

Trust Board Paper T

	TRUST BOARD									
From:	Rachel Overfield, Kevin Harris, Richard Mitchell Kate Bradley Peter Hollinshead									
Date:	30th January 2014									
CQC regulation	All									
Title:	Quality & Performance Report									
Author/Responsible Director:	R Overfield, Chief Nurse K. Harris, Medical Director R, Mitchell, Chief Operating Officer K. Bradley, Director of Human Resources P Hollinshead, Interim Director of Financial Strategy									
Purpose of the Report:	To provide members with an overview of UHL quality, operational performance against national and local indicators and Finance for the month of December.									
The Report is provided to the Board for:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Decision</td> <td style="width: 5%;"></td> <td style="width: 50%; text-align: center;">Discussion</td> <td style="width: 5%; text-align: center;">√</td> </tr> <tr> <td style="text-align: center;">Assurance</td> <td style="text-align: center;">√</td> <td style="text-align: center;">Endorsement</td> <td></td> </tr> </table>		Decision		Discussion	√	Assurance	√	Endorsement	
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Assurance	√	Endorsement								
Summary / Key Points:	<p>Successes</p> <ul style="list-style-type: none"> ❖ Theatres – 100% WHO compliant for the last 12 months. ❖ 62 day cancer – performance for November was 85.7% and year to date performance now delivering 85%, ❖ VTE - The 95% threshold for VTE risk assessment within 24 hours of admission has been achieved for the last 6 months ❖ The percentage of stroke patients spending 90% of their stay on a stroke ward year to date position is 82.5%. ❖ Friends and Family Test - performance for December is 68.7. <p>Areas to watch:-</p> <ul style="list-style-type: none"> ❖ C Difficile – on trajectory to date with 52 reported against cumulative target of 52. ❖ Diagnostic waiting times– the 1% threshold was missed in December ❖ C&B – performance similar to this time last year and target is still not delivered. <p>Exceptions/Contractual Queries:-</p> <ul style="list-style-type: none"> ❖ Pressure Ulcers – recovery action plan signed off and revised trajectory agreed ❖ ED 4hr target - Performance for emergency care 4hr wait in December was 90.1%. Actions relating to the emergency care performance are included in the ED exception report. ❖ Cancelled Operations – contract query has been raised by the commissioners due to consistent failure of the threshold. Remedial action plan updated. 									

- ❖ RTT admitted and non-admitted – this remains a contractual failure to agree. Ongoing discussions with commissioners about the capacity gap and financial impact of resolving current backlogs over 18 weeks.

Finance:-

- ❖ The Trust is reporting a deficit at the end of December of £28.5m, which is £31.5m adverse to the planned surplus of £3.0m.
- ❖ Patient care income £12.2m (2.6%) favourable against Plan.
- ❖ Pay costs are £16.7m over budget, almost £20m more than the same period in 2012/13 (5.9%). When viewed by staff group, the most significant increases year on year are seen across agency and medical locums, nursing spend and consultants' costs.
- ❖ CIP - £2.5m adverse to Plan

Recommendations: Members to note and receive the report

Strategic Risk Register

Performance KPIs year to date CQC/NTDA

Resource Implications (eg Financial, HR) N/A

Assurance Implications Underachieved targets will impact on the NTDA escalation level, CQC Intelligent Monitoring and the FT application

Patient and Public Involvement (PPI) Implications Underachievement of targets potentially has a negative impact on patient experience and Trust reputation

Equality Impact N/A

Information exempt from Disclosure N/A

Requirement for further review? Monthly review

Caring at its best

Quality and Performance – December 2013

Trust Board

Thursday 30th January 2014

One team shared values

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 30TH JANUARY 2014

**REPORT BY: KEVIN HARRIS, MEDICAL DIRECTOR
RACHEL OVERFIELD, CHIEF NURSE
RICHARD MITCHELL, CHIEF OPERATING OFFICER
KATE BRADLEY, DIRECTOR OF HUMAN RESOURCES
PETER HOLLINSHEAD, INTERIM DIRECTOR OF FINANCIAL STRATEGY**

SUBJECT: DECEMBER 2014 QUALITY & PERFORMANCE SUMMARY REPORT

1.0 INTRODUCTION

The following paper provides an overview of the December 2014 Quality & Performance report highlighting key metrics and areas of escalation or further development where required.

2.0 2013/14 NTDA Oversight and Escalation Level

2.1 NTDA 2013/14 Indicators

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

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

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

Outcome Measures	Target	2012/13	Apr-13	May-13	Jun-13	Qtr1	Jul-13	Aug-13	Sep-13	Qtr2	Oct-13	Nov-13	Dec-13	Qtr 3	YTD
30 day emergency readmissions	7.0%	7.8%	7.5%	7.8%	7.7%	7.7%	7.5%	7.6%	7.8%	7.6%	7.9%	7.8%		7.9%	7.7%
Avoidable Incidence of MRSA	0	2	0	0	0	0	0	0	1	1	0	0	0	0	1
Incidence of C. Difficile	67	94	6	7	2	15	6	5	9	20	6	6	5	17	52
Incidence of MSSA		46	5	2	5	12	1	4	3	8	1	1	1	3	23
Safety Thermometer Harm free care		94.1%*	92.1%	93.7%	93.6%		93.8%	93.5%	93.1%		94.7%	93.9%	94.0%		
Never events	0	6	1	0	0	1	0	0	1	1	0	0	0	0	2
C-sections rates*	25%	23.9%	23.8%	26.1%	26.1%	25.3%	25.0%	25.2%	24.6%	24.9%	25.6%	27.5%	25.2%	26.1%	25.5%
Maternal deaths	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Avoidable Pressure Ulcers (Grade 3 and 4)	0	98	11	4	8	23	8	8	5	21	4	4	4	12	56
VTE risk assessment	95%	94.5%	94.1%	94.5%	93.1%	93.9%	95.9%	95.2%	95.4%	95.3%	95.5%	96.7%	96.1%	96.1%	95.2%
Open Central Alert System (CAS) Alerts		13	14	9	15		36	10	10		14	15	12		
WHO surgical checklist compliance	100%	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

* target revised to 25%

Quality Governance Indicators	Target	2012/13	Apr-13	May-13	Jun-13	Qtr1	Jul-13	Aug-13	Sep-13	Qtr2	Oct-13	Nov-13	Dec-13	Qtr 3	YTD
Patient satisfaction (friends and family)		64.5	66.4	73.9	64.9		66.0	69.6	67.6		66.2	70.3	68.7		68.1
Sickness/absence rate	3.0%	3.4%	3.3%	3.1%	3.0%	3.2%	3.2%	3.1%	3.1%	3.1%	3.4%	3.7%	4.7%*	3.6%	3.4%
Proportion temporary staff – clinical and non-clinical (WTE for Bank, Overtime and Agency)			5.6%	5.9%	5.6%		5.6%	5.5%	5.3%		6.0%	6.1%	6.0%		
Staff turnover (excluding Junior Doctors and Facilities)	10.0%	9.0%	8.8%	8.9%	9.2%		9.5%	9.3%	9.7%		9.6%	9.7%	10.2%		
Mixed sex accommodation breaches	0	7	0	0	0	0	0	0	0	0	0	2	0	2	2
% staff appraised	95%	90.1%	90.9%	90.2%	90.7%		92.4%	92.7%	91.9%		91.0%	91.8%	92.4%		
Statutory and Mandatory Training	75%		45%	46%	46%		48%	49%	55%		58%	60%	65%		
% Corporate Induction attendance rate	95%		87%	82%	95%		90%	94%	94%		91%	87%	89%		

*provisional data

2.2 UHL NTDA Escalation Level

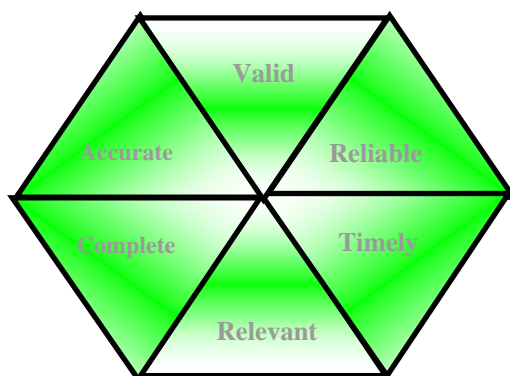
The Accountability Framework sets out five different categories by which Trust's are defined, depending on key quality, delivery and finance standards.

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

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

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

3.0 DATA QUALITY DIAMOND



The UHL Quality Diamond has been developed as an assessment of data quality for high-level key performance indicators. It provides a level of assurance that the data reported can be relied upon to accurately describe the Trust's performance. It will eventually apply to each indicator in the Quality and Performance Reports. The process was reviewed by the Trust internal auditors who considered it 'a logical and comprehensive approach'. Full details of the process are available in the Trust Information Quality Policy.

The diamond is based on the 6 dimensions of data quality as identified by the Audit Commission:

- ❖ **Accuracy** – Is the data sufficiently accurate for the intended purposes?
- ❖ **Validity** – is the data recorded and used in compliance with relevant requirements?
- ❖ **Reliability** – Does the data reflect stable and consistent collection processes across collection points and over time?
- ❖ **Timeliness** – is the data up to date and has it been captured as quickly as possible after the event or activity?
- ❖ **Relevance** – Is the data captured applicable to the purposes for which they are used?
- ❖ **Completeness** – Is all the relevant data included?

It is proposed the data quality diamond assessment will be included in the January Quality and Performance report against indicators that have been assessed.

4.0 QUALITY AND PATIENT SAFETY – KEVIN HARRIS/RACHEL OVERFIELD

4.1 Quality Commitment

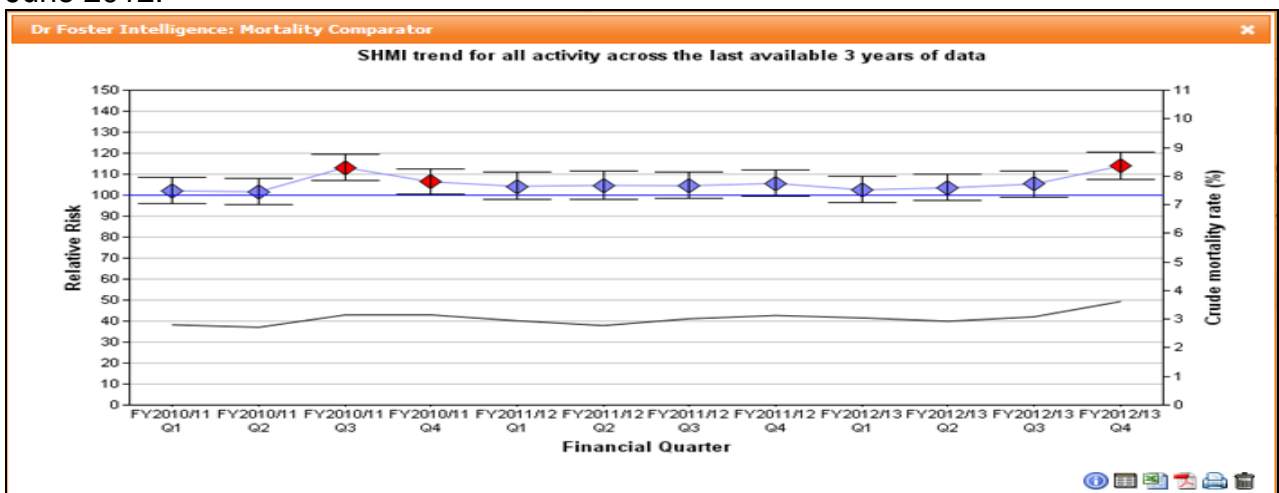
There is no update on the Quality Commitment programme this month. An end of year closure report will be presented to the Quality Assurance Committee at its meeting on the 29th January and they will be asked to advise what is taken forward to the Trust Board.

4.2 Mortality Rates

Mth
Qtr 1
Qtr 2
Qtr 3
YTD

The latest published SHMI by the Health and Social Care Information Centre (HSCIC) covers the financial year 12/13 and UHL’s SHMI is 106 and is in Band 2 (ie within expected).

The SHMI for July 12 to June 13 is due to be published at the end of January. The new SHMI is anticipated to either remain at 106 or possibly increase to 107 as this time period includes April 13 where we saw an increase in both the crude and risk adjusted mortality. As can be seen from the Quarterly SHMI chart below, Jul 12 to Jun 13 will also include the increased SHMI period for January to March 13 whilst losing the lower SHMI of April to June 2012.



UHL now subscribes to the Hospital Evaluation Dataset (HED) which is similar to the Dr Foster Intelligence clinical benchmarking system but also includes a 'SHMI analysis tool'. UHL's SHMI for the months May to October 2013 is predicted to be closer to 100. However, due to the published SHMI being based on a '12 month rolling figure', the trust's SHMI is likely to remain above 100 for some time. Further analysis of the HED data is currently being undertaken and will be reported to the next Mortality Review Committee.

Reassuringly UHL's HSMR for 13/14 (Apr to Oct) is 90 (using the Dr Foster Intelligence clinical benchmarking tool). Our current HSMR is compared with the England average of 100 for 2012/13. Following Dr Foster's annual rebasing at the end of the financial year it is likely to be higher than 92 (the number of in-hospital deaths falls nationally year on year). Currently UHL's rebased HSMR for 13/14 is predicted to be 100 (i.e. the same as the England average).

UHL's monthly HSMR for the past 12 months is presented below.

Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	YTD	Target
98.5	101.4	98.7	102.9	97	89.8	92.4	92.6	94.4	85	84.4	90.7	100

4.3 Patient Safety

Mth	Qtr 1	Qtr2	Qtr3	YTD
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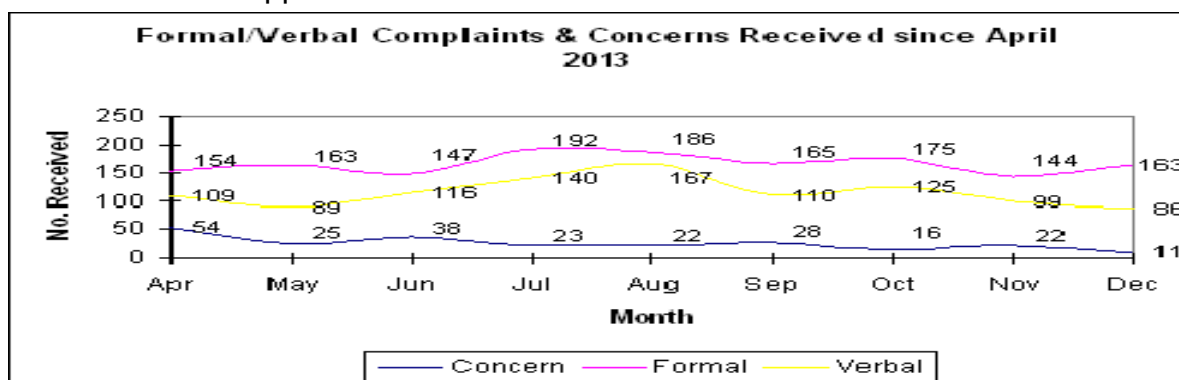
In December a total of 7 new Serious Untoward Incidents (SUIs) were escalated within the Trust (a reduction of 9 compared to November), 4 of which were patient safety incidents, 2 were Hospital Acquired Pressure Ulcers and 1 was a Healthcare Acquired Infection. 2 of the SUIs related to Children's Services and 2 related to delayed diagnosis. No Never Events were reported in the Trust in December. Six patient safety root causes analysis (RCA) investigation reports were completed and signed off last month, the actions and learning of which have been shared internally. These will be further reviewed at the Trust's 'Learning from Experience Group'.

In December 7 calls were made to the 3636 Staff Concerns Reporting Line, all of which have been followed up by a Director. A high level of compliance with deadlines for external CAS (Central Alerting System) alerts has been maintained - 100% for quarter three and 99% over a rolling 12 months.

Overall complaint activity remains high with the top 5 themes of written complaints being:-

- o Medical Care
- o Waiting Times
- o Communication
- o Cancellations
- o Discharge issues

Pleasingly, complaints relating to nursing care have reduced and complaints regarding staff attitude have dropped to the lowest level for over twelve months.



4.4 5 Critical Safety Actions

Mth Qtr 1 Qtr2 Qtr3 YTD

The aim of the 'Critical safety actions' (CSAs) 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 CSAs.

1. Improving Clinical Handover.

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

Actions:-

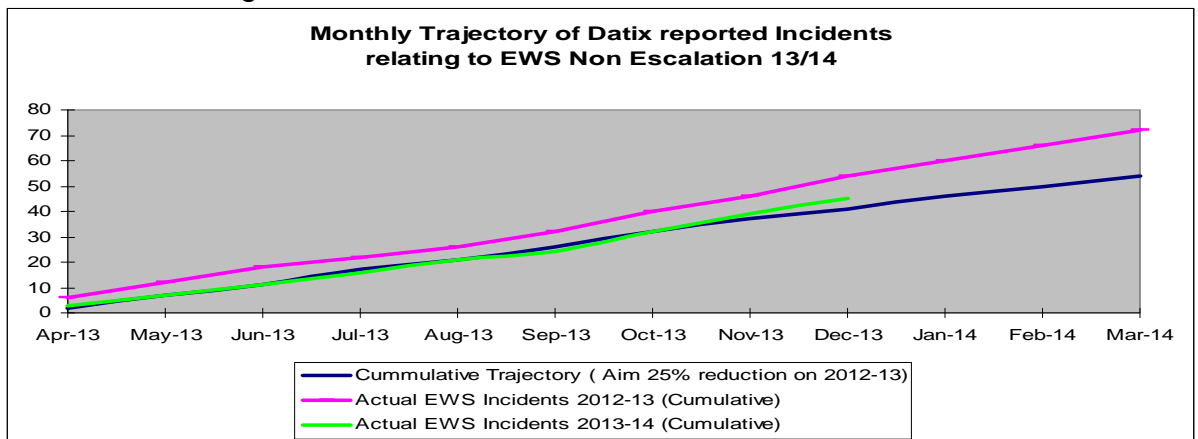
- ❖ The first meeting of the Nerve Centre handover project steering group took place this month to agree implementation plan. Plan to commence roll out as soon as 24/7 server upgraded and handover module added which is planned for January 2014.
- ❖ Almost all specialities have now responded to request for documentation of current handover practice following chase email from the Medical Director.

2. Relentless attention to Early Warning Score triggers and actions

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

Actions:-

- ❖ EWS Datix reported incidents related to non escalation are still being monitored this year. The internal aim is to reduce these by 25% against 2012-13 figures.



- ❖ Monthly data for response times to red calls which includes EWS>4 calls is captured from 24/7 system. As per EWS pathway, these should be responded to within 30 minutes.

% of red calls within response time <30 minutes

Site	September 13	October 13	November 13
GH	100%	100%	100%
LGH	100%	98%	97%
LRI	100%	97%	98%

The EWS response times < 30 mins Green 95% and above, Amber 85%- 94% Red > 84%

- ❖ A case note review to validate data with for the medical documentation of for the review of patients with escalated EWS via 24/7 system took place for the LRI and GH sites in early December with one site per week. The LGH site will be undertaken the week commencing 13th January 2014. Collated results will be reported next month.

3. Acting upon Results

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

Actions:-

- ❖ Have received signed off processes for managing diagnostic tests for 60% of specialities. More are still in draft version and require CMG approval.
- ❖ CMG deputy directors have been communicated with to ensure that those specialities without agreed processes are supported to undertake these in adherence with the CSA plan. Have received good response from most.

4. Senior Clinical Review, Ward Rounds and Notation

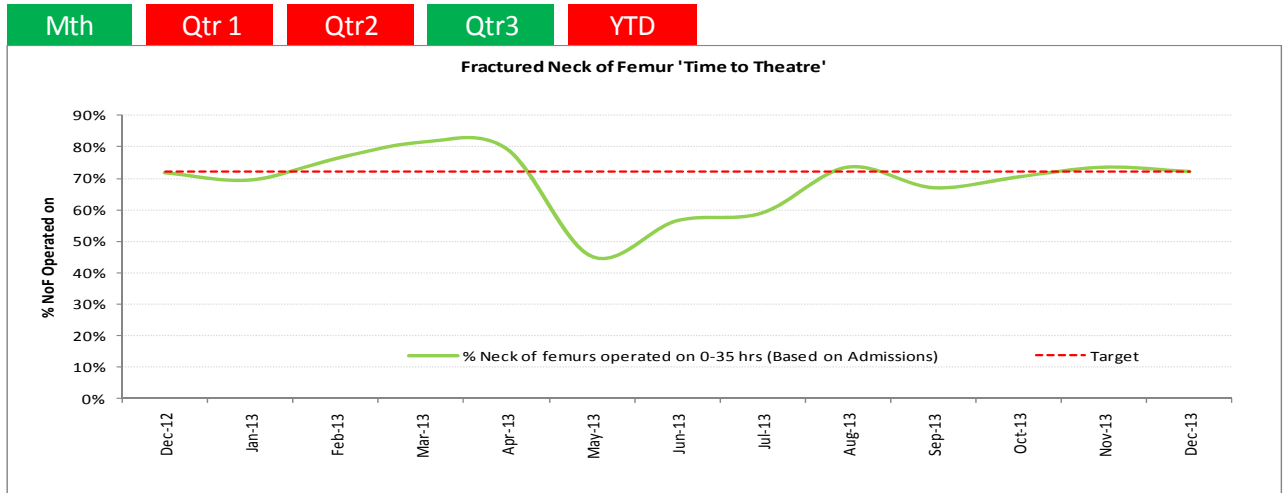
Aim -To meet national standards for clinical documentation. To provide strong medical leadership and safe and timely senior clinical reviews and ensure strong clinical governance.

Actions:-

- ❖ Ward round audit results collated by the CASE team. This is now to be used as a pilot audit due to lack of forms returned and lack of junior doctor auditors. Report to be written for next month.
- ❖ Spend breakdown for current continuation paper from supplies received. Savings will be made but it is difficult to establish actual amount due to the variety of order routes at present. Work is currently being undertaken on the changeover process as old codes will need to be replaced with the new coded paper and stops put on ordering the old paper.
- ❖ Ward round education session undertaken to FY1 doctors at LRI this month.
- ❖ Plan for January implementation delayed until ward round safety checklist and revised continuation paper for Children's and Obstetrics finalised. This is due to print changeover processes inability to implement separately. All documentation should be finalised by end of January for revised February implementation.

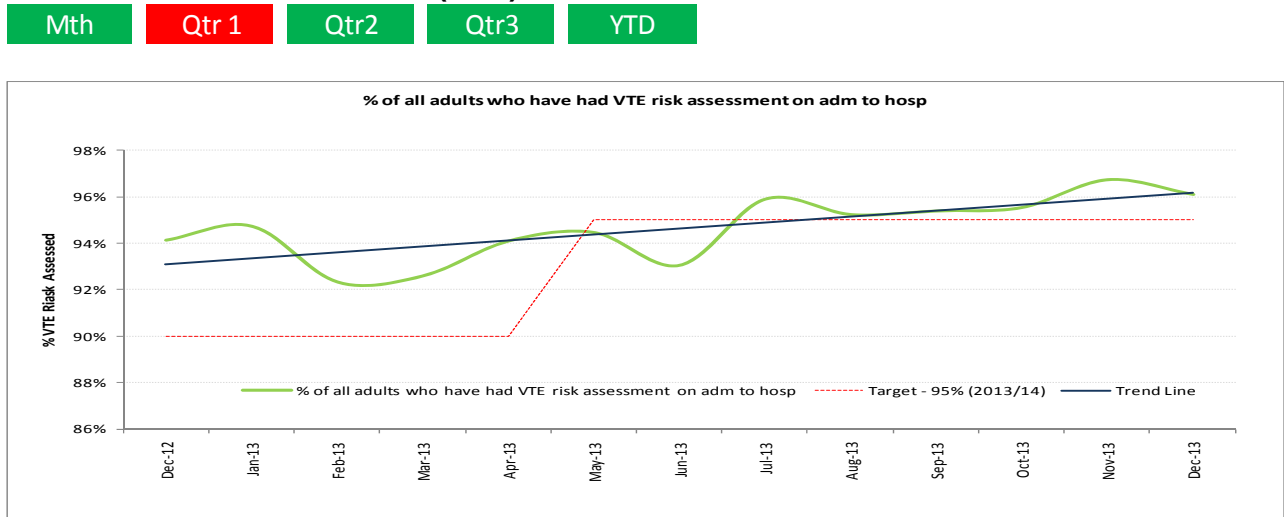
There is a risk to Q3 CQUIN full compliance from the delay in implementing the ward round documentation for the Senior Clinical Review, Ward Rounds and Notation action. All the other actions have achieved full compliance for Q3 against agreed action plans.

4.5 Fractured Neck of Femur 'Time to Theatre'



The percentage of patients admitted with fractured neck of femur during December who were operated on within 36hrs was 72.2% (52 out of 72 #NOF patients admitted during December).

4.6 Venous Thrombo-embolism (VTE) Risk Assessment



The 95% threshold for VTE risk assessment within 24 hours of admission has been achieved for December at 96.1%. The year to date performance is also being achieved at 95.2%.

4.7 Quality Schedule and CQUIN Schemes – Quarter 3

The table below summarises the anticipated RAG ratings for the Quality Schedule and CQUIN indicators in respect Quarter 3's performance.

Good progress has been made against the Quarter 3 thresholds for each of the CQUIN indicators and it is anticipated that all CQUIN schemes will be given a Green RAG rating.

There are two "Red" Quality Schedule indicators – Never Events and Same Sex. There was one Never Event in October and one 'non clinically justified' Same Sex Accommodation breach in November and therefore the RAG has been made Red for the full Quarter.

There are several Amber Quality Schedule indicators at risk of being RAG'd Amber because thresholds have not been fully met for one of the indicators for part or all of the Quarter.

Communication (Discharge, Out-patient and ED Letters) - There have been delays with implementation of ED action plan and backlogs remain with outpatient letters for some specialities. An audit has been carried out by GPs from East and Leicester City GPs and the results should be available in February.

Medicines Management – Whilst improvements have been made with compliance for both Controlled Drugs in respect of storage and the Medicines Code for prescribing and administration, performance is still below the threshold. Spot check audits continue for those areas non compliant.

Complaints Response Times – performance below threshold for ‘responses within 25 days’ for November.

Pressure Ulcers – The revised Trajectory was achieved for both Nov and December and Action Plan timescales met for all but one action - establishing a Pressure Ulcer database. Commissioner have advised that the Contract Query is to remain in place until the end of the financial year and possibly longer.

Children’s Dashboard – potentially will remain at Amber if training figures have not improved.

PROMs – Participation has improved for both Groin Hernia and Varicose Vein PROMs but there has been a deterioration in number of patients reporting a health gain following their Groin Hernia Surgery. An audit is currently underway to confirm whether these patients had any post op complications or were readmitted to hospital following surgery.

Mortality – Whilst UHL’s SHMI remains ‘within expected’ UHL has RAG’d itself as Amber for this indicator due to the SHMI being above 100.

All LLR indicators will be reviewed at the CQRG meeting on 20th February and the RAGs confirmed. Conformation of the RAG for the Specialised Service CQUINs is due after their review meeting on 28th February.

Contract negotiation discussions are currently underway with the Commissioning Quality Leads with respect of the Quality Schedule and CQUIN schemes for 14/15 and a final draft of both is due to be completed by 14th February.

The contract guidance suggests there should be a small number of local quality schedule indicators. Early discussions have been held with Commissioners about the idea of having ‘baskets’ of indicators which would reflect the work programme associated with that basket (i.e. Infection Prevention, Medicines Optimisation) and have one thresholds and RAG rating set accordingly.

The national guidance recommends a maximum of 10 local CQUIN schemes, currently there are 7 that have been put forward by UHL, most of which are a continuation of previous schemes with the addition of ‘reducing avoidable weight loss’ and ‘earlier recognition of sepsis’.

Proposed indicators have been discussed with the Executive Quality Board and Executive Team. Each of the Clinical Commissioning Group Boards are also considering which indicators should be in both the Quality Schedule and CQUIN schemes for 14/15 and the expectation is that the first formal draft will be available for circulation and consultation week commencing 27th January.

Schedule	Ref	Indicator Title and Detail	Q3 Predicted RAG
QS	IP1 IP2 IP3	IP1: MRSA bacteraemias C Diff MRSA Screens (EI & Em) IP2: MSSA bacteraemias E Coli bacteraemias MRSA and C Diff Reduction Plan IP2: C Section Surveillance IP3: HII Audits	G
QS	PS1	Patient Safety Dashboard to include: SUIs Never Events Duty of Candour	R
QS	PS2	Safety Assurance Dashboard to include: Compliance with Duty of Candour Risk Register Central Alerting System	G
QS	PS4	Ward Health Check To include: Staffing / establishment, use of agency, Nursing Metrics F&FT etc	G
QS	PS5	Compliance with letter content: <u>ED and Discharge Letters:</u> GP Actions; Follow up; Patient Information, Medication Changes and Consultant <u>Outpatient Letters:</u> GP Actions; Follow up; Patient Information, Medication Changes Absence of requests for GP to initiate treatment	A
QS	PS6	Eliminating "avoidable" Grade 2, 3 and 4 Hospital Acquired Pressure Ulcers	A
QS	MM1	Medicines Management Dashboard to include: Compliance with - Leicester Medicines Code - Controlled Drugs Regs - Medicines Reconciliation - Antipsychotics Prescribing - 'Traffic Lights' Policy - LLR Formulary Medication errors causing harm	A
QS	PE1	Same Sex Accommodation	R
QS	PE2	PE2c – Reopened Complaints – improving response times PE2e – Actions being taken to reduce complaints relating to staff attitude, medical and nursing care	A
QS	PE3a	Pt Exp – Quality Commitment PE3aii Discharge Experience	A
QS	PE4	Patient Experience in ED	A
QS	CE2	Children's Services Dashboard	A
QS	CE3	PROMS - Hip or Knee Replacement - Groin Hernia Surgery - Varicose Vein Repair a) Participation in PROMs b) Outcome PROMS - utilising HES pre and post outcome data	A

Schedule	Ref	Indicator Title and Detail	Q3 Predicted RAG
QS	CE4	#NOF scorecard to include Time to theatre (36 hrs & 48 hrs) and Orthogeriatric / MDT related indicators	A
QS	CE5	Stroke & TIA Clinic Indicators to include: 90% stay, Swallow Assessment, TIA referral within 24 hrs	A
QS	CE6	Mortality Dashboard: SHMI, HSMR Perinatal Mortality Amenable Mortality (linked to Everyone counts) LTC Mortality - Alcoholic Liver Disease (linked to Everyone Counts')	A
QS	CE7	Quality Assurance Dashboard to include: Compliance with NICE TAGs and other guidance Clinical Audit Programme progress External Visits Schedule	tbc
QS	CE10	Consultant level survival rates as stated on the 'Everyone Counts' document	tbc
QS	PR1	Digital First IOFM Advice for Carers of Pts with Dementia	tbc
CQUIN SCHEMES			
Nat CQUIN	Nat 1	Implementation of Friends and Family Test: 1.1 Phased Expansion 1.2 Increased Response Rate 1.3 Improved Performance on Staff Test	G
Nat CQUIN	Nat 2	2.1. To collect data on the following three elements of the NHS Safety Thermometer: pressure ulcers, falls UTI in patients with a catheter 2.2a Reduction in CAUTIs 2.2b Reduction in Falls	tbc
Nat CQUIN	Nat 3	3.1 .Patients aged 75 and over admitted as an emergency are screened for dementia, where screening is positive they are appropriately assessed and where appropriate referred on to specialist services/GP.	G
		3.2. Ensuring sufficient clinical leadership of dementia within providers and appropriate training of staff.	tbc
		3.3. Ensuring carers of people with dementia feel adequately supported	G
Nat CQUIN	Nat 4	Reduce avoidable death, disability and chronic ill health from Venous thromboembolism(VTE) 1. VTE risk assessment 2. VTE RCAs	G
LLR CQUIN	Loc 1	Making Every Contact Count Increased advice and referral to STOP and ALW	G
LLR CQUIN	Loc 2	Implementation of the AMBER care bundle to ensure patients and carers will receive the highest possible standards of end of life care	G
LLR CQUIN	Loc 3	Improve care pathway and discharge for patients with Pneumonia a) Admission directly to respiratory ward and piloting of 'pneumonia virtual clinic for patients admitted to LRI') b) Improving care pathway and discharge for patients with Pneumonia - Implementation of Pneumonia Care Bundle	G
LLR CQUIN	Loc 4	Improving care pathway and discharge for patients with Heart Failure - Implementation of Care Bundle and discharge Check List and piloting of 'virtual ward'	G
LLR CQUIN	Loc 5	Critical Safety Actions – Clinical Handover Acting on Results Senior Review/Ward Round Standards Early Warning Score	tbc
LLR CQUIN	Loc 7	Implementation of DoH Quality Mark with specific focus on Dignity Aspects	G

Schedule	Ref	Indicator Title and Detail	Q3 Predicted RAG
EMSCG CQUIN	SS1	Implementation of Specialised Service Quality Dashboards	G
EMSCG CQUIN	SS2	Bone Marrow Transplant (BMT) – Donor acquisition measures	G
EMSCG CQUIN	SS3	Fetal Medicine – Rapidity of obtaining a tertiary level fetal medicine opinion – within 3 working days.	G
EMSCG CQUIN	SS4	Joint Pain Scores for Moderate/Severe Haemophilia Patients	G
EMSCG CQUIN	SS5	Discharge planning is important in improving the efficiency of units and engaging parents in the care of their infants thereby improving carer satisfaction of NICU services.	G
EMSCG CQUIN	SS6	Radiotherapy – Improving the proportion of radical Intensity modulated radiotherapy (excluding breast and brain) with level 2 imaging – image guided radiotherapy (IGRT)	G
EMSCG CQUIN	SS7	Acute Kidney Injury	tbc
EMSCG CQUIN	SS8	PICU - . To prevent and reduce unplanned readmissions to PICU within 48 hours	G

4.8 Theatres – 100% WHO compliance

Mth	Qtr 1	Qtr2	Qtr3	YTD
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The National Patient Safety Agency endorsed WHO checklist consists of four stages and is monitored and reported every month to commissioners. For December the checklist compliance stands at 100% and has been fully compliant for the last 12 months.

