

<b>SUMMARY REPORT</b>		South Tees Hospitals <small>NHS Foundation Trust</small>	
<b>Council of Governors</b>		Date of meeting : 17 <sup>th</sup> May 2016	
<b>Subject</b>	Integrated Performance Board Report		
<b>Prepared and presented by</b>	Ruth James, Director of Quality and Risk, Maxime Hewitt-Smith, Director of Finance		
<b>Purpose:</b> To provide the Council of Governors with a summary of quality, finance, workforce and performance measures in March 2016		Decision	
		Approval	
		Information	●
		Assurance	●

<b>Executive Summary</b>			
Areas identified as off track for March and / or at risk for Q1 2016/17 are : Quality <ul style="list-style-type: none"> <li>- Clostridium difficile</li> <li>- Mortality</li> <li>- CQUIN</li> </ul> Finance <ul style="list-style-type: none"> <li>- EBITDA</li> <li>- Underlying surplus / deficit</li> <li>- CIP</li> </ul> Performance <ul style="list-style-type: none"> <li>- Cancer 62 day standard</li> <li>- A&amp;E</li> </ul> Operational metrics <ul style="list-style-type: none"> <li>- Bed occupancy</li> <li>- Delayed transfers of care</li> </ul> Workforce <ul style="list-style-type: none"> <li>- Appraisal rates</li> </ul>			
<b>Supports Trust Strategy Map in the following areas</b>			
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
<b>If a key risk(s) has been identified, please describe below</b>			
SLT performance funding is at risk if performance trajectories are not achieved, these trajectories will be incorporated into the dashboard for the April data.			

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

March 16

		14/15			15/16													Trend (April 14- to date)	2016/17 Q1 Forecast	Year end Forecast
	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				
Quality & Patient Safety	MRSA (zero tolerance)	0	1	0	0	1	0	0	0	0	0	0	0	0	1	0	0			
	Clostridium difficile (cumulative position)	50				5	13	18	22	29	32	35	42	49	56	60	61			
	Rate of falls per 1000 bed days (flag SPC)	5.7	5.3	5.2	4.8	5.7	4.4	4.5	4.1	5.0	4.7	4.2	3.8	5.1	4.0	5.1	4.3			
	Category 3 or 4 pressure ulcers (20% reduction)	4 per month	10	4	1	3	8	4	3	3	2	2	1	4	2	2	3			
	Medication incidents (flag SPC)		67	72	75	56	62	60	80	54	62	65	71	56	76	79	52			
	% of incidents graded as moderate or above (not greater than previous year)	3.30%	2.9%	2.2%	2.5%	2.6%	3.2%	3.0%	2.0%	1.9%	1.8%	2.8%	2.4%	1.6%	1.9%	2.0%	1.8%			
	Rate of formal complaints per 1000 spells (flag SPC)	2.5	1.1	1.1	1.4	1.3	1.1	1.3	1.4	1.1	1.4	1.2	0.8	0.8	1.1	1.3	1.4			
	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%	97.2%	97.8%	98.4%	97.7%			
	SHMI (rolling 12 months - 4 months behind)	As expected	101	101	102	103	105	106	106	108	108	108	108	108	107	108	107			
	HSMR (rolling 12 months - 3 months behind)	As expected	107	107	107	111	113	113	114	114	116	117	117	116	116	115	116			
	Crude mortality rate		2.0%	1.5%	1.4%	1.6%	1.5%	1.4%	1.2%	1.3%	1.2%	1.2%	1.2%	1.2%	1.5%	1.5%	1.3%			
	Total deaths in hospital		253	182	186	199	186	170	161	152	150	154	159	150	186	196	168			
	Percentage died with specialist palliative care coding		13.8%	17.1%	17.7%	15.7%	22.0%	20.6%	20.5%	23.8%	34.5%	28.6%	19.0%	30.0%	20.4%	26.5%	TBC			
	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%	92.2%	92.6%	92.5%	92.3%			
	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%	95.0%	93.8%	92.8%	93.3%			
	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%	95.5%	94.0%	92.2%				
	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%	96.2%	93.9%	95.6%				
	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%	96.9%	94.3%	97.1%	97.5%	98.6%				
	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%	100.0%	100.0%	90.5%	100.0%				
	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%	94.9%	88.1%	95.3%	94.0%	94.6%				
	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%	98.0%	99.0%	100.0%	100.0%	98.8%				
	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%	74.8%	74.6%	84.1%	78.6%	78.0%				
	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%	NA	87.5%	87.5%	100.0%	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%	63.6%	100.0%	100.0%	87.5%				
	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%	85.8%	90.2%	94.7%	94.8%			
	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	3.82	3.35	3.44	3.22			
	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	4.46	4.62	4.64	4.60	4.62			
	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%	3.8%	3.5%	4.6%	5.1%			
	Total quest bed days		1825	1342	1033	1150	908	562	606	807	754	744	732	392	1015	1320	TBC			
	Closed Beds (average per month)		18	32	35	37	35	40	47	60	24	23	32	29	35	27	32			
	Cancelled operations		29	39	36	38	17	34	20	21	27	36	34	29	47	41	20			
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%	5.0%	4.6%	4.7%	4.3%	4.5%			
	% 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%	82.4%	83.7%	83.7%	85.7%	88.2%			
	% appraisals completed	80%	66.5%	67.1%	68.0%	68.4%	68.4%	68.0%	67.2%	66.6%	68.2%	68.7%	69.0%	69.9%	70.3%	70.30%	68.20%			
	Vacancy rate		5%	4%	8%	3%	5%	4%	6%	5%	4%	4%	3%	4%	4%	4%	3%			

