

**Key National Targets**

Domain	Monitor Total	Monitor Metric Name	T	QTD	YTD
Safety Effectiveness	Monitor	Metric Name			
		Monitor Governance Score			
Productivity	Monitor	Metric Name			
		Cases of CDiff (Cumulative)			
		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: 62D (Screening Ref)			
		RTT: Admitted (%)			
RTT: Non-Admitted (%)					
RTT: Incompletes (%)					
DWOL: Diagnostic Waits					

**Internally Monitored Indicators**

Domain	Metric Name	T	MTD	QTD	YTD	Activity (% Variance to Plan)
Safety	HSIMR			81.7	82.2	Referrals - Primary Care
	Crude Mortality (per 1000) EL	0.44		0.66	0.31	Referrals - Total
	Crude Mortality (per 1000) NEL	32.4		33.7	30.7	A&E Attendances
	Readmissions: EL dis: 30d (L...)			3.3	3.3	Outpatient Appointments
Effectiveness	Readmissions: NEL dis 30d (L...)			17.3	17.4	Elective Admissions
	Efficiency					Non-Elective Admissions
Domain	Metric Name	T <td>MTD</td> <td>QTD</td> <td>YTD</td> <td>DNA Rate: New (CPR)</td>	MTD	QTD	YTD	DNA Rate: New (CPR)
	BADS	100	101	102	102	DNA Rate: Follow-Up (C...)
Productivity	Theatres: Session Utilisation (%)	86.3	85.7	84.6	84.6	New: Follow-Up Ratio (C...)
	Non-Clinical Cancellations (%)	0.24	0.34	0.28	0.28	Activity (% Variance to Plan)
Efficiency	Non-Clinical Canx Breaches (%)	11.1	3.47	2.45	2.45	Metric Name
	LoS: Elective (CPR)	3.07	2.96	2.94	2.94	% Clinical Time Worked
	LoS: Non-Elective (CPR)	5.56	5.63	5.68	5.68	Unplanned Agency Exp...
						Appraisal Quality
						Training Plans (Quarterly)
						Sickness (%)

**Commentary**

Activity in March has continued to over perform, following positive performance in Qrt 4. With the exception of Elective Inpatients, all P&R Points Of Delivery (PODs) are over-performing in month and at year end. Inpatient Elective spells have under-performed in month and at year end by -2%. Both Primary and Non-Primary Care Referrals have over-performed for the full year. Performance for the month of March equates to £3.4m over plan, driven mainly by Non-elective spells and annual Adjustments. In total, P&R combined activity ends the year +3.3% over plan, with April and June being the largest over-performers. Total Income for the year is £17.6m favourable compared to the plan of £480.6m.

Primary care referrals for March are broadly on plan. The end year position will close at +3% over plan and throughout the year there has been no indication of commissioning intentions taking effect. Non-Primary Care Referrals have a positive variance of 2% at year end. Outpatient New attendances over-performed on plan in Month 12 by 6% and remain over plan at year end by 5%. Follow-up attendances were 7% over plan in month and nearly 5% at year end.

Day Case activity has again seen a large increase in month at 9% over plan, with year end position at 5% up against plan. Surgical over-performance was the main contributing factor, with day case activity 15% above plan for March and 10% at year end. This primarily was driven by the additional pathways (DMO & VRO) put in place in Ophthalmology during the year.

Elective Inpatient activity has a -2% variance in month, ending the year also at -2%. Trauma & Orthopaedics is the main influencing factor with a position that remains adverse to plan in month due to the divisions' on-going issues with T&O capacity being unable to meet demand.

Non-Elective activity has over performed in month by 7%, ending the year at 2.5% over plan. A&E attendances are +8% up on plan in month (+£0.2m), and 3.6% (+£1.3m) over at year end.

Overview of Trust Financial Performance			
Trust Key Performance Indicators (£m)	Annual target	Full Year Actual	Monitor Financial Risk Rating
Total operating income	496.6	519.9	Overall Financial Risk Rating 3.45
CIP savings	30.0	26.2	Continuity of Service Risk Rating 4
EBITDA	31.3	29.0	
I&E net surplus	5.4	6.0	
Cash balance	48.1	44.0	

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 full year has performed well above plan (by £23.3m). The Income and Expenditure surplus for the full year (£6m) is £0.6m ahead of the £5.4m target as March's below plan EBITDA was more than offset by favourable accounting adjustments required giving a £1.9m surplus 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 March.

**Improvement Programme**

The Trust has achieved £26.2m of efficiency savings up to the end of March which although below plan is in line with forecast (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 £23.9m of net current assets at the end of January, and total net assets of £318.5m. The closing cash balance of £44m is £4.1m short of plan, mainly due to outstanding debt from Specialist Commissioning.

**Capital Expenditure Programme**

The table on the next page summarises £30.5m 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 risk to achievement of the 2014/15 annual financial plan is considered to be the following:

- Full achievement of the £26.8m CIP plan will be a critical factor in achieving the Trust financial 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, focus remains on Divisions implementing agreed actions to improve delivery of CIP schemes.