

Trust Board Paper T

	TRUST BOARD									
From:	Rachel Overfield, Kevin Harris, Richard Mitchell Kate Bradley Andrew Seddon									
Date:	28th November 2013									
CQC regulation	All									
Title:	Quality & Performance Report									
Author/Responsible Director: R Overfield, Chief Nurse K. Harris, Medical Director R, Mitchell, Chief Operating Officer K. Bradley, Director of Human Resources A. Seddon, Director of Finance										
Purpose of the Report: To provide members with an overview of UHL quality, operational performance against national and local indicators and Finance for the month of October.										
The Report is provided to the Board for:										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Decision</td> <td style="width: 5%;"></td> <td style="width: 50%; text-align: center;">Discussion</td> <td style="width: 5%; text-align: center;">√</td> </tr> <tr> <td style="text-align: center;">Assurance</td> <td style="text-align: center;">√</td> <td style="text-align: center;">Endorsement</td> <td></td> </tr> </table>			Decision		Discussion	√	Assurance	√	Endorsement	
Decision		Discussion	√							
Assurance	√	Endorsement								
Summary / Key Points:										
<p>Successes</p> <ul style="list-style-type: none"> ❖ Theatres – 100% WHO compliant ❖ 62 day cancer – confirmed performance in September was 87.4%, against a national target of 85%. October is on track to deliver above trajectory. ❖ VTE - The 95% threshold for VTE risk assessment within 24 hours of admission has been achieved for the last 4 months ❖ The percentage of stroke patients spending 90% of their stay on a stroke ward has been exceeded for the last 3 months and the contract query will be formally closed by the commissioners. <p>Areas to watch:-</p> <ul style="list-style-type: none"> ❖ Friends and Family Test - Performance on the FFT for October is 66.2 ❖ C Difficile – ahead of trajectory to date with 41 reported against cumulative target of 42. Monthly target for the rest of the year is 5 a month with a full year trajectory of 67. ❖ Imaging – the 1% threshold was delivered for October. Action plan is being monitored to ensure sustainable delivery. ❖ C&B – performance similar to this time last year and target is still not delivered. 										

Exceptions/Contractual Queries:-

- ❖ Pressure Ulcers - progress has been made against all actions.
- ❖ ED 4hr target - Performance for emergency care 4hr wait in October was 91.8%. Actions relating to the emergency care performance are included in the ED exception report.
- ❖ Cancelled Operations – contract query has been raised by the commissioners due to consistent failure of the threshold. Remedial action plan has been requested for the November Contract Performance Meeting.
- ❖ RTT admitted and non-admitted -. The Intensive Support Team have worked with the UHL to model core capacity requirements and backlog numbers to sustainably deliver both targets at specialty level. This has been triggered by an ongoing failure to agree a remedial action plan with commissioners.
- ❖ Ambulance Handovers - Remedial Action Plan and recovery trajectory have been formally accepted by the commissioners.

Finance:-

- ❖ The Trust is reporting a deficit at the end of October of £17.3m, which is £19.5m adverse to the planned surplus of £2.2m.
- ❖ Patient care income £4.3m (1.1%) favourable against Plan.
- ❖ Pay costs are £11.0m over budget, £14.3m more than the same period in 2012/13 (5.5%). When viewed by staff group, the most significant increases year on year are seen across agency and medical locums, nursing spend and consultants' costs.
- ❖ CIP - £0.8m adverse to Plan

Recommendations: Members to note and receive the report	
Strategic Risk Register	Performance KPIs year to date CQC/NTDA
Resource Implications (eg Financial, HR) N/A	
Assurance Implications Underachieved targets will impact on the NTDA escalation level, CQC Intelligent Monitoring and the FT application	
Patient and Public Involvement (PPI) Implications Underachievement of targets potentially has a negative impact on patient experience and Trust reputation	
Equality Impact N/A	
Information exempt from Disclosure N/A	
Requirement for further review? Monthly review	

Caring at its best

Quality and Performance – October 2013

Trust Board

Thursday 28th November 2013

One team shared values

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 28th NOVEMBER 2013

**REPORT BY: KEVIN HARRIS, MEDICAL DIRECTOR
RACHEL OVERFIELD, CHIEF NURSE
RICHARD MITCHELL, CHIEF OPERATING OFFICER
KATE BRADLEY, DIRECTOR OF HUMAN RESOURCES
ANDREW SEDDON, DIRECTOR OF FINANCE**

SUBJECT: OCTOBER 2013 QUALITY & PERFORMANCE SUMMARY REPORT

1.0 INTRODUCTION

The following paper provides an overview of the October 2013 Quality & Performance report highlighting key metrics and areas of escalation or further development where required.

2.0 2013/14 NTDA Oversight and Escalation Level

2.1 NTDA 2013/14 Indicators

Performance for the 2013/14 indicators in Delivering *High Quality Care for Patients: The Accountability Framework for NHS Trust Boards* was published by the NTDA early April.

The indicators to be reported on a monthly basis are grouped under the following headings:-

- ❖ Outcome Measures
- ❖ Quality Governance Measures
- ❖ Access Measures – see Section 5

Outcome Measures	Target	2012/13	Apr-13	May-13	Jun-13	Qtr1	Jul-13	Aug-13	Sep-13	Qtr2	Oct-13	YTD
30 day emergency readmissions	7.0%	7.8%	7.5%	7.8%	7.7%	7.7%	7.5%	7.6%	7.8%	7.6%		7.7%
Avoidable Incidence of MRSA	0	2	0	0	0	0	0	0	1	1	0	1
Incidence of C. Difficile	67	94	6	7	2	15	6	5	9	20	6	41
Incidence of MSSA		46	5	2	5	12	1	4	3	8	1	21
Safety Thermometer Harm free care		94.1%*	92.1%	93.7%	93.6%		93.8%	93.5%	93.1%		94.7%	
Never events	0	6	1	0	0	1	0	0	1	1	0	2
C-sections rates*	25%	23.9%	23.8%	26.1%	26.1%	25.3%	25.0%	25.2%	24.6%	24.6%	25.6%	25.1%
Maternal deaths	0	0	0	0	0	0	0	0	0	0	0	0
Avoidable Pressure Ulcers (Grade 3 and 4)	0	98	11	4	8	23	8	8	5	21	4	48
VTE risk assessment	95%	94.5%	94.1%	94.5%	93.1%	93.9%	95.9%	95.2%	95.4%	95.3%	95.5%	94.8%
Open Central Alert System (CAS) Alerts		13	14	9	15		36	10	10		14	
WHO surgical checklist compliance	100%	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

* target revised to 25% from Qtr 3

Quality Governance Indicators	Target	2012/13	Apr-13	May-13	Jun-13	Qtr1	Jul-13	Aug-13	Sep-13	Qtr2	Oct-13	YTD
Patient satisfaction (friends and family)		64.5	66.4	73.9	64.9		66.0	69.6	67.6		66.2	67.7
Sickness/absence rate	3.0%	3.4%	3.3%	3.1%	3.0%	3.2%	3.2%	3.1%	3.3%	3.2%	3.8%	3.3%
Proportion temporary staff – clinical and non-clinical (WTE for Bank, Overtime and Agency)			5.6%	5.9%	5.6%	5.7%	5.6%	5.5%	5.3%	5.5%	6.0%	5.7%
Staff turnover (excluding Junior Doctors and Facilities)	10.0%	9.0%	8.8%	8.9%	9.2%	9.2%	9.5%	9.3%	9.7%	9.7%	9.6%	9.6%
Mixed sex accommodation breaches	0	7	0	0	0	0	0	0	0	0	0	0
% staff appraised	95%	90.1%	90.9%	90.2%	90.7%	90.7%	92.4%	92.7%	91.9%	91.9%	91.0%	91.0%
Statutory and Mandatory Training	75%		45%	46%	46%	46%	48%	49%	55%	55%	58%	58%
% Corporate Induction attendance rate	95%		87%	82%	95%	95%	90%	94%	94%	94%	91%	91%

2.2 UHL NTDA Escalation Level

The Accountability Framework sets out five different categories by which Trust's are defined, depending on key quality, delivery and finance standards.

The five categories are (figures in brackets are number of non FT Trusts in each category as at July 2013):

- 1) No identified concerns (18 Trusts)
- 2) Emerging concerns (27 Trusts)
- 3) Concerns requiring investigation (21 Trusts)
- 4) Material issue (29 Trusts)
- 5) Formal action required (5 Trusts)

Confirmation was received from the NTDA during October that the University Hospitals of Leicester NHS Trust was escalated to Category 4 – Material issue. This decision was reached on the basis of the significant variance to financial plan for quarter one and continued failure to achieve the A&E 4hr operational standard.

3.0 QUALITY AND PATIENT SAFETY – KEVIN HARRIS/RACHEL OVERFIELD

3.1 Quality Commitment

To deliver our vision of 'Caring at its best' we have developed and launched an ambitious Quality Commitment for the trust. Are priorities are being led through three over-arching strategic goals, each with a target to be delivered over the next 3 years. By 2016 we will aim to deliver a programme of quality improvements which will:




- Save 1000 extra lives
- Avoid 5000 harm events
- Provide patient centred care so that we consistently achieve a 75 point patient recommendation rate

A Quality Commitment dashboard has been developed to present updates on the 3 core metrics for tracking performance against our 3 goals (save lives, avoid harm and patient centred care). These 3 metrics will be tracked throughout the programme up to 2015. The dashboard also includes 7 sub-metrics, one to track delivery in each of the 7 work streams. These metrics are selected from a broader group of tracking metrics and were chosen to be representative of the individual workstream targets. These sub-metrics will

change during the programme as we achieve are targets and set new focus areas in 2014 and 2015.

SAVE LIVES				AVOID HARM				PATIENT CENTRED CARE			
	Baseline	Latest	Target		Baseline	Latest	Target		Baseline	Latest	Target
Trust-wide SHMI ¹	104.9 Jan-Dec 12	106 April 12- March 13	TBC Dec-15	Harm reports / 1k bed days ⁴	39.3 Jul-Dec 12	44.0	33.0 Dec-15	FFT (Net promoter Score) ⁸	57.5 Jul-Dec 12	67.6	75.0 Dec-15
OOH SHMI ²	108.6 Jan-Dec 12	TBC	TBC Dec-13	Fall reps / 1k bed days >65 ⁵	9.2 Oct-Dec 12	4.57	7.5 Dec-13	Older pat. survey Qs ⁹	85.5% Jul-Dec 12	87.7	88.3% Dec-13
SHMI for resp. patients ³	110.5 Jan-Dec 12	TBC	TBC Dec-13	ED X-rays reported <24hr ⁶	49.6% Jan-13	53.8%	75.0% Dec-13	Discharge survey Qs ¹⁰	84.6% Jul-Dec 12	83.7%	89.6% Dec-13
				Adherence to W-R template ⁷	TBC	TBC	TBC Dec-13				

Key:

 On-track for delivery
  Risk to delivery
  Tracking not in place

The QCP tracking metrics are formed from a mix of patient survey, incident report, treatment coded & audit data. The data collection & publication timetables and the time taken to verify and validate the different measures, varies from metric to metric and therefore the latest figures may refer to different months, in some cases.

1. 30-day relative mortality rate, excluding stillbirths, day cases & regular day/night attendees; 2. After 8pm & before 6am, excluding elective admissions & Well-Baby admissions; 3. Patients with an primary respiratory diagnosis; 4. All harms reported per 1k bed stays (excl maternity); 5. All falls reported per 1k bed stays for patients >65 years old; 6. % of ED X-rays reported by a radiologist <24hrs; 7. Ward round audit yet to be launched; 8. Net promoters on the Friends & Family survey; 9. Average score for the 3 older patient survey questions; 10. Average score for the 3 discharge experience survey questions;

Save 1000 Lives

Hospital 24/7 - successfully launched at GGH, LGH and LRI. Early response time metrics have been very promising and a handover process from has been successfully carried out. Further opportunities have been identified in medical handover processes, phlebotomy cover & culture around calling consultants. A work plan for calling culture is being developed.

Respiratory pathway - successfully launched with exclusion criteria agreed by GGH and LRI. Two dedicated pneumonia nurses have been appointed and successfully manage the pneumonia care pathway across LRI and GH sites. There has been an increase in the proportion of admissions < 86 years of age with community acquired pneumonia (CAP) to GH, 65% in Q1 to 70% Q2. A CAP care bundle database and management tool has been implemented and an audit of all aspects of pneumonia management is in place. More than 80% of CAP admissions are tracked electronically by the pneumonia nurses.

Avoid 5000 harms

Falls - Well-focussed ward engagement on falls-reduction (in the form of confirm and challenge sessions) is continuing to produce excellent results. Initiatives being trialled include cohorting into dedicated fall-risk bays, risk assessment & identification systems & staff training. Corporate over view and raising the profile of this patient safety issue, with the support of expertise from the education and practice development nurse has enabled success that has previously not been seen in this area.

Senior Medical Review and Ward Round Notation - Wide-spread support from the heads of service has been seen, with few minor changes suggested. A training plan and presentation for nursing and medical staff has been developed as a key feature of implementation and an e-learning package currently in development. The ward roll-out and the development of teaching materials is likely to require long-term engagement to drive uptake and therefore we expect it to continue to be part of our 2014 priorities.

Acting on results - Work looking at radiology turnaround times is currently being combined with a similar project investigating capacity in Radiology. Work is being carried out to decide a process for communicating significant high risk reports, this is to be discussed at a speciality leads steering group and recommendations to be made. This involves; developing a manageable list of “always diagnoses” to communicate, auditing CRIS to monitor performance and to continue the well established MDT codes for malignant disease.

Provide Patient Centred Care

Older patients & dementia - Significant ward-level engagement is taking-place in the form of the dementia champions’ network, meaningful activity coordinators, memory lane events, older patient training and use of the patient profile. A moderate improvement in the older people survey questions scores has been recorded.

Discharge experience - A new discharge lounge opened at the LRI in October and re-launch of discharge lounge at the Glenfield. Other UHL wide initiatives (Right Place work & EC Rapid Access plan) have impacted on the work and progress of this work stream. Work is planned to look at improving quality around ward process which includes discharge planning, work around re launching the focus on discharge planning is planned.

3.2 Mortality Rates



UHL’s HSMR for 13/14 (Apr to Aug) is 93 (using the Dr Foster Intelligence clinical benchmarking tool). The HSMR of 93 is compared with the England average of 100 for 2012/13 and so is likely to higher following Dr Foster’s annual rebasing at the end of this financial year. For 2012/13 UHL’s HSMR was 101 and the SHMI covering the same time period is 106. Both of these are within expected but are above 100.

Whilst the trust’s overall mortality is ‘within expected’, it is not where we want it to be and this is one of the key drivers behind the ‘Saving Lives’ work-stream of the Quality Commitment with good progress being made with the implementation of the Respiratory Pathway. Very early findings suggest that this is already having a positive impact on our mortality rates for pneumonia patients.

The LLR Patient Care Review findings are due to be presented to the LLR Mortality Summit on 26th November.

The Dr Foster Hospital Guide for 2013 will publish both Trust and Site specific mortality rates for 2012/13 and this will show the LRI site as having a ‘higher than expected HSMR’ at 114. The Hospital Guide will also name UHL has having a ‘higher than expected’ mortality rate in 12/13 for patients who died with ‘low risk diagnosis groups’. (such as, chest pain, abdominal pain, abdominal hernia, speech disorder). Preliminary review of the data has found that some patients who were recorded as having a ‘low risk diagnosis’ on admission were subsequently confirmed as having a more significant problem (obstructed hernia, stroke, heart failure) but this subsequent diagnosis would not have been used for the Dr Foster risk adjustment. It was also identified that there were discrepancies in the number of patients Dr Foster have included in their report and further work is being undertaken to clarify this. In the meantime a full review is being undertaken of the patients’ care in UHL.

In the recently published CQC Intelligent Monitoring Report, UHL has two areas of risk relating to mortality. These were identified by the CQC using coded data and the Dr

Fosters methodology. One of these is “deaths in low risk diagnosis groups”. This is being reviewed as outlined above. The other ‘risk’ identified by the CQC was for “Paediatric and Congenital Disorders”. Review of the data has identified that this ‘higher mortality’ is related to the number of babies admitted with these conditions to Glenfield for ECMO (Glenfield is one of the few centres within the UK providing this service). UHL is part of the Paediatric Intensive Care Audit Network (PICANET) and the International Extracorporeal Life Support Organisation (ELSO), and reports its outcomes for such patients to both organisations. The PICANET and ELSO risk adjusted benchmarked data demonstrate that UHL’s outcomes are in line with other organisations providing similar services.

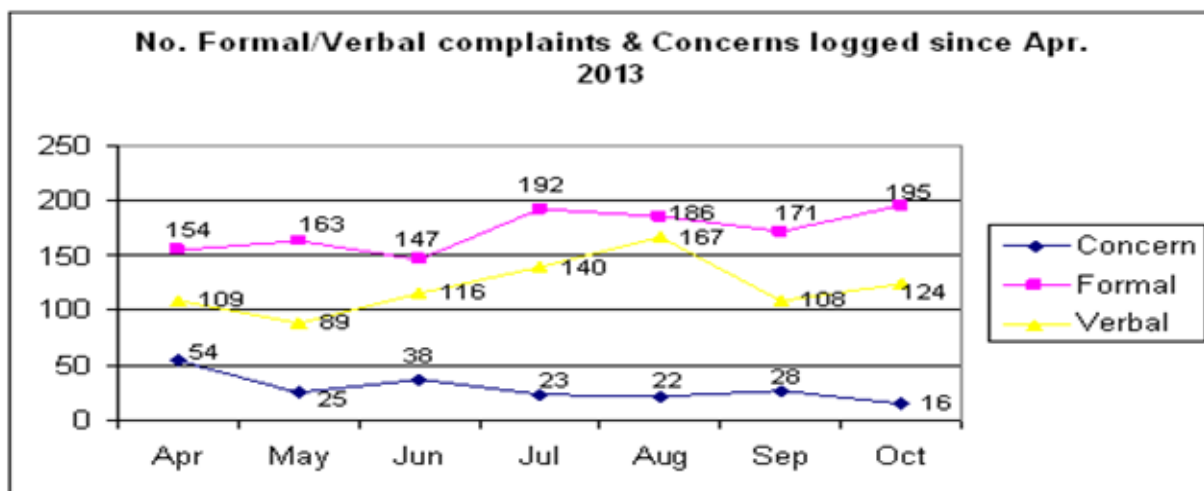
3.3 Patient Safety



In October, 15 new Serious Untoward Incidents (SUIs) were opened within the Trust, 5 of which were patient safety incidents, 9 were Hospital Acquired Pressure Ulcers and 1 was a Healthcare Acquired Infection. Four patient safety root causes analysis (RCA) investigation reports were completed and signed off last month, the actions and learning of which have been shared internally.

Over the last quarter, there has been an 8.3% increase in the overall number of patient safety incidents reported with a small (0.5%) reduction of incidents where harm has occurred. This continues to demonstrate a positive reporting culture throughout the Trust. Pressure ulcers, falls and medication errors remain the highest reported incidents and these three clusters of incidents are subject to scrutiny and monitoring via the Safety Thermometer, the Safety Commitment and the Medicines Management Board. Although the numbers remain high, for each the trend shows a reduction in incidents.

High volumes of complaints, concerns and GP / CCG issues continue to be received but with reductions in re-opened complaints and exceptionally low levels of complaints upheld by the Ombudsman. The overall complaints performance has failed to reach the trust standard of 95% and this is being actively pursued with the new CMGs and also with corporate directorates and Interserve. The trend of complaints is detailed below:-



3.4 5 Critical Safety Actions



The aim of the ‘Critical safety actions’ (CSA’s) programme is to see a reduction in avoidable mortality and morbidity. The key indicator being focused upon by commissioners is a reduction in Serious Untoward Incidents related to the CSA’s.

For Quarter 2 the Trust received the commissioner visit to assess compliance for the CSA CQUIN on 31st October. Informal feedback from this visit was positive, formal feedback will be received at CQRG meeting on 21st November 2013.

1. Improving Clinical Handover.

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

Actions:-

- ❖ The Trust received the final version of the ACCA report for the pilot work with alternative Nerve Centre handover system in surgery at LRI.
- ❖ Business plan to procure and purchase system submitted to Chief Information Officer (CIO) for approval. CIO to meet with company to further negotiate costs before sign off.
- ❖ A template was sent out to all CBU leads to complete to identify and re-scope current handover practice for doctors in each speciality. There has been poor feedback from many specialities despite several chase emails. This evidence is required for CQUIN compliance. A further email has now been sent to those speciality leads who have not yet responded to this request.
- ❖ Commissioner visit was to ward 21 LRI to see a morning nurse handover and ED to see a morning medical handover.

2. Relentless attention to Early Warning Score triggers and actions

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

Actions:-

- ❖ EWS non escalation incidents still being monitored this year. Currently on trajectory for 25% reduction in year with the exception of Womens and Childrens where the reduction will be less.
- ❖ September report from Nerve Centre with response time data for red calls including EWS>4 shows that at out of hours at the GH and LGH sites 100% of escalation calls have been responded to within 30 minutes as per pathway. LRI data will be available when 24/7 fully implemented into site.
- ❖ Commissioner visit was to Childrens ward 28 to view EWS in practice. Childrens at LRI implemented new PEWS scoring system on 14th October.

3. Acting upon Results

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

Actions:-

- ❖ Have now received signed off processes for managing diagnostic tests for 50% of CBUs. Plan to work closely with CMG deputy directors to ensure that those specialities without agreed processes are supported to undertake these in adherence with the CSA plan.
- ❖ Commissioner visit was to ward 32 LRI and OAU LRI to discuss with staff how they manage their diagnostic tests in line with their agreed process.

4. Senior Clinical Review, Ward Rounds and Notation

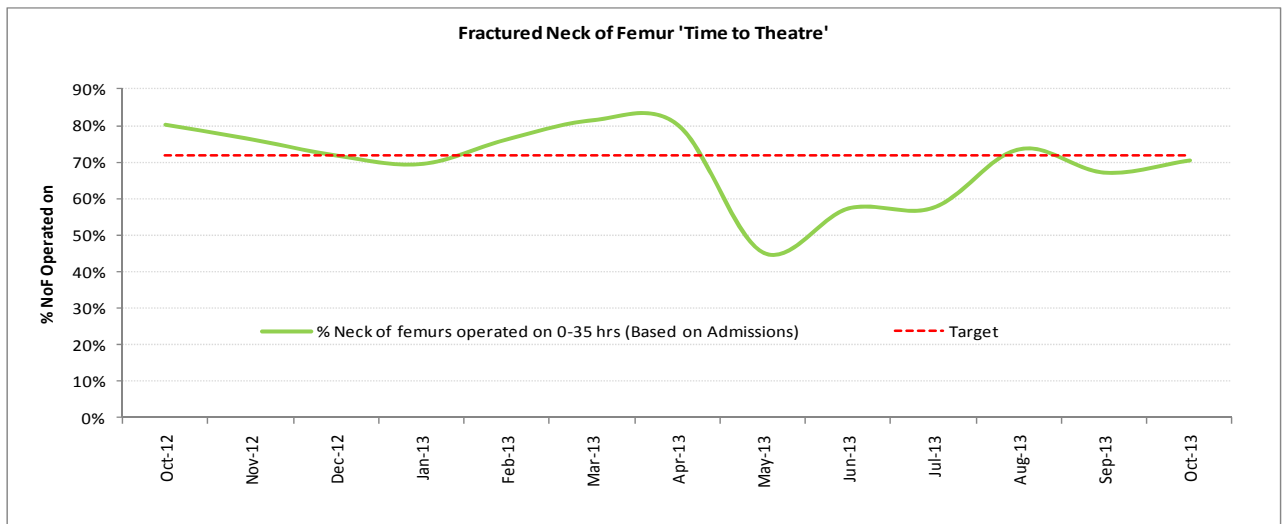
Aim -To meet national standards for clinical documentation. To provide strong medical leadership and safe and timely senior clinical reviews and ensure strong clinical governance.

Actions:-

- ❖ Ward round standards and documentation audit took place across the acute division throughout the month of October.
- ❖ Meetings have taken place to discuss and agree the costings and changeover process for the implementation of the UHL ward round safety checklist and change to continuation paper.
- ❖ Work has commenced to plan implementation of these to include education sessions and attendance at consultant and nurse meetings.
- ❖ Commissioner visit was to ward 37 LRI to see a ward round in practice.

