

Caring at its best

Quality and Performance

Trust Board

Thursday 28th June 2012

May 2012

One team shared values

QUALITY and PERFORMANCE REPORT

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UHL at a Glance - Month 2 - 2012/13										
PREVENTING DEATH	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH	
HSMR (Dr Foster)		93.3	92.6				Mar-12		Quality	
Amenable Mortality									Quality	
POSITIVE EXPERIENCE of CARE	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH	
Net Promoter Trust Score	61.0	51.14			New O/F target April 2012	▲	May-12		Quality	
Net Promoter - Coverage	10%	11.6%			New O/F target April 2012	▲	May-12		Quality	
Operations cancelled for non-clinical reasons on or after the day of admission	0.8%	1.2%	1.2%			▲	Apr-12		Trust	
TIMELY CARE	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH	
ED Waits (2011/12 - Type 1 and 2 plus Urgent Care Centre)	95%	92.4%	92.3%			▲	May-12	✓	✓	
ED Waits - UHL (Type 1 and 2)	95%	90.5%	90.5%			▲	May-12		Trust	
RTT 18 week – admitted	90%	94.6%				▲	May-12	✓	✓	
RTT 18 week – non-admitted	95%	96.6%				▲	May-12	✓	✓	
RTT - Incomplete 92% in 18 weeks	92%	95.8%				▲	May-12		✓	
RTT delivery in all specialties	0	1				▲	May-12		✓	
6 Week - Diagnostic Test Waiting Times	<1%	1.2%				▲	Apr-12		✓	
Cancer: 2 week wait from referral to date first seen - all cancers	93%	93.0%	93.0%			▲	Apr-12	✓	✓	
Cancer: 2 week wait from referral to date first seen, for symptomatic breast patients (cancer not initially suspected)	93%	96.7%	96.7%			▲	Apr-12	✓	✓	
All Cancers: 31-day wait from diagnosis to first treatment	96%	96.6%	96.6%			▲	Apr-12	✓	✓	
All cancers: 31-day for second or subsequent treatment - anti cancer drug treatments	98%	100.0%	100.0%			▲	Apr-12	✓	✓	
All Cancers: 31-day wait for second or subsequent treatment - surgery	94%	95.6%	95.6%			▲	Apr-12	✓	✓	
All Cancers: 31-day wait for second or subsequent cancer treatment - radiotherapy treatments	94%	95.9%	95.9%			▲	Apr-12	✓	✓	
All Cancers:- 62-day wait for first treatment from urgent GP referral	85%	85.3%	85.3%			▲	Apr-12	✓	✓	
All Cancers:- 62-day wait for first treatment from consultant screening service referral	90%	94.0%	94.0%			▲	Apr-12	✓	✓	
All Cancers:- 62-Day Wait For First Treatment From Consultant Upgrade	85%	--	--			▲	Apr-12	✓	✓	
Neck of Femurs Operated on < 36 Hours	70%	84.9%	84.9%			▲	Apr-12		Quality	

UHL at a Glance - Month 2 - 2012/13

SAFE ENVIRONMENT	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH
MRSA Bacteraemias	6	0	0				May-12	✓	✓
CDT Isolates in Patients (UHL - All Ages)	113	4	18				May-12	✓	✓
Serious Incidents Requiring Investigation	TBC	165	465				May-12	✓	
Never Events	0	1	3				May-12	✓	
Incidents of Patient Falls	2750	219	219				Apr-12	✓	
Pressure Ulcers (Grade 3 and 4)	110	11	22				May-12	✓	
% of all adults who have had VTE risk assessment on adm to hosp	90%	95.8%	95.6%				May-12		✓
100% compliance with WHO surgical checklist (Y/N)		Y					Mar-12	✓	
Bed Occupancy (Including short stay admissions)	90%	91%					May-12		Quality
Bed Occupancy (Excluding short stay admissions)	86%	85%					May-12		Quality
Nurse to Bed Ratio - General Base Ward		1.1 to 1.3 WTE					May-12		Quality
Nurse to Bed Ratio - Specialist Ward		1.4 to 1.6 WTE					May-12		Quality
Nurse to Bed Ratio - HDU		3 to 4 WTE					May-12		Quality
Nurse to Bed Ratio - ITU		5.5 to 6 WTE					May-12		Quality
STAFF EXPERIENCE / WORKFORCE	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH
Sickness absence	3.0%	4.2%	3.5%				May-12		Quality
Appraisals	100%	93.8%	93.8%				May-12		Trust
VALUE FOR MONEY	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH
Total Pay Bill (£ millions)	36.7	37.2	74.2				May-12		Trust
Total Whole Time Employee (WTE)		10,196	10,196				May-12		Trust

Data Quality Key : Procedure & Process Fully Documented Patient Level Audit Director Sign Off

DoH PERFORMANCE/OPERATING FRAMEWORK - 2012/13 INDICATORS

Performance Indicator		Performing	Under-performing	Weighting	Monitoring Period	April	May	June	Qtr 1
A&E - Total Time in A&E		95%	94%	1.0	QTR	0.0	0.0		
Infection Control	MRSA	0	>1SD	1.0	YTD	3.0	3.0		
	Clostridium Difficile	0	>1SD	1.0	YTD	1.0	3.0		
Access - 18 week wait	RTT waiting times – admitted	90%	85%	1.0	Monthly	3.0	3.0		
	RTT waiting times – non-admitted	95%		1.0	Monthly	3.0	3.0		
	RTT - incomplete 92% in 18 weeks	92%	87%	1.0	Monthly	3.0	3.0		
	RTT delivery in all specialties	0	>20	1.0	Monthly	1.0	1.0		
	Diagnostic Test Waiting Times	<1%	5%	1.0	Monthly	1.0	1.0	See Foot Note	
Access - Cancer	Cancer: 2 week wait from referral to date first seen - all cancers	93%	88%	0.5	Monthly	1.5	1.5		
	Cancer: 2 week wait from referral to date first seen, for symptomatic breast patients (cancer not initially suspected)	93%	88%	0.5	Monthly	1.5	1.5		
	All Cancers: 31-day wait from diagnosis to first treatment	96%	91%	0.25	Monthly	0.75	0.75		
	All Cancers: 31-day wait for second or subsequent treatment - surgery	94%	89%	0.25	Monthly	0.75	0.75		
	All cancers: 31-day for second or subsequent treatment - anti cancer drug treatments	98%	93%	0.25	Monthly	0.75	0.75		
	All Cancers: 31-day wait for second or subsequent cancer treatment - radiotherapy treatments	94%	89%	0.25	Monthly	0.75	0.75		
	All Cancers:- 62-day wait for first treatment from urgent GP referral	85%	80%	0.5	Monthly	0.5	0.5		
	All Cancers:- 62-day wait for first treatment from consultant screening service referral	90%	85%	0.5	Monthly	0.5	0.5		
	Delayed transfers of care	3.5%	5%	1.0	QTR	3.0	3.0		
	Single Sex Accommodation Breaches	0.0%	0.5%	1.0	QTR	1.0	1.0		
Venous Thromboembolism (VTE) Screening	90%	80%	1.0	QTR	3.0	3.0			

Sum of weights	14.00	29.0	31.0
Performance Score = sum of weights/14		2.1	2.2

Please note - diagnostic performance may change following validation of imaging wait data

Scoring values	Underperforming	0
	Performance under review	1
	Performing	3

Overall performance score threshold	Underperforming	2.1
	Performance under review	2.1 and 2.4
	Performing	>2.4

NHS Trust Governance Declarations : 2011/12 & May 2012 In-Year Reporting

Name of Organisation:	University Hospitals of Leicester	Period:	May 2012
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Organisational risk rating

Each organisation is required to calculate their risk score and RAG rate their current performance as per the 2011/12 Provider Management Regime, in addition to providing comment with regard to any contractual issues and compliance with CQC essential standards:

Key Area for rating / comment by Provider	Score / RAG rating*
Governance Risk Rating (RAG as per NHS Midlands and East PMR guidance)	Red
Financial Risk Rating (Assign number as per NHS Midlands and East PMR guidance)	Green
Contractual Position (RAG as per NHS Midlands and East PMR guidance)	Amber

* Please type in R, A or G

Governance Declarations

NHS Midlands and East organisations, subject to the Provider Management Regime, must ensure that plans in place are sufficient to ensure compliance in relation to all national targets and including ongoing compliance with the Code of Practice for the Prevention and Control of Healthcare Associated Infections, CQC Essential standards and declare any contractual issues.

Supporting detail is required where compliance cannot be confirmed.

Please complete sign **one** of the two declarations below. If you sign declaration 2, provide supporting detail using the form below. Signature may be either hand written or electronic, you are required to print your name.

Governance declaration 1

The Board is satisfied that plans in place **are sufficient** to ensure continuing compliance with all existing targets (after the application of thresholds), and with all known targets going forward. The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Code of Practice for the Prevention and Control of Healthcare Associated Infections (including the Hygiene Code) and CQC Essential standards. The board also confirms that there are no material contractual disputes.

Signed by:		Print Name:	
on behalf of the Trust Board	Acting in capacity as:		

Signed by:		Print Name:	
on behalf of the Trust Board	Acting in capacity as:		

Governance declaration 2

For one or some of the following declarations Governance, Finance, Service Provision, Quality and Safety, CQC essential standards or the Code of Practice for the Prevention and Control of Healthcare Associated Infections the Board cannot make Declaration 1 and has provided relevant details below.

The board is suggesting that at the current time there is **insufficient assurance available** to ensure continuing compliance with all existing targets (after the application of thresholds) and/or that it may have material contractual disputes.

Signed by :		Print Name :	Malcolm Lowe-Lauri
on behalf of the Trust Board	Acting in capacity as:		Chief Executive

Signed by :		Print Name :	Martin Hindle
on behalf of the Trust Board	Acting in capacity as:		Chairman

If Declaration 2 has been signed:

Please identify which targets have led to the Board being unable to sign declaration 1. For each area such as Governance, Finance, Contractual, CQC Essential Standards, where the board is declaring insufficient assurance please state the reason for being unable to sign the declaration, and explain briefly what steps are being taken to resolve the issue. Please provide an appropriate level of detail.

Target/Standard:	All Cancers: 62 day wait for first treatment
The Issue :	Target missed Jun - Dec 2011. Target met in Jan to Apr 2012. Target predicted to be met for May 2012
Action :	Trajectory and action plan submitted to LLR Commissioning at the end of Nov 2011
Target/Standard:	RTT waiting times - admitted
The Issue :	Performance reduced to accommodate additional activity for OF 2012-agreed with Commissioners
Action :	Action plan in place in accordance with the Provider Management Regime
Target/Standard:	Quality: A&E
The Issue :	Non-achievement of thresholds for: unplanned reattendance; time to initial assessment
Action :	May performance for UHL is 90.5% and including UCC is 92.4%
Target/Standard:	FRR: financial efficiency
The Issue :	Return on assets
Action :	Action plan in place in accordance with the Provider Management Regime
Target/Standard:	FRR: liquidity
The Issue :	Cash continues to be a challenge for the Trust
Action :	Action plan in place in accordance with the Provider Management Regime
Target/Standard:	All cancers: 31-day wait for second or subsequent treatment
The Issue :	Target for Feb 2012 met. Target for Mar 2012 not met. Target for April 2012 met. Target for May 2012 predicted to be met
Action :	Action plan in place in accordance with the Provider Management Regime

PROVIDER MANAGEMENT REGIME - ACUTE GOVERNANCE RISK RATINGS 2011/12

Ref	Area	Indicator	Sub Sections	Thresh- old	Weight- ing	April 2011	May 2011	Jun 2011	July 2011	Aug 2011	Sept 2011	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012	Apr 2012	May 2012	
1	Safety	Clostridium Difficile	Are you below the ceiling for your monthly trajectory	Contract with PCT	1.0	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	YES	
2	Safety	MRSA	Are you below the ceiling for your monthly trajectory	Contract with PCT	1.0	NO	YES	YES	NO	YES	YES	YES	YES	YES	YES	YES	Yes	YES	YES	
3	Quality	All cancers: 31-day wait for second or subsequent treatment, comprising either:	Surgery	94%	1.0	YES	YES	YES	YES	YES	YES	YES	YES	NO	NO	YES	NO	YES	YES	
			Anti cancer drug treatments	98%																
			Radiotherapy	94%																
4	Quality	All cancers: 62-day wait for first treatment, comprising either:	From urgent GP RTT	85%	1.0	YES	YES	NO	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	
			From consultant screening service referral	90%																
5a	Patient Experience	RTT waiting times – admitted	95th percentile	23 wks	1.0	NO	NO	NO	YES	YES	YES	YES	NO	NO	NO	NO	NO	YES	YES	
5b	Patient Experience	RTT waiting times – non-admitted	95th percentile	18.3 wks	1.0	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	
6	Quality	All Cancers: 31-day wait from diagnosis to first treatment		96%	0.5	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	
7	Quality	Cancer: 2 week wait from referral to date first seen, comprising either:	all cancers	93%	0.5	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	
			for symptomatic breast patients (cancer not initially suspected)	93%																
8a	Quality	A&E: Total time in A&E	Total time in A&E (95%)	≤ 4 hrs	1.0	NO	NO	YES	YES	NO	NO	NO	NO	YES	YES	NO	NO	NO	NO	
8b	Quality	A&E:	Total time in A&E	≤4 hrs	No weighting	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
			Time to initial assessment (95th percentile)	≤15 mins																
			Time to treatment decision (median)	≤60 mins																
			Unplanned re-attendance rate	≤5%																
			Left without being seen	≤5%																
17	Patient experience	Certification against compliance with requirements regarding access to healthcare for people with a learning disability		N/A	0.5	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	
CQC Registration																				
A	Safety	CQC Registration	Are there any compliance conditions on registration outstanding.	0	1.0	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	
B	Safety	CQC Registration	Are there any restrictive compliance conditions on registration outstanding.	0	2.0	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	
C	Safety	Moderate CQC concerns regarding the safety of healthcare provision		0	1.0	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	
D	Safety	Major CQC concerns regarding the safety of healthcare provision		0	2.0	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	
E	Safety	Formal CQC Regulatory Action resulting in Compliance Action		0	2.0	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	
F	Safety	Formal CQC Regulatory Action resulting in Enforcement Action		0	4.0	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	YES	
G	Safety	NHS Litigation Authority – Failure to maintain, or certify a minimum published CNST level of 1.0 or have in place appropriate alternative		0	2.0	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	
TOTAL						3.0	2.0	2.0	2.0	2.0	2.0	2.0	3.0	3.0	2.0	2.0	9.0	2.0	6.0	

