

	TRUST BOARD									
From:	Rachel Overfield, Kevin Harris, Richard Mitchell Kate Bradley Andrew Seddon									
Date:	26th September 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 August.									
The Report is provided to the Board for:	<table border="1"> <tr> <td>Decision</td> <td></td> <td>Discussion</td> <td>√</td> </tr> <tr> <td>Assurance</td> <td>√</td> <td>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 ❖ Zero Never Events reported in August ❖ 62 day cancer – confirmed performance in July was 85.7%, against a national target of 85% (and the local recovery trajectory of 85%). August is on track to deliver above trajectory. ❖ C Difficile – ahead of trajectory to date with 26 reported against cumulative target of 27. Monthly target for the rest of the year is 5 a month with a full year trajectory of 67. ❖ VTE - The 95% threshold for VTE risk assessment within 24 hours of admission has been achieved for July and August. <p>Areas to watch:-</p> <ul style="list-style-type: none"> ❖ Friends and Family Test - Performance on the FFT score has improved from 66.0 in July to 69.6 in August. ❖ Imaging – delivered for August but target missed in April. Action plan is being monitored to ensure sustainable delivery. ❖ C&B – performance similar to this time last year and target is still not delivered. ❖ Stroke Performance - Remedial Action Plan has been received and accepted by commissioner. Monthly updates required to CPM from September. The percentage of stroke patients spending 90% of their stay on a stroke ward in July (reported one month in arrears) is 87.1% against a target of 80%. 									

Trust Board Paper X

Exceptions/Contractual Queries:-

- ❖ Pressure Ulcers - The UHL Pressure Ulcer Remedial Action Plan (RAP) has been updated and progress has been made against all but one of the actions (the development of an IT database to record avoidable pressure ulcers). Unfortunately, the recovery trajectory has not been achieved for August.
- ❖ ED 4hr target - Performance for emergency care 4hr wait in August was 90.1%. Actions relating to the emergency care performance are included in the ED exception report. Regular monitoring in line with agreed recovery trajectory via the CPM and Urgent Care Board meetings.
- ❖ Cancelled Operations – August performance shows that the percentage of operations cancelled on/after the day of admissions of all elective activity for non-clinical reasons was 1.4% against a target of 0.8%, exception report and action plan attached.
- ❖ RTT admitted -. Commissioners have rejected the latest plan and are withholding 2% of the contract value from September 13 onwards until a plan is agreed.
- ❖ Ambulance Handovers - Remedial Action Plan and recovery trajectory have been accepted by the commissioners.

Finance:-

- ❖ The Trust is reporting a deficit at the end of August 2013 of £13.4m, which is approximately £12.5m adverse to the planned deficit of £0.9m.
- ❖ Patient care income £1.7m (0.6%) favourable against Plan, mainly due to outpatients
- ❖ Pay costs are £8.2m over budgeted Plan. 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 performance of £1.6m adverse to Plan
- ❖ Adverse variances across all Divisions.

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 Provider Management Regime and the FT application	
Patient and Public Involvement (PPI) Implications Underachievement of targets potentially has a negative impact on patient experience and Trust reputation	
Equality Impact N/A	
Information exempt from Disclosure N/A	
Requirement for further review? Monthly review	

Caring at its best

Quality and Performance - August 2013

Trust Board

Thursday 26th September 2013

One team shared values

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 26th SEPTEMBER 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: AUGUST 2013 QUALITY & PERFORMANCE SUMMARY REPORT

1.0 INTRODUCTION

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

2.0 2013/14 NTDA Oversight – Routine Quality and Governance 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	YTD
30 day emergency readmissions	7.0%	7.8%	7.5%	7.8%	7.7%	7.7%	7.5%		7.6%
Unavoidable Incidence of MRSA	0	2	0	0	0	0	0	0	0
Incidence of C. Difficile	67	94	6	7	2	15	6	5	26
Safety Thermometer Harm free care		94.1%*	92.1%	93.7%	93.6%		93.8%	93.5%	
Never events	0	6	1	0	0	1	0	0	1
C-sections rates	23%	23.9%	23.8%	26.1%	26.1%	25.3%	25.0%	25.2%	25.2%
Maternal deaths	0	0	0	0	0	0	0	0	0
Avoidable Pressure Ulcers (Grade 3 and 4)	0	98	11	4	8	23	8	8	39
SHMI	100	104.5	104.5	104.5	104.5		104.9	104.9	
VTE risk assessment	95%	94.5%	94.1%	94.5%	93.1%	93.9%	95.9%	95.2%	94.6%
Open Central Alert System (CAS) Alerts		13*	14	9	15		36	10	
WHO surgical checklist compliance	100%	Yes*	Yes	Yes	Yes	Yes	Yes	Yes	Yes

* as at March 2013

Quality Governance Indicators	Target	2012/13	Apr-13	May-13	Jun-13	Qtr1	Jul-13	Aug-13	YTD
Patient satisfaction (friends and family)		64.5	66.4	73.9	64.9		66.0	69.6	
Sickness/absence rate	3.0%	3.4%	3.3%	3.1%	3.1%	3.2%	3.3%	3.5%	3.3%
Proportion temporary staff – clinical and non-clinical (WTE for Bank, Overtime and Agency)			5.6%	5.9%	5.6%		5.6%	5.5%	
Staff turnover (excluding Junior Doctors and Facilities)	10.0%	9.0%*	8.8%	8.9%	9.2%	9.0%	9.5%	9.3%	
Mixed sex accommodation breaches	0	7	0	0	0	0	0	0	0
% staff appraised	95%	90.1%	90.9%	90.2%	90.7%		92.4%	92.7%	
Mandatory Training	75%		45%	46%	46%		48%	49%	

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. Our 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 our 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 SHMI¹	104.9 Jan-Dec 12	TBC ●	TBC Dec-15	Harm reports / 1k bed days⁴	39.3 Jul-Dec 12	36.2 ●	33.0 Dec-15	FFT (Net promoter Score)⁸	57.5 Jul-Dec 12	69.6 ●	75.0 Dec-15
OOH SHMI²	108.6 Jan-Dec 12	TBC ●	TBC Dec-13	Fall reps / 1k bed days >65⁵	9.2 Oct-Dec 12	6.7 ●	7.5 Dec-13	Older pat. survey Qs⁹	85.5% Jul-Dec 12	87.2 ●	88.3% Dec-13
SHMI for resp. patients³	110.5 Jan-Dec 12	TBC ●	TBC Dec-13	ED X-rays reported <24hr⁶	49.6% Jan-13	53.8% ●	75.0% Dec-13	Discharge survey Qs¹⁰	84.6% Jul-Dec 12	83.5% ●	89.6% Dec-13
				Adherence to W-R template⁷	TBC TBC	TBC ●	TBC Dec-13				

Key:

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

Respiratory pathway

The pathway has been launch successfully with exclusion criteria agreed by GH & LRI. Only minor teething problems have been experienced and bed capacity issues have not been realised. Recent audits however have revealed a poor level of adherence to the application of the BTS care bundle. The criteria for exclusion are to be reviewed in October and the pathway may well be expanded. In September two dedicated pneumonia nurses started their posts and will manage the pneumonia care pathway across both the LRI and GH sites.

Out-of-hours

The Hospital 24/7 programme has been launched successfully at GH, LGH and LRI. Connectivity issues have caused early problems but these have been fixed ahead of the LRI launch. Early response time metrics have been very promising. Handover processes, phlebotomy cover & culture around calling consultant have been identified as further areas for focus. A work plan for calling culture is being developed under the leadership of the Consultant Respiratory Intensivist. We are currently developing plans to incorporate handover and phlebotomy cover into the QCP.

Avoid 5000 harms

Falls

Well-focussed ward engagement (in the form of confirm and challenge sessions) is continuing to produce excellent results. Impressive drops in fall numbers have been observed in Datix reports and in the Safety Thermometer audit. Initiatives being trialled include cohorting into dedicated fall-risk bays, risk assessment & identification systems & staff training.

Ward-round

The checklist and template have received wide-spread support from the heads of service, with few minor changes suggested. Previous issues with Ward Round Leads capacity have been resolved. This work 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

The work component looking at within-radiology turnaround times is currently being paused to support similar work being led by Interim Project Manager. The Consultant Radiologist has agreed to lead the engagement within radiology. A second sub workstream considering image commissioning is due to kick-off soon led by a FY2 leadership & management fellow under the supervision of the Consultant in Pain Management.

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

The discharge workstream is 2-3 months behind schedule due to handover from the Discharge Project Lead to the Project Manager. There is some concern with due to the decline over the past 12 months in the discharge experience survey question scores.

3.2 Mortality Rates

Mth	Qtr1	YTD
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The latest SHMI covers the period Jan to Dec 12 and UHL's SHMI value is 104.91 (i.e. 105) which is a slight increase from the 104.5 for Oct 11 to Sept 12 and is still above the England average of 100 but is within expected.

UHL's 'rebased' HSMR for 12/13 is 101 (within expected) and will be published in the 2013 Hospital Guide (due in November). UHL's HSMR for the Apr 13 to June 2012 is 91.8. Dr Fosters have recently changed their HSMR methodology which should support more accurate patient matching, particularly where patients have several episodes of care or are transferred to other hospitals.

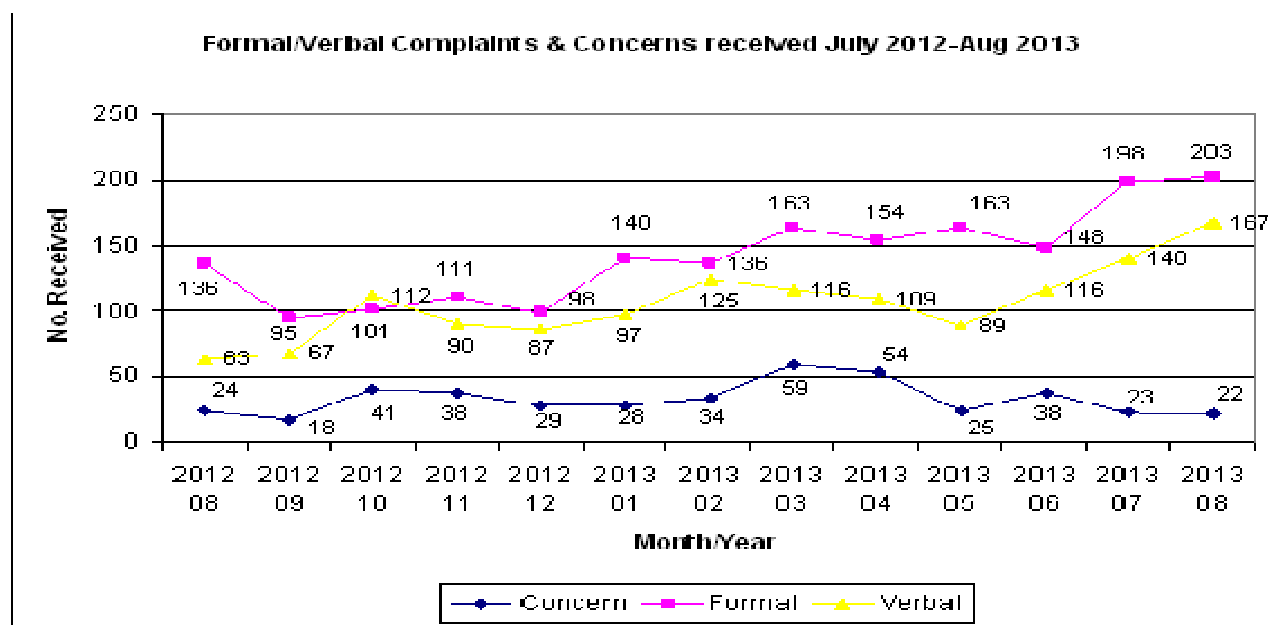
The Trust is about to subscribe to the Healthcare Evaluation Data (HED) system which will enable us to analyse 'out of hospital' death aspect of the SHMI.

3.3 Patient Safety

August showed another mixed picture on safety performance. Improved CAS compliance, a reduction in serious injury relating to falls, a reduction in EWS incidents and a marginal reduction in SUIs reported are all positive. However this month saw a further increase in incident forms relating to inadequate staffing levels and an increase in capacity issues reported.

In August, 11 new Serious Untoward Incidents (SUIs) were opened within the Trust, 4 of which were patient safety incidents, 6 were Hospital Acquired Pressure Ulcers and one was a Healthcare Acquired Infection. Four patient safety root causes analysis (RCA) investigation reports were completed and signed off. No Never Events were reported in August.

Complaints activity, particularly complaints relating to the Ophthalmology Service and complaints relating to discharge remain high in August although pleasingly the Trust's overall complaints performance has improved again. The trend of complaints is detailed below:-



3.4 5 Critical Safety Actions

Mth	Qtr1	YTD
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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.

The good news is that for Quarter 1 the CSA programme achieved Green with 100% CQUIN funding. For Quarter 1 the CSA programme saw a 50% reduction in SUIs against the same period last year.

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:-

- ❖ Pilot work with alternative handover system from Nerve Centre continues with doctors within general/vascular surgery at LRI. ACCA final took place mid June 2013. Report now deferred to 4th September QPMG meeting for Trust endorsement.
- ❖ Meeting to discuss business plan to procure and purchase system took place on 30th August. Positive meeting with plan to take business plan to commercial exec meeting at the end of September for approval.

- ❖ A template has been sent to all CBU leads to complete to identify and re-scope current handover practice for doctors in each speciality. Still awaiting feedback from many specialities despite several emails to chase. This evidence is required for CQUIN compliance.

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. Agreement of reporting of adults EWS response times OOH to EWS>6.
- ❖ Initial report from Nerve Centre with response time data for EWS>4 shows that at out of hours at the GH and LGH sites more than 95% of calls have been responded within 30 minutes as per pathway. LRI data will be available when 24/7 fully implemented.

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:-

- ❖ The first meeting of the Task and Finish group to support and assist divisions to implement the Diagnostic testing policy took place on 6th August for the Acute divisional leads. Disappointingly only one consultant attended from the Acute division and there was no representative from imaging or pathology.

4. Senior Clinical Review, Ward Rounds and Notation

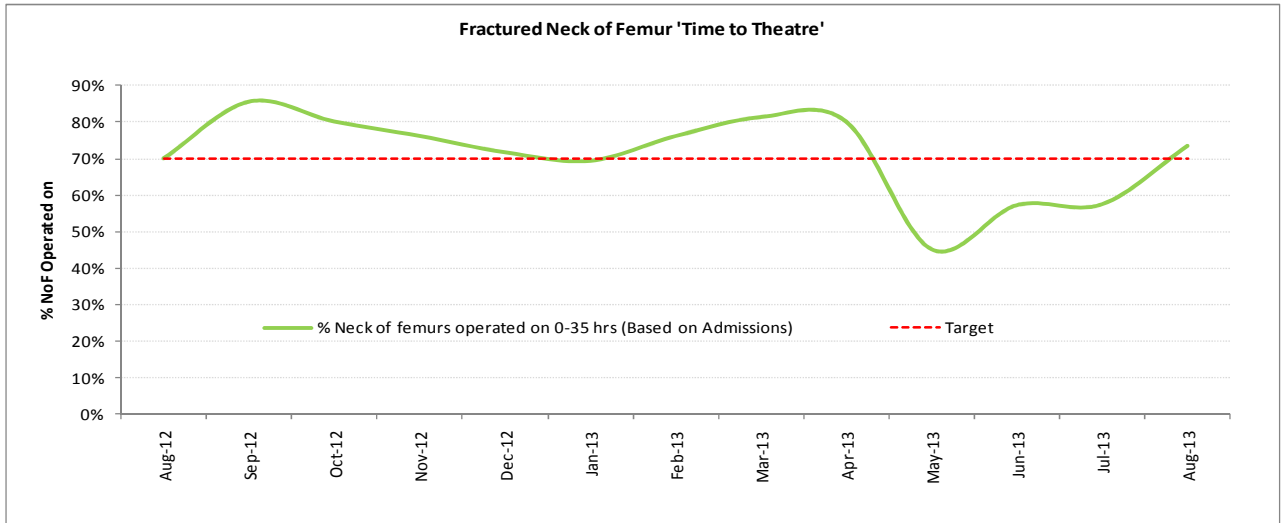
Aim -To meet national standards for clinical documentation. To provide strong medical leadership and safe and timely senior clinical reviews and ensure strong clinical governance.

Actions:-

- ❖ Work has commenced with the audit team to progress work on an audit of ward round standards that will be an ongoing feature of Trust audit.
- ❖ Consultant ward round standards signed up to as part of the RPC work in the acute division will be audited throughout October.
- ❖ Useful meeting with UCLH lead to discuss implementation of a ward round safety checklist into a large Trust.
- ❖ Comments from CBUs have been considered and the final version and implementation plan for the UHL ward round safety checklist will be submitted to the Medical Director for approval.
- ❖ Change to ward round documentation following use in the acute division and discussion with clinical leads to be submitted to the Medical Director for approval.

3.5 Fractured Neck of Femur 'Time to Theatre'

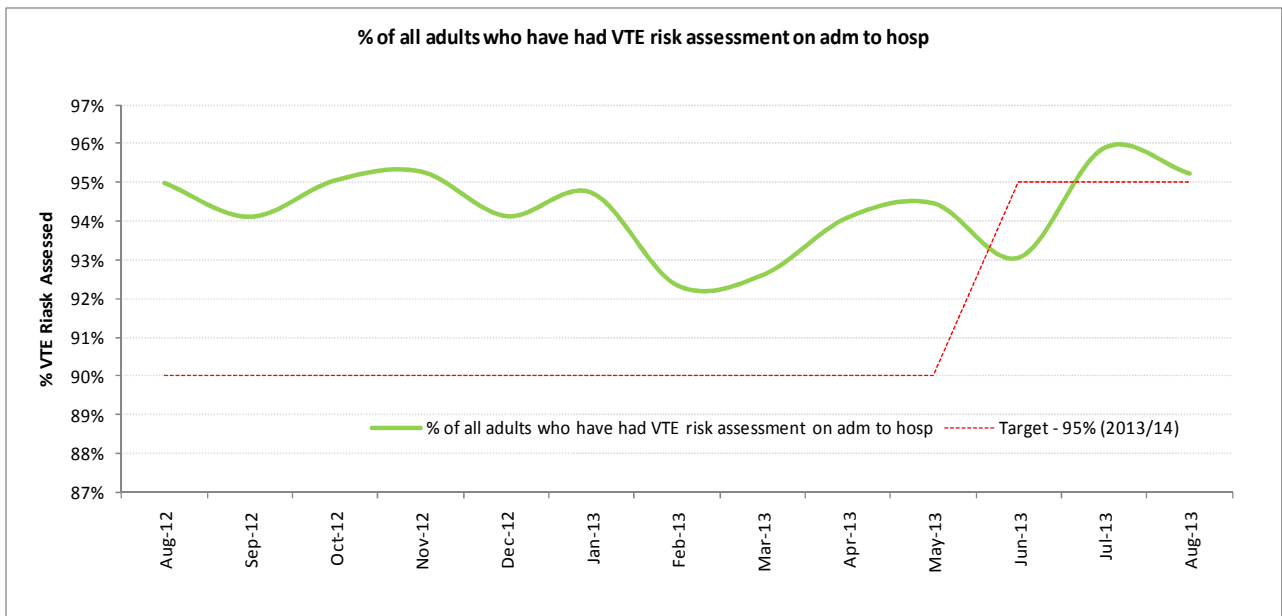
Mth
Qtr1
YTD



There was an improvement in performance in August for fractured neck of femur patients 'time to theatre' within 36hrs, at 73.6%. For further details see the fracture neck of femur 'time to theatre' exception report – Appendix 1.

3.6 Venous Thrombo-embolism (VTE) Risk Assessment

Mth
Qtr1
YTD



The 95% threshold for VTE risk assessment within 24 hours of admission has been achieved for August at 95.2%. This is primarily due to an increase in the number of patients whose VTE risk assessment details have been entered onto Patient Centre.

3.7 CQUIN Schemes

Quarter 1

The Quarter 1 performance RAG for both the CCG and Specialised Services monitored CQUINs has now been finalised and all CQUIN thresholds were achieved with the exception of the VTE risk assessment of the National CQUIN for Thromboembolism (financial penalty = £177k).

Quarter 2

All CQUIN schemes are currently on track for meeting Q2's requirements although commissioners have noted that there is variation between wards and ED areas in the Friends and Family Test response rate July CQUINs.

Schedule	Ref	Indicator Title and Detail	Q2 Predicted RAG	Q2 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 implementing FF&T ahead of timescales. ED increasing response rate and overall UHL has maintained 15% response rate and on track to achieve end of year 20%.
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	tbc	Mthly data submitted – agreed will need to capture VTE data in order to have UHL's 'harm free care' % included in the national tool. Thresholds to be confirmed for CAUTIs and Falls
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 in July for all 3 parts of the Screening, Risk Assessment and Referral indicator.
			A	Risk to meeting the Dementia Training Plan targets.
				Carers Survey undertaken.
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 and work in progress in respect of VTE RCAs
LLR CQUIN	Loc 1	Making Every Contact Count Increased advice and referral to STOP and ALW	G	Good progress being made with Smoking Cessation, Alcohol Reduction aspects of MECC. Some delays with progressing the Health Eating part.
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	

Schedule	Ref	Indicator Title and Detail	Q2 Predicted RAG	Q2 Performance Comments
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	A	Respiratory pathway in place since 1 st July but anticipate recent capacity issues will have adversely affected implementation Pneumonia nurses appointed and due to start beginning of September.
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	
LLR CQUIN	Loc 5	Critical Safety Actions – Clinical Handover Acting on Results Senior Review/Ward Round Standards Early Warning Score	A	No Consultant or CBU Statements in respect of Acting on Results from Acute or W&C. Delays in implementing the Ward Round Standards in Acute. Good progress Clinical Handover and EWS CSAs.
LLR CQUIN	Loc 7	Implementation of DoH Quality Mark with specific focus on Dignity Aspects	G	Some areas of delay with progress but Co-ordinator now appointed and working closely with the Ward Sisters.
EMSCG CQUIN	SS1	Implementation of Specialised Service Quality Dashboards	G	All Dashboards submitted
EMSCG CQUIN	SS2	Bone Marrow Transplant (BMT) – Donor acquisition measures	G	Data submitted
EMSCG CQUIN	SS3	Fetal Medicine – Rapidity of obtaining a tertiary level fetal medicine opinion	G	Implementation Plan agreed/
EMSCG CQUIN	SS4	Increase use of Haemtrack for monitoring clotting factor requirements	G	Data submitted
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	Data submitted to the network
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	Baseline data submitted.
EMSCG CQUIN	SS7	Acute Kidney Injury	G	Progress made but need to clarify details
EMSCG CQUIN	SS8	PICU - . To prevent and reduce unplanned readmissions to PICU within 48 hours	G	Data submitted and action plan.

3.8 Theatres – 100% WHO compliance

Mth	Qtr1	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 August the checklist compliance stands at 100% and has been fully compliant since January 2013.

3.9 C-sections rates

Mth	Qtr1	YTD
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The C Section thresholds were locally agreed following the Regional 'Normalising Birth' CQUIN in 10/11.

For the past 3 months, the overall C Section rate has been higher than expected. A case note review has been completed which did not identify any decision making issues relating to Caesarean sections. Therefore a formal audit has been registered with the audit team. This will look at timing of decision making, who made the decision, consultant involvement and other factors.

Following discussion with the Women's and Children Commissioning Lead regarding the Maternity Dashboard threshold' for C Section rates, it was agreed on 17th September 2013 that a threshold of 23% is unrealistic - given the national C Section rates in 2011 were 24.8% (RCM, 2012). Therefore the dashboard thresholds will be altered from Quarter 3.

3.10 Safety Thermometer

The total number of harms recorded in UHL (i.e. old and new) increased very slightly, from 96 harms in July to 101 harms in August.

- The total prevalence of newly acquired harms recorded for July also decreased slightly from 51 to 45 harms.
- There was an increase in the prevalence of newly acquired pressure ulcers for the month of August of six ulcers.
- Falls prevalence has reduced from five to three falls. The falls validation process has highlighted the need for additional education for some wards in relation to the Safety Thermometer definition of a fall. Almost 50% of the original falls data was incorrect at validation.
- Because of variability in recent prevalence data for CAUTIs. The QAC are advised that the Infection Prevention Control team (IPC) will recommence the validation of CAUTIs at ward level
- The collection of VTE data for the Safety Thermometer has been deferred until September 2013.

		May-13	Jun-13	Jul-13	Aug-13
Number of patients		1686	1650	1514	1496
All Harms	Total No of Harms	110	108	96	101
	No of patients with no Harms	1580	1545	1420	1399
	% Harm Free	93.71%	93.64%	93.79%	93.52%
Newly Acquired Harms	Total No of Newly Acquired (UHL) Harms	51	51	45	52
	No of Patients with no Newly Acquired Harms	1636	1601	1469	1445
	% of UHL Patients with No Newly Acquired Harms	97.034%	97.030%	97.02%	96.59%
Harm One	All Pressure Ulcers (Grades 2, 3 or 4)	75	73	66	67
	No of Newly Acquired Grade 2, 3 or 4 Pus	27	26	19	25
Harm Two	No of Patients having fallen in hospital in previous 72 hrs	8	8	5	3
Harm Three	No of Patients with Urinary Catheter and Urine Infection (prior to or post admission)	27	27	25	31
	Newly Acquired UTIs with Catheter	16	17	21	24

Pressure Ulcer Incidence

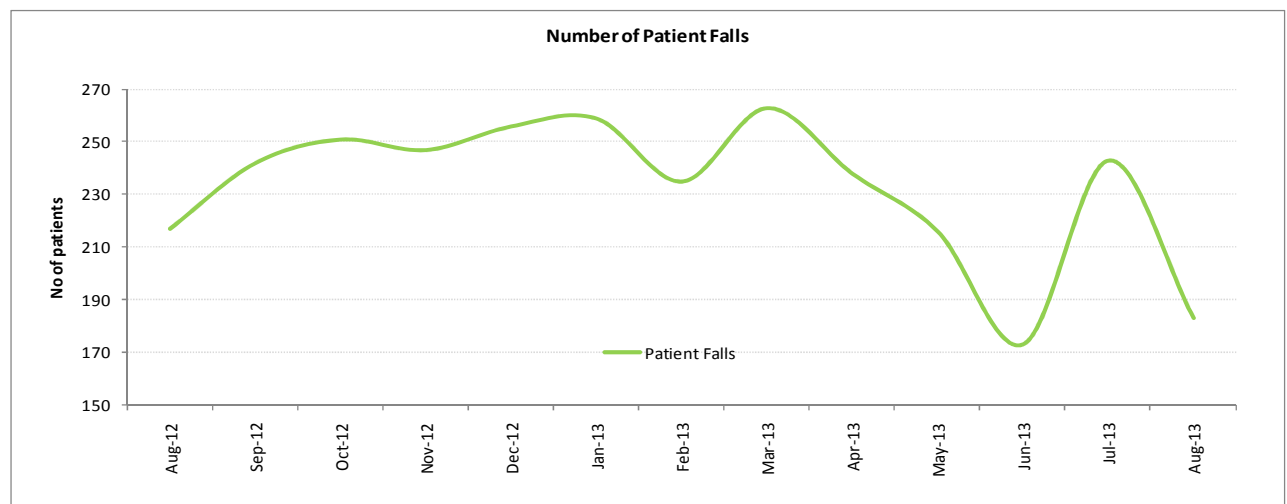
Mth	Qtr1	YTD
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The July Q&P report acknowledged the Contract Query Notice for pressure ulcers. The UHL Pressure Ulcer Remedial Action Plan (RAP) has been updated and progress has been made against all but one of the actions (the development of an IT database to record avoidable pressure ulcers). Unfortunately, the recovery trajectory has not been achieved for August.

