

**Board of Directors Meeting - PUBLIC**
**To be held on: 26th September 2012**

<b>Title of Report:</b>	<b>Integrated Performance Report – August 2012</b>	
<b>Sponsoring Director:</b>	<b>Director of Finance &amp; Performance</b>	
<b>Author(s):</b>	<b>Executive Directors, finance and information departments</b>	
<b>Background Paper(s):</b>		
<b>Assurance Framework Link(s):</b>	Under Objective 5	
<b>CQC Link(s):</b>	<a href="http://www.cqc.org.uk/directory/rlt01">http://www.cqc.org.uk/directory/rlt01</a>	
<b>Corporate Objective(s) supported by this paper:- (please tick)</b>	Patient care/Experience <input checked="" type="checkbox"/>	Service Development/ Stakeholders
	Service Delivery <input checked="" type="checkbox"/>	Achieving targets <input checked="" type="checkbox"/>
	Workforce <input checked="" type="checkbox"/>	
<b>Legal Implication(s):</b>	None	
<b>Resource Implication(s):</b>	Not applicable	
<b>Impact on Health Inequalities including Equality &amp; Diversity:</b>	Not applicable	
<b>Patient and/or Public Involvement:</b>	Not applicable	
<b>Purpose of Report:</b>	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. To obtain sign-off of the Provider Management Regime Self-certification Return (PMRSR); these schedules are embedded in the report	
<b>Report Summary:</b>	<p>The PMRSR has been amended and published nationally as part of the NHS FT Pipeline Single Operating Model.</p> <p>Governance risk rating – amber-green Financial risk rating – red</p> <p>The Trust has incurred a deficit of £2.4m prior to the receipt of support funding. The Executive Team and PMO are taking forward additional plans to reduce expenditure. A case for support funding is being developed for discussion with the SHA. It is proposed to sign Governance Declaration 2 as there is insufficient assurance on the financial outturn at the present time.</p>	
<b>Recommendation(s):</b>	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 Deputy Chief Executive to complete and submit it.	

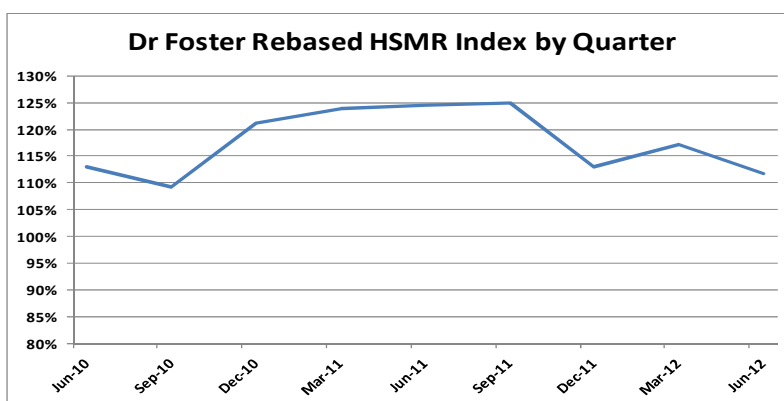
Acronyms and Abbreviations	
A&E	Accident & Emergency
ALOS	Average length of stay (days)
CRL	Capital resource limit
CIP	Cost improvement programme
CQC	Care Quality Commission
DPU	Day procedures unit
EBITDA	Earnings before interest, tax, depreciation and amortisation
EFL	External financing limit
GUM	Genito-urinary 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 August is amber-green** with performance (*subject to validation*) against the 62 day cancer waiting time standard being the causal factor. Financial performance has continued to deteriorate and the **financial risk rating remains 1**.

Previous reports have noted that the annual rebasing of the Dr Foster mortality index (HSMR) would lead to an increase in the reported figures by about 10 points. This rebasing has now taken place with an average change of 8.7 points as expected. **The latest mortality index** reported for June was an HSMR of 119.5 and for the first quarter 111.8. This reinforces the caution previously expressed that it may take two or three years to achieve a position of consistently low reported mortality. There may be fluctuations from month to month and further rebasing adjustments over time. There is currently an encouraging downward trend from the position reported for the quarter ending September 2011.

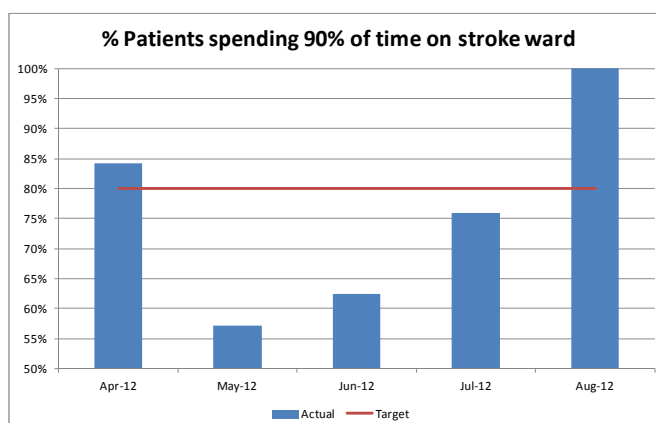


**Validation of cancer waiting time data** continues beyond the end of each month and may lead to changes to the data included in this report and in the PMR return. Consequently, this report reflects changes to July data and August data may subsequently be amended.

Following validation, the performance in July for **cancer treatment within 62 days from urgent GP referral** was 78.1%. A higher than expected number of delays resulting from patient choice was experienced in this month. The latest data for August, however, stands at 79.5%. Validation usually leads to an improved result. The overall 62 day target also includes a second element relating to **cancer treatment following referral from the NHS Cancer Screening Service**. There was no breach in July, but one breach in August (subject to validation).

All **other cancer waiting time targets** have been achieved in August.

Performance in respect of **patients receiving appropriate care on a stroke ward** was 100% in August. This represents an outstanding turnaround from the under-performance seen in earlier months.

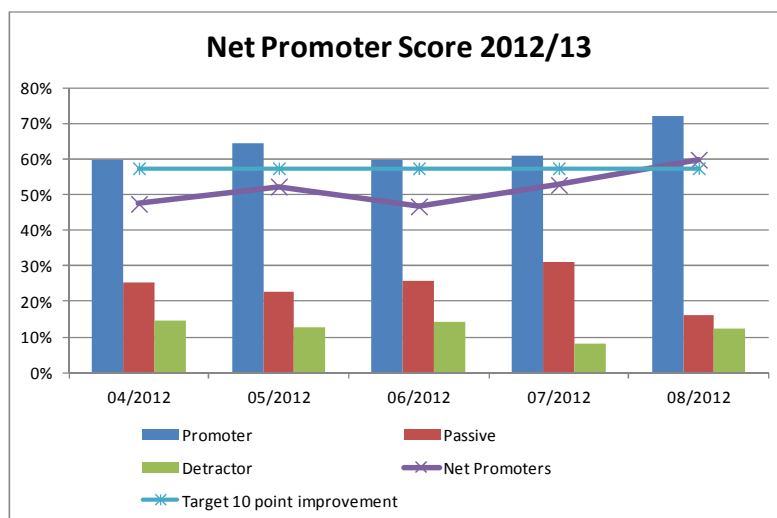


Performance against the **A&E 4 hour waiting time target** was sustained at 96.7% in August in spite of the operational pressures faced. However, the **A&E clinical quality indicator** unplanned re-attendances at A&E increased again to 5.5% against a standard of 5.0%. The aim to end use of the additional capacity that has been open (latterly Lydgate ward) was achieved by the end of the month. This is consistent with the **reduction in emergency length of stay** to 5.2 days (although that is still only at the average level in 2011/12). On the other hand, **delayed transfers of care** (a spot audit taken on the last Thursday each month) increased to 5.5%, in excess of the 3.5% target for the first time this year.

There was one reportable **C Difficile infection** in August and cumulative performance remains below the agreed threshold. This remains a challenging target due to the risk of higher incidence during the second half year.

**Commissioners have issued 2 Performance Notices** in respect of under-performance against key indicators. These relate to same sex accommodation breaches and cancelled operations. There have been 6 same sex accommodation breaches in the year to date, all of which relate to patients not able to be transferred out of ITU within the standard of 6 hours. One of these patients was at the end of life and not moving that patient has been accepted as appropriate. Cancelled operations exceeded the target in the first three months, were within target in July, but the target has again been breached in August. Two further Performance Notices in respect of cancer waiting times and time on the stroke ward have been withdrawn following the acceptance of Excusing Notices.

