

Title	Performance Report June 2015
File location	Sharepoint site : Assurance Framework/Performance/Performance Board reports
Meeting	Board of Directors
Date	28 July 2015

Executive Summary

The Trust is reporting a deficit for the three months to 30 June 2015 of £3,698k. The revised internal plan anticipated a surplus of £10,031k, however, this included £12,657k of income in relation to the transfer of St. Benedict's Hospice which has still not transferred to the Trust. Excluding this the planned deficit is £2,626k giving an adverse variance of £1,072k at the end of June.

The draft Continuity of Services Risk Rating (CoSRR) based upon the actual deficit of £3,698k is a 3 which is described in the Risk Assessment Framework as "emerging or minor concerns potentially requiring scrutiny". This coupled with the risk rating of 1 for the Capital Servicing element may lead to Monitor requesting a limited amount of financial information on a monthly basis.

Daily attendances to A&E in June were 6.5% higher than May; year to date attendances are 0.8% lower than the same period in 2014/15.

Emergency contract activity for the year to date shows:

- 142 spells (3.7%) above plan for all non-elective spells, an increase on the May position
- Emergency activity is 91 spells (3%) above plan. The significant area of underperformance is Paediatrics (-129) while General Medicine is significantly over performing (265)
- Short stay activity is 39 spells (18.5%) above plan, an increase of 5% on the May position
- Non elective activity itself is 11 spells (2%) above plan
- Ambulatory care is 81 spells (9.1%) below plan and 37.5% lower than the same period in 2014-15

Elective activity is 419 spells (11.4%) below plan for the year to date, an improvement on the May position.

Outpatient activity for the year to date:

- 41 (0.6%) above plan for attendances with follow up attendances at 98 (0.8%) above plan. The significant areas of underperformance on attendances are T&O (-116), Gynaecology (-79), and Ophthalmology (-71). Cardiology (324), Respiratory (80) and Paediatrics (72) are the areas of significant over performance.

Sickness absence rates remained stable at 5.9% in June being a small reduction of 0.2% since May, having reduced every month from a peak of 7.0% in January 2015. Fire and Information Governance Statutory/Mandatory training is rated as green for the first quarter of the year.

There were 4 cases of Clostridium Difficile reported in June bringing the year to date total to 6 against the full year trajectory of 8.

Recommendation				
The Board is requested to :				
<ul style="list-style-type: none"> • review and comment upon the integrated performance report • confirm a forecast outturn submission to Monitor of £7,121k • approve the mitigating actions proposed to improve performance 				
Report Author	Malcolm Walker/Helen Patterson			
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 JULY 2015**

1.0 FINANCIAL PERFORMANCE

1.1 Overview

The Trust is reporting a deficit for the three months to 30 June 2015 of £3,698k. The revised internal plan anticipated a surplus of £10,031k, however, this included £12,657k of income in relation to the transfer of St. Benedict's Hospice which has still not transferred to the Trust. Excluding this the planned deficit is £2,626k giving an adverse variance of £1,072k at the end of June.

The draft Continuity of Services Risk Rating (CoSRR) based upon the actual deficit of £3,698k is a 3 which is described in the Risk Assessment Framework as "emerging or minor concerns potentially requiring scrutiny". This coupled with the risk rating of 1 for the Capital Servicing element may lead to Monitor requesting a limited amount of financial information on a monthly basis.

1.2 Variance from Plan

When compared to the internal revised plan the adverse variance of £1,072k can be analysed as follows:

	£000	£000
Income above plan (excluding Hospice transfer)		28
<u>Pay</u>		
Medical overspend	(367)	
Nursing overspend	(33)	
Other overspend	(178)	
CIP not achieved	(205)	(783)
<u>Non Pay</u>		
Overspend	(596)	
CIP not achieved	(252)	(848)
Trustwide CIP over achieved		193
Budgetary Reserves not yet allocated		317
Capital charges etc underspend		21
		<u>1072</u>

Whilst the financial position has deteriorated by £646k in the month the variance against plan has improved since last month with the key driver being the improved income position. Overspends in the Divisions appear to have reduced in month, however, this is largely due to a number of budgetary reserves being released, mainly the temporary medical reserve, and funding being received in June for resilience which has reduced

overspends on agency nursing. Taking budgetary reserves into account expenditure continues to overspend at a similar level in month 3 to previous months.

