East Kent Hospitals University NHS
NHS Foundation Trust

Corporate Performance Report 2013/14

January 2014

OUR VISION:	**To be known as one of the top ten hospital Trusts in England and the Kent hospital of choice for patients and those close to them**
OUR MISSION:	**To provide safe, patient focused and sustainable health services with and for the people of Kent. In achieving this we acknowledge our special responsibility for the most vulnerable members of the population we serve**

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Julie Pearce
Chief Nurse and Director of Quality and Operations

Jeff Buggle
Director of Finance and Performance Management

Putting patients first

EKBI Business Intelligence Beautiful Information

Show VALUES

Clear

PERFORMANCE SCORECARD

East Kent Hospitals University NHS
NHS Foundation Trust

Key National Targets

Monitor XL

Domain	Metric Name	T	QTD
Monitor Total	Monitor Governance Score		

Monitor XL

Domain	Metric Name	T	MTD	QTD	YTD
Safety	Cases of CDiff (Cumulative)				
Effectiveness	A&E: Time in A&E (%)				
Productivity	Cancer: 2WW (All)				
	Cancer: 2WW (Breast)				
	Cancer: 31D (Diag - Treat)				
	Cancer: 31D (2nd Treat - Surg)				
	Cancer: 31D (Drug)				
	Cancer: 62D (GP Ref)				
	Cancer: 62D (Screening Ref)				
	RTT: Admitted (%)				
	RTT: Non-Admitted (%)				
	RTT: Incompletes (%)				
	DM01: Diagnostic Waits				

Internally Monitored Indicators

Quality XL

Domain	Metric Name	T	MTD	QTD	YTD
Safety	HSMR				82.3
	Crude Mortality (per 1000) EL		0.85	0.85	0.27
	Crude Mortality (per 1000) NEL		36.3	36.3	30.3
Effectiveness	Readmissions: EL dis. 30d (1..				3.3
	Readmissions: NEL dis 30d (..				17.4

Efficiency XL

Domain	Metric Name	T	MTD	QTD	YTD
Productivity	BADS		104	104	102
	Theatres: Session Utilisation (%)		84.3	84.3	84.3
	Non-Clinical Cancellations (%)		0	0	0.23
	Non-Clinical Canx Breaches (%)		0	0	1.76
Efficiency	LoS: Elective (CPR)		2.78	2.78	2.92
	LoS: Non-Elective (CPR)		5.91	5.91	5.72

Activity (% Variance to Plan) XL

Domain	Metric Name	T	MTD	QTD	YTD
Activity	Referrals - Primary Care		-1.3	-1.3	2.07
	Referrals - Total		0.1	0.1	1.94
	A&E Attendances		-1.9	-1.9	3.45
	Outpatient Appointments		7.23	7.23	4.72
	Elective Admissions		6.51	6.51	3
	Non-Elective Admissions		3.93	3.93	1.93
	DNA Rate: New (CPR)		6.29	6.29	6.65
	DNA Rate: Follow-Up (C...		6.51	6.51	6.84
	New:Follow-Up Ratio (C..		2.22	2.22	2.13

Activity (% Variance to Plan) XL

Domain	Metric Name	T	MTD	QTD	YTD
People	% Clinical Time Worked				35.5
	Unplanned Agency Exp...		165	165	181
	Appraisal Quality		87.7	87.7	83.4
	Training Plans (Quarterly)		91.5	91.5	70.4
	Sickness (%)		3.68	3.68	3.44

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&LTC 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&LTC, 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.

