

## Corporate Performance Report 2014/15

June 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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< **June 14** > **SCORES**  
RESET VALUES

### Trust Commentary

Activity in June 2014 has continued to under perform against plan for Elective Inpatients and Follow Up Outpatients but over performed in all other Points Of Delivery (PODs). This is in contrast to the YTD position, which continues to under perform in other Elective pathways also, such as New Outpatients and Elective Daycases. The "PbR Managed Contract" mirrors this trend at an overall level, and is +2% against all PODs. The "Other PbR Contract" is also over-performing by +3%, being driven mainly by over performance in Outpatients, as all Inpatient PODs are under performing.

Primary Care Referrals, at a Corporate level, are over performing by over +10%. This over performance previously hid significant variances at Divisional level however all areas in June are seeing this trend, with Orthopaedic referrals in particular over-performing by ~40%, with both General Surgery and Max Facs also showing signs of increase. Thoracic Medicine (UC&LTC) together with Dermatology (Specialist) referrals are far exceeding seasonality adjusted confidence limits and plans.

Day Case activity is +4% against plan in month, and marginally under (-0.1%) plan at a YTD level. June over performance is being driven by both Surgical and Specialist divisions. Dermatology, in particular, is +43% over plan and over performing against both contracts, which has been caused by proposed (and planned) change in pathway to move activity into Outpatients. The Service continue to work with the Commissioners to develop and agree these new patient pathways across the Dermatology service, however no change in recording will take place until this process is complete and as such the variance will continue to grow. In month Daycase activity is over plan in Dermatology by +20%. Activity in A&E is ~6% up in month on the CCG plan with a continued increase in attendances at KCH and WHH, being driven by increases from all CCGs, particularly South & East Coast CCGs.

### Key National Targets

Monitor

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

### Internally Monitored Indicators

Quality

Domain	Metric Name	MTD	QTD	YTD
	HSMR		3	3
Patient Safety	Crude Mortality EL (per 1,000)	4	5	5
	Crude Mortality NEL (per 1,000)	5	4	4
Effectiveness	Readmissions: EL dis. 30d (12M%)	4	4	4
	Readmissions: NEL dis 30d (12M%)	5	3	3

Activity (% Variance to Plan)

Domain	Metric Name	MTD	QTD	YTD
	Referrals - Primary Care	1	1	1
	Referrals - Total	1	1	1
Activity	A&E Attendances	1	2	2
	Outpatient Appointments	5	1	1
	Elective Admissions	4	4	4
	Non-Elective Admissions	4	5	5
Access & Productivity	DNA Rate: New	5	5	5
	DNA Rate: Follow-Up	5	5	5

Efficiency

Domain	Metric Name	MTD	QTD	YTD
	Clinical Time Worked (%)	3	3	3
	Unplanned Agency Expense	1	1	1
Valuing People	Appraisal Quality	5	5	5
	Training Plans (Quarterly)	5	5	5
	Sickness (%)	3	3	3
	BADS	5	5	5
Access & Productivity	Theatres: Session Utilisation (%)	4	4	4
	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	129.8	131.2		Continuity of Service Risk Rating	4	4	4.0
CIP savings	26.8	5.0	4.1		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	8.2	6.8					
I&E net surplus	(0.9)	1.4	0.1					
Cash balance	27.4	32.2	37.7					
Note: Detailed financial tables are on page 3								

**Statement of Comprehensive Income (Income and Expenditure)**

Trust income in June exceeded the plan. The Income and Expenditure surplus for month 3 is £0.1m, this is £1.3m below the plan.

- The subsidiary company (Healthex Limited which runs the Spencer Wing at QEOMH) is reporting a surplus of £0.3m in June, which is above plan and not included in the above position.

**Improvement Programme**

The Trust has achieved £4.1m of efficiency savings up to the end of June which is £0.9m 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 £23.6m of net current assets at the end of June and total net assets of £321.5m. The closing cash balance of £37.7m is £5.5m 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 £6.3m 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**

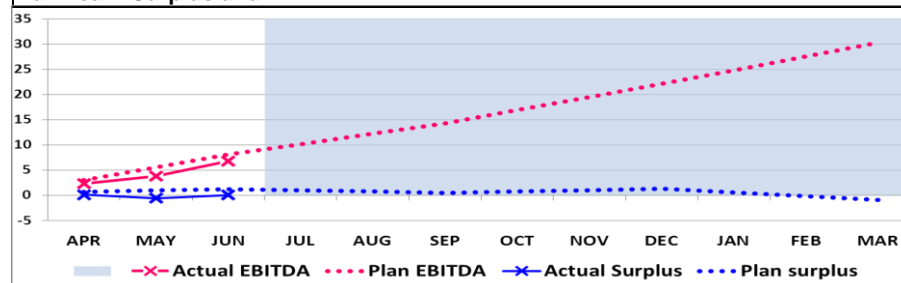
The following actions are in place:

- 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 JUNE 2014

Trust Statement of Comprehensive Income to 30 June 2014	Year to Date £000
SLAs & Corporate Income	97,173
Other Income	34,002
<b>Total Income</b>	<b>131,175</b>
Pay	77,081
Non-Pay	47,284
<b>Total Expenditure</b>	<b>124,365</b>
<b>EBITDA</b>	<b>6,810</b>
Less: Depreciation	4,323
Less: Dividend Payable	2,450
Less/ (add): Other	51
<b>Funds Available for Investment</b>	<b>89</b>

