

Trust Board Paper V

	TRUST BOARD
From:	Suzanne Hinchliffe Jeremy Tozer Andrew Seddon Kate Bradley
Date:	28th March 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 February 2013.	
The Report is provided to the Board for:	
Decision	
Discussion	√
Assurance	√
Endorsement	
Summary / Key Points:	
<u>Patient Safety, Quality and Patient Experience</u>	
<ul style="list-style-type: none"> ❖ Mortality rate - The latest SHMI covered the period July 11 to June 12 and UHL's SHMI was 105 which is above the national but 'within expected'. UHL's HSMR for 12/13 (April to Dec) is 96.4. UHL's HSMR for 12/13 is predicted to be 103 after rebasing. ❖ No Never events have been reported within the Trust for the last three months and the Never Events thematic review action plan has now been implemented. ❖ Fracture Neck of Femur theatre time - February performance for time to surgery within 36 hours for fractured neck of femur patients is 66.7%. The year to date position is 71.6 % against a target of 70%. ❖ VTE - UHL's performance for February reported to the DoH, is 92.3% (this figure includes the 'Renal Dialysis' patients) against a threshold of 90%. The year to date positions is 94.7%. ❖ Theatres 100% WHO compliance - Following further work undertaken to isolate and remedy those area not compliant the January and February performance of the checklist stands at 100% and is fully compliant. ❖ Safety Thermometer - A separate report on the Safety Thermometer has been presented to the Quality Assurance Committee. Key areas for further development include the Safety Thermometer Steering Committee reviewing the prevalence results and receiving updates on the actions that are being undertaken by existing UHL work streams or committees. ❖ MRSA – There was 0 MRSA cases reported for February. The year to date figure is 2 against a 2012/13 target of 6 cases. ❖ C Difficile – there were 4 cases reported in February resulting in a cumulative position of 85 against a target of 103 for April to February. ❖ Patient Experience - Net Promoter >10% inpatient coverage and an overall trust score of 63.3. 	

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

Operational Performance

- ❖ ED - Performance for February Type 1 & 2 is 82.2% and 86.1% including the Urgent Care Centre (UCC).
- ❖ Choose and Book - Choose and book slot availability performance for February was 10%.
- ❖ RTT - Admitted performance in February has been achieved with performance at 91.9%, with all specialties delivery the threshold. The non-admitted target for February has been achieved at 96.9% against a target of 95%. Ophthalmology non-admitted performance for February was 94.4% against a threshold of 95%.
- ❖ Cancelled Operations – February 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%. The performance for the year to date is 1.2%.
- ❖ Diagnostic Waits - The percentage of diagnostic waits 6+ weeks was 0.96% against a threshold of 1%.
- ❖ Cancer - All of the cancer targets are delivering against performance thresholds for January (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 February was 82.4% against a target of 75%. The year to date cumulative performance is 92.0%.
- ❖ Stroke % stay on stroke ward - The percentage of patients spending 90% of their stay on a stroke ward in January (reported one month in arrears) is 77.8% against a target of 80%. The cumulative performance for the year to date is 79.3%.
- ❖ Appraisals – The appraisal rate is 91.1%.
- ❖ Sickness - The reported sickness rate for the month of February 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%.

Financial Position

- ❖ The Trust is reporting a cumulative £1.1m deficit for the first 11 months, £1.1m 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 £28.1m (4.5%) adverse to Plan, comprising of pay at £12.3m (3%) adverse and non-pay £15.8m (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: 28th MARCH 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: FEBRUARY 2013 QUALITY & PERFORMANCE SUMMARY REPORT

1.0 INTRODUCTION

The following paper provides an overview of the February 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	Feb	Year To Date
A&E - Total Time in A&E (UHL+UCC)	95%	92.3%	92.4%	93.2%	96.3%	98.0%	96.8%	94.2%	92.0%	92.0%	84.9%	86.1%	92.6%
MRSA	6	0	0	0	0	0	1	0	0	0	1	0	2
Clostridium Difficile	113	14	4	3	8	5	8	13	4	10	12	4	85
RTT waiting times – admitted	90%	93.8%	94.6%	93.6%	93.6%	93.0%	91.2%	91.2%	91.7%	91.9%	92.2%	91.9%	91.9%
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%	96.8%	96.8%
RTT - incomplete 92% in 18 weeks	92%	94.9%	96.0%	94.8%	94.6%	94.3%	94.0%	94.6%	93.9%	93.3%	93.5%	93.5%	93.5%
RTT delivery in all specialties	0	1	1	1	0	0	1	1	1	1	0	1	1
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%	0.7%	1.0%
Cancer: 2 week wait from referral to date first seen - all cancers	93%	93.1%	93.3%	93.0%	94.9%	93.6%	93.9%	93.0%	90.6%	95.1%	89.8%		93.0%
Cancer: 2 week wait from referral to date first seen, for symptomatic breast patients	93%	96.7%	93.2%	96.4%	96.0%	93.8%	96.3%	93.4%	93.9%	94.6%	93.6%		94.5%
All Cancers: 31-day wait from diagnosis to first treatment	96%	96.7%	97.1%	96.0%	97.5%	98.6%	96.9%	98.3%	97.5%	97.4%	96.6%		97.3%
All Cancers: 31-day wait for second or subsequent treatment - surgery	94%	95.6%	94.7%	94.6%	95.5%	94.6%	100.0%	98.1%	97.4%	94.6%	94.6%		96.0%
All cancers: 31-day for second or subsequent treatment - anti cancer drug treatments	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%
All Cancers: 31-day wait for second or subsequent cancer treatment - radiotherapy treatments	94%	95.9%	96.8%	98.2%	98.0%	98.7%	100.0%	99.3%	98.9%	100.0%	99.1%		97.3%
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%	79.4%		84.4%
All Cancers:- 62-day wait for first treatment from consultant screening service referral	90%	90.4%	91.0%	96.1%	95.9%	95.3%	92.2%	96.8%	98.7%	92.3%	91.7%		94.3%
Delayed transfers of care	3.5%	1.5%	2.3%	4.2%	3.4%	3.6%	3.2%	3.4%	3.6%	2.7%	2.8%	2.7%	3.0%
Single Sex Accommodation Breaches - patients affected	0.0%	7	0	0	0	0	0	0	0	0	0	0	7
Venous Thromboembolism (VTE) Screening	90%	95.3%	95.6%	94.7%	94.8%	95.0%	94.1%	95.1%	95.3%	94.1%	94.7%	92.3%	94.7%

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

3.1 **Francis Report**

Further to the stakeholder and the Trust Board development session regarding the Mid Staffordshire NHS Foundation Trust Public Enquiry report a gap analysis has been undertaken against key chapter outcomes. From this, six key areas have been highlighted for particular note and will be presented in a separate paper at the March Trust Board. These include:

- ❖ Values. Behaviours and Culture
- ❖ Care of the older person
- ❖ Public and patient support
- ❖ Leadership
- ❖ Clinical quality
- ❖ Nursing standards

A summary of the key messages shared at the stakeholder session will also be circulated and included in the key areas where appropriate.

3.2 **Mortality Rates**



The latest SHMI covered the period July 11 to June 12 and UHL's SHMI was 105 which is above the national but 'within expected'. UHL's HSMR for 12/13 (April to Dec) is 96.4. UHL's HSMR for 12/13 is predicted to be 103 after rebasing. Following review of UHL's SHMI and other mortality data by the Boston Consultancy Group, 2 priorities have been identified:

- ❖ 'Out of Hours' Admissions
- ❖ Respiratory (specifically pneumonia) Pathway

Actions taken to date include:

- ❖ Implementation of the 'Hospital 24/7'
- ❖ Implementation of 'Right Place' and earlier senior review of emergency admissions
- ❖ Further analysis of the 'out of hours' mortality data by site and diagnosis to identify priority subgroups
- ❖ Proposed pathway proposed to increase number of respiratory patients admitted directly to Glenfield Hospital.
- ❖ Further work being undertaken to feed pathway into the Right Place workstream and to liaise with GPs and EMAS

The LLR Mortality Summit have commissioned an 'interface review' to take place (during May/June) which will look at the deaths of a sample of patients who died at the LRI and also a sample of patients that died post discharge from UHL. The review will be carried out by a group of medical staff (both GPs and UHL Consultants) and a group of nursing staff (from GP Practices, Community Nursing Teams and UHL). The aim of the review is to ascertain the standard and acceptability of care both within UHL and primary care.

3.3

Patient Safety and 5 Critical Safety Actions



The principal safety issues raised internally and externally remains staffing levels within some clinical areas, the overcrowding of the Emergency Department and the extra capacity areas required to meet the current levels of activity. Formal risk assessments and reviews of these areas have been updated and these issues have been discussed at length at the Trust Executive, the Quality and Performance Management Group and at the Quality Assurance Committee. Staffing incidents reported and complaints relating to staffing and care issues remain high and these will be reviewed by Executive Directors to ensure a corporate understanding of the feedback received from staff and patients.

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

	2013 01	2013 02	Total
Medical Care	29	38	67
Communication	20	21	41
Nursing care	14	25	39
Waiting times	20	19	39
Staff attitude	12	13	25
Cancellations	14	10	24
Discharge	6	8	14
Administration	6	3	9
Complications	3	4	7
Information	4	3	7
Medication	2	3	5
Beds	1	2	3
Confidentiality	2	1	3
Environment	2	1	3
Security	1	2	3
Dignity/Privacy	1	1	2
Equality and Diversity	1	1	2
Funding	1	1	2
Hotel Services	2	0	2
Clinical Care (Other Staff)	2	0	2
Appliances/equipment	1	0	1
Car parking	0	1	1
End of life care	1	0	1
Medical Records	1	0	1
Transport	0	1	1
Totals:	146	158	304

Complaints per 1000 admissions/attendances	1.5	1.7	1.6
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The safety scorecard for February reveals an increase in complaints relating to staff attitude, a high number of complaints relating to discharge and an increased number of falls; these may be attributable in part to the staffing and capacity issues already mentioned.

No Never events have been reported within the Trust for the last three months and the Never Events thematic review action plan has now been implemented.

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:-

- ❖ Development work by IT on UHL web based handover system is now complete, Go Live date for updated v2 was delayed with a new date set for 12/03/13.
- ❖ Work with alternative handover system supplier to develop module has seen pilot agreed with UHL and Nerve Centre. Pilot to now take place in all surgical wards at LRI and will involve both medical and nursing staff. ACCA agreed by trust to undertake audit and full report. Provisional date for start of pilot is 15th April 2013, with pre audit taking place the previous week.

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 90% of all HCA's assessed competent with EWS across the trust. Actual breakdown is 92% in maternity, 100% in women's, 100% in children's, 60% in acute and 100 % in planned care. Action to remedy and validate reduced numbers for the acute division has been successful with figures increasing from 36% to 60% in one month.
- ❖ February 2013 has seen a 63% reduction in EWS reported incidents related to non escalation compared to February 2012.

3. Implement and Embed Mortality and Morbidity standard



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

Actions:-

- ❖ 100% of specialities have confirmed that M&M meetings are taking place. Increasing number - 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

- ❖ Trust wide Diagnostic Testing policy to include medical staff and AHP that undertake diagnostic testing has now been approved.

- ❖ Diagnostic Testing policy implementation plan developed and roll out commenced.
- ❖ Acting on Results in ED has been agreed as a 2013 priority for the trust Quality Commitment work. Plan for this action will be presented at future Trust Board meeting.

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

- ❖ Plan for this action presented at Trust Board on 28th February 2013 as it is a 2013 priority for the Quality Commitment work.
- ❖ Ward round template sheet as documentation is now printed and ready for trial in medicine. Trial start date set for 18th March 2013.
- ❖ Ward round safety checklist currently being developed for use as a prompting tool across trust.
- ❖ Date set to meet with Right Place Consulting to agree joint working within acute division.

3.4 Fractured Neck of Femur 'Time to Theatre'

February performance for time to surgery within 36 hours for fractured neck of femur patients is 66.7%. The year to date position is 71.6 % against a target of 70%.

3.5 Venous Thrombo-embolism (VTE) Risk Assessment

UHL's performance for February reported to the DoH, is 92.3% (this figure includes the 'Renal Dialysis' patients) against a threshold of 90%. The year to date positions is 94.7%.

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

3.7 CQUIN Schemes

For Quarter 3 all thresholds were achieved with the exception of those related to the Emergency Process (ED/EMAS Handover, ED and Assessment Units Internal Professional Standards and the Discharge CQUINs)

These are the same indicators that are at risk of not achieving the Quarter 4 thresholds plus two of the National CQUINs (Dementia Screening and Patient Experience – Responsiveness to Patient Needs).

The Dementia CQUIN thresholds are for 90% of patients to be screened, 90% of 'positive for screening' patients to be risk-assessed and 90% of patients assessed as being 'at risk of having dementia' to be referred to their GP. The 'risk assessment' and 'referred to GP' parts of the CQUIN have been achieved for both January and February and there has been an increased from 54% to 64% for screening but the threshold is that 90% must be achieved for 3 consecutive months.

In respect of the 'Responsiveness to Patient Needs'- this indicator is constructed from a composite score within the National In-Patient Survey and the threshold is to increase on 2011/12 results. It is believed our score will remain the same.

3.8 Safety Thermometer

Table one summarises the ST prevalence results from April 2012 to date and shows that the total number of harms increased in February 2013. Consequently, the Trusts percentage of harm free care has reduced to 91.11%

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

A separate report on the Safety Thermometer has been presented to the Quality Assurance Committee. Key areas for further development include the Safety Thermometer Steering Committee reviewing the prevalence results and receiving updates on the actions that are being undertaken by existing UHL work streams or committees. In particular, the Infection Prevention and Control Team will be reviewing what actions are required in relation to those patients who developed a Catheter Acquired Urinary Tract Infection whilst an inpatient.

Catheter Acquired Urinary Tract Infection (CAUTI)

The increase in the number of harms appears to be solely attributed to the number of patients with a urinary catheter and a urine infection; increasing the prevalence of catheter acquired urinary tract infections (CAUTIs).

In previous months, the Trust was only reporting infections that had been confirmed by microbiology which appeared to be in line with DH guidelines. However, further clarification of the guidance confirmed that patients with a urinary catheter who were exhibiting signs of infection (that was not necessarily confirmed by microbiology) and being treated with an appropriate antibiotic, needed to be included into the data.

The Q&P are advised that a number of these patients (approximately 20%) will have been admitted to UHL with a CAUTI as even if the patient was symptomatic prior to admission, they are still considered a 'New CAUTI' if treatment started post admission.

The Infection Prevention and Control Team are reviewing what actions are required in relation to those patients who developed a CAUTI whilst an inpatient.

Pressure Ulcers

The prevalence of New pressure ulcers (i.e. hospital acquired) reduced for the months of February 2013.

The SHA cluster has seen a rise in both numbers and prevalence of pressure ulcers for the first time since April 2012. This is consistent with the national picture for prevalence where there has also been a slight rise. The SHA prevalence rate for January was 5.60% is still above the national rate of 5.36%. UHL reported a rate of 5.8%. However the SHA prevalence rate has fallen by 24% since April 2012. There is no SHA prevalence data available for February.

Although the 'Ambition' is no longer active, the SHA are using a variety of data sources to identify organisations where follow up action is needed. No confirmation has been received as to whether UHL is one of these Trusts. This data will help the NCB Area Teams to guide commissioners on performance management conversations with providers.

Venous Thromboembolism (VTE) and Falls

There has been a slight increase in New VTEs and the prevalence of falls has remained the same.

4.0 PATIENT EXPERIENCE – SUZANNE HINCHLIFFE

4.1 Infection Prevention



MRSA – There was 0 MRSA cases reported for February. The year to date figure is 2 against a 2012/13 target of 6 cases.

C Difficile – there were 4 cases reported in February resulting in a cumulative position of 85 against a target of 103 for April to February.

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 February 2013, 2,040 Patient Experience Surveys were returned which easily met the Trusts target of 1,543.

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 February 2013, 242 electronic surveys were completed against the Trust target of 655:

Outpatient's visits: 169 surveys
Maternity Services: 25 surveys
Emergency department: 48 surveys

The following areas have yet to be assigned survey return targets

Children's Emergency department: 57 surveys
Neonatal Units: 3 surveys

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

Treated with Respect and Dignity



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

Friends and Family Test



The surveys include the net promoter question; **How likely is it that you would recommend this service to friends and family?** Of the 2,040 surveys, 1,694 surveys included a response to the Net Promoter Question and were considered inpatient activity (excluding day case / outpatients) and therefore were included in the Net Promoter Score for the SHA.

Overall there were 9,996 patients in the relevant areas within the reporting period (27/01 to 23/02), giving a 10% footfall requirement of 1000. The Trust easily met the SHA target with a total of 1,694 Net Promoter responses broken down to:

Number of Promoters:	1,177
Number of passives:	413
Number of detractors:	104
Overall NET promoter score	63.34

In April 2012 the Trust overall net promoter score was 51 with a target of 61 by March 2013. February 2013 score shows a **12.34** 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 February.

5.0 **OPERATIONAL PERFORMANCE – JEREMY TOZER**

5.1 **ED 4hr Wait Performance**

Performance for February Type 1 & 2 is 82.2% and 86.1% 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 February is 10%

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

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

5.3 **RTT – 18 week performance**

RTT Admitted performance

Admitted performance in February has been achieved with performance at 91.9%, with all specialties delivering the threshold.

The national admitted performance in January (most recent published data) was 92.6% and UHL achieved 92.2% with the upper quartile being 94.4%. 113 out of the 178 Trusts missed the target at specialty level and 68 Trust's had between 2 and 10 specialty failures.

RTT Non Admitted performance

The non-admitted target for February has been achieved at 96.9% against a target of 95%.

The national non-admitted performance in January (most recent published DoH data), was 97.5% and UHL achieved 97.3% with the upper quartile being 98.9%. 89 out of the 207 Trusts missed the target at specialty level and 63 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 February at 93.0%.

The national incomplete pathways performance in January (most recent published DoH data) was 94.3% and UHL achieved 93.5% with the upper quartile being 97.4%. 115 out of the 207 Trusts missed the target at specialty level and 84 Providers had between 2 and 10 specialty failures.

The Planned Care Division CBU's have developed 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 1 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



Ophthalmology non-admitted performance for February was 94.4% against a threshold of 95%. This will result in an estimated automatic contract penalty of £3,000. For further details refer to the non-admitted Ophthalmology exception report.

5.4 Cancelled Operations



February 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%. The performance for the year to date is 1.2%.

The percentage offered a date within 28 days of the cancellation was 92.0 % against a threshold of 95% in February, with a year to date performance of 92.7%.

Further detail is included in the Cancelled Operation exception report.

5.5 Day Case Basket



The percentage of patients (with treatments in the day case basket) treated as day cases for December is 79.3% against a target of 75%, with a cumulative year to date figure of 75.0%.

5.6 Imaging Waiting Times



The percentage of diagnostic waits 6+ weeks was 0.96% 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 not achieved in January, with performance at 89.8%. The year to date cumulative performance is 93.0%. Performance for February and March is expected to be delivered following the implementation of urgent corrective actions were taken in mid January early February to address shortfall in key specialities.

Actions included:-:

- 1) Clear standard reduction of time taken for turnaround of referral to patient contact to minimise late booking in 14 day period.
- 2) Additional capacity for evening phone calls to patients to ensure agreement of appointments

For further detail see the Two Week Wait exception report.