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FINANCIAL COMMENTARY - JANUARY 2014

Overview of Trust Financial Performance

Trust Key Performance Indicators (£m)	Annual target	Year to date Plan	Year to date Actual
Total operating income	496.6	416.2	**432.0**
CIP savings	30.0	24.3	**21.5**
EBITDA	31.3	27.9	**26.9**
I&E net surplus	5.4	6.9	**6.1**
Cash balance	48.1	49.8	**45.1**

Monitor Financial Risk Rating	Annual target	Year to date Plan	Year to date Actual
Overall Financial Risk Rating	**3.45**	**3.65**	**3.55**
Continuity of Service Risk Rating	**4**	**4**	**4**

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 QEQMH) 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:

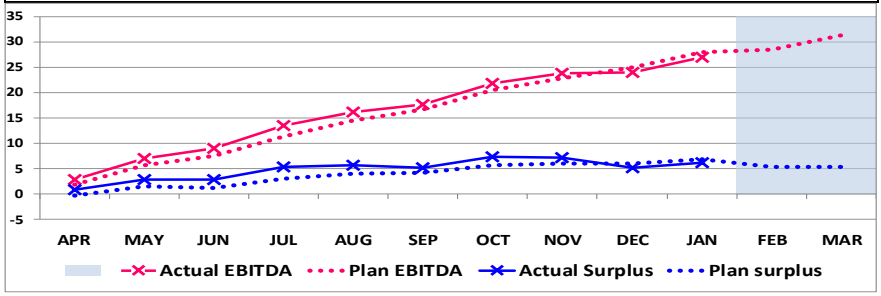
- Savings plans that cross divisional boundaries have been adjusted to reflect operational challenges due to high demand for Trust services. With support from Corporate functions, focus remains on Divisions implementing agreed actions to improve delivery of CIP schemes as well as continuing to identify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

FINANCIAL PERFORMANCE JANUARY 2014

East Kent Hospitals University NHS
NHS Foundation Trust

Trust Statement of Comprehensive Income to 31 January 2014	Year to date £000
SLAs & Corporate Income	400,504
Other Income	31,478
Total Income	**431,982**
Pay	249,589
Non-Pay	155,488
Total Expenditure	**405,077**
EBITDA	**26,905**
Less: Depreciation	13,743
Less: Dividend Payable	7,167
Less/ (add): Other	(150)
Funds Available for Investment	**6,146**

Year to date - Surplus and EBITDA



Trust Capital Expenditure to 31 January 2014	Year to date		
	Budget £000	Actual £000	Variance £000
Endoscopy Upgrade - WHH	4,453	4,323	130
CT Scanner - WHH	960	65	895
CT Scanner - QEQM	1,899	1,419	480
Replacement Cath Lab - WHH	800	1,049	(249)
Car Parking Improvements	3,100	3,800	(700)
Energy Schemes	1,054	1,111	(57)
Buckland Reprovision	4,851	5,312	(461)
Replacement Medical Equipment	1,650	1,518	132
IT Strategy	1,325	964	361
Patient Environment Investment	600	1,647	(1,047)
Other	1,075	943	132
Total Expenditure	**21,767**	**22,152**	**(385)**