4.9 C-sections rate

Mth	Qtr 1	Qtr2	Qtr3	YTD
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The C-section rates for the 3rd quarter is 26.1%, this was mainly due to a higher rate in November. The Perinatal risk group have reviewed this rate early in January and are reviewing case notes in relation to November's rates. On the positive side the low risk birth unit at LGH has seen a rise in women using it through December by almost 50%, which proves the midwives are working hard to promote low risk care.

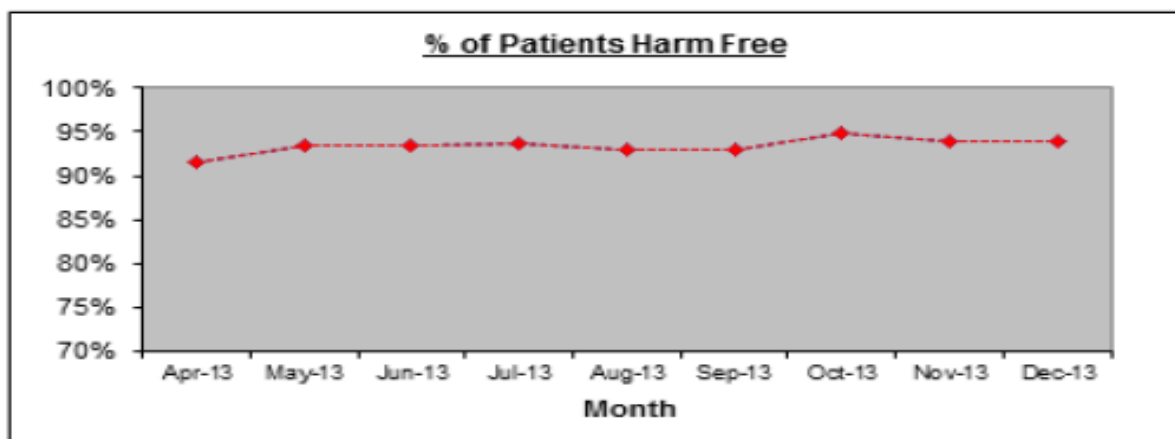
4.10 Safety Thermometer

Table one below confirms the December 2013 Safety Thermometer Data for UHL. It is noted that the UHL percentage of Harm Free Care for December was 94%. There are no areas of concern in relation to the prevalence of New Harms.

Table One – December 2013 Safety Thermometer Data

		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Number of patients on ward		1672	1686	1650	1514	1496	1579	1596	1662	1558
All Harms	Total No of Harms - Old (Community) and Newly Acquired (UHL)	150	117	113	100	108	121	85	102	102
	No of patients with no Harms	1531	1577	1540	1417	1392	1466	1512	1560	1464
	% Harm Free	91.57%	93.53%	93.33%	93.59%	93.05%	92.84%	94.74%	93.86%	93.97%
Newly Acquired Harms	Total No of Newly Acquired (UHL) Harms	73	58	56	49	59	46	42	40	41
	No of Patients with no Newly Acquired Harms	1600	1631	1596	1466	1438	1535	1555	1622	1519
	% of UHL Patients with No Newly Acquired Harms	95.69%	96.74%	96.73%	96.83%	96.12%	97.21%	97.43%	97.59%	97.50%
Harm One	No of Patients with either an OLD or NEWLY Acquired Grade 2, 3 or 4 Pressure Ulcers (PUs)	92	75	73	66	67	87	54	74	62
	No of Newly Acquired Grade 2, 3 or 4 PUs	26	27	26	19	25	16	19	17	13
Harm Two	No of Patients having fallen in hospital in previous 72 hrs	14	8	8	5	3	3	2	3	3
Harm Three	No of Patients with Urinary Catheter and Urine Infection (prior to or post admission)	36	27	27	25	31	25	22	15	24
	Newly Acquired UTIs with Catheter	25	16	17	21	24	21	14	10	12
Harm Four	Newly Acquired VTE (DVT, PE or Other)	8	7	5	4	7	6	7	10	13

Chart One – UHL Percentage of Harm Free Care April to December 2013



Pressure Ulcer Prevalence

As part of the recent CQC inspection, the CQC data pack highlighted that the UHL New pressure ulcer prevalence rate for all grades of pressure ulcers, for all patients (including those over 70 years of age) has been above the England average from March 2013 to November 2013. Although this is factually correct, the CQC compared UHL data to the national average that does not take account for trust-to-trust variation in the demographic make-up of the population. The two charts below provide a more accurate comparison of organisations and illustrate the mean percentage of all new pressure ulcers for acute hospitals or similar size trusts to UHL. The data provides assurance that UHL is not an outlier in terms of new pressure ulcers for all patients (including patients over 70 years of age).

Chart Two – New Pressure Ulcers (all Patients) from Nov 2012 to Dec 2013

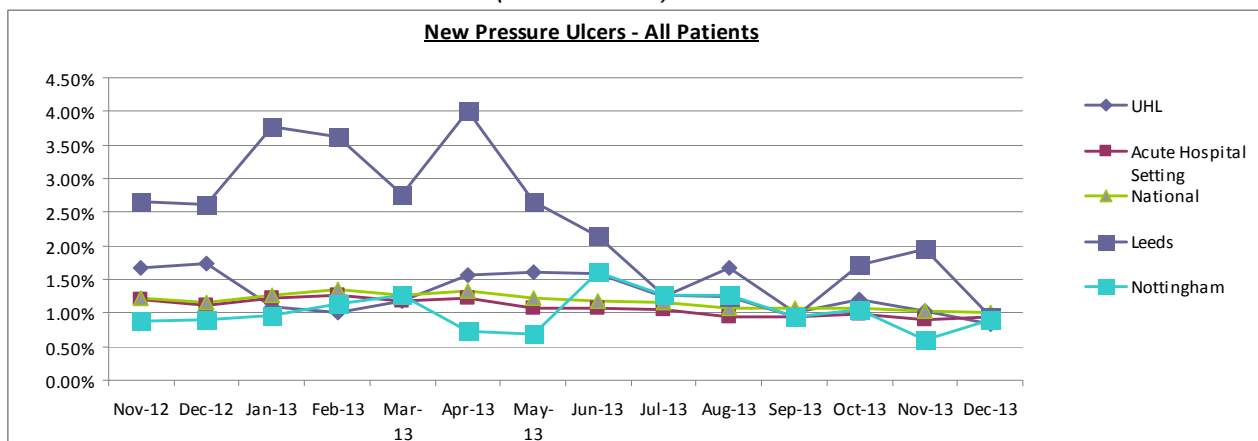
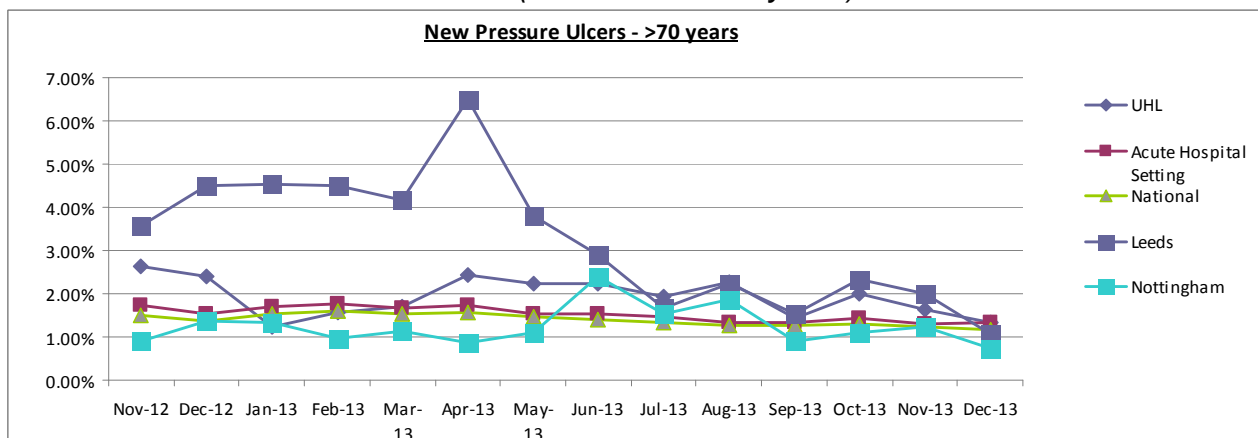


Chart Three – New Pressure Ulcers (Patients over 70 years) from Nov 2012 to Dec 2013



The Leicestershire and Lincolnshire Area Team have provided UHL with the Midlands and East Pressure Ulcer Ambition Programme Dashboard that compares Safety Thermometer prevalence data for pressure ulcers in different organisations across the patch. The data in table two below again confirms that UHL are not an outlier when comparing the mean percentage of new pressure ulcers across Leicestershire and Lincolnshire (data only available for November 2013). It is anticipated that UHL will now receive this data on a monthly basis as from February 2014.

Table Two – UHL Mean Percentage Prevalence for New Pressure Ulcers November 2013 and Comparisons with other Organisations across Leicester / Leicestershire

November 2013	Mean % PU prevalence for New PU	Mean % prevalence for all PU
UHL	1.0	4.5
Same Setting of Care (i.e. Acute Trust)	1.0	4.6
Leicestershire and Lincolnshire Area Team	0.8	4.1
Midlands and East	1.0	4.8
National	1.1	4.9

Falls Prevalence

The UHL prevalence of falls with harm in all patients and those over seventy years of age measured by the Safety Thermometer was also compared to the national average as part of the CQC review. The two charts below highlight that UHL has a significantly lower prevalence of falls with harm compared to other acute hospital settings or similar sized Trusts during the period from November 2012 to December 2013. This data confirms the success of recent falls initiatives implemented across the Trust over the last 12 months.

Chart Four – Falls Rate (all Patients) from Nov 2012 to Dec 2013

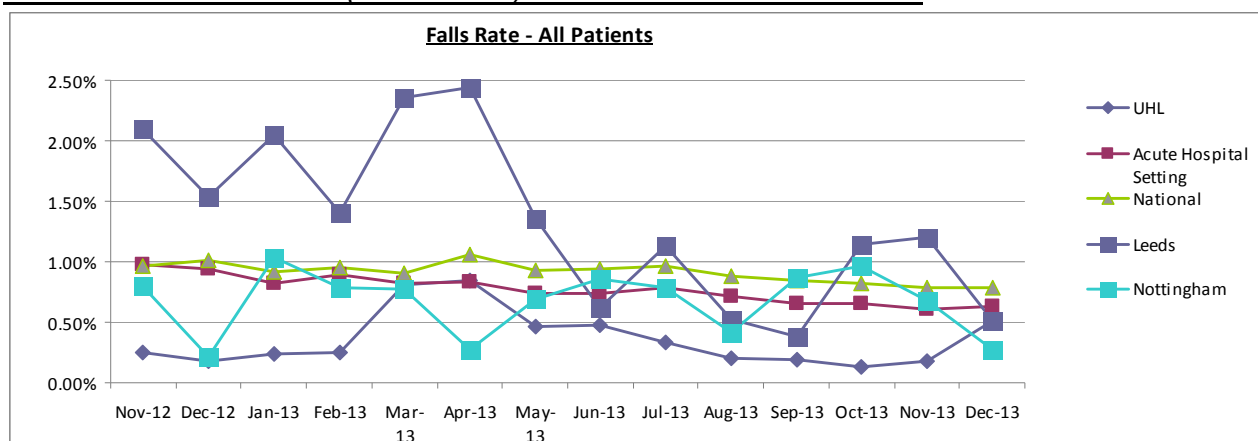
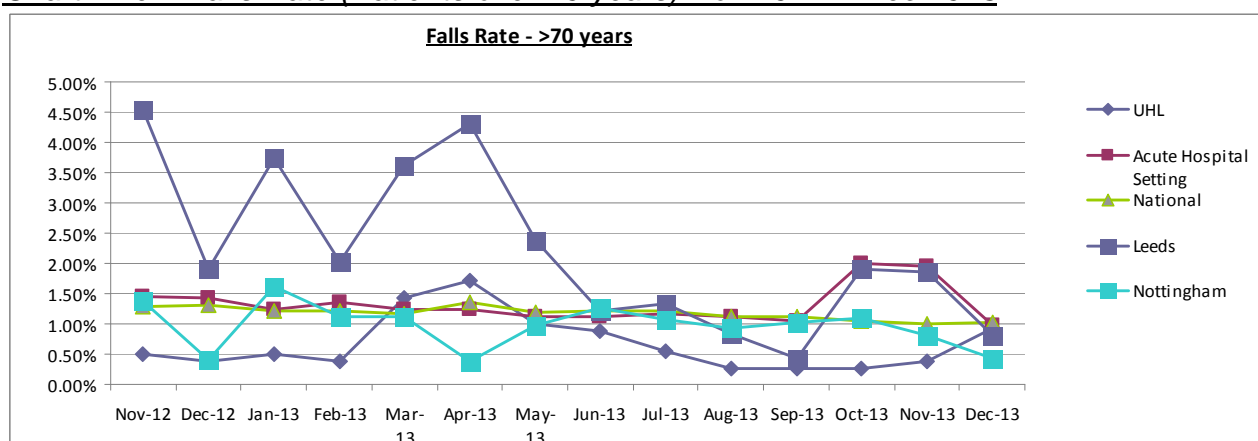


Chart Five – Falls Rate (Patients over 70 years) Nov 2012 – Dec 2013



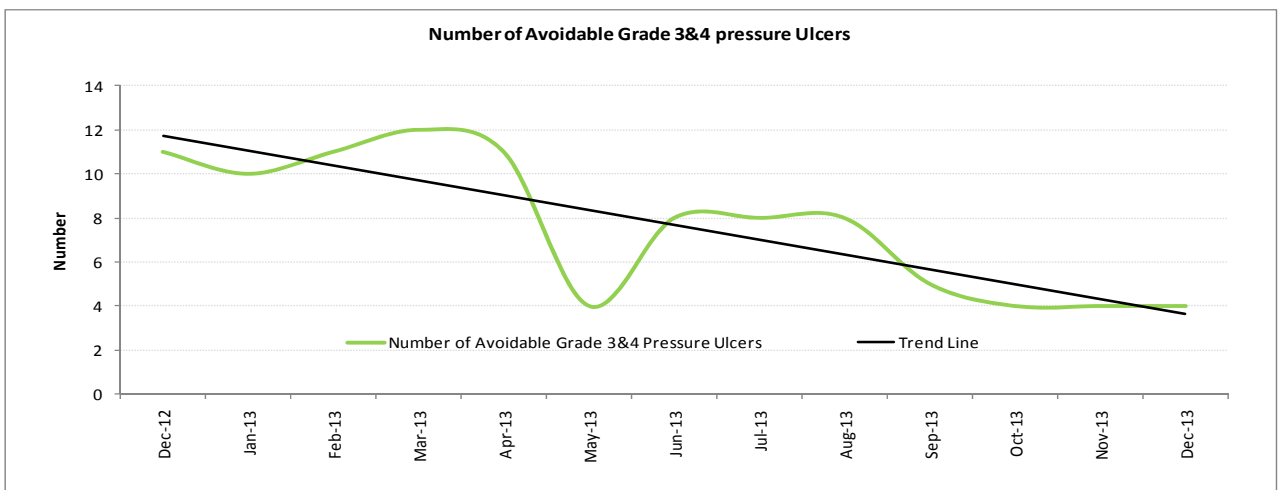
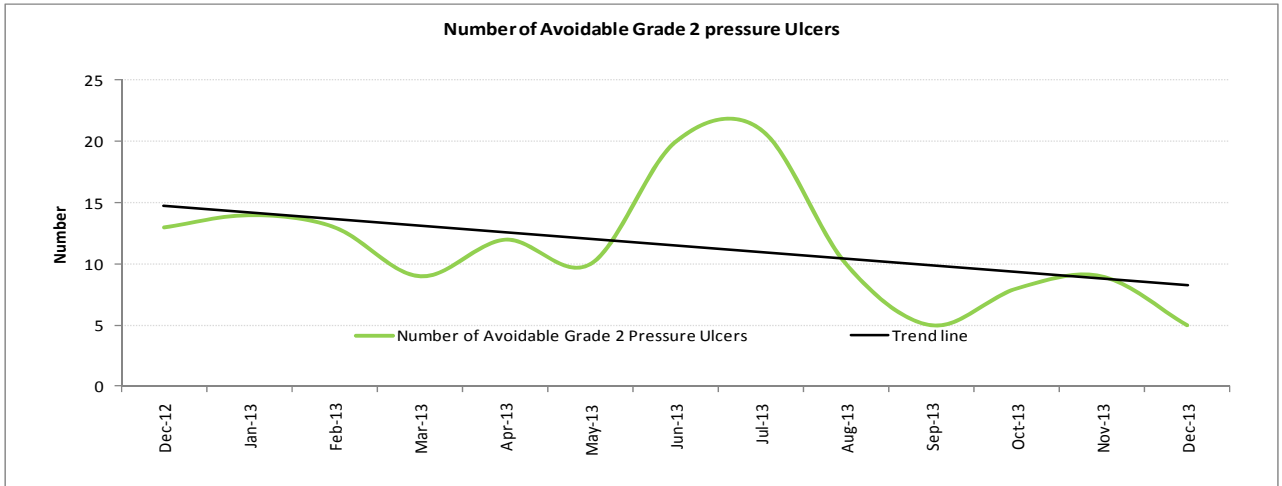
CAUTI and VTE Prevalence

The Nurse Specialists for these harms have not reported any concerns with the December prevalence data for CAUTIs or VTEs

Pressure Ulcer Incidence

Mth **Qtr 1** **Qtr2** **Qtr3** **YTD**

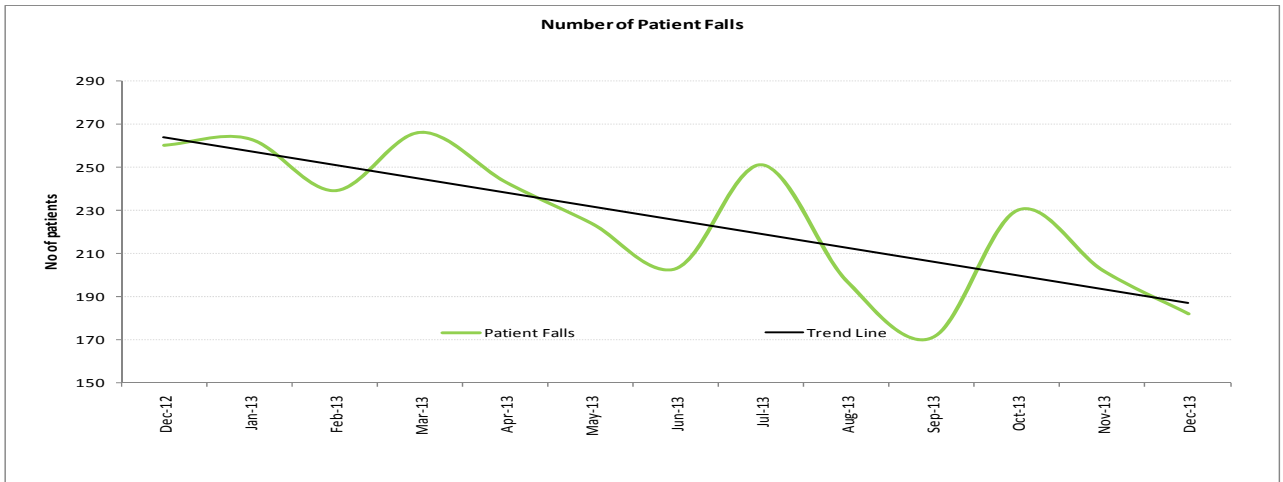
The number of avoidable grade 3 pressure ulcers for December 2013 was four Grade 3 ulcers and five grade 2 ulcers.



It should be noted that the incidence of avoidable Grade 3 pressure ulcers for the month of November 2013 was actually four and not five (which was the number reported in the Q&P report). The change was because additional evidence was presented to the Tissue Viability team in relation to one of the avoidable ulcers proving that the ulcer was actually unavoidable. This has been agreed with commissioners.

For the month of December 2103, UHL has maintained the reduction thresholds for avoidable pressure ulcers.

Patient Falls



Falls incidence for December 2013 reported on Datix has seen a further decrease in the number of falls compared to November resulting in a further reduction in the number falls for Q3 across UHL.

5.0 PATIENT EXPERIENCE – RACHEL OVERFIELD

5.1 Infection Prevention

a) MRSA

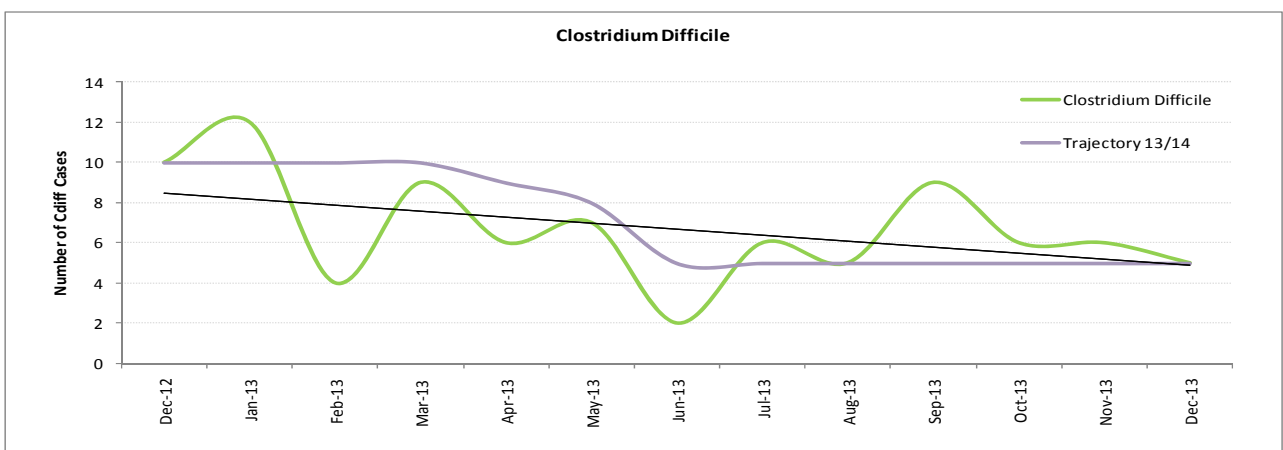


There were no avoidable MRSA cases reported in December.

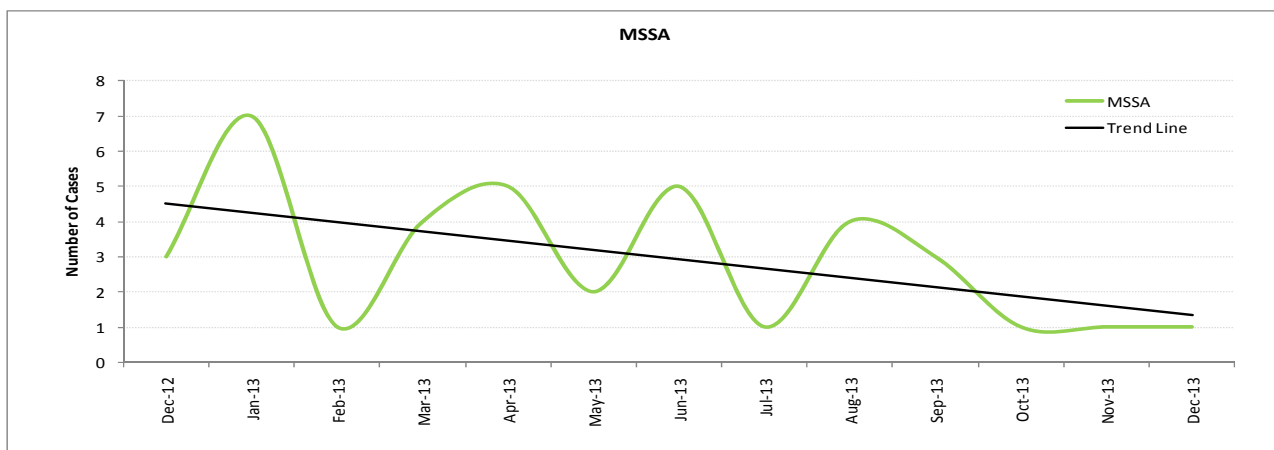
b) CDT



On trajectory to date with 52 reported against cumulative target of 52. All 5 cases of CDT reported in December have been fully investigated and there are no links between any of the cases.



c) The number of MSSA cases reported in December was 1, with a year to date figure of 23.



5.2 Patient Experience

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

In December 2013, 3,760 Patient Experience Surveys were returned this is broken down to:

- 2,044 paper inpatient/day case surveys
- 978 electronic surveys
- 533 ED paper surveys
- 205 maternity paper surveys

Share Your Experience – Electronic Feedback Platform

In December 2013, a total of 978 electronic surveys were completed via email, touch screen, our Leicester’s Hospitals web site or handheld devices.

A total of 183 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	22	0	0	22	2
A&E Department	0	87	6	3	96	2
Eye Casualty	0	278	0	0	278	0
Glenfield CDU	0	73	0	0	73	0
Glenfield Radiology	24	0	0	0	24	61
IP and Childrens IP	0	0	0	10	10	0
Maternity Survey	0	0	348	1	349	1
Neonatal Unit	0	0	0	17	17	1
Outpatient Survey	22	19	50	7	98	116
Windsor Eye Clinic	0	11	0	0	11	0
Total	46	490	404	38	978	183

Treated with Respect and Dignity

Mth

Qtr 1

Qtr2

Qtr3

YTD

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

Friends and Family Test

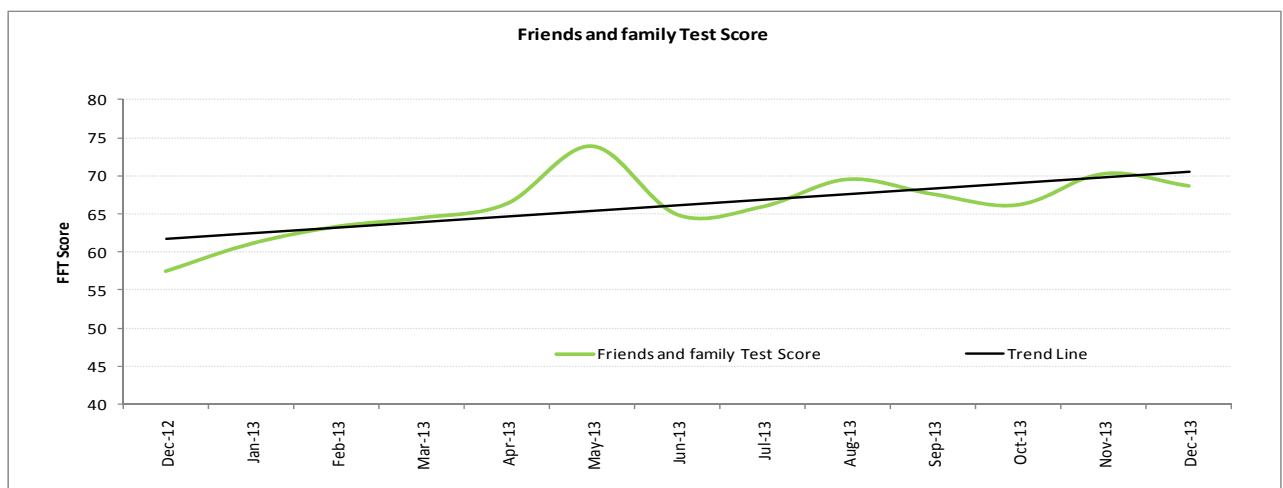
Inpatient

The inpatient surveys include the Friends and Family Test question; **How likely are you to recommend this ward to friends and family if they needed similar care or treatment?’** Of all the surveys received in December, 1,517 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 6,514 patients in the relevant areas within the month of December 2013. The Trust easily met the 15% target achieving coverage of **23.3%**.

The Friends & Family Test responses broken down to:

Extremely likely:	1,108
Likely:	328
Neither likely nor unlikely:	52
Unlikely	12
Extremely unlikely	8
Don't know:	9
Overall Friends & Family Test Score	68.7



November 2013 Data Published Nationally

NHS England has begun publishing all trust's Friends and Family Test scores. November data was published at the end of December and the average Friend and Family Test score for England (excluding independent sector providers) was **72**.

With private, single speciality and Trusts that achieved less than a 20% footfall excluded, the UHL Friends and Family Test score of **70** for November ranks the Trust 82nd out of the remaining 129 Trusts.

Friends and Family Test Scores by CMG

Emergency and Specialist Medicine was the only CMG to improve their FFT score this month, and show a rise in the number of promoters.

Renal, Respiratory and Cardiac, and Musculoskeletal and Specialist Surgery, both showed declines in their FFT score compared to November performance. For Renal, Respiratory and Cardiac this was caused by an increase in detractors, whereas Musculoskeletal and Specialist Surgery respondents chose to be 'passive' more frequently this month.

CHUGS also showed a small decline in their FFT score, as respondents switched to being 'passive' rather than 'promoters' in December.

Women's and Children's had fewer responses this month, but their FFT performance in December was consistent with November performance.

The FFT score for the Emergency Department showed a large improvement this month, with their score rising from 59 in November to 67 in December. There was a 7 percentage point improvement in the number of promoters, as respondents moved away from being 'passive' in favour of recommending the service to friends and family in December.

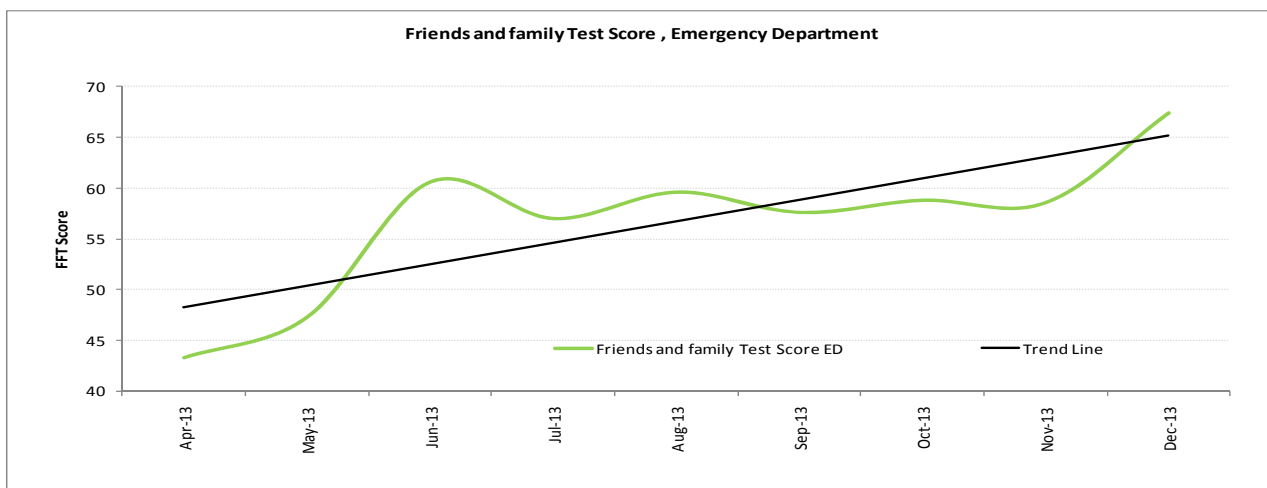
	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Point Change in FFT Score (Nov - Dec 13)
UHL Trust Level Totals	66.4	73.9	64.9	66.0	69.6	67.6	66.2	70.3	68.7	-1.6
Renal, Respiratory and Cardiac	70	76	73	80	80	79	70	78	74	-3.9
Emergency and Specialist Medicine	64	72	57	62	63	68	63	68	73	+5.0
CHUGS	59	70	57	53	61	53	58	59	56	-2.5
Musculoskeletal and Specialist Surgery	72	75	73	66	68	69	69	70	66	-3.7
Women's and Children's	78	80	74	68	76	77	70	76	76	-0.2
Emergency Department	43	47	61	57	60	58	59	59	67	+8.9

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 5,604 patients who were seen in A&E and then discharged home within the month of December 2013. The Trust surveyed 919 eligible patients meeting **16.4%** of the footfall. The Friends & Family test responses break down to:

Extremely likely:	657
Likely:	206
Neither likely nor unlikely:	20
Unlikely	12
Extremely unlikely	13
Don't know:	11
Overall Friends & Family Test Score	67.4



Breakdown by department	No. of responses	FFT Score	Total no. of patients eligible to respond
Emergency Dept Majors	182	63.5	1379
Emergency Dept Minors	316	69.0	2264
Emergency Dept – not stated	62	68.9	
Emergency Decisions Unit	95	65.2	791
Eye Casualty	264	68.6	1170

November 2013 Data Published Nationally

NHS England also published all trust's A&E Friends & Family Test scores. November data was published at the end of December and the average Friends and Family Test score for A&E in England was **56** including data from 143 Trusts.