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

31 Day Target



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

62 Day Target



The 62 day urgent referral to treatment cancer target for January (reporting one month in arrears) was 79.4% against a target of 85%. The year to date cumulative performance is 84.4%. A contractual penalty of circa £620,000 will be applied as a result of missing the target.

It is important to note the improvement in processes to deliver the two week wait target have impacts on the 62 day target. During January and into February we have implemented new processes which mean that we have reduced the time from receipt of referral to the time patients receive a booked appointment, and this change has ensured that we have delivered the 14 day target which increases the likelihood of early diagnosis and therefore have a positive impact on the 62 day pathway.

All the tumour sites have submitted an assessment of their capacity constraints relating to the diagnostic element of the 62 day pathway and an urgent assessment if the gap between what is required and what is provided is being undertaken. There will be targeted action to resolve the shortfalls.

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

5.8 Primary PCI



The percentage of eligible patients with acute myocardial infarction who received Primary PCI within 150 minutes of calling professional help in February was 82.4% against a target of 75%. The year to date cumulative performance is 92.0%.

5.9 Stroke % stay on stroke ward



The percentage of patients spending 90% of their stay on a stroke ward in January (reported one month in arrears) is 77.8% against a target of 80%. The cumulative performance for the year to date is 79.3%. Performance for February and March is expected to be improved following the implementation of action plans previously submitted in the Stoke exception report submitted to the Trust Board last month.

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 85.1% against a contractual target of 62.1%. The year to date cumulative position is 67.5%.

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. Actions are already underway from some of the divisions and are now reported through the Confirm & Challenge meetings

5.12 Delayed Discharges



During February UHL has seen the most improvement in the overall performance for both city and county patients, since April 2012.

Reason	Assessment		Awaiting		Availability of non acute NHS Care		Awaiting care home placement		Awaiting domiciliary package of care		Awaiting community equipment		Patient		TOTAL	
			Public funding										/Family choice			
	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
Feb	7	8	4	8	30	46	13	26	5	6	2	8	0	6	61	108

There were 169 episodes recorded as a 'Delayed Transfer of Care' on the weekly sitreps recorded at midnight each Thursday during February 2013, making the combined average of 6.5 delays per 100,000 population since April 2012.

During this month there were 19 internal delays of which 11 are assessment delays and the other 8 were due to a variety of reasons including availability of TTO's, community transfers and medical reviews.

The remaining 154 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 team; patients requiring long term placement; availability of equipment essential for discharge.

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

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, but they are unable to do so until this has been agreed with the commissioners. It is hoped that it will be available at the end of this month. 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. The Head of Operations is meeting with them to agree the format of any future routine reports.

6.0 HUMAN RESOURCES – KATE BRADLEY

6.1 Appraisal



The February appraisal rate is 91.1%. Appraisal performance continues to feature on Directorate, Divisional and CBU Board Meetings in monitoring the implementation of agreed actions. Human Resources continue to work closely with Directorates, Divisions and CBUs to implement targeted actions to continue to improve appraisal performance.

Appraisal documentation for 2013 has been updated to reflect the Strategic Direction and to provide improved evidence of standards in place for supporting learners.

Our Annual Appraisal Quality Audit is underway with an online survey now live and completed appraisal paperwork samples being collated for quality assurance.

6.2 Sickness



The reported sickness rate for the month of February 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 £1.1m deficit for the first 11 months, £1.1m adverse to Plan. Income ytd is £26.6m (4%) over Plan, which is stated net of a £3.4m marginal rate deduction for emergency inpatient income over the 2008/09 baseline. Operating costs

cumulatively are £28.1m over Plan, with premium cost staff largely being used to deliver the additional activity.

7.1.2. The reported result for February is a surplus of £1m, £1.7m favourable to the Plan deficit of £0.7m.

7.1.3. Note that the February 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 £14.3m 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

	February 2013			April - February 2013		
	Plan	Actual	Var	Plan	Actual	Var
	£m	£m	£m	£m	£m	£m
Income						
Patient income	50.6	54.7	4.1	566.3	591.2	24.9
Teaching, R&D	6.3	6.7	0.4	69.0	68.3	(0.7)
Other operating Income	2.2	3.4	1.2	25.6	28.0	2.4
Total Income	59.0	64.8	5.8	660.9	687.5	26.6
Operating expenditure						
Pay	36.7	38.4	(1.7)	403.5	415.7	(12.3)
Non-pay	19.4	21.8	(2.4)	217.9	233.7	(15.8)
Total Operating Expenditure	56.1	60.2	(4.1)	621.4	649.5	(28.1)
EBITDA	2.9	4.6	1.6	39.5	38.1	(1.4)
Net interest	-	-	-	0.0	0.0	0.0
Depreciation	(2.7)	(2.7)	0.0	(29.3)	(28.9)	0.4
PDC dividend payable	(0.9)	(0.9)	-	(10.2)	(10.2)	-
Net deficit	(0.7)	1.0	1.7	(0.0)	(1.1)	(1.0)
EBITDA %		7.1%			5.5%	

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

Table 2 – Financial Risk Ratings

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
Weighted Average		100%						2.9
Overriding rules								
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 £23.7m (4.2%) favourable to Plan. However, the £23.7m over performance includes £14.3m in relation to the UHL/CCG year end agreement. If we exclude this, NHS patient care income is approximately £9.4m (1.7%) above Plan.
- 7.2.2. This reflects under performance on daycases of £1.3m and elective inpatients of £3.0m. These adverse movements are offset by favourable variances for emergency activity, £8.6m (stated net of a £3.3m reduction for the marginal rate emergency threshold) and outpatients £3.0m. Emergency inpatient activity to the end of February was 5,922 spells (6%) 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 daycase activity. We have also seen a reduction in the price/casemix for daycases, 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	(0.9)	(1.8)	(402)	(862)	(1,264)
Elective Inpatient	1.6	(6.1)	1,011	(3,984)	(2,972)
Emergency / Non-elective Inpatient	1.5	5.8	2,513	9,351	11,864
Marginal Rate Emergency Threshold (MRET)			(3,254)	0	(3,254)
Outpatient	3.4	0.2	2,789	185	2,974
Emergency Department	(3.4)	3.8	(523)	551	29
Other			0	16,287	16,287
Grand Total	(1.0)	5.2	2,135	21,528	23,663

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 £3.3m in the first 11 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 6.1% equates to 1,309 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 daycase due to the imperfections of the daycase model, especially at the LRI).

7.3. Expenditure

- 7.3.1. **Operating expenditure** for the year to date is £28.1m (4.5%) adverse to Plan, comprising of pay at £12.3m (3%) adverse and non-pay £15.8m (7%) adverse. February performance against Plan is £1.7m adverse for pay and £2.4m adverse for non-pay.

- 7.3.2. **CIP** continues below Plan - £4.6m adverse to the YTD Plan of £28.8m (please refer to CIP paper for further details).
- 7.3.3. **The pay position**, both year to date and in February, reflects the continued use of extra capacity wards (Fielding Johnson, Ward 1 LRI; Ward 2 LGH; Ward 19 LRI and Odames LRI – total of 84 beds) to meet the emergency activity levels. Pay spend on these 3 wards is in excess of £4m YTD. 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, and we have seen a further small reduction in February.

Chart 1

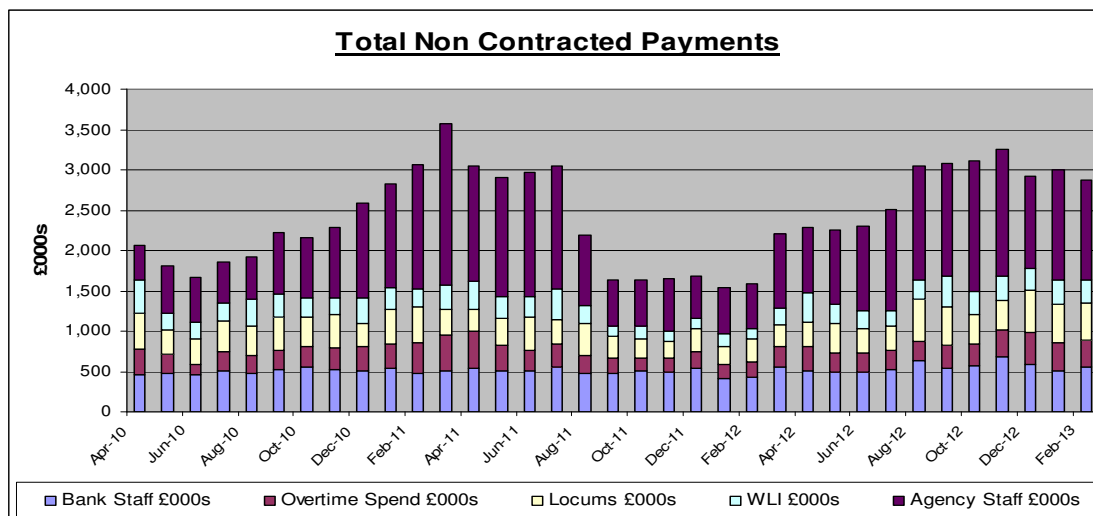
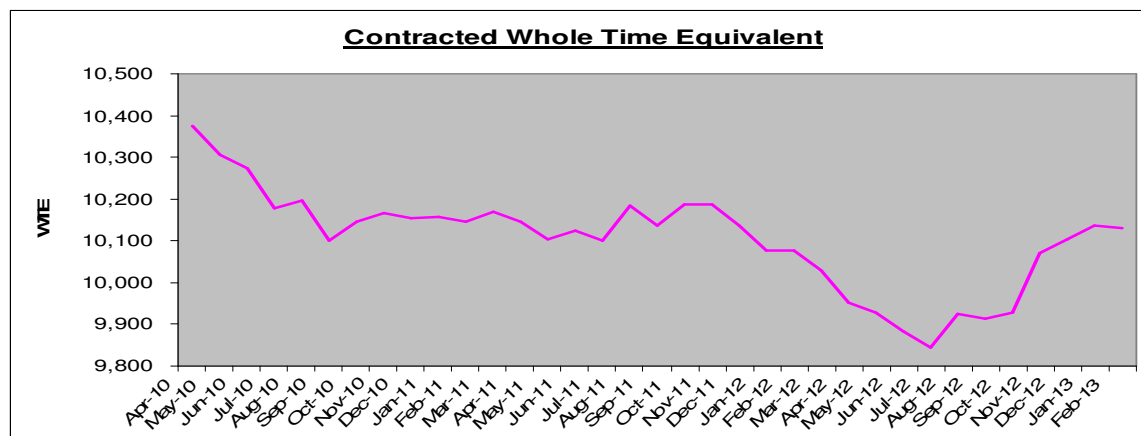


Chart 2



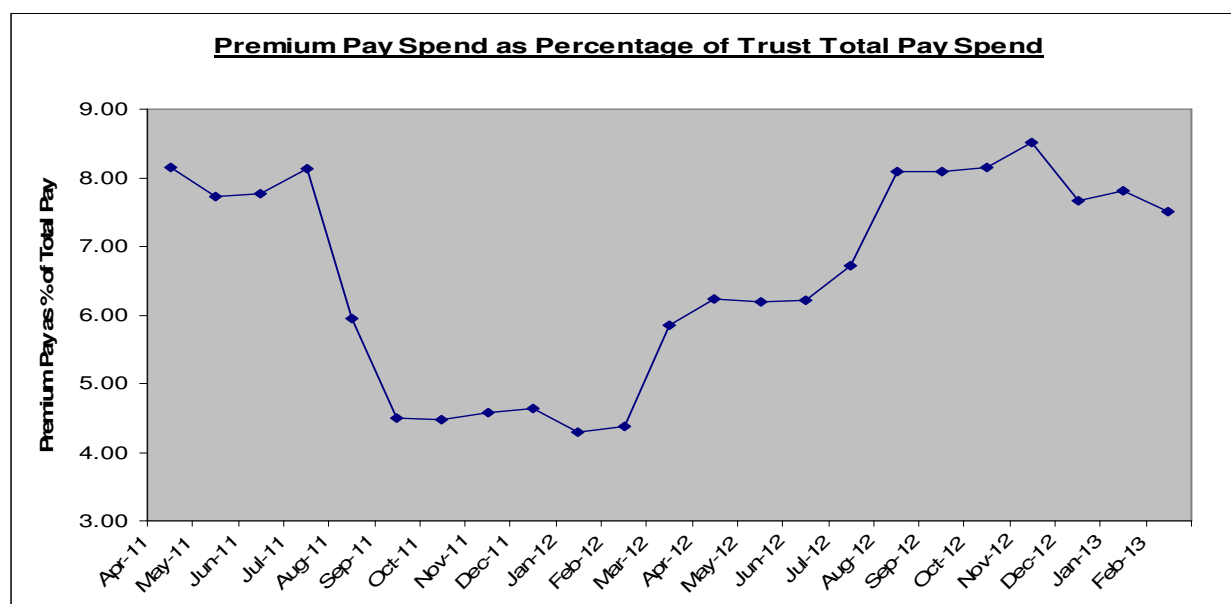
- 7.3.5. Whilst contracted staff reduced continuously from November 2011 until July 2012, we saw a small increase in August, stability in September and October, but a significant increase in November, December and January reflecting the new nursing and midwifery starters (over 200 WTE additional contracted staff now in post as compared to October). February saw a small reduction (6 WTE).
- 7.3.6. The Trust is still using a significant number of non contracted staff (587 WTE, which is 5.6% of the total worked WTE but 7.5% 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	February 2013 worked wte (Actual)					
	Contracted wte	Bank wte	Overtime wte	Agency wte	Other wte	Total wte
Acute Care	3,325	122	32	129	(39)	3,569
Clinical Support	2,426	31	23	44	(57)	2,467
Planned Care	1,863	59	14	20	(28)	1,927
Womens & Children	1,443	13	8	16	(21)	1,460
Corporate	1,074	36	27	15	(32)	1,120
UHL Total	10,131	260	104	223	(176)	10,542

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 2.0% increase in total workforce over the past 16 months (see below).

TOTAL STAFFING

	WTE	(%)	Feb 13 WTE	March 12 WTE	Sept 11 WTE
MEDICAL & NURSING	231	3.4	7,043	6,878	6,812
OTHER STAFF GROUPS	(25)	(0.7)	3,675	3,615	3,700
TOTAL	207	2.0	10,718	10,493	10,512

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

7.3.9. Whilst showing a 2.0% increase in total numbers, we have seen a significant 231 WTE 3.4% 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.

Table 5 - Contracted Staffing (WTE)

Staff Type	Movement Feb 13 - Sept 11		Contracted Staff		
	WTE	(%)	Feb 13 WTE	March 12 WTE	Sept 11 WTE
ADMIN & CLERICAL	(111)	(5.9)	1,777	1,827	1,888
ALLIED HEALTH PROFESSIONALS	(21)	(4.3)	457	459	478
CAREER GRADES	5	7.2	71	70	66
CONSULTANT	22	4.2	560	533	538
HEALTHCARE ASSISTANTS	(23)	(4.9)	444	447	467
HEALTHCARE SCIENTISTS	(21)	(2.8)	730	741	751
MAINTENANCE & WORKS	(1)	(2.4)	59	61	60
NURSING QUALIFIED	59	1.8	3,369	3,348	3,310
NURSING UNQUALIFIED	59	4.9	1,262	1,195	1,203
OTHER MEDICAL & DENTAL STAFF	(5)	(0.5)	926	899	931
OTHER SCIEN, THERAP & TECH	33	11.9	309	274	276
SENIOR MANAGERS	(4)	(2.2)	167	175	171
TOTAL	(7)	(0.1)	10,131	10,029	10,138

MEDICAL & NURSING	118	1.8	6,633	6,492	6,515
OTHER STAFF GROUPS	(124)	(3.4)	3,499	3,538	3,623
TOTAL	(7)	(0.1)	10,131	10,029	10,138

PREMIUM STAFFING

	WTE	(%)	Feb 13 WTE	March 12 WTE	Sept 11 WTE
BANK	18	7.3	260	274	242
OVERTIME	41	64.4	104	84	63
AGENCY	155	227.5	223	106	68
TOTAL	213	57.1	587	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. STAFFflow 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 18/03/13 (5 weeks post go live), the annualised savings would be in excess of £0.6m

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.

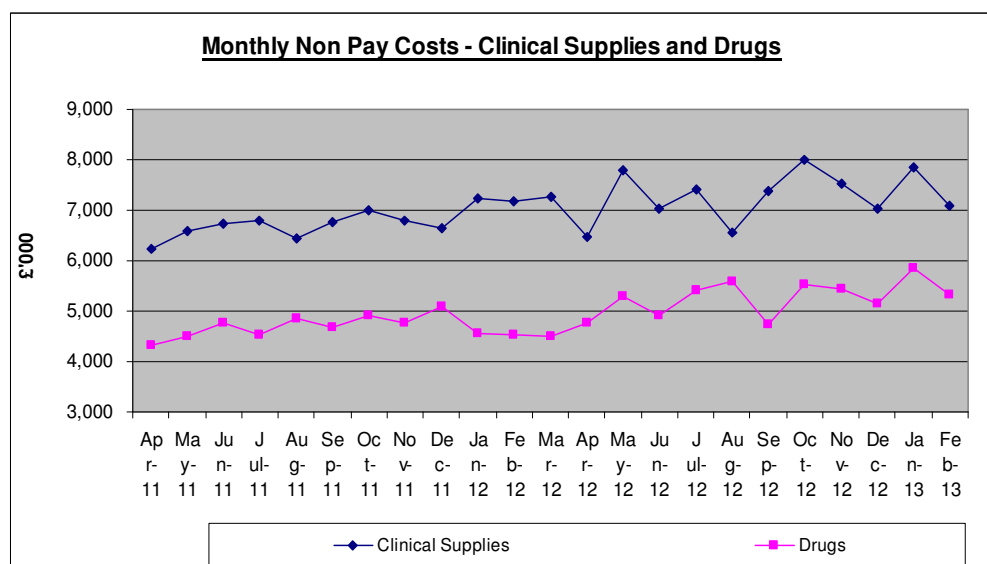
7.3.13. **Non-pay costs** – operating non pay costs are currently showing an adverse position against Plan year to date of £15.8m (total non pay, including non operating costs such as depreciation, shows an adverse position of £15.4m against Plan).

Table 6 – Non Pay Spend Against Plan

Category	Plan April to Feb 2013 £'000s	Actual April to Feb 2013 £'000s	Change £'000s	Change %
Clinical Supplies & Services	74,469	80,116	(5,647)	(13)
Drugs	54,450	58,003	(3,553)	(10)
Other	128,645	134,853	(6,208)	29
Recharges	(128)	(143)	15	0
TOTAL	257,436	272,829	(15,393)	(6)

- 7.3.14. The key areas are drugs, £3.6m adverse to Plan, and clinical supplies, £5.7m 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 February 2013.

Chart 4 – Clinical Supplies and Drugs Costs



- 7.3.15. In addition to the variances in drugs and clinical supplies, YTD results are also adverse in use of independent sector (£1.5m – primarily endoscopy), hotel services and security (£1.0m) and legal fees (£0.3m), consultancy (£0.6m), and telephones, printing and stationery and office equipment (£0.7m).
- 7.3.16. Table 7 gives further details on the non pay trends from April 2011 to February 2013 against 2011/12 spend.

