

# Integrated Performance Report M08 – November 2016

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

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

# Performance – November 2016

## Patient Safety

- There were 0 SIs declared in November 2016.
- Patient safety indicators continue to show expected levels of performance, although the Safety thermometer (New harm) remains marginally below the 95% threshold.
- The Trust no MRSA bloodstream infections and 1 Trust acquired C-Diff case in November 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 95.1% in November 2016
- All cancer targets were achieved during November 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 and outpatients all increased in November 2016 while the Inpatient score dropped slightly. 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 – November 2016

## Finance

- The Trust achieved a £2.8m surplus at the end of November, £(3.4)m adverse to the YTD planned £6.2m surplus. The YTD position includes £4.9m planned and actual Q1 & Q2 STF funding.

## Key Risks

- The Significant Risk Register for the Trust includes three quality risks in relation to ED Access standards, Outbreak of viral gastroenteritis 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	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Trend
No of Never Events in month	0	0	0	0	0	0	0	1	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	0	
Safety Thermometer - % of patients with harm free care (all harm)	90.3%	92.6%	91.2%	89.1%	90.2%	91.5%	94.7%	93.8%	92.3%	89.0%	90.7%	89.0%	89.9%	
Safety Thermometer - % of patients with harm free care (new harm)	95.0%	96.2%	95.1%	93.8%	94.5%	95.0%	96.5%	97.6%	96.2%	92.6%	96.2%	94.8%	94.4%	
Percentage of patients who have a VTE risk assessment	95%	95%	95%	95%	95%	95%	95%	96%	95%	95%	95%	95%	95%	
WHO Checklist Usage - % Compliance	100%	100%	100%	100%	100%	100%	100%	100%	98%	100%	100%	100%	100%	
Number of SIs	2	7	3	6	10	7	3	1	6	6	8	4	0	
Serious Incidents - No per 1000 Bed Days	0.11	0.38	0.16	0.33	0.51	0.38	0.16	0.11	0.31	0.32	0.45	0.16	0.00	
Percentage of Patient Safety Incidents causing Severe harm or Death	0.6%	0.8%	0.8%	0.5%	1.4%	0.7%	0.2%	0.2%	0.2%	0.6%	0.7%	0.5%	0.0%	
Number of overdue CAS and NPSA alerts	0	0	0	0	0	0	0	0	0	0	0	0	0	

- There were 0 Serious Incidents declared in November 2016.
- VTE – the standard for initial assessment continues to be achieved in November with on-going work embedding the new Cerner process
- Safety Thermometer – both indicators remained static in November 2016, principally driven by patients being admitted with pressure ulcers acquired in the community.
- The percentage of patient safety incidents causing severe harm or death was zero in November 2016.

# Patient Safety

## Infection Control

Indicator Description	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Trend
MRSA BSI (incidences in month)	1	0	1	0	0	0	0	1	1	0	1	0	0	
CDiff Incidences (in month)	2	6	2	1	0	2	1	3	1	4	5	0	1	
MSSA	0	3	0	3	2	3	2	4	0	2	2	1	1	
E-Coli	19	23	23	20	31	17	26	23	25	23	25	32	25	

- There were no cases of MRSA in November 2016 and 1 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	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Trend
HSMR (56 Monitored diagnoses - 12 Months)	98.2	97.6	98.5	97.9	96.4	95.4	93.5	92.3	93.4	92.5				
Emergency readmissions within 30 days (PBR Rules)	6.3%	7.1%	7.1%	6.8%	6.8%	6.5%	6.6%	6.8%	7.3%	7.0%	6.3%	6.4%		

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

## Maternity

Indicator Description	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Trend
C Section Rate - Emergency	15%	16%	17%	14%	14%	14%	18%	18%	18%	14%	12%	15%	16%	
C Section Rate - Elective	10%	9%	9%	10%	12%	11%	10%	10%	11%	14%	11%	11%	12%	
Admissions of full term babies to neo-natal care	6.6%	5.9%	3.8%	6.1%	5.0%	3.9%	7.0%	2.7%	4.7%	4.5%	5.0%	7.0%	4.9%	

