

# Integrated Performance Report M10 – January 2017

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

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

# Performance – January 2017

## Patient Safety

- There were 4 SIs declared in January 2017
- Patient safety indicators continue to show expected levels of performance.
- There was 1 MRSA bloodstream infection and 1 Trust acquired C-Diff case in January 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 87.0% in January 2017.
- All Cancer targets were achieved during January 2017.
- 18 Weeks RTT - The Trust did not achieve the RTT Incomplete pathways standard with performance of 90.5%. Recovery actions are in place.

## Patient Experience

- The FFT for Inpatients increased to 96.7% in January 2017; the ED FFT increased slightly to 96.3%. 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 – January 2017

## Finance

- The Trust achieved a £3.6m [adjusted] surplus at the end of January, £(3.2)m adverse to the YTD planned £6.8m surplus. The YTD position includes £4.9m planned and actual Q1 & Q2 STP funding.

## Key Risks

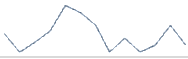





- The Significant Risk Register for the Trust includes four quality risks in relation to ED Access standards, Outbreak of viral gastroenteritis, RTT Access Standards and Consultant Workload in Histology (insufficient reporting capacity for service demand).

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

<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	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Trend
No of Never Events in month	0	0	0	0	0	1	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)	91.2%	89.1%	90.2%	91.5%	94.7%	93.8%	92.3%	89.0%	90.7%	89.0%	89.9%	92.2%	89.9%	
Safety Thermometer - % of patients with harm free care (new harm)	95.1%	93.8%	94.5%	95.0%	96.5%	97.6%	96.2%	92.6%	96.2%	94.8%	94.4%	96.8%	94.2%	
Percentage of patients who have a VTE risk assessment	95%	95%	95%	95%	95%	96%	95%	95%	95%	95%	95%	95%	95%	
WHO Checklist Usage - % Compliance	100%	100%	100%	100%	100%	100%	98%	100%	100%	100%	100%	100%	100%	
Number of Sis	3	6	10	7	3	1	6	6	8	4	0	1	4	
Serious Incidents - No per 1000 Bed Days	0.16	0.33	0.51	0.38	0.16	0.11	0.31	0.32	0.45	0.16	0.00	0.05	0.20	
Percentage of Patient Safety Incidents causing Severe harm or Death	0.8%	0.5%	1.4%	0.7%	0.2%	0.2%	0.2%	0.6%	0.7%	0.5%	0.0%	0.3%	0.2%	
Number of overdue CAS and NPSA alerts	0	0	0	0	0	0	0	0	0	0	0	0	0	

- The Trust declared four serious incidents in January 2017.
  - **2017/125 – Fall** - The patient, a ninety-one year old female, stood up to go to the toilet without the use of her walking aid (Zimmer), and fell backwards.
  - **2017/1799 – Fall** - The patient, an eighty-nine year old male, fell on the ward resulting in a fractured neck of femur.
  - **2017/1802 – Maternity incident** - An intrauterine death was confirmed at 33 weeks by scan undertaken by the on call consultant after no foetal heart could be heard on the ante natal day unit. The woman had experienced a previous stillbirth at 27/40. It was noted that no serial scans were undertaken. A discrepancy in plan for antenatal care has been noted.
  - **2017/2638 – Missed diagnosis** - Patient had CT scan in April 2016 and a right liver lesion was seen. Following further imaging it was reported as haemangioma (a benign condition). The patient represented in October when a review of the April CT identified a colon splenic flexure mass which had not been identified for investigation in April. The extent of harm has not yet been confirmed.

# Patient Safety

- Safety Thermometer – both indicators were below expected levels in January 2017 (89.9% for “All Harm” and 94.2% for “New Harm”. The main drivers were falls and pressure damage.
- The percentage of patient safety incidents causing severe harm or death was 0.2% in January 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).

