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|--|-------------------------------|
| Title | Integrated Performance Report |
| Meeting | Board of Directors |
| Date | 29 September 2015 |
| Executive Summary | |
| <p>The Trust is reporting a deficit for the five months to 31 August 2015 of £5,386k. The revised internal plan anticipated a deficit of £3,727k, 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 £1,658k at the end of August.</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>Attendances to A&E year to date are on target for the year to date.</p> <p>Emergency contract activity for the year to date shows:</p> <ul style="list-style-type: none"> ○ 235 spells (3.7%) above plan for all non-elective spells ○ Emergency activity is 103 spells (2%) above plan. The significant area of underperformance is Paediatrics (-259) while General Medicine is significantly over performing (414) ○ Short stay activity is 84 spells (24%) above plan, continuing the upward trend for the year to date ○ Non elective activity itself is 48 spells (5%) above plan ○ Ambulatory care is 101 spells (6.3%) below plan <p>Elective activity is 725 spells (11.6%) below plan for the year to date. T&O (-342) is the area of significant underperformance against target.</p> <p>Outpatient activity for the year to date:</p> <ul style="list-style-type: none"> ● 193 (1.7%) below plan for attendances with follow up attendances at 223 (1.1%) above plan. The significant areas of underperformance on attendances are T&O (-293), Gastroenterology (-129), and Ophthalmology (-154). Cardiology (471) and Respiratory (152) are the areas of significant over performance. | |

Clostridium Dificile is currently reported as 9 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 2 cases from July and 2 cases from August definitely going forward to appeal, with a further case from August potentially also going to appeal. The Trust has a very good track record of such appeals being upheld

There has been a significant reduction in sickness absence levels over the past 3 months, and significant increase in staff who have had an appraisal in last 12 months. Information Governance and Fire training are on target. The increase in turnover in August is due to the routine annual turnover of trainee doctors in that month.

Recommendation

The Board is requested to :

- 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 SEPTEMBER 2015**

1.0 FINANCIAL PERFORMANCE

1.1 Overview

The Trust is reporting a deficit for the five months to 31 August 2015 of £5,386k. The revised internal plan anticipated a deficit of £3,727k, 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 £1,658k at the end of August.

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 £1,658k can be analysed as follows:

| | £000 | £000 |
|--|-------------|----------------|
| Income below plan (excluding Hospice transfer) | | (46) |
| <u>Pay</u> | | |
| Medical overspend | (444) | |
| Nursing underspend | 288 | |
| Other overspend | (48) | |
| CIP not achieved | (836) | |
| | | <u>(1,040)</u> |
| <u>Non Pay</u> | | |
| Overspend | (1,137) | |
| CIP not achieved | (136) | |
| | | <u>(1,273)</u> |
| Trustwide CIP over achieved | | 413 |
| Budgetary Reserves not yet allocated | | 260 |
| Capital charges etc overspend | | 27 |
| | | <u>(1,658)</u> |

The financial position has deteriorated by £850k in the month which is a further deterioration against the internal plan of £321k. Taking budgetary reserves into account expenditure continues to overspend at a similar level in month 5 to previous months.

Expenditure pressures continue to be the focussed primarily around pay, in particular locum/agency spend for medical staff. The Cost Improvement Programme is £559k worse than planned and reflects a planned increase in target delivery from August. The monthly CIP target increases further from October.

The **income** variance of £46k below plan excluding the transfer of the Hospice can be analysed:

| | £000 |
|----------------------------|-------------|
| <u>Income</u> | |
| Elective In Patients | (273) |
| Day Cases | (489) |
| Non Elective/Emergency | 657 |
| Out Patients | (77) |
| A & E | 39 |
| Community and other income | 97 |
| Income below plan | <u>(46)</u> |

The main feature remains the relatively large underperformance of elective activity (both in patients and day cases) which is below plan by £762k 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 £657k. 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.

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 five months to August is delivery of £3,140k however only £2,581k has been transacted to date giving a variance of £559k included within the overall variance from plan. The schemes transacted to date have a total value of £5,636k in 2015/16 of which 78.4% is recurrent.

Finance Risk Management Group continues to monitor delivery of the overall CIP programme. Currently schemes totalling £12.8m have been identified against the target of £12.7m which is an increase on month 4 of £720,658 (mainly due to travel and lease car rview £283k and Podiatry AQP £331k).

