

Caring at its best

Quality and Performance

Trust Board

Thursday 31st January 2013

December 2012

One team shared values

QUALITY and PERFORMANCE REPORT

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UHL at a Glance - Month 9 - 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	94.4	97.7				Oct-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	57.5	55.0		New O/F target April 2012		Dec-12		Quality
Net Promoter - Coverage	10%	10.9%	11.7%				Dec-12		Quality
Operations cancelled for non-clinical reasons on or after the day of admission	0.8%	1.1%	1.1%				Dec-12		Trust
TIMELY CARE	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH
ED Waits (2011/12 - Type 1 and 2 plus Urgent Care Centre)	95%	92.0%	94.1%				Dec-12	✓	✓
ED Waits - UHL (Type 1 and 2)	95%	89.8%	92.6%				Dec-12		Trust
RTT 18 week – admitted	90%	91.9%					Dec-12	✓	✓
RTT 18 week – non-admitted	95%	97.2%					Dec-12	✓	✓
RTT - Incomplete 92% in 18 weeks	92%	93.4%					Dec-12		✓
RTT delivery in all specialties	0	1					Dec-12		✓
6 Week - Diagnostic Test Waiting Times	<1%	1.1%					Dec-12		✓
Cancer: 2 week wait from referral to date first seen - all cancers	93%	90.6%	93.1%				Nov-12	✓	✓
Cancer: 2 week wait from referral to date first seen, for symptomatic breast patients (cancer not initially suspected)	93%	93.9%	94.7%				Nov-12	✓	✓
All Cancers: 31-day wait from diagnosis to first treatment	96%	97.5%	97.3%				Nov-12	✓	✓
All cancers: 31-day for second or subsequent treatment - anti cancer drug treatments	98%	100.0%	100.0%				Nov-12	✓	✓
All Cancers: 31-day wait for second or subsequent treatment - surgery	94%	97.4%	96.3%				Nov-12	✓	✓
All Cancers: 31-day wait for second or subsequent cancer treatment - radiotherapy treatments	94%	98.9%	98.2%				Nov-12	✓	✓
All Cancers:- 62-day wait for first treatment from urgent GP referral	85%	85.8%	84.9%				Nov-12	✓	✓
All Cancers:- 62-day wait for first treatment from consultant screening service referral	90%	98.7%	94.7%				Nov-12	✓	✓
All Cancers:- 62-Day Wait For First Treatment From Consultant Upgrade	85%	100.0%	100.0%				Nov-12	✓	✓
Neck of Femurs Operated on < 36 Hours (Best Practice Tariff)	70%	75.4%	72.0%				Dec-12		Quality

UHL at a Glance - Month 9 - 2012/13

SAFE ENVIRONMENT				Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH
MRSA Bacteraemias	6	0	1							Dec-12	✓	✓
CDT Isolates in Patients (UHL - All Ages)	113	10	69							Dec-12	✓	✓
Serious Incidents Requiring Investigation	TBC	72								Dec-12	✓	
Never Events	0	0	6							Dec-12	✓	
Incidents of Patient Falls	2750	205	1963							Nov-12	✓	
Pressure Ulcers (Grade 3 and 4)	110	25	102							Nov-12	✓	
% of all adults who have had VTE risk assessment on adm to hosp	90%	94.1%	94.9%							Dec-12		✓
100% compliance with WHO surgical checklist (Y/N)		N								Dec-12	✓	
Bed Occupancy (Including short stay admissions)	90%	90.9%								Dec-12		Quality
Bed Occupancy (Excluding short stay admissions)	86%	85.1%								Dec-12		Quality
Nurse to Bed Ratio - General Base Ward		1.1 to 1.3 WTE								Dec-12		Quality
Nurse to Bed Ratio - Specialist Ward		1.4 to 1.6 WTE								Dec-12		Quality
Nurse to Bed Ratio - HDU		3 to 4 WTE								Dec-12		Quality
Nurse to Bed Ratio - ITU		5.5 to 6 WTE								Dec-12		Quality
STAFF EXPERIENCE / WORKFORCE				Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH
Sickness absence	3.0%	4.4%	3.5%							Dec-12		Quality
Appraisals	100%	90.8%	90.8%							Dec-12		Trust
VALUE FOR MONEY				Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH
Total Pay Bill (£ millions)	36.7	38.0	338.9							Dec-12		Trust
Total Whole Time Employee (WTE)		10,536	10,536							Dec-12		Trust

Data Quality Key :

Procedure & Process Fully Documented

Patient Level

Audit

Director Sign Off

DoH PERFORMANCE/OPERATING FRAMEWORK - 2012/13 INDICATORS

Performance Indicator		Performing	Under-performing	Weighting	Monitoring Period	April	May	June	Qtr 1	July	August	Sept	Qtr 2							
Infection Control	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							
	MRSA	0	>1SD	1.0	YTD	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							
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							
	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							
	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							
	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							
	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							
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							
	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							
	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							
	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							
	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							
	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							
	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							
	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							
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								
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								
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								
Sum of weights				14.00									36.0	38.0	32.5	33.5	41.0	41.0	41.0	40.0
Performance Score = sum of weights/14												2.6	2.7	2.2	2.39	2.9	2.9	2.9	2.9	

Underperforming	0
Performance under review	2
Performing	3





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

LLR 2012/13 CQUIN - Quarterly performance

Area	Title in Brief	% of CQUIN Total LLR	Annual Indicator Value LLR	Qtr1	Qtr2	Qtr3 Forecast	Qtr4
National 1	VTE risk assessment	1%	£96,171				
National 2	Responsiveness to Patient Needs	5%	£480,855	End of Yr	End of Yr	End of Yr	
National 3a	Dementia - Screening	1%	£96,171	End of Yr	End of Yr	End of Yr	
National 3b	Dementia - Risk Assessment	2%	£192,342	End of Yr	End of Yr	End of Yr	
National 3c	Dementia - Referrral	2%	£192,342	End of Yr	End of Yr	End of Yr	
National 4	Safety Thermometer	5%	£480,855				
Regional 1	NET Promoter	3%	£288,513	End of Yr	End of Yr	End of Yr	
Regional 2	MECC	10%	£961,709				
Local 1a	Int Prof Standards - ED	6%	£577,026	Deferred to Q2			
Local 1b	Int Prof Standards - Assessment Units & Imaging	6%	£577,026	Deferred to Q2			
Local 1c	ED/EMAS Handover	6%	£577,026				
Local 2	Disch B4 11am	2%	£192,342	Deferred to Q2			
Local 2	Disch B4 1pm	6%	£577,026	Deferred to Q2			
Local 2	7 Day Disch	4%	£384,684	Deferred to Q2			
Local 2	TTOs pre disch	3%	£288,513	Deferred to Q2			
Local 2	Disch Diagnosis & Plan	2%	£192,342	Deferred to Q3			
Local 3	End of Life Care	5%	£480,855				
	COPD Admission	5%	£480,855				
Local	COPD care bundle	10%	£961,709				
Local 7a	Clinical Handover	3.2%	£307,747				
Local 7b	Responding to EWS	3.2%	£307,747				
Local 7c	M&M	3.2%	£307,747				
Local 7d	Acting on Results	3.2%	£307,747				
Local 7e	Ward Round Notation Standards	3.2%	£307,747				
Total		100%	£9,617,097				

Specialised Services 2012/13 CQUIN - Quarterly performance

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

KEY	CQUIN FUNDING PAID IN FULL	
	PARTIAL CQUIN FUNDING WITHHELD	
	ALL CQUIN FUNDING WITHHELD	
	FURTHER INFOR REQUESTED	

2012/13 Contractual Penalties - risk areas

The 2012-13 National Acute Contract sets out, within Section B, all the performance and quality measures that the Trust is charged to deliver. The contract contains 149 indicators (not including CQUIN). Each indicator carries a consequence of breach. The materiality of the consequence is dependent on the indicator the majority (75/149) are subject to Section E Clause 47, in as much as the financial risk per indicator is 2% of the monthly contract value per commissioner where performance not achieved (max £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% (£5m).

AUTOMATIC CONTRACT PENALTIES

Description	Qtr 1	Qtr 2	October	November	December (Forecast)	Quarter 3	Total	
A&E - Total Time in A&E	£80,057	£0	£714,044	£709,491	£710,000	£2,133,535	£2,213,592	November ED penalty comprises of; £683,462 withheld under clause 47 for failure to deliver the performance trajectory and £26,028 automatic penalty for missing the 95% target. RTT specialty level target missed in November in Trauma and Orthopaedics. There is a never event being investigated in November but the value is not yet known.
RTT - specialty level delivery	£11,796	£35,562	£34,484	£73,688	£35,000	£143,172	£190,530	
Never Events	£2,484	£4,030	£0	TBC	£0	£0	£6,514	
Same Sex Accommodation Breaches	£1,750	£0	£0	£0	£0	£0	£1,750	
Breach of diagnostics 6 week wait standard	£15,000	£5,000	£0	£0	£5,000	£5,000	£25,000	
Ambulance Turnaround	N/A	£70,000	£0	£0	£0	£0	£70,000	
Total	£111,087	£44,592	£748,528	£783,179	£750,000	£2,281,707	£2,437,386	

PERFORMANCE AREAS AT RISK OF CONTRACTUAL PENALTY

Nationally Specified Event	Threshold	Consequence per breach	Current Contractual Status	Latest Position
A&E - Total Time in A&E plus ED Clinical Indicators	95% of patients waiting less than 4 hours	The maximum penalty could be £1m (2%) of total Contract Value for each month of failure	This performance has escalated to a permanent withholding of £690k in October and November. December's position will also carry this penalty. Refreshed trajectories and action plans are currently being discussed.	Remedial action plan breached in October, November and December. Performance did not remain at or above 95% implications; 1. Automatic penalty to be applied in December circa £25k 2. Performance for Jan is irrecoverable and therefore a further automatic penalty will be applied.
Operations cancelled for non-clinical reasons on or after the day of admission	Maximum 0.8% of operations	The maximum penalty could be £1m (2%) of total Contract Value for each month of failure	Contract Query Issued on the 8th July 2011. Remedial Action Plan Shared with Commissioners on 18 May 2012	No escalation regarding this performance measure has been forthcoming from commissioners however performance was at 1.6% for November. This performance measure is therefore recorded as Red on the contract dashboard
Proportion of patients receiving first definitive treatment for cancer within 62 days of referral	Operating standard of 85%	2% of the Actual Outturn Value of the service line revenue	1st Exception Notice issued on the 24th Feb. Remedial Action Plan already in effect and performance recovered in Q4 of 11-12	Following backlog reduction of LOGI cancer patients 85% target was missed in June. The commissioners have applied a penalty of £616,433 which will be repaid retrospectively subject to CCG-specified milestones. The 85% threshold has been achieved since July. Commissioners have indicated that they will repay the withheld amount at year end if target maintained and full year performance is at or above 85%.

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

Nationally Specified Event	Threshold	Consequence per breach	Current Contractual Status	Comments
Choose and Book - Slot availability	<5% by Qtr 4	Based on current performance could potentially be circa £100,000 per month	Potential contract query	The last week of December and the first two weeks of Jan have recorded an Available Slot Issue (ASI) rate of just 3%. If this is sustained then no escalation or penalty will be applicable.
Ambulance Turn Around Times	80% within 15 mins	£70 per cumulative hour current performance would translate in to a £25k penalty per month	Not in contract. SHA have requested all commissioners vary contracts to include this clause. Currently being resisted.	Trust position recorded in letter to Local Area Team. Discussions locally continue.
Cancer 2 week waits	93% within 2 Weeks	2% of the Actual Outturn Value of the service line revenue	Potential automatic penalty/escalation to contract query	Performance in November was 90.6%. Therefore below the threshold an automatic penalty is indicated (max penalty c 30k)

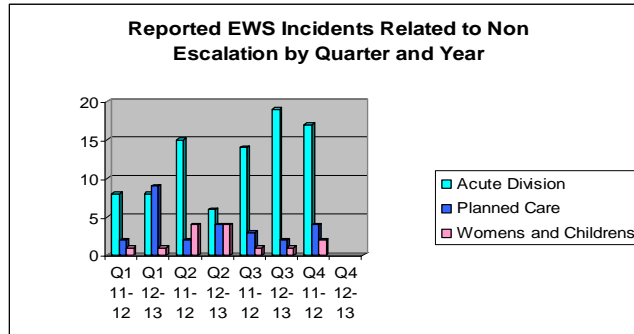
QUALITY

Performance Overview

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

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

Graph below shows position to end of December 2012 for reported EWS incidents related to non escalation by division. This shows an increase in incidents for Q3 this year in the acute division against Q2 and Q3 2011-12.



Improving Clinical Handover.