RAG RATING :

GREEN	= Score Less than 1
AMBER/GREEN	= Score between 1 and 1.9
AMBER / RED	= Score between 2 and 3.9
RED	= Score Over 4

PROVIDER MANAGEMENT REGIME - FINANCIAL RISK RATING 2011/12

			Risk Ratings					Insert the Score (1-5) Achieved for each Criteria Per Month														
Criteria	Indicator	Weight	5	4	3	2	1	Annual Plan 2011/12	Apr 2011	May 2011	June 2011	Jul 2011	Aug 2011	Sept 2011	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012	Apr 2012	May 2012
Underlying performance	EBITDA margin %	25%	11	9	5	1	<1	3	2	1	1	1	1	1	1	2	2	3	3	3	2	3
Achievement of plan	EBITDA achieved %	10%	100	85	70	50	<50	5	1	2	2	2	2	2	2	2	2	3	3	4	3	4
Financial efficiency	Return on assets %	20%	6	5	3	-2	<-2	3	2	2	2	2	2	2	2	2	2	2	2	3	2	2
	I&E surplus margin %	20%	3	2	1	-2	<-2	2	1	1	1	1	1	1	1	1	1	2	2	3	1	2
Liquidity	Liquid ratio days	25%	60	25	15	10	<10	3	2	1	1	1	1	1	1	2	2	2	3	3	3	3
Average	Weighted Average	100%						3.0	1.7	1.3	1.3	1.3	1.3	1.3	1.3	1.8	1.8	2.4	2.6	3.1	2.2	2.7
Overriding rules	Overriding rules								2	1	1	1	1	1	1	2	2	2	3		2	3
Overall rating	Final Overall rating							3	2	1	1	1	1	1	1	2	2	2	3	3	2	3
	Underlying Performance							3	2	1	1	1	1	1	1	2	2	3	3	3	2	3
	Achievement of Plan							5	1	2	2	2	2	2	2	2	2	3	3	4	3	4
	Financial Efficiency							3	2	2	2	2	2	2	2	2	2	2	2	3	2	2
	Liquidity							3	2	1	1	1	1	1	1	2	2	2	3	3	3	3

Overriding Rules :

Max Rating	Rule																					
3	Plan not submitted on time	No																				
3	Plan not submitted complete and correct	No																				
2	PDC dividend not paid in full	No																				
2	One Financial Criterion at "1"								2													
3	One Financial Criterion at "2"																		3			3
1	Two Financial Criteria at "1"									1	1	1	1	1	1							
2	Two Financial Criteria at "2"									2	2	2	2	2	2	2	2	2				2

PROVIDER MANAGEMENT REGIME - FINANCIAL RISK TRIGGERS 2011/12

Criteria		Apr 2011	May 2011	June 2011	Jul 2011	Aug 2011	Sept 2011	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012	Apr 2012	May 2012
1	Unplanned decrease in EBITDA margin in two consecutive quarters	No	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No
2	Quarterly self-certification by trust that the financial risk rating (FRR) may be less than 3 in the next 12 months	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3	FRR 2 for any one quarter	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
4	Working capital facility (WCF) agreement includes default clause	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
5	Debtors > 90 days past due account for more than 5% of total debtor balances	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No	No
6	Creditors > 90 days past due account for more than 5% of total creditor balances	No	No	No	No	No	No	No	No	No	No	No	No	No	No
7	Two or more changes in Finance Director in a twelve month period	No	No	No	No	No	No	No	No	No	No	No	No	No	No
8	Interim Finance Director in place over more than one quarter end	No	No	No	No	No	No	No	No	No	No	No	No	No	No
9	Quarter end cash balance <10 days of operating expenses	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No
10	Capital expenditure < 75% of plan for the year to date	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No
TOTAL		5	5	5	4	4	4	4	5	5	4	4	4	2	2

RAG RATING :

GREEN = Score between 0 and 1

AMBER = Score between 2 and 4

RED = Score over 5

PROVIDER MANAGEMENT REGIME - CONTRACTUAL RISK RATINGS 2011/12

	Apr 2011	May 2011	Jun 2011	Jul 2011	Aug 2011	Sept 2011	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012	Apr 2012	May 2012
Contractual Risk Rating	G	G	G	G	G	G	G	G	G	G	A	G	A	A

G	All key contracts are agreed and signed. Both the NHS Trust and commissioner are fulfilling the terms of the contract. There are no disputes or performance notices in place.
A	The NHS Trust and commissioner are in dispute over the terms of the contract. Performance notices have been issued by one or both parties.
R	One or more key contract is not signed by the start of the period covered by the contract. There is a dispute over the terms of the contract which might, or will, necessitate SHA intervention or arbitration. The parties are already in arbitration.

PROVIDER MANAGEMENT REGIME - QUALITY

Criteria	Unit	Apr 2011	May 2011	June 2011	Jul 2011	Aug 2011	Sept 2011	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012	Apr 2012	May 2012	
1	SHMI - latest data	Ratio	91.5	101.4	91.8	96.9	90.8	98.1	89.8	85.6	82.6	90.3	101.5	93.3		
2	Venous Thromboembolism (VTE) Screening	%	92.7	93.5	93.5	94.5	93.8	93.8	93.8	94.5	94.3	94.1	93.8	93.7	95.5	95.6
3a	Elective MRSA Screening	%	100	100	100	100	100	100	100	100	100	100	100	100	100	100
3b	Non Elective MRSA Screening	%	100	100	100	100	100	100	100	100	100	100	100	100	100	100
4	Single Sex Accommodation Breaches	Number	0	0	0	0	0	0	0	0	0	0	0	2	3	0
5	Open Serious Incidents Requiring Investigation (SIRI)	Number	6	4	6	1	8	3	3	8	7	118	136	165	189	194
6	"Never Events" in month	Number	0	1	0	0	1	0	0	0	0	0	0	0	2	1
7	CQC Conditions or Warning Notices	Number	0	0	0	0	0	0	0	0	0	0	0	1	0	0
8	Open Central Alert System (CAS) Alerts	Number	1	2	1	1	1	1	2	4	4	3	3	15	8	14
9	RED rated areas on your maternity dashboard?	Number	2	3	2	3	2	4	5	5	7	2	5	4	2	2
10	Falls resulting in severe injury or death	Number	2	0	1	0	0	1	0	0	0	1	0	1	1	1
11	Grade 3 or 4 pressure ulcers	Number	15	12	17	17	8	5	10 (6)	6 (6)	6 (2)	12 (9)	8 (4)	22 (15)	11 (4)	11
12	100% compliance with WHO surgical checklist	Y/N	Y	Y	N	Y	Y	N	Y	Y	N	Y	Y	Y	Y	Y
13	Formal complaints received	Number	132	133	147	119	144	165	149	178	123	145	140	165	133	156
14	Agency and bank spend as a % of turnover	%	3.5	3.6	3.6	3.7	2.4	1.8	1.8	1.9	1.7	1.6	1.6	2.1	2.3	2.3
15	Sickness absence rate	%	3.2	3.0	3.4	3.3	3.1	3.2	3.4	3.8	3.8	3.6	3.7	3.6	3.4	4.2

Board Statements

University Hospitals of Leicester

May 2012

For each statement, the Board is asked to confirm the following:

For CLINICAL QUALITY, that:		Response
1	The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the SHA's Provider Management Regime (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), its NHS trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.	
If the Trust Board is unable to make the above statement, the Board must:		
2	Be satisfied that, to the best of its knowledge and using its own processes (supported by CQC information and including any further metrics it chooses to adopt), its Trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.	✓
3	Be satisfied that, to the best of its knowledge and using its own processes, plans in place are sufficient to ensure ongoing compliance with the CQC's registration requirements	✓
4	Certify it is satisfied that processes and procedures are in place to ensure that all medical practitioners providing care on behalf of the NHS foundation trust have met the relevant registration and revalidation requirements.	✓
5	Be satisfied that the Trust is embedding patient experience into the service design, improvement and delivery cycle.	✓
For SERVICE PERFORMANCE, that:		Response
6	The board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds), and compliance with all targets due to come into effect during 2011/12.	✗
For RISK MANAGEMENT PROCESSES, that:		Response
7	Issues and concerns raised by external audit and external assessment groups (including reports for NHS Litigation Authority assessments) have been addressed and resolved. Where any issues or concerns are outstanding, the board is confident that there are appropriate action plans in place to address the issues in a timely manner	✓
8	All recommendations to the board from the audit committee are implemented in a timely and robust manner and to the satisfaction of the body concerned	✓
9	The necessary planning, performance management and risk management processes are in place to deliver the annual plan	✓
10	A Statement of Internal Control ("SIC") is in place, and the trust is compliant with the risk management and assurance framework requirements that support the SIC pursuant to the most up to date guidance from HM Treasury (see http://www.hm-treasury.gov.uk)	✓
11	The trust has achieved a minimum of Level 2 performance against the key requirements of the Department of Health's Information Governance Toolkit	✓
For COMPLIANCE WITH THE NHS CONSTITUTION, that:		Response
12	The Board is assured that the trust will, at all times, have regard to the NHS constitution	✓
For BOARD, ROLES, STRUCTURES AND CAPACITY, that:		Response
13	The Board maintains its register of interests, and can specifically confirm that there are no material conflicts of interest in the Board	✓
14	The Board is satisfied that all directors are appropriately qualified to discharge their functions effectively, including setting strategy, monitoring and managing performance, and ensuring management capacity and capability	✓
15	The selection process and training programmes in place ensure that the non-executive directors have appropriate experience and skills	✓
16	The management team have the capability and experience necessary to deliver the annual plan	✗
17	The management structure in place is adequate to deliver the annual plan objectives for the next three years.	✗
Signed on behalf of the Trust:		Print name
CEO		
Chair		
		Date

LLR 2012/13 CQUIN - Quarterly performance

Area	Title in Brief	% of CQUIN Total LLR	Indicator Value LLR	Qtr1	Qtr2	Qtr3	Qtr4
National 1	VTE risk assessment	1%	£96,171				
National 2	Responsiveness to Patient Needs	5%	£480,855				
National 3a	Dementia - Screening	1%	£96,171				
National 3b	Dementia - Risk Assessment	2%	£192,342				
National 3c	Dementia - Referral	2%	£192,342				
National 4	Safety Thermometer	5%	£480,855				
Regional 1	NET Promoter	3%	£288,513				
Regional 2	MECC	10%	£961,709				
Local 1a	Int Prof Standards - ED	6%	£577,026				
Local 1b	Int Prof Standards - Assessment Units & Imaging	6%	£577,026				
Local 1c	ED/EMAS Handover	6%	£577,026				
Local 2	Disch B4 11am	2%	£192,342				
Local 2	Disch B4 1pm	6%	£577,026				
Local 2	7 Day Disch	4%	£384,684				
Local 2	TTOs pre disch	3%	£288,513				
Local 2	Disch Diagnosis & Plan	2%	£192,342				
Local 3	End of Life Care	5%	£480,855				
	COPD Admission	5%	£480,855				
Local	COPD care bundle	10%	£961,709				
Local 7a	Clinical Handover	3.2%	£307,747				
Local 7b	Responding to EWS	3.2%	£307,747				
Local 7c	M&M	3.2%	£307,747				
Local 7d	Acting on Results	3.2%	£307,747				
Local 7e	Ward Round Notation Standards	3.2%	£307,747				
Total		100%	£9,617,097				

Specialised Services 2012/13 CQUIN - Quarterly performance

Area	Title in Brief	% of CQUIN Total Specialised Services	Indicator Value - Specialist Service	Qtr1	Qtr2	Qtr3	Qtr4
National 1	VTE risk assessment	5%	£206,487				
National 2	Responsiveness to Patient Needs	5%	£206,487				
National 3a	Dementia - Screening	1.66%	£68,829				
National 3b	Dementia - Risk Assessment	1.66%	£68,829				
National 3c	Dementia - Referral	1.66%	£68,829				
National 4	Safety Thermometer	5%	£206,487				
SS 1	Spec Dashboards	10%	£412,973				
SS 2	Home Dialysis	10%	£412,973				
SS 3	Increased IMRT	15%	£619,459				
SS 4	Perf Status 2	15%	£619,459				
SS 5	Hep C	10%	£412,973				
SS 6	NNU Infections	10%	£412,973				
SS 7	PICU Extubations	10%	£412,973				
Total			£4,129,731				

KEY
NO ISSUES
PERFORMANCE DETERIORATING
FINANCIAL RISK



2012/13 Contractual Penalties - risk areas

The 2012-13 National Acute Contract sets out, within Section B, all the performance and quality measures that the Trust is charged to deliver. The contract contains 149 indicators (not including CQUIN) Each indicator carries a consequence of breach. The materiality of the consequence is dependent on the indicator the majority (75/149) are subject to Section E Clause 47, in as much as the financial risk per indicator is 2% of the monthly contract value per commissioner where performance not achieved (max c£1m). The remaining performance indicators are subject to either different percentages or an actual withholding of payment for individual patients. A number of the performance indicators carry automatic penalty i.e. RTT performance. If the Trust fails to achieve this overall performance measure then each specialty not achieved will be subject to a penalty based on the percentage that performance was below target. There will be no notice for this penalty nor a request for an action plan simply a withholding of funds for each month the performance is not achieved. The contract stipulates that the maximum penalty in one month is 10% (C£5m).

