

Board of Directors Meeting

To be held on 27th February 2013

Title of Report:	Integrated Performance Report – January 2013	
Sponsoring Director:	Director of Finance & Performance	
Author(s):	Executive Directors, finance and information departments	
Background Paper(s):		
Assurance Framework Link(s):	Under Objective 5	
CQC Link(s):	http://www.cqc.org.uk/directory/rlt01	
Corporate Objective(s) supported by this paper:- (please tick)	Patient care/Experience ✓	Service Development/ Stakeholders
	Service Delivery ✓	Achieving targets ✓
	Workforce ✓	
Legal Implication(s):	None	
Resource Implication(s):	Not applicable	
Impact on Health Inequalities including Equality & Diversity:	Not applicable	
Patient and/or Public Involvement:	Not applicable	
Purpose of Report:	To report on the overall performance of the Trust in relation to the Business Plan, DH Provider Management Regime and performance standards used by other organisations in assessing trust performance; to provide exception reports on adverse performance, and to highlight key risks to achieving performance objectives.	
Report Summary:	<p>Governance risk rating – red due to the over-riding risk trigger associated with breach of the 62 day cancer waiting time target for three consecutive quarters. In month rating amber-red due to breach of the 62 day cancer and 4 hour A&E waiting time targets.</p> <p>Financial risk rating – the Trust has incurred a year to date deficit of £0.7m after accounting for support funding and has a financial risk rating of 3. The normalised FRR excluding support would, however, be 1.</p>	
Recommendation(s):	That the board notes the report and the performance risks currently being addressed. That the board considers the declarations and statements in the PMRSR and recommends the Chair and Chief Executive to complete Governance Declaration 2 as there is insufficient assurance on the achievement of financial targets for 2013/14 at the current stage in the planning cycle.	

Acronyms and Abbreviations	A&E	Accident & Emergency
	ALOS	Average length of stay (days)
	CRL	Capital resource limit
	CIP	Cost improvement programme
	CQC	Care Quality Commission
	DPU	Day procedures unit
	EBITDA	Earnings before interest, tax, depreciation and amortisation
	EFL	External financing limit
	GUM	Genito-urinary medicine
	HSMR	Hospital standardised mortality rate
	I&E	Income and expenditure
	KSF	Knowledge and skills framework
	LUCC	Leicester urgent Care Centre
	OBC	Outline Business Case
	PCT	Primary Care trust
	PMRSR	Provider Management Regime Self-certification
	QIPP	Quality, Innovation, Productivity, Prevention
	RTT	Referral to treatment time
	SCBU	Special Care Baby Unit (Level 1 Neonatal Unit)
	SHA	Strategic Health Authority
	SIRI	Serious Incident requiring Investigation
	TFA	Tripartite Formal Agreement
	YTD	Year to date
	#	Fracture

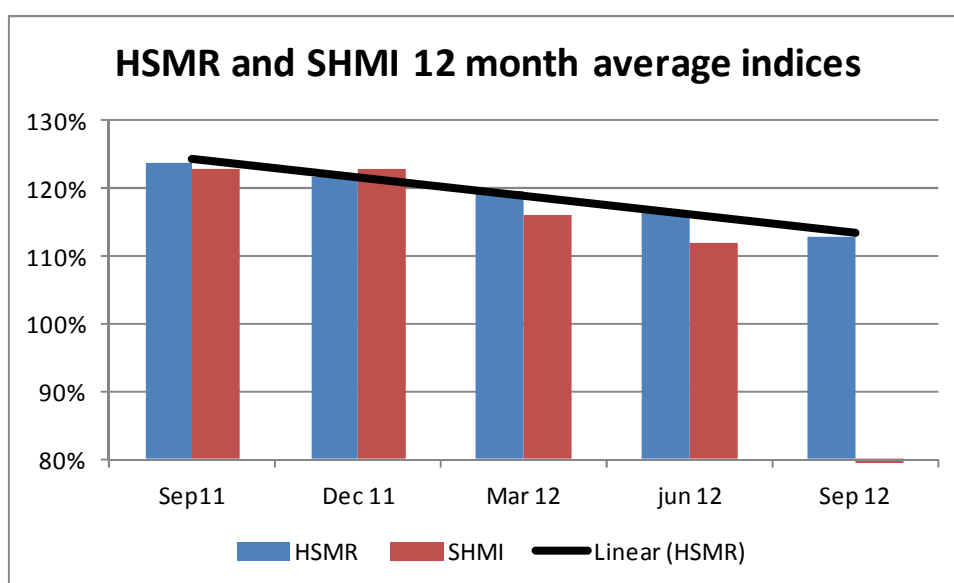
Performance Commentary

Acute services

The **governance risk rating for January is red** due to breach of the 62 day cancer waiting time target for three successive quarters which triggers an additional overriding risk rating of 4. The unadjusted risk rating for January was 2.0 with performance against cancer waiting time standard for 62 day waits (*subject to validation*) and A&E waiting times being the causal factors.

Financial performance now reflects the approved allocation of £5m support funding and including this the **financial risk rating for the period to January is 3. The normalised FRR remains 1.**

The **latest quarterly SHMI mortality index** is 1.12 for the year to June 2012. This compares with the HSMR indicator reported by Dr Foster of 116.7% for the same period and 112.5% for the year to November. The following chart compares the trend in both indicators and shows that there is a consistent reduction now being reported.



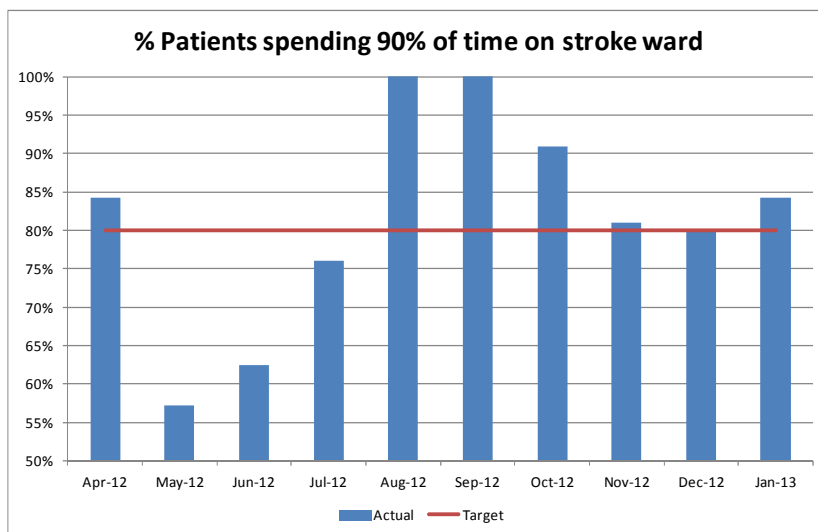
Validation of cancer waiting time data continues beyond the end of each month and may lead to changes to the data included in this report and in the PMR return.

The performance standard for **cancer treatment within 62 days from urgent GP referral** was not achieved for Quarter 3. This is the second successive quarter when this standard has not been met. The standard for **treatment within 62 days from a national screening programme referral** was not achieved in the first quarter of the year. Consequently, the combined target has not been achieved for three successive quarters, leading to a Contract Performance Notice being issued. This also gives rise to the over-riding red risk rating. It is expected that the performance notice and over-riding risk rating will remain until there has been a full quarter where the target is achieved.

Validation of January data is still taking place, but the target for the month is not expected to be achieved and it is predicted that the target will not be achieved for Quarter 4 in aggregate, although recovery of the monthly position by March is expected. Detailed action plans are in place and are reported weekly to commissioners. The Trust has invited the DH's Intensive Support Team to review current processes and make further recommendations for improvement.

All other cancer waiting time targets have been achieved in January.

Performance in respect of **patients receiving appropriate care on a stroke ward** was maintained above the 80% target, the January performance was 4% above target following two months of being very close to/on the threshold. This performance standard will continue to be challenging in the winter period.

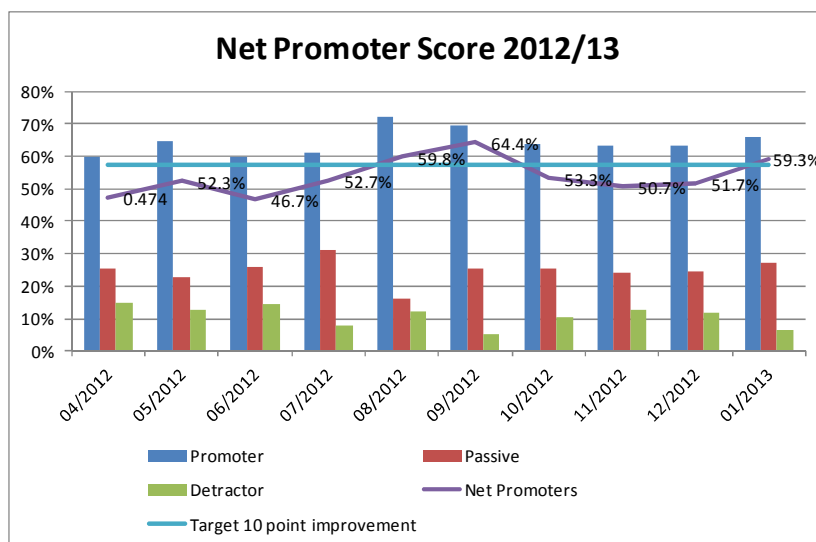


Performance against the **A&E 4 hour waiting time target** was 91.82%% in January. The decline in performance resulted from continued winter pressures that were experienced many Trusts. The impact of this was also seen in the **A&E clinical quality indicators** with long waiting times for some admitted patients.

