

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST**REPORT TO: COUNCIL OF GOVERNORS****DATE: 16 JANUARY 2015****SUBJECT: EKHUFT PERFORMANCE UPDATE****REPORT FROM: DEPUTY CHIEF EXECUTIVE****PURPOSE: Information / Discussion****CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT**

Performance metrics relevant to the Trust's licence and Monitor's Risk Assessment Framework (principally governance and finance) are distributed monthly to the Council of Governors at the same time as they are received by the Board of Directors. (Reports are also published on the Trust's website.)

SUMMARY:

Governors will therefore already have received the latest performance reports which were issued in December 2014.

The attached summaries are taken from the: Clinical Quality and Patient Safety Report; Key National Targets Report; and Corporate Performance Reports.

RECOMMENDATIONS:

The Council of Governors are invited to note and discuss the report.

NEXT STEPS:

None. The metrics within this report will be continually monitored.

IMPACT ON TRUST'S STRATEGIC OBJECTIVES:

Clinical quality, the patient safety programme and patient experience underpin many of the Trust's strategic and annual objectives. Continuous improvements in quality and patient safety will strengthen the confidence of commissioners, patients and the public.

Governance AO10: Maintain strong governance structures and respond to external regulatory reports and guidance.

LINKS TO BOARD ASSURANCE FRAMEWORK:

This report links to AO1 of the BAF: Implement the third year of the Trust's Quality Strategy demonstrating improvements in Patient Safety, Clinical Outcomes and Patient Experience / Person Centred Care.

Governance AO10: Maintain strong governance structures and respond to external regulatory reports and guidance - Maintain a Governance Rating with Monitor of Green

IDENTIFIED RISKS AND RISK MANAGEMENT ACTIONS:

Identified clinical quality and patient safety risks are summarised in the attached report.

Standards are being closely monitored and mitigating actions are being taken where appropriate (in collaboration with the whole health economy).

FINANCIAL AND RESOURCE IMPLICATIONS:

Continuous improvement in quality and patient safety will make a contribution to the effective and efficient use of resources.

There is a financial penalty for not achieving targets.

LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:

Reduction in clinical quality and patient safety will impact on NHSLA activity and litigation costs.

Most of the patient outcomes are assessed against the nine protected characteristics in the Equality & Diversity report that is prepared for the Board of Directors annually. The CQC embed Equality & Diversity as part of their standards when compiling the Quality Risk Profile.

PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES

None

ACTION REQUIRED:

- (a) Discuss and agree recommendations.
- (b) To note

CONSEQUENCES OF NOT TAKING ACTION:

Pace of change and improvement around the patient safety programme and patient experience will be slower. Inability to deliver a safe, high quality service has the potential to affect detrimentally the Trust's reputation with its patients and within the wider health economy.

Potential risk of failing the required standards which has an impact on our Monitor rating and Trust reputation.

SUMMARY OF PERFORMANCE**KEY NATIONAL INDICATORS****A&E INDICATORS**

Monitor Indicator and threshold:

	Threshold	Monitoring Period
Maximum of four hours from arrival to admission/ transfer/ discharge	95%	Quarterly

EKHUFT Performance:

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mch
94.7	94.5	93.8%	92.4%	95%	92.9%	92.8%	90.72%				

REFERRAL TO TREATMENT WAITING TIME PERFORMANCE

Monitor Indicator and threshold:

	Threshold	Monitoring Period
Maximum time of 18 weeks from point of referral to treatment in aggregate – admitted.	90%	Quarterly
Maximum time of 18 weeks from point of referral to treatment in aggregate – non-admitted.	95%	Quarterly
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	92%	Quarterly

EKHUFT Performance:

Pathway	< 18 Weeks	>18 Weeks	Total	% Compliance	52 Week waiters	Backlog Position
Non-Admitted Pat	8,321	374	8,695	95.7%		
Admitted Pathway	2,632	700	3,332	79.0%		1,495
Incomplete Pathw	31,007	2,647	33,654	92.1%	9	

Table 3.1 – RTT Position Compliance by Pathway (November 2014)

