

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**DIRECTORATE OF FINANCE**

**BOARD OF DIRECTORS**

**MARCH 2017**

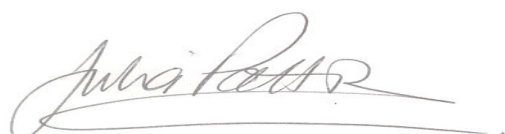
**FINANCIAL POSITION AS AT 28<sup>TH</sup> FEBRUARY 2017**  
**EXECUTIVE SUMMARY**

**1 INTRODUCTION**

This Executive Summary provides the summary highlights of the financial position as detailed in the main report to the end of February 2017.

**1.1 KEY HIGHLIGHTS**

<b>Issue or Metric</b>	<b>Budget</b>	<b>Actual</b>	<b>Variance</b>	<b>%</b>
Overall Financial Position – Deficit	£2,990k	£1,798k	(£1,192k)	39.9%
Income	£323,517k	£324,504k	(£987k)	0.3%
Expenditure	£326,507k	£326,302k	£205k	0.06%
EBITDA Position %	3.4%	3.9%		
EBITDA Position £'s	£11,103k	£12,638k	£1,535k	13.8%
Cash Position	£10,305k	£4,745k	£5,560k	54.0%
<b><u>Clinical Activity:</u></b>				
Variance to plan	£298,039k	£299,740k	£1,701k	0.6%
<b><u>Cost Improvement Plans</u></b>				
Variance to plan	£13,506k	£12,499k	£1,007k	7.5%
<b><u>Pay:</u></b>				
Variance to plan	£194,957k	£193,633k	(£1,324k)	0.7%
<b><u>Non Pay:</u></b>				
Variance to plan	£131,550k	£132,669k	£1,119k	0.9%
<b><u>Use of Resources Metrics (UOR)</u></b>				
			3	
<i>+ve variance equates to worse than expected; -ve equates to better than expected</i>				



Julia Pattison  
Director of Finance

## DIRECTORATE OF FINANCE

### BOARD OF DIRECTORS

MARCH 2017

### FINANCIAL POSITION AS AT 28<sup>TH</sup> FEBRUARY 2017

#### 1 INTRODUCTION

The enclosed financial statements reflect the Trust's Income & Expenditure position as at 28<sup>th</sup> February 2017 details of which can be found in Appendices 1 - 6.

As at 1<sup>st</sup> February 2017, the CHS Estates and Facilities function transferred over to the Trust's wholly owned subsidiary company – CHoICE Ltd – forming CHoICE Facilities Services. The Financial value of CHoICE is now material and therefore requires group consolidation and reporting going forwards. All financial commentary from this month and beyond will therefore relate to the overall group, i.e. CHS and CHoICE added together.

#### 1.1 SUMMARY POSITION

The overall financial position is a net deficit of £1,798k against a planned deficit of £2,990k, and therefore £1,192k ahead of plan.

The Trust reported an over performance of £1,701k in month 11 relating to NHS clinical activity which is due to higher than expected PbR activity.

At the end of February the Cost Improvement Plan (CIP) delivery is £1,007k behind projected plans submitted to NHSI.

Performance against the EBITDA margin is slightly ahead of plan to the end of February.

The current financial position, a deficit of £1,798k, assumes non delivery of key performance targets, namely 4hour A&E in October, December 2016, January and February 2017, plus Cancer targets in January and February 2017. Therefore £530k of STP funding has been removed from the financial projection to date. If performance targets had been met then the actual financial position would be ahead of plan of £1,722k. The below table summarises this:

	Plan YTD ending 28-Feb-17 £m	Actual YTD ending 28-Feb-17 £m	Variance YTD ending 28-Feb-17 £m
Control total basis surplus / (deficit)	(2.990)	(1.798)	1.192
Sustainability & Transformation Fund (STF) included	9.717	9.187	(0.530)
Control total basis surplus / (deficit) exc. STF vs plan	(12.707)	(10.985)	1.722
Control total basis surplus / (deficit) exc. STF vs control total	(12.707)	(10.985)	1.722

The deficit position means that the Trust Use of Resources Metrics (UOR) rating score is 3, which is in line with plan.

## **2** **INCOME**

### **2.1** ***Patient Related Income:***

Clinical Income to month 11 was £299,740k against a plan of £298,039k, and hence ahead of plan by £1,701k. The Trust continues to benefit from the block contract arrangement with Sunderland CCG as activity and therefore costs are less than planned yet income due to the contract nature is still being gained

The Trust has agreed a number of arrangements with commissioners to close down the 2016/17 financial position. At this stage some additional funding has been gained by the Trust from Sunderland CCG which has been included within the month 11 position.

#### **STP Funding risk at for 2017/18**

The operational pressures are such that the Trust anticipates non achievement of the A&E performance targets for October, December and Quarter 4, financially this is 'lost' income of £550k.

In addition, the Trust has assumed non delivery of cancer target for the whole of quarter 4; therefore financially £135k of 'lost' STP funding has been included within the year end forecast for January, February and March 2017. Therefore, total forecast 'lost' STP funding is £685k.

Appendix 3 provides further details around patient related income to date.

Private Patient Income is under recovered against plan by £38k.

### **2.2** ***Non Patient Related Income:***

Training and Education income is £275k ahead of plan due to additional backdated funding received from Health Education England NHS this month. Research and Development Income is showing an under recovery against plan of £161k due to lower than expected activity to date.

Other Income is behind plan by £791k largely due to CIP shortfall to date through unidentified plans in this category, in addition there is an impact on other income due to group consolidated reporting.

## **3** **EXPENDITURE**

### **3.1** ***Pay Expenditure:***

Pay is currently showing an underspend of £1,324k against plan, reflecting:

- Agency costs to month 11 are £4,410k, compared to an overall Trust agency staffing budget to month 11 of £4,773k. Much of this spend is to cover vacant posts. The same period in 2015-16 had agency spend at £5,626k which is £1,216k more than the current period. This position on agency spend means the Trust is below its maximum agency/ceiling level set by NHS Improvement to the end of February 2017, detailed in Appendix 4.
- The main underspend is due to vacant nursing posts across the Trust. To date the underspend is £1,884k which is inclusive of the costs paid to NHS Professionals.
- Vacant Radiographer, Clinical Support Therapist and Operating Theatre staffing posts have contributed largely to £275k underspend under Other Staffing category to date.

- Cost Improvement Plans for pay are £585k ahead of plan to date mainly due to these vacancies.
- Key variances by staff group are detailed as:

<b><u>Key Pay variances by staff group to current month</u></b>	<b><u>£000s</u></b>
Consultants Staff (net of vacancies, additional sessions and agency costs)	413
Other Medical Staff (net of vacancies, additional sessions and agency costs)	422
Nursing (net of NHSP Costs)	-1,884
Other Staff groups	-275
<b>Total Variance</b>	<b><u>-1,324</u></b>

Appendix 4 shows details of pay spend on agency, flexi-bank and overtime for the last 12 months from month 11.

Overall pay costs in February were £18,023k against a budget of £17,665k for the month. Two elements of this step up in month costs are one offs for CHOICE consolidation £150k, and increased nursing overtime costs estimated at £70k.

### **3.2 Non Pay Expenditure:**

Non-Pay is overspent by £1,119k. Major areas are highlighted as:

- Drugs are overspent by £112k.
- Clinical Supplies is underspent by £1,217k due largely to lower than expected clinical activity, strong CIP performance to date and low leasing and maintenance spend to date against plan.
- Other Non Pay is over spent by £1,880k due largely to unidentified 'Stretch' plans to date.
- PDC costs are £199k overspent against plan to date.
- Interest paid is £96k overspent against plan to date, but is offset with income received from the interest paid by Choice to CHS.

As noted within previous Financial papers the Trust original annual plan for 2016/17 included a £1.7m 'stretch' target within the category of 'other non-pay', this value has now been largely offset by various unrequired growth provisions made during annual planning, these were largely caused by timing differences between annual plan submission and final contract agreements.

Appendix 5 shows details of non pay spend for Clinical Supplies, Drugs and Other Non-Pay for the month.

## **4 CIP POSITION**

The Cost Improvement Plan (CIP) target as declared to NHS Improvement (NHSI) for 2016/17 is £15,000k, however Divisional plans to date total £13,786k, meaning the Trust still has £1,214k of CIP plans to identify in this financial year.

The plan to date is £13,506k per our Monitor plan, against which actual delivery is £12,499k, so behind plan by £1,007k.

Details are provided in Appendix 6.

## 5 **CASHFLOW AND WORKING CAPITAL**

The cash balance at the end of February was £4,745k against planned £10,305k.

The main variance is predominantly due to a timing issue in how the Trust planned for the cash receipt of STP funding, plus delays in the release of STP funding to organisations.

The cash deficit against plan at the end of month 11 is a concern; however this is mainly due to timing differences. The Trust is forecasting a cash surplus at year end of £5.9m. This value assumes quarter 3 STF funding owed to the Trust is paid in 2016/17 with quarter 4 payment delayed until June 2017.

The adverse NHS debtor variance of £10.53m is summarised in the table below:

<b><u>NHS Debtor Variance to current month</u></b>	<b><u>£000s</u></b>
Delays in payment for clinical contract	218
Non Clinical contract income from other NHS bodies	1,920
STP Funding	3,890
Clinical Activity Over performance Accruals/Timing	4,502
<b>Total Variance</b>	<b>10,530</b>

It is understood that STF funding for Quarter 3 will be released in March 2017, however the cash for quarter 4 will not be received by the Trust until June 2017.

The Statement of Financial Position detail is provided in Appendix 2.

## 6 **CAPITAL**

Capital expenditure to date is approximately £900k ahead of plan and the Trust expects capital costs to be c£1,100k overspent against plan by the end of 2016/17, the change in forecast spend by year end is due the Trust Emergency Department build.

## 7 **RISKS**

The key risk for 2016/17 is the shortfall in CIP delivery. At this stage it anticipated that the Trust will fall short of the full £15m target set for 2016-17, however a number of one off financial benefits mean that the required CIP in year will be £13.9m.

The Trust has agreed financial position with all key commissioners this should enable us mitigate risks associated with delivering year end control total.

## 8 **FORECAST**

Despite the gap in identified CIP plans a number of one-off items through the establishment of CHOICE Facility Services and a slightly better than expected clinical income position means the Trust is confident that a financial position better than overall control total can be achieved in 2016/17. The Trust expects to be ahead of control total excluding STF by £850k and therefore has also assumed like for like matched STF incentive funding to this value.

**9**      **NEXT STEPS**

The Trust needs to conclude 2016/17 year end agreements with outstanding commissioners and allow focus to be on 2017/18.

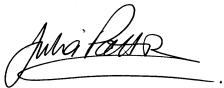
**10**     **SUMMARY**

The overall position at the end of February is a deficit of £1,798k compared to a planned deficit of £2,990k or £1,192k ahead of plan, however the position with the STP included is £1,722k ahead of plan.

**11**     **RECOMMENDATIONS**

The Board is requested to:

- Note the financial position to date.



Julia Pattison  
Director of Finance  
March 2017

**CITY HOSPITALS SUNDERLAND FOUNDATION TRUST**  
**CORPORATE FINANCIAL MONITORING REPORT**  
**SUMMARY TRUST POSITION - MONITOR ANALYSIS**  
**PERIOD ENDED 28TH FEBRUARY 2016/17**

**Income & Expenditure Position**

£m	Annual		Current Month		Year to Date		
	Plan £m	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
<b>Income</b>							
NHS Clinical income	-325.79	-26.31	-26.83	-0.52	-298.04	-299.74	-1.70
PBR Clawback/relief	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Private patient income	-0.41	-0.03	-0.03	0.00	-0.38	-0.34	0.04
Non-patient income	-27.39	-2.30	-2.09	0.20	-25.10	-24.42	0.68
<b>Total income</b>	<b>-353.59</b>	<b>-28.64</b>	<b>-28.95</b>	<b>-0.32</b>	<b>-323.52</b>	<b>-324.50</b>	<b>-0.99</b>
<b>Expenses</b>							
Pay Costs	212.501	17.665	18.023	0.36	194.957	193.633	-1.32
Drug costs	38.92	3.21	1.86	-1.35	35.71	35.82	0.11
Other Costs	88.97	7.22	6.95	-0.27	81.75	82.41	0.66
<b>Total costs</b>	<b>340.39</b>	<b>28.10</b>	<b>26.83</b>	<b>-1.27</b>	<b>312.41</b>	<b>311.87</b>	<b>-0.55</b>
<b>Earnings before interest, tax, depreciation &amp; amortisation (EBITDA)</b>	<b>-13.20</b>	<b>-0.54</b>	<b>-2.12</b>	<b>-1.58</b>	<b>-11.103</b>	<b>-12.638</b>	<b>-1.53</b>
Profit/loss on asset disposal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Depreciation	8.60	0.72	0.73	0.01	7.88	7.93	0.05
PDC dividend	4.81	0.40	0.42	0.02	4.40	4.60	0.20
Interest	1.97	0.16	0.30	0.13	1.80	1.90	0.10
Corporation tax	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Net surplus (pre exceptionals)</b>	<b>2.17</b>	<b>0.74</b>	<b>-0.68</b>	<b>-1.42</b>	<b>2.99</b>	<b>1.80</b>	<b>-1.19</b>
Exceptional items				0.00			
<b>Net (surplus)/Deficit (post exceptionals)</b>	<b>2.17</b>	<b>0.74</b>	<b>-0.68</b>	<b>-1.42</b>	<b>2.99</b>	<b>1.80</b>	<b>-1.19</b>

<b>EBITDA Margin</b>	<b>3.7%</b>	<b>1.9%</b>	<b>7.3%</b>	<b>3.4%</b>	<b>3.9%</b>
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**CITY HOSPITALS SUNDERLAND FOUNDATION TRUST**  
**TRUST PERFORMANCE SUMMARY**

PERIOD ENDED 28TH FEBRUARY 2017

**TRUST SUMMARY**

( ) denotes a surplus  
+ - denotes a deficit

	Annual Budget £'000s	Quarter 1 £'000s	Quarter 2 £'000s	Oct actual £'000s	Nov actual £'000s	Dec actual £'000s	Quarter 3 £'000s	Jan actual £'000s	Feb actual £'000s	Quarter 4 £'000s	YTD actual £'000s	Plan £'000s	Variance £'000s
<b>Income</b>													
Contract Income	(325,786)	(81,194)	(82,490)	(26,918)	(28,226)	(26,860)	(82,003)	(27,222)	(26,831)	(54,053)	(299,740)	(298,039)	(1,702)
Private Patients	(412)	(85)	(59)	(42)	(49)	(16)	(107)	(58)	(29)	(88)	(339)	(378)	38
Training and Education Income	(10,989)	(2,749)	(2,998)	(902)	(986)	(933)	(2,820)	(918)	(863)	(1,781)	(10,348)	(10,073)	(275)
Research and Development Income	(1,712)	(386)	(336)	(156)	(73)	(99)	(329)	(206)	(151)	(357)	(1,406)	(1,569)	161
Other income	(14,619)	(3,385)	(3,492)	(1,207)	(1,086)	(1,217)	(3,510)	(1,166)	(960)	(2,126)	(12,513)	(13,390)	877
Interest Receivable	(74)	(15)	(17)	(1)	(1)	(1)	(3)	(1)	(119)	(120)	(154)	(68)	(87)
<b>Total Income</b>	<b>(353,592)</b>	<b>(87,814)</b>	<b>(89,393)</b>	<b>(29,226)</b>	<b>(30,422)</b>	<b>(29,124)</b>	<b>(88,772)</b>	<b>(29,572)</b>	<b>(28,953)</b>	<b>(58,524)</b>	<b>(324,504)</b>	<b>(323,517)</b>	<b>(987)</b>
<b>Expenditure</b>													
Pay	212,501	52,964	52,398	17,492	17,471	17,646	52,610	17,639	18,023	35,661	193,633	194,957	(1,324)
Clinical Supplies and Services	34,343	7,996	8,550	2,712	2,797	3,103	8,612	2,572	2,564	5,136	30,294	31,511	(1,217)
Drug Costs	38,920	10,072	10,172	3,328	3,569	3,412	10,309	3,402	1,864	5,265	35,819	35,706	112
Other Costs	54,624	14,089	14,164	4,832	4,870	4,897	14,599	4,887	4,381	9,268	52,120	50,240	1,880
Depreciation	8,600	2,150	2,150	717	717	721	2,155	753	725	1,478	7,934	7,884	50
PDC Dividend	4,805	1,234	1,277	419	419	419	1,256	419	419	837	4,604	4,405	199
Interest	1,968	481	481	160	161	160	481	160	296	457	1,900	1,804	96
<b>Total Expenditure</b>	<b>355,760</b>	<b>88,986</b>	<b>89,192</b>	<b>29,660</b>	<b>30,004</b>	<b>30,357</b>	<b>90,021</b>	<b>29,831</b>	<b>28,272</b>	<b>58,103</b>	<b>326,302</b>	<b>326,507</b>	<b>(204)</b>
<b>(Surplus)/Deficit</b>	<b>2,168</b>	<b>1,171</b>	<b>(200)</b>	<b>434</b>	<b>(418)</b>	<b>1,233</b>	<b>1,249</b>	<b>259</b>	<b>(681)</b>	<b>(421)</b>	<b>1,798</b>	<b>2,990</b>	<b>(1,192)</b>
<b>Cost Improvement Plans</b>	<b>(15,000)</b>	<b>(2,915)</b>	<b>(3,854)</b>	<b>(1,210)</b>	<b>(818)</b>	<b>(1,330)</b>	<b>(3,358)</b>	<b>(1,363)</b>	<b>(1,009)</b>	<b>(2,372)</b>	<b>(12,499)</b>	<b>(13,506)</b>	<b>1,007</b>
<b>ISLAs</b>													
Income	(42,901)	(11,028)	(11,193)	(3,731)	(3,618)	(3,826)	(11,175)	(3,589)	(3,726)	(7,315)	(40,711)	(39,326)	(1,386)
Expenditure	42,901	11,028	11,193	3,731	3,618	3,826	11,175	3,589	3,726	7,315	40,711	39,326	1,386
<b>Divisional Total</b>													

**WTE Analysis (WTEs)**

<b>Total WTEs</b>	<b>4,918.47</b>	<b>4,680.82</b>	<b>4,677.72</b>	<b>4,766.23</b>	<b>4,734.03</b>	<b>4,690.00</b>	<b>4,690.00</b>	<b>4,680.23</b>	<b>4,808.48</b>	<b>4,808.48</b>	<b>4,808.48</b>	<b>4,915.82</b>	<b>-107.34</b>
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**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**  
**STATEMENT OF FINANCIAL POSITION - FEBRUARY 2017**