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	19
Incidence Data	12	10	20	21	11								74
+ / -	-12	-10	-20	-10	-3								-55

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	9
Incidence Data	11	4	8	8	8								39
+ / -	-11	-4	-8	-3	-4								-30

Patient Falls



Although there was an increase in the number of falls reported in July, the overall trend is significantly down from the incidents reported in quarter 4 2012/13. A monthly confirm and challenge meeting is held with the Head of Nursing and Education and Practice Development Falls Lead. This is providing a formal structure for the review of falls and associated harm in 25 wards in the trust. A monthly report is produced, identifying the themes and actions required and this is then reviewed the following month.

4.0 **PATIENT EXPERIENCE – RACHEL OVERFIELD**

4.1 **Infection Prevention**

a) MRSA

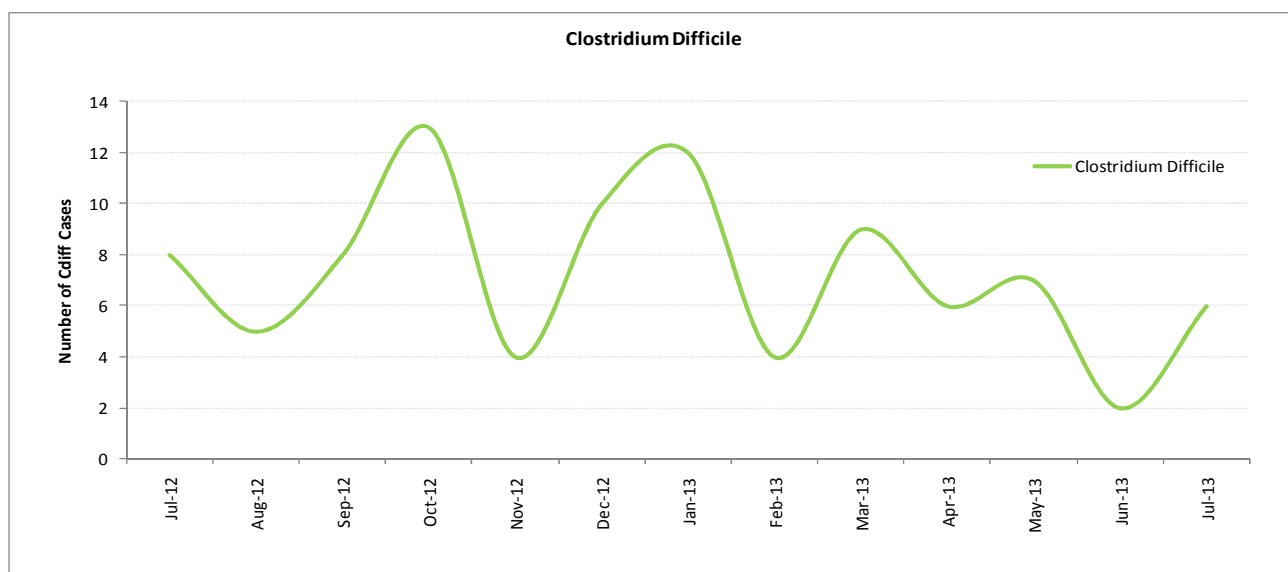
Mth	Qtr1	YTD
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The one bacteraemia reported in July was deemed unavoidable after the Post Infection Review meeting and there will be no financial penalty for the organisation

b) CDT

Mth	Qtr1	YTD
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Ahead of trajectory to date with 26 reported against cumulative target of 32. A Clostridium difficile working party has been established. An action plan has been produced and senior Divisional representation has been requested to support this group to achieve its strategic as well as clinical objectives.



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

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 August 2013, 2,645 Patient Experience Surveys were returned this is broken down to:

- 1,394 paper inpatient surveys
- 688 electronic surveys
- 563 ED paper surveys

Share Your Experience – Electronic Feedback Platform

In August 2013, a total of 688 electronic surveys were completed via email, touch screen, our Leicester's Hospitals web site or handheld devices.

A total of 153 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	1	1	0
Children's Urgent & ED Care	0	24	0	0	24	0
A&E Department	0	74	0	5	79	0
Eye Casualty	0	249	0	1	250	0
Glenfield CDU	0	17	0	0	17	0
Glenfield Radiology	3	0	0	0	3	4
IP and Childrens IP	0	0	0	15	15	0
Maternity Survey	0	0	240	4	244	0
Neonatal Unit Survey	0	0	0	15	15	1
Outpatient Survey	19	0	0	5	24	148
Windsor Eye Clinic	0	15	0	1	16	0
Total	22	379	240	47	688	153

In August 2013 Eye Casualty has been successful once again in surveying enough patients to meet the requirements of the Friends and Family Test. With 249 surveys on a single kiosk, the efforts of this team have demonstrated that the electronic platform can deliver in the face of these demanding targets, and without the post-survey processing delay and costs that paper surveys require.

Treated with Respect and Dignity

Mth	Qtr1	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

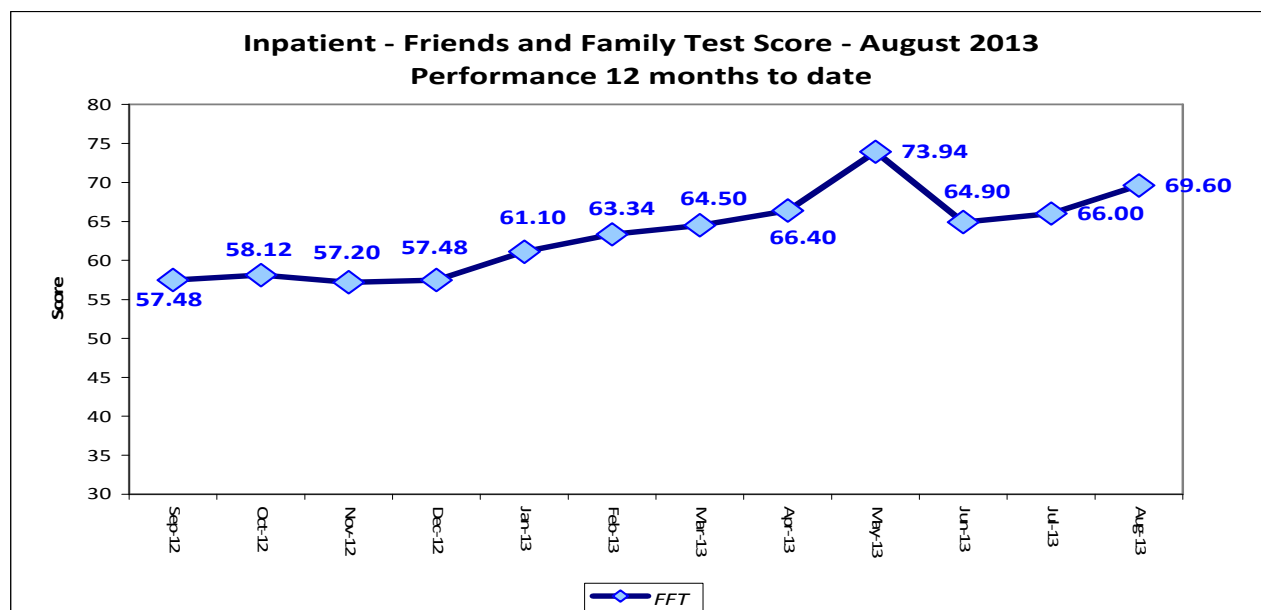
The inpatient surveys include the Friends and Family Test question; **How likely are you to recommend this ward to friends and family if they needed similar care or treatment?** Of the 1,394 surveys, 1,346 surveys included a response to this question and were considered inpatient activity (excluding day case / outpatients) and therefore were included in the Friends and Family Test score for NHS England.

Overall there were 6,114 patients in the relevant areas within the month of August 2013. The Trust easily met the 15% target achieving coverage of **22.0%**.

The Friends & Family Test responses broken down to:

Extremely likely:	991
Likely:	292
Neither likely nor unlikely:	39
Unlikely	13
Extremely unlikely	6
Don't know:	5

Overall Friends & Family Test Score 69.60



NHS England has begun publishing all trust's Friends and Family Test scores. July data was published at the end of August and the average Friend and Family Test score for England (excluding independent sector providers) was **70**.

Excluding under 20% response rates, independent sector and single specialty trusts out of the remaining 111 trusts UHL is ranked 75 for the July submission (Friends and Family Test score 66).

Division Performance Changes

All Divisions performed well in August. Both Planned, and Women's and Children's, showed an improvement on July's score. Acute Care maintained their Friends and Family Test score in August, sustaining the improvement they achieved in July.

Compared to July, most specialties maintained or improved their Friends and Family Test scores in August, with the exception of Emergency Medicine, Speciality Medicine, and Specialist Surgery.

A reduced number of responses were received from both Planned and Acute Divisions in August, with Planned Care showing a 32% drop in responses and Acute Care having an 8% fall in responses received when compared to July figures.

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Point Change in FFT Score (Jul – Aug 13)
UHL Trust Level Totals	66.4	73.9	64.9	66.0	69.6	+3.6
Acute Care	67	74	67	72	72	+0.0
Planned Care	65	72	62	58	64	+6.0
Women's & Children's	78	80	74	68	76	+7.8

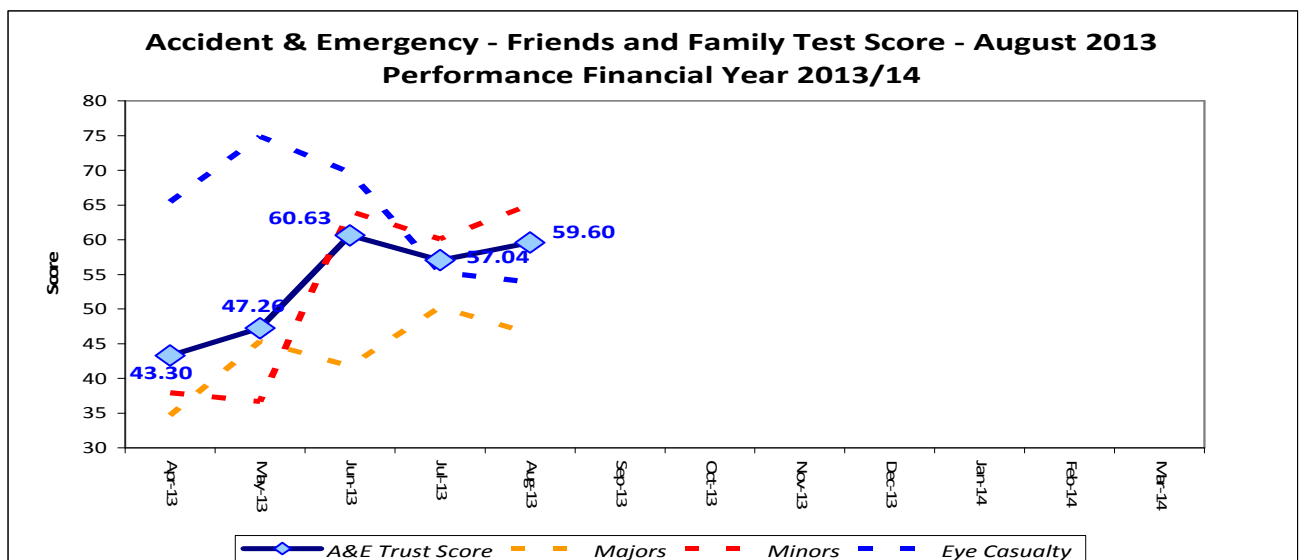
Emergency Department & Eye Casualty

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 4,912 patients who were seen in A&E and then discharged home within the month of August 2013. The Trust surveyed 793 eligible patients meeting 16.1% of the footfall. The Friends & Family test responses break down to:

Extremely likely:	507
Likely:	239
Neither likely nor unlikely:	21
Unlikely	13
Extremely unlikely	5
Don't know:	8

Overall Friends & Family Test Score 59.6



NHS England also published all trust's A&E Friends & Family Test scores. July data was published at the end of August and the average Friends and Family Test score for A&E in England was **54**.

UHL A&E is not included in the July national ranking because the department did not achieve the 15% returns. However for June A&E did achieve 15% and had a Friends and Family Test score of 61 and nationally was ranked **15** out of the 38 trusts that achieved the 15% return rate.

Details at hospital and ward level for those wards included in the Friends and Family Test Score are included in Appendix 2.

4.3 Nurse to Bed Ratios

Nurse to Bed Ratio by ward are reported in Appendix 3. 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

For the month of July 2013, one ward has fallen below the agreed minimum ratio and the action plan is attached – Appendix 4.

Vacancies for nursing and midwifery across UHL, is currently running at 335 wte for July 2013. Previous months have been 348 for June and 355 for May.

Nursing vacancies for ED are currently running at 48.5 wte in July with 35.3 wte waiting to start. This is an improving position.

4.4 Same Sex Accommodation

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

5.0 OPERATIONAL PERFORMANCE – RICHARD MITCHELL

Outcome Measures

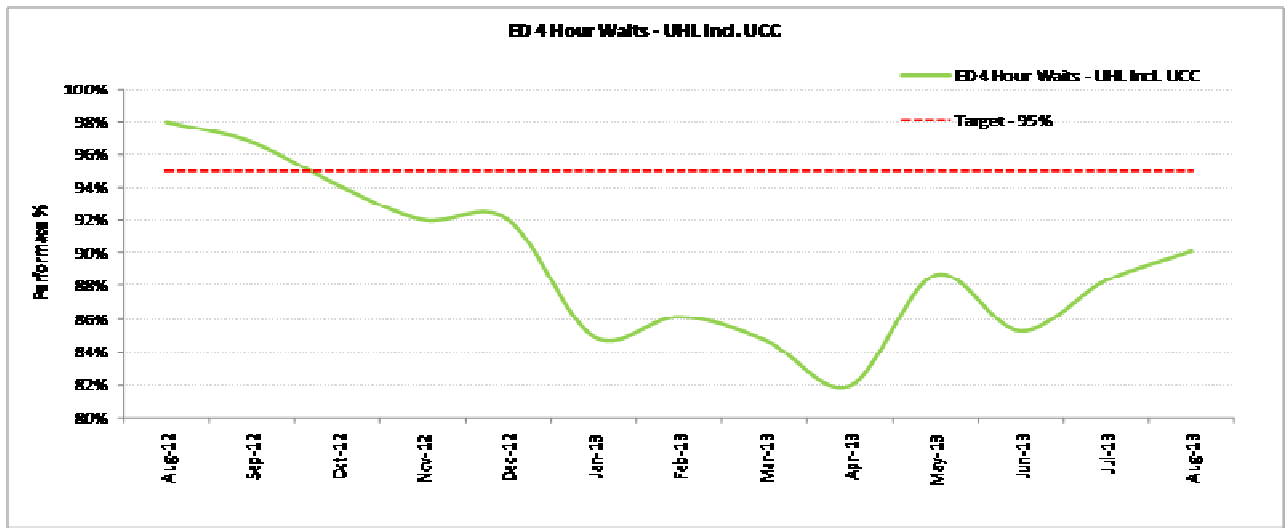
Performance Indicator	Target	2012/13	Sep-12	Q2	Oct-12	Nov-12	Dec-12	Q3	Jan-13	Feb-13	Mar-13	Q4	Apr-13	May-13	Jun-13	Q1 2013	Jul-13	Aug-13	YTD
A&E - Total Time in A&E (UHL+UCC)	95%	91.9%	96.8%	97.0%	94.2%	92.0%	92.0%	92.7%	84.9%	86.1%	84.7%	85.2%	82.0%	88.7%	85.3%	85.3%	88.3%	90.1%	86.8%
RTT waiting times – admitted	90%	91.3%	91%		91%	92%	92%		92%	92%	91%		88.2%	91.3%	85.6%	88.4%	89.1%	85.7%	
RTT waiting times – non-admitted	95%	97.0%	98%		97%	97%	97%		97%	97%	97%		97.0%	95.9%	96.0%	96.3%	96.4%	95.5%	
RTT - incomplete 92% in 18 weeks	92%	92.6%	94%		95%	94%	93%		93%	94%	93%		92.9%	93.4%	93.8%	93.4%	93.1%	92.9%	
RTT - 52+ week waits	0	1	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%	0.7%	0.5%	0.9%	0.6%	0.8%	
Cancelled operations re-booked within 28 days	95.0%	92.9%	100.0%	92.6%	91.0%	97.3%	89.0%	93.1%	97.1%	92.3%	94.2%	94.6%	90.4%	91.0%	86.4%	89.4%	99.1%	95.9%	92.9%
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%	1.3%
Cancelled operations on the day (vol)		1247	74	202	100	149	91	340	137	130	137	404	125	134	81	340	113	123	576
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
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%		94.3%
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%		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%		98.0%
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%
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%		97.4%
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%		99.2%
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%	85.7%		83.2%
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%		94.7%
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%	87.1%		80.4%
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%	64.9%
Choose and Book Slot Unavailability	4%		11%		10%	13%	8%		5%	10%	9%		7%	9%	13%		15%	14%	
Delayed transfers of care	3%	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%	3.5%

5.1 Emergency Care 4hr Wait Performance

Mth

Qtr1

YTD



Performance for emergency care 4hr wait in August was 90.1%. Actions relating to the emergency care performance are included in the ED exception report.

UHL ranked 141st out of 145 Trusts with Type 1 Emergency Departments in England for the four weeks up to 8th September 2013. Over the same period 101 out of 145 Acute Trusts delivered the 95% target

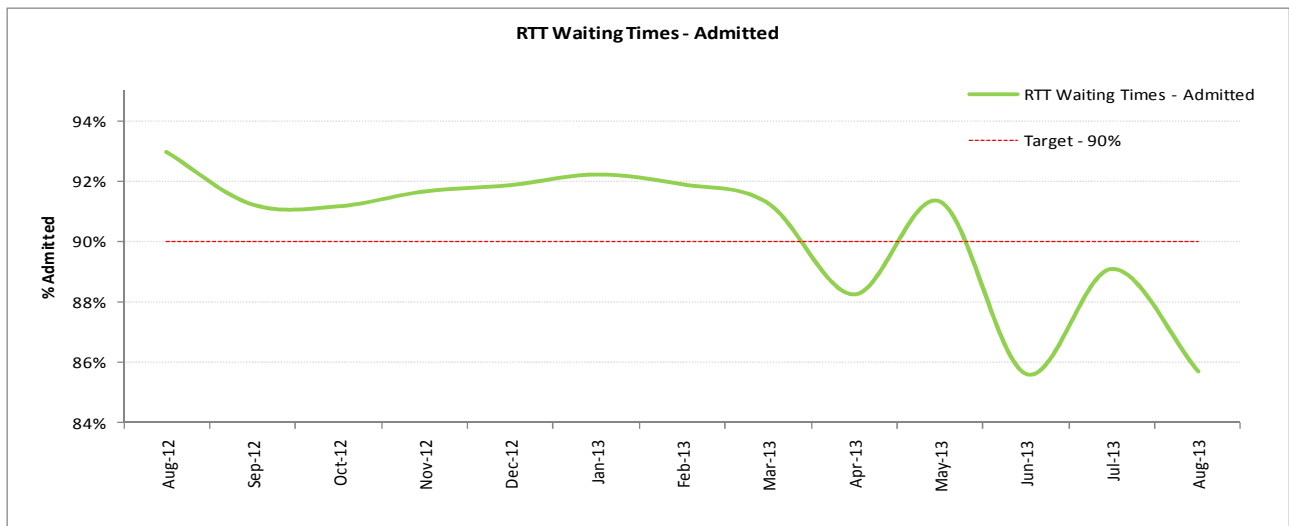
5.2 RTT – 18 week performance

a) RTT Admitted performance

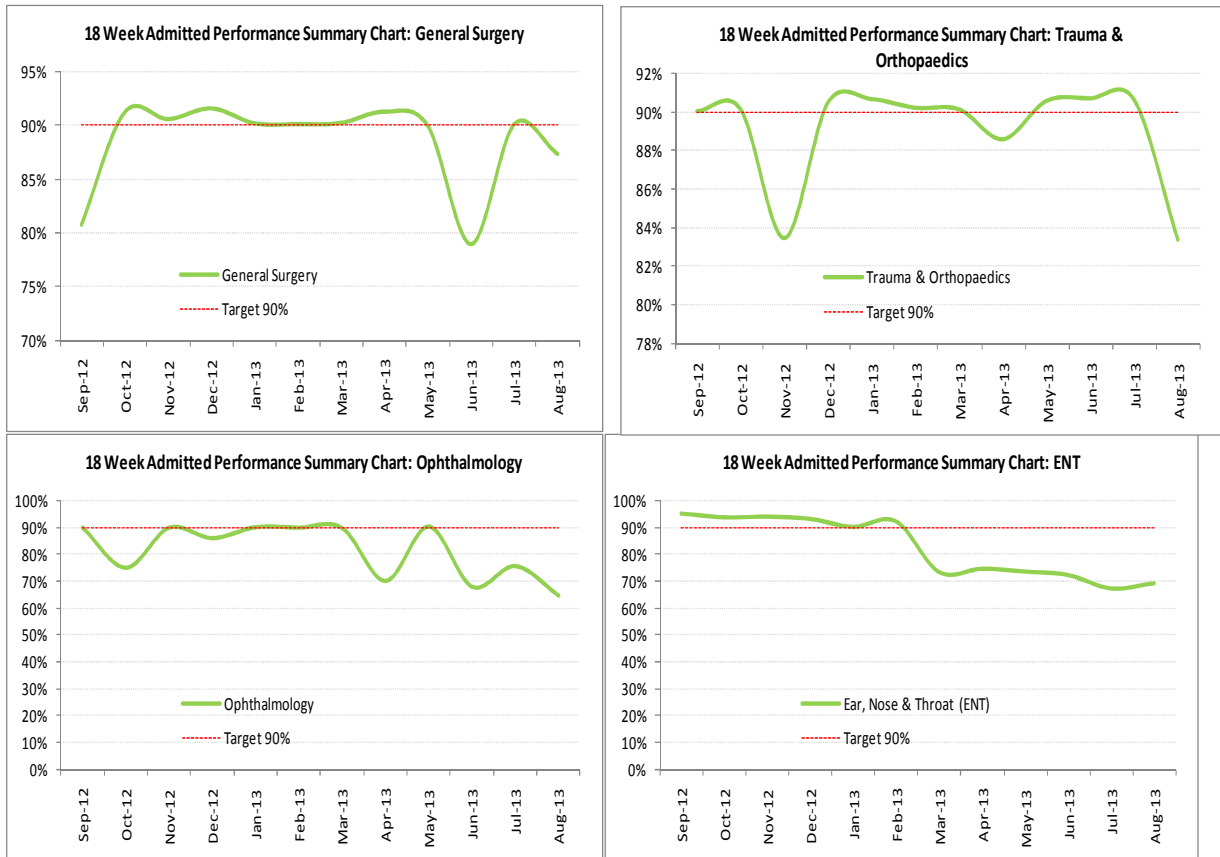
Mth

Qtr1

YTD



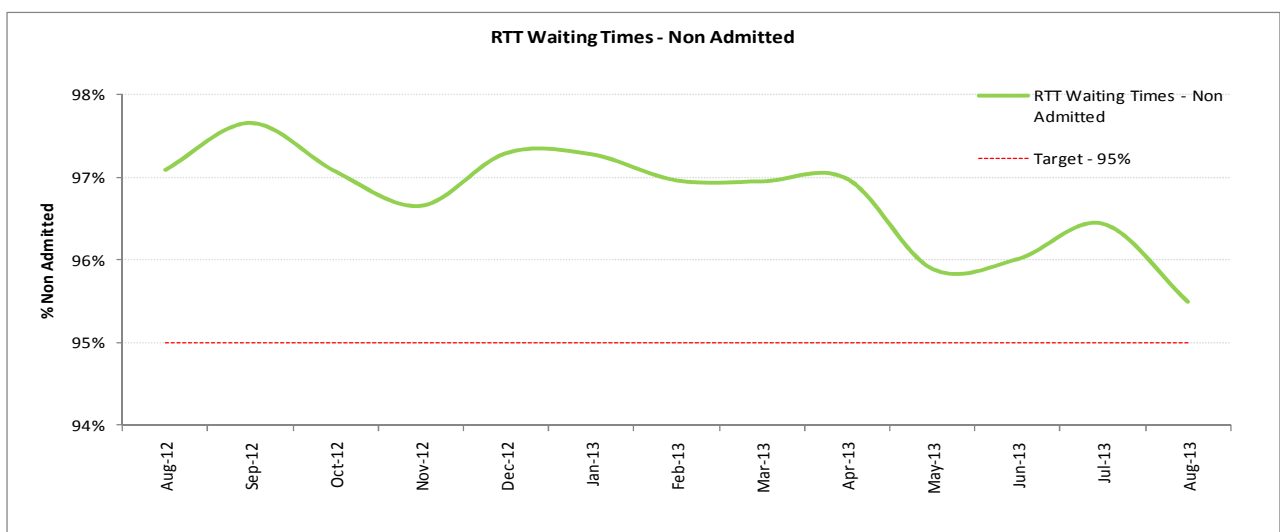
RTT admitted performance for August was 85.7%. There were speciality level failures in General Surgery, Orthopaedics, Ophthalmology and ENT. Specialties did not deliver compliant performance because of the agreement to treat long waiting patients in date order and continuation of the process to clear the backlog of patients waiting over 18 weeks.



