

## Public Board Meeting Report








### Single Oversight Framework Integrated Monthly Performance Report

**Date**                      **28 February 2019**  
**Authors**                 **Senior Leadership Team**  
**Lead Directors**       **Executive Team**

### Overall Summary

This is our analysis of Month ten at Sherwood Forest Hospitals NHS Foundation Trust and the report reflects the views of all of the executive directors, not just the individual directors with a particular area of responsibility.

The best hospitals achieve a balance across their key areas of focus. They deliver safe, personalised and timely care to patients, they go about things in “the right way” and they deliver on their agreed financial position. We believe we are delivering a balanced position despite our three key risks remaining to be failure to maintain financial sustainability, demand that overwhelms capacity and critical shortage of workforce capacity and capability.

Principle Risk	Current Risk Exposure	Tolerable risk
PR 1: Catastrophic failure in Standards of Care	High (12)  (no change)	Low (4)
PR2: Demand that overwhelms capacity	Significant (16)  (no change)	Medium (8)
PR3: Critical shortage of workforce capacity & capability	Significant (16)  (no change)	Medium (8)
PR4: Failure to maintain financial sustainability	Significant (20)  (no change)	High (10)
PR5: Fundamental loss of stakeholder confidence	High (12)  (no change)	Low (5)
PR6: Breakdown of Strategic Partnerships	Med (8)  (no change)	Low (4)
PR7: Major disruptive incident	High (10)  (no change)	Low (5)

Whilst we are not reporting on February performance today, we would like to recognise that February has been the toughest month so far in 2018-19. This is particularly because of the cumulative impact of very high levels of activity over the last couple of months.

There are eight Exception Reports for the month providing further analysis and they all can be found in the “reading room”.

1. Sickness absence
2. Falls
3. Patient Safety – eligible patients having VTE risk assessments
4. Friends and Family Test
5. Maximum time of 18 weeks from referral to treatment – RTT
6. Number of cases exceeding 52 weeks referral to treatment
7. Fractured neck of femur best practice
8. 62 days urgent referral to treatment

## Organisational Health

In January 2019, we maintained strong performance against workforce KPI's apart from sickness absence, for which an exception report has been produced.

Although we maintained sickness absence at or below the 3.5% threshold for the first six consecutive months of the financial year, it has been above target and amber for all of quarter 3. In January 2019, it rose to 4.45%, although still 0.25% lower than the same time in 2018.

The sickness absence rate will have had an impact on the number of shifts requiring bank or agency cover in order to maintaining safe staffing levels. However, that will have been mitigated to some extent by the reduction in medical and nursing vacancies. Given that our agency spend was well within its control total for January 2019, it suggests the majority of nursing and medical rota gaps created due to sickness are being filled by bank staff as opposed to agency workers.

We will see our first international nurse new starters in late February 2019.

A key element affecting sickness absence is winter ailments. It is positive we have a flu vaccination rate of over 81.3% of front line staff, which is one of the highest in the country.

Appraisal levels and mandatory training have remained at or above target throughout this financial year. Turnover was only 0.81% across the Trust in January 2019, even though it included the impact of some staff TUPE transferring to Nottinghamshire Healthcare NHS Foundation Trust.

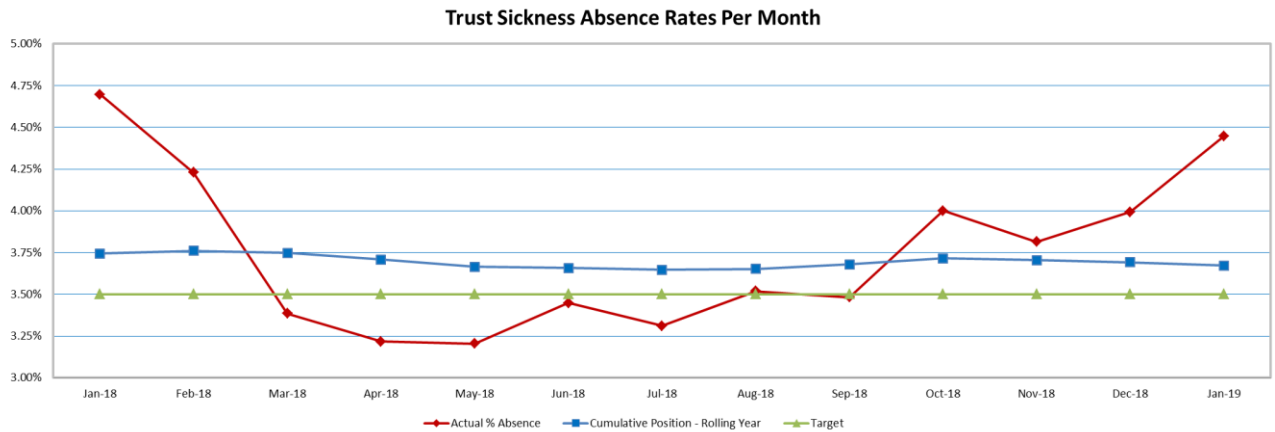
### **Sickness Absence – 3.5% Target - RED (see exception report)**

Sickness absence increased in January to 4.45% (December, 3.99%). This is the fourth consecutive month above the 3.5% target, however, this is the normal pattern for this time of year as October 2017 to February 2018 were all above the 3.5% target.

Only one Division remained under the 3.5% target in January 2019, Corporate with 2.47%.

Diagnostics and Outpatients was showing as amber at 3.95%.

The four remaining Divisions above the target and red are: Women & Children's, 5.99% (an increase of 1.99%), Surgery, 5.29%, Medicine, 4.89% and Urgent & Emergency Care, 4.13%.



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

Sickness absence for January 2019 is 0.25% lower than January 2018.

