

East Kent Hospitals University



BoD/62/14

NHS Foundation Trust

Corporate Performance Report 2014/15

May 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
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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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Putting patients first

< **May 14** > **SCORES**
RESET VALUES

Trust Commentary

Activity in May 2014 has largely under performed against plan for Elective pathways but over performed in Non-Elective Points Of Delivery (PODs). Performance reporting has been split into the two contract forms, as agreed for the 2014/15 Contract Year. The "PbR Managed Contract" (consisting of the four local East Kent CCGs) is 2.7% down against plan for all 'PbR' activity and the "Other PbR Contract" (a combination of Specialised Commissioning, Public Health and the remaining out of area CCGs) is also under-performing by 4.5%. Referrals, at a Corporate level, appear close to plan for the four EK CCGs. This does however hide significant variances at specialty level with Orthopaedic primary care referrals over-performing by ~20%. This is particularly evident in SKC CCG, and is believed to be linked to the perceived decommissioning of the ICATs service in Primary Care. Continuation of these referral levels will lead to increases in the Referral to Treatment (RTT) backlog and potential failure of the RTT standard. A&E activity is over performing the East Kent Contract by +3%, with particular peaks at WHH (+6.72% on last year) and KCH (+7.04% on last year). SKC CCG is driving this increase with a +14.7% increase in attendances compared to the same period year. Continued high levels of A&E attendances will result in an inability to achieve the 4 hour standard and maintain the current bed pressures across the Hospital sites. Work is underway with local commissioners to understand the increases and jointly reduce A&E attendances.

Key National Targets

Monitor		MTD	QTD	YTD
Domain	Metric Name			
Patient Safety	Cases of CDiff (Cumulative)	5	5	5
	A&E: Time in A&E (%)	1	1	1
Effectiveness	Cancer: 2WW (All)	5	5	5
	Cancer: 2WW (Breast)	5	1	1
	Cancer: 31D (Diag - Treat)	5	5	5
	Cancer: 31D (2nd Treat - Surg)	5	5	5
	Cancer: 31D (Drug)	1	5	5
	Cancer: 62D (GP Ref)	1	1	1
	Cancer: 62D (Screening Ref)	5	5	5
	RTT: Admitted (%)	5	5	5
	RTT: Non-Admitted (%)	5	5	5
	RTT: Incompletes (%)	5	5	5
Access & Productivity	DM01: Diagnostic Waits	5	1	1

Internally Monitored Indicators

Quality		MTD	QTD	YTD
Domain	Metric Name			
Patient Safety	HSMR		3	3
	Crude Mortality EL (per 1,000)	5	5	5
Effectiveness	Crude Mortality NEL (per 1,000)	5	4	4
	Readmissions: EL dis. 30d (12M%)	5	5	5
	Readmissions: NEL dis 30d (12M%)	5	5	5
Activity (% Variance to Plan)		MTD	QTD	YTD
Domain	Metric Name			
Activity	Referrals - Primary Care	1	1	1
	Referrals - Total	1	1	1
	A&E Attendances	1	3	3
	Outpatient Appointments	1	1	1
	Elective Admissions	1	2	2
	Non-Elective Admissions	1	5	5
Access & Productivity	DNA Rate: New	5	5	5
	DNA Rate: Follow-Up	5	5	5
Efficiency		MTD	QTD	YTD
Domain	Metric Name			
Valuing People	Clinical Time Worked (%)	3	3	3
	Unplanned Agency Expense	1	1	1
	Appraisal Quality		5	5
	Training Plans (Quarterly)		5	5
Access & Productivity	Sickness (%)	3	3	3
	BADS	5	5	5
	Theatres: Session Utilisation (%)	4	5	5
	Non-Clinical Cancellations (%)	5	5	5
	Non-Clinical Canx Breaches (%)	3	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	532.5	86.6	86.3		Continuity of Service Risk Rating	4	4	4.0
CIP savings	26.8	3.2	2.2		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.			
EBITDA	30.1	5.6	3.8					
I&E net surplus	(0.9)	1.1	(0.6)					
Cash balance	27.4	34.0	43.1					
Note: Detailed financial tables are on page 3								

Statement of Comprehensive Income (Income and Expenditure)

Trust income in May was marginally below plan. The Income and Expenditure deficit for month 2 is £0.6m, this is £1.6m below the plan.

- The subsidiary company (Healthex Limited which runs the Spencer Wing at QEOMH) is reporting a marginal surplus in May, which is above plan.

Improvement Programme

The Trust has achieved £3.2m of efficiency savings up to the end of May which is £1m below plan (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 £22.7m of net current assets at the end of May, and total net assets of £317.9m. The closing cash balance of £43.1m is £9.1m favourable to plan, mainly due to the settling of outstanding debt by the Specialised Commissioning Group (SCG).

Capital Expenditure Programme

The table on page 3 summarises £3.3m of expenditure on capital projects in the year so far.

Financial Performance Indicators

The Trust is achieving the highest rating of 4 under Monitor's Continuity of Service 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.