There was one reportable **C Difficile infection** in January and the cumulative total of 15 remains below the agreed threshold.

A Contract Performance Notice in respect of **operations cancelled on the day of surgery** remains open. The target was again narrowly missed with performance of 0.83% against the standard of 0.80%.

The score for the **Friends and Family Test (Net promoter score)** recovered in January to 59% due to a reduction in the proportion of detractors. This score reflects responses to the question “How likely is it that you would recommend this service to friends and family?” .



The **NHS Patient Safety Thermometer** has been designed to be used by frontline healthcare professionals to measure a snapshot of harm arising in hospital from pressure ulcers, falls, urinary infection in patients with catheters and treatment for VTE. ‘No harm’ performance remains well above the level recorded in the first half year and there have now been 4 months without 2 harms being reported.

	Targets/thresholds	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13
GEH HFC NEW HARMS	100.00%	91.36%	97.50%	96.12%	95.85%	94.90%	93.36%	95.53%	98.13%	97.88%	96.64%	96.67%
One Harm	0%	7.64%	2.50%	3.56%	4.15%	4.76%	6.64%	4.10%	1.87%	2.12%	3.36%	3.33%
Two Harms	0%	1.00%	0.00%	0.32%	0.00%	0.34%	0.00%	0.37%	0.00%	0.00%	0.00%	0.00%
Three Harms	0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Four Harms	0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Community Services

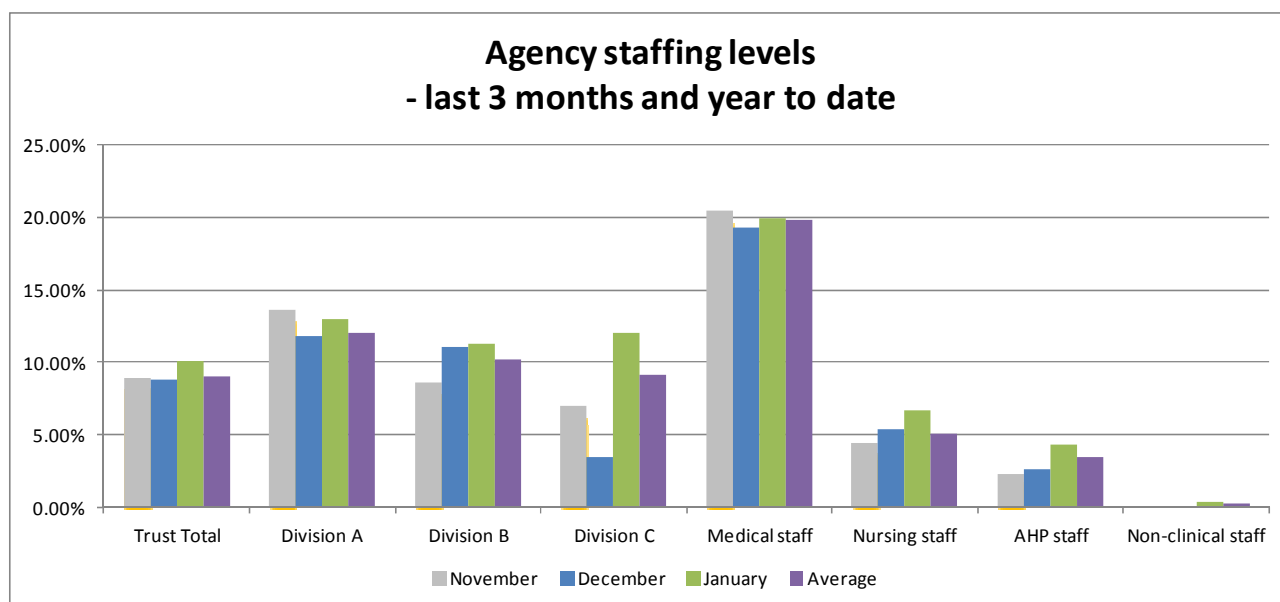
Each year the PCT randomly select a number of GP Practices for performance visits to be undertaken by them. This year all four of our **managed GP practices** have been identified for visits in March 2013. An assessment will be made of the quality and achievement of QOF outcomes for each Practice. The final reports will be tabled at the June 2013 Trust Board meeting.

The activity target (UDAs) for the **Special Care Dental Service** remains a challenge but all staff are focusing upon delivering the action plan devised at the November workshop which will deliver the required level of activity. The appointment of an Acting Clinical Director was made with effect from 8th January 2013 for a six month period to provide the service with stability whilst a staffing review is undertaken in conjunction with learning and development needs. The post of Dental Service Manager is currently in the process of recruitment.

Building work on the **Sexual Assault Referral Centre (SARC)** is progressing well with the planned completion date expected early March. All staff groups have now been appointed and have completed induction to the Trust.

Human Resources

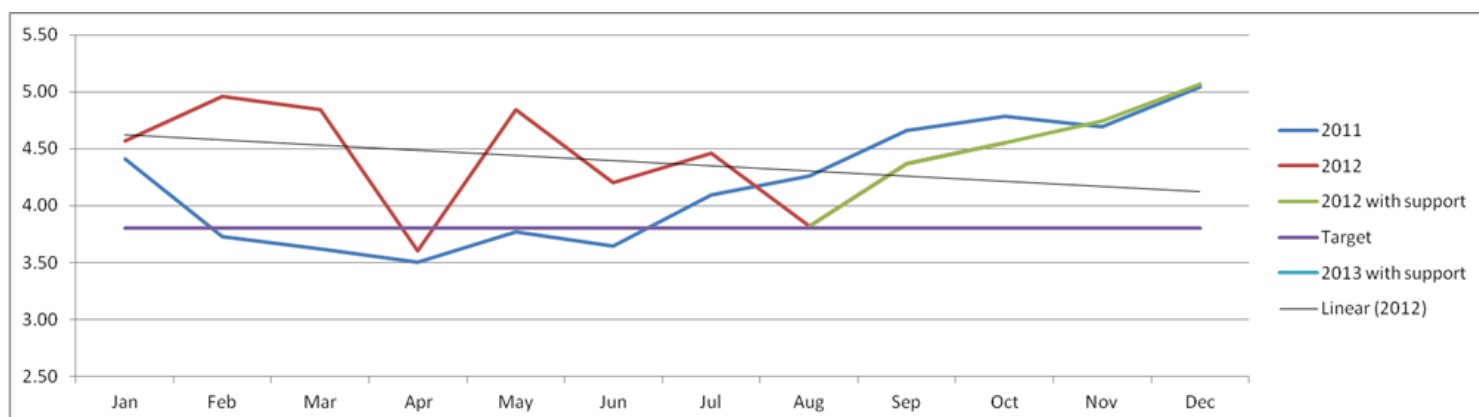
Agency expenditure as a percentage of the Trust pay bill has increased to 9.70% in January 2013 from 8.80% in December 2012 with increases in all divisions and across all staff groups. The table below shows the trend by division and staff group:



High levels of agency medical staff spend will reduce in A&E as we recruit substantively to these posts with a number of longstanding middle grade posts being filled in A&E. The Trust has taken the decision to continue to book agency doctor for Paediatrics with the impending service changes in this area which will mean reductions in this area will not occur until the new service model is in place.

The notable shift in spend in Division C is almost entirely attributable to increased spend on Nursing Agency at the Leicester Urgent Care Centre in January 2013. This was due, in the most part, to short notice requirements to place additional practitioners in the Emergency Department at the Leicester Royal Infirmary (for which the Trust will be funded) and also to support the Emergency Nurse Practitioner Pilot in A&E at GEH.

Sickness absence has reduced from 5.07% in December 2012 to 4.77% in January 2013. This high level of sickness absence is considered to be attributable to high levels of sickness due to respiratory illness with an increase of 45% in absence attributable to such conditions. There was a notable reduction of 26% in absence attributable to gastrointestinal illness:



The proportion of staff who received a KSF appraisal in the 12 month period to January 2013 increased from 80% to 81%. The position in relation to Statutory Training compliance has reduced from 91% compliance to 90% over the last month.

Financial position

The Trust has received £5m support funding for the year and this is brought into account in the year to date position. As a result, the cumulative deficit to January now stands at £712k after accounting for £4.16m of support funding. The forecast for the year, taking into account projected income, expenditure and the remaining cost improvement programme is to break-even. This continues to be challenging as income levels have been lower than was anticipated when the support funding was requested.

Foundation Trust Progress

The trust is continuing to work with the Trust Development Authority to agree documentation prior to commencing the procurement process.

NHS Trust Governance Declarations : 2012/13 In-Year Reporting

Name of Organisation:	GEORGE ELIOT HOSPITAL NHS TRUST	Period:	January 2013
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Organisational risk rating

Each organisation is required to calculate their risk score and RAG rate their current performance, in addition to providing comment with regard to any contractual issues and compliance with CQC essential standards:

Key Area for rating / comment by Provider	Score / RAG rating*
Governance Risk Rating (RAG as per SOM guidance)	R
Normalised YTD Financial Risk Rating (Assign number as per SOM guidance)	1

* Please type in R, AR, AG or G and assign a number for the FRR

Governance Declarations

Declaration 1 or declaration 2 reflects whether the Board believes the Trust is currently performing at a level compatible with FT authorisation.