3.5 Fractured Neck of Femur 'Time to Theatre'

Mth Qtr 1 Qtr2 YTD

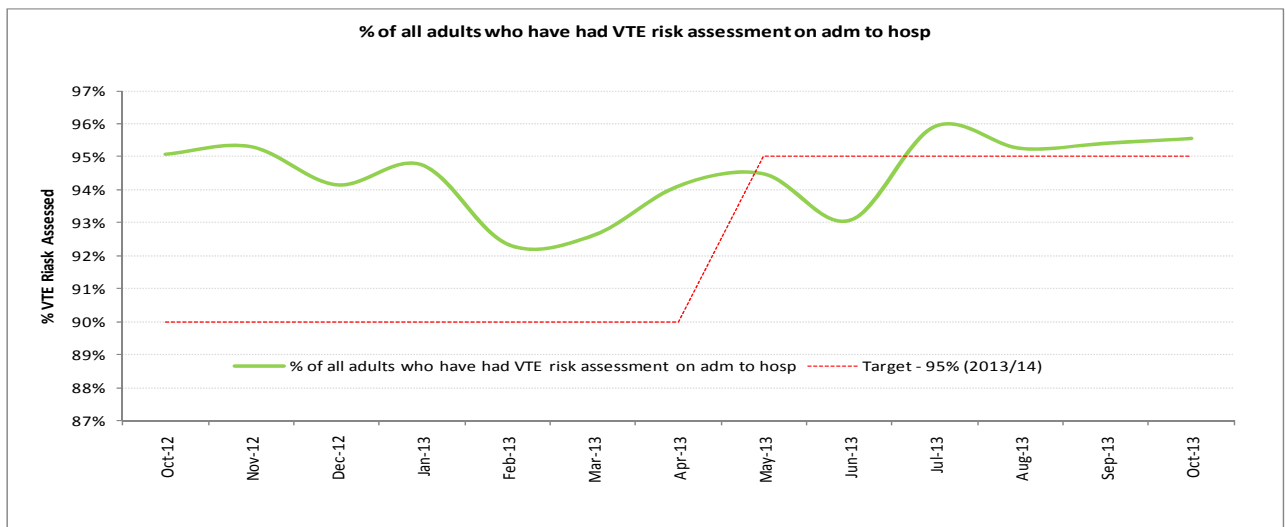


The percentage of patients admitted with fractured neck of femur during October who were operated on within 36hrs was 70.5% (43 out of 61 #NOF patients admitted during October).

As per the #NOF action plan regular weekly meetings have been instigated with musculo – skeletal management team and Ward 32 relating specifically to the Best Practice Tariff (BPT) indicators which are based on discharge. At the meetings specific issues around time to theatre are discussed. Performance has shown an improvement in October to 82% compared to Qtr 1. This is now believed to be a sustainable improvement which has been maintained in the first two weeks in October.

3.6 Venous Thrombo-embolism (VTE) Risk Assessment

Mth Qtr 1 Qtr2 YTD



The 95% threshold for VTE risk assessment within 24 hours of admission has been achieved for October at 95.5%. The year to date performance is 94.8%.

3.7 CQUIN Schemes – Quarter 3

All CQUIN schemes are currently on track for meeting Q3’s requirements.

Schedule	Ref	Indicator Title and Detail	Q3 Predicted RAG	Q3 Performance Comments
Nat CQUIN	Nat 1	Implementation of Friends and Family Test: 1.1 Phased Expansion 1.2 Increased Response Rate 1.3 Improved Performance on Staff Test	G	Maternity FFT commenced October with 27.7% coverage. Inpatient FFT coverage is 21.7% and ED FFT coverage is 16.3%.
Nat CQUIN	Nat 2	2.1. To collect data on the following three elements of the NHS Safety Thermometer: pressure ulcers, falls UTI in patients with a catheter 2.2a Reduction in CAUTIs 2.2b Reduction in Falls	G	UHL’s Safety Thermometer data will be presented in the national tool on 10 th December. Work continues to reduce both CAUTIs and Falls. Increase in Falls prevalence for October but still on track to achieve end of year threshold
Nat CQUIN	Nat 3	3.1 .Patients aged 75 and over admitted as an emergency are screened for dementia, where screening is positive they are appropriately assessed and where appropriate referred on to specialist services/GP. 3.2. Ensuring sufficient clinical leadership of dementia within providers and appropriate training of staff. 3.3. Ensuring carers of people with dementia feel adequately supported	G	90% achieved for 3 consecutive months (Aug to Oct) in all 3 parameters Training numbers continue to increase. Carers Survey undertaken and actions being taken to increase support.

Schedule	Ref	Indicator Title and Detail	Q3 Predicted RAG	Q3 Performance Comments
Nat CQUIN	Nat 4	Reduce avoidable death, disability and chronic ill health from Venous thromboembolism (VTE) 1. VTE risk assessment 2. VTE RCAs	G	95% achieved for Risk Assessment for all 3 months of Q2 and October. RCAs continue to be undertaken of all Hospital Acquired Thrombosis.
LLR CQUIN	Loc 1	Making Every Contact Count Increased advice and referral in respect to 'smoking cessation', alcohol reduction and healthy eating	G	Health Eating MECC pilot due to commence within MSK Pre-Op Assessment end of Nov
LLR CQUIN	Loc 2	Implementation of the AMBER care bundle to ensure patients and carers will receive the highest possible standards of end of life care	G	Good progress made with Phase 2 Wards implementation and slightly ahead of plan.
LLR CQUIN	Loc 3	Improve care pathway and discharge for patients with Pneumonia a) Admission directly to respiratory ward (Glenfield site) and piloting of 'pneumonia virtual clinic for patients admitted to LRI') b) Improving care pathway and discharge for patients with Pneumonia - Implementation of Pneumonia Care Bundle	G	Pneumonia nurses in post from beginning of Sept and daily visits to LRI medical wards being undertaken to support implementation of care bundle and 'Virtual Respiratory Clinic'
LLR CQUIN	Loc 4	Improving care pathway and discharge for patients with Heart Failure - Implementation of Care Bundle and discharge Check List and piloting of 'virtual ward'	G	Good progress being made and on track to achieve thresholds. Increasing number of patients receiving the Heart Failure Care Bundle.
LLR CQUIN	Loc 5	Critical Safety Actions – Clinical Handover Acting on Results Senior Review/Ward Round Standards Early Warning Score	G	For Quarter 2 the Trust received the commissioner visit to assess compliance for the CSA CQUIN on 31 st October. Informal feedback from this visit was positive.
LLR CQUIN	Loc 7	Implementation of DoH Quality Mark with specific focus on Dignity Aspects	G	Co-ordinator in post and working closely with the Ward Sisters.
EMSCG CQUIN	SS1	Implementation of Specialised Service Quality Dashboards	G	Data submitted and UHL has received draft copies of Dashboards for comment.
EMSCG CQUIN	SS2	Bone Marrow Transplant (BMT) – Donor acquisition measures	G	Indicator threshold is to submit data and although data was not routinely collected previously, changes have been made to do so since Q1.
EMSCG CQUIN	SS3	Fetal Medicine – Rapidity of obtaining a tertiary level fetal medicine opinion	G	Actions on track to achieve the end of year 90% threshold.
EMSCG CQUIN	SS4	Increase use of Haemtrack for monitoring clotting factor requirements	G	CQUIN scope changed during Q2 following discussion between UHL and Specialised Services. On track to achieve end of year threshold of 50%.

Schedule	Ref	Indicator Title and Detail	Q3 Predicted RAG	Q3 Performance Comments
EMSCG CQUIN	SS5	Discharge planning is important in improving the efficiency of units and engaging parents in the care of their infants thereby improving carer satisfaction of NICU services.	G	Threshold increased following receipt of Q1 data and discussion with the Network. UHL already above the 70% threshold.
EMSCG CQUIN	SS6	Radiotherapy – Improving the proportion of radical Intensity modulated radiotherapy (excluding breast and brain) with level 2 imaging – image guided radiotherapy (IGRT)	G	Actions being taken and on track to achieve end of year threshold (30%)
EMSCG CQUIN	SS7	Acute Kidney Injury	G	Due to commence Alerting process end of November
EMSCG CQUIN	SS8	PICU - . To prevent and reduce unplanned readmissions to PICU within 48 hours	G	Performance is on track to achieve quarterly threshold.

3.8 Theatres – 100% WHO compliance

Mth	Qtr 1	Qtr2	YTD
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The National Patient Safety Agency endorsed WHO checklist consists of four stages and is monitored and reported every month to commissioners. For October the checklist compliance stands at 100% and has been fully compliant since January 2013.

3.9 C-sections rate

Mth	Qtr 1	Qtr2	YTD
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The C-section rate during October was 25.6% against a revised target of 25.0%.

Discussion has been held with the commissioners and given the national variation in the C/S rates, ranging from 36% in some London Hospitals to 22% in the Northumbria region, with an average of 24.8% it was agreed to alter the threshold from the start of Quarter 3 to rag rate <25% as green, 25-26% amber and > 26% as red. In the region Chesterfield had a 21% rate with other larger units having 23-25%. The action plan will continue and promoting normal birth being a priority.

The caesarean Section Toolkit (2005) from the Department of Innovation and Improvement was revisited at the Normality meeting, there is a small working party looking at this.

There is a C/S audit registered with the CASE team on 28th October 2013, to include reasons for C/S, decision making, grade of staff, consultant presence, VBAC (vaginal birth after C/S) offered or not.

3.10 Safety Thermometer

The percentage of Harm Free Care for October was 94.74% reflecting a reduction in the number of patients with newly acquired harms.

The October Safety Thermometer data includes backdated Venous Thromboembolism (VTE) prevalence rates for the months of April through to October 2013. The prevalence of newly acquired VTEs has fluctuated only slightly over the year but the data is similar to that of the last two quarters of 2012/13.

The number of patients who fell and suffered a harm as a consequence in October was two. Both of these falls occurred prior to admission to UHL. Both patients were admitted to the emergency decisions unit from their residential homes following a fall and were discharged the following day. The CCG Lead for Nursing Homes has been contacted regarding falls that occur prior to admission to ensure that this information is reviewed and acted upon where required.

There are no areas of concern noted with the prevalence data for the remaining harms.

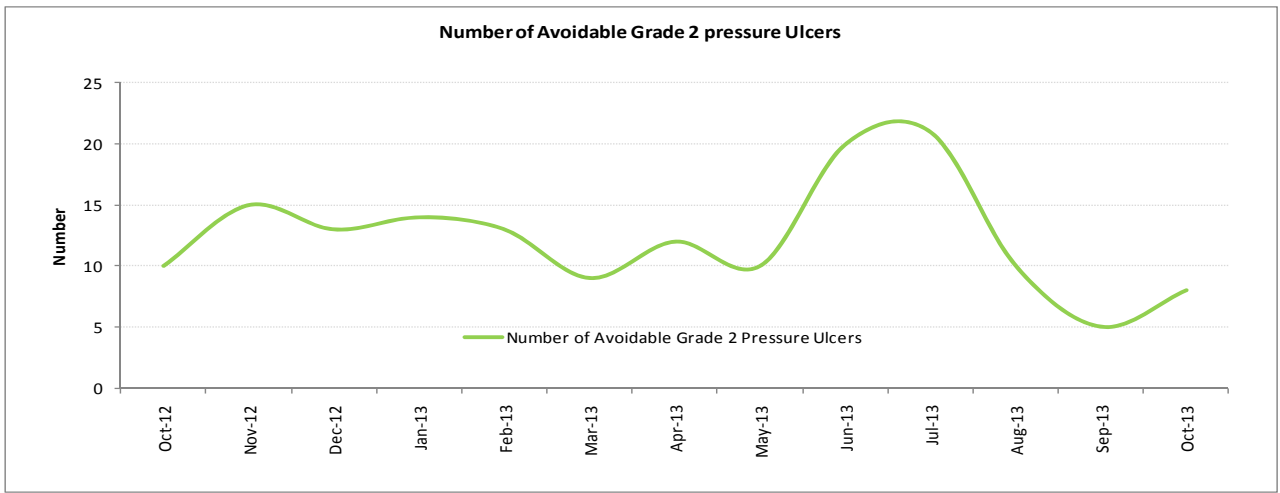
		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13
Number of patients on ward		1672	1686	1650	1514	1496	1579	1596
All Harms	Total No of Harms - Old (Community) and Newly Acquired (UHL)	150	117	113	100	108	121	85
	No of patients with no Harms	1531	1577	1540	1417	1392	1466	1512
	% Harm Free	91.57%	93.53%	93.33%	93.59%	93.05%	92.84%	94.74%
Newly Acquired Harms	Total No of Newly Acquired (UHL) Harms	73	58	56	49	59	46	42
	No of Patients with no Newly Acquired Harms	1600	1631	1596	1466	1438	1535	1555
	% of UHL Patients with No Newly Acquired Harms	95.69%	96.74%	96.73%	96.83%	96.12%	97.21%	97.43%
Harm One	No of Patients with either an OLD or NEWLY Acquired Grade 2, 3 or 4 Pressure Ulcers (PUs)	92	75	73	66	67	87	54
	No of Newly Acquired Grade 2, 3 or 4 PUs	26	27	26	19	25	16	19
Harm Two	No of Patients having fallen in hospital in previous 72 hrs	14	8	8	5	3	3	2
Harm Three	No of Patients with Urinary Catheter and Urine Infection (prior to or post admission)	36	27	27	25	31	25	22
	Newly Acquired UTIs with Catheter	25	16	17	21	24	21	14
Harm Four	Newly Acquired VTE (DVT, PE or Other)	8	7	5	4	7	6	7

Pressure Ulcer Incidence

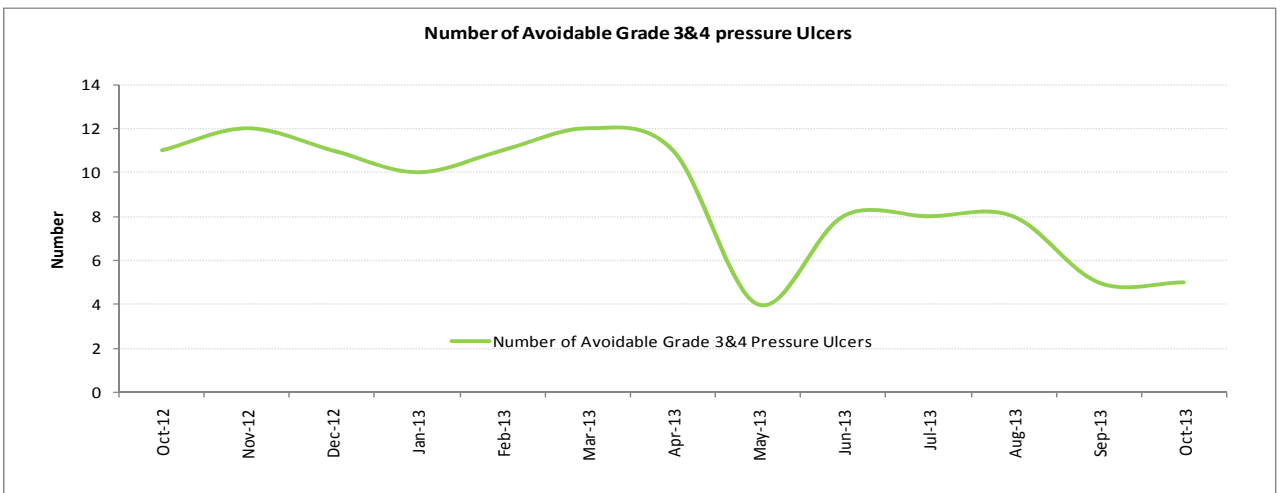
Mth	Qtr 1	Qtr2	YTD
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Pressure ulcer incidence for October has seen a small increase in avoidable grade 2 ulcers, and a reduction of two grade 3 ulcer. One grade four avoidable pressure ulcer was reported by Ward 19 LRI, which was a deterioration in a grade 3 community acquired pressure ulcer.

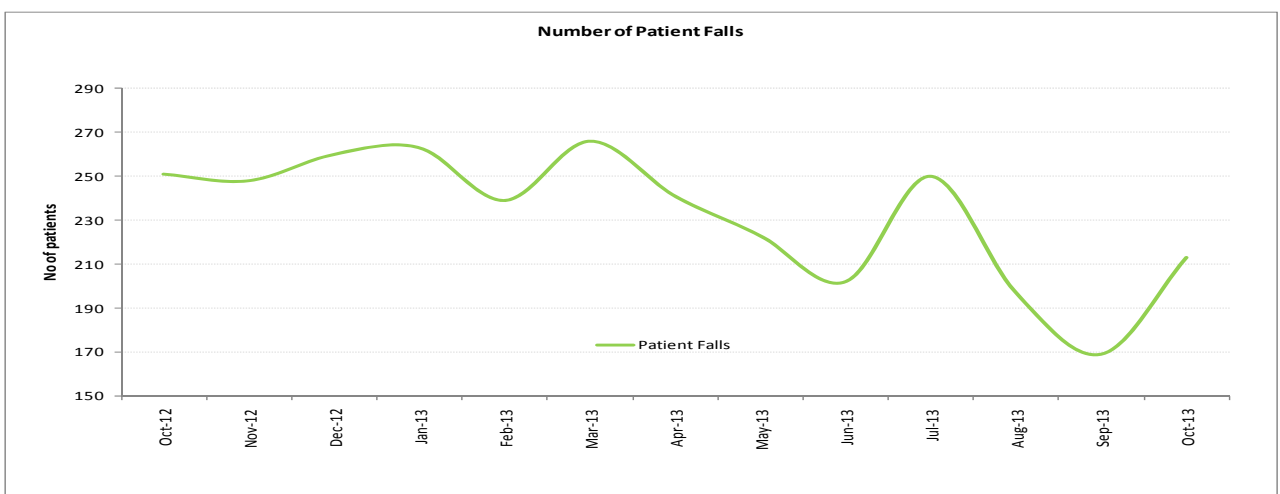
Trajectory for Grade 2 Avoidable Pressure Ulcers 2013/14													
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD
Trajectory	0	0	0	11	8	4	0	0	0	0	0	0	23
G2 Incidence	12	10	20	21	10	5	8						86
+ / -	-12	-10	-20	-10	-2	-1	-8						-63



Trajectory for Grade 3 & 4 Avoidable Pressure Ulcers 2013/14													
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD
Trajectory	0	0	0	5	4	3	0	0	0	0	0	0	12
G3 Incidence	11	4	8	8	8	5	3						47
G4 Incidence	0	0	0	0	0	0	1						1
+ / -	-11	-4	-8	-3	-4	-2	-5						-36



Patient Falls



Although there was an increase in the number of falls during October, progress continues to be seen in the falls reduction programme with good results reported in the reduced number of falls incidents and patient safety thermometer audit.

In order to standardise the governance and accountability arrangements for all harms, the ownership of 'falls' has been transferred to the Corporate Nursing Directorate. Heads of

Nursing will now be supported to develop their own monthly, confirm and challenge processes to ascertain the main causative factors of individual patient falls and ensure that appropriate actions are in place to reduce the risk of future incidences.

The actions taken to prevent and reduce falls include:

a) Falls Validation Process

Monthly confirm and challenge meetings to review the main causative factor for individual patient falls for CBUs were initiated in March 2013 by the Head of Nursing for the Acute Division supported by the Education and Practice Development (EPD) Sister for falls. It has been acknowledged that this process has been the main driver for the focused work around falls reduction. The process includes those wards with the highest levels of falls in UHL and consists of 26 clinical areas. The majority of wards are from the previous Acute Care Division with some from Planned Care. There is now a requirement for these meetings to be held within each CMG with the recommendation that the process is managed by the CMG Head of Nursing. The ADNS has organised a briefing session for Heads of Nursing in November to support this change.

b) Key Themes and Actions for Falls Prevention

Falls have been themed around location, times of day, levels of supervision and inappropriate footwear. Common interventions have included falls prevention advice to patients and relatives in verbal and written format, ensuring patients had appropriate footwear and providing clinical staff with information about appropriate patient armchair height. Environmental audits have also been completed to identify improvements to promote patient safety and independence when using the toilets bathrooms and shower rooms.

c) NICE Falls Prevention Guidance (June 2013)

NICE Guidance states that a Stage Two Falls Prevention Risk Assessment should be completed for all patients aged 65 and over. In addition, all patients aged 50 to 64 must be judged to be at higher risk of falling because of an underlying condition regardless of the predicated risk given by the part one falls risk assessment. These requirements have been incorporated into all UHL Falls education and training programmes for nurses and HCAs

4.0 PATIENT EXPERIENCE – RACHEL OVERFIELD

4.1 Infection Prevention

a) MRSA



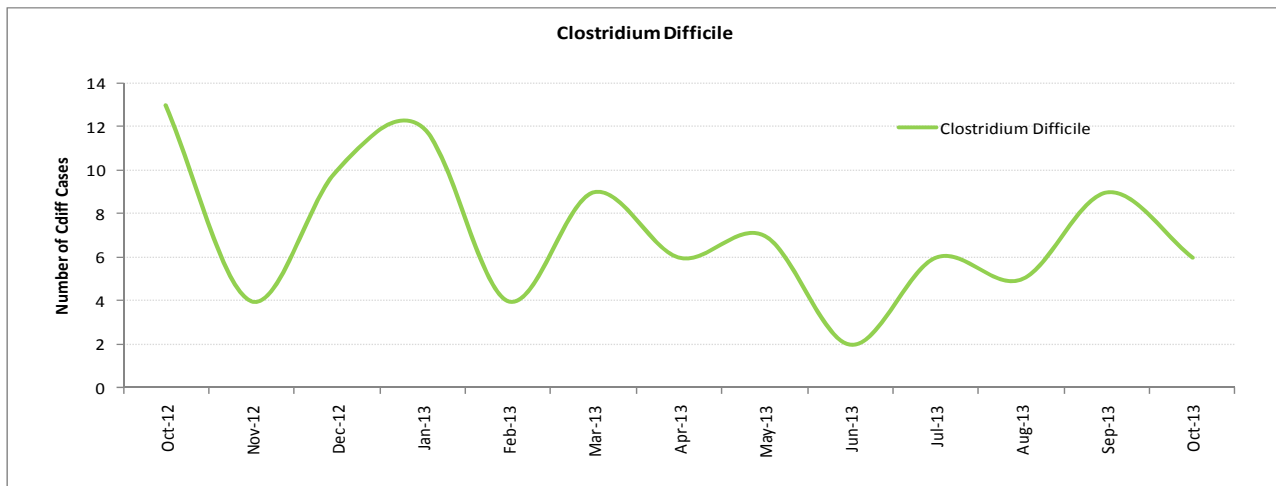
There were no avoidable MRSA cases reported in October.

There was one avoidable bacteraemia in Acute Medicine reported for September. This case has been fully investigated which identified gaps in the documentation.

b) CDT

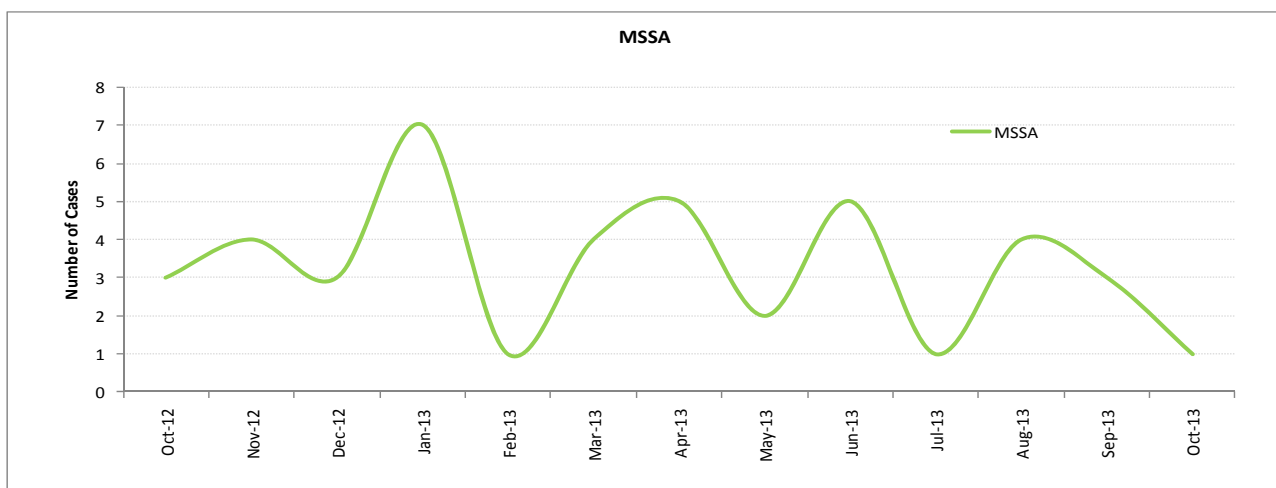


Ahead of trajectory to date with 41 reported against cumulative target of 42. All 6 cases of CDT reported in October have been fully investigated and there are no links between any of the cases.



c) MRSA elective and non-elective screening has continued to be achieved at 100% respectively.

d) The number of MSSA cases reported in October was 1, with a year to date figure of 21.



4.2 Patient Experience

Patient Experience Surveys continue across 94 clinical areas and have four paper surveys for adult inpatient, children’s inpatient, adult day case and intensive care settings and eleven electronic surveys identified in the table below.

In October 2013, 4,120 Patient Experience Surveys were returned this is broken down to:

- 2,088 paper inpatient/day case surveys
- 1,060 electronic surveys
- 764 ED paper surveys
- 208 maternity paper surveys

Share Your Experience – Electronic Feedback Platform

In October 2013, a total of 1,060 electronic surveys were completed via email, touch screen, our Leicester’s Hospitals web site or handheld devices.