Table 7 – Non Pay Spend – Year on Year

Category	Actual Spend			
	April to Feb 2012 £'000s	April to Feb 2013 £'000s	Change £'000s	Change %
Clinical Supplies & Services	76,558	80,116	(3,558)	(5)
Drugs	51,472	58,003	(6,531)	(13)
Other	122,098	134,853	(12,755)	(10)
Recharges	(202)	(143)	(59)	29
TOTAL	249,926	272,829	(22,903)	(9)

Table 7 clearly shows that there has been a significant increase in non pay spend in 2012/13 compared to 2011/12, £22.9m increase or 9%.

The key drivers for this vary by non pay category and also by those which are linked to patient care activity changes. The main reasons for the increase are:

- NICE & HCT investment - £5m
- Inflationary pressures, particularly CNST - £8m
- Utilities - £1.2m
- Depreciation - £0.8m
- Use of independent sector - £1.0m
- Miscellaneous costs (hotel services, P&S, security, legal) - £3.0m

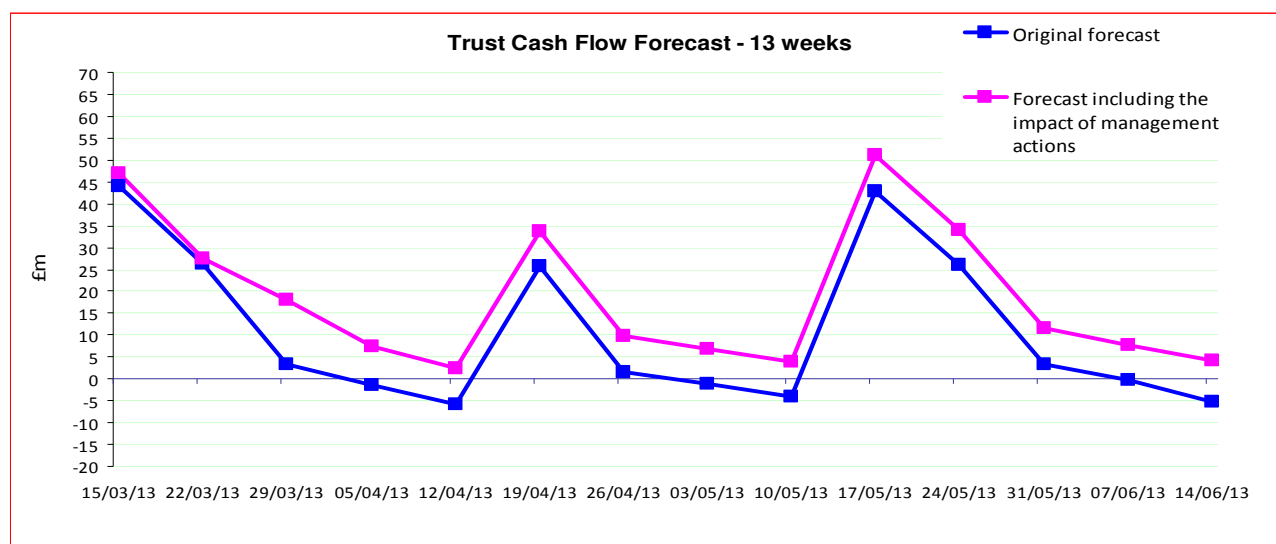
In addition to the £19m of costs identified above, there are obviously the additional costs associated with the activity changes. At a Trust level, and ignoring the impact of case mix shifts, activity in 2012/13 compared to 2011/12 on all inpatients shows a 300 spell reduction in Daycase/Inpatients, 0.3%, but a 3.5% increase in Emergencies (over 3,500 spells). The estimated impact on non pay is approximately £2m.

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 year end cash target. Commissioners have been billed with their contributions to the year end plan and we are awaiting the cash receipts.

7.4.2. Chart 5 overleaf is the Trust's 13 week cash forecast, which shows the year end cash position at the year end and moving into the new year.

Chart 5 – Trust 13 week Cash-flow forecast



7.4.3. The Trust's SLA income for March is lower than originally planned as £18m cash relating to March SLAs was actually secured from the local PCTs in January.

7.4.4. The Trust has also increased payment terms for certain suppliers and has managed the value of it's payment runs to ensure the daily levels of operational cash remain above £2m at all times, and that the yearend target of £18m is achieved. These actions will have a total net cash benefit of approximately £14.4m by the year end, although a backlog of payable invoices has built up which will need to be paid in a managed way during April.

- 7.4.5. The underlying yearend cash position is currently £4.3m 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.
- 7.4.6. The following items will ensure the yearend cash target of £18m is achieved:
- Additional income of £18.5m will be received from the local CCGs in relation to the yearend patient activity settlement and transformation funding
 - Payments totalling approximately £4.8m will be made to NHS organisations and other essential suppliers
- 7.4.7. Extending supplier payment terms has been necessary but will impact on the Trust's performance against the Better Payment Practice Code (BPPC) for the year.
- 7.4.8. 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.

8. 2012/13 forecast and risks

- 8.1.1. 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.
- 8.1.2. 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.
- 8.1.3. 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).

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

OPERATIONAL PERFORMANCE EXCEPTION REPORT

REPORT TO: TRUST BOARD

DATE: MARCH 2013

REPORT BY: JEZ TOZER , INTERIM DIRECTOR OF OPERATIONS

**AUTHOR: NIGEL KEE , DIVISIONAL MANAGER, PLANNED CARE
CHARLIE CARR, HEAD OF PERFORMANCE IMPROVEMENT**

DIVISIONAL DIRECTOR: ANDREW FURLONG

SUBJECT: CANCER 2WW PERFORMANCE JANUARY 2013

1.0 Present state

In January 2013 the Trust Board received an exception report on 2ww performance for November. The confirmed performance was 90.6% against a target of 93%. The two tumour site services that contributed most significantly to the poor performance due to their high volume of breaches were upper and lower GI.

Performance in December at Trust and individual tumour site level improved significantly due to process changes explained in the exception report.

The January position is now finalised, and performance is below the 93% target at 89.8% at Trust level. The table below shows upper and lower GI and Trust level performance for November to January (actual).

This under performance (148 breaches) in January was due to two main factors:-

-25 patients across all specialties with 2ww breach dates in late December were offered dates but not seen in the month, this resulted in these patients breaching the 2ww standard in January when they were seen.

- of the remaining 123 breaches a significant number were offered dates at more than 10 days. The offering of 1st appointments late in the 14 day period poses a big risk to achievement of the target if patients choose to wait or cancel and rebook a booked appointment. 94 patients across all specialties were in this category. 59 in upper and lower GI.

	Nov	Dec	Jan
Upper GI	79%	92.9%	79.2%
Lower GI	79.3%	91.6%	70.5%
Trust level	90.6%	95.1%	89.8%

2.0 Action plan

The January data showed that urgent action was needed to reduce the time to 1st date offered to patients to guard against late cancellation which reduces the opportunity to re

book with the 14 day window should a patient choose to wait or a cancellation occur.

- For upper and lower GI the following standards have been instigated in the 1st week in February:-

All outpatient appointments are booked direct by the 2ww office within 1 working day of receipt of referral (aim actual appointment within 7 days).

Endoscopy and pre assessment appointments are booked within 2 working days (aim pre assessment within 7 working days, endoscopy within the subsequent 7 days).

Where the 2ww office is responsible for booking of 1st appointments for all other tumour sites the standard of 1 working day is now applied, where the booking process for more complex investigations is dependent on another department, the 2 day standard is being applied.

Where patients are non contactable during working hours, the endoscopy unit are phoning patients in the evening (since January 2013). For all other tumour sites the 2ww office are providing an evening phone service to patients (from 1st week in February). Where patients are unable or unwilling to attend dates offered within the 14 day period, Gp practices are being informed of this in order that they can impress upon their patients the need for urgency of the appointment.

During the 1st 10 days of February attempts were made to phone a total of 244 2ww patients between 5-7pm (new service) following unsuccessful attempts during the day. 155 were successfully contacted and appointments booked. This service is set to continue as it is clear that the 'hit rate' is high.

Appendix A details the administrative standards that are being applied to the upper and lower GI 2ww process, these standards are monitored on a weekly basis and corrective actions taken where non compliance is evident.

3.0 Date when recovery of target or standard is expected

Although January performance was significantly under target for the Trust, the actions detailed in section 2.0 have resulted in performance improvement. Indications are that the February performance will be in the region of 95% and March will exceed 94%.

4.0 Details of senior responsible officer

Divisional Clinical Director: Mr Andrew Furlong

Divisional SRO: Nigel Kee, Divisional Manager

C

The University Hospitals of Leicester NHS Trust
2ww booking process for Lower and Upper GI suspected cancers



Paper V Exception Report 2

OPERATIONAL PERFORMANCE EXCEPTION REPORT

REPORT TO: TRUST BOARD

DATE: March 2013

REPORT BY: JEZ TOZER, INTERIM DIRECTOR OF OPERATIONS

REPORT FROM: NIGEL KEE, DIVISIONAL MANAGER

AUTHOR: MICHAEL NATTRASS, CBU MANAGER

DIVISIONAL DIRECTOR: ANDREW FURLONG

SUBJECT: 62 DAY CANCER TARGET

1.0 Present state

The Trust delivered 79.4%% in the month of January on the 62 day (This equates to 7.5 breaches too many). The cumulative position (year to date) is currently at 84.4% against a target of 85%.

The performance against this target at tumour site level is shown in appendix 1.

Although there are dips in monthly performance in many of the tumour sites, when the year to date performance is reviewed it shows that the main tumour sites that continue not to delivering the target are as follows:

April to January Cumulative Position

	Total No. of Patient	Total treated within 62 days	Total No. of breaches	Year to date position %	National Average (approximate)
Gynaecology	112	86	26	76.8%	83.4%
Haematology	78.5%	61	17.5	77.7%	81.4%
Head and Neck	53	30	23	56.6%	73.7%
Lower GI	105.5	61	44.5	57.8%	75.9%
Upper GI	103	72.5	30.5	70.4%	78.2%
Urology	272	224.5	47.5	82.5%	83.5%

2.0 Action plan

Each of the tumour sites developed action plans in February and these have been updated in March. The areas have been asked to report on what the main issues are in terms of delivering their current performance and what actions are being taken to improve their position to deliver the National average for their tumour site.

It is clear from the action plans that the main obstacles in terms of delivering the target are in the diagnostic part of the patient pathway across most of the tumour sites. All the tumour sites have submitted an assessment of their capacity constraints relating to the diagnostic element of the 62 day pathway, and an urgent assessment of the gap between what is required and what is provided is being undertaken. There will be targeted action to resolve the shortcomings which will be implemented.

It is important to note the improvement in processes to deliver the two week wait target have impacts on the 62 day target. During January and into February we have implemented new processes which mean that we have reduced the time from receipt of referral to the time patients receive a booked appointment, and this change has ensured that we have delivered the 14 day target which increases the likelihood of early diagnosis and therefore have a positive impact on the 62 day pathway.

In terms of overall structure, an urgent review is underway by the Planned Care Division to review the existing management structure of the Cancer Centre. It is recognised that senior clinical leadership needs to be strengthened to make sure there is ownership of the entire cancer pathway at tumour site level.

3.0 Date when recovery of target or standard is expected

As stated in last month's report to the Board, all the key tumour sites that have contributed to the current performance have developed action plans to improve the position to deliver at least the National average (for their tumour site). Tumour sites have produced trajectories over the coming months and there is an expectation that the 85% target will be delivered by April 2013 onwards. These action plans have been reviewed and updated.

When reviewing the action plans for the tumour sites, although a lot of work continues to be happening to improve performance, the Trust will not deliver the cumulative position of 85% by the end of the year (31st March 2013). This is based on un-validated data that we currently have on the prospective reports and a review of the current backlogs that exist. It should be noted that there is currently a withholding payment penalty against this target of circ. £1,800,000 based on not delivering the target in June 2012, December 2012 and now January 2013 until the 85% cumulative position is delivered.

To mitigate against this the following steps continue to be in place:

- Daily monitoring of performance including the prospective reports
- Rapid escalation of any issue/s that may cause any delay of treatment
- Weekly review at Activity meetings
- Data validation
- Action Plans to be reviewed by the Planned Care Divisional Director and Manager.

In addition the services are:

- Identifying the specific gaps within the diagnostic pathway and work to resolve these as a matter of urgency. List of further actions to be considered to be completed by 29th March.

It is also being considered whether an invitation to the NHS Interim Management and Support team is extended to come and review and advise on our processes and approach in relation to our patient pathways.

4.0 Details of senior responsible officer

Divisional Clinical Director: Mr Andrew Furlong

Divisional SRO: Nigel Kee, Divisional Manager, Planned Care

Corporate SRO: Charlie Carr , Head of Performance Improvement

APPENDIX 1

University Hospitals of Leicester
NHS Trust

62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers Inc Rare Cancers

		Apr-12	May-12	Jun-12	Qtr 1	Jul-12	Aug-12	Sep-12	Qtr 2	Oct-12	Nov-12	Dec-12	Qtr 3	Jan-13	YTD
Brain/Central Nervous System	% Meeting the standard uhl	--	--	--	--	100.0%	--	--	100.0%	--	--	--	--	--	100.0%
	% Meeting the standard national	--	--	--	--	100.0%	--	--	100.0%	--	--	--	--	--	
Breast	% Meeting the standard uhl	100.0%	95.3%	100.0%	97.7%	96.4%	100.0%	96.2%	97.8%	100.0%	100.0%	96.6%	98.8%	96.4%	97.9%
	% Meeting the standard national	98.2%	97.7%	98.1%	98.0%	97.6%	97.7%	98.2%	97.8%	97.7%	97.7%	97.0%	97.5%	97.3%	
Gynaecological	% Meeting the standard uhl	100.0%	60.0%	68.8%	78.6%	71.4%	75.0%	83.3%	77.8%	50.0%	80.0%	90.9%	75.9%	71.4%	76.8%
	% Meeting the standard national	87.8%	84.3%	84.1%	85.3%	84.7%	85.2%	85.2%	85.2%	88.7%	89.0%	88.8%	89.0%	83.4%	
Haematological	% Meeting the standard uhl	73.7%	85.7%	57.1%	72.3%	100.0%	77.8%	85.7%	89.3%	75.0%	80.0%	66.7%	73.7%	62.5%	77.7%
	% Meeting the standard national	83.2%	83.3%	83.6%	83.3%	82.7%	83.2%	84.9%	83.5%	86.0%	84.0%	83.6%	84.4%	81.4%	
Head and Neck	% Meeting the standard uhl	75.0%	57.1%	33.3%	61.1%	44.4%	33.3%	50.0%	42.9%	85.7%	25.0%	80.0%	68.8%	40.0%	56.6%
	% Meeting the standard national	77.6%	74.9%	75.9%	76.4%	79.5%	74.7%	73.1%	75.8%	79.4%	80.9%	81.4%	80.8%	73.7%	
Lower Gastrointestinal Cancer	% Meeting the standard uhl	23.1%	45.0%	20.7%	32.9%	66.7%	66.7%	68.4%	67.2%	75.0%	83.3%	90.9%	84.0%	66.7%	57.8%
	% Meeting the standard national	81.2%	75.5%	75.2%	77.3%	75.5%	80.1%	81.6%	79.0%	79.1%	79.4%	81.3%	79.9%	75.9%	
Lung	% Meeting the standard uhl	93.5%	94.4%	84.9%	90.0%	85.4%	83.3%	79.1%	82.6%	93.1%	100.0%	93.3%	94.7%	63.0%	87.0%
	% Meeting the standard national	83.1%	84.1%	80.9%	83.0%	80.9%	81.8%	78.0%	80.4%	77.9%	80.8%	83.3%	80.4%	79.0%	
Other	% Meeting the standard uhl	100.0%	--	0.0%	50.0%	66.7%	100.0%	100.0%	91.7%	100.0%	66.7%	100.0%	85.7%	--	83.3%
	% Meeting the standard national	80.6%	--	81.7%	80.8%	82.8%	84.7%	76.9%	81.3%	80.4%	81.8%	77.9%	80.2%	--	
Sarcoma	% Meeting the standard uhl	--	100.0%	100.0%	100.0%	66.7%	0.0%	100.0%	60.0%	0.0%	100.0%	0.0%	57.1%	50.0%	62.5%
	% Meeting the standard national	--	72.1%	80.6%	78.3%	86.0%	82.2%	81.2%	83.9%	83.6%	78.3%	88.3%	84.0%	80.0%	
Skin	% Meeting the standard uhl	100.0%	100.0%	100.0%	100.0%	96.3%	100.0%	100.0%	98.7%	100.0%	100.0%	100.0%	100.0%	100.0%	99.5%
	% Meeting the standard national	97.7%	98.0%	97.6%	97.8%	97.7%	98.3%	97.5%	97.9%	97.0%	96.8%	97.5%	97.1%	95.5%	
Upper Gastrointestinal Cancer	% Meeting the standard uhl	38.9%	100.0%	82.6%	78.3%	89.5%	70.6%	61.5%	75.5%	75.0%	75.0%	60.0%	68.6%	33.3%	70.4%
	% Meeting the standard national	80.9%	81.2%	79.6%	80.7%	81.4%	80.9%	79.1%	81.0%	80.2%	84.1%	82.4%	81.3%	78.2%	
Urological (excluding testicular)	% Meeting the standard uhl	93.9%	88.2%	70.3%	86.5%	86.4%	88.0%	86.5%	87.0%	75.4%	68.8%	72.4%	72.2%	94.5%	82.5%
	% Meeting the standard national	84.6%	84.8%	83.0%	84.4%	83.4%	83.3%	81.8%	83.0%	82.7%	85.2%	84.6%	84.2%	83.5%	
3.7 Rare Cancers	% Meeting the standard uhl	100.0%	--	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	% Meeting the standard national	96.0%	--	92.5%	93.5%	92.9%	92.6%	95.5%	92.9%	95.5%	93.2%	98.8%	95.0%	87.2%	
Grand Total	% Meeting the standard uhl	86.2%	85.4%	77.1%	82.9%	85.7%	87.4%	86.5%	86.5%	85.6%	85.8%	84.6%	85.3%	79.4%	84.4%
	% Meeting the standard national	88.0%	87.2%	86.6%	87.3%	87.0%	88.3%	86.5%	87.2%	87.2%	87.8%	88.3%	87.7%	85.5%	

OPERATIONAL PERFORMANCE EXCEPTION REPORT

REPORT TO: TRUST BOARD

DATE: MARCH 2013

REPORT BY: JEZ TOZER, INTERIM DIRECTOR OF OPERATIONS

AUTHOR: CHARLIE CARR, HEAD OF PERFORMANCE IMPROVEMENT

SUBJECT: CHOOSE AND BOOK (C&B) APPOINTMENT SLOT AVAILABILITY (ASI)

1.0 Present state

The Trust must provide adequate volumes of new outpatient appointments to enable a minimum of 96% of all 1st bookings to be successful (tolerance of 4% ASI rate). Commissioners have detailed the following contractual requirements: From quarter 4, 2012 / 13 onwards ASI rate shall be no greater than 5% measured **monthly**, failure to comply with the ASI target will result in financial penalties.

UHL performance

Despite one month of good performance in January 2013 of 5% (which is within the contractual threshold), February performance shows a deteriorated position of 10%.

Causes of underperformance

- Long waiting times in some OPD specialties reducing the available C&B 'window'
- Real capacity issues within a limited number of specialties (Neurology Consultant departure)
- Limited proactive C&B capacity management
- Administrative delays in OPD slots being made available to C&B

The majority of the issues are limited to a small number of specialties: ENT/ Orthopaedics / Neurology / General Surgery

2.0 Action plan

A number of key actions have taken place these included:

- Review of problem services at clinic level
- Increased waiting times set on 'C&B window' where appropriate
- Additional clinic capacity being made available
- Prospective daily C&B reports to Divisions to aid management of future slot availability
- Recruitment of locum Neurologist

The following additional actions are required on an ongoing basis to ensure recovery and future compliance:

- Weekly review of all C&B services future capacity by Corporate Operations.

