

**Trust Board Paper T**

<b>To:</b>	<b>TRUST BOARD</b>		
<b>From:</b>	Carole Ribbins, Acting Chief Nurse Kevin Harris, Medical Director Richard Mitchell, Chief Operating Officer Kate Bradley, Director of Human Resources Andrew Seddon, Director of Finance and Business Services		
<b>Date:</b>	<b>29th August 2013</b>		
<b>CQC regulation</b>	All		
<b>Title:</b>	<b>Quality &amp; Performance Report</b>		
<b>Author/Responsible Director:</b> C Ribbins, Acting Chief Nurse K. Harris, Medical Director R. Mitchell, Chief Operating Officer K. Bradley, Director of Human Resources A. Seddon, Director of Finance and Business Services			
<b>Purpose of the Report:</b> To provide members with an overview of UHL quality, operational performance against national and local indicators and Finance for the month of July.			
<b>The Report is provided to the Board for:</b>			
Decision	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>
Assurance	<input checked="" type="checkbox"/>	Endorsement	<input type="checkbox"/>
<b>Summary / Key Points:</b>			
<p>Successes</p> <ul style="list-style-type: none"> <li>❖ Theatres – 100% WHO compliant</li> <li>❖ Zero Never Events reported in July</li> <li>❖ 62 day cancer - plan formally accepted by commissioners and June performance at 85.9% against target of 85%. July is also on track to deliver above the threshold.</li> <li>❖ C Difficile – ahead of trajectory to date with 21 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.</li> <li>❖ VTE - The 95% threshold for VTE risk assessment within 24 hours of admission has been achieved for July.</li> </ul> <p>Areas to watch:-</p> <ul style="list-style-type: none"> <li>❖ Friends and Family Test - Performance on the FFT score has improved slightly from 64.9 in June to 66.0 in July</li> <li>❖ Imaging – delivered for July but target missed in April. Action plan is being monitored to ensure sustainable delivery.</li> <li>❖ C&amp;B – performance similar to this time last year and target is still not delivered.</li> </ul> <p>Exceptions/Contractual Queries:-</p> <ul style="list-style-type: none"> <li>❖ Pressure Ulcers - A Contract Query Notice for Pressure Ulcers has been received by the Trust. A remedial action plan has been developed. Some revisions have been agreed with commissioners and it will be formally signed off at the CQRG on</li> </ul>			

the 22nd August 2013.

- ❖ ED 4hr target - 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 September 2013. Regular monitoring in line with agreed recovery trajectory via the CPM and Urgent Care Board meetings.
- ❖ Cancelled Operations – both the short notice cancellation and rebook target within 28 days were missed in July – exception report and action plan attached.
- ❖ RTT admitted - Failure to Agree Remedial Action Plan Notice sent and receipt acknowledged by UHL 31 July 2013. Formal submission of RTT remedial action plan on the 14/08/2013. Awaiting formal acceptance of plan from CCG's. Weekly RTT performance meetings with action leads and with CCG's.
- ❖ Stroke Performance - Remedial Action Plan has been received and accepted on the 19 August 2013. Monthly updates required to CPM from September.
- ❖ Ambulance Handovers - Contract Query Notice raised with UHL, EMAS and CCG's on the 26<sup>th</sup> July 2013. Remedial Action Plan and recovery trajectory requested in advance of the next Contract Performance Meeting scheduled for 27 August 2013. A draft Remedial Action Plan is with CCG's for comment.

Finance:-

- ❖ July has been another poor month financially, with major adverse performances in Acute and Planned divisions
- ❖ The major areas of adverse performance are in both pay and non-pay expenditure
- ❖ Substantial (continued) use of premium staffing - especially agency staff
- ❖ CIP plans are reported to be delivering, therefore the variance is due to an inability to cope efficiently with variations in volume - especially the continued overheating in emergency admissions
- ❖ Financial recovery plans are in place in the two major divisions
- ❖ Cash balances are adequate but appropriate handling plans are in place.

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

*Caring at its best*

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## Quality and Performance - July 2013

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Trust Board

Thursday 29<sup>th</sup> August 2013

One team shared values

## UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**REPORT TO: TRUST BOARD**

**DATE: 29<sup>th</sup> AUGUST 2013**

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

**SUBJECT: JULY 2013 QUALITY & PERFORMANCE SUMMARY REPORT**

### **1.0 INTRODUCTION**

The following paper provides an overview of the July 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	YTD	Jul-13	Qtr1	Jun-13	May-13	Apr-13	2012/13
30 day emergency readmissions	7.0%	7.7%		7.7%	7.7%	7.8%	7.6%	7.8%
Incidence of MRSA	0	1	1	0	0	0	0	2
Incidence of C. Difficile	67	21	6	15	2	7	6	94
Safety Thermometer Harm free care			93.8%		93.6%	93.7%	92.1%	94.1%*
Never events	0	1	0	1	0	0	1	6
C-sections rates	23%	25.2%	25.0%	25.3%	26.1%	26.1%	23.8%	23.9%
Maternal deaths	0	0	0	0	0	0	0	0
SHMI	100		104.9		104.5	104.5	104.5	104.5
VTE risk assessment	95%	94.4%	95.9%	93.9%	93.1%	94.5%	94.1%	94.5%
Open Central Alert System (CAS) Alerts			36		15	9	14	13*
WHO surgical checklist compliance	100%	Yes	Yes	Yes	Yes	Yes	Yes	Yes*

\* as at March 2013

Quality Governance Indicators	Target	YTD	Jul-13	Qtr1	Jun-13	May-13	Apr-13	2012/13
Patient satisfaction (friends and family)			66.0		64.9	73.9	66.4	64.5
Sickness/absence rate	3.0%	3.3%	3.5%	3.2%	3.1%	3.1%	3.4%	3.4%
Proportion temporary staff – clinical and non-clinical (WTE for Bank, Overtime and Agency)			5.6%		5.6%	5.9%	5.6%	
Staff turnover (excluding Junior Doctors and Facilities)	10.0%	9.1%	9.5%	9.0%	9.2%	8.9%	8.8%	9.0%*
Mixed sex accommodation breaches	0	0	0	0	0	0	0	7
% staff appraised	95%		92.4%		90.7%	90.2%	90.9%	90.1%
Mandatory Training	75%		48%		46%	46%	45%	

### 3.0 **QUALITY AND PATIENT SAFETY – KEVIN HARRIS**

#### 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.

#### **Workstream updates**

##### Respiratory pathway

The pathway has been launched 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.

##### Out-of-hours

The Hospital 24/7 programme has been launched successfully at GH & LGH with LRI ready for launch soon. Connectivity issues have caused early problems but these have been fixed ahead of launch at the LRI. Early response time metrics have been very promising. Handover processes, phlebotomy cover & culture around calling consultant have been identified as further areas for focus.

## 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.

## Ward-round

The checklist and template have received wide-spread support from the heads of service, with few minor changes suggested. 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 undergoing a review, while we look for support from radiology to lead. A second sub workstream considering image commissioning is due to kick-off imminently led by a FY2 leadership & management fellow.

## Older patients & dementia

Significant ward-level engagement 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 sustained improvement in the older people survey questions scores has been recorded.

## Discharge experience

This work sits as part of a wider discharge programme that is currently focussing on working to understand the ward processes and clinical correspondence, identifying areas of good practice and modelling a way forward of improving the discharge process. It is expected that as part of this work the quality of information and engagement with patient /carers will be improved.

## Communications

A trust-wide introduction leaflet will be distributed to all staff with the August payslips. An internal QCP website will be launched this week and will be followed by a series of launch presentations in September/October.

## **3.2 Mortality Rates**



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 will be 101 (within expected) and will be published in the 2013 Hospital Guide (due in November). UHL's HSMR for the 12 month period May 12 to Apr 13 is 95.1

UHL's HSMR compared with other large non-London University NHS Trusts	Admissions (May 12 – Apr 13)	Deaths (May 12 – Apr 13)	Crude Mortality Rate	Relative Risk
South Tees Hospitals NHS Foundation Trust	49999	1908	3.85	108.4
University Hospitals Birmingham NHS Foundation Trust	35661	1588	4.46	103.87
University Hospital Of South Manchester NHS Foundation Trust	26766	1041	3.91	100.26
University Hospital Southampton NHS Foundation Trust	41276	1896	4.6	99.62
Oxford University Hospitals NHS Trust	62155	2205	3.57	99.58
Nottingham University Hospitals NHS Trust	64232	2473	3.96	98.15
University Hospitals Of Leicester NHS Trust	72817	2684	3.71	95.11
University Hospital Of North Staffordshire NHS Trust	53715	2279	4.26	93.7
University Hospitals Coventry and Warwickshire NHS Trust	45391	1602	3.54	91.43
Sheffield Teaching Hospitals NHS Foundation Trust	79410	2357	2.97	90.43
Central Manchester University Hospitals NHS Foundation Trust	41617	1322	3.19	88.27
Leeds Teaching Hospitals NHS Trust	58676	2393	4.09	86.91
University Hospitals Bristol NHS Foundation Trust	35817	1027	2.87	83.17

The LLR SHMI (Mortality) Review period has now been completed and analysis of the data is being undertaken. Preliminary findings are due to be reported to the LLR Mortality Group before the end of September.

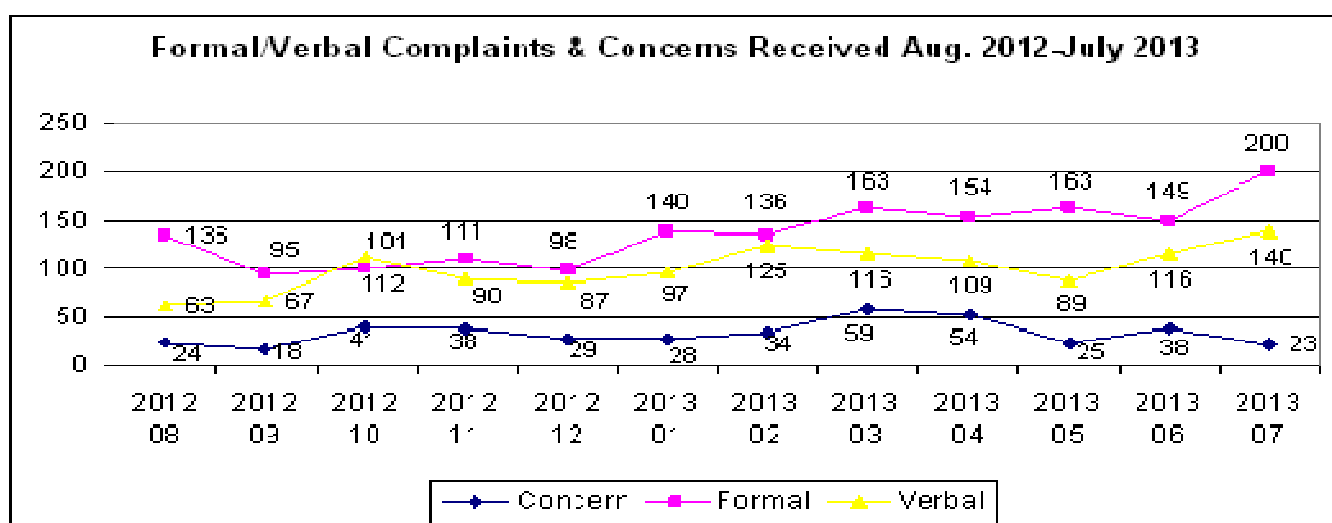
### 3.3 Patient Safety



July saw a mixed picture on safety performance indicators with improvements in CAS performance, further embedding of the 5 Critical Safety Actions and overall improved complaints performance. However complaints relating to the discharge and re-opened complaints were up in month. July also saw an sharp increase in incident forms reporting inadequate staffing levels and this has also been a feature of concerns raised through the '3636' Staff Concerns Reporting Line and on safety walkabout feedback.

In July, 14 new Serious Untoward Incidents (SUIs) were opened within the Trust, 7 of which were patient safety incidents, 6 were Hospital Acquired Pressure Ulcers and one was a Healthcare Acquired Infection. Four root causes analysis investigation reports were completed and signed off. No Never Events were reported in July.

Complaints activity, particularly complaints relating to the Ophthalmology Service and re-opened complaints remained high in July although pleasingly complaints performance improved again. The trend of complaints is detailed below:-



#### Central Alerting System (CAS)

There has been a significant increase in the number of alerts opened during month for July 2013. This increase is due to the Department of Health Central Alerting System (CAS)

now being used to distribute an additional type of alert referred to as 'Estates and Facilities Notifications' (EFNs).

EFN's are notifications received by DH's Estates & Facilities team, and relate to equipment which may be found on NHS sites. This style of issuing of information is new and began on the 27<sup>th</sup> June 2013. It has been developed to help take account of the changes in the health and social care system post 1<sup>st</sup> April 2013.

EFNs have been issued to Scotland and Wales through their alerting systems since earlier in the year. The reason why so many have been issued recently is to catch up with the backlog bringing England in line with the others. It is anticipated that once the backlog has been dealt with then there will be approximately four EFNs per month.

The 38 alerts opened during July was the highest number ever recorded in one month at UHL, however of this number 24 were EFNs. The high number of alerts still open during the month should not be viewed as deterioration in performance as 100% of alerts with a deadline during July were closed on time. Quarterly monitoring of CAS alert compliance rates confirms that UHL has achieved its highest rate of compliance (98%) over a rolling 12 month period

### 3.4 5 Critical Safety Actions



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

#### 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 module (Nerve Centre) The awaited ACCA report had to be deferred to September for QPMG agenda due to missing information from the report.
- ❖ A business case is being worked up to procure an improved handover system. Nerve Centre would be preferable as will integrate with the 24/7 task allocation system being implemented across the Trust. Meeting date with Nerve Centre and UHL for late August to discuss costing.
- ❖ A template has been sent to all CBU leads to complete to identify and re-scope current handover practice for doctors in each speciality. This information will inform leads of where work needs to be prioritised to improve processes.
- ❖ A Steering Group to review and improve the process for handover in medicine has been set up. Group membership and initial meeting date to be confirmed.

#### 2. Relentless attention to Early Warning Score triggers and actions



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



### **Actions:-**

- ❖ EWS incidents related to non escalation continues to be monitored and internally disseminated onto divisional dashboards broken down to CBU level. Current position shows reduction on last year's figures.
- ❖ EWS non escalation incidents still being monitored this year. Agreement of reporting of adults EWS response times OOH to EWS>6.
- ❖ Awaiting initial report from Nerve Centre with response time data to review.

### **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:-**

- ❖ Decision made to set up Task and Finish group to support and assist divisions to implement the Diagnostic testing policy, share good practice and improve the interface with pathology, imaging and the specialities. This has been agreed at corporate medical board and cross divisional board.
- ❖ The first meeting has been set for 6<sup>th</sup> August with the Acute divisional leads as this was the division identified as the first priority for this work.

### **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:-**

- ❖ Meetings have taken place throughout July with the medical leads for all specialities in planned care and Women's and Children's division. The objective of these is to discuss current practice for senior review, ward round documentation and to introduce the ward round safety checklist.
- ❖ Meeting arranged in August with one of the UCLH leads to discuss implementation of their ward round safety checklist.
- ❖ Plan for the finalisation and implementation plan for the UHL ward round safety checklist following meetings with clinical leads. Printing costs awaited.

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.

### **5. 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 module (Nerve Centre) continues for use for both nursing and medical handover on the surgical wards at the LRI. ACCA re-audit took place on 13<sup>th</sup> and 14<sup>th</sup> June 2013.

ACCA report on agenda for QPMG on 7<sup>th</sup> August for Trust endorsement for publication.

- ❖ A business case is being worked up for LRI alone initially and subsequently for the other two sites for UHL to procure a handover system. Nerve Centre would be preferable as will integrate with the 24/7 task allocation system and has shown from trail work it can be easily developed to meet requirements.

## 6. Relentless attention to Early Warning Score triggers and actions

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

### **Actions:-**

- ❖ EWS incidents related to non escalation continues to be monitored and internally disseminated onto divisional dashboards broken down to CBU level.
- ❖ Audit work undertaken prior to the implementation of 24/7 at GH site showed very poor results for meeting the pathway response time to patients with an EWS>4 in the out of hours period. Only 10% of those patients notes audited were reviewed within 30 minutes as stated in the pathway. Therefore work this year will focus on improving response times in the out of hours period using the Nerve Centre task allocation system for the reporting data.
- ❖ Poor audit results from children's CBU reviewing compliance with SAR observation chart. Plan for either chart revision or change of scoring system with new chart.
- ❖ Agreement of NEWS chart and pathway for implementation into neonatal units and for use on post natal babies in the Women's CBU.

## 7. 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**

- ❖ Minimal response from Divisional Directors with feedback as to how many of their CBU/specialities have a documented agreed process for the management of diagnostic test results against the implementation plan.
- ❖ Task and Finish group to assist and support the divisions in the implementation of the Diagnostic Testing policy, improve the interface with radiology, pathology and the specialities and share good practice. This has been agreed at corporate medical board and cross divisional board.

## 8. Senior Clinical Review, Ward Rounds and Notation

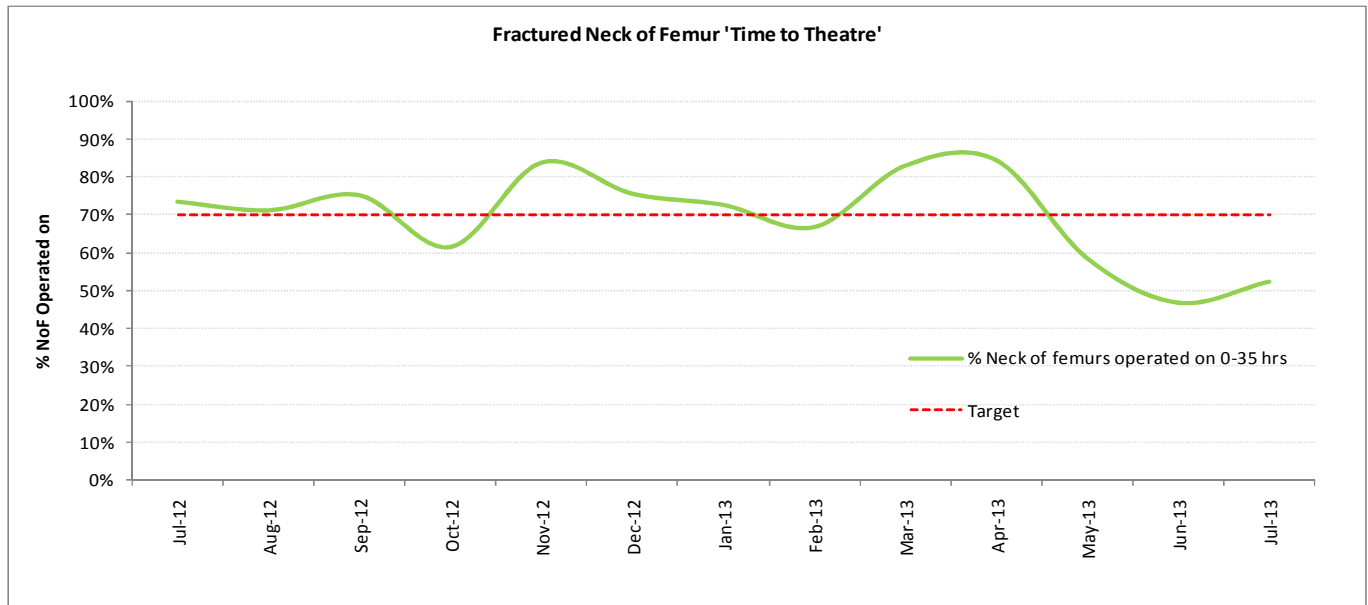
**Aim** -To meet national standards for clinical documentation. To provide strong medical leadership and safe and timely senior clinical reviews and ensure strong clinical governance.

### **Actions**

- ❖ Ward round safety checklist now finalised for use as a prompting tool across trust. Waiting costs for printing of this in several different formats. Plan to meet with lead from UCLH to discuss barriers and lessons learned with the implementation of their ward round safety checklist.

