

Integrated Performance Report M07 – October 2016

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

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Performance – October 2016

Patient Safety

- There were 4 SIs declared in October 2016.
- Patient safety indicators continue to show expected levels of performance, although the Safety thermometer (New harm) saw a slight reduction in month.
- The Trust no MRSA bloodstream infections and no Trust acquired C-Diff cases in October 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 95.4% in October 2016
- All cancer targets were achieved during October 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 all increased in October to 96.1%, 95.4% and 91.1% 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 – October 2016

Finance

- The Trust achieved a £0.1m surplus (adjusted) at the end of October, £(1.7)m adverse to the planned £1.8m surplus. The YTD position includes £2.4m Q1 STP funding (as planned). This variance is accounted for by the shortfall in MRET and readmission penalty refunds.

Key Risks





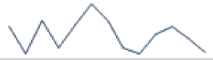

- The Significant Risk Register for the Trust includes three quality risks in relation to ED Access standards, Outbreak of viral gastroenteritis and RTT Access Standards.

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

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	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Trend
No of Never Events in month	0	0	0	0	0	0	0	0	1	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)	95.4%	90.3%	92.6%	91.2%	89.1%	90.2%	91.5%	94.7%	93.8%	92.3%	89.0%	90.7%	89.0%	
Safety Thermometer - % of patients with harm free care (new harm)	97.6%	95.0%	96.2%	95.1%	93.8%	94.5%	95.0%	96.5%	97.6%	96.2%	92.6%	96.2%	94.8%	
Percentage of patients who have a VTE risk assessment	95%	95%	95%	95%	95%	95%	95%	95%	96%	95%	95%	95%	95%	
WHO Checklist Usage - % Compliance	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%	100%	100%	100%	
Number of Sis	6	2	7	3	6	10	7	3	1	6	6	8	4	
Serious Incidents - No per 1000 Bed Days	0.32	0.11	0.38	0.16	0.33	0.51	0.38	0.16	0.10	0.26	0.32	0.22	0.11	
Percentage of Patient Safety Incidents causing Severe harm or Death	0.6%	0.6%	0.8%	0.8%	0.5%	1.4%	0.7%	0.2%	0.2%	0.2%	0.6%	0.7%	0.5%	
Number of overdue CAS and NPSA alerts	0	0	0	0	0	0	0	0	0	0	0	0	0	





- There were 4 Serious Incidents declared in October 2016, detail is provided overleaf.
- VTE – the standard for initial assessment continues to be achieved in October with on-going work embedding the new Cerner process
- Safety Thermometer – both indicators reduced in October 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 remained at baseline levels - 0.5% in October 2016.

Patient Safety

- 4 SIs were declared in October 2016 (in all cases full investigations have been started) and details are provided below:
 - **2016/25941 (Fall)** - An 82 year old male, sustained an unwitnessed fall, he was found on the floor at the entrance to his side room. An x-ray confirmed a fractured neck of femur.
 - **2016/27983 (Missed diagnosis)** - An emergency laparotomy has revealed obstructing sigmoid tumour invading lateral abdominal wall. The patient had been referred in May 2016 under the two week rule for investigation of weight loss and change in bowel habit. He was seen in outpatients on 12th May 2016 and referred for a flexi sigmoidoscopy. This was undertaken on 27th May by an associate specialist. It showed poor bowel prep but was cleared as diverticular disease only. The patient was reassured and discharged. He was readmitted on 22nd October with an acute abdomen.
 - **2016/28150 (Fall)** - At 00:30 the patient, a 67 year old female, got out of bed and attempted to mobilise alone to the bathroom. She fell and sustained a fractured neck of femur.
 - **2016/28163 (Fall)** - At 13:50 the patient, a 91 year old male, was found by a member of the cleaning team on the floor with a cut to his left temple. A subsequent CT of head and neck identified a type 2 odontoid peg fracture with displacement of bone fragments and narrowing of the spinal canal. The patient has opted for conservative management.

Patient Safety

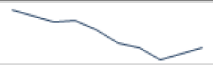

Infection Control

Indicator Description	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Trend
MRSA BSI (incidences in month)	0	1	0	1	0	0	0	0	1	1	0	1	0	
CDiff Incidences (in month)	6	2	6	2	1	0	2	1	3	1	4	5	0	
MSSA	3	0	3	0	3	2	3	2	4	0	2	2	1	
E-Coli	29	19	23	23	20	31	17	26	23	25	23	25	32	

- There were no cases of MRSA in October 2016 and no 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	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Trend
HSMR (56 Monitored diagnoses - 12 Months)	99.5	98.3	97.4	97.6	96.2	94.0	93.1	91.2	92.3	93.3				
Emergency readmissions within 30 days (PBR Rules)	6.3%	6.3%	7.1%	7.1%	6.8%	6.8%	6.5%	8.1%	6.8%	7.3%	7.1%	6.5%		

