

Integrated Performance Report M12 – March 2017

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

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Delivering excellent, accessible healthcare 

Performance – March 2017

Patient Safety

- There were 2 SIs declared in March 2017
- Patient safety indicators continue to show expected levels of performance.
- There was 1 MRSA bloodstream infection and 5 Trust acquired C-Diff case in March 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 achieved with performance of 95.1% in March 2017.
- All Cancer targets were achieved during March 2017.
- 18 Weeks RTT - The Trust did not achieve the RTT Incomplete pathways standard with performance of 90.1%. Recovery actions are in place.

Patient Experience

- The FFT for Inpatients was 95.2% in March 2017; the ED FFT increased slightly to 96.9%. 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 – March 2017

Finance

- The Trust has achieved a £3.5m [adjusted] surplus at the end of the financial year, £(11.7)m adverse to the original planned £15.2m surplus. The final year end position included £4.9m of S & T funding (Q1 & Q2) against a planned £9.2m (no payment at Q3 or Q4). The £1.5m shortfall from the NHSi required £5m forecast position was directly due to £1.2m readmissions deductions and £0.3m non reimbursement of winter resilience funding by Commissioners.

Key Risks


- The Significant Risk Register for the Trust includes two quality risks in relation to ED Access standards 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	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Trend
No of Never Events in month	0	0	0	1	0	0	0	0	0	0	0	0	0	
No of medication errors causing Severe Harm or Death	0	0	0	0	0	0	0	0	0	0	0	0	0	
Safety Thermometer - % of patients with harm free care (all harm)	90.2%	91.5%	94.7%	93.8%	92.3%	89.0%	90.7%	89.0%	89.9%	92.2%	89.9%	93.9%	93.1%	
Safety Thermometer - % of patients with harm free care (new harm)	94.5%	95.0%	96.5%	97.6%	96.2%	92.6%	96.2%	94.8%	94.4%	96.8%	94.2%	97.9%	98.7%	
Percentage of patients who have a VTE risk assessment	95%	95%	95%	96%	95%	95%	95%	95%	95%	95%	95%	95%	95%	
WHO Checklist Usage - % Compliance	100%	100%	100%	100%	98%	100%	100%	100%	100%	100%	100%	100%	100%	
Number of Sis	10	7	3	1	6	6	8	4	0	1	4	2	2	
Serious Incidents - No per 1000 Bed Days	0.51	0.38	0.16	0.11	0.31	0.32	0.45	0.16	0.00	0.05	0.21	0.11	0.05	
Percentage of Patient Safety Incidents causing Severe harm or Death	1.4%	0.7%	0.4%	0.4%	0.5%	0.8%	0.9%	0.5%	0.0%	0.5%	0.2%	0.0%	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 March 2017.
 - **2017/8070 – Fall** - The patient was admitted for an elective right total hip replacement. During his post-operative recovery the patient fell and sustained a periprosthetic fracture and dislocation. The patient underwent a further procedure to repair the fracture and has since been discharged home. This was a late declaration of an incident which took place in December 2016.
 - **2017/8163 - Maternity Incident** Baby was born following emergency caesarean section. The baby was transferred to a tertiary unit for therapeutic cooling, however treatment was withdrawn after four days and the baby passed away.
- Safety thermometer performance continues for “All Harm” with performance improving to 98.7% for the “New Harm” measure.
- The percentage of patient safety incidents causing severe harm or death was 0.0% in March 2017, within the expected range.

Patient Safety

Infection Control

Indicator Description	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Trend
MRSA BSI (incidences in month)	0	0	0	1	1	0	1	0	0	0	1	0	1	
CDiff Incidences (in month)	0	2	1	3	1	4	5	0	1	2	1	5	5	
MSSA	2	3	2	4	0	2	2	1	1	6	3	2	6	
E-Coli	31	17	26	23	25	23	25	32	25	26	24	16	29	

- There is 1 case of MRSA in March 2017 and 5 cases of Trust acquired C.diff.




