, SAFETY AND PATIENT EXPERIENCE

MORTALITY

The table below indicates that, as expected the rise in crude mortality seen over the winter period has reduced to well within the expected norm. The Trust remains within the lowest 3rd nationally with regards to HSMR.



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Monthly HSMR	107.85	109.78	93.50	93.11	107.77	99.66	104.67	86.18	87.14	89.90	95.66	102.08	89.2	94.1	89.2	113.8	96.9	101.8	104.7	97.0	99.1	108.7	97.4	96.1		
Rolling 12 Month HSMR	115.87	116.04	115.08	113.61	112.81	110.97	110.71	107.95	105.64	102.44	99.90	97.78	96.04	94.77	94.46	95.95	94.99	95.17	95.25	96.16	97.34	99.30	99.61	99.14		
SHMI	101.5	101.5	102.1	102.1	102.1	101.9	101.9	101.9	99.1	99.1	99.1	95.9	95.9	95.9	95	95	95	95.15	95.15	95.15						
Crude Mortality SFH	3.34%	2.77%	2.81%	2.56%	2.99%	2.72%	2.92%	2.46%	2.81%	3.26%	3.42%	3.15%	2.81%	2.18%	2.12%	2.84%	2.56%	2.65%	2.74%	2.61%	3.18%	3.96%	3.44%	3.33%	3.18%	2.79%

SAME SEX ACCOMMODATION

The Trust remains compliant reporting no same sex accommodation standards breaches.
The Trust policy on Single Sex Accommodation has been reviewed and updated to ensure transparency and will be ratified this month. In reviewing the systems which support monitoring Single Sex Accommodation breaches, it was identified Datix did not have a reporting category. Datix has now been updated with a 'Single sex accommodation breach' sub sex sub category added which will assist reporters and investigators with incident classification and to facilitate organisation learning.

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

The SOF measures only the severe and moderate harm resulting from falls this was recorded as 0.1% in May, with two falls resulting in moderate harm.

On graph 1, below, a reduction is noted in percentage of falls per 1000 bed days compared to the equivalent point 13 months previously and the preceding 6 months. The current Trust figure for May 2017 is 5.69 against the national average of 6.63.

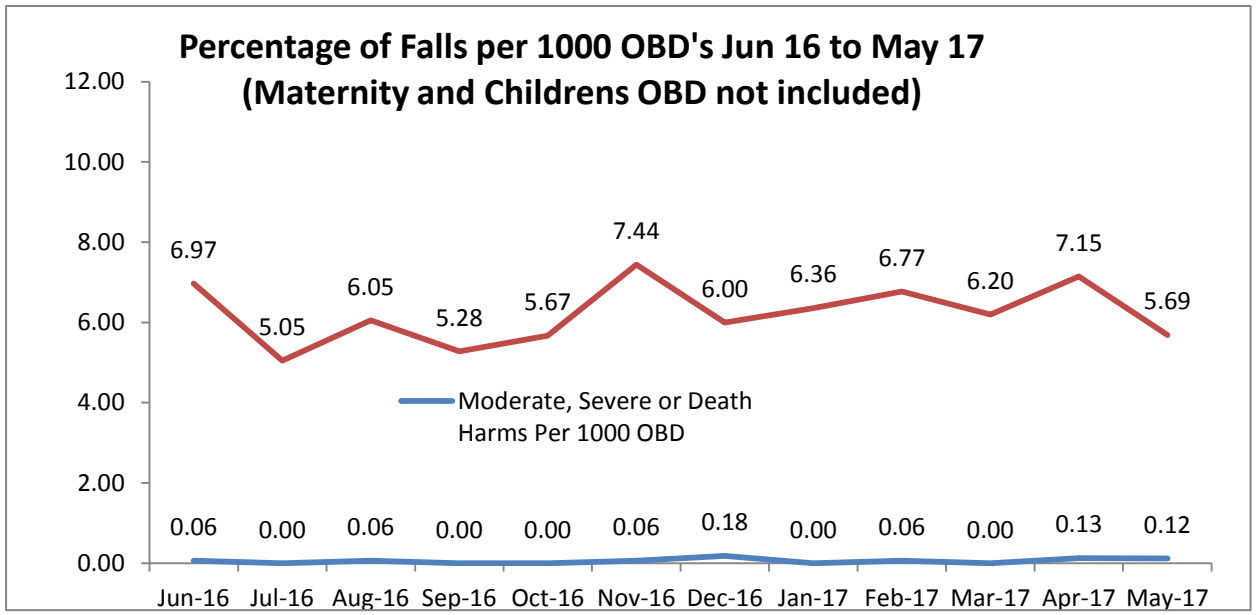


Table 1: Number of falls by severity of harm over a 13 month period

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

Table 1 shows the number of falls by severity of harm over a 13 month period. April data shows a total of reported falls of114 and May the total number reported was 93. There were two MODERATE harms reported in May 2017. One patient fell and sustained a displaced fracture to their femur; the second patient fell and sustained a fractured humerous.

The Falls Prevention and Post Fall care work programme 2017/8 was agreed at the Trust falls meeting on 21st June. As part of the Trusts improvement work all levels of harm have been identified a reduced threshold based on 2016/17, this will be monitored and reported against. The thresholds are set out in table 2 below.

Table 2.

