

Integrated Performance Report M11 – February 2017

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

Putting people first
Delivering excellent, accessible healthcare 

Performance – February 2017

Patient Safety

- There were 2 SIs declared in February 2017
- Patient safety indicators continue to show expected levels of performance.
- There were no MRSA bloodstream infections and 5 Trust acquired C-Diff case in February 2017.

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 90.9% in February 2017.
- All Cancer targets were achieved during February 2017.
- 18 Weeks RTT - The Trust did not achieve the RTT Incomplete pathways standard with performance of 90.0%. Recovery actions are in place.

Patient Experience

- The FFT for Inpatients was 96.2% in February 2017; the ED FFT increased slightly to 96.6%. 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 – February 2017

Finance

- The Trust achieved a £2.0m [adjusted] surplus at the end of February, £(8.0)m adverse to the YTD planned £10.0m surplus. The YTD position includes £4.9m actual Q1 & Q2 STP funding against a planned £7.3m (no payment at Q3).

Key Risks





- The Significant Risk Register for the Trust includes four quality risks in relation to ED Access standards, Outbreak of viral gastroenteritis, RTT Access Standards and Consultant Workload in Histology (insufficient reporting capacity for service demand).

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

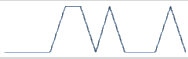



Indicator Description	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Trend
No of Never Events in month	0	0	0	0	1	0	0	0	0	0	0	0	0	
No of medication errors causing Severe Harm or Death	0	0	0	0	0	0	0	0	0	0	0	0	0	
Safety Thermometer - % of patients with harm free care (all harm)	89.1%	90.2%	91.5%	94.7%	93.8%	92.3%	89.0%	90.7%	89.0%	89.9%	92.2%	89.9%	93.9%	
Safety Thermometer - % of patients with harm free care (new harm)	93.8%	94.5%	95.0%	96.5%	97.6%	96.2%	92.6%	96.2%	94.8%	94.4%	96.8%	94.2%	97.9%	
Percentage of patients who have a VTE risk assessment	95%	95%	95%	95%	96%	95%	95%	95%	95%	95%	95%	95%	95%	
WHO Checklist Usage - % Compliance	100%	100%	100%	100%	100%	98%	100%	100%	100%	100%	100%	100%	TBC	
Number of Sis	6	10	7	3	1	6	6	8	4	0	1	4	2	
Serious Incidents - No per 1000 Bed Days	0.33	0.51	0.38	0.16	0.11	0.31	0.32	0.45	0.16	0.00	0.05	0.21	0.11	
Percentage of Patient Safety Incidents causing Severe harm or Death	0.5%	1.4%	0.7%	0.2%	0.2%	0.2%	0.6%	0.7%	0.5%	0.0%	0.3%	0.2%	0.0%	
Number of overdue CAS and NPSA alerts	0	0	0	0	0	0	0	0	0	0	0	0	0	

- The Trust declared two serious incidents in February 2017.
 - **2017/4211 – Surgical Incident (ophthalmology)** - The patient is an 81 year old female under the care of the Ophthalmology team. The investigation will examine a treatment complication which resulted in an extra ocular intervention and cataract formation. The investigation will consider whether the original procedure may have been unnecessary.
 - **2017/4221 - Surgical Incident (ophthalmology)** - The patient was admitted via ED to Chaldon Ward in pain and unable to see in the early hours of 24/9/16. Ophthalmology review not undertaken until 26/9/16 when a diagnosis of bilateral acute glaucoma made. The delay in review resulted in a significantly worse visual outcome.
- Safety thermometer performance improved for both the “All Harm” and “New Harm” measures.

Patient Safety

- The percentage of patient safety incidents causing severe harm or death was 0.0% in February 2017, within the expected range.
- The following new risk is on the significant risk register:
 - Consultant Workload in Histology - insufficient reporting capacity for service demand – Risk score 16 (Likelihood of 4 and consequence of 4). Short term mitigations in place while medium term resolution is progressed.

