

# Integrated Performance Report M01 – April 2016

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

*Putting people first*  
*Delivering excellent, accessible healthcare* 

# Performance – April 2016

## Patient Safety

- There were seven SIs declared in April 2016 and no Never Events.
- Patient safety indicators continue to show expected levels of performance.
- The Trust had no MRSA bloodstream infections and two Trust acquired C-Diff cases in April 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 not achieved with performance of 91.3% in April 2016
- While the 62 Day referral to treatment, and all the 31 Day standards were achieved in April 2016, the TWR, TWR Breast Symptomatic and 62 Day Screening were not achieved.
- 18 Weeks RTT - The Trust continues to deliver against incomplete pathways which measures % of patients still waiting at the end of each month.

## Patient Experience

- In April 2016 the Inpatient FFT decreased to 95.6%. The ED FFT increased to 95.4%.

## Workforce

- The Trust is actively reviewing initiatives to improve recruitment and retention, such as reducing time to recruit and ongoing local and overseas recruitment.
- The Trust continues to monitor ward nursing (numbers and skill mix) on a daily basis and is assured that adequate staffing is in place. Agency usage decreased in April 2016.

# Performance – April 2016

## Finance

- The Trusts deficit at the end of month 1 was £(1.3)m, £1.0m better than the planned £(2.3)m deficit position. This improvement is attributable to achieving more day case and outpatient income than planned in April.

## Key Risks




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

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

<b>Legal:</b>	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).
<b>Regulation:</b>	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.
<b>Patient experience/ engagement:</b>	This paper includes significant detail on both patient experience and access to services.
<b>Risk &amp; performance management</b>	This is the main Board assurance report for performance against quality and financial measures and is linked to risk management through the SRR.
<b>NHS constitution; equality &amp; diversity; communication.</b>	This report covers performance against access standards with the NHS Constitution.

# Patient Safety

## Patient Safety

Indicator Description	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	Trend
No of Never Events in month	0	0	0	0	0	0	0	0	0	0	0	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)	93.5%	92.0%	95.0%	92.2%	93.2%	95.4%	90.3%	92.6%	91.2%	89.1%	90.2%	91.5%	
Safety Thermometer - % of patients with harm free care (new harm)	97.3%	95.2%	97.7%	94.8%	96.7%	97.6%	95.0%	96.2%	95.1%	93.8%	94.5%	95.0%	
Percentage of patients who have a VTE risk assessment	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	
WHO Checklist Usage - % Compliance	100%	98%	96%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Number of Sis	3	6	1	1	4	6	2	7	3	6	10	7	
Serious Incidents - No per 1000 Bed Days	0.16	0.33	0.05	0.05	0.23	0.32	0.11	0.38	0.16	0.33	0.51	0.38	
Percentage of Patient Safety Incidents causing Severe harm or Death	0.6%	0.7%	0.0%	0.6%	0.8%	0.6%	0.6%	0.8%	0.8%	0.5%	1.4%	0.7%	
Number of overdue CAS and NPSA alerts	0	0	0	0	0	0	0	0	0	0	0	0	





- There were no Never Events reported in April 2016.
- Safety Thermometer – performance increased to 95% for the “New Harm” indicator and 91.5% for the “All Harm” indicator.
- The percentage of patient safety incidents causing severe harm or death returned to its baseline levels - 0.7% in April 2016.
- Seven SIs were declared in April 2016 (in all cases full investigations have been started) and details are provided overleaf.

# Patient Safety

- **2016/8909** - The patient had been reviewed at 06:15 when she was found to be tachycardic. She was waiting for a medical review. At 07:10 the patient was seen to be covered in blood but was responsive. The staff nurse and nursing assistant went to help. The nursing assistant witnessed the patient stab herself in the neck. The patient had sustained major blood loss, a MET call was initially made, which was changed to a cardiac arrest call. The patient was stabilised and has been transferred to St Georges. She was found to have a number of cuts to her neck, abdomen and wrists. She was in possession of a kitchen knife which had been brought in to hospital from home. The patient had not expressed suicidal thoughts to staff.
- **2016/8916** - Patient sustained an open fracture of the left tibia and fibula following an unwitnessed fall. When last checked, shortly before the incident, the patient had been sleeping. She is a known cancer patient with bone metastasis. She has been transferred to St Georges for further treatment.
- **2016/9140** - The patient had routine bloods on 1/4/16. The results showed raised potassium (6.5) and CRP (55). Records indicate that these results were phoned through to an ED consultant. There is no evidence in the patient's notes that these results were acted upon. Patient suffered a cardiac arrest and died on Sunday (03/04/2016).
- **2016/9145** - The baby had been correctly identified as high risk (Hep B mother) and was to have Hep B immunoglobulin and Hep B Vaccine within 24 hours of birth. The baby was born on 1/12/15. On 1/4/16, during a routine check, the immunoglobulin was found in the delivery suite fridge. The baby's notes show that the Hep B vaccine was given within one hour of birth, but there is no evidence that the immunoglobulin was given.
- **2016/9411** - Patient died 12/8/14. Post Mortem showed small bowel obstruction but no obvious case of sudden death. At Inquest it was identified that the patient had extremely low blood sugar, he had been given regular twice daily insulin despite being nil by mouth, no blood sugar measurements are recorded after admission. The inquest was adjourned for further investigation.
- **2016/9986** - Client arrived for induction of labour; the midwife was unable to detect a foetal heart. An intrauterine death was confirmed by ultrasound. A multidisciplinary review of the case identified concerns with management in the antenatal period. It is recorded in the notes that the baby was small for gestational age and the client reported reduced foetal movements. There is no evidence that this was escalated to a member of the obstetric team.
- **2016/10668** - The patient, a 78 year old female, had an unwitnessed fall in the toilet. An x-ray has confirmed a fractured neck of femur.

