

Integrated Performance Report M03 – June 2016

Presented by: **Angela Stevenson (Chief Operating Officer) Des Holden (Medical Director) Fiona Allsop (Chief Nurse) Paul Simpson (Chief Financial Officer) Mark Preston (Director of Organisational Development & People)**

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

Putting people first
Delivering excellent, accessible healthcare 

Performance – June 2016

Patient Safety

- There were two SIs declared in June 2016 including one Never Event.
- Other patient safety indicators continue to show expected levels of performance.
- The Trust had one MRSA bloodstream infections and three Trust acquired C-Diff case in June 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 96.4% in May 2016
- While the key 62 Day GP Referral Cancer standard continues to be achieved, the TWR and TWR Breast Symptomatic standards remain a challenge and were not achieved in June 2016. Actions put in place are supporting improved performance in 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 south of the Trust presents a risk.

Patient Experience

- In June 2016 the Inpatient FFT increased to 96.0%. The ED FFT also increased from 94.9% to 95.9%. Outpatient FFT remains an area for improvement with an FFT score of 89.1%

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 – June 2016

Finance

- The Trusts YTD deficit at the end of month 3 was £(2.5)m, £2.3m better than the planned £(4.8)m deficit position. The Sustainability and Transformation funding trigger has been achieved at Q1 (based on financial performance). The Trust has achieved its agency spend plan for the quarter.

Key Risks



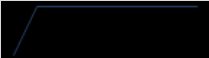


- The Significant Risk Register for the Trust includes four quality risks in relation to “Right bed first time”, ED Access standards, Outbreak of viral gastroenteritis and RTT Access Standards.

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	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Trend
No of Never Events in month	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	0	0	0	
Safety Thermometer - % of patients with harm free care (all harm)	95.0%	92.2%	93.2%	95.4%	90.3%	92.6%	91.2%	89.1%	90.2%	91.5%	94.7%	93.8%	
Safety Thermometer - % of patients with harm free care (new harm)	97.7%	94.8%	96.7%	97.6%	95.0%	96.2%	95.1%	93.8%	94.5%	95.0%	96.5%	97.6%	
Percentage of patients who have a VTE risk assessment	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	96%	
WHO Checklist Usage - % Compliance	96%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Number of Sis	1	1	4	6	2	7	3	6	10	7	3	2	
Serious Incidents - No per 1000 Bed Days	0.05	0.05	0.23	0.32	0.11	0.38	0.16	0.33	0.51	0.38	0.16	0.10	
Percentage of Patient Safety Incidents causing Severe harm or Death	0.0%	0.6%	0.8%	0.6%	0.6%	0.8%	0.8%	0.5%	1.4%	0.7%	0.2%	0.2%	
Number of overdue CAS and NPSA alerts	0	0	0	0	0	0	0	0	0	0	0	0	





- There was one Never Event reported in June 2016, detail is provided overleaf.
- VTE – the standard for initial assessment continues to be achieved in in early 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 June 2016.

Patient Safety

- Two Sis, including the Never Event, were declared in June 2016 (in all cases full investigations have been started) and details are provided below:
 - **2016/16688 (Wrong site surgery – declared as a never event)** - The patient was consented for a Left L5, S1 microdisectomy. The Consultant surgeon marked the level of decompression using x-ray. The WHO safety surgical checklist was completed with the surgeon, the anaesthetist and the surgical team present. It was known prior to surgery that the affected disc had a large left side bulge which was symptomatic and a smaller right side bulge. It was anticipated that both bulges would be resolved during surgery. It is the consultant's usual practice to make a mid-line incision and then correct the most symptomatic side first, in this case the left side. Surgery was undertaken. When writing his notes the surgeon noted that the right L5, S1 disc only had been decompressed. As the patient was still in theatre the surgeon rescrubbed and completed the procedure on the left side.
 - **2016/17419 (accident)** - Patient was mobilising with the aid of an HCA (1:1). The patient indicated that she was in pain on her right side. The HCA saw blood and that the ankle was disfigured. She assisted the patient to the ground and called for help. Patient found to have an open fracture of her tibia and fibula.

Patient Safety

Infection Control

Indicator Description	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Trend
MRSA BSI (incidences in month)	0	0	0	0	1	0	1	0	0	0	0	1	
CDiff Incidences (in month)	4	4	2	6	2	6	2	1	0	2	1	3	
MSSA	0	1	1	3	0	3	0	3	2	2	1	3	
E-Coli	18	34	30	29	19	23	23	20	31	17	26	23	

- There was one case of MRSA in June 2016 and three 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).



