

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST**REPORT TO: COUNCIL OF GOVERNORS****DATE: 16 MARCH 2015****SUBJECT: EKHUFT PERFORMANCE UPDATE****REPORT FROM: 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 February 2015.

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%	88.5%	88.8%		

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 Pathway	8,754	387	9,141	95.8%		
Admitted Pathway	2,755	634	3,389	81.3%		1,643
Incomplete Pathways	29,132	2,912	32,044	90.9%	8	

RTT Position Compliance by Pathway (January 2015)

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:

	2ww 93%	Breast Symptomatic 93%	31 day 96%	31day Subsequent Drug 98%	31day Subsequent Surgery 94%	62 day GP 85%	62 day Screening 90%
Q1 14/15	93.50%	92.37%	99.07%	99.14%	95.74%	85.65%	95.60%
Q2 14/15	93.47%	81.90%	98.69%	100%	94.50%	81.68%	86.03%
Q3 14/15	93.36%	86.43%	98.06%	100%	93.08%	81.99%	93.06%
Nov-14	93.24%	80.69%	98.41%	100%	94%	85.67%	92.00%
Dec-14	92.65%	93.08%	97.93%	100%	96.67%	86.45%	90.00%
Jan 15 *	90.38%	95.35%	96.83%	98.18%	89.13%	80.27%	70.59%

Table – Cancer Performance as at January 2015

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: **COUNCIL OF GOVERNORS**

DATE: **16 MARCH 2015**

SUBJECT: **CLINICAL QUALITY & PATIENT SAFETY REPORT
CIRCULATED TO GOVERNORS AND BOARD IN FEBRUARY 2015**

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 90.1% of our inpatients were deemed ‘harm free’ which is lower than last month (91.9%) and lower than the national figure which is 93.8%. This figure includes those patients admitted with harms and those who suffered harm whilst with us. The percentage of patients receiving harm free care during their admission with us (which we are able to influence) is 97.7%, similar to last month (98.1%). Further analysis of these data shows that the prevalence of patients with new pressure ulcers and VTEs were raised this month. The prevalence of patients with a new catheter and a urinary tract infection or number of patients who had fallen was reduced.
- Nurse Sensitive Indicators – In January there were 39 reported incidents of pressure ulcers developing in hospital (32 in December); there were 23 in the same period last year. A particular rise is noted at the KCH site. For January these include 30 Category 2 pressure ulcers and 9 category 3 ulcers. Seven Category 2 and three Category 3 ulcers have been assessed as avoidable. The Category 3 incidents have been reported on STEIS.
- There were 179 patient falls recorded for January (164 in December), no incidents were graded as severe. However, 1 incident was graded as death as the patient sustained a head injury and died (reported on STEIS). There were 96 falls resulting in no injury, 78 in low harm and 4 in moderate harm. A Root Cause Analysis (RCA) is carried out for all falls resulting in a head injury or fracture. As of 1st January all falls resulting in a fracture requiring surgery are reported on STEIS. The rate of falls per 1000 bed days are shown this month. These benchmark well against other Trusts with a similar rate throughout the year.
- Infection Prevention and Control – Trust wide mandatory Infection Prevention and Control training compliance for January was 80.2%, the same as in December. All Divisions are expected to improve their compliance and achieve 95% by March 2015.
- HCAI – There were no cases of MRSA bacteraemia in January. The case provisionally assigned to NHS Canterbury CCG in Nov-14 has been assigned to a “third party” following arbitration. There has been 1 Trust assigned case to date.
- There were no cases of C. difficile occurring within the Trust in January. The year to date total is 43 against a limit of 47 cases. An Exception Report was submitted to Monitor at the beginning of January as the Q3 2014/15 trajectory was breached by 8 cases. No “lapses of care” occurred during Q3 2014/15.
- There were 36 cases of E.coli bacteraemia in January. Thirty cases occurred pre-48h and 6 occurred post-48h. Three cases met the criteria for RCA (1 pre and 2 post); RCAs are pending. There were 12 cases of MSSA bacteraemia in January. Eleven cases occurred pre-48h and 1 occurred post 48h. No cases met the criteria for RCA.
- Mortality Rates – There has been no HSMR available since July 14 when it equalled 84.2. Crude mortality for non-elective patients shows a seasonal trend with deaths higher during the winter months. Performance in Jan-15 showed a further increase on Dec-14 and is greater than the level reported in

Jan-14. Elective crude mortality fell in Jan-15 and equals the value reported in Jan-14. 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. The most recent data for Q4 2013/14 indicate a SHMI value of 106.4.