The score for the new **Friends and Family Test (Net promoter score)** has improved in August to 59%. This score reflects responses to the question “How likely is it that you would recommend this service to friends and family?” In this most recent month, there was a significant shift from “passive” to “promoter” responses. This is the first month when the target to improve performance by 10 points has been achieved.



### Patient safety thermometer

The NHS Safety Thermometer has been designed to be used by frontline healthcare professionals to measure a snapshot of harm once a month from pressure ulcers, falls, urinary infection in patients with catheters and treatment for VTE. The Department of Health is incentivising the collection of data on all patients once a month. The tool is called the NHS Safety Thermometer because it takes only minimum set of data that helps to signal where individuals, teams and organisations might need to focus more detailed measurement, training and improvement.

DH advice is that extreme caution should be taken when interpreting initial data points (i.e. at the beginning of data collection) because organisations are still setting up systems and training staff on the operational definitions. Once 6-8 months worth of data points have been collected, these can be used to establish a baseline within an organisation and set local improvement goals if appropriate. The first year of this scheme is

therefore about setting up data collection systems, training staff in collecting the data and establishing a baseline.

	Targets/thresholds	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
<b>GEH HFC NEW HARMS</b>	100.00%	91.36%	97.50%	96.12%	95.85%	92.52%	94.44%
<b>One Harm</b>	0%	7.64%	2.50%	3.56%	4.15%	7.14%	5.56%
<b>Two Harms</b>	0%	1.00%	0.00%	0.32%	0.00%	0.34%	0.00%
<b>Three Harms</b>	0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
<b>Four Harms</b>	0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

## Community Services

In GUM services, there was 100% achievement for patients both offered an appointment and seen within 48 hours. Health trainer activity has more than doubled compared with the first two months of the year and is ahead of contract on a monthly basis.

## Human Resources

Agency expenditure as a percentage of the Trust pay bill has increased from 9.0% in July 2012 to 9.7% in August 2012 with increases in acute divisions and in medical staff. The Community Division saw a reduction in agency expenditure as did the nursing staff group. The table below shows the trend by division and staff group:

	April	May	June	July	August	Average
<b>Trust Total</b>	<b>8.40%</b>	<b>9.20%</b>	<b>8.40%</b>	<b>9.00%</b>	<b>9.70%</b>	<b>8.90%</b>
Division A	9.50%	11.70%	11.00%	12.20%	12.30%	<b>11.00%</b>
Division B	10.20%	11.50%	9.40%	9.50%	12.00%	<b>8.80%</b>
Division C	13.70%	11.00%	9.60%	10.60%	10.20%	<b>11.10%</b>
Medical staff	17.40%	18.70%	17.60%	18.50%	22.40%	<b>18.90%</b>
Nursing staff	5.70%	6.60%	5.60%	6.10%	4.40%	<b>5.70%</b>
AHP staff	4.50%	3.20%	3.60%	3.40%	3.40%	<b>3.60%</b>
Non-clinical staff	0.00%	0.30%	0.40%	0.40%	0.10%	<b>0.20%</b>

A Medical Agency task and finish group has initiated a number of actions including review of systems and processes to ensure appropriate controls are in place, standardising pay rates and increasing the supply of medical bank staff through advertising and working collaboratively with neighbouring Trusts, and identifying alternative suppliers. Rigorous scrutiny of nursing agency usage is undertaken by the Agency Group and with budget managers. Much of this expenditure is as a result of the continued opening of flexible capacity.

Sickness absence has reduced from 4.46% in July 2012 to 3.82% in August 2012. There have been notable reductions in levels of sickness absence in Division A and absence in corporate areas remains consistently low. There is more work to do in other areas of the Trust.

The Executive agreed to enhance the support offered to the Trust's managers in progress chasing sickness absence cases and increasing management capability in managing such cases. Improvements from this being established are expected to take effect from August/September 2012. This project thus far is seeing far more individuals who have triggered the policy being managed appropriately in accordance with the procedural framework.

The proportion of staff who received a KSF appraisal in the 12 month period to August 2012 increased to 68% from 65% in the preceding month. The position in relation to Statutory Training Compliance remained constant at 87%.

### **Financial position**

The financial position for August was a deficit of £743k, £723k worse than budget. The cumulative deficit was £2458k, £2172k worse than budget. Contract agreements fall short of the plan by £2.5m for the full year and the monthly impact of this is £208k, accounting for £1086k of the cumulative variance. The potential for additional support funding is being discussed with the Arden Cluster and SHA. The financial position demonstrates the basis for the board's decision last year not to progress an independent Foundation Trust application, but to seek a strategic partner in order to secure clinical and financial sustainability.

The **cumulative financial result for August** continues to benefit from high activity and income levels that are offsetting just under half the cost pressures due to medical agency/locum staff and the costs of operating additional capacity. The deficit is also a result, in part, of cost improvement programme savings falling short of plan by £0.7m.

The Executive Team and PMO are developing additional savings initiatives for implementation in the second half year. The forecast position for the year is subject to the outcome of a meeting with NHS Midlands & East (the SHA) scheduled for 11<sup>th</sup> October.

### **Foundation Trust Progress**

Progress against trajectories agreed in Tripartite Formal Agreements is monitored as part of the Provider Management Regime. The monitoring return is included in this report.

GEH submitted its Outline Business Case on time. Submission was not affected by certain milestones for Arden Cluster not being met. The OBC continues to be reviewed by the DH. Preparations for procurement have continued so that we are in a position to proceed as soon as DH approval is received.

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

<b>Name of Organisation:</b>	<b>George Eliot Hospital NHS Trust</b>	<b>Period:</b>	<b>August 2012</b>
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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*
<b>Governance Risk Rating</b> (RAG as per SOM guidance)	Amber-green
<b>Financial Risk Rating</b> (Assign number as per SOM guidance)	Red
<b>Contractual Position</b> (RAG as per SOM guidance)	No longer RAG rated

\* Please type in R, A or G

### Governance Declarations

NHS Trusts must ensure that plans in place are sufficient to ensure compliance in relation to all national targets and including ongoing compliance with the Code of Practice for the Prevention and Control of Healthcare Associated Infections, CQC Essential standards and declare any contractual issues.

### Supporting detail is required where compliance cannot be confirmed.

Please complete sign **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 2

For one or some of the following declarations Governance, Finance, Service Provision, Quality and Safety, CQC essential standards or the Code of Practice for the Prevention and Control of Healthcare Associated Infections the Board cannot make Declaration 1 and has provided relevant details below.

The board is suggesting that at the current time there is **insufficient assurance available** to ensure continuing compliance with all existing targets (after the application of thresholds) and/or that it may have material contractual disputes.

Signed by :		Print Name :	K McGee
on behalf of the Trust Board	Acting in capacity as:	Chief Executive	
Signed by :		Print Name :	M Dade
on behalf of the Trust Board	Acting in capacity as:	Vice-chairman	

#### If Declaration 2 has been signed:

Please identify which targets have led to the Board being unable to sign declaration 1. For each area such as Governance, Finance, Contractual, CQC Essential Standards, 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.

<b>Target/Standard:</b>	<b>Financial</b>
<b>The Issue :</b>	<b>Risk of not achieving FRR=3 as support funding not agreed. In year deficit forecast so break-even duty not achieved</b>
<b>Action :</b>	<b>Recovery plan being formulated and position to be discussed at escalation meeting 10th September</b>

## TFA Progress

Aug-12

George Eliot Hospital NHS Trust (RLT)

Select the Performance from the drop-down list

TFA Milestone (All including those delivered)		Milestone Date	Performance	Comments where milestones are not delivered or where a risk to delivery has been identified
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 to potential bidders.
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.
11	Complete Outline Business Case	May-12	Fully achieved in time	
12	Procurement/negotiation	Nov-12	Will not be delivered on time	Cannot be delivered as commencement subject to DH/NHSTDA approval. Timescale was revised in OBC. It is recommended that the TFA timescale is updated following approval of OBC.
13	Complete Full Business Case	Nov-12	Will not be delivered on time	See above
14	Complete approvals	Dec-12	Will not be delivered on time	See above
15	Mobilisation/implementation	Mar-13	Will not be delivered on time	See above
16	Project completion	Apr-13	Will not be delivered on time	See above



