


SUMMARY REPORT		South Tees Hospitals  NHS Foundation Trust	
Council of Governors		Date of meeting 13 th January 2016	
Subject	Integrated Quality, Finance and Performance Report		
Prepared by	Emma Carter, Head of Governance and Compliance Brian Simpson, Head of Financial Control Sarah Danieli, Deputy Director of Performance Management Nicki Hurn, Senior Performance Manager		
Approved by	Ruth James, Director of Quality		
Presented by	Ruth James, Director of Quality Maxime Hewitt-Smith, Deputy Director of Finance		
Name of meeting considered/approved by	Quality Assurance Committee reviewed the quality information. Finance and Investment Committee reviewed the financial information		
Purpose:	To provide the Council of Governors with a summary of the quality, finance and performance of the Trust as at the end of November 2015. This report describes any exceptions to agreed plan / standards and to forecast the position for the coming quarter	Decision	
		Approval	
		Information	●
		Assurance	●

Executive Summary	
Areas identified as off track / at risk in November are :	
Quality	
<ul style="list-style-type: none"> - Clostridium difficile - Mortality - CQUIN 	
Finance	
<ul style="list-style-type: none"> - Underlying surplus / deficit - Cash and liquidity - Capital expenditure 	
Performance	
<ul style="list-style-type: none"> - Cancer 62 day standard - Cancer 31 day standard 	

Supports Trust Strategy Map in the following areas							
quality & patient safety		business sustainability		operational excellence		organisational capability	
deliver integrated care		improved cost control	●	improved patient flow		improved information	
forefront of clinical innovation		increased productivity	●	improved innovation processes		continuous service improvement culture	
specialised services development		increased revenue & market share	●	strong governance & risk management	●	workforce development	●
service quality and safety	●	enhanced services				strong partnerships & engagement	

If a key risk(s) has been identified, please describe below

Cancer 62 day target will be non-compliant in Q3 and is at risk in Q4, compliance with the target for 18 week incomplete pathways is at risk for Q3 and Q4.