<b><u>Assets</u></b>	<b><u>Plan</u></b> <b><u>As At</u></b> <b><u>28-Feb-17</u></b> <b><u>£m</u></b>	<b><u>Actual</u></b> <b><u>As At</u></b> <b><u>28-Feb-17</u></b> <b><u>£m</u></b>	<b><u>Variance</u></b> <b><u>£m</u></b>
<b>Assets, Non-Current</b>			
Intangible Assets, Net	4.638	4.730	
Property, Plant and Equipment, Net	217.228	217.818	
Investments in Subsidiaries, at Cost (CHOICE)	0.850	0.000	
<b>Trade and Other Receivables, Net, Non-Current</b>			
Other Receivables, Non-Current	1.304	1.178	0.126
Impairment of Receivables, Non-Current	-0.287	-0.260	-0.027
<b>Trade and Other Receivables, Net, Non-Current, Total</b>	<b>1.017</b>	<b>0.918</b>	
<b>Assets, Non-Current, Total</b>	<b>223.733</b>	<b>223.466</b>	
<b>Assets, Current</b>			
Inventories	5.400	5.427	-0.027
<b>Trade and Other Receivables, Net, Current</b>			
NHS Trade Receivables, Current	2.881	13.411	-10.530
Non NHS Trade Receivables, Current	0.850	1.825	-0.975
Other Related Party Receivables, Current	0.150	0.285	-0.135
Other Receivables, Current	0.800	1.549	-0.749
Impairment of Receivables, Current	-0.499	-0.527	0.028
<b>Trade and Other Receivables, Net, Current, Total</b>	<b>4.182</b>	<b>16.543</b>	
<b>Prepayments, Current</b>	<b>4.101</b>	<b>3.817</b>	<b>0.284</b>
<b>Cash and Cash Equivalents</b>	<b>10.305</b>	<b>4.745</b>	<b>5.560</b>
<b>Assets, Current, Total</b>	<b>23.988</b>	<b>30.532</b>	
<b>ASSETS, TOTAL</b>	<b>247.721</b>	<b>253.998</b>	



**Liabilities****Liabilities, Current****Interest-Bearing Borrowings, Current**

Loans, non-commercial, Current (DH, FTFF, NLF, etc)	-3.273	-3.273	0.000
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**Interest-Bearing Borrowings, Current, Total**

-3.273	-3.273	
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**Deferred Income, Current**

-1.575	-3.995	2.420
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**Provisions, Current**

-0.260	-0.212	-0.048
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**Trade and Other Payables, Current**

Trade Payables, Current	-11.500	-16.869	5.369
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Amounts Due to Other Related Parties, Current	0.000	0.000	0.000
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Other Payables, Current	-9.000	-9.295	0.295
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Capital Payables, Current	-0.125	-0.332	0.207
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**Trade and Other Payables, Current, Total**

-20.625	-26.496	
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**Other Financial Liabilities, Current**

Accruals, Current	-6.089	-3.780	-2.309
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PDC dividend creditor, Current	-2.000	-2.093	0.093
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Interest payable on non-commercial interest bearing borrowings, current	-0.683	-0.639	-0.044
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Interest payable on commercial interest bearing borrowings, current	0.000	0.000	0.000
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**Other Financial Liabilities, Current, Total**

-8.772	-6.512	
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**Liabilities, Current, Total**

-34.505	-40.488	
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**NET CURRENT ASSETS (LIABILITIES)**

-10.517	-9.956	
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**Liabilities, Non-Current****Interest-Bearing Borrowings, Non-Current**

Loans, Non-Current, non-commercial (DH, FTFF, NLF, etc)	-53.710	-53.709	-0.001
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Loans, Non-Current, commercial	0.000	0.000	0.000
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**Interest-Bearing Borrowings, Non-Current, Total**

-53.710	-53.709	
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**Deferred Income, Non Current**

0.000	0.000	0.000
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**Provisions, Non-Current**

-0.869	-0.869	0.000
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**Trade and Other Payables, Non-Current**

Trade Payables, Non-Current	-0.998	0.000	-0.998
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Other Payables, Non-Current	0.000	0.000	0.000
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**Trade and Other Payables, Non-Current, Total**

-0.998	0.000	
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**Liabilities, Non-Current, Total**

-55.577	-54.578	
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**TOTAL ASSETS EMPLOYED**

<b>157.639</b>	<b>158.932</b>	
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**Taxpayers' and Others' Equity****Taxpayers' Equity**

Public Dividend Capital	99.542	99.542	
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Retained Earnings - CHS	-16.987	-16.155	
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Retained Earnings - CHOICE	0.000	0.461	
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Revaluation Reserve	75.084	75.084	
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**TAXPAYERS' EQUITY, TOTAL**

<b>157.639</b>	<b>158.932</b>	
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0.000	0.000	
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## Clinical Income Report

### Overview

At the end of Month 11, the Monitor Clinical Income budget was £298,039k with the actual clinical income being £299,740k, equating to an over-performance of £1,701k (0.6%).

The differences between the Monitor plan budget and Commissioner plans for the full year are shown below in Table 1.

The Month 11 figures were derived from the Month 10 PBR report, which reflects Q1 to Q3 freeze position and a flex for M10. We have assumed break even to PBR plan for Month 11, less the stretch target, the phasing adjustment, and an adjustment for Month 11 drugs income based on expenditure as the actual PBR information is not yet available for Month 11.

Table 1 below shows the performance at contract/Commissioner level compared to the agreed contracts and also the Monitor plan (to month 11).

Table 1: Financial Position per Commissioner as per Agreed Contract and the Monitor plan

Commissioner contracts	Plan as per	Plan as per	Total	Variance as	Variance	%	%
	Monitor	PbR	Actuals	per PbR	as per Monitor	Against PbR	Against Monitor
	£'000s	£'000s	£'000s	£'000s	£'000s		
Sunderland	165,311	164,248	165,610	-1,363	-299	-0.8%	-0.2%
South Tyneside	21,368	20,960	22,044	-1,083	-676	-4.9%	-3.1%
Gateshead	3,343	3,193	3,545	-353	-202	-9.9%	-5.7%
Cumbria	329	330	395	-65	-65	-16.4%	-16.5%
Sunderland LA	2,176	2,233	2,233	0	-57	0.0%	-2.6%
DDES	33,309	31,421	33,912	-2,491	-602	-7.3%	-1.8%
North Durham	15,066	14,402	15,493	-1,090	-427	-7.0%	-2.8%
HAST	2,959	2,657	3,403	-746	-444	-21.9%	-13.0%
South Tees	180	157	223	-65	-43	-29.4%	-19.1%
Specialised	31,543	31,338	32,097	-759	-554	-2.4%	-1.7%
Dental	5,767	5,746	5,801	-55	-34	-1.0%	-0.6%
<b>Sub total</b>	<b>281,351</b>	<b>276,684</b>	<b>284,754</b>	<b>-8,070</b>	<b>-3,403</b>	<b>-1.0%</b>	<b>-1.2%</b>
Cancer Drug Fund	2,220	2,220	1,388	832	832	60.0%	60.0%
Hep C drugs	426	426	712	-286	-286	-40.1%	-40.1%
NCA's	1,655	1,742	1,683	59	-27	3.5%	-1.6%
AQP - all contracts	991	995	1,008	-13	-17	-1.3%	-1.7%
Gap/Stretch target	857	5,354	0	5,354	857		
Phasing adjustment	-105	-105	0	-105	-105		
STP funding	9,717	9,717	9,193	524	524	5.7%	5.7%
CQUIN risk			225	-225	-225		
Other	926	1,006	778	228	148		
<b>Total</b>	<b>298,039</b>	<b>298,039</b>	<b>299,740</b>	<b>-1,701</b>	<b>-1,701</b>	<b>0.5%</b>	<b>-0.6%</b>

Summary	Annual £000's	To date £000's
Sunderland higher than plan	1,160	-299
Other contracts higher than plan	0	-3,104
Gap/Stretch target	936	857
Phasing Adjustment	0	-105
Other & Non contract	0	650
STP Risk	0	524
CQUIN & Penalties	0	-225
<b>Total</b>	<b>2,096</b>	<b>-1,701</b>

Figures 1 and 2 below show the variance per Commissioner against the final agreed contract values and variance per Commissioner against the Monitor Plan.

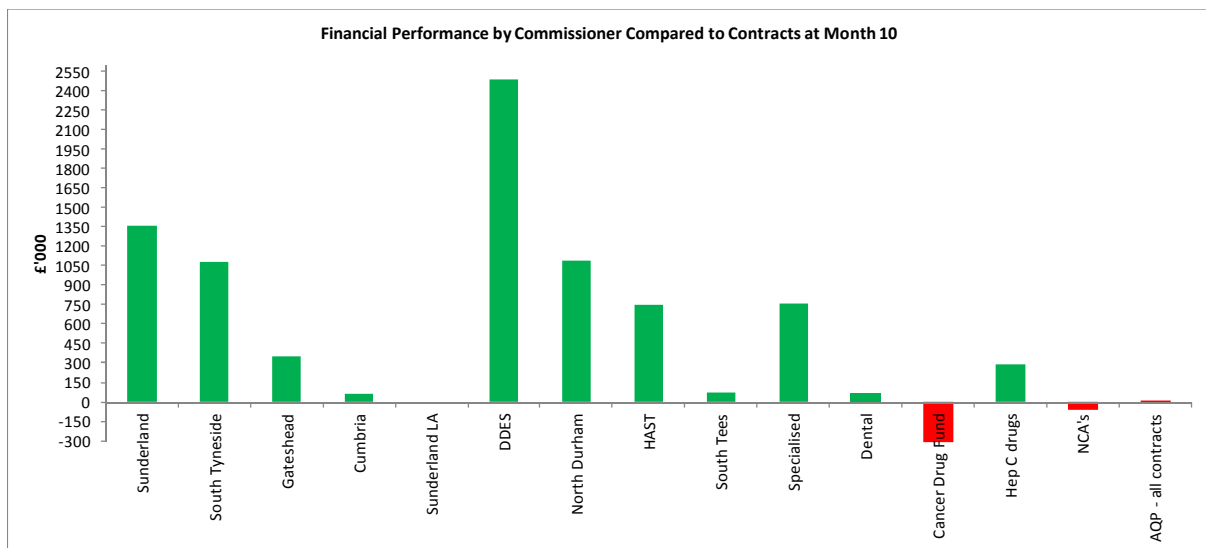
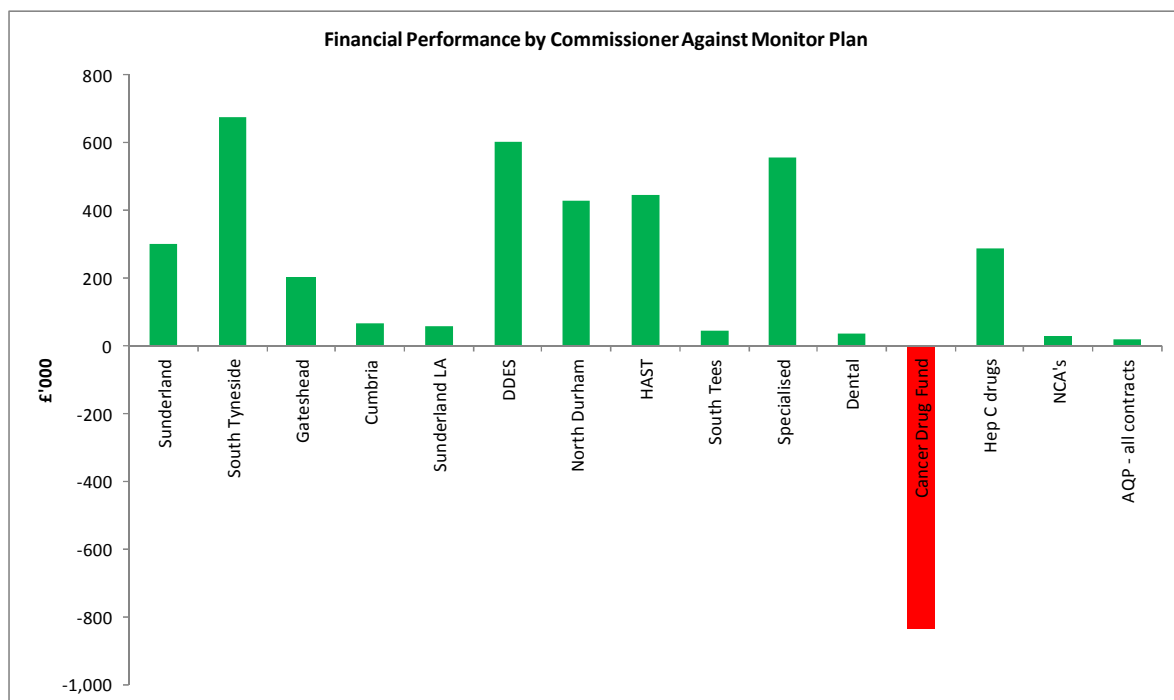


Figure 2: Variance per Commissioner Against the Monitor Plan



**Position by Significant Commissioner (Month 1-11)**

Discussions have taken place with commissioners to conclude positions for year end which helps with certainty of the income position and cash flow for the Trust. These have been concluded for 5 out of 6 CCG's represented by NECS. Details are included by commissioner below. Each outcome was reached based on PbR position at month 8 extrapolated to year end amended for known non elective or waiting list pressures.

NHSE Dental have also agreed a year end settlement based on the same methodology. However, NHSE Specialised commissioning discussions are especially complex and will need more time to conclude.

- **Sunderland CCG** is as ahead of plan due to one off transformational support income received for 2016/17.
- **South Tyneside CCG** is £1,083k ahead of contract plan (4.9%), with general over performance across day cases and electives, outpatient procedures, and devices. There is under performance on high cost drugs and the miscellaneous contract, primarily Audiology. Against Monitor plan there is a £435k under performance.
- **Newcastle/Gateshead CCG** is ahead of contract plan by £353k (9.9%). This represents 11 months of our forecasted position with the CCG.
- **DDES CCG** is ahead of contract plan by £2,491k (7.3%). After discussions with the CCG we have reached a YE settlement of £2,717k, this represents 11 months of the year end deal.
- **North Durham** is ahead of contract plan by £1,090k (7%). After discussions with the CCG we have reached a YE settlement of £1,198k, this represents 11 months of the year end deal..
- **Hartlepool and Stockton CCG** is ahead of contract plan by £746k (21.9%). After discussions with the CCG we have reached a YE settlement of £806k, this represents 11 months of the year end deal.
- **South Tees CCG** is ahead of contract plan by £65k (29.4%). After discussions with the CCG we have reached a YE settlement of £74k, this represents 11 months of the year end deal.
- **NHS England (Dental)** is ahead of contract plan by £34k (1%). After discussions with the CCG we have reached a YE settlement of £45k, this represents 11 months of the year end deal.
- **NHS England (Specialised)** is ahead of plan by £554k (1.8%) which is primarily driven by under-performance in elective admissions and outpatients, offset by a large overspend on high cost drugs.
- **Hepatitis C drugs** are currently ahead of plan by £286k. These are drugs that are charged to NHS England (Specialised) but do not form part of their contract as they pass these costs through to their central team. Ongoing problems with payment of invoices in both the current year and also last year have now been resolved and cash has been released.
- **Cancer Drug Fund** is currently showing an under performance based on an estimate of potential drugs spend for Month 11. This is combined with the fact that many drugs were removed from the fund at the beginning of 2016 after budget was set means there is a large under recovery developing. This does not affect the financial balance.
- **Gap/Stretch Target:** this represents 11 months of the £5.8m gap against the contracts and 9 months of the £934k gap against the Monitor Plan.
- **Phasing adjustment:** this represents the difference between the phasing in the final demand plans and the original phasing in the Monitor plan submission - this is due to timing differences of demand plans being received and the Monitor plan submission and the fact that different points of delivery have different phasing. In particular there has been a change to chiropody, originally phased in twelfths, but subsequently phased as first contact in the financial year (FCFY) which accounts for the majority of the difference.
- **STP funding:** it has been assumed that full STP funding less £524k will be received to Month 11 due to potential non achievement of A&E 4 targets and cancer targets to date

### **CQUIN and Penalties**

A risk for partial delivery of CQUIN has been built into the overall positions where prudent. The STP risk has been based on the assumption that A&E trajectories have not been met for October, December, January and February and there is a risk on the cancer 62 day target January and February. The CQUIN risk has been based on the latest estimate.

### **Position for Activity by POD (Month 1 – 11)**

Activity at Trust level is shown in Figure 5 in which months 1-11 actual activity is compared with 24 months of history and to Commissioner plans. Note that activity levels are a good indication of contract performance, however case mix (tariff therefore income) is equally important.

**A&E** activity is 6.1% above historical levels and 7% above plan. Type 1 A&E (main site) is 11.3% above plan; Type 2 (Eye Infirmary) is 3.8% below plan and Type 4 (Pallion) is 6.9% above plan.

**Emergency** activity is up 1,739 spells (4.5%) vs history and 291 spells above plan (0.7%).

**Elective** activity is down 13,470 spells (17.4%) vs history and also down 1,394 spells (2.1%) vs plan. Specialties with the greatest variance against history are Ophthalmology (due to the reclassification of Lucentis activity to Outpatient Procedures from April 2016), Gastroenterology and Geriatric Medicine.

**First Outpatient (consultant led)** activity is 4,658 attendances (4.8%) above history, however 3,829 attendances (3.6%) below plan. Specialties with the most significant over-performance against history include Colorectal Surgery, Endocrinology and General Surgery.

**Review Outpatient (consultant led)** activity is 4,776 attendances (2.4%) below history and 4,428 attendances below plan (2.2%). Specialties with the greatest variance against plan include Colorectal Surgery, Rheumatology and Gynaecology.

**Non Consultant Led Outpatient** activity is 378 attendances (0.6%) above history and 2,889 attendances (4.4%) above plan. Specialties with the greatest over-performance against both history and plan include Urology, Rheumatology and Paediatrics.

**Outpatient Procedures** are 17,579 attendances (39.4%) up vs history, the majority of which is attributable to the shift of Ophthalmology Lucentis injections from Day cases to OP procedures, and 4,877 spells (8.5%) above plan.

**Non-Face to Face Outpatient Contacts** are 2,243 contacts (23.4%) above history. Specialties with a significant over-performance against plan include Gastroenterology, Respiratory Medicine and Paediatrics.

**Drugs** are currently under plan by £1,990k against Monitor, however over plan by £1,837k against contract. CHS is invoicing commissioners for volume dispensed on a pass through basis so non achievement does not impact net income. This position also does not include any further specific drugs challenges received and under investigation. There is a break even assumption to match expenditure for month 11.