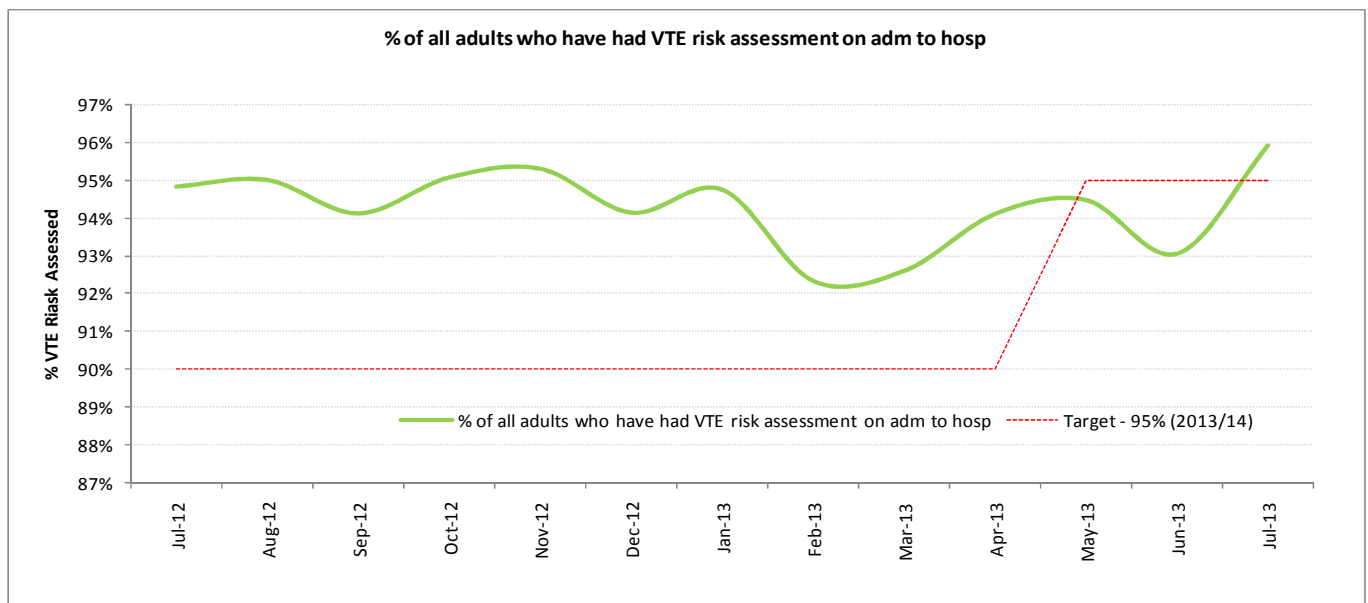
- ❖ Care of the Elderly wards at the LRI have commenced use of the ward round template for documentation in line with the implementation of new ward round standards.
- ❖ Dates set for July and August for meetings with identified clinical leads to review current practice in specialities for consultant led review and ward round documentation and discuss the use of template and ward round safety checklist.

### 3.5 Fractured Neck of Femur 'Time to Theatre'



There was a slight improvement in performance for 'time to theatre' in July but performance is still below the 75% threshold and is therefore Red RAG'd. The CBU is undertaking a Trauma Review including the roles of Junior doctors and Trauma Co-ordinators and the introduction of a Theatre Scheduler.

### 3.6 Venous Thrombo-embolism (VTE) Risk Assessment



The 95% threshold for VTE risk assessment within 24 hours of admission has been achieved for July. 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

A provisional RAG has been given for Q1's Performance in respect of the CCG monitored CQUINs. VTE risk assessment is Red (loss of approximately £150k). It is anticipated that all other CQUINs will be Green following the Clinical Quality Review Group.

#### Quarter 2

All CQUIN schemes are on track for meeting Q2's requirements. Following discussion with commissioners at the July CQRG meeting, it was agreed to discontinue the ED/AMU flow CQUIN scheme due to the changes made in the emergency process since the scheme was suggested by CCG GP Leads. The monies attached to this CQUIN have been redistributed across the remaining 6 Local Schemes

## July CQUINs

	REF	CQUIN Title	CQUIN detail	RAG
Nat CQUIN	Nat 1	Friends and Family	Implementation of Friends and Family Test: 1.1 Phased Expansion 1.2 Increased Response Rate 1.3 Improved Performance on Staff Test	
Nat CQUIN	Nat 2	Safety Thermometer	2.1 Collect data on pressure ulcers, falls and urinary infections in patients with a catheter (CAUTIs) 2.2 Reduction in Falls and CAUTIs as measured by Safety Thermometer	
Nat CQUIN	Nat 3	Dementia -	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	tbc
Nat CQUIN	Nat 4	VTE - Risk Assessment & HAT RCAs	Reduce avoidable death, disability and chronic ill health from Venous thromboembolism(VTE) 1. VTE risk assessment 2. VTE RCAs	
LLR CQUIN	Loc 1	MECC	Making Every Contact Count Increased advice and referral to STOP and ALW	
LLR CQUIN	Loc 2	End of Life Care	Implementation of the AMBER care bundle to ensure patients and carers will receive the highest possible standards of end of life care	
LLR CQUIN	Loc 3	Pneumonia	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	
LLR CQUIN	Loc 4	Heart Failure	Improving care pathway and discharge for patients with Heart Failure - Implementation of Care Bundle and discharge Check List and piloting of 'virtual ward'	
LLR CQUIN	Loc 5	CSAs	Critical Safety Actions: 5.1 Clinical Handover, 5.2 Acting on Results, 5.3 Senior Clinical Review, Ward Round and Notation standards 5.4 Early Warning Scores (EWS)	
LLR CQUIN	Loc 6	ED/AMU Flow	ED/Em Medicine Patient Flow ◦Improving patient flow from the ED through effective utilisation of AMU type beds ◦Demonstrating how the effective utilisation of AMU type beds is contributing to ED outflow	disc
EMSCG CQUIN	SS1	Quality Dashboards	Implementation of Specialised Service Quality Dashboards	
EMSCG CQUIN	SS2	BMT - Donor acquisition	Bone Marrow Transplant (BMT) – Donor acquisition measures	
EMSCG CQUIN	SS3	Fetal Medicine - Referral	Fetal Medicine – Rapidity of obtaining a tertiary level fetal medicine opinion	
EMSCG CQUIN	SS4	Haemophilia – Haemtrack monitoring	Increase use of Haemtrack for monitoring clotting factor requirements	
EMSCG CQUIN	SS5	NIC – 3. Timely simple discharge	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.	

### 3.8 Theatres – 100% WHO compliance



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

### 3.9 C-sections rates



The C Section thresholds were locally agreed following the Regional 'Normalising Birth' CQUIN in 10/11. A review of this threshold against other large Trust's is being undertaken by Obstetrics.

For the past 3 months, the overall C Section rate has been higher than expected and so cases are being reviewed through Perinatal governance processes to confirm reasons for this

### 3.10 Safety Thermometer

The total number of harms recorded in UHL (i.e. old and new) decreased from 108 harms in June to 96 in July. UHL's overall percentage of harm free care improve slightly from 93.64% in June to 93.79% in July.

		May-13	Jun-13	Jul-13
<b>Number of patients</b>		1 686	1 650	1 514
<b>All Harms</b>	<b>Total No of Harms</b>	<b>110</b>	<b>108</b>	<b>96</b>
	<b>No of patients with no Harms</b>	1580	1545	1420
	<b>% Harm Free</b>	<b>93.71%</b>	<b>93.64%</b>	<b>93.79%</b>
<b>Newly Acquired Harms</b>	<b>Total No of Newly Acquired (UHL) Harms</b>	<b>51</b>	<b>51</b>	<b>45</b>
	<b>No of Patients with no Newly Acquired Harms</b>	1636	1601	1469
	<b>% of UHL Patients with No Newly Acquired Harms</b>	<b>97.034%</b>	<b>97.030%</b>	<b>97.02%</b>
<b>Harm One</b>	<b>All Pressure Ulcers (Grades 2, 3 or 4)</b>	<b>75</b>	<b>73</b>	<b>66</b>
	<b>No of Newly Acquired Grade 2, 3 or 4 Pus</b>	<b>27</b>	<b>26</b>	<b>19</b>
<b>Harm Two</b>	<b>No of Patients having fallen in hospital in previous 72 hrs</b>	<b>8</b>	<b>8</b>	<b>5</b>
<b>Harm Three</b>	<b>No of Patients with Urinary Catheter and Urine Infection (prior to or post admission)</b>	<b>27</b>	<b>27</b>	<b>25</b>
	<b>Newly Acquired UTIs with Catheter</b>	<b>16</b>	<b>17</b>	<b>21</b>

- ❖ The total prevalence of newly acquired harms recorded for July had reduced to 45 harms six less than reported in June.

- ❖ There was a decrease in the prevalence of newly acquired pressure ulcers for the month of July by seven ulcers from 26 in June to 19 in July.
- ❖ Falls prevalence also reduced to five harmful falls and the number of patients with newly acquired UTIs with catheters increased from 17 to 21.

Previous Q&P reports have confirmed that healthcare providers who are not recording VTEs will still be part of the national ST process and their data will be uploaded onto the Information Centre (IC) website and reported separately. However, this has not been the case and therefore it has been decided that UHL will re-commence the collection of VTE harm data in August 2013 in order that we can benchmark ourselves with other trusts.

### Pressure Ulcer Incidence

A Contract Query Notice for Pressure Ulcers has been received by the Trust. A remedial action plan has been developed. Some revisions have been agreed with commissioners and it will be formally signed off at the CQRG on the 22<sup>nd</sup> August. Although there is recognition of the work that has gone into the prevention of pressure ulcers and the improvements that have been seen over the last two months, there are concerns that the Trust has not achieved its previous recovery trajectories.

Commissioners have requested the submission of a revised trajectory to demonstrate UHL's commitment to a zero tolerance target for avoidable hospital acquired pressure ulcers. The trajectory is confirmed in the tables below. There is an anticipated stepped improvement to performance from July to September 30<sup>th</sup> 2013 but the commissioners have reaffirmed their request for zero avoidable ulcers from October 1<sup>st</sup> 2013.

<b>Trajectory for Grade 2 Avoidable Pressure Ulcers 2013/14</b>													
<b>Month</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Total YTD</b>
Trajectory	0	0	0	11	8	4	0	0	0	0	0	0	
Incidence Data	12	10	20	7									<b>49</b>
+ / -	<b>-12</b>	<b>-10</b>	<b>-20</b>	4									<b>-38</b>

<b>Trajectory for Grade 3 &amp; 4 Avoidable Pressure Ulcers 2013/14</b>													
<b>Month</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Total YTD</b>
Trajectory	0	0	0	5	4	3	0	0	0	0	0	0	
Incidence Data	11	4	8	5									<b>28</b>
+ / -	<b>-11</b>	<b>-4</b>	<b>-8</b>	0									<b>-23</b>

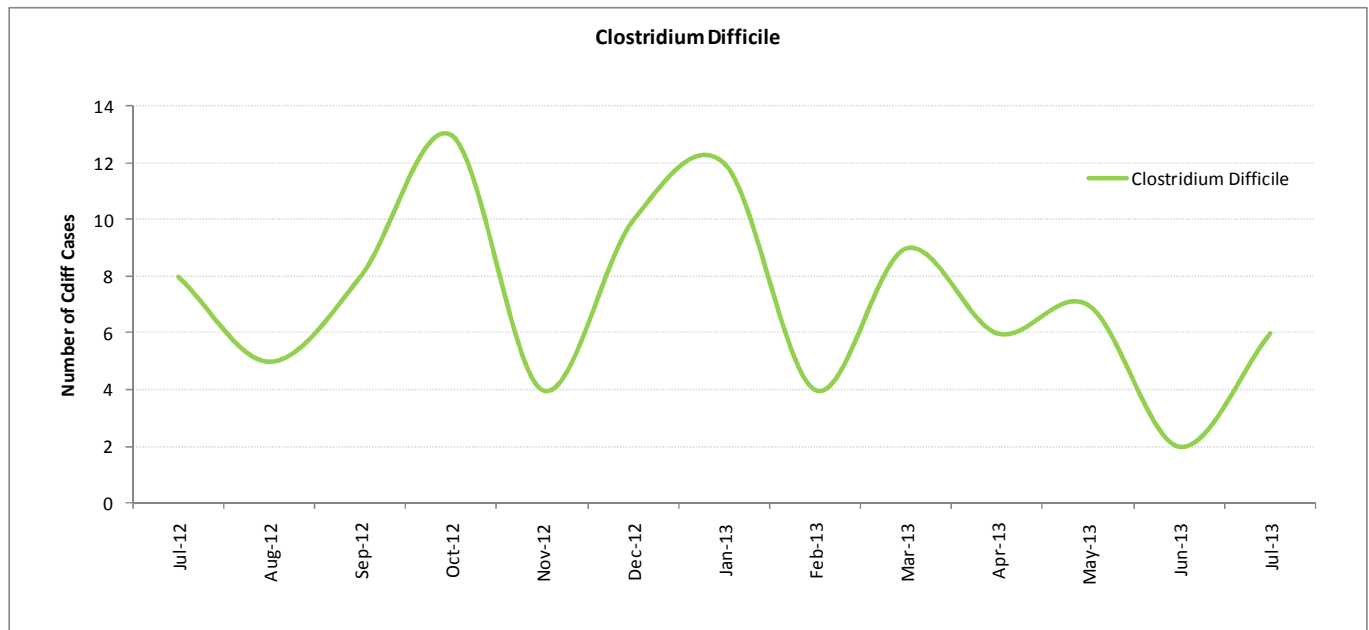
## 4.0 **PATIENT EXPERIENCE – CAROLE RIBBINS**

### 4.1 **Infection Prevention**



MRSA - one bacteraemia has been attributed to UHL during July. This was deemed unavoidable after the Post Infection Review meeting and there will be no financial penalty for the organisation

CDT – ahead of trajectory to date with 21 reported against cumulative target of 27. 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



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

### 4.2 **Patient Polling**



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 July 2013, 3654 Patient Experience Surveys were returned this is broken down to:

- 2175 paper inpatient surveys
- 860 electronic surveys
- 619 ED paper surveys

#### **Share Your Experience – Electronic Feedback Platform**

In July 2013, a total of 860 electronic surveys were completed via email, touch screen, our Leicester's Hospitals web site or handheld devices.

A total of 310 emails were sent to patients inviting them to complete a survey. The table below shows how this breaks down across the trust:



Share Your Experience Survey	Email	Touch Screen	Hand held	Web	Total Surveys	Emails sent
Carers Survey	0	0	0	0	0	0
Children's Urgent & ED Care	0	39	0	0	0	0
A&E Department	3	121	0	5	129	69
Eye Casualty	0	247	0	0	247	0
Glenfield CDU	0	30	0	0	0	0
Glenfield Radiology	7	0	0	0	7	20
IP and Childrens IP	0	0	0	17	17	0
Maternity Survey	10	0	317	11	333	104
Neonatal Unit Survey	0	0	0	8	8	0
Outpatient Survey	23	1	0	4	28	117
Windsor Eye Clinic	0	16	0	1	17	0
<b>Total</b>	<b>43</b>	<b>454</b>	<b>317</b>	<b>46</b>	<b>860</b>	<b>310</b>

The trust Maternity Services commenced with new handheld devices to survey women on labour wards and postnatal wards with the Friend and Family Test. 317 women completed a survey getting the Trust off to a great start in the run up to the National Rollout and reporting due to start October 1<sup>st</sup> 2013.

### Treated with Respect and Dignity



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

### Friends and Family Test

#### Inpatient

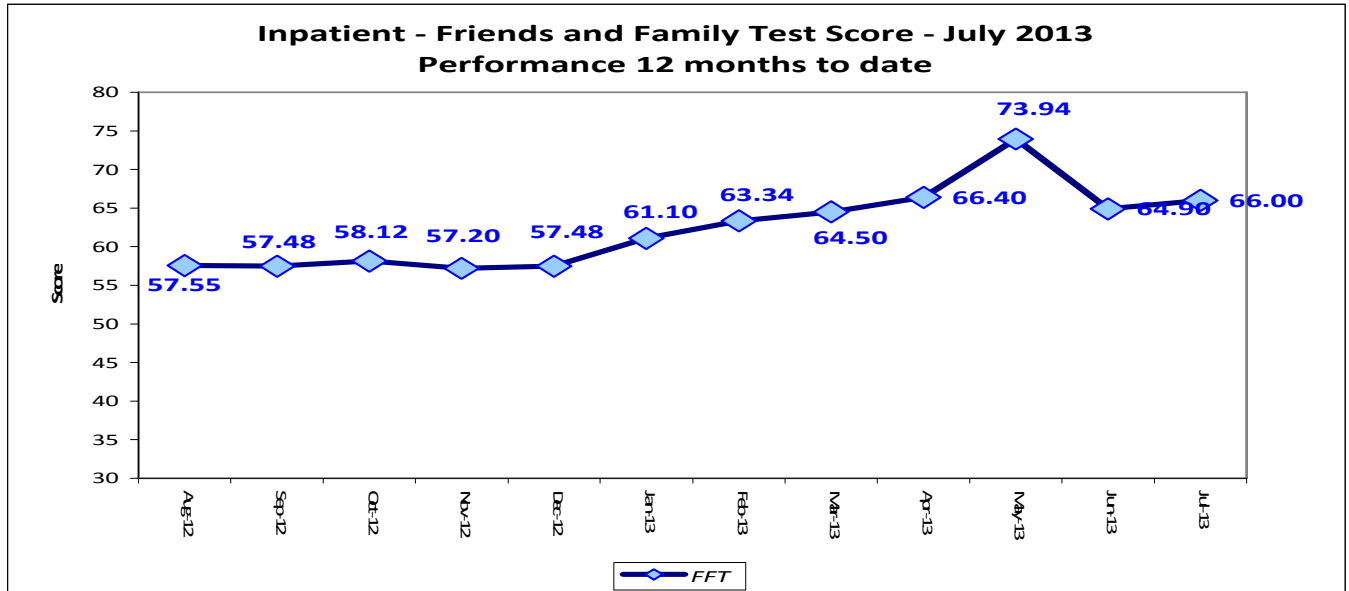
The inpatient surveys include the Friends and Family Test question; **How likely are you to recommend this ward to friends and family if they needed similar care or treatment?** Of the 3654 surveys, 1,630 surveys included a response to this question and were considered inpatient activity (excluding day case / outpatients) and therefore were included in the friends and family test score for NHS England.

Overall there were 6,583 patients in the relevant areas within the month of July 2013. The Trust easily met the 15% target achieving coverage of **24.8%**.

The Friends & Family Test responses broken down to:

Extremely likely: 1,140  
 Likely: 407  
 Neither likely nor unlikely: 55  
 Unlikely: 15  
 Extremely unlikely: 2  
 Don't know: 11

**Overall Friends & Family Test Score 66.00**



June 2013 compared to July 2013

Performance on the FFT score has risen slightly (64.9 in June to 66.0 in July) despite large drops in score in two of the Divisions. This was due mainly to the Acute Division score returning to the higher level seen in May 2013.

Performance Changes

The largest drop in the FFT score was seen in the Women's & Children's Division, where the score dropped by 6.0 from 74 to 68 between July and June.