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

Actions:-

- UHL Shift Handover Guidelines sent to November and December PGC not approved, require minor amendment by authors for approval.
- Development work by IT on UHL web based handover system is now complete. Agreement of Go Live date for this to be agreed at Clinical Handover Leads meeting in early February.
- Further work with alternative handover system supplier to develop module has been completed. Agreement for pilot in surgery at LRI. Finalising audit and IT requirements for pilot and start date to be agreed on 1st February 2103.



Relentless attention to EWS triggers and actions.

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

Actions:-

- HCA competency programme being rolled out with support from divisional nursing and education leads. Aim to achieve 100% end of Q3. Childrens have achieved 100% and gynae have achieved 96%. Maternity, acute and planned care are still below 80%, but aim to achieve 100% by end of Q4.
- Outreach lead to continue drive with acute and planned care divisions to improve progress. This is behind target in acute and planned care divisions but will be achieved by the end of Q4.



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 of specialities have saved Terms of Reference (ToR) to shared drive. Action lead to meet with all M&M leads over next month to ensure ToR are written.
- Specialities have commenced saving minutes onto shared drive. Increasing number have minutes saved and all have either Terms of Reference or minutes saved to the shared drive.
- Increased focus with work regarding use of criteria for patients reviewed at M&M meetings by action lead.



Acting upon Results.

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

Actions

- Overarching Screening Policy resubmitted to December PGC was approved, with recommendation for minor alterations by policy author.
- Final draft of Diagnostic Testing overarching policy to include medical staff and AHP that undertake diagnostic testing out for final comments, to be submitted to February PGC for approval.
- Agreement that part of the Acting on Results action will be a focus for the BCG Quality Commitment work., as a priority for 2013.



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

- Work undertaken in general surgery to pilot ward round standards in the form of ward round sticker. Audit results currently being collated by team.
- Lead identified excellent practice with ward round checklist in UCLH, London. Visit to UCLH in early December by action lead to review its use in clinical areas. Plan to adapt checklist tool in February 2013 for trial/use in UHL.
- Final draft of ward round template sheet as documentation for trial in medicine submitted for printing. Trial for Feb 2013 planned for Ward 24 at LRI.



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 December 2012, 1,391 Patient Experience Surveys were returned which is slightly below the Trusts target of 1,523

Treated with Respect and Dignity

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

Friends and Family Test

The surveys include the net promoter question; **How likely is it that you would recommend this service to friends and family?** Of the 1,391 surveys, 1,343 surveys included a response to the Net Promoter Question.

Number of Promoters: 885
 Number of passives: 345
 Number of detractors: 113
Overall NET promoter score 57.5

The following actions will be initiated by the divisions to achieve the April 2013 target (61.0)

- Divisional review of Net Promoter Scores at ward level highlighting areas of underperformance and local plans to improve ward scores
- 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.

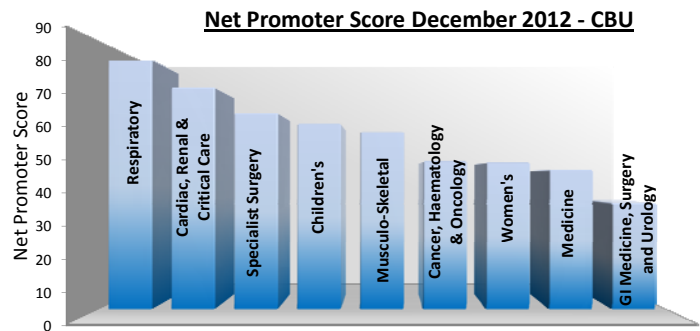
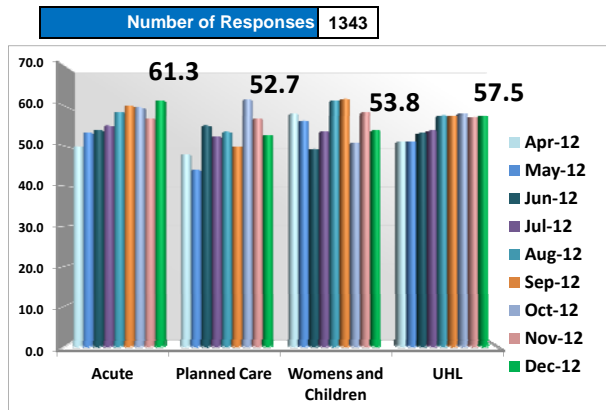


Net Promoter 57.5

Coverage 10.9%



Friends & Families Test - the Net Promoter - DECEMBER 2012



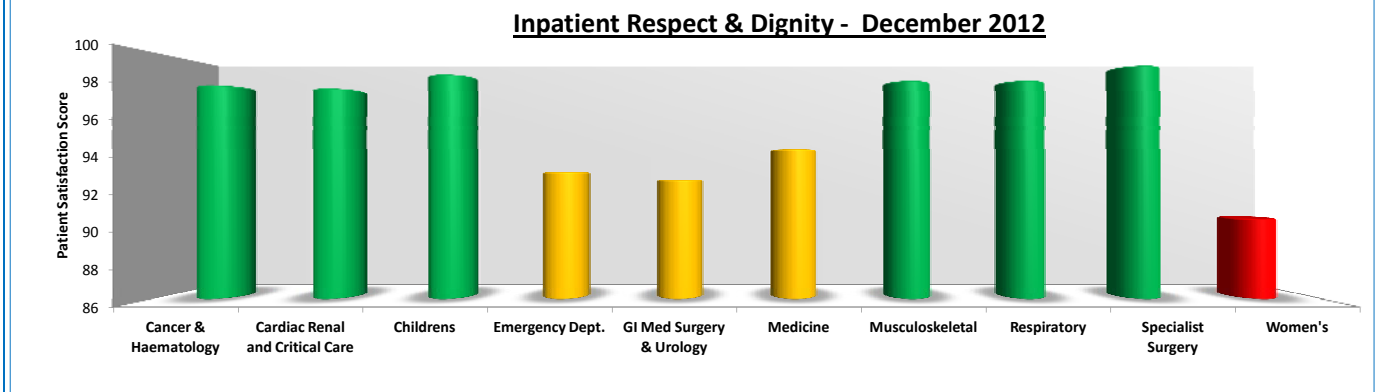
Patient Experience Surveys

Inpatient Return Rates - December 2012

Division	Returned	Target	% Achieved
Acute Care	758	749	101.2%
Planned Care	555	599	92.7%
Women's and Children's	78	175	44.6%
UHL	1,391	1,523	91.3%

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

Division	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Acute	96.7	95.7	96.3	94.8	95.2	95.8	96.2	94.8	95.9	95.0	96.3	96.2	96.2	96.2
Planned Care	95.6	96.2	95.9	96.9	96.7	96.1	96.0	97.5	96.6	96.7	96.2	96.8	96.2	96.7
Womens and Children	94.5	97.8	96.7	95.4	92.5	92.9	98.0	96.0	98.7	96.6	97.7	94.4	97.7	94.7
UHL	96.0	96.1	96.2	95.6	95.6	95.9	96.3	96.1	96.5	95.7	96.4	96.4	96.3	96.3



Friends & Families Test - the Net Promoter

December 2012

	Total Number of Responses in Period	Number of Promoters	Number of Passives	Number of Detractors	Net Promoter Score
UHL Trust Level Totals	1,343	885	345	113	57.48
Acute Care	Total Number of Responses in Period	Number of Promoters	Number of Passives	Number of Detractors	Net Promoter Score
Cardiac, Renal & Critical Care					
Cardiology	GH WD 24	0	0	0	
	GH WD 27	30	22	8	73.33
	GH WD 28	18	16	2	88.89
	GH WD 32	30	25	5	83.33
	GH WD 33	16	13	2	75.00
	GH WD Coronary Care Unit	37	34	3	91.89
Cardiology Total	131	110	20	1	83.21
Cardiothoracic Surgery	GH WD 20	5	5	0	100.00
	GH WD 31	27	23	4	85.19
Cardiothoracic Surgery Total	32	28	4	0	87.50
Nephrology	LGH WD 10	14	8	6	57.14
	LGH WD 15A HDU Neph	1	1	0	100.00
	LGH WD 15N Nephrology	8	6	1	62.50
Nephrology Total	23	15	7	1	60.87
Paed Cardiothor Surg ECMO	GH WD 30	6	5	1	83.33
Paed Cardiothor Surg ECMO Total	6	5	1	0	83.33
Paediatric Cardiology	GH WD Paed ITU	5	4	1	80.00
Paediatric Cardiology	5	4	1	0	80.00
Transplant	LGH WD 17 Transplant	36	20	10	38.89
Transplant Total	36	20	10	6	38.89
Business Unit Total	233	182	43	8	74.68
Medicine					
Diabetology	LRI WD 38 Win L6	48	32	15	64.58
Diabetology Total	48	32	15	1	64.58
Gastroenterology	LRI WD 30 Win L4	9	2	6	11.11
Gastroenterology Total	9	2	6	1	11.11
Infectious Diseases	LRI WD IDU Infectious Diseases	20	15	3	65.00
Infectious Diseases Total	20	15	3	2	65.00
Integrated Medicine	LGH WD 8	6	2	4	33.33
	LGH WD Young Disabled	0	0	0	
	LRI WD 23 Win L3	27	20	4	62.96
	LRI WD 24 Win L3	19	14	3	63.16
	LRI WD 25 Win L3	3	0	2	-33.33
	LRI WD 26 Win L3	25	7	17	24.00
	LRI WD 29 Win L4	31	19	4	35.48
	LRI WD 31 Win L5	20	11	6	40.00
	LRI WD 33 Win L5	32	17	10	37.50
	LRI WD 34 Windsor Level 5	27	22	5	81.48
	LRI WD 36 Win L6	28	6	20	14.29
	LRI WD 37 Win L6	29	14	13	41.38
	LRI WD Acute Medical Unit	30	18	9	50.00
	LRI WD Fielding John Vic L1	7	4	3	57.14
	LRI WD Odames Vic L1	27	16	8	48.15
Integrated Medicine	311	170	108	33	44.05
Neurology	LGH WD Brain Injury Unit	1	1	0	
Neurology	1	1	0	0	
Rheumatology	LGH WD 27	0	0	0	
Rheumatology	0	0	0	0	
Business Unit Total	389	220	132	37	47.04
Respiratory					
Thoracic Medicine	GH WD 15	0	0	0	
	GH WD 16 Respiratory Unit	47	40	7	85.11
	GH WD 17	21	16	5	
	GH WD Clinical Decisions Unit	18	14	3	72.22
Thoracic Medicine Total	86	70	15	1	80.23
Thoracic Surgery	GH WD 26	20	20	0	100.00
Thoracic Surgery Total	20	20	0	0	100.00
Business Unit Total	106	90	15	1	83.96
Acute Care Total	728	492	190	46	61.26
Planned Care	Total Number of Responses in Period	Number of Promoters	Number of Passives	Number of Detractors	Net Promoter Score

Friends & Families Test - the Net Promoter

December 2012

Cancer, Haematology and Oncology						
Bone Marrow Transplantation	LRI WD Bone Marrow	0	0	0	0	
Bone Marrow Transplantation		0	0	0	0	
Clinical Oncology	LRI WD 39 Osb L1	21	14	4	3	52.38
	LRI WD 40 Osb L1	22	12	9	1	50.00
Clinical Oncology		43	26	13	4	51.16
Haematology	LRI WD 41 Osb L2	23	13	8	2	47.83
Haematology		23	13	8	2	47.83
Business Unit Total		66	39	21	6	50.00
GI Medicine, Surgery and Urology						
General Surgery	LGH WD 11	0	0	0	0	
	LGH WD 20	0	0	0	0	
	LGH WD 22	23	10	9	4	26.09
	LGH WD 26 SAU	2	2	0	0	100.00
	LGH WD 27	14	5	7	2	21.43
	LGH WD 28 Urology	8	3	3	2	12.50
	LGH WD Surg Acute Care	19	19	0	0	
	LRI WD 22 Bal 6	39	21	8	10	28.21
	LRI WD 8 SAU Bal L3	14	1	7	6	-35.71
General Surgery		119	61	34	24	31.09
Urology	LGH WD 28 Urology	0	0	0	0	
	LGH WD 29 EMU Urology	20	14	5	1	
Urology		20	14	5	1	
Business Unit Total		139	75	39	25	35.97
Musculo-Skeletal						
Orthopaedic Surgery	H Wd 29 Ect 3656	0			0	
	LGH WD 14	43	26	12	5	48.84
	LGH WD 16	23	18	4	1	73.91
	LGH WD 19	6	5	0	1	66.67
Orthopaedic Surgery		72	49	16	7	58.33
Trauma	LRI WD 17 Bal L5	1	1	0	0	100.00
	LRI WD 18 Bal L5	38	29	7	2	71.05
	LRI WD 32 Win L5	6	1	4	1	0.00
Trauma		45	31	11	3	62.22
Business Unit Total		117	80	27	10	59.83
Specialist Surgery						
Breast Care	GH WD 23A	33	27	5	1	78.79
Breast Care		33	27	5	1	78.79
ENT	LRI WD 7 Bal L3	31	16	10	5	
ENT		31	16	10	5	
Plastic Surgery	LRI WD Kinmonth Unit Bal L3	17	14	3	0	82.35
Plastic Surgery		17	14	3	0	82.35
Ophthalmology	LRI WD Ophthalmic Suite Bal L6	18	11	4	3	44.44
Ophthalmology		18	11	4	3	44.44
Vascular Surgery	LRI WD 21 Bal L6	25	23	2	0	92.00
Vascular Surgery		25	23	2	0	92.00
Business Unit Total		124	91	24	9	66.13
Planned Care Total		446	285	111	50	52.69