The top three absence reasons in January are;

- Anxiety/stress/depression, 0.81%, 1011.91 FTE Days Lost which is a decrease of 45.21 FTE days lost from December 2018
- Cold, Cough, Flu – Influenza is 0.72%, 895.20 FTE days lost which is an increase of 383.40 FTE days lost from December 2018 and reflects the winter season.
- Other Musculoskeletal, 0.56%, 693.07 FTE days lost which is an increase of 112.08 FTE days lost from December 2018

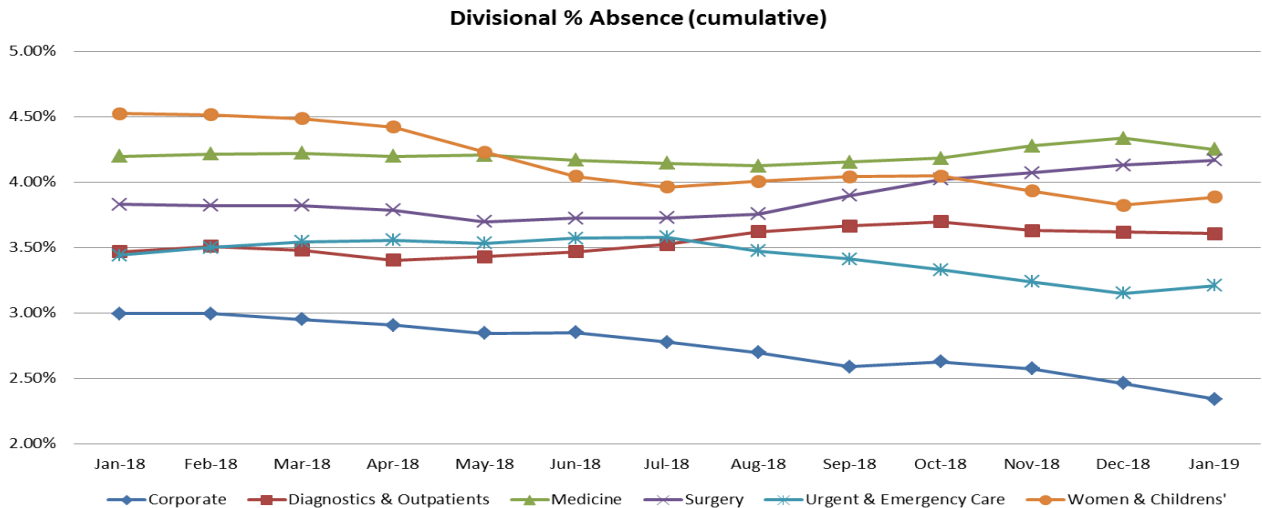
**Anxiety/stress/depression - 0.9% threshold – GREEN**

Anxiety/stress/depression was 0.8% in January 2019 for the trust, in December it was 0.9%.

Positively, there are four Divisions in month under the 0.9% threshold, these are: Corporate, 0.05%; Surgery, 0.61%; Medicine, 0.74%; Diagnostics & Outpatients, 0.82%; The two Divisions above the target are: Women & Children’s, 1.86% and Urgent & Emergency Care, 1.35%.

**Divisional sickness absence**

Sickness absence trends in Divisions are below. It is based on a cumulative rolling 12 months, the same as the graph above.



In January 2019, on a rolling 12 months basis, two divisions were below the threshold and green: Corporate, 2.34% and Urgent & Emergency Care, 3.21%. Diagnostics & Outpatients has been fluctuating around the 3.5% target for the 12 month rolling period and is amber at 3.61%.

All Divisions above the 3.5% threshold have a trajectory and action plan for improvement which is monitored at the monthly divisional performance meeting.

**Appraisal – 95% Target - GREEN**

Trust wide appraisal compliance has remained static for January at 96%. We have remained at or above the target of 95% for 12 consecutive months. All appraisals now include talent conversations which help to improve succession planning.

**Training and Education – 93% Target - GREEN**

Mandatory training has remained static at 95%\* against the target of 93%. Divisional compliance ranking information shows one Division has decreased in month and is showing below the target in month, Urgent & Emergency Care, 92% (December 2018, 93%) The five other Divisions are all above the target of 93%.

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

**Staffing and Turnover – 0.9% Target - GREEN**

In January 2019, the overall turnover rate decreased to 0.81% (December, 0.98%).

There were 4.86 FTE more starters than leavers in January 2019 (38.10 FTE starters v 33.24 FTE leavers).

Turnover in January 2019 was impacted by the TUPE transfer of 10.79 FTE to Nottinghamshire Healthcare NHS Foundation Trust.

Registered Nurses had 6.40 FTE leavers, of these 5.40 FTE were Band 5 and of these 3.40 FTE were due to the TUPE transfer.

In month, all registered Nurse vacancies are at 11.10% and band 5 RN vacancies are at 16.69%. Turnover is consistently lower than the 0.9% threshold for registered nurses. Medical vacancies are just over 7%.

This table below shows the net position with staff in post against establishment in January 2019:

	Jan-19							
	Budget - FTE	SIP - FTE	SIP - Headcount	Vac - FTE / Gap - FTE	% Vacancy / % Gap	Starters	Leavers	% Turnover
<b>Total Trust</b>								
Admin & Clerical	1149.41	1085.58	1327	63.83	5.55%	6.76	11.38	1.05%
Allied Health Professionals	222.77	226.55	280	-3.78	-1.70%	2.12	3.37	1.49%
Ancillary	40.01	38.34	46	1.67	4.18%	0.60	1.03	2.68%
Medical & Dental	510.13	474.21	494	35.92	7.04%	5.00	1.60	0.34%
Registered Nurse Operating Line * - ALL Bands	1349.54	1199.70	1432	149.84	11.10%	10.01	6.40	0.01
Scientific & Professional	222.37	204.48	225	17.89	8.05%	2.00	1.00	0.49%
Technical & Other	285.61	274.30	338	11.31	3.96%	2.12	3.20	1.17%
Unregistered Nurse	604.37	605.69	711	-1.32	-0.22%	9.49	5.26	0.87%
<b>Total - Trust</b>	<b>4422.95</b>	<b>4108.84</b>	<b>4853</b>	<b>314.11</b>	<b>7.10%</b>	<b>38.10</b>	<b>33.24</b>	<b>0.81%</b>
<b>Band 5 Registered Nurse Only operating line *</b>	<b>736.08</b>	<b>613.20</b>	<b>744</b>	<b>122.88</b>	<b>16.69%</b>	<b>8.58</b>	<b>5.40</b>	<b>0.88%</b>

