

# Integrated Performance Report M09 – December 2016

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

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

# Performance – December 2016

## Patient Safety

- There was 1 SI declared in December 2016
- Patient safety indicators continue to show expected levels of performance.
- The Trust no MRSA bloodstream infections and 2 Trust acquired C-Diff cases in December 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 not achieved with performance of 89.8% in December 2016
- All cancer targets were achieved during December 2016.
- 18 Weeks RTT - The Trust did not achieve the RTT Incomplete pathways standard with performance of 90.9%. Recovery actions are in place.

## Patient Experience

- The FFT for Inpatients increased to 95.5% in December 2016 whilst the ED FFT reduced slightly to 96.0%. 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 – December 2016

## Finance

- The Trust achieved a £2.0m surplus at the end of December, £(3.0)m adverse to the YTD planned £5.0m surplus. The YTD position includes £4.9m planned and actual Q1 & Q2 STF funding.

## 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

<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	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Trend
No of Never Events in month	0	0	0	0	0	0	1	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)	92.6%	91.2%	89.1%	90.2%	91.5%	94.7%	93.8%	92.3%	89.0%	90.7%	89.0%	89.9%	92.2%	
Safety Thermometer - % of patients with harm free care (new harm)	96.2%	95.1%	93.8%	94.5%	95.0%	96.5%	97.6%	96.2%	92.6%	96.2%	94.8%	94.4%	96.8%	
Percentage of patients who have a VTE risk assessment	95%	95%	95%	95%	95%	95%	96%	95%	95%	95%	95%	95%	95%	
WHO Checklist Usage - % Compliance	100%	100%	100%	100%	100%	100%	100%	98%	100%	100%	100%	100%	100%	
Number of Sis	7	3	6	10	7	3	1	6	6	8	4	0	1	
Serious Incidents - No per 1000 Bed Days	0.38	0.16	0.33	0.51	0.38	0.16	0.11	0.31	0.32	0.45	0.16	0.00	0.05	
Percentage of Patient Safety Incidents causing Severe harm or Death	0.8%	0.8%	0.5%	1.4%	0.7%	0.2%	0.2%	0.2%	0.6%	0.7%	0.5%	0.0%	0.3%	
Number of overdue CAS and NPSA alerts	0	0	0	0	0	0	0	0	0	0	0	0	0	

- There was 1 Serious Incident declared in December 2016.
  - Fall – A patient was sitting in her arm chair and after feeling dizzy slipped from the chair and suffered a fractured neck of femur.
- VTE – the standard for initial assessment continues to be achieved in December.
- Safety Thermometer – both indicators returned to expected levels in December 2016
- The percentage of patient safety incidents causing severe harm or death 0.3% in December 2016, within the expected range.

# Patient Safety



## Infection Control

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

- There were no cases of MRSA in December 2016 and 2 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	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Trend
HSMR (56 Monitored diagnoses - 12 Months)	97.0	98.0	97.5	96.1	95.8	94.4	93.7	94.8	93.7	92.1				
Emergency readmissions within 30 days (PBR Rules)	7.1%	7.1%	6.8%	6.8%	6.5%	6.6%	6.8%	7.3%	7.0%	6.3%	6.5%	6.4%		

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

## Maternity

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

- 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%			
<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%			
<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%			
<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%			

- The table above shows the agreed STF Trajectories and YTD performance.
- For the first time, the trajectory for the ED 4hr Standard was not achieved with performance of 89.8%
- The Cancer 62 Day trajectories continued to be achieved in December 2016.
- 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 December 2016 with performance of 90.9%. The Trust is planning to follow the appeals process for STF trajectories based on the level of referrals, most notably from the South Coast.
- 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	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Trend
ED 95% in 4 hours	95.5%	92.8%	91.4%	88.6%	91.3%	95.5%	96.4%	95.3%	96.0%	96.4%	95.4%	95.1%	89.8%	
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	191	227	255	296	231	172	168	191	145	145	189	224	336	
Ambulance Turnaround - Number Over 60 mins	10	21	56	71	40	12	7	22	6	5	11	22	80	