If we filter out the Trusts that achieved less than 20% footfall, then we are left with 36 Trusts. However our UHL score of **59** does not feature among these as the 20% footfall was not achieved.

Maternity Services

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

Overall there were 3,168 patients in total who were eligible within the month of December 2013. The Trust surveyed 787 eligible patients meeting **24.8%** of the footfall. The Friends & Family test responses break down to:

Extremely likely:	524
Likely:	227
Neither likely nor unlikely:	20
Unlikely	6
Extremely unlikely	2
Don't know:	8

Overall Maternity Friends & Family Test Score 63.7

Breakdown by maternity journey stage	No. of responses	FFT Score	Total no. of patients eligible to respond
Antenatal following 36 week appointment	145	60.6	853
Labour Ward/Birthing centre following delivery	290	65.6	808
Postnatal Ward at discharge	245	62.8	605
Postnatal community – 10 days after birth	107	64.5	902

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

5.3 Nurse to Bed Ratios

Nurse to Bed Ratio by ward for December 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

5.4 Real Time Staffing

The Trust now has a system in place for monitoring staffing levels on a shift by shift basis. The system captures variance from plan plus a safety statement regarding how gaps are risk rated and being managed.

In December (NB system not fully embedded), there were an average 30 shifts per week left with unmanaged staffing levels i.e. the CMG had exhausted all possible options and therefore resorted to re-prioritising ward work and seeking corporate assistance.

For the same time period, approximately 20 shifts per week were overstaffed.

200 shifts per week on average required wider CMG intervention to make wards safe.

We are continuing to refine the use of this tool, especially around the ‘unmanaged’ shifts and our corporate response in these situations.

5.5 Ward Performance and Ward Alerting Concerns

The dashboard (Appendix 3) represents November data. We are unable currently to make this more current. Wards that previously alerted as concern areas:

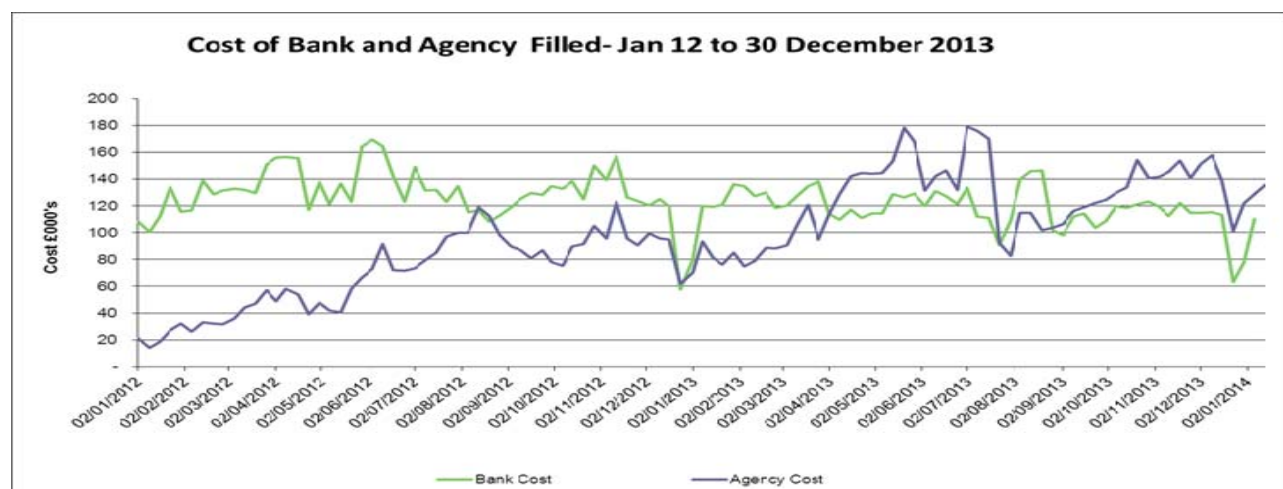
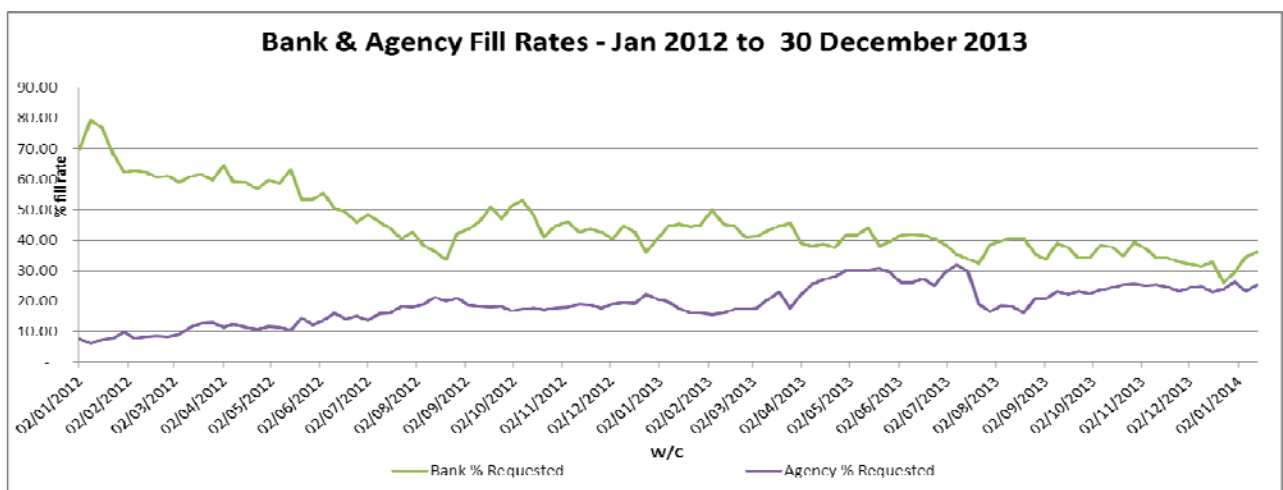
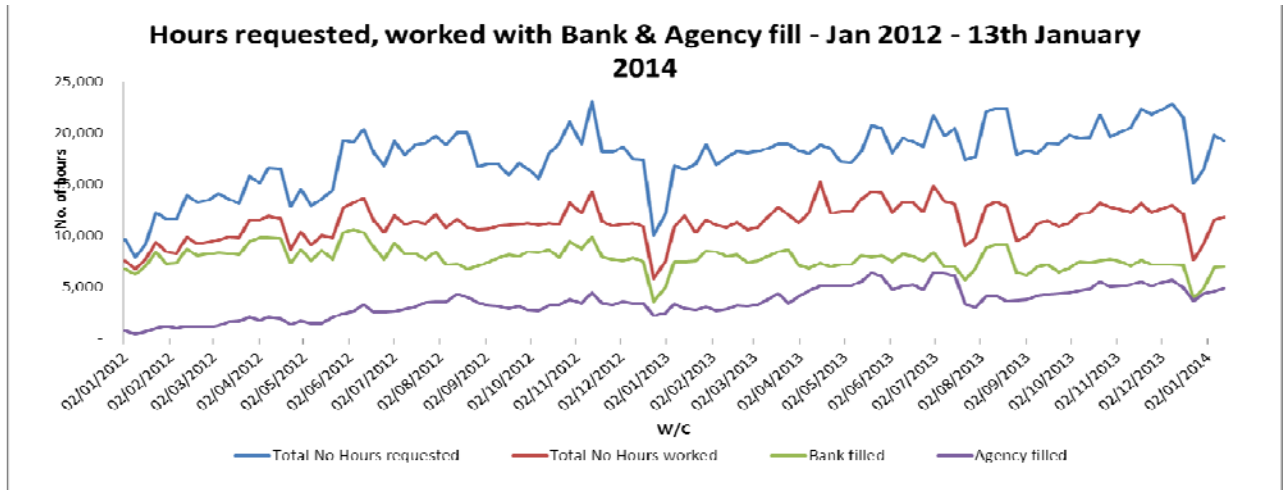
Ward 19 – December data suggests the ward is improving following some targeted support and the implementation of key actions. Substantively appointed staff is essential for improvement to sustain.

Wards 29, 30 and 41 – Review of each of these wards showed that the CMG should continue with their own targeted support. The appointment of substantive staff will provide the sustained improvement required.

Wards 26 and 28 at Leicester General Hospital are for discussion at Nursing Executive Team on 23 January 2014 as are beginning to flag. Other wards that have adverse indicators have been considered and currently we are not concerned.

5.6 Bank and Agency

Bank and agency information is shown in the following graphs.

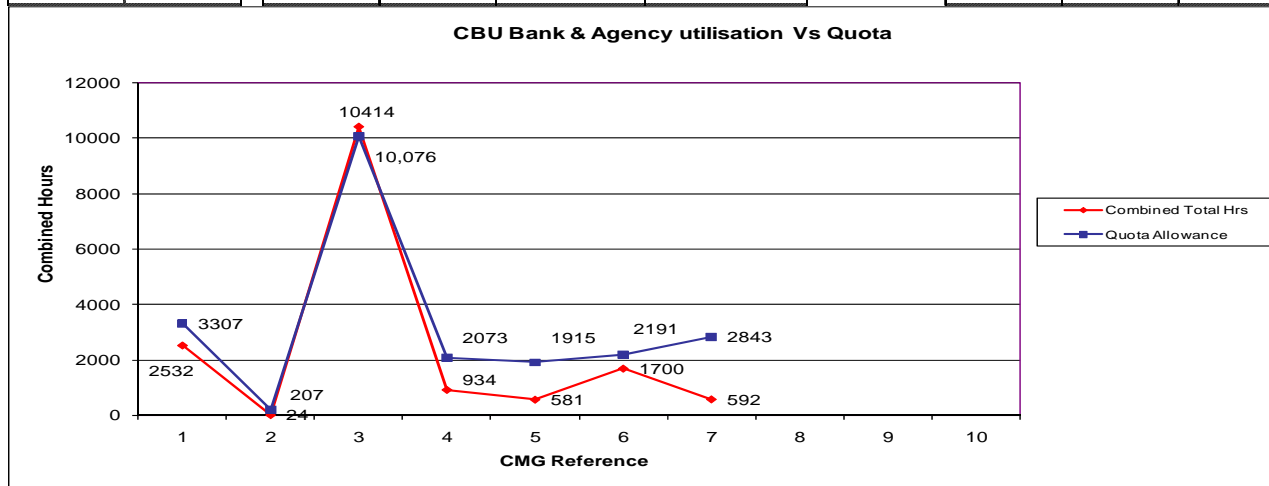


COMPARISON OF BANK AND AGENCY ACTUAL USAGE *versus* QUOTA ALLOWANCE

FOR PERIOD w/c · 13th January 2014

(For Back Up Reference)

CBU	Ref Nr for Graph	Bank Staff	Agency Total	Total All	Quota Allowance	Agency Staff	Factor x Nr	Agency Total
CHUGS	1	1748	784	2532	3307	392	2	784
CSI	2	24	0	24	207	0	2	0
EM&SM	3	2822	7592	10414	10,076	3796	2	7592
ITAPS	4	168	766	934	2073	383	2	766
MS &SS	5	455	126	581	1915	63	2	126
CRR	6	1574	126	1700	2191	63	2	126
W&C	7	166	426	592	2843	213	2	426



5.7 Same Sex Accommodation

Mth	Qtr 1	Qtr2	Qtr3	YTD
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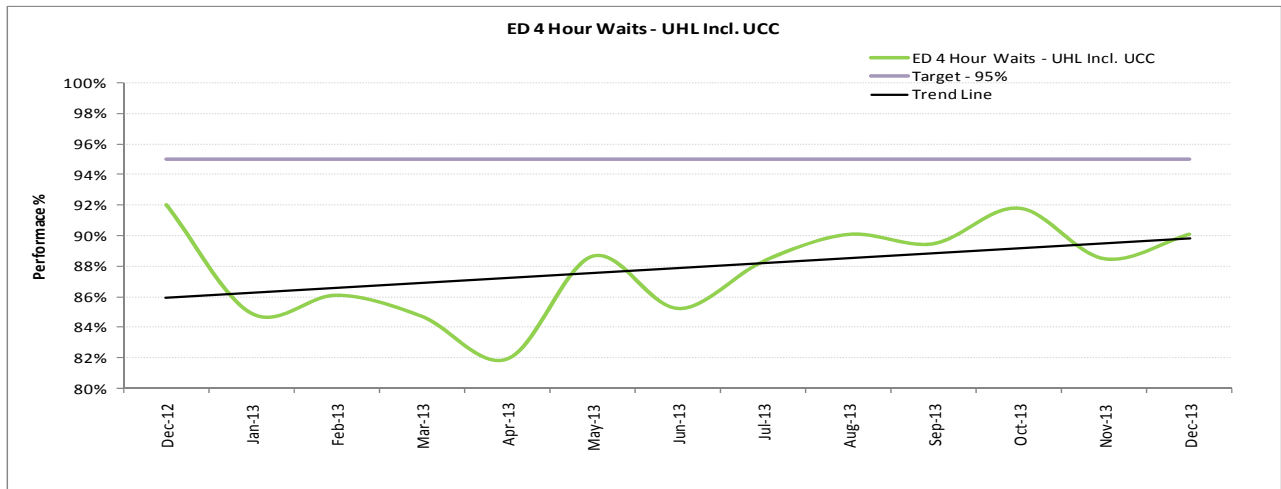
All UHL wards and intensivists areas continue to offer Same Sex Accommodation (SSA) during December in line with the UHL SSA Matrix guidance and delivered 100%.

6.0 OPERATIONAL PERFORMANCE – RICHARD MITCHELL

Performance Indicator	Target	2012/13	Q2	Oct-12	Nov-12	Dec-12	Q3	Jan-13	Feb-13	Mar-13	Q4	Apr-13	May-13	Jun-13	Q1 2013	Jul-13	Aug-13	Sep-13	Q2 2013	Oct-13	Nov-13	Dec-13	Q3 2013	YTD
A&E - Total Time in A&E (UHL+UCC)	95%	91.9%	97.0%	94.2%	92.0%	92.0%	92.7%	84.9%	86.1%	84.7%	85.2%	82.0%	88.7%	85.3%	85.3%	88.3%	90.1%	89.5%	89.3%	91.8%	88.5%	90.1%	90.2%	88.2%
RTT waiting times - admitted	90%	91.3%		91.2%	91.7%	91.9%		92.2%	91.9%	91.3%		88.2%	91.3%	85.6%	88.4%	89.1%	85.7%	81.8%	85.6%	83.5%	83.2%	82.0%		
RTT waiting times - non-admitted	95%	97.0%		97.1%	96.7%	97.3%		97.3%	97.0%	97.0%		97.0%	95.9%	96.0%	96.3%	96.4%	95.5%	92.0%	94.6%	92.8%	91.9%	92.8%		
RTT - incomplete 92% in 18 weeks	92%	92.6%		94.6%	93.9%	93.3%		93.4%	93.5%	92.6%		92.9%	93.4%	93.8%	93.8%	93.1%	92.9%	93.6%	93.8%	92.8%	92.4%	91.8%		
RTT - 52+ week waits	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1
Diagnostic Test Waiting Times	<1%	0.5%		0.4%	0.6%	1.1%		0.7%	1.0%	0.5%		1.6%	0.6%	0.6%		0.6%	0.8%	0.7%		1.0%	0.8%	1.4%		
Cancelled operations re-booked within 28 days	100%	92.9%	92.6%	91.0%	97.3%	89.0%	93.1%	97.1%	92.3%	94.2%	94.6%	90.4%	91.0%	86.4%	89.8%	89.1%	96.0%	98.6%	98.0%	94.2%	97.7%	94.3%	95.5%	85.2%
Cancelled operations on the day (%)	0.8%	1.2%	0.8%	1.1%	1.6%	1.2%	1.3%	1.8%	1.6%	1.6%	1.6%	1.5%	1.5%	1.0%	1.3%	1.2%	1.4%	2.3%	1.8%	1.7%	1.6%	1.7%	1.8%	1.7%
Cancelled operations on the day (vol)		1247	202	100	149	91	340	137	130	137	404	125	135	81	341	117	124	212	453	171	172	141	343	1137
Urgent operation being cancelled for the second time	0	1	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2 week wait - all cancers	93%	93.4%	94.1%	93.0%	90.6%	95.1%	92.8%	89.8%	95.9%	95.2%	93.7%	93.0%	95.2%	94.8%	94.4%	94.2%	94.6%	93.0%	94.0%	94.9%	95.7%			94.4%
2 week wait - for symptomatic breast patients	93%	94.3%	95.3%	93.4%	93.3%	94.6%	93.9%	93.6%	93.1%	95.4%	94.0%	94.0%	94.8%	93.2%	94.1%	93.6%	92.0%	95.2%	93.8%	93.0%	91.3%			93.5%
31-day for first treatment	96%	97.4%	98.3%	98.3%	97.5%	97.4%	97.8%	96.6%	97.6%	98.6%	97.6%	97.5%	97.0%	99.0%	97.8%	98.3%	99.7%	99.1%	99.0%	98.9%	96.2%			98.2%
31-day for subsequent treatment - drugs	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			100.0%
31-day wait for subsequent treatment - surgery	94%	95.6%	96.6%	98.1%	97.4%	94.6%	97.1%	94.6%	94.1%	92.7%	94.0%	97.2%	94.4%	97.5%	96.4%	100.0%	98.4%	88.6%	95.9%	96.4%	97.1%			96.3%
31-day wait subsequent treatment - radiotherapy	94%	98.5%	98.8%	99.3%	98.9%	100.0%	99.4%	99.1%	98.9%	99.1%	99.0%	100.0%	97.8%	99.1%	98.8%	100.0%	100.0%	97.7%	99.4%	97.5%	98.5%			98.8%
62-day wait for treatment	85%	83.5%	86.5%	85.6%	85.6%	84.6%	85.3%	79.5%	75.4%	81.5%	78.8%	80.9%	80.3%	85.9%	82.3%	85.8%	88.2%	87.4%	87.1%	86.4%	85.7%			85.0%
62-day wait for screening	90%	94.5%	94.6%	95.8%	98.7%	92.3%	96.3%	91.7%	95.7%	95.6%	94.4%	98.6%	94.3%	95.0%	95.9%	90.6%	97.2%	96.2%	94.1%	100.0%	97.0%			96.0%
Stroke - 90% of Stay on a Stroke Unit	80%	79.6%	82.2%	83.7%	79.5%	71.3%	77.9%	77.8%	81.4%	82.3%	80.6%	77.4%	80.7%	78.7%	78.5%	87.1%	88.6%	89.1%	88.3%	83.5%	78.0%			82.5%
Stroke - TIA Clinic within 24 Hours (Suspected TIA)	60%	68.4%	63.9%	68.7%	72.5%	68.7%	70.0%	68.8%	85.1%	77.0%	73.1%	51.1%	69.2%	72.0%	63.9%	60.5%	73.6%	64.6%	66.0%	62.4%	76.8%	65.7%	68.4%	66.0%
Choose and Book Slot Unavailability	4%			10%	13%	8%		5%	10%	9%		7%	9%	13%		15%	14%	11%		16%	17%	13%		
Delayed transfers of care	3.5%	3.1%	3.4%	3.4%	3.6%	2.7%	3.3%	2.8%	2.7%	3.7%	3.0%	3.7%	3.9%	3.1%	3.6%	3.6%	3.1%	3.9%	3.5%	3.1%	4.6%	2.8%	3.5%	3.3%

6.1 Emergency Care 4hr Wait Performance

Mth Qtr 1 Qtr2 Qtr3 YTD



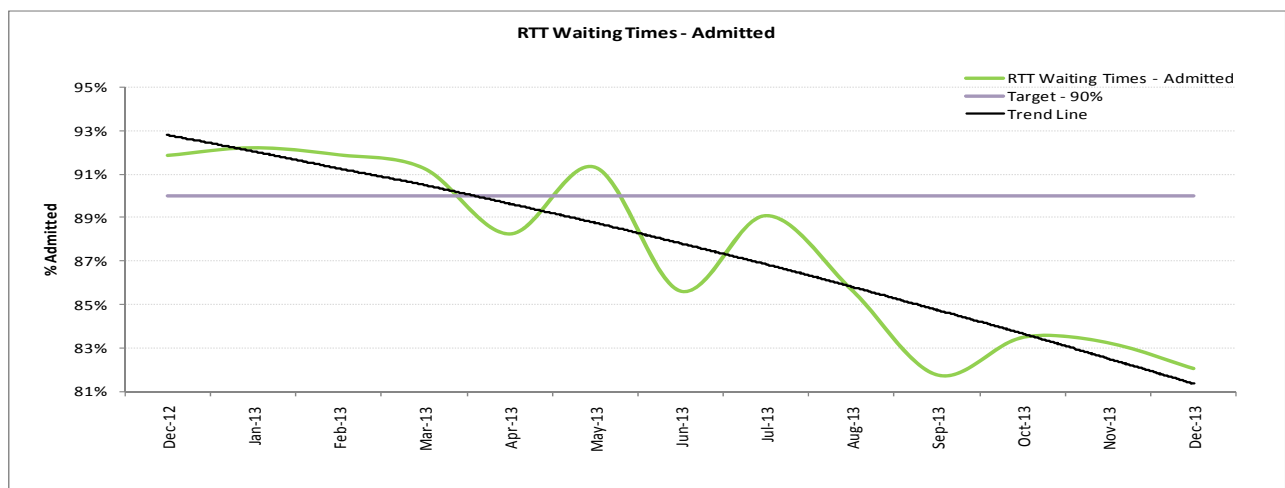
Performance for emergency care 4hr wait in December was 90.1%. Actions relating to the emergency care performance are included in the ED exception report.

UHL was ranked 107 out of 144 Trusts with Type 1 Emergency Departments in England for the four weeks up to 1st December 2013. Over the same period 62 out of 144 Acute Trusts delivered the 95% target. For the week ending the 12th January the Trust was ranked 55 out of 144.

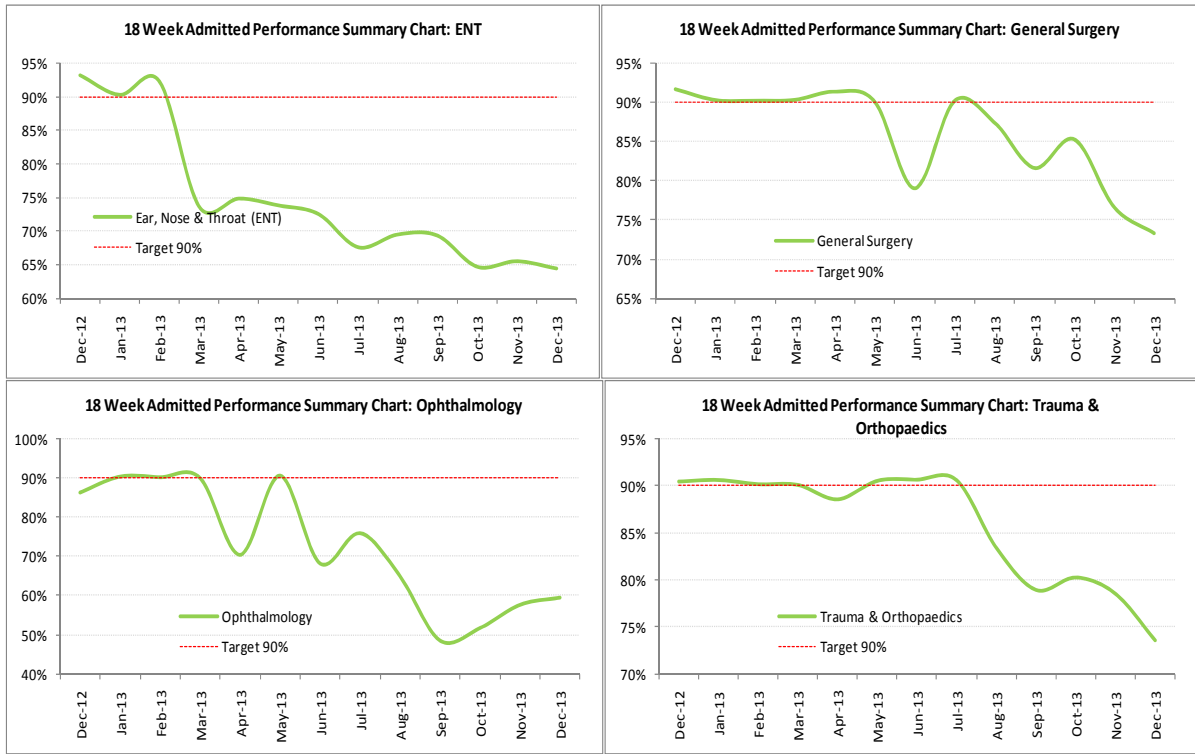
6.2 RTT – 18 week performance

a) RTT Admitted performance

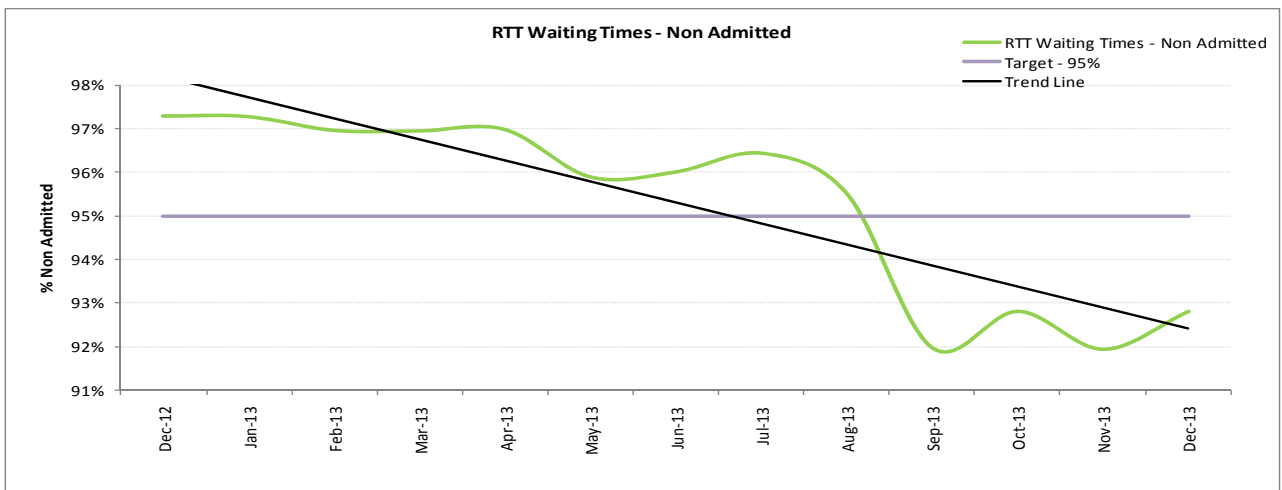
Mth Qtr 1 Qtr2 Qtr3 YTD



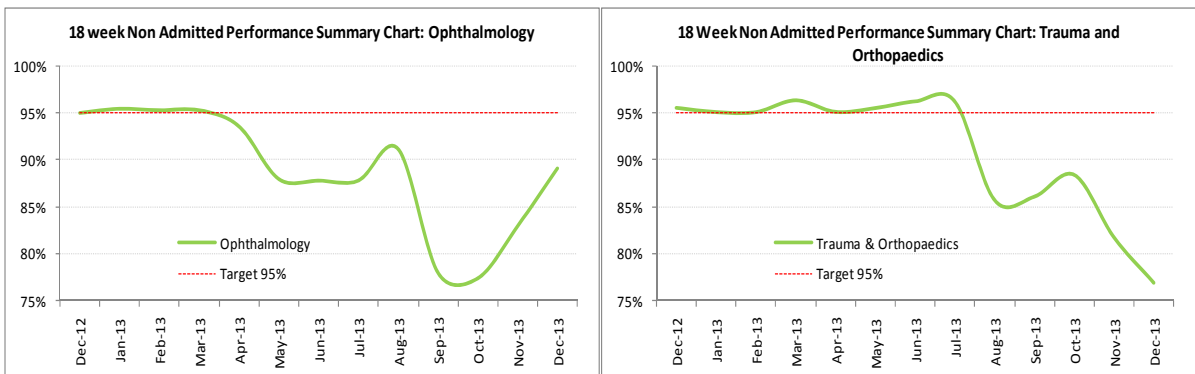
RTT admitted performance for December was 82.0% with significant speciality level failures in ENT, General Surgery, Ophthalmology and Orthopaedics. Further details are included in the RTT 18 week exception report – Appendix 4.



b) RTT Non Admitted performance

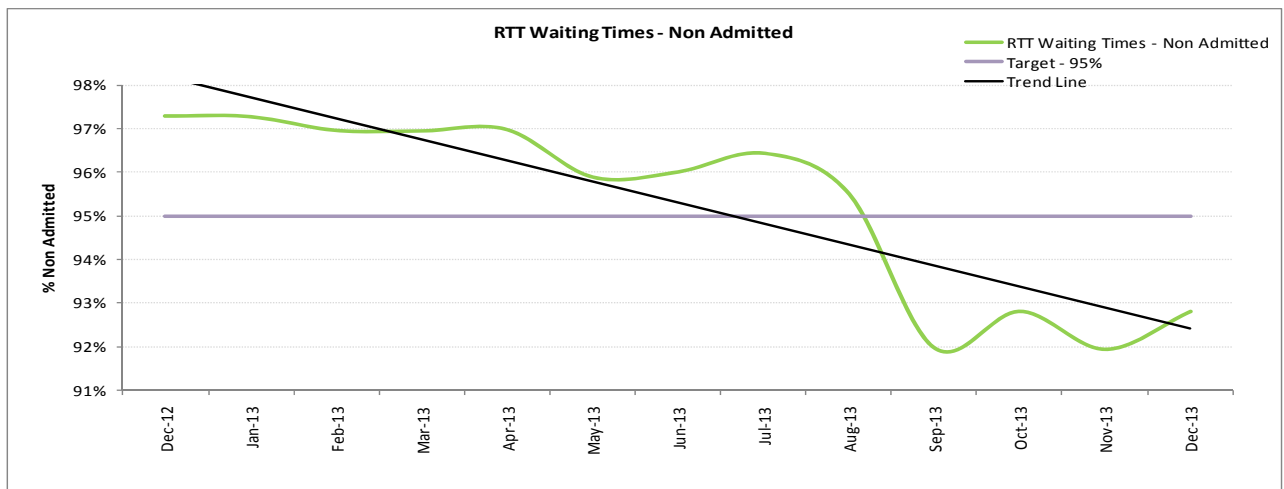


Non-admitted performance during December was 92.8%, with the significant specialty level failures in Orthopaedics and Ophthalmology. Further details are included in the RTT 18 week exception report – Appendix 4.



c) RTT Incomplete Pathways

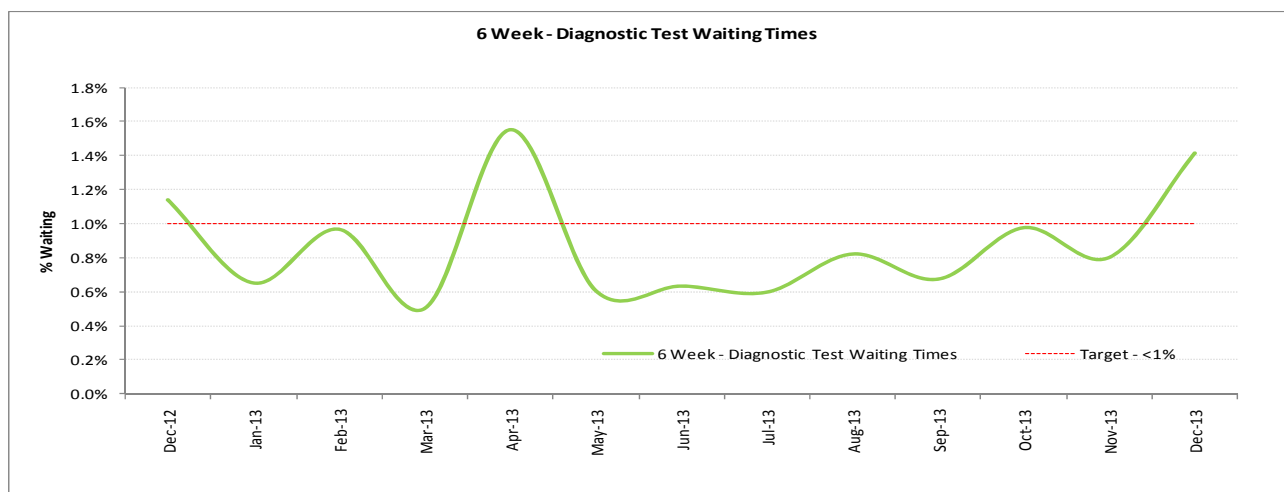
Mth Qtr 1 Qtr2 Qtr3 YTD



RTT incomplete (i.e. 18+ week backlog) performance was 91.8% against a target of 92.0%. In numerical terms the total number of patients waiting 18+ weeks for treatment (admitted and non-admitted) at the end of December was 3,290.

