

**Trust Board Paper U**

<b>To:</b>	<b>Trust Board</b>								
<b>From:</b>	Kate Shields								
<b>Date:</b>	<b>24 April 2014</b>								
<b>CQC regulation:</b>	As applicable								
<b>Title:</b>	Operational Plan 2014/15 – 2015/16 – key headlines and focus on Finance, Capacity Planning and Workforce								
<b>Author/Responsible Director:</b> Helen Seth/ Kate Shields									
<p><b>Purpose of the Report:</b> To provide a brief overview of the headlines of our two year operational plan for 2014-2016 submitted to the NHS Trust Development Agency on 4<sup>th</sup> April 2014</p> <p>Additionally the Trust Board have asked for a specific focus on three specific areas:</p> <ul style="list-style-type: none"> <li>o Finance (appendix A)</li> <li>o Capacity planning (appendix B)</li> <li>o Workforce (appendix C)</li> </ul>									
<p><b>The Report is provided to the Board for:</b></p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">Decision</td> <td style="width: 50%;"><input type="checkbox"/></td> <td style="width: 50%;">Discussion</td> <td style="width: 50%;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Assurance</td> <td><input type="checkbox"/></td> <td>Endorsement</td> <td><input type="checkbox"/></td> </tr> </table>		Decision	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>	Endorsement	<input type="checkbox"/>
Decision	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>						
Assurance	<input type="checkbox"/>	Endorsement	<input type="checkbox"/>						
<p><b>Summary / Key Points:</b> Following iterative development, the Trust submitted its two year operational plan on 4th April 2014, in line with national timescales.</p> <p>Our plans for 2015-2016 are largely a product of broad assumptions including the national expectation of financial recovery by 2016-2017. The detailed plans for 2015-2016 up to 2018-2019 will be completed as part of the five year planning process which will be delivered by 20 June 2014.</p> <p>Following the outcome of the arbitration process and the internal budget setting process, the financial plan for 4th April 2014 is a deficit of £40.8m for 2014/2015</p>									
<p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>• NOTE this report</li> <li>• NOTE the submission of our operational plan to the NHS Trust Development Agency on 4th April, 2014</li> <li>• NOTE the detailed updates on Finance, Capacity Planning and Workforce Planning described in the Appendices</li> </ul>									
<p><b>Previously considered at another corporate UHL Committee?</b> Yes Executive Strategy Board, Trust Board development sessions, Trust Board</p>									

<b>Board Assurance Framework: Yes</b>	<b>Performance KPIs year to date: N/A</b>
<b>Resource Implications (eg Financial, HR): Yes</b>	
<b>Assurance Implications: Yes</b>	
<b>Patient and Public Involvement (PPI) Implications: Yes</b>	
<b>Stakeholder Engagement Implications: Yes</b>	
<b>Equality Impact: CIP – QEIA</b>	
<b>Information exempt from Disclosure:</b>	
<b>Requirement for further review? Yes quarterly</b>	

## Operational Plan 2014/15 – 2015/16 – key headlines and focus on Finance, Capacity Planning and Workforce

### PURPOSE

1. The purpose of this paper is to:
  - Provide a brief overview of the headlines of our two year operational plan for 2014-2016 submitted to the NHS Trust Development Agency on 4 April 2014
  - Additionally the Trust Board have asked for a specific focus on three specific areas:
    - Finance (appendix A)
    - Capacity planning (appendix B)
    - Workforce (appendix C)

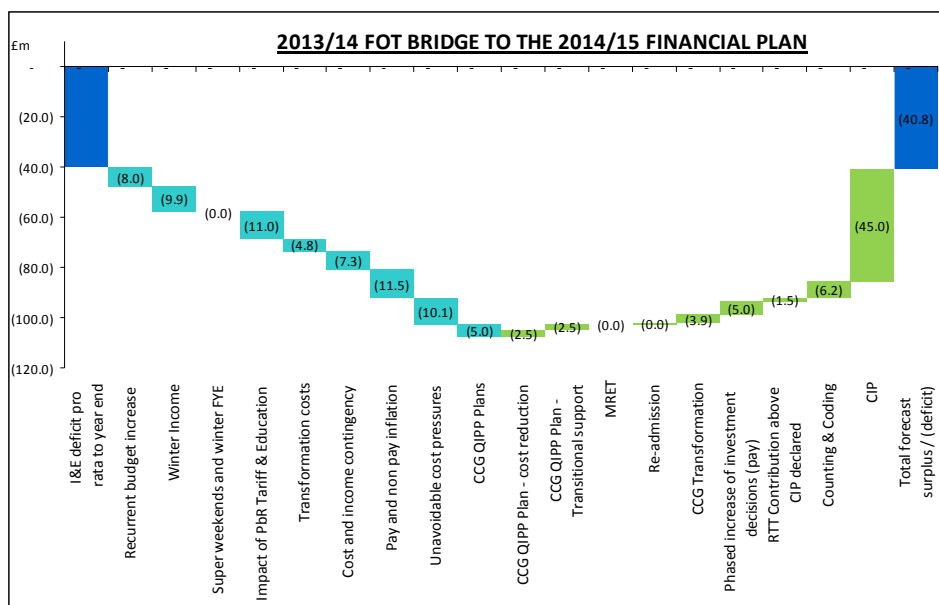
### NATIONAL CONTEXT - PLANNING GUIDANCE

2. The NHS Trust Development Agency published the national planning guidance for NHS Trusts on the 23 December 2013 “Securing Sustainability -Planning Guidance for NHS Trust Boards 2014/15 to 2018/19” which covers the requirement for a two year operational plan and a five year plan.
3. Following iterative development, the Trust submitted its two year operational plan on 4<sup>th</sup> April 2014, in line with national timescales.
4. As noted in previous presentations and papers our immediate focus has been on developing, confirming and challenging detailed plans for 2014-2015, this is reflected in the attached papers.
5. Our plans for 2015-2016 are largely a product of broad assumptions including the national expectation of financial recovery by 2016-2017. The detailed plans for 2015-2016 up to 2018-2019 will be completed as part of the five year planning process which will be delivered by 20<sup>th</sup> June 2014.

### KEY HEADLINES AND/OR CHANGES

#### FINANCE

6. Following the outcome of the arbitration process and the internal budget setting process, the financial plan for 4<sup>th</sup> April 2014 is a **deficit of £40.8m for 2014/2015**. This is deterioration in the position presented to Trust Board on 27<sup>th</sup> March 2014 which reflected a £29.8 million deficit position.
7. The key assumptions behind the 4<sup>th</sup> April plan and the movement from the 2013/14 out-turn deficit of £39.8m are reflected in the following bridge:



8. The significant changes are:

- £16.2m reduction in income following the outcome of arbitration.
- A reduction in the cost contingency by £0.5m
- A reduction in the tariff impact of £0.8m following the agreement of activity levels with the Clinical Commissioning Groups
- A reduction in the transformation costs by £2m reflecting the level of income being received from the Clinical Commissioning Groups
- Review of the investment in winter/seven day services and the cessation of a number of schemes not funded, £1.6m

9. The revised financial plan does not assume any funding for winter pressures at this stage and this has not been confirmed by the Clinical Commissioning Groups.

10. Appendix A provides the detail of the revised financial plan.

## QUALITY

11. On the 24<sup>th</sup> March, 2014 the Trust received feedback from the NHS Trust Development Agency on our submission of the 5<sup>th</sup> March 2014. One of the key areas where they asked for more detail was on our Care Quality Commission action plan and our Quality Commitment for 2014-2015. Timing had not allowed these to be reflected earlier.

12. Working with the Nursing Directorate, additional narrative was added to the final submission highlighting the priority quality improvements identified and the process by which these will be resolved. Once the respective plans have been signed off by Trust Board they will be added as an appendix to the narrative plan.