Friends & Families Test - *the Net Promoter*

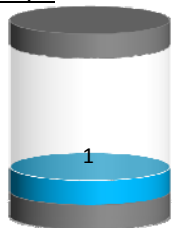
December 2012

<i>Women's & Children's</i>		Total Number of Responses in Period	Number of Promoters	Number of Passives	Number of Detractors	Net Promoter Score
Children's						
Paediatric Medicine	LRI WD 12 Bal L4	15	11	3	1	66.67
	LRI WD 14 Bal L4	9	9	0	0	100.00
	LRI WD 27 Win L4	1	1	0	0	100.00
	LRI WD 28 Windsor Level 4	2	1	0	1	0.00
	LRI WD Paed ITU	1	1	0	0	100.00
Paediatric Medicine		28	23	3	2	75.00
Paediatric Surgery	LRI WD 10 Bal L4	19	12	6	1	57.89
	LRI WD 11 Bal L4	9	4	4	1	33.33
Paediatric Surgery		28	16	10	2	50.00
Business Unit Total		56	39	13	4	62.50
Women's						
Gynaecology	LGH WD 11	4	2	1	1	25.00
	LGH WD 31	16	11	3	2	56.25
	LRI WD 1 Ken L1	0	0	0	0	
	LRI WD GAU Ken L1	25	11	8	6	20.00
Gynaecology		45	24	12	9	33.33
Obsterics	LGH WD 30	24	15	7	2	54.17
	LRI WD 5 Ken L3	27	17	9	1	59.26
	LRI WD 6 Ken L3	17	13	3	1	70.59
Obsterics		68	45	19	4	60.29
Business Unit Total		113	69	31	13	49.56
Women's & Children's Total		169	108	44	17	53.85

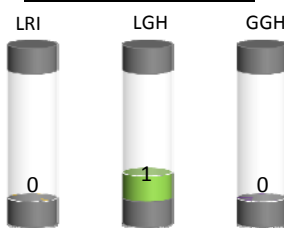
INFECTION PREVENTION

MRSA BACTERAEMIA

UHL MRSA FY 2012/13



UHL MRSA FY 2012/13 by site



Performance Overview

MRSA – There are no MRSA cases reported for December. The year to date figure is 1 against a 2012/13 target of 6 cases.

C Difficile – December reported 10 cases resulting in a cumulative position of 69 against a target of 72 for April to December.

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

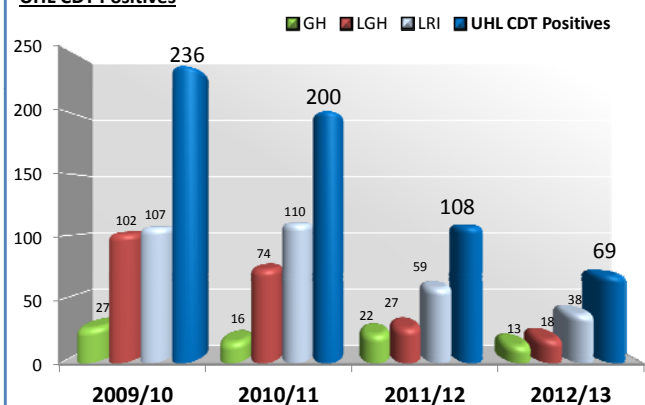


UHL MRSA FY 2011/12

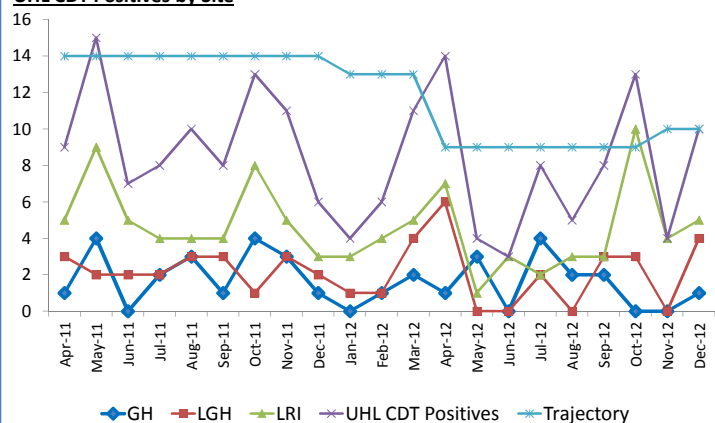


CLOSTRIDIUM DIFFICILE - UHL CDT POSITIVES

UHL CDT Positives



UHL CDT Positives by Site



TARGET / STANDARD

	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	YTD	Target
MRSA	1	1	0	0	0	0	0	0	0	1	0	0	0	1	6
C. Diff.	6	4	6	11	14	4	3	8	5	8	13	4	10	69	113
Rate / 1000 Adm's	0.8	0.5	0.8	1.3	1.9	0.5	0.4	1.0	0.6	1.1	1.6	0.5	1.3	1.0	

	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	YTD	Target
GRE	1	3	3	1	1	2	1	3	3	1	0	0	1	12	TBC
MSSA	2	0	5	5	2	4	2	7	4	5	3	4	3	34	No National Target
E-Coli	38	37	35	46	39	44	45	46	51	48	49	31	40	393	No National Target

MORTALITY

UHL CRUDE MORTALITY

Performance Overview

UHL's crude in-hospital mortality rate continues to be 1.4% for 12/13.

The trust's risk adjusted mortality rates are 'within expected' for both the 'HSMR' and elective and non-elective Relative Risk.

The HSMR for 12/13 is 97.7 (April to October). UHL's HSMR for the full financial year 12/13 is likely to increase following Dr Foster's annual 'rebasings' when all trusts' data has been received.

UHL's SHMI for 11/12 was 105 and remains 'within expected'. The SHMI for July 11 to June 12 is due to be published at the end of January and is anticipated to remain at 105.

The CCG Quality Leads are liaising with Public Health and CCG GPs regarding the proposed interface audit, planned for Spring 2013. The audit will review care provided both within UHL and prior to admission/post discharge (where patients die post discharge from UHL).

Reducing mortality is one of the Quality & Safety Commitments and two of the workstreams are

- * improving the pathway for patients admitted with pneumonia
- * improving the pathway of patients admitted at weekends and out of hours

An admission pathway is currently being drafted with input from both ED, Respiratory and Acute Medicine Physicians

At the last Reducing Mortality Steering Group meeting, it was noted that the '24/7 project' will obviously contribute to improving the pathway of patients admitted at weekends and out of hours. It was also felt that an observational audit was needed to confirm other priorities.

UHL CRUDE DATA TOTAL SPELLS	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	YTD
UHL Crude Data - TOTAL Spells	18381	19145	18669	19936	220532	17423	19677	17629	19092	18336	17922	19810	19245	17711	166845
UHL Crude Data - TOTAL Deaths	271	272	285	285	2970	277	259	235	266	232	249	250	254	279	2301
UHL %	1.5%	1.4%	1.5%	1.4%	1.3%	1.6%	1.3%	1.3%	1.4%	1.3%	1.4%	1.3%	1.3%	1.6%	1.4%

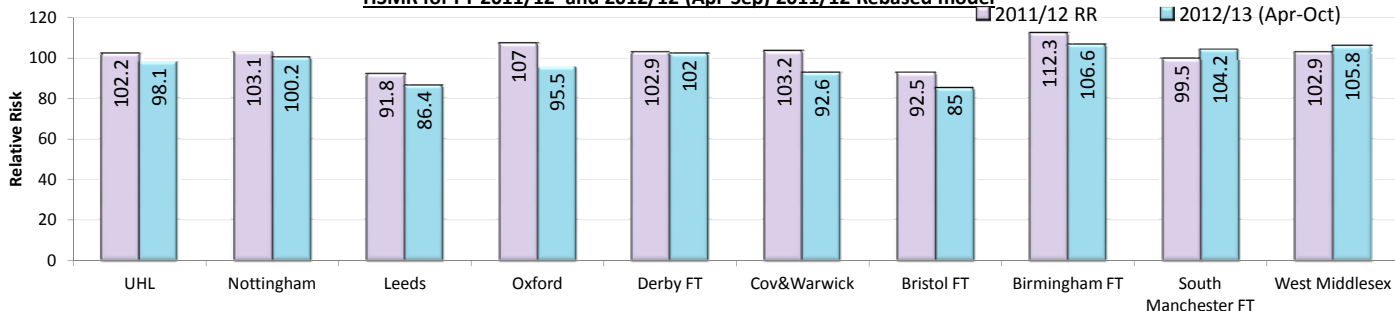
UHL CRUDE DATA ELECTIVE SPELLS	Dec-11	Jan-12	Feb-12	Mar-12	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	YTD
UHL Crude Data - ELECTIVE Spells	8449	8915	9153	9833	105530	7854	9389	8007	9083	8536	8359	9493	9270	7844	77835
UHL Crude Data - ELECTIVE Deaths	12	4	5	8	82	5	7	9	9	10	5	10	7	9	71
%	0.1%	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%

UHL CRUDE DATA NON ELECTIVE SPELLS	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	YTD
UHL Crude Data - NON ELECTIVE Spells	9932	10230	9516	10103	115002	9569	10288	9622	10009	9800	9563	10317	9975	9867	89010
UHL Crude Data - NON ELECTIVE Deaths	259	268	280	277	2888	272	252	226	257	222	244	240	247	270	2230
%	2.6%	2.6%	2.9%	2.7%	2.5%	2.8%	2.4%	2.3%	2.6%	2.3%	2.6%	2.3%	2.5%	2.7%	2.5%

HSMR and RELATIVE RISK Using Dr Foster System (Dfi)

	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	YTD
HSMR Indicator (Dfi) Rebased 2011/12 model	98.1	93.8	90.0	99.5	112.4	107.4	102.2	108.5	93.1	91.3	99.4	92.1	105.6	94.4	97.7
Relative Risk - Elective Spells (Dfi) Rebased 2011/12 model	35.3	35.5	134.6	33.8	60.1	141.9	89.3	92.5	86.1	114.2	121.2	112.1	61.8	123.6	101.6
Relative Risk - Non Elective Spells (Dfi) Rebased 2011/12 model	100.3	95.2	88.7	101.1	113.4	106.5	102.3	108.2	94.6	92.5	101.3	89.6	108.6	92.0	98.0

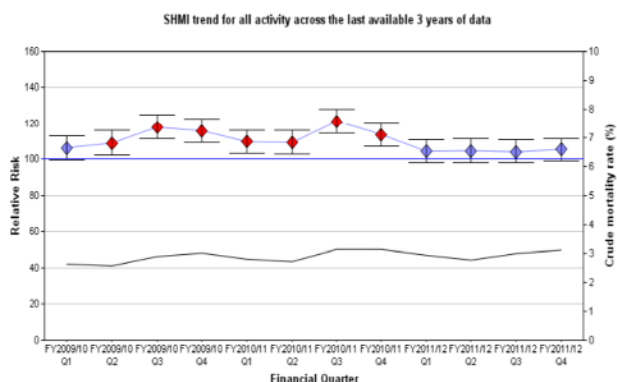
HSMR for FY 2011/12 and 2012/12 (Apr-Sep) 2011/12 Rebased model