6.3 Diagnostic Waiting Times

Mth Qtr 1 Qtr2 Qtr3 YTD



At the end of December 1.4% of patients were waiting for diagnostic tests longer than 6 weeks. Further details are included in the diagnostic exception report – Appendix 5.

National performance for November shows that 0.8% of patients were waiting for diagnostic tests longer than 6 weeks.

6.4 Cancer Targets

a) Two Week Wait

Mth Qtr 1 Qtr2 Qtr3 YTD

November performance for the 2 week to be seen for an urgent GP referral for suspected cancer was achieved at 95.7% (national performance 95.5%).

Mth

Qtr 1

Qtr2

Qtr3

YTD

Performance for the 2 week symptomatic breast patients (cancer not initially suspected) was not achieved at 91.3% (national performance 94.9%), predominantly due to patient choice.

Performance for December has improved and both these indicators will be delivered.

b) 31 Day Target

Mth

Qtr 1

Qtr2

Qtr3

YTD

All four of the 31 day cancer targets have been achieved in November (latest reported month).

c) 62 Day Target

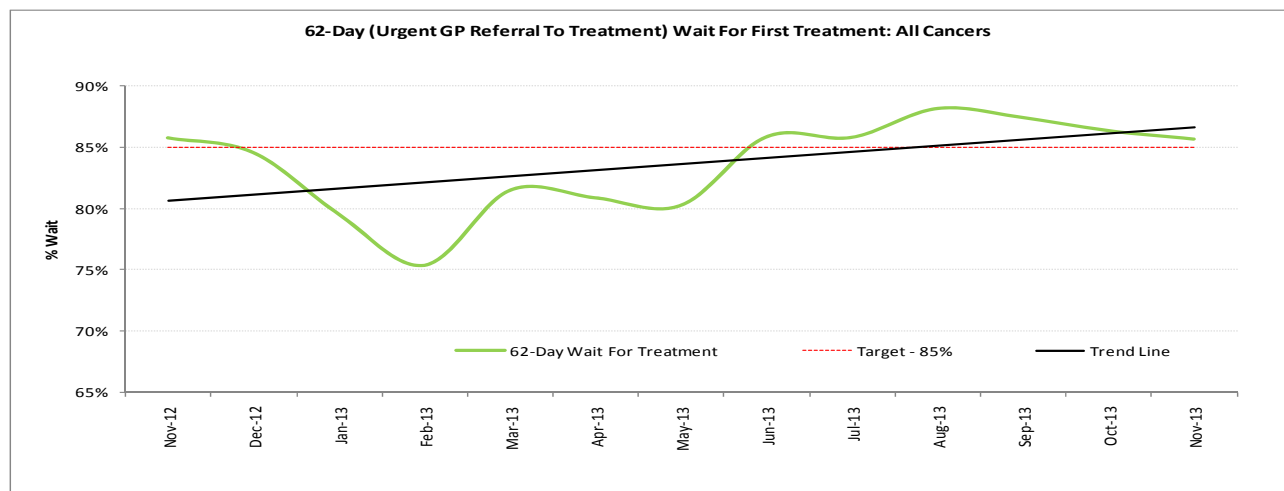
Mth

Qtr 1

Qtr2

Qtr3

YTD



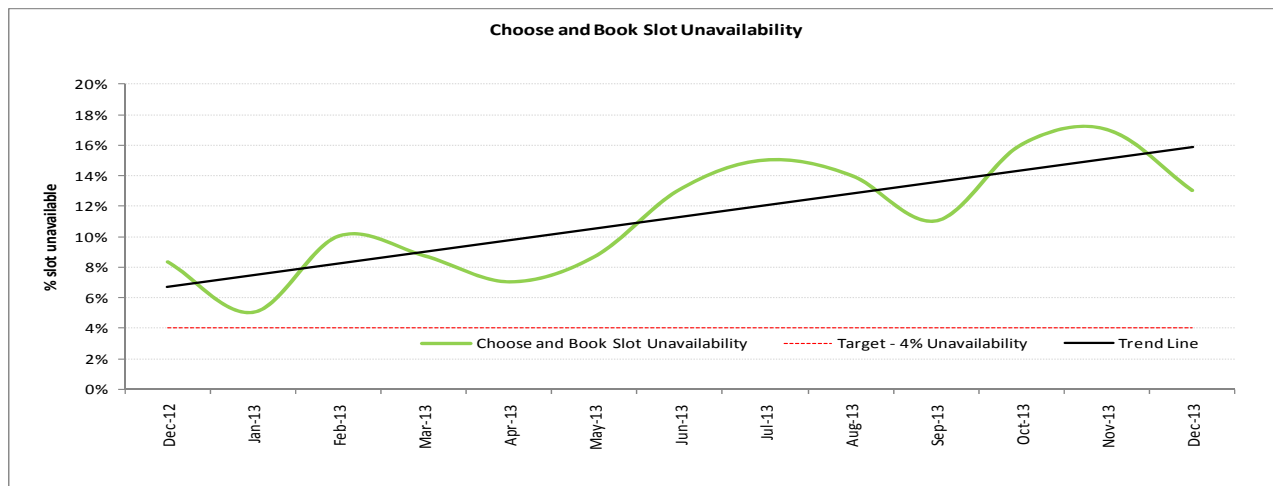
The 62 day urgent referral to treatment cancer performance in November was 85.7% (national performance close to 85%) against a target of 85%. The year to date position is now also being delivered at 85.0%.

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

The key points to note this month are:-

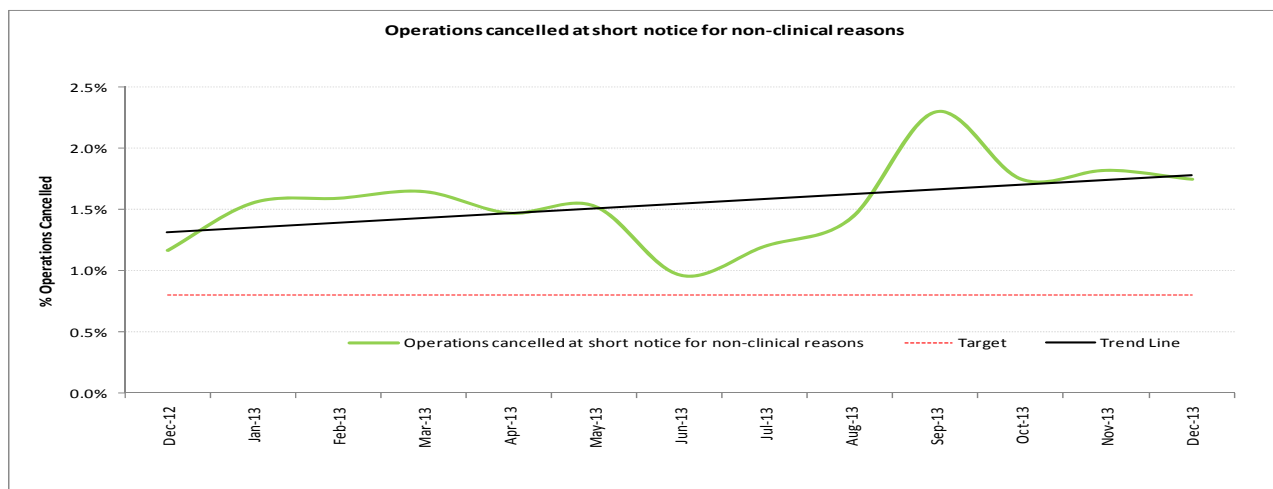
- ❖ Performance for December is on track to deliver trajectory
- ❖ 62 day backlog is 24 (threshold is 30)
- ❖ There are 3 patients waiting 100+ days 2 in Urology one Skin– one patient was a late referral from another Trust, one was cancelled due to ill health, but has since been dated for treatment. The third patient has only recently decided on their treatment plan.

6.5 Choose and Book slot availability



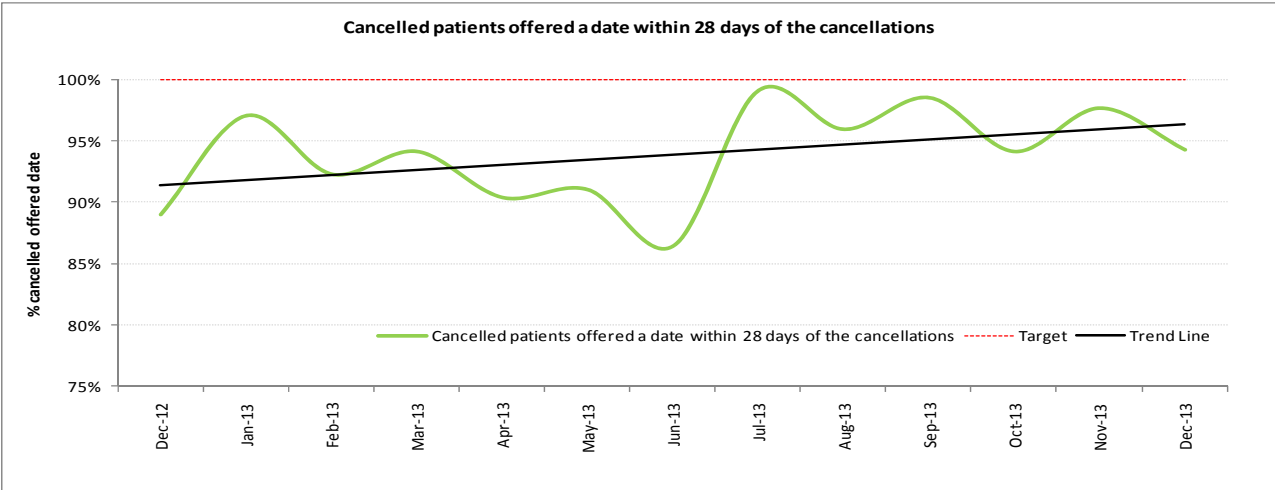
Choose and book slot availability performance for December is 13% with the national average at 9%. Resolution of slot unavailability requires a reduction in waiting times for 1st outpatient appointments in key specialties and prospectively. For ENT and Orthopaedics, this will form part of the 18 week remedial action plan. Neurology is in the process of recruiting additional Clinical staff to increase capacity.

6.6 Short Notice Cancelled Operations



The percentage of operations cancelled on/after the day activity for non-clinical reasons during December is 1.7% against a target of 0.8%. The year to date performance is 1.7%. Further details can be found in the cancelled operations exception report – Appendix 6.

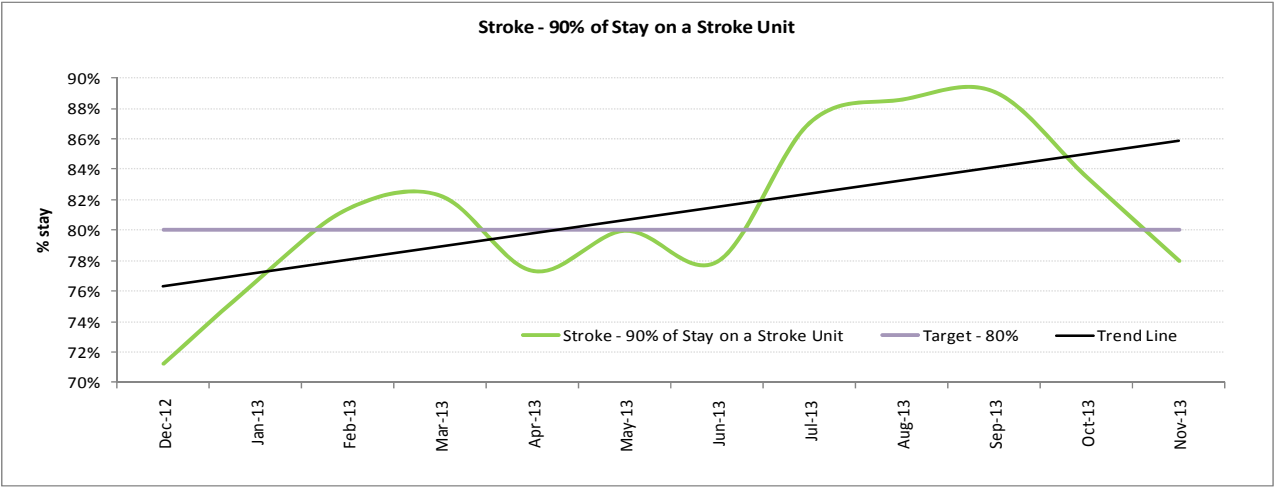
Mth Qtr 1 Qtr2 Qtr3 YTD



The threshold has been amended from 95% to 100% to reflect that every breach of this standard is subject to a financial penalty. The number of patients breaching this standard in December was 8 with 94.3% offered a date within 28 days of the cancellation.

6.7 Stroke % stay on stroke ward

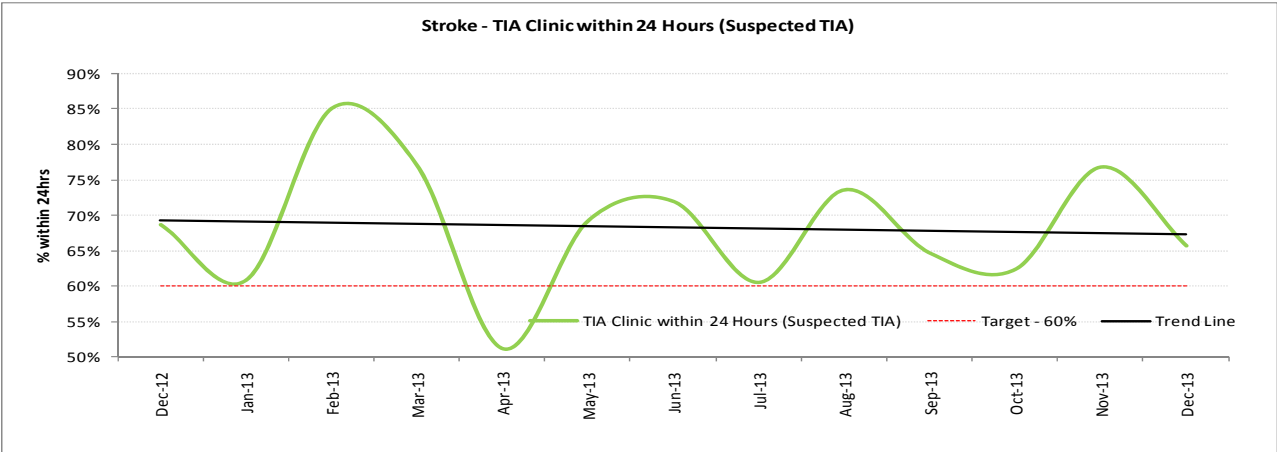
Mth Qtr 1 Qtr2 Qtr3 YTD



The percentage of stroke patients spending 90% of their stay on a stroke ward in November (reported one month in arrears) is 78% against a target of 80%. The year to date position is 82.5%.

Commissioners have confirmed that due to the improved performance for stroke patients, the Contract Query has been formally closed.

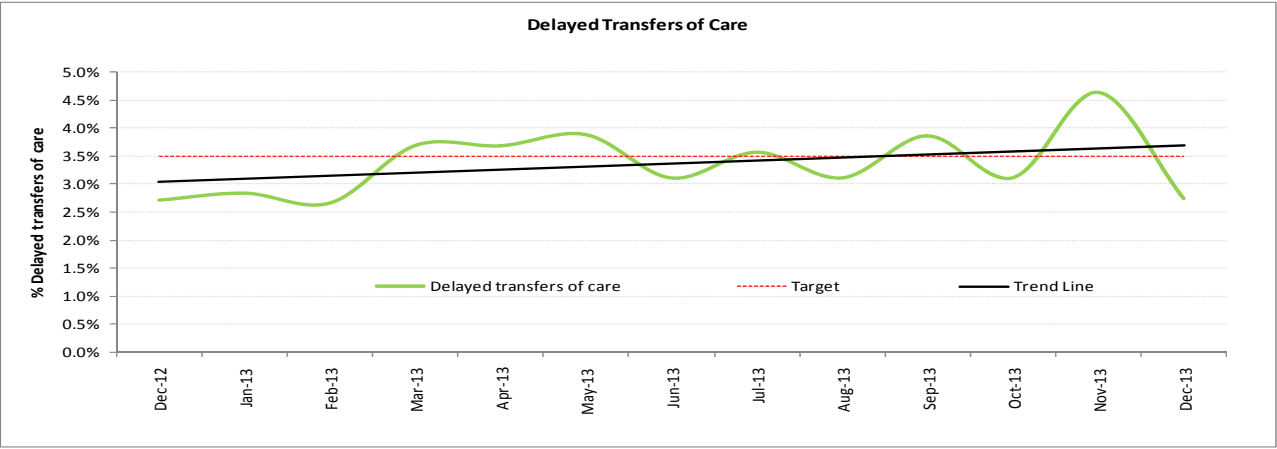
6.8 Stroke TIA



The percentage of high risk suspected TIAs receiving relevant investigations and treatment within 24 hours of referral receipt is 65.7% against a national target of 60.0%. The year to date performance is 66.0%.

6.9 Delayed Transfers of Care

The December delayed transfer of care position was 2.8% with a year to date position of 3.5% against a threshold of 3.5%. A work stream of the HUB work plan is focussing on reducing DTOCs.



7.0 HUMAN RESOURCES – KATE BRADLEY

7.1 Appraisal

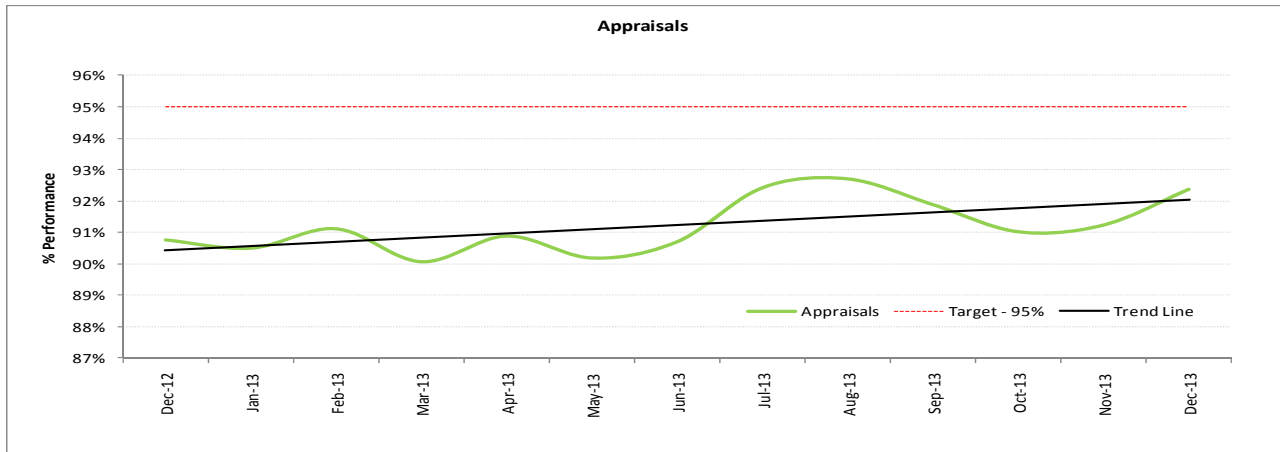
Mth

Qtr 1

Qtr2

Qtr3

YTD



There continues to be considerable appraisal activity over the last month, between November and December the Appraisal rate has increased to 92.4% at the end of December. There are increasing numbers of Clinical and Corporate areas meeting the 95% target

Appraisal performance continues to feature on CMG Board Meetings in monitoring the implementation of agreed actions. HR CMG Leads continue to work closely with CMGs to implement targeted 'recovery plans'.

7.2 Sickness

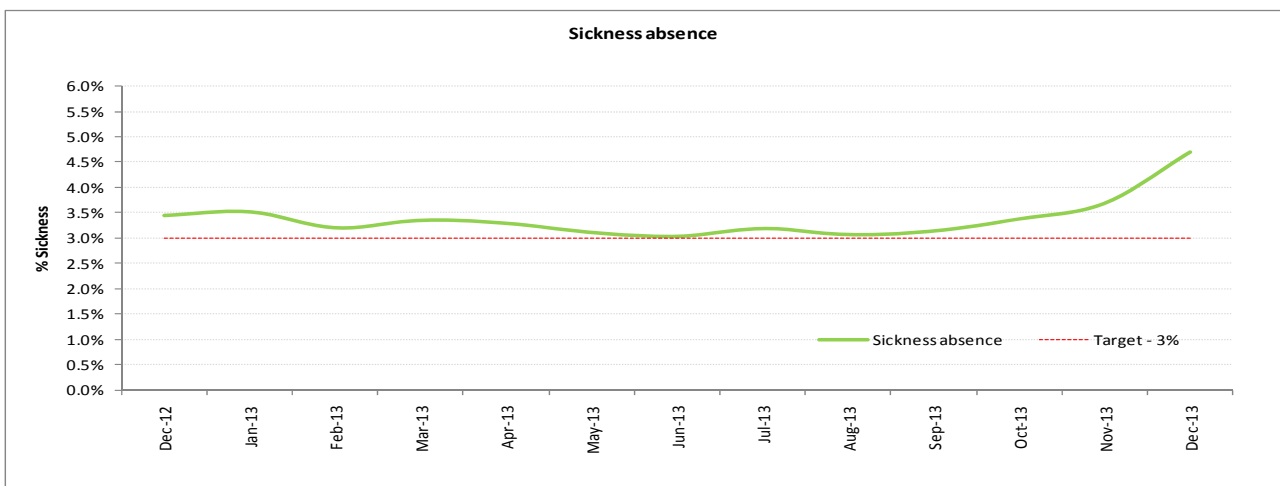
Mth

Qtr 1

Qtr2

Qtr3

YTD



*December sickness rate is provisional.

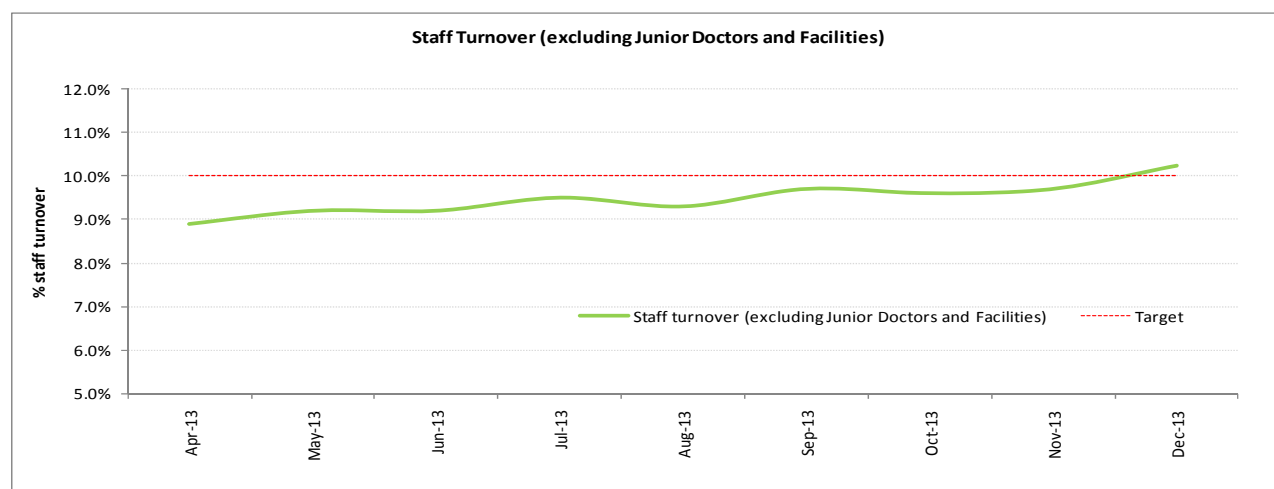
The sickness rate for December is 4.7% and the November figure has now adjusted to 3.7% to reflect closure of absences. The overall cumulative sickness figure is now 3.4% which is an increase of 0.1% on last month. This is equal to the previous SHA's target of 3.4% but slightly above the Trust stretch target of 3%. As a result of Christmas and New Year annual leave, the impact of closure of late absences in December is likely to be greater than the 0.5% adjustment in previous months.

We continue to provide training in a range of areas including emotional resilience, self-care at work, sickness absence management and 20 exercise classes as part of staff well being. In recognition of the demand, and positive health and wellbeing benefits, emotional

resilience workshops will continue in 2014, and the format of the workshops will be reviewed to meet high levels of demand.

7.3 Staff Turnover

Mth Qtr 1 Qtr2 Qtr3 YTD



The cumulative Trust turnover figure (excluding junior doctors and facilities staff who have Tupe'd from the Trust) has increased slightly from 9.7% to 10.2%. The latest figure includes the TUPE transfer of 27 IM & T staff to IBM on 30 November 2013 and the transfer of 65 sexual health services staff to Staffordshire and Stoke on Trent Partnership NHS Trust and therefore skews the overall turnover figures.

7.4 Statutory and Mandatory Training

Mth Qtr 1 Qtr2 Qtr3 YTD

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

Division	Fire Training %age	Moving & Handling %age	Hand Hygiene %age	Equality & Diversity %age	Info. Govern'ce %age	Safeguard Children ONLY %age	Conflict Resolution %age	Safeguard Adults ONLY %age	Resus - BLS Equivalent %age	Average %age Compliance
Refresher period Months	12	24	12	36	12	36	36	36	12	
(E = eLearning, F = Face to Face)	E&F	E&F	E	E	E	E	F	E	F	
Acute Care	70%	75%	72%	68%	68%	78%	54%	65%	55%	67%
Planned Care	68%	74%	69%	62%	71%	78%	48%	69%	66%	67%
UHL Corporate Areas	57%	62%	55%	56%	57%	64%	35%	50%	44%	53%
Women's & Children's	73%	75%	69%	61%	63%	89%	43%	39%	75%	65%
Trust wide Compliance	68%	72%	68%	63%	66%	77%	47%	60%	59%	
UHL staff are this compliant with their mandatory & statutory training from the key 9 subjects										65%

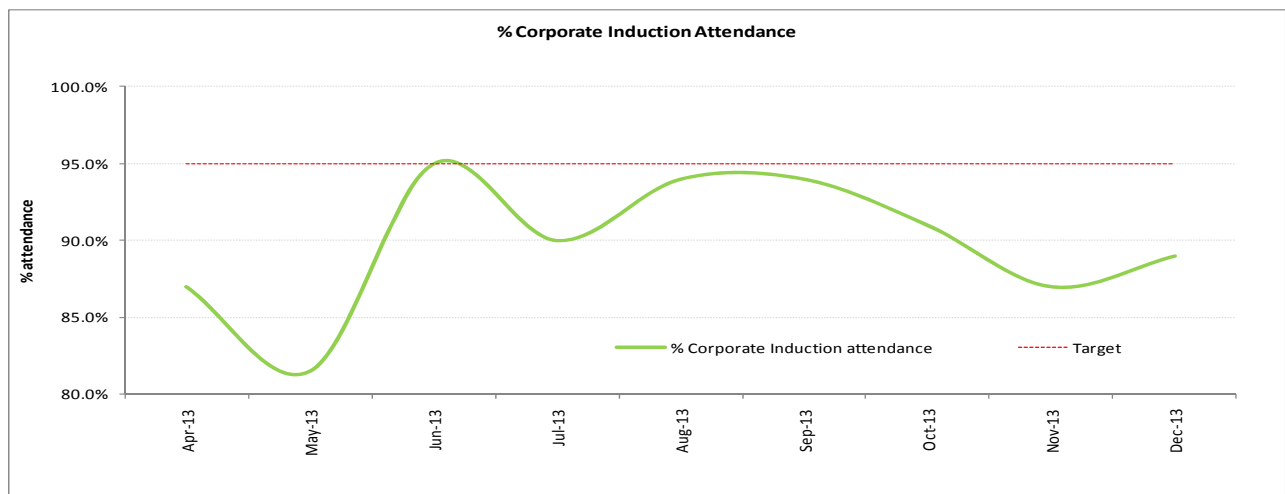
In the period between December 16th and January 8th staff compliance against Statutory and Mandatory Training has increased from 62% to 65% across these nine core areas, despite the seasonal pressures. A plan to restructure eUHL, has been submitted to IM&T to capture performance by Clinical Management Group and Corporate Directorates, this will be completed by the end of January 2014.

There are a total of 7 new eLearning packages live on eUHL, the remaining 3 will be live by the end of Jan 2014, and this slight delay was to avoid any confusion with core staff training requirements in the weeks preceding the CQC visit.

We continue to communicate progress, essential training requirements and follow up on non-compliance at an individual level. This has been supported by the distribution of the 'UHL Mandatory and Statutory Training Guide – Dec 2013', targeted email campaigns to non-compliant individuals, drop in support sessions and Team Builder training sessions. During January the CE Special Feature focused on Statutory and Mandatory Training and was communicated to all staff.

Work continues with IBM, IM&T & OCB Media in developing the new Learning Management System to improve reporting functionality and programme access.

7.5 Corporate Induction



Performance has improved marginally at the end of December. The figures continue to reflect numbers booked onto Corporate Induction against actual attendance. The process for following-up non-attendees continues to be implemented at a local level in line with the Induction Policy.

A new weekly Corporate Induction Programme has been devised (to commence on the 1 April 2014) and will be communicated across the organisation over coming weeks. It is expected that where possible, all new starters will attend Corporate Induction on their first day of employment with UHL and all core Statutory and Mandatory Training will be completed within a maximum of four weeks.

Working in collaboration with the Assistant Director of Nursing, a venue is being identified to better support the clinical elements of induction delivery. This venue will be fit for purpose and be beneficial to supporting multi-professional education and training.

8.0 2013/14 CONTRACTUAL QUERY STATUS

Commissioner Notices	Subject	Action/Update	Associated Penalty	Status
Contract Query	Cancer 62 Day	Remedial Action Plan (RAP) has been signed off. Monthly progress reports against the agreed RAP	£50,000 Qtr1 fine has been repaid.	Contract query to be formally closed.
Second Exception report.	ED Performance	Remedial Action Plan & Trajectory Agreed. Due to the failure of meeting the improvement trajectory a Second Exception report has been issued.	2% Overall Contract penalty from August to November Automatic Contract Penalty (non refundable)	Failing to meet improvement trajectory.
Contract Query	18 Wk RTT	The revised RAP to be submitted to the commissioners by the 14th February.	2% overall contract value commencing August. Automatic Individual specialty penalties	On-going
First Exception report for 30+ minute ambulance handover and Second Exception report for 60+minute ambulance handover	Ambulance Handover	Remedial Action Plan has been signed off. Due to the failure of meeting the improvement trajectory a First and Second Exception report has been issued	Automatic Contract Penalty	Failing to meet improvement trajectory.
Contract Query	Pressure Ulcers	RAP has been signed off and revised trajectory agree. CCG's to work with UHL to see a significant sustained improvement.	Revised trajectory and financial penalties confirmed by CCG's. Automatic penalties applied.	On-going
Contract Query	Short notice cancelled operations and rebooking in 28 days	Revised remedial Action Plan to be submitted by the 31st January.	Automatic Contract Penalty	On-going
Activity Query Notice	Emergency over performance	Emergency analysis provide by commissioners and UHL have responded. Financial agreement has been reached.	Financial agreement has been reached.	Activity query has been formally closed.

