Trust Board Paper U

To:	**TRUST BOARD**
From:	Carole Ribbins, Jez Tozer, Kevin Harris, Kate Bradley Andrew Seddon
Date:	**30th May 2013**
CQC regulation	All

Title:	**Quality & Performance Report**

Author/Responsible Director: C Ribbins, Acting Chief Nurse
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K. Bradley, HR Director
A. Seddon, Director of Finance

Purpose of the Report:
To provide members with an overview of UHL financial position, performance and quality against national and local indicators for the month of April

The Report is provided to the Board for:

Decision		Discussion	√
Assurance	√	Endorsement	

Summary / Key Points:

Patient Safety, Quality and Patient Experience

- UHL's crude in-hospital mortality rate was 1.4% for 12/13. There has been an increase in crude mortality since December last year but the 'risk adjusted mortality' for both December and January are lower than previous months.
- The Emergency Department continues to experience excessive activity, creating an enormous challenge to ensure that care is provided in a safe, timely and effective way.
- One never event reported in April, the details of which have been reported to commissioners and the Trust Board. A full root cause analysis investigation is underway for each of these incidents
- Fracture Neck of Femur theatre time - April performance for time to surgery within 36 hours for fractured neck of femur patients is 84.2% against a target of 70%.
- VTE - UHL's provisional performance for April reported to the DoH, is 94.1% (this figure includes the 'Renal Dialysis' patients) against a new threshold of 95% for 2013/14.
- Theatres 100% WHO compliance - The National Patient Safety Agency endorsed WHO checklist consists of four stages and is monitored and reported every month to commissioners. For April the checklist stands at 100% and has been fully compliant since January 2013
- Safety Thermometer - The overall percentage of "harm free care" in UHL decreased by 1.94% in April to 91.39% (national target 95%) but as previously advised, VTE prevalence has not been collected. The prevalence of 'new harms' has increased for pressure ulcers, falls and Catheter Associated Urinary Tract Infections (CAUTIs).
- MRSA – There was 0 MRSA cases reported for April. There is zero tolerance to MRSA cases in 2013/14 and any case reported will result in non payment of the inpatient episode.
- C Difficile – there were 6 cases reported in April against a target of 9 for the month. The full year target is 67 with a financial penalty of £50,000 per every patient above this end of

year target.
- Friends and Family Test - >15% inpatient coverage and an overall trust score of 66.4.
- All UHL wards and intensivist areas continue to offer Same Sex Accommodation (SSA) in line with the UHL SSA Matrix guidance and delivered 100%.

Operational Performance

- ED - Performance for April Type 1 & 2 is 77.0% and 82.0% including the Urgent Care Centre (UCC).
- RTT - Admitted performance in April has not been achieved with performance at 88.2%. The non-admitted target for April has been achieved at 97.0% against a target of 95%.
- Diagnostic Waits - The percentage of diagnostic waits 6+ weeks is 1.6% against a threshold of 1%, across a number of imaging modalities, most notably ultrasound, Nuclear medicine and MRI.
- Cancer - All of the cancer targets are delivering against performance thresholds for March (one month in arrears reporting) with the exception of the 31 day wait for second or subsequent treatment surgery (missed by 1 patient) and the 62 day referral to treatment indicator.
- Choose and Book - Choose and book slot availability performance for April is 7% an improvement on the previous two months performance.
- Cancelled Operations – April performance shows that the percentage of operations cancelled on/after the day of admissions of all elective activity for non clinical reasons was 1.4% against a target of 0.8%. The percentage offered a date within 28 days of the cancellation in April was 91.6% against a threshold of 95%.
- Primary PCI - The percentage of eligible patients with acute myocardial infarction who received Primary PCI within 150 minutes of calling professional help in April was 93.9% against a target of 75%.
- Stroke % stay on stroke ward - The percentage of stoke patients spending 90% of their stay on a stroke ward in March (reported one month in arrears) is 82.4% against a target of 80%. Following additional validation the February performance was also achieved. The validated full year performance for 2012/13 is 79.8%.
- TIA - The percentage of high risk suspected TIAs receiving relevant investigations and treatment within 24 hours of referral receipt (% of high risk referrals) is 51.1% against a revised contractual target of 66.5% for Quarter 1.
- Appraisals – The reported April appraisal rate is 90.9% against a new internal target of 95%.
- Sickness - The reported sickness rate for the month of April is 3.9 % against an internal UHL target of 3%.. The 12 month rolling sickness is 3.4%.

Financial Position

- The Trust is reporting a deficit at the end of April 2013 of £0.99m, which is approximately £0.6m adverse to the planned deficit of £0.4m.
- NHS patient care income is £0.4m (0.8%) adverse to Plan.
- Operating expenditure for the year is £0.7m (1.1%) adverse to Plan, comprising of pay at £0.8m (2%) adverse and non-pay in line with 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 Provider Management Regime and the FT application	
Patient and Public Involvement (PPI) Implications Underachievement of targets potentially has a negative impact on patient experience and Trust reputation	
Equality Impact N/A	
Information exempt from Disclosure N/A	
Requirement for further review? Monthly review	

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: **TRUST BOARD**

DATE: **30th May 2013**

REPORT BY: **CAROLE RIBBINS, ACTING CHIEF NURSE**
KEVIN HARRIS, MEDICAL DIRECTOR
JEREMY TOZER, INTERIM DIRECTOR OF OPERATIONS
KATE BRADLEY, DIRECTOR OF HUMAN RESOURCES
ANREW SEDDON, DIRECTOR OF FINANCE

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

1.0 INTRODUCTION

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

2.0 2013/14 NTDA Oversight – Routine Quality and Governance indicators

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

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

- Access Metrics – performance shown below.
- Outcome Measures
- Quality Governance Measures

Reporting of the Outcome and Quality Governance Measures will be reported as soon as the methodology for reporting each of the indicators is confirmed.

	Performance Indicator	Target	2012/13	Apr-13
Access - 18 week wait	RTT waiting times – admitted	90%	91.3%	88.2%
	RTT waiting times – non-admitted	95%	97.0%	97.0%
	RTT - incomplete 92% in 18 weeks	92%	92.6%	92.9%
	RTT - 52+ week waits	0	1	0
	Diagnostic Test Waiting Times	<1%	0.5%	1.6%
Cancelled Ops	Cancelled operations re-booked within 28 days	95.0%	92.9%	91.6%
	Urgent operation being cancelled for the second time	0	NEW INDICATOR	0
A&E	A&E - Total Time in A&E (UHL+UCC)	95%	91.9%	82.0%
Access -Cancer	2 week wait from referral to date first seen - all cancers	93%	93.4%	
	2 week wait from referral to date first seen, for symptomatic breast	93%	94.5%	
	31-day wait from diagnosis to first treatment	96%	97.4%	
	31-day for second or subsequent treatment - anti cancer drug treatments	98%	100.0%	
	31-day wait for second or subsequent treatment - surgery	94%	95.8%	
	31-day wait for second or subsequent treatment - radiotherapy	94%	98.5%	
	62-day wait for first treatment from urgent GP referral	85%	83.5%	
	62-day wait for first treatment from consultant screening service referral	90%	94.5%	

3.0 QUALITY AND PATIENT SAFETY – KEVIN HARRIS

3.1 Mortality Rates

UHL's crude in-hospital mortality rate was 1.4% for 12/13. There has been an increase in crude mortality since December last year but the 'risk adjusted mortality' for both December and January are lower than previous months. The HSMRs for December and January were 92.4 and 93.5 respectively (due to changes in the NHSIC's processes there will be a delay in Dr Fosters' February data).

UHL's HSMR for the financial year to date is 96.2 (April to Jan and is anticipated to be 102 following the annual rebasing carried out by Dr Fosters at the end of the financial year. This is currently a further anticipated reduction from the 103 reported last month and UHL will be "within expected range".

UHL's latest SHMI for Oct 11 to Sept 12 remains at 104.53 which means that the published SHMI is 105 (within expected range). The LLR Mortality Review is planned to start mid June and will involve UHL Consultants and GPs plus Community and UHL nurses.

The internal mortality review looking at a sample (22%) of case notes of patients that died in November last year has been completed. The review found that the overwhelming majority of patients were those whose death was 'likely' and even where death was unlikely, management was appropriate.

As part of the Quality & Safety Commitment 'Saving Lives' workstream, further progress has been made to agree the proposed respiratory pathway to increase proportion of patients being admitted directly to the Clinical Decisions Unit at the Glenfield Hospital. Consultation with GPs and EMAS will be the next stage to support implementation of the pathway once finalised.

In respect of perinatal mortality, the Women's CBU, in collaboration with the Leicester University Dept of Perinatal Epidemiology, are working with the Dr Foster team to identify to better understand the risk adjustment model being used and to review our current coding practices as there appear to be significant differences compared to other trusts.

3.2 Patient Safety

Triangulation from various sources (3636 staff concerns reporting line, safety walkabout feedback, incidents, complaints and junior doctor concerns raised through the GMC) indicate that the two significant safety issues raised by staff in April are the timeliness of senior clinical review and adequacy of staffing to meet the demands of activity. These issues have been raised at the Quality and Performance Management Group meeting and with specific teams, and, where possible, action taken to improve the situation.

The Emergency Department continues to experience excessive activity, creating an enormous challenge to ensure that care is provided in a safe, timely and effective way. The new Emergency Care Action Team (ECAT), chaired by the Chief Executive, meets weekly to monitor and address quality issues. Recent incidents have illustrated that, despite every possible action being taken to reduce risk in ED, there remain times when the department operates on the margins of safety.

An important part of our safety programme has been the introduction of an electronic prescribing system, ePMA. Unfortunately, due to some recent serious problems with the system, UHL has deferred the roll-out of ePMA to Glenfield Hospital as critical issues have been identified in ePMA software. The major concern is 'deadlocking' which has increased over the past three weeks as Acute Medical Unit users have been added to the system. This means that nursing staff have had administrations not captured by ePMA as they are randomly logged out of the system. This has been assessed as having a risk score of 20 on our Trust Risk Register. Following an emergency meeting with CSC, a 'patch' has been added to the system which appears to be stabilising the situation. Currently IM&T and CSC are in daily contact to resolve and monitor this situation. Once UHL has confidence that the current situation is stabilised, discussions will take place with regard to further roll-out.

A total of 23 SUIs were reported in April, 17 of these were Hospital Acquired Pressure Ulcers (5 of which have since been revalidated or down-graded), 2 were Healthcare Acquired Infections and 4 were Patient Safety SUIs. Of the 4 Patient Safety SUIs, one related to a failure to act upon results, one was a 10 times medication error and one related to failure to act regarding a deteriorating patient. The fourth SUI was a Never Event, the details of which have been reported to commissioners and the Trust Board. A full root cause analysis investigation is underway for each of these incidents.

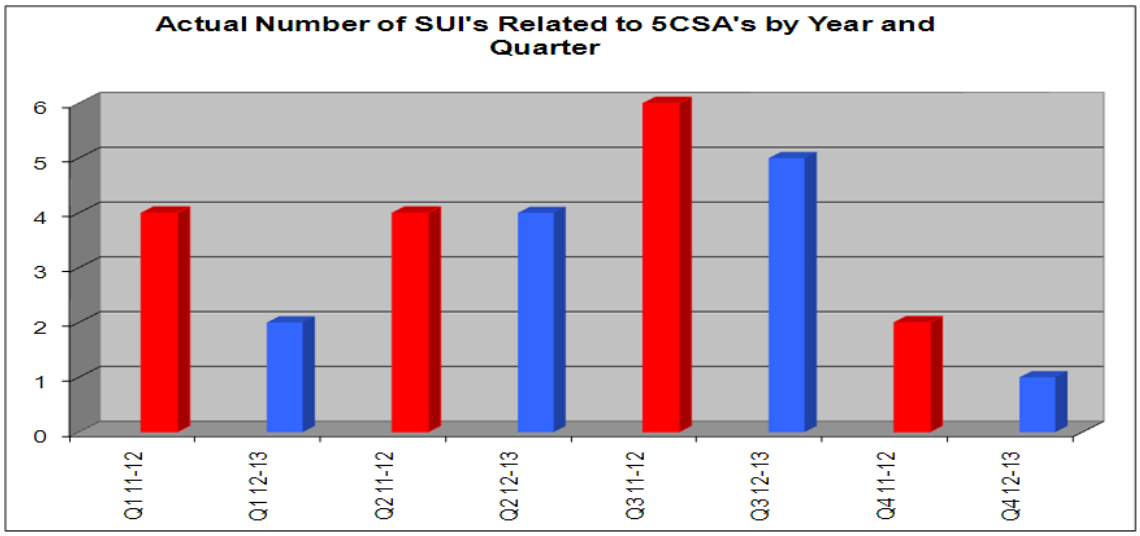
Another high safety risk escalated is the backlog of clinical letters in two or three specialties. This issue is being kept under very close review with every possible effort being made to clear the backlog and provide clinical letters within the agreed timeframe.

A review of cases that led to serious incidents following a fall has revealed that patients on anti-coagulation are particularly vulnerable and increased observation and clinical review is planned for these patients.

Pleasingly, complaints relating to attitude of staff and discharge saw a significant reduction in April. A review of complaints handling at UHL is being considered to ensure that the maximum learning is extracted and appropriate actions taken.

3.3 5 Critical Safety Actions

The aim of the '5 critical safety actions' (5CSA's) programme is to see a reduction in avoidable mortality and morbidity. The 2 key indicators being focused upon by commissioners are a reduction in Serious Untoward Incidents related to the 5CSA's and a reduction in EWS incidents across the trust.



Outcomes for 2012/13:-

- A reduction of 25% in 5CSA related SUIs for 2012/13.
- A reduction in actual Early Warning Score (EWS) non escalation incident numbers of 1.5%.
- When related to activity by inpatient episodes this shows a reduction of 3.5%.
- More impressively there has been a reduction in EWS related SUIs of 40%

Meeting dates set for May to agree CSA plans for 2013/14 with action leads.

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:-

- UHL web based handover system updated to v2 successfully on 12/03/13.
- Pilot work with alternative handover system supplier to develop module with UHL and Nerve Centre has commenced with doctors going live on 29th April 2013. The pilot is taking place within general/ vascular surgery at LRI. The nurse handover tool is being finalised with a go live date to be agreed for May.