## Infection Control

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

- There was 1 case of MRSA in January 2017 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	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Trend
HSMR (56 Monitored diagnoses - 12 Months)	98.0	97.5	96.1	95.8	94.4	93.7	94.8	93.7	92.1	92.9				
Emergency readmissions within 30 days (PBR Rules)	7.1%	6.8%	6.8%	6.5%	6.6%	6.8%	7.3%	7.0%	6.3%	6.5%	6.4%	7.5%		

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

## Maternity

Indicator Description	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Trend
C Section Rate - Emergency	17%	14%	14%	14%	18%	18%	18%	14%	12%	15%	16%	17%	13%	
C Section Rate - Elective	9%	10%	12%	11%	10%	10%	11%	14%	11%	11%	12%	13%	11%	
Admissions of full term babies to neo-natal care	3.8%	6.1%	5.0%	3.9%	7.0%	2.7%	4.7%	4.5%	5.0%	7.0%	4.9%	7.6%	5.9%	

- 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%	89.8%	87.0%		
<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%	87.7%	88.3%		
<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%	90.9%	90.5%		
<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%	4.7%	0.4%		

- The table above shows the agreed STF Trajectories and YTD performance.
- The trajectory for the ED 4hr Standard was not achieved with performance of 87.0%
- The Cancer 62 Day trajectories continued to be achieved in January 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 January 2017 with performance of 90.5%.
- The diagnostic standard and trajectory were achieved in January 2017 with performance of 0.4%.

# Access and Responsiveness

## Emergency Department








Indicator Description	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Trend
ED 95% in 4 hours	92.8%	91.4%	88.6%	91.3%	95.5%	96.4%	95.3%	96.0%	96.4%	95.4%	95.1%	89.8%	87.0%	
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	227	255	296	231	172	168	191	145	145	189	224	336	253	
Ambulance Turnaround - Number Over 60 mins	21	56	71	40	12	7	22	6	5	11	22	80	66	

- The ED 4hr standard was not achieved in January 2017 with performance of 87.0%.
- ED attendances are 9% higher in Q3 compared to prior year and growth is also seen in non-elective admissions following a pattern of minimal growth in Q1 and Q2.
- Discharge delays are also a significant driver of performance with an average of 110 beds occupied by patients who are medically ready for discharge.
- Ambulance turnaround performance was significantly impacted in January 2017 with 66 breaches of the 1hr standard - 2% of the months ambulance arrivals.
- 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

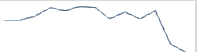






## Cancer

Indicator Description	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Trend
Cancer - TWR	93.0%	93.3%	93.7%	91.0%	90.3%	91.7%	95.4%	93.0%	95.3%	94.8%	94.3%	94.5%	94.7%	
Cancer - TWR Breast Symptomatic	90.7%	84.1%	89.8%	87.1%	91.1%	82.0%	93.9%	97.2%	95.7%	99.0%	95.8%	94.7%	95.4%	
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	95.2%	100.0%	95.3%	95.8%	100.0%	96.0%	98.1%	95.8%	100.0%	100.0%	94.0%	100.0%	100.0%	
Cancer - 31 Day Second or Subsequent Treatment (DRUG)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.1%	100.0%	100.0%	100.0%	100.0%	100.0%	
Cancer - 31 Day Diagnosis to Treatment	96.2%	96.2%	96.0%	96.7%	98.5%	98.6%	98.8%	97.0%	96.0%	96.0%	96.0%	100.0%	97.0%	
Cancer - 62 Day Referral to Treatment Standard	81.1%	87.5%	87.9%	86.3%	86.0%	90.0%	86.7%	85.4%	85.6%	89.8%	89.7%	86.6%	88.3%	
Cancer - 62 Day Referral to Treatment Screening	100.0%	90.9%	100.0%	87.5%	100.0%	83.3%	100.0%	93.3%	100.0%	100.0%	100.0%	100.0%	100.0%	

- All Cancer standards were achieved for the 7th 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 moving towards upper quartile performance for Cancer Access.
- Ring fencing of capacity for Cancer has seen a knock on effect on RTT and Diagnostics.

# Access and Responsiveness








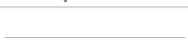

## Referral to Treatment (RTT) and Diagnostics

Indicator Description	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Trend
RTT Incomplete Pathways - % waiting less than 18 weeks	92.0%	92.0%	92.2%	92.6%	92.5%	92.7%	92.6%	92.1%	92.4%	92.1%	92.5%	90.9%	90.5%	
RTT Patients over 52 weeks on incomplete pathways	0	0	0	0	1	4	2	3	3	3	4	5	13.0%	
RTT Admitted	78%	77%	77%	76%	78%	79%	79%	76%	77%	77%	74%	77%	75%	
RTT Non Admitted	85%	85%	85%	86%	87%	87%	84%	82%	83%	82%	79%	79%	77%	
Percentage of patients waiting 6 weeks or more for diagnostic	0.0%	0.0%	0.0%	0.1%	0.5%	0.3%	0.4%	7.7%	10.9%	9.5%	8.3%	4.7%	0.4%	
Last Minute Elective Cancellations for non clinical reasons	112	133	119	25	44	28	66	47	27	48	104	70	57	
No. of operations cancelled on the day not treated within 28 days	7	3	13	32	9	12	2	10	19	7	5	2	TBC	