**Devices** are currently under plan by £372k. As with drugs these are a pass through cost, meaning that volume has no net impact on the income position. The main area of under spend is within vascular consumables which is in line with the elective procedures.

### **Challenges up to Month 10**

The agreed timetable for PbR challenges continues to be adhered to. Year end discussions have concluded with the majority of NECS commissioners (see page 4) apart from Gateshead/Newcastle which we expect to be concluded shortly.

The main queries from Specialised commissioners continue to be drug related, including patient level detail. Service queries still to be resolved include antenatal payments (CCGs) and renal (NHSE) day case activity. Once concluded, this may change the reported position.

### **Risks**

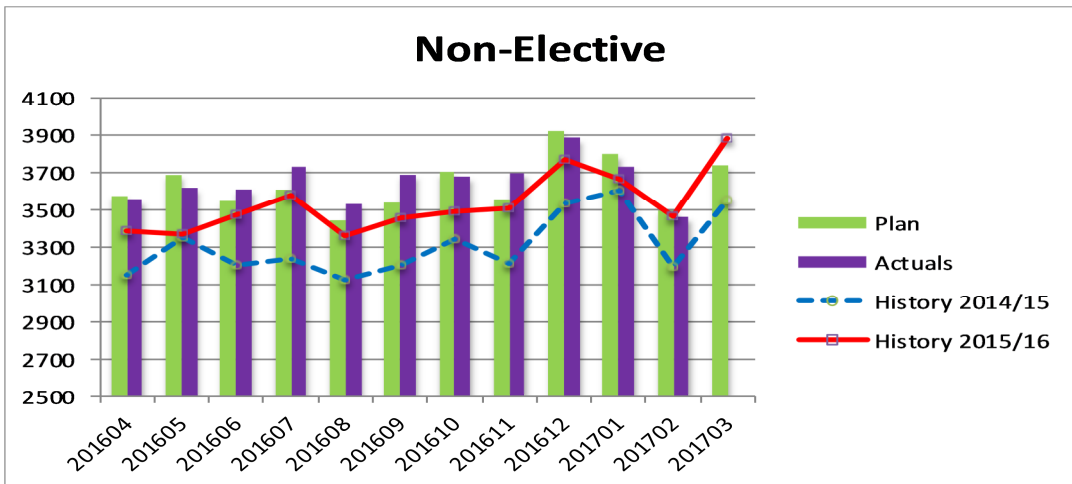
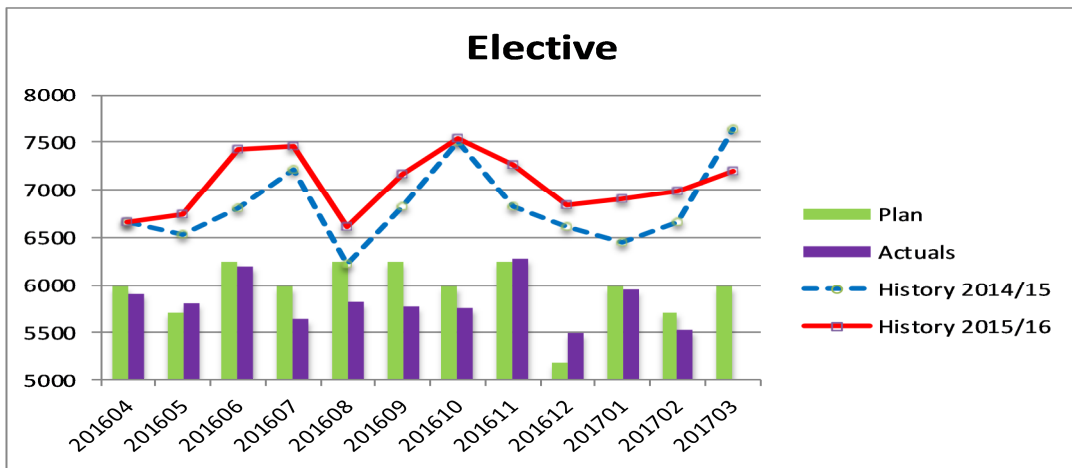
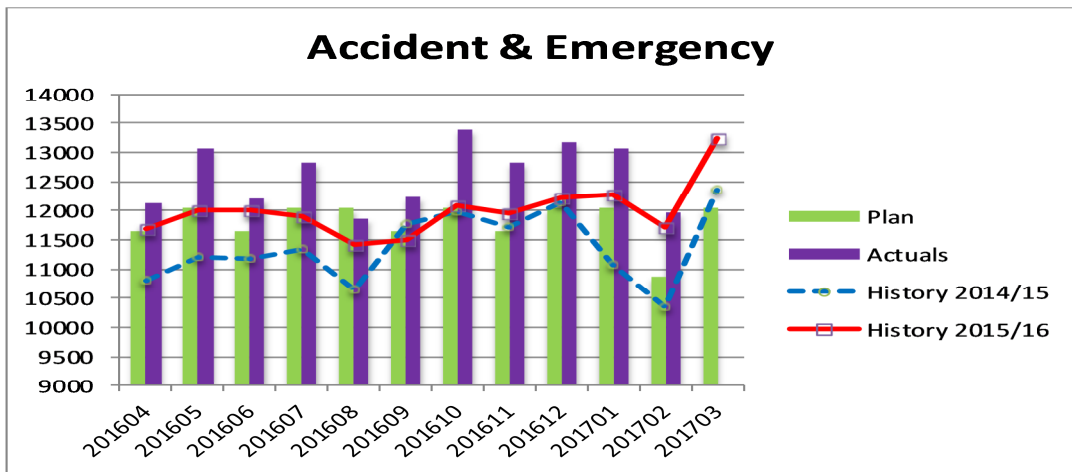
The following risks to income need to be considered:

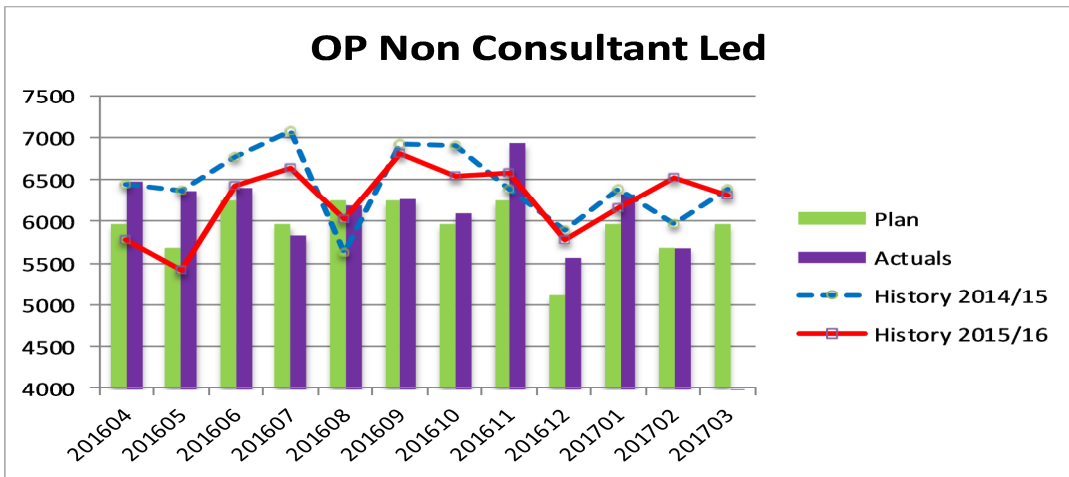
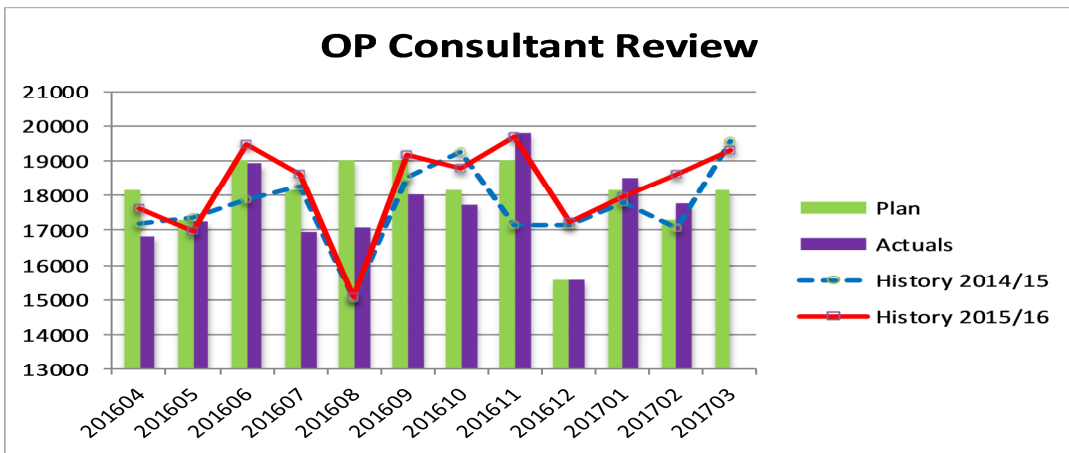
- There are issues with oncology reporting due to the introduction of a new Meditech module. This was introduced for patient safety, however has caused delays in coding of activity.
- The application of penalties and the link to STP trajectories/funding has a recently published complex National rule set. Retention of the full level of STP less £524k for the year to date has been assumed in the position.
- The main risk to CQUIN delivery for 2016/17 is non-achievement of the sepsis target. A new methodology has been agreed with the Commissioners. An estimate for risk of non-delivery has been built into the position.

**Contracting Team**

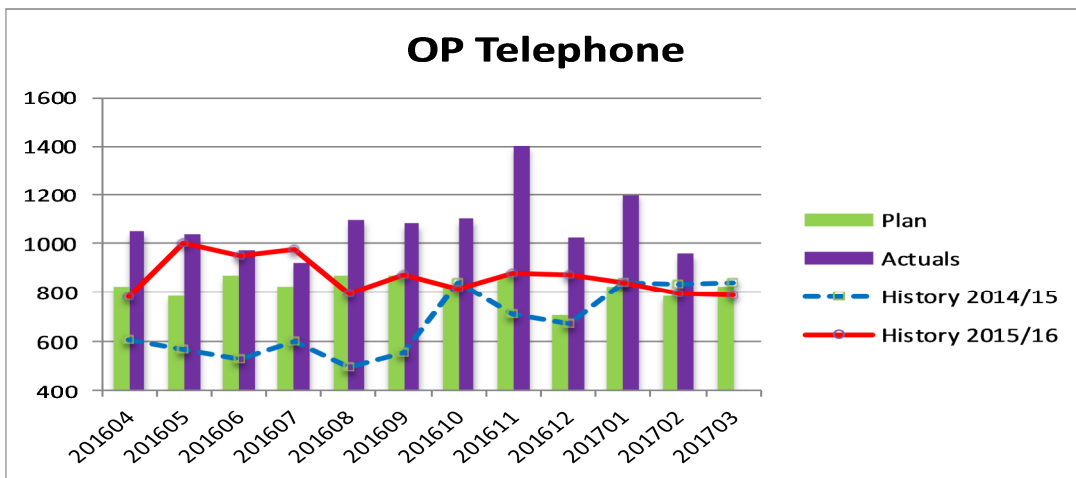
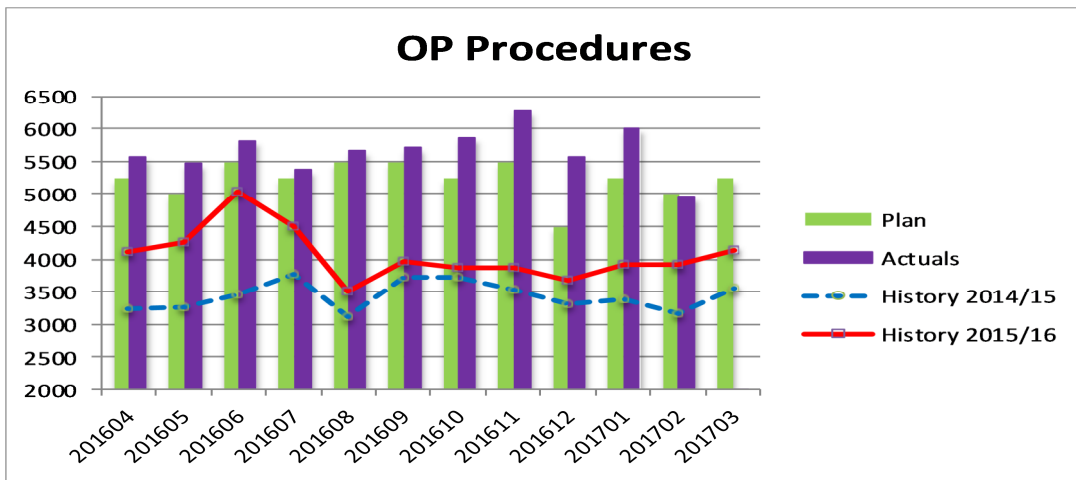
**March 2017**

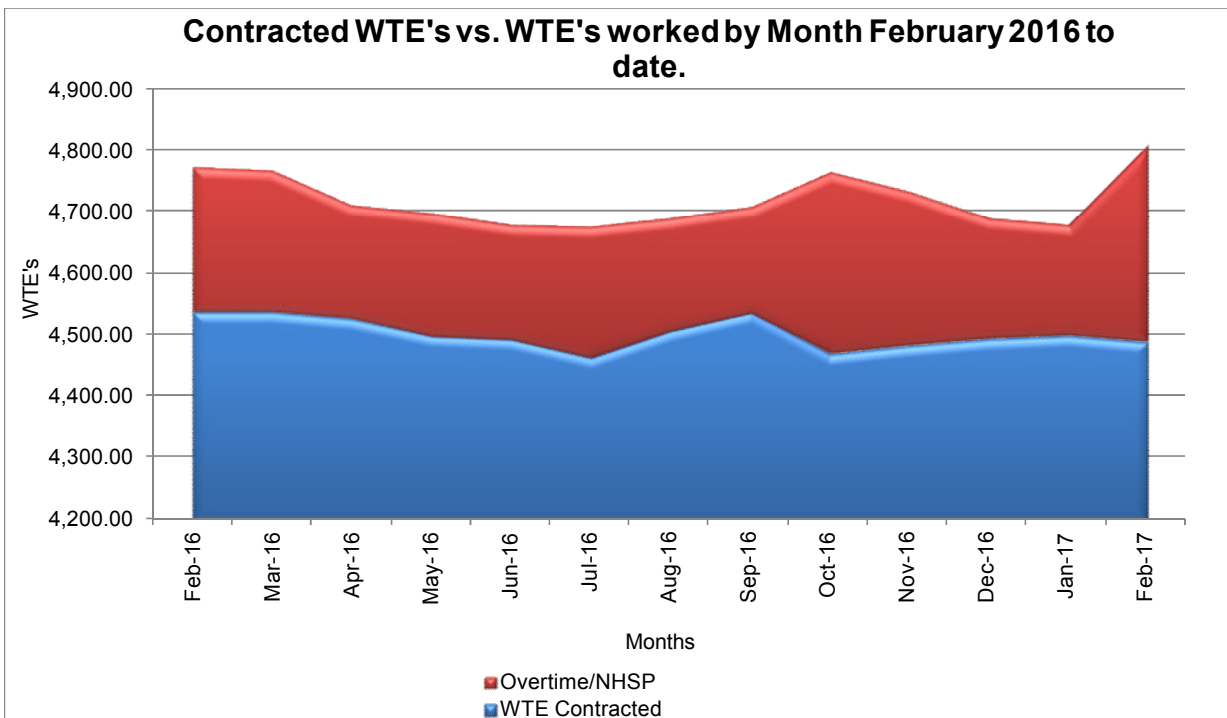
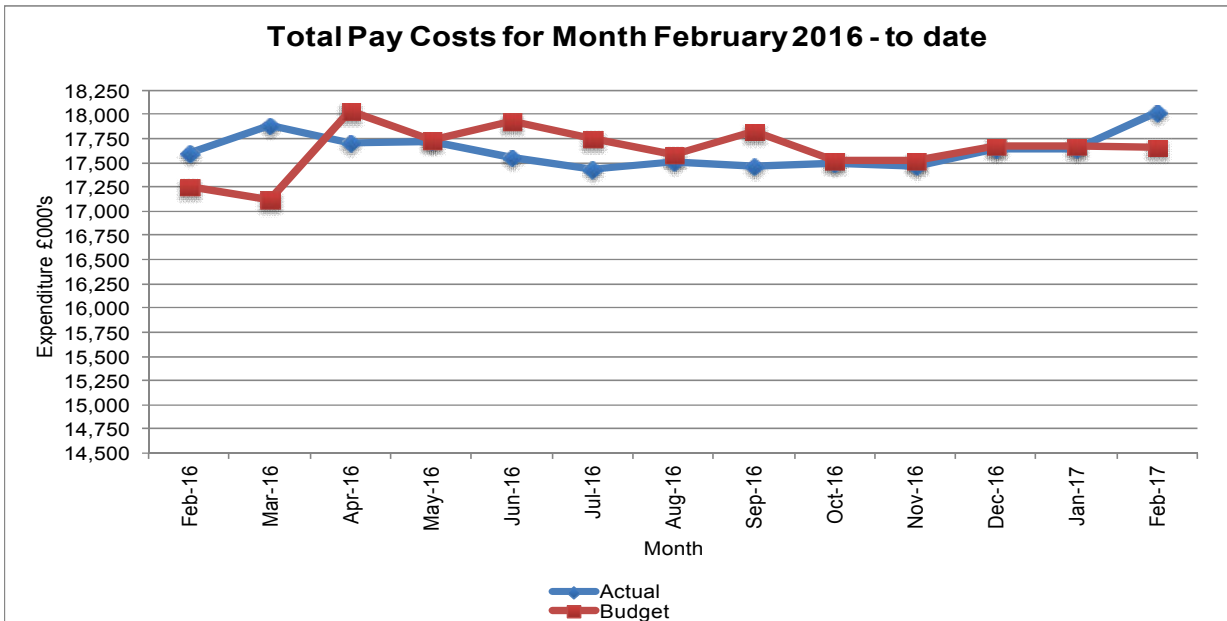
Figure 5: Activity by POD