## SERVICE PLANNING

13. Another more general comment received from the NHS Trust Development Agency was that our plan lacked “ambition”. This comment together with the consequences of the arbitration process provided the context for discussion at the Executive Strategy Board on 1<sup>st</sup> April, 2014 where the Executive Team, CMG Directors and

CMG Managers identified opportunities to drive service change “further, faster”. Areas identified include:

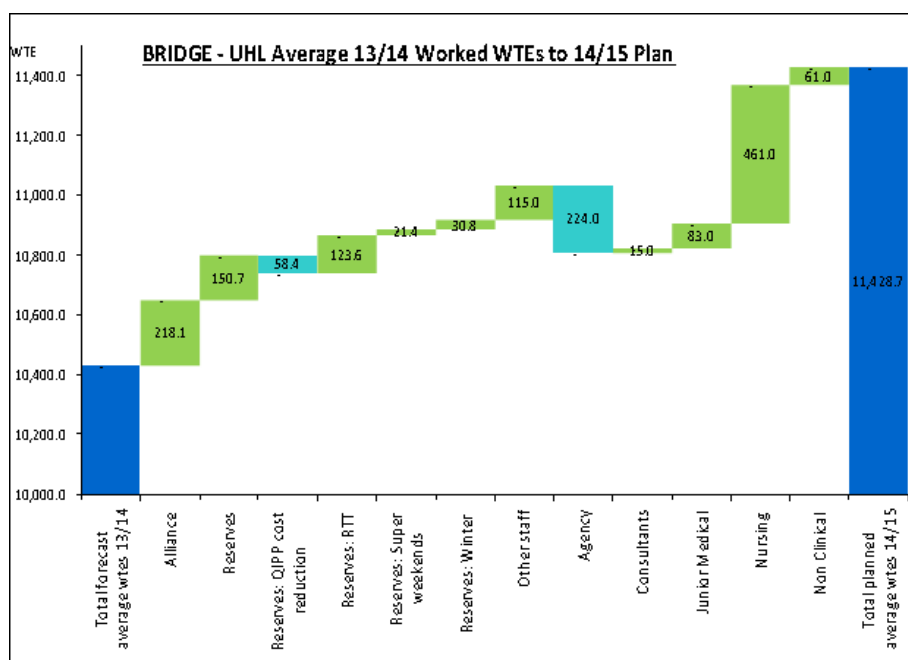
- **Day Case delivery** – 23 hour stay as the norm; 90% compliance with BADs procedures in 2014/2015 followed by all procedures in 2015/2016
- **Review ITU capacity** – options for early consolidation
- **Elective care** – protect elective inpatient bed base from emergency demand (interim solution - using what we have better). Speed up the pace with which larger volumes of elective outpatient and day case activity can be done out of the acute setting in a lower acuity, community setting
- **Outpatients** – Centralise our outpatient function to simplify and share management arrangements, standardise process and deliver increased productivity and efficiency
- **Out of hospital services** – Work with commissioners to maximise opportunities for early progress in transforming the model of care for a number of long term conditions (e.g. Ambulatory Care Sensitive conditions) escalating the development of schemes for keeping people out of hospital if they don’t require admission or re-admission.

14. These assumptions have been used to inform the capacity plan for 2014/15 which is attached as Appendix B

## WORKFORCE

15. Following completion of budget setting and contractual arbitration our detailed workforce plan was refreshed.

16. The key assumptions behind the 4 April Workforce Plan and the movement from the 2013/14 out-turn are reflected in the following workforce bridge:



17. The key points to note are:

- Net overall movement of **998 average WTE's** including 218 worked WTE's associated with the TUPE transfer of staff as part of the Alliance Contract
- Nursing - Increase of 461 worked WTE's associated with substantive recruitment offset by a reduction in worked WTE agency of 144
- Medical – Increase of 98 worked WTE offset by a reduction in worked WTE agency of 48 WTE
- Workforce investment for key developments currently held in reserves until successful recruitment

18. The workforce plan is described in more detail in Appendix C

## **RECOMMENDATION**

19. Trust Board are asked to:

- **NOTE** this report
- **NOTE** the submission of our operational plan to the NHS Trust Development Agency on 4<sup>th</sup> April, 2014
- **NOTE** the detailed updates on Finance, Capacity Planning and Workforce Planning described in the Appendices.

## UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**REPORT TO:** TRUST BOARD

**DATE:** 24 APRIL 2014

**REPORT FROM:** PETER HOLLINSHEAD – INTERIM DIRECTOR OF FINANCIAL STRATEGY

**SUBJECT:** 2014/15 FINANCIAL PLAN AND BUDGET BOOK

---

## **1. INTRODUCTION AND CONTEXT**

- 1.1. This paper provides the Trust Board with an update the financial plan submitted to the NTDA on the 4 April 2014, and the internal sign off of the Clinical Management Group (CMG) and Corporate Directorate plans. This forms the Budget book (appendix 1).

## **2. 2014/15 FINANCIAL PLAN**

- 2.1. The Trust has submitted a deficit plan of £40.75m for 2014/15 following the outcome of the arbitration process by the NTDA/NHSE and the sign off of the CMG and Corporate plans.

## **3. BUSINESS PLANNING PROCESS**

- 3.1. As part of the process for agreeing the 2014/15 business plans the CMGs and Corporate Directorates have had individual meetings with the Executive Team to formally sign off the plans. This will form the basis of the integrated performance reviews in 2014/15.

The meeting concentrated on the following areas;

- Trust objectives for 2014/15
- Activity schedule and income estimates
- Capacity plan
- Operational targets
- Contract requirements
- CIP plan
- Workforce plan
- Budgets and establishments
- Capital plan
- Risk assessment

## **4. BUDGET BOOK**

- 4.1. The planned income and expenditure for the Trust in 2014/15 can be seen in table 1 below, compared to the draft outturn for 2013/14.

**Table 1 – 2014/15 Planned Income and Expenditure compared to 2013/14 draft outturn**

	April 2014- March 2015	April 2013 to March 2014 draft outturn	
	Plan £ 000	Actual £ 000	Difference £ 000
Patient Care Income	703,199	659,104	44,095
Teaching, R&D income	83,309	70,207	13,102
Other operating Income	30,740	40,691	(9,951)
<b>Total Income</b>	<b>817,248</b>	<b>770,002</b>	<b>47,246</b>
Pay Expenditure	495,972	474,163	21,809
Non Pay Expenditure	319,204	294,018	25,186
<b>Total Operating Expenditure</b>	<b>815,176</b>	<b>768,181</b>	<b>46,995</b>
<b>EBITDA</b>	<b>2,072</b>	<b>1,821</b>	<b>251</b>
Interest Receivable	96	152	(56)
Interest Payable	(100)	(142)	42
Depreciation & Amortisation	(32,385)	(30,964)	(1,421)
<b>Surplus / (Deficit) Before Dividend and Disposal of Fixed Assets</b>	<b>(30,317)</b>	<b>(29,133)</b>	<b>(1,184)</b>
Dividend Payable on PDC	(10,428)	(10,660)	232
<b>Net Surplus / (Deficit)</b>	<b>(40,745)</b>	<b>(39,793)</b>	<b>(952)</b>

4.2. Appendix 1 details the 2014/15 budget book for the Trust. This includes monthly details by CMG and Corporate Directorate showing;

- Monthly pay, non-pay and income budgets
- Overall Income and Expenditure position
- Workforce establishment
- CIP
- Patient care activity and income plan.

## 5. RISKS AND OPPORTUNITIES

5.1 Within the planned position there are a number of risks

### 5.1.1 CIP Delivery

The planned deficit of £40.75m assumes full delivery of the £45m CIP target.

### 5.1.2 Fines and Penalties

The planned deficit includes £3.5m contingency for penalties for non-delivery against operational targets. If the contract is enforced by CCGs this could result in penalties in excess of £20m



### 5.1.3 **Operational targets including RTT**

CCGs have invested £9.4m to enable delivery of RTT. Within the plan a contribution to the Trust from this work of £1.5m is expected. CMGs are finalising plans for delivery of the target and the financial implications, including any CIP assumptions within their own plans.

### 5.1.4 **Additional Bed capacity**

It has been identified that there is a need for additional bed capacity to support the delivery of a number of operational targets. Provision has been made within winter funds for capacity over the winter period as well as some capacity for provision of 23 hour beds within RTT plans. Solutions for provision of capacity, along with full costs, both capital and revenue, are being scoped.

### 5.1.5 **Winter capacity and super weekends**

It has been assumed within the plan that there will be no additional income to support winter costs. There has been investment of £8.9m in super weekends, winter costs expected in 14/15 (mainly bed capacity) and winter schemes that needed to continue into 14/15. This is £1.6m lower than initial plans and a full review of schemes is underway to identify any that can cease.