- Staffing - Revised National Quality Board guidance published in May 2014 outlined the requirement for % fill of planned and actual hours to be identified by registered nurse and care staff, by day and by night, and by individual hospital site. Gradual improvement has been seen over the first 9 months of reporting. January has shown an improvement in fill rates compared to December with 93.4% of the hours filled at KCH, 99% filled at WHH and 100% fill rate at QEOM. There were 32 incidents recorded in relating to staffing difficulties in January (57 in December), which is an improving picture. These included 17 incidents relating to insufficient nurses or midwives, 2 to inadequate skill mix, 1 to insufficient doctors and 11 to general staffing level difficulties. Please see the attached Appendix 1 for greater detail on nursing staffing levels.
- Risk Management – In Jan-15 a total of 1145 clinical incidents including patient falls were reported. Eleven serious incidents were required to be reported on STEIS in January. Six cases have been closed since the last report; there remain 67 serious incidents open at the end of January. Incidents may be re-graded following investigation. In addition to these serious incidents, 23 incidents have been escalated as serious near misses, of which 16 are under investigation.

CLINICAL EFFECTIVENESS

- Bed Occupancy – The bed occupancy metric looks only at adult inpatient beds and excludes any ring fenced wards such as Maternity. In Jan-15 bed occupancy equalled 94.5% approximating the levels reported in September and October, and is lower than the position reported in Jan-14 (i.e. 101.7%). In Jan-15 there was a rise in the use of extra beds used within the Trust recorded at 7.8%. In January 15 a further marked increase in the average number of patients bedded in a ward outside of the relevant Division (outliers) was recorded being more than 2 fold higher than the value recorded in Jan-14. This represents the highest level reported in 18 months. Although Trust activity in Jan-15 matched the expected seasonal level, the difficulty in discharging patients throughout the early part of the month resulted in a high level of operational pressure.
- Readmission Rates – Readmission rates for Dec-14 have increased for the 7-day readmission rate, but show an overall decrease in 30-day readmissions. Attendances at ECC KCH are recorded as admissions and therefore patients who return to ECC within 7-30 days will show as readmissions. This is also the case for the E-Beds in A&E at QEH. The Service Improvement and Innovation Team have undertaken a review of patient notes with Clinical Audit and there is limited documented evidence of patients receiving information at the point of discharge, regarding who to contact in the event of concerns post discharge. This Discharge Policy is being revised by the UCLTC Division and will address the findings of the clinical audit.
- CQUINs – The January 15 data shows an increase in the number of Friends and Family Test (FFT) responses received from inpatient areas to 41% which indicates it is possible to meet the 40% target in March 2015. FFT response rates from A&E have reduced marginally to just over 21%. 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. The reporting process for the referral of COPD patients to the Community Respiratory Team is being reviewed further to ensure that any referrals made via the Integrated Discharge Team are captured and to investigate the accuracy of the reporting. The development of an Integrated Care Heart Failure Pathway is underway with audit of the existing pathway planned. A Clinically led internal working group is meeting to progress developments in the COPD pathway. Rapid progress is needed in these pathways and these CQUINs remain at risk.

PATIENT EXPERIENCE

- Mixed Sex Accommodation – The Trust has been working closely with the CCG Chief Nurses to agree the new Delivering Same Sex Accommodation Policy. A key area was to refresh the justifiable agreed clinical scenarios that were previously agreed with the PCT. Reporting to date has been in line with this policy.
- During Jan-15 there were 2 reportable mixed sex accommodation breaches to NHS England via the Unify2 system, occurring in the CDU at KCH and QEH. The remaining cases occurred in the Stroke Units which is a justifiable mixing based on clinical need. The CCGs have requested that the new policy removes all justifiable criteria, apart from critical care areas and Stroke Units. There were 4 mixed sex accommodation occurrences in total, affecting 18 patients. (Last month there were 10 occurrences affecting 57 patients).
- Compliments & Complaints – During January we received 59 complaints, similar to December. One formal complaint has been received for every 1371 recorded spells of care in comparison to December's figures where 1 formal complaint was received for every 1268 recorded spells of care. During January there were 86 informal contacts (concerns), 188 PALS contacts and 3330 compliments. This is an increase in compliments compared to December with a ratio of compliments to formal complaints of 56:1. This represents one compliment being received for every 36 recorded spells of care. This month we have shown the rate of complaints per 1000 bed days. This allows a comparison to be made across sites as well a rate throughout the year. It can be seen that the rate of formal complaints is reducing back to the levels of January 14. QEH are showing the lowest number of formal complaints per 1000 bed days with WHH and KCH at similar levels. Benchmarking with other Trusts is in progress to compare our performance with others and ascertain where we can make further improvements.