CANCER TARGETS

Monitor Indicator and threshold:

	Threshold	Monitoring Period
All cancers: 62 day wait for first treatment from: <ul style="list-style-type: none"> Urgent GP referral for suspected cancer NHS cancer screening service referral 	85% 90%	Quarterly
All cancers: 31 day wait for second or subsequent treatment comprising: <ul style="list-style-type: none"> Surgery Anti-cancer drug treatments Radiotherapy 	94% 98% 94%	Quarterly
All cancers: 31 day wait from diagnostics to first treatment	96%	Quarterly
Cancer: two week wait from referral to date first seen comprising: <ul style="list-style-type: none"> All urgent referrals (cancer suspected) For symptomatic breast patients (cancer not initially suspected) 	93% 93%	Quarterly

EKHUFT Performance:

AS AT 16-Nov-14	2 Week Wait		31 Day			62 Day	
	All Cancers	Symptomatic Breast	Diag to First Treat	Surgery	Drug	Urgent GP Referral	Screening Referral
Target 2014/15	93%	93%	96%	94%	98%	85%	90%
Q1 14/15	93.50%	92.37%	99.07%	95.74%	99.14%	85.65%	95.60%
Q2 14/15	93.47%	81.90%	98.69%	94.50%	100.00%	81.68%	86.03%
October	94.20%	85.14%	97.84%	90.00%	100.00%	73.64%	96.30%
November*	93.06%	80.69%	97.21%	94.00%	98.70%	84.08%	91.67%
December*							
Q3 14/15*	93.39%	84.24%	97.48%	92.13%	99.50%	78.82%	92.75%

*unvalidated position

Table 6.1 – Cancer Performance

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: COUNCIL OF GOVERNORS

DATE: 16 JANUARY 2015

SUBJECT: CLINICAL QUALITY & PATIENT SAFETY

REPORT FROM: CHIEF NURSE & DIRECTOR OF QUALITY

PURPOSE: Discussion
Information

CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT

- The clinical metrics programme was agreed by the Trust Board in May 2008; the strategic objectives were reviewed as part of the business planning cycle in January 2014. Alignment with the corporate and divisional balanced scorecards has been reviewed.
- Performance is monitored via the Quality Assurance Board, Clinical Advisory Board and the Integrated Audit and Governance Committee.
- This report covers
 - Patient Safety
 - Harm Free Care
 - Nurse Sensitive Indicators
 - Infection Control
 - Mortality Rates
 - Risk Management
 - Clinical Effectiveness
 - Bed Occupancy
 - Readmission Rates
 - CQUINS
 - Patient Experience
 - Mixed Sex Accommodation
 - Compliments and Complaints
 - Friends and Family Test
 - Care Quality Commission
 - CQC Intelligent Monitoring Report.
- This report also appends data relating to nurse staffing (Appendix 1). This is a requirement that planned staffing versus actual staffing levels are reported to the Board of Directors.

SUMMARY:

A summary of key trends and actions of the Trust's performance against clinical quality and patient safety indicators in 2014/15 is provided in the dashboard and supporting narrative.

PATIENT SAFETY

- Harm Free Care – This month 93.1% of our inpatients were deemed 'harm free' which is similar to last month (93.2%). This figure includes those patients admitted with harms and those who suffered harm whilst with us. The national figure is 93.9%, demonstrating that we offer a similar percentage of harm free care to the national average. The percentage of patients receiving harm free care during their admission with us (which we are able to influence) is 98.4%, similar to last month (98.8%). Further analysis of these data shows that the prevalence of patients admitted with a VTE, patients with new catheters and urinary tract infections and all pressure ulcers were slightly raised. The remaining areas have reduced or remained the same.
- Nurse Sensitive Indicators – In November there were 19 reported incidents of pressure ulcers developing in hospital (23 in October); there were 29 in the same period last year. For November these include 17 Category 2 pressure ulcers, 1 Category 3, and 1 Category 4. Three ulcers (all Category 2) have been assessed as avoidable and 16 as unavoidable. These continued improvements have brought the Trust under the 25% reduction trajectory.