Expenditure pressures continue to be the focussed primarily around pay, in particular locum/agency spend for medical and nursing staff. Actions agreed with FRMG and the Divisions have led to an improved Cost Improvement Programme position, however, it is still adverse to plan and therefore contributing to the overall variance. Further work is required on the level of budgetary reserves not yet allocated to individual budgets which will continue to be reviewed by FRMG.

The **income** variance of £28k above plan excluding the transfer of the Hospice can be analysed:

	£000	£000
<u>Income</u>		
Elective In Patients	(247)	
Day Cases	(298)	
Non Elective/Emergency	375	
Out Patients	(10)	
A & E	(13)	
Community and other income	221	
Income above plan	221	28

The main feature is the relatively large underperformance of elective activity (both in patients and day cases) which is below plan by £545k and is a continuation of the trend seen in 2014/15. This is offset to some extent by non elective income which is better than plan by £375k. Non elective income targets were reduced as part of the 2015/16 contract negotiations to reflect the significant reduction experienced in 2014/15.

1.3 Cost Improvement Programme

The annual Cost Improvement Programme target included within the annual plan amounts to £12,742,467 and is profiled for majority delivery in the second half of the year to reflect phase 3 of PERFORM. The target for the three months to June is delivery of £1,554k however only £1,290k has been transacted to date giving a variance of £264k included within the overall variance from plan. The schemes transacted to date have a total value of £4.4m in 2015/16 of which 82.9% is recurrent with a full year effect of £3.6m

Finance Risk Management Group continues to monitor delivery of the overall CIP programme. Currently schemes totalling £12.1m have been identified against the target of £12.7m. FRMG assesses each scheme using the risk categorisation established last year.

The current status of schemes is as follows:

Risk Categorisation		R	NR	Total	FYE
CIP Scheme identified, discussions on-going to develop full CIP plan.		1,551,253	52,000	1,603,253	2,002,602
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.		4,453,405	1,417,290	5,870,695	7,659,515
Steps needed to realise CIP scheme complete, no remaining risks of non delivery.		3,705,960	903,395	4,609,355	3,674,728
		9,710,617	2,372,685	12,083,302	13,336,845

As can be seen above work has progressed in the month in transacting the green schemes and turning the red schemes amber and the amber schemes green. The main movement in the red schemes is the £500k for Vanguard monies which has been amended to Amber following the notification that the funding has been approved. Work is progressing on enabling the scheme.

There remain some significant risks within the red schemes including the closure of Primrose £538k, savings on NHS Property Services rentals £300k and slippage on the integrated delivery suite £144k. There are also similar risks in amber schemes such as slippage on schemes and the ability to enable PERFORM 3 savings. As noted in section 1.5 these risks are factored into the sensitivity analysis in the forecast outturn.

1.4 Cash & Capital Expenditure

Cash balances at the end of June stood at £15.3m which is better than the planned balance of £15.2m. The Trust applied for a second loan of £8m early in May from the Independent Trust Financing Facility (ITFF) to support capital developments in the year. It was planned that £2.9m of this would be drawn down in June, however, whilst the application was supported by the ITFF it is still awaiting formal approval by the Department of Health. The delay in the loan along with reduced cash balances from a higher than planned deficit have been offset by slippage on the capital programme and higher creditors balances. The higher creditors balances largely relate to NHS Property Services invoices which are currently being held whilst the charge for the year is agreed.

