

Title	Performance Report October 2015
File location	Sharepoint site : Assurance Framework/Performance/Performance Board reports
Meeting	Board of Directors
Date	1 st December 2015
Executive Summary	
<p>The Trust is reporting a deficit for the seven months to 31 October 2015 of £6,565k. The revised internal plan anticipated a deficit of £3,785k, excluding £12,657k of income in relation to the transfer of St. Benedict's Hospice which has still not transferred to the Trust, giving an adverse variance of £2,780k at the end of October</p> <p>Under the new Financial Sustainability Risk Rating (FSRR) the risk rating has reduced to a 2. This rating is likely to represent a material level of financial risk. Depending on the level of concern Monitor's response may include investigating whether the Trust is in breach of its licence conditions and closer monitoring. In relation to the latter Monitor commenced collection of monthly financial data from all foundation trusts with effect from month 4.</p> <p>Type 1 attendances to A&E year to date are on target for the year to date. Attendances through the Urgent Care Hub are under a block contract.</p> <p>Emergency contract activity for the year to date shows all non elective spells are above plan by 470 spells (5.3%) whilst emergency ambulatory care spells are below plan by 206 spells (9.1%)</p> <p>Elective activity remains 846 spells (9.7%) below plan for the year to date, however this is a slight improvement on last month. Outpatient activity is 320 attendances (2%) below plan for the year to date.</p> <p>While Fire training and Information Governance training remain on schedule, there is a concern that the increase in sickness absence is related to an earlier winter rise than the usual trend.</p> <p>Clostridium Dificile is currently reported as 10 cases for the year against a full year threshold of 8 cases. Each case above the threshold would lead to a penalty at the end of the year of £10,000. However we have a number of cases definitely going forward to appeal, and the Trust has a very good track record of such appeals being upheld.</p>	
Recommendation	
<p>The Board is requested to :</p> <ul style="list-style-type: none"> • review and comment upon the integrated performance report • approve the mitigating actions proposed to improve performance 	
Report Author	Malcolm Walker
Executive Director/ Sponsor	Mike Robson/Ian Frame

Purpose of paper	Information	x	Discussion	x
	Decision		Assurance	x
	Specific action			
Implications	Staffing			
	Finance	x		
	Legal			
	Public engagement			
	Partnership	x		
	Communication			
	Equality & Diversity			
	Clinical	x		
Risk assessment and mitigation (include risk register reference if appropriate)				
Link to STFT Business Plan	Performance			
Link to CQC outcome	16			
Link to Board Assurance Framework	Provides assurance of performance against contract			
Link to Strategic Risk Register				

**REPORT TO BOARD OF DIRECTORS
INTEGRATED PERFORMANCE REPORT OCTOBER 2015**

1.0 FINANCIAL PERFORMANCE

1.1 Overview

The Trust is reporting a deficit for the seven months to 31 October 2015 of £6,565k. The revised internal plan anticipated a deficit of £3,785k, excluding £12,657k of income in relation to the transfer of St. Benedict's Hospice which has still not transferred to the Trust, giving an adverse variance of £2,780k at the end of October

Under the new Financial Sustainability Risk Rating (FSRR) the risk rating has reduced to a 2. This rating is likely to represent a material level of financial risk. Depending on the level of concern Monitor's response may include investigating whether the Trust is in breach of its licence conditions and closer monitoring. In relation to the latter Monitor commenced collection of monthly financial data from all foundation trusts with effect from month 4.

1.2 Variance from Plan

When compared to the internal revised plan the adverse variance of £2,780k can be analysed as follows:

	£000	£000
Income above plan (excluding Hospice transfer)		282
<u>Pay</u>		
Medical overspend	(604)	
Nursing underspend	193	
Other underspend	220	
CIP not achieved	(1,552)	
		<hr/>
		(1,743)
<u>Non Pay</u>		
Overspend	(1,478)	
CIP over achieved	226	
		<hr/>
Trustwide CIP outstanding		(52)
Budgetary Reserves not yet allocated		189
Capital charges etc overspend		(204)
		<hr/>
		(2,780)

The financial position has deteriorated by £586k in the month, however, this is after the release of accruals in month relating to 2014/15, amounting to £101k. Without this adjustment the deficit in month would have been £687k.

