

<b>Title</b>	Integrated Performance Report August 2016
<b>File location</b>	Sharepoint site : Assurance Framework/Performance/Performance Board reports
<b>Meeting</b>	Board of Directors
<b>Date</b>	4 October 2016
<b>Executive Summary</b>	
<p>The Trust is reporting a deficit for the four months to 31 August 2016 of £2,120k, which is a deficit of £615k in the month. The position is currently £877k favourable to the operational plan submitted to NHS Improvement which was a deficit of £2,997k and £796k favourable to the revised internal plan.</p> <p>Under the Financial Sustainability Risk Rating (FSRR) the risk rating is assessed as a 2. This rating has triggered consideration by NHS Improvement of further regulatory action and the Trust's governance rating is currently under review. The Trust have also engaged Deloitte LLP to carry out a follow up review on CIP, PMO and governance arrangements.</p> <p>The Trust secured the first quarter of Sustainability and Transformation Funding (STF) which was paid in August. The position in month 5 assumes funding will be not be received in full as the A&amp;E trajectory was not achieved in July or August. Income has been reduced by £102k in the month to reflect this.</p> <p>The CIP risk adjusted forecast for the year is £9,771k with a further £1,936k still to be identified. £8,128k has been transacted to date.</p> <p>Whilst the Trust continues to hold reasonable levels of cash at £11.6m some of this is loans drawn down in advance of capital spend. Without this the balance would reduce to £6.9m and the Trust is still in dispute with NHS Property Services over 2015/16 invoices which are almost £5m. Cash flow forecasts therefore continue to be of concern with cash forecast to run out in October 2017 even after achieving the plan for 2016/17 and a breakeven position for 2017/18. Mitigations are being implemented to improve the position.</p> <p>The agreement with South Tyneside CCG for 2016-17 is that all acute activity will be paid under Block Contract, therefore any variance between the actual and planned activity will have no impact on income unless certain condition are met. The benefit from the block contract at month 5 was £118k.</p> <p>Type 1 attendances to A&amp;E are 1.6% (329 attendances) above target for the year to date and 2.3% above the total for the same period in 2015-16.</p> <p>Emergency contract activity for the year to date shows:</p> <ul style="list-style-type: none"> <li>○ 584 spells (10.5%) above plan for all non-elective spells</li> <li>○ Emergency activity is 405 spells (9%) above plan. The significant area of overperformance is General Medicine (376 spells)</li> <li>○ Short stay activity is 119 spells (37.5%) above plan</li> <li>○ Non elective activity itself is 60 spells (7%) above plan</li> <li>○ Ambulatory care activity is 103 spells (8.8%) above plan</li> </ul> <p>Elective activity is 32 spells (0.7%) above plan for the year to date. Gastroenterology</p>	

is overperforming by 112 spells (13%) while Cardiology is underperforming by 97 spells (-30.6%)

Outpatient activity for the year to date is 667 (8%) above plan for attendances, with follow up attendances at 1199 (7.4%) below plan.

There were no further cases of hospital acquired infections in July.

Sickness absence rate for July 2016 was 5.47% which is a reduction of 0.21% when compared to June 2016.

There has been an increase in turnover of 0.87% when compared to June. The increase is mainly due to redundancies following the management restructure which has recently been completed.

### Recommendation

The Board is requested to :

- review and comment upon the integrated performance report
- approve the mitigating actions proposed to improve performance

<b>Report Author</b>	Malcolm Walker			
<b>Executive Director/ Sponsor</b>	Helen Patterson			
<b>Purpose of paper</b>	<b>Information</b>	x	<b>Discussion</b>	x
	<b>Decision</b>		<b>Assurance</b>	x
	<b>Specific action</b>			
<b>Implications</b>	<b>Staffing</b>			
	<b>Finance</b>		x	
	<b>Legal</b>			
	<b>Public engagement</b>			
	<b>Partnership</b>		x	
	<b>Communication</b>			
	<b>Equality &amp; Diversity</b>			
	<b>Clinical</b>		x	
<b>Risk assessment and mitigation (include risk register reference if appropriate)</b>				
<b>Link to STFT Business Plan</b>	Performance			
<b>Link to CQC outcome</b>	16			
<b>Link to Board Assurance Framework</b>	Provides assurance of performance against contract			
<b>Link to Strategic Risk Register</b>				

## REPORT TO BOARD OF DIRECTORS INTEGRATED PERFORMANCE REPORT AUGUST 2016

### 1.0 FINANCIAL PERFORMANCE

#### 1.1 Overview

The Trust is reporting a deficit for the four months to 31 August 2016 of £2,120k, which is a deficit of £615k in the month. The position is currently £877k favourable to the operational plan submitted to NHS Improvement which was a deficit of £2,997k and £796k favourable to the revised internal plan.