Integrated Quality, Finance, Performance and HR Dashboard 2015/16

November 15

			14/15			15/16															
		Threshold	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Trend (April 14- to date)	End Q4 Forecast	Year end Forecast	
Quality & Patient Safety	MRSA (zero tolerance)	0	1	0	0	1	0	0	0	0	0	0	0								
	Clostridium difficile (cumulative position)	50				5	13	18	22	29	32	35	42								
	Rate of falls per 1000 bed days (flag SPC)	5.7	5.8	5.6	5.3	5.7	4.7	4.7	4.7	5.4	5.4	5.1	4.6								
	Category 3 or 4 pressure ulcers (20% reduction)	4 per month	10	4	1	3	10	4	3	3	2	3	1								
	Medication incidents (flag SPC)		69	71	75	56	62	59	77	56	61	66	67								
	% of incidents graded as moderate or above (not greater than previous year)	3.30%	2.7%	2.3%	2.4%	2.5%	3.4%	2.9%	2.1%	1.8%	1.8%	2.7%	1.5%								
	Rate of formal complaints per 1000 spells (flag SPC)	2.5	1.1	1.1	1.3	1.2	1.1	1.3	1.3	1.1	1.4	1.1	0.8								
	Inpatient FFT - % highly likely or likely to recommend	90%	98.3%	98.4%	98.3%	97.6%	98.1%	97.1%	98.0%	97.4%	97.6%	97.9%	97.9%								
	Inpatient FFT - Response rate	30%	38.4%	39.4%	43.9%	40.8%	41.4%	29.1%	30.1%	23.7%	38.4%	31.0%	26.9%								
	SHMI (rolling 12 months - 4 months behind)	As expected	101	101	102	103	105	106	106	108	108	108	108								
	HSMR (rolling 12 months - 3 months behind)	As expected	107	107	107	111	113	113	114	114	116	117	117								
	CQUIN achievement	>95%																			
Business Sustainability	EBITDA	Per Plan																			
	Underlying surplus /(Deficit)	Per Plan																			
	CIP programme	Per Plan																			
	Cash and Liquidity	Per Plan																			
	Capital Expenditure	Per Plan																			
	Continuity of Service risk rating.																				
Operational Excellence	Incomplete pathways - % of patients on an RTT pathway waiting 18 weeks or less	92%	95.4%	96.0%	94.1%	95.5%	94.7%	93.8%	93.5%	92.9%	93.0%	92.5%	92.6%								
	Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge	95%	92.5%	93.6%	94.9%	92.6%	95.6%	96.1%	96.4%	97.0%	97.3%	96.4%	95.7%								
	Cancer waits 2 week wait target	93%	94.2%	96.1%	95.7%	94.0%	95.6%	94.7%	94.6%	94.8%	91.8%	94.2%	95.6%								
	2 week wait breast symptom referrals - % seen within 2 weeks	93%	95.7%	94.0%	96.4%	92.1%	93.8%	93.3%	94.4%	94.5%	95.3%	90.5%	93.3%								
	Cancer wait 31 day wait for first definitive treatment for all cancers	96%	98.3%	98.8%	97.1%	97.8%	98.4%	97.7%	97.0%	98.8%	94.9%	96.7%	93.4%								
	Cancer wait 31 day wait for subsequent drug treatments for all cancers	98%	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.2%								
	Cancer wait 31 day wait for subsequent surgery treatments all cancers	94%	97.9%	98.3%	98.0%	94.2%	94.3%	94.6%	95.6%	100.0%	94.3%	94.5%	86.1%								
	Cancer wait 31 day wait for subsequent radiotherapy treatments all cancers	94%	98.8%	99.4%	99.2%	99.4%	100.0%	100.0%	99.5%	98.1%	98.4%	99.0%	100.0%								
	Cancer wait 62 day wait for the first definitive treatment for all cancers	85%	86.1%	82.2%	87.1%	82.8%	84.2%	78.8%	79.8%	81.1%	77.0%	73.8%	70.4%								
	Cancer wait 62 day wait for treatment of all cancers referred from a National screening service.	90%	100.0%	83.3%	75.0%	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	NA	100.0%							
	Cancer wait 62 day wait for first definitive treatment following consultant upgrade - please note the latest position is year to date as per local agreement	90%	85.7%	90.9%	90.9%	90.5%	90.9%	0.0%	90.0%	100.0%	80.0%	100.0%	42.9%								
	Bed occupancy (average per month)	85%	92.0%	93.2%	90.4%	91.4%	86.0%	88.1%	86.7%	86.8%	85.0%	89.6%	89.3%								
	Average Elective Length of Stay		3.94	3.64	3.57	3.65	3.58	3.94	3.78	3.26	3.97	3.60	3.81								
	Average Non Elective Length of Stay		4.88	5.24	5.09	5.05	4.64	4.67	4.58	4.37	4.90	4.36	4.38								
	Delayed Transfers of Care	<=4%	4.1%	3.5%	2.1%	2.8%	2.5%	3.5%	2.5%	2.3%	3.0%	3.7%	3.7%								
	Total outlying patient bed days		1825	1342	1033	1150	908	562	606	807	754	744	732								
Closed Beds (average per month)		18	32	35	37	35	40	47	60	24	23	32									
Cancelled operations		29	39	36	38	17	34	20	21	27	36	34									
HR	% sickness absence	Within normal confidence	5.0%	5.0%	4.8%	4.8%	4.5%	4.4%	4.5%	4.5%	4.3%	4.6%	TBC								
	% attendance at mandatory training	80%	70.9%	71.0%	71.0%	76.5%	76.0%	76.0%	75.8%	77.0%	79.0%	81.8%	TBC								
	% appraisals completed	80%	66.5%	67.1%	68.0%	68.4%	68.4%	68.0%	67.2%	66.6%	68.2%	68.7%	TBC								
	Vacancy rate		5%	4%	8%	3%	5%	4%	6%	5%	4%	4%	3%								

* current month cancer figures are indicative

Other significant exceptions to include CQC judgements, third party reports etc:

1. Executive summary

There were 7 cases of Clostridium Difficile in November which gives a cumulative position at the month end of 42 against a target of no more than 34.

The CQUIN forecast has improved as an agreement has been reached on the actions required to satisfy the spinal CQUIN, the current compliance with discharges at weekend is achieving the target level however this is variable and given potential winter pressures remains at risk. The current compliance with discharges before mid-day is 22% against a target of 25%, focus for improvement is on bringing forward the discharge of patients who are currently discharged between 12 and 2pm. The updated position for the sepsis and pneumonia CQUIN is not yet available. The position with the pressure ulcer CQUIN has not improved though work in this area continues.

From a financial perspective the annual plan submitted to Monitor on 14 May 2015 included an estimate for spend of £16.6m YTD, with actual spend amounting to £6.9m. The Trust has now received confirmation and approval of the request for support to fund the Capital programme amounting to £10.9m from Monitor and the ITFF.

The Trusts underlying financial performance is behind plan by £0.7m YTD. EBITDA is in-line with plan £nil variance. The underlying adverse variance is due to a profit on disposal not yet being recognised (sale of land) off-set by an underspend on depreciation due to delays in the capital programme. The Trust was £1.1m adverse to plan at an underlying deficit level in Month 7, and was on plan at EBITDA level. The key driver of this improvement is the delayed delivery of the capital programme and sale of assets. The Trusts retained deficit is ahead of plan by £3.4m YTD, due to lower than anticipated restructuring costs and delays to planned impairment reviews due to the delayed delivery of the capital programme. This is a £0.1m improvement to the month 7 retained deficit due to increased restructuring spend.