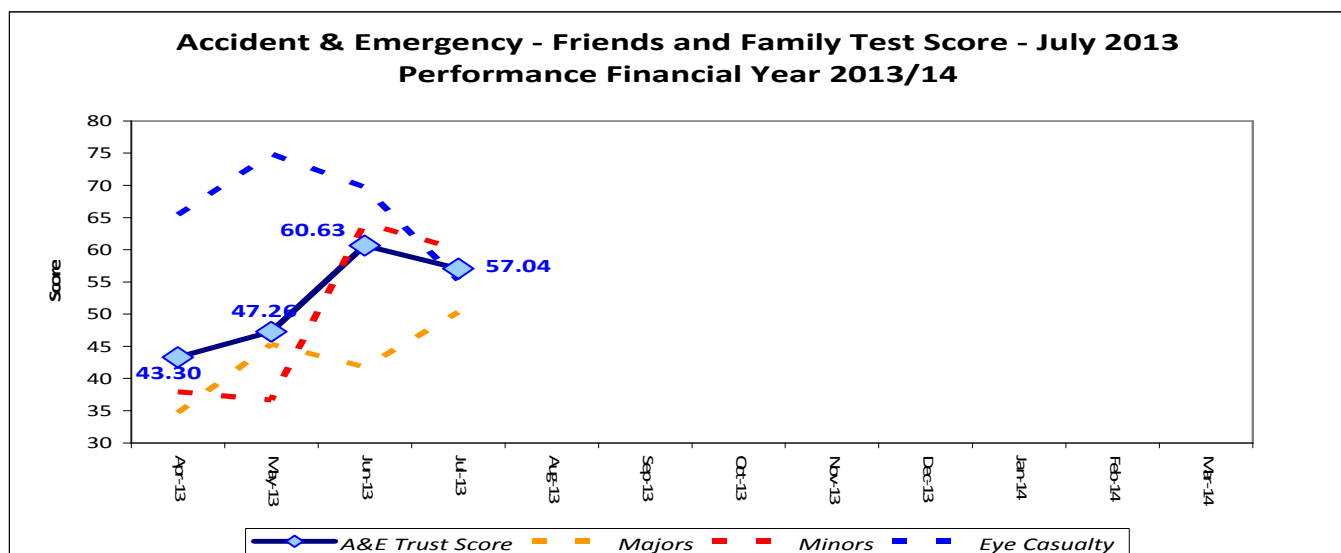
	Apr-13	May-13	Jun-13	Jul-13	Point Change in FFT Score
<b>UHL Trust Level Totals</b>	<b>66.4</b>	<b>73.9</b>	<b>64.9</b>	<b>66.0</b>	+1.0
Acute Care	67	74	67	72	+5.4
Planned Care	65	72	62	58	-4.1
Women's & Children's	78	80	74	68	-6.0

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 5,961 patients who were seen in A&E and then discharged home within the month of July 2013. The Trust surveyed 868 eligible patients meeting 14.6% of the footfall. The Friends & Family test responses break down to:

Extremely likely:	548
Likely:	253
Neither likely nor unlikely:	28
Unlikely	13
Extremely unlikely	17
Don't know:	9
<b>Overall Friends &amp; Family Test Score</b>	<b>57.04</b>



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

#### 4.3 Nurse to Bed Ratios

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

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

For the month of June 2013, actual nurse to bed ratio when reviewing the staffing levels for wards are all above the agreed minimum ratio and therefore no action plans have been attached to this report.

Vacancies for nursing and midwifery across UHL are currently running at 348 WTE for June 2013. Previous months have been 355 for May and 438 for April. A dynamic recruitment plan is in place.

#### 4.4 Same Sex Accommodation

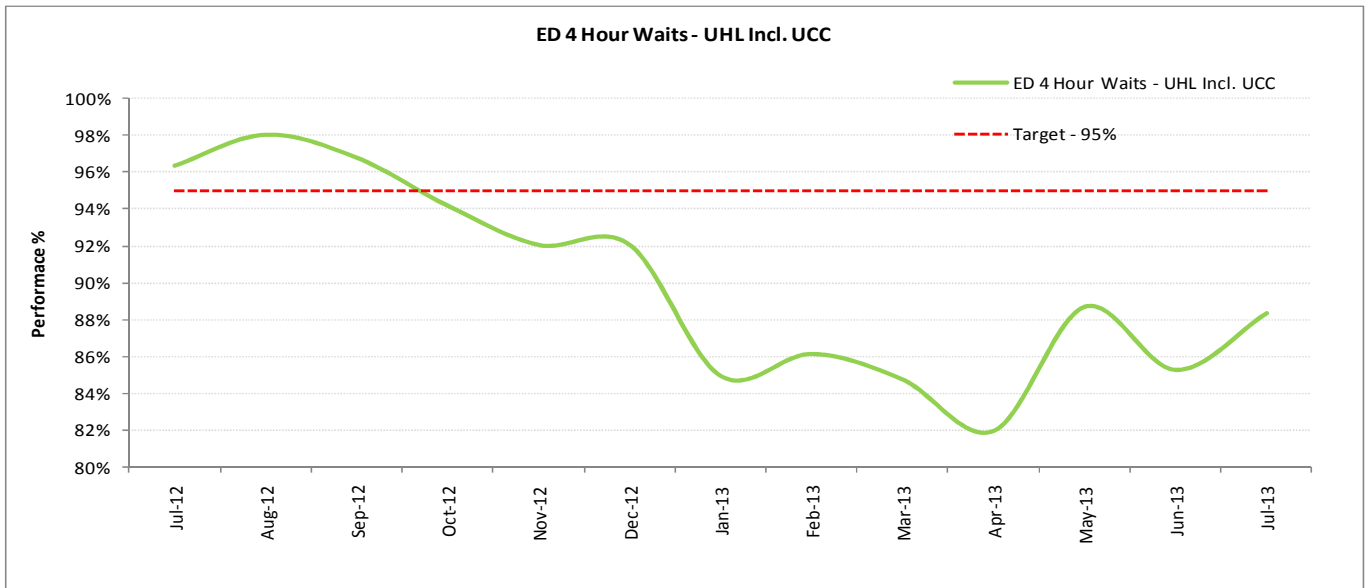


All UHL wards and intensivists areas continue to offer Same Sex Accommodation (SSA) in line with the UHL SSA Matrix guidance and delivered 100%.

## 5.0 OPERATIONAL PERFORMANCE – RICHARD MITCHELL

Performance Indicator		Target	YTD	Jul-13	Q1 2013	Jun-13	May-13	Apr-13	Q4	Mar-13	Feb-13	Jan-13	Q3	Dec-12	Nov-12	Oct-12	Q2	Sep-12	Aug-12	2012/13
A & E	A&E - Total Time in A&E (UHL+UCC)	95%	86.1%	88.3%	85.3%	85.3%	88.7%	82.0%	85.2%	84.7%	86.1%	84.9%	92.7%	92.0%	92.0%	94.2%	97.0%	96.8%	98.0%	91.9%
	RTT waiting times – admitted	90%		89.1%	88.1%	85.6%	91.3%	88.2%		91%	92%	92%		92%	92%	91%		91%	93%	91.3%
Access - 18 week wait	RTT waiting times – non-admitted	95%		96.4%	96.3%	96.0%	95.9%	97.0%		97%	97%	97%		97%	97%	97%		98%	97%	97.0%
	RTT - incomplete 92% in 18 weeks	92%		93.1%	93.8%	93.8%	93.4%	92.9%		93%	94%	93%		93%	94%	95%		94%	94%	92.6%
	RTT - 52+ week waits	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	Diagnostic Test Waiting Times	<1%		0.6%	1.3%	0.5%	0.7%	1.6%	1.6%	0.5%	1.0%	0.7%	1.3%	1.1%	0.6%	0.4%	0.8%	0.5%	0.9%	0.5%
Cancelled Ops	Cancelled operations re-booked within 28 days	95.0%	92.0%	99.1%	89.4%	86.4%	91.0%	90.4%	94.6%	94.2%	92.3%	97.1%	93.1%	89.0%	97.3%	91.0%	92.6%	100.0%	86.4%	92.9%
	Cancelled operations on the day (%)	0.8%	1.3%	1.2%	1.3%	1.0%	1.5%	1.5%	1.6%	1.6%	1.6%	1.6%	1.3%	1.2%	1.6%	1.1%	0.8%	0.9%	0.5%	1.2%
	Cancelled operations on the day (vol)		450	110	340	81	134	125	404	137	130	137	340	91	149	100	202	74	44	1247
	Urgent operation being cancelled for the second time	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0
Access - Cancer	2 week wait - all cancers	93%	94.4%		94.4%	94.8%	95.2%	93.0%	93.7%	95.2%	95.9%	89.8%	92.8%	95.1%	90.6%	93.0%	94.1%	93.9%	93.6%	93.4%
	2 week wait - for symptomatic breast patients	93%	94.1%		94.1%	93.2%	94.8%	94.0%	94.0%	95.4%	93.1%	93.6%	93.9%	94.6%	93.9%	93.4%	95.3%	96.3%	93.8%	94.5%
	31-day for first treatment	96%	97.8%		97.8%	99.0%	97.0%	97.5%	97.6%	98.8%	97.6%	96.6%	97.8%	97.4%	97.5%	98.3%	98.3%	96.9%	98.6%	97.4%
	31-day for subsequent treatment - drugs	98%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	31-day wait for subsequent treatment - surgery	94%	96.4%		96.4%	97.5%	94.4%	97.2%	94.0%	92.7%	94.1%	94.6%	97.1%	94.6%	97.4%	98.1%	96.6%	100.0%	94.6%	95.8%
	31-day wait subsequent treatment - radiotherapy	94%	98.8%		98.8%	99.1%	97.8%	100.0%	99.0%	99.1%	98.9%	99.1%	99.4%	100.0%	98.9%	99.3%	98.8%	100.0%	98.7%	98.5%
	62-day wait for treatment	85%	82.3%		82.3%	85.9%	80.4%	80.9%	78.8%	81.5%	75.4%	79.5%	85.3%	84.6%	85.8%	85.6%	86.5%	86.5%	87.4%	83.5%
	62-day wait for screening	90%	95.9%		95.9%	95.0%	94.3%	98.6%	94.4%	95.8%	95.7%	91.7%	96.3%	92.3%	98.7%	96.8%	94.6%	92.2%	95.3%	94.5%
Stroke	Stroke - 90% of Stay on a Stroke Unit	80%	78.5%		78.5%	77.3%	80.0%	77.4%	80.6%	82.3%	81.4%	77.8%	77.9%	71.3%	79.5%	83.7%	82.2%	86.3%	79.6%	79.8%
	Stroke - TIA Clinic within 24 Hours (Suspected TIA)	60%	63.1%	60.5%	63.9%	72.0%	69.2%	51.1%	73.1%	77.0%	85.1%	60.8%	70.0%	68.7%	72.5%	68.7%	63.9%	73.4%	52.5%	68.4%
	Choose and Book Slot Unavailability	4%		15%		13%	9%	7%		9%	10%	5%		8%	13%	10%		11%	14%	
	Delayed transfers of care	3%	3.6%	3.6%	3.6%	3.1%	3.9%	3.7%	3.0%	3.7%	2.7%	2.8%	3.3%	2.7%	3.6%	3.4%	3.4%	3.2%	3.6%	3.1%

## 5.1 ED 4hr Wait Performance



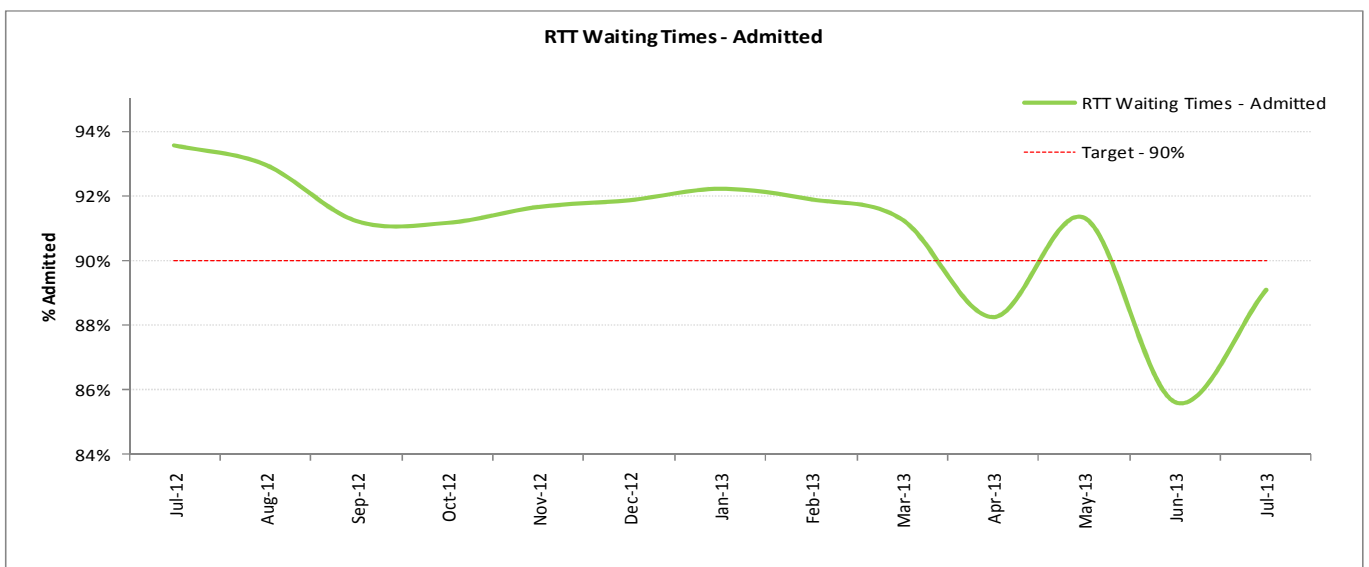
Actions relating to the emergency care performance are included in the ED exception report which includes:

- a copy of the recovery and improvement plan submitted to NHS England
- ED Workforce Plan
- ECAT action plan

UHL ranked 135<sup>th</sup> out of 145 Trusts with Type 1 Emergency Departments in England for the four weeks up to 11th August 2013. Over the same period 103 out of 145 Acute Trusts delivered the 95% target

## 5.2 RTT – 18 week performance

### RTT Admitted performance



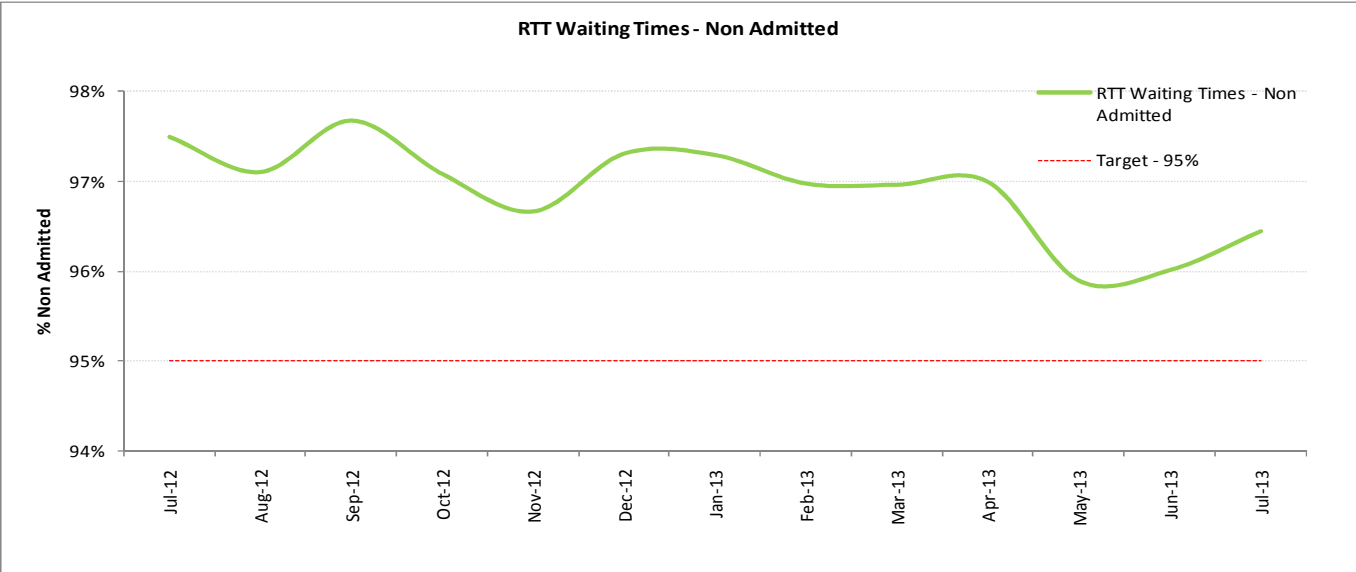
RTT admitted performance for July 2013 was 89.1% with speciality level failures in ENT (68%) and Ophthalmology (76%). Estimated automatic fines of £30,000 will be applied. The specialties did not deliver compliant performance because of the agreement to treat

long waiting patients in date order and continuation of the process to clear the backlog of patients waiting over 18 weeks.

Commissioners issued a formal 'joint failure to agree' notice regarding RTT backlogs which was responded to on 14th August. The response contains analysis of the underlying reasons by speciality and a comprehensive action plan to treat backlog patients and ensure sustainable delivery of the 18 week targets at speciality level. Full details of the plan are presented in the RTT exception report – Appendix 3

The national admitted performance in June was 91.7%. 123 out of the 178 Trusts missed the target at specialty level and 79 Trusts had between 2 and 10 specialty failures.

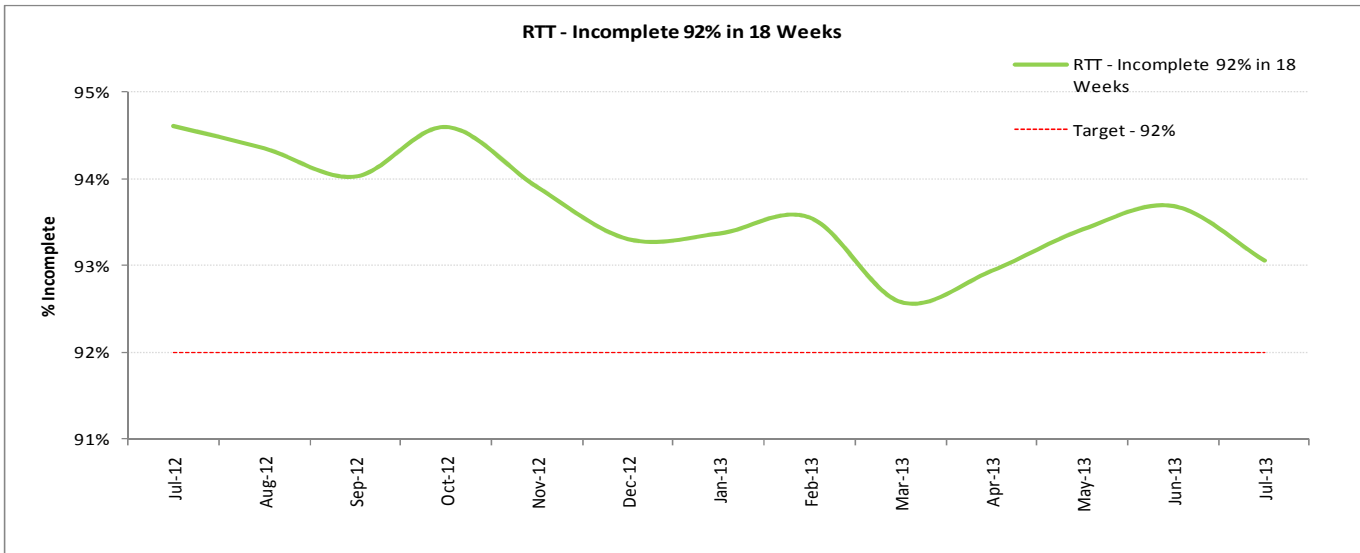
**RTT Non Admitted performance**



Non-admitted performance was delivered bottom line at 96.6%, with specialty level failures in Ophthalmology (90%) and orthopaedics (94%). Estimated automatic fines of £12,000 will be applied.

The national non-admitted performance in June was 97.4%. 107 out of the 204 Trusts missed the target at specialty level and 73 Trusts had between 2 and 16 specialty failures.

**RTT Incomplete Pathways**

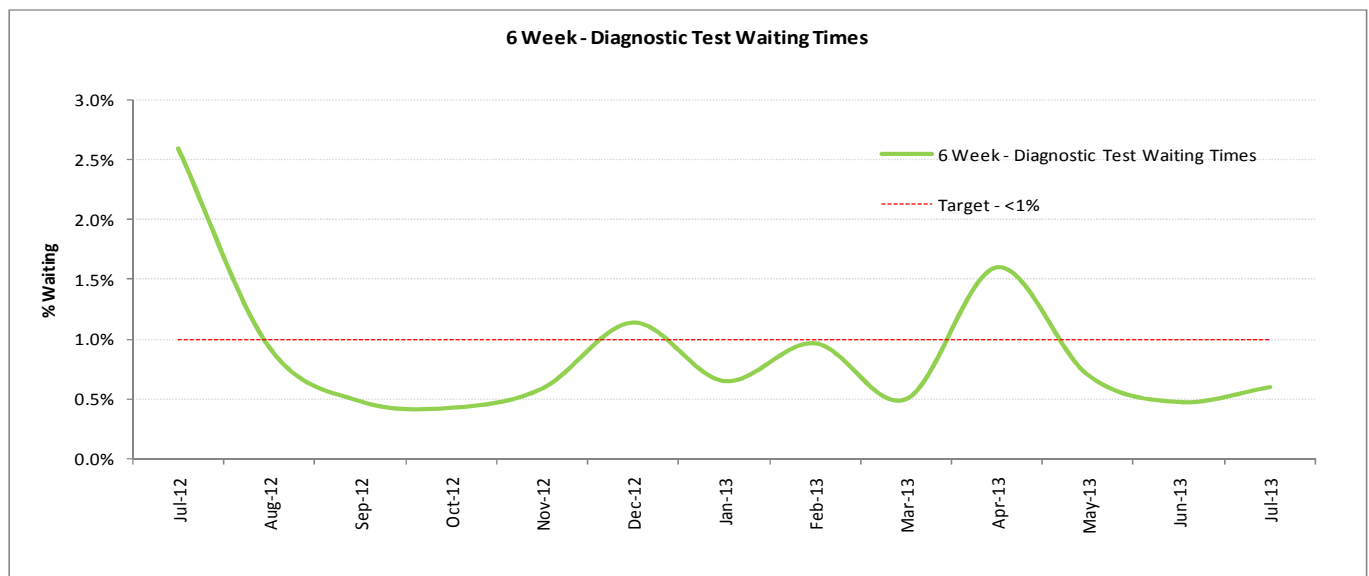


RTT incomplete (i.e. 18+ week backlog) performance was 93.1%. In numerical terms the total number of patients waiting 18+ weeks for treatment (admitted and non-admitted) at the end of July was 2,711.