Infection Control

Indicator Description	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Trend
MRSA BSI (incidences in month)	0	0	0	0	1	1	0	1	0	0	0	1	0	
CDiff Incidences (in month)	1	0	2	1	3	1	4	5	0	1	2	1	5	
MSSA	3	2	3	2	4	0	2	2	1	1	6	3	2	
E-Coli	20	31	17	26	23	25	23	25	32	25	26	24	16	

- There no cases of MRSA in February 2017 and 5 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).

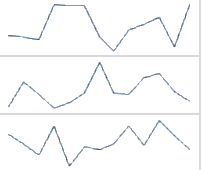


Clinical Effectiveness

Mortality and Readmissions

Indicator Description	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Trend
HSMR (56 Monitored diagnoses - 12 Months)	97.5	96.1	95.8	94.4	93.7	94.8	93.7	92.1	92.9	92.7				
Emergency readmissions within 30 days (PBR Rules)	6.8%	6.8%	6.5%	6.6%	6.8%	7.3%	7.0%	6.3%	6.5%	6.4%	7.5%	6.6%		

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

Maternity

Indicator Description	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Trend
C Section Rate - Emergency	14%	14%	14%	18%	18%	18%	14%	12%	15%	16%	17%	13%	18%	
C Section Rate - Elective	10%	12%	11%	10%	10%	11%	14%	11%	11%	12%	13%	11%	10%	
Admissions of full term babies to neo-natal care	6.1%	5.0%	3.9%	7.0%	2.7%	4.7%	4.5%	5.0%	7.0%	4.9%	7.6%	5.9%	4.5%	

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

Access and Responsiveness

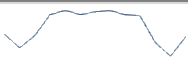



STF Trajectories

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%	95.1%	89.8%	87.0%	90.9%	
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%	85.4%	85.6%	89.8%	89.5%	87.7%	88.3%	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%	92.1%	92.5%	90.9%	90.5%	90.0%	
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%	8.3%	4.7%	0.4%	0.3%	

- The table above shows the agreed STF Trajectories and YTD performance.
- The trajectory for the ED 4hr Standard was not achieved with performance of 90.9%
- The Cancer 62 Day trajectories continued to be achieved in February 2017.
- RTT continues to be a challenge nationally and locally with referral growth above plan / capacity gaps in a number of specialties. This has resulted in the RTT Incomplete trajectory not being achieved in February 2017 with performance of 90.0%.
- The diagnostic standard and trajectory were achieved in February 2017 with performance of 0.3%.

Access and Responsiveness








Emergency Department

Indicator Description	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Trend
ED 95% in 4 hours	91.4%	88.6%	91.3%	95.5%	96.4%	95.3%	96.0%	96.4%	95.4%	95.1%	89.8%	87.0%	90.9%	
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	255	296	231	172	168	191	145	145	189	224	336	253	194	
Ambulance Turnaround - Number Over 60 mins	56	71	40	12	7	22	6	5	11	22	80	66	34	

- The ED 4hr standard was not achieved in February 2017 with performance of 90.9%.
- Ambulance turnaround performance improved in February 2017 with 34 breaches of the 1hr standard - 1% of the months ambulance arrivals.
- The Trust is aligned with the national plans for Ambulance Handover improvement and is part way through an action plan with partners and further improvement is expected in Q1 of 2017/18.
- 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







