CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

TUESDAY 21st MARCH 2017 – 10.00 AM
HOUGHTON LIBRARY, NEWBOTTLE STREET, DH4 4AF

AGENDA

Apologies: Shahid Junejo, Susan Pinder,

Item 1	Declaration of Interest			
Item 2	Minutes of the meeting held on 22 November 2016		Enc 1	
	Matters Arising			
	Item 3	Breast Services	KWB	
	Item 3	STP	KWB	
	Item 4	GDE	KWB	
Item 3	Chief Executive's Update			KWB
Item 4	Finance Report		Enc 4	Gavin McPake
Item 5	Performance Report		Enc 5	Alison King
Item 6	Quality Report			
	• 6 Month Mid-Term Review		Enc 6a	Gary Schuster
	• Indicator for External Audit		Enc 6b	Gary Schuster
Item 7	Information Governance Toolkit		Enc 7	Carol Harries / Simon Joyce

Date and Time of Next Meeting:

Council of Governors, Tuesday 6th June 2017, 2.00pm, Robinson Suite, Glebe Centre, Murton, SR7 9BX

Enclosure 1

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

Minutes of the meeting of the Council of Governors held on 22nd November 2016 at Houghton Library, Newbottle Street, DH4 4AF

Present:
John Anderson (JNA) – Chair
Carol Harries (CH) - Trust Secretary
Danny Cassidy (DC)
Ruth Richardson (RR)
Susan Pinder (SP)
Lindsey Downey (LD)
Margaret Dobson (MD)
John Dean (JD)
Michael McNulty (MMcN)
Graeme Miller (GM)
Gillian Pringle (GP)
Sue Cooper (SC)
Liz Highmore (LH)
Tom Harris (TH)
Jackie Burlison (JB)
Chris Colley (CC)

Apologies:
Shahid Junejo (SJ)
Kay Hodgson (KH)
Pat Taylor (PaT)
Pauline Taylor (PT)

In Attendance:
Ken Bremner (KWB)
Melanie Johnson (MJ)
Angela Gillham (AG)
Rachael Hutchinson (RH)
Wayne Carr (WC)

Item 1 **Minutes of the meeting of the Council of Governors held on 21 July were accepted as a correct record.**

Item 2 **Declaration of Interest**
None

Item 3 **Matters Arising**

Breast Services – KWB advised Governors that the service was not yet fully established at Grindon but that the Trust had done everything that it could to ensure a smooth transition and to support the establishment of a new service. There was apparently still some discussion being held about the location of the service between Sunderland CCG and Gateshead FT. KWB

confirmed that all the patients who were on our books were still being followed up by Les Boobis and Melanie Robertson until the new service was established.

STP – KWB informed Governors that the North East element had been published two weeks ago and Governors had been sent the link to be able to read the detail on the CCG website. KWB stated that in reality, the NHS had not got its act together and different parts of the country had decided to publicise at different times. KWB also advised that North Durham had been a late edition to the footprint of the STP. There had also been some disquiet about the lack of consultation which in reality was because of the way the NHS had handled the submission of the plans.

KWB explained that in terms of CHS and STFT, our element reflected the joint work of the Clinical Service Reviews. A major thrust of the STP generally was out of hospital care. MMcN commented that on reading the documentation, he had thought that there was more progress in Social Care than was suggested. KWB replied that some schemes were successes, such as recovery at home and the integrated teams. KWB stated that LAs and members in particular were more concerned at a perceived lack of a democratic process in developing the STP. MMcN commented that he thought the Health and Wellbeing Board had been involved. KWB confirmed that they had, but only to a point and only very late in the process.

SP queried the timescale for the changes. KWB replied that the only changes would be those relevant to the clinical service reviews. KWB reminded Governors that the STP was only a draft and NHS England had yet to give a view. It was also important to remember that not every part of the country had released theirs as yet.

GM thanked KWB for his candour on the relationship between Health and LAs in relation to the STP. He also commented that the impact of Durham going forward would be very interesting.

KWB advised Governors that he would keep them informed of any developments.

NHS Improvement – KWB informed Governors that the conditions imposed on our licence by NHSI would be removed and that the organisation was waiting for a letter from NHSI to confirm this – although we had originally been advised of this in April 2016.

Item 4 Chief Executive's Update

Single Management Team – KWB circulated a copy of the new structure to Governors which had come into effect on 21 November 2016. KWB stated that the Head of Communications post was currently not filled, although we were receiving some external support in the interim. In terms of the Director of Estates and Facilities, currently there was Steve Jamieson at South Tyneside and Wayne Carr at CHS and he would come back with further detail at a future date. Bob Brown from STFT had relinquished his Director of Nursing role and become the Director of Quality and Transformation. KWB stated that KG had been in her combined role since May 2016 following the retirement of Ian Frame at STFT. KWB commented that the new structure was not a 50/50 split between CHS and STFT as some people had retired and others had moved to new posts.

KWB also advised that the resulting savings were in excess of £500k as originally identified.

Global Digital Exemplar – KWB informed Governors that a further four national sites had been identified and all sites were receiving £10m in terms of financial support from the NHS, although this had to be matched by the organisation. KWB stated that whilst there was an element of new money, we were also looking at how many existing staff undertook work linked to the GDE profile and offsetting costs against those staff.

The Trust, with NHS England, was agreeing and confirming the final business case which was about system interoperability, cyber-crime and security and best value out of the Meditech V6 system.

KWB commented that GDE was a significant issue with a big profile and if the business case was accepted, then the world's eyes would be upon us. Meditech had identified a potential buddy site which was the Humber Hospital in Canada who were truly digital.

MD queried whether we were using any external consultants for the project. KWB replied that we were not and had no plans to do so, although in terms of cyber-crime etc., we may need some bespoke help. KWB stated that the business case was not predicated on consultancy as we had done a lot of work ourselves internally and also with Meditech. The Trust had made it very clear to Meditech that if they supported us, then clearly they would get wider exposure in Britain because we were a national GDE suite although this was a very different business model to what they were used to.

JD queried the South Tyneside position in relation to GDE. KWB commented that STFT had not made the level of investment in IM&T that we had and had gone for individual bespoke systems. It was hoped that South Tyneside could be part of the process as a fast follower which if successful, would attract a further £5m.

KWB reminded Governors that whilst the financial element was important, changing culture and approach was much more difficult and unfortunately took a long time.

There was a national view of GDE sites being paperless by 2020.

LH queried in terms of the project, how sure we were about the back up of systems and that records would not get lost. KWB replied that we back up the system on a daily basis and do have disaster recovery arrangements in place which were tested thoroughly as part of our major incident plan. JD commented that presumably, the whole system was mirrored and also protected by USPs.

Junior Doctor Industrial Action - KWB advised that the action had been called off and a major issue for the NHS was to get morale back on track.

Financial Position – KWB informed Governors that in month 7, we were marginally ahead of plan and should be able to hit the control target at the end of March. The year-end plan for the NHS was £580m and NHSI and NHS England had written to Trusts advising that if they could improve on their target, then they would incentivise organisations but it was not clear as to what those incentives would be – we were however, broadly on plan.

KWB also informed Governors that NHSI had introduced a new oversight framework for Foundation Trusts. Segment 1 equated to outstanding performance of which there were only a handful of Trusts achieving; segment 4 equated to Trusts being in special measures and segments 2 and 3 related to where the majority of Trusts would reside. As soon as the conditions were lifted from our licence, we would move into segment 2.

Research – the national league table had been published and we had progressively improved moving to be 72nd in the country, having been 89th in the previous year. The table measured the studies to which as an organisation we were recruiting to, and Newcastle for example were 6th in the country.

MD commented that Kim Hinshaw and the team had done extremely well. KWB acknowledged this but suggested that it would be good to possibly get into the top 50.

Item 5 Quality Priorities 2016/17

MJ presented the report which set out the requirement for the Trust to identify its quality priorities, explaining why they were expected to be achieved. MJ explained that these were included within the Trust's Quality Report. MJ also stated that the NHS had this year set challenging targets which had meant that we had to move away from our normal processes. MJ apologised that this was happening but stated that because of the deadline being imposed, it left us with very little time. MJ stated that for previous years, Governors had met in February to discuss the priorities in detail and she was conscious that there had been no update on the existing quality priorities.

MJ stated that the current quality priorities remained very relevant and that six months was not a long time to effect change. In determining quality priorities, it was also entirely appropriate and acceptable to continue to focus on areas identified from previous years where the Trust believed further work still needed to be done. MJ advised that the proposal therefore was to roll over the existing quality priorities relating to patient safety, patient experience, and clinical effectiveness and staff experience, although this did not mean that we could not refresh them going forward.

GM queried the direction of travel for the priorities and whether the framework was to be changed for the following year. MJ replied that some were improving but for areas such as pressure ulcers, we knew this was a long journey. The management of sepsis for example had been set up nationally in a very complex way and many organisations were struggling to achieve the target.

In terms of the framework, there was a clear process for governance in place which would have worked had NHSE not changed the national process.

SP commented that there was one new priority identified "reduction in the number of avoidable (predictable) cardiac arrests". MJ replied that this was new for 2016/17. SP queried whether there was a particular problem. MJ replied that not as such, but it was linked to the early warning score.

LH queried whether there was a way to separate hospital and community acquired pressure ulcers. MJ confirmed that there was and we identified them separately.

GM stated that there was an error in the recommendation and it should state 2017/18 and not 2017/19 as identified.

Resolved:

- To note the requirements for setting Trust quality priorities 2017/18 and 2018/19.
- To support the roll-over of 2016/17 quality priorities

Item 6 CHS Internal Operational Winter Plan

Angela Gillham presented the Winter Plan which was part of the Trust's approach to managing the winter surge and would be issued in conjunction with the CHS North East Escalation Plan, Standard Operating Procedure for Trust wide response to surge and the CHS Seasonal Flu Plan and Vaccination programme. AG stated that whilst the plan outlined the internal operational plan, but to achieve true resilience must be part of a wider city approach.

MD queried the current uptake of the flu vaccination programme. KWB replied that currently it was 70.6% and more frontline and nursing staff had been vaccinated than in previous years.

MD commented that the flu vaccination uptake seemed promising and should help with sickness rates

AG highlighted that recent analysis had confirmed that over the winter period, inpatient demand exceeds available inpatient bed capacity. AG explained that 15 additional acute inpatient beds were planned to be in the system as of November 2016. The escalation area would have a dedicated team of nursing staff replicating a base ward nursing structure. AG advised that the area would be in the annexe adjacent to ward E54. MD queried where the staff would come from to support the escalation area. AG replied that this was very difficult and she was working with the matron team to look at availability across the organisation. AG stated that there was a period of a few weeks before the area was to be opened to give the appropriate training, skills etc to the identified staff.

MJ informed Governors that it was a very difficult position for staffing as there were currently 82 vacancies despite significant efforts to try and recruit. MJ stated however, that there would not be any agency staffing. There were 1200 nursing staff on the bank, of which 1000 were CHS employees. KWB and MJ had written to all part-time staff to encourage them to increase their hours over the winter period. MJ stated that staffing was looked at on a daily basis to ensure areas were staffed to safe levels.

SC queried whether the cohort of individuals to staff the areas would come from across the Trust. AG confirmed that they would come from across the organisation and that the Trust had over-recruited the number of HCAs.

SC commented that if you took someone from SEI for example, there was clearly a training issue. KWB replied that supervision and oversight was important and that we relied on matrons to manage accepting that some staff would not be at the optimal level. SC commented that often staff are focused on their own speciality.

MD stated that nurses however, do have transferrable skills. AG stated that some staff may not go to the contingency area but to an established ward with support available.

MMcN commented that although not in relation to the winter plan, there had been an RCA report stating that half of nurses were due to retire in ten years, plus 40% of registered nurses were foreign, the majority coming from the European Economic community. MMcN queried the position within CHS. MJ replied that many nurses were nearer the end of their career than at the beginning. MJ also advised that often individuals coming into nursing were older than they used to be. The Trust had links with Sunderland University and the new student nurse training course, and in the longer term, it was about growing our own.

SC queried whether the student nurse placements from Sunderland would affect the number that we could take from Northumbria. MJ replied that there were 100 students at Sunderland and the work placements were across a range of Trusts and there would be capacity to support the initiative.

SP stated that the university had a good reputation for their pharmacy course and this was an obvious next step for them.

KWB commented that the University had also applied to take medical students which we had encouraged and supported as we wanted to encourage self sufficiency.

SP queried the implication of staff not getting into work because of the inclement weather and what was the risk. AG replied that in previous years, many staff had remained at work and slept in the Education Centre and other areas to ensure that they were able to get on duty the following day. A lot of staff lived locally and had set off early to ensure that they were able to get to work.

MD commented that the Trust's approach to staff during inclement weather was to be commended.

Resolved:

- To receive the plan as assurance that the organisation had taken steps to plan for winter pressures and minimise the impact of the additional activity and attendances at was anticipated would occur.
- AG to come back to a future meeting to report on the outcome of the plan

Item 7 2016 PLACE Inspection Report

Rachael Hutchinson presented the report which updated Governors on the outcome of the PLACE inspections carried out in April 2016 and gave an overview of the findings and results of the PLACE inspection teams.

RH advised that the Trust had exceeded the standard of at least 50% of assessors being patient representatives and they had been drawn from Governors, Community Panel Members and individuals from Healthwatch, all of whom brought a very different perspective. RH stated that in total, 23 assessors had been involved in the inspections, which was excellent. There was also no longer a requirement for an independent assessor as long as there was at least one member of Healthwatch included within the Team. RH advised that she had undertook the role of independent reviewer at 2 neighbouring organisations which had been an opportunity to benchmark both the standards assessed and the approach to the inspections.

RH informed Governors that the approach this year assessed against six domains and SEI and SRH had been above the national average except for dementia and disability. RH stated that outpatient areas had scored much lower than wards for dementia but generally in outpatient areas, patients were accompanied by carers / relatives so it was not so much of an issue.

RH explained that a dementia environment group had been established to determine how to make improvements – there were some quick fixes such as the installation of clocks, toilet seats and handles, handrails and dementia signage.

CC queried why the scores in this area were lower. RH replied that it was a relatively new domain, although we were starting to see some shift. WC commented that some areas like flooring were difficult to resolve as previously they had been done for decorative purposes as opposed to being dementia friendly.

SP stated that it was also an issue as to how things were scored as there was huge variance in the scores. KWB commented

that if an organisation were building a new hospital, then such issues could be taken into account in the design. He also stated that as SP had pointed out, there should be caution with the numbers.

LH commented that another major area was disability and there was a need to improve in this area. LH stated that it would be helpful to have an in-depth discussion. RH replied that she would be happy to come to the Disability Group and discuss issues in more detail.

LH also commented that there was a lack of sensory deprivation areas within the Trust. RH replied that this had been picked up during the inspection. WC stated that six facet surveys were being undertaken, one of which, related to disability.

SP stated that the SEI scores were higher and that was an old building. SC commented that SEI was geared to blind and partially sighted people and therefore a lot of initiatives were already in place. SP replied that she thought SRH would have been better. RH confirmed that SEI was much smaller and SRH for example, had a number of communal reception areas. KWB highlighted that SEI also had no real proper wards. SP commented that this then showed the inconsistency of scoring.

RH stated that when she had been an independent assessor at another Trust, their approach had been to have teams of two people which was not adhering to the guidance. RH also advised that we had a robust debate about the scoring and do not plan in advance the areas to visit, whereas some Trusts decide in advance.

MMcN queried whether there was a formal monitoring scheme for each action as PLACE members never went back to areas. RH replied that there was a detailed action plan and a number of different groups were responsible for taking forward the actions. RH also advised that some of the PLACE team do go back for re-inspections, but there was a Trust monitoring team in place and that was one of their key roles.

The Chairman thanked Governors for their involvement and robustness within the PLACE process. SP also thanked RH for her organisational skills as the whole process took a lot of time and effort to arrange and RH did that extremely well.

Resolved: To receive the report

Item 8 Any Other Business

Reward & Recognition Event – The Chairman thanked those Governors who had been able to attend the Reward &

Recognition Event. MD stated that it would be helpful to know the date well in advance so as not to be on holiday.

SC commented that it had been a wonderful night and it was really important to staff when they were shortlisted.

JOHN N ANDERSON QA CBE
Chairman

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

DIRECTORATE OF FINANCE

COUNCIL OF GOVERNORS

MARCH 2017

FINANCIAL POSITION AS AT 31ST JANUARY 2017 EXECUTIVE SUMMARY

1 INTRODUCTION

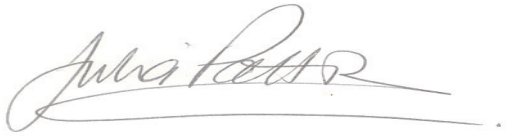
This Executive Summary provides the summary highlights of the financial position as detailed in the main report to the end of January 2017. This paper was discussed at the February GPC meeting.

1.1 KEY HIGHLIGHTS

Issue or Metric	Budget	Actual	Variance	%
Overall Financial Position – Deficit	£2,480k	£2,245k	£235k	9.5%
Income	£294,883k	£295,551k	(£668k)	0.2%
Expenditure	£298,030k	£297,127k	£903	0.3%
EBITDA Position %	3.6%	3.6%		
EBITDA Position £'s	£10,567k	£10,517k	(£50k)	0.4%
Cash Position	£9,388k	£2,772k	£6,616k	70.5%
Clinical Activity:				
Variance to plan	£271,732k	£272,910k	£1,178k	0.4%
Cost Improvement Plans				
Variance to plan	£12,016k	£11,490k	£526k	4.4%

Pay:				
Variance to plan	£177,294k	£175,610k	(£1,684k)	0.9%

Non Pay:				
Variance to plan	£119,833k	£122,420k	£2,587k	2.2%
Use of Resources Metrics (UOR)			3	
+ve variance equates to worse than expected; -ve equates to better than expected				



Julia Pattison
Director of Finance

DIRECTORATE OF FINANCE

COUNCIL OF GOVERNORS

MARCH 2017

FINANCIAL POSITION AS AT 31ST JANUARY 2017

1 INTRODUCTION

The enclosed financial statements reflect the Trust's Income & Expenditure position as at 31st January 2017 details of which can be found in Appendices 1 - 6.

1.1 SUMMARY POSITION

The overall financial position is a net deficit of £2,245k against a planned deficit of £2,480k, and therefore £235k behind plan.

The Trust reported an over performance of £1,178k in month 10 relating to NHS clinical activity which is due to higher than expected PbR activity.

At the end of January the Cost Improvement Plan (CIP) delivery is £526k behind projected plans submitted to NHSI.

Performance against the EBITDA margin is in line with plan to the end of January.

The current financial position, a deficit of £235k, assumes non delivery of key performance targets, namely 4hour A&E in October, December 2016 and January 2017, plus Cancer targets in January 2017. Therefore £375k of STP funding has been removed from the financial projection to date. If performance targets had been met then the actual financial position would be ahead of plan of £141k. The below table summarises this:

	Plan YTD ending 31-Jan-17 £m	Actual YTD ending 31-Jan-17 £m	Variance YTD ending 31-Jan-17 £m
Control total basis surplus / (deficit)	(2.245)	(2.480)	(0.235)
Sustainability & Transformation Fund (STF) included	8.833	8.458	(0.375)
Control total basis surplus / (deficit) exc. STF vs plan	(11.079)	(10.938)	0.141
Control total basis surplus / (deficit) exc. STF vs control total	(11.079)	(10.938)	0.141

The deficit position means that the Trust Use of Resources Metrics (UOR) rating score is 3, which is in line with plan.

2 INCOME

2.1 *Patient Related Income:*

Clinical Income to month 10 was £272,910k against a plan of £271,732k, and hence ahead of plan by £1,178k. The Trust is benefiting from the block contract arrangement with Sunderland CCG as activity and therefore costs are less than planned yet income due to the contract nature is still being gained. It is expected that this position will even out by the end of the financial year due to the busy winter period.

The Trust has had a number of conversations with our lead commissioner Sunderland CCG around additional funding support within 2016/17. At this stage some additional funding has been gained by the Trust from Sunderland CCG which has been included within the month 10 position. Discussions are ongoing with other main commissioners to resolve financial values for 2016/17 to allow focus to move into 2017/18.

Income has not been profiled in twelfths and therefore the monthly planned surplus or deficit position will vary according to income profiles.

Clinical income is particularly complex this year due to:

- Block contract with Sunderland CCG
- Differences between the plan and agreed contracts, particularly relating to commissioner's treatment of QIPP/savings assumptions (c£5.8m in total). Whilst contracts have been set at a lower level, most of the CCGs have agreed to fund these QIPP reductions for cash flow purposes.

A 'Stretch' target required to achieve the overall control total

STP Funding at for 2016/17

Despite the risks across the winter period the Trust anticipates A&E performance to be in line with year to date trajectory by the end of quarter 4 and has duly included 'back payment' of STP funding relating to A&E performance i.e. assumed full STP funding with the 2016/17 annual forecast.

At this stage the Trust has assumed non delivery of cancer for the whole of quarter 4; therefore financially £133k of 'lost' STP funding has been included within the year end forecast for January, February and March 2017.

Appendix 3 provides further details around patient related income to date.

Private Patient Income is under recovered against plan by £33k.

2.2 ***Non Patient Related Income:***

Training and Education income is £316k ahead of plan due to additional backdated funding received from Health Education England NHS this month. Research and Development Income is showing an under recovery against plan of £170k due to lower than expected activity to date.

Other Income is behind plan by £662k largely due to CIP shortfall to date through unidentified plans in this category.

