

Corporate Performance Report 2014/15

July 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

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


July 14

RESET


SCORES

VALUES

Trust Commentary

Total activity in July 2014 has continued to under perform against plan for Outpatient Follow Ups together with Non-Elective Inpatients which is under following two months of over performing. All other Points Of Delivery (PODs) are on or over plan. 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 YTD and is -1% against all PODs. The "Other PbR Contract" is over-performing by +3%, being driven mainly by over performance in Outpatients.

Primary Care Referrals, at a Corporate level, are over performing by over +6% YTD. This over performance is seen across all Division's. A main contributor has been the increase in 2ww Priority Cancer referrals noticeably in Dermatology & General Surgery. Orthopaedic referrals in month are +52% over performing, while General Surgery is +42% above plan also. An action from previous months was to set up a Single Point of Access service to Triage referrals and send referrals that can be treated within the community Orthopaedic service back to the community. Inappropriate referrals in T&O are now being actively diverted at the front door through the triage process.

Inpatient Elective activity is under performing by -3% in month with the POD still showing a variance of -7% YTD. In Contrast Day Case activity is marginally over performing plan by +1%, due to Dermatology, Ophthalmology and T&O. However, activity in General Medicine is -16% down YTD due to capacity issues in Endoscopy. Both space (at the WHH) and Consultant vacancies have forced this issue which is also having a knock on effect for the 6wk Diagnostic Wait standard (DM01).

Activity in A&E is 2% up in month on the CCG plan (+4% YTD) with a continued increase in attendances at QEH and WHH. This is being driven by increases from South Kent Coast and Thanet CCGs. Patients arriving by Ambulance have significantly increased from the same period last year.

However, they have decreased at KCH but increased at QEH and WHH. 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.

Key National Targets

Monitor		MTD	QTD	YTD
Domain	Metric Name			
Patient Safety	Cases of CDiff (Cumulative)	1	1	1
Effectiveness	A&E: Time in A&E (%)	1	1	1
Access & Productivity	Cancer: 2WW (All)	5	5	5
	Cancer: 2WW (Breast)	1	1	1
	Cancer: 31D (Diag - Treat)	5	5	5
	Cancer: 31D (2nd Treat - Surg)	1	1	5
	Cancer: 31D (Drug)	5	5	5
	Cancer: 62D (GP Ref)	1	1	1
	Cancer: 62D (Screening Ref)	1	1	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		MTD	QTD	YTD
Domain	Metric Name			
Patient Safety	HSMR			3
	Crude Mortality EL (per 1,000)	5	5	5
	Crude Mortality NEL (per 1,000)	5	5	4
Effectiveness	Readmissions: EL dis. 30d (12M%)	4	4	3
	Readmissions: NEL dis 30d (12M%)	5	5	3

Activity (% Variance to Plan)

Domain	Metric Name	MTD	QTD	YTD
Activity	Referrals - Primary Care	1	1	1
	Referrals - Total	1	1	1
	A&E Attendances	2	2	2
	Outpatient Appointments	3	3	2
	Elective Admissions	4	4	5
	Non-Elective Admissions	3	3	5
Access & Productivity	DNA Rate: New	5	5	5
	DNA Rate: Follow-Up	5	5	5

Efficiency

Domain	Metric Name	MTD	QTD	YTD
Valuing People	Clinical Time Worked (%)	3	3	3
	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

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	175.7	176.4		Continuity of Service Risk Rating	4	4	4.0
CIP savings	26.8	7.0	5.8		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	11.1	9.8					
I&E net surplus	(0.9)	2.0	0.9					
Cash balance	27.4	29.5	36.3					
Note: Detailed financial tables are on page 3								

Statement of Comprehensive Income (Income and Expenditure)

Trust income in July exceeded the plan. The Income and Expenditure surplus for July is £0.8m, this is £0.2m above the plan.

- The subsidiary company (Healthex Limited which runs the Spencer Wing at QEQMh) is reporting a surplus of £0.4m in July, which is above plan and not included in the above position.

Improvement Programme

The Trust has achieved £5.8m of efficiency savings up to the end of July which is £1.2m 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 £22.6m of net current assets at the end of July and total net assets of £319.3m. The closing cash balance of £36.3m is £6.9m favourable to plan, mainly due to the settling of outstanding debt by the Specialised Commissioning Group (SCG) and delays to the start of KPP and SACP.

Capital Expenditure Programme

The table on page 3 summarises £7.8m 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.

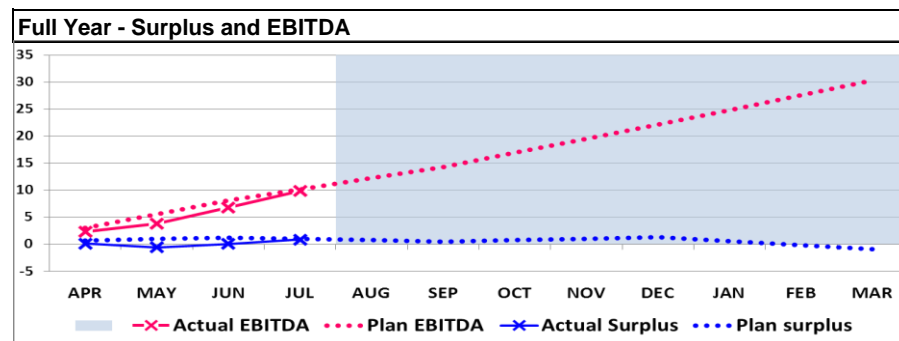
How financial risks are being addressed

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 JULY 2014

Trust Statement of Comprehensive Income to 31 July 2014	Year to Date £000
SLAs & Corporate Income	131,629
Other Income	44,728
Total Income	176,357
Pay	102,701
Non-Pay	63,810
Total Expenditure	166,511
EBITDA	9,846
Less: Depreciation	5,763
Less: Dividend Payable	3,267
Less/ (add): Other	70
Funds Available for Investment	887