Under the Financial Sustainability Risk Rating (FSRR) the risk rating is assessed as a 2. This rating has triggered consideration by NHS Improvement of further regulatory action and the Trust's governance rating is currently under review. For the reasons set out below, the Trust's governance rating is "Under Review":

- The Trust's 2015/16 I&E and CIP out-turn was materially behind plan therefore a short term financial recovery plan was requested by NHS Improvement and the Trust's performance is being monitored against this plan.
- Following Deloitte's findings on the review of the Trust's Programme Management Office (PMO) and 2016/17 CIP plans NHS Improvement requested further documentation and performed a site visit on 21 and 22 April to assess what actions have been taken in response to the findings. They are monitoring the Trust's progress against the action plan sent by the Trust to NHS Improvement on 10 June.

On A&E the Trust's performance in Q1 16/17 (92.8%) is below the planned trajectory (93.8%) but has improved against Q4 15/16 (91.4%). The Trust is actively engaging with local relevant stakeholders to address the capacity issues and restore performance back in line with the agreed improvement trajectory.

NHS Improvement will monitor the Trust's progress against the action plans as described above.

NHSI also have the following additional concerns from their review of the Trust's Q1 submissions:

- Data quality and compliance issues surrounding the reporting of A&E 4 hour breaches. NHSI acknowledge the actions that the Trust has taken towards addressing these issues including undertaking an audit of Trust A&E waiting times from 1 April and the newly implemented daily reporting (scrutiny of all waiting times over 3.5 hours) to the Chief Operating Officer.
- The Cumbria and North East (CNE) tripartite are concerned that the Trust has not made sufficient progress against the action plan agreed with CQC following the May 2015 inspection. The tripartite will be organising a follow up meeting to agree next steps to address the outstanding issues at pace.

Deloitte LLP have been engaged by the Trust to provide an independent review of the 2016/17 CIP and a follow up of the review on the PMO and related governance arrangements from the previous recommendations.

The Trust secured the first quarter of Sustainability and Transformation Funding (STF) which was paid in August. The position in month 5 assumes that 87.5% of funding will be received as the A&E trajectory was not achieved in July or August within the tolerances set. This has resulted in £102k loss of funding for the two months which has been transacted in August.

## 1.2 Variance to Revised Internal Plan

When compared to the internal revised plan the favourable variance of £864k can be analysed as follows:

		£000	£000
Income			(73)
Pay	Medical	(44)	
	Nursing	(20)	
	Other	(181)	
	Total pay		(245)
Non pay			(80)
CIP			635
Budgetary reserves (partly offset by overspends in Divisions)			606
Capital charges etc			(47)
			<b>796</b>

The financial position has deteriorated by £615k in the month. The position in month includes a reduction to income of £102k to recognise non achievement of the Sustainability and Transformation Funding in relation to the A&E target for the first 2 months of quarter 2.

The Trust agreed a block contract with South Tyneside CCG Acute services for 2016/17. The purpose of this was to attempt to mitigate risk from the contract under performing in the year linked to the following factors:

- CCG estimate reduction in income of £1m from reduced activity as a result of Right Care/ Health Pathways
- Impact on LOS/admissions from Haven Court opening 1 August
- Impact on admissions from Integrated Community Teams in place from 1 April 2016
- Impact on income/activity from junior doctors strikes in the year

Caveats were included within the contract to cover excessive emergency activity, increased referrals from NICE guidance and repatriation of income.