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

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

Actions:-

- EWS assessments have increased up to an average of 92.5% completion across the trust. Allowing for new starters, and those staff on leave this means that all those existing staff are now assessed competent, which is a noteworthy achievement by the divisions.

3. **Implement and Embed Mortality and Morbidity standard** 

Aim - To have a standardised process for reviewing in-hospital deaths and archiving of the completed reviews.

Actions:-

- 100% of specialties have confirmed that M&M meetings are taking place.
- 72% have minutes saved and 80% have Terms of Reference saved to the shared drive.

4. **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

- Acting on Results in ED has been agreed as a 2013 priority for the trust Quality Commitment work. Initial meeting for working group on 08/04/13 to

finalise more detailed plan to progress the work. Work will involve setting and monitoring standards with radiology and ED.

5. Senior Clinical Review, Ward Rounds and Notation

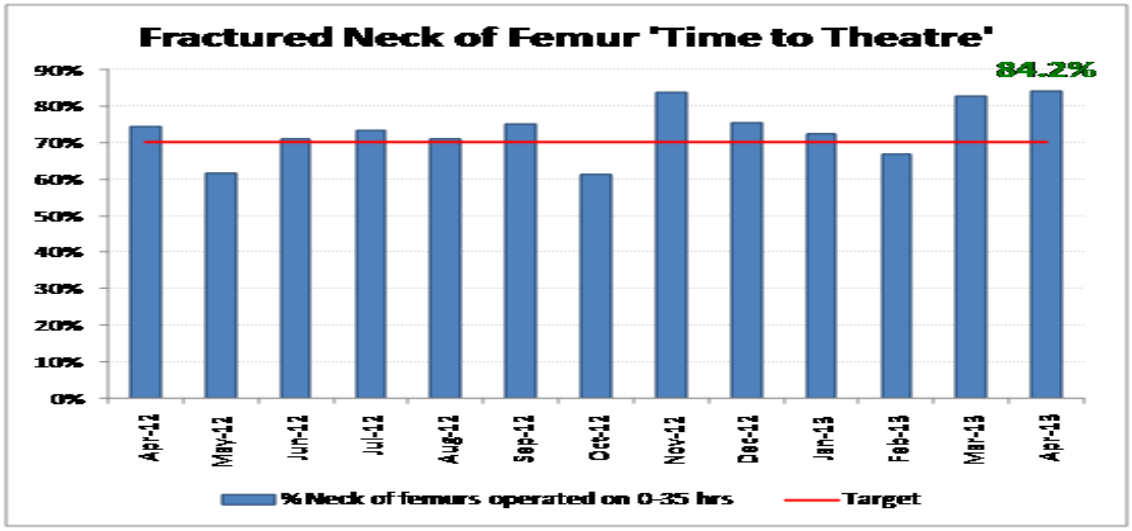
Aim - To meet national standards for clinical documentation. To provide strong medical leadership and safe and timely senior clinical reviews and ensure strong clinical governance.

Actions

- Ward round template sheet as documentation is now being trialed in medicine on ward 23 with Dr. Lakhani's patients.
- Ward round safety checklist currently being finalised for use as a prompting tool across trust.
- Joint working with RPC for the acute division work.

3.4 Fractured Neck of Femur 'Time to Theatre'

	Apr-13	Last Month	Apr Last Year
%. of # Neck of femurs operated < 36 hrs	84.2%	82.8%	74.6%



April performance for time to surgery within 36 hours for fractured neck of femur patients is 84.2% against a target of 70%.

3.5 Venous Thrombo-embolism (VTE) Risk Assessment

	Apr-13	Last Month	Apr Last Year
% of all adults who have had VTE risk assessment on adm to hosp	94.1%	92.6%	95.3%

UHL's provisional performance for April reported to the DoH, is 94.1% (this figure includes the 'Renal Dialysis' patients) against a new threshold of 95% for 2013/14.

3.6 Theatres – 100% WHO compliance

	Apr-13	Last Month	Apr Last Year
100% WHO compliance	Yes	Yes	Yes

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

3.7 Quality Schedule and CQUIN Schemes

Quarter 4's performance in respect of both the LLR QS and CQUIN indicators will be reviewed at the Clinical Quality Review Group meeting (CQRG) on 23rd May.

Lead Officers' reports on performance have been reviewed by the UHL Pre-Meet, prior to submission to CQRG. Of the 53 Quality Schedule indicators, it is anticipated that there will be 4 Amber and 1 Red RAG (#NOF, Stroke, Disch/OutPt Letters, Controlled Drugs Policy and Pressure Ulcers).

There are 3 of the 11 LLR CQUIN Schemes where thresholds have not been fully met for all of the indicators within each of the Schemes (Discharge, Urgent Care and Dementia Screening). In respect of the Specialised Services CQUIN schemes, 7 out of 8 were fully achieved. The number of patients receiving Home Haemodialysis increased during 12/13 but the end of year threshold was not met.

The full year financial reconciliation for all the CQUINs has already taken place, based on predicted performance and reflecting the anticipated impact during Quarter 4 on indicators relating to the emergency process. Total CQUIN monies received for 12/13 was 12.8m (87% of the total available).

For the 13/14 Contract there are:-

- 29 Quality Schedule 'baskets' (60 indicators)
- 4 National CQUIN Schemes (11 Indicators)
- 7 CQUIN schemes for the CCGs (15 indicators)
- 8 CQUIN schemes for Specialised Commissioning (one of these being the SSG quality Dashboards for 14 Services).

CQUIN monies for both the CCG and SSG schemes again total around £14m (2.5% of the Contract value).

The main areas of quality schedule indicators are:

- Infection Prevention (incl HCAIs, Compliance with HIIs)
- Clinical Effectiveness (incl Mortality, Stroke, #NOF, PROMs, Disch/Out Pt Letters)
- Patient Safety (incl SUIs, Risk Register, Never Events, CAS alerts)
- Patient Experience (incl Complaints, SSA, Patient Surveys)
- Medicines Management (Medicines Code, CDs, Anti Psychotics, Traffic Light, BCBV)
- Workforce (Workforce Assurance Dashboard, Staff Engagement, Staffing Levels)

Most of the 7 CCG CQUIN Schemes are closely linked to the Trust's Quality & Safety Commitment:-

- ❖ Pneumonia Pathway and Care Bundles
- ❖ Heart Failure Care Bundle
- ❖ Critical Safety Actions
- ❖ Implementation of the Quality Charter Mark
- ❖ End of Life/AMBER care bundle

The 7 LLR Specialised Services CQUINs have been taken from a National Pick List and have been prioritised with the relevant clinical and managerial leads for each of the services.

3.8 Safety Thermometer

Table one summarises the Safety Thermometer (ST) prevalence results for April 2013. As advised in the previous Q&P report, VTE data collection in UHL for the Safety Thermometer has ceased in line with 2013/14 CQUIN guidance. However, the Health and Social Care Information Centre (HSCIC) and the Department of Health (DH) are still considering how to manage the impact of this change, because opting out of VTE data collection impacts on the Trusts overall percentage of harm free care and national Safety Thermometer results. UHL is in close contact with both organisations and is awaiting further information.

The total number of harms recorded (i.e. old and new) increased from 112 in March to 153 in April with the total number of new harms increasing by 20 when compared to prevalence results for March.

		Feb-13	Mar-13	Apr-13
	Number of patients on ward	1597	1604	1672
All Harms	Total No of Harms - Old (Community) and Newly Acquired (UHL)	138	99	153
	No of patients with no Harms	1462	1509	1528
	% Harm Free	91.55%	94.08%	91.39%
Newly Acquired Harms	Total No of Newly Acquired (UHL) Harms	41	43	76
	No of Patients with no Newly Acquired Harms	1554	1561	1597
	% of UHL Patients with No Newly Acquired Harms	97.31%	97.32%	95.51
Harm One	No of Patients with either an OLD or NEWLY Acquired Grade 2, 3 or 4 Pressure Ulcers (PUs)	98	66	92
	No of Newly Acquired Grade 2, 3 or 4 PUs	16	19	26
Harm Two	No of Patients having fallen in hospital in previous 72 hrs	4	13	25
Harm Three	No of Patients with Urinary Catheter and Urine Infection (prior to or post admission)	39	20	36
	Newly Acquired UTIs with Catheter	21	11	25

The overall percentage of "harm free care" in UHL decreased by 1.94% in April to 91.39% (national target 95%) but as previously advised, VTE prevalence has not been collected.

The prevalence of 'new harms' has increased for pressure ulcers, falls and Catheter Associated Urinary Tract Infections (CAUTIs).

An increase in the number of avoidable pressure ulcers was not reported for April but there was no significant improvement either. Further actions have been identified to

reduce the incidence of avoidable pressure ulcers and this information will be presented to the June QAC.

Falls incidence is continuing to be closely scrutinised within twenty wards across the Acute and Planned Divisions. The first report from the Head of Nursing for the Acute Division who is leading this work has identified several themes that require action by multi-professional team including; improved supervision of patients, staffing levels, availability of equipment and documentation.

There was an increase in the prevalence of CAUTIs for April. The DH has confirmed that the existing Safety Thermometer definition of a CAUTI is appropriate; therefore it will continue to be used in UHL. The Lead Nurse for IPC has set up a UHL CAUTI / Continence group to support the work required around continence and reduction in urinary catheter insertions.

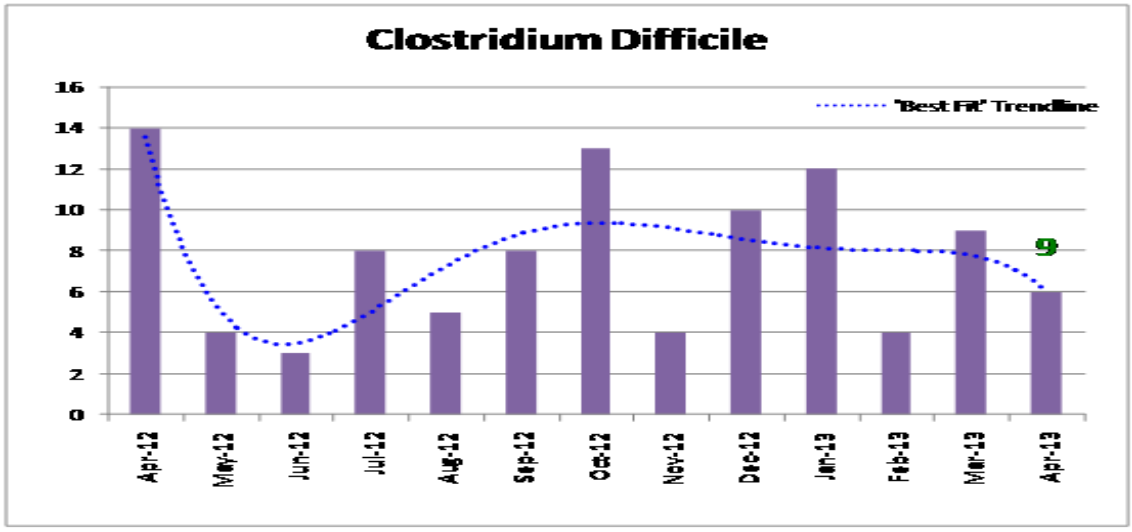
4.0 PATIENT EXPERIENCE – CAROLE RIBBINS

4.1 Infection Prevention

	Apr-13	Last Month	Apr Last Year
MRSA	0	0	0
Clostridium Difficile	6	9	14

MRSA – There was 0 MRSA cases reported for April. There is zero tolerance to MRSA cases in 2013/14 and any case reported will result in non payment of the inpatient episode.

C Difficile – there were 6 cases reported in April against a target of 9 for the month. The full year target is 67 with a financial penalty of £50,000 per every patient above this end of year target.



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

With regard to MSSA and E coli: the numbers for these organisms continue to be reported weekly within UHL and monthly to the HPA as per national requirements. The HPA continues to gather data in this regard. There are no nationally set trajectories for these

organisms. The IPT are to undertake a Case Control Study as part of the CQUIN for 13/14 to review all the MSSA and E coli bacteraemias identified with a view to understanding both the causes of these infections and the patient costs associated with them.

4.2 Patient Polling 

Patient Experience Surveys continue across 91 clinical areas and have four bespoke surveys for adult inpatient, children's inpatient, adult day case and intensive care settings.

Over thirty questions are asked in this survey including all CQUINs and other key areas identified as priorities from local feedback.

In April 2013, 1,694 Patient Experience Surveys were returned.

Share Your Experience – Electronic Feedback Platform

Main Outpatients on each site, Maternity Services and the Emergency Department owing to the patient group use Share Your Experience as the medium to gain feedback via email, touch screen QR scanning and web.

In April 2013, 182 electronic surveys were completed against the Trust target of 755:

Outpatient's visits: 95 surveys
Maternity Services: 16 surveys
Emergency department: 40 surveys
Children's Emergency department: 31 surveys

Patient feedback continues to be accessible for all staff at Trust, Divisional, CBU and Ward level via Share point on the Patient Experience Page or via the 'Share your Experience' site. This includes all free text comments for each ward from patients.

Treated with Respect and Dignity 

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

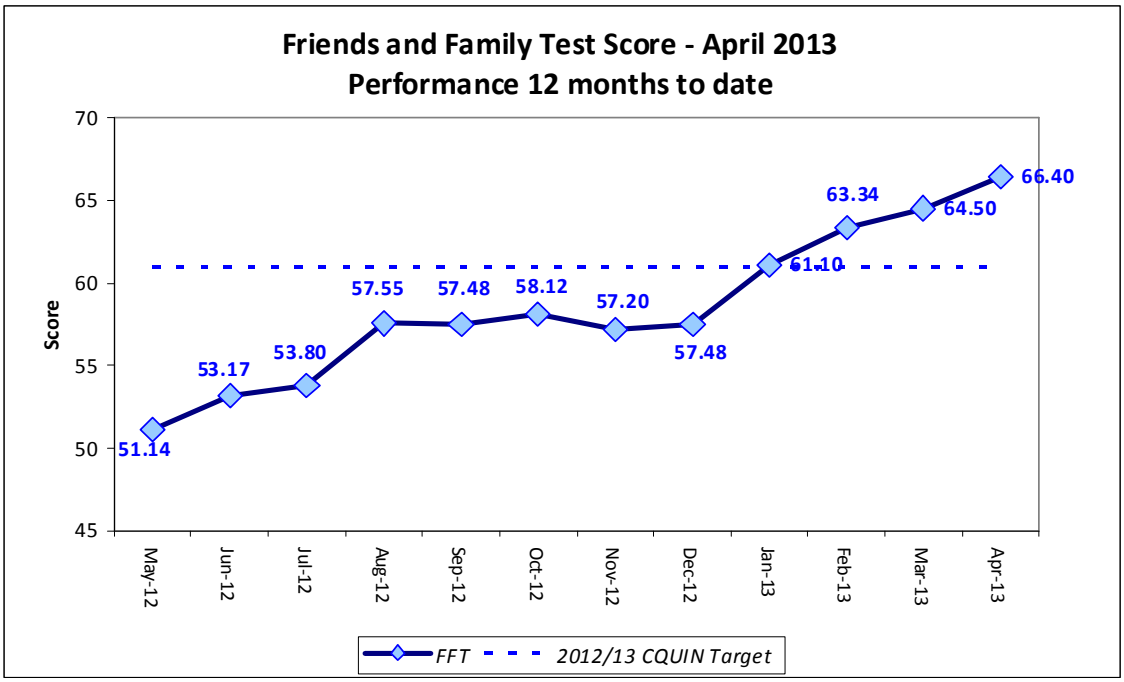
Friends and Family Test 

Inpatient

The inpatient surveys include the Friends and Family Test question; **How likely are you to recommend this ward to friends and family if they needed similar care or treatment?'** Of the 1,694 surveys, 1,202 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 the SHA.

