

Trust Board Paper S

	TRUST BOARD									
From:	Suzanne Hinchliffe Jeremy Tozer Andrew Seddon Kate Bradley									
Date:	28th February 2013									
CQC regulation	All									
Title:	Quality & Performance Report									
Author/Responsible Director:	S. Hinchliffe, Deputy Chief Executive /Chief Nurse J Tozer, Interim Director of Operations A. Seddon, Director of Finance K. Bradley, HR Director									
Purpose of the Report:	To provide members with an overview of UHL financial position, performance and quality against national, regional and local indicators for the month of January 2013.									
The Report is provided to the Board for:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Decision</td> <td style="width: 5%;"></td> <td style="width: 50%; padding: 5px;">Discussion</td> <td style="width: 5%; text-align: center;">√</td> </tr> <tr> <td style="padding: 5px;">Assurance</td> <td style="text-align: center;">√</td> <td style="padding: 5px;">Endorsement</td> <td></td> </tr> </table>		Decision		Discussion	√	Assurance	√	Endorsement	
Decision		Discussion	√							
Assurance	√	Endorsement								
Summary / Key Points:	<p><u>Patient Safety, Quality and Patient Experience</u></p> <ul style="list-style-type: none"> ❖ Mortality rate - UHL's crude in-hospital mortality rate continues to be 1.4% for 12/13 but has seen an increase for December and January. UHL's HSMR for 12/13 is 98 (April to Nov) and is anticipated to be 104 following the annual rebasing carried out by Dr Fosters at the end of the financial year. At 104, UHL would still be "within expected range". ❖ No Never Events were reported within the Trust in January but one patient safety SUI was reported which related to a new classification of incident call 'Prevented Never Event'. ❖ The number of safety walkabouts throughout the trust has increased with a particular focus on wards or departments where complaints and incidents are high ❖ Fracture Neck of Femur theatre time - January performance for time to surgery within 36 hours for fractured neck of femur patients is 72.5%. The year to date position is 72.1 % against a target of 70%. ❖ VTE - UHL's performance for January as reported to the DoH, is 94.7% (this figure includes the 'Renal Dialysis' patients) against a threshold of 90%. The year to date positions is 94.9%. ❖ Theatres 100% WHO compliance - Following further work being undertaken to isolate and remedy those area not compliant the January performance of the checklist stands at 100%. ❖ Safety Thermometer - The percentage of harm free care in UHL has fallen slightly to 92.69%. The number of new harms has also increased slightly from 40 to 45. Nevertheless, when comparing the number of new harms from April 2012 (107 in total) to December 2102 (45) significant progress has been made in reducing all four harms in our patients. ❖ MRSA – There are one MRSA case reported for January. The year to date figure is 2 against a 2012/13 target of 6 cases. 									

- ❖ C Difficile – there were 12 cases reported in January resulting in a cumulative position of 81 against a target of 93 for April to January..
- ❖ Patient Experience - Net Promoter >10% inpatient coverage and an overall trust score of 61.1.
- ❖ 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 November.

Operational Performance

- ❖ ED - Performance for January Type 1 & 2 is 80.9% and 84.9% including the Urgent Care Centre (UCC).
- ❖ Choose and Book - Choose and book slot availability performance for January was 5%.
- ❖ RTT - Admitted performance in January has been achieved with performance at 92.2%, with all specialties delivery the threshold. The non-admitted target for January has been achieved at 97.3% against a target of 95%.
- ❖ Cancelled Operations – January performance shows that the percentage of operations cancelled on/after the day of admissions of all elective activity for non clinical reasons was 1.5% against a target of 0.8%.
- ❖ Imaging Waits - The percentage of diagnostic waits 6+ weeks was 0.7% against a threshold of 1%.
- ❖ Cancer - All of the cancer targets are delivering against performance thresholds for December (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 January was 95.2% against a target of 75%. The year to date cumulative performance is 92.6%.
- ❖ Stroke % stay on stroke ward - The percentage of patients spending 90% of their stay on a stroke ward in December (reported one month in arrears) is 72.3% against a target of 80%. The cumulative performance for the year to date is 79.6%.
- ❖ Appraisals – The appraisal rate is 90.5%.
- ❖ Sickness - The reported sickness rate January is 4.2%.

Financial Position

- ❖ The Trust is reporting a cumulative £2m deficit for the first 10 months, £2.7m adverse to Plan.
- ❖ Year to date NHS patient care income is £20.8m (4%) favourable to Plan. However, the £20.8m over performance includes £13m in relation to the UHL/CCG year end agreement.
- ❖ Operating expenditure for the year to date is £23.9m (4.2%) adverse to Plan, comprising of pay at £10.6m (2.9%) adverse and non-pay £13.3m (6.7%) adverse.

Recommendations: Members to note and receive the report

Strategic Risk Register

Performance KPIs year to date ALE/CQC

Resource Implications (eg Financial, HR) N/A

Assurance Implications Underachieved targets will impact on the Provider Management Regime and the FT application

Patient and Public Involvement (PPI) Implications Underachievement of targets potentially has a negative impact on patient experience and Trust reputation

Equality Impact N/A

Information exempt from Disclosure N/A

Requirement for further review? Monthly review

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 27th FEBRUARY 2013

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

SUBJECT: JANUARY 2013 QUALITY & PERFORMANCE SUMMARY REPORT

1.0 INTRODUCTION

The following paper provides an overview of the January 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.

DoH PERFORMANCE FRAMEWORK - 2012/13 INDICATORS												
Performance Indicator	Target	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	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%	93.2%
MRSA	6	0	0	0	0	0	1	0	0	0	1	2
Clostridium Difficile	113	14	4	3	8	5	8	13	4	10	12	81
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%	
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%	
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%	
RTT delivery in all specialities	0	1	1	1	0	0	1	1	1	1	0	
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%	
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%		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%		94.6%
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%		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%		96.2%
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%
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%		98.3%
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%		84.9%
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%		94.5%
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%	3.1%
Single Sex Accommodation Breaches - patients affected	0.0%	7	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%	94.9%

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

3.1 **Francis Report**

The publication of the final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry was released on the 6th February 2013. This report ran to 1776 pages in 3 volumes covering:

- ❖ Warning Signs
- ❖ Governance and Culture
- ❖ Roles of scrutiny, patient and public involvement groups, commissioners, the Strategic Health Authority and regulators
- ❖ Themes for the present and future
- ❖ 290 recommendations

The report recommends that all commissioning, service provision, regulatory and ancillary organisations in healthcare consider the findings of the report and announce its decision on the extent to which it accepts the recommendations and what it intends to do to implement those accepted.

The Francis report painted a shocking picture of appalling standards of patient care. It highlighted poor management practices, an organisational focus on national financial and performance imperatives to the detriment of the quality of patient care.

It also challenged the effectiveness of the regulatory and oversight mechanisms in identifying and tackling poor quality patient care proactively and systematically leading to attention on who is responsible for ensuring patients receive high-quality care, and, for acting if appropriate standards are not met. It has also particularly highlighted how the decisions and actions of staff at all levels can affect the quality of care patients receive.

More specifically, chapter contents include an array of examples which led to the report recommendations. Further details will be provided in the gap analysis report to be presented to the February Trust Board.

3.2 **Mortality Rates**



UHL's crude in-hospital mortality rate continues to be 1.4% for 12/13 but has seen an increase for December and January. The risk adjusted mortality is not yet available for these months but is anticipated to reflect normal seasonal variation.

UHL's HSMR for 12/13 is 98 (April to Nov) and is anticipated to be 104 following the annual rebasing carried out by Dr Fosters at the end of the financial year. At 104, UHL would still be "within expected range".

There has been a very slight reduction in UHL's latest SHMI which was published at the end of January. UHL's SHMI for 11/12 was 104.7 and for July 11 to June 12 it is 104.5 which means that the published SHMI remains at 105.

As part of the Quality & Safety Commitment 'reducing mortality workstream', and in addition to the mortality reviews undertaken as part of the Speciality routine Mortality & Morbidity processes, a sample of November deaths are being separately reviewed by one of the Consultant Physicians. The findings of this review will be available by the end of March.

3.3

Patient Safety and 5 Critical Safety Actions



No Never Events were reported within the Trust in January but one patient safety SUI was reported which related to a new classification of incident call 'Prevented Never Event'. This incident concerned a patient who was appropriately marked and consented for surgery to his right leg but on arrival in theatre his left leg was prepared and draped for surgery. The error was identified prior to the check lists being completed and surgery commencing. There was no harm to the patient but a full investigation is being undertaken and appropriate actions implemented. This incident will be monitored through the Quality Assurance Committee.

The number of safety walkabouts throughout the trust has increased with a particular focus on wards or departments where complaints and incidents are high. The learning from incidents, complaints, claims and inquests continues to be carefully considered with plans to further strengthen cross-divisional learning. Since the publication of the Francis report on 7th February, activity within the PILS team has increased; both with the number of formal complaints received and telephone concerns.

The table below details the top complaint areas for January:-

Formal Complaints - January 2013 by Subject of Complaint

	2013 01	Total
Medical Care	32	32
Communication	22	22
Waiting times	22	22
Nursing care	18	18
Staff attitude	15	15
Cancellations	15	15
Administration	7	7
Discharge	6	6
Information	5	5
Complications	4	4
Confidentiality	2	2
Environment	2	2
Hotel Services	2	2
Medication	2	2
Clinical Care (Other Staff)	2	2
Appliances/equipment	1	1
Beds	1	1
Dignity/Privacy	1	1
End of life care	1	1
Equality and Diversity	1	1
Funding	1	1
Security	1	1
Totals:	163	163
Complaints per 1000 admissions/attendances	1.6	1.6

The safety scorecard for January reveals an increase in complaints relating to discharge and an increase in the average daily outlying rate. These issues relate to the high activity rate within acute care and the additional capacity areas open.

Concerns remain however in relation to pressure in the Emergency Department and the emergency pathway which have seen increased reporting from staff regarding activity and staffing. This is monitored weekly by the divisional heads of nursing and it is hoped that the new 'Right Place' consulting work streams that have commenced this week will improve the process across this pathway.

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 Clinical Handover Guidelines now approved.
- ❖ UHL handover system rolled out to Planned Care Division for nurses and trust roll out in progress. Acute Care have rolled out to >70% of wards. However, progress is slower in women's and children's division.
- ❖ Development work by IT on UHL web based handover system is now complete, go live date for updated v2 is 20/02/13.
- ❖ Further work with alternative handover system supplier to develop module has progressed and pilot agreed with UHL and Nerve Centre. Pilot to take place in 3 surgical wards at LRI for 12 weeks and will involve both medical and nursing staff. Currently finalising audit and IT support details before start date is confirmed. Discussions taking place with ACCA and Apple to support the pilot for the trust.

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. An average of 78% of all HCA's assessed competent with EWS across the trust. Actual breakdown is 75.3% in maternity, 95.6% in women's, 100% in children's, 36% in acute and 80 % in planned care. Action to validate reduced numbers for the acute division has identified that communication process between wards and training team to input on e-UHL is the issue rather than HCA's not having been assessed. Actions agreed to remedy this for Qtr 4 figures. Lead to monitor monthly figures.
- ❖ RSVP training has been completed across the trust to ensure that a robust communication system is in place for referral/handover of patients.

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 Mortality & Morbidity meetings are taking place. Increasing number - 66% of specialities have saved Terms of Reference to shared drive.

- ❖ Specialities have commenced saving minutes onto shared drive. Increasing number - 66% have minutes saved and 78% have either Terms of Reference or minutes saved to the shared drive.

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

- ❖ Overarching Screening Policy now approved.
- ❖ Diagnostic Testing overarching policy to include medical staff and AHP that undertake diagnostic testing has now been sent to PGC for approval.
- ❖ Diagnostic Testing policy implementation plan developed and submitted to CCG's.
- ❖ Acting on Results in ED has been agreed as a 2013 priority for the BCG Quality Commitment work.

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

- ❖ Visit to UCLH in early December to observe its use in clinical areas and identify if would be appropriate to use similar in UHL. Plan to adapt UCL checklist for use across UHL as a prompting tool. Work to start this month.
- ❖ Action working group to be reviewed to improve structure and CBU representation.
- ❖ This action has been agreed as a 2013 priority for the Boston Consultancy Group Quality Commitment work.
- ❖ Ward round template sheet as documentation is now printed and ready for trial in medicine. Trial wards now have to be altered due to Right Place emergency pathway work.

3.4 Fractured Neck of Femur 'Time to Theatre'

January performance for time to surgery within 36 hours for fractured neck of femur patients is 72.5%. The year to date position is 72.1 % against a target of 70%.

3.5 Venous Thrombo-embolism (VTE) Risk Assessment

UHL's performance for January as reported to the DoH, is 94.7% (this figure includes the 'Renal Dialysis' patients) against a threshold of 90%. The year to date positions is 94.9%.

3.6 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. Recent results have been found to be below the 100% requirement and reports to the Quality Assurance Committee and quality contract meeting are required.

Following further work being undertaken to isolate and remedy those area not compliant the January performance of the checklist stands at 100%.

3.7 CQUIN Schemes

LLR 12/13 CQUINs

Quarter 3's performance for each of the CQUINs is due to be reviewed at the CQRG meeting on 21st February. Three of the CQUIN schemes will not be 'reconciled' until the end of the year (National Goal 1 – Responsiveness to Patients Needs; National Goal 2 'Dementia Screening' and Regional 1 – Net Promoter).

The thresholds for 2 of the Local CQUIN schemes have not been fully met (Discharge, Urgent Care Standards) which reflect the challenges faced by the trust during this time.

EMSCG 12/13 CQUINs

Performance for Quarter 3 of the 1213 EMSCG CQUIN schemes has been reviewed by EMSCG and full reconciliation agreed for all but one.

An Amber RAG has been given for the 'Renal Dialysis' CQUIN but a further meeting to review performance is taking place on 25th February.

3.8 Safety Thermometer

The NHS Safety Thermometer (ST) progress to January 2013 for each of the four harms is given below.

The total number of new harms decreased in January and as a result, the percentage of harm free care within UHL has increased (national percentage of harm free care for January is 92.22%). This reduction was achieved mainly through a drop in the prevalence of hospital acquired pressure ulcers compared to the previous month.

		Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec 12	Jan-13
Number of patients on ward		1551	1554	1475	1626	1617	1668	1652
All Harms	Total No of Harms	160	137	109	98	99	126	118
	No of patients with no Harms	1404	1426	1373	1533	1522	1546	1536
	% Harm Free	90.52%	91.76%	93.08%	94.28%	94.12%	92.69%	92.98
Newly Acquired Harms	Total No of New Harms	86	59	41	33	40	45	33
Harm One	All Pressure Ulcers (Grades 2, 3 or 4)	85	78	61	62	70	90	95
	New Pressure Ulcers (Grade 2, 3 or 4)	29	20	13	12	27	29	18
Harm Two	Harmful Fall	24	14	11	8	4	3	4
Harm Three	No of Patients with Urinary Catheter and Urine Infection (prior to or post admission)	34	29	33	23	19	26	13
	Newly Acquired UTIs with Catheter	16	9	13	9	3	6	4
Harm Four	Newly Acquired VTE (either DVT, PE or Other)	17	16	4	4	6	7	6

3.9 **Quality and Safety Commitment**

At the December 2012 meeting, the Trust Board agreed the Quality & Safety Commitment. Further to the December Trust Board, Quality Action Groups have now been set up comprising of frontline staff and managerial support. Initial meetings were held in January, including further discussions with Patient Advisors and LINKs. These groups have drafted action plans for delivery against the seven 2013 priority focus areas. In addition, fundamental activities in each area will continue. Further details will be shared at the Trust Board presentations on 28th February.

4.0 **PATIENT EXPERIENCE – SUZANNE HINCHLIFFE**

4.1 **Infection Prevention**



MRSA – There are one MRSA case reported for January. The year to date figure is 2 against a 2012/13 target of 6 cases.

C Difficile – there were 12 cases reported in January resulting in a cumulative position of 81 against a target of 93 for April to January.

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 January 2013, 1,822 Patient Experience Surveys were returned which easily met the Trusts target of 1,553

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 January 2013, 400 surveys were completed:

Outpatient's visits: 261 surveys
Maternity Services: 17 surveys
Emergency department: 70 surveys
Children's Emergency department: 52 surveys

Share Your Experience was launched across the Neonatal Units on the 27th November 2012 using a bespoke survey within this specialised area. A total of 3 surveys were

returned for the LRI Neonatal unit during January 2013, with the LGH Neonatal Unit expected to come online in early 2013.

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 net promoter question; **How likely is it that you would recommend this service to friends and family?** Of the 1,822 surveys, 1,270 surveys included a response to the Net Promoter Question and were considered inpatient activity (excluding day case/ ED / outpatients) and therefore were included in the Net Promoter Score for the SHA.

Overall there were 9,428 inpatients in the relevant areas within the reporting period (30/12 to 26/01), giving a 10% footfall requirement of 943. The Trust easily met the SHA target with a total of 1,270 Net Promoter responses broken down to:

Number of Promoters:	880
Number of passives:	286
Number of detractors:	104
Overall NET promoter score	61.1

In April 2012 the Trust overall net promoter score was 51 with a target of 61 by March 2013. January 2013 score shows a 10.1 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.

The following actions will be initiated by the divisions to maintain this course and 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 successfully submitted on time by the 11th January 2013. Results will be published by the CQC in April/May, at which point the trust will be in a position to compare internal survey results with this National data identifying similarities and differences.

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 January.

5.0 **OPERATIONAL PERFORMANCE – JEREMY TOZER**

5.1 **ED 4hr Wait Performance**

Performance for January Type 1 & 2 is 80.9% and 84.9% 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 January was 5%.

Commissioners have detailed contractual requirements for an incremental reduction in the % of Appointment Slot Issue (ASI) during 2012/13 as follows:-

- ❖ Quarter 1, ASI rate shall be no greater than 15% measured cumulatively
- ❖ Quarter 2, ASI rate shall be no greater than 11% measured cumulatively
- ❖ Quarter 3, ASI rate shall be no greater than 8% measured cumulatively
- ❖ Quarter 4, ASI rate shall be no greater than 5% measured monthly

During Quarter 4 2012/13 failure to comply with the ASI target will result in financial consequences of potentially £100,000 a month.

5.3 **RTT – 18 week performance**

RTT Admitted performance

Admitted performance in January has been achieved with performance at 92.2%, with all specialties delivering the threshold.

The national admitted performance in December (most recent published data) was 93.1% and UHL achieved 91.9% with the upper quartile being 94.9%. 108 out of the 178 Trusts missed the target at specialty level and 63 Trust's had between 2 and 10 specialty failures.