# Patient Safety



## Infection Control

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

- There were no cases of MRSA in April 2016 and two 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).



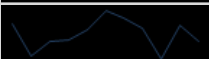
# Clinical Effectiveness

## Mortality and Readmissions

Indicator Description	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	Trend
HSMR (56 Monitored diagnoses - 12 Months)	95.8	95.8	94.8	95.6	97.4	97.4	95.7	94.2	94.2				
Emergency readmissions within 30 days (PBR Rules)	7.1%	7.1%	7.6%	7.4%	7.3%	6.3%	6.3%	7.1%	7.1%	6.8%	6.7%		

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





## Maternity

Indicator Description	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	Trend
C Section Rate - Emergency	17%	18%	14%	17%	17%	14%	15%	16%	17%	14%	14%	14%	
C Section Rate - Elective	9%	10%	11%	13%	8%	13%	10%	9%	9%	10%	12%	11%	
Admissions of full term babies to neo-natal care	6.2%	4.0%	5.0%	5.1%	5.8%	7.1%	6.6%	5.9%	3.8%	6.1%	5.0%	3.9%	

- Maternity indicators continue to show expected performance.

# Access and Responsiveness

## Emergency Department

Indicator Description	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	Trend
ED 95% in 4 hours	96.0%	94.8%	94.3%	96.1%	97.1%	95.5%	92.9%	95.5%	92.8%	91.4%	88.6%	91.3%	
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	170	206	238	220	225	225	231	191	227	255	296	231	
Ambulance Turnaround - Number Over 60 mins	34	38	32	30	29	31	30	10	21	56	71	40	

- The ED 4hr standard was not achieved in April 2016 with performance of 91.3%.
- Volumes /Acuity of emergency attendances / admissions continue to be an issue, and discharge delays are also a significant driver of performance. Bed occupancy reduced from 94.4% to 93.6% in April 2016, however, the number of patients medically ready for discharge was at the highest levels – average of 131 patients over the month.
- Ambulance turnaround performance improved compared to March with 231 handover delays over 30 minutes and 40 delays over 1 hour.
- 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	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	Trend
Cancer - TWR	94.2%	93.1%	93.1%	93.0%	89.6%	90.0%	93.2%	94.3%	93.0%	93.3%	93.7%	91.0%	
Cancer - TWR Breast Symptomatic	93.8%	90.6%	93.2%	93.3%	94.2%	93.8%	93.4%	96.2%	90.7%	84.1%	89.8%	87.1%	
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.0%	100.0%	100.0%	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	97.0%	96.2%	98.3%	99.2%	99.3%	98.2%	96.6%	96.1%	96.2%	96.2%	96.0%	96.0%	
Cancer - 62 Day Referral to Treatment Standard	83.9%	86.5%	80.7%	84.2%	86.2%	85.6%	88.3%	86.0%	81.1%	87.5%	87.9%	85.4%	
Cancer - 62 Day Referral to Treatment Screening	92.3%	100.0%	87.5%	88.9%	100.0%	87.5%	90.9%	100.0%	100.0%	90.9%	100.0%	87.0%	

- While the 62 Day referral to treatment, and all the 31 Day standards were achieved in April 2016, the TWR, TWR Breast Symptomatic and 62 Day Screening were not achieved.
- 108 patients breached the TWR pathway across a mixture of specialties (Skin – 27 patients, Breast – 19 patients, GI – 20 patients and Urology - 16 patients). A majority of breaches related to patient choice but the Trust also experienced some capacity issues following four weeks of high TWR referrals.
- On the Breast Symptomatic pathway, 18 patients breached the standard. This was primarily driven by patient deferrals / cancellations.
- Work is underway to review capacity for TWR clinics to allow a wider variety of slots to be offered to patients over the two week period in order to reduce the volume of patient deferrals / cancellations.
- On the 62 Day referral to Treatment Screening pathway, one patient breached on the colorectal pathway who had been referred late from the screening centre.