AUTOMATIC CONTRACT PENALTIES FOR APRIL 2012

Description	Threshold	Consequence per breach	Financial Implication
A&E - Total Time in A&E	95% of patients waiting less than 4 hours	2% of the actual outturn value of the service line revenue	£26,761
RTT Non-admitted ophthalmology, actual performance: 91.76%	Non Admitted target 95%	2% of Ophthalmology April income (Elective and Outpatient)	£2,064
Single Sex Accommodation Breaches - 2 breaches affecting 7 patients	>0	£250 a day for each patient	£1,750
2 Never Events reported in April	>0	Recovery of cost of spell and no charge for any corrective procedure	TBC
Total			£30,575

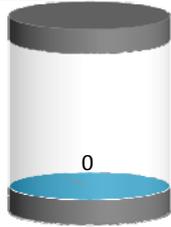
PERFORMANCE AREAS AT RISK OF CONTRACTUAL PENALTY

Nationally Specified Event	Threshold	Consequence per breach	Current Contractual Status	Latest Position
A&E - Total Time in A&E plus ED Clinical Indicators	95% of patients waiting less than 4 hours	The maximum penalty could be £1m (2%) of total Contract Value for each month of failure	2nd Exception Notice issued 30th April 2012.	Remedial action plan and revised trajectories submitted to commissioners and SHA.
Operations cancelled for non-clinical reasons on or after the day of admission	Maximum 0.8% of operations	The maximum penalty could be £1m (2%) of total Contract Value for each month of failure	Contract Query Issued on the 8th July 2011. Remedial Action Plan Shared with Commissioners on 18 May 2012	Awaiting feedback from Commissioners
Breast screening age extension	External visit suggestive of November 2012 commitment	The maximum penalty could be £1m (2%) of total Contract Value for each month of failure	Contract Query Issued on the 7th March. Remedial action plan shared on the 9th May.	Awaiting acceptance of remedial action plan from commissioners and third party advice otherwise escalation to exception notice
Proportion of patients receiving first definitive treatment for cancer within 62 days of referral	Operating standard of 85%	2% of the Actual Outturn Value of the service line revenue	1st Exception Notice issued on the 24th Feb. Remedial Action Plan already in effect and performance recovered in Q4 of 11-12	Exception Notice should be lifted. Commissioners now querying performance at tumour site. No contractual levers to impose this performance measure.
No. of # Neck of femurs operated on < 36hrs	72% by end of Quarter 2	The maximum penalty could be £1m (2%) of total Contract Value for each month of failure	Contract Query issued on 13th April. Remedial action plan accepted by Commissioners. Ongoing monitoring of performance against plan	Performance in alignment with the action plan needs to be maintained to prevent escalation to Exception Notice.

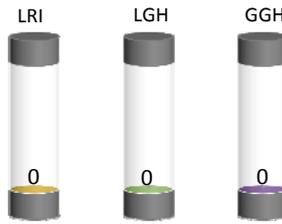
INFECTION PREVENTION

MRSA BACTERAEMIA

UHL MRSA FY 2012/13



UHL MRSA FY 2012/13 by site



Performance Overview

MRSA – a positive month with 0 MRSA cases reported for May for the fourth consecutive month. The target for 2012/13 is 6 cases.

An adjustment has been made to the 2011/12 MRSA database in relation to the addition of one reportable MRSA case, however UHL will remain within its trajectory for 2011/12.

CDifficile – May is below trajectory with 4 cases reported within the cumulative year to date target.

MRSA elective and non-elective screening has continued to be achieved at 100% respectively.

Key Actions

Correspondence has been forwarded to all clinicians regarding expectations and compliance with recommended infection prevention procedures.

UHL MRSA FY 2008/09



UHL MRSA FY 2009/10



UHL MRSA FY 2010/11

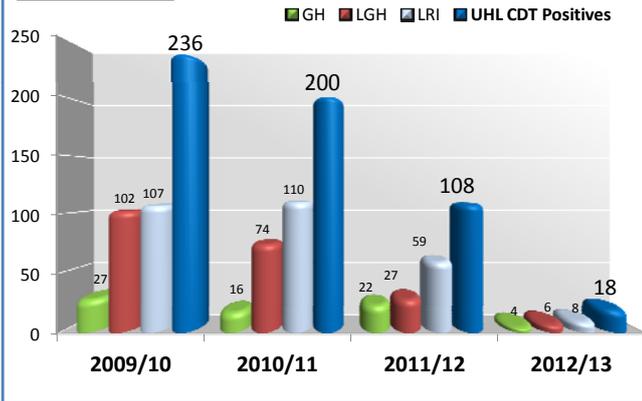


UHL MRSA FY 2011/12

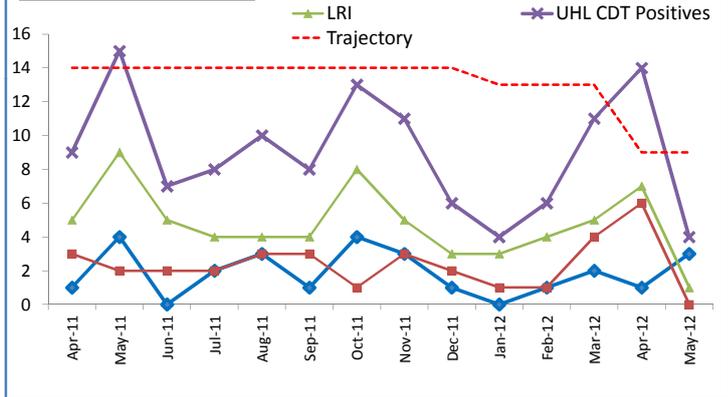


CLOSTRIDIUM DIFFICILE - UHL CDT POSITIVES

UHL CDT Positives



UHL CDT Positives 2011/12



TARGET / STANDARD

	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	YTD	Target
MRSA	0	0	1	1	0	0	2	1	1	0	0	0	0	0	6
C. Diff.	15	7	8	10	8	13	11	6	4	6	11	14	4	18	113
Rate / 1000 Adm's	2.0	0.9	1.0	1.3	1.1	1.8	1.4	0.8	0.5	0.8	1.3	1.9	0.5	1.2	
	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	YTD	Target
GRE	4	2	4	2	1	0	2	1	3	3	1	1	1	2	TBC
MSSA	4	2	5	2	6	4	3	2	0	5	5	2	2	4	No National Target
E-Coli		38	39	42	39	41	45	38	37	35	46	39		39	No National Target

MORTALITY

UHL CRUDE MORTALITY

Performance Overview

UHL's in-hospital mortality rate for April was 1.6% and in May was 1.3%.

The risk adjusted mortality rate (HSMR) for March was 93 (Crude rate was 1.5%) and has not been finalised for April.

The trust's HSMR for 2011/12 is currently 92.3 and is anticipated to be 101 following Dr Foster's annual rebasing which will remain 'within expected'

The next SHMI (covering January to December 2011) will be published in July.

Patients admitted with pneumonia continue to be the largest group of in-hospital deaths and a clinical case note review has commenced looking at both the management of care of patients at both the LRI and Glenfield plus the accuracy of clinical coding.

Dr Foster present 'perinatal mortality' in two diagnosis groups within the RTM tool. UHL's Relative Risk remains 'above the expected' for both groups. More in depth analysis and discussions with Dr Foster are underway in order to confirm whether the RR figure is being affected by 'stillbirth' pregnancies. Previous work with Dr Foster's has identified that the clinical complexity of very premature babies is not accurately captured by the Charlson Comorbidity tool which therefore affects the relative risk model for this group of patients.

UHL CRUDE DATA TOTAL SPELLS	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	2011/12	Apr-12	May-12	YTD
UHL Crude Data - TOTAL Spells	17539	18897	18386	18184	18005	17954	18540	18381	19145	18654	19894	203579	17365	19502	36867
UHL Crude Data - TOTAL Deaths	254	230	224	211	235	231	229	271	272	285	284	2726	277	255	532
UHL %	1.4%	1.2%	1.2%	1.2%	1.3%	1.3%	1.2%	1.5%	1.4%	1.5%	1.4%	1.3%	1.6%	1.3%	1.4%

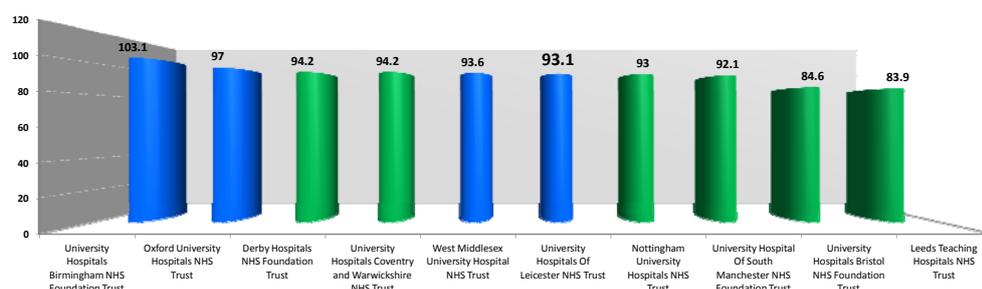
UHL CRUDE DATA ELECTIVE SPELLS	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	2011/12	Apr-12	May-12	YTD
UHL Crude Data - ELECTIVE Spells	8098	9238	8570	8810	8761	8691	9251	8450	8915	9153	9829	97766	7871	9310	17181
UHL Crude Data - ELECTIVE Deaths	5	7	11	11	5	4	6	12	4	5	8	78	5	7	12
%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%	0.1%	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%

UHL CRUDE DATA NON ELECTIVE SPELLS	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	2011/12	Apr-12	May-12	YTD
UHL Crude Data - NON ELECTIVE Spells	9441	9659	9816	9374	9244	9263	9289	9931	10230	9501	10065	105813	9494	10192	19686
UHL Crude Data - NON ELECTIVE Deaths	249	223	213	200	230	227	223	259	268	280	276	2648	272	248	520
%	2.6%	2.3%	2.2%	2.1%	2.5%	2.5%	2.4%	2.6%	2.6%	2.9%	2.7%	2.5%	2.9%	2.4%	2.6%

HSMR and RELATIVE RISK April 2011 - April 2012

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	2011/12
HSMR (Dfi)	91.5	101.4	91.8	96.9	90.8	98.1	89.8	85.6	82.6	90.3	101.5	93.3	92.6
Relative Risk - Electives (Dfi)	72.2	56.8	77.9	130.0	126.9	50.7	50.5	63.4	126.6	41.3	67.6	85.7	80.1
Relative Risk - Non Elective (Dfi)	95.2	103.7	90.3	91.1	88.2	104.1	89.4	92.6	85.7	93.1	100.3	92.6	93.7

UHL's HSMR for 11/12 Compared with University Hospital Peer



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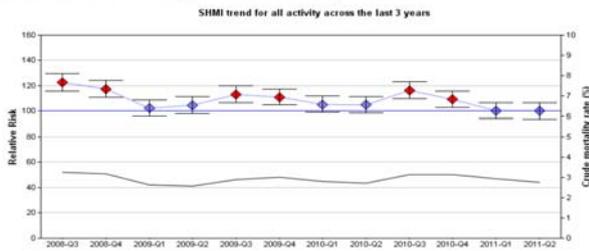
BETTER THAN EXPECTED

WITHIN EXPECTED

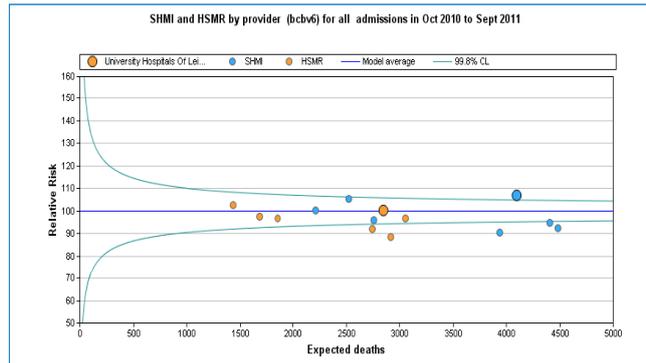
MORTALITY

SHMI, Oct 2011 - Sept 2011

SHMI trend for all activity across the last 3 years



SHMI and HSMR by provider (bcbv6) for all admissions in Oct 2010 to Sept 2011

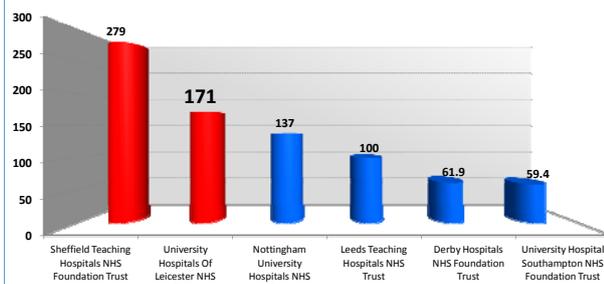


SHMI - High/low relative risk positions

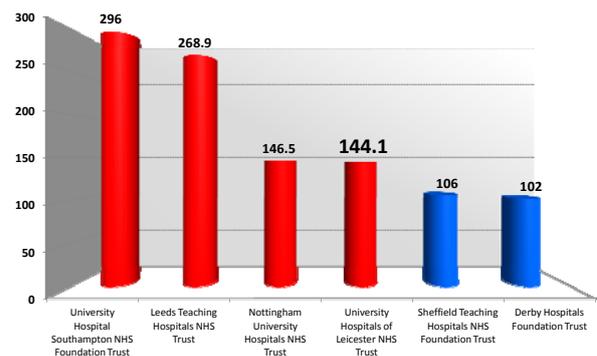
CCS Group	Spells	Relative Risk	95% Confidence Interval
High relative risks			
Chronic renal failure	356	296.3	189.8 - 440.8
HIV infection	96	257.7	128.5 - 461.1
Influenza	283	540.5	302.3 - 891.5
Intrauterine hypoxia and birth asphyxia	77	1,733.10	466.2 - 4,437.0
Other complications of pregnancy	4257	1,638.70	184.0 - 5,916.5
Other infections, including parasitic	63	751.2	151.0 - 2,194.9
Other non-traumatic joint disorders	636	180.8	113.3 - 273.8
Peritonitis and intestinal abscess	41	221.7	110.5 - 396.7
Pneumonia	2313	112.4	103.2 - 122.2
Short gestation, low birth weight, and fetal growth retardation	554	204.8	134.9 - 298.0
Low relative risks			
Fracture of lower limb	825	42.1	13.6 - 98.2
Other screening for suspected conditions	3130	0	0.0 - 62.7
Other skin disorders	482	23.5	2.6 - 84.9
Paralysis	363	58.4	31.1 - 99.8
Rehabilitation care, fitting of prostheses, and adjustment of devices	831	11.5	1.3 - 41.4

Perinatal Mortality 2011/12

UHL's Relative Risk compared with University Hospital Peer for Short Gestation, Low Birthweight and Growth Retardation Diagnosis Group 11/12



UHL's Relative Risk compared with University Hospitals for 'Perinatal Period Diagnosis Groups' 2011/12

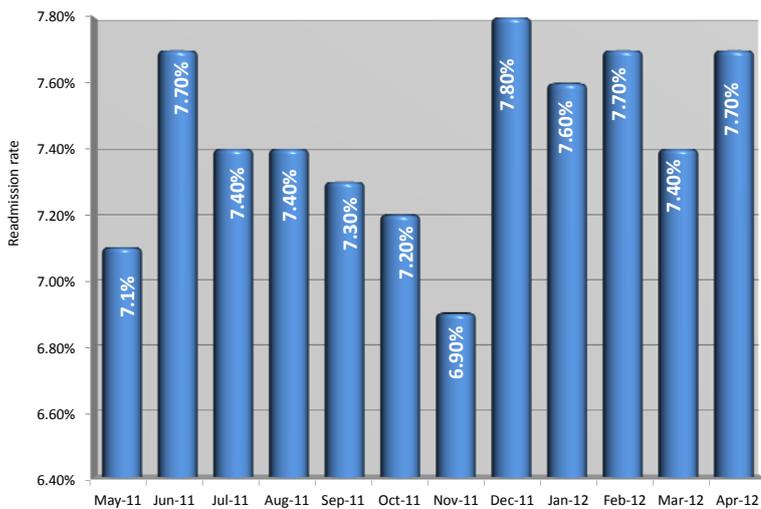


KEY : WORSE THAN EXPECTED WITHIN EXPECTED

READMISSIONS

UHL Readmissions

Readmission Rate (Any Speciality)



Performance Overview

Readmission rate increased to 7.7% in April, continuing the trend that has prevalent since November 11 of increased readmissions, alongside the increased level of admissions in general. The standard to achieve for 2012/13 is a further 5% reduction in the readmission rate.

