

Integrated Performance Report M04 – July 2016

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**An Associated University Hospital of
Brighton and Sussex Medical School**

Putting people first
Delivering excellent, accessible healthcare 

Performance – July 2016

Patient Safety

- There were 6 SIs declared in July 2016 .
- Other patient safety indicators continue to show expected levels of performance.
- The Trust had 1 MRSA bloodstream infection and 1 Trust acquired C-Diff case in July 2016.

Clinical Effectiveness

- Mortality is lower than expected for our patient group when benchmarked against national comparators.
- Maternity indicators continue to show expected performance.

Access and Responsiveness

- The 4hr ED standard was achieved with performance of 95.3% in July 2016
- All cancer targets were achieved during July 2016.
- 18 Weeks RTT - The Trust continues to deliver against incomplete pathways, which measures % of patients still waiting at the end of each month, but referral growth from the south presents a significant risk.

Patient Experience

- Nationally ED was ranked 7th in June 2016 (FFT score of 95.9% compared to a national average of 86.2%), based on an above average response rate (17% compared to 13%). Trusts with less than a 5% response rate have not been included in the rankings.

Workforce

- On-going local and overseas recruitment continues in order to reduce agency usage across the Trust
- The Trust continues to monitor ward nursing numbers and skill mix on a daily basis and is assured that adequate staffing is in place.

Performance – July 2016

Finance

- The Trusts YTD deficit at the end of month 4 was £(3.0)m, £1.9m better than the planned £(4.9)m deficit position. Although still ahead of plan, there remains overspending within Divisions (except Surgery & Clinical Services). YTD we are £(0.15)m adverse against the planned agency reduction target.

Key Risks





- The Significant Risk Register for the Trust includes four quality risks in relation to “Right bed first time”, ED Access standards, Outbreak of viral gastroenteritis and RTT Access Standards.

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

Legal:	All aspects of care provision is covered by the Health and Social care Act, this paper provides assurance on safe high quality care (Including mortality).
Regulation:	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.
Patient experience/ engagement:	This paper includes significant detail on both patient experience and access to services.
Risk & performance management	This is the main Board assurance report for performance against quality and financial measures and is linked to risk management through the SRR.
NHS constitution; equality & diversity; communication.	This report covers performance against access standards with the NHS Constitution.

Patient Safety

Patient Safety

Indicator Description	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Trend
No of Never Events in month	0	0	0	0	0	0	0	0	0	0	1	0	
No of medication errors causing Severe Harm or Death	0	0	0	0	0	0	0	0	0	0	0	0	
Safety Thermometer - % of patients with harm free care (all harm)	92.2%	93.2%	95.4%	90.3%	92.6%	91.2%	89.1%	90.2%	91.5%	94.7%	93.8%	92.3%	
Safety Thermometer - % of patients with harm free care (new harm)	94.8%	96.7%	97.6%	95.0%	96.2%	95.1%	93.8%	94.5%	95.0%	96.5%	97.6%	96.2%	
Percentage of patients who have a VTE risk assessment	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	96%	95%	
WHO Checklist Usage - % Compliance	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%	
Number of Sis	1	4	6	2	7	3	6	10	7	3	1	6	
Serious Incidents - No per 1000 Bed Days	0.05	0.23	0.32	0.11	0.38	0.16	0.33	0.51	0.38	0.16	0.10	0.26	
Percentage of Patient Safety Incidents causing Severe harm or Death	0.6%	0.8%	0.6%	0.6%	0.8%	0.8%	0.5%	1.4%	0.7%	0.2%	0.2%	0.2%	
Number of overdue CAS and NPSA alerts	0	0	0	0	0	0	0	0	0	0	0	0	

- There were 6 Serious Incidents declared in July 2016, detail is provided overleaf.
- VTE – the standard for initial assessment continues to be achieved in July, the assessment process was deployed into Cerner, the Trust’s electronic patient record, which will support further improvement in this standard.
- Safety Thermometer – both the “All harm” and the “New Harm” indicators continue to achieved expected performance. The main type of harm was community acquired pressure damage.
- The percentage of patient safety incidents causing severe harm or death remained at baseline levels - 0.2% in July 2016.