As noted in the contracts section below actual activity/income is still being reported by patient type with an adjustment being made under other clinical income to balance back to contract. The income variance of £(73k) below plan can be analysed as follows:

	Variance YTD £000	In month Movement £000
Elective inpatients	10	18
Day Cases	(72)	39
Non Elective/ Emergency	517	93
Outpatients	5	147
A&E	55	29
Other Clinical Income	(407)	(146)
Sustainability & Transformation Funding	(102)	(102)
Impact of STCCG Block	118	(148)
Community income	(92)	2
Other Income	(105)	(17)
	<b>(73)</b>	<b>(85)</b>

The above income includes all commissioners. The impact of the block acute contract with South Tyneside CCG at month 5 is a favourable variance of £118k which is separately presented above. Adverse variances in other clinical income mainly comprises an underperformance against critical care and maternity pathway which are included within the block contract.

Acute contracts with other commissioners are performing ahead of plan, however, this is being partly offset by an underperformance against the MSK contracts of £129k. Income for the NHS Injury Cost Recovery Scheme and GUM are also below plan for the year.

### 1.3 Sustainability & Transformation Fund (STF)

The Trust successfully achieved the first quarter of the STF which was dependent upon achieving the financial control total and agreeing trajectories. The sum of £1,225k was paid to the Trust in August.

For Q2 the Trust must achieve the M6 YTD financial control total to qualify for any funding. If the control total is met 70% of the funding will be payable with a further 30% dependent upon achieving within a 1% tolerance of the access standards for A&E (12.5%), RTT (12.5%) and 62 day cancer waits (5%). The position at month 5 is as follows:

Target	Q1	Month 4	Month 5
Financial Control Total	●	●	●
A&E	●	●	●
RTT	●	●	●
Cancer 62 days	●	●	●

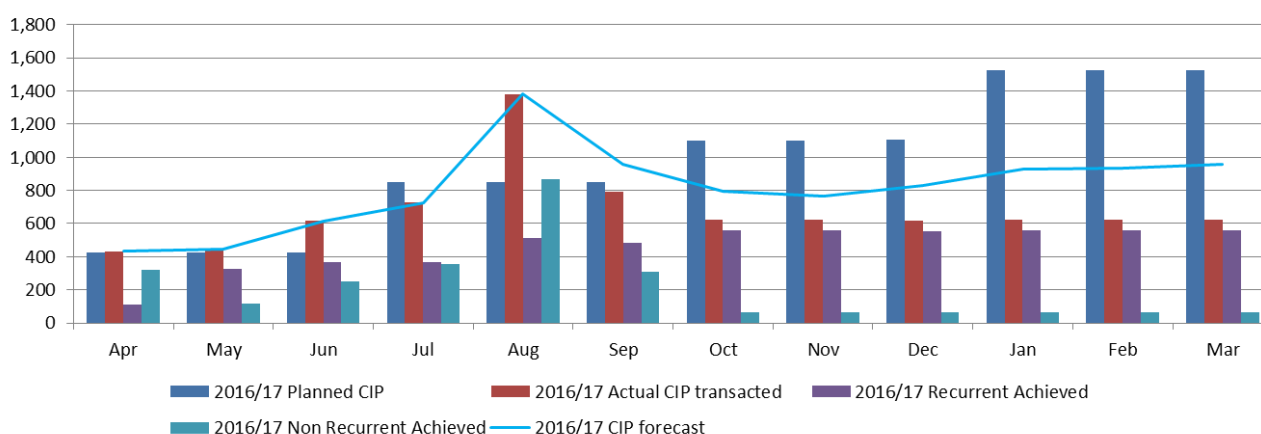
The A&E performance for month 5 was 91.58% and for month 4 was 92.83% against an agreed trajectory of 95% so is outside of the tolerance. The impact of this is a potential loss of £102k of income which is included in the position at month 5.

#### 1.4 CIP

The annual Cost Improvement Programme target included within the operational plan amounts to £11,707k and was profiled for majority delivery in the second half of the year to reflect the time taken to implement schemes. The target for the five months to August is delivery of £2,970k with £3,604k having been transacted to date giving a favourable variance of £634k from plan. The schemes transacted to date have a total value of £8,128k in 2016/17 of which 68% is recurrent and represents 69% of the annual target.

The risk adjusted forecast included within the tracker is £9,771k which is 83% of the target for the year with a shortfall of £1,936k still to be identified.