Good progress has been demonstrated in reducing avoidable deep ulcers which remain under trajectory. As most of the deep ulcers were located at the heels, the Trust wide "Think Heel" campaign was launched earlier this year and an 80% reduction of avoidable heel ulcers has been reached at the end of November, compared to this time last year.

On the 20th November events were held in response to International "STOP THE PRESSURE Day". This included exhibitions and ward "trolley dash" visits on each acute site. Every ward/department was provided with a resource pack and a variety of staff were seen wearing their "STOP THE PRESSURE" T-shirts. The aim was to refresh our "Think Heel" campaign and introduce our "Keep Moving" theme for achieving compliance with repositioning.

- There were 150 patient falls recorded for November (162 in October), no incidents were graded as severe or death. There were 86 falls resulting in no injury, 57 in low harm and 7 in moderate harm. The Falls Team are working with the Chief Nurse and her Deputy to ensure learning from serious incidents is embedded and to also review the activity and develop further improvements in quality.
- Infection Prevention and Control – Trust wide mandatory Infection Prevention and Control training compliance for November is 81.5% (82.6% in October). All Divisions are expected to improve their compliance and achieve 95% by March 2015.
- HCAI – There was 1 MRSA bacteraemia in November. The case has been provisionally assigned to NHS Canterbury Clinical Commissioning Group pending Post Infection Review. There has been 1 Trust assigned case to date.
- There were 4 cases of C. difficile infection in November, bringing the year to date total to 40 against an annual limit of 47. This breaches the trajectory by 9 cases. Root Cause Analysis (RCA) meetings are pending and "lapse of care" decisions will be agreed with the Clinical Commissioning Groups.

- The team continue to monitor the rates of E.coli and Meticillin Sensitive Staphylococcus Aureus (MSSA) Bacteraemias undertaking RCAs on those cases occurring within 30 days of a surgical procedure or related to a line insertion (MSSA only). There were 12 cases of MSSA bacteraemia in November, 10 cases occurring pre-48h, and 2 occurring post 48h. One case (post-48h) meets the criteria for RCA (pending). There were 39 cases of E.coli bacteraemia, 35 pre-48h, and 4 post-48h. One case (pre-48h) meets the criteria for RCA (and the meeting is pending).
- Mortality Rates – Performance at Trust level remains good. HSMR equalled 84.2 at the end of July-14, compared to 90.8 in July-13. Crude mortality for non-elective patients shows a fairly seasonal trend with deaths higher during the winter months. Performance in Nov-14 equalled 28.823 deaths per 1 000 population, thus showing an increase on Oct-14 (cf. 25.051) and approximating the level reported in Nov-13 where 29.345 deaths per 1 000 population were recorded. Elective crude mortality has risen since last month with the position in Nov-14 equalling 0.907 deaths per 1 000 population. The rise is seen in both UCLTC and Surgical Services Divisions. All elective deaths are reported on Datix and discussed at the Morbidity and Mortality meetings. Any points of learning are highlighted as part of this process.
- Risk Management – In Nov-14 a total of 1088 clinical incidents including patient falls were reported. This includes 1 incident of overdose of Clexane (which is under investigation) graded as death and 1 incident where an external pharmacy dispensed the wrong drug reported when the patient came to A&E (not attributable to EKHUFT) and graded as severe. Incidents may be re-graded following investigation. In addition to these 2 serious incidents, 12 incidents have been escalated as serious near misses, of which all are under investigation.
- Three serious incidents were required to be reported on STEIS in November. One case has been closed since the last report; there remain 62 serious incidents open at the end of November. At the end of Nov-14, there remain 14 incidents awaiting Area Team or other external body review. Root Cause Analysis (RCA) reports have been presented either to the Trust Quality Assurance Board, Patient Safety Board or to the site based Pressure Ulcer Panels. These included the findings of the investigations and action plans to take forward recommendations, including mechanisms for monitoring and sharing learning.
- Incidents relating to staffing difficulties have continued to reduce over the past 5 months. There were 28 incidents relating to staffing difficulties recorded in November (44 in October) relating to doctors, nurses and midwives.