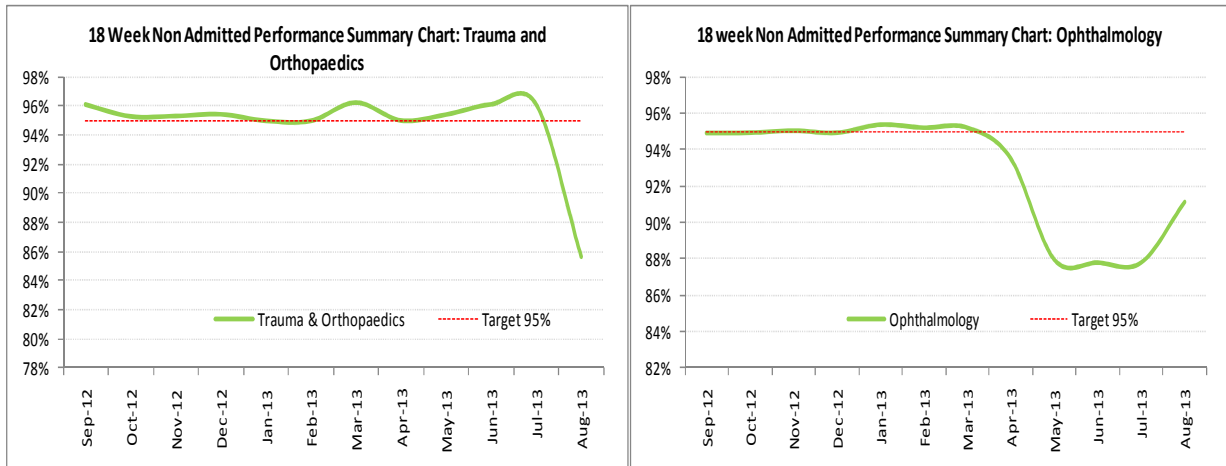
The national admitted performance in July (latest published figures) was 92.0%. 116 out of the 177 Trusts missed the target at specialty level and 82 Trusts had between 2 and 10 specialty failures. For further details refer to the 18 Week RTT exception report and plan – Appendix 5.

b) RTT Non Admitted performance

Mth	Qtr1	YTD
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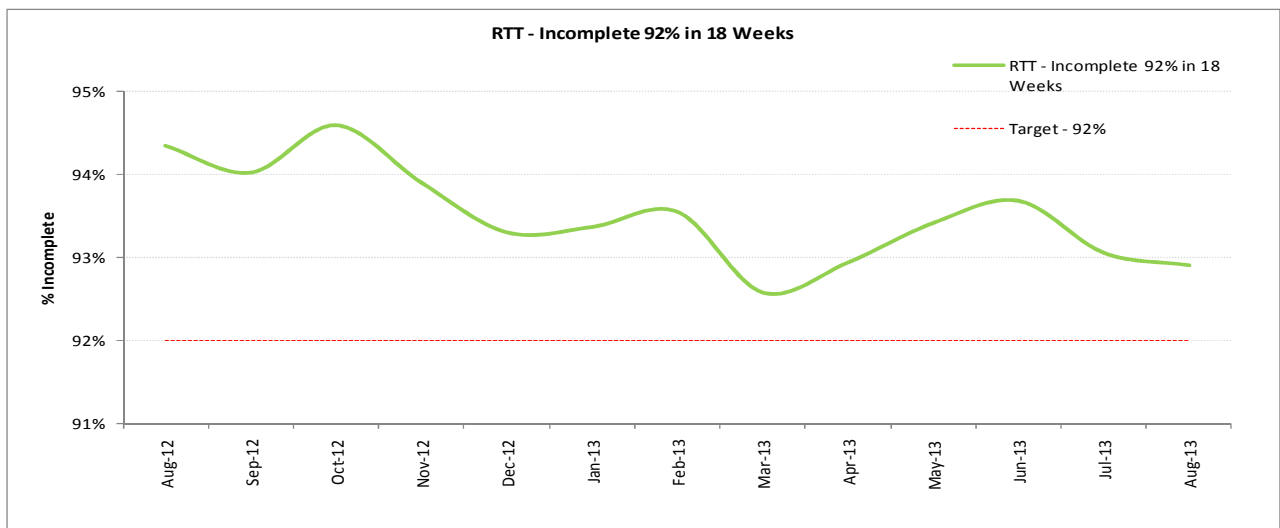
Non-admitted performance during August was delivered for the Trust at 95.5%, with the specialty level failures in Orthopaedics and Ophthalmology. The national non-admitted performance in July (latest published figures) was 97.2%. 100 out of the 203 Trusts missed the target at specialty level and 79 Trusts had between 2 and 16 specialty failures.



For further details refer to the 18 Week RTT exception report and plan – Appendix 5.

c) RTT Incomplete Pathways

Mth **Qtr1** **YTD**

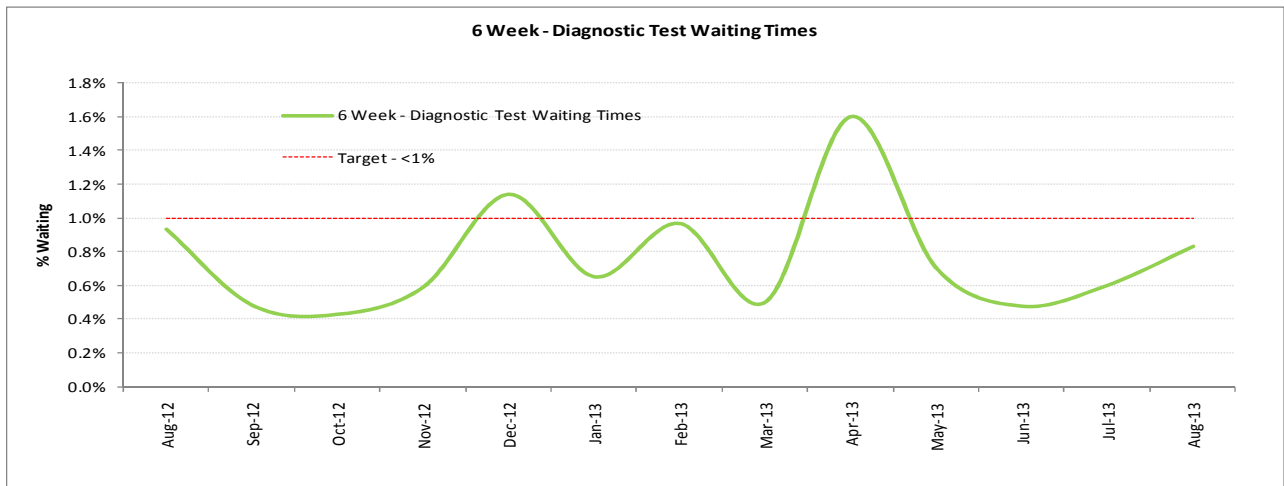


RTT incomplete (i.e. 18+ week backlog) performance was 92.9%. In numerical terms the total number of patients waiting 18+ weeks for treatment (admitted and non-admitted) at the end of July was 2,836.

The national incomplete pathways performance in July (latest published figures) was 94.4%. 98 out of the 203 Trusts missed the target at specialty level and 61 Trusts had between 2 and 10 specialty failures.

5.3 Diagnostic Waiting Times

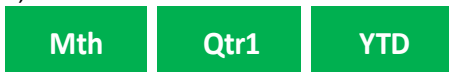
Mth **Qtr1** **YTD**



At the end of August 0.8% of patients were waiting for diagnostic tests longer than 6 weeks. National performance for July shows that 0.9% of patients were waiting for diagnostic tests longer than 6 weeks.

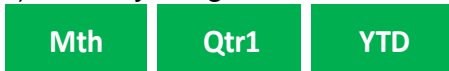
5.4 Cancer Targets

a) Two Week Wait



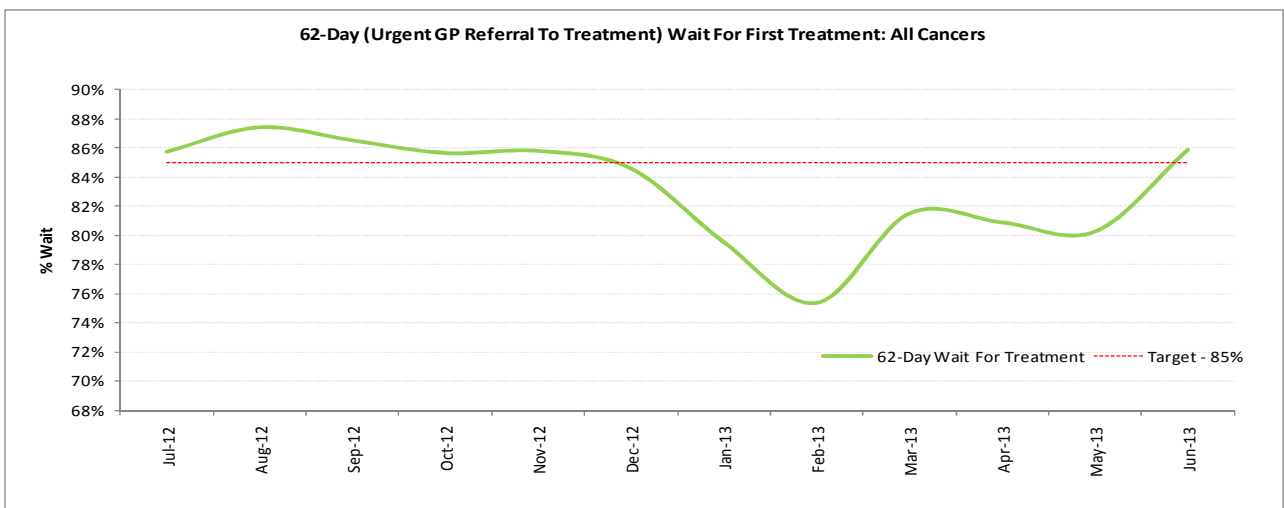
July performance for the 2 week to be seen for an urgent GP referral for suspected cancer was achieved at 94.2% (national performance 95.7%). Performance for the 2 week symptomatic breast patients (cancer not initially suspected) was also achieved at 93.6% (national performance 94.7%).

b) 31 Day Target



All the 31 day cancer targets have been achieved in July (latest reported month). The UHL is close to or above the national average for all four of the 31 day cancer indicators.

c) 62 Day Target



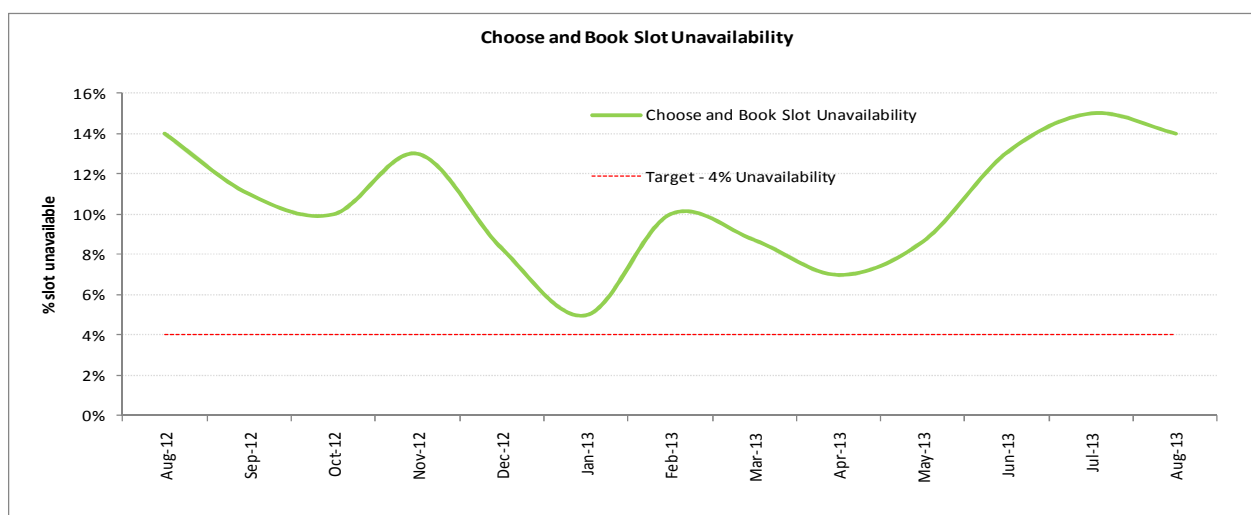
The 62 day urgent referral to treatment cancer performance in July was 85.7%, against a national target of 85% (and the local recovery trajectory of 85%). National performance for the 62 day target was 86.8% in July.

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 and reports to the Planned Care Divisional Board on a monthly basis.

The key points to note this month are:-

- Performance for August is on track to deliver trajectory
- 62 day backlog is just above threshold of 30 (w/ending 13th Sept at 31)
- Senior manager for the Cancer Centre now working 1 day per week in cancer role (full time start date 7th October)

5.5 Choose and Book slot availability



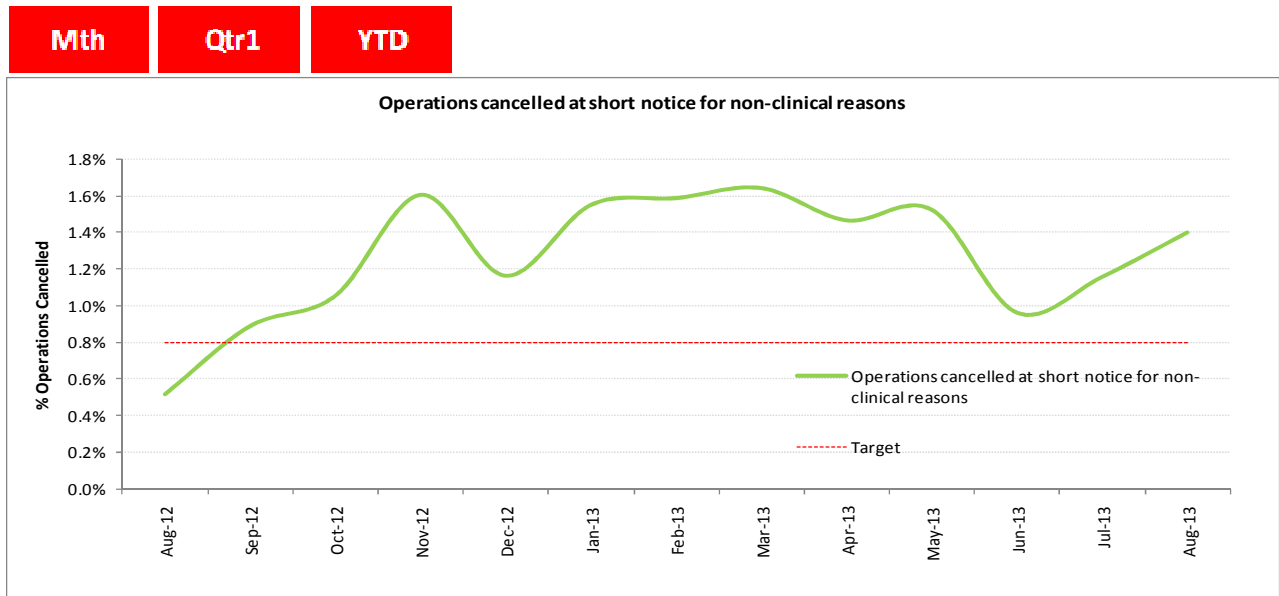
Choose and book slot availability performance for August is 14% (a slight improvement on last month's position), with the national average at 10%.

Issues with slot availability in August are mainly within the following specialties:

- GI services and ENT, where additional clinics are being run as part of the RTT recovery plan for non admitted
- Cardiology, where a locum consultant has been appointment and is now in post
- Orthopaedics, has a recurrent shortfall in capacity for back referrals, increase in referrals for this service as a whole is being investigated by the Trust in conjunction with commissioners
- Neurology additional capacity has been made available in September

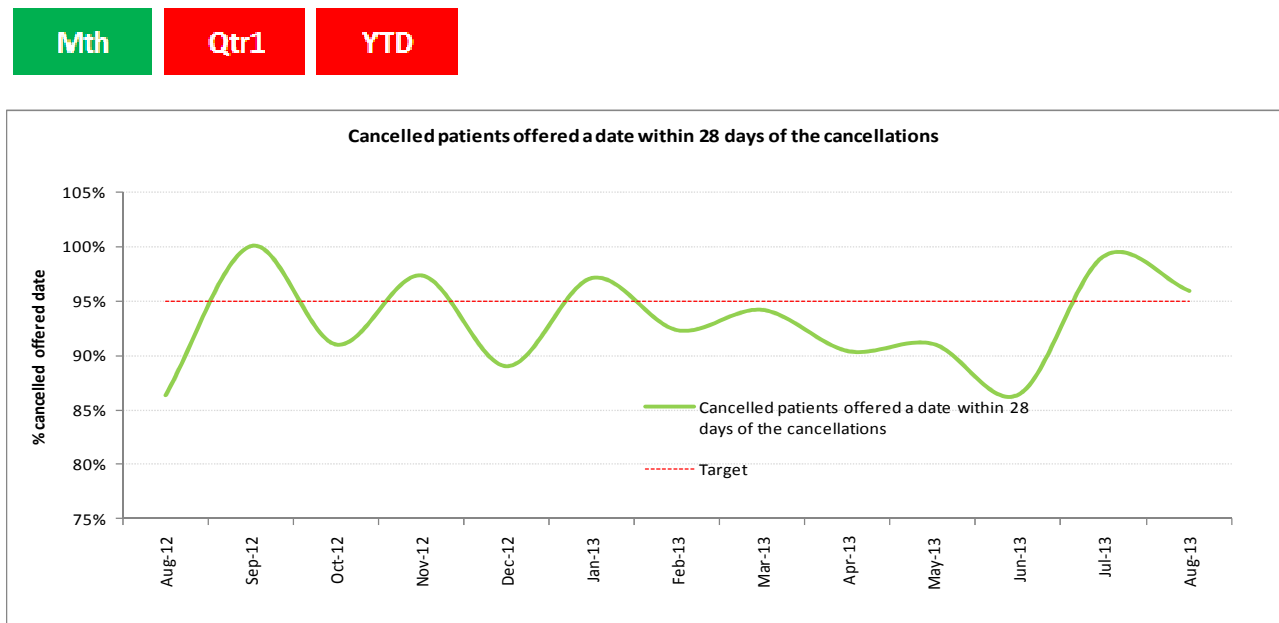
Resolution of slot unavailability requires a reduction in waiting times for 1st outpatient appointments in key specialties and prospectively, ensuring that there is sufficient capacity available at all times.

5.6 Short Notice Cancelled Operations



August performance shows that the percentage of operations cancelled on/after the day of admissions of all elective activity for non-clinical reasons was 1.4% against a target of 0.8%.

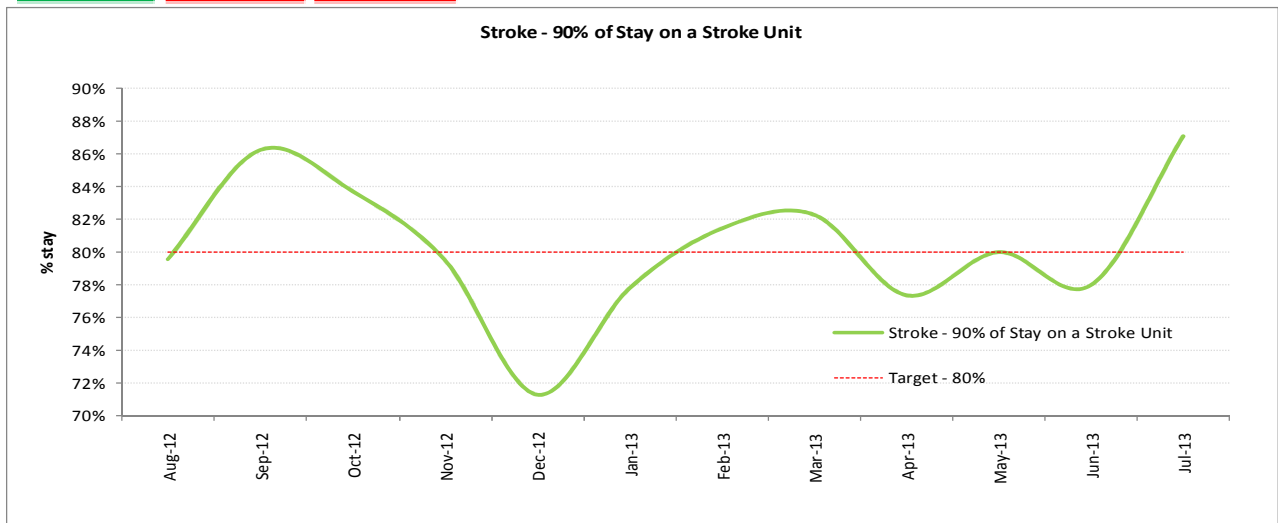
Cancelled patients offered a date within 28 days



The percentage offered a date within 28 days of the cancellation was 95.9% against a threshold of 95%.

5.7 Stroke % stay on stroke ward

Mth **Qtr1** **YTD**

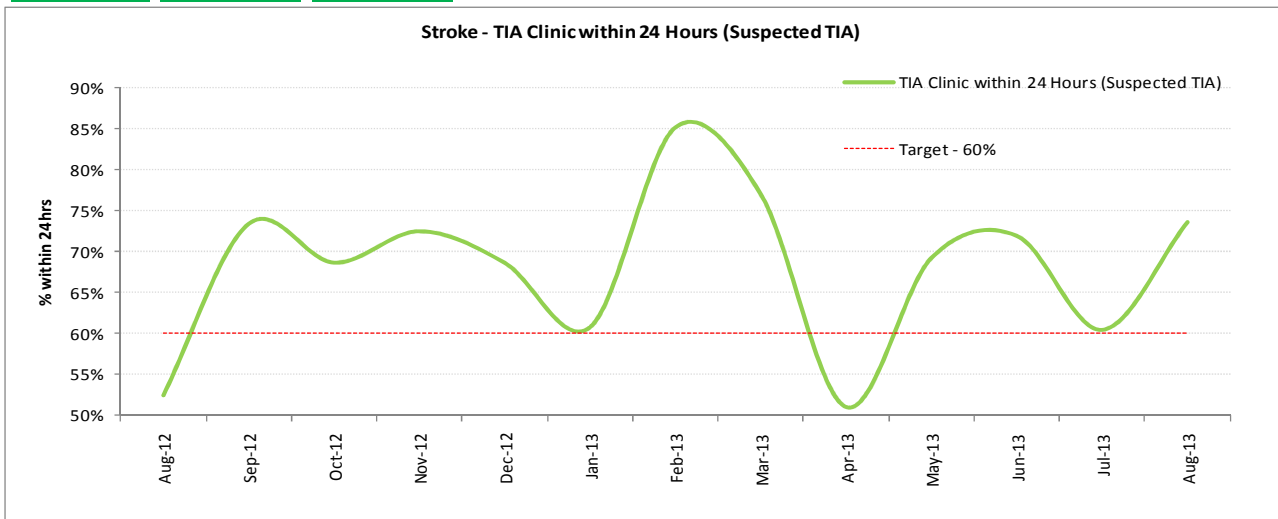


The percentage of stroke patients spending 90% of their stay on a stroke ward in July (reported one month in arrears) is 87.1% against a target of 80%.

The Stroke Remedial Action Plan has been received and accepted on the 19/08/2013. Monthly updates are required to CPM from September.

5.8 Stroke TIA

Mth **Qtr1** **YTD**



The percentage of high risk suspected TIAs receiving relevant investigations and treatment within 24 hours of referral receipt is 73.6% against a national target of 60.0%. The contractual target for this indicator remains under review.

5.9 Delayed Transfers of Care

Mth **Qtr1** **YTD**

During August 2013, UHL has seen a deterioration in the performance for city and county patients, this is mainly attributed to August being a five week month. There were 264 episodes recorded as a 'Delayed Transfer of Care' on the weekly sitreps recorded at

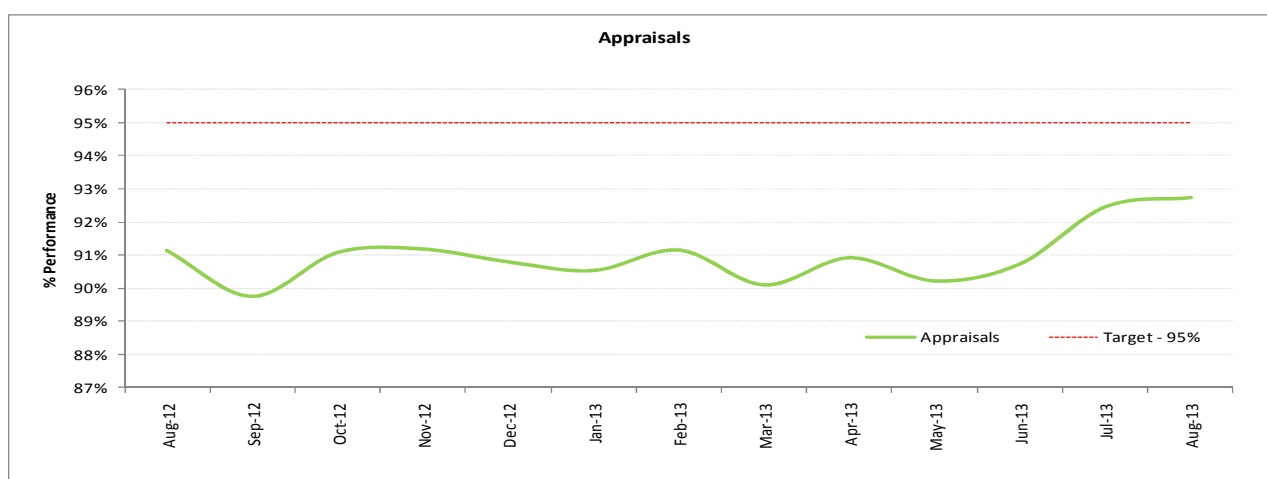
midnight each Thursday during August 2013, making the combined average of 7.1 delays per 100,000 population. Numbers of delays by reason for April to August are shown below:-

Reason	Assessment		Awaiting Public funding		Availability of non acute NHS Care		Awaiting care home placement		Awaiting domiciliary package of care		Awaiting community equipment		Patient /Family choice		TOTAL	
	City	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

Delays continue to be escalated internally at bed meetings and externally at daily teleconferences. This issue has been picked up by the Urgent Care Board who have allocated additional resources to open Intensive Community Support capacity in October 2013. This should improve the position regarding patients waiting for non-acute NHS care.

6.0 HUMAN RESOURCES – KATE BRADLEY

6.1 Appraisal



Improved appraisal rates were noted in July 2013 and August 2013 with local actions agreed across all areas to achieve the 95% target for appraisals by 30th September 2013.

Area specific appraisal quality results have been shared with relevant senior leadership teams through Divisional and Clinical Business Unit Board meetings. An information booklet detailing appraisal quality findings and improvement areas (specific to overall experience and recording) has been communicated across the Trust as part of the recent Chief Executive Briefings. Appraisal Training has been updated to reflect appraisal quality audit findings. Appraisal documentation has been updated to integrate the newly launched Leadership Qualities and Behaviours.