Overall there were 6,185 patients in the relevant areas within the month of April 2013, giving a 15% footfall requirement of 928. The Trust easily met the target with a total of 1,202 Friends & Family Test responses broken down to:

Number of Promoters:	850
Number of passives:	278
Number of detractors:	61
Overall NET promoter score	**66.40**



Accident & Emergency

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, Emergency Decisions Unit and Eye Casualty.

Overall there were 6,186 patients who were seen in A&E and then discharged home within the month of April 2013, giving a 15% footfall requirement of 928. The Trust surveyed 357 eligible patients meeting 5.8% of the footfall. The Friends & Family test responses break down to:

Number of Promoters:	210
Number of passives:	86
Number of detractors:	57
Overall NET promoter score	**43.40**

National Expectations for the Friends and Family Test

From April 2013 all Acute NHS Trusts have been mandated to offer the Friends and Family Test to all patients in:

- Inpatient areas at the point of discharge or up to 48 hours afterwards
- A&E type 1 and 2 patients who are being discharged home, or transferred to an assessment unit and then discharged home, within 48 hours of being discharged
- Maternity services from October 2013
- The required % of the discharge footfall to be surveyed is 15% rising to 20% by the end of the financial year.
- Increase score of Friends and Family test question in 2013/14 staff survey.

The Quality and Safety Commitment 2013/14 - Patient Centred Care

The Quality and Safety Commitment 2013/14 - Patient Centred Care has a number of key metrics to track success. The main metric is the Friends and Family test results supported

by a number of anonymous patient survey question results. These questions are particularly relevant for older people and require improvement:

	Acute Care	Planned Care	Women's and Children's	UHL		UHL March 2013
INVOLVED IN CARE	84.0	86.6	79.2	85.0		85.4
11. Were you involved as much as you wanted in decisions about your care and treatment?	658	673	57	1388		1255
CALL BUTTON	82.5	85.7	92.3	85.5		84.6
15. When you used your call button, was the amount of time it took for staff to respond generally:	489	385	75	949		872
ASSISTANCE TOILET	91.0	91.1	95.0	91.6		91.5
16. If you needed help from staff getting to the bathroom or toilet or using a bedpan, did you get help in an acceptable amount of time?	393	289	50	732		664
MEDICATION SIDE EFFECTS	78.5	85.4	86.8	82.9		82.7
18. Has a member of staff told you about medication side effects to watch for after you leave hospital?	274	434	94	802		821
PROBLEMS/DANGER	71.5	82.0	89.1	78.9		78.4
19. Has a member of staff told you about any problems or danger signals you should watch for after you leave hospital?	283	485	121	889		901
WHO TO CONTACT	70.4	80.1	85.9	77.3		81.3
20. Has a member of staff told you who to contact if you are worried about your condition or treatment after you leave hospital?	351	549	128	1028		1037

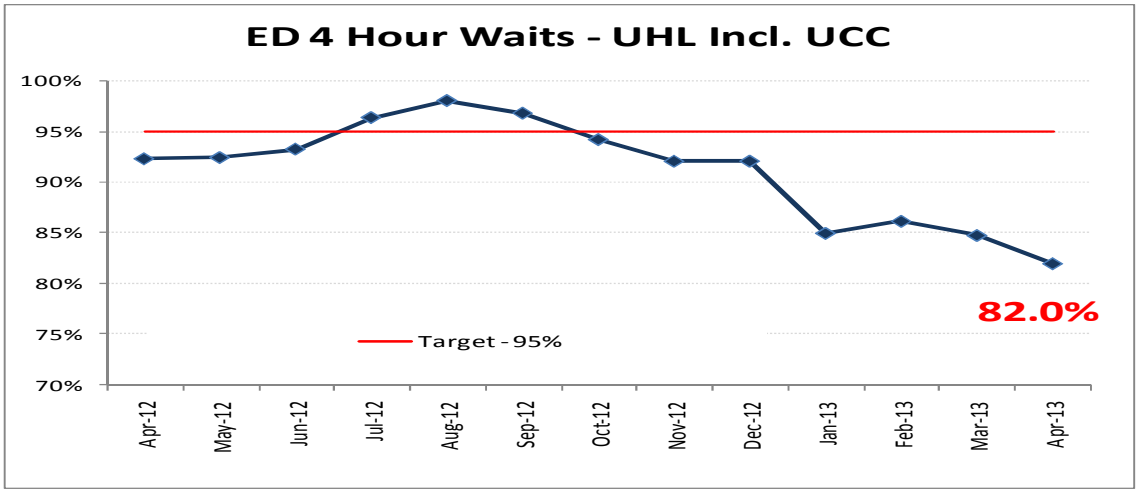
4.3 Same Sex Accommodation

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

5.0 OPERATIONAL PERFORMANCE – JEREMY TOZER

5.1 ED 4hr Wait Performance

	Apr-13	Last Month	Apr Last Year
ED 4 Hour Waits UHL +UCC	82.0%	84.7%	92.3%
ED 4 Hour Waits - UHL (Type 1 and 2)	77.0%	80.4%	90.5%



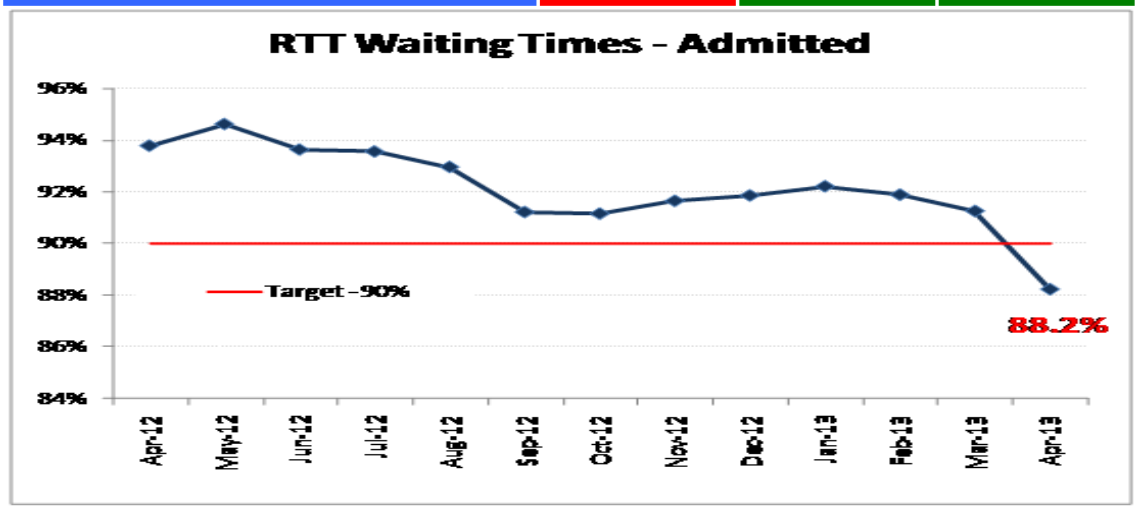
Performance for April Type 1 & 2 is 77.0% and 82.0% including the Urgent Care Centre (UCC). UHL's performance for this period placed the Trust in the bottom 10 Trusts within England. Performance for all Trust's in England (Type 1, 2 and 3) for the 4 week period ending the 28th April was cumulatively 93.1% with performance recovering to 95.6% in week 4.

Further details focussing on the actions relating to the Emergency Department are included in the ED performance report.

5.2 RTT – 18 week performance

RTT Admitted performance

	Apr-13	Last Month	Apr Last Year
RTT Waiting Times - Admitted	88.2%	91.3%	93.8%



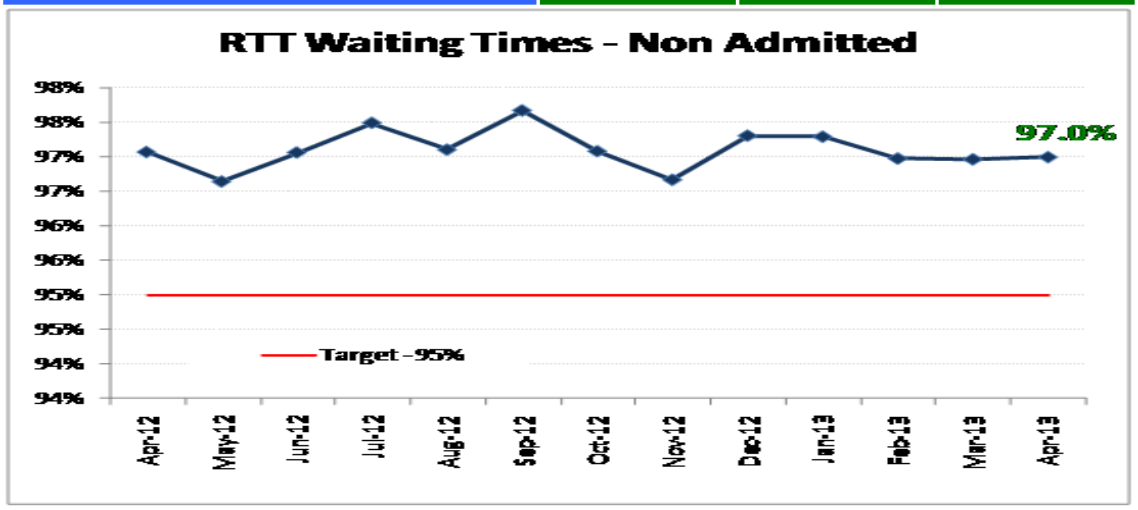
Admitted performance in April has not been achieved with performance at 88.2%, with 4 specialties failing the target with an estimated automatic fine of £59,000.

The national admitted performance in March was 92.1% and UHL achieved 91.2% with the upper quartile being 93.9%. 123 out of the 178 Trusts missed the target at specialty level and 81 Trust's had between 2 and 10 specialty failures.

For further detail on action plans to improve the RTT admitted performance and reduce 18 week backlog refer to the exception report (appendix 1).

RTT Non Admitted performance

	Apr-13	Last Month	Apr Last Year
RTT Waiting Times - Non Admitted	97.0%	97.0%	97.1%

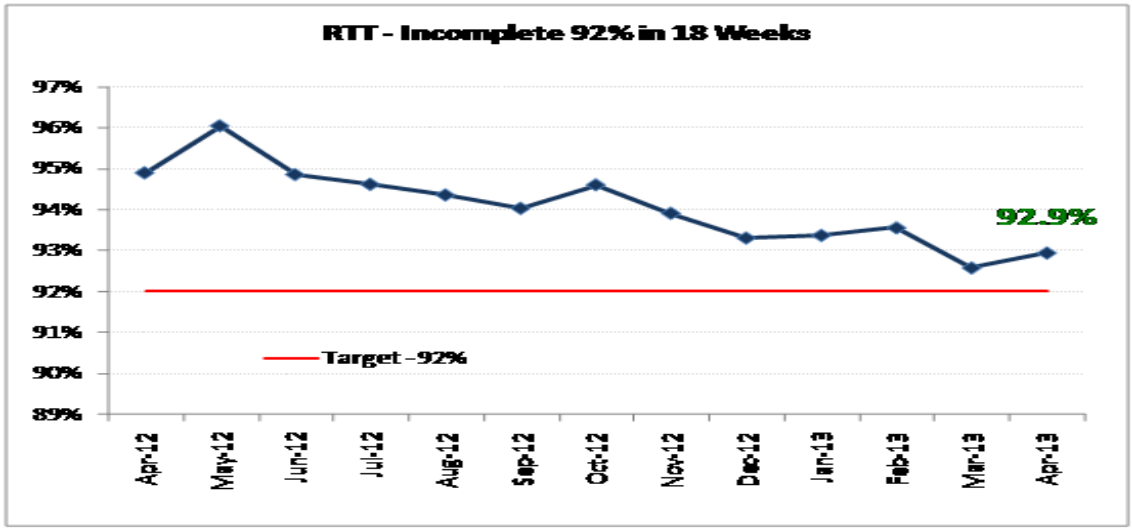


The non-admitted target for April has been achieved at 97.0% against a target of 95%. Ophthalmology missed the target with an estimated automatic fine of £3,000. Further details are available in RTT improvement action plan.

The national non-admitted performance in March was 97.6% and UHL achieved 97.0% with the upper quartile being 98.8%. 97 out of the 207 Trusts missed the target at specialty level and 57 Trusts had between 2 and 16 specialty failures.

RTT Incomplete Pathways

	Apr-13	Last Month	Apr Last Year
RTT - Incomplete 92% in 18 Weeks	92.9%	92.6%	94.9%



The requirement that 92% of patients on an incomplete pathway (i.e. patients waiting for a decision to treat or treatment) should have been waiting no more than 18 weeks was achieved in April with performance at 92.9%.

The RTT validation Team funded by the Commissioners from last year's RTT penalties are in post. Additional focus on training and validation will improve the number of 18+ week wait backlog patients reported.

The national incomplete pathways performance in March was 94.2% and UHL achieved 92.6% with the upper quartile being 97.6%. 117 out of the 207 Trusts missed the target at specialty level and 89 Trusts had between 2 and 10 specialty failures.