Gradual improvement has also been seen over the first 6 months of reporting of % fill of planned and actual hours, by registered nurse and care staff, by day and by night, with aggregated fill rates in November over 100% at QEQM and WHH and over 94% across K&C, shown in Appendix 1. Work to ensure that roster templates closely reflect the budgeted establishments and include shifts necessary for additional beds has supported the increased fill rates seen.

Some wards achieve higher than 100% due to additional shifts worked through NHS-P during times of increased demand and additional bed use. Average fill rate at night is now over 100% for care staff and over 98% for registered nurse shifts.

- Following last month's sharp rise in incidents relating to communication breakdown (40), this month we have seen a reduction in number bringing the Trust back to its normal levels of reporting in this area (30).

CLINICAL EFFECTIVENESS

- Bed Occupancy – The bed occupancy metric looks only at adult inpatient beds and excludes any ring fenced wards such as Maternity. Occupancy for Nov-14 shows a continued decreased position at 84.85% (as of 8 Dec-14 and sourced from the Trust's Balanced Scorecard). We are continuing to focus on the management of the Delayed Transfers of Care (DToC) list working with our CCG colleagues and Social Services, as well as providing additional reablement beds.

Readmission Rates – Readmission rates for Oct-14 show a slight increase against the same period last year, but remain within the seasonal variation of 2013. Service Improvement work has been delayed slightly, but Clinical Records Audit and review of QEH e-bed use remains a priority.

- CQUINs – The November data shows a slight reduction in the number of FFT responses received in inpatient areas (34% from 38% last month). This meets the requirement for at least 30% but indicates work is required to achieve the 40% target in March 2015. The FFT Working Group is addressing this with the ward areas that are not achieving the standard. FFT response rates from A&E are continuing to gradually rise equalling 24% this month. The NHS Safety Thermometer data continues to demonstrate a year to date reduction in the prevalence of falls, catheter associated urinary tract infections and Category 2- 4 pressure ulcers exceeding the required reduction targets of 25%, 25% and 5% respectively. The reporting process, for the referral of COPD patients to the Community Respiratory Team, is being reviewed further to ensure that any referrals made are captured. The development of an Integrated Care Heart Failure Pathway is underway with audit of the existing pathway planned for later this year. A clinically led internal working group is needed to progress developments in the COPD pathway and this is scheduled to meet with work underway in the meantime. Rapid progress is needed and the CQUIN remains at risk. The CQUIN measures related to the Specialised Services contract have been agreed for 14/15 and will be reported from next month once the final schedules are available.

PATIENT EXPERIENCE

- Mixed Sex Accommodation – During Nov-14 there were no reportable mixed sex accommodation breaches to NHS England via the Unify2 system. These were not reported as they complied with current agreed criteria, such as clinical need. There were 5 clinically justified mixed sex accommodation occurrences affecting 36 patients. (Last month there were 9 occurrences affecting 56 patients). The Trust is working closely with the CCGs in order to ensure that mixed sex bathroom occurrences are minimised as much as possible. Collaborative work continues with the CCGs where the policy scenarios are being revised. A review of the way we measure and report our mixed sex accommodation data was undertaken during October by external auditors. A review of bathroom mixed sex compliance has been undertaken and is being taken forward by the Trust and will be discussed with commissioners.

- **Compliments & Complaints** – During November we received 66 complaints, which is less than recent months (120 in October). One formal complaint has been received for every 1186 recorded spells of care (0.08%) which is again an improvement on recent months in comparison to October's figures where 1 formal complaint was received for every 707 recorded spells of care (0.14%). During November there were 91 informal contacts (concerns), 230 PALS contacts and 2826 compliments. This is an increase of 5% in compliments during November. The ratio of compliments to formal complaints received for the month was 42:1 an increase on last month. This represents one compliment being received for every 28 recorded spells of care.

The number of returning clients seeking greater understanding to their concerns during November was 15, eleven of these were Surgical Services Division. The remaining four were for Urgent Care and Long Term Conditions Division.

This month the Trust did achieve the standard of responding to 85% of formal complaints within the agreed date with the client. We sent 87% of the responses out on time to clients during November.