Description of severity of harm	Total falls for 2016/17	% reduction for 2017/18	Threshold for 2017/18	Year to date (2017/18)
No harm Falls	1003	Reduction from 2016/17	Less than 1003	177
Low harm Falls	201	25 %	175	26
Moderate harm Falls	5	50%	2	4
Severe harm Falls	5	50%	2	zero

Catastrophic (death) Harm		zero	zero	zero

A zero threshold has also been set for patients who fall more than once as these falls should be preventable. The Trusts data includes all falls and therefore includes multiple falls from the same patient and monitoring the number of patients experiencing repeat falls has commenced in April with 13 patients in April who had fallen more than once and 24 patients in May. Review of causes has commenced and will form the basis of the improvement work.
The Falls Care Plan has been reviewed and revised to place a greater emphasis on prevention. A multi-disciplinary Falls Prevention event in scheduled to take place in July in partnership with the Mid-Nottinghamshire Alliance.

HARM FREE CARE

The harm free care rate measured through the national safety thermometer continued to show an overall positive trend over the 12 month period to April 2017. The Trust continues to positively exceed the national threshold of 95%. Work is planned to review the methodology for capture of safety thermometer data and understand how teams can better engage with the information to driver further improvements.

VTE

The proportion of eligible patients (all patients over age of 18 admitted to hospital) having a VTE assessment was below the target of 95% in April (92.8%). This target has been met in 9 of the previous 12 months.
On review of the collection of the VTE risk assessment forms it is noted that 1.74% were missing from the records and 3.32% were in the records but found to be blank. Divisions have been asked to confirm their process to ensure all patients are screened and the information is accurately recorded in the healthcare record.
As this is safety critical intervention GSU is undertaking to review the patient records to ascertain that the patients have received appropriate VTE prophylaxis to mitigate the risk of VTE. The findings will be fed back to the relevant clinical teams on completion.

DEMENTIA SCREENING

Screening of eligible patients (patients over the age of 75, who were admitted as emergencies and have stayed for more than 72 hours) for identification of dementia and/or delirium and subsequent referral for further assessment and investigation is national recorded information. Patients are screened using the Abbreviated Mental Test Score (AMTS). Currently the Trust is screening 97% of eligible patients (April 2017); this is above the target (>90%). A review is being undertaken to improve the screening and assessment processes to identify patients who may have dementia. It is expected that the new process will be implemented during July.
Work to raise awareness of the needs of people living with Dementia continues and is additional to the monthly Tier 2 training for Staff who have regular contact with people who are living with dementia.

FRIENDS AND FAMILY TEST

In-patient response rates were above the national standard for May.

The FFT response rate for ED has plateaued from February to April 2017 the SMS text messaging service is still not achieving the target due to incorrect mobile telephone numbers. This has been raised with the division to ensure reception staff are checking details of every patient to ensure they are provided with the opportunity to answer the FFT. Addition actions have been taken, these include; specific staff are now in post to drive improvements, addition training support has been given to the Division and a revised trajectory of 15% has been agreed with PSQB.

In contrast Inpatient and Outpatient response rates continue to improve.

CLOSTRIDIUM DIFFICILE

In March 30th 2017, Public Health England (PHE) issued Mandatory enhanced MRSA, MSSA and Gram-negative bacteraemia, and Clostridium Difficile infection surveillance Protocol version 4.1 to all organisations with their annual objectives for specific alert organisms. For Sherwood Forest Hospitals the Clostridium Difficile infection rate was to remain at no more than 48 cases occurring post 72 hours following admission to the organisation. In May 2017 this resulted in 1 case and in April 3 cases.

OPERATIONAL STANDARDS

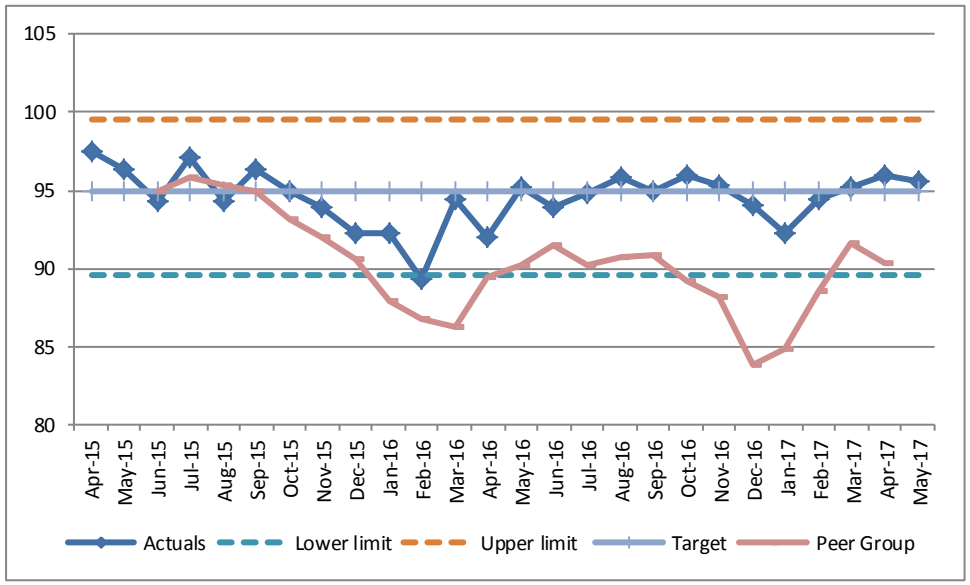
1. **Emergency Access**
2. **Ambulance handover delays >30 minutes and >60 minutes**

1. Context – emergency access
Patients who attend the ED (Emergency Department) department must be seen, treated and discharged or admitted within 4 hours of arrival (regardless of decision to treat).

