

## Corporate Performance Report 2013/14

March 2014

<b>OUR VISION:</b>	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
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<b>OUR MISSION:</b>	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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## PERFORMANCE SCORECARD

### Key National Targets

Monitor						XL
Domain	Metric Name	T	MTD	QTD	YTD	
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 (%)					
	Cancer: 2WW (All)					
	Cancer: 2WW (Breast)					
	Cancer: 31D (Diag - Treat)					
	Cancer: 31D (2nd Treat - Surg)					
	Cancer: 31D (Drug)					
Productivity	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	
	HSMR			81.7	82.2	
Safety	Crude Mortality (per 1000) EL		0.44	0.66	0.31	
	Crude Mortality (per 1000) NEL		32.4	33.7	30.7	
Effectiveness	Readmissions: EL dis. 30d (L..			3.3	3.3	
	Readmissions: NEL dis 30d (L..			17.3	17.4	
Efficiency						XL
Domain	Metric Name	T	MTD	QTD	YTD	
	BADS		100	101	102	
Productivity	Theatres: Session Utilisation (%)		86.3	85.7	84.6	
	Non-Clinical Cancellations (%)		0.24	0.34	0.28	
	Non-Clinical Canx Breaches (%)		11.1	3.47	2.45	
Efficiency	LoS: Elective (CPR)		3.07	2.96	2.94	
	LoS: Non-Elective (CPR)		5.56	5.63	5.68	
Activity (% Variance to Plan)						XL
Domain	Metric Name	T	MTD	QTD	YTD	
	Referrals - Primary Care		-0.9	3.93	2.83	
	Referrals - Total		-1.2	3.48	2.5	
	A&E Attendances		7.97	2.11	3.57	
	Outpatient Appointments		6.51	6.14	4.85	
Activity	Elective Admissions		6.61	7.58	3.82	
	Non-Elective Admissions		6.58	4.94	2.51	
	DNA Rate: New (CPR)		6.3	6.53	6.66	
	DNA Rate: Follow-Up (C..		6.44	6.62	6.81	
	New: Follow-Up Ratio (C..		2.15	2.2	2.14	
Activity (% Variance to Plan)						XL
Domain	Metric Name	T	MTD	QTD	YTD	
	% Clinical Time Worked		70.5	72.3	45.5	
	Unplanned Agency Exp...		201	184	181	
People	Appraisal Quality		85.5	86.6	83.7	
	Training Plans (Quarterly)		91.5	91.5	73.8	
	Sickness (%)		3.72	3.67	3.51	

### Commentary

Activity in March has continued to over perform, following positive performance in Qrt 4. With the exception of Elective Inpatients, all PbR 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, PbR 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	Annual target	Full Year Actual
Total operating income	496.6	519.9		Overall Financial Risk Rating	3.45	3.15
CIP savings	30.0	26.2		Continuity of Service Risk Rating	4	4
EBITDA	31.3	29.0		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.		
I&E net surplus	5.4	6.0				
Cash balance	48.1	44.0				
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 QEQUH) 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**

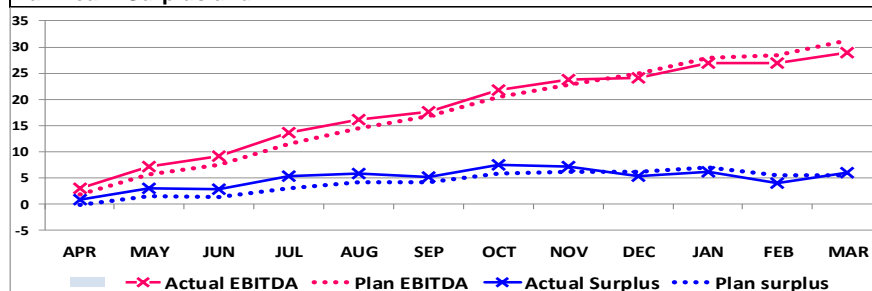
The following actions are in place:

- 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.

# FINANCIAL PERFORMANCE MARCH 2014

Trust Statement of Comprehensive Income to 31 March 2014	Full Year £000
SLAs & Corporate Income	480,574
Other Income	39,343
<b>Total Income</b>	<b>519,917</b>
Pay	301,658
Non-Pay	189,291
<b>Total Expenditure</b>	<b>490,949</b>
<b>EBITDA</b>	<b>28,968</b>
Less: Depreciation	16,472
Less: Dividend Payable	8,167
Less/ (add): Other	(1,646)
<b>Funds Available for Investment</b>	<b>5,975</b>

Full Year - Surplus and EBITDA



Trust Capital Expenditure to 31 March 2014	Full Year		
	Budget £000	Actual £000	Variance £000
Endoscopy Upgrade - WHH	5,323	5,348	(25)
CT Scanner - WHH	2,110	71	2,039
CT Scanner - QEQM	1,899	1,489	410
Replacement Cath Lab - WHH	800	1,000	(200)
Car Parking Improvements	4,200	4,902	(702)
Energy Schemes	1,664	1,835	(171)
Buckland Reprovision	7,211	7,213	(2)
Replacement Medical Equipment	3,000	2,842	158
IT Strategy	2,000	2,186	(186)
Patient Environment Investment	1,000	2,376	(1,376)
Other	1,550	1,204	346
<b>Total Expenditure</b>	<b>30,757</b>	<b>30,468</b>	<b>289</b>

