

Integrated Performance Report M06 – September 2016

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An Associated University Hospital of
Brighton and Sussex Medical School

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Performance – September 2016

Patient Safety

- There were 8 SIs declared in September 2016.
- Patient safety indicators continue to show expected levels of performance, with the Safety thermometer (New harm) returning to expected levels.
- The Trust had 1 MRSA bloodstream infection and 5 Trust acquired C-Diff case in September 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 September 2016
- All cancer targets were achieved during September 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 decreased slightly in September to 95.3%, 93.8% and 90.2% 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 – September 2016

Finance

- The Trusts YTD deficit at the end of month 6 was £(1.8)m, £0.1m better than the planned £(1.9)m deficit position. The YTD position includes £2.4m Q1 STP funding (as planned).

Key Risks




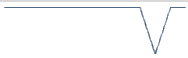


- The Significant Risk Register for the Trust includes four quality risks in relation to “Right bed first time”, ED Access standards, Outbreak of viral gastroenteritis and RTT Access Standards.

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	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Trend
No of Never Events in month	0	0	0	0	0	0	0	0	0	1	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)	93.2%	95.4%	90.3%	92.6%	91.2%	89.1%	90.2%	91.5%	94.7%	93.8%	92.3%	89.0%	90.7%	
Safety Thermometer - % of patients with harm free care (new harm)	96.7%	97.6%	95.0%	96.2%	95.1%	93.8%	94.5%	95.0%	96.5%	97.6%	96.2%	92.6%	96.2%	
Percentage of patients who have a VTE risk assessment	95%	95%	95%	95%	95%	95%	95%	95%	95%	96%	95%	95%	95%	
WHO Checklist Usage - % Compliance	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%	100%	100%	
Number of Sis	4	6	2	7	3	6	10	7	3	1	6	6	8	
Serious Incidents - No per 1000 Bed Days	0.23	0.32	0.11	0.38	0.16	0.33	0.51	0.38	0.16	0.10	0.26	0.32	0.22	
Percentage of Patient Safety Incidents causing Severe harm or Death	0.8%	0.6%	0.6%	0.8%	0.8%	0.5%	1.4%	0.7%	0.2%	0.2%	0.2%	0.6%	0.7%	
Number of overdue CAS and NPSA alerts	0	0	0	0	0	0	0	0	0	0	0	0	0	

- There were 8 Serious Incidents declared in September 2016, detail is provided overleaf.
- VTE – the standard for initial assessment continues to be achieved in September with on-going work embedding the new Cerner process
- Safety Thermometer – the “New Harm” indicators returned to expected levels in September 2016, however the all harm indicator was below expected levels, 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 - 0.7% in September 2016.





Patient Safety

- 8 SIs were declared in September 2016 (in all cases full investigations have been started) and details are provided below:
 - **2016/23592 (Fall)** - The patient had an unwitnessed fall on 26/8/16. During the post fall review the patient did not complain of pain but was confused so a head CT was undertaken. Over the following days reduced mobility was noted and the patient complained of pain during physio session. An x-ray on 3/9/16 confirmed a fractured neck of femur.
 - **2016/23862 (MRSA)** - The patient has multiple co-morbidities. He has been an in-patient since May 2016 and is being nursed in a side room. MRSA blood stream infection has been identified and antimicrobial therapy and echo commenced.
 - **2016/24679 (Missed diagnosis)** - Patient had a naevus removed from his face in 2013 using a shave technique; it was reported as a benign compound naevus with margins involved. In 2016 the patient had a lesion removed from the face (presumed the same area) which was reported as a malignant melanoma. A review of the original 2013 lesion by the Regional Specialist confirmed that it was an unusual type of malignant melanoma. The current health of the patient is unknown.
 - **2016/25188 (Delayed diagnosis)** - The patient was found to have left upper lobe nodules in 03/10/2014. The case was discussed with the radiologists and the plan was for a repeat CT scan as the nodules were too small to biopsy. However, the interval scan and follow-up never occurred. In August 2016, following further diagnostics and subsequent investigations a diagnosis of lung cancer has been confirmed.
 - **2016/25346 (Diagnostic delay)** - Patient was admitted to critical care from Gatwick Park Hospital due to blood loss following revision hip surgery on 28/07. A post op x-ray was not undertaken and there was a delay in orthopaedic review. A pelvic x-ray on 04/08 revealed a left hip dislocation. This was managed by an attempted relocation under general anaesthesia which was unsuccessful followed by an open reduction on the 05/08. The left hip found to be dislocated on the 08/08 and a plan to revise the joint put in place for the 10/08.
 - **2016/25458 (Fall)** - The patient, a 98 year old male, sustained an unwitnessed fall at his bedside. First responders were alerted by the sound of the fall; they found the patient on the floor which was described as being wet.