Patient Safety





- 6 Sis were declared in July 2016 (in all cases full investigations have been started) and details are provided below:
 - 2016/17703 (Missed diagnosis)
 - The patient presented with non-specific abdominal symptoms in January 2013, an ultrasound scan was carried out which concluded that the patient had a simple gallstone. In September 2013 the patient represented with worsening symptoms, a CT scan revealed a large left kidney tumour extending into the renal vein with paraaortic lymph node involvement. A review of care has identified an error of image interpretation. The delay in diagnosis did, as a minimum, reduce the patient's life expectancy.
 - 2016/17926 (Fall)
 - Patient was on her way to the toilet when she lost her balance. The patient was usually independent; she did not call for assistance. The fall resulted in a right hip fracture.
 - 2016/18875 (Fall)
 - The incident occurred at 01:35. The patient was standing in his bed space using a urine bottle when he fell. This was his usual practice for night time toileting. Although a member of staff was in the bay he was helping another patient, the fall was un-witnessed. The patient reported that he had lost his balance. The patient sustained a fractured neck of femur.

Patient Safety

- Continued...
 - 2016/19041 (MRSA)
 - There have been five new acquisitions of MRSA attributed to one ward since May 2016 (including a blood stream infection). Strain relatedness has not yet been confirmed. This incident is being declared as a precautionary measure.
 - 2016/20015 (Maternity Incident)
 - The incident concerns a baby born in poor condition (water birth) that required active resuscitation and then transfer to a tertiary unit for cooling and ongoing treatment. The investigation will review the following issues:
 - • Vigilance of foetal heart rate during active second stage of labour
 - • Delay of 7 minutes between delivery of head and birth of baby
 - • Timeliness of activation of emergency bell and neonatal emergency call
 - 2016/20384 (Fall)
 - On 27th July 2016 the patient was assessed, having complained of pain, and a fractured neck of femur was identified. The patient reported to the orthopaedic surgeon that he had "had a big fall". There is no record of a fall. There is a recorded incident where the patient was found crawling on the bathroom floor; this is a known habit of the patient. This occurred on 23rd July, four days before the identification of the fracture. At this stage it is unclear when the fracture was sustained, however it is known to be a new fracture as there was no evidence of callus formation at surgery.

Patient Safety

Infection Control

Indicator Description	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Trend
MRSA BSI (incidences in month)	0	0	0	1	0	1	0	0	0	0	1	1	
CDiff Incidences (in month)	4	2	6	2	6	2	1	0	2	1	3	1	
MSSA	1	1	3	0	3	0	3	2	2	1	3	0	
E-Coli	34	30	29	19	23	23	20	31	17	26	23	25	

- There was one case of MRSA in July 2016 and one case of Trust acquired C.diff.
- In light of the on-going risk of outbreaks of viral gastroenteritis, the following risk is on the Trust's significant risk register:
 - Risk of outbreak of viral gastroenteritis - Risk of outbreak of viral gastroenteritis (outbreak of diarrhoea and vomiting). Impact on patient safety and experience – Risk score 15 (Likelihood of 5 and consequence of 3).




Clinical Effectiveness

Mortality and Readmissions

Indicator Description	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Trend
HSMR (56 Monitored diagnoses - 12 Months)	97.2	99.3	99.5	98.3	97.4	97.6	96.2	94.0					
Emergency readmissions within 30 days (PBR Rules)	7.4%	7.3%	6.3%	6.3%	7.1%	7.1%	6.8%	6.8%	6.5%	8.1%	6.8%		

- Latest HSMR data for the Trust shows mortality remains lower than expected for our patient group when benchmarked against national comparators.