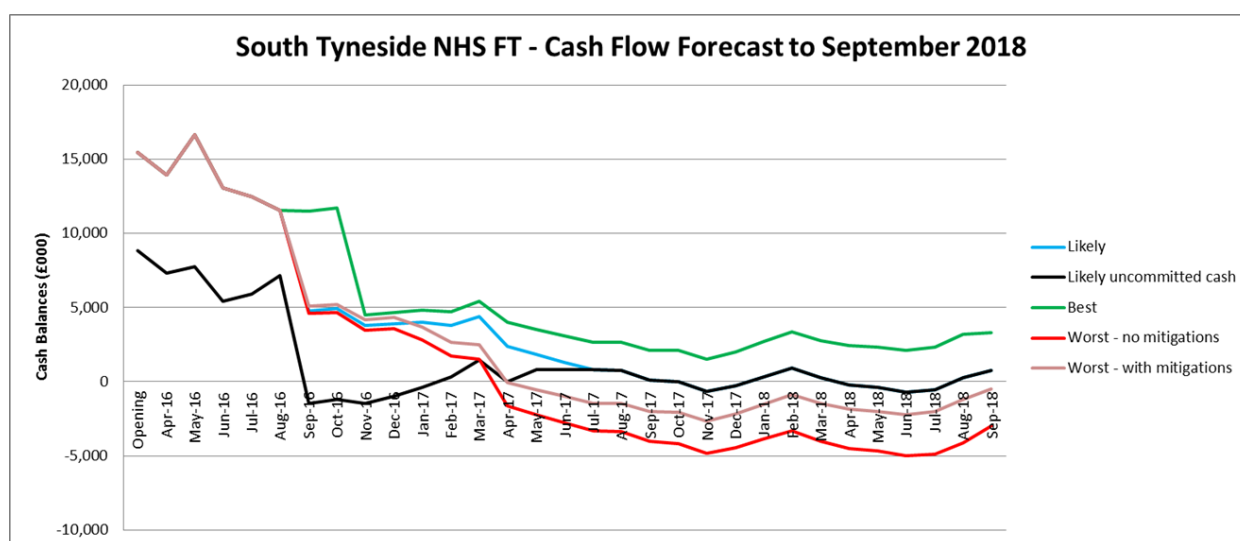
#### Monthly CIP Delivery to Plan



CIP	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	M5 YTD	Total Year	Total FYE
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
2016/17 Planned CIP	424	424	424	849	849	849	1,103	1,103	1,103	1,527	1,526	1,526	2,970	11,707	20,000
2016/17 Actual CIP transacted	433	446	617	727	1,381	793	625	622	619	620	621	623	3,604	8,128	6,688
2016/17 CIP forecast	433	446	617	727	1,381	958	792	765	831	930	931	959	3,604	9,771	8,771
<i>Of which:</i>															
2016/17 Recurrent Achieved	111	328	365	369	513	486	558	558	555	557	558	559	1,686	5,515	6,688
2016/17 Non Recurrent Achieved	322	117	253	358	868	308	67	64	64	64	64	64	1,918	2,613	0
2016/17 Recurrent Actual %	26%	74%	59%	51%	37%	61%	89%	90%	90%	90%	90%	90%	47%	68%	100%
2016/17 Non Recurrent Actual %	74%	26%	41%	49%	63%	39%	11%	10%	10%	10%	10%	10%	53%	32%	0%

## 1.5 Cash

Cash balances are £11,568k which is a decrease of £941k in the month, mainly due to redundancy payments. The receipt of loans, which are drawn down a quarter in advance of capital expenditure, is continuing to distort the real value of cash currently held by the Trust. Of the loans drawn down only £12.3m has been expended (in cash terms) to date and £0.5m has been repaid. If expenditure matched the draw down the cash balance would reduce to £6.9m. The high level forecast cash position, assuming that the control total is met for this year, the Trust breaks even in 2017/18 and before additional mitigations (see separate paper on cash flow mitigations) is as follows:



Based on the assumptions included above the likely position identifies that the Trust will run out of cash in October 2017. It is therefore imperative that the Trust applies mitigating actions to improve the cash position with immediate effect. A separate paper has been prepared for the Board in this respect.

## 1.6 Capital Expenditure

Capital expenditure is 83% of the original operational plan at month 5 and 99% of the revised operational plan. The capital plan has been reviewed as part of the mitigating actions from the cash flow position and some expenditure has now been deferred into 2017/18 to protect cash in the short term whilst other mitigations are implemented.