The Trust was 12th in the Country for performance in April 2017. SFH has achieved the 4 Hour Target for 3 consecutive months. Achieving 95.55% in May compared with May 16 where the Trust achieved 95.16%.

Graph 1 below shows SFH performance against the national average.

Emergency access within four hours

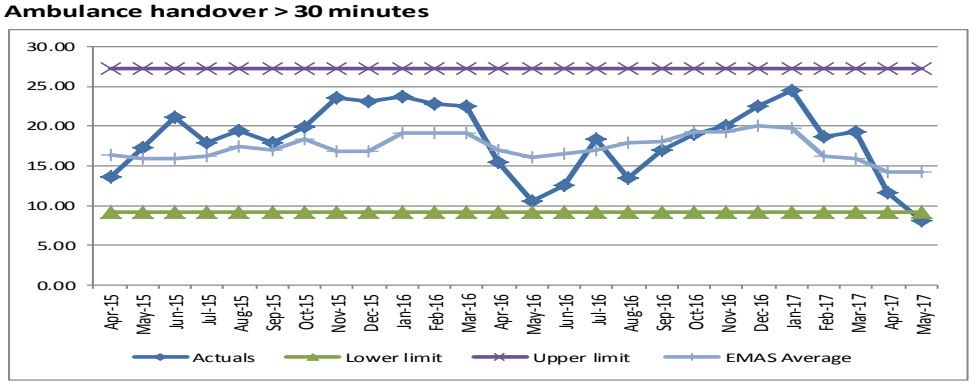


SFH continues to perform well and as of June 19th has achieved 97.8% (failed on 1 day in June). Current Q1 position is 96.18%.

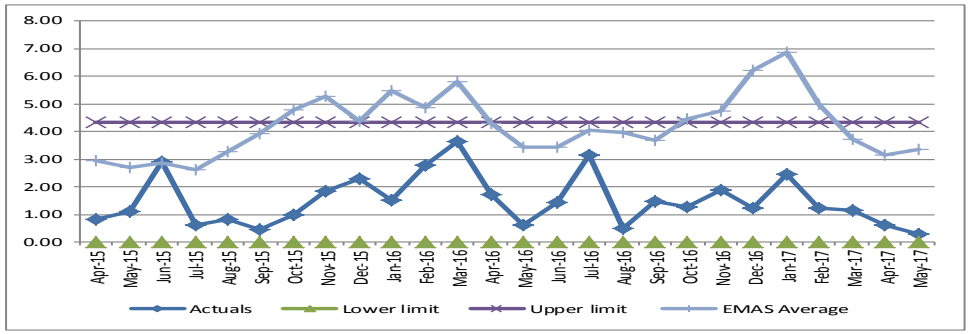
2. Context – ambulance handover delays

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

As a consequence of improving flow, ambulance turn-around times are improving (see graphs 2 and 3) although remain higher than the national standard of zero. It is highly unlikely that SFH will achieve zero handover delays due to the nature of fluctuating demand of both Emergency Department (ED) attendances and ambulances.



Graph 2



Graph 3

Actions to reduce ambulance turnaround times are detailed below:

Actions:

- Daily review of all ambulance waits over 30 minutes by Head of Service.
- Additional staffing resource was being put into ED to support handovers on an evening (this has been compromised in April due to IR35 pressures).

- Improved enhanced streaming of patients with greater presence of ED consultants
- Transfer team has been launched to support outflow and patient moves which have released ED nurses to support ambulance handovers.
- Improved escalation to Silver on-call out-of-hours.
- Pilot of ED streaming model commenced April 17 to improve ability of ED staff to respond to areas of department with greatest need.
- New dashboard and screens in place to proactively monitor handover times.
- Waits of over 60 minutes (termed 'black breaches) escalated to silver and gold in real time

3. Context - 12 Hour trolley Wait

Patients who breach by 12 hours or more from decision to treat, discharge or transfer.

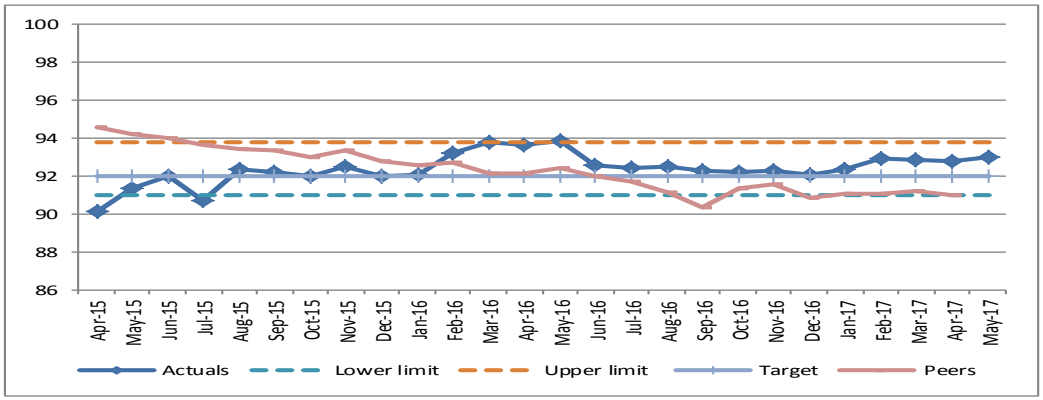
1 patient breached the 12 hour standard. This was due to a lack of available acute mental health beds. All appropriate internal and external escalation processes were followed to expedite this. Based upon presenting condition and level of distress a decision was made not to move the patient to EAU whilst waiting for the bed. The patient was therefore cared for safely and appropriately whilst within ED.