Recruitment of central Operations team (3 staff) to be managed by the Head of performance Improvement, anticipated in post May 2013.

- Appropriate Divisional / specialty actions in response to future capacity constraints identified
- Further reductions in waiting times for 1st OPD appointments for key specialties.

3.0 Date when recovery of target or standard is expected

A sustained recovery to below 5% at Trust level is unlikely to happen until June 2013 based on the need for waiting times for 1st OPD appointments to be reduced. A number of key specialties are aiming to reduce waiting times as part of their management of RTT during this period and until this is well underway the risk to ASI remains. By June ENT / Gastroenterology / Orthopaedics and Ophthalmology aim to have waiting times of 8 weeks for their 1st OPD appointments.

Neurology has recruited a locum consultant and the effect of this will be seen in April.

The table below shows ASI performance:-

Date	ASI rate
November (cumulative)	13%
December (cumulative)	8%
January (cumulative)	5%
February (cumulative)	10%
March week 1	11%
March week 2	11%

Risks:

Operational: patients not getting their appointments in a timely and clinically appropriate way

Financial: Based on the current performance the Trust risks contractual penalties which may be in the region of £40-£60k per month.

Reputation: GP's and patients may choose to go elsewhere

These risks will be mitigated by the ongoing actions detailed in section 2 above.

4.0 Details of senior responsible officer

Divisional SRO: Nigel Kee, Divisional Manager, Planned Care.

Monica Harris , Divisional Manager, Acute Care

Corporate SRO: Charlie Carr , Head of Performance Improvement

OPERATIONAL PERFORMANCE EXCEPTION REPORT

REPORT TO: TRUST BOARD

DATE: 28 MARCH 2013

REPORT BY: JEZ TOZER, INTERIM DIRECTOR OF OPERATIONS

AUTHOR: NIGEL KEE, DIVISIONAL MANAGER

DIVISIONAL DIRECTOR: ANDREW FURLONG

SUBJECT: CANCELLED OPERATIONS

1.0 Present state

The Trust is required to ensure that the percentage of operations cancelled on/after the day of admission of all elective activity for non-clinical reasons is no more than 0.8%.

February 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% (125 patients) against a target of 0.8%. The main reason for the increase in short notice cancellations during the month was due to an increase in emergency demand creating pressure on the bed capacity and elective bed capacity not being 'protected'.

Month	Cancs	Short notice canc as a % of FFCEs
Apr-12	90	1.1%
May-12	114	1.2%
Jun-12	97	1.2%
Jul-12	84	0.9%
Aug-12	44	0.5%
Sep-12	74	0.9%
Oct-12	100	1.1%
Nov-12	149	1.6%
Dec-12	91	1.2%
Jan-13	137	1.6%
Feb-13	125	1.5%
YTD	1105	1.2%

Total 'On the Day' Hospital Cancellations for Non Clinical Reason - February 13

		No Cancd
Capacity Pressures	HOSPITAL CANCEL - HDU BED UNAVAILABLE	6
	HOSPITAL CANCEL - ITU BED UNAVAILABLE	2
	HOSPITAL CANCEL -PT DELAYED TO ADM HIGH PRIORITY PATIENT	17
	HOSPITAL CANCEL - WARD BED UNAVAILABLE	56
Capacity Pressures	Sum:	81
Other	HOSPITAL CANCEL - CASENOTES MISSING	1
	HOSPITAL CANCEL - LACK ANAESTHETIC STAFF	3
	HOSPITAL CANCEL - LACK SURGEON	2
	HOSPITAL CANCEL - LACK THEATRE EQUIPMENT	3
	HOSPITAL CANCEL - LACK THEATRE STAFF	2
	HOSPITAL CANCEL - LACK THEATRE TIME / LIST OVERRUN	33
Other	Sum:	44
	TOTAL	125

In February the percentage offered a date within 28 days of the cancellation was 92% against a threshold of 95%. (Year to date performance is 92.7%)

2.0 Action plan

In addition to the actions being taken outlined in last month's exception report, the following is also happening:

- Increasing the available day case capacity on the LRI site by first week in April by including more recovery chairs' in both Day ward and ward 7
- Agreed trajectory for improving the recording of EDD for all patients and promote discharges before 11 am

Risks:

The main risk is that Divisions do not keep within their agreed bed base and that elective capacity is not protected.

3.0 Date when recovery of target or standard is expected

The re-dating of cancellations within 28 days (95%) will be delivered from 1st April onwards.

4.0 Details of senior responsible officer

Divisional Clinical Director: Mr Andrew Furlong

Divisional SRO: Nigel Kee, Divisional Manager, Planned Care

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

OPERATIONAL PERFORMANCE EXCEPTION REPORT

REPORT TO: TRUST BOARD

DATE: MARCH 2013

REPORT BY: JEZ TOZER , INTERIM DIRECTOR OF OPERATIONS

AUTHOR: SUE SUTTON, OPHTHALMOLOGY SERVICE MANAGER

DIVISIONAL DIRECTOR: ANDREW FURLONG

SUBJECT: OPHTHALMOLOGY NON ADMITTED REFERRAL TO
TREATMENT FEBRUARY PERFORMANCE

1.0 Present state

There is a contractual requirement to deliver RTT performance at speciality level, failure to do so incurs an automatic contractual financial penalty of circa £3,000. The February 2013 finalised Referral to Treatment (RTT) performance for Ophthalmology non admitted was 94.4% - this is below the target of 95%.

There were 1315 patients treated within 18 weeks with 78 over 18 weeks.

This under performance (9 pathways) is due to the following .

- Non admitted backlog is a risk to RTT admitted and non admitted performance with 413 patients currently waiting over 18 weeks, a reduction of approximately 50 during February
- Implementation of plan to reduce the non admitted backlog.
- Administrative vacancies have significantly affected data quality, report validation and high administrative error rates due to vacancies and new starters.

2.0 Action plan

It is recognised that Ophthalmology requires a maximum outpatient wait of 8 weeks across all referral routes (GP / non GP) to be able to deliver admitted and non admitted performance without risk.

The service has developed and has had approved a plan for reduction of non admitted backlog this involves

- Increasing outpatient activity and reducing waiting times with additional clinical staff.
- Increasing outpatient activity for non GP referrals as this is highest referral source.
- Vacancy recruitment for Band 2 staff in place
- Team Leader post – individual secondment in progress start mid April to support validation and training.
- Teaching / training of new staff is in progress.

- Continuous and significant balancing of this recovery plan is required by the service.
- A centrally managed RTT team is being appointed (interviews 28th March) to add additional support

3.0 Date when recovery of target or standard is expected

Although February non admitted performance was under target at 94.4% the actions detailed above are expected to deliver month on month from March onwards.

Risks:

- Underperformance in future months due to further planned reductions in non admitted backlog, over 18 weeks patients in particular long waiter
- Financial penalties should underperformance occur

4.0 Details of senior responsible officer

Divisional SRO: Nigel Kee, Divisional Manager

Divisional Director: Andrew Furlong

Caring at its best

Quality and Performance

Trust Board

Thursday 28th March 2013

February 2013

One team shared values

QUALITY and PERFORMANCE REPORT

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UHL at a Glance - Month 11 - 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	91.9	96.4				Dec-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	63.3	56.8		New O/F target April 2012		Feb-13		Quality
Net Promoter - Coverage	10%	16.9%	11.9%				Feb-13		Quality
Operations cancelled for non-clinical reasons on or after the day of admission	0.8%	1.5%	1.2%				Feb-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%	86.1%	92.6%				Feb-13	✓	✓
ED Waits - UHL (Type 1 and 2)	95%	82.2%	90.7%				Feb-13		Trust
RTT 18 week – admitted	90%	91.9%					Feb-13	✓	✓
RTT 18 week – non-admitted	95%	96.9%					Feb-13	✓	✓
RTT - Incomplete 92% in 18 weeks	92%	93.5%					Feb-13		✓
RTT delivery in all specialties	0	1					Feb-13		✓
6 Week - Diagnostic Test Waiting Times	<1%	1.0%					Feb-13		✓
Cancer: 2 week wait from referral to date first seen - all cancers	93%	89.8%	93.0%				Jan-13	✓	✓
Cancer: 2 week wait from referral to date first seen, for symptomatic breast patients (cancer not initially suspected)	93%	93.6%	94.5%				Jan-13	✓	✓
All Cancers: 31-day wait from diagnosis to first treatment	96%	96.6%	97.3%				Jan-13	✓	✓
All cancers: 31-day for second or subsequent treatment - anti cancer drug treatments	98%	100.0%	100.0%				Jan-13	✓	✓
All Cancers: 31-day wait for second or subsequent treatment - surgery	94%	94.6%	96.0%				Jan-13	✓	✓
All Cancers: 31-day wait for second or subsequent cancer treatment - radiotherapy treatments	94%	99.1%	98.4%				Jan-13	✓	✓
All Cancers:- 62-day wait for first treatment from urgent GP referral	85%	79.4%	84.4%				Jan-13	✓	✓
All Cancers:- 62-day wait for first treatment from consultant screening service referral	90%	91.7%	94.3%				Jan-13	✓	✓
All Cancers:- 62-Day Wait For First Treatment From Consultant Upgrade	85%	100.0%	100.0%				Jan-13	✓	✓
Neck of Femurs Operated on < 36 Hours (Best Practice Tariff)	70%	66.7%	71.6%				Feb-13		Quality

UHL at a Glance - Month 11 - 2012/13

SAFE ENVIRONMENT	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH
MRSA Bacteraemias	6	0	2				Feb-13	✓	✓
CDT Isolates in Patients (UHL - All Ages)	113	4	85				Feb-13	✓	✓
Serious Incidents Requiring Investigation	TBC	48					Feb-13	✓	
Never Events	0	0	6				Feb-13	✓	
Incidents of Patient Falls	2750	264	2530				Jan-13	✓	
Pressure Ulcers (Grade 3 and 4)	110	14	140				Jan-13	✓	
% of all adults who have had VTE risk assessment on adm to hosp	90%	92.3%	94.7%				Feb-13		✓
100% compliance with WHO surgical checklist (Y/N)		Y					Feb-13	✓	
Bed Occupancy (Including short stay admissions)	90%	93.0%					Feb-13		Quality
Bed Occupancy (Excluding short stay admissions)	86%	88.5%					Feb-13		Quality
Nurse to Bed Ratio - General Base Ward		1.1 to 1.3 WTE					Feb-13		Quality
Nurse to Bed Ratio - Specialist Ward		1.4 to 1.6 WTE					Feb-13		Quality
Nurse to Bed Ratio - HDU		3 to 4 WTE					Feb-13		Quality
Nurse to Bed Ratio - ITU		5.5 to 6 WTE					Feb-13		Quality
STAFF EXPERIENCE / WORKFORCE	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH
Sickness absence	3.0%	3.8%	3.4%				Feb-13		Quality
Appraisals	100%	91.1%	91.1%				Feb-13		Trust
VALUE FOR MONEY	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH
Total Pay Bill (£ millions)	36.7	38.4	415.7				Feb-13		Trust
Total Whole Time Employee (WTE)		10,541	10,541				Feb-13		Trust

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

DoH PERFORMANCE/OPERATING FRAMEWORK - 2012/13 INDICATORS

Performance Indicator		Performing	Under-performing	Weighting	Monitoring Period	April	May	June	Qtr 1	July	August	Sept	Qtr 2	Oct	Nov	Dec	Qtr 3	Jan	Feb
A&E - Total Time in A&E		95%	94%	1.0	QTR	0.0	0.0	0.0	0.0	3.0	3.0	3.0	3.0	2.0	0.0	0.0	0.0	0.0	0.0
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	3.0
	Clostridium Difficile	0	>1SD	1.0	YTD	2.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0
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	3.0
	RTT waiting times – non-admitted	95%	90%	1.0	Monthly	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0
	RTT - incomplete 92% in 18 weeks	92%	87%	1.0	Monthly	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0
	RTT delivery in all specialties	0	>20	1.0	Monthly	2.0	2.0	2.0	2.0	3.0	3.0	2.0	2.0	2.0	2.0	2.0	2.0	3.0	2.0
	Diagnostic Test Waiting Times	<1%	5%	1.0	Monthly	3.0	3.0	0.0	0.0	2.0	3.0	3.0	2.0	3.0	3.0	2.0	2.0	3.0	3.0
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	1.5
	Cancer: 2 week wait from referral to date first seen, for symptomatic breast patients	93%	88%	0.5	Monthly	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5
	All Cancers: 31-day wait from diagnosis to first treatment	96%	91%	0.25	Monthly	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75
	All Cancers: 31-day wait for second or subsequent treatment - surgery	94%	89%	0.25	Monthly	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75
	All cancers: 31-day for second or subsequent treatment - anti cancer drug treatments	98%	93%	0.25	Monthly	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75
	All Cancers: 31-day wait for second or subsequent cancer treatment - radiotherapy treatments	94%	89%	0.25	Monthly	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75
	All Cancers:- 62-day wait for first treatment from urgent GP referral	85%	80%	0.5	Monthly	1.5	1.5	0.0	1.0	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	0.0	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	1.5
Delayed transfers of care		3.5%	5%	1.0	QTR	3.0	3.0	2.0	3.0	3.0	2.0	3.0	3.0	3.0	2.0	3.0	3.0	3.0	3.0
Single Sex Accommodation Breaches		0.0%	0.5%	1.0	QTR	2.0	3.0	3.0	2.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0
Venous Thromboembolism (VTE) Screening		90%	80%	1.0	QTR	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0
Sum of weights				14.00		36.0	38.0	32.5	33.5	41.0	41.0	41.0	40.0	40.0	37.0	36.5	36.5	37.0	37.5
Performance Score = sum of weights/14						2.6	2.7	2.2	2.39	2.9	2.9	2.9	2.9	2.9	2.6	2.6	2.6	2.6	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 - Referral	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 - Referral	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

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	Quarter 3	January	February (Forecast)	March	Quarter 4	Total	Comments
A&E - Total Time in A&E	£80,057	£0	£2,068,666	£689,673	£650,000	£0	£1,339,673	£3,488,396	ED 4 Hour penalty contains both elements the automatic element and the clause 47 breached remedial action plan element.
Cancer 62 day	£616,433	£0	£650,000	£620,000	£620,000	£0	£1,240,000	£2,506,433	
RTT - specialty level delivery	£11,796	£35,562	£119,191	£0	£3,000	£0	£3,000	£169,549	Cancer 62 day performance is shown here for the first time as it has been assumed that this performance would return YTD and be repaid. Performance for Dec and Jan were below the threshold and therefore a penalty has been applied, it is looking like the performance for Feb will also be missed.
Never Events	£2,484	£4,030	£0	£0	£0	£0	£0	£6,514	
Same Sex Accommodation Breaches	£1,750	£0	£0	£0	£0	£0	£0	£1,750	There is a positive number shown against ambulance turnaround as the impact of this term has been negotiated to be no greater than £75k FYE.
Breach of diagnostics 6 week wait standard	£15,000	£5,000	£0	£0	£0	£0	£0	£20,000	
Ambulance Turnaround	£0	£70,000	£70,000	£0	£0	£0	-£65,000	£75,000	Agreement has been reached on the calculation of the 2ww Cancer penalty and this has been applied in Q3 for the November performance and will also need to be applied in January.
2 Week Wait Cancer			£4,942	£5,000	£0	£0	£5,000	£9,942	
Total	£111,087	£44,592	£2,257,857	£1,314,673	£1,273,000	£0	£2,587,673	£5,001,209	

PERFORMANCE AREAS AT RISK OF CONTRACTUAL PENALTY

Nationally Specified Event	Threshold	Consequence per breach	Current Contractual	Latest Position
A&E - Total Time in A&E plus ED Clinical Indicators	95% of patients waiting less than 4 hours	The maximum penalty could be £1m (2%) of total Contract Value for each month of failure	The discussions relating to this penalty have formed part of the year end closure agreement.	Performance in ED against this target is not recovering and it is likely that we will carry this penalty in to 2013-14.
Proportion of patients receiving first definitive treatment for cancer within 62 days of referral	Operating standard of 85%	2% of the Actual Outturn Value of the service line revenue	The discussions relating to this penalty have formed part of the year end closure agreement.	Performance against this target has not been achieved since December
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.

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

Nationally Specified Event	Threshold	Consequence	Current	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 February has slipped and there is a likelihood of the application of a penalty.

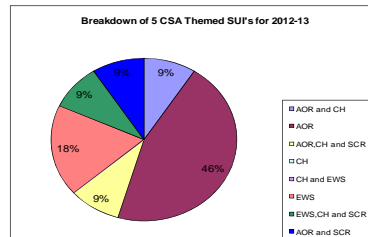
QUALITY

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 a breakdown of the themes of SUIs related to the 5 CSAs up until end of Q3 this year. This shows that EWS has reduced by 25% as a theme for the SUIs that we have had compared to 11/12 data.



Key to graph: AOR= Acting on Results, EWS= Early Warning Score, SCR= Senior Clinical Review, CH= Clinical Handover

CQUIN funding of 90% for the 5 CSAs has now been confirmed by the CCGs as achieved for Q3. The reduction is due to the delay in trust

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:-

- Development work by IT on UHL web based handover system is now complete, Go Live date for updated v2 was delayed due to IT resources being prioritised elsewhere, new date set for 12.03.13.
- Work with alternative handover system supplier to develop module has seen pilot agreed with UHL and Nerve Centre. Pilot to now take place in all surgical wards at LRI and will involve both medical and nursing staff. ACCA agreed by trust to undertake audit and full report. Provisional date for start of pilot is 15th April 2013, with pre audit taking place the previous week.

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 90% of all HCA's assessed competent with EWS across the trust. Actual breakdown is 92% in maternity, 100% in women's, 100% in children's, 60% in acute and 100 % in planned care. Action to remedy and validate reduced numbers for the acute division has been successful with figures increasing from 36% to 60% in one month. This work will continue.
- February 2013 has seen a 63% reduction in EWS reported incidents related to non escalation compared to February 2012.

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

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:-

- Trust wide Diagnostic Testing policy to include medical staff and AHP that undertake diagnostic testing has now been approved.
- Diagnostic Testing policy implementation plan developed and roll out commenced.
- Acting on Results in ED has been agreed as a 2013 priority for the trust Quality Commitment work. Plan for this action will be presented at

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:-

- Plan for this action presented at Trust Board on 28th February 2013 as it is a 2013 priority for the Quality Commitment work.
- Ward round template sheet as documentation is now printed and ready for trial in medicine. Trial start date set for 18th March 2013.
- Ward round safety checklist currently being developed for use as a prompting tool across trust.
- Date set to meet with Right Place Consulting to agree joint working within acute division.

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 February 2013, 2,040 Patient Experience Surveys were returned which met the Trust's target of 1,543

Treated with Respect and Dignity

The Trust has maintained a GREEN rating for the question 'Overall do you think you were 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 2,040 surveys, 1,694 surveys included a response to the Net Promoter Question.

