

Show Values
Clear

Key National Targets

Domain	Monitor	Metric Name	T	MTD	QTD	YTD
Monitor Total	Monitor Governance Score					
Domain	Monitor					
Safety	Cases of CDiff (Cumulative)					
Effectiveness	A&E: Time in A&E (%)					
	Cancer: 2WW (All)					
	Cancer: 2WW (Breast)					
	Cancer: 31D (Diag - Treat)					
	Cancer: 31D (2nd Treat - Surg)					
	Cancer: 31D (Drug)					
	Cancer: 52D (GP Ref)					
Productivity	RT: Admitted (%)					
	RT: Non-Admitted (%)					
	RT: Incomplete (%)					
	DM01: Diagnostic Waits					

Internally Monitored Indicators

Domain	Quality	Metric Name	T	MTD	QTD	YTD
Safety	HSMR	Crude Mortality (per 1000) EL	0.85	0.85	0.85	0.27
		Crude Mortality (per 1000) NEL	36.3	36.3	36.3	30.3
Effectiveness	Readmissions: EL dis. 30d (L-)					3.3
	Readmissions: NEL dis 30d (L-)					17.4
Domain	Efficiency	Metric Name	T <td>MTD</td> <td>QTD</td> <td>YTD</td>	MTD	QTD	YTD
Productivity	BADS	Theatre: Session Utilisation (%)	84.3	84.3	84.3	84.3
		Non-Clinical Cancellations (%)	0	0	0	0.23
		Non-Clinical Canc Breaches (%)	0	0	0	1.76
Efficiency	LoS: Elective (CPR)		2.78	2.78	2.78	2.92
	LoS: Non-Elective (CPR)		5.91	5.91	5.91	5.72
Domain	Activity (% Variance to Plan)	Metric Name	T <td>MTD</td> <td>QTD</td> <td>YTD</td>	MTD	QTD	YTD
	Referrals - Primary Care		-1.3	-1.3	-1.3	2.07
	Referrals - Total		0.1	0.1	0.1	1.94
	A&E Attendances		-1.9	-1.9	-1.9	3.45
	Outpatient Appointments		7.23	7.23	7.23	4.72
Activity	Elective Admissions		6.51	6.51	6.51	3
	Non-Elective Admissions		3.93	3.93	3.93	1.93
	DNA Rate: New (CPR)		6.29	6.29	6.29	6.65
	DNA Rate: Follow-Up (C-)		6.51	6.51	6.51	6.84
	New: Follow-Up Ratio (C-)		2.22	2.22	2.22	2.13
Domain	Activity (% Variance to Plan)	Metric Name	T <td>MTD</td> <td>QTD</td> <td>YTD</td>	MTD	QTD	YTD
People	% Clinical Time Worked		165	165	165	181
	Unplanned Agency Exp...		87.7	87.7	87.7	83.4
	Appraisal Quality		91.5	91.5	91.5	70.4
	Training Plans (Quarterly)		3.68	3.68	3.68	3.44
	Sickness (%)					

Activity Commentary

- Activity in January has returned to trend, following a downturn in December, with both Outpatients and Day Cases over performing. Non-Elective spells have over-performed significantly in month and continue to over-perform YTD. However whilst over-performing YTD A&E attendances have under-performed for a second consecutive month at -2%. All PODs, with the exception of Elective Inpatients, continue to over perform YTD. Elective Inpatients under performed in month by -5%.

- Preliminary primary care referrals for January are currently under performing by 1% but will over perform when all clinic numbers are finalised. In month increases have been seen in Breast Surgery primary care referrals, which is believed to be due to the current media attention on high profile breast cancers. There is still no indication of commissioning intentions taking effect at a corporate level in 13/14. Non-Primary Care Referrals remain static with a positive variance of 1.8% YTD.

- Outpatient New attendances over-performed on plan in Mth 10 by 5% and remain over plan YTD at 5.4%. Follow-up attendances were 8% over plan in month and 4% YTD. The bounce back in activity for both Outpatient New and Follow Up's indicates that the low levels seen in December were due to the Christmas period and not a reduction in demand. Paediatrics have seen a 16% increase in New Outpatient attendances primarily due to the increase of referrals seen in October to December. Follow Up variance is primarily due to the Surgical Division, especially Urology who increased their follow ups in response to the extra cancer referrals from the Pee campaign, over performing by 40.7%. UC<C is also over achieving plan mainly due to HCOOP and Neurology, which have seen increases in specialist activity such as Multiple Sclerosis and Epilepsy.