Expenditure pressures continue to be the focussed primarily around pay, in particular locum/agency spend for medical staff. Included in the overall reported overspend position is an overspend of £1,624k compared to anticipated medical locum and agency costs, mainly driven by Orthopaedics (£532k), A&E (£241k), Gynaecology (£165k), Paediatrics (£158k) and Care of thev Elderly (£117k). This is partly offset by favourable variances due to vacant posts of £1,021k.

Spend on agencnt nursing staff is greater than expected by £602k, mainly within Care of the Elderly, Winter Planning and Medicine. Overall nursing is, however, underspent by £193k due to underspends in some community services and nursing posts within Corporate Services.

The Cost Improvement Programme is £1,378k worse than planned and reflects the planned increase in target delivery in the second half of the financial year.

The **income** variance of £282k above plan excluding the transfer of the Hospice can be analysed:

	£000
<u>Income</u>	
Elective In Patients	(495)
Day Cases	(540)
Non Elective/Emergency	1,189
Out Patients	(85)
A & E	126
Community and other income	87
Income below plan	<u>(282)</u>

The main feature remains the relatively large underperformance of elective activity (both in patients and day cases) which is below plan by £1,035k. This is offset by non elective income which is better than plan by £1,189k. Non elective income targets were reduced as part of the 2015/16 contract negotiations to reflect the significant reduction experienced in 2014/15 and South Tyneside CCG expect to see reductions in both A&E attendances and emergency admissions as a result of initiatives to be introduced in the latter half of this year. The Trust is not reflecting these anticipated reductions in our plan or in our forecast outturn.

The Urgent Care Hub opened on 1 October. Attendances in the month amounted to 806 cases with 752 of those patients being from South Tyneside. Income for the hub is paid on a block contract arrangement. The Trust has seen a significant increase in the number of Children presenting to A&E following the opening of the hub (1,517 in October compared with average YTD to September of 1,207), however, adult A&E activity decreased from an average of 3,967 in the year to 3,680. The net adult and children activity through A&E is an increase but as the paediatric pathway is on a block contract no additional income is due for these attendances resulting in a drop in A&E income in the month of approximately 5%.

1.3 Cost Improvement Programme

The annual Cost Improvement Programme target included within the annual plan amounts to £12,742k and is profiled for majority delivery in the second half of the year to reflect phase 3 of PERFORM. The target for the seven months to October is delivery of £5,556k however only £4,178k has been transacted to date giving a variance of 1,378k included within the overall variance from plan. The schemes transacted to date have a total value of £7,126k in 2015/16 of which 66.3% is recurrent.

As part of the mid year review and reassessment of forecast outturn a detailed assessment of the CIP was carried out which revised the deliverable programme to

Risk Categorisation		R	NR	Total	FYE
CIP Scheme identified, discussions on-going to develop full CIP plan.		79,375	22,500	101,875	199,750
CIP scheme fully developed and signed off by appropriate managers in division, enabling work in progress i.e. staff consultation or building work in progress.		925,498	675,000	1,600,498	4,501,605
Steps needed to realise CIP scheme complete, no remaining risks of non delivery.		1,463,302	1,926,946	3,390,247	1,774,291
Delivered		3,052,046	1,246,153	4,298,199	3,409,187
		5,520,220	3,870,599	9,390,819	9,884,833

£9,391k, a shortfall of £3,351k against the original target. In addition the risk assessment for each scheme was also revised.

The current status of schemes is as follows:

1.4 Cash & Capital Expenditure

Cash balances are £11,471k which is a decrease of £1,584k in the month, mainly due to a decrease in working capital driven by a significant increase in current receivables.