3 EXPENDITURE

3.1 ***Pay Expenditure:***

Pay is currently showing an underspend of £1,684k against plan, reflecting:

- Agency costs to month 10 are £3,961k, compared to an overall Trust agency staffing budget to month 10 of £4,387k. Much of this spend is to cover vacant posts. The same period in 2015-16 had agency spend at £5,198k which is £1,237k more than the current period. This position on agency spend means the Trust is below its maximum agency/ceiling level set by NHS Improvement to the end of January 2017, detailed in Appendix 4.
- The main underspend is due to vacant nursing posts across the Trust. To date the underspend is £1,872k which is inclusive of the costs paid to NHS Professionals.

- Vacant Radiographer, Clinical Support Therapist and Operating Theatre staffing posts have contributed largely to £515k underspend under Other Staffing category to date.
- Cost Improvement Plans for pay are £755k ahead of plan to date mainly due to these vacancies.
- Key variances by staff group are detailed as:

Key Pay variances by staff group to current month	£000s
Consultants Staff (net of vacancies, additional sessions and agency costs)	314
Other Medical Staff (net of vacancies, additional sessions and agency costs)	389
Nursing (net of NHSP Costs)	-1,872
Other Staff groups	-515
Total Variance	**-1,684**

Appendix 4 shows details of pay spend on agency, flexi-bank and overtime for the last 12 months from month 10.

Overall pay costs in December were £17,639k against a budget of £17,701k for the month.

3.2 ***Non Pay Expenditure:***

Non-Pay is overspent by £2,587k. Major areas are highlighted as:

- Drugs are overspent by £1,462k.
- Clinical Supplies is underspent by £944k due largely to lower than expected clinical activity, strong CIP performance to date and low leasing and maintenance spend to date against plan.
- Other Non Pay is over spent by £1,888k due largely to unidentified 'Stretch' plans to date.
- PDC costs are £181k overspent against plan to date.

As noted within previous Financial papers the Trust original annual plan for 2016/17 included a £1.7m 'stretch' target within the category of 'other non-pay', this value has now been largely offset by various unrequired growth provisions made during annual planning, these were largely caused by timing differences between annual plan submission and final contract agreements.

Appendix 5 shows details of non pay spend for Clinical Supplies, Drugs and Other Non-Pay for the month.

4 CIP POSITION

The Cost Improvement Plan (CIP) target as declared to NHS Improvement (NHSI) for 2016/17 is £15,000k, however Divisional plans to date total £13,628k, meaning the Trust still has £1,372k of CIP plans to identify in this financial year.

The plan to date is £12,016k per our Monitor plan, against which actual delivery is £11,490k, so behind plan by £526k.

Details are provided in Appendix 6.

5 CASHFLOW AND WORKING CAPITAL

The cash balance at the end of January 2017 was £2.77m against planned £9.39m. The adverse variance of £6.62m is predominantly attributable to NHS debtors being significantly higher than plan (£8.41m), the capital cash profile being ahead of plan (£191k), offset by favourable variances within other areas of working capital (£1.98m).

The adverse NHS debtor variance of £8.41m consists of outstanding clinical activity income invoices (£687k), un-invoiced accruals in respect of STP funding (£3.16m), clinical activity income (£1.57m), additional winter support (£1.20m) and miscellaneous charges etc. (£1.79m). All debtors continue to be vigorously pursued.

Principal and interest repayments of £104k and £66k respectively were paid against the Trust's capital borrowing facility, effectively reducing the total value of outstanding loans to £57.30m.

The adverse NHS debtor variance of £8.41m is summarised in the table below:

NHS Debtor Variance to current month	£000s
Delays in payment for clinical contract	687
Non Clinical contract income from other NHS bodies	1,790
STP Funding	3,160
Clinical Activity Over performance Accruals/Timing	2,773
Total Variance	**8,410**

It is understood that STF funding for Quarter 3 will be released in March 2017, however the cash for quarter 4 will not be received by the Trust until June 2017.

The Statement of Financial Position detail is provided in Appendix 2.

6 CAPITAL

Capital expenditure to date is £8,347k and relates mainly to A&E Development (£6,645k), IMT Costed Profile (£547k), Endoscopy/Scope Cleaning (£222k) and Theatre Image Intensifiers (£221k).

7 RISKS

The key risk for 2016/17 is the shortfall in CIP delivery. At this stage it anticipated that the Trust will fall short of the full £15m target set for 2016-17, however a number of one off financial benefits mean that the required CIP in year will be £13.9m. So against plans identified so far, the Trust needs to identify a further £0.30m of CIPs to achieve control totals.

Any under delivery against this target will need to be mitigated through additional income. The Trust is in the process of agreeing financial position with all key commissioners this should enable us mitigate risks associated with delivering year end control total.

In addition the Trust has assumed a 'catch up' in STP funding linked to A&E trajectories by the end of quarter 4, should the necessary A&E target not be achieved then this funding is unlikely to be gained.

Despite the risks identified, the Trust is cautiously identifying the achievement of the control total for the year.

8 RISK RATING

The Financial Sustainability Risk Rating (FSRR) has now been replaced with a new 'Use of Resources' metric. The rating of '3' is consistent with the prior rating of '2'.

9 NEXT STEPS

At this stage the Trust is largely in line with the annual plan submitted to Monitor of £2.167m deficit.

A number of one off short term benefits is supporting the financial position. It is key that CIP's are identified to close the CIP gap on a recurrent basis..

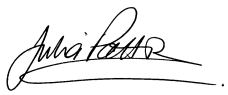
10 SUMMARY

The overall position at the end of January is a deficit of £2,245k compared to a planned deficit of £2,480k or £235k worse than plan, however the position with the STP included is £141k ahead of plan.

11 RECOMMENDATIONS

The Council of Governors is requested to:

- Note the financial position to date.



Julia Pattison
Director of Finance
February 2017

CITY HOSPITALS SUNDERLAND FOUNDATION TRUST
CORPORATE FINANCIAL MONITORINU REPORT
SUMMARY TRUST POSITION - MONITOR ANALYSIS
PERIOD ENDED 31ST JANUARY 2016/17

Income & Expenditure Position

	Annual	Current Mnnth			Year tn Date		
	Plan	Plan	Actual	Variance	Plan	Actual	Variance
£m	£m	£m	£m	£m	£m	£m	£m
Incnme							
NHS Clinical income	-325.79	-26.95	-27.22	-0.27	-271.73	-272.91	-1.18
PBR Clawback/relief	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Private patient income	-0.41	-0.03	-0.06	-0.02	-0.34	-0.31	0.03
Non-patient income	-27.39	-2.29	-2.29	0.00	-22.81	-22.33	0.48
Total income	**-353.59**	**-29.28**	**-29.57**	**-0.29**	**-294.88**	**-295.55**	**-0.67**
Expenses							
Pay Costs	212.501	17.701	17.639	-0.06	177.294	175.610	-1.68
Drug costs	38.92	3.21	3.40	0.19	32.49	33.96	1.46
Other Costs	88.97	7.45	7.46	0.00	74.53	75.47	0.94
Total costs	**340.39**	**28.37**	**28.50**	**0.13**	**284.32**	**285.03**	**0.72**
Earnings before interest, tax, depreciation & amortisation (EBITDA)	**-13.20**	**-0.91**	**-1.07**	**-0.16**	**-10.567**	**-10.517**	**0.05**
Profit/loss on asset disposal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Depreciation	8.60	0.72	0.75	0.04	7.17	7.21	0.04
PDC dividend	4.81	0.40	0.42	0.02	4.00	4.19	0.18
Interest	1.97	0.16	0.16	0.00	1.64	1.60	-0.04
Corporation tax	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net surplus (pre exceptionals)	**2.17**	**0.37**	**0.26**	**-0.11**	**2.24**	**2.48**	**0.24**
Exceptional items				0.00			
Net (surplus)/Deficit (post exceptionals)	**2.17**	**0.37**	**0.26**	**-0.11**	**2.24**	**2.48**	**0.24**

EBITDA Margin	**3.7%**	**3.1%**	**3.6%**		**3.6%**	**3.6%**

CITY HOSPITALS SUNDERLAND FOUNDATION TRUST
TRUST PERFORMANCE SUMMARY

PERIOD ENDED 31ST JANUARY 2017

TRUST SUMMARY

'( )' denotes a surplus
' + ' denotes a deficit

	Annual Budget £'000s	Quarter 1 £'000s	Quarter 2 £'000s	Oct actual £'000s	Nov actual £'000s	Dec actual £'000s	Quarter 3 £'000s	Jan actual £'000s	YTD actual £'000s	Plan £'000s	Variance £'000s
Income											
Contract Income	(325,786)	(81,194)	(82,490)	(26,918)	(28,226)	(26,860)	(82,003)	(27,222)	(272,910)	(271,732)	(1,177)
Private Patients	(412)	(85)	(59)	(42)	(49)	(16)	(107)	(58)	(310)	(343)	33
Training and Education Income	(10,989)	(2,749)	(2,998)	(902)	(986)	(933)	(2,820)	(918)	(9,486)	(9,170)	(316)
Research and Development Income	(1,712)	(386)	(336)	(156)	(73)	(99)	(329)	(206)	(1,257)	(1,427)	170
Other income	(14,619)	(3,385)	(3,492)	(1,207)	(1,086)	(1,217)	(3,510)	(1,166)	(11,553)	(12,148)	595
Interest Receivable	(74)	(15)	(17)	(1)	(1)	(1)	(3)	(1)	(35)	(62)	27
Total Income	**(353,592)**	**(87,814)**	**(89,393)**	**(29,226)**	**(30,422)**	**(29,124)**	**(88,772)**	**(29,572)**	**(295,550)**	**(294,883)**	**(668)**
Expenditure											
Pay	212,501	52,964	52,398	17,492	17,471	17,646	52,610	17,639	175,610	177,294	(1,684)
Clinical Supplies and Services	34,343	7,996	8,550	2,712	2,797	3,103	8,612	2,572	27,730	28,674	(944)
Drug Costs	38,920	10,072	10,172	3,328	3,569	3,412	10,309	3,402	33,955	32,493	1,462
Other Costs	54,624	14,089	14,164	4,832	4,870	4,897	14,599	4,887	47,739	45,855	1,884
Depreciation	8,600	2,150	2,150	717	717	721	2,155	753	7,208	7,167	41
PDC Dividend	4,805	1,234	1,277	419	419	419	1,256	419	4,185	4,004	181
Interest	1,968	481	481	160	161	160	481	160	1,603	1,640	(37)
Total Expenditure	**355,760**	**88,986**	**89,192**	**29,660**	**30,004**	**30,357**	**90,021**	**29,831**	**298,030**	**297,127**	**903**
(Surplus)/Deficit	2,168	1,171	(200)	434	(418)	1,233	1,249	259	2,480	2,245	235
Cost Improvement Plans	(15,000)	(2,915)	(3,854)	(1,210)	(818)	(1,330)	(3,358)	(1,363)	(11,490)	(12,016)	526
ISLAs											
Income	(42,901)	(11,028)	(3,730)	(3,731)	(3,618)	(3,826)	(7,349)	(3,589)	(25,696)	(35,750)	10,054
Expenditure	42,901	11,028	3,730	3,731	3,618	3,826	7,349	3,589	25,696	35,750	(10,054)
Divisional Total											
WTE Analysis (WTEs)											
Total WTEs	**4,918.47**	**4,680.82**	**4,677.72**	**4,766.23**	**4,734.03**	**4,690.00**	**4,690.00**	**4,680.23**	**4,680.23**	**4,915.82**	**-235.59**

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST
STATEMENT OF FINANCIAL POSITION - JANUARY 2017

Assets	Plan As At 31-Jan-17 £m	Actual As At 31-Jan-17 £m	Variance £m
Assets, Non-Current			
Intangible Assets, Net	4.713	4.761	
Property, Plant and Equipment, Net	217.745	217.910	
Investments in Subsidiaries, at Cost (CHoICE)	0.850	0.850	
Trade and Other Receivables, Net, Non-Current			
Other Receivables, Non-Current	1.304	1.178	0.126
Impairment of Receivables, Non-Current	-0.287	-0.260	-0.027
Trade and Other Receivables, Net, Non-Current, Total	1.017	0.918	
Assets, Non-Current, Total	224.325	224.439	
Assets, Current			
Inventories	5.800	5.286	0.514
Trade and Other Receivables, Net, Current			
NHS Trade Receivables, Current	2.851	11.264	-8.413
Non NHS Trade Receivables, Current	0.850	1.117	-0.267
Other Related Party Receivables, Current	0.150	0.025	0.125
Other Receivables, Current	0.800	2.162	-1.362
Impairment of Receivables, Current	-0.499	-0.527	0.028
Trade and Other Receivables, Net, Current, Total	4.152	14.041	
Prepayments, Current	5.202	4.280	0.922
Cash and Cash Equivalents	9.388	2.772	6.616
Assets, Current, Total	24.542	26.379	
ASSETS, TOTAL	**248.867**	**250.818**	

Liabilities

Liabilities, Current			
Interest-Bearing Borrowings, Current			
Loans, non-commercial, Current (DH, FTFF, NLF, etc)	-3.273	-3.273	0.000
Interest-Bearing Borrowings, Current, Total	-3.273	-3.273	
Deferred Income, Current	-1.575	-2.216	0.641
Provisions, Current	-0.260	-0.212	-0.048
Trade and Other Payables, Current			
Trade Payables, Current	-11.500	-15.921	4.421
Amounts Due to Other Related Parties, Current	0.000	0.000	0.000
Other Payables, Current	-9.000	-8.956	-0.044
Capital Payables, Current	-0.125	-0.332	0.207
Trade and Other Payables, Current, Total	-20.625	-25.209	
Other Financial Liabilities, Current			
Accruals, Current	-6.595	-3.511	-3.084
PDC dividend creditor, Current	-1.600	-1.674	0.074
Interest payable on non-commercial interest bearing borrowings, current	-0.623	-0.583	-0.040
Interest payable on commercial interest bearing borrowings, current	0.000	0.000	0.000
Other Financial Liabilities, Current, Total	-8.818	-5.768	
Liabilities, Current, Total	-34.551	-36.678	
NET CURRENT ASSETS (LIABILITIES)	-10.009	-10.299	
Liabilities, Non-Current			
Interest-Bearing Borrowings, Non-Current			
Loans, Non-Current, non-commercial (DH, FTFF, NLF, etc)	-54.026	-54.025	-0.001
Loans, Non-Current, commercial	0.000	0.000	0.000
Interest-Bearing Borrowings, Non-Current, Total	-54.026	-54.025	
Deferred Income, Non Current	0.000	0.000	0.000
Provisions, Non-Current	-0.869	-0.869	0.000
Trade and Other Payables, Non-Current			
Trade Payables, Non-Current	-1.040	-1.101	0.061
Other Payables, Non-Current	0.000	0.000	0.000
Trade and Other Payables, Non-Current, Total	-1.040	-1.101	
Liabilities, Non-Current, Total	-55.935	-55.995	
TOTAL ASSETS EMPLOYED	**158.381**	**158.145**	

Taxpayers' and Others' Equity

Taxpayers' Equity		
Public Dividend Capital	99.542	99.542
Retained Earnings	-16.245	-16.481
Revaluation Reserve	75.084	75.084
TAXPAYERS' EQUITY, TOTAL	**158.381**	**158.145**

Clinical Income Report

Overview

At the end of Month 10, the Monitor Clinical Income budget was £271,732k with the actual clinical income being £272,910k, equating to an over-performance of £1,178k (0.5%).

The differences between the Monitor plan budget and Commissioner plans for the full year are shown below in Table 1.

Table 1: Reconciliation of PBR Plans to Monitor Plans

Commissioner Contracts	Plan as per PbR (£'000s)	QIPP/Vanguard Targets (£'000s)	Balance (£'000s)	Plan as per Monitor (£'000s)
Sunderland	179,500	1,686	-526	180,660
South Tyneside	22,914	294	150	23,359
Gateshead	3,491	113	51	3,655
Cumbria	361	0	0	360
Sunderland LA	2,436	0	-62	2,374
DDES	34,341	1,952	108	36,401
North Durham	15,744	696	28	16,468
HAST	2,904	151	179	3,234
South Tees	172	25	0	197
Specialised	34,229	0	224	34,453
Dental	6,284	0	23	6,307
Sub Total	**302,376**	**4,917**	**175**	**307,468**
Cancer Drug Fund	2,422		0	2,422
Hepatitis C Drugs	465		0	465
NCA's	1,900		-94	1,806
AQP - All Contracts	1,086		-5	1,081
Offender Health	87		-87	0
New Born Screening	130		0	130
Church View	880		0	880
Gap/Stretch Target	5,840		-4,905	934
STP Funding	10,600		0	10,600
Total	**325,786**	**4,917**	**-4,916**	**325,786**

The Month 10 figures were derived from the Month 9 PBR report, which reflects Q1 and Q2 freeze, plus a Q3 flex position. We have assumed break even to PBR plan for Month 10, less the stretch target, the phasing adjustment, and an adjustment for Month 10 drugs income based on expenditure as the actual PBR information is not yet available for Month 10.

Table 2 below shows the performance at contract/Commissioner level compared to the agreed contracts and also the Monitor plan (to month 10).

Table 2: Financial Position per Commissioner as per Agreed Contract and the Monitor plan

Commissioner contracts	Plan as per Monitor	Plan as per PbR	Total Actuals	Variance as per PbR	Variance as per Monitor	% Against PbR	% Against Monitor
	£'000s	£'000s	£'000s	£'000s	£'000s		
Sunderland	150,711	149,745	149,745	0	**967**	0.0%	0.6%
South Tyneside	19,489	19,119	19,925	-806	**-435**	-4.0%	-2.2%
Gateshead	3,050	2,914	3,151	-237	**-100**	-7.5%	-3.2%
Cumbria	301	301	350	-49	**-49**	-13.9%	-14.0%
Sunderland LA	1,978	2,030	2,030	0	**-52**	0.0%	-2.6%
DDES	30,370	28,653	30,427	-1,774	**-57**	-5.8%	-0.2%
North Durham	13,744	13,141	13,983	-842	**-239**	-6.0%	-1.7%
HAST	2,699	2,424	3,050	-625	**-350**	-20.5%	-11.5%
South Tees	164	144	195	-51	**-31**	-26.3%	-15.7%
Specialised	28,724	28,538	29,070	-533	**-346**	-1.8%	-1.2%
Dental	5,268	5,248	5,264	-16	**4**	-0.3%	0.1%
Sub total	**256,500**	**252,257**	**257,189**	**-4,932**	**-690**	-1.0%	-0.3%
Cancer Drug Fund	2,018	2,018	1,246	772	**772**	61.9%	61.9%
Hep C drugs	388	388	720	-332	**-332**	-46.1%	-46.1%
NCA's	1,505	1,583	1,397	186	**108**	13.3%	7.7%
AQP - all contracts	901	905	875	30	**26**	3.4%	2.9%
Gap/Stretch target	779	4,867	0	4,867	**779**		
Phasing adjustment	-33	-33	0	-33	**-33**		
STP funding	8,833	8,833	8,459	374	**374**	4.4%	4.4%
CQUIN risk			-95	95	**95**		
Other	842	914	3,117	-2,203	**-2,275**		
Total	**271,732**	**271,732**	**272,909**	**-905**	**-1,176**	0.5%	-0.4%

Summary	Annual £000's	To date £000's
Sunderland lower than plan	1,160	967
Other contracts lower than plan	0	-1,656
Gap/Stretch target	936	779
Phasing Adjustment	0	-33
Other & Non contract	0	-1,702
STP Risk	0	374
CQUIN & Penalties	0	95
Total	**2,096**	**-1,176**

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Figures 1 and 2 below show the variance per Commissioner against the final agreed contract values and variance per Commissioner against the Monitor Plan.