## 1.7 Forecast Outturn

The forecast outturn for the year is a deficit of £3m in line with the operational plan submission.

## 1.8 Haven Court

Services within Haven Court are provided by 2 special purpose vehicles (SPV) that are wholly owned subsidiaries of the Trust and will therefore need to be consolidated into the Trust position each month. Whilst Haven Court did not officially open until 4 August staff

costs were incurred prior to opening. This has not been consolidated into the Trust position at month 5 as the impact at a deficit of £37k year to date is minimal.

## 2.0 CONTRACT PERFORMANCE

The agreement with South Tyneside CCG for 2016-17 is that all acute activity will be paid under Block Contract, therefore any variance between the actual and planned activity will have no impact on income unless certain conditions are met.

Type 1 attendances to A&E are 1.6% (329 attendances) above target for the year to date and 2.3% above the total for the same period in 2015-16.

Emergency contract activity for the year to date shows:

- 584 spells (10.5%) above plan for all non-elective spells
- Emergency activity is 405 spells (9%) above plan. The significant area of overperformance is General Medicine (376 spells)
- Short stay activity is 119 spells (37.5%) above plan
- Non elective activity itself is 60 spells (7%) above plan
- Ambulatory care activity is 103 spells (8.8%) above plan

Elective activity is 32 spells (0.7%) above plan for the year to date. Gastroenterology is overperforming by 112 spells (13%) while Cardiology is underperforming by 97 spells (-30.6%)

Outpatient activity for the year to date is 667 (8%) above plan for attendances, with follow up attendances at 1199 (7.4%) below plan.

## 3.0 WORKFORCE

Sickness absence rate for July 2016 was 5.47% which is a reduction of 0.21% when compared to June 2016.

There has been an increase in turnover of 0.87% when compared to June. The increase is mainly due to redundancies following the management restructure which has recently been completed.

We have changed the way in which our training will be reported, in the past training has been reported on from April to year to date, however we will now show our compliance percentage rate for the previous 12 month period.

## 4.0 INFECTION CONTROL

There were no further cases of hospital acquired infections in July.



## **5.0 RECOMMENDATION**

The Board is requested to:

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

**Mrs H Patterson**  
**Director of Finance**

20<sup>th</sup> September 2016

## EXCEPTION ANALYSIS 1 – FINANCIAL PERFORMANCE

	Target	Apr-16	May-16	Jun-16	Jul-16
<b>Financial Sustainability Risk Rating</b>	4	2	2	2	2
<b>Governance Risk Rating</b>	Green	Under review	Under review	Under review	Under review
<b>FINANCIAL TARGETS</b>					
	YTD Budget	YTD Apr	YTD May	YTD Jun	YTD Jul
<b>Total Income £'000</b>	67,591	16,726	33,596	50,732	67,656
<b>Expenditure - Pay Costs £'000</b>	51,344	12,847	25,528	38,309	50,811
<b>Expenditure - Non Pay Costs £'000</b>	16,162	4,058	8,134	12,135	15,871
<b>EBITDA £'000</b>	85	179	(66)	287	974
<b>Net Surplus / (Deficit) £'000</b>	(2,368)	797	(1,300)	(1,566)	(1,505)
<b>Liquidity Ratio</b>		3	3	3	3
<b>Capital Servicing Capacity</b>		1	1	1	1
<b>Total Capital Expenditure £'000</b>	3,441	997	2,183	3,247	3,542
<b>Total CIP Achieved £'000</b>	2,121	433	879	1,496	2,223
<b>Analysis</b>	<b>Mitigating Measures</b>		<b>Gaps in Assurance</b>		
	-				
	-				
	-				
	-				

## EXCEPTION ANALYSIS 2 – WORKFORCE PERFORMANCE

<b>WORKFORCE TARGETS</b>	<b>Target</b>	<b>Apr-16</b>	<b>May-16</b>	<b>Jun-16</b>	<b>Jul-16</b>	<b>YTD</b>
<b>Turnover Rates (FTE %)</b>	<13.5%	0.97%	0.70%	0.70%	<b>1.57%</b>	3.94%
<b>Stability Rates (FTE %)</b>	>90%	89.9%	90.4%	91.1%	90.6%	90.5%
<b>Sickness Absence Rates</b>	<4.8%	<b>5.8%</b>	<b>5.8%</b>	<b>5.7%</b>	<b>5.5%</b>	<b>5.7%</b>
<b>KSF Reviews (Within 12 Months)</b>	>95%	<b>57%</b>	<b>56%</b>	<b>56%</b>	<b>55%</b>	<b>55%</b>
<b>Fire Training</b>	>90%	<b>77%</b>	<b>76%</b>	<b>75%</b>	<b>70%</b>	<b>70%</b>
<b>Information Governance Training</b>	>95%	78%	76%	74%	58%	58%