Patient Safety

- **2016/25460 (Fall)** - The patient was admitted to the acute stroke unit on the 20/9/16 with a seven day history of worsening speech and right arm and leg weakness. She was mobilising with supervision. On 23/9/16 at 06:40 the patient stood up out of bed to adjust the light, overbalanced and fell. She sustained a fractured neck of femur.
- **2016/25467 (Fall)** - A 97 year old gentleman was admitted to AMU on the 14/09/16 complaining of chest pain. He had a fall during the night (03.55 hours) sustaining a possible head injury. The initial assessment and CT at 05.02 showed no injury. However, the following evening the patient deteriorated with a low Glasgow coma scale. When the patient was given a second CT at 17.52 hours, the image showed a new acute subdural haemorrhage overlying the whole of the right cerebral hemisphere. It is approximately 1 cm in depth and there is a resulting midline shift to the left. A neurosurgical review was requested from St Georges who confirmed that surgical intervention was not an option.

Infection Control

Indicator Description	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Trend
MRSA BSI (incidences in month)	0	0	1	0	1	0	0	0	0	1	1	0	1	
CDiff Incidences (in month)	2	6	2	6	2	1	0	2	1	3	1	4	5	
MSSA	1	3	0	3	0	3	2	3	2	4	0	2	2	
E-Coli	30	29	19	23	23	20	31	17	26	23	25	23	25	

- There was 1 case of MRSA in September 2016 and five 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	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Trend
HSMR (56 Monitored diagnoses - 12 Months)	99.3	99.5	98.3	97.4	97.6	96.2	94.0	93.1	91.2	92.3				
Emergency readmissions within 30 days (PBR Rules)	7.3%	6.3%	6.3%	7.1%	7.1%	6.8%	6.8%	6.5%	8.1%	6.8%	7.3%	7.1%		

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

Maternity

Indicator Description	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Trend
C Section Rate - Emergency	17%	14%	15%	16%	17%	14%	14%	14%	18%	18%	18%	14%	12%	
C Section Rate - Elective	8%	13%	10%	9%	9%	10%	12%	11%	10%	10%	11%	14%	11%	
Admissions of full term babies to neo-natal care	5.8%	7.1%	6.6%	5.9%	3.8%	6.1%	5.0%	3.9%	7.0%	2.7%	4.7%	4.5%	5.0%	

- 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%	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%	90.0%	86.7%	85.6%	85.0%						
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%						
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%						

- 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 September 2016.
- While the National standard was achieved for RTT Incompletes, performance was marginally below trajectory but within NHSI tolerances. RTT continues to be a challenge 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	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Trend
ED 95% in 4 hours	97.1%	95.5%	92.9%	95.5%	92.8%	91.4%	88.6%	91.3%	95.5%	96.4%	95.3%	96.0%	96.4%	
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	225	231	191	227	255	296	231	172	168	191	145	145	
Ambulance Turnaround - Number Over 60 mins	29	31	30	10	21	56	71	40	12	7	22	6	5	

- The ED 4hr standard was achieved in September 2016 with performance of 96.4%.
- Discharge delays are a significant driver of performance with an average of 108 beds occupied by patients who are medically ready for discharge, compared to 92 in September 2015.
- Ambulance turnaround performance continues on its improvement trajectory.
- 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 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	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Trend
Cancer - TWR	89.6%	90.0%	93.2%	94.3%	93.0%	93.3%	93.7%	91.0%	90.3%	91.7%	95.4%	93.0%	95.3%	
Cancer - TWR Breast Symptomatic	94.2%	93.8%	93.4%	96.2%	90.7%	84.1%	89.8%	87.1%	91.1%	82.0%	93.9%	97.2%	95.7%	
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	100.0%	100.0%	100.0%	100.0%	95.2%	100.0%	95.3%	95.8%	100.0%	96.0%	98.1%	95.8%	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%	100.0%	98.1%	100.0%	
Cancer - 31 Day Diagnosis to Treatment	99.3%	98.2%	96.6%	96.1%	96.2%	96.2%	96.0%	96.7%	98.5%	98.6%	98.8%	97.0%	96.0%	
Cancer - 62 Day Referral to Treatment Standard	86.2%	85.6%	88.3%	86.0%	81.1%	87.5%	87.9%	86.3%	86.0%	90.0%	86.7%	85.6%	85.0%	
Cancer - 62 Day Referral to Treatment Screening	100.0%	87.5%	90.9%	100.0%	100.0%	90.9%	100.0%	87.5%	100.0%	83.3%	100.0%	93.3%	100.0%	

- All cancer standards were achieved in September 2016 for the third 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