# Access and Responsiveness





## Referral to Treatment (RTT) and Diagnostics

Indicator Description	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	Trend
RTT Incomplete Pathways - % waiting less than 18 weeks	93.5%	92.6%	92.2%	92.0%	92.1%	92.2%	92.5%	92.1%	92.0%	92.0%	92.2%	92.6%	
RTT Patients over 52 weeks on incomplete pathways	0	0	0	0	0	0	0	0	0	0	0	0	
RTT Admitted	90%	92%	84%	82%	78%	79%	81%	81%	78%	77%	77%	76%	
RTT Non Admitted	95%	93%	89%	89%	89%	88%	85%	85%	85%	85%	85%	85%	
Percentage of patients waiting 6 weeks or more for diagnostic	0.2%	0.8%	1.0%	0.1%	0.5%	0.2%	0.2%	0.1%	0.0%	0.0%	0.0%	0.1%	
Last Minute Elective Cancellations for non clinical reasons	37	45	24	25	44	41	133	65	112	133	119	25	
No of operations cancelled on the day not treated within 28 days	0	1	0	0	0	0	0	0	7	3	13	32	

- At aggregate level, the trust continues to deliver against the incomplete pathways standard which measures % of patients waiting less than 18 weeks at the end of each month.
- Challenges remain in General Surgery, Trauma and Orthopaedics, Ophthalmology and Cardiology. Work is underway to increase capacity through both recruitment and increased productivity.
- The diagnostic standard continues to be achieved.
- There was a significant reduction in patients cancelled at the “last minute” for non clinical reasons – 25 patients compared to 119 in March 2016. 32 patients who had been cancelled in previous months breached the 28 days standard in April 2016.
- 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. (effectiveness, experience and safety) – Risk score 15 (Likelihood of 5 and consequence of 3)

# Patient Experience

## Patient Voice

Indicator Description	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	Trend
Inpatient FFT - % positive responses	95.1%	94.7%	95.1%	95.3%	96.1%	95.0%	95.1%	95.1%	97.4%	95.0%	96.5%	95.6%	
Emergency Department FFT - % positive responses	95.3%	93.7%	91.4%	95.8%	96.9%	95.3%	97.3%	97.5%	95.8%	96.3%	95.0%	95.4%	
Maternity FFT - Antenatal - % positive responses	100.0%	83.3%	94.1%	98.8%	94.3%	96.5%	96.1%	96.0%	97.5%	98.5%	95.3%	98.9%	
Maternity FFT - Delivery - % positive responses	97.0%	94.9%	93.8%	87.9%	95.4%	95.1%	97.6%	91.7%	95.5%	97.1%	94.7%	100.0%	
Maternity FFT - Postnatal Ward - % positive responses	91.0%	86.5%	90.0%	87.7%	87.9%	88.9%	88.8%	88.9%	88.4%	92.0%	93.3%	95.3%	
Mixed Sex Breaches	0	0	0	0	0	0	0	0	0	0	0	0	
Complaints (rate per 10,000 occupied bed days)	22	27	29	33	27	24	19	17	26	29	29	26	

- Inpatients - The April Friends and Family Test (FFT) score for inpatient wards has decreased very slightly to 95.6 %. The response rate remains stable, at 33%.
- Emergency Department – The April FFT score has increased very slightly from 95.0% to 95.4%,. The response rate of 24% is still well above the national average (typically around 13%).
- Maternity – Scores for all four maternity touchpoints have improved, most notably for the delivery touchpoint. Response rates are around one-fifth for each touchpoint. This is a significant improvement for the postnatal community parts of the service (touchpoint 4).
- A number of measures to support patient experience are being put in place including:
  - Rollout of the Carer’s Passport to all inpatient wards
  - The launch of a programme to raise awareness of who carers are and the role our staff have in referring carers to carers support associations, across all wards and departments
  - A carers day for visitors and staff on the 9th June
  - The trial of extending visiting hours has been reviewed and a revised approach is out for comment among senior nursing staff
  - A new task & finish group on phone etiquette is being planned

# Patient Experience


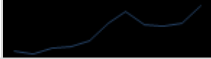





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## National comparisons for March

- Nationally, the combined FFT score for inpatients and daycases for March 2016 was 95.7%. The combined SASH score for March was 96.7%. The combined response rate was 25% nationally and 20% at SASH).
- Nationally the ED was ranked 16<sup>th</sup> in March 2016 (FFT score of 95.0% compared to 83.5%), based on an above average response rate (24% compared to 13%). Trusts with a response rate of less than 5% have not been included in the rankings.