Maternity

Indicator Description	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Trend
C Section Rate - Emergency	17%	17%	14%	15%	16%	17%	14%	14%	14%	18%	18%	18%	
C Section Rate - Elective	13%	8%	13%	10%	9%	9%	10%	12%	11%	10%	10%	11%	
Admissions of full term babies to neo-natal care	5.1%	5.8%	7.1%	6.6%	5.9%	3.8%	6.1%	5.0%	3.9%	7.0%	2.7%	4.7%	

- Maternity indicators continue to be monitored and reviewed by the Divisional Governance process as well as the Clinical Effectiveness Committee.

Access and Responsiveness





STP Trajectories

Indicator Description	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
ED 95% in 4 hours												
Trajectory	90.0%	93.0%	94.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	94.4%	95.0%
Actual	91.3%	95.5%	96.4%	95.3%								
Cancer - 62 Day Referral to Treatment Standard												
Trajectory	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
Actual	86.3%	86.0%	90.0%	85.2%								
RTT Incomplete Pathways - % waiting less than 18 weeks												
Trajectory	92.0%	92.2%	92.4%	92.6%	92.6%	92.6%	92.8%	93.0%	92.8%	92.4%	92.2%	92.0%
Actual	92.6%	92.5%	92.7%	92.6%								
Percentage of patients waiting 6 weeks or more for diagnostic												
Trajectory	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%
Actual	0.1%	0.5%	0.3%	0.4%								

- The table above shows the agreed STP Trajectories and YTD performance.
- In all cases, the Trust is achieving the trajectories but there remains risk around the ED 4hr Standard, where the Trajectory is reliant on a reduction in MRD patients during the later part of the year, and the RTT trajectory, where there has been significant increase in referrals in from the South Coast which was not reflected in the contract plans.

Access and Responsiveness


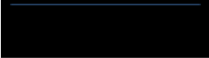

Emergency Department

Indicator Description	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Trend
ED 95% in 4 hours	96.1%	97.1%	95.5%	92.9%	95.5%	92.8%	91.4%	88.6%	91.3%	95.5%	96.4%	95.3%	
Patients Waiting in ED for over 12 hours following DTA	0	0	0	0	0	0	0	0	0	0	0	0	
Ambulance Turnaround - Number Over 30 mins	220	225	225	231	191	227	255	296	231	172	168	191	
Ambulance Turnaround - Number Over 60 mins	30	29	31	30	10	21	56	71	40	12	7	22	

- The ED 4hr standard was achieved in July 2016 with performance of 95.3%.
- Volumes / Acuity of emergency attendances / admissions continue to be an issue and discharge delays are also a significant driver of performance with an average of 110 beds occupied by patients who are medically ready for discharge. This is an increase from 101 in June 2016, it continues to present a challenge for managing acute bed stock.
- Ambulance turnaround performance has deteriorated in July 2016 with an increase in both 30 minute and 60 minute delays.
- In light of the on-going operational pressures in the Trust, the following risks are on the significant risk register:
 - ED Access Standard - Failure to maintain the emergency department standard due to lack of capacity in the health system – Risk score 16 (Likelihood of 4 and consequence of 4)
 - Patient admitted to the right bed first time – If the trust does not maintain and improve the ability to allocate the right bed first time, there is an increased risk of reduced quality of care (effectiveness, experience and safety) – Risk score 15(Likelihood of 5 and consequence of 3)

Access and Responsiveness

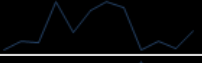
Cancer

Indicator Description	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Trend
Cancer - TWR	93.0%	89.6%	90.0%	93.2%	94.3%	93.0%	93.3%	93.7%	91.0%	90.3%	91.7%	95.3%	
Cancer - TWR Breast Symptomatic	93.3%	94.2%	93.8%	93.4%	96.2%	90.7%	84.1%	89.8%	87.1%	91.1%	82.0%	93.9%	
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	100.0%	100.0%	100.0%	100.0%	100.0%	95.2%	100.0%	95.3%	95.8%	96.2%	95.7%	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%	
Cancer - 31 Day Diagnosis to Treatment	99.2%	99.3%	98.2%	96.6%	96.1%	96.2%	96.2%	96.0%	96.7%	98.5%	97.1%	96.0%	
Cancer - 62 Day Referral to Treatment Standard	84.2%	86.2%	85.6%	88.3%	86.0%	81.1%	87.5%	87.9%	86.3%	86.0%	88.4%	85.2%	
Cancer - 62 Day Referral to Treatment Screening	88.9%	100.0%	87.5%	90.9%	100.0%	100.0%	90.9%	100.0%	87.0%	100.0%	80.0%	100.0%	