GOVERNANCE RISK RATINGS			George Eliot Hospital NHS Trust (RLT)			Insert YES (target met in month), NO (not met in month) or N/A (as appropriate) See separate rule for A&E							
See 'Notes' for further detail of each of the below indicators						Historic Data			Current Data				Comments where target not achieved
Area	Ref	Indicator	Sub Sections	Thresh- old	Weight- ing	Qtr to Dec-11	Qtr to Mar-12	Qtr to Jun-12	Jul 12	Aug-12	Sep-12	Qtr to Sep-12	
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	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	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	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	yes		Yes	
Quality	3a	All cancers: 31-day wait for second or subsequent treatment, comprising :	Surgery	94%	1.0	Yes	Yes	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	Yes	Yes	No	No	no		No	July screening target achieved; 62 day achieved 78% due to high number of deferred treatment by patient choice. Provisional data for August currently below target.
			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	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	yes		Yes		
			93%										
3e	A&E: From arrival to admission/transfer/discharge	Maximum waiting time of four hours	95%	1.0	Yes	No	Yes	Yes	yes		Yes		
Safety	4a	Clostridium Difficile	Are you below the ceiling for your monthly trajectory	Enter contractual ceiling	1.0	Yes	Yes	Yes	Yes	yes		Yes	
	4b	MRSA	Are you below the ceiling for your monthly trajectory	Enter contractual ceiling	1.0	Yes	Yes	Yes	Yes	yes		Yes	
				<b>TOTAL</b>		0.0	1.0	1.0	1.0	1.0	0.0	1.0	

### Quality & Patient Safety

QUALITY			Insert Performance in Month												Comments on Performance in Month
Criteria	Unit	Apr-12	May-12	Jun-12	Jul-12	Aug-12									
1	SHMI - latest data	Ratio	0.00	0.00	0.00	0.00	1.23 Dec 11								
2	Venous Thromboembolism (VTE) Screening	%	93.18%	93.12%	93.73%	90.12%	#DIV/0!								Data not yet available
3a	Elective MRSA Screening	%	100.00%	99.50%	100.00%	99.20%	99.20%								
3b	Non Elective MRSA Screening	%	67.00%	74.80%	74.50%	71.10%	69.50%								
4	Single Sex Accommodation Breaches	Number	0	4	2	0	0								
5	Open Serious Incidents Requiring Investigation (SIRI)	Number	12	8	10	23	28 4								4 out of 28 open >45 days
6	"Never Events" in month	Number	0	0	0	1	0								
7	CQC Conditions or Warning Notices	Number	0	0	0	0	0								
8	Open Central Alert System (CAS) Alerts	Number	10	8	8	10	7 3								3 out of 7 not closed by due date
9	RED rated areas on your maternity dashboard?	Number	1	0	0	0	0								
10	Falls resulting in severe injury or death	Number	2	1	1	1	1								
11	Grade 3 or 4 pressure ulcers	Number	0	0	9	10	3								Includes unstageable ulcers still subject to root cause analysis so final grading and avoidability may change
12	100% compliance with WHO surgical checklist	Y/N	Yes	Yes	No	Yes	Yes								
13	Formal complaints received	Number	34	23	25	19	30								
14	Agency and bank spend as a % of turnover	%	5.80%	6.40%	5.50%	6.00%	6.70%								
15	Sickness absence rate	%	3.60%	4.02%	4.20%	4.46%	3.82%								
16	Consultants w hich, at their last appraisal, had fully completed their previous years PDP	%	97%	99%	93%	91%	93%								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							
C Diff (hospital) 1000 admissions		0	0.59	0.55	0.59	1.10	0.62							
MRSA Bacteraemia - Post 48 hours apportioned to the trust	0	0	0	0	0	0	0							
MSSA Bacteraemia Post 48 hours	1	1	1	0	1	0	0							
E.Coli Bacteraemia Post 48 hours	1	1	2	4	2	3	1							
Peripheral Line Insertion	Green 98%	99%	96%	94%	94%	99%	98%							
Peripheral Line ongoing	RED <94%													
	Amber 95-97%	99%	98%	100%	100%	99%	99%							
	Green 98%													
Urinary Catheter Insertion	RED <94%													
	Amber 95-97%	100%	98%	100%	99%	100%	100%							
	Green 98%													
Urinary Catheter ongoing	RED <94%													
	Amber 95-97%	100%	100%	100%	100%	100%	99%							
	Green 98%													
Hand Hygiene	RED <94%													
	Amber 95-97%	99%	99%	98%	99%	99%	99%							
	Green 98%													
Cleaning	RED <94%													
	Amber 95-97%	99%	99%	95%	99%	99%	99%							
	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							
Falls with Fracture		11	2	1	0	1	2							
Falls resulting in severe injury or death			2	1	1	1	1							
Total severe falls			2	1	1	1	1							
% against of In patient activity			1.52%	1.63%	1.24%	1.09%	1.89%							

VALIDATED PRESSURE ULCERS (Post 72 hours)													
Running Total (Avoidable and unavoidable)													
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	7	0	0	1	0	0							
Grade 2	9	6	13	15	15	13							
Grade 3	0	0	0	8	10	3							
Grade 4	0	0	0	1	0	0							
Unstageable	5	2	3	Now report as 3	Now report as 3	Now report as 3							

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							

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
SIRs	N/A	4	6	5	4	13	7							
Red	N/A	11	15	10	3	6	4							
Amber	N/A	172	191	179	106	129	111							
Green	N/A	166	119	166	138	204	217							
Never events	N/A	0	0	0	0	1	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%	106.70%	110.80%	119.50%	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	7.1							
Deaths per 1000 Discharges	32	34	33	33	24	31							
Deaths in hospital (Datawarehouse)	65	64	67	65	50	63							
SHIMI	0.00	0	0.00	0.00	0.00	1.23 Dec 11							

NURSE QUALITY INDICATORS														
		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
Infection Control	Green 90% - 100%	97%	97%	97%	98%	98%	99%							
	Amber 80% - 89%													
	Red 79% - >													
Tissue Viability	Green 90% - 100%	96%	97%	98%	95%	97%	98%							
	Amber 80% - 89%													
	Red 79% - >													
Nutrition	Green 90% - 100%	96%	96%	94%	98%	96%	95%							
	Amber 80% - 89%													
	Red 79% - >													
Falls Assessment	Green 90% - 100%	96%	96%	96%	96%	97%	93%							
	Amber 80% - 89%													
	Red 79% - >													
Continance	Green 90% - 100%	97%	99%	100%	100%	100%	97%							
	Amber 80% - 89%													
	Red 79% - >													
Observation	Green 90% - 100%	93%	96%	96%	96%	89%	95%							
	Amber 80% - 89%													
	Red 79% - >													
Pain Management	Green 90% - 100%	100%	99%	100%	100%	100%	99%							
	Amber 80% - 89%													
	Red 79% - >													
Medication Assessment	Green 90% - 100%	97%	99%	97%	98%	97%	96%							
	Amber 80% - 89%													
	Red 79% - >													
Patient Experience	Green 90% - 100%	97%	96%	97%	95%	96%	97%							
	Amber 80% - 89%													
	Red 79% - >													
Totals	Green 90% - 100%	97%	97%	97%	97%	97%	97%							
	Amber 80% - 89%													
	Red 79% - >													

**Acute Performance**

P.M.R. ACUTE COMMENTARY										
Domain	Indicator	Standard	Avg 11-12	Mar-12	Month	Month	Month	Month	Month	YTD
					Apr-12	May-12	Jun-12	Jul-12	Aug-12	
Safety	C Difficile infections	Q3=7; ytd=23	3	0	1	1	1	2	1	
	MRSA bacteraemia infections	0	0	0	0	0	0	0	0	
Quality	Cancer 2 weeks - suspected	93%	95.90%	96.00%	94.24%	95.93%	96.10%	94.75%	93.83%	
	Cancer 2 weeks - symptomatic breast	93%	96.30%	96.30%	93.52%	98.17%	98.68%	95.00%	100.00%	
	Cancer 31 days	96%	99.40%	100.00%	98.41%	100.00%	100.00%	100.00%	98.25%	
	Cancer 31 days - drug	98%	100.00%	100.00%	100.00%	95.83%	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%	
	Cancer 62 days	85%	85.40%	82.00%	92.59%	84.42%	88.46%	78.13%	79.45%	
	Cancer 62 days - from screening service	90%	96.70%	100.00%	75.00%	75.00%	100.00%	100.00%	75.00%	
	A&E 4 hrs	95%	95.74%	97.09%	95.83%	97.67%	97.55%	97.95%	96.73%	
	Stroke - CT < 24 hours	100%	99.51%	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%	
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%	
	RTT waits 95th percentile - non-admitted	95%	97.00%		98.77%	98.25%	95.98%	98.08%	97.07%	
	Learning disability compliance	>10/11 = 2		>3/4	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%	
	A&E Left department without being seen	<5.0%	1.60%		0.70%	1.00%	1.00%	1.20%	0.80%	
Timeliness	A&E Total Time in A&E Admitted 95th centile	<240	491		494	391	349	367	451	
	A&E Total Time in A&E Non-Admitted 95th centile	<240	231		227	214	210	223	223	
	A&E Total Time in A&E Admitted & Non-Admitted 95th centile aggregate	<240	239		239	239	238	239	239	
	A&E Time to initial assessment for patients arriving by ambulance - 95th centile	<15	20		14	16	10	16	10	
	A&E Time to treatment - median	<60	65		41	36	35	43	36	