A total of 278 emails were sent to patients inviting them to complete a survey. The table below shows how this breaks down across the trust:

Share Your Experience Survey	Email	Touch Screen	Hand held	Web	Total Surveys	Emails sent
Carers Survey	0	0	0	0	0	0
Children's Urgent & ED Care		47			47	
A&E Department		73	14	12	99	0
Eye Casualty		233	0	1	234	0
Glenfield CDU		48	3	0	51	0
Glenfield Radiology	2				2	21
IP and Childrens IP				17	17	
Maternity Survey			428	5	433	1
Neonatal Unit				13	13	
Outpatient Survey	45	6	77	6	134	256
Windsor Eye Clinic		30			30	
Total	47	437	522	54	1060	278

Treated with Respect and Dignity

Mth	Qtr 1	Qtr2	YTD
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The Trust has maintained a GREEN rating for the question 'Overall do you think you were you treated with dignity and respect while in hospital' based on the scoring methodology used in the national survey.

Friends and Family Test

Inpatient

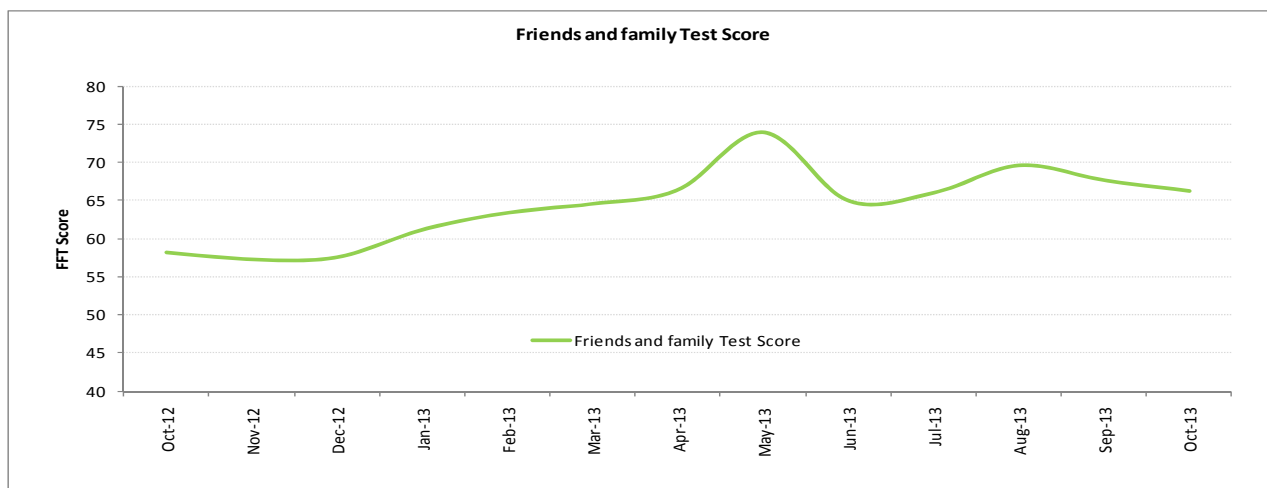
The inpatient surveys include the Friends and Family Test question; **How likely are you to recommend this ward to friends and family if they needed similar care or treatment?** Of all the surveys received in October, 1,531 surveys included a response to this question and were considered inpatient activity (excluding day case / outpatients) and therefore were included in the Friends and Family Test score for NHS England.

Overall there were 7,042 patients in the relevant areas within the month of October 2013. The Trust easily met the 15% target achieving coverage of **21.7%**.

The Friends & Family Test responses broken down to:

Extremely likely:	1,070
Likely:	371
Neither likely nor unlikely:	40
Unlikely	18
Extremely unlikely	12
Don't know:	20

Overall Friends & Family Test Score 66.2



September 2013 Data Published Nationally

NHS England has begun publishing all trust's Friends and Family Test scores. September data was published at the end of October and the average Friend and Family Test score for England (excluding independent sector providers) was **71**.

With private, single speciality and Trusts that achieved less than a 20% footfall excluded, the UHL Friends and Family Test score of 68 for September ranks the Trust 74th out of the remaining 118 Trusts.

Friends and family Test Scores by CMG

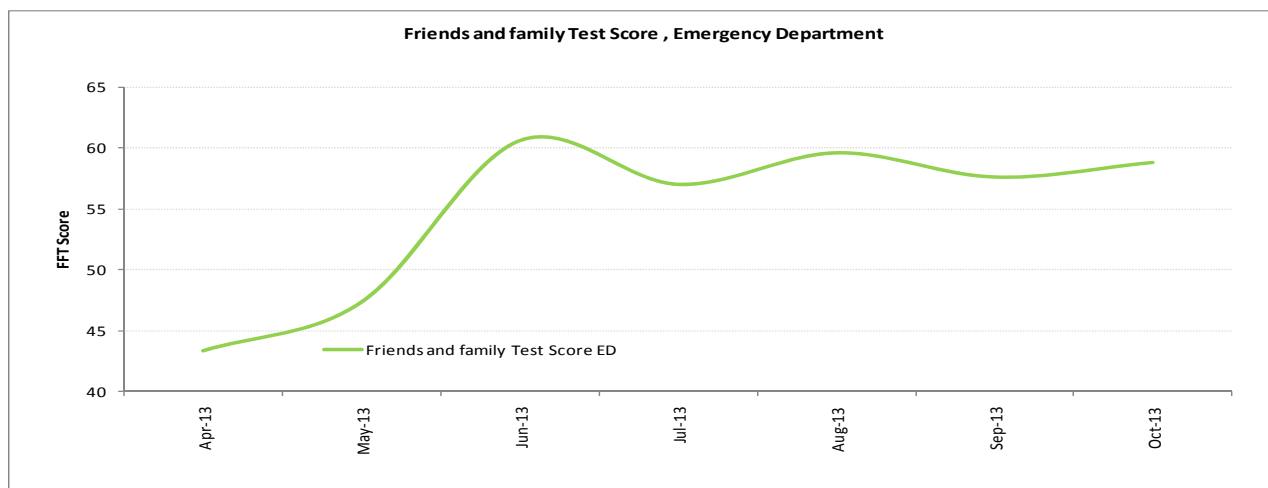
	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Point Change in FFT Score (Sep -Oct 13)
UHL Trust Level Totals	66.4	73.9	64.9	66.0	69.6	67.6	66.2	-1.4
Renal, Respiratory and Cardiac	70	76	73	80	80	79	70	-8.6
Emergency and Specialist Medicine	64	72	57	62	63	68	63	-4.6
CHUGS	59	70	57	53	61	53	58	+4.8
Musculoskeletal and Specialist Surgery	72	75	73	66	68	69	69	+0.0
Women's and Children's	78	80	74	68	76	77	70	-6.5

Emergency Department & Eye Casualty

Electronic and paper surveys are used to offer the Friends and Family Test question; **How likely are you to recommend this A&E department to friends and family if they needed similar care or treatment?** in A&E Minors, Majors and Eye Casualty.

Overall there were 6,141 patients who were seen in A&E and then discharged home within the month of October 2013. The Trust surveyed 1,004 eligible patients meeting **16.3%** of the footfall. The Friends & Family test responses break down to:

Extremely likely:	640
Likely:	300
Neither likely nor unlikely:	28
Unlikely	15
Extremely unlikely	12
Don't know:	9
Overall Friends & Family Test Score	58.8



Breakdown by department	No. of responses	FFT Score	Total no. of patients eligible to respond
Emergency Dept Majors	192	47.9	1,526
Emergency Dept Minors	461	66.3	2,414
Emergency Dept – not stated	64	68.8	
Emergency Decisions Unit	77	56.6	889
Eye Casualty	210	50.0	1,312

September 2013 Data Published Nationally

NHS England also published all trust's A&E Friends & Family Test scores. September data was published at the end of October and the average Friends and Family Test score for A&E in England was **52** including data from 144 Trusts.

If we filter out the Trusts that achieved less than 15% footfall, then we are left with 52 Trusts. However our UHL score of **60** does not feature among these as the 15% footfall was not achieved.

Maternity Services

October was the first month that Maternity Services have reported the Friends and Family Test scores externally. Electronic and paper surveys are used to offer the Friends and Family Test question to ladies at different stages of their Maternity journey. A slight variation on the standard question: **How likely are you to recommend our <service> to friends and family if they needed similar care or treatment?** is posed to patients in antenatal clinics following 36 week appointments, labour wards or birthing centres at discharge, postnatal wards at discharge and postnatal community follow-up at 10 days after birth.

Overall there were 3,581 patients in total who were eligible within the month of October 2013. The Trust surveyed 992 eligible patients meeting **27.7%** of the footfall. The Friends & Family test responses break down to:

Extremely likely:	683
Likely:	262
Neither likely nor unlikely:	26
Unlikely	12
Extremely unlikely	5
Don't know:	4

Overall Maternity Friends & Family Test Score 64.8

Breakdown by maternity journey stage	No. of responses	FFT Score	Total no. of patients eligible to respond
Antenatal following 36 week appointment	170	60.9	951
Labour Ward/Birthing centre following delivery	393	66.2	902
Postnatal Ward at discharge	357	62.5	721
Postnatal community – 10 days after birth	72	77.5	1,007

Details at hospital and ward level for those wards included in the Friends and Family Test Score are included in Appendix 1.

4.3 Nurse to Bed Ratios

Nurse to Bed Ratio by ward for September are reported in Appendix 2. This is based on a 60% qualified and 40% unqualified skill mix split, with 1 x Band 7 and 2 x Band 6s in the funded establishment:

- ❖ General base ward range = 1.1-1.3 WTE
- ❖ Specialist ward range = 1.4-1.6 WTE
- ❖ HDU area range = 3.0-4.0 WTE
- ❖ ITU areas = 5.5-6.0 WTE

When reviewing the staffing levels for wards during October they are all above the agreed minimum ratio and therefore no action plans are required.

4.4 Same Sex Accommodation

Mth	Qtr 1	Qtr2	YTD
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All UHL wards and intensivists areas continue to offer Same Sex Accommodation (SSA) in line with the UHL SSA Matrix guidance and delivered 100%.

5.0 OPERATIONAL PERFORMANCE – RICHARD MITCHELL

Performance Indicator	Target	2012/13	Sep-12	Q2	Oct-12	Nov-12	Dec-12	Q3	Jan-13	Feb-13	Mar-13	Q4	Apr-13	May-13	Jun-13	Q1 2013	Jul-13	Aug-13	Sep-13	Q2 2013	Oct-13	YTD
A&E - Total Time in A&E (UHL+UCC)	95%	91.9%	96.8%	97.0%	94.2%	92.0%	92.0%	92.7%	84.9%	86.1%	84.7%	85.2%	82.0%	88.7%	85.3%	85.3%	88.3%	90.1%	89.5%	89.3%	91.8%	87.9%
RTT waiting times – admitted	90%	91.3%	91.2%		91.2%	91.7%	91.9%		92.2%	91.9%	91.3%		88.2%	91.3%	85.6%	88.4%	89.1%	85.7%	81.8%	85.6%	83.5%	
RTT waiting times – non-admitted	95%	97.0%	97.7%		97.1%	96.7%	97.3%		97.3%	97.0%	97.0%		97.0%	95.9%	96.0%	96.3%	96.4%	95.5%	92.0%	94.6%	92.8%	
RTT - incomplete 92% in 18 weeks	92%	92.6%	94.0%		94.6%	93.9%	93.3%		93.4%	93.5%	92.6%		92.9%	93.4%	93.8%	93.8%	93.1%	92.9%	93.8%	93.8%	92.8%	
RTT - 52+ week waits	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Diagnostic Test Waiting Times	<1%	0.5%	0.5%		0.4%	0.6%	1.1%		0.7%	1.0%	0.5%		1.6%	0.6%	0.6%		0.6%	0.8%	0.7%		1.0%	
Cancelled operations re-booked within 28 days	100%	92.9%	100.0%	92.6%	91.0%	97.3%	89.0%	93.1%	97.1%	92.3%	94.2%	94.6%	90.3%	91.1%	86.9%	89.8%	99.1%	96.0%	98.6%	98.0%	93.8%	94.4%
Cancelled operations on the day (%)	0.8%	1.2%	0.9%	0.8%	1.1%	1.6%	1.2%	1.3%	1.6%	1.6%	1.6%	1.6%	1.5%	1.5%	1.0%	1.3%	1.2%	1.4%	2.3%	1.6%	1.7%	1.5%
Cancelled operations on the day (vol)		1247	74	202	100	149	91	340	137	130	137	404	124	135	84	343	116	124	212	452	162	957
Urgent operation being cancelled for the second time	0	1	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2 week wait - all cancers	93%	93.4%	93.9%	94.1%	93.0%	90.6%	95.1%	92.8%	89.8%	95.9%	95.2%	93.7%	93.0%	95.2%	94.8%	94.4%	94.2%	94.6%	93.0%	94.0%		94.2%
2 week wait - for symptomatic breast patients	93%	94.5%	96.3%	95.3%	93.4%	93.9%	94.6%	93.9%	93.6%	93.1%	95.4%	94.0%	94.0%	94.8%	93.2%	94.1%	93.6%	92.0%	95.2%	93.8%		93.9%
31-day for first treatment	96%	97.4%	96.9%	98.3%	98.3%	97.5%	97.4%	97.8%	96.6%	97.6%	98.8%	97.6%	97.5%	97.0%	99.0%	97.8%	98.3%	99.7%	99.1%	99.0%		98.4%
31-day for subsequent treatment - drugs	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%
31-day wait for subsequent treatment - surgery	94%	95.8%	100.0%	96.6%	98.1%	97.4%	94.6%	97.1%	94.6%	94.1%	92.7%	94.0%	97.2%	94.4%	97.5%	96.4%	100.0%	98.4%	88.6%	95.9%		96.2%
31-day wait subsequent treatment - radiotherapy	94%	98.5%	100.0%	98.8%	99.3%	98.9%	100.0%	99.4%	99.1%	98.9%	99.1%	99.0%	100.0%	97.8%	99.1%	98.8%	100.0%	100.0%	97.7%	99.4%		99.1%
62-day wait for treatment	85%	83.5%	86.5%	86.5%	85.6%	85.8%	84.6%	85.3%	79.5%	75.4%	81.5%	78.8%	80.9%	80.3%	85.9%	82.3%	85.8%	88.2%	87.4%	87.1%		84.7%
62-day wait for screening	90%	94.5%	92.2%	94.6%	96.8%	98.7%	92.3%	96.3%	91.7%	95.7%	95.8%	94.4%	98.6%	94.3%	95.0%	95.9%	90.6%	97.2%	96.2%	94.1%		95.1%
Stroke - 90% of Stay on a Stroke Unit	80%	79.8%	86.3%	82.2%	83.7%	79.5%	71.3%	77.9%	77.8%	81.4%	82.3%	80.6%	77.4%	80.0%	78.0%	78.5%	86.0%	88.6%	89.1%	87.9%		82.7%
Stroke - TIA Clinic within 24 Hours (Suspected TIA)	60%	68.4%	73.4%	63.9%	68.7%	72.5%	68.7%	70.0%	60.8%	85.1%	77.0%	73.1%	51.1%	69.2%	72.0%	63.9%	60.5%	73.6%	64.6%	66.0%	62.4%	64.5%
Choose and Book Slot Unavailability	4%		11%		10%	13%	8%		5%	10%	9%		7%	9%	13%		15%	14%	11%		16%	
Delayed transfers of care	3.5%	3.1%	3.2%	3.4%	3.4%	3.6%	2.7%	3.3%	2.8%	2.7%	3.7%	3.0%	3.7%	3.9%	3.1%	3.6%	3.6%	3.1%	3.9%	3.5%	3.1%	3.5%

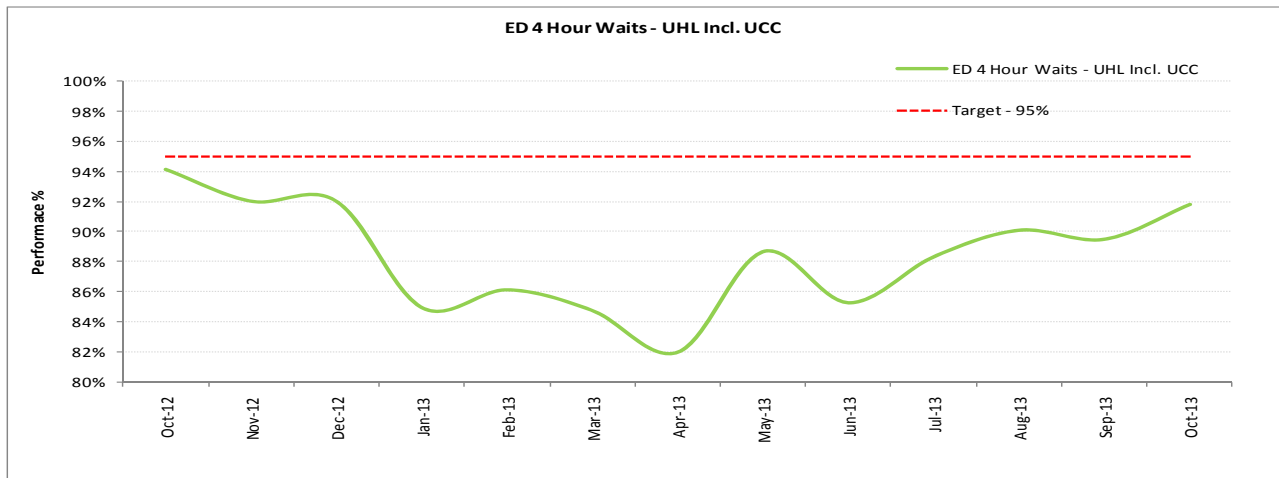
5.1 Emergency Care 4hr Wait Performance

Mth

Qtr 1

Qtr2

YTD



Performance for emergency care 4hr wait in October was 91.8%. Actions relating to the emergency care performance are included in the ED exception report.

UHL was ranked 137 out of 144 Trusts with Type 1 Emergency Departments in England for the four weeks up to 10th November 2013. Over the same period 93 out of 145 Acute Trusts delivered the 95% target.

5.2 RTT – 18 week performance

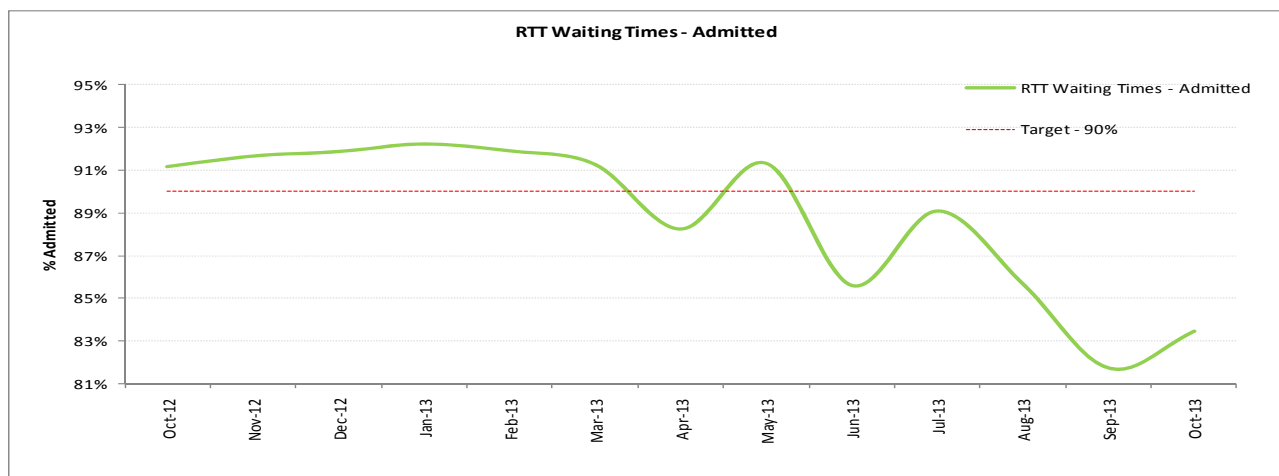
a) RTT Admitted performance

Mth

Qtr 1

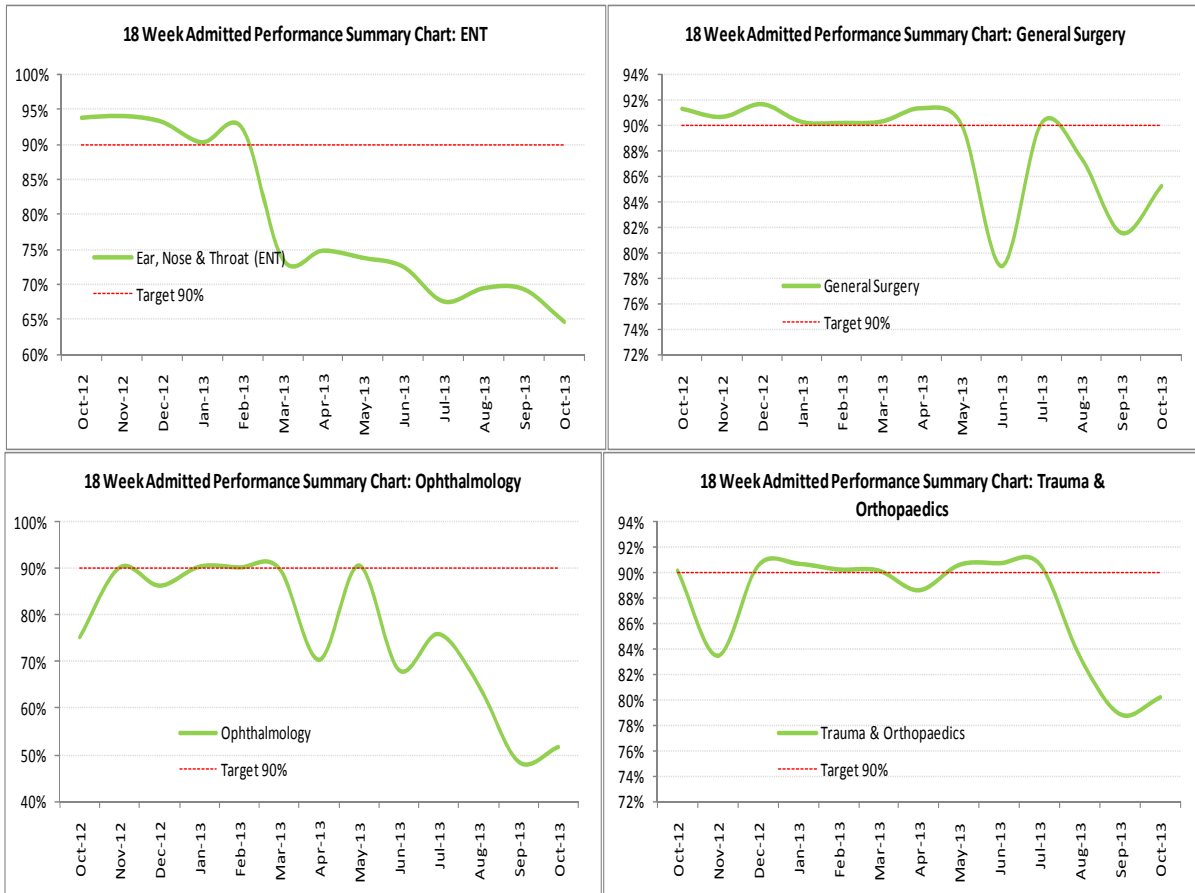
Qtr2

YTD

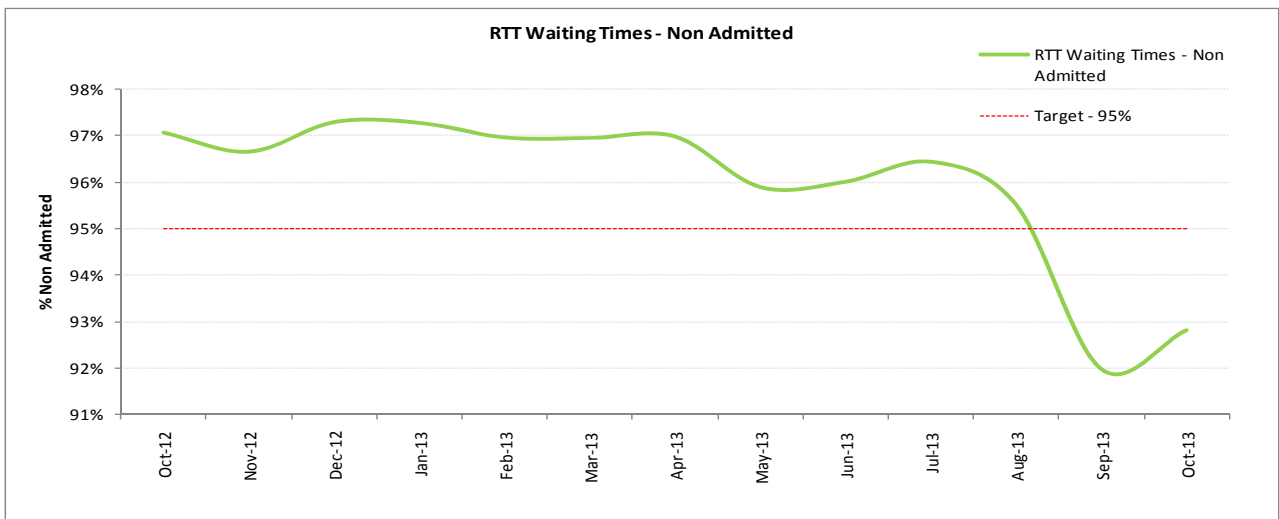


RTT admitted performance for October was 83.5% with significant speciality level failures in General Surgery, Orthopaedics, Ophthalmology and ENT. Further information is included in Appendix 3 - 18 week referral to treatment delivery report.