## 6. **NEXT STEPS AND RECOMMENDATIONS**

6.1. The Trust Board is **recommended** to:

- **Note** the contents of this report
- **Approve** the detailed budget book

**Peter Hollinshead**  
**Interim Director of Financial Strategy**

**11<sup>th</sup> April 2014**

**2014/15 FINANCIAL PLAN BUDGET BOOK**

	Page
Trust Level Income & Expenditure Position	1
Income & Expenditure Position by CMG and Corporate Directorate	2
Monthly Pay Position by CMG and Corporate Directorate	3
Monthly WTE Position by CMG and Corporate Directorate	4
Monthly Non Pay Position by CMG and Corporate Directorate	5
Monthly Income Position by CMG and Corporate Directorate	6
Patient Care Activity and Income	7
Cost Improvement Programme	8
Capital Programme by CMG and Corporate Directorate	9

**Planned Income and Expenditure Account for the Period Ended 31 March 2015**

	April 2013 to March 2014 draft outturn			April 2014- March 2015	Increase / (decrease) from 2013/14 outturn
	Plan	Actual	Variance (Adv) / Fav	Plan	Plan
	£ 000	£ 000	£ 000	£ 000	£ 000
Elective	70,021	<b>70,784</b>	763	71,339	555
Day Case	49,448	<b>51,182</b>	1,734	57,363	6,181
Emergency	177,054	<b>179,191</b>	2,138	187,177	7,986
Outpatient	83,284	<b>87,953</b>	4,669	102,673	14,720
Non NHS Patient Care	7,267	<b>6,365</b>	(902)	5,415	(950)
Winter funding	0	<b>9,839</b>	9,839	0	(9,839)
Other	247,153	<b>253,790</b>	6,638	279,233	25,443
<b>Patient Care Income</b>	<b>634,226</b>	<b>659,104</b>	<b>24,878</b>	<b>703,199</b>	<b>44,095</b>
Teaching, R&D income	73,571	<b>70,207</b>	(3,364)	83,309	13,102
Other operating Income	38,185	<b>40,691</b>	2,506	30,740	(9,951)
<b>Total Income</b>	<b>745,982</b>	<b>770,002</b>	<b>24,020</b>	<b>817,248</b>	<b>47,246</b>
<b>Pay Expenditure</b>	<b>447,612</b>	<b>474,163</b>	<b>(26,551)</b>	<b>495,972</b>	<b>21,809</b>
<b>Non Pay Expenditure</b>	<b>274,699</b>	<b>294,018</b>	<b>(19,319)</b>	<b>319,204</b>	<b>25,186</b>
<b>Central Reserves</b>	<b>(24,065)</b>	<b>0</b>	<b>(24,065)</b>	<b>0</b>	<b>0</b>
<b>Total Operating Expenditure</b>	<b>698,246</b>	<b>768,181</b>	<b>(69,935)</b>	<b>815,176</b>	<b>46,995</b>
<b>EBITDA</b>	<b>47,736</b>	<b>1,821</b>	<b>(45,915)</b>	<b>2,072</b>	<b>251</b>
Interest Receivable	82	<b>152</b>	70	96	(56)
Interest Payable	(60)	<b>(142)</b>	(82)	(100)	42
Depreciation & Amortisation	(32,481)	<b>(30,964)</b>	1,517	(32,385)	(1,421)
<b>Surplus / (Deficit) Before Dividend and Disposal of Fixed Assets</b>	<b>15,277</b>	<b>(29,133)</b>	<b>(44,410)</b>	<b>(30,317)</b>	<b>(1,184)</b>
Dividend Payable on PDC	(11,568)	<b>(10,660)</b>	908	<b>(10,428)</b>	(232)
<b>Net Surplus / (Deficit)</b>	<b>3,709</b>	<b>(39,793)</b>	<b>(43,502)</b>	<b>(40,745)</b>	<b>(952)</b>
<b>EBITDA MARGIN</b>		<b>0.24%</b>			

UNIVERSITY HOSPITALS LEICESTER NHS TRUST

BUDGET BOOK 2014/15

CMG and Directorate budgets

CMG / Directorate	2013/14 Draft Outturn £000s				Plan 2014/15 £000s				Income Change	Pay and Non Pay Change	I&E Movement
	Income	Pay	Non Pay	Net I&E	Income	Pay	Non Pay	Net I&E			
C.H.U.G.S	124,193	46,784	40,933	36,475	128,265	48,384	40,055	39,826	4,072	721	3,351
Clinical Support & Imaging	33,053	69,977	4,870	(41,795)	36,871	68,402	1,734	(33,265)	3,818	(4,711)	8,529
Emergency & Specialist Med	120,098	75,012	32,478	12,608	122,631	72,368	38,458	11,805	2,533	3,336	(802)
I.T.A.P.S	28,307	54,854	20,897	(47,444)	29,293	52,494	19,009	(42,210)	986	(4,248)	5,234
Musculo & Specialist Surgery	97,043	45,546	20,517	30,981	108,562	46,927	19,332	42,303	11,519	197	11,322
Renal, Respiratory & Cardiac	131,607	58,411	45,596	27,601	135,708	59,313	46,703	29,692	4,101	2,010	2,091
Womens & Childrens	143,054	74,785	30,088	38,182	139,975	75,062	24,946	39,968	(3,079)	(4,865)	1,786
<b>CMG Total</b>	<b>677,355</b>	<b>425,369</b>	<b>195,379</b>	<b>56,608</b>	<b>701,305</b>	<b>422,950</b>	<b>190,237</b>	<b>88,118</b>	<b>23,950</b>	<b>(7,560)</b>	<b>31,511</b>
Communications & Ext Relations	29	846	150	(967)	33	621	141	(730)	4	(233)	238
Corporate & Legal	72	960	1,256	(2,144)	0	2,496	1,234	(3,730)	(72)	1,514	(1,586)
Corporate Medical	1,672	3,846	793	(2,966)	1,456	3,752	670	(2,966)	(216)	(216)	0
Divisional Management Codes	127	3,747	291	(3,911)	0	0	0	0	(127)	(4,038)	3,911
Facilities	11,974	1,213	52,142	(41,382)	11,067	1,367	49,876	(40,176)	(907)	(2,113)	1,206
Finance & Procurement	83	4,293	2,246	(6,456)	50	4,448	2,469	(6,867)	(33)	378	(411)
Human Resources	3,346	5,416	2,068	(4,138)	2,914	5,338	1,856	(4,279)	(432)	(290)	(142)
Im&T	168	2,360	6,737	(8,929)	111	977	8,463	(9,329)	(57)	342	(400)
Nursing	381	5,303	13,628	(18,550)	94	7,417	13,246	(20,569)	(287)	1,733	(2,020)
Operations	1,232	3,292	654	(2,715)	0	3,067	214	(3,281)	(1,232)	(665)	(567)
Strategic Devt	119	2,841	721	(3,443)	0	2,847	147	(2,994)	(119)	(568)	448
Alliance	0	0	0	0	16,993	7,019	9,974	0	16,993	16,993	0
<b>Directorate Total</b>	<b>19,203</b>	<b>34,118</b>	<b>80,685</b>	<b>(95,601)</b>	<b>32,718</b>	<b>39,349</b>	<b>88,291</b>	<b>(94,922)</b>	<b>13,515</b>	<b>12,836</b>	<b>678</b>
<b>R&amp;D Total</b>	<b>27,528</b>	<b>12,932</b>	<b>14,340</b>	<b>256</b>	<b>41,142</b>	<b>13,048</b>	<b>28,093</b>	<b>1</b>	<b>13,614</b>	<b>13,869</b>	<b>(255)</b>
Central Patient Care Income	(1,310)	0	18	(1,328)	(3,184)	0	0	(3,184)	(1,874)	(18)	(1,856)
Central Other	46,287	428	44,914	945	45,338	0	43,527	1,811	(949)	(1,815)	866
Reserves	938	1,315	296	(673)	(72)	20,626	11,871	(32,569)	(1,010)	30,885	(31,895)
<b>Central Total</b>	<b>45,916</b>	<b>1,743</b>	<b>45,228</b>	<b>(1,056)</b>	<b>42,082</b>	<b>20,626</b>	<b>55,398</b>	<b>(33,942)</b>	<b>(3,834)</b>	<b>29,052</b>	<b>(32,886)</b>
<b>Trust Total</b>	<b>770,002</b>	<b>474,163</b>	<b>335,632</b>	<b>(39,793)</b>	<b>817,247</b>	<b>495,973</b>	<b>362,019</b>	<b>(40,745)</b>	<b>47,245</b>	<b>48,197</b>	<b>(952)</b>