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

Maternity

Indicator Description	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Trend
C Section Rate - Emergency	14%	15%	16%	17%	14%	14%	14%	18%	18%	18%	14%	12%	15%	
C Section Rate - Elective	13%	10%	9%	9%	10%	12%	11%	10%	10%	11%	14%	11%	11%	
Admissions of full term babies to neo-natal care	7.1%	6.6%	5.9%	3.8%	6.1%	5.0%	3.9%	7.0%	2.7%	4.7%	4.5%	5.0%	7.0%	

- 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
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%	96.4%	95.4%					
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%	90.0%	86.7%	85.6%	85.0%	88.5%					
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%	92.4%	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%	10.9%	9.5%					

- 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 October 2016.
- While the National standard was achieved for RTT Incompletes, performance was marginally below trajectory. 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	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Trend
ED 95% in 4 hours	95.5%	92.9%	95.5%	92.8%	91.4%	88.6%	91.3%	95.5%	96.4%	95.3%	96.0%	96.4%	95.4%	
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	225	231	191	227	255	296	231	172	168	191	145	145	189	
Ambulance Turnaround - Number Over 60 mins	31	30	10	21	56	71	40	12	7	22	6	5	11	

- The ED 4hr standard was achieved in October 2016 with performance of 95.4%.
- Discharge delays are a significant driver of performance with an average of 102 beds occupied by patients who are medically ready for discharge.
- Ambulance turnaround was a challenge in October with a small increase in waits over 60mins, however the performance remains significantly better than last year despite a significant increase in ambulance conveyance.
- 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	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Trend
Cancer - TWR	90.0%	93.2%	94.3%	93.0%	93.3%	93.7%	91.0%	90.3%	91.7%	95.4%	93.0%	95.3%	94.8%	
Cancer - TWR Breast Symptomatic	93.8%	93.4%	96.2%	90.7%	84.1%	89.8%	87.1%	91.1%	82.0%	93.9%	97.2%	95.7%	99.0%	
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	100.0%	100.0%	100.0%	95.2%	100.0%	95.3%	95.8%	100.0%	96.0%	98.1%	95.8%	100.0%	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%	98.1%	100.0%	100.0%	
Cancer - 31 Day Diagnosis to Treatment	98.2%	96.6%	96.1%	96.2%	96.2%	96.0%	96.7%	98.5%	98.6%	98.8%	97.0%	96.0%	96.0%	
Cancer - 62 Day Referral to Treatment Standard	85.6%	88.3%	86.0%	81.1%	87.5%	87.9%	86.3%	86.0%	90.0%	86.7%	85.6%	85.0%	88.2%	
Cancer - 62 Day Referral to Treatment Screening	87.5%	90.9%	100.0%	100.0%	90.9%	100.0%	87.5%	100.0%	83.3%	100.0%	93.3%	100.0%	100.0%	

- All cancer standards were achieved in October 2016 for the fourth successive month and the systems and processes put in place following the TWR 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.
- Business Planning for 2017/18 will focus on ensuring capacity is in place for expected growth.

Access and Responsiveness










Referral to Treatment (RTT) and Diagnostics

Indicator Description	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Trend
RTT Incomplete Pathways - % waiting less than 18 weeks	92.2%	92.5%	92.1%	92.0%	92.0%	92.2%	92.6%	92.5%	92.7%	92.6%	92.1%	92.4%	92.1%	
RTT Patients over 52 weeks on incomplete pathways	0	0	0	0	0	0	0	1	4	2	3	3	3	
RTT Admitted	79%	81%	81%	78%	77%	77%	76%	78%	79%	79%	76%	77%	77%	
RTT Non Admitted	88%	85%	85%	85%	85%	85%	86%	87%	87%	84%	82%	83%	82%	
Percentage of patients waiting 6 weeks or more for diagnostic	0.2%	0.2%	0.1%	0.0%	0.0%	0.0%	0.1%	0.5%	0.3%	0.4%	7.7%	10.9%	9.5%	
Last Minute Elective Cancellations for non clinical reasons	41	133	65	112	133	119	25	44	28	66	47	27	48	
No of operations cancelled on the day not treated within 28 days	0	0	0	7	3	13	32	9	12	2	10	19	7	