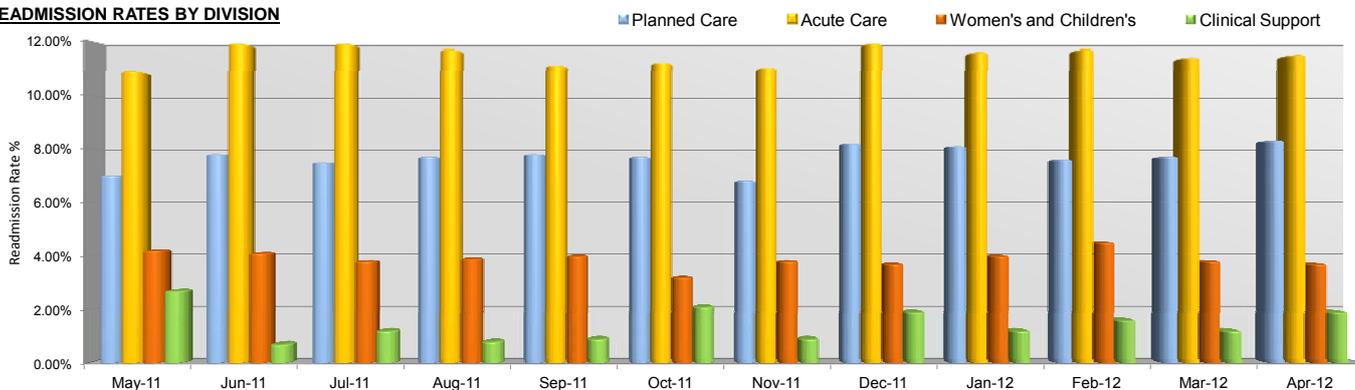
As previously reported, agreement has been reached with commissioners on a holding threshold for the penalisation of readmissions for 2012/13. The threshold is 20%. This will lead to a reduction in the baseline readmissions penalty of £5.2m in 2012/13 from 2011/12. The clinical review, led by the University has started and will report in the first week in July. The review of over 900 cases will not only validate the threshold for penalty, but will also identify avoidable groups where investment in the penalty can then be focussed by commissioners as per the NHS operating policy. The clinical review, focus and agreement on the investment of the penalty and the finalisation of the actions outstanding in the project plan are now the key focus for early 2012/13.

The general readmissions work is now being devolved to Divisions. Monthly data will continue to be sent to the Heads of Service to allow review of the avoidability of readmissions as part of general clinical assurance of quality and a best practice tick sheet is available that identifies best practice nationally and internationally with regard to what acute providers can do to improve readmission rates. The final Readmissions Project Board will take place on 20th July

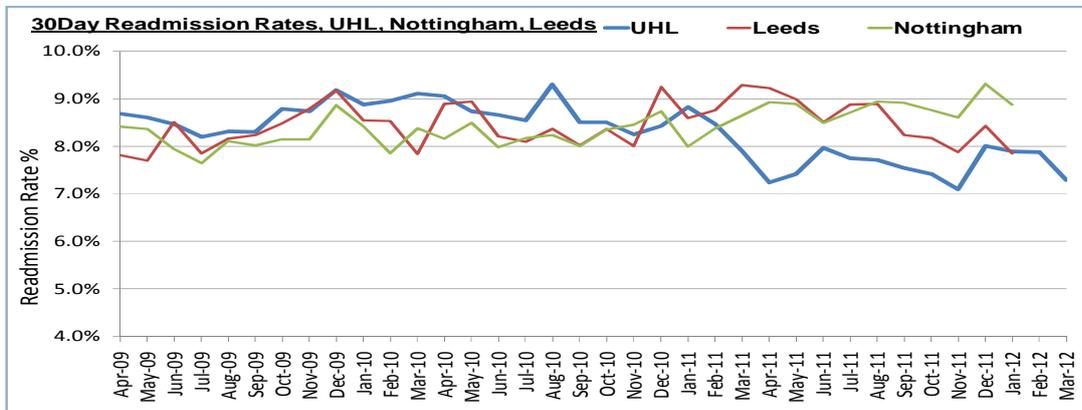
UHL CRUDE DATA TOTAL SPELLS	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	YTD
Discharges	17539	18897	18386	18184	18005	17954	18540	18381	19145	18669	19935	17417	17,417
30 Day Emerg. Readmissions (Any Spec)	1,250	1,452	1,360	1,351	1,321	1,293	1,276	1,425	1,460	1,430	1,482	1,348	1,348
Readmission Rate (Any Speciality)	7.10%	7.70%	7.40%	7.40%	7.30%	7.20%	6.90%	7.80%	7.60%	7.70%	7.40%	7.70%	7.7%
30 Day Emerg. Readmissions (Same Spec)	768	902	833	811	800	788	746	868	879	846	842	803	803
Readmission Rate (Same Speciality)	4.40%	4.80%	4.50%	4.50%	4.40%	4.40%	4.00%	4.70%	4.60%	4.50%	4.20%	4.60%	4.6%
Total Bed Days of Readmitting Spells	7,030	8,908	8,145	8,311	8,261	8,187	7,468	8,357	8,875	8,999	9,077	7,741	7,741

Division Details

READMISSION RATES BY DIVISION



Readmissions Benchmarked



FRACTURED NECK of FEMUR

UHL Nof

Performance Overview

As highlighted in recent internal and external meetings there 3 key projects to ensure the sustainable delivery, these are detailed as follows:-

• Additional Theatre Capacity

Due to the 11% increase in NOF admissions and increase in overall trauma, additional trauma theatre session are required from Monday to Thursday in the afternoons to meet this demand. This is based on analysis undertaken into admission trends over each day of the week taking into account the need to operate within 36 hours of admission. All additional sessions are on track to be opened by the end of June 2012

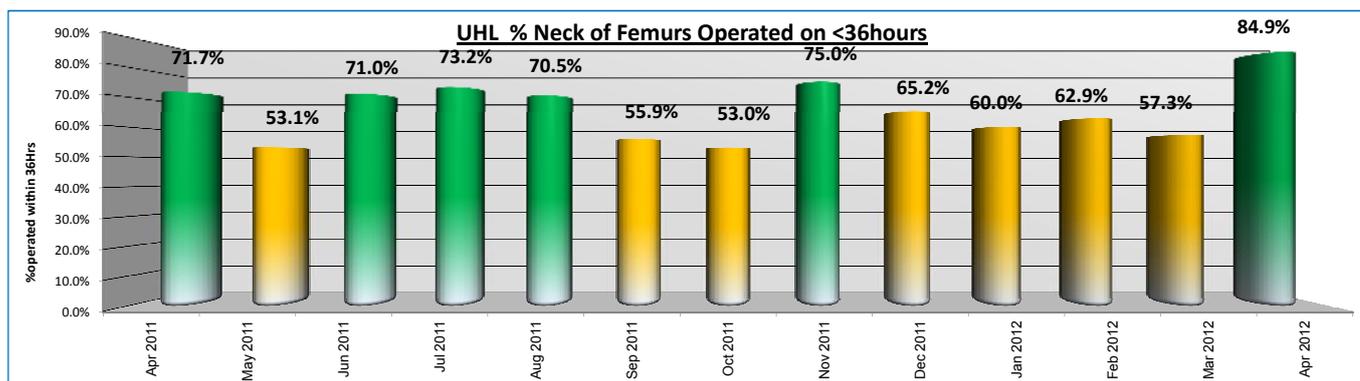
• Creation of a Fracture Neck of Femur Ward

The MSK CBU is establishing a fractured neck of femur ward to be operational on track to open on the 2nd July 2012. The nursing and therapy staffing levels for this area will need to be increased to ensure the appropriate 1:1.59 nurse to bed ratio is achieved. The concept of creating a dedicated ward will enable both Surgical and Ortho geriatric care to be concentrated into one area, therefore allowing greater cover and improvement in processes. A multi disciplinary team have visited Pinderfields NHS Trust in May where this model is in place to learn from them in order to develop internal protocols. As part of the set up of the ward the CBU is keen to work in partnership to expedite discharge for patients we would welcome discussions with primary and community colleagues regarding the whole pathway for these patients.

• Appointment of Locum Ortho geriatrician

The service has struggled to maintain the Ortho geriatricians input, due to Maternity Leave and delays in recruitment. This has had an adverse impact on performance as six of the measures contained in the Best Practice Indicators are dependent on this input. The recruitment have been addressed to ensure consistent cover is in place for all eventualities

NOF YTD Performance

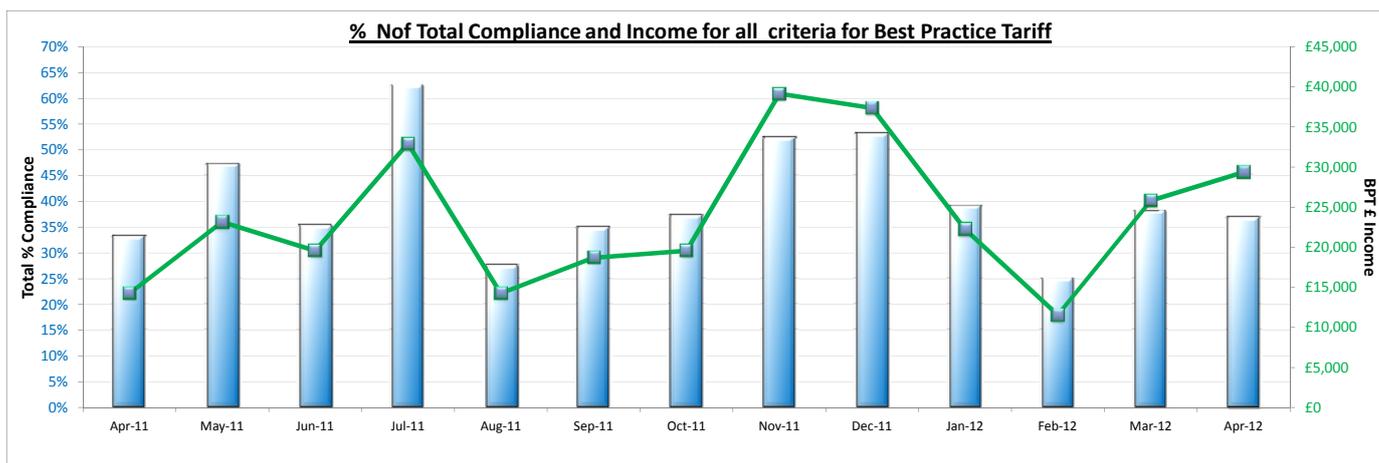


	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	YTD	Target
Number of Patients	60	64	69	71	61	68	83	84	89	75	70	82	53	53	
No. of Patients operated on within 36 hrs	43	34	49	52	43	38	44	63	58	45	44	47	45	45	
Neck of Femurs Operated on < 36 Hours	71.7%	53.1%	71.0%	73.2%	70.5%	55.9%	53.0%	75.0%	65.2%	60.0%	62.9%	57.3%	84.9%	84.9%	70%

Hip Fracture Best Practice Tariff Compliance

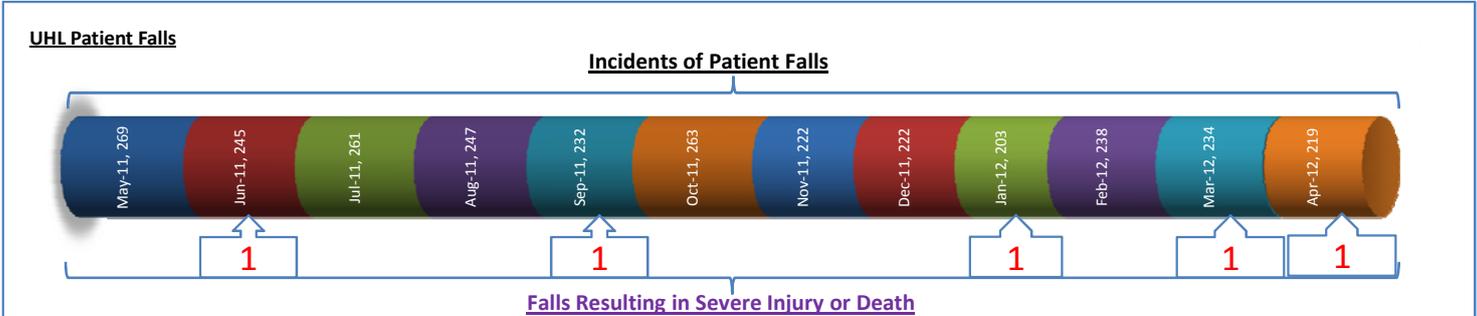
Criteria	CQRG Thresholds	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
# to Theatre 0-35Hrs	Monthly >=70% FYE 75%	63%	71%	60%	81%	64%	65%	56%	64%	76%	56%	67%	63%	75%
# Admitted under joint care of Geriatrician and ortho surgeon	-	92%	98%	95%	98%	74%	95%	93%	96%	96%	92%	90%	92%	100%
# Admitted under Assessment Protocol	>=95%	98%	100%	98%	100%	86%	93%	95%	98%	95%	92%	92%	95%	100%
# Geriatrician Assessment	Monthly >=70% Q4 75%	71%	80%	69%	88%	59%	70%	81%	90%	86%	86%	62%	86%	95%
# Multiprof Rehab Review	Monthly >=80% Q4 85%	85%	91%	85%	92%	69%	85%	90%	87%	85%	84%	73%	67%	92%
# Specialist Falls Assessment	Monthly >=80% Q4 85%	79%	91%	85%	92%	62%	82%	88%	87%	92%	84%	94%	93%	100%
# AMTS	-	-	-	-	-	-	-	-	-	-	-	-	-	61%
% Total Compliance for all criteria		33%	47%	35%	63%	28%	35%	37%	52%	53%	39%	25%	38%	37%

In order to achieve Best Practice Tariff, each criterion must be passed



FALLS

TARGET / STANDARD														YTD	Target
Incidents of Patient Falls	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12		
UHL	269	245	261	247	232	263	222	222	203	238	234	219		219	2750
Planned Care	60	55	60	59	67	67	50	54	49	55	52	37		37	653
Acute Care	196	174	193	171	154	186	163	163	148	173	177	140		140	1982
Women's and Children's	2	5	6	7	5	4	5	3	1	4	4	1		1	47
Clinical Support	11	11	2	10	6	6	4	2	5	6	1	11		11	68
Falls Resulting in Severe Injury or Death	0	1	0	0	1	0	0	0	1	0	1	1	1	2	6



Performance Overview

The number of inpatient falls has reduced from 234 reported in March to 219 in April 2012. Recent scrutiny of the data by ward shows some significant reductions where there have been focused action plans with continued reductions noted in Planned Care and a reduction of 37 in the Acute Division.