RTT Non Admitted performance

The non-admitted target for January has been achieved at 97.3% against a target of 95%.

The national non-admitted performance in December (most recent published DoH data), was 97.7% and UHL achieved 97.2% with the upper quartile being 99.0%. 92 out of the 207 Trusts missed the target at specialty level and 58 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 January at 93.5%.

The national incomplete pathways performance in December (most recent published DoH data) was 94.5% and UHL achieved 93.3% with the upper quartile being 97.5%. 112 out of

the 207 Trusts missed the target at specialty level and 79 Providers had between 2 and 10 specialty failures.

There was one 52+ week wait patient on an incomplete non-admitted pathway at the end of January. An internal investigation as to why this occurred is ongoing and confirmation has been received that this patient has been treated in February.

The Planned Care Division CBU's developing plans to reduce the admitted and non admitted backlog in General Surgery, Ophthalmology, ENT, Gastroenterology, Orthopaedics and Urology by carrying out additional activity in Quarter 2013/14. In addition commissioners have funded a central RTT validation team for a year which will focus on real time validation and additional training of UHL administrative staff.

These additional actions will ensure that by June 2013 all specialties will deliver the 92% incomplete pathway target and < 1% of incomplete pathways will be waiting 26+ weeks.

RTT – Delivery in all specialties 

All specialties delivered for both non-admitted and admitted patients.

5.4 Cancelled Operations 

January performance shows that the percentage of operations cancelled on/after the day of admissions of all elective activity for non clinical reasons was 1.5% against a target of 0.8%.

	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	YTD
Operations cancelled for non-clinical reasons on or after the day of admission	1.1%	1.2%	1.2%	0.9%	0.5%	0.9%	1.1%	1.6%	1.2%	1.5%	1.1%

The percentage offered a date within 28 days of the cancellation was 97.0% against a threshold of 95% in January, with a year to date performance of 92.7%.

For further detail see Appendix 1 - 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 December is 78.3% against a target of 75%, with a cumulative year to date figure of 75.5%.

5.6 Imaging Waiting Times 

The percentage of diagnostic waits 6+ weeks was 0.7% against a threshold of 1%.

5.7 Cancer Targets

Two Week Wait 

The two week wait urgent GP referral for suspected cancer to date first seen target of 93% was achieved in December, with performance at 95.1% and a year to date cumulative performance of 93.3%.

The symptomatic breast patients (cancer not initially suspected) have been achieved for December (reporting one month in arrears) at 94.6%, with a year to date performance of 94.6%.

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 December (reporting one month in arrears).

62 Day Target



The 62 day urgent referral to treatment cancer target for December (reporting one month in arrears) was 84.6% against a target of 85%. The year to date cumulative performance is 84.9%. Commissioners have confirmed the penalty relating to this indicator will be repaid at the yearend if performance is above 85%.

For further detail see Appendix 2 - 62 day urgent referral to treatment cancer 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 January was 95.2% against a target of 75%. The year to date cumulative performance is 92.6%.

5.9 Stroke % stay on stroke ward



The percentage of patients spending 90% of their stay on a stroke ward in December (reported one month in arrears) is 72.3% against a target of 80%. The cumulative performance for the year to date is 79.6%.

For further detail see Appendix 3 - Stroke performance 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 60.8% against a contractual target of 62.1%. The year to date cumulative position is 65.6%.

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). Divisions will be asked to develop and deliver plans and trajectories which will be monitored at the monthly Confirm and Challenge meetings.

5.12 Delayed Discharges



During this month there has been deterioration in the overall performance for both city and county patients.

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

In total there were 270 episodes recorded as a 'Delayed Transfer of Care' on the weekly sitreps recorded at midnight each Thursday during January 2013.

The number of delays for 'assessment' where delays are mainly under the control of the multidisciplinary teams working within UHL has increased to 35 during January.

The remaining 235 delays, are mainly due to factors outside of the control of UHL. Main areas of concern include availability of rehabilitation beds for the increasing number of patients requiring rehabilitation within the city and county; outcome of decisions for funding from CHC.

The Discharge team have received training to order equipment by NRS, to reduce delays for ordering of equipment. Fast track patients (end of life) are being discharged within 48 hours of referral compared to 7-10 days before this was implemented.

5.13 Non Emergency Transport Contract

Discharge and Outpatient times continue to improve slowly yet remain behind planned expectations. Arriva have been asked to provide a trajectory for performance improvement which will be monitored by the Trust. They have also been asked to provide routine data to UHL as per the contract and this has now been taken through the contracting process to resolve any outstanding issues.

Further work is being done on increasing the number of patients ready for discharge earlier in the day, so that the use of Arriva ambulances can be spread across the day.

6.0 HUMAN RESOURCES – KATE BRADLEY

6.1 Appraisal



The January appraisal rate is 90.5%. The Care Quality Commission (COCA) Report of the key findings of the National Staff Attitude Opinion Survey (dated February 2013) show that our percentage scores are in the highest 20% (best against 87 Acute Trusts that Quality Health Supports) with respect to the percentage of staff appraised in the last 12 months (94%) and percentage of staff having a well-structured appraisal (42%). Human

Resources continue to work closely with Directorates, Divisions and CBUs to implement targeted actions to continue to improve appraisal performance.

Appraisal performance continues to feature on Directorate, Divisional and CBU Board Meetings in monitoring the implementation of agreed actions. Over coming months HR will be conducting an Annual Appraisal Quality Audit to improve the quality of appraisals.

6.2 Sickness



The reported sickness rate for the month of January is 4.2 % 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 remained at 3.5%. The well being programme (funded by staff lottery money) continues to provide a wide variety of events and activities which aim to improve the health of our workforce. The popular Fitbug challenge will run again March providing staff with a personal on line health and wellbeing coach. The second annual UHL Fun Day is also being planned for the end of June .

7.0 FINANCIAL POSITION – ANDREW SEDDON

7. I&E summary

7.1.1. The Trust is reporting a cumulative £2m deficit for the first 10 months, £2.7m adverse to Plan. Income ytd is £20.9m (3.5%) over Plan, which is stated net of a £3.0m marginal rate deduction for emergency inpatient income over the 2008/09 baseline. Operating costs cumulatively are £23.9m over Plan, with premium cost staff largely being used to deliver the additional activity.

7.1.2. The reported result for January is a surplus of £5.3m, £4.4m favourable to the Plan surplus of £0.8m.

7.1.3. Note that the January and YTD positions now includes partial recognition of the proposed year end agreement between UHL, LLR CCGs and other commissioning bodies. The YTD position includes approximately £13m of that agreement.

7.1.4. Table 1 outlines the current position and Table 2 outlines the Financial Risk Rating:

Table 1 – I&E Summary

	January 2013			April - January 2013		
	Plan £m	Actual £m	Var £m	Plan £m	Actual £m	Var £m
Income						
Patient income	52.6	61.2	8.6	515.7	536.5	20.8
Teaching, R&D	6.3	5.9	(0.4)	62.7	61.6	(1.1)
Other operating Income	2.4	3.1	0.7	23.4	24.6	1.2
Total Income	61.2	70.1	8.9	601.9	622.7	20.9
Operating expenditure						
Pay	36.7	38.4	(1.7)	366.8	377.3	(10.6)
Non-pay	20.1	22.6	(2.5)	198.6	211.9	(13.4)
Total Operating Expenditure	56.8	61.1	(4.3)	565.3	589.2	(23.9)
EBITDA	4.4	9.1	4.6	36.5	33.5	(3.1)
Net interest	-	0.0	0.0	0.0	0.0	0.0
Depreciation	(2.7)	(2.7)	(0.1)	(26.6)	(26.3)	0.3
PDC dividend payable	(0.9)	(1.1)	(0.2)	(9.3)	(9.3)	-
Net deficit	0.8	5.3	4.4	0.7	(2.0)	(2.7)
EBITDA %		12.9%			5.4%	

The patient income line includes both NHS and non-NHS patient care income

Table 2 – Financial Risk Ratings

Criteria	Indicator	Weight						Year to Date
			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	3
	I&E surplus margin %	20%	3	2	1	-2	<-2	2
Liquidity	Liquid ratio days	25%	60	25	15	10	<10	3
Overall rating								3

The **year to date position** may be analysed as follows.

7.2. Income

7.2.1. Year to date NHS patient care income is £20.8m (4%) favourable to Plan. However, the £20.8m over performance includes £13m in relation to the UHL/CCG year end agreement. If we exclude this, NHS patient care income is approximately £6.9m (1.3%) above Plan.

7.2.2. This reflects under performance on day cases of £1.3m and elective inpatients of £2.7m. These adverse movements are offset by favourable variances for emergency activity, £8.3m (stated net of a £3.0m reduction for the marginal rate emergency threshold) and outpatients £2.5m. Emergency inpatient activity to the end of January was 5,814 spells (7%) above Plan.

7.2.3. Table 3 below highlights the impact of price and volume changes in year to date activity across the major “points of delivery”. This shows the increased activity across all emergency areas – with a consequential adverse impact on elective inpatients and day case activity. We have also seen a reduction in the price/casemix for day cases, emergencies and ED activity.

Table 3 – Patient Care Activity – Price and Volume Movements

	Price Variance YTD %	Volume Variance YTD %	Price / Mix Variance (£000)	Volume Variance (£000)	Variance YTD (£000)
Average tariff					
Day Case	(1.2)	(1.8)	(507)	(755)	(1,262)
Elective Inpatient	1.5	(5.9)	836	(3,502)	(2,666)
Emergency / Non-elective Inpatient	1.4	6.2	2,131	9,167	11,298
Marginal Rate Emergency Threshold (MRET)			(2,993)	0	(2,993)
Outpatient	3.4	(0.0)	2,523	(4)	2,519
Emergency Department	(3.1)	3.1	(426)	420	(6)
Other			0	12,931	12,931
Grand Total	(1.4)	5.4	1,564	18,258	19,822

7.2.4. The key points to highlight within Table 3 are:

- The 6% increase in emergency activity takes the Trust above the 2008/09 activity threshold, thereby accruing income at only 30% of the full tariff. This marginal rate (MRET) accounts for a reduction in income of approximately £3.0m in the first 10 months. The MRET baseline is determined on a Commissioner basis – but we are

now over the baselines for both Leicester County and City CCGs. Commissioners hold the balance of 70% and are tasked to invest this to alleviate the pressures.

- The Emergency Department price variance reflects the impact of the 2011/12 year end contract settlement. Our ED Team consider that the average tariff of £99 does not reflect the complexity of the casemix and this is included in UHL's 2013/14 counting and coding proposals.
- The elective inpatient volume shortfall of 5.9% equates to 1,151 spells. This reduction is largely as a consequence of the increased emergency activity encroaching on elective beds, ITU capacity and theatre sessions. This has had a knock-on effect of reducing elective capacity (both inpatient and day case due to the imperfections of the day case model, especially at the LRI).

7.3. Expenditure

7.3.1. **Operating expenditure** for the year to date is £23.9m (4.2%) adverse to Plan, comprising of pay at £10.6m (2.9%) adverse and non-pay £13.3m (6.7%) adverse. January performance against Plan is £1.7m adverse for pay and £2.5m adverse for non-pay.

7.3.2. **CIP** continues below Plan - £4.2m adverse to the YTD Plan of £26.0m

7.3.3. **The pay position**, both year to date and in January, reflects the continued use of extra capacity wards (Wards 29 and 32 at GGH and Ward 37 at LRI) to meet the emergency activity levels. Pay spend on these 3 wards is in excess of £3.5m YTD. We have also opened Ward 2 at the LGH as a "step-down" ward. This is fully funded via "Winter Pressures" funding from the CCG. The Acute Care Division is also rostering more doctors and nurses in Medicine and ED to ensure the flow of patients from ED to support the 4 hour target.

7.3.4. Whilst premium payments were stable between September 2011 and February 2012, increases have continued during this financial year with the stepped increase seen in August continuing through to November. December saw a small reduction mainly due to a fall in agency spend by £0.4m compared to the previous 3 months, but we have seen a small increase in January.

Chart 1

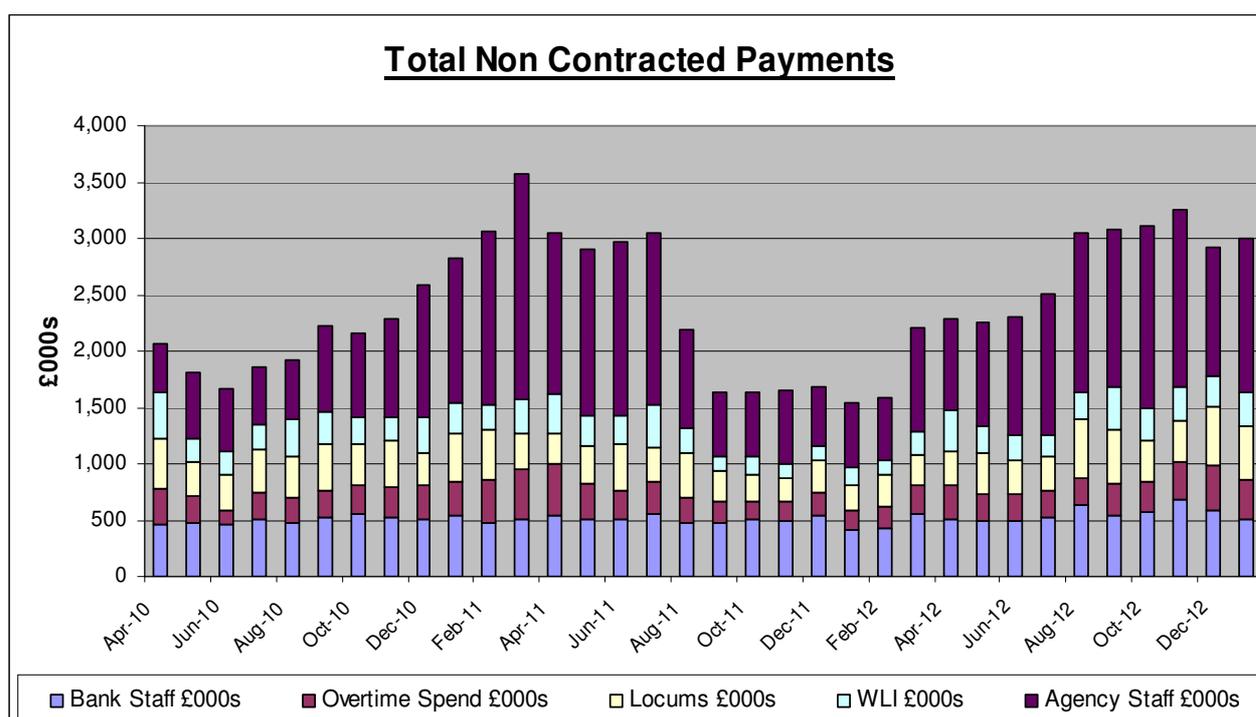
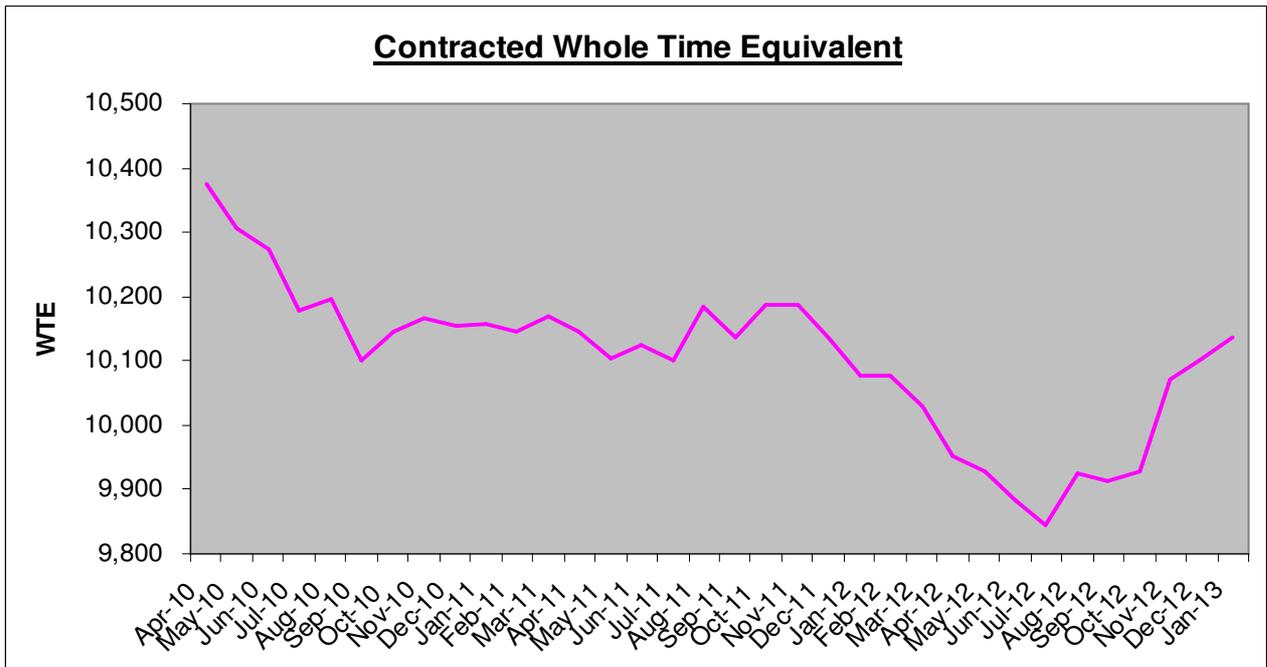


Chart 2



7.3.5. Whilst contracted staff reduced continuously from November 2011 until July 2012, we saw a small increase in August, stability in September and October, but a significant increase in November, December and January reflecting the new nursing and midwifery starters (over 200 WTE additional contracted staff now in post as compared to October).