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

# Access and Responsiveness





## STF 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
<b>ED 95% in 4 hours</b>												
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%	96.4%	95.4%	95.1%				
<b>Cancer - 62 Day Referral to Treatment Standard</b>												
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%	85.4%	85.6%	89.8%	89.5%				
<b>RTT Incomplete Pathways - % waiting less than 18 weeks</b>												
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%	92.4%	92.1%	92.5%				
<b>Percentage of patients waiting 6 weeks or more for diagnostic</b>												
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%	10.9%	9.5%	8.3%				

- The table above shows the agreed STF Trajectories and YTD performance.
- Both the ED 4hr standard and the Cancer 62 Day trajectories were achieved in November 2016.
- While the National standard was achieved for RTT Incompletes, performance was marginally below trajectory (but within the 0.5% NHSI tolerance for Q2). RTT continues to be a challenge nationally and locally with referral growth above plan / capacity gaps in a number of specialties.
- The diagnostic standard and trajectory were not achieved and plans are 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

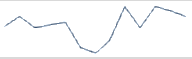






Indicator Description	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Trend
ED 95% in 4 hours	92.9%	95.5%	92.8%	91.4%	88.6%	91.3%	95.5%	96.4%	95.3%	96.0%	96.4%	95.4%	95.1%	
Patients Waiting in ED for over 12 hours following DTA	0	0	0	0	0	0	0	0	0	0	0	0	0	
Ambulance Turnaround - Number Over 30 mins	231	191	227	255	296	231	172	168	191	145	145	189	224	
Ambulance Turnaround - Number Over 60 mins	30	10	21	56	71	40	12	7	22	6	5	11	22	

- The ED 4hr standard was achieved in November 2016 with performance of 95.1%.
- Discharge delays are a significant driver of performance with an average of 98 beds occupied by patients who are medically ready for discharge.
- Ambulance turnaround was a challenge in November with an increase in waits over 60mins and 30 mins.
- While the Trust continues to deliver the ED 4 hour standard, there is a significant impact on elective care with on-going restrictions / cancellations of Inpatient procedures
- In light of the on-going operational pressures in the Trust, the following risk is 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)



# Access and Responsiveness


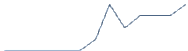

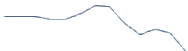



## Cancer

Indicator Description	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Trend
Cancer - TWR	93.2%	94.3%	93.0%	93.3%	93.7%	91.0%	90.3%	91.7%	95.4%	93.0%	95.3%	94.8%	94.3%	
Cancer - TWR Breast Symptomatic	93.4%	96.2%	90.7%	84.1%	89.8%	87.1%	91.1%	82.0%	93.9%	97.2%	95.7%	99.0%	95.8%	
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	100.0%	100.0%	95.2%	100.0%	95.3%	95.8%	100.0%	96.0%	98.1%	95.8%	100.0%	100.0%	94.0%	
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%	98.1%	100.0%	100.0%	100.0%	
Cancer - 31 Day Diagnosis to Treatment	96.6%	96.1%	96.2%	96.2%	96.0%	96.7%	98.5%	98.6%	98.8%	97.0%	96.0%	96.0%	96.0%	
Cancer - 62 Day Referral to Treatment Standard	88.3%	86.0%	81.1%	87.5%	87.9%	86.3%	86.0%	90.0%	86.7%	85.4%	85.6%	89.8%	89.5%	
Cancer - 62 Day Referral to Treatment Screening	90.9%	100.0%	100.0%	90.9%	100.0%	87.5%	100.0%	83.3%	100.0%	93.3%	100.0%	100.0%	100.0%	

- All cancer standards were achieved in November 2016 for the fifth successive month and the systems and processes put in place following the summit in May 2016 continue to embed and support cancer pathways.
- It should be noted that ring fencing of capacity for Cancer has seen a knock on effect on RTT and Diagnostics.