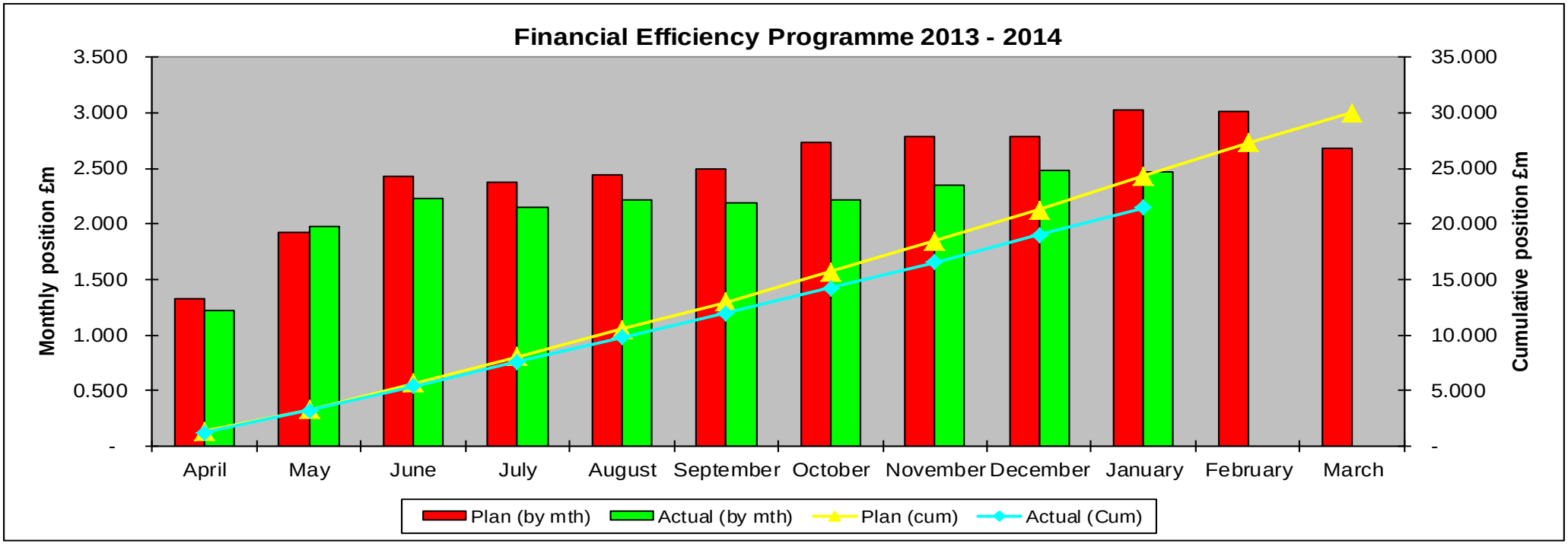
Trust Statement of Financial Position as at 31 January 2014	Opening balance £000	Closing balance £000
Non-Current Assets	**277,266**	**278,796**
Current Assets		
Inventories	8,490	7,886
Trade and Other Receivables	29,514	34,950
Cash and Cash Equivalents	52,026	45,060
Total Current Assets	**90,031**	**87,897**
Current Liabilities		
Payables	(36,790)	(37,235)
Accruals and Provisions	(23,952)	(22,003)
Net Current Assets	**29,288**	**28,658**
Non-Current Liabilities	(2,289)	(2,289)
Total Assets Employed	**304,265**	**305,166**
Financed by Taxpayers Equity		
Public Dividend Capital	189,525	189,525
Revaluation Reserve	63,924	63,924
Retained Earnings	50,817	51,718
Total Taxpayers' Equity	**304,265**	**305,166**

Trust Cashflow Statement as at 31 January 2014	Current month £000
Opening Bank Balance	52,026
Receipts	
Main CCG SLAs	29,573
All Other NHS Organisations	8,912
Other receipts	1,017
Total Receipts	**39,503**
Payments	
Payroll	13,820
Creditor (including capital) payments	22,745
Other Payments	9,906
Total Payments	**46,470**
Closing Bank Balance	45,060

FINANCIAL PERFORMANCE REPORT

January 2014

Efficiency Programme : Trust Summary Position



The Trust's net financial efficiency plan for the 2013-14 financial year is £30.0m.

Savings of £2.5m were achieved in the month of January, bringing the total so far this year to £21.5m. However, this is £2.8m below plan for the year to date, continuing to reflect the pressures on the cost of delivering services.