Appraisal rates per Division are shown below –

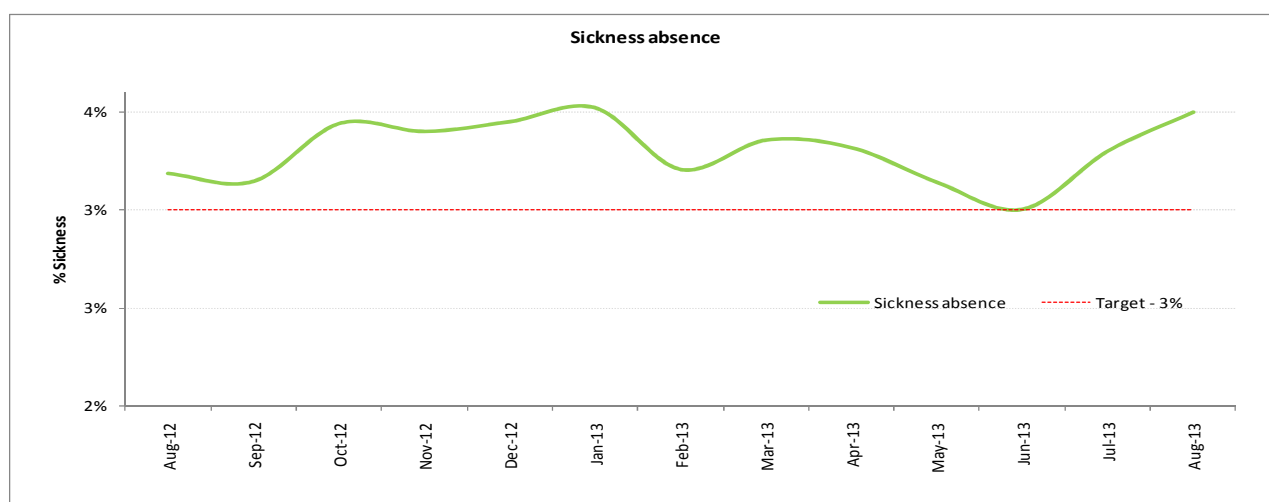
Division	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13
Acute Care	88.8%	90.5%	91.1%	91.8%	94.1%	94.0%
Planned Care	92.9%	91.6%	91.0%	90.8%	92.3%	93.3%
UHL Corporate Division	87.2%	88.2%	84.2%	86.7%	86.9%	88.4%
Women's & Children's	90.7%	92.8%	91.4%	90.9%	92.8%	92.0%
Grand Total	90.1%	90.9%	90.2%	90.7%	92.4%	92.7%

6.2 Sickness

Mth

Qtr1

YTD



The sickness rate for August is 3.5% and the July figure has now adjusted to 3.3% to reflect closure of absences. This is below the previous SHA's target of 3.4% but slightly above the Trust stretch target of 3%.

Analysis of the first cohort of the Self Care programme which provides support to staff in maintaining regular attendance at work demonstrates an impact on sickness rates. An analysis of total days lost for the first cohort of attendees for the six month period prior to course attendance and the six month period post course attendance showed a decrease from 186 days lost to 12 days lost.

6.3 Mandated Training

As a Trust we 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 Adults & Children, Personal Safety Awareness, Bullying & Harassment and Resuscitation (BLS Equivalent).

Division	Fire Training	Moving & Handling	Hand Hygiene	Eq'ty & Divers'y	Info. Gov.	Safe'g A & C	Personal Safety Awareness	Bullying & Haras't	Resus - BLS Equiv.	Average %age Compliance
Refresher period in Months	12	24	12	36	12	36	36	n/a	12	
Acute Care	64%	67%	60%	51%	21%	72%	37%	63%	60%	54%
Planned Care	65%	70%	52%	38%	27%	69%	26%	61%	82%	53%
UHL Corporate Areas	42%	51%	37%	33%	26%	46%	14%	36%	61%	37%
Women's & Children's	62%	76%	59%	32%	2%	83%	19%	59%	74%	51%
Trustwide Compliance	59%	66%	53%	41%	21%	67%	26%	56%	65%	
UHL staff are this compliant with their mandatory & statutory training from the key 9 subjects										49%

At the end of August 2013 UHL staff compliance against Statutory and Mandatory Training has slightly increased to 49% (overall) across the nine core areas. Some areas are making excellent progress in achieving the Trust's initial 75% compliance target (specific to 2013/14 only) and work is being undertaken in sharing areas of best practice.

In order to improve the quality of Statutory and Mandatory Training we are in the process of creating new and relevant e-learning modules mapped across to the national Core Skills Framework. The first of these modules will be launched and available to UHL staff before the end of September 2013. All modules will be completed and live for UHL staff to access before the end of the calendar year.

Other actions taken to improve performance include:-

- Increased capacity against a number of training programmes including Conflict Resolution, Information Governance and Resuscitation Training.
- Closer working with Divisions and Directorates in agreeing local actions to improve the compliance position.
- Developed simplified guidance to support the identification of training requirements.
- System changes are currently being worked on to ensure accurate and real-time reporting of Statutory and Mandatory training completion.

7.0 2013/14 CONTRACTUAL QUERY STATUS

CONTRACTUAL REQUIREMENT	CONTRACT QUERY	DATE RAISED	STATUS
Cancer 62 Day standard	Failure to comply with national standard	07/05/13	RAP and trajectory accepted 10 th July 2013 Clinical Problem Solving Group (CPSG) has completed review of pathways and is making recommendations for improvements. Performance currently ahead of trajectory with weekly Cancer Action Board meetings in place. Exception reports to CPM on monthly basis.
18 Week RTT standard	RTT backlog and failure to comply with specialty level and aggregate level performance standards	14/06/13	Failure to Agree Remedial Action Plan Notice sent and receipt acknowledged by UHL 31 July 13. Formal submission of RTT remedial action plan on the 14 th August 13. Following a number of issues raised by the CCG's a further submission was provided on 11 September. CCG's have rejected the plan and are withholding 2% of the contract value from September 13 onwards until a plan is agreed.
A&E 4 hour maximum wait	Failure to comply with A&E 4-hour standard	17/05/13	Revised Remedial Action Plan and recovery trajectory has been jointly produced across the health community envisaging campus-level recovery of 95% (UHL & UCC) by 30 th September 13. Regular monitoring in line with agreed recovery trajectory via the CPM and Urgent Care Board meetings. Performance during August below trajectory.
Stroke Standard	Failure to comply with the Stroke metrics.	28/06/13	Remedial Action Plan has been received and accepted on the 19 th August 13. Monthly updates required to CPM from September. % of patients spending time on dedicated stroke ward delivered in July.
Pressure Ulcer Standard	Failure to comply with Pressure Ulcer national requirements.	10/07/13	Remedial Action Plan submitted on the 24 th July 13. Commissioners have accepted the plan and recovery trajectory on the 20 th August Performance in August below trajectory.
Ambulance Handover Standard	Failure to comply with Ambulance Handover performance requirements.	26/07/13	Contract Query Notice raised with UHL, EMAS and CCG's on the 26 th July 13. Remedial Action Plan and recovery trajectory has been accepted.

8.0 UHL - FACILITIES MANAGEMENT REPORT FOR JULY 2013 – RACHEL OVERFIELD

8.1 Introduction

This report covers the total Facilities Management (FM) services provided by Interserve across the whole of the UHL. This contract was awarded to Interserve in December 12 and the transfer of 2000 staff delivering 14 FM services within 150 properties across Leicestershire commenced on 1st March 2013.

This report covers Interserve's performance at all 3 acute sites of the UHL for June which is the fourth month of the transformation phase with services generally provided in accordance with "Business As Usual" (BAU) submission.

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. The table below represents the 10 KPI's used as a summary indicator monitored and compared over the contract period.

8.2 Key Performance Indicators

The contract is underpinned by detailed specifications for all 14 services and is reinforced by 83 Key Performance Indicators (KPIs) monitoring all aspects of the service. The table below represents the 10 KPIs used as a summary indicator monitored and compared over the contract period.

Ref	Service	KPI	Red	Green	June	Change
2	Contract Management	Average score (%) of Customer Surveys returned in the Contract Month	≤ 80%	≥ 90%	81.73%	↑
7	Estates	Percentage of statutory inspection and testing completed in the Contract Month measured against the PPM schedule	≤ 98%	100.0%	88.15%	↑
12	Estates	Percentage of Urgent requests achieving response time	≤ 96%	≥ 98%	37.50%	↓
13	Estates	Percentage of Urgent requests achieving rectification time	≤ 96%	≥ 98%	72.92%	↓
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%	100.00%	↔
45	Cleaning	Monthly percentage of Joint Audits undertaken against agreed schedules	≤ 98%	100.0%	100.00%	↔
46	Cleaning	Percentage of audits in clinical areas achieving NCS audit scores for cleaning above 90%	≤ 98%	100.0%	94.80	↓
60	Patient Catering	Overall percentage score for monthly patients satisfaction survey for catering services.	≤ 75%	≥ 85%	91.5%	↑
81	Helpdesk	Percentage of telephone calls to the helpdesk answered within 5 rings using a non-automated solution.	≤ 95%	≥ 97%	94.52%	↑

8.3 KPI Highlight Commentary

KPI #s 7,12,13: - Estates

These KPIs relate to the delivery of the Estates services across the UHL. Interserve has faced a number of challenges in achieving the Estates KPIs. From mobilisation of the contract services, Interserve continued to work to the inherited service model. Having

faced and tackled a number of technological issues, performance has improved since the commencement of the contract in March.

It is anticipated that further improvements will be demonstrated once the service solutions are implemented in full. This will result in the significant transformation of the Estates service to include 24/7 coverage across all of UHL's three acute hospitals. To support this new service model Interserve are actively recruiting additional Estates staff.

KPI # 46 – Cleaning

This KPI references to the percentage of recorded audits that reach a score above that of 90% based on the 49 elemental audit as defined in the National Standard for Cleanliness (2007). This reduction in service compared to previous months will have been influenced by the commencement of the management of change programme with domestic staff and the involvement of operational management and supervisors to support this process.

8.4 Recent Service Issues

Whilst the above report relates to validated performance for the month of July, it is recognised that key elements of the Facilities Management (FM) services are being adversely affected across the UHL by the current transformation process in implementing new service models as defined in the Interserve contract submissions.

To review current service delivery and to support improvements, high level executive meetings have been held. This has concluded in the agreement that no further transformation will commence until FM services are effectively resourced and established, and services are fully compliant to the required specifications and defined Trust quality standards.

To meet this requirement Interserve are implementing appropriate actions to improve service delivery including mobilising additional management and supervisory support to underpin the delivery of services at local level. A detailed remedial action plan has been submitted to the Horizons Board which reviews all aspect of the current service and the actions required to implement the recovery plan to meet the contractual Performance and Quality standards.

A recent initiative have seen the refurbishment of the UHL restaurants with the opening of the new facilities at the Leicester Royal and Glenfield hospitals opening to both staff and visitors from 22 August and the General Hospital on 5th September.

A customer survey implemented by Interserve for the retail food services has identified positive results as to the finish of the new environment and differing food choices available. However the feedback has confirmed staff and visitor concerns as to the clarity of product information and the cost of some products and meals provided within the new facility. Interserve have positively received this feedback and are reviewing the pricing structure and improving the communication of offers to both staff and visitors to improve all aspects of this new service

9.0 FINANCE – ANDREW SEDDON

9.1 INTRODUCTION

9.1.1. This section summarises the Month 5 financial position. As well as the following commentary, this report contains a number of key financial statements included at the end of this section.

- Income & Expenditure
- Balance Sheet
- Cash Flow
- Capital Programme
- CIP Performance by Division and CBU
- Financial Performance by Division and CBU

9.2 FINANCIAL POSITION AS AT END OF AUGUST 2013

9.2.1 The Trust is reporting a deficit at the end of August 2013 of £13.4m, which is approximately £12.5m adverse to the planned deficit of £0.9m. The position to date also reflects £5.0m of the contingency release recognised in the Month 5 result – consistent with the Annual Plan assumptions.

The in month position is a £3.5m deficit, £3.9m adverse to the Plan.

9.2.2 Table 1 outlines the current position and Table 2 outlines the Financial Risk Rating (FRR). The consequence of the current financial performance, predominately the £13.4m actual deficit, is that the FRR is 2.2.

Table 1: Income & Expenditure Position

	Aug 2013			April - Aug 2013		
	Plan £m	Actual £m	Var £m	Plan £m	Actual £m	Var £m
Income						
Patient income	54.5	54.0	(0.5)	265.3	267.0	1.7
Contingency Release	0.0	0.0	0.0	5.0	5.0	0.0
Teaching, R&D	6.1	6.0	(0.1)	32.3	32.2	(0.2)
Other operating Income	3.6	3.2	(0.4)	16.2	16.0	(0.2)
Total Income	64.3	63.2	(1.0)	318.8	320.1	1.3
Operating expenditure						
Pay	37.5	38.8	(1.3)	186.3	194.5	(8.2)
Non-pay	22.6	24.2	(1.6)	115.0	121.0	(5.9)
Total Operating Expenditure	60.2	63.0	(2.9)	301.3	315.4	(14.1)
EBITDA	4.1	0.2	(3.9)	17.5	4.7	(12.8)
Net interest	0.0	0.0	0.0	0.0	0.1	0.1
Depreciation	(2.7)	(2.7)	0.0	(13.5)	(13.3)	0.2
PDC dividend payable	(1.0)	(1.0)	0.0	(4.8)	(4.8)	0.0
Net deficit	0.4	(3.5)	(3.9)	(0.9)	(13.4)	(12.5)
EBITDA %		0.3%			1.5%	

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

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

- **Patient care income £1.7m (0.6%)** favourable against Plan, mainly due to outpatients
- **Pay costs, £8.2m (4.4%)** adverse to Plan
- **Non pay costs, £5.9m (5.2%)** adverse to Plan
- **CIP performance** of £1.6m adverse to Plan
- Adverse variances across all Divisions

The **Month 5 YTD position** may be analysed as follows.

9.3 INCOME

9.3.1 NHS patient care income (excludes non NHS income) is £2.5m (1.0%) above Plan year to date. The key areas are shown in the following table:

- Elective IP activity 4% down on Plan, resulting in a £4k adverse variance in value
- Emergency IP activity 2.9% up on Plan, resulting in a £63k adverse variance in value
- Over-performance in outpatients, £1.4m (4%) and ED, £0.2m (3.3%)

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	33,726	34,588	862	2.56	20,577	20,880	304	1.48
Elective Inpatient	9,489	9,137	(352)	(3.71)	29,754	29,749	(4)	(0.01)
Emergency / Non-elective Inpatient	39,245	40,380	1,136	2.89	73,774	73,711	(63)	(0.09)
Marginal Rate Emergency Threshold (MRET)	0	0	0	0.00	(1,426)	(1,426)	0	0.00
Outpatient	305,162	316,988	11,826	3.88	34,521	35,893	1,371	3.97
Emergency Department	66,138	67,651	1,513	2.29	7,099	7,337	237	3.34
Other	3,221,648	3,293,965	72,316	2.24	97,949	98,587	638	0.65
Grand Total	3,675,407	3,762,709	87,302	2.38	262,248	264,731	2,483	0.95

9.3.2 Table 4 below highlights the impact of price and volume changes in activity across the major "points of delivery". Overall, this shows that the £2.5m Trust level over-performance

is as a consequence of a volume (activity) related £3.7m favourable impact, lessened slightly by a £1.2m adverse shift in average tariff prices.

9.3.3 It is important to note that, whilst we are seeing significant increases in outpatients and ED attendances, the elective inpatients are below Plan.

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	(1.1)	2.6	(222)	526	304
Elective Inpatient	3.8	(3.7)	1,098	(1,102)	(4)
Emergency / Non-elective Inpatient	(2.9)	2.9	(2,198)	2,135	(63)
Marginal Rate Emergency Threshold (MRET)			0	0	0
Outpatient	0.1	3.9	33	1,338	1,371
Emergency Department	1.0	2.3	75	162	237
Other			0	638	638
Grand Total	(1.4)	2.4	(1,213)	3,696	2,483

9.3.4 Within the year to date income position, we have made provision for the following **penalties**. Year to date, this amounts to just short of £2.8m, £0.8m if we exclude readmissions.

Table 5: Penalties & Fines

Category	YTD £000s
EM Readmissions	1,931
RTT	219
Ambulance Turnaround	-
Diagnostic Imaging	17
Never Events	4
Pressure Ulcers	36
Cancelled Ops	44
ED Wait Times (Automatic)	140
ED 12 Hour Trolley Breaches	3
Cancer 62 Day Target (Automatic)	50
Contract Penalties Provision	100
CQUIN Provision	250
Total Penalties	2,794

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.

9.4 EXPENDITURE

9.4.1 Operating expenditure is £14.1m above Plan as at the end of August (4.7%).

9.4.2 The Divisions/CBUs have identified that a total of £11.3m CIP savings have been delivered year to date, representing a £1.6m adverse variance to the £12.9m Plan. The 2013/14 CIP paper provides further details on the CIP performance to date, year end forecasts, remedial action plans and RAG ratings.

9.4.3 **PAY** – as at Month 5, pay costs are £8.2m over budgeted Plan, £11.6m more than the same period in 2012/13 (6.3%). 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	24,301	24,569	268	1.1
Agency / Medical Locums	9,761	6,253	(3,508)	(56.1)
Allied Health Profs	7,790	7,860	69	0.9
Medical - Non Consultant	25,713	24,863	(849)	(3.4)
Consultant	36,747	33,200	(3,547)	(10.7)
Nursing & Midwifery	72,426	68,482	(3,943)	(5.8)
Other	17,730	17,630	(100)	(0.6)
TOTAL	194,467	182,856	(11,611)	(6.3)

9.4.4 Analysis to date of the £8.2m deficit to Plan highlights the following key factors:

- Estimated pay over-spend due to patient care activity over-performance - **£1.2m**, assuming that pay stepped/marginal cost is c50% of patient care income variance and staffed at non premium rates
- Declared under-delivery on pay CIP schemes **£1.2m**
- 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 CBU
- The Acute Care Division is also rostering more doctors and nurses in Medicine and ED to ensure the flow of patients from ED to support the 4 hour target
- 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, but creeping back up in August to £3.7m, driven by increased medical locums and WLI's. 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.

Chart 1: Non-Contracted/Premium Pay Spend

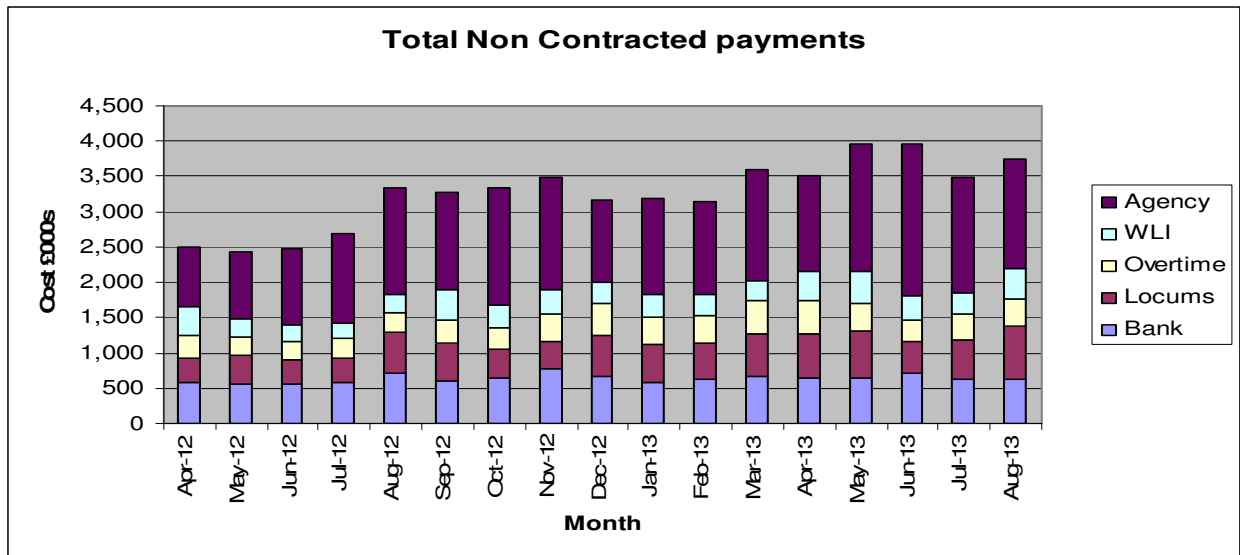
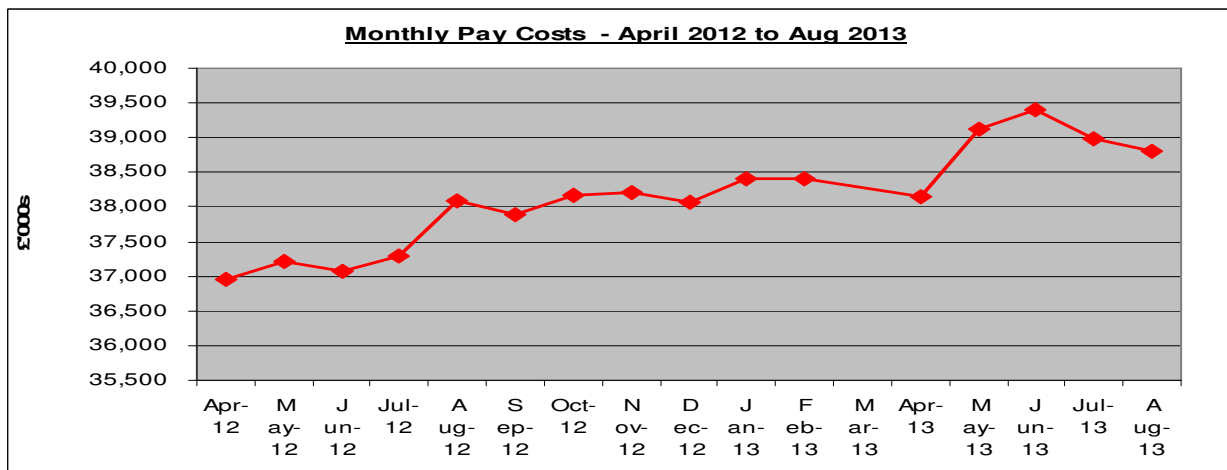


Table 7: Non Contracted pay Costs as %age of Total Pay Bill

Type	12/1 3 Q1	12/1 3 Q2	12/1 3 Q3	12/1 3 Q4	13/1 4 Q1	13/1 4 M4
Bank	1.5 %	1.7 %	1.8 %	1.6 %	1.7 %	1.6 %
Locums	1.0 %	1.3 %	1.2 %	1.5 %	1.5 %	1.9 %
Overtime	0.8 %	0.8 %	1.0 %	1.1 %	1.0 %	1.0 %
WLI	0.8 %	0.8 %	0.8 %	0.8 %	1.0 %	1.1 %
Agency	2.5 %	3.7 %	3.8 %	3.6 %	4.5 %	4.0 %
Total	6.6 %	8.2 %	8.7 %	8.5 %	9.8 %	9.6 %

9.4.5 Pay costs have continued to rise steadily from April 2012 to July 2013, hitting a peak of £39.4m in June; July saw a reduction to £39.0m with August continuing this trend down at £38.8m. Whilst the downwards trend is encouraging, the level of monthly pay spend is not sustainable. Chart 2 shows the pay costs from April 2012 until August 2013.

Chart 2: Monthly Pay Costs



9.4.6 The continued reliance on premium staff comes at the same time as our contracted staff numbers in medical and nursing professions have increased by almost 4%, equivalent to an increase of 234 WTE since March 2012 (Table 8).

Table 8: Contracted WTE

Staff Type	Movement Aug 13 - March 12		Contracted Staff	
	WTE	(%)	Aug 13 WTE	March 12 WTE
ADMIN & CLERICAL	(40)	(2.2)	1,747	1,787
ALLIED HEALTH PROFESSIONALS	(17)	(3.7)	441	458
CAREER GRADES	3	4.3	73	70
CONSULTANT	36	6.8	569	533
HEALTHCARE ASSISTANTS	20	9.0	237	217
HEALTHCARE SCIENTISTS	(23)	(3.1)	718	741
MAINTENANCE & WORKS	(1)	(21.5)	5	6
NURSING QUALIFIED	33	1.0	3,381	3,348
NURSING UNQUALIFIED	104	8.7	1,299	1,195
OTHER MEDICAL & DENTAL STAFF	38	4.2	936	899
OTHER SCIEN, THERAP & TECH	30	10.8	304	274
SENIOR MANAGERS	(31)	(18.1)	140	171
TOTAL	152	1.6	9,851	9,699
Medical & Nursing				
MEDICAL & NURSING	234	3.7	6,496	6,262
OTHER STAFF GROUPS	(83)	(2.4)	3,355	3,437
TOTAL	152	1.6	9,851	9,699

9.4.7 **NON PAY** - spend is now showing a YTD adverse position to Plan of £5.9m (5.2%) which is spread across all 4 Divisions (Table 9 provides the breakdown by Division).

9.4.8 This is as a result of 4 main factors:

- Declared under-delivery of non pay CIP schemes - **£0.7m**
- Activity related marginal costs e.g. keeping Ward 19 open - **£0.8m** (assuming that non pay marginal cost is c 20% of patient care income variance)
- Patient care income backed costs such as NICE/HCT costs - **£1.1m** e.g. haemophilia patients, high cost devices in Acute and W&C
- Other cost pressures/over-stated non pay CIP delivery - **£3.3m** e.g. Consultancy, Imaging Van

CIP Performance

9.4.9 Reported performance against the 2013/14 Plan is showing an adverse position of £1.6m against the Plan of £12.9m – 88% delivery. The CBU and Divisional details are reflected in the appendices and further analysis is covered within the CIP paper.

Table 9: Divisional Finance Performance

Division	Income			Pay Expenditure			Non Pay Expenditure			Total		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Acute Care Division	105,002	106,284	1,282	70,704	75,914	(5,210)	35,670	37,648	(1,979)	(1,371)	(7,278)	(5,907)
Planned Care Division	101,780	101,430	(351)	58,601	61,117	(2,516)	31,083	33,133	(2,050)	12,097	7,180	(4,917)
Women's & Children's Division	58,332	58,712	380	30,841	30,794	46	12,291	12,780	(489)	15,200	15,137	(62)
Corporate Division	26,188	27,249	1,060	26,150	26,523	(373)	35,671	37,132	(1,460)	(35,633)	(36,406)	(773)

As reflected in the above table, all Divisions are showing an adverse position to the Plan.

The key factors by Division are:

Acute

- **£2.42m over-performance on Patient Care Income – due to:**

- Emergency activity being above Plan by £1.5m, mainly within Specialty Medicine
- Elective inpatient over-performance of £0.48m
- Outpatient over-performance of £0.61m, particularly in Cardiology & Specialty Medicine
- ED & ESRF over-performance of £0.24m and £0.36m respectively
- Cardiology IHTs being £0.96m lower than Plan

Other income is £1.1m adverse to Plan, due to EMPA and Hospital at Night shortfall, RTA income and private patients.