- At aggregate level, the trust continues to deliver against the Incomplete pathways standard. Capacity challenges remain in General Surgery, Trauma and Orthopaedics, Ophthalmology (Paeds), Rheumatology and Neurology (2 consultants appointed in Oct 16) – productivity and recruitment is underway to support resolution as soon as possible.
- At the end of October 2016, three patients were waiting over 52 weeks on an incomplete pathway. Two have appointment dates in November 2016, the final patient is a complex pathway which is 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 October 2016 due to capacity issues in Endoscopy. The Trust expects to return to under 1% patients over 6 weeks at the end of December and is undertaking a number of actions to support this.
- 48 patients were cancelled at the “last minute” for non clinical reasons and 7 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	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Trend
Emergency Department FFT - % positive responses	95.3%	97.3%	97.5%	95.8%	96.3%	95.0%	95.4%	94.9%	95.9%	94.9%	96.1%	95.3%	96.1%	
Inpatient FFT - % positive responses	95.0%	95.1%	95.1%	97.4%	95.0%	96.5%	95.6%	95.6%	96.0%	94.7%	95.8%	93.8%	95.4%	
Maternity FFT - Antenatal - % positive responses	96.5%	96.1%	96.0%	97.5%	98.5%	95.3%	98.9%	95.4%	93.2%	100.0%	93.6%	97.6%	98.6%	
Maternity FFT - Delivery - % positive responses	95.1%	97.6%	91.7%	95.5%	97.1%	94.7%	100.0%	98.8%	99.0%	97.7%	98.7%	95.6%	97.1%	
Maternity FFT - Postnatal Ward - % positive responses	88.9%	88.8%	88.9%	88.4%	92.0%	93.3%	95.3%	97.6%	94.0%	94.0%	91.8%	94.3%	92.8%	
Maternity FFT - Postnatal Community Care - % positive responses							97.7%	96.1%	97.1%	98.9%	98.3%	97.5%	96.4%	
Outpatient FFT - % positive responses	87.3%	89.3%	92.8%	90.0%	89.5%	89.0%	89.6%	86.7%	89.1%	88.9%	91.7%	90.2%	91.1%	
Mixed Sex Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	
Complaints (rate per 10,000 occupied bed days)	24	19	17	26	29	29	26	31	28	30	32	44	15	

- **ED FFT** - The FFT score has increased to 96.1% in October from 95.3% in September. The response rate has recovered from the drop to 15% in September and is back to 21% in October.
- **Inpatient FFT** - The FFT score for inpatients has also increased, from 93.9% on September to 95.4% in October. The response rate for October also improved and is back to 44% from the September low of 29%.
- **Maternity FFT** - FFT scores for TP1 (Touch Point) and TP2 are higher in October than they were in September. There has been a drop for TP3 and TP4. The response rate for TP1 has greatly improved - 20% in October compared to 11% in September, but there has been a corresponding drop in response rate for TP4.
- **Outpatient FFT** –The number of responses has improved in October and the FFT score has improved slightly – 91.1% in October compared to 90.2% in September.

Workforce

Workforce

Indicator Description	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Trend
Average fill rate – registered nurses/midwives (%) - Day	95.1%	95.4%	95.1%	96.3%	95.6%	94.5%	97.3%	98.1%	97.6%	97.4%	96.9%	97.4%	97.6%	
Average fill rate – care staff (%) - Day	97.2%	98.7%	97.1%	97.0%	97.3%	99.5%	98.2%	98.1%	98.2%	93.5%	95.0%	93.4%	91.1%	
Average fill rate – registered nurses/midwives (%) - Night	96.9%	97.2%	97.9%	98.0%	97.6%	97.6%	98.8%	98.6%	98.9%	98.3%	97.1%	97.8%	98.3%	
Average fill rate – care staff (%) - Night	96.9%	97.8%	98.2%	97.6%	97.4%	97.3%	97.2%	98.2%	98.0%	95.7%	95.8%	95.2%	93.9%	
Overall Sickness Rate	4.4%	4.0%	3.8%	3.8%	4.3%	4.0%	3.6%	3.2%	3.5%	3.4%	3.5%	3.3%	3.9%	
%age of staff who have had appraisal	72%	74%	74%	72%	70%	66%	0.4%	14.7%	23.8%	41.6%	54.9%	71.0%	86.4%	
Staff Turnover rate	15.0%	14.4%	13.8%	13.8%	13.8%	14.1%	14.4%	14.5%	14.5%	15.3%	15.4%	14.9%	15.6%	
Total Establishment (WTE)	3675.60	3681.50	3687.40	3675.10	3702.50	3721.00	3733.00	3812.90		3820.00	3837.00	3875.60	3891.20	
Vacancy Rate (All Staff)	9.4%	8.6%	8.7%	8.1%	7.6%	7.7%	8.4%	10.4%		12.8%	10.8%	11.3%	11.2%	
%age of staff who have completed MAST training in the last 12 months	60.9%	61.8%	62.1%	62.1%	65.1%	65.3%	62.0%	64.7%	65.8%	79.7%	80.8%	80.9%	80.3%	