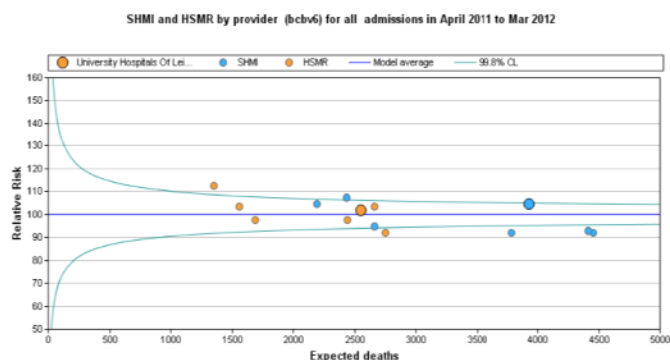
MORTALITY

SHMI, Apr 2011 - Mar 2012

SHMI trend for all activity across the last available 3 years of data



SHMI and HSMR by provider (bcbv6) for all admissions in April 2011 to Mar 2012

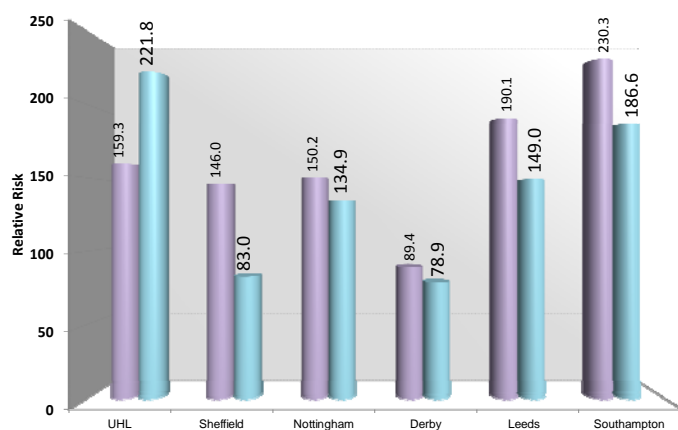


SHMI - High/low relative risk positions

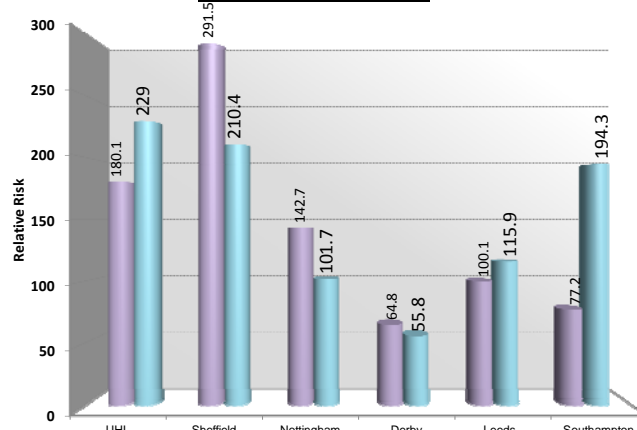
CCS Group	Observed Deaths	SHMI	95% Confidence interval
High relative risks			
Pneumonia	510	109.76	100.44-119.71
Congestive heart failure, nonhypertensive	195	98.91	85.52-113.81
Acute cerebrovascular disease	180	83.99	72.16-97.19
Chronic obstructive pulmonary disease and bronchiectasis	147	102.11	86.27-120.02
Urinary tract infections	146	105.16	88.79-123.66
Acute bronchitis	132	107.11	89.62-127.03
Acute myocardial infarction	120	110.38	91.51-131.99
Secondary malignancies	104	102.63	83.85-124.35
Cancer of bronchus, lung	104	93.6	76.47-113.41
Septicemia (except in labour)	101	107.99	87.96-131.22
Low relative risks			
Lung disease due to external agents	3	51.22	10.29-149.65
Diseases of white blood cells	2	39.23	4.41-141.65
Other skin disorders	2	25.42	2.85-91.77
Transient cerebral ischaemia	1	19.44	0.25-108.14
Asthma	1	16	0.21-89.02

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-Oct)



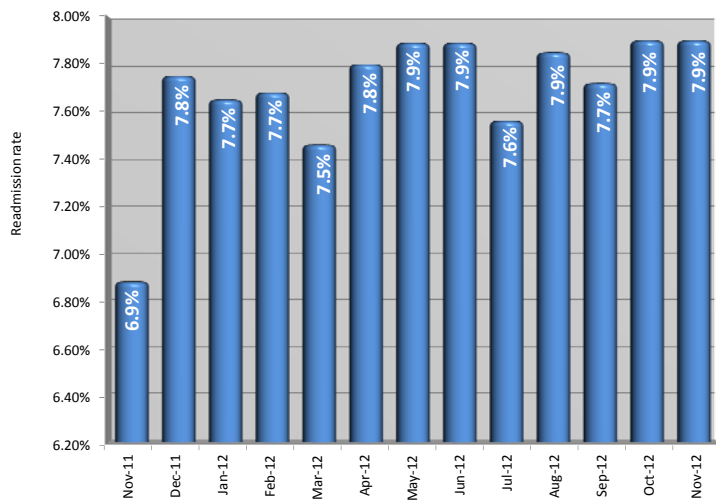
UHL's Relative Risk compared with University Hospital Peer for Short Gestation, Low Birthweight and Growth Retardation Diagnosis Group FY 2011/12 and 2012/13 (Apr-Oct)



READMISSIONS

UHL Readmissions

Readmission Rate (Any Speciality)



Performance Overview

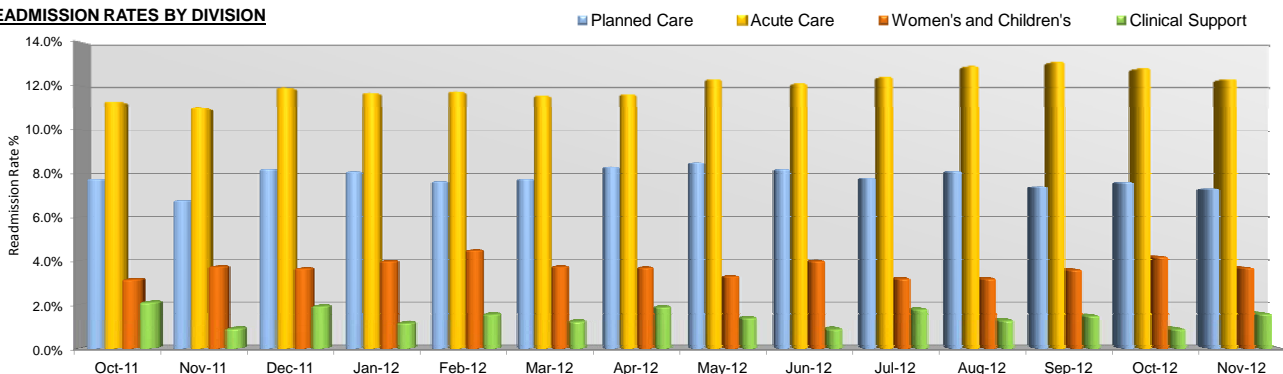
The Interim Director of Operations will implement a Readmissions Project Board in January 2013 and discussions continue with commissioners (via the Emergency Care Network) with regards to how the £5.2m penalty applied against avoidable readmissions is spent.

Planned Care has instigated a number of additional audits to identify where the main focus for improvement should be targeted.

UHL CRUDE DATA TOTAL SPELLS	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	YTD
Discharges	18539	18381	19145	18670	19937	17423	19677	17629	19092	18336	17922	19810	19245	149,134
30 Day Emerg. Readmissions (Any Spec)	1,276	1,425	1,465	1,433	1,488	1,359	1,553	1,391	1,446	1,440	1,382	1,566	1,451	11,588
Readmission Rate (Any Speciality)	6.9%	7.8%	7.7%	7.7%	7.5%	7.8%	7.9%	7.9%	7.6%	7.9%	7.7%	7.9%	7.9%	7.8%
30 Day Emerg. Readmissions (Same Spec)	744	867	882	849	845	810	901	835	826	833	783	894	846	6,728
Readmission Rate (Same Speciality)	4.0%	4.7%	4.6%	4.5%	4.2%	4.6%	4.6%	4.7%	4.3%	4.5%	4.4%	4.5%	4.4%	4.5%
Total Bed Days of Readmitting Spells	7,468	8,387	8,892	9,170	9,191	8,224	9,226	8,470	8,318	8,813	8,321	9,236	8,262	68,870

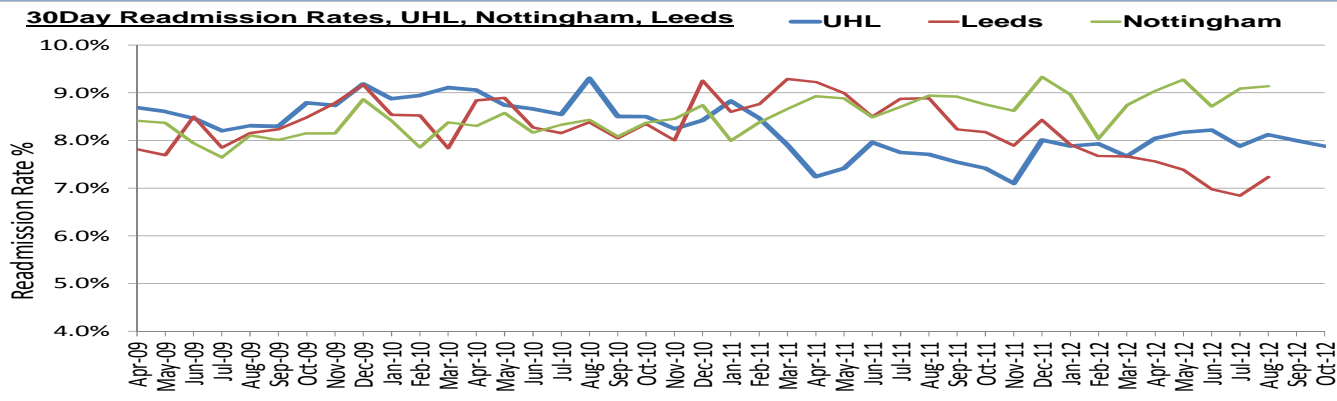
Division Details

READMISSION RATES BY DIVISION



Readmissions Benchmarked

30Day Readmission Rates, UHL, Nottingham, Leeds



FRACTURED NECK of FEMUR

Performance Overview

December performance for time to surgery within 36 hours (CQUIN) for fractured neck of femur patients is 75.4% against a monthly target of 70%. The year to date position is 72.0% against a target of 70%.

to Theatre 0-35Hrs

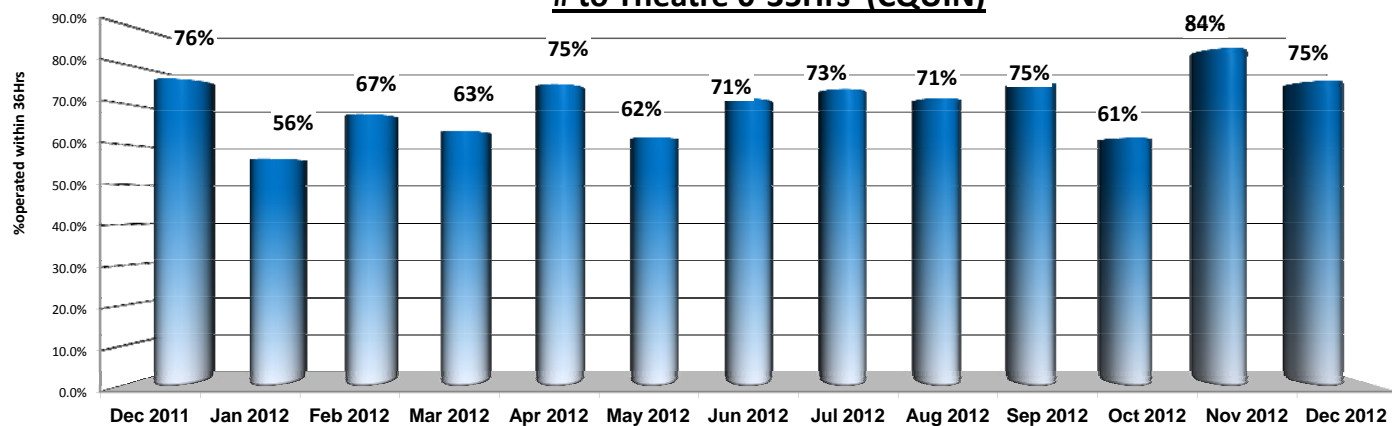
Year to Date



Hip Fracture - CQUIN

Criteria	CORG Thresholds	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	YTD
# to Theatre 0-35Hrs	Monthly >=70% FYE 75%	75.9%	56.3%	67.3%	63.2%	74.6%	61.5%	70.9%	73.3%	71.1%	75.0%	61.4%	83.6%	75.4%	72.0%
# Admitted under joint care of Geriatrician and ortho surgeon	-	96%	92%	90%	92%	100%	96%	95%	88%	100%	93%	74%	98%	93%	93%
# Admitted under Assessment Protocol	>=95%	95%	92%	92%	95%	100%	94%	98%	98%	96%	98%	74%	98%	98%	95%
# Geriatrician Assessment	Monthly >=70% Q4 75%	86%	86%	62%	86%	95%	88%	91%	87%	95%	93%	72%	97%	93%	90%
# Multiprof Rehab Review	Monthly >=80% Q4 85%	85%	84%	73%	67%	92%	83%	84%	93%	96%	91%	68%	90%	77%	86%
# Specialist Falls Assessment	Monthly >=80% Q4 85%	92%	84%	94%	93%	100%	96%	95%	97%	100%	93%	72%	98%	97%	94%
# AMTS	-	-	-	-	-	61%	67%	76%	75%	88%	75%	61%	89%	70%	74%