Number of Promoters: 1177
 Number of passives: 413
 Number of detractors: 104
Overall NET promoter score 63.34

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

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



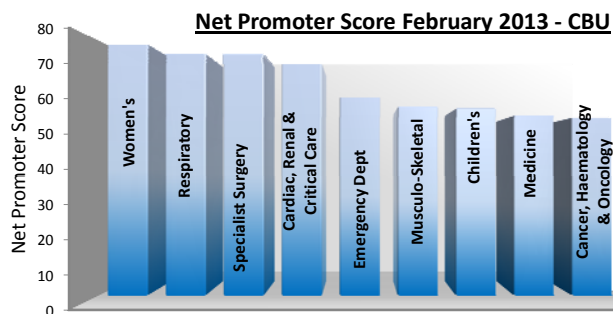
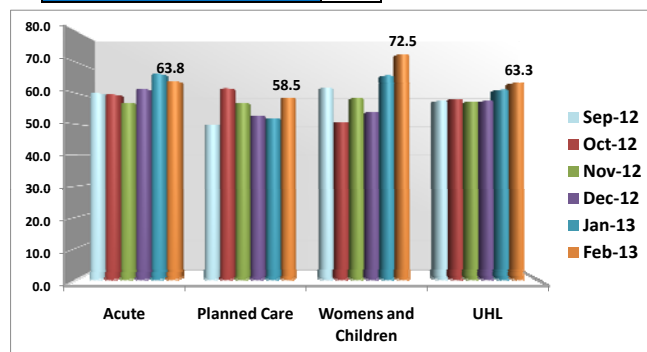
Net Promoter 63.3

Coverage 16.9%



Friends & Families Test - the Net Promoter - FEBRUARY 2013

Number of Responses **1694**



Patient Experience Surveys

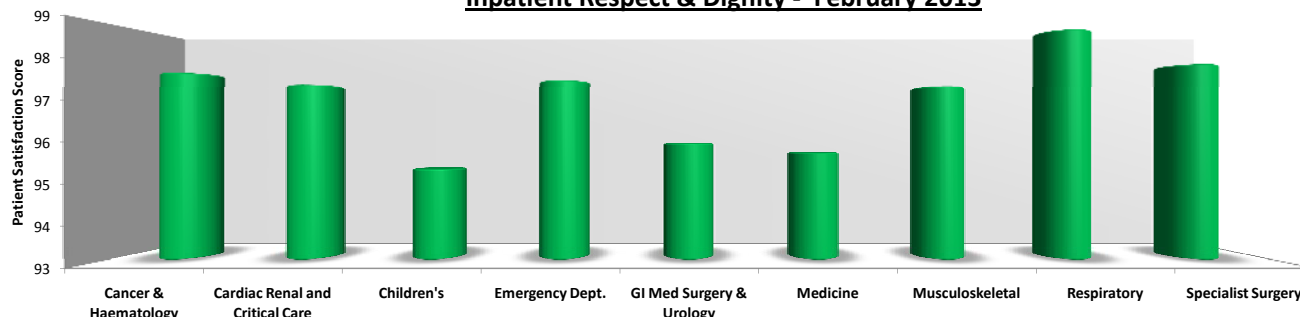
Inpatient Return Rates - February 2013

Division	Returned	Target	% Achieved
Acute Care	1,076	769	139.9%
Planned Care	775	589	131.6%
Women's and Children's	189	185	102.2%
UHL	2,040	1,543	132.2%

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

Division	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	Feb-13
Acute	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	96.8
Planned Care	95.9	96.9	96.7	96.1	96.0	97.5	96.6	96.7	96.2	96.8	96.2	96.7	95.9	97.2
Womens and Children	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	97.2
UHL	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	97.0

Inpatient Respect & Dignity - February 2013



Friends & Families Test - *The Net Promoter : February 2013* (surveys between 27th Jan - 23rd Feb)

		Total Number of Responses in Period	Number of Promoters	Number of Passives	Number of Detractors	Net Promoter Score
UHL Trust Level Totals		1,694	1,177	413	104	63.34
<i>Acute Care</i>		Total Number of Responses in Period	Number of Promoters	Number of Passives	Number of Detractors	Net Promoter Score
Cardiac, Renal & Critical Care						
Cardiology	GH WD 24	10	9	1	0	90.00
	GH WD 27	19	15	4	0	78.95
	GH WD 28	14	13	0	1	85.71
	GH WD 32	2	1	1	0	50.00
	GH WD 33	2	1	1	0	50.00
	GH WD 33A	10	7	3	0	70.00
	GH WD Coronary Care Unit	36	28	6	2	72.22
Cardiology Total		93	74	16	3	76.34
Cardiothoracic Surgery	GH WD 20	18	12	4	2	55.56
	GH WD 31	14	13	1	0	92.86
	GH WD 34	2	2	0	0	100.00
Cardiothoracic Surgery Total		34	27	5	2	73.53
Nephrology	LGH WD 10	7	5	2	0	71.43
	LGH WD 15A HDU Neph	0	-	-	-	-
	LGH WD 15N Nephrology	7	3	4	0	42.86
Nephrology Total		14	8	6	0	57.14
Paed Cardiothor Surg ECMO	GH WD 30	6	4	2	0	66.67
Paed Cardiothor Surg ECMO Total		6	4	2	0	66.67
Paediatric Cardiology	GH WD Paed ITU	10	9	0	1	80.00
Paediatric Cardiology		10	9	0	1	80.00
Transplant	LGH WD 17 Transplant	25	17	8	0	68.00
Transplant Total		25	17	8	0	68.00
Business Unit Total		182	139	37	6	73.08
Emergency Department						
Emergency Department	(NB: Not inpatient surveys)	259	172	77	10	62.55
Business Unit Total		259	172	77	10	62.55
Medicine						
Diabetology	LRI WD 38 Win L6	15	7	7	1	40.00
Diabetology Total		15	7	7	1	40.00
Gastroenterology	LRI WD 30 Win L4	2	1	1	0	50.00
Gastroenterology Total		2	1	1	0	50.00
Infectious Diseases	LRI WD IDU Infectious Diseases	22	16	6	0	72.73
Infectious Diseases Total		22	16	6	0	72.73
Integrated Medicine	LGH WD 8	5	2	1	2	0.00
	LGH WD Young Disabled	4	3	1	0	75.00
	LRI WD 23 Win L3	19	13	5	1	63.16
	LRI WD 24 Win L3	18	13	4	1	66.67
	LRI WD 25 Win L3	15	13	2	0	86.67
	LRI WD 26 Win L3	26	20	4	2	69.23
	LRI WD 29 Win L4	26	19	7	0	73.08
	LRI WD 31 Win L5	30	25	4	1	80.00
	LRI WD 33 Win L5	25	10	10	5	20.00
	LRI WD 34 Windsor Level 5	0	-	-	-	-
	LRI WD 36 Win L6	2	1	1	0	50.00
	LRI WD 37 Win L6	18	7	8	3	22.22
	LRI WD Acute Medical Unit	69	38	22	9	42.03
	LRI WD Fielding John Vic L1	1	0	1	0	0.00
	LRI WD Odames Vic L1	10	7	3	0	70.00
Integrated Medicine		268	171	73	24	54.85
Neurology	LGH WD Brain Injury Unit	0	-	-	-	-
Neurology		0	0	0	0	-
Rheumatology	LGH WD 1	45	33	9	3	66.67
Rheumatology		45	33	9	3	66.67
Business Unit Total		352	228	96	28	56.82
Respiratory						
Thoracic Medicine	GH WD 15	3	2	1	0	66.67
	GH WD 16 Respiratory Unit	40	38	1	1	92.50

Friends & Families Test - *The Net Promoter : February 2013* (surveys between 27th Jan - 23rd Feb)

GH WD 17	12	6	5	1	41.67
GH WD Clinical Decisions Unit	21	14	6	1	61.90
Thoracic Medicine Total	76	60	13	3	75.00
Thoracic Surgery GH WD 26	12	10	2	0	83.33
Thoracic Surgery Total	12	10	2	0	83.33
Business Unit Total	88	70	15	3	76.14
Acute Care Total	881	609	225	47	63.79
Planned Care	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	3	2	0	1	33.33
Bone Marrow Transplantation	3	2	0	1	33.33
Clinical Oncology LRI WD 39 Osb L1	42	33	6	3	71.43
LRI WD 40 Osb L1	28	13	11	4	32.14
Clinical Oncology	70	46	17	7	55.71
Haematology LRI WD 41 Osb L2	25	17	6	2	60.00
Haematology	25	17	6	2	60.00
Business Unit Total	98	65	23	10	56.12
GI Medicine, Surgery and Urology					
General Surgery LGH WD 22	14	5	7	2	21.43
LGH WD 26 SAU	5	3	2	0	60.00
LGH WD 27	27	20	5	2	66.67
LGH WD 28 Urology	2	1	0	1	0.00
LGH WD Surg Acute Care	11	10	1	0	90.91
LRI WD 22 Bal 6	33	23	6	4	57.58
LRI WD 8 SAU Bal L3	44	19	14	11	18.18
General Surgery	136	81	35	20	44.85
Urology LGH WD 29 EMU Urology	8	1	5	2	-12.50
Urology	8	1	5	2	-12.50
Business Unit Total	144	82	40	22	41.67
Musculo-Skeletal					
Orthopaedic Surgery					
LGH WD 14	34	29	4	1	82.35
LGH WD 16	29	18	10	1	58.62
LGH WD 19	52	36	15	1	67.31
Orthopaedic Surgery	115	83	29	3	69.57
Trauma LRI WD 17 Bal L5	14	8	3	3	35.71
LRI WD 18 Bal L5	37	21	12	4	45.95
LRI WD 32 Win L5	12	5	6	1	33.33
Trauma	63	34	21	8	41.27
Business Unit Total	178	117	50	11	59.55
Specialist Surgery					
Breast Care GH WD 23A	15	14	1	0	93.33
Breast Care	15	14	1	0	93.33
ENT LRI WD 7 Bal L3	30	22	7	1	70.00
ENT	30	22	7	1	70.00
Plastic Surgery LRI WD Kinmonth Unit Bal L3	22	16	3	3	59.09
Plastic Surgery	22	16	3	3	59.09
Ophthalmology LRI WD Ophthalmic Suite Bal L6	36	25	11	0	69.44
Ophthalmology	36	25	11	0	69.44
Vascular Surgery LRI WD 21 Bal L6	39	35	4	0	89.74
Vascular Surgery	39	35	4	0	89.74
Business Unit Total	142	112	26	4	76.06
Planned Care Total	562	376	139	47	58.54

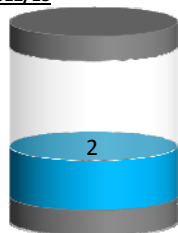
Friends & Families Test - *The Net Promoter : February 2013* (surveys between 27th Jan - 23rd Feb)

<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	10	9	0	1	80.00
	LRI WD 14 Bal L4	17	17	0	0	100.00
	LRI WD 27 Win L4	6	5	1	0	83.33
	LRI WD 28 Windsor Level 4	0	-	-	-	-
	LRI WD Paed ITU	2	1	1	0	50.00
Paediatric Medicine		35	32	2	1	88.57
Paediatric Surgery	LRI WD 10 Bal L4	30	19	8	3	53.33
	LRI WD 11 Bal L4	18	5	10	3	11.11
Paediatric Surgery		48	24	18	6	37.50
Business Unit Total		83	56	20	7	59.04
Women's						
Gynaecology	LGH WD 11	36	32	3	1	86.11
	LGH WD 31	35	30	5	0	85.71
	LRI WD 1 Ken L1	0	-	-	-	-
	LRI WD GAU Ken L1	12	6	6	0	50.00
Gynaecology		83	68	14	1	80.72
Obsterics	LGH WD 30	50	35	13	2	66.00
	LRI WD 5 Ken L3	20	19	1	0	95.00
	LRI WD 6 Ken L3	15	14	1	0	93.33
Obsterics		85	68	15	2	77.65
Business Unit Total		168	136	29	3	79.17
<i>Women's & Children's Total</i>		<i>251</i>	<i>192</i>	<i>49</i>	<i>10</i>	<i>72.51</i>

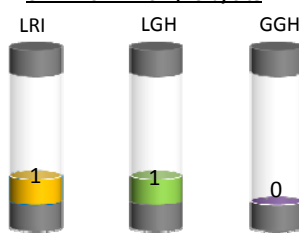
INFECTION PREVENTION

MRSA BACTERAEMIA

UHL MRSA FY 2012/13



UHL MRSA FY 2012/13 by site



Performance Overview

MRSA – There was 0 MRSA cases reported for February. The year to date figure is 2 against a 2012/13 target of 6 cases.

C Difficile – there were 4 cases reported in February resulting in a cumulative position of 85 against a target of 103 for April to February.

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

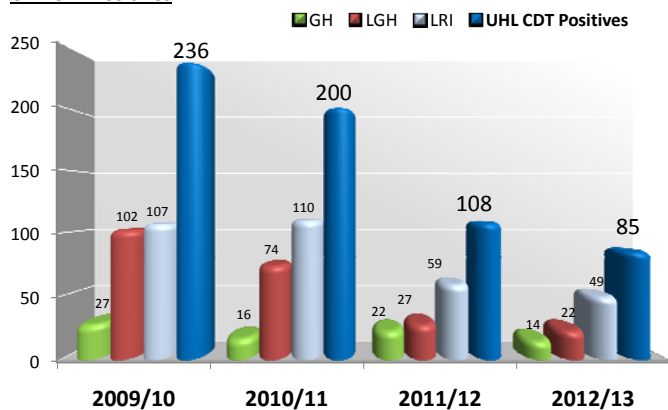


UHL MRSA FY 2011/12

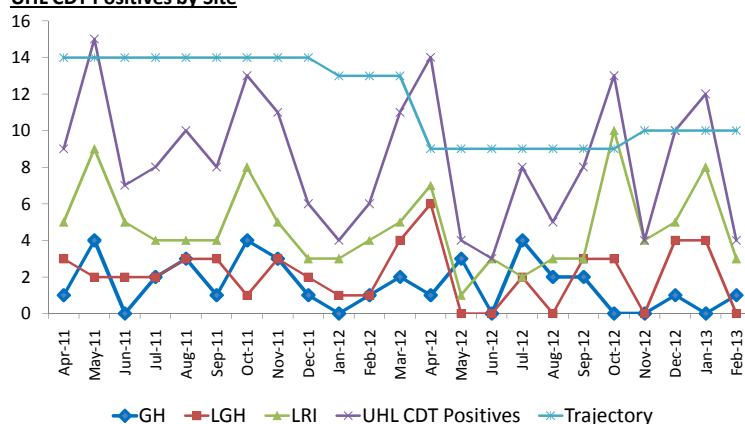


CLOSTRIDIUM DIFFICILE - UHL CDT POSITIVES

UHL CDT Positives



UHL CDT Positives by Site



TARGET / STANDARD

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

YTD	Target
2	6

YTD	Target
85	113
1.0	

	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
GRE	3	1	1	2	1	3	3	1	0	0	1	0	2
MSSA	5	5	2	4	2	7	4	5	3	4	3	7	1
E-Coli	35	46	39	44	45	46	51	48	49	31	40	49	43

YTD	Target
14	TBC
42	No National Target
485	No National Target

MORTALITY

UHL CRUDE MORTALITY

Performance Overview

The latest SHMI covered the period July 11 to June 12 and UHL's SHMI was 105 which is above the national but 'within expected'. UHL's HSMR for 12/13 (April to Dec) is 96.4. UHL's HSMR for 12/13 is predicted to be 103 after rebasing. Following review of UHL's SHMI and other mortality data by the Boston Consultancy Group, 2 priorities have been identified:

'Out of Hours' Admissions

Respiratory (specifically pneumonia) Pathway

Actions taken to date include

Implementation of the 'Hospital 24/7'

Implementation of 'Right Place' and earlier senior review of emergency admissions

Further analysis of the 'out of hours' mortality data by site and diagnosis to identify priority subgroups

Proposed pathway proposed to increase number of respiratory patients admitted directly to Glenfield Hospital.

Further work being undertaken to feed pathway into the Right Place workstream and to liaise with GPs and EMAS

The LLR Mortality Summit have commissioned an 'interface review' to take place (during May/June) which will look at the deaths of a sample of patients who died at the LRI and also a sample of patients that died post discharge from UHL. The review will be carried out by a group of medical staff (both GPs and UHL Consultants) and a group of nursing staff (from GP Practices, Community Nursing Teams and UHL). The aim of the review is to ascertain the standard and acceptability of care both within UHL and primary care.

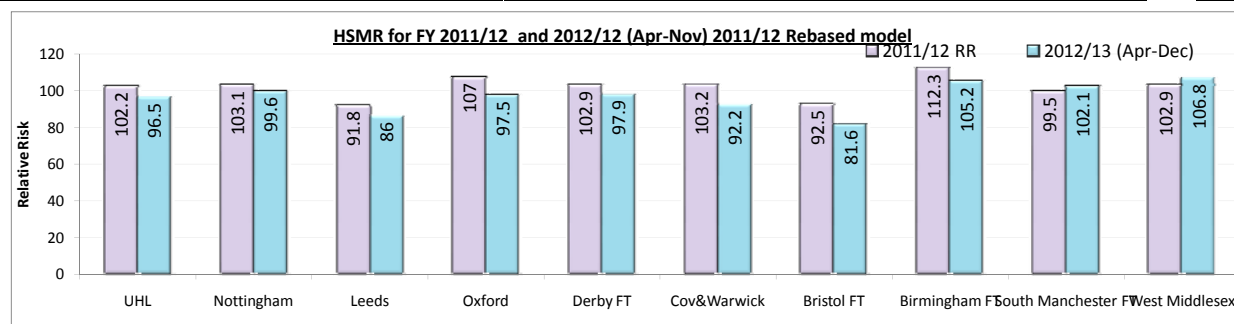
UHL CRUDE DATA TOTAL SPELLS	Feb-12	Mar-12	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	YTD
UHL Crude Data - TOTAL Spells	18669	19936	220532	17423	19676	17626	19090	18332	17907	19795	19238	17717	18573	17299	202676
UHL Crude Data - TOTAL Deaths	285	285	2970	277	259	235	266	232	249	250	254	279	313	275	2889
UHL %	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%	1.6%	1.4%

UHL CRUDE DATA ELECTIVE SPELLS	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	Jan-13	YTD
UHL Crude Data - ELECTIVE Spells	9153	9833	105530	7854	9389	8007	9085	8536	8359	9494	9280	7860	8815	8184	94863
UHL Crude Data - ELECTIVE Deaths	5	8	82	5	7	9	9	10	5	10	7	8	4	7	81
%	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%	0.1%

UHL CRUDE DATA NON ELECTIVE SPELLS	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	Jan-13	YTD
UHL Crude Data - NON ELECTIVE Spells	9516	10103	115002	9569	10287	9619	10005	9796	9548	10301	9958	9857	9758	9115	107813
UHL Crude Data - NON ELECTIVE Deaths	280	277	2888	272	252	226	257	222	244	240	247	271	309	268	2808
%	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%	2.9%	2.6%

HSMR and RELATIVE RISK Using Dr Foster System (Dfi)