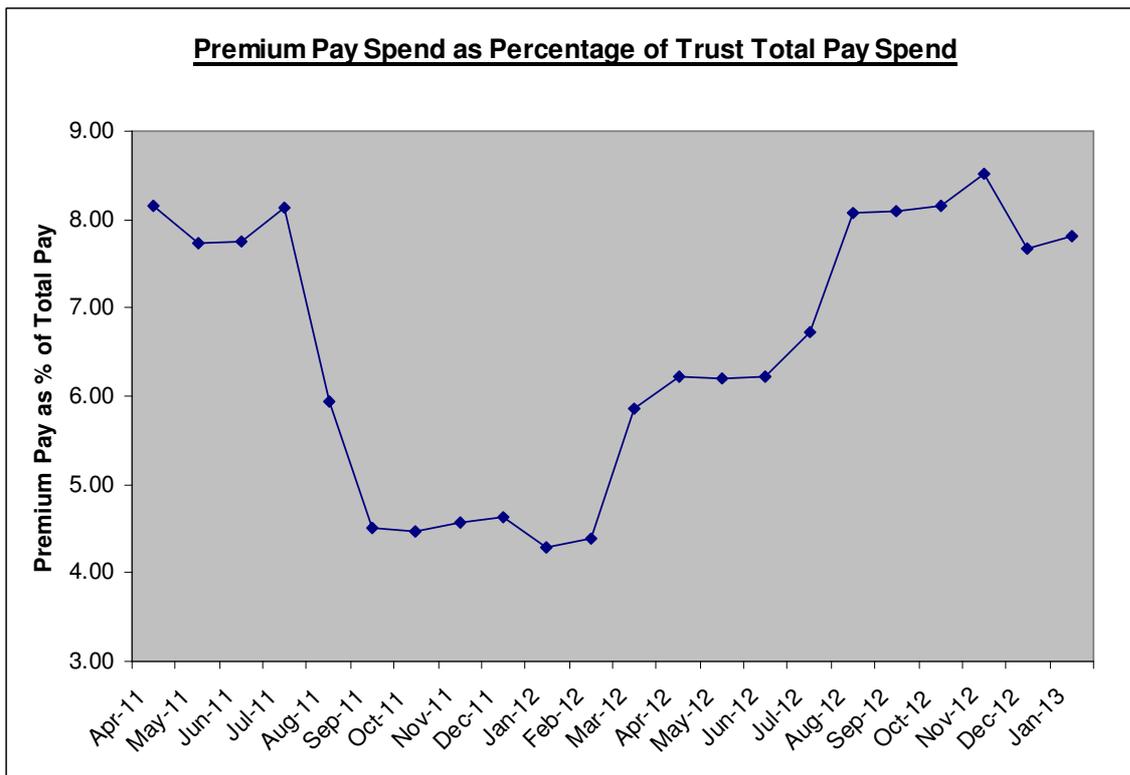
7.3.6. The Trust is still using a significant number of non contracted staff (563 WTE, which is 5.3% of the total worked WTE but 7.8% of the pay costs). This is shown by Division in Table 4 below. This must fall as a result of the increased substantive recruitment.

Table 4 – Worked WTE

UHL/Division	January 2013 worked wte (Actual)					Total wte
	Contracted wte	Bank wte	Overtime wte	Agency wte	Other wte	
Acute Care	3,326	111	30	114	(12)	3,569
Clinical Support	2,415	30	24	54	(56)	2,467
Planned Care	1,886	46	16	17	(21)	1,944
Womens & Children	1,438	12	10	16	(8)	1,468
Corporate	1,073	40	23	18	(28)	1,126
UHL Total	10,138	241	103	219	(126)	10,575

7.3.7. The consequence of the increased premium staff is illustrated in the chart below which shows premium staff costs as a percentage of total staff costs.

Chart 3



7.3.8. It is important to highlight that, although we have seen changes in the mix of permanent and temporary staff, from an overall workforce total, we have now seen a 1.8% increase in total workforce over the past 16 months – see below.

TOTAL STAFFING

	WTE	(%)	Jan 13 WTE	March 12 WTE	Sept 11 WTE
MEDICAL & NURSING	281	4.1	7,092	6,878	6,812
OTHER STAFF GROUPS	(91)	(2.5)	3,609	3,615	3,700
TOTAL	189	1.8	10,701	10,493	10,512

The above WTE's exclude the "other" adjustment as reflected in table 4.

7.3.9. Whilst showing a 1.3% increase in total numbers, we have seen a significant 281 WTE 4.1% increase in our medical and nursing numbers and a corresponding decrease in other staffing.

7.3.10. To support this analysis, the following two tables provide further details as to the changes by staff type and premium payment type.

Contracted Staffing (WTE)

Staff Type	Movement January 13 Sept 11		Contracted Staff		
	WTE	(%)	Jan 13 WTE	March 12 WTE	Sept 11 WTE
ADMIN & CLERICAL	(109)	(5.8)	1,779	1,827	1,888
ALLIED HEALTH PROFESSIONALS	(26)	(5.5)	451	459	478
CAREER GRADES	4	5.6	70	70	66
CONSULTANT	21	4.0	559	533	538
HEALTHCARE ASSISTANTS	(28)	(6.0)	439	447	467
HEALTHCARE SCIENTISTS	(22)	(3.0)	728	741	751
MAINTENANCE & WORKS	(2)	(4.0)	58	61	60
NURSING QUALIFIED	70	2.1	3,380	3,348	3,310
NURSING UNQUALIFIED	59	4.9	1,262	1,195	1,203
OTHER MEDICAL & DENTAL STAFF	3	0.3	934	899	931
OTHER SCIEN, THERAP & TECH	32	11.7	308	274	276
SENIOR MANAGERS	(1)	(0.6)	170	175	171
TOTAL	0	0.0	10,138	10,029	10,138

MEDICAL & NURSING	129	2.0	6,644	6,492	6,515
OTHER STAFF GROUPS	(129)	(3.6)	3,494	3,538	3,623
TOTAL	0	0.0	10,138	10,029	10,138

PREMIUM STAFFING

	WTE	(%)	Jan 13 WTE	March 12 WTE	Sept 11 WTE
BANK	(1)	(0.6)	241	274	242
OVERTIME	40	63.1	103	84	63
AGENCY	151	221.6	219	106	68
TOTAL	189	50.7	563	464	373

7.3.11. The ongoing challenge is to reduce the requirement for this premium staffing, whilst maintaining the quality of care.

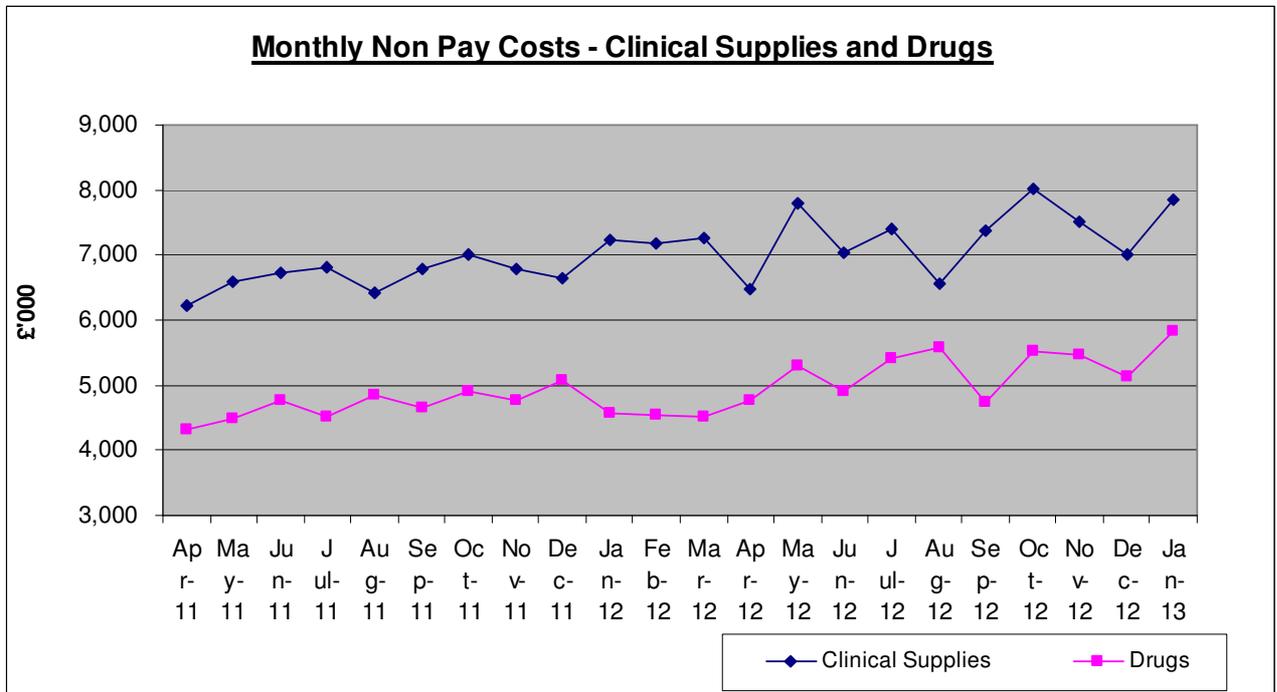
7.3.12. STAFF flow for medical locums went live on 31 January 2013. PwC is part of the consortium providing this service and commented that this has been their largest and quickest implementation thus far. The new process will save £130k of every £1m medical agency spend. As at 12/02/13 (2 weeks post go live), savings from bookings in place equated to £19,447.

In order to support premium spend controls, a medical locum proforma has been introduced which asks Divisional Managers to sign off all weekly medical locum bookings. This followed a discussion at the CIP Delivery Board to ensure that there is challenge regarding the remedial action being undertaken to mitigate the extra costs incurred.

In terms of vacancy controls, Divisions now receive weekly data on positions in the recruitment process (advert, interview and offer) to provide an overall picture of the recruitment pipeline. In addition, vacancy controls are now in place, which ensure all posts are reviewed at Divisional and centrally at Director level before proceeding.

7.3.13. **Non-pay costs** - the key areas are drugs, £3.1m adverse to Plan, and clinical supplies, £5.1m adverse, with variances in both categories driven in part by increased activity levels. The chart below shows the actual monthly costs for clinical supplies and drugs from April 2011 to November 2012.

Chart 4 – Clinical Supplies and Drugs Costs



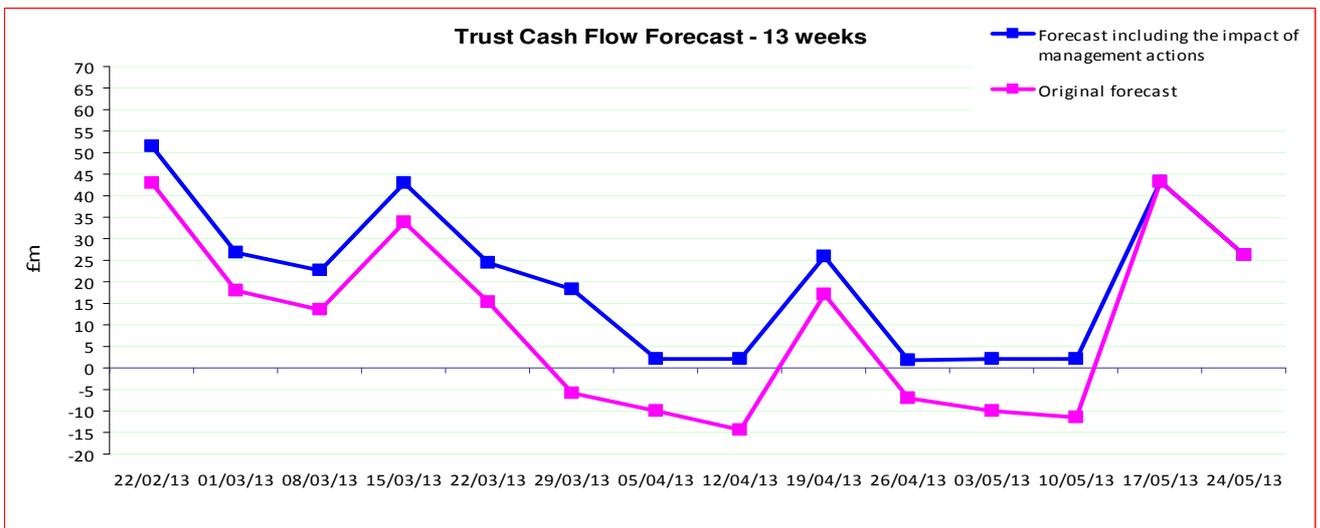
7.3.14. In addition to the variances in drugs and clinical supplies, YTD results are also adverse in utilities (£0.6m), use of independent sector (£1.2m – primarily endoscopy), hotel services and security (£1.0m) and legal fees (£0.3m).

7.4. Cash

7.4.1. The Trust currently has sufficient cash levels until late March when the cash balances reduce significantly. However, the Trust is planning to deliver the £18m yearend cash target. Commissioners will shortly be billed with their contributions to the yearend plan.

7.4.2. Chart 5 below is the Trust’s 13 week cash forecast, which shows the yearend cash position.

Chart 5 – Trust 13 week Cash-flow forecast



- 7.4.3. The current cash level is sufficient due to the Trust securing the early receipt of several items of income, including a total of £15m SIFT and MADEL funds in advance of the remainder of the year and £18m cash relating to March SLAs from the local PCTs. The Trust has also been managing the value of its payment runs to ensure the daily levels of operational cash remain above £2m at all times.
- 7.4.4. The reported current position is therefore inflated as it includes cash received in advance and will not be receiving in the remainder of the year. The underlying yearend cash position is currently minus £7.9m, and this position has arisen due primarily to the impact of the ytd deficit position of the Trust.
- 7.4.5. There are several factors and planned management actions which will increase the yearend cash to planned levels including:
- Additional income of £14.5m relating to year end patient activity settlements
 - A temporary change of payment terms to 60 days for suppliers who currently benefit from 30 day payment terms, which will give us a one-off cash benefit of approximately £11m, although up to £4m this is earmarked to pay a backlog of NHS provider invoices
 - An estimated £3m due to the timing of cash payments moving from March to April following the commencement of the Facilities Management outsourcing contract. This is due to differences in the value and timing of payments between Interserve and our current suppliers
 - A reduction of £1.5m in cash terms of the March payroll run due to the transfer of UHL staff to Interserve

We will continue to monitor each of the above areas and will take additional action if there is an indication that any of the potential benefits will not be realised

7.5. 2012/13 forecast and risks

- 7.5.1. The Trust is still forecasting to deliver the planned £46k surplus. As well as risks around the achievement of the year end position, our major challenge is to reduce the current run-rate down to affordable yet safe levels. We are maintaining focus to close the gap in delivery of the 2012/13 CIP target.
- 7.5.2. The details behind the revised forecasts and financial recovery actions plans will be contained within the "Financial Forecast Recovery" paper for the Finance & Performance Committee.
- 7.5.3. The key areas of focus continue to be:
- Improved grip on costs (internal)
 - Continuing discussions with CCGs and the Local Area Team (LAT)/SHA to secure funding for re- admissions, emergency activity and transformational funding (external).

Caring at its best

Quality and Performance

Trust Board

Thursday 28th February 2013

January 2013

One team shared values

QUALITY and PERFORMANCE REPORT

Index

Executive Scorecards

Pages 3 and 4	"UHL at a Glance"
Page 5	DoH Performance / Operating Framework
Page 6	LLR 2012/13 CQUIN Quarterly Performance
Page 7	Contractual Penalties - Risk Areas

Analysis and Commentary

Page 8	Quality
Page 9	Patient Experience
Pages 10 to 12	Net Promoter Scores at Ward Level
Page 13	Infection Prevention
Pages 14 and 15	Mortality
Page 16	Readmissions
Page 17	Neck of Femur
Page 18	Falls and Pressure Ulcers
Page 19	Emergency Department
Page 20	Referral to Treatment
Page 21	Staff Experience / Workforce
Page 22	Value for Money - Executive Summary
Page 23	Income and Expenditure
Page 24	Contract Performance
Page 25	Income and Expenditure - Divisional Position
Page 26	Cost Improvement Programme
Page 27	Balance Sheet
Pages 28 and 29	Cash Flow
Page 30	Capital Budget

UHL at a Glance - Month 10 - 2012/13									
PREVENTING DEATH	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH
HSMR (Dr Foster Rebased 2012)	100	88.8	96.8				Nov-12		Quality
POSITIVE EXPERIENCE of CARE	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH
Net Promoter Trust Score	61.0	61.1	56.0		New O/F target April 2012		Jan-13		Quality
Net Promoter - Coverage	10%	13.5%	11.9%				Jan-13		Quality
Operations cancelled for non-clinical reasons on or after the day of admission	0.8%	1.5%	1.1%				Jan-13		Trust
TIMELY CARE	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH
ED Waits (2011/12 - Type 1 and 2 plus Urgent Care Centre)	95%	84.9%	93.2%				Jan-13	✓	✓
ED Waits - UHL (Type 1 and 2)	95%	80.9%	91.5%				Jan-13		Trust
RTT 18 week – admitted	90%	92.2%					Jan-13	✓	✓
RTT 18 week – non-admitted	95%	97.3%					Jan-13	✓	✓
RTT - Incomplete 92% in 18 weeks	92%	93.5%					Jan-13		✓
RTT delivery in all specialties	0	0					Jan-13		✓
6 Week - Diagnostic Test Waiting Times	<1%	0.7%					Jan-13		✓
Cancer: 2 week wait from referral to date first seen - all cancers	93%	95.1%	93.3%				Dec-12	✓	✓
Cancer: 2 week wait from referral to date first seen, for symptomatic breast patients (cancer not initially suspected)	93%	94.6%	94.6%				Dec-12	✓	✓
All Cancers: 31-day wait from diagnosis to first treatment	96%	97.4%	97.3%				Dec-12	✓	✓
All cancers: 31-day for second or subsequent treatment - anti cancer drug treatments	98%	100.0%	100.0%				Dec-12	✓	✓
All Cancers: 31-day wait for second or subsequent treatment - surgery	94%	94.6%	96.2%				Dec-12	✓	✓
All Cancers: 31-day wait for second or subsequent cancer treatment - radiotherapy treatments	94%	100.0%	98.3%				Dec-12	✓	✓
All Cancers:- 62-day wait for first treatment from urgent GP referral	85%	84.6%	84.9%				Dec-12	✓	✓
All Cancers:- 62-day wait for first treatment from consultant screening service referral	90%	92.3%	94.5%				Dec-12	✓	✓
All Cancers:- 62-Day Wait For First Treatment From Consultant Upgrade	85%	100.0%	100.0%				Dec-12	✓	✓
Neck of Femurs Operated on < 36 Hours (Best Practice Tariff)	70%	72.5%	72.1%				Jan-13		Quality

DoH PERFORMANCE/OPERATING FRAMEWORK - 2012/13 INDICATORS

Performance Indicator	Performing	Under-performing	Weighting	Monitoring Period	April	May	June	Qtr 1	July	August	Sept	Qtr 2	Oct	Nov	Dec	Qtr 3	Jan
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
Infection Control																	
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
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
Access - 18 week wait																	
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
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
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
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
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
Access - Cancer																	
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	1.0	1.0	1.0
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
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
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
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
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
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	1.0
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
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
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
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