The receipt of loans, which are drawn down a quarter in advance of capital expenditure, is continuing to mask the true level of cash currently held by the Trust. Of the £8.95m of loans drawn down only £2.39m has been expended on capital (in cash terms) to date. If capital expenditure matched the draw down the cash balance would reduce to £4.9m which is a reduction of £8.8m from the equivalent balance at the beginning of the year (£10.7m excluding loans). The deficit is the largest contributor to the reducing cash balance.

The capital programme was reforecast following an achievement of 60% of plan in Q1. The plan reduced by £4.68m and performance against the revised plan at month 7 is 113%. As noted above the transfer of St. Benedict's Hospice which was expected to be a capital addition of £12,657k has been further delayed.

1.5 Forecast Outturn

At the mid year review on 20 & 21 October the Board agreed to revise the forecast outturn for the year to be a deficit position of £9.4m excluding the impact of the transfer of St. Benedict's Hospice. The basis for this forecast was as follows:

	£000
Income and expenditure continue at existing levels adjusted for CIP, new developments and one off costs	(11,189)
Elective and PSD income recovery 2 nd half of year for T & O and full year for General Surgery	891
Outpatients recovery to plan for 2 nd half of year	76
Additional cost of recovery of above	(300)
Vacancy controls (assume start November)	650
Overtime reduction (assume start November)	50
Agency reduction (assume start November)	100
Non pay discretionary spend stops (assume start November)	100
Further divisional CIP schemes (assume start November)	200
Forecast outturn	(9,422)

Based on the phasing assumptions above the deficit in the month was forecast to be £557k against the reported deficit of £586k (£687k prior to release of accruals). The adverse variance is largely due to elective and PSD income not being recovered to forecast which remains a risk to the year end.

Expenditure mitigations and additional CIP of £133k per month, increasing with the vacancy factor to £307k in month 12, will need to be achieved from month 8 onwards in order to achieve this forecast.

Risks to the income forecast includes £176k of intermediate care/reablement costs which were assumed at planning to be funded by Commissioners. Whilst there remains a balance of readmissions money available these schemes have not been approved to date. In addition CQUIN is currently assumed to be 100% achieved which is a risk and commissioners are disputing £60k of income related to 2014/15. The drop in A&E income experienced in October is not reflected in the forecast outturn.

2.0 CONTRACT PERFORMANCE

The performance dashboard is attached , the headlines in relation to contract performance are:

Type 1 attendances to A&E year to date are on target for the year to date. Attendances through the Urgent Care Hub are under a block contract.

Emergency contract activity for the year to date shows:

- 470 spells (5.3%) above plan for all non-elective spells
- Emergency activity is 333 spells (4.7%) above plan. The significant area of underperformance is Paediatrics (-237) while General Medicine is significantly over performing (585)
- Short stay activity is 106 spells (22%) above plan
- Non elective activity itself is 31 spells (2.3%) above plan, a slight decrease on last month
- Ambulatory care is 206 spells (9.1%) below plan

Elective activity is 846 spells (9.7%) below plan for the year to date which is a slight improvement on last month. T&O (-391), General Surgery (-238) Clinical Haematology (-179) and Medical Oncology (-157) are the areas of significant underperformance against target.

Outpatient activity for the year to date is 320 (2%) below plan for attendances with follow up attendances at 540 (2%) above plan. The significant areas of underperformance on attendances are T&O (-368), Gastroenterology (-175), and Ophthalmology (-260) however Cardiology (693) and Respiratory (186) are the areas of significant over performance.

3.0 WORKFORCE

While Fire training and Information Governance training remain on schedule, there is a concern that the increase in sickness absence is related to an earlier impact of winter than the usual trend.