OTHER ACUTE COMMENTARY																	
Domain	Indicator	Standard	Avg 11-12	Mar-12	Month	Month	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	Feb-12	Mar-12	
Efficiency	Pay % income	68.50%	72.00%	61.00%	69.30%	71.40%	68.60%	69.80%	71.60%								
	ALOS - elective	2.4	3.0	2.5	2.00	2.20	3.20	2.50	2.70								
	ALOS - emergency	5.5	5.2	5.0	5.80	5.60	4.80	5.40	5.20								
	Day case rates	85%	84.95%	85.00%	86.84%	89.47%	80.99%	82.31%	84.77%								
	Delayed transfers of care	3.50%	5.00%	3.50%	2.51%	2.28%	3.10%	3.03%	5.49%								
	Outpatient follow-up	2.05	2.79	2.88	2.72	2.70	2.79	2.73	2.84								
Access	RTT waits (%) - admitted	90%	89.12%	93.91%	96.19%	97.68%	97.19%	93.52%	96.91%								
	RTT waits (%) - non-admitted	95%	97.00%	97.64%	98.77%	98.25%	95.98%	98.08%	97.07%								
	RTT waits (median weeks) - admitted		9	8	9	8	9	9	9								
	RTT waits (median weeks) - non-admitted		6	5	5	5	5	5	5								
	RTT Incomplete pathways	92%			96.17%	96.17%	97.64%	95.64%	94.96%								
	Outpatient waiting list	N/A	3033	3142	3091	2947	3115	3253	3404								
	Inpatient waiting list	N/A	1630	1446	1598	1726	1682	1741	1613								
	Diagnostic waits (breaches)	6 wks	5	0	1	0	0	0	0								
	Cancelled operations	0.80%	0.72%	1.63%	0.96%	0.97%	1.01%	0.63%	1.19%								
	Admissions %		22.40%	23.60%	22.70%	21.60%	21.40%	21.30%	20.90%								
	Readmissions %	9.70%	13.10%	13.70%	12.9%	14.5%	11.9%	11.5%	n/a								

Community Performance

PRIMARY CARE AND COMMUNITY																	
Domain	Indicator	Standard	Avg 11-12	Mar-12	Month	Month	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	Feb-12	Mar-12	
LUCC	A&E Unplanned re-attendance rate				1.73%	2.10%	1.65%	1.57%	2.04%								
	A&E Left department without being seen				5.18%	3.59%	3.96%	4.18%	2.60%								
	A&E Total Time in A&E Admitted 95th centile (Max)				3.51	3.03	3.20	3.03	3.09								
	A&E Total Time in A&E Non-Admitted 95th centile (Max)				3.34	2.54	3.00	2.53	2.33								
	A&E Total Time in A&E Admitted & Non-Admitted 95th centile aggregate (Max)				3.51	3.03	3.20	3.03	3.09								
	A&E Time to initial assessment for patients arriving by ambulance - 95th centile (Max)				0.01	0.01	0.01	0.00	0.01								
	A&E Time to treatment - median				1.29	1.21	1.31	1.31	0.57								
Dentistry	Waiting list								169								
	UDAs								584.50								
	UDA % of plan (month)								70.00%								
	UDA % of plan (YTD)								69.00%								
APMS	QOF - practice average			916.44													
GUM	48 hours offered %				98.22%	98.20%	99.40%	99.00%	100.00%								
	48 hours seen %				98.22%	97.70%	99.40%	99.00%	100.00%								
Health trainers	Contacts				38	52	124	112	96								
	Contacts % of contract (month)								115.70%								
	Contacts % of contract (cum)								81.40%								
Community TB	Notified (Active)								16								
	Receiving treatment								129								
	Contacts identified								81								
	Contacts screened								55								
	Contacts DNA								23								
Stop smoking services	4-week quitters				472	628	736										
	Quitters % of target (YTD)						19.6%										

Human Resources

Human Resources										
Domain	Indicator	Standard	Avg 11-12	Mar-12	Month	Month	Month	Month	Month	YTD
					Apr-12	May-12	Jun-12	Jul-12	Aug-12	
Workforce	Agency spend (acute)	<4.4%	5.30%	8.30%	7.90%	9.00%	8.30%	8.80%	9.60%	
	Agency spend as a % of Trust pay bill	<4.4%	7.00%	9.40%	8.40%	9.10%	8.40%	9.00%	9.70%	
	Managers and senior managers (wte)		36.1	38.8	37.80	38.80	34.80	34.80	34.80	
	Sickness absence	<3.6%	4.30%	4.80%	3.60%	4.02%	4.20%	4.46%	3.82%	
	Staff Turnover (12 mth rolling average)	<13.5%	9.50%	10.50%	10.80%	11.00%	9.60%	11.30%	11.50%	
	Vacancy rate	<10%	7.90%	7.00%	7.00%	7.00%	7.00%	7.00%	7.00%	
	Staff who have received PDR % (Rolling 12 month period)	>80%	61.00%	67.00%	64.00%	63.00%	64.00%	65.00%	68.00%	
	Statutory training compliance (rolling 12 month)	85%	81.00%	85.00%	85.00%	86.00%	86.00%	87.00%	87.00%	
	Qualified staff Ratio (ward areas)	>60%<40%	58%:42%	62%:38%	61.39	61.39	60.40	60.40	62.38	

Financial position

# FINANCIAL RISK RATING

**George Eliot Hospital NHS Trust (RLT)**

Insert the Score (1-5) Achieved for each Criteria Per Month

Criteria	Indicator	Weight	Risk Ratings					Reported Position		Normalised Position*		Comments where target not achieved
			5	4	3	2	1	Year to Date	Forecast Outturn	Year to Date	Forecast Outturn	
Underlying performance	EBITDA margin %	25%	11	9	5	1	<1	2	2	2	2	
Achievement of plan	EBITDA achieved %	10%	100	85	70	50	<50	1	1	1	1	
Financial efficiency	Net return after financing %	20%	>3	2	-0.5	-5	<-5	1	2	1	2	
	I&E surplus margin %	20%	3	2	1	-2	<-2	1	1	1	1	
Liquidity	Liquid ratio days	25%	60	25	15	10	<10	3	3	3	3	
<b>Weighted Average</b>		<b>100%</b>						1.8	2.0	1.8	2.0	
Overriding rules								1	2	1	2	
<b>Overall rating</b>								1	2	1	2	Aug 12: Forecast £5.0m deficit.

## FINANCIAL RISK TRIGGERS

### George Eliot Hospital NHS Trust (RLT)

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

	Criteria	Historic Data			Current Data				Comments where risks are triggered
		Qtr to Dec-11	Qtr to Mar-12	Qtr to Jun-12	Jul 12	Aug-12	Sep-12	Qtr to Sep-12	
1	Unplanned decrease in EBITDA margin in two consecutive quarters	No	No	No	Yes	Yes		Yes	Planned EBITDA not achieved due to £2.5M pa income shortfall (funding to be agreed) and further deficit against plan
2	Quarterly self-certification by trust that the financial risk rating (FRR) may be less than 3 in the next 12 months	No	No	No	No	Yes		Yes	Forecast deficit unless support funding received
3	Working capital facility (WCF) agreement includes default clause								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	Yes		Yes	Debtors > 90 days are high because of disputes with other NHS organisations.
5	Creditors > 90 days past due account for more than 5% of total creditor balances	Yes	Yes	Yes	Yes	Yes		Yes	Creditors > 90 days are high because of disputes with other NHS organisations. GEH is withholding payment pending resolution of debtor outstanding balances.
6	Two or more changes in Finance Director in a twelve month period	No	No	No	No	No		No	
7	Interim Finance Director in place over more than one quarter end	No	No	No	No	No		No	
8	Quarter end cash balance <10 days of operating expenses	No	No	No	No	No		No	
9	Capital expenditure < 75% of plan for the year to date	Yes	Yes	Yes	Yes	Yes		Yes	Capital programme being restricted due to risk of shortfall in cash flow from operations