Supporting detail is required where compliance cannot be confirmed.

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

Governance declaration 1

The Board is sufficiently assured in its ability to declare conformity with **all** of the Clinical Quality, Finance and Governance elements of the Board Statements.

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

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

Governance declaration 2

At the current time, the board is yet to gain sufficient assurance to declare conformity with all of the Clinical Quality, Finance and Governance elements of the Board Statements.

Signed by :	K McGee	Print Name :	
on behalf of the Trust Board	Acting in capacity as:	Chief Executive	

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

If Declaration 2 has been signed:

For each target/standard, where the board is declaring insufficient assurance please state the reason for being unable to sign the declaration, and explain briefly what steps are being taken to resolve the issue. Please provide an appropriate level of detail.

Target/Standard:	4. The trust will maintain a FRR \geq 3 over the next 12 months.
The Issue :	CIP requirement excessive; support funding requirement in 12/13 and 13/14
Action :	Develop business case in context of Securing a Sustainable Future project

<h2 style="margin: 0;">Board Statements</h2>	<h2 style="margin: 0;">GEORGE ELIOT HOSPITAL NHS TRUST</h2> <p style="margin: 0;">January 2013</p>
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For each statement, the Board is asked to confirm the following:

For CLINICAL QUALITY, that:		Response
1	The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the SOM's Oversight Regime (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.	Yes
2	The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.	Yes
3	The board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.	Yes
For FINANCE, that:		Response
4	The board anticipates that the trust will continue to maintain a financial risk rating of at least 3 over the next 12 months.	No
5	The board is satisfied that the trust shall at all times remain a going concern, as defined by relevant accounting standards in force from time to time.	Yes
For GOVERNANCE, that:		Response
6	The board will ensure that the trust at all times has regard to the NHS Constitution.	Yes
7	All current key risks have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues – in a timely manner	Yes
8	The board has considered all likely future risks and has reviewed appropriate evidence regarding the level of severity, likelihood of occurrence and the plans for mitigation of these risks.	Yes
9	The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.	Yes
10	An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (www.hm-treasury.gov.uk).	Yes
11	The board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) as set out in the Governance Risk Rating; and a commitment to comply with all commissioned targets going forward.	Yes
12	The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.	Yes
13	The board will ensure that the trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; and that all board positions are filled, or plans are in place to fill any vacancies, and that any elections to the shadow board of governors are held in accordance with the election rules.	Yes
14	The board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.	Yes
15	The board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual plan; and the management structure in place is adequate to deliver the annual plan.	Yes
Signed on behalf of the Trust:		Date
CEO	K McGee	27-Feb
Chair	S Annan	27-Feb

TFA Progress			GEORGE ELIOT HOSPITAL NHS TRUST	
Feb-13			Select the Performance from the drop-down list	
TFA Milestone (All including those delivered)		Milestone Date	Performance	Board Action
1	Commence project mobilisation. Procure project resources.	Sep-11	Fully achieved in time	
2	Establish framework for communication and engagement and create initial narrative and key messages.	Sep-11	Fully achieved in time	
3	Board approves project brief	Sep-11	Fully achieved in time	
4	Complete mobilisation. Approve PID.	Oct-11	Fully achieved in time	
5	Complete Strategic Outline Case	Nov-11	Fully achieved in time	
6	Commence consultation on Paediatric & Maternity services	Dec-11	Fully achieved but late	Arden lead. Commenced in May but recommended model has no impact on OBC
7	Arden Clinical Model approved by boards and feeds into draft OBC	Jan-12	Fully achieved but late	Arden Lead. Arden System Plan has been reflected in OBC. Arden has now commenced a further Transformation Project. The Trust's project will ensure that all commissioner plans are made available
8	Agree healthcare contracts for 2012/13	Mar-12	Fully achieved in time	
9	Complete Paediatric & Maternity consultation and feed into OBC	Mar-12	Fully achieved but late	Arden lead. Completed in Sept 12; outcome will be reflected in ISOS prospectus, dataroom and LTFM
10	Complete Arden Clinical Model and feed outcome into OBC	May-12	Not fully achieved	Arden lead. Trust has committed to support Transformation Project. The Trust's project will ensure that all commissioner plans are made available to potential bidders so that this will not impact on the project.
11	Complete Outline Business Case	May-12	Fully achieved in time	
12	Procurement/negotiation	Nov-12	Will not be delivered on time	Procurement documentation being cleared with NHS TDA
13	Complete Full Business Case	Nov-12	Will not be delivered on time	
14	Complete approvals	Dec-12	Will not be delivered on time	
15	Mobilisation/implementation	Mar-13	Will not be delivered on time	
16	Project completion	Apr-13	Will not be delivered on time	

GOVERNANCE RISK RATINGS

GEORGE ELIOT HOSPITAL NHS TRUST

Insert YES, NO or N/A (as appropriate)

Refresh GRR for New Quarter

See 'Notes' for further detail of each of the below indicators

See 'Notes' for further detail of each of the below indicators						Historic Data			Current Data				Board Action
Area	Ref	Indicator	Sub Sections	Thresh- old	Weight- ing	Qtr to Jun-12	Qtr to Sep-12	Qtr to Dec-12	Jan-13	Feb-13	Mar-13	Qtr to Mar-13	
Patient Experience	2a	From point of referral to treatment in aggregate (RTT) – admitted	Maximum time of 18 weeks	90%	1.0	Yes	Yes	Yes	Yes				
	2b	From point of referral to treatment in aggregate (RTT) – non-admitted	Maximum time of 18 weeks	95%	1.0	Yes	Yes	Yes	Yes				
	2c	From point of referral to treatment in aggregate (RTT) – patients on an incomplete pathway	Maximum time of 18 weeks	92%	1.0	Yes	Yes	Yes	Yes				
	2d	Certification against compliance with requirements regarding access to healthcare for people with a learning disability		N/A	0.5	Yes	Yes	Yes	Yes				
Quality	3a	All cancers: 31-day wait for second or subsequent treatment, comprising :	Surgery	94%	1.0	Yes	Yes	Yes	Yes				
			Anti cancer drug treatments	98%									
			Radiotherapy	94%									
	3b	All cancers: 62-day wait for first treatment:	From urgent GP referral for suspected cancer	85%	1.0	No	No	No	No				
			From NHS Cancer Screening Service referral	90%									
	3c	All Cancers: 31-day wait from diagnosis to first treatment		96%	0.5	Yes	Yes	Yes	Yes				
3d	Cancer: 2 week wait from referral to date first seen, comprising:	all urgent referrals for symptomatic breast patients (cancer not initially suspected)	93%	0.5	Yes	Yes	Yes	Yes					
3e	A&E: From arrival to admission/transfer/discharge	Maximum waiting time of four hours	95%										1.0
Safety	4a	Clostridium Difficile	Is the Trust below the de minimus	12	1.0	N/a	N/a	N/a	N/a				
			Is the Trust below the YTD ceiling	27		Yes	Yes	Yes	Yes				
	4b	MRSA	Is the Trust below the de minimus	6	1.0	Yes	Yes	Yes	Yes				Nil in month but indicator is cumulative
			Is the Trust below the YTD ceiling	0		Yes	No	No	No				
	CQC Registration												
	A	Non-Compliance with CQC Essential Standards resulting in a Major Impact on Patients		0	2.0	No	No	No	No				
	B	Non-Compliance with CQC Essential Standards resulting in Enforcement Action		0	4.0	No	No	No	No				
C	NHS Litigation Authority – Failure to maintain, or certify a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements		0	2.0	No	No	No	No					
TOTAL						1.0	1.0	1.0	2.0	0.0	0.0	0.0	

Quality & Patient Safety

QUALITY

Information to inform discussion meeting

GEORGE ELIOT HOSPITAL NHS TRUST

Insert Performance in Month

Refresh for New Month

Criteria	Unit	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Board Action
1 SHMI - latest data	Score			1.23 Sept 11			1.23 Dec 11			1.16 Mar 12			1.12 June 12	
2 Venous Thromboembolism (VTE) Screening	%			93.18%	93.12%	93.73%	90.12%	90.89%	91.35%	90.05%	90.29%	91.35%	N/A	Not yet available
3a Elective MRSA Screening	%			100.00%	99.50%	100.00%	99.70%	99.70%	100.00%	99.40%	99.70%	100.00%	98.90%	
3b Non Elective MRSA Screening	%			67.00%	74.80%	74.50%	71.10%	69.50%	77.60%	75.00%	74.10%	76.60%	75.10%	Weekly audits by IPCT indicate compliance of 91% in January. Further work is being undertaken to match patient activity and test results electronically
4 Single Sex Accommodation Breaches	Number			0	4	2	0	0	0	0	0	2	0	
5 Open Serious Incidents Requiring Investigation (SIRI)	Number			12	8	10	23	28	25.11	16.3	16.6	13.0	18.0	None open >45 days
6 "Never Events" occurring in month	Number			0	0	0	1	0	0	0	0	0	0	
7 CQC Conditions or Warning Notices	Number			0	0	0	0	0	0	0	0	0	0	
8 Open Central Alert System (CAS) Alerts	Number			10	8	8	10	7	3.2	7.2	4.2	3.2	4.0	None open beyond due date
9 RED rated areas on your maternity dashboard?	Number			2	0	0	1	0	0	0	1	0	1	
10 Falls resulting in severe injury or death	Number			0	0	1	0	0	0	0	0	0	0	
11 Grade 3 or 4 pressure ulcers	Number			0	0	0	0	0	0	Pending	Pending	Pending	Pending	Includes avoidable ulcers only. All unstageable ulcers to date have had RCAs and resolved either as Grade 2 or unavoidable.
12 100% compliance with WHO surgical checklist	Y/N			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
13 Formal complaints received	Number			34	23	25	19	30	30	21	16	14	25	
14 Agency as a % of Employee Benefit Expenditure	%			5.80%	6.40%	5.50%	6.00%	6.70%	6.10%	6.30%	6.20%	6.10%	6.40%	
15 Sickness absence rate	%			3.60%	4.02%	4.20%	4.46%	3.82%	4.37%	4.55%	4.74%	5.07%	4.77%	
16 Consultants which, at their last appraisal, had fully completed their previous years PDP	%			97%	99%	93%	91%	93%	93%	90%	90%	90%	90%	Data for % Consultant appraisals <1 year