## **Quality and Performance Interim Board Report**

### **1. Executive Summary**

There was 1 C.Difficile case in March bringing the year to date total to 61, breaching the annual threshold of 50 cases. .

Mortality data continues to show the trust as an outlier, the underlying analysis is as previously reported. Crude mortality rates and numbers of deaths continue to show a stable position.

The CQUIN measure for pressure ulcers has been achieved, the quarter 4 milestone measures for acute kidney injury and community acquired pneumonia have not been achieved. The final submission is due on the 28<sup>th</sup> April, the current estimate is achievement of 78% of the financial income associated with CQUIN.

EBITDA is behind plan by £0.9m, (month 11 full year forecast EBITDA was behind plan by £0.4m). The main reasons for this in month adverse variance of £0.5m are due to a reduction in forecast clinical income (as a result of not achieving CQUIN in full), partly offset by an increase in forecast other income (arising from car parking, utility recharges and additional funding for doctor/nursing training), reductions in non-pay expenses (due to higher than forecast spend on excluded drugs and devices, partly off-set by a reduction in provisions following a review of the Trust's balance sheet) and contract variations that have resulted in a lower PFI unitary charge.

The Trust's underlying financial performance is behind plan by £1.8m which is an adverse variance compared to the month 11 full year forecast position which was on plan. The main driver of this in month adverse variance is the sale of land (and hence associated profit) being deferred to 2016-17.

The Trusts retained deficit is ahead of plan by £7.3m (a £7.3m improvement compared to the month 11 position) mainly due to asset revaluation increases reversing previous years impairment charges.

The trust has achieved the referral to treatment (RTT) target in March. Orthopaedics, Neurology and Ophthalmology are non-compliant at specialty level.