4.0 INFECTION CONTROL

Clostridium Dificile is currently reported as 10 cases for the year against a full year threshold of 8 cases. Each case above the threshold would lead to a penalty at the end of the year of £10,000. However we have a number of cases definitely going forward to appeal, and the Trust has a very good track record of such appeals being upheld.

5.0 RECOMMENDATIONS

The Board is requested to:

- review and comment upon the integrated performance report alongside the detailed reports already circulated

Mr M P Robson
Executive Director of Finance & Corporate Governance

26 November 2015

EXCEPTION ANALYSIS 1 – FINANCIAL PERFORMANCE

COMPLIANCE RISK RATING	Target	Apr-15	May-15	Jun-15	Jul-14	Aug-14	Sep-14	Oct-14	Movement
Financial Sustainability Risk Rating	4	3	3	3	2	2	2	2	▶▶▶
Governance Risk Rating	Green								▶▶▶

FINANCIAL TARGETS	YTD Budget	YTD Apr	YTD May	YTD Jun	YTD Jul	YTD Aug	YTD Sep	YTD Oct	Movement
Total Income £'000	113,181	15,788	31,405	47,971	64,254	80,121	96,478	113,473	▶▶▶
Expenditure - Pay Costs £'000	86,784	12,816	25,643	38,231	50,750	63,049	75,610	88,527	▶▶▶
Expenditure - Non Pay Costs £'000	26,276	4,035	7,696	11,760	15,799	19,652	23,513	27,678	▶▶▶
EBITDA £'000	12,788	(1,063)	(1,934)	2,020	(2,294)	(2,580)	(2,644)	(2,732)	▲▼▼
Net Surplus / (Deficit) £'000	(3,784)	(1,622)	(3,052)	(3,698)	(4,536)	(5,386)	(5,979)	(6,565)	▼▼▼
Liquidity Ratio		13.8	8.8	7.5	9.0	1.2	11.2	8.3	▼▲▼
Capital Servicing Capacity		1.6	(1.4)	(3.7)	(3.2)	(2.9)	(2.6)	(2.5)	▲▲▲
Total Capital Expenditure £'000	4,638	85	659	1,301	2,095	3,251	3,935	5,222	▶▶▶
Total CIP Achieved £'000	5,556	331	429	1,290	1,852	2,581	3,404	4,178	▼▼▼

EXCEPTION ANALYSIS 2 – WORKFORCE PERFORMANCE

WORKFORCE TARGETS	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Movement
Turnover Rates (FTE %)	<1.0%	0.86%	0.93%	0.76%	0.54%	2.10%	1.09%	0.87%	▲ ▼ ▼
Stability Rates (FTE %)	>90%	89.9%	89.6%	89.7%	90.3%	90.1%	90.0%	90.0%	▶ ▶ ▶
Sickness Absence Rates	<4.8%	6.2%	6.1%	5.9%	5.7%	5.2%	5.1%	6.1%	▼ ▼ ▲
KSF Reviews	>95%	6.0%	9%	12%	15%	19%	24%	28%	▶ ▶ ▶
Fire Training	>95%	10.0%	16%	22%	29%	34%	42%	49%	▶ ▶ ▶
Information Governance Training	>95%	8.0%	15%	22%	27%	33%	37%	44%	▶ ▶ ▶

Analysis

Mitigating Measures

Gaps in Assurance

- There is a concern that the increase in sickness absence is related to an earlier winter rise than the usual trend.

EXCEPTION ANALYSIS 3 – HEALTHCARE ACQUIRED INFECTION PERFORMANCE

HEALTHCARE ACQUIRED INFECTION	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Movement
MRSA Bacteraemia	0	0	0	0	0	0	0	0	▶ ▶ ▶
Clostridium Difficile	8	2	0	1	0	2	2	3	▲ ▲ ▲

Analysis	Mitigating Measures	Gaps in Assurance
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- | | | |
|--|--|--|
| <ul style="list-style-type: none"> • Clostridium Dificile is currently reported as 10 cases for the year against a full year threshold of 8 cases. Each case above the threshold would lead to a penalty at the end of the year of £10,000. | <ul style="list-style-type: none"> - However we have a number of cases definitely going forward to appeal, and the Trust has a very good track record of such appeals being upheld. | |
|--|--|--|