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. | | 1,456,253 | 52,000 | 1,508,253 | 1,899,602 |
| 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. | | 4,251,907 | 1,884,337 | 6,136,244 | 7,621,193 |
| Steps needed to realise CIP scheme complete, no remaining risks of non delivery. | | 4,026,391 | 1,169,851 | 5,196,242 | 4,047,929 |
| | | 9,734,550 | 3,106,188 | 12,840,738 | 13,568,724 |

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. Detailed reviews of all schemes are underway to inform a revised forecast outturn to be considered in detail by the Board at its mid year review.

1.4 Cash & Capital Expenditure

Cash balances at the end of July stood at £11.3m which is lower than the planned balance of £13.5m. The second loan of £8m to support the capital programme has now been progressed and draw down will commence shortly to match the appropriate capital schemes which have slipped against original plans. The reduction in cash reflects payments made to NHS Property Services in month and the continuing impact of the deficit being greater than planned.

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 5 is 105%. 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).

As reported to the Board workshop in August, the forecast outturn currently stands at a deficit of £7.8m. Detailed reviews are underway with all Divisions to reassess this forecast, particularly reviewing the impact of income, medical staffing, non pay spend and cost improvements ahead of the Board of Director's Mid year Review in October. The mid year review will also consider the Financial Recovery Plan and resourcing needed to ensure delivery of targets, including the programme of clinical services reform and modernisation and business development.

2.0 CONTRACT PERFORMANCE

Attendances to A&E year to date are on target for the year to date.

Emergency contract activity for the year to date shows:

- 235 spells (3.7%) above plan for all non-elective spells
- Emergency activity is 103 spells (2%) above plan. The significant area of underperformance is Paediatrics (-259) while General Medicine is significantly over performing (414)
- Short stay activity is 84 spells (24%) above plan, continuing the upward trend for the year to date

- Non elective activity itself is 48 spells (5%) above plan
- Ambulatory care is 101 spells (6.3%) below plan

Elective activity is 725 spells (11.6%) below plan for the year to date. T&O (-342) is the area of significant underperformance against target.

Outpatient activity for the year to date:

193 (1.7%) below plan for attendances with follow up attendances at 223 (1.1%) above plan. The significant areas of underperformance on attendances are T&O (-293), Gastroenterology (-129), and Ophthalmology (-154). Cardiology (471) and Respiratory (152) are the areas of significant over performance.

3.0 WORKFORCE

There has been a significant reduction in sickness absence levels over the past 3 months, and significant increase in staff who have had an appraisal in last 12 months. Information Governance and Fire training are on target. The increase in turnover in August is due to the routine annual turnover of trainee doctors in that month.

4.0 INFECTION CONTROL

Clostridium Dificile is currently reported as 9 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 2 cases from July and 2 cases from August definitely going forward to appeal, with a further case from August potentially also going to appeal. 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

22 September 2015

EXCEPTION ANALYSIS 1 – FINANCIAL PERFORMANCE

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

| FINANCIAL TARGETS | YTD Budget | YTD Apr | YTD May | YTD Jun | YTD Jul | YTD Aug | | Movement |
|-----------------------------------|------------|---------|---------|---------|---------|---------|--|----------|
| Total Income £'000 | 80,166 | 15,788 | 31,405 | 47,971 | 64,254 | 80,121 | | ▼ ▶ ▶ |
| Expenditure - Pay Costs £'000 | 62,403 | 12,816 | 25,643 | 38,231 | 50,750 | 63,049 | | ▲ ▶ ▶ |
| Expenditure - Non Pay Costs £'000 | 18,637 | 4,035 | 7,696 | 11,760 | 15,799 | 19,652 | | ▶ ▶ ▶ |
| EBITDA £'000 | (873) | (1,063) | (1,934) | 2,020 | (2,294) | (2,580) | | ▲ ▼ ▼ |
| Net Surplus / (Deficit) £'000 | (3,727) | (1,622) | (3,052) | (3,698) | (4,536) | (5,386) | | ▲ ▼ ▼ |
| Liquidity Ratio | | 13.8 | 8.8 | 7.5 | 9.0 | 1.2 | | ▼ ▲ ▼ |
| Capital Servicing Capacity | | 1.6 | -1.4 | -3.7 | -3.2 | -2.9 | | ▼ ▲ ▼ |
| Total Capital Expenditure £'000 | 3,110 | 85 | 659 | 1,301 | 2,095 | 3,251 | | ▼ ▶ ▶ |
| Total CIP Achieved £'000 | 3,140 | 331 | 429 | 1,290 | 1,852 | 2,581 | | ▼ ▶ ▶ |