- All key cancer standards were achieved in July 2016.
- The TWR action plan has been progressed throughout June and July and performance on the TWR is now 93.9% in July as a result. Improvement has also been seen in the TWR Breast Symptomatic standard, however patient deferral remains a challenge despite clinical conversations with patients in relation to the urgency of appointment.

Access and Responsiveness






Referral to Treatment (RTT) and Diagnostics

Indicator Description	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Trend
RTT Incomplete Pathways - % waiting less than 18 weeks	92.0%	92.1%	92.2%	92.5%	92.1%	92.0%	92.0%	92.2%	92.6%	92.5%	92.7%	92.6%	
RTT Patients over 52 weeks on incomplete pathways	0	0	0	0	0	0	0	0	0	1	4	2	
RTT Admitted	82%	78%	79%	81%	81%	78%	77%	77%	76%	78%	79%	79%	
RTT Non Admitted	89%	89%	88%	85%	85%	85%	85%	85%	86%	87%	87%	84%	
Percentage of patients waiting 6 weeks or more for diagnostic	0.1%	0.5%	0.2%	0.2%	0.1%	0.0%	0.0%	0.0%	0.1%	0.5%	0.3%	0.4%	
Last Minute Elective Cancellations for non clinical reasons	25	44	41	133	65	112	133	119	25	44	28	66	
No. of operations cancelled on the day not treated within 28 days	0	0	0	0	0	7	3	13	32	9	12	2	

- At aggregate level, the trust continues to deliver against the Incomplete pathways standard. Capacity challenges remain in General Surgery, Trauma and Orthopaedics, Ophthalmology, Cardiology, Rheumatology and Neurology –recruitment is underway to support resolution
- Despite planned increases in capacity, referral growth is exceeding the system plan with significant changes in referral patterns south of the Trust.
- At the end of July 2016, two patients were waiting over 52 weeks on an incomplete pathway. Both are booked for treatment in Aug.
- 66 patients were cancelled at the “last minute” for non clinical reasons and 2 patients breached the 28 day standard day for treatment following a last minute cancellation
- The following risk remains on the significant risk register:
 - RTT Access Standards - Due to on-going operational pressures and increasing demand for elective services, the Trust cannot offer all services within the 18 weeks standards set out in the NHS Constitution. Longer waiting times result in poor patient experience and increase the number of formal and informal complaints – Risk score 15 (Likelihood of 5 and consequence of 3)

Patient Experience

Patient Voice

Indicator Description	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Trend
Emergency Department FFT - % positive responses	95.8%	96.9%	95.3%	97.3%	97.5%	95.8%	96.3%	95.0%	95.4%	94.9%	95.9%	94.9%	
Inpatient FFT - % positive responses	95.3%	96.1%	95.0%	95.1%	95.1%	97.4%	95.0%	96.5%	95.6%	95.6%	96.0%	94.7%	
Maternity FFT - Antenatal - % positive responses	98.8%	94.3%	96.5%	96.1%	96.0%	97.5%	98.5%	95.3%	98.9%	95.4%	93.2%	100.0%	
Maternity FFT - Delivery - % positive responses	87.9%	95.4%	95.1%	97.6%	91.7%	95.5%	97.1%	94.7%	100.0%	98.8%	99.0%	97.7%	
Maternity FFT - Postnatal Ward - % positive responses	87.7%	87.9%	88.9%	88.8%	88.9%	88.4%	92.0%	93.3%	95.3%	97.6%	94.0%	94.0%	
Maternity FFT - Postnatal Community Care - % positive responses									97.7%	96.1%	97.1%	98.9%	
Outpatient FFT - % positive responses	83.3%	88.3%	87.3%	89.3%	92.8%	90.0%	89.5%	89.0%	89.6%	86.7%	89.1%	88.9%	
Mixed Sex Breaches	0	0	0	0	0	0	0	0	0	0	0	0	
Complaints (rate per 10,000 occupied bed days)	33	27	24	19	17	26	29	29	26	31	28	30	