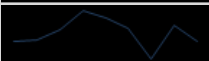
Clinical Effectiveness

Mortality and Readmissions

Indicator Description	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Trend
HSMR (56 Monitored diagnoses - 12 Months)	96.1	97.2	99.3	99.5	98.3	97.4	97.6	96.2	94.0				
Emergency readmissions within 30 days (PBR Rules)	7.6%	7.4%	7.3%	6.3%	6.3%	7.1%	7.1%	6.8%	6.8%	6.5%	8.1%		

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

Maternity

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

- Maternity indicators continue to be monitored and reviewed by the Divisional Governance process as well as the Clinical Effectiveness Committee. Admission of full term babies to neo-natal care has returned to its baseline range.

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%									
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%	88.4%									
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%									
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%									

- 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

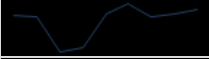






Emergency Department

Indicator Description	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Trend
ED 95% in 4 hours	94.3%	96.1%	97.1%	95.5%	92.9%	95.5%	92.8%	91.4%	88.6%	91.3%	95.5%	96.4%	
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	238	220	225	225	231	191	227	255	296	231	172	168	
Ambulance Turnaround - Number Over 60 mins	32	30	29	31	30	10	21	56	71	40	12	7	

- The ED 4hr standard was achieved in June 2016 with performance of 96.4%.
- Volumes / Acuity of emergency attendances / admissions continue to be an issue. Comparing Q1 1617 with the same period in 1516, ED Attendances are 6% higher (Ambulances 5%), with significant differences across the key CCGs – East Surrey 3%, Crawley 13% and Horsham and Mid Sussex 12%. Overnight Non elective admissions are up 3%, with particular pressure in Paeds (8% increase) and 75+ year olds (6%) with similar disparities across the CCGs.
- Discharge delays are also a significant driver of performance with an average of 101 beds occupied by patients who are medically ready for discharge. While this is a decrease from 128 in May 2016, it continues to present a challenge for managing acute bed stock.
- Ambulance turnaround performance has improved in June 2016 with a reduction 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	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Trend
Cancer - TWR	93.1%	93.0%	89.6%	90.0%	93.2%	94.3%	93.0%	93.3%	93.7%	91.0%	90.3%	91.7%	
Cancer - TWR Breast Symptomatic	93.2%	93.3%	94.2%	93.8%	93.4%	96.2%	90.7%	84.1%	89.8%	87.1%	91.1%	82.0%	
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.2%	100.0%	95.3%	95.8%	96.2%	95.7%	
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	98.3%	99.2%	99.3%	98.2%	96.6%	96.1%	96.2%	96.2%	96.0%	96.7%	98.5%	97.1%	
Cancer - 62 Day Referral to Treatment Standard	80.7%	84.2%	86.2%	85.6%	88.3%	86.0%	81.1%	87.5%	87.9%	86.3%	86.0%	88.4%	
Cancer - 62 Day Referral to Treatment Screening	87.5%	88.9%	100.0%	87.5%	90.9%	100.0%	100.0%	90.9%	100.0%	87.0%	100.0%	80.0%	

- While the key 62 Day GP Referral Cancer standard continues to be achieved, the TWR and TWR Breast Symptomatic standards remain a challenge and were not achieved in June 2016.
- The Trust held a summit in relation to TWR in May 2016 and is progressing a number of actions to support improved delivery. The overall theme is moving towards treating the pathway as a “one week rule” with changes focussing on both process and capacity.
- The resulting action plan has been progressed throughout June and July and Performance on the TWR is expected to exceed 94% 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	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Trend
RTT Incomplete Pathways - % waiting less than 18 weeks	92.2%	92.0%	92.1%	92.2%	92.5%	92.1%	92.0%	92.0%	92.2%	92.6%	92.5%	92.7%	
RTT Patients over 52 weeks on incomplete pathways	0	0	0	0	0	0	0	0	0	0	1	4	
RTT Admitted	84%	82%	78%	79%	81%	81%	78%	77%	77%	76%	78%	79%	
RTT Non Admitted	89%	89%	89%	88%	85%	85%	85%	85%	85%	86%	87%	87%	
Percentage of patients waiting 6 weeks or more for diagnostic	1.0%	0.1%	0.5%	0.2%	0.2%	0.1%	0.0%	0.0%	0.0%	0.1%	0.5%	0.3%	
Last Minute Elective Cancellations for non clinical reasons	24	25	44	41	133	65	112	133	119	25	44	28	
No. of operations cancelled on the day not treated within 28 days	0	0	0	0	0	0	7	3	13	32	9	12	

