

Corporate Performance Report 2015/16

June 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
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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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Contents

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

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< **June 15** > **SCORES**
RESET VALUES

The overall contract YTD is currently under-performing in every Pbr POD, except Primary Care Referrals which is above plan. Performance in June-15 however does not mirror this position, with Elective Daycases and Inpatients above the planned levels. Overall variance is moving closer to planned levels than what has been seen in previous months.

The 'Pbr Managed Contract' position is under-performing YTD by -4.5%, with the current position in Month 3 for all PODs at -1.5% below plan. In month over achievement in the PODs referenced above is within the Managed Contract. YTD Emergency PODs underperformance has improved from Mth 2 but both areas remain under plan by -3.8% for A&E and -0.6% for Non Elective Admissions.

Activity against the 'Other Pbr Contracts' has ended Month 3 nearly -4% (-9% last month) down against plan, YTD -4.2% (-5.4% last month) against plan. This improved position against plan is once again due to Elective Daycases over performing, together with OP New appointments and Non-Elective Inpatients, which has seen both Cardiology and Paediatrics exceed planned levels in month and YTD. Primary Care Referrals, at Trust level, have over achieved plan at 3.1% variance (+388 difference on 8th July, compared to +44 last month). Outpatient New and Follow Up activity however still remains under plan due to issues described in previous commentaries.

Elective admitted activity has exceeded planned levels in June and continue to do so in July where in-month (for July) Daycases are +2.3% and Elective Inpatients are +8.3% against plan. While Surgical performance is on plan for Daycases the biggest driver of over performance is within the Specialist (Dermatology) and Urgent Care (General Medicine and Cardiology) Divisions. This trend is mirrored in the Elective Inpatient setting also.

Non Elective admissions have under-performed by -0.4% in month. A large factor in this is due to A&E NEL admissions reducing but over performance in General Medicine, month on month, is balancing the overall achievement against plan.

A&E remained under plan last month at -4.1%, bringing the YTD at -5.1% and in-month July at -3.6%. The Trust was non-compliant with the 4 hour emergency access standard in June at 88.0%, which missed the recovery trajectory target of 91%. QEH saw the lowest compliance at 80.47%, with the highest nursing and medical vacancies.

Other Non-Pbr areas include Renal Dialysis, which is on plan in month, bringing the YTD total to 2% below plan; NICU SCBU has overperformed in month, bringing the YTD figure to 2% above plan; plus Direct Access Pathology in month for the Managed Contract was 0.4% below plan while Direct Access Radiology was 3.8% above plan.

Key National Targets

Monitor

Domain	Metric Name	MTD	QTD	YTD
Patient Safety Effectiveness	Cases of C.Diff (Cumulative)	5	5	5
	A&E: Time in A&E (%)	1	1	1
	Cancer: 2ww (All)	1	5	5
	Cancer: 2ww (Breast)	1	1	1
	Cancer: 31d (Diag - Treat)		1	1
	Cancer: 31d (2nd Treat - Surg)		1	1
Access & Productivity	Cancer: 31d (Drug)		5	5
	Cancer: 62d (GP Ref)	1	1	1
	Cancer: 62d (Screening Ref)	1	1	1
	RTT: Admitted (%)	1	1	1
	RTT: Non-Admitted (%)	1	1	1
	RTT: Incompletes (%)	1	1	1
	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)	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			
	Referrals - Total			
	A&E: Attendances			
	Outpatient Appointments			
	Elective Admissions			
	Non-Elective Admissions			
Access & Productivity	DNA Rate: New	4	4	4
	DNA Rate: FUP	4	4	4

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	4	5	5
	Theatres: Session Utilisation (%)	4	4	4
	Non-Clinical Cancellations (%)	5	5	5
	Non-Clinical Canx Breaches (%)	5	5	5
		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	133.0	131.5		Continuity of Service Risk Rating	3	2	2
CIP savings	20.2	1.8	0.7					
EBITDA	14.7	1.2	(2.1)		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.			
I&E net surplus	(17.3)	(7.4)	(10.7)					
Cash balance	11.0	20.7	21.9					
Note: Detailed financial tables are on page 3								