### Nursing Recruitment:

At the latest Assessment Centre 64 RNs attended and a total of 47 offers were made. Some of these are students who will qualify later this year and will not commence until the autumn. The next monthly RN Assessment Centre is on 21st February 2019 with 23 nurses already booked in.

### International Recruitment:

Of the 25 job offers made to international nurses, 15 have now gained their decision letters from the Nursing & Midwifery Council and had their Certificates of Sponsorship issued. Next steps include obtaining Visas, flights and accommodation. The first six are due to start with the Trust late February and the others are scheduled to start in March.

There are plans to secure a further 30 RNs from overseas. Additional work is beginning to support at least ten existing healthcare support staff, who are trained nurses in other countries, to get their UK nurse registration.

### EU Nationals

The Trust is tracking the movement of staff who are EU nationals.

	Oct-18	Nov-18	Dec-18	Jan-19
Staff Headcount from an EU Country**	154	148	149	148
% Staff from EU	2.76%	2.61%	2.63%	2.59%
Difference in Headcount in for EU Staff	-4	-6	1	-1

## Patient Safety, Quality and Experience

During January 2019 there have been no single sex accommodation breaches reported and we have continued to maintain compliance with providing single sex accommodation, recognising the importance placed on maintaining the privacy and dignity of our patients.

All healthcare associated infections are carefully monitored and managed in line with national and local guidance. There were two cases of *Clostridium Difficile* Infection (CDI) identified in January 2019. This is within our monthly threshold and brings the annual total to 30 cases. This year's annual CDI threshold is no more than 47 cases in a year. There were two *Escherichia Coli* bacteraemia cases in January and ZERO MRSA bacteraemia. There were no areas reporting norovirus however 188 episodes of influenza were seen by us in January 2019, this is approximately a 25% reduction on 2017/2018 season.

During January there have been no avoidable Pressure Ulcers (PU) identified and three unavoidable Category 2 PUs, all of which were low harm. Two of the unavoidable Category 2 PUs was caused by plaster casts. There was one unavoidable category 3 PU with low harm. One suspected deep tissue injury was also reported in January but will not be validated until the February report.

During January 2019 we reported 5.8 falls per 1000 bed days and remains significantly below the national average of 6.63. The reported falls resulting in moderate or severe harm at 0.1 per 100 bed days remain below our threshold of 0.2. However for the second month the low and no harm falls have slightly exceeded the Trust threshold with 5.8 falls reported per 1000 bed days against a threshold of 5.5. As reported in January the medicine bed capacity has been increased for winter and much of the extra capacity is taken up by frail elderly patients who will be at the highest risk of falling. Work has also begun to promote mobility to prevent decompensation and loss of independence among our frail patients. This in itself may also lead to an increase in the number of falls reported.

In November 2018 we saw 99.3% of eligible patients identified and screened for dementia and 100% of those who were screened positively were referred on for further assessment and advice against a national target of 90% compliance with each of the three dementia screening elements was achieved.

The monthly VTE assessment audit demonstrated we dipped below the 95% target during December 2018 with a total of 93.84% of assessments completed. This is due to the Urgent and Emergency Care Division's performance. Please see exception report below detailing the actions being taken by Urgent and Emergency Care to address the identified issues. January's compliance rate will not be reported until March, due to the delay in collection of the data.

Within the Safety Thermometer we reported 95.50% harm free care during January 2019 against a standard of 95%. The standard includes 'new' harms that are acquired during that admission and 'old' harms which are present on admission, the total of all harms was 4.50% n = 26 and the new harms total is 5 (0.87%).

During January 2019 there has been one Serious Incident reported on STEIS. This is being investigated in line with the SI framework timeframe. There have been no Never Events during the same period.

### Monthly report – safe staffing

Ward staffing information is submitted monthly as part of the national safer staffing UNIFY. The monthly UNIFY submission does not include all ward and department areas within the Trust.

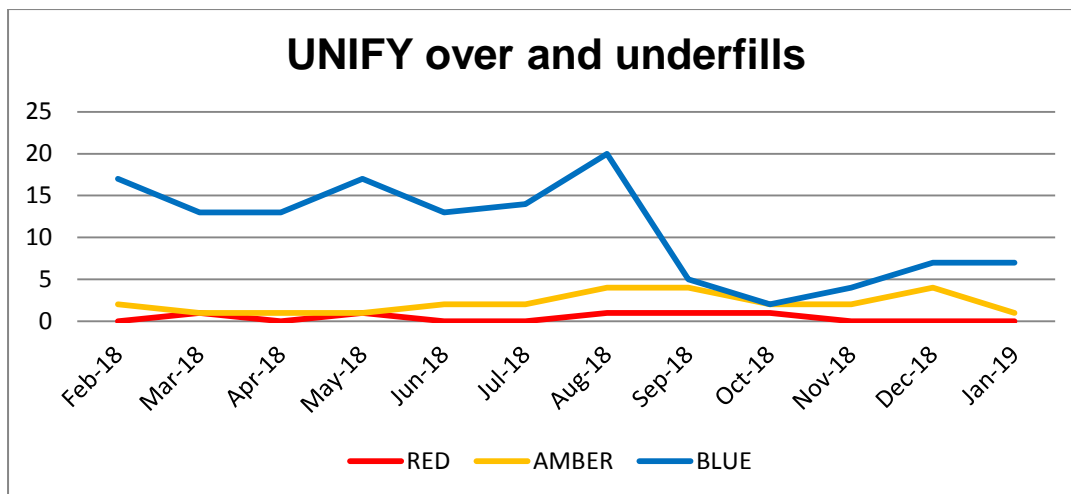
The number of areas with **red** ratings (actual staffing level is below the accepted 80% level and highlights a potential significant risk) and there was **0 red** ratings.