The national admitted performance in September (latest published figures) was 91.5%. 116 out of the 178 Trusts missed the target at speciality level and 81 Trusts had between 2 and 10 speciality failures.

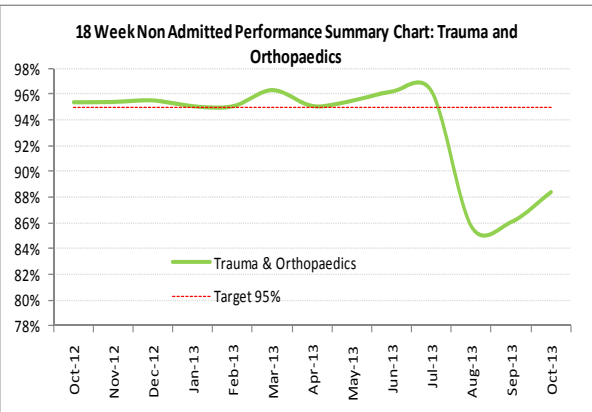
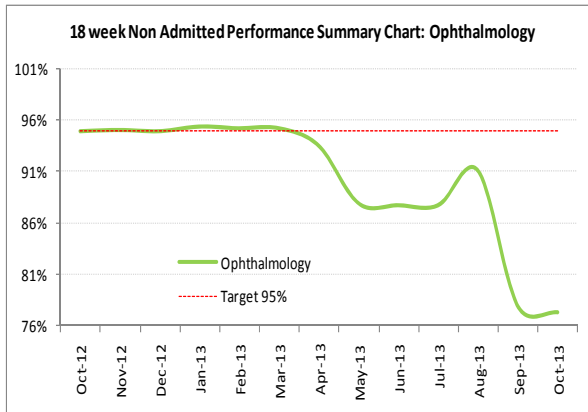


b) RTT Non Admitted performance



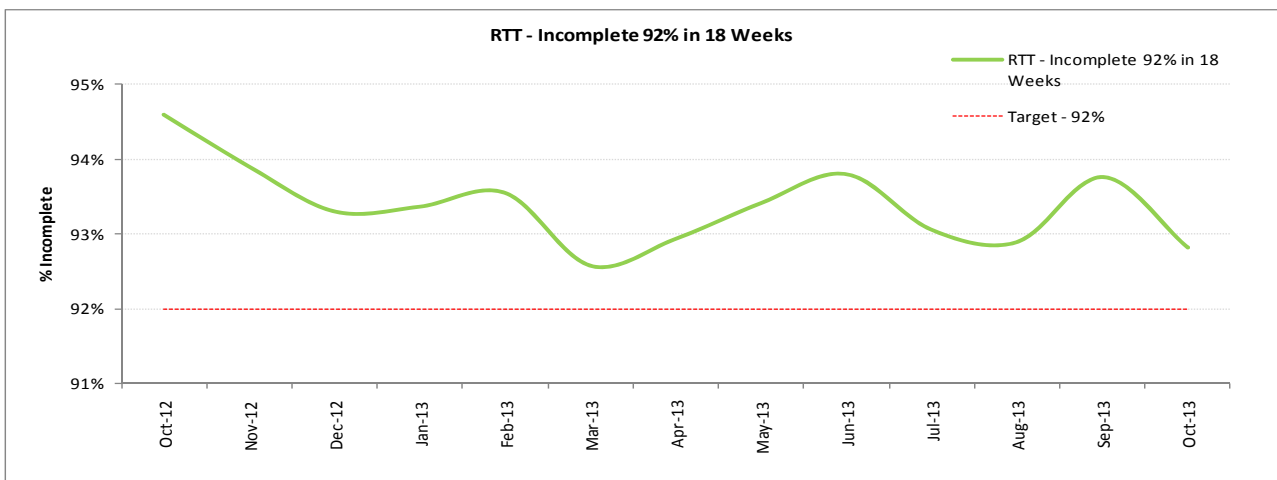
Non-admitted performance during October was 92.8%, with the significant specialty level failures in Orthopaedics and Ophthalmology. The deterioration in performance during October was as a result of the continuation of the plan to reduce the number of non-admitted patients waiting 18+ weeks.

The national non-admitted performance in September (latest published figures) was 96.8%. 101 out of the 203 Trusts missed the target at specialty level and 77 Trusts had between 2 and 10 specialty failures. Further information is included in Appendix 3 - 18 week referral to treatment delivery report.



c) RTT Incomplete Pathways

Mth Qtr 1 Qtr2 YTD

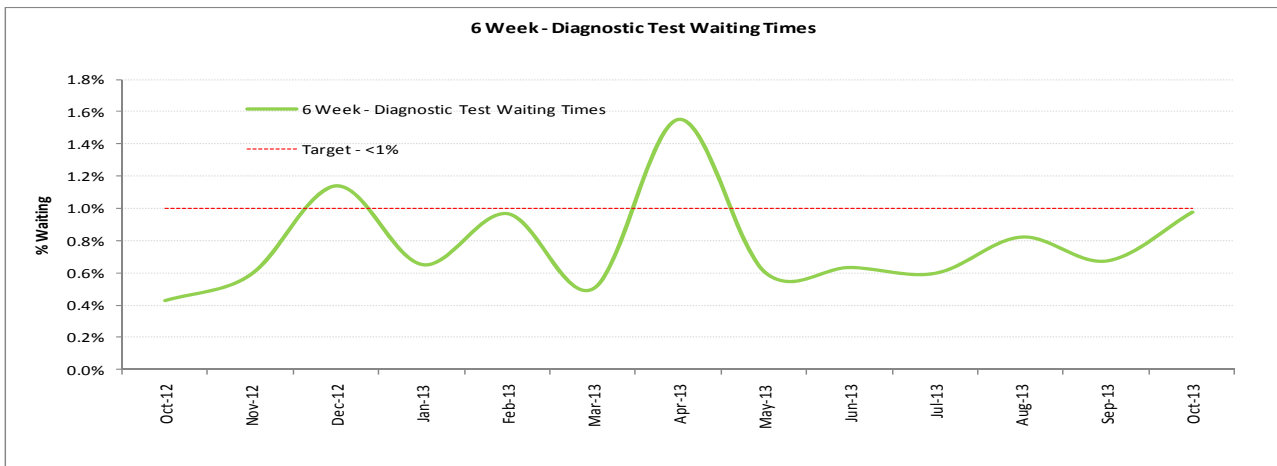


RTT incomplete (i.e. 18+ week backlog) performance was 92.8%. In numerical terms the total number of patients waiting 18+ weeks for treatment (admitted and non-admitted) at the end of October was 3,048.

The national incomplete pathways performance in September (latest published figures) was 94.2%. 104 out of the 203 Trusts missed the target at specialty level and 71 Trusts had between 2 and 10 specialty failures.

5.3 Diagnostic Waiting Times

Mth Qtr 1 Qtr2 YTD



At the end of October 1.0% of patients were waiting for diagnostic tests longer than 6 weeks. National performance for September shows that 0.9% of patients were waiting for diagnostic tests longer than 6 weeks.

5.4 Cancer Targets

a) Two Week Wait



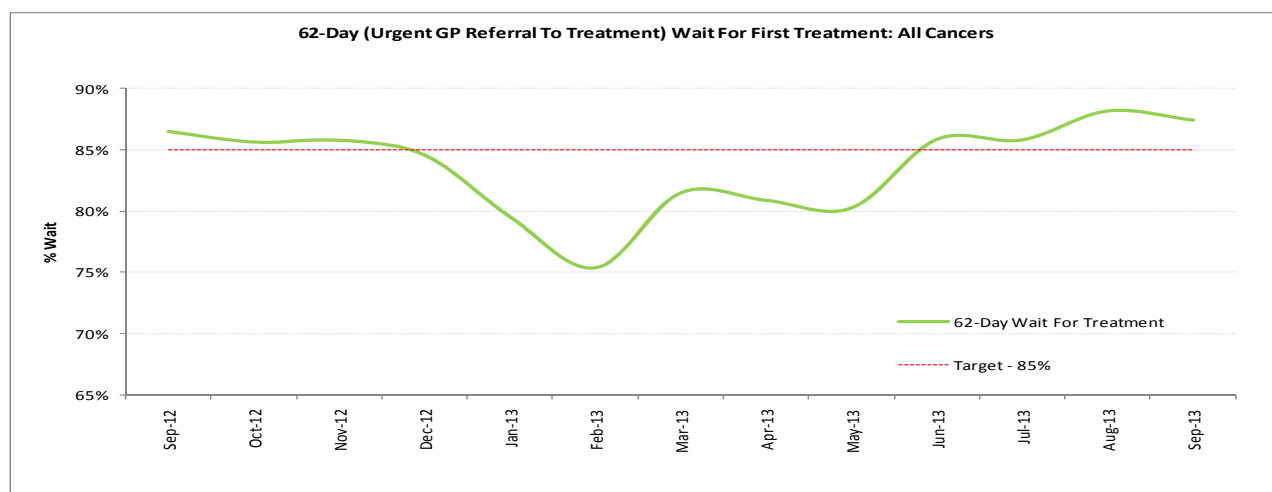
September performance for the 2 week to be seen for an urgent GP referral for suspected cancer was achieved at 93.0% (national performance 95.1%). Performance for the 2 week symptomatic breast patients (cancer not initially suspected) was also achieved at 95.2% (national performance 94.8%).

b) 31 Day Target



Three out of four of the 31 day cancer targets have been achieved in September (latest reported month). The 31day wait for second or subsequent treatment surgery was missed in September due to capacity and patient's choice but the performance for the overall Quarter was delivered. All four targets are expected to be achieved in October.

c) 62 Day Target



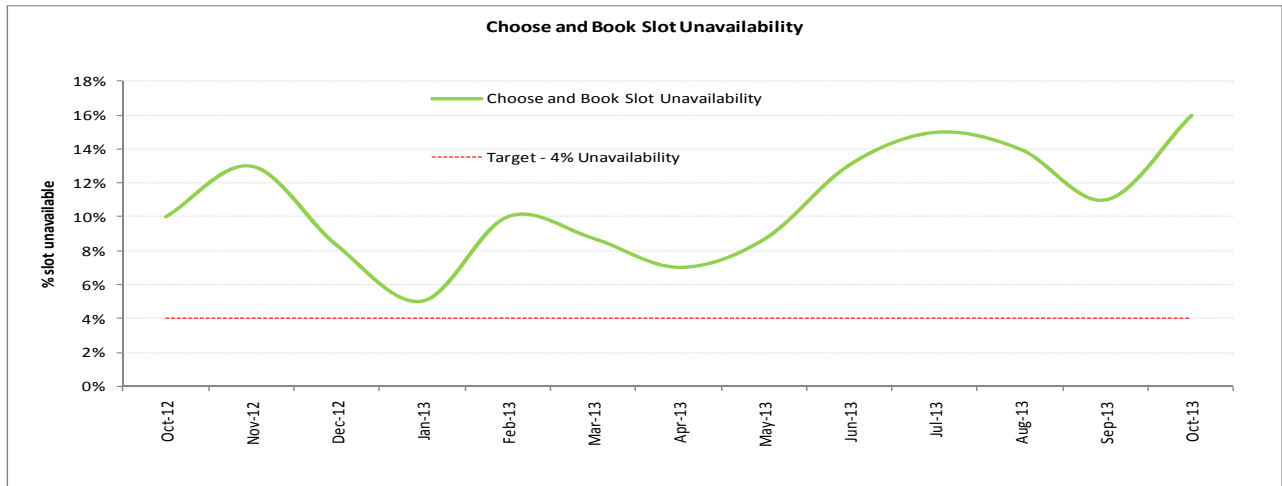
The 62 day urgent referral to treatment cancer performance in September was 87.4%, against a national target of 85%. National performance for the 62 day target was 85.6% in September. The year to date position at 84.7% is ahead of the revised trajectory of 84.1%, which was submitted as part of the recovery plan.

The Cancer Action Board continues to meet weekly, it is responsible for monitoring the Trusts Cancer Action Plan to ensure that actions are being delivered and there is representation from all the key tumour sites including Radiology and theatres. This meeting is chaired by the Cancer Centre Clinical Lead.

The key points to note this month are:-

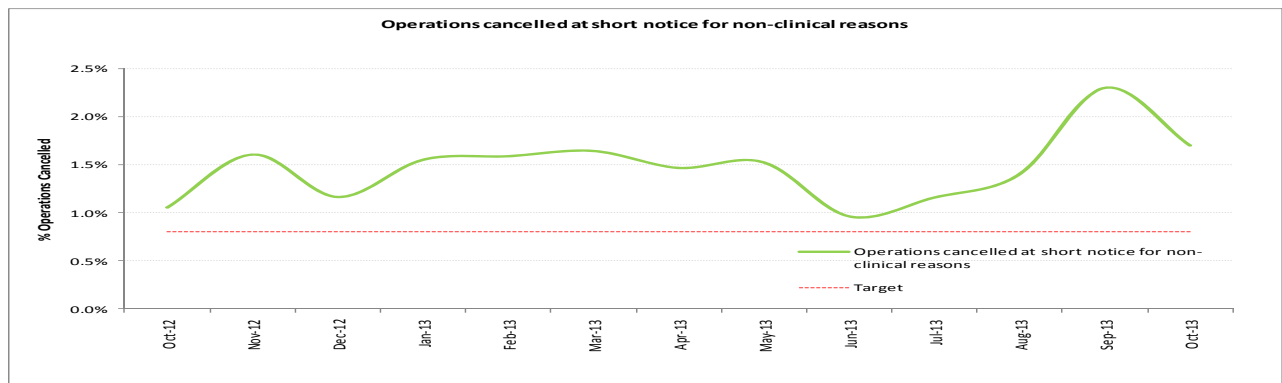
- Performance for October is on track to deliver trajectory
- 62 day backlog is 18 as at the 15th November (threshold is 30)
- There are 2 patients waiting 100+ days both in Urology – one patient was a late referral from Derby and the other complex patient is unable to decide which treatment option to go for.

5.5 Choose and Book slot availability



Choose and book slot availability performance for October is 16% with the national average at 9%. Resolution of slot unavailability requires a reduction in waiting times for 1st outpatient appointments in key specialties and prospectively, ensuring that there is sufficient capacity available at all times. This will form part of the 18 week remedial action plan.

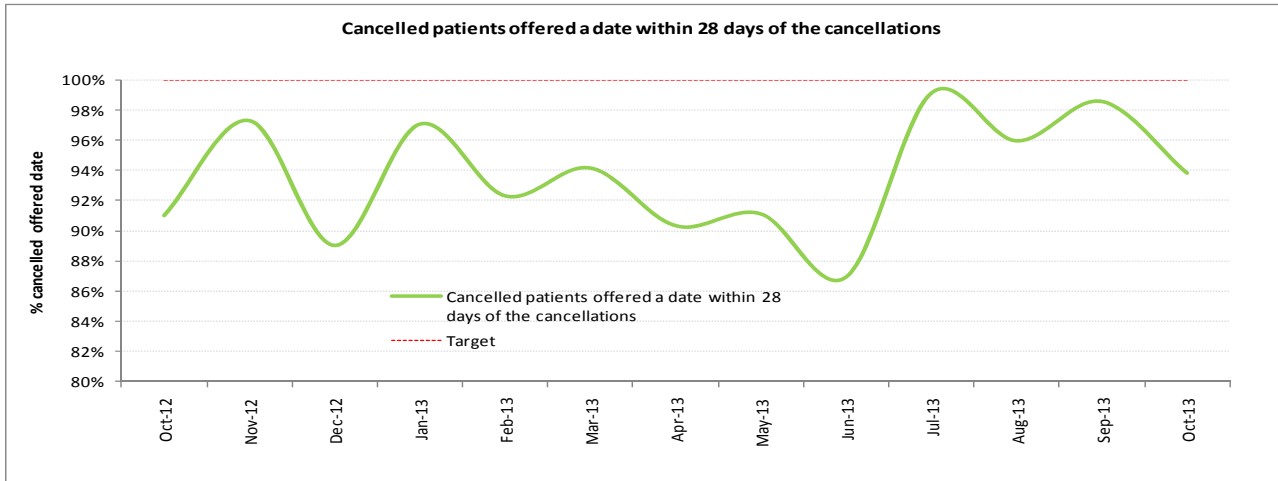
5.6 Short Notice Cancelled Operations



October performance shows that the percentage of operations cancelled on/after the day of admissions of all elective activity for non-clinical reasons was 1.7% against a target of 0.8%. The year to date performance is 1.5%. Further details are included in the Cancelled Operation exception report, see Appendix 4.

Cancelled patients offered a date within 28 days

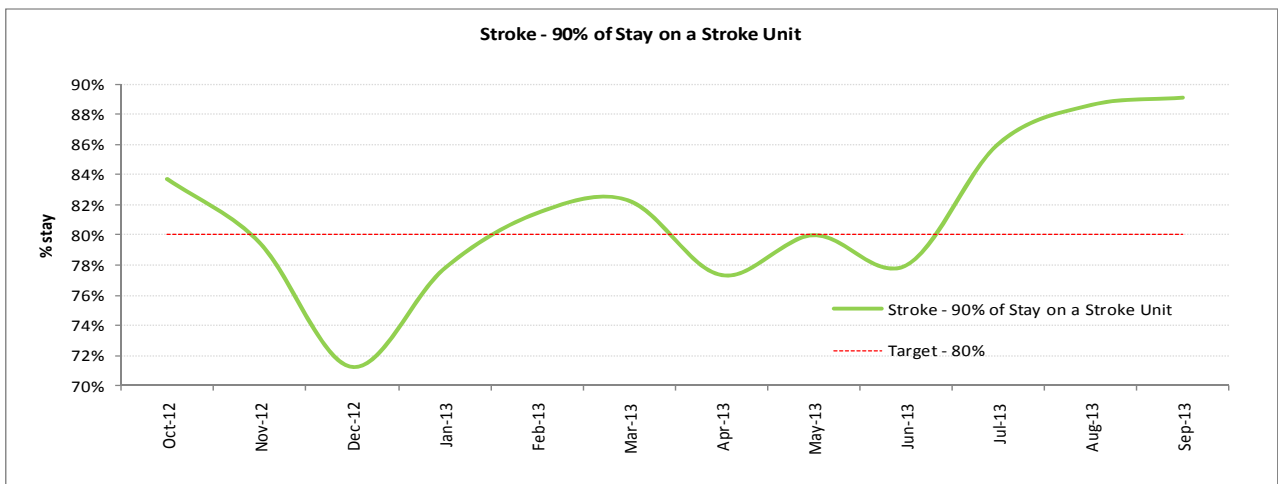
Mth Qtr 1 Qtr2 YTD



The threshold has been amended from 95% to 100% to reflect that every breach of this standard is subject to a financial penalty. The number of patients breaching this standard in October was 10 with a 93.8% offered a date within 28 days of the cancellation. The reason for a reduction in performance is linked to the high number of cancellations in September which would need to be treated in October.

5.7 Stroke % stay on stroke ward

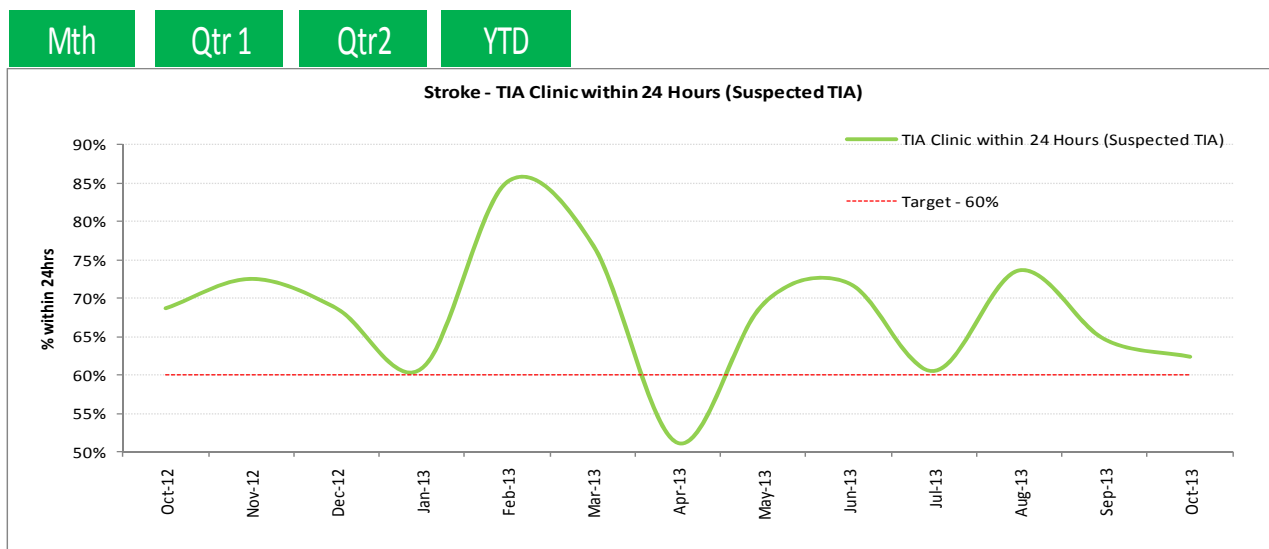
Mth Qtr 1 Qtr2 YTD



The percentage of stroke patients spending 90% of their stay on a stroke ward in September (reported one month in arrears) is 89.1% against a target of 80%.

Commissioners have confirmed verbally that due to the improved performance for stroke patients, the Contract Query will be closed. Formal confirmation is awaited.

5.8 Stroke TIA



The percentage of high risk suspected TIAs receiving relevant investigations and treatment within 24 hours of referral receipt is 62.4% against a national target of 60.0%. The year to date performance is 64.5%. The contractual target for this indicator remains under review.

5.9 Delayed Transfers of Care



During October 2013, UHL has seen a deterioration in the performance for both city and county patients. There were 342 episodes recorded as a 'Delayed Transfer of Care' on the weekly sitreps recorded at midnight each Thursday during October 2013, making the combined average of 7.4 delays per 100,000 population.

Numbers of delays by reason for April to October are shown below:-

Reason	Assessment		Awaiting		Availability of non acute NHS Care		Awaiting care home placement		Awaiting domiciliary package of care		Awaiting community equipment		Patient		TOTAL	
			Public funding										/Family choice			
	Cit	Co	City	Co	City	Co	City	Co	City	Co	City	Co	City	Co	City	Co
April	7	5	10	5	70	61	10	27	9	17	12	5	1	3	119	123
May*	8	13	7	10	98	124	12	20	3	7	5	5	1	12	134	191
June	19	7	10	5	53	62	10	22	2	2	1	1	7	10	102	109
July	8	8	7	4	57	48	19	37	2	1	4	1	13	8	110	107
Aug*	12	21	7	5	56	66	11	30	0	11	4	2	23	16	113	151
Sept	15	24	6	17	26	50	25	37	6	18	2	4	19	13	99	163
Oct*	18	41	10	16	32	61	28	58	11	29	4	7	5	22	108	234

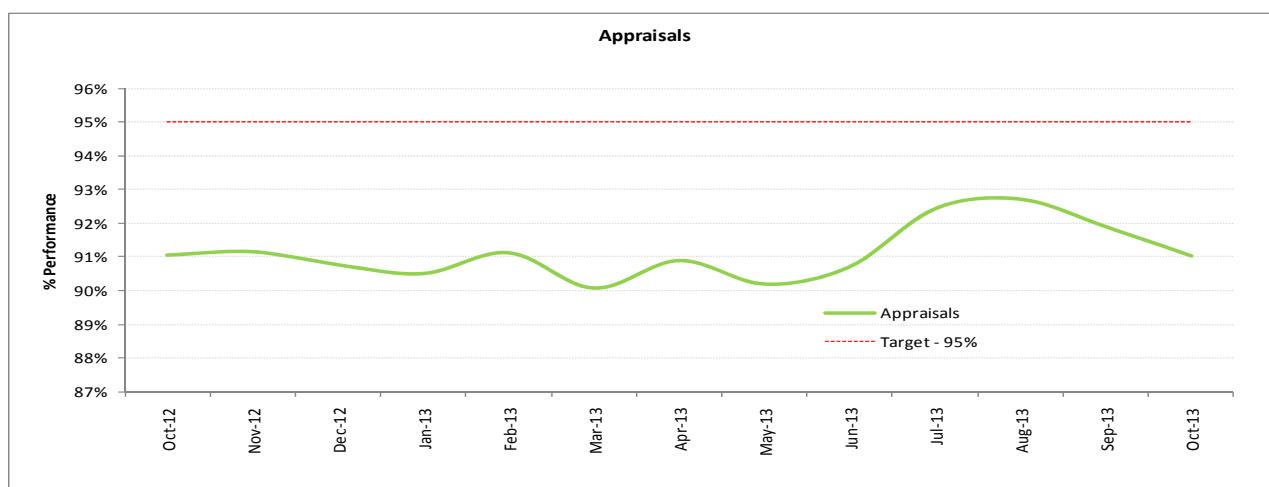
Actions taken to reduce the number of delays, include

- Review daily conference calls to ensure participants are fully aware of their responsibilities, to ensure actions to reduce delays are dealt with urgently
- CCG to Review Discharge to assess pathway to consider other options to place patients and staffing requirements due to increased uptake of this pathway in the last 8 months.
- CHC team to provide support with assessments on Discharge to assess pathway to reduce backlog of patients on pathway.
- CHC team to provide member of staff to work with integrated discharge team, to reduce delays for funding decisions.
- Care home brokerage service finished beginning of November. Temporary bank staff to be appointed to determine whether less expensive in-house alternative to care home brokerage service

- f) Continue with spot purchase beds in residential placements for NWB pathway-transformation funding to continue for another year. Transformation funding for 2 band 6 posts has been agreed for the non weight bearing pathway, both in post.
- g) There has been a further increase in Choice delays.- Bed bureau to ensure issues related to patient choice is escalated to matrons for further action. Revised choice policy to be agreed by key stakeholders.
- h) Specialist Nurse for discharge to attend EMCARE care forum to improve partnership working with care homes. Further Care home forum to be arranged by CCG
- i) 6 months Pilot for dementia care coordinator to support UHL & care providers with dementia patients on discharge to assess pathway- interviews complete mid-September, await HR recruitment process, escalated to Lead HR for urgent action; due to start in post end of November.
- j) Ward 2 at Leicester General Hospital to remain open.
- k) Current review of UHL discharge teams to develop single integrated discharge team with single point of access for UHL staff. Service expected to improve handover and avoid duplication between areas.
- l) Development of minimum data set to provide tool for safe, efficient and timely discharge.
- m) Extra capacity in city rehab and ICS schemes for East and City CCG's open.