- The FFT scores for both ED and inpatient wards have dropped slightly in July.
- Both areas show an increase in the response rate (45% for inpatients and 21% in ED).
- In maternity the 36/40 touchpoint has achieved the highest FFT score for over a year, based on an improved response rate (17%). The score for the postnatal community touchpoint has also improved and is the highest it has been since January 2016. The FFT score for the postnatal ward is stable, and with the exception of April and May, where scores were higher, it is higher than it has been in previous months. The score for the delivery touchpoint has dropped compared to the previous three months.
- The number of responses to the FFT question on the Your Care Matters survey in outpatients has increased in July and is now that highest it has been in the last year. The issue was discussed at the recent audit day and nurses now refer to it when greeting patients at the new kiosks.

Patient Experience








- The document 'Supporting our patients: visiting guidelines' has been finalised following consultation with clinical staff and open visiting will be launched on 12th September.
- Members for the Carers' Steering group have been identified and the first meeting will take place at the end of September.
- The phone etiquette task & finish group is working on promoting how to optimise use of the telephone system and disseminating this information.
- Progress is being made on the inpatient action plan which will be discussed at the next patient experience committee meeting.
- Two shadow governors have agreed to be part of the patient experience committee and will attend their first meeting in September.

National comparisons for June

- Nationally ED was ranked 7th in June 2016 (FFT score of 95.9% compared to a national average of 86.2%), based on an above average response rate (17% compared to 13%). Trusts with less than a 5% response rate have not been included in the rankings.
- The average combined national FFT score for inpatients and daycases for June 2016 was 95.4%. The combined SASH score was 95.9%. The combined SASH response rate was 24.3% compared to 25.5% nationally.

Workforce

Workforce

Indicator Description	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Trend
Average fill rate – registered nurses/midwives (%) - Day	92.5%	95.0%	95.1%	95.4%	95.1%	96.3%	95.6%	94.5%	97.3%	98.1%	97.6%	97.4%	
Average fill rate – care staff (%) - Day	94.5%	95.1%	97.2%	98.7%	97.1%	97.0%	97.3%	99.5%	98.2%	98.1%	98.2%	93.5%	
Average fill rate – registered nurses/midwives (%) - Night	94.3%	96.4%	96.9%	97.2%	97.9%	98.0%	97.6%	97.6%	98.8%	98.6%	98.9%	98.3%	
Average fill rate – care staff (%) - Night	93.8%	96.4%	96.9%	97.8%	98.2%	97.6%	97.4%	97.3%	97.2%	98.2%	98.0%	95.7%	
Overall Sickness Rate	3.7%	4.4%	4.4%	4.0%	3.8%	3.8%	4.3%	4.0%	3.6%	3.2%	3.5%	3.4%	
%age of staff who have had appraisal	57%	64%	72%	74%	74%	72%	70%	66%	0.4%	14.7%	23.8%	41.6%	
Staff Turnover rate	15.2%	15.2%	15.0%	14.4%	13.8%	13.8%	13.8%	14.1%	14.4%	14.5%	14.5%	15.3%	

- The Trust continues to monitor ward nursing (numbers and skill mix) on a daily basis and is assured that adequate staffing is in place.