The number of areas with **amber** ratings (staffing fill rate is less than the accepted 90%, but above 80%) and there were **1 amber** ratings.

January 2019 saw **7** wards of the 29 monitored recording as **blue** rating (actual staffing figures are greater than 110% fill rate) and the remaining **21** wards were **green** rating.

**Graph 1** and **table 1** below, displays over a 12 month period, where the Trust has not staffed to its expected planned level (**red** below 80% and **amber** between 80% & 90%) and the staffing fill rates above planned (greater than 110% **blue**). In January 2019, there was an increase in the number of **green**, and **blue** has remained stable.

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





	RED	AMBER	BLUE
Feb 18	0	2	16
Mar 18	1	1	13
Apr 18	0	1	13
May 18	1	1	17
Jun 18	0	2	13
Jul 18	0	2	14
Aug 18	1	4	20
Sep 18	1	4	5
Oct 18	1	2	2
Nov 18	0	2	4
Dec 18	0	4	7
Jan 19	0	1	7

The UNIFY data continues to demonstrate a positive position on the number of overfilled shifts, and 21 wards are controlling their rosters between 90 – 110% fill rate.

There were no harms to report.

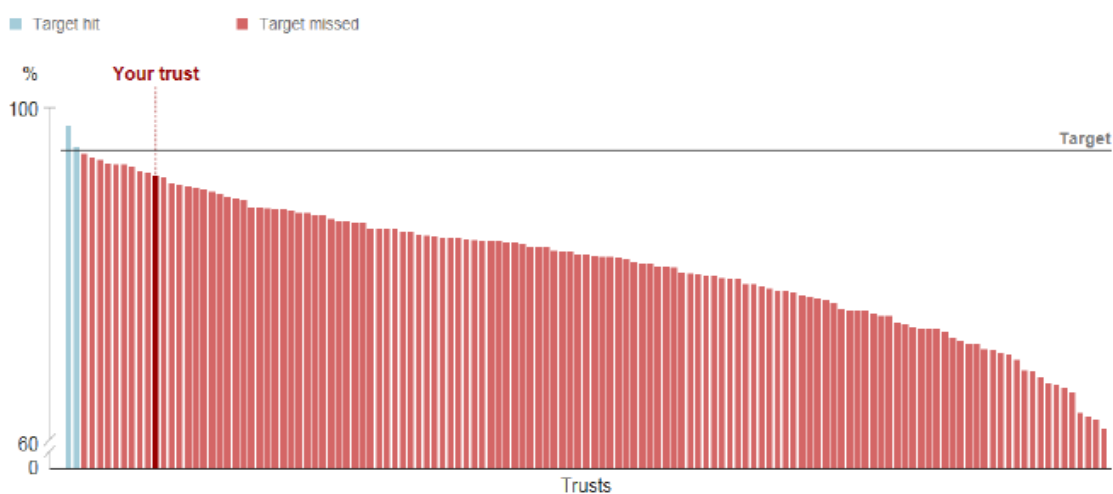
## Operational Performance/ Access

### Emergency care

Emergency access performance against the 4 hour wait in January 2019 was 92%. This is 2% higher than the NHS Improvement agreed trajectory. January performance was ranked 12th of 131 Trusts in the NHS.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19 NHSI Trajectory	92.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	93.5%	90.5%	90.0%	90.5%	95.0%
18/19 Actual	92.4%	95.7%	97.2%	95.9%	95.3%	96.6%	94.4%	93.1%	94.9%	92.0%		
18/19 Quarter Trajectory			95.0%			95.0%			93.0%			
18/19 Quarter actual			95.1%			95.9%			94.1%			
17/18 actual	95.9%	95.5%	96.7%	95.5%	94.6%	92.3%	93.9%	91.9%	86.4%	87.2%	89.0%	88.8%

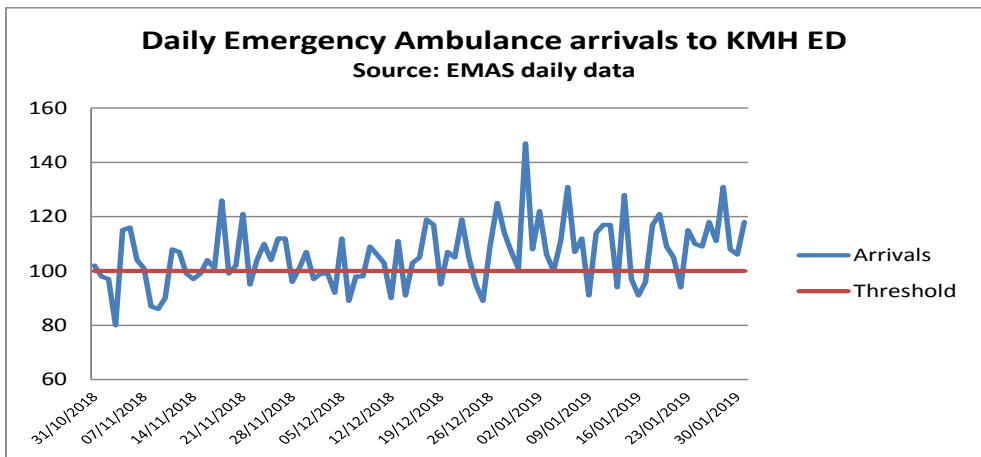
Sherwood Forest Hospitals NHS Trust ranked 12 of 131 trusts



### Ambulance arrivals

Ambulance arrivals have grown over the quarter and clearly some of this is expected to be the case over the winter months – growth has particularly been evident since the middle of December and has been accompanied by an increase in variation. ED capacity is broadly 100-110 ambulances per day although some of this is dependent on the variation of arrival by hour. Waiting times start to deteriorate as ambulances arrivals go over 100.