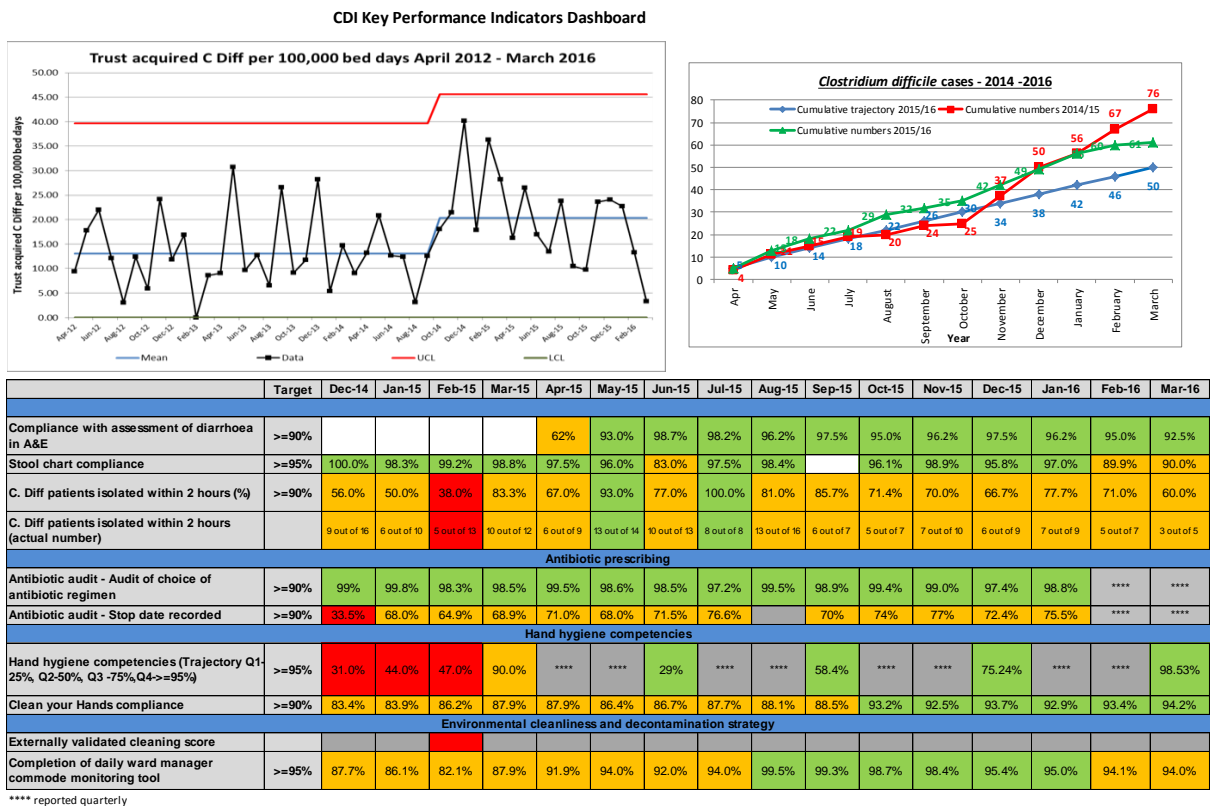
The trust continues to be non-compliant with the cancer 62 day target; an improvement trajectory has been developed and a detailed action plan to drive this improvement will be reported to Board in May.

A & E performance for March and Q4 was below the 95% target. Early indications in April suggest that performance is improving.

Appraisal rates have not improved. The trust is to implement a revised approach to appraisal in quarter 1.

## 2. Exception Reporting

### 2.1 Clostridium difficile



#### Current position

There was 1 case of Clostridium Difficile in March which gives a cumulative position at the year end of 61 against a target of no more than 50.

#### Forecast position

The target for 2016/17 remains no more than 50 cases. Despite the improved position in 2015/16 compared to the previous year there continues to be a risk that the 2016/17 target is not achieved due to the increased prevalence of C.difficile in the local population.

There are a number of initiatives planned to support further reduction including implementation of the refurbishment plan of existing estate and review of bed numbers, working with CCGs to improve antibiotic prescribing and working with cleaning service providers to ensure consistent cleaning standards.