- 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 – productivity and recruitment is underway to support resolution
- Despite planned increases in capacity, referral growth is exceeding the system plan with significant changes in referral patterns to the south of the Trust.
- At the end of June 2016, four patients were waiting over 52 weeks on an incomplete pathway. All have appointment / surgery dates in July 2016.
- 28 patients were cancelled at the “last minute” for non clinical reasons and 12 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	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Trend
Emergency Department FFT - % positive responses	91.4%	95.8%	96.9%	95.3%	97.3%	97.5%	95.8%	96.3%	95.0%	95.4%	94.9%	95.9%	
Inpatient FFT - % positive responses	95.1%	95.3%	96.1%	95.0%	95.1%	95.1%	97.4%	95.0%	96.5%	95.6%	95.6%	96.0%	
Maternity FFT - Antenatal - % positive responses	94.1%	98.8%	94.3%	96.5%	96.1%	96.0%	97.5%	98.5%	95.3%	98.9%	95.4%	93.2%	
Maternity FFT - Delivery - % positive responses	93.8%	87.9%	95.4%	95.1%	97.6%	91.7%	95.5%	97.1%	94.7%	100.0%	98.8%	99.0%	
Maternity FFT - Postnatal Ward - % positive responses	90.0%	87.7%	87.9%	88.9%	88.8%	88.9%	88.4%	92.0%	93.3%	95.3%	97.6%	94.0%	
Maternity FFT - Postnatal Community Care - % positive responses										97.7%	96.1%	97.1%	
Outpatient FFT - % positive responses	91.9%	83.3%	88.3%	87.3%	89.3%	92.8%	90.0%	89.5%	89.0%	89.6%	86.7%	89.1%	
Mixed Sex Breaches	0	0	0	0	0	0	0	0	0	0	0	0	
Complaints (rate per 10,000 occupied bed days)	29	33	27	24	19	17	26	29	29	26	31	28	

- There has been a slight increase in the Friends and Family (FFT) score for inpatients, based on a 39% response rate
- In the Emergency Department the FFT score is the highest it has been since February, although the response rate has dropped for the third month in a row and is now at 17%. The department has been made aware of this drop.
- In maternity the FFT score and response rate for touchpoint 1 (36/40) have both dropped and are the lowest they have been for a year (93% score and 12% response rate). For the remaining three touchpoints the response rate is 26%. Both the delivery and postnatal community touchpoints have improved slightly since May, however the FFT score for the postnatal ward is the lowest it has been since March.
- The number of response to the FFT question on the Your Care Matters survey in outpatients remains a challenge, however the score has recovered from the low in May and is back to 89%, a result similar to January-April. The YCM process and the role of staff has been discussed at the nurses audit day.

Patient Experience








- Awareness and use of the carer's passport across wards remains varied. A Carer's Steering group is being planned to develop a Carers' Strategy, oversee its implementation and introduce developments that will improve the support SASH provides to carers.
- A roll-out plan has been agreed to introduce open visiting to wards. The expectation is that it will go live in early September, the proposal is currently out to consultation with staff.
- The phone etiquette task & finish group has developed draft guidance for managing difficult phone conversations and a protocol for managing abusive callers. This will dovetail with work being undertaken by HR following the results of the staff survey.
- The next meeting will address how to improve the efficiency of how inbound calls are managed and making the most of the system we have to improve how calls are directed to the right place first time.
- An action plan following the results of the 2015 national inpatient survey is being formulated.

National comparisons for May

- Nationally the ED was ranked 13th in May 2016 (FFT score of 94.9% compared to a national average of 85.4%), based on an above average response rate (19% compared to 13%). Trusts with a response rate of less than 5% have not been included in the rankings.
- The average combined national FFT score for inpatients and daycases for May 2016 was 95.5%. The combined SASH score for May was 95.8%. The SASH combined response rate was 25%, which was the national average.