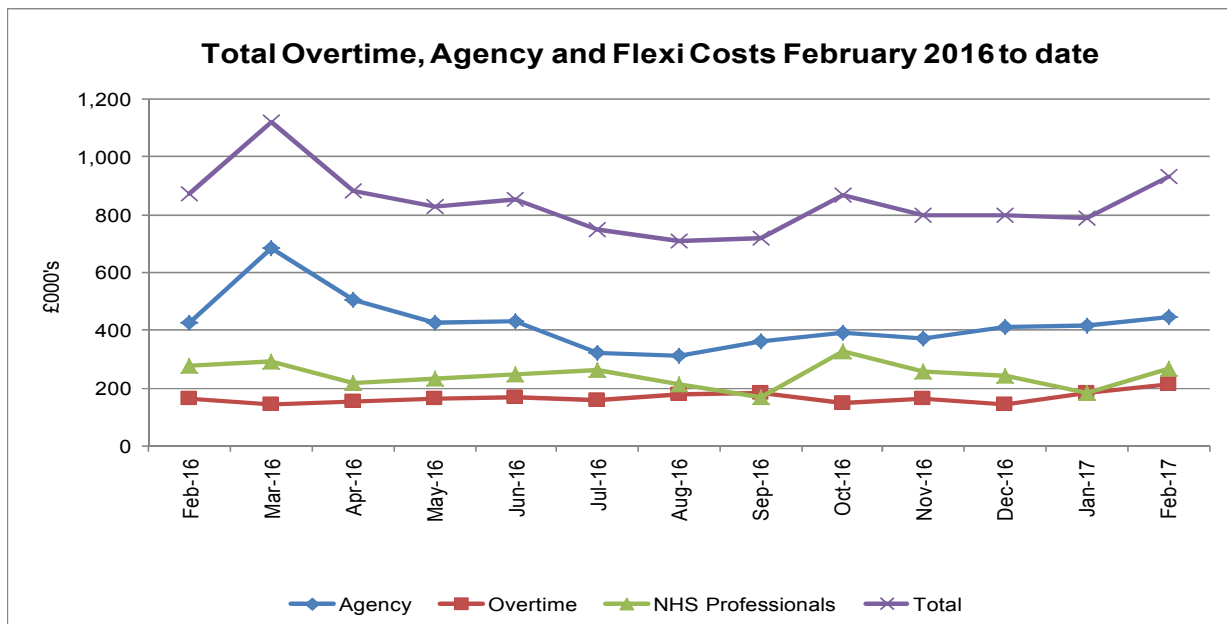












**NHS Improvement Agency cap ceiling compliance City Hospitals Sunderland**

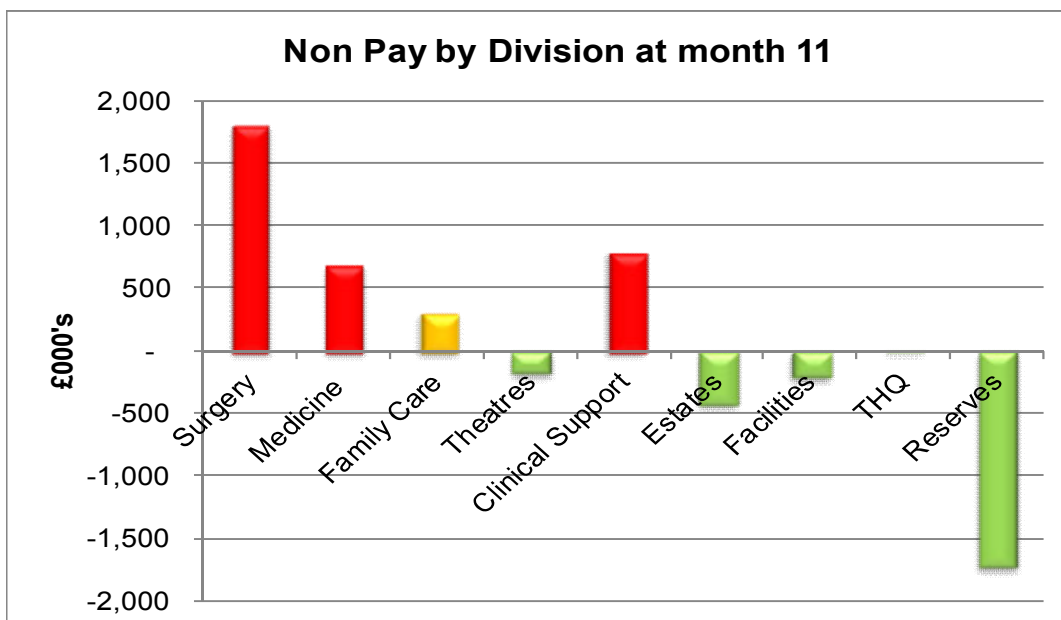
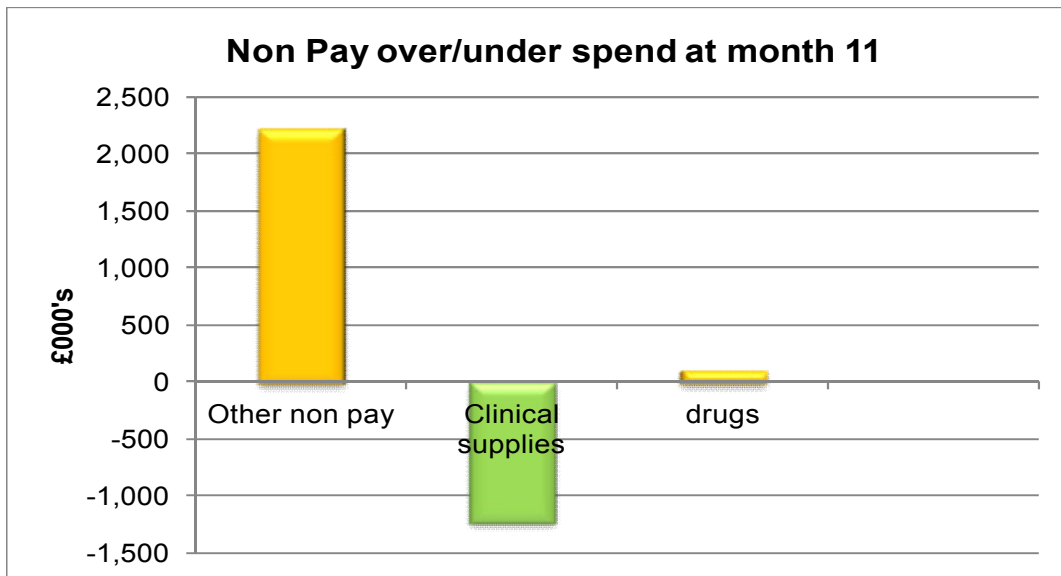
<u>Month</u>	<u>Monthly Expenditure Ceiling</u> £000s	<u>CHS Annual Plan</u> £000s	<u>Actual in month agency cost</u> £000s
Apr-16	577	472	479
May-16	563	467	430
Jun-16	563	462	461
Jul-16	551	457	324
Aug-16	545	457	311
Sep-16	533	447	365
Oct-16	497	417	390
Nov-16	497	417	373
Dec-16	485	407	412
Jan-17	461	387	416
Feb-17	461	387	449
Mar-17	460	386	
<b>Total</b>	<b>6,194</b>	<b>5,159</b>	<b>4,410</b>

**Key Issues on pay**

- WTE numbers as at month 11 are 4,808, an increase of 128 WTEs compared to the previous month. This is predominantly due to higher NHS Professional bank working in the month.
- Agency spend to February 2017 was £4,410k against a budget of £4,773k.
- The good work carried out by the Trust to control and reduce agency costs has been reflected in a recent NHSI agency performance report. City Hospital was ranked as the 7<sup>th</sup> best performer in the Northern region which measured actual agency cost compared to NHSI agency cap.
- Appendix 4 now includes the above table that outlines the spend on Agency costs month on month. This has been done on the request from NHS Improvement who will hold all NHS Trusts to account for delivering 2016/17 agency expenditure for all staff in line with their expenditure ceiling. This ceiling is a maximum level for all agency staff expenditure, and they encourage all trusts to reduce agency expenditure below this level.

**Key Actions on Pay**

- Further staff groups (Allied Health Professionals) come onto the STAFFflow system will enable efficiency savings in agency staffing costs in these areas.
- In addition delays in getting key agency onto the STAFFflow system has now been overcome. So further saving will be made going forward.



**Key issues on non-pay**

- Drugs are £112k overspent against plan mainly due to CIP under delivery against plan to date.
- Clinical Supplies is underspent by £1,217k due largely to lower than expected clinical activity.
- Other Non Pay is over spent by £2,224k due largely to unidentified 'Stretch CIP' to date.

**Key actions on non-pay**

- Continued focus on the 'CIP' programme relating to procurement across all areas of the Trust with a key focus on clinical supplies.

## CIPs Performance

### Overall Financial Position & CIP Position - Month 11

	Surgery	Theatres	Medicine	Family Care	Clinical Support	Estates	Facilities	THQ Division	THQ Corporate	Total
<b>Divisional CRP's 16/17 £000's</b>	-3,883	-460	-4,286	-1,316	-1,574	-402	-531	-861	-1,687	<b>-15,000</b>
Plan to date £000's	-3,466	-419	-3,836	-1,185	-1,448	-364	-495	-787	-1,506	<b>-13,506</b>
Actual to date £000's	-1,662	-727	-2,769	-617	-2,137	-444	-631	-1,082	-2,430	<b>-12,499</b>
Variance 16/17 £000's	1,804	-308	1,067	568	-689	-80	-136	-294	-924	<b>1,007</b>
<b>Variance %</b>	<b>-52%</b>	<b>74%</b>	<b>-28%</b>	<b>-48%</b>	<b>48%</b>	<b>22%</b>	<b>28%</b>	<b>37%</b>	<b>61%</b>	<b>-7%</b>

### Key Issues with the CIP

To the end of February the planned savings are £13,506k actual savings for the period are £12,499k.

#### **Headline CIPs**

- A number of one off short term financial benefits held in 'corporate' are supporting the current CIP deliver position.
- The plan to date for Medical Staffing costs was £612k against actual savings delivered of £365k and hence an under delivery of £247k to February 2017.
- Bed Hire contract savings are in line with plan to date, circa £242k to date.
- Medicine's closure of Ward F61 and relocation to Ward D42 savings are in line with plan to date circa £178k.
- Clinical Support's vacancy levels across all directorates has increased significantly to date, and has contributed to an over delivery of £689k against plan to date.
- THQ Division's over delivery of £294k is due to a number of vacant posts across the Division at all levels.

### CIP - original Annual Plan vs. actual delivery plan today

	<u>Identified Plans</u>	<u>Stretch Target</u>	<u>Total per APR</u>	<u>This is as per Monitor</u>		
				<u>Plan to Month 11 £</u>	<u>Actual to Month 11 £</u>	<u>Variance £</u>
Revenue Generation	413	587	1,000	903	378	-525
Pay	7,939	-439	7,500	6,760	7,345	585
Clinical Supplies	2,462	38	2,500	2,264	2,235	-29
Drugs	533	967	1,500	1,345	446	-899
Other Non Pay	2,438	62	2,500	2,234	2,095	-139
Depreciation			0			0
<b>Total £</b>	<b>13,785</b>	<b>1,215</b>	<b>15,000</b>	<b>13,506</b>	<b>12,499</b>	<b>-1,007</b>

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**  
**DEPARTMENT OF STRATEGY AND SERVICE DEVELOPMENT**  
**BOARD OF DIRECTORS**  
**MARCH 2017**  
**PERFORMANCE REPORT**

**INTRODUCTION**

Please find enclosed the Performance Report for February 2017 which updates Directors on performance against key national targets and local contractual indicators.

**EXECUTIVE SUMMARY**

**Performance – NHS Improvement (NHSI) Operational Performance Indicators**

The Trust's position in relation to NHSI's operational performance indicators is as follows:

**Referral to Treatment Time (RTT)**

Performance remains above target at 93.7%. There has been improvement at specialty level with ENT and Rheumatology back above target. T&O, Oral Surgery and Thoracic Medicine remain under target. Recovery plans are in place for all specialties.

National performance for January was below the standard at 89.9%.

**A&E 4 hour target**

Performance for February was below the 95% target and STF trajectory at 89.1% which is lower than last year with a 2.72% increase in attendances (please note that the actual growth is -3% due to the mid year counting change).

The national performance for January was 85.1%. We remain in the upper middle 25% of Trusts nationally. All Trusts in the North East were under 95% in January.

### Cancer targets (2 week, 31 and 62 day waits)

Due to cancer reporting timescales being 1 month behind, the performance report includes January's confirmed position. The Trust met all cancer waiting time standards with the exception of cancer 62 day waits from GP referral and consultant upgrade. There are a small number of potential 31 day subsequent breaches in February and March in Urology due to surgical capacity.

National performance against the 62 day standard remains below target at 79.7%.

### Diagnostics

Performance for February unfortunately remains above the 1% target at 4.27% of patients waiting over 6 weeks for their diagnostic test. This has improved from January and a recovery trajectory has been agreed with NHSI (4.7% for February). National performance for January was 1.7%. March performance may deteriorate before improving in April due to capacity in cardiology and a reduction in the waiting list overall at Trust level.

### 90% time on a stroke unit

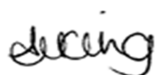
Performance around the 90% of time spent on a stroke unit target is monitored as part of Schedule 6 of the Acute Contract. Performance fell below the 80% target in January but has recovered in February. This was as a result of patients not getting to the stroke unit as quickly as planned and the requirement to board patients outside of E58 due to delays in repatriation of some patients. It should be noted that the interim service model was implemented earlier than planned and an implementation plan is in place.

### FINANCIAL IMPLICATIONS

For February, there are minimal local penalties to be applied (around 6K relating to slot issues and cancelled operations breaches). We are awaiting diverts and deflections information for February. For February the STF has not been achieved for A&E and cancer – risk of £154K.

### RECOMMENDATIONS

Directors are asked to accept this report.



**Alison King**  
**Head of Performance and Information Management**

# **Performance Report**

## **February 2017**



# City Hospitals Sunderland Performance Report Overview

The Performance Report / Corporate Dashboard utilises a visual management approach to the Trust's monthly Performance, covering national performance measures from the NHS Standard Contract 2016/17 and 'Delivering the Forward View': NHS Planning Guidance 2016/17 to 2020/21, local contractual indicators as well as internal metrics.

Indicator Group	Group Description
National Operational Standards	National Operational Standards are taken from the 2016/17 NHS Standard Contract. They are national targets that the NHS must achieve, mostly falling under the domain of quality, which are linked to delivery of the NHS Constitution. These include A&E waiting times, waits for consultant led treatment and cancer waiting times. These national standards are used by NHS Improvement as part of the assessment of the Trust's governance.
National Quality Requirements	National Quality Requirements are part of the 2016/17 NHS Standard Contract, which include achievement of the Clostridium Difficile objective, ambulance handover delays and zero tolerance towards MRSA infection, patients waiting 52 weeks or more from referral to treatment and A&E 12-hour trolley waits.
Local Quality Requirements	Local Quality Requirements are agreed locally with commissioners and are included in the local schedules of the Trust's 2016/17 NHS Standard Contract. This includes the timeliness of electronic communications and eReferral indicators.
Internal Indicators	Internal indicators are metrics that do not form part of any of the above categories, but measure delivery of the corporate objectives.

# City Hospitals Sunderland Performance Report Overview

This page explains the general layout of the indicator pages that form the bulk of the report

Key:

- Actual performance
- Target, operational standard, threshold or trajectory
- Sustainability & transformation fund (STF) trajectory
- Benchmark (National, Regional or Peer Group)
- Comparative performance for the previous year
- Performance achieving the relevant target
- Performance not achieving the relevant target

Page title representing a key performance indicator or a

## Cancer 2 Week Waits

### Operational Standards

1. Number of urgent GP referrals for suspected cancer
2. Number of patients seen after more than two weeks following an urgent GP referral for suspected cancer
3. % patients seen within two weeks of an urgent GP referral for suspected cancer

Director Lead: Sean Fenwick  
Consequence of failure: Timely access to treatment, patient experience, clinical outcomes & financial sanction  
Potential financial sanction if standard not achieved = £200 per breach

2WW performance has remained stable in March at 95.5%, which continues to perform above target. At tumour site level, all areas achieved the target this month.

March's performance demonstrated that all tumour groups are performing about the same or better than the equivalent national benchmarking position.  
Referral volumes were higher than usual in March, with significantly more referrals compared to average within Lung, Lower GI and Urological tumour groups.  
Indicative 2WW performance for April is slightly below target.