- The Trust did not achieve the 92% RTT Incomplete pathway standard with performance of 90.5% in January 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. However, the prioritisation of cancer and emergency care, reduced capacity in the Christmas period as well as patient deferrals, has driven an increase in the Outpatient and Admitted backlogs.
- A number of plans from Q1-Q3 to increase capacity are due to come on-line in Q4 and will support RTT delivery.
- The 6 week diagnostic standard was achieved in January 2017 as actions taken over the last 5 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	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Trend
Emergency Department FFT - % positive responses	95.8%	96.3%	95.0%	95.4%	94.9%	95.9%	94.9%	96.1%	95.3%	96.1%	96.8%	96.0%	96.3%	
Inpatient FFT - % positive responses	97.4%	95.0%	96.5%	95.6%	95.6%	96.0%	94.7%	95.8%	93.8%	95.4%	94.8%	95.5%	96.7%	
Maternity FFT - Antenatal - % positive responses	97.5%	98.5%	95.3%	98.9%	95.4%	93.2%	100.0%	93.6%	97.6%	98.6%	95.6%	93.9%	98.5%	
Maternity FFT - Delivery - % positive responses	95.5%	97.1%	94.7%	100.0%	98.8%	99.0%	97.7%	98.7%	95.6%	97.1%	96.9%	98.7%	97.8%	
Maternity FFT - Postnatal Ward - % positive responses	88.4%	92.0%	93.3%	95.3%	97.6%	94.0%	94.0%	91.8%	94.3%	92.8%	86.6%	96.2%	92.3%	
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%	
Outpatient FFT - % positive responses	90.0%	89.5%	89.0%	89.6%	86.7%	89.1%	88.9%	91.7%	90.2%	91.1%	91.2%	88.0%	89.7%	
Mixed Sex Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	
Complaints (rate per 10,000 occupied bed days)	26	29	29	26	31	31	31	32	28	26	20	19	28	

- **ED FFT** - The FFT score has increased slightly from 96.0% in December to 96.3% in January. The response rate increased from 14.1% to 17.4%
- **Inpatient FFT** - The FFT score for inpatients increased from 95.5% in December to 96.7% in January (one of the best scores in the last 12 months) The response rate reduced from 30.0% to 21.2%
- **Maternity FFT** - FFT scores for TP1 and TP4 (Antenatal and the Postnatal Community Care) both increased to 98.5% and 100% respectively. TP2 and TP3 (Delivery and Postnatal ward) both reduced to 97.8% and 92.3% respectively.
- **Outpatient FFT** – the FFT score for outpatients increased from 88.0% to 89.7%.

# Workforce

## Workforce

Indicator Description	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Trend
Average fill rate – registered nurses/midwives (%) - Day	96.3%	95.6%	94.5%	97.3%	98.1%	97.6%	97.4%	96.9%	97.4%	97.6%	98.7%	96.9%	97.5%	
Average fill rate – care staff (%) - Day	97.0%	97.3%	99.5%	98.2%	98.1%	98.2%	93.5%	95.0%	93.4%	91.1%	88.7%	92.4%	91.9%	
Average fill rate – registered nurses/midwives (%) - Night	98.0%	97.6%	97.6%	98.8%	98.6%	98.9%	98.3%	97.1%	97.8%	98.3%	97.7%	97.0%	97.3%	
Average fill rate – care staff (%) - Night	97.6%	97.4%	97.3%	97.2%	98.2%	98.0%	95.7%	95.8%	95.2%	93.9%	92.8%	92.3%	95.4%	
Overall Sickness Rate	3.8%	4.3%	4.0%	3.6%	3.2%	3.5%	3.4%	3.5%	3.3%	3.9%	4.2%	4.3%	4.1%	
%age of staff who have had appraisal	72%	70%	66%	0.4%	14.7%	23.8%	41.6%	54.9%	71.0%	86.4%	95.2%	96.4%	97.0%	
Staff Turnover rate	13.8%	13.8%	14.1%	14.4%	14.5%	14.5%	15.3%	15.4%	14.9%	15.6%	15.5%	16.4%	16.4%	
Total Establishment (WTE)	3675	3703	3721	3733	3813		3820	3837	3876	3891	3937	3944	3952	
Vacancy Rate (All Staff)	8.1%	7.6%	7.7%	8.4%	10.4%		12.8%	10.8%	11.3%	11.2%	11.5%	11.8%	11.0%	
%age of staff who have completed MAST training in the last 12 months	62.1%	65.1%	65.3%	62.0%	64.7%	65.8%	79.7%	80.8%	80.9%	80.3%	79.9%	80.0%	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.
- Vacancy Rate across all staff groups has decreased by 0.8% to 11.0% and has also decreased in Nursing by 0.4% to 17.1%.
- A Trust-wide Retention plan has been agreed by the Executive and is beginning to be implemented to support a reduction in Staff Turnover
- Sickness has reduced by 0.2% to 4.1%. It is envisaged that seasonal sickness issues will now show a downward trend.
- MAST figures were recorded as 80% which is Green on the Trust RAG rating.
- Achievement Review completion rates at end of January were 97% with all Divisions and Corporate services achieving the 90% target. The 2017 Achievement Review cycle is being promoted Trust-wide.
- There is still on-going high usage of Bank & Agency staff, and PMOs are reviewing usage on a weekly basis.