Figure 1: Variance per Commissioner Against the Final Agreed Contract Values

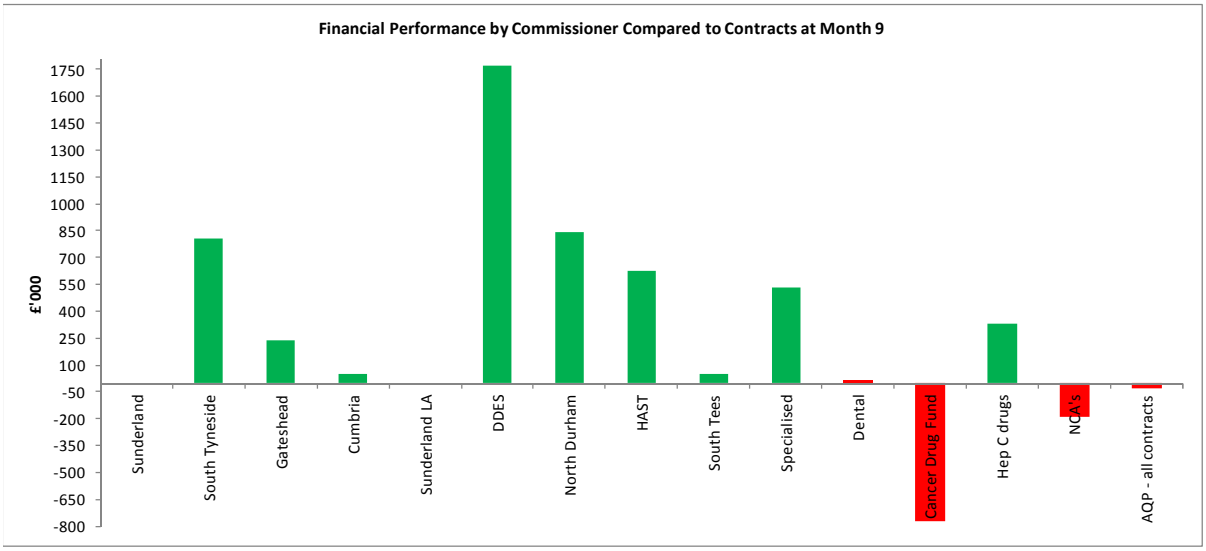
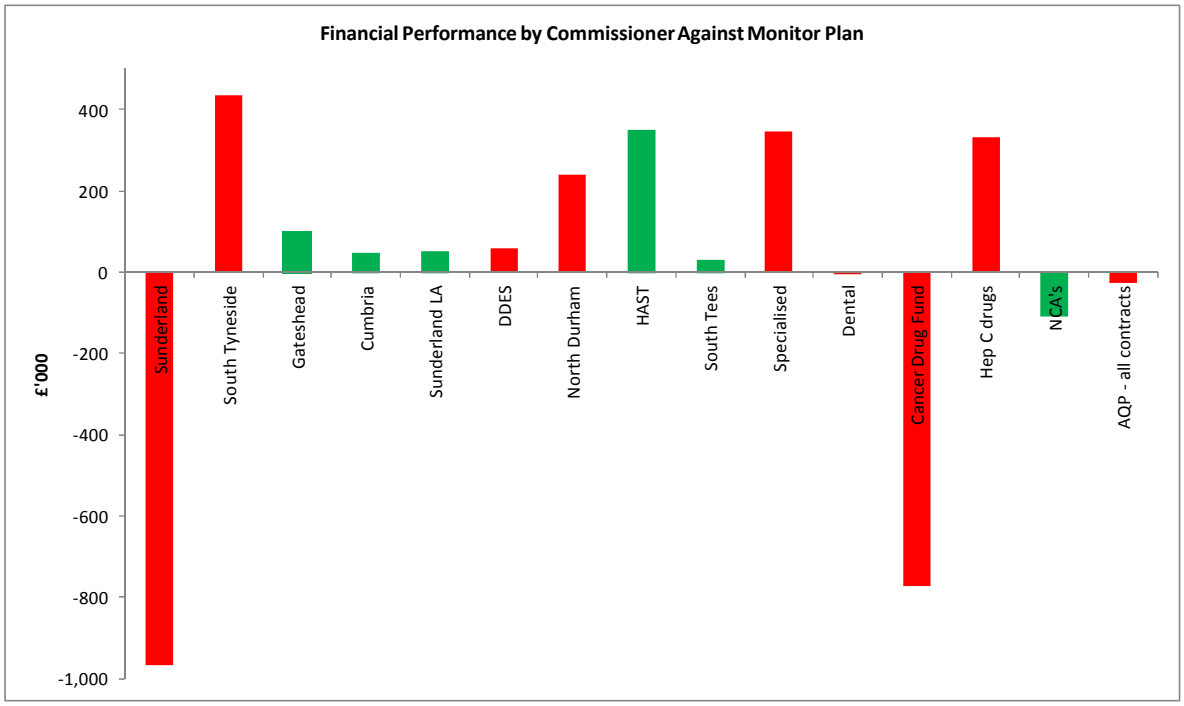


Figure 2: Variance per Commissioner Against the Monitor Plan



Position by Significant Commissioner (Month 1-10)

- **Sunderland CCG** is shown as a break even position as it is a block contract. The actual PBR/contract position for Month 9 (adjusted for known issues & challenges) is an estimated £764k under performance. The reasons for this are detailed later. Against the Monitor plan there is £967k underperformance.
- **South Tyneside CCG** is £806k ahead of contract plan (4%), with general over performance across day cases and electives, outpatient procedures, and devices. There is under performance on high cost drugs and the miscellaneous contract, primarily Audiology. Against Monitor plan there is a £435k under performance.
- **Newcastle/Gateshead CCG** is ahead of contract plan by £237k (7.5%), in most points of delivery as expected (due to ambitious QIPP targets removed from baseline), apart from drugs and devices. There is a £100k over performance against Monitor plans.
- **DDES CCG** is ahead of plan by £1,774k (5.8%) across most points of delivery, particularly A&E, emergency admissions and outpatients. Against the Monitor plan there is £57k shortfall.
- **North Durham CCG** is ahead of plan by £842k (6%), mainly on outpatients and high cost drugs. Against the Monitor plan there is a £239k over performance.
- **Hartlepool and Stockton CCG** is ahead of plan by £625k (20.5%). This is across most points of delivery. Against the Monitor plan there is £350k over performance.
- **South Tees CCG** is showing an £51k over performance against PbR and a £31k over performance against Monitor, largely driven by ophthalmology.
- **NHS England (Dental**) is currently ahead of plan by £16k (0.3%), predominantly due to a small under-performance in electives.
- **NHS England (Specialised)** is ahead of plan by £533k (1.8%) which is primarily driven by under-performance in elective admissions and outpatients, offet by a large overspend on high cost drugs.
- **Hepatitis C drugs** are currently ahead of plan by £332k. These are drugs that are charged to NHS England (Specialised) but do not form part of their contract as they pass these costs through to their central team. There are ongoing problems (dating back to 2015/16) regarding full payment of invoices still subject of dispute.
- **Cancer Drug Fund** is currently showing an under performance based on an estimate of potential drugs spend for Month 10. This is combined with the fact that many drugs were removed from the fund at the beginning of 2016 after budget was set means there is a large under recovery developing. This does not affect the financial balance.
- **Gap/Stretch Target:** this represents 10 months of the £5.8m gap against the contracts and 9 months of the £934k gap against the Monitor Plan (see Table 1).
- **Phasing adjustment:** this represents the difference between the phasing in the final demand plans and the original phasing in the Monitor plan submission - this is due to timing differences of demand plans being received and the Monitor plan submission and the fact that different points of delivery have different phasing. In particular there has been a change to chiropody, originally phased in twelfths, but subsequently phased as first contact in the financial year (FCFY) which accounts for the majority of the difference.
- **STP funding:** it has been assumed that full STP funding less £374k will be received to Month 10 due to non achievement of A&E 4 hour wait in October, December and January, plus cancer targets for January
- **Other:** some additional winter funding offered by Durham CCG's has been assumed in the Month 10 position.

CQUIN and Penalties
A risk for partial delivery of CQUIN has been built into the overall positions where prudent. The STP risk has been based on the assumption that A&E trajectories have not been met for October and December and there is a risk on the cancer 62 day target for October, November and December. Commissioners have now confirmed their view on penalties to be applied for Q1 and Q2, NHSE and Dental are still yet to share their views. The CQUIN risk has been based on the latest estimate.

Position for Activity by POD (Month 1 – 10)
Activity at Trust level is shown in Figure 5 in which months 1-10 actual activity is compared with 24 months of history and to Commissioner plans. Note that activity levels are a good indication of contract performance, however case mix (tariff therefore income) is equally important.

A&E activity is 6.5% above historical levels and 6.7% above plan. Type 1 A&E (main site) is 10.9% above plan; Type 2 (Eye Infirmary) is 3.8% below plan and Type 4 (Pallion) is 6.8% above plan.

Emergency activity is up 1,753 spells (5%) vs history and 343 spells above plan (0.9%).

Elective activity is down 11,830 spells (16.8%) vs history and also down 1,024 spells (1.7%) vs plan. Specialties with the greatest variance against history are Ophthalmology (due to the reclassification of Lucentis activity to Outpatient Procedures from April 2016), Gastroenterology and Geriatric Medicine.

First Outpatient (consultant led) activity is 4,652 attendances (5.3%) above history, however 3,522 attendances (3.6%) below plan. Specialties with the most significant over-performance against history include Colorectal Surgery, Endocrinology and General Surgery.

Review Outpatient (consultant led) activity is 3,617 attendances (2%) below history and 4,604 attendances below plan (2.5%). Specialties with the greatest variance against plan include Colorectal Surgery, Rheumatology and Gynaecology.

Non Consultant Led Outpatient activity is 420 attendances (0.7%) above history and 2,848 attendances (4.8%) above plan. Specialties with the greatest over-performance against both history and plan include Urology, Rheumatology and Gastroenterology.

Outpatient Procedures are 15,789 attendances (38.8%) up vs history, the majority of which is attributable to the shift of Ophthalmology Lucentis injections from Day cases to OP procedures, and 4,144 spells (7.9%) above plan.

Non-Face to Face Outpatient Contacts are 1,867 contacts (21.2%) above history. Specialties with a significant over-performance against plan include Gastroenterology, Respiratory Medicine and Diabetic Medicine.

Drugs are currently under plan by £789k against Monitor, however over plan by £1,953k against contract. CHS is invoicing commissioners for volume dispensed on a pass through basis so non achievement does not impact net income. This position also does not include any further specific drugs challenges received and under investigation. There is a break even assumption to match expenditure for month 10.

Devices are currently under plan by £343k. As with drugs these are a pass through cost, meaning that volume has no net impact on the income position. The main area of under spend is within vascular consumables which is in line with the elective procedures.

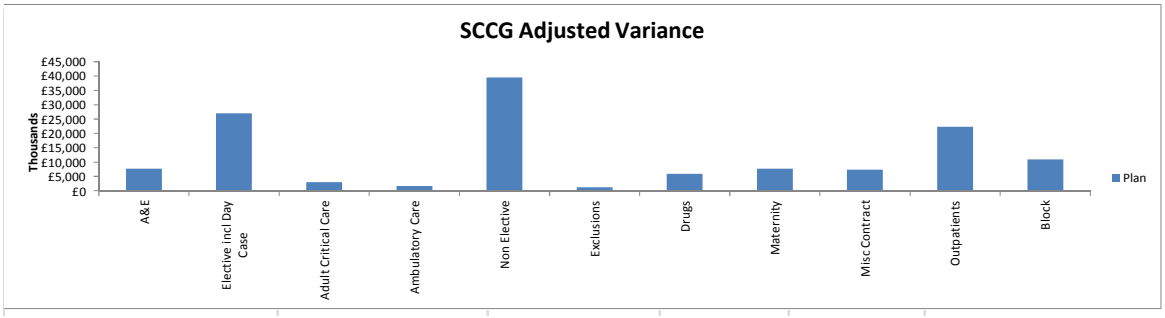
Sunderland CCG – Month 9 Position

The reported PbR position for SCCG, as at M9 flex, is £1.4m under the contracted budget. Note that there are estimated to be £361k of uncoded spells (as a result of a change in the national grouper) to be added back in. There is also an adjustment for both OP Diagnostics (£132k) and Adult Critical Care (£274k) that although they are being shadow monitored in 16/17, should be treated as block for 2016/17. This gives an estimated adjusted position for SCCG of over £764k under-recovery.

The details per point of delivery (POD) are shown in Table 3 and Figure 3 below;

POD	Plan	Actual	Unadjusted variance	Ungrouped spells and adjustments	Adjusted Variance	Percentage Variance
A&E	£7,750,150	£8,318,112	-£567,962		-£567,962	-6.8%
Elective incl Day Case	£26,856,162	£25,784,398	£1,071,764	-£160,942	£910,822	3.5%
Adult Critical Care	£3,173,349	£2,899,662	£273,686	-£273,686	£0	0.0%
Ambulatory Care	£1,595,678	£1,675,727	-£80,049		-£80,049	-4.8%
Non Elective	£39,405,826	£38,697,691	£708,135	-£360,947	£347,188	0.9%
Exclusions	£1,326,166	£1,037,850	£288,316		£288,316	27.8%
Drugs	£5,946,022	£6,264,994	-£318,971		-£318,971	-5.1%
Maternity	£7,802,977	£7,504,366	£298,611		£298,611	4.0%
Misc Contract	£7,414,177	£7,228,309	£185,867	£132,150	£318,017	4.4%
Outpatients	£22,428,254	£22,788,466	-£360,212		-£360,212	-1.6%
Block	£11,075,338	£11,146,191	-£70,853		-£70,853	-0.6%
Total	**£134,774,099**	**£133,345,767**	**£1,428,332**	**-£663,425**	**£764,907**	**0.6%**

Figure 3: Sunderland CCG Adjusted Variance by POD



Challenges up to Month 09

The agreed timetable for PbR challenges continues to be adhered to, through activity and finance meetings as well as info and DQ meetings. A final Q1 and Q2 position was agreed with NECS commissioners and invoices have been paid in full. Discussions have been opened regarding year end agreements.

The main queries for Specialised continue to be drug related, including patient level detail. Service queries still to be resolved include antenatal payments (CCGs) and renal (NHSE) day case activity (NHSE). Once concluded, this may change the reported position.

Risks

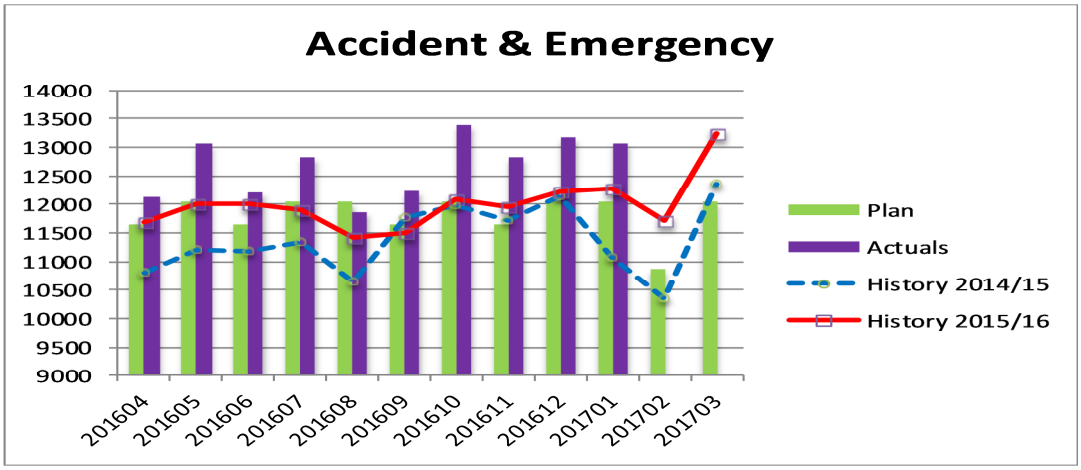
The following risks to income need to be considered:

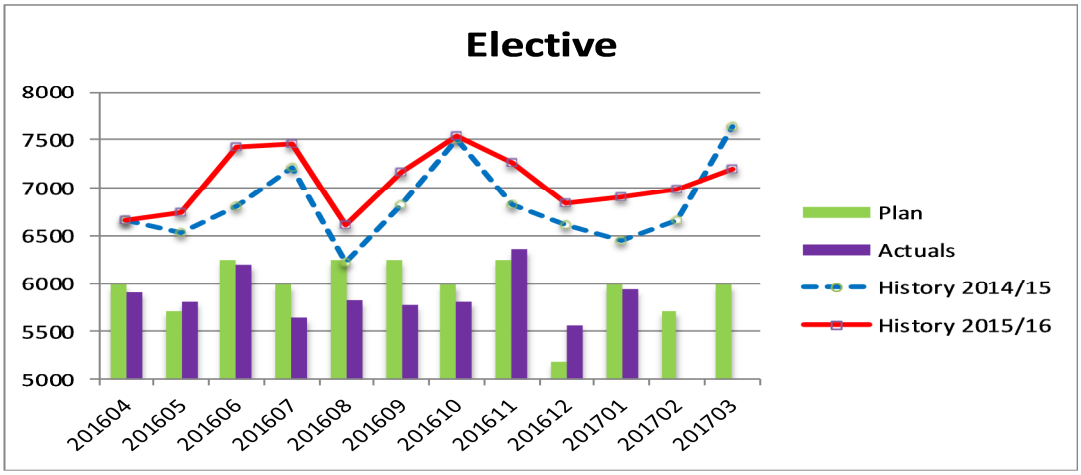
- There are issues with oncology reporting due to the introduction of a new Meditech module. This was introduced for patient safety. However, has caused delays in coding and charging issues.
- Affordability: the majority of CCGs are over-performing against contract therefore the level of scrutiny and challenge on the charges continues to be high which is time consuming to resolve
- The winter surge in emergency admissions needs to be factored into year end dialogue.
- The application of penalties and the link to STP trajectories/funding has a recently published complex National rule set. Retainsion of the full level of STP less £374k for the year to date has been assumed in the position.
- The main risk to CQUIN delivery for 2016/17 is non-achievement of the sepsis target. A new methodology has been agreed with the Commissioners. An estimate for risk of non-delivery has been built into the position.

