

Integrated Performance Report M05 – August 2016

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

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Performance – August 2016

Patient Safety

- There were 6 SIs declared in August 2016.
- Patient safety indicators continue to show expected levels of performance, although performance on the safety thermometer has dropped below normal levels in August 2016.
- The Trust had no MRSA bloodstream infection and 4 Trust acquired C-Diff case in August 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 96.0% in August 2016
- All cancer targets were achieved during August 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 and national staff shortages in key areas presents a significant risk.

Patient Experience

- The FFT scores for ED, inpatient wards and outpatients have increased in August to 96.1%, 95.8% and 91.7% respectively. The Trust continues to rank amongst the top Trusts for ED FFT.

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 – August 2016

Finance

- The Trusts YTD deficit at the end of month 5 was £(1.8)m, £0.3m better than the planned £(2.1)m deficit position. Although still ahead of plan, there remains overspending within Divisions (except Surgery & Clinical Services). Meanwhile contract income is £2.3m behind plan at the end of August due to lower than planned elective activity and contract provisions.

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	Aug-16	Trend
No of Never Events in month	0	0	0	0	0	0	0	0	0	0	1	0	0	
No of medication errors causing Severe Harm or Death	0	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%	89.0%	
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%	92.6%	
Percentage of patients who have a VTE risk assessment	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	96%	95%	95%	
WHO Checklist Usage - % Compliance	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%	100%	
Number of Sis	1	4	6	2	7	3	6	10	7	3	1	6	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	0.32	
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%	0.6%	
Number of overdue CAS and NPSA alerts	0	0	0	0	0	0	0	0	0	0	0	0	0	





- There were 6 Serious Incidents declared in August 2016, detail is provided overleaf.
- VTE – the standard for initial assessment continues to be achieved in August, 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 were below expected levels in August 2016, with the most significant types of harm being community acquired pressure damage and falls. This is being reviewed and appears to relate to patients who have fallen within 72 hours of their admission to the Trust.
- The percentage of patient safety incidents causing severe harm or death remained at baseline levels - 0.6% in August 2016.

Patient Safety

- 6 Sis were declared in August 2016 (in all cases full investigations have been started) and details are provided below:
 - **2016/20482 (Fall)** - The patient sustained a fractured neck of femur following an unwitnessed fall overnight.
 - **2016/21133 (Treatment delay)** - Malignant melanoma diagnosed on 22/12/2014. Wide local excision conducted 13/1/15 and outcome (26/1/15) was that it was narrowly excised. The patient was to be seen, within a week, as an outpatient by the Clinical Nurse Specialist who was to arrange for an excision of the scar. The patient was not seen again by the CNS until 29/5/15 when he was discharged with no excision planned. The patient was re-referred routinely by the GP and seen again 18/4/16. A staging PET scan was conducted and has confirmed suspected metastasis. The patient is now being cared for at Royal Surrey County Hospital.
 - **2016/21403 (Delayed diagnosis)** - The patient, aged 10, attended ED on 27th May with abdominal pain. An initial investigation has indicated that the clinical picture on the first presentation and a subsequent ultrasound on the second could have led to an earlier diagnosis. On her third presentation an ultrasound and MRI showed pelvic abscess and she was transferred to BSUH for surgery.
 - **2016/21719 (Sub-optimal care of a deteriorating patient)** - The patient was a 31 year old female admitted to HDU with left sided pneumonia. Against medical advice the patient self-discharged (08:00). She was deemed by the team to have capacity. She represented at ED a short time later (09:00). The patient was admitted to Tilgate Annex during the afternoon. At 23:30 the patient again left the ward against medical advice via the fire escape. The patient was located and found to be agitated and combative. A cardiac arrest call was made to the car park (00:30) and the patient was transferred back into the hospital for ongoing management. The patient was transferred to ICU (02:30). At 07:50 the patient died.
 - **2016/22762 (Suspension of service)** - There have been a number of instances, where patients who have had Anti-Vegf injections during the Ophthalmology AMD clinic have contracted infections. Considering the overall numbers of injections undertaken are small, the incident rate is considered to be high and is unique to this site.
 - **2016/23068 (Fall)** - Patient fell whilst getting out of bed to go to the toilet and sustained a fractured neck of femur.

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	Aug-16	Trend
MRSA BSI (incidences in month)	0	0	0	1	0	1	0	0	0	0	1	1	0	
CDiff Incidences (in month)	4	2	6	2	6	2	1	0	2	1	3	1	4	
MSSA	1	1	3	0	3	0	3	2	3	2	4	0	2	
E-Coli	34	30	29	19	23	23	20	31	17	26	23	25	23	

- There was no cases of MRSA in August 2016 and four cases 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	Aug-16	Trend
HSMR (56 Monitored diagnoses - 12 Months)	97.2	99.3	99.5	98.3	97.4	97.6	96.2	94.0	93.1	91.2				
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%	7.3%		

- 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	Aug-16	Trend
C Section Rate - Emergency	17%	17%	14%	15%	16%	17%	14%	14%	14%	18%	18%	18%	14%	
C Section Rate - Elective	13%	8%	13%	10%	9%	9%	10%	12%	11%	10%	10%	11%	14%	
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%	4.5%	

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

Access and Responsiveness




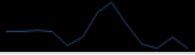
STP Trajectories

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%	96.0%							
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%	86.7%	85.6%							
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%	92.1%							
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%	7.7%							

- The table above shows the agreed STP Trajectories and YTD performance.
- Both the ED 4hr standard and the Cancer 62 Day trajectories were achieved in August 2016.
- While the National standard was achieved for RTT Incompletes, performance was marginally below trajectory but within NHSI tolerances.
- The diagnostic standard and trajectory were not achieved and plans are being put in place to return to expected performance. It should be noted that STF funding is not linked to the diagnostic trajectory.