- **£5.2m adverse on Pay – due to:**

- Nursing overspend including agency contributes £2.9m to the pay deficit, being due to a combination of incentives being paid and premium rate cover for vacancies (£889k), ward 19 remaining open and offset in part with income; Ward 2 remaining open for DTOCs (£168k), use of bank and agency to reach 2012 agreed acuity levels (£1,070k), additional band 5 nurses on AMU (£193k) and cover for EPMA implementation of 2 nurses per shift (£131k)
- Medical overspend including agency contributes £1.8m to the pay deficit and is a combination of Emergency CBU (CIP slippage of £271k), CRR (£366k) including locums to cover for vacancies in Cardiology and Respiratory, support of ED and additional wards £1,066k

- **£2.0m adverse on Non Pay – due to:**

- High cost devices in Cardiology £415k matching to high cost devices patient care income
- Other cardiology consumables over-spend of £90k
- Theatres over-spends in thoracic and cardiac Surgery of £159k
- Renal non pay over-spend due in part to relocation of patients from Harborough Lodge £161k
- Imaging non pay CIP slippage £327k

- Imaging Van hire of £297k
- Specialty Medicine security usage £165k

Planned Care

- **£0.1m adverse variance on Patient Care Income – due to:**
 - Elective activity under-performing in all CBUs, particularly in MSK & GI surgery (£0.8m)
 - Emergency activity over-performing by £0.2m
 - Outpatient over-performance (including procedures) of £0.6m across all CBUs
 - Shortfall in critical care income (£0.2m)
- **£2.5m adverse variance on Pay – due to:**
 - Unfunded waiting list initiative costs and use of agency staff.
- **£2.1m adverse variance on Non Pay – due to:**
 - Haemophilia blood products £221k (offset in PCI)
 - Stents and general consumables £810k
 - Drugs £573k
 - BMT search costs £95k
 - Consultancy costs £43k (KM&T)
 - Unidentified CIP related to the gastro ward transfer £140k

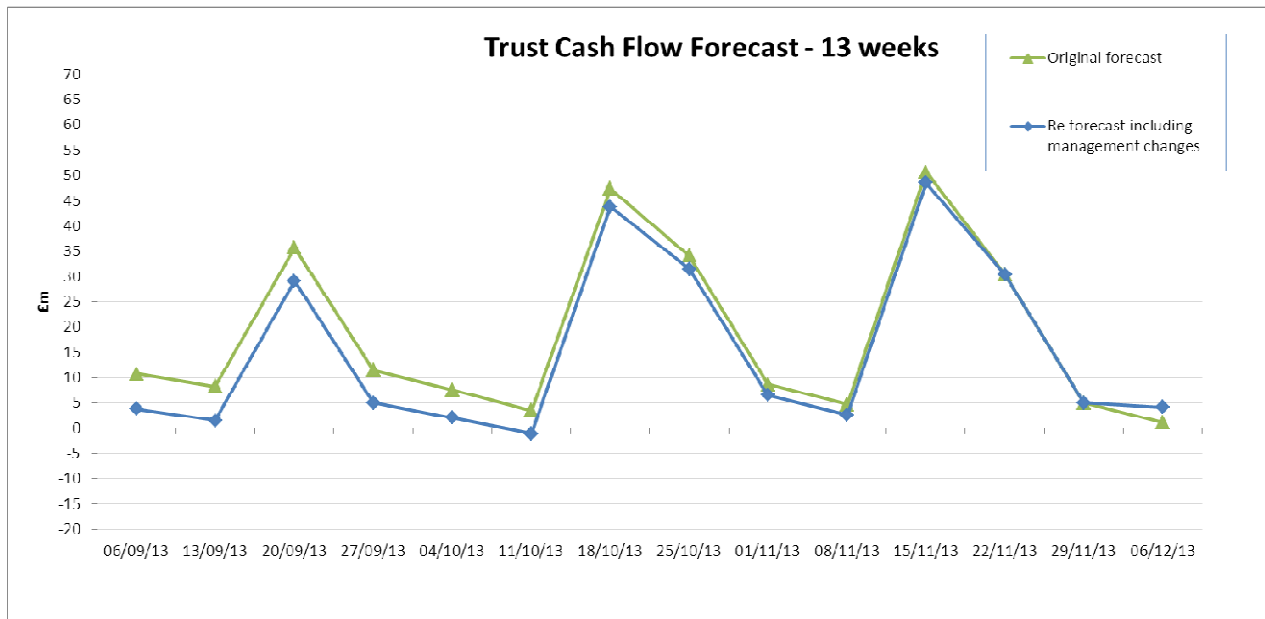
Women's & Children's

- **£0.6m over-performance on Patient Care Income – due to:**
 - Critical care bed days funding over Plan by £0.7m
 - Outpatients and elective activity over Plan by £0.5m and £0.3m respectively
 - Offset by an under performance on non elective activity (births) – 382 spells and £0.6m below Plan
- **A balanced pay position**
- **£0.5m adverse variance on Non Pay – due to:**
 - High cost drugs and devices over-spend (matched by patient care income)
 - Pathology tests over-spend of £0.1m
 - Activity related PICI/CICO consumables over-spend £70k
 - Costs of tests undertaken at other hospitals £42k

9.5 CASH

9.5.1 The Trust's cash balance was £7.2m at the end of August 2013.

9.5.2 In mid-October, November and December, the cash balance is forecast to fall below the £2m minimum allowable level that has been set by the Trust.



9.5.3 We are planning to take actions including limiting supplier payment runs and amending payment terms.

9.5.4 We are currently negotiating with CCGs to bring forward an element of the monthly SLA payments (of approximately £9m) to the beginning of each month instead of the 15th to cover the short term shortfalls.

9.6 CAPITAL

9.6.1 The Trust has spent £8.5m of capital at the end of August 2013, which is approximately 68% of the YTD Plan.

9.6.2 Progress against the Capital Plan will be monitored via the Commercial Executive and actions taken as appropriate to ensure the £39.8m full year plan is achieved.

9.7 CONCLUSION

9.7.1 The Trust has reported to the TDA that we are £12.5m adverse to our planned £0.9m deficit. Plans and actions are urgently required to improve the current run rate and get back to a sustainable financial position, whilst not impacting negatively on the quality of patient care.

9.7.2 Following the Divisional Confirm & Challenge meetings, the Divisions have been asked for their recovery actions and to reflect these in a revised forecast position. These are to be presented to the Executive Performance Board on 24 September 2013.

FINANCIAL APPENDICES

Income and Expenditure Account for the Period Ended 31 August 2013

	August 2013			April 2013 - August 2013		
	Plan	Actual	Variance (Adv) / Fav	Plan	Actual	Variance (Adv) / Fav
	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000
Elective	6,248	6,439	191	29,754	29,749	(4)
Day Case	4,076	4,127	50	20,577	20,880	304
Emergency	14,970	14,436	(534)	72,348	72,286	(63)
Outpatient	6,928	6,883	(45)	34,521	35,893	1,371
Contingency Release	0	0	0	5,000	5,000	0
Non NHS Patient Care	622	339	(283)	3,018	2,236	(782)
Other	21,646	21,732	86	105,049	105,924	875
Patient Care Income	54,491	53,955	(535)	270,266	271,967	1,701
Teaching, R&D income	6,141	6,028	(113)	32,320	32,155	(165)
Other operating Income	3,628	3,236	(392)	16,192	15,976	(216)
Total Income	64,260	63,219	(1,040)	318,778	320,098	1,320
Pay Expenditure	37,508	38,811	(1,303)	186,295	194,467	(8,172)
Non Pay Expenditure	22,642	24,220	(1,578)	115,016	120,952	(5,936)
Total Operating Expenditure	60,150	63,031	(2,881)	301,311	315,419	(14,108)
EBITDA	4,110	188	(3,921)	17,467	4,679	(12,788)
Interest Receivable	7	5	(2)	34	115	81
Interest Payable	(5)	(4)	1	(25)	(20)	5
Depreciation & Amortisation	(2,707)	(2,705)	2	(13,534)	(13,328)	206
Surplus / (Deficit) Before Dividend and Disposal of Fixed Assets	1,405	(2,516)	(3,920)	3,942	(8,554)	(12,496)
Dividend Payable on PDC	(964)	(965)	(1)	(4,820)	(4,820)	0
Net Surplus / (Deficit)	441	(3,481)	(3,921)	(878)	(13,374)	(12,496)
EBITDA MARGIN		0.30%			1.46%	

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

Cash Flow for the period ended 31st August			
	2013/14 Apr - Aug Plan £ 000	2013/14 Apr - Aug Actual £ 000	2013/14 Apr - Aug Variance £ 000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating surplus before Depreciation and Amortisation	19,224	4,679	(14,545)
Donated assets received credited to revenue and non cash	(650)	(258)	392
Interest paid	(350)	(353)	(3)
Movements in Working Capital:			
- Inventories (Inc)/Dec	(173)	(712)	(539)
- Trade and Other Receivables (Inc)/Dec	1,790	383	(1,407)
- Trade and Other Payables Inc/(Dec)	205	(2,294)	(2,499)
- Provisions Inc/(Dec)	-	(75)	(75)
PDC Dividends paid	-	-	-
Other non-cash movements	-	-	-
Net Cash Inflow / (Outflow) from Operating Activities	20,046	1,370	(18,676)
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest Received	26	33	7
Payments for Property, Plant and Equipment	(13,125)	(12,108)	1,017
Capital element of finance leases	(1,930)	(2,078)	(148)
Net Cash Inflow / (Outflow) from Investing Activities	(15,029)	(14,153)	876
CASH FLOWS FROM FINANCING ACTIVITIES			
New PDC	-	-	-
Other Capital Receipts	-	-	-
Net Cash Inflow / (Outflow) from Financing	-	-	-
Opening cash	18,200	19,986	1,786
Increase / (Decrease) in Cash	5,017	(12,783)	(17,800)
Closing cash	23,217	7,203	(16,014)

Rolling 12 month cashflow forecast - September 2013 to August 2014											
2013/14 September Forecast £ 000	2013/14 October Forecast £ 000	2013/14 November Forecast £ 000	2013/14 December Forecast £ 000	2013/14 January Forecast £ 000	2013/14 February Forecast £ 000	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
2,810	6,199	4,566	2,648	5,321	1,279	3,366	2,098	5,468	2,098	5,468	5,468
(25)	(25)	(25)	(25)	(25)	(25)	(26)	(26)	(26)	(26)	(26)	(26)
(76)	(77)	(77)	(77)	(77)	(79)	(78)	(82)	(82)	(81)	(81)	(80)
-	-	-	-	-	-	-	-	-	-	-	-
67	14	50	65	20	74	2,937	(2,869)	(10)	41	9	8
(65)	(65)	(65)	(65)	(65)	(65)	(64)	(83)	(83)	(83)	(83)	(83)
(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)
(5,615)	-	-	-	-	-	(5,619)	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	(21)	-
(2,912)	6,038	4,440	2,537	5,166	1,176	508	(970)	5,259	1,941	5,258	5,180
7	6	7	8	8	8	8	6	6	6	6	7
(2,251)	(2,250)	(2,251)	(2,251)	(2,252)	(2,251)	(2,262)	(2,294)	(2,295)	(2,294)	(2,295)	(2,294)
(382)	(382)	(382)	(382)	(382)	(382)	(384)	(391)	(391)	(391)	(391)	(391)
(2,626)	(2,626)	(2,626)	(2,625)	(2,626)	(2,625)	(2,638)	(2,679)	(2,680)	(2,679)	(2,680)	(2,625)
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-
20,938	15,399	18,811	20,626	20,538	23,078	21,629	19,499	15,850	18,429	17,691	20,269
(5,539)	3,412	1,814	(88)	2,540	(1,449)	(2,130)	(3,649)	2,579	(738)	2,578	2,555
15,399	18,812	20,626	20,538	23,078	21,629	19,499	15,850	18,429	17,691	20,269	22,824

Capital Programme

	Capital Plan 2013/14 £000's	YTD Spend 13/14 £000's	Expenditure Profile												Forecast		
			Actual					Forecast							Out Turn	Variance	
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			£000's
Sub Group Budgets																	
IM&T	3,375	1,475	69	226	290	203	688	612	220	616	129	116	146	61	3,375	0	
Medical Equipment	4,187	985	264	7	209	119	386	204	345	325	300	400	506	1,121	4,187	0	
Facilities Sub Group	6,000	1,333	286	204	193	388	261	397	365	500	568	897	919	1,021	6,000	0	
Total Sub Groups	13,562	3,793	619	437	693	709	1,335	1,213	930	1,441	997	1,413	1,571	2,203	13,562	0	
Acute Care																	
Divisional Discretionary Capital	200	24	8	1	3	11	2	12	13	21	17	23	29	60	200	0	
Emergency Flow	4,000	180	2	7	14	79	79	100	100	100	100	1,600	1,600	220	4,000	0	
Total Acute Care	4,200	204	10	8	16	89	80	112	113	121	117	1,623	1,629	280	4,200	0	
Planned Care																	
Divisional Discretionary Capital	200	182	126	42	0	0	15	11	28	0	0	0	0	0	221	(21)	
Osborne Ventilation	566	14	0	0	0	0	13	25	27	100	100	100	100	100	566	0	
Endoscopy Redesign	250	107	0	80	(1)	24	5	30	33	0	0	0	0	0	170	80	
Total Planned Care	1,016	303	126	121	(1)	24	32	66	88	100	100	100	100	100	957	59	
Women's & Children's																	
Divisional Discretionary Capital	200	45	16	23	6	(0)	0	0	58	15	15	20	17	30	200	0	
Maternity Interim Development	2,800	691	3	18	9	273	388	170	298	310	379	395	304	253	2,800	0	
Total Women's & Children's	3,000	736	19	41	16	273	388	170	356	325	394	415	321	283	3,000	0	
Reconfiguration Schemes																	
Theatres Assessment Area (TAA)	1,549	562	4	10	27	30	491	180	180	180	180	180	87	0	1,549	0	
Advanced Recovery LRI & LGH	625	129	63	(7)	55	11	7	0	0	20	25	100	250	251	775	(150)	
GGH Vascular Surgery	1,156	0	0	0	0	0	0	0	0	0	100	100	450	506	1,156	0	
Hybrid Theatre (Vascular)	500	0	0	0	0	0	0	0	0	0	0	100	200	200	500	0	
Daycase / OPD Hub	350	0	0	0	0	0	0	0	0	0	0	0	150	200	350	0	
GH Imaging	500	0	0	0	0	0	0	0	0	0	0	100	200	200	500	0	
Ward 4 LGH / H Block Isolation	283	0	0	0	0	0	0	33	0	0	0	50	100	100	283	0	
GH Modular Wards * 2	4,050	0	0	0	0	0	0	0	50	0	0	500	500	3,000	4,050	0	
Brandon Unit Refurb: OPD 1-4	2,000	5	0	0	0	0	5	100	0	0	400	500	500	495	2,000	0	
ITU Consolidation	140	0	0	0	0	0	0	0	0	0	0	0	0	140	140	0	
Poppies Conversion	250	0	0	0	0	0	0	0	0	50	100	100	0	0	250	0	
Feasibility Studies	100	0	0	0	0	0	0	5	8	8	10	17	22	30	100	0	
Total Reconfiguration	11,503	697	68	3	82	42	503	318	238	258	815	1,747	2,459	5,121	11,653	(150)	
Corporate / Other Schemes																	
Aseptic Suite	650	9	7	0	1	0	0	41	100	100	100	100	100	100	650	0	
Diabetes BRU	600	455	0	62	125	128	141	150	145	0	0	0	0	0	750	(150)	
Respiratory BRU	500	766	3	809	(245)	190	9	26	0	0	0	0	0	0	792	(292)	
MES Installation Costs	1,750	1,054	38	178	343	455	40	250	250	250	250	250	250	196	2,750	(1,000)	
Stock Management System	3,000	0	0	0	0	0	0	0	151	170	179	500	1,000	1,000	3,000	0	
Other Developments	0	483	163	123	91	36	69	50	100	100	20	0	500	(2,786)	(1,533)	1,533	
	6,500	2,767	212	1,173	315	808	260	517	746	620	549	850	1,850	(1,490)	6,409	91	
Total Capital Programme	39,781	8,501	1,054	1,783	1,121	1,945	2,598	2,396	2,471	2,866	2,972	6,148	7,929	6,498	39,781	0	

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

	August			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 £'000	Red £'000	Amber £'000	Green £'000
Acute													
Acute Care Division	-88	0	88	-441	0	441	-1,059	0	1,059	-1,059	0	0	
Cardiac Renal & Respiratory Cbu	332	236	-96	1,687	1,209	-478	4,716	4,203	-513	513	0	514	3,689
Emergency Medicine Cbu	142	104	-38	807	459	-348	1,952	1,879	-73	73	0	273	1,606
Specialty Medicine Cbu	143	112	-32	792	499	-293	2,165	2,251	87	-87	0	429	1,822
Imaging & Medical Physics Cbu	123	87	-36	607	405	-202	2,241	1,585	-656	656	0	606	979
Professional Services Cbu	108	108	0	472	510	38	1,267	1,305	38	-38	0	19	1,285
Sub-total - Acute	759	647	-113	3,923	3,082	-841	11,281	11,222	-59	59	-	1,841	9,381
		85.2%			78.6%			99.5%		0.5%	0.0%	16.3%	83.2%
Planned													
Cancer Haem & Onc Cbu	89	127	38	146	404	258	1,244	1,945	701	-701	-	665	1,280
Gi Medicine Surgery Cbu	161	138	-23	764	598	-166	2,136	2,093	-43	43	-	201	1,891
Musculo Skeletal Cbu	153	168	15	630	565	-65	1,986	1,825	-161	161	-	15	1,810
Planned Care Division	1	1	0	5	5	0	12	13	1	-1	-	-	13
Specialist Surgery Cbu	111	109	-2	397	390	-7	1,617	1,557	-60	60	-	346	1,211
Itaps Cbu	360	324	-36	1,458	1,394	-64	4,405	4,062	-342	342	-	-	4,062
Sub-total - Planned	875	866	-9	3,399	3,356	-43	11,400	11,496	95	-95	-	1,227	10,268
		99.0%			98.7%			100.8%		-0.8%	0.0%	10.8%	90.1%
Clinical Support													
CSD Divisional Management	3	0	-3	15	19	4	36	19	-17	17	-	-	19
Sub-total - Clinical Support	3	0	-3	15	19	4	36	19	-17	17	-	-	19
		0.0%			128.4%			53.5%			0.0%	0.0%	100.0%
Women's and Children's													
Childrens Cbu	123	117	-7	615	541	-74	1,682	2,138	456	-456	-	73	2,065
W & C Divisional Management	2	0	-2	9	0	-9	22	0	-22	22	-	-	-
Womens Cbu	277	240	-36	1,288	1,105	-183	3,553	3,133	-420	420	-	36	3,097
Sub-total - Womens & Childrens	402	357	-45	1,912	1,646	-266	5,258	5,271	14	-14	-	109	5,162
		88.9%			86.1%			100.3%		-0.3%	0.0%	2.1%	98.2%
Corporate													
Communications & Ext Relations	15	2	-13	40	9	-31	148	44	-104	104	-	-	44
Corporate & Legal	26	26	0	131	132	1	315	317	2	-2	-	-	317
Corporate Medical	23	30	7	97	139	42	661	564	-97	97	-	358	206
Facilities	178	240	63	908	1,072	165	2,500	2,506	6	-6	-	-	2,506
Finance & Procurement	57	76	18	388	419	31	754	835	81	-81	-	-	835
Human Resources	40	42	2	211	249	37	505	579	74	-74	-	-	579
IMT	181	37	-144	886	175	-711	2,500	551	-1,949	1,949	-	150	401
Corporate Nursing	46	76	30	240	227	-13	525	471	-54	54	-	-	471
Operations	41	54	13	209	212	3	614	614	0	0	-	-	614
Strategic Devt	21	21	0	103	104	1	247	249	2	-2	-	-	249
Pathology Cbu	78	-23	-102	392	281	-111	940	941	1	-1	-	255	686
Corporate Services - General	0	19	19	0	158	158	0	377	377	-377	-	-	377
	707	599	-107	3,606	3,176	-429	9,710	8,048	-1,662	1,662	-	763	7,285
		84.8%			88.1%			82.9%		17.1%	0.0%	7.9%	75.0%
TRUST TOTAL	2,746	2,469	-276	12,855	11,280	-1,575	37,685	36,056	-1,629	1,629	0	3,940	32,116
		89.9%			87.7%			95.7%		4.3%	0.0%	10.5%	85.2%

FINANCIAL POSITION APRIL TO AUGUST 2013

CBU	Patient Care Income			Other Income			Pay Expenditure			Non Pay Expenditure			Total			RAG Rating
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	
Acute Care Division	0	0	0	247	0	(247)	1,153	1,138	15	482	70	412	(1,387)	(1,207)	180	G
Cardiac Renal & Resp (Crr) Cbu	52,418	52,258	(159)	1,360	994	(366)	23,567	24,243	(676)	17,798	18,836	(1,039)	12,413	10,173	(2,239)	R
Emergency Care Cbu	8,840	9,109	269	951	720	(231)	10,984	13,100	(2,116)	2,165	2,162	3	(3,359)	(5,434)	(2,075)	R
Imaging & Medical Physics Cbu	4,494	4,426	(68)	793	675	(118)	10,499	10,582	(83)	4,085	4,876	(791)	(9,297)	(10,357)	(1,060)	R
Professional Services Cbu	1,067	1,036	(31)	799	543	(256)	9,405	9,401	4	747	813	(66)	(8,286)	(8,634)	(349)	R
Specialty Medicine Cbu	32,923	35,336	2,414	1,111	1,186	75	15,095	17,450	(2,355)	10,393	10,891	(498)	8,546	8,182	(364)	R
Acute Care Division	99,741	102,166	2,424	5,261	4,118	(1,143)	70,704	75,914	(5,210)	35,670	37,648	(1,979)	(1,371)	(7,278)	(5,907)	R
Cancer Haem & Onc Cbu	22,081	22,964	883	436	561	125	6,735	7,036	(301)	10,409	11,337	(927)	5,373	5,153	(220)	R
Gi Medicine Surgery Cbu	26,800	26,384	(416)	802	615	(187)	12,131	12,307	(176)	4,463	4,986	(523)	11,008	9,706	(1,302)	R
Itaps Cbu	11,411	11,125	(286)	306	292	(14)	21,117	22,724	(1,607)	8,148	9,017	(869)	(17,549)	(20,324)	(2,776)	R
Musculo Skeletal Cbu	18,352	18,043	(309)	341	249	(92)	7,356	7,679	(323)	3,622	3,809	(188)	7,715	6,804	(911)	R
Planned Care Division	-	-	0	13	1	(13)	497	462	35	350	16	334	(835)	(478)	357	G
Specialist Surgery Cbu	20,775	20,842	67	465	354	(111)	10,765	10,909	(144)	4,091	3,968	122	6,385	6,320	(65)	R
Planned Care Division	99,418	99,358	(60)	2,362	2,071	(291)	58,601	61,117	(2,516)	31,083	33,133	(2,050)	12,097	7,180	(4,917)	R
Childrens CBU	22,224	23,255	1,031	646	562	(83)	11,325	11,586	(261)	3,789	3,960	(171)	7,756	8,271	515	G
W & C Divisional Management	-	-	0	25	23	(2)	214	184	30	4	3	1	(193)	(163)	30	G
Womens CBU	34,424	34,009	(415)	1,013	863	(150)	19,302	19,025	277	8,499	8,818	(319)	7,636	7,029	(607)	R
Women's & Children's Division	56,648	57,264	615	1,683	1,448	(235)	30,841	30,794	46	12,291	12,780	(489)	15,200	15,137	(62)	R
Communications & Ext Relations	-	-	0	14	10	(4)	340	369	(29)	51	49	2	(377)	(408)	(31)	R
Corporate & Legal	-	-	0	0	72	72	405	404	0	487	597	(111)	(891)	(930)	(39)	R
Corporate Medical	-	-	0	614	631	17	2,098	2,197	(99)	5,579	5,649	(69)	(7,064)	(7,215)	(151)	R
Facilities	-	-	0	4,837	4,786	(51)	531	492	39	22,680	22,259	421	(18,374)	(17,965)	409	G
Finance & Procurement	-	-	0	21	20	(1)	1,726	1,718	8	1,124	1,061	63	(2,829)	(2,759)	70	G
Human Resources	-	-	0	1,191	1,313	122	2,263	2,225	37	713	821	(108)	(1,785)	(1,734)	51	G
Im&T	-	-	0	87	82	(5)	1,573	1,481	92	1,805	2,635	(830)	(3,291)	(4,034)	(743)	R
Nursing	-	-	0	107	118	11	1,624	1,464	160	213	362	(150)	(1,729)	(1,709)	21	R
Operations	-	-	0	0	29	29	1,608	1,722	(114)	59	135	(77)	(1,667)	(1,828)	(161)	R
Pathology Cbu	4,403	4,574	171	1,430	1,502	72	8,344	8,689	(346)	(4,191)	(3,782)	(409)	1,680	1,168	(512)	R
Strategic Devt	-	-	0	0	58	58	507	629	(122)	15	208	(193)	(522)	(778)	(257)	R
R&D	-	-	0	13,485	14,055	570	5,132	5,132	(0)	7,137	7,137	0	1,216	1,786	570	G
Corporate Division	4,403	4,574	171	21,786	22,675	889	26,150	26,523	(373)	35,671	37,132	(1,460)	(35,633)	(36,406)	(773)	R
Central Division	7,038	6,369	(668)	20,437	20,055	(382)	0	119	(119)	18,645	18,313	332	8,829	7,992	(837)	
GRAND TOTAL	267,248	269,731	2,483	51,529	50,367	(1,162)	186,295	194,467	(8,172)	133,360	139,005	(5,645)	(878)	(13,374)	(12,496)	R