During January, there has been more sustained higher level of arrivals with 24 days (77%) arrivals being higher than 105 per day compared to 16 during December (52%). This leads to more pressure at certain times of the day (due to arrival times) and of course leads to more admissions (already dealt with in the admissions section). The growth in arrivals is from SFHFT catchment areas.

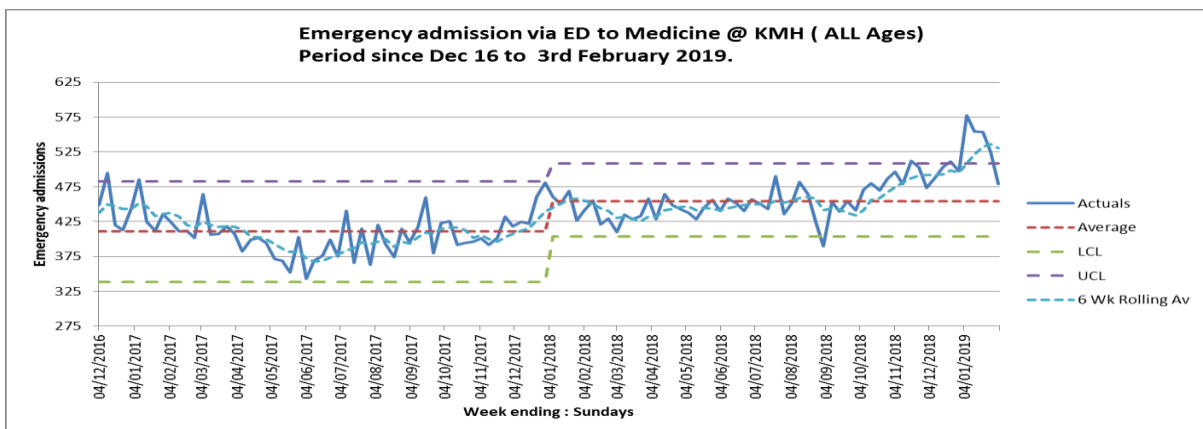


Despite this growth, handovers >30 minutes remain stable and are lower than EMAS levels overall.

### Admissions

Admission volumes to medicine and their variation remain the key pressure for waiting times within the UEC system. They were consistently high during January and are showing special cause variation. Admission rates to medical pathways were 17% higher than in January 18'. The majority of the growth is in respiratory and cardiac conditions, some of which is related to flu which is showing a different trend to winter 2018, with a spike higher than 2018 in early January.

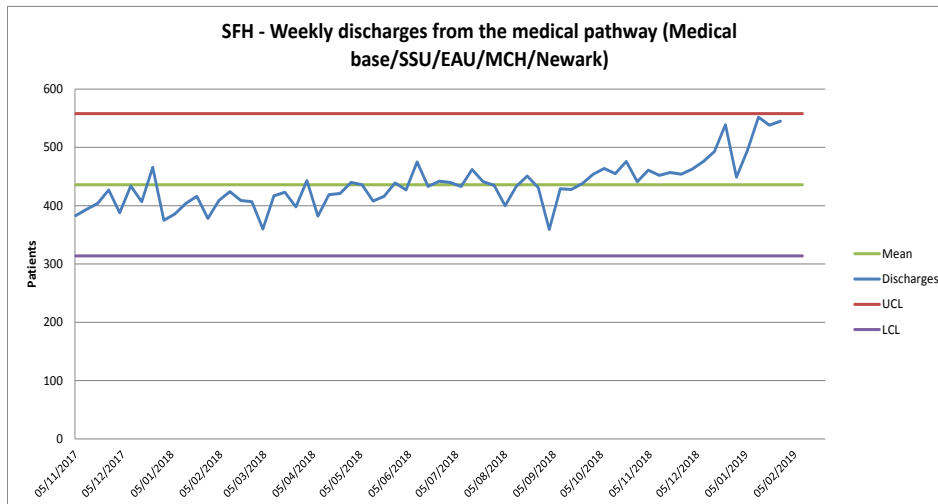
Admissions to medicine have not materially fallen since winter 16/17 when they saw an unusual dip between April and October.



There continues to be work undertaken to manage patients in a different way, where safe, other than admission to medicine, this is mainly via the work to increase the use of ambulatory care (thus reducing patients length of stay) which has seen a % increase in the number of patients who have been admitted through that pathway over the corresponding period in 2018. With partners, there has also been strengthening of the 'front door' team to try to get patients into community services as an alternative to admission.

