

# Integrated Performance Report M04 – July 2014

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## Performance – July 2014

### Care Quality Commission

- The CQC report published on 6<sup>th</sup> August gave the Trust and overall rating of 'Good', this was discussed at the 7 August Board. The Trust is now working with stakeholders to collate its action plan for submission to the CQC following agreement on actions at the Quality Summit on 1 August.

### Patient Safety

- Patient safety indicators continued to show expected levels of performance.
- In July 2014 there has been a Never Event (Inappropriate administration of daily oral methotrexate). This incident is similar to a previous never event a year ago and immediate mitigating actions to reduce further risk have been taken while the SI investigation is undertaken.
- The Trust had no MRSA bloodstream infection and two Trust acquired C-Diff cases in July.
- Adult Bed occupancy remains higher than national average due to increased activity and is one of the items covered within the collaborative CQC action plan.

### Clinical Effectiveness

- The latest HSMR data shows overall Trust mortality is lower than expected for our patient group.
- Maternity indicators continue to show expected performance The Clinical Effectiveness committee is monitoring these indicators, reflecting some of the underlying trends in the data.

### Access and Responsiveness

- In July 2014 97.6% of patients were admitted or discharged within the ED standard of 4 hours with no 12 hour trolley wait breaches.
- All three RTT standards were achieved at aggregate Trust level with a number of speciality failures as work is undertaken to reduce the number of patients waiting over 18 weeks for treatment.
- All Cancer Access Standards were achieved with the exception of 62 Day Referral to Treatment from screening services which had performance of 50% (1 patient breached out of two treatments in month)

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# Performance – July 2014

## Patient Experience

- The July FFT score for ED was +80 and the Inpatient score was +82, both in line with recent trends.

## Workforce

- The Trust continues to monitor ward nursing (numbers and skill mix) on a daily basis and is assured that adequate staffing is in place. Ward staffing levels are now published on the Trust's external website at ward level. The Trust is also continuing to monitor temporary staffing usage on a weekly basis.

## Finance

- The Trust is on plan at Month 4 with a (£2.1)m deficit year to date; a £0.7m surplus in month.

## Key Risks

- Finance – The risk to the forecast outturn is recorded as £8.5m potential adverse change. That risk is from non-payment for activity through contractual measures, non delivery of savings and divisional overspending.
- Quality – The Significant Risk Register for the Trust includes one quality risk in relation to Falls which has a treatment plan in place monitored by the patient safety committee.

### Action: The Board are asked to note and accept this report

**Legal:** What are the legal considerations & implications linked to this item? Please name relevant Act

Patient safety: Legal actions from unintentional harm to patients would normally be covered by negligence, an area of English tort (civil) law, providing the remedy of compensation. Case law is extensive. Criminal action could be pursued if investigation judged intentional harm and remedies will vary according to severity.

Staff safety: The Health and Safety at Work Act etc 1974 may apply in respect of employee health and safety or non clinical risk to patients (usually reported under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995)

**Regulation:** What aspect of regulation applies and what are the outcome implications? This applies to any regulatory body.

The Care Quality Commission (CQC) regulates patient safety and quality of care and the CQC register and therefore license care services under the Health and Social Care Act 2009 and associated regulations. The health and safety executive regulates compliance with health and safety law. A raft of other regulators deal with safety of medicines, medical devices and other aspects.