# Finance

Indicator Description	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Trend
Outturn £m Surplus / (Deficit) - Plan	1.6	1.6	1.6	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	(4.2)	(6.6)	(6.5)	15.2	15.2	15.2	15.2	15.2	15.2	15.2	15.2	0.3	5.0	
YTD £m Surplus / (Deficit) - Plan	(0.6)	0.0	1.6	(2.3)	(4.0)	(4.9)	(4.9)	(2.1)	(1.9)	1.8	6.2	5.0	6.8	
YTD £m Surplus / (Deficit) - Actual	(3.9)	(4.8)	(6.5)	(1.3)	(2.5)	(2.5)	(3.0)	(1.8)	(1.8)	0.1	2.8	2.0	3.6	
Outturn UNDERLYING £m Surplus / (Deficit) - Plan	3.8	3.8	3.8	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	(6.3)	(7.6)	(7.2)	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	(4.6)	(2.8)	
YTD Savings £m - Actual	3.6	4.1	5.4	0.2	0.5	1.0	1.6	1.9	2.3	3.1	4.4	5.6	6.8	
OT Risk £m Surplus / (Deficit) - Assessment	0.0	0.0	0.0	(6.8)	(6.8)	(6.8)	(7.2)	(7.2)	(14.9)	(14.9)	(14.9)	(4.0)	(2.5)	
Outturn Cash position £m Fav / (Adv) - Forecast	2.5	2.5	2.5	2.3	2.1	2.1	2.1	2.1	2.1	2.1	6.3	2.5	2.5	
YTD Cash position £m Fav / (Adv) - Actual	4.5	6.8	2.5	2.7	3.0	3.7	4.9	5.8	4.5	4.8	7.2	5.3	4.4	
YTD Liquid ratio - days	(15.0)	(15.0)	(18.0)	(16.0)	(13.0)	(18.0)	(17.0)	(19.0)	(19.0)	(16.0)	(10.0)	(9.0)	(7.0)	
YTD BPPC (overall) volume £m	53%	52%	47%	28%	32%	53%	62%	70%	73%	77%	79%	80%	82%	
YTD BPPC (overall) value £m	60%	59%	55%	41%	51%	58%	64%	71%	74%	77%	79%	80%	80%	
Outturn Capital spend Fav / (Adv) - forecast	14.1	14.1	14.1	9.0	9.0	13.1	15.9	15.9	15.9	15.9	12.6	12.4	11.3	

- 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 £3.6m [adjusted] surplus at the end of January, £(3.2)m adverse to the YTD planned £6.8m surplus. The YTD position includes £4.9m planned and actual Q1 & Q2 STP funding.
- Also included in the M10 position is 10/12ths of the additional activity funding (£2.5m) agreed with NHS England.

# Finance

- At M09 the Trust formally notified NHSi of a revised forecast outturn and following that the FOT has been adjusted to reflect the additional activity funding to a £5.0m surplus. However, risk to that forecast remains and is dependant on settlement of income with CCGs.
- YTD agency (and NHS locum) spend is £16.9m which is £(3.6)m greater than the £13.3m 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 January 2017 was £4.4m. 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 82% by volume, 80% 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 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.