Themes remain similar to previous months and are being triangulated with other patient feedback data and addressed at Divisional level. In addition individuals who are identified in complaints are being managed by the Divisional leadership teams. A Complaints workshop took place during November and the Trust wide Improvement Plan will be refreshed to reflect the outputs of this meeting. A particular focus will be measures to reduce the number of returning clients by addressing their initial concerns more carefully when the client first contacts us.

- **Friends and Family Test** – This month we received 3495 responses from inpatients and A&E patients. Maternity services achieved 66 responses. This was due to a problem sending the feedback cards to the company on time. The response rates and satisfaction scores are depicted in the table below:

Table 1 - Response Rates, Net Promoter Score and Percentage Recommended – November 2014

Response Rates, Net Promoter Score and Percentage Recommended – November 2014				
Department	Standard	Response Rate	NPS	Percentage recommended
Inpatients	20%	34.1%	72	92%
A&E	15%	24%	51	78.6%
Maternity	15%	3.1%	89	98%
Outpatients	-	22.6%	62	83%
Day Case	-	28.1%	78	93%

This provides us with a Trust response rate (A&E and Inpatients combined) of 28.4% and a Trust NPS of 62, similar to last month. Our star rating for this month equals 4.4 out of 5.0, the same as last month. These data have been shared with the wards and departments where the individual comments are being scrutinised so that we can make improvements in response to the feedback. Local action plans are in place across all areas.

This year our target is to achieve 20% response rates in A&E and 40% response rates for inpatients, both by Quarter 4. Comparison of response rates for October across Kent & Medway (the most recent county data validated) are shown in the Table 2 overleaf:

Table 2 - Kent & Medway Comparison Response Rate Data

NB: October 2014 Data		
	A&E	Inpatients
EKHUFT	22.6%	38.4%
Dartford	11.3%	40.4%
MTW	14.4%	35%
Medway	18.5%	28.7%
National	19.6%	37%

The staff FFT will be repeated at the end of this quarter and will be reported when the results are received.

CARE QUALITY COMMISSION

The latest Intelligent Monitoring Report was received on the 1st December. The High Level CQC Improvement Plan was submitted to the CQC on 23rd September which is being progressed. The Trust's Improvement Director Sue Lewis has been appointed by Monitor to provide us with advice, to observe progress on the implementation and embedding of the improvements, and to liaise with the Monitor Regional Team as part of the performance review requirements. The third monthly report on progress has been submitted to NHS Choices and has been published on our website.

RECOMMENDATIONS:

The Board of Directors are invited to note the report and the actions in place to continue patient safety and quality improvement.

NEXT STEPS:

None. The metrics within this report will be continually monitored.

IMPACT ON TRUST'S STRATEGIC OBJECTIVES:

Clinical quality, the patient safety programme and patient experience underpin many of the Trust's strategic and annual objectives. Continuous improvements in quality and patient safety will strengthen the confidence of commissioners, patients and the public.

LINKS TO BOARD ASSURANCE FRAMEWORK:

This report links to AO1 of the BAF: Implement the third year of the Trust's Quality Strategy demonstrating improvements in Patient Safety, Clinical Outcomes and Patient Experience / Person Centred Care.

IDENTIFIED RISKS AND RISK MANAGEMENT ACTIONS:

Identified risks include:

1. Ability to maintain continuous improvement in the reduction of HCAs in particular C-difficile and not meeting the limit set by the Department of Health. An action plan is in place which is being monitored via the Infection Prevention and Control Committee;
2. Achieving all of the standards set out in the Quality Strategy Year 3. Mitigation is assured via close monitoring of all of the metrics; specific action plans in place to address the individual elements which are being monitored via Divisions and also corporately;
3. The maintenance and improvement in patient satisfaction as depicted by the increasing number of complaints received by the Trust over recent months. Divisions are addressing specifically the feedback and developing plans to address these concerns;
4. Successful delivery of the CQC Improvement Plan. Divisions are progressing the actions and monthly meetings with Monitor are in place.