The number of returning clients seeking greater understanding to their concerns during January was 15. Six of these were for the Surgical Services Division, four were for Urgent Care and Long Term Conditions Division, and Specialist Services, Clinical Support Services Division had one returning complainant.

This month the Trust did not achieve the standard of responding to 85% of formal complaints within the agreed date with the client. We sent 67% of the responses out on time to clients during January (88% in December).

Themes remain similar to previous months and are being triangulated with other patient feedback data and addressed at Divisional level. With regards to formal complaints, the highest recurring subjects raised in Jan-15 were delays, concerns about clinical management, problems with communication, concerns

about surgical management, and problems with nursing care.

- **Friends and Family Test** – This month we received 3463 responses from inpatients and A&E patients. Maternity services achieved 576 responses. The response rates and satisfaction scores are depicted in the table below:

Table 1 - Response Rates, Net Promoter Score and Percentage Recommended – January 2015

Department	Standard	Response Rate		NPS	Percentage recommended	
Inpatients	20%	41.3%	↑	73	93%	↑
A&E	15%	21.9%	↓	61	83.5%	↑
Maternity	15%	25.5%	↑	76	93.6%	↓
Outpatients	-	23.3%	↑	65	90%	↑
Day Case	-	28.7%	↓	76.5	93.5%	↑

In January we have received the highest percentage recommended and NPS so far for inpatients, A&E, Day Cases and Outpatients. This provides us with a reportable Trust response rate (A&E and inpatients combined) of 30.2% and a Trust NPS of 68, the highest satisfaction year to date. Our star rating for this month equals 4.5 out of 5.0, similar to 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 December across Kent & Medway (the most recent county data validated) are shown in the Table 2:

Table 2 - Kent & Medway Comparison Response Rate Data

NB: December 2014 Data		
	A&E	Inpatients
EKHUFT	22.8%	36.7%
Dartford	7.5%	25.5%
MTW	23%	29.3%
Medway	18.5%	27.6%
National	18.1%	33.6%

It is encouraging to see that our response rates remain the highest in Kent & Medway and are above the national average.