| Analysis | Mitigating Measures |
|--|--|
| <ul style="list-style-type: none"> Income continues to be broadly on plan. Elective income is down by £762k which is being offset by higher than planned non elective and other income. | <ul style="list-style-type: none"> 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. |
| <ul style="list-style-type: none"> Medical Staffing continues to be a pressure with an overspend of £444k. | <ul style="list-style-type: none"> Medical workforce group being set up to develop more permanent solutions so that the agency/locum spend can be significantly reduced |
| <ul style="list-style-type: none"> Non pay areas continuing to overspend include pathology, photocopying, postage and printing | <ul style="list-style-type: none"> Action plans currently being developed to address these |
| <ul style="list-style-type: none"> Liquidity remains strong although continued deficit is reducing cash position | <ul style="list-style-type: none"> Review of cash flow forecasting to control cash as funds reduce |
| <ul style="list-style-type: none"> Delay in St Benedict's transfer | <ul style="list-style-type: none"> Trust will continue to chase DH and legal advisers |
| <ul style="list-style-type: none"> Capital expenditure is 5% ahead of the revised plan submitted to Monitor at Q1 and within Monitor tolerance | <ul style="list-style-type: none"> |
| <ul style="list-style-type: none"> CIP £559k below plan | <ul style="list-style-type: none"> 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 as part of mid year review. |
| <ul style="list-style-type: none"> Forecast outturn deficit £7.8m exc transfer of Hospice | <ul style="list-style-type: none"> Mitigations to bring deficit back in line with plan to be further developed as part of mid year review |

EXCEPTION ANALYSIS 2 – WORKFORCE PERFORMANCE

| WORKFORCE TARGETS | Target | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | YTD | Movement |
|---------------------------------|--------|--------|--------|--------|--------|--------|-------|----------|
| Turnover Rates (FTE %) | <1.0% | 0.86% | 0.93% | 0.76% | 0.54% | 2.10% | 1.04% | ▼ ▼ ▲ |
| Stability Rates (FTE %) | >90% | 89.9% | 89.6% | 89.7% | 90.3% | 90.1% | 89.9% | ▶ ▲ ▲ |
| Sickness Absence Rates | <4.8% | 6.2% | 6.1% | 5.9% | 5.7% | 5.2% | 5.8% | ▼ ▼ ▼ |
| KSF Reviews | >95% | 6.0% | 9% | 12% | 15% | 19% | 19% | ▶ ▶ ▶ |
| Fire Training | >95% | 10.0% | 16% | 22% | 29% | 34% | 34% | ▶ ▶ ▶ |
| Information Governance Training | >95% | 8.0% | 15% | 22% | 27% | 33% | 33% | ▶ ▶ ▶ |

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

- Turnover rate in August due to normal change in junior doctors

EXCEPTION ANALYSIS 3 – HEALTHCARE ACQUIRED INFECTION PERFORMANCE

| HEALTHCARE ACQUIRED INFECTION | Target | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | YTD | Movement | |
|-------------------------------|--------|----------------------------|--------|--------|--------|--------------------------|-----|----------|--|
| MRSA Bacteraemia | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ▶ ▶ ▶ | |
| Clostridium Difficile | 8 | 2 | 0 | 1 | 2 | 4 | 9 | ▲ ▲ ▲ | |
| Analysis | | Mitigating Measures | | | | Gaps in Assurance | | | |

- Clostridium Dificile is currently reported as 9 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 2 cases from July and 2 cases from August definitely going forward to appeal, with a further case from August potentially also going to appeal. The Trust has a very good track record of such appeals being upheld.