FINANCIAL AND RESOURCE IMPLICATIONS:

Continuous improvement in quality and patient safety will make a contribution to the effective and efficient use of resources.

LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:

Reduction in clinical quality and patient safety will impact on NHSLA activity and litigation costs.

Most of the patient outcomes are assessed against the nine protected characteristics in the Equality & Diversity report that is prepared for the Board of Directors annually.

The CQC embed Equality & Diversity as part of their standards when compiling the Quality Risk Profile.

PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES

None

ACTION REQUIRED:

- (a) Discuss and agree recommendations.
- (b) To note

CONSEQUENCES OF NOT TAKING ACTION:

Pace of change and improvement around the patient safety programme and patient experience will be slower. Inability to deliver a safe, high quality service has the potential to affect detrimentally the Trust's reputation with its patients and within the wider health economy.

Introduction

A summary of key trends and actions of the Trust's performance against the clinical quality and patient safety indicators is provided together with supporting narrative. The report is structured around the key themes of the annually published Quality Report/Account; Patient Safety, Patient Experience and Clinical Effectiveness.

	Measure	Improvement Metric		Target 14/15	Jul-14	Jul-13	vs Jul-13	YTD
Patient Safety	Mortality Rates	HSMR		-	84.2	90.8	↓	84.3
					Q4 13/14	Q4 12/13	vs Q4 12/13	YTD
		SHMI (%)		-	106.44%	103.67%	↑	-
					Nov-14	Nov-13	vs Nov-13	YTD
	Risk Management	Crude Mortality: All Ages (Per 1 000)	Non-Elective	-	28.823	29.345	↓	26.878
			Elective	-	0.907	0.216	↑	0.387
		Serious Incidents (STEIS)		-	3	3	↔	-
	HCAI	MRSA	New Incidents	-	62	33	↑	Cumul.
			Open Incidents	-	62	33	↑	Cumul.
	Infection Prevention	Mandatory Training Compliance (%)	Attributable	5	2	6	↓	Cumul.
			Post 72h	47	40	36	↑	Cumul.
	Harm Free Care (HFC)	Safety Thermometer	EKHUFT	95.0%	81.5%	84.3%	↓	82.8%
			HFC (%) - Old & New Harm	93.0%	93.1%	91.4%	↑	93.9%
	Nurse Sensitive Indicators	Pressure Ulcers: Category 2,3 and 4	National	-	93.9%	93.6%	↑	-
			Acquired	-	19	29	↓	151
			Avoidable	99	3	10	↓	48
Patient Experience	Clinical Incidents	Falls		-	150	164	↓	1297
		Total Clinical Incidents		-	1088	1010	↑	8776
		Compliments:Complaints		-	42:1	22:1	↑	-
	Experience	No. Care Spells per Formal Complaint		-	1186	1221	↓	-
		Friends and Family Test (Star Rating)		5.0	4.4	4.7	↓	-
Clinical Effectiveness	Readmission	Adult Inpatient Experience (%)		80.00%	88.14%	89.44%	↓	-
		Mixed Sex Accommodation Occurrences		-	5	5	↔	66
					Oct-14	Oct-13	vs Oct-13	YTD
	CQUIN	7 Day (%)		2.00%	3.93%	3.59%	↑	4.23%
		30 Day (%)		8.32%	8.19%	8.13%	↑	8.79%
					Nov-14	Nov-13	vs Nov-13	YTD
		Standard Contract CQUIN		Multiple			↔	
		Specialist CQUIN		Multiple			↔	
	Bed Usage	Bed Occupancy (%)		-	84.85%	95.30%	↓	-
		Extra Beds (%)		-	4.86%	5.86%	↓	5.43%
		Outliers		-	23.53	40.00	↓	229.42
Care Quality Commission	Intelligent Monitoring Report	Delayed Transfers of Care (Average)		-	34.75	46.00	↓	35.24
		Outcome Measures	Risks	-	3	-		-
			Elevated Risks	-	2	-		-

Activity in month 0 has performed below levels set in the 'Eck Managed Contract' by -3.3% (from -3.1% in October). The under-performance continues to be solely in elective performance (both Outpatients and Admissions) with emergency demand being 5.8% above contract across A&E. Attendances and subsequent emergency admissions (+2.4% up against last month).