5.3 Imaging Waiting Times

	Apr-13	Last Month	Apr Last Year
6 Week - Diagnostic Test Waiting Times	1.6%	0.5%	1.0%

The percentage of diagnostic waits 6+ weeks is 1.6% against a threshold of 1%, across a number of imaging modalities, most notably ultrasound, Nuclear medicine and MRI. For

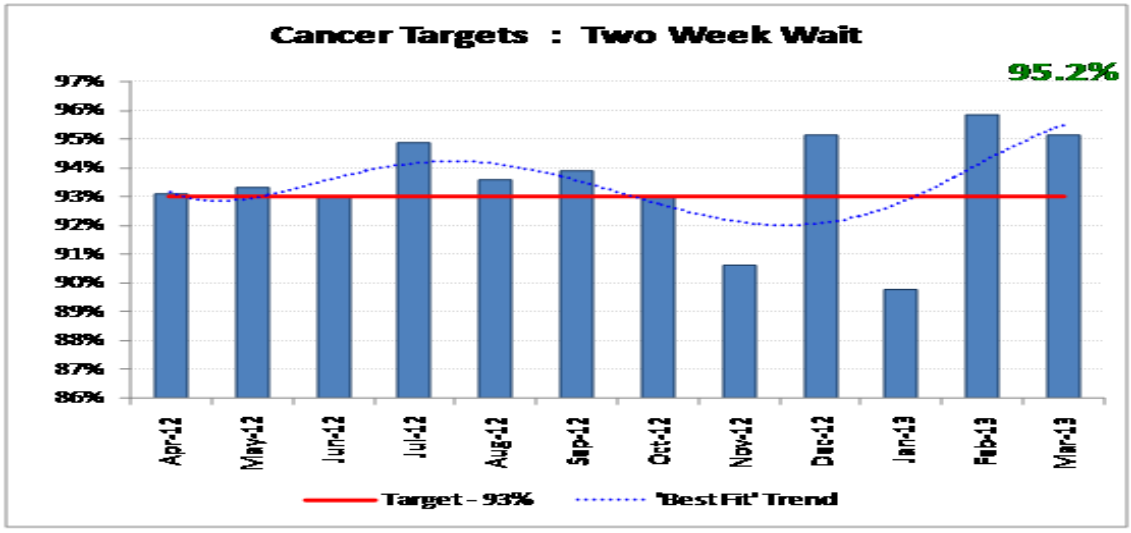
further details refer to the diagnostic waits exception report and improvement plans (appendix 2).

National performance for March indicates that there were 1.1% of patients waiting for diagnostic tests longer than 6 weeks.

5.4 Cancer Targets

Two Week Wait

	Mar-13	Last Month	Mar Last Year
Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	95.2%	95.9%	93.1%
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	95.4%	93.1%	94.8%



The two week wait urgent GP referral for suspected cancer to date first seen target of 93% was delivered in March with performance at 95.2%. The full year performance is 93.4%.

The symptomatic breast patients (cancer not initially suspected) standard has been achieved for March (reporting one month in arrears) at 95.4%, with a year to date performance of 94.5%.

31 Day Target

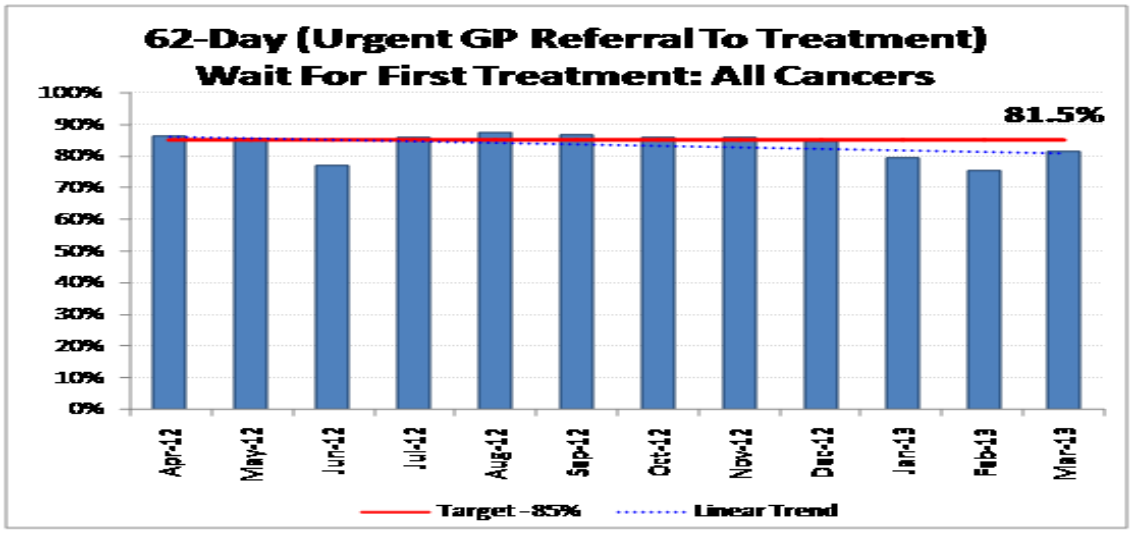
	Mar-13	Last Month	Mar Last Year
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	98.8%	97.6%	97.0%
31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	100%	100%	100%
31-Day Wait For Second Or Subsequent Treatment: Surgery	92.7%	94.1%	91.2%
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	99.1%	98.9%	100%

Three of the four 31 day cancer targets – diagnosis to treatment for first treatment, second or subsequent treatment anti cancer drug, and second or subsequent treatment

radiotherapy have been achieved for March. The 31 day wait for second or subsequent treatment surgery target was missed by 1 patient with low numbers of patients treated due to the Easter period.

62 Day Target 

	Mar-13	Last Month	Mar Last Year
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	81.5%	75.4%	85.7%
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	95.8%	95.7%	91.3%



The 62 day urgent referral to treatment cancer target for March was 81.5% against a target of 85%. The 2012/13 full year performance was 83.5%. Nationally performance for the 62 day cancer target for 2012/13 Qtr 4 was 86.2%.

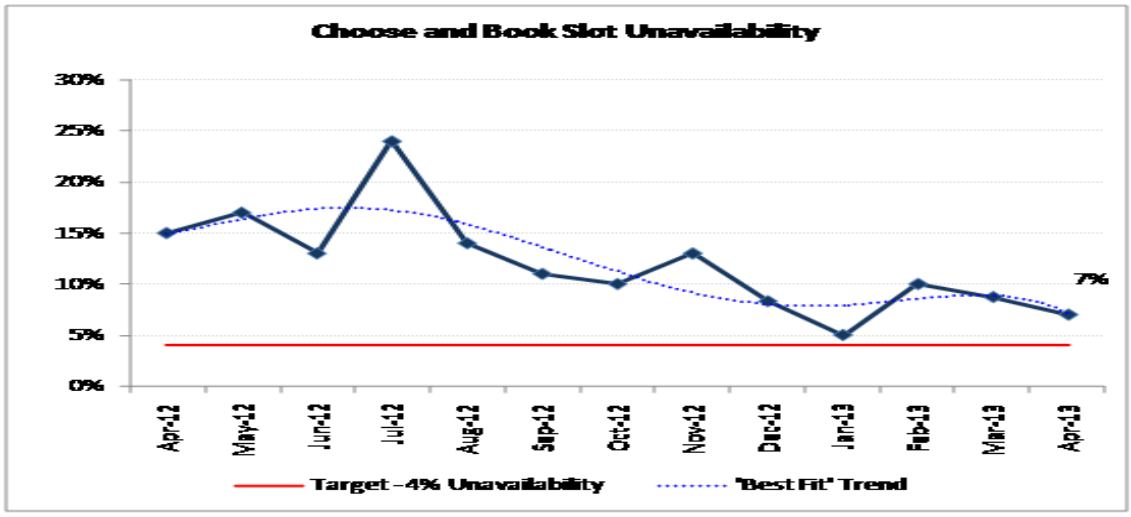
MDT chairs have been instructed to review all patients waiting more than 62 days for treatment on a routine basis every 2 weeks and to record planned next stages.

During April there was 1 haematology patient with complex history referred to lower GI cancer services, treated 91 days after their 62 day breach date.

For further detail on action plans to improve the 62 day urgent referral to treatment cancer performance and monthly trajectories refer to the exception report (appendix 3).

5.5 Choose and Book slot availability 

	Apr-13	Last Month	Apr Last Year
Choose and Book Slot Unavailability	7%	9%	15%



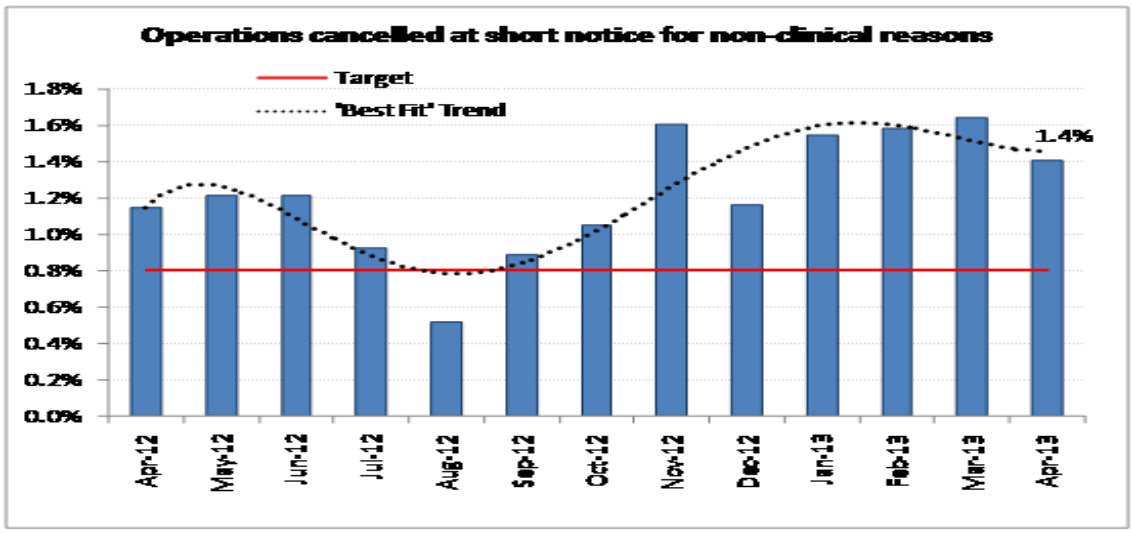
Choose and book slot availability performance for April is 7% an improvement on the previous two months performance. Issues with slot availability are mainly within a small number of specialties:-

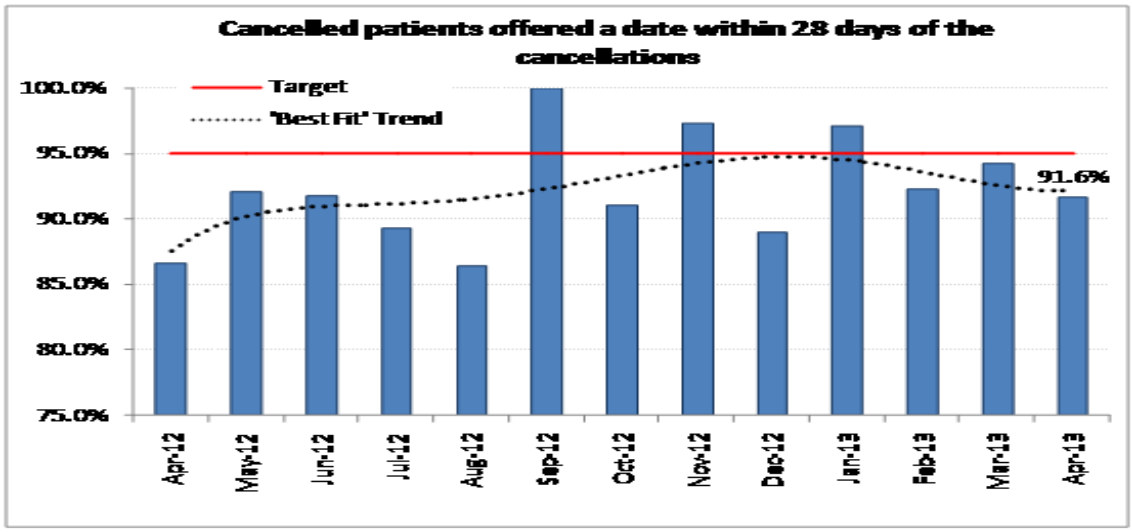
- Neurology, where medical staff shortages is being addressed by recruitment.
- Vascular where improved administration has been implemented.
- Gynaecology and GI services where additional capacity is in place.
- Orthopaedics has a recurrent shortfall in capacity for back referrals, which is under ongoing discussion with commissioners.

There are no financial penalties applied to the 2013/14 Contract for failure of this indicator.

5.6 Cancelled Operations rebooked in 28 days

	Apr-13	Last Month	Apr Last Year
Operations cancelled for non-clinical reasons on or after the day of admission	1.4%	1.6%	1.1%
Cancelled patients offered a date within 28 days of the cancellations	91.6%	94.2%	86.7%





April performance shows that the percentage of operations cancelled on/after the day of admissions of all elective activity for non clinical reasons was 1.4% against a target of 0.8%. The performance for 2012/13 was 1.2%.

The percentage offered a date within 28 days of the cancellation in April was 91.6% against a threshold of 95%.

The national percentage of patients offered a date within 28 days of the cancellation for Quarter 4 2012/13 was 94.3% compared to 94.7% at the UHL for the same period.

Further detail of actions to be taken is included in the Cancelled Operation exception report (appendix 4).

5.7 Primary PCI

	Apr-13	Last Month	Apr Last Year
Primary PCI Call to Balloon <150 Mins	93.9%	95.0%	93.0%

The percentage of eligible patients with acute myocardial infarction who received Primary PCI within 150 minutes of calling professional help in April was 93.9% against a target of 75%.

5.8 Stroke % stay on stroke ward

	Mar-13	Last Month	Mar Last Year
Stroke - 90% of Stay on a Stroke Unit	82.4%	81.4%	70.4%

The percentage of stoke patients spending 90% of their stay on a stroke ward in March (reported one month in arrears) is 82.4% against a target of 80%. Following additional validation the February performance was also achieved. The validated full year performance for 2012/13 is 79.8%.

Actions reported in the April TB exception report have been implemented and are being reviewed to assess the impact to ensure compliance of this indicator.