6.0 HUMAN RESOURCES – KATE BRADLEY

6.1 Appraisal



CMG / Corporate Area	Appraisal rate	% from target
CHUGS	92.4%	2.6%
Clinical Supporting & Imaging	92.5%	2.5%
Divisional Management *	96.1%	0.0%
Emergency & Specialist Medicine	88.6%	6.4%
ITAPS	90.1%	4.9%
MSK & Specialist Surgery	93.9%	1.1%
Renal, Respiratory & Cardiac	89.5%	5.5%
Women's & Children's	90.3%	4.7%
Corporate Directorates Total	91.7%	3.3%

* Divisional Management includes staff not yet incorporated into the new structure

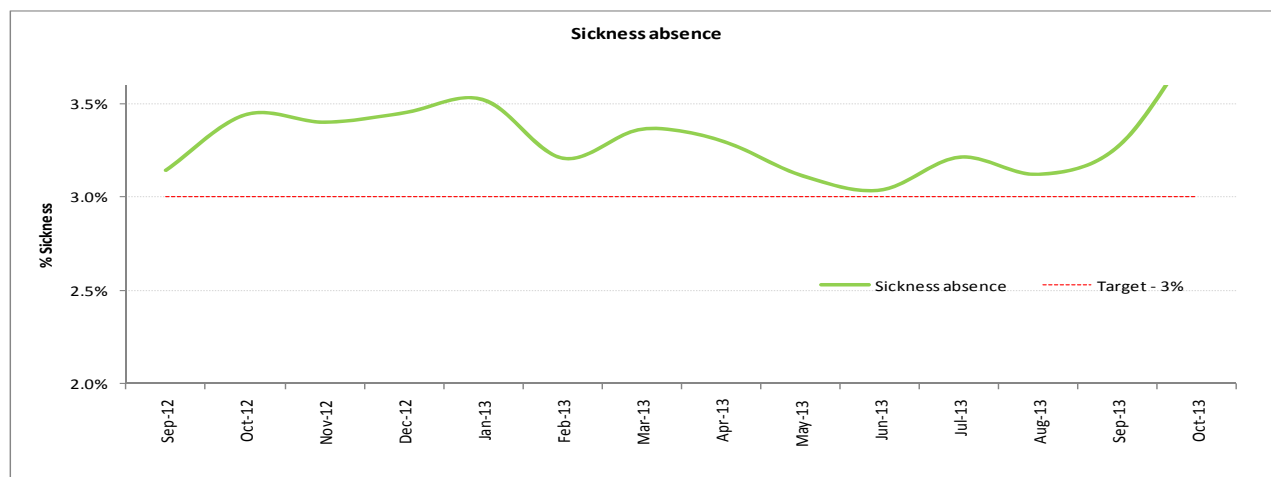
There continues to be considerable appraisal activity over the last month, we recognise that there has been a slight reduction in overall appraisal performance at the end of October. The Clinical Management Group (CMG) restructure at an accelerated pace and the re-alignment of the responsibilities in the new CMG continues to impact on the reporting of appraisal completions.

Appraisal performance continues to feature on CMG Board Meetings in monitoring the implementation of agreed actions. HR CMG Leads continue to work closely with CMGs to implement targeted 'recovery plans' and trajectory for each cost centre which will be submitted to the CMG Manager and HR by the end of November 2013.

Appraisal data leads for all service areas and CMGs will be identified in the new structure to ensure accuracy of reporting and robust monitoring.

Making it Happen reviews are arranged to pick up sickness absence, appraisals, local induction and statutory and mandatory training with CMG managers

6.2 Sickness



The sickness rate for October is 3.85% and the September figure has now adjusted to 3.27% to reflect closure of absences. The overall cumulative sickness figure is now 3.32%. This is below the previous SHA's target of 3.4% but slightly above the Trust stretch target of 3%.

In order to provide a safe and healthy work environment for both staff and patients and as part of our key priority for preparations for winter 2013/14, we actively encourage our staff to have the flu vaccination. The Department of Health target is to vaccinate 75% of front line staff i.e. those delivering direct patient care. For UHL this equates to 7583 staff and to 18 November 2013 we have vaccinated 4359 i.e. (57.5%). This has exceeded last year's rate of 52%. In total UHL have vaccinated 5152 of all staff groups which is a total of 44.4% and there is sufficient supply to vaccinate all staff. In addition to our own staff we have vaccinated 319 Interserve staff who provide services to vulnerable patients.

6.3 Statutory and Mandatory Training

As a Trust we currently report against nine core subjects in relation to Statutory and Mandatory Training. These are Fire Safety Training, Moving & Handling, Hand Hygiene, Equality & Diversity, Information Governance, Safeguarding Children, Personal Safety Awareness, Bullying & Harassment and Resuscitation (BLS Equivalent).

Area	Fire Training %age	Moving & Handling %age	Hand Hygiene %age	Equality & Diversity %age	Info. Govern'ce %age	Safeguard Children ONLY %age	Personal Safety Awareness %age	Bullying & Harassm't %age	Resus - BLS Equivalent %age	Average %age Compliance
Refresher period in Months	12	24	12	36	12	36	36	n/a	12	
Acute Care Total	<u>69%</u>	<u>72%</u>	<u>67%</u>	<u>57%</u>	<u>53%</u>	<u>76%</u>	<u>38%</u>	<u>67%</u>	53%	61%
Planned Care Total	<u>68%</u>	<u>73%</u>	<u>62%</u>	<u>47%</u>	<u>54%</u>	<u>75%</u>	<u>29%</u>	<u>66%</u>	67%	60%
UHL Corporate Directorates Total	<u>53%</u>	<u>57%</u>	<u>49%</u>	<u>45%</u>	<u>46%</u>	<u>59%</u>	<u>20%</u>	<u>50%</u>	32%	46%
Women's & Children's Total	<u>69%</u>	<u>76%</u>	<u>64%</u>	<u>43%</u>	<u>45%</u>	<u>89%</u>	<u>23%</u>	<u>65%</u>	71%	61%
Trust wide Compliance	<u>66%</u>	<u>70%</u>	<u>62%</u>	<u>50%</u>	<u>51%</u>	<u>75%</u>	<u>30%</u>	<u>64%</u>	56%	
UHL staff are this compliant with their mandatory & statutory training from the key 9 subjects										58%

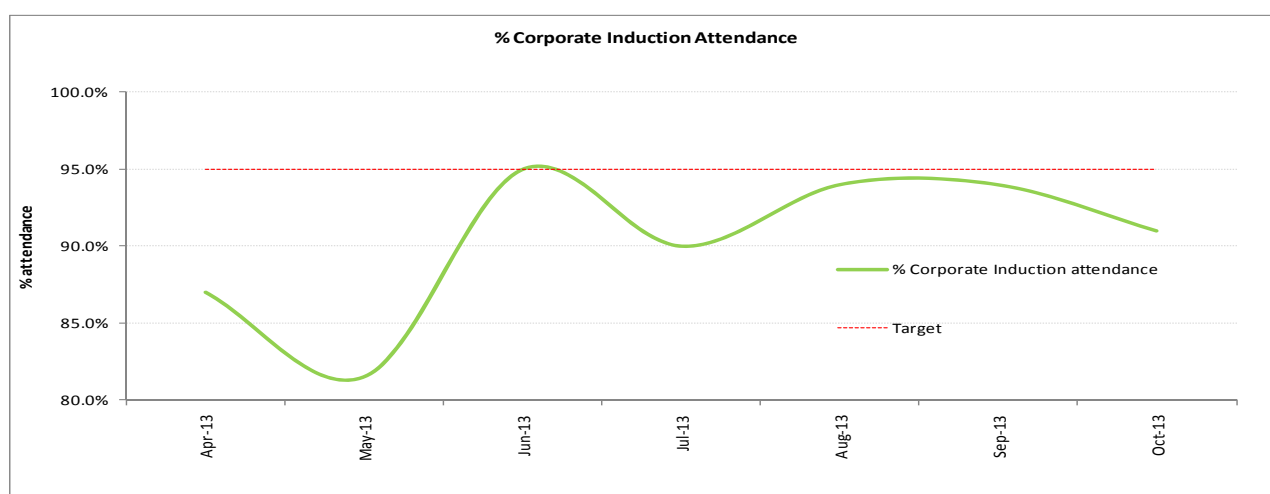
Over the last month UHL staff compliance against Statutory and Mandatory Training has increased from 55% to 58% across the nine core areas. Reporting will be updated to capture performance by Clinical Management Group and Corporate Directorates by the end of November 2013. In addition from December 2013 we will report against Health and Safety Training compliance to reflect the national Core Skills Training Framework.

This month we released the first three new e-learning modules including Equality & Diversity, Information Governance and Manual Handling (non-patient handlers) impacting positively on performance. The feedback received on new packages during the testing phase has been very positive. The next three packages will be live and launched early in December 2013.

We continue to communicate progress, essential training requirements and follow up on non-compliance at an individual level.

Work is underway in developing the new Learning Management System to improve reporting functionality and programme access.

6.4 Corporate Induction



There has been a reduction to 91% of staff attending corporate induction within the first 8 weeks. This continues to be primarily due to large numbers of new employees and limitation on venue capacity within this period.

The Task and Finish Group are undertaking a review of induction requirements and progressing with increasing the number of Corporate Inductions to weekly from 31st March

2014. The revised programme will be held on Trust premises to reduce delivery costs. This will increase our capacity to ensure new starters have the opportunity to attend Corporate Induction, wherever possible on day of commencement.

We are currently exploring the introduction of a more stringent approach to ensure 95% attendance at Corporate Induction within the first 8 weeks of employment.

7.0 2013/14 CONTRACTUAL QUERY STATUS

Commissioner Notices	Subject	Action/Update	Associated Penalty	Status
Contract Query	Cancer 62 Day	Remedial Action Plan (RAP) has been signed off Monthly progress reports against the agreed RAP	£50,000 Qtr1 fine has been repaid.	Monthly Progress Report. On/above trajectory.
Contract Query/First Exception Report sent on 19th November 2013.	ED Performance	Remedial Action Plan & Trajectory Agreed Performance against trajectory is failing.	2% Overall Contract penalty from August to October Automatic Contract Penalty (non refundable)	Failing to meet RAP.
Contract Query	18 Wk RTT	Revised Remedial Action Plan rejected September 2013. Intensive Support Team commenced work with Trust in October. Revised trajectory being worked up alongside the RAP	2% overall contract value commencing August. Automatic Individual specialty penalties	RAP Rejected. Refreshed RAP deadline is 28th November.
Contract Query	Ambulance Turnaround	Remedial Action Plan has been signed off. Agreement to re-invest incurred penalties upon trajectory achievement for the requested £90-£100k	Automatic Contract Penalty	On-going
Contract Query	Pressure Ulcers	Remedial Action Plan (RAP) has been signed off The action plan is reported as RED against the trajectory. CCG's to work with UHL to see a significant sustained improvement	Three month review of performance before 2% overall contract penalty levied (Sept 13). Automatic penalties applied.	On-going
Contract Query	Stroke	Remedial Action Plan (RAP) has been signed off Monthly progress reports against the agreed RAP	-	Contract query to be closed.
Contract Query	Short notice cancelled operations and rebooking in 28 days	Remedial Action Plan has been requested, to be submitted in time for November CPM	Automatic Contract Penalty	On-going. Action plan to be submitted in time for November CPM
Activity Query Notice	Emergency over performance	Emergency analysis provide by commissioners and initial meeting held. UHL response has been provided. Clinical meeting to be arranged.	Withholding of financial over performance	On-going
Activity Query Notice	Outpatients over performance	Analysis provided by commissioners. Next steps agreed at joint meeting.	Withholding of financial over performance	On-going

8.0 UHL - FACILITIES MANAGEMENT- RACHEL OVERFIELD

8.1 Introduction

This report provides a summary of the performance of Facilities Management (FM) services as provided through the contract with Interserve for October.

8.2 Key Performance Indicators

The contract is underpinned by detailed specifications for all 14 services and is reinforced by 83 Key Performance Indicators (KPI's) monitoring all aspects of the service. Table 1 below represents the status and trends of these 83 KPI's as recorded and reported by Interserve and comparison is made to the previous month.

Table 1 - UHL KPI Status Summary - October 2013

KPI Status (Change since last month)	Number of KPIs August - September	Number of KPIs September - October
Green	48	53
Deteriorated	2	3
Improved	10	9
No change	36	41
Amber	5	5
Deteriorated	3	3
Improved	2	2
Red	28	23
Deteriorated	15	10
Improved	13	13
Not Measured/In abeyance	2	2
	83	83
Net number improved minus number deteriorated	+5	+8

The above table shows improved performance across the UHL with regard the reporting of KPI's by Interserve for the months of September and October.

Table 2 on page 33 includes 10 KPI's covering key services which are currently being closely monitored by the Trust to identify indicative service delivery across the 3 acute hospital sites. A similar picture is demonstrated from this information in respect of the improved performance by the service provider. The analysis below shows an overall improvement in performance scores for October for several services though the RAG rated KPI's indicator in some cases remains unchanged.

Table 2 - KEY PERFORMANCE INDICATORS FOR OCTOBER

Ref	Service	KPI	Red	Green	Oct	Change
2	Contract Management	Average score (%) of Customer Surveys returned in the Contract Month	≤ 80%	≥ 90%	100.00%	↔
7	Estates	Percentage of statutory inspection and testing completed in the Contract Month measured against the PPM schedule	≤ 98%	100.0%	91.69%	↑
12	Estates	Percentage of Urgent requests achieving response time	≤ 96%	≥ 98%	50.00%	↑
13	Estates	Percentage of Urgent requests achieving rectification time	≤ 96%	≥ 98%	83.33%	↓
26	Portering	Percentage of scheduled Portering tasks completed in the Contract Month	≤ 98%	99%	100.00%	↔
27	Portering	Percentage of Emergency Portering requests achieving response time	≤ 98%	100.0%	57.14%	↓
45	Cleaning	Monthly percentage of Joint Audits undertaken against agreed schedules	≤ 98%	100.0%	92.79%	↑
46	Cleaning	Percentage of audits in clinical areas achieving NCS audit scores for cleaning above 90%	≤ 98%	100.0%	93.06%	↑
57	Patient Catering	Percentage of meals delivered to wards in time for the designated meal service as per agreed schedule.	≤ 95%	97.0%	97.30%	↑
81	Helpdesk	Percentage of telephone calls to the helpdesk answered within 5 rings using a non-automated solution.	≤ 95%	≥ 97%	96.04%	↔

Encouragingly there has been a recorded improvement in overall service delivery over the past two months and Interserve continues to implement and demonstrate their FM action plans with support from NHS Horizons to ensure the continued progress is both reinforced and maintained.

9.0 October IM&T Service Delivery Review

9.1 Highlights

Upgrade of the Dictate IT system.

Upgrade to the Cris Imaging system.

Transition of Desktop Support, Network Support and Telephony support to the Managed Business Partner.

9.2 IT Service Review

There were 7686 (7296 previous month) incidents were logged during October, out of which 5220 (4666 previous month) were resolved. 1781 (1990 previous month) incidents were closed on first contact

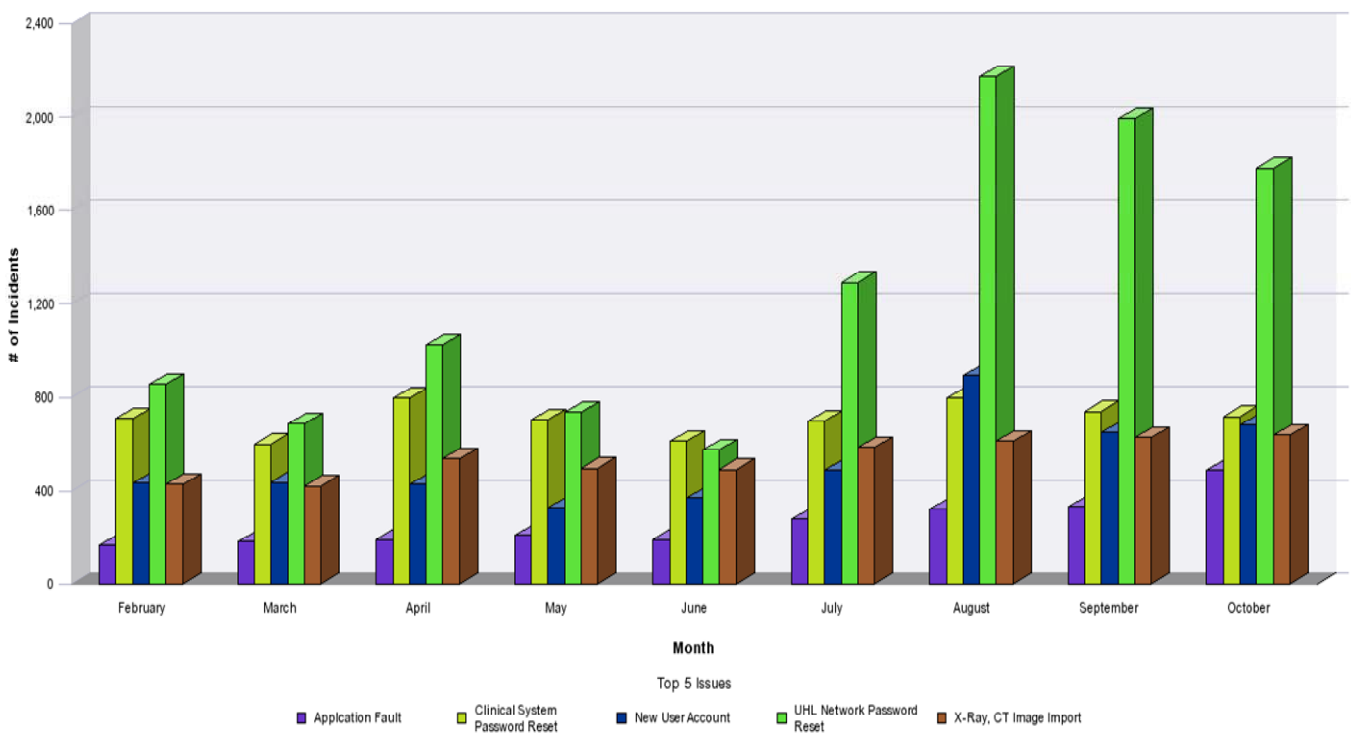
Performance against service level agreements is as expected and follows the flight path for service level agreements improvements following the transfer of staff to the Managed Business Partner.

There were 837 (1,005 previous month) incidents logged out of hours via the 24/7 service desk function

9.3 Future Action

Applications Management Wave 2 and Projects & Programmes transfer to the Managed Business Partner on 1st December 2013.

9.4 IM&T Service Desk top 5 issues



9.5 IM&T September Heatmap

Incidents Outstanding at end of August*		221		Priority 1	Priority 2	Priority 3	Priority 4	Priority 5	Totals for This Month (September)	Totals for Last Month (August)				
New Incidents Logged in September		7286												
Incidents Closed in October		7138												
Incidents Resolved awaiting Closure		8												
Outstanding Incidents**		967		4hrs 45mins	1 working day	2 working days	4 working days	10 working days						
Application Management	Calls resolved in SLA (%)	N/A		100%	97.14%	99.61%	100%	99.54%	99.58%					
	Resolved in SLA/Total Resolved	0	0	1	1	34	35	1033	1037	12	12	1080	1085	1197
Business Intelligence	Calls resolved in SLA (%)	N/A		N/A	50%	100%	N/A	80%	100%					
	Resolved in SLA/Total Resolved	0	0	0	0	1	2	3	3	0	0	4	5	5
Data Centre Service Management	Calls resolved in SLA (%)	N/A		100%	95.83%	94.53%	89.74%	94.21%	98.92%					
	Resolved in SLA/Total Resolved	0	0	2	2	46	48	259	274	35	39	342	363	274
Desktop & AMC	Calls resolved in SLA (%)	N/A		N/A	88.31%	94.47%	95.19%	93.68%	95.46%					
	Resolved in SLA/Total Resolved	0	0	0	0	136	154	649	687	178	187	963	1028	884
I&D Team	Calls resolved in SLA (%)	100%		N/A	50%	79.31%	100%	80%	96.55%					
	Resolved in SLA/Total Resolved	3	3	0	0	1	2	23	29	1	1	28	35	56
Imaging	Calls resolved in SLA (%)	100%		100%	94.58%	86.86%	96.23%	90.28%	86.79%					
	Resolved in SLA/Total Resolved	1	1	1	1	384	406	529	609	51	53	966	1070	1183
Network Services	Calls resolved in SLA (%)	100%		100%	86.11%	95.74%	99.31%	96.42%	89.91%					
	Resolved in SLA/Total Resolved	2	2	2	2	31	36	90	94	144	145	269	279	98
Pathology	Calls resolved in SLA (%)	N/A		N/A	0%	33.33%	N/A	25%	35%					
	Resolved in SLA/Total Resolved	0	0	0	0	0	1	1	3	0	0	1	4	7
Pharmacy	Calls resolved in SLA (%)	N/A		N/A	N/A	100%	N/A	100%	85.71%					
	Resolved in SLA/Total Resolved	0	0	0	0	0	0	3	3	0	0	3	3	6
Service Desk	Calls resolved in SLA (%)	N/A		N/A	97.06%	98.19%	99.37%	98.27%	98.81%					
	Resolved in SLA/Total Resolved	0	0	0	0	33	34	379	386	157	158	569	578	579
Telecoms	Calls resolved in SLA (%)	N/A		N/A	92.31%	93.75%	100%	94.83%	100%					
	Resolved in SLA/Total Resolved	0	0	0	0	12	13	75	80	23	23	110	116	135
Theatre Support	Calls resolved in SLA (%)	N/A		N/A	66.67%	87.14%	0%	85.14%	79%					
	Resolved in SLA/Total Resolved	0	0	0	0	2	3	61	70	0	1	63	74	79
Undefined Teams	Calls resolved in SLA (%)	N/A		100%	96.58%	95.69%	99.95%	99.2%	99.06%					
	Resolved in SLA/Total Resolved	0	0	1	1	141	146	311	325	2023	2024	2476	2496	2540

Incidents Closed on first contact	1990	
Incidents Closed in month logged	5986	
Incidents Resolved on Day Logged	2541	
Incidents Escalated / Total Escalations	279	393
Incidents Unresolved / Total Unresolved	76	77

Service Level Agreements	
Red	: <90% of calls resolved within SLA
Amber	: 90-94.99% of calls resolved within SLA
Green	: >95% of calls resolved within SLA

Affected System	Incidents	
	Logged	Closed
CRIS	258	248
EDIS	62	49
Euroking/E3	4	9
HISS/Clinicom	194	217
iLab/Apex	607	605
JAC	4	3
ORMIS	83	83
PACS/IMPAX	205	213
Sunquest ICE	210	212
Total:	1627	1639

10.1.1 This paper summarises the Month 7 financial position. As well as the following commentary, this report contains a number of key financial statements included at the end of this finance section.