Four specialties missed the target resulting in an expected contractual penalty estimated at £9,000.


The national incomplete pathways performance in June was 94.6%. 105 out of the 204 Trusts missed the target at specialty level and 68 Trusts had between 2 and 10 specialty failures.

**5.3 Diagnostic Waiting Times** 




National performance for June shows that 0.9% of patients were waiting for diagnostic tests longer than 6 weeks.

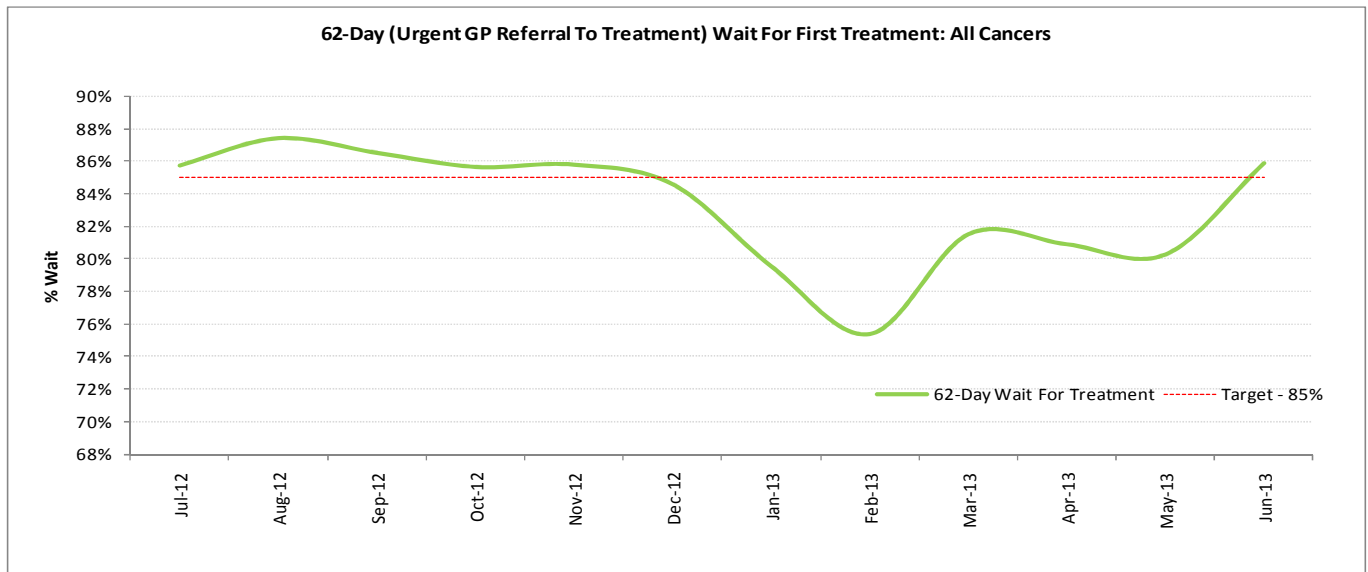
**5.4 Cancer Targets**

**Two Week Wait** 

Both 2 week cancer targets have been achieved in June (latest reported month). National performance for both these indicators was at 95.3%.

**31 Day Target** 

All the 31 day cancer targets have been achieved in June (latest reported month). The UHL is close to or above the national average for all 4 31 day cancer indicators.



The 62 day urgent referral to treatment cancer target for June was 85.9% against a national target of 85% and a recovery trajectory of 84.6%. National performance for the 62 day target was 87.4% in June.

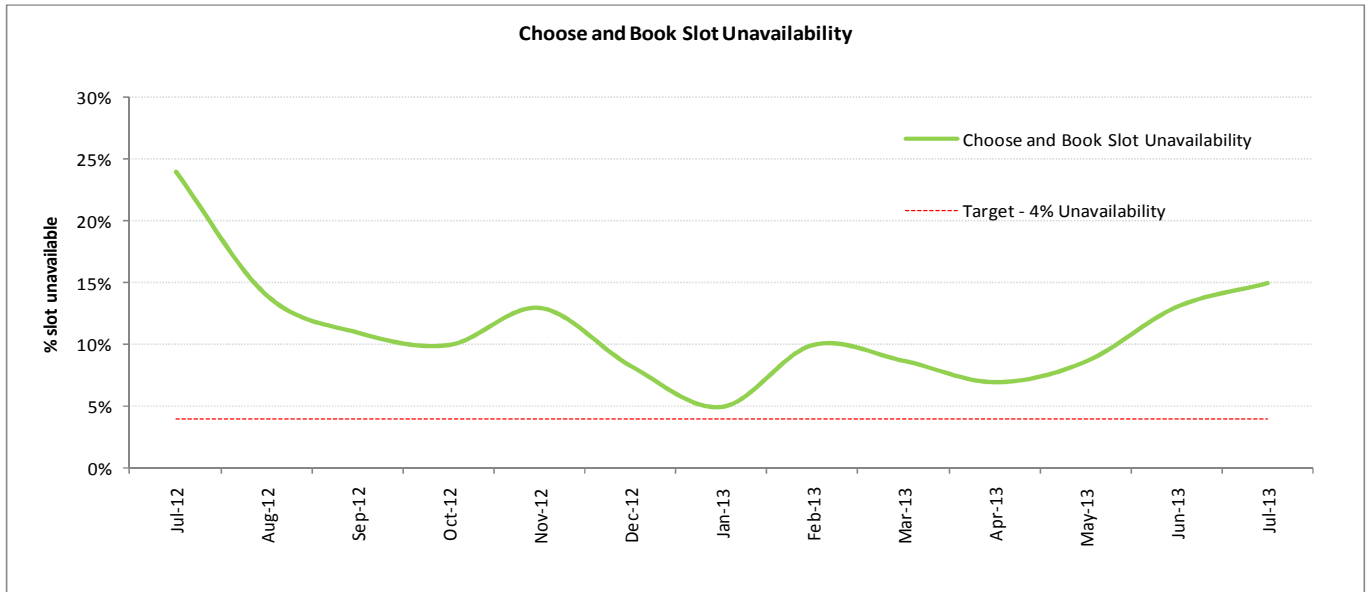
Following commissioner formal acceptance of the recovery action plan in June, the Cancer Action Board has met weekly, it is responsible for monitoring the Trusts Cancer Action Plan to ensure that actions are being delivered and there is representation from all the key tumour sites including Radiology 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 July is on track to deliver trajectory
- 62 day backlog is below threshold (w/ending 16<sup>th</sup> August at 25)
- Appointment of senior manager for the Cancer Centre, start date agreed 7<sup>th</sup> October
- Further work required to resolve biopsy pathway for haematology
- Tertiary referrals pose risk to UHL delivery. Clinical Lead to meet with provider clinicians
- Capacity and demand planning for '*blood in pee*' campaign for urology underway
- Continued focus on the capacity and turnaround times within Imaging for delivery of 7 day turnaround (referral to report).



## 5.5 Choose and Book slot availability



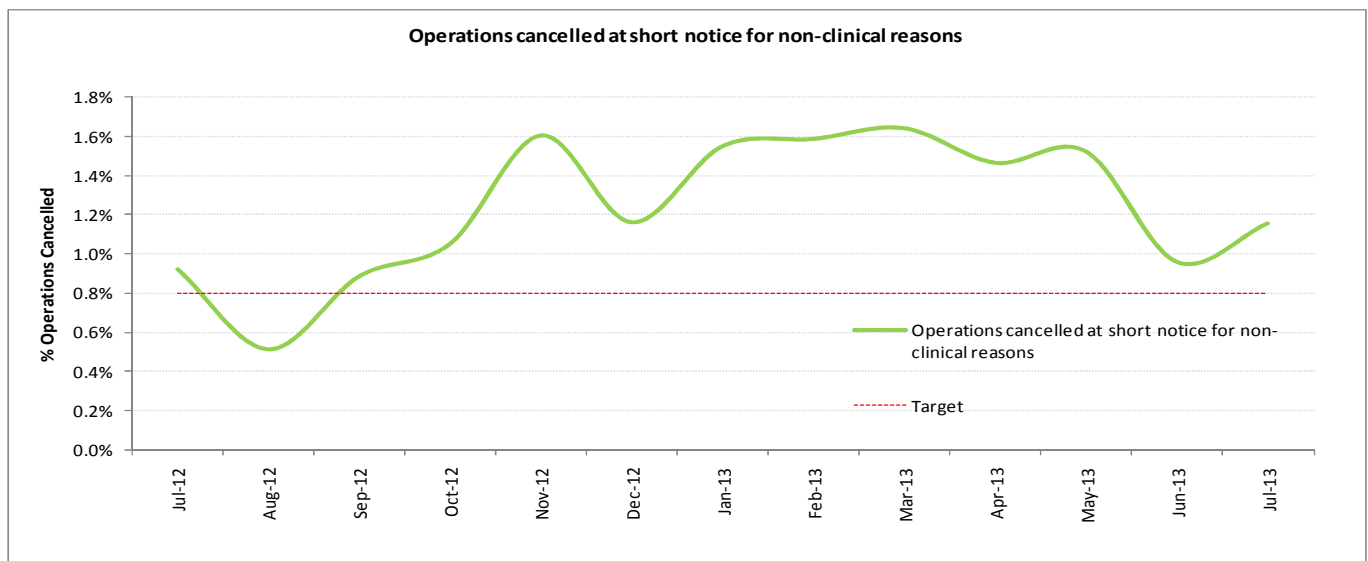
Choose and book slot availability performance for July is 15%, with the national average at 12%

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

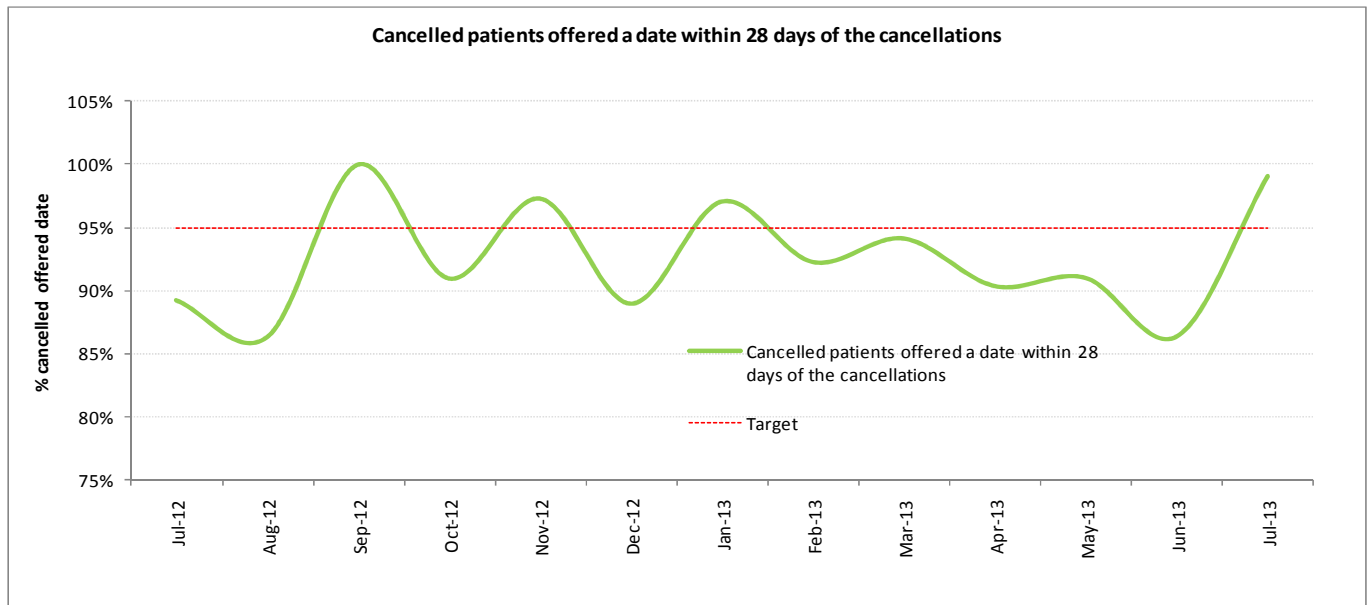
- GI services and ENT, where additional clinics are being run
- Cardiology, where a locum consultant has been appointment
- Orthopaedics, has a recurrent shortfall in capacity for back referrals, this remains under discussion with commissioners

Resolution of slot unavailability requires a reduction in waiting times for 1st outpatient appointments in key specialties, this is a component of the RTT recovery plan

## 5.6 Short Notice Cancelled Operations



July's performance shows that the percentage of operations cancelled on/after the day of admissions of all elective activity for non-clinical reasons was 1.2% against a target of 0.8%.

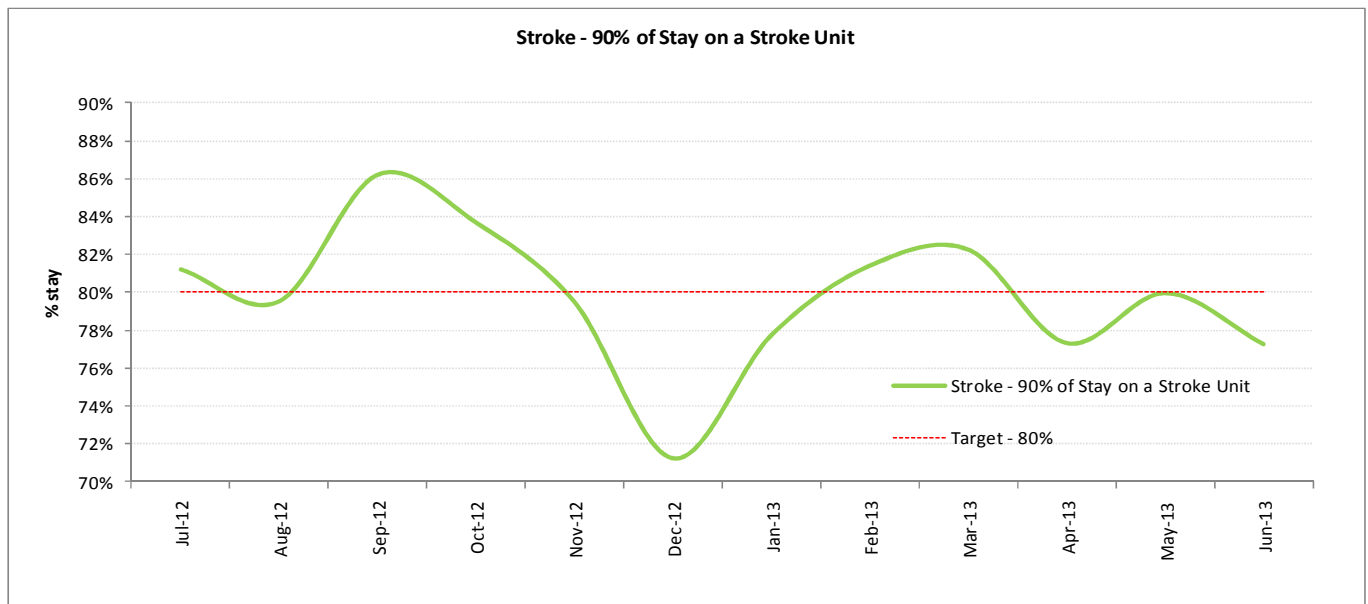


The percentage offered a date within 28 days of the cancellation was 99.1% against a threshold of 95%.

Further detail of actions to be taken is included in the Cancelled Operation exception report, see Appendix 4.

**5.7**

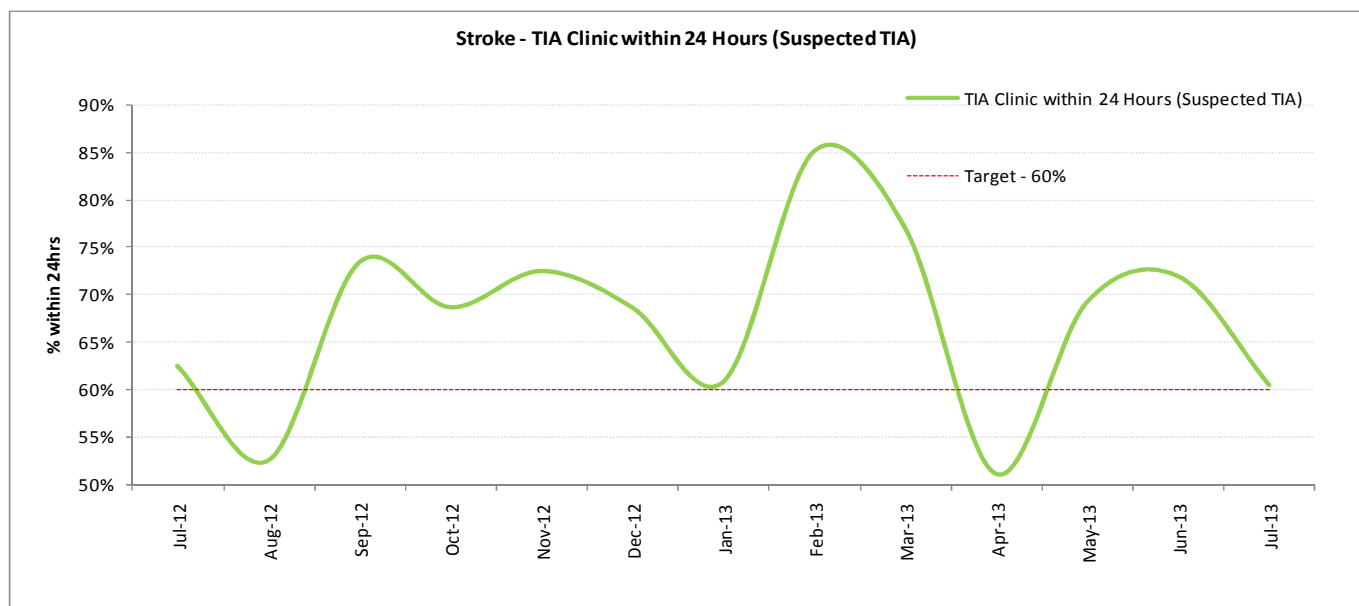
**Stroke % stay on stroke ward**



The percentage of stroke patients spending 90% of their stay on a stroke ward in June (reported one month in arrears) is 77.3% 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



The percentage of high risk suspected TIAs receiving relevant investigations and treatment within 24 hours of referral receipt is 60.5% against a national target of 60.0%. The contractual target for this indicator remains under review.

## 5.9 Delayed Transfers of Care



During July 2013 UHL has seen a slight improvement in the performance for county patients and a slight deterioration in city patients. There were 217 episodes recorded as a 'Delayed Transfer of Care' on the weekly sitreps recorded at midnight each Thursday during July 2013, making the combined average of 7.5 delays per 100,000 population.