The capital programme has slipped in the early months of the year by £870k with a spend of £1,301k compared to the plan of £2,171k which equates to 60%. It is now anticipated that work on the boiler house and surgical centre will slip to the final quarter of the year resulting in a reduction of £4,875k on the capital plan for the year. 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

Since September 2014 Monitor, along with the Department of Health, have required a monthly report from every NHS foundation trust of its forecast year end outturn position in respect of:

- surplus / deficit (before impairments and gains or losses from transfer by absorption); and
- capital expenditure (on an accruals basis).

The information assists Monitor and DH in ensuring that the annual revenue and capital expenditure of the NHS remain within the limits set by Parliamentary votes (the Delegated Expenditure Limit, “DEL” and the Annually Managed Expenditure limit, “AME”). The forecast outturn return is reviewed by the Finance Risk Management Group each month prior to submission to Monitor.

However, Monitor have incorporated the forecast outturn into the quarterly return template in Q1 and now require detailed forecasts of Income and Expenditure, Balance Sheet and Cash Flow.

The forecast outturn is prepared based upon an extrapolation of the year to date performance adjusted for any one off items and any known changes occurring in the remainder of the year. This method results in an underlying forecast deficit of £9.322m assuming that all CIP schemes identified to date are delivered. This figure excludes the impact on income of St. Benedict’s Hospice transferring in the year. The underlying deficit is then sensitised to produce best, worst and likely scenarios which are reported to FRMG. The purpose of this is to give FRMG a range of sensitivities that could affect the forecast and note the risks associated with each.

The best scenario assumes that the current underperformance against elective activity will be recovered back to plan by the year end (income increases by £2.23m).

The likely scenario assumes that 50% of the red schemes and 25% of the amber schemes in the CIP plan will not be delivered. Net income will largely continue at the same level with elective activity up but offset by a reduction in overperformance in non elective.

The worst case scenario assumes all red CIP schemes and 50% of amber schemes will not be delivered, electives will not recover, non elective activity will revert back to plan and there will be other deterioration in income as well as further penalties.

Following on from the Annual Plan Review telephone call with Monitor in June the Trust were requested to provide an upside/downside analysis for 2015/16. The mitigations identified have been applied against the scenarios presented to FRMG in the table below to calculate the forecast outturn with mitigations. Details of these mitigations are covered in the financial recovery action plan in section 1.6.

Reported to FRMG on 16 July	Best (7,256)	Worst (17,152)	Likely (11,834)
Mitigations			
- reduce medical staffing overspend	300	300	300
- workforce planning & e-rostering	500	500	500
- non pay expenditure controls	1,100	1,100	1,100
- achieve 100% CIP	659	-	-
Forecast outturn with mitigations	(4,697)	(15,252)	(9,934)

The forecast provided to Monitor at month 2, excluding the impact of the transfer of St. Benedict’s Hospice, was a deficit of £7,121k. As this lies almost midway between the best and likely scenarios it is proposed that the same forecast outturn is submitted for month 3. This forecast will be updated as financial recovery plans are implemented.

1.6 Financial Recovery Action Plan

As part of the agreed approach to monitoring key financial deliverables within the annual plan, quarterly review meetings have been implemented with each Division. In addition to this the FRMG now meet twice monthly, with the audience extended to include Divisional Directors, to review financial recovery. The areas below have been identified for the Trust to focus on to enable the financial position to be recovered in the year.

Income demand and capacity planning – Targeted saving from achieving planned elective income £2,230k (included in best scenario above)

Demand and capacity planning is being reviewed on a weekly basis for surgical specialties to ensure income is maximised. The weekly huddle for senior management has been reinstated on a Wednesday morning. Estimated income against plan is being reviewed at that meeting to identify any potential issues as they occur and form an action plan to restore the position back to plan.