For April and May there have been 2 falls reported as SUI's which are subject to a full root cause analysis and reporting process.

PRESSURE ULCERS (Grade 3 and 4)

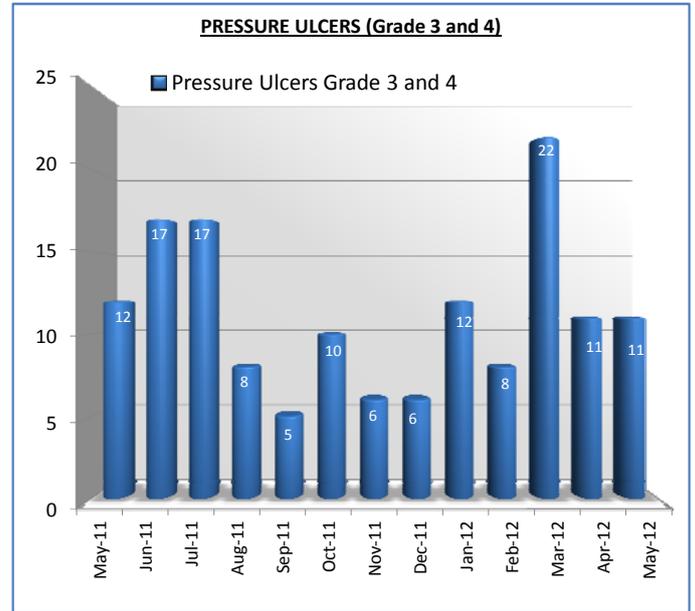
Performance Overview

There has been a notable reduction in the number of grade 3 and 4 ulcers reported in April (11) with early indication that May retains this position.

On the 31st May the National Intensive support team visited the trust as part of the East & Midlands SHA plans for elimination. The team, consisting of senior nurses and Tissue Viability Nurse Specialists, reviewed the systems and processes to eliminate pressure ulcers, highlighted good practice and made recommendations for further improvement.

Early feedback, subsequent discussion and report findings summarised:

'At the outset I would like to say that the review team visited a number of wards who were impressed by the quality focus. Staff were passionate, the environments were clean and uncluttered, patients praised the staff and the level of care. The reviewers stated that all wards visited in their opinion passed the "Friends and Family test"'



TARGET / STANDARD														YTD	Target
Pressure Ulcers Grade 3 and 4	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12		
	12	17	17	8	5	10	6	6	12	8	22	11	11	22	110
Attributable to Trust						6	6	2	10	4	15	7		7	
Not Attributable to Trust						3	0	4	2	4	7	4		4	

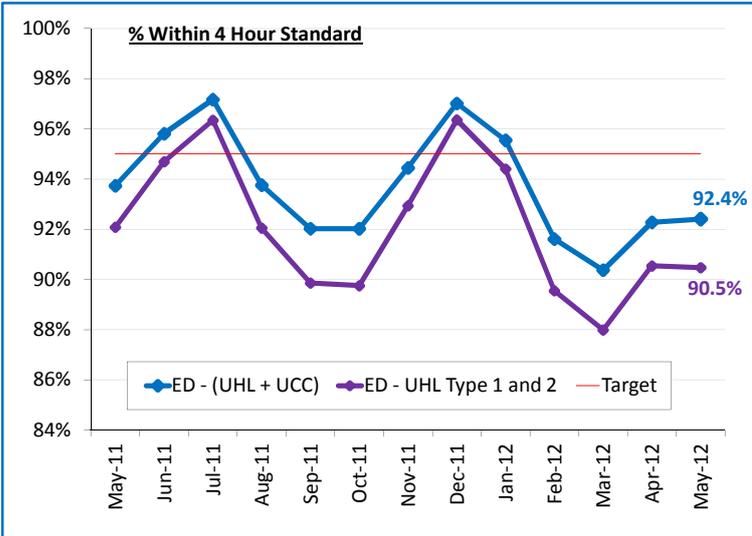
EMERGENCY DEPARTMENT

Performance Overview

Performance for May Type 1 & 2 is 90.5% and 92.4% including the Urgent Care Centre (UCC). Performance however remains erratic and is the key risk of the trust. Further to the submission of improvement plans to commissioners in May, work continues across the divisions regarding the delivery of the plans, the progress of which is covered at the weekly Divisional meeting, Executive Team and Emergency Care Steering Group.

Key Actions

Given the serious concerns of ED performance further detail focussing on the actions relating to the Emergency Department may be seen in a separate Trust Board ED Medical Directors Report.



Total Time in the Department

May 2012 - ED Type 1 and 2

	Admitted	Not Admitted	Total
0-2 Hours	295	4,603	4,898
3-4 Hours	1,933	6,373	8,306
5-6 Hours	443	492	935
7-8 Hours	226	99	325
9-10 Hours	79	23	102
11-12 Hours	40	2	42
12 Hours+	6	2	8
Sum:	3,022	11,594	14,616

CLINICAL QUALITY INDICATORS

PATIENT IMPACT

Left without being seen %
Unplanned Re-attendance %

May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
2.2%	2.0%	2.1%	2.8%	2.4%	2.9%	2.0%	2.3%	2.1%	2.4%	3.6%	2.8%	3.0%
5.6%	5.2%	5.9%	6.7%	5.5%	6.0%	5.7%	5.4%	6.1%	6.1%	6.6%	6.2%	5.9%

TARGET
≤5%
< 5%

TIMELINESS

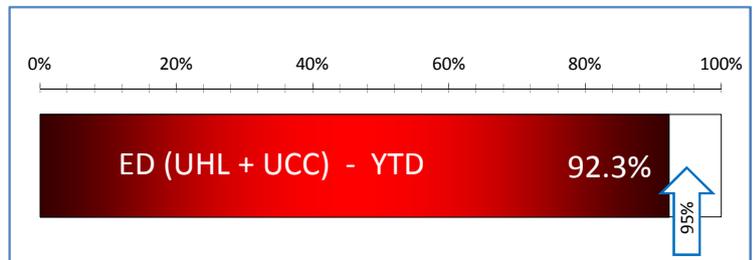
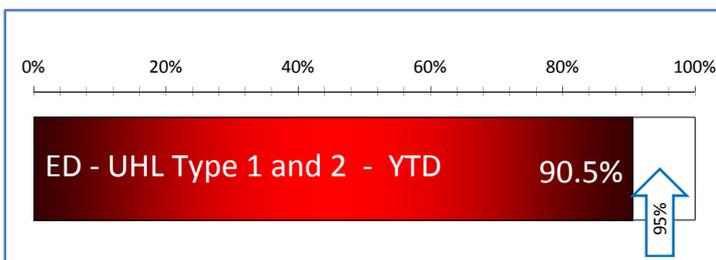
Time in Dept (95th centile)
Time to initial assessment (95th)
Time to treatment (Median)

May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
307	257	239	304	338	341	288	240	264	331	331	320	317
56	41	39	48	48	61	48	42	32	34	40	34	31
54	50	34	34	39	44	43	42	42	54	61	45	49

TARGET
< 240 Minutes
≤ 15 Minutes
≤ 60 Minutes

4 HOUR STANDARD

	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	YTD	TARGET
ED - (UHL + UCC)	93.7%	95.8%	97.2%	93.8%	92.0%	92.0%	94.4%	97.0%	95.5%	91.6%	90.4%	92.3%	92.4%	92.3%	95.0%
ED - UHL Type 1 and 2	92.1%	94.7%	96.3%	92.1%	89.9%	89.8%	92.9%	96.4%	94.4%	89.5%	88.0%	90.5%	90.5%	90.5%	95.0%
ED Waits - Type 1	91.3%	94.1%	95.9%	91.0%	88.7%	88.5%	92.1%	96.0%	93.7%	88.3%	86.6%	89.5%	89.3%	89.4%	95.0%



18 WEEK REFERRAL TO TREATMENT

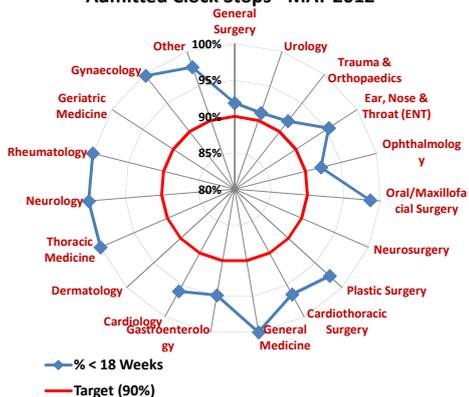
Performance Overview

Admitted performance in May has been achieved with performance at 94.6%, with all specialties delivering above the 90% target as expected.

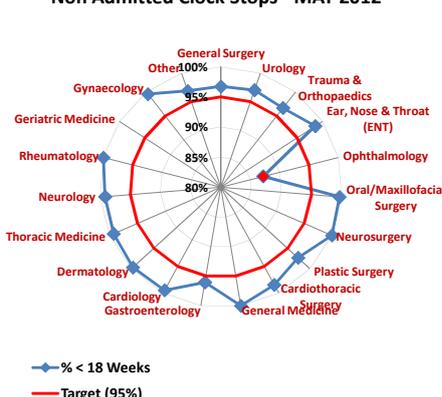
The non-admitted target has also achieved at 96.6% against a target of 95%. All specialties with the exception of Ophthalmology have achieved as expected. As part of an action plan to recover the Ophthalmology performance, additional outpatient activity is currently taking place which is anticipated to resume performance in July.

New standards from April 2012 include the requirement that 92% of patients on an incomplete pathway (i.e. patients waiting for a decision to treat or treatment) should have been waiting no more than 18 weeks. UHL performance for April is 95.8%.

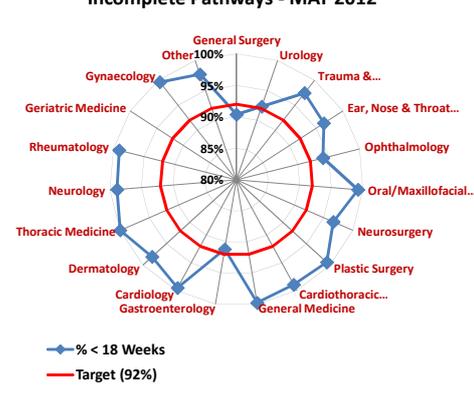
Admitted Clock Stops - MAY 2012



Non Admitted Clock Stops - MAY 2012



Incomplete Pathways - MAY 2012

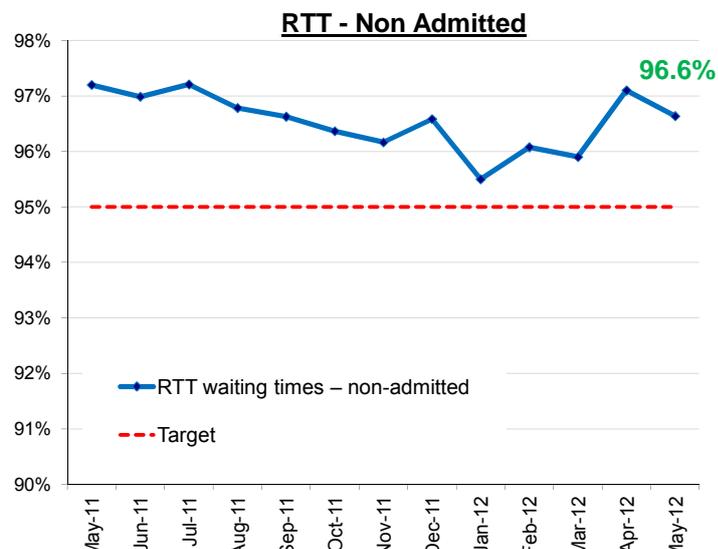
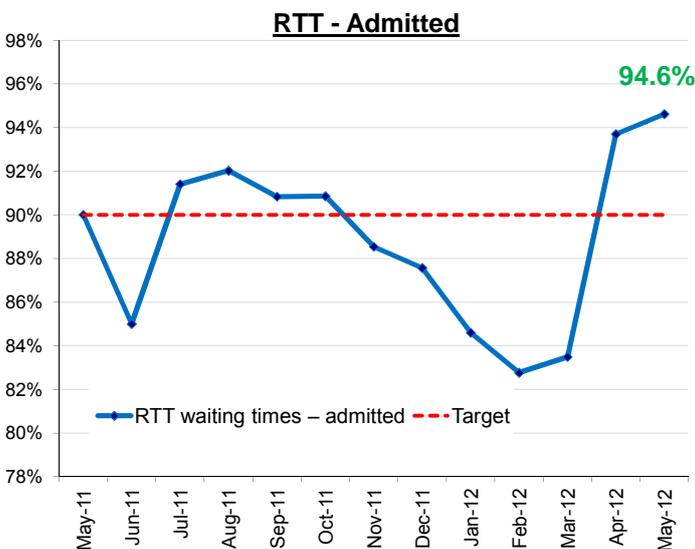


TARGET / STANDARD

RTT	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Target
RTT waiting times – admitted	90.0%	85.0%	91.4%	92.0%	90.8%	90.9%	88.5%	87.6%	84.6%	82.8%	83.5%	93.7%	94.6%	90%
RTT waiting times – non-admitted	97.2%	97.0%	97.2%	96.8%	96.6%	96.4%	96.2%	96.6%	95.5%	96.1%	95.9%	97.1%	96.6%	95%

RTT - incomplete 92% in 18 weeks	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Target
RTT - incomplete 92% in 18 weeks	New O/F target April 2012							94.9%	95.8%	92%
RTT delivery in all specialties	New O/F target April 2012							1	1	0

Diagnostic Test Waiting Times	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Target
Diagnostic Test Waiting Times	New O/F target April 2012							1.2		<1%



STAFF EXPERIENCE / WORKFORCE

Performance Overview

Appraisal

There was a slight increase in the rolling twelve month average appraisal rate for May. The number of appraisals which took place during the month was the highest for seven months.