- The ED 4hr standard was not achieved in December 2016 with performance of 89.8%.
- 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 96 beds occupied by patients who are medically ready for discharge.
- Ambulance turnaround performance was significantly impacted in December 2016 with 80 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	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Trend
Cancer - TWR	94.3%	93.0%	93.3%	93.7%	91.0%	90.3%	91.7%	95.4%	93.0%	95.3%	94.8%	94.3%	94.5%	
Cancer - TWR Breast Symptomatic	96.2%	90.7%	84.1%	89.8%	87.1%	91.1%	82.0%	93.9%	97.2%	95.7%	99.0%	95.8%	94.7%	
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	100.0%	95.2%	100.0%	95.3%	95.8%	100.0%	96.0%	98.1%	95.8%	100.0%	100.0%	94.0%	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%	98.1%	100.0%	100.0%	100.0%	100.0%	
Cancer - 31 Day Diagnosis to Treatment	96.1%	96.2%	96.2%	96.0%	96.7%	98.5%	98.6%	98.8%	97.0%	96.0%	96.0%	96.0%	100.0%	
Cancer - 62 Day Referral to Treatment Standard	86.0%	81.1%	87.5%	87.9%	86.3%	86.0%	90.0%	86.7%	85.4%	85.6%	89.8%	89.5%	87.7%	
Cancer - 62 Day Referral to Treatment Screening	100.0%	100.0%	90.9%	100.0%	87.5%	100.0%	83.3%	100.0%	93.3%	100.0%	100.0%	100.0%	100.0%	

- All cancer standards were achieved in December 2016 for the sixth successive month and the systems and processes put in place following the summit in May 2016 continue to embed and support cancer pathways.
- The Trust is aiming to recover the Q1 performance on TWR / TWR Breast and deliver all standards for 16/17 year.
- It should be noted that ring fencing of capacity for Cancer has seen a knock on effect on RTT and Diagnostics.

# Access and Responsiveness








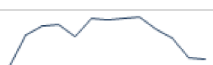

## Referral to Treatment (RTT) and Diagnostics

Indicator Description	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Trend
RTT Incomplete Pathways - % waiting less than 18 weeks	92.1%	92.0%	92.0%	92.2%	92.6%	92.5%	92.7%	92.6%	92.1%	92.4%	92.1%	92.5%	90.9%	
RTT Patients over 52 weeks on incomplete pathways	0	0	0	0	0	1	4	2	3	3	3	4	5	
RTT Admitted	81%	78%	77%	77%	76%	78%	79%	79%	76%	77%	77%	74%	77%	
RTT Non Admitted	85%	85%	85%	85%	86%	87%	87%	84%	82%	83%	82%	79%	79%	
Percentage of patients waiting 6 weeks or more for diagnostic	0.1%	0.0%	0.0%	0.0%	0.1%	0.5%	0.3%	0.4%	7.7%	10.9%	9.5%	8.3%	4.7%	
Last Minute Elective Cancellations for non clinical reasons	65	112	133	119	25	44	28	66	47	27	48	104	70	
No of operations cancelled on the day not treated within 28 days	0	7	3	13	32	9	12	2	10	19	7	5	2	

- The Trust did not achieve the 92% RTT Incomplete pathway standard with performance of 90.9% in December 2016.
- 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 not achieved in December 2016 due to capacity issues in Endoscopy. The Trust is undertaking a number of actions to support recovery of this standard from January 2017
- 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	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Trend
Emergency Department FFT - % positive responses	97.5%	95.8%	96.3%	95.0%	95.4%	94.9%	95.9%	94.9%	96.1%	95.3%	96.1%	96.8%	96.0%	
Inpatient FFT - % positive responses	95.1%	97.4%	95.0%	96.5%	95.6%	95.6%	96.0%	94.7%	95.8%	93.8%	95.4%	94.8%	95.5%	
Maternity FFT - Antenatal - % positive responses	96.0%	97.5%	98.5%	95.3%	98.9%	95.4%	93.2%	100.0%	93.6%	97.6%	98.6%	95.6%	93.9%	
Maternity FFT - Delivery - % positive responses	91.7%	95.5%	97.1%	94.7%	100.0%	98.8%	99.0%	97.7%	98.7%	95.6%	97.1%	96.9%	98.7%	
Maternity FFT - Postnatal Ward - % positive responses	88.9%	88.4%	92.0%	93.3%	95.3%	97.6%	94.0%	94.0%	91.8%	94.3%	92.8%	86.6%	96.2%	
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%	
Outpatient FFT - % positive responses	92.8%	90.0%	89.5%	89.0%	89.6%	86.7%	89.1%	88.9%	91.7%	90.2%	91.1%	91.2%	88.0%	
Mixed Sex Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	
Complaints (rate per 10,000 occupied bed days)	17	26	29	29	26	31	31	31	32	28	26	20	19	