Activity against the 'Other PRG Contracts' is 2.9% up against plan YTD, but -5% down in month. While YTD variance is still negative, the monthly positions appear to be falling against plan, most notably for emergency demand.

Primary care referrals are -6.6% down against contract however as per previous performance this hides significant growth in areas such as Orthopaedics, Colorectal, Gastro and Paediatrics. Elective activity has under performed on contract levels across all points of delivery during November. Elective performance continues to under perform against contracted levels but demand remains higher than the available capacity and therefore waiting lists are growing consistently month on month. The capacity of booking staff in outpatients is also causing some delays (inpatient pathways) a recovery plan is being worked up in the Support Services Division with support from the Service Improvement Team.

As referenced above, Emergency activity is over performing the Eck Managed Contract but under performing the Other PRG Contracts. This is primarily due to A&E, where the 4 East Kent CCGs are over performing but Out of Area attendances are -38% against plan in month. Cardiology NEL admissions within East Kent are also over performing, while those Out of Area and under the Specialised Commissioning contract are under performing. Activity levels for the Trust were above last year (+6%) with all sites seeing an increase. Ambulance attendances have declined at K&C by -2% against last November, at WHH they are comparable with a small increase of +0.7% but at QECW they continue to be significantly up on last year at +6.6%.

The Trust need to work with SECAMB to understand this variation, and its impact throughout the winter period.

Maternity pathway activity continues to underachieve the plan in both Ante- and Post-Natal pathways; however, activity has stabilised and no further reductions have been observed. NICU/SCBU activity has overachieved in month by 15% and the FOI for the year is 12% over plan.

Direct Access Radiology has underperformed in month which is of a direct result of significant under performance (-13%) in the CT modality. A piece of work has been initiated by the Joint Programme Management Board to review this demand with a view to amending the 15/16 contract to reflect the observed shifts in the type of test performed.

Direct Access Pathology is over performing the contract by +2%.

Key National Targets

Monitor		Metric Name				Quality			
Domain	Metric Name	MTD	QTD	YTD	MTD	QTD	YTD	MTD	QTD
Patient Safety Effectiveness	Cases of CDiff (Cumulative)	1	1	1	3	3	3	3	3
	AOL: Time in A&E (%)	1	1	1	4	5	4	4	5
	Cancer: 200W (All)	5	5	5	5	5	5	5	5
	Cancer: 200W (Breast)	1	1	1	5	4	3	4	3
	Cancer: 31D (Diag - Treat)	5	5	5	5	5	5	5	5
Access & Productivity	Cancer: 31D (2nd Treat - Surg)	5	5	5	5	5	5	5	5
	Cancer: 31D (Drug)	5	5	5	5	5	5	5	5
	Cancer: 32D (GP Ref)	1	1	1	5	5	5	5	5
	Cancer: 32D (Screening Ref)	5	5	5	5	5	5	5	5
	RTT: Admitted (%)	1	1	1	5	5	5	5	5
Activity	RTT: Non-Admitted (%)	5	5	5	5	5	5	5	5
	RTT: Incomplete (%)	5	5	5	5	5	5	5	5
	UWU1: Diagnostic Waits	5	5	5	5	5	5	5	5