- The Trust continues to monitor ward nursing (numbers and skill mix) on a daily basis and is assured that adequate staffing is in place.
- Funded Establishment at the end of October was 3876 (an increase of 39 from August). Vacancy Rates across all staff groups has increased slightly to 11.3% (and increased by 1.2% in Nursing to 16.8%).
- Turnover has decreased by 0.5% to 14.9% for all staff groups (but has increased by 1.4% for Nursing staff to 15.6%).
- Sickness has decreased from 3.5% in August to 3.3% at the end of October which is significantly below the 4.0% Trust target.
- MAST figures remain at 81% which is Green on the Trust RAG rating. This is primarily due to the change in the ‘refresher’ cycle with the Trust now in line with the national Skills for Health, Core Skills Training Framework.
- Achievement Reviews as at end of October are reported at 71% against a target of 90% by the end of October.
- There is still on-going high usage of Bank & Agency staff, and PMOs are reviewing usage on a weekly basis.

Finance

Indicator Description	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Trend
Outturn £m Surplus / (Deficit) - Plan	1.6	1.6	1.6	1.6	1.6	1.6	15.2	15.2	15.2	15.2	15.2	15.2	15.2	
Outturn £m Surplus / (Deficit) - Forecast	1.6	1.6	(3.0)	(4.2)	(6.6)	(6.5)	15.2	15.2	15.2	15.2	15.2	15.2	15.2	
YTD £m Surplus / (Deficit) - Plan	(2.0)	(2.0)	(1.3)	(0.6)	0.0	1.6	(2.3)	(4.0)	(4.9)	(4.9)	(2.1)	(1.9)	1.8	
YTD £m Surplus / (Deficit) - Actual	(3.6)	(4.2)	(5.3)	(3.9)	(4.8)	(6.5)	(1.3)	(2.5)	(2.5)	(3.0)	(1.8)	(1.8)	0.1	
Outturn UNDERLYING £m Surplus / (Deficit) - Plan	3.8	3.8	3.8	3.8	3.8	3.8	7.5	7.5	7.5	7.5	7.5	7.5	7.5	
Outturn UNDERLYING £m Surplus / (Deficit) - Actual	3.3	3.3	(6.3)	(6.3)	(7.6)	(7.2)	7.5	7.5	7.5	7.5	7.5	7.5	7.5	
YTD Savings £m - Actual	2.5	2.8	3.2	3.6	4.1	5.4	0.2	0.5	1.0	1.6	1.9	2.3	3.1	
OT Risk £m Surplus / (Deficit) - Assessment	0.0	0.0	0.0	0.0	0.0	0.0	(6.8)	(6.8)	(6.8)	(7.2)	(7.2)	(14.9)	(14.9)	
Outturn Cash position £m Fav / (Adv) - Forecast	2.4	2.4	2.5	2.5	2.5	2.5	2.3	2.1	2.1	2.1	2.1	2.1	2.1	
YTD Cash position £m Fav / (Adv) - Actual	4.8	5.0	5.7	4.5	6.8	2.5	2.7	3.0	3.7	4.9	5.8	4.5	4.8	
YTD Liquid ratio - days	(13.0)	(16.0)	(16.0)	(15.0)	(15.0)	(18.0)	(16.0)	(13.0)	(18.0)	(17.0)	(19.0)	(19.0)	(16.0)	
YTD BPPC (overall) volume £m	59%	60%	60%	53%	52%	47%	28%	32%	53%	62%	70%	73%	77%	
YTD BPPC (overall) value £m	61%	63%	63%	60%	59%	55%	41%	51%	58%	64%	71%	74%	77%	
Outturn Capital spend Fav / (Adv) - forecast	17.1	17.1	14.1	14.1	14.1	14.1	9.0	9.0	13.1	15.9	15.9	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 Trust achieved a £0.1m surplus (adjusted) at the end of October, £(1.7)m adverse to the planned £1.8m surplus. The YTD position includes £2.4m Q1 STP funding (as planned). This variance is accounted for by the shortfall in MRET and readmission penalty refunds.

Finance

- The forecast remains as a £15.2m surplus at month 7, however there are significant risks associated with achieving this forecast, that total £14.9m. This is the subject of discussion with NHSi.
- Year to date the agency (and NHS locum) spend is £11.7m which is £(0.4)m greater than the £11.3m plan, and continues to be driven by medical agency usage and non achievement of agency nurse savings.
- The cash balance at the end of October 2016 was £4.8m. The Trust has drawn down £7.3m revolving working capital in 2016/17. This will be repaid over the remainder of the financial year. This cash has supported on-going improvement in BPPC performance which is now 77% by volume, 77% 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 includes the approved £3m PDC returned from the 2015/16 transfer from capital to revenue and assumes a £3.5m capital investment loan.
- The Single Oversight Framework metrics have now been incorporated into reporting describing a “3”, primarily because of poor liquidity.