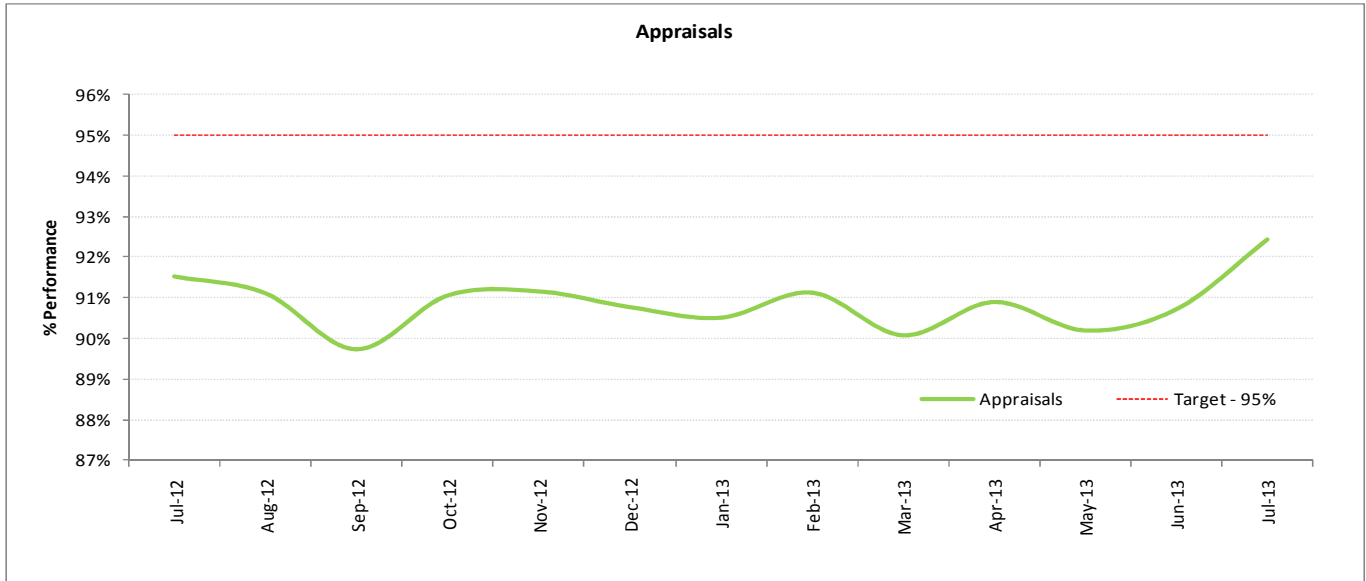
Numbers of delays by reason for April to July are shown below:-

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
<b>April</b>	7	5	10	5	70	61	10	27	9	17	12	5	1	3	119	123
<b>May</b>	8	13	7	10	98	124	12	20	3	7	5	5	1	12	134	191
<b>June</b>	19	7	10	5	53	62	10	22	2	2	1	1	7	10	102	109
<b>July</b>	8	8	7	4	57	48	19	37	2	1	4	1	13	8	110	107

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

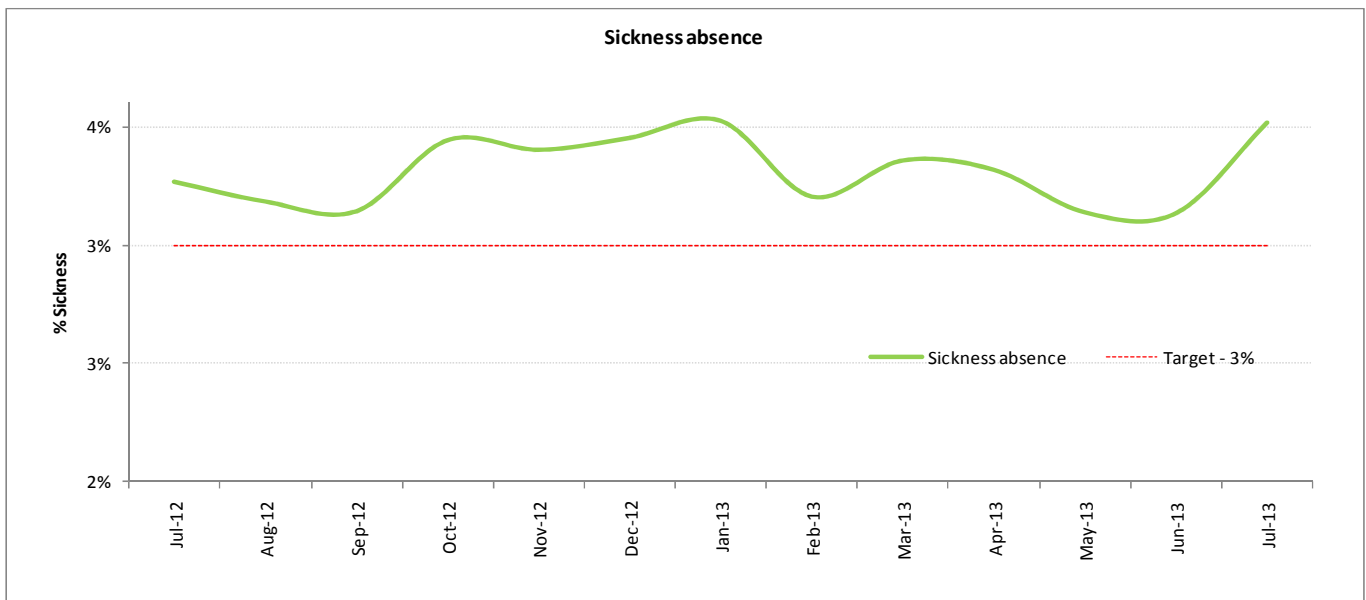


Appraisal rates for July have shown improvements and are at 92.4% with 9 areas now meeting the 95% target. All CBU and Corporate areas have submitted plans and assurance that the 95% target will be reached by 30<sup>th</sup> September 2013. Appraisals continue to be reviewed in CBU board meetings and HR support the activities to achieve the 95% rates.

Appraisal rates per Division are shown below.

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

### 6.2 Sickness



The sickness rate for July is 3.5% and the June figure has now adjusted to 3.1% 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%.

**6.3 Mandated Training** 

The Trust is now including Statutory and Mandatory Training Performance Data within this report covering nine core subjects across the Trust.

These subjects have been highlighted as essential through the Trust's Statutory and Mandatory Training Policy, the NHSLA Arms Standards and the National Core Skills Training Framework published by Skills For Health. These subjects are: Fire Safety Training, Moving & Handling, Hand Hygiene, Equality & Diversity, Information Governance, Safeguarding Adults & Children, Personal Safety Awareness, Bullying & Harassment and Resuscitation (BLS Equivalent.)

CBU	Fire Training %age	Moving & Handling %age	Hand Hygiene %age	Equality & Diversity %age	Info. Govern'ce %age	Safeguard Adults & Children %age	Personal Safety Awareness %age	Bullying & Harassment %age	Resus - BLS Equivalent %age	Average %age Compliance
Acute Care Total	62%	66%	52%	47%	19%	68%	35%	59%	57%	52%
Planned Care Total	64%	69%	51%	36%	25%	68%	26%	59%	84%	54%
UHL Corporate Directorates Total	42%	50%	29%	32%	20%	46%	14%	35%	51%	35%
Women's & Children's Total	62%	74%	57%	29%	1%	80%	18%	56%	71%	50%
<b>UHL staff are this compliant with their mandatory &amp; statutory training from the key 9 subjects</b>										<b>48%</b>

Currently UHL staff compliance against Statutory and Mandatory Training is low at 48% (overall) across the nine core areas. It is recognised that we are significantly under reporting against Information Governance Training resulting from system interface issues.

To address and increase overall compliance, various strategies are being progressed at an accelerated pace, these include:

- The adoption of the National Core Skills Training Framework to simplify and clarify required training across the Trust and staff groups (based on national recommendations)
- The creation of simplified, educationally ratified, up to date eLearning modules covering seven of the nine subjects that lend to training delivered in this format. This work is aligned to a review of IT access, to ensure that staff will be able to access computers to undertake e-learning modules on release.
- An internal increase in capacity (through provision of extra sessions) to deliver against specific subject areas such as Moving and Handling Training and Resuscitation Training
- The publication and distribution of detailed compliance data across the Trust to highlight areas of underperformance and concern
- Support for those needing information or help with completing Mandatory and Statutory Training

## 7.0 **2013/14 CONTRACTUAL QUERY STATUS**

CONTRACTUAL REQUIREMENT	CONTRACT QUERY	DATE RAISED	STATUS
Cancer 62 Day standard	Failure to comply with national standard	07/05/2013	RAP and trajectory accepted 10/7/13. Clinical Problem Solving Group (CPSG) has completed review of pathways and is making recommendations for improvements. Currently on 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 for admitted, non-admitted and incomplete pathways.	14/06/2013	Failure to Agree Remedial Action Plan Notice sent and receipt acknowledged by UHL 31 July 2013. Formal submission of RTT remedial action plan on the 14/08/2013. Awaiting formal acceptance of plan from CCG's. Weekly RTT performance meetings with action leads and with CCG's.
A&E 4 hour maximum wait	Failure to comply with A&E 4-hour standard	17/05/2013	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 September 2013. Regular monitoring in line with agreed recovery trajectory via the CPM and Urgent Care Board meetings.
Stroke Standard	Failure to comply with the Stroke metrics.	28/06/2013	Remedial Action Plan has been received and accepted on the 19/08/2013. Monthly updates required to CPM from September.
Pressure Ulcer Standard	Failure to comply with Pressure Ulcer national requirements.	10/07/2013	Remedial Action Plan submitted on the 24 July 2013. Commissioners have accepted the plan and recovery trajectory on the 20th August.
Ambulance Handover Standard	Failure to comply with Ambulance Handover performance requirements.	26/07/2013	Contract Query Notice raised with UHL, EMAS and CCG's on the 26/07/2013. Remedial Action Plan and recovery trajectory requested in advance of the next Contract Performance Meeting scheduled for 27 August 2013. A draft Remedial Action Plan is with CCG's for comment.

## 8.0 **UHL - FACILITIES MANAGEMENT REPORT FOR JUNE 2013**

### 8.1 Introduction

This section covers the total Facilities Management (FM) services provided by Interserve across the whole of the UHL. This contract was awarded to Interserve in December 2012 and the transfer of 2,000 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 third month of the "transformation" phase with services provided in accordance with "Business As Usual" (BAU) submission.

Within this section formal performance data is presented for the month of June, however commentary is also included covering more recent service delivery. Whilst to date there has not been any significant service failures or major incidents attributable to the FM contract during this reporting period, areas of concern have recently been identified and have attracted media as well as management attention.

Whilst still within the BAU phase the service has seen several areas of transformation being implemented from the start of the contract including:

- A centralised Communication Service Centre (CSC)
- Introduction of Microfibre cleaning at the LGH
- Introduction of “Steamplicity” meal system at the LGH

The next phase of the contract will start to further develop the transformation of the current services to the final submitted solution as per the contract bid with the full introduction of the above services across UHL

## 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%	0	↔
7	Estates	Percentage of statutory inspection and testing completed in the Contract Month measured against the PPM schedule	≤ 98%	100.0%	85.69%	↔
12	Estates	Percentage of Urgent requests achieving response time	≤ 96%	≥ 98%	36.99%	↑
13	Estates	Percentage of Urgent requests achieving rectification time	≤ 96%	≥ 98%	84.25%	↑
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%	99.52%	↑
60	Patient Catering	Overall percentage score for monthly patients' satisfaction survey for catering services.	≤ 75%	≥ 85%	97.00%	↑
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 # 2: - Contract Management.**

Following the development of new service methodology by Interserve, this KPI will record customer satisfaction regarding the delivery of key FM services and will be fully recorded and reported upon with effect from July 2013.

##### **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.

### 8.4

#### **Recent Service Issues**

Whilst the above report relates to validated performance for the month of June, we recognise that recent service delivery has highlighted a number of issues giving cause for concern. Detailed data is being gathered on these in preparation for presentation to Senior Executives at Interserve for their direct comment and action.

By way of explanation for the current observations, Interserve has been engaged in work to transform services to implement their own models of operation. With the sheer scale of the task overall this has resulted in a number of challenges and some disruption to service delivery ultimately impacting on quality. A significant number of Interserve staff are going through management of change procedures, and this has had consequences due to general uncertainty, change in work patterns and unfamiliarity with new areas. In addition a number of temporary staff have been utilised to fill gaps particularly at the LRI to support the transformation of some services. Interserve are actively recruiting to fill these vacancies.

Despite this, and in response to our challenges regarding these issues, Interserve has brought in additional resources particularly in patient catering. They have established management structures to support service delivery and resolve issues on the ground at a local level.

Going forward, in order to minimise levels of disruption it has been agreed at Senior Executive level that Interserve will gear their transformation timetable accordingly to ensure smooth roll-out of future change with appropriate communications support.

Interserve have for example re-examined cleaning schedules and are in the process of redesigning some of these to resolve some of the problems experienced and will seek approval of these at ward level before implementing. They have also produced action plans against some of the specific areas of challenge and will continue to do this where further issues are reported to them.

Horizons are continuing to ensure Interserve respond to all issues by frequent daily contact at a senior level to ensure that actions are being followed through. Joint audits in



sensitive areas are taking place to ensure that improvements are being achieved and a presence on the ground is maintained.

## 9.0 FINANCE – ANDREW SEDDON

### 9.1 INTRODUCTION

This section summarises the Month 4 financial position. As well as the following commentary, this report contains a number of key financial statements included within Appendix 5.

- 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 JULY 2013

9.2.1 The Trust is reporting a deficit at the end of July 2013 of £9.9m, which is approximately £8.6m adverse to the planned deficit of £1.3m. The position to date also reflects £5.0m of the contingency release recognised in the Month 4 result – consistent with the Annual Plan assumptions.

The in month position is a £3.0m deficit, £2.8m 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 £9.9m actual deficit, is that the FRR has fallen to 2.2.

**Table 1: Income & Expenditure Position**

	July 2013			April - July 2013		
	Plan £m	Actual £m	Var £m	Plan £m	Actual £m	Var £m
<b>Income</b>						
Patient income	57.9	59.3	1.4	210.8	213.0	2.2
Contingency Release	-	-	0.0	5.0	5.0	0.0
Teaching, R&D	7.1	6.8	(0.3)	26.2	26.1	(0.1)
Other operating Income	4.1	3.7	(0.3)	12.6	12.7	0.2
<b>Total Income</b>	<b>69.0</b>	<b>69.9</b>	<b>0.9</b>	<b>254.5</b>	<b>256.9</b>	<b>2.4</b>
<b>Operating expenditure</b>						
Pay	36.9	39.0	(2.1)	148.8	155.7	(6.9)
Non-pay	23.8	25.2	(1.5)	92.4	96.7	(4.4)
<b>Total Operating Expenditure</b>	<b>60.7</b>	<b>64.2</b>	<b>(3.5)</b>	<b>241.2</b>	<b>252.4</b>	<b>(11.2)</b>
<b>EBITDA</b>	<b>3.5</b>	<b>0.7</b>	<b>(2.8)</b>	<b>13.4</b>	<b>4.5</b>	<b>(8.9)</b>
Net interest	0.0	0.0	0.0	0.0	0.1	0.1
Depreciation	(2.7)	(2.7)	0.0	(10.8)	(10.6)	0.2
PDC dividend payable	(1.0)	(1.0)	0.0	(3.9)	(3.9)	0.0
<b>Net deficit</b>	<b>(0.2)</b>	<b>(3.0)</b>	<b>(2.8)</b>	<b>(1.3)</b>	<b>(9.9)</b>	<b>(8.6)</b>
<b>EBITDA %</b>		<b>1.0%</b>			<b>1.7%</b>	

The patient income line includes both NHS and non-NHS patient care income

**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
<b>Weighted Average</b>		<b>100%</b>						<b>2.2</b>	<b>3.3</b>

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

- **Patient care income £2.2m (1.0%)** favourable against Plan, mainly due to outpatients;
- **Pay costs, £6.9m (4.6%) adverse to Plan.** This represents an increase of £10.3m, (7.1%) above the same period last year (adjusted for transfer out of Facilities & IM&T pay costs)(including c £1.4m for pay award uplift);
- **Non pay costs, £4.4m (4.7%)** adverse to Plan;
- **CIP performance** of £1.3m adverse to Plan;
- Adverse variances across all Divisions.

The **Month 4 YTD position** may be analysed as follows.

### 9.3 INCOME

9.3.1 NHS patient care income is £2.7m (1.3%) above Plan year to date. The key areas are shown in the following table are:

- Elective IP activity 5% down on plan, resulting in a £195k adverse variance in value (0.8%);
- Emergency IP activity 3.5% up on plan, resulting in a £472k favourable variance in value (0.8%)
- Over-performance in outpatients, £1.4m (5.1%) and ED, £0.4m (6.8%)

**Table 3: Patient Care Activity**

Casemix	Plan to	Total	Variance	Variance	Plan to	Total	Variance	Variance
	Date	YTD	YTD	YTD		Date	YTD	YTD
	(Activity)	(Activity)	(Activity)	(Activity %)	(£000)	(£000)	(£000)	(%)
Day Case	27,044	27,761	717	2.65%	16,500	16,754	253	1.53%
Elective Inpatient	7,609	7,229	-380	-4.99%	23,505	23,310	-195	-0.83%
Emergency / Non-elective	31,287	32,381	1,094	3.50%	58,515	58,987	472	0.81%
Marginal Rate Emergency	0	0	0		-1,137	-1,137	0	0.00%
Outpatients	243,747	252,923	9,176	3.76%	27,593	29,010	1,416	5.13%
Emergency Department	52,737	56,032	3,295	6.25%	5,661	6,044	384	6.78%
Other	2,577,208	2,687,443	110,235	4.28%	82,742	83,147	405	0.49%
<b>Grand Total</b>	<b>2,939,632</b>	<b>3,063,770</b>	<b>124,137</b>	<b>4.22%</b>	<b>213,379</b>	<b>216,115</b>	<b>2,735</b>	<b>1.28%</b>

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 £2.7m Trust level over-performance is as a consequence of a volume (activity) related £3.1m favourable impact, lessened slightly by a small £0.4m 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)	2.7	(184)	437	253
Elective Inpatient	4.4	(5.0)	978	(1,173)	(195)
Emergency / Non-elective Inpatient	(2.6)	3.5	(1,575)	2,046	472
Marginal Rate Emergency Threshold (MRET)			0	0	0
Outpatient	1.3	3.8	378	1,039	1,416
Emergency Department	0.5	6.2	30	354	384
Other			0	405	405
<b>Grand Total</b>	<b>(2.8)</b>	<b>4.2</b>	<b>(373)</b>	<b>3,108</b>	<b>2,735</b>

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 £0.39m.

**Table 5 – Penalties & Fines**

Item	April £	May £	June £	July £
Ambulance Turnaround	0	0	0	0
Cancer 62 Day Target (Automatic)	0	0	0	0
Cancer 62 Day Target (RAP)	0	0	-50,000	0
ED Wait Times (Automatic)	-28,000	-28,000	-28,000	-28,000
ED Wait Times (RAP)	0	0	0	0
RTT (Automatic)	-48,256	-17,994	-66,700	0
RTT (RAP)	0	0	0	0
Stroke (RAP)	0	0	0	0
Other	-42,616	-16,500	-17,500	-17,000
<b>Total Penalties</b>	<b>-118,872</b>	<b>-62,494</b>	<b>-162,200</b>	<b>-45,000</b>

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 £11.2m above plan as at the end of July (4.6%).

9.4.2 The Divisions / CBUs have identified that a total of £8.8m CIP savings have been delivered year to date, representing a £1.3m adverse variance to the £10.1m Plan. £7.1m of these savings have been identified as being either pay or non pay related. 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 4 pay costs are £6.9m over budgeted plan. The table below illustrates how the 13/14 pay cost to date relates to the pay cost as at the same time last year, by adding on the impact of the 13/14 pay award, removing those pay costs that we are declaring as savings and then adding on additional costs that have been incurred to come back to what has actually been spent so far in 13/14.

**Table 6: Pay Costs 12/13 to 13/14**

Division	12/13		13/14		13/14		13/14	13/14			
	spend to M4 £000s	+	Pay award to M4 £000s	-	13/14 CIP to M4 £000s	+	Other movements to M4 £000s	=	13/14 spend to M4 £000s		
									13/14 Budget to M4 £000s	Variance as at M4 £000s	
Acute Care Division	54,710		529		-1,010		6,668		60,896	56,621	-4,275
Planned Care Division	46,700		450		-987		2,726		48,889	47,002	-1,887
Womens & Childrens Division	23,359		231		-64		1,129		24,655	24,696	41
Corporate Division	19,515		192		-1,123		-1,463		17,121	16,802	-319
Clinical Support Division	198		2		-19		-181		0		0
Research & Development	3,579		36		0		459		4,073	3,666	-407
Central Division	452		5		0		-464		-7		7
<b>Total Pay</b>	<b>148,513</b>		<b>1,444</b>		<b>-3,203</b>		<b>8,874</b>		<b>155,627</b>	<b>148,787</b>	<b>-6,840</b>

Average WTEs 10212.3 + - -114.2 + 190.8 = 10288.9

9.4.4 It can be seen that there has been a significant growth in pay costs across all three clinical Divisions when comparing April to July in 13/14 to the same period last year. The Divisional budgeted plans (including CIP deductions) were set at a cost lower than the same period last year after allowing for the 13/14 pay award, hence the resultant significant over-spend.