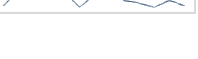
Cancer

Indicator Description	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Trend
Cancer - TWR	93.3%	93.7%	91.0%	90.3%	91.7%	95.4%	93.0%	95.3%	94.8%	94.3%	94.5%	94.7%	94.4%	
Cancer - TWR Breast Symptomatic	84.1%	89.8%	87.1%	91.1%	82.0%	93.9%	97.2%	95.7%	99.0%	95.8%	94.7%	95.4%	93.0%	
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	100.0%	95.3%	95.8%	100.0%	96.0%	98.1%	95.8%	100.0%	100.0%	94.0%	100.0%	100.0%	100.0%	
Cancer - 31 Day Second or Subsequent Treatment (DRUG)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.1%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Cancer - 31 Day Diagnosis to Treatment	96.2%	96.0%	96.7%	98.5%	98.6%	98.8%	97.0%	96.0%	96.0%	96.0%	100.0%	97.7%	97.2%	
Cancer - 62 Day Referral to Treatment Standard	87.5%	87.9%	86.3%	86.0%	90.0%	86.7%	85.4%	85.6%	89.8%	89.7%	86.6%	87.9%	85.0%	
Cancer - 62 Day Referral to Treatment Screening	90.9%	100.0%	87.5%	100.0%	83.3%	100.0%	93.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

- All Cancer standards were achieved for the 8th month in a row with the work undertaken on TWW in June / July and investments in tracking continuing to show sustained improvement.
- Business Planning for 2017/18 will focus on ensuring capacity is in place for expected growth and changes in pathways aligned to the National Cancer Strategy.
- Ring fencing of capacity for Cancer has seen a knock on effect on RTT and Diagnostics.

Access and Responsiveness







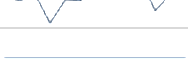


Referral to Treatment (RTT) and Diagnostics

Indicator Description	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Trend
RTT Incomplete Pathways - % waiting less than 18 weeks	92.0%	92.2%	92.6%	92.5%	92.7%	92.6%	92.1%	92.4%	92.1%	92.5%	90.9%	90.5%	90.0%	
RTT Patients over 52 weeks on incomplete pathways	0	0	0	1	4	2	3	3	3	4	5	13	15	
RTT Admitted	77%	77%	76%	78%	79%	79%	76%	77%	77%	74%	77%	75%	71%	
RTT Non Admitted	85%	85%	86%	87%	87%	84%	82%	83%	82%	79%	79%	77%	81%	
Percentage of patients waiting 6 weeks or more for diagnostic	0.0%	0.0%	0.1%	0.5%	0.3%	0.4%	7.7%	10.9%	9.5%	8.3%	4.7%	0.4%	0.3%	
Last Minute Elective Cancellations for non clinical reasons	133	119	25	44	28	66	47	27	48	104	70	57	55	
No. of operations cancelled on the day not treated within 28 days	3	13	32	9	12	2	10	19	7	5	2	7	3	

- The Trust did not achieve the 92% RTT Incomplete pathway standard with performance of 90.0% in February 2017.
- With significant growth in referrals and activity patterns changing to the South of the Trust, capacity challenges remain in a number of specialties and plans continue to be put in place to mitigate.
- At the end of February 2017 15 patients were waiting over 52 weeks for treatment. RCAs are completed for all patients with reasons including patient choice, capacity and tracking system validation.
- The 6 week diagnostic standard was achieved in February 2017 as actions taken over the last 6 months supported delivery.
- The following risks are 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	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Trend
Emergency Department FFT - % positive responses	96.3%	95.0%	95.4%	94.9%	95.9%	94.9%	96.1%	95.3%	96.1%	96.8%	96.0%	96.3%	96.6%	
Inpatient FFT - % positive responses	95.0%	96.5%	95.6%	95.6%	96.0%	94.7%	95.8%	93.8%	95.4%	94.8%	95.5%	96.7%	96.2%	
Maternity FFT - Antenatal - % positive responses	98.5%	95.3%	98.9%	95.4%	93.2%	100.0%	93.6%	97.6%	98.6%	95.6%	93.9%	98.5%	95.2%	
Maternity FFT - Delivery - % positive responses	97.1%	94.7%	100.0%	98.8%	99.0%	97.7%	98.7%	95.6%	97.1%	96.9%	98.7%	97.8%	97.3%	
Maternity FFT - Postnatal Ward - % positive responses	92.0%	93.3%	95.3%	97.6%	94.0%	94.0%	91.8%	94.3%	92.8%	86.6%	96.2%	92.3%	89.0%	
Maternity FFT - Postnatal Community Care - % positive responses			97.7%	96.1%	97.1%	98.9%	98.3%	97.5%	96.4%	98.3%	92.5%	100.0%	92.0%	
Outpatient FFT - % positive responses	89.5%	89.0%	89.6%	86.7%	89.1%	88.9%	91.7%	90.2%	91.1%	91.2%	88.0%	89.7%	90.7%	
Mixed Sex Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	
Complaints (rate per 10,000 occupied bed days)	29	29	26	31	31	31	32	28	26	20	19	28	24	