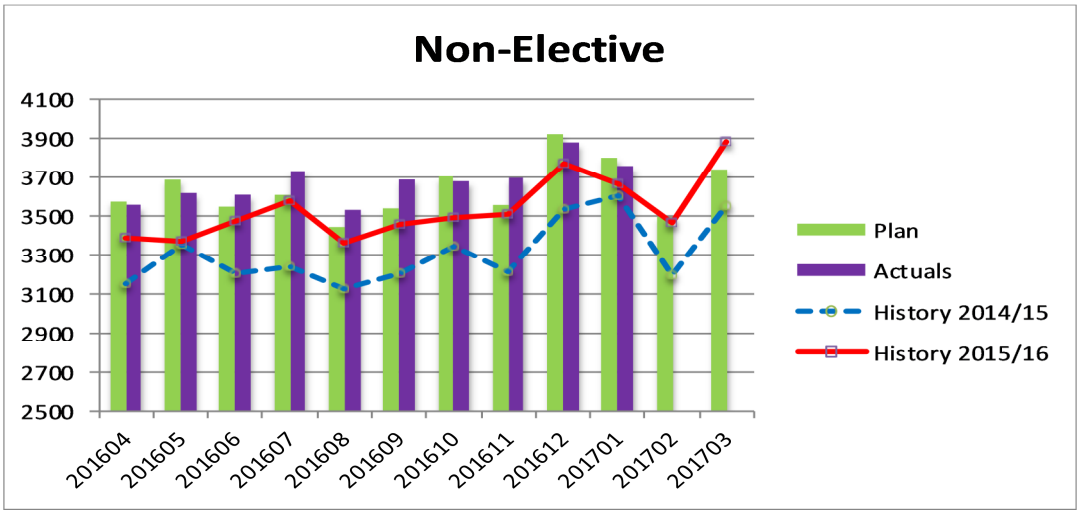
Contracting Team

February 2017

Figure 5: Activity by POD





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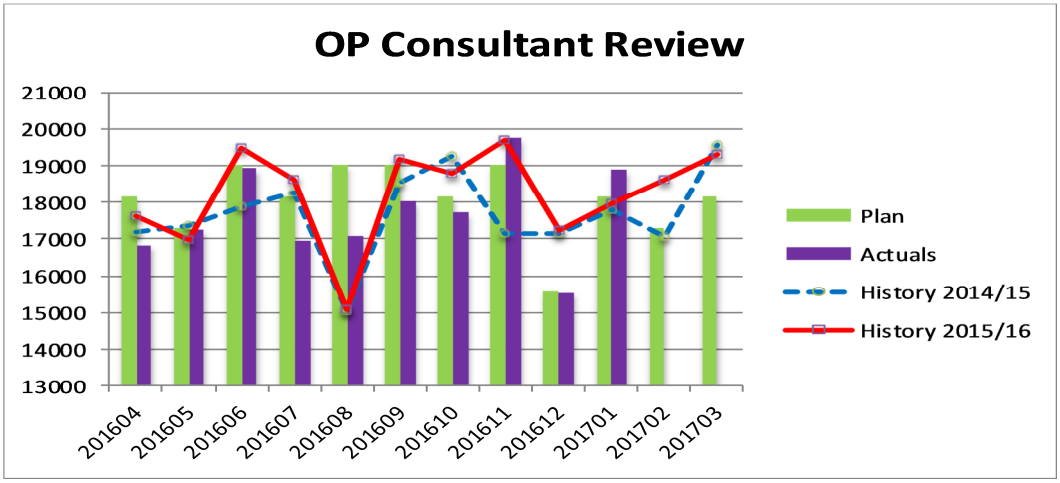
Actuals
History 2014/15
History 2015/16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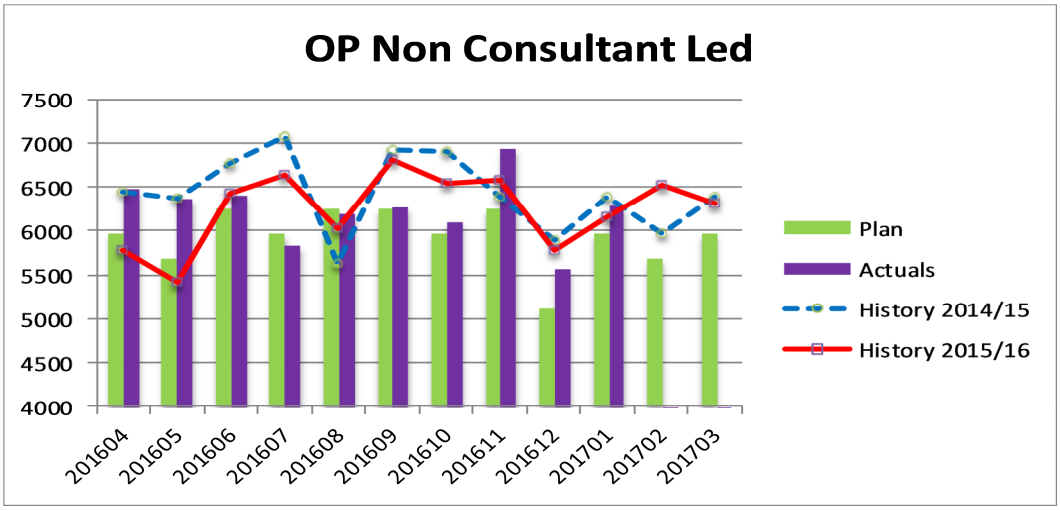
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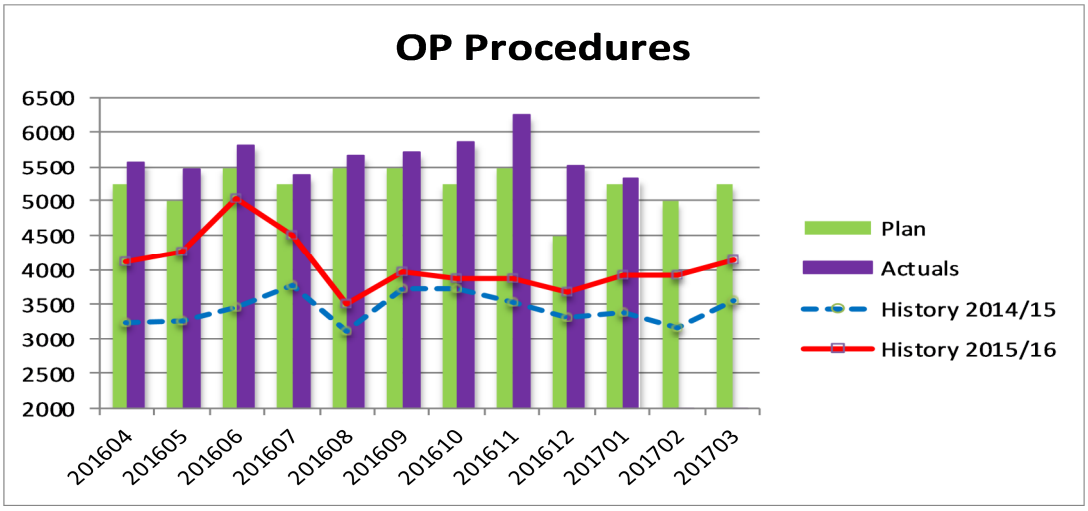
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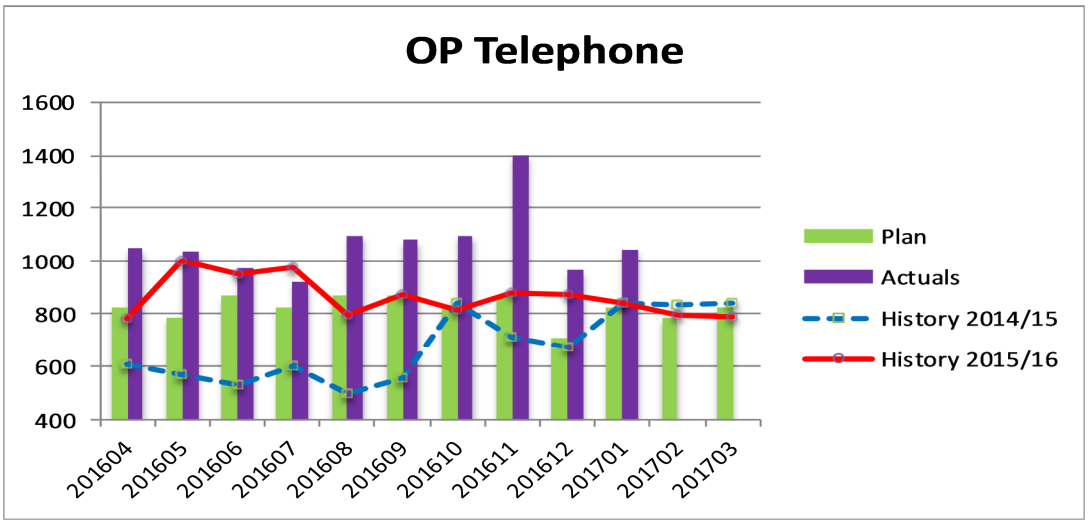
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Actuals
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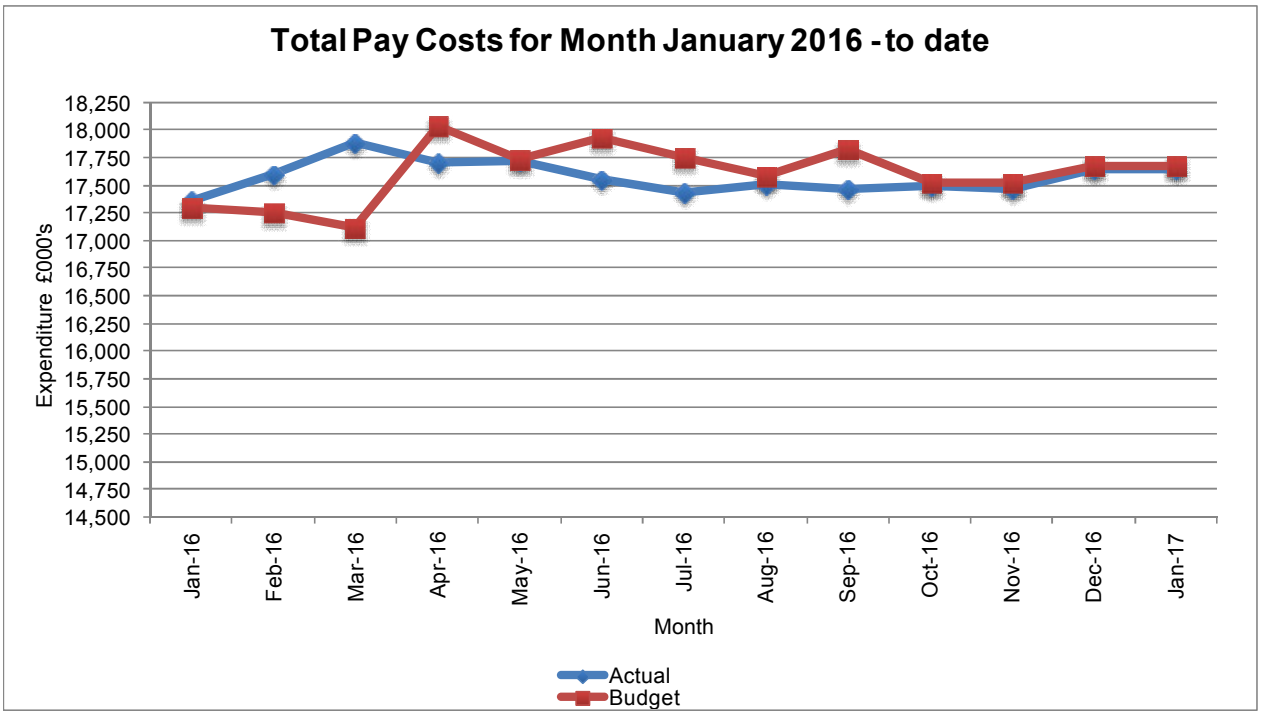
History 2015/16

Appendix 4


Total Pay Costs for Month January 2016 - to date
Expenditure £000's
18,250
18,000
17,750
17,500
17,250
17,000
16,750
16,500
16,250
16,000
15,750
15,500
15,250
15,000
14,750
14,500
Jan-16
Feb-16
Mar-16
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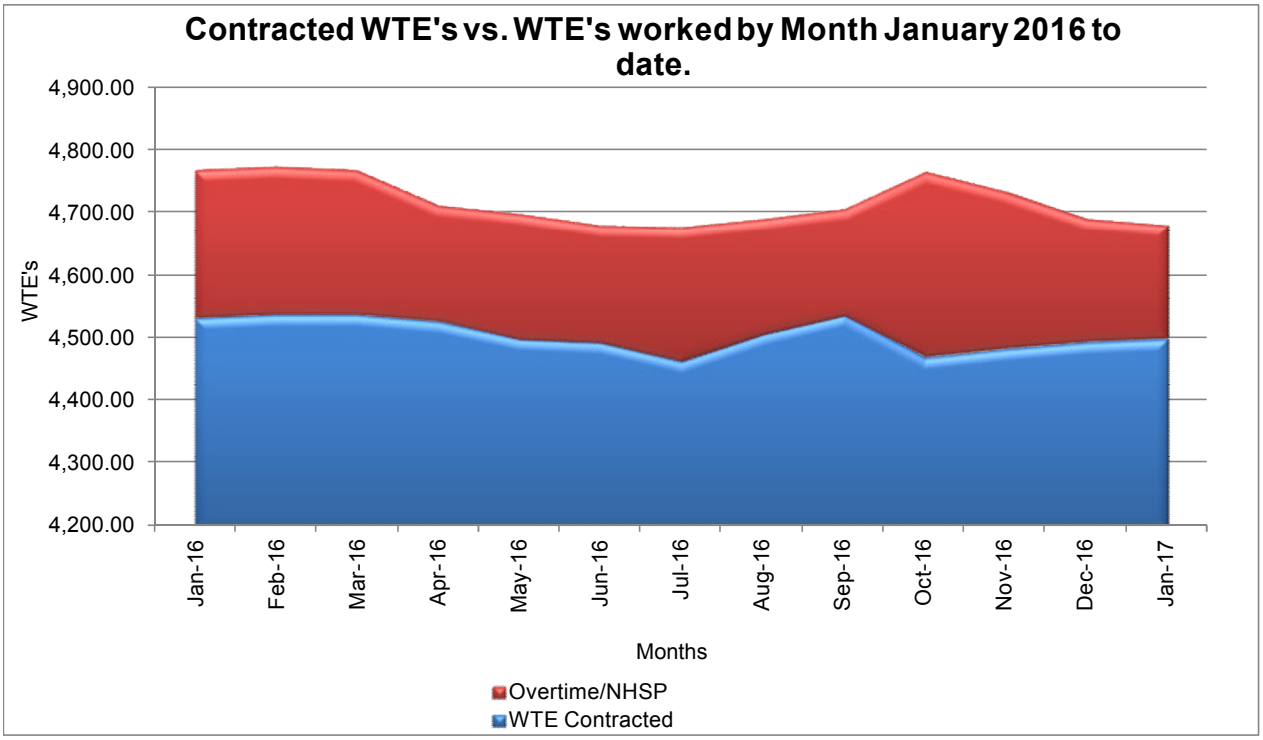
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Jan-17
Month
Actual
Budget


Contracted WTE's vs. WTE's worked by Month January 2016 to date.
WTE's
4,900.00
4,800.00
4,700.00
4,600.00
4,500.00
4,400.00
4,300.00
4,200.00
Jan-16
Feb-16
Mar-16
Apr-16
May-16
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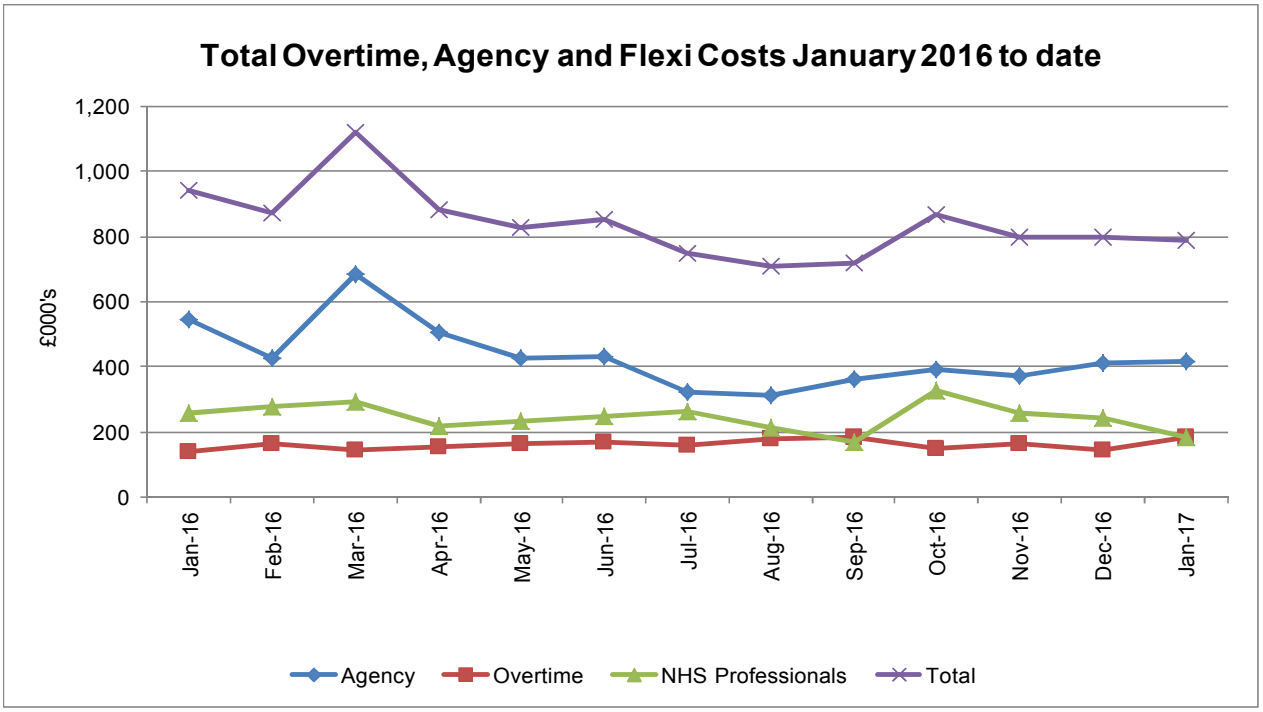
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Jan-17
Months
Overtime/NHSP
WTE Contracted



NHS Improvement Agency cap ceiling compliance City Hospitals Sunderland

	Month Monthly Expenditure Ceiling	CHS Annual Plan	Actual in month agency cost
	£000s	£000s	£000s
Apr-16	577	472	479
May-16	563	467	430
Jun-16	563	462	461
Jul-16	551	457	324
Aug-16	545	457	311
Sep-16	533	447	365
Oct-16	497	417	390
Nov-16	497	417	373
Dec-16	485	407	412
Jan-17	461	387	416
Feb-17	461	387	
Mar-17	460	386	
Total	**6,194**	**5,159**	**3,961**

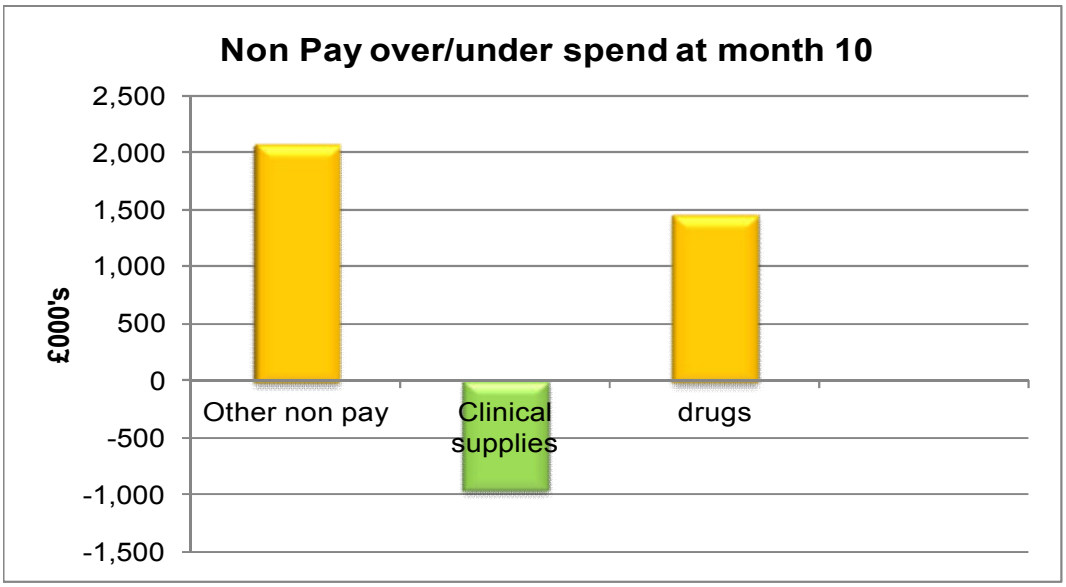
Key Issues on pay

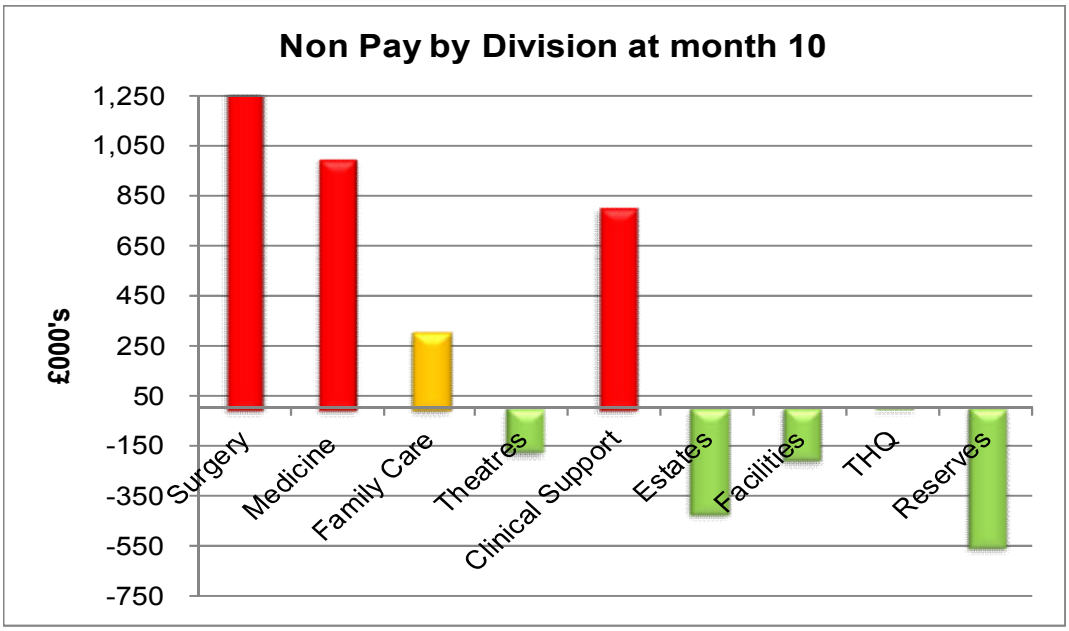
- WTE numbers as at month 10 are 4,680, a decrease of 10 WTEs compared to the previous month. This is predominantly due to lower NHS Professional bank working in the month.
- Agency spend to January 2017 was £3,961k against a budget of £4,387k.
- The good work carried out by the Trust to control and reduce agency costs has been reflected in a recent NHSI agency performance report. City Hospital was ranked as the 7th best performer in the Northern region which measured actual agency cost compared to NHSI agency cap.
- Appendix 4 now includes the above table that outlines the spend on Agency costs month on month. This has been done on the request from NHS Improvement who will hold all NHS Trusts to account for delivering 2016/17 agency expenditure for all staff in line with their expenditure ceiling. This ceiling is a maximum level for all agency staff expenditure, and they encourage all trusts to reduce agency expenditure below this level..

Key Actions on Pay

- Further staff groups (Allied Health Professionals) come onto the STAFFflow system will enable efficiency savings in agency staffing costs in these areas.
- In addition delays in getting key agency onto the STAFFflow system has now been overcome. So further saving will be made going forward.

Appendix 5





Key issues on non-pay

- Drugs are £1,462k overspent against plan mainly due to CIP under delivery of £806k against plan to date.
- Clinical Supplies is underspent by £944k due largely to lower than expected clinical activity.
- Other Non Pay is over spent by £2,069k due largely to unidentified 'Stretch CIP' to date.

Key actions on non-pay

- Continued focus on the 'CIP' programme relating to procurement across all areas of the Trust with a key focus on clinical supplies.

Appendix 6

CIPs Performance

Overall Financial Position & CIP Position - Month 10

	Surgery	Theatres	Medicine	Family Care	Clinical Support	Estates	Facilities	THQ Division	THQ Corporate	Total
Divisional CRP's 16/17 £000's	-3,883	-460	-4,286	-1,316	-1,574	-402	-531	-861	-1,687	**-15,000**
Plan to date £000's	-3,053	-377	-3,383	-1,054	-1,287	-326	-449	-714	-1,372	**-12,016**
Actual to date £000's	-1,476	-669	-2,562	-616	-2,006	-389	-587	-957	-2,229	**-11,490**
Variance 16/17 £000's	1,577	-292	821	438	-718	-63	-138	-242	-857	**526**
Variance %	-52%	77%	-24%	-42%	56%	19%	31%	34%	62%	-4%
Financial Position Plan to date £000's	-22,662	971	-10,738	825	5,143	8,516	6,100	17,419	-3,328	**2,245**
Financial Position Actual to date £000's	-19,181	460	-11,042	1,852	4,590	8,015	5,943	16,839	-4,995	**2,480**
Financial Position Variance to date £000's	3,481	-512	-303	1,027	-553	-501	-156	-580	-1,667	235

Key Issues with the CIP

To the end of January the planned savings are £12,016k actual savings for the period are £11,490k.

Headline CIPs

- A number of one off short term financial benefits held in 'corporate' are supporting the current CIP deliver position.
- The plan to date for Medical Staffing costs was £637k against actual savings delivered of £428k and hence an under delivery of £209k to January 2017.
- Bed Hire contract savings are in line with plan to date, circa £220k to date.
- Medicine's closure of Ward F61 and relocation to Ward D42 savings are in line with plan to date circa £162k.
- Clinical Support's vacancy levels across all directorates has increased significantly to date, and has contributed to an over delivery of £718k against plan to date.

CIP - original Annual Plan vs. actual delivery plan today

	Identified Plans	Stretch Target	Total per APR	This is as per Monitor Plan to Month 10 £	Actual to Month 10 £	Variance £
Revenue Generation	447	553	1,000	807	369	-438
Pay	7,921	-421	7,500	6,022	6,777	755
Clinical Supplies	2,411	89	2,500	2,028	2,075	47
Drugs	567	933	1,500	1,191	385	-806
Other Non Pay	2,282	218	2,500	1,968	1,884	-84
Depreciation			0			0
Total £	**13,628**	**1,372**	**15,000**	**12,016**	**11,490**	**-526**

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

DEPARTMENT OF STRATEGY AND SERVICE DEVELOPMENT

COUNCIL OF GOVERNORS

MARCH 2017

PERFORMANCE REPORT

INTRODUCTION

Please find enclosed the Performance Report for January 2017 which updates Governors on performance against key national targets and local contractual indicators.

EXECUTIVE SUMMARY

Performance – NHS Improvement (NHSI) Operational Performance Indicators

In October 2016, NHSI revised its approach to the monitoring of Trusts as detailed in the 'Single Oversight Framework'. This includes monitoring of key operational performance indicators on a monthly basis (these were previously monitored quarterly).