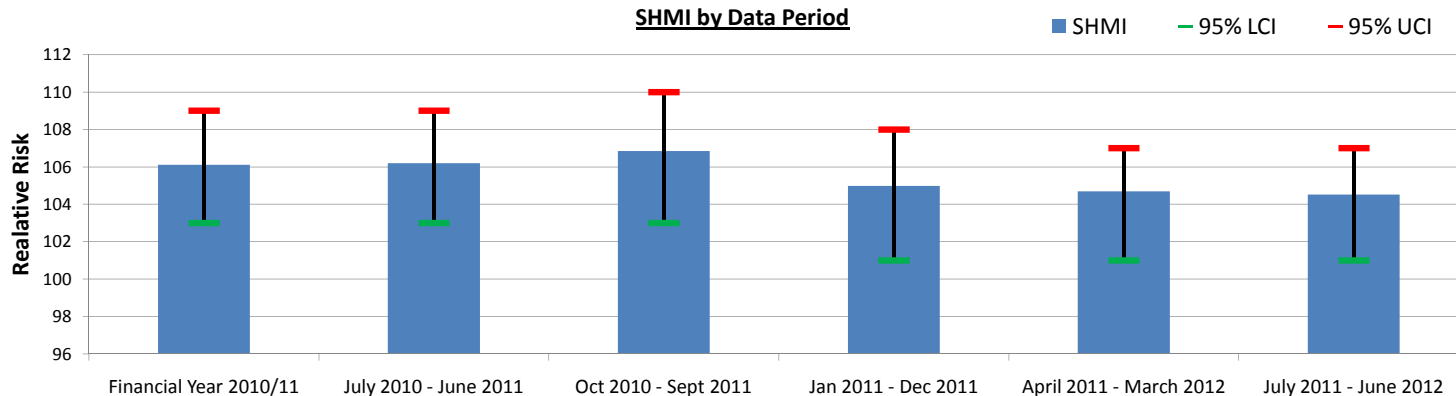
	Dec-11	Jan-12	Feb-12	Mar-12	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	FYTD
HSMR Indicator (Dfi) Rebased 2011/12 model	90.0	99.5	112.4	107.4	102.2	108.5	93.3	91.1	99.4	92.1	106.2	96.9	89.8	91.9	96.4
Relative Risk - Elective Spells (Dfi) Rebased 2011/12 model	134.6	33.8	60.1	141.9	89.3	96.5	104.3	103.0	149.0	107.5	76.2	133.2	54.3	82.4	100.2
Relative Risk - Non Elective Spells (Dfi) Rebased 2011/12 model	88.7	101.1	113.4	106.5	102.3	109.2	93.0	90.6	98.3	91.6	107.1	95.8	90.6	91.9	96.3



MORTALITY

SHMI

SHMI by Data Period

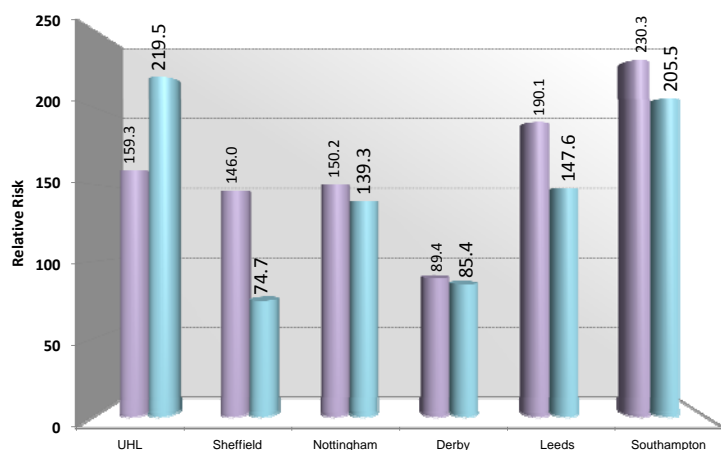


SHMI - High/low relative risk positions

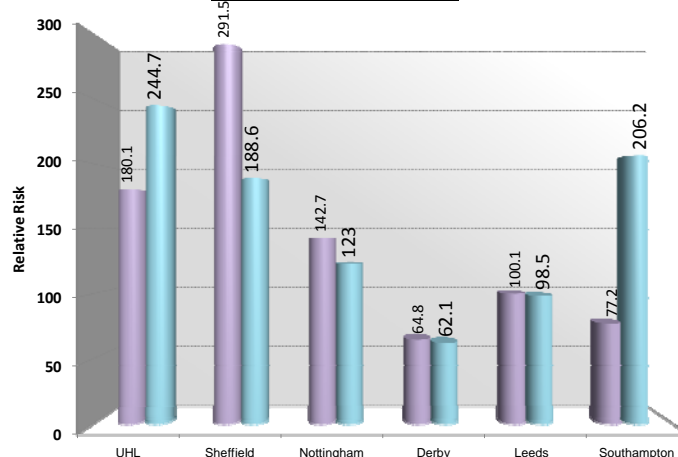
CCS Group	Observed Deaths	SHMI	95% Confidence interval
High relative risks			
Pneumonia	427	109.15	102.91-124.69
Acute cerebrovascular disease	181	89.53	86.34-116.18
Congestive heart failure, nonhypertensive	167	94.62	75.36-102.68
Acute myocardial infarction	116	107.08	84.66-122.88
Chronic obstructive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

UHL's Relative Risk compared with University Hospitals for 'Perinatal Period Diagnosis Groups' 2011/12 and 2012/13 (Apr-Dec)



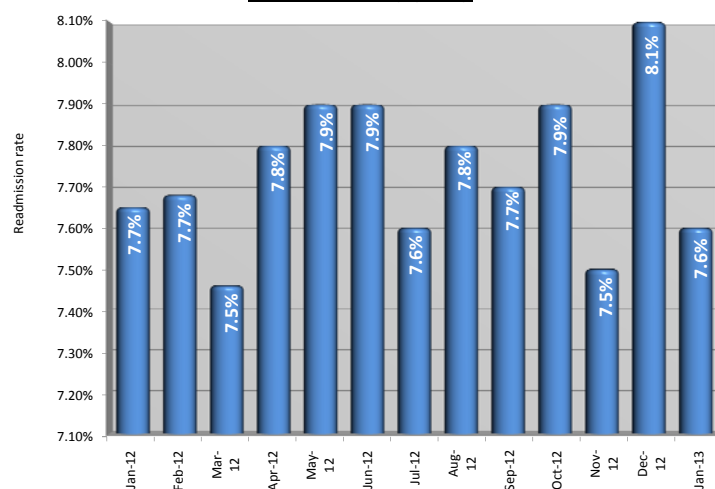
UHL's Relative Risk compared with University Hospital Peer for Short Gestation, Low Birthweight and Growth Retardation Diagnosis Group FY 2011/12 and 2012/13 (Apr-Dec)



READMISSIONS

UHL Readmissions

Readmission Rate (Any Specialty)



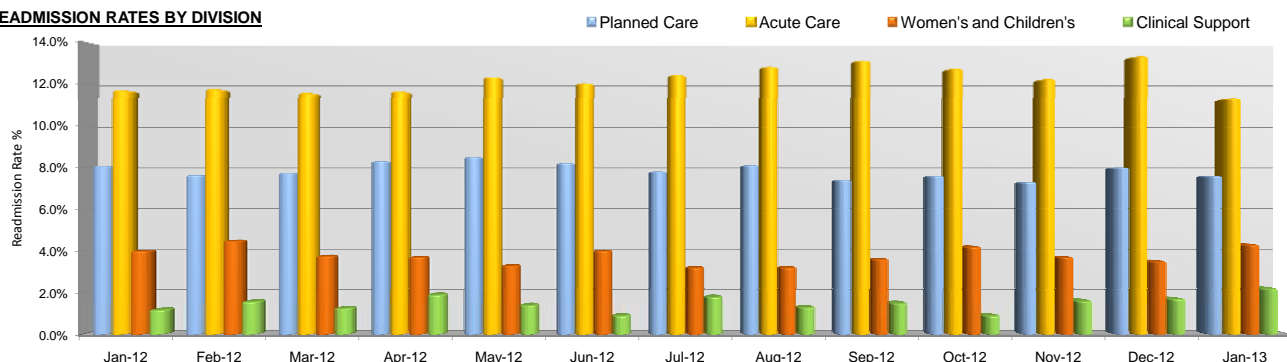
Performance Overview

Following the receipt of a CHKS report on readmissions the Trust will be focussing on three key areas (general medicine, respiratory and gen surgery). Divisions will be asked to develop and deliver plans and trajectories which will be monitored at the monthly Confirm and Challenge meetings. Actions are already underway from some of the divisions and are now reported through the Confirm & Challenge meetings

UHL CRUDE DATA TOTAL SPELLS	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
Discharges	19145	18670	19937	17423	19676	17626	19090	18332	17907	19795	19238	17717	18573	185,377
30 Day Emerg. Readmissions (Any Spec)	1,465	1,433	1,488	1,359	1,553	1,388	1,445	1,438	1,378	1,555	1,441	1,436	1,413	14,406
Readmission Rate (Any Specialty)	7.7%	7.7%	7.5%	7.8%	7.9%	7.9%	7.6%	7.8%	7.7%	7.9%	7.5%	8.1%	7.6%	7.8%
30 Day Emerg. Readmissions (Same Spec)	882	849	845	810	901	835	826	833	780	888	838	803	783	8,297
Readmission Rate (Same Specialty)	4.6%	4.5%	4.2%	4.6%	4.6%	4.7%	4.3%	4.5%	4.4%	4.5%	4.4%	4.5%	4.2%	4.5%
Total Bed Days of ALL Readmitting Spells	8,892	9,170	9,191	8,224	9,226	8,505	8,317	8,811	8,312	9,297	8,567	9,188	9,037	87,484

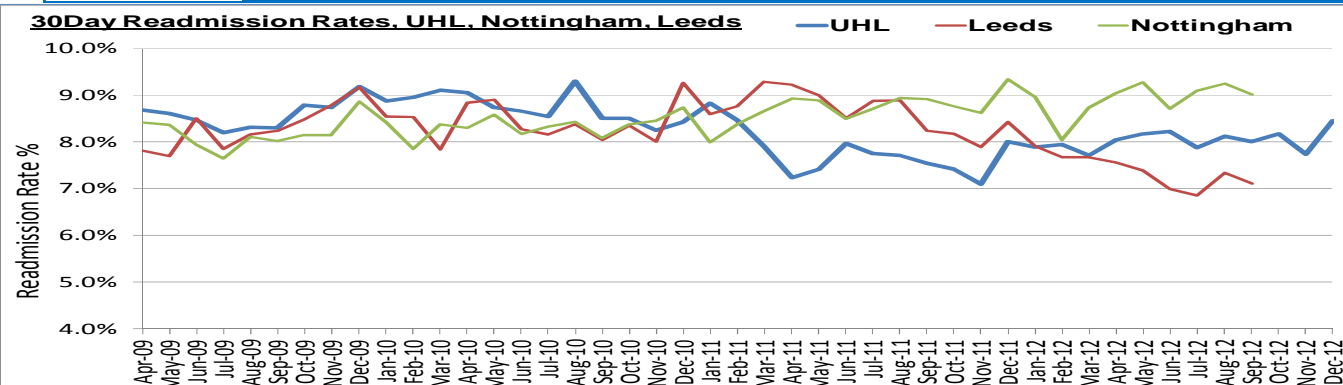
Division Details

READMISSION RATES BY DIVISION



Readmissions Benchmarked

30Day Readmission Rates, UHL, Nottingham, Leeds



FRACTURED NECK of FEMUR

Performance Overview

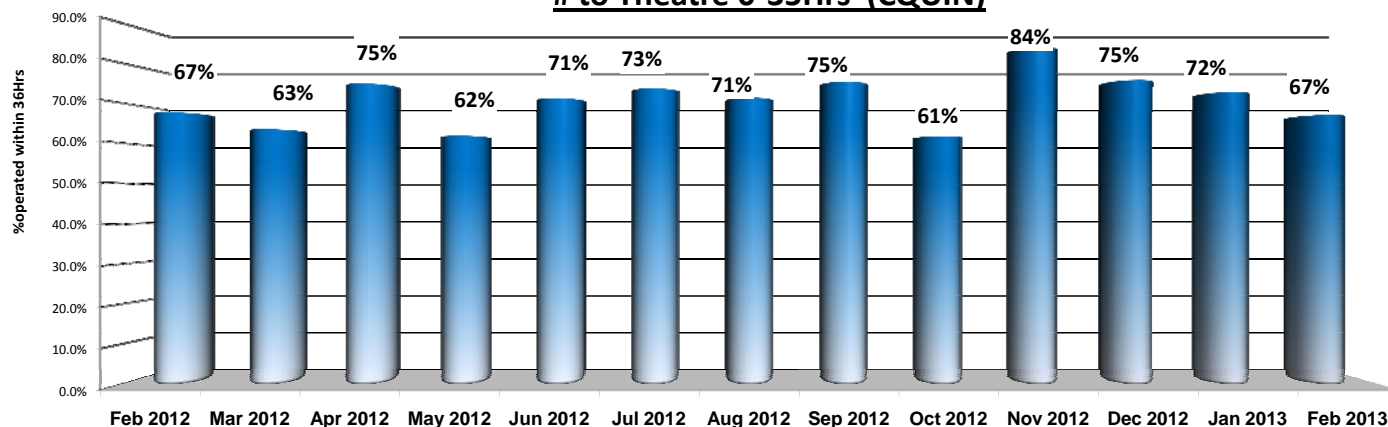
February performance for time to surgery within 36 hours for fractured neck of femur patients is 66.7%. The year to date position is 71.6 % against a target of 70%.

to Theatre 0-35Hrs

Year to Date

**Hip Fracture - CQUIN**

Criteria	CQRG Thresholds	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	YTD
# to Theatre 0-35Hrs	Monthly >=70% FYE 75%	67.3%	63.2%	74.6%	61.5%	70.9%	73.3%	71.1%	75.0%	61.4%	83.6%	75.4%	72.5%	66.7%	71.6%
# Admitted under joint care of Geriatrician and ortho surgeon	-	90%	92%	100%	96%	95%	88%	100%	93%	74%	98%	93%	93%	98%	94%
# Admitted under Assessment Protocol	>=95%	92%	95%	100%	94%	98%	98%	96%	98%	74%	98%	98%	96%	98%	95%
# Geriatrician Assessment	Monthly >=70% Q4 75%	62%	86%	95%	88%	91%	87%	95%	93%	72%	97%	93%	93%	98%	91%
# Multiprof Rehab Review	Monthly >=80% Q4 85%	73%	67%	92%	83%	84%	93%	96%	91%	68%	90%	77%	70%	69%	83%
# Specialist Falls Assessment	Monthly >=80% Q4 85%	94%	93%	100%	96%	95%	97%	100%	93%	72%	98%	97%	87%	94%	94%
# AMTS	-	-	-	61%	67%	76%	75%	88%	75%	61%	89%	70%	80%	88%	76%

to Theatre 0-35Hrs (CQUIN)

FALLS

TARGET / STANDARD														YTD	Target
Incidents of Patient Falls	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13		
UHL	249	246	233	249	269	302	217	242	251	247	256	264		2530	2750
Planned Care	55	53	37	70	45	61	48	58	56	55	51	68		549	653
Acute Care	184	188	188	167	217	230	162	174	184	183	200	184		1889	1982
Women's and Children's	4	4	4	1	2	4	4	1	2	2	1	6		27	47
Clinical Support	6	1	4	11	5	7	3	9	9	7	4	6		65	68
Falls Resulting in Severe Injury or Death	0	1	1	1	1	1	0	0	1	0	0	0		5	6

UHL Patient Falls

Incidents of Patient Falls



Performance Overview

There has been a slight increase in falls across the Trust in January 2013 particularly within the Planned Care and Woman's and Children's divisions., with a slight decrease in falls being reported in the Acute care Division. There have been no falls since November 2012 that have resulted in severe injury or death.

Actions:

Wards continue to be monitored against their individual falls trajectories
Heads of Nursing/Lead Nurses reviewing action plans and continuing to ensure that improvement plans are being embedded

PRESSURE ULCERS (Grade 3 and 4)

Performance Overview

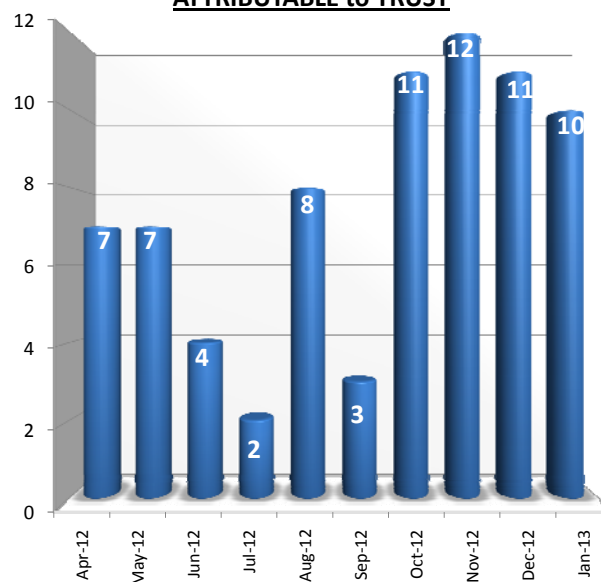
The number of avoidable hospital acquired pressure ulcers reduced slightly in January. The prevalence of New pressure ulcers (i.e. hospital acquired) also reduced .

It is noted that the SHA cluster has seen a rise in both numbers and prevalence of pressure ulcers for the first time since April 2012. This is consistent with the national picture for prevalence where there has also been a slight rise.

Although the 'Ambition' is no longer active, the SHA are using a variety of data sources to identify organisations where follow up action is needed. No confirmation has been received as to whether UHL is one of these Trusts. This data will help the NCB Area Teams to guide commissioners on performance management conversations with providers.

Actions:

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

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

TARGET / STANDARD

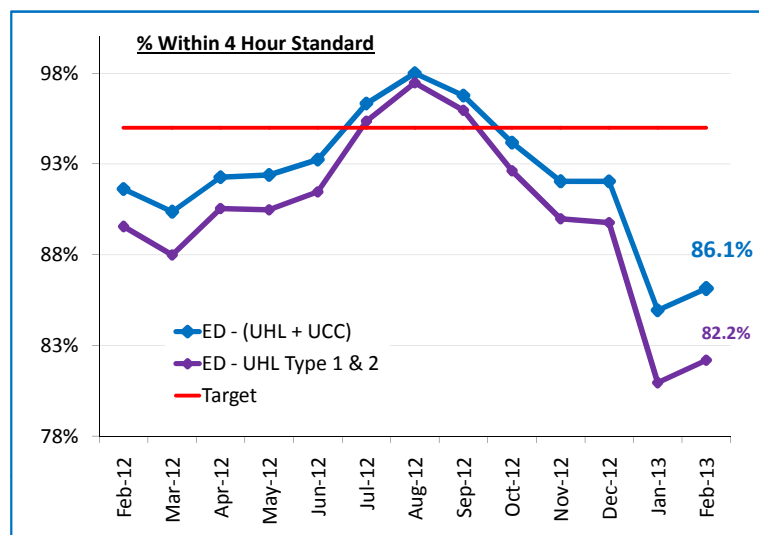
		Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	YTD	Target
Pressure Ulcers Grade 3 and 4		12	8	21	10	11	7	12	10	9	18	26	23	14	140	110
Attributable to Trust		10	4	14	7	7	4	2	8	3	11	12	11	10	75	
Not Attributable to Trust		2	4	7	3	4	3	10	2	6	7	15	11	4	65	

EMERGENCY DEPARTMENT

Performance Overview

Performance for February Type 1 & 2 is 82.2% and 86.1% including the Urgent Care Centre (UCC).