The following key performance indicators are discussed in more detail in the Quality Report presented to the Quality Assurance Committee and are summarised below for information

INFECTION PREVENTION														
	Targets/thresholds	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
C Diff (hospital) Mandatory reported post 72 hours (SHA)	27	0	1	1	1	2	1	3	2	2	1	1		
C Diff (hospital) 1000 admissions		0	0.59	0.55	0.59	1.09	0.57	1.70	1.09	1.14	0.60	0.61		
MRSA Bacteraemia - Post 48 hours apportioned to the trust	0	0	0	0	0	0	0	2	0	0	0	0		
MRSA Elective Screening Pre 48 hours			100%	99.5%	100%	99.70%	99.70%	100.00%	99.40%	99.70%	100.00%	98.90%		
MSSA Bacteraemia Post 48 hours	1	1	1	0	1	0	0	0	1	1	0	1		
E.Coli Bacteraemia Post 48 hours	1	1	2	4	2	3	1	3	3	0	1	1		
Peripheral Line Insertion	Green 98%	99%	96%	94%	94%	99%	92%	99%	98%	99%	98%	99%		
Peripheral Line ongoing	RED <94%	99%	98%	100%	100%	99%	99%	100%	98%	100%	98%	100%		
	Amber 95-97%													
	Green 98%													
Urinary Catheter Insertion	RED <94%	100%	98%	100%	99%	100%	100%	100%	100%	100%	100%	100%		
	Amber 95-97%													
	Green 98%													
Urinary Catheter ongoing	RED <94%	100%	100%	100%	100%	100%	99%	100%	100%	100%	99%	100%		
	Amber 95-97%													
	Green 98%													
Hand Hygiene	RED <94%	99%	99%	98%	99%	99%	99%	99%	98%	98%	100%	100%		
	Amber 95-97%													
	Green 98%													
Cleaning	RED <94%	99%	99%	95%	99%	99%	99%	100%	99%	99%	99%	99%		
	Amber 95-97%													
	Green 98%													

FALLS														
	Targets/thresholds	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
Number of inpatient falls	Internal expectation is to reduce inpatient falls by 5% which will impact on falls with # (46 per month)	561	46	55	38	36	61	28	45	47	44	51		
Falls with Fracture		11	2	1	0	1	2	1	3	0	2	3		
Falls resulting in severe injury or death			0	0	1	0	0	0	0	0	0	0		
Total severe falls			2	1	1	1	3	1	3	0	1	2		
% against of In patient activity			1.52%	1.63%	1.24%	1.09%	1.88%	0.91%	1.29%	1.43%	1.46%	1.55%		

Avoidable Pressure Ulcers													
Targets/thresholds	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
Grade 1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0		
Grade 2	N/A	5	4	9	8	5	2	4	1	1	0		
Grade 3	N/A	0	0	0	0	0	0	0	0	0	Pending		
Tissue Viability Grade 3 - Avoidable - Unstageables	N/A	0	0	0	0	0	0	Pending	Pending	Pending	Pending		
Grade 4	N/A	0	0	0	0	0	0	0	0	0	0		

MEDICATIONS														
	Targets/thresholds	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
Incidents Medicine related	N/A	18	18	19	17	21	19	11	24	24	40	36		

INCIDENTS														
Incidents	Targets/ thresholds	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
SIRIs	N/A	4	6	5	4	13	7	8	6	6	9	11		
Red	N/A	11	15	10	3	6	4	6	0	0	0	0		
Amber	N/A	172	191	179	106	129	111	98	12	12	8	7		
Yellow	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	132	141	122	148		
Green	N/A	166	119	166	138	204	217	157	207	168	193	193		
Never events	N/A	0	0	0	0	1	0	0	0	0	0	0		

MORTALITY													
	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
Trust Monthly HSMR	121.70%	108.40%	110.60%	119.10%	103.90%	118.40%	98.60%	110.60%	n/a	n/a	n/a		
HSMR National Target	N/A	100	100	100	100	100	100	100	100	100	100	100	100
Trust Target	N/A	110	110	110	110	110	110	110	110	110	110	110	110
Deaths per 1000 Bed Days	8.1	7.0	6.9	8.0	5.3	6.9	6.1	7.4	8.3	9.4	9.0		
Deaths per 1000 Discharges	32	34	33	33	24	31	26	32	36	40	41		
Deaths in hospital (Datawarehouse)	65	64	67	65	50	63	50	67	72	78	82		
SHMI	n/a	1.23 Sep 11	n/a	n/a	1.23 Dec 11	n/a	n/a	1.16 Mar 12	n/a	n/a	1.12 June 12		

Acute Performance

Note: cancer performance still subject to validation

P.M.R. ACUTE COMMENTARY															
Domain	Indicator	Standard	Avg 11-12	Mar-12	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	YTD
					Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	
Safety	C Difficile infections	YTD=18	3	0	1	1	1	2	1	3	2	2	1	1	
	MRSA bacteraemia infections	0	0	0	0	0	0	0	0	2	0	0	0	0	
Quality	Cancer 2 weeks - suspected	93%	95.90%	96.00%	94.24%	95.93%	96.10%	94.75%	93.82%	96.53%	93.86%	97.01%	96.75%	95.64%	
	Cancer 2 weeks - symptomatic breast	93%	96.30%	96.30%	93.52%	98.17%	98.68%	95.00%	100.00%	96.77%	100.00%	98.04%	98.91%	97.83%	
	Cancer 31 days	96%	99.40%	100.00%	98.44%	100.00%	100.00%	100.00%	98.41%	100.00%	98.78%	98.21%	96.15%	96.00%	
	Cancer 31 days - drug	98%	100.00%	100.00%	100.00%	95.83%	100.00%	100.00%	100.00%	100.00%	95.45%	100.00%	100.00%	100.00%	
	Cancer 31 days - surgery	94%	98.10%	100.00%	88.89%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
	Cancer 62 days	85%	85.40%	82.00%	92.86%	84.42%	88.46%	75.38%	84.21%	75.00%	76.32%	72.22%	77.27%	78.43%	
	Cancer 62 days - from screening service	90%	96.70%	100.00%	75.00%	75.00%	100.00%	100.00%	75.00%	100.00%	90.00%	80.00%	100.00%	100.00%	
	A&E 4 hrs	95%	95.74%	97.09%	95.83%	97.67%	97.55%	97.95%	96.73%	96.94%	97.99%	95.01%	94.64%	91.82%	
	Stroke - CT < 24 hours	100%	99.51%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
	Stroke - time on stroke ward	80%	83.53%	80.00%	84.21%	57.14%	62.50%	76.00%	100.00%	100.00%	90.91%	80.95%	80.00%	84.21%	
Patient experience	RTT waits 95th percentile - admitted (adjusted for F/S/S)	90%	89.12%		96.19%	97.68%	97.19%	93.52%	96.91%	96.13%	94.48%	95.31%	94.49%	94.68%	
	RTT waits 95th percentile - non-admitted	95%	97.00%		98.77%	98.25%	95.98%	98.08%	97.07%	96.07%	95.97%	95.65%	98.75%	98.16%	
	Learning disability compliance	>10/11 = 2		>3/4	3	3	3	3	3	3	3	3	3	3	
Patient impact	A&E Unplanned re-attendance rate	<5.0%	5.50%		5.20%	4.80%	4.40%	5.20%	5.50%	5.20%	4.40%	4.90%	5.50%	5.30%	
	A&E Left department without being seen	<5.0%	1.60%		0.70%	1.00%	1.00%	1.20%	0.80%	0.70%	0.60%	0.70%	1.20%	0.70%	
Timeliness	A&E Total Time in A&E Admitted 95th centile	<240	491		494	391	349	367	451	442	341	514	603	674	
	A&E Total Time in A&E Non-Admitted 95th centile	<240	231		227	214	210	223	223	221	214	226	234	235	
	A&E Total Time in A&E Admitted & Non-Admitted 95th centile aggregate	<240	239		239	239	238	239	239	239	239	239	287	388	
	A&E Time to initial assessment for patients arriving by ambulance - 95th centile	<15	20		14	16	10	16	10	10	9	11	12	11	
	A&E Time to treatment - median	<60	65		41	36	35	43	36	37	34	33	45	39	