Medical Staffing – Targeted saving £300k

The overspend within medical staffing budgets arises in the main from a handful of posts where locum/agency appointments have had to be made to cover key absences and ensure safe, high quality services are maintained. A medical workforce group has been set up chaired by Ceri Bentham to develop action plans to ensure more permanent solutions have been developed and that the agency/locum spend can be significantly reduced. FRMG reviews locum/ agency spend and the action plans at each meeting. This group will also look at adopting the new “rules” implemented by the DH in relation to maximum allowable rates and use of agencies on approved frameworks and reviewing job planning to ensure that annual leave is not all taken during clinic time.

Workforce plan – Targeted saving £500k

Nurse staffing overspend has reduced to £33k at month 3 following the receipt of £240k of winter resilience monies. However, use of agency, bank and overtime continue to cause pressures in spend. A working group to focus on e-rostering chaired by Louise Burn has been set up to address this with the aim of aligning budgets to demand and reducing levels of bank and agency. This piece of work will be linked to the Lord Carter’s Programme which has workforce productivity as one of its key areas of focus.

CIP – Target new schemes £659k & delivery of plan

Whilst we have an outline programme which identifies almost 95% of the annual target, early delivery is critical. A review of the CIP schemes is being undertaken by Elaine Criddle with particular focus given to firming up the schemes currently rated red and amber to ensure delivery as early as possible in year whilst mitigations and alternative schemes are developed to cover any slippage and shortfall and to close the current gap of £659k to annual plan. A particular focus will be enabling Perform 2 schemes.

Expenditure Controls – Targeted saving £1,100k

Expenditure controls have not been implemented to date but could include:

- Hold discretionary spend (including training) £500k
- Introduce controls on postage and photocopying and review options to reduce pathology spend £400k
- Review of reserves and balance sheet £200k

In addition to the above the following priorities are also being implemented/considered to assist with the financial recovery:

- Implement system for reviewing vacancies against staff available for redeployment to maximise savings from PERFORM and other restructures
- National recruitment campaign due to commence in the middle of July to be followed by an international recruitment campaign.
- Development of a workforce strategy
- Improved sickness absence management
- Develop action plan from Lord Carter's Programme
- Review of priorities and resources available to redeploy to these projects including additional HR to support transition
- Developing the Vanguard bid
- Maintain strong budgetary performance including roll out of training for managers on essential finance skills e.g. budgetary management, CIP and writing a business case
- Maximising tender opportunities
- Develop informatics reporting to support the operationalisation of PLiCS
- Explore Shared Services
- Elderly Care Strategy
- Improve monitoring/reporting of working capital as cash balances fall
- Access ITFF loans as required
- Update estates strategy
- Review of back office functions – reverse business case to justify productive output
- Review of local T&Cs e.g. protection, on calls, consultant additional sessions, bank enhanced payments etc.

2.0 CONTRACT PERFORMANCE

Daily attendances to A&E in June were 6.5% higher than May; year to date attendances are 0.8% lower than the same period in 2014/15.

Emergency contract activity for the year to date shows:

- 142 spells (3.7%) above plan for all non-elective spells, an increase on the May position
- Emergency activity is 91 spells (3%) above plan. The significant area of underperformance is Paediatrics (-129) while General Medicine is significantly over performing (265)
- Short stay activity is 39 spells (18.5%) above plan, an increase of 5% on the May position
- Non elective activity itself is 11 spells (2%) above plan
- Ambulatory care is 81 spells (9.1%) below plan and 37.5% lower than the same period in 2014-15

Elective activity is 419 spells (11.4%) below plan for the year to date, an improvement on the May position.

Outpatient activity for the year to date:

- 41 (0.6%) above plan for attendances with follow up attendances at 98 (0.8%) above plan. The significant areas of underperformance on attendances are T&O (-116), Gynaecology (-79), and Ophthalmology (-71). Cardiology (324), Respiratory (80) and Paediatrics (72) are the areas of significant over performance.