Both the underlying and retained deficit full year forecasts are £0.3m ahead of plan, which reflects the reduced interest charge associated with paying back the working capital facility early. EBITDA is forecast to be £0.5m ahead of plan.

The key areas of focus relating to compliance with national access targets are 18 week incomplete pathways and access to cancer services. Compliance against the 92% incomplete pathways target has been deteriorating month on month as the reduced elective activity in Q1 and Q2 and growth in referrals in some specialties is leading to an increase in the number of patients waiting more than 18 weeks for treatment. This is most significant in orthopaedics. The forecast for Q3 suggested that if the trend continues the target will be marginally non-compliant at the end of December. Actions with all surgical specialties continue but the main focus is in orthopaedics to mitigate the risk of non-compliance in Q3 and to improve compliance in Q4.

The trust has been non-compliant with cancer 62 day for three consecutive quarters and will remain non-compliant in Q3. Separate action plans for each tumour site are being progressed to improve performance going forward and although the forecasted trajectory demonstrates compliance in Q4 there are a number of risks associated with this. Monitor and NHS England have requested an improvement plan from all trusts not currently achieving the target, this was submitted on 10th December.

The 4 priority areas in the action plan are:

- Diagnostic delays - 33.6% of all the patients that breached in Q2 were attributed to delays in diagnostics. Most of the delays occurred within Radiology and Endoscopy.

- Late referrals from tertiary providers - 23% of the patients that breached in Q2 were attributable to late referrals (14% were referred after day 42 and 10% were referred after day 62).
- Elective capacity - 14% of the patients that breached in Q2 were attributable to elective capacity issues, predominantly within Urology.
- Patient choice -14% of patients who breached in Q2 chose to delay their pathway.

The plan has been signed off by the CCG who are keen to work more closely with the trust on the cancer agenda.

A & E performance remains compliant with target achieving 95.6% in November. There has been a recent deterioration in performance due to increased pressures in A&E and across inpatient areas. The focus on discharge processes and patient flow is continuing to support improved performance throughout the winter.

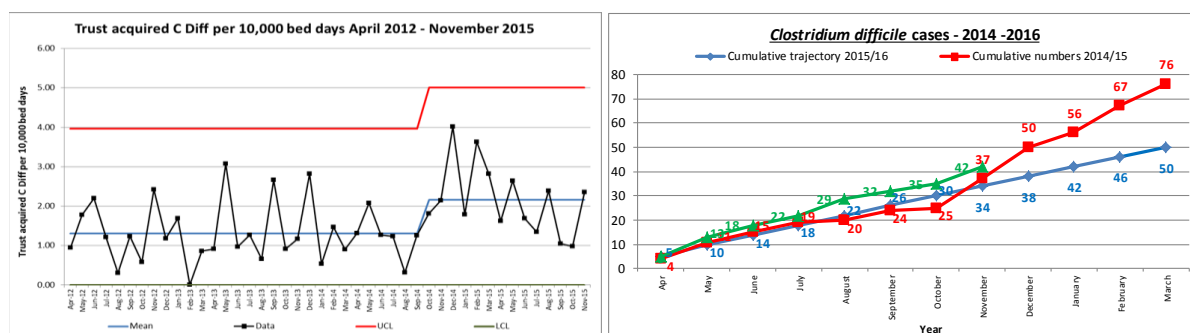
2. Exception reporting

2.1 Clostridium Difficile

Current position

There were 7 cases of trust apportioned Clostridium Difficile reported in November against a threshold for the month of 4 cases. The dashboard below shows the current position with the key process measures. Further detail is included in the Healthcare associate infection monthly report.