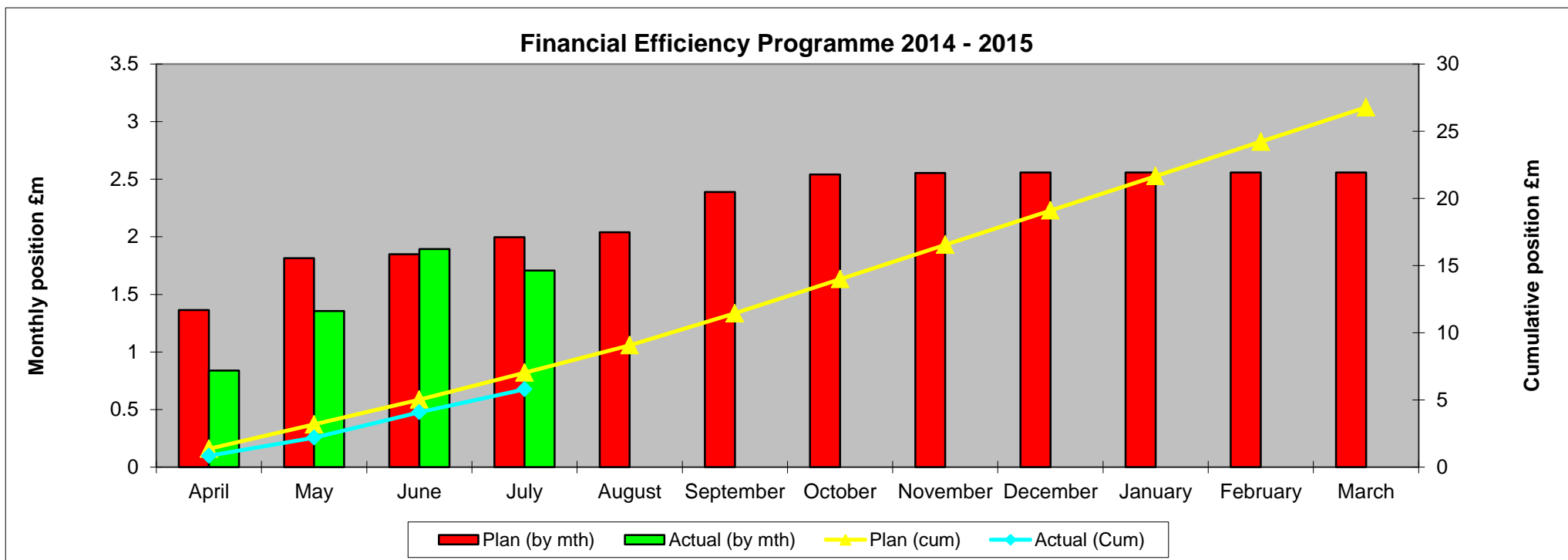
Trust Capital Expenditure to 31 July 2014	Year to Date		
	Budget £000	Actual £000	Variance £000
KCH Outpatients	1,175	985	190
KCH Theatres	1,500	4	1,496
Buckland Reprovision	2,979	3,016	(37)
Energy Scheme	1,072	235	837
Laundry	0	0	0
Telephony	400	23	377
Replacement Medical Equipment	400	411	(11)
Patient Environment	600	433	167
IT Strategy	400	1,226	(826)
All Other	1,100	1,419	(319)
Total Expenditure	9,626	7,751	1,875

Trust Statement of Financial Position as at 31 July 2014	Opening balance £000	Closing balance £000
Non-Current Assets	299,057	299,109
Current Assets		
Inventories	8,670	9,199
Trade and Other Receivables	38,073	38,515
Cash and Cash Equivalents	37,735	36,369
Total Current Assets	84,478	84,083
Current Liabilities		
Payables	(32,823)	(32,211)
Accruals and Provisions	(26,815)	(26,188)
Net Current Assets	21,933	22,636
Non-Current Liabilities	(2,463)	(2,427)
Total Assets Employed	318,526	319,318
Financed by Taxpayers Equity		
Public Dividend Capital	189,713	189,713
Revaluation Reserve	77,067	77,067
Retained Earnings	51,746	52,538
Total Taxpayers' Equity	318,526	319,318

Trust Cashflow Statement as at 31 July 2014	Current month £000
Opening Bank Balance	37,735
Receipts	
Main CCG SLAs	31,042
All Other NHS Organisations	13,948
Other receipts	2,584
Total Receipts	47,574
Payments	
Payroll	13,828
Creditor (including capital) payments	24,705
Other Payments	10,407
Total Payments	48,940
Closing Bank Balance	36,369

FINANCIAL PERFORMANCE REPORT

July 2014



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

Savings delivered in the month of July were £0.3m below target and now stands at £1.2m below plan for the year to date reflecting the continued pressure on operational budgets.

PERFORMANCE REPORT - JULY 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.