The Trust's position in relation to these indicators is as follows:

Referral to Treatment Time (RTT) - Time from GP referral to consultant-led treatment

Performance remains above target at 93.7%. At specialty level Orthopaedics, Oral and Maxillo Facial Surgery, Thoracic Medicine, Ear Nose and Throat and Rheumatology remain under target. Recovery plans are in place for all specialties.

National performance for December was below the standard at 89.7%.

A&E 4 hour target – Total time spent in the A&E Department

Performance for January was below the 95% target at 86.67% which is lower than last year with a 7% increase in attendances (please note that the actual growth is 1%, the remainder is due to a counting change which took place mid- year).

The national performance for December was 86.2% with a 5% increase in attendances compared to the previous year. We remain in the top middle 25% of Trusts nationally.

Cancer targets (2 week wait from GP referral to first seen, 31 days from diagnosis to treatment, and 62 day wait from referral to treatment)

Due to cancer reporting timescales being 1 month behind, the performance report includes December's confirmed position. The Trust met all cancer waiting time standards with the exception of cancer 62 day waits. The Trust achieved all standards for Quarter 3.

National performance against the 62 day standard remains below target at 83%.

Diagnostics – patients waiting over 6 weeks for diagnostic test

Performance for January has unfortunately remained higher than the 1% target at 5.71% of patients waiting over 6 weeks for their diagnostic test. This is due to breaches in Echocardiography due to increasing referrals and staff administrative processes. A recovery trajectory is in place and performance should return below 1% by July 2017.

Performance – National and Local Quality Requirements

Performance remains positive around reducing Health Care Associated Infections and appointment slot issues. Timely communication to GPs following a patient's inpatient stay or outpatient appointment remains challenging.

RECOMMENDATIONS

Governors are asked to accept this report.

Alison King
Head of Performance and Information Management

City Hospitals Sunderland chs

Performance Report
January 2017

City Hospitals Sunderland
Performance Report Overview

The Performance Report / Corporate Dashboard utilises a visual management approach to the Trust's monthly Performance, covering national performance measures from the NHS Standard Contract 2016/17 and 'Delivering the Forward View': NHS Planning Guidance 2016/17 to 2020/21, local contractual indicators as well as internal metrics.

Indicator Group	Group Description
National Operational Standards	National Operational Standards are taken from the 2016/17 NHS Standard Contract. They are national targets that the NHS must achieve, mostly falling under the domain of quality, which are linked to delivery of the NHS Constitution. These include A&E waiting times, waits for consultant led treatment and cancer waiting times. These national standards are used by NHS Improvement as part of the assessment of the Trust's governance.
National Quality Requirements	National Quality Requirements are part of the 2016/17 NHS Standard Contract, which include achievement of the Clostridium Difficile objective, ambulance handover delays and zero tolerance towards MRSA infection, patients waiting 52 weeks or more from referral to treatment and A&E 12-hour trolley waits.
Local Quality Requirements	Local Quality Requirements are agreed locally with commissioners and are included in the local schedules of the Trust's 2016/17 NHS Standard Contract. This includes the timeliness of electronic communications and eReferral indicators.
Internal Indicators	Internal indicators are metrics that do not form part of any of the above categories, but measure delivery of the corporate objectives.

City Hospitals Sunderland Performance Report Overview

This page explains the general layout of the indicator pages that form the bulk of the report

Key:

- Actual performance
- Target, operational standard, threshold or trajectory
- Sustainability & transformation fund (STF) trajectory
- Benchmark (National, Regional or Peer Group)
- Comparative performance for the previous year
- Performance achieving the relevant target
- Performance not achieving the relevant target

Page title representing a key performance indicator or a

Indicator group

Indicator information, including a brief description, the name of the Director lead and consequence of failure

Narrative highlighting recent performance and corrective actions, where applicable

Chart or table relevant to the indicator(s), often displaying Directorate level performance or other supporting information

Cancer 2 Week Waits

National Operational Standards

1. Number of urgent GP referrals for suspected cancer
2. Number of patients seen after more than two weeks following an urgent GP referral for suspected cancer
3. % patients seen within two weeks of an urgent GP referral for suspected cancer

Director Lead: Sean Fenwick

Consequence of failure: Timely access to treatment, patient experience, clinical outcomes & financial sanction

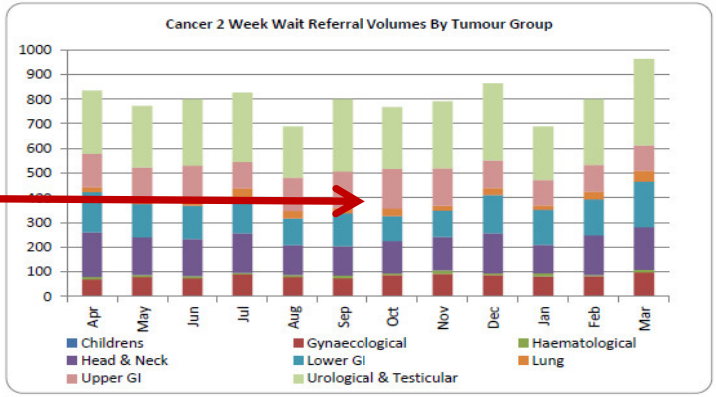
Potential financial sanction if standard not achieved = £200 per breach

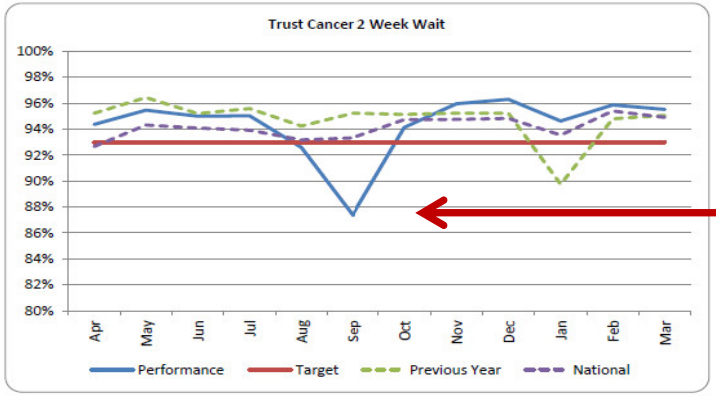
2WW performance has remained stable in March at 95.5%, which continues to perform above target. At tumour site level, all areas achieved the target this month.
March's performance demonstrated that all tumour groups are performing about the same or better than the equivalent national benchmarking position.
The finalised position for quarter 4 was above target at 95.4%.
Referral volumes were higher than usual in March, with significantly more referrals compared to average within Lung, Lower GI and Urological tumour groups.
Indicative 2WW performance for April is slightly below target.

Referrals for Suspected Cancer - March 2016*	Volume	Total Breached	Performance	National Benchmark	YTD
Target			93%	93%	93%
Acute Leukaemia	0	0	-	-	100.00%
Children's Cancer	1	0	100.00%	95.7%	100.00%
Gynaecological	97	1	98.97%	95.1%	97.78%
Haematological (Excluding Acute Leukaemia)	10	0	100.00%	96.6%	99.06%
Head & Neck	173	10	94.22%	95.0%	96.25%
Lower Gastrointestinal	185	11	94.05%	94.3%	93.46%
Lung	44	2	95.45%	95.9%	95.56%
Testicular	15	0	100.00%	96.3%	97.90%
Upper Gastrointestinal	103	7	93.20%	92.4%	86.79%
Urological (Excluding Testicular)	334	12	96.41%	95.0%	96.07%
Total	962	43	95.53%	94.9%	94.40%

*Please note that reporting of official cancer waiting times fall 1 month behind normal reporting timescales

Table showing current performance compared to target (where relevant)





Trend chart displaying the performance over the past 12 months or year to date

Performance Scorecard

Indicator	Director Lead	Target	2015/16	2016/17					12-month trend	Page
			Actual	Month[1]	Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD	
National Operational Standards										
RTT - % incompletes waiting <18 wks	Sean Fenwick	≥92%	93.82%	93.70%	95.53%	93.48%	93.09%	93.70%	94.00%	5
% Diagnostic tests ≥6 wks	Sean Fenwick	<1%	0.80%	5.71%	0.89%	0.68%	2.04%	5.71%	1.72%	6
A&E - % seen in 4hrs	Sean Fenwick	≥95%	93.57%	86.67%	94.57%	94.30%	93.18%	86.67%	93.24%	7
Cancer waits - % 2ww	Sean Fenwick	≥93%	94.41%	97.02%	94.53%	95.70%	96.53%		95.55%	9
Cancer waits - % 31 days	Sean Fenwick	≥96%	98.48%	98.01%	98.43%	98.95%	99.00%		98.79%	10
Cancer waits - % 31 days for subsequent treatment - surgery	Sean Fenwick	≥94%	99.47%	100.00%	100.00%	98.36%	100.00%		99.54%	10
Cancer waits - % 31 days for subsequent treatment - drugs	Sean Fenwick	≥98%	99.88%	100.00%	100.00%	100.00%	100.00%		100.00%	10
Cancer waits - % 62 days	Sean Fenwick	≥85%	83.10%	83.46%	82.67%	85.05%	85.50%		84.54%	11
Cancer waits - % 62 days from screening programme	Sean Fenwick	≥90%	82.61%	100.00%	100.00%	100.00%	100.00%		100.00%	11
Cancer waits - % 62 days from consultant upgrade	Sean Fenwick	≥85%	81.40%	88.89%	87.72%	85.71%	92.00%		88.31%	11
Cancelled operations 28 day breaches	Sean Fenwick	0	13	0	4	11	11	0	26	N/A
National Quality Requirements										
Clostridium difficile cases	Ian Martin	34[2]	30	2	7	3	7	2	19	12
RTT - No. incompletes waiting 52+ weeks	Sean Fenwick	0	2	0	0	0	0	0	0	N/A
A&E / ambulance handovers - no. 30-60 minutes	Sean Fenwick	0	405	256	145	270	358	256	1,029	7
A&E / ambulance handovers - no. >60 minutes	Sean Fenwick	0	102	119	17	43	86	119	265	7
% VTE risk assessments	Ian Martin	≥95%	98.26%	98.34%	98.33%	98.43%	98.68%	98.34%	98.46%	N/A
Duty of Candour	Melanie Johnson	N/A	138	4	48	44	14	4	110	N/A
Local Quality Requirements										
eReferral (C&B) - % slot issues	Sean Fenwick	≤6%[3]	7.38%	4.63%	8.37%	6.31%	5.85%	4.63%	6.69%	13
eReferral (C&B) - % utilisation	Sean Fenwick	≥85%	88.94%	65.66%	84.49%	74.05%	65.39%		74.19%	N/A
A&E left without being seen	Sean Fenwick	≤5%	1.94%	2.14%	1.81%	2.24%	1.68%	2.14%	1.93%	7/8
A&E time to initial assessment (median)	Sean Fenwick	≤9min	0:08 (h:mm)	0:11 (h:mm)	0:09 (h:mm)	0:09 (h:mm)	0:09 (h:mm)	0:11 (h:mm)	0:09 (h:mm)	7
A&E time to treatment (median)	Sean Fenwick	≤60mins	0:52 (h:mm)	0:53 (h:mm)	0:51 (h:mm)	0:53 (h:mm)	0:49 (h:mm)	0:53 (h:mm)	0:51 (h:mm)	7/8
% Discharge comms issued <24 Hours	Ian Martin	≥95%	82.02%	85.85%	87.67%	87.72%	85.78%	85.85%	86.94%	14
% Outpatient attendance letters issued <14 days	Ian Martin	≥95%	82.44%	88.05%	92.79%	84.17%	84.89%	88.05%	87.43%	15
% A&E attendance letters issued <24 hours	Ian Martin	≥95%	92.87%	94.73%				94.73%	94.38%	16
A&E / Ambulances diverts & deflections from the Trust	Sean Fenwick	N/A	65	10	16	4	22	0	42	N/A
A&E / Ambulances diverts & deflections to the Trust	Sean Fenwick	N/A	126	8	34	28	18	0	80	N/A
Maternity - smoking at the time of delivery	Melanie Johnson	≤18%	18.41%	17.77%	16.79%	17.45%	16.71%	17.77%	17.06%	N/A
Maternity - breastfeeding initiation	Melanie Johnson	≥58%	54.23%	53.53%	53.86%	56.71%	54.83%	53.53%	55.01%	N/A
Cancer - % diagnosed at an early stage (stages 1 or 2)	Sean Fenwick	≥60%	46.44%	51.09%	50.55%	51.55%	52.84%		51.72%	N/A

1. Performance is one month behind normal reporting for all Cancer indicators (December 2016), ambulance diverts/deflections and eReferral utilisation (December 2016 - partial month)
2. Cumulative target for *C. diff* as at quarter 4. Profile agreed with CCG
3. eReferral slot issue performance is rated as amber between 6% & 8%

Referral to Treatment (RTT)

National Operational Standards

1. Number of patients waiting on an incomplete RTT pathway at month end
2. Number of patients on an incomplete RTT pathway waiting 18 weeks or more
3. Percentage of patients waiting less than 18 weeks on incomplete pathways
4. National RTT Stress Test - % risk of failing the incomplete standard in next 6 months

Director Lead: Sean Fenwick

Consequence of failure: Patient experience, quality, access, reputation & financial sanction

Financial impact if STF not achieved from quarter 2 onwards £110k per month

The finalised aggregate level performance for incomplete pathways at the end of January was above target at 93.7%, which is slightly higher than last month and the Trust remains above the STF trajectory of 92.5%.

At specialty level Thoracic Medicine, Trauma & Orthopaedics (T&O), Oral & Maxillo Facial Surgery, Rheumatology and Ear, Nose & Throat (ENT) failed to achieve the 92% target.

Thoracic Medicine has an ongoing capacity shortfall, for which there are no short term solutions. An additional consultant is expected to start in April. The specialty's performance continues to be monitored closely.

Oral & Maxillo Facial Surgery and T&O both remain in formal internal escalation. T&O's performance improved slightly during January and are on plan. OMFS saw a 3% increase in performance as a result of their actions during January.

ENT continues to perform below target, however, performance improved to 90.8% in January and recovery is expected in the next few months.

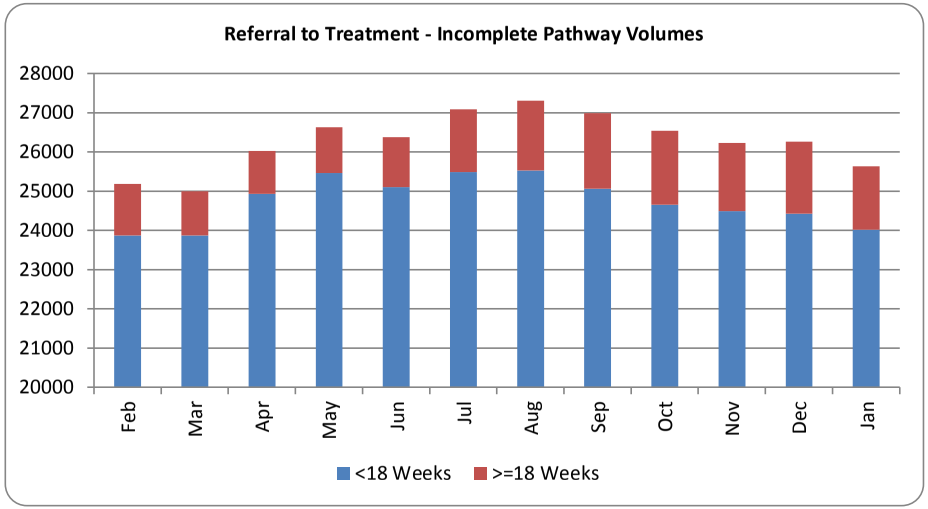
There was a marginal improvement in Rheumatology's performance during January and is expected to continue to improve in February.

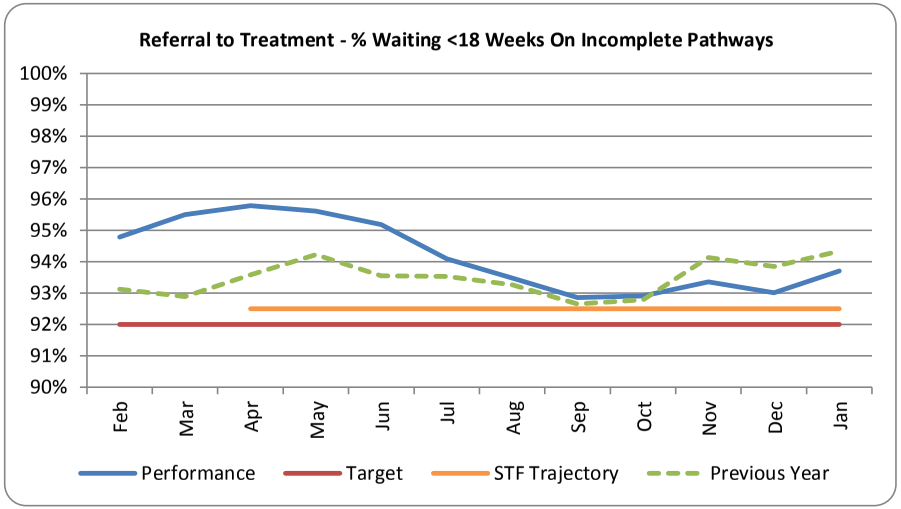
Geriatric Medicine's performance is predicted to reduce during February whilst additional capacity is arranged. Their performance is considered at risk for February. The Trust's RTT stress test risk rating has increased and has been assessed as having a 28% chance of failing the RTT operational standard in the next 6 months, which is ranked 30th (best) nationally.

RTT Incompletes - January 2017	Volume	No. ≥18 Weeks	% <18 Weeks*
Target			≥92%
Cardiology	1,170	18	98.46%
Ear, Nose & Throat	2,534	232	90.84%
Gastroenterology	389	0	100.00%
General Surgery	1,722	124	92.80%
Geriatric Medicine	579	31	94.65%
Gynaecology	1,104	34	96.92%
Neurology	763	20	97.38%
Ophthalmology	3,678	41	98.89%
Oral & Maxillo Facial Surgery	1,868	222	88.12%
Rheumatology	680	78	88.53%
Thoracic Medicine	1,077	170	84.22%
Trauma & Orthopaedics	3,049	450	85.24%
Urology	2,575	151	94.14%
Other	4,442	43	99.03%
Trust Total	**25,630**	**1,614**	**93.70%**

**De minimis* level >= 20 pathways in total

RTT Stress Test	Oct-16	Nov-16	Dec-16
% Risk of failure in next 6 months	24.66%	18.19%	27.50%
National rank (1st is best)	41/154	31/154	30/154





Diagnostics

National Operational Standards

1. Number of patients on the diagnostic waiting list at month end
2. Number of patients on the diagnostic waiting list at month end waiting 6 weeks or more
3. % patients waiting 6 weeks or more for a diagnostic test at month end
4. Number of diagnostic tests/procedures carried out in month

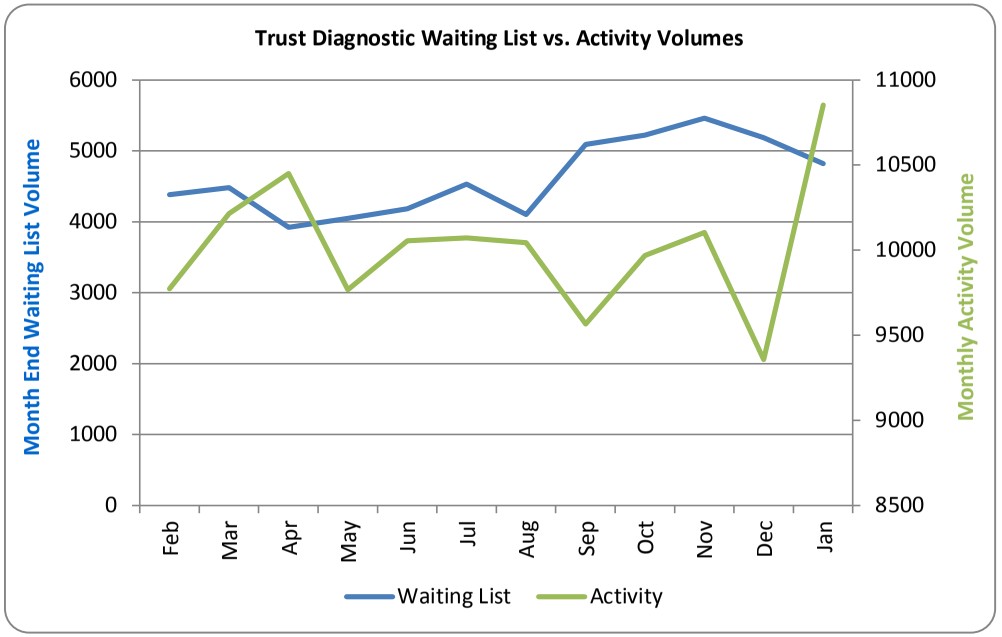
Director Lead: Sean Fenwick

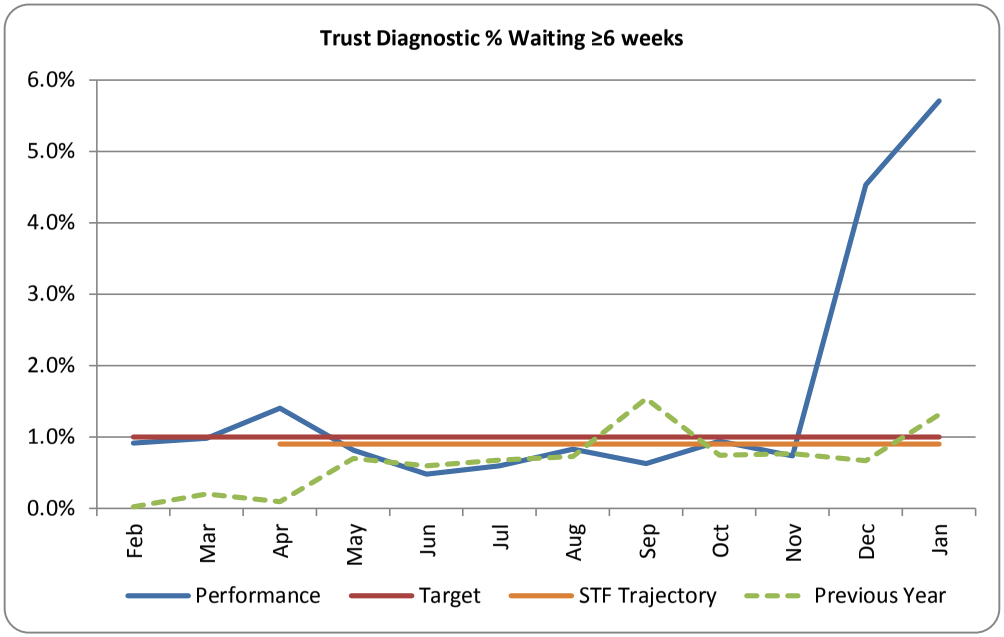
Consequence of failure: Patient experience, quality, access & reputation

The proportion of patients waiting 6 weeks or more at the end of January has increased to 5.71%; this is above both the national operating standard of <1% and the Trust's STF trajectory of 0.9%. Cardiology, Flexi sigmoidoscopy, Audiology, Cystoscopy and Colonoscopy exceeded the standard this month with the majority of the breaches being attributable to echo tests. The breaches were due to a number of issues. Action to address these issues is underway including recruitment, however performance remains a risk for the coming months.