**Analysis**

**Mitigating Measures**

**Gaps in Assurance**

**EXCEPTION ANALYSIS 3 – HEALTHCARE ACQUIRED INFECTION PERFORMANCE**

HEALTHCARE ACQUIRED INFECTION TARGETS	Target	Apr-16	May-16	Jun-16	Jul-16	YTD
MRSA Bacteraemia	0	0	0	0	0	0
Clostridium Difficile	8	1	0	0	0	1

Analysis	Mitigating Measures	Gaps in Assurance
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# INTEGRATED PERFORMANCE DASHBOARD - JULY 2016

## Patient Access and Waiting Time Metrics

Metric		Target	Apr-16	May-16	Jun-16	Jul-16	YTD	Penalties YTD
<b>A&amp;E CLINICAL INDICATORS</b>								
4 Hours Wait	A&E Type 1 - Monthly	>95%	91.15%	91.78%	92.54%	91.69%	91.80%	
4 Hours Wait	A&E Type 1 & 3 - Monthly	>95%	92.20%	92.76%	93.50%	92.83%	92.83%	£ 40,440
A&E Trolley Waits	A&E Trolley Waits >12 Hours	0	0	0	0	0	0	
Time to Initial Assessment - 95th Percentile	A&E	< 15 mins	32	40	38	37		
Time to Treatment - Median	A&E	< 60 mins	50	58	56	60		
<b>CANCER TARGETS</b>								
14 Day	Trust Rating	93%	95.6%	96.2%	97.6%	95.0%	96.1%	
31 Day - 1st Treatment	Trust Rating	96%	100%	100%	100%	100%	100%	
31 Day - Subsequent Treatment (Surgery)	Trust Rating	94%	100%	100%	100%	100%	100%	
31 Day - Subsequent Treatment (Drugs)	Trust Rating	98%	100%	100%	100%	100%	100%	
62 Day - 2 Week Wait Referrals	Trust Rating	85%	100%	90.6%	70.8%	90.3%	88.4%	-
62 Day - Pathway Specific - Colorectal (Lower GI)	Trust Rating	>85%	100%	100%	100%	-	100%	
62 Day - Pathway Specific - Gynaecology	Trust Rating	>85%	100%	100%	100%	-	100%	
62 Day - Pathway Specific - Haematology (excluding Acute Leukaemia)	Trust Rating	>85%	-	-	60%	-	60%	
62 Day - Pathway Specific - Head & Neck	Trust Rating	>85%	100%	100%	50%	-	80%	
62 Day - Pathway Specific - Lung	Trust Rating	>85%	100%	86%	80%	-	87%	
62 Day - Pathway Specific - Sarcoma	Trust Rating	>85%	100%	-	-	-	100%	
62 Day - Pathway Specific - Upper GI	Trust Rating	>85%	100%	66.7%	60.0%	-	70%	
62 Day - Pathway Specific - Urology	Trust Rating	>85%	100%	-	0%	-	67%	
62 Day - Screening Programmes	Trust Rating	>90%	66.7%	100%	100%	100%		
62 Day - Screening Programmes - Bowel	Trust Rating	>90%	50.0%	100%	100%	-		
62 Day - Screening Programmes - Gynaecology	Trust Rating	>90%	100%	-	-	-		
62 Day - Consultant Upgrades	Trust Rating	>90%	100%	40.0%	100%	100%		
62 Day - Consultant Upgrades - Haematology	Trust Rating	>90%	100%	-	-	-		
62 Day - Consultant Upgrades - Lung	Trust Rating	>90%	100%	40.0%	100.0%	-		
62 Day - Consultant Upgrades - Other	Trust Rating	>90%	100%	-	-	-		
<b>REFERRAL TO TREATMENT TIMES</b>								
Incomplete Pathways	Trust Rating	>92%	96.00%	99.00%	97.00%	97.00%	97.25%	
Long Waits > 36 Weeks	Trust rating	0	0	0	0	0	0	
Long Waits > 52 Weeks	Trust rating	0	0	0	0	0	0	
Diagnostic 6 Week Wait	Trust Rating	>99%	100%	100%	100%	100%	100%	

