

**Trust Board Paper X**

	<b>TRUST BOARD</b>									
<b>From:</b>	Suzanne Hinchliffe Jeremy Tozer Kate Bradley									
<b>Date:</b>	<b>25th April 2013</b>									
<b>CQC regulation</b>	All									
<b>Title:</b>	<b>Quality &amp; Performance Report</b>									
<b>Author/Responsible Director:</b> S. Hinchliffe, Deputy Chief Executive /Chief Nurse J Tozer, Interim Director of Operations K. Bradley, HR Director										
<b>Purpose of the Report:</b> To provide members with an overview of UHL financial position, performance and quality against national, regional and local indicators for the month of March 2013.										
<b>The Report is provided to the Board for:</b>										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Decision</td> <td style="width: 5%;"></td> <td style="width: 50%; text-align: center;">Discussion</td> <td style="width: 5%; text-align: center;">√</td> </tr> <tr> <td style="text-align: center;">Assurance</td> <td style="text-align: center;">√</td> <td style="text-align: center;">Endorsement</td> <td></td> </tr> </table>			Decision		Discussion	√	Assurance	√	Endorsement	
Decision		Discussion	√							
Assurance	√	Endorsement								
<b>Summary / Key Points:</b>										
<u>Patient Safety, Quality and Patient Experience</u>										
<ul style="list-style-type: none"> <li>❖ UHL's crude in-hospital mortality rate continues to be 1.4% for 12/13 but has seen an increase between December and March. The HSMRs for December and January were 92.4 and 93.5 respectively</li> <li>❖ No Never events have been received within the Trust for the last four months and the Never Events thematic review action plan has now been implemented.</li> <li>❖ Fracture Neck of Femur theatre time - March performance for time to surgery within 36 hours for fractured neck of femur patients is 82.8%. The year to date position is 72.6 % against a target of 70%.</li> <li>❖ VTE - UHL's performance for March reported to the DoH, is 92.6% (this figure includes the 'Renal Dialysis' patients) against a threshold of 90%. The year to date positions is 94.5%.</li> <li>❖ Theatres 100% WHO compliance - Following further work undertaken to isolate and remedy those area not compliant, performance of the checklist stands at 100% and has been fully compliant from January to March 2013.</li> <li>❖ Safety Thermometer - The overall percentage of "harm free care" in UHL increased from 91.11% in February 2013 to 93.33% in March (national target 95%). The increase in 'new harms' relates to a slight increase in the prevalence of hospital acquired pressure ulcers and Venous Thrombus Embolism (VTE).</li> <li>❖ MRSA – There was 0 MRSA cases reported for March. The year to date figure is 2 against a 2012/13 target of 6 cases – a very pleasing year-end outcome for the Trust. We now face our challenge on further improving on this for 2013.</li> <li>❖ C Difficile – there were 9 cases reported in March resulting in a cumulative position of 94 against a target of 113 for the year. Given the challenging trajectory set for 2013, a detailed C Difficile reduction plan has been crafted by the Infection Prevention (IP) team which is to be discussed at the April LLR IP group.</li> <li>❖ Patient Experience - Net Promoter &gt;10% inpatient coverage and an overall trust score of 64.5..</li> </ul>										

- ❖ All UHL wards and intensivist areas continue to offer Same Sex Accommodation (SSA) in line with the UHL SSA Matrix guidance and delivered 100% in February.

### Operational Performance

- ❖ ED - Performance for March Type 1 & 2 is 80.4% and 84.7% including the Urgent Care Centre (UCC).
- ❖ Choose and Book - Choose and book slot availability performance for March was 9%.
- ❖ RTT - Admitted performance in March has been achieved with performance at 91.3%. The non-admitted target for March has been achieved at 97.0% against a target of 95%.
- ❖ Cancelled Operations – March performance shows that the percentage of operations cancelled on/after the day of admissions of all elective activity for non clinical reasons was 1.6% against a target of 0.8%. The performance for the year to date is 1.2%.
- ❖ Diagnostic Waits - The percentage of diagnostic waits 6+ weeks was 0.5% against a threshold of 1%.
- ❖ Cancer - All of the cancer targets are delivering against performance thresholds for February (one month in arrears reporting) with the exception of the 62 day referral to treatment indicator.
- ❖ Primary PCI - The percentage of eligible patients with acute myocardial infarction who received Primary PCI within 150 minutes of calling professional help in March was 95.0% against a target of 75%. The year to date cumulative performance is 92.2%.
- ❖ Stroke % stay on stroke ward - The percentage of patients spending 90% of their stay on a stroke ward in February (reported one month in arrears) is 79.0% against a target of 80%. The cumulative performance for the year to date is 79.2%.
- ❖ Appraisals – The appraisal rate is 90.1%.
- ❖ Sickness - The reported sickness rate for the month of March is 4.1 % against an internal UHL target of 3%. The actual rate is likely to be at around 0.5% lower as absence periods are closed. The 12 month rolling sickness is 3.4%.

<b>Recommendations:</b> Members to note and receive the report	
<b>Strategic Risk Register</b>	<b>Performance KPIs year to date ALE/CQC</b>
<b>Resource Implications (eg Financial, HR) N/A</b>	
<b>Assurance Implications</b> Underachieved targets will impact on the Provider Management Regime and the FT application	
<b>Patient and Public Involvement (PPI) Implications</b> Underachievement of targets potentially has a negative impact on patient experience and Trust reputation	
<b>Equality Impact N/A</b>	
<b>Information exempt from Disclosure N/A</b>	
<b>Requirement for further review?</b> Monthly review	

# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**REPORT TO: TRUST BOARD**

**DATE: 25<sup>th</sup> APRIL 2013**

**REPORT BY: SUZANNE HINCHLIFFE, DEPUTY CHIEF EXECUTIVE/CHIEF NURSE  
JEREMY TOZER, INTERIM DIRECTOR OF OPERATIONS  
KATE BRADLEY, DIRECTOR OF HUMAN RESOURCES**

**SUBJECT: MARCH 2013 QUALITY & PERFORMANCE SUMMARY REPORT**

## **1.0 INTRODUCTION**

The following paper provides an overview of the March 2013 Quality & Performance report highlighting key metrics and areas of escalation or further development where required.

## **2.0 2012/13 OPERATING FRAMEWORK INDICATORS**

Performance for the 2012/13 Operating Framework Indicators are summarised in the table below.

<b>DoH PERFORMANCE FRAMEWORK - 2012/13 INDICATORS</b>														
Performance Indicator	Target	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year To Date
A&E - Total Time in A&E (UHL+UCC)	95%	92.3%	92.4%	93.2%	96.3%	98.0%	96.8%	94.2%	92.0%	92.0%	84.9%	86.1%	84.7%	91.9%
MRSA	6	0	0	0	0	0	1	0	0	0	1	0	0	2
Clostridium Difficile	113	14	4	3	8	5	8	13	4	10	12	4	9	94
RTT waiting times – admitted	90%	93.8%	94.6%	93.6%	93.6%	93.0%	91.2%	91.2%	91.7%	91.9%	92.2%	91.9%	91.3%	91.3%
RTT waiting times – non-admitted	95%	97.1%	96.6%	97.1%	97.5%	97.1%	97.7%	97.1%	96.7%	97.3%	97.3%	97.0%	97.0%	97.0%
RTT - incomplete 92% in 18 weeks	92%	94.9%	96.0%	94.8%	94.6%	94.3%	94.0%	94.6%	93.9%	93.3%	93.5%	93.5%	92.6%	92.6%
RTT delivery in all specialties	0	1	1	1	0	0	1	1	1	1	0	1	2	2
Diagnostic Test Waiting Times	<1%	1.0%	0.6%	6.4%	2.6%	0.9%	0.5%	0.4%	0.6%	1.1%	0.7%	1.0%	0.5%	1.0%
Cancer: 2 week wait from referral to date first seen - all cancers	93%	93.1%	93.3%	93.0%	94.9%	93.6%	93.9%	93.0%	90.6%	95.1%	89.8%	95.8%		93.3%
Cancer: 2 week wait from referral to date first seen, for symptomatic breast patients	93%	96.7%	93.2%	96.4%	96.0%	93.8%	96.3%	93.4%	93.9%	94.6%	93.6%	93.1%		94.4%
All Cancers: 31-day wait from diagnosis to first treatment	96%	96.7%	97.1%	96.0%	97.5%	98.6%	96.9%	98.3%	97.5%	97.4%	96.6%	98.0%		97.3%
All Cancers: 31-day wait for second or subsequent treatment - surgery	94%	95.6%	94.7%	94.6%	95.5%	94.6%	100.0%	98.1%	97.4%	94.6%	94.6%	94.1%		95.9%
All cancers: 31-day for second or subsequent treatment - anti cancer drug treatments	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%
All Cancers: 31-day wait for second or subsequent cancer treatment - radiotherapy treatments	94%	95.9%	96.8%	98.2%	98.0%	98.7%	100.0%	99.3%	98.9%	100.0%	99.1%	98.9%		98.4%
All Cancers:- 62-day wait for first treatment from urgent GP referral	85%	86.2%	85.4%	77.1%	85.7%	87.4%	86.5%	85.6%	85.8%	84.6%	79.5%	75.3%		83.7%
All Cancers:- 62-day wait for first treatment from consultant screening service referral	90%	90.4%	91.0%	96.1%	95.9%	95.3%	92.2%	96.8%	98.7%	92.3%	91.7%	95.7%		94.4%
Delayed transfers of care	3.5%	1.5%	2.3%	4.2%	3.4%	3.6%	3.2%	3.4%	3.6%	2.7%	2.8%	2.7%	3.7%	3.1%
Single Sex Accommodation Breaches - patients affected	0.0%	7	0	0	0	0	0	0	0	0	0	0	0	7
Venous Thromboembolism (VTE) Screening	90%	95.3%	95.6%	94.7%	94.8%	95.0%	94.1%	95.1%	95.3%	94.1%	94.7%	92.3%	92.6%	94.5%

### **3.0 QUALITY AND PATIENT SAFETY – SUZANNE HINCHLIFFE**

#### **3.1 Mortality Rates**



UHL's crude in-hospital mortality rate continues to be 1.4% for 12/13 but has seen an increase between December and March. The HSMRs for December and January were 92.4 and 93.5 respectively

UHL's HSMR for the financial year to date is 96.2 (April to Jan and is anticipated to be 103 following the annual rebasing carried out by Dr Fosters at the end of the financial year. This is slightly lower than previously predicted (104) and UHL will still be "within expected range".

UHL's SHMI for 11/12 was 104.7 and for July 11 to June 12 it is 104.53 which means that the published SHMI is 105. The next SHMI, covering the period October 11 to September 12 will be published later this month and is anticipated to remain at 105. The LLR Mortality Review is due to start in June, dependant upon availability of both primary and secondary clinicians.

The internal mortality review looking at the case notes of patients that died in November, has been extended to include more patients in order to ensure a representative sample across all specialities. Preliminary findings are that the overwhelming majority of patients were those whose death was 'likely' and even where death was unlikely, management was appropriate.

In respect of perinatal mortality, there are concerns about the matching of UHL's data with that used by Dr Fosters in their clinical benchmarking tool and so the interpretation of the data is difficult. The Women's CBU are working closely with the Dr Foster team to identify the causes of discrepancies and to better understand the risk adjustment model being used. This work will include liaising with trusts with similar numbers of deliveries and perinatal deaths who have an 'expected perinatal mortality rate'.

In the meantime, the CBU continues to provide individualised data on each perinatal death in the service to the Leicester University Department of Perinatal and Paediatric Epidemiology as they had previously played a significant role in national data collection and analysis for CEMACE and will continue to do so under the new arrangements for national data collection with EMMBRACE. The latest data (2011) reported from the Department of Epidemiology shows UHL's risk adjusted perinatal mortality rate to be below both the regional and national average.

#### **3.2 Patient Safety and 5 Critical Safety Actions**



The Emergency Department continues to be the area within the Trust with the highest clinical risk and level of harm. Updated risk assessments have been undertaken and presented to the Executive Team Meeting and controls for some of these risks have been identified and actions taken to mitigate the risk. Staffing vacancies also remain high for both medical and nursing staff in ED which impacts the department's ability to provide safe, quality care.

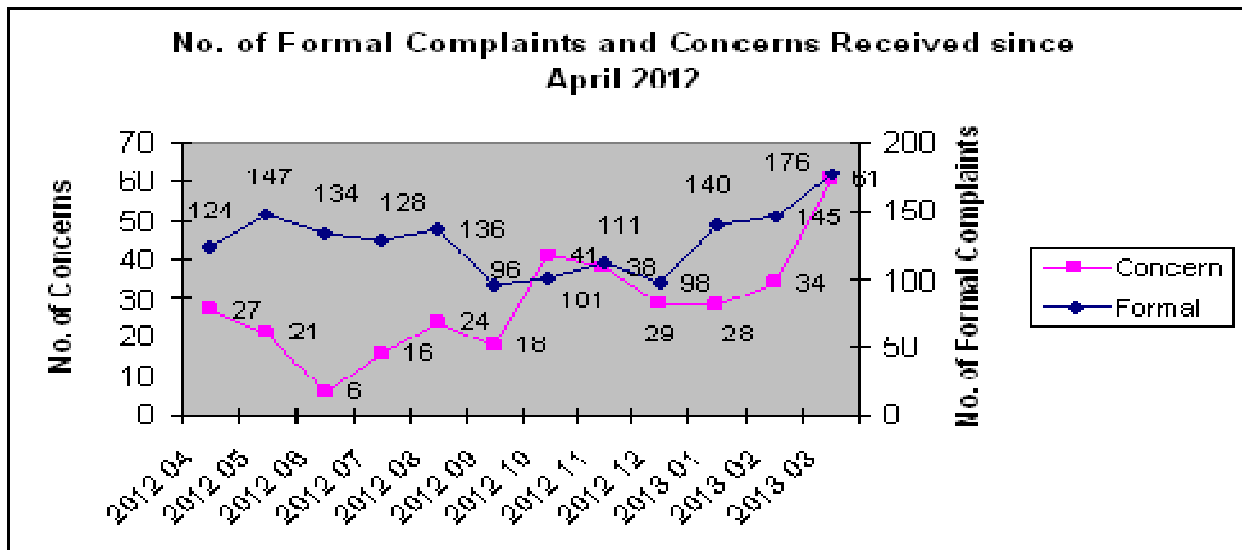
Incidents related to staffing levels rose again in March to 132 (this figure is likely to increase further as more incidents awaiting review are approved by the divisions). Divisional Heads of Nursing have reviewed these incidents

The table below details the top complaint areas for Quarter 4 – January to March 2013.

**Formal Complaints Jan - Mar 2013 by Subject of Complaint**

	2013 01	2013 02	2013 03	Total
Medical Care	29	33	37	99
Waiting times	20	19	28	67
Nursing care	14	22	28	64
Communication	18	20	15	53
Cancellations	14	10	21	45
Staff attitude	12	13	18	43
Discharge	6	5	12	23
Administration	6	3	2	11
Information	4	3	3	10
Complications	3	3	3	9
Medication	2	2	4	8
Beds	1	2	2	5
Dignity/Privacy	1	1	3	5
Environment	2	1	1	4
Security	1	2	1	4
Confidentiality	1	2	0	3
Funding	0	2	1	3
Hotel Services	2	0	1	3
Car parking	0	1	1	2
End of life care	0	1	1	2
Equality and Diversity	1	1	0	2
Clinical Care (Other Staff)	2	0	0	2
Transport	0	1	1	2
Appliances/equipment	1	0	0	1
Medical Records	1	0	0	1
<b>Totals:</b>	<b>141</b>	<b>147</b>	<b>183</b>	<b>471</b>

<b>Complaints per 1000 admissions/ attendances</b>	1.4	1.6	2.0	1.6
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Disappointingly, the safety scorecard for March reveals a further increase in complaints relating to staff attitude and to discharge. A full review of complaints activity is currently being undertaken and will be presented to a future Executive Team Meeting and Quality Assurance Committee.

No Never events have been reported within the Trust for the last four months and the prevented Never Event root cause analysis has now been completed.

## 5 Critical Safety Actions

### 1. **Improving Clinical Handover.**

**Aim** - To provide a systematic, safe and effective handover of care and to provide timely and collaborative handover for out of hours shifts

#### **Actions:-**

- ❖ UHL web based handover system updated to v2 successfully on 12/03/13.
- ❖ Pilot work with alternative handover system supplier to develop module with UHL and Nerve Centre has agreed dates for pre audit by ACCA on 11<sup>th</sup> and 12<sup>th</sup> April 2013. Pilot taking place within general/ vascular surgery at LRI.

### 2. **Relentless attention to Early Warning Score triggers and actions**

**Aim** - To improve care delivery and management of the deteriorating patient

#### **Actions:-**

- ❖ All areas are undertaking the HCA assessments for EWS observations. Allowing for long term absences, planned care and Women's & Children division have achieved 100%. Figures not yet received for Acute division for March 13, but will show an increase on the 60% in Feb 13 due to recovery action being taken to ensure that all those assessed are documented on e-uhl.

### 3. **Implement and Embed Mortality and Morbidity standard**

**Aim** - To have a standardised process for reviewing in-hospital deaths and archiving of the completed reviews.

#### **Actions:-**

- ❖ 100% of specialities have confirmed that M&M meetings are taking place. Increasing number
- ❖ 72% of specialities have minutes saved and 78% have Terms of Reference saved to the shared drive.
- ❖ Following the restructuring of divisions and some CBUs - the Paediatric cardiac and critical care M&M meetings are reviewing their processes.

### 4. **Acting upon Results**

**Aim** - No avoidable death or harm as a failure to act upon results and all results to be reviewed and acted upon in a timely manner.

## Actions

- ❖ Acting on Results in ED has been agreed as a 2013 priority for the Trust Quality Commitment work. Plan for this action was presented at Trust Board meeting on 28.03.13. Meeting date set for 08.04.13 to finalise more detailed plan to progress this work.
- ❖ This month programme lead and Dr.Collett have met with divisional directors and heads of nursing to discuss and agree timelines for divisional implementation of Diagnostic Testing Policy.

### 5. Senior Clinical Review, Ward Rounds and Notation

**Aim** - To meet national standards for clinical documentation. To provide strong medical leadership and safe and timely senior clinical reviews and ensure strong clinical governance.

#### Actions

- ❖ Ward round template sheet as documentation is now printed and ready for trial in medicine. Trial start date now set for 08.04.13 on ward 23, LRI. Plan to extend the trial to ward 33, LRI on 29.04.13.
- ❖ Ward round safety checklist currently being finalised for use as a prompting tool across trust, will require trust approval before use.
- ❖ Plan to embed the documentation with the RPC work in the acute division.
- ❖ Joint working with Medical Education leads to incorporate ward round training into FY1 teaching programme.

### 3.3 Fractured Neck of Femur 'Time to Theatre'

March performance for time to surgery within 36 hours for fractured neck of femur patients is 82.8%. The year to date position is 72.6 % against a target of 70%.

### 3.4 Venous Thrombo-embolism (VTE) Risk Assessment

UHL's performance for March reported to the DoH, is 92.6% (this figure includes the 'Renal Dialysis' patients) against a threshold of 90%. The year to date positions is 94.5%.