The number of patients waiting at the end of the month reduced in January mainly due to decreases in Magnetic Resonance Imaging, Cystoscopy and DEXA Scans. Activity has increased in January in line with previous seasonal trends. Main increases were seen in Non-Obstetric Ultrasound, Magnetic Resonance Imaging and Computed Tomography.

Diagnostics - January 2017		WL Volume	No. ≥6 weeks	%≥6 weeks	Activity
Target				≤1%	
Imaging	Magnetic Resonance Imaging	474	0	0.00%	1,488
	Computed Tomography	529	0	0.00%	2,830
	Non-obstetric ultrasound	1,437	0	0.00%	3,555
	Barium Enema	34	0	0.00%	5
	DEXA Scan	98	0	0.00%	250
Physiological Measurement	Audiology - assessments	178	4	2.25%	980
	Cardiology - echocardiography	1,130	261	23.10%	800
	Neurophysiology - peripheral	134	0	0.00%	127
	Respiratory physiology - sleep studies	58	0	0.00%	107
	Urodynamics - pressures & flows	150	1	0.67%	22
Endoscopy	Colonoscopy	93	1	1.08%	167
	Flexi sigmoidoscopy	62	2	3.23%	71
	Cystoscopy	296	5	1.69%	183
	Gastroscopy	146	1	0.68%	267
Trust Total		**4,819**	**275**	5.71%	**10,852**





Accident & Emergency

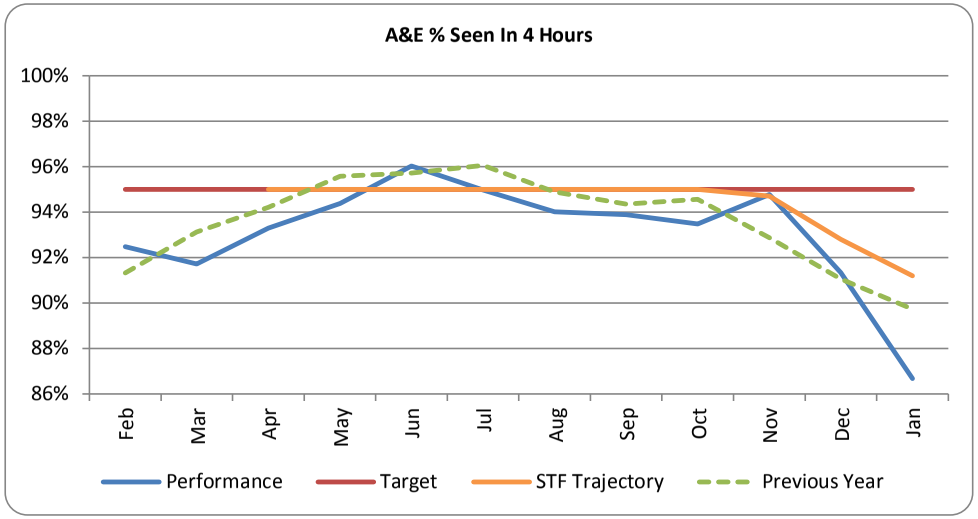
National Operational Standards, Quality Requirements, Local Contractual & Internal Indicators

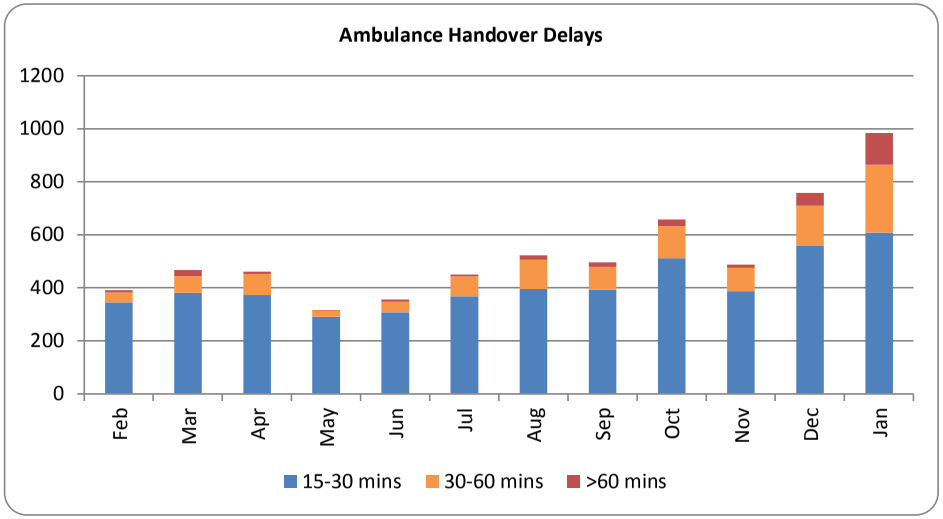
1. % patients who spent 4 hours or less from arrival to admission, transfer or discharge
2. Ambulance handover delays between 15-30 minutes, 30-60 minutes & over 60 minutes
3. Time (95th percentile) from arrival (by emergency ambulance) to full initial assessment
4. Time (median) from arrival to treatment
5. % unplanned re-attendances within 7 days of discharge from A&E
6. % patients who leave the department without being seen

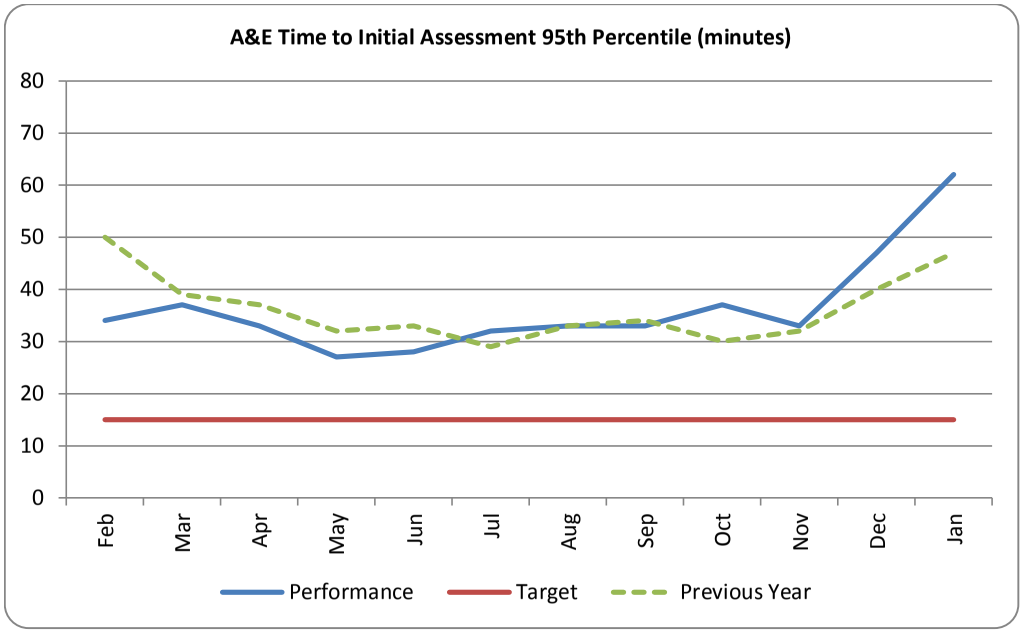
Director Lead: Sean Fenwick
Consequence of failure: Patient experience, quality, access, reputation & financial sanction
Financial impact if STF not achieved from quarter 2 onwards £110k per month

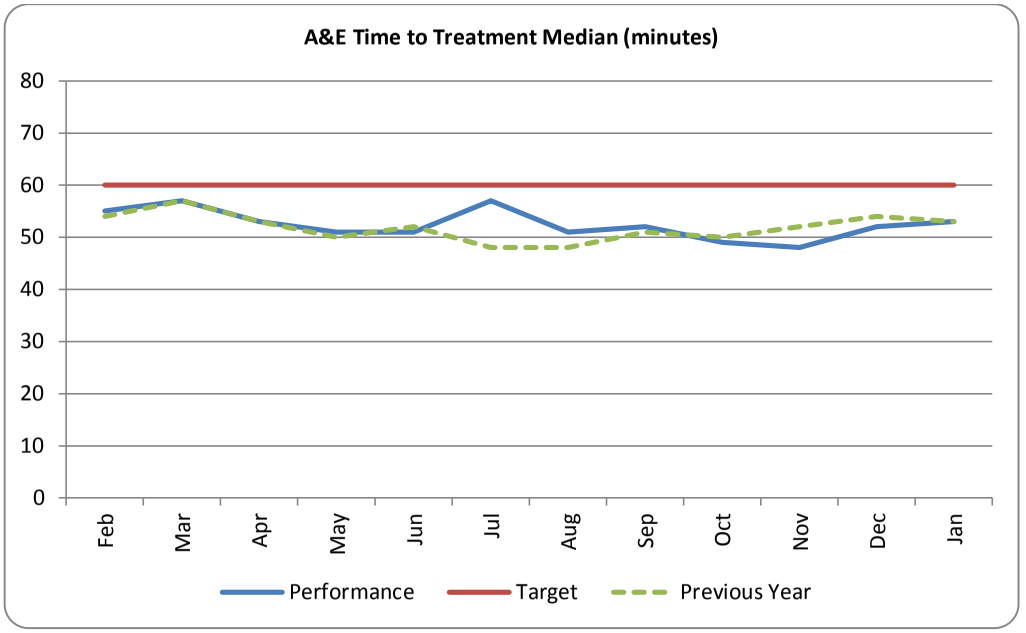
The total proportion of patients seen in A&E within 4 hours has decreased during January to 86.67%. This is below both the operating standard the STF trajectory.
There were 12,730 attendances this month, which is 7% higher than January 2016 (type 1 was up by 4%, type 2 was up by 1% and type 3 up by 24%). Discounting the counting change, actual growth was 1%. National performance was below target during December 2016 at 86.2% overall and 79.3% for type 1; both have worsened compared to the previous month.
Time to initial assessment increased in December to 62 minutes as a result of increased operational pressure.
There were 2,945 ambulance arrivals this month, which is slightly more than January 2016. This continues to represent the third highest volume of ambulance arrivals for any hospital across the North East. The number of handover delays increased in January and there were more handover delays compared to January 2016.

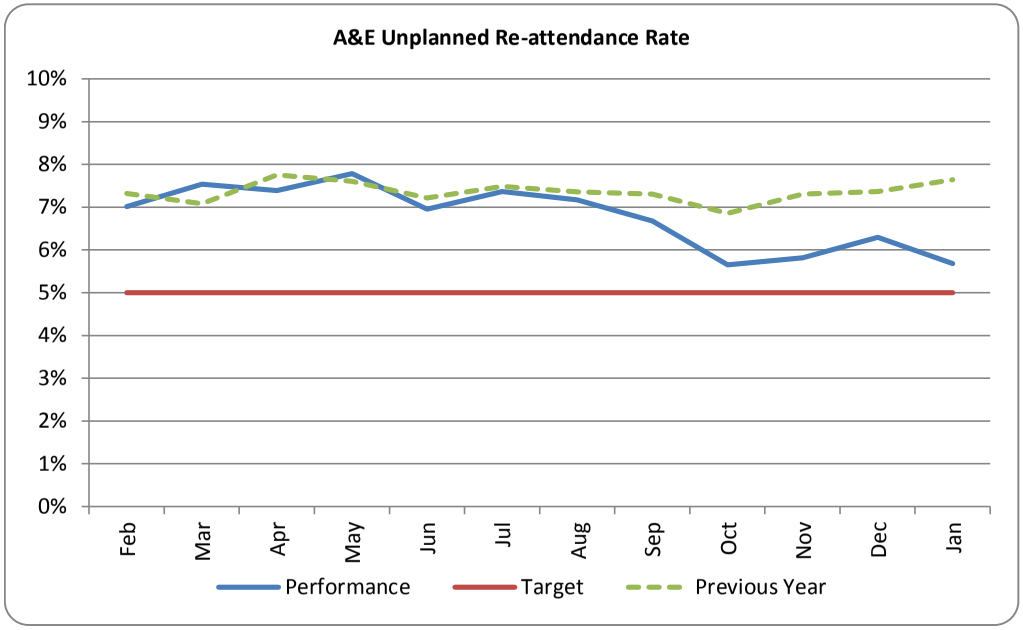
A&E Indicators - January 2017	Target	Month	YTD
A&E % seen in 4hrs - Trust Total	≥95%	86.67%	93.24%
A&E < 4 hrs - Type 1	≥95%	78.74%	89.06%
A&E < 4 hrs - Type 1 - High Acuity	≥95%	55.64%	76.86%
A&E < 4 hrs - Type 1 - Low Acuity	≥95%	78.33%	89.18%
A&E < 4 hrs - Type 1 - Paediatrics	≥95%	99.04%	97.79%
A&E < 4 hrs - Type 2 - SEI	≥95%	99.50%	99.59%
A&E < 4 hrs - Type 3 - Pallion walk in centre	≥95%	99.81%	99.86%
A&E Attendances - Trust Total		12,730	122,933
A&E Attendances - Type 1		7,906	74,782
A&E / ambulance handovers - no. 15-30 minutes	0	608	4,190
A&E / ambulance handovers - no. 30-60 minutes	0	256	1,029
A&E / ambulance handovers - no. >60 minutes	0	119	265
A&E time to initial assessment (median)	≤9 mins	0:11 (h:m)	0:09 (h:m)
A&E time to initial assessment (95th percentile)	≤15 mins	1:02 (h:m)	0:36 (h:m)
A&E time to treatment (median)	≤60 mins	0:53 (h:m)	0:51 (h:m)
A&E unplanned reattendance rate	≤5%	5.68%	6.66%
A&E left without being seen	≤5%	2.14%	1.93%

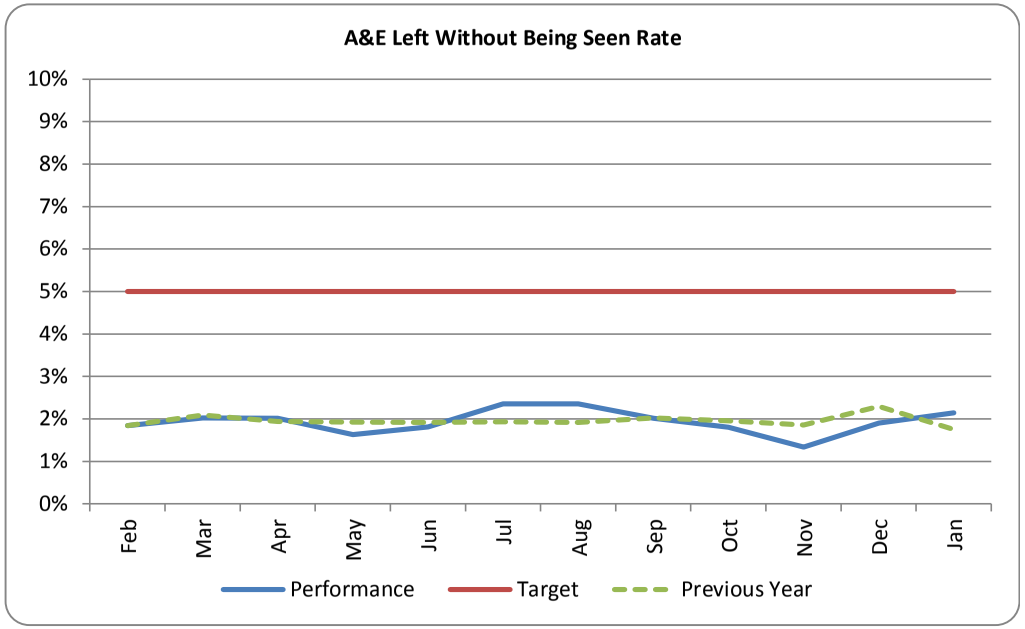





A&E Time to Initial Assessment 95th Percentile (minutes)
80
70
60
50
40
30
20
10
0
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Performance
Target
Previous Year


A&E Time to Treatment Median (minutes)
80
70
60
50
40
30
20
10
0
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Performance
Target
Previous Year


A&E Unplanned Re-attendance Rate
10%
9%
8%
7%
6%
5%
4%
3%
2%
1%
0%
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Performance
Target
Previous Year


A&E Left Without Being Seen Rate
10%
9%
8%
7%
6%
5%
4%
3%
2%
1%
0%
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Performance
Target
Previous Year

Cancer 2 Week Waits

National Operational Standards

1. Number of urgent GP referrals for suspected cancer
2. Number of patients seen after more than two weeks following an urgent GP referral for suspected cancer
3. % patients seen within two weeks of an urgent GP referral for suspected cancer

Director Lead: Sean Fenwick

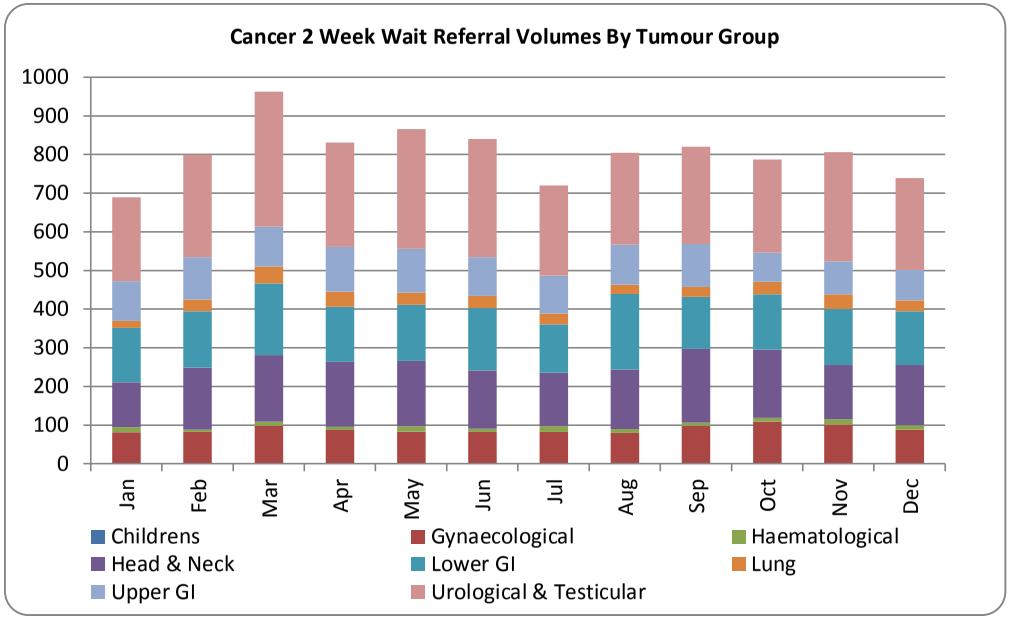
Consequence of failure: Timely access to treatment, patient experience, clinical outcomes & financial sanction

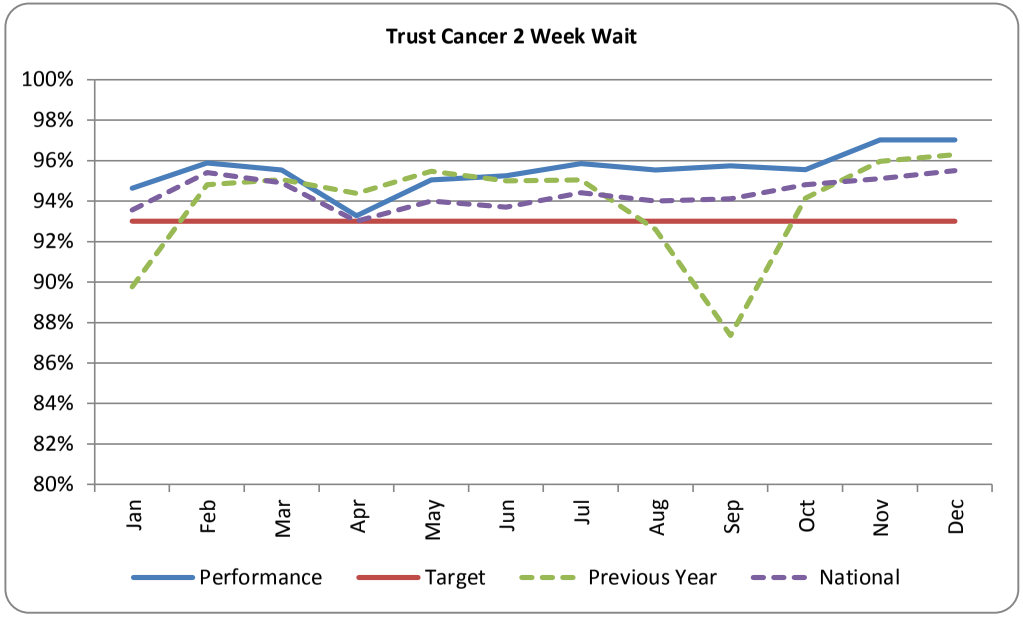
Potential financial sanction if standard not achieved = £200 per breach

2WW performance was 97.0% in December, which is the same as the previous month and better than December last year, as well as the national average. At tumour site level, all areas achieved the target.
December's performance demonstrated that all tumour groups, with the exception of Head & Neck, performed about the same or better than the equivalent national performance position.
The finalised performance for Q3 was above target at 96.5%.
Referral volumes reduced during December. There have been less referrals compared to the average over the last 12 months across all areas apart from Haematological (+4%).
Indicative 2WW performance for January is above target.