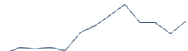




Referral to Treatment (RTT) and Diagnostics

Indicator Description	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Trend
RTT Incomplete Pathways - % waiting less than 18 weeks	92.1%	92.2%	92.5%	92.1%	92.0%	92.0%	92.2%	92.6%	92.5%	92.7%	92.6%	92.1%	92.4%	
RTT Patients over 52 weeks on incomplete pathways	0	0	0	0	0	0	0	0	1	4	2	3	3	
RTT Admitted	78%	79%	81%	81%	78%	77%	77%	76%	78%	79%	79%	76%	77%	
RTT Non Admitted	89%	88%	85%	85%	85%	85%	85%	86%	87%	87%	84%	82%	83%	
Percentage of patients waiting 6 weeks or more for diagnostic	0.5%	0.2%	0.2%	0.1%	0.0%	0.0%	0.0%	0.1%	0.5%	0.3%	0.4%	7.7%	10.9%	
Last Minute Elective Cancellations for non clinical reasons	44	41	133	65	112	133	119	25	44	28	66	47	27	
No. of operations cancelled on the day not treated within 28 days	0	0	0	0	7	3	13	32	9	12	2	10	19	

- 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 September 2016, three patients were waiting over 52 weeks on an incomplete pathway. All three have appointment dates in October 2016. 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 September 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.
- 27 patients were cancelled at the “last minute” for non clinical reasons and 19 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	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Trend
Emergency Department FFT - % positive responses	96.9%	95.3%	97.3%	97.5%	95.8%	96.3%	95.0%	95.4%	94.9%	95.9%	94.9%	96.1%	95.3%	
Inpatient FFT - % positive responses	96.1%	95.0%	95.1%	95.1%	97.4%	95.0%	96.5%	95.6%	95.6%	96.0%	94.7%	95.8%	93.8%	
Maternity FFT - Antenatal - % positive responses	94.3%	96.5%	96.1%	96.0%	97.5%	98.5%	95.3%	98.9%	95.4%	93.2%	100.0%	93.6%	97.6%	
Maternity FFT - Delivery - % positive responses	95.4%	95.1%	97.6%	91.7%	95.5%	97.1%	94.7%	100.0%	98.8%	99.0%	97.7%	98.7%	95.6%	
Maternity FFT - Postnatal Ward - % positive responses	87.9%	88.9%	88.8%	88.9%	88.4%	92.0%	93.3%	95.3%	97.6%	94.0%	94.0%	91.8%	94.3%	
Maternity FFT - Postnatal Community Care - % positive responses								97.7%	96.1%	97.1%	98.9%	98.3%	97.5%	
Outpatient FFT - % positive responses	88.3%	87.3%	89.3%	92.8%	90.0%	89.5%	89.0%	89.6%	86.7%	89.1%	88.9%	91.7%	90.2%	
Mixed Sex Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	
Complaints (rate per 10,000 occupied bed days)	27	24	19	17	26	29	29	26	31	28	30	32	44	

- **ED FFT** - The FFT score has dropped slightly to 95.3% in September from 96.1% in August. The response rate has also dropped to 15% in September compared to 21% in August. Staff in ED have been made aware of the drop in response rate and asked to engage further in October.
- **Inpatient FFT** - The FFT score for inpatients has dropped to 93.9% in September, from 95.8% in August. The response rate for September has dropped by 13%. At 29% this is the lowest it has been this year and discussions are underway to improve going forward.
- **Maternity FFT** - FFT scores for TP1 (Touch Point) and TP3 are higher in September than they were for August. There has been a drop for TP2 and the score for TP4 is similar.
- **Outpatient FFT** –The number of responses has dropped slightly from the August peak, and the FFT score has also dropped slightly - 90.2% in September vs. 91.7% in August.

Patient Experience

- Open visiting is now live across all inpatient wards. Feedback on the 'Supporting our patients: visiting guidelines' will be sought and the evaluation process will start in early November.