### 3.5 Theatres – 100% WHO compliance

The National Patient Safety Agency endorsed WHO checklist consists of four stages and is monitored and reported every month to commissioners. Following further work undertaken to isolate and remedy those area not compliant, performance of the checklist stands at 100% and has been fully compliant from January to March 2013.

### 3.6 CQUIN Schemes

The financial reconciliation for the Quarter 4 CQUINs has already been agreed based on predicted performance for Quarter 4 with 2.15% of the 2.5% CQUIN payment being received. The final RAG rating will be confirmed for both the EMSCG and LLR CQUINs during May.

The thresholds for 6 out of the 7 EMSCG CQUINs should be given a Green RAG with one Amber for the 'Home Dialysis CQUIN'. Whilst there has been an increase in the number

of patients receiving Home Haemodialysis, the end of year threshold was not achieved, primarily due to reduced capacity and staff sickness earlier in the year.

Two of the 4 national CQUINs were fully achieved. The national Dementia CQUIN was achieved in respect of 'risk assessment and referral of patients suspected as having dementia' but not for initial screening and this CQUIN continues into 13/14. Due to UHL's performance remaining the same in the National Patient Survey for the composite 'Responsiveness to Personal Needs' score, this CQUIN was only partially achieved, based on actions taken to improve patients' experience.

The Regional 'Net Promoter CQUIN was fully achieved both for numbers of patients completing the Net Promoter question and also for the end of year threshold "10 point improvement" in our results. The other Regional "Making Every Contact Count" CQUIN has also been achieved with continued increase in referrals of patients for Smoking and Alcohol advice. Both of these CQUINs will continue into 13/14 with the Net Promoter becoming the 'Family and Friends' National CQUIN and MECC being a locally agreed scheme.

5 out of the 7 Locally agreed Schemes are anticipated to have fully achieved their thresholds with partial achievement for the other two schemes (ED/Assessment Unit Standards and Discharge Planning). Performance for both of these schemes has obviously been affected by the continued emergency flow pressures.

### 3.7 Safety Thermometer

Table one summarises the Safety Thermometer (ST) prevalence results from April 2012 to date and shows that the total number of harms recorded (i.e. old and new) decreased from 147 in February to 112 in March, a reduction of 35. However, the total number of new harms recorded by the UHL ST for March 2013 increased from 50 to 56 when compared to February 2013.

		Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec 12	Jan-13	Feb-13	Mar-13
Number of patients on ward		1533	1570	1593	1551	1554	1475	1626	1617	1652	1652	1597	1604
All Harms	Total No of Harms	189	181	141	160	137	109	98	99	126	118	147	112
	No of patients with no Harms	1359	1401	1457	1404	1426	1373	1533	1522	1546	1536	1455	1497
	% Harm Free	88.65%	89.24%	91.46%	90.52%	91.76%	93.08%	94.28%	94.12%	92.98%	92.98%	91.11%	93.33%
Newly Acquired Harms	Total No of New Harms	107	82	62	86	59	41	33	40	45	33	50	56
Harm One	All Pressure Ulcers (Grades 2, 3 or 4)	108	113	90	85	78	61	62	70	90	95	98	66
	New Pressure Ulcers (Grade 2, 3 or 4)	43	40	27	29	20	13	12	27	29	18	16	19
Harm Two	Harmful Fall	15	14	9	24	14	11	8	4	3	4	4	13
Harm Three	No of Patients with Urinary Catheter and Urine Infection (prior to or post admission)	28	40	32	34	29	33	23	19	26	13	39	20
	Newly Acquired UTIs with Catheter	11	14	16	16	9	13	9	3	6	4	21	11
Harm Four	Newly Acquired VTE (either DVT, PE or Other)	38	14	10	17	16	4	4	6	7	6	9	13

The overall percentage of "harm free care" in UHL increased from 91.11% in February 2013 to 93.33% in March (national target 95%).



The increase in 'new harms' relates to a slight increase in the prevalence of hospital acquired pressure ulcers and Venous Thrombus Embolism (VTE). It is advised that following an agreement made at a national level, VTE data will not need to be submitted via the ST from the 1<sup>st</sup> April 2013. UHL has accepted this decision and instead will continue to collect VTE risk assessment data via Patient Centre. Hospital Acquired Thrombus (HAT) data will also be collected via eCRIS. Removing this harm from the ST will give additional time for nurses to review and act upon the data for the other three harms.

There was also an increase in the number of harms as a result of falls. However, out of the thirteen falls that occurred in March, only seven were within UHL with the remaining five occurring prior to hospital admission. The Head of Nursing for the Acute Division has instigated a monthly RCA process into falls, whereby an analysis of the previous month's falls is undertaken and themes and lessons to be learned are identified. Nineteen wards are under observation and have produced a local action plan.

There was also a reduction in the prevalence of Catheter Acquired Urinary Tract Infections (CAUTI) noted in March. However, the UHL Infection Prevention and Control Team are discussing the ST definition of a CAUTI with the Department of Health as there are local concerns that the existing definition is open to interpretation thus invalidating the results.

#### **4.0 PATIENT EXPERIENCE – SUZANNE HINCHLIFFE**

##### **4.1 Infection Prevention**



MRSA – There was 0 MRSA cases reported for March. The year to date figure is 2 against a 2012/13 target of 6 cases – a very pleasing year-end outcome for the Trust. We now face our challenge on further improving on this for 2013

C Difficile – there were 9 cases reported in March resulting in a cumulative position of 94 against a target of 113 for the year. Given the challenging trajectory set for 2013, a detailed C Difficile reduction plan has been crafted by the Infection Prevention (IP) team which is to be discussed at the April LLR IP group.

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

##### **4.2 Patient Polling**



Patient Experience Surveys continue across 88 clinical areas and have four bespoke surveys for adult inpatient, children's inpatient, adult day case and intensive care settings.

Over thirty questions are asked in this survey including all CQUINs and other key areas identified as priorities from local feedback. These include:

- ❖ help with eating and drinking,
- ❖ confidence and trust in staff,
- ❖ response to call buttons,
- ❖ help with toileting
- ❖ care and compassion

In March 2013, 1,577 Patient Experience Surveys were returned.

#### **Share Your Experience – Electronic Feedback Platform**

Main Outpatients on each site, Maternity Services and the Emergency Department owing to the patient group use Share Your Experience as the medium to gain feedback via email, touch screen and web.

In March 2013, 224 electronic surveys were completed against the Trust target of 755:

Outpatient's visits: 67 surveys  
Maternity Services: 32 surveys  
Emergency department: 68 surveys  
Children's Emergency department: 57 surveys

The following area has yet to be assigned a survey return target

Neonatal Units: 13 surveys

Patient feedback continues to be accessible for all staff at Trust, Divisional, CBU and Ward level via Share point on the Patient Experience Page or via the 'Share your Experience' site. This includes all free text comments for each ward from patients.

#### Treated with Respect and Dignity



The Trust has maintained a GREEN rating for the question 'Overall do you think you were you treated with dignity and respect while in hospital' based on the scoring methodology used in the national survey.

#### Friends and Family Test

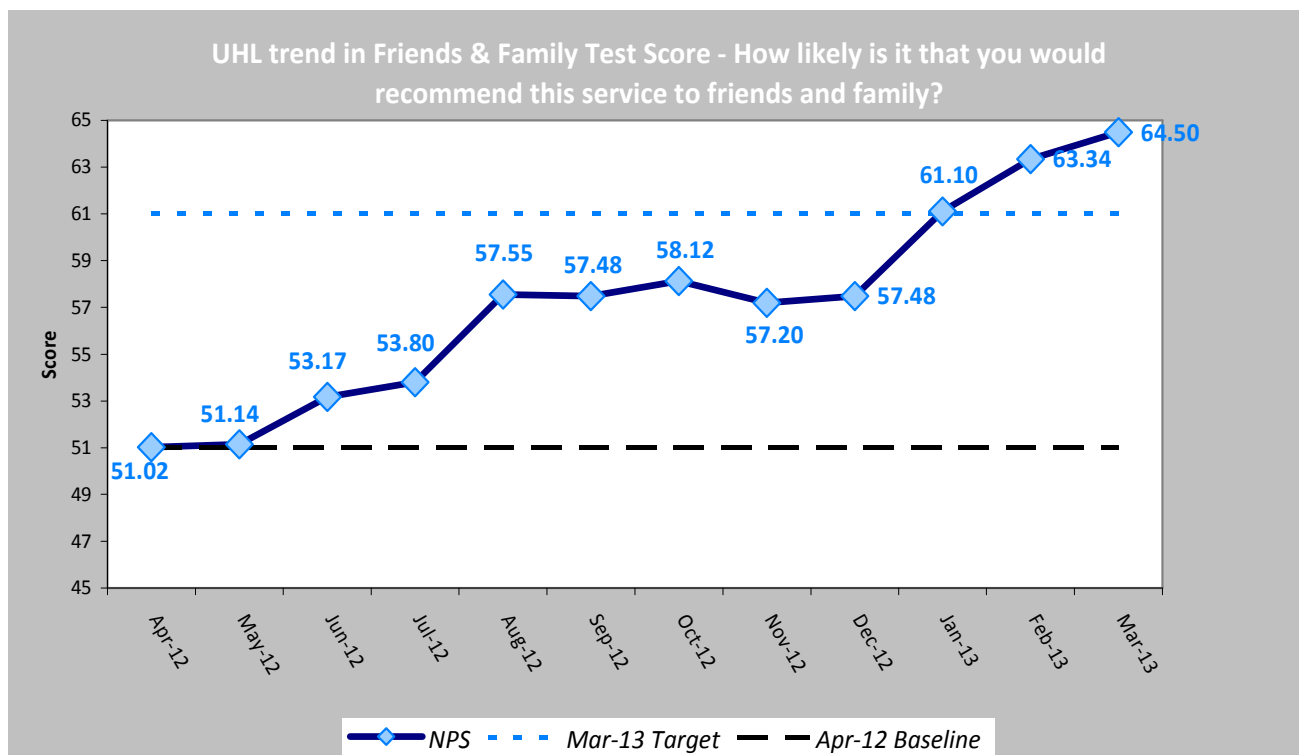


The surveys include the Friends and Family Test question; **How likely is it that you would recommend this service to friends and family?** Of the 1,577 surveys, 1,516 surveys included a response to this question and were considered inpatient activity (excluding day case / outpatients) and therefore were included in the friends and family test score for the SHA.

Overall there were 12,701 patients in the relevant areas within the reporting period (24/02 to 31/03), giving a 10% footfall requirement of 1,270. The Trust easily met the SHA target with a total of 1,516 Net Promoter responses broken down to:

Number of Promoters:	1,062
Number of passives:	370
Number of detractors:	84
<b>Overall NET promoter score</b>	<b>64.50</b>

In April 2012 the Trust overall net promoter score was 51 with a target of 61 by March 2013. March 2013 score meets this target with the Trust having achieved a **13.5** point improvement from baseline. This is a marked progression and therefore the Trust has achieved the improvement level agreed with commissioners within the financial year, as illustrated in the chart below:



The following actions were initiated by the divisions in order to achieve the March 2013 target:

- ❖ The most underperforming wards have been identified by Patient Experience and the Divisions have agreed to lead focused work to demonstrate substantive improvements in these areas over the next two months.
- ❖ The Four Divisional Action Plans are now embedded within the Divisions and are driving development / improvement activity
- ❖ Patient Centred Care Quality Action Group has engaged patient representatives, local groups and clinical staff to focus improvement activity within key areas.

National Patient Survey results were published on 16<sup>th</sup> April 2013. Analysis of these results is currently taking place by the Clinical Audit team however in summary:

- ❖ 850 patients surveyed were discharged from the Trust in w/c 26<sup>th</sup> August 2012. Our response rate of 57% was 6% higher than the national rate.
- ❖ For 58 of the 60 benchmarked questions asked we have been classified as the same as other trusts – i.e. in the pack/amber rating.
- ❖ The other 2 questions (16. Were you ever bothered by noise at night from hospital staff? & 49. Did you feel you were involved in decisions about your discharge from hospital?) we have been rated as worse than other trusts (i.e. red / in the bottom 20% of trusts for these questions). We had two red questions (out of 63 questions) last year and they are now amber. For the second year running we have not achieved any green ratings.
- ❖ The comparison analysis with last year's scores shows that all questions bar one are within 1 point of the previous year's score with 33% going up slightly, 16% same score & 51% showing a slight decline. Only question 70 (While in hospital did you see or were you given, any information explaining how to complain about the care you received?) did we receive a significantly lower score (drop of 2.4 points on a 10 point scale).

#### 4.3 Same Sex Accommodation

All UHL wards and intensivists areas continue to offer Same Sex Accommodation (SSA) in line with the UHL SSA Matrix guidance and delivered 100% in March.

### 5.0 OPERATIONAL PERFORMANCE – JEREMY TOZER

#### 5.1 ED 4hr Wait Performance

Performance for March Type 1 & 2 is 80.4% and 84.7% including the Urgent Care Centre (UCC).

Further details focussing on the actions relating to the Emergency Department are included in the ED performance report.

#### 5.2 Choose and Book slot availability

Choose and book slot availability performance for March is 9%.

The majority of the issues are limited to a small number of specialties: ENT/Orthopaedics/Neurology /Breast. Based on the current performance the Trust risks contractual penalties which may be in the region of £40-£60k per month.

Actions for ongoing recovery are included in the Choose and Book slot availability exception report.

#### 5.3 RTT – 18 week performance

##### RTT Admitted performance

Admitted performance in March has been achieved with performance at 91.3%, with all specialties delivering the threshold with the exception of ENT.

The national admitted performance in February (most recent published data) was 92.2% and UHL achieved 91.9% with the upper quartile being 94.0%. 117 out of the 178 Trusts missed the target at specialty level and 83 Trust's had between 2 and 10 specialty failures.

##### RTT Non Admitted performance

The non-admitted target for March has been achieved at 97.0% against a target of 95%.


The national non-admitted performance in February (most recent published DoH data), was 97.5% and UHL achieved 97.0% with the upper quartile being 99.0%. 99 out of the 207 Trusts missed the target at specialty level and 66 Trusts had between 2 and 16 specialty failures.

##### RTT Incomplete Pathways

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 was achieved in March at 92.6%.

The national incomplete pathways performance in February (most recent published DoH data) was 94.3% and UHL achieved 93.6% with the upper quartile being 97.6%. 112 out of

the 207 Trusts missed the target at specialty level and 82 Providers had between 2 and 10 specialty failures.

**RTT – Delivery in all specialties** 

ENT admitted performance for March was 73.6% against a threshold of 90%. This will result in an estimated automatic contract penalty of £42,000. For further details refer to the admitted ENT exception report. Also, Neurosurgery non-admitted missed the target of 95% due to small numbers of clock stops. There were seven clock stops during the month with one 18+ week wait.

**5.4 Cancelled Operations** 

March performance shows that the percentage of operations cancelled on/after the day of admissions of all elective activity for non clinical reasons was 1.6% against a target of 0.8%. The performance for the year to date is 1.2%.

The percentage offered a date within 28 days of the cancellation was 94.2% against a threshold of 95% in March, with a year to date performance of 92.9%.

Further detail is included in the Cancelled Operation exception report.

**5.5 Day Case Basket** 

The percentage of patients (with treatments in the day case basket) treated as day cases for March is 78.4% against a target of 75%, with a cumulative year to date figure of 76.1%.

**5.6 Imaging Waiting Times** 

The percentage of diagnostic waits 6+ weeks was 0.5% against a threshold of 1%.

**5.7 Cancer Targets**

**Two Week Wait** 

Following the corrective actions taken earlier this year the two week wait urgent GP referral for suspected cancer to date first seen target of 93% was delivered in February, with performance at 95.8%. The target was achieved for all tumour sites for the first time in 2012/13. The year to date cumulative performance is 93.3%.

The symptomatic breast patients (cancer not initially suspected) standard has been achieved for February (reporting one month in arrears) at 93.6%, with a year to date performance of 94.5%.

**31 Day Target** 

All four 31 day cancer targets – diagnosis to treatment for first treatment, second or subsequent treatment anti cancer drug, second or subsequent treatment surgery and second or subsequent treatment radiotherapy have been achieved for February (reporting one month in arrears).

## 62 Day Target



The 62 day urgent referral to treatment cancer target for February (reporting one month in arrears) was 75.3% against a target of 85%. The year to date cumulative performance is 83.7%.

All the tumour sites have submitted an assessment of their capacity constraints relating to the diagnostic element of the 62 day pathway and an urgent assessment if the gap between what is required and what is provided is being undertaken. There will be targeted action to resolve the shortfalls. Performance is expected to improve in Quarter 1 of 2013/14 and target will be sustainably delivered monthly from July onwards.

For further detail on action plans to improve the 62 day urgent referral to treatment cancer performance refer to the exception report.

## 5.8 Primary PCI



The percentage of eligible patients with acute myocardial infarction who received Primary PCI within 150 minutes of calling professional help in March was 95.0% against a target of 75%. The year to date cumulative performance is 92.2%.

## 5.9 Stroke % stay on stroke ward



The percentage of patients spending 90% of their stay on a stroke ward in February (reported one month in arrears) is 79.0% against a target of 80%. The cumulative performance for the year to date is 79.2%. For further detail on action plans to improve the stroke performance refer to the exception report.

## 5.10 Stroke TIA



The percentage of high risk suspected TIAs receiving relevant investigations and treatment within 24 hours of referral receipt (% of high risk referrals) is 77.0% against a contractual target of 62.1%. The year to date cumulative position is 68.4%.

## 5.11 Readmissions



Following the receipt of a CHKS report on readmissions the Trust will be focussing on three key areas (general medicine, respiratory and gen surgery). Actions are already underway from some of the divisions and are reported through the Confirm & Challenge meetings. Readmission performance is also being reported on a quarterly basis to the QPMG via the Director of Clinical Quality and the Head of Operations.

## 5.12 Delayed Discharges



The reductions in delayed discharges for both city and county patients noted in February have continued into March.

Reason	Assessment		Awaiting		Availability of non acute NHS Care		Awaiting care home placement		Awaiting domiciliary package of care		Awaiting community equipment		Patient /Family choice		TOTAL	
			Public funding										City	Co		
	City	Co	City	Co	City	Co	City	Co	City	Co	City	Co	City	Co	City	Co
<b>April</b>	10	8	4	5	5	19	10	9	2	3	1	0	2	7	34	51
<b>May</b>	6	14	13	23	20	51	18	60	3	7	7	6	5	23	72	184
<b>June</b>	9	13	10	14	26	48	15	42	3	6	12	14	2	20	77	157
<b>July</b>	10	12	7	14	25	35	13	42	2	9	12	10	9	19	78	141
<b>Aug</b>	12	23	10	20	38	55	23	52	2	8	13	9	5	39	103	206
<b>Sept</b>	11	24	9	18	16	26	16	36	5	8	7	16	9	19	73	147
<b>Oct</b>	17	12	10	19	16	34	23	43	0	3	11	12	3	15	80	138
<b>Nov</b>	20	23	6	5	44	38	25	56	3	5	11	14	15	25	124	166
<b>Dec</b>	7	7	6	6	16	29	21	44	2	4	11	10	3	11	66	111
<b>Jan</b>	11	24	4	11	33	73	22	39	8	13	8	13	4	7	90	180
<b>Feb</b>	7	8	5	8	30	48	12	26	5	6	2	8	0	4	61	108
<b>March</b>	4	5	3	6	31	42	11	26	5	15	7	8	2	3	64	105

Delays continue to be escalated internally at bed meetings and externally at daily teleconferences and

## 5.13 Non Emergency Transport Contract

There is now an agreed format for reporting patient transport performance. UHL are awaiting the first report from Arriva. Monthly meetings continue where any issues are brought up. Arriva's performance continues to be monitored closely and any failure to deliver is reported through commissioning.