3.0 WORKFORCE

Sickness absence rates remained stable at 5.9% in June being a small reduction of 0.2% since May, having reduced every month from a peak of 7.0% in January 2015. Fire and Information Governance Statutory/Mandatory training is rated as green for the first quarter of the year.

4.0 INFECTION CONTROL

There were 4 cases of Clostridium Difficile reported in June bringing the year to date total to 6 against the full year trajectory of 8.

5.0 RECOMMENDATIONS

The Board is requested to:

- review and comment upon the integrated performance report alongside the detailed reports already circulated
- confirm a forecast outturn submission to Monitor of £7,121k.
- approve the mitigating actions proposed to improve performance

Mr M P Robson
Executive Director of Finance & Corporate Governance

20 July 2015

EXCEPTION ANALYSIS 1 – FINANCIAL PERFORMANCE

FINANCIAL TARGETS	YTD Budget	YTD Apr	YTD May	YTD Jun		Movement	Analysis
Total Income £'000	47,931	15,788	31,405	47,971		▼ ▼ ▲	
Expenditure - Pay Costs £'000	37,808	12,816	25,643	38,231		▲ ► ▼	
Expenditure - Non Pay Costs £'000	11,049	4,035	7,696	11,760		► ▼ ▲	
EBITDA £'000	(926)	(1,063)	(1,934)	2,020		▲ ▼ ▼	
Net Surplus / (Deficit) £'000	(2,626)	(1,622)	(3,052)	(3,698)		▲ ▼ ▼	
Liquidity Ratio		13.8	8.8	7.5		▼ ▼ ▼	
Capital Servicing Capacity		1.6	-1.4	-3.7		▼ ▼ ▼	
Total Capital Expenditure £'000	2,171	85	659	1,301		▼ ▼ ▼	
Total CIP Achieved £'000	1,554	331	429	1,290		▼ ▼ ▲	

Analysis	Mitigating Measures	Gaps in Assurance
– Income has improved and is now £28k ahead of plan. Elective income is down by £545k which is being offset by higher than planned non elective and other income	- Demand and capacity planning is being reviewed on a weekly basis for surgical specialities to ensure income is maximised. This is also being reviewed at the weekly senior managers' huddle	
- Medical staffing continues to be a pressure with an overspend of £367k YTD	- Medical workforce group being set up to develop more permanent solutions so that the agency/locum spend can be significantly reduced	
– Nursing overspend has reduced to £33k YTD with receipt of winter resilience monies for Q1	- National recruitment campaign underway and e-rostering operational working team set up to maximise productive time	
– Non pay areas continuing to overspend include pathology, photocopying, postage and printing	- Action plans currently being developed to address these	
– Liquidity remains strong	- Review of cash flow forecasting to control cash as funds reduce	
– Delay in transfer of St. Benedict's transfer	- Trust will continue to chase DH and legal advisors	
– Capital expenditure 60% of plan YTD excluding Hospice	- Capital plan reduced by £4.68m. Impact on CIP to be evaluated	
– CIP £264k below plan at Q1	- Review of schemes is being undertaken with particular focus given to firming up the schemes currently rated red and amber whilst mitigations and alternative schemes are developed to cover any slippage and shortfall and to close the current gap of £659k to annual plan	
– Forecast outturn deficit £7.1m exc transfer of Hospice	- Mitigations as detailed in section 1.6 to bring deficit back in line with plan	

EXCEPTION ANALYSIS 2 – WORKFORCE PERFORMANCE

WORKFORCE TARGETS	Target	Apr-15	May-15	Jun-15	YTD	Movement
Turnover Rates (FTE %)	<1.0%	0.86%	0.93%	0.76%	0.85%	▲ ▲ ▼
Stability Rates (FTE %)	>90%	89.9%	89.6%	89.7%	89.7%	▶ ▶ ▶
Sickness Absence Rates	<4.8%	6.2%	6.1%	5.9%	6.1%	▼ ▼ ▼
KSF Reviews	>95%	6.0%	9%	12%	12%	▶ ▶ ▶
Fire Training	>95%	10.0%	16%	22%	22%	▶ ▶ ▶
Information Governance Training	>95%	8.0%	15%	22%	22%	▶ ▶ ▶