Sum of weights	14.00
-----------------------	-------

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	38.0
------	------	------	------	------	------	------	------	------	------	------	------	------

2.6	2.7	2.2	2.39	2.9	2.9	2.9	2.9	2.9	2.6	2.6	2.6	2.7
-----	-----	-----	------	-----	-----	-----	-----	-----	-----	-----	-----	-----

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			
Local 1b	Int Prof Standards - Assessment Units & Imaging	6%	£577,026	Deferred to Q2			
Local 1c	ED/EMAS Handover	6%	£577,026				
Local 2	Disch B4 11am	2%	£192,342	Deferred to Q2			
Local 2	Disch B4 1pm	6%	£577,026	Deferred to Q2			
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				
	COPD Admission	5%	£480,855				
Local	COPD care bundle	10%	£961,709				
Local 7a	Clinical Handover	3.2%	£307,747				
Local 7b	Responding to EWS	3.2%	£307,747				
Local 7c	M&M	3.2%	£307,747				
Local 7d	Acting on Results	3.2%	£307,747				
Local 7e	Ward Round Notation Standards	3.2%	£307,747				
Total		100%	£9,617,097				

Specialised Services 2012/13 CQUIN - Quarterly performance

Area	Title in Brief	% of CQUIN Total	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 - risk areas

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

AUTOMATIC CONTRACT PENALTIES

Description	Qtr 1	Qtr 2	December	Quarter 3	January (Forecast)	February	March	Quarter 4	Total	
A&E - Total Time in A&E	£80,057	£0	£645,131	£2,068,666	£650,000	£0	£0	£650,000	£2,798,723	ED 4 hour continues to carry both automatic and contractual penalties this will also be the case in January.
RTT - specialty level delivery	£11,796	£35,562	£11,019	£119,191	£0	£0	£0	£0	£166,549	The December RTT position was better than expected and therefore the penalty is lower than forecast with no anticipated penalty in January
Never Events	£2,484	£4,030	£0	£0	£0	£0	£0	£0	£6,514	
Same Sex Accommodation Breaches	£1,750	£0	£0	£0	£0	£0	£0	£0	£1,750	2 week wait cancer performance in November was failed and there is an automatic penalty due this is being calculated and agreed.
Breach of diagnostics 6 week wait standard	£15,000	£5,000	£0	£0	£0	£0	£0	£0	£20,000	
Ambulance Turnaround	£0	£70,000	£70,000	£70,000	£0	£0	£0	£0	£140,000	
2 Week Wait Cancer									?	Commissioners have again applied an Ambulance Turnaround penalty for Q3 this is being challenged by the Trust as not applicable under the terms of the contract.
Total	£111,087	£44,592	£726,150	£2,257,857	£650,000	£0	£0	£650,000	£3,063,536	

PERFORMANCE AREAS AT RISK OF CONTRACTUAL PENALTY

Nationally Specified Event	Threshold	Consequence per breach	Current Contractual Status	Latest Position
A&E - Total Time in A&E plus ED Clinical Indicators	95% of patients waiting less than 4 hours	The maximum penalty could be £1m (2%) of total Contract Value for each month of failure	Discussions are ongoing regarding this element of performance and options relating to the application of penalties and incentives.	Remedial action plan breached in October, November, December and January. Performance did not remain at or above 95% implications; 1. Automatic penalty to be applied circa £25k per month 2. Contract Term penalty circa £650k per month. Current Feb position is also not achieved.
Operations cancelled for non-clinical reasons on or after the day of admission	Maximum 0.8% of operations	The maximum penalty could be £1m (2%) of total Contract Value	Contract Query Issued on the 8th July 2011. Remedial Action Plan Shared with Commissioners on 18 May 2012	This remains an unachieved area. No formal challenge has yet been forthcoming.
Proportion of patients receiving first definitive treatment for cancer within 62 days of referral	Operating standard of 85%	2% of the Actual Outturn Value of the service line revenue	1st Exception Notice issued on the 24th Feb. Remedial Action Plan already in effect and performance recovered in Q4 of 11-12	Following backlog reduction of LOGI cancer patients 85% target was missed in June. The commissioners have applied a penalty of £616,433 which will be repaid retrospectively subject to CCG-specified milestones. Commissioners have indicated that they will repay the withheld amount at year end if target maintained and full year performance is at or above 85%.

PERFORMANCE AREAS CURRENTLY ON COMMISSIONERS RADAR LIKELY TO GENERATE CONTRACT QUERIES AND ONWARD ESCALATION

Nationally Specified Event	Threshold	Consequence per breach	Current Contractual Status	Comments
Choose and Book - Slot availability	<5% by Qtr 4	Based on current performance could potentially be circa £100,000 per month	Potential contract query	Performance in January is 5% ASI therefore the target has been achieved for this month.
Ambulance Turn Around Times	80% within 15 mins	£70 per cumulative hour current performance would translate in to a £25k penalty per month	Not in contract. SHA have requested all commissioners vary contracts to include this clause. Currently being resisted.	Trust position recorded in letter to Local Area Team. Discussions locally continue.
Cancer 2 week waits	93% within 2 Weeks	2% of the Actual Outturn Value of the service line revenue	Potential automatic penalty/escalation to contract query	Performance in November was 90.6%. Therefore below the threshold an automatic penalty is indicated (max penalty c 30k)

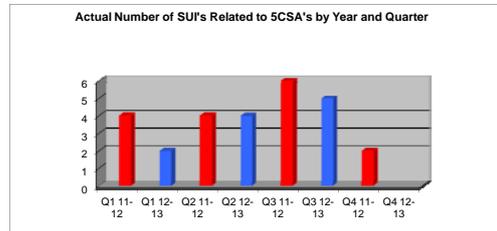
QUALITY

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.

Graph below shows position to end of December 2012 for the actual number of SUI's related to the 5CSA's. Q1-3 2012-13 shows a 21% reduction in SUI's related to the 5CSA's against same period in 2011-12.



Commissioner observational visits to assess Q3 compliance for CQUIN funding to take place on 8th February 2013 at the LRI site. Visits confirmed to observe nurse handover on ward 28 children's, medical handover in MSK, ward round practice in oncology and EWS practice on ward 7 surgery.

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 Clinical Handover Guidelines now approved.
- UHL handover system rolled out to Planned Care Division for nurses and trust roll out in progress. Acute Care have rolled out to >70% of wards. However, progress is slower in women's and children's division.
- Development work by IT on UHL web based handover system is now complete, Go Live date for updated v2 is 20/02/13.
- Further work with alternative handover system supplier to develop module has progressed and pilot agreed with UHL and Nerve Centre. Pilot to take place in 3 surgical wards at LRI for 12 weeks and will involve both medical and nursing staff. Currently finalising audit and IT support details before start date is confirmed. Discussions taking place with ACCA and Apple to support the pilot for the trust.

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. An average of 78% of all HCA's assessed competent with EWS across the trust. Actual breakdown is 75.3% in maternity, 95.6% in women's, 100% in children's, 36% in acute and 80 % in planned care. Action to validate reduced numbers for the acute division has identified that communication process between wards and training team to input on e-UHL is the issue rather than HCA's not having been assessed. Actions agreed to remedy this for Q4 figures. Lead to monitor monthly figures.
- RSVP training has been completed across the trust to ensure that a robust communication system is in place for referral/handover of patients.

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. Increasing number - 66% of specialities have saved Terms of Reference to shared drive.
- Specialities have commenced saving minutes onto shared drive. Increasing number - 66% have minutes saved and 78% have either Terms of Reference or minutes 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:-

- Overarching Screening Policy now approved.
- Diagnostic Testing overarching policy to include medical staff and AHP that undertake diagnostic testing has now been sent to PGC for approval.
- Diagnostic Testing policy implementation plan developed and submitted to CCG's.
- Acting on Results in ED has been agreed as a 2013 priority for the BCG Quality Commitment work.

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:-

- Visit to UCLH in early December to observe its use in clinical areas and identify if would be appropriate to use similar in UHL. Plan to adapt UCL checklist for use across UHL as a prompting tool. Work to start this month.
- Action working group to be reviewed to improve structure and CBU representation.
- This action has been agreed as a 2013 priority for the BCG Quality Commitment work.
- Ward round template sheet as documentation is now printed and ready for trial in medicine. Trial wards now have to be altered due to Right Place emergency pathway work.

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 January 2013, 1,822 Patient Experience Surveys were returned exceeding the Trust's target of 1,553

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 1,822 surveys, 1,270 surveys included a response to the Net Promoter Question.

Number of Promoters: 880
 Number of passives: 286
 Number of detractors: 104
Overall NET promoter score 61.1

The following actions will be initiated by the divisions to maintain this course and 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.

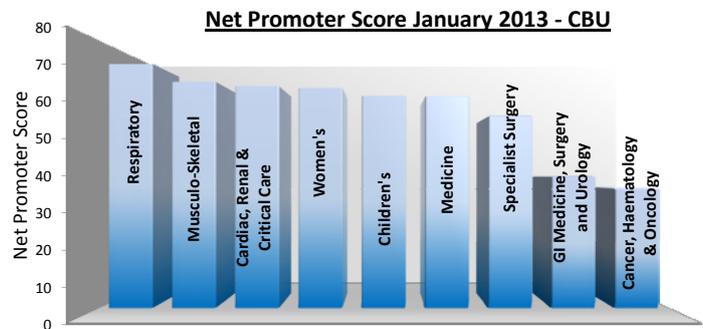
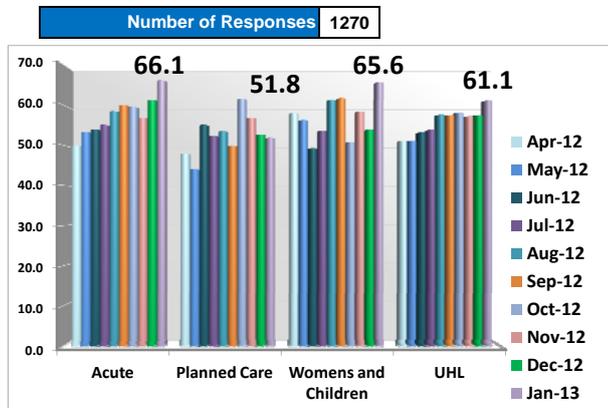


Net Promoter 61.1

Coverage 13.5%



Friends & Families Test - the Net Promoter - JANUARY 2013



Patient Experience Surveys

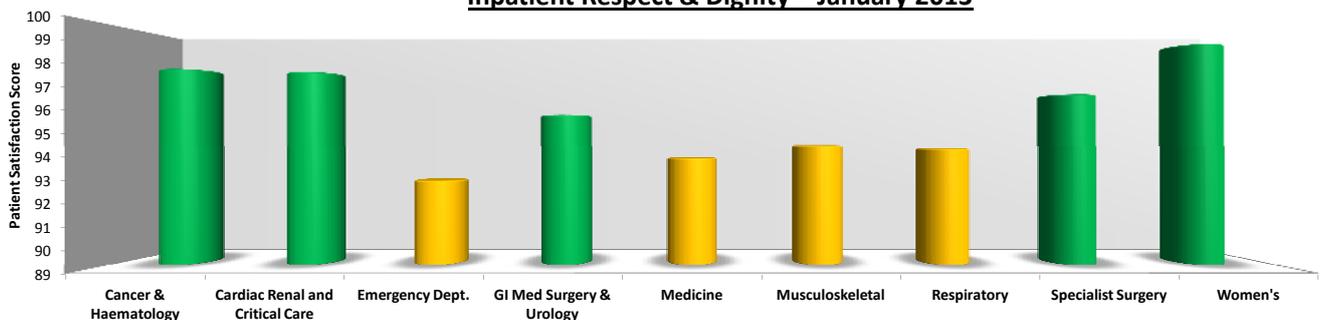
Inpatient Return Rates - January 2013

Division	Returned	Target	% Achieved
Acute Care	864	769	112.4%
Planned Care	793	599	132.4%
Women's and Children's	165	185	89.2%
UHL	1,822	1,553	117.3%

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

Division	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13
Acute	95.7	96.3	94.8	95.2	95.8	96.2	94.8	95.9	95.0	96.3	96.2	96.2	96.2	95.7
Planned Care	96.2	95.9	96.9	96.7	96.4	96.0	97.5	96.6	96.7	96.2	96.8	96.2	96.7	95.9
Womens and Children	97.8	96.7	95.4	92.5	92.9	98.0	96.0	98.7	96.6	97.7	94.4	97.7	94.7	99.1
UHL	96.1	96.2	95.6	95.6	95.9	96.3	96.1	96.5	95.7	96.4	96.4	96.3	96.3	95.9

Inpatient Respect & Dignity - January 2013



Friends & Families Test - *the Net Promoter*

January 2013

	Total Number of Responses in Period	Number of Promoters	Number of Passives	Number of Detractors	Net Promoter Score
UHL Trust Level Totals	1,270	880	286	104	61.10
Acute Care	Total Number of Responses in Period	Number of Promoters	Number of Passives	Number of Detractors	Net Promoter Score
Cardiac, Renal & Critical Care					
Cardiology	GH WD 24	0	0	0	-
	GH WD 27	18	11	4	44.44
	GH WD 28	9	9	0	100.00
	GH WD 32	8	8	0	100.00
	GH WD 33	26	20	6	76.92
	GH WD 33A	13	9	3	61.54
	GH WD Coronary Care Unit	18	15	1	72.22
Cardiology Total		92	72	14	71.74
Cardiothoracic Surgery	GH WD 20	10	6	4	60.00
	GH WD 31	17	16	0	88.24
	GH WD 34	17	13	3	70.59
Cardiothoracic Surgery Total		44	35	7	75.00
Nephrology	LGH WD 10	13	5	8	38.46
	LGH WD 15A HDU Neph	0	0	0	-
	LGH WD 15N Nephrology	4	2	2	50.00
Nephrology Total		17	7	10	41.18
Paed Cardiothor Surg ECMO	GH WD 30	15	10	4	60.00
Paed Cardiothor Surg ECMO Total		15	10	4	60.00
Paediatric Cardiology	GH WD Paed ITU	3	3	0	100.00
Paediatric Cardiology		3	3	0	100.00
Transplant	LGH WD 17 Transplant	31	21	6	54.84
Transplant Total		31	21	6	54.84
Business Unit Total		202	148	41	66.83
Medicine					
Diabetology	LRI WD 38 Win L6	22	20	2	90.91
Diabetology Total		22	20	2	90.91
Gastroenterology	LRI WD 30 Win L4	0	0	0	-
Gastroenterology Total		0	0	0	-
Infectious Diseases	LRI WD IDU Infectious Diseases	21	12	7	47.62
Infectious Diseases Total		21	12	7	47.62
Integrated Medicine	LGH WD 8	3	2	0	33.33
	LGH WD Young Disabled	6	5	1	83.33
	LRI WD 23 Win L3	21	17	3	76.19
	LRI WD 24 Win L3	6	5	1	83.33
	LRI WD 25 Win L3	15	15	0	100.00
	LRI WD 26 Win L3	49	43	6	87.76
	LRI WD 29 Win L4	19	12	3	42.11
	LRI WD 31 Win L5	11	10	0	81.82
	LRI WD 33 Win L5	17	10	7	58.82
	LRI WD 34 Windsor Level 5	21	14	4	52.38
	LRI WD 36 Win L6	19	14	4	68.42
	LRI WD 37 Win L6	17	1	8	-41.18
	LRI WD Acute Medical Unit	34	27	5	73.53
	LRI WD Fielding John Vic L1	15	11	3	66.67
	LRI WD Odames Vic L1	21	9	12	42.86
Integrated Medicine		274	195	57	63.14
Neurology	LGH WD Brain Injury Unit	3	2	0	33.33
Neurology		3	2	0	33.33
Rheumatology	LGH WD 27	0	0	0	-
Rheumatology		0	0	0	-
Business Unit Total		320	229	66	63.75
Respiratory					
Thoracic Medicine	GH WD 15	20	10	8	40.00
	GH WD 16 Respiratory Unit	38	35	3	92.11
	GH WD 17	1	0	1	0.00
	GH WD Clinical Decisions Unit	14	12	2	85.71
Thoracic Medicine Total		73	57	14	75.34
Thoracic Surgery	GH WD 26	10	7	2	60.00
Thoracic Surgery Total		10	7	2	60.00
Business Unit Total		83	64	16	73.49
Acute Care Total		605	441	123	66.12

Friends & Families Test - *the Net Promoter*

January 2013

<i>Planned Care</i>		Total Number of Responses in Period	Number of Promoters	Number of Passives	Number of Detractors	Net Promoter Score
Cancer, Haematology and Oncology						
Bone Marrow Transplantation	LRI WD Bone Marrow	2	1	0	1	0.00
Bone Marrow Transplantation		2	1	0	1	0.00
Clinical Oncology	LRI WD 39 Osb L1	23	16	5	2	60.87
	LRI WD 40 Osb L1	18	3	9	6	-16.67
Clinical Oncology		41	19	14	8	26.83
Haematology	LRI WD 41 Osb L2	15	10	5	0	66.67
Haematology		15	10	5	0	66.67
Business Unit Total		58	30	19	9	36.21
GI Medicine, Surgery and Urology						
General Surgery	LGH WD 22	13	5	4	4	7.69
	LGH WD 26 SAU	25	13	9	3	40.00
	LGH WD 27	15	7	6	2	33.33
	LGH WD 28 Urology	16	4	5	7	-18.75
	LGH WD Surg Acute Care	8	8	0	0	100.00
	LRI WD 22 Bal 6	28	17	6	5	42.86
	LRI WD 8 SAU Bal L3	38	23	9	6	44.74
General Surgery		143	77	39	27	34.97
Urology	LGH WD 28 Urology	0	0	0	0	-
	LGH WD 29 EMU Urology	23	18	3	2	69.57
Urology		23	18	3	2	69.57
Business Unit Total		166	95	42	29	39.76
Musculo-Skeletal						
Orthopaedic Surgery						
	LGH WD 14	39	29	8	2	69.23
	LGH WD 16	21	16	4	1	71.43
	LGH WD 19	50	37	10	3	68.00
Orthopaedic Surgery		110	82	22	6	69.09
Trauma	LRI WD 17 Bal L5	2	1	0	1	0.00
	LRI WD 18 Bal L5	34	32	1	1	91.18
	LRI WD 32 Win L5	11	3	5	3	0.00
Trauma		47	36	6	5	65.96
Business Unit Total		157	118	28	11	68.15
Specialist Surgery						
Breast Care	GH WD 23A	0	0	0	0	-
Breast Care		0	0	0	0	-
ENT	LRI WD 7 Bal L3	22	11	9	2	40.91
ENT		22	11	9	2	40.91
Plastic Surgery	LRI WD Kinmonth Unit Bal L3	11	8	3	0	72.73
Plastic Surgery		11	8	3	0	72.73
Ophthalmology	LRI WD Ophthalmic Suite Bal L6	12	9	2	1	66.67
Ophthalmology		12	9	2	1	66.67
Vascular Surgery	LRI WD 21 Bal L6	12	8	4	0	66.67
Vascular Surgery		12	8	4	0	66.67
Business Unit Total		57	36	18	3	57.89
Planned Care Total		438	279	107	52	51.83