## 6.0 HUMAN RESOURCES – KATE BRADLEY

### 6.1 Appraisal



The reported March appraisal rate is 90.1% against a target of 100%. Appraisal performance continues to feature on Directorate, Divisional and CBU Board meetings and Human Resources continue to work closely with all areas to implement targeted actions to continue to improve appraisal performance.

The annual appraisal quality audit has now closed and quality assurance results are being collated. Improved communications have resulted in a significant increase in paperwork returns for quality assurance which will result in targeted actions for quality improvements.

### 6.2 Sickness



The reported sickness rate for the month of March is 4.1 % against an internal UHL target of 3%. The actual rate is likely to be at around 0.5% lower as absence periods are closed. The 12 month rolling sickness has reduced to 3.4%.

From 1st April 2013, following an amendment to the National Agenda for Change terms and conditions, basic pay only is received during periods of sickness apart from those in pay bands 1, 2 and the first 3 increments of band 3 who continue to receive enhancements.

*Caring at its best*

# Quality and Performance

Trust Board

Thursday 25th April 2013

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March 2013

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One team shared values



**QUALITY and PERFORMANCE REPORT**

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UHL at a Glance - Month 12 - 2012/13										
<b>PREVENTING DEATH</b>	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH	
HSMR (Dr Foster Rebased 2012)	100	93.5	96.2				Jan-13		Quality	
<b>POSITIVE EXPERIENCE of CARE</b>	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH	
Net Promoter Trust Score	61.0	64.5	57.5		New O/F target April 2012		Mar-13		Quality	
Net Promoter - Coverage	10%	11.9%	12.3%				Mar-13		Quality	
Operations cancelled for non-clinical reasons on or after the day of admission	0.8%	1.6%	1.2%				Mar-13		Trust	
<b>TIMELY CARE</b>	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%	84.7%	91.9%				Mar-13	✓	✓	
ED Waits - UHL (Type 1 and 2)	95%	80.4%	89.8%				Mar-13		Trust	
RTT 18 week – admitted	90%	91.3%					Mar-13	✓	✓	
RTT 18 week – non-admitted	95%	97.0%					Mar-13	✓	✓	
RTT - Incomplete 92% in 18 weeks	92%	92.6%					Mar-13		✓	
RTT delivery in all specialties	0	2					Mar-13		✓	
6 Week - Diagnostic Test Waiting Times	<1%	0.5%					Mar-13		✓	
Cancer: 2 week wait from referral to date first seen - all cancers	93%	95.8%	93.3%				Feb-13	✓	✓	
Cancer: 2 week wait from referral to date first seen, for symptomatic breast patients (cancer not initially suspected)	93%	93.1%	94.4%				Feb-13	✓	✓	
All Cancers: 31-day wait from diagnosis to first treatment	96%	98.0%	97.3%				Feb-13	✓	✓	
All cancers: 31-day for second or subsequent treatment - anti cancer drug treatments	98%	100.0%	100.0%				Feb-13	✓	✓	
All Cancers: 31-day wait for second or subsequent treatment - surgery	94%	94.1%	95.9%				Feb-13	✓	✓	
All Cancers: 31-day wait for second or subsequent cancer treatment - radiotherapy treatments	94%	98.9%	98.4%				Feb-13	✓	✓	
All Cancers:- 62-day wait for first treatment from urgent GP referral	85%	75.3%	83.7%				Feb-13	✓	✓	
All Cancers:- 62-day wait for first treatment from consultant screening service referral	90%	95.7%	94.4%				Feb-13	✓	✓	
All Cancers:- 62-Day Wait For First Treatment From Consultant Upgrade	85%	100.0%	100.0%				Feb-13	✓	✓	
Neck of Femurs Operated on < 36 Hours (Best Practice Tariff)	70%	82.8%	72.6%				Mar-13		Quality	

UHL at a Glance - Month 12 - 2012/13										
SAFE ENVIRONMENT	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH	
MRSA Bacteraemias	6	0	2				Mar-13	✓	✓	
CDT Isolates in Patients (UHL - All Ages)	113	9	94				Mar-13	✓	✓	
Serious Incidents Requiring Investigation	TBC	44					Mar-13	✓		
Never Events	0	0	6				Mar-13	✓		
Incidents of Patient Falls	2750	230	2761				Feb-13	✓		
Pressure Ulcers (Grade 3 and 4)	110	21	162				Feb-13	✓		
% of all adults who have had VTE risk assessment on adm to hosp	90%	92.6%	94.5%				Mar-13		✓	
100% compliance with WHO surgical checklist (Y/N)		Y					Mar-13	✓		
Bed Occupancy (Including short stay admissions)	90%	91%					Mar-13		Quality	
Bed Occupancy (Excluding short stay admissions)	86%	86%					Mar-13		Quality	
Nurse to Bed Ratio - General Base Ward		1.1 to 1.3 WTE					Mar-13		Quality	
Nurse to Bed Ratio - Specialist Ward		1.4 to 1.6 WTE					Mar-13		Quality	
Nurse to Bed Ratio - HDU		3 to 4 WTE					Mar-13		Quality	
Nurse to Bed Ratio - ITU		5.5 to 6 WTE					Mar-13		Quality	
STAFF EXPERIENCE / WORKFORCE	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH	
Sickness absence	3.0%	4.1%	3.4%				Mar-13		Quality	
Appraisals	100%	90.1%	90.1%				Mar-13		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	39.4	455.1				Mar-13		Trust	
Total Whole Time Employee (WTE)		10,385	10,385				Mar-13		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	Apr	May	Jun	Qtr 1	Jul	Aug	Sep	Qtr 2	Oct	Nov	Dec	Qtr 3	Jan	Feb	Mar
A&E - Total Time in A&E	95%	94%	1.0	QTR	0.0	0.0	0.0	0.0	3.0	3.0	3.0	3.0	2.0	0.0	0.0	0.0	0.0	0.0	0.0
MRSA	0	>1SD	1.0	YTD	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0
Clostridium Difficile	0	>1SD	1.0	YTD	2.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0
RTT waiting times – admitted	90%	85%	1.0	Monthly	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0
RTT waiting times – non-admitted	95%	90%	1.0	Monthly	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0
RTT - incomplete 92% in 18 weeks	92%	87%	1.0	Monthly	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0
RTT delivery in all specialties	0	>20	1.0	Monthly	2.0	2.0	2.0	2.0	3.0	3.0	2.0	2.0	2.0	2.0	2.0	2.0	3.0	2.0	2.0
Diagnostic Test Waiting Times	<1%	5%	1.0	Monthly	3.0	3.0	0.0	0.0	2.0	3.0	3.0	2.0	3.0	3.0	2.0	2.0	3.0	3.0	3.0
Cancer: 2 week wait from referral to date first seen - all cancers	93%	88%	0.5	Monthly	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.0	1.0	1.5	1.5
Cancer: 2 week wait from referral to date first seen, for symptomatic breast patients	93%	88%	0.5	Monthly	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5
All Cancers: 31-day wait from diagnosis to first treatment	96%	91%	0.25	Monthly	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75
All Cancers: 31-day wait for second or subsequent treatment - surgery	94%	89%	0.25	Monthly	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	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	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	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	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75
All Cancers:- 62-day wait for first treatment from urgent GP referral	85%	80%	0.5	Monthly	1.5	1.5	0.0	1.0	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	0.0	0.0	0.0
All Cancers:- 62-day wait for first treatment from consultant screening service referral	90%	85%	0.5	Monthly	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5
Delayed transfers of care	3.5%	5%	1.0	QTR	3.0	3.0	2.0	3.0	3.0	2.0	3.0	3.0	3.0	2.0	3.0	3.0	3.0	3.0	2.0
Single Sex Accommodation Breaches	0.0%	0.5%	1.0	QTR	2.0	3.0	3.0	2.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0
Venous Thromboembolism (VTE) Screening	90%	80%	1.0	QTR	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0

<b>Sum of weights</b>	14.00
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**Performance Score = sum of weights/14**

36.0	38.0	32.5	33.5	41.0	41.0	41.0	40.0	40.0	37.0	36.5	36.5	37.0	36.5	35.5
------	------	------	------	------	------	------	------	------	------	------	------	------	------	------

2.6	2.7	2.2	2.4	2.9	2.9	2.9	2.9	2.9	2.6	2.6	2.6	2.6	2.6	2.5
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Scoring values	Underperforming	0
	Performance under review	2
	Performing	3

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

LLR 2012/13 CQUIN - Quarterly performance

Area	Title in Brief	% of CQUIN Total LLR	Annual Indicator Value LLR	Qtr1	Qtr2	Qtr3 Forecast	Qtr4
National 1	VTE risk assessment	1%	£96,171				
National 2	Responsiveness to Patient Needs	5%	£480,855	End of Yr	End of Yr	End of Yr	
National 3a	Dementia - Screening	1%	£96,171	End of Yr	End of Yr	End of Yr	
National 3b	Dementia - Risk Assessment	2%	£192,342	End of Yr	End of Yr	End of Yr	
National 3c	Dementia - Referrral	2%	£192,342	End of Yr	End of Yr	End of Yr	
National 4	Safety Thermometer	5%	£480,855				
Regional 1	NET Promoter	3%	£288,513	End of Yr	End of Yr	End of Yr	
Regional 2	MECC	10%	£961,709				
Local 1a	Int Prof Standards - ED	6%	£577,026	Deferred to Q2			tbc
Local 1bi	Int Prof Standards - Assessment Units	3%	£288,513	Deferred to Q2			tbc
Local 1bii	CT Scans within 4 hrs for Assessment Unit Pts	3%	£288,513				
Local 1c	ED/EMAS Handover	6%	£577,026				
Local 2	Disch B4 11am	2%	£192,342	Deferred to Q2	End of Yr	End of Yr	tbc
Local 2	Disch B4 1pm	6%	£577,026	Deferred to Q2	End of Yr	End of Yr	tbc
Local 2	7 Day Disch	4%	£384,684	Deferred to Q2			
Local 2	TTOs pre disch	3%	£288,513	Deferred to Q2			
Local 2	Disch Diagnosis & Plan	2%	£192,342	Deferred to Q3			
Local 3	End of Life Care	5%	£480,855				
Local 4a	COPD Admission	5%	£480,855				
Local 4b	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	Annual Indicator Value	Qtr1	Qtr2	Qtr3 Forecast	Qtr4
National 1	VTE risk assessment	5%	£206,487				
National 2	Responsiveness to Patient Needs	5%	£206,487	End of Yr	End of Yr	End of Yr	
National 3a	Dementia - Screening	1.66%	£68,829	End of Yr	End of Yr	End of Yr	
National 3b	Dementia - Risk Assessment	1.66%	£68,829	End of Yr	End of Yr	End of Yr	
National 3c	Dementia - Referrral	1.66%	£68,829	End of Yr	End of Yr	End of Yr	
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  
 CQUIN FUNDING PAID IN FULL  
 PARTIAL CQUIN FUNDING WITHHELD  
 ALL CQUIN FUNDING WITHHELD  
 FURTHER INFOR REQUESTED



## 2012/13 Contractual Penalties

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).

## 2012/13 Contractual Penalties

Contract penalties within the 2013-14 contract are similar in make up and diversity as the 2012-13 contract. The application of automatic penalties will still apply with some changes mainly changes where monitoring moves from monthly to quarterly. This should be seen by the Trust as an opportunity to mitigate against the financial impact of penalties as failure in one month with good recovery in the other months within the quarter should allow the Trust to avoid the penalty. There are a number of areas where the consequence of breach has been increased and there is a significant risk to the Trust areas to highlight outside of ED and Cancer are Ambulance turnaround times and C-Diff penalties. There is a section below that highlights the main areas to recognise in 2013-14. The process of escalation for breach of performance targets remains very similar to 2012-13 the new form contract clause that is relevant is General Condition 9. The process is identical to Clause 47 of the 2012-13 contract as explained above.

### CONTRACT PENALTIES

Description	Qtr 1	Qtr 2	Quarter 3	January	February	March (Forecast)	Quarter 4	Total	Comments
A&E - Total Time in A&E	£80,057	£0	£2,068,666	£689,673	£648,390	£650,000	£1,988,063	£4,136,786	ED 4 Hour penalty contains both elements the automatic element and the clause 47 breached remedial action plan element.
Cancer 62 day	£616,433	£0	£650,000	£620,000	£620,000	£620,000	£1,860,000	£3,126,433	
RTT - specialty level delivery	£11,796	£35,562	£119,191	£0	£1,050	£0	£1,050	£167,599	Cancer 62 day penalty applied in February as forecast and likely to be penalty for March also.
Never Events	£2,484	£4,030	£0	£0	£0	£0	£0	£6,514	
Same Sex Accommodation Breaches	£1,750	£0	£0	£0	£0	£0	£0	£1,750	There is a positive number shown against ambulance turnaround as the impact of this term has been negotiated to be no greater than £75k FYE.
Breach of diagnostics 6 week wait standard	£15,000	£5,000	£0	£0	£0	£0	£0	£20,000	
Ambulance Turnaround	£0	£70,000	£70,000	£0	£0	£0	£-65,000	£75,000	
2 Week Wait Cancer	£0	£0	£4,942	£5,000	£4,073	£5,000	£14,073	£19,015	
Choose and Book (Available Slot Issues)	£0	£0	£0	£0	£54,600	£50,000	£104,600	£104,600	Agreement has been reached on the calculation of the 2ww Cancer penalty and this has been applied in Q3 for the November performance this penalty will also be relevant in each month of Quarter 4.
<b>Total</b>	<b>£111,087</b>	<b>£44,592</b>	<b>£2,257,857</b>	<b>£1,314,673</b>	<b>£1,328,113</b>	<b>£1,325,000</b>	<b>£3,967,786</b>	<b>£6,381,322</b>	The calculation of the Choose and Book ASI penalty has been agreed and applied in February, similar performance is forecast for March.

### PERFORMANCE AREAS CURRENTLY GENERATING SIGNIFICANT PERFORMANCE PENALTIES

Nationally Specified Event	Threshold	Consequence per breach	Current Contractual	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	The discussions relating to this penalty have formed part of the year end closure agreement.	Performance in ED against this target is not recovering and it is likely that we will carry this penalty in to 2013-14.
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	The discussions relating to this penalty have formed part of the year end closure agreement.	Performance against this target has not been achieved since December

### PERFORMANCE AREAS REMAINING OPEN FROM 2012-13 TO 2013-14 (THESE AREAS ARE LIKELY TO CONTINUE TO GENERATE PENALTIES IN THE NEW CONTRACT YEAR).

Performance Area	Opened on	Consequence per breach	Comments
Cancelled Ops	08/07/2011	Non payment for the original spell and re-scheduled spell at the Trust or place of patients choosing.	The threshold for this measure has not changed the consequence of breach is slightly more robust and applied automatically. There is also a measure that no urgent patient will have an operation cancelled twice.

## QUALITY

### Performance Overview

**Critical Safety Actions** : There are no national performance targets for the 5 Critical Safety Actions which is a UHL locally agreed CQUIN Programme.

The aims of the 5 critical safety actions programme is to see a reduction in avoidable mortality and morbidity. The 2 key indicators being focused upon by commissioners are a reduction in Serious Untoward Incidents related to the 5CSA's and a reduction in EWS incidents across the trust.



4 of the 5 Critical Safety Actions have been agreed as CQUIN indicators for next year 13/14. Mortality and Morbidity standards has been discontinued as a CQUIN safety action and will be focused upon elsewhere in the quality schedule.

### Improving Clinical Handover.

**Aim** - To provide a systematic, safe and effective handover of care and to provide timely and collaborative handover for out of hours shifts  
**Actions:-**

- UHL web based handover system updated to v2 successfully on 12/03/13.
- Pilot work with alternative handover system supplier to develop module with UHL and Nerve Centre has agreed dates for pre audit by ACCA on 11th and 12th April 2013. Pilot taking place within general/ vascular surgery at LRI.

### Relentless attention to EWS triggers and actions.

**Aim** - To improve care delivery and management of the deteriorating patient

**Actions:-**

All areas are undertaking the HCA assessments for EWS observations. Allowing for long term absences, planned care and womens & children division have achieved 100%. Figures not yet received for Acute division for March 13, but will show an increase on the 60% in Feb 13 due to recovery action being taken to ensure that all those assessed are documented on e-uhl.

### Implement and Embed Mortality and Morbidity standards.

**Aim** - To have a standardised process for reviewing in-hospital deaths and archiving of the completed reviews

**Actions:-**

- 100% of specialities have confirmed that M&M meetings are taking place.
- 72% have minutes saved and 78% have Terms of Reference saved to the shared drive.

### Acting upon Results.

**Aim** - No avoidable death or harm as a failure to act upon results and all results to be reviewed and acted upon in a timely manner.

**Actions:-**

- Acting on Results in ED has been agreed as a 2013 priority for the trust Quality Commitment work. Plan for this action was presented at Trust Board meeting on 28.03.13. Meeting date set for 08.04.13 to finalise more detailed plan to progress this work.
- This month programme lead and Dr.Collett have met with divisional directors and heads of nursing to discuss and agree timelines for divisional implementation of Diagnostic Testing Policy.

### Senior Clinical Review, Ward Rounds and Notation.

**Aim** - To meet national standards for clinical documentation. To provide strong medical leadership and safe and timely senior clinical reviews and ensure strong clinical governance.

**Actions:-**

Ward round template sheet as documentation is now printed and ready for trial in medicine. Trial start date now set for 08.04.13 on ward 23, LRI. Plan to extend the trial to ward 33, LRI on 29.04.13.  
Ward round safety checklist currently being finalised for use as a prompting tool across trust, will require trust approval before use.  
Plan to embed the documentation with the RPC work in the acute division.  
Joint working with Medical Education leads to incorporate ward round training into FY1 teaching programme.

**PATIENT EXPERIENCE**

**Performance Overview**

Patient Experience Surveys continue across 88 clinical areas and have four bespoke surveys for adult inpatient, children's inpatient, adult day case and intensive care settings. In March 2013, 1,577 Patient Experience Surveys were returned

**Treated with Respect and Dignity**

The Trust has maintained a GREEN rating for the question 'Overall do you think you were you treated with dignity and respect while in hospital' based on the scoring methodology used in the national survey.

**Friends and Family Test**

Patient experience surveys include the net promoter question; **How likely is it that you would recommend this service to friends and family?** Of the 1,577 surveys, 1,516 surveys included a response to the Net Promoter Question.

Number of Promoters: 1,062  
 Number of passives: 370  
 Number of detractors: 84  
**Overall NET promoter score 64.50**

In April 2012 the Trust overall net promoter score was 51 with a target of 61 by March 2013. March 2013 score meets this target with the Trust having achieved a 13.5 point improvement from baseline.