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# Patient Safety

## Patient Safety

Indicator Description	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Trend
No of Never Events in month	1	0	0	0	0	0	0	0	0	0	0	0	1	
No of medication errors causing Severe Harm or Death	0	0	0	0	0	0	0	0	0	1	0	1	0	
Safety Thermometer - % of patients with harm free care (all harm)	94.0%	91.4%	91.4%	89.5%	90.6%	91.9%	90.4%	92.7%	94.2%	90.5%	92.8%	92.3%		
Safety Thermometer - % of patients with harm free care (new harm)	96.8%	95.7%	95.8%	94.7%	94.9%	95.3%	94.2%	96.5%	97.7%	95.4%	97.0%	97.3%		
Percentage of patients who have a VTE risk assessment	95%	96%	96%	96%	96%	96%	96%	96%	95%	95%	96%	95%	95%	
WHO Checklist Usage - % Compliance	100%	99%	100%	99%	99%	100%	100%	100%	100%	100%	100%	100%	100%	
Serious Incidents - No per 1000 Bed Days	0.36	0.24	0.25	0.24	0.55	0.06	0.29	0.13	0.35	0.24	0.40	0.06	0.65	
Number of overdue CAS and NPSA alerts		29	0	1	2	1	0	0	0	0	0	0	0	

- Patient safety indicators continue to show expected levels of performance although, as reported last month, a Never Event occurred in July 2014 - Inappropriate administration of daily oral methotrexate (similar to previous Never Event). Immediate mitigating actions to reduce further risk have been taken while the SI investigation is undertaken. These require the use of the drug to be “controlled”, a situation that may be reviewed once the SI report is completed.
- Safety Thermometer – Safety Thermometer data is not available at the time of writing due to an issue with the data upload to the national database. Work continues with the local health economy to reduce community acquired pressure damage (the main historic driver of under performance for the “All Harm” indicator).
- VTE and WHO checklist compliance both reached expected standards.

# Patient Safety

- SIs per 1000 bed days reached the highest level in the last 12 months with 11 SIs declared. These included 4 patient falls with harm, 3 clinical diagnosis incidents, 3 medicines management incidents and 1 Neonatal care incident. Where appropriate immediate actions have been taken in all cases and investigations commenced.
- Patient falls, slips and trips remain the constant theme of SIs. Falls management is an important area of practice improvement for the Trust and we aim to reduce the incidence of falls by 25% in 2014/15.
- Clinical diagnosis is also a regular, but broad, theme and these types of incidents include; Cancer (diagnosis failed/delayed); Fracture (diagnosis failed/delayed); Head Injury (diagnosis failed/delayed); Meningococcal Infection (diagnosis failed/delayed); Hospital Associated PE / VTE / DVT (diagnosis failed/delayed); Other clinical condition misdiagnosed; Other clinical diagnosis failed/delayed.
- There were no overdue CAS alerts at the end of July.

## Infection Control

Indicator Description	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Trend
MRSA (incidences in month)	0	1	0	0	1	1	0	0	0	0	0	0	0	
CDiff Incidences (in month)	4	2	4	3	3	0	1	0	0	3	0	2	2	
MSSA	0	0	2	1	0	1	0	1	0	0	0	2	2	
E-Coli	36	27	18	31	17	16	23	16	15	23	25	23	18	

- There were no cases of MRSA in July, however, there were 2 cases of trust acquired Cdiff taking the total to 7 YTD against a trajectory of 9 YTD and 10 cases for the same period last year. The trust continues to enforce good antimicrobial practice with on-going audit and reporting of results to clinical teams.

# Clinical Effectiveness

## Mortality and Readmissions

Indicator Description	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Trend
HSMR (56 Monitored diagnoses - 12 Months)	90.3	93.4	91.3	91.6	92.4	87.7	89.1	88.8	85.0	85.0				
Emergency readmissions within 30 days (PBR Rules)	6.9%	6.7%	6.7%	6.0%	6.4%	6.8%	6.9%	6.2%	7.3%	6.8%	6.6%	6.6%		

- Mortality – The latest HSMR data shows overall Trust mortality is lower than expected for our patient group when benchmarked against national comparators.
- Readmissions within 30 days continues to remain at expected levels.