9.0 UHL - FACILITIES MANAGEMENT– RACHEL OVERFIELD

9.1 Introduction

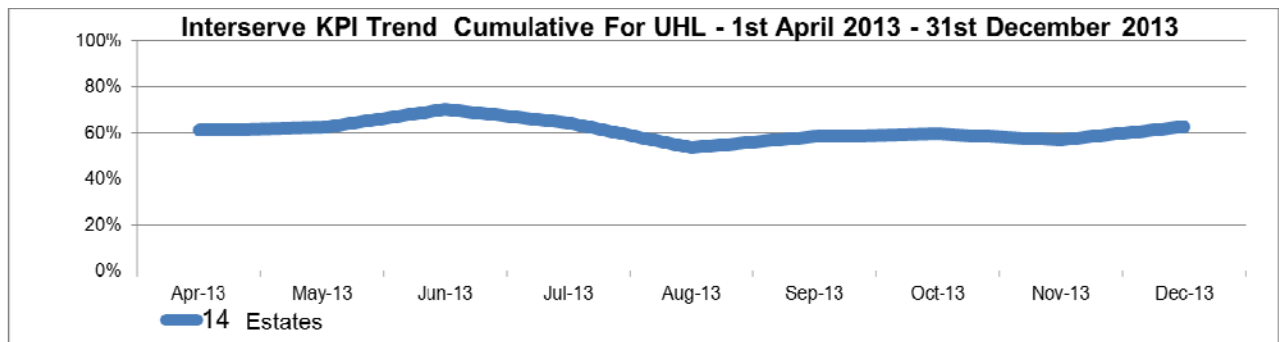
This report covers a review of overall performance on the Facilities Management (FM) delivery provided by Interserve FM (IFM) and contract managed by NHS Horizons up to month 10 of the contract.

The FM contract supplying 14 different services to the Trust is underpinned by 83 Key Performance Indicators (KPI's) and the summary information and trend analysis below is a snapshot of 6 key Indicators over the past nine months.

9.2 Key Performance Indicators

KPI 14 – Estates

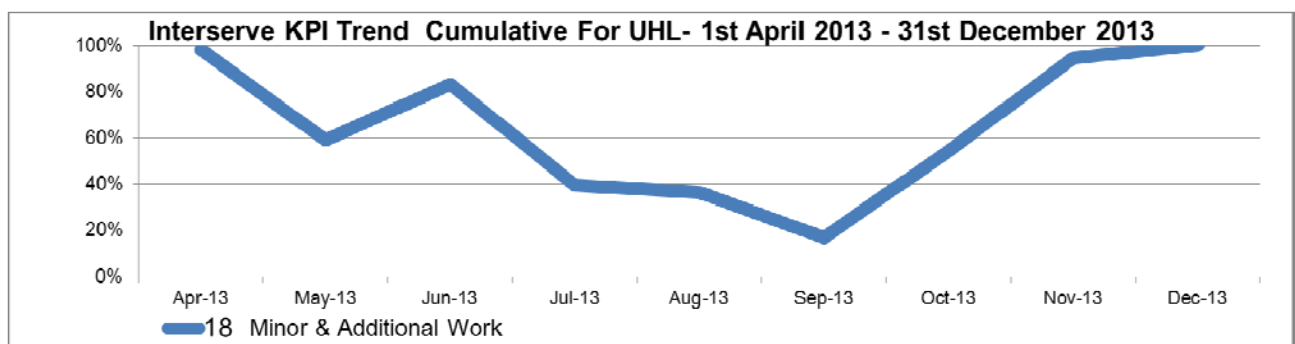
Percentage of routine requests achieving response time



KPI 14 This service measures the response by estates for routine requests and continues to have an inconsistent level of performance. This is in part due initially to reduced resources and limited electronic works management support. With regard resources recent recruitment initiatives are reported to have been successful and as such the service has moved to 24hr 7 day shift coverage on all 3 sites with effect from December.

KPI 18 – Minor & Additional Work

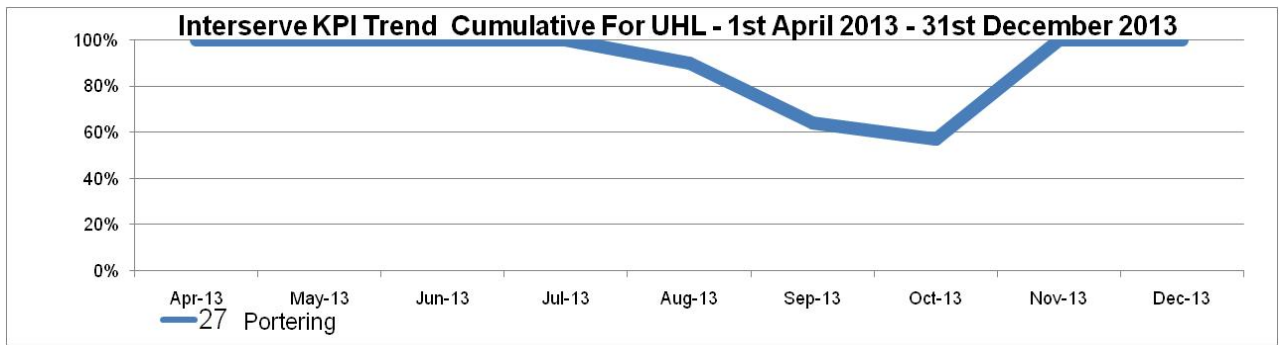
Percentage of Minor works quoted and priced within 10 working days



KPI 18 has now reached 100% with the introduction of new dedicated management of the service and new processes being implemented to ensure work is quoted and priced within the 10 day SLA. Interserve Construction are now carrying out approved requests within acceptable timescale. Additional UHL protocols have also been introduced to reduce the numbers of abortive requests.

KPI 27 – Portering

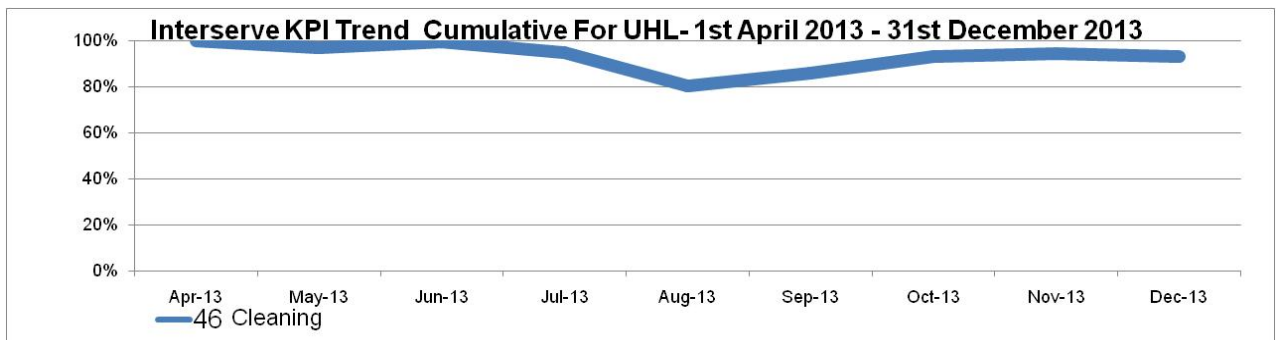
Percentage of emergency portering tasks achieving response time



KPI 27 has seen improvements to 100% for November and December with all recorded emergency portering requests achieving the required response time.

KPI 46 – Cleaning

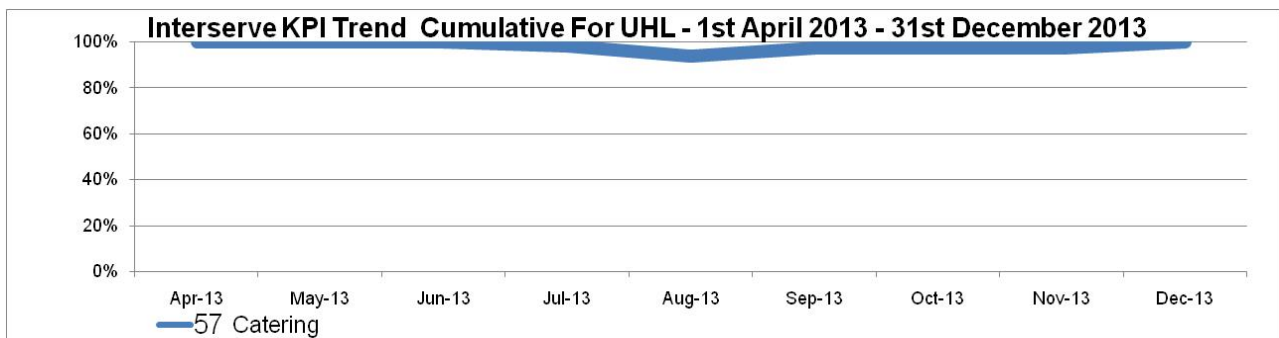
Percentage of audits in clinical areas achieving National Specification for cleaning audit scores for cleaning above 90%



KPI 46 has shown consistent performance over the last few months with December's percentage at 93% with a levelling off of performance over the past two months. Additional resources have been employed to support the improvement plans for this service.

KPI 57 – Catering

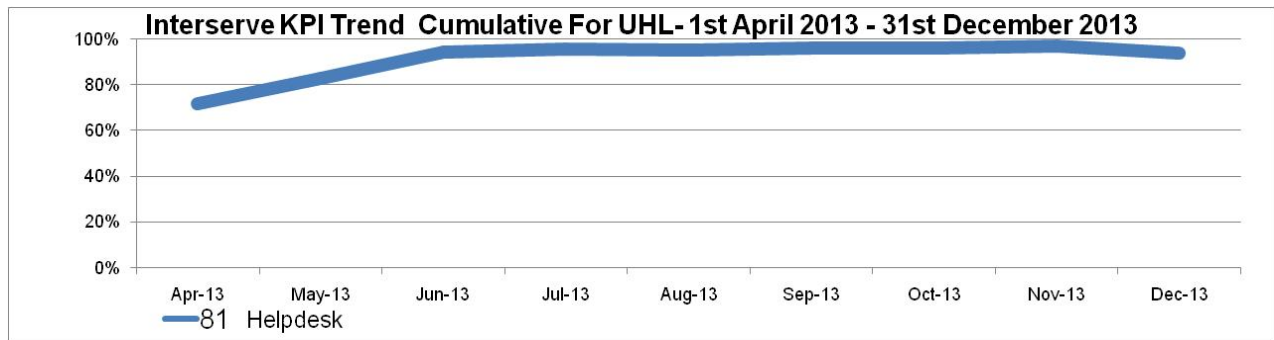
Percentage of meals delivered to wards in time for the designated meal service as per agreed schedules



KPI 57 now shows improved performance across the Trust, however whilst it is recognised that there a significant number of meals served to each ward over the month, there has continued to be reported on-going late deliveries particularly focussed at the LRI.

KPI 81 –Helpdesk

Percentage of telephone calls to the helpdesk answered within 5 rings using a non-automated solution



KPI 81 started at a low percentage due to the change in how helpdesk calls across the services were handled at the start of the contract. Over recent months performance has improved supported by further staff recruitment and training plus more robust protocols being established and implemented for this service.

9.3 General Summary

December's recorded performance when measured against the 14 services and 83 KPI's shows a consistent levelling out of services with some small improvements in specific areas when compared to previous months. Interserve have confirmed that additional recruitment specifically focussed on cleaning and estates is in progress and should lead to further improvements within those services.

Electronic works and management systems are still yet to be fully established across the UHL and once these are fully operational should lead to improved performance as regards response and rectification times.

10.0 December IM&T Service Delivery Review

10.1 Highlights

- Successful go live for the Philips Xcelera solution (replacement for Heartlab)
- Pre transition work for the transfer of sexual health services to SSOTP
- Successful JAC system server upgrade
- No Emergency changes during Festive period IT change freeze

10.2 IT Service Review

There were 6795 (7498 previous month) incidents were logged during December, out of which 4823 (5198 previous month) were resolved. Incidents logged via X8000, email and self-service.

There were 5578 telephone calls to X8000 - 1208 (1558 previous month) incidents were closed on first contact
Performance against service level agreements is as expected and follows the flight path for service level agreements.

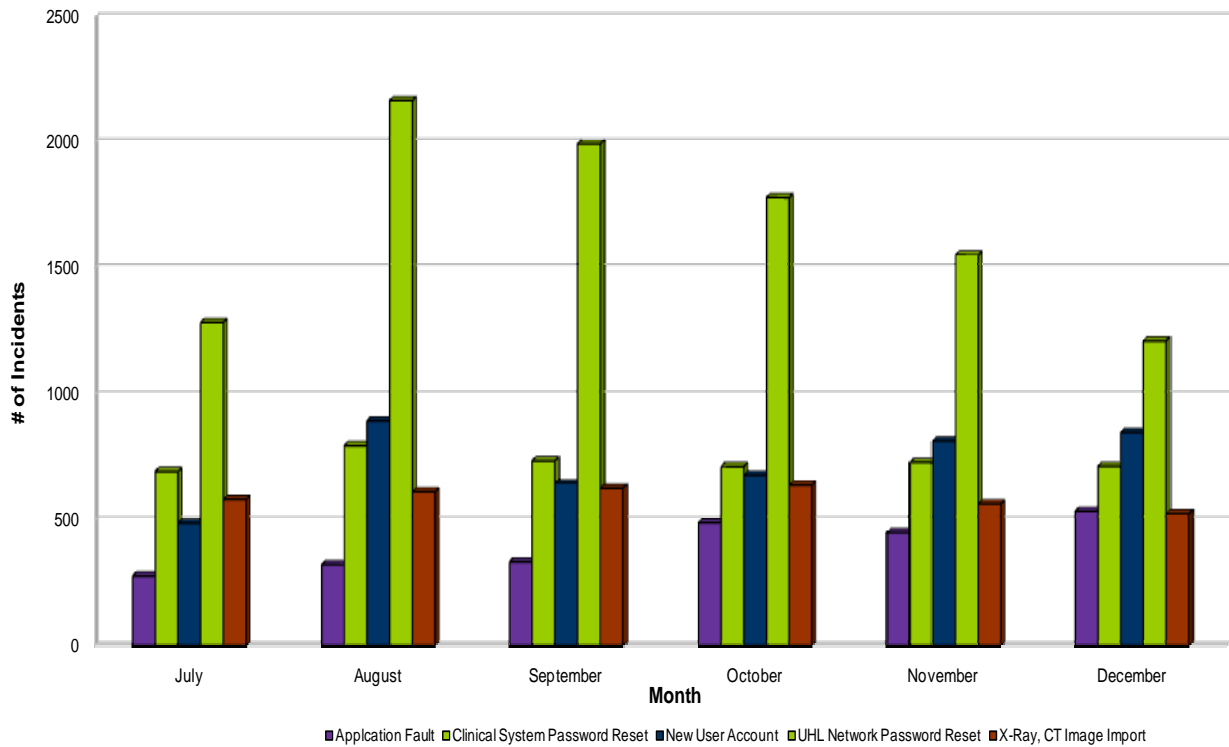
Number of complaints relating to service has dropped to 3 in month (5 in previous month)
There were 636 (635 previous month) incidents logged out of hours via the 24/7 service desk function

10.3 Future Action

Continuation of engagement with CMG's on the future of Programmes and Projects processes and capturing requirements for 2014/2015:-

- ❖ Managed Print service
- ❖ Continue communication session, start training from next week
- ❖ Conclude audit activity at LGH

10.4 IM&T Service Desk top 5 issues



10.5 IM&T December Heatmap

Incidents Closed on first contact	1208	
All Incidents Resolved in October	5507	
Incidents Resolved on Day Logged	2220	
Incidents Escalated / Total Escalations	250	336
Incidents Unresolved / Total Unresolved	92	92

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

Affected System	Incidents	
	Logged	Resolved
CRIS	241	172
EDIS	84	58
Euroking/E3	8	1
HISS/Clinicom	453	493
iLab/Apex	518	526
JAC	20	17
ORMIS	85	79
PACS/IMPAX	231	192
Sunquest ICE	256	289
Total:	1896	1827

Incidents Outstanding at end of November*		401		Priority 1 4hrs 45mins	Priority 2 1 working day	Priority 3 2 working days	Priority 4 4 working days	Priority 5 10 working days	Totals for This Month (December)		Totals for Last Month (November)	
New Incidents Logged in December		6795							Totals for This Month (December)		Totals for Last Month (November)	
Incidents Logged & Resolved in December		4823										
Outstanding Incidents**		1427										
Application Management	Calls resolved in SLA (%)	75%		100%		92.19%		96.02%		87.5%		
	Resolved in SLA/Total Resolved	3	4	2	2	59	64	1665	1734	7	8	
Clinical Systems	Calls resolved in SLA (%)	N/A		N/A		N/A		N/A		N/A		
	Resolved in SLA/Total Resolved	0	0	0	0	0	0	0	0	0	0	
Data Centre Service	Calls resolved in SLA (%)	100%		N/A		100%		99.03%		100%		
	Resolved in SLA/Total Resolved	1	1	0	0	33	33	306	309	3	3	
Desktop & AMC	Calls resolved in SLA (%)	N/A		N/A		96.38%		96.49%		93.1%		
	Resolved in SLA/Total Resolved	0	0	0	0	133	138	989	1025	27	29	
Imaging	Calls resolved in SLA (%)	100%		N/A		96.11%		94.62%		97.5%		
	Resolved in SLA/Total Resolved	2	2	0	0	420	437	739	781	39	40	
IMT RA Services	Calls resolved in SLA (%)	N/A		N/A		N/A		100%		N/A		
	Resolved in SLA/Total Resolved	0	0	0	0	0	0	1	1	0	0	
IT Security	Calls resolved in SLA (%)	N/A		N/A		N/A		100%		N/A		
	Resolved in SLA/Total Resolved	0	0	0	0	0	0	1	1	0	0	
Network Services	Calls resolved in SLA (%)	100%		N/A		100%		98.4%		100%		
	Resolved in SLA/Total Resolved	1	1	0	0	12	12	123	125	12	12	
NTT	Calls resolved in SLA (%)	N/A		N/A		N/A		100%		N/A		
	Resolved in SLA/Total Resolved	0	0	0	0	0	0	1	1	0	0	
Pathology	Calls resolved in SLA (%)	N/A		N/A		N/A		N/A		N/A		
	Resolved in SLA/Total Resolved	0	0	0	0	0	0	0	0	0	0	
Pharmacy	Calls resolved in SLA (%)	N/A		N/A		100%		100%		N/A		
	Resolved in SLA/Total Resolved	0	0	0	0	4	4	15	15	0	0	
Service Desk	Calls resolved in SLA (%)	100%		100%		93.33%		99.15%		92.31%		
	Resolved in SLA/Total Resolved	4	4	1	1	14	15	466	470	12	13	
Telecoms	Calls resolved in SLA (%)	N/A		N/A		100%		95.77%		100%		
	Resolved in SLA/Total Resolved	0	0	0	0	4	4	68	71	6	6	
Theatre Support	Calls resolved in SLA (%)	N/A		N/A		100%		92.54%		100%		
	Resolved in SLA/Total Resolved	0	0	0	0	2	2	62	67	1	1	
UHL Business Intelligence	Calls resolved in SLA (%)	N/A		N/A		N/A		50%		N/A		
	Resolved in SLA/Total Resolved	0	0	0	0	0	0	1	2	0	0	
UHL Data Integration	Calls resolved in SLA (%)	N/A		N/A		N/A		100%		N/A		
	Resolved in SLA/Total Resolved	0	0	0	0	0	0	8	8	0	0	
UHL I&D Team	Calls resolved in SLA (%)	N/A		100%		N/A		88.46%		N/A		
	Resolved in SLA/Total Resolved	0	0	1	1	0	0	23	26	0	0	
UHL Management	Calls resolved in SLA (%)	N/A		N/A		N/A		66.67%		N/A		
	Resolved in SLA/Total Resolved	0	0	0	0	0	0	2	3	0	0	
UHL Service Delivery	Calls resolved in SLA (%)	N/A		100%		100%		87.5%		100%		
	Resolved in SLA/Total Resolved	0	0	1	1	2	2	14	16	2	2	
UHL Team Leaders	Calls resolved in SLA (%)	N/A		N/A		N/A		66.67%		N/A		
	Resolved in SLA/Total Resolved	0	0	0	0	0	0	2	3	0	0	
Workforce Planning & Information	Calls resolved in SLA (%)	N/A		N/A		N/A		100%		N/A		
	Resolved in SLA/Total Resolved	0	0	0	0	0	0	1	1	0	0	
	Calls resolved in SLA (%)	N/A		N/A		N/A		66.67%		N/A		
	Resolved in SLA/Total Resolved	0	0	0	0	0	0	2	3	0	0	

11.0 FINANCE – PETER HOLLINSHEAD

11.1 INTRODUCTION

11.1.1 This section summarises the Month 9 financial position. As well as the following commentary, this report contains a number of key financial statements included at the end of this section:

- Income and Expenditure
- Balance Sheet
- Cash Flow
- Capital Programme
- Financial Performance by CMG
- December Actuals against December Forecast by CMG

11.1.2 We have also attached the Trust-wide summary pack which accompanies the monthly performance meetings.

11.2 FINANCIAL POSITION AS AT END OF DECEMBER 2013

11.2.1 The Trust is reporting:

- A deficit at the end of December 2013 of £28.5m, which is £31.5m adverse to the planned surplus of £3.0m
- In month position is a £8.2m deficit, £8.3m adverse to the Plan
- The forecast for December was a deficit of £6.2m; therefore the December actuals reflect a £2.0m adverse position to forecast

Table 1: Income & Expenditure Position

	December 2013			April -December 2013		
	Plan £m	Actual £m	Var (Adv) / Fav £m	Plan £m	Actual £m	Var (Adv) / Fav £m
Income						
Patient income	49.9	51.9	2.0	480.5	491.3	10.8
Teaching, R&D	5.3	5.3	0.0	56.4	55.9	(0.6)
Service Income	55.2	57.2	2.0	537.0	547.2	10.2
Other operating Income	3.0	3.6	0.6	28.7	29.3	0.6
Total Income	58.2	60.9	2.6	565.7	576.5	10.9
Operating expenditure						
Pay	37.3	40.6	(3.3)	336.1	352.9	(16.7)
Non-pay	23.0	24.7	(1.7)	207.1	219.6	(12.4)
Reserves	(6.0)	-	(6.0)	(13.6)	-	(13.6)
Total Operating Expenditure	54.3	65.4	(11.0)	529.7	572.4	(42.8)
EBITDA	3.9	(4.5)	(8.4)	36.0	4.1	(31.9)
Net interest	0.0	0.0	(0.0)	0.0	(0.0)	0.0
Depreciation	(2.7)	(2.7)	0.0	(24.4)	(24.3)	0.1
PDC dividend payable	(1.0)	(1.0)	0.0	(8.7)	(8.4)	0.3
Net deficit	0.2	(8.2)	(8.3)	3.0	(28.5)	(31.5)
EBITDA %		-7.4%			0.7%	

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

- **Patient care income £10.8m (2.2%) favourable against Plan**
- **Pay costs, £16.7m (5.0%) adverse to Plan**
- **Non pay costs, £12.4m (6.0%) adverse to Plan**
- **Adverse variances to Plan in all CMGs, with the exception of Women's & Children's**

11.2.3 The **Month 9 YTD position** may be analysed as follows.

11.3 INCOME

11.3.1 Within patient income, NHS income (excluding non-NHS patient care income) is £12.2m (2.6%) above Plan year to date. The key areas are shown in the following table:

- Elective IP activity is 3.0% down on Plan
- Emergency IP activity 3.7% up on Plan, but income is £107k (0.2%) adverse
- Over-performance in outpatients, £4.9m (4.1%)
- Other income:
 - Critical care, £2.3m, 7% over performing
 - Direct access – Imaging and Pathology, £0.2m, 2%
 - End Stage Renal Failure, £0.9m, 5%
 - Excluded drugs and devices, £3.1m, 6.7%
 - Contractual penalties, £1.5m, offsetting the above favourable variances

Table 2: Patient Care Activity

Case mix	Plan to Date (Activity)	Total YTD (Activity)	Variance YTD (Activity)	Variance YTD (Activity %)	Plan to Date (£000)	Total YTD (£000)	Variance YTD (£000)	Variance YTD (Activity %)
Day Case	60,452	63,436	2,984	4.94	37,051	38,077	1,026	2.77
Elective Inpatient	17,008	16,502	(506)	(2.97)	52,546	52,440	(107)	(0.20)
Emergency / Non-elective Inpatient	70,761	73,394	2,633	3.72	132,781	133,349	569	0.43
Marginal Rate Emergency Threshold (MRET)	0	0	0	0.00	(2,563)	(4,444)	(1,881)	73.38
Outpatient	550,139	572,576	22,437	4.08	62,310	65,377	3,067	4.92
Emergency Department	118,875	115,206	(3,669)	(3.09)	12,760	12,642	(118)	(0.92)
Winter Monies	0	0	0	0.00	0	4,649	4,649	
Other	5,798,886	5,954,181	155,295	2.68	180,182	185,139	4,957	2.75
Grand Total	6,616,120	6,795,295	179,175	2.71	475,066	487,229	12,163	2.56

11.3.2 Table 3 below highlights the impact of price and volume changes in activity across the major “points of delivery”. Overall, excluding the winter monies, this shows that the £7.5m Trust level over-performance is as a consequence of a volume (activity) related £12.3m favourable impact, lessened by a £4.8m adverse shift in average tariff prices.

Table 3: 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	(2.1)	4.9	(803)	1,829	1,026
Elective Inpatient	2.9	(3.0)	1,456	(1,563)	(107)
Emergency / Non-elective Inpatient	(3.2)	3.7	(4,373)	4,941	569
Marginal Rate Emergency Threshold (MRET)			(1,881)	0	(1,881)
Outpatient	0.8	4.1	526	2,541	3,067
Emergency Department	2.2	(3.1)	276	(394)	(118)
Winter Monies			0	4,649	4,649
Other			0	4,957	4,957
Grand Total	(0.1)	2.7	(4,798)	16,961	12,163

11.3.3 Whilst the volume increase in emergency activity reflects the patient activity, the price variance of £4.4m (3.2%) needs greater analysis. The CMGs are investigating the reasons at a specialty and sub-specialty level and we will orally update the Finance & Performance Committee. At this time, the income for Month 9 is still based on the early cut information.

11.3.4 Within the year to date income position, we have made provision for the following **penalties**. Year to date, this amounts to just over £4.9m, £1.5m if we exclude re-admissions.

Table 4: Penalties & Fines

	Month 9 £000s
Emergency Readmissions	(3,443)
RTT	(958)
ED Wait Times (Automatic)	(252)
Contract Penalties Provision	(60)
Cancelled Ops	(67)
Cancer 62 Day Target (Automatic)	(50)
Pressure Ulcers	(64)
Diagnostic Imaging	(16)
Never Events	(6)
ED 12 Hour Trolley Breaches	(5)
Total	(4,921)

11.3.5 The key RTT penalties relate to General Surgery, ENT, Ophthalmology and Orthopaedics. Other includes pressure ulcers, cancelled operations and ED 12 hour trolley breaches. As can be seen from the table, at the moment, we are not assuming any penalties around ambulance turnaround times, and the ED and RTT rapid action plans.

11.4 EXPENDITURE

11.4.1 Operating expenditure is £42.8m above Plan as at the end of December (8.1%).

11.4.2 The CMGs and Corporate Directorates have identified that a total of £26.0m CIP savings have been delivered year to date, representing a £0.6m adverse variance to the £26.6m CIP Plan. The 2013/14 CIP paper provides further details on the CIP performance to date, yearend forecasts, remedial action plans and RAG ratings for the remaining schemes.

11.4.3 **PAY** – as at Month 9, pay costs are £16.7m over budget, almost £20m more than the same period in 2012/13 (5.9%). When viewed by staff group, the most significant increases year on year are seen across agency and medical locums, nursing spend and consultants' costs (see below).

Table 5

Staff Type	2013/14 £'000s	2012/13 £'000s	Change £'000s	%
A&C / Managers	44,266	44,905	639	1.4
Agency / Medical Locums	16,928	12,560	(4,368)	(34.8)
Allied Health Prof's	14,117	14,116	(1)	(0.0)
Medical - Non Consultant	47,274	45,581	(1,692)	(3.7)
Consultant	67,206	61,218	(5,988)	(9.8)
Nursing & Midwifery	130,811	123,502	(7,309)	(5.9)
Other	32,254	31,193	(1,060)	(3.4)
TOTAL	352,855	333,076	(19,779)	(5.9)

11.4.4 Analysis of the year to date £16.7m variance to Plan, and year on year movement highlights the following key factors, and split by CMG (the table below excludes Corporate Directorates and Research & Development):

CMG's	Pay			M1-9 2012/13 Actual £000s	Year on Year Change £000s	Year on Year Change %
	YTD Budget £000s	YTD Actual £000s	Variance £000s			
C.H.U.G.S	34,123	34,804	(682)	33,109	(1,695)	(5.1)
Clinical Support & Imaging	50,422	52,163	(1,741)	50,668	(1,495)	(3.0)
Divisional Management Code	2,959	2,841	118	2,812	(30)	(1.1)
Emergency & Specialist Med	47,700	55,321	(7,621)	46,731	(8,590)	(18.4)
I.T.A.P.S	37,398	41,048	(3,650)	38,177	(2,871)	(7.5)
Musculo & Specialist Surgery	32,680	33,894	(1,215)	33,117	(778)	(2.3)
Renal, Respiratory & Cardiac	42,077	43,783	(1,706)	42,626	(1,157)	(2.7)
Womens & Childrens	55,846	56,025	(178)	52,991	(3,034)	(5.7)
TOTAL	303,205	319,880	(16,675)	300,230	(19,650)	(6.5)

- Estimated pay over-spend due to patient care activity over-performance - **£6.0m**, assuming that pay stepped/marginal cost is c50% of relevant patient care income volume variance and staffed at non-premium rates
- Declared under-delivery on pay CIP schemes **£2.5m**
- Continued use of extra capacity wards (Fielding Johnson, Ward 1 LRI, Ward 2 LGH, Ward 19 LRI and Odames LRI) to meet the emergency activity levels. Premium spend has covered a significant amount of the staff costs in these areas. Nursing incentives are also being paid to bank and agency to increase the “fill rates”, although these are now restricted to the Emergency Care CMG
- Increased doctors and nurses in Medicine and ED to ensure the flow of patients from ED to support the 4 hour target. The CMG is now £7.6m adverse to the pay plan and spending almost £8.6m (18%) above the same level in 2012/13
- A continued reliance on premium payments as per Chart 1 below. Increases have continued into this financial year, climbing to almost £4m in May and June, falling to £3.5m in July, and remaining around this level during August and September. 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, and 9.5% in Month 9.