The following actions were initiated by the divisions to achieve the March 2013 target:

- The most underperforming wards were identified by Patient Experience and the Divisions agreed to lead focused work to demonstrate substantive improvements in these areas over the last two months.
- The Four Divisional Action Plans are now embedded within the Divisions and are driving development / improvement activity
- Patient Centred Care Quality Action Group has engaged patient representatives, local groups and clinical staff to focus improvement activity within key areas



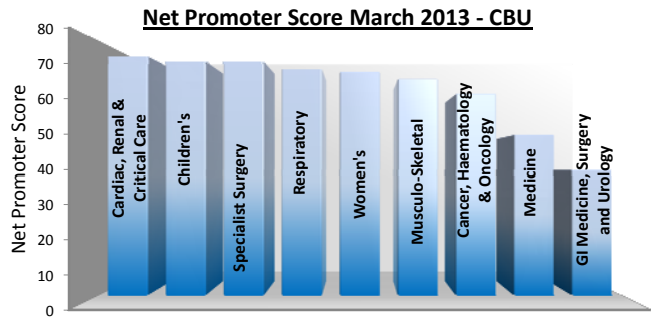
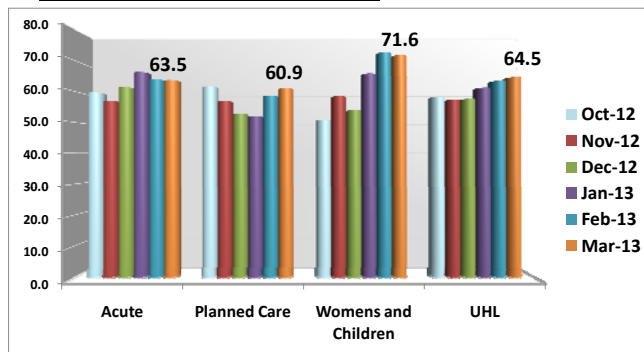
**Net Promoter 64.5**

**Coverage 11.9%**



**Friends & Families Test - the Net Promoter - MARCH 2013**

Number of Responses **1516**



**Patient Experience Surveys**

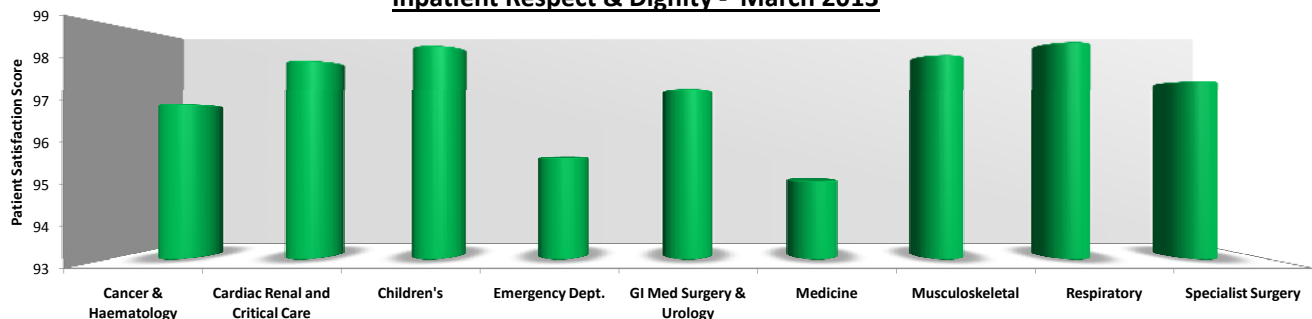
**Inpatient Return Rates - March 2013**

Division	Returned	Target	% Achieved
Acute Care	825	979	84.3%
Planned Care	545	589	92.5%
Women's and Children's	207	185	111.9%
<b>UHL</b>	<b>1,577</b>	<b>1,753</b>	<b>90.0%</b>

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

Division	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
Acute	94.8	95.2	95.8	96.2	94.8	95.9	95.0	96.3	96.2	96.2	96.2	95.7	96.8	96.7
Planned Care	96.9	96.7	96.1	96.0	97.5	96.6	96.7	96.2	96.8	96.2	96.7	95.9	97.2	97.4
Womens and Children	95.4	92.5	92.9	98.0	96.0	98.7	96.6	97.7	94.4	97.7	94.7	99.1	97.2	98.2
<b>UHL</b>	<b>95.6</b>	<b>95.6</b>	<b>95.9</b>	<b>96.3</b>	<b>96.1</b>	<b>96.5</b>	<b>95.7</b>	<b>96.4</b>	<b>96.4</b>	<b>96.3</b>	<b>96.3</b>	<b>95.9</b>	<b>97.0</b>	<b>97.2</b>

**Inpatient Respect & Dignity - March 2013**





Friends & Families Test - *The Net Promoter* : March 2013 (surveys between 25th Feb - 31st Mar)

		Total Number of Responses in Period	Number of Promoters	Number of Passives	Number of Detractors	Net Promoter Score
<b>UHL Trust Level Totals</b>		<b>1,516</b>	<b>1,062</b>	<b>370</b>	<b>84</b>	<b>64.51</b>
<b>Acute Care</b>		Total Number of Responses in Period	Number of Promoters	Number of Passives	Number of Detractors	Net Promoter Score
<b>Cardiac, Renal &amp; Critical Care</b>						
Cardiology	GH WD 24	37	30	7	0	81.08
	GH WD 27	24	11	12	1	41.67
	GH WD 28	26	23	2	1	84.62
	GH WD 32	11	10	1	0	90.91
	GH WD 33	67	54	9	4	74.63
	GH WD 33A	16	13	3	0	81.25
	GH WD Coronary Care Unit	39	35	4	0	89.74
<b>Cardiology Total</b>		<b>220</b>	<b>176</b>	<b>38</b>	<b>6</b>	<b>77.27</b>
Cardiothoracic Surgery	GH WD 20	3	2	1	0	66.67
	GH WD 31	21	21	0	0	100.00
	GH WD 34	2	2	0	0	100.00
<b>Cardiothoracic Surgery Total</b>		<b>26</b>	<b>25</b>	<b>1</b>	<b>0</b>	<b>96.15</b>
Nephrology	LGH WD 10	1	0	1	0	0.00
	LGH WD 15A HDU Neph	1	1	0	0	100.00
	LGH WD 15N Nephrology	8	0	2	6	-75.00
<b>Nephrology Total</b>		<b>10</b>	<b>1</b>	<b>3</b>	<b>6</b>	<b>-50.00</b>
Paed Cardiothor Surg ECMO	GH WD 30	2	2	0	0	100.00
<b>Paed Cardiothor Surg ECMO Total</b>		<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>100.00</b>
Paediatric Cardiology	GH WD Paed ITU	9	9	0	0	100.00
<b>Paediatric Cardiology</b>		<b>9</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>100.00</b>
Transplant	LGH WD 17 Transplant	2	2	0	0	100.00
<b>Transplant Total</b>		<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>100.00</b>
<b>Business Unit Total</b>		<b>269</b>	<b>215</b>	<b>42</b>	<b>12</b>	<b>75.46</b>
<b>Emergency Department</b>						
Emergency Department	(NB: Not inpatient surveys)	0				-
<b>Business Unit Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-</b>
<b>Medicine</b>						
Diabetology	LRI WD 38 Win L6	27	11	10	6	18.52
<b>Diabetology Total</b>		<b>27</b>	<b>11</b>	<b>10</b>	<b>6</b>	<b>18.52</b>
Gastroenterology	LRI WD 30 Win L4	23	14	7	2	52.17
<b>Gastroenterology Total</b>		<b>23</b>	<b>14</b>	<b>7</b>	<b>2</b>	<b>52.17</b>
Infectious Diseases	LRI WD IDU Infectious Diseases	15	12	2	1	73.33
<b>Infectious Diseases Total</b>		<b>15</b>	<b>12</b>	<b>2</b>	<b>1</b>	<b>73.33</b>
Integrated Medicine	LGH WD 8	1	1	0	0	100.00
	LGH WD Young Disabled	0	-	-	-	-
	LRI WD 23 Win L3	20	16	3	1	75.00
	LRI WD 24 Win L3	26	12	10	4	30.77
	LRI WD 25 Win L3	14	14	0	0	100.00
	LRI WD 26 Win L3	11	10	1	0	90.91
	LRI WD 29 Win L4	31	18	13	0	58.06
	LRI WD 31 Win L5	0	-	-	-	-
	LRI WD 33 Win L5	23	15	3	5	43.48
	LRI WD 34 Windsor Level 5	40	27	12	1	65.00
	LRI WD 36 Win L6	25	8	14	3	20.00
	LRI WD 37 Win L6	24	12	9	3	37.50
	LRI WD Acute Med Unit	26	13	12	1	46.15
	LRI WD Fielding John Vic L1	0	-	-	-	-
	LRI WD Odames Vic L1	15	9	4	2	46.67
<b>Integrated Medicine</b>		<b>256</b>	<b>155</b>	<b>81</b>	<b>20</b>	<b>52.73</b>
Neurology	LGH WD Brain Injury Unit	0	-	-	-	-
<b>Neurology</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-</b>
Rheumatology	LGH WD 1	0	-	-	-	-
<b>Rheumatology</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-</b>
<b>Business Unit Total</b>		<b>321</b>	<b>192</b>	<b>100</b>	<b>29</b>	<b>50.78</b>
<b>Respiratory</b>						
Thoracic Medicine	GH WD 15	20	16	4	0	80.00
	GH WD 16 Respiratory Unit	42	32	10	0	76.19
	GH WD 17	1	1	0	0	100.00
	GH WD Clinical Decisions Unit	30	16	11	3	43.33
<b>Thoracic Medicine Total</b>		<b>93</b>	<b>65</b>	<b>25</b>	<b>3</b>	<b>66.67</b>
Thoracic Surgery	GH WD 26	19	18	1	0	94.74
<b>Thoracic Surgery Total</b>		<b>19</b>	<b>18</b>	<b>1</b>	<b>0</b>	<b>94.74</b>
<b>Business Unit Total</b>		<b>112</b>	<b>83</b>	<b>26</b>	<b>3</b>	<b>71.43</b>
<b>Acute Care Total</b>		<b>702</b>	<b>490</b>	<b>168</b>	<b>44</b>	<b>63.53</b>

Friends & Families Test - *The Net Promoter* : March 2013 (surveys between 25th Feb - 31st Mar)

<i>Planned Care</i>		Total Number of Responses in Period	Number of Promoters	Number of Passives	Number of Detractors	Net Promoter Score
<b>Cancer, Haematology and Oncology</b>						
Bone Marrow Transplantation	LRI WD Bone Marrow	2	1	0	1	0.00
<i>Bone Marrow Transplantation</i>		2	1	0	1	0.00
Clinical Oncology	LRI WD 39 Osb L1	48	30	15	3	56.25
	LRI WD 40 Osb L1	34	28	5	1	79.41
	LRI WD Osborne Assess Unit	33	27	5	1	78.79
<i>Clinical Oncology</i>		115	85	25	5	69.57
Haematology	LRI WD 41 Osb L2	15	7	5	3	26.67
<i>Haematology</i>		15	7	5	3	26.67
<b>Business Unit Total</b>		<b>132</b>	<b>93</b>	<b>30</b>	<b>9</b>	<b>63.64</b>
<b>GI Medicine, Surgery and Urology</b>						
General Surgery	LGH WD 22	16	8	4	4	25.00
	LGH WD 26 SAU	1	1	0	0	100.00
	LGH WD 27	12	5	7	0	41.67
	LGH WD 28 Urology	18	9	6	3	33.33
	LGH WD Surg Acute Care	11	11	0	0	100.00
	LRI WD 22 Bal 6	31	11	14	6	16.13
	LRI WD 8 SAU Bal L3	19	11	5	3	42.11
<i>General Surgery</i>		108	56	36	16	37.04
Urology	LGH WD 29 EMU Urology	10	7	3	0	70.00
<i>Urology</i>		10	7	3	0	70.00
<b>Business Unit Total</b>		<b>118</b>	<b>63</b>	<b>39</b>	<b>16</b>	<b>39.83</b>
<b>Musculo-Skeletal</b>						
Orthopaedic Surgery						
	LGH WD 14	30	24	6	0	80.00
	LGH WD 16	44	31	12	1	68.18
	LGH WD 19	36	24	12	0	66.67
<i>Orthopaedic Surgery</i>		110	79	30	1	70.91
Trauma	LRI WD 17 Bal L5	0	-	-	-	-
	LRI WD 18 Bal L5	32	22	7	3	59.38
	LRI WD 32 Win L5	0	-	-	-	-
<i>Trauma</i>		32	22	7	3	59.38
<b>Business Unit Total</b>		<b>142</b>	<b>101</b>	<b>37</b>	<b>4</b>	<b>68.31</b>
<b>Specialist Surgery</b>						
Breast Care	GH WD 23A	0	-	-	-	-
<i>Breast Care</i>		0	0	0	0	-
ENT	LRI WD 7 Bal L3	30	23	5	2	70.00
<i>ENT</i>		30	23	5	2	70.00
Plastic Surgery	LRI WD Kinmonth Unit Bal L3	26	18	8	0	69.23
<i>Plastic Surgery</i>		26	18	8	0	69.23
Ophthalmology	LRI WD Ophthalmic Suite Bal L6	21	17	4	0	80.95
<i>Ophthalmology</i>		21	17	4	0	80.95
Vascular Surgery	LRI WD 21 Bal L6	7	6	1	0	85.71
<i>Vascular Surgery</i>		7	6	1	0	85.71
<b>Business Unit Total</b>		<b>84</b>	<b>64</b>	<b>18</b>	<b>2</b>	<b>73.81</b>
<b>Planned Care Total</b>		<b>476</b>	<b>321</b>	<b>124</b>	<b>31</b>	<b>60.92</b>

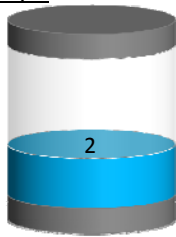
Friends & Families Test - *The Net Promoter* : March 2013 (surveys between 25th Feb - 31st Mar)

<i>Women's &amp; Children's</i>		Total Number of Responses in Period	Number of Promoters	Number of Passives	Number of Detractors	Net Promoter Score
<b>Children's</b>						
Paediatric Medicine	LRI WD 12 Bal L4	11	11	0	0	100.00
	LRI WD 14 Bal L4	29	26	3	0	89.66
	LRI WD 27 Win L4	8	5	2	1	50.00
	LRI WD 28 Windsor Level 4	16	11	5	0	68.75
	LRI WD Paed ITU	3	2	1	0	66.67
<b>Paediatric Medicine</b>		<b>67</b>	<b>55</b>	<b>11</b>	<b>1</b>	<b>80.60</b>
Paediatric Surgery	LRI WD 10 Bal L4	25	20	4	1	76.00
	LRI WD 11 Bal L4	19	10	8	1	47.37
<b>Paediatric Surgery</b>		<b>44</b>	<b>30</b>	<b>12</b>	<b>2</b>	<b>63.64</b>
<b>Business Unit Total</b>		<b>111</b>	<b>85</b>	<b>23</b>	<b>3</b>	<b>73.87</b>
<b>Women's</b>						
Gynaecology	LGH WD 11	0	-	-	-	-
	LGH WD 31	46	27	17	2	54.35
	LRI WD 1 Ken L1	0	-	-	-	-
	LRI WD GAU Ken L1	32	21	9	2	59.38
<b>Gynaecology</b>		<b>78</b>	<b>48</b>	<b>26</b>	<b>4</b>	<b>56.41</b>
Obsterics	LGH WD 30	93	75	17	1	79.57
	LRI WD 5 Ken L3	19	16	2	1	78.95
	LRI WD 6 Ken L3	37	27	10	0	72.97
<b>Obsterics</b>		<b>149</b>	<b>118</b>	<b>29</b>	<b>2</b>	<b>77.85</b>
<b>Business Unit Total</b>		<b>227</b>	<b>166</b>	<b>55</b>	<b>6</b>	<b>70.48</b>
<b><i>Women's &amp; Children's Total</i></b>		<b><i>338</i></b>	<b><i>251</i></b>	<b><i>78</i></b>	<b><i>9</i></b>	<b><i>71.60</i></b>

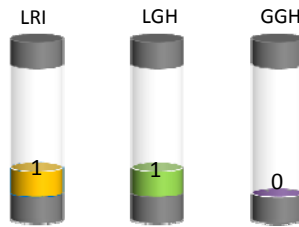
# INFECTION PREVENTION

## MRSA BACTERAEMIA

UHL MRSA FY 2012/13



UHL MRSA FY 2012/13 by site



### Performance Overview

MRSA – There was 0 MRSA cases reported for March. The year to date figure is 2 against a 2012/13 target of 6 cases – a very pleasing year-end outcome for the trust. We now face our challenge on further improving on this for 2013

C Difficile – there were 9 cases reported in March resulting in a cumulative position of 94 against a target of 113 for the year. Given the challenging trajectory set for 2013, a detailed C Difficile reduction plan has been crafted by the Infection Prevention (IP) team which is to be discussed at the April LLR IP group.

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

UHL MRSA FY 2008/09



UHL MRSA FY 2009/10



UHL MRSA FY 2010/11

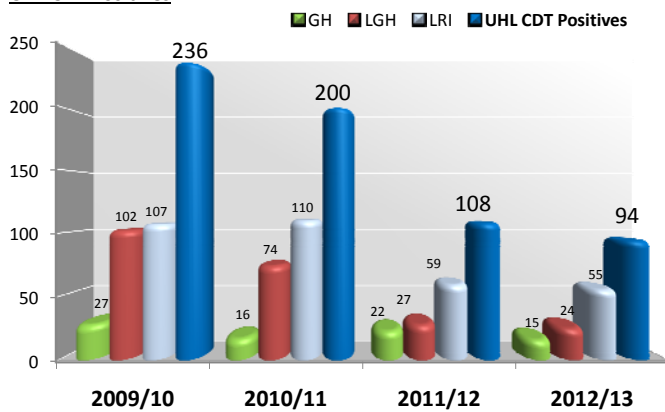


UHL MRSA FY 2011/12

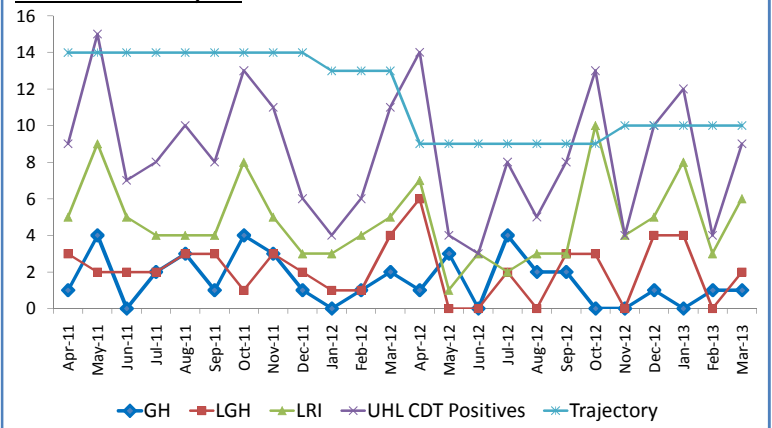


## CLOSTRIDIUM DIFFICILE - UHL CDT POSITIVES

UHL CDT Positives



UHL CDT Positives by Site



### TARGET / STANDARD

	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	YTD	Target
MRSA	0	0	0	0	0	0	1	0	0	0	1	0	0	2	6
C. Diff.	11	14	4	3	8	5	8	13	4	10	12	4	9	94	113
Rate / 1000 Adm's	1.3	1.9	0.5	0.4	1.0	0.6	1.1	1.6	0.5	1.3	1.6	0.5	1.1	1.0	

	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	YTD	Target
GRE	1	1	2	1	3	3	1	0	0	1	0	2	1	15	No National Target
MSSA	5	2	4	2	7	4	5	3	4	3	7	1	4	46	No National Target
E-Coli	46	39	44	45	46	51	48	49	31	40	49	43	39	524	No National Target

**MORTALITY**

**UHL CRUDE MORTALITY**

**Performance Overview**

UHL's crude in-hospital mortality rate continues to be 1.4% for 12/13 but has seen an increase between December and March. The HSMRs for December and January were 92.4 and 93.5 respectively

UHL's HSMR for the financial year to date is 96.2 (April to Jan and is anticipated to be 103 following the annual rebasing carried out by Dr Foster's at the end of the financial year. This is slightly lower than previously predicted (104) and UHL will still be "within expected range".