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

Total Time in the DepartmentFebruary 2013 - ED Type 1 and 2

	Admitted	Not Admitted	Total
0-2 Hours	257	4,019	4,276
3-4 Hours	1,434	4,805	6,239
5-6 Hours	640	598	1,238
7-8 Hours	382	226	608
9-10 Hours	174	54	228
11-12 Hours	102	19	121
12 Hours+	102	15	117
Sum:	3,091	9,736	12,827

CLINICAL QUALITY INDICATORS

PATIENT IMPACT

Left without being seen %
Unplanned Re-attendance %

Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
2.4%	3.6%	2.8%	3.0%	2.7%	2.4%	2.1%	2.2%	2.7%	2.5%	2.5%	2.8%	2.9%
6.1%	6.6%	6.2%	5.9%	5.9%	6.4%	5.6%	5.3%	5.0%	5.2%	5.2%	5.5%	5.4%

TARGET
≤5%
< 5%

TIMELINESS

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

Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
331	331	319	317	322	240	238	240	298	326	344	457	432
34	40	34	31	25	20	15	16	23	24	24	25	33
54	61	45	49	59	57	53	58	64	69	68	79	60

TARGET
< 240 Minutes
≤ 15 Minutes
≤ 60 Minutes

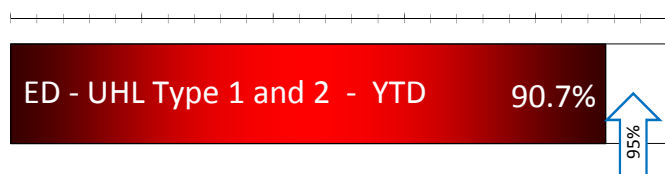
4 HOUR STANDARD

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

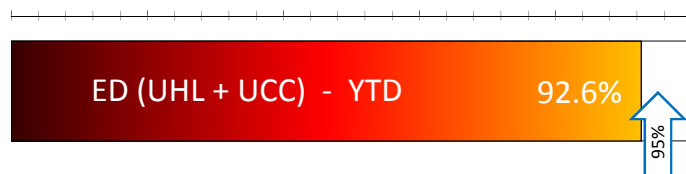
Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
91.6%	90.4%	92.3%	92.4%	93.2%	96.3%	98.0%	96.8%	94.2%	92.0%	92.0%	84.9%	86.1%
89.5%	88.0%	90.5%	90.5%	91.5%	95.4%	97.5%	96.0%	92.6%	90.0%	89.8%	80.9%	82.2%
88.3%	86.6%	89.5%	89.3%	90.5%	94.9%	97.2%	95.5%	91.8%	88.9%	88.8%	79.0%	80.2%

YTD	TARGET
92.6%	95.0%
90.7%	95.0%
89.6%	95.0%

0% 20% 40% 60% 80% 100%



0% 20% 40% 60% 80% 100%



18 WEEK REFERRAL TO TREATMENT

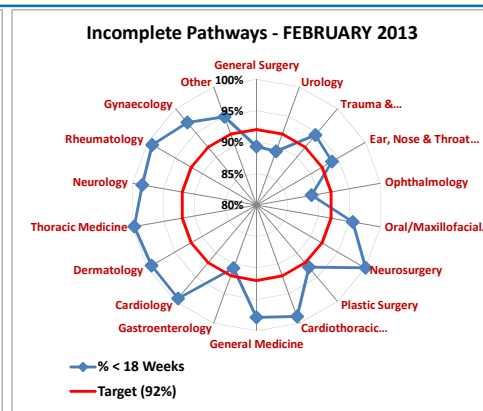
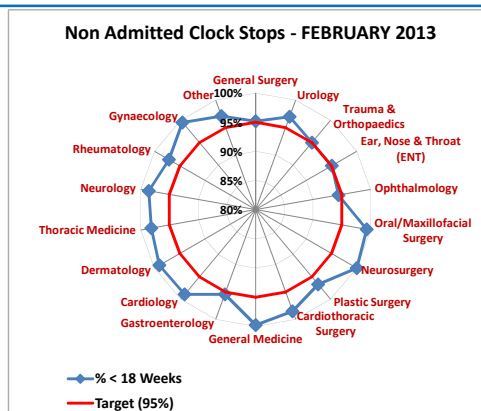
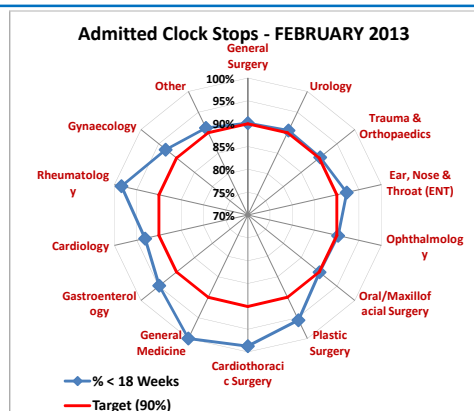
Performance Overview

Admitted performance in February has been achieved with performance at 91.9%, with all specialties delivering the threshold.

The non-admitted target for February has been achieved at 96.9% 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 February at 93.0%.

Delivery in all specialties : Ophthalmology non-admitted performance for February was 94.4% against a threshold of 95%. This will result in an estimated automatic contract penalty of £3,000. For further details refer to the non-admitted Ophthalmology exception report.



TARGET / STANDARD

RTT	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
RTT waiting times – admitted	82.8%	83.5%	93.8%	94.6%	93.6%	93.6%	93.0%	91.2%	91.2%	91.7%	91.9%	92.2%	91.9%
RTT waiting times – non-admitted	96.1%	95.9%	97.1%	96.6%	97.1%	97.5%	97.1%	97.7%	97.1%	96.7%	97.3%	97.3%	96.9%

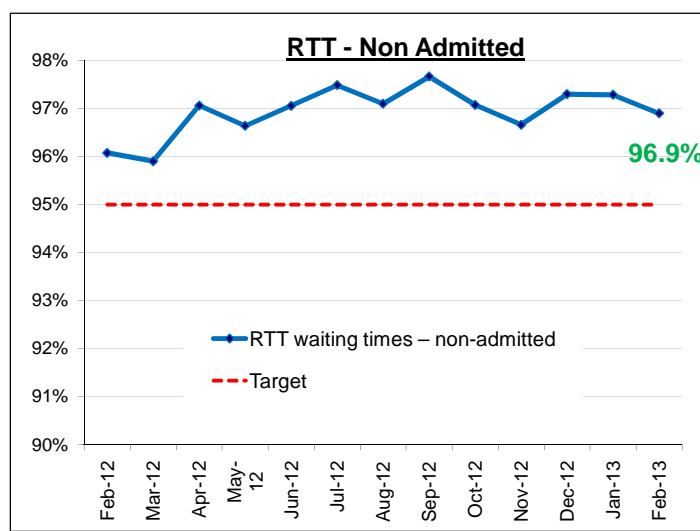
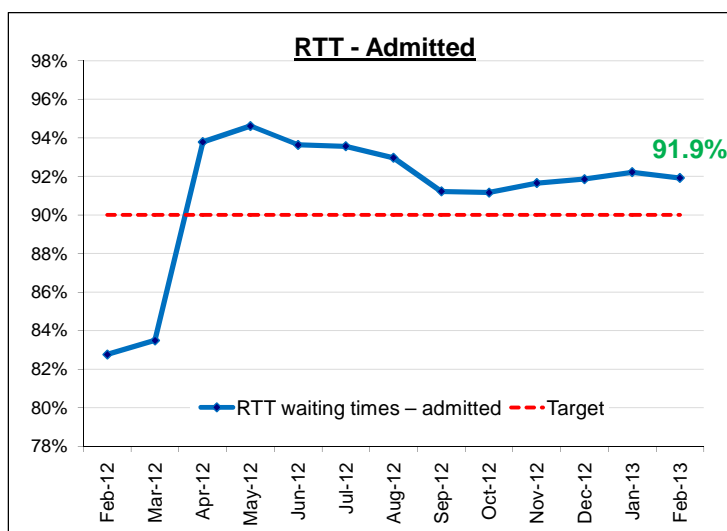
Target
90%
95%

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

Target
92%
0

6 Week Diagnostic Test Waiting Times	1.0	0.6	6.4	2.6	0.9	0.5	0.4	0.6	1.1	0.7	1.0
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Target
<1%



STAFF EXPERIENCE / WORKFORCE

Performance Overview

Appraisal

The February appraisal rate is 91.1%. Appraisal performance continues to feature on Directorate, Divisional and CBU Board Meetings in monitoring the implementation of agreed actions. Human Resources continue to work closely with Directorates, Divisions and CBUs to implement targeted actions to continue to improve appraisal performance.

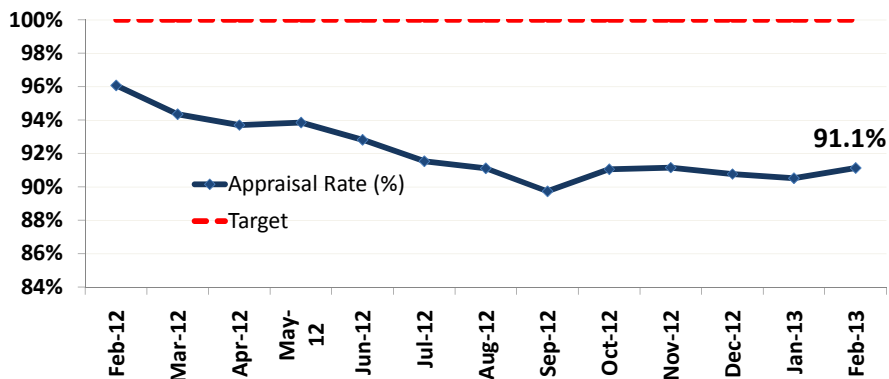
Appraisal documentation for 2013 has been updated to reflect the Strategic Direction and to provide improved evidence of standards in place for supporting learners. Our Annual Appraisal Quality Audit is underway with an online survey now live and completed appraisal paperwork samples being collated for quality assurance.

Sickness

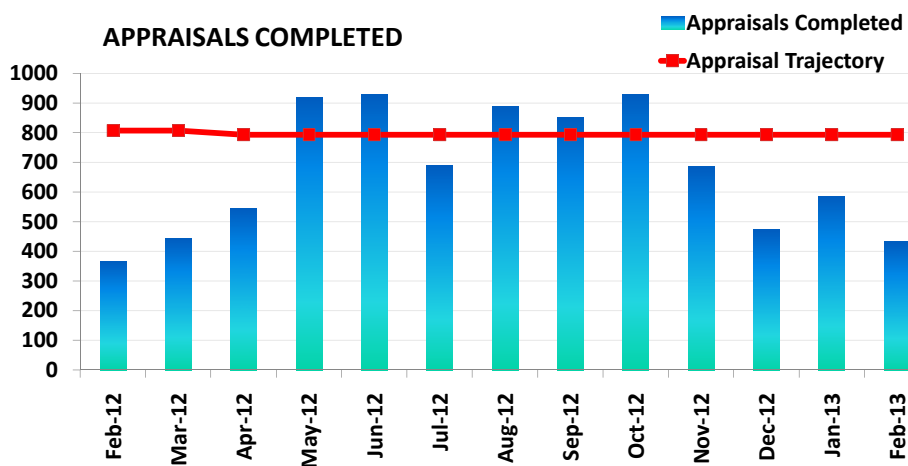
The reported sickness rate for the month of February is 3.8 % against an internal UHL target of 3%. The actual rate is likely to be at around 0.5% lower as absence periods are closed. The 12 month rolling sickness has reduced to 3.4%.

On 26 February 2013 the NHS Staff Council agreed to proposed changes to the Agenda for Change agreement. One key change will be that staff (apart from those in pay bands 1, 2 and the first 3 increments on band 3) who commence a period of sickness on or after 1st April will be paid at basic pay ie: without enhancements.

APPRAISAL RATES

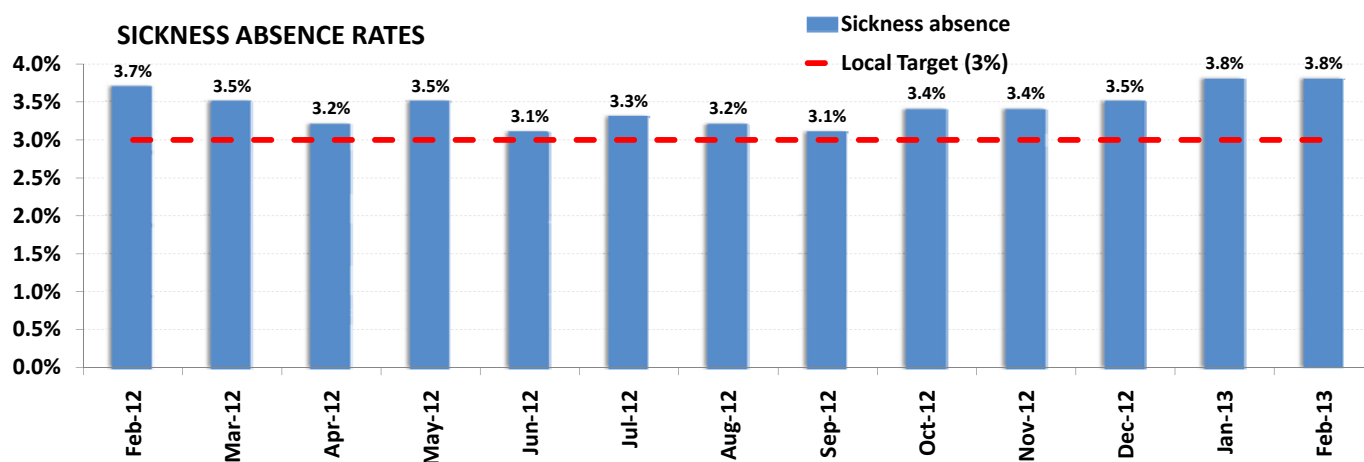


APPRAISALS COMPLETED



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

SICKNESS ABSENCE RATES



VALUE FOR MONEY - EXECUTIVE SUMMARY

Issues	Comments
Actual Income & Expenditure Year to Date	The Trust is reporting a cumulative £1.1m deficit for the first 11 months, £1.1m adverse to Plan. Income ytd is £26.6m (4%) over Plan, which is stated net of a £3.4m marginal rate deduction for emergency inpatient income over the 2008/09 baseline. Operating costs cumulatively are £28.1m over Plan, with premium cost staff largely being used to deliver the additional activity.
Activity/Income	Year to date NHS patient care income is £23.7m (4.2%) favourable to Plan. However, the £23.7m over performance includes £14.3m in relation to the UHL/CCG year end agreement. If we exclude this, NHS patient care income is approximately £9.4m (1.7%) above Plan. This reflects under performance on daycases of £1.3m and elective inpatients of £3.0m. These adverse movements are offset by favourable variances for emergency activity, £8.6m (stated net of a £3.3m reduction for the marginal rate emergency threshold) and outpatients £3.0m. Emergency inpatient activity to the end of February was 5,922 spells (6%) above Plan.
Cost Improvement Programme	At Month 11, Divisions have reported £24.2m of savings, short of the £28.8m target by £4.6m.
Cash Flow	The cash balance has increased by £9.6m due to the receipt in advance of £5m from the local cluster in advance of March SLAs and the management of payment runs starting to take effect in advance of the year end. Payable and receivable balances continue to reflect the receipts in advance of March SLAs.
Capital	Capital expenditure is £17.9m. The full year forecast is now £25.9m.
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
Weighted Average		100%						2.9
Overriding rules								
Overall rating								3

INCOME and EXPENDITURE ACCOUNT

Income and Expenditure Account for the Period Ended 28 February 2013

	Feb 13			April 2012 - Feb 2013		
	Plan £ 000	Actual £ 000	Variance (Adv) / Fav £ 000	Plan £ 000	Actual £ 000	Variance (Adv) / Fav £ 000
Elective	5,702	5,396	(306)	65,432	62,460	(2,972)
Day Case	4,104	4,101	(3)	47,021	45,756	(1,264)
Emergency	14,420	14,724	305	161,960	170,570	8,610
Outpatient	7,205	7,660	455	81,836	84,810	2,974
Other	18,497	21,887	3,391	202,899	219,214	16,315
Patient Care Income	49,927	53,768	3,841	559,148	582,810	23,663
Teaching, R&D income	6,260	6,671	411	68,965	68,275	(690)
Non NHS Patient Care	655	946	291	7,156	8,434	1,278
Other operating Income	2,178	3,416	1,239	25,603	28,000	2,398
Total Income	59,020	64,802	5,782	660,871	687,520	26,649
Medical & Dental	11,809	12,567	(758)	129,397	132,879	(3,482)
Nursing & Midwifery	13,947	13,866	81	152,519	152,615	(96)
Other Clinical	4,651	4,573	78	51,110	50,462	648
Agency	262	1,252	(990)	2,916	13,805	(10,889)
Non Clinical	6,025	6,161	(136)	67,515	65,989	1,526
Pay Expenditure	36,693	38,418	(1,725)	403,456	415,749	(12,293)
Drugs	4,839	5,330	(490)	54,450	58,004	(3,553)
Recharges	(129)	(5)	(124)	(331)	(146)	(185)
Clinical supplies and services	6,608	7,102	(494)	74,469	80,116	(5,647)
Other	8,050	9,373	(1,323)	89,132	95,678	(6,546)
Central Funds	0	0	0			0
Provision for Liabilities & Charges	19	5	14	217	62	155
Non Pay Expenditure	19,387	21,805	(2,417)	217,937	233,714	(15,776)
Total Operating Expenditure	56,081	60,223	(4,142)	621,394	649,463	(28,069)
EBITDA	2,939	4,579	1,640	39,478	38,057	(1,421)
Interest Receivable	6	7	1	60	69	9
Interest Payable	(6)	(5)	1	(60)	(57)	3
Depreciation & Amortisation	(2,687)	(2,664)	22	(29,291)	(28,919)	371
Surplus / (Deficit) Before Dividend and Disposal of Fixed Assets	253	1,917	1,664	10,187	9,150	(1,038)
Profit / (Loss) on Disposal of Fixed Assets	0	0	0	0	0	0
Dividend Payable on PDC	(928)	(928)	(0)	(10,208)	(10,208)	(0)
Net Surplus / (Deficit)	(675)	989	1,664	(21)	(1,058)	(1,038)
EBITDA MARGIN		7.07%			5.54%	

VALUE FOR MONEY - CONTRACT PERFORMANCE

Summary by Point of Delivery of Patient Related Income - February 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	75,400	74,017	(1,383)	51,147	47,021	45,756	(1,264)
Elective Inpatient	23,388	21,502	20,193	(1,309)	71,164	65,432	62,460	(2,972)
Emergency / Non-elective Inpatient	112,494	102,692	108,614	5,922	177,788	162,147	174,011	11,864
Marginal Rate Emergency Threshold (MRET)	-	-	-	0	- 204	- 187	- 3,440	(3,254)
Outpatient	769,152	706,887	708,486	1,599	89,059	81,836	84,810	2,974
Emergency Department	159,545	145,995	151,484	5,489	16,020	14,660	14,689	29
Other	6,832,623	6,247,567	6,619,946	372,380	205,086	188,239	204,525	16,287
Grand Total	7,979,209	7,300,042	7,682,740	382,698	610,060	559,148	582,810	23,663

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	£618	£-5	(0.9)	(1.8)	(402)	(862)	(1,264)
Elective Inpatient	£3,043	£3,043	£3,093	£50	1.6	(6.1)	1,011	(3,984)	(2,972)
Emergency / Non-elective Inpatient	£1,580	£1,579	£1,602	£23	1.5	5.8	2,513	9,351	11,864
Marginal Rate Emergency Threshold (MRET)							(3,254)	0	(3,254)
Outpatient	£116	£116	£120	£4	3.4	0.2	2,789	185	2,974
Emergency Department	£100	£100	£97	£-3	(3.4)	3.8	(523)	551	29
Other							0	16,287	16,287
Grand Total	£76	£77	£76	£-1	(1.0)	5.2	2,135	21,528	23,663