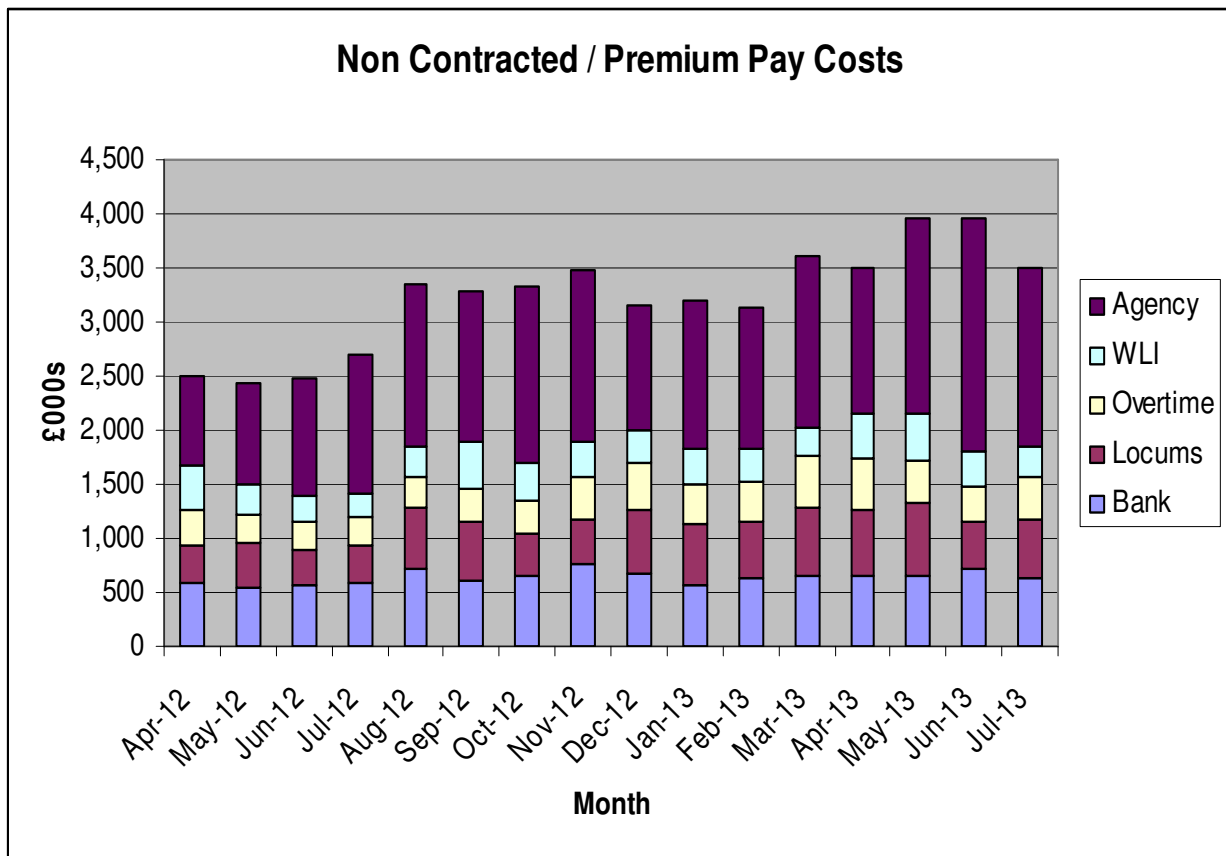
9.4.5 When viewed by staff group the most significant increases year on year are seen across nursing spend (especially agency usage) and consultants costs.

9.4.6 Analysis to date of the £6.9m 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 c 50% of patient care income variance and staffed at non premium rates);
- declared under-delivery on pay CIP schemes £0.9m;
- continued use of extra capacity wards (Fielding Johnson, Ward 1 LRI; Ward 2 LGH; Ward 19 LRI and Odames LRI) to meet the emergency activity levels. Premium spend has covered a significant amount of the staff costs in these areas. Nursing incentives are also being paid to bank and agency to increase the “fill rates”, although these are now restricted to the Emergency Care 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 & June, falling to £3.5m in July. Table 6 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	12/13 Q1	12/13 Q2	12/13 Q3	12/13 Q4	13/14 Q1	13/14 M4
Bank	1.50%	1.70%	1.80%	1.60%	1.70%	1.60%
Locums	1.00%	1.30%	1.20%	1.50%	1.50%	1.40%
Overtime	0.80%	0.80%	1.00%	1.10%	1.00%	1.00%
WLI	0.80%	0.80%	0.80%	0.80%	1.00%	0.80%
Agency	2.50%	3.70%	3.80%	3.60%	4.50%	4.20%
<b>Total</b>	<b>6.60%</b>	<b>8.20%</b>	<b>8.70%</b>	<b>8.50%</b>	<b>9.80%</b>	<b>9.00%</b>

9.4.7 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 3%, equivalent to an increase of 161 WTE since March 2012 (Table 6).

**Table 8 – Contracted WTE**

Staff Type	Movement July 13 - March 12		Contracted Staff	
	WTE	(%)	July 13 WTE	March 12 WTE
ADMIN & CLERICAL	(19)	(1.1)	1,768	1,787
ALLIED HEALTH PROFESSIONALS	(19)	(4.2)	438	458
CAREER GRADES	(1)	(2.0)	69	70
CONSULTANT	27	5.2	560	533
HEALTHCARE ASSISTANTS	17	7.8	234	217
HEALTHCARE SCIENTISTS	(22)	(3.0)	719	741
MAINTENANCE & WORKS	(1)	(21.5)	5	6
NURSING QUALIFIED	42	1.3	3,391	3,348
NURSING UNQUALIFIED	79	6.6	1,274	1,195
OTHER MEDICAL & DENTAL STAFF	(4)	(0.4)	895	899
OTHER SCIEN, THERAP & TECH	20	7.1	294	274
SENIOR MANAGERS	(31)	(18.4)	140	171
<b>TOTAL</b>	<b>87</b>	<b>0.9</b>	<b>9,786</b>	<b>9,699</b>
MEDICAL & NURSING	161	2.6	6,423	6,262
OTHER STAFF GROUPS	(74)	(2.1)	3,364	3,437
<b>TOTAL</b>	<b>87</b>	<b>0.9</b>	<b>9,786</b>	<b>9,699</b>

9.4.8 **NON PAY** - spend is now showing a YTD adverse position to Plan of £4.4m (4.8%) which is spread across all 4 Divisions. (Table 7 provides the breakdown by Division)

9.4.9 This is as a result of 4 main factors;

- declared under-delivery of non pay CIP schemes - **£0.6m**;
- activity related marginal costs e.g. keeping Ward 19 open - **£0.5m** (assuming that non pay marginal cost is c 20% of patient care income variance);
- patient care income backed costs such as NICE/HCT costs - **£0.6m** e.g. haemophilia patients, high cost devices in Acute and W&C;
- other cost pressures / over-stated non pay CIP delivery - **£2.7m** e.g. Consultancy, Imaging Van.

9.4.10 The Non-Pay Framework paper provides further details around the management, control, reporting and key metrics for non pay.

### **CIP Performance**

9.4.11 Reported performance against the 2013/14 Plan is showing an adverse position of £1.3m against the Plan of £10.1m – 87% delivery. The CBU and Divisional details are reflected in the appendices and further analysis is covered within the CIP paper.

9.4.12 In summary, assurance has been sought on the following at a Divisional and Corporate level:

- What process is being applied to make-up the gap?
- What assurance have we that substitute schemes can be found to support the CIP in the event of continued under delivery? If so, what are these schemes?
- What is the trajectory for getting back on track?

9.4.13 Recovery against the CIP trajectory is but part of the task to get back on to financial plan.

**Table 9: Divisional Finance Performance**

CBU	Patient Care Income			Other 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	Plan £'000	Actual £'000	Variance £'000
Acute Care Division	79,411	81,496	2,086	4,216	3,477	(739)	56,621	60,898	(4,277)	28,503	30,017	(1,514)	(1,497)	(5,941)	(4,444)
Planned Care Division	79,410	79,277	(133)	1,888	1,664	(224)	47,002	48,889	(1,887)	24,909	26,271	(1,362)	9,387	5,781	(3,606)
Women's & Children's Division	45,355	45,809	454	1,343	1,224	(118)	24,696	24,656	40	9,855	10,395	(540)	12,147	11,983	(164)
Corporate Division	3,522	3,738	216	16,592	16,997	405	20,468	21,212	(744)	29,117	30,146	(1,029)	(29,471)	(30,623)	(1,152)

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

9.4.15 The key factors by Division are:

### **Acute**

- **£2.09m 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 £0.35m;
  - outpatient over-performance of £0.64m, particularly in Cardiology & Specialty Medicine;
  - ED & ESRF over-performance of £0.7m and £0.12m respectively;
  - Cardiology IHTs being £0.7m lower than plan and;
  - HDU income being down on plan in Cardiology & Nephrology by £0.6m.
- **£4.3m adverse on Pay – due to:**
  - Nursing overspend including agency contributes £2.8m 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 (£365k); Ward 2 remaining open for DTOCs (£224k), use of bank and agency to reach 2012 agreed acuity levels (£883k), additional band 5 nurses on AMU to enable model (£155k) and cover for EPMA implementation of 2 nurses per shift (£105k);
  - Medical overspend including agency contributes £1.3m to the pay deficit and is a combination of Emergency CBU (CIP slippage of £237k), CRR (£271k) including locums to cover for vacancies in Cardiology and Respiratory, support of ED and additional wards £561k.
- **£1.5m adverse on Non Pay – due to:**
  - high cost devices in Cardiology £131k matching to High Cost Devices patient care income;
  - other cardiology consumables over-spend of £90k;
  - theatres over-spends in Thoracic and cardiac Surgery of £169k;
  - Renal non pay over-spend due in part to relocation of patients from Harbrough Lodge £161k;
  - Imaging non pay CIP slippage £267k;
  - Imaging Van hire of £106k;
  - Specialty Medicine security usage £157k;
  - ED drugs and consumables £116k.

## Planned Care

- **£0.1m adverse variance on Patient Care Income – due to:**
  - elective activity under-performing in all CBUs, particularly in MSK & GI Surgery (-£0.7m);
  - emergency activity over-performing by £0.2m;
  - outpatient over-performance (including procedures) of £0.6m across all CBUs;
  - shortfall in Critical Care income (-£0.4m).
- **£1.9m adverse variance on Pay – due to:**
  - unfunded waiting list initiative costs and use of agency staff.
- **£1.4m adverse variance on Non Pay – due to:**
  - haemophilia blood products £166k (offset in PCI);
  - stents and general consumables £472k;
  - drugs £332k;
  - BMT search costs £85k;
  - consultancy costs £43k (KM&T);
  - under performance on CIP plans £83k and;
  - unidentified CIP related to the Gastro ward transfer £109k.
  -

## Women's & Children's

- **£0.5m over-performance on Patient Care Income – due to:**
  - Critical Care bed days funding over plan by £0.5m;
  - outpatients and elective activity over plan by £0.5m £0.2m respectively;
  - offset by an under performance on non elective activity (births) – 339 spells and £0.7m 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 £79k;
  - costs of tests undertaken at other hospitals £42k.

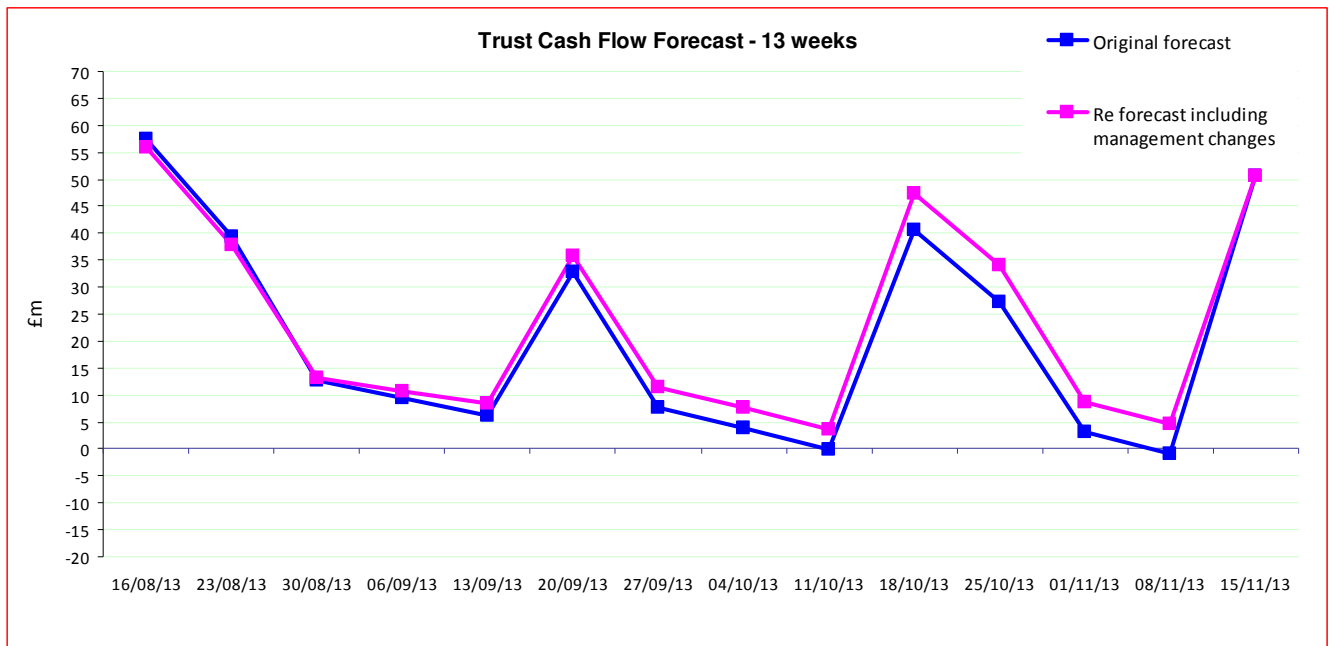
## Corporate

- **£0.6m over recovery on Patient Care and Other Income** particularly in Pathology (£0.2m Direct Access), Human Resources (£0.1m) and Research & Development £0.1m.
- **£0.7m adverse variance on Pay** mainly in Pathology (£0.3m) and Research & Development (£0.4m).
- **£1.0m adverse variance on Non Pay of £1.0m** mainly as a result of undelivered CIPs.



## 9.5 Cash

The Trust's cash balance was £15.3m at the end of July. In mid October and mid November the cash balance is forecast to fall below the £2m minimum allowable level that has been set by the Trust.



At this stage, the only action proposed is to manage the creditor payment runs around the in-month pressure points and at the end of each quarter.

A separate paper has been presented to the Committee on cash management which gives further detail on cash management actions.

## 9.6 Capital

The Trust has spent £5.9m of capital at the end of July 2013, approximately 67% of the YTD Plan.

Progress against the Capital Plan will be monitored via the Commercial Executive and actions taken as appropriate to ensure the £37.8m year end plan is achieved.

## 9.7 Conclusion

The Trust has reported to the TDA that we are £9.9m adverse to our planned £1.3m 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 of the quality of patient care.

Following the Divisional Confirm & Challenge meetings the Divisions have been asked for their recovery actions and reflect these in a revised forecast position. These are to be presented to the Executive Performance Board on the 27 August.

## 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 - February '13 - July '13**

		Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	JULY SCORE BREAKDOWN				
								Total Responses	Promoters	Passives	Detractors	Score
<b>GLENFIELD HOSPITAL</b>	GH WD 15	67	80	55	-	100	91	22	20	2	0	91
	GH WD 16 Respiratory Unit	93	76	88	69	74	80	25	20	5	0	80
	GH WD 20	56	67	-	73	61	77	35	27	8	0	77
	GH WD 23A	93	-	65	76	100	83	24	20	4	0	83
	GH WD 24	90	81	75	87	94	100	21	21	0	0	100
	GH WD 27	79	42	-	-	66	45	20	9	11	0	45
	GH WD 28	86	85	79	85	88	89	19	17	2	0	89
	GH WD 29	-	-	-10	42	21	96	23	22	1	0	96
	GH WD 31	93	100	-	79	79	86	37	32	5	0	86
	GH WD 32	50	91	74	85	83	81	31	26	4	1	81
	GH WD 33	50	75	85	84	79	81	59	49	9	1	81
	GH WD 33A	77	77	68	94	86	80	20	16	4	0	80
	GH WD Coronary Care Unit	72	90	84	86	90	98	42	41	1	0	98
	GH WD Clinical Decisions Unit	62	43	48	75	65	49	61	36	16	7	49
GH WD 24	90	81	75	87	94	100	21	21	0	0	100	

**FRIENDS AND FAMILY TEST - February '13 - July '13**

		Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	JULY SCORE BREAKDOWN				
								Total Responses	Promoters	Passives	Detractors	Score
<b>LEICESTER GENERAL HOSPITAL</b>	LGH WD 10	71	0	100	48	60	80	10	8	2	0	80
	LGH WD 14	82	80	77	71	83	70	54	39	14	1	70
	LGH WD 16	59	68	67	88	95	75	16	13	2	1	75
	LGH WD 17 Transplant	68	100	75	92	84	81	21	17	4	0	81
	LGH WD 19	67	67	79	63	59	66	47	33	12	2	66
	LGH WD 22	21	25	42	95	45	42	20	10	7	2	42
	LGH WD 23	-	-	-	-	53	41	39	20	15	4	41
	LGH WD 26 SAU	60	100	0	45	52	65	41	28	10	2	65
	LGH WD 27	67	42	83	89	57	0	8	1	6	1	0
	LGH WD 28 Urology	0	33	45	22	55	31	26	13	8	5	31
	LGH WD 31	86	54	-	90	79	84	49	41	8	0	84
	LGH WD 29 EMU Urology	-13	70	-30	54	50	35	84	40	32	11	35
	LGH WD Brain Injury Unit	-	-	-	-	-	100	1	1	0	0	100
	LGH WD 2	-	-	-	-	-	25	16	5	10	1	25
LGH WD 3	-	-	-	-	-	67	10	6	3	0	67	

\*\* Data for this ward is not available this month due to changes in the process for data collection

**FRIENDS AND FAMILY TEST - February '13 - July '13**

		Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	JULY SCORE BREAKDOWN				
								Total Responses	Promoters	Passives	Detractors	Score
<b>LEICESTER ROYAL INFIRMARY</b>	LRI WD 7 Bal L3	70	70	65	73	70	71	28	21	6	1	71
	LRI WD 17 Bal L5	36	-	0	57	-9	0	3	1	1	1	0
	LRI WD 18 Bal L5	46	59	64	63	-	47	34	18	14	2	47
	LRI WD 19 Bal L6	100	61	44	60	5	43	14	8	4	2	43
	LRI WD 22 Bal 6	58	16	38	52	48	64	22	15	6	1	64
	LRI WD 23 Win L3	63	75	85	95	83	65	20	13	7	0	65
	LRI WD 24 Win L3	67	31	58	67	47	29	21	10	7	4	29
	LRI WD 25 Win L3	87	100	95	95	60	75	20	15	5	0	75
	LRI WD 26 Win L3	69	91	92	75	58	80	25	20	5	0	80
	LRI WD 27A Teen & Young Adults	83	50	60	100	0	75	4	3	1	0	75
	LRI WD 29 Win L4	73	58	61	100	65	55	20	13	5	2	55
	LRI WD 30 Win L4	50	52	82	88	-	88	17	15	2	0	88
	LRI WD 31 Win L5	80	-	-	70	48	64	25	16	9	0	64
	LRI WD 32 Win L5	33	-	86	73	43	23	13	3	10	0	23
	LRI WD 33 Win L5	20	43	71	67	58	77	30	23	7	0	77
	LRI WD 34 Windsor Level 5	-	65	80	70	-	80	20	16	4	0	80
	LRI WD 36 Win L6	50	20	20	61	0	50	16	10	4	2	50
	LRI WD 37 Win L6	22	38	68	86	90	86	21	18	3	0	86
	LRI WD 38 Win L6	40	19	94	100	100	87	25	20	3	0	87
	LRI WD 39 Osb L1	71	56	70	89	88	87	30	26	4	0	87
LRI WD 40 Osb L1	32	79	88	89	81	77	22	17	5	0	77	
LRI WD 41 Osb L2	60	27	42	50	47	55	20	13	5	2	55	