Friends & Families Test - *the Net Promoter*

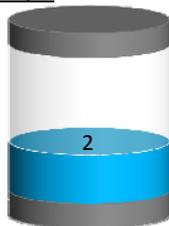
January 2013

<i>Women's & Children's</i>		Total Number of Responses in Period	Number of Promoters	Number of Passives	Number of Detractors	Net Promoter Score
Children's						
Paediatric Medicine	LRI WD 12 Bal L4	11	10	1	0	90.91
	LRI WD 14 Bal L4	19	16	3	0	84.21
	LRI WD 27 Win L4	0	0	0	0	-
	LRI WD 28 Windsor Level 4	0	0	0	0	-
	LRI WD Paed ITU	0	0	0	0	-
Paediatric Medicine		30	26	4	0	86.67
Paediatric Surgery	LRI WD 10 Bal L4	16	9	5	2	43.75
	LRI WD 11 Bal L4	15	7	7	1	40.00
Paediatric Surgery		31	16	12	3	41.94
Business Unit Total		61	42	16	3	63.93
Women's						
Gynaecology	LGH WD 11	8	6	0	2	50.00
	LGH WD 31	20	15	2	3	60.00
	LRI WD 1 Ken L1	0	0	0	0	-
	LRI WD GAU Ken L1	16	10	4	2	50.00
Gynaecology		44	31	6	7	54.55
Obsterics	LGH WD 30	88	61	27	0	69.32
	LRI WD 5 Ken L3	12	10	1	1	75.00
	LRI WD 6 Ken L3	22	16	6	0	72.73
Obsterics		122	87	34	1	70.49
Business Unit Total		166	118	40	8	66.27
<i>Women's & Children's Total</i>		<i>227</i>	<i>160</i>	<i>56</i>	<i>11</i>	<i>65.64</i>

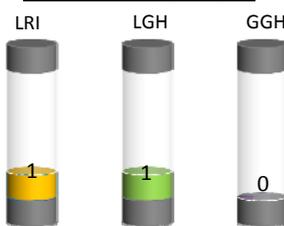
INFECTION PREVENTION

MRSA BACTERAEMIA

UHL MRSA FY 2012/13



UHL MRSA FY 2012/13 by site



Performance Overview

MRSA – There are one MRSA case reported for January. The year to date figure is 2 against a 2012/13 target of 6 cases.

C Difficile – there were 12 cases reported in January resulting in a cumulative position of 81 against a target of 93 for April to January.

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

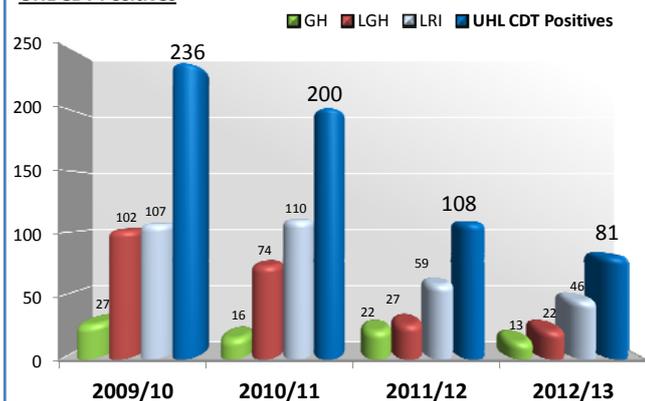


UHL MRSA FY 2011/12

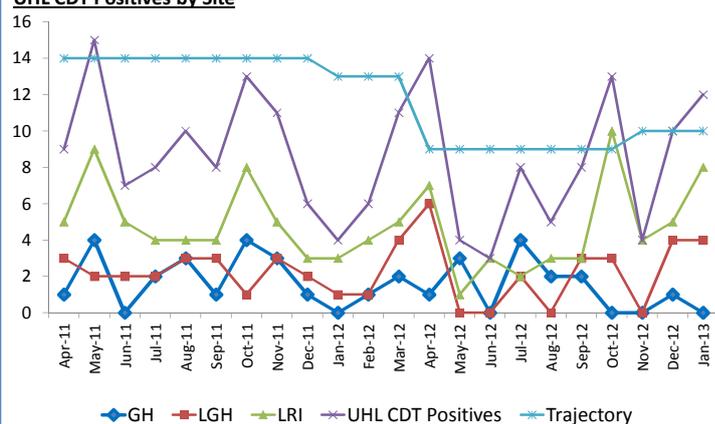


CLOSTRIDIUM DIFFICILE - UHL CDT POSITIVES

UHL CDT Positives



UHL CDT Positives by Site



TARGET / STANDARD

	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	YTD	Target
MRSA	1	0	0	0	0	0	0	0	1	0	0	0	1	2	6
C. Diff.	4	6	11	14	4	3	8	5	8	13	4	10	12	81	113
Rate / 1000 Adm's	0.5	0.8	1.3	1.9	0.5	0.4	1.0	0.6	1.1	1.6	0.5	1.3	1.6	1.0	

	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	YTD	Target
GRE	3	3	1	1	2	1	3	3	1	0	0	1	0	12	TBC
MSSA	0	5	5	2	4	2	7	4	5	3	4	3	7	41	No National Target
E-Coli	37	35	46	39	44	45	46	51	48	49	31	40	49	442	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 for December and January. The risk adjusted mortality is not yet available for these months but is anticipated to reflect normal seasonal variation.

UHL's HSMR for 12/13 is 98 (April to Nov) and is anticipated to be 104 following the annual rebasing carried out by Dr Fosters at the end of the financial year. At 104, UHL would still be "within expected range".

There has been a very slight reduction in UHL's latest SHMI which was published at the end of January. 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 remains at 105.

As part of the Quality & Safety Commitment 'reducing mortality workstream', and in addition to the mortality reviews undertaken as part of the Speciality routine M&M processes, a sample of November deaths are being separately reviewed by one of the Consultant Physicians. The findings of this review will be available by the end of March.

UHL CRUDE DATA TOTAL SPELLS	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	YTD
UHL Crude Data - TOTAL Spells	19145	18669	19936	220532	17423	19676	17625	19090	18332	17907	19794	19235	17714	18572	185368
UHL Crude Data - TOTAL Deaths	272	285	285	2970	277	259	235	266	232	249	250	254	279	313	2614
UHL %	1.4%	1.5%	1.4%	1.3%	1.6%	1.3%	1.3%	1.4%	1.3%	1.4%	1.3%	1.3%	1.6%	1.7%	1.4%

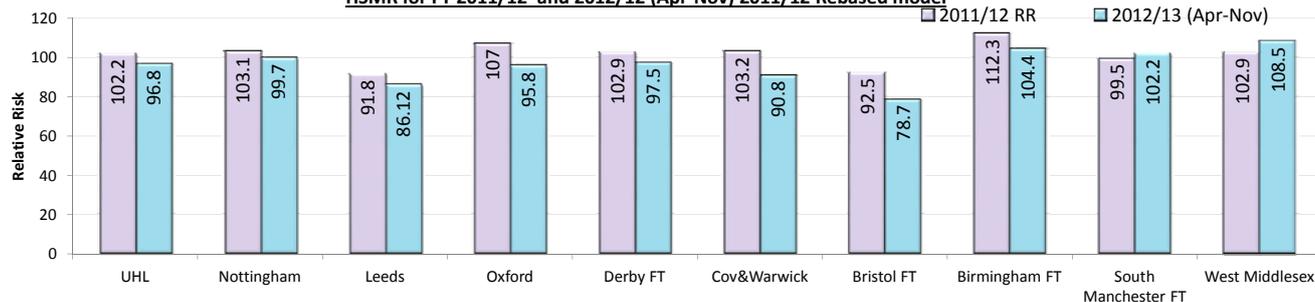
UHL CRUDE DATA ELECTIVE SPELLS	Jan-12	Feb-12	Mar-12	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	YTD
UHL Crude Data - ELECTIVE Spells	8915	9153	9833	105530	7854	9389	8007	9085	8536	8360	9493	9275	7859	8815	86673
UHL Crude Data - ELECTIVE Deaths	4	5	8	82	5	7	9	9	10	5	10	7	8	4	74
%	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%

UHL CRUDE DATA NON ELECTIVE SPELLS	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	YTD
UHL Crude Data - NON ELECTIVE Spells	10230	9516	10103	115002	9569	10287	9618	10005	9796	9547	10301	9960	9855	9757	98695
UHL Crude Data - NON ELECTIVE Deaths	268	280	277	2888	272	252	226	257	222	244	240	247	271	309	2540
%	2.6%	2.9%	2.7%	2.5%	2.8%	2.4%	2.3%	2.6%	2.3%	2.6%	2.3%	2.5%	2.7%	3.2%	2.6%

HSMR and RELATIVE RISK Using Dr Foster System (Dfi)

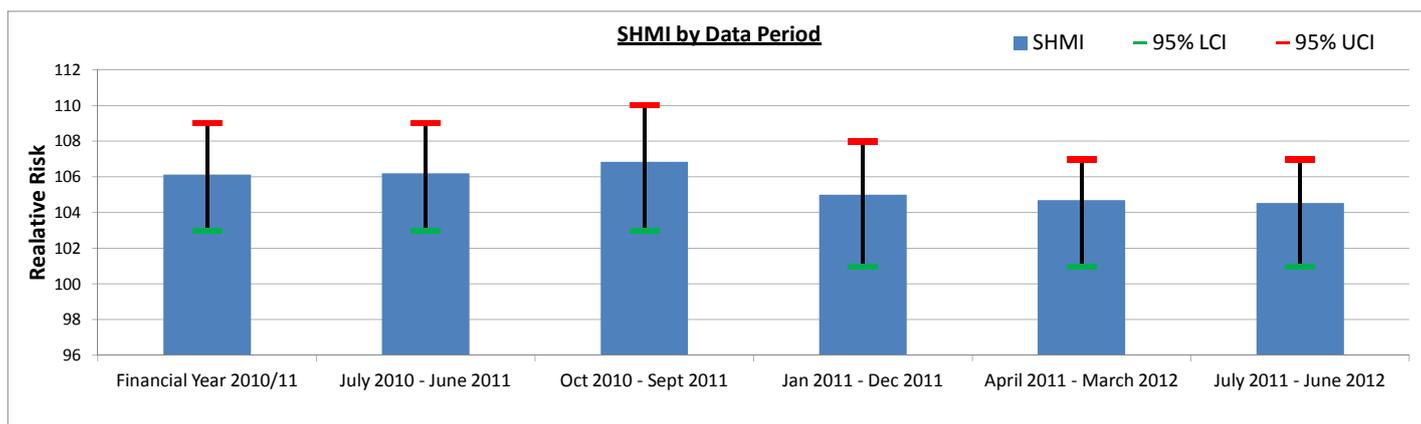
	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	FYTD
HSMR Indicator (Dfi) Rebased 2011/12 model	93.8	90.0	99.5	112.4	107.4	102.2	108.5	93.1	91.3	99.4	92.2	105.9	95.5	88.8	96.8
Relative Risk - Elective Spells (Dfi) Rebased 2011/12 model	35.5	134.6	33.8	60.1	141.9	89.3	92.5	86.1	114.2	121.2	101.5	61.9	123.6	90.9	98.9
Relative Risk - Non Elective Spells (Dfi) Rebased 2011/12 model	95.2	88.7	101.1	113.4	106.5	102.3	108.2	94.6	92.5	101.6	90.0	109.2	94.6	93.5	97.9

HSMR for FY 2011/12 and 2012/12 (Apr-Nov) 2011/12 Rebased model



MORTALITY

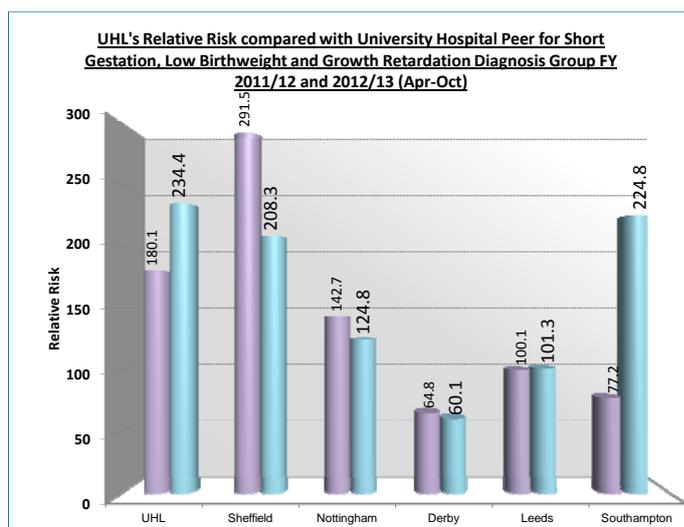
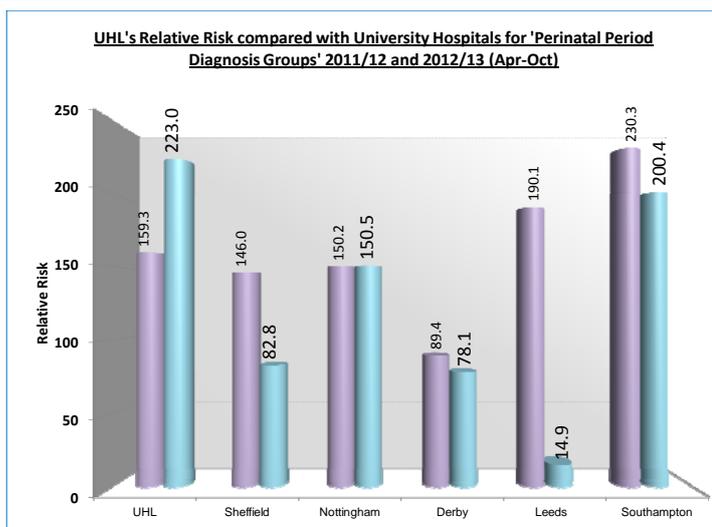
SHMI



SHMI - High/low relative risk positions

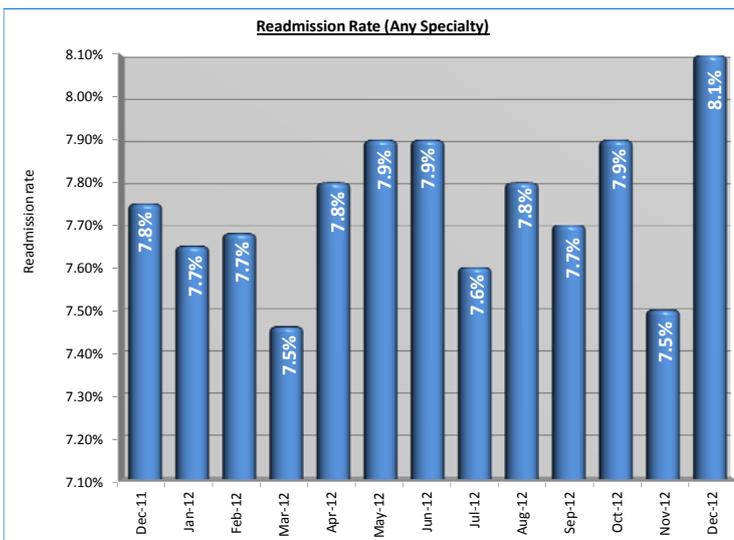
CCS Group	Observed Deaths	SHMI	95% Confidence interval
High relative risks			
Pneumonia	427	109.15	102.91-124.69
Acute cerebrovascular disease	181	89.53	86.34-116.18
Congestive heart failure, nonhypertensive	167	94.62	75.36-102.68
Acute myocardial infarction	116	107.08	84.66-122.88
Chronic obstructive 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
Low relative risks			
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

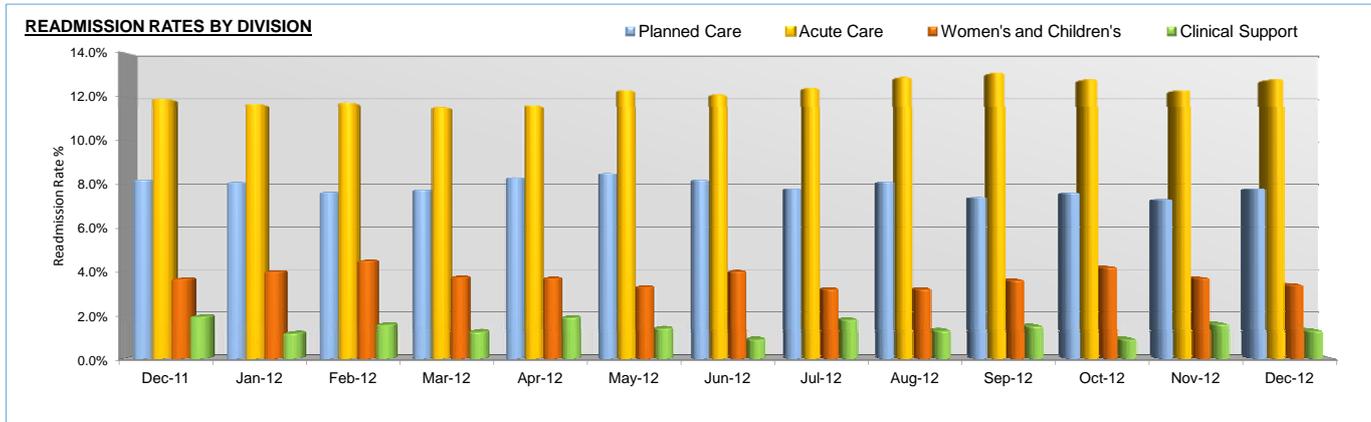


Performance Overview

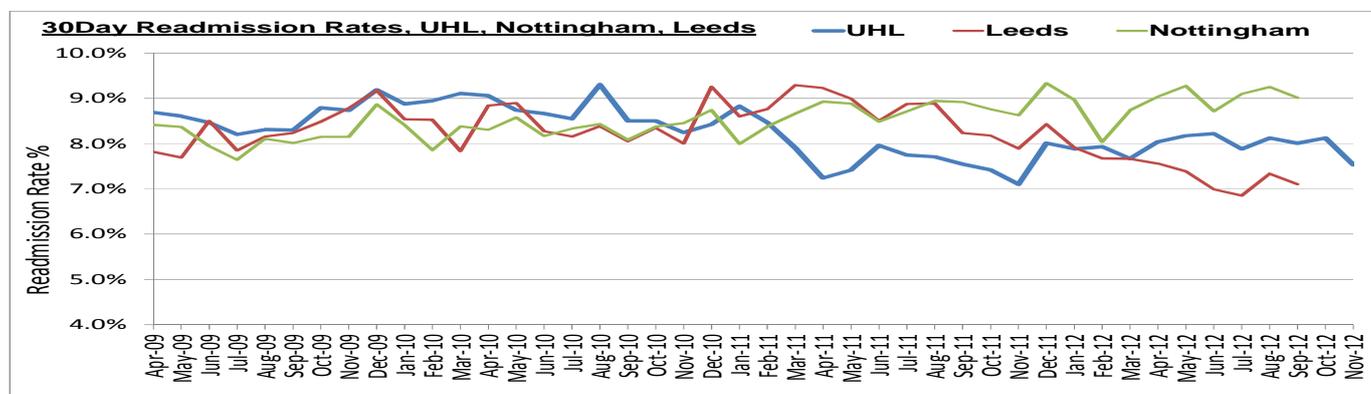
Following the receipt of a CHKS report on readmissions the Trust will be focussing on three key areas (general medicine, respiratory and gen surgery). Divisions will be asked to develop and deliver plans and trajectories which will be monitored at the monthly Confirm and Challenge meetings.