- **ED FFT** – The FFT score has increased slightly from 96.3% in January to 96.6% in February. There has also been a marked increase in the response rate, from 17% in January to 28% in February
- **Inpatient FFT** - The FFT score for inpatients only dropped slightly, from 96.7% in January to 96.2% in February. The response rate increased to 38% (from 34% in January)
- **Maternity FFT** – There has been a drop in both scores and response rates for the two community touchpoints (TP1 and TP4). FFT scores and response rates have also dropped for the birth and postnatal ward touchpoints (TP2 and TP3), but the changes are smaller
- **Outpatient FFT** – the FFT score for outpatients increased slightly, from 89.7% to 90.7%. The number of responses has improved for the fourth month in a row and is the highest to date

Workforce

Workforce

Indicator Description	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Trend
Average fill rate – registered nurses/midwives (%) - Day	95.6%	94.5%	97.3%	98.1%	97.6%	97.4%	96.9%	97.4%	97.6%	98.7%	96.9%	97.5%	96.7%	
Average fill rate – care staff (%) - Day	97.3%	99.5%	98.2%	98.1%	98.2%	93.5%	95.0%	93.4%	91.1%	88.7%	92.4%	91.9%	96.4%	
Average fill rate – registered nurses/midwives (%) - Night	97.6%	97.6%	98.8%	98.6%	98.9%	98.3%	97.1%	97.8%	98.3%	97.7%	97.0%	97.3%	97.9%	
Average fill rate – care staff (%) - Night	97.4%	97.3%	97.2%	98.2%	98.0%	95.7%	95.8%	95.2%	93.9%	92.8%	92.3%	95.4%	95.0%	
Overall Sickness Rate	4.3%	4.0%	3.6%	3.2%	3.5%	3.4%	3.5%	3.3%	3.9%	4.2%	4.3%	4.1%	3.7%	
%age of staff who have had appraisal	70%	66%	0.4%	14.7%	23.8%	41.6%	54.9%	71.0%	86.4%	95.2%	96.4%	97.0%	97.2%	
Staff Turnover rate	13.8%	14.1%	14.4%	14.5%	14.5%	15.3%	15.4%	14.9%	15.6%	15.5%	16.4%	16.4%	16.1%	
Total Establishment (WTE)	3703	3721	3733	3813		3820	3837	3876	3891	3937	3944	3952	3925	
Vacancy Rate (All Staff)	7.6%	7.7%	8.4%	10.4%		12.8%	10.8%	11.3%	11.2%	11.5%	11.8%	11.0%	9.8%	
%age of staff who have completed MAST training in the last 12 months	65.1%	65.3%	62.0%	64.7%	65.8%	79.7%	80.8%	80.9%	80.3%	79.9%	80.0%	80.3%	76.8%	

- 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 has reduced primarily due to the restructure of Tandridge and equates to 3925 WTE.
- Vacancy Rate across all staff groups has decreased by to 9.8% and has also decreased in Nursing by 1.2% to 15.9%.
- Turnover has decreased to 16.1% for all staff groups, however for Nursing this has increased by 0.3% to 16.9%.
- Sickness has decreased by 0.4% to 3.7%.
- MAST figures were recorded as 77% and Achievement Review completion rate at end the of February was 97%. The 2017 AR cycle is now being promoted.
- There is still on-going high usage of Bank & Agency staff, and PMOs are reviewing usage on a weekly basis.