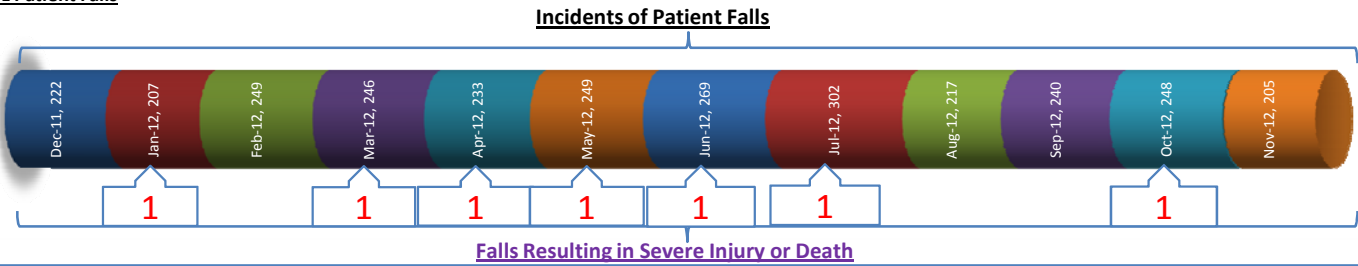
to Theatre 0-35Hrs (CQUIN)



FALLS

TARGET / STANDARD		Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	YTD	Target
Incidents of Patient Falls	UHL	222	207	249	246	233	249	269	302	217	240	248	205		1963	2750
<i>Planned Care</i>		54	49	55	53	37	70	45	61	48	57	55	37		410	653
<i>Acute Care</i>		163	152	184	188	188	167	217	230	162	173	182	162		1481	1982
<i>Women's and Children's</i>		3	1	4	4	4	1	2	4	4	1	2	2		20	47
<i>Clinical Support</i>		2	5	6	1	4	11	5	7	3	9	9	4		52	68
Falls Resulting in Severe Injury or Death		0	1	0	1	1	1	1	1	0	0	1	0		5	6

UHL Patient Falls



Performance Overview

The number of inpatient falls has reduced from last month and the year to date total stands at 1963 against a target of 2750. Each Acute Division ward continues to be monitored following allocation of reduction trajectories. The number of 'Harmful Falls' is one of the four indicators reported via the Safety Thermometer.

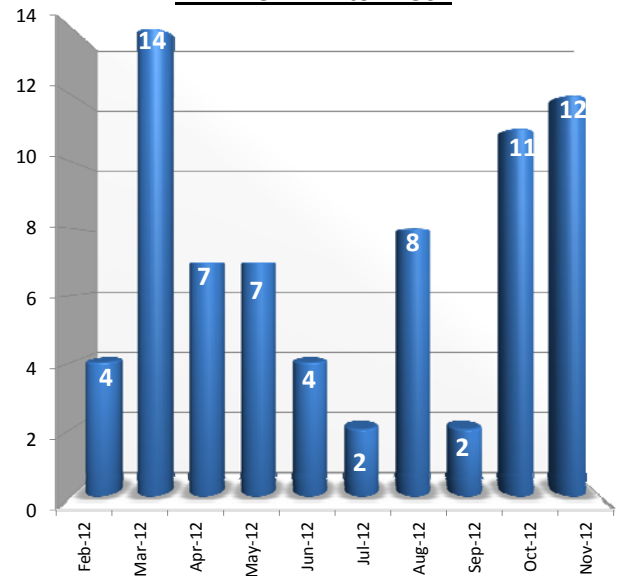
PRESSURE ULCERS (Grade 3 and 4)

Performance Overview

There was a slight increase in the number of avoidable hospital acquired pressure ulcers for November. However, this suggests that some of the pressure prevention strategies have not been fully embedded on all wards. Nevertheless, there are 63 wards out of 109 areas that have reported zero ulcers from April 2012. The Trust is now able to identify and specifically target those areas that need the greatest amount of support to ensure that going forward, the actions are embedded.

Due to the significant improvements in nursing documentation and the RCA process, it is now possible to identify the gaps in pressure ulcer prevention during a shift. The staff caring for the patient during these time periods can be identified and any omissions in care can be discussed on a one to one basis. If omissions are identified, staff are being asked to undertake a reflective account of their actions to ensure that they fully understand their responsibility and accountability in relation to the prevention of pressure ulcers in patients. There is an expectation that similar omissions will not be repeated and this is being monitored on a daily basis as part of the performance management framework.

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



TARGET / STANDARD

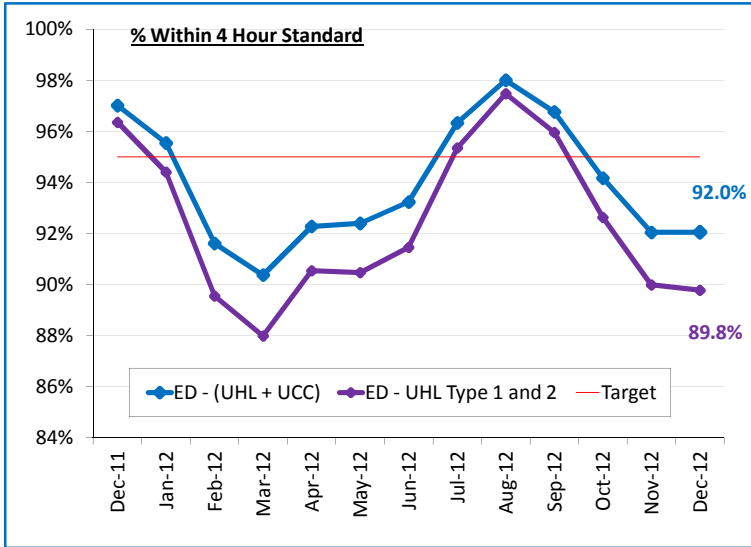
	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	YTD	Target
Pressure Ulcers Grade 3 and 4	6	12	8	21	10	10	11	7	12	10	9	18	25	102	110
Attributable to Trust	6	2	10	4	14	7	7	4	2	8	2	11	12	53	
Not Attributable to Trust	0	4	2	4	7	3	4	3	10	2	7	7	13	49	

EMERGENCY DEPARTMENT

Performance Overview

Performance for December Type 1 & 2 is 89.8% and 92.0% including the Urgent Care Centre (UCC).

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



Total Time in the Department

December 2012 - ED Type 1 and 2

	Admitted	Not Admitted	Total
0-2 Hours	331	4,283	4,614
3-4 Hours	2,116	5,835	7,951
5-6 Hours	422	412	834
7-8 Hours	247	101	348
9-10 Hours	117	20	137
11-12 Hours	72	12	84
12 Hours+	41	4	45
Sum:	3,346	10,667	14,013

CLINICAL QUALITY INDICATORS

PATIENT IMPACT

Left without being seen %
Unplanned Re-attendance %

Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
2.3%	2.1%	2.4%	3.6%	2.8%	3.0%	2.7%	2.4%	2.1%	2.2%	2.7%	2.5%	2.5%
5.4%	6.1%	6.1%	6.6%	6.2%	5.9%	5.9%	6.4%	5.6%	5.3%	5.0%	5.2%	5.2%

TARGET
<=5%
< 5%

TIMELINESS

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

Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
240	264	331	331	319	317	322	240	238	240	298	326	344
42	32	34	40	34	31	25	20	15	16	23	24	24
42	42	54	61	45	49	59	57	53	58	64	69	68

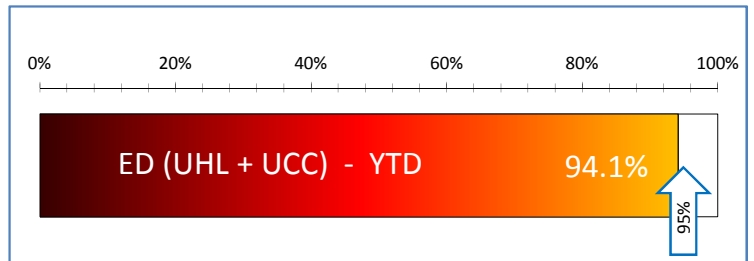
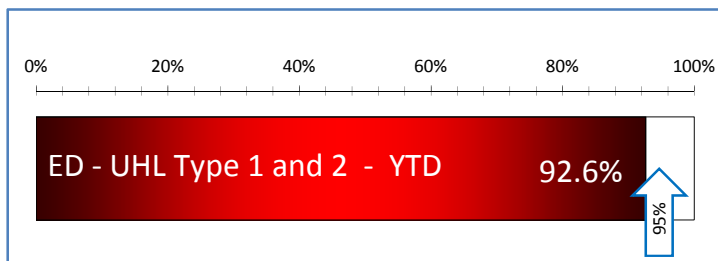
TARGET
< 240 Minutes
<= 15 Minutes
<= 60 Minutes

4 HOUR STANDARD

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

Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
97.0%	95.5%	91.6%	90.4%	92.3%	92.4%	93.2%	96.3%	98.0%	96.8%	94.2%	92.0%	92.0%
96.4%	94.4%	89.5%	88.0%	90.5%	90.5%	91.5%	95.4%	97.5%	96.0%	92.6%	90.0%	89.8%
96.0%	93.7%	88.3%	86.6%	89.5%	89.3%	90.5%	94.9%	97.2%	95.5%	91.8%	88.9%	88.8%

YTD	TARGET
94.1%	95.0%
92.6%	95.0%
91.8%	95.0%



18 WEEK REFERRAL TO TREATMENT

Performance Overview

Admitted performance in December has been achieved with performance at 91.9%, with all specialties with the exception of Ophthalmology delivering above the 90% target.

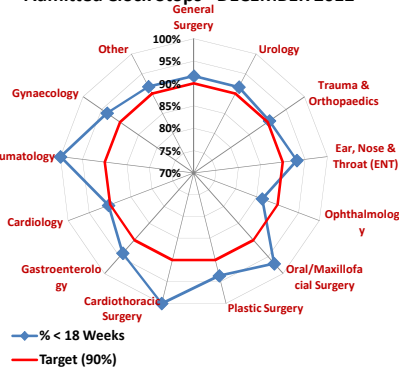
The non-admitted target for December has been achieved at 97.2% against a target of 95%.

The 2012/13 Operating Framework 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 December at 93.8%.

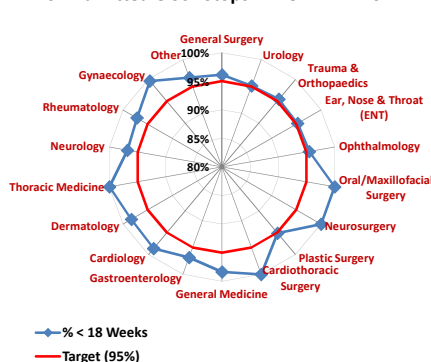
Delivery in All Specialties : The automatic financial penalty for failing to deliver the 90% target in Orthopaedics admitted performance during November has been confirmed as £73,700. Commissioners were asked to waive this penalty due to the fact that the reason for growth in backlog was due to unforeseen circumstances that the UHL could not plan for. The LLR Performance Collaborative have confirmed that although they understood the issues were outside UHL's direct control this request could not be granted, as local commissioners do not have authority to deviate from nationally determined automatic contract consequences. Ophthalmology failed to achieve the admitted 90% target during December and therefore will have an automatic penalty of £35,000 (estimated).

All specialties delivered for non-admitted patients.