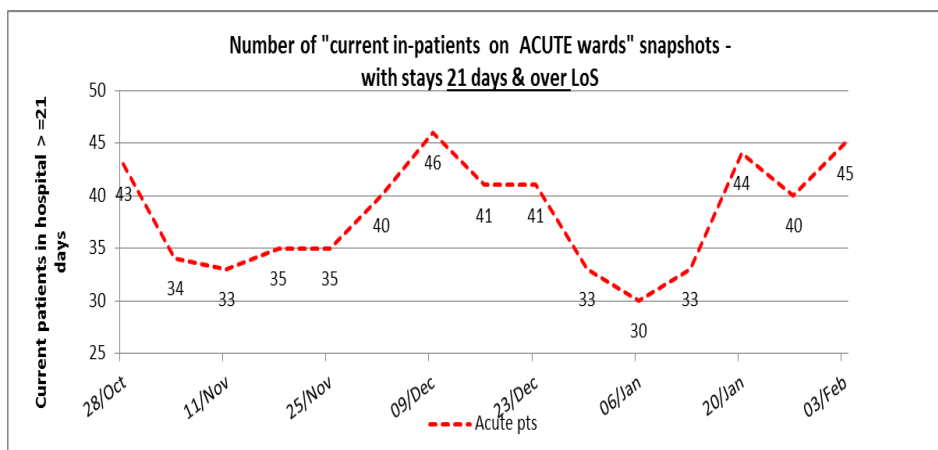
## Discharges & Capacity to cope with admissions in a timely manner

The ability to cope with admissions and their growth, and to particularly ensure this is managed in a timely manner, is through a variety of means outlined below. There have overall been an increasing number of discharges from the medical pathway and the winter plan has opened additional medical capacity on time as per the plan.



## Reduction in patients with a stay >21 days

Some of the increase in discharges so far this winter has been related to reductions in longer stay patients who use high proportions of the available bed base. During January it remains 15% lower (528 bed days) than January 2018. Some of this is related to the commissioning of additional 'transfer to assess' beds within the community as part of the winter plan. However, the trend is an increasing one and this has reduced some of the overall available bed capacity against what was available in previous months.



Some of this upward trend is related to increasing acuity as a proportion of patients who are increasing are medically unwell. There also remain groups of patients whose pathways need to be more optimal and work continues with partners to be able to improve this alongside the Trusts continue to use long stay best practice in this area through the implementation of 'Long Stay Wednesday' using best practice from NHS Improvement in the management of such patients and improved liaison with partners.

## Winter plan creating more capacity

All winter bed capacity has been implemented by the end of December as per the reports approved by the Board in September and updated on at subsequent meetings. There are now an extra 35 beds (across the system) above 2017/18 levels and increase in the overall bed base available for medical patients by 86 for Q4. During January the following additional capacity was in place for the medical pathway:

- 48 additional medical beds went live as part of the winter plan with the switching of two wards from surgery
- 10 extra surgical beds opened
- The opening of 20 additional 'transfer to assess' beds within the community
- 8 additional rehabilitation beds at Newark

## Performance by day of week

Jan 19 - Day	Mean % under 4 hours (2018)	Mean % under 4 hours (Jan 19)	Variance	Mean pts waiting >4 hours (2018)	Mean pts waiting >4 hours (Jan 19)	Variance	Mean admissions (2018)	Mean admissions (Jan 19)	Variance
Monday	91.0%	86.3%	-4.8%	42	68	26	91	112	20
Tuesday	92.1%	94.3%	2.2%	33	24	-9	86	98	12
Wednesday	93.7%	94.0%	0.3%	26	26	0	84	100	16
Thursday	94.1%	92.2%	-1.9%	24	34	10	87	97	11
Friday	94.0%	87.7%	-6.3%	24	54	30	86	94	9
Saturday	95.1%	93.5%	-1.6%	21	30	9	71	89	18
Sunday	94.6%	95.5%	0.9%	23	21	-3	73	79	6

During January, the days that showed the most variation were Mondays and Fridays. The main cause of the variance for Mondays is related to the growth in admissions and two particular Mondays, 14<sup>th</sup> and 28<sup>th</sup> January that saw 128 and 131 ambulance arrivals respectively.

Fridays have seen in growth in admissions but not as high as other days, and the main contributor has been the arrival time of ambulances being later into the evening which has been impacting on ED's ability to keep pace with demand and particularly the wait to be seen by an Emergency Dr. The medical rotas have been reviewed again to see whether on certain days this needs to increase the medical resource to later in the day to cope with this ambulance arrival demand.

## Elective Access Standards

### RTT

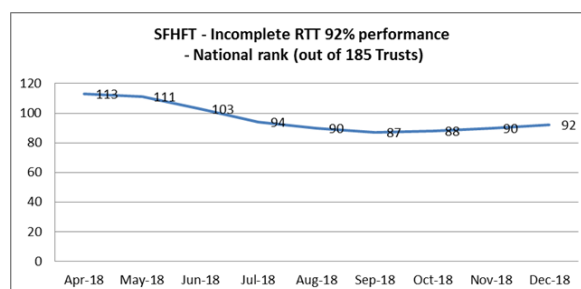
The RTT position for January against the incomplete standard is 90.03%. The Trust is committed to delivering the 92% standard and as a minimum will continue to deliver 90%.

RTT Incomplete	April	May	June	July	August	September	October	November	December	January
Trajectory	89.59%	90.96%	91.75%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
Actual	89.2%	90.0%	90.0%	90.6%	90.6%	90.6%	91.0%	90.4%	90.0%	90.0%

December performance as a national ranking is 92<sup>nd</sup> from 185 providers.

National performance for the month was 86.6%

January (at time of writing) is not yet published by NHS England.



The size of the Incomplete PTL has reduced from the December position by 661 to 26,672 but remains 2,517 higher than trajectory.

RTT PTL Size	April	May	June	July	August	September	October	November	December	January
2018/19 Planning Trajectory	24,976	26,001	25,461	25,512	25,920	25,189	24,819	24,915	25,041	24,155
Actual	24,274	24,585	24,794	25,698	25,890	25,586	26,001	26,377	27,333	26,672

Note c.1,000 of the increase is the transfer of community paed. s.

Whilst the transfer of Community Paediatrics accounts for approx. 50% of the increase the other 50% is across a number of specialties including Ophthalmology, ENT, General Surgery, T&O and Endocrine and is related to an increase in new outpatient and over-due follow up demand, known capacity gaps and data quality. Further detail is in the incomplete exception report.