Clinical Effectiveness

Mortality and Readmissions

Indicator Description	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Trend
HSMR (56 Monitored diagnoses - 12 Months)	96.1	95.8	94.4	93.7	94.8	93.7	92.1	92.9	92.7	94.3				
Emergency readmissions within 30 days (PBR Rules)	6.8%	6.5%	6.6%	6.8%	7.3%	7.0%	6.3%	6.5%	6.4%	7.5%	6.6%	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	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Trend
C Section Rate - Emergency	14%	14%	18%	18%	18%	14%	12%	15%	16%	17%	13%	18%	17%	
C Section Rate - Elective	12%	11%	10%	10%	11%	14%	11%	11%	12%	13%	11%	10%	14%	
Admissions of full term babies to neo-natal care	5.0%	3.9%	7.0%	2.7%	4.7%	4.5%	5.0%	7.0%	4.9%	7.6%	5.9%	4.5%	5.7%	

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

Access and Responsiveness


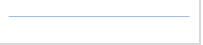


STF Trajectories

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%	95.1%
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%	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%	90.1%
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%	8.3%	4.7%	0.4%	0.3%	0.2%

- The table above shows the agreed STF Trajectories and YTD performance.
- The trajectory for the ED 4hr Standard was achieved with performance of 95.1%
- The Cancer 62 Day trajectories continue to be achieved in March 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 March 2017 with performance of 90.1%.
- The diagnostic standard and trajectory were achieved in March 2017 with performance of 0.2%.

Access and Responsiveness








Emergency Department

Indicator Description	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Trend
ED 95% in 4 hours	88.6%	91.3%	95.5%	96.4%	95.3%	96.0%	96.4%	95.4%	95.1%	89.8%	87.0%	90.9%	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	296	231	172	168	191	145	145	189	224	336	253	194	249	
Ambulance Turnaround - Number Over 60 mins	71	40	12	7	22	6	5	11	22	80	66	34	19	

- The ED 4hr standard was achieved in March 2017 with performance of 95.1%.
- Ambulance turnaround performance improved in March 2017 with 19 breaches of the 1hr standard – under 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	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Trend
Cancer - TWR	93.7%	91.0%	90.3%	91.7%	95.4%	93.0%	95.3%	94.8%	94.3%	94.5%	94.7%	94.4%	95.0%	
Cancer - TWR Breast Symptomatic	89.8%	87.1%	91.1%	82.0%	93.9%	97.2%	95.7%	99.0%	95.8%	94.7%	95.4%	93.0%	95.7%	
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	95.3%	95.8%	100.0%	96.0%	98.1%	95.8%	100.0%	100.0%	94.0%	100.0%	100.0%	100.0%	96.2%	
Cancer - 31 Day Second or Subsequent Treatment (DRUG)	100.0%	100.0%	100.0%	100.0%	100.0%	98.1%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Cancer - 31 Day Diagnosis to Treatment	96.0%	96.7%	98.5%	98.6%	98.8%	97.0%	96.0%	96.0%	96.0%	100.0%	97.7%	97.2%	96.8%	
Cancer - 62 Day Referral to Treatment Standard	87.9%	86.3%	86.0%	90.0%	86.7%	85.4%	85.6%	89.8%	89.7%	86.6%	87.9%	85.0%	85.0%	
Cancer - 62 Day Referral to Treatment Screening	100.0%	87.5%	100.0%	83.3%	100.0%	93.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

- All Cancer standards were achieved for the 9th 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









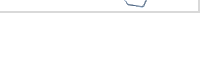
Referral to Treatment (RTT) and Diagnostics

Indicator Description	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Trend
RTT Incomplete Pathways - % waiting less than 18 weeks	92.2%	92.6%	92.5%	92.7%	92.6%	92.1%	92.4%	92.1%	92.5%	90.9%	90.5%	90.0%	90.1%	
RTT Patients over 52 weeks on incomplete pathways	0	0	1	4	2	3	3	3	4	5	13	15	19	
RTT Admitted	77%	76%	78%	79%	79%	76%	77%	77%	74%	77%	75%	71%	77%	
RTT Non Admitted	85%	86%	87%	87%	84%	82%	83%	82%	79%	79%	77%	81%	86%	
Percentage of patients waiting 6 weeks or more for diagnostic	0.0%	0.1%	0.5%	0.3%	0.4%	7.7%	10.9%	9.5%	8.3%	4.7%	0.4%	0.3%	0.2%	
Last Minute Elective Cancellations for non clinical reasons	119	25	44	28	66	47	27	48	104	70	57	55	42	
No of operations cancelled on the day not treated within 28 days	13	32	9	12	2	10	19	7	5	2	7	3	9	