UHL CRUDE DATA TOTAL SPELLS	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	YTD
Discharges	18381	19145	18670	19937	17423	19676	17625	19090	18332	17907	19794	19235	17714	166,796
30 Day Emerg. Readmissions (Any Spec)	1,425	1,465	1,433	1,488	1,359	1,553	1,388	1,445	1,438	1,378	1,555	1,440	1,437	12,993
Readmission Rate (Any Speciality)	7.8%	7.7%	7.7%	7.5%	7.8%	7.9%	7.9%	7.6%	7.8%	7.7%	7.9%	7.5%	8.1%	7.8%
30 Day Emerg. Readmissions (Same Spec)	867	882	849	845	810	901	835	826	833	780	888	838	803	7,514
Readmission Rate (Same Speciality)	4.7%	4.6%	4.5%	4.2%	4.6%	4.6%	4.7%	4.3%	4.5%	4.4%	4.5%	4.4%	4.1%	4.5%
Total Bed Days of Readmitting Spells	8,387	8,892	9,170	9,191	8,224	9,226	8,477	8,317	8,811	8,297	9,282	8,484	8,989	78,107

Division Details



Readmissions Benchmarked



FRACTURED NECK of FEMUR

Performance Overview

January performance for time to surgery within 36 hours (CQUIN) for fractured neck of femur patients is 72.5% against a monthly target of 70%. The year to date position is 72.1% against a target of 70%.

to Theatre 0-35Hrs

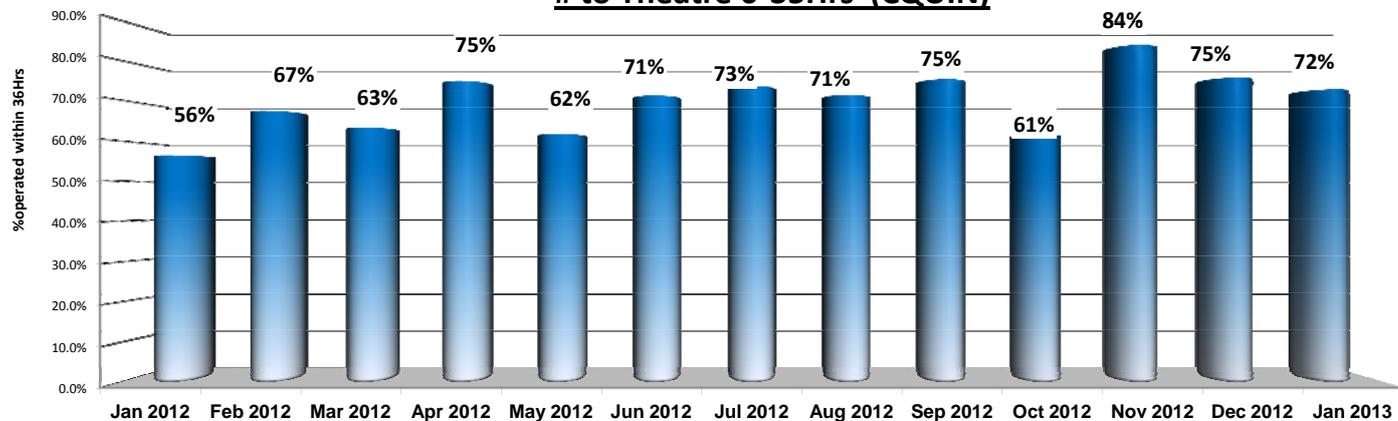
Year to Date



Hip Fracture - CQUIN

Criteria	CORG Thresholds	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	YTD
# to Theatre 0-35Hrs	Monthly >=70% FYE 75%	56.3%	67.3%	63.2%	74.6%	61.5%	70.9%	73.3%	71.1%	75.0%	61.4%	83.6%	75.4%	72.5%	72.1%
# Admitted under joint care of Geriatrician and ortho surgeon	-	92%	90%	92%	100%	96%	95%	88%	100%	93%	74%	98%	93%	93%	93%
# Admitted under Assessment Protocol	>=95%	92%	92%	95%	100%	94%	98%	98%	96%	98%	74%	98%	98%	96%	95%
# Geriatrician Assessment	Monthly >=70% Q4 75%	86%	62%	86%	95%	88%	91%	87%	95%	93%	72%	97%	93%	93%	91%
# Multiprof Rehab Review	Monthly >=80% Q4 85%	84%	73%	67%	92%	83%	84%	93%	96%	91%	68%	90%	77%	70%	84%
# Specialist Falls Assessment	Monthly >=80% Q4 85%	84%	94%	93%	100%	96%	95%	97%	100%	93%	72%	98%	97%	87%	94%
# AMTS	-	-	-	-	61%	67%	76%	75%	88%	75%	61%	89%	70%	80%	75%

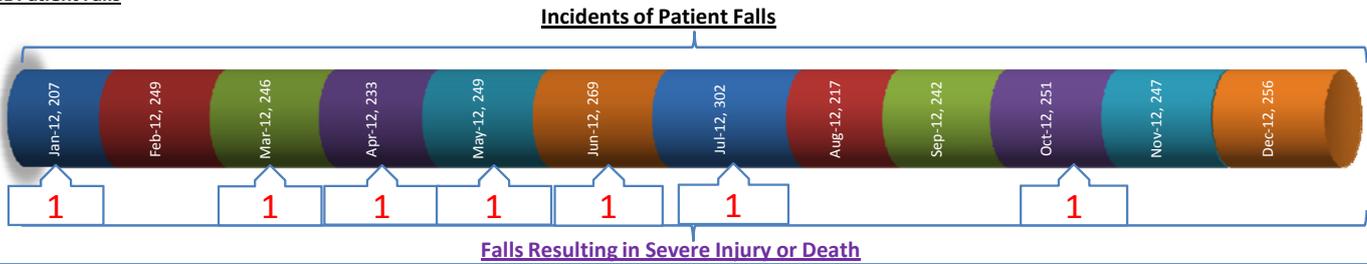
to Theatre 0-35Hrs (CQUIN)



FALLS

TARGET / STANDARD		Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	YTD	Target
Incidents of Patient Falls	UHL	207	249	246	233	249	269	302	217	242	251	247	256		2266	2750
	Planned Care	49	55	53	37	70	45	61	48	58	56	55	51		481	653
	Acute Care	152	184	188	188	167	217	230	162	174	184	183	200		1705	1982
	Women's and Children's	1	4	4	4	1	2	4	4	1	2	2	1		21	47
	Clinical Support	5	6	1	4	11	5	7	3	9	9	7	4		59	68
	Falls Resulting in Severe Injury or Death	1	0	1	1	1	1	1	0	0	1	0	0		5	6

UHL Patient Falls



Performance Overview

Acute care is the only division that has seen an increase in falls this month with the other divisions seeing a slight decrease. Each ward continues to be monitored following allocation of reduction trajectories. Further investigation into the route cause of falls in acute care is going to be undertaken using a similar format to that of the pressure sores validation. There have been no falls again in December which have resulted in severe injury or death.

PRESSURE ULCERS (Grade 3 and 4)

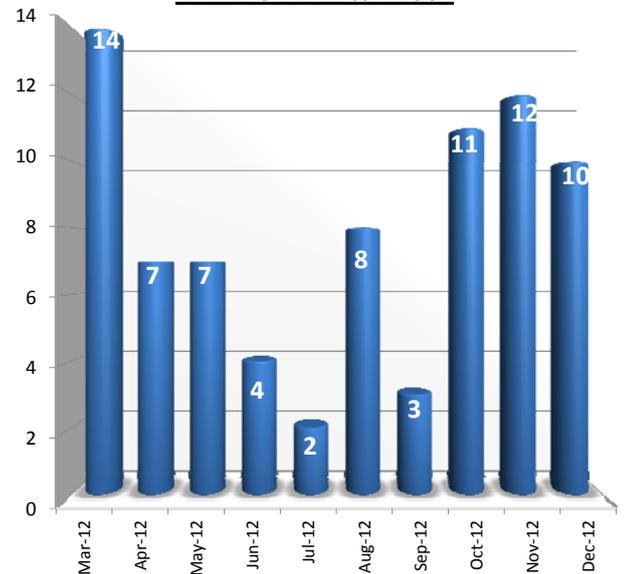
Performance Overview

The number of avoidable hospital acquired pressure ulcers for December is down slightly from last month. Assurance can be given that the position for January has improved both for incidence and prevalence.

Actions:

Wards continue to be monitored on a daily basis as part of the performance management framework. Heads of Nursing reviewing action plans and continuing to ensure that improvement plans are being embedded

PRESSURE ULCERS (Grade 3 and 4) - ATTRIBUTABLE to TRUST



TARGET / STANDARD

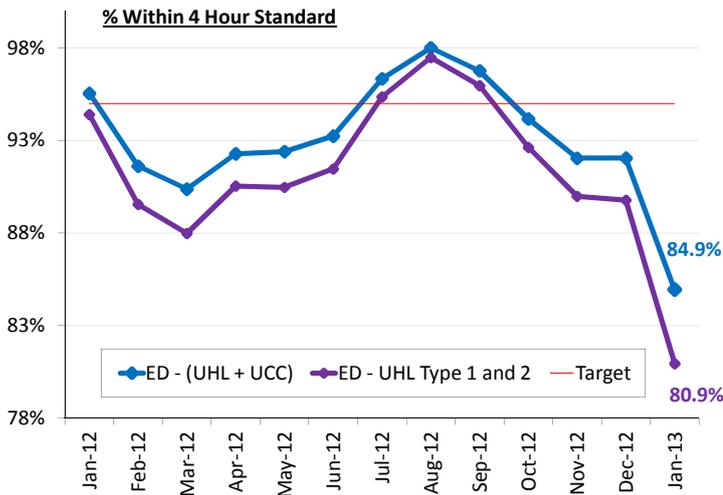
	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	YTD	Target
Pressure Ulcers Grade 3 and 4	12	8	21	10	10	11	7	12	10	9	18	27	22	126	110
Attributable to Trust	2	10	4	14	7	7	4	2	8	3	11	12	10	64	
Not Attributable to Trust	4	2	4	7	3	4	3	10	2	6	7	15	12	62	

EMERGENCY DEPARTMENT

Performance Overview

Performance for January Type 1 & 2 is 80.9% and 84.9% including the Urgent Care Centre (UCC).

Further detail focussing on the actions relating to the Emergency Department may be seen in the separate Interim Director of Operations report.



Total Time in the Department

January 2013 - ED Type 1 and 2

	Admitted	Not Admitted	Total
0-2 Hours	196	4,009	4,205
3-4 Hours	1,387	5,419	6,806
5-6 Hours	603	715	1,318
7-8 Hours	497	225	722
9-10 Hours	300	49	349
11-12 Hours	138	19	157
12 Hours+	63	10	73
Sum:	3,184	10,446	13,630

CLINICAL QUALITY INDICATORS

PATIENT IMPACT

Left without being seen %
Unplanned Re-attendance %

Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13
2.1%	2.4%	3.6%	2.8%	3.0%	2.7%	2.4%	2.1%	2.2%	2.7%	2.5%	2.5%	2.8%
6.1%	6.1%	6.6%	6.2%	5.9%	5.9%	6.4%	5.6%	5.3%	5.0%	5.2%	5.2%	5.5%

TARGET
<=5%
< 5%

TIMELINESS

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

Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13
264	331	331	319	317	322	240	238	240	298	326	344	457
32	34	40	34	31	25	20	15	16	23	24	24	25
42	54	61	45	49	59	57	53	58	64	69	68	79

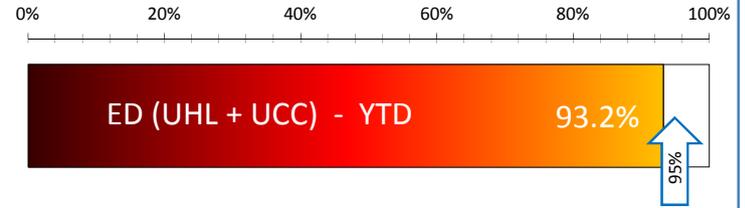
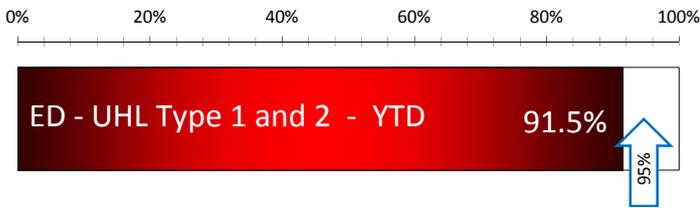
TARGET
< 240 Minutes
<= 15 Minutes
<= 60 Minutes

4 HOUR STANDARD

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

Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13
95.5%	91.6%	90.4%	92.3%	92.4%	93.2%	96.3%	98.0%	96.8%	94.2%	92.0%	92.0%	84.9%
94.4%	89.5%	88.0%	90.5%	90.5%	91.5%	95.4%	97.5%	96.0%	92.6%	90.0%	89.8%	80.9%
93.7%	88.3%	86.6%	89.5%	89.3%	90.5%	94.9%	97.2%	95.5%	91.8%	88.9%	88.8%	79.0%

YTD	TARGET
93.2%	95.0%
91.5%	95.0%
90.5%	95.0%



18 WEEK REFERRAL TO TREATMENT

Performance Overview

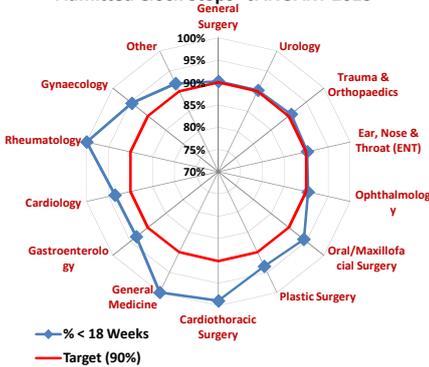
Admitted performance in January has been achieved with performance at 92.2%, with all specialties delivering the threshold.

The non-admitted target for January has been achieved at 97.3% against a target of 95%.

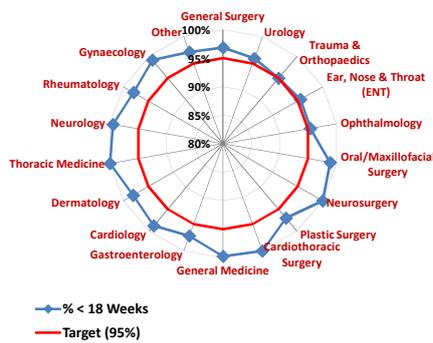
The requirement that 92% of patients on an incomplete pathway (i.e. patients waiting for a decision to treat or treatment) should have been waiting no more than 18 weeks was achieved in January at 93.5%.

Delivery in All Specialties : All specialties delivered for both non-admitted and admitted patients.

