East Kent Hospitals University NHS
NHS Foundation Trust

Corporate Performance Report 2015/16

May 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**

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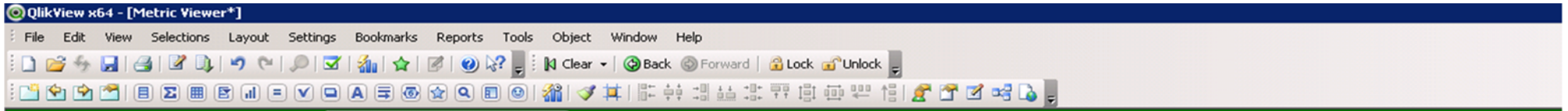
Jane Ely
Chief Operating Officer
Sally Smith
Chief Nurse, Director of Quality
Nick Gerrard
Interim Director of Finance and Performance Management

Putting patients first



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RESET

The overall contract YTD is currently under-performing in every PbR POD, except Primary Care Referrals which is on plan. Performance in May-15 mirrors this position, with Elective Outpatients and Daycases, especially, performing below April's levels. The 'PbR Managed Contract' position is under-performing YTD by -6.4%, with the current position in Month 2 for all PODs at -8.2% below plan. All PODs within the 'PbR Managed Contract' have under-performed, including Primary Care Referrals which have ended the month slightly below plan (-0.8%). Emergency PODs under-achieved against plan by -5.8% for A&E and -4.4% for Non-Elective Admissions.

Activity against the 'Other PbR Contracts' has ended Month 2 nearly -9% down against plan, YTD -5.4% against plan. However, both Primary Care Referrals and Elective Inpatients are slightly up on plan in month (and YTD) but all other PODs have under-performed.

Primary Care Referrals, at Trust level, continue to remain on plan at 0.2% variance (+46 difference on 10th June). Outpatient New and Follow Up activity, split by Division, indicates that the Specialist division is the primary reason for the under-performance as a Trust. As indicated last month this is mainly due to Paediatrics, Anti-Coag and Gynaecology.

Elective admitted activity has underperformed on expected levels as a result of insufficient capacity in some Surgical services predominantly. YTD the division have struggled to achieve the activity levels required to maintain the waiting which consequently grew. The key areas of growth occurred within the Urology and ENT (due mainly to consultant Capacity issues). Daycase activity is under plan due to an administration issue with the phasing of the orthopaedic plan, however this should not affect the year end position and the service believe they will achieve the annual planned activity levels.

Non Elective admissions have under-performed by -4.3% in month, mainly due to Urgent care (-7.1%). This is largely due to a significant reduction in A&E NEL admissions against what was expected (-29.4%). The phasing of the plan will be monitored carefully in the following months due to the implications on our beds and capacity.

The Trust was non-compliant with the 4 hour emergency access standard in May 2015 at 88.3% (89.3% was achieved in April). In May the overall A&E attendances were again lower than the previous year (-4.77% year on year), with variation between individual sites. However it should be noted that at WHH there has been a year on year rise in the number of majors within May (+6.4%), which may have contributed to the poor compliance at that site and overall Trust performance.

Other Non-PbR areas include Chemotherapy delivery which is 14% below plan although numbers are within confidence limits, Maternity Pathway (Antenatal & Postnatal) is below plan by 6%, Dialysis activity is under plan in month by 4%, and NICU/SCBU activity is 6% below plan. Direct Access Radiology (-2.6%) and Pathology (-0.4%) are both under-performing in month against the East Kent CCGs contract

Key National Targets

Monitor

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

Internally Monitored Indicators

Quality

Domain	Metric Name	MTD	QTD	YTD
Patient Safety	HSMR			
	Crude Mortality EL (per 1,000)	5	5	5
	Crude Mortality NEL (per 1,000)	4	4	4
Effectiveness	Readmissions: EL dis. 30d (12M%)		4	4
	Readmissions: NEL dis. 30d (12M%)		2	2

Activity (% Variance to Plan)

Domain	Metric Name	MTD	QTD	YTD
Activity	Referrals - Primary Care	3	5	5
	Referrals - Total	1	1	1
	A&E: Attendances	1	1	1
	Outpatient Appointments	1	1	1
	Elective Admissions	1	1	1
	Non-Elective Admissions	1	1	1
Access & Productivity	DNA Rate: New	4	4	4
	DNA Rate: FUp	5	5	5