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	Aug-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%	96.0%	
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	220	225	225	231	191	227	255	296	231	172	168	191	145	
Ambulance Turnaround - Number Over 60 mins	30	29	31	30	10	21	56	71	40	12	7	22	6	

- The ED 4hr standard was achieved in August 2016 with performance of 96.0%.
- Discharge delays are a significant factor in restricting performance against the ED 4hr Standard. Whilst the ED standard was achieved in August, there were an average of 112 beds occupied by patients who are medically ready for discharge. This is significantly higher than August 2015 (92 patients) and continues to present a challenge for managing acute bed stock resulting in use of escalation areas and some elective cancellations.
- Ambulance turnaround performance has improved in August 2016 with a decrease 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	Aug-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%	95.4%	93.0%	
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%	97.2%	
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%	100.0%	96.0%	98.1%	95.8%	
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%	98.1%	
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%	98.6%	98.8%	97.0%	
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%	90.0%	86.7%	85.6%	
Cancer - 62 Day Referral to Treatment Screening	88.9%	100.0%	87.5%	90.9%	100.0%	100.0%	90.9%	100.0%	87.5%	100.0%	83.3%	100.0%	93.3%	

- All cancer standards were achieved in August 2016 for the second successive month and the systems and processes put in place following the TWR summit in May 2016 continue to embed and support cancer pathways.

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	Aug-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%	92.1%	
RTT Patients over 52 weeks on incomplete pathways	0	0	0	0	0	0	0	0	0	1	4	2	3	
RTT Admitted	82%	78%	79%	81%	81%	78%	77%	77%	76%	78%	79%	79%	76%	
RTT Non Admitted	89%	89%	88%	85%	85%	85%	85%	85%	86%	87%	87%	84%	82%	
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%	7.7%	
Last Minute Elective Cancellations for non clinical reasons	25	44	41	133	65	112	133	119	25	44	28	66	47	
No. of operations cancelled on the day not treated within 28 days	0	0	0	0	0	7	3	13	32	9	12	2	10	

- At aggregate level, the trust continues to deliver against the Incomplete pathways standard. Capacity challenges remain in General Surgery, Trauma and Orthopaedics, Ophthalmology, Rheumatology and Neurology – recruitment is underway to support resolution but national staff shortages are presenting challenges.
- At the end of August 2016, three patients were waiting over 52 weeks on an incomplete pathway. All three have treatment dates in September 2016.
- The 6 week diagnostic standard was not achieved in August 2016 due to a significant capacity shortfall following the resignation of two endoscopists. Interim capacity is being put in place while the recruitment process is underway.
- 47 patients were cancelled at the “last minute” for non clinical reasons and 10 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	Aug-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%	96.1%	
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%	95.8%	
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%	93.6%	
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%	98.7%	
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%	91.8%	
Maternity FFT - Postnatal Community Care - % positive responses									97.7%	96.1%	97.1%	98.9%	98.3%	
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%	91.7%	
Mixed Sex Breaches	0	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	32	

- The FFT scores for ED, inpatient wards and outpatients have increased in August. These areas also have a similar response rate to the previous month (21% in ED and 43% for inpatients). In outpatients there has been an increase of 7% in the number of patients answering the FFT question, which is the first question on the Your Care Matters survey (overall response rates are not calculated for outpatients).
- In maternity the 36/40 touchpoint FFT score has dropped back from the 100% in July to 93% in August. Along with the score in June this is among the lowest for the past year. The response rate for this touchpoint is the highest achieved over the last four months.
- The FFT score and response rate for touchpoint 2 (delivery) is similar to July. Over the past five months the score has not dropped below 97.7%
- The FFT score for the postnatal ward touchpoint has dropped since July and is the lowest it has been since February this year. For the postnatal community touchpoint the score is similar to July but there has been a drop in the response rate (down to 13%, the lowest since March).

Patient Experience








- Open visiting for inpatient wards went live on Monday 12th September. Staff have been encouraged to give feedback on progress to assist in evaluating the impact of the change.
- A final work programme has been agreed for the phone etiquette task & finish group. It is planned for the outputs of this group to be reported to the October Patient Experience Committee.

National comparisons for July

- Nationally ED was ranked 11th in July 2016 (FFT score of 94.9% compared to a national average of 85.4%), based on an above average response rate (21% 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 July 2016 was 95.3%. The combined SASH score was 94.9%. The combined SASH response rate was 26.8% compared to 24.7% 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	Aug-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%	96.9%	
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%	95.0%	
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%	97.1%	
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%	95.8%	
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%	3.5%	
%age of staff who have had appraisal	57%	64%	72%	74%	74%	72%	70%	66%	0.4%	14.7%	23.8%	41.6%	54.9%	
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%	15.4%	

- 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	Aug-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	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	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)	(2.1)	
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)	(1.8)	
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	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	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	1.9	
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)	(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	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	5.8	
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)	(19.0)	
YTD BPPC (overall) volume £m	76%	69%	59%	60%	60%	53%	52%	47%	28%	32%	53%	62%	70%	
YTD BPPC (overall) value £m	74%	68%	61%	63%	63%	60%	59%	55%	41%	51%	58%	64%	71%	
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	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 5 was £(1.8)m, £0.3m better than the planned £(2.1)m deficit position.
- Although still ahead of plan, there remains overspending within Divisions (except Surgery & Clinical Services). Meanwhile contract income is £2.3m behind plan at the end of August due to lower than planned elective activity and contract provisions.
- Year to date the agency spend of £8.8m is £(0.4)m greater than the £8.4m plan.

**An Associated University Hospital of
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Finance

- The cash balance at the end of August 2016 was £5.8m. 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 70% by volume, 71% 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.