Human Resources continue to work closely with Divisions and Directorates in implementing targeted actions to continue to improve appraisal performance.

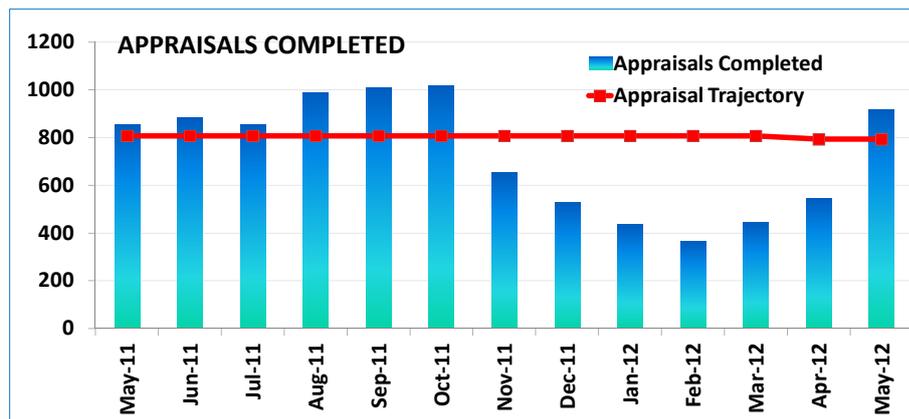
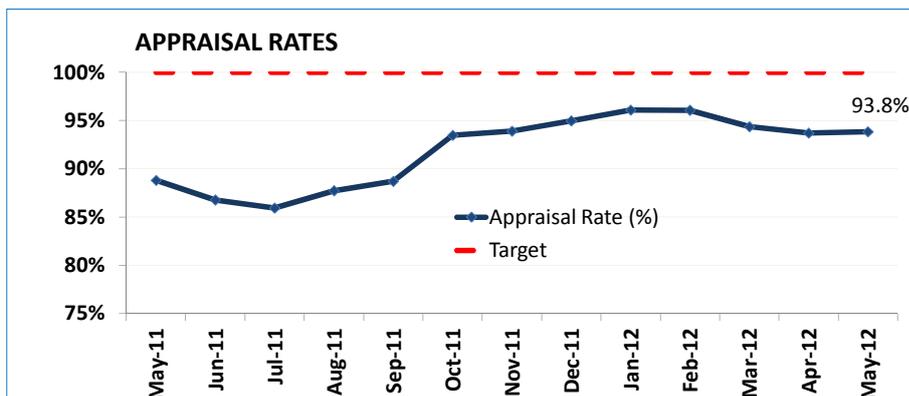
Sickness

The reported sickness rate for May is 4.2%.

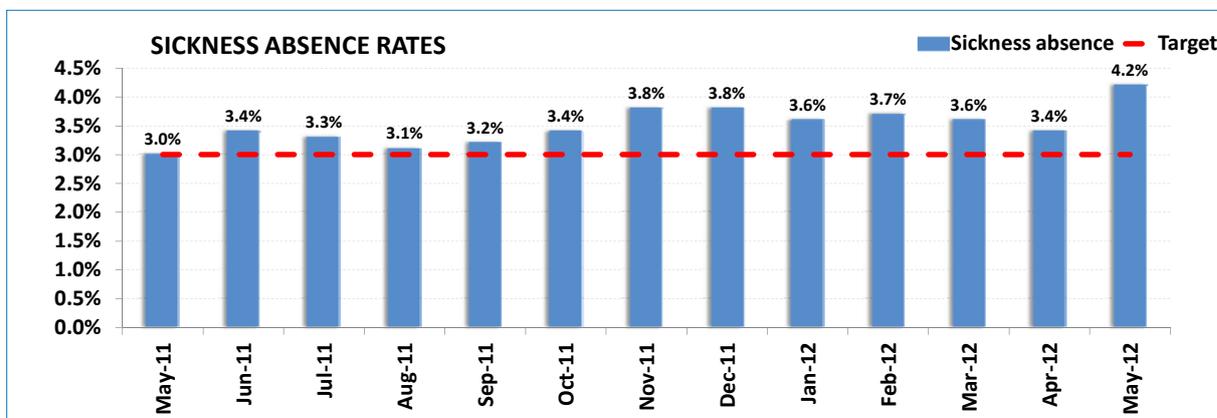
The actual rate is likely to be at around 0.5% lower as absence periods are closed. Currently therefore the sickness rate is higher than the previous 12 months but may fall after the absence periods have been closed down.

The 12 month rolling sickness has remained at 3.5%.

Human Resources are currently working with Divisions to performance manage areas with the highest sickness rates. The revised Sickness Absence Policy is being communicated and will be operational from 1st June.



	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Target
APPRAISALS	88.8%	86.8%	85.9%	87.7%	88.7%	93.5%	93.9%	95.0%	96.1%	96.1%	94.4%	93.7%	93.8%	100%



THE STAFF PROMOTER

"Staff Promoter" to be introduced later in the year

STAFF PROMOTER SCORE

Month	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Target
Score														

QUALITY

Performance Overview

Critical Safety Actions : There are no national performance targets for the 5 Critical Safety Actions which is a UHL Safety and Quality Improvement Programme. Performance for CQUIN payment thresholds have been discussed with the PCT and will be finalised by the end of June.



There is a high degree of confidence that the Quarter 1 indicators will be met.

The 5 Critical Safety Actions Programme Manager took up post on 18th June 2012. This page will be developed by the programme lead for the July report.

Improving Clinical Handover.

AIM:- Roll-out of consistent, standardised and systematic handover for medical and nursing teams.

Roll-out of fully integrated electronic process for handover is delayed. Current focus is around the standardisation of the process and monitoring that handover is comprehensive and systematic, particularly for out of hours care.

Staff audit required re awareness and compliance with handover standards.

Relentless attention to EWS triggers and actions.

AIM:- No SUIs reported relating to failure to act on EWS Scores

Implementation plan written.

HCA observation assessment package completed

Actions for EWS triggers >6 under development.

Implement and Embed Mortality and Morbidity standards.

AIM:- For all avoidable deaths and SUIs to be reviewed at specialty Mortality and Morbidity Meetings and learning identified.

New mortality and morbidity policy approved within UHL and rolled out to all specialties.

Audit of M&M meetings planned.

Acting upon Results.

AIM:- No avoidable death or harm as a failure to act upon results

Policy currently under development (must also meet NHSLA requirements).

Specialties to describe their own process for action upon results.

Senior Clinical Review, Ward Rounds and Notation.

AIM:- Improved clinical communication and documentation

Consistent process agreed within general surgery and nephrology

Internal professional standards approved within UHL.

PCT visit to observe ward rounds and notation in July.

PATIENT EXPERIENCE

Performance Overview

In May 2012 1806 Patient Experience Surveys were returned which far exceeds the Trusts target by 331 (22%). Of these 1806 surveys, 1185 surveys included a response to the Net Promoter Question and were considered inpatient activity (excluding day case/ ED / outpatients) and therefore were included in the Net Promoter Score for the SHA. Net Promoter Scores have been broken down to specialty and ward level.

The Trust achieved the SHA Target - Net Promoter Score for 10% of inpatient activity for May 2012. Total number of Net Promoter responses:

Number of Promoters:	711
Number of passives:	369
Number of detractors:	105
Overall NET promoter score:	51.14 - a slight increase from last month

Target for 2012-13 is for the Trust to improve baseline score by 10 points and achieve a Net Promoter Score of 61.

Plans to Achieve 10 Point Improvement:

1. Net Promoter Scores broken down to specialty and ward level have been shared and discussed with the clinical teams
2. Data analysis and interpretation linking Net Promoter Scores with areas showing the greatest decline in satisfaction within Divisions
3. Senior nursing staff deployed to link in with all clinical areas and explore data collection and results for Net Promoter Score
4. Meeting on 28th June 2012 to discuss & agree Trust wide response to ensure a 10 point improvement in the Net Promoter Score by end of reporting year

The Trust overall and each Divisions respect & dignity score has improved for May 2012 and has a green RAG rating

For the main outpatients clinics on all 3 sites attendances for May 2012 were approximately 19,100 attenders - an inadequate number of surveys were received from outpatients for May to provide a representative result.



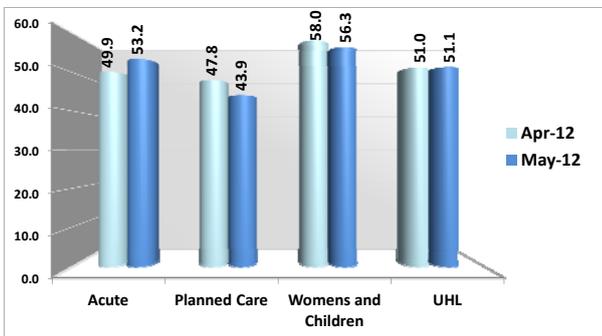
Net Promoter **51.1**

Coverage **11.6%**



Friends & Families Test - the Net Promoter - MAY 2012

Number of Responses **1185**



Coverage **11.6%**



Patient Experience Surveys

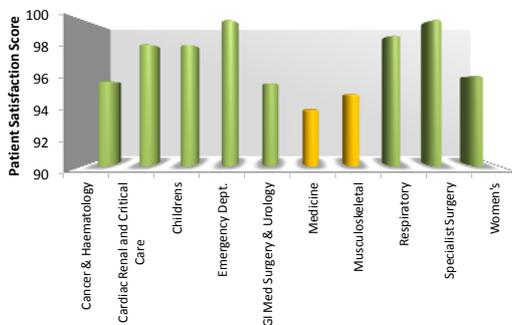
Inpatient Return Rates - May 2012

Division	Returned	Target	% Achieved
Acute Care	898	680	132.1%
Planned Care	743	630	117.9%
Women's and Children's	165	165	100.0%
UHL	1,806	1,475	122.4%

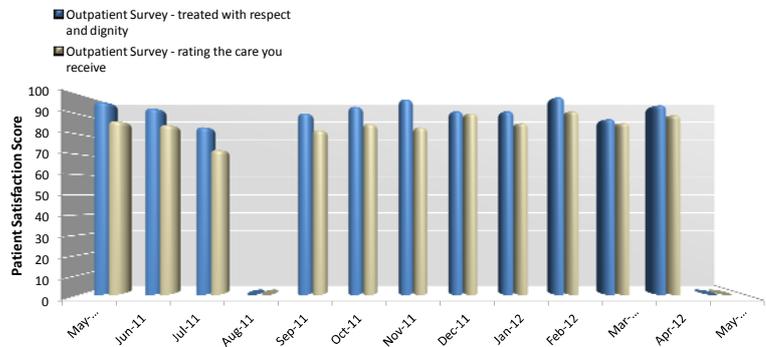
Overall, did you feel you were treated with respect and dignity while you were in the hospital? (Paper surveys only)

Division	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
Acute	95.8	97.2	95.9	95.6	94.5	95.5	96.7	95.7	96.3	94.8	95.2	95.8	96.2
Planned Care	96.6	96.2	95.2	97.0	97.0	97.1	95.6	96.2	95.9	96.9	96.7	96.1	96.0
Womens and Children	97.1	94.9	96.3	95.5	94.4	96.5	94.5	97.8	96.7	95.4	92.5	92.9	97.8
UHL	96.3	96.5	95.7	96.0	95.3	96.1	96.0	96.1	96.2	95.6	95.6	95.9	96.3

Inpatient Respect & Dignity - May 2012 - CBU



Outpatient Survey Results



Outpatient Experience Survey Scores

	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
Outpatient Survey - treated with respect and dignity	96.7	93.5	84.0		91.0	94.3	98.0	92.0	92.0	99.0	88.0	95.0	N/A
Outpatient Survey - rating the care you receive	87.0	85.1	72.6		82.5	85.7	84.0	91.0	86.0	92.0	86.0	90.0	N/A
Surveys Gathered					94	64	150	47	92	48	46	36	

YTD	Target
95.0	95.0
90.0	85.0

Friends & Families Test - *the Net Promoter*

May 2012

<i>Acute Care</i>		Total Number of Responses in Period	Number of Promoters	Number of Passives	Number of Detractors	Net Promoter Score
Cardiac, Renal & Critical Care						
Cardiology	GH WD 24	25	20	5	0	80.00
	GH WD 27	15	10	2	3	46.67
	GH WD 28	7	5	2	0	71.43
	GH WD 32	0				
	GH WD 33	18	15	3	0	83.33
	GH WD Coronary Care Unit	25	22	1	2	80.00
Cardiology Total		90	72	13	5	74.44
Cardiothoracic Surgery	GH WD 20	2	0	2	0	0.00
	GH WD 31	23	16	7	0	69.57
Cardiothoracic Surgery Total		25	16	9	0	64.00
Nephrology	LGH WD 10	6	0	5	1	-16.67
	LGH WD 15A HDU Neph	0				
	LGH WD 15N Nephrology	0				
Nephrology Total		6	0	5	1	-16.67
Paed Cardiothor Surg ECMO	GH WD 30	14	12	2	0	85.71
Paed Cardiothor Surg ECMO Total		14	12	2	0	85.71
Transplant	LGH WD 17 Transplant	24	21	3	0	87.50
Transplant Total		24	21	3	0	87.50
Business Unit Total		159	121	32	6	72.33
Medicine						
Diabetology	LRI WD 38 Win L6	19	10	6	3	36.84
Diabetology Total		19	10	6	3	36.84
Gastroenterology	LRI WD 30 Win L4	23	16	6	1	65.22
Gastroenterology Total		23	16	6	1	65.22
Infectious Diseases	LRI WD IDU Infectious Diseases	17	11	4	2	52.94
Infectious Diseases Total		17	11	4	2	52.94
Integrated Medicine	LGH WD 8	7	3	3	1	28.57
	LGH WD Young Disabled	1	1	0	0	100.00
	LRI WD 23 Win L3	31	18	10	3	48.39
	LRI WD 24 Win L3	24	10	9	5	20.83
	LRI WD 25 Win L3	20	10	9	1	45.00
	LRI WD 26 Win L3	18	5	9	4	5.56
	LRI WD 29 Win L4	19	8	10	1	36.84
	LRI WD 31 Win L5	21	8	13	0	38.10
	LRI WD 33 Win L5	24	11	10	3	33.33
	LRI WD 34 Windsor Level 5	15	7	6	2	33.33
	LRI WD 36 Win L6	16	6	9	1	31.25
	LRI WD 37 Win L6	28	18	8	2	57.14
	LRI WD Acute Medical Unit	27	16	8	3	48.15
	LRI WD Fielding John Vic L1	20	7	10	3	20.00
	LRI WD Odames Vic L1	2	2	0	0	100.00
Integrated Medicine		273	130	114	29	37.00
Neurology	LGH WD Brain Injury Unit	2	2	0	0	100.00
Neurology		2	2	0	0	100.00
Business Unit Total		334	169	130	35	40.12
Respiratory						
Thoracic Medicine	GH WD 15	13	9	4	0	69.23
	GH WD 16 Respiratory Unit	18	14	4	0	77.78
	GH WD 17	1	1	0	0	100.00
	GH WD Clinical Decisions Unit	7	4	3	0	57.14
Thoracic Medicine Total		39	28	11	0	71.79
Thoracic Surgery	GH WD 26	26	21	4	1	76.92
Thoracic Surgery Total		26	21	4	1	76.92
Business Unit Total		65	49	15	1	73.85
Acute Care Total		558	339	177	42	53.23