Internally Monitored Indicators

Metric Name		Quality			
Domain	Metric Name	MTD	QTD	YTD	MTD
Patient Safety	HSMR	3	3	3	3
	Crude Mortality EL (per 1,000)	4	5	5	5
	Crude Mortality NEL (per 1,000)	5	4	3	3
Effectiveness	Readmissions: EL dis: 30d (12W%)	5	5	5	5
	Readmissions: NEL dis: 30d (12W%)	5	5	5	5
Activity (% Variance to Plan)					
Domain	Metric Name	MTD	QTD	YTD	MTD
	Referrals - Primary Care	5	1	1	1
	Referrals - Total	1	1	1	1
Activity	A&E Attendances	1	2	3	3
	Outpatient Appointments	1	1	1	1
	Elective Admissions	3	3	5	5
Access & Productivity	Non-Elective Admissions	5	5	5	5
	DNA Rate: New	4	4	4	4
	DNA Rate: Follow-Up	5	4	4	5
Efficiency					
Domain	Metric Name	MTD	QTD	YTD	MTD
	Clinical Time Worked (%)	3	3	2	2
	Unplanned Agency Expense	5	5	1	1
	Appraisal Quality	5	5	5	5
	Training Plans (Quarterly)	5	5	5	5
Access & Productivity	Sickness (%)	3	3	3	3
	BADS	5	5	5	5
	Theatres: Session Utilisation (%)	4	4	4	4
	Non-Clinical Cancellations (%)	5	5	5	5
	Non Clinical Cans Breaches (%)	5	5	3	3

Overview of Trust Financial Performance							
Trust Key Performance Indicators (£m)				Monitor Continuity of Service Risk Rating			
	Annual target	Year to Date Plan	Year to Date Actual		Annual target	Year to date Plan	Year to Date Actual
Total operating income	532.5	355.0	352.5	Continuity of Service Risk Rating	4	4	4.0
CIP savings	26.8	16.5	12.6				
EBITDA	30.1	21.3	17.4				
I&E net surplus	(0.9)	3.0	(0.3)				
Cash balance	27.4	28.1	29.3				
				The financial statements and summaries in this report are prepared for internal performance monitoring purposes and have not been audited. The Trust accepts no liability for any decisions made by persons external to the Trust based on this information.			
Note: Detailed financial tables are on page 3							

Statement of Comprehensive Income (Income and Expenditure)

The Income and Expenditure deficit for November is £(0.85)m, an adverse variance of £(1.6)m. For the YTD the position is £(0.3)m against a surplus plan of £3m, resulting in an overall adverse variance of £(3.3)m.

- The subsidiary company (Healthex Limited which runs the Spencer Wing at QEQM-H) is reporting a YTD surplus of £0.4m to October which is above plan and not included in the above position.

Improvement Programme

The Efficiency Programme for the financial year amounts to £26.8m as set out in the Financial Strategy. The November Efficiency Target was missed by £(0.6)m, and is adverse to plan by £(3.3)m YTD. The variance continues to be driven by trends of underperformance against Corporate schemes.(see page 4).

Statement of Financial Position (Balance Sheet)

The Trust Statement of Financial Position and Cash summary are set out on page 3.

- The Trust has £13.8m of net current assets at the end of November and total net assets of £318.1m. The closing cash balance of £29.3m is £1.1m favourable to plan for the month, due to receipts from EK CCG's were lower in the month as a payment of £1.3m was received in October for part of the November Contract. Also receipts for Swale and Dartford, Gravesham and Swanley higher than previous month £0.4k. Creditor payments including Capital were lower than November, due predominantly to the number of payments run in month compared to the previous month. Plus there were 2 payments in October relating to Serco but only one in November as all monthly billing for the main contract is up to date. Capital payment were £1.3m higher than the previous month but in line with the planned spend.

The position remains ahead of plan, mainly due to SCG receipts relating to 2013/14, higher VAT reclaim, the delay in the start of KPP and SACP.

Capital Expenditure Programme

The table on page 3 summarises £18.8m of expenditure on capital projects in the year so far.

Financial Performance Indicators

The Trust is achieving the highest rating of 4 under Monitor's Continuity of Service Risk Rating.

Identified Financial Risks

The settlement of the 2013/14 contracts with East Kent CCGs remains outstanding. Partial provisions were made in the 2013/14 accounts but are unlikely to mitigate the full volume now challenged.

The Trust is no longer in a position to recover the adverse YTD EBITDA performance.

The risk of shortfalls in the delivery of Commissioning Intentions and CIPs.

The cost implication of the CQC Action Plan

How financial risks are being addressed

The following actions are in place:

- Savings plans that cross divisional boundaries have been adjusted to reflect operational challenges due to high demand for Trust services. With support from Corporate functions and the Executive Team, focus remains on Divisions implementing agreed actions to improve delivery of CIP schemes.