- The Trust did not achieve the 92% RTT Incomplete pathway standard with performance of 90.1% in March 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 March 2017 19 patients were waiting over 52 weeks for treatment. RCAs are completed for all patients with reasons including patient choice and capacity as well as tracking system validation.
- The 6 week diagnostic standard was achieved in March 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	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Trend
Emergency Department FFT - % positive responses	95.0%	95.4%	94.9%	95.9%	94.9%	96.1%	95.3%	96.1%	96.8%	96.0%	96.3%	96.6%	96.9%	
Inpatient FFT - % positive responses	96.5%	95.6%	95.6%	96.0%	94.7%	95.8%	93.8%	95.4%	94.8%	95.5%	96.7%	96.2%	95.2%	
Maternity FFT - Antenatal - % positive responses	95.3%	98.9%	95.4%	93.2%	100.0%	93.6%	97.6%	98.6%	95.6%	93.9%	98.5%	95.2%	95.9%	
Maternity FFT - Delivery - % positive responses	94.7%	100.0%	98.8%	99.0%	97.7%	98.7%	95.6%	97.1%	96.9%	98.7%	97.8%	97.3%	98.8%	
Maternity FFT - Postnatal Ward - % positive responses	93.3%	95.3%	97.6%	94.0%	94.0%	91.8%	94.3%	92.8%	86.6%	96.2%	92.3%	89.0%	92.2%	
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%	100.0%	
Outpatient FFT - % positive responses	89.0%	89.6%	86.7%	89.1%	88.9%	91.7%	90.2%	91.1%	91.2%	88.0%	89.7%	90.7%	90.6%	
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	26	31	31	31	32	28	26	20	19	28	24	29	

- **ED FFT** – The FFT score has increased slightly from 96.6% in February to 96.9% in March.
- **Inpatient FFT** - The FFT score for inpatients dropped from 96.2% in February to 95.2% in March.
- **Maternity FFT** – There has been an increase in all of the maternity FFT indicators.
- **Outpatient FFT** – the FFT score for outpatients dropped slightly, from 90.7% in February to 90.6% in March.

Workforce

Workforce

Indicator Description	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Trend
Average fill rate – registered nurses/midwives (%) - Day	94.5%	97.3%	98.1%	97.6%	97.4%	96.9%	97.4%	97.6%	98.7%	96.9%	97.5%	96.7%	95.6%	
Average fill rate – care staff (%) - Day	99.5%	98.2%	98.1%	98.2%	93.5%	95.0%	93.4%	91.1%	88.7%	92.4%	91.9%	96.4%	93.0%	
Average fill rate – registered nurses/midwives (%) - Night	97.6%	98.8%	98.6%	98.9%	98.3%	97.1%	97.8%	98.3%	97.7%	97.0%	97.3%	97.9%	97.4%	
Average fill rate – care staff (%) - Night	97.3%	97.2%	98.2%	98.0%	95.7%	95.8%	95.2%	93.9%	92.8%	92.3%	95.4%	95.0%	94.9%	
Overall Sickness Rate	4.0%	3.6%	3.2%	3.5%	3.4%	3.5%	3.3%	3.9%	4.2%	4.3%	4.1%	3.7%	3.5%	
%age of staff who have had appraisal	66%	0.4%	14.7%	23.8%	41.6%	54.9%	71.0%	86.4%	95.2%	96.4%	97.0%	97.2%	97.6%	
Staff Turnover rate	14.1%	14.4%	14.5%	14.5%	15.3%	15.4%	14.9%	15.6%	15.5%	16.4%	16.4%	16.1%	15.8%	
Total Establishment (WTE)	3721	3733	3813		3820	3837	3876	3891	3937	3944	3952	3925	3932	
Vacancy Rate (All Staff)	7.7%	8.4%	10.4%		12.8%	10.8%	11.3%	11.2%	11.5%	11.8%	11.0%	9.8%	9.4%	
%age of staff who have completed MAST training in the last 12 months	65.3%	62.0%	64.7%	65.8%	79.7%	80.8%	80.9%	80.3%	79.9%	80.0%	80.3%	76.8%	78.0%	

- Funded Establishment has increased by 6 posts and equates to 3931.
- Staff in Post has increased by 26 and equates to 3551.
- Vacancy Rate across all staff groups has decreased to 9.4% and has also decreased in Nursing by 0.2% to 15.7%.
- Turnover has decreased to 15.8% for all staff groups, and also decreased by 0.8% for Nursing to 16.1%.
- Sickness has decreased by 0.2% to 3.5%.
- MAST figures for March were recorded as 78%.
- Achievement Review completion rate at end of March was 98%. The 2017 AR cycle is now active.
- There is still on-going high usage of Bank & Agency staff, and PMOs are reviewing usage on a weekly basis