Referrals for Suspected Cancer - December 2016*	Volume	Total Breached	Performance	National Performance	YTD
Target			**93%**	**93%**	**93%**
Acute Leukaemia	0	0	-	-	100.00%
Breast	0	0	-	96.5%	100.00%
Children's Cancer	0	0	-	96.1%	100.00%
Gynaecological	88	2	97.73%	96.0%	97.64%
Haematological (Excluding Acute Leukaemia)	11	0	100.00%	97.0%	97.96%
Head & Neck	156	7	95.51%	97.0%	94.88%
Lower Gastrointestinal	139	7	94.96%	94.0%	95.72%
Lung	28	0	100.00%	97.4%	97.48%
Other	0	0	-	96.0%	100.00%
Testicular	8	0	100.00%	98.1%	98.91%
Upper Gastrointestinal	79	2	97.47%	93.7%	91.04%
Urological (Excluding Testicular)	230	4	98.26%	95.4%	96.40%
Total	**739**	**22**	**97.02%**	**95.5%**	**95.55%**

*Please note that reporting of official cancer waiting times fall 1 month behind normal reporting timescales





Cancer 31 Day Waits

National Operational Standards

1. Number of patients receiving first definitive treatment following a cancer diagnosis
2. Number of receiving first definitive treatment more than one month of a decision to treat following a cancer diagnosis
3. % patients receiving first definitive treatment within one month of a decision to treat following a cancer diagnosis
4. % patients receiving subsequent surgery or drug treatments for cancer within 31 days

Director Lead: Sean Fenwick

Consequence of failure: Timely access to treatment, patient experience, clinical outcomes & financial sanction

Potential financial sanction if standard not achieved = £1,000 per breach

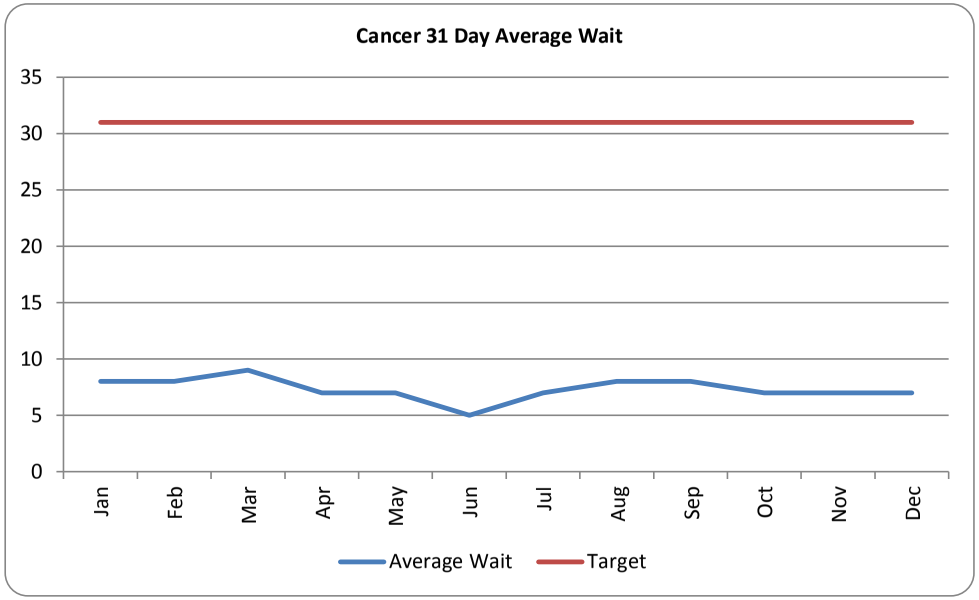
There were three 31 day breaches overall during December. Aggregate level performance was consequently above target at 98.0%. All tumour groups achieved the target with the exception of Skin. Performance across all tumour groups, with the exception of Skin, was equal to or better than the equivalent national average at tumour site level this month. The finalised performance for Q3 was above target at 99.0%. Average waits for treatment following a decision to treat was about the same between November and December. Indicative performance for January is currently above target.

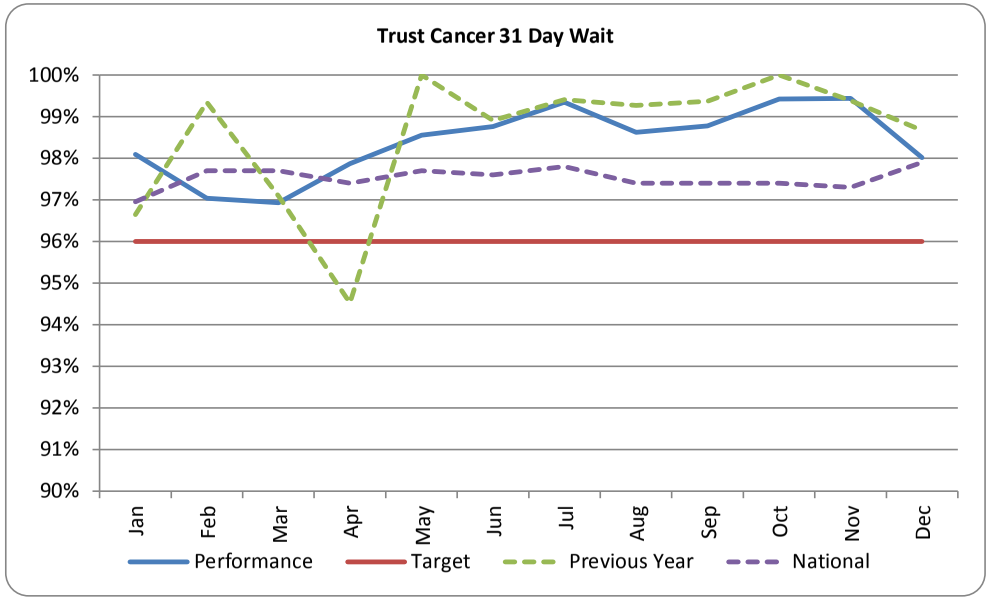
The final performance for subsequent surgical and drug treatments were both above target during December at 100%.

First Definitive Treatment - December 2016*	Volume	Total Breached	Performance	National Performance	YTD
Target			96%	96%	96%
Breast	4	0	100.00%	99.3%	100.00%
Gynaecological	5	0	100.00%	97.0%	100.00%
Haematological	7	0	100.00%	99.6%	100.00%
Head & Neck	11	0	100.00%	94.7%	98.84%
Lower Gastrointestinal	13	0	100.00%	97.9%	100.00%
Lung	14	0	100.00%	99.0%	100.00%
Other	2	0	100.00%	100.0%	100.00%
Sarcoma	2	0	100.00%	95.4%	100.00%
Skin	6	2	66.67%	97.8%	96.05%
Upper Gastrointestinal	15	0	100.00%	98.7%	100.00%
Urological	72	1	98.61%	96.2%	98.06%
Total	**151**	**3**	**98.01%**	**97.9%**	**98.79%**

Subsequent Treatments					
Surgery (Target: 94%)	29	0	100.00%	95.5%	99.54%
Drug (Target: 98%)	87	0	100.00%	99.5%	100.00%

*Please note that reporting of official cancer waiting times fall 1 month behind normal reporting timescales





Cancer 62 Day Waits

National Operational Standards

1. Number of patients receiving first definitive treatment for cancer following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade
2. Number of patients receiving first definitive treatment for cancer 62 days or more following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade
3. % patients receiving first definitive treatment for cancer within 62 days following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade
4. Number of patients receiving first definitive treatment for cancer 104 days or more following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade

Director Lead: Sean Fenwick

Consequence of failure: Timely access to treatment, patient experience, clinical outcomes & financial sanction

Financial impact if STF not achieved from quarter 2 onwards £44k per month

62 day performance was below target and STF trajectory in December at 83.5% but higher than the national average. Most of the tumour groups were above target this month, with Upper Gastrointestinal, Urological and Lung falling below target. There were 11 breaches in total, of which the majority were attributable to diagnostic delays (3), capacity (2.5), complexity (2) and patient choice (1.5) . The finalised performance for Q3 was above target at 85.2%

The overall volume of patients on a cancer pathway is currently relatively low and there is consequently a smaller volume of patients approaching their breach date. Furthermore the backlog of patients who have already passed 62 days is reducing which is positive.

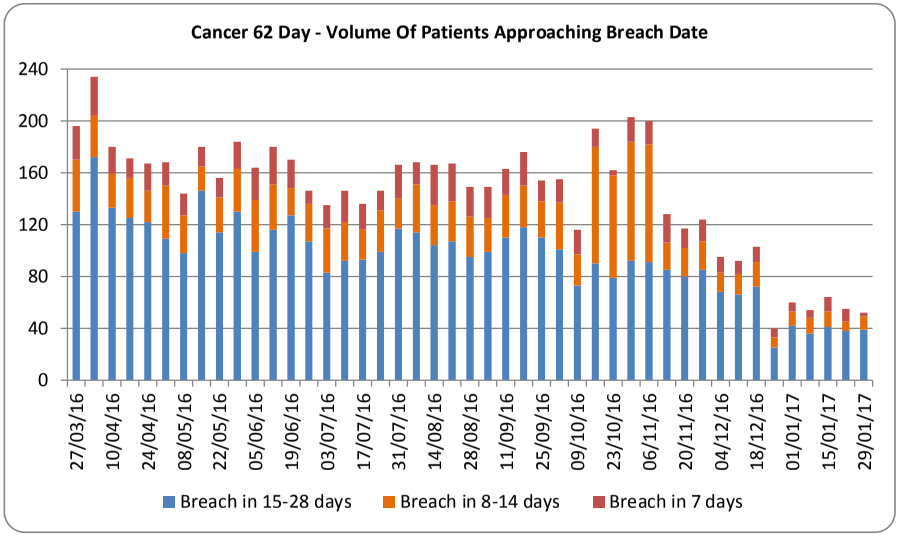
Indicative performance for January is currently below the national target as well as the Trust's STF trajectory. Achievement of the STF trajectory and operational standard remains a risk going forwards.

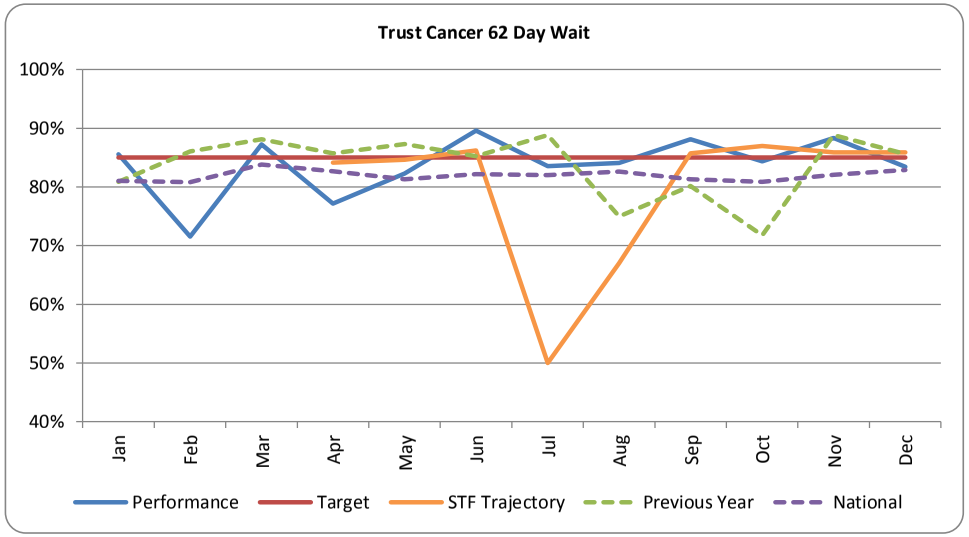
Screening and consultant upgrade were above target in December at 100% and 88.9% respectively.

First Definitive Treatment - December 2016*	Volume	Total Breached	Performance	National Performance	YTD	Number ≥104 days
Target			85%	85%	85%	0
Breast	0.5	0.0	100.00%	95.9%	100.00%	0
Gynaecological	1.0	0.0	100.00%	78.4%	89.58%	0
Haematological (Excluding Acute Leukaemia)	1.5	0.0	100.00%	80.7%	88.52%	0
Head & Neck	7.0	0.5	92.86%	64.5%	89.83%	0
Lower Gastrointestinal	2.0	0.0	100.00%	74.4%	88.14%	0
Lung	3.0	0.5	83.33%	72.9%	75.68%	0
Other	1.0	0.0	100.00%	68.3%	91.67%	0
Sarcoma	2.0	0.0	100.00%	65.1%	76.47%	0
Skin	1.0	0.0	100.00%	95.1%	96.00%	0
Upper Gastrointestinal	3.5	2.5	28.57%	75.6%	79.55%	3
Urological (Excluding Testicular)	44.0	7.5	82.95%	79.7%	82.72%	9
Total	**66.5**	**11.0**	**83.46%**	**82.9%**	**84.54%**	**12**

Non GP Referrals						
Screening (Target: 90%)	3.0	0.0	100.00%	93.5%	100.00%	0
Consultant Upgrade (Target: 85%)	4.5	0.5	88.89%	90.8%	88.31%	0

*Please note that reporting of official cancer waiting times fall 1 month behind normal reporting timescales





Health Care Associated Infection

National Quality Requirements

1. Number of Trust apportioned Clostridium Difficile cases before & after appeal (Target ≤34, set by NHS England)
2. Trust apportioned Clostridium Difficile rate per 100,000 bed days (Target ≤15.4, set by NHS England)

Director Lead: Ian Martin

Consequence of failure: Patient safety, patient experience, financial sanction & patient flow / LOS

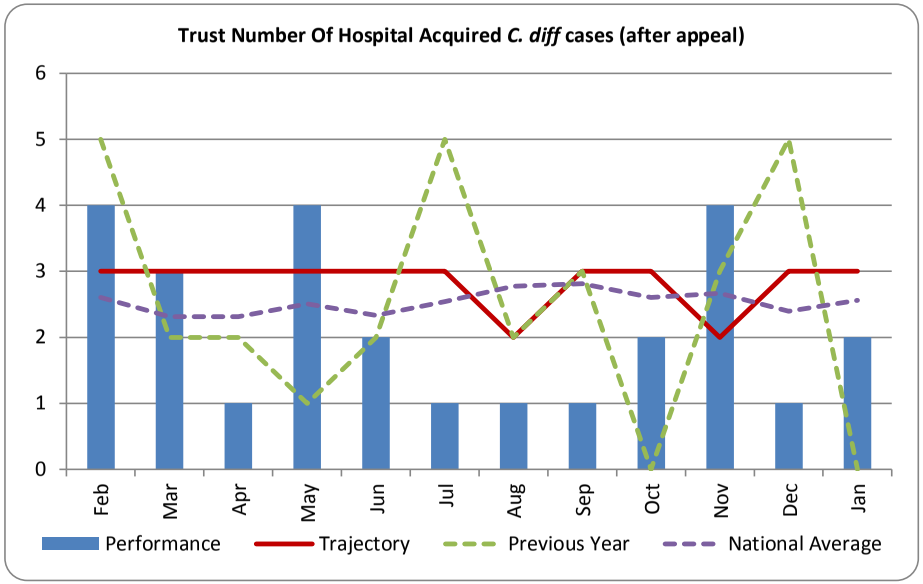
There have been 3 hospital acquired C. diff cases during January, against a trajectory of 3 cases or fewer. Currently there is 3 cases subject to appeal one case from October, a case in December is to be appealed and one case from January. The Trust's performance for the year to date is 19 cases assuming all appeals are upheld, which is 9 cases under the cumulative trajectory for the year to date. The Trust therefore remains on track to achieve the objective for 2016/17.

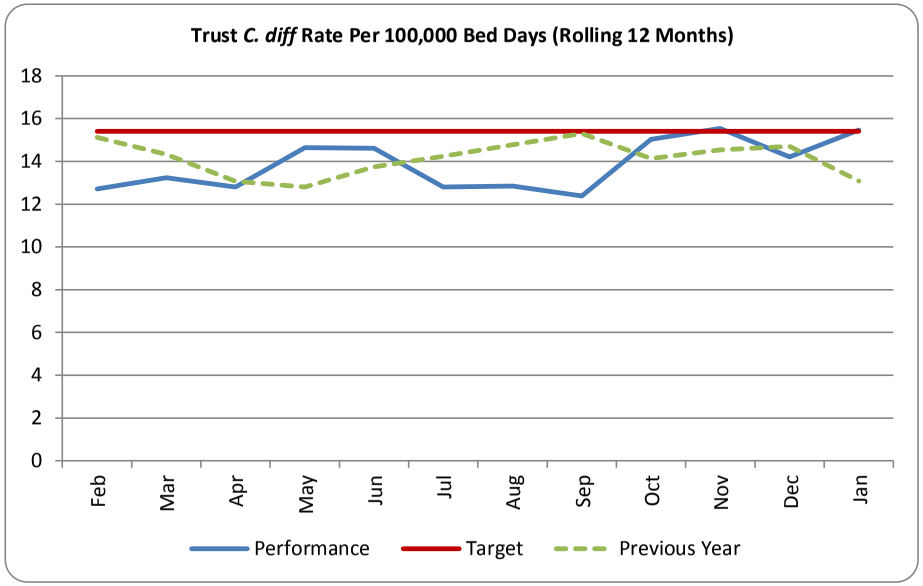
The C. diff rate per 100,000 bed days for the previous 12 months up to January 2017 is above the target, at 15.5. By comparison the national rate for the latest 12 month period available (May 2015 to June 2016) was 13.4 per 100,000 bed days.