CDI Key Performance Indicators Dashboard



	Target	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	
Diarrhoea control														
Compliance with assessment of diarrhoea in A&E	>=90%						62%	93.0%	98.7%	98.2%	96.2%	97.5%	95.0%	96.2%
Stool chart compliance	>=95%	100.0%	98.3%	99.2%	98.8%	97.5%	96.0%	83.0%	97.5%	98.4%	98.1%	96.1%	98.9%	
C. Diff patients isolated within 2 hours	>=90%	56.0%	50.0%	38.0%	83.3%	67.0%	93.0%	77.0%	100.0%	81.0%	85.7%	71.4%	70.0%	
Antibiotic prescribing														
Antibiotic audit - Audit of choice of antibiotic regimen	>=90%	99%	99.8%	98.3%	98.5%	99.5%	98.6%	98.5%	97.2%	99.5%	98.9%	99.4%	99.0%	
Antibiotic audit - Stop date recorded	>=90%	33.5%	68.0%	64.9%	68.9%	71.0%	68.0%	71.5%	76.6%		70%	74%	77%	
Hand hygiene competencies														
Hand hygiene competencies (Trajectory Q1-25% Q2-50% Q3 -75% Q4->=95%)	>=95%	31.0%	44.0%	47.0%	90.0%	****	****	29%	****	****	58.4%	****	****	
Clean your Hands compliance	>=90%	83.4%	83.9%	86.2%	87.9%	87.9%	86.4%	86.7%	87.7%	88.1%	88.5%	93.2%	92.5%	
Environmental cleanliness and decontamination strategy														
Externally validated cleaning score														
Completion of daily ward manager commode monitoring tool	>=95%	87.7%	86.1%	82.1%	87.9%	91.9%	94.0%	92.0%	94.0%	99.5%	99.3%	98.7%	98.4%	

Forecast position

It is highly unlikely that C difficile target will be achieved. The two main ongoing concerns relate to cleaning; ensuring that beds in the admission wards are cleaned in between patient transfers is a high priority, dedicated staff to do this are now in place. The other concern relates to the allocation of cleaning hours in the afternoons on some very high risk wards including the general high dependency unit, this is currently under negotiation. Due to the pool of C difficile in the community once all appropriate actions have been implemented there is still likely to be a considerable time delay for this to reduce cases to a satisfactory level.

2.2 Friends and Family Test

Current position

The response rate for the inpatient friends and family test has fallen to 26.9% which is below the 30% target set.

The patient experience team are re-introducing the weekly tracker to monitor returns from the wards and the head of patient experience will be reviewing the current process including the location of comment boxes to identify if there are any improvements that can be made. The contract for provision of the FFT survey is out to tender, it is hoped that the new contract will support the use of more tailored questions which will encourage better engagement from staff if the results can be used for more targeted improvement work.

Forecast position

It is expected that with closer monitoring of weekly returns that the response rate can be improved in January.

2.3 Mortality

Current position

The SHMI has not changed since last month. The rise accounted for by the inclusion of the period January to March 2015 when there were higher than average deaths and lower than average discharges remains. The additional deaths were due to respiratory illness in the elderly which is consistent with the increase reported across the country by Public Health England. Our weekly clinical mortality review process provides assurance that these deaths were not preventable. HSMR to November 2015 is the same as that reported to October 2015 and will remain high until the Q4 figures are removed from the 12 month period reported, as for SHMI.

Forecast position

Since April 2015 the number of deaths in the Trust has returned to average levels and it is likely that this is also so across England (although data is not yet available). The SHMI will return to "as expected" levels for coming months but the rolling 12 month position will continue to contain the high January to March 2015 months for a further three quarters and so will continue to be close to or higher than the narrow confidence limits used by NHS England in their regional reports. It is important to note that using the wider confidence limits for national comparisons the Trust is "as expected".

From December onward this report will include monthly crude mortality figures and levels of palliative care coding.

2.4 CQUIN

The CQUIN forecast has improved as an agreement has been reached on the actions required to satisfy the spinal CQUIN, the current compliance with discharges at weekend is above the target level, however this is variable and given potential winter pressures remains at risk. The current compliance with discharges before mid-day is 22% against a target of 25%, focus for improvement is on bringing forward the discharge of patients who are currently discharged between 12 and 2pm. The updated position for the sepsis and pneumonia CQUIN is not yet available. The position with the pressure ulcer CQUIN has not improved though work in this area continues.

2.5 Financial summary and CIP

The annual plan submitted to Monitor on 14 May 2015 included an estimate for spend of £16.6m YTD, with actual spend amounting to £6.9m. The Trust has now received confirmation and approval of the request for support to fund the Capital programme amounting to £10.9m from Monitor and the ITFF.

The Trusts underlying financial performance is behind plan by £0.7m YTD. EBITDA is in-line with the plan - £nil variance. The underlying adverse variance is due to a profit on disposal not yet being recognised (sale of land) offset by an underspend on depreciation due to delays in the capital programme. The Trust was £1.1m adverse to plan at an underlying deficit level in Month 7, and was on plan at EBITDA level. The key driver of this improvement is the delayed delivery of the capital programme and sale of assets. The Trusts retained deficit is ahead of plan by £3.4m YTD, due to lower than anticipated restructuring costs and delays to planned impairment reviews due to the delayed delivery of the capital programme. This is a £0.1m improvement to the month 7 retained deficit due to increased restructuring spend.