## Full Year - Surplus and EBITDA



Trust Capital Expenditure to 30 June 2014	Year to Date		
	Budget £000	Actual £000	Variance £000
KCH Outpatients	840	642	198
KCH Theatres	1,500	1	1,499
Buckland Reprovision	2,041	2,236	(195)
Energy Scheme	900	301	599
Laundry	0	0	0
Telephony	0	279	(279)
Replacement Medical Equipment	250	208	42
Patient Environment	300	411	(111)
IT Strategy	400	914	(514)
All Other	1,080	1,277	(197)
<b>Total Expenditure</b>	<b>7,311</b>	<b>6,270</b>	<b>1,041</b>

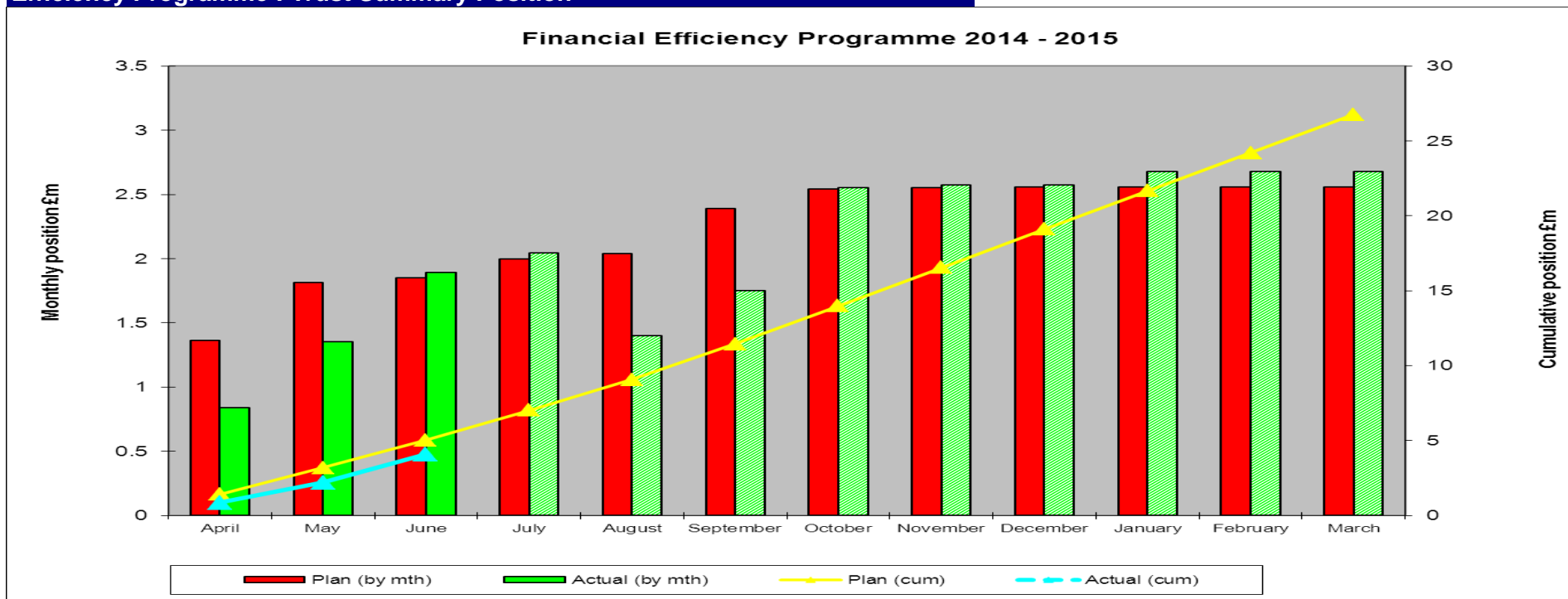
Trust Statement of Financial Position as at 30 June 2014	Opening balance £000	Closing balance £000
<b>Non-Current Assets</b>	<b>297,623</b>	<b>299,057</b>
<b>Current Assets</b>		
Inventories	8,460	8,670
Trade and Other Receivables	34,873	38,073
Cash and Cash Equivalents	43,116	37,735
<b>Total Current Assets</b>	<b>86,449</b>	<b>84,478</b>
<b>Current Liabilities</b>		
Payables	(35,171)	(32,823)
Accruals and Provisions	(28,578)	(29,722)
<b>Net Current Assets</b>	<b>22,700</b>	<b>21,933</b>
Non-Current Liabilities	(2,463)	(2,463)
<b>Total Assets Employed</b>	<b>317,860</b>	<b>318,526</b>
<b>Financed by Taxpayers Equity</b>		
Public Dividend Capital	189,713	189,713
Revaluation Reserve	77,067	77,067
Retained Earnings	51,080	51,746
<b>Total Taxpayers' Equity</b>	<b>317,860</b>	<b>318,526</b>

Trust Cashflow Statement as at 30 June 2014	Current month £000
Opening Bank Balance	43,116
<b>Receipts</b>	
Main CCG SLAs	30,092
All Other NHS Organisations	8,542
Other receipts	1,748
<b>Total Receipts</b>	<b>40,381</b>
<b>Payments</b>	
Payroll	13,753
Creditor (including capital) payments	21,585
Other Payments	10,425
<b>Total Payments</b>	<b>45,762</b>
Closing Bank Balance	37,735

# FINANCIAL PERFORMANCE REPORT

June 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 June were on plan and stand at £0.9m below plan for the year to date reflecting the continued pressure on operational budgets.

# PERFORMANCE REPORT - JUNE 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.