# Workforce

## Workforce

Indicator Description	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	Trend
Average fill rate – registered nurses/midwives (%) - Day	95.7%	96.9%	93.3%	92.5%	95.0%	95.1%	95.4%	95.1%	96.3%	95.6%	94.5%	97.3%	
Average fill rate – care staff (%) - Day	93.8%	93.5%	94.3%	94.5%	95.1%	97.2%	98.7%	97.1%	97.0%	97.3%	99.5%	98.2%	
Average fill rate – registered nurses/midwives (%) - Night	97.1%	94.1%	95.2%	94.3%	96.4%	96.9%	97.2%	97.9%	98.0%	97.6%	97.6%	98.8%	
Average fill rate – care staff (%) - Night	95.9%	94.9%	94.4%	93.8%	96.4%	96.9%	97.8%	98.2%	97.6%	97.4%	97.3%	97.2%	
Overall Sickness Rate	4.3%	4.1%	3.9%	3.7%	4.4%	4.4%	4.0%	3.8%	3.8%	4.3%	4.0%	3.6%	
%age of staff who have had appraisal	68%	58%	56%	57%	64%	72%	74%	74%	72%	70%	66%	0.4%	
Staff Turnover rate	15.9%	15.6%	15.6%	15.2%	15.2%	15.0%	14.4%	13.8%	13.8%	13.8%	14.1%	14.4%	

- The Trust continues to monitor ward nursing (numbers and skill mix) on a daily basis and is assured that adequate staffing is in place.
- Agency usage decreased in April 2016 to 172 WTE from 194 WTE in March but was still 35 WTE higher than the same period in the prior year.
- Sickness absence decreased to 3.6% in April 2016.
- Sickness absence levels which impacts on day to day management and expenditure remains on the Trust’s significant risk register – Risk score 15 (Likelihood of 5 and consequence of 3)
- Although lower than prior year, Turnover increased to 14.4% and vacancy rates increased from 7.7% in March 2016 to 8.4% in April 2016.

# Finance

Indicator Description	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-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	1.6	1.6	15.2	
Outturn £m Surplus / (Deficit) - Forecast	1.6	1.6	1.6	1.6	1.6	1.6	1.6	(3.0)	(4.2)	(6.6)	(6.5)	15.2	
YTD £m Surplus / (Deficit) - Plan	(1.2)	(2.0)	(1.1)	(0.7)	(0.6)	(2.0)	(2.0)	(1.3)	(0.6)	0.0	1.6	(2.3)	
YTD £m Surplus / (Deficit) - Actual	(1.1)	(2.0)	(1.3)	(2.6)	(3.3)	(3.6)	(4.2)	(5.3)	(3.9)	(4.8)	(6.5)	(1.3)	
Outturn UNDERLYING £m Surplus / (Deficit) - Plan	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	7.5	
Outturn UNDERLYING £m Surplus / (Deficit) - Actual	3.3	3.3	3.3	3.3	3.3	3.3	3.3	(6.3)	(6.3)	(7.6)	(7.2)	7.5	
YTD Savings £m - Actual	0.5	0.8	1.3	1.9	2.1	2.5	2.8	3.2	3.6	4.1	5.4	0.2	
OT Risk £m Surplus / (Deficit) - Assessment	(1.0)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(4.5)	
Outturn Cash position £m Fav / (Adv) - Forecast	7.6	7.6	2.6	1.2	2.4	2.4	2.4	2.5	2.5	2.5	2.5	2.3	
YTD Cash position £m Fav / (Adv) - Actual	2.9	2.6	2.5	3.0	3.9	4.8	5.0	5.7	4.5	6.8	2.5	2.7	
YTD Liquid ratio - days	(21.0)	(23.0)	(22.0)	(25.0)	(19.0)	(13.0)	(16.0)	(16.0)	(15.0)	(15.0)	(18.0)	(16.0)	
YTD BPPC (overall) volume £m	75%	78%	78%	76%	69%	59%	60%	60%	53%	52%	47%	28%	
YTD BPPC (overall) value £m	73%	75%	75%	74%	68%	61%	63%	63%	60%	59%	55%	41%	
Outturn Capital spend Fav / (Adv) - forecast	17.1	17.1	17.1	17.1	17.1	17.1	17.1	14.1	14.1	14.1	14.1	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
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
In Month I & E Plan	(2,304)	(1,645)	(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

- The Trusts deficit at the end of month 1 was £(1.3)m, £1.0m better than the planned £(2.3)m deficit position. This improvement is attributable to achieving more day case and outpatient income than planned in April.
- There is overspending in all Divisions bar Surgery, and two Divisions (Radiology, in Cancer, and WaCH) with overspends greater than 2%. These overspends are being reviewed within the refreshed performance management framework in the Trust.
- The cash balance at the end of April 2016 was £2.7m.
- A capital budget of £9m has been agreed for 2016/17, which is £4.1m lower than the Trust's Capital Resource Limit (CRL) of £13.1m