Both the underlying and retained deficit full year forecasts are £0.3m ahead of plan, which reflects the reduced interest charge associated with paying back the working capital facility early. EBITDA is forecast to be £0.5m ahead of plan.

Key Issue	Executive Summary	Year to date vs budget	Forecast Outturn	Action Plan
EBITDA	EBITDA was £13.9m year to date, and remains on plan, as a decline in clinical income (primarily in Surgical Services Centre) has been offset by a reduction in spend. By the end of the year, the Trust is forecasting to be ahead of the 2015/16 annual plan by £0.5m as the underperformance on forecast income levels of £1.0m and anticipated overspend on PFI charges of £0.8m is expected to be offset by a larger reduction in pay costs.	G	G	The Trust is implementing action plans at a Centre level to improve the clinical income position and reduce the increasing clinical backlogs, particularly in Orthopaedics, Surgery & Tertiary.
Underlying Surplus/(Deficit)	The Trust is reporting a £5.9m deficit which is £0.7m behind plan at month 8, an improvement of £0.4m compared with month 7 due to the delayed delivery of the capital programme and sale of assets. The Trust is forecasting to be ahead of plan by £0.3m by delivering a £2.8m deficit.	R	G	Monthly performance review meetings continue to be held with Centres to ensure close monitoring and management of the Trusts income and expenditure position as the financial year progresses. This will ensure that any variations from plan are highlighted and action taken to address them regularly.
CIP Programme	The Trust has achieved £20.6m CIP, which is on plan for month 8. The Trust is forecasting to achieve its overall CIP plan for 15/16 of £36.0m.	G	G	Overall CIP plans are formally developed and in place, expected savings against the plan will be monitored across the Trust to ensure achievement. The Trust is internally performance managing against a £40.0m CIP plan. The overperformance of non-recurrent is being reviewed with centres to determine if they can be converted to recurrent savings.
Cash and Liquidity	The Trust held £12.0m of cash YTD which was £5.1m behind plan. This is due mainly to the repayment of the remaining element of the interim revolving working capital support, offset by the improved retained deficit position (£3.4m) and the deferred delivery of the capital programme (£9.7m). This has also been offset by movements in working capital that includes an increase in the level of outstanding debt (£5.1m). The Trust is working with the commissioners and other public sector organisations to reduce the level of debt by the end of December.	R	G	The Trust negotiated with South Tees CCG for early payment of the December contract and this was received on 1st December. It is anticipated that the January and February contract payments will also be paid on the first working day of each month. This will ensure the Trust maintains its objective of retaining significant cash balances following repayment of the facility. It is currently anticipated that the first use of the interim support will be in February 2016.
Capital Expenditure	The Trust has completed a review of the programme in conjunction with major scheme owners to ensure that plans are in place to deliver the capital plan by 31 March 2016. Bi-weekly meetings are now in place with the major scheme owners and the Director of Finance to deliver the capital plan. Fortnightly meetings of the Capital Group have been arranged to prioritise the capital plan for 2016/17.	R	G	The annual plan submitted to Monitor on 14 May 2015 included an estimate for spend of £16.6m YTD, with actual spend amounting to £6.9m. Information to support the Capital programme and the drawdown of funding has been provided to Monitor and the ITFF and the approval of the £10.9m required has now been received.
Financial Sustainability Risk Ratings	The financial sustainability risk ratings assess the capital service cover, liquidity ratio, income and expenditure margin and the variance from plan on the income and expenditure margin to determine a final rating. The Trust's overall financial sustainability rating is 2.	G	G	The Trust has a ratio of 1 for the capital service cover, the liquidity rating and the income and expenditure margin. The Trust has a rating of 4 for the variance from plan on the income and expenditure margin. This will continue to be monitored on a monthly basis.

EBITDA/ Surplus

G	On or better than target
A	Between 0% and 5% below target
R	Greater than 5% below target

CIP Programme

G	On or better than target
A	Between 0% and 10% below target
R	Greater than 10% below target

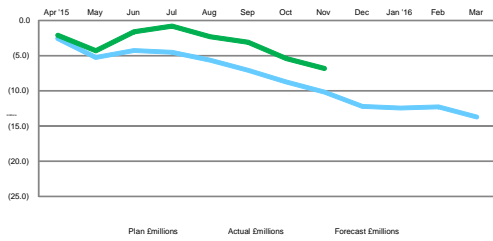
Capital Expenditure

G	Within 5% of target
A	Between 6% and 15% of target
R	Greater than 15% of target

Cash and Liquidity

G	Higher cash balance or within 10% lower than plan
A	Cash balance lower than plan by 10% up to 20%
R	Cash balance lower than plan by greater than 20%

Retained Deficit actual / forecast v plan

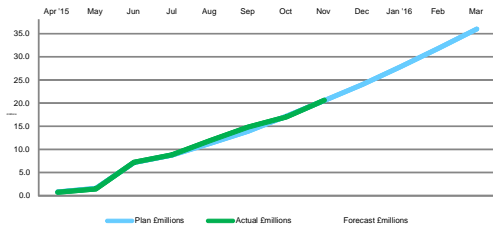


NHS Clinical income: The Trust has underperformed in month 8 against NHS Clinical Income by £8.6m. This underperformance is offset by corresponding underspend on both pay and non pay and is due to reduced activity levels in elective, non-elective and a worsening of critical care activity levels due to bed closures.

