

Key National Targets

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

Internally Monitored Indicators

Domain	Quality	Metric Name	T	MTD	QTD	YTD
Safety	HSMR	Crude Mortality (per 1000) EL	0.21	0.21	0.21	0.16
		Crude Mortality (per 1000) NEL	28.7	30.2	28.8	28.8
Effectiveness		Readmissions: EL dis: 30d (L)	3.26	3.26	3.26	3.29
		Readmissions: NEL dis 30d (L)	17.1	17.1	17.4	17.4

  

Domain	Efficiency	Metric Name	T	MTD	QTD	YTD
Productivity	BADS	Theatres: Session Utilisation (%)	95.2	98.8	98.8	101
		Non-Clinical Cancellations (%)	83.9	84.6	84.6	84.5
		Non-Clinical Cancx Breaches (%)	0.31	0.26	0.26	0.26
Efficiency	BADS	LoS: Elective (CPR)	95.2	98.8	98.8	101
		LoS: Non-Elective (CPR)	3.1	2.94	2.94	2.94
		LoS: Non-Elective (CPR)	5.61	5.73	5.73	5.72

  

Domain	Activity (% Variance to Plan)	Metric Name	T	MTD	QTD	YTD
Activity	Referrals - Primary Care	Referrals - Total	2.03	-0.1	3.01	2.97
		A&E Attendances	-0.7	0.58	4.74	4.74
		Outpatient Appointments	7.14	6.06	5.03	5.03
		Elective Admissions	8.94	7.93	2.4	2.4
		Non-Elective Admissions	2.4	0.93	1.58	1.58
		DNA Rate: New (CPR)	6.24	6.48	6.65	6.65
		DNA Rate: Follow-Up (C...)	6.78	6.92	6.84	6.84
		New: Follow-Up Ratio (C...)	2.11	2.11	2.13	2.13

  

Domain	Activity (% Variance to Plan)	Metric Name	T	MTD	QTD	YTD
People	% Clinical Time Worked	Unplanned Agency Exp...	69.6	197	173	181
	Appraisal Quality	Training Plans (Quarterly)	87.5	85.8	82.3	82.3
	Sickness (%)		59.4	59.4	71.2	71.2
			3.55	3.5	3.36	3.36

Activity Commentary

Activity in November has over performed against plan except in A&E. Outpatients New & Follow Up together with Day Cases are above plan in month, by approx ~5% and continue to over-perform YTD. A&E continues to over perform YTD, however for the first time this year they have under-performed against plan in month by -1%. Non-Elective admissions have over-performed against plan in month and YTD. Elective Inpatients has overperformed for the second consecutive month. All PODs other than Elective Inpatients continue to over perform YTD.

Primary care referrals are over performing by 2% in month. There is currently no indication of commissioning intentions taking effect at a corporate level in 13/14. The YTD position indicates +3% variance against plan. Non-Primary Care Referrals remain static on close to plan at +1.8% YTD.

Outpatient New attendances over-performed on plan in Mth 8. Activity is +9 over plan in month, and remains over plan YTD at +6%. Follow-up attendances are 6% over plan in month and ~5% YTD. The increase in activity is partly caused by the Trust's programme of validation work identifying long waiters together with increases in Referral levels.

Day Case and Elective Inpatient activity has seen a large increase against plan in month at +10% and +6% respectively. Inpatient activity, although YTD is -1.6% below plan, has over performed in month, for the second consecutive time. Increases in Outpatient activity has started to cascade into admitted care, however large increases have also been seen in UC&LTC, which have been affected by Ambulatory Care pathways increasing activity.

Non-elective admissions in month are slightly above plan (+2%) and continue to show a YTD over performance of +1.6%. Over performance in Non-Electives is mainly in the UC&LTC division, in particular General Medicine (£0.3m in month and £1.9m YTD) and HCOOP, which has seen a rising trend for several months. Significant work has been completed by the Division to reduce the LoS of in-patients which has been achieved by greater utilisation of non-acute capacity. A&E attendances have, for the first time this year, under-performed against plan in month at -1% but still remain over plan at +4.7% YTD. In month there has been a 7% decline compared to last year in patients self-presenting.

Pathology Direct Access tests are 2% above plan in month. There is no one particular source of pathology driving over performance in month. Radiology Direct Access diagnostics are 5% below plan in month. In terms of modality, non obstetric ultrasound is driving underperformance in month. It is estimated that both disciplines will end the year close to plan.

Underperformance has continued in Maternity Pathway (£0.1m) with activity remaining below planned levels. Evidence continues to grow to support a slightly improved forecast for Antenatal bookings, with September and October bookings both within 5% of the plan, with estimated growth in the birthing rate into 14/15.

Overview of Trust Financial Performance				
Trust Key Performance Indicators (£m)	Annual target	Year to date Plan	Year to date Actual	Year to date Actual
	Total operating income	496.6	333.6	345.0
CIP savings	30.0	18.5	16.5	
EBITDA	31.3	22.8	23.7	
I&E net surplus	5.4	6.1	7.1	
Cash balance	48.1	51.8	51.3	

Annual target: 3.45, Year to date Plan: 3.65, Year to date Actual: 4.05

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)**

Financial performance for the year to date remains ahead of plan with a £7.1m income and expenditure surplus (funds available for investment). However, the surplus has narrowed in recent months. A Trust Statement of Comprehensive Income is shown on page 3.

- Trust income is £11.3m above plan: most Points of Delivery are over plan in month with the principle areas being Non-Elective, Outpatients and Day Cases.
- Staff costs remain above planned levels due to measures taken to support activity levels, and to sustain quality and service delivery.
- The subsidiary company (Healthex Limited which runs the Spencer Wing at QEOMH) is reporting a modest surplus to the end of November.
- The forecast income and expenditure surplus for the year has now been lowered to £4.7m to take account of the high cost of additional activity.

**Improvement Programme**

The Trust has achieved £16.5m of efficiency savings in eight months as shown in the chart on 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 £34.8m of net current assets at the end of November, and total net assets of £306.1m. The closing cash balance of £51.3m is £0.5m below plan.

**Capital Expenditure Programme**

The table on the next page summarises £14.2m of expenditure on capital projects so far this year.

**Performance Indicators and Financial Risk Rating**

The Trust Financial Risk Rating for the year to date is 4.05, which is 0.4 better than plan. The Trust is achieving the highest rating of 4 under the new Continuity of Service Risk Rating.

**Identified Financial Risks**

The principal risks to achievement of the 2013/14 annual financial plan are considered to be the following:

- Savings not achieved to the level assumed in the annual plan (£30m).
- Increased costs due to continuing high levels of emergency and non-elective activity.
- Fines (especially for healthcare acquired infections) and other challenges from commissioners during the year affecting income for activity performed.

**How financial risks are being addressed**

The following actions are in place to mitigate the risk of non-achievement of the 2013/14 financial plan:

- 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, Divisions are continuing to implement agreed efficiencies and to identify any other possible savings.
- Divisions are required to ensure that use of temporary staff or other external resource is fully justified, and reduced wherever possible. Clinical Divisions are receiving increased funds for maternity leave cover.
- The Trust seeks to resolve any challenges from Commissioners as quickly as possible; the frequency of joint meetings with them has been increased this year.
- Regular performance meetings are held between Clinical Divisions and Executive Directors where issues are aired and remedial actions agreed.