UHL's SHMI for 11/12 was 104.7 and for July 11 to June 12 it is 104.53 which means that the published SHMI is 105. The next SHMI, covering the period October 11 to September 12 will be published later this month and is anticipated to remain at 105. The LLR Mortality Review is due to start in June, dependant upon availability of both primary and secondary clinicians.

The internal mortality review looking at the case notes of patients that died in November, has been extended to include more patients in order to ensure a representative sample across all specialities. Preliminary findings are that the overwhelming majority of patients were those whose death were 'likely' and even where death was unlikely, management was appropriate.

In respect of perinatal mortality, there are concerns about the matching of UHL's data with that used by Dr Foster's in their clinical benchmarking tool and so the interpretation of the data is difficult. The Women's CBU are working closely with the Dr Foster team to identify the causes of discrepancies and to better understand the risk adjustment model being used. This work will include liaising with trusts with similar numbers of deliveries and perinatal deaths who have an 'expected perinatal mortality rate'.

In the meantime, the CBU continues to provide individualised data on each perinatal death in the service to the Leicester University Department of Perinatal and Paediatric Epidemiology as they had previously played a significant role in national data collection and analysis for CEMACE and will continue to do so under the new arrangements for national data collection with EMMBRACE. The latest data (2011) reported from the Department of Epidemiology shows UHL's risk adjusted perinatal mortality rate to be below both the regional and national average.

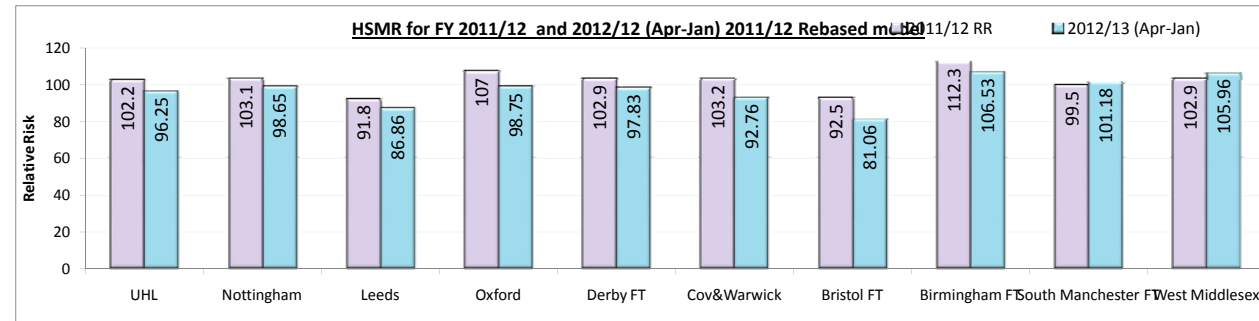
UHL CRUDE DATA TOTAL SPELLS	Mar-12	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	YTD
UHL Crude Data - TOTAL Spells	19936	220532	17423	19676	17626	19090	18332	17907	19796	19238	17716	18573	17315	18352	221044
UHL Crude Data - TOTAL Deaths	285	2970	277	259	235	266	232	249	250	254	279	313	275	288	3177
UHL %	1.4%	1.3%	1.6%	1.3%	1.3%	1.4%	1.3%	1.4%	1.3%	1.3%	1.6%	1.7%	1.6%	1.6%	1.4%

UHL CRUDE DATA ELECTIVE SPELLS	Mar-12	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	YTD
UHL Crude Data - ELECTIVE Spells	9833	105530	7854	9389	8007	9085	8536	8359	9495	9280	7859	8815	8199	8305	103183
UHL Crude Data - ELECTIVE Deaths	8	82	5	7	9	9	10	5	10	7	8	4	7	3	84
%	0.08%	0.08%	0.06%	0.07%	0.11%	0.1%	0.12%	0.06%	0.11%	0.08%	0.1%	0.05%	0.09%	0.04%	0.08%

UHL CRUDE DATA NON ELECTIVE SPELLS	Mar-12	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	YTD
UHL Crude Data - NON ELECTIVE Spells	10103	115002	9569	10287	9619	10005	9796	9548	10301	9958	9857	9758	9116	10047	117861
UHL Crude Data - NON ELECTIVE Deaths	277	2888	272	252	226	257	222	244	240	247	271	309	268	285	3093
%	2.7%	2.5%	2.8%	2.4%	2.3%	2.6%	2.3%	2.6%	2.3%	2.5%	2.7%	3.2%	2.9%	2.8%	2.6%

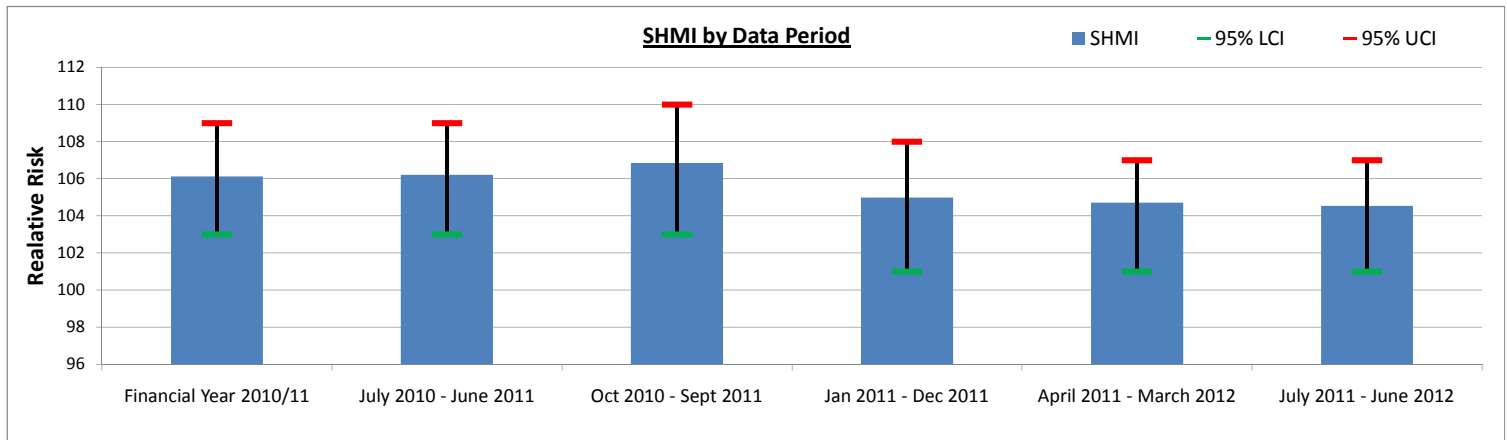
**HSMR and RELATIVE RISK Using Dr Foster System (Dfi)**

	Jan-12	Feb-12	Mar-12	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	FYTD
HSMR Indicator (Dfi) Rebased 2011/12 model	99.5	112.4	107.4	102.2	108.5	93.3	91.1	99.4	92.1	106.2	97.4	89.9	92.4	93.5	96.2
Relative Risk - Elective Spells (Dfi) Rebased 2011/12 model	33.8	60.1	141.9	89.3	96.5	104.3	103.0	149.0	107.5	76.2	133.2	54.3	81.9	77.8	97.7
Relative Risk - Non Elective Spells (Dfi) Rebased 2011/12 model	101.1	113.4	106.5	102.3	109.2	93.0	90.6	98.3	91.6	107.1	96.2	90.7	92.5	93.9	96.1



## MORTALITY

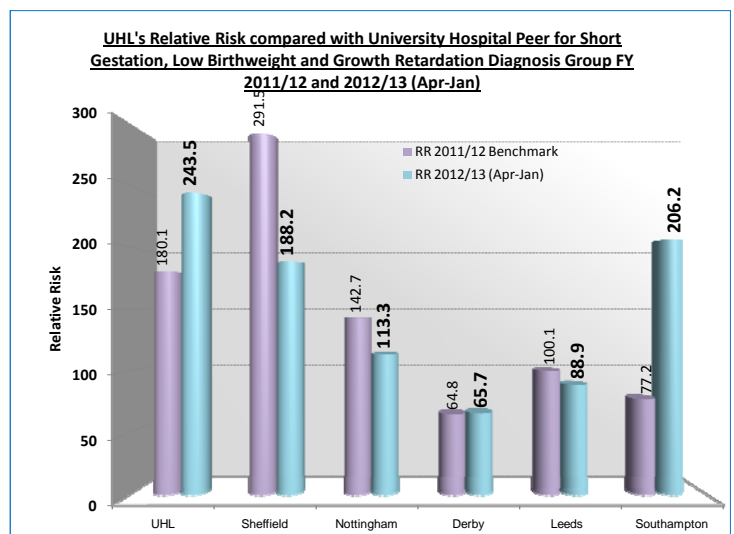
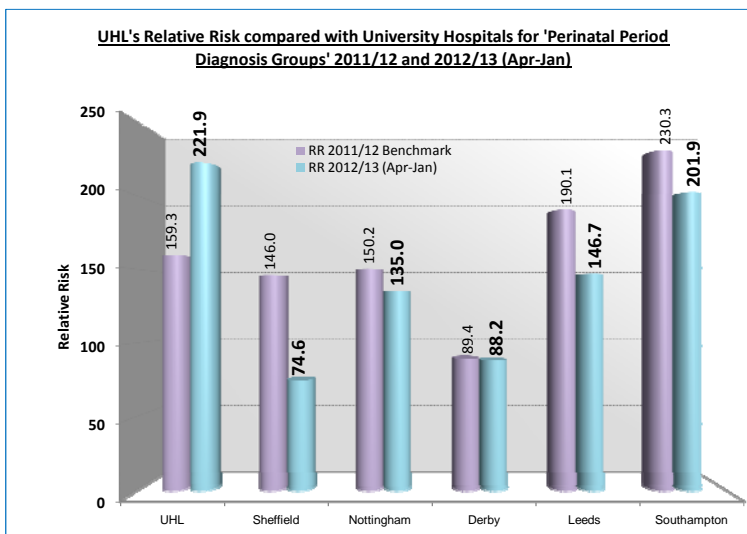
### SHMI



### SHMI - High/low relative risk positions

CCS Group	Observed Deaths	SHMI	95% Confidence interval
<b>High relative risks</b>			
Pneumonia	427	109.15	102.91-124.69
Acute cerebrovascular disease	181	89.53	86.34-116.18
Congestive heart failure, nonhypertensive	167	94.62	75.36-102.68
Acute myocardial infarction	116	107.08	84.66-122.88
Chronic obstructive pulmonary disease and bronchiectasis	111	96.72	86.31-126.36
Urinary tract infections	109	116.76	91.91-135.03
Acute bronchitis	98	116.07	85.88-128.93
Septicemia (except in labour)	80	97.71	68.85-108.08
Acute and unspecified renal failure	78	109.64	75.78-119.66
Other perinatal conditions	68	249	129.17-210.89
<b>Low relative risks</b>			
Gastroduodenal ulcer (except haemorrhage)	2	29.82	2.57-82.51
Asthma	2	69.74	5.07-162.84
Coma, stupour, and brain damage	2	68.38	3.89-124.94
Neoplasms of unspecified nature or uncertain behavior	2	76.92	6.44-207.07
Lung disease due to external agents	1	45.54	0.33-142.29

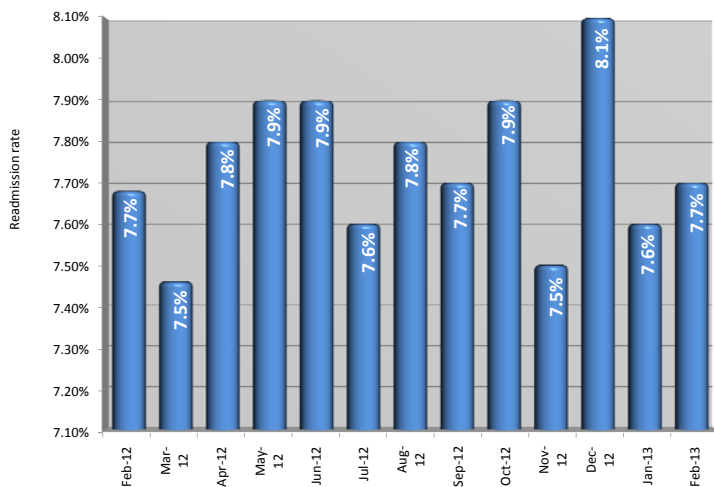
### Perinatal Mortality 2011/12 and 2012/13



# READMISSIONS

## UHL Readmissions

**Readmission Rate (Any Specialty)**



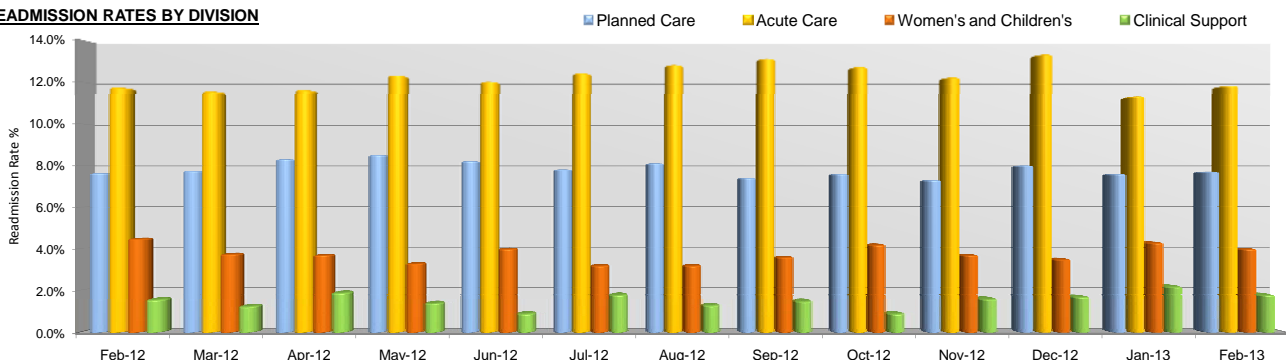
### Performance Overview

Following the receipt of a CHKS report on readmissions the Trust will be focussing on three key areas (general medicine, respiratory and gen surgery). Actions are already underway from some of the divisions and are reported through the Confirm & Challenge meetings. Readmission performance is also being reported on a quarterly basis to the QPMG via the Director of Clinical Quality and the Head of Operations.

UHL CRUDE DATA TOTAL SPELLS	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	YTD
<b>Discharges</b>	18670	19937	17423	19676	17626	19090	18333	17907	19796	19238	17716	18573	17317	202,695
30 Day Emerg. Readmissions (Any Spec)	1,433	1,488	1,359	1,553	1,388	1,445	1,438	1,378	1,555	1,441	1,436	1,413	1,331	15,737
<b>Readmission Rate (Any Specialty)</b>	<b>7.7%</b>	<b>7.5%</b>	<b>7.8%</b>	<b>7.9%</b>	<b>7.9%</b>	<b>7.6%</b>	<b>7.8%</b>	<b>7.7%</b>	<b>7.9%</b>	<b>7.5%</b>	<b>8.1%</b>	<b>7.6%</b>	<b>7.7%</b>	<b>7.8%</b>
30 Day Emerg. Readmissions (Same Spec)	849	845	810	901	835	826	833	780	888	838	803	783	731	9,028
<b>Readmission Rate (Same Specialty)</b>	<b>4.5%</b>	<b>4.2%</b>	<b>4.6%</b>	<b>4.6%</b>	<b>4.7%</b>	<b>4.3%</b>	<b>4.5%</b>	<b>4.4%</b>	<b>4.5%</b>	<b>4.4%</b>	<b>4.5%</b>	<b>4.2%</b>	<b>4.2%</b>	<b>4.5%</b>
Total Bed Days of ALL Readmitting Spells	9,170	9,191	8,224	9,226	8,533	8,317	8,811	8,312	9,297	8,581	9,244	9,163	8,088	95,796

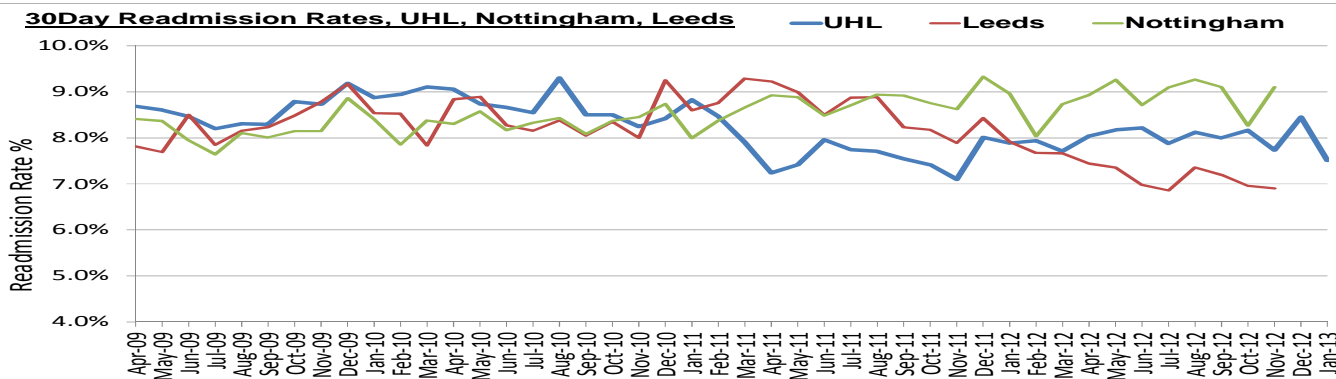
### Division Details

**READMISSION RATES BY DIVISION**



### Readmissions Benchmarked

**30Day Readmission Rates, UHL, Nottingham, Leeds**



## FRACTURED NECK of FEMUR

### Performance Overview

March performance for time to surgery within 36 hours for fractured neck of femur patients is 82.8%. The year to date position is 72.6 % against a target of 70%.