Patient Access and Waiting Time Metrics

| Metric | | Target | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | YTD | Penalties YTD |
|---|-----------------------------|-----------|--------|--------|--------|--------|--------|--------|---------------|
| A&E CLINICAL INDICATORS | | | | | | | | | |
| 4 Hours Wait | A&E Type 1 4-Weekly | >95% | 91.49% | 95.33% | 91.07% | 95.03% | 96.31% | 93.77% | £ 48,480 |
| A&E Trolley Waits | A&E Trolley Waits >12 Hours | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Time to Initial Assessment - 95th Percentile | A&E | < 15 mins | 34 | 33 | 36 | 31 | 31 | | |
| Time to Treatment - Median | A&E | < 60 mins | 50 | 46 | 49 | 50 | 44 | | |
| CANCER TARGETS | | | | | | | | | |
| 14 Day | Trust Rating | 93% | 96.7% | 97.5% | 96.7% | 96.8% | 97.5% | 97.1% | |
| 31 Day - 1st Treatment | Trust Rating | 96% | 100% | 100% | 100% | 100% | 100% | 100% | |
| 31 Day - Subsequent Treatment (Surgery) | Trust Rating | 94% | 100% | 100% | 100% | 95.2% | 100% | 99% | |
| 31 Day - Subsequent Treatment (Drugs) | Trust Rating | 98% | 100% | 100% | 100% | 95.2% | 100% | 99% | |
| 62 Day 2 Week Wait Referrals | Trust Rating | 85% | 94.1% | 89.2% | 78.6% | 93.8% | 81.3% | 86.2% | |
| 62 Day - Screening Programmes | Trust Rating | 90% | 100% | 100% | N/A | 0% | 50% | | |
| 62 Day - Consultant Upgrades | Trust Rating | >85% | N/A | 100% | N/A | N/A | N/A | | |
| REFERRAL TO TREATMENT TIMES | | | | | | | | | |
| 18 Weeks Admitted | Trust Rating | > 90% | 92.7% | 94.8% | 95.7% | 93.6% | 91.9% | 93.8% | |
| 18 Weeks Non-Admitted | Trust Rating | >95% | 99.1% | 98.9% | 99.2% | 98.8% | 99.2% | 99.0% | |
| Incomplete Pathways | Trust Rating | >92% | 98.5% | 96.5% | 98.0% | 96.0% | 96.0% | 97.0% | |
| Long Waits > 36 Weeks | Trust rating | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Long Waits > 52 Weeks | Trust rating | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Diagnostic 6 Week Wait | Trust Rating | >99% | 100% | 99.9% | 100% | 100% | 100% | 99.99% | |

Patient Safety

| Metric | | Target | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-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% | 8.48% | |
| A&E Left Without Being Seen | Trust Rating | < 5% | 2.35% | 1.94% | 1.88% | 1.95% | 2.26% | 2.07% | |
| AMBULANCE HANDOVER | | | | | | | | | |
| % Handover Time Recorded | Trust Rating | 90% | 67.3% | 73.4% | 71.3% | 63.7% | 65.3% | 68.1% | |
| Ambulance Handover > 15 minutes | Trust Rating | | 46 | 34 | 36 | 47 | 29 | 192 | |
| Ambulance Handover > 30 minutes | Trust Rating | 0 | 9 | 2 | 6 | 2 | 2 | 21 | £4,200 |
| Ambulance Handover > 60 minutes | Trust Rating | 0 | 2 | 1 | 0 | 0 | 0 | 3 | £3,000 |
| Number of Diverts/Deflects Initiated | Trust Rating | 0 | 1 | 0 | 7 | 0 | 0 | 8 | £16,000 |
| Number of Diverts/Deflects Accepted | Trust Rating | | 5 | 6 | 4 | 0 | 0 | 15 | £22,500 |
| FRACTURED NECK OF FEMUR | | | | | | | | | |
| Patients Operated on Within 36 Hours | Trust Rating | > 75% | 73.7% | 80.0% | 66.7% | 77.3% | 84.6% | 76.5% | |
| STROKE CARE | | | | | | | | | |
| 90% of Time on a Stroke Unit | Trust Rating | >80% | 68.0% | 76.9% | 77.8% | 54.5% | 81.3% | 70.9% | |
| 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% | 1.7% | |
| Emergency Readmissions Within 30 Days | Trust Rating | 6.4% | 7.3% | 8.0% | 7.6% | 7.7% | - | 7.6% | |
| VTE Risk Assessment | Trust Rating | 95% | 96.97% | 97.10% | 97.33% | 96.61% | 96.70% | 96.94% | |
| HOSPITAL ACQUIRED INFECTIONS | | | | | | | | | |
| MRSA Bacteraemia | Trust Rating | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Clostridium Difficile | Trust Rating | 8 | 2 | 0 | 1 | 2 | 4 | 9 | £ 10,000 |
| MRSA Screening - Elective | Trust Rating | 100% | 73.7% | 80.6% | 79.8% | 74.4% | 86.7% | 79.0% | |
| MRSA Screening - Non Elective | Trust Rating | 100% | 76.9% | 75.8% | 71.0% | 72.1% | 67.3% | 72.5% | |