OTHER ACUTE COMMENTARY															
Domain	Indicator	Standard	Avg 11-12	Mar-12	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	YTD
					Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	
Efficiency	Pay % income	68.50%	72.00%	61.00%	69.30%	71.40%	68.60%	69.80%	71.60%	71.10%	69.30%	71.00%	71.10%	68.60%	
	ALOS - elective	2.4	3.0	2.5	2.00	2.20	3.20	2.50	2.90	2.50	2.50	2.00	2.30	2.90	
	ALOS - emergency	5.5	5.2	5.0	5.80	5.60	4.80	5.40	5.30	5.00	5.10	5.20	5.10	5.30	
	Day case rates	85%	84.95%	85.00%	86.84%	89.47%	80.99%	82.31%	83.66%	84.72%	84.44%	85.33%	80.36%	87.69%	
	Delayed transfers of care	3.50%	5.00%	3.50%	2.51%	2.28%	3.10%	3.03%	5.49%	2.57%	3.50%	2.06%	1.97%	2.63%	
	Outpatient follow-up (incl OPP)	2.51	2.79	2.88	2.54	2.53	2.66	2.58	2.68	2.54	2.48	2.59	2.53	2.72	
Access	RTT waits (%) - admitted	90%	89.12%	93.91%	96.19%	97.68%	97.19%	93.52%	96.91%	96.13%	94.48%	95.31%	94.49%	94.68%	
	RTT waits (%) - non-admitted	95%	97.00%	97.64%	98.77%	98.25%	95.98%	98.08%	97.07%	96.07%	95.97%	95.65%	98.75%	98.16%	
	RTT waits (median weeks) - admitted		9	8	9	8	9	9	9	9	8	9	10	11	
	RTT waits (median weeks) - non-admitted		6	5	5	5	5	5	5	6	5	5	6	6	
	RTT Incomplete pathways	92%			96.17%	96.17%	97.64%	95.64%	95.07%	99.74%	99.91%	99.51%	99.72%	97.73%	
	Outpatient waiting list	N/A	3033	3142	3091	2947	3115	3253	3404	3084	3031	2916	2785	2680	
	Inpatient waiting list	N/A	1630	1446	1598	1726	1682	1741	1613	1669	1854	1846	1735	1737	
	Diagnostic waits (breaches)	6 wks	5	0	1	0	0	0	0	1	0	0	5	0	
	Cancelled operations	0.80%	0.72%	1.63%	0.96%	0.97%	1.08%	0.63%	1.19%	0.85%	0.51%	0.80%	0.88%	0.83%	
	Admissions %		22.40%	23.60%	22.70%	21.60%	21.40%	21.30%	20.90%	22.20%	22.20%	22.60%	22.70%	23.50%	
	Readmissions %	9.70%	13.10%	13.70%	12.9%	14.5%	11.9%	12.1%	13.6%	11.7%	12.1%	13.8%	12.8%	n/a	

Community Performance

PRIMARY CARE AND COMMUNITY													
Domain	Indicator	Standard	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	YTD
		Standard	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	
Leicester Urgent Care	A&E Unplanned re-attendance rate	<5%	1.73%	2.10%	1.65%	1.57%	2.10%	1.25%	0.74%	1.41%	1.19%	1.20%	
	A&E Left department without being seen	<5%	5.18%	3.59%	3.96%	4.18%	2.86%	2.19%	2.56%	3.43%	3.33%	2.27%	
	A&E Total Time in A&E Admitted 95th centile (Max)	< 4 hours	3.51	3.03	3.2	3.03	2.11	2.01	2.14	2.46	2.12	2.06	
	A&E Total Time in A&E Non-Admitted 95th centile (Max)	< 4 hours	3.34	2.54	3	2.53	2.07	1.38	2.19	2.34	2.38	2.09	
	A&E Total Time in A&E Admitted & Non-Admitted 95th centile aggregate (Max)	< 4 hours	3.51	3.03	3.2	3.03	2.09	1.49	2.19	2.4	2.25	2.07	
	A&E Time to initial assessment for patients arriving by ambulance - 95th centile (Max)	< 15 mins	0.01	0.01	0.01	0	0.01	0	0.01	0.01	0	0	
Dentistry (SCD)	UDAs		316.2	498.4	644.2	837.6	584.5	677.4	869.4	666	500.00	664.80	
	UDA % of plan (month)		38.00%	59.00%	77.00%	100.00%	70.00%	81.00%	104.00%	79.85%	59.00%	79.71%	
	UDA % of plan (YTD)		38.00%	78.00%	60.00%	68.00%	69.00%	71.00%	76.00%	76.00%	74.50%	62.50%	
GU Medicine	48 hours offered %	98%	98.00%	98.20%	99.30%	99.00%	100.00%	98.90%	99.80%	99.00%	99.60%	99.50%	
	48 hours seen %	95%	98.00%	97.70%	99.30%	99.00%	100.00%	98.90%	100.00%	99.00%	99.60%	99.50%	
Health Trainers	Contacts	84	92	38	52	124	112	96	54	85	38	102	
	Contacts % of contract (month)		110.80%	45.78%	62.65%	149.39%	134.94%	116.00%	65.00%	102.00%	45.78%	117.00%	
	Contacts % of contract (cumulative)		110.80%	78.31%	73.09%	92.17%	100.72%	103.00%	65.00%	83.73%	71.08%	83.00%	
Coventry & Warwickshire TB Service	New notified active cases		21	18	26	14	16	7	14	17	17	15	
	Receiving treatment		111	114	116	121	129	133	141	145	154	105	
	Contacts seen		137	148	124	81	55	93	66	59	19	64	
Stop Smoking Service	4-week quitters		288	267	239	218	NA	NA	NA		1901	2154	
	Indicative Target		250	250	250	250	NA	NA	NA	1750	2000	2250	

Human Resources

Human Resources															
Domain	Indicator	Standard	Avg 11-12	Mar-12	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	YTD
					Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-12	
Workforce	Agency spend (acute)	<4.4%	5.30%	8.30%	7.90%	9.00%	8.30%	8.80%	9.60%	9.30%	9.50%	9.10%	9.30%	9.50%	
	Agency spend as a % of Trust pay bill	<4.4%	7.00%	9.40%	8.40%	9.10%	8.40%	9.00%	9.70%	9.00%	9.30%	8.90%	8.80%	9.70%	
	Managers and senior managers (wte)		36.1	38.8	37.80	38.80	34.80	34.80	34.80	34.80	34.40	34.60	33.60	31.00	
	Sickness absence	<3.6%	4.30%	4.80%	3.60%	4.02%	4.20%	4.46%	3.82%	4.37%	4.55%	4.74%	5.07%	4.77%	
	Staff Turnover (12 mth rolling average)	<13.5%	9.50%	10.50%	10.80%	11.00%	9.60%	11.30%	11.50%	11.40%	12.00%	11.30%	11.30%	11.56%	
	Vacancy rate	<10%	7.90%	7.00%	7.00%	7.00%	7.00%	7.00%	7.00%	8.00%	8.00%	5.00%	6.00%	8.00%	
	Staff who have received PDR % (Rolling 12 month period)	>80%	61.00%	67.00%	64.00%	63.00%	64.00%	65.00%	68.00%	70.00%	75.00%	79.00%	80.00%	81.00%	
	Statutory training compliance (rolling 12 month)	85%	81.00%	85.00%	85.00%	86.00%	86.00%	87.00%	87.00%	88.00%	90.00%	91.00%	91.00%	90.00%	
	Qualified staff Ratio (ward areas)	>60%<40%	58%:42%	62%:38%	61.39	61.39	60.40	60.40	62.38	60.40	61:39	60:40	60:40	60:40	

FINANCIAL RISK RATING

GEORGE ELIOT HOSPITAL NHS TRUST

								Insert the Score (1-5) Achieved for each Criteria Per Month					
			Risk Ratings					Reported Position		Normalised Position*			
Criteria	Indicator	Weight	5	4	3	2	1	Year to Date	Forecast Outturn	Year to Date	Forecast Outturn	Board Action	
Underlying performance	EBITDA margin %	25%	11	9	5	1	<1	2	2	1	2		
Achievement of plan	EBITDA achieved %	10%	100	85	70	50	<50	3	3	1	1		
Financial efficiency	Net return after financing %	20%	>3	2	-0.5	-5	<-5	3	3	1	1		
	I&E surplus margin %	20%	3	2	1	-2	<-2	2	2	1	1		
Liquidity	Liquid ratio days	25%	60	25	15	10	<10	4	4	3	4		
Weighted Average		100%						2.8	2.8	1.5	2.0		
Overriding rules								3	3	1	1		
Overall rating								3	3	1	1		

FINANCIAL RISK TRIGGERS

GEORGE ELIOT HOSPITAL NHS TRUST

Insert "Yes" / "No" Assessment for the Month

Refresh Triggers for New Quarter

	Criteria	Historic Data			Current Data				Board Action
		Qtr to Jun-12	Qtr to Sep-12	Qtr to Dec-12	Jan-13	Feb-13	Mar-13	Qtr to Mar-13	
1	Unplanned decrease in EBITDA margin in two consecutive quarters	No	Yes	Yes	Yes				
2	Quarterly self-certification by trust that the normalised financial risk rating (FRR) may be less than 3 in the next 12 months	No	Yes	Yes	Yes				
3	Working capital facility (WCF) agreement includes default clause	N/a	N/a	N/a	N/a	N/a	N/a	N/a	No working capital facility in place.
4	Debtors > 90 days past due account for more than 5% of total debtor balances	Yes	Yes	Yes	Yes				Healthcare contract over performance invoices to be settled.
5	Creditors > 90 days past due account for more than 5% of total creditor balances	Yes	Yes	Yes	Yes				Disputes on invoices to be resolved.
6	Two or more changes in Finance Director in a twelve month period	No	No	No	No				
7	Interim Finance Director in place over more than one quarter end	No	No	No	No				
8	Quarter end cash balance <10 days of operating expenses	No	No	No	No				No mandate payment from LLR due to their admin problem - rectified in Jan; receipt of support funding in Jan resolves the issue
9	Capital expenditure < 75% of plan for the year to date	Yes	Yes	Yes	Yes				Capital programme being restricted due to risk of shortfall in cash flow from operations
10	Yet to identify two years of detailed CIP schemes			Yes	Yes				