UNIVERSITY HOSPITALS LEICESTER NHS TRUST  
BUDGET BOOK 2014/15

Pay Trends

	2013/14 draft Pay outturn £000s	Apr-14 £000s	May-14 £000s	Jun-14 £000s	Jul-14 £000s	Aug-14 £000s	Sep-14 £000s	Oct-14 £000s	Nov-14 £000s	Dec-14 £000s	Jan-15 £000s	Feb-15 £000s	Mar-15 £000s	Total Plan 2014/15	Increase / (decrease)
<b>CMG / Directorate</b>															
C.H.U.G.S	46,784	3,961	3,980	4,001	4,016	4,021	4,037	4,054	4,056	4,061	4,065	4,067	4,067	48,384	1,600
Clinical Support & Imaging	69,977	5,709	5,716	5,720	5,743	5,748	5,748	5,670	5,673	5,674	5,669	5,665	5,667	68,402	(1,575)
Emergency & Specialist Med	75,012	6,085	6,035	6,024	6,053	5,988	6,015	5,992	6,001	5,813	6,120	6,121	6,121	72,368	(2,644)
I.T.A.P.S	54,854	3,851	3,879	3,914	3,955	3,971	3,974	3,969	3,972	3,972	3,972	3,972	3,972	47,373	(7,481)
Musculo & Specialist Surgery	45,546	4,489	4,442	4,488	4,448	4,274	4,277	4,239	4,278	4,278	4,278	4,278	4,278	52,047	6,501
Renal, Respiratory & Cardiac	58,411	4,823	4,848	4,878	4,923	4,956	4,957	4,958	4,961	5,004	4,999	5,000	5,005	59,313	902
Womens & Childrens	74,785	6,137	6,230	6,204	6,231	6,196	6,206	6,301	6,269	6,282	6,285	6,383	6,339	75,062	278
<b>CMG Total</b>	<b>425,369</b>	<b>35,056</b>	<b>35,130</b>	<b>35,228</b>	<b>35,369</b>	<b>35,156</b>	<b>35,214</b>	<b>35,182</b>	<b>35,209</b>	<b>35,083</b>	<b>35,388</b>	<b>35,486</b>	<b>35,448</b>	<b>422,949</b>	<b>(2,419)</b>
Communications & Ext Relations	846	52	52	52	52	52	52	52	52	52	52	52	52	621	(225)
Corporate & Legal	960	208	208	208	208	208	208	208	208	208	208	208	208	2,496	1,537
Corporate Medical	3,846	313	313	313	313	313	313	313	313	313	313	313	313	3,752	(94)
Divisional Management Codes	3,747													-	(3,747)
Facilities	1,213	114	114	114	114	114	114	114	114	114	114	114	114	1,367	154
Finance & Procurement	4,293	371	371	371	371	371	371	371	371	371	371	371	371	4,448	155
Human Resources	5,416	443	443	443	448	448	448	448	443	443	443	443	443	5,338	(78)
Im&T	2,360	84	84	84	84	84	84	79	79	79	79	79	79	977	(1,384)
Nursing	5,303	618	618	618	618	618	618	618	618	618	618	618	618	7,417	2,114
Operations	3,292	269	269	253	253	253	253	253	253	253	253	253	253	3,067	(225)
Strategic Devt	2,841	243	243	240	240	237	237	235	235	235	235	235	235	2,847	6
Alliance	-	585	585	585	585	585	585	585	585	585	585	585	585	7,019	7,019
<b>Directorate Total</b>	<b>34,118</b>	<b>3,299</b>	<b>3,299</b>	<b>3,280</b>	<b>3,285</b>	<b>3,282</b>	<b>3,282</b>	<b>3,274</b>	<b>3,270</b>	<b>3,270</b>	<b>3,270</b>	<b>3,270</b>	<b>3,270</b>	<b>39,349</b>	<b>5,231</b>
<b>R&amp;D Total</b>	<b>12,932</b>	<b>1,087</b>	<b>1,087</b>	<b>1,087</b>	<b>1,087</b>	<b>1,087</b>	<b>1,087</b>	<b>1,087</b>	<b>1,087</b>	<b>1,087</b>	<b>1,087</b>	<b>1,087</b>	<b>1,087</b>	<b>13,048</b>	<b>116</b>
Central Patient Care Income	-													-	0
Central Other	428													-	(428)
Reserves	1,315	1,446	1,446	1,459	1,459	1,459	1,459	1,580	1,580	2,185	2,185	2,185	2,185	20,626	19,310
<b>Central Total</b>	<b>1,743</b>	<b>1,446</b>	<b>1,446</b>	<b>1,459</b>	<b>1,459</b>	<b>1,459</b>	<b>1,459</b>	<b>1,580</b>	<b>1,580</b>	<b>2,185</b>	<b>2,185</b>	<b>2,185</b>	<b>2,185</b>	<b>20,626</b>	<b>18,882</b>
<b>Trust Total</b>	<b>474,163</b>	<b>40,888</b>	<b>40,962</b>	<b>41,055</b>	<b>41,200</b>	<b>40,984</b>	<b>41,042</b>	<b>41,123</b>	<b>41,146</b>	<b>41,625</b>	<b>41,930</b>	<b>42,028</b>	<b>41,990</b>	<b>495,972</b>	<b>21,810</b>

UNIVERSITY HOSPITALS LEICESTER NHS TRUST

BUDGET BOOK 2014/15

WTE Trends

	2013/14 Pay outturn Average WTE	Apr-14 WTE	May-14 WTE	Jun-14 WTE	Jul-14 WTE	Aug-14 WTE	Sep-14 WTE	Oct-14 WTE	Nov-14 WTE	Dec-14 WTE	Jan-15 WTE	Feb-15 WTE	Mar-15 WTE	Total Plan 2014/15	Increase / (decrease)
<b>CMG / Directorate</b>															
C.H.U.G.S	1,004	1,109	1,115	1,121	1,125	1,127	1,132	1,136	1,137	1,139	1,141	1,142	1,142	1,131	127
Clinical Support & Imaging	1,683	1,729	1,733	1,735	1,741	1,742	1,742	1,740	1,740	1,740	1,740	1,739	1,739	1,738	55
Emergency & Specialist Med	1,408	1,672	1,672	1,672	1,676	1,691	1,691	1,663	1,663	1,667	1,669	1,669	1,669	1,673	265
I.T.A.P.S	1,017	1,013	1,026	1,041	1,058	1,061	1,061	1,059	1,059	1,059	1,059	1,059	1,059	1,051	34
Musculo & Specialist Surgery	950	1,172	1,171	1,171	1,168	1,155	1,157	1,157	1,157	1,157	1,157	1,157	1,157	1,162	211
Renal, Respiratory & Cardiac	1,363	1,439	1,450	1,467	1,485	1,501	1,502	1,502	1,502	1,505	1,505	1,505	1,505	1,489	126
Womens & Childrens	1,548	1,597	1,602	1,607	1,614	1,619	1,624	1,657	1,662	1,667	1,672	1,677	1,677	1,640	92
<b>CMG Total</b>	<b>8,973</b>	<b>9,732</b>	<b>9,769</b>	<b>9,814</b>	<b>9,868</b>	<b>9,896</b>	<b>9,910</b>	<b>9,915</b>	<b>9,921</b>	<b>9,935</b>	<b>9,943</b>	<b>9,948</b>	<b>9,948</b>	<b>9,883</b>	<b>910</b>
Communications & Ext Relations	18	14	14	14	14	14	14	14	14	14	14	14	14	14	(4)
Corporate & Legal	22	27	27	27	27	27	27	27	27	27	27	27	27	27	4
Corporate Medical	67	69	69	69	69	69	69	69	69	69	69	69	69	69	1
Divisional Management Codes	69													-	(69)
Facilities	326	27	27	27	27	27	27	27	27	27	27	27	27	27	(299)
Finance & Procurement	118	127	127	127	127	127	127	127	127	127	127	127	127	127	9
Human Resources	142	147	147	147	150	150	150	150	147	147	147	147	147	148	6
Im&T	120	22	22	22	22	22	22	20	20	20	20	20	20	21	(99)
Nursing	119	182	182	182	182	182	182	182	182	182	182	182	182	182	63
Operations	65	92	92	88	88	88	88	88	88	88	88	88	88	89	23
Strategic Devt	57	60	60	59	59	58	58	57	57	57	57	57	57	58	0
Alliance		218	218	218	218	218	218	218	218	218	218	218	218	218	218
<b>Directorate Total</b>	<b>1,125</b>	<b>984</b>	<b>984</b>	<b>979</b>	<b>982</b>	<b>981</b>	<b>981</b>	<b>977</b>	<b>974</b>	<b>974</b>	<b>974</b>	<b>974</b>	<b>974</b>	<b>978</b>	<b>(146)</b>
<b>R&amp;D Total</b>	<b>287</b>	<b>300</b>	<b>300</b>	<b>300</b>	<b>300</b>	<b>300</b>	<b>300</b>	<b>300</b>	<b>300</b>	<b>300</b>	<b>300</b>	<b>300</b>	<b>300</b>	<b>300</b>	<b>13</b>
Central Patient Care Income	-	5												-	5
Central Other		1												-	(1)
Reserves	-	293	293	296	296	296	296	179	179	272	272	272	272	268	268
<b>Central Total</b>	<b>-</b>	<b>4</b>	<b>293</b>	<b>293</b>	<b>296</b>	<b>296</b>	<b>296</b>	<b>179</b>	<b>179</b>	<b>272</b>	<b>272</b>	<b>272</b>	<b>272</b>	<b>268</b>	<b>272</b>
<b>Trust Total</b>	<b>10,381</b>	<b>11,308</b>	<b>11,345</b>	<b>11,389</b>	<b>11,446</b>	<b>11,473</b>	<b>11,487</b>	<b>11,371</b>	<b>11,374</b>	<b>11,481</b>	<b>11,489</b>	<b>11,494</b>	<b>11,494</b>	<b>11,429</b>	<b>1,049</b>