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 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. Monthly reports on progress are submitted to NHS Choices and are 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 delivery of same sex accommodation in all clinical areas in the Trust given the change in reporting due to CCG concerns of the previously agreed justifiable criteria based on clinical need. Work is in progress within the Divisions to ensure we meet these standards;
4. The consistent achievement of the response rate standard for formal complaints. The Complaints Steering Group oversees the delivery of the Improvement Plan;
5. The maintenance of the improvement in patient satisfaction as depicted by the FFT and the decreased number of complaints received by the Trust over the past two months. Divisions are addressing specifically the feedback and developing plans to address patients' concerns;
6. 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%	↑	-
					Jan-15	Jan-14	vs Jan-14	YTD
	Risk Management	Crude Mortality: All Ages (Per 1000)	Non-Elective	-	43.289	36.312	↑	29.314
			Elective	-	0.640	0.637	↑	0.441
		Serious Incidents (STEIS)	New Incidents	-	11	5	↑	-
			Open Incidents	-	67	26	↑	Cumul.
	HCAI	MRSA	Attributable	5	1	7	↓	Cumul.
		C. difficile	Post 72h	47	43	42	↑	Cumul.
	Infection Prevention	Mandatory Training Compliance (%)		95.0%	80.2%	83.5%	↓	82.3%
	Harm Free Care (HFC)	Safety Thermometer HFC (%) - Old & New Harm	EKHUFT	93.0%	90.1%	91.6%	↓	93.3%
			National	-	93.8%	93.5%	↑	-
	Nurse Sensitive Indicators	Pressure Ulcers: Category 2,3 and 4	Acquired	-	39	23	↑	223
			Avoidable	99	10	10	↔	69
		Falls		-	179	153	↑	1634
Patient Experience	Clinical Incidents	Total Clinical Incidents		-	1145	1059	↑	11110
	Compliments and Complaints	Compliments:Complaints		-	56:1	26:1	↑	-
		No. Care Spells per Formal Complaint		-	1371	1417	↓	-
	Experience	Friends and Family Test (Star Rating)		5.0	4.6	4.5	↑	-
		Adult Inpatient Experience (%)		80.00%	89.67%	89.16%	↑	-
		Mixed Sex Accommodation Occurrences		-	4	12	↓	80
Clinical Effectiveness	Readmission				Dec-14	Dec-13	vs Dec-13	YTD
		7 Day (%)		2.00%	4.38%	4.26%	↑	4.24%
		30 Day (%)		8.32%	8.93%	9.31%	↓	8.74%
	CQUIN				Jan-15	Jan-14	vs Jan-14	YTD
		Standard Contract CQUIN		Multiple			↔	
		Specialist CQUIN		Multiple			↔	
	Bed Usage	Bed Occupancy (%)		-	94.53%	101.75%	↓	-
		Extra Beds (%)		-	7.79%	6.43%	↑	5.78%
		Outliers		-	56.90	25.06	↑	342.75
		Delayed Transfers of Care (Average)		-	43.20	42.60	↑	35.67
Care Quality Commission	Intelligent Monitoring Report	Outcome Measures	Risks	-	3	-		-
			Elevated Risks	-	2	-		-

< January 15 >
RESETSCORES
VALUES

Key National Targets

Monitor

Domain	Metric Name	MTD	QTD	YTD
Patient Safety Effectiveness	Cases of C.Diff (Cumulative)	1	1	1
	ABE: Time in A&E (8)	1	1	1
	Cancer: 2ww (All)	1	1	5
	Cancer: 2ww (Breast)	5	5	1
	Cancer: 2ww (Treat)	5	5	5
Access & Productivity	Cancer: 31d (Drug - Surg)	1	1	1
	Cancer: 31d (Drug)	5	5	5
	Cancer: 62d (Surg Ref)	1	1	1
	Cancer: 62d (Screening Ref)	1	1	5
	RTT: Admitted (8)	1	1	1
	RTT: Non-Admitted (8)	5	5	5
	RTT: Incompletes (8)	5	5	5
	EWOT: Diagnostic Wait	5	5	1

Internally Monitored Indicators

Quality

Domain	Metric Name	MTD	QTD	YTD
Patient Safety	HSUR	4	4	3
	Crude Mortality: EL (per 1,000)	1	1	4
Effectiveness	Crude Mortality: NEL (per 1,000)	5	5	4
	Readmissions: EL dis. 30d (12Mx)	5	5	2

Activity (% Variance to Plan)

Domain	Metric Name	MTD	QTD	YTD
Activity	Referrals - Primary Care	1	1	1
	Referrals - Total	3	3	3
	A&E Attendances	1	1	2
	Outpatient Appointments	4	4	4
	Elective Admissions	1	1	5
Access & Productivity	Non-Elective Admissions	4	4	4
	DNA Rate: New	4	4	5
	DNA Rate: RUP	4	4	5

Efficiency

Domain	Metric Name	MTD	QTD	YTD
Valuing People	Clinical Time Worked (8)	1	1	2
	Unplanned Agency Expense	5	5	5
	Appraisal Quality	5	5	5
	Training Plans (Quarterly)	3	3	3
	Sickness (8)	5	5	5
Access & Productivity	BADS	4	4	4
	Theatre: Section Utilisation (8)	5	5	5
	Non-Clinical Cancellations (8)	5	5	5
	Non-Clinical Cancellations Breaches (8)	5	5	5

Activity in month 10 has performed below levels set in the CX Managed Contract by -5.4% (from +2.9% in November). YTD is still under-performing at -1.8%. This under-performance is as a result of outpatient performance, which has shifted from a position of under-performance. However, Emergency demand has under-performed in month also being 0.2% below contract beyond A&E attendances and 2.7% below in subsequent emergency admissions. The only area with consistent over-performance is in Elective Day Cases at 5.2% above contract.