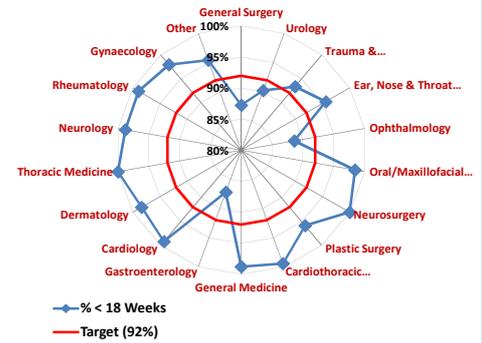
Admitted Clock Stops - JANUARY 2013



Non Admitted Clock Stops - JANUARY 2013



Incomplete Pathways - JANUARY 2013



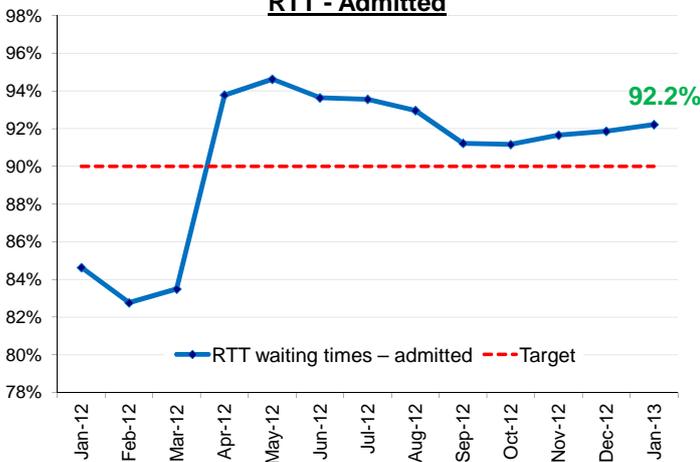
TARGET / STANDARD

RTT	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Target
RTT waiting times – admitted	84.6%	82.8%	83.5%	93.8%	94.6%	93.6%	93.6%	93.0%	91.2%	91.2%	91.7%	91.9%	92.2%	90%
RTT waiting times – non-admitted	95.5%	96.1%	95.9%	97.1%	96.6%	97.1%	97.5%	97.1%	97.7%	97.1%	96.7%	97.3%	97.3%	95%

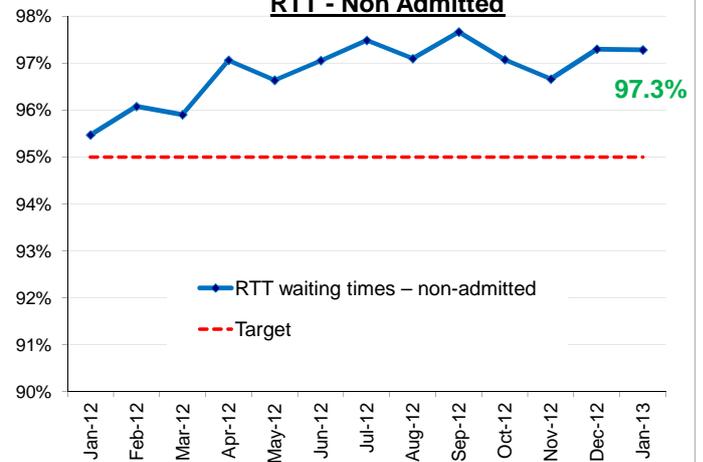
RTT - incomplete 92% in 18 weeks	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Target
RTT - incomplete 92% in 18 weeks	94.9%	96.0%	94.8%	94.6%	94.3%	94.0%	94.6%	93.9%	93.3%	93.4%	92%
RTT delivery in all specialties	1	1	1	0	0	1	1	1	1	0	0

6 Week Diagnostic Test Waiting Times	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-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%			

RTT - Admitted



RTT - Non Admitted



STAFF EXPERIENCE / WORKFORCE

Performance Overview

Appraisal

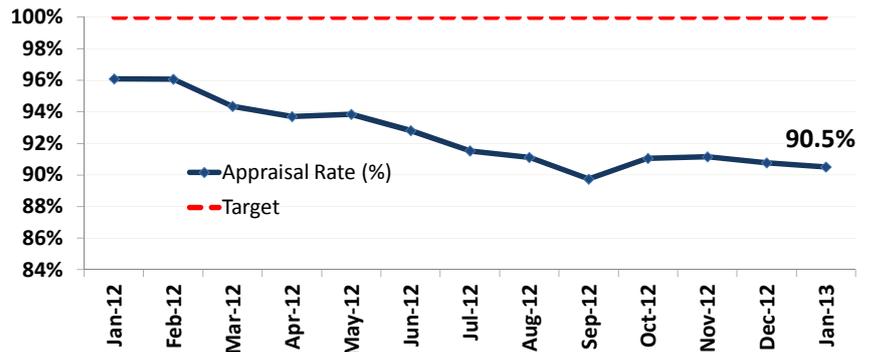
The January appraisal rate is 90.5%. The Care Quality Commission (CQC) Report of the key findings of the National Staff Attitude Opinion Survey (dated February 2013) show that our percentage scores are in the highest 20% (best against 87 Acute Trusts that Quality Health Supports) with respect to the percentage of staff appraised in the last 12 months (94%) and percentage of staff having a well-structured appraisal (42%). Human Resources continue to work closely with Directorates, Divisions and CBUs to implement targeted actions to continue to improve appraisal performance.

Appraisal performance continues to feature on Directorate, Divisional and CBU Board Meetings in monitoring the implementation of agreed actions. Over coming months we will be conducting our Annual Appraisal Quality Audit in continuing to improve the quality of appraisals.

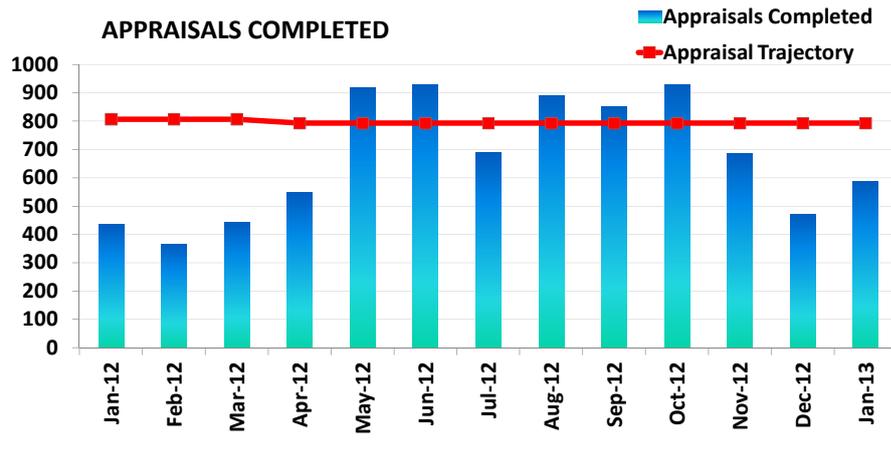
Sickness

The reported sickness rate for the month of January is 4.2% 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 remained at 3.5%. The well being programme (funded by staff lottery money) continues to provide a wide variety of events and activities which aim to improve the health of our workforce. The popular Fitbug challenge will run again March providing staff with a personal on line health and wellbeing coach. The second annual UHL Fun Day is also being planned for the end of June.

APPRAISAL RATES

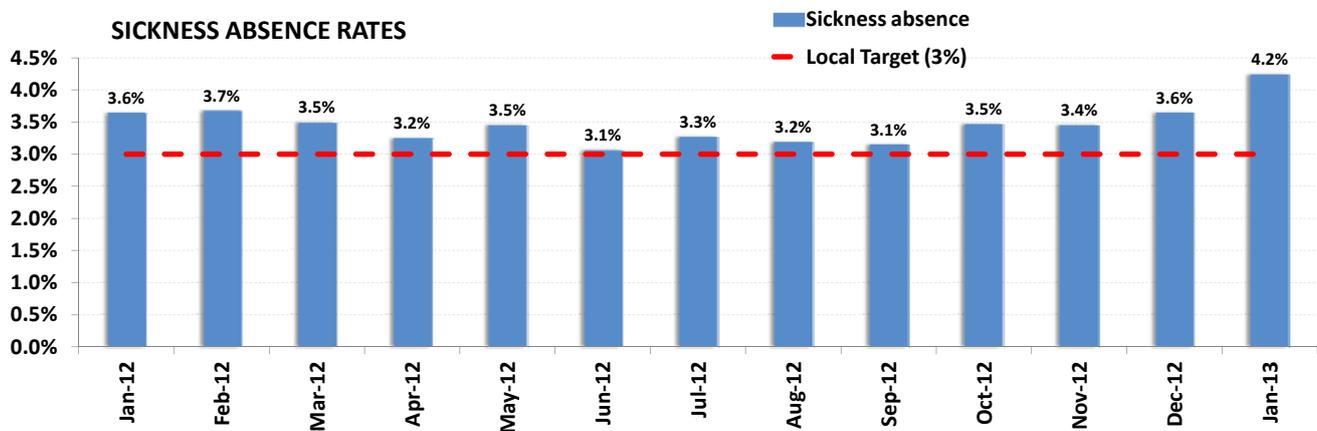


APPRAISALS COMPLETED



	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Target
APPRAISALS	96.1%	96.1%	94.4%	93.7%	93.8%	92.8%	91.5%	91.1%	89.7%	91.1%	91.2%	90.8%	90.5%	100%

SICKNESS ABSENCE RATES



VALUE FOR MONEY - EXECUTIVE SUMMARY

Issues	Comments
Actual Income & Expenditure Year to Date	The Trust is reporting a cumulative £2m deficit for the first 10 months, £2.7m adverse to Plan. Income ytd is £20.9m (3.5%) over Plan, which is stated net of a £3.0m marginal rate deduction for emergency inpatient income over the 2008/09 baseline. Operating costs cumulatively are £23.9 over Plan, with premium cost staff largely being used to deliver the additional activity.
Activity/Income	Year to date NHS patient care income is £20.8m (4%) favourable to Plan. However, the £20.8m over performance now includes £13m in relation to the UHL/CCG agreement. If we exclude this, NHS patient care income is approx £6.9m (1.3%) above Plan. This reflects under-performance on daycases of £1.3m and elective inpatients of £2.7m. These adverse movements are offset by favourable variances for emergency activity, £8.3m, net of a £3.0m reduction for the marginal rate emergency threshold and outpatients £2.5m. Emergency inpatient activity to the end of January was 5,814 spells (7%) above Plan.
Cost Improvement Programme	At Month 10, Divisions have reported £21.8m of savings, short of the £26.0m target by £4.2m.
Cash Flow	The cash balance has increased by £13.2m to £19.4m due to the receipt in advance of £14m from the local cluster in advance of March SLAs. This is also reflected in the movements in the debtors and creditors balances.
Capital	Capital expenditure has increased to £15.7m. The full year forecast is now £26.8m (£6.7m below plan).
Risks	The Deputy Chief Executive/Chief Nurse and Director of Finance and Business Services will update the Trust Board on the financial position and associated risks, and actions being taken to ensure delivery of the planned surplus. Key risks will be - potential fines and penalties around targets; readmissions; operational metrics (e.g. N:FUp ratios); delivery of the CIPs and activity plans.

Criteria	Indicator	Weight	5	4	3	2	1	Year to Date
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	3
	I&E surplus margin %	20%	3	2	1	-2	<-2	2
Liquidity	Liquid ratio days	25%	60	25	15	10	<10	3
Overall rating								3

INCOME and EXPENDITURE ACCOUNT

Income and Expenditure Account for the Period Ended 31 January 2013

	Jan 13			April 2012 - Jan 2013		
	Plan £ 000	Actual £ 000	Variance (Adv) / Fav £ 000	Plan £ 000	Actual £ 000	Variance (Adv) / Fav £ 000
Elective	6,255	5,346	(910)	59,730	57,063	(2,666)
Day Case	4,496	4,315	(181)	42,917	41,655	(1,262)
Emergency	15,494	15,998	504	147,541	155,846	8,305
Outpatient	7,902	8,235	333	74,631	77,150	2,519
Other	17,766	26,403	8,637	184,402	197,327	12,925
Patient Care Income	51,913	60,296	8,383	509,220	529,042	19,822
Teaching, R&D income	6,259	5,852	(407)	62,705	61,604	(1,101)
Non NHS Patient Care	655	917	262	6,501	7,488	987
Other operating Income	2,415	3,074	659	23,425	24,584	1,159
Total Income	61,242	70,139	8,897	601,851	622,718	20,867
Medical & Dental	11,798	12,137	(339)	117,588	120,312	(2,724)
Nursing & Midwifery	13,989	14,632	(643)	138,572	138,749	(177)
Other Clinical	4,651	4,604	47	46,459	45,889	570
Agency	262	1,369	(1,107)	2,654	12,553	(9,899)
Non Clinical	5,986	5,677	309	61,490	59,828	1,662
Pay Expenditure	36,686	38,419	(1,733)	366,763	377,331	(10,568)
Drugs	4,996	5,840	(844)	49,611	52,674	(3,063)
Recharges	(54)	(188)	134	(202)	(141)	(61)
Clinical supplies and services	6,893	7,840	(947)	67,861	73,014	(5,153)
Other	8,254	9,143	(889)	81,082	86,305	(5,223)
Central Funds	0	0	0	0	0	0
Provision for Liabilities & Charges	20	4	16	198	57	141
Non Pay Expenditure	20,109	22,639	(2,530)	198,550	211,909	(13,359)
Total Operating Expenditure	56,795	61,058	(4,263)	565,313	589,240	(23,927)
EBITDA	4,447	9,081	4,634	36,538	33,478	(3,060)
Interest Receivable	5	6	1	54	62	8
Interest Payable	(5)	(6)	(1)	(54)	(52)	2
Depreciation & Amortisation	(2,693)	(2,746)	(53)	(26,604)	(26,255)	349
Surplus / (Deficit) Before Dividend and Disposal of Fixed Assets	1,754	6,335	4,581	9,934	7,233	(2,701)
Profit / (Loss) on Disposal of Fixed Assets	0	0	0	0	0	0
Dividend Payable on PDC	(928)	(1,079)	(151)	(9,280)	(9,280)	0
Net Surplus / (Deficit)	826	5,256	4,430	654	(2,047)	(2,701)
EBITDA MARGIN		12.95%			5.38%	

VALUE FOR MONEY - CONTRACT PERFORMANCE

Summary by Point of Delivery of Patient Related Income - January 2013

Casemix	Annual Plan (Activity)	Plan to Date (Activity)	Total YTD (Activity)	Variance YTD (Activity)	Annual Plan (£000)	Plan to Date (£000)	Total YTD (£000)	Variance YTD (£000)
Day Case	82,007	68,811	67,601	(1,210)	51,147	42,917	41,655	(1,262)
Elective Inpatient	23,388	19,631	18,480	(1,151)	71,164	59,730	57,063	(2,666)
Emergency / Non-elective Inpatient	112,494	93,677	99,490	5,814	177,788	147,712	159,010	11,298
Marginal Rate Emergency Threshold (MRET)	-	-	-	0	204	171	3,164	(2,993)
Outpatient	769,152	644,695	644,661	(34)	89,059	74,631	77,150	2,519
Emergency Department	159,545	133,756	137,944	4,188	16,020	13,427	13,421	(6)
Other	6,832,623	5,630,871	5,978,459	347,588	205,086	170,975	183,905	12,931
Grand Total	7,979,209	6,591,441	6,946,635	355,194	610,060	509,220	529,042	19,822

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	£616	-£7	(1.2)	(1.8)	(507)	(755)	(1,262)
Elective Inpatient	£3,043	£3,043	£3,088	£45	1.5	(5.9)	836	(3,502)	(2,666)
Emergency / Non-elective Inpatient	£1,580	£1,577	£1,598	£21	1.4	6.2	2,131	9,167	11,298
Marginal Rate Emergency Threshold (MRET)							(2,993)	0	(2,993)
Outpatient	£116	£116	£120	£4	3.4	(0.0)	2,523	(4)	2,519
Emergency Department	£100	£100	£97	-£3	(3.1)	3.1	(426)	420	(6)
Other							0	12,931	12,931
Grand Total	£76	£77	£76	-£1	(1.4)	5.4	1,564	18,258	19,822

VALUE FOR MONEY - INCOME and EXPENDITURE - DIVISIONAL POSITION

Income and Expenditure Position for the Period Ended 31 January 2013

	Income			Expenditure						Total Year to Date		
				Pay			Non Pay					
	Plan to Date £m	Actual £m	Variance (Adv) / Fav £m	Plan to Date £m	Actual £m	Variance (Adv) / Fav £m	Plan to Date £m	Actual £m	Variance (Adv) / Fav £m	Plan to Date £m	Actual £m	Variance (Adv) / Fav £m
Acute Care	236.1	241.7	5.6	118.8	126.1	(7.3)	69.1	72.8	(3.7)	48.2	42.8	(5.4)
Clinical Support	25.8	26.6	0.7	88.8	90.7	(1.8)	14.3	16.1	(1.8)	(77.3)	(80.1)	(2.8)
Planned Care	173.9	174.9	1.0	70.3	72.2	(1.8)	39.6	44.8	(5.3)	64.0	57.9	(6.1)
Women's and Children's	94.6	97.5	2.8	54.0	53.5	0.4	22.3	24.0	(1.7)	18.4	19.9	1.5
Corporate Directorates	14.5	14.8	0.3	34.8	34.1	0.7	52.7	53.3	(0.6)	(73.0)	(72.6)	0.4
Sub-Total Divisions	545.0	555.5	10.5	366.6	376.5	(9.9)	198.0	211.1	(13.1)	(19.7)	(32.1)	(12.4)
Central Income	56.9	67.2	10.4	0.0	0.0	0.0	0.0	0.0	0.0	56.9	67.2	10.4
Central Expenditure	0.0	0.0	0.0	0.1	0.8	(0.7)	36.3	36.3	0.0	(36.4)	(37.1)	(0.7)
Grand Total	601.9	622.7	20.9	366.8	377.3	(10.6)	234.4	247.4	(13.1)	0.7	(2.0)	(2.7)

COST IMPROVEMENT PROGRAMME

Cost Improvement Programme as at January 2013

Division	Plan £000	Forecast £000	Variance £000	YTD Plan £000	Actual Achieved £000	YTD % of Plan	Recurrent Forecast £000	Non Rec Forecast £000	YTD Achieved £000	RISK RATING OF FORECAST CIPS			Forecast £000
										HIGH	MEDIUM	LOW	
Acute Care	12,279	10,543	(1,736)	10,400	8,742	84.1%	10,450	94	8,742	306	234	1,261	10,543
Clinical Support	4,960	5,074	113	3,859	4,118	106.7%	4,832	241	4,118	9	82	864	5,074
Planned Care	5,503	3,663	(1,841)	4,462	3,016	67.6%	3,648	15	3,016	0	80	567	3,663
Women's and Children's	1,398	1,396	(2)	1,085	1,083	99.8%	1,146	249	1,083	4	53	256	1,396
Clinical Divisions	24,141	20,676	(3,465)	19,807	16,959	85.6%	20,076	599	16,959	319	449	2,949	20,676
Corporate	6,433	6,317	(117)	5,035	4,867	96.7%	5,484	833	4,867	0	255	1,194	6,317
Central	1,426	0	(1,426)	1,107	0			0	0				0
Total	32,000	26,993	(5,008)	25,949	21,826	84.1%	25,560	1,433	21,826	319	704	4,143	26,993

Category	Plan £000	Forecast £000	Variance £000	YTD Plan £000	YTD Achieved £000	YTD % of Plan	Recurrent Forecast £000	Non Rec Forecast £000
Unidentified	3,766	0	(3,766)	2,766	0		0	0
Income	5,840	5,152	(688)	4,727	4,075	86.2%	4,995	157
Non Pay	7,660	9,501	1,841	6,031	7,375	122.3%	8,779	722
Pay	14,735	12,340	(2,395)	12,426	10,376	83.5%	11,786	553
Total	32,000	26,993	(5,008)	25,949	21,826	84.1%	25,560	1,433

FY12/13 CIPS - Trust



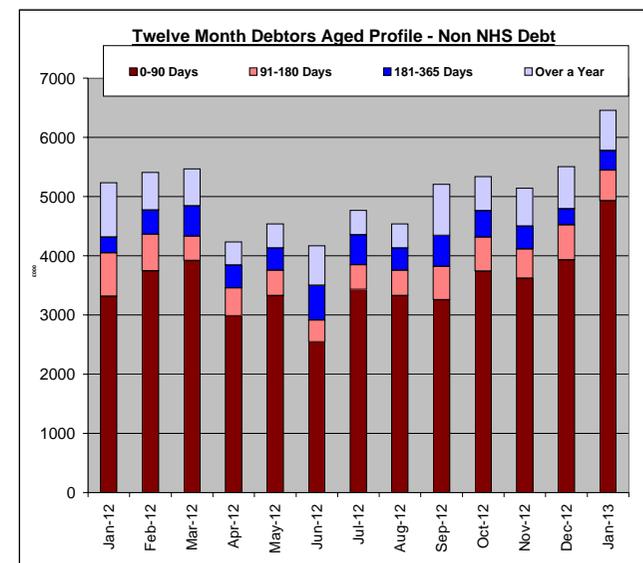
■ Red ■ Amber ■ Green ■ Gap

Commentary

There is a year to date under performance on delivery of cost improvement of £4.1m (£0.6m deficit in December). Forecast year end CIP delivery is now projected to show a shortfall of £5.0m v plan of £32m.