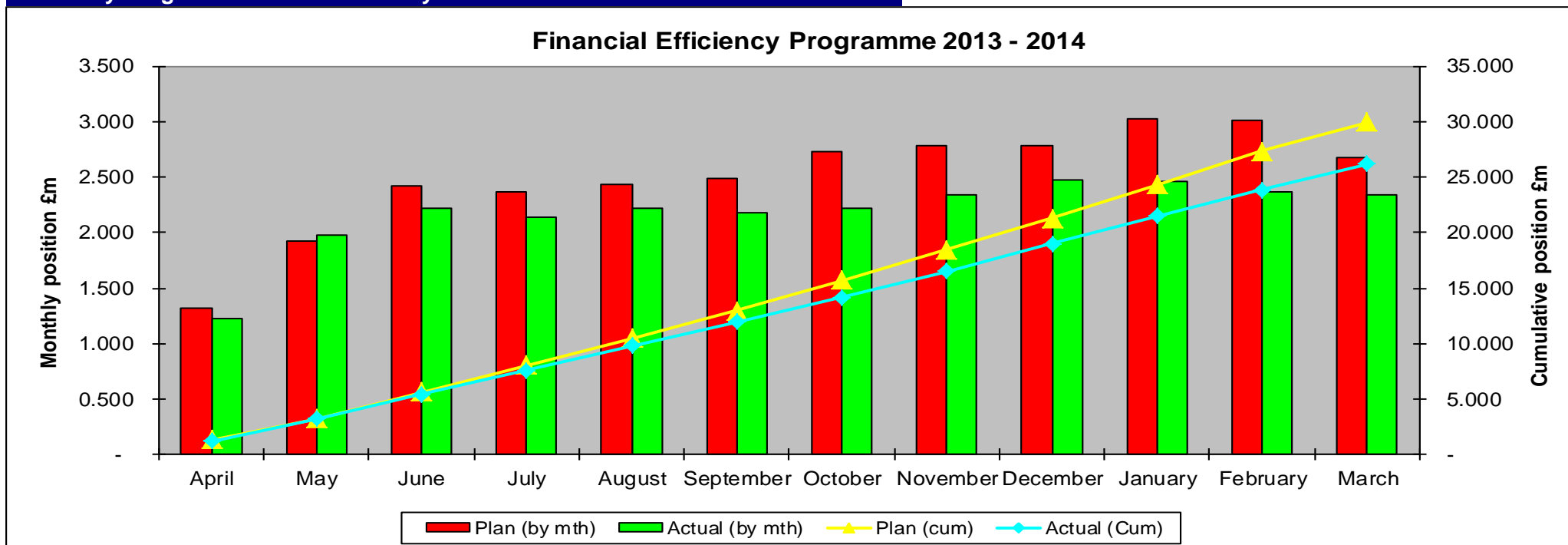
Trust Statement of Financial Position as at 31 March 2014	Opening balance £000	Closing balance £000
<b>Non-Current Assets</b>	<b>280,604</b>	<b>297,119</b>
<b>Current Assets</b>		
Inventories	7,730	7,676
Trade and Other Receivables	30,373	42,716
Cash and Cash Equivalents	45,106	43,980
<b>Total Current Assets</b>	<b>83,209</b>	<b>94,372</b>
<b>Current Liabilities</b>		
Payables	(35,631)	(41,165)
Accruals and Provisions	(22,843)	(29,317)
<b>Net Current Assets</b>	<b>24,735</b>	<b>23,890</b>
Non-Current Liabilities	(2,289)	(2,463)
<b>Total Assets Employed</b>	<b>303,051</b>	<b>318,546</b>
<b>Financed by Taxpayers Equity</b>		
Public Dividend Capital	189,525	189,713
Revaluation Reserve	63,710	77,067
Retained Earnings	49,816	51,767
<b>Total Taxpayers' Equity</b>	<b>303,051</b>	<b>318,546</b>

Trust Cashflow Statement as at 31 March 2014	Current month £000
Opening Bank Balance	45,106
<b>Receipts</b>	
Main CCG SLAs	32,246
All Other NHS Organisations	10,008
Other receipts	1,779
<b>Total Receipts</b>	<b>44,032</b>
<b>Payments</b>	
Payroll	13,761
Creditor (including capital) payments	17,376
Other Payments	14,020
<b>Total Payments</b>	<b>45,158</b>
Closing Bank Balance	43,980

# FINANCIAL PERFORMANCE REPORT

March 2014

## Efficiency Programme : Trust Summary Position



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

Savings delivered in the month of March were £0.3m below plan and stands at £3.8m below plan for the financial year, showing the pressures on the cost of delivering services and delays in some corporate efficiency plans.

**PERFORMANCE REPORT - MARCH 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.