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 (%)	4	4	4
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

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Putting patients first

FINANCIAL COMMENTARY - MAY 2015

East Kent Hospitals University NHS
NHS Foundation Trust

Overview of Trust Financial Performance

Trust Key Performance Indicators (£m)	Annual target	Year to Date Plan	Year to Date Actual
Total operating income	541.9	88.4	**86.6**
CIP savings	25.2	3.4	**1.1**
EBITDA	14.7	0.7	**(1.7)**
I&E net surplus	(17.3)	(3.9)	**(6.2)**
Cash balance	11.0	19.8	**25.7**

Monitor Continuity of Service Risk Rating	Annual target	Year to date Plan	Year to Date Actual
Continuity of Service Risk Rating	**2.5**	**2**	**2.0**

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)
The Income and Expenditure YTD position is £(2.3)m adverse against a plan of £(3.8)m.
- The subsidiary company (Healthex Limited which runs the Spencer Wing at QEQMH) is reporting a YTD deficit of £(0.1)m which is below plan by £(0.1)m and not included in the above position.

Improvement Programme
The Trust's net financial efficiency target for 2015-16 financial year is £25.2m. Savings delivered in the month of May were £(624k) below expected target. The full year delivery now stands at £(14.8)m below plan and £(24.1)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 have decreased in month by £10m mainly due to NHS England Commissioning Hub, South East & Wessex overperformance 2014/15 contract totalling £7.6m. Also credit notes issued to Maidstone & Tunbridge Wells £0.9m and prepayments increased by £1.5m following receipt of Maintenance and other invoices covering full year. Accruals increased by £0.6m in month and Deferred Income decreased by £2.5m.

Capital Expenditure Programme
The table on page 3 summarises £2.24m 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 of ongoing adverse performance in the delivery of the CIP target.
Final agreement and managing within the Winter Funding envelope for 2015/16.
The risk of overspends on Agency Staff and non-delivery of CIP targets could result in cash shortaes
Month 3 plan is for a siginificant surplus which will require a much improved financial performance. Failure to achieve this plan will inevitably impact our year end forecast

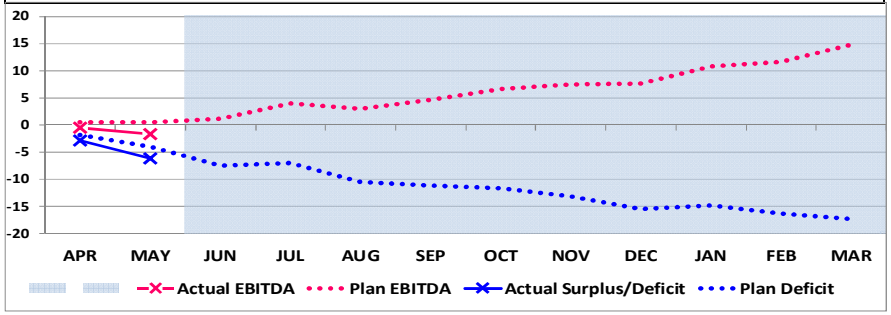
How financial risks are being addressed
The following actions are in place:
- The establishment of a Financial Recovery Group to develop and drive a robust Financial Recovery Plan.
- Reduction in the use of Agency staff and delivery of CIP's

FINANCIAL PERFORMANCE MAY 2015

East Kent Hospitals University NHS
NHS Foundation Trust

Trust Statement of Comprehensive Income to 31st May 2015	Year to Date £000
SLAs & Corporate Income	64,599
Other Income	21,987
Total Income	**86,586**
Pay	54,377
Non-Pay	33,894
Total Expenditure	**88,271**
EBITDA	**(1,685)**
Less: Depreciation	2,878
Less: Dividend Payable	1,652
Less/ (add): Other	16
Funds Available for Investment	**(6,187)**