PERFORMANCE REPORT - JANUARY 2014
GLOSSARY OF TERMS

Abbreviation	Definition
A&E in Dept <4 hrs	The percentage of A&E attendances who spent less than 4 hours from arrival at A&E to admission, transfer or discharge
Activity Data	Total Trust activity against the CaP Plan (a positive number shows the Trust had completed more activity than planned)
BADS	British Association of Day Surgery (Efficiency Score - actual v predicted overnight bed use)
CAMHS	Child and Adolescent Mental Health Services
IPM	Integrated Provider Management – A team providing local CCGs with financial and contract management in planning, negotiation and performance management of agreements with acute Trusts.
Cancer Targets	Specific cancer targets as identified in the Monitor Framework (2WW - 2 week wait, 31D - 31 days and 62D - 62 days)
CCG	Clinical Commissioning Group - CCGs have replaced PCTs
CDiff	Clostridium Difficile – A bacterium causing infection in the colon
CIP	Cost Improvement Programme – The programme to improve efficiency and productivity by reducing costs and/or increasing income
CoSRR	Continuity of Service Risk Rating - the way Monitor assesses the financial strength of FTs to sustain ongoing service provision (from 01/10/13). Scale of 1 to 4 (4 being the best).
CQC	Care Quality Commission – The body responsible for regulating and inspecting hospitals to ensure they are meeting government standards.
CQUINS	Commissioning for Quality and Innovation – Payment framework which makes a proportion of healthcare providers' income conditional on improvements in quality and innovation in specified areas of care.
CRU	Compensations Recovery Unit – The body which is responsible for liaising with insurance companies to recover the cost of treating RTA victims and pass the income to the Trust.
Crude Mortality	Number of in-hospital deaths per thousand discharged spells
Cum	Cumulative
CV's	Contract Variations
Diag.	Diagnosis
DM01	Reporting of Diagnostic waiting times less than six weeks - a key element towards monitoring waits from referral to treatment
DNA	Did Not Attend
DoH	Department of Health
DQ	Data Quality
EBITDA	Earnings(E) Before(B) Interest (I),Tax(T),Depreciation(D) and Amortisation on Donated Assets(A) ie Income less Operating expenses
eDN	Electronic Discharge Note
EL	Elective – Pre-arranged, non-emergency care
GUM	Genitourinary Medicine
HCOOP	Health Care of Older People
HD unit	High Dependency unit
HSMR	Hospital Standardised Mortality Ratios – This is an indicator of healthcare quality that measures whether the death rate at a hospital is higher or lower than you would expect.
I&E	Income & Expenditure
LoS	Length of stay – Measurement of the duration of a single episode of hospitalisation.
Mth	Month
MRSA	Methicillin-Resistant Staphylococcus Aureus – A bacteria that is resistant to certain antibiotics.
MSSE	Medical Surgical Supplies and Equipment
NEL	Non Elective – Care which has not been pre arranged.
New to Follow Up Ratio	Ratio of attended follow up outpatient appointments compared to attended new outpatient appointments
Non Clinical Cancellations	Cancelled theatre procedures on the day of surgery for non-clinical cancellations as a percentage of total admitted patients
Non Clinical Cancellation breaches	Non-Clinical cancellations that were not rebooked within 28 days as a % of total admitted patients
PAS	Patient Administration System
PbR	Payment by Results – National pricing system designed to ensure Trusts get paid a standard price for each episode of patient care they provide.
PCT	Primary Care Trust – NHS bodies responsible for purchasing and providing healthcare for their local population.
PDC	Public Dividend Capital – Represents the funds provided by the DH since NHS Trusts were formed to enable them to own fixed assets.
POD	Point of Delivery
RAMI	Risk Adjusted Mortality Index
Readmissions	All Readmissions that are an emergency that occur within 30 days of any previous discharge (approved exclusions apply)
R&TC	Referral and Treatment Criteria – Criteria set to establish patient pathways.
RTT	Referral To Treatment
SHA	Strategic Health Authority
SLA	Service Level Agreement - Document describing the contract between the Trust and another public sector body for the provision of goods and/or services.
T&O	Trauma and Orthopaedics
Theatres Session Utilisation	Percentage of allocated time in theatre used, including turnaround time between cases, excluding early starts and over runs
UC&LTC	Urgent Care & Long Term Conditions
Uncoded Spells	Inpatient spells that either have no HRG code or a U-coded HRG as a % of total spells (including uncoded spells)
Var	Variance: the difference between budget and actual. A positive number is favourable.
VTE	Venous-Thromboembolism – A blood clot that forms within a vein.
WTE	Whole time equivalent - Expression of the number of staff based on the standard weekly hours for that staff group.
YTD	Year to date - The period from the start of the financial year (1 April) to the end of the month being reported on.