## Patient Safety

Metric		Target	Apr-16	May-16	Jun-16	Jul-16	YTD	Penalties YTD
<b>A&amp;E CLINICAL INDICATORS</b>								
A&E Unplanned Reattendance	Trust Rating	< 5%	7.76%	8.18%	9.21%	9.16%	8.59%	
A&E Left Without Being Seen	Trust Rating	< 5%	1.38%	2.07%	2.18%	3.00%	2.17%	
<b>AMBULANCE HANDOVER</b>								
% Handover Time Recorded	Trust Rating	90%	57.3%	57.8%	53.4%	59.4%	57.0%	
Ambulance Handover > 15 minutes	Trust Rating		39	61	49	49	198	
Ambulance Handover > 30 minutes	Trust Rating	0	10	29	19	16	74	£14,800
Ambulance Handover > 60 minutes	Trust Rating	0	2	5	2	5	14	£14,000
Number of Diverts/Deflects Initiated	Trust Rating	0	10	9	14	-	33	£66,000
Number of Diverts/Deflects Accepted	Trust Rating		15	6	7	-	28	-£42,000
<b>FRACTURED NECK OF FEMUR</b>								
Patients Operated on Within 36 Hours	Trust Rating	> 75%	80.0%	93%	56%	79%	78.9%	
<b>STROKE CARE</b>								
90% of Time on a Stroke Unit	Trust Rating	>80%	52.0%	57.7%	44.0%	52.2%	51.5%	
<b>HOSPITAL CARE</b>								
Delayed Transfers of Care	Trust Rating	=< 5%	3.9%	5.8%	5.8%	4.1%	4.9%	
Emergency Readmissions Within 30 Days	Trust Rating	6.4%	9.3%	8.6%	8.0%	-	0.0%	
VTE Risk Assessment	Trust Rating	95%	96.48%	96.11%	96.30%	96.35%	96.31%	
<b>HOSPITAL ACQUIRED INFECTIONS</b>								
MRSA Bacteraemia	Cumulative Trust Rating	0	0	0	0	-	0	
Clostridium Difficile	Cumulative Trust Rating YTD	8	1	0	0	-	1	
MRSA Screening - Elective	Trust Rating	100%	68.1%	67.1%	64.9%	66.7%	66.7%	
MRSA Screening - Non Elective	Trust Rating	100%	72.9%	75.3%	70.6%	74.8%	73.3%	

## Patient Experience

Metric		Target	Apr-16	May-16	Jun-16	Jul-16	YTD	Penalties YTD
Mixed Sex Accomodation Breaches	Trust Rating	0	0	0	0	0	0	£0
Publication of Formulary	Trust Rating							
Duty of Candour	Trust Rating				2		2	£995
Cancellation of Elective Operation	Trust Rating	0	4	7	3	14	28	
Cancellation of Elective Operation - No Date Offered Within 28 Days	Trust Rating	0	0	0	0	0	0	
Cancellation of Elective Operations - Urgent Ops Cancelled 2nd Time	Trust Rating	0	0	0	0	0	0	
<b>MATERNITY CARE</b>								
Women Seen By Midwife Before 13 Weeks	Trust Rating	>90%	88.8%	90.6%	92.7%	94.2%	91.3%	
Women Smoking Through Pregnancy	Trust Rating	< 24.5%	31.2%	19.3%	15.0%	27.0%	23.3%	
Mothers Initiating Breastfeeding	Trust Rating	> 56.8%	57.9%	50.4%	50.4%	52.8%	53.0%	
Smoking At Time Of Delivery (SSATOD) - Provider Service Qtr Position		< 24.5%	-	-	22.0%	-	22.0%	
Smoking At Time Of Delivery (SSATOD) - ST Residents Qtr Position		< 24.5%	-	-	-	-	-	
<b>e-Referral</b>								
1st Outpatient Appointment Booked	Trust Rating	90%	103.0%	-	-	-	-	
Bookings With Named Consultant Team	Including 2 Week Wait	80%	-	-	-	-	-	
Bookings With Named Consultant Team	Excluding 2 Week Wait	100%	-	-	-	-	-	
Slot Utilisation Issues	Trust Rating	=< 4%	6.2%	6.1%	-	-	6.2%	