**FRIENDS AND FAMILY TEST - February '13 - July '13**

		Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	JULY SCORE BREAKDOWN				
								Total Responses	Promoters	Passives	Detractors	Score
<b>LEICESTER ROYAL INFIRMARY</b>	LRI WD Bone Marrow	33	0	100	88	0	100	3	3	0	0	100
	LRI WD Fielding John Vic L1	0	-	-	-	60	71	21	15	6	0	71
	LRI WD GAU Ken L1	50	59	-	65	70	46	35	19	13	3	46
	LRI WD IDU Infectious Diseases	73	73	65	67	69	80	20	17	2	1	80
	LRI WD Kinmonth Unit Bal L3	59	69	65	68	80	70	27	20	6	1	70
	LRI WD Osborne Assess Unit	65	74	68	88	88	68	31	22	8	1	68
	Ward RRAU	-	-	40	33	31	43	43	22	16	4	43
	LRI WD 8 SAU Bal L3	18	42	35	51	70	49	43	23	15	3	49
	Ward RSSA	-	-	52	88	58	42	38	19	16	3	42

\*\* Data for these wards is not available this month due to changes in the process for data collection

**FRIENDS AND FAMILY TEST - February '13 - July '13**

								JULY SCORE BREAKDOWN				
		Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Total Responses	Promoters	Passives	Detractors	Score
<b>EMERGENCY DEPARTMENT</b>	ED - Majors	-	-	35	45	42	50	183	107	58	16	50
	ED - Minors	-	-	38	37	64	60	432	286	115	28	60
	ED - (not stated)	-	-	64	60	60	63	43	31	8	4	63
	Eye Casualty	-	-	65	75	70	55	210	124	72	10	55

Cost centre	Cost centre description	No. of beds	Per finance ledger			Budgeted Nurse to bed ratio	Actual Nurse to bed ratio	Accuity ward type	June 13 RAG Rating	May 13 RAG Rating	Budgeted Qualified %age	Budgeted Unqualified %age
			Actual worked WTEs(per finance ledger)	Including bank wtes	Including agency wtes							
C20	Ward 15	30	38.29	1.78	0.53	1.27	1.28	Base			60.4%	39.6%
C21	Ward 16	30	39.60	5.26	0.62	1.20	1.32	Base			63.4%	36.6%
C23	Ward 17 - Respiratory	30	38.19	4.04	1.87	1.25	1.27	Base			73.0%	27.0%
C24	Ward 27	27	31.27	1.13	0.09	1.15	1.16	Base			61.9%	38.1%
C27	Coronary Care Unit - Ggh	19	48.73	0.12	0.22	2.75	2.56	Specialist			75.6%	24.4%
C29	Clin Dec. Unit - Ward 19 Ggh	25	86.18	3.29	0.56	3.83	3.45	Specialist			62.9%	37.1%
C30	Ward 28 - Cardio	31	38.00	8.75	0.07	1.10	1.23	Base			60.0%	40.0%
C31	Ward 33	29	31.45	0.58	0.13	1.16	1.10	Base			70.1%	29.9%
C32	Ward 32	17	18.40	1.01	0.58	1.17	1.10	Base			74.8%	25.2%
C33	Ward 33a	20	25.37	1.58	0.45	1.30	1.27	Base			64.3%	35.7%
C35	Ward 31	34	38.29	3.70	0.12	1.29	1.13	Base			76.9%	23.1%
C38	Ward 26	15	28.44	0.70	0.00	2.05	1.90	Specialist			76.5%	23.5%
C48	Ward 23a	17	24.14	1.06	2.05	1.34	1.42	Specialist			63.2%	36.8%
C99	Ward 29 - Resp	25	30.12	10.00	0.07	1.20	1.20	Base			61.3%	38.7%
S04	Ward 15 High Dependency	9	24.80	1.20	0.09	3.07	2.76	HDU			85.9%	14.1%
S05	Ward 15 Nephrology	18	27.57	1.55	0.00	1.76	1.53	Specialist			63.1%	36.9%
S21	Ward 10 Capd	18	37.24	0.34	0.00	2.15	2.07	Specialist			60.9%	39.1%
S64	Ward 17 - Capd	14	20.53	0.54	0.00	1.40	1.47	Specialist			70.5%	29.5%
N15	Admissions Unit (15/16) Lri	56	118.49	8.14	22.13	2.13	2.12	Specialist			53.2%	46.8%
N44	Emergency Decisions Unit Lri	16	22.23	0.00	6.58	1.76	1.39	Specialist			66.8%	33.2%
N24	Ward 24 Lri	27	34.25	1.07	1.45	1.42	1.27	Base			60.0%	40.0%
N26	Ward 36 Lri	28	36.36	4.41	8.47	1.35	1.30	Base			60.0%	40.0%
N31	Ward 31 Lri - Med	30	39.53	1.73	1.04	1.43	1.32	Base			60.0%	40.0%
N33	Ward 37 Lri	28	33.25	4.69	3.90	1.48	1.19	Base			60.0%	40.0%
N36	Ward 23 Lri	28	35.14	4.73	1.97	1.31	1.26	Base			59.6%	40.4%
N38	Ward 38 Lri	28	38.62	2.19	2.82	1.33	1.38	Base			60.0%	40.0%
N39	Infectious Diseases Unit	18	25.43	2.50	2.36	1.29	1.40	Base			60.0%	40.0%
N51	Ward 19 Lri	30	33.35	1.66	1.03	1.40	1.11	Specialist			60.0%	40.0%
N52	Ward 2 Lgh	21	31.11	0.02	31.09	1.48	1.48	Specialist			60.0%	40.0%
N56	Ward 8 Lgh	15	27.16	3.86	0.49	1.62	1.81	Specialist			60.0%	40.0%



APPENDIX 2 - NURSE TO BED RATIOS - JUNE 2013

Cost centre	Cost centre description	No. of beds	Per finance ledger			Budgeted Nurse to bed ratio	Actual Nurse to bed ratio	Accuity ward type	June 13 RAG Rating	May 13 RAG Rating	Budgeted Qualified %age	Budgeted Unqualified %age
			Actual worked WTEs(per finance ledger)	Including bank wtes	Including agency wtes							
N57	Stroke Unit - Ward 25 & 26 Lri	36	62.21	2.60	13.54	1.67	1.73	Specialist			62.3%	37.7%
N60	Ydu Wakerley Lodge Lgh	8	21.38	0.29	2.70	2.40	2.67	Base			60.0%	40.0%
N61	Brain Injury Unit Lgh	7	19.21	1.13	0.58	3.21	2.74	Specialist			60.0%	40.0%
N84	Fielding Johnson - Medicine	20	32.52	11.16	10.05	1.62	1.82	Base			60.0%	40.0%
N92	Ward 34 Lri	26	40.27	2.58	5.72	1.29	1.55	Base			60.0%	40.0%
N99	Ward 33 Lri	24	57.57	13.88	8.65	2.38	2.58	Specialist			69.9%	30.1%
B01	Onc Ward East	19	21.35	0.38	0.00	1.21	1.12	Base			65.8%	34.2%
B02	Osbourne Assessment Unit	6	9.00	0.00	0.00	1.64	1.50	Specialist			67.0%	33.0%
B06	Onc Ward West	19	22.65	1.04	0.50	1.19	1.19	Base			72.5%	27.5%
B21	Haem Ward	22	33.93	0.74	4.13	1.37	1.54	Specialist			71.5%	28.5%
B24	Bmtu	5	14.30	1.09	0.00	3.04	2.86	Specialist			96.7%	3.3%
N29	Ward 29 Lri	28	34.51	0.27	2.15	1.22	1.23	Base			60.0%	40.0%
N30	Ward 30 Lri	30	36.50	6.81	1.24	1.07	1.22	Base			60.0%	40.0%
S75	Ward 26 Lgh	25	36.42	12.37	1.94	1.07	1.46	Base			65.7%	34.3%
W63	Sau - Lri	30	37.33	1.96	0.35	1.33	1.24	Base			56.3%	43.7%
W64	Ward 22 - Lri	30	36.49	0.62	0.00	1.19	1.22	Base			63.3%	36.7%
W69	Ward 27 - Lgh	20	33.15	23.11	0.50	0.69	1.66	Base			62.1%	37.9%
W70	Ward 29 - Lgh	27	34.69	0.00	0.00	1.43	1.28	Base			58.1%	41.9%
W71	Ward 22 - Lgh	20	24.66	0.41	0.00	1.31	1.23	Base			61.8%	38.2%
W72	Ward 28 - Lgh	25	32.43	0.59	0.00	1.34	1.30	Base			62.4%	37.6%
W73	Ward 20 - Lgh	20	22.59	1.19	0.00	1.24	1.13	Specialist			60.8%	39.2%
W74	Sacu - Lgh	6	15.85	0.21	0.00	2.71	2.64	Specialist			68.5%	31.5%
C60	Itu Gh	19	110.50	0.00	0.00	6.93	5.82	ITU			92.7%	7.3%
A10	Itu Lri	15	90.23	0.16	1.71	7.57	6.02	ITU			90.3%	9.7%
A11	Itu Lgh	8	55.09	0.08	0.00	7.46	6.89	ITU			95.2%	4.8%
Y13	Ward 17 Lri	30	37.76	0.57	0.00	1.30	1.26	Base			58.0%	42.0%
Y14	Ward 18 Lri	30	38.40	0.90	0.20	1.27	1.28	Base			55.8%	44.2%
Y16	Ward 32 Lri	24	39.44	3.15	1.00	1.62	1.64	Specialist			56.9%	43.1%
Y22	Ward 19 Lgh	24	26.29	1.40	0.00	1.10	1.10	Base			60.2%	39.8%
Y24	Ward 14 Lgh	20	20.55	0.06	0.00	1.19	1.10	Base			67.2%	32.8%

APPENDIX 2 - NURSE TO BED RATIOS - JUNE 2013

Cost centre	Cost centre description	No. of beds	Per finance ledger			Budgeted Nurse to bed ratio	Actual Nurse to bed ratio	Accuity ward type	June 13 RAG Rating	May 13 RAG Rating	Budgeted Qualified %age	Budgeted Unqualified %age
			Actual worked WTEs(per finance ledger)	Including bank wtes	Including agency wtes							
W13	Ward 7 - Lri	29	38.74	11.47	0.50	1.03	1.34	Base			58.2%	41.8%
W23	Kinmouth Unit	14	24.14	2.05	0.00	1.81	1.72	Specialist			65.7%	34.3%
W43	Ward 21 - Lri	28	30.13	1.20	1.30	1.20	1.10	Base			61.5%	38.5%
W79	Ward 23 - Ggh	14	16.64	0.00	0.00	1.13	1.19	Base			67.1%	32.9%
C41	Childrens Ward 30	13	14.09	0.00	0.00	1.32	1.10	Base			84.6%	15.4%
C61	Paediatric Itu	6	38.17	0.07	0.00	6.78	6.36	ITU			100.0%	0.0%
D11	Ward 11	12	24.74	0.00	0.00	2.33	2.06	ITU			64.6%	35.4%
D12	Ward 12	5	20.49	0.14	0.00	5.40	4.10	Specialist			86.7%	13.3%
D13	Children'S Intensive Care Unit	6	38.18	0.00	0.00	6.30	6.36	ITU			94.4%	5.6%
D14	Children'S Admissions Unit	9	23.74	0.07	0.00	2.51	2.64	Specialist			63.9%	36.1%
D17	Ward 27 - Childrens	9	23.17	0.07	0.00	2.55	2.57	Specialist			86.3%	13.7%
D40	Ward 28 - Childrens	14	19.17	0.64	0.00	1.83	1.37	Specialist			73.2%	26.8%
D41	Ward 10	14	19.68	0.00	0.00	1.74	1.41	Specialist			65.2%	34.8%
D51	Ward 14	19	26.70	0.00	0.00	1.47	1.41	Specialist			70.4%	29.6%
X10	Neo-Natal Unit (Lri)	24	89.37	0.00	0.00	3.79	3.72	Specialist			86.4%	13.6%
X13	N.I.C.U. (Lgh)	12	27.98	0.00	0.00	2.72	2.33	HDU			64.3%	35.7%
X34	Ward 5 Obstetrics (Lri)	26	41.25	0.00	0.00	1.53	1.59	Specialist			59.5%	40.5%
X35	Ward 6 Obstetrics (Lri)	26	41.40	0.00	0.00	1.64	1.59	Specialist			63.0%	37.0%
X37	Lgh Delivery Suite & Ward 30	32	102.99	0.00	0.00	3.53	3.22	HDU			76.2%	23.8%
X51	Gau	20	24.78	0.21	0.00	1.45	1.24	Base			67.1%	32.9%
X57	Lgh Ward 31 Gynae	21	27.04	0.08	0.00	1.33	1.29	Base			59.7%	40.3%

## Income and Expenditure Account for the Period Ended 31 July 2013

	July 2013			April 2013 - July 2013		
	Plan	Actual	Variance	Plan	Actual	Variance
	£ 000	£ 000	(Adv) / Fav £ 000	£ 000	£ 000	(Adv) / Fav £ 000
Elective	6,506	6,434	(73)	23,505	23,310	(195)
Day Case	4,465	4,558	93	16,500	16,754	253
Emergency	14,155	15,196	1,041	57,378	57,850	472
Outpatient	7,774	7,540	(234)	27,593	29,010	1,416
Contingency Release	0	0	0	5,000	5,000	0
Other	19,408	20,098	690	83,403	84,191	789
<b>Patient Care Income</b>	<b>52,308</b>	<b>53,825</b>	<b>1,517</b>	<b>213,379</b>	<b>216,115</b>	<b>2,735</b>
Teaching, R&D income	7,076	6,877	(199)	26,179	26,127	(52)
Non NHS Patient Care	613	475	(138)	2,396	1,897	(499)
Other operating Income	4,063	3,730	(333)	12,564	12,740	176
<b>Total Income</b>	<b>64,060</b>	<b>64,907</b>	<b>847</b>	<b>254,518</b>	<b>256,879</b>	<b>2,360</b>
<b>Pay Expenditure</b>	<b>36,878</b>	<b>38,991</b>	<b>(2,113)</b>	<b>148,787</b>	<b>155,656</b>	<b>(6,869)</b>
<b>Non Pay Expenditure</b>	<b>23,773</b>	<b>25,241</b>	<b>(1,468)</b>	<b>92,374</b>	<b>96,732</b>	<b>(4,358)</b>
<b>Total Operating Expenditure</b>	<b>60,651</b>	<b>64,232</b>	<b>(3,581)</b>	<b>241,161</b>	<b>252,388</b>	<b>(11,227)</b>
<b>EBITDA</b>	<b>3,409</b>	<b>675</b>	<b>(2,734)</b>	<b>13,357</b>	<b>4,491</b>	<b>(8,867)</b>
Interest Receivable	6	7	1	27	110	83
Interest Payable	(5)	5	10	(20)	(16)	4
Depreciation & Amortisation	(2,707)	(2,703)	4	(10,827)	(10,623)	204
<b>Surplus / (Deficit) Before Dividend and Disposal of Fixed Assets</b>	<b>703</b>	<b>(2,016)</b>	<b>15</b>	<b>2,537</b>	<b>(6,038)</b>	<b>(8,576)</b>
Dividend Payable on PDC	(964)	(963)	1	(3,856)	(3,855)	1
<b>Net Surplus / (Deficit)</b>	<b>(261)</b>	<b>(2,979)</b>	<b>16</b>	<b>(1,319)</b>	<b>(9,893)</b>	<b>(8,575)</b>
<b>EBITDA MARGIN</b>		<b>1.04%</b>			<b>1.75%</b>	

## Contract Performance

### Summary by Point of Delivery of Patient Related Income - July 2013

Case mix	Annual Plan (Activity)	Plan to Date (Activity)	Total YTD (Activity)	Variance YTD (Activity)	Variance YTD (Activity %)	Annual Plan (£000)	Plan to Date (£000)	Total YTD (£000)	Variance YTD (£000)	Variance YTD (Activity %)
Day Case	80,497	27,044	27,761	717	2.65	49,448	16,500	16,754	253	1.54
Elective Inpatient	22,647	7,609	7,229	(380)	(4.99)	70,522	23,505	23,310	(195)	(0.83)
Emergency / Non-elective Inpatient	94,172	31,287	32,381	1,094	3.50	176,337	58,515	58,987	472	0.81
Marginal Rate Emergency Threshold (MRET)	0	0	0	0	0.00	(3,402)	(1,137)	(1,137)	0	0.00
Outpatient	728,240	243,747	252,923	9,176	3.76	82,832	27,593	29,010	1,416	5.13
Emergency Department	157,780	52,737	56,032	3,295	6.25	16,936	5,661	6,044	384	6.78
Other	7,730,136	2,577,208	2,687,443	110,235	4.28	233,316	77,742	78,147	405	0.52
<b>Grand Total</b>	<b>8,813,472</b>	<b>2,939,632</b>	<b>3,063,770</b>	<b>124,137</b>	<b>4.22</b>	<b>625,989</b>	<b>208,379</b>	<b>211,115</b>	<b>2,735</b>	<b>1.31</b>

Average tariff	Annual Plan £ / episode	Plan to Date £ / episode	Total YTD £ / episode	Variance YTD £ / episode	Price Variance YTD %	Volume Variance YTD %	Price / Mix Variance (£000)	Volume Variance (£000)	Variance YTD (£000)
Day Case	£614	£610	£603	-£7	(1.1)	2.7	(184)	437	253
Elective Inpatient	£3,114	£3,089	£3,225	£135	4.4	(5.0)	978	(1,173)	(195)
Emergency / Non-elective Inpatient	£1,873	£1,870	£1,822	-£49	(2.6)	3.5	(1,575)	2,046	472
Marginal Rate Emergency Threshold (MRET)							0	0	0
Outpatient	£114	£113	£115	£1	1.3	3.8	378	1,039	1,416
Emergency Department	£107	£107	£108	£1	0.5	6.2	30	354	384
Other							0	405	405
<b>Grand Total</b>	<b>£71</b>	<b>£71</b>	<b>£69</b>	<b>-£2</b>	<b>(2.8)</b>	<b>4.2</b>	<b>(373)</b>	<b>3,108</b>	<b>2,735</b>

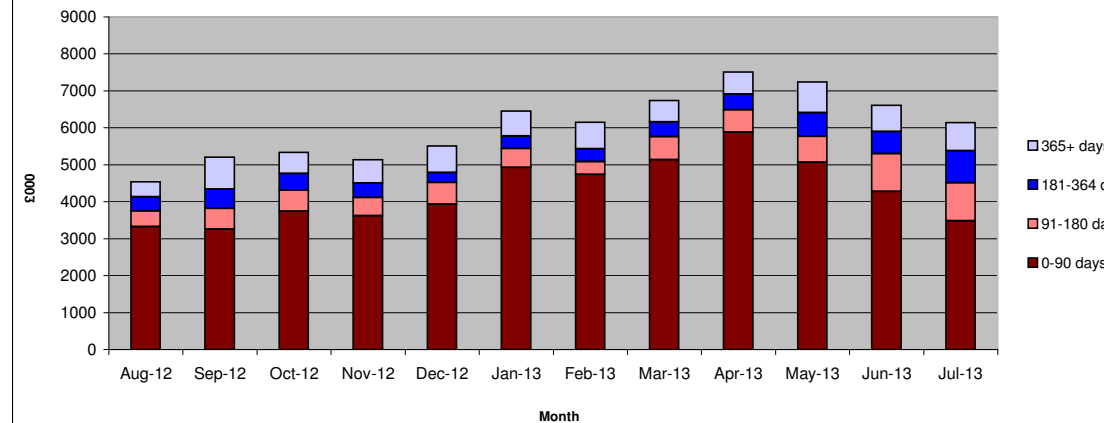
## Balance Sheet

	Mar-13 £000's Actual	Apr-13 £000's Actual	May-13 £000's Actual	Jun-13 £000's Actual	Jul-13 £000's Actual
<b>BALANCE SHEET</b>					
<b>Non Current Assets</b>					
Intangible assets	5,318	5,160	5,012	4,940	4,795
Property, plant and equipment	354,680	353,855	353,723	352,327	352,803
Trade and other receivables	3,125	3,183	3,181	3,252	3,302
<b>TOTAL NON CURRENT ASSETS</b>	<b>363,123</b>	<b>362,198</b>	<b>361,916</b>	<b>360,519</b>	<b>360,900</b>
<b>Current Assets</b>					
Inventories	13,064	13,869	13,257	13,778	13,861
Trade and other receivables	44,616	42,408	42,628	35,756	40,713
Other Assets	40	40	40	40	40
Cash and cash equivalents	19,986	19,957	14,257	19,129	15,343
<b>TOTAL CURRENT ASSETS</b>	<b>77,706</b>	<b>76,274</b>	<b>70,182</b>	<b>68,703</b>	<b>69,957</b>
<b>Current Liabilities</b>					
Trade and other payables	(75,559)	(73,056)	(67,971)	(68,079)	(71,026)
Dividend payable	0	(964)	(1,928)	(2,892)	(3,856)
Borrowings	(2,726)	(2,800)	(2,800)	(2,800)	(2,800)
Provisions for liabilities and charges	(1,906)	(1,906)	(1,906)	(1,906)	(1,906)
<b>TOTAL CURRENT LIABILITIES</b>	<b>(80,191)</b>	<b>(78,726)</b>	<b>(74,605)</b>	<b>(75,677)</b>	<b>(79,588)</b>
<b>NET CURRENT ASSETS (LIABILITIES)</b>	<b>(2,485)</b>	<b>(2,452)</b>	<b>(4,423)</b>	<b>(6,974)</b>	<b>(9,631)</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>360,638</b>	<b>359,746</b>	<b>357,493</b>	<b>353,545</b>	<b>351,269</b>
<b>Non Current Liabilities</b>					
Borrowings	(10,906)	(10,958)	(11,190)	(10,809)	(11,522)
Other Liabilities	0	0	0	0	0
Provisions for liabilities and charges	(2,407)	(2,454)	(2,488)	(2,404)	(2,315)
<b>TOTAL NON CURRENT LIABILITIES</b>	<b>(13,313)</b>	<b>(13,412)</b>	<b>(13,678)</b>	<b>(13,213)</b>	<b>(13,837)</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>347,325</b>	<b>346,334</b>	<b>343,815</b>	<b>340,332</b>	<b>337,432</b>
Public dividend capital	277,733	277,733	277,733	277,733	277,733
Revaluation reserve	64,628	64,626	64,628	64,632	64,632
Retained earnings	4,960	3,975	1,454	(2,033)	(4,933)
<b>TOTAL TAXPAYERS EQUITY</b>	<b>347,325</b>	<b>346,334</b>	<b>343,815</b>	<b>340,332</b>	<b>337,432</b>

## KEY ISSUES:

Cash has decreased as a result of an increase in outstanding receivables.