Analysis	Mitigating Measures	Gaps in Assurance
-----------------	----------------------------	--------------------------

- Sickness absence rates remained stable at 5.9% in June being a small reduction of 0.2% since May, having reduced every month from a peak of 7.0% in January 2015

EXCEPTION ANALYSIS 3 – HEALTHCARE ACQUIRED INFECTION PERFORMANCE

HEALTHCARE ACQUIRED INFECTION	Target	Apr-15	May-15	Jun-15	YTD	Movement
MRSA Bacteraemia	0	0	0	0	0	▶ ▶ ▶
Clostridium Difficile	8	2	0	4	6	▲ ▼ ▲

Analysis	Mitigating Measures	Gaps in Assurance
----------	---------------------	-------------------

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> - Further cases have been identified in June, creating pressure on the target of 8 cases for the full year | <ul style="list-style-type: none"> - The Infection Control team are analysing cases to identify any underlying trends | |
|--|--|--|

EXCEPTION ANALYSIS 4 – A&E PERFORMANCE

Metric		Target	Apr-15	May-15	Jun-15	YTD	Penalties YTD
A&E CLINICAL INDICATORS							
4 Hours Wait	A&E Type 1 4-Weekly	>95%	91.49%	95.33%	91.07%	92.52%	£ 48,318
A&E Trolley Waits	A&E Trolley Waits >12 Hours	0	0	0	0	0	
Time to Initial Assessment - 95th Percentile	A&E	< 15 mins	34	33	36	34	
Time to Treatment - Median	A&E	< 60 mins	50	46	49	48	
A&E CLINICAL INDICATORS							
A&E Unplanned Reattendance	Trust Rating	< 5%	9.00%	8.24%	7.63%	8.28%	
A&E Left Without Being Seen	Trust Rating	< 5%	2.35%	1.94%	1.88%	2.06%	
AMBULANCE HANDOVER							
% Handover Time Recorded	Trust Rating	90%	67.3%	73.4%	71.3%	70.6%	
Ambulance Handover > 30 minutes	Trust Rating	0	9	2	6	17	£3,400
Ambulance Handover > 60 minutes	Trust Rating	0	2	1	0	3	£3,000
Number of Diverts/Deflects Initiated	Trust Rating	0	N/A	N/A	N/A	N/A	
Number of Diverts/Deflects Accepted	Trust Rating		N/A	N/A	N/A	N/A	
Emergency Activity							
A&E Attendances	Trust Contract	15826	5175	5181	5340	15696	

Analysis

Mitigating Measures

Gaps in Assurance

- The Trust failed the 4-Hour target for 2 consecutive quarters at the end of 2014/15 and has now failed for Q1 2015-16. Under Monitors Risk Assurance Framework, a governance “concern” would be triggered if a trust *Fails to meet the A&E target twice in any two quarters over a twelve month period and fails the indicator during the subsequent nine-month period or the full year.*