## Contract Monitoring Metrics

Metric		Target	Apr-16	May-16	Jun-16	Jul-16	YTD	Penalties YTD
<b>IAPT PERFORMANCE</b>								
Depression/Anxiety Access to IAPT	Trust Rating	YTD 5%	1.79%	1.64%	1.87%	1.63%	6.93%	
Completed Treatment and Moving to Recovery	Trust Rating	50.0%	52.91%	53.61%	50.99%	51.41%	52.20%	
% Patients Seen Within 6 Weeks	Trust Rating	75.0%	37.37%	49.34%	47.32%	53.63%	46.91%	
% Patients Seen Within 18 Weeks	Trust Rating	95.0%	94.32%	95.73%	88.73%	87.92%	91.65%	
<b>CONTINUING HEALTHCARE PERFORMANCE</b>								
% of new assessments undertaken within 28 days	Trust Rating	95%	94.57%	100%	98.99%	98.65%	98.02%	
% of 3 month reviews undertaken within 28 days	Trust Rating	95%	100%	94.5%	96.5%	100%	97.34%	
% of additional reviews undertaken within 28 days of plan	Trust Rating	95%	25%	0%	0%	0%	10.00%	
Number of Annual Reviews Carried Out	Trust Rating	0	74	62	49	39	224	
% of annual reviews undertaken within 28 days	Trust Rating	95%	17.57%	62.90%	55.32%	61.54%	45.95%	
<b>FLU VACCINATIONS</b>								
Housebound Patients Vaccinated by 31 December	Trust Rating	> 90%	n/a	n/a	n/a	n/a		

## Data Quality

Metric		Target	Apr-16	May-16	Jun-16	Jul-16	YTD	Penalties YTD
<b>COMMUNITY INFORMATION DATASET COMPLETENESS</b>								
Overall Position	Trust Rating	>50%						
<b>ACUTE INFORMATION DATASET COMPLETENESS</b>								
Completion of a valid NHS Number field in A&E	Trust Rating	95%	99.23%	98.97%	99.12%	98.92%	99.06%	
Completion of valid NHS Number field in acute data sets	Trust Rating	99%	99.87%	99.80%	99.89%	99.82%	99.85%	
<b>IAPT INFORMATION DATASET COMPLETENESS</b>								
Completion of IAPT Minimum Data Set	Trust Rating	90%	100%	100%	100%	100%	100%	

## Contract Activity Metrics

Metric		YTD Target	Apr-16	May-16	Jun-16	Jul-16	YTD
<b>Emergency Activity</b>							
A&E Attendances	Trust Contract	21078	4969	5798	5262	5378	21407
All Non Elective Spells	Trust Rating	5562	1547	1593	1501	1505	6146
Emergency Activity	Trust Rating	4411	1201	1251	1188	1176	4816
Short Stay Activity	Trust Rating	318	113	122	112	90	437
Non Elective	Trust Rating	833	233	220	201	239	893
Ambulatory Care	Trust Rating	1182	318	285	353	329	1285
<b>Elective Care Activity</b>							
Total Activity	Trust Rating	4667	1117	1172	1282	1128	4699
Inpatient Activity	Trust Rating	464	116	100	130	107	453
Planned Same Day Activity	Trust Rating	4203	1001	1072	1152	1021	4246
<b>Outpatient Activity</b>							
New Attendances	Trust Rating	8441	2191	2317	2446	2154	9108
Multi Professional Attendances	Trust Rating	389	75	87	75	82	319
Follow Up Attendances	Trust Rating	16129	3615	3835	4047	3433	14930
Follow Up Multi Professional Attendances	Trust Rating	1173	185	212	187	191	775
Procedures	Trust Rating	1364	345	359	374	262	1340
Outpatient Non Face to Face	Gastroenterology	12	2	2	2	1	7
New to Follow Up Ratio	Trust Rating	2.3	2.41	2.39	2.36	2.37	2.3825