Finance

Indicator Description	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Trend
Outturn £m Surplus / (Deficit) - Plan	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	15.2	15.2	15.2	15.2	
Outturn £m Surplus / (Deficit) - Forecast	1.6	1.6	1.6	1.6	(3.0)	(4.2)	(6.6)	(6.5)	15.2	15.2	15.2	15.2	
YTD £m Surplus / (Deficit) - Plan	(0.7)	(0.6)	(2.0)	(2.0)	(1.3)	(0.6)	0.0	1.6	(2.3)	(4.0)	(4.9)	(4.9)	
YTD £m Surplus / (Deficit) - Actual	(2.6)	(3.3)	(3.6)	(4.2)	(5.3)	(3.9)	(4.8)	(6.5)	(1.3)	(2.5)	(2.5)	(3.0)	
Outturn UNDERLYING £m Surplus / (Deficit) - Plan	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	7.5	7.5	7.5	7.5	
Outturn UNDERLYING £m Surplus / (Deficit) - Actual	3.3	3.3	3.3	3.3	(6.3)	(6.3)	(7.6)	(7.2)	7.5	7.5	7.5	7.5	
YTD Savings £m - Actual	1.9	2.1	2.5	2.8	3.2	3.6	4.1	5.4	0.2	0.5	1.0	1.6	
OT Risk £m Surplus / (Deficit) - Assessment	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(6.8)	(6.8)	(6.8)	(7.2)	
Outturn Cash position £m Fav / (Adv) - Forecast	1.2	2.4	2.4	2.4	2.5	2.5	2.5	2.5	2.3	2.1	2.1	2.1	
YTD Cash position £m Fav / (Adv) - Actual	3.0	3.9	4.8	5.0	5.7	4.5	6.8	2.5	2.7	3.0	3.7	4.9	
YTD Liquid ratio - days	(25.0)	(19.0)	(13.0)	(16.0)	(16.0)	(15.0)	(15.0)	(18.0)	(16.0)	(13.0)	(18.0)	(17.0)	
YTD BPPC (overall) volume £m	76%	69%	59%	60%	60%	53%	52%	47%	28%	32%	53%	62%	
YTD BPPC (overall) value £m	74%	68%	61%	63%	63%	60%	59%	55%	41%	51%	58%	64%	
Outturn Capital spend Fav / (Adv) - forecast	17.1	17.1	17.1	17.1	14.1	14.1	14.1	14.1	9.0	9.0	13.1	15.9	

- The Trust's 2016/17 plan has been profiled as below, reflecting the phasing of the £9.7m sustainability funding, clinical activity and cost improvements.

	Mth 1	Mth 2	Mth 3	Mth 4	Mth 5	Mth 6	Mth 7	Mth 8	Mth 9	Mth 10	Mth 11	Mth 12
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
In Month I&E Plan	(2,299)	(1,641)	(902)	(63)	2,820	231	3,675	4,374	(1,172)	1,804	3,240	5,133
Cuumulative I&E Plan	(2,299)	(3,940)	(4,842)	(4,905)	(2,085)	(1,854)	1,821	6,195	5,023	6,827	10,067	15,200
STP Funding (incl above) in mth	0	0	0	0	2,425	0	0	2,425	0	0	2,425	2,425

- The Trusts YTD deficit at the end of month 4 was £(3.0)m, £1.9m better than the planned £(4.9)m deficit position.
- Although still ahead of plan, there remains overspending within Divisions (except Surgery & Clinical Services).
- YTD we are £(0.15)m adverse against the planned agency reduction target.

Finance

- The hospital has remained busy through summer with the capacity restrictions that brings. M04 sees income reduce for day cases and outpatients, with inpatient electives continuing to track below plan. As a result the risk to the forecast has been increased and is now £7.2m (from £6.2m).
- The cash balance at the end of July 2016 was £4.9m. The Trust has drawn down £7.3m of its 2016/17 revolving working capital facility. This has supported on-going improvement in BPPC performance which is now 62% by volume, 64% by value year to date.
- The Trust has applied for a £15.9m Capital Resource Limit (CRL) in the 2016-17 plan resubmission (which includes potential schemes for EPR Digitise, clinical capacity investment and pathology). The capital programme funding assumes the agreement of £3m PDC for the 2015/16 transfer from capital to revenue and a £3.5m capital investment loan.