-

INTEGRATED PERFORMANCE DASHBOARD - JUNE 2015

Patient Access and Waiting Time Metrics

Metric		Target	Apr-15	May-15	Jun-15	YTD	Penalties YTD
A&E CLINICAL INDICATORS							
4 Hours Wait	A&E Type 1 4-Weekly	>95%	91.49%	95.33%	91.07%	92.52%	£ 48,318
A&E Trolley Waits	A&E Trolley Waits >12 Hours	0	0	0	0	0	
Time to Initial Assessment - 95th Percentile	A&E	< 15 mins	34	33	36	34	
Time to Treatment - Median	A&E	< 60 mins	50	46	49	48	
CANCER TARGETS							
14 Day	Trust Rating	93%	96.7%	97.5%	96.7%	97.0%	
31 Day - 1st Treatment	Trust Rating	96%	100%	100%	100%	100%	
31 Day - Subsequent Treatment (Surgery)	Trust Rating	94%	100%	100%	100%	100%	
31 Day - Subsequent Treatment (Drugs)	Trust Rating	98%	100%	100%	100%	100%	
62 Day 2 Week Wait Referrals	Trust Rating	85%	94.1%	89.2%	76.9%	86.3%	
62 Day - Screening Programmes	Trust Rating	90%	100%	100%	N/A		
62 Day - Consultant Upgrades	Trust Rating	>85%	N/A	100%	N/A		
REFERRAL TO TREATMENT TIMES							
18 Weeks Admitted	Trust Rating	> 90%	92.7%	94.8%	95.7%	94.4%	
18 Weeks Non-Admitted	Trust Rating	>95%	99.1%	98.9%	99.2%	99.1%	
Incomplete Pathways	Trust Rating	>92%	98.5%	96.5%	98.0%	97.7%	
Long Waits > 36 Weeks	Trust rating	0	0	0	0	0	
Long Waits > 52 Weeks	Trust rating	0	0	0	0	0	
Diagnostic 6 Week Wait	Trust Rating	>99%	100%	99.9%	100%	99.98%	

Patient Safety

Metric		Target	Apr-15	May-15	Jun-15	YTD	Penalties YTD
A&E CLINICAL INDICATORS							
A&E Unplanned Reattendance	Trust Rating	< 5%	9.00%	8.24%	7.63%	8.28%	
A&E Left Without Being Seen	Trust Rating	< 5%	2.35%	1.94%	1.88%	2.06%	
AMBULANCE HANDOVER							
% Handover Time Recorded	Trust Rating	90%	67.3%	73.4%	71.3%	70.6%	
Ambulance Handover > 15 minutes	Trust Rating		46	34	36	116	
Ambulance Handover > 30 minutes	Trust Rating	0	9	2	6	17	£3,400
Ambulance Handover > 60 minutes	Trust Rating	0	2	1	0	3	£3,000
Number of Diverts/Deflects Initiated	Trust Rating	0	N/A	N/A	N/A	N/A	
Number of Diverts/Deflects Accepted	Trust Rating		N/A	N/A	N/A	N/A	
FRACTURED NECK OF FEMUR							
Patients Operated on Within 36 Hours	Trust Rating	> 75%	73.7%	80.0%	75.0%	74.2%	
STROKE CARE							
90% of Time on a Stroke Unit	Trust Rating	>80%	68.0%	76.9%	77.8%	73.8%	
TIA Patients Assessed & Treated 24 Hours	Trust Rating	> 60%	N/A	N/A	N/A	N/A	
HOSPITAL CARE							
Delayed Transfers of Care	Trust Rating	=< 5%	1.8%	1.0%	1.4%	1.4%	
Emergency Readmissions Within 30 Days	Trust Rating	6.4%	7.3%	8.1%	-	7.7%	
VTE Risk Assessment	Trust Rating	95%	96.92%	97.10%	96.93%	96.98%	
HOSPITAL ACQUIRED INFECTIONS							
MRSA Bacteraemia	Cumulative Trust Rating	0	0	0	0	0	
Clostridium Difficile	Cumulative Trust Rating YTD	8	2	0	4	6	
MRSA Screening - Elective	Trust Rating	100%	73.7%	80.6%	79.8%	78.0%	
MRSA Screening - Non Elective	Trust Rating	100%	76.9%	75.8%	71.0%	74.6%	