The national percentage of stroke patients spending 90% of their stay on a stroke ward for Quarter 4 2012/13 was 83.6%.

5.9 Stroke TIA

	Apr-13	Last Month	Apr Last Year
Stroke - TIA Clinic within 24 Hours (Suspected TIA)	51.1%	77.0%	62.7%

The percentage of high risk suspected TIAs receiving relevant investigations and treatment within 24 hours of referral receipt (% of high risk referrals) is 51.1% against a revised contractual target of 66.5% for Quarter 1.

There have been a number of issues in month that have resulted in this reduction in performance:

- 29 patients refused their first appointment of which 50% were high risk. If they had accepted their appointment the result would have been 66% (60/90).
- Short notice staffing issues resulted in 6 clinics being cancelled.
- There was a significant rise in referrals towards the end of the month

5.10 Readmissions

All emergency readmissions within 30 days have ranged between 7.5% and 8.1% throughout 2012/13, with a full year rate of 7.8%. All divisions report their actions to reduce readmissions at the Quality and Performance Management Group (QPMG) on a rolling basis. Each division will report on a quarterly basis to QPMG where actions and performance will be scrutinised.

5.11 Delayed Discharges

During April UHL has seen a significant deterioration the performance for both city and county patients. Ward 2 activity at Leicester General is being reported from April 2013 and may account for some of the increase. This Ward will remain open until further notice.

2012/13 Delayed Discharges

Reason	Assessment		Awaiting Public funding		Availability of non acute NHS Care		Awaiting care home placement		Awaiting domiciliary package of care		Awaiting community equipment		Patient /Family choice		TOTAL	
	City	Co	City	Co	City	Co	City	Co	City	Co	City	Co	City	Co	City	Co
April	10	8	4	5	5	19	10	9	2	3	1	0	2	7	34	51
May	6	14	13	23	20	51	18	60	3	7	7	6	5	23	72	184
June	9	13	10	14	26	48	15	42	3	6	12	14	2	20	77	157
July	10	12	7	14	25	35	13	42	2	9	12	10	9	19	78	141
Aug	12	23	10	20	38	55	23	52	2	8	13	9	5	39	103	206
Sept	11	24	9	18	16	26	16	36	5	8	7	16	9	19	73	147
Oct	17	12	10	19	16	34	23	43	0	3	11	12	3	15	80	138
Nov	20	23	6	5	44	38	25	56	3	5	11	14	15	25	124	166
Dec	7	7	6	6	16	29	21	44	2	4	11	10	3	11	66	111
Jan	11	24	4	11	33	73	22	39	8	13	8	13	4	7	90	180
Feb	7	8	5	8	30	48	12	26	5	6	2	8	0	4	61	108
March	4	5	3	6	31	42	11	26	5	15	7	8	2	3	64	105

2012/13 Delayed Discharges

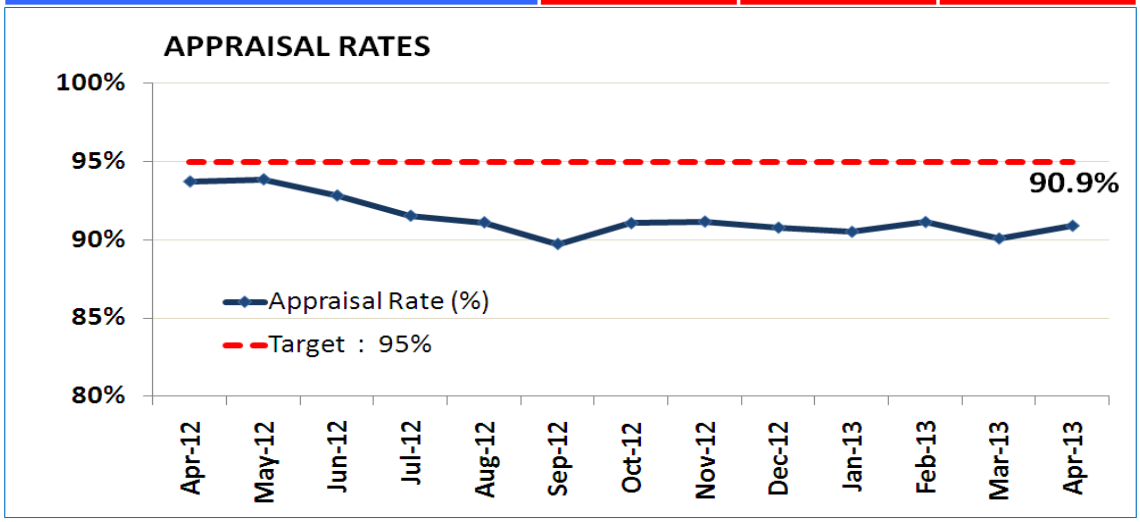
Reason	Assessment		Awaiting Public funding		Availability of non acute NHS Care		Awaiting care home placement		Awaiting domiciliary package of care		Awaiting community equipment		Patient /Family choice		TOTAL	
	City	Co	City	Co	City	Co	City	Co	City	Co	City	Co	City	Co	City	Co
April	7	5	10	5	70	61	10	27	9	17	12	5	1	3	119	123

Delays continue to be escalated internally at bed meetings and externally at daily teleconferences.

6.0 HUMAN RESOURCES – KATE BRADLEY

6.1 Appraisal

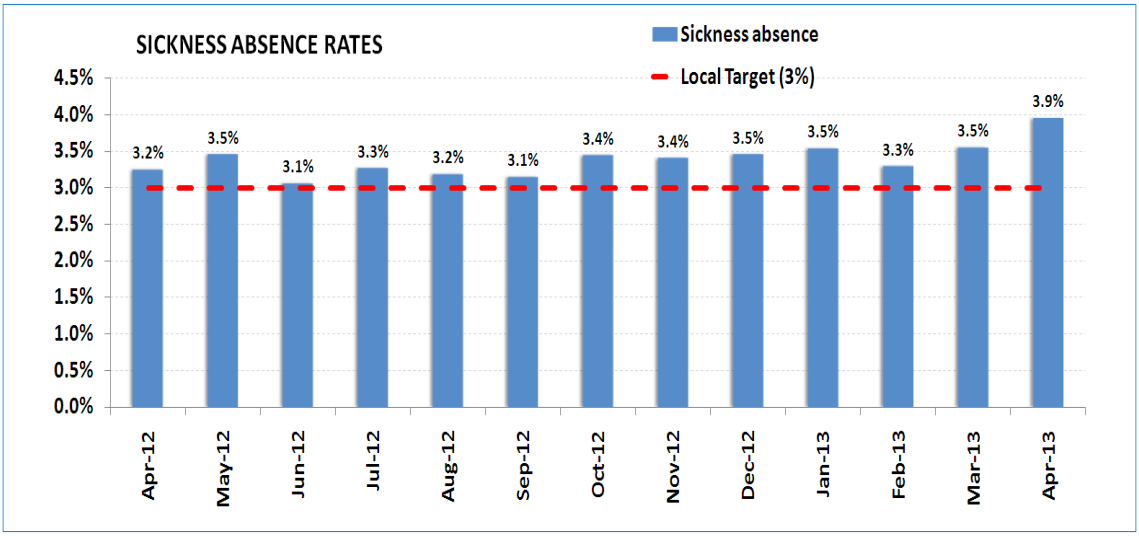
	Apr-13	Last Month	Apr Last Year
Appraisals	90.9%	90.1%	93.7%



The reported April appraisal rate is 90.9% against a new internal target of 95%. Agreement to adjust the appraisal target to an achievable 95% was reached during April and this is now reflected across all reporting mechanisms. Appraisal performance continues to feature on Directorate, Divisional and CBU Board meetings and Human Resources continue to work closely with all areas to improve appraisal performance. All CBU areas are in place in the new Divisional structure with appraisal reporting arrangements for new areas now in place.

6.2 Sickness

	Apr-13	Last Month	Apr Last Year
Sickness absence	3.9%	3.5%	3.2%



The reported sickness rate for the month of April is 3.9 % against an internal UHL target of 3%. The actual rate is likely to be at around 0.5% lower as absence periods are closed. The 12 month rolling sickness has reduced to 3.4%.

Recent figures released by NHS Midlands and East indicate that UHL is the best performing Trust in the East Midlands for 2012/13.

7.0 FINANCIAL POSITION – ANDREW SEDDON

7.1. Financial position as at end of April 2013

7.1.1. The Trust is reporting a deficit at the end of April 2013 of £0.99m, which is approximately £0.6m adverse to the planned deficit of £0.4m. The position to date also reflects £1.3m of the contingency release recognised in the month 1 result – consistent with the Annual Plan assumptions

7.1.2. Table 1 outlines the current position and Table 2 outlines the Financial Risk Rating:

Table 1 – I&E Summary

	April 2013		
	Plan £m	Actual £m	Var £m
Income			
Patient income	53.7	53.2	(0.5)
Teaching, R&D	6.6	6.8	0.2
Other operating Income	3.3	3.6	0.2
Total Income	**63.6**	**63.6**	**(0.1)**
Operating expenditure	**-**	**-**	
Pay	37.4	38.1	(0.8)
Non-pay	23.0	22.9	0.1
Total Operating Expenditure	**60.4**	**61.1**	**(0.7)**
	-	-	
EBITDA	**3.3**	**2.5**	**(0.7)**
Net interest	0.0	0.1	0.1
Depreciation	(2.7)	(2.6)	0.1
Loss on Fixed Asset Disposal	-	-	-
PDC dividend payable	(1.0)	(1.0)	-
Net deficit	**(0.4)**	**(1.0)**	**(0.6)**
EBITDA %		**4.0%**	

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

Table 2 – Financial Risk Ratings

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

The **month 1 position** may be analysed as follows.

7.2. Income

7.2.1. NHS patient care income is £0.4m (0.8%) adverse to Plan. The key areas are shown in the following table;

- Elective IP activity 10% down against the activity plan, £340k
- Emergency activity also adverse to Plan by £236k
- Over-performance in Outpatients, £532k (8%) and ED, £152k (11%)
- The under-performance on "other" relates mainly to £350k of internal CIPs which need allocating to the respective point of delivery – mainly to outpatients

Summary by Point of Delivery of Patient Related Income - April 2013

Case mix	Plan to Date (Activity)	Total YTD (Activity)	Variance YTD (Activity)	Plan to Date (£000)	Total YTD (£000)	Variance YTD (£000)
Day Case	6,682	6,693	11	4,076	4,037	(39)
Elective Inpatient	1,880	1,700	(180)	5,758	5,417	(340)
Emergency / Non-elective Inpatient	7,854	7,844	(10)	14,588	14,352	(236)
Marginal Rate Emergency Threshold (MRET)	0	0	0	(280)	(280)	0
Outpatient	59,944	65,612	5,668	6,724	7,256	532
Emergency Department	12,968	14,415	1,447	1,392	1,544	152
Other	642,581	642,550	(31)	19,407	18,914	(494)
Grand Total	**731,908**	**738,814**	**6,906**	**51,666**	**51,241**	**(425)**

7.2.2. Table 4 below highlights the impact of price and volume changes in activity across the major "points of delivery". This shows that the overall £425k underperformance is as a consequence of both price and volume variances across the point of delivery, and emphasises the volume shortfall in elective IP.

Table 4 – Patient Care Activity – Price and Volume Movements

Average tariff	Price Variance YTD %	Volume Variance YTD %	Price / Mix Variance (£000)	Volume Variance (£000)	Variance YTD (£000)
Day Case	(1.1)	0.2	(46)	7	(39)
Elective Inpatient	4.0	(9.6)	210	(551)	(340)
Emergency / Non-elective Inpatient	(1.5)	(0.1)	(218)	(18)	(236)
Marginal Rate Emergency Threshold (MRET)			0	0	0
Outpatient	(1.4)	9.5	(104)	636	532
Emergency Department	(0.2)	11.2	(3)	155	152
Other			0	(494)	(494)
Grand Total	**(1.7)**	**0.9**	**(161)**	**(264)**	**(425)**

7.3. Expenditure

7.3.1. **Operating expenditure** for the year is £0.7m (1.1%) adverse to Plan, comprising of pay at £0.8m (2%) adverse and non-pay in line with Plan.

7.3.2. **CIP** performance as reported was £1.9m savings delivered, £0.6m adverse to the £2.5m Plan.

7.3.3. **The pay position**, month 1 position of £0.8m adverse to Plan is as a result of a number of key factors:

- The 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.

- The Acute Care Division is also rostering more doctors and nurses in Medicine and ED to ensure the flow of patients from ED to support the 4 hour target.