Income & Expenditure Summary

The financial position for the ten months to 31st January 2013 is a deficit of £712k which gives an adverse variance compared to plan of £631k

Income & Expenditure Category	Current Annual I&E Plan	I&E Budget Current Month	I&E Actual Current Month	Variance		I&E Budget Year to date	I&E Actual Year to date	Variance	
	£'000	£'000	£'000	+Adv	-Fav	£'000	£'000	+Adv	-Fav
Income									
NHS Patient Care Income	(106,256)	(8,932)	(9,292)		(361)	(88,136)	(91,898)		(3,762)
Other Patient Care Income	(443)	(37)	(61)		(24)	(369)	(352)		17
Non Patient Related Income	(9,397)	(759)	(897)		(139)	(7,973)	(8,221)		(248)
Total Income (Surplus)/Deficit	(116,096)	(9,728)	(10,251)		(523)	(96,478)	(100,470)		(3,993)
Expenditure									
Pay	76,627	6,279	6,749		470	63,440	67,568		4,128
Non Pay	32,812	2,899	2,870		(29)	27,482	28,171		688
Total Expenditure (Surplus)/Deficit	109,439	9,178	9,619		442	90,922	95,739		4,817
Unidentified CIP	(0)	(0)	0		0	(0)	0		0
Earnings before Interest, Tax, Depreciation and Amortisation	(6,657)	(550)	(632)		(82)	(5,556)	(4,732)		825
Financing costs	6,657	510	360		(150)	5,638	5,444		(194)
Retained (Surplus) / Deficit (Note 1)	(1)	(40)	(272)		(232)	81	712		631

Note 1 : (Surplus)/Deficit is after accounting for technical charge of £90k

Healthcare income year to date is £3.76m over plan. This is after accounting for £4.16m of the £5m support funding received by the trust in December, half of which was included in the plan. Consequently, just over £2m of the additional income is the result of additional support funding. Income includes service development funding agreed in the contract but currently disputed by NHS Warwickshire.

The operating expenditure variance continues to be significantly adverse both in month and for the year to date. The adverse variance against pay budgets in January is £470k (7%) down from £517k in December. The key areas of adverse variance in January are:-

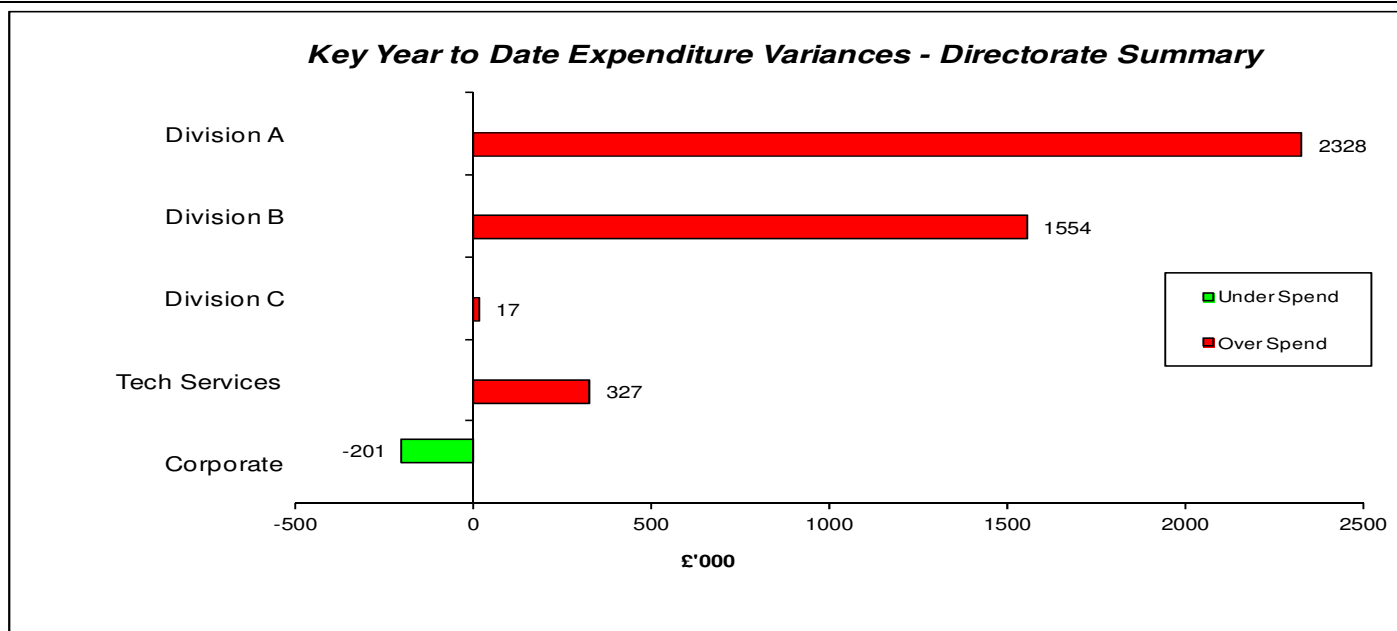
- Premium medical costs incurred (net of vacancies) remained static in January following reductions in previous months.
- During January the trust continued to experience capacity pressures which resulted in the continued opening of additional capacity that had been opened as a result of Norovirus in November. This is to ensure safe delivery of patient care and in part is being offset by additional winter income received from the DoH.
- Reductions in financing were seen in January following the change in valuation of fixed assets and the impact of PDC Dividend.

Healthcare Income

NHS patient care income has over-performed by £153k in January, bringing the year to date performance before support to a £1,679k over-performance. After support, the year to date position is an over-performance of £3,762k.

Point of Delivery	Change in month	Under Plan - Year to Date	Over Plan - Year to Date
Income shortfall: +£2,083k over ☺☺ (M09 -£1,875k over)	+£208k better ↑↑		<ul style="list-style-type: none"> Support now received £5m FYE vs. £2.5m planned. YTD therefore £2,083k better than plan.
Elective admitted care: +£237k over (+6%) ☺☺ (M09 +£290k over)	-£53k worse ↓	<ul style="list-style-type: none"> -£106k ophthalmology, -171 spells (M09 -£98k) -£60k general surgery, 138 spells (M09 +£46k) 	<ul style="list-style-type: none"> +£164k urology, +285 spells (M09 +£151k) +£161k gynaecology, +235 spells (M09 +£147k) +£164k regular day admissions, 338 spells (M09 +£158k)
Non-elective inpatients and A&E attendances: +£59k under (~0%) ☹ (M09 +£54k over)	-£113k worse ↓	<ul style="list-style-type: none"> -£391k* general surgery, -62 spells (M09 -£350k) -£450k orthopaedics, -179 spells (M09 -£425k) -£177k A&E, -1,200 attendances (M09 -£121k) 	<ul style="list-style-type: none"> +£802k* general medicine, 457 spells (M09 +£669k) <i>* gross sums before adjustments</i> +£113k haematology, +44 spells (M09 +£112k) +£27k adjustments for marginal rate and readmissions within 30 days (M09 +£56k)
Outpatient attendances: +£1,107k over (+7%) ☺☺ (M09 +£1,037k over)	+£70k better ↑		<ul style="list-style-type: none"> +£311k general medicine, 3,367 attends, (M09 +£273k) +£129k general surgery**, 554 attends, (M09 +£114k) +£92k orthopaedics, 891 attends, (M09 +£91k) +£104k rheumatology, 1,356 attends (M09 +£87k) +£111k midwifery, 1,252 attendances, (M09 +£97k) +£64k urology, 515 attendances (M09 +£63k) <i>** includes all preoperative assessments</i>
Critical care: -£117k under (-4%): (M09 -£138k under)	-£21k worse ↓	<ul style="list-style-type: none"> -£125k adult critical care (M09 -£158k) 	<ul style="list-style-type: none"> +£8k SCBU (M09 +£19k)
Direct access and high cost drugs: +£9k under (M09 +£75k over)	+£84k worse ↓		<ul style="list-style-type: none"> +£707k gross on high cost drugs: income and expenditure budgets are flexed to meet this (M09 +£647k)
Primary Care & Community +£28k over ☺ (M09 +£42k over)	+£14k worse ↔		<ul style="list-style-type: none"> Additional QOF income

Divisional Financial Overview



• Division A

- A&E Medical staffing £861 over spend (£820k at M09)
- Use of winter capacity earlier in year £216k (£216k at M09)
- Additional capacity (outbreak/ new winter capacity) £205k at M10 (£171k at M09)
- A&E Nursing pay £147k over spend (£141k at M09)
- Radiology agency usage £352k over spend (£388k at M09)

• Division B

- Medical agency over spends in General Surgery £229k (£235k at M09), Anaesthetics £292k (£251k at M09) and Paediatrics £504k (£414k at M09)
- Additional capacity open £408k (£348k at M09)

• Division C

- Additional income following 2011/12 QOF results

• Technical Services

- Pay budgets £325k under spend (£300k at M09)
- Laundry services £72k over spend (£76k at M09)
- IT non-pay £169k over spend (£164k at M09)
- Engineering Maintenance £182k over spend (£169k at M09)

• Corporate Services

- Pay budgets £202k under spend (£190k at M09)

Cost Improvement Programme

The table below shows the savings position by division.