- Income and Expenditure
- Balance Sheet
- Cash Flow
- Capital Programme
- CIP Performance by CMG
- Financial Performance by CMG

10.2 FINANCIAL POSITION AS AT END OF OCTOBER 2013

10.2.1 The Trust is reporting a deficit at the end of October 2013 of £17.3m, which is £19.5m adverse to the planned surplus of £2.2m. The in month position is a £0.7m deficit, £3.5m adverse to the Plan. The October Plan surplus of £2.8m reflects a higher than trend expected patient care income level.

10.2.2 Table 1 outlines the current position and Table 2 outlines the Financial Risk Rating (FRR). The consequence of the current financial performance, predominately the £17.3m actual deficit, is that the FRR is 2.2. In addition, the Trust is risk rated at Level 4 by the NHS Trust Development Authority (NTDA), a rating reserved for Trusts either planning or at high risk of delivering a deficit for the year.

Table 1: Income & Expenditure Position

	October 2013			April -October 2013		
	Plan £m	Actual £m	Var £m	Plan £m	Actual £m	Var £m
Income						
Patient income	53.0	55.5	2.5	371.7	376.0	4.3
Contingency Release	0.0	0.0	0.0	5.0	5.0	0.0
Teaching, R&D	6.9	7.0	0.0	45.4	44.9	(0.5)
Other operating Income	4.3	5.0	0.6	24.1	24.1	0.0
Total Income	64.3	67.4	3.1	446.3	450.0	3.8
Operating expenditure						
Pay	38.3	39.5	(1.2)	261.6	272.6	(11.0)
Non-pay	23.0	24.8	(1.9)	160.2	169.5	(9.3)
Reserves	(3.5)	-	(3.5)	(3.5)	-	(3.5)
Total Operating Expenditure	57.8	64.4	(6.6)	418.4	442.1	(23.7)
EBITDA	6.5	3.0	(3.5)	27.9	7.9	(20.0)
Net interest	0.0	-	0.0	0.0	(0.0)	(0.0)
Depreciation	(2.7)	(2.7)	(0.0)	(18.9)	(18.8)	0.2
PDC dividend payable	(1.0)	(1.0)	0.0	(6.7)	(6.4)	0.3
Net deficit	2.8	(0.7)	(3.5)	2.2	(17.3)	(19.5)
EBITDA %		4.5%			1.8%	

Table 2: Financial Risk Rating

Criteria	Indicator	Weight	Risk Ratings					Reported Position	
			5	4	3	2	1	Year to Date	Forecast Outturn
Underlying performance	EBITDA margin %	25%	11	9	5	1	<1	2	3
Achievement of plan	EBITDA achieved %	10%	100	85	70	50	<50	1	4
Financial efficiency	Net return after financing %	20%	>3	2	-0.5	-5	<-5	3	5
	I&E surplus margin %	20%	3	2	1	-2	<-2	1	2
Liquidity	Liquid ratio days	25%	60	25	15	10	<10	3	3
Weighted Average		100%						2.2	3.3

10.2.3 The **key points** to highlight in the YTD position are:

- **Patient care income £4.3m (1.1%) favourable against Plan**
- **Pay costs, £11.0m (4.2%) adverse to Plan**
- **Non pay costs, £9.3m (5.8%) adverse to Plan**
- **CIP performance of £0.8m adverse to Plan**
- **Adverse variances to Plan in all CMGs**

The **Month 7 YTD position** may be analysed as follows.

10.3 INCOME

10.3.1 Within patient income, NHS income is £5.5m (1.5%) above Plan year to date. The key areas are shown in the following table:

- Elective IP activity is 3.8% down on Plan
- Emergency IP activity 3.4% up on Plan, but income is £82k (0.1%) adverse
- Over-performance in outpatients, £2.2m (4.4%) and ED, £0.1m (0.9%)
- Other income:
 - Critical care, £1.6m, 6% over performing
 - Direct access – Imaging and Pathology, £0.6m, 6%
 - End Stage Renal Failure, £0.7m, 4%
 - Excluded drugs and devices, £2.1m, 6%
 - Contractual penalties offsetting the above favourable variances

Table 3: Patient Care Activity

Case mix	Plan to Date (Activity)	Total YTD (Activity)	Variance YTD (Activity)	Variance YTD (Activity %)	Plan to Date (£000)	Total YTD (£000)	Variance YTD (£000)	Variance YTD (Activity %)
Day Case	47,725	49,490	1,765	3.70	29,174	29,823	649	2.23
Elective Inpatient	13,427	12,918	(509)	(3.79)	41,444	41,323	(121)	(0.29)
Emergency / Non-elective Inpatient	54,919	56,757	1,838	3.35	102,957	102,874	(82)	(0.08)
Marginal Rate Emergency Threshold (MRET)	0	0	0	0.00	(1,995)	(2,444)	(449)	0.00
Outpatient	433,274	445,633	12,359	2.85	48,968	51,127	2,159	4.41
Emergency Department	92,506	91,623	(883)	(0.95)	9,930	10,011	82	0.82
Other	4,512,473	4,645,419	132,946	2.95	137,024	140,311	3,286	2.40
Grand Total	5,154,325	5,301,841	147,515	2.86	367,502	373,026	5,524	1.50

10.3.2 Table 4 below highlights the impact of price and volume changes in activity across the major “points of delivery”. Overall, this shows that the £5.5m Trust level over-performance

is as a consequence of a volume (activity) related £7.5m favourable impact, lessened slightly by a £2.0m adverse shift in average tariff prices.

Table 4: Price and Volume Impact on Patient Care Activity

Average tariff	Price Variance YTD %	Volume Variance YTD %	Price / Mix Variance (£000)	Volume Variance (£000)	Variance YTD (£000)
Day Case	(1.4)	3.7	(430)	1,079	649
Elective Inpatient	3.6	(3.8)	1,451	(1,572)	(121)
Emergency / Non-elective Inpatient	(3.3)	3.3	(3,528)	3,446	(82)
Marginal Rate Emergency Threshold (MRET)			(449)	0	(449)
Outpatient	1.5	2.9	762	1,397	2,159
Emergency Department	1.8	(1.0)	177	(95)	82
Other			0	3,286	3,286
Grand Total	(1.3)	2.9	(2,017)	7,541	5,524

The above table highlights major shifts in case mix across day case and inpatients in the year to date. The favourable price variance in elective IP arose across a number of specialties including Cardiology (complex ablation and TAVI), General Surgery and Orthopaedic Surgery. Volume has fallen below Plan largely due to capacity constraints (especially beds).

Whilst the volume increase in emergency activity reflects the patient activity, the price variance of £3.5m (3.3%) needs greater analysis. The CMGs are investigating the reasons at a specialty and sub-specialty level and we will orally update the Finance & Performance Committee. At this time, we will also have the finally coded patient care activity (in Month 6, we saw a £1m improvement from early cut to finally coded).

10.3.3 Within the year to date income position, we have made provision for the following **penalties**. Year to date, this amounts to just over £4.1m, £1.4m if we exclude re-admissions.

Table 5: Penalties & Fines

	Reported in M7 Position £'000s
EM Readmissions	2,700
RTT	635
Diagnostic Imaging	17
Never Events	6
Pressure Ulcers	42
Cancelled Ops	50
ED Wait Times (automatic)	193
ED 12 Hour Trolley Breaches	4
Cancer 62 Day Target (Automatic)	50
Contract Penalties Provision	80
CQUIN Provision	350
Total	4,127

The key

RTT penalties relate to General

Surgery, ENT, Ophthalmology and Orthopaedics. Other includes pressure ulcers, cancelled operations and ED 12 hour trolley breaches.

As can be seen from the table, at the moment, we are not assuming any penalties around Ambulance Turnaround times, and the ED and RTT rapid action plans.

10.4 EXPENDITURE

10.4.1 Operating expenditure is £23.7m above Plan as at the end of October (5.7%).

10.4.2 The CMGs and Corporate Directorates have identified that a total of £18.5m CIP savings have been delivered year to date, representing a £0.8m adverse variance to the £19.3m CIP Plan. The 2013/14 CIP paper provides further details on the CIP performance to date, year end forecasts, remedial action plans and RAG ratings for the remaining schemes.

10.4.3 **PAY** – as at Month 7, pay costs are £11.0m over budget, £14.3m more than the same period in 2012/13 (5.5%). When viewed by staff group, the most significant increases year on year are seen across agency and medical locums, nursing spend and consultants' costs (see below).

Table 6

Staff Type	2013/14	2012/13	Change	
	£'000s	£'000s	£'000s	%
A&C / Managers	34,107	35,202	1,095	3.1
Agency / Medical Locums	13,156	9,589	(3,566)	(37.2)
Allied Health Profs	10,923	10,954	31	0.3
Medical - Non Consultant	36,397	35,381	(1,016)	(2.9)
Consultant	51,862	46,979	(4,883)	(10.4)
Nursing & Midwifery	101,220	95,881	(5,340)	(5.6)
Other	24,943	24,342	(601)	(2.5)
TOTAL	272,609	258,328	(14,281)	(5.5)

10.4.4 Analysis of the year to date £11.0m variance to Plan highlights the following key factors, and split by CMG:

	Pay - 2013/14			M1-7 1213 £000s	Year on Year Change £000s	Year on Year Change %
	YTD Budget £000s	YTD Actual £000s	'Variance £000s			
CMG's						
C.H.U.G.S	26,790	27,137	(347)	25,924	(1,213)	(4.7)
Clinical Support & Imagi	39,340	40,352	(1,012)	39,044	(1,307)	(3.3)
Divisional Management	2,305	2,211	94	2,201	(10)	(0.5)
Emergency & Specialist N	36,957	42,702	(5,745)	35,828	(6,875)	(19.2)
I.T.A.P.S	29,301	31,806	(2,505)	29,726	(2,080)	(7.0)
Musculo & Specialist Sur	25,418	26,101	(683)	25,866	(235)	(0.9)
Renal, Respiratory & Car	32,741	33,876	(1,135)	32,944	(932)	(2.8)
Womens & Childrens	43,351	43,232	119	41,109	(2,123)	(5.2)
	236,202	247,416	(11,215)	232,642	(14,775)	(6.4)

- Estimated pay over-spend due to patient care activity over-performance - **£3.7m**, assuming that pay stepped/marginal cost is c50% of patient care income volume variance and staffed at non-premium rates
- Declared under-delivery on pay CIP schemes **£1.9m**

- Continued use of extra capacity wards (Fielding Johnson, Ward 1 LRI, Ward 2 LGH, Ward 19 LRI and Odames LRI) to meet the emergency activity levels. Premium spend has covered a significant amount of the staff costs in these areas. Nursing incentives are also being paid to bank and agency to increase the “fill rates”, although these are now restricted to the Emergency Care CMG
- Increased doctors and nurses in Medicine and ED to ensure the flow of patients from ED to support the 4 hour target. The CMG is now £5.7m adverse to the pay plan and spending almost £7m (20%) above the same level in 2012/13
- A continued reliance on premium payments as per Chart 1 below. Increases have continued into this financial year, climbing to almost £4m in May and June, falling to £3.5m in July, and remaining around this level for the last two months. Table 7 illustrates the relative percentages of total pay spend of each type. It can be seen that there has been a significant rise in the total percentage to almost 10% in Quarter 1 of this financial year (falling to 9% in Month 6, but increasing to almost 10% again in October)

Chart 1: Non-Contracted/Premium Pay Spend

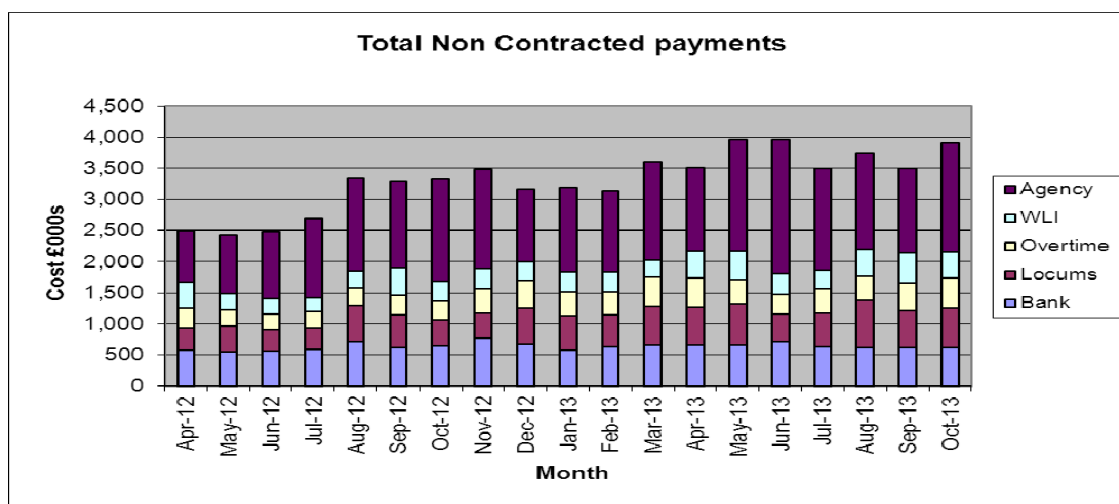


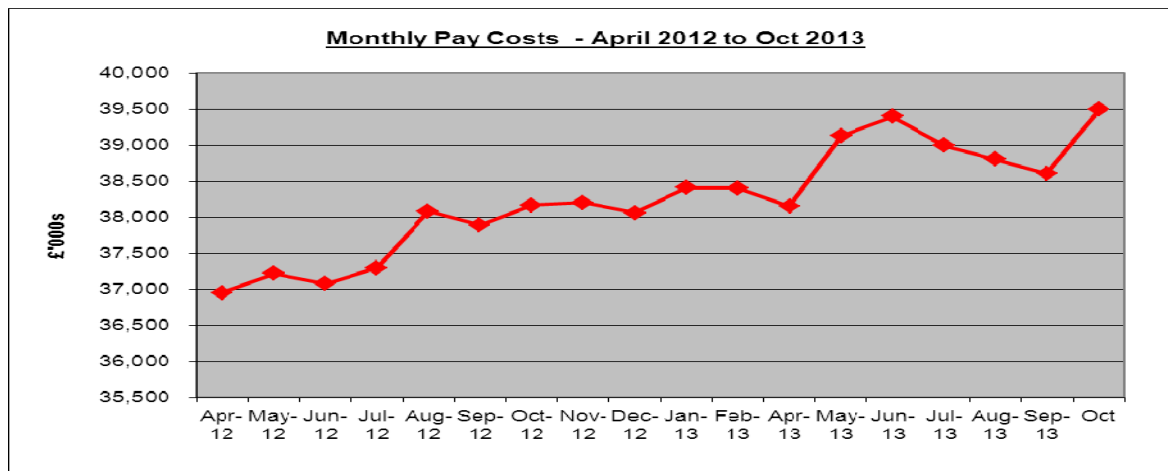
Table 7: Non-Contracted Pay Costs as %age of Total Pay Bill

Type	12/13 Q1	12/13 Q2	12/13 Q3	12/13 Q4	13/14 Q1	13/14 M6	13/14 M7
Bank	1.50%	1.70%	1.80%	1.60%	1.70%	1.60%	1.60%
Locums	1.00%	1.30%	1.20%	1.50%	1.50%	1.60%	1.60%
Overtime	0.80%	0.80%	1.00%	1.10%	1.00%	1.10%	1.20%
WLI	0.80%	0.80%	0.80%	0.80%	1.00%	1.20%	1.10%
Agency	2.50%	3.70%	3.80%	3.60%	4.50%	3.50%	4.40%
Total	6.60%	8.20%	8.70%	8.50%	9.80%	9.00%	9.90%

Pay costs rose steadily from April 2012 to June 2013, hitting a peak of £39.4m in June; July saw a reduction to £39.0m with August (£38.8m) and September continuing this trend down at £38.6m. The October position, however, is disappointing (£39.5m). Whilst some of the increase from September can be attributed to the payment of the August bank holiday enhancement and the additional patient care activity in October, there has been a marked increase in premium pay.

Nursing and related agency costs make up the largest part of the adverse pay variance. Some of the overspend, as described above, is volume related (extra capacity opened) and the impact of agency rates is clear. Increase in nurse:bed ratios have also pushed up costs.

Chart 2: Monthly Pay Costs



10.4.6 The continued reliance on premium staff comes at the same time as our contracted staff numbers in medical and nursing professions have increased by 4.0%, equivalent to an increase of 252 WTE since March 2012 (Table 8). Further investigation is also required as to the increase in Consultant numbers by 41wte, or 7.7%.

Table 8: Contracted WTE

Staff Type	Movement Oct 13 - March 12		Contracted Staff	
	WTE	(%)	Oct 13 WTE	March 12 WTE
ADMIN & CLERICAL	(24)	(1.4)	1,762	1,787
ALLIED HEALTH PROFESSIONALS	(7)	(1.5)	451	458
CAREER GRADES	11	15.3	81	70
CONSULTANT	41	7.7	574	533
HEALTHCARE ASSISTANTS	25	11.5	242	217
HEALTHCARE SCIENTISTS	(19)	(2.5)	722	741
MAINTENANCE & WORKS	1	10.6	7	6
NURSING QUALIFIED	15	0.4	3,363	3,348
NURSING UNQUALIFIED	124	10.4	1,319	1,195
OTHER MEDICAL & DENTAL STAFF	36	4.0	934	899
OTHER SCIEN, THERAP & TECH	54	19.6	328	274
SENIOR MANAGERS	(34)	(19.7)	137	171
TOTAL	223	2.3	9,921	9,699
MEDICAL & NURSING	252	4.0	6,513	6,262
OTHER STAFF GROUPS	(29)	(0.9)	3,408	3,437
TOTAL	223	2.3	9,921	9,699

10.4.7 **NON PAY** – operating non pay spend, excluding reserves, is now showing a YTD adverse position to Plan of £9.3m (6%) which is spread across all the CMGs with the exception of Women’s & Children’s.

10.4.8 This is as a result of three main factors:

- Activity related marginal costs e.g. keeping Ward 19 open - **£1.9m** (assuming that non pay marginal cost is c25% of patient care income variance)
- Patient care income backed costs such as NICE/HCT costs - **£2.2m** e.g. haemophilia patients, high cost devices in Acute and Women’s & Children’s
- Other cost pressures/over-stated non-pay CIP delivery - **£5.2m**. This includes:
 - £0.8m Imaging consumables
 - £1.2m Use of independent sector and contracted clinical services
 - £0.4m Blood products
 - £0.5m Printing, stationery and postage
 - £0.3m Security
 - £0.5m Maintenance and MES costs
 - £0.7m Consultancy
 - £0.4m Furniture, office equipment and IT

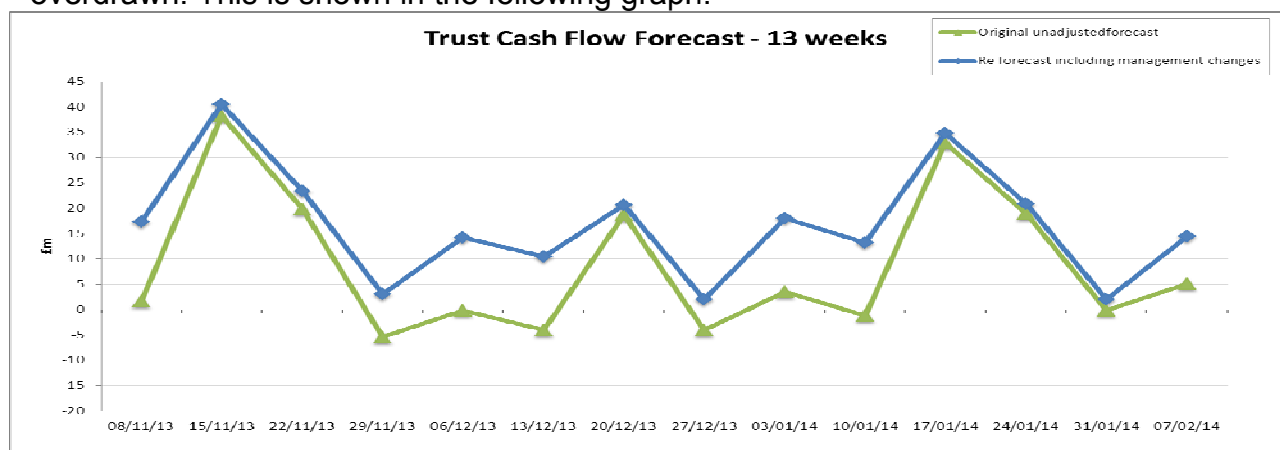
10.4.9 As well as the operating non pay deficit of £9.3m, there is an in month adverse variance of £3.5m against reserves. This is as a consequence of the contingency created through the annual planning cycle being over committed due to in year pressures and agreed changes. These include the investment in the nursing budgets, the re-basing of the initial £40.4m CIP target for “over heating” issues, and additional cost pressures supported post AOP submission e.g. CQUIN posts.

In order to provide greater transparency to the CMGs, Executive Team and the Finance & Performance Committee, the Finance Team will be providing a monthly schedule of all budgetary changes (pay, non-pay and income) and the impact in year and recurrently. This is predicated on the annual planning process for 2014/15 being based on recurrent budgets.

10.5 CASH

10.5.1 The Trust's cash balance was £5.3m at the end of October 2013.

10.5.2 In mid December and January, the unadjusted cash balance is forecast to fall below the £2m minimum allowable level that has been set by the Trust and would be significantly overdrawn. This is shown in the following graph:



10.5.3 We have agreed with local CCGs to bring forward £21m of the monthly SLA payments to the start of each month instead of the 15th and this covers the in-month shortfalls. We are still continuing to manage our creditor payment runs in order to maintain sufficient operating cash.

10.5.4 We will also continue to manage our creditor payment runs to ensure that we pay essential suppliers whilst deferring non-essential payments. We prioritise the payment of:

- Payroll, tax and national insurance
- Large business critical suppliers
- Small local suppliers who are dependent on income from the Trust

10.6 CAPITAL

10.6.1 The Trust has spent £13.4m of capital at the end of October 2013, which is approximately 75% of the YTD Plan. The year-end forecast, as shown with the appendices, has now reduced to £34.1m, £5.7m below the planned level.

10.6.2 A detailed paper highlighting the risks and opportunities around the year end capital programme is being presented to the Executive Performance Board on 26 November 2013 – the key actions will be updated to the Finance & Performance Committee.

10.7 CONCLUSION

10.7.1 The Trust has reported to the NTDA that we are £19.5m adverse to our planned £2.2m surplus. Urgent discussions continue with Commissioners and the NTDA regarding the year end forecast implications of the current financial position.