**CONTRACTUAL DATA**

**George Eliot Hospital NHS Trust  
(RLT)**

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

Criteria	Historic Data			Current Data				Comments where reds are triggered
	Qtr to Dec-11	Qtr to Mar-12	Qtr to Jun-12	Jul 12	Aug-12	Sep-12	Qtr to Sep-12	
Are the prior year contracts* closed?	Yes	Yes	No	No	Yes		No	
Are all current year contracts* agreed and signed?	Yes	Yes	Yes	Yes	Yes		Yes	
Are both the NHS Trust and commissioner fulfilling the terms of the contract?	Yes	Yes	Yes	Yes	Yes		Yes	
Are there any disputes over the terms of the contract?	No	No	No	No	Yes		Yes	Funding of £1m allocated for development of community initiatives was expected to give some non-recurrent contribution to Trust income. Commissioner has stated will only pay for actual cost incurred.
Might the dispute require SHA intervention or arbitration?	N/a	N/a	N/a	N/a	N/a		No	Unknown at this stage
Are the parties already in arbitration?	N/a	N/a	N/a	N/a	No		No	
Have any performance notices been issued?	No	No	No	Yes	Yes		Yes	2 PNs remain in place for same sex accommodation and cancelled operations. The former relates to 6 ITU breaches in May and June. The latter relates to breaches that have occurred in 4 out of the last 6 months.
Have any penalties been applied?	No	No	Yes	No	No		No	



## Income & Expenditure Summary

The financial position for the five months to 31st August 2012 is a deficit of £2,458k which gives an adverse variance compared to plan of £2,172k

Income & Expenditure Category	Current Annual I&E Plan £'000	I&E Budget Current Month			I&E Actual Current Month			Variance +Adv -Fav Current Month		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>Income</b>										
NHS Patient Care Income	(105,505)	(8,836)	(8,660)	176	(43,975)	(44,018)	(44)			
Other Patient Care Income	(443)	(37)	(8)	29	(185)	(158)	27			
Non Patient Related Income	(9,025)	(806)	(780)	26	(4,118)	(4,095)	23			
<b>Total Income (Surplus)/Deficit</b>	<b>(114,973)</b>	<b>(9,679)</b>	<b>(9,447)</b>	<b>232</b>	<b>(48,277)</b>	<b>(48,271)</b>	<b>6</b>			
<b>Expenditure</b>										
Pay	75,957	6,356	6,760	404	32,095	33,849	1,754			
Non Pay	32,528	2,743	2,836	93	13,469	13,910	441			
<b>Total Expenditure (Surplus)/Deficit</b>	<b>108,484</b>	<b>9,099</b>	<b>9,596</b>	<b>497</b>	<b>45,564</b>	<b>47,759</b>	<b>2,195</b>			
<b>Unidentified CIP</b>	<b>(469)</b>	<b>0</b>	<b>0</b>	<b>(0)</b>	<b>0</b>	<b>0</b>	<b>(0)</b>			
<b>Earnings before Interest, Tax, Depreciation and Amortisation</b>	<b>(6,958)</b>	<b>(580)</b>	<b>149</b>	<b>728</b>	<b>(2,713)</b>	<b>(512)</b>	<b>2,201</b>			
<b>Financing costs</b>	<b>6,957</b>	<b>600</b>	<b>595</b>	<b>(5)</b>	<b>2,999</b>	<b>2,970</b>	<b>(29)</b>			
<b>Retained (Surplus) / Deficit (Note 1)</b>	<b>(1)</b>	<b>20</b>	<b>743</b>	<b>723</b>	<b>286</b>	<b>2,458</b>	<b>2,172</b>			

*Note 1 : (Surplus)/Deficit is after accounting for technical charge of £75k*

Healthcare income year to date is £44k above budget, including £1,086k of gross over-performance offset by £1,041k which is the year to date element of the £2.5m shortfall between contracted and planned income. 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 August is £404k (6.4%). The key areas of adverse variance in August are:-

- Premium medical costs incurred (net of vacancies) has increased from July, due to a combination of deanery posts £23k not being filled and continued pressures in A&E £102k, General Surgery £32k, Anaesthetics £24k, Radiology £37k and Paediatrics £36k.
- Continued use of some additional capacity - Lydgate ward £70k





- August saw some increased delivery in CIP, although still a shortfall against planned levels, but this has been offset by the increase in medical agency.

Non-pay continues to have an adverse variance, in month this represents a 3.4% over spend mainly due to clinical supplies and drugs

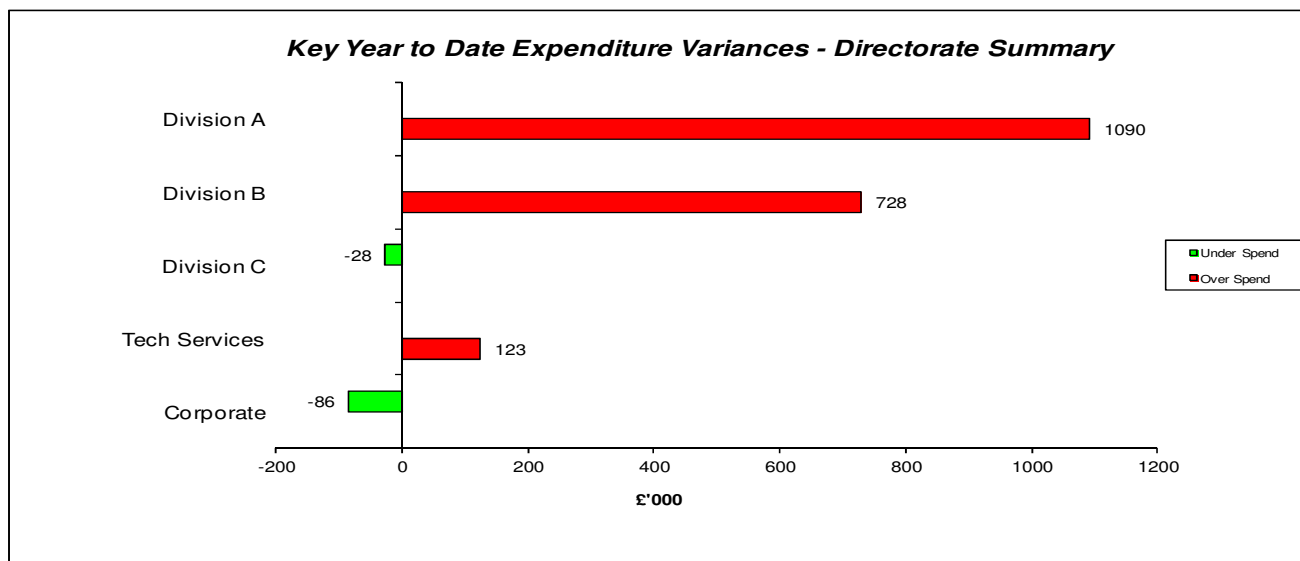
<b>Healthcare Income</b>
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NHS patient care income has under-performed by £176k in August, resulting in a year to date gross over-performance of £1,086k reduced by £1,042k being the year to date element of the £2.5m annual income shortfall faced by the Trust.