## 2.2 CQUIN

#### Current position

The pressure ulcer CQUIN was achieved with a rate of 1.44 per 100 bed days against a threshold of 1.54. The acute kidney injury and the community acquired pneumonia measures were not achieved in Q4 although performance in both areas showed a considerable improvement compared to the baseline position. The current estimate of achievement for 2015/16 is 78% of the possible CQUIN income.

#### Forecast position

The CQUIN schemes for 2016/17 are not yet agreed.

## 2.3 Finance

Key Issue	Year end performance	Year to date vs budget	Key updates from month 11
EBITDA	EBITDA is £24.6m, £0.9m behind the full year plan of £25.5m. This adverse variance has increased by £0.5m on the month 11 full year forecast EBITDA was behind plan by £0.4m. The main driver for the full year adverse variance has been an underperformance on clinical income driven by underperformance in elective / non-elective activity, outpatient attendances across the Trust and not meeting CQUIN targets in full, offset by increased income from parking and academic, research and development, and reduced pay and non-pay expenditure.	A	The in month adverse variance in EBITDA of £0.5m is due to a reduction in forecast clinical income partly offset by an increase in forecast other income and reductions in non-pay expenses and PFI unitary charge.
Underlying Surplus/(Deficit)	The Trust is reporting a £4.9m deficit which is £1.8m behind the full year plan of £3.1m. The main drivers for the higher deficit are the sale of land (and hence associated profit) being deferred to 2016-17 which is partly offset by lower depreciation as a result of the delayed delivery of the capital programme.	R	The in month adverse variance in the underlying deficit of £1.8m is as a result of the sale of land being deferred to 2016-17 which is partly offset by the delayed delivery of the capital programme through associated lower depreciation.
CIP Programme	The Trust has achieved £35.4m CIP, £0.6m behind the full year target of £35.0m. £28.8m is recurrent and £8.8m is non recurrent.	A	Full year forecast at month 11 were £36.0m, showing an adverse variance in the month of £0.6m. The main reason for this variance is due to lower than expected clinical income in month 12.
Cash and Liquidity	The Trust received £9.3m cash funding from the Department of Health in March including interim capital support (£2.7m) and interim revenue support (£6.6m). As a result of this support the level of cash held by the Trust as at 31 March amounted to £2.7m in line with the plan.	G	The Trust ensured that it maintained the objective of retaining sufficient cash balances at 31 March 2016 which amounted to £2.7m. To deliver this objective the Trust utilised interim support of £9.3m from the Department of Health to ensure that day to day operations were maintained.  The annual plan for 2016/17 has now been submitted to Monitor which includes a requirement to utilise the working capital facility (£2.4m) during May. The Trust is working with Monitor and the Department of Health to ensure that the drawdown timetable is achieved.  The Trust is performing both weekly and monthly cash flow forecasting to closely monitor liquidity in support of the Trusts interim support arrangements.
Capital Expenditure	Capital expenditure as at the 31 March was £22.3m which was in line with plan. The Trust and especially the major scheme owners and centres worked closely on the monitoring of the capital programme during March and expended £8.7m to ensure the full capital programme was achieved.	G	The Trust has set a capital programme of £29.2m for 2016/17 and is working with Monitor to gain approval for the funding that will help deliver this programme. The programme includes business as usual expenditure, replacing essential equipment, lifecycle works that includes ward improvements and IT. Also included are the MRI upgrades at James Cook and Friarage that were deferred from 2015/16.
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	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