Indicator group

Indicator information, including a brief description, the name of the Director lead and consequence of failure

Narrative highlighting recent performance and corrective actions, where applicable

Referrals for Suspected Cancer - March 2016*	Volume	Total Breached	Performance	National Benchmark	YTD
Target			93%	93%	93%
Acute Leukaemia	0	0	-	-	100.00%
Children's Cancer	1	0	100.00%	95.7%	100.00%
Gynaecological	97	1	98.97%	95.1%	97.78%
Haematological (excluding acute leukaemia)	10	0	100.00%	96.6%	99.06%
Head & Neck	173	10	94.22%	95.0%	96.25%
Lower Gastrointestinal	185	11	94.05%	94.3%	93.46%
Lung	44	2	95.45%	95.9%	95.56%
Testicular	15	0	100.00%	96.3%	97.90%
Upper Gastrointestinal	103	7	93.20%	92.4%	86.79%
Urological (excluding testicles)	334	12	96.41%	95.0%	96.07%
<b>Total</b>	<b>962</b>	<b>43</b>	<b>95.53%</b>	<b>94.9%</b>	<b>94.40%</b>

Table showing current performance compared to target (where relevant)

\*Please note that reporting of official cancer waiting times fall 1 month behind normal reporting timescales

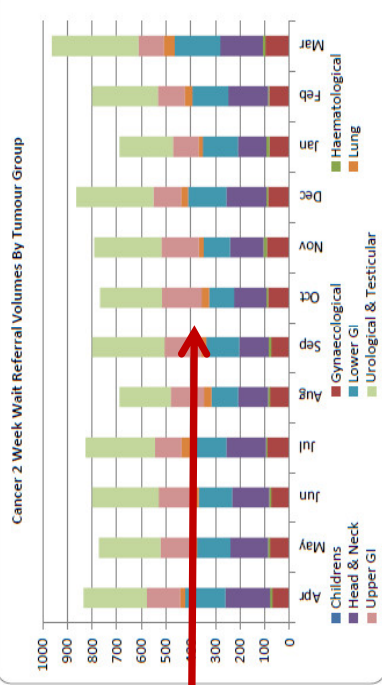
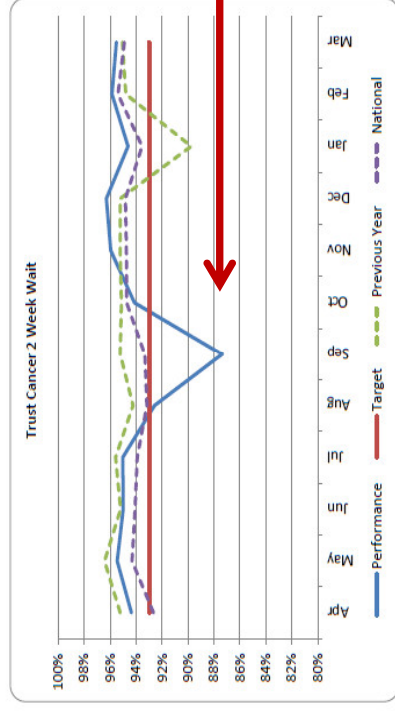


Chart or table relevant to the indicator(s), often displaying Directorate level performance or other supporting information



Trend chart displaying the performance over the past 12 months or year to date

# Performance Scorecard

Indicator	Director Lead	Target	2015/16		2016/17					12-month trend	Page
			Actual	Month <sup>1</sup>	Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD		
<b>National Operational Standards</b>											
RTT - % incompletes waiting <18 wks	Sean Fenwick	≥92%	93.82%	93.69%	95.53%	93.48%	93.09%	93.70%	93.97%		5
% Diagnostic tests ≥6 wks	Sean Fenwick	<1%	0.80%	4.27%	0.89%	0.68%	2.04%	4.99%	1.95%		6
A&E - % seen in 4hrs	Sean Fenwick	≥95%	93.57%	89.10%	94.57%	94.30%	93.18%	87.83%	92.88%		7
Cancer waits - % 2www	Sean Fenwick	≥93%	94.41%	96.71%	94.53%	95.70%	96.53%	96.71%	95.67%		9
Cancer waits - % 31 days	Sean Fenwick	≥96%	98.48%	98.54%	98.43%	98.95%	99.00%	98.54%	98.77%		10
Cancer waits - % 31 days for subsequent treatment - surgery	Sean Fenwick	≥94%	99.47%	100.00%	100.00%	98.36%	100.00%	100.00%	99.58%		10
Cancer waits - % 31 days for subsequent treatment - drugs	Sean Fenwick	≥98%	99.88%	98.92%	100.00%	100.00%	100.00%	98.92%	99.88%		10
Cancer waits - % 62 days	Sean Fenwick	≥85%	83.10%	84.13%	82.67%	85.05%	85.50%	84.13%	84.50%		11
Cancer waits - % 62 days from screening programme	Sean Fenwick	≥90%	82.61%	-	100.00%	100.00%	100.00%	-	100.00%		11
Cancer waits - % 62 days from consultant upgrade	Sean Fenwick	≥85%	81.40%	75.00%	87.72%	85.71%	92.00%	75.00%	87.06%		11
Cancelled operations 28 day breaches	Sean Fenwick	0	13	4	4	11	11	4	30		N/A
<b>National Quality Requirements</b>											
Clostridium difficile cases	Ian Martin	34 <sup>2</sup>	30	1	7	3	7	3	20		12
RTT - No. incompletes waiting 52+ weeks	Sean Fenwick	0	2	0	0	0	0	0	0		N/A
A&E / ambulance handovers - no. 30-60 minutes	Sean Fenwick	0	405	207	145	270	358	463	1,236		7
A&E / ambulance handovers - no. >60 minutes	Sean Fenwick	0	102	79	17	43	86	198	344		7
% VTE risk assessments	Ian Martin	≥95%	98.26%	98.78%	98.33%	98.43%	98.68%	98.55%	98.48%		N/A
Duty of Candour	Melanie Johnson	N/A	138	10	48	44	14	14	120		N/A
<b>Local Quality Requirements</b>											
eReferral (C&B) - % slot issues	Sean Fenwick	≤6% <sup>3</sup>	7.38%	6.65%	8.37%	6.31%	5.85%	5.62%	6.69%		13
eReferral (C&B) - % utilisation	Sean Fenwick	≥85%	88.94%	65.66%	84.49%	74.05%	67.82%	66.39%	73.97%		N/A
A&E left without being seen	Sean Fenwick	≤5%	1.94%	2.12%	1.81%	2.24%	1.68%	2.13%	1.95%		7/8
A&E time to initial assessment (median)	Sean Fenwick	≤9min	0:08 (h:mm)	0:11 (h:mm)	0:09 (h:mm)	0:09 (h:mm)	0:09 (h:mm)	0:11 (h:mm)	0:09 (h:mm)		7
A&E time to treatment (median)	Sean Fenwick	≤60mins	0:52 (h:mm)	0:57 (h:mm)	0:51 (h:mm)	0:53 (h:mm)	0:49 (h:mm)	0:55 (h:mm)	0:52 (h:mm)		7/8
% Discharge comms issued <24 Hours	Ian Martin	≥95%	82.02%	84.22%	87.67%	87.72%	85.78%	85.04%	86.71%		14
% Outpatient attendance letters issued <14 days	Ian Martin	≥95%	82.44%	90.36%	92.79%	84.17%	84.89%	89.17%	87.68%		15
% A&E attendance letters issued <24 hours	Ian Martin	≥95%	92.87%	95.65%	93.45%	94.51%	95.33%	95.15%	94.49%		16
A&E / Ambulances diverts & deflections <u>from</u> the Trust	Sean Fenwick	N/A	65	14	16	4	22	14	56		N/A
A&E / Ambulances diverts & deflections <u>to</u> the Trust	Sean Fenwick	N/A	126	12	34	28	18	12	92		N/A
Maternity - smoking at the time of delivery	Melanie Johnson	≤18%	18.41%	18.25%	16.79%	17.45%	16.71%	18.02%	17.16%		N/A
Maternity - breastfeeding initiation	Melanie Johnson	≥58%	54.23%	48.21%	53.86%	56.71%	54.83%	50.81%	54.42%		N/A
Cancer - % diagnosed at an early stage (stages 1 or 2)	Sean Fenwick	≥60%	46.44%	48.08%	50.55%	51.55%	52.84%	48.08%	51.36%		N/A

1. Performance is one month behind normal reporting for all Cancer indicators (January 2017), ambulance diverts/deflections and eReferral utilisation (December 2016 - partial month)
2. Cumulative target for C. diff as at quarter 4. Profile agreed with CCG
3. eReferral slot issue performance is rated as amber between 6% & 8%

# Referral to Treatment (RTT)

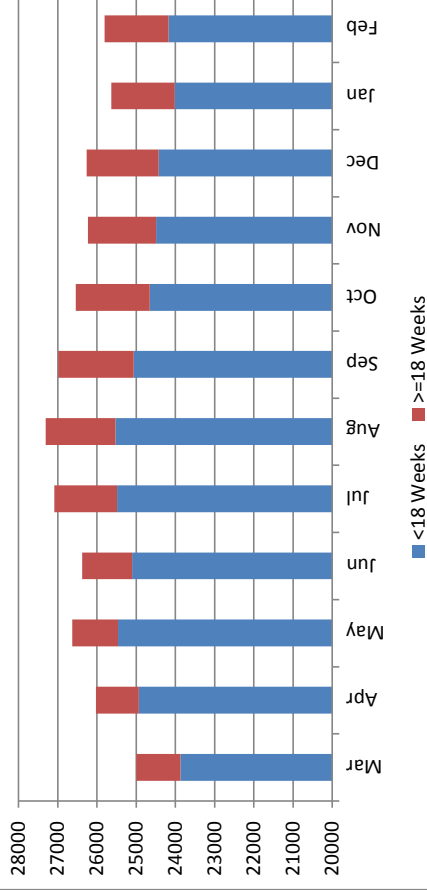
## National Operational Standards

1. Number of patients waiting on an incomplete RTT pathway at month end
  2. Number of patients on an incomplete RTT pathway waiting 18 weeks or more
  3. Percentage of patients waiting less than 18 weeks on incomplete pathways
  4. National RTT Stress Test - % risk of failing the incomplete standard in next 6 months
- Director Lead: Sean Fenwick
- Consequence of failure: Patient experience, quality, access, reputation & financial sanction
- Financial impact if STF not achieved from quarter 2 onwards £110k per month

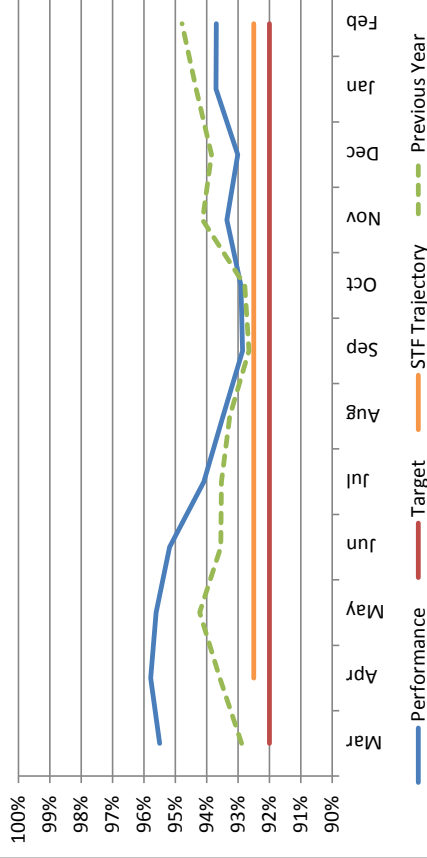
The finalised aggregate level performance for incomplete pathways at the end of February was above target at 93.7%, which is slightly higher than last month. Trust remains above the STF trajectory of 92.5%. At specialty level Thoracic Medicine, Trauma & Orthopaedics (T&O) and Oral & Maxillo Facial Surgery failed to achieve the 92% target. Both Ear, Nose & Throat (ENT) and Rheumatology have now recovered and are back above target. Thoracic Medicine has an ongoing capacity shortfall, for which there are no short term solutions. A locum has started in March and an additional consultant will join in April. The specialty's performance continues to be monitored closely. Oral & Maxillo Facial Surgery and T&O both remain in formal internal escalation. Both areas have recovery plans in place with recovery predicted in August. T&O are currently behind plan and this is being looked in to further.

Geriatric Medicine's performance deteriorated during February due to an increase in referrals into the falls service. Performance is considered at risk for March. The Trust's RTT stress test risk rating has improved and is assessed as having a 15% chance of failing the RTT operational standard in the next 6 months. We are ranked 23rd (best) nationally, an improvement of 7 places on the previous month.

Referral to Treatment - Incomplete Pathway Volumes



Referral to Treatment - % Waiting <18 Weeks On Incomplete Pathways



RTT Incompletes - February 2017		Volume	No. ≥18 Weeks	% <18 Weeks*
<b>Target</b>				≥92%
Cardiology		1,170	26	97.78%
Ear, Nose & Throat		2,626	195	92.57%
Gastroenterology		377	0	100.00%
General Surgery		1,727	128	92.59%
Geriatric Medicine		610	44	92.79%
Gynaecology		1,145	28	97.55%
Neurology		759	24	96.84%
Ophthalmology		3,762	34	99.10%
Oral & Maxillo Facial Surgery		2,002	247	87.66%
Rheumatology		573	43	92.50%
Thoracic Medicine		954	183	80.82%
Trauma & Orthopaedics		2,842	460	83.81%
Urology		2,710	156	94.24%
Other		4,542	59	98.70%
<b>Trust Total</b>		<b>25,799</b>	<b>1,627</b>	<b>93.69%</b>

\*De minimis level >= 20 pathways in total

RTT Stress Test	Nov-16	Dec-16	Jan-17
% Risk of failure in next 6 months	18.19%	27.50%	15.46%
National rank (1st is best)	31/154	30/154	23/154

# Diagnosics

## National Operational Standards

1. Number of patients on the diagnostic waiting list at month end
2. Number of patients on the diagnostic waiting list at month end waiting 6 weeks or more
3. % patients waiting 6 weeks or more for a diagnostic test at month end
4. Number of diagnostic tests/procedures carried out in month

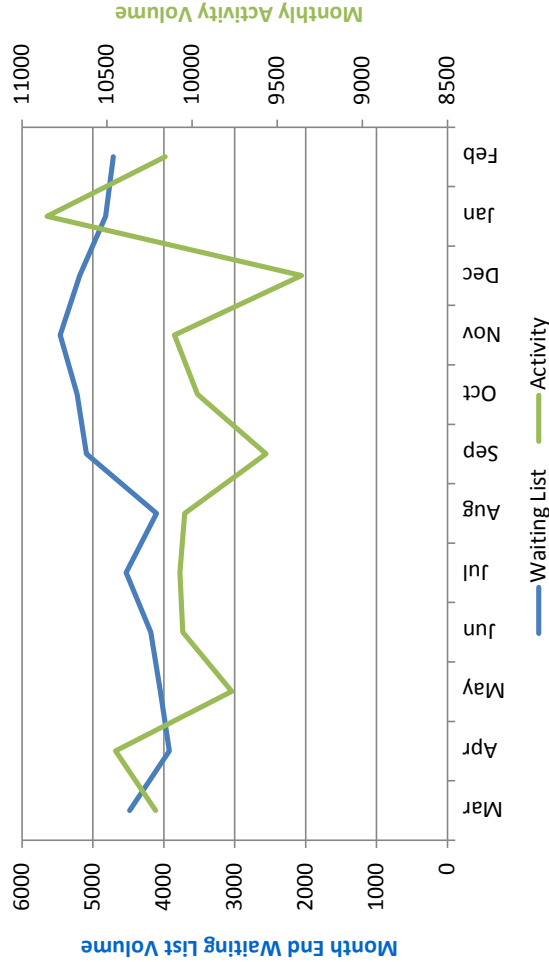
Director Lead: Sean Fenwick

Consequence of failure: Patient experience, quality, access & reputation

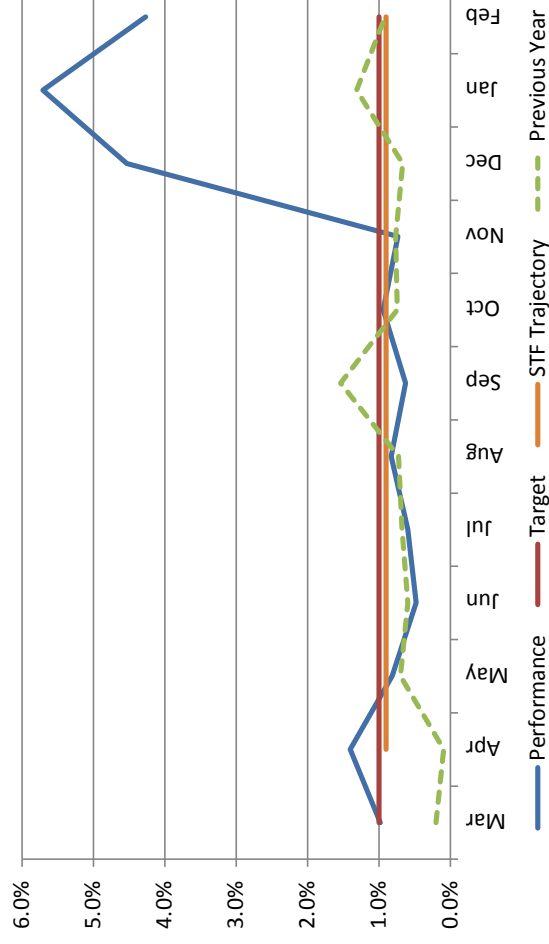
The proportion of patients waiting 6 weeks or more at the end of February has reduced to 4.3%; this is above both the national operating standard of <1% and the Trust's STF trajectory of 0.9%. Cardiology, Urodynamics, Cystoscopy and Flexi sigmoidoscopy exceeded the standard this month with the majority of the breaches being attributable to echo tests. However there were fewer breaches than January. An action plan is in place showing recovery in July.

The number of patients waiting at the end of the month reduced in February mainly due to decreases in Non-Obstetric Ultrasound. Activity has reduced in February in line with previous seasonal trends. The main reductions were seen in Computed Tomography, Magnetic Resonance Imaging and Non-Obstetric Ultrasound.

Trust Diagnostic Waiting List vs. Activity Volumes



Trust Diagnostic % Waiting ≥6 weeks



Diagnosics - February 2017				
Target	WL Volume	No. ≥6 weeks	%≥6 weeks	Activity
Imaging				
Magnetic Resonance Imaging	571	0	0.00%	1,281
Computed Tomography	547	0	0.00%	2,513
Non-obstetric ultrasound	949	0	0.00%	3,416
Barium Enema	36	0	0.00%	6
DEXA Scan	145	0	0.00%	202
Measurement				
Audiology - assessments	247	1	0.40%	992
Cardiology - echocardiography	1,091	185	16.96%	828
Neurophysiology - peripheral	150	0	0.00%	104
Physiological				
Respiratory physiology - sleep studies	71	0	0.00%	109
Urodynamics - pressures & flows	194	8	4.12%	19
Endoscopy				
Colonoscopy	113	0	0.00%	174
Flexi sigmoidoscopy	67	1	1.49%	80
Cystoscopy	345	6	1.74%	164
Gastroscopy	185	0	0.00%	269
<b>Trust Total</b>	<b>4,711</b>	<b>201</b>	<b>4.27%</b>	<b>10,157</b>

# Accident & Emergency

## National Operational Standards, Quality Requirements, Local Contractual & Internal Indicators

1. % patients who spent 4 hours or less from arrival to admission, transfer or discharge
2. Ambulance handover delays between 15-30 minutes, 30-60 minutes & over 60 minutes
3. Time (95th percentile) from arrival (by emergency ambulance) to full initial assessment
4. Time (median) from arrival to treatment
5. % unplanned re-attendances within 7 days of discharge from A&E
6. % patients who leave the department without being seen

Director Lead: Sean Fenwick

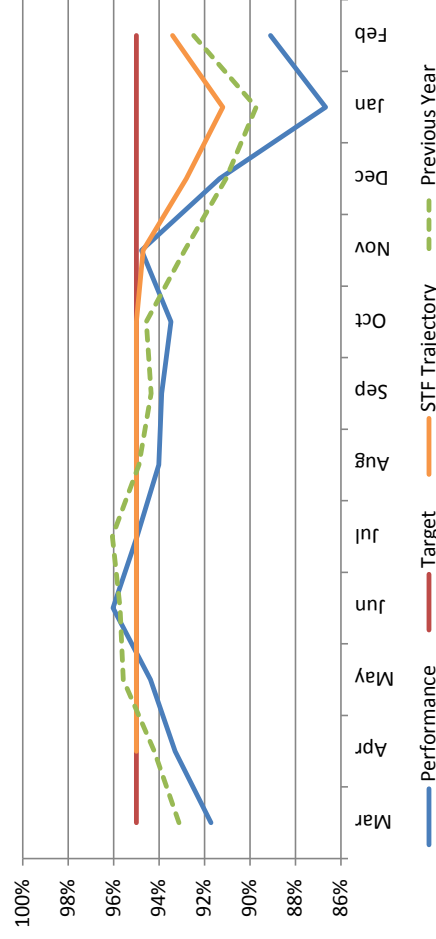
Consequence of failure: Patient experience, quality, access, reputation & financial sanction

Financial impact if STF not achieved from quarter 2 onwards £110k per month

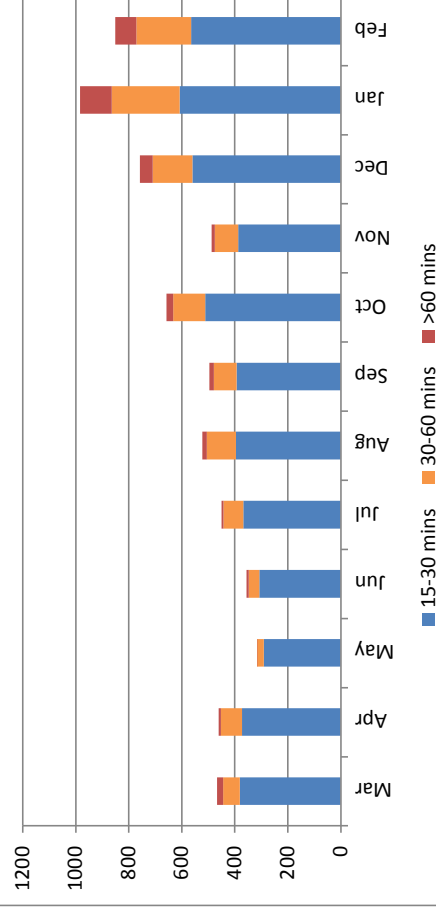
The total proportion of patients seen in A&E within 4 hours has improved by 2.4% during February to 89.10%. This is despite continued operational pressures where the trust was at elevated OPAL status for 22 days of the month (2 days at OPAL 3). Our performance for January remains in the upper middle 25% of trusts nationally.