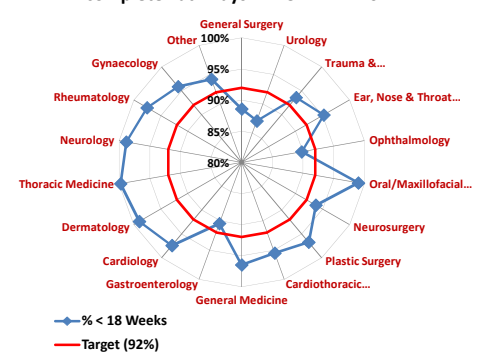
Admitted Clock Stops - DECEMBER 2012



Non Admitted Clock Stops - DECEMBER 2012



Incomplete Pathways - DECEMBER 2012



TARGET / STANDARD

RTT	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Target
RTT waiting times – admitted	87.6%	84.6%	82.8%	83.5%	93.8%	94.6%	93.6%	93.6%	93.0%	91.2%	91.2%	91.7%	91.9%	90%
RTT waiting times – non-admitted	96.6%	95.5%	96.1%	95.9%	97.1%	96.6%	97.1%	97.5%	97.1%	97.7%	97.1%	96.7%	97.2%	95%

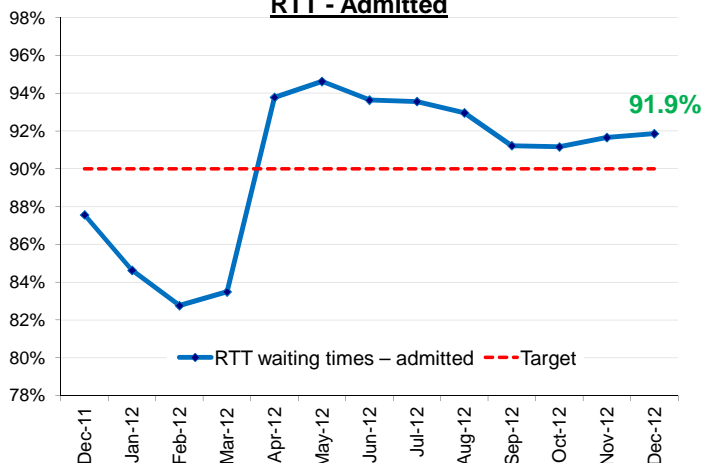
RTT - incomplete 92% in 18 weeks

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

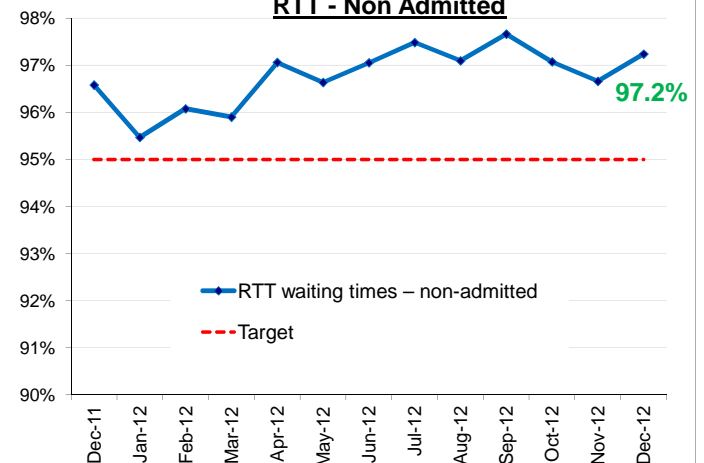
6 Week Diagnostic Test Waiting Times

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

RTT - Admitted



RTT - Non Admitted



STAFF EXPERIENCE / WORKFORCE

Performance Overview

Appraisal

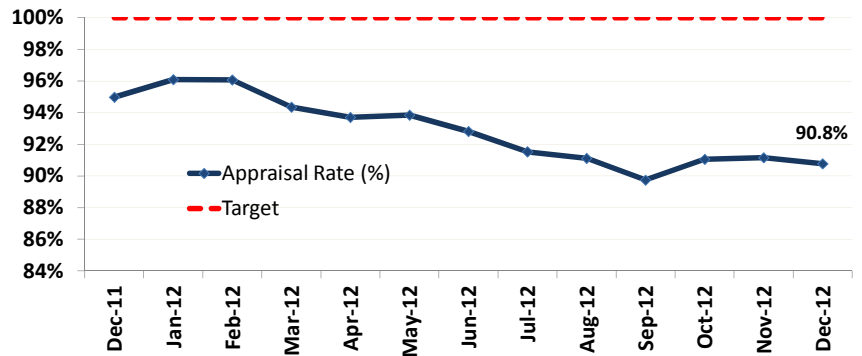
The December appraisal rate is 90.8%. The recent national staff survey results (December 2012) indicate 94% of respondents have had an annual appraisal review which is an increase by 4% (compared to 2011 results) and 12% above the Quality Health average for Acute Trusts. Human Resources continue to work closely with Divisions and CBUs to implement targeted actions to continue to improve appraisal performance. We will be corresponding with senior leads in reaching agreement on recovery action required in improving the position.

Appraisal performance continues to feature on Directorate, Divisional and CBU Board Meetings in monitoring the implementation of agreed actions. Training is provided for new appraisers based on delivering an effective appraisal. To maximise on consistency in approach, generic appraisal training components have also been incorporated within medical appraisal training which has positively.

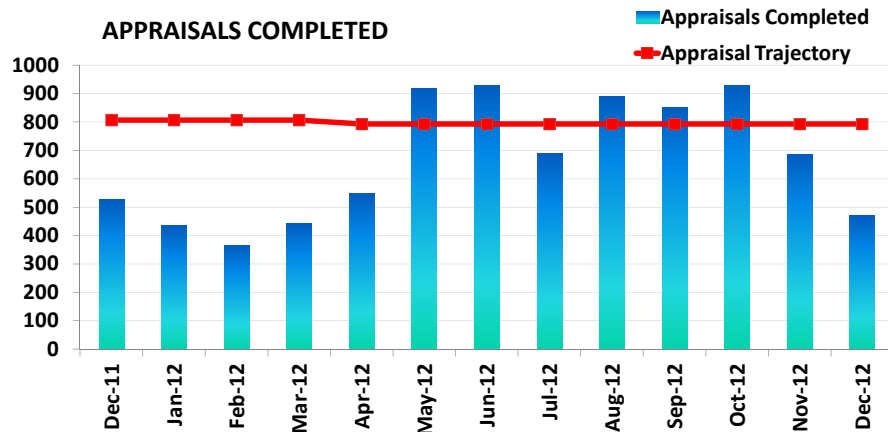
Sickness

The reported sickness rate for the month of December is 4.4% 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 East Midlands SHA has a national target to achieve 3.55% absence by March 2013 and 3.4% by March 2014 to meet their share of the NHS savings target. The SHA have therefore given East Midlands Trusts a target based on their current position. In terms of UHL (who retain the position of first in terms of lowest Acute Trust absence in the East Midlands) the target set is 3.4% for 2013 and 3.2% for 2014. Based on our March 2013 SHA target and the rolling sickness absence figure, the Trust is on target.

APPRAISAL RATES

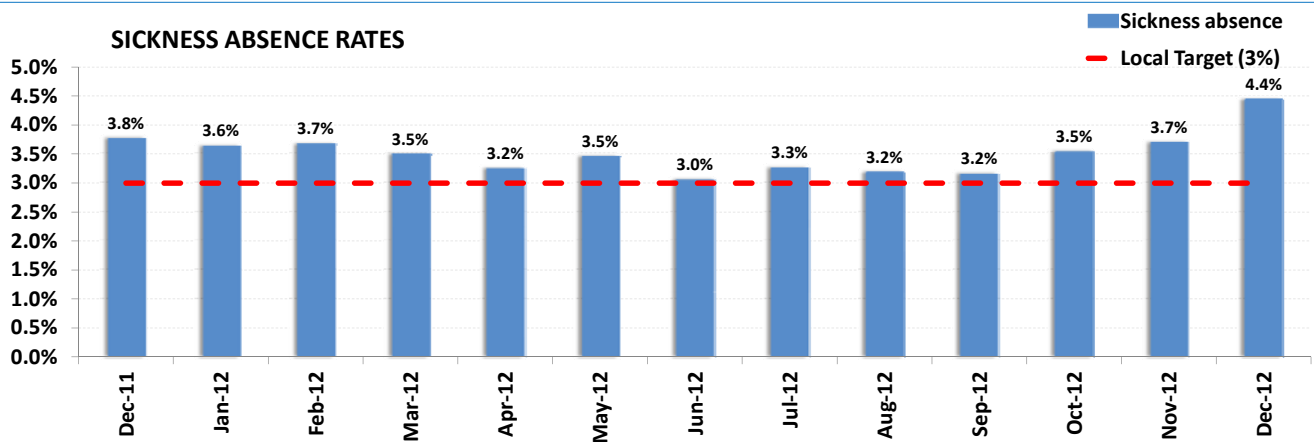


APPRAISALS COMPLETED



	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Target
APPRAISALS	95.0%	96.1%	96.1%	94.4%	93.7%	93.8%	92.8%	91.5%	91.1%	89.7%	91.1%	91.2%	90.8%	100%

SICKNESS ABSENCE RATES



VALUE FOR MONEY - EXECUTIVE SUMMARY

Issues	Comments
Actual Income & Expenditure Year to Date	The Trust is reporting a cumulative £7.3m deficit for the first 9 months, £7.1m adverse to Plan. Income ytd is £12.0m (2.2%) over Plan, which is stated net of a £2.8m marginal rate deduction for emergency inpatient income over the 2008/09 baseline. Operating costs cumulatively are £19.7m over Plan, with premium cost staff largely being used to deliver the additional activity.
Activity/Income	Year to date NHS patient care income is £11.4m favourable to Plan. This reflects under-performance on daycases of £1.1m and elective inpatients of £1.8m. These adverse movements are offset by favourable variances for emergency activity, £7.8m, net of a £2.8m reduction for the marginal rate emergency threshold and outpatients £2.2m. Emergency inpatient activity to the end of December was 5,758 spells (7%) above Plan.
Cost Improvement Programme	At Month 9, Divisions have reported £19.5m of savings, short of the £23.1m target by £3.6m.
Cash Flow	Cash is now £6.2m compared to £6.8m at the end of November.
Capital	Capital expenditure at the end of the third quarter was £13.7m. As a result of this and following discussions with key users, the full year forecast is being reduced by another £2m to £28m.
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	Risk Ratings					Reported Position	
			5	4	3	2	1	Year to Date	Forecast Outturn
Underlying performance	EBITDA margin %	25%	11	9	5	1	<1	2	3
Achievement of plan	EBITDA achieved %	10%	100	85	70	50	<50	3	4
Financial efficiency	Net return after financing %	20%	>3	2	-0.5	-5	<-5	2	3
	I&E surplus margin %	20%	3	2	1	-2	<-2	2	2
Liquidity	Liquid ratio days	25%	60	25	15	10	<10	3	3
Weighted Average		100%						2.4	2.9
Overriding rules								2	
Overall rating								2	3

INCOME and EXPENDITURE ACCOUNT

Income and Expenditure Account for the Period Ended 31 December 2012

	Dec 12			April 2012 - Dec 2012		
	Plan	Actual	Variance (Adv) / Fav	Plan	Actual	Variance (Adv) / Fav
	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000
Elective	5,166	5,733	567	53,474	51,718	(1,757)
Day Case	3,724	3,702	(21)	38,421	37,341	(1,080)
Emergency	15,258	16,744	1,486	132,047	139,848	7,802
Outpatient	6,554	6,881	327	66,729	68,916	2,187
Other	18,758	20,809	2,052	166,637	170,924	4,287
Patient Care Income	49,459	53,870	4,410	457,307	468,746	11,439
Teaching, R&D income	6,212	5,950	(262)	56,446	55,752	(694)
Non NHS Patient Care	505	598	93	5,846	6,571	725
Other operating Income	2,506	2,353	(153)	21,010	21,510	500
Total Income	58,682	62,771	4,088	540,609	552,579	11,970
Medical & Dental	11,811	12,630	(819)	105,790	108,175	(2,385)
Nursing & Midwifery	13,939	13,700	239	124,583	124,117	466
Other Clinical	4,653	4,566	87	41,808	41,285	523
Agency	262	1,146	(884)	2,392	11,184	(8,792)
Non Clinical	6,022	6,004	18	55,504	54,151	1,353
Pay Expenditure	36,687	38,046	(1,359)	330,077	338,912	(8,835)
Drugs	4,985	5,142	(157)	44,615	46,834	(2,219)
Recharges	59	130	(71)	(148)	47	(195)
Clinical supplies and services	6,518	7,018	(500)	60,968	65,174	(4,206)
Other	8,197	8,913	(716)	72,828	77,162	(4,334)
Central Funds	0	0	0	0	0	0
Provision for Liabilities & Charges	20	5	15	178	53	125
Non Pay Expenditure	19,779	21,208	(1,429)	178,441	189,270	(10,829)
Total Operating Expenditure	56,466	59,254	(2,788)	508,518	528,182	(19,664)
EBITDA	2,216	3,517	1,300	32,091	24,397	(7,694)
Interest Receivable	6	4	(2)	49	56	7
Interest Payable	(6)	(5)	1	(49)	(46)	3
Depreciation & Amortisation	(2,687)	(2,747)	(60)	(23,911)	(23,509)	402
Surplus / (Deficit) Before Dividend and Disposal of Fixed Assets	(471)	769	1,239	8,180	898	(7,282)
Profit / (Loss) on Disposal of Fixed Assets	0	0	0	0	0	0
Dividend Payable on PDC	(928)	(928)	0	(8,352)	(8,201)	151
Net Surplus / (Deficit)	(1,399)	(159)	1,239	(172)	(7,303)	(7,131)
EBITDA MARGIN		5.60%			4.42%	