**# to Theatre 0-35Hrs**

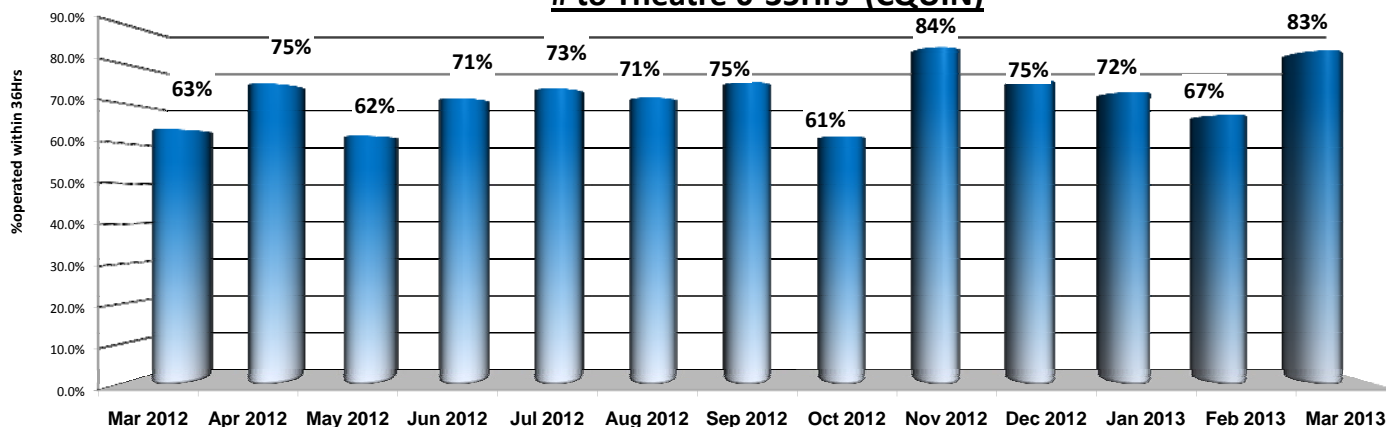
**Year to Date**



### Hip Fracture - CQUIN

Criteria	CQRG Thresholds	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	YTD
# to Theatre 0-35Hrs	Monthly >=70% FYE 75%	63.2%	74.6%	61.5%	70.9%	73.3%	71.1%	75.0%	61.4%	83.6%	75.4%	72.5%	66.7%	82.8%	72.6%
# Admitted under joint care of Geriatrician and ortho surgeon	-	92%	100%	96%	95%	88%	100%	93%	74%	98%	93%	93%	98%	97%	94%
# Admitted under Assessment Protocol	>=95%	95%	100%	94%	98%	98%	96%	98%	74%	98%	98%	96%	98%	98%	96%
# Geriatrician Assessment	Monthly >=70% Q4 75%	86%	95%	88%	91%	87%	95%	93%	72%	97%	93%	93%	98%	97%	92%
# Multiprof Rehab Review	Monthly >=80% Q4 85%	67%	92%	83%	84%	93%	96%	91%	68%	90%	77%	70%	69%	77%	83%
# Specialist Falls Assessment	Monthly >=80% Q4 85%	93%	100%	96%	95%	97%	100%	93%	72%	98%	97%	87%	94%	95%	94%
# AMTS	-	-	61%	67%	76%	75%	88%	75%	61%	89%	70%	80%	88%	89%	77%

### # to Theatre 0-35Hrs (CQUIN)





## FALLS

TARGET / STANDARD														YTD	Target
Incidents of Patient Falls	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13		
<b>UHL</b>	246	233	249	269	302	217	242	251	247	256	265	230		2761	2750
<i>Planned Care</i>	53	37	70	45	61	48	58	56	55	51	68	54		603	653
<i>Acute Care</i>	188	188	167	217	230	162	174	184	183	200	185	166		2056	1982
<i>Women's and Children's</i>	4	4	1	2	4	4	1	2	2	1	6	6		33	47
<i>Clinical Support</i>	1	4	11	5	7	3	9	9	7	4	6	4		69	68
<b>Falls Resulting in Severe Injury or Death</b>	1	1	1	1	1	0	0	1	0	0	0	1		6	6

### UHL Patient Falls

#### Incidents of Patient Falls



### Performance Overview

We have seen a decrease in the total number of falls across the Trust in February 2013 particularly within the Acute and Planned Care Divisions, with one reported fall in February 2013 that has resulted in severe injury or death.

#### Actions:

Actions are continuing from previous months. Confirm and challenge sessions have commenced in Acute care for ward areas reporting high numbers of falls.

## PRESSURE ULCERS (Grade 3 and 4)

### Performance Overview

The number of avoidable hospital acquired pressure ulcers increased by a total of one in February 2013. The majority of ulcers are still being reported from within the Acute Division predominantly within the Medical CBU.

On reviewing data from a similar period in 2011/12, there appears to have been an increase in the number of avoidable ulcers reported during the months of October 2012 to February 2013

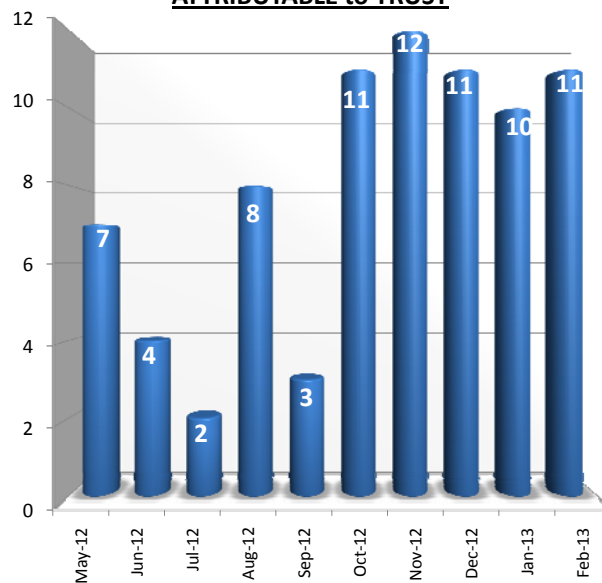
2011/12 = 42 grade 3 / 4 ulcers reported  
2012/13 = 56 grade 3 / 4 ulcers reported

On reviewing pressure ulcer checklists, there does not appear to be a single reason or theme for this increase, but it has been noted that the issue of poor documentation remains a challenge for some wards. Some of these areas continue to receive additional support and review from Divisional and corporate teams in addition to Executive visits.

#### Actions:

Actions from previous months are ongoing. Wards continue to be monitored on a daily and weekly basis as part of a performance management framework.

### PRESSURE ULCERS (Grade 3 and 4) - ATTRIBUTABLE TO TRUST



### TARGET / STANDARD

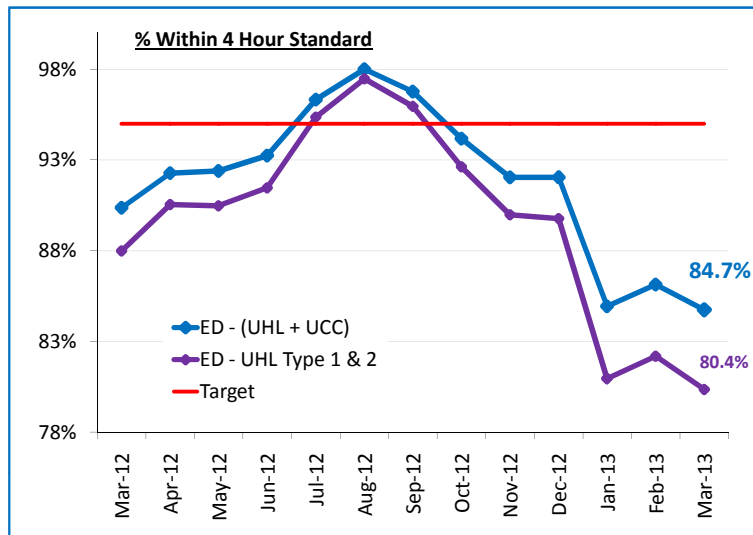
	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	YTD	Target
<b>Pressure Ulcers Grade 3 and 4</b>	8	21	10	11	7	12	10	9	19	26	23	14	21	162	110
<b>Attributable to Trust</b>	4	14	7	7	4	2	8	3	11	12	11	10	11	86	
<b>Not Attributable to Trust</b>	4	7	3	4	3	10	2	6	8	15	11	4	10	76	

## EMERGENCY DEPARTMENT

### Performance Overview

Performance for March Type 1 & 2 is 80.4% and 84.7% including the Urgent Care Centre (UCC).

Further details focussing on the actions relating to the Emergency Department are included in the ED performance report.



### Total Time in the Department

#### March 2013 - ED Type 1 and 2

	Admitted	Not Admitted	Total
0-2 Hours	270	4,552	4,822
3-4 Hours	1,337	5,241	6,578
5-6 Hours	695	654	1,349
7-8 Hours	484	276	760
9-10 Hours	253	104	357
11-12 Hours	191	26	217
12 Hours+	129	22	151
<b>Sum:</b>	<b>3,359</b>	<b>10,875</b>	<b>14,234</b>

## CLINICAL QUALITY INDICATORS

### PATIENT IMPACT

Left without being seen %  
Unplanned Re-attendance %

Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
3.6%	2.8%	3.0%	2.7%	2.4%	2.1%	2.2%	2.7%	2.5%	2.5%	2.8%	2.9%	3.3%
6.6%	6.2%	5.9%	5.9%	6.4%	5.6%	5.3%	5.0%	5.2%	5.2%	5.5%	5.4%	5.3%

TARGET  
<=5%  
< 5%

### TIMELINESS

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

Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
331	319	317	322	240	238	240	298	326	344	457	432	483
40	34	31	25	20	15	16	23	24	24	25	33	45
61	45	49	59	57	53	58	64	69	68	79	60	47

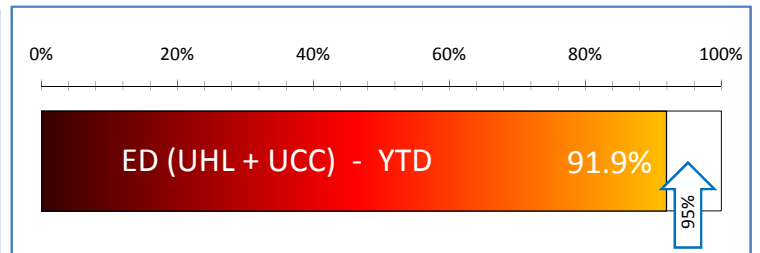
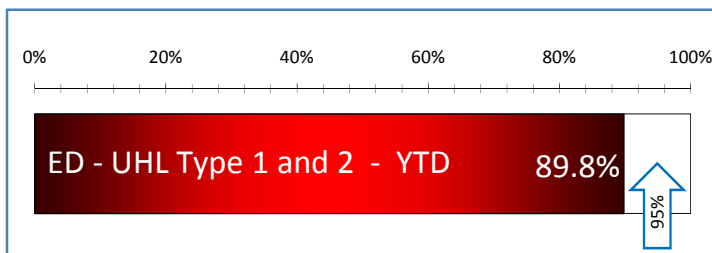
TARGET  
< 240 Minutes  
<= 15 Minutes  
<= 60 Minutes

## 4 HOUR STANDARD

ED - (UHL + UCC)  
ED - UHL Type 1 & 2  
ED Waits - Type 1

Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
90.4%	92.3%	92.4%	93.2%	96.3%	98.0%	96.8%	94.2%	92.0%	92.0%	84.9%	86.1%	84.7%
88.0%	90.5%	90.5%	91.5%	95.4%	97.5%	96.0%	92.6%	90.0%	89.8%	80.9%	82.2%	80.4%
86.6%	89.5%	89.3%	90.5%	94.9%	97.2%	95.5%	91.8%	88.9%	88.8%	79.0%	80.2%	78.3%

YTD	TARGET
91.9%	95.0%
89.8%	95.0%
89.6%	95.0%



## 18 WEEK REFERRAL TO TREATMENT

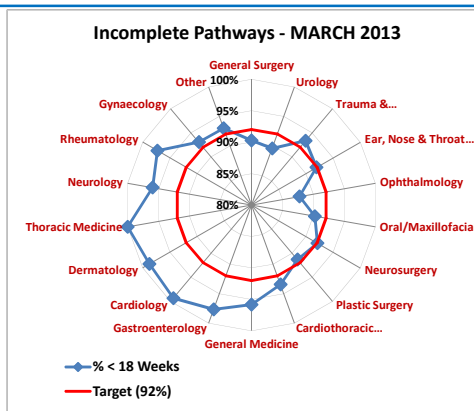
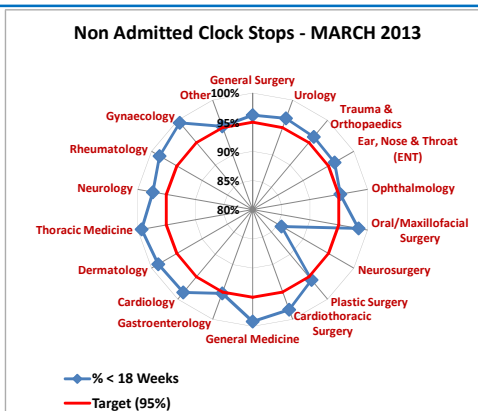
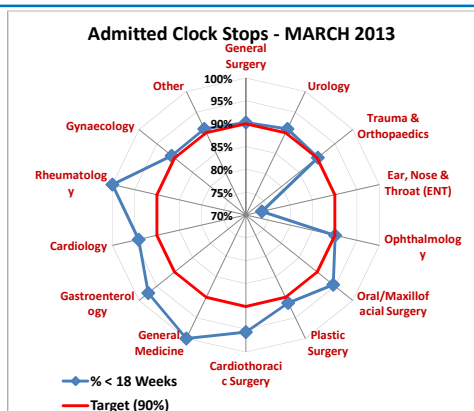
### Performance Overview

Admitted performance in March has been achieved with performance at 91.3%, with all specialties delivering the threshold with the exception of ENT.

The non-admitted target for March has been achieved at 97.0% against a target of 95%.

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 was achieved in March at 92.6%.

Delivery in All Specialties : ENT admitted performance for March was 73.6% against a threshold of 90%. This will result in an estimated automatic contract penalty of £42,000. For further details refer to the admitted ENT exception report. Also, Neurosurgery non-admitted missed the target of 95% due to small numbers of clock stops. There were seven clock stops during the month with one 18+ week wait.

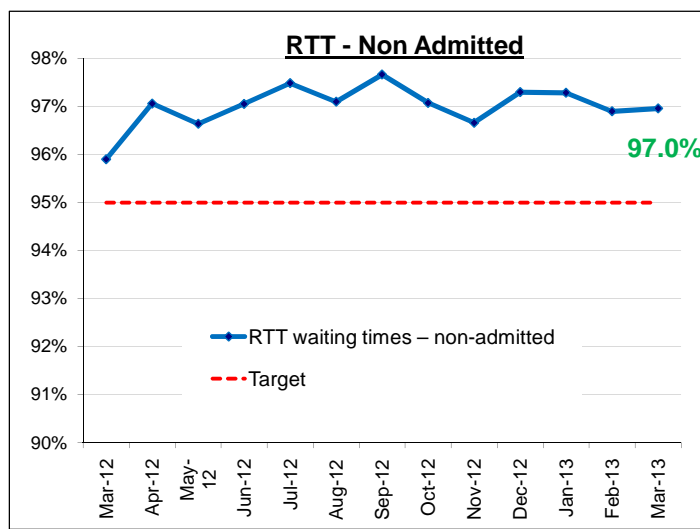
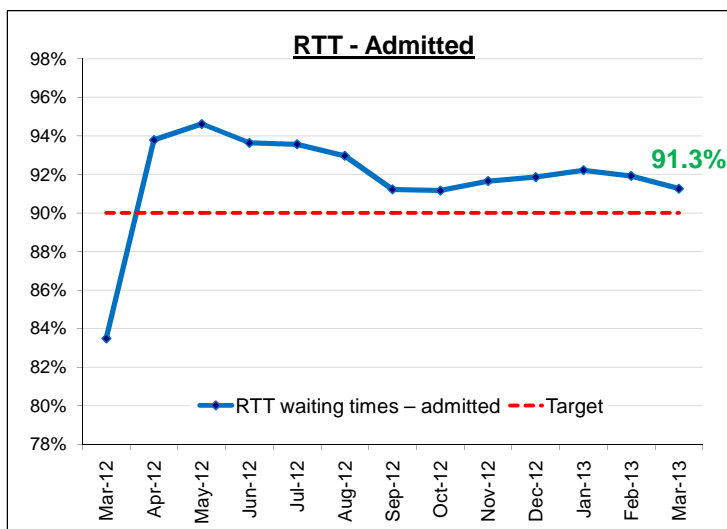


### TARGET / STANDARD

RTT	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Target
RTT waiting times – admitted	83.5%	93.8%	94.6%	93.6%	93.6%	93.0%	91.2%	91.2%	91.7%	91.9%	92.2%	91.9%	91.3%	90%
RTT waiting times – non-admitted	95.9%	97.1%	96.6%	97.1%	97.5%	97.1%	97.7%	97.1%	96.7%	97.3%	97.3%	96.9%	97.0%	95%

RTT - incomplete 92% in 18 weeks	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Target
RTT - incomplete 92% in 18 weeks	94.9%	96.0%	94.8%	94.6%	94.3%	94.0%	94.6%	93.9%	93.3%	93.4%	93.5%	92.6%	92%
RTT delivery in all specialties	1	1	1	0	0	1	1	1	1	0	1	2	0

6 Week Diagnostic Test Waiting Times	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Target
6 Week Diagnostic Test Waiting Times	1.0	0.6	6.4	2.6	0.9	0.5	0.4	0.6	1.1	0.7	1.0	0.5	<1%



## STAFF EXPERIENCE / WORKFORCE

### Performance Overview

#### Appraisal

The reported March appraisal rate is 90.1% against a target of 100%. Appraisal performance continues to feature on Directorate, Divisional and CBU Board meetings and Human Resources continue to work closely with all areas to implement targeted actions to continue to improve appraisal performance.

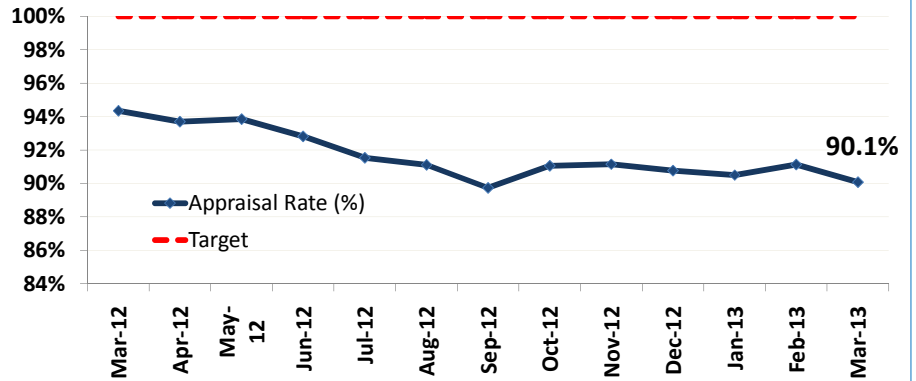
The annual appraisal quality audit has now closed and quality assurance results are being collated. Improved communications have resulted in a significant increase in paperwork returns for quality assurance which will result in targeted actions for quality improvements.

