

Corporate Performance Report 2015/16

April 2015

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
---------------------	--

Contents

1. Performance Scorecard
2. Finance Commentary and Performance Indicators
3. Finance Tables
4. Efficiency programme
5. Glossary of Terms

Jane Ely
Chief Operating Officer
Sally Smith
Chief Nurse, Director of Quality
Nick Gerrard
Interim Director of Finance and Performance Management



< **April 15** > **SCORES**
RESET VALUES

Following the 14/15 Financial Year, which at year end saw the overall 'PbR Managed Contract' position under-perform by -1.1%, the current position in Month 1 for 15/16 for all PODs is -5.2% below plan, which has been jointly agreed by EKHUFT and the CCGs. Last year's under-performance was mainly due to Outpatient attends and Elective Inpatient's, which have both remained under plan in Month 1. In fact all PODs within the 'PbR Managed Contract' have under-performed, albeit slightly as is the case with Primary Care Referrals have ended the month close to plan at -0.6%. Both emergency PODs have also under-achieved against plan at -5% for A&E and -7% for Non-Elective Admissions.

- Activity against the 'Other PbR Contracts' has ended Month 1 nearly -5% down against plan, whereas ended last year 4.4% up against plan. Both referrals and subsequent Outpatient New appointments are slightly up on plan but all other PODs have under-performed.

- Primary Care Referrals, at Trust level, are on plan at 0% variance (+5 difference on 12th May). Outpatient New activity, split by Division indicates that the Specialist division is the primary reason for the under-performance as a Trust. This is mainly due to Paediatrics (with the lowest level of activity seen in years within the service and a full review of outpatient activity is currently taking place to ensure efficiency in utilisation) and Gynaecology (due to activity at WHH where a few consultants were on leave during the month). The Specialist Division is also under-achieving for Follow Up's by -13%, due to Anti-Coag (plan was set in October and the service observed a drop in activity shortly after) and Paediatrics (which will be monitored moving forward in the re-established PTL meetings).

- Elective Inpatient has -performed below expected levels due to the majority of Surgical services lack of capacity, most noticeable in Trauma and Orthopaedics and Urology, which were the most affected by the disparity in capacity and demand. While Non-Elective Inpatients also saw a huge under-performance against plan for the Surgical division, so too did UC<C. This drop in expected activity was mainly due to admitted activity from A&E.

- The Trust was non-compliant with the 4 hour A&E standard in April 2015 at 89.3%. This marked an improvement on the previous month of March where 87.5% was achieved. The A&E activity levels for April 2015 are below plan at -5.3%, which links in with the observed reduction in admissions from A&E above.

Key National Targets

Monitor

Domain	Metric Name	MTD	QTD	YTD
Patient Safety	Cases of C.Diff (Cumulative)	5	5	5
	A&E: Time in A&E (%)	1	1	1
Effectiveness	Cancer: 2ww (All)	5	5	5
	Cancer: 2ww (Breast)	5	5	5
	Cancer: 31d (Diag - Treat)	1	1	1
	Cancer: 31d (2nd Treat - Surg)	1	1	1
	Cancer: 31d (Drug)	5	5	5
	Cancer: 62d (GP Ref)	1	1	1
	Cancer: 62d (Screening Ref)	5	5	5
	RTT: Admitted (%)			
	RTT: Non-Admitted (%)			
	RTT: Incompletes (%)			
Access & Productivity	DW01: Diagnostic Waits	5	5	5

Internally Monitored Indicators

Quality

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

Activity (% Variance to Plan)