Appendix 1

OPERATIONAL PERFORMANCE EXCEPTION REPORT

Report to: Trust Board

Date: 19th September 2013

Report by: Kevin Harris, Medical Director

Authors: Nicola Grant, Lead Nurse and Sue Nattrass, Service
Manager

Divisional Director: Andrew Furlong, Planned Care Division

Subject: Fractured Neck of Femur Best Practice Tariff Performance

1.0 Present state

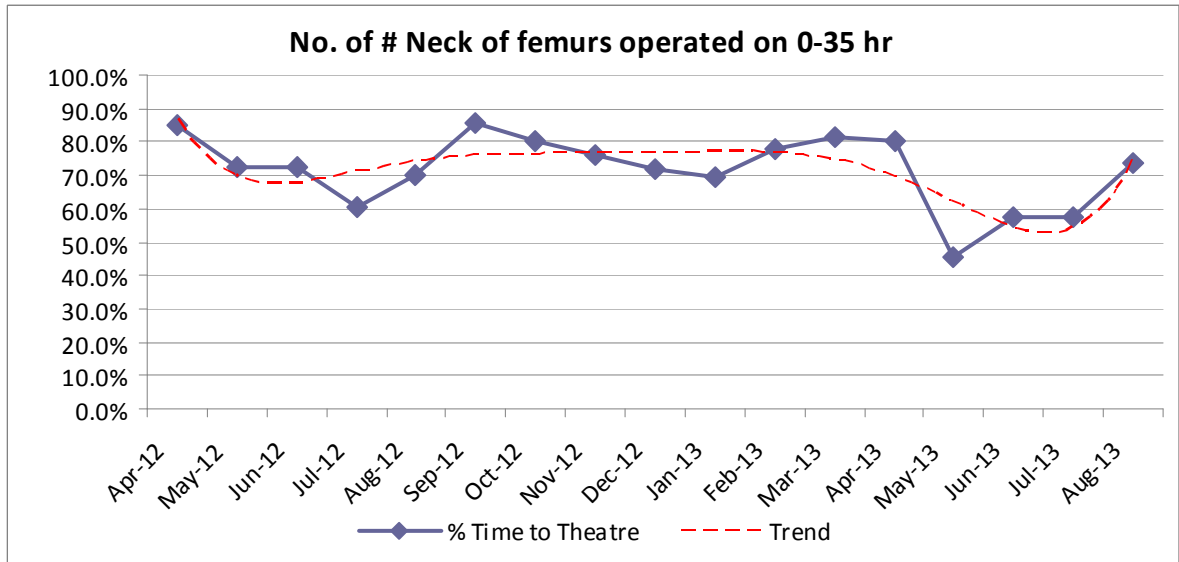
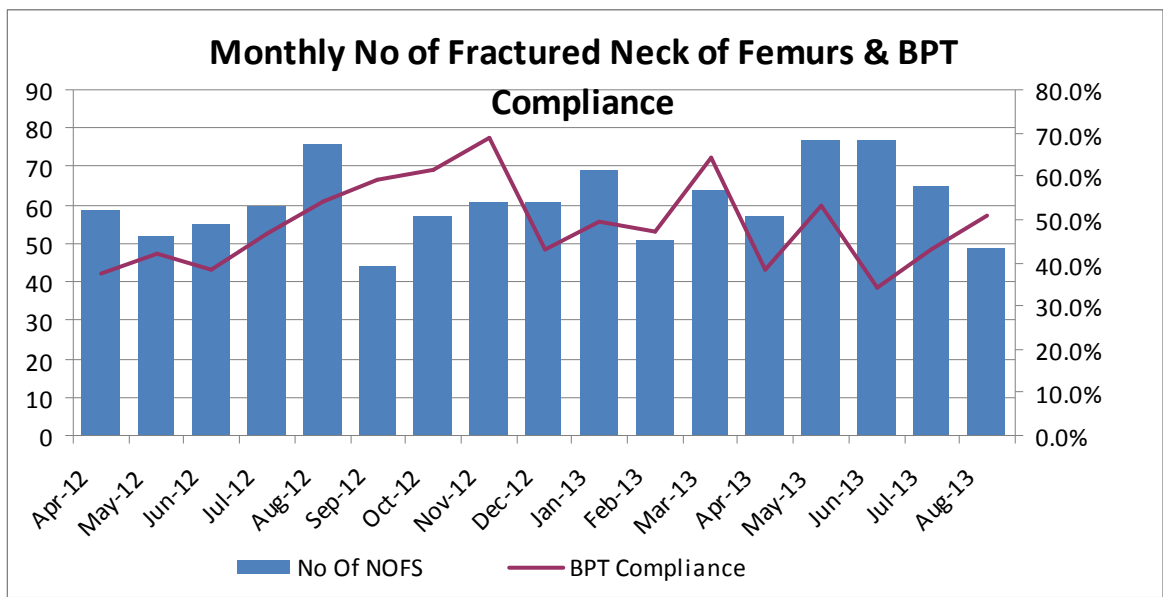
The Best Practice Tariff (BPT) for hip fracture (#NOF) came into effect in April 2010 meeting the commitment to High Quality Care for All. The BPT indicators for hip fracture care are:

- Time to surgery within 36 hours from arrival in an emergency department, or time of diagnosis if an inpatient, to the start of anaesthesia
- Admitted under the joint care of a consultant geriatrician and a consultant orthopaedic surgeon
- Admitted using an assessment protocol agreed by geriatric medicine, orthopaedic surgery and anaesthesia
- Assessed by a geriatrician defined as consultant, non-consultant career grade (NCCG), or specialist trainee (ST3+) in the peri-operative period (defined within 72 hours of admission)
- Post-operative geriatrician directed multi professional rehabilitation team
- Specialist falls assessment
- Bone protection treatment
- Abbreviated mental test score on admission and post operatively

To achieve the BPT – all the domains must be achieved.

Current year to date performance for the period April to August - BPT 44%, Time to theatre 61.2%. Performance for the financial year 2012/13 was 51% and 74.7% respectively.

The graphs below detail performance by month, together with numbers of #NOFs from April 2012.



UHL would expect to admit 795 patients per year with a hip fracture based on the mean of the last four complete years. Performance for Q1 shows that UHL has admitted 22.23% more patients with a #NOF than would be expected (243 actual against 199 predicted). If admissions were to continue at the same rate as seen in Q1, UHL could expect to admit up to 972 patients with a fragility hip fracture during 2013/14. The national trend over this period is a reduction of 1.9%.

Whilst activity may not continue at the same rate for the rest of the year, it should be noted that activity is significantly up in the first quarter of the year.

July had 66 #NOF admissions - 57.3% of these patients went to theatre within 36 hours.

26 patients breached the 36 hour theatre target in July. Reasons are as follows: - 2 patients awaited family decision making around operative treatment. 13 were cancelled due to clinical reasons (medically unfit) and 11 patients were cancelled due to lack of theatre time.

August had 53 admissions - 73.6% of patients went to theatre within the 36 hour target.

Action Plan.

A detailed action plan is in place to improve BPT performance but the main points are:

1. Increase ortho-geriatrician cover for ward 32 and #NOF patients in general.
2. Review of junior doctors working practices to free up time for patient interventions
3. Review Trauma Coordinators role including recruitment of a new Trauma Coordinator.
4. Commencement of a theatre scheduler within theatres
5. Dedicate senior medical cover for all theatre lists – including lists undertaken by SpR's
6. Trauma review of on call arrangements and responsibilities.
7. Weekly management review of progress against BPT, including time to theatre.
8. Monthly #NOF MDT meetings to review progress and agree further actions.

Risks:

Ortho-geriatrician input into the management of patients with #NOF is critical to success in improving both the time to theatre target and overall BPT performance. Trauma has recently secured one extra PA of ortho-geriatrician time to take the total ortho-geriatrician support to 7.5 PA's but 10 PA's of ortho-geriatrician time is needed to provide a comprehensive Monday to Friday service. Ultimately, there is a need to provide a 7-day service but recruitment into vacant ortho-geriatrician posts has proved challenging and there remains no weekend or Bank holiday ortho-geriatrician cover for #NOF patients.

The appointment of a theatre scheduler is another key factor to enable trauma coordinators to be freed up from theatre scheduling, allowing them to concentrate on the trauma patients, which then allows more clinical focus on the NOF patients. A transformational bid to support this post has been rejected twice. Theatres and the trauma service are looking at this as a joint venture to facilitate recruitment, with funding to be identified.

NICE guideline CG124 outlines the circumstances under which a sub-set of patients with #NOF should be offered a total hip replacement (THR). As LRI trauma theatres do not have laminar flow, THR can only currently be provided at LGH in the elective orthopaedic theatres. The transfer of patients from LRI to LGH and identifying free slots in the elective theatres to undertake this surgery continues to lead to delays in time to theatre for these patients. Whilst numbers are small, currently all #NOF patients requiring a THR breach the 36 hour time to theatre. In the first quarter of 2013/14 8 patients have been transferred to LGH.

2.0 Date when recovery of target or standard is expected

The 36 hours to theatre target was achieved in August, but performance against this target remains vulnerable and as does overall BPT performance. The actions identified above, will help to support sustained improvement in time to theatre but it is felt that these are not likely to be embedded until November 2013.

Significant improvement in BPT compliance, is dependent on ortho-geriatrician input both pre and post operatively and this will remain a problem until UHL is able to offer 7-day comprehensive ortho-geriatrician input.

3.0 Details of senior responsible officer

Divisional Director:	Mr Andrew Furlong
Divisional SRO:	Nigel Kee, Divisional Manager, Planned Care
Corporate SRO:	

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 - March '13 - August '13

		Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	AUGUST SCORE BREAKDOWN				
								Total Responses	Promoters	Passives	Detractors	Score
GLENFIELD HOSPITAL	GH WD 15	80	55	-	100	91	100	21	21	0	0	100
	GH WD 16 Respiratory Unit	76	88	69	74	80	68	25	19	4	2	68
	GH WD 20	67	-	73	61	77	79	19	15	4	0	79
	GH WD 26	-	-	-	-	92	94	17	16	1	0	94
	GH WD 27	42	-	-	66	45	90	20	18	2	0	90
	GH WD 28	85	79	85	88	89	96	23	22	1	0	96
	GH WD 29	-	-10	42	21	96	75	20	15	5	0	75
	GH WD 31	100	-	79	79	86	94	18	17	1	0	94
	GH WD 32	91	74	85	83	81	87	30	26	4	0	87
	GH WD 33	75	85	84	79	81	73	44	33	10	1	73
	GH WD 33A	77	68	94	86	80	84	19	17	1	1	84
	GH WD Coronary Care Unit	90	84	86	90	98	90	39	35	4	0	90
	GH WD Clinical Decisions Unit	43	48	75	65	49	58	66	42	17	5	58

FRIENDS AND FAMILY TEST - March '13 - August '13

		Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	AUGUST SCORE BREAKDOWN				
								Total Responses	Promoters	Passives	Detractors	Score
LEICESTER GENERAL HOSPITAL	LGH WD 10	0	100	48	60	80	70	10	7	3	0	70
	LGH WD 14	80	77	71	83	70	85	27	23	4	0	85
	LGH WD 16	68	67	88	95	75	71	7	5	2	0	71
	LGH WD 17 Transplant	100	75	92	84	81	84	32	27	5	0	84
	LGH WD 19	67	79	63	59	66	84	43	36	7	0	84
	LGH WD 22	25	42	95	45	42	50	14	10	1	3	50
	LGH WD 23	-	-	-	53	41	50	16	9	6	1	50
	LGH WD 26 SAU	100	0	45	52	65	48	31	17	12	2	48
	LGH WD 27	42	83	89	57	0	64	11	7	4	0	64
	LGH WD 31	54	-	90	79	84	73	67	52	12	3	73
	LGH WD 29 EMU Urology	70	-30	54	50	35	31	13	7	3	3	31
	LGH WD 3	-	-	-	-	67	70	10	8	1	1	70

FRIENDS AND FAMILY TEST - March '13 - August '13

		Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	AUGUST SCORE BREAKDOWN				
								Total Responses	Promoters	Passives	Detractors	Score
LEICESTER ROYAL INFIRMARY	LRI WD 7 Bal L3	70	65	73	70	71	64	28	19	8	1	64
	LRI WD 17 Bal L5	-	0	57	-9	0	48	29	17	9	3	48
	LRI WD 19 Bal L6	61	44	60	5	43	35	26	13	9	4	35
	LRI WD 21 Bal L6	86	88	89	91	-	88	26	23	3	0	88
	LRI WD 22 Bal 6	16	38	52	48	64	44	37	19	14	3	44
	LRI WD 23 Win L3	75	85	95	83	65	75	20	16	3	1	75
	LRI WD 24 Win L3	31	58	67	47	29	52	21	13	6	2	52
	LRI WD 25 Win L3	100	95	95	60	75	69	16	11	5	0	69
	LRI WD 26 Win L3	91	92	75	58	80	65	26	19	5	2	65
	LRI WD 29 Win L4	58	61	100	65	55	70	20	14	6	0	70
	LRI WD 30 Win L4	52	82	88	-	88	92	24	22	2	0	92
	LRI WD 31 Win L5	-	-	70	48	64	48	27	15	10	2	48
	LRI WD 32 Win L5	-	86	73	43	23	48	25	13	11	1	48
	LRI WD 33 Win L5	43	71	67	58	77	75	62	49	9	3	75
	LRI WD 34 Windsor Level 5	65	80	70	-	80	58	19	11	8	0	58
	LRI WD 36 Win L6	20	20	61	0	50	50	20	11	8	1	50
	LRI WD 37 Win L6	38	68	86	90	86	71	21	17	2	2	71
	LRI WD 38 Win L6	19	94	100	100	87	85	27	23	4	0	85
	LRI WD 39 Osb L1	56	70	89	88	87	72	18	13	5	0	72
	LRI WD 41 Osb L2	27	42	50	47	55	73	11	9	1	1	73

FRIENDS AND FAMILY TEST - March '13 - August '13

		Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	AUGUST SCORE BREAKDOWN				
								Total Responses	Promoters	Passives	Detractors	Score
LEICESTER ROYAL INFIRMARY	LRI WD Fielding John Vic L1	-	-	-	60	71	67	21	14	7	0	67
	LRI WD GAU Ken L1	59	-	65	70	46	82	17	14	3	0	82
	LRI WD IDU Infectious Diseases	73	65	67	69	80	68	25	20	2	3	68
	LRI WD Kinmonth Unit Bal L3	69	65	68	80	70	57	23	15	6	2	57
	LRI WD Osborne Assess Unit	74	68	88	88	68	84	26	21	4	0	84
	LRI WD 15 AMU Bal L5	-	40	33	31	43	65	46	31	14	1	65
	LRI WD 8 SAU Bal L3	42	35	51	70	49	52	23	13	9	1	52
	LRI WD 16 AMU Bal L5	-	52	88	58	42	11	9	3	4	2	11

FRIENDS AND FAMILY TEST - March '13 - August '13

								AUGUST SCORE BREAKDOWN				
		Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Total Responses	Promoters	Passives	Detractors	Score
EMERGENCY DEPARTMENT	ED - Majors	-	35	45	42	50	47	131	72	42	13	47
	ED - Minors	-	38	37	64	60	65	396	273	104	17	65
	ED - (not stated)	-	64	60	60	63	72	60	46	11	3	72
	Eye Casualty	-	65	75	70	55	54	206	116	82	6	54

FRIENDS AND FAMILY TEST - March '13 - August '13

Wards Excluded due to fewer than 5 survey responses

LGH WD 28 Urology
LGH WD Young Disabled
LRI WD 18 Bal L5
LRI WD 27 Win L4
LRI WD Bone Marrow

Appendix 3 - Nurse to Bed ratios

Cost centre	Jul-13		Per finance ledger			Budgeted Nurse to bed ratio	Actual Nurse to bed ratio	Accuity Ward type	July 13 RAG Rating	June 13 RAG Rating	Budgeted Qualified %age	Budgeted Unqualified %age
	Cost centre description	No. of beds	Actual worked WTEs(per finance ledger)	Including bank wtes	Including agency wtes							
C20	Ward 15	30	35.83	0.65	0.07	1.27	1.19	Base			60.4%	39.6%
C21	Ward 16	30	38.02	2.92	0.12	1.20	1.27	Base			63.4%	36.6%
C23	Ward 17 - Respiratory	30	36.17	2.64	0.00	1.25	1.21	Base			73.0%	27.0%
C24	Ward 27	27	30.93	0.19	0.03	1.15	1.15	Base			61.9%	38.1%
C27	Coronary Care Unit - Ggh	19	49.58	0.15	0.24	2.75	2.61	Specialist			75.6%	24.4%
C29	Clin Dec. Unit - Ward 19 Ggh	25	84.83	1.36	0.73	3.83	3.39	Specialist			62.9%	37.1%
C30	Ward 28 - Cardio	31	37.12	1.42	5.58	1.10	1.20	Base			60.0%	40.0%
C31	Ward 33	29	31.30	0.45	0.00	1.16	1.10	Base			70.1%	29.9%
C32	Ward 32	17	18.75	3.50	0.00	1.17	1.10	Base			74.8%	25.2%
C33	Ward 33a	20	24.53	1.99	0.00	1.30	1.23	Base			64.3%	35.7%
C35	Ward 31	34	38.40	2.10	0.00	1.29	1.13	Base			76.9%	23.1%
C38	Ward 26	15	29.16	0.24	0.16	2.05	1.94	Specialist			76.5%	23.5%
C48	Ward 23a	17	19.05	0.52	0.00	0.91	1.12	Specialist			45.5%	54.5%
C99	Ward 29 - Resp	25	38.05	12.28	0.83	1.20	1.52	Base			61.3%	38.7%
S04	Ward 15 High Dependency	9	24.24	1.44	0.12	3.07	2.69	HDU			85.9%	14.1%
S05	Ward 15 Nephrology	18	26.38	0.59	0.00	1.76	1.47	Specialist			63.1%	36.9%
S21	Ward 10 Capd	18	37.54	0.53	0.00	2.15	2.09	Specialist			60.9%	39.1%
S64	Ward 17 - Capd	14	19.87	1.07	0.17	1.40	1.42	Specialist			70.5%	29.5%
N15	Admissions Unit (15/16) Lri	54	120.69	10.17	23.48	2.21	2.24	Specialist			53.2%	46.8%
N99	Ward 33 Lri	24	47.11	8.28	6.88	1.27	1.96	Base			69.9%	30.1%
N44	Emergency Decisions Unit Lri	16	25.59	0.13	9.90	1.76	1.60	Specialist			66.8%	33.2%
N24	Ward 24 Lri	27	38.83	4.83	1.66	1.42	1.44	Base			60.0%	40.0%
N26	Ward 36 Lri	28	37.96	3.28	12.56	1.35	1.36	Base			60.0%	40.0%

N31	Ward 31 Lri - Med	30	44.85	3.74	1.58	1.43	1.50	Base			60.0%	40.0%
N33	Ward 37 Lri	24	39.15	9.10	3.52	1.48	1.63	Base			60.0%	40.0%
N36	Ward 23 Lri	28	42.29	7.22	4.74	1.31	1.51	Base			59.6%	40.4%
N38	Ward 38 Lri	28	38.82	4.25	5.57	1.33	1.39	Base			60.0%	40.0%
N39	Infectious Diseases Unit	18	28.95	3.67	3.21	1.34	1.61	Specialist			60.0%	40.0%
N51	Ward 19 Lri	30	40.68	0.90	9.14	0.99	1.36	Specialist			60.0%	40.0%
N52	Ward 2 Lgh	21	52.50	10.17	42.33	1.35	2.50	Specialist			59.9%	40.1%
N56	Ward 8 Lgh	15	28.22	6.40	0.12	1.62	1.88	Specialist			60.0%	40.0%
N57	Stroke Unit - Ward 25 & 26 Lri	36	65.26	3.00	13.32	1.67	1.81	Specialist			62.3%	37.7%
N60	Ydu Wakerley Lodge Lgh	8	18.03	0.24	0.00	2.40	2.25	Specialist			60.0%	40.0%
N61	Brain Injury Unit Lgh	7	19.75	1.52	0.00	3.21	2.82	Specialist			60.0%	40.0%
N84	Fielding Johnson - Medicine	20	24.70	3.76	6.89	1.54	1.24	Base			61.3%	38.7%
N92	Ward 34 Lri	26	44.12	6.55	4.27	1.29	1.70	Base			60.0%	40.0%
B01	Onc Ward East	19	22.44	0.65	0.67	1.21	1.18	Base			65.8%	34.2%
B02	Osbourne Assessment Unit	6	10.63	0.48	0.00	1.64	1.77	Specialist			67.0%	33.0%
B06	Onc Ward West	19	23.57	0.91	1.18	1.19	1.24	Base			72.5%	27.5%
B21	Haem Ward	22	31.35	1.91	0.36	1.37	1.43	Specialist			71.5%	28.5%
B24	Bmtu	5	13.93	0.73	0.00	3.04	2.79	Specialist			96.7%	3.3%
N29	Ward 29 Lri	28	40.00	6.07	4.00	1.22	1.43	Base			60.0%	40.0%
N30	Ward 30 Lri	30	40.44	8.29	3.70	1.07	1.35	Base			60.0%	40.0%
S75	Ward 26 Lgh	25	30.82	5.50	2.80	1.07	1.23	Base			65.7%	34.3%
W63	Sau - Lri	30	40.10	1.92	1.94	1.33	1.34	Base			56.3%	43.7%
W64	Ward 22 - Lri	30	35.26	0.12	0.27	1.19	1.18	Base			63.3%	36.7%
W69	Ward 27 - Lgh	20	33.15	2.85	0.00	0.69	1.66	Base			62.1%	37.9%
W70	Ward 29 - Lgh	27	31.90	0.00	0.62	1.43	1.18	Base			58.1%	41.9%
W71	Ward 22 - Lgh	20	24.36	0.42	0.00	1.31	1.22	Base			61.8%	38.2%
W72	Ward 28 - Lgh	25	33.29	0.04	0.26	1.34	1.33	Base			62.4%	37.6%
W73	Ward 20 - Lgh	20	23.94	2.28	0.67	1.24	1.20	Specialist			60.8%	39.2%
W74	Sacu - Lgh	6	15.75	0.00	0.00	2.71	2.63	Specialist			68.5%	31.5%

C60	Itu Gh	19	114.89	0.00	0.00	6.60	6.05	ITU			92.3%	7.7%
A10	Itu Lri	15	89.97	0.00	0.89	6.74	6.00	ITU			89.0%	11.0%
A11	Itu Lgh	8	54.66	0.05	0.00	7.46	6.83	ITU			95.2%	4.8%
Y13	Ward 17 Lri	30	41.15	0.58	1.50	1.29	1.37	Base			57.5%	42.5%
Y14	Ward 18 Lri	30	37.93	0.62	1.50	1.25	1.26	Base			55.2%	44.8%
Y16	Ward 32 Lri	24	38.88	1.41	2.50	1.60	1.62	Specialist			56.3%	43.7%
Y22	Ward 19 Lgh	24	23.99	0.08	0.00	1.02	1.00	Base			59.4%	40.6%
W13	Ward 7 - Lri	29	34.50	7.00	2.30	1.03	1.19	Base			58.2%	41.8%
W23	Kinmouth Unit	14	23.97	0.82	0.90	1.81	1.71	Specialist			65.7%	34.3%
W43	Ward 21 - Lri	28	35.00	6.10	1.70	1.20	1.25	Base			61.5%	38.5%
W79	Ward 23 - Ggh	14	15.92	0.07	0.00	1.21	1.14	Base			66.4%	33.6%
C41	Childrens Ward 30	13	15.12	0.22	0.00	1.32	1.16	Base			84.6%	15.4%
C61	Paediatric Itu	6	37.97	0.00	0.00	6.78	6.33	ITU			100.0%	0.0%
D11	Ward 11	12	25.47	0.13	0.00	2.33	2.12	ITU			64.6%	35.4%
D12	Ward 12	5	19.98	0.33	0.00	5.40	4.00	Specialist			86.7%	13.3%
D13	Children'S Intensive Care Unit	6	38.25	0.00	0.00	6.30	6.38	ITU			94.4%	5.6%
D14	Children'S Admissions Unit	9	22.57	0.12	0.00	2.51	2.51	Specialist			63.9%	36.1%
D17	Ward 27 - Childrens	9	24.07	0.00	0.00	2.55	2.67	Specialist			86.3%	13.7%
D40	Ward 28 - Childrens	14	19.52	0.53	0.00	1.83	1.39	Specialist			73.2%	26.8%
D41	Ward 10	14	20.07	0.00	0.00	1.74	1.43	Specialist			65.2%	34.8%
D51	Ward 14	19	26.52	0.00	0.00	1.47	1.40	Specialist			70.4%	29.6%
X10	Neo-Natal Unit (Lri)	24	79.32	0.00	0.00	3.79	3.31	Specialist			86.4%	13.6%
X13	N.I.C.U. (Lgh)	12	28.46	0.00	0.00	2.72	2.37	HDU			64.3%	35.7%
X34	Ward 5 Obstetrics (Lri)	26	41.24	0.00	0.00	1.53	1.59	Specialist			59.5%	40.5%
X35	Ward 6 Obstetrics (Lri)	26	41.34	0.00	0.00	1.64	1.59	Specialist			63.0%	37.0%
X37	Lgh Delivery Suite & Ward 30	32	104.37	0.00	0.00	3.53	3.26	HDU			76.2%	23.8%
X51	Gau	20	26.83	0.82	0.00	1.45	1.34	Base			67.1%	32.9%
X57	Lgh Ward 31 Gynae	21	26.16	0.00	0.00	1.33	1.25	Base			59.7%	40.3%

University Hospitals of Leicester NHS Trust

Appendix 4 - Exception Report and Remedial Action Plan

Wards identified where Nursing Establishment does not reach minimum Nurse to Bed Ratio July 2013								
Division	Speciality	Beds	Health-Check Data	Issue	Detail	Action	Who	When
Planned Care LGH Ward 19	Elective MSK	24	For the month of July ward 19 had no patients with an avoidable pressure ulcer. No of Falls = Nil Net Promoter = 66% Nursing Metrics = Green Formal complaints = Nil	1 wte HCA vacant post 0.4 RN vacant post	Recruitment paused, due to potential reconfiguration of beds.	Staffing reviewed by Matron, staff moved across the areas to ensure a daily Nurse to Bed Ratio of 1.1 is maintained	Matron & Charge Nurse	Daily
					Ward will be reducing bed capacity from 24 beds to 17 beds this year.	Matron is not concerned as ward runs with 2 empty beds overnight, and with movement of staff internally maintains a daily N2Bed ratio of 1.1.	Matron & Charge Nurse	Daily
					Establishment review in progress with nursing and management team to ensure establishment is set at the correct level.			
						STAFFING RISK = RED OVERALL RISK = GREEN		

RN Recruitment Update, 31 RN's in process from recruitment day in July. 73 HCA's in process from recruitment day in July, this includes RN's recruited at the RCN Jobs Fair in July. Of the total 104 new starters, 70 are still in process through HR. Creative advert currently out, to coincide with further attendance at the RCN Jobs Fair in September.

Key	Nursing metrics = 5 or more areas below green (90%) Complaints = > 2 monthly Falls = > 1 monthly PU = > 0
Overall Risk Key	Red = staffing risk red, plus more than two other key performance indicators Amber = staffing risk red, plus up to two other key performance indicators Green = staffing risk red

Please note, the nursing metrics are being reviewed within UHL therefore the above indicators may alter as we progress, following discussion and debate

Appendix 5

OPERATIONAL PERFORMANCE EXCEPTION REPORT

REPORT TO: TRUST BOARD
DATE: SEPTEMBER 2013
REPORT BY: RICHARD MITCHELL, CHIEF OPERATING OFFICER
AUTHOR: NIGEL KEE, DIVISIONAL MANAGER, PLANNED CARE
DIVISIONAL DIRECTOR: ANDREW FURLONG
SUBJECT: 18 WEEK RTT TARGET DELIVERY FOR AUGUST

1.0 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. For 2013/2014, this target is measured at specialty level.

RTT admitted performance for August was 85.7%. There were speciality level failures in General Surgery, Orthopaedics, Ophthalmology and ENT. Specialties did not deliver compliant performance because of the agreement to treat long waiting patients in date order and continuation of the process to clear the backlog of patients waiting over 18 weeks.

Non-admitted performance was delivered bottom line at 95.5%, with specialty level failures in Orthopaedics and Ophthalmology.