Point of Delivery	Change in month	Under Plan - Year to Date	Over Plan - Year to Date
<b>Income shortfall: -£1,042k under</b> 🚫🚫 (M04 -£833k under)	-£209k worse ⬇️⬇️	<ul style="list-style-type: none"> <li>-£1,042k year to date element of the £2.5m income shortfall (M04 -£833k)</li> </ul>	
<b>Elective admitted care: +£382k over (+6%)</b> 😊😊 (M04 +£352k over)	+£30k better ⬆️	<ul style="list-style-type: none"> <li>-£93k ophthalmology, -141 spells (M04 -£79k)</li> </ul>	<ul style="list-style-type: none"> <li>+£141k general surgery, 191 spells (M04 +£132k)</li> <li>+£71k urology, +148 spells (M04 +£78k)</li> <li>+£138k gynaecology, +170 spells (M04 +£76k)</li> <li>+77K regular day admissions, 157 spells (M04 +£62k)</li> <li>+£30k general medicine, 20 spells (M04 +£30k)</li> <li>+£23k plastic surgery, 10 spells (M04 +£29k)</li> <li>+£22k orthopaedics, 27 spells (M04 +£22k)</li> </ul>
<b>Non-elective inpatients and A&amp;E attendances: +£39k over (0%)</b> 😊 (M04 +£19k over)	+£20k better ⬆️	<ul style="list-style-type: none"> <li>-£219k* general surgery, -46 spells (M04 -£175k)</li> <li>-£220k orthopaedics, -94 spells (M04 -£155k)</li> <li>-£4k A&amp;E, -45 attendances (M04 -£19k)</li> <li>-£39K adjustments for marginal rate and readmissions within 30 days (M04 + £74)</li> </ul>	<ul style="list-style-type: none"> <li>+£478k* general medicine, 227 spells (M04 +£293k)</li> </ul> <p><i>* gross sums before adjustments</i></p>
<b>Outpatient attendances: +£498k over (+7%)</b> 😊😊 (M04 +£492k over)	+6k better ↔️		<ul style="list-style-type: none"> <li>+£145k general medicine, 1,552 attends, (M04 +£119k)</li> <li>+£71k general surgery**, 265 attends, (M04 +£89k)</li> </ul> <p><i>** includes all preoperative assessments</i></p> <ul style="list-style-type: none"> <li>+£43k orthopaedics, 949 attends, (M04 +£52k)</li> <li>+£52k rheumatology, 652 attends (M04 +£43k)</li> <li>+£54k midwifery, 583 attendances, (M04 +£41k)</li> </ul>
<b>Critical care: +£10k over (+1%):</b> (M04 +£27 over)	-£17k worse ↔️	<ul style="list-style-type: none"> <li>-£50k adult critical care (M04 -£30k)</li> </ul>	<ul style="list-style-type: none"> <li>+£59k SCBU (M04 +£70k)</li> </ul>

<b>Direct access and high cost drugs:</b> <b>+£35k over</b> (M04 +£20k over)	+£15k better 	<ul style="list-style-type: none"> <li>+£8k direct access radiology, (M04 +£19k)</li> </ul>	<ul style="list-style-type: none"> <li>+£277k gross on high cost drugs: income and expenditure budgets are flexed to meet this (M04 +£269k)</li> </ul>
<b>Primary Care &amp; Community</b> <b>+76k over</b> (M04 +£70k over)	+£6k Better 		<ul style="list-style-type: none"> <li>Additional QOF income</li> </ul>

**Divisional Financial Overview**



**• Division A**

- A&E Medical staffing £483k over spend (£381k at M04)
- Continued use of winter capacity £216k (£216k at M04)
- A&E Nursing pay £94k over spend (£76k at M04)
- Radiology agency usage £157k over spend (£97k at M04)

- Additional clinics to meet 18 weeks £23k over spend (£28k at M04)

**• Division B**

- Medical agency over spends in General Surgery £148k (£116k at M04), Anaesthetics £140k (£116k at M04) and Paediatrics £137k (£101k at M04)
- Additional capacity open (Lydgate M05) £236k (£166k at M04)

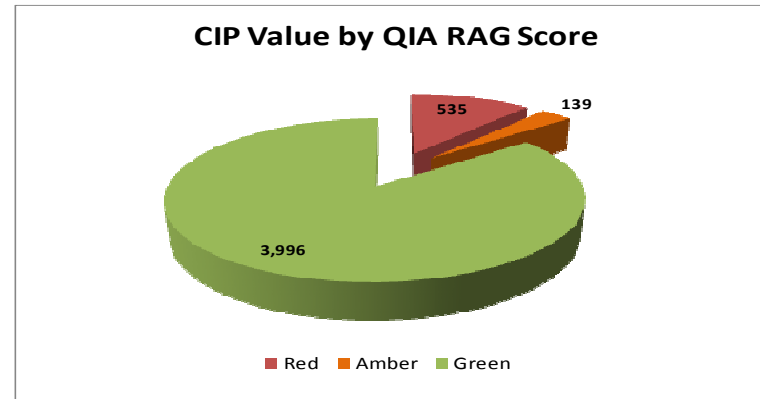
- **Division C**
  - LUCC additional costs being incurred principally in agency staffing cover £28k (*£33k at M04*)
  - Additional income following 2011/12 QOF results
- **Technical Services**
  - Pay budgets £150k under spend (*£119k at M04*)
  - Laundry services £59k over spend (*£39k at M04*)
  - IT non-pay £62k over spend (*£51k at M04*)
  - Engineering Maintenance £70k over spend (*£40k at M04*)
- **Corporate Services**
  - Pay budgets £81k under spend (*£61k at M04*)

<b>Cost Improvement Programme</b>
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The table below shows that £6.4m of savings initiatives have been identified however forecast achievement is only £4.7m.

<b>Division</b>	<b>2012/13 Savings Identified £m</b>	<b>Savings Forecast £m</b>	<b>Over (Under) Achievement £m</b>	<b>YTD Planned Savings £m</b>	<b>YTD Actual Savings £m</b>	<b>Variance £m</b>
Division A	1.27	0.91	(0.36)	(0.34)	(0.19)	0.15
Division B	1.37	0.83	(0.54)	(0.51)	(0.27)	0.23
Division C	0.45	0.43	(0.02)	(0.18)	(0.16)	0.01
Technical Services	0.36	0.27	(0.09)	(0.19)	(0.09)	0.09
Corporate	1.00	0.98	(0.01)	(0.41)	(0.41)	(0.00)
Project Management Office	1.75	1.10	(0.66)	(0.46)	(0.21)	0.24
Reserves	0.14	0.14	0.00	(0.05)	(0.05)	(0.00)
Unidentified	0.47	0.00	(0.47)	0.00	0.00	0.00
<b>Total CIP requirement</b>	<b>6.82</b>	<b>4.67</b>	<b>(2.15)</b>	<b>(2.14)</b>	<b>(1.40)</b>	<b>0.74</b>

In the first five months of the year the planned CIP delivery has been underachieved by £0.74m across all divisions (£0.5m at M04). The savings made for the year to date of £1.4m represents an achievement level of 65%. The CIP phasing is phased in a way that requires increased delivery each quarter. In August we saw additional CIP deliver of £34k compared to the level delivered in July, this compares to a £40k increase in the budget phasing between July and August. The main schemes which have slipped against planned delivery are: Medicines management savings £108k; Radiology & Theatre schemes £105k; Corporate cost reduction £89k; Deficit SLR areas £55k; Non-pay savings £54k; Opening of additional capacity in excess of winter ward £38k; and Anaesthetics review savings £42k. Quality Impact Assessments have been carried out by the Medical and Nursing & Quality Directors on all CIP initiatives. The following chart shows the risk ratings for the savings forecast.



**Balance Sheet, Cash, Capital & Other Performance Measures**

**Cash Management**

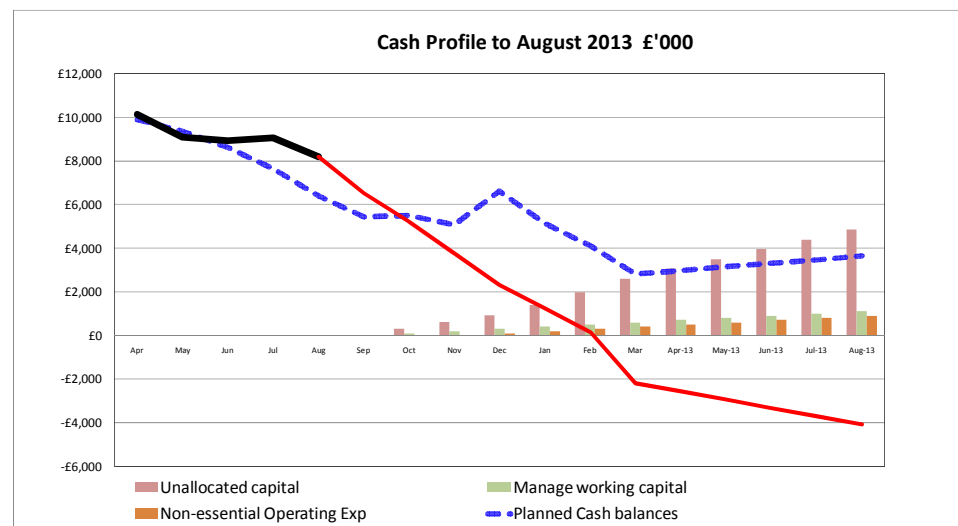
Cash balances at £8.2m were £1.8m higher than the plan chiefly because of capital payments being £0.8m behind programme and the timing of payments to trade creditors were £1.0m was paid in the 1<sup>st</sup> September.

Movements in cash in Q2 are forecast to include:-

- Capital payments of £0.6m.
- Internally generated cash (depreciation) £1.2m.
- Reduction in cash from operating activities £0.9m.