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

Efficiency

Domain	Metric Name	MTD	QTD	YTD
Valuing People	Clinical Time Worked (%)	1	1	1
	Unplanned Agency Expense	1	1	1
	Appraisal Quality	5	5	5
	Training Plans (Quarterly)	5	5	5
	Sickness (%)	3	3	3
Access & Productivity	BADS	5	5	5
	Theatres: Session Utilisation (%)	4	4	4
	Non-Clinical Cancellations (%)	5	5	5
	Non-Clinical Canx Breaches (%)	5	5	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	Annual target	Year to date Plan	Year to Date Actual
Total operating income	541.9	44.3	43.3		Continuity of Service Risk Rating	2.5	2	2.0
CIP savings	25.2	0.2	0.2					
EBITDA	14.7	0.4	(0.6)		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.			
I&E net surplus	(17.3)	(1.9)	(2.8)					
Cash balance	11.0	18.4	19.8					
Note: Detailed financial tables are on page 3								

Statement of Comprehensive Income (Income and Expenditure)

The Income and Expenditure YTD position is £(1)m adverse against a plan of £(1.9)m.

- The subsidiary company (Healthex Limited which runs the Spencer Wing at QEQUH) is reporting a YTD deficit of £(0.1)m in April which is below plan by £(0.1)m and not included in the above position.

Improvement Programme

The Efficiency Programme for the financial year amounts to £20.2m as set out in the Financial Strategy.

Savings delivered in the month of April were £(0.7)m below target. (see page 4).

Statement of Financial Position (Balance Sheet)

The Trust Statement of Financial Position and Cash summary are set out on page 3. Trade and Other Receivables has increased in month by £4m due to the credit notes issued to local CCG's relating to the 13/14 settlement. Payables has decreased in month by £5m due to the Creditor Payment run being higher than planned £2.4m and Other payments £0.5m. Capital Creditors have reduced by £1m - payment of capital invoices due to old year invoices.

Capital Expenditure Programme

The table on page 3 summarises £1.25m of expenditure on capital projects in the year so far.

Financial Performance Indicators

The Trust is achieving the rating of 2 under Monitor's Continuity of Service Risk Rating.

Identified Financial Risks

The risk that the adverse CIP position in month 1 and the adverse position seen in UC<C continues.

The establishment of a Financial Recovery Group to develop and drive a robust Financial Recovery Plan.

Final agreement and managing within the Winter Funding envelope for 2015/16.

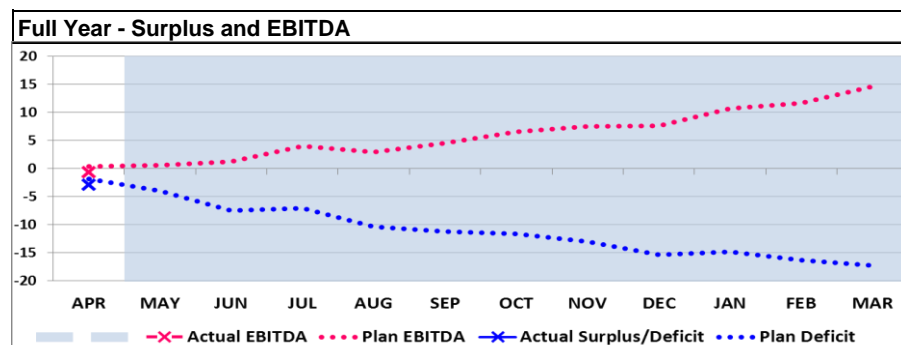
How financial risks are being addressed

The following actions are in place:

- Establishment of Financial Recovery Group, chaired by the CEO.
- Monitor requirement to produce a formal Financial Recovery Plan.

FINANCIAL PERFORMANCE APRIL 2015

Trust Statement of Comprehensive Income to 30th April 2015	Year to Date £000
SLAs & Corporate Income	32,254
Other Income	11,049
Total Income	43,303
Pay	27,180
Non-Pay	16,690
Total Expenditure	43,870
EBITDA	(567)
Less: Depreciation	1,440
Less: Dividend Payable	826
Less/ (add): Other	15
Funds Available for Investment	(2,817)