Statement of Comprehensive Income (Income and Expenditure)

The Income and Expenditure YTD position is £(3.3)m adverse against a plan of £(7.4)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 £20.2m. Savings delivered in the month of June were £(1.2)m below expected target. The full year delivery now stands at £(16.08)m below plan and £(23.5)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. Unconsolidated Cash decreased by £3.8m to £21.9m in June. This is £1.2m above plan. Other receipts increased by £0.1m in the month and were £0.8m above plan. This is due to a £0.9m VAT reclaim in the month.

Capital Expenditure Programme

The table on page 3 summarises £3.4m 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.

Beneficial adjustment due to the YTD underperformance in the East Kent Managed Service of £2.4m.

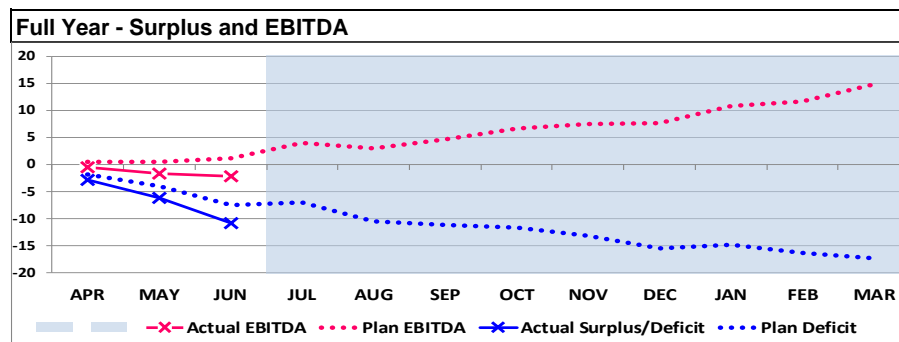
How financial risks are being addressed

The following actions are in place:

- The establishment of a Financial Recovery Group to develop and drive a robust Financial Recovery Plan chaired by the CEO.
- Continued HR drive to recruit to vacant posts including overseas nurses

FINANCIAL PERFORMANCE JUNE 2015

Trust Statement of Comprehensive Income to 30th June 2015	Year to Date £000
SLAs & Corporate Income	97,995
Other Income	33,462
Total Income	131,457
Pay	81,709
Non-Pay	51,826
Total Expenditure	133,535
EBITDA	(2,078)
Less: Depreciation	4,317
Less: Dividend Payable	2,478
Less/ (add): Other	(1,858)
Funds Available for Investment	(10,731)