<b>Cash Balances- August 2012</b>	<b>£'000</b>	<b>Interest</b>
National Loans Fund –Temporary Deposit	4,000	0.34%
CITI bank	4,082	0.25%
Lloyds Bank – Business Reserve	95	0.035%
Current accounts - income and payments account and petty cash	16	Nil

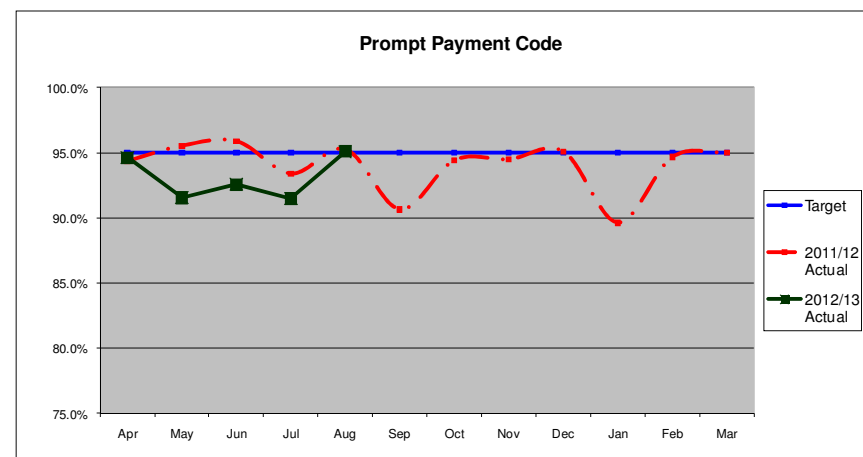
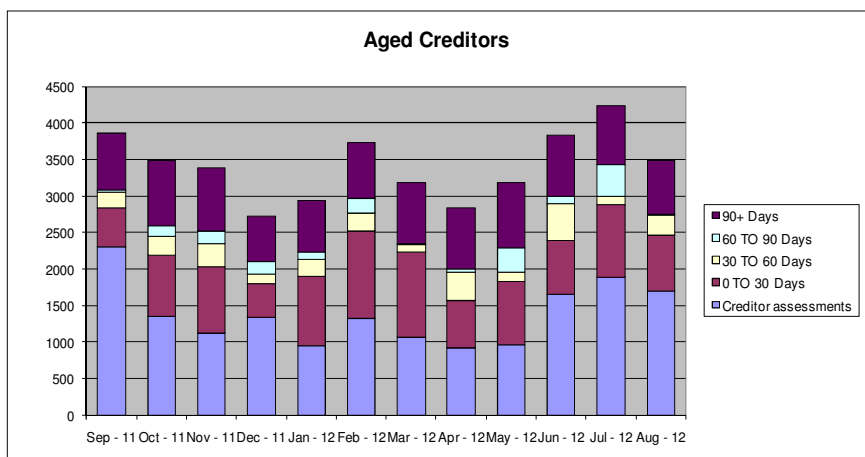
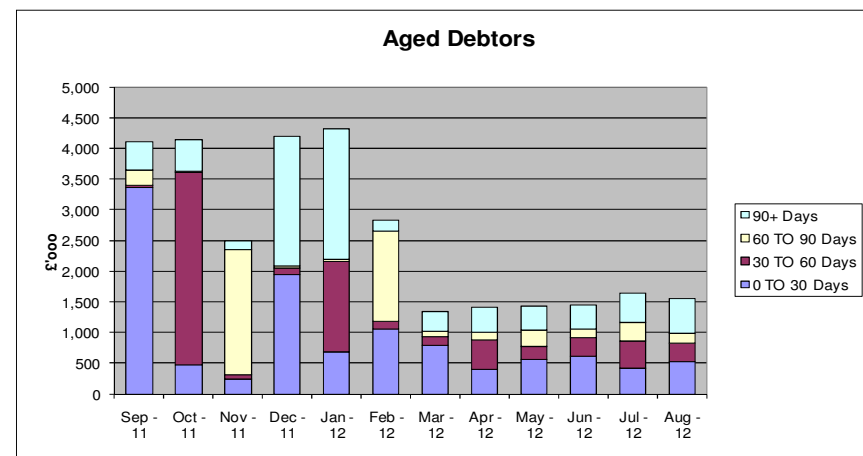
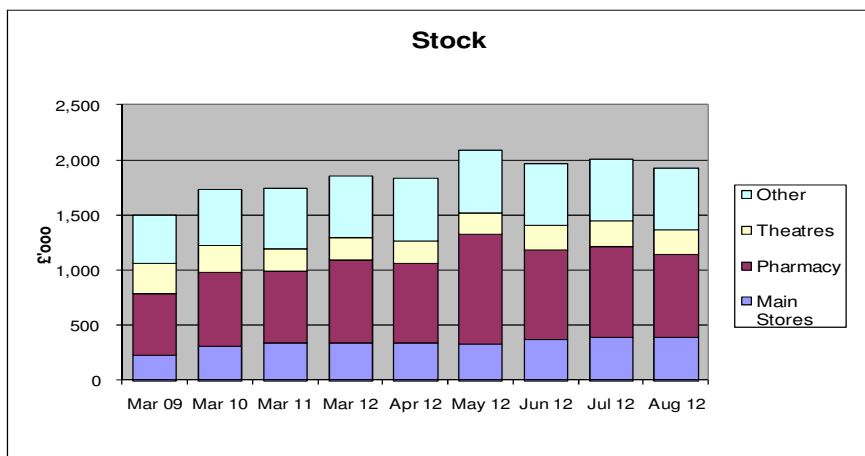
Cash balances are forecast to reduce to £2.8m by the end of the year because of capital payments being made from cash brought forward of £1.6m, a reduction in creditors of £3.6m, payments in respect of income deferred at the end of last year of £1.0m and payments against provisions of £0.3m. The plan will support further capital investment of up to £1.6m if the cash balances are forecast to be over 17 days liquidity at the year-end, but this will depend on achieving a balanced income and expenditure position. The following chart illustrates the forecast cash profile to August 2013 and includes a contingency of up to £6.8m to cover the potential risk of any cash shortfall in operational services.



### Working Capital

Overall working capital balances have reduced by £1.5m because of the income and expenditure deficit partially offset by the under spend on capital payments.

Prompt Payment Code--in August 95.1% (July 91.5%) of trade and NHS invoices were paid within the 30 day target. 83% (July 65%) of local supplier invoices were paid within 10 days.







### Capital Programme

The initial Capital Resource Limit (CRL) for 2012-13 is £5.8m. The approved CRL is £7.4m.

The allocated capital programme is £3.951m and includes £1.2m for schemes approved in 2011-12 and £2.8m for replacement plant and medical equipment.

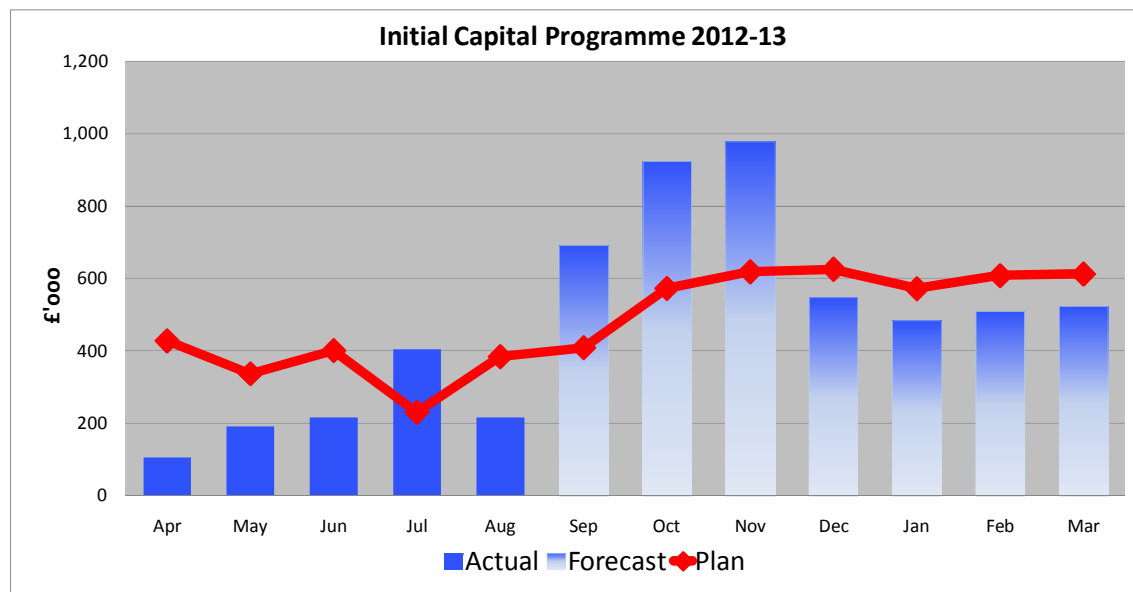
At the end of August £2.2m (56%) of the allocated programme has been committed and £1.1m (29%) has been spent.