- Day Case activity has seen a large increase against plan in month again at 9% over plan, primarily driven by Ophthalmology macular degeneration pathways. Day Case activity is also over performing in T&O (6.7%) and ENT (25.9%). Rheumatology day case activity is 75% up on plan, which is as a direct result of increases seen in Outpatient attendances over recent months. Elective Inpatient activity was significantly below plan in January at -5%. The under performance in inpatients is as a direct result of underperformance primarily in the Surgical Division, and T&O which is heavily linked to lack of capacity in the service. T&O performance was -26.1% versus contract plan however was above the revised internal forecast (+6.2%). General Surgery was also below plan in month. Non-Elective activity has over performed in month by nearly 4% and continues to over perform YTD. The main driver for this is in UC<C, which is 24% up in month, and is partly attributable to an increase in activity in Ambulatory Care but also as a result of the limited impact of the commissioning intentions to reduce A&E attendances.

- A&E attendances are 2% below plan in month, however YTD they are over performing by 3.5%. Antenatal bookings in December are at the highest level over the past few years. It is still believed the Divisional forecast of 7,400 births in 2014/15 is attainable. Pathology Direct Access tests are 10% above plan in month. There is not one specific source of pathology driving this overperformance in month, it appears to be across all test categories. Radiology Direct Access diagnostics are 1% above plan in month. In terms of modality, CT is driving overperformance in month. It is estimated that both disciplines will end the year close to plan and, as seen in previous years GPs requests increase at year end, so this overperformance could continue in February and March.

Trust Key Performance Indicators (£m)	Overview of Trust Financial Performance			
	Annual target	Year to date Plan	Year to date Actual	Monitor Financial Risk Rating
		Year to date Plan	Year to date Actual	
Total operating income	496.6	416.2	432.0	3.45
CIP savings	30.0	24.3	21.5	3.65
EBITDA	31.3	27.9	26.9	4
I&E net surplus	5.4	6.9	6.1	4
Cash balance	48.1	49.8	45.1	3.55

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)

Trust income for the year to date remains above plan (by £15.8m). However, the Income and Expenditure surplus for the year to date (£6.1m) is still £0.8m short of target as January's strong activity performance was offset by above plan expenditure. This meant that EBITDA was just short of plan in month.

- Staff costs remain above planned levels due to measures taken to support activity levels, and to sustain quality and service delivery.
- The subsidiary company (Healthex Limited which runs the Spencer Wing at QEOMH) is reporting a modest surplus to the end of January.
- The forecast income and expenditure surplus for the year remains at £3.6m to take account of the high cost of additional activity.

Improvement Programme

The Trust has achieved £21.5m of efficiency savings up to the end of January as shown in the chart on 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 £28.7m of net current assets at the end of January, and total net assets of £305.2m. The closing cash balance of £45.1m is £4.7m short of plan, mainly due to outstanding debt from Specialist Commissioners.

Capital Expenditure Programme

The table on the next page summarises £22.1m of expenditure on capital projects so far this year.

Financial Performance Indicators

The Trust is achieving the highest rating of 4 under the new Continuity of Service Risk Rating (which has replaced Monitor's Financial Risk Rating).

Identified Financial Risks

The principal risks to achievement of the 2013/14 annual financial plan are considered to be the following:

- Increased costs and reduced efficiency savings due to continuing high levels of emergency and non-elective activity.
- Fines (especially for healthcare acquired infections) and other challenges from commissioners during the year affecting income for activity performed.

How financial risks are being addressed

The following actions are in place to mitigate the risk of non-achievement of the 2013/14 financial plan:

- 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, focus remains on Divisions implementing agreed actions to improve delivery of CIP schemes as well as continuing to identify new schemes.
- Regular performance meetings are held between Clinical Divisions and Executive Directors where issues are aired and remedial actions agreed. Increased engagement of corporate teams is helping Divisional management teams to develop a better understanding of the relationship between activity, income and costs.
- As well as maintaining regular contact with Commissioner representatives to understand activity and income variances and resolve issues promptly, the Trust is investing further time in ensuring the clarity of activity held on commissioning systems. This should reduce the delay in payments from the SCG and improve the cash position.
- Ongoing Trust-wide and targeted actions to continue to reduce the incidence of CDiff.