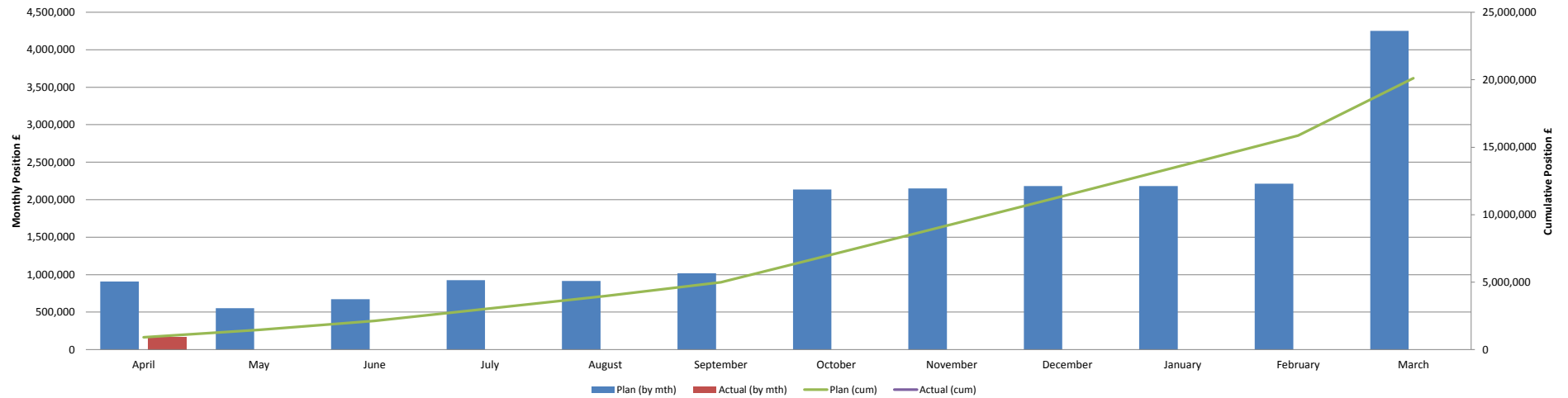


Trust Capital Expenditure to 30th April 2015	Year to Date		
	Budget £000	Actual £000	Variance £000
WHH A&E	90	5	85
WHH CT Scanner	0	0	0
Surgical Assessment Unit	0	0	0
Kent Pathology Partnership	32	19	13
Buckland Hospital	340	489	(149)
Outpatients	0	11	(11)
Replacement Medical Equipment	0	46	(46)
Patient Environment/Other Building Schemes	100	72	28
IT Strategy	598	605	(7)
All Other	40	3	37
Total Expenditure	1,200	1,250	(50)

Trust Statement of Financial Position as at 30th April 2015	Opening balance £000	Closing balance £000
Non-Current Assets	323,391	322,894
Current Assets		
Inventories	9,033	9,079
Trade and Other Receivables	27,219	31,267
Cash and Cash Equivalents	31,295	19,843
Total Current Assets	67,548	60,190
Current Liabilities		
Payables	(35,541)	(30,399)
Accruals and Deferred Income	(29,574)	(29,715)
Net Current Assets	2,434	77
Non-Current Liabilities	(2,674)	(2,637)
Total Assets Employed	323,151	320,333
Financed by Taxpayers Equity		
Public Dividend Capital	190,709	190,709
Revaluation Reserve	88,746	88,746
Retained Earnings	43,696	40,878
Total Taxpayers' Equity	323,151	320,333

Trust Cashflow Statement as at 30th April 2015	Current month £000
Opening Bank Balance	31,294
Receipts	
Main CCG SLAs	27,418
All Other NHS Organisations	9,746
Other receipts	2,542
Total Receipts	39,706
Payments	
Payroll	14,122
Creditor (including capital) payments	26,503
Other Payments	10,533
Total Payments	51,157
Closing Bank Balance	19,843

CIP Programme 2015/16



The Trust's net financial efficiency plan for 2015-16 financial year is £20.2m.

Savings delivered in the month of April were £0.7m below expected target.

PERFORMANCE REPORT - APRIL 2015
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<C	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.