UNIVERSITY HOSPITALS LEICESTER NHS TRUST

BUDGET BOOK 2014/15

**Non Pay Trends**

	2013/14 draft Non Pay outturn £000s	Apr-14 £000s	May-14 £000s	Jun-14 £000s	Jul-14 £000s	Aug-14 £000s	Sep-14 £000s	Oct-14 £000s	Nov-14 £000s	Dec-14 £000s	Jan-15 £000s	Feb-15 £000s	Mar-15 £000s	Total Plan 2014/15	Increase / (decrease)
<b>CMG / Directorate</b>															
C.H.U.G.S	40,933	3,149	3,241	3,208	3,302	3,332	3,296	3,393	3,354	3,453	3,483	3,298	3,543	40,055	(879)
Clinical Support & Imaging	4,870	233	121	206	20	114	150	35	132	223	150	205	146	1,734	(3,136)
Emergency & Specialist Med	32,478	3,228	3,230	3,230	3,241	3,222	3,222	3,191	3,192	3,192	3,195	3,195	3,122	38,458	5,980
I.T.A.P.S	20,897	1,584	1,674	1,564	1,665	1,653	1,585	1,678	1,640	1,554	1,647	1,563	1,569	19,377	(1,519)
Musculo & Specialist Surgery	20,517	1,541	1,454	1,523	1,540	1,558	1,589	1,602	1,609	1,629	1,650	1,650	1,620	18,964	(1,553)
Renal, Respiratory & Cardiac	45,596	4,038	4,021	3,985	3,957	3,896	3,886	3,878	3,864	3,858	3,853	3,850	3,616	46,703	1,108
Womens & Childrens	30,088	2,095	2,179	1,973	2,057	1,943	1,990	2,259	2,127	2,176	2,045	1,987	2,114	24,946	(5,142)
<b>CMG Total</b>	<b>195,379</b>	<b>15,869</b>	<b>15,921</b>	<b>15,691</b>	<b>15,782</b>	<b>15,719</b>	<b>15,717</b>	<b>16,036</b>	<b>15,918</b>	<b>16,085</b>	<b>16,022</b>	<b>15,749</b>	<b>15,729</b>	<b>190,237</b>	<b>(5,141)</b>
Communications & Ext Relations	150	10	10	10	10	10	10	10	10	10	10	10	30	141	(8)
Corporate & Legal	1,256	103	103	103	103	103	103	103	103	103	103	103	103	1,234	(22)
Corporate Medical	793	56	56	56	56	56	56	56	56	56	56	56	56	670	(122)
Divisional Management Codes	291													-	(291)
Facilities	52,142	4,141	4,062	4,071	4,009	4,003	4,025	4,131	4,224	4,284	4,360	4,313	4,257	49,876	(2,266)
Finance & Procurement	2,246	206	206	206	206	206	206	206	206	206	206	206	206	2,469	223
Human Resources	2,068	155	155	155	155	155	155	155	155	155	155	155	155	1,856	(212)
Im&T	6,737	738	729	724	698	704	694	696	694	694	696	694	701	8,463	1,726
Nursing	13,628	1,104	1,104	1,104	1,104	1,104	1,104	1,104	1,104	1,104	1,104	1,104	1,104	13,246	(381)
Operations	654	18	18	18	18	18	18	18	18	18	18	18	18	214	(440)
Strategic Devt	721	12	12	12	12	12	12	12	12	12	12	12	12	147	(574)
Alliance	-	832	833	832	830	830	831	831	831	831	831	831	830	9,974	9,974
<b>Directorate Total</b>	<b>80,685</b>	<b>7,374</b>	<b>7,287</b>	<b>7,290</b>	<b>7,200</b>	<b>7,200</b>	<b>7,213</b>	<b>7,321</b>	<b>7,412</b>	<b>7,472</b>	<b>7,550</b>	<b>7,501</b>	<b>7,471</b>	<b>88,291</b>	<b>7,606</b>
<b>R&amp;D Total</b>	<b>14,340</b>	<b>2,341</b>	<b>2,341</b>	<b>2,341</b>	<b>2,341</b>	<b>2,341</b>	<b>2,341</b>	<b>2,341</b>	<b>2,341</b>	<b>2,341</b>	<b>2,341</b>	<b>2,341</b>	<b>2,341</b>	<b>28,093</b>	<b>13,753</b>
Central Patient Care Income	18													-	(18)
Central Other	45,200	3,670	3,669	3,670	3,661	3,662	3,661	3,608	3,607	3,608	3,569	3,570	3,572	43,527	(1,673)
Reserves	296	572	648	670	841	843	842	1,371	1,295	1,277	1,101	1,101	1,311	11,870	11,574
<b>Central Total</b>	<b>45,514</b>	<b>4,242</b>	<b>4,317</b>	<b>4,340</b>	<b>4,502</b>	<b>4,505</b>	<b>4,503</b>	<b>4,979</b>	<b>4,902</b>	<b>4,885</b>	<b>4,670</b>	<b>4,671</b>	<b>4,883</b>	<b>55,397</b>	<b>9,883</b>
<b>Trust Total</b>	<b>335,918</b>	<b>29,826</b>	<b>29,867</b>	<b>29,662</b>	<b>29,824</b>	<b>29,765</b>	<b>29,774</b>	<b>30,677</b>	<b>30,573</b>	<b>30,783</b>	<b>30,583</b>	<b>30,262</b>	<b>30,424</b>	<b>362,019</b>	<b>26,101</b>