# Access and Responsiveness










## Referral to Treatment (RTT) and Diagnostics

Indicator Description	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Trend
RTT Incomplete Pathways - % waiting less than 18 weeks	92.5%	92.1%	92.0%	92.0%	92.2%	92.6%	92.5%	92.7%	92.6%	92.1%	92.4%	92.1%	92.5%	
RTT Patients over 52 weeks on incomplete pathways	0	0	0	0	0	0	1	4	2	3	3	3	4	
RTT Admitted	81%	81%	78%	77%	77%	76%	78%	79%	79%	76%	77%	77%	74%	
RTT Non Admitted	85%	85%	85%	85%	85%	86%	87%	87%	84%	82%	83%	82%	79%	
Percentage of patients waiting 6 weeks or more for diagnostic	0.2%	0.1%	0.0%	0.0%	0.0%	0.1%	0.5%	0.3%	0.4%	7.7%	10.9%	9.5%	8.3%	
Last Minute Elective Cancellations for non clinical reasons	133	65	112	133	119	25	44	28	66	47	27	48	TBC	
No of operations cancelled on the day not treated within 28 days	0	0	7	3	13	32	9	12	2	10	19	7	TBC	

- At aggregate level, the trust continues to deliver against the Incomplete pathways standard. Capacity challenges remain in General Surgery, Trauma and Orthopaedics and Neurology – productivity and recruitment is underway to support resolution as soon as possible.
- At the end of November 2016, four patients were waiting over 52 weeks on an incomplete pathway. Appointments are being expedited as quickly as possible. Resource and systems are being put in place to support increased tracking of patients during their pathways.
- The 6 week diagnostic standard was not achieved in November 2016, principally due to capacity issues in Endoscopy. The Trust is undertaking a number of actions to support recovery of this standard.
- 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	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Trend
Emergency Department FFT - % positive responses	97.3%	97.5%	95.8%	96.3%	95.0%	95.4%	94.9%	95.9%	94.9%	96.1%	95.3%	96.1%	96.8%	
Inpatient FFT - % positive responses	95.1%	95.1%	97.4%	95.0%	96.5%	95.6%	95.6%	96.0%	94.7%	95.8%	93.8%	95.4%	94.8%	
Maternity FFT - Antenatal - % positive responses	96.1%	96.0%	97.5%	98.5%	95.3%	98.9%	95.4%	93.2%	100.0%	93.6%	97.6%	98.6%	95.6%	
Maternity FFT - Delivery - % positive responses	97.6%	91.7%	95.5%	97.1%	94.7%	100.0%	98.8%	99.0%	97.7%	98.7%	95.6%	97.1%	96.9%	
Maternity FFT - Postnatal Ward - % positive responses	88.8%	88.9%	88.4%	92.0%	93.3%	95.3%	97.6%	94.0%	94.0%	91.8%	94.3%	92.8%	86.6%	
Maternity FFT - Postnatal Community Care - % positive responses						97.7%	96.1%	97.1%	98.9%	98.3%	97.5%	96.4%	98.3%	
Outpatient FFT - % positive responses	89.3%	92.8%	90.0%	89.5%	89.0%	89.6%	86.7%	89.1%	88.9%	91.7%	90.2%	91.1%	91.2%	
Mixed Sex Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	
Complaints (rate per 10,000 occupied bed days)	19	17	26	29	29	26	31	31	31	32	28	26	20	

- **ED FFT** - The FFT score has increased to 96.8% in November from 96.1% in October. The response rate reduced slightly from 20.6% to 19.0% in November.
- **Inpatient FFT** - The FFT score for inpatients decreased from 95.4% in October to 94.8% in November. The response rate remains high at 41.5%
- **Maternity FFT** - FFT scores for TP1 (Touch Point), TP2 and TP3 all decreased in November with the most significant reduction being TP3 (Postnatal ward) which reduced from 92.8% in October to 86.6% in November. TP4 (Community Care) increased from 96.4% in October to 98.3% in November.
- **Outpatient FFT** – the FFT score for outpatients was 91.2%, with an increasing trend since May 2016.