## Maternity

Indicator Description	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Trend
C Section Rate - Emergency	15%	18%	14%	15%	12%	11%	14%	12%	9%	18%	14%	15%	16%	
C Section Rate - Elective	11%	8%	10%	9%	9%	8%	9%	6%	7%	11%	10%	12%	9%	
Maternal Deaths	0	0	0	0	0	0	0	0	0	0	0	0	0	
Admissions of full term babies to neo-natal care	6.0%	5.8%	7.5%	8.0%	6.5%	6.4%	5.2%	6.0%	6.2%	7.6%	6.7%	7.5%	8.5%	

- Maternity continues to show positive performance overall. The increasing trend of admissions of full term babies to neo-natal care will be discussed at the next clinical effectiveness committee. The committee has recently reviewed C-section rates and other indicators and is satisfied that variation compares with national averages.

# Access and Responsiveness

## Emergency Department

Indicator Description	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Trend
ED 95% in 4 hours	98.5%	95.4%	96.3%	96.2%	98.0%	96.9%	95.7%	94.7%	97.5%	96.8%	96.1%	96.6%	97.6%	
Patients Waiting in ED for over 12 hours following DTA	0	0	0	0	0	0	0	0	0	0	0	0	0	
Ambulance Turnaround - Number Over 30 mins					44	78	97	96	72	83	105	77	41	
Ambulance Turnaround - Number Over 60 mins					0	5	18	6	0	9	19	0	0	








- In July 2014 97.6% of patients were admitted or discharged within 4 hours with no 12 hour trolley wait breaches. When benchmarked against local and national peers, the Trust continued to be one of the highest performing organisations on the ED 4hr standard throughout July. The number of ambulance hand over delays decreased further in July, with 41 between 30 and 60 mins and 0 over one hour.
- Emergency activity is significantly higher than for this period last year driving operational pressure in the Emergency Department and inpatient bed-stock. There have been 1,183 more ED attendances in Q1 than there were in 13/14 - this is a 5.7% increase in activity within an upward trend. High levels of ED attendances are driving increased levels of emergency admissions which are staying 2 days or more, which are 9% higher, equal to 369 spells in the year.
- Adult Bed occupancy has been significantly affected by the increases, moving from 91% in 13/14 to 93% in the first quarter of 14/15. The increase is equivalent to one 28 bedded ward fully occupied all the time. General and Acute Bed Occupancy (Includes Adults and Paediatrics) was 91.3% benchmarked against a national average of 88.1%. Within the Trust's local peer group, SaSH had the 3<sup>rd</sup> highest occupancy rate with only Western Sussex (95.9%) and Frimley Park (92.9%) having higher occupancy rates.
- The Trust and CCG's are working to understand this high level of emergency activity and mitigate risk as we move into winter to ensure the Trust can remain resilient through those months.
- Length of Stay has improved over the last 12 months, but the efficiency benefit is lost (so a ward cannot be closed) as extra admissions each week are negating the benefit.

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# Access and Responsiveness

## Cancer


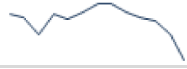




Indicator Description	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Trend
Cancer - TWR	94.0%	93.0%	93.0%	93.8%	93.0%	93.7%	94.5%	95.9%	96.1%	93.1%	93.1%	93.6%	93.1%	
Cancer - TWR Breast Symptomatic	89.0%	84.9%	86.2%	97.3%	94.5%	92.1%	93.3%	99.2%	98.6%	93.7%	93.5%	93.7%	93.2%	
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	94.0%	94.4%	96.0%	94.7%	90.9%	95.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Cancer - 31 Day Second or Subsequent Treatment (DRUG)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Cancer - 31 Day Diagnosis to Treatment	99.0%	97.8%	97.5%	96.6%	100.0%	97.6%	96.8%	99.0%	99.0%	100.0%	100.0%	98.1%	100.0%	
Cancer - 62 Day Referral to Treatment Standard	83.0%	88.9%	88.8%	80.0%	100.0%	100.0%	87.8%	85.0%	95.2%	89.7%	87.0%	86.9%	90.1%	
Cancer - 62 Day Referral to Treatment Screening	86.0%	86.1%	85.0%	88.4%	84.6%	85.0%	25.0%	50.0%	100.0%	100.0%	100.0%	100.0%	50.0%	