- **ED FFT** - The FFT score has decreased slightly from 96.1% in November to 96.0% in December. The response rate reduced from 19.0% to 14.1% in December
- **Inpatient FFT** - The FFT score for inpatients increased from 94.8% in November to 95.5% in December. The response rate reduced from 41.5% to 30.0%
- **Maternity FFT** - FFT scores for TP2 and TP3 (delivery and the Postnatal Ward) both increased to 98.7% and 96.2% respectively. TP1 and TP4 (Antenatal and Postnatal community) both reduced to 93.9% and 92.5% respectively.
- **Outpatient FFT** – the FFT score for outpatients reduced from 91.2% to 88.0%

# Workforce

## Workforce

Indicator Description	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Trend
Average fill rate – registered nurses/midwives (%) - Day	95.1%	96.3%	95.6%	94.5%	97.3%	98.1%	97.6%	97.4%	96.9%	97.4%	97.6%	98.7%	96.9%	
Average fill rate – care staff (%) - Day	97.1%	97.0%	97.3%	99.5%	98.2%	98.1%	98.2%	93.5%	95.0%	93.4%	91.1%	88.7%	92.4%	
Average fill rate – registered nurses/midwives (%) - Night	97.9%	98.0%	97.6%	97.6%	98.8%	98.6%	98.9%	98.3%	97.1%	97.8%	98.3%	97.7%	97.0%	
Average fill rate – care staff (%) - Night	98.2%	97.6%	97.4%	97.3%	97.2%	98.2%	98.0%	95.7%	95.8%	95.2%	93.9%	92.8%	92.3%	
Overall Sickness Rate	3.8%	3.8%	4.3%	4.0%	3.6%	3.2%	3.5%	3.4%	3.5%	3.3%	3.9%	4.2%	4.3%	
%age of staff who have had appraisal	74%	72%	70%	66%	0.4%	14.7%	23.8%	41.6%	54.9%	71.0%	86.4%	95.2%	96.4%	
Staff Turnover rate	13.8%	13.8%	13.8%	14.1%	14.4%	14.5%	14.5%	15.3%	15.4%	14.9%	15.6%	15.5%	16.4%	
Total Establishment (WTE)	3687	3675	3703	3721	3733	3813		3820	3837	3876	3891	3937	3944	
Vacancy Rate (All Staff)	8.7%	8.1%	7.6%	7.7%	8.4%	10.4%		12.8%	10.8%	11.3%	11.2%	11.5%	11.8%	
%age of staff who have completed MAST training in the last 12 months	62.1%	62.1%	65.1%	65.3%	62.0%	64.7%	65.8%	79.7%	80.8%	80.9%	80.3%	79.9%	80.0%	

- 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 increased by 0.3% to 11.8%.
- Turnover has increased by 0.9% to 16.4% for all staff groups, however for Nursing this has decreased by 0.1% to 15.8%.
- Sickness has increased by 0.1% to 4.3% with the majority of this being due to seasonal reasons.
- MAST figures were recorded as 80% which is Green on the Trust RAG rating.
- Achievement Review completion rates at end of December was 96% with all Divisions and Corporate services achieving the 90% target.
- There is still on-going high usage of Bank & Agency staff, and PMOs are reviewing usage on a weekly basis.