# Workforce

## Workforce

Indicator Description	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Trend
Average fill rate – registered nurses/midwives (%) - Day	95.4%	95.1%	96.3%	95.6%	94.5%	97.3%	98.1%	97.6%	97.4%	96.9%	97.4%	97.6%	98.7%	
Average fill rate – care staff (%) - Day	98.7%	97.1%	97.0%	97.3%	99.5%	98.2%	98.1%	98.2%	93.5%	95.0%	93.4%	91.1%	88.7%	
Average fill rate – registered nurses/midwives (%) - Night	97.2%	97.9%	98.0%	97.6%	97.6%	98.8%	98.6%	98.9%	98.3%	97.1%	97.8%	98.3%	97.7%	
Average fill rate – care staff (%) - Night	97.8%	98.2%	97.6%	97.4%	97.3%	97.2%	98.2%	98.0%	95.7%	95.8%	95.2%	93.9%	92.8%	
Overall Sickness Rate	4.0%	3.8%	3.8%	4.3%	4.0%	3.6%	3.2%	3.5%	3.4%	3.5%	3.3%	3.9%	4.2%	
%age of staff who have had appraisal	74%	74%	72%	70%	66%	0.4%	14.7%	23.8%	41.6%	54.9%	71.0%	86.4%	95.2%	
Staff Turnover rate	14.4%	13.8%	13.8%	13.8%	14.1%	14.4%	14.5%	14.5%	15.3%	15.4%	14.9%	15.6%	15.5%	
Total Establishment (WTE)	3682	3687	3675	3703	3721	3733	3813		3820	3837	3876	3891	3937	
Vacancy Rate (All Staff)	8.6%	8.7%	8.1%	7.6%	7.7%	8.4%	10.4%		12.8%	10.8%	11.3%	11.2%	11.5%	
%age of staff who have completed MAST training in the last 12 months	61.8%	62.1%	62.1%	65.1%	65.3%	62.0%	64.7%	65.8%	79.7%	80.8%	80.9%	80.3%	79.9%	

- The Trust continues to monitor ward nursing (numbers and skill mix) on a daily basis and is assured that adequate staffing is in place.
- Vacancy Rate across all staff groups has increased to 11.5% (and there has been a 2.7% increase in Nursing to 19.6%).
- Turnover has decreased by 0.1% to 15.5% for all staff groups (with Nursing increasing by 0.6% to 15.9%).
- Sickness has increased by 0.31% to 4.2% at the end of November, the first time it has been over 4% for eight months.
- MAST figures were recorded as 80% which is Green on the Trust RAG rating.
- Achievement Review completion rates at end of November was 95% with all Divisions and Corporate services achieving the 90% target.
- There is still on-going high usage of Bank & Agency staff, and PMOs are reviewing usage on a weekly basis.