VALUE FOR MONEY - CONTRACT PERFORMANCE

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

Casemix	Annual Plan (Activity)	Plan to Date (Activity)	Total YTD (Activity)	Variance YTD (Activity)	Annual Plan (£000)	Plan to Date (£000)	Total YTD (£000)	Variance YTD (£000)
Day Case	82,007	61,587	60,625	(962)	51,147	38,421	37,341	(1,080)
Elective Inpatient	23,388	17,581	16,675	(906)	71,164	53,474	51,718	(1,757)
Emergency / Non-elective Inpatient	112,494	83,907	89,665	5,758	177,788	132,200	142,799	10,599
Marginal Rate Emergency Threshold (MRET)	-	-	-	0	204	154	2,951	(2,797)
Outpatient	769,152	576,432	575,935	(497)	89,059	66,729	68,916	2,187
Emergency Department	159,545	120,205	124,970	4,765	16,020	12,068	12,109	41
Other	6,832,623	4,988,670	4,892,473	(96,198)	205,086	154,569	158,815	4,246
Grand Total	7,979,209	5,848,383	5,760,343	(88,040)	610,060	457,307	468,746	11,439

Average tariff	Annual Plan £ / episode	Plan to Date £ / episode	Total YTD £ / episode	Variance YTD £ / episode	Price Variance YTD %	Volume Variance YTD %	Price / Mix Variance (£000)	Volume Variance (£000)	Variance YTD (£000)
Day Case	£624	£624	£616	-£8	(1.3)	(1.6)	(481)	(600)	(1,080)
Elective Inpatient	£3,043	£3,042	£3,102	£60	2.0	(5.2)	1,000	(2,756)	(1,757)
Emergency / Non-elective Inpatient	£1,580	£1,576	£1,593	£17	1.1	6.9	1,527	9,072	10,599
Marginal Rate Emergency Threshold (MRET)							(2,797)	0	(2,797)
Outpatient	£116	£116	£120	£4	3.4	(0.1)	2,244	(58)	2,187
Emergency Department	£100	£100	£97	-£3	(3.5)	4.0	(437)	478	41
Other							0	4,246	4,246
Grand Total	£76	£78	£81	£3	4.1	(1.5)	1,055	10,383	11,439

VALUE FOR MONEY - INCOME and EXPENDITURE - DIVISIONAL POSITION

Income and Expenditure Position for the Period Ended 31 December 2012

	Income			Expenditure						Total Year to Date		
				Pay			Non Pay					
	Plan to Date £m	Actual £m	Variance (Adv) / Fav £m	Plan to Date £m	Actual £m	Variance (Adv) / Fav £m	Plan to Date £m	Actual £m	Variance (Adv) / Fav £m	Plan to Date £m	Actual £m	Variance (Adv) / Fav £m
Acute Care	211.7	216.8	5.1	106.8	113.1	(6.2)	62.0	64.8	(2.8)	42.9	38.9	(4.0)
Clinical Support	23.2	23.8	0.6	79.9	81.4	(1.5)	12.9	14.4	(1.4)	(69.7)	(72.0)	(2.3)
Planned Care	155.9	156.5	0.6	63.3	64.9	(1.7)	35.6	39.9	(4.3)	57.0	51.6	(5.4)
Women's and Children's	84.8	87.3	2.6	48.5	48.1	0.5	20.0	21.6	(1.5)	16.2	17.7	1.5
Corporate Directorates	13.1	13.2	0.1	31.3	30.6	0.7	47.3	48.0	(0.7)	(65.6)	(65.4)	0.1
Sub-Total Divisions	488.7	497.7	9.0	329.8	338.1	(8.3)	178.0	188.7	(10.7)	(19.1)	(29.1)	(10.0)
Central Income	51.8	54.9	3.1	0.0	0.0	0.0	0.0	0.0	0.0	51.8	54.9	3.1
Central Expenditure	0.0	0.0	0.0	0.3	0.8	(0.6)	32.6	32.2	0.4	(32.8)	(33.1)	(0.2)
Grand Total	540.5	552.6	12.1	330.1	338.9	(8.8)	210.6	220.9	(10.4)	(0.2)	(7.3)	(7.1)

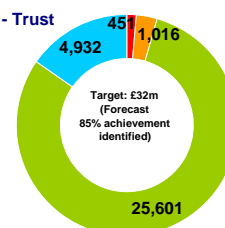
COST IMPROVEMENT PROGRAMME

Cost Improvement Programme as at December 2012

Division	Plan £000	Forecast £000	Variance £000	YTD Plan £000	Actual Achieved £000	YTD % of Plan	Recurrent Forecast £000	Non Rec Forecast £000	YTD Achieved £000	RISK RATING OF FORECAST CIPS			Forecast £000
										HIGH	MEDIUM	LOW	
Acute Care	12,279	10,684	(1,595)	9,418	8,034	85.3%	10,591	94	8,034	445	348	1,858	10,684
Clinical Support	4,960	5,036	75	3,431	3,630	105.8%	4,391	645	3,630	0	172	1,234	5,036
Planned Care	5,503	3,627	(1,877)	3,981	2,678	67.3%	3,612	15	2,678	0	108	840	3,627
Women's and Children's	1,398	1,396	(2)	982	989	100.7%	1,146	249	989	6	80	321	1,396
Clinical Divisions	24,141	20,743	(3,398)	17,811	15,330	86.1%	19,740	1,003	15,330	451	708	4,254	20,743
Corporate	6,433	6,325	(109)	4,330	4,206	97.1%	5,492	833	4,206	0	307	1,812	6,325
Central	1,426	0	(1,426)	948	0			0	0				0
Total	32,000	27,068	(4,933)	23,089	19,536	84.6%	25,232	1,836	19,536	451	1,016	6,066	27,068

Category	Plan £000	Forecast £000	Variance £000	YTD Plan £000	YTD Achieved £000	YTD % of Plan	Recurrent Forecast £000	Non Rec Forecast £000
Unidentified	3,766	0	(3,766)	2,386	0		0	0
Income	5,840	5,184	(656)	4,109	3,575	87.0%	5,027	157
Non Pay	7,660	9,536	1,876	5,319	6,520	122.6%	8,813	722
Pay	14,735	12,348	(2,387)	11,275	9,441	83.7%	11,391	957
Total	32,000	27,068	(4,933)	23,089	19,536	84.6%	25,232	1,836

FY12/13 CIPS - Trust



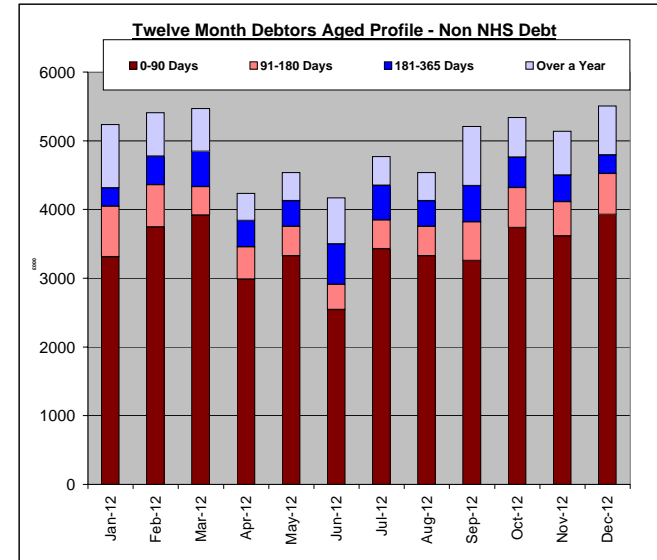
■ Red ■ Amber ■ Green ■ Gap

Commentary

There is a year to date under performance on delivery of cost improvement of £3.6m (£0.8m deficit in December). Forecast year end CIP delivery is now projected to show a shortfall of £4.9m v plan of £32m.

VALUE FOR MONEY - BALANCE SHEET

BALANCE SHEET	Mar-12 £000's Actual	Apr-12 £000's Actual	May-12 £000's Actual	Jun-12 £000's Actual	Jul-12 £000's Actual	Aug-12 £000's Actual	Sep-12 £000's Actual	Oct-12 £000's Actual	Nov-12 £000's Actual	Dec-12 £000's Actual
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
Property, plant and equipment	349,363	348,501	348,382	347,533	347,583	347,081	347,156	347,467	349,148	349,575
Trade and other receivables	2,188	2,369	2,394	2,387	2,387	2,500	2,477	2,558	2,550	2,589
TOTAL NON CURRENT ASSETS	356,793	355,959	355,704	355,176	355,065	354,501	354,420	354,640	356,138	356,634
Current Assets										
Inventories	12,262	12,208	12,437	12,469	12,758	12,987	12,727	13,171	12,958	12,961
Trade and other receivables	29,126	23,659	25,102	29,279	29,580	30,856	35,722	39,366	58,542	54,012
Other Assets	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
TOTAL CURRENT ASSETS	59,757	58,386	56,974	57,640	73,997	76,090	82,571	88,454	78,245	73,125
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)
Dividend payable	0	259	(593)	(1,370)	(2,298)	(3,226)	0	(898)	(1,796)	(2,724)
Borrowings	(4,038)	(4,038)	(4,038)	(3,925)	(3,925)	(3,925)	(3,925)	(3,925)	(4,614)	(4,614)
Provisions for liabilities and charges	(789)	(789)	(789)	(897)	(897)	(897)	(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)
NET CURRENT ASSETS (LIABILITIES)	(7,347)	(7,023)	(6,658)	(5,735)	(5,439)	(7,836)	(7,965)	(7,232)	(8,242)	(8,311)
TOTAL ASSETS LESS CURRENT LIABILITIES	349,446	348,936	349,046	349,441	349,626	346,665	346,455	347,408	347,896	348,323
Non Current Liabilities										
Borrowings	(1,427)	(2,339)	(3,308)	(3,963)	(5,302)	(4,306)	(4,859)	(5,412)	(6,958)	(7,511)
Other Liabilities	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)
TOTAL NON CURRENT LIABILITIES	(3,548)	(4,552)	(5,541)	(6,101)	(7,364)	(6,391)	(7,130)	(7,681)	(9,164)	(9,727)
TOTAL ASSETS EMPLOYED	345,898	344,384	343,505	343,340	342,262	340,274	339,325	339,727	338,732	338,596
Public dividend capital	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
Retained earnings	3,705	2,188	1,308	1,143	65	(1,923)	(2,868)	(2,470)	(3,465)	(3,597)
TOTAL TAXPAYERS EQUITY	345,898	344,384	343,505	343,340	342,262	340,274	339,325	339,727	338,732	338,596



Type of Debtors	91-180 days				TOTAL
	0-90 days	91-180 days	181-365 days	365+ Days	
	£000s	£000s	£000s	£000s	£000s
NHS Sales ledger	25,242	1,505	4,037	8	30,792
Non NHS sales ledger by division:					
Corporate Division	-579	-146	-169	183	-711
Planned Care Division	753	199	96	257	1,305
Clinical Support Division	823	79	31	0	933
Women's and Children's Division	554	76	86	85	801
Acute Care Division	2,378	386	227	188	3,179
Total Non-NHS sales ledger	3,929	594	271	713	5,507
Total Sales Ledger	29,171	2,099	4,308	721	36,299
Other Debtors					
WIP					3,871
SLA Phasing & Performance					8,508
Bad debt provision					(1,250)
VAT - net					1,118
Other receivables and assets					5,496
TOTAL					54,012

Accounts receivable metrics:

Invoice cycle time	Dec - 12 Days		Nov - 12 Days		Non-NHS days sales outstanding (DSO)	
	Dec - 12 YTD Days	Nov - 12 YTD Days	Dec - 12 YTD Days	Nov - 12 YTD Days	Dec - 12 YTD Days	Nov - 12 YTD Days
Req date to invoice raised	16.7	15.9	DSO (all debt)	58.9	60.7	
Service to invoice raised	35.3	35.1	DSO (In year debt)	32.1	29.9	

Commentary

There has been a similar movement in the value of trade receivables (£7.5m) and trade payables (£5.8m) in the month and therefore a minimal movement on the cash balance of £593k.