Income and Expenditure Account for the Period Ended 31 October 2013

	October 2013			April 2013 - October 2013		
	Plan	Actual	Variance (Adv) / Fav	Plan	Actual	Variance (Adv) / Fav
	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000
Elective	6,171	5,967	(204)	41,444	41,323	(121)
Day Case	4,521	4,650	129	29,174	29,823	649
Emergency	14,249	13,950	(299)	100,962	100,431	(532)
Outpatient	7,374	7,891	517	48,968	51,127	2,159
Contingency Release	0	0	0	5,000	5,000	0
Non NHS Patient Care	615	240	(375)	4,238	2,977	(1,261)
Other	20,076	22,763	2,687	146,954	150,322	3,368
Patient Care Income	53,006	55,461	2,455	376,740	381,003	4,263
Teaching, R&D income	6,922	6,971	49	45,433	44,921	(512)
Other operating Income	4,331	4,959	628	24,089	24,102	13
Total Income	64,259	67,391	3,132	446,262	450,026	3,764
Pay Expenditure	38,302	39,533	(1,231)	261,624	272,609	(10,985)
Non Pay Expenditure	22,955	24,832	(1,877)	160,225	169,483	(9,258)
Central Reserves	(3,492)	0	(3,492)	(3,492)	0	(3,492)
Total Operating Expenditure	57,765	64,365	(6,600)	418,357	442,092	(23,735)
EBITDA	6,494	3,026	(3,468)	27,905	7,934	(19,971)
Interest Receivable	7	5	(2)	48	124	76
Interest Payable	(5)	(5)	0	(35)	(133)	(98)
Depreciation & Amortisation	(2,706)	(2,743)	(37)	(18,947)	(18,768)	179
Surplus / (Deficit) Before Dividend and Disposal of Fixed Assets	3,790	283	(3,507)	8,971	(10,843)	(19,814)
Dividend Payable on PDC	(964)	(964)	0	(6,748)	(6,418)	330
Net Surplus / (Deficit)	2,826	(681)	(3,507)	2,223	(17,261)	(19,484)
EBITDA MARGIN		4.49%			1.76%	

Balance Sheet

	Mar-13 £000's Actual	Apr-13 £000's Actual	May-13 £000's Actual	Jun-13 £000's Actual	Jul-13 £000's Actual	Aug-13 £000's Actual	Sep-13 £000's Actual	Oct-13 £000's Actual
BALANCE SHEET								
Non Current Assets								
Intangible assets	5,318	5,160	5,012	4,940	4,795	4,650	4,627	4,419
Property, plant and equipment	354,680	353,855	353,723	352,327	352,803	353,255	352,521	352,993
Trade and other receivables	3,125	3,183	3,181	3,252	3,302	3,291	3,331	3,268
TOTAL NON CURRENT ASSETS	363,123	362,198	361,916	360,519	360,900	361,196	360,479	360,680
Current Assets								
Inventories	13,064	13,869	13,257	13,778	13,861	13,776	14,499	14,176
Trade and other receivables	44,616	42,408	42,628	35,756	40,713	44,182	46,674	42,210
Other Assets	40	40	40	40	40	40	40	40
Cash and cash equivalents	19,986	19,957	14,257	19,129	15,343	7,203	4,484	5,335
TOTAL CURRENT ASSETS	77,706	76,274	70,182	68,703	69,957	65,201	65,697	61,761
Current Liabilities								
Trade and other payables	(75,559)	(73,056)	(67,971)	(68,079)	(71,026)	(69,123)	(77,327)	(81,916)
Dividend payable	0	(964)	(1,928)	(2,892)	(3,856)	(4,820)	0	(964)
Borrowings	(2,726)	(2,800)	(2,800)	(2,800)	(2,800)	(2,800)	(2,800)	(2,800)
Provisions for liabilities and charges	(1,906)	(1,906)	(1,906)	(1,906)	(1,906)	(1,906)	(1,342)	(1,342)
TOTAL CURRENT LIABILITIES	(80,191)	(78,726)	(74,605)	(75,677)	(79,588)	(78,649)	(81,469)	(87,022)
NET CURRENT ASSETS (LIABILITIES)	(2,485)	(2,452)	(4,423)	(6,974)	(9,631)	(13,448)	(15,772)	(25,261)
TOTAL ASSETS LESS CURRENT LIABILITIES	360,638	359,746	357,493	353,545	351,269	347,748	344,707	335,419
Non Current Liabilities								
Borrowings	(10,906)	(10,958)	(11,190)	(10,809)	(11,522)	(11,484)	(11,159)	(10,797)
Other Liabilities	0	0	0	0	0	0	0	0
Provisions for liabilities and charges	(2,407)	(2,454)	(2,488)	(2,404)	(2,315)	(2,312)	(2,986)	(2,910)
TOTAL NON CURRENT LIABILITIES	(13,313)	(13,412)	(13,678)	(13,213)	(13,837)	(13,796)	(14,145)	(13,707)
TOTAL ASSETS EMPLOYED	347,325	346,334	343,815	340,332	337,432	333,952	330,562	321,712
Public dividend capital	277,733	277,733	277,733	277,733	277,733	277,733	277,733	277,733
Revaluation reserve	64,628	64,626	64,628	64,632	64,632	64,628	64,628	64,628
Retained earnings	4,960	3,975	1,454	(2,033)	(4,933)	(8,409)	(11,799)	(20,649)
TOTAL TAXPAYERS EQUITY	347,325	346,334	343,815	340,332	337,432	333,952	330,562	321,712

Cash Flow Forecast

Cash Flow for the period ended 31st October 2013				Rolling 12 month cashflow forecast - November 2013 to October 2014											
	2013/14 Apr - Oct Plan £ 000	2013/14 Apr - Oct Actual £ 000	2013/14 Apr - Oct Variance £ 000	2013/14 November Forecast £ 000	2013/14 December Forecast £ 000	2013/14 January Forecast £ 000	2013/14 February Forecast £ 000	2013/14 March Forecast £ 000	2014-15 April Forecast £ 000	2014-15 May Forecast £ 000	2014-15 June Forecast £ 000	2014-15 July Forecast £ 000	2014-15 August Forecast £ 000	2014-15 September Forecast £ 000	2014-15 October Forecast £ 000
CASH FLOWS FROM OPERATING ACTIVITIES															
Operating surplus before Depreciation and Amortisation	27,971	7,934	(20,037)	4,566	3,658	5,321	1,279	3,366	2,098	5,468	2,098	5,468	5,468	2,971	6,341
Donated assets received credited to revenue and non cash	(1,550)	(151)	1,399	(25)	(25)	(25)	(25)	(26)	(26)	(26)	(26)	(26)	(26)	(26)	(26)
Interest paid	(490)	(494)	(4)	(77)	(77)	(77)	(79)	(78)	(82)	(82)	(81)	(81)	(80)	(80)	(79)
Movements in Working Capital:			-												
- Inventories (Inc)/Dec	(241)	(1,112)	(871)												
- Trade and Other Receivables (Inc)/Dec	2,506	2,263	(243)	50	65	20	74	2,937	(2,869)	(10)	41	9	8	41	(11)
- Trade and Other Payables Inc/(Dec)	1,268	1,933	665	(5,065)	(1,065)	(2,564)	6,500	4,431	(83)	(83)	(83)	(83)	(83)	(83)	(83)
- Provisions Inc/(Dec)		(61)	(61)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)
PDC Dividends paid	(5,568)	(5,454)	114					(5,619)						(5,615)	
Other non-cash movements			-									(21)			
Net Cash Inflow / (Outflow) from Operating Activities	23,896	4,858	(19,038)	(560)	2,547	2,667	7,741	5,003	(970)	5,259	1,941	5,258	5,279	(2,800)	6,134
CASH FLOWS FROM INVESTING ACTIVITIES															
Interest Received	37	39	2	7	8	8	8	8	6	6	6	6	7	7	7
Payments for Property, Plant and Equipment	(18,375)	(16,692)	1,683	(2,251)	(2,251)	(2,252)	(2,251)	(2,262)	(2,294)	(2,295)	(2,294)	(2,295)	(2,294)	(2,295)	(2,294)
Capital element of finance leases	(2,701)	(2,856)	(155)	(382)	(382)	(382)	(382)	(384)	(391)	(391)	(391)	(391)	(391)	(391)	(391)
Net Cash Inflow / (Outflow) from Investing Activities	(21,039)	(19,509)	1,530	(2,626)	(2,625)	(2,626)	(2,625)	(2,638)	(2,679)	(2,680)	(2,679)	(2,680)	(2,678)	(2,679)	(2,678)
CASH FLOWS FROM FINANCING ACTIVITIES															
New PDC															
Other Capital Receipts															
Net Cash Inflow / (Outflow) from Financing															
Opening cash	18,200	19,986	1,786	5,335	2,149	2,071	2,112	7,228	9,593	5,944	8,523	7,785	10,363	12,964	7,485
Increase / (Decrease) in Cash	2,857	(14,651)	(17,508)	(3,186)	(78)	41	5,116	2,365	(3,649)	2,579	(738)	2,578	2,601	(5,479)	3,456
Closing cash	21,057	5,335	(15,722)	2,149	2,071	2,112	7,228	9,593	5,944	8,523	7,785	10,363	12,964	7,485	10,941

Capital Programme

	Capital Plan 2013/14 £000's	YTD Spend 13/14 £000's	Expenditure Profile												Forecast Out Turn £000's	Variance £'000's
			Actual						Forecast							
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
			£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's		
Recurrent Budgets																
IM&T	3,375	2,817	69	226	290	203	688	311	1,031	110	122	196	114	16	3,375	0
Medical Equipment	4,187	2,236	264	7	209	119	386	347	904	577	180	280	506	408	4,187	0
Facilities Sub Group	6,000	1,554	286	204	193	388	261	143	78	500	946	1,000	1,000	1,000	6,000	0
Divisional Discretionary Capital	406	318	150	65	9	10	16	12	56	40	48	0	0	0	406	0
MES Installation Costs	1,750	1,490	38	178	343	455	40	403	32	250	250	250	250	260	2,750	(1,000)
Total Recurrent Budgets	15,718	8,415	807	680	1,045	1,174	1,392	1,215	2,102	1,477	1,546	1,726	1,870	1,683	16,718	(1,000)
Reconfiguration Schemes																
Emergency Flow	4,000	622	2	7	14	79	79	130	312	100	100	1,070	1,070	180	3,142	858
Theatres Assessment Area (TAA)	1,549	810	4	10	27	30	491	172	75	180	200	191	199	0	1,580	(31)
Advanced Recovery LRI & LGH	625	141	63	(7)	55	11	7	(6)	18	12	15	15	100	231	514	111
GGH Vascular Surgery	1,156	24	0	0	0	0	0	0	24	0	0	0	0	602	626	530
Hybrid Theatre (Vascular)	500	0	0	0	0	0	0	0	0	0	0	0	0	0	0	500
Daycase / OPD Hub	350	0	0	0	0	0	0	0	0	0	0	0	0	0	0	350
GH Imaging	500	0	0	0	0	0	0	0	0	0	0	0	0	0	0	500
Ward 4 LGH / H Block Isolation	283	1	0	0	0	0	0	0	1	32	0	50	100	100	283	0
GH Modular Wards * 2	4,050	0	0	0	0	0	0	0	0	43	0	0	0	0	43	4,007
Brandon Unit Refurb: OPD 1-4	2,000	10	0	0	0	0	5	4	1	95	0	0	0	(0)	105	1,895
ITU Consolidation	140	0	0	0	0	0	0	0	0	0	0	0	0	0	0	140
Poppies Conversion	250	0	0	0	0	0	0	0	0	0	0	100	100	100	300	(50)
Feasibility Studies	100	35	0	0	0	0	0	0	35	5	5	5	5	5	60	40
Total Reconfiguration	15,503	1,643	70	10	96	121	582	300	465	467	320	1,431	1,574	1,218	6,653	8,850
Corporate / Other Schemes																
Osborne Ventilation	566	31	0	0	0	0	13	(1)	18	120	120	120	120	139	650	(84)
Endoscopy Redesign	250	150	0	80	(1)	24	5	28	16	14	0	0	0	1	165	85
Maternity Interim Development	2,800	1,213	3	18	9	273	388	332	190	350	330	362	354	391	3,000	(200)
Aseptic Suite	650	15	7	0	1	0	0	2	5	125	125	125	125	135	650	0
Diabetes BRU	600	598	0	62	125	128	141	37	105	117	0	0	0	0	715	(115)
Respiratory BRU	500	730	3	809	(245)	190	9	(46)	10	0	0	0	0	(0)	730	(230)
Stock Management System	3,000	3	0	0	0	0	0	0	3	20	20	957	1,000	1,000	3,000	0
LIA Schemes		0	0	0	0	0	0	0	0	100	100	100	100	100	500	(500)
CMG Contingency	194	0	0	0	0	0	0	0	0	19	40	45	45	45	194	0
Other Developments	0	578	163	123	91	36	69	(9)	104	100	100	100	100	107	1,085	(1,085)
	8,560	3,318	177	1,093	(20)	650	625	343	450	965	835	1,809	1,844	1,917	10,689	(2,129)
Total Capital Programme	39,781	13,376	1,054	1,783	1,121	1,945	2,598	1,858	3,017	2,910	2,701	4,966	5,288	4,818	34,060	5,721

COST IMPROVEMENT PROGRAMME – October, Year to Date and Year end Forecast

	October			Year to date			Projected Year End Out-turn			Financial Risk			
	Plan £000	Actual £000	Surplus / (Deficit) £000	Plan £000	Actual £000	Surplus / (Deficit) £000	Plan £000	Actual £000	Surplus / (Deficit) £000	Red - forecast under- delivery	Red £'000	Amber £'000	Green £'000
Cancer, Haematology, GI Medicine and Surgery	361	277 <i>76.8%</i>	-84	1,525	1,603 <i>105.1%</i>	78	3,380	3,754 <i>111.1%</i>	374	-374 <i>-11.1%</i>	-0 <i>0.0%</i>	683 <i>20.2%</i>	3,071 <i>90.9%</i>
Emergency and Specialist Medicine	318	370 <i>116.2%</i>	51	1,953	1,638 <i>83.9%</i>	-315	3,623	4,070 <i>112.3%</i>	447	-447 <i>-12.3%</i>	0 <i>0.0%</i>	514 <i>14.2%</i>	3,556 <i>98.2%</i>
Professional Services, Imaging, Medical Physics and Empath	412	308 <i>74.6%</i>	-105	2,262	1,909 <i>84.4%</i>	-353	4,448	3,517 <i>79.1%</i>	-931	931 <i>20.9%</i>	0 <i>0.0%</i>	100 <i>2.2%</i>	3,417 <i>76.8%</i>
Cardiac, Renal and Respiratory	386	438 <i>113.4%</i>	52	2,158	2,002 <i>92.8%</i>	-156	4,150	4,051 <i>97.6%</i>	-99	99 <i>2.4%</i>	- <i>0.0%</i>	602 <i>14.5%</i>	3,449 <i>83.1%</i>
Musculoskeletal and Specialist Surgery	379	735 <i>194.3%</i>	357	1,700	1,943 <i>114.3%</i>	243	3,604	3,607 <i>100.1%</i>	4	-4 <i>-0.1%</i>	(0) <i>0.0%</i>	90 <i>2.5%</i>	3,517 <i>97.6%</i>
Theatres, Anaesthesia, Pain and Sleep, (ITAPS)	432	541 <i>125.2%</i>	109	2,246	2,323 <i>103.4%</i>	77	4,405	4,533 <i>102.9%</i>	129	-129 <i>-2.9%</i>	- <i>0.0%</i>	- <i>0.0%</i>	4,533 <i>102.9%</i>
Women's and Children's	477	434 <i>90.9%</i>	-43	2,794	2,636 <i>94.3%</i>	-158	5,258	5,274 <i>100.3%</i>	16	-16 <i>-0.3%</i>	- <i>0.0%</i>	48 <i>0.9%</i>	5,225 <i>99.4%</i>
Corporate													
Communications & Ext Relations	15	2	-13	71	13	-58	148	44	-105	105	-	-	44
Corporate & Legal	26	26	0	184	185	1	315	317	2	-2	-	-	317
Corporate Medical	82	40	-42	146	189	42	558	449	-108	108	-	261	189
Facilities	236	264	28	1,321	1,576	255	2,500	2,504	4	-4	-	-	2,504
Finance & Procurement	52	75	22	493	591	99	754	841	87	-87	-	-	841
Human Resources	42	35	-8	294	332	38	505	527	22	-22	-	-	527
IMT	233	40	-193	1,300	225	-1,075	2,500	462	-2,038	2,038	-	100	361
Corporate Nursing	52	41	-10	371	326	-45	628	556	-72	72	-	-	556
Operations	61	53	-7	311	317	6	614	574	-40	40	-	-	574
Strategic Devt	21	21	0	144	145	1	247	249	2	-2	-	-	249
Former Divisional Management	4	1	-3	28	27	-1	48	32	-16	16	-	-	32
Central	0	152	152	0	570	570	0	1,922	1,922	-1,922	-	875	1,047
Sub-total - Corporate	824	750 <i>91.0%</i>	-74	4,663	4,496 <i>96.4%</i>	-167	8,818	8,478 <i>96.1%</i>	-340	340 <i>3.9%</i>	- <i>0.0%</i>	1,236 <i>14.0%</i>	7,242 <i>82.1%</i>
TRUST TOTAL	3,589	3,852	263	19,301	18,549	-751	37,684	37,284	-400	400 <i>1.1%</i>	-0 <i>0.0%</i>	3,274 <i>8.7%</i>	34,010 <i>90.2%</i>

YTD Position as at 31st October 2013 - Month 7

		Patient Care Income adj for penalties held centrally			Other Income			Pay			Non Pay			TOTAL		
Division	CMG's	YTD			YTD			YTD			YTD			YTD		
		Budget £000s	YTD Actual £000s	'Variance £000s	Budget £000s	YTD Actual £000s	'Variance £000s	Budget £000s	YTD Actual £000s	'Variance £000s	Budget £000s	YTD Actual £000s	'Variance £000s	Budget £000s	YTD Actual £000s	'Variance £000s
Clinical Cmg'S	C.H.U.G.S	68,951	69,862	911	1,732	1,682	(51)	26,790	27,137	(347)	20,819	23,211	(2,392)	23,074	21,195	(1,879)
	Clinical Support & Imaging	14,013	14,653	639	4,231	4,031	(200)	39,340	40,352	(1,012)	1,084	3,066	(1,982)	(22,179)	(24,734)	(2,555)
	Divisional Management Codes	0	0	0	365	3	(362)	2,305	2,211	94	483	109	374	(2,423)	(2,317)	106
	Emergency & Specialist Med	58,609	62,814	4,205	2,885	4,266	1,381	36,957	42,702	(5,745)	17,701	18,500	(798)	6,836	5,878	(958)
	I.T.A.P.S	16,019	16,068	48	428	406	(22)	29,301	31,806	(2,505)	11,424	12,246	(823)	(24,277)	(27,579)	(3,302)
	Musculo & Specialist Surgery	55,273	55,455	182	1,133	815	(317)	25,418	26,101	(683)	10,812	11,033	(221)	20,176	19,137	(1,039)
	Renal, Respiratory & Cardiac	73,723	74,142	419	1,907	1,481	(426)	32,741	33,876	(1,135)	24,648	26,381	(1,733)	18,241	15,366	(2,875)
	Womens & Childrens	79,749	80,425	676	2,372	2,095	(277)	43,351	43,232	119	17,212	17,776	(564)	21,559	21,512	(46)
Clinical Cmg'S Total		366,338	373,418	7,080	15,054	14,779	(275)	236,202	247,416	(11,215)	104,183	112,322	(8,139)	41,007	28,459	(12,548)
Corporate	Communications & Ext Relations	0	0	0	19	15	(5)	458	507	(49)	71	70	1	(510)	(562)	(52)
	Corporate & Legal	0	0	0	0	72	72	566	565	1	681	795	(113)	(1,248)	(1,288)	(40)
	Corporate Medical	0	0	0	849	879	29	2,215	2,211	4	481	430	51	(1,846)	(1,762)	84
	Facilities	216	216	0	6,690	6,738	48	743	703	40	31,620	30,535	1,085	(25,457)	(24,284)	1,173
	Finance & Procurement	0	0	0	29	66	37	2,474	2,425	49	1,572	1,500	72	(4,017)	(3,859)	157
	Human Resources	0	0	0	1,667	1,870	202	3,178	3,135	43	1,058	1,208	(150)	(2,569)	(2,473)	96
	Im&T	0	0	0	122	113	(9)	1,994	1,863	131	2,324	2,478	(154)	(4,196)	(4,228)	(32)
	Nursing	0	0	0	160	193	33	3,309	2,975	334	7,736	7,805	(69)	(10,885)	(10,587)	297
	Operations	276	276	0	0	131	131	2,367	2,397	(31)	173	329	(157)	(2,263)	(2,319)	(56)
	Strategic Devt	0	0	0	0	58	58	746	875	(128)	21	233	(212)	(767)	(1,050)	(283)
Corporate Total		492	492	0	9,537	10,133	596	18,051	17,657	394	45,735	45,381	354	(53,757)	(52,413)	1,344
Research & Development Total		0	0	0	18,835	18,838	3	7,373	7,371	2	9,887	9,886	1	1,575	1,581	6
Central Division Total		5,672	4,116	(1,556)	30,334	28,250	(2,084)	0	164	(164)	22,608	27,089	(4,481)	13,398	5,112	(8,286)
Grand Total		372,502	378,026	5,524	73,760	72,000	(1,760)	261,626	272,609	(10,983)	182,413	194,678	(12,265)	2,223	(17,261)	(19,484)

Friends & Families Test

What is the Friends & Family test?

The Friends & Family score is obtained by asking patients a single question, "*How likely are you to recommend our <ward/A&E department> to friends and family if they needed similar care or treatment*"

Patients can choose from one of the following answers:

Answer	Group
Extremely	Promoter
Likely	Passive
Neither likely or	Detractor
Unlikely	Detractor
Extremely	Detractor
Don't	Excluded

Friends & Family score is calculated as : % promoters minus % detractors.
 $((\text{promoters} - \text{detractors}) / (\text{total responses} - \text{'don't know' responses})) * 100$

Patients to be surveyed:

- Adult Acute Inpatients (who have stayed at least one night in hospital)
- Adult patients who have attended A&E and left without being admitted to hospital or were transferred to a Medical Assessment Unit and then discharged

Exceptions:

- Daycases
- Maternity Service Users
- Outpatients
- Patients under 16 yrs old

NB. Wards with fewer than 5 survey responses per month are excluded from this information to maintain patient confidentiality

Response Rate:

It is expected that responses will be received from at least 15% of the Trusts survey group - this will increase to 20% by the end of the financial year

Current methods of collection:

- Paper survey
- Online : either via web-link or email
- Kiosks
- Hand held devices

FRIENDS AND FAMILY TEST - April - October '13

			Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	OCTOBER SCORE BREAKDOWN				
			Total Responses	Promoters	Passives	Detractors	Score							
GLENFIELD HOSPITAL	GH WD 15	F15	55	0	100	91	100	82	91	21	19	2	0	91
	GH WD 16 Respiratory Unit	F16	88	69	74	80	68	80	80	30	24	6	0	80
	GH WD 20	F20	0	73	61	77	79	-	59	31	19	8	2	59
	GH WD 23A	F23A	65	80	100	83	-	80	55	11	6	5	0	55
	GH WD 24	F24	75	87	94	100	-	95	96	22	21	1	0	96
	GH WD 24	F24	75	87	94	100	-	95	96	22	21	1	0	96
	GH WD 26	F26	92	87	-	0	94	93	87	38	33	5	0	87
	GH WD 27	F27	0	0	66	45	90	67	54	26	15	10	1	54
	GH WD 28	F28	79	85	88	90	96	76	89	26	23	3	0	89
	GH WD 29	F29	-10	42	21	96	75	68	74	23	17	6	0	74
	GH WD 31	F31	0	79	79	87	94	88	90	20	18	2	0	90
	GH WD 32	F32	74	85	83	81	87	81	74	31	23	8	0	74
	GH WD 33	F33	85	84	79	81	73	76	77	64	50	10	2	77
	GH WD 33A	F33A	68	94	86	80	84	67	80	25	20	5	0	80
	GH WD Clinical Decisions Unit	FCDU	48	72	46	49	58	50	44	114	67	27	18	44
GH WD Coronary Care Unit	FCCU	84	86	90	98	90	91	100	3	2	0	0	100	

FRIENDS AND FAMILY TEST - April - October '13

			Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	OCTOBER SCORE BREAKDOWN				
			Total Responses	Promoters	Passives	Detractors	Score							
LEICESTER GENERAL HOSPITAL	LGH WD 10	G10	100	48	60	80	70	50	56	9	5	4	0	56
	LGH WD 14	G14	77	71	83	70	85	61	78	40	32	7	1	78
	LGH WD 15N Nephrology	G15N	0	0	75	-	-	38	60	10	7	2	1	60
	LGH WD 16	G16	67	88	95	75	71	50	94	16	15	1	0	94
	LGH WD 17 Transplant	G17	75	92	84	81	84	88	86	29	25	4	0	86
	LGH WD 18	G18	88	100	91	75	93	71	81	44	34	8	0	81
	LGH WD 18	G18	88	100	91	75	93	71	81	44	34	8	0	81
	LGH WD 2	G2	0	0	-	25	-	87	57	7	4	3	0	57
	LGH WD 22	G22	42	95	45	42	50	79	46	26	14	7	3	46
	LGH WD 26 SAU	G26	0	46	52	65	48	46	52	22	12	8	1	52
	LGH WD 27	G27	83	89	57	0	64	55	58	19	13	4	2	58
	LGH WD 28 Urology	G28	45	24	55	31	100	24	51	36	22	9	4	51
	LGH WD 3	G3	0	0	33	67	70	43	100	3	3	0	0	100
	LGH WD 31	G31	-	90	79	84	73	83	89	28	25	3	0	89
	LGH WD Brain Injury Unit	GBIU	0	0	-	100	-	100	100	3	3	0	0	100
	LGH WD Young Disabled	GYDU	100	0	100	-	100	100	50	2	1	1	0	50