Pay: Pay expenditure has reported a £ 5.3m underspend YTD against plan due to vacancies. Lower expenditure has been reported against each pay category with the exception of overspend on agency costs and contract variations on PAMS.

Non pay: The Trust has underspent on non -pay by £2.2m YTD, driven by underspend on the transformation fund and CQUIN reserves, and reductions in expenditure on both supplies and services linking to the underperformance on NHS Clinical Income.

CIP programme savings

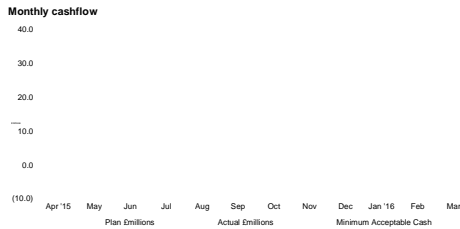


YTD CIP performance is on plan with the Trust achieving CIP of £20.6m, resulting in in -year achievement of £27.4m. £11.1m is recurrent and £9.5m is non recurrent. The full year effect of CIP savings realised YTD is £17.3m.

The Trust is forecasting full achievement of the overall CIP plan of £36.0m.

Non-recurrent CIP is ahead of plan and is being reviewed with centres to determine if it can be converted to recurrent which is behind plan.

12 month forecast cash flow requirement



Cash and liquidity

The Trust has agreed with South Tees CCG for the December and the December payment was made on the first of the month. It is anticipated that January and February contract payments will also be made on the first working day of each month. The cash balance was £5.1m below plan at the end of November following the early repayment of the remainder of the interim revolving working capital facility. Other issues affecting cash include the improved performance on revenue of £3.4m and deferred delivery of the capital programme of £9.7m, offset by an increase in the level of outstanding debt. The application for Interim Capital Support amounting to £10.9m has now been approved. Discussions are being held with Monitor regarding the application for Interim Revenue support and it is anticipated that this will be presented to the ITFF meeting in January.

Capital expenditure / plan v forecast



Capital expenditure

Projects	Capex Plan £m	Spend in Month £m	Spend to Date £m	Forecast for 2015/16 £m	Variance to Plan £m
Property - New Build	3.6	0.1	0.6	3.6	-
Property - Maintenance	6.2	0.5	3.9	6.2	-
Plant and Equipment - IT	4.8	0.1	0.3	4.8	-
Plant and Equipment - Other	11.9	0.5	2.1	11.9	-
Total	26.5	1.2	6.9	26.5	-

The Trust is now monitoring the programme against the revised profiled plan and has put plans in place to deliver the programme by the end of March.

Financial Sustainability risk ratings

Risk Rating	As at 31 October 2015	As at 31 November 2015
Financial Sustainability		
Capital Service Cover Rating	1	1
Liquidity Rating	1	1
Financial Efficiency		
Income & Expenditure Margin Rating	1	1
Income & Expenditure Variance from Plan Rating	4	4
Financial Sustainability Risk Rating	2	2

The financial sustainability risk ratings introduced from 1 August 2015 comprise four financial metrics:

- Liquidity:** this ratio indicates whether the provider can meet its operational cash obligations measured as days of operating costs held in cash; and
- Capital servicing capacity:** this ratio indicates whether the provider can meet its financial obligations i.e. the degree to which the organisations generated income covers its financial obligations.
- Income and expenditure margin:** this ratio indicates the degree to which the organisation is operating at a surplus/deficit; and
- Income and expenditure margin variance from plan:** this ratio indicates the variance between the Trusts planned I&E margin in its annual forward plan and its actual I&E margin within the year.

Overall the financial risk rating is at 2 at 30 November 2015.

Metric	October Actual	November Actual
Capital Service Cover	2.5	0.6
Liquidity	0	-24.73
I&E Margin	1%	-1.6%
I&E Variance from Plan	0%	0.1%

2.6 18 Week Pathways

Current Position

In November, the trust achieved the incomplete pathways target with a compliance of 92.5%. A small number of specialties are non-compliant, this is more significant in orthopaedics. Actions to improve compliance is being addressed with the surgical specialties and are monitored on a weekly basis and monthly basis through the performance reviews.