Friends & Families Test - *the Net Promoter*

May 2012

<i>Planned Care</i>	Total Number of Responses in Period	Number of Promoters	Number of Passives	Number of Detractors	Net Promoter Score
Cancer, Haematology and Oncology					
Bone Marrow Transplantation LRI WD Bone Marrow	0				
Bone Marrow Transplantation Total	0				
Clinical Oncology LRI WD 39 Osb L1	17	9	5	3	35.29
LRI WD 40 Osb L1	16	7	6	3	25.00
Clinical Oncology Total	33	16	11	6	30.30
Haematology LRI WD 41 Osb L2	23	12	9	2	43.48
Haematology Total	23	12	9	2	43.48
Business Unit Total	56	28	20	8	35.71
GI Medicine, Surgery and Urology					
General Surgery LGH WD 11	0				
LGH WD 20	22	11	9	2	40.91
LGH WD 22	20	7	8	5	10.00
LGH WD 26 SAU	12	10	1	1	75.00
LGH WD 27 (CLOSED)	0				
LGH WD Surg Acute Care	1	0	1	0	0.00
LRI WD 22 Bal 6	6	4	2	0	66.67
LRI WD 8 SAU Bal L3	10	2	5	3	-10.00
General Surgery Total	71	34	26	11	32.39
Urology LGH WD 28 Urology	12	5	5	2	25.00
LGH WD 29 EMU Urology	4	4	0	0	100.00
Urology Total	16	9	5	2	43.75
Business Unit Total	87	43	31	13	34.48
Musculo-Skeletal					
Orthopaedic Surgery GH WD 29 EXT 3656	1	1	0	0	100.00
LGH WD 14	31	21	8	2	61.29
LGH WD 16	33	22	10	1	63.64
LGH WD 19	8	6	2	0	75.00
Orthopaedic Surgery Total	73	50	20	3	64.38
Trauma LRI WD 17 Bal L5	8	6	2	0	75.00
LRI WD 18 Bal L5	38	18	8	12	15.79
LRI WD 32 Win L5	29	12	7	10	6.90
Trauma Total	75	36	17	22	18.67
Business Unit Total	148	86	37	25	41.22
Specialist Surgery					
Breast Care GH WD 23A	21	17	4	0	80.95
Breast Care Total	21	17	4	0	80.95
ENT LRI WD 7 Bal L3	5	3	2	0	60.00
ENT Total	5	3	2	0	60.00
Plastic Surgery LRI WD Kinmonth Unit Bal L3	14	9	2	3	42.86
Plastic Surgery Total	14	9	2	3	42.86
Vascular Surgery LRI WD 21 Bal L6	24	19	5	0	79.17
Vascular Surgery Total	24	19	5	0	79.17
Business Unit Total	64	48	13	3	70.31
Planned Care Total	355	205	101	49	43.94

Friends & Families Test - *the Net Promoter*

May 2012

<i>Women's & Children's</i>		Total Number of Responses in Period	Number of Promoters	Number of Passives	Number of Detractors	Net Promoter Score
Children's						
Paediatric Medicine	LRI WD 12 Bal L4	9	7	2	0	77.78
	LRI WD 14 Bal L4	16	13	3	0	81.25
	LRI WD 27 Win L4	9	8	1	0	88.89
	LRI WD 28 Windsor Level 4	11	4	5	2	18.18
Paediatric Medicine		45	32	11	2	66.67
Paediatric Surgery	LRI WD 10 Bal L4	21	12	7	2	47.62
	LRI WD 11 Bal L4	15	5	8	2	20.00
Paediatric Surgery		36	17	15	4	36.11
Business Unit Total		81	49	26	6	53.09
Women's						
Gynaecology	LGH WD 31	16	10	3	3	43.75
	LRI WD 1 Ken L1	12	6	5	1	41.67
Gynaecology		28	16	8	4	42.86
Obstetrics	LGH WD 30	100	60	38	2	58.00
	LRI WD 5 Ken L3	18	15	3	0	83.33
	LRI WD 6 Ken L3	45	27	16	2	55.56
Obstetrics Total		163	102	57	4	60.12
Business Unit Total		191	118	65	8	57.59
Women's & Children's Total		272	167	91	14	56.25

VALUE FOR MONEY - EXECUTIVE SUMMARY

Issues	Comments
Actual Income & Expenditure Year to Date	Income at Month 2 of £120.8 million is £1.7 million (1.4%) favourable to Plan. Expenditure of £122.4 million is £2.1 million adverse to Plan. The actual deficit of £1.6 million is £0.4 million adverse against Plan.
Activity/Income	Year to date NHS patient care income is £1.2m (1.2%) favourable to Plan. This reflects an under-performance on day cases of £0.2m, elective inpatients of £0.5m and ECMO / Bone Marrow Transplants / End Stage Renal Failure of £0.7m. These adverse movements are offset by favourable variances for Emergencies £1.6m, and outpatients £1.0m. Emergencies at the end of May are 1,332 spells above plan, which is 7.2%. This 7.2% increase in emergency activity takes the Trust above the 2008/09 activity threshold, thereby incurring a tariff payment at only 30% of the full rate – this reduction in income is approx £0.5m at the end of month 2. At the same time as seeing the income reduced we have also had to staff the extra capacity required to meet the activity using premium payments. The elective inpatient volume reduction of 4.3%, equates to 167 spells. This reduction is largely as a consequence of the emergency activity increase with the knock on being cancelled elective cases.
BPPC	The Trust achieved an overall 30 day payment performance of 84% for value and 87% for volume for trade creditors in May 2012.
Cost Improvement Programme	At Month 2 Divisions have reported £3.6 million of savings, short of the £4.2 million target by £0.6 million.
Cash Flow	The Trust closed the month of May with a cash balance £19.4m, reflecting an increase of over £1m from year end.
Capital	The Trust is has spent £2.13m (6% of the Plan) in May and is forecasting to spend the revised £33.5m plan by year end
Risks	The Chief Operating Officer and Director of Finance and Procurement will update the Board on the financial position and associated risks, and actions being taken to ensure delivery of the planned surplus. Key risks will be - potential fines and penalties around targets; Readmissions; Operational metrics (eg N:FUp ratios); delivery of the CIPs and activity plans.

Financial Metrics	Weighting	May	Year to Date	
		Result	Result	Score
EBITDA achieved (% of plan)	10.0%	97.6%	93.2%	4
EBITDA margin (%)	25.0%	5.5%	4.6%	3
Return on assets (%)	20.0%	0.2%	0.1%	2
I&E surplus (%)	20.0%	-0.1%	-1.3%	2
Liquidity ratio (days)	25.0%	16	16	3
Overall Financial Risk Rating				3

	Risk Ratings Table				
	5	4	3	2	1
EBITDA achieved (% of plan)	100%	85%	70%	50%	<50%
EBITDA margin (%)	11%	9%	5%	1%	<1%
Return on assets (%)	6%	5%	3%	-2%	<-2%
I&E surplus (%)	3%	2%	1%	-2%	<-2%
Liquidity ratio (days)	60	25	15	10	<10

INCOME and EXPENDITURE ACCOUNT

Income and Expenditure Account for the Period Ended 31 May 2012

	2012/13 Annual Plan £000	May 12			April 2012 - May 2012		
		Plan	Actual	Variance (Adv) / Fav	Plan	Actual	Variance (Adv) / Fav
		£ 000	£ 000	£ 000	£ 000	£ 000	£ 000
Elective	72,179	6,256	6,194	(62)	11,717	11,265	(452)
Day Case	51,147	4,497	4,452	(45)	8,357	8,190	(167)
Emergency	176,747	14,695	15,937	1,242	29,315	30,877	1,561
Outpatient	87,585	7,667	8,599	931	14,403	15,445	1,042
Other	222,402	17,785	17,351	(433)	36,921	36,122	(799)
Patient Care Income	610,060	50,901	52,534	1,633	100,713	101,899	1,186
Teaching, Research & Development	75,669	6,452	6,376	(76)	12,645	12,585	(60)
Non NHS Patient Care	7,636	624	809	185	1,243	1,498	255
Other operating Income	28,335	2,346	2,454	108	4,490	4,807	317
Total Income	721,700	60,323	62,173	1,850	119,091	120,789	1,698
Medical & Dental	140,961	11,754	11,790	(36)	23,397	23,524	(127)
Nursing & Midwifery	166,405	13,889	13,850	39	27,527	27,461	66
Other Clinical	55,385	4,561	4,583	(22)	9,183	9,188	(5)
Agency	3,325	221	934	(713)	515	1,739	(1,224)
Non Clinical	72,455	6,236	6,060	176	12,481	12,255	226
Pay Expenditure	438,531	36,661	37,217	(556)	73,103	74,167	(1,064)
Drugs	59,570	5,192	5,588	(396)	9,950	10,352	(402)
Recharges	(559)	(99)	52	(151)	(42)	37	(79)
Clinical supplies and services	80,305	6,947	7,643	(696)	13,617	14,113	(496)
Other	96,580	8,074	8,219	(145)	16,460	16,521	(61)
Central Funds	3,373	0	0	0	0	0	0
Provision for Liabilities & Charges	237	23	13	10	40	40	0
Non Pay Expenditure	239,506	20,137	21,515	(1,378)	40,025	41,063	(1,038)
Total Operating Expenditure	678,037	56,798	58,732	(1,934)	113,128	115,230	(2,102)
EBITDA	43,663	3,525	3,441	(84)	5,963	5,559	(404)
Interest Receivable	65	6	8	2	11	15	4
Interest Payable	(65)	(5)	(5)	0	(11)	(10)	1
Depreciation & Amortisation	(32,481)	(2,675)	(2,635)	40	(5,308)	(5,268)	40
Surplus / (Deficit) Before Dividend and Disposal of Fixed Assets	11,182	851	809	(42)	655	296	(359)
Profit / (Loss) on Disposal of Fixed Assets	0	0	0	0	0	0	0
Dividend Payable on PDC	(11,136)	(852)	(852)	0	(1,856)	(1,856)	0
Net Surplus / (Deficit)	46	(1)	(43)	(42)	(1,201)	(1,560)	(359)
EBITDA MARGIN	6.05%		5.54%			4.60%	

VALUE FOR MONEY - CONTRACT PERFORMANCE

Summary by Point of Delivery of Patient Related Income - May 2012

Casemix	Annual Plan (Activity)	Plan to Date (Activity)	Total YTD (Activity)	Variance YTD (Activity)	Annual Plan (£000)	Plan to Date (£000)	Total YTD (£000)	Variance YTD (£000)
Day Case	82,007	13,379	13,426	47	51,147	8,357	8,190	(167)
Elective Inpatient	23,388	3,850	3,683	(167)	72,179	11,717	11,265	(452)
Emergency / Non-elective Inpatient	111,460	18,569	19,901	1,332	176,747	29,315	30,877	1,561
Outpatient	773,865	127,020	131,716	4,696	87,585	14,403	15,445	1,042
Emergency Department	160,580	26,836	28,060	1,224	16,607	2,775	2,696	(79)
Other	6,833,148	1,106,102	1,138,226	32,124	205,795	34,146	33,426	(720)
Grand Total	7,984,448	1,295,756	1,335,012	39,256	610,060	100,713	101,899	1,186

Average tariff	Annual Plan £ / episode	Plan to Date £ / episode	Total YTD £ / episode	Variance YTD £ / episode	Price Variance YTD %	Volume Variance YTD %	Price / Mix Variance (£000)	Volume Variance (£000)	Variance YTD (£000)
Day Case	£624	£625	£610	£-15	(2.3)	0.4	(196)	29	(167)
Elective Inpatient	£3,086	£3,043	£3,059	£15	0.5	(4.3)	57	(508)	(452)
Emergency / Non-elective Inpatient	£1,586	£1,579	£1,552	£-27	(1.7)	7.2	(541)	2,103	1,561
Outpatient	£113	£113	£117	£4	3.4	3.7	509	532	1,042
Emergency Department	£103	£103	£96	£-7	(7.1)	4.6	(205)	127	(79)
Other							0	(720)	(720)
Grand Total	£76	£78	£76	£-1	(1.8)	3.0	(377)	1,563	1,186

VALUE FOR MONEY - INCOME and EXPENDITURE - DIVISIONAL POSITION
Income and Expenditure Position for the Period Ended 31 May 2012

	Income			Expenditure						Total Year to Date		
				Pay			Non Pay					
	Plan to Date £m	Actual £m	Variance (Adv) / Fav £m	Plan to Date £m	Actual £m	Variance (Adv) / Fav £m	Plan to Date £m	Actual £m	Variance (Adv) / Fav £m	Plan to Date £m	Actual £m	Variance (Adv) / Fav £m
Acute Care	46.6	47.5	0.9	23.8	24.3	(0.5)	13.6	14.2	(0.5)	9.2	9.1	(0.1)
Clinical Support	5.1	5.2	0.1	17.6	18.0	(0.4)	3.0	3.1	(0.1)	(15.5)	(15.9)	(0.4)
Planned Care	34.3	34.2	(0.1)	13.9	14.3	(0.4)	8.2	8.7	(0.4)	12.2	11.3	(0.9)
Women's and Children's	18.7	19.2	0.4	10.6	10.6	0.0	4.4	4.6	(0.2)	3.7	4.0	0.3
Corporate Directorates	2.9	3.0	0.0	6.9	6.7	0.2	10.5	10.6	(0.1)	(14.4)	(14.3)	0.1
Sub-Total Divisions	107.7	109.0	1.4	72.7	73.8	(1.1)	39.8	41.1	(1.3)	(4.9)	(5.9)	(1.0)
Central Income	11.4	11.8	0.3	0.0	0.0	0.0	0.0	0.0	0.0	11.4	11.8	0.3
Central Expenditure	0.0	0.0	0.0	0.4	0.4	(0.0)	7.4	7.1	0.3	(7.8)	(7.4)	0.3
Grand Total	119.1	120.8	1.7	73.1	74.2	(1.1)	47.2	48.2	(1.0)	(1.2)	(1.6)	(0.4)