- A continued reliance on premium payments as per Chart 1. Whilst premium payments were stable between September 2011 and February 2012, increases have continued into this financial year. Spend is again in excess of £3m

Chart 1

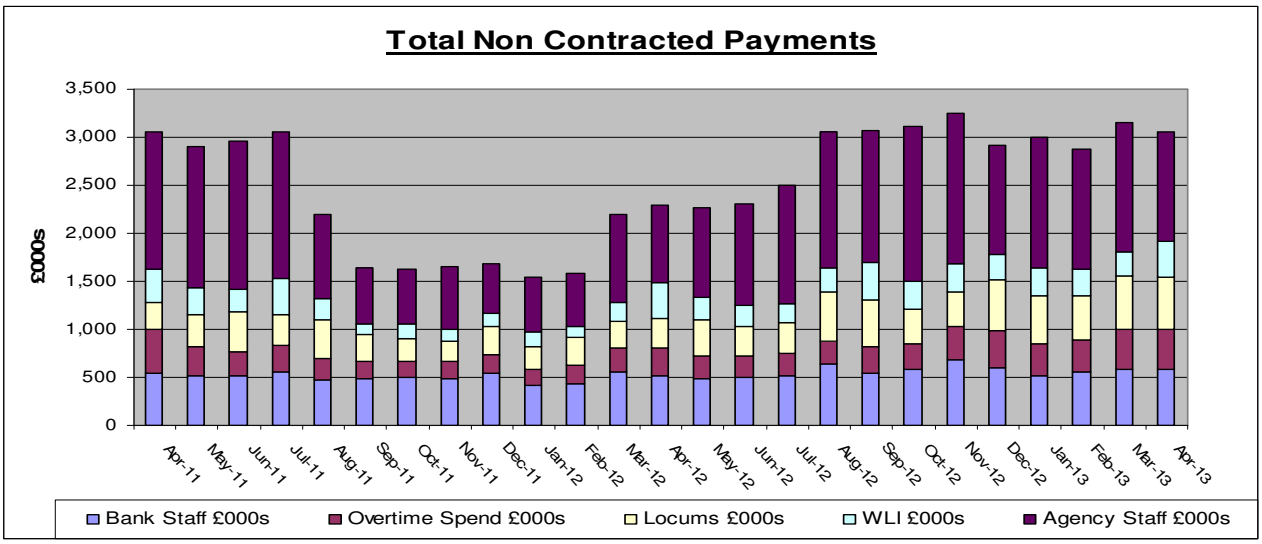
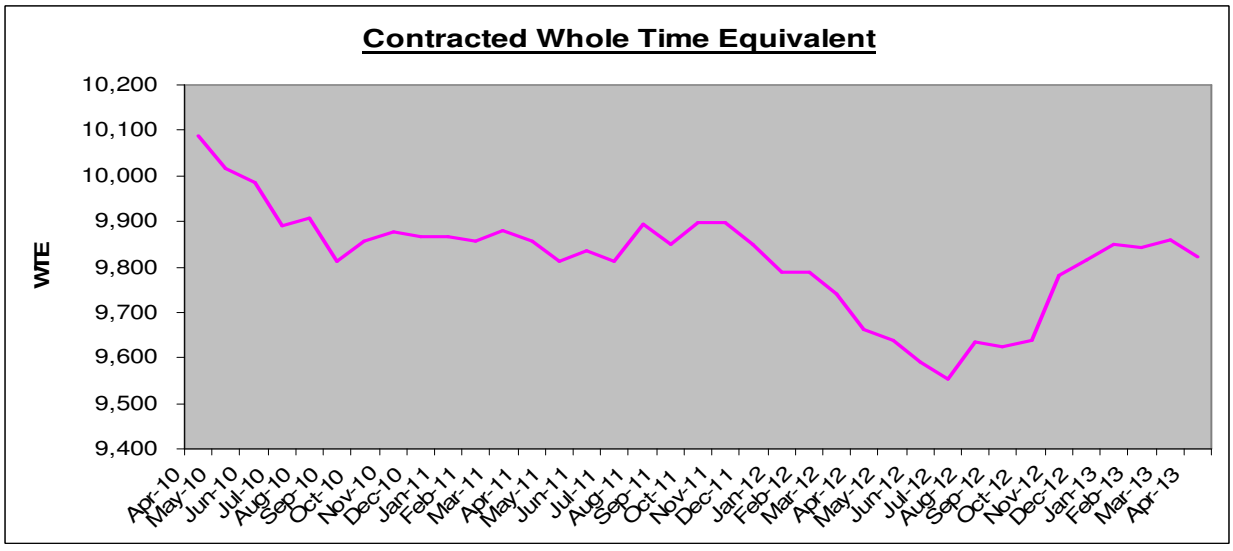


Chart 2



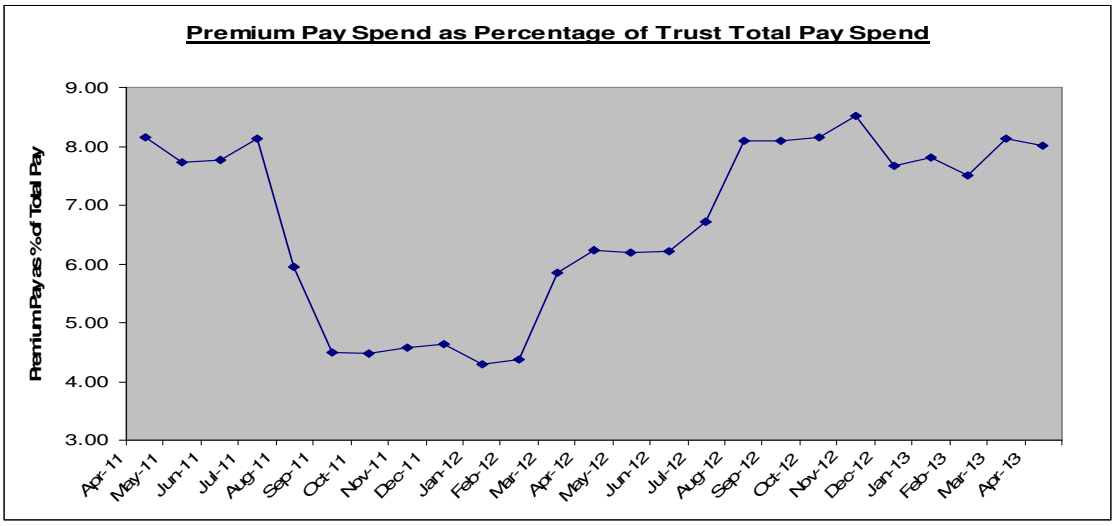
** Contracted numbers adjusted to exclude Facilities staff*

7.3.4. Whilst contracted staff reduced continuously from November 2011 until July 2012, we now have in excess of 9,800 WTE contracted staff, an increase of almost 300 WTE from the July 2012 position.

7.3.5. Trust is still using a significant number of non-contracted staff (580 WTE, which is approximately 6% of the total worked WTE but 8.0% of the pay costs). This must fall as a result of the increased substantive recruitment and that is a key focus for the Executive Team at present.

7.3.6. The consequence of the increased premium staff is illustrated in the chart below which shows premium staff costs as a percentage of total staff costs.

Chart 3



7.3.7. It is important to highlight that, although we have seen changes in the mix of permanent and temporary staff, from an overall workforce total, we have now seen a 2.4% increase in total workforce over the past 13 months (see below).

TOTAL STAFFING

	WTE	(%)	April 13 WTE	March 12 WTE
MEDICAL & NURSING	250	3.8	6,898	6,648
OTHER STAFF GROUPS	(9)	(0.3)	3,506	3,515
TOTAL	**241**	**2.4**	**10,404**	**10,162**

7.3.8. Whilst showing a 2.4% increase in total numbers, we have seen a significant 250 WTE 3.8% increase in our medical and nursing numbers and a corresponding decrease in other staffing.

7.3.9. To support this analysis, the following two tables provide further details as to the changes by staff type and premium payment type.

Table 5 - Contracted Staffing (WTE)

Staff Type	Movement April 13 March 12		Contracted Staff	
	WTE	(%)	April 13 WTE	March 12 WTE
ADMIN & CLERICAL	(36)	(2.0)	1,751	1,787
ALLIED HEALTH PROFESSIONALS	(13)	(2.7)	445	458
CAREER GRADES	(1)	(1.2)	69	70
CONSULTANT	31	5.9	564	533
HEALTHCARE ASSISTANTS	16	7.4	233	217
HEALTHCARE SCIENTISTS	(15)	(2.0)	726	741
MAINTENANCE & WORKS	(1)	(21.5)	5	6
NURSING QUALIFIED	56	1.7	3,404	3,348
NURSING UNQUALIFIED	67	5.6	1,261	1,195
OTHER MEDICAL & DENTAL STAFF	17	1.9	915	899
OTHER SCIEN, THERAP & TECH	29	10.6	303	274
SENIOR MANAGERS	(26)	(15.0)	146	171
TOTAL	**125**	**1.3**	**9,823**	**9,699**
MEDICAL & NURSING	186	3.0	6,448	6,262
OTHER STAFF GROUPS	(61)	(1.8)	3,376	3,437
TOTAL	**125**	**1.3**	**9,823**	**9,699**

PREMIUM STAFFING

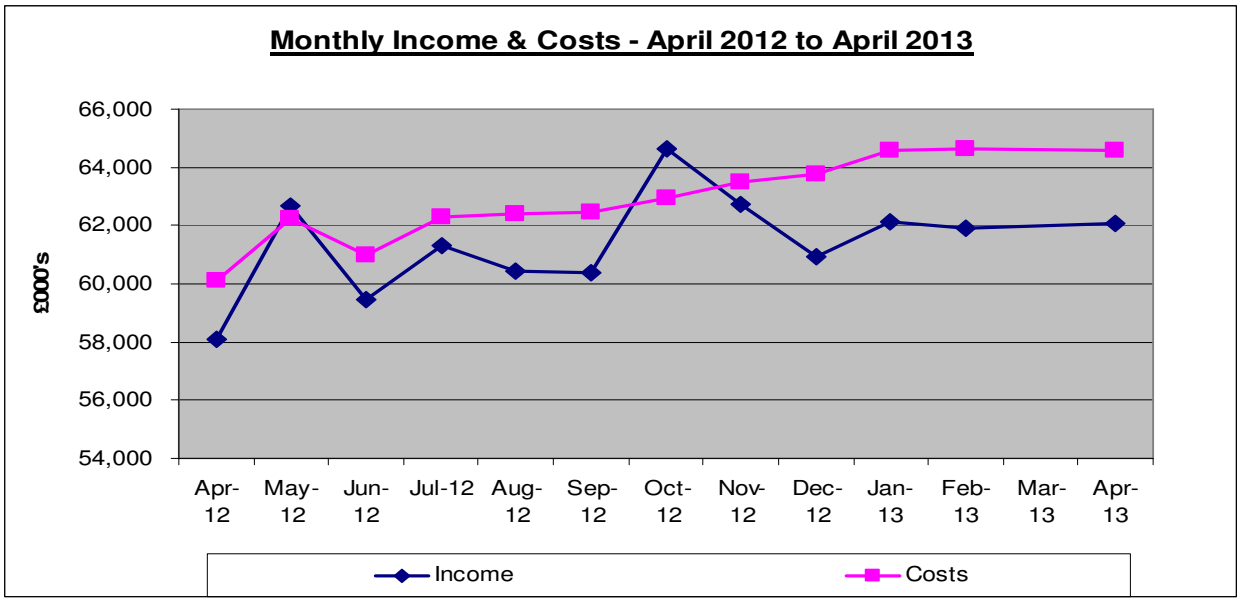
	WTE	(%)	April 13 WTE	March 12 WTE
BANK	(16)	(5.8)	258	274
OVERTIME	33	39.0	116	84
AGENCY	100	94.3	206	106
TOTAL	**117**	**25.2**	**580**	**464**

7.3.10. The ongoing challenge is to reduce the requirement for this premium staffing, whilst maintaining the quality of care.

7.3.11. **Non-pay costs** – operating non-pay costs are £0.1m favourable year to date. To support the ongoing management and reporting on non-pay, the Assistant Director of Procurement and Supplies will be submitting a paper on the UHL Non Pay Framework to the June F&P Committee. Amongst other things this will include;

- Reporting & compliance
- Stock control management
- Non pay control
- Non pay spend (category analysis)
- Revised reporting arrangement

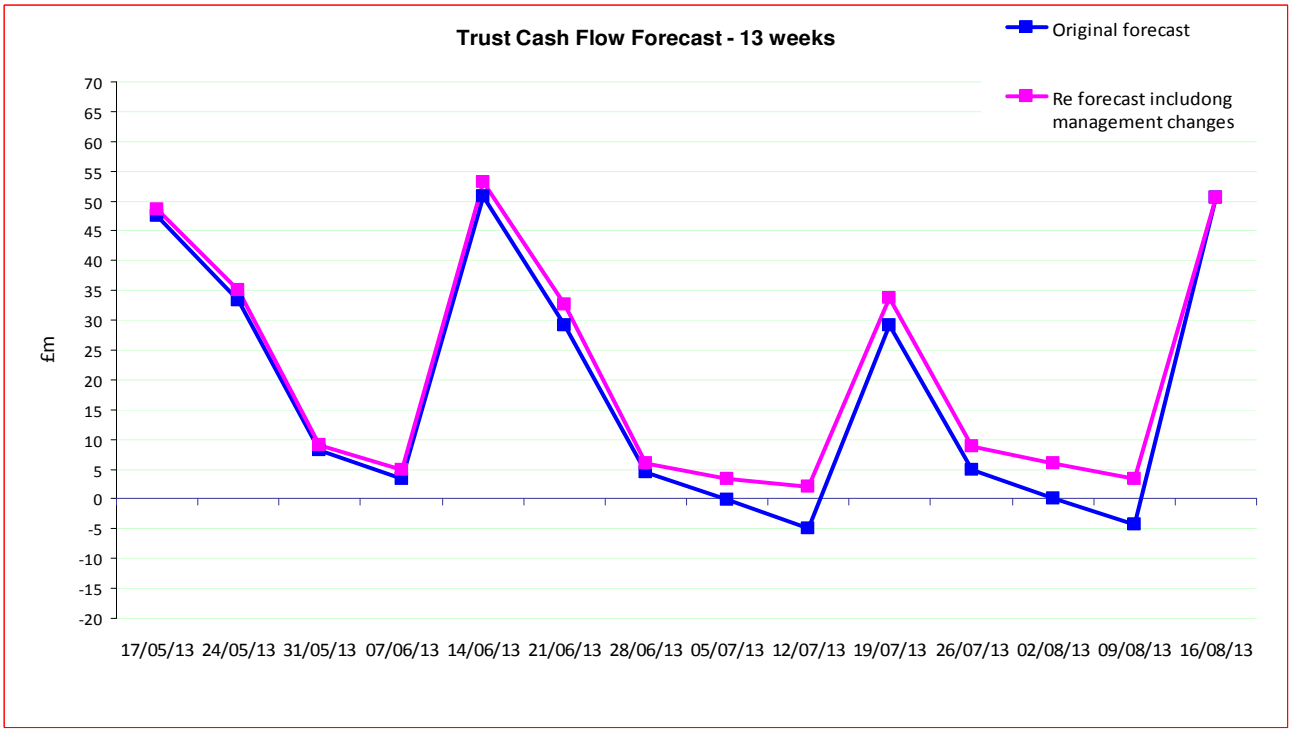
7.3.12. Whilst we are reporting the £0.6m variance to Plan, we need to continue to focus on the underlying position and the requirement to ensure delivery of the 2013/14 CIP to reduce the operating costs of the organisation. The chart below shows the underlying I&E position. Despite the tariff reduction seen on 1 April the income level has remained flat in April, yet so have the costs. Acknowledging that on a pure run-rate position, April will be a low income month due to bank holidays and working days, the focus continues to be on delivering CIPs whilst not impacting on clinical care or quality.



7.4. Cash

7.4.1. The Trust has maintained a £20m cash balance as at the end of April. We have now cleared the backlog of payable invoices remaining from 2012-13 which arose due to the extension of payment terms in late 2012-13.