In the period to August capital expenditure includes:-

- Cheveral Generator- completion of the scheme started last year at a total cost of £0.23m.
- Estate plant and equipment £0.2m
- Medical equipment £0.3m
- IM&T equipment £0.2m

Work is progressing on replacing the telephone switchboard. A contract for the patient monitoring system which is being implemented on all wards in the hospital will be placed in the near future. A contract has been placed to provide the Paediatric Assessment area and schemes are being developed to relocate Maternity Services and to improve Accident and Emergency facilities and provide better information technology resilience and infrastructure. A business case is also being prepared for the replacement of the CT scanner in X ray.

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	Forecast Q2	Forecast Q3	Forecast Q4	Forecast 2012-13	Plan 2012-13
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Assets- Non Current</b>	<b>63,684</b>	<b>63,517</b>	<b>62,654</b>	<b>-229</b>	<b>-1,030</b>	<b>62,917</b>	<b>62,225</b>	<b>63,592</b>	<b>65,615</b>	<b>65,615</b>	<b>66,016</b>
Inventories	1,854	1,890	1,916	-91	62	1,964	1,890	1,890	1,954	1,954	1,954
Receivables	2,746	2,904	4,811	635	2,065	3,585	3,865	3,865	3,744	3,744	3,274
Cash	10,246	7,671	8,193	-874	-2,053	8,928	7,752	3,772	2,800	2,800	2,800
Payables	-13,777	-11,523	-15,309	-199	-1,532	-13,877	-13,791	-10,932	-8,542	-8,542	-8,469
<b>Total Assets -Current</b>	<b>1,069</b>	<b>942</b>	<b>140</b>	<b>-529</b>	<b>-1,458</b>	<b>601</b>	<b>-283</b>	<b>-1,405</b>	<b>-43</b>	<b>-43</b>	<b>-440</b>
<b>Liabilities -Non Current</b>	<b>-494</b>	<b>-486</b>	<b>-539</b>		<b>-45</b>	<b>-539</b>	<b>-486</b>	<b>-485</b>	<b>-493</b>	<b>-493</b>	<b>-493</b>
<b>Total assets employed</b>	<b>64,259</b>	<b>63,973</b>	<b>62,256</b>	<b>-758</b>	<b>-2,532</b>	<b>62,979</b>	<b>61,455</b>	<b>61,702</b>	<b>65,079</b>	<b>65,079</b>	<b>65,083</b>
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	19,180		0	19,180	19,205	19,205	20,000	20,000	20,026
I&E reserve	3,683	3,371	1,151	-758	-2,532	2,403	854	1,108	3,683	3,683	3,661
<b>Taxpayers equity</b>	<b>64,259</b>	<b>63,973</b>	<b>61,727</b>	<b>-758</b>	<b>-2,532</b>	<b>62,979</b>	<b>61,456</b>	<b>61,710</b>	<b>65,079</b>	<b>65,079</b>	<b>65,083</b>

CASH FLOW								
	Year to date actual	Year to date variance	Actual Q1	Forecast Q2	Forecast Q3	Forecast Q4	Forecast 2012-13	Forecast variance
	£000	£000	£000	£000	£000	£000	£000	£000
From operating activities	-1,710	-2,294	-776	-934	816	2,865	1,971	-117
Depreciation (net of donated)	2,060	147	1,237	1,234	1,111	1,110	4,692	3
Impairments								
Change in working capital	-1,141	2,015	-931	158	-3,391	-2,024	-6,188	-404
<b>Net from operations</b>	<b>-791</b>	<b>-132</b>	<b>-470</b>	<b>458</b>	<b>-1,464</b>	<b>1,951</b>	<b>475</b>	<b>-518</b>
Capital expenditure	-1,279	501	-858	-641	-2,525	-1,928	-5,952	-1
Interest	17		11	9	9	7	36	
Dividends				-1,003		-1,002	-2,005	119
<b>Net cash flow</b>	<b>-2,053</b>	<b>369</b>	<b>-1,317</b>	<b>-1,177</b>	<b>-3,980</b>	<b>-972</b>	<b>-7,446</b>	<b>-400</b>
Financing								
<b>Increase (decrease) in cash</b>	<b>-2,053</b>	<b>369</b>	<b>-1,317</b>	<b>-1,177</b>	<b>-3,980</b>	<b>-972</b>	<b>-7,446</b>	<b>-400</b>

External Finance Limit (EFL)								
EFL			1,613	3,737	1,349	2,297	8,996	
Under/(over)			296	2,560	-2,631	1,325	1,550	

The Capital Programme 2012-13 is as follows:-

CAPITAL PROGRAMME											
Project or asset group	Original Plan	Revised Plan	Current year FIMS	Current year actual	Committed not spent	Actual Q1	Forecast Q2	Forecast Q3	Forecast Q4	Forecast outturn	Forecast variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Brought Forward Schemes</b>											
Switchboard	160	200	160	24	157	24	86	90		200	
Website/Intranet	75	75		67	0	51	20	4		75	0
Patient Monitoring System	314	314	232				157	79	79	314	
Digital Medical Records	150	150	48	50	100	31	32	36	51	149	-1
Theatres	300	50		4			4	30	16	50	
Other	371	433	366	257	107	76	239	115	27	456	23
<b>sub total</b>	<b>1,370</b>	<b>1,222</b>	<b>806</b>	<b>403</b>	<b>363</b>	<b>182</b>	<b>538</b>	<b>353</b>	<b>172</b>	<b>1,245</b>	<b>22</b>
<b>Replacement</b>											
<b>Medical Equipment</b>											
A1	84	224	75	154	0	11	160	29		200	-24
A2	166	48		28	24	14	36	6		56	8
B1	193	213	170	107	12	10	109	47		166	-46
B2	357	231		19	135	19	8	206		233	2
C	10	10	10	6	3		6	3		9	-1
<b>Estates</b>	<b>550</b>	<b>1,402</b>	<b>170</b>	<b>196</b>	<b>383</b>	<b>128</b>	<b>232</b>	<b>708</b>	<b>381</b>	<b>1,448</b>	<b>45</b>
<b>IM&amp;T</b>	<b>350</b>	<b>1,023</b>	<b>105</b>	<b>225</b>	<b>156</b>	<b>153</b>	<b>225</b>	<b>408</b>	<b>279</b>	<b>1,065</b>	<b>42</b>
<b>Contingency</b>	<b>200</b>	<b>-463</b>	<b>60</b>								<b>463</b>
<b>sub total</b>	<b>1,910</b>	<b>2,688</b>	<b>590</b>	<b>736</b>	<b>714</b>	<b>334</b>	<b>777</b>	<b>1,407</b>	<b>660</b>	<b>3,177</b>	<b>490</b>
<b>Other Programme</b>											
Unallocated	2,520	1,849	450					693	685	1,378	-471
<b>sub total</b>	<b>2,520</b>	<b>1,849</b>	<b>450</b>					<b>693</b>	<b>685</b>	<b>1,378</b>	<b>-471</b>
New Funding											
<b>Total</b>	<b>5,800</b>	<b>5,759</b>	<b>1,846</b>	<b>1,138</b>	<b>1,078</b>	<b>516</b>	<b>1,315</b>	<b>2,452</b>	<b>1,517</b>	<b>5,800</b>	<b>41</b>
Donated	180	180	60				20	60	100	180	
<b>Total</b>	<b>5,980</b>	<b>5,939</b>	<b>1,906</b>	<b>1,138</b>	<b>1,078</b>	<b>516</b>	<b>1,335</b>	<b>2,512</b>	<b>1,617</b>	<b>5,980</b>	<b>41</b>
<b>Capital Resource Limit (CRL)</b>											
<b>Forecast CRL</b>	<b>5,800</b>	<b>5,800</b>				<b>518</b>	<b>1,892</b>	<b>2,118</b>	<b>1,271</b>	<b>5,800</b>	
<b>Under/(over)</b>										<b>0</b>	