Chart 1: Non-Contracted/Premium Pay Spend

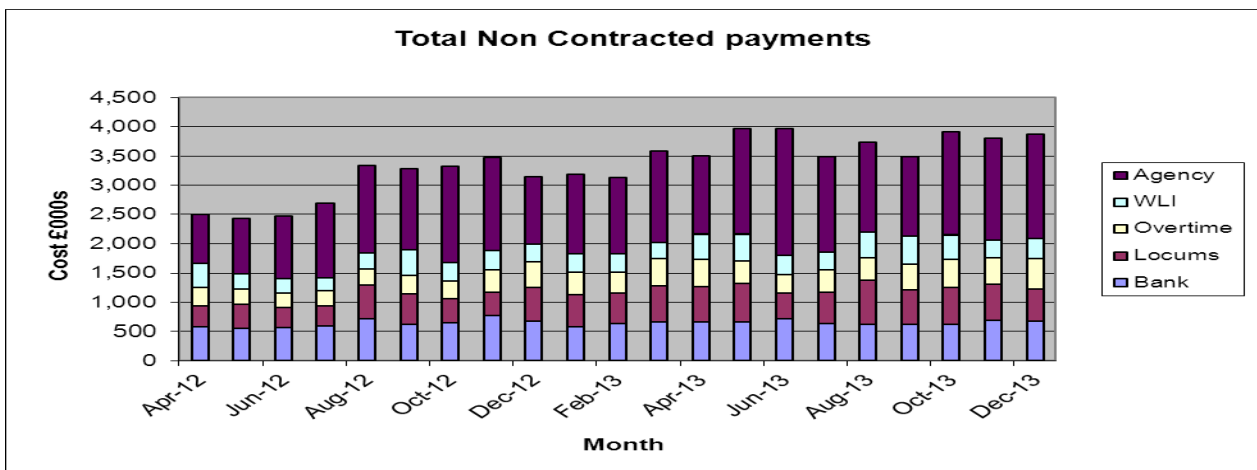


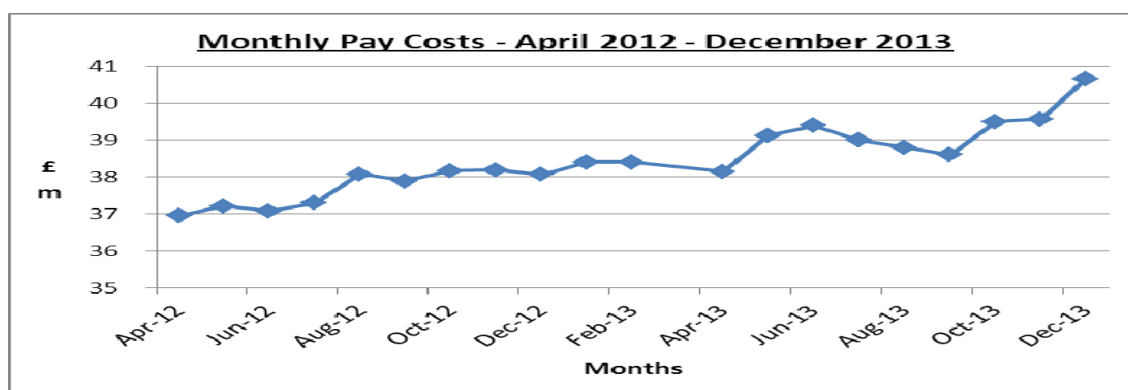
Table 6: Non-Contracted Pay Costs as %age of Total Pay Bill

Type	12/13 Q1	12/13 Q2	12/13 Q3	12/13 Q4	13/14 Q1	13/14 M7	13/14 M8	13/14 M9
Bank	1.5%	1.7%	1.8%	1.6%	1.7%	1.6%	1.7%	1.6%
Locums	1.0%	1.3%	1.2%	1.5%	1.5%	1.6%	1.6%	1.4%
Overtime	0.8%	0.8%	1.0%	1.1%	1.0%	1.2%	1.1%	1.3%
WLI	0.8%	0.8%	0.8%	0.8%	1.0%	1.1%	0.8%	0.9%
Agency	2.5%	3.7%	3.8%	3.6%	4.5%	4.4%	4.4%	4.4%
Total	6.6%	8.2%	8.7%	8.5%	9.8%	9.9%	9.6%	9.5%

11.4.5 Pay costs rose steadily from April 2012 to June 2013, hitting an initial peak of £39.4m in June; July saw a reduction to £39.0m with August (£38.8m) and September continuing this trend down at £38.6m. However, since the September position, we have seen 3 consecutive monthly increases; October (£39.5m), November (£39.6m) and December £40.6m.

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

Chart 2: Monthly Pay Costs



11.4.7 The continued reliance on premium staff comes at the same time as our contracted staff numbers in medical and nursing professions have increased by 6.1%, equivalent to an increase of 383 WTE since March 2012 (Table 7).

Table 7: Contracted WTE

Staff Type	Movement Dec 13 - March 12		Contracted Staff	
	WTE	(%)	Dec 13 WTE	March 12 WTE
ADMIN & CLERICAL	(44)	(2.5)	1,743	1,787
ALLIED HEALTH PROFESSIONALS	12	2.6	470	458
CAREER GRADES	9	13.3	79	70
CONSULTANT	47	8.8	580	533
HEALTHCARE ASSISTANTS	30	13.7	247	217
HEALTHCARE SCIENTISTS	(15)	(2.0)	726	741
MAINTENANCE & WORKS	1	10.6	7	6
NURSING QUALIFIED	78	2.3	3,427	3,348
NURSING UNQUALIFIED	181	15.2	1,376	1,195
OTHER MEDICAL & DENTAL STAFF	37	4.1	936	899
OTHER SCIEN, THERAP & TECH	71	25.7	345	274
SENIOR MANAGERS	(40)	(23.1)	132	171
TOTAL	368	3.8	10,067	9,699
MEDICAL & NURSING	383	6.1	6,645	6,262
OTHER STAFF GROUPS	(15)	(0.4)	3,422	3,437
TOTAL	368	3.8	10,067	9,699

11.4.8 **NON PAY** – operating non pay spend, excluding reserves, is now showing a YTD adverse position to Plan of £12.7m (6%).

11.4.9 This is as a result of three main factors:

- Activity related marginal costs e.g. keeping Ward 19 open - **£3.2m** (assuming that non pay marginal cost is c25% of patient care income variance)
- Patient care income backed costs such as NICE/HCT costs - **£3.0m** e.g. haemophilia patients, high cost devices in Renal, Respiratory & Cardiac CMG and Women's & Children's CMG
- Other cost pressures/over-stated non-pay CIP delivery - **£6.5m**. This includes:
 - £1.1m Imaging and laboratory non pay consumables
 - £1.7m Use of independent sector and contracted clinical services
 - £0.4m Blood products
 - £0.8m Printing, stationery and postage
 - £0.3m Security
 - £0.6m Maintenance and MES costs
 - £1.2m Consultancy
 - £0.6m Furniture, office equipment and IT

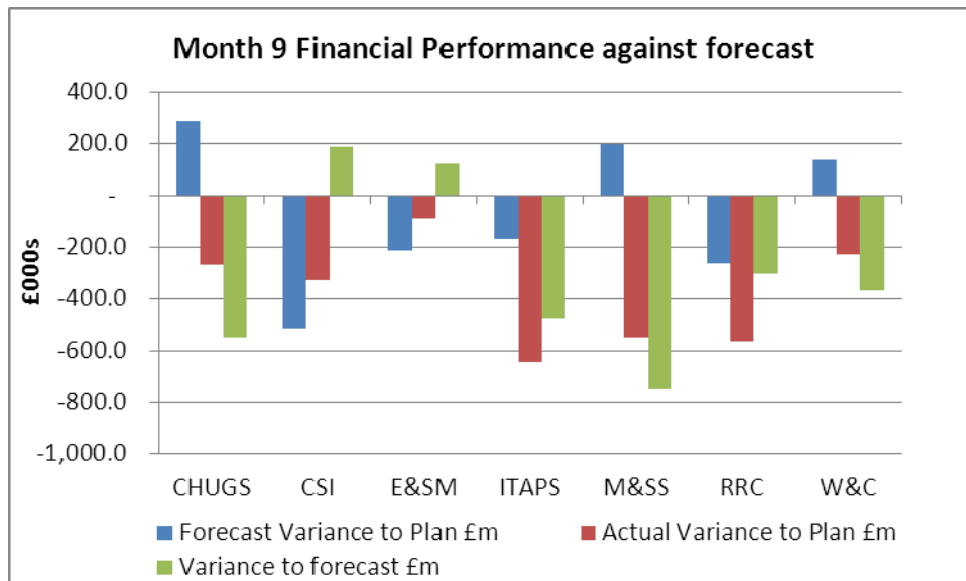
11.4.10 As well as the operating non pay deficit of £10.7m, there is an in month adverse variance of £13.6m against reserves. This is as a consequence of the contingency created through the annual planning cycle being over-committed due to in year pressures and agreed changes. These include the investment in the nursing budgets, the re-basing of the initial £40.4m CIP target for "over heating" issues, and additional cost pressures supported post AOP submission e.g. CQUIN posts.

11.5 CMG AND CORPORATE DIRECTORATE

11.5.1 The table below shows the in month variance from the Month 9 forecast by CMG and Corporate Directorate. The detailed breakdown by pay, non-pay and income is shown within the appendices.

CMG/Directorate	Income £'000	Pay £'000	Non Pay £'000	TOTAL £'000
C.H.U.G.S	(87)	(81)	(383)	(551)
Clinical Support & Imaging	49	115	27	191
Emergency & Specialist Med	41	120	(34)	127
I.T.A.P.S	(110)	(336)	(29)	(475)
Musculo & Specialist Surgery	(409)	(165)	(176)	(750)
Renal, Respiratory & Cardiac	(315)	(11)	23	(304)
Womens & Childrens	(268)	(117)	18	(368)
Total CMGs	(1,100)	(475)	(556)	(2,131)
Total Corporate Directorates	0	82	61	143
Total Central & R&D	(167)	(96)	216	(47)
Grand Total	(1,266)	(489)	(279)	(2,035)

11.5.2 The chart below shows graphically December performance by CMG against the forecast. Detailed charts by CMG and across pay, non-pay and income are included within the appendices.



11.5.3 The month 9 results have been very disappointing against the forecast position, £2m adverse in total with £2.1m adverse within the CMGs. The material movements in month are:

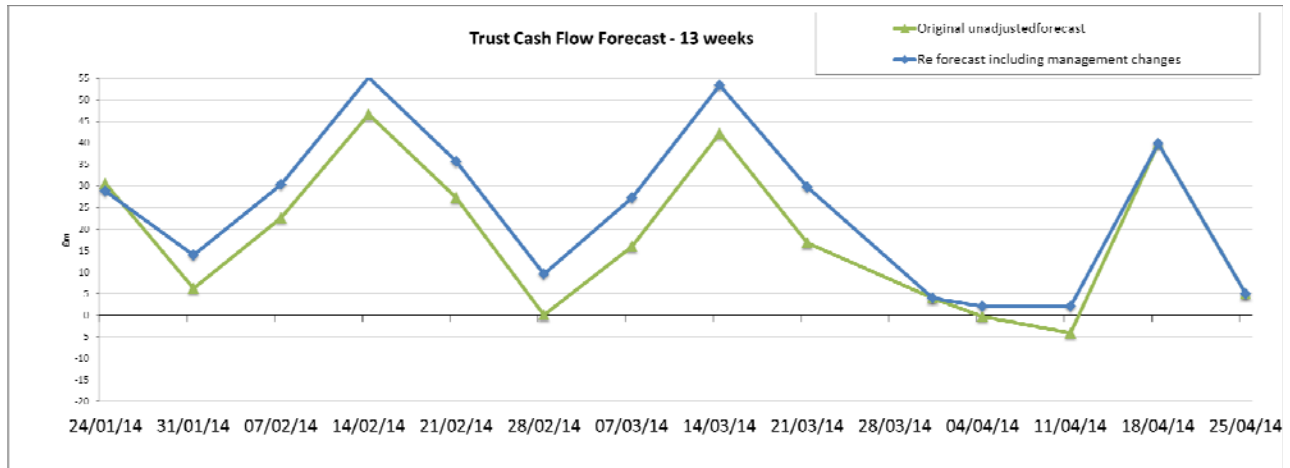
- CHUGS (£551k adverse)
 - £68k adverse against patient care income – day cases down £16k, elective activity adverse by £151k, and emergency activity adverse by £170k. All of these movements are in General Surgery. These movements have been offset by £247k over performance against excluded drugs – offset in non pay
 - Pay costs, £81k adverse to forecast, mainly due to a £65k backdated local discretionary points awards to Consultants
 - Non pay is £383k adverse – £247k on excluded drugs and Haemophilia, higher use of TPN on the Gastro wards, and recharges for out-of-hours theatres
- ITAPS (£475k adverse)
 - Patient care income - £103k less income than forecast in month. Analysis by PoD as follows:
 - Critical Care - the under performance of £15k relates to lower than forecast activity (£109k) within ITU at the LRI and LGH PACU (£12k). There was an increase in activity within CICU (£45k). See above for detail on activity levels
 - Outpatient - £14k additional income against plan due to increased activity with the Sleep Service
 - Emergency - the CMG was down on activity compared to forecast £11k on Emergency activity
 - Excluded Drugs and Devices - the reduction in income predominantly relates to the Sleep Service, this is being addressed as it appears to relate to recording of device usage
 - Pay - £336k adverse against forecast.
 - There was £21k spent on speciality doctor introductory fees. There is only one more speciality doctor of whom the start date is yet to be confirmed of which an introductory fee will be attached

- There was £51k paid for clinical excellence award arrears and £11k on APA arrears which were not known about. Internal locum payments were £45k higher than forecast, there may be backdated claims
- Nursing costs were £87k higher than forecast due to new posts coming in and a big increase in overtime and enhancements
- Non pay - £100k adverse against forecast. There was £35k expended on 10 theatre trollies not forecast; Flotrac sensors were purchased which amounted to £20k and there was additional drugs expenditure of £31k than forecast; speciality doctor expenses amounted to £9k above forecast. Unexpected theatre repairs resulted in costs of £7k
- Musculo-Skeletal & Specialist Surgery (£750k adverse)
 - Patient care income - £387k adverse variance compared to the December forecast:
 - Daycases - under performance of £81k relates to most specialties but primarily Plastic Surgery (£23k) and MaxFax (£13k)
 - Elective IP - under performance of £259k mainly within Orthopaedics (£190k), Vascular Surgery (£32k) and ENT (£18k) which is partially offset by over performance within MaxFax (£21k)
 - Emergencies - under performance relates to Trauma (£81k, 36 patients)
 - Excluded Drugs & Devices - over performance relates to stents and ARMD (£46k)
 - Pay - £165k adverse:
 - Medical and dental overspend of £88k relates primarily to Clinical Excell Awards arrears paid in month of £70k
 - The agency overspend of £66k relates to the use of NISE nursing due to patient acuity and A&C staff needed to clear the backlog within Ophthalmology, this is an interim arrangement
 - Non pay - £176k overspend:
 - The Drugs (£40k) and Clinical Supplies and Services (£30k) overspends relate to NICE/HCT spend within Ophthalmology and Vascular Surgery
 - Recharges consist of the Theatres Trading recharge (£39k)
 - Other costs (£69k) overspend is linked to Independent Sector, this is backed by additional patient care income within ENT, Ophthalmology and Orthopaedics
- RRC (£304k adverse)
 - Patient care income - (£282k) worse than forecast. This is mainly due to under performance of HDU income (£99k) for Thoracic Surgery and Nephrology. Excluded drugs and devices income down by (£61k) offset by underspend in non-Pay. ESRF income lower than forecast by (£61k), Inpatient income across all points of delivery is (£62k) lower than forecast
 - Pay (£11k) worse than forecast. Main reason being CEA arrears
 - Non pay - £23k favourable than forecast contributed by an underspend on excluded drugs and devices and a reduction in renal activity
- W&C (£368k adverse)
 - £265k adverse of patient care income across all points of delivery with the exception of emergencies
 - Pay costs, £117k adverse due to medical and agency costs
 - £18k favourable on non pay

11.5.4 The year-end forecast position is shown in detail within the 2013/14 Year End and 2014/15 Financial Plan paper.

11.6 CASH

11.6.1 The Trust's cash balance was £6.9m at the end of December 2013. The year-end cash balance is forecast to be £3.9m as shown in the following graph:



11.6.2 We are taking a number of actions to ensure the above year end cash balance is achieved. These actions include:

- Managing the timing of expenditure within the capital programme to ensure that cash payments are slipped to the following financial year
- Maintaining a year-end balance of creditor invoices which are authorised for payment but which are overdue beyond their 30 day payment terms

11.6.3 To manage any in-month cash shortfalls, local CCGs are continuing to pay us £21m of the monthly SLA payments to the start of each month instead of the 15th of the month.

11.6.4 The Trust is required to meet its External Financing Limit (EFL) at the end of each financial year. This is a performance target which controls our cash expenditure and against which we are not allowed to overspend.

11.6.5 To achieve our EFL for 2013/14, our year-end cash balance will need to increase by a further £13m from £3.9m to £16.9m. We are unlikely to achieve this by internal measures alone and therefore we are likely to require loan financing from the NTDA, particularly to minimise the impact on our supplier payments. We are seeking advice from the NTDA on the process and timescale for securing a short term loan. This process will be orally updated to the Finance & Performance Committee

11.6.6 Any decisions made in relation to financing will also need to take into account any financing requirements for 2014/15 and the impact of the Trust's reconfiguration programme. We will be holding discussions with the NTDA and completing the necessary loan documentation in sufficient time to secure any loan funding before the year end.

11.7 CAPITAL

11.7.1 At the end of December, the Trust had spent £17.7m which is just under 45% of the annual plan of £39.8m. The year-end forecast has dropped to £34.8m and is likely to drop further as we approach year end.

11.7.2 Expenditure is now being monitored to support the Trust's cash position. Where possible, new schemes will be delayed until next year if they are not already in the forecast.

11.8 CONCLUSION

11.8.1 The Trust has reported to the NTDA that we are £31.5m adverse to our planned £3.0m surplus.

FINANCIAL APPENDICES

	December 2013			April 2013 - December 2013		
	Plan	Actual	Variance (Adv) / Fav	Plan	Actual	Variance (Adv) / Fav
	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000
Elective	5,277	4,792	(485)	52,546	52,440	(107)
Day Case	3,744	3,588	(156)	37,051	38,077	1,026
Emergency	17,273	18,688	1,415	132,781	133,349	569
Outpatient	6,409	6,769	361	62,310	65,377	3,067
Non NHS Patient Care	611	253	(358)	5,454	4,087	(1,367)
Winter funding	0	1,558	1,558	0	4,649	4,649
Other	16,642	16,274	(368)	190,379	193,338	2,959
Patient Care Income	49,956	51,922	1,966	480,520	491,316	10,796
Teaching, R&D income	5,298	5,332	34	56,449	55,881	(568)
Other operating Income	3,008	3,603	595	28,700	29,348	648
Total Income	58,262	60,857	2,595	565,669	576,545	10,876
Pay Expenditure	37,320	40,648	(3,328)	336,126	352,855	(16,729)
Non Pay Expenditure	23,030	24,704	(1,674)	207,145	219,552	(12,407)
Central Reserves	(6,015)	0	(6,015)	(13,619)	0	(13,619)
Total Operating Expenditure	54,335	65,352	(11,017)	529,652	572,407	(42,755)
EBITDA	3,927	(4,495)	(8,422)	36,017	4,138	(31,879)
Interest Receivable	7	6	(1)	62	134	72
Interest Payable	(5)	(4)	1	(45)	(141)	(96)
Depreciation & Amortisation	(2,707)	(2,749)	(42)	(24,361)	(24,250)	111
Surplus / (Deficit) Before Dividend and Disposal of Fixed Assets	1,222	(7,242)	(8,464)	11,673	(20,119)	(31,792)
Dividend Payable on PDC	(964)	(980)	(16)	(8,676)	(8,381)	295
Net Surplus / (Deficit)	258	(8,222)	(8,480)	2,997	(28,500)	(31,497)
EBITDA MARGIN		-7.39%			0.72%	

Balance Sheet

	Mar-13 £000's Actual	Apr-13 £000's Actual	May-13 £000's Actual	Jun-13 £000's Actual	Jul-13 £000's Actual	Aug-13 £000's Actual	Sep-13 £000's Actual	Oct-13 £000's Actual	Nov-13 £000's Actual	Dec-13 £000's Actual
BALANCE SHEET										
Non Current Assets										
Property, plant and equipment	354,680	353,855	353,723	352,327	352,803	353,255	352,521	352,993	353,114	352,703
Intangible assets	5,318	5,160	5,012	4,940	4,795	4,650	4,627	4,419	4,273	4,328
Trade and other receivables	3,125	3,183	3,181	3,252	3,302	3,291	3,331	3,268	3,191	3,218
TOTAL NON CURRENT ASSETS	363,123	362,198	361,916	360,519	360,900	361,196	360,479	360,680	360,578	360,249
Current Assets										
Inventories	13,064	13,869	13,257	13,778	13,861	13,776	14,499	14,176	14,155	14,558
Trade and other receivables	44,616	42,408	42,628	35,756	40,713	44,182	46,674	42,210	49,634	50,922
Other Assets	40	40	40	40	40	40	40	40	40	40
Cash and cash equivalents	19,986	19,957	14,257	19,129	15,343	7,203	4,484	5,335	2,933	6,876
TOTAL CURRENT ASSETS	77,706	76,274	70,182	68,703	69,957	65,201	65,697	61,761	66,762	72,396
Current Liabilities										
Trade and other payables	(75,559)	(73,056)	(67,971)	(68,079)	(71,026)	(69,123)	(77,327)	(81,916)	(88,794)	(93,069)
Dividend payable	0	(964)	(1,928)	(2,892)	(3,856)	(4,820)	0	(964)	(1,928)	(2,892)
Borrowings	(2,726)	(2,800)	(2,800)	(2,800)	(2,800)	(2,800)	(2,800)	(2,800)	(2,800)	(2,727)
Provisions for liabilities and charges	(1,906)	(1,906)	(1,906)	(1,906)	(1,906)	(1,906)	(1,342)	(1,342)	(1,342)	(2,244)
TOTAL CURRENT LIABILITIES	(80,191)	(78,726)	(74,605)	(75,677)	(79,588)	(78,649)	(81,469)	(87,022)	(94,864)	(100,932)
NET CURRENT ASSETS (LIABILITIES)	(2,485)	(2,452)	(4,423)	(6,974)	(9,631)	(13,448)	(15,772)	(25,261)	(28,102)	(28,536)
TOTAL ASSETS LESS CURRENT LIABILITIES	360,638	359,746	357,493	353,545	351,269	347,748	344,707	335,419	332,476	331,713
Non Current Liabilities										
Borrowings	(10,906)	(10,958)	(11,190)	(10,809)	(11,522)	(11,484)	(11,159)	(10,797)	(10,410)	(10,887)
Other Liabilities	0	0	0	0	0	0	0	0	0	0
Provisions for liabilities and charges	(2,407)	(2,454)	(2,488)	(2,404)	(2,315)	(2,312)	(2,986)	(2,910)	(2,870)	(2,004)
TOTAL NON CURRENT LIABILITIES	(13,313)	(13,412)	(13,678)	(13,213)	(13,837)	(13,796)	(14,145)	(13,707)	(13,280)	(12,891)
TOTAL ASSETS EMPLOYED	347,325	346,334	343,815	340,332	337,432	333,952	330,562	321,712	319,196	318,822
Public dividend capital	277,733	277,733	277,733	277,733	277,733	277,733	277,733	277,733	277,733	277,733
Revaluation reserve	64,628	64,626	64,628	64,632	64,632	64,628	64,628	64,628	64,628	64,628
Retained earnings	4,960	3,975	1,454	(2,033)	(4,933)	(8,409)	(11,799)	(20,649)	(23,165)	(23,539)
TOTAL TAXPAYERS EQUITY	347,325	346,334	343,815	340,332	337,432	333,952	330,562	321,712	319,196	318,822

Cash Flow Forecast

Cash Flow for the period ended 31st December 2013				Rolling 12 month cashflow forecast - January 2014 to December 2014											
	2013/14 Apr - Dec Plan £ 000	2013/14 Apr - Dec Actual £ 000	2013/14 Apr - Dec Variance £ 000	2013/14 January Forecast £ 000	2013/14 February Forecast £ 000	2013/14 March Forecast £ 000	2014-15 April Forecast £ 000	2014-15 May Forecast £ 000	2014-15 June Forecast £ 000	2014-15 July Forecast £ 000	2014/15 August Forecast £ 000	2014/15 September Forecast £ 000	2014/15 October Forecast £ 000	2014/15 November Forecast £ 001	2013/14 December Forecast £ 000
CASH FLOWS FROM OPERATING ACTIVITIES															
Operating surplus before Depreciation and Amortisation	36,314	4,138	(32,176)	5,321	1,279	3,366	2,098	5,468	2,098	5,468	5,468	2,971	6,341	4,719	3,658
Donated assets received credited to revenue and non cash	(225)	(271)	(46)	(25)	(25)	(26)	(26)	(26)	(26)	(26)	(26)	(26)	(26)	(26)	(25)
Interest paid	(634)	(635)	(1)	(77)	(79)	(78)	(82)	(82)	(81)	(81)	(80)	(80)	(79)	(78)	(77)
Movements in Working Capital:															
- Inventories (Inc)/Dec	-	(1,494)	(1,494)												
- Trade and Other Receivables (Inc)/Dec	-	(5,180)	(5,180)	3,000	1,654	3,150	(2,869)	(10)	41	9	8	41	(11)	24	2,000
- Trade and Other Payables Inc/(Dec)	-	21,464	21,464	(2,500)	(2,500)	(2,000)	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(2,500)
- Provisions Inc/(Dec)	(1,602)	(65)	1,537	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)
PDC Dividends paid	(5,500)	(5,454)	46	-	-	(5,454)	-	-	-	-	-	(5,615)	-	-	-
Other non-cash movements	(273)	101	374	-	-	-	-	-	-	(21)	-	-	-	-	-
Net Cash Inflow / (Outflow) from Operating Activities	28,080	12,604	(15,476)	5,711	321	(1,050)	(970)	5,259	1,941	5,258	5,279	(2,800)	6,134	4,548	3,047
CASH FLOWS FROM INVESTING ACTIVITIES															
Interest Received	72	493	421	8	8	8	6	6	6	6	7	7	7	7	8
Payments for Property, Plant and Equipment	(22,282)	(22,419)	(137)	(2,252)	(2,251)	(4,409)	(2,294)	(2,295)	(2,294)	(2,295)	(2,294)	(2,295)	(2,294)	(2,295)	(2,251)
Capital element of finance leases	(3,465)	(3,788)	(323)	(400)	(400)	(400)	(391)	(391)	(391)	(391)	(391)	(391)	(391)	(391)	(400)
Net Cash Inflow / (Outflow) from Investing Activities	(25,675)	(25,714)	(39)	(2,644)	(2,643)	(4,801)	(2,679)	(2,680)	(2,679)	(2,680)	(2,678)	(2,679)	(2,678)	(2,679)	(2,644)
CASH FLOWS FROM FINANCING ACTIVITIES															
New PDC	-	-	-	-	2,147	-	-	-	-	-	-	-	-	-	-
Other Capital Receipts	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Net Cash Inflow / (Outflow) from Financing	-	-	-	-	2,147	-	-	-	-	-	-	-	-	-	-
Opening cash	19,986	19,986	-	6,876	9,943	9,768	3,917	268	2,847	2,109	4,687	7,288	1,809	5,265	6,876
Increase / (Decrease) in Cash	2,405	(13,110)	(15,515)	3,067	(175)	(5,851)	(3,649)	2,579	(738)	2,578	2,601	(5,479)	3,456	1,869	404
Closing cash	22,391	6,876	(15,515)	9,943	9,768	3,917	268	2,847	2,109	4,687	7,288	1,809	5,265	7,134	7,280

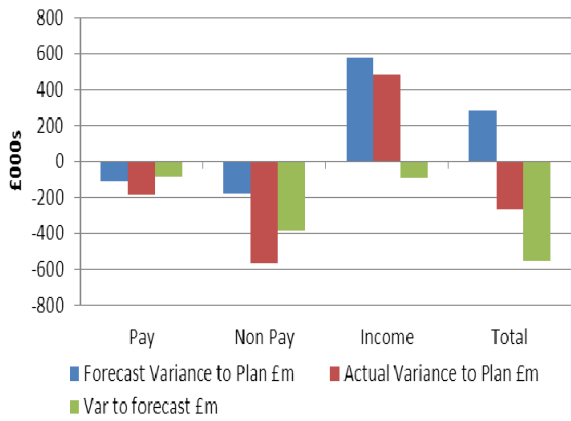
Capital Programme

	Capital Plan 2013/14 £000's	YTD Spend 13/14 £000's	Expenditure Profile												Forecast Out Turn £000's	Variance £'000's
			Actual									Forecast				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
			£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's		
Recurrent Budgets																
IM&T	3,375	2,867	69	226	290	203	688	311	1,031	12	38	500	500	558	4,425	(1,050)
Medical Equipment	4,187	2,770	264	7	209	119	386	347	904	431	103	0	518	900	4,187	0
Facilities Sub Group	6,000	2,125	286	204	193	388	261	143	78	334	238	1,000	1,250	1,625	6,000	0
Divisional Discretionary Capital	406	338	150	65	9	10	16	12	56	4	16	68	0	0	406	0
MES Installation Costs	1,750	1,825	38	178	343	455	40	403	32	92	243	200	250	225	2,500	(750)
Total Recurrent Budgets	15,718	9,924	807	680	1,045	1,174	1,392	1,215	2,102	872	637	1,768	2,518	3,308	17,518	(1,800)
Reconfiguration Schemes																
Emergency Floor	4,000	1,231	2	7	14	79	79	130	312	575	34	500	750	919	3,400	600
Theatres Assessment Area (TAA)	1,549	1,169	4	10	27	30	491	172	75	171	188	191	208	12	1,580	(31)
Advanced Recovery LRI & LGH	625	154	63	(7)	55	11	7	(6)	18	8	5	15	200	231	600	25
GGH Vascular Surgery	1,156	53	0	0	0	0	0	0	24	4	25	0	100	680	833	323
Hybrid Theatre (Vascular)	500	0	0	0	0	0	0	0	0	0	0	0	0	0	0	500
Daycase / OPD Hub	350	0	0	0	0	0	0	0	0	0	0	0	0	0	0	350
GH Imaging	500	0	0	0	0	0	0	0	0	0	0	0	0	0	0	500
Ward 4 LGH / H Block Isolation	283	1	0	0	0	0	0	0	1	0	0	50	100	132	283	0
Modular Wards	4,050	0	0	0	0	0	0	0	0	0	0	43	0	0	43	4,007
Brandon Unit Refurb: OPD 1-4	2,000	106	0	0	0	0	5	4	1	95	0	0	0	16	122	1,878
ITU	140	0	0	0	0	0	0	0	0	0	0	0	0	55	55	85
Poppies Conversion	250	28	0	0	0	0	0	0	0	28	0	100	100	72	300	(50)
Feasibility Studies	100	24	0	0	0	0	0	0	35	(2)	(9)	5	5	13	47	53
Total Reconfiguration	15,503	2,766	70	10	96	121	582	300	465	880	243	904	1,463	2,130	7,263	8,240
Corporate / Other Schemes																
Osborne Ventilation	566	381	0	0	0	0	13	(1)	18	199	151	110	110	49	650	(84)
Endoscopy Redesign	250	152	0	80	(1)	24	5	28	16	1	0	0	0	4	156	94
Maternity Interim Development	2,800	1,871	3	18	9	273	388	332	190	334	324	362	354	413	3,000	(200)
Aseptic Suite	650	17	7	0	1	0	0	2	5	1	0	150	150	153	470	180
Diabetes BRU	600	740	0	62	125	128	141	37	105	121	21	0	0	235	975	(375)
Respiratory BRU	500	807	3	809	(245)	190	9	(46)	10	1	75	0	0	0	807	(307)
Stock Management System	3,000	201	0	0	0	0	0	0	3	185	13	600	600	599	2,000	1,000
LIA Schemes		0	0	0	0	0	0	0	0	0	0	100	200	200	500	(500)
CMG Contingency	194	0	0	0	0	0	0	0	0	0	0	50	50	94	194	0
Other Developments	0	843	163	123	91	36	69	(9)	104	163	102	100	100	177	1,220	(1,220)
	8,560	5,011	177	1,093	(20)	650	625	343	450	1,006	687	1,472	1,564	1,925	9,972	(1,412)
Total Capital Programme	39,781	17,701	1,054	1,783	1,121	1,945	2,598	1,858	3,017	2,759	1,567	4,144	5,545	7,362	34,753	5,028

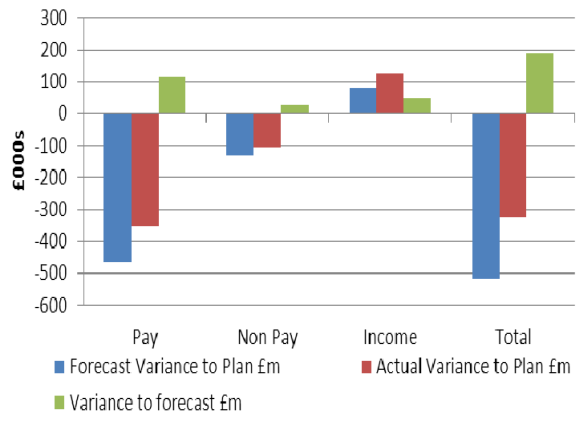
YTD Position as at 31st December - Month 9