- With the exception of the 62 Day Referral to Treatment from screening services, all Cancer access standards were achieved in July 2014. Compared to the prior year, the TWR Breast Symptomatic and the 62 Day Referral to Treatment standards have seen dramatic improvements in compliance, reflecting the pathway work undertaken..
- The 62 Day Referral to Treatment from screening services standard breached as a result of one patient (performance of 50% due to the very low number of treatments). The referral was received from the Worthing Breast Screening Service at Day 43 of the 62 day pathway but despite significant effort, the Trust was not able to complete the patients treatment within the remaining 19 days.
- The ongoing cycle of pathway improvement continues with a particular focus on the Colorectal and Lung pathway to try and further improve the speed of access to first appointment.



# Access and Responsiveness

## Referral to Treatment (RTT) and Diagnostics

Indicator Description	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Trend
RTT Admitted - 90% in 18 weeks	95.9%	97.0%	96.6%	94.6%	94.4%	93.8%	93.4%	92.0%	91.4%	92.9%	94.4%	94.7%	92.8%	
RTT Non Admitted - 95% in 18 weeks	97.6%	97.4%	96.5%	97.5%	97.3%	97.6%	98.1%	98.1%	97.6%	97.4%	97.2%	96.5%	95.2%	
RTT Incomplete Pathways - % under 18 weeks	96.6%	97.8%	97.6%	96.6%	96.3%	96.8%	96.2%	95.9%	96.2%	96.4%	96.0%	95.2%	94.9%	
RTT Patients over 52 weeks on incomplete pathways	0	0	0	0	0	1	1	0	0	0	0	0	0	
Percentage of patients waiting 6 weeks or more for diagnostic	0.9%	0.9%	0.1%	0.0%	0.9%	0.3%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	
% of operations cancelled on the day not treated within 28 days	0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	

- In July 2014, all three RTT standards were achieved at aggregate Trust level with a number of specialty failures (Admitted – T&O, Non Admitted – Ophthalmology, Cardiology, Neurology and Gynaecology, Incompletes - Ophthalmology) as the Trust works in line with the national drive to reduce the number of patients on incomplete pathways over 18 weeks (the “Backlog”). Trust level and specialty level failures of the Admitted and Non Admitted standards are expected to continue in subsequent months.
- The Trust’s performance on the incomplete pathways standard benchmarks favourably against local peers. In June 2014, the Trust was the 2<sup>nd</sup> best performing acute with Ashford and St Peters the top performer at 95.4% and Queen Victoria Hospital the lowest at 91.5%. However, this indicator continues to show a downward trend over the last 12 months. The drivers behind this position are multifactorial (increased referrals, capacity shortfalls as well as process issues) and the Trust is taking a number of actions to try and reverse this trend and reduce the number of patients waiting over 18 weeks.
- Within Diagnostics, the quality standard for waits over 6 weeks was achieved and there were no urgent operations cancelled twice, or breaches of the 28 day target.

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# Patient Experience

## Patient Voice

Indicator Description	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Trend
Inpatient Department FFT - Net Promoter Score	64	59	76	72	75	74	76	74	80	84	82	80	82	
Emergency Department FFT - Net Promoter Score	43	45	69	64	70	76	80	78	76	78	77	75	80	
Maternity FFT - Antenatal Net Promoter Score							67	62	77	71	71	68	79	
Maternity FFT - Delivery Net Promoter Score							79	75	76	74	71	76	68	
Maternity FFT - Postnatal Ward Net Promoter Score							64	44	55	47	43	51	58	
Maternity FFT - Postnatal Community Care Net Promoter Score							74	82	64	71	67	75	52	
Mixed Sex Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	
Complaints (rate per 10,000 occupied bed days)	34	22	26	24	18	19	24	27	25	17	27	22	20	