Workforce

Workforce

Indicator Description	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Trend
Average fill rate – registered nurses/midwives (%) - Day	95.0%	95.1%	95.4%	95.1%	96.3%	95.6%	94.5%	97.3%	98.1%	97.6%	97.4%	96.9%	97.4%	
Average fill rate – care staff (%) - Day	95.1%	97.2%	98.7%	97.1%	97.0%	97.3%	99.5%	98.2%	98.1%	98.2%	93.5%	95.0%	93.4%	
Average fill rate – registered nurses/midwives (%) - Night	96.4%	96.9%	97.2%	97.9%	98.0%	97.6%	97.6%	98.8%	98.6%	98.9%	98.3%	97.1%	97.8%	
Average fill rate – care staff (%) - Night	96.4%	96.9%	97.8%	98.2%	97.6%	97.4%	97.3%	97.2%	98.2%	98.0%	95.7%	95.8%	95.2%	
Overall Sickness Rate	4.4%	4.4%	4.0%	3.8%	3.8%	4.3%	4.0%	3.6%	3.2%	3.5%	3.4%	3.5%	3.3%	
%age of staff who have had appraisal	64%	72%	74%	74%	72%	70%	66%	0.4%	14.7%	23.8%	41.6%	54.9%	71.0%	
Staff Turnover rate	15.2%	15.0%	14.4%	13.8%	13.8%	13.8%	14.1%	14.4%	14.5%	14.5%	15.3%	15.4%	14.9%	
Total Establishment (WTE)	3680.00	3675.60	3681.50	3687.40	3675.10	3702.50	3721.00	3733.00	3812.90		3820.00	3837.00	3875.60	
Vacancy Rate (All Staff)	10.6%	9.4%	8.6%	8.7%	8.1%	7.6%	7.7%	8.4%	10.4%		12.8%	10.8%	11.3%	
%age of staff who have completed MAST training in the last 12 months	62.7%	60.9%	61.8%	62.1%	62.1%	65.1%	65.3%	62.0%	64.7%	65.8%	79.7%	80.8%	80.9%	

- The Trust continues to monitor ward nursing (numbers and skill mix) on a daily basis and is assured that adequate staffing is in place.
- Funded Establishment at the end of September 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 September 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 September 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	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Trend
Outturn £m Surplus / (Deficit) - Plan	1.6	1.6	1.6	1.6	1.6	1.6	1.6	15.2	15.2	15.2	15.2	15.2	15.2	
Outturn £m Surplus / (Deficit) - Forecast	1.6	1.6	1.6	(3.0)	(4.2)	(6.6)	(6.5)	15.2	15.2	15.2	15.2	15.2	15.2	
YTD £m Surplus / (Deficit) - Plan	(0.6)	(2.0)	(2.0)	(1.3)	(0.6)	0.0	1.6	(2.3)	(4.0)	(4.9)	(4.9)	(2.1)	(1.9)	
YTD £m Surplus / (Deficit) - Actual	(3.3)	(3.6)	(4.2)	(5.3)	(3.9)	(4.8)	(6.5)	(1.3)	(2.5)	(2.5)	(3.0)	(1.8)	(1.8)	
Outturn UNDERLYING £m Surplus / (Deficit) - Plan	3.8	3.8	3.8	3.8	3.8	3.8	3.8	7.5	7.5	7.5	7.5	7.5	7.5	
Outturn UNDERLYING £m Surplus / (Deficit) - Actual	3.3	3.3	3.3	(6.3)	(6.3)	(7.6)	(7.2)	7.5	7.5	7.5	7.5	7.5	7.5	
YTD Savings £m - Actual	2.1	2.5	2.8	3.2	3.6	4.1	5.4	0.2	0.5	1.0	1.6	1.9	2.3	
OT Risk £m Surplus / (Deficit) - Assessment	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(6.8)	(6.8)	(6.8)	(7.2)	(7.2)	(14.9)	
Outturn Cash position £m Fav / (Adv) - Forecast	2.4	2.4	2.4	2.5	2.5	2.5	2.5	2.3	2.1	2.1	2.1	2.1	2.1	
YTD Cash position £m Fav / (Adv) - Actual	3.9	4.8	5.0	5.7	4.5	6.8	2.5	2.7	3.0	3.7	4.9	5.8	4.5	
YTD Liquid ratio - days	(19.0)	(13.0)	(16.0)	(16.0)	(15.0)	(15.0)	(18.0)	(16.0)	(13.0)	(18.0)	(17.0)	(19.0)	(19.0)	
YTD BPPC (overall) volume £m	69%	59%	60%	60%	53%	52%	47%	28%	32%	53%	62%	70%	73%	
YTD BPPC (overall) value £m	68%	61%	63%	63%	60%	59%	55%	41%	51%	58%	64%	71%	74%	
Outturn Capital spend Fav / (Adv) - forecast	17.1	17.1	17.1	14.1	14.1	14.1	14.1	9.0	9.0	13.1	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 Trusts YTD deficit at the end of month 6 was £(1.8)m, £0.1m better than the planned £(1.9)m deficit position. The YTD position includes £2.4m Q1 STP funding (as planned).
- Year to date the agency (and NHS locum) spend of £10.5m is £(0.7)m greater than the £9.8m plan. The adverse position is mainly driven by medical spend.

Finance

- The cash balance at the end of September 2016 was £4.5m. 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 73% by volume, 74% 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.