		Income			Pay			Non Pay			TOTAL		
Division	CMG's	YTD	YTD	'Variance	YTD	YTD	'Variance	YTD	YTD	'Variance	YTD	YTD	'Variance
		Budget	Actual		Budget	Actual		Budget	Actual		Budget	Actual	
		£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Clinical Cmg'S	C.H.U.G.S	90,270	92,172	1,902	34,123	34,804	(682)	26,760	30,211	(3,451)	29,387	27,156	(2,231)
	Clinical Support & Imaging	23,318	24,066	748	50,422	52,163	(1,741)	1,571	3,923	(2,352)	(28,675)	(32,020)	(3,345)
	Divisional Management Codes	469	14	(455)	2,959	2,841	118	508	151	357	(2,998)	(2,978)	20
	Emergency & Specialist Med	79,201	87,284	8,083	47,700	55,321	(7,621)	22,666	24,120	(1,454)	8,834	7,842	(992)
	I.T.A.P.S	20,991	21,178	187	37,398	41,048	(3,650)	14,675	15,622	(947)	(31,081)	(35,492)	(4,411)
	Musculo & Specialist Surgery	71,932	72,043	111	32,680	33,894	(1,215)	13,768	14,349	(581)	25,485	23,800	(1,685)
	Renal, Respiratory & Cardiac	97,313	97,717	405	42,077	43,783	(1,706)	31,563	34,213	(2,650)	23,673	19,722	(3,951)
	Womens & Childrens	105,590	106,783	1,192	55,846	56,025	(178)	22,118	22,903	(784)	27,626	27,855	230
Clinical Cmg'S Total		489,085	501,257	12,172	303,205	319,880	(16,675)	133,629	145,491	(11,862)	52,252	35,887	(16,365)
Corporate	Communications & Ext Relations	25	17	(8)	577	647	(70)	91	97	(6)	(643)	(727)	(84)
	Corporate & Legal	0	72	72	728	721	7	876	982	(107)	(1,604)	(1,632)	(28)
	Corporate Medical	1,092	1,143	51	2,849	2,811	37	548	600	(53)	(2,304)	(2,269)	35
	Facilities	8,817	8,945	128	956	913	43	40,911	39,639	1,271	(33,050)	(31,607)	1,442
	Finance & Procurement	38	48	10	3,225	3,149	76	2,019	1,879	140	(5,206)	(4,980)	226
	Human Resources	2,144	2,449	306	4,098	4,049	49	1,354	1,597	(242)	(3,308)	(3,197)	112
	Im&T	150	135	(15)	2,251	2,120	131	4,352	4,664	(312)	(6,453)	(6,649)	(196)
	Nursing	206	243	37	4,333	3,899	434	9,941	10,128	(188)	(14,067)	(13,783)	284
	Operations	278	534	257	2,232	2,682	(450)	161	407	(247)	(2,115)	(2,555)	(440)
	Strategic Devt	0	67	67	2,071	2,236	(165)	110	355	(245)	(2,181)	(2,524)	(343)
Corporate Total		12,749	13,654	905	23,319	23,227	92	60,362	60,350	12	(70,933)	(69,923)	1,009
Research & Development Total		23,215	23,192	(23)	9,602	9,556	46	12,614	12,284	330	1,000	1,353	353
Central Division Total		40,621	38,444	(2,177)	0	193	(193)	19,942	34,067	(14,125)	20,679	4,184	(16,495)
Grand Total		565,670	576,547	10,878	336,126	352,855	(16,730)	226,547	252,192	(25,645)	2,997	(28,500)	(31,498)

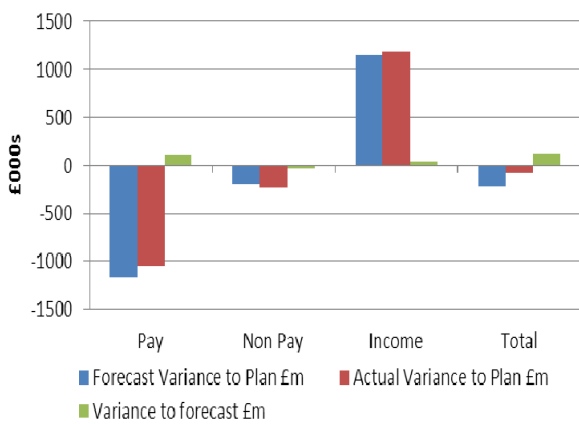
CHUGS CMG - Month 9 Financial Performance against forecast



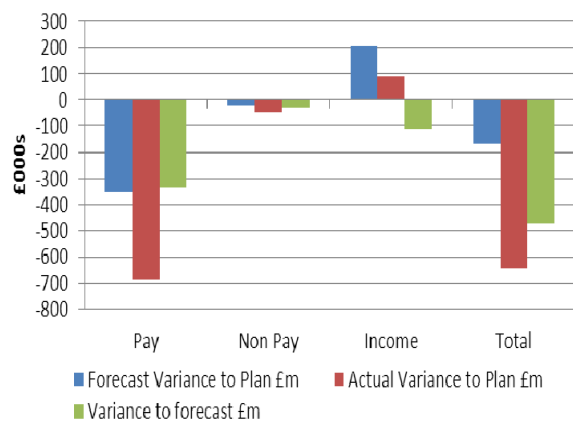
CSI CMG - Month 9 Financial Performance against forecast



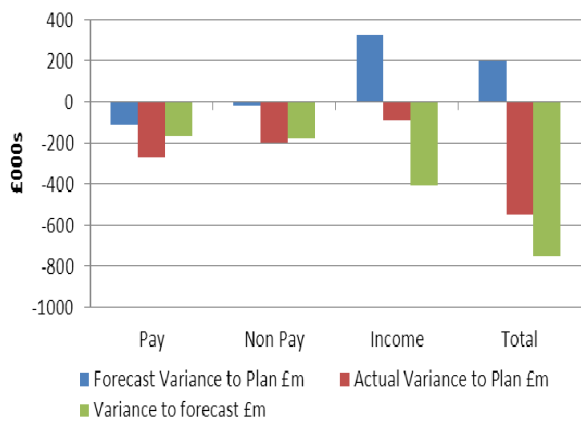
Emergency & Specialist Medicine CMG - Month 9 Financial Performance against forecast



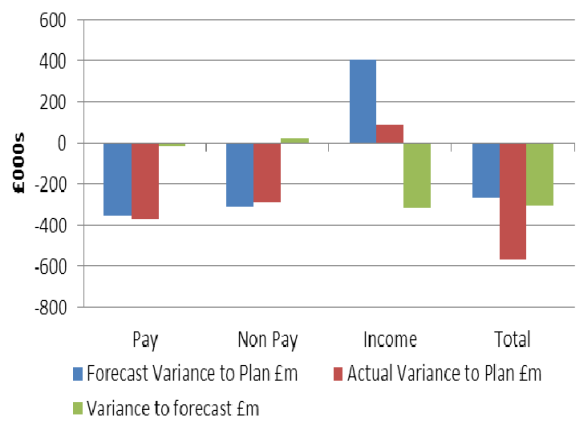
ITAPS CMG - Month 9 Financial Performance against forecast



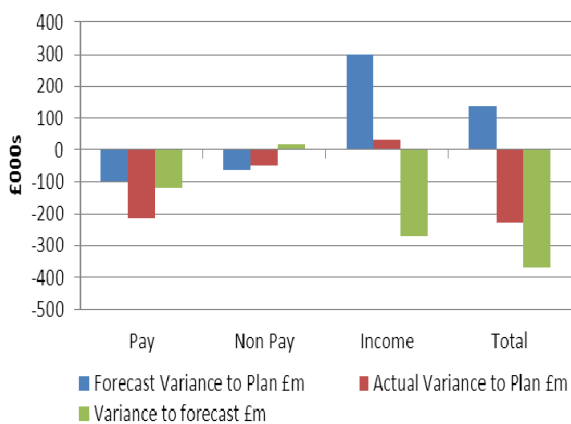
M&SS CMG - Month 9 Financial Performance against forecast



RRC CMG - Month 9 Financial Performance against forecast



W&C CMG - Month 9 Financial Performance against forecast



Financial performance report for the period ending 31st December 2013

	Page
Year to date Position by CMG and Directorate	1
Pay spend by month 2013/14	2
WTEs by month 2013/14	3
Non Pay spend by month 2013/14	4
Patient Care Income by month 2013/14	5
Pay Spend M1-9 2012/13 compared to 2013/14	6
Non Pay Spend M1-9 2012/13 compared to 2013/14	7

Author: Lorraine Bentley & Simon Sheppard

Month - Year: December 2013

YTD Position as at 31st December - Month 9

		Income			Pay			Non Pay			TOTAL		
Division	CMG's	YTD Budget £000s	YTD Actual £000s	'Variance £000s	YTD Budget £000s	YTD Actual £000s	'Variance £000s	YTD Budget £000s	YTD Actual £000s	'Variance £000s	YTD Budget £000s	YTD Actual £000s	'Variance £000s
Clinical Cmg'S	C.H.U.G.S	90,270	92,172	1,902	34,123	34,804	(682)	26,760	30,211	(3,451)	29,387	27,156	(2,231)
	Clinical Support & Imaging	23,318	24,066	748	50,422	52,163	(1,741)	1,571	3,923	(2,352)	(28,675)	(32,020)	(3,345)
	Divisional Management Codes	469	14	(455)	2,959	2,841	118	508	151	357	(2,998)	(2,978)	20
	Emergency & Specialist Med	79,201	87,284	8,083	47,700	55,321	(7,621)	22,666	24,120	(1,454)	8,834	7,842	(992)
	I.T.A.P.S	20,991	21,178	187	37,398	41,048	(3,650)	14,675	15,622	(947)	(31,081)	(35,492)	(4,411)
	Musculo & Specialist Surgery	71,932	72,043	111	32,680	33,894	(1,215)	13,768	14,349	(581)	25,485	23,800	(1,685)
	Renal, Respiratory & Cardiac	97,313	97,717	405	42,077	43,783	(1,706)	31,563	34,213	(2,650)	23,673	19,722	(3,951)
	Womens & Childrens	105,590	106,783	1,192	55,846	56,025	(178)	22,118	22,903	(784)	27,626	27,855	230
Clinical Cmg'S Total		489,085	501,257	12,172	303,205	319,880	(16,675)	133,629	145,491	(11,862)	52,252	35,887	(16,365)
Corporate	Communications & Ext Relations	25	17	(8)	577	647	(70)	91	97	(6)	(643)	(727)	(84)
	Corporate & Legal	0	72	72	728	721	7	876	982	(107)	(1,604)	(1,632)	(28)
	Corporate Medical	1,092	1,143	51	2,849	2,811	37	548	600	(53)	(2,304)	(2,269)	35
	Facilities	8,817	8,945	128	956	913	43	40,911	39,639	1,271	(33,050)	(31,607)	1,442
	Finance & Procurement	38	48	10	3,225	3,149	76	2,019	1,879	140	(5,206)	(4,980)	226
	Human Resources	2,144	2,449	306	4,098	4,049	49	1,354	1,597	(242)	(3,308)	(3,197)	112
	Im&T	150	135	(15)	2,251	2,120	131	4,352	4,664	(312)	(6,453)	(6,649)	(196)
	Nursing	206	243	37	4,333	3,899	434	9,941	10,128	(188)	(14,067)	(13,783)	284
	Operations	278	534	257	2,232	2,682	(450)	161	407	(247)	(2,115)	(2,555)	(440)
	Strategic Devt	0	67	67	2,071	2,236	(165)	110	355	(245)	(2,181)	(2,524)	(343)
Corporate Total		12,749	13,654	905	23,319	23,227	92	60,362	60,350	12	(70,933)	(69,923)	1,009
Research & Development Total		23,215	23,192	(23)	9,602	9,556	46	12,614	12,284	330	1,000	1,353	353
Central Division Total		40,621	38,444	(2,177)	0	193	(193)	19,942	34,067	(14,125)	20,679	4,184	(16,495)
Grand Total		565,670	576,547	10,878	336,126	352,855	(16,730)	226,547	252,192	(25,645)	2,997	(28,500)	(31,498)

Pay Actuals and forecast by month 2013/14

		Actuals	Actuals	Actuals	Actuals	Actuals	Actuals	Actuals	Actuals	Actuals	Actual Dec	Forecast	Forecast	Forecast	Total
		Apr 2013	May 2013	June 2013	July 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Actual Dec 2013	Jan 2014	Feb 2014	Mar 2014		
CMG's		£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's		
Clinical Cmg'S	C.H.U.G.S	3,823	3,862	3,910	3,866	3,882	3,887	3,907	3,879	3,980	3,926	3,934	3,941	46,798	
	Clinical Support & Imaging	5,718	5,744	5,717	5,760	5,733	5,828	5,852	5,906	5,906	5,943	5,916	5,900	69,922	
	Divisional Management Codes	285	324	355	326	309	300	312	322	309	239	239	243	3,563	
	Emergency & Specialist Med	5,692	6,191	6,495	6,149	6,023	5,972	6,180	6,169	6,449	6,353	6,282	6,219	74,174	
	I.T.A.P.S	4,442	4,607	4,491	4,596	4,588	4,440	4,642	4,514	4,728	4,582	4,608	4,621	54,859	
	Musculo & Specialist Surgery	3,770	3,801	3,700	3,652	3,665	3,722	3,790	3,891	3,903	3,750	3,716	3,722	45,083	
	Renal, Respiratory & Cardiac	4,836	4,862	4,945	4,813	4,787	4,684	4,949	4,870	5,037	4,945	5,012	5,023	58,762	
	Womens & Childrens	6,158	6,188	6,159	6,151	6,138	6,161	6,277	6,331	6,461	6,200	6,178	6,162	74,565	
Clinical Cmg'S Total		34,724	35,580	35,772	35,313	35,124	34,994	35,909	35,882	36,773	35,937	35,886	35,832	427,727	
Corporate	Communications & Ext Relations	74	75	76	72	71	69	69	71	69	67	67	61	842	
	Corporate & Legal	82	78	89	80	76	81	80	75	82	81	85	85	972	
	Corporate Medical	295	304	333	350	332	278	317	316	285	313	306	308	3,738	
	Facilities	94	98	97	104	100	106	106	105	104	105	105	105	1,229	
	Finance & Procurement	343	331	340	351	353	354	353	363	361	371	381	381	4,282	
	Human Resources	418	456	449	450	452	458	452	456	458	467	465	467	5,448	
	Im&T	315	296	328	312	230	225	157	168	90	87	87	87	2,381	
	Nursing	428	405	397	410	406	494	435	457	467	532	541	531	5,504	
	Operations	352	357	329	344	340	338	337	353	559	642	642	646	5,239	
	Strategic Devt	121	122	96	150	141	134	112	290	252	283	309	319	2,326	
Corporate Total		2,523	2,522	2,533	2,623	2,501	2,538	2,417	2,651	2,727	2,948	2,988	2,991	31,961	
Research & Development	Chugs Cmg R&D	16	93	91	86	82	155	64	89	101	90	91	100	1,058	
	Clinical Supp & Imag Cmg R&D	57	56	48	42	47	44	86	49	55	51	51	51	638	
	Emerg & Spec Med Cmg R&D	286	328	330	243	310	333	300	268	309	291	291	323	3,610	
	Itaps Cmg R&D	16	8	11	23	16	14	11	12	9	12	10	10	151	
	Musc & Spec Surgery Cmg R&D	9	25	17	19	19	19	21	17	22	19	19	19	225	
	Renal, Resp & Cardiac Cmg R&D	308	287	346	241	271	279	292	284	352	302	285	324	3,571	
	Research & Development	173	173	200	362	246	244	298	279	268	310	305	300	3,157	
	Womens & Childrens Cmg R&D	35	49	53	42	68	43	38	36	35	35	35	35	502	
Research & Development Total		900	1,018	1,096	1,059	1,059	1,131	1,109	1,033	1,151	1,109	1,086	1,161	12,912	
Central Division	Central Income	-	-	-	-	-	-	-	-	-	-	-	-	0	
	Central Other	-	0	3	4	127	53	98	32	2	-	-	-	193	
	Reserves	-	-	-	-	-	-	-	-	-	-	-	-	0	
Central Division Total		-	0	3	4	127	53	98	32	2	-	-	-	193	
Grand Total		38,147	39,121	39,397	38,990	38,811	38,609	39,532	39,599	40,648	39,995	39,960	39,983	472,793	

Q1	Q2	Q3	Q4	H1	H2	Decrease / (increase)
						H1 H2
11,595	11,634	11,767	11,802	23,230	23,569	(339)
17,179	17,321	17,663	17,759	34,500	35,422	(922)
964	935	942	722	1,900	1,664	236
18,378	18,144	18,799	18,853	36,522	37,652	(1,130)
13,540	13,624	13,884	13,811	27,164	27,695	(531)
11,272	11,038	11,584	11,188	22,310	22,772	(462)
14,643	14,284	14,856	14,980	28,927	29,835	(908)
18,505	18,450	19,070	18,540	36,955	37,610	(654)
106,076	105,431	108,564	107,655	211,508	216,219	(4,711)
226	212	208	195	438	404	35
249	237	236	251	485	487	(2)
932	961	918	927	1,894	1,845	49
288	309	315	316	597	631	(34)
1,014	1,058	1,076	1,133	2,073	2,209	(137)
1,323	1,361	1,366	1,399	2,683	2,765	(82)
939	767	414	261	1,706	675	1,032
1,230	1,310	1,359	1,605	2,540	2,964	(424)
1,038	1,022	1,249	1,929	2,060	3,178	(1,118)
338	425	653	910	763	1,563	(800)
7,578	7,662	7,795	8,927	15,240	16,722	(1,482)
200	323	254	281	523	535	(12)
161	133	190	153	295	343	(48)
944	885	876	905	1,829	1,781	48
34	53	32	31	88	63	25
51	57	60	57	108	117	(9)
941	792	928	910	1,733	1,838	(105)
546	852	845	915	1,397	1,760	(363)
137	153	108	104	290	212	78
3,014	3,249	3,293	3,356	6,263	6,649	(386)
-	-	-	-	-	-	0
-	69	127	-	66	127	(61)
-	-	-	-	-	-	0
-	3	69	127	-	66	(61)
116,665	116,411	119,779	119,938	233,076	239,717	(6,641)

Pay WTE Actuals and forecast by month 2013/14

Division	CMG's	Sum of	Sum of	Sum of	Sum of	Sum of	Sum of	Sum of	Sum of	Sum of	Sum of	Sum of	Sum of	Total
		Actuals Apr 2013 WTE	Actuals May 2013 WTE	Actuals June 2013 WTE	Actuals July 2013 WTE	Actuals Aug 2013 WTE	Actuals Sept 2013 WTE	Forecast Oct 2013 WTE	Forecast Nov 2013 WTE	Forecast Dec 2013 WTE	Forecast Jan 2014 WTE	Forecast Feb 2014 WTE	Forecast Mar 2014 WTE	
Clinical Cmg'S	C.H.U.G.S	1,034.5	1,028.8	1,033.5	1,035.5	1,037.5	1,023.2	1,052.2	1,040.9	1,065.3	1,061.5	1,064.5	1,067.5	12,545.0
	Clinical Support & Imaging	1,681.9	1,676.8	1,667.6	1,664.7	1,683.1	1,692.3	1,707.1	1,724.0	1,733.5	1,773.2	1,757.5	1,754.8	20,516.6
	Divisional Management Codes	65.9	70.0	77.9	73.0	72.4	74.6	76.9	77.9	75.5	78.7	78.7	79.9	901.2
	Emergency & Specialist Med	1,478.0	1,543.0	1,558.9	1,550.6	1,533.3	1,494.2	1,530.0	1,644.2	1,622.5	1,580.9	1,584.0	1,570.3	18,690.0
	I.T.A.P.S	1,050.9	1,056.4	1,045.0	1,058.7	1,069.1	1,056.1	1,090.1	1,080.7	1,091.6	1,084.4	1,092.0	1,097.0	12,872.0
	Musculo & Specialist Surgery	948.0	961.7	939.1	934.6	941.2	933.5	946.0	954.4	961.0	961.8	962.8	964.8	11,408.7
	Renal, Respiratory & Cardiac	1,377.5	1,371.7	1,378.4	1,352.4	1,346.8	1,356.1	1,403.0	1,422.2	1,421.0	1,411.6	1,437.3	1,437.3	16,715.3
	Womens & Childrens	1,617.7	1,605.2	1,571.6	1,569.4	1,586.4	1,582.2	1,605.5	1,631.6	1,633.2	1,572.1	1,564.7	1,561.8	19,101.4
	Clinical Cmg'S Total	9,254.3	9,313.6	9,272.0	9,238.9	9,269.8	9,212.2	9,410.8	9,575.9	9,603.7	9,524.1	9,541.5	9,533.5	112,750.1
	Corporate	Communications & Ext Relations	18.7	18.9	18.2	17.1	17.8	17.2	17.7	17.7	17.7	16.2	16.2	15.2
Corporate & Legal		20.3	20.3	21.3	21.5	20.3	20.3	20.3	20.3	21.8	21.3	22.3	23.3	253.4
Corporate Medical		67.1	69.9	71.9	68.3	71.3	70.2	70.7	68.3	67.2	67.7	65.7	65.7	824.0
Facilities		19.2	21.9	22.4	24.0	21.5	22.2	24.5	24.5	24.6	24.6	24.6	24.6	278.5
Finance & Procurement		113.5	113.7	113.6	115.2	117.9	119.5	117.7	120.7	122.0	123.3	126.6	126.6	1,430.3
Human Resources		135.1	140.2	139.4	140.6	144.4	145.8	144.7	144.4	146.1	150.3	149.9	150.7	1,731.6
Im&T		86.9	89.7	95.2	91.6	63.3	62.2	42.5	42.6	20.1	22.0	22.0	22.0	660.0
Nursing		127.2	123.7	121.5	124.0	125.6	135.4	133.9	139.1	141.6	147.4	147.4	147.4	1,614.2
Operations		69.0	69.0	69.3	72.4	72.2	73.2	72.9	76.8	81.3	94.0	94.0	96.0	939.8
Strategic Devt		59.8	61.9	61.8	62.1	62.4	62.6	59.3	58.9	58.7	68.5	71.5	73.5	760.9
Corporate Total	716.8	729.0	734.6	736.9	716.6	728.6	704.2	704.2	701.1	735.2	740.1	744.9	8,692.0	
Research & Development Total	294.7	295.4	303.6	297.8	304.9	298.3	301.7	303.4	307.3	292.4	292.4	294.4	3,586.2	
Grand Total	10,265.8	10,337.9	10,310.1	10,273.6	10,291.4	10,239.1	10,416.6	10,592.5	10,612.1	10,551.7	10,574.0	10,572.7	125,037.4	

Q1	Q2	Q3	Q4	H1	H2	Decrease / (increase) H1 H2
1,032.3	1,032.1	1,052.8	1,064.5	1,032.2	1,058.7	(26.5)
1,675.5	1,680.0	1,721.6	1,761.8	1,677.7	1,741.7	(64.0)
71.3	73.3	76.8	79.1	72.3	77.9	(5.6)
1,526.7	1,526.1	1,598.9	1,578.4	1,526.4	1,588.6	(62.3)
1,050.8	1,061.3	1,087.5	1,091.2	1,056.0	1,089.3	(33.3)
949.6	936.4	953.8	963.1	943.0	958.5	(15.5)
1,375.9	1,351.8	1,415.4	1,428.8	1,363.8	1,422.1	(58.3)
1,598.1	1,579.3	1,623.4	1,566.2	1,588.7	1,594.8	(6.1)
9,279.9	9,240.3	9,530.1	9,533.0	9,260.1	9,531.6	(271.5)
18.6	17.3	17.7	15.9	18.0	16.8	1.2
20.7	20.7	20.8	22.3	20.7	21.6	(0.9)
69.6	69.9	68.7	66.4	69.8	67.5	2.2
21.2	22.6	24.5	24.6	21.9	24.5	(2.7)
113.6	117.5	120.1	125.5	115.6	122.8	(7.3)
138.2	143.6	145.1	150.3	140.9	147.7	(6.8)
90.6	72.4	35.1	22.0	81.5	28.5	53.0
124.1	128.4	138.2	147.4	126.2	142.8	(16.6)
69.1	72.6	77.0	94.6	70.8	85.8	(15.0)
61.1	62.4	59.0	71.2	61.8	65.1	(3.3)
726.8	727.4	703.2	740.1	727.1	721.6	5.5
297.9	300.4	304.1	293.0	299.1	298.6	0.5
10,304.6	10,268.0	10,540.4	10,566.1	10,286.3	10,553.3	(267.0)

Non Pay Actuals and forecast by month 2013/14

Division	CMG's	Actuals Apr 2013 £'000's	Actuals May 2013 £'000's	Actuals June 2013 £'000's	Actuals July 2013 £'000's	Actuals Aug 2013 £'000's	Actuals Sept 2013 £'000's	Actuals Oct 2013 £'000's	Actuals Nov 2013 £'000's	Actuals Dec 2013 £'000's	Forecast Jan 2014 £'000's	Forecast Feb 2014 £'000's	Forecast Mar 2014 £'000's	Total £'000's
Clinical Cmg'S	C.H.U.G.S	3,034	3,271	3,107	3,485	3,425	3,483	3,406	3,466	3,553	3,247	3,233	3,222	39,931
	Clinical Support & Imaging	251	441	349	442	425	709	450	430	426	296	443	305	4,967
	Divisional Management Codes	11	14	16	17	28	9	13	16	26	29	29	29	237
	Emergency & Specialist Med	2,442	2,641	2,692	2,709	2,570	2,719	2,728	2,887	2,734	2,814	2,728	2,761	32,425
	I.T.A.P.S	1,627	1,754	1,790	1,999	1,848	1,435	1,795	1,702	1,673	734	1,632	1,804	19,792
	Musculo & Specialist Surgery	1,572	1,622	1,512	1,486	1,586	1,445	1,811	1,643	1,673	1,576	1,500	1,536	18,961
	Renal, Respiratory & Cardiac	3,566	3,770	3,576	4,040	3,884	3,635	3,910	4,086	3,748	3,674	3,642	3,645	45,176
	Womens & Childrens	2,555	2,681	2,380	2,779	2,386	2,452	2,543	2,617	2,501	2,429	2,450	2,438	30,210
Clinical Cmg'S Total		15,057	16,194	15,421	16,957	16,151	15,886	16,656	16,847	16,333	14,799	15,657	15,741	191,699
Corporate	Communications & Ext Relations	13	10	11	5	11	13	8	15	13	16	9	28	151
	Corporate & Legal	157	98	149	100	94	100	97	85	103	108	104	120	1,315
	Corporate Medical	60	83	63	66	62	29	67	115	56	97	79	141	918
	Facilities	4,605	4,556	4,457	4,465	4,176	4,110	4,166	4,637	4,468	4,826	4,738	4,344	53,548
	Finance & Procurement	248	219	194	204	197	216	223	169	210	239	216	216	2,551
	Human Resources	143	164	189	158	167	189	197	200	190	173	199	191	2,160
	Im&T	574	511	561	536	453	529	481	480	540	490	491	868	6,514
	Nursing	1,223	1,097	1,135	1,104	1,117	995	1,134	1,163	1,160	1,158	1,215	1,185	13,685
	Operations	17	15	24	35	45	54	140	34	62	112	154	118	810
	Strategic Devt	128	44	17	11	7	8	17	25	61	65	60	258	702
Corporate Total		7,167	6,797	6,799	6,685	6,328	6,243	6,529	6,923	6,861	7,285	7,267	7,471	82,354
Research & Development Total		1,021	1,861	1,244	1,626	1,385	1,190	1,559	1,310	1,094	1,129	992	988	15,401
Central Division Total		3,179	3,722	3,767	3,980	3,739	3,782	3,772	3,981	4,143	4,169	4,169	4,169	46,571
Grand Total		26,425	28,574	27,232	29,247	27,604	27,101	28,516	29,062	28,431	27,382	28,084	28,368	336,025

Q1	Q2	Q3	Q4	H1	H2	Decrease / (increase) H1 H2
9,413	10,393	10,424	9,702	19,805	20,126	- 321
1,041	1,576	1,306	1,044	2,617	2,350	- 267
41	54	55	86	96	142	- 46
7,775	7,997	8,349	8,304	15,772	16,653	- 881
5,170	5,282	5,171	4,170	10,452	9,340	- 1,111
4,705	4,517	5,127	4,613	9,222	9,739	- 517
10,912	11,559	11,744	10,961	22,471	22,705	- 234
7,616	7,616	7,661	7,317	15,232	14,978	- 254
46,673	48,993	49,837	46,196	95,666	96,033	- 367
33	29	35	54	62	89	- 28
404	294	285	332	698	617	- 81
207	157	237	318	363	555	- 191
13,618	12,751	13,270	13,908	26,369	27,178	- 809
661	616	602	672	1,277	1,274	- 3
496	514	587	564	1,010	1,150	- 140
1,646	1,518	1,501	1,849	3,163	3,350	- 187
3,455	3,217	3,457	3,557	6,671	7,014	- 342
55	134	236	385	189	621	- 432
189	26	103	383	216	486	- 271
20,763	19,256	20,313	22,022	40,019	42,335	- 2,316
4,125	4,202	3,963	3,110	8,327	7,074	- 1,253
10,669	11,501	11,896	12,506	22,169	24,402	- 2,232
82,230	83,951	86,009	83,835	166,181	169,843	- 3,662

Patient Care Income by month - Excluding Penalties and contract deductions - 2013/14

	2	3	4	5	6	7	8	9	10	11	12	13	
	Actuals	Actuals	Actuals	Actuals	Actuals	Actuals	Actuals	Actual Nov	Actual Dec	Forecast	Forecast	Forecast	
	Apr 2013	May 2013	June 2013	July 2013	Aug 2013	Sept 2013	Oct 2013	2013	2013	Jan 2014	Feb 2014	Mar 2014	Total
	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	
Clinical Management Group													
CHUGS	9,150	9,657	9,713	10,686	10,143	9,935	10,488	10,426	9,838	10,274	9,556	10,124	119,989
CSI	2,208	1,925	1,931	2,050	1,915	2,351	2,299	2,086	2,022	2,403	2,296	2,479	25,963
Emergency and Specialist Medicine	8,505	8,573	8,301	9,281	9,784	8,604	9,568	11,707	9,681	10,013	9,568	10,034	113,620
Facilities	-	-	-	-	-	216	-	-	-	-	-	-	216
ITAPS	2,234	2,148	2,056	2,159	2,527	2,192	2,751	2,262	2,328	2,500	2,419	2,526	28,104
Musculoskeletal and Specialist Surgery	7,557	7,625	7,805	8,436	7,462	7,642	8,407	8,733	7,319	8,431	8,002	8,466	95,883
Operations	-	-	-	-	-	-	150	253	77	353	353	353	1,538
Renal Respiratory and Cardiac	10,382	10,763	9,851	10,363	11,086	10,381	11,292	10,917	10,749	11,463	10,619	11,134	129,000
Women's and Children's	11,142	11,869	11,045	11,749	11,272	11,413	11,935	12,215	11,504	11,754	10,948	11,528	138,374
Central	25	(275)	(206)	(624)	329	90	(850)	(1,059)	1,030	(1,741)	(253)	(215)	(3,749)
Grand Total	51,204	52,284	50,497	54,100	54,518	52,823	56,039	57,539	54,548	55,450	53,507	56,429	648,937

Q1	Q2	Q3	Q4	H1	H2	Increase / (decrease)
28,520	30,764	30,752	29,954	59,284	60,706	1,422
6,064	6,316	6,407	7,177	12,379	13,584	1,205
25,380	27,669	30,956	29,615	53,049	60,571	7,522
-	216	-	-	216	-	(216)
6,438	6,878	7,341	7,446	13,317	14,787	1,470
22,987	23,540	24,458	24,898	46,527	49,356	2,828
-	-	480	1,058	-	1,538	1,538
30,996	31,830	32,958	33,216	62,826	66,174	3,349
34,056	34,434	35,654	34,230	68,490	69,884	1,393
(456)	(205)	(879)	(2,209)	(661)	(3,089)	(2,428)
153,985	161,442	168,125	165,385	315,427	333,510	18,083

12/13 & 13/14 M1-9 Pay Spend Comparisons

Division	CMG's	£'000s		Decrease / (increase)	Decrease / (increase) %
		M1-9 1213	M1-9 1314		
Clinical Cmg'S	C.H.U.G.S	33,109	34,804	(1,695)	(5.1)
	Clinical Support & Imaging	50,668	52,163	(1,495)	(3.0)
	Divisional Management Codes	2,812	2,841	(30)	(1.1)
	Emergency & Specialist Med	46,731	55,321	(8,590)	(18.4)
	I.T.A.P.S	38,177	41,048	(2,871)	(7.5)
	Musculo & Specialist Surgery	33,117	33,894	(778)	(2.3)
	Renal, Respiratory & Cardiac	42,626	43,783	(1,157)	(2.7)
	Womens & Childrens	52,991	56,025	(3,034)	(5.7)
Clinical Cmg'S Total		300,230	319,880	(19,650)	(6.5)
Corporate	Communications & Ext Relations	658	647	11	1.6
	Corporate & Legal	970	721	248	25.6
	Corporate Medical	2,710	2,811	(102)	(3.8)
	* Facilities	861	913	(52)	(6.0)
	Finance & Procurement	3,458	3,149	309	8.9
	Human Resources	3,867	4,049	(182)	(4.7)
	Im&T	3,379	2,120	1,259	37.3
	Nursing	3,526	3,899	(373)	(10.6)
	Operations	2,020	2,682	(662)	(32.8)
	Strategic Devt	2,179	2,236	(57)	(2.6)
Corporate Total		23,627	23,227	400	1.7
Research & Development Total		8,380	9,556	(1,176)	(14.0)
Central Division Total		840	193	646	77
Grand Total		333,076	352,855	(19,779)	(5.9)