There were 11,653 attendances this month, which is 3% higher than February 2016 (type 1 was up by 2%, type 2 was up by 2% and type 3 up by 6%). Discounting the counting change, the actual change was a 3% reduction. There were 2,515 ambulance arrivals this month, which is slightly less than February 2016. This continues to represent the third highest volume of ambulance arrivals for any hospital across the North East and 39% higher than James Cook's University Hospital which is a Major Trauma Centre. We currently have the highest proportion of ambulance arrivals to type 1 attendances for 16/17 in the region at 36%. The number of handover delays decreased in February however, there were more handover delays compared to February 2016.

A&E % Seen In 4 Hours

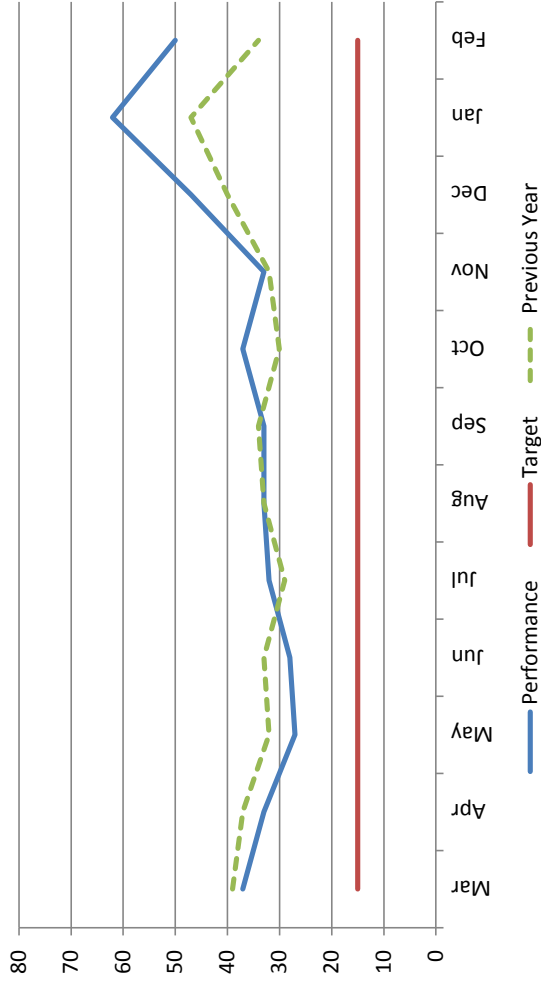


Ambulance Handover Delays

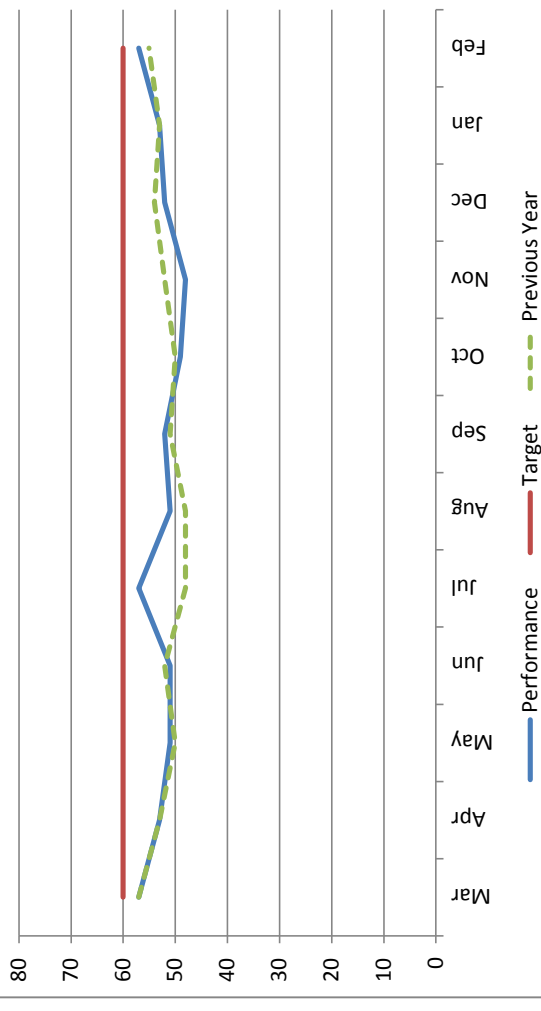


A&E Indicators - February 2017	Target	Month	YTD
A&E % seen in 4hrs - Trust Total	≥95%	89.10%	92.88%
A&E < 4 hrs - Type 1	≥95%	82.67%	88.50%
A&E < 4 hrs - Type 1 - High Acuity	≥95%	64.33%	75.76%
A&E < 4 hrs - Type 1 - Low Acuity	≥95%	81.86%	88.55%
A&E < 4 hrs - Type 1 - Paediatrics	≥95%	97.67%	97.78%
A&E < 4 hrs - Type 2 - SEI	≥95%	98.77%	99.52%
A&E < 4 hrs - Type 3 - Pallion walk in centre	≥95%	99.92%	99.86%
A&E Attendances - Trust Total		11,653	134,586
A&E Attendances - Type 1		7,168	81,950
A&E / ambulance handovers - no. 15-30 minutes	0	564	4,754
A&E / ambulance handovers - no. 30-60 minutes	0	207	1,236
A&E / ambulance handovers - no. >60 minutes	0	79	344
A&E time to initial assessment (median)	≤9 mins	0:11 (h:m)	0:09 (h:m)
A&E time to treatment (95th percentile)	≤15 mins	0:50 (h:m)	0:37 (h:m)
A&E time to treatment (median)	≤60 mins	0:57 (h:m)	0:52 (h:m)
A&E unplanned reattendance rate	≤5%	5.92%	6.59%
A&E left without being seen	≤5%	2.12%	1.95%

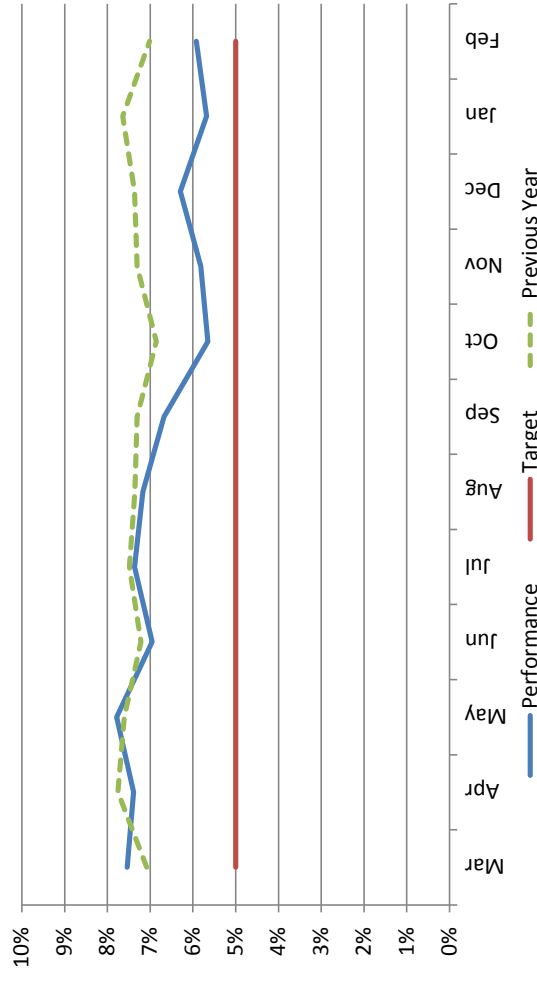
**A&E Time to Initial Assessment 95th Percentile (minutes)**



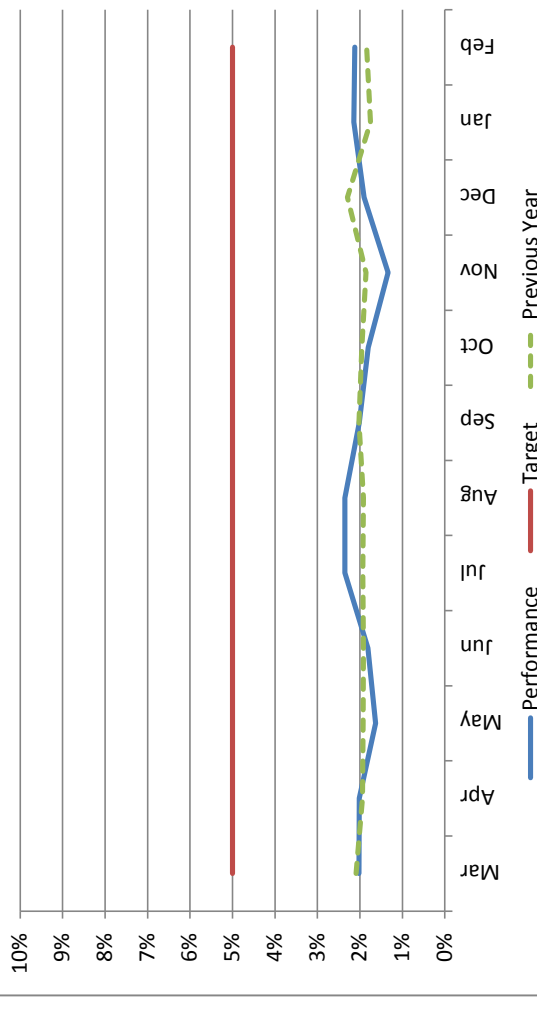
**A&E Time to Treatment Median (minutes)**



**A&E Unplanned Re-attendance Rate**



**A&E Left Without Being Seen Rate**



# Cancer 2 Week Waits

## National Operational Standards

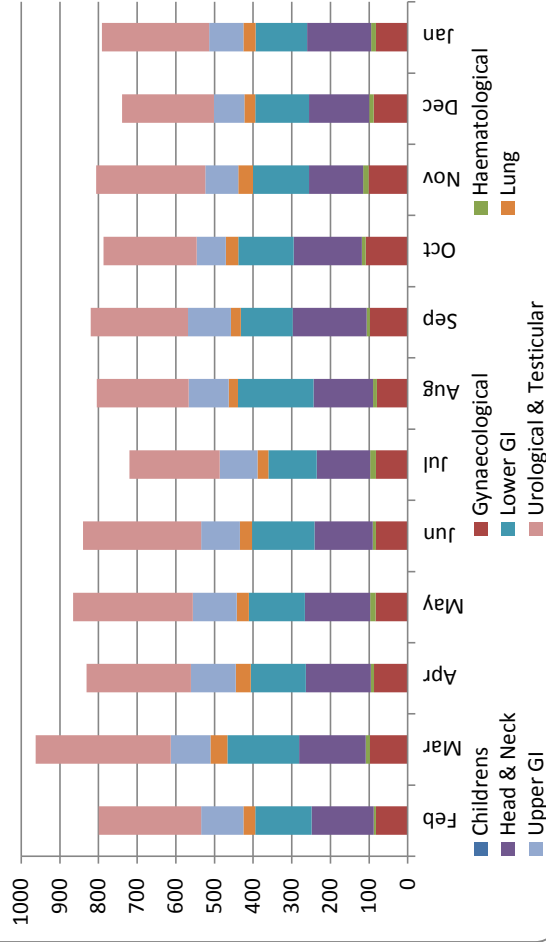
1. Number of urgent GP referrals for suspected cancer
  2. Number of patients seen after more than two weeks following an urgent GP referral for suspected cancer
  3. % patients seen within two weeks of an urgent GP referral for suspected cancer
- Director Lead: Sean Fenwick  
 Consequence of failure: Timely access to treatment, patient experience, clinical outcomes & financial sanction  
 Potential financial sanction if standard not achieved = £200 per breach

2WW performance was 96.7% in January, which is the slightly less than the previous month and better than January last year, as well as the national average. At tumour site level, all areas achieved the target. January's performance demonstrated that all tumour groups performed about the same or better than the equivalent national performance position.

Referral volumes increased during January. There have been more referrals compared to the average over the last 12 months across all areas apart from Lower Gastrointestinal, (-1.1%), Upper Gastrointestinal (-11%) and Gynaecological (-9%).

Indicative 2WW performance for February is above target.

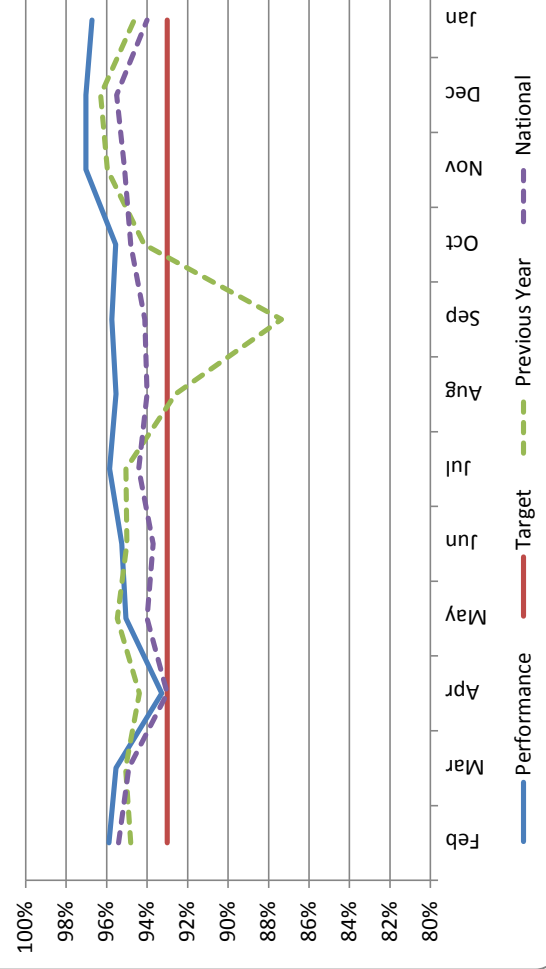
Cancer 2 Week Wait Referral Volumes By Tumour Group



Referrals for Suspected Cancer - January 2017*	Volume	Total Breached	Performance	National Performance	YTD
<b>Target</b>			<b>93%</b>	<b>93%</b>	<b>93%</b>
Acute Leukaemia	0	0	-	-	100.00%
Breast	0	0	-	95.8%	100.00%
Children's Cancer	1	0	100.00%	96.3%	100.00%
Gynaecological	81	2	97.53%	95.6%	97.63%
Haematological (Excluding Acute Leukaemia)	12	0	100.00%	95.9%	98.18%
Head & Neck	166	6	96.39%	95.9%	95.03%
Lower Gastrointestinal	133	5	96.24%	<b>90.6%</b>	95.77%
Lung	32	1	96.88%	95.6%	97.42%
Other	0	0	-	94.6%	100.00%
Testicular	9	0	100.00%	97.7%	99.01%
Upper Gastrointestinal	88	6	93.18%	<b>91.5%</b>	<b>91.24%</b>
Urological (Excluding Testicular)	269	6	97.77%	94.0%	96.55%
<b>Total</b>	<b>791</b>	<b>26</b>	<b>96.71%</b>	<b>94.0%</b>	<b>95.67%</b>

\*Please note that reporting of official cancer waiting times fall 1 month behind normal reporting timescales

Trust Cancer 2 Week Wait





# Cancer 31 Day Waits

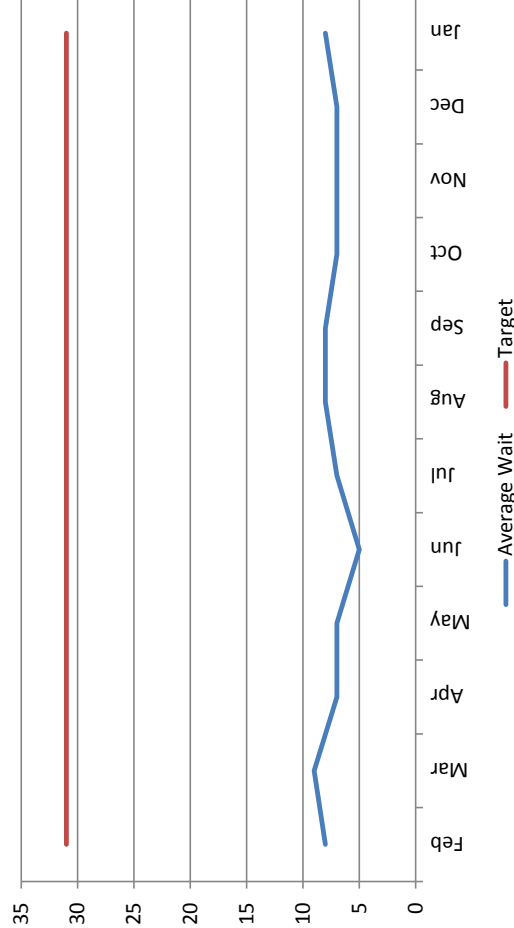
## National Operational Standards

1. Number of patients receiving first definitive treatment following a cancer diagnosis
  2. Number of receiving first definitive treatment more than one month of a decision to treat following a cancer diagnosis
  3. % patients receiving first definitive treatment within one month of a decision to treat following a cancer diagnosis
  4. % patients receiving subsequent surgery or drug treatments for cancer within 31 days
- Director Lead: Sean Fenwick  
 Consequence of failure: Timely access to treatment; patient experience, clinical outcomes & financial sanction  
 Potential financial sanction if standard not achieved = £1,000 per breach

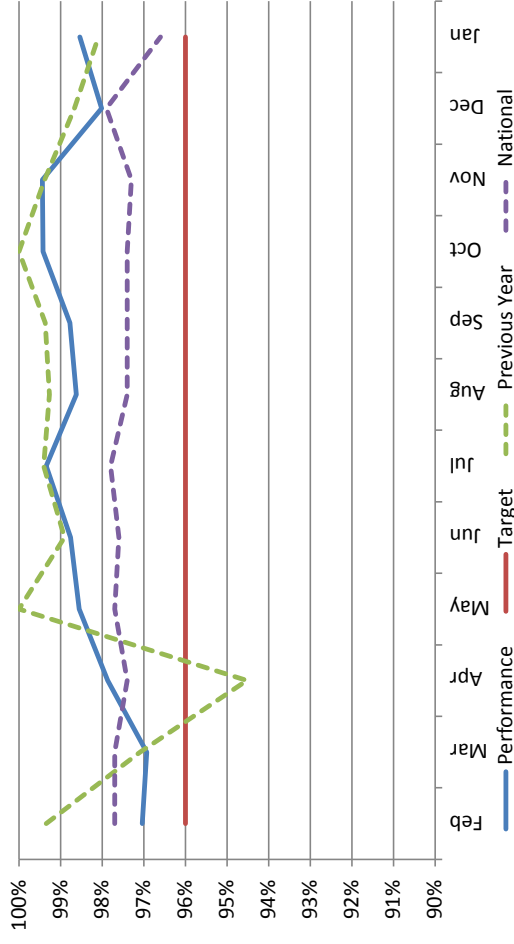
There were two 31 day breaches overall during January. Aggregate level performance was consequently above target at 98.5%. All tumour groups achieved the target with the exception of Skin which had 1 breach. Performance across all tumour groups, with the exception of Skin, was equal to or better than the equivalent national average at tumour site level this month. Average waits for treatment following a decision to treat increased slightly between December and January. Indicative performance for February is currently above target.