- The July FFT score for ED was +80, matching the highest score to date, achieved in January. Since December 2013, the ED FFT score has been between +75 and +80.
- The Inpatient score has risen by 2 points this month to +82, the inpatient FFT scores have been between +80 and +84 since March 2014.
- The July response rates for inpatients have dropped again from 39% in June to 36% in July; the ED response rate also dropped from 14% in June to 11% in July.
- The July maternity FFT scores are +79 for antenatal care, an increase from +68 in June; +68 for delivery, a drop from +76 in June, +58 in the postnatal ward, an increase from +51 in June but a dramatic fall to +52 from +75 in postnatal community.

## Patient Experience

- Response rates in maternity have also fluctuated with antenatal dropping from 33% to 27%, delivery increasing by 2 points to +26%, postnatal increasing by 3 points to +27% but postnatal community dropping from 13% to 5%.
- National Friends and Family Test (FFT) data for June was released in early August. The +75 June score for the Emergency Department (ED) again placed it 11th best in the country. The June inpatient score of +80 meant that the Trust score was above the national average of +74.
- In maternity our June FFT scores are above the national average for antenatal and delivery (+68 and +76 against a national average of +67). The postnatal ward score remains low at +51 although the postnatal community score was +75, above the national average of +67. The national scores for the postnatal ward touchpoint were unavailable.
- There were no Mixed Sex Breaches in July 2014.

The receptionist, doctor and nurse I saw were all professional you'd expect, but the level of friendliness and courtesy was outstanding. The hospital has improved significantly from a few years ago. *Trauma & Orthopaedics*

A special mention for the food - I think I enjoyed every meal I had ...there was a good choice each day, it was always hot and served by such friendly and cheerful people. *Bletchingly*

Midwife Kelly came to visit me on day 2,3,4. Helped me with breast feeding, without her help and support I would have given up after day 2. *Postnatal community*

Nurse Katie sat with me and spoke to me as I got very upset and confused with what was wrong with me. She got the doctor to explain everything. She was kind and helpful and made me feel better and reassured. *Charlwood*

The attending doctor, whose name was Joy, was very caring and attentive and treated me with dignity and respect throughout the time she attended to me. *Emergency Dept.*

All the staff were very attentive and made me feel at ease at a very nervous time. The staff see a lot of people but I was treated as an individual. *Limpsfield Ward*

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# Workforce

## Workforce

Indicator Description	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Trend
Average fill rate – registered nurses/midwives (%) - Day											97.3%	97.7%	97.5%	
Average fill rate – care staff (%) - Day											95.6%	97.3%	95.1%	
Average fill rate – registered nurses/midwives (%) - Night											97.5%	97.9%	98.2%	
Average fill rate – care staff (%) - Night											96.7%	97.5%	97.2%	
Overall Sickness Rate	3.5%	3.3%	3.5%	3.8%	3.5%	3.6%	3.9%	3.9%	3.2%	3.0%	3.3%	3.6%	3.8%	
%age of staff who have had appraisal in last 12 months	90.0%	91.6%	84%	83%	80%	79%	81%	76%	87%	80%	82%	80%	80%	
Staff Turnover rate	15.1%	15.1%	14.5%	14.8%	14.8%	15.6%	14.5%	14.8%	14.3%	14.6%	14.5%	15.0%	15.0%	

- The Trust continues to monitor ward nursing (numbers and skill mix) on a daily basis and is assured that adequate staffing is in place. This data is submitted to Unify and published on NHS Choices and at ward level on the Trust's website.
- Staff Turnover remained at 15% in July 2014. HR Business Partners within the divisions continue to support actions to improve in recruitment and retention with a significant focus on nursing.
- The percentage of staff having had an appraisal within the last 12 months has remained at 80% in July 2014. Improvements introduced to manager notifications and monthly training sessions for newly appointed managers.
- Sickness absence increased to 3.8% in July 2014 this is against a national benchmark for NHS staff of 4.4% (*source Centre for Workforce Intelligence January 2014*)