9 patients were waiting longer than 52 weeks as at the end of January. The Trust RCA and harm review process is being followed for all patients waiting 52+ weeks.

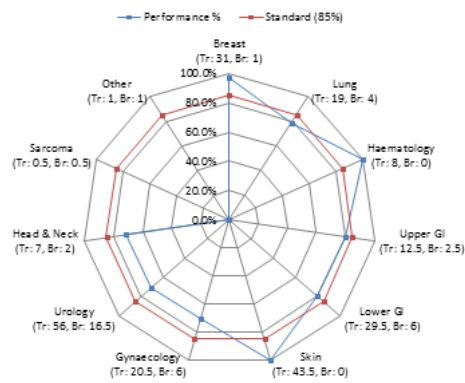
### Cancer

The Trust delivered 84.3% for the month of December 2018; all other cancer standards were met except for 62 day screening and 31 day subsequent surgery.

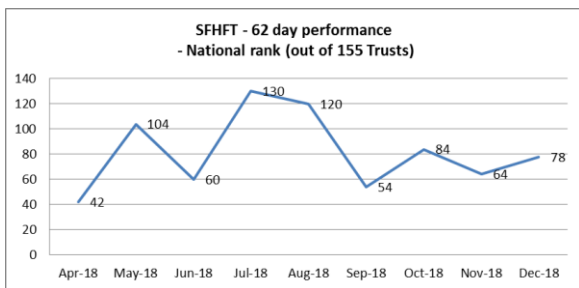
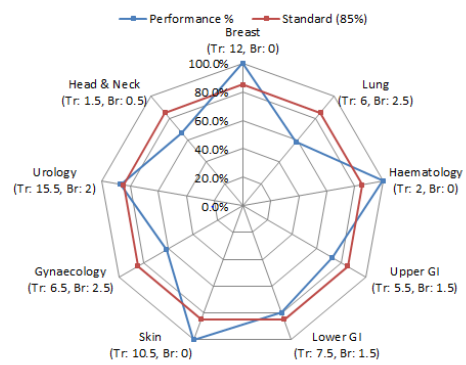
Cancer 62 day	April	May	June	July	August	September	October	November	December
2018/19 Planning Trajectory	83.80%	83.80%	84.60%	85.40%	85.40%	85.40%	85.40%	85.40%	85.40%
Actual	87.60%	79.80%	84.60%	69.30%	74.30%	85.10%	79.30%	85.10%	84.30%

Performance by tumour site for Quarter 3 (82.71%) and November (84.3%) is as follows:

**62-day (urgent GP referral) wait for first treatment by tumour site - Q3 FY2018-19**



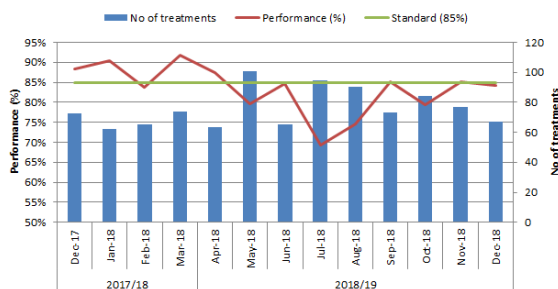
**62-day (urgent GP referral) wait for first treatment by tumour site - December 2018**



The national ranking for December was 78<sup>th</sup> from 155 providers. January at time of writing is unpublished.

4 of the 9 tumour sites delivered the 85% standard with 67 treatments recorded and 10.5 breaches.

**62-day (urgent GP referral) wait for first treatment by month**

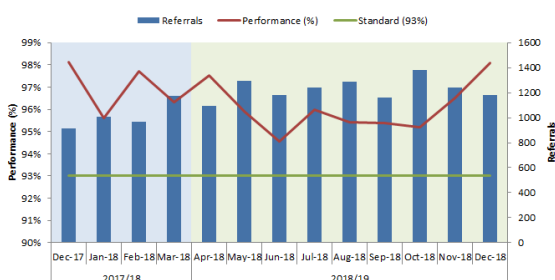


The main reason for breaches of the 62 day standard across a number of tumour sites continues to be a delay to diagnosis/treatment planning and this remains the key focus in the recovery action plan. Other reasons include oncology and surgical capacity at NUH and complex pathways involving multiple clinical teams

As at the end of December there were 9 patients waiting 104+ days. All patients with a confirmed diagnosis have started the harm review process.

For the 62 day screening standard; 1 Lower GI and 2 Breast patients breached due to requiring multiple staging tests prior to treatment planning. For the 31 day Subsequent Surgery standard 1 Urology patient breached due to capacity issues.

**2WW performance to standard by month**



For the month of December 2018 2WW demand at 1,178 remains in the region of 30% higher than December 2017 (911). YTD referrals have increased by 14%.

8 of the 9 tumour sites delivered the 2WW 93% standard.

## Delays to diagnosis/ treatment

The recovery action plan focussed predominantly on reducing the time to diagnosis. There were 22 actions of which 18 have been completed and 4 delayed. The 4 actions will continue to be progressed and monitored at the monthly Cancer taskforce group.

A separate Urology recovery plan will be developed to build on the actions already completed and support consistent delivery at tumour site and Trust level. If we can sustainably deliver 85% for Urology (and maintain performance in other tumour sites) the overall position for the Trust would be within the range of 82% -90%.

Improvements in the 14 day turnaround time for a diagnostic procedures (MRI, CT Colon, colonoscopy and OGD) are evidenced in table 1 below. The dip in performance for January is in the main due a number of referrals received late December where patients chose to wait until the New Year for their procedure.