Finance

Indicator Description	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Trend
Outturn £m Surplus / (Deficit) - Plan	1.6	15.2	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	(6.5)	15.2	15.2	15.2	15.2	15.2	15.2	15.2	15.2	0.3	5.0	5.0	5.0	
YTD £m Surplus / (Deficit) - Plan	1.6	(2.3)	(4.0)	(4.9)	(4.9)	(2.1)	(1.9)	1.8	6.2	5.0	6.8	10.1	15.2	
YTD £m Surplus / (Deficit) - Actual	(6.5)	(1.3)	(2.5)	(2.5)	(3.0)	(1.8)	(1.8)	0.1	2.8	2.0	3.6	2.0	3.5	
Outturn UNDERLYING £m Surplus / (Deficit) - Plan	3.8	7.5	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	(7.2)	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	(4.6)	(2.8)	(2.8)	(4.3)	
YTD Savings £m - Actual	5.4	0.2	0.5	1.0	1.6	1.9	2.3	3.1	4.4	5.6	6.8	8.0	9.2	
OT Risk £m Surplus / (Deficit) - Assessment	0.0	(6.8)	(6.8)	(6.8)	(7.2)	(7.2)	(14.9)	(14.9)	(14.9)	(4.0)	(2.5)	(2.5)	0.0	
Outturn Cash position £m Fav / (Adv) - Forecast	2.5	2.3	2.1	2.1	2.1	2.1	2.1	2.1	6.3	2.5	2.5	2.5	5.6	
YTD Cash position £m Fav / (Adv) - Actual	2.5	2.7	3.0	3.7	4.9	5.8	4.5	4.8	7.2	5.3	4.4	2.9	5.6	
YTD Liquid ratio - days	(18.0)	(16.0)	(13.0)	(18.0)	(17.0)	(19.0)	(19.0)	(16.0)	(10.0)	(9.0)	(7.0)	(11.0)	(12.0)	
YTD BPPC (overall) volume £m	47%	28%	32%	53%	62%	70%	73%	77%	79%	80%	82%	83%	83%	
YTD BPPC (overall) value £m	55%	41%	51%	58%	64%	71%	74%	77%	79%	80%	80%	82%	82%	
Outturn Capital spend Fav / (Adv) - forecast	14.1	9.0	9.0	13.1	15.9	15.9	15.9	15.9	12.6	12.4	11.3	11.4	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 has achieved a £3.5m [adjusted] surplus at the end of the financial year, £(11.7)m adverse to the original planned £15.2m surplus. The final year end position included £4.9m of S & T funding (Q1 & Q2) against a planned £9.2m (no payment at Q3 or Q4). The £1.5m shortfall from the NHSi required £5m forecast position was directly due to £1.2m readmissions deductions and £0.3m non reimbursement of winter resilience funding by Commissioners.

Finance

- Total agency (and NHS locum) spend amounted to £20.8m which is £(5.5)m greater than the Trust's £15.3m agency ceiling . This spend was mainly driven by the on-going difficulties in recruiting sufficient numbers of permanent/bank nurses and junior doctors.
- The Trust delivered its £9.2m savings programme.
- The underlying position at the end of March is a £(4.3)m deficit, reflecting the non-recurrent £3m additional activity funding from NHSE and the non recurrent £4.9m S & T funding.
- The cash balance at the end of March 2017 was £5.6m (incl. £3.5m ring-fenced for loan repayment in April 2017). The Trust has drawn down £7.3m revolving working capital in 2016/17 of which £3.8m was repaid in year and £3.5m repaid in April 2017. This cash supported on-going improvement in BPPC performance which ended the year at 83% by volume, 82% by value year, which was considerably better than the 45% by volume and 55% by value in 2015/16.
- The EPR Digitise project (which was planned to be to be funded by a capital investment loan) has now been deferred into 2017/18 and, to support the national position, the Trust deferred a further £1.1m of 2016/17 expenditure into early 2017/18 and returned this CRL (not cash) resulting in a revised CRL outturn of £11.3m. This compared to the £15.9m CRL plan