#### Sickness

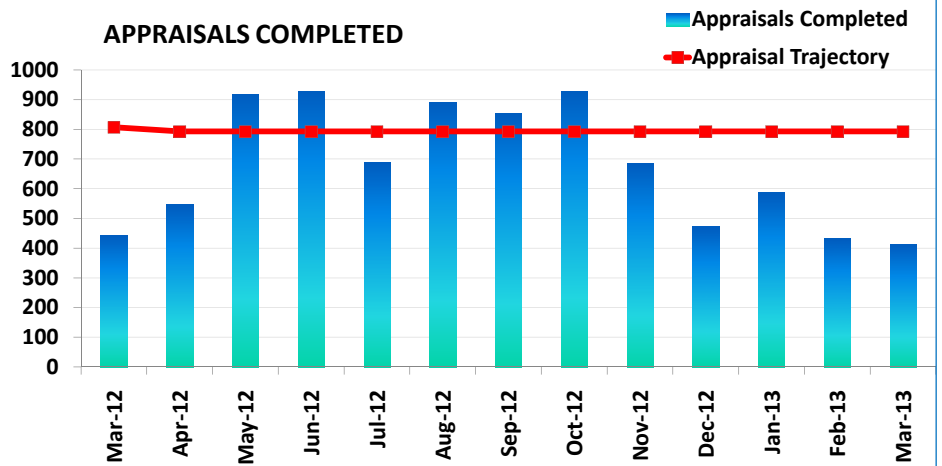
The reported sickness rate for the month of March is 4.1% against an internal UHL target of 3%. The actual rate is likely to be at around 0.5% lower as absence periods are closed. The 12 month rolling sickness has reduced to 3.4%.

Since 1 April 2013, following an amendment to the National Agenda for Change terms and conditions, basic pay only is received during periods of sickness apart from those in pay bands 1, 2 and the first 3 increments of band 3 who continue to receive enhancements.

### APPRAISAL RATES

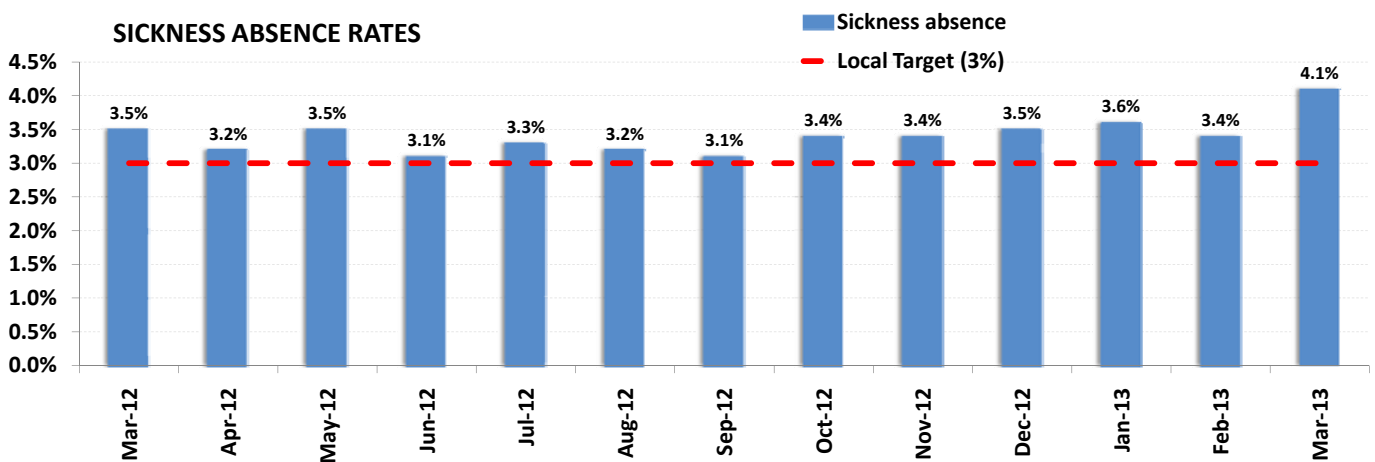


### APPRAISALS COMPLETED



	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Target
APPRAISALS	94.4%	93.7%	93.8%	92.8%	91.5%	91.1%	89.7%	91.1%	91.2%	90.8%	90.5%	91.1%	90.1%	100%

### SICKNESS ABSENCE RATES



## VALUE FOR MONEY - EXECUTIVE SUMMARY

Issues	Comments
Actual Income & Expenditure Year to Date	The Trust is reporting a year end £90k surplus, which is £44k favourable to the Plan of £46k. Income ytd is £35.8m (5%) over Plan, which is stated net of a £5.1m marginal rate deduction for emergency inpatient income over the 2008/09 baseline. Operating costs cumulatively are £36.2m over Plan, with premium cost staff largely being used to deliver the additional activity.
Activity/Income	Year end NHS patient care income is £28.3m (4.6%) favourable to Plan. However, the £28.3m over performance includes £21.0m in relation to the UHL/CCG year end agreement. If we exclude this, NHS patient care income is approximately £7.3m (1.2%) above Plan. This reflects under performance on daycases of £1.5m and elective inpatients of £3.0m. These adverse movements are offset by favourable variances for emergency activity, £7.5m (stated net of a £5.1m reduction for the marginal rate emergency threshold) and outpatients £3.5m. Emergency inpatient activity to the end of March was 6,191 spells (5.5%) above Plan.
Cost Improvement Programme	At Month 12, Divisions have reported £26.8m of savings, short of the £32.0m target by £5.2m.
Cash Flow	The Trust delivered a £19.9m cash balance at the year end against a target of £18m. This was due primarily to the receipt of an additional £14.5m of income relating to year end activity settlements and the delaying of payments to our suppliers through a managed process.
Capital	Capital expenditure was £25.4m. This was £0.5m under the forecast last month of £25.9m and £8.3m under the original plan.

Criteria	Indicator	Weight	Risk Ratings					Forecast Outturn
			5	4	3	2	1	
Underlying performance	EBITDA margin %	25%	11	9	5	1	<1	3
Achievement of plan	EBITDA achieved %	10%	100	85	70	50	<50	4
Financial efficiency	Net return after financing %	20%	>3	2	-0.5	-5	<-5	5
	I&E surplus margin %	20%	3	2	1	-2	<-2	2
Liquidity	Liquid ratio days	25%	60	25	15	10	<10	3
<b>Overall rating</b>								<b>3</b>

## INCOME and EXPENDITURE ACCOUNT

<b>Income and Expenditure Account for the Period Ended 31 March 2013</b>						
	March 13			April 2012 - Mar 2013		
	Plan £ 000	Actual £ 000	Variance (Adv) / Fav £ 000	Plan £ 000	Actual £ 000	Variance (Adv) / Fav £ 000
Elective	5,732	5,690	(42)	71,164	68,149	(3,014)
Day Case	4,126	3,897	(230)	51,147	49,653	(1,494)
Emergency	15,624	14,523	(1,100)	177,584	185,093	7,510
Outpatient	7,223	7,705	482	89,059	92,516	3,456
Other	18,207	23,739	5,532	221,106	242,953	21,847
<b>Patient Care Income</b>	<b>50,912</b>	<b>55,554</b>	<b>4,642</b>	<b>610,060</b>	<b>638,365</b>	<b>28,305</b>
Teaching, R&D income	6,260	9,021	2,761	75,225	77,296	2,071
Non NHS Patient Care	655	1,165	510	7,811	9,599	1,788
Other operating Income	2,538	3,788	1,249	28,141	31,788	3,647
<b>Total Income</b>	<b>60,366</b>	<b>69,528</b>	<b>9,162</b>	<b>721,237</b>	<b>757,048</b>	<b>35,811</b>
Medical & Dental	11,776	13,007	(1,230)	141,173	145,886	(4,713)
Nursing & Midwifery	13,922	15,161	(1,239)	166,441	167,776	(1,335)
Other Clinical	4,248	4,566	(318)	55,358	55,027	330
Agency	262	1,348	(1,086)	3,178	15,153	(11,976)
Non Clinical	6,001	5,379	622	73,516	71,368	2,148
<b>Pay Expenditure</b>	<b>36,209</b>	<b>39,461</b>	<b>(3,251)</b>	<b>439,666</b>	<b>455,210</b>	<b>(15,544)</b>
Drugs	5,033	5,205	(172)	59,483	63,208	(3,725)
Recharges	(134)	112	(246)	(465)	(33)	(432)
Clinical supplies and services	6,554	6,707	(153)	81,023	86,823	(5,800)
Other	8,994	12,758	(3,764)	97,626	108,436	(10,810)
Central Funds	0	0	0	0	0	0
Provision for Liabilities & Charges	20	32	(13)	237	94	143
<b>Non Pay Expenditure</b>	<b>20,467</b>	<b>24,814</b>	<b>(4,348)</b>	<b>237,904</b>	<b>258,528</b>	<b>(20,624)</b>
<b>Total Operating Expenditure</b>	<b>56,676</b>	<b>64,275</b>	<b>(7,599)</b>	<b>677,569</b>	<b>713,738</b>	<b>(36,169)</b>
<b>EBITDA</b>	<b>3,690</b>	<b>5,253</b>	<b>1,563</b>	<b>43,667</b>	<b>43,309</b>	<b>(358)</b>
Interest Receivable	5	8	3	65	77	12
Interest Payable	(5)	0	5	(65)	(57)	8
Depreciation & Amortisation	(2,690)	(2,650)	41	(32,481)	(31,569)	912
<b>Surplus / (Deficit) Before Dividend and Disposal of Fixed Assets</b>	<b>999</b>	<b>2,611</b>	<b>1,612</b>	<b>11,186</b>	<b>11,761</b>	<b>574</b>
Profit / (Loss) on Disposal of Fixed Assets	(4)	(378)	(374)	(4)	(378)	(374)
Dividend Payable on PDC	(928)	(1,085)	(157)	(11,136)	(11,293)	(157)
<b>Net Surplus / (Deficit)</b>	<b>71</b>	<b>1,148</b>	<b>1,081</b>	<b>46</b>	<b>90</b>	<b>43</b>
<b>EBITDA MARGIN</b>		<b>7.55%</b>			<b>5.72%</b>	

## VALUE FOR MONEY - CONTRACT PERFORMANCE

**Summary by Point of Delivery of Patient Related Income - March 2013**

Case mix	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	82,007	80,477	(1,530)	51,147	51,147	49,653	(1,494)
Elective Inpatient	23,388	23,388	21,967	(1,421)	71,164	71,164	68,149	(3,014)
Emergency / Non-elective Inpatient	112,494	112,494	118,685	6,191	177,788	177,788	190,160	12,373
Marginal Rate Emergency Threshold (MRET)	-	-	-	0	204	204	5,067	(4,863)
Outpatient	769,152	769,152	770,789	1,637	89,059	89,059	92,516	3,456
Emergency Department	159,545	159,545	165,816	6,271	16,020	16,020	16,062	42
Year End Settlement	-	-	-	0	-	-	21,000	21,000
Other	6,832,623	6,832,623	7,154,278	321,655	205,086	205,086	205,891	805
<b>Grand Total</b>	<b>7,979,209</b>	<b>7,979,209</b>	<b>8,312,011</b>	<b>332,803</b>	<b>610,060</b>	<b>610,060</b>	<b>638,365</b>	<b>28,305</b>

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	£624	£617	-£7	(1.1)	(1.9)	(540)	(954)	(1,494)
Elective Inpatient	£3,043	£3,043	£3,102	£60	2.0	(6.1)	1,308	(4,323)	(3,014)
Emergency / Non-elective Inpatient	£1,580	£1,580	£1,602	£22	1.4	5.5	2,589	9,784	12,373
Marginal Rate Emergency Threshold (MRET)							(4,863)	0	(4,863)
Outpatient	£116	£116	£120	£4	3.7	0.2	3,267	190	3,456
Emergency Department	£100	£100	£97	-£4	(3.5)	3.9	(587)	630	42
Year End Settlement							21,000	0	21,000
Other							0	805	805
<b>Grand Total</b>	<b>£76</b>	<b>£76</b>	<b>£77</b>	<b>£0</b>	<b>0.5</b>	<b>4.2</b>	<b>22,174</b>	<b>6,131</b>	<b>28,305</b>

**VALUE FOR MONEY - INCOME and EXPENDITURE - DIVISIONAL POSITION**

**Income and Expenditure Position for the Period Ended 31 March 2013**

	Income			Expenditure						Total Year to Date		
	Plan to Date £m	Actual £m	Variance (Adv) / Fav £m	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			
Acute Care	283.5	294.9	11.4	143.0	154.0	(10.9)	83.3	89.1	(5.8)	57.1	51.8	(5.3)
Clinical Support	29.9	31.4	1.5	106.1	108.7	(2.6)	16.5	19.4	(2.9)	(92.7)	(96.7)	(4.0)
Planned Care	207.7	210.1	2.4	84.6	86.8	(2.2)	47.1	53.3	(6.2)	76.0	70.1	(5.9)
Women's and Children's	113.2	116.5	3.3	64.7	64.4	0.4	26.7	28.6	(2.0)	21.8	23.5	1.8
Corporate Directorates	17.5	18.6	1.1	41.7	40.2	1.5	63.3	65.7	(2.3)	(87.5)	(87.3)	0.2
<b>Sub-Total Divisions</b>	<b>651.7</b>	<b>671.5</b>	<b>19.8</b>	<b>440.2</b>	<b>454.1</b>	<b>(13.9)</b>	<b>236.9</b>	<b>256.0</b>	<b>(19.1)</b>	<b>(25.3)</b>	<b>(38.6)</b>	<b>(13.3)</b>
Central Income	69.5	85.5	16.0	0.0	0.0	0.0	0.0	0.0	0.0	69.5	85.5	16.0
Central Expenditure			0.0	(0.5)	1.1	(1.6)	44.6	45.7	(1.1)	(44.2)	(46.9)	(2.7)
<b>Grand Total</b>	<b>721.2</b>	<b>757.0</b>	<b>35.8</b>	<b>439.7</b>	<b>455.2</b>	<b>(15.5)</b>	<b>281.5</b>	<b>301.7</b>	<b>(20.2)</b>	<b>0.0</b>	<b>0.1</b>	<b>0.0</b>

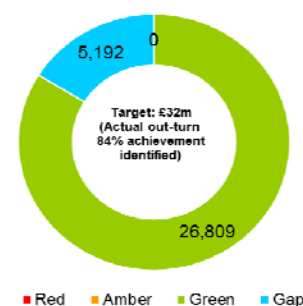


## COST IMPROVEMENT PROGRAMME

### Cost Improvement Programme as at March 2013

Division	Plan £000	Actual out- turn £000	Variance £000	YTD Plan £000	YTD Achieved £000	YTD % of Plan	Recurrent Forecast £000	Non Rec Forecast £000
Acute Care	14,706	12,762	(1,944)	14,706	12,762	86.8%	12,586	176
Clinical Support	238	63	(175)	238	63	26.4%	0	63
Planned Care	7,102	5,399	(1,703)	7,102	5,399	76.0%	5,384	15
Women's and Children's	1,398	1,400	2	1,398	1,400	100.1%	1,150	249
<b>Clinical Divisions</b>	<b>23,443</b>	<b>19,623</b>	<b>(3,820)</b>	<b>23,443</b>	<b>19,623</b>	<b>83.7%</b>	<b>19,120</b>	<b>503</b>
<b>Corporate</b>	<b>7,131</b>	<b>7,186</b>	<b>55</b>	<b>7,131</b>	<b>7,186</b>	<b>100.8%</b>	<b>6,257</b>	<b>929</b>
<b>Central</b>	<b>1,426</b>	<b>0</b>	<b>(1,426)</b>	<b>1,426</b>	<b>0</b>			<b>0</b>
<b>Total</b>	<b>32,000</b>	<b>26,809</b>	<b>(5,192)</b>	<b>32,000</b>	<b>26,809</b>	<b>83.8%</b>	<b>25,376</b>	<b>1,433</b>

FY12/13 CIPS - Trust



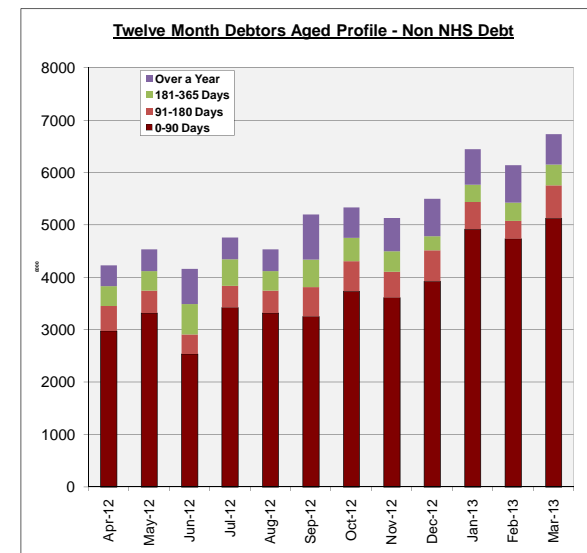
Category	Plan £000	Actual out- turn £000	Variance £000	YTD Plan £000	YTD Achieved £000	YTD % of Plan	Recurrent Forecast £000	Non Rec Forecast £000
Unidentified	3,766	0	(3,766)	3,766	0		0	0
Income	5,840	5,074	(766)	5,840	5,074	86.9%	4,917	157
Non Pay	7,660	9,524	1,865	7,660	9,524	124.3%	8,802	722
Pay	14,735	12,210	(2,525)	14,735	12,210	82.9%	11,657	553
<b>Total</b>	<b>32,000</b>	<b>26,809</b>	<b>(5,192)</b>	<b>32,000</b>	<b>26,809</b>	<b>83.8%</b>	<b>25,376</b>	<b>1,433</b>

#### Commentary

The 12/13 CIP programme has delivered £26.8m of savings, being a shortfall of £5.2m against original target. £1.4m of this saving has been identified by CBUs as being non recurrent.