### Twelve Month Debtors Aged Profile - Non NHS Debt



Type of Debtors	0-90 days	91-180 days	181-365 days	365+ Days	TOTAL
	£000s	£000s	£000s	£000s	£000s
NHS Sales ledger	4,196	2,757	119	(94)	6,978
Non NHS sales ledger by division:					
Corporate & Central	1,700	393	122	132	2,347
Planned Care Division	292	152	104	313	861
Women's and Children's Division	275	113	480	169	1,037
Acute Care Division	1,212	373	164	144	1,893
Total Non-NHS sales ledger	3,479	1,031	870	758	6,138
<b>Total Sales Ledger</b>	<b>7,675</b>	<b>3,788</b>	<b>989</b>	<b>664</b>	<b>13,116</b>
<b>Other Debtors</b>					
WIP					4,867
SLA Phasing & Performance					1,817
Bad debt provision					(1,247)
VAT - net					1,616
Other receivables and assets					20,584
<b>TOTAL</b>					<b>40,753</b>

## Accounts receivable metrics:

Invoice cycle time	Jul - 13	Jun - 13	Non-NHS days sales outstanding (DSO)			
	Days	Days	Jul - 13	YTD Jun - 13	Jul - 13	YTD Days
Req date to invoice raised	28.5	26.2	DSO (all debt)	57.5	58.7	
Service to invoice raised	36.2	36.0	DSO (In year debt)	37.0	36.3	

Cash Flow for the period ended 31st July			
	2013/14 Apr - Jul Plan £ 000	2013/14 Apr - Jul Actual £ 000	2013/14 Apr - Jul Variance £ 000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Operating surplus before Depreciation and Amortisation	14,410	4,491	(9,919)
Donated assets received credited to revenue and non cash	(400)	(250)	150
Interest paid	(280)	(282)	(2)
Movements in Working Capital:			
- Inventories (Inc)/Dec	(139)	(797)	(658)
- Trade and Other Receivables (Inc)/Dec	1,432	3,726	2,294
- Trade and Other Payables Inc/(Dec)	688	543	(145)
- Provisions Inc/(Dec)	-	(92)	(92)
PDC Dividends paid	-	-	-
Other non-cash movements	-	-	-
<b>Net Cash Inflow / (Outflow) from Operating Activities</b>	<b>15,711</b>	<b>7,339</b>	<b>(8,372)</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Interest Received	21	27	6
Payments for Property, Plant and Equipment	(10,500)	(10,337)	163
Capital element of finance leases	(1,544)	(1,672)	(128)
<b>Net Cash Inflow / (Outflow) from Investing Activities</b>	<b>(12,023)</b>	<b>(11,982)</b>	<b>41</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
New PDC	-	-	-
Other Capital Receipts	-	-	-
<b>Net Cash Inflow / (Outflow) from Financing</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Opening cash</b>	<b>18,200</b>	<b>19,986</b>	<b>1,786</b>
<b>Increase / (Decrease) in Cash</b>	<b>3,688</b>	<b>(4,643)</b>	<b>(8,331)</b>
<b>Closing cash</b>	<b>21,888</b>	<b>15,343</b>	<b>(6,545)</b>

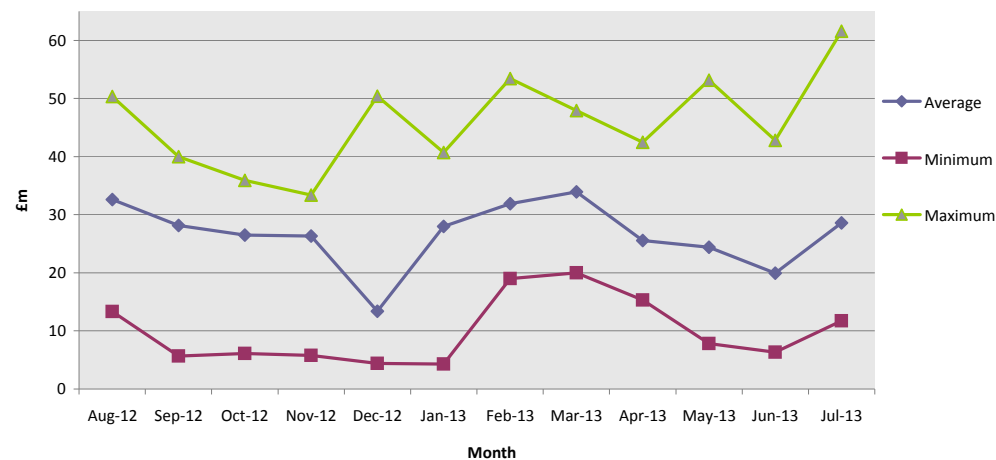
Rolling 12 month cashflow forecast - August 2013 to July 2014											
2013/14 August Forecast £ 000	2013/14 September Forecast £ 000	2013/14 October Forecast £ 000	2013/14 November Forecast £ 000	2013/14 December Forecast £ 000	2013/14 January Forecast £ 000	2013/14 February Forecast £ 000	2013/14 March Forecast £ 000	2014-15 April Forecast £ 000	2014-15 May Forecast £ 000	2014-15 June Forecast £ 000	2014-15 July Forecast £ 000
5,321	2,810	6,199	4,566	2,648	5,321	1,279	3,366	2,098	5,468	2,098	5,468
(25)	(25)	(25)	(25)	(25)	(25)	(25)	(26)	(26)	(26)	(26)	(26)
(76)	(76)	(77)	(77)	(77)	(77)	(79)	(78)	(82)	(82)	(81)	(81)
-	-	-	-	-	-	-	-	-	-	-	-
34	67	14	50	65	20	74	2,937	(2,869)	(10)	41	9
(65)	(65)	(65)	(65)	(65)	(65)	(65)	(64)	(83)	(83)	(83)	(83)
(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)
-	(5,615)	-	-	-	-	-	(5,619)	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	(21)
<b>5,180</b>	<b>(2,912)</b>	<b>6,038</b>	<b>4,440</b>	<b>2,537</b>	<b>5,166</b>	<b>1,176</b>	<b>508</b>	<b>(970)</b>	<b>5,259</b>	<b>1,941</b>	<b>5,258</b>
7	7	6	7	8	8	8	8	6	6	6	6
(2,250)	(2,251)	(2,250)	(2,251)	(2,251)	(2,252)	(2,251)	(2,262)	(2,294)	(2,295)	(2,294)	(2,295)
(382)	(382)	(382)	(382)	(382)	(382)	(382)	(384)	(391)	(391)	(391)	(391)
<b>(2,625)</b>	<b>(2,626)</b>	<b>(2,626)</b>	<b>(2,626)</b>	<b>(2,625)</b>	<b>(2,626)</b>	<b>(2,625)</b>	<b>(2,638)</b>	<b>(2,679)</b>	<b>(2,680)</b>	<b>(2,679)</b>	<b>(2,680)</b>
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-
<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
18,382	20,938	15,399	18,811	20,626	20,538	23,078	21,629	19,499	15,850	18,429	17,691
2,555	(5,539)	3,412	1,814	(88)	2,540	(1,449)	(2,130)	(3,649)	2,579	(738)	2,578
<b>20,938</b>	<b>15,399</b>	<b>18,812</b>	<b>20,626</b>	<b>20,538</b>	<b>23,078</b>	<b>21,629</b>	<b>19,499</b>	<b>15,850</b>	<b>18,429</b>	<b>17,691</b>	<b>20,269</b>

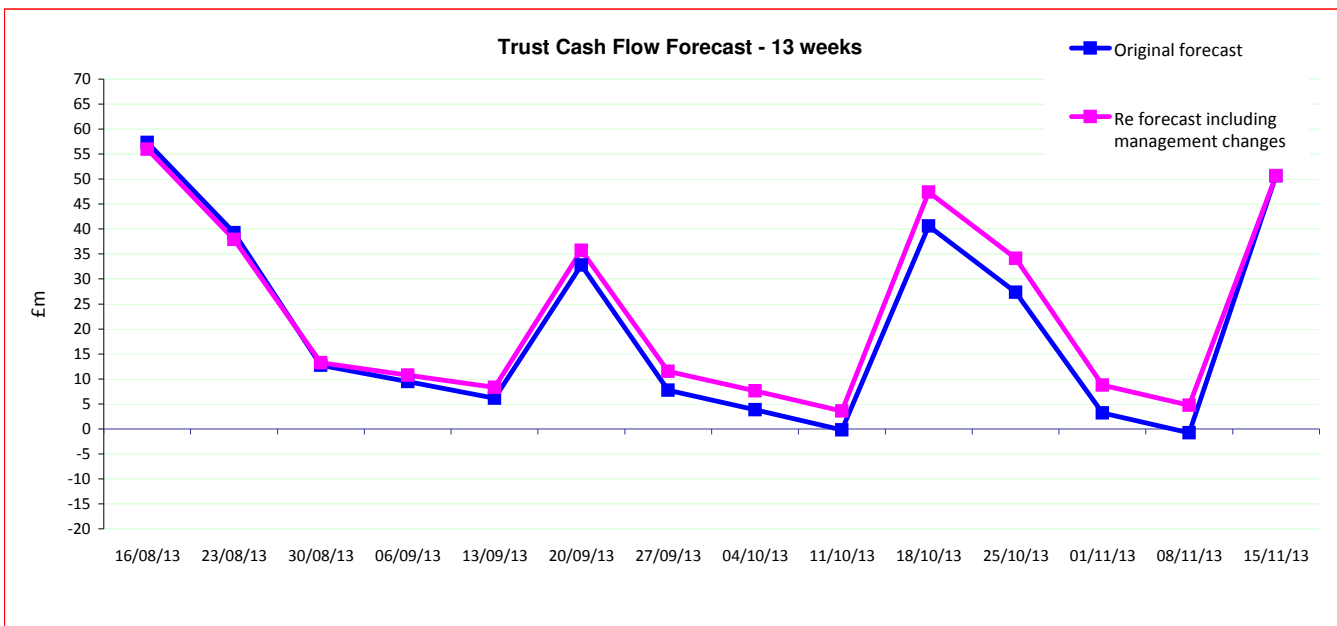
#### KEY ISSUES:

The Trust's cash position compared to plan includes the following material movements:

- (£9.9m) adverse variance in the EBITDA YTD position
- (£1.6m) decrease in trade and other payables
- £2.3m decrease in trade and other receivables
- (£0.7m) increase in inventories

#### Average, minimum and maximum cash balances





Underlying cash position to 15 November 2013	
	£'000
<b>Cash balance as at 16 August 2013</b>	<b>55,962</b>
<b>Cash to be received:</b>	
Contract income	156,953
Other debtor receipts	31,485
VAT reclaimed	2,250
<b>Total</b>	<b>190,688</b>
<b>Cash to be paid out:</b>	
Creditor payments	-80,292
Payroll (including tax and NI)	-109,890
PDC dividend payment	-5,784
<b>Total</b>	<b>-195,966</b>
<b>Unadjusted cash as at 15 November 2013</b>	<b>50,684</b>
<b>Adjusted cash as at 15 November 2013</b>	<b>50,684</b>

#### CASH MANAGEMENT PLAN:

The Trust's cash balance was £15.3m at the end of June.

In mid October and November the cash balance is forecast to fall below the £2m minimum allowable level that has been set by the Trust. We will take actions limiting supplier payment runs, amending payment terms and negotiating with CCGs for an earlier payment of SLA funds within month if necessary.

The TDA requires us to report whether our cash balance at the end of each quarter is more than 10 days of annualised operating expenses. Based on the 2012-13 financial year this would equate to a required cash holding of approximately £20.4m at the end of each quarter. Our average cash balance over the last 12 months was £26m, although the above graph demonstrates that there is often a large variation between the minimum and maximum balances within month. We will schedule our payments at the end of each quarter to ensure we hold the required level of cash over the quarter end, whilst minimising the impact on the BPPC performance.

**University Hospitals of Leicester NHS Trust**  
**Capital Expenditure Report for the Period 1st April 2013 to 31st March 2014**

	Capital Plan 2013/14 £000's	YTD Spend 13/14 £000's	Expenditure Profile												Forecast	
			Actual				Forecast								Out Turn	Variance £'000's
			Apr £000's	May £000's	Jun £000's	Jul £000's	Aug £000's	Sep £000's	Oct £000's	Nov £000's	Dec £000's	Jan £000's	Feb £000's	Mar £000's		
<b>Sub Group Budgets</b>																
IM&T	3,375	788	69	226	290	203	468	702	220	616	129	116	146	191	3,375	0
Medical Equipment	4,187	599	264	7	209	119	398	404	441	425	300	400	506	713	4,187	0
Facilities Sub Group	6,000	1,071	286	204	193	388	326	397	365	500	568	897	919	957	6,000	0
<b>Total Sub Groups</b>	<b>13,562</b>	<b>2,458</b>	<b>619</b>	<b>437</b>	<b>693</b>	<b>709</b>	<b>1,192</b>	<b>1,503</b>	<b>1,026</b>	<b>1,541</b>	<b>997</b>	<b>1,413</b>	<b>1,571</b>	<b>1,861</b>	<b>13,562</b>	<b>0</b>
<b>Acute Care</b>																
Divisional Discretionary Capital	200	22	8	1	3	11	12	12	13	21	17	23	29	50	200	0
Emergency Flow	5,000	102	2	7	14	79	150	150	700	700	800	500	500	1,398	5,000	0
Acute Care: Other		132	132	0	0	0	0	0	0	0	0	0	0	0	132	(132)
<b>Total Acute Care</b>	<b>5,200</b>	<b>256</b>	<b>142</b>	<b>8</b>	<b>16</b>	<b>90</b>	<b>162</b>	<b>162</b>	<b>713</b>	<b>721</b>	<b>817</b>	<b>523</b>	<b>529</b>	<b>1,448</b>	<b>5,332</b>	<b>(132)</b>
<b>Planned Care</b>																
Divisional Discretionary Capital	200	167	126	42	0	0	0	11	0	0	11	0	0	11	200	0
Osborne Ventilation	566	0	0	0	0	0	142	142	142	141	0	0	0	0	566	0
Endoscopy Redesign	255	103	0	80	(1)	24	50	60	42	0	0	0	0	0	255	0
Planned Care: Other		(5)	(8)	2	2	0	0	0	152	0	0	0	0	0	147	(147)
<b>Total Planned Care</b>	<b>1,021</b>	<b>266</b>	<b>118</b>	<b>123</b>	<b>2</b>	<b>24</b>	<b>192</b>	<b>213</b>	<b>335</b>	<b>141</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>11</b>	<b>1,168</b>	<b>(147)</b>
<b>Women's &amp; Children's</b>																
Divisional Discretionary Capital	200	45	16	23	6	(0)	15	15	15	15	15	20	30	30	200	0
Maternity Interim Development	2,800	303	3	18	9	273	281	207	200	281	293	366	378	491	2,800	0
Women's & Children's: Other		180	50	50	70	10	8	0	0	0	0	0	0	0	188	(188)
<b>Total Women's &amp; Children's</b>	<b>3,000</b>	<b>528</b>	<b>69</b>	<b>91</b>	<b>86</b>	<b>282</b>	<b>304</b>	<b>222</b>	<b>215</b>	<b>296</b>	<b>308</b>	<b>386</b>	<b>408</b>	<b>521</b>	<b>3,188</b>	<b>(188)</b>
<b>Reconfiguration Schemes</b>																
LRI Surgical Triage	1,000	0	0	0	0	0	10	10	10	10	91	152	207	510	1,000	0
Theatres Assessment Area (TAA)	1,549	71	4	10	27	30	210	210	210	210	210	210	218	0	1,549	0
Advanced Recovery LRI & LGH	625	123	63	(7)	55	11	24	0	0	0	25	100	250	253	775	(150)
GGH Vascular Surgery	1,656	0	0	0	0	0	50	50	75	100	125	251	500	505	1,656	0
Hybrid Theatre (Vascular)	1,500	0	0	0	0	0	45	45	68	91	114	227	410	500	1,500	0
Daycase / OPD Hub	2,000	0	0	0	0	0	61	61	91	121	166	500	500	500	2,000	0
LRI Additional CEC	1,500	0	0	0	0	0	0	0	0	0	0	500	500	500	1,500	0
GH Imaging	1,500	0	0	0	0	0	45	45	68	91	114	291	400	446	1,500	0
Feasibility Studies	100	0	0	0	0	0	5	5	8	8	10	17	22	25	100	0
<b>Total Reconfiguration</b>	<b>11,430</b>	<b>194</b>	<b>68</b>	<b>3</b>	<b>82</b>	<b>41</b>	<b>450</b>	<b>426</b>	<b>530</b>	<b>631</b>	<b>855</b>	<b>2,248</b>	<b>3,007</b>	<b>3,239</b>	<b>11,580</b>	<b>(150)</b>
<b>Corporate / Other Schemes</b>																
Aseptic Suite	650	8	7	0	1	0	100	100	100	100	100	100	100	92	800	(150)
Diabetes BRU	600	314	0	62	125	128	150	150	86	0	0	0	0	0	700	(100)
Respiratory BRU	500	757	3	809	(245)	190	13	0	0	0	0	0	0	0	770	(270)
MES Installation Costs	1,750	1,014	38	178	343	455	250	250	250	200	200	200	200	186	2,750	(1,000)
Other Developments	68	107	(10)	29	50	38	0	50	100	100	0	0	0	(2,426)	(2,069)	2,137
	<b>3,568</b>	<b>2,200</b>	<b>38</b>	<b>1,079</b>	<b>273</b>	<b>810</b>	<b>513</b>	<b>550</b>	<b>536</b>	<b>400</b>	<b>300</b>	<b>300</b>	<b>300</b>	<b>(2,148)</b>	<b>2,951</b>	<b>617</b>
<b>Total Capital Programme</b>	<b>37,781</b>	<b>5,902</b>	<b>1,054</b>	<b>1,741</b>	<b>1,152</b>	<b>1,956</b>	<b>2,812</b>	<b>3,076</b>	<b>3,355</b>	<b>3,730</b>	<b>3,288</b>	<b>4,870</b>	<b>5,815</b>	<b>4,932</b>	<b>37,781</b>	<b>0</b>