Patient Experience

| Metric | | Target | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | YTD | Penalties YTD |
|---|-----------------------|---------|--------|--------|--------|--------|--------|-------|---------------|
| Mixed Sex Accomodation Breaches | Trust Rating | 0 | 0 | 0 | 1 | 0 | 0 | 1 | £250 |
| Publication of Formulary | Trust Rating | | | | | | | | |
| Duty of Candour | Trust Rating | | | | | | | | |
| Cancellation of Elective Operation | Trust Rating | 0 | 0 | 6 | 2 | 5 | 2 | 15 | |
| Cancellation of Elective Operation - No Date Offered Within 28 Days | Trust Rating | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Cancellation of Elective Operations - Urgent Ops Cancelled 2nd Time | Trust Rating | 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% | 90.0% | 90.7% | |
| Women Smoking Through Pregnancy | Trust Rating | < 24.5% | 27.0% | 25.8% | 20.9% | 20.8% | 22.3% | 23.2% | |
| Mothers Initiating Breastfeeding | Trust Rating | > 56.8% | 46.0% | 54.5% | 56.0% | 57.0% | 49.1% | 52.7% | |
| 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 | YTD | Penalties YTD |
|---|--------------|-----------|--------|--------|--------|--------|--------|--------|---------------|
| IAPT PERFORMANCE | | | | | | | | | |
| Depression/Anxiety Access to IAPT | Trust Rating | YTD 6.25% | 1.57% | 1.41% | 1.61% | 1.62% | 1.21% | 7.42% | |
| Completed Treatment and Moving to Recovery | Trust Rating | 50.0% | 53.04% | 53.13% | 54.09% | 54.58% | 52.72% | 53.57% | |
| % Patients Seen Within 6 Weeks | Trust Rating | 75.0% | 75.90% | 72.50% | 78.00% | 82.80% | 82.40% | 78.32% | |
| % Patients Seen Within 18 Weeks | Trust Rating | 95.0% | 98.50% | 99.60% | 99.80% | 99.70% | 99.40% | 99.40% | |
| CONTINUING HEALTHCARE PERFORMANCE | | | | | | | | | |
| % of new assessments undertaken within 28 days | Trust Rating | 95% | 54.55% | 60.00% | 69.93% | 64.57% | 90.28% | 65.89% | |
| % of 3 month reviews undertaken within 28 days | Trust Rating | 95% | 100% | 97.87% | 98.04% | 100% | 98.44% | 98.91% | |
| % of additional reviews undertaken within 28 days of plan | Trust Rating | 95% | - | - | 0% | 16.67% | 36.36% | 26.32% | |
| Number of Annual Reviews Carried Out | Trust Rating | 0 | 54 | 63 | 42 | 63 | 60 | 48 | |
| % of annual reviews undertaken within 28 days | Trust Rating | 95% | 84.62% | 73.02% | 38.10% | 79.37% | 100% | 77.14% | |
| FLU VACCINATIONS | | | | | | | | | |
| Housebound Patients Vaccinated by 31 December | Trust Rating | > 90% | n/a | n/a | n/a | n/a | n/a | | |

Data Quality

| Metric | | Target | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-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% | 98.64% | 98.68% | 98.49% | |
| Completion of valid NHS Number field in acute data sets | Trust Rating | 99% | 99.59% | 99.78% | 99.66% | 99.80% | 99.50% | 99.67% | |
| IAPT INFORMATION DATASET COMPLETENESS | | | | | | | | | |
| Completion of IAPT Minimum Data Set | Trust Rating | 90% | 100% | 100% | 100% | 100% | 100% | 100% | |