7.4.2. The chart below shows that in mid July and August the cash balance is forecast to fall below the £2m minimum allowable level that has been set by the Trust. Actions to mitigate this include rescheduling supplier payments and negotiating with CCGs for an earlier payment of SLA funds within month.



Appendix 1

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

OPERATIONAL PERFORMANCE EXCEPTION REPORT

REPORT TO: **TRUST BOARD**

DATE: **MAY 2013**

REPORT BY: **JEZ TOZER , INTERIM DIRECTOR OF OPERATIONS**

AUTHOR: **NIGEL KEE, DIVISIONAL MANAGER.**
CHARLIE CARR, HEAD OF PERFORMANCE IMPROVEMENT

DIVISIONAL DIRECTOR: ANDREW FURLONG

SUBJECT: **REFERRAL TO TREATMENT PERFORMANCE AND BACKLOG REDUCTION PLAN**

1.0 Present state

As anticipated the Trust has failed against the admitted standard at bottom line in April, this is due to the failure of 4 specialties: Orthopaedics, ENT, Ophthalmology and Maxillo-facial.

Non admitted performance at Trust level was above the 95% standard with a failure at specilaity level for ophthalmology.

Where the Trust has backlogs (patients currently waiting over 18 weeks) it compromises the NHS Constitution which makes it clear that patients have rights to access treatment within 18 weeks. The Trust currently has a small number of specialties with significant backlogs, where these exist there is an increased risk to sustained performance of the standards of 95% (non admitted) and 90% (admitted) of patients treated within 18 weeks.

For admitted Orthopaedics and Maxillo-facial backlogs are at a sustainable level, performance is not anticipated to be an issue going forward.

The current problem areas are:-

	Non admitted backlog (greater than 18 weeks)	Admitted backlog (greater than 18 weeks)	Equates to approx weeks admitted activity
ENT	76	Adult: 85 / Paediatric: 92 (Total 177)	3
Ophthalmology	358	247	2
General surgery	111	220	2

The causes of these backlogs and failure against the standards is detailed below:-

- **ENT**, historically there has been a capacity shortfall (surgeon) , the work done with Accenture in 2012/2013 showed a shortfall of adult capacity to meet the demand. The nature of patients in the main are low clinical priority but often have a short stay. This has meant that they are vulnerable to cancellations on the day due to bed pressures from the emergency flow as UHL currently does not have a dedicated bed base for the speciality. Admitted backlog comprise of 65% specific consultant only complex procedures (eg Mastoids, thyroids etc) and 35% generic procedures (Tonsils, Septoplasties etc). The clinical pathways have been reviewed to maximise day case stays eg Tonsillectomy recovery reduced from 6hrs to 4hrs for routine

cases. Dissolvable packs for Septoplasties to allow for same day discharge

- **Ophthalmology,** In Q3 2012-13 the speciality lost admitted activity in preparation for the development of a protected day case facility, a backlog developed and since then has not been recovered. In addition to this the most significant issue within ophthalmology is the unsustainable volume of long waiters in the non admitted category. These mainly comprise of non GP (optometry and consultant to consultant referrals). Due to the current waiting times in this category, additions to the elective waiting list are often a long way into their referral to treatment pathway, the net effect is that they are added to the admitted pathway in excess of 18 weeks waiting.
- **General surgery,** there is a long standing capacity (surgeon) shortfall within this speciality. Outsourcing to the local independent sector as in previous years was not a sustainable approach in the long term as UHL surgeons were the operators in the independent sector. Repeated attempts to recruit good locum consultants have proved fruitless. The lack of protected bed base for elective cases during the emergency bed pressures has increased the number of cancellations, such cancellations compromise the specialities ability to reduce long waiters. The admitted backlog is comprised mainly of laproscopic cholecystectomies and hernias of which approximately 90% are considered complex. In total approximately half of the backlog is HPB (new HPB consultant in post Q4 2012-13).

2.0 <u>Action plan</u>

The plans to recover performance on a sustained basis and to reduce backlogs in both non admitted and admitted RTT at speciality level and at Trust level require different approaches for each speciality. These actions are detailed in this section.

- **ENT** – The following is now in place: Additional medical staff have been recruited in order to backfill existing theatre lists so that all sessions where possible are run on a 50 week year. Additional theatre list per week set up through the day ward running at the weekends (4 patients per week) from mid May. Use of the local independent sector is being explored.
- **Ophthalmology** – Recruitment of 2 locum Consultant medical staff (who will be in post by end of May) to act as senior decision makers in outpatients for a minimum period of 3 months to significantly reduce the non admitted backlog. It is anticipated that this will increase the admitted backlog significantly. The conversion rate to elective admitted activity could be in the region of 150-200 cases. However it is vital that the speciality has a true understanding of the size of the admitted task. Thereafter the non admitted position will be in a sustainable position.
- **General surgery** – Recruitment of additional substantive medical staff is well underway. One additional upper GI surgeon is due to start in August and an additional new LOGI consultant has been approved through the Divisional Executive team, it is anticipated that the new person could be in post by December. This will mean that the General surgery consultant body will be up to the required complement.

Generic actions:-

The appointment of the corporate RTT team (end of May in post).

The theatre transformation programme, ('Roadmap' launch May 2013).

Reiteration / relaunch of the policy for reducing cancellations on the day.

In addition to these actions, a programme of planned failure of the RTT standards is required in order to reduce the current backlogs and bring the Trust into a sustainable position to enable RTT performance going forward. The impact on speciality and Trust

performance as a result of these actions is detailed in section 3.0 below.

The objective is that by the end of June the size of the admitted backlogs in ENT and General surgery are reduced to circa 1 week of activity and the longest waiters have been treated. For ophthalmology the need to deal with the non admitted backlog prior to being able to really tackle the admitted backlog on a sustained basis will mean that there is failure anticipated of both admitted and non admitted until the end of September.

The specialities above will all be monitored on a weekly basis (at the Trusts access meeting, Chaired by the Divisional Manager and Head of Performance Improvement) against a target level of activity and backlog reductions for non admitted and admitted. Any deviation from these trajectories will be escalated to the Director of Operations.

Contractual penalties

The maximum level of anticipated contractual penalties associated with failure at speciliaty level for every month of failure is detailed below, this is based on the assumption that each speciality will fail the standard by 10% or more:-

Speciality	Admitted	Non admitted
ENT	£8,000	Na
Ophthalmology	£22,000	£17,000
General surgery	£30,000	Na

Risks

There continues to be a risk to delivery of the backlog reductions where bed capacity is vulnerable to emergency pressures.

3.0 Date when recovery of target or standard is expected

The tables below summarises the expected performance for both admitted and non admitted specialties and the Trust bottom line position.

Admitted Speciality	May	June	July	Aug	Sept
ENT	Fail	Fail	Achieve	Achieve	Achieve
Ophthalmology	Fail	Fail	Fail	Fail	Fail
General surgery	Fail	Fail	Achieve	Achieve	Achieve
Trust level	Achieve	Fail	Achieve	Achieve	Achieve
Non admitted Speciality	May	June	July	Aug	Sept
ENT	Achieve	Achieve	Achieve	Achieve	Achieve
Ophthalmology	Fail	Fail	Fail	Fail	Fail
General surgery	Achieve	Achieve	Achieve	Achieve	Achieve
Trust level	Achieve	Achieve	Achieve	Achieve	Achieve

4.0 Details of senior responsible officer

Divisional SRO: Nigel Kee, Divisional Manager

Corporate: Charlie Carr, Head of Performance Improvement

Appendix 2

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

OPERATIONAL PERFORMANCE EXCEPTION REPORT

REPORT TO: **TRUST BOARD**

DATE: **MAY 2013**

REPORT BY: **JEZ TOZER, INTERIM DIRECTOR OF OPERATIONS**

AUTHOR: **Carl Ratcliff, CBU Manager**
Imaging & Medical Physics CBU

DIVISIONAL MANAGER: **Monica Harris**

SUBJECT: **Imaging 6 week waits**

Introduction

Imaging failed to meet the diagnostic 6 week target for April 2013, performance exceeded 1% of breaches, whilst this is not the normal trend of performance April and early May has observed a deterioration reflecting the level of performance in excess of 2%

Analysis

A review has been undertaken by the division to understand the:

- Demand and capacity
- The management of the waiting lists
- Short term actions required to regain control of the 6 week target which will lead to a medium and longer term plan for sustainable performance bridging any resource gaps between demand and capacity.

Initial Observations

Initial discussions and observation of the internal systems and processes reveals

- There is a local waiting list policy which complements the corporate policy recognising the idiosyncrasies of the imaging speciality
- The waiting list policy is not adhered to with regards to dating patients in time order and the one week internal target of reviewing the referrals by consultants. The latter providing significant issues with regards to delays in dating patients, some which are in excess of the 6 week target. The former creates issues of carve-out resulting in patients waiting longer than they should. The question of priority within the six week target for non cancer patients needs to be questioned.
- 70% of US is undertaken within 3 weeks
- Management and medical teams need to develop more integrated working models to manage the demand.
- There is a need for proactive systems to monitor waiting lists enabling earlier planning and prevent ‘no surprises/ fire fighting’ culture
- There is a lack of control in the referral numbers and patterns of referral, complicated by

preferential waiting times which hinders the ability to deliver the required target

- Capacity does not meet the demand in the current way of working

Demand and Capacity

A detailed weekly demand and capacity model has been built as a means to understand the challenges over a rolling 6 week period enabling a more proactive approach to managing capacity gaps early in the 6 week diagnostic pathway. This will enable teams to manage targets on a weekly, rather than monthly basis.

The capacity model describes by modality, the demand, capacity, and the overall gap enabling additional capacity requirements to be identified. It enables the teams to monitor the resultant position in terms of waiting list growth or reduction.

This model is critical in enabling early diagnosis of capacity issues to enable timely and proactive planning of capacity.

Demand and Capacity Data

Modality	**6 week waits**							
	06/05/2013	13/05/2013	20/05/2013	27/05/2013	03/06/2013	10/06/2013	17/06/2013	24/06/2013
Demand								
U	800	800	733	733	868	833	747	876
lus 15% double slots	907	907	831	831	984	944	847	993
MRI	419	394	552	604	509	388	375	476
lus 15% double slots	475	447	626	685	577	440	425	539
CT	451	453	597	595	497	393	361	432
NM	70	69	79	103	94	97	83	108
Fluro	85	45	55	79	70	73	70	100
	06/05/2013	13/05/2013	20/05/2013	27/05/2013	03/06/2013	10/06/2013	17/06/2013	24/06/2013
Capacity								
U	528	783	763	713	753	603	898	718
MRI	244	335	335	335	244	335	335	335
CT	364	455	455	455	364	455	455	455
NM	72	93	93	93	72	103	93	93
Fluro	65	84	80	68	94	65	51	61
	06/05/2013	13/05/2013	20/05/2013	27/05/2013	03/06/2013	10/06/2013	17/06/2013	24/06/2013
Variance								
U	379	124	68	118	231	341	-51	275
MRI	175	59	217	269	265	53	40	141
CT	87	-2	142	140	133	-62	-94	-23
NM	-2	-24	-14	10	22	-6	-10	15
Fluro	20	-39	-25	11	-24	8	19	39
Additional Capacity								
	06/05/2013	13/05/2013	20/05/2013	27/05/2013	03/06/2013	10/06/2013	17/06/2013	24/06/2013
U	-202	-54	-336	-329	-223			
MRI	-80	-80	-128	-128	136	136	136	136
CT								
NM								
Fluro								
Total variance								
U	177	70	-268	-211	8	341	-51	275
MRI	95	-21	89	141	401	189	176	277
CT	87	-2	142	140	133	-62	-94	-23
NM	-2	-24	-14	10	22	-6	-10	15
Fluro	20	-39	-25	11	-24	8	19	39

This shows that demand is met only by provision of extra capacity provided by additional lists.

The Management of waiting lists

The corporate policy is complimented by a local policy to reflect standards for management of waiting lists. There are three key areas of concern, the dating of patients and the process for reviewing referrals.

- The target of one week for reviewing (protocolling) the referrals is not being met resulting in the dating of patients sometimes very late in the 6 week process and in several cases after the breach date
- The dating of patients is not in order due to the above protocolling issues and the specialist nature of some exams including personal referrals – this gives rise to the concept of 'carve out' which makes patients at the end of the queue wait longer.
- There is also the concept of patient priority in terms of clinical urgency including cancer which needs to be recognised but any further prioritisation would be questionable if the waiting times are less than 6 weeks.

The detail (as at 20th May 2013)

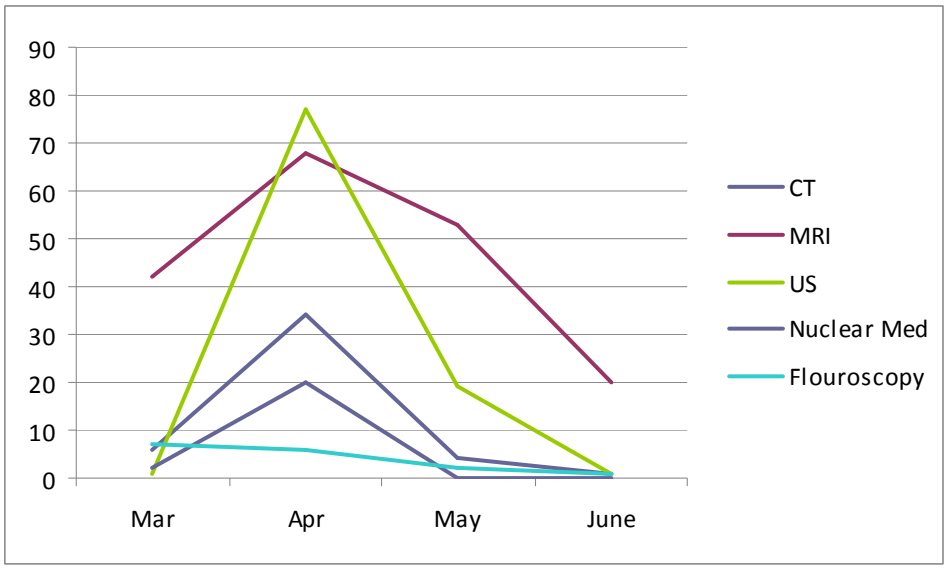
The key modalities that hinder the delivery of the target in order of priority are:

- MRI – MCARD – approximately 40 cases - there are only three consultants that are able to undertake this test –. Consultants insist that all MRI MCARD's are supervised. Time required per test is 1 - 2 hours. Bench marking reveals other Trusts undertake unsupervised MRIs – these are undertaken by appropriately trained radiographers
- MRI Stress – approximately 20 cases
- Nuclear Medicine (NM) stress tests – 20 cases
- Ultrasound – there are significant issues with regards to US capacity significant capacity is being undertaken as waiting list initiatives. Recruitment to this element of capacity is being undertaken to ensure the baseline meets the day to day requirements.