UNIVERSITY HOSPITALS LEICESTER NHS TRUST  
BUDGET BOOK 2014/15

Income Trends

	2013/14 draft Income outturn £000s	Apr-14 £000s	May-14 £000s	Jun-14 £000s	Jul-14 £000s	Aug-14 £000s	Sep-14 £000s	Oct-14 £000s	Nov-14 £000s	Dec-14 £000s	Jan-15 £000s	Feb-15 £000s	Mar-15 £000s	Total Plan 2014/15	Increase / (decrease)
<b>CMG / Directorate</b>															
C.H.U.G.S	124,193	10,175	10,370	10,479	11,182	10,477	10,828	11,281	10,404	10,670	10,944	10,203	11,252	128,265	4,072
Clinical Support & Imaging	33,053	3,014	3,020	3,062	3,161	3,032	3,116	3,173	3,030	3,037	3,082	3,017	3,128	36,871	3,818
Emergency & Specialist Med	120,098	9,999	10,234	10,100	10,565	10,263	10,229	10,565	10,028	10,263	10,363	9,558	10,464	122,631	2,533
I.T.A.P.S	28,307	8,602	8,686	8,945	9,670	8,777	9,344	9,753	8,758	8,833	9,139	8,610	9,446	108,562	80,255
Musculo & Specialist Surgery	97,043	2,370	2,458	2,410	2,510	2,458	2,428	2,522	2,404	2,469	2,487	2,274	2,504	29,293	(67,750)
Renal, Respiratory & Cardiac	131,607	11,056	11,307	11,195	11,721	11,315	11,340	11,730	11,072	11,325	11,464	10,578	11,605	135,708	4,101
Womens & Childrens	143,054	11,222	11,353	11,286	12,056	11,618	11,797	12,170	11,512	11,800	11,940	11,170	12,051	139,975	(3,079)
<b>CMG Total</b>	<b>677,355</b>	<b>56,438</b>	<b>57,428</b>	<b>57,477</b>	<b>60,865</b>	<b>57,939</b>	<b>59,082</b>	<b>61,194</b>	<b>57,209</b>	<b>58,396</b>	<b>59,420</b>	<b>55,409</b>	<b>60,450</b>	<b>701,305</b>	<b>23,950</b>
Communications & Ext Relations	29	3	3	3	3	3	3	3	3	3	3	3	3	33	4
Corporate & Legal	72	0	0	0	0	0	0	0	0	0	0	0	0	0	(72)
Corporate Medical	1,672	121	121	121	121	121	121	121	121	121	121	121	121	1,456	(216)
Divisional Management Codes	127	0	0	0	0	0	0	0	0	0	0	0	0	0	(127)
Facilities	11,974	922	922	922	922	922	922	922	922	922	922	922	922	11,067	(907)
Finance & Procurement	83	4	4	4	4	4	4	4	4	4	4	4	4	50	(33)
Human Resources	3,346	243	243	243	243	243	243	243	243	243	243	243	243	2,914	(432)
Im&T	168	9	9	9	9	9	9	9	9	9	10	9	9	111	(57)
Nursing	381	8	8	8	8	8	8	8	8	8	8	8	8	94	(287)
Operations	1,232	0	0	0	0	0	0	0	0	0	0	0	0	0	(1,232)
Strategic Devt	119	0	0	0	0	0	0	0	0	0	0	0	0	0	(119)
Alliance	0	1,418	1,418	1,417	1,417	1,416	1,416	1,416	1,416	1,416	1,416	1,416	1,416	16,993	16,993
<b>Directorate Total</b>	<b>19,203</b>	<b>2,728</b>	<b>2,728</b>	<b>2,727</b>	<b>2,727</b>	<b>2,726</b>	<b>2,726</b>	<b>2,726</b>	<b>2,726</b>	<b>2,726</b>	<b>2,727</b>	<b>2,726</b>	<b>2,726</b>	<b>32,718</b>	<b>13,515</b>
<b>R&amp;D Total</b>	<b>27,528</b>	<b>3,525</b>	<b>3,415</b>	<b>3,543</b>	<b>3,504</b>	<b>3,463</b>	<b>3,464</b>	<b>3,528</b>	<b>3,196</b>	<b>3,260</b>	<b>3,481</b>	<b>3,406</b>	<b>3,356</b>	<b>41,142</b>	<b>13,614</b>
Central Patient Care Income	(1,310)	(47)	(71)	(172)	(196)	(196)	(297)	(371)	(347)	(371)	(371)	(300)	(446)	(3,184)	(1,875)
Central Other	46,287	3,778	3,778	3,778	3,778	3,778	3,778	3,778	3,778	3,778	3,778	3,778	3,777	45,338	(949)
Reserves	938	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(72)	(1,010)
<b>Central Total</b>	<b>45,916</b>	<b>3,725</b>	<b>3,701</b>	<b>3,600</b>	<b>3,576</b>	<b>3,576</b>	<b>3,475</b>	<b>3,401</b>	<b>3,425</b>	<b>3,401</b>	<b>3,401</b>	<b>3,472</b>	<b>3,325</b>	<b>42,082</b>	<b>(3,834)</b>
<b>Trust Total</b>	<b>770,002</b>	<b>66,416</b>	<b>67,272</b>	<b>67,347</b>	<b>70,672</b>	<b>67,705</b>	<b>68,747</b>	<b>70,849</b>	<b>66,556</b>	<b>67,783</b>	<b>69,029</b>	<b>65,014</b>	<b>69,857</b>	<b>817,246</b>	<b>47,244</b>



## UNIVERSITY HOSPITALS LEICESTER NHS TRUST

## BUDGET BOOK 2014/15

## Patient Care Activity and Income

CMG	Activity Type	SLA Activity	SLA Value £000s
CHUGS	IP	70,630	66,769
	OP	157,264	15,578
	BMT	72	2,749
	CC	816	742
	O/S Coding & Counting	-	110
	Other	141	26,955
	RT	35,344	6,002
	UB	51,065	6,536
	Other Items to be Allocated	-	253
CHUGS Total		315,331	125,693
CSI	IP	265	419
	OP	302	158
	DA	7,740,161	13,256
	DI	75,153	6,499
	O/S Coding & Counting	-	4,093
	Other	151,957	5,803
CSI Total		7,967,838	30,227
Emergency and Specialist Medicine	IP	33,205	51,236
	OP	139,233	17,848
	AE	125,839	14,096
	CC	1,373	781
	DA	4,006	259
	O/S Coding & Counting	-	2,517
	Other	596	27,197
	UB	10,312	3,871
	Other Items to be Allocated	-	774
Emergency and Specialist Medicine Total		314,564	118,579
ITAPS	IP	4,089	3,325
	OP	20,060	2,320
	CC	18,471	21,956
	O/S Coding & Counting	-	(576)
	Other	-	1,667
	Other Items to be Allocated	-	(203)
ITAPS Total		42,620	28,489
Musculoskeletal and Specialist Surg	IP	29,826	63,631
	OP	257,860	24,296
	AE	16,515	1,344
	O/S Coding & Counting	-	744
	Other	75,016	9,880
	UB	5	2
	Other Items to be Allocated	-	7,107
Musculoskeletal and Specialist Surgery Total		379,221	107,005
Renal Respiratory and Cardiac	IP	28,802	65,952
	OP	75,106	11,232
	CC	7,239	6,422
	DA	7,795	595
	O/S Coding & Counting	-	2,149
	Other	14,386	15,390
	PTS	-	1,123
	RL	191,272	30,067
	UB	25	9
	Other Items to be Allocated	-	(204)
Renal Respiratory and Cardiac Total		324,626	132,735
TBC	IP	-	(5,268)
	OP	-	10,925
	CC	1,728	2,173
	DA	-	1,858
	DI	-	298
	O/S Coding & Counting	-	(2,862)
	Other	-	(4,943)
	CQUIN	-	14,542
		Other Items to be Allocated	-
TBC Total		1,728	17,931
Women's and Children's	IP	44,839	59,025
	OP	122,411	20,316
	CC	22,342	19,736
	DA	1,417	41
	Maternity Tariffs	24,559	21,002
	O/S Coding & Counting	-	2,280
	Other	6,438	14,860
	UB	1,029	225
	Other Items to be Allocated	-	(359)
Women's and Children's Total		223,034	137,125
<b>Grand Total</b>		<b>9,568,963</b>	<b>697,784</b>

UNIVERSITY HOSPITALS LEICESTER NHS TRUST

BUDGET BOOK 2014/15

**Cost Improvement Programme**

CMG or Corporate	CMG Name	TOTAL
		£'000
CMG	CHUGS	5,278
	CSI	5,507
	ESM	6,540
	ITAPS	4,326
	MSS	5,101
	RRC	5,961
	W&C	6,335
<b>CMG Total</b>		<b>39,048</b>
Corporate	Communications	59
	Corporate & Legal	85
	Corporate Medical	96
	Corporate Nursing	349
	Facilities	4,402
	Finance & Procurement	329
	Human Resources	211
	IMT	58
	Operations	160
Strategic Devt	202	
<b>Corporate Total</b>		<b>5,952</b>
<b>Grand Total</b>		<b>45,000</b>

**2014/15 Capital Plan by CMG**

Scheme	CMG							Corporate				TOTAL £'000s
	CHUGS £'000s	CSI £'000s	W&C £'000s	RRC £'000s	ESM £'000s	ITAPS £'000s	MSS £'000s	IMT £'000s	Facilities £'000s	Reconfigur ation £'000s	Other £'000s	
Linear Accelerator												0
Endoscopy GH	309											309
Lithotripter Machine	430											430
Aseptic Suite		400										400
MES Installation Costs		1,250										1,250
Maternity Interim Development			1,000									1,000
Bereavement Facilities			62									62
Renal Home Dialysis Expansion				708								708
Stock Management Project											2,949	2,949
Medical Equipment Executive Budget	961	148	140	399	25	1,221	414				429	3,737
LiA Schemes											500	500
Odames Library											1,500	1,500
Donations											300	300
Alliance / Elective Care Bundle												0
IM&T Sub Group Budget								3,000				3,000
Safer Hospitals Technology Fund								1,150				1,150
EDRM System								3,300				3,300
EPR Programme								3,100				3,100
Unified Comms								1,850				1,850
Facilities Backlog Maintenance									6,000			6,000
Accommodation Refurbishment									2,400			2,400
CHP Units LRI & GH									800			800
Theatre Recovery LRI										2,785		2,785
Interim ITU LRI										500		500
Vascular Enabling										520		520
Ward 4 LGH										1,000		1,000
KSOPD Refurbishment										250		250
Feasibility Studies										100		100
<b>Schemes Requiring External Funding</b>												
Emergency Floor										11,523		11,523
ED Enabler: Clinic 1 & 2 Works										814		814
ED Enabler: Old Cancer Centre Conversion										1,050		1,050
ED Enabler: Oliver Ward Conversion										1,260		1,260
ED Enabler: Clinical Genetics										158		158
ED Enabler: Chapel Relocation										315		315
ED Enabler: Victoria Main Reception										525		525
ED Enabler: Modular Wards LRI										3,700		3,700
GGH Vascular Surgery 9inc.Ward, Ang, Hybrid										4,000		4,000
												0
<b>TOTAL PLAN 2014/15</b>	<b>1,700</b>	<b>1,798</b>	<b>1,202</b>	<b>1,107</b>	<b>25</b>	<b>1,221</b>	<b>414</b>	<b>12,400</b>	<b>9,200</b>	<b>28,500</b>	<b>5,678</b>	<b>63,245</b>