# Finance

Indicator Description	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Trend
Outturn £m Surplus / (Deficit) - Plan	1.6	1.6	1.6	1.6	15.2	15.2	15.2	15.2	15.2	15.2	15.2	15.2	15.2	
Outturn £m Surplus / (Deficit) - Forecast	(3.0)	(4.2)	(6.6)	(6.5)	15.2	15.2	15.2	15.2	15.2	15.2	15.2	15.2	0.3	
YTD £m Surplus / (Deficit) - Plan	(1.3)	(0.6)	0.0	1.6	(2.3)	(4.0)	(4.9)	(4.9)	(2.1)	(1.9)	1.8	6.2	5.0	
YTD £m Surplus / (Deficit) - Actual	(5.3)	(3.9)	(4.8)	(6.5)	(1.3)	(2.5)	(2.5)	(3.0)	(1.8)	(1.8)	0.1	2.8	2.0	
Outturn UNDERLYING £m Surplus / (Deficit) - Plan	3.8	3.8	3.8	3.8	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)	(6.3)	(7.6)	(7.2)	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	(4.6)	
YTD Savings £m - Actual	3.2	3.6	4.1	5.4	0.2	0.5	1.0	1.6	1.9	2.3	3.1	4.4	5.6	
OT Risk £m Surplus / (Deficit) - Assessment	0.0	0.0	0.0	0.0	(6.8)	(6.8)	(6.8)	(7.2)	(7.2)	(14.9)	(14.9)	(14.9)	(4.0)	
Outturn Cash position £m Fav / (Adv) - Forecast	2.5	2.5	2.5	2.5	2.3	2.1	2.1	2.1	2.1	2.1	2.1	6.3	2.5	
YTD Cash position £m Fav / (Adv) - Actual	5.7	4.5	6.8	2.5	2.7	3.0	3.7	4.9	5.8	4.5	4.8	7.2	5.3	
YTD Liquid ratio - days	(16.0)	(15.0)	(15.0)	(18.0)	(16.0)	(13.0)	(18.0)	(17.0)	(19.0)	(19.0)	(16.0)	(10.0)	(9.0)	
YTD BPPC (overall) volume £m	60%	53%	52%	47%	28%	32%	53%	62%	70%	73%	77%	79%	80%	
YTD BPPC (overall) value £m	63%	60%	59%	55%	41%	51%	58%	64%	71%	74%	77%	79%	80%	
Outturn Capital spend Fav / (Adv) - forecast	14.1	14.1	14.1	14.1	9.0	9.0	13.1	15.9	15.9	15.9	15.9	12.6	12.4	

- 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 surplus at the end of December, £(3.0)m adverse to the YTD planned £5.0m surplus. The YTD position includes £4.9m planned and actual Q1 & Q2 STF funding.

# Finance

- The Trust has revised its forecast this month to a £0.3m surplus. This is due to the retention by Trust's Commissioners of £3.3m of marginal rate emergency tariff and readmission deductions, non receipt of £4.9m STF funding for Q3 & Q4, and the £6.7m balance relates to lost contribution from the expected non delivery of planned elective income. The Trust has followed the formal protocol prescribed by NHSi and have formally notified them of the £0.3m FOT and the risks associated with its delivery.
- YTD agency (and NHS locum) spend is £15.3m which is £(2.6)m greater than the £12.6m plan. This spend is mainly driven by the on-going difficulty in recruiting sufficient numbers of permanent/bank nurses and junior doctors. There was a £0.3m increase in monthly agency spend during December, reflecting the additional pressures caused by emergency activity during this period.
- The cash balance at the end of December 2016 was £5.3m. The Trust has drawn down £7.3m revolving working capital in 2016/17 of which £2.5m was repaid as at December and plan to repay a further £1.25m in January 2017. This cash has supported on-going improvement in BPPC performance which is now 80% 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 CRL. The Clinical Capacity Investment project has been replaced by the Day Surgery Unit and other Trust priorities. The EPR Digitise project (which is planned to be funded by a capital investment loan) has now been deferred into 2017/18 resulting in a revised CRL forecast of £12.4m. This compares to the £15.9m CRL plan requested with the revised 2016/17 NHSi operating plan.