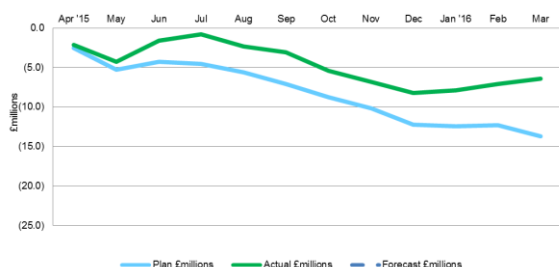
#### Capital Expenditure

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

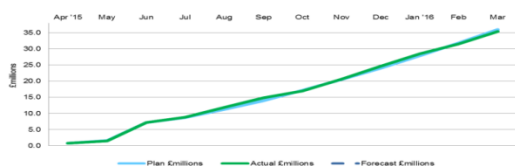


**Income:** The Trust has underperformed against the full year plan with regard to NHS clinical income by £11.2m (£14.7m less excluded drugs and devices) an underperformance on month 11 full year forecast by £1.4m. The full year variances against plan reflects a reduction of anticipated activity and not meeting CQUIN targets in full, which is partly offset by increased R&D, road traffic accident and car parking income and corresponding underspends on both pay and non pay expenditure.

**Pay:** Pay expenditure is £3.6m underspent against full year plan (there is no change compared to the month 11 full year forecast), due to vacancies linked to lower activity levels and tighter cost control approval processes. Lower expenditure has been reported against each pay category with the exception of overspends on agency costs and contract variations on PAMS to support IMProVE.

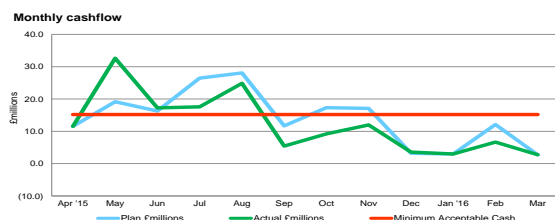
**Non pay:** The Trust has underspent on non-pay by £0.5m against full year plan (£4.0m less excluded drugs and devices), driven mainly by reductions in expenditure on both supplies and services linking to the underperformance on NHS clinical income, and cost control measures on using external staffing and consultancy. The underspend of £0.5m has increased by £0.1m compared to the month 11 full year forecast. This variance is mainly due to higher than forecast spend on excluded drugs and devices, partly of-set by a reduction of provisions following a review of the Trust's balance sheet.

### CIP programme savings



The Trust achieved CIP of £35.4m against the overall CIP plan of £36.0m. £26.6m is recurrent and £8.8m is non recurrent. The £35.4m has been delivered through a number of work streams including procurement, workforce efficiency, corporate optimisation and centre specific initiatives.

### 12 month forecast cash flow requirement



### Cash and liquidity

The cash balance was on plan at £2.7m at the end of March. The Trust utilised interim revenue and capital support amounting to £9.3m during March from the Department of Health. The Trust has entered into discussions with Commissioners and has negotiated the re-phasing of contract payments starting from May 2016. The Trust expects to utilise the available working capital facility in May 2016 £2.4m and the first utilisation of interim revenue/capital support will take place in June 2016. A risk has been identified concerning the low levels of cash holdings included in the monthly profile of the annual plan and the potential impact on the timing of the delivery of transformational change.

### Capital expenditure / plan v forecast



### Capital expenditure

Projects	Capex Plan £m	Spend in Month £m	Outturn 2015/16 £m	Variance to Plan £m
Property - New Build	2.4	0.6	2.5	0.1
Property - Maintenance	5.8	0.3	5.6	(0.2)
Plant and Equipment - IT	4.5	1.4	4.1	(0.4)
Plant and Equipment - Other	9.6	6.4	10.1	0.5
<b>Total</b>	<b>22.3</b>	<b>8.7</b>	<b>22.3</b>	<b>-</b>

The Trust delivered the capital programme of £22.3m. An additional £0.5m was expended on medical equipment over and above plan on ventilators and haemodialysis machines originally included in the 2016/17 plan. The underspend on IT relates to the deferral of £0.3m on the Local Area Network upgrade and this will be expended in 2016/17.

## Financial Sustainability risk ratings

Risk Rating	As at 29 February 2016	As at 31 March 2016
<b>Financial Sustainability</b>		
Capital Service Cover Rating	1	1
Liquidity Rating	1	1
<b>Financial Efficiency</b>		
Income & Expenditure Margin Rating	1	2
Income & Expenditure Variance from Plan Rating	4	3
<b>Financial Sustainability Risk Rating</b>	<b>2</b>	<b>2</b>

Overall the financial risk rating is at 2 at 31 March 2016, which is the best possible risk rating based on our current deficit position and associated recovery plan.