12/13 & 13/14 M1-9 Non Pay Spend Comparisons

		£'000s			
Division	CMG's	M1-9 1213	M1-9 1314	Decrease / (increase)	Decrease / (increase) %
Clinical Cmg'S	C.H.U.G.S	26,612	30,211	(3,600)	(13.5)
	Clinical Support & Imaging	2,364	3,923	(1,559)	(65.9)
	Divisional Management Codes	(96)	151	(247)	257.1
	Emergency & Specialist Med	22,167	24,120	(1,953)	(8.8)
	I.T.A.P.S	15,289	15,622	(333)	(2.2)
	Musculo & Specialist Surgery	13,832	14,349	(517)	(3.7)
	Renal, Respiratory & Cardiac	31,816	34,213	(2,397)	(7.5)
	Womens & Childrens	23,867	22,903	965	4.0
Clinical Cmg'S Total		135,850	145,491	(9,641)	(7.1)
Corporate	Communications & Ext Relations	89	97	(8)	(8.9)
	Corporate & Legal	906	982	(76)	(8.4)
	Corporate Medical	550	600	(51)	(9.2)
	Facilities	30,705	39,639	(8,935)	(29.1)
	Finance & Procurement	2,026	1,879	147	7.3
	Human Resources	1,574	1,597	(23)	(1.5)
	Im&T	1,945	4,664	(2,720)	(139.9)
	Nursing	7,009	10,128	(3,119)	(44.5)
	Operations	157	407	(251)	(159.7)
Strategic Devt	50	355	(306)	(615.3)	
Corporate Total		45,010	60,350	(15,341)	(34.1)
Research & Development Total		7,855	12,284	(4,429)	(56.4)
Central Division Total		32,982	34,065	(1,083)	(3.3)
Grand Total		221,697	252,190	(30,493)	(13.8)

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 : July - December'13

			Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	DECEMBER SCORE BREAKDOWN				
									Total Responses	Promoters	Passives	Detractors	Score
GLENFIELD HOSPITAL	GH WD 15	F15	91	100	82	91	73	70	20	14	6	0	70
	GH WD 16 Respiratory Unit	F16	80	68	80	80	87	100	30	30	0	0	100
	GH WD 20	F20	77	79	-	59	56	79	24	19	5	0	79
	GH WD 23A	F23A	83	-	80	55	82	0	0	0	0	0	0
	GH WD 24	F24	100	-	95	96	100	88	16	14	2	0	88
	GH WD 24	F24	100	-	95	96	100	88	16	14	2	0	88
	GH WD 26	F26	0	94	93	87	80	94	36	34	2	0	94
	GH WD 27	F27	45	90	67	54	74	25	20	6	13	1	25
	GH WD 28	F28	90	96	76	89	80	87	23	20	3	0	87
	GH WD 29	F29	96	75	68	74	90	88	24	22	1	1	88
	GH WD 30	F30	91	94	0	95	94	0	0	0	0	0	0
	GH WD 31	F31	87	94	88	90	95	87	23	20	3	0	87
	GH WD 32	F32	81	87	81	74	79	84	19	16	3	0	84
	GH WD 33	F33	81	73	76	77	79	76	38	29	9	0	76
	GH WD 33A	F33A	80	84	67	80	87	95	20	19	1	0	95
	GH WD Clinical Decisions Unit	FCDU	49	58	50	44	65	28	69	36	14	17	28
GH WD Coronary Care Unit	FCCU	98	90	91	100	89	79	70	59	7	4	79	

FRIENDS AND FAMILY TEST : July - December'13

			Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	DECEMBER SCORE BREAKDOWN					
			Total Responses	Promoters	Passives	Detractors	Score							
LEICESTER GENERAL HOSPITAL	LGH WD 1	G1	-	-	-	78	84	0	0	0	0	0	0	0
	LGH WD 10	G10	80	70	50	56	70	100	10	10	0	0	100	
	LGH WD 14	G14	70	85	61	78	46	74	19	15	3	1	74	
	LGH WD 15N Nephrology	G15N	-	-	38	60	86	0	0	0	0	0	0	
	LGH WD 16	G16	75	71	50	94	70	74	27	22	3	2	74	
	LGH WD 17 Transplant	G17	81	84	88	86	79	82	27	22	5	0	82	
	LGH WD 18	G18	75	93	71	81	85	81	37	30	7	0	81	
	LGH WD 18	G18	75	93	71	81	85	81	37	30	7	0	81	
	LGH WD 2	G2	25	-	87	57	46	63	8	5	3	0	63	
	LGH WD 22	G22	42	50	79	46	42	52	21	13	6	2	52	
	LGH WD 26 SAU	G26	65	48	46	52	60	67	36	25	10	1	67	
	LGH WD 27	G27	0	64	55	58	60	33	12	5	6	1	33	
	LGH WD 28 Urology	G28	31	100	24	51	60	68	19	14	4	1	68	
	LGH WD 3	G3	67	70	43	100	80	40	5	2	3	0	40	
	LGH WD 31	G31	84	73	83	89	79	76	46	36	7	2	76	
	LGH WD Brain Injury Unit	GBIU	100	-	100	100	50	0	0	0	0	0	0	
	LGH WD Crit Care Med	GDCM	64	90	56	70	89	81	21	18	2	1	81	
	LGH WD Surg Acute Care	GSAC	-	100	79	100	100	0	0	0	0	0	0	
LGH WD Young Disabled	GYDU	-	100	100	50	0	67	3	2	1	0	67		

FRIENDS AND FAMILY TEST : July - December'13

			Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	DECEMBER SCORE BREAKDOWN				
			Total Responses	Promoters	Passives	Detractors	Score						
LRI WD 10 Bal L4	R10	74	77	62	83	68	0	0	0	0	0	0	0
LRI WD 11 Bal L4	R11	69	68	74	77	48	0	0	0	0	0	0	0
LRI WD 14 Bal L4	R14	100	95	0	100	96	0	0	0	0	0	0	0
LRI WD 15 AMU Bal L5	R15	43	65	56	53	67	73	87	65	19	2	73	
LRI WD 17 Bal L5	R17	0	48	74	44	0	50	26	13	13	0	50	
LRI WD 18 Bal L5	R18	47	-100	57	48	0	65	46	32	12	2	65	
LRI WD 19 Bal L6	R19	43	35	59	44	63	53	17	11	4	2	53	
LRI WD 21 Bal L6	R21	-	89	100	91	82	64	22	15	6	1	64	
LRI WD 22 Bal 6	R22	64	44	38	63	58	42	39	22	10	6	42	
LRI WD 24 Win L3	R24	29	52	38	25	18	28	19	8	7	3	28	
LRI WD 25 Win L3	R25	75	69	88	73	85	80	20	17	2	1	80	
LRI WD 26 Win L3	R26	80	65	0	69	86	71	14	10	4	0	71	
LRI WD 27 Win L4	R27	75	100	75	100	100	0	0	0	0	0	0	
LRI WD 28 Windsor Level 4	R28	50	-	0	82	62	0	0	0	0	0	0	
LRI WD 29 Win L4	R29	55	70	65	75	67	75	20	15	5	0	75	
LRI WD 31 Win L5	R31	64	48	23	72	40	65	23	15	8	0	65	
LRI WD 32 Win L5	R32	23	48	58	54	69	64	14	10	3	1	64	
LRI WD 33 Win L5	R33	77	75	58	81	77	81	37	30	5	1	81	
LRI WD 34 Windsor Level 5	R34	80	58	55	55	70	68	19	15	2	2	68	
LRI WD 36 Win L6	R36	50	50	60	57	63	95	19	18	1	0	95	
LRI WD 37 Win L6	R37	86	71	81	52	100	0	0	0	0	0	0	
LRI WD 38 Win L6	R38	87	85	100	82	92	86	21	18	3	0	86	
LRI WD 39 Osb L1	R39	87	72	88	81	76	44	23	12	9	2	44	
LRI WD 40 Osb L1	R40	77	-	71	56	61	72	25	18	7	0	72	
LRI WD 41 Osb L2	R41	55	73	50	75	86	83	19	16	1	1	83	
LRI WD 7 Bal L3	R07	71	64	61	75	61	59	58	37	18	3	59	
LRI WD 8 SAU Bal L3	RSAU	49	52	56	14	40	44	43	22	18	3	44	
LRI WD Bone Marrow	RBMT	100	67	33	25	86	100	4	4	0	0	100	
LRI WD Chemo Suite Osb L1	RCHM	86	86	88	92	72	83	23	19	4	0	83	
LRI WD Childrens Admissions	RCAU	17	-	-	53	61	0	0	0	0	0	0	
LRI WD Endoscopy Win L2	REND	100	64	100	81	70	85	13	11	2	0	85	
LRI WD Fielding John Vic L1	RFJW	71	67	86	81	82	83	30	25	5	0	83	
LRI WD GAU Ken L1	RGAU	46	82	65	53	71	0	0	0	0	0	0	
LRI WD Hambleton Suite	RHAM	95	94	100	100	100	92	12	11	1	0	92	
LRI WD IDU Infectious Diseases	RIDU	80	68	48	67	25	73	15	11	4	0	73	
LRI WD ITU Bal L2	RITU	90	95	87	80	78	82	22	18	4	0	82	
LRI WD Kinmonth Unit Bal L3	RKIN	70	57	89	74	76	73	22	18	2	2	73	
LRI WD Ophthalmic Suite Bal L6	ROPS	76	79	0	80	87	0	0	0	0	0	0	
LRI WD Osborne Assess Unit	ROND	68	84	88	73	76	85	20	17	3	0	85	
LRI WD Osborne Day Care Unit	RHAD	89	79	68	80	90	78	18	14	4	0	78	
LRI WD Paed ITU	RCIC	100	100	100	100	100	100	5	5	0	0	100	

LEICESTER ROYAL INFIRMARY

FRIENDS AND FAMILY TEST : July - December '13

		Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	DECEMBER SCORE BREAKDOWN				
								Total Responses	Promoters	Passives	Detractors	Score
EMERGENCY DEPARTMENT	ED - Majors	50	47	23	48	59	64	182	125	41	12	64
	ED - Minors	60	65	31	66	62	69	316	229	71	13	69
	ED - (not stated)	63	72	65	69	69	69	62	46	11	4	69
	Eye Casualty	55	54	44	50	51	69	264	191	63	10	69
	Emergency Decisions Unit	-	69	81	57	61	65	95	66	20	6	65

Appendix 2 - December Nurse to Bed Ratios

Cost centre description	No. of beds	Per finance ledger			Budgeted Nurse to bed ratio	Actual Nurse to bed ratio	Accuity ward type	Budgeted Qualified %age	Budgeted Unqualified %age
		Actual worked WTEs(per finance ledger)	Including bank wtes	Including agency wtes					
Ward 15	30	37.78	1.14	0.00	1.31	1.26	Base	60.4%	39.6%
Ward 16	30	34.68	3.85	0.41	1.21	1.16	Base	63.4%	36.6%
Ward 17 - Respiratory	30	37.12	5.87	0.72	1.35	1.24	Base	75.0%	25.0%
Ward 27	27	29.80	1.75	0.41	1.16	1.10	Base	61.9%	38.1%
Coronary Care Unit - Ggh	19	52.00	0.88	0.00	2.77	2.74	Specialist	75.8%	24.2%
Clin Dec. Unit - Ward 19 Ggh	25	90.03	2.28	1.35	3.84	3.60	Specialist	62.9%	37.1%
Ward 28 - Cardio	31	34.17	2.49	0.00	1.11	1.10	Base	60.0%	40.0%
Ward 33	29	31.85	0.83	0.00	1.17	1.10	Base	70.2%	29.8%
Ward 32	17	18.65	1.59	0.00	1.19	1.10	Base	74.7%	25.3%
Ward 33a	20	28.33	3.89	0.00	1.32	1.42	Base	64.2%	35.8%
Ward 31	34	44.79	3.06	0.00	1.29	1.32	Base	76.9%	23.1%
Ward 26	15	30.14	3.09	0.00	2.05	2.01	Specialist	76.5%	23.5%
Ward 23a	17	24.20	2.28	0.00	0.89	1.42	Base	45.2%	54.8%
Ward 29 - Resp	25	32.82	6.45	0.24	1.22	1.31	Base	61.3%	38.7%
Ward 15 High Dependency	9	25.25	1.95	0.00	3.07	2.81	Specialist	85.9%	14.1%
Ward 15 Nephrology	18	29.57	1.26	0.00	1.78	1.64	Specialist	63.1%	36.9%
Ward 10 Capd	18	37.23	0.06	0.00	2.15	2.07	Specialist	60.9%	39.1%
Ward 17 - Capd	14	20.60	0.91	0.00	1.43	1.47	Specialist	70.3%	29.7%
Admissions Unit (15/16) Lri	52	126.50	7.74	11.79	2.23	2.43	Specialist	60.0%	40.0%
Ward 33 Lri	23	49.82	4.93	6.81	2.09	2.17	Specialist	57.0%	43.0%
Emergency Decisions Unit Lri	16	21.53	0.00	-0.30	1.76	1.35	Specialist	66.8%	33.2%
Ward 24 Lri	27	41.65	3.01	6.11	1.43	1.54	Base	60.0%	40.0%
Ward 36 Lri	28	40.05	4.96	6.10	1.41	1.43	Base	60.0%	40.0%
Ward 31 Lri - Med	30	41.74	3.84	2.35	1.41	1.39	Base	60.0%	40.0%
Ward 37 Lri	24	38.35	7.49	3.17	1.53	1.60	Base	60.0%	40.0%
Ward 23 Lri	28	38.27	6.88	3.22	1.41	1.37	Base	60.0%	40.0%
Ward 38 Lri	28	35.75	5.37	2.91	1.30	1.28	Base	60.0%	40.0%
Infectious Diseases Unit	18	24.42	3.30	0.93	1.31	1.36	Specialist	60.0%	40.0%
Ward 19 Lri	30	36.70	2.05	6.60	1.41	1.22	Specialist	60.0%	40.0%
Ward 2 Lgh	21	23.73	16.33	0.15	1.32	1.13	Specialist	60.0%	40.0%
Ward 8 Lgh	15	32.24	8.75	0.00	1.84	2.15	Specialist	60.0%	40.0%
Stroke Unit - Ward 25 & 26 Lri	36	61.65	2.64	9.18	1.59	1.71	Specialist	69.5%	30.5%
Ydu Wakerley Lodge Lgh	8	17.50	2.14	0.00	2.40	2.19	Specialist	60.0%	40.0%
Brain Injury Unit Lgh	7	23.32	5.43	0.00	3.06	3.33	Specialist	70.0%	30.0%
Fielding Johnson - Medicine	20	36.54	13.73	3.77	1.60	1.83	Base	60.0%	40.0%
Ward 34 Lri	26	39.94	2.65	7.61	1.27	1.54	Base	60.0%	40.0%
Onc Ward East	19	23.89	1.98	1.00	1.28	1.26	Base	65.8%	34.2%
Osbourne Assessment Unit	6	10.93	0.87	0.00	2.04	1.82	Specialist	67.0%	33.0%
Onc Ward West	19	21.74	0.55	1.20	1.28	1.14	Specialist	72.5%	27.5%
Haem Ward	22	27.17	1.48	2.64	1.52	1.24	Specialist	71.5%	28.5%
Bmtu	5	14.79	0.30	0.00	3.02	2.96	Specialist	96.7%	3.3%
Ward 29 Lri	30	32.89	1.85	4.00	1.23	1.10	Base	60.0%	40.0%
Ward 30 Lri	28	33.30	0.48	1.21	1.41	1.19	Specialist	60.0%	40.0%

Appendix 2 - December Nurse to Bed Ratios

Cost centre description	No. of beds	Per finance ledger			Budgeted Nurse to bed ratio	Actual Nurse to bed ratio	Accuity ward type	Budgeted Qualified %age	Budgeted Unqualified %age
		Actual worked WTEs(per finance ledger)	Including bank wtes	Including agency wtes					
Ward 26 Lgh	25	32.39	3.21	0.18	1.12	1.30	Base	65.7%	34.3%
Sau - Lri	30	36.98	1.64	1.85	1.51	1.23	Specialist	58.1%	41.9%
Ward 22 - Lri	30	33.38	2.41	0.00	1.21	1.11	Base	63.8%	36.2%
Ward 29 - Lgh	27	35.21	0.30	0.92	1.42	1.30	Base	58.1%	41.9%
Ward 22 - Lgh	20	27.37	0.14	0.00	1.32	1.37	Base	61.8%	38.2%
Ward 28 - Lgh	25	31.06	1.57	1.60	1.41	1.24	Base	62.4%	37.6%
Ward 20 - Lgh	20	23.91	1.58	0.27	1.22	1.20	Base	60.8%	39.2%
Sacu - Lgh	6	17.55	0.36	0.00	2.78	2.93	Specialist	68.4%	31.6%
Itu Gh	19	112.27	0.00	0.00	6.60	5.91	ITU	92.3%	7.7%
Itu Lri	17	101.26	0.39	0.23	5.95	5.96	ITU	89.0%	11.0%
Itu Lgh	9	56.67	0.00	0.00	6.63	6.30	ITU	95.2%	4.8%
Ward 17 Lri	30	43.89	1.91	0.00	1.43	1.46	Base	57.5%	42.5%
Ward 18 Lri	30	36.71	0.68	0.00	1.41	1.22	Base	55.2%	44.8%
Ward 32 Lri	24	39.13	0.69	0.00	1.62	1.63	Specialist	56.3%	43.7%
Ward 16 Lgh	20	22.25	1.30	0.70	1.12	1.11	Base	65.0%	35.0%
Ward 18 Lgh	17	17.49	6.21	0.00	0.78	1.03	Base	76.8%	23.2%
Ward 7 - Lri	29	31.82	1.35	1.00	1.19	1.10	Base	57.6%	42.4%
Kinmouth Unit	14	22.96	0.15	0.00	1.81	1.64	Specialist	65.1%	34.9%
Ward 21 - Lri	28	30.51	3.80	1.00	1.20	1.10	Base	60.9%	39.1%
Childrens Ward 30	13	20.23	0.35	0.00	1.45	1.56	Specialist	86.0%	14.0%
Paediatric Itu	6	38.56	0.23	0.00	7.60	6.43	ITU	94.5%	5.5%
Ward 11	12	32.53	0.53	0.00	2.97	2.71	Specialist	70.4%	29.6%
Ward 12	5	24.40	0.44	0.00	5.72	4.88	Specialist	83.1%	16.9%
Children'S Intensive Care Unit	6	36.58	0.00	0.00	6.70	6.10	ITU	94.7%	5.3%
Children'S Admissions Unit	9	25.28	0.00	0.00	2.89	2.81	Specialist	68.6%	31.4%
Ward 28 - Childrens	14	21.83	0.91	0.00	1.86	1.56	Specialist	73.6%	26.4%
Ward 10	14	23.46	0.00	0.00	1.97	1.68	Specialist	69.2%	30.8%
Ward 14	19	24.16	0.00	0.00	1.42	1.27	Specialist	69.7%	30.3%
Neo-Natal Unit (Lri)	24	71.41	0.00	0.00	3.76	2.98	Specialist	89.8%	10.2%
N.I.C.U. (Lgh)	12	24.44	0.00	0.00	2.40	2.04	HDU	65.3%	34.7%
Ward 5 Obstetrics (Lri)	26	36.25	0.00	0.00	1.54	1.39	Specialist	59.9%	40.1%
Ward 6 Obstetrics (Lri)	26	42.99	0.00	0.00	1.65	1.65	Specialist	63.4%	36.6%
Lgh Delivery Suite & Ward 30	32	106.50	0.07	0.00	3.61	3.33	HDU	76.3%	23.7%
Gau	20	22.97	0.08	0.00	1.39	1.15	Base	68.9%	31.1%
Lgh Ward 31 Gynae	21	25.00	0.54	0.00	1.38	1.19	Base	61.3%	38.7%

APPENDIX 3 - MONTHLY CLINICAL MEASURES DASHBOARD: November '13

Table with columns for various clinical metrics and nursing metrics, grouped by hospital: GLENFIELD HOSPITAL and LEICESTER GENERAL HOSPITAL. Metrics include safety (falls, infections), patient care (pain, dignity), and nursing performance. Data is presented with trend arrows and numerical values.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**OPERATIONAL PERFORMANCE EXCEPTION REPORT**

REPORT TO: Trust Board

DATE: January 2014

REPORT BY: Richard Mitchell , Chief Operating Officer

AUTHOR: Charlie Carr, Head of Performance Improvement

SUBJECT: Referral to Treatment

Introduction

In December the Trust failed the referral to treatment targets against the admitted , non admitted and the incomplete targets. There continue to be significant failures at speciality level in the following areas:

General surgery, Orthopaedics, ENT and Ophthalmology.

In addition there was a breach of the 52 week target on an incomplete pathway, in Ophthalmology. A breach report identified inadequate administrative processes as the key point of failure. Corrective action has been taken in the department with a specific focus on staff training and use of appropriate data quality reports. The patient has an agreed treatment date in early February. The specifics have been shared with commissioners.

During January the Trust reached agreement with Commissioners on the principles of backlog reduction to agreed waiting times in the problem specialties for 1st outpatients (6 weeks) and elective waiting times (11 weeks). In addition, to ensure a sustainable position going forward agreement has been reached on target waiting list sizes for the key specialties.

Funding for this activity will be paid at tariff.

Current position

Recovery action plans are being finalised for submission to Commissioners by 31st January.

These plans include the requirement for the following :

- Additional sessions in outpatients and electives in UHL
- The appointment of Locum and Substantive Consultant and Fellow posts
- Continued outsourcing to independent sector providers for ENT, Ophthalmology and Orthopaedics

The key dependencies for the additional activity in UHL are theatre and bed capacity and outpatient facilities. A weekly RTT performance meeting has been initiated (January 20th) Chaired by The Chief Operating Officer with representation from all key teams.

Date when recovery of target or standard is expected

It is anticipated that Trust level recovery of the:

- Incomplete standard will be February 2014
- Non admitted standard will be in Q2 2014-15
- Admitted standard will be in Q3 2014-15

Speciality level compliance with the standards are to be finalised as part of the Recovery action plans that will be submitted to Commissioners by 31st January

Details of senior responsible officer Charlie Carr, Head of Performance Improvement

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

OPERATIONAL PERFORMANCE EXCEPTION REPORT

REPORT TO: TRUST BOARD
DATE: January 2014
REPORT BY: Richard Mitchell, Chief Operating Officer
AUTHOR: Carl Ratcliff, Manager, Imaging & Medical Physics
CMG GENERAL MANAGER: Nigel Kee
SUBJECT: Diagnostic Imaging 6 week waits

Introduction

Imaging failed to meet the diagnostic 6 week target for December 2013 with performance exceeding 1% of breaches (1.6%). The impact on the Trust performance is that it failed the threshold, with performance of 1.4%

Investigation

Virtually all of the breaches were in the MRI modality and whilst this is not the normal trend of performance, there were, and are, issues with the equipment replacement programme and the loss of 3 working days in December that has led to a downturn in performance. This has also impacted on January's performance which is also likely to fail the 1% threshold.

In the last year there have also been two other months of failure against target again due to MRI demand/ capacity issues with the replacement programme.

Conclusion and Resolution

In December 2013, Imaging had diagnostic breaches in MRI totalling 1.6%. This is above the required target due to a number of factors but predominately the effects of the equipment replacement programme.

In January at present we are forecasting a risk of breaching the target for MRI only with other modalities comfortably delivering the target

Actions are being undertaken to reduce the risk of failure from February onwards and these include additional external capacity being sourced, limiting requests to consultants only, and extending the working day to 2200 hours across all 7 days of the week (currently its until 2000 hours).

Looking ahead, there is a high level of confidence that performance will be consistently delivered once the replacement programme is concluded in April.

Details of senior responsible officer

CMG SRO: Nigel Kee

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**OPERATIONAL PERFORMANCE EXCEPTION REPORT**

REPORT TO: TRUST BOARD

DATE: January 2014

REPORT BY: Richard Mitchell, Chief Operating Officer

AUTHOR: Charlie Carr , Head of Performance Improvement

CMG GENERAL MANAGER: Monica Harris

SUBJECT: Cancelled Operations and rebooking within 28 days

Introduction

Operations cancelled on the day, standard 0.8%

All patients who have had their operations cancelled on the day to be rebooked within 28 days, standard 100%

Current position

December performance shows that the percentage of operations cancelled on/after the day of admissions of all elective activity for non-clinical reasons was 1.7%

The % rebooked within 28 days was 94.3% which equates to 8 patients. Each breach of this standard is subject to a financial penalty.

Commissioners have issued a contract performance notice against these standards with a deadline of 31st January. In response the Trust has developed a recovery action plan. this specifically targets the cancellation reasons as below:

		December 2013
Capacity Pressures	HOSP CANCEL WARD CLOSED	1
	HOSPITAL CANCEL - HDU BED UNAVAILABLE	5
	HOSPITAL CANCEL - ITU BED UNAVAILABLE	2
	HOSPITAL CANCEL - PT DELAYED TO ADM HIGH PRIORITY PATIENT	13
	HOSPITAL CANCEL - WARD BED UNAVAILABLE	66
Capacity Pressures	Sum:	87
Other	HOSPITAL CANCEL - CASENOTES MISSING	4
	HOSPITAL CANCEL - LACK ANAESTHETIC STAFF	2
	HOSPITAL CANCEL - LACK SURGEON	6
	HOSPITAL CANCEL - LACK THEATRE EQUIPMENT	5
	HOSPITAL CANCEL - LACK THEATRE TIME / LIST OVERRUN	37
Other	Sum:	54
TOTAL		141

Additional elements of the plan are:

- The reiteration and re issuing of the existing Trust policy on cancelled operations
- The institution of a 21 day Trust standard for re booking of patients cancelled on the day to address the 28 day national target.
- Daily patient level reports to all CMG's to target the re booking of previously cancelled patients.

Date when recovery of target or standard is expected

Operations cancelled on the day (standard 0.8%) - August 2014

All patients who have had their operations cancelled on the day to be rebooked within 28 days - March 2014

Details of senior responsible officer

CMG SRO: Monica Harris

Date: January 2014
 Clinical Lead: Paul Spiers
 General Manager: Monica Harris
 Operations Cancelled On the Day – Recovery / Improvement

5	Complete	4	On track	3	Some delay, expected to be completed as planned	2	Significant delay – unlikely to be completed as planned	1	Not yet commenced	0	Objective revised
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	Issue	Priority 1= High	Actions	Responsible Officer(s)	Due Date	New or pre- existing action	Status	RAG
1	Lack of theatre time / List over run	3	a) Establish a project team to look at reasons for late starts - develop an action plan in response to findings	DT	13.1.14	New	Group being formed	1
		3	b) Review of overrun policy commenced and will be rolled out across all 3 sites (trans)	DT	16.2.14	Refreshed	Complex agenda – resolution relies on many other things Changed reporting to increase awareness	1
		3	c) Monitoring of any late starts and agreed escalation in place (transformational)	MT	16.2.14	Refreshed	Monitoring in place	4
		2	d) Confirm and challenge with each speciality to manage late starts – these will involve all specialities on a monthly basis. (transformational)	MH	30.11.13	New	Already started – these are ongoing and are repeated every 6 weeks approx	5
		1	e) Weekly reporting of activity (transformational)	AM	23.11.13	New	completed, reports go to each speciality	5
		2	f) Internal theatre escalation to authorise a cancellation on the day	MH	23.11.13	New	in place but reinforcing process	5
		3	g) Establish a system to respond within 24 hrs to the CMG to issues and problems on lists for that day(transformational)	KD/ DT	2.12.13	In progress	floor walker daily feedback set up – to establish daily reporting	5
		1	h) Develop a robust escalation process to prevent on the day cancellations – corporate	MH / PW	31.1.14	New	Re instate, re enforce cancellation policy	4
		1	i) Develop a team leader score card to performance manage system to hold teams to account(transformational)	DT	25.1.14	New	work initiated, further development required	4
2	Patient delayed due to admission of a higher priority patient	3	a) Review of emergency list policy to ensure it supports effective running of the session	DT/MH/PR	15.12.13	Pre-existing	Review of emergency sessions on Monday and Friday to prevent backlog of emergencies building up – discussions with specialities with regards to loading these lists pre weekend	4
		3	b) Review the advantages of combining of all emergency lists as a means to improve access(transformational)					
		3	c) Review the advantages of combining of all emergency lists as a means to improve access(transformational)					
3	Lack of Theatre equipment	3	a) Issue escalated to Synergy and equipment lead	PV	On-going	Pre-existing	Good performance from synergy	5
		3	b) 2 weeks pre-plan to ensure equipment available – to ensure all lists are loaded onto ORMIS >2 weeks	DT/KD	13-Jan	New	Progress been made - Score card being developed to monitor performance.	4
		3	c) 48hour requests for equipment so synergy can manage expectations	KD	13.1.13	New		4
		3	d) Evaluate upgrade of Ormis	MH	14.2.14	New	Meeting with Ormis planned	1
4	Lack of Anaesthetic staff/Lack of theatre staff (non-medical)	1	a) New scheduling system (CLW) to be rolled out which will enable increased viability of Clinical Pa's	DT	28.11.13	New	CLW rolled out better transparency of where PAs are being allocated	4
		3	b) Six week planning of capacity	MT	14.1.13	New	Progressing to 6week booking slowly.	4
		2	c) Review ILS payments	PS	ongoing	New	Daily monitoring of WLI	5
		3	d) Matrons to undertake Floor Control to release Band 7 to clinical team if possible	Matrons/Floor Control	On-going	New	Floor walker daily update complete	5
		2	e) Cancel any non-critical management duties.	Matrons/Floor Control	On-going	New	Daily review	5
		1	f) Active recruitment program nationally	JH	On-going	New	Recruitment underway and progressing well	4
		1	g) Retention review – to encourage staff to stay	JH	13.1.13	New	Working with HR to establish recruitment and retention strategy	4
5	Ward bed unavailable	1	a) Review of urology day-case to transfer where possible patients to an OPD with procedure out of Daycase	CMG team	November	New	Discussions undertaken and action being taken to transfer cases to OPD with procedure	4
		1	b) Review the ability to establish a 23 hour facility are the LGH site (transformational)	MH	31.12.13	New	23hr – surgery – estates solution investigated– paper being prepared for executive	4
		1	c) Confirm arrangements for outsourcing	RM	31.12.13	New	Cases being transferred – further work underway to increase numbers. ENT, Ophthalmology, Orthopaedics. General surgery	5
		2	d) Previous day, review of capacity to allow earlier cancellations	PW	16.12.13	New	Embedding practice via daily bed meetings	5
		2	e) Data accuracy to ensure reasons are correct	MT	30.11.13	New	daily report to floor coordinators of any incomplete data	5
		2	f) Review number of day case beds	MH	16.12.13	New	Ongoing, linked to 23 hr unit	4
		1	g) Clinical lead for day surgery	PS	31.1.14	New	Advertised role	4
		1	h) Develop a robust escalation process to prevent on the day cancellations – corporate	MH / PW	31.1.14	New	Re instate, re enforce cancellation policy	4
7	Lack of surgeon	1	a) Aligning job plans with theatre sessions (transformational)	CMG team	13.2.14	New	Work underway	4
		2	b) Review principles and policy for emergency scheduling	CMG team	13.2.14	New	Work underway	4
		2	c) Review surgeon availability for emergency lists (transformational)	CMG team	13.2.14	New	Work underway	4
8	HDU / critical care bed unavailable	1	a) Flexible staffing across all three sites	JH	Dec-13	completed	Flexible staffing established	5
		1	b) Service requirements for CC beds to be reviewed on the Thursday capacity meeting	DT	Nov-13	New	Being included as part of the agenda – need to embed process to 6-4-2	5
		2	c) Electronic planner reflecting elective demand	PV	Nov-13	New	In place	5
		1	d) PACU on LRI site to be completed in 2014 increasing capacity	PV	Sep-14	New	On track with project plan	4
		1	e) Daily review of level one beds in CC to prioritise their moves	PW / DM	Nov-13	on-going	In place	5
10	Lack of theatre staff	2	a. The theatre transformation programme. Particular emphasis on pre-assessment and scheduling are considered to be the top two priorities that would have greatest immediate benefit (transformational)	SK/DT	Dec-13	Pre-existing	To be discussed at theatre project board meeting	4
		2	b. International recruitment underway	JH	ongoing	new	See section 4	4
11 12	Other Cancellation and Re booking within 28 days (max) of cancellation	2	a). Forum to review cancellation – to learn from experience and patterns	DT	December	New	Added to weekly activity meeting, weekly reporting being generated	4
		1	a) Institute new Trust standard of requirement to contact patient within 48 hrs of cancellation and rebook TCI date within 21 days, and associated escalation process	CC / SP	31.1.14	New	Cancelled ops flow chart revised, includes local standard and process to rebook within 21 days.	5
		1	b) daily cancelled operations patient level report to be e mailed via automated route to service and operational managers, highlighting 21 day re book date	CC/ SL	31.1.14	New		4
1	c) Weekly monitoring of performance against Trust 21 day / national 28 day standard, capturing of reasons for failure against the standard	CC / SP	31.1.14	New		4		