The primary reasons for the specialties not delivering was a direct result of treating long waiting patients in date order and beginning to clear backlog of patients waiting over 18 weeks. Cancelled operations on the day is a contributory factor.

Commissioners issued a formal 'joint failure to agree' notice regarding RTT backlogs which was responded to on 14 August 2013. Following further discussion with commissioners a revised version of the detailed plan was submitted to the commissioners on 11th September. (This plan is attached as an Appendix for information). A formal response to this plan was received on 19th September in which commissioners have rejected the revised plan. This now triggers further contractual consequences and commissioners will withhold 2% of the total monthly contract value from September and for each subsequent month until the Remedial Action Plan is agreed. In addition they will continue to apply the automatic financial consequences of failure of the RTT standards.

Urgent work is underway to ensure compliance with the commissioners requirements of a

sustainable and deliverable plan.

A weekly performance meeting remains in place, chaired by the COO, this is attended by commissioners.

2.0 Action plan

See attached action plan Appendices 5.1 / 5.2 / 5.3

3.0 Date when recovery of target or standard is expected

The current plan indicates that the RTT standard admitted (and non-admitted) at specialty level is expected to be recovered by the end of October 2013. This will be subject to any revisions to this plan.

4.0 Details of senior responsible officer

Divisional Clinical Director: Mr Andrew Furlong

Divisional SRO: Nigel Kee, Divisional Manager, Planned Care

Corporate SRO: Charlie Carr, Head of Performance Improvement

Level 3- Balmoral
Leicester Royal Infirmary
Leicester
LE1 5WW

Appendix 5.1

11th September 2013

Dear Simon,

Re 2013/14 UHL Contract- Joint Failure to Agree Remedial Action Plan on 18 Week Referral to Treatment Performance (CB_B1-3)

Further to a number of communications and meetings we have had with your team, please find attached our response to the most recent request for an amended RAP. As requested there is now a single page activity and performance sheet per speciality. This is updated weekly to include brief commentary on 'highlights and exceptions' during the previous week and detailing planned recovery. In preparation for this submission I can confirm we have rechecked the data and amended it appropriately to reflect an up to date position. In addition each speciality also has a separate word document / plan with detailed actions for monitoring purposes. The plans include:

- A commitment to achieving the 18 Week NHS Constitution standard for all eligible patients, and to treating patients in strict date order (subject to patient choice and clinical complexity);
- A specialty-level analysis of the issues which have created a backlog of long waits, quantifying the impact of the underlying causes on the current position, and linked to specific actions to address these with timescales and named leads;
- Modelling of the proposed backlog reduction (showing the recurrent and non-recurrent elements of the demand and activity, and conversion between non-admitted and admitted incomplete waiting lists, and the expected impact of validation), both in terms of patient numbers and performance percentages;
- Physical capacity and utilisation assumptions;
- Confirmation that the 26 week elective stage of treatment breaches will be permanently eliminated by the Trust by the end of October (with the exception of MSK spines);

As evident in the submission, there remain risk to delivery in two specialties:

- **Ophthalmology**- current operational management is under significant pressure, particularly in respect of administrative processes, which negatively impact on RTT delivery. I am personally overseeing the delivery of a clear plan to implement viable systems and processes.
- **Restorative dentistry**- further capacity and demand work is required including an assessment of the need to outsource activity. The cohort of patients within the backlog require root canal treatment. Community Dental Service provision options are being pursued.

I can confirm I have made contact with the Intensive Support Team (IST) and have made arrangements with them to meet with the Trust during the week commencing 16th September. As previously mentioned, I have found jointly commissioned work with them particularly useful.

Finally, we welcome the regular attendance of your team at the Monday morning RTT performance meeting which I chair each week.

Yours sincerely

Richard Mitchell
Chief Operating Officer

Appendix 5.2

The University Hospitals Of Leicester NHS Trust: RTT recovery plan

Urology

Causes of backlog are the following:

Non-admitted: The main bulk of patients on the backlog are requiring validation. (ie, patients who were initially awaiting reports but separate letters have been sent with clear outcomes and the pathways are not closed down).

Status key:	5 Complete	4 On track	3 Some delay-expect to complete as planned or implemented but not consistently delivering	2 Significant delay – unlikely to be completed as planned	1 Not yet commenced	0 Objective Revised
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No	ISSUE : ACTION	Clin Lead	Outcome	Measure	Lead	DATE	Risk	Mitigation	PROGRESS UPDATE	STATUS
F1	Fully validated non admitted backlog	M Khan	Backlog to be no more than 50 by end of September, reducing thereafter	Weekly backlog reduction	L Gowan	30.9.13	Time management admin	Validation schedule agreed with Admin Managers. Weekly meeting to review all PTL's	RTT team providing support with validation.	4
F2	Non admitted: eradicate 26+ weeks RTT	M Khan	No 26 week waiters RTT by end Oct	Weekly reduction in 26 week wait RTT	L Gowan	31.10.13	Outpatient capacity for follow ups which competes with 2ww and new OPDs	Validation schedule agreed with Admin Managers. Weekly meeting to review all PTL's	RTT team providing support with validation.	4
F3	Extra PA of clinical activity per week as part of job plan process	M Khan	1 x OPD and 1 x Theatre session	Monitored monthly	F Gordon	1.6.13	Cancellation of sessions given as part of additional PA activity (eg theatres)	Robust escalation to CBU and Service Manager re: potential cancellations	completed	4
F4	11 additional Daycases per week from Jan 2014 as a result of increased number of consultants and the day ward returning to the LGH site.	M Khan	11 additional day case procedures per week.	Monitor weekly via the weekly activity report (DMS 58333)	F Gordon	1.1.14	Delay in the completion of the theatre refurbishment at the LGH site and therefore continued reduction in capacity	Robust escalation to CBU and Service Manager re: potential cancellations Purchase of additional cystoscope to increase activity through daycase lists.	On track currently. Backlog reduction for admitted will not happen until this is in place Quote obtained for scope. Awaiting approval. Will order once received.	4

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The University Hospitals Of Leicester NHS Trust: RTT recovery plan

No	ISSUE : ACTION	Clin Lead	Outcome	Measure	Lead	DATE	Risk	Mitigation	PROGRESS UPDATE	STATUS
F5	Focussed work on OPD utilisation with the UHL transformational team to improve OPD capacity	M Khan	To maximise clinic capacity and ensure appropriate coding of OPD procedures	Accurate recording of capacity and appropriate coding of outpatient procedures	L Gowan	30.12.13	Minimal capacity gain	Transparent clinic templates that demonstrate optimal utilisation of OPD slots	Work started with the Clinical Nurse Specialists to revise clinic templates. To be completed by 31.10.13. Consultant templates to be reviewed following this. Counting and Coding form completed to capture Outpatient procedures	4
F6	Roll out of virtual clinics to all consultants to improve turnaround of non-admitted patients	M Khan	To improve new to follow up ratio's and to rationalise patients who need a face to face visit.	Increase in use of virtual clinics and reduction in face to face attendances	L Gowan	31.9.13	Local protocol needs implementing to agree on management of patients. Admin system needs embedding into the service	Each virtual clinic defined by a separate code. Use to be monitored on a daily basis.	On track	4

Orthopaedics

Causes of backlog are the following:

Admitted: 25% of backlog relates to spines, 43% due to lower limb. Capacity issues in spinal surgery. Longer waits in non admitted prior to addition to waiting lists

Non admitted: 13% increase in referrals leading to longer first outpatient wait, coupled with delays in imaging, receipt of reports following MRI. 35% of backlog relates to spines

Status key:	5 Complete	4 On track	3 Some delay-expect to complete as planned or implemented but not consistently delivering	2 Significant delay – unlikely to be completed as planned	1 Not yet commenced	0 Objective Revised
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No	ISSUE : ACTION	Clin Lead	Outcome	Measure	Lead	DATE	Risk	Mitigation	PROGRESS UPDATE	STATUS
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Appendix 5.2

The University Hospitals Of Leicester NHS Trust: RTT recovery plan

No	ISSUE : ACTION	Clin Lead	Outcome	Measure	Lead	DATE	Risk	Mitigation	PROGRESS UPDATE	STATUS
E1	Reduce 1 st OPD waits Review C& B slot availability Targeted additional clinics by sub-speciality	A Ullah	Slot availability reviewed – C&B booking period extended for a number of services.	Weekly activity run rate to be greater than or equal to referrals in	SNattrass	31/10/13	Increase in referrals. Provision of outpatient space for additional clinics. Impact of reduction in rate for Consultants in securing additional clinics.	Detailed work regarding referrals to be shared with CCGs for investigation. Use of Sports Medicine area as far as possible for additional clinics if OPD space not available.	Additional clinics requested spines/backs, shoulders & foot & ankle in particular.	4
E2	Fully validated non admitted backlog	-	Backlog to be no more than 200 by end of September, reducing thereafter	Weekly backlog reduction	S Natrass	30/9/13	Raised non-admitted backlog. Continued addition to non-admitted backlog due to increased referrals, longer waiting times & turnaround times for MRI reporting.	Imaging reviewing process for outsourcing of reporting to reduce waits – outcome by 10 th Sept.	Reliant on Action E1	4
E3	Non admitted: eradicate 26+ weeks RTT	A Ullah	No 26 week waiters RTT.	Weekly reduction in 26 week wait RTT	SNattrass	31/12/13	Inadequate capacity Agreement and delivery of maximum turnaround time by imaging.	Agreement of SLA with imaging with agreed performance indicators.	Imaging plans to outsource reporting of images for MSK, updated expected from meeting of 10th September	4
E4	Admitted: Treat all patients in date order and eradicate 26+ weeks RTT and Stage of treatment Identification of patients to be dated. Targeted filling of backfill lists to end of September. Review of patients to be dated/ remaining list capacity to end of September.	A Ullah	No 26 week waiters stage of treatment by end of September (except spinal)	Weekly monitoring	S Natrass	30/9/13	Spinal surgeon capacity. Ability to create theatre / surgeon capacity by end of September for required cases.	Business case being developed for further spinal surgeon.	All patients greater than 18 weeks by end of September, with no TCI under review to confirm dating by end of September.	4

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The University Hospitals Of Leicester NHS Trust: RTT recovery plan

No	ISSUE : ACTION	Clin Lead	Outcome	Measure	Lead	DATE	Risk	Mitigation	PROGRESS UPDATE	STATUS
E5	Secure bank staff support at band 5	-	Appointment substantive band 5.		S Natrass	08/07/13	Non recruitment	Bank staff support prior to substantive appointment.	In place	4
E6	Secure seconded Operations Manager	-	Appointment.		C Lyons	01/07/13	Delayed start		Commenced 22 July	5
E7	Robust RBS process in place (results to be seen process)	A Ulla	Timely review of results and reduction in non admitted waiting time	Weekly review of non admitted waits	S Le Good	31/8/13	Possible training requirement. Level of staff vacancies impacts on ability to deliver process.	Ongoing validation required by waiting list managers.	Meeting planned for team leaders & waiting list managers to agree & document processes	5
E8	Further RTT training for staff (A&C, clinic nurses, medical)	A Ullah	Improvement in daa quality	MSK pathway errors.	SNatrass	30/9/13	Staff vacancies.	Ongoing data validation.	Planned for GH A & C staff initially	4
E9	Additional elective capacity	A Ullah	To maximise capacity	Reduced backlog	S Natrass	30/9/13	Anaesthetist cover for all lists achieved. Securing additional list with reduced surgeon fee.	Liaison anaesthetics and consultant body - communication processes.	Some anaesthetic gaps communicated for September.	4

Oral surgery

Causes of backlog are the following:

Non-admitted:

- Max fax: The backlog in maxfax comprises of local anaesthetic treatments the vast majority of which are tooth extractions.
 - o Capacity shortfall in dental nursing assistance in clinic to match the medical availability
 - o Inefficiencies in the service planning operationally – resolved as April 2013 with the recruitment of an operational manager for Head & Neck specialties.
 - o Lack of equipment
- Restorative dentistry: The backlog patients are endodontic treatments (root canal fillings) these are lengthy procedures requiring x2 appointments lasting 90mins per appointment. There is a low tolerance to refer to secondary care from primary care for these patients due to financial viability in a primary care setting.
 - o Unstable admin staff due to recent restructure and low retention rate

Appendix 5.2

The University Hospitals Of Leicester NHS Trust: RTT recovery plan

- Delay in recruitment for dental staff
- Delay to first appointment this has led to a wait for first appointment at 13wks and therefore a short period of time on the waiting list prior to hitting 18wks.

Status key:	5 Complete	4 On track	3 Some delay-expect to complete as planned or implemented but not consistently delivering	2 Significant delay – unlikely to be completed as planned	1 Not yet commenced	0 Objective Revised
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Maxillo facial

No	ISSUE : ACTION	Clin Lead	Outcome	Measure	Lead	DATE	Risk	Mitigation	PROGRESS UPDATE	STATUS
G1	Reduce 1 st OPD waits to less than 8 weeks by ensuring all clinics are fully utilised and converting FU slots to NP.	I Ormiston	OPD waiting time for 1 st below 8 weeks	Waiting time reduction	C Seaby	31.08.2013	Patient choice	Robust admin process	Daily review of utilisation figures	5
G2	Fully validated non admitted backlog	I Ormiston	Backlog to be no more than 20 by end of September, reducing thereafter	Weekly backlog reduction	C Seaby	ongoing	nil	Robust admin process	Weekly validation	5
G3	Backlog clearance planned for September and October - all long waiters to be booked into clinics	I Ormiston	Backlog to be no more than 20 by end of September, reducing thereafter	Weekly backlog reduction	C Seaby	31/10/13	Patient choice Dental nurse engagement. Financial impact Clinical engagement	Robust admin process Booking ahead to improve availability Regular updates to clinical team via HoS	Booking commenced Clinical engagement secured.	4
G4	Dental nurse management of change to align nurse capacity to clinical capacity	I Ormiston	Maximise levels of activity	Weekly monitoring	D Travis	31.10.2013	Staff side engagement HR involvement	Effective communication strategy Robust HR process	HR engagement Scoping complete	4
G5	Secure additional clinical space in day ward clean room	I Ormiston	Maximise levels of activity	Weekly monitoring	G Harris	01.06.2013	Equipment Clinical engagement	Completed	Regular utilisation of 2 additional sessions in day ward	5

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The University Hospitals Of Leicester NHS Trust: RTT recovery plan

No	ISSUE : ACTION	Clin Lead	Outcome	Measure	Lead	DATE	Risk	Mitigation	PROGRESS UPDATE	STATUS
							Nurse engagement			

Restorative dentistry

No	ISSUE : ACTION	Clin Lead	Outcome	Measure	Lead	DATE	Risk	Mitigation	PROGRESS UPDATE	STATUS
H1	Reduce 1 st OPD waits 170 patients waiting over 8wks. - ensure all clinics are fully utilised improve booking systems. - review of all HISS templates to ensure maximal use of capacity - convert 1 session per week to NP - ensure all NP clinics separate	A Mosaku	OPD waiting time for 1 st below 8 weeks	Waiting time reduction	C Seaby	01.12.2013	Patient choice Stable and trained admin structure Clinical engagement Dental nurse engagement Minimal capacity gain Commissioner engagement	Continual admin recruitment Consider temporary dental resource to meet additional capacity if unavailable in house	X1 clinic per week converted to NP Daily utilisation reports	4
H2	Fully validated non admitted backlog - write to all patients waiting over 18weeks to see if still need/want treatment	A Mosaku	Backlog to be no more than 100 by end of September, reducing thereafter	Weekly backlog reduction	C Seaby	01.09.2013	Staff availability	Robust admin process	All patients validated over 18wks Patients over 30wks sent letters – all still need treatment	4
H3	Non admitted: eradicate 26+ weeks RTT - additional clinics to manage waiting list - recruitment to all vacancies in dental staff - Prioritisation of long waiters	A Mosaku	NO 26+ waiters	Weekly backlog reduction	C Seaby	01.03.2014	Patient choice Robust admin structure HR engagement Clinical and dental nurse engagement Financial impact	Additional capacity Consider IS if no available in house access	Vacancies filled – july 2013 Operational manager prioritising patients weekly	4

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The University Hospitals Of Leicester NHS Trust: RTT recovery plan

No	ISSUE : ACTION	Clin Lead	Outcome	Measure	Lead	DATE	Risk	Mitigation	PROGRESS UPDATE	STATUS
	- Fully utilise all space - Reduce DNA rate									
H4	Demand management. - restrict referrals for endodontics to LLR area only - consider closing waiting list to all endodontics until waiting list manageable with appropriate contractual negotiations	A Mosaku	Reduction in waiting list	Waiting time reduction	G Harris	01.11.2013	Commissioner engagement		To be commenced. To contact Local Area Team , dental lead re community dental services support for appropriate treatments	4

Ophthalmology

Causes of backlog are the following:

Admitted: Lack of available capacity, reduced availability of administration resources. Particular pressures in phaco (198) and ocular plastics (87)

Non-admitted: Lack of available capacity, reduced availability of administration resources, therefore not fully validated. Particular pressures in Medical Retina and General Ophthalmology.

Status key:	5 Complete	4 On track	3 Some delay-expect to complete as planned or implemented but not consistently delivering	2 Significant delay – unlikely to be completed as planned	1 Not yet commenced	0 Objective Revised
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No	ISSUE : ACTION	Clin Lead	Outcome	Measure	Lead	DATE	Risk	Mitigation	PROGRESS UPDATE	STATUS
C1	Reduce 1st OPD waits	J Prydal/ T Empelelidis /J	Reduction in the number	Weekly activity run rate to be	C Brown	30 October 2013	Administrative staff shortages	Recruit into vacancies	Support provided by other teams to book patient. CBU manager Service Manager will work with staff to resolve	4

Appendix 5.2

The University Hospitals Of Leicester NHS Trust: RTT recovery plan

No	ISSUE : ACTION	Clin Lead	Outcome	Measure	Lead	DATE	Risk	Mitigation	PROGRESS UPDATE	STATUS
		Deane/RC haudhuri	of patients waiting over 13 week (currently 288)	greater than or equal to referrals in			Shortage of clinical staff	Arrange additional sessions Recruit trust doctors Improve rota management	this issue. Additional capacity in place to bring down waiting times with each pathway developed with lead clinicians	
C2	Fully validated non admitted backlog	J Prydal/ T Empeslidis /J Deane/RC haudhuri	Backlog to not increase by end of September, reducing there after	Weekly backlog reduction	C Brown	30 Sep 2013	Staff do not have the skills in waiting list validation Shortage of clinical staff	Arrange staff training Arrange additional sessions Recruit trust doctors Improve rota management	Training commence on 06 Aug 2013 (RTT team). Training not complete due to staff shortages. Additional capacity in place to reduce backlog with each pathway developed with lead clinicians	4
C3	Non admitted: eradicate 26+ weeks RTT	J Prydal/ T Empeslidis /J Deane/RC haudhuri	No 26 week waiters RTT	Weekly reduction in 26 week wait RTT	C Brown	30/10/ 2013	Staff do not have the skills in waiting list validation Patients cancelled due to urgent patients taking priority	Arrange additional sessions Recruit trust doctors Improve rota management	Training commence on 06 Aug 2013 (RTT team). Additional capacity and workforce in place. Patients on old clinics being re accommodated and old clinics removed/ work in progress	4
C4	Admitted: Treat all patients in date order and eradicate 26+ weeks RTT and Stage of treatment	J Prydal/ T Empeslidis /J Deane/RC haudhuri	No 26 week waiters stage of treatment	Weekly monitoring	C Brown	30/10 2013	Staff do not have the skills in waiting list validation	Arrange admin staff training Arrange additional sessions Recruit trust doctors Improve rota management	Training commence on 06 Aug 2013. RTT team assisting. Additional sessions .significant capability issues in WLI formal PM commenced. Trajectory reviewed. Work with 3 IS in progress. Additional capacity sought through theatres for weekends. Benchmarking similar Trusts re theatre list utilisation. To propose 1 month of loading lists with no service lists.	4
C5	Ensure robust waiting list management and booking process	J Burns	Data quality improvements / referrals registered / waiting list additions all same day	Weekly monitoring	D Travis	30/9/13	Further staff sickness / absence	Staff to use PTL Data quality report monitored weekly	Operations manager appointed and the two team leaders and 10 sitters and peppers will be commence early October	4

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The University Hospitals Of Leicester NHS Trust: RTT recovery plan

No	ISSUE : ACTION	Clin Lead	Outcome	Measure	Lead	DATE	Risk	Mitigation	PROGRESS UPDATE	STATUS
C6	Maximise OPD capacity to reduce non admitted waits	J Burns	Maximise levels of activity	Weekly monitoring	D Travis	30/10/13	No suitable locum available	Improve rota management Arrange additional sessions Recruit trust doctors	X1 Locum in post now. Additional sessions by existing staff. Progressing extension of 2 fellows and 2 trust locums in med retina.	4
C7	Increase number and capacity of 'service' list for cataracts	J Burns	Maximise levels of activity	Weekly monitoring	D Travis	Mid August	Poor scheduling	Theatre meeting weekly monitoring of lists filled	Additional 1 patient added to all cataract lists (10 per week) and additional sessions being run. WL capability being addressed	4
C8	Referral backlog clearance Clinical risk	J Burns	Referral to be registered with 24 hours of receipt	Daily monitoring data quality report	C Brown	30th Sept 13	Poor conduct and performance. Admin gaps and skills required	Daily data quality monitoring	Informal performance set up with HR support. Clear targets set, calls moved to booking centre, support from other areas. New ref 1 week behind, 1 month behind in missing outcomes, working through con to cons	4
C9	Fu Validation	J Burns	Good data quality, all patients to be seen appropriately	Weekly backlog reduction / patients seen appropriate timescales	C Brown	30 th Sept 13	Staff available and skills Lack of clinical support	RTT team support / additional locums support to review patients see C6	Some sub areas have commence data validation	4
C10	Admin Staff recruitment and training	J Burns	Staff to full establishment	No vacancies	C Brown	Sept 13	HR delays poor recruitment numbers	Recruit into vacant post	Ops manager commenced. All other interviews 10-12 sept. No bank staff available	4
C11	Additional elective activity carried out in Independent sector	J Burns	Reduction in the backlog	Weekly monitoring	C Brown	Oct 13	Unable to deliver required activity within tariff Unable to deliver all activity with September	Send long waiters first Send 'easy' cases to IS	We are negotiating with the independent sector (Nuffield) to undertake cataract surgery 210 cataract procedures. Service level agreement will be completed on 11 September and the first batch of case notes will be sent on 13 September. Nuffield will be informing us on the number of procedures they can undertake per week by Friday 13 th September. A further 87 other procedure may be sent to Spire Hospital. Details will be confirmed by Friday 13 th September As at 11th September capacity for circa 50 Phacos (treatments) at local IS 14th &	4

Appendix 5.2

The University Hospitals Of Leicester NHS Trust: RTT recovery plan

No	ISSUE : ACTION	Clin Lead	Outcome	Measure	Lead	DATE	Risk	Mitigation	PROGRESS UPDATE	STATUS
									15th September, patients being contacted. We are working with Prof Gottlob and theatre to arrange additional session but this still remains a risk	

General Surgery

Causes of backlog are the following:

Admitted:

- Gap between demand and capacity of circa 8 patients per week
- Cancellation due to the availability of ward and ITU beds on the day of surgery.