INTEGRATED PERFORMANCE DASHBOARD - OCTOBER 2015

Patient Access and Waiting Time Metrics

Metric		Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	YTD	Penalties YTD
A&E CLINICAL INDICATORS											
4 Hours Wait	A&E Type 1 - Monthly	>95%	91.42%	95.65%	91.11%	95.01%	96.57%	95.95%	95.42%	94.44%	£ 48,480.00
4 Hours Wait	A&E Type 1 & 3 - Monthly	>95%	91.42%	95.51%	91.07%	95.01%	96.57%	95.97%	95.42%	94.45%	
A&E Trolley Waits	A&E Trolley Waits >12 Hours	0	0	0	0	0	0	0	0	0	
Time to Initial Assessment - 95th Percentile	A&E	< 15 mins	34	33	36	31	31	28	30		
Time to Treatment - Median	A&E	< 60 mins	50	46	49	50	44	46	50		
CANCER TARGETS											
14 Day	Trust Rating	93%	96.7%	97.5%	96.7%	96.8%	97.5%	97.0%	99.0%	97.3%	
31 Day - 1st Treatment	Trust Rating	96%	100%	100%	100%	100%	100%	100%	100%	100%	
31 Day - Subsequent Treatment (Surgery)	Trust Rating	94%	100%	100%	100%	95.2%	100%	100%	100%	99%	
31 Day - Subsequent Treatment (Drugs)	Trust Rating	98%	100%	100%	100%	95.2%	100%	100%	100%	99%	
62 Day 2 Week Wait Referrals	Trust Rating	85%	94.1%	89.2%	78.6%	93.8%	82.4%	75.0%	90.3%	85.8%	
62 Day - Screening Programmes	Trust Rating	90%	100%	100%	N/A	100%	50%	N/A	N/A		
62 Day - Consultant Upgrades	Trust Rating	>85%	N/A	100%	N/A	N/A	N/A	N/A	N/A		
REFERRAL TO TREATMENT TIMES											
Incomplete Pathways	Trust Rating	>92%	98.5%	96.5%	98.0%	96.0%	96.0%	96.3%	97.3%	96.9%	
Long Waits > 36 Weeks	Trust rating	0	0	0	0	0	0	0	0	0	
Long Waits > 52 Weeks	Trust rating	0	0	0	0	0	0	0	0	0	
Diagnostic 6 Week Wait	Trust Rating	>99%	100%	99.9%	100%	100%	100%	100%	100%	99.99%	