## 2.4 Performance trajectories

The annual planning process for 2016/17 required organisations to submit performance trajectories for the 18 week referral to treatment target, A&E 4 hour wait target, cancer 62 day target and the 6 week diagnostic target. The trajectories submitted are attached in appendix 1.

Receipt of SLT funding is dependent on compliance with these trajectories.

## 2.5 18 Week incomplete pathways

### Current position

Compliance with the 92% target was achieved in March with performance of 92.3%. At specialty level, Orthopaedics, Neurology and Ophthalmology are non-compliant. Each specialty will be supported to calculate the ideal waiting list size using the recommended NHS modelling methodology and will agree expected activity levels each month which will accommodate current demand and eliminate backlogs. Compliance with these plans will be monitored on a monthly basis.

### Forecast position

Compliance into Quarter 1 2016/17 remains a risk as the current level of long waiting patients is too high and the current level of performance is only marginally compliant.

## 2.6 Cancer Targets

### Current position

In February, the trust was non-compliant with the 62 day first definitive treatment and the 2 week wait for first appointment target.

February benchmarking across the NESCN in relation to the 62 day first definitive treatment target is available for information on page 6 of the supplementary pack. South Tees achieved a compliance rate of 78% against the 85% national target. Across the NESCN compliance was 82% and nationally compliance was 80.8%.

### Forecast position

Indicative figures for Quarter 4 suggest that the 62 day first definitive and 62 day screening target will be non-compliant. The performance trajectory for 2016/17 is compliant for quarter 3 onwards, a refreshed cancer action plan is in development to support delivery, this will be presented to Board in May 2016.

## 2.7 A & E Target

### Current position

The four hour wait target has not been met for the third consecutive month with March's position at 93.3%. Regional benchmarking data indicates that in February 10 out of 11

trusts did not achieve the target; South Tees was the second best performing trust in the north east region.

#### Forecast Position

Early indications in April suggest that performance is improving. Transforming inpatient services is one of the six transformational themes for 2016/17, the aim of this programme of work is to reduce length of stay and delayed discharges, this will have a positive impact on the number of A&E breaches as the majority of these on the JCUH site are due to lack of bed availability.

### **2.8 Delayed Transfers of care**

#### Current Position

Delayed transfers of care as a percentage of occupied beds were 5.07% in March, which is above the 4.0% threshold and reflects the significant operational pressures in quarter 4.

#### Forecast Position

Improvement is expected as the operational pressures ease and the transformation programme for 2016/17 is implemented.

### **2.9 Appraisals**

#### Current position

The position at the end of the March 2016 was 68%.

#### Forecast Position

The trust is planning to implement a revised approach to appraisal; performance objectives will be cascaded through the management teams within the trust during quarter 1 and a streamlined appraisal process will be introduced. It is forecast that this will significantly improve annual appraisal rates.

### **2.10 Monthly Nursing and Staffing Report**

Fill rate data is summarised by Clinical Centre at organisational level. 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%

Ward level detail is available in the supplementary performance report.



## 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 (%)
Trust Average				
Integrated Medical Care Centre	91.7%	101.7%	94.4%	118.7%
Surgical service Centre	92.3%	107.8%	95.8%	117.2%
Tertiary services Centre	96.5%	114.9%	98.5%	186.1%
Women & Children centre	93.4%	85.6%	101.6%	106.4%
Trauma, anaes & Theatre	87.6%	90.6%	94.4%	132.7%
Specialty Services Centre	98.4%	102.5%	94.0%	112.2%
Trust Average	93.3%	100.5%	96.5%	128.9%

The fill rate for unregistered staff overnight across the organisation remains above 100% in March 2016. This is due to two factors, firstly a demand for staff to provide enhanced observations and secondly where rota templates have been increased to 3 RN's but inconsistent fill rate has occurred.