Forecast Position

The table below demonstrates the forecasted performance of the referral to treatment compliance for Q3. This has been based upon the continued downward trend of performance compliance against the 92% target. The actions to admit more long waiting patients throughout November has helped to maintain an actual position just above the 92% target and marginally better than the previous month. The continued actions throughout December will help to mitigate the risk of non-compliance.

	October (actual)	November (actual)	December (forecast)	Quarter 3 (forecast)
Number of patients on incomplete pathways	29,259	27,512	27,745	78,083
Number of over 18 week waiters waiting	2,198	2,049	2186	84,516
Incomplete Pathways Target = 92%	92.4%	92.55%	92.12%	92.38%

2.7 Cancer Targets

Current Position

In October the trust was non-compliant with the 62 day first definitive treatment and 2ww breast symptomatic targets.

Indicative figures for November suggest that the 31 day subsequent surgery, 31 day subsequent drug, 31 day first treatment and the 62 day first definitive treatment target will be non-compliant. However, further validation is continuing ahead of the national submission, which is due on 7th January.

The main reasons for breaches of the 62 day first definitive treatment target are slower diagnostic pathways, patient's choice, late referrals from other providers and surgical capacity in urology.

Urology are undertaking additional sessions at weekends right through until the end of March to improve the 62 day first definitive treatment compliance during Q4.

Nationally there has been debate about the implementation of a breach reallocation policy for late referrals and a consultation document from the tripartite will be distributed to trusts soon for comment.

Radiology and pathology have secured locums who are due to start late October early November (3 Radiologists and 2 Pathologists) to cover the interim whilst advertising for permanent replacements.

October benchmarking across the NESCN in relation to the 62 day first definitive treatment target is shown in the supplementary pack. South Tees achieved a compliance rate of 73.8% against the 85% national target. Across the NESCN regional compliance was 82.3% and nationally compliance was 81.6%.

In line with the recent NHS England publication ‘improving and sustaining cancer performance’ separate cancer action plans have been prepared for the tumour sites which are currently non-compliant in Q2.

Forecast Position

The table below demonstrates performance forecasting of the 62 day first definitive treatment compliance for Q3 based upon analysis of last year and this year’s performance. This shows that the trust expects to be non-compliant with the 62 day first definitive treatment target at the end of the Q3 period.

	October (actual)	November (indicative)	December (forecast)	Q3 (forecast)
Number of treatments	133.5	142	129	404.5
Number of breaches	35	42	23.5	100.5
Trust compliance	73.8%	70.4%		
Trust forecast	-	-	81.8%	75.15%

The actions below have been implemented to support an improvement in compliance of the 62 day target in Q3.

- Separate tumour site action plans in line with the key cancer priorities are in place and being progressed.
- Deputy Director of performance attended a cancer summit meeting on 10th December in London to discuss the breach reallocation issue and how best this can be influenced nationally. A consultation document will be sent to trusts for further comment.
- Urology undertaking additional weekend working throughout Q3 and Q4
- Increased clinical capacity in endoscopy by reducing gastroenterology support to the medical rota from 19th October (equivalent to 4 clinical PA sessions) is already improving the 2ww compliance which will also help to improve the timelines of patient pathways on the 62 day target in lower and upper GI tumour sites
- A number of business cases for consultants to address gaps in workforce are being completed and recruitment campaigns will support the process of finding suitable candidates
- A trust trajectory has been developed and progress will be monitored against this

2.8 A & E Target

Current Position

In November, the trust continued to achieve the national target of 95% with an overall compliance of 95.71% this is a reduction in performance of 0.7% in comparison to the previous month. National benchmarking for October was

published on 12th November. The trust achieved a compliance of 96.4% in October compared to the national compliance of 92.3%. The introduction of a new software system in A&E has contributed to delays in the department as new processes were bedded in. In addition the trust has seen increased pressure at the front of house and has been in escalation on numerous occasions, this is also evident in the increasing bed occupancy.

Forecast Position

The table below demonstrates A & E performance forecasting for Q3 based upon analysis of the last 3 years' previous performance. Forecasting suggests that Quarter 3 will be achieved although this is marginal. The new software is now running routinely so there will be no ongoing process delays.

Site	October (actual)	November (actual)	December (forecast)	Quarter 3 (forecast)
James Cook	93.9%	92.52%	92.5%	93.0%
Friarage	97.0%	97.79%	95.6%	96.4%
Type 3 – MIU and Resolution	100%	100%	100%	100%
Trust compliance	96.4%	95.71%	95.7%	95.4%

Summary of Year to Date Monitor Compliance Framework (November 2015)

In order for Monitor to formally instigate regulatory action at least one target would need to be non-compliant for 3 consecutive quarters or 4 separate targets non-compliant in any one quarter.