Diagnostic Test	September	October	November	December	January
MRI (14 Day)	42%	82%	91%	92%	83%
CT Colon (14 Day)	N/A	7%	38%	78%	51%
Colonoscopy (14 Day)	66%	75%	88%	85%	84%
OGD (14 Day)	80%	82%	88%	93%	88%

## Urology diagnostic delays

We continue to see the wait for a TRUS or Template biopsy fluctuate between 10 and 20 days, the Urology team routinely secure additional capacity and have implemented a virtual clinic which; post MRI means patients who do require a TRUS or template are called and brought to an outpatient appointment for counselling and have their date agreed with them at that appointment. Data is being collated at a Cancer Alliance level to benchmark if the Trust is an outlier in terms of the volume of patients having a biopsy. This data will be used to shape the model for the future.

## Oncology and surgical capacity at NUH

NUH are the service providers for Oncology at SFHFT, over recent months the wait for an oncology first appointment has oscillated in a number of tumour sites but notably has increased for Urology. This is also evident in the wait for Prostate surgery and Kidney surgery. Dialogue between NUH and SFHFT is good however a resolution to the ongoing capacity issues is required. A meeting is planned for 28<sup>th</sup> February between the Deputy COO for Elective Care and the Clinical Director and General Manager for Cancer and Associated Specialties to review what short, medium and longer term actions are required.



## Diagnostics

The 6 week diagnostic performance for January is 99.13%.

Diagnostic 6 Week	April	May	June	July	August	September	October	November	December	January
Trajectory	98.73%	98.83%	99.02%	99.01%	99.01%	99.01%	99.02%	99.01%	99.01%	99.01%
Actual	98.59%	99.12%	99.12%	99.13%	99.45%	99.16%	99.37%	99.24%	99.03%	99.13%

Exception reports are included with regard to the RTT Incomplete standard, volume of 52+ week and 62 day cancer standard.

## FINANCE REPORT – MONTH 10

At the end of month 10 we are reporting a deficit of £38.70m before Provider Sustainability Funding (PSF), £0.67m ahead of plan year to date (YTD). This is £0.62m better than was forecast at month 9. At the end of month 10, PSF of £8.30m has been reflected. The reported control total deficit including PSF at month 10 is £30.41m, £0.53m behind plan.

The forecast year end position is we will achieve the control total excluding PSF, deficit of £46.37m. The forecast position including PSF is a deficit of £36.34m, £2.37m behind plan.

Key areas of note are: -

- Clinical income is £10.59m above plan at month 10 and is forecast to be £12.78m above plan at year end, reflecting ongoing non-elective (NEL) activity, high cost drugs and agenda for change pay award funding. At the end of month 10 NEL activity is £8.42m over plan.
- Pay costs are £10.90m above plan at month 10 and are forecast to be £13.87m above plan at year end. Medical pay spend is £5.85m above plan at month 10, significant overspends reflect cover for sickness and vacancies mostly in Medicine, Surgery and Urgent Care, costs of additional capacity covered by income, and unmet FIP of £2.08m. Nursing pay spend is £4.04m above plan at month 10 due to non-delivery of pay FIPs and cover for vacant posts and sickness. At month 10 worked WTEs of 4,398 exceed budgeted WTEs of 4,286 by 112, (medical 48 (41 at M9), nursing 67 (54 at M9), others - 3).
- Agency spend increased in January by £0.13m to £1.04m. This is below the ceiling in month by £0.44m and by £1.15m YTD.
- Uncommitted reserves of £3.54m support the position at the end of month 10.
- The Financial Improvement Plan (FIP) & Financial Recovery Plan (FRP) are behind plan by £0.53m. The 18/19 FIP & FRP programmes are forecast to deliver savings of £16.48m.
- PSF of £8.30m has been reflected at month 10, £2.42m due to 4 hours access target, £5.69m for delivery of the SFH control total at the end of month 10 and £0.19m for delivery of the system wide control total in quarter 1. The Trust continues to forecast achievement of its cumulative control total, however is not forecasting delivery of ED requirements in Q4 and therefore is not anticipating £1.30m of ED PSF for Q4. The system is forecasting that the system control total will not be recovered by the end of Q4 and therefore £1.06m of system PSF for Q2, Q3 and Q4 will not be received.
- Capital spend at month 10 is £5.66m, behind plan by £2.70m. Capital programme leads are forecasting an outturn of £9.59m, £0.16m less than plan.
- Closing cash at 31<sup>st</sup> January was £1.54m, £0.32m below plan.
  - At M10 the forecast and FRP have been reviewed and there remains a risk of £0.29m for which actions are being identified.

## Financial Summary

	January In-Month			YTD			Annual Plan £m	Forecast £m	Forecast Variance £m
	Plan	Actual	Variance	Plan	Actual	Variance			
	£m	£m	£m	£m	£m	£m			
Surplus/(Deficit) - Control Total Basis Exc PSF	(3.37)	(2.75)	0.62	(39.37)	(38.70)	0.67	(46.37)	(46.37)	0.00
Surplus/(Deficit) - Control Total Basis Inc PSF	(1.92)	(1.88)	0.04	(29.87)	(30.41)	(0.53)	(33.97)	(36.34)	(2.37)
Finance and Use of Resources Metric YTD				3	3		3	3	
Financial Improvement Programme (FIP) & (FRP)	1.89	1.86	(0.03)	13.55	13.02	(0.53)	17.30	16.48	(0.82)
Capex (including donated)	(1.36)	(1.21)	0.15	(8.36)	(5.66)	2.70	(9.75)	(9.59)	0.16
Closing Cash	1.86	1.54	(0.32)	1.86	1.54	(0.32)	1.76	1.76	0.00
NHSI Agency Ceiling - Total	(1.48)	(1.04)	0.44	(13.72)	(12.57)	1.15	(16.66)	(15.76)	0.90