Finance

Indicator Description	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Trend
Outturn £m Surplus / (Deficit) - Plan	1.6	1.6	15.2	15.2	15.2	15.2	15.2	15.2	15.2	15.2	15.2	15.2	15.2	
Outturn £m Surplus / (Deficit) - Forecast	(6.6)	(6.5)	15.2	15.2	15.2	15.2	15.2	15.2	15.2	15.2	0.3	5.0	5.0	
YTD £m Surplus / (Deficit) - Plan	0.0	1.6	(2.3)	(4.0)	(4.9)	(4.9)	(2.1)	(1.9)	1.8	6.2	5.0	6.8	10.1	
YTD £m Surplus / (Deficit) - Actual	(4.8)	(6.5)	(1.3)	(2.5)	(2.5)	(3.0)	(1.8)	(1.8)	0.1	2.8	2.0	3.6	2.0	
Outturn UNDERLYING £m Surplus / (Deficit) - Plan	3.8	3.8	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	
Outturn UNDERLYING £m Surplus / (Deficit) - Actual	(7.6)	(7.2)	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	(4.6)	(2.8)	2.8	
YTD Savings £m - Actual	4.1	5.4	0.2	0.5	1.0	1.6	1.9	2.3	3.1	4.4	5.6	6.8	8.0	
OT Risk £m Surplus / (Deficit) - Assessment	0.0	0.0	(6.8)	(6.8)	(6.8)	(7.2)	(7.2)	(14.9)	(14.9)	(14.9)	(4.0)	(2.5)	(2.5)	
Outturn Cash position £m Fav / (Adv) - Forecast	2.5	2.5	2.3	2.1	2.1	2.1	2.1	2.1	2.1	6.3	2.5	2.5	2.5	
YTD Cash position £m Fav / (Adv) - Actual	6.8	2.5	2.7	3.0	3.7	4.9	5.8	4.5	4.8	7.2	5.3	4.4	2.9	
YTD Liquid ratio - days	(15.0)	(18.0)	(16.0)	(13.0)	(18.0)	(17.0)	(19.0)	(19.0)	(16.0)	(10.0)	(9.0)	(7.0)	(11.0)	
YTD BPPC (overall) volume £m	52%	47%	28%	32%	53%	62%	70%	73%	77%	79%	80%	82%	83%	
YTD BPPC (overall) value £m	59%	55%	41%	51%	58%	64%	71%	74%	77%	79%	80%	80%	82%	
Outturn Capital spend Fav / (Adv) - forecast	14.1	14.1	9.0	9.0	13.1	15.9	15.9	15.9	15.9	12.6	12.4	11.3	11.4	

- 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 £2.0m [adjusted] surplus at the end of February, £(8.0)m adverse to the YTD planned £10.0m surplus. The YTD position includes £4.9m actual Q1 & Q2 STP funding against a planned £7.3m (no payment at Q3).

Finance

- At M11 cost and income are following the forecast trend, with some adverse movement on income.
- Included in the M11 position is 11/12ths of the additional activity funding (£2.75m) agreed with NHS England (now being invoiced).
- YTD agency (and NHS locum) spend is £18.8m which is £(5.0)m greater than the £13.8m plan. This spend is mainly driven by the on-going difficulty in recruiting sufficient numbers of permanent/bank nurses and junior doctors.
- The cash balance at the end of February 2017 was £2.9m. The Trust has drawn down £7.3m revolving working capital in 2016/17 of which £3.75m was repaid as at January 2017. This cash has supported on-going improvement in BPPC performance which is now 83% by volume, 82% 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 capital resource limit (CRL). The EPR Digitise project (which is planned to be funded by a capital investment loan) has now been deferred into 2017/18 and, to support the national position, the Trust has deferred a further £1.1m of 2016/17 expenditure into early 2017/18 and returned this CRL (not cash) resulting in a revised CRL forecast of £11.3m. This compares to the £15.9m CRL plan requested with the revised 2016/17 NHSi operating plan.