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

VALUE FOR MONEY - CASH FLOW

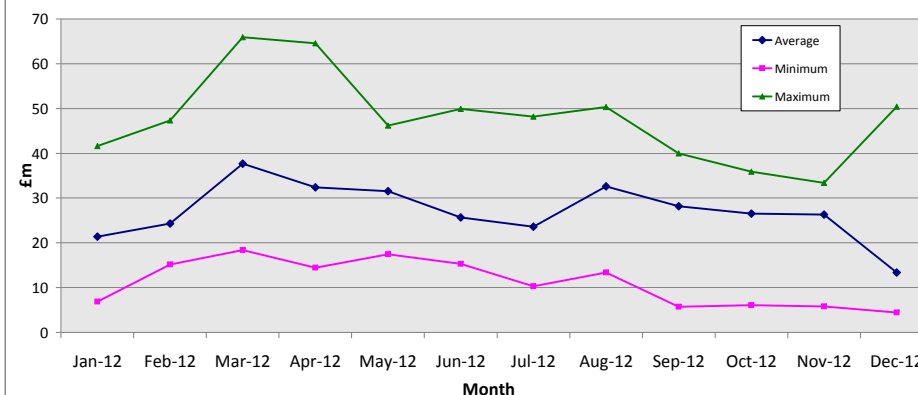
Cash Flow for the period ended 31st December				Rolling 12 month cashflow forecast - January 2013 to December 2013											
	2012/13 April - Dec Plan £ 000	2012/13 April - Dec Actual £ 000	2012/13 April - Dec Variance £ 000	2012/13 January Forecast £ 000	2012/13 February Forecast £ 000	2012/13 March Forecast £ 000	2013/14 April Forecast £ 000	2013/14 May Forecast £ 000	2013/14 June Forecast £ 000	2013/14 July Forecast £ 000	2013/14 August Forecast £ 000	2013/14 September Forecast £ 000	2013/14 October Forecast £ 000	2013/14 November Forecast £ 000	2013/14 December Forecast £ 000
CASH FLOWS FROM OPERATING ACTIVITIES															
Operating surplus before Depreciation and Amortisation	33,990	21,397	(12,593)	5,333	4,532	6,856	1,933	5,321	1,933	5,321	5,321	2,810	6,199	4,566	2,648
Donated assets received credited to revenue and non cash	(1,850)	(1,109)	741	(139)	(133)	(55)	(25)	(25)	(25)	(25)	(25)	(25)	(25)	(25)	(25)
Interest paid	(632)	(400)	232	(65)	(77)	(89)	(75)	(75)	(75)	(76)	(76)	(76)	(77)	(77)	(77)
Movements in Working Capital:	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
- Inventories (Inc)/Dec	(309)	(699)	(390)	69	69	69	-	-	-	-	-	-	-	-	-
- Trade and Other Receivables (Inc)/Dec	3,222	(22,287)	(25,509)	800	818	792	(190)	20	67	17	34	67	14	50	65
- Trade and Other Payables Inc/(Dec)	302	12,456	12,154	25	(56)	(18,165)	(2,939)	(42)	(65)	(65)	(65)	(65)	(65)	(65)	(65)
- Provisions Inc/(Dec)	-	(11)	(11)	(18)	(18)	(17)	(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	-	(514)	(514)	-	-	-	-	-	-	-	-	-	-	-	-
Net Cash Inflow / (Outflow) from Operating Activities	29,155	4,468	(24,687)	6,005	5,134	(16,304)	(1,304)	5,190	1,826	5,163	5,180	(2,912)	6,038	4,440	2,537
CASH FLOWS FROM INVESTING ACTIVITIES															
Interest Received	48	65	17	5	6	6	6	6	6	6	7	7	6	7	8
Payments for Property, Plant and Equipment	(23,625)	(13,671)	9,954	(2,796)	(3,033)	(6,380)	(2,250)	(2,251)	(2,250)	(2,251)	(2,250)	(2,251)	(2,250)	(2,251)	(2,251)
Capital element of finance leases	(3,473)	(3,079)	394	(379)	(379)	(376)	(382)	(382)	(382)	(382)	(382)	(382)	(382)	(382)	(382)
Net Cash Inflow / (Outflow) from Investing Activities	(27,050)	(16,685)	10,365	(3,169)	(3,406)	(6,750)	(2,626)	(2,627)	(2,626)	(2,627)	(2,625)	(2,626)	(2,626)	(2,626)	(2,625)
Net Cash Inflow / (Outflow) from Financing	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Opening cash	18,200	18,369	169	36,503	39,338	41,067	18,013	14,083	16,646	15,846	18,382	20,938	15,399	18,811	20,626
Increase / (Decrease) in Cash	2,105	(12,217)	(14,322)	2,836	1,729	(23,054)	(3,930)	2,563	(800)	2,537	2,555	(5,539)	3,412	1,814	(88)
Closing cash	20,305	6,152	(14,153)	39,338	41,067	18,013	14,083	16,646	15,846	18,382	20,938	15,399	18,812	20,626	20,538

Commentary

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

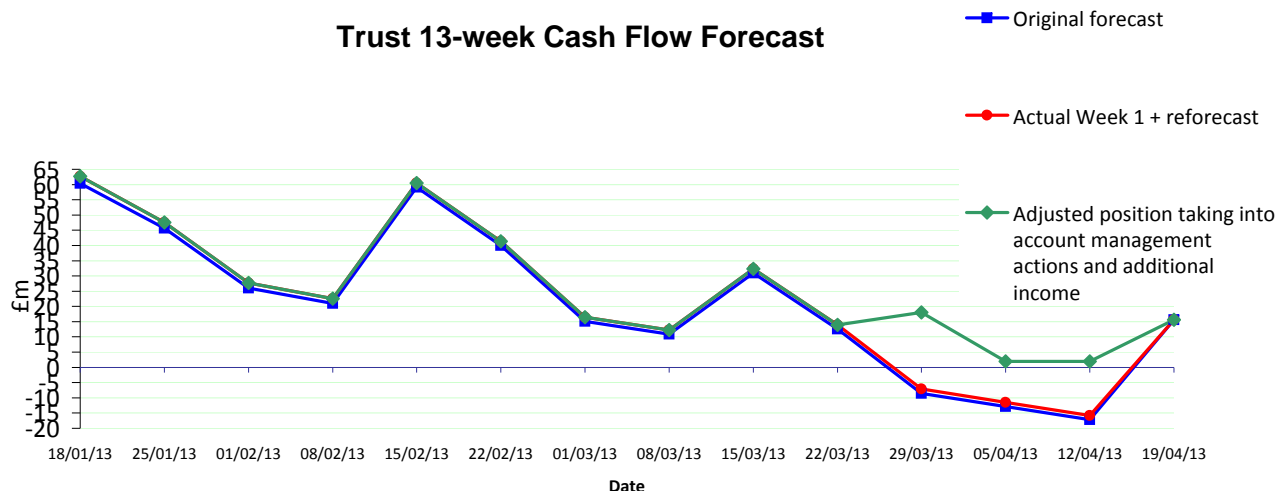
- (£12.5m) adverse variance in the EBITDA YTD position
- £12.2m increase in trade and other payables (including a £28.4m receipt in advance of November SLAs)
- (£25.5m) increase in trade and other receivables
- £10.0m under spend on capital expenditure
- £1.2m underspend PDC dividend cash payments

Average, minimum and maximum cash balances



VALUE FOR MONEY - CASH FLOW

Trust 13-week Cash Flow Forecast



Unadjusted cash movements to the 31/03/2013

	£'000
Cash balance as at 18/01/2013	33,712
Cash to be received:	
Contract income	108,149
Other debtor receipts	14,117
Total	122,266
Cash to be paid out:	
Creditor payments	-57,843
Payroll (including tax, NI and Pensions)	-99,839
PDC dividends	-5,694
Total	-163,376
Unadjusted cash as at 31/03/13	-7,398
Year end cash target	18,000
Cash (shortfall) against target	-25,398

Commentary

The Trust's cash balances reduce significantly in late March, although the Trust is planning to deliver the £18m year end cash target. The Trust has secured the early receipt of £15m SIFT and MADEL funds in advance of the remainder of the year and £18m cash relating to March SLAs from the local PCTs. The Trust has also been managing the value of its payment runs to ensure the daily levels of operational cash remain above £2m at all times. The underlying year end cash position is currently -£7.4m and this position has arisen due primarily to the impact that the deficit position of the Trust has had on the level of creditor payments.

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

- an increase in payment terms from 30 to 60 days for relevant suppliers, which will generate a one-off cash benefit of approximately £13m
- an estimated £3m due to the timing of significant cash payments moving from March to April following the commencement of the FM outsourcing contract
- a reduction of £1.5m in cash terms of the March payroll run due to the transfer of UHL staff to Interserve
- additional income of £8.5m relating to MRET reallocation (£3.5m), readmission reinvestment (£2.5m) and transformation funding/winter pressures (£2.5m).

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

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

Actions required to achieve year end cash target

	£'000
Cash (shortfall) against target	-25,398
Actions to achieve planned cash:	
Extend supplier payment terms	13,000
Additional income	8,500
Timing of Interserve payments	3,000
Savings on March Payroll	1,500
Total actions	26,000
Revised cash (shortfall) / surplus against target	602

VALUE FOR MONEY - CAPITAL BUDGET

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

	Original	Moves	Current	YTD	Actual	YTD	Plan			Forecast	Forecast
	Plan		Plan	Nov	Dec	Dec	Jan	Feb	Mar	Out Turn	Variance
	2012/13		2012/13	12/13	12/13	12/13	£000's	£000's	£000's	£000's	£'000's
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£'000's
Sub Group Budgets											
IM&T	4,000		4,000	1,532	123	1,655	200	400	245	2,500	1,500
Medical Equipment	4,600		4,600	2,411	34	2,445	140	270	1,745	4,600	0
LRI Estates	4,000		4,000	791	246	1,037	600	750	769	3,156	844
LGH Estates	2,000		2,000	596	228	823	300	300	977	2,400	-400
GGH Estates	2,000		2,000	998	223	1,221	200	200	179	1,800	200
Total Sub Group Budgets	16,600	0	16,600	6,327	854	7,181	1,440	1,920	3,915	14,456	2,144
Individual Schemes											
ED Redevelopment	1,000		1,000	487	2	489	100	100	111	800	200
MES Installation Costs	1,500		1,500	202	39	241	100	150	209	700	800
Childrens Heart Surgery	1,000	-750	250	221	13	233	0	0	47	280	-30
Maternity & Gynae Recon.	2,773	-1,428	1,345	102	6	108	40	50	102	300	1,045
Theatre Arrivals Area (TAA)	1,250		1,250	4	3	7	10	30	73	120	1,130
Aseptic Suite	750		750	34	4	38	20	20	22	100	650
Brachytherapy	420		420	186	24	210	40	0	0	250	170
Office Moves	850		850	897	9	905	0	0	0	905	-55
Feasibility Studies	100		100	16	0	16	0	0	24	40	60
BRU Enabling / Additions	150	950	1,100	57	1	58	50	47	445	600	500
PPD Building	250		250	244	0	244	0	0	0	244	6
BRU: Respiratory	2,201		2,201	97	1,150	1,247	250	250	454	2,201	0
BRU: Nutrition, Diet & Lifestyle	1,383		1,383	560	-9	551	100	200	149	1,000	383
Creating Capacity		165	165	15	36	51	70	70	109	300	-135
Ophthalmology Theatres		120	120	180	20	200	0	0	0	200	-80
Advanced Recovery Area		454	454	15	6	21	0	200	233	454	0
E-Rostering System		334	334	0	0	0	334	0	0	334	0
Residual from 2011/12			0	378	-177	202	0	0	-0	201	-201
Revenue to Capital Transfers			0	168	8	176	0	0	24	200	-200
Divisional Spend: Acute	200		200	30	27	57	30	30	53	170	30
Divisional Spend: Planned Care	200		200	0	0	0	0	20	40	60	140
Divisional Spend: Womens & Children	200		200	0	0	0	77	50	23	150	50
Divisional Spend: CSSD	200		200	138	39	177	0	10	13	200	0
Divisional Spend: Corporate	473	-373	100	15	3	18	7	0	0	25	75
Unallocated Budget		528	528	0	0	0			1,709	1,709	-1,181
MacMillan Information Centre (Donated)		154	154	154	0	154	0	0	0	154	0
Ward 27 - Teenage Cancer Unit (Donated)	1,400		1,400	480	222	702	598	0	100	1,400	0
Donations	600	-154	446	354	30	384	20	20	22	446	0
Total Individual Schemes	16,900	-	16,900	5,033	1,457	6,490	1,846	1,247	3,961	13,544	3,356
Total Capital Programme	33,500	0	33,500	11,360	2,310	13,671	3,286	3,167	7,876	28,000	5,500