Trajectory to achieve standard – June 2017.

4. RTT - Context

Since October 2015, the RTT (Referral to Treatment) waiting times are reported solely in terms of the Incompletes Pathways Standard – this measures the proportion of patients waiting under 18 weeks as a snapshot at month end (with a target of 92% under 18 weeks). As an organisation we consistently achieve above the standard of 92% (see graph 4 below showing performance against peers). We report on all cases exceeding 52 weeks and those specialties failing RTT incomplete.

18 weeks referral to treatment time - incomplete pathways



Graph 4

a) Number of Specialties not achieving RTT incomplete

The overall Trust position is achieving the standard at 93%. SFH is failing in 5 specialties – the Trust is likely to continue to fail in a number of these specialties for a number of months, as the actions required to ensure sustainability require either a system wide or partnership solution.

Specialty	Reason	Actions
Dermatology	Lack of manpower	Closed to routine referrals Contact made with DHU / Sheffield to see if they were available to support but all Trusts in a similar position to us. Current locum has expressed that he may wish to join us on a substantive contract – currently exploring this option.
ENT	Shared service with NUH, recent capacity constraints at NUH impacting on SFH	Partnership working
Urology	Lack of manpower	Partnership working clinical model approved and joint post advertised.

Vascular	Lack of capacity	Re-affirming SLA through the Strategic Partnership Group
Respiratory	Increased demand	Consultants agreed to do weekend clinics. New Substantive Consultant starts August 17 Purchased 5 backflash's in May awaiting delivery which will improve waiting times

b) Number of cases exceeding 52 weeks referral to treatment

SFH will continue to report 52 week breaches for a number of months due to the ongoing validation of all clock stops.

Reported Last Month – Not Yet Treated

1 x Ophthalmology 100 weeks – Found through validation. Patient wanted 4 weeks thinking time, then cancelled TCI 25th May, rebooked July 10th (Patient choice).

1 x Endocrine 97 weeks – Found through validation, did not attend outpatient appointment (DNA) and therefore discharged 9th June 2017.

1 x Vascular 93 weeks – Found through validation. Patient cancelled outpatient appointment on 9th June 2017. Pre-op booked 26/6 with potential of 29/6 or 30/6 for TCI.

1 x Endocrine 58 weeks - Found through validation. TCI 3rd July 2017.

New Patients:
1 x Gastro 81 weeks – Found through validation, incorrect stop. Clinical review of notes undertaken to assess if patient needs to attend stopped on 7th June 2017.

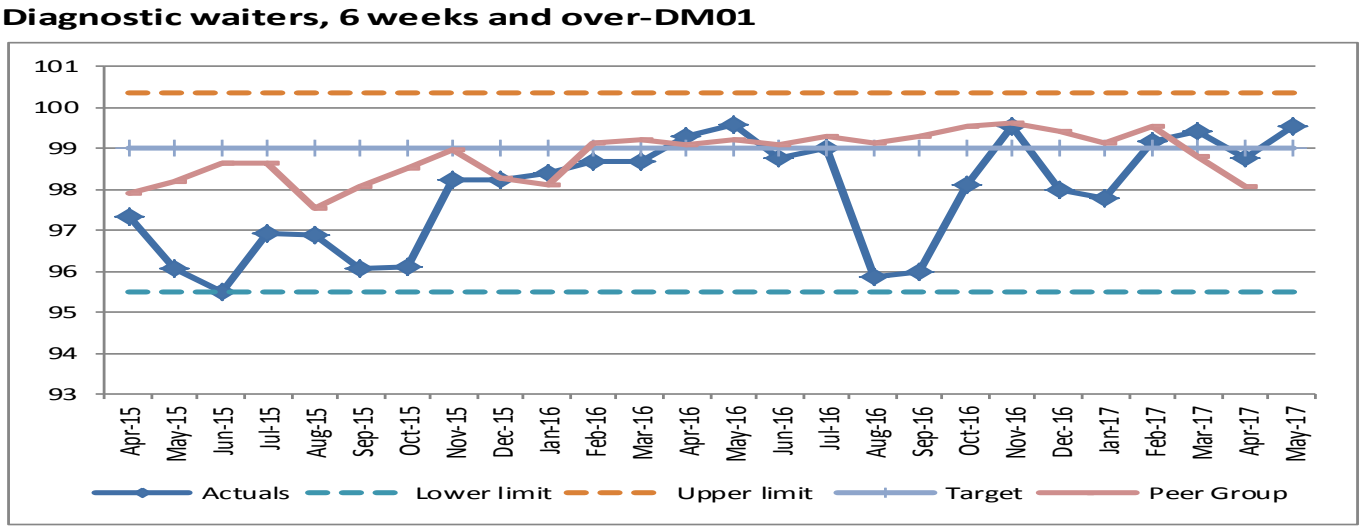
1 x ENT 77 weeks (reported as Paediatric) – Found through validation, incorrect stop at sleep study appointment. TCI 3rd July 2017 – looking to bring forward.