Full Year - Surplus and EBITDA

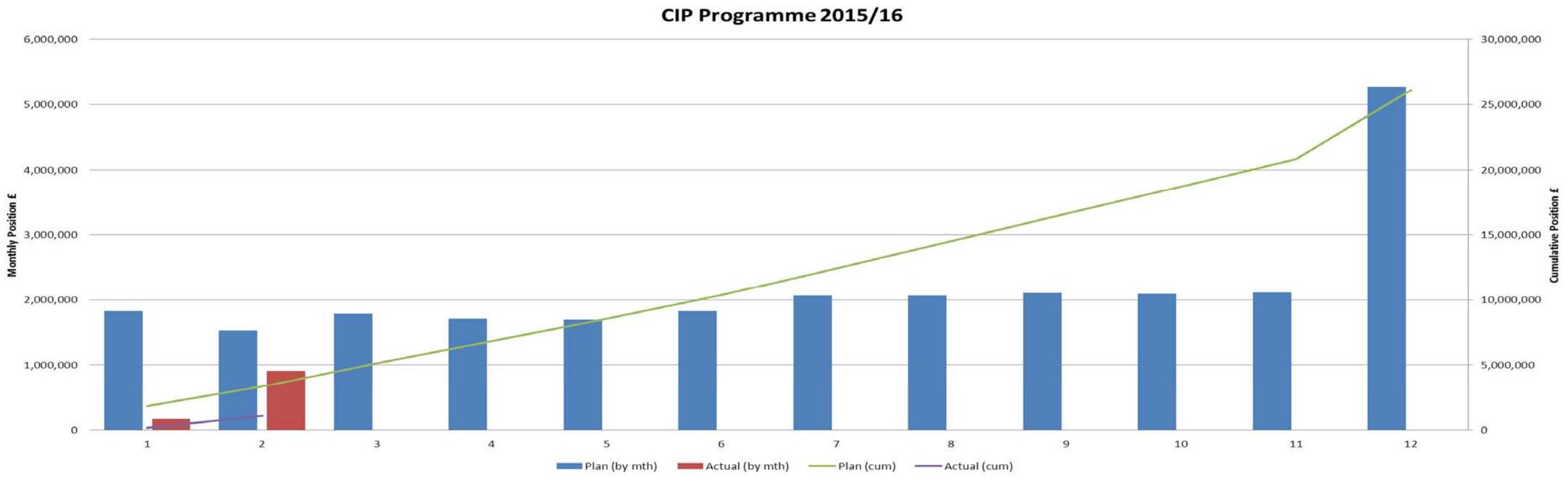


Trust Capital Expenditure to 31st May 2015	Year to Date		
	Budget £000	Actual £000	Variance £000
WHH A&E	211	65	146
WHH CT Scanner	0	0	0
Surgical Assessment Unit	0	0	0
Kent Pathology Partnership	41	29	12
Buckland Hospital	824	960	(136)
Outpatients	0	56	(56)
Replacement Medical Equipment	150	49	101
Patient Environment/Other Building Schemes	200	163	37
IT Strategy	943	766	177
All Other	80	151	(71)
Total Expenditure	**2,449**	**2,240**	**209**

Trust Statement of Financial Position as at 31st May 2015	Opening balance £000	Closing balance £000
Non-Current Assets	**322,894**	**322,486**
Current Assets		
Inventories	9,079	8,820
Trade and Other Receivables	31,267	21,214
Cash and Cash Equivalents	19,843	25,736
Total Current Assets	**60,190**	**55,770**
Current Liabilities		
Payables	(30,399)	(30,960)
Accruals and Deferred Income	(29,715)	(27,702)
Net Current Assets	**77**	**(2,892)**
Non-Current Liabilities	(2,637)	(2,636)
Total Assets Employed	**320,333**	**316,958**
Financed by Taxpayers Equity		
Public Dividend Capital	190,709	190,709
Revaluation Reserve	88,746	88,747
Retained Earnings	40,878	37,502
Total Taxpayers' Equity	**320,333**	**316,958**

Trust Cashflow Statement as at 31st May 2015	Current month £000
Opening Bank Balance	19,843
Receipts	
Main CCG SLAs	31,349
All Other NHS Organisations	15,603
Other receipts	1,953
Total Receipts	**48,906**
Payments	
Payroll	14,165
Creditor (including capital) payments	18,655
Other Payments	10,194
Total Payments	**43,013**
Closing Bank Balance	25,736

PROGRAMME OFFICE REPORT ON CIPs MAY 2015



The Trust's net financial efficiency target for 2015-16 financial year is £25.2m.

Savings delivered in the month of May were £(624)k below expected target. The full year delivery now stands at £(14.8)m below plan and £(24.1)m below target.

PERFORMANCE REPORT - MAY 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&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.