## University Hospitals of Leicester NHS Trust

**REPORT TO:** Trust Board

**DATE:** 24 April 2014

**REPORT FROM:** Kate Bradley - Director of Human Resources

**REPORT BY:** Louise Gallagher, Workforce Development Manager

**SUBJECT:** THE WORKFORCE PLAN 2014-19

---

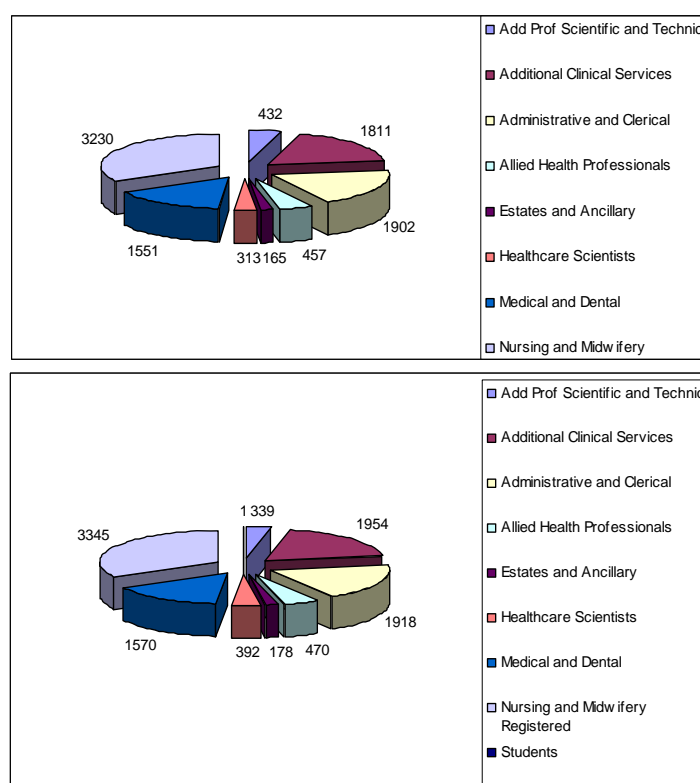
**1.0 INTRODUCTION**

- 1.1 This report updates on progress in relation to the development of a Workforce Plan for 2014/19 including the development of the two year detailed Workforce Plan submission as part of the NHS Trust Development Authority (NTDA) Annual Operating Plan requirements for 2014/16. The latter required a fully signed off two year Workforce Plan by 31 March 2014 and a five year Integrated Business Plan and accompanying Long Term Financial Model (LTFM) by 20 June 2014.
- 1.2 The Workforce Plan forms a core subset of the Organisational Development Plan with the former describing the capacity and capability requirements of the future workforce in order to realise an affordable, safe and high quality model of care. The Organisational Development Plan describes and monitors actions to drive a culture of engagement, transparency and accountability in order to enhance the ability of the workforce to deliver the vision for services.
- 1.3 A number of strategic planning events have been held with Clinical Management Groups in order to understand the two and five year visions for service delivery within the context of a challenging financial position; an overarching NHS England direction of travel for specialised services to be delivered from less acute trusts and, where appropriate, for care to be provided closer to home.
- 1.4 This report describes the process and output to date from the workforce planning process for 2014/19.

**2.0 CHANGES IN THE WORKFORCE PROFILE 2013/14**

- 2.1 Workforce has received focused attention in the last financial year for a number of reasons:
- Multi factorial issues impacting of the numbers of extra capacity beds required including increased patient acuity particularly in elderly frail admissions, increased emergency admissions and slower rates of discharge as a result of reduced capacity in other parts of the healthcare system. Mid year this led to the removal of a number of workforce related CIP schemes linked to bed closure and reduced length of stay
  - A shortage of qualified nurses to meet the capacity requirements following a Trust wide review of ward safe staffing levels in part arising from the Francis Report recommendations
  - An increased reliance on the non contracted workforce to meet safe staffing levels
- 2.2 Chart One shows the changes in the contracted workforce profile between March 2013 and March 2014 (source Electronic Staff Record, ESR).

## University Hospitals of Leicester NHS Trust

2.2.1 Chart One Contracted Workforce Profiles March 13 and March 2014:2.2.2 Table One Changes in Contracted Workforce Profile 2013/14

Staff Group	WTE March 2013	Headcount March 2013	WTE March 2014	Headcount March 2014	Change in WTE 13-14	Change in Headcount 13-14
Add Prof Scientific and Technic	432	508	339	408	-93	-100
Additional Clinical Services	1811	2154	1954	2298	+143	+144
Administrative and Clerical	1902	2257	1918	2254	+16	-3
Allied Health Professionals	457	548	470	562	+13	+14
Estates and Ancillary	165	225	178	238	+13	+13
Healthcare Scientists	313	348	392	439	+79	+91
Medical and Dental	1551	1766	1570	1780	+19	+14
Nursing and Midwifery Registered	3230	3722	3345	3844	+115	+122
<b>Total</b>	<b>9860</b>	<b>11528</b>	<b>10166</b>	<b>11823</b>	<b>+307</b>	<b>+296</b>

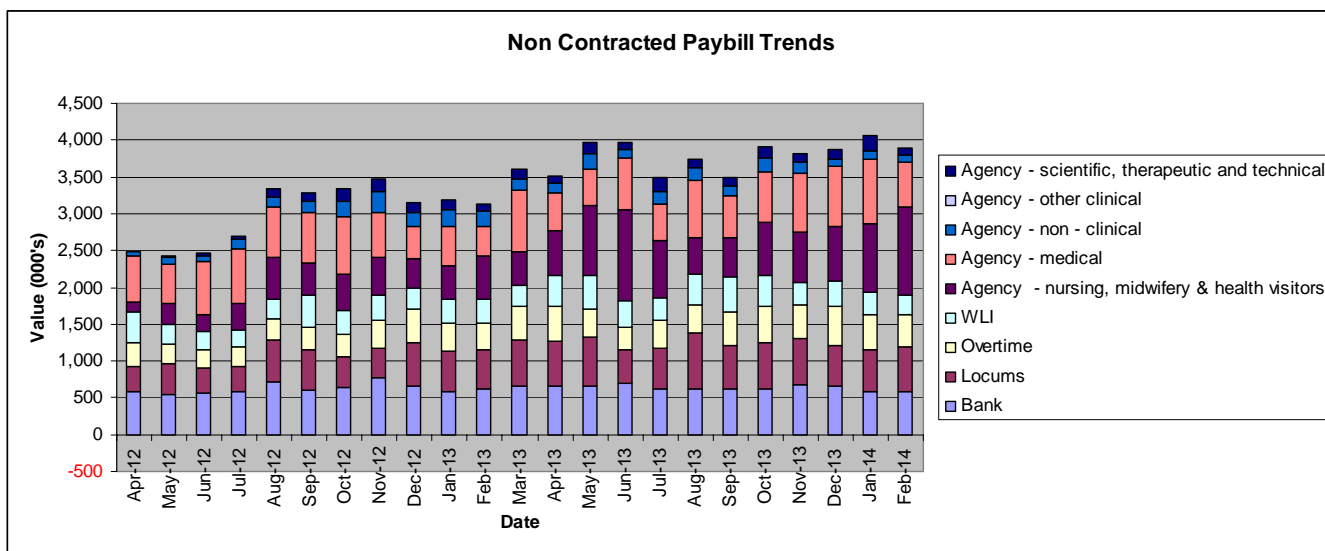
2.3 Table One shows the growth in nursing and midwifery staff (115 WTE, 122 heads) and in additional clinical services (143 WTE, 144 heads) (mainly healthcare assistants) as a result of the specific increase in the nursing workforce capacity. Changes in the profile of healthcare scientists and additional professional, scientific and technical staff are mainly as a result of changes in the coding of staff groups nationally.

2.4 In September 2013, the nursing vacancy position was circa 500 nurses and therefore further increases in the nursing contracted position are expected in 2014/15. There are 50 international nurses due to commence in May 2014.