Patient Experience

Metric		Target	Apr-15	May-15	Jun-15	YTD	Penalties YTD
Mixed Sex Accomodation Breaches	Trust Rating	0	0	0	1	1	£250
Publication of Formulary	Trust Rating						
Duty of Candour	Trust Rating						
Cancellation of Elective Operation	Trust Rating	0	0	0	2	2	
Cancellation of Elective Operation - No Date Offered <28 Days	Trust Rating	0	0	0	0	0	
Cancellation of Elective Operations - Cancelled 2nd Time	Trust Rating	0	0	0	0	0	
MATERNITY CARE							
Women Seen By Midwife Before 13 Weeks	Trust Rating	>90%	88.6%	93.7%	77.3%	91.0%	
Women Smoking Through Pregnancy	Trust Rating	< 24.5%	27.0%	25.8%	20.9%	26.4%	
Mothers Initiating Breastfeeding	Trust Rating	> 56.8%	46.0%	54.5%	56.0%	50.3%	
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	YTD	Penalties YTD
IAPT PERFORMANCE							
Depression/Anxiety Access to IAPT	Trust Rating	YTD 3.75%	1.57%	1.42%	1.57%	4.56%	
Completed Treatment and Moving to Recovery	Trust Rating	50.0%	52.95%	52.82%	54.22%	53.34%	
% Patients Seen Within 6 Weeks	Trust Rating	75.0%	75.90%	72.50%	78.00%	75.47%	
% Patients Seen Within 18 Weeks	Trust Rating	95.0%	98.50%	99.60%	99.80%	99.30%	
CONTINUING HEALTHCARE PERFORMANCE							
% of new assessments undertaken within 28 days	Trust Rating	95%	54.55%	60.77%	68.89%	61.66%	
% of 3 month reviews undertaken within 28 days	Trust Rating	95%	100%	97.83%	97.87%	98.62%	
% of additional reviews undertaken within 28 days of plan	Trust Rating	95%	-	-	0%	0%	
% of annual reviews undertaken within 28 days	Trust Rating	95%	84.62%	71.67%	36.84%	67.33%	
FLU VACCINATIONS							
Housebound Patients Vaccinated by 31 December	Trust Rating	> 90%	n/a	n/a	n/a		

Data Quality

Metric		Target	Apr-15	May-15	YTD	Penalties YTD	Analysis
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%	98.1%	98.0%	98.0%		
Completion of valid NHS Number field in acute data sets	Trust Rating	99%	99.6%	99.7%	99.6%		
IAPT INFORMATION DATASET COMPLETENESS							
Completion of IAPT Minimum Data Set	Trust Rating	90%	100%	100%	100%		

Contract Activity Metrics

Metric		YTD Target	Apr-15	May-15	Jun-15	YTD	Penalties YTD
Emergency Activity							
A&E Attendances	Trust Contract	15826	5175	5181	5340	15696	
All Non Elective Spells	Trust Rating	3836	1333	1314	1331	3978	
Emergency Activity	Trust Rating	3047	1066	1028	1044	3138	
Short Stay Activity	Trust Rating	211	86	90	74	250	
Non Elective	Trust Rating	579	181	196	213	590	
Ambulatory Care	Trust Rating	897	299	267	250	816	
Elective Care Activity							
Total Activity	Trust Rating	3688	1052	1041	1176	3269	
Inpatient Activity	Trust Rating	426	94	125	132	351	
Planned Same Day Activity	Trust Rating	3262	958	916	1044	2918	
Outpatient Activity							
New Attendances	Trust Rating	6679	2198	2023	2499	6720	
Multi Professional Attendances	Trust Rating	260	77	90	71	238	
Follow Up Attendances	Trust Rating	11980	3970	3791	4317	12078	
Follow Up Multi Professional Attendances	Trust Rating	841	253	240	227	720	
Procedures	Trust Rating	973	355	319	337	1011	
Outpatient Non Face to Face	Gastroenterology	14	3	6	4	13	
New to Follow Up Ratio	Trust Rating	2.3	2.56	2.58	2.49	-	