1 x Gastro 53 weeks - Has been seen in outpatient awaiting a plan following ultrasound 16/6 and Multidisciplinary team (MDT) 23/6 discussion.

An RTT action plan has been implemented to further mitigate 52 week breaches focusing on:

- Ensure robust collection of RTT status at all stages of the patients pathways is recorded through regular specialty audit
- Reviewing all clock-stops through validation (recruitment of additional 4 validators approved and recruitment process underway). This is additional to the current process of validating all 12+ week waits on the live PTL.
- Utilisation of Data Quality reporting to focus staff on cleansing data.
- Continually deliver robust competency based training package to all relevant members of staff across the Trust
- Weekly Trust PTL meetings - new improved format now implemented, consisting of 6-hour review of all 30+ week waits ensuring that pathways are being progressed and issues escalated.
- Greater assurance expected following 12 months validation (June 2018)

5. As forecast achieved DMO1 in May – see graph 5

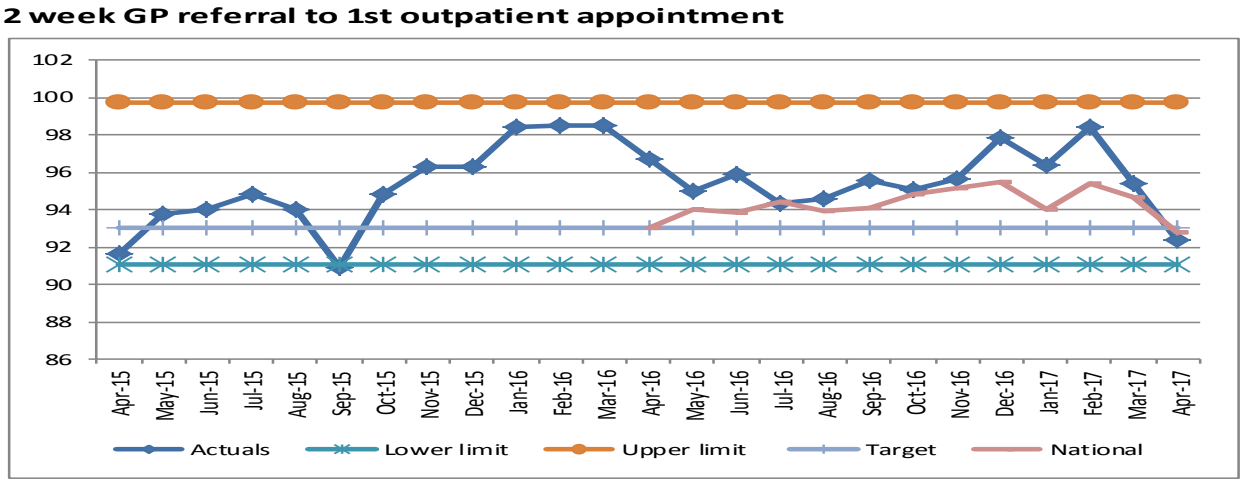


Graph 5

6. Trust Cancer Performance

a) 2 week wait (WW) – patient should be seen within 14 days of receipt of referral.

As an organisation SFH has been consistently above the national average as shown in graph 6. In April we missed the 2ww standard due primarily to IR35 staffing constraints in dermatology and staffing constraints in ENT described above. We are forecasting to achieve in May 17 and Quarter 1.



Graph 6

b) 14 days referral for breast symptoms to assessment

4 x patient choice breaches in last week of the quarter - projected to deliver in May, June and Q1.

SFH has achieved the 62 day standard for the past 6 consecutive months however there is a risk to achieving in May, June and Q1, primarily due to increased 2 ww demand in gastroenterology of 20%. Plan in place focusing on the diagnostic element of patient pathways.