**VALUE FOR MONEY - BALANCE SHEET**

	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
<b>BALANCE SHEET</b>													
<b>Non Current Assets</b>													
Intangible assets	5,242	5,089	4,928	5,256	5,095	4,920	4,787	4,615	4,440	4,470	4,300	4,121	5,318
Property, plant and equipment	349,363	348,501	348,382	347,533	347,583	347,081	347,156	347,467	349,148	349,575	349,946	350,509	354,680
Trade and other receivables	2,188	2,369	2,394	2,387	2,477	2,500	2,477	2,558	2,550	2,589	2,636	2,916	3,125
<b>TOTAL NON CURRENT ASSETS</b>	<b>356,793</b>	<b>355,959</b>	<b>355,704</b>	<b>355,176</b>	<b>355,065</b>	<b>354,501</b>	<b>354,420</b>	<b>354,640</b>	<b>356,138</b>	<b>356,634</b>	<b>356,882</b>	<b>357,546</b>	<b>363,123</b>
<b>Current Assets</b>													
Inventories	12,262	12,208	12,437	12,469	12,758	12,987	12,727	13,171	12,958	12,961	13,294	13,248	13,064
Trade and other receivables	29,126	23,659	25,102	29,279	29,580	30,856	35,722	39,366	58,542	51,012	64,713	41,764	44,616
Other Assets	0	0	0	0	0	0	0	0	0	0	0	0	40
Cash and cash equivalents	18,369	22,519	19,435	15,892	31,659	32,247	34,122	35,917	6,745	6,152	19,370	29,003	19,986
<b>TOTAL CURRENT ASSETS</b>	<b>59,757</b>	<b>58,386</b>	<b>56,974</b>	<b>57,640</b>	<b>73,997</b>	<b>76,090</b>	<b>82,571</b>	<b>88,454</b>	<b>78,245</b>	<b>70,125</b>	<b>97,377</b>	<b>84,015</b>	<b>77,706</b>
<b>Current Liabilities</b>													
Trade and other payables	(62,277)	(60,841)	(58,212)	(57,183)	(72,316)	(75,878)	(85,928)	(90,180)	(79,394)	(73,415)	(90,536)	(76,289)	(75,559)
Dividend payable	0	259	(593)	(1,370)	(2,298)	(3,226)	0	(898)	(1,796)	(2,724)	(3,652)	(4,580)	0
Borrowings	(4,038)	(4,038)	(4,038)	(3,925)	(3,925)	(3,925)	(3,925)	(3,925)	(4,614)	(4,614)	(4,614)	(4,614)	(2,726)
Provisions for liabilities and charges	(789)	(789)	(789)	(897)	(897)	(897)	(683)	(683)	(683)	(683)	(683)	(683)	(1,906)
<b>TOTAL CURRENT LIABILITIES</b>	<b>(67,104)</b>	<b>(65,409)</b>	<b>(63,632)</b>	<b>(63,375)</b>	<b>(79,436)</b>	<b>(83,926)</b>	<b>(90,536)</b>	<b>(95,686)</b>	<b>(86,487)</b>	<b>(81,436)</b>	<b>(99,485)</b>	<b>(86,166)</b>	<b>(80,191)</b>
<b>NET CURRENT ASSETS (LIABILITIES)</b>	<b>(7,347)</b>	<b>(7,023)</b>	<b>(6,658)</b>	<b>(5,735)</b>	<b>(5,439)</b>	<b>(7,836)</b>	<b>(7,965)</b>	<b>(7,232)</b>	<b>(8,242)</b>	<b>(11,311)</b>	<b>(2,108)</b>	<b>(2,151)</b>	<b>(2,485)</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>349,446</b>	<b>348,936</b>	<b>349,046</b>	<b>349,441</b>	<b>349,626</b>	<b>346,665</b>	<b>346,455</b>	<b>347,408</b>	<b>347,896</b>	<b>345,323</b>	<b>354,774</b>	<b>355,395</b>	<b>360,638</b>
<b>Non Current Liabilities</b>													
Borrowings	(1,427)	(2,339)	(3,308)	(3,963)	(5,302)	(4,306)	(4,859)	(5,412)	(6,958)	(7,511)	(8,065)	(8,466)	(10,906)
Other Liabilities	0	0	0	0	0	0	0	0	0	0	0	0	0
Provisions for liabilities and charges	(2,121)	(2,213)	(2,233)	(2,138)	(2,062)	(2,085)	(2,271)	(2,269)	(2,206)	(2,216)	(2,219)	(2,085)	(2,407)
<b>TOTAL NON CURRENT LIABILITIES</b>	<b>(3,548)</b>	<b>(4,552)</b>	<b>(5,541)</b>	<b>(6,101)</b>	<b>(7,364)</b>	<b>(6,391)</b>	<b>(7,130)</b>	<b>(7,681)</b>	<b>(9,164)</b>	<b>(9,727)</b>	<b>(10,284)</b>	<b>(10,551)</b>	<b>(13,313)</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>345,898</b>	<b>344,384</b>	<b>343,505</b>	<b>343,340</b>	<b>342,262</b>	<b>340,274</b>	<b>339,325</b>	<b>339,727</b>	<b>338,732</b>	<b>335,596</b>	<b>344,490</b>	<b>344,844</b>	<b>347,325</b>
Public dividend capital	277,487	277,487	277,487	277,487	277,487	277,487	277,487	277,487	277,487	277,487	277,487	277,487	277,733
Revaluation reserve	64,706	64,709	64,710	64,710	64,710	64,710	64,706	64,710	64,710	64,706	64,710	64,710	68,053
Retained earnings	3,705	2,188	1,308	1,143	65	(1,923)	(2,868)	(2,470)	(3,465)	(6,597)	2,293	2,647	1,539
<b>TOTAL TAXPAYERS EQUITY</b>	<b>345,898</b>	<b>344,384</b>	<b>343,505</b>	<b>343,340</b>	<b>342,262</b>	<b>340,274</b>	<b>339,325</b>	<b>339,727</b>	<b>338,732</b>	<b>335,596</b>	<b>344,490</b>	<b>344,844</b>	<b>347,325</b>



Type of Debtors	91-180 days				TOTAL
	0-90 days	91-180 days	181-365 days	365+ Days	
	£000s	£000s	£000s	£000s	£000s
NHS Sales ledger	7,892	2,044	2,573	111	12,620
Non NHS sales ledger by division:					
Corporate Division	-47	-121	-89	103	-154
Planned Care Division	435	75	126	174	810
Clinical Support Division	1,004	63	29	5	1,101
Women's and Children's Division	267	249	122	76	714
Acute Care Division	3,476	359	209	225	4,269
Total Non-NHS sales ledger	5,135	625	397	583	6,740
<b>Total Sales Ledger</b>	<b>13,027</b>	<b>2,669</b>	<b>2,970</b>	<b>694</b>	<b>19,360</b>
<b>Other Debtors</b>					
WIP					4,867
SLA Phasing & Performance					0
Bad debt provision					(1,293)
VAT - net					748
Other receivables and assets					20,974
<b>TOTAL</b>					<b>44,656</b>

Accounts receivable metrics:				
Invoice cycle time	Mar - 13		Non-NHS days sales outstanding (DSO)	
	Days	Days	Mar - 13 YTD Days	Feb - 13 YTD Days
Req date to invoice raised	19.4	19.1	DSO (all debt)	51.1
Service to invoice raised	31.4	34.2	DSO (In year debt)	30.2

**Commentary**

Cash balances have reduced in the month due to the payment of a backlog of supplier payments made possible by the late receipt of £14.5m of cash as part of a year end activity settlement. This enabled us to meet our year end cash target.

Provisions have been increased to reflect actual expected liabilities at the year end.

VALUE FOR MONEY - CASH FLOW

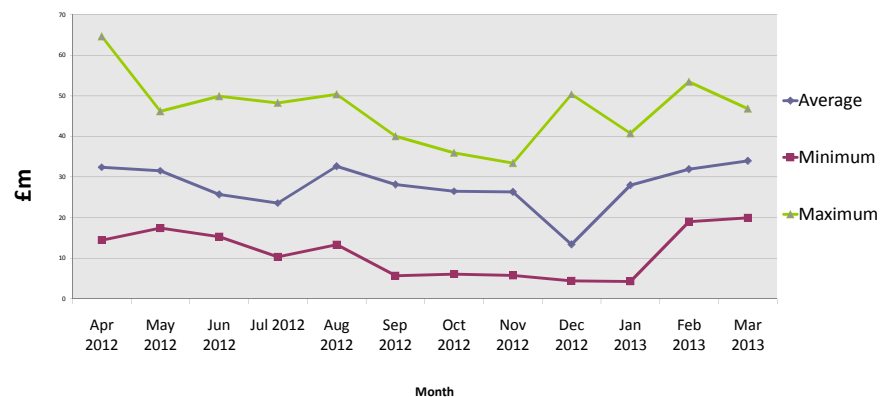
Cash Flow for the period ended 31st March				Rolling 12 month cashflow forecast - April 2013 to March 2014											
	2012/13 April - March Plan £ 000	2012/13 April - March Actual £ 000	2012/13 April - March Variance £ 000	2013/14 April Forecast £ 000	2013/14 May Forecast £ 000	2013/14 June Forecast £ 000	2013/14 July Forecast £ 000	2013/14 August Forecast £ 000	2013/14 September Forecast £ 000	2013/14 October Forecast £ 000	2013/14 November Forecast £ 000	2013/14 December Forecast £ 000	2013/14 January Forecast £ 000	2013/14 February Forecast £ 000	2013/14 March Forecast £ 000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>															
Operating surplus before Depreciation and Amortisation	45,690	43,309	(2,381)	1,933	5,321	1,933	5,321	5,321	2,810	6,199	4,566	2,648	5,321	1,279	3,366
Donated assets received credited to revenue and non cash	(2,000)	(1,617)	383	(25)	(25)	(25)	(25)	(25)	(25)	(25)	(25)	(25)	(25)	(25)	(26)
Interest paid	(845)	(540)	305	(75)	(75)	(75)	(76)	(76)	(76)	(77)	(77)	(77)	(77)	(79)	(78)
Movements in Working Capital:															
- Inventories (Inc)/Dec	(411)	(802)	(391)	-	-	-	-	-	-	-	-	-	-	-	-
- Trade and Other Receivables (Inc)/Dec	4,296	(16,427)	(20,723)	(190)	20	67	17	34	67	14	50	65	20	74	2,937
- Trade and Other Payables Inc/(Dec)	970	10,254	9,284	(2,939)	(42)	(65)	(65)	(65)	(65)	(65)	(65)	(65)	(65)	(65)	(64)
- Provisions Inc/(Dec)	(698)	2,069	2,767	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)
PDC Dividends paid	(11,136)	(10,030)	1,106	-	-	-	-	-	(5,615)	-	-	-	-	-	(5,619)
Other non-cash movements	-	103	103	-	-	-	-	-	-	-	-	-	-	-	-
<b>Net Cash Inflow / (Outflow) from Operating Activities</b>	<b>35,866</b>	<b>26,319</b>	<b>(9,547)</b>	<b>(1,304)</b>	<b>5,190</b>	<b>1,826</b>	<b>5,163</b>	<b>5,180</b>	<b>(2,912)</b>	<b>6,038</b>	<b>4,440</b>	<b>2,537</b>	<b>5,166</b>	<b>1,176</b>	<b>508</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>															
Interest Received	65.0	77.0	12.0	5.9	5.6	6.0	6.3	7.2	6.7	6.3	7.2	7.5	8.0	8.0	8.0
Payments for Property, Plant and Equipment	(31,500)	(20,777)	10,723	(2,250)	(2,251)	(2,250)	(2,251)	(2,250)	(2,251)	(2,250)	(2,251)	(2,251)	(2,252)	(2,251)	(2,262)
Capital element of finance leases	(4,631)	(4,248)	383	(382)	(382)	(382)	(382)	(382)	(382)	(382)	(382)	(382)	(382)	(382)	(384)
<b>Net Cash Inflow / (Outflow) from Investing Activities</b>	<b>(36,066)</b>	<b>(24,948)</b>	<b>11,118</b>	<b>(2,626)</b>	<b>(2,627)</b>	<b>(2,626)</b>	<b>(2,627)</b>	<b>(2,625)</b>	<b>(2,626)</b>	<b>(2,626)</b>	<b>(2,626)</b>	<b>(2,625)</b>	<b>(2,626)</b>	<b>(2,625)</b>	<b>(2,638)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>															
New PDC	-	246	246	-	-	-	-	-	-	-	-	-	-	-	-
Other Capital Receipts	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Net Cash Inflow / (Outflow) from Financing</b>	<b>-</b>	<b>246</b>	<b>246</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Opening cash</b>	<b>18,200</b>	<b>18,369</b>	<b>169</b>	<b>18,013</b>	<b>14,083</b>	<b>16,646</b>	<b>15,846</b>	<b>18,382</b>	<b>20,938</b>	<b>15,399</b>	<b>18,811</b>	<b>20,626</b>	<b>20,538</b>	<b>23,078</b>	<b>21,629</b>
<b>Increase / (Decrease) in Cash</b>	<b>(200)</b>	<b>1,617</b>	<b>1,817</b>	<b>(3,930)</b>	<b>2,563</b>	<b>(800)</b>	<b>2,537</b>	<b>2,555</b>	<b>(5,539)</b>	<b>3,412</b>	<b>1,814</b>	<b>(88)</b>	<b>2,540</b>	<b>(1,449)</b>	<b>(2,130)</b>
<b>Closing cash</b>	<b>18,000</b>	<b>19,986</b>	<b>1,986</b>	<b>14,083</b>	<b>16,646</b>	<b>15,846</b>	<b>18,382</b>	<b>20,938</b>	<b>15,399</b>	<b>18,812</b>	<b>20,626</b>	<b>20,538</b>	<b>23,078</b>	<b>21,629</b>	<b>19,499</b>

Commentary

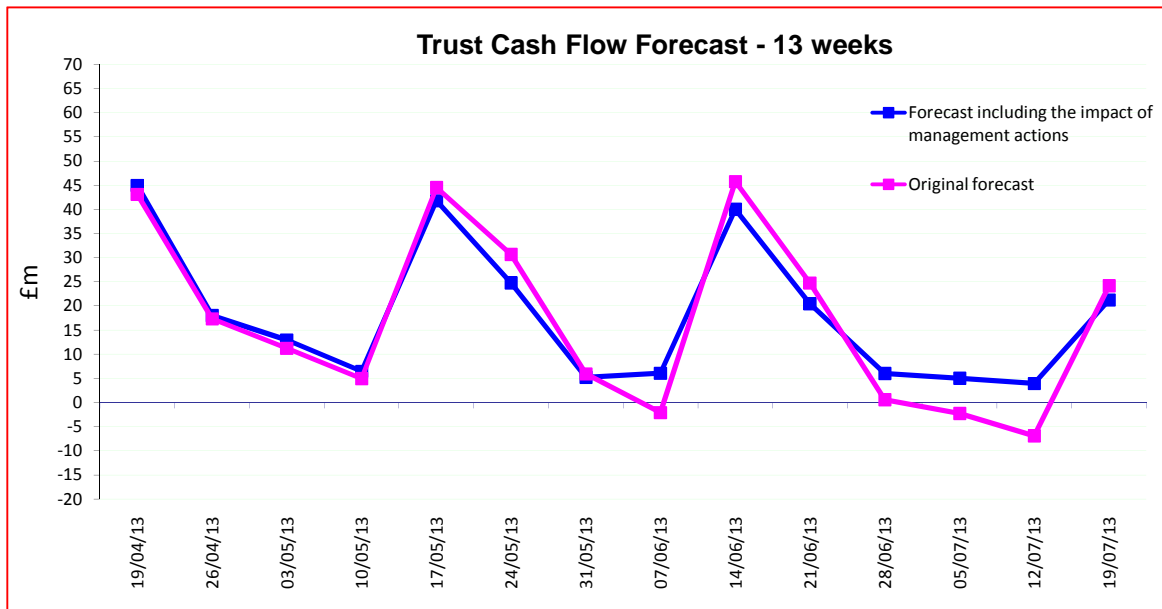
The Trust's cash position compared to plan includes the following material movements:

- (£2.3m) adverse variance in the EBITDA YTD position
- £9.3m increase in trade and other payables
- (£20.7m) increase in trade and other receivables
- £10.7m cash under spend on capital expenditure and finance leases
- £1.1m underspend PDC dividend cash payments

Average, minimum and maximum cash balances



VALUE FOR MONEY - CASH FLOW



Underlying cash position to 19/07/2013	
Cash balance as at 19/04/2013	£'000 43,124
<b>Cash to be received:</b>	
Contract income	156,953
Other debtor receipts	20,198
<b>Total</b>	<u>177,151</u>
<b>Cash to be paid out:</b>	
Creditor payments	-92,031
Payroll (including tax and NI)	-104,100
<b>Total</b>	<u>-196,131</u>
<b>Unadjusted cash as at 19/07/2013</b>	<u>24,144</u>

**Commentary**

The Trust delivered a £19.9m cash balance at the year end against a target of £18m. This was due primarily to the receipt of an additional £14.5m of income and the delaying of payments to our suppliers.

There is a backlog of payable invoices remaining from 2012-13 due to the extension of payment terms in late 2012-13. Invoices that are becoming payable in April and May would have ordinarily been paid in March and therefore the total value of payments in the early part of the new financial year are higher than they otherwise would have been.

In early June and July the cash balance is forecast to fall below the £2m minimum allowable level that has been set by the Trust. Actions to be taken include limiting supplier payment runs and negotiating with CCGs for an earlier payment of monthly SLA funds if necessary.

VALUE FOR MONEY - CAPITAL BUDGET

Capital Expenditure Report for the Period 1st April 2012 to 31st March 2013

	Original	Moves	Current	YTD	Actual	YE	Variance
	Plan		Plan	Feb	Mar	Actual	to Plan
	2012/13	2012/13	12/13	12/13	12/13	12/13	12/13
	£000's	£000's	£000's	£000's	£000's	£000's	£'000's
<b>Sub Group Budgets</b>							
IM&T	4,000		4,000	2,157	444	2,602	1,398
Medical Equipment	4,600		4,600	2,646	952	3,598	1,002
LRI Estates	4,000		4,000	1,450	1,076	2,526	1,474
LGH Estates	2,000		2,000	1,167	1,039	2,207	-207
GGH Estates	2,000		2,000	1,614	400	2,014	-14
<b>Total Sub Group Budgets</b>	<b>16,600</b>	<b>0</b>	<b>16,600</b>	<b>9,035</b>	<b>3,912</b>	<b>12,946</b>	<b>3,654</b>
<b>Individual Schemes</b>							
ED Redevelopment	1,000		1,000	717	109	826	174
MES Installation Costs	1,500		1,500	395	581	976	524
Childrens Heart Surgery	1,000	-750	250	238	0	238	12
Maternity & Gynae Recon.	2,773	-1,182	1,591	204	43	246	1,345
Theatre Arrivals Area (TAA)	1,250	-1,130	120	19	26	44	76
Aseptic Suite	750		750	44	3	48	702
Brachytherapy	420		420	209	1	211	209
Office Moves	850		850	906	1	907	-57
Feasibility Studies	100		100	31	-10	21	79
BRU Enabling / Additions	150	950	1,100	150	481	631	469
PPD Building	250		250	244	0	244	6
BRU: Respiratory	2,201		2,201	1,393	675	2,068	133
BRU: Nutrition, Diet & Lifestyle	1,383		1,383	565	265	830	553
Creating Capacity		165	165	218	37	255	-90
Ophthalmology Theatres		120	120	200	0	200	-80
Advanced Recovery Area		454	454	75	274	349	105
E-Rostering System		334	334	334	65	399	-65
Radiotherapy Workstations		269	269	57	174	231	38
Endoscopy Reconfiguration		271	271	3	2	5	266
Residual from 2011/12			0	327	-9	319	-319
Revenue to Capital Transfers			0	338	34	372	-372
Divisional Spend: Acute	200		200	160	15	175	25
Divisional Spend: Planned Care	200		200	23	286	310	-110
Divisional Spend: Womens & Children	200		200	21	81	102	98
Divisional Spend: CSSD	200		200	130	48	178	22
Corporate / UHL Expenditure	473	-213	260	233	440	674	-414
Unallocated Budget		958	958	0	0	0	958
MacMillan Information Centre (Donated)		154	154	154	-5	149	5
Ward 27 - Teenage Cancer Unit (Donated)	1,400		1,400	1,036	-5	1,031	369
Donations	600	-154	446	407	30	437	9
<b>Total Individual Schemes</b>	<b>16,900</b>	<b>246</b>	<b>17,146</b>	<b>8,833</b>	<b>3,642</b>	<b>12,475</b>	<b>4,671</b>
<b>Total Capital Programme</b>	<b>33,500</b>	<b>246</b>	<b>33,746</b>	<b>17,868</b>	<b>7,554</b>	<b>25,421</b>	<b>8,325</b>