C. diff - January 2017	Trajectory	Total Cases	Appeals*	Residual Cases
Apr	3	1	0	1
May	3	8	4	4
Jun	3	2	0	2
Qtr 1	**9**	**11**	**4**	**7**
Jul	3	1	0	1
Aug	2	2	1	1
Sep	3	2	1	1
Qtr 2	**8**	**5**	**2**	**3**
Oct	3	3	1	2
Nov	2	4	0	4
Dec	3	2	1	1
Qtr 3	**8**	**9**	**2**	**7**
Jan	3	3	1	2
Feb	3			
Mar	3			
Qtr 4	**9**	**3**	**1**	**2**
Total	**34**	**28**	**9**	**19**

*confirmed / pending

C. diff Bed Rate - January 2017	Target 15/16	Rolling 12 Months
C. diff rate per 100,000 bed days	15.4	15.47





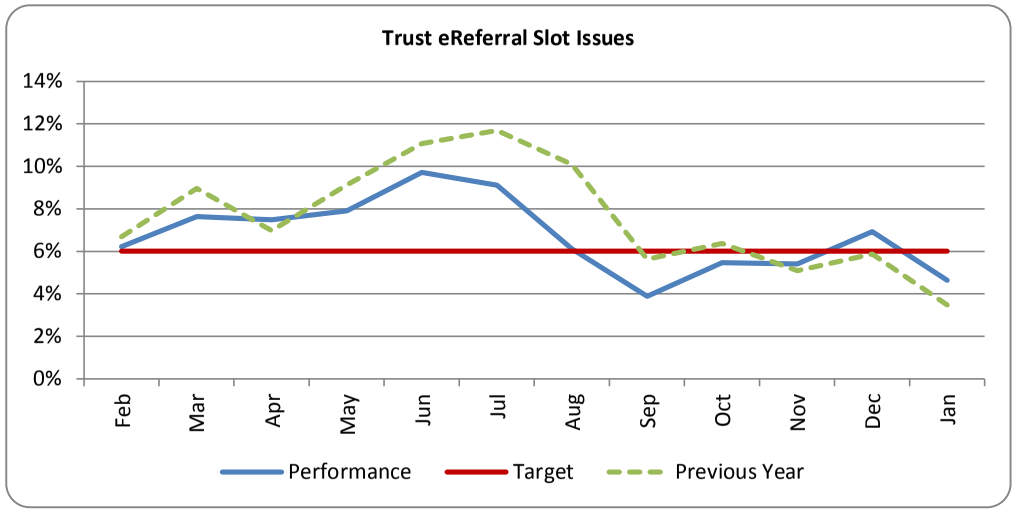
e-Referral Slot Availability

Local Quality Requirements

Ratio of appointment slot issues (ASI's) to appointment bookings and re-bookings made via the NHS eReferral system, expressed as a percentage. ASI's occur where a patient tries to book an appointment, but no appointment is available (Contractual target <6%)
Director Lead: Sean Fenwick
Consequence of failure: Reputation, patient experience, timely access to treatment & financial sanction

Potential financial sanction = sliding scale between £1,000 and £5,000 per month above 8%

The Trust's eReferral slot issue performance was 4.6% during January which is a decrease compared to the previous month and it is higher than January 2016. This is below the contractual target and marginally above the national target of 4%. The latest national and regional performance for December 2016 was 16% and 13% respectively, so the Trust continues to perform well by comparison.
The majority of the Trust's overarching services achieved the contractual target during January. The areas with the highest percentage of ASIs were Theatres (Chronic pain), 2WW (mainly Urology & Colorectal), Urology (mainly general Urology offsite) and Rehabilitation & Elderly Medicine (Neurology). This continues to be a national priority and is included in CQUIN for 2017/18.



e-Referral Slot Issues - January 2017	Performance		YTD	
	% ASI's*	ASI's / Bookings	% ASI's*	ASI's / Bookings
2WW	13.61%	106/779	16.40%	1096/6684
Children's & Adolescent Services	0.41%	2/486	1.85%	92/4960
Emergency Care	2.12%	5/236	6.89%	154/2234
General Internal Medicine	2.08%	4/192	6.68%	123/1842
General Surgery	0.43%	2/467	3.24%	172/5309
Head & Neck	0.24%	2/817	1.24%	123/9958
Health Promotion	0.00%	0/2	0.00%	0/67
Medical Specialties	6.00%	15/250	13.52%	439/3246
Obstetrics & Gynaecology	2.58%	7/271	13.65%	361/2645
Ophthalmology	1.72%	16/929	2.21%	228/10329
Rehabilitation & Elderly Medicine	9.21%	29/315	10.91%	352/3227
Theatres	33.02%	35/106	12.61%	138/1094
Therapy Services	1.63%	4/246	6.24%	177/2837
Trauma & Orthopaedics	1.38%	6/436	3.41%	175/5128
Urology	9.73%	44/452	14.06%	678/4821
Trust Total	**4.63%**	**277/5984**	**6.69%**	**4308/64381**

2WW Slot Issues				
Colorectal Surgery	13.51%	20/148	28.88%	296/1025
Ear Nose & Throat	2.91%	3/103	9.47%	83/876
Gastroenterology	0.00%	0/86	1.35%	13/961
Gynaecology	6.12%	6/98	3.73%	32/857
Haematology	0.00%	0/11	5.61%	6/107
Oral & Maxillo Facial Surgery	7.14%	4/56	24.47%	92/376
Thoracic Medicine	0.00%	0/39	28.93%	70/242
Urology	30.67%	73/238	22.50%	504/2240
2WW Total	**13.61%**	**106/779**	**16.40%**	**1096/6684**

*Performance is rated as amber between 6% and 8%

Discharge Communications

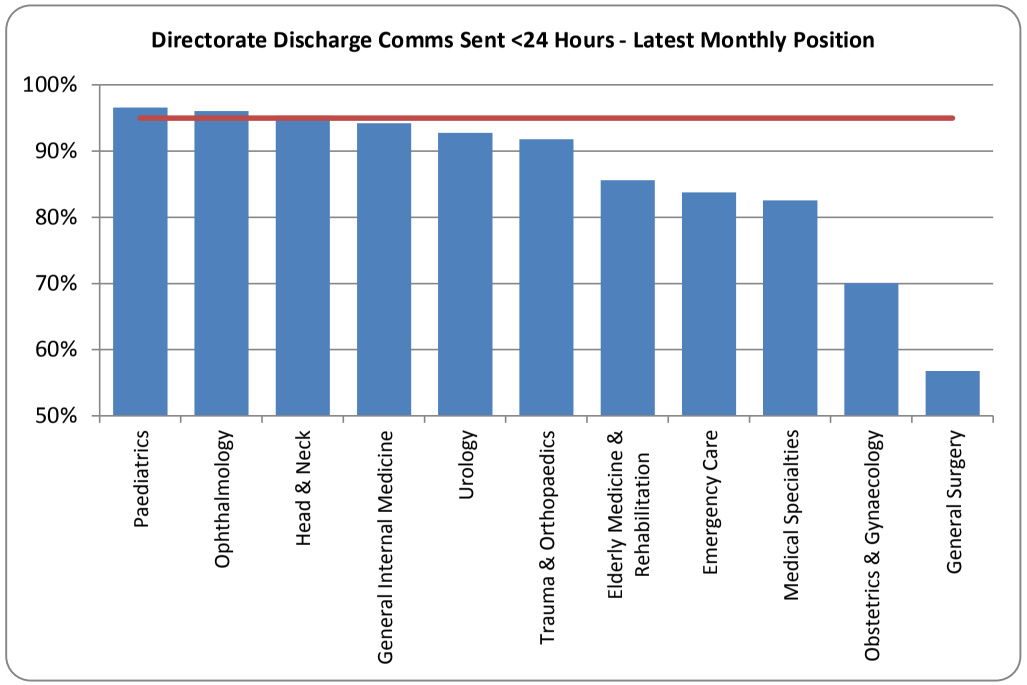
Local Quality Requirements

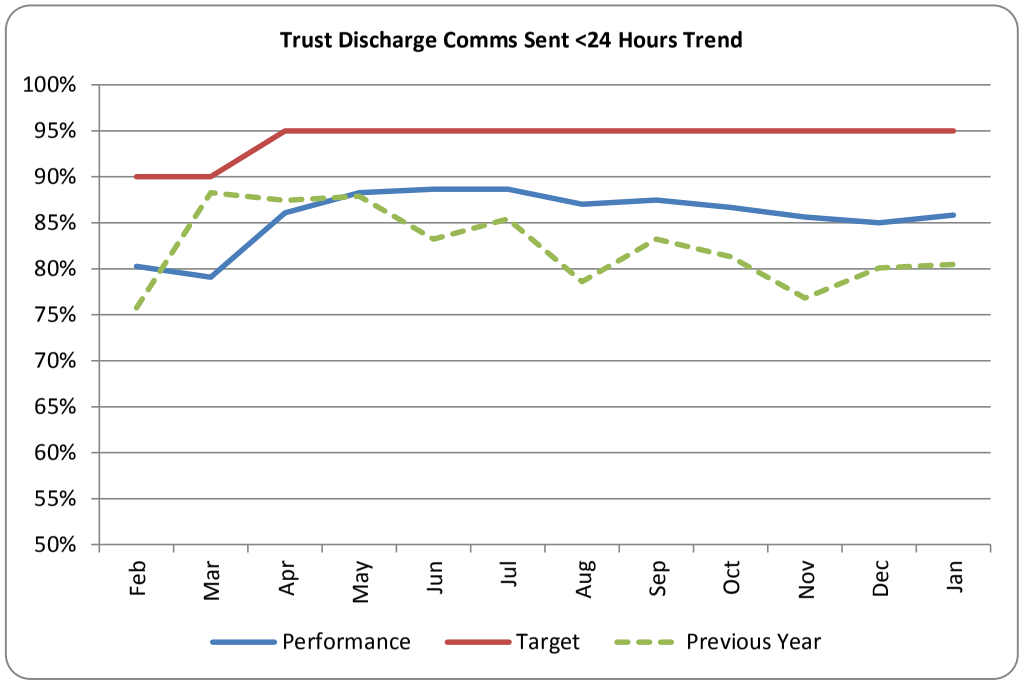
Percentage of electronic discharge communications that were sent to the GPs within 24, 48 & 72 hours of patient discharge
Director Lead: Ian Martin
Consequence of failure: Clinical outcomes, reputation, patient experience & quality of care

Discharge communication performance has increased marginally in January with 85.9% of letters sent within 24 hours, which is below the target of 95%. Performance at both 48 hours and 72 hours increased compared to the previous month. A further 5.7% were completed at a later date. The proportion remaining outstanding at the point of reporting decreased from 6.8% to 3.4%.
All Directorates have failed to achieve the target during January with the exception of Paediatrics, Ophthalmology and Head & Neck. Directorate level performance was mixed between December and January. The most notable improvements were observed for Emergency Care (+6%), Paediatrics (+6%) and Urology (+4%), whereas the areas with the largest decrease in performance were Obstetrics & Gynaecology (-11%) and General Surgery (-9%). Further analysis of Obstetric & Gynaecology is being undertaken given deterioration in performance over a number of months.

Discharge Comms - January 2017	<24 hours*	<48 hours*	<72 hours*	<24 hours YTD*
Target	**≥95%**			**≥95%**
Emergency Care	83.73%	86.64%	89.73%	82.80%
General Internal Medicine	94.17%	96.19%	96.86%	94.89%
General Surgery	56.73%	68.48%	76.50%	76.48%
Head & Neck	95.29%	95.69%	95.69%	92.81%
Medical Specialties	82.54%	86.77%	86.77%	85.40%
Obstetrics & Gynaecology	70.00%	72.00%	76.00%	80.37%
Ophthalmology	96.03%	96.83%	97.62%	94.00%
Paediatrics	96.55%	98.12%	98.75%	89.92%
Rehabilitation & Elderly Medicine	85.56%	86.99%	88.06%	86.44%
Trauma & Orthopaedics	91.75%	96.91%	97.25%	84.72%
Urology	92.72%	93.69%	94.17%	94.69%
Trust Total	**85.85%**	**89.03%**	**90.90%**	**86.94%**

**De minimis* level >= 20 pathways in total





Outpatient Communications

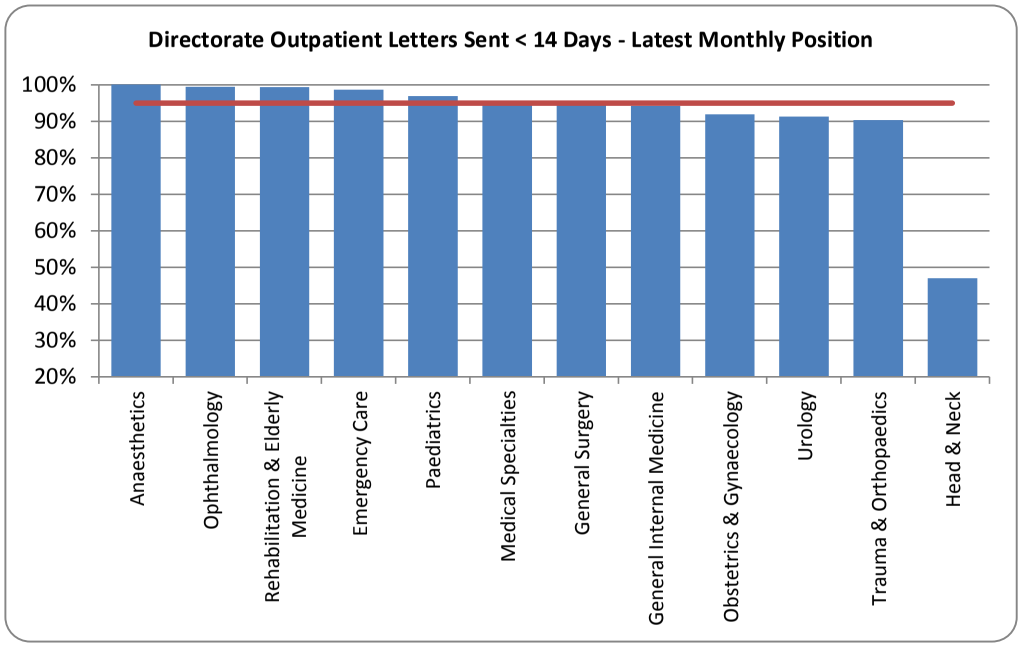
Local Quality Requirements

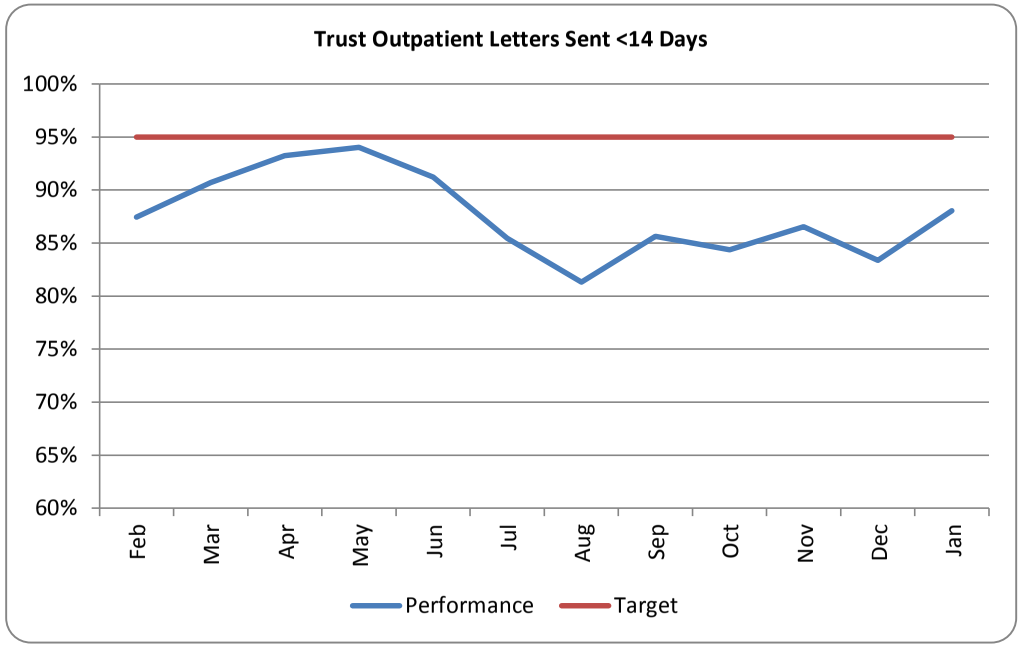
Percentage of electronic clinic letters that were sent to the GPs within 7 and 14 days of an outpatient attendance (consultant led)
Director Lead: Ian Martin
Consequence of failure: Clinical outcomes, reputation, patient experience & quality of care

Performance has increased during January, with 88.5% of outpatients clinic letters being sent within 2 weeks, however this remains below the contractual target of 95%. A further 6.3% required sign off at the time of reporting, which has reduced compared to last month. The majority of the Directorates fell short of the 95% target within 14 days. The most notable decrease between December and January was attributable to Obstetrics & Gynaecology (-5%) and General Internal Medicine (-1%). The most notable improvement was Urology (+16%), Trauma & Orthopaedics (+11%) and Head & Neck (+10%).
The Trust continues to work towards our internal standards set as part of clinic on the day, whereby letters are sent to GPs the same day the patient attends or the following morning when results are available.

Outpatient Comms - January 2017	Volume	<7 days*	<14 days*	<14 days YTD*
Target			>=95%	>=95%
Anaesthetics	280	100.00%	100.00%	99.92%
Emergency Care	795	89.06%	98.62%	95.27%
General Internal Medicine	1,912	83.89%	94.25%	95.09%
General Surgery	1,481	88.93%	95.07%	94.43%
Head & Neck	2,514	29.32%	46.94%	51.74%
Medical Specialties	2,153	84.95%	95.08%	94.04%
Obstetrics & Gynaecology	739	84.30%	91.88%	93.87%
Ophthalmology	2,295	98.61%	99.39%	97.57%
Paediatrics	674	88.72%	96.88%	96.64%
Rehabilitation & Elderly Medicine	974	93.63%	99.28%	97.47%
Trauma & Orthopaedics	2,462	62.51%	90.25%	86.22%
Urology	957	68.55%	91.22%	88.03%
Trust Total	**17,236**	**75.81%**	**88.05%**	**87.43%**

**De minimis* level >= 20 letters





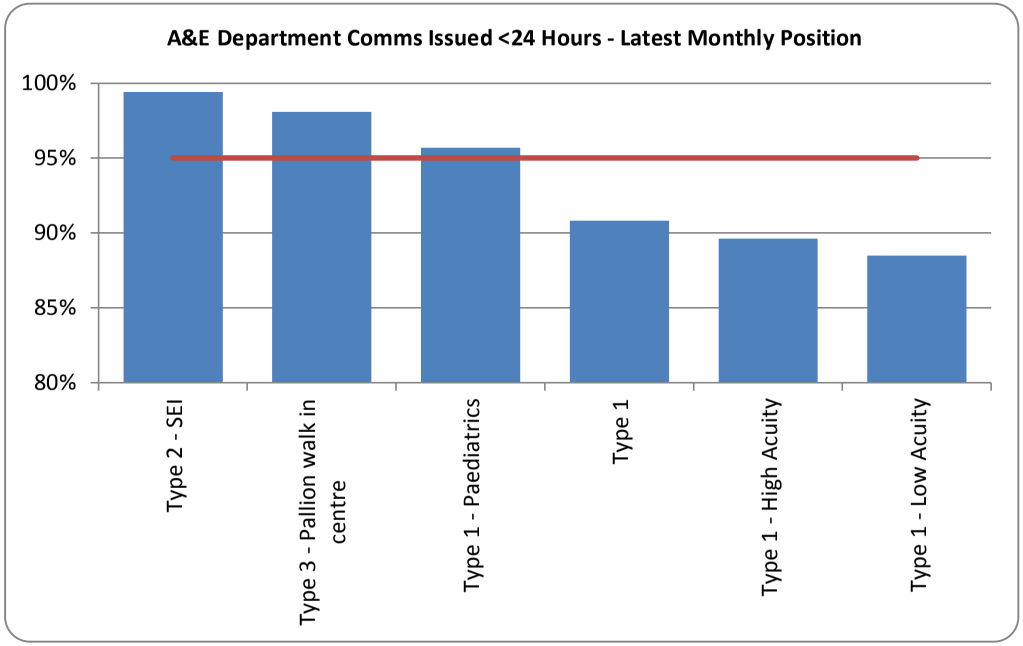
A&E Communications

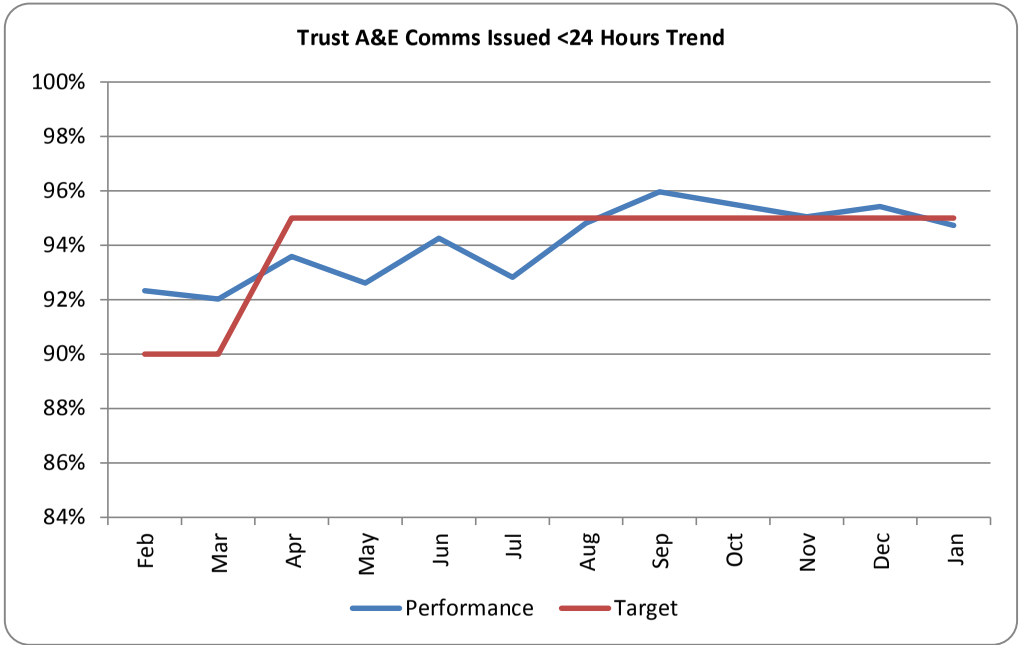
Local Quality Requirements

Percentage of electronic clinical communications that were sent to GPs within 24 hours following an A&E attendance, excluding those patients who are admitted as a result of their attendance.
Director Lead: Ian Martin
Consequence of failure: Clinical outcomes, reputation, patient experience & quality of care

A&E Comms - January 2017	Month	YTD
Target	≥95%	≥95%
Type 1	90.81%	92.14%
Type 1 - High Acuity	89.62%	92.66%
Type 1 - Low Acuity	88.47%	89.97%
Type 1 - Paediatrics	95.69%	95.60%
Type 2 - SEI	99.40%	95.48%
Type 3 - Pallion walk in centre	98.08%	97.60%
Trust Total	**94.73%**	**94.38%**

During January, 94.7% of A&E letters were sent within 24 hours of patients being discharged from the respective department, which is a marginal decrease of 0.7% compared to the previous month and fractionally below target. Early warning reports suggest that there will be a marginal increase in performance in February, which is currently above target. Performance and actions for improvement are discussed at the monthly Primary Care Communications Oversight Group. Ongoing monitoring, feedback to consultants and escalation is in place to facilitate improvement.





Radiology Exam to Report Times

Internal Indicator

Average exam to report time and activity for MRI, CT, Plain Film and Ultrasound scans, derived from the time elapsed between the exam date and the date the results were reported. The reporting month is based upon the reported date
Director Lead: Sean Fenwick
Consequence of failure: Timely access, outcomes, LOS, reputation & patient flow

Exam Type - January 2017	MRI		CT		Plain Film		Ultrasound	
Type	No	Ave EtR	No	Ave EtR	No	Ave EtR	No	Ave EtR
Inpatient	248	2.1	923	0.5	3,843	5.4	549	0.6
Outpatient Routine	952	9.8	623	7.0	1,647	6.2	757	3.4
Outpatient Urgent	138	5.3	600	5.2	256	2.1	271	2.8
GP					2,888	1.6	1,249	3.6

Most exam types remain in line with recent performance during January.
Outpatient routine reporting times MRI has increased in January due to a combination of sickness and increased referrals across all modalities during the period. There has also been a small increase in reporting of CT Outpatient scans.
External reporting agencies continue to assist with reporting.

The department continues to have a number of vacancies across Consultants, Radiographers and Sonographers, with adverts placed to secure replacements.