ORGANISATIONAL HEALTH

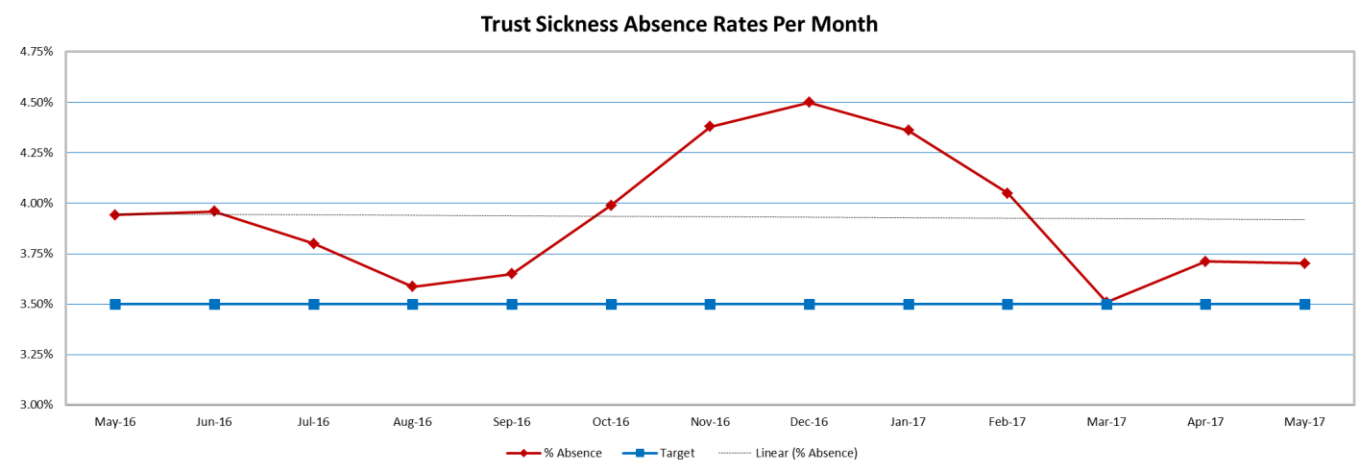
Sickness Absence

The Trust has made positive progress over the last 12 months in relation to managing sickness absence effectively. Sickness absence figures decreased very slightly in May 17 by 0.01% to 3.70%. This means that, although the Trust is not at the 3.5% target, it has held sickness absence relatively steady for the last few months.

March 3.51%, April, 3.71% and May 3.70%.

The breakdown of short term sickness at 1.90% and long term sickness at 1.80% was almost the same as April, which is as expected.

The Diagnostics & Outpatients Division had the most significant reduction in sickness absence in month. It is now surpassed the 3.5% target and stands at 2.89% which was a reduction of 0.82%. Urgent & Emergency Care had the highest increase by 0.55% to 3.90%, which makes it amber for sickness and Surgery also increased by 0.51% to 4.44%, which is above the Trust average and places it in the red category.



On a positive note, the Absence rate of 3.70% in May 2017 was 0.24% lower than the absence rate in the same month a year ago. The fluctuation shown in the graph above with absence peaking at 4.5% in December is reflective of the usual winter fluctuation.

Comparisons with other local Trust for April 17 (May is not yet available) is shown below:

Northampton General - 3.29%
Derby Teaching Hospitals FT – 3.47%
Nottingham University Hospitals – 3.40%
Sherwood Forest – 3.71%
Lincolnshire partnership – 4.32%
Nottinghamshire health – 4.40%
Derbyshire healthcare – 4.45%
United Lincolnshire – 4.48%
Leicestershire Partnership Trust – 4.71%
East Midlands Ambulance – 5.62%

Overall Support to Divisions with sickness absence

The HR Business Partner team work closely with the Divisions to actively manage sickness absence. This includes holding Long Term Sickness Review Meetings in a timely manner. By attending the long term sickness review meetings a plan is established to ensure the managers are supported in managing the case at an earlier stage and referral to Occupational Health for medical advice is completed at the appropriate time.

Master Classes on Sickness Absence Management were completed at the start of 2017, where attendance numbers were encouraging. Further Master Classes have been for the summer 2017. The aim is to provide leaders with support on why the basics of managing sickness absence are required such as return to work interviews and advising on the importance of holding stage 1 meeting in a timely manner and setting targets. It is also highlighted to them by carrying this out it will support the employee and department to manage sickness absence.

Sickness is discussed at all Service Line Meetings within the Division and is included along with Appraisal and Mandatory training within the HR report. The Divisional HRBP team holds Confirm and challenge meetings with all managers across the Divisions to ensure that plans are in place to manage short and long term sickness cases and managers have held the stage 1 sickness meetings to set targets. This also provides the manager with the opportunity to discuss each sickness case in detail and a plan is agreed.

Reasonable adjustments have been explored and implemented to support the employees in line with the policy. Where possible temporary redeployment has been considered and implemented to support employees back to work earlier. To date we have been successful in redeploying employees where permanent redeployment is required. This ensures that the employee remains in employment and their skills/knowledge and experience are utilised in another role/area.

Phased returns to work are also explored and implemented to ensure employees are supported on their return to work. Employees are also advised that during their phased return to work they utilise this time to book onto any outstanding mandatory training sessions.

In a recent survey 100% of staff thought that the care they had received from SFH Occupational Health was excellent, good or very good.

Surgery and Women & Children's Divisions have sickness hot spot areas. In those areas all long term sickness cases had plans in place for each case. Where short term sickness is also high on wards the ward leaders has been holding stage 1 meetings in line with the policy.

Staffing:

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

	May-17								
	Budget - FTE	SIP - FTE	SIP - Headcount	Vac - FTE / Gap - FTE	% Vacancy / % Gap	Starters	Leavers	% Turnover	Active Adverts
Total Trust									
Admin & Clerical	1127.91	1055.62	1297	72.29	6.41%	10.40	5.77	0.55%	35
Allied Health Professionals	223.81	200.92	251	22.89	10.23%	0.80	3.29	1.64%	5
Ancillary	40.67	37.46	43	3.21	7.90%	1.43	0.00	0.00%	4
Medical & Dental	494.09	428.44	448	65.65	13.29%	1.90	1.00	0.23%	22
Registered Nurse Operating Line * - ALL Bands	1297.96	1167.43	1371	130.52	10.06%	20.51	6.77	0.58%	23.00
Scientific & Professional	216.08	190.50	206	25.58	11.84%	1.40	2.00	1.05%	1
Technical & Other	271.32	255.86	317	15.46	5.70%	2.85	1.81	0.71%	4
Unregistered Nurse	590.25	575.38	674	14.87	2.52%	4.43	3.44	0.60%	2
Total - Trust	4330.40	3911.61	4607	418.79	9.67%	43.72	24.09	0.62%	96
Band 5 Registered Nurse Only operating line *	748.05	629.85	749	118.19	15.80%	16.30	2.91	0.46%	-

Note: Starters and Leavers excludes Rotational Doctors
**Establishment and thereby vacancies in the Band 5 RN category have been reduced by 5% of establishment in order to reflect the margin that would usually be left unfilled to fund the cover for unplanned absences such as sickness with bank and agency. This margin is never filled with substantive staff. This impacts both the band 5 RN figure and the total RN figure.*

The trend for the Trust attracting more starters than leavers continues with a net gain of 19.63 FTE. (24.09 FTE leavers v 43.72 FTE starters).