Division	2012/13 Savings Identified £m	Savings Forecast £m	Over (Under) Achievement £m	YTD Planned Savings £m	YTD Actual Savings £m	Variance £m
Division A	1.27	0.93	(0.35)	(0.96)	(0.68)	0.28
Division B	1.70	1.00	(0.70)	(1.38)	(0.78)	0.60
Division C	0.45	0.40	(0.05)	(0.37)	(0.33)	0.04
Technical Services	0.36	0.26	(0.10)	(0.31)	(0.18)	0.13
Corporate	1.19	1.15	(0.04)	(0.92)	(0.90)	0.02
Project Management Office	1.43	1.86	0.44	(1.12)	(1.24)	(0.12)
Reserves/Financing	0.44	1.22	0.78	(0.32)	(0.74)	(0.42)
Unidentified	(0.0)	0.00	0.03	0.00	0.00	0.00
Total CIP requirement	6.82	6.82	0.00	(5.38)	(4.84)	0.54

After ten months of the year the planned CIP delivery has been underachieved by £0.54m across all divisions (£0.73m at M09). The year to date savings of £4.84m represents an achievement level of 90%. The cost improvement programme is phased in a way that requires increased delivery each quarter in particular the final quarter.

The forecast cost improvement position is for achievement of the full £6.8m. Achievement is dependent on continuing to increase delivery in the final two months of the financial year; this will continue to require the utilisation of some non recurrent savings in addition to the measure being implemented by the programme management office.

The main schemes which have slipped against planned delivery year to date are:

- Medicines management savings £220k
- Radiology & Theatre schemes £235k
- Corporate cost reduction £117k
- Deficit SLR areas £142k
- Non-pay savings £67k
- Opening of additional capacity in excess of winter ward £62k
- Anaesthetics review savings £83k.

Balance Sheet, Cash, Capital & Other Performance Measures

Cash Management

Cash balances at £7.8m were £3.6m higher than the plan. Balances have increased in January because of the receipt of £5.0m support funding and £1.3m training and education funding for the final quarter; capital payments are £0.7m behind internally generated capital funds for the period to January 2013.

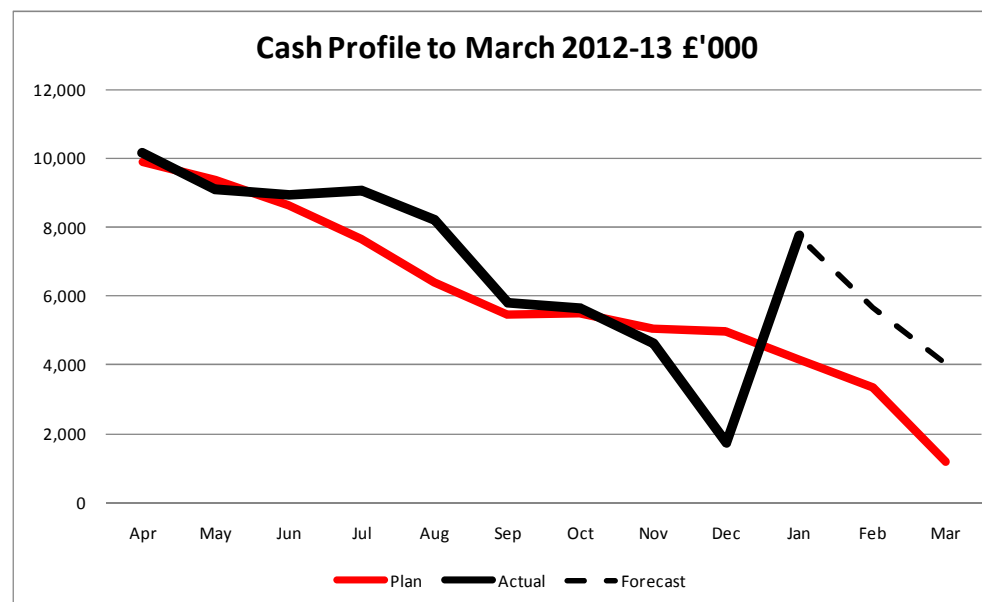
Movements in cash in Q4 are forecast to include:-

- Capital payments of £2.0m.
- Internally generated cash (depreciation) £0.9m.
- Increase in cash from operating activities £1.7m.
- Cash support funding £5.0m

Cash Balances- January 2012	£'000	Interest
National Loans Fund –Temporary Deposit	5,500	0.39%
CITI bank	2,150	0.25%
Lloyds Bank – Business Reserve	50	0.035%
Current accounts - income and payments account and petty cash	50	Nil

Cash balances are now forecast to be £4m at the end of March giving a permitted undershoot against the External Finance Limit of £2.8m chiefly because of the under spend on the capital programme. The cash will be carried forward in balances to next financial year.

The position is illustrated in the following chart:-

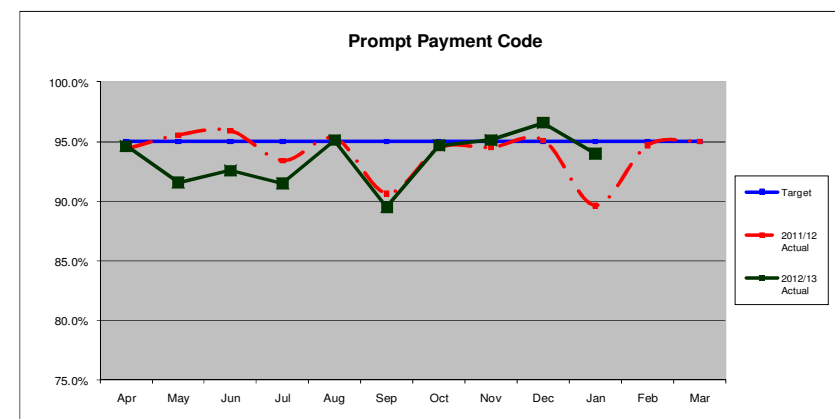
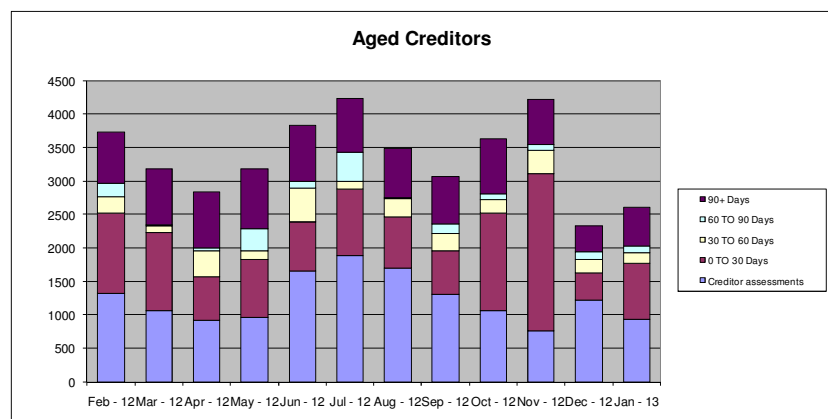
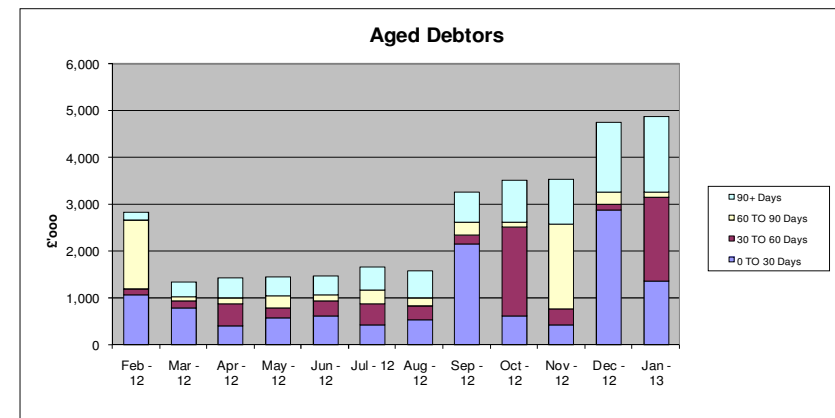
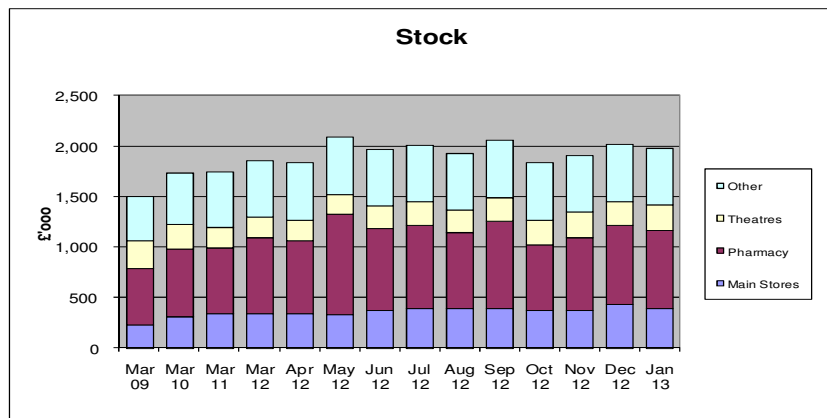


Working Capital

Overall working capital balances have increased by £0.3m because of the under spend on capital offset by the year to date revenue deficit.