Associate Directors 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 March on a temporary basis due to a combination of sickness and vacancies (average of beds 31 closed).

There are a number of wards with RN fill rates below 80% including wards 7, 9 and 34 at JCUH, Romanby at FHN and Zetland ward RCH. All have maintained a maximum 1:8 RN to patient ratio supported by assistant practitioners and the therapeutic care team.

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

The revised process for Band 5 recruitment has been implemented with the outcome of 21st March interviews resulting in the appointment of 22.48 (WTE). The final 7 Romanian nurses recruited in January have now arrived and are undertaking induction ready to start on the wards on 18th April. These nurses will be working at band 3 until their NMC registration arrives and have been placed in surgery (wards 5, 6 and 7) and orthopaedics (ward 34) at JCUH and two wards at FHN (Ainderby and Romanby).

## Appendix 1. – performance trajectories

### RTT

Comments Baseline used is January 2016. The trajectory is based on current performance and is the minimum level of performance expected. This trajectory assumes the same month to month variation as in 2014/15. The trust is developing a detailed transformation plan including a key workstream to improve productivity, effectiveness and performance and we intend to set further improvement target as part of this work which will be linked to our financial plans for 2015/16 .

	Baseline	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
52 Week trajectory		0	0	0	0	0	0	0	0	0	0	0	0
Total patients waiting	27481	27481	27955	28138	28965	28449	28137	28601	27950	27965	26879	26964	27481
Patients > 18 week wait	2035	2035	2070	2084	2145	2107	2084	2118	2070	2071	1990	1997	2035
Performance	92.6%	92.6%	92.6%	92.6%	92.6%	92.6%	92.6%	92.6%	92.6%	92.6%	92.6%	92.6%	92.6%

### A&E

Comments Baseline used is January 2016. The trajectory is based on historical attendance levels plus 0.4% growth and seasonal trends in performance. Sustained improvement of A&E performance is dependent on whole system change and the trust is working closely with commissioners and other providers to revise the emergency care pathway. This trajectory will be updated to reflect the internal improvement target which will be set as part of the 2016/17 transforming inpatients programme.

	Baseline	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Total patients seen	16214	15872	15487	15403	17142	16588	16022	16801	15880	15868	16279	14888	15872
>4 hour waits	999	783	681	570	617	498	433	605	619	651	830	789	730
Performance	93.8%	95.1%	95.6%	96.3%	96.4%	97.0%	97.3%	96.4%	96.1%	95.9%	94.9%	94.7%	95.4%

## Cancer 62day

### Comments

Baseline used is December 2015. The trajectory is based on the historical numbers of patients seen plus 3.5% growth, forecast performance improvement will be supported by the a refreshed cancer action plan which will be led by the strategic lead for cancer. Ongoing achievement of the standard will be dependent on building the capacity in the system to respond to the growing demands for cancer services and in advance of any national cancer awareness campaigns.

	Baseline	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Total patients seen	147.5	131	143	129.5	133.5	141	137	141	153	140	130	122	139
>62 days waits	23.5	26.5	26.5	25.5	24.5	23.5	22.5	22	21	19.5	19.0	17.5	20.0
Performance	84.1%	79.8%	81.5%	80.3%	81.6%	83.3%	83.6%	84.4%	86.3%	86.1%	85.4%	85.7%	85.6%

## Diagnostics

### Comments

Baseline used is December 2015. The trajectory is based on average numbers on the waiting list in 2015/16 and reduced breaches due to increased capacity in radiology and recruitment of staff in audiology

	Baseline	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Total patients seen	16856	16401	15355	16709	17921	16180	17365	17625	16453	15257	16856	15967	17629
>6 weeks	181	154	144	157	168	152	163	166	155	143	158	150	166
Performance	98.9%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%