COST IMPROVEMENT PROGRAMME

Cost Improvement Programme as at May 2012

Division	Plan £000	Forecast £000	Variance £000	YTD Plan £000	Actual Achieved £000	YTD % of Plan	Recurrent Forecast £000	Non Rec Forecast £000	YTD Achieved £000	RISK RATING OF FORECAST CIPS			Forecast £000
										HIGH	MEDIUM	LOW	
Acute Care	12,279	11,111	(1,168)	2,154	1,977	91.8%	11,111	0	1,977	1,948	3,926	3,261	11,111
Clinical Support	4,960	2,012	(2,949)	577	313	54.2%	1,895	116	313	504	458	736	2,012
Planned Care	5,503	4,145	(1,359)	529	373	70.5%	4,145	0	373	1,331	1,539	901	4,145
Women's and Children's	1,398	1,395	(3)	219	209	95.7%	1,290	105	209	191	460	534	1,395
Clinical Divisions	24,141	18,662	(5,478)	3,479	2,871	82.5%	18,441	221	2,871	3,975	6,383	5,433	18,662
Corporate	6,433	5,759	(674)	772	730	94.5%	5,759	0	730	687	964	3,379	5,759
Central	1,426	0	(1,426)	0	0			0	0				0
Total	32,000	24,422	(7,579)	4,251	3,601	84.7%	24,201	221	3,601	4,662	7,347	8,812	24,422

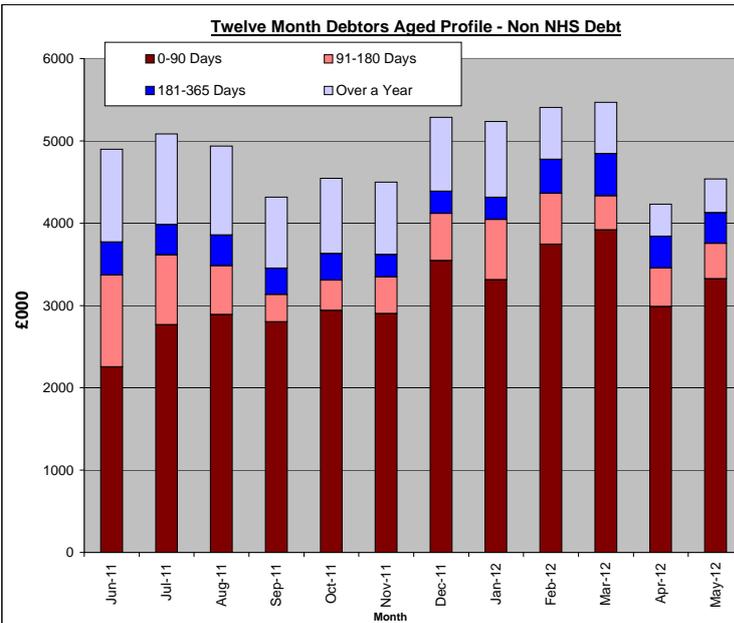
Category	Plan £000	Forecast £000	Variance £000	YTD Plan £000	YTD Achieved £000	YTD % of Plan	Recurrent Forecast £000	Non Rec Forecast £000
Unidentified	3,766	0	(3,766)	0	0		1,680	0
Income	5,840	4,673	(1,166)	622	552	88.8%	5,720	(1,047)
Non Pay	7,660	7,352	(308)	1,185	1,139	96.1%	7,504	(152)
Pay	14,735	12,397	(2,338)	2,300	1,910	83.1%	13,625	(1,228)
Total	32,000	24,422	(7,579)	4,106	3,601	87.7%	28,529	(2,427)

Commentary

There is a year to date under performance on delivery of cost improvement of £0.65 million and a year end forecast under-delivery of £7.6 million. The forecast is clearly unacceptable and will be discussed at the Divisional Confirm & Challenge meetings. An update will be provided to the Board.

VALUE FOR MONEY - BALANCE SHEET

BALANCE SHEET	Mar-12 £000's Actual	Apr-12 £000's Actual	May-12 £000's Actual
Non Current Assets			
Intangible assets	5,249	5,089	4,928
Property, plant and equipment	349,356	348,501	348,382
Trade and other receivables	2,188	2,369	2,394
TOTAL NON CURRENT ASSETS	356,793	355,959	355,704
Current Assets			
Inventories	12,262	12,208	12,437
Trade and other receivables	28,453	23,659	25,102
Other Assets	0	0	0
Cash and cash equivalents	18,369	22,519	19,435
TOTAL CURRENT ASSETS	59,084	58,386	56,974
Current Liabilities			
Trade and other payables	(61,605)	(60,841)	(58,212)
Dividend payable	0	259	(593)
Borrowings	(4,038)	(4,038)	(4,038)
Provisions for liabilities and charges	(789)	(789)	(789)
TOTAL CURRENT LIABILITIES	(66,432)	(65,409)	(63,632)
NET CURRENT ASSETS (LIABILITIES)	(7,348)	(7,023)	(6,658)
TOTAL ASSETS LESS CURRENT LIABILITIES	349,445	348,936	349,046
Non Current Liabilities			
Borrowings	(1,427)	(2,339)	(3,308)
Other Liabilities	0	0	0
Provisions for liabilities and charges	(2,120)	(2,213)	(2,233)
TOTAL NON CURRENT LIABILITIES	(3,547)	(4,552)	(5,541)
TOTAL ASSETS EMPLOYED	345,898	344,384	343,505
Public dividend capital	277,487	277,487	277,487
Revaluation reserve	64,706	64,709	64,710
Retained earnings	3,705	2,188	1,308
TOTAL TAXPAYERS EQUITY	345,898	344,384	343,505



Type of Debtors	0-90 days	91-180 days	181-365 days	365+ Days	TOTAL
	£000s	£000s	£000s	£000s	£000s
NHS Sales ledger	11,654	(125)	(1,673)	45	9,901
Non NHS sales ledger by division:					
Corporate Division	360	24	63	186	633
Planned Care Division	555	123	103	130	911
Clinical Support Division	757	77	18	2	854
Women's and Children's Division	198	34	36	33	301
Acute Care Division	1,454	173	153	59	1,839
Total Non-NHS sales ledger	3,324	431	373	410	4,538
Total Sales Ledger	14,978	306	- 1,300	455	14,439
Other Debtors					
WIP					3,871
SLA Phasing & Performance					1,262
Bad debt provision					(1,381)
VAT - net					982
Other receivables and assets					5,929
TOTAL					25,102

Commentary

Cash has decreased in line with a decrease in the value of trade and other payables.

Accounts receivable metrics:

Invoice cycle time	May - 12 Days		Apr - 12 Days		Non-NHS days sales outstanding (DSO)	
	May - 12 YTD Days	Apr - 12 YTD Days	May - 12 YTD Days	Apr - 12 YTD Days	May - 12 YTD Days	Apr - 12 YTD Days
Req date to invoice raised	14.7	13.7	62.8	58.5	DSO (all debt)	
Service to invoice raised	31.4	32.3	23.2	31.2	DSO (In year debt)	

VALUE FOR MONEY - CASH FLOW

CASH FLOW for the PERIOD ENDED 31 MAY 2012

Commentary

The Trust's cash position compared to plan reflects:

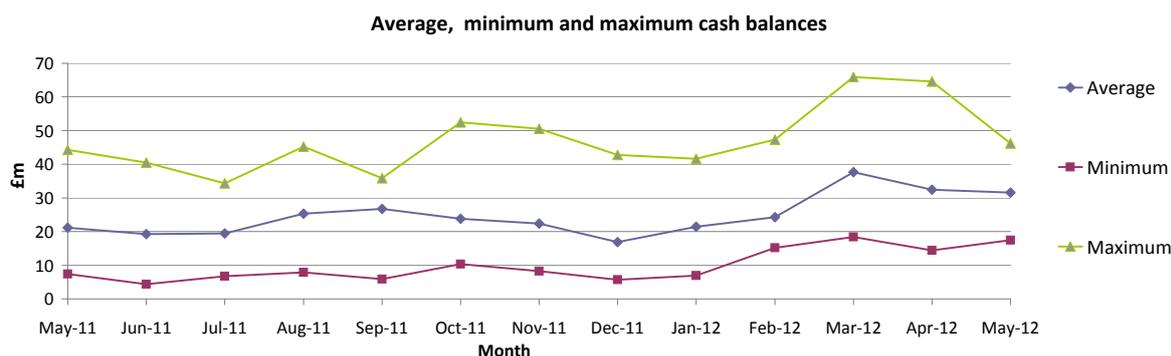
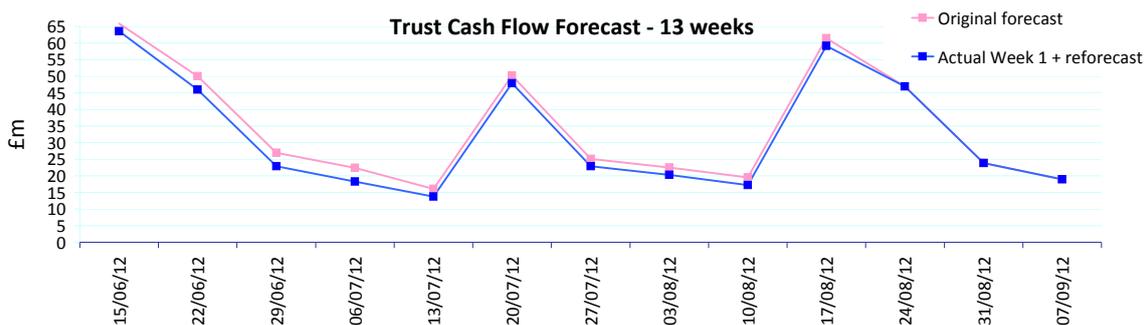
- (£0.4 million) adverse variance in the EBITDA YTD position
- (£3.4 million) increase in trade and other payables
- £3.3 million decrease in trade and other receivables
- Underspend on capital

The cash forecast is based on the May performance. The cash balance is kept above £2 million at all times and the year end target balance is £18 million.

	2012/13 April - May Plan £ 000	2012/13 April - May Actual £ 000	2012/13 April - May Variance £ 000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating surplus before Depreciation and Amortisation	6,301	3,441	(2,860)
Impairments and reversals	-	-	-
Movements in Working Capital:			
- Inventories (Inc)/Dec	(71)	(175)	(104)
- Trade and Other Receivables (Inc)/Dec	716	3,145	2,429
- Trade and Other Payables Inc/(Dec)	(375)	(3,393)	(3,018)
- Provisions Inc/(Dec)	-	113	113
PDC Dividends paid	-	-	-
Interest paid	(140)	(50)	90
Other non-cash movements	(100)	72	172
Net Cash Inflow / (Outflow) from Operating Activities	6,331	3,153	(3,178)
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest Received	10	16	6
Payments for Property, Plant and Equipment	(5,250)	(2,200)	3,050
Capital element of finance leases	(772)	97	869
Net Cash Inflow / (Outflow) from Investing Activities	(6,012)	(2,087)	3,925
Net Cash Inflow / (Outflow) from Financing	-	-	-
Opening cash	18,200	18,369	169
Increase / (Decrease) in Cash	319	1,066	747
Closing cash	18,519	19,435	916

Cash movements to 30th June 2012

	£'000
Cash balance as at 01/06/2012	19,435
<i>Cash to be received</i>	
Contract Income	52,318
Other debtor receipts	6,772
	59,090
<i>Cash to be paid out</i>	
Creditor payment runs	20,909
Payroll (including tax, NI and Pensions)	34,722
PDC dividends	0
	55,631
Month-end cash	22,894



VALUE FOR MONEY - CAPITAL BUDGET

Capital Expenditure Report for the Period 1st April 2012 to 31st May 2012

	Capital Plan	Actual	Actual	YTD	Forecast	Forecast
	2012/13	Apr	May	Spend	Out Turn	Variance
	£000's	12/13	12/13	12/13	£000's	£000's
		£000's	£000's	£000's		
Sub Group Budgets						
IM&T	4,000	58	257	316	4,000	0
Medical Equipment	4,600	84	320	403	4,600	0
LRI Estates	4,000	-13	44	31	4,000	0
LGH Estates	2,000	-4	39	35	2,000	0
GGH Estates	2,000	132	113	245	2,000	0
Total Sub Group Budgets	16,600	258	773	1,030	16,600	0
Individual Schemes						
ED Redevelopment	1,000	50	17	66	1,000	0
MES Installation Costs	1,500	15	7	23	1,500	0
Childrens Heart Surgery	1,000	18	137	154	1,000	0
Maternity & Gynae Recon.	2,773	16	8	24	2,773	0
Theatre Assessment Area (TAA)	1,250		0	0	1,250	0
Aseptic Suite	750	0	7	7	750	0
Brachytherapy	420		0		420	0
Office Moves	850		70	70	850	0
Feasibility Studies	100	9	1	10	100	0
Nutrition BRU Enabling	150		0		150	0
PPD Building	250		1	1	250	0
BRU: Respiratory	2,201		36	36	2,201	0
BRU: Nutrition, Diet & Lifestyle	1,383	-0	110	110	1,383	0
Residual from 2011/12		287	24	311	311	-311
Revenue to Capital Transfers			106	106	106	-106
Divisional Spend: Acute	200		0		100	100
Divisional Spend: Planned Care	200		0		200	0
Divisional Spend: Womens & Children	200		0		200	0
Divisional Spend: CSSD	200		0		200	0
Divisional Spend: Corporate	473		9	9	156	317
MacMillan Information Centre		64	-53	11	11	-11
Ward 27 - Teenage Cancer Unit	1,400		0		1,400	0
Donations	600	7	153	161	589	11
Total Individual Schemes	16,900	467	633	1,100	16,900	0
Total Capital Programme	33,500	724	1,406	2,130	33,500	0