# Finance

Indicator Description	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Trend
Outturn £m Surplus / (Deficit) - Plan	1.6	1.6	1.6	1.6	1.6	15.2	15.2	15.2	15.2	15.2	15.2	15.2	15.2	
Outturn £m Surplus / (Deficit) - Forecast	1.6	(3.0)	(4.2)	(6.6)	(6.5)	15.2	15.2	15.2	15.2	15.2	15.2	15.2	15.2	
YTD £m Surplus / (Deficit) - Plan	(2.0)	(1.3)	(0.6)	0.0	1.6	(2.3)	(4.0)	(4.9)	(4.9)	(2.1)	(1.9)	1.8	6.2	
YTD £m Surplus / (Deficit) - Actual	(4.2)	(5.3)	(3.9)	(4.8)	(6.5)	(1.3)	(2.5)	(2.5)	(3.0)	(1.8)	(1.8)	0.1	2.8	
Outturn UNDERLYING £m Surplus / (Deficit) - Plan	3.8	3.8	3.8	3.8	3.8	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	
Outturn UNDERLYING £m Surplus / (Deficit) - Actual	3.3	(6.3)	(6.3)	(7.6)	(7.2)	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	
YTD Savings £m - Actual	2.8	3.2	3.6	4.1	5.4	0.2	0.5	1.0	1.6	1.9	2.3	3.1	4.4	
OT Risk £m Surplus / (Deficit) - Assessment	0.0	0.0	0.0	0.0	0.0	(6.8)	(6.8)	(6.8)	(7.2)	(7.2)	(14.9)	(14.9)	(14.9)	
Outturn Cash position £m Fav / (Adv) - Forecast	2.4	2.5	2.5	2.5	2.5	2.3	2.1	2.1	2.1	2.1	2.1	2.1	6.3	
YTD Cash position £m Fav / (Adv) - Actual	5.0	5.7	4.5	6.8	2.5	2.7	3.0	3.7	4.9	5.8	4.5	4.8	7.2	
YTD Liquid ratio - days	(16.0)	(16.0)	(15.0)	(15.0)	(18.0)	(16.0)	(13.0)	(18.0)	(17.0)	(19.0)	(19.0)	(16.0)	(10.0)	
YTD BPPC (overall) volume £m	60%	60%	53%	52%	47%	28%	32%	53%	62%	70%	73%	77%	79%	
YTD BPPC (overall) value £m	63%	63%	60%	59%	55%	41%	51%	58%	64%	71%	74%	77%	79%	
Outturn Capital spend Fav / (Adv) - forecast	17.1	14.1	14.1	14.1	14.1	9.0	9.0	13.1	15.9	15.9	15.9	15.9	12.6	

- 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
Cumulative 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 Trust achieved a £2.8m surplus at the end of November, £(3.4)m adverse to the YTD planned £6.2m surplus. The YTD position includes £4.9m planned and actual Q1 & Q2 STF funding.

# Finance

- The Trust's official agreed outturn with NHSi remains £15.2m. However there are significant risks associated with achieving this forecast, that currently total £14.9m. Discussions continue with NHSi within the framework of the protocol for changes to forecast. The Trust's forecast will be updated for the Q3 NHSi submission, when a clearer picture of activity as impacted by winter pressures is available. There is a worrying upturn in emergency activity in November.
- YTD agency (and NHS locum) spend is £13.2m which is £(1.3)m greater than the £11.9m plan. This spend is driven by the on-going difficulty in recruiting sufficient numbers of permanent/bank nurses and junior doctors.
- The cash balance at the end of November 2016 was £7.2m. The Trust has drawn down £7.3m revolving working capital in 2016/17 of which £1.3m was repaid in November with the remaining balance of the £7.3m is being repaid over the remainder of 2016/17. This cash has supported on-going improvement in BPPC performance which is now 79% by volume, 79% by value year to date.
- The £3m capital to revenue transfer made in 2015/16 has been returned to the Trust and is now included within its 2016/17 CRL. The Clinical Capacity Investment project has been replaced by the Day Surgery Unit and other Trust priorities. The EPR Digitise project (which is planned to be funded by a capital investment loan) has now been deferred into 2017/18 resulting in a revised CRL forecast of £12.6m. This compares to the £15.9m CRL plan requested with the revised 2016/17 NHSi operating plan.
- The Single Oversight Framework metrics have now been incorporated into reporting describing a "2" YTD, because of the absence of a permanent solution to the Trust's historical liquidity problem, and the Trust adverse to I & E plan position at as Mth8.