Debtors have increased because healthcare over performance invoices have been raised; these will only be settled when agreement has been made with commissioners. The over 90 day increase relates to healthcare over performance invoices raised in September. Creditors have reduced because of the agreement and settlement of invoices with other NHS organisations.

Prompt Payment Code--in January 94.0% (December 96.6%) of trade and NHS invoices were paid within the 30 day target. 73% (December 84%) of local supplier invoices were paid within 10 days.



Capital Programme

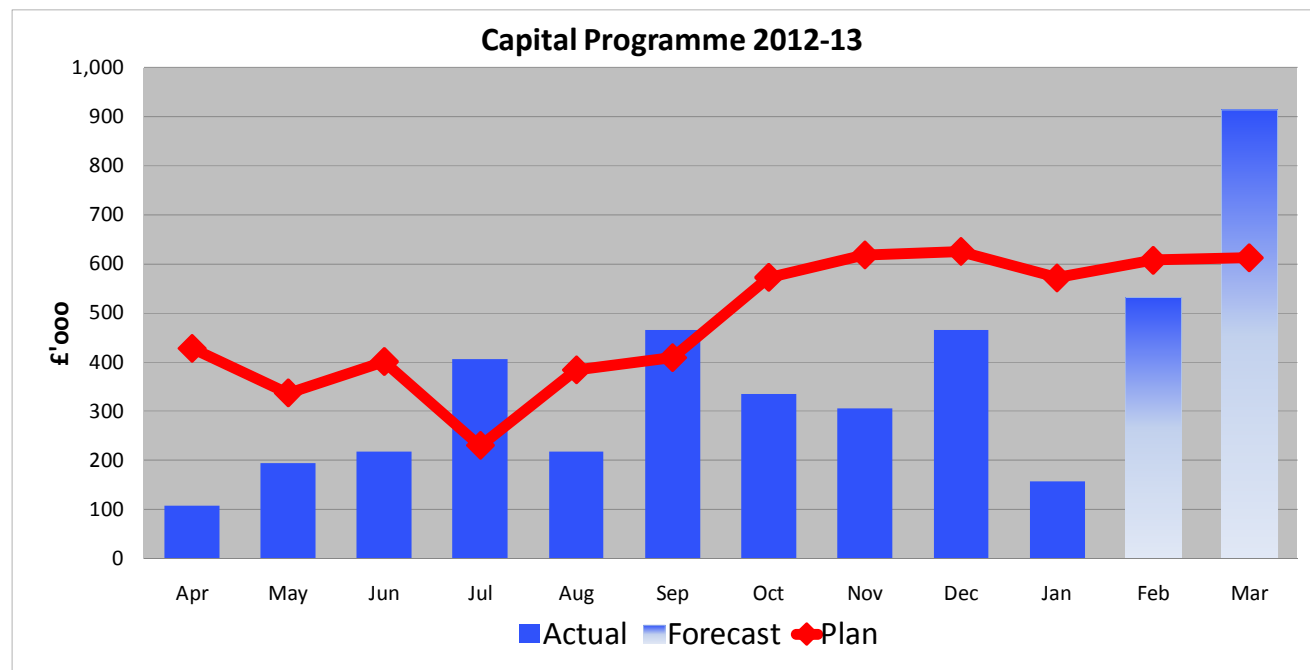
The approved Capital Resource Limit (CRL) is £7.4m. The Finance Committee has allocated £4.567m to the capital programme.

At the end of December £3.7m (81%) of the allocated programme has been committed and £2.9m (63%) has been spent. Forecast expenditure is £4.3m giving a permitted forecast under shoot against CRL of £3.1m which will be carried forward to next year's programme.

The programme includes the following schemes:-

- Patient Monitoring System- £0.2m
- Paediatric Assessment Area- £0.3m
- Accident and Emergency improvements- £0.1m
- Information Technology Infrastructure and Resilience- £0.5m
- Picture Archiving and Communication Service/Radiology Information System- £0.3m
- Replacement Medical Equipment- £0.8m
- Estate –replacement plant and equipment- £0.8m

The following chart shows the overall position:-



The Statement of Financial Position and Cash Flow for 2012-13 are as follows:-

STATEMENT OF FINANCIAL POSITION											
	1st April 2012	Current month plan	Current month actual	Change this month	Change year to date	Actual Q1	Actual Q2	Actual Q3	Forecast Q4	Forecast 2012-13	Plan 2012-13
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Assets- Non Current	63,684	64,552	58,314	-147	-5,370	58,607	58,394	58,461	60,050	60,050	66,016
Inventories	1,854	1,890	1,977	-35	123	1,964	2,040	2,012	1,990	1,990	1,954
Receivables	2,746	3,004	6,026	-3,042	3,280	3,585	4,775	9,067	4,270	4,270	3,274
Cash	10,246	5,032	7,750	6,030	-2,496	8,928	5,818	1,720	4,034	4,034	2,800
Payables	-13,777	-9,797	-14,396	-2,549	-619	-13,877	-13,536	-11,848	-9,045	-9,045	-8,469
Total Assets -Current	1,069	129	1,356	404	287	601	-904	951	1,250	1,250	-440
Liabilities -Non Current	-494	-486	-522		-28	-539	-539	-521	-531	-531	-493
Total assets employed	64,259	64,195	59,148	257	-5,111	58,669	56,952	58,891	60,769	60,769	65,083
Public dividend capital	41,396	41,396	41,396		0	41,396	41,396	41,396	41,396	41,396	41,396
Revaluation reserve	19,180	19,205	15,189		-3,991	15,189	15,189	15,189	16,010	16,010	20,026
I&E reserve	3,683	3,594	2,562	257	-1,121	2,083	366	2,305	3,363	3,363	3,661
Taxpayers equity	64,259	64,196	59,148	257	-5,111	58,669	56,952	58,891	60,769	60,769	65,083

CASH FLOW								
	Year to date actual £000	Year to date variance £000	Actual Q1 £000	Actual Q2 £000	Actual Q3 £000	Forecast Q4 £000	Forecast 2012-13 £000	Forecast variance £000
From operating activities	692	-966	-790	-1,219	2,377	1,660	2,028	-60
Depreciation (net of donated)	3,808	-69	1,241	1,251	1,037	867	4,396	-293
Impairments								
Change in working capital	-3,024	1,782	-923	-1,513	-6,324	2,594	-6,165	-381
Net from operations	1,476	747	-472	-1,481	-2,910	5,121	259	-734
Capital expenditure	-3,075	1,504	-858	-712	-1,194	-1,953	-4,717	1,234
Interest	30	-2	11	9	8	5	33	-3
Dividends	-927	117		-927		-861	-1,788	336
Net cash flow	-2,497	2,365	-1,319	-3,111	-4,096	2,313	-6,213	833
Financing								
Increase (decrease) in cash	-2,497	2,365	-1,319	-3,111	-4,096	2,313	-6,213	833
External Finance Limit (EFL)								
EFL							9,046	
Under/(over)							2,833	

The Capital Programme 2012-13 is as follows:-

CAPITAL PROGRAMME											
Project or asset group	Original Plan £000	Revised Plan £000	Current year FIMS £000	Current year actual £000	Committed not spent £000	Actual Q1 £000	Actual Q2 £000	Actual Q3 £000	Forecast Q4 £000	Forecast outturn £000	Forecast variance £000
Brought Forward Schemes											
Switchboard	160	200	160	79	113	24	49	0	127	200	0
Website/Intranet	75	50		59	0	51	16		-9	59	9
Patient Monitoring System	314	314	314	11	52			8	143	151	-163
Digital Medical Records	150	150	124	89	61	31	29	19	71	150	0
Theatres	300	20	300	4			4	0	16	20	
Other	371	438	446	430	39	76	265	97	9	448	10
sub total	1,370	1,172	1,344	671	265	182	364	125	356	1,027	-145
Replacement											
Medical Equipment											
A1	84	179	150	174	5	11	144	20		174	-5
A2	166	56	50	46	11	14	14	15	10	53	-3
B1	193	177	126	119	0	10	109		55	174	-3
B2	357	370	324	254	7	19	43	191	107	361	-9
C	10	15	10	8	6		7	1	6	14	-1
Estates	550	1,122	450	717	285	128	146	350	509	1,132	10
IM&T	350	1,325	285	874	239	153	259	404	409	1,225	-99
Contingency	200	151	160						150	150	-1
sub total	1,910	3,395	1,555	2,193	554	334	724	981	1,246	3,285	-110
Other Programme											
Unallocated	2,520	1,233	2,910								-1,233
sub total	2,520	1,233	2,910								-1,233
New Funding											
Total	5,800	5,800	5,809	2,864	819	516	1,088	1,105	1,602	4,312	-1,488
Allocation to CRL		1,600									-1,600
Donated	180	180	150	61			12	48	119	180	0
Total	5,980	7,580	5,959	2,925	819	516	1,100	1,154	1,722	4,492	-3,088
Capital Resource Limit (CRL)											
Forecast CRL	5,800	7,400				516	1,088	2,507	3,288	7,400	
Under/(over)										3,088	