Patient Safety

Metric		Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	YTD	Penalties YTD
A&E CLINICAL INDICATORS											
A&E Unplanned Reattendance	Trust Rating	< 5%	9.00%	8.24%	7.63%	8.25%	9.31%	8.45%	7.78%	8.36%	
A&E Left Without Being Seen	Trust Rating	< 5%	2.35%	1.94%	1.88%	1.95%	2.26%	1.75%	1.96%	2.01%	
AMBULANCE HANDOVER											
% Handover Time Recorded	Trust Rating	90%	67.3%	73.4%	71.3%	63.7%	65.3%	72.0%	68.6%	68.7%	
Ambulance Handover > 15 minutes	Trust Rating		46	34	36	47	29	32	35	259	
Ambulance Handover > 30 minutes	Trust Rating	0	9	2	6	2	2	0	7	28	£5,600.00
Ambulance Handover > 60 minutes	Trust Rating	0	2	1	0	0	0	0	2	5	£5,000.00
Number of Diverts/Deflects Initiated	Trust Rating	0	1	0	7	0	0	0	0	8	£16,000.00
Number of Diverts/Deflects Accepted	Trust Rating		5	6	4	0	0	6	1	22	-£33,000.00
FRACTURED NECK OF FEMUR											
Patients Operated on Within 36 Hours	Trust Rating	> 75%	73.7%	80.0%	66.7%	77.3%	84.6%	76.0%	70.0%	75.5%	
STROKE CARE											
90% of Time on a Stroke Unit	Trust Rating	>80%	68.0%	76.9%	77.8%	54.5%	81.3%	71.4%	84.6%	73.3%	
TIA Patients Assessed & Treated 24 Hours	Trust Rating	> 60%	-	-	-	-	-	-	-	-	
HOSPITAL CARE											
Delayed Transfers of Care	Trust Rating	=< 5%	1.8%	1.0%	1.4%	2.0%	2.3%	1.2%	0.0%	1.6%	
Emergency Readmissions Within 30 Days	Trust Rating	6.4%	7.2%	8.0%	7.6%	7.7%	8.5%	6.6%	-	7.6%	
VTE Risk Assessment	Trust Rating	95%	96.97%	97.10%	97.33%	96.60%	96.90%	95.81%	96.60%	96.76%	
HOSPITAL ACQUIRED INFECTIONS											
MRSA Bacteraemia	Cumulative Trust Rating	0	0	0	0	0	0	0	0	0	
Clostridium Difficile	Cumulative Trust Rating YTD	8	2	0	1	0	2	2	3	10	
MRSA Screening - Elective	Trust Rating	100%	73.7%	80.6%	79.8%	74.4%	86.7%	75.7%	89.8%	80.6%	
MRSA Screening - Non Elective	Trust Rating	100%	76.9%	75.8%	71.0%	72.1%	67.3%	70.0%	68.0%	71.5%	

Patient Experience

Metric		Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	YTD	Penalties YTD
Mixed Sex Accomodation Breaches	Trust Rating	0	0	0	1	0	0	0	0	1	£250.00
Publication of Formulary	Trust Rating										
Duty of Candour	Trust Rating										
Cancellation of Elective Operation	Trust Rating	0	0	6	2	5	2	4	3	22	
Cancellation of Elective Operation - No Date Offered	Trust Rating	0	0	0	0	0	0	0	0	0	
Cancellation of Elective Operations - Urgent Ops Canc	Trust Rating	0	0	0	0	0	0	0	0	0	
MATERNITY CARE											
Women Seen By Midwife Before 13 Weeks	Trust Rating	>90%	88.6%	93.8%	87.2%	93.5%	91.1%	87.1%	90.6%	89.5%	
Women Smoking Through Pregnancy	Trust Rating	< 24.5%	27.0%	25.8%	20.9%	22.5%	22.3%	15.5%	14.7%	21.1%	
Mothers Initiating Breastfeeding	Trust Rating	> 56.8%	46.0%	54.5%	56.0%	57.0%	49.1%	55.9%	42.3%	51.7%	
CHOOSE & BOOK											
1st Outpatient Appointment Booked on C&B	Trust Rating	90%	89.0%	80.0%	-	-	-	-	-	84.5%	
Bookings With Named Consultant Team	Including 2 Week Wait	80%	82.0%	78.4%	-	-	-	-	-	80.2%	
Bookings With Named Consultant Team	Excluding 2 Week Wait	100%	89.0%	85.2%	-	-	-	-	-	87.1%	
Slot Utilisation Issues	Trust Rating	=< 4%	7.8%	10.0%	-	-	-	-	-	0.0%	