The performance is as follows:

- 18 week incomplete pathways target is compliant Q4 (14/15), Q1 (15/16), Q2 (15/16) and currently for Q3 (15/16).
- A & E target compliant currently in Q3.
- Cancer 62 day screening target non-compliant in Q4 (14/15) and the 62 day first definitive treatment non-compliant in Q1 (15/16) and Q2 (15/16) and predicted be non-compliant in Q3(2015/16).
- C-difficile target is off trajectory with a total year to date of 42 cases against a trajectory of 34.

The trust is non-compliant for a third consecutive quarter with the 62-day cancer target. However, monitor have taken into consideration the Q4(14/15) non-compliance of the 62-day screening target and have acknowledged that the trust could not have taken any action to prevent this due to both breaches being referred into the trust after their breach date. Monitor has asked for a cancer improvement plan and this was submitted on 10th December following agreement with commissioners.

2.9 Monthly Nursing and Midwifery Staffing Report (data from November 2015)

Summary

The requirement to publish nursing and midwifery staffing levels on a monthly basis is explicit and is one of the ten expectations specified by the National Quality Board (2013). From June 2014 provider organisations have been

required to make their data available on both the Trust website and NHS Choices. This section of the report details data in relation to the nursing and midwifery staffing information from November 2015.

Context

All wards with inpatient beds have been included, with detail broken down into day and night hours. This data takes no account of baseline staffing levels, bed occupancy or patient acuity and dependency. Day case areas are excluded as are any temporary beds which have been opened in response to surge. The data is inputted as either nights (defined as the shift period within which midnight falls) or days (all the periods not included in night hours).

The overriding principle underpinning the transparent and open approach is to provide assurance that we have the right number of nursing and midwifery staff in place to deliver high quality, safe and effective care. The information is used as part of the Director of Nursing's Clinical Standards meeting with Heads of Nursing and Clinical Matrons for each Clinical Centre.

Whilst RAG rating thresholds have not yet been decided nationally and will not appear on the NHS Choices website, within this report we have rated our results by applying the following thresholds:

- Red** ≤ 80%
- Amber** 80 – 95%
- Green** ≥ 95%

Data has been presented by site (as it appears on NHS Choices) and summarised by Clinical Centre at organisational level. Additional information in relation to staff unavailability (due to sickness and leave) has been included in this report; this does not form part of the national core return.

Trust averages

	< 80	80-95	> 95	
	DAYS Average fill rate - RN/RMs (%)	DAYS Average fill rate - HCA (%)	NIGHTS Average fill rate - RN/RMs (%)	NIGHTS Average fill rate - HCA (%)
<u>Trust Average</u>				
Integrated Medical Care Centre	92.7%	102.0%	94.8%	118.9%
Surgical service Centre	91.0%	114.2%	92.8%	113.2%
Tertiary services Centre	93.2%	109.8%	95.9%	164.9%
Women & Children centre	94.7%	85.7%	95.8%	140.7%
Trauma, anaes & Theatre	93.7%	96.4%	95.0%	134.4%
Specialty Services Centre	83.6%	103.1%	92.5%	104.1%
Trust Average	91.5%	101.9%	94.5%	129.4%

The fill rate for unregistered staff overnight across the organisation remains above 100% this month due to a demand for staff to provide enhanced observations. HCA percentages are also running above 100% in a number of areas reflecting the band 4 assistant practitioners working in delegated positions and newly qualified RN's awaiting NMC registration.

Heads of Nursing / Midwifery within the Clinical Centres are assured that safe care is delivered and systems and processes are in place should staffing levels fall short of those planned and this includes reducing capacity if safe staffing cannot be maintained. A number of centres reduced bed capacity during November on a temporary basis due to a combination of sickness and vacancies (average of beds 30 closed).

Wards 8 and 33 within speciality medicine have a RN fill rate below 80% and have been supported by Clinical Matrons and an EU nurse on induction. NHSP fill rate for November was 66.4% for RN and 84.2% for HCA.

The number of unregistered staff in the women and children's centre is small with a predominantly registered nurse / midwife workforce, therefore percentages are significantly affected if even a small number of staff have unplanned leave.

A review of the band 5 recruitment process is currently underway with revised implementation due to take place early next year. Further EU recruitment is planned in partnership with NHSP to both Spain and Romania between 19th and 29th January 2016 to recruit approximately 20 band 5 RN's. Changes to nursing shift patterns are planned for February 2016 which will release extra capacity to fill both RN and HCA shifts.