VALUE FOR MONEY - BALANCE SHEET

BALANCE SHEET	Mar-12 £000's Actual	Apr-12 £000's Actual	May-12 £000's Actual	Jun-12 £000's Actual	Jul-12 £000's Actual	Aug-12 £000's Actual	Sep-12 £000's Actual	Oct-12 £000's Actual	Nov-12 £000's Actual	Dec-12 £000's Actual	Jan-13 £000's Actual
Non Current Assets											
Intangible assets	5,242	5,089	4,928	5,256	5,095	4,920	4,787	4,615	4,440	4,470	4,300
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
Trade and other receivables	2,188	2,369	2,394	2,387	2,387	2,500	2,477	2,558	2,550	2,589	2,636
TOTAL NON CURRENT ASSETS	356,793	355,959	355,704	355,176	355,065	354,501	354,420	354,640	356,138	356,634	356,882
Current Assets											
Inventories	12,262	12,208	12,437	12,469	12,758	12,987	12,727	13,171	12,958	12,961	13,294
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
Other Assets	0	0	0	0	0	0	0	0	0	0	0
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
TOTAL CURRENT ASSETS	59,757	58,386	56,974	57,640	73,997	76,090	82,571	88,454	78,245	70,125	97,377
Current Liabilities											
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)
Dividend payable	0	259	(593)	(1,370)	(2,298)	(3,226)	0	(898)	(1,796)	(2,724)	(3,652)
Borrowings	(4,038)	(4,038)	(4,038)	(3,925)	(3,925)	(3,925)	(3,925)	(3,925)	(4,614)	(4,614)	(4,614)
Provisions for liabilities and charges	(789)	(789)	(789)	(897)	(897)	(897)	(683)	(683)	(683)	(683)	(683)
TOTAL CURRENT LIABILITIES	(67,104)	(65,409)	(63,632)	(63,375)	(79,436)	(83,926)	(90,536)	(95,686)	(86,487)	(81,436)	(99,485)
NET CURRENT ASSETS (LIABILITIES)	(7,347)	(7,023)	(6,658)	(5,735)	(5,439)	(7,836)	(7,965)	(7,232)	(8,242)	(11,311)	(2,108)
TOTAL ASSETS LESS CURRENT LIABILITIES	349,446	348,936	349,046	349,441	349,626	346,665	346,455	347,408	347,896	345,323	354,774
Non Current Liabilities											
Borrowings	(1,427)	(2,339)	(3,308)	(3,963)	(5,302)	(4,306)	(4,859)	(5,412)	(6,958)	(7,511)	(8,065)
Other Liabilities	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)
TOTAL NON CURRENT LIABILITIES	(3,548)	(4,552)	(5,541)	(6,101)	(7,364)	(6,391)	(7,130)	(7,681)	(9,164)	(9,727)	(10,284)
TOTAL ASSETS EMPLOYED	345,898	344,384	343,505	343,340	342,262	340,274	339,325	339,727	338,732	335,596	344,490
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
Revaluation reserve	64,706	64,709	64,710	64,710	64,710	64,710	64,706	64,710	64,710	64,706	64,710
Retained earnings	3,705	2,188	1,308	1,143	65	(1,923)	(2,868)	(2,470)	(3,465)	(6,597)	2,293
TOTAL TAXPAYERS EQUITY	345,898	344,384	343,505	343,340	342,262	340,274	339,325	339,727	338,732	335,596	344,490



Type of Debtors	0-90 days	91-180 days	181-365 days	365+ Days	TOTAL
	£000s	£000s	£000s	£000s	£000s
NHS Sales ledger	22,171	2,231	2,277	13	26,692
Non NHS sales ledger by division:					
Corporate Division	-614	-141	-143	111	-787
Planned Care Division	621	203	106	259	1,189
Clinical Support Division	733	57	53	7	850
Women's and Children's Division	482	82	116	92	772
Acute Care Division	3,705	315	202	209	4,431
Total Non-NHS sales ledger	4,927	516	334	678	6,455
Total Sales Ledger	27,098	2,747	2,611	691	33,147
Other Debtors					
WIP					3,870
SLA Phasing & Performance					3,841
Bad debt provision					(1,278)
VAT - net					881
Other receivables and assets					24,252
TOTAL					64,713

Commentary

The cash balance has increased by £13.2m due to the receipt in advance of £14m from the local cluster in advance of March SLAs. This is also reflected in the movements in the debtors and creditors balances.

Retained earnings have moved in line with the Trust's financial position.

Accounts receivable metrics:

Invoice cycle time	Non-NHS days sales outstanding (DSO)	
	Jan - 13 YTD Days	Dec - 12 YTD Days
Req date to invoice raised	17.8	16.7
Service to invoice raised	32.1	35.3
	DSO (all debt)	57.0
	DSO (In year debt)	33.5

VALUE FOR MONEY - CASH FLOW

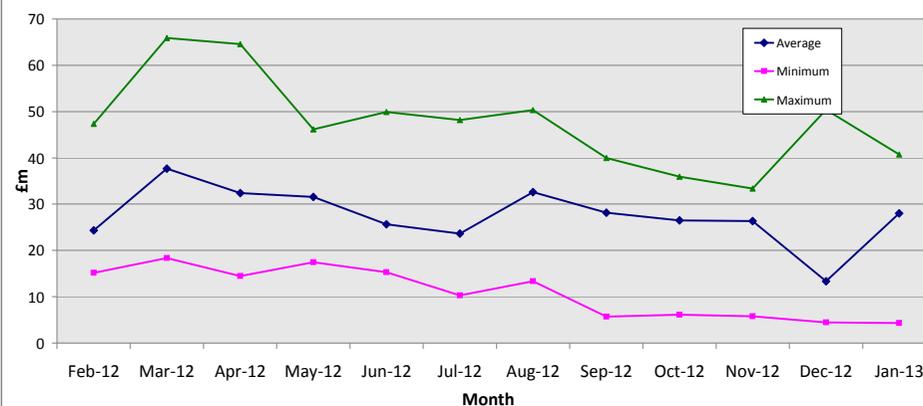
Cash Flow for the period ended 31st January				Rolling 12 month cashflow forecast - February 2013 to January 2014											
	2012/13 April - Jan Plan £ 000	2012/13 April - Jan Actual £ 000	2012/13 April - Jan Variance £ 000	2012/13 February Forecast £ 000	2012/13 March Forecast £ 000	2013/14 April Forecast £ 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
CASH FLOWS FROM OPERATING ACTIVITIES															
Operating surplus before Depreciation and Amortisation	38,651	33,478	(5,173)	4,532	6,856	1,933	5,321	1,933	5,321	5,321	2,810	6,199	4,566	2,648	5,321
Donated assets received credited to revenue and non cash	(1,900)	(1,109)	791	(133)	(55)	(25)	(25)	(25)	(25)	(25)	(25)	(25)	(25)	(25)	(25)
Interest paid	(703)	(456)	247	(77)	(89)	(75)	(75)	(75)	(76)	(76)	(76)	(77)	(77)	(77)	(77)
Movements in Working Capital:	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
- Inventories (Inc)/Dec	(343)	(1,032)	(689)	69	69	-	-	-	-	-	-	-	-	-	-
- Trade and Other Receivables (Inc)/Dec	3,580	(36,035)	(39,615)	818	792	(190)	20	67	17	34	67	14	50	65	20
- Trade and Other Payables Inc/(Dec)	1,847	29,911	28,064	(56)	(18,165)	(2,939)	(42)	(65)	(65)	(65)	(65)	(65)	(65)	(65)	(65)
- Provisions Inc/(Dec)	-	(8)	(8)	(18)	(17)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)
PDC Dividends paid	(5,568)	(4,365)	1,203	-	(5,693)	-	-	-	-	-	(5,615)	-	-	-	-
Other non-cash movements	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Net Cash Inflow / (Outflow) from Operating Activities	35,564	20,384	(15,180)	5,134	(16,304)	(1,304)	5,190	1,826	5,163	5,180	(2,912)	6,038	4,440	2,537	5,166
CASH FLOWS FROM INVESTING ACTIVITIES															
Interest Received	54	73	19	6	6	6	6	6	6	7	7	6	7	8	8
Payments for Property, Plant and Equipment	(26,250)	(16,377)	9,873	(3,033)	(6,380)	(2,250)	(2,251)	(2,250)	(2,251)	(2,250)	(2,251)	(2,250)	(2,251)	(2,251)	(2,252)
Capital element of finance leases	(3,859)	(3,079)	780	(379)	(376)	(382)	(382)	(382)	(382)	(382)	(382)	(382)	(382)	(382)	(382)
Net Cash Inflow / (Outflow) from Investing Activities	(30,055)	(19,383)	10,672	(3,406)	(6,750)	(2,626)	(2,627)	(2,626)	(2,627)	(2,625)	(2,626)	(2,626)	(2,626)	(2,625)	(2,626)
Net Cash Inflow / (Outflow) from Financing	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Opening cash	18,200	18,369	169	39,338	41,067	18,013	14,083	16,646	15,846	18,382	20,938	15,399	18,811	20,626	20,538
Increase / (Decrease) in Cash	5,509	1,001	(4,508)	1,729	(23,054)	(3,930)	2,563	(800)	2,537	2,555	(5,539)	3,412	1,814	(88)	2,540
Closing cash	23,709	19,370	(4,339)	41,067	18,013	14,083	16,646	15,846	18,382	20,938	15,399	18,812	20,626	20,538	23,078

Commentary

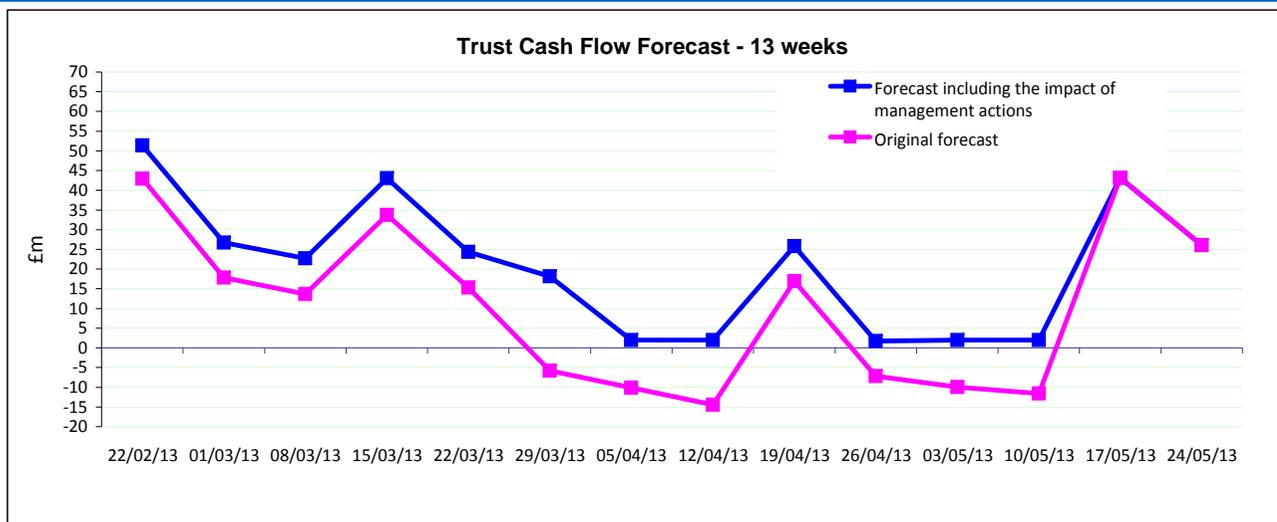
The Trust's cash position compared to plan includes the following material movements:

- (£5.2m) adverse variance in the EBITDA YTD position
- £14.0m increase in trade and other payables
- (£25.6m) increase in trade and other receivables
- £9.9m under spend on capital expenditure
- £1.2m underspend PDC dividend cash payments

Average, minimum and maximum cash balances



VALUE FOR MONEY - CASH FLOW



Unadjusted cash movements to the 31/03/2013	
	£'000
Cash balance as at 20/02/2013	65,733
Cash to be received:	
Contract income	30,635
Other debtor receipts	9,108
Total	39,743
Cash to be paid out:	
Creditor payments	-42,097
Payroll (including tax, NI and Pensions)	-65,624
PDC dividends	-5,694
Total	-113,415
Unadjusted cash as at 31/03/13	-7,939
Year end cash target	18,000
Cash (shortfall) against target	-25,939

Commentary

The Trust's cash balances reduce significantly in late March, although the Trust is planning to deliver the £18m year end cash target. The Trust has already secured the early receipt of £15m SIFT and MADEL funds in advance of the remainder of the year and £18m cash relating to March SLAs from the local PCTs. The Trust has also been managing the value of its payment runs to ensure the daily levels of operational cash remain above £2m at all times. The underlying year end cash position is currently -£7.9m and this position has arisen due primarily to the impact that the deficit position of the Trust has had on the level of creditor payments.

There are several factors and planned management actions which will increase the year end cash to the required level, including:

- an increase in payment terms from 30 to 60 days for relevant suppliers, which will generate a one-off cash benefit of approximately £11m (although up to £4m this is earmarked to pay a backlog of NHS provider invoices)
- an estimated £3m due to the timing of significant cash payments moving from March to April following the commencement of the FM outsourcing contract
- a reduction of £1.5m in cash terms of the March payroll run due to the transfer of UHL staff to Interserve
- additional income of £14.5m from the local CCGs in relation to the year end patient activity settlement

We will continue to monitor each of the above areas and will take additional action if there is an indication that the potential benefits will not be realised.

Extending supplier payment terms is necessary but will impact on the Trust's performance against the Better Payment Practice Code (BPPC) and is likely to increase the level of queries received from suppliers within Accounts Payable.

Actions required to achieve year end cash target	
	£'000
Cash (shortfall) against target	-25,939
Actions to achieve planned cash:	
Extend supplier payment terms	11,000
Pay backlog NHS payments	-4,000
Additional income	14,500
Timing of Interserve contract payments	3,000
Savings on March Payroll	1,500
Total actions	26,000
Revised cash (shortfall) / surplus against target	61

VALUE FOR MONEY - CAPITAL BUDGET

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

	Original	Moves	Current	YTD	Actual	YTD	Plan		Forecast	Forecast
	Plan		Plan	Dec	Jan	Jan	Feb	Mar	Out Turn	Variance
	2012/13		2012/13	12/13	12/13	12/13	£000's	£000's	£000's	£000's
	£000's	£000's	£000's	£000's	£000's	£000's				
Sub Group Budgets										
IM&T	4,000		4,000	1,655	261	1,916	1,402	616	3,934	66
Medical Equipment	4,600		4,600	2,445	105	2,550	270	1,680	4,500	100
LRI Estates	4,000		4,000	1,037	105	1,142	500	638	2,280	1,720
LGH Estates	2,000		2,000	823	202	1,025	300	975	2,300	-300
GGH Estates	2,000		2,000	1,221	266	1,487	200	313	2,000	0
Total Sub Group Budgets	16,600	0	16,600	7,181	939	8,120	2,672	4,222	15,014	1,586
Individual Schemes										
ED Redevelopment	1,000		1,000	489	156	645	100	55	800	200
MES Installation Costs	1,500		1,500	241	19	260	60	80	400	1,100
Childrens Heart Surgery	1,000	-750	250	233	0	233	0	47	280	-30
Maternity & Gynae Recon.	2,773	-1,428	1,345	108	16	124	50	126	300	1,045
Theatre Arrivals Area (TAA)	1,250	-1,130	120	7	6	13	30	29	72	48
Aseptic Suite	750		750	38	3	41	10	14	65	685
Brachytherapy	420		420	210	-1	209	0	6	215	205
Office Moves	850		850	905	3	908	0	0	908	-58
Feasibility Studies	100		100	16	19	35	0	5	40	60
BRU Enabling / Additions	150	950	1,100	58	71	129	47	534	710	390
PPD Building	250		250	244	0	244	0	0	244	6
BRU: Respiratory	2,201		2,201	1,247	1	1,249	250	702	2,201	0
BRU: Nutrition, Diet & Lifestyle	1,383		1,383	551	13	564	200	286	1,050	333
Creating Capacity		165	165	51	82	133	70	53	257	-92
Ophthalmology Theatres		120	120	200	0	200	0	0	200	-80
Advanced Recovery Area		454	454	21	51	72	150	178	400	54
E-Rostering System		334	334	0	334	334	0	0	334	0
Radiotherapy Workstations		269	269		0			269	269	0
Endoscopy Reconfiguration		271	271		3	3		7	10	261
Residual from 2011/12			0	202	93	295	0	0	295	-295
Revenue to Capital Transfers			0	176	121	298	0	42	340	-340
Divisional Spend: Acute	200		200	57	44	102	0	30	132	68
Divisional Spend: Planned Care	200		200	0	0	0	20	40	60	140
Divisional Spend: Womens & Children	200		200	0	77	77	50	73	200	0
Divisional Spend: CSSD	200		200	177	-47	130	35	35	200	0
Divisional Spend: Corporate	473	-373	100	18	131	149	0	21	170	-70
Unallocated Budget		1,118	1,118	0	0	0			0	1,118
MacMillan Information Centre (Donated)		154	154	154	0	154	0	-0	154	0
Ward 27 - Teenage Cancer Unit (Donated)	1,400		1,400	702	-120	582	400	53	1,035	365
Donations	600	-154	446	384	0	384	20	42	446	0
Total Individual Schemes	16,900	-	16,900	6,490	1,076	7,565	1,492	2,730	11,787	5,113
Total Capital Programme	33,500	0	33,500	13,671	2,015	15,686	4,164	6,951	26,801	6,699