# Finance

Indicator Description	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14
Outturn £m Surplus / (Deficit) - Plan	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.3	2.3	2.3	2.3
Outturn £m Surplus / (Deficit) - Forecast	0.0	0.3	0.3	0.3	0.3	0.1	0.3	0.3	0.3	2.3	2.3	2.3	2.3
YTD £m Surplus / (Deficit) - Plan	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.9)	(1.7)	(2.8)	(2.1)
YTD £m Surplus / (Deficit) - Actual	0.2	0.2	0.2	0.2	0.2	0.3	0.3	0.3	0.3	(0.9)	(1.7)	(2.8)	(2.1)
Outturn UNDERLYING £m Surplus / (Deficit) - Plan	(3.5)	(3.5)	(3.5)	(3.5)	(3.5)	(3.5)	(3.5)	(3.5)	(3.5)	3.4	3.4	3.4	3.4
Outturn UNDERLYING £m Surplus / (Deficit) - Actual	(3.5)	(3.5)	(3.2)	(3.2)	(3.2)	(3.2)	(4.3)	(4.3)	(4.3)	3.4	3.4	3.4	3.4
YTD Savings £m - Actual	1.8	2.9	4.0	5.1	6.3	7.5	8.7	9.9	11.1	0.4	0.6	1.1	1.9
OT Risk £m Surplus / (Deficit) - Assessment	(6.5)	(6.5)	(6.5)	(5.5)	(5.5)	(5.5)	(5.5)	(4.3)	0.0	(8.5)	(8.0)	(8.0)	(8.5)
Outturn Cash position £m Fav / (Adv) - Forecast	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6
YTD Cash position £m Fav / (Adv) - Actual	3.7	2.9	1.7	1.1	2.3	2.8	3.8	8.3	2.6	2.9	2.6	2.4	2.7
YTD Liquid ratio - days	(10.0)	(13.0)	(11.0)	(10.0)	(4.0)	(6.0)	(1.0)	(1.0)	(13.0)	(16.0)	(15.0)	(18.0)	(18.0)
YTD BPPC (overall) volume £m	89%	87%	81%	80%	82%	83%	84%	84%	85%	94%	94%	94%	94%
YTD BPPC (overall) value £m	90%	90%	84%	82%	84%	84%	84%	84%	85%	87%	89%	90%	87%
Outturn Capital spend Fav / (Adv) - forecast	17.3	17.3	17.3	17.3	17.3	17.3	16.4	16.4	16.4	19.3	19.3	19.3	19.3

- The Trust is on plan at Month 4 with a (£2.1)m deficit year to date; a £0.7m surplus in month.
- The Divisions all have adverse variances in month against plan, with red rated savings a contributing factor, along with direct costs linked to activity. Overall Divisions are adverse against their forecasts. Some budget changes will be made at M05 (eg. for CSS). The overall trust position is maintained by additional income and central budgets.
- The Trust continues to forecast delivery of its planned £2.3m surplus. The cost improvement plan has been revised to deal with “red” rated risks, and the risk of non-delivery reduced to £0.9m. There is, however, significant risk from the pressure of emergency activity which provides a threat to the planned surplus, although without moving to deficit.
- The cost improvement plan for the year is £11.0m and in July £1.9m was achieved year to date. This is (£0.3)m below the Trust’s “stretch” plan (to get ahead of the profile), but remains ahead of the TDA Plan for Month 4.
- The underlying position at the end of May was (£2.1)m deficit, and on plan.
- The cash balance at the end of July 2014 was £2.7m, ahead of the planned position, although cash is under continual review.
- The capital forecast spend remains £19.3m.

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