FRIENDS AND FAMILY TEST - April - October '13

			Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	OCTOBER SCORE BREAKDOWN				
			Total Responses	Promoters	Passives	Detractors	Score							
LEICESTER ROYAL INFIRMARY	LRI WD 15 AMU Bal L5	R15	40	33	31	43	65	56	53	41	23	15	2	53
	LRI WD 16 AMU Bal L5	R16	52	88	58	42	11	93	63	38	26	10	2	63
	LRI WD 17 Bal L5	R17	0	57	-9	0	48	74	44	46	26	14	6	44
	LRI WD 18 Bal L5	R18	64	65	-	47	-100	57	48	32	20	6	5	48
	LRI WD 19 Bal L6	R19	44	-	5	43	35	59	44	25	11	14	0	44
	LRI WD 21 Bal L6	R21	88	90	91	-	89	100	91	23	21	2	0	91
	LRI WD 22 Bal 6	R22	38	55	48	64	44	38	63	24	15	9	0	63
	LRI WD 24 Win L3	R24	58	67	47	29	52	38	25	20	7	11	2	25
	LRI WD 25 Win L3	R25	95	100	60	75	69	88	73	22	16	6	0	73
	LRI WD 26 Win L3	R26	92	80	58	80	65	0	69	36	25	11	0	69
	LRI WD 27 Win L4	R27	60	100	33	75	100	75	100	5	5	0	0	100
	LRI WD 29 Win L4	R29	61	100	65	55	70	65	75	20	15	5	0	75
	LRI WD 31 Win L5	R31	0	73	48	64	48	23	72	25	19	5	1	72
	LRI WD 32 Win L5	R32	86	80	43	23	48	58	54	14	9	2	2	54
	LRI WD 33 Win L5	R33	71	67	58	77	75	58	81	23	17	4	0	81
	LRI WD 34 Windsor Level 5	R34	80	70	-	80	58	55	55	20	11	9	0	55
	LRI WD 36 Win L6	R36	20	61	0	50	50	60	57	21	14	5	2	57
	LRI WD 37 Win L6	R37	68	86	91	86	71	81	52	21	12	8	1	52
	LRI WD 38 Win L6	R38	94	100	100	87	85	100	82	22	19	2	1	82
	LRI WD 39 Osb L1	R39	70	89	89	87	72	88	81	26	21	5	0	81
	LRI WD 40 Osb L1	R40	88	89	82	77	-	71	56	33	21	8	3	56
	LRI WD 41 Osb L2	R41	42	50	47	55	73	50	75	20	15	5	0	75
	LRI WD 7 Bal L3	R07	65	76	70	71	64	61	75	33	24	8	0	75
	LRI WD 8 SAU Bal L3	RSAU	35	52	70	49	52	56	14	21	8	8	5	14
	LRI WD Bone Marrow	RBMT	100	88	0	100	67	33	25	4	2	1	1	25
	LRI WD Fielding John Vic L1	RFJW	-	-	60	71	67	86	81	36	29	7	0	81
LRI WD GAU Ken L1	RGAU	-	65	70	46	82	65	53	38	22	14	2	53	
LRI WD IDU Infectious Diseases	RIDU	65	67	69	80	68	48	67	18	12	6	0	67	
LRI WD Kinmonth Unit Bal L3	RKIN	65	68	80	70	57	89	74	23	17	6	0	74	
LRI WD Osborne Assess Unit	ROND	68	88	88	68	84	88	73	22	16	6	0	73	

FRIENDS AND FAMILY TEST - April - October '13

		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	OCTOBER SCORE BREAKDOWN				
									Total Responses	Promoters	Passives	Detractors	Score
EMERGENCY DEPARTMENT	ED - Majors	35	45	42	50	47	23	48	192	110	61	19	48
	ED - Minors	38	37	64	60	65	31	66	461	324	112	21	66
	ED - (not stated)	64	60	60	63	72	65	69	64	48	12	4	69
	Eye Casualty	65	75	70	55	54	44	50	210	111	90	7	50
	Emergency Decisions Unit	-	-	-	-	69	81	57	77	47	25	4	57

Appendix 2 Nurse to Bed Ratio October 2013

Oct-13 Appendix 2		Per finance ledger											
Cost centre	Cost centre description	No. of beds	Actual worked WTEs(per finance ledger)	Including bank wtes	Including agency wtes	Budgeted Nurse to bed ratio	Actual Nurse to bed ratio	Accuity Ward Type	Oct RAG Rating	Sept RAG Rating	Budgeted Qualified %age	Budgeted Unqualified %age	
C20	Ward 15	30	37.71	2.86	0.00	1.31	1.26	Base			60.4%	39.6%	
C21	Ward 16	30	35.08	4.45	0.26	1.21	1.17	Base			63.4%	36.6%	
C23	Ward 17 - Respiratory	30	38.20	6.88	0.07	1.35	1.27	Base			75.0%	25.0%	
C24	Ward 27	27	33.23	2.56	0.07	1.16	1.23	Base			61.9%	38.1%	
C27	Coronary Care Unit - Ggh	19	51.22	0.28	0.07	2.77	2.70	Specialist			75.6%	24.4%	
C29	Clin Dec. Unit - Ward 19 Ggh	25	85.50	2.32	0.12	3.84	3.42	Specialist			62.9%	37.1%	
C30	Ward 28 - Cardio	31	39.41	9.40	0.00	1.11	1.27	Base			60.0%	40.0%	
C31	Ward 33	29	31.74	1.50	0.09	1.17	1.10	Base			70.2%	29.8%	
C32	Ward 32	17	21.94	6.14	0.07	1.19	1.29	Base			74.7%	25.3%	
C33	Ward 33a	20	26.45	4.10	-0.09	1.32	1.32	Base			64.2%	35.8%	
C35	Ward 31	34	44.82	2.70	0.00	1.29	1.32	Base			76.9%	23.1%	
C38	Ward 26	15	27.92	2.50	0.13	2.05	1.86	Specialist			76.5%	23.5%	
C48	Ward 23a	17	21.17	1.18	0.00	0.89	1.25	Specialist			45.2%	54.8%	
C99	Ward 29 - Resp	25	35.87	7.63	0.15	1.22	1.43	Base			61.3%	38.7%	
S04	Ward 15 High Dependency	9	25.43	1.86	0.00	3.07	2.83	Specialist			85.9%	14.1%	
S05	Ward 15 Nephrology	18	27.90	1.30	0.00	1.78	1.55	Specialist			63.1%	36.9%	
S21	Ward 10 Capd	18	34.83	0.06	0.00	2.15	1.94	Specialist			60.9%	39.1%	
S64	Ward 17 - Capd	14	21.27	0.33	0.00	1.43	1.52	Specialist			70.3%	29.7%	
N15	Admissions Unit (15/16) Lri	52	111.68	10.74	5.60	2.23	2.15	Specialist			60.0%	40.0%	
N44	Emergency Decisions Unit Lri	16	20.40	0.00	6.00	1.76	1.28	Specialist			66.8%	33.2%	
N24	Ward 24 Lri	27	35.43	0.92	2.40	1.43	1.31	Base			60.0%	40.0%	
N26	Ward 36 Lri	28	31.15	2.84	5.97	1.41	1.11	Base			60.0%	40.0%	
N31	Ward 31 Lri - Med	30	36.14	1.36	0.00	1.41	1.20	Base			60.0%	40.0%	
N33	Ward 37 Lri	24	37.34	3.51	3.15	1.42	1.56	Base			60.0%	40.0%	
N36	Ward 23 Lri	28	33.61	3.50	1.78	1.41	1.20	Base			60.0%	40.0%	
N38	Ward 38 Lri	28	32.54	2.23	2.64	1.30	1.16	Base			60.0%	40.0%	
N39	Infectious Diseases Unit	18	23.81	2.15	0.99	1.31	1.32	Specialist			60.0%	40.0%	
N51	Ward 19 Lri	30	33.52	1.50	5.58	1.41	1.12	Specialist			60.0%	40.0%	
N52	Ward 2 Lgh	21	24.12	9.37	10.23	1.32	1.15	Specialist			60.0%	40.0%	
N56	Ward 8 Lgh	15	28.40	3.55	0.11	1.84	1.89	Specialist			60.0%	40.0%	
N57	Stroke Unit - Ward 25 & 26 Lri	36	58.66	1.79	8.89	1.61	1.63	Specialist			70.0%	30.0%	
N60	Ydu Wakerley Lodge Lgh	8	17.81	0.35	0.18	2.40	2.23	Specialist			60.0%	40.0%	
N61	Brain Injury Unit Lgh	7	18.40	1.63	0.00	3.06	2.63	Specialist			70.0%	30.0%	
N84	Fielding Johnson - Medicine	20	27.16	7.99	3.86	1.60	1.36	Base			60.0%	40.0%	
N92	Ward 34 Lri	26	34.42	1.82	1.48	1.37	1.32	Base			60.0%	40.0%	
B01	Onc Ward East	19	21.23	2.24	0.08	1.28	1.12	Base			65.8%	34.2%	
B02	Osbourne Assessment Unit	6	10.23	1.01	0.12	2.04	1.71	Specialist			67.0%	33.0%	
B06	Onc Ward West	19	23.54	0.78	0.24	1.28	1.24	Base			72.5%	27.5%	
B21	Haem Ward	22	26.51	1.18	0.56	1.52	1.21	Specialist			71.5%	28.5%	
B24	Bmtu	5	13.72	0.43	0.00	3.02	2.74	Specialist			96.7%	3.3%	
N29	Ward 29 Lri	28	36.62	1.14	8.48	1.31	1.31	Base			60.0%	40.0%	
N30	Ward 30 Lri	30	33.91	0.25	1.94	1.32	1.13	Base			60.0%	40.0%	
S75	Ward 26 Lgh	25	35.78	12.16	0.31	1.12	1.43	Base			65.7%	34.3%	
W63	Sau - Lri	30	39.00	0.93	1.39	1.51	1.30	Specialist			56.3%	43.7%	
W64	Ward 22 - Lri	30	35.24	3.80	0.48	1.21	1.17	Base			63.3%	36.7%	
W70	Ward 29 - Lgh	27	31.75	0.15	0.00	1.42	1.18	Base			58.1%	41.9%	
W71	Ward 22 - Lgh	20	26.00	0.13	0.00	1.32	1.30	Base			61.8%	38.2%	
W72	Ward 28 - Lgh	25	31.69	1.33	0.88	1.41	1.27	Base			62.4%	37.6%	
W73	Ward 20 - Lgh	20	34.08	15.19	0.00	1.22	1.70	Base			60.8%	39.2%	
W74	Sacu - Lgh	6	15.82	0.28	0.56	2.78	2.64	Specialist			68.4%	31.6%	
C60	Itu Gh	19	110.54	0.00	0.00	6.60	5.90	ITU			92.3%	7.7%	
A10	Itu Lri	15	90.60	0.08	0.00	6.75	6.09	ITU			89.0%	11.0%	
A11	Itu Lgh	8	54.44	0.03	0.00	7.43	6.85	ITU			95.2%	4.8%	
Y13	Ward 17 Lri	30	37.43	1.51	0.17	1.43	1.25	Base			57.5%	42.5%	
Y14	Ward 18 Lri	30	34.75	0.38	0.00	1.41	1.16	Base			55.2%	44.8%	
Y16	Ward 32 Lri	24	39.42	1.03	1.18	1.62	1.64	Specialist			56.3%	43.7%	
Y23	Ward 18 Lgh	15	24.13	0.00	0.00	0.88	1.61	Base			76.8%	23.2%	
Y24	Ward 14 Lgh	20	23.36	2.63	0.00	1.19	1.17	Base			66.5%	33.5%	
W13	Ward 7 - Lri	29	33.48	2.38	0.22	1.19	1.15	Base			57.6%	42.4%	
W23	Kinmouth Unit	14	21.91	0.37	0.00	1.81	1.57	Specialist			65.1%	34.9%	
W43	Ward 21 - Lri	28	34.60	6.80	0.00	1.20	1.24	Base			60.9%	39.1%	
C61	Paediatric Itu	6	40.93	0.00	3.26	7.18	6.82	ITU			100.0%	0.0%	
D11	Ward 11	12	29.56	0.00	0.25	3.10	2.46	Specialist			67.3%	32.7%	
D12	Ward 12	5	19.00	0.22	0.00	5.72	3.80	Specialist			83.1%	16.9%	
D13	Children'S Intensive Care Unit	6	40.82	0.00	3.60	6.70	6.80	ITU			94.7%	5.3%	
D14	Children'S Admissions Unit	9	17.87	0.00	0.00	2.89	1.99	Specialist			68.6%	31.4%	
D17	Ward 27 - Childrens	9	22.06	0.00	0.00	3.18	2.45	Specialist			80.0%	20.0%	
D40	Ward 28 - Childrens	14	19.88	0.80	0.00	1.86	1.42	Specialist			73.6%	26.4%	
D41	Ward 10	14	20.88	0.00	0.00	1.97	1.49	Specialist			69.2%	30.8%	
D51	Ward 14	19	24.96	0.00	0.00	1.42	1.31	Specialist			69.7%	30.3%	
X10	Neo-Natal Unit (Lri)	24	77.13	0.00	0.00	3.76	3.21	Specialist			89.8%	10.2%	
X13	N.I.C.U. (Lgh)	12	24.60	0.00	0.00	2.40	2.05	HDU			65.3%	34.7%	
X34	Ward 5 Obstetrics (Lri)	26	36.54	0.00	0.00	1.54	1.41	Specialist			59.9%	40.1%	
X35	Ward 6 Obstetrics (Lri)	26	39.14	0.00	0.00	1.65	1.51	Specialist			63.4%	36.6%	
X37	Lgh Delivery Suite & Ward 30	32	103.69	0.00	0.00	3.56	3.24	HDU			76.4%	23.6%	
X51	Gau	20	22.26	0.21	0.50	1.44	1.11	Base			66.8%	33.2%	
X57	Lgh Ward 31 Gynae	21	26.81	0.11	0.00	1.38	1.28	Base			61.3%	38.7%	

Appendix 3 OPERATIONAL PERFORMANCE EXCEPTION REPORT

REPORT TO: TRUST BOARD
DATE: NOVEMBER 2013
REPORT BY: RICHARD MITCHELL, CHIEF OPERATING OFFICER
SUBJECT: 18 WEEK RTT DELIVERY

Present state

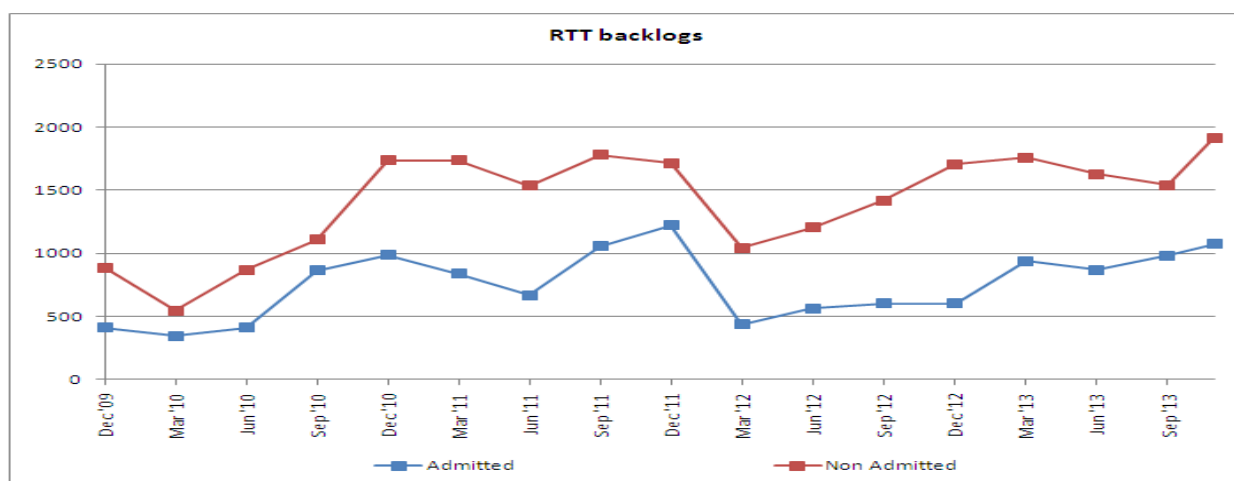
The Trust is required to ensure that at least 90% of patients on an admitted pathway and 95% on a non-admitted pathway are seen and treated within 18 weeks from time of referral. From 2013/2014, this target is measured at specialty level.

RTT admitted performance for October was 83.5% with significant speciality level failures in General Surgery, Orthopaedics, Ophthalmology and ENT.

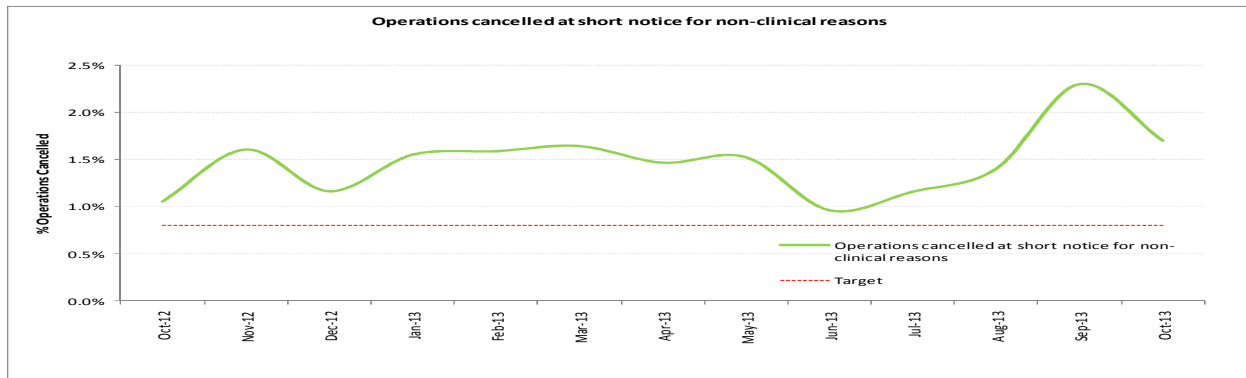
Non-admitted performance during October was 92.8%, with the significant specialty level failures in Orthopaedics and Ophthalmology. The deterioration in performance during October was as a result of the continuation of the plan to reduce the number of non-admitted patients waiting 18+ weeks.

Commissioners issued a formal ‘joint failure to agree’ notice regarding RTT backlogs and the Trust recover action plan has not yet been formally agreed. During October The Trust invited the IST (Intensive support team) in to formally review capacity and demand for the challenged specialties: ENT, Orthopaedics, General Surgery and Ophthalmology. This work clearly shows a core capacity gap in both outpatients and electives.

The graph below illustrates the long standing backlogs in non admitted and admitted specialties which is symptomatic of this underlying capacity gap. In addition to this the imperative to achieve monthly performance has meant that historically not all RTT patients were treated strictly in date order. This is no longer the case. The result is that at both speciality and Trust level performance has continued to be below standard.



The ongoing cancellations of elective activity resulting from acute bed pressures is an additional cause of backlog retention.



Commissioners have requested a final recovery action plan under the contractual requirements by the 28th November. Prior to submission this will be discussed at the Executive Team Performance Board on 26th November. Key to the delivery of a sustainable plan will be, ensuring core capacity is adequate and that backlogs are significantly reduced. Sourcing additional capacity will involve additional in house activity and both local and non local independent sector capacity.

Recovery of the admitted and non admitted standards at Trust and speciality level is not anticipated until the new financial year.

Appendix 4 - OPERATIONAL PERFORMANCE EXCEPTION REPORT

REPORT TO: TRUST BOARD
DATE: NOVEMBER 2013
REPORT BY: RICHARD MITCHELL, CHIEF OPERATING OFFICER
AUTHOR: MONICA HARRIS – CMG MANAGER
CMG DIRECTOR: PAUL SPIERS
SUBJECT: CANCELLED OPERATIONS UPDATE

Present state

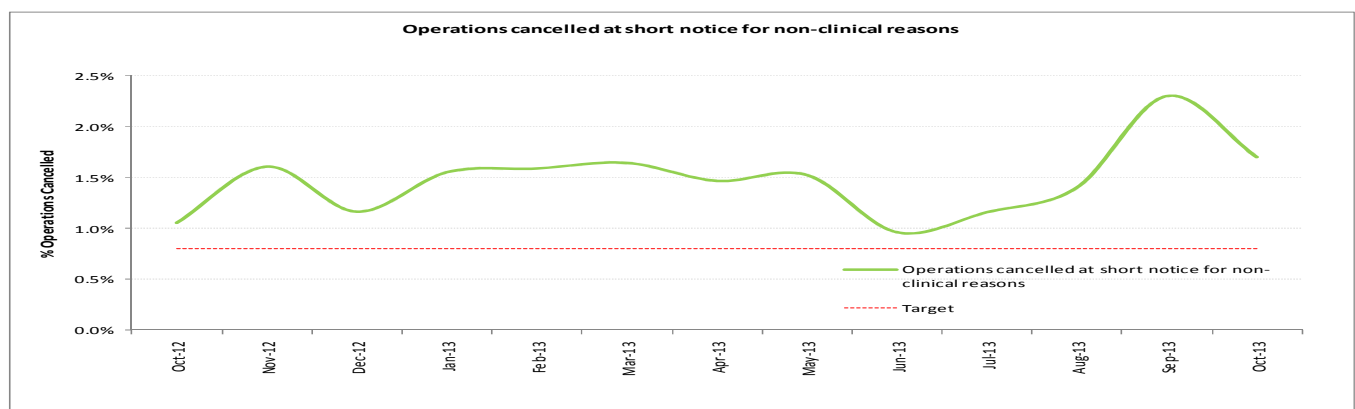
The cancelled operations target comprises of three components:

1. The % of cancelled operations for non clinical reasons on the day of admission
2. The % of patients cancelled are offered another date within 28 days of the cancellation
3. The number of urgent operations cancelled for a second time

For October we met only one of the three targets. Our performance for cancelled operations ‘on the day’ for non clinical reasons and our performance for offering another date within 28 days continues to fall below that of the national target but we were able to ensure that no urgent operations were cancelled for a second time.

The % of cancelled operations for non-clinical reasons on the day of admission

Performance in October shows that the percentage of operations cancelled on/after the day of admission of all elective activity for non-clinical reasons was **1.7%** against a target of 0.8%. Performance in October is showing an improvement when compared to the September.



The two main reasons for cancellations were due to lack of bed capacity, 75%, and lack of theatre time /list overruns, 17.5%.

The highest number of cancellations was due the lack of bed capacity, 75%, this is mainly due to the lack of a hospital bed. Only on two occasions was it as a result of a HDU/ITU bed. The other reasons are detailed below in table one and are responsible for the remaining 25% of cancellations.

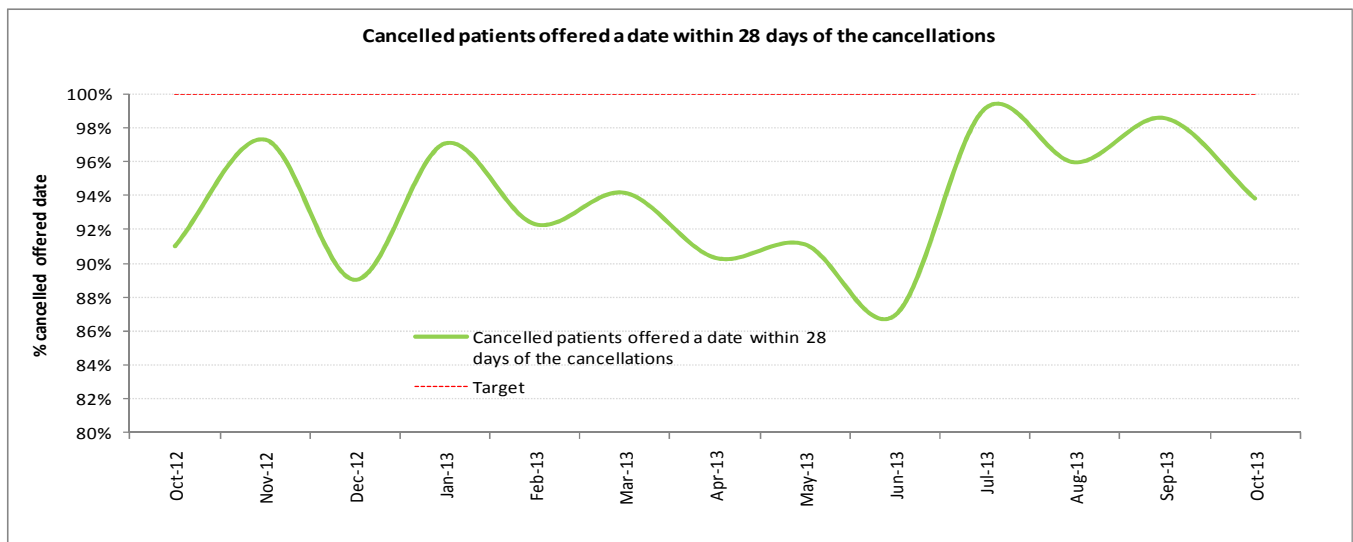
Other	HOSPITAL CANCEL - CASENOTES MISSING	5
	HOSPITAL CANCEL - LACK ANAESTHETIC STAFF	5
	HOSPITAL CANCEL - LACK SURGEON	2
	HOSPITAL CANCEL - LACK THEATRE EQUIPMENT	4
	HOSPITAL CANCEL - LACK THEATRE STAFF	1
	HOSPITAL CANCEL - LACK THEATRE TIME / LIST OVERRUN	29
	HOSPITAL CANCEL - MRSA TEST RESULTS	1
	UNREASONABLE OFFER TO PATIENT	
	TOTAL	47

Table 1 the reasons for 'other' cancellations.

The second highest reason for cancellation was the lack of theatre time/list overruns, which in the majority of cases appears to be due to a significant number of lists starting late resulting in patients on the lists being cancelled. Further analysis is being undertaken to understand in more detail the reasons for late starts.

The % of patients cancelled are offered another date within 28 days of the cancellation

The percentage offered a date within 28 days of the cancellation was **93.8%** against a revised threshold of 100%. Plans are in place to monitor performance and regain our position for November.



Work is currently being undertaken to review and update the current action plan in response to the contract query that has been submitted from our CCGs. Following a formal meeting with the CCGs an agreement was reached to update the plan presented and will this be available in November 2013.