Workforce

Workforce

Indicator Description	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Trend
Average fill rate – registered nurses/midwives (%) - Day	93.3%	92.5%	95.0%	95.1%	95.4%	95.1%	96.3%	95.6%	94.5%	97.3%	98.1%	97.6%	
Average fill rate – care staff (%) - Day	94.3%	94.5%	95.1%	97.2%	98.7%	97.1%	97.0%	97.3%	99.5%	98.2%	98.1%	98.2%	
Average fill rate – registered nurses/midwives (%) - Night	95.2%	94.3%	96.4%	96.9%	97.2%	97.9%	98.0%	97.6%	97.6%	98.8%	98.6%	98.9%	
Average fill rate – care staff (%) - Night	94.4%	93.8%	96.4%	96.9%	97.8%	98.2%	97.6%	97.4%	97.3%	97.2%	98.2%	98.0%	
Overall Sickness Rate	3.9%	3.7%	4.4%	4.4%	4.0%	3.8%	3.8%	4.3%	4.0%	3.6%	3.2%	3.5%	
%age of staff who have had appraisal	56%	57%	64%	72%	74%	74%	72%	70%	66%	0.4%	14.7%	23.8%	
Staff Turnover rate	15.6%	15.2%	15.2%	15.0%	14.4%	13.8%	13.8%	13.8%	14.1%	14.4%	14.5%		

- The Trust continues to monitor ward nursing (numbers and skill mix) on a daily basis and is assured that adequate staffing is in place.
- Sickness absence increased slightly to 3.5% in June 2016.

Finance

Indicator Description	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	May-16	Trend
Outturn £m Surplus / (Deficit) - Plan	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	15.2	15.2	15.2	
Outturn £m Surplus / (Deficit) - Forecast	1.6	1.6	1.6	1.6	1.6	(3.0)	(4.2)	(6.6)	(6.5)	15.2	15.2	15.2	
YTD £m Surplus / (Deficit) - Plan	(1.1)	(0.7)	(0.6)	(2.0)	(2.0)	(1.3)	(0.6)	0.0	1.6	(2.3)	(4.0)	(4.9)	
YTD £m Surplus / (Deficit) - Actual	(1.3)	(2.6)	(3.3)	(3.6)	(4.2)	(5.3)	(3.9)	(4.8)	(6.5)	(1.3)	(2.5)	(2.5)	
Outturn UNDERLYING £m Surplus / (Deficit) - Plan	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	7.5	7.5	7.5	
Outturn UNDERLYING £m Surplus / (Deficit) - Actual	3.3	3.3	3.3	3.3	3.3	(6.3)	(6.3)	(7.6)	(7.2)	7.5	7.5	7.5	
YTD Savings £m - Actual	1.3	1.9	2.1	2.5	2.8	3.2	3.6	4.1	5.4	0.2	0.5	1.0	
OT Risk £m Surplus / (Deficit) - Assessment	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(6.8)	(6.8)	(6.8)	
Outturn Cash position £m Fav / (Adv) - Forecast	2.6	1.2	2.4	2.4	2.4	2.5	2.5	2.5	2.5	2.3	2.1	2.1	
YTD Cash position £m Fav / (Adv) - Actual	2.5	3.0	3.9	4.8	5.0	5.7	4.5	6.8	2.5	2.7	3.0	3.7	
YTD Liquid ratio - days	(22.0)	(25.0)	(19.0)	(13.0)	(16.0)	(16.0)	(15.0)	(15.0)	(18.0)	(16.0)	(13.0)	(18.0)	
YTD BPPC (overall) volume £m	78%	76%	69%	59%	60%	60%	53%	52%	47%	28%	32%	53%	
YTD BPPC (overall) value £m	75%	74%	68%	61%	63%	63%	60%	59%	55%	41%	51%	58%	
Outturn Capital spend Fav / (Adv) - forecast	17.1	17.1	17.1	17.1	17.1	14.1	14.1	14.1	14.1	9.0	9.0	13.1	

- 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	(2,304)	(1,646)	(906)	(67)	2,816	227	3,671	4,380	(1,166)	1,810	3,246	5,139
Cumulative I&E Plan	(2,304)	(3,950)	(4,856)	(4,923)	(2,107)	(1,880)	1,791	6,171	5,005	6,815	10,061	15,200
STP Funding (incl above)	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 3 was £(2.5)m, £2.3m better than the planned £(4.8)m deficit position. The Sustainability and Transformation funding trigger has been achieved at Q1 (based on financial performance). The Trust has achieved its agency spend plan for the quarter.
- Although still ahead of plan, there remains overspending within all Divisions (except Surgery).

Finance

- The cash balance at the end of June 2016 was £3.7m. The Trust has drawn down £7.2m of its 2016/17 revolving working capital facility.
- 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.