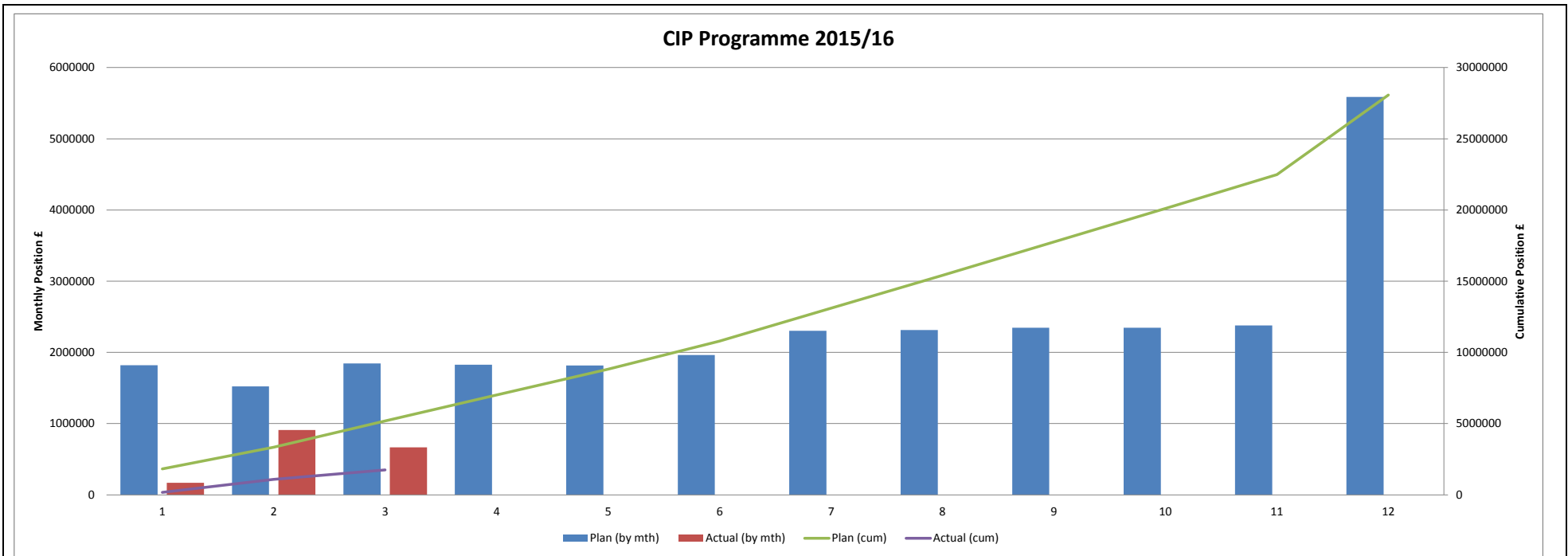


Trust Capital Expenditure to 30th June 2015	Year to Date		
	Budget £000	Actual £000	Variance £000
WHH A&E	259	181	78
WHH CT Scanner	0	6	(6)
Surgical Assessment Unit	5	2	3
Kent Pathology Partnership	47	52	(5)
Buckland Hospital	1,443	1,267	176
Outpatients	0	66	(66)
The Trust's net financial efficiency target for 2015	300	300	0
Patient Environment/Other Building Schemes	300	374	(74)
IT Strategy	1,196	953	243
All Other	140	197	(57)
Total Expenditure	3,690	3,399	292

Trust Statement of Financial Position as at 30th June 2015	Opening balance £000	Closing balance £000
Non-Current Assets	322,486	320,308
Current Assets		
Inventories	8,820	8,523
Trade and Other Receivables	21,214	22,970
Cash and Cash Equivalents	25,736	21,916
Total Current Assets	55,771	53,410
Current Liabilities		
Payables	(30,960)	(31,636)
Accruals and Deferred Income	(27,702)	(27,025)
Net Current Assets	(2,892)	(5,252)
Non-Current Liabilities	(2,636)	(2,636)
Total Assets Employed	316,958	312,421
Financed by Taxpayers Equity		
Public Dividend Capital	190,709	190,709
Revaluation Reserve	88,747	88,747
Retained Earnings	37,502	32,965
Total Taxpayers' Equity	316,958	312,421

Trust Cashflow Statement as at 30th June 2015	Current month £000
Opening Bank Balance	25,736
Receipts	
Main CCG SLAs	31,600
All Other NHS Organisations	9,583
Other receipts	2,064
Total Receipts	43,247
Payments	
Payroll	14,371
Creditor (including capital) payments	22,534
Other Payments	10,169
Total Payments	47,074
Closing Bank Balance	21,916

PROGRAMME OFFICE REPORT ON CIPs JUNE 2015



The Trust's net financial efficiency target for 2015-16 financial year is £20.2m, with a stretch target of £25.2m.

Savings delivered in the month of June were £1.2m below expected target. The full year delivery now stands at £16.08m below plan and £18.5m below target.

PERFORMANCE REPORT - JUNE 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.