Activity against the 'Other R&R Contract' is 2.4% up against plan YTD, however -1.8% below contract in month (2.6% up against contract last month). Emergency demand, in both A&E and NEL admissions, are the main drivers and appear to be fluctuating every month. The December positions showed a positive variance of 1.4% for Non-Elective admissions (mainly in Cardiology, General Medicine and ICU Specialised Care), however it is -1.3% for January (mainly in Maternity and Neurology).

As referenced above, ABE activity is over performing the EX Managed Contract but under performing the Other R&R Contract. In January there was a decrease in attendances based on the previous year (-15% year on year), with all sites seeing a reduction in attendances compared to the previous year. There was variation between the sites with C&EOM seeing the largest fall in attendances (-20%), and the smallest reduction at WHH (-1%). It is also important to note that following on from the highest level of ambulance attendances for the year in December, there have reduced in January close to the average level for the year (14/15 avg 5,264, Jan-15 5,206). The Trust was non-compliant with the 4 hour ABE standard in January 2015 at 88.8%. This marked an improvement on the previous month of 88.5%.

Overview of Trust Financial Performance					
Trust Key Performance Indicators (£m)		Annual target	Year to Date Plan	Year to Date Actual	Monitor Continuity of Service Risk Rating
Total operating income		532.5	444.3	394.6	Continuity of Service Risk Rating
CIP savings		26.8	21.7	15.7	
EBITDA		30.1	26.0	15.6	
I&E net surplus		(0.9)	3.1	(4.3)	
Cash balance		27.4	28.8	29.6	
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 YTD position is £(4.4)m against a surplus plan of £3.1m, resulting in an overall adverse variance of £(7.5)m.					
- The subsidiary company (Healthex Limited which runs the Spencer Wing at QE/MH) is reporting a YTD surplus of £0.3m to December 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.					
Savings delivered in the month of January were £(0.7)m below target and now stands at £(5.9)m below plan for the year to date reflecting the continued pressure on operational budgets. (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 £9.1m of net current assets at the end of January and total net assets of £314.1m. The closing cash balance of £29.7m is £1.3m favourable to plan for the month, due to receipts from EK CCG's were lower as an advance of £4.2m was received in December for Winter Pressure Funding. All Other NHS Organisations were £3.7m higher than the previous month, this was predominantly due to the receipt of Q4 payment from Health Education England totalling £5.2m offset by reduction in Income from Specialist Commissioners totalling £1.1m compared to the previous month. Other Receipts were slightly higher than the previous month by £0.3m this was due to higher receipt in month regarding charitable funds £0.2m and General income £0.2m. Creditor payments including Capital were higher than the previous month, due predominantly to 5 payment runs in month compared to 4 in the month of December. The position remains ahead of plan, mainly due to SCG receipts relating to 2013/14. CCG's advance payment of Winter pressure monies, higher VAT reclaim, receipt of 4th Quarter Health Education Income, plus the delay in the start of KPP and SaCP. However, this has been reduced by the delay in settlement of 13/14 payments from the 4 Kent CCG's.					
Capital Expenditure Programme					
The table on page 3 summarises £23.8m of expenditure on capital projects in the year so far.					
Financial Performance Indicators					
The Trust is achieving the rating of 3 under Monitor's Continuity of Service Risk Rating.					
Identified Financial Risks					
The Trust is no longer in a position to recover the adverse YTD EBITDA performance.					
Delivery of the currently reported Divisional forecast position.					
Further deterioration in the delivery of CIP's, in both Divisional and Corporate areas.					
The settlement of the 2013/14 contracts with East Kent CCGs has been risk adjusted in January by £1m, which was in excess of provision made within the 2013/14 accounts and have impacted on the 2014/15 financial position					
The final agreement on the level of funding for RTT wave 1 work.					
How financial risks are being addressed					
The following actions are in place:					
• Additional management effort is being put into the delivery of the savings programme to ensure that the level of savings achieved is maximised.					
• Finance and Divisional teams are working together to find the most effective ways of using resources to meet the high level of operational pressure.					