The turnover rate reduced to 0.62% which has brought it back into line with the established trends, with April as the outlier at 1.19%.

Medical vacancies are lower compared to previous months at 13.29%. However, the Trust is continuing to push medical recruitment.

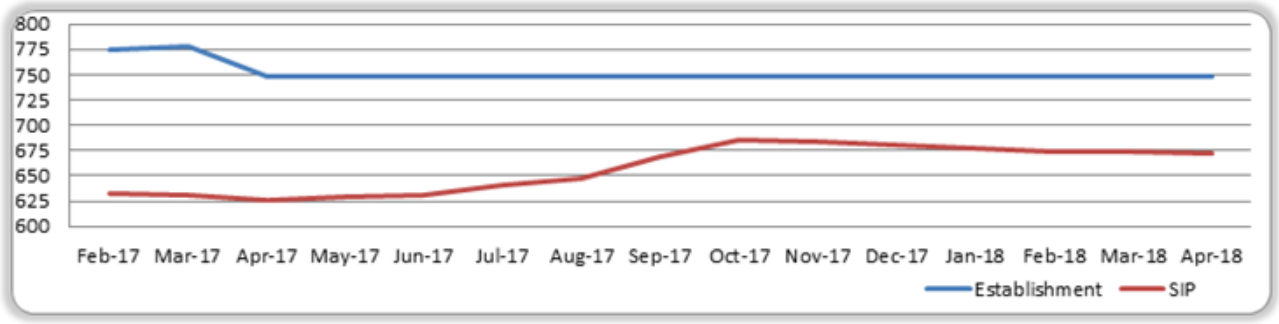
Band 5 Registered Nurse vacancies have also come down to 15.80% which again is the lowest it has been for over a year.

All Registered Nurses receive an exit interview when they hand in their notice. The reasons for leaving for the 6.77 FTE leavers in May were:

Flexi Retirement,1.9 FTE; Work Life Balance, 0.91 FTE; Relocation, 2.00 FTE; Promotion, 0.96 FTE; Lack of Opportunities, 1.00 . However, those who have taken Flexi Retirement are still likely to undertake shifts for the Trust as bank nurses.

The active adverts for the Registered Nurse Operating Line All Bands includes the one Band 5 RN advert which is now used the assessment centre approach.

Band 5 registered nurses (RN) trajectory:



Positively, the Trust welcomed 16.30 FTE new band 5 Registered Nurse starters in May and only had three (2.91 FTE) Band 5 Registered Nurses leave. Two left due to relocating and the other cited work life balance as the reason.

The second Registered Nurse Assessment Centre was held on 8th June, had 18 attendees who all passed the assessment including their drug calculation test and were offered roles. Six of these were for bank staff, but the majority of those said that they were using the bank route as a trial period to see if they liked working at the Trust and may apply to join substantively in the future.

A new system to help to keep in touch with appointees who are waiting to start a job with us now includes regular postcards being posted to the new recruits to extend their welcome.

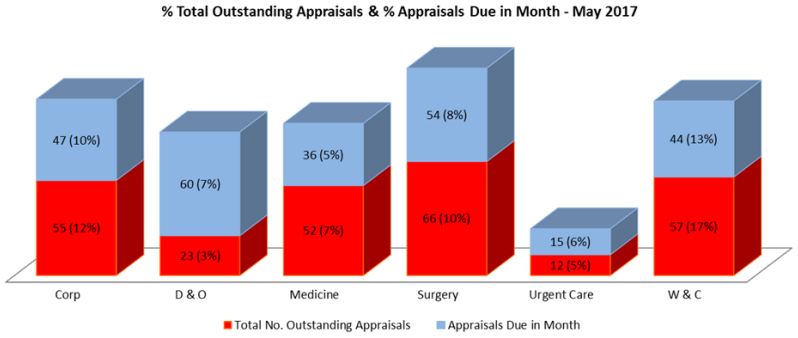
Further targeted social media work is being done before the next Assessment Day which is booked for 21st July.

Weekly pay and the new hourly Bank rate of pay for RNs (£17.74) went live on 1st June as planned. Since these changes were announced, an additional 90 internal nurses joined the Bank. Six more external candidates have already been offered Bank posts (see above) and another seven are being interviewed on 16th June. Since October 2016 all new recruits are automatically given a Bank contract in addition to their substantive role.

Appraisal:

Trust wide appraisal compliance was 92% for May 2017, increasing by 1% from April 2017 (91%). The new target from April 2017 is 95%. Whilst the Trust is not quite at target, for many months compliance has been solidly in the low 90's.