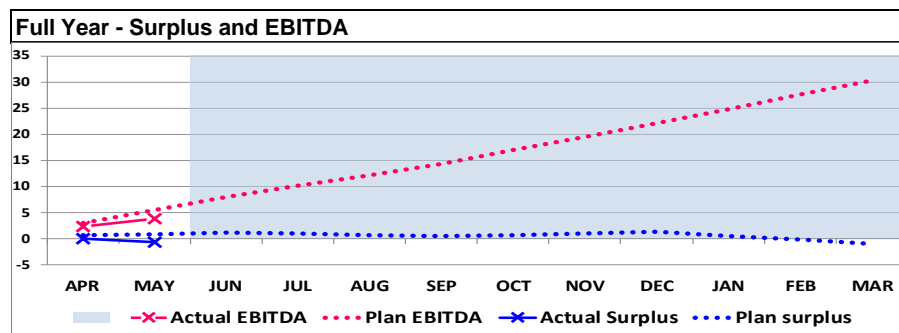
How financial risks are being addressed

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 MAY 2014

Trust Statement of Comprehensive Income to 31 May 2014	Year to Date £000
SLAs & Corporate Income	79,516
Other Income	6,744
Total Income	86,260
Pay	51,160
Non-Pay	31,270
Total Expenditure	82,430
EBITDA	3,830
Less: Depreciation	2,806
Less: Dividend Payable	1,633
Less/ (add): Other	(32)
Funds Available for Investment	(577)



Trust Capital Expenditure to 31 May 2014	Year to Date		
	Budget £000	Actual £000	Variance £000
KCH Outpatients	520	319	201
KCH Theatres	1,000	1	999
Buckland Reprovision	1,495	1,461	34
Energy Scheme	500	195	305
Laundry	0	0	0
Telephony	0	0	0
Replacement Medical Equipment	100	122	(22)
Patient Environment	200	192	8
IT Strategy	0	238	(238)
All Other	540	727	(187)
Total Expenditure	4,355	3,256	1,099

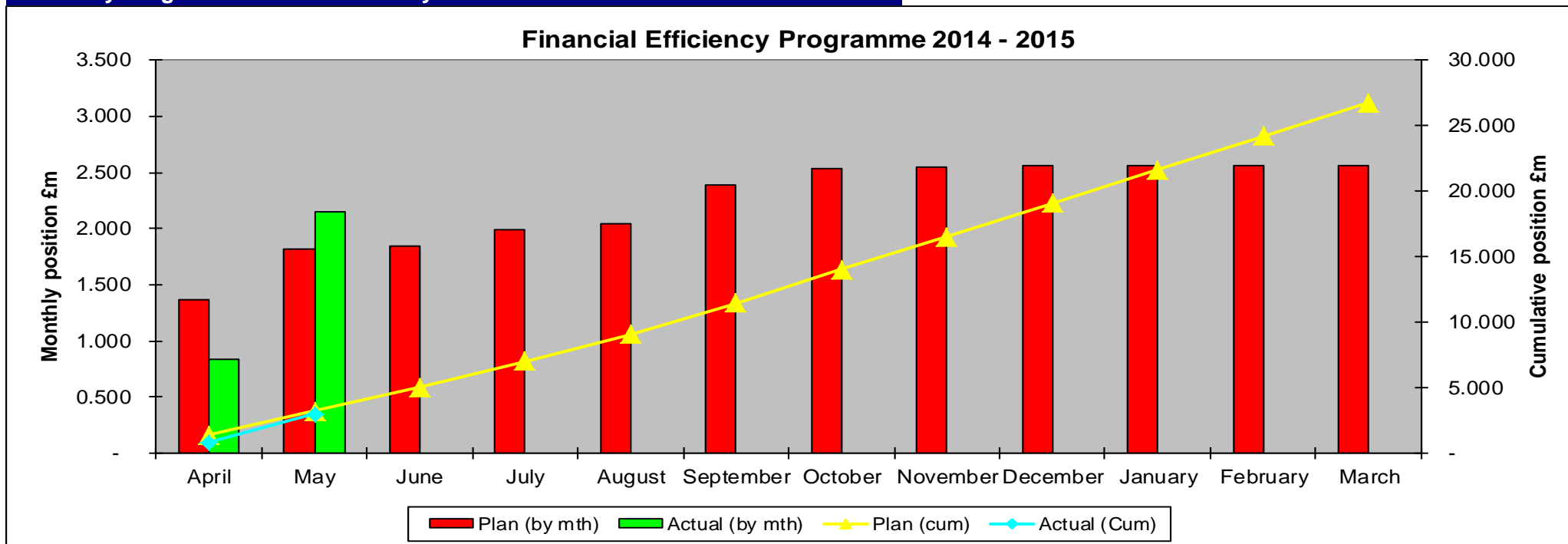
Trust Statement of Financial Position as at 31 May 2014	Opening balance £000	Closing balance £000
Non-Current Assets	297,356	297,623
Current Assets		
Inventories	8,236	8,460
Trade and Other Receivables	34,132	34,873
Cash and Cash Equivalents	44,799	43,116
Total Current Assets	87,167	86,449
Current Liabilities		
Payables	(36,899)	(35,171)
Accruals and Provisions	(26,575)	(28,578)
Net Current Assets	23,693	22,700
Non-Current Liabilities	(2,497)	(2,463)
Total Assets Employed	318,552	317,860
Financed by Taxpayers Equity		
Public Dividend Capital	189,713	189,713
Revaluation Reserve	77,067	77,067
Retained Earnings	51,772	51,080
Total Taxpayers' Equity	318,552	317,860

Trust Cashflow Statement as at 31 May 2014	Current month £000
Opening Bank Balance	44,799
Receipts	
Main CCG SLAs	29,999
All Other NHS Organisations	12,361
Other receipts	1,930
Total Receipts	44,290
Payments	
Payroll	13,768
Creditor (including capital) payments	22,043
Other Payments	10,161
Total Payments	45,973
Closing Bank Balance	43,116

FINANCIAL PERFORMANCE REPORT

May 2014

Efficiency Programme : Trust Summary Position



The Trust's net financial efficiency plan for the 2014-15 financial year is £26.8m.

Savings delivered in the month of May were £0.5m below plan and stands at £1.0m below plan for the year to date reflecting the continued pressure on operational budgets.

PERFORMANCE REPORT - MAY 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<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.