## University Hospitals of Leicester NHS Trust

2.5 Chart Two demonstrates the impact of increasing workforce establishment on non contracted expenditure and WTE. Non contracted pay has exceeded £3m in eleven out of twelve months in 2013/14 and exceeded £4m in February 2014 mainly as a result of the need to open extra capacity emergency beds. The increase in spend is predominantly nursing and medical agency. Non contracted expenditure and WTE is expected to reduce in 2014/15 as a result of successful implementation of workforce strategies to reduce shortfalls in supply eg international recruitment.

### 2.5.1 Chart Two Non Contracted Paybill



## 3.0 THE FIVE YEAR WORKFORCE PLAN PROCESS

3.1 In order to capture the workforce implications of the Clinical Management Group strategic directions, management teams have completed a narrative description of the skills and roles required to deliver any changed models of service delivery paying specific attention to a number of strategic contextual factors eg:

- The proposed reconfiguration of the required estate to deliver service models
- The impact of seven day services and underpinning clinical standards
- The impact of Better Care Together QUIPP schemes to reduce hospital admissions and provide care closer to the home
- Investment and disinvestment in specialised services and
- Proposed partnership arrangements to improve efficiency in the delivery of care eg maximising the benefit from the Alliance Contract.

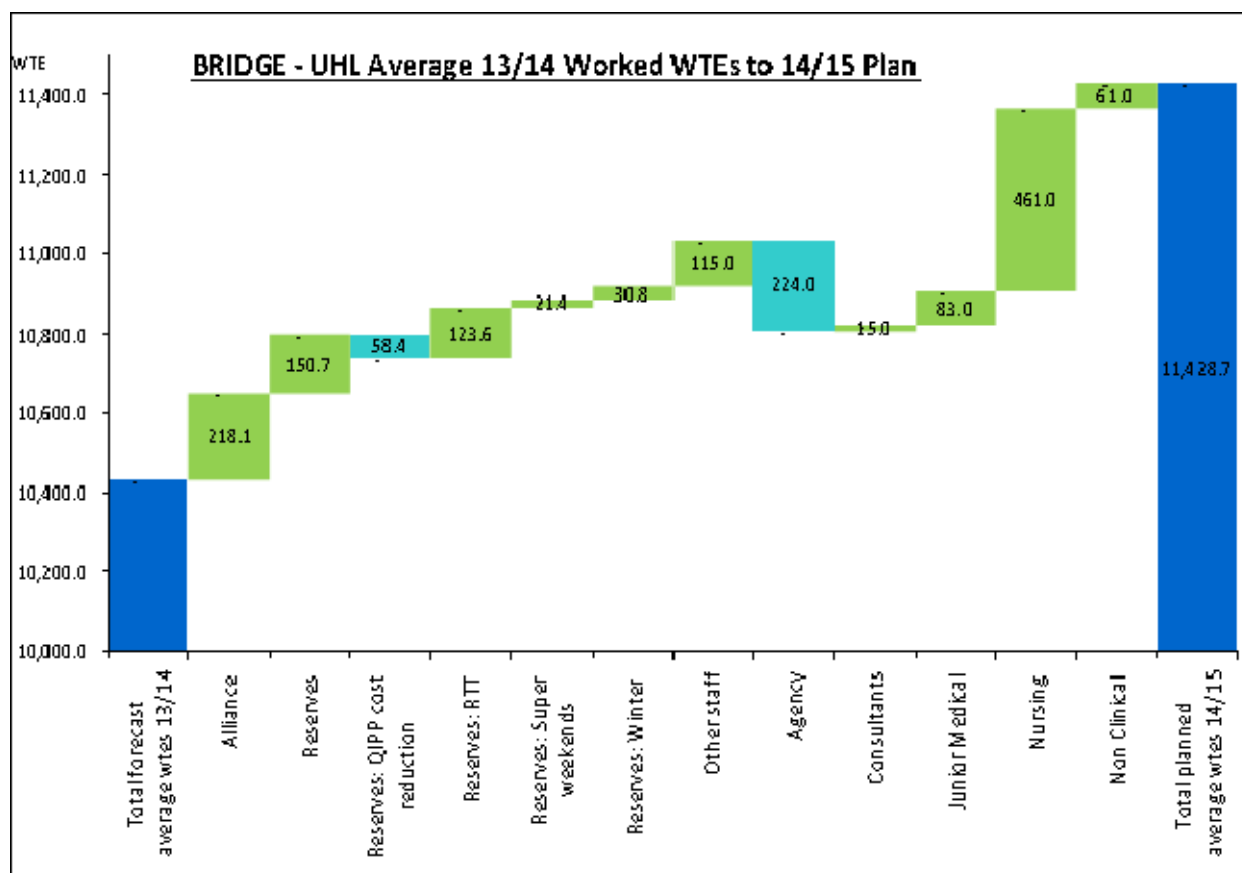
3.2 These plans are currently being collated into an overarching workforce plan for UHL, the core themes arising to date are:

- Proposed bed capacity reductions through increased use of day case, improvements in levels of delayed discharges and reduced emergency admissions
- Reductions in outpatient clinics through increased use of telehealth and relocation of some clinics
- Increased use of Advanced Practitioners in order to reflect reduced availability of trainee doctors

## University Hospitals of Leicester NHS Trust

- Assistant practitioners in order to address changed skill requirements in step down wards and outpatient areas.
- 3.3 This process runs in parallel with the Health Education East Midlands process for the development of education commissioning and development plans to support the health economy. UHL clinicians and senior managers are attending a range of care pathway workshops to influence plans aggregated from the LLR community, sharing visions for the delivery of care being developed through our five year planning process.
- 4.0 **TWO YEAR WORKFORCE PLANS**
- 4.1 This year the NTDA have required greater levels of granularity of detail regarding proposed workforce changes by staff group. To achieve this outcome, planning information relating to workforce has been extracted from the budget setting process through which Clinical Management Groups and Corporate areas have defined their staffing requirements. The outcome of this is detailed in the NTDA Workforce Plan submission, the main highlights of which are detailed in 4.2.
- 4.2 The core trends arising from this submission based on the budget submission process are:
- An increase of **998** worked whole time equivalent of which **218** are the result of the transfer of the Alliance Contract and **298** are up still held in reserve (eg developments relating to winter planning monies, RTT adjustments).
  - The remaining growth of net 512 WTE increases across all seven Clinical Management Groups.
  - In terms of staff group the principle growth areas are:
    - Nursing (461 contracted WTE offset by a reduction in agency staff of 144WTE net **340** additional nurses)
    - Medical (**99** contracted WTE offset by a reduction in agency staff of 48 WTE net **42** additional medical staff)
    - Non clinical (**60** contracted WTE offset by a reduction in agency staff of 18 WTE net **42** additional non clinical staff)
    - Scientific, therapeutic and technical staff (101 contracted offset by a reduction in agency staff of 13 WTE net 88 additional scientific, therapeutic and technical staff).
- 4.3 The explanation in terms of numbers is provided by the waterfall diagram overleaf which explains the changes in workforce profile from the end of March 2014 to April 2015. Nursing numbers continue to increase as a result of the full year effect of revisions to workforce establishments during the course of 2013/14 (approximately 78 WTE).

## University Hospitals of Leicester NHS Trust

4.3.1 Chart Three Waterfall Diagram

- 4.4 The fall in workforce WTE worked from **11494** to **10845** worked WTE (inclusive of reserves and alliance contract) will need to take place from April 2015 in order to meet financial assumptions of a 5% efficiency. During the summer of 2014, plans will need to be put in place to achieve this reduction which will form part of the overarching five year workforce plan.
- 4.5 In partnership with Ernst and Young, we are currently reviewing benchmarking data from the I-View system which collates information from the national ESR data warehouse. This information is currently highlighting cost savings opportunities both in terms of potential headcount reductions and out of contract payments.
- 4.6 Early indications are that this will be achieved through:
- Bed capacity reductions and reduced length of stay
  - Skills mix review
  - Efficiency and quality improvements as a result of seven day service provision
  - Medical productivity
  - Productivity gains as a result of electronic rostering
  - Productivity gains through estates reconfiguration
  - A workforce review
  - VSS scheme
  - Reductions in the use of non contracted workforce



## University Hospitals of Leicester NHS Trust

5.0 **RECOMMENDATION**

5.1 The Trust Board is asked to:-

- Note the process for the development of the 2014-19 Workforce Plan.
- Support the need for continued challenge to workforce numbers in order to reach a realistic financial position for 2016 and beyond.