VALUE FOR MONEY - INCOME and EXPENDITURE - DIVISIONAL POSITION
Income and Expenditure Position for the Period Ended 28 February 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	258.7	265.7	7.0	130.7	139.2	(8.5)	76.0	80.0	(4.0)	52.1	46.6	(5.5)
Clinical Support	28.4	29.2	0.8	97.8	99.9	(2.1)	15.7	17.9	(2.2)	(85.1)	(88.6)	(3.5)
Planned Care	190.4	192.0	1.6	77.4	79.3	(1.9)	43.3	49.2	(6.0)	69.7	63.5	(6.2)
Women's and Children's	103.6	106.6	3.0	59.4	59.0	0.4	24.5	26.5	(2.0)	19.7	21.1	1.4
Corporate Directorates	16.0	16.4	0.4	38.2	37.5	0.8	58.0	59.2	(1.2)	(80.2)	(80.3)	(0.0)
Sub-Total Divisions	597.1	610.0	12.9	403.5	414.8	(11.4)	217.4	232.8	(15.4)	(23.8)	(37.6)	(13.9)
Central Income	63.8	77.5	13.8	0.0	0.0	0.0	0.0	0.0	(0.0)	63.8	77.5	13.8
Central Expenditure	0.0	0.0	0.0	(0.0)	0.9	(0.9)	40.0	40.1	(0.0)	(40.0)	(41.0)	(1.0)
Grand Total	660.9	687.5	26.6	403.5	415.7	(12.3)	257.4	272.8	(15.4)	(0.0)	(1.1)	(1.1)

COST IMPROVEMENT PROGRAMME

Cost Improvement Programme as at February 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	14,706	12,934	(1,772)	13,560	11,761	86.7%	12,757	176	11,761	160	126	886	12,934
Clinical Support	238	63	(175)	0	63		0	63	63	0	0	0	63
Planned Care	7,102	5,399	(1,703)	6,385	4,886	76.5%	5,384	15	4,886	0	87	425	5,399
Women's and Children's	1,398	1,396	(2)	1,188	1,177	99.1%	1,146	249	1,177	2	27	190	1,396
Clinical Divisions	23,443	19,791	(3,653)	21,133	17,887	84.6%	19,287	503	17,887	162	241	1,501	19,791
Corporate	7,131	7,186	55	6,370	6,296	98.8%	6,257	929	6,296	0	203	687	7,186
Central	1,426	0	(1,426)	1,265	0			0	0				0
Total	32,000	26,976	(5,024)	28,768	24,183	84.1%	25,544	1,433	24,183	162	444	2,188	26,976

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)	3,145	0		0	0
Income	5,840	5,133	(707)	5,341	4,608	86.3%	4,976	157
Non Pay	7,660	9,548	1,888	6,736	8,307	123.3%	8,826	722
Pay	14,735	12,295	(2,440)	13,547	11,267	83.2%	11,742	553
Total	32,000	26,976	(5,024)	28,768	24,183	84.1%	25,544	1,433

Commentary

There is a year to date under performance on delivery of cost improvement of £4.6m (£0.5m deficit in February). Forecast year end CIP delivery is now projected to show a shortfall of £5.0m v Plan of £32m, unchanged from prior month

VALUE FOR MONEY - BALANCE SHEET

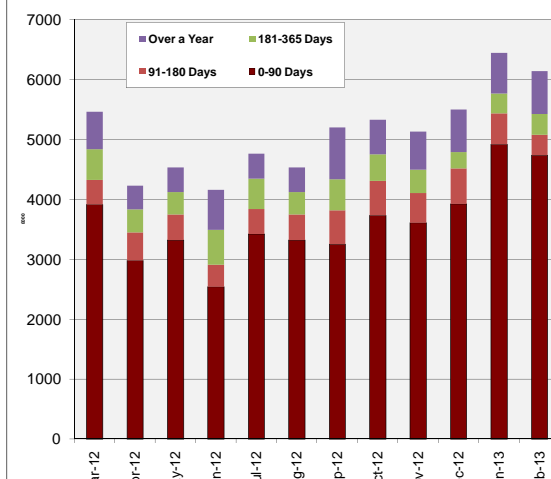
BALANCE SHEET	Mar-12 £000's Actual	Apr-12 £000's Actual	May-12 £000's Actual	Jun-12 £000's Actual	Jul-12 £000's Actual	Aug-12 £000's Actual	Sep-12 £000's Actual	Oct-12 £000's Actual	Nov-12 £000's Actual	Dec-12 £000's Actual	Jan-13 £000's Actual	Feb-13 £000's Actual
Non Current Assets												
Intangible assets	5,242	5,089	4,928	5,256	5,095	4,920	4,787	4,615	4,440	4,470	4,300	4,121
Property, plant and equipment	349,363	348,501	348,382	347,533	347,583	347,081	347,156	347,467	349,148	349,575	349,946	350,509
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	2,916
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	357,546
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	13,248
Trade and other receivables	29,126	23,659	25,102	29,279	29,580	30,856	35,722	39,366	58,542	51,012	64,713	41,764
Other Assets	0	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	29,003
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	84,015
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)	(76,289)
Dividend payable	0	259	(593)	(1,370)	(2,298)	(3,226)	0	(898)	(1,796)	(2,724)	(3,652)	(4,580)
Borrowings	(4,038)	(4,038)	(4,038)	(3,925)	(3,925)	(3,925)	(3,925)	(3,925)	(4,614)	(4,614)	(4,614)	(4,614)
Provisions for liabilities and charges	(789)	(789)	(789)	(897)	(897)	(897)	(683)	(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)	(86,166)
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)	(2,151)
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	355,395
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)	(8,466)
Other Liabilities	0	0	0	0	0	0	0	0	0	0	0	0
Provisions for liabilities and charges	(2,121)	(2,213)	(2,233)	(2,138)	(2,062)	(2,085)	(2,271)	(2,269)	(2,206)	(2,216)	(2,219)	(2,085)
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)	(10,551)
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	344,844
Public dividend capital	277,487	277,487	277,487	277,487	277,487	277,487	277,487	277,487	277,487	277,487	277,487	277,487
Revaluation reserve	64,706	64,709	64,710	64,710	64,710	64,710	64,706	64,710	64,710	64,706	64,710	64,710
Retained earnings	3,705	2,188	1,308	1,143	65	(1,923)	(2,868)	(2,470)	(3,465)	(6,597)	2,293	2,647
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	344,844

Commentary

The cash balance has increased by £9.6m due to the receipt in advance of £5m from the local cluster in advance of March SLAs and the management of payment runs starting to take effect in advance of the year end. Payable and receivable balances continue to reflect the receipts in advance of March SLAs.

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

Twelve Month Debtors Aged Profile - Non NHS Debt



Type of Debtors	0-90 days £000s	91-180 days £000s	181-365 days £000s	365+ Days £000s	TOTAL £000s
NHS Sales ledger	23,774	3,366	2,250	11	29,401
Non NHS sales ledger by division:					
Corporate Division	367	-34	-166	132	299
Planned Care Division	551	57	118	276	1,002
Clinical Support Division	796	60	34	8	898
Women's and Children's Division	393	61	131	93	678
Acute Care Division	2,634	200	228	210	3,272
Total Non-NHS sales ledger	4,741	344	345	719	6,149
Total Sales Ledger	28,515	3,710	2,595	730	35,550
Other Debtors					
WIP					3,870
SLA Phasing & Performance					3,841
Bad debt provision					(1,335)
VAT - net					1,201
Other receivables and assets					(1,363)
TOTAL					41,764

Accounts receivable metrics:

Invoice cycle time	Feb - 13 Days	Jan - 12 Days	Non-NHS days sales outstanding (DSO)	
			Feb - 13 YTD Days	Jan - 12 YTD Days
Req date to invoice raised	19.1	17.8	DSO (all debt)	55.3
Service to invoice raised	34.2	32.1	DSO (In year debt)	31.2

VALUE FOR MONEY - CASH FLOW

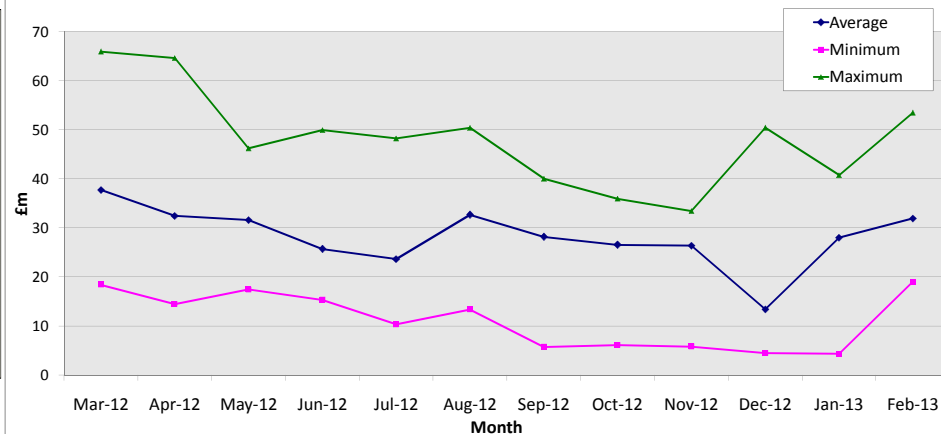
Cash Flow for the period ended 28th February				Rolling 12 month cashflow forecast - March 2013 to February 2014											
	2012/13 April - Feb Plan £ 000	2012/13 April - Feb Actual £ 000	2012/13 April - Feb Variance £ 000	2012/13 March Forecast £ 000	2013/14 April Forecast £ 000	2013/14 May Forecast £ 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	2013/14 February Forecast £ 000
CASH FLOWS FROM OPERATING ACTIVITIES															
Operating surplus before Depreciation and Amortisation	41,811	38,057	(3,754)	6,856	1,933	5,321	1,933	5,321	5,321	2,810	6,199	4,566	2,648	5,321	1,279
Donated assets received credited to revenue and non cash	-	(1,025)	(1,025)	(55)	(25)	(25)	(25)	(25)	(25)	(25)	(25)	(25)	(25)	(25)	(25)
Interest paid	(774)	(505)	269	(89)	(75)	(75)	(75)	(76)	(76)	(76)	(77)	(77)	(77)	(77)	(79)
Movements in Working Capital:			-												
- Inventories (Inc)/Dec	(377)	(986)	(609)	69	-	-	-	-	-	-	-	-	-	-	-
- Trade and Other Receivables (Inc)/Dec	3,938	(13,366)	(17,304)	792	(190)	20	67	17	34	67	14	50	65	20	74
- Trade and Other Payables Inc/(Dec)	1,364	15,052	13,688	(18,165)	(2,939)	(42)	(65)	(65)	(65)	(65)	(65)	(65)	(65)	(65)	(65)
- Provisions Inc/(Dec)	-	(142)	(142)	(17)	(8)	(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	(1,950)		1,950	-	-	-	-	-	-	-	-	-	-	-	-
Net Cash Inflow / (Outflow) from Operating Activities	38,444	32,720	(5,724)	(16,304)	(1,304)	5,190	1,826	5,163	5,180	(2,912)	6,038	4,440	2,537	5,166	1,176
CASH FLOWS FROM INVESTING ACTIVITIES															
Interest Received	59	85	26	6	6	6	6	6	7	7	6	7	8	8	8
Payments for Property, Plant and Equipment	(28,875)	(18,262)	10,613	(6,380)	(2,250)	(2,251)	(2,250)	(2,251)	(2,250)	(2,251)	(2,250)	(2,251)	(2,251)	(2,252)	(2,251)
Capital element of finance leases	(4,245)	(3,909)	336	(376)	(382)	(382)	(382)	(382)	(382)	(382)	(382)	(382)	(382)	(382)	(382)
Net Cash Inflow / (Outflow) from Investing Activities	(33,061)	(22,086)	10,975	(6,750)	(2,626)	(2,627)	(2,626)	(2,627)	(2,625)	(2,626)	(2,626)	(2,626)	(2,625)	(2,626)	(2,625)
Net Cash Inflow / (Outflow) from Financing	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Opening cash	18,200	18,369	169	41,067	18,013	14,083	16,646	15,846	18,382	20,938	15,399	18,811	20,626	20,538	23,078
Increase / (Decrease) in Cash	5,383	10,634	5,251	(23,054)	(3,930)	2,563	(800)	2,537	2,555	(5,539)	3,412	1,814	(88)	2,540	(1,449)
Closing cash	23,583	29,003	5,420	18,013	14,083	16,646	15,846	18,382	20,938	15,399	18,812	20,626	20,538	23,078	21,629

Commentary

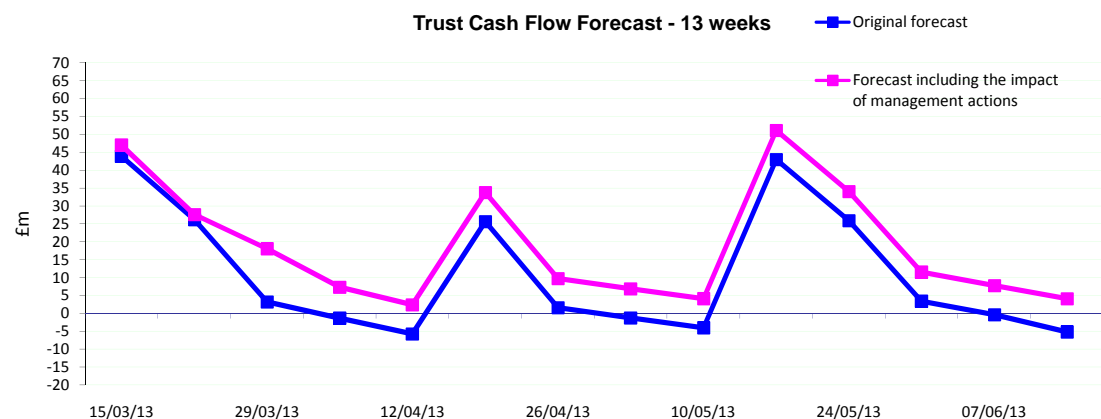
The Trust's cash position compared to Plan includes the following material movements:

- (£3.8m) adverse variance in the EBITDA YTD position
- £13.7m increase in trade and other payables
- (£17.3m) increase in trade and other receivables
- £10.9m cash underspend on capital expenditure and finance leases
- £1.2m underspend PDC dividend cash payments
- £0.6m increase in inventories

Average, minimum and maximum cash balances



VALUE FOR MONEY - CASH FLOW



Underlying cash position to 31/03/2013

	£'000
Cash balance as at 19/03/2013	36,116
Cash to be received:	
Contract income	14,602
Other debtor receipts	1,964
Total	16,566
Cash to be paid out:	
Creditor payments	-19,250
Payroll (including tax and NI)	-29,124
PDC dividends	0
Total	-48,374
Unadjusted cash as at 31/03/13	4,308
Year end cash target	18,000
Cash (shortfall) against target	-13,692

Commentary

The Trust is planning to deliver the £18m year end cash target. SLA income is lower than originally planned as £18m cash relating to March SLAs was actually secured from the local PCTs in January, meaning that we will not receive this cash in March. 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 £4.3m 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 have already increased cash balances and will continue to do so until 31 March 2013, including:

- an increase in payment terms from 30 to 60 days for relevant suppliers and management of payment runs, which will have a total cash benefit of approximately £14.4m
- additional income of £18.5m from the local CCGs in relation to the year end patient activity settlement and transformation funding

Extending supplier payment terms has been necessary but will impact on the Trust's performance against the Better Payment Practice Code (BPPC) for the year.

Actions taken to achieve year end cash target

	£'000
Cash (shortfall) against target	-13,692
Actions to achieve planned cash:	
Manage supplier payments	-4,808
Additional income	18,500
Total actions	13,692
Revised cash surplus / (shortfall)	0
Revised cash	18,000

VALUE FOR MONEY - CAPITAL BUDGET

Capital Expenditure Report for the Period 1st April 2012 to 28th February 2013

	Original Plan 2012/13 £000's	Moves £000's	Current Plan 2012/13 £000's	YTD Jan 12/13 £000's	Actual Feb 12/13 £000's	YTD Feb 12/13 £000's	Plan Mar £000's	Forecast Out Turn £000's	Forecast Variance £000's
Sub Group Budgets									
IM&T	4,000		4,000	1,916	242	2,157	843	3,000	1,000
Medical Equipment	4,600		4,600	2,550	95	2,646	1,354	4,000	600
LRI Estates	4,000		4,000	1,142	309	1,450	887	2,337	1,663
LGH Estates	2,000		2,000	1,025	142	1,167	1,333	2,500	-500
GGH Estates	2,000		2,000	1,487	127	1,614	386	2,000	0
Total Sub Group Budgets	16,600	0	16,600	8,120	914	9,035	4,802	13,837	2,763
Individual Schemes									
ED Redevelopment	1,000		1,000	645	72	717	83	800	200
MES Installation Costs	1,500		1,500	260	136	395	136	531	969
Childrens Heart Surgery	1,000	-750	250	233	4	238	42	280	-30
Maternity & Gynae Recon.	2,773	-1,182	1,591	124	80	204	96	300	1,291
Theatre Arrivals Area (TAA)	1,250	-1,130	120	13	6	19	53	72	48
Aseptic Suite	750		750	41	4	44	21	65	685
Brachytherapy	420		420	209	0	209	6	215	205
Office Moves	850		850	908	-3	906	0	906	-56
Feasibility Studies	100		100	35	-3	31	9	40	60
BRU Enabling / Additions	150	950	1,100	129	21	150	560	710	390
PPD Building	250		250	244	0	244	0	244	6
BRU: Respiratory	2,201		2,201	1,249	145	1,393	808	2,201	0
BRU: Nutrition, Diet & Lifestyle	1,383		1,383	564	1	565	485	1,050	333
Creating Capacity		165	165	133	84	218	39	257	-92
Ophthalmology Theatres		120	120	200	0	200	0	200	-80
Advanced Recovery Area		454	454	72	3	75	325	400	54
E-Rostering System		334	334	334	0	334	0	334	0
Radiotherapy Workstations		269	269		57	57	212	269	0
Endoscopy Reconfiguration		271	271	3	0	3	7	10	261
Residual from 2011/12			0	295	32	327	0	327	-327
Revenue to Capital Transfers			0	298	40	338	12	350	-350
Divisional Spend: Acute	200		200	102	58	160	10	170	30
Divisional Spend: Planned Care	200		200	0	23	23	37	60	140
Divisional Spend: Womens & Children	200		200	77	-56	21	179	200	0
Divisional Spend: CSSD	200		200	130	0	130	70	200	0
Corporate / UHL Expenditure	473	-213	260	149	84	233	27	260	-0
Unallocated Budget		958	958	0	0	0	0	0	958
MacMillan Information Centre (Donated)		154	154	154	0	154	-0	154	0
Ward 27 - Teenage Cancer Unit (Donated)	1,400		1,400	582	454	1,036	0	1,036	364
Donations	600	-154	446	384	23	407	39	446	0
Total Individual Schemes	16,900	246	17,146	7,565	1,268	8,833	3,254	12,087	5,059
Total Capital Programme	33,500	246	33,746	15,686	2,182	17,868	8,056	25,924	7,822