Contract Monitoring Metrics

Metric		Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	YTD	Penalties YTD
IAPT PERFORMANCE											
Depression/Anxiety Access to IAPT	Trust Rating	YTD 7.50%	1.57%	1.41%	1.60%	1.60%	1.19%	1.44%	1.71%	10.52%	
Completed Treatment and Moving to Recovery	Trust Rating	50.0%	53.04%	53.13%	53.88%	54.74%	52.35%	53.80%	55.17%	53.76%	
% Patients Seen Within 6 Weeks	Trust Rating	75.0%	75.90%	72.50%	78.00%	82.80%	82.40%	77.60%	79.00%	78.31%	
% Patients Seen Within 18 Weeks	Trust Rating	95.0%	98.50%	99.60%	99.80%	99.70%	99.40%	99.80%	100%	99.54%	
CONTINUING HEALTHCARE PERFORMANCE											
% of new assessments undertaken within 28 days	Trust Rating	95%	54.17%	60.58%	71.43%	67.14%	87.78%	94.50%	96.34%	73.68%	
% of 3 month reviews undertaken within 28 days	Trust Rating	95%	100%	98.04%	100%	100%	100%	100%	95%	99.06%	
% of additional reviews undertaken within 28 days of plan	Trust Rating	95%	-	-	0%	25.00%	36.36%	33.33%	7.69%	22.50%	
Number of Annual Reviews Carried Out	Trust Rating	0	58	64	45	68	65	45	85	48	
% of annual reviews undertaken within 28 days	Trust Rating	95%	83.93%	74.60%	37.78%	79.41%	100%	91.11%	84.71%	80.33%	
FLU VACCINATIONS											
Housebound Patients Vaccinated by 31 December	Trust Rating	> 90%	n/a	n/a	n/a	n/a	n/a	n/a	n/a		

Data Quality

Metric		Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	YTD	Penalties YTD
COMMUNITY INFORMATION DATASET COMPLETENESS											
Overall Position	Trust Rating	>50%									
ACUTE INFORMATION DATASET COMPLETENESS											
Completion of a valid NHS Number field in A&E	Trust Rating	95%	98.11%	97.97%	99.03%	98.72%	98.74%	98.30%	98.35%	98.46%	
Completion of valid NHS Number field in acute data sets	Trust Rating	99%	99.59%	99.78%	99.66%	99.80%	99.50%	99.56%	99.50%	99.63%	
IAPT INFORMATION DATASET COMPLETENESS											
Completion of IAPT Minimum Data Set	Trust Rating	90%	100%	100%	100%	100%	100%	100%	100%	100%	

Contract Activity Metrics

Metric		YTD Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	YTD	Penalties YTD
Emergency Activity											
A&E Attendances	Trust Contract	35990	5175	5179	5340	5225	4995	5125	5251	36290	
All Non Elective Spells	Trust Rating	8901	1333	1315	1327	1353	1275	1396	1372	9371	
Emergency Activity	Trust Rating	7070	1066	1031	1033	1040	1001	1120	1112	7403	
Short Stay Activity	Trust Rating	489	86	90	81	92	92	79	75	595	
Non Elective	Trust Rating	1342	181	194	213	221	182	197	185	1373	
Ambulatory Care	Trust Rating	2264	299	266	251	363	309	288	282	2058	
Elective Care Activity											
Total Activity	Trust Rating	8766	1052	1041	1176	1186	1045	1194	1226	7920	
Inpatient Activity	Trust Rating	999	94	125	131	129	117	128	116	840	
Planned Same Day Activity	Trust Rating	7767	958	916	1045	1057	928	1066	1110	7080	
Outpatient Activity											
New Attendances	Trust Rating	15860	2197	2020	2508	2166	2044	2415	2190	15540	
Multi Professional Attendances	Trust Rating	618	77	90	65	107	65	77	69	550	
Follow Up Attendances	Trust Rating	27643	3968	3802	4364	4171	3516	4432	3930	28183	
Follow Up Multi Professional Attendances	Trust Rating	1940	253	240	206	211	183	226	227	1546	
Procedures	Trust Rating	2244	355	321	341	355	268	363	289	2292	
Outpatient Non Face to Face	Gastroenterology	32	3	6	5	4	1	3	0	22	
New to Follow Up Ratio	Trust Rating	2.3	2.57	2.61	2.41	2.66	2.5	2.53	2.46	-	