There were 273 (8%) appraisals required in May to reach 100%. However there were also an additional 256 (8%) appraisals due to be completed which expired in month, a total of 529. Therefore 16% of appraisals were required to be completed in May. These were spread across the Divisions below:



Corporate Services, Surgery and the Women and Childrens Divisions are showing as areas requiring a concentrated effort for improvement. Diagnostics & Outpatients and Urgent and Emergency Care are achieving the target.

Training and Education

Mandatory training remained static at 91%,(April 91%). This is above the 90% target. Although it has been as high as 93%, there were some new training requirements brought in for April, which impacted compliance levels slightly.

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

FINANCE REPORT

The Trust is reporting a position £0.07m worse than control total plan for the month of May bringing the year to date (YTD) deficit to plan to £0.15m.

Clinical income was ahead of plan in month £0.11m and was higher than April, although remains behind plan by £0.19m YTD. Of this, £0.1m relates to pass through drugs and devices for which there is a corresponding offset within non pay. The base activity is therefore £0.1m behind plan YTD. Emergency activity is £0.25m below plan YTD and ED activity £0.16m below plan, with the plan decreasing through the year as CCGs expect QIPP to deliver. Outpatient activity is £0.15m below plan YTD. Elective and daycase activity are above plan at £0.34m YTD.

Full delivery of the 2017/18 financial plan and ongoing ED performance are forecast and therefore receipt of Sustainability and Transformation Funding (STF) of £0.88m YTD is assumed.

Other operating income is £0.13m favourable to plan in month and £0.35m adverse to plan YTD due to drugs charged to other Trusts and NHIS for which there is an expenditure offset. Expenditure was overspent in month by £0.20m. In month pay was overspent by £0.26m and is in line with plan YTD.

Agency spend increased by £0.15m in month to a total of £1.7m, primarily in medical pay as anticipated. This is in excess off the NHSI ceiling by £0.34m but below the Trust planned trajectory of by £0.4m in month. Medical agency spend is £0.32m below the NHSI ceiling set specifically for medical agency spend reduction.

Non pay was underspent by £0.62m in month and £0.11m YTD, of which £0.1m YTD relates to high cost drugs and devices underspends noted above.

YTD CIP delivery is £0.1m better than plan. The STP element of the CIP is £0.6m which has been offset on a non recurrent basis by SFH mitigations including the control total adjustments and interest benefits.
The main risks to achieving the financial plan are delivering the STP enabled CIP target and the challenges made by commissioners.

Overall, the month 2 position is broadly in line with month 1. Increases in agency spend were as expected and internal SFH mitigations continue to offset the STP CIP. Maintaining tight cost control and flexing capacity in line with demand remains the priority for coming months. A full forecast will be undertaken at the end of Q1, with all assumptions and risks reviewed and assessed.

Financial Summary

At the end of May the Trust is £0.15m behind its control total. Receipt of STF is assumed based on the Trust delivering its forecast at year end. In May agency spend increased relative to April as expected. The total increase was £150k. Whilst this is in excess of NHSI ceiling it is less than the trajectory the Trust set.

	May In-Month			YTD			Annual Plan	Forecast	Forecast Variance
	Plan	Actual	Variance	Plan	Actual	Variance			
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Surplus/(Deficit) - Control Total Basis	(3.26)	(3.33)	(0.07)	(7.84)	(7.99)	(0.15)	(37.62)	(37.62)	0.00
Finance and Use of Resources Metric YTD				3	3		3	3	
CIPs	0.86	1.06	0.20	1.63	1.77	0.14	16.26	16.26	0.00
Capex (including donated)	(0.43)	(0.24)	0.19	(0.74)	(0.34)	0.39	(9.67)	(9.67)	0.00
Closing Cash	1.45	1.45	0.00	1.45	1.45	0.00	1.45	1.45	0.00
NHSI Agency Ceiling - Total	(1.30)	(1.69)	(0.39)	(2.89)	(3.23)	(0.34)	(17.91)	(22.16)	(4.25)
NHSI Agency Ceiling - Medical	(1.11)	(1.01)	0.10	(2.23)	(1.91)	0.32	(13.37)	(13.37)	0.00
Better Payment Practice Code - (Value / Number)		66.6% / 34.9%			70.9% / 43.1%				

- In month the Trust is £0.07m worse than plan and cumulatively £0.15m worse than plan.
- The finance element of the Single Oversight Framework is a score of 3 against a plan of 3.
- CIP YTD delivery is above plan by £0.14m. The Trust expects to achieve its overall CIP plan for 17/18 as outlined above. The current risk adjusted forecast per the CIP delivery tracker is £8.41m.
- YTD Capex expenditure position was £0.39m below plan, this reflects the requirement to only incur expenditure on the self funded elements of the capital programme, until approval is given by NHSI for the additional borrowing required to support the full year plan. The loan proposal is currently with NHSI for review.
- Closing cash at 31st May was on plan at £1.45m.
- YTD agency spend at M2 totalled £3.23m against the profiled NHSI ceiling of £2.89m. As per plan we are forecasting to breach the NHSI ceiling. Performance remains within our own trajectory of £4.35m YTD. Medical agency spend remains within the reduction required by NHSI.
- YTD BPPC performance is 70.9% by value of invoices paid and 43.1% by number of invoices paid, within 30 days. This is due in month to the delay of payment (week of 12th May) due to the Cyber attack.