Non-admitted: The specialty is confident that validation of the non-admitted backlog will significantly reduce the size of the reported number. In addition additional outpatient activity to reduce waits of 1st outpatients are within the plan

Status key:	5	Complete	4	On track	3	Some delay-expect to complete as planned or implemented but not consistently delivering	2	Significant delay – unlikely to be completed as planned	1	Not yet commenced	0	Objective Revised
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No	ISSUE : ACTION	Clin Lead	Outcome	Measure	Lead	DATE	Risk	Mitigation	PROGRESS UPDATE	STATUS
B1	Reduce 1 st OPD waits / Maintain levels of new OPD activity and do additional OPD sessions	J Jameson	No patients waiting over 8 weeks for first OPD	Weekly activity run rate to be greater than or equal to referrals in	L Gowan	30.11.13	Available OPD capacity and admin support Sustained clinical sign up	Evening and weekend sessions offered to clinicians.	Evening clinics started at LGH on 1.8.13. 15 slots per week Additional capacity OPD sessions to run until 30.11.13.	4
B2	Fully validated non admitted backlog	J Jameson	Backlog to be no more	Weekly backlog	L Gowan	30.9.13	Time management for admin	Validation schedule agreed with Admin	Discussed at the weekly admin managers meeting.	4

Appendix 5.2

The University Hospitals Of Leicester NHS Trust: RTT recovery plan

No	ISSUE : ACTION	Clin Lead	Outcome	Measure	Lead	DATE	Risk	Mitigation	PROGRESS UPDATE	STA TUS
			than 100 by end of September, reducing thereafter	reduction			managers Sign up from clinical teams	Managers. Weekly meeting to review all PTL's.	RTT team supporting	
B3	Non admitted: eradicate 26+ weeks RTT	J Jameson	No 26 week waiters RTT by 31.12.13	Weekly reduction in 26 week wait RTT	L Gowan	31.12.13	Same risks as with B2.	Validation schedule agreed with Admin Managers. Weekly meeting to review all PTL's.	Discussed at the weekly admin managers meeting. RTT team supporting	4
B4	Admitted: Treat all patients in date order and eradicate 26+ weeks RTT and Stage of treatment	J Jameson	No 26 week waiters stage of treatment	Weekly monitoring	L Gowan	30.09.13	Cancellation on day. Recruitment of additional consultant	Outsource Activity to the Independent Sector Secure agency contract to open additional capacity on Wd 19 Robust escalation to CBU and Service Manager re: potential cancellations	Plan to do additional 28 long wait cases in September Discussion had with Independent Sector providers week commencing 9 th September	3
B5	Additional capacity required for new Upper GI Consultant.	A Miller	Additional levels of activity each week	Weekly monitoring	F Gordon	29.7.13	Needs access to theatre and OPD space to be able to increase throughput.	Consultant working flexibly across sites to backfill all available sessions.	Start date of 29.7.13 Further discussions with ITAPS CBU manager and medical lead regarding the need for 6 additional sessions per week. Awaiting update.	5
B6	Additional capacity for substantive HPB consultant due to be appointed on 10.9.13	M Metcalfe	Consistent levels of activity each week	Weekly monitoring	F Gordon	1.11.13	Needs access to theatre and OPD space to be able to increase throughput.	Consultant working flexibly across sites to backfill all available sessions. Weekend working built into Job Plan.	Locum in place currently. Advert placed 20.6.13. Interview date 10 th Sept. Some capacity in baseline but more required. See above.	4
B7	Additional capacity for new Lower GI consultant	A Miller	Consistent levels of activity each week	Weekly monitoring	F Gordon	1.11.13	Needs access to theatre and OPD space to be able to increase throughput.	Consultant working flexibly across sites to backfill all available sessions.	Appointment made. Will initially replace maternity leave Further discussions with ITAPS CBU manager and medical lead regarding the need for 6 additional sessions per week. Awaiting update. See above. Additional capacity will be required to be in place by April 2014 when Maternity Leave ends.	4

Appendix 5.2

The University Hospitals Of Leicester NHS Trust: RTT recovery plan

No	ISSUE : ACTION	Clin Lead	Outcome	Measure	Lead	DATE	Risk	Mitigation	PROGRESS UPDATE	STA TUS
B8	Continued clinical support to run weekend theatre sessions to maximise theatre capacity.	J Jameson	Maximise levels of activity	Weekly monitoring	F Gordon	Ongoing	Cost pressure due to premium rates payments Anaesthetic cover risk due to revised payment policy for weekend working	Outsource Activity to the Independent Sector Escalation of issues regarding cover due to payment to divisional director.	Weekend operating sessions confirmed at LGH site until December 2013.	4
B9	Minimise cancellations on the day by ringfencing elective capacity. Including use of independent sector see B4	J Jameson	Maximise levels of activity	Weekly monitoring	F Gordon	ongoing	Beds not ringfenced / cancellations not reduced	Secure agency contract to open additional capacity on Wd 19 for elective cases Robust escalation to CBU and Service Manager re: potential cancellations	Need to identify and ringfence elective capacity Agency contract initiated. Awaiting update.	4

ENT

Causes of backlog are the following:

- **Admitted:**
- Adult
 - o Historical poor scheduling rectified by the introduction of a scheduling tool (developed with Accenture)
 - o Longer waits than ideal in the non-admitted pathway with additions to the waiting list late in the RTT pathway;
 - o Previous poor capacity, rectified by the recruitment of 2 consultants in 2012/2013.
 - o Inefficiencies created by a lack of inpatient and day case bed capacity ('protected' elective bed base).
 - o Historical lack of anaesthetic provision for paediatrics
 - o 250 cancellation on the day for non clinical reasons per year
- Paediatric
 - o Inefficiencies created by a lack of inpatient and day case bed capacity ('protected' elective bed base).
 - o Historical lack of anaesthetic provision for paediatrics

Non-admitted: The main causes of this backlog are:

Appendix 5.2

The University Hospitals Of Leicester NHS Trust: RTT recovery plan

- Increased wait for first appointment and a short fall in follow up capacity of patients returning post treatment for further treatment or review.
- Insufficient audiology support to meet demand of ENT service

Status key:	5 Complete	4 On track	3 Some delay-expect to complete as planned or implemented but not consistently delivering	2 Significant delay – unlikely to be completed as planned	1 Not yet commenced	0 Objective Revised
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No	ISSUE : ACTION	Clin Lead	Outcome	Measure	Lead	DATE	Risk	Mitigation	PROGRESS UPDATE	STATUS
D1	Reduce 1 st OPD waits - Additional activity at sub speciality level - Extra clinics focused on Balance and general/Paed s	A Banerjee	Reduction in overall waiting time for first appointment to 8wks	Weekly activity run rate to be greater than or equal to referrals in	G Harris	01.10.2013	Clinician engagement Audiology support Financial impact	Regular progress update to clinical team through HoS Consider IS if no additional support offered in house Manage the demand at sub specialty level and then resulting audiology capacity needed.	Additional clinics set up for august and september	4
D2	Increase Audiology capacity to support additional clinics - recruitment required	A Banerjee	Reduction in overall waiting time for first appointment to 8wks	Weekly activity run rate to be greater than or equal to referrals in	E Morgan-Jones	01.10.2013	Workforce available for recruitment HR engagement Financial impact	Regular progress update to clinical team through HoS Consider IS if no additional support offered in house to meet demand Proactive HR process	Recruitment in progress	4
D3	Fully validated non admitted backlog	A Banerjee	Backlog to be no more than 50 by end of September, reducing thereafter	Weekly backlog reduction	C Seaby	31.08.2013	Admin support	Twice weekly meet with service manager to identify issues Prioritisation of work load	New team leader in post now. Completed but ongoing	5

Appendix 5.2

The University Hospitals Of Leicester NHS Trust: RTT recovery plan

No	ISSUE : ACTION	Clin Lead	Outcome	Measure	Lead	DATE	Risk	Mitigation	PROGRESS UPDATE	STATUS
D4	Non admitted: eradicate 26+ weeks RTT Additional follow up clinics - discharge clinics - validation of all patients waiting over 9mths - virtual discharges - review of clinical pathways	A Banerjee	No 26 week waiters RTT by 01.11.2013 except through patient choice	Weekly reduction in 26 week wait RTT	G Harris	01.11.2013	Clinician engagement Robust admin support Transcription backlog Financial impact	Regular progress update to clinical team through HoS Consider IS if no additional support offered in house Increase audiotypist support Roll out dictate IT	Discussion of options with clinical team. Consultant specific plans required	4
D5	Admitted: Treat all patients in date order and eradicate 26+ weeks RTT and Stage of treatment - additional bed capacity by utilising chairs and increasing day cases - Additional theatre sessions	A Banerjee	No 26 week waiters stage of treatment by 01.10.2013 date	Weekly monitoring	G Harris	01.11.2013	Clinician engagement Anaesthetics Theatre efficiency Emergency bed pressures Financial impact	Regular progress update to clinical team through HoS Planning ahead of all lists Weekly patient level meetings with admin team to ensure longest waiters booked. Consider move to LGH to protect bed base	Recliner in situ on ward 7- pilot commenced 05.08.2013 Additional theatre sessions at weekend commenced 03.08.2013. Chairs now taken (26813) due to medical pressures n wd7. Pursue capacity on ward 19 with workforce plan. And ward 21. Weekend lists booked to end Oct with Surgeon (theatres to confirm). IS secured for paed and adults to commence 28 Sept.	4
D6	PAEDS - Ward 11 to staff daycase beds overnight on Mondays creating additional 6 beds	M Elloy	Additional capacity created	Weekly monitoring	N Kee	10/9/13	Staff availability Skill mix	Bank staff use Use of independent sector	Funding agreed with SPS CBU. D Travis to discuss & expedite with H Killer Paeds plan to take surg day case with move to medical day case. Review from site team in plan await date. Is secured	4
D7	PAEDS - Additional paed anaesthetic time Mondays for M.E	M Elloy	Additional capacity created	Weekly monitoring	P Vaughan	July 2013	Staff availability Lack of theatre capacity over the summer	Complete	Agreed by anaesthetics	5
D8	PAEDS – Explore additional weekend working to clear long waiters	A Banerjee	Additional capacity created	Weekly monitoring	G Harris /N Kirk	30/9/2013	Financial impact Staff availability Clinician engagement	Additional sessions booked in advance. Additional capacity to be sourced from IS	Agreement in principle between SPS and paed. Day case staff, paed anaesthetist remain constraint. Lists planned	4
D9	Adult - Transformation of one bay on ward 7 to recliners to maximise day case and	A Banerjee	Additional capacity created	Weekly monitoring	GHarris	01.08.2013	Emergency care pathway. Theatre staffing.	Corporate support to deliver	Scheduling commenced for implementation from beginning of August Beds replaced recliners and pilot	5

Appendix 5.2

The University Hospitals Of Leicester NHS Trust: RTT recovery plan

No	ISSUE : ACTION	Clin Lead	Outcome	Measure	Lead	DATE	Risk	Mitigation	PROGRESS UPDATE	STATUS
	implement 23hr pilot								suspended 21.08.2013	
D10	Adult - Bed base relocation and ultimate ring fencing of bed base	A Furlong	Secure bed base	Reduced cancellations	N Kee	End January 2014	Financial impact Interdependencies with other services Theatre capacity Emergency Care Pathway	Use of independent sector	Options being discussed by Divisional management team, business case under consideration	4
D11	Use of independent sector to provide additional capacity	A Banerjee	Secure bed base	Reduced cancellations	G Harris	28.09.2013	Patient choice Clinical engagement Contractual agreement	Clinical selection of patients. Robust process for transfer	Agreement for 15pts in Sept and 80pts in October. Contract negotiations	4

GENERAL SURGERY - conversion rate is

Non admitted backlog reduction

General surgery week commencing	Action Reference	05/08/2013	12/08/2013	19/08/2013	26/08/2013	02/09/2013	09/09/2013	cumulative	16/09/2013	23/09/2013	30/09/2013	07/10/2013	14/10/2013	21/10/2013	28/10/2013
Recurrent Capacity - 1st Outpatient attendance		157	158	158	158	158	158	947	158	158	158	158	158	158	158
Additional Capacity UHL - 1st Outpatient attendance	B1					15	15	30	15	15					
Total planned activity		157	158	158	158	173	173	977	173	173	158	158	158	158	158
Demand - 8 week rolling all new referrals							238								
Removals other than treatment - 8 week rolling average															
Net Additions to OP WL (referrals minus other removals) - 8 weeks							238		0	0	0	0	0	0	0
Activity - seen and booked in		199	210	162	149	177	183	1080	173						
Variance: capacity and actual		42	52	4	-9	4	10	103	0	-173	-158	-158	-158	-158	-158
Backlog over 18 weeks RTT Plan			194		160	150	140		130	120	100				
Backlog over 18 weeks RTT Actual	B2 / B3		194	176	198	134	147								
Backlog over 18 week Variance			0		-38	16	-7								
Actual RTT performance (95% Achieve - yes or no)					no						yes				yes
Backlog over 26 weeks RTT Actual	B3						24								

Admitted backlog reduction

General surgery - Week Commencing

General surgery - Week Commencing	Action Reference	05/08/2013	12/08/2013	19/08/2013	26/08/2013	02/09/2013	09/09/2013	cumulative	16/09/2013	23/09/2013	30/09/2013	07/10/2013	14/10/2013	21/10/2013	28/10/2013
Recurrent Capacity	B5/ B6/B7	88	94	94	94	94	94	558	94	94	94	94	94	94	94
Additional Capacity UHL	B8/B9	0	0	0	0	7	7	14	7	7	0	0	0	0	0
Additional Capacity IS								0							
Total planned capacity		88	94	94	94	101	101	572	101	101	94	94	94	94	94
Demand - 8 week rolling average of DTA's							96								
Average other removals from waiting list - 8 week rolling average							17								
Net Additions to WL (DTA's minus other removals) - 8 weeks							79		0	0	0	0	0	0	0
Activity - treated and TCI'd		75	92	116	77	106	109	575	84						
Variance: planned capacity and actual		-13	-2	22	-17	5	8	3	-17	-101	-94	-94	-94	-94	-94
Target number over 18 weeks		174	174	168	162	156	143		130	117	104	98	92	86	80
Number over 18 week RTT		165	165		186	188	185								
Backlog over 18 week Variance		9	9	168	-24	-32	-42								
Predicted RTT performance					87%						80%				90%
Actual RTT performance				90%	89.4%										
Total 26+ week from decision to admit	B4						0								
Total 26+ RTT	B4						51								
Incompletes - % of all patients waiting less than 18 weeks							92.9%								

Report on highlights and exceptions week commencing 02/09/13

Non admitted: OPD activity ahead of plan, Backlog reduction -7. Validation on target, confident of delivery

Admitted: Activity -on plan and backlog -42 from plan. Cancelled ops causing issues . Discussions with independent sector to outsource circa 50 cases per month to offset cancellations due to bed pressures.

Report on highlights and exceptions week commencing 09/09/13

ENT - conversion rate is

Non admitted backlog reduction

ENT (Adult only) - Week Commencing

	Action Reference	05/08/2013	12/08/2013	19/08/2013	26/08/2013	02/09/2013	09/09/2013	cumulative	16/09/2013	23/09/2013	30/09/2013	07/10/2013	14/10/2013	21/10/2013	28/10/2013
Recurrent Capacity - 1st Outpatient attendance	D1	180	180	180	180	180	180	1080	180	180	180	180	180	180	180
Additional Capacity UHL - 1st Outpatient attendance	D1			30	30		30	90	30	30					
Total planned activity		180	180	210	210	180	210	1170	210	210	180	180	180	180	180
Demand - 8 week rolling all new referrals							184								
Removals other than treatment - 8 week rolling average							32								
Net Additions to OP WL (referrals minus other removals) - 8 weeks							152		0	0	0	0	0	0	0
Activity - seen and booked in		170	217	244	212	202	206	1251	217						
Variance: capacity and actual		-10	37	34	2	22	-4	81	7	-210	-180	-180	-180	-180	-180
Backlog over 18 weeks RTT Plan	D3		73	73	70	65	60		60	55	50				
Backlog over 18 weeks RTT Actual			73	76	72	81	87								
Backlog over 18 week Variance			0	-3	-2	-16	-27								
Actual RTT performance (95% Achieve - yes or no)					no						no				yes
Backlog over 26 weeks RTT Actual	D4						10								

Admitted backlog reduction

ENT (Adult) - Week Commencing

	Action Reference	05/08/2013	12/08/2013	19/08/2013	26/08/2013	02/09/2013	09/09/2013	cumulative	16/09/2013	23/09/2013	30/09/2013	07/10/2013	14/10/2013	21/10/2013	28/10/2013
Recurrent Capacity	D9 / D10	43	43	43	43	43	43	258	43	43	43	43	43	43	43
Additional Capacity UHL	D9		12	12	12	12	6	54	6	12	12	12	6	12	6
Additional Capacity IS	D11							0	0	0	15	10	10	10	10
Total Capacity		43	55	55	55	55	49	312	49	55	70	65	59	65	59
Demand - 8 week rolling average of DTA's							62								
Average other removals from waiting list - 8 week rolling average							6								
Net Additions to WL (DTA's minus other removals) - 8 weeks							56		0	0	0	0	0	0	0
Activity - treated and TCI'd		36	44	45	41	51	52	269	43						
Variance: planned capacity and actual		-7	-11	-10	-14	-4	3	-43	-6	-55	-70	-65	-59	-65	-59
Target number over 18 weeks		103	100	95	90	85	80		75	70	65	55	45	35	25
Number over 18 week RTT (From HISS)		103	104		111	111	113								
Backlog over 18 week Variance		0	-4	95	-21	-26	-33								
Predicted RTT performance					65%						65%				80%
Actual RTT performance				72%	76.0%										
Total 26+ week from decision to admit	D5						0								
Total 26+ RTT	D5						10								

Recovery in November 2013

Incompletes - % of all patients waiting less than 18 weeks							90.5%								
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ENT (Paediatric) - Week Commencing

	Action Reference	05/08/2013	12/08/2013	19/08/2013	26/08/2013	02/09/2013	09/09/2013	cumulative	16/09/2013	23/09/2013	30/09/2013	07/10/2013	14/10/2013	21/10/2013	28/10/2013
Recurrent Capacity	D6/D7/D8	26	26	26	26	26	26	156	26	26	26	26	26	26	26
Additional Capacity UHL	D6/D7/D8	6	6				6	18	6	0	0	0	6	0	6
Additional Capacity IS	D11							0	0	0	0	10	10	10	10
Total Capacity		32	32	26	26	26	32	174	32	26	26	36	42	36	42
Demand - 8 week rolling average of DTA's							12								
Average other removals from waiting list - 8 week rolling average							2								
Net Additions to WL (DTA's minus other removals) - 8 weeks							10		0	0	0	0	0	0	0
Activity - treated and TCI'd		28	37	32	18	27	18	160	17						
Variance: planned capacity and actual		-4	5	6	-8	1	-14	-14	-15	-26	-26	-36	-42	-36	-42
Target number over 18 weeks	D6/D7/D8						110		75	70	65	55	45	35	25
Number over 18 week RTT (From HISS)							110								
Backlog over 18 week Variance							0								
Total 26+ week from decision to admit	D5						2								
Total 26+ RTT	D5						39								

Incompletes - % of all patients waiting less than 18 weeks							81%								
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Report on highlights and exceptions week commencing 02/09/13

Non admitted: Adult, backlog variant to plan , but confident of recovery. Paeds not an issue
Admitted: Adult and paed activity variant to plan, backlog not reducing in line with plan. Additional activity planned at Independent sector this is commencing in September into October for Adults and Paediatrics

Report on highlights and exceptions week commencing 09/09/13

Ophthalmology - conversion rate is

Non admitted backlog reduction

Ophthalmology (adult) week commencing	Action Reference	05/08/2013	12/08/2013	19/08/2013	26/08/2013	02/09/2013	09/09/2013	cumulative	16/09/2013	23/09/2013	30/09/2013	07/10/2013	14/10/2013	21/10/2013	28/10/2013
Recurrent Capacity - 1st Outpatient attendance	C1	349	350	350	350	350	350	2099	350	350	350	266	266	266	266
Additional Capacity UHL - 1st Outpatient attendance	C6			50	50	50	118	268	74	98	50				
Total planned activity		349	350	400	400	400	468	2367	424	448	400	266	266	266	266
Demand - 8 week rolling all new referrals							420								
Removals other than treatment - 8 week rolling average							95								
Net Additions to OP WL (referrals minus other removals) - 8 weeks							325		0	0	0	0	0	0	0
Activity - seen and booked in		333	439	306	247	463	575	2363	386						
Variance: capacity and actual		-16	89	-94	-153	63	107	-4	-38						
Backlog over 18 weeks RTT Plan			555		475	425	375		325	275	250				
Backlog over 18 weeks RTT Actual	C2/ C3		555	494	490	586	563								
Backlog over 18 week Variance			0		-15	-161	-188								
Actual RTT performance (95% Achieve - yes or no)					no						no				no
Backlog over 26 weeks RTT Actual							73								

Admitted backlog reduction

Ophthalmology (Adult) - Week Commencing

	Action Reference	05/08/2013	12/08/2013	19/08/2013	26/08/2013	02/09/2013	09/09/2013	cumulative	16/09/2013	23/09/2013	30/09/2013	07/10/2013	14/10/2013	21/10/2013	28/10/2013
Recurrent Capacity		118	118	118	118	118	118	708	118	118	118	106	106	106	106
Additional Capacity UHL	C7			15	15		15	45	15						
Additional Capacity IS	C11						20	20							
Total Capacity		118	118	133	133	118	153	773	133	118	118	106	106	106	106
Demand - 8 week rolling average of DTA's							91								
Average other removals from waiting list - 8 week rolling average							9								
Net Additions to WL (DTA's minus other removals) - 8 weeks							82		0	0	0	0	0	0	0
Activity - treated and TCI'd		100	92	108	78	113	138	629	123						
Variance: planned capacity and actual		-18	-26	-25	-55	-5	-15	-144	-10	-118	-118	-106	-106	-106	-106
Target number over 18 weeks		240	240	230	205	180	170		145	120	110	100	90	80	70
Number over 18 week RTT (From HISS)		237	229	230	280	300	314	-144							
Backlog over 18 week Variance		3	11	230	-75	-120	-144								
Predicted RTT performance					65%						65%				65%
Actual RTT performance				65%	67.1%										
Total 26+ week from decision to admit	C5 / C7 / C11						4								
Total 26+ RTT	C5 / C7 / C11						46								
Incompletes - % of all patients waiting less than 18 weeks							86.0%								

Report on highlights and exceptions week commencing 02/09/13

Non admitted: We are negotiating with clinicians to undertake additional session. Arrangements are being made to undertake a further 288 new appointments in September.

Admitted

We are negotiating with the independent sector (Nuffield) to undertake cataract surgery 210 cataract procedures. Service level agreement will be completed on 11 September and the first batch of case notes will be sent on 13 September. Nuffield will be informing us on the number of procedures they can undertake per week by Friday 13th September.

A further 87 other procedure may be sent to Spire Hospital. Details will be confirmed by Friday 13th September

We are working with Prof Gottlob (paeds) and theatre to arrange additional session but this still remains a risk
As at 11th September capacity for circa 50 Phacos (treatments) at local IS 14th & 15th September, patients being contacted.

ORTHOPAEDICS - conversion rate is

Non admitted backlog reduction

Orthopaedics week commencing	Action Reference	05/08/2013	12/08/2013	19/08/2013	26/08/2013	02/09/2013	09/09/2013	cumulative	16/09/2013	23/09/2013	30/09/2013	07/10/2013	14/10/2013	21/10/2013	28/10/2013
Recurrent Capacity - 1st Outpatient attendance	E1	210	210	210	183	183	210	1206	210	210	158	210	210	183	210
Additional Capacity UHL - 1st Outpatient attendance		20	20	20	20	20	20	120	20	20	20	20	20	20	20
Total planned activity		230	230	230	203	203	230	1326	230	230	178	230	230	203	230
Demand - 8 week rolling all new referrals							270								
Removals other than treatment - 8 week rolling average							30								
Net Additions to OP WL (referrals minus other removals) - 8 weeks							240		0	0	0	0	0	0	0
Activity - seen and booked in		226	213	215	111	246	289		279						
Variance: capacity and actual		-4	-17	-15	-92	43	59	-26	49	-230	-178	-230	-230	-203	-230
Backlog over 18 weeks RTT Plan			380	360	350	330	290		260	230	200				
Backlog over 18 weeks RTT Actual	E2		380	360	316	293	234								
Backlog over 18 week Variance			0	0	34	37	56								
Actual RTT performance (95% Achieve - yes or no)					no						yes				yes
Backlog over 26 weeks RTT Actual	E3						53								

Admitted backlog reduction

Orthopaedics- Week Commencing

Orthopaedics- Week Commencing	Action Reference	05/08/2013	12/08/2013	19/08/2013	26/08/2013	02/09/2013	09/09/2013	cumulative	16/09/2013	23/09/2013	30/09/2013	07/10/2013	14/10/2013	21/10/2013	28/10/2013
Recurrent Capacity		125	137	137	92	142	142	775	142	142	106	142	142	123	142
Additional Capacity UHL	E9	0	0	0	0	4	4	8	4	4	4	4	4	4	4
Additional Capacity IS								0							
Total Capacity		125	137	137	92	146	146	783	146	146	110	146	146	127	146
Demand - 8 week rolling average of DTA's							132								
Average other removals from waiting list - 8 week rolling average							22								
Net Additions to WL (DTA's minus other removals) - 8 weeks							110		0	0	0	0	0	0	0
Activity - treated and TCId		135	142	123	92	160	147	799	123						
Variance: planned capacity and actual		10	5	-14	0	14	1	16	-23	-146	-110	-146	-146	-127	-146
Target number over 18 weeks		111	111	111	111	111	107		103	99	95	91	87	83	79
Number over 18 week RTT (From HISS)		111	111	111	130	134	148								
Backlog over 18 week Variance		0	0	0	-19	-23	-41								
Predicted RTT performance					85%						80%				90%
Actual performance				87%	85.5%										
Total 26+ week from decision to admit	E4						2								
Total 26+ RTT	E4						34								

Incompletes - % of all patients waiting less than 18 weeks							91.6%								
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Report on highlights and exceptions week commencing 02/09/13

Non admitted: Confirmed that backlog will be at 200 by end of September, net additions greater than removals. Referral data to be shared with commissioners.
 Conversion to admitted rate unchanged but numbers circa 25 per month more.
Admitted:Variance in backlog reduction to plan , confident of recovering with additional fellow activity, to be built into plan.

Report on highlights and exceptions week commencing 09/09/13

Non admitted backlog reduction

							cumulative							
Max fax treatments week commencing	Action Reference	12/08/2013	19/08/2013	26/08/2013	02/09/2013	09/09/2013		16/09/2013	23/09/2013	30/09/2013	07/10/2013	14/10/2013	21/10/2013	28/10/2013
Backlog over 18 weeks RTT Plan	G1/	190		190	180	150		120	80	20				
Backlog over 18 weeks RTT Actual	G2 / G3/ G4/G5	190	167	171	185	159	-9							
Backlog over 18 week Variance		0		19	-5	-9								
Actual RTT performance (95% Achieve - yes or no)				yes						no				yes
Incompletes - % of all patients waiting less than 18 weeks						92.7%								

Restorative dentistry week commencing	Action Reference	12/08/2013	19/08/2013	26/08/2013	02/09/2013	09/09/2013		16/09/2013	23/09/2013	30/09/2013	07/10/2013	14/10/2013	21/10/2013	28/10/2013
Backlog over 18 weeks RTT Plan	H1	126		126	120	110				100				
Backlog over 18 weeks RTT Actual	H2 / H3 /	126	124	102	89	102	8							
Backlog over 18 week Variance		0		24	31	8								
Actual RTT performance (95% Achieve - yes or no)				yes						no				yes
Incompletes - % of all patients waiting less than 18 weeks						85.0%								

Report on highlights and exceptions week commencing 02/09/13

Max fax: On target to deliver activity and backlog reduction at end of September , most long waiters on PTL dated in September
Restorative dentistry: Validation by contacting pateints not produced backlog reduction expected. Consider IS capacity to increase activity numbers to reduce long waiters.
 Contact to be made with Local Area Team re community dental services assisting in providing appropriate activity

Report on highlights and exceptions week commencing 09/09/13

Non admitted backlog reduction

Urology week commencing	Action Reference	12/08/2013	19/08/2013	26/08/2013	02/09/2013	09/09/2013	Cumulative	16/09/2013	23/09/2013	30/09/2013	07/10/2013	14/10/2013	21/10/2013	28/10/2013
Backlog over 18 weeks RTT Plan		268	250	230	200	150		110	70	50				
Backlog over 18 weeks RTT Actual	F1/ F2/ F5 / F6	268	182	170	170	124	26							
Backlog over 18 week Variance		0		60	30	26								
Actual RTT performance (95% Achieve - yes or no)				yes						yes				yes
Incompletes - % of all patients waiting less than 18 weeks						94.0%								

Report on highlights and exceptions week commencing 02/09/13
Urology non admitted: Confidence that non admitted reduction will meet plan at end of September

Report on highlights and exceptions week commencing 09/09/13

Non admitted backlog reduction

Summary of specialties with backlog reduction plan	12/08/2013	19/08/2013	26/08/2013	02/09/2013	09/09/2013	cumulative	16/09/2013	23/09/2013	30/09/2013	07/10/2013	14/10/2013	21/10/2013	28/10/2013
Backlog over 18 weeks RTT Plan	1786		1601	1500	1300		1100	900	770				
Backlog over 18 weeks RTT Actual	1786	1579	1519	1538	1416	-116							
Backlog over 26 weeks RTT Actual													
Predicted RTT performance				95%					94%				96%
Actual performance		95.0%	94.6%	95.4%									

Admitted backlog reduction

Trust summary (all specialities)	12/08/2013	19/08/2013	26/08/2013	02/09/2013	09/09/2013	cumulative	16/09/2013	23/09/2013	30/09/2013	07/10/2013	14/10/2013	21/10/2013	28/10/2013
Target number over 18 weeks	870	838	791	744	701		643	585	542	506	470	434	398
Number over 18 week RTT (From HISS)	887		965	978	1021	-320							
Target 26 + week Stage of treatment	8	7	6	5	4		3	1	0	0	0	0	0
Actual 26+ week stage of treatment	5		7		8								
Predicted RTT performance			85%						82%				90%
Actual RTT performance		86%	86.9%	85.6%									

Trust Incompletes - % of all patients waiting less than 18 weeks					93.1%								
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Trust Backlog over 26 weeks RTT Actual					644								
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