The final performance for subsequent surgical and drug treatments were both above target during January at 100% and 98.9% respectively. There is a risk in February and March for subsequent surgical performance.

Cancer 31 Day Average Wait



Trust Cancer 31 Day Wait



\* Please note that reporting of official cancer waiting times fall 1 month behind normal reporting timescales

First Definitive Treatment - January 2017*	Volume	Total Breached	Performance	National Performance	YTD
<b>Target</b>			<b>96%</b>	<b>96%</b>	<b>96%</b>
Breast	1	0	100.00%	98.4%	100.00%
Gynaecological	3	0	100.00%	96.9%	100.00%
Haematological	15	0	100.00%	99.5%	100.00%
Head & Neck	8	0	100.00%	92.9%	98.94%
Lower Gastrointestinal	10	0	100.00%	95.9%	100.00%
Lung	16	0	100.00%	97.2%	100.00%
Other	2	0	100.00%	99.3%	100.00%
Sarcoma	1	0	100.00%	94.4%	100.00%
Skin	8	1	87.50%	96.8%	95.24%
Upper Gastrointestinal	5	0	100.00%	97.5%	100.00%
Urological	68	1	98.53%	94.3%	98.10%
<b>Total</b>	<b>137</b>	<b>2</b>	<b>98.54%</b>	<b>96.6%</b>	<b>98.77%</b>

Subsequent Treatments	Volume	Total Breached	Performance	National Performance	YTD
Surgery (Target: 94%)	20	0	100.00%	94.1%	99.58%
Drug (Target: 98%)	93	1	98.92%	98.9%	99.88%

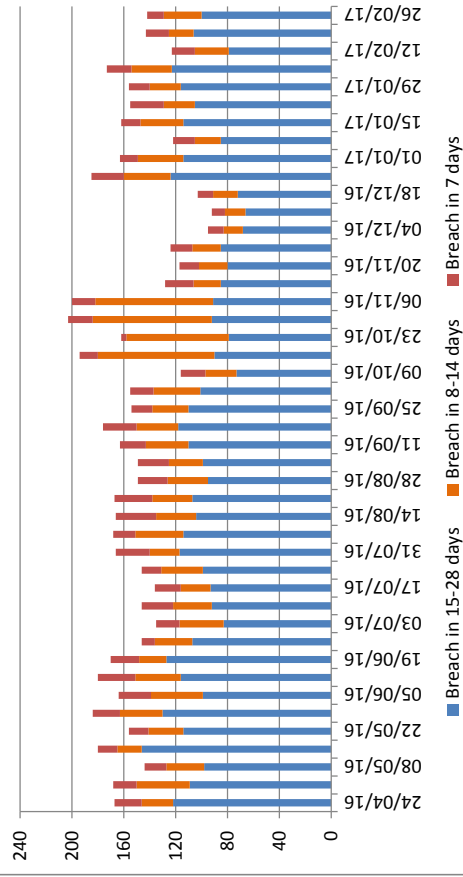
# Cancer 62 Day Waits

## National Operational Standards

1. Number of patients receiving first definitive treatment for cancer following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade
  2. Number of patients receiving first definitive treatment for cancer 62 days or more following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade
  3. % patients receiving first definitive treatment for cancer within 62 days following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade
  4. Number of patients receiving first definitive treatment for cancer 104 days or more following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade
- Director Lead: Sean Fenwick  
 Consequence of failure: Timely access to treatment, patient experience, clinical outcomes & financial sanction  
 Financial impact if STF not achieved from quarter 2 onwards £44k per month

62 day performance was below target and STF trajectory in January at 84.1% but nearly 5% higher than the national average. Half of the tumour groups were above target this month, with Upper Gastrointestinal, Other, Gynaecological, Lung and Urological falling below target. There were 10 breaches in total, of which the majority were attributable to complex pathway (2), diagnostic delays (2), medical (2) and patient choice (1.5). Furthermore the backlog of patients who have already passed 62 days is reducing which is positive. The effects of increased volumes of colorectal and Head & Neck referrals may be seen in March/April. Indicative performance for February is currently below the national target as well as the Trust's STF trajectory. Achievement of the STF trajectory and operational standard remains a risk going forwards. Screening had no applicable patients and consultant upgrade was below target at 75% in January. These breaches were Lung (1.5) and Haematological (0.5) tumour groups.

Cancer 62 Day - Volume Of Patients Approaching Breach Date

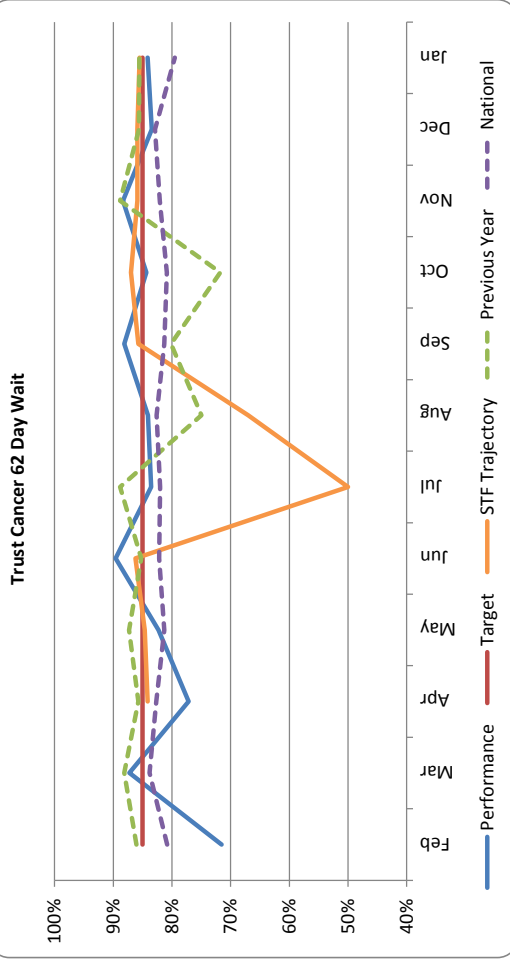


First Definitive Treatment - January 2017*	Volume	Total Breached	Performance	National Performance	YTD	Number ≥104 days
<b>Target</b>			<b>85%</b>	<b>85%</b>	<b>85%</b>	<b>0</b>
Breast	0.5	0.0	100.00%	95.2%	100.00%	0
Gynaecological	2.5	0.5	80.00%	76.6%	88.68%	0
Haematological (excluding Acute Leukaemia)	6.0	0.0	100.00%	80.4%	90.41%	0
Head & Neck	4.0	0.0	100.00%	56.9%	90.48%	0
Lower Gastrointestinal	5.5	0.0	100.00%	68.0%	89.15%	0
Lung	2.5	0.5	80.00%	69.3%	75.95%	0
Other	1.0	1.0	0.00%	70.9%	84.62%	1
Sarcoma	0.0	0.0	-	61.6%	76.47%	0
Skin	4.5	0.5	88.89%	94.8%	95.24%	0
Upper Gastrointestinal	1.0	1.0	0.00%	70.5%	77.78%	1
Urological (Excluding Testicular)	35.5	6.5	81.69%	73.5%	82.63%	0
<b>Total</b>	<b>63.0</b>	<b>10.0</b>	<b>84.13%</b>	<b>79.5%</b>	<b>84.50%</b>	<b>2</b>

## Non GP Referrals

Screening (Target: 90%)	0.0	0.0	-	90.6%	100.00%	0
Consultant Upgrade (Target: 85%)	8.0	2.0	75.00%	87.8%	87.06%	0

\*Please note that reporting of official cancer waiting times fall 1 month behind normal reporting timescales



# Health Care Associated Infection

## National Quality Requirements

1. Number of Trust apporportioned Clostridium Difficile cases before & after appeal (Target ≤34, set by NHS England)
2. Trust apporportioned Clostridium Difficile rate per 100,000 bed days (Target ≤15.4, set by NHS England)

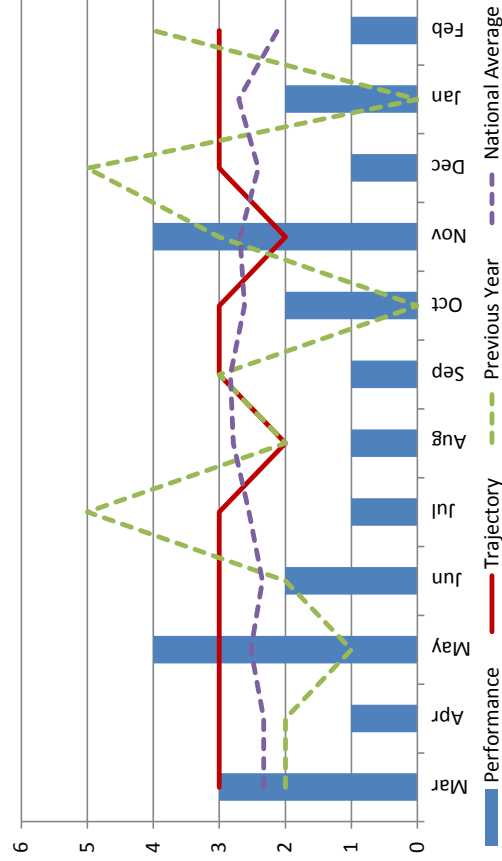
Director Lead: Ian Martin

Consequence of failure: Patient safety, patient experience, financial sanction & patient flow / LOS

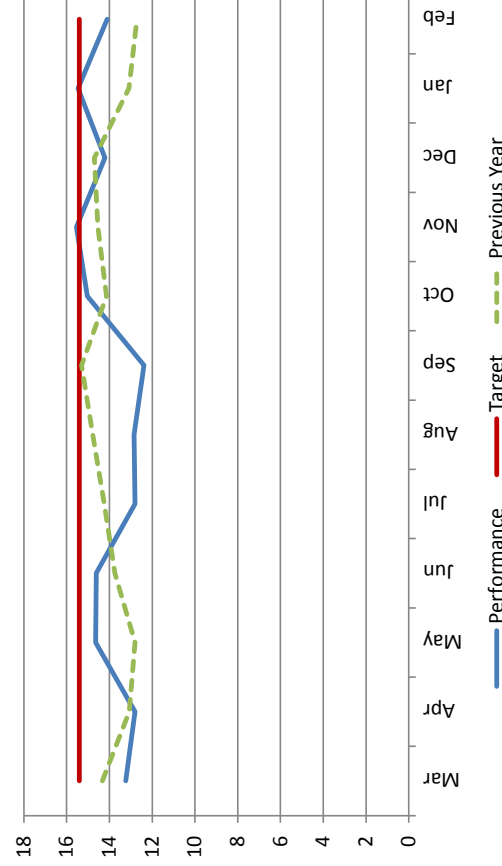
There has been 1 hospital acquired C. diff case during February, against a trajectory of 3 cases or fewer. Currently there are no cases subject to appeal. The Trust's performance for the year to date is 20 cases which is 11 cases under the cumulative trajectory for the year to date. The Trust therefore remains on track to achieve the objective for 2016/17.

The C. diff rate per 100,000 bed days for the previous 12 months up to January 2017 is below the target, at 14.1. By comparison the national rate for the latest 12 month period available (May 2015 to June 2016) was 13.4 per 100,000 bed days.

Trust Number Of Hospital Acquired C. diff cases (after appeal)



Trust C. diff Rate Per 100,000 Bed Days (Rolling 12 Months)



C. diff - February 2017	Trajectory	Total Cases	Appeals*	Residual Cases
Apr	3	1	0	1
May	3	8	4	4
Jun	3	2	0	2
<b>Qtr 1</b>	<b>9</b>	<b>11</b>	<b>4</b>	<b>7</b>
Jul	3	1	0	1
Aug	2	2	1	1
Sep	3	2	1	1
<b>Qtr 2</b>	<b>8</b>	<b>5</b>	<b>2</b>	<b>3</b>
Oct	3	3	1	2
Nov	2	4	0	4
Dec	3	2	1	1
<b>Qtr 3</b>	<b>8</b>	<b>9</b>	<b>2</b>	<b>7</b>
Jan	3	3	1	2
Feb	3	1	0	1
Mar	3			
<b>Qtr 4</b>	<b>9</b>	<b>4</b>	<b>1</b>	<b>3</b>
<b>Total</b>	<b>34</b>	<b>29</b>	<b>9</b>	<b>20</b>

C. diff Bed Rate - February 2017	Target 15/16	Rolling 12 Months
C. diff rate per 100,000 bed days	15.4	14.1

\*confirmed / pending

# e-Referral Slot Availability

## Local Quality Requirements

Ratio of appointment slot issues (ASI's) to appointment bookings and re-bookings made via the NHS eReferral system, expressed as a percentage. ASI's occur where a patient tries to book an appointment, but no appointment is available (Contractual target <6%)

Director Lead: Sean Fenwick

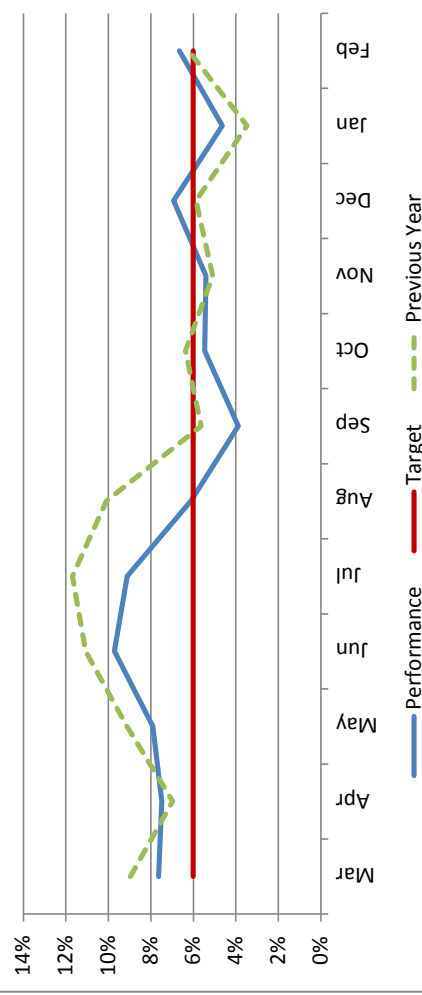
Consequence of failure: Reputation, patient experience, timely access to treatment & financial sanction

Potential financial sanction = sliding scale between £1,000 and £5,000 per month above 8%

The Trust's eReferral slot issue performance was 6.7% during February which is an increase compared to the previous month and it is marginally higher than February 2016. This is slightly above the contractual target and above the national target of 4%. The latest national and regional performance for December 2016 was 16% and 13% respectively, so the Trust continues to perform well by comparison.

The majority of the Trust's overarching services achieved the contractual target during February. The areas with the highest percentage of ASIs were Theatres (Chronic pain), Obstetrics & Gynaecology (General Gynae), Urology (mainly general Urology offsite), 2WW (mainly Urology & Colorectal), Rehabilitation & Elderly Medicine (Neurology) and Medical Specialities (Rheumatology & Early Arthritis). This continues to be a national priority and is included in COJIN for 2017/18.

Trust eReferral Slot Issues



e-Referral Slot Issues - February 2017	Performance		YTD	
	% ASI's*	ASI's / Bookings	% ASI's*	ASI's / Bookings
2WW	13.60%	93/684	16.14%	1189/7368
Children's & Adolescent Services	0.41%	2/485	1.73%	94/5445
Emergency Care	3.83%	9/235	6.60%	163/2469
General Internal Medicine	6.38%	12/188	6.65%	135/2030
General Surgery	2.32%	11/474	3.16%	183/5783
Head & Neck	0.47%	4/848	1.18%	127/10806
Health Promotion	0.00%	0/4	0.00%	0/71
Medical Specialities	9.09%	22/242	13.22%	461/3488
Obstetrics & Gynaecology	22.40%	56/250	14.40%	417/2895
Ophthalmology	1.65%	16/972	2.16%	244/11301
Rehabilitation & Elderly Medicine	9.97%	29/291	10.83%	381/3518
Theatres	33.77%	26/77	14.01%	164/1171
Therapy Services	1.31%	3/229	5.87%	180/3066
Trauma & Orthopaedics	4.07%	14/344	3.45%	189/5472
Urology	19.59%	86/439	14.52%	764/5260
<b>Trust Total</b>	<b>6.65%</b>	<b>383/5762</b>	<b>6.69%</b>	<b>4691/70143</b>

2WW Slot Issues	% ASI's*	ASI's / Bookings	% ASI's*	ASI's / Bookings
Colorectal Surgery	28.70%	33/115	28.86%	329/1140
Ear Nose & Throat	6.80%	7/103	9.19%	90/979
Gastroenterology	0.00%	0/87	1.24%	13/1048
Gynaecology	0.00%	0/82	3.41%	32/939
Haematology	0.00%	0/10	5.13%	6/117
Oral & Maxillo Facial Surgery	13.79%	8/58	23.04%	100/434
Thoracic Medicine	0.00%	0/31	25.64%	70/273
Urology	22.73%	45/198	22.52%	549/2438
<b>2WW Total</b>	<b>13.60%</b>	<b>93/684</b>	<b>16.14%</b>	<b>1189/7368</b>

\*Performance is rated as amber between 6% and 8%

# Discharge Communications

## Local Quality Requirements

Percentage of electronic discharge communications that were sent to the GPs within 24, 48 & 72 hours of patient discharge

Director Lead: Ian Martin

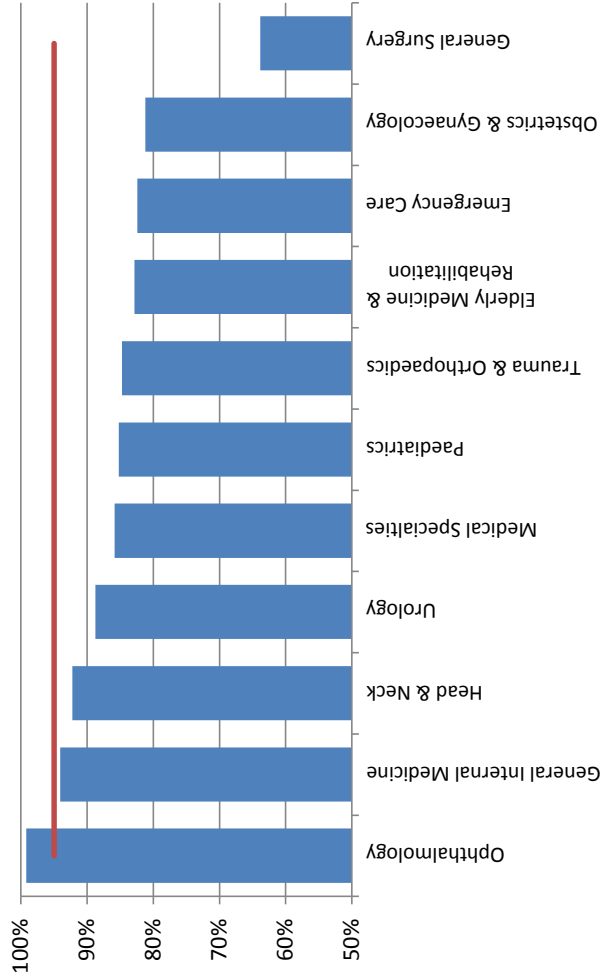
Consequence of failure: Clinical outcomes, reputation, patient experience & quality of care

Discharge communication performance has decreased marginally in February with 84.2% of letters sent within 24 hours, which is below the target of 95%. Performance at 48 hours has decreased marginally and 72 hours increased compared to the previous month. A further 4.8% were completed at a later date. The proportion remaining outstanding at the point of reporting increased from 3.4% to 3.7%.

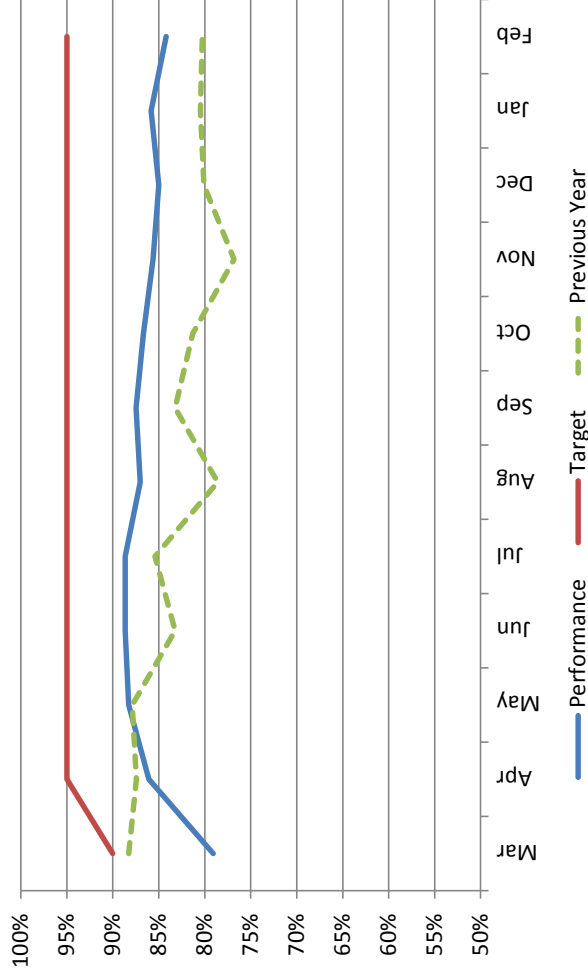
All Directorates have failed to achieve the target during February with the exception of Ophthalmology.

Directorate level performance was mixed between January and February. The most notable improvements were observed for Obstetrics & Gynaecology (+11%), General Surgery (+7%) and Medical Specialties (+3%), whereas the areas with the largest decrease in performance were Paediatrics (-11%) and Trauma & Orthopaedics (-7%).

Directorate Discharge Comms Sent <24 Hours - Latest Monthly Position



Trust Discharge Comms Sent <24 Hours Trend



\*De minimis level >= 20 pathways in total

Discharge Comms - February 2017		<24 hours*	<48 hours*	<72 hours*	<24 hours YTD*
Target		≥95%			≥95%
Emergency Care		82.40%	87.60%	90.20%	82.77%
General Internal Medicine		94.02%	95.22%	95.45%	94.81%
General Surgery		63.80%	78.73%	85.06%	75.42%
Head & Neck		92.20%	93.26%	93.97%	92.76%
Medical Specialties		85.80%	88.64%	90.91%	85.44%
Obstetrics & Gynaecology		81.19%	87.13%	90.10%	80.44%
Ophthalmology		99.18%	99.18%	99.18%	94.47%
Paediatrics		85.19%	91.36%	93.83%	89.50%
Rehabilitation & Elderly Medicine		82.80%	86.24%	88.17%	86.13%
Trauma & Orthopaedics		84.72%	90.97%	95.49%	84.72%
Urology		88.70%	89.13%	90.87%	94.19%
<b>Trust Total</b>		<b>84.22%</b>	<b>88.95%</b>	<b>91.39%</b>	<b>86.71%</b>

# Outpatient Communications

## Local Quality Requirements

Percentage of electronic clinic letters that were sent to the GPs within 7 and 14 days of an outpatient attendance (consultant led)

Director Lead: Ian Martin

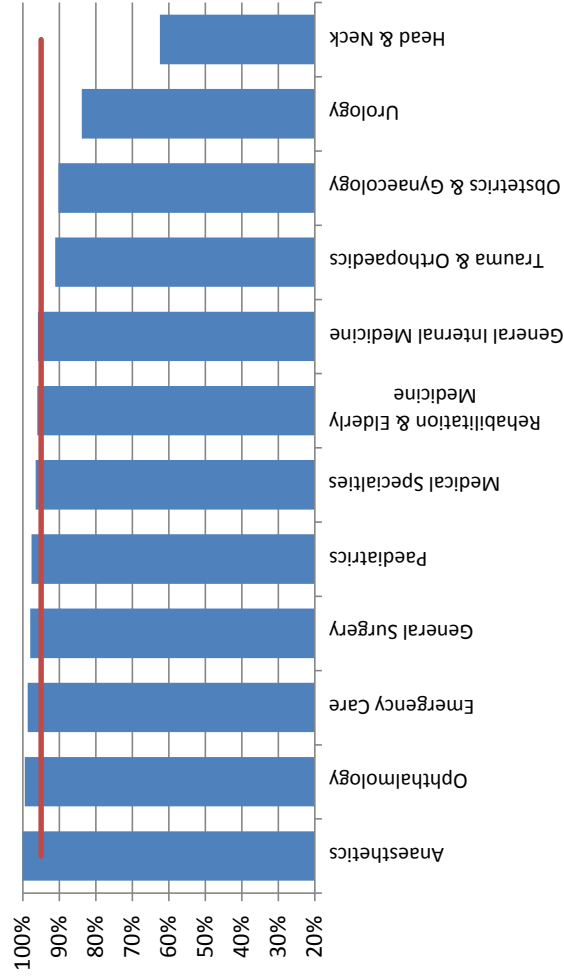
Consequence of failure: Clinical outcomes, reputation, patient experience & quality of care

Performance has increased during February, with 90.4% being sent within 2 weeks, however this remains below the contractual target of 95%. A further 3.9% required sign off at the time of reporting, which has reduced compared to last month. The number of outpatient clinic letters being sent within 10 days was 82.6% during February. The majority of the Directorates achieved the 95% target within 14 days. The most notable decrease between January and February was attributable to Urology (-7%) and Rehabilitation & Elderly Medicine (-3%). The most notable improvement was Head & Neck (+15%), General Surgery (+3%) and General Internal Medicine (+2%). The Trust continues to work towards our internal standards set as part of clinic on the day, whereby letters are sent to GPs the same day the patient attends or the following morning when results are available.

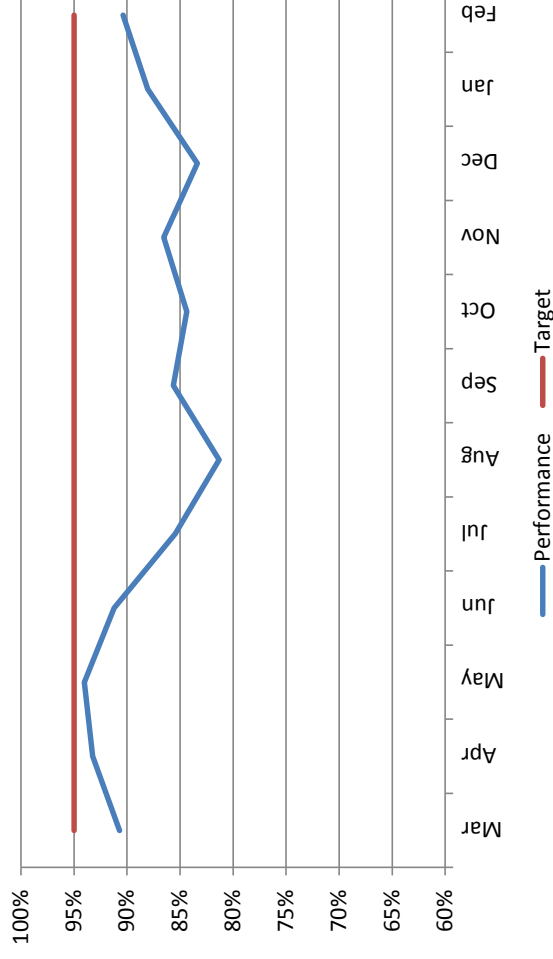
Outpatient Comms - February 2017	Volume	<7 days*	<14 days*	<14 days YTD*
Target			>=95%	>=95%
Anaesthetics	208	100.00%	100.00%	99.92%
Emergency Care	762	92.78%	98.56%	95.55%
General Internal Medicine	2,135	83.93%	95.78%	95.16%
General Surgery	1,191	92.28%	97.90%	94.71%
Head & Neck	2,353	31.79%	62.35%	52.63%
Medical Specialities	1,826	88.39%	96.44%	94.25%
Obstetrics & Gynaecology	643	73.09%	90.20%	93.56%
Ophthalmology	2,246	97.77%	99.38%	97.70%
Paediatrics	659	86.80%	97.57%	96.73%
Rehabilitation & Elderly Medicine	888	86.49%	95.95%	97.35%
Trauma & Orthopaedics	2,439	55.72%	91.06%	86.62%
Urology	852	68.43%	83.80%	87.67%
<b>Trust Total</b>	<b>16,202</b>	<b>74.78%</b>	<b>90.36%</b>	<b>87.68%</b>

\*De minimis level >= 20 letters

Directorate Outpatient Letters Sent < 14 Days - Latest Monthly Position



Trust Outpatient Letters Sent <14 Days



# A&E Communications

## Local Quality Requirements

Percentage of electronic clinical communications that were sent to GPs within 24 hours following an A&E attendance, excluding those patients who are admitted as a result of their attendance.

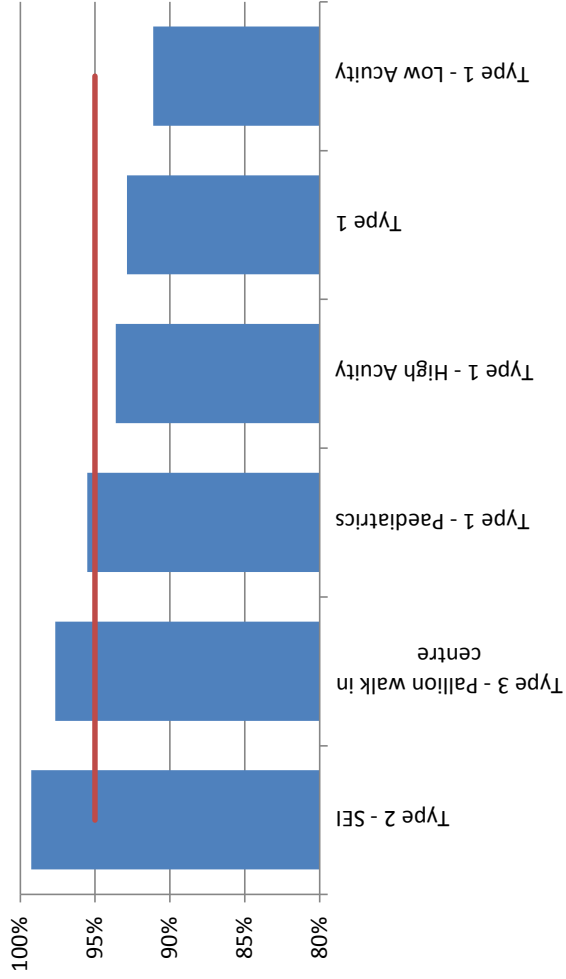
Director Lead: Ian Martin

Consequence of failure: Clinical outcomes, reputation, patient experience & quality of care

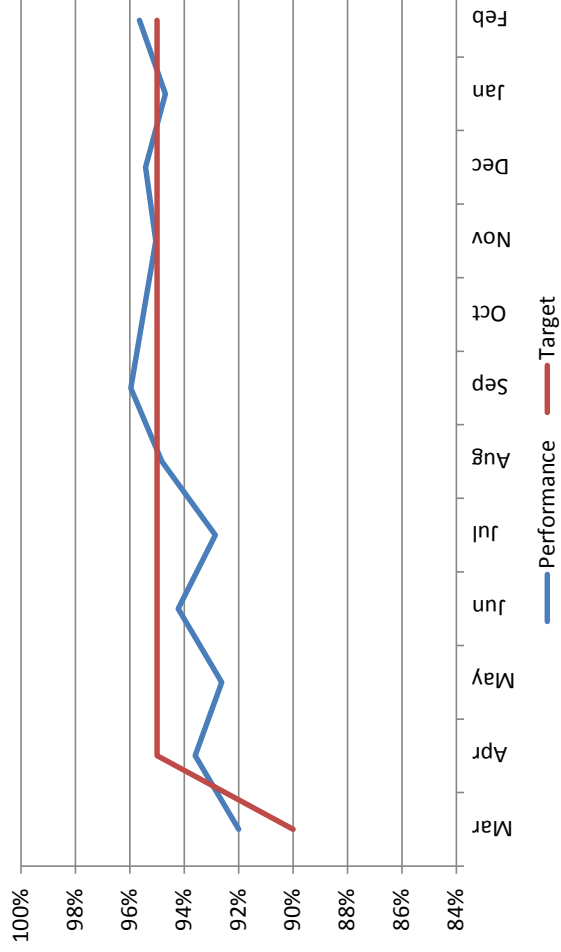
A&E Comms - February 2017		Month	YTD
Target		≥95%	≥95%
Type 1		92.85%	92.19%
Type 1 - High Acuity		93.61%	92.64%
Type 1 - Low Acuity		91.11%	90.06%
Type 1 - Paediatrics		95.51%	95.60%
Type 2 - SEI		99.24%	95.81%
Type 3 - Pallion walk in centre		97.64%	97.62%
<b>Trust Total</b>		<b>95.65%</b>	<b>94.49%</b>

During February, 95.7% of A&E letters were sent within 24 hours of patients being discharged from the respective department, which is an increase of 1% compared to the previous month and brings performance above target. Early warning reports suggest that there has been a marginal decrease in performance in March, with the ability to recover in month. Performance and actions for improvement are discussed at the monthly Primary Care Communications Oversight Group. Ongoing monitoring, feedback to consultants and escalation is in place to facilitate improvement.

A&E Department Comms Issued <24 Hours - Latest Monthly Position



Trust A&E Comms Issued <24 Hours Trend



# Radiology Exam to Report Times

## Internal Indicator

Average exam to report time and activity for MRI, CT, Plain Film and Ultrasound scans, derived from the time elapsed between the exam date and the date the results were reported. The reporting month is based upon the reported date

Director Lead: Sean Fenwick

Consequence of failure: Timely access, outcomes, LOS, reputation & patient flow

Exam Type - February 2017	MRI		CT		Plain Film		Ultrasound	
	No	Ave ETR	No	Ave ETR	No	Ave ETR	No	Ave ETR
Inpatient	178	1.3	784	0.4	3,095	5.2	538	0.3
Outpatient Routine	706	6.9	419	6.4	1,722	5.4	711	2.7
Outpatient Urgent	117	4.9	532	4.3	206	1.8	240	1.5
GP					2,643	1.4	1,265	1.7

Most exams types remain in line with recent performance during February.

Outpatient reporting remains broadly in line with previous months although MRI routine exams have reduced slightly with additional reporting capacity. Improved performance in ultrasound has been achieved by additional capacity provided by an external ultrasound provider.

The department continues to have a wide range of vacancies reflecting national position including Plain Film, CT and Radiologists, with adverts placed to secure replacements.