It is acknowledged that there is a need to address the immediate performance issues with regards to the breaches but there is a greater need to agree a medium and longer term plan so there is resolution to the capacity problems.

Recovery Trajectory for Modalities

The graph below shows the profile of breaches over the last few months with a recovery position meeting 6 weeks by June with the exception of MRI, which will meet the target in July.



Notwithstanding we will be below the required external National target of less than 1% breaches at 6 weeks by May 2013.

The tables below show the trajectory for recovery of the 6 week target over the next four months. Stretch targets have been applied to ensure the target is sustainable in future months

month	weeks waiting (except MRI)
May	6 weeks with <1% breach profile
June	6 weeks
July	5 weeks
August	4 weeks

month	weeks waiting for MRI
May	6 weeks with <1% breach profile
June	6 weeks with <1% breach profile
July	6 weeks
August	5 weeks

Short term Action plan -current issues

Diagnostic	Issue	comments	Resolution/opportunities
MRI Card	Consultant led – 40 cases to undertake – taking 1 - 2 hours each	50% of the outstanding work is outside of the local health economy 15% of MCARD/MRI stress referrals are from outside of Leicestershire Papworth Hospital has been contacted and is able to take the	• Release consultants from general DCCs to concentrate on specialities in the short term to resolve demand issues demand. This will enable backfill for the generalist work - review the need to backfill the general work so we do not build additional problems • Stop referrals from

		local referrals	out of the region • Transfer some of the out of area referrals for May and June • Benchmarking suggests that scans do not have to be supervised by a consultant resolving the issues of scanning capacity • Stop all out of area referrals until such time the 6 weeks waits are under control	
MRI Stress	Requires consultant led test	Significant work out-side of local health economy	• MRI MCARD actions would release capacity to undertake stress tests • The use of a cardiologist will enable test to be undertaken (Gerry McCann – release from other DCC, as above) • Investigate further potentials for outsourcing • Stop all out of area referrals until such time the 6 weeks waits are under control	
NM stress	Lack of capacity	Cardiology registrars can undertake the test	• CRCC to provide some registrars to support activity	
Ultrasound	Lack of capacity	Sonographers undertake the majority of this service; this activity should be brought back into the normal working week Specialist radiologist capacity is limited particularly within MSK Capacity maybe an issue – but there is significant	• Agreed for additional agency Sonographer • Re-advertise for sonographers including international recruitment • Additional machines being brought • To have one waiting time for all US • Consider consultant radiographer and specialist MSK sonographers to provide required	

		carve out of capacity by treating the same patients three weeks earlier – there are differential waiting times	capacity in house.
Demand and capacity	Workforce model	Issues with significant work being undertaken as WLI and at premium rates	• Review workforce model • Overseas recruitment for difficult to recruit posts • Establish a foundation capacity that meets the demands of the speciality • Establish a governance system that identifies new developments appropriately

The above sets out the immediate actions required regaining our position for May June, and July.

The overriding principles of the short term action plan is to

- Book additional capacity requirements 4-6 weeks in advance
- Flexible working to meet demand
- Undertake commissioned work only and suspend additional work
- Dating patients in order
- Protocolling to be undertaken within one week
- Reduce carve out of treating patients earlier that are not part of the cancer pathway – this should be a short term option
- Evaluate the need to suspend external MRI M-Card and stress referrals

Options to resolve the issues

The complete process from referral to report including booking, protocolling, and appointments and reporting procedures is to be reviewed to maximise efficiencies and implement "lean principles" to remove delays. The roles of all staff groups including clerical team, radiographers and medical staff should be optimised.

Patients should be imaged in date order to remove carve out and reduce the inequalities within the current system

Patients for MRI cardiac and NM stress referred from non-Leicestershire CCG's should be not accepted until sustainable capacity is maintainable long term. In the long term Imaging should provide additional consultant time by allocating other non cardiac work from existing consultants to free them up or by employing new staff directly.

Imaging should invest in additional capacity to match the demand and remove the need for additional ad hoc lists. The requirement to substantiate and deliver regular weekend and evening sessions needs to be resourced. Modalities include CT, MR and ultrasound scanning. Additional US machines may also be required to deliver the required capacity and remove the need for extra lists to match demand.

Imaging should review the specialist areas including the long term the role of sonographers in MSK work to allow matching of current and future demand that is not met easily with current resource levels.

Conclusion

In April 2013, Imaging had breaches above the required target due to a number of factors but predominately unmet, unexpected demand and lost capacity, due to staff sickness, equipment breakdown and annual leave.

The trust scanner replacement programme (11 scanners 6CT and 5 MR) is also reducing the flexibility of the scanning services, the replacement programme will be completed by April 2014

Additional capacity has been created to recover this position with an associated cost.

Investigation shows a number of areas of focus including some specialist areas such as MR, NM and US that will allow major improvements in performance once processes are redesigned.

The 6 week performance should be within required targets for May 2013.

Date when recovery of target or standard is expected

May 2013

In all areas except MRI (particularly Cardiac) – this position will be recovered in June 2013

Details of senior responsible officer

Divisional SRO: Carl Ratcliff / Dr C. Reek

Appendix 3

OPERATIONAL PERFORMANCE EXCEPTION REPORT

REPORT TO: **TRUST BOARD**

DATE: **MAY 2013**

REPORT BY: **JEZ TOZER, INTERIM DIRECTOR OF OPERATIONS**

REPORT PREPARED BY: **NIGEL KEE, DIVISIONAL MANAGER**
MICHAEL NATTRASS, CANCER CBU MANAGER
CHARLIE CARR, HEAD OF PERFORMANCE IMPROVEMENT

DIVISIONAL DIRECTOR: **ANDREW FURLONG**

SUBJECT: **62 DAY CANCER TARGET**

1.0 Present state

This report is an update on the report that was submitted to UHL Trust Board in April. The Trust delivered 81.5% performance in March (performance reported 1 month behind), an improvement on the February position but significantly below the 85% standard.
The cumulative position at the end of the financial year is 83.5% against a target of 85%.
Although there are variations in monthly performance in many of the tumour sites, when the year to date performance is reviewed it shows that the main tumour sites that continue to underperform are as follows:

April 2012 to March 2013 Cumulative Position

	Total No. of Patients	Total treated within 62 days	Total No. of breaches	End of year position %	National Average (approximate)
Gynaecology	135	100	35	74.1%	83.4%
Haematology	89.5	68	21.5	76%	81.4%
Head and Neck	67	33	34	49.3%	73.7%
Lower GI	121.5	71	50.5	58.4%	75.9%
Upper GI	127	85.5	41.5	67.3%	78.2%
Urology	320	264.5	55.5	82.7%	83.5%

The current underperformance can be attributed to the factors detailed in section 2.0 below, but in addition the current emergency pressures within the Trust have compounded this, resulting in the cancellation of operations for cancer patients. This will require the rebooking of patients for surgery, a number of which will be beyond their 62 day breach dates, this may affect future performance.

2.0 Action plan

The tumour sites detailed above developed action plans in February and these have been updated monthly. A number of the key actions and their delivery dates are the following:-

Gynaecology- Escalation process to prevent cancellations on the day due to no HDU beds (April). Booking of all 2ww appointments by 2ww office, previously by speciality (May). Additional theatre session (August). Additional ultrasound capacity (see Appendix 1)

Head and neck- Additional diagnostic theatre session per week (May). Additional imaging support (see Appendix 1)

Lower GI-MDT Chairs increased focus on PTL (patient targeting list) management (May). Additional imaging support (see Appendix 1)

Upper GI- Increased EUS capacity (April). CT turnaround time improvement (April). PETCT delays, further action required (national contract provided by Inhealth).

Urology – New diagnostic pathway for prostate (May), dependent on imaging (see Appendix 1)

Key milestones

In addition to the tumour site specific actions those detailed below represent the key milestones on which Trust improved performance is dependent.

Strengthening of Clinical and managerial leadership

During April and May the Divisional Director, Divisional Manager and Head of Performance Improvement met with key MDT clinical chairs to identify tumour site issues that impact on achievement of the 62 day standard and to reinforce the requirement for clinical buy in and adherence to the standards. Common themes were identified; these were particularly around diagnostic delays in current processes and in some cases the lack of clearly documented diagnostic pathways with key trigger points. All clinical leads have been asked to provide a locally defined diagnostic pathway, in a standardised format, that achieves a decision to treat date by day 31 of the 62 day pathway.

The Planned care Division has agreed to strengthen the existing management structure of the Cancer Centre. This includes:-

- The appointment of a senior clinician with a specific focus on cancer performance and supporting and challenging the MDT processes. Closing date for expressions of interest 29th May
- The appointment of a senior Nurse manager with a specific focus on cancer performance. Advert out by end of May

Effective date: *End of August*

Strengthening of patient tracking

The need to strengthen the patient tracking process has resulted in the appointment of:-

- A replacement Data manager , in post from May 15th
- Two additional tracking posts, 1 specifically to support urology, but also to provide cross cover are anticipated to be in post in June

Effective date: *June 10th for 1st tracker, end of June for 2nd.*

Reduction in imaging diagnostic delays

It is clear from the action plans that the main obstacles are in the diagnostic part of the patient pathway across most of the tumour sites. All the tumour sites have submitted an assessment of their capacity constraints relating to the diagnostic element of the 62 day pathway, and an assessment of the gap between what is required and what is provided has been undertaken. A significant proportion of these gaps are in imaging modalities mainly relating to turnaround times for tests and reports.

The Trust requires the Imaging CBU to commit to a 7 day turnaround from request to report in order that the 31 day decision to treat date is achievable.

Appendix 1 is a summary of the additional imaging support required by tumour site to deliver a '1 week from referral to report' service. It is proposed that the detail of this is

submitted for local Transformation funding with immediate effect in order to deal with the immediate issues. Thereafter the Imaging CBU will need to address any recurrent shortfalls.
***Effective date**: A number of these could be effective with 1 month, others where additional consultant pa's are required may take up to 3 months (August)*

Additionally the process for clearly identifying to the imaging CBU that patients are on a cancer pathways has been reviewed and imaging request forms have been amended to address the potential for delay, this was in place by the end of April.

Consequences of failure of key milestones

The failure to achieve any of the milestones outlined is that the Trust risks achievement of the recovery trajectory in Appendix 2.

Governance mechanisms

The following is in place:

- Verbal exception report to Chief Operating Officer weekly
- Monthly exception report to Executive team and Trust Board
- Tumour site action plans reviewed by the Planned Care Divisional Director and Manager on a monthly basis to ensure that they are on track to deliver anticipated benefits
- Weekly review at Activity meetings
- MDT's reviewing all long wait patients (>62 days) to expedite delays
- Data validation
- Daily monitoring of performance including the prospective reports
- Rapid escalation of any issue/s that may cause any delay of treatment
- Reiteration of the Trust escalation policy for cancellations on the day of surgery via the daily bed management meetings

3.0 <u>Date when recovery of target or standard is expected</u>

Early indications of April performance is that the Trust will achieve the 80% trajectory as detailed.

Appendix 2 details the trajectory for the full year 2013-14 and is associated with key milestones detailed in section 2.0 and the specific tumour site actions.

It should be noted that in this trajectory:-

- The numbers are based on 2012-13 outturn
- There is no seasonal variation, (based on previous years)
- 85% monthly performance is delivered by end June
- By November UHL delivery is in line with peer organisations
- Cumulatively performance is at 85% for year to date by Jan 2014

Commissioner support via the Contract and Performance Meeting (CPM) and the LLR 'Clinical problem solving' process will bring together primary and secondary care clinicians to identify solutions and ensure further sustained improvements. Two initial meetings of the 'Clinical problem solving' group have taken place so far in May.

4.0 Details of senior responsible officer
Divisional Clinical Director: Mr Andrew Furlong Divisional SRO: Nigel Kee, Divisional Manager, Planned Care Corporate SRO: Charlie Carr , Head of Performance Improvement

APPENDIX 1

Summary of resources required to deliver '1 week from referral to report' in imaging services for cancer pathway patients (to be submitted formally for local Transformation funding)

Tumour site	Imaging modality	Resource required to deliver a 1 week from referral to report imaging service	Cost £
Gynaecology	US	Sonographer session to support gynae clinic	£11,429
Gynaecology	US	Sonographer session to support post menopausal clinic	£17,429
All	US	Additional ultrasound machine to improve capacity	£104,000
A+C support	US	Increase admin support	£11,585
Head and neck	CT	Additional slot to move forward with a new pathway	£4,212
Head and neck	US & FNA	Consultant pa increase and microscope	£34,000
Sarcoma	MRI	Additional slots and consultant capacity	£64,128
Urology prostate	MRI	Additional slots per week	£51,188
Urology kidney upper tract	KUB / US	Additional capacity to increase one stop clinics	£11,429
LOGI	CT colonogram	Consultant PA increase	£21,000
LOGI	CT chest abdo pelvis	Consultant PA increase	£21,000
UGI	CT	Consultant PA increase	£21,000
		Total	£372,400

APPENDIX 2

UHL Cancer 62 day recovery trajectory 2013-14

Summary all tumour sites																	
		Apr-13	May-13	Jun-13	Qtr 1	Jul-13	Aug-13	Sep-13	Qtr 2	Oct-13	Nov-13	Dec-13	Qtr 3	Jan-14	Feb-14	Mar-14	Qtr 4	Projected
Grand Total	Total Referrals Seen During the period	144.5	145.0	136.0	425.5	156.5	142.5	144.0	443.0	159.5	145.5	139.5	444.5	151.0	136.0	145.0	432.0	1,745.0
	Seen within 62 days	116.0	120.5	115.6	352.1	133.0	121.5	123.0	377.5	136.5	126.0	120.5	383.0	131.5	118.0	126.0	375.5	1,488.1
	Breaches	28.5	24.5	20.4	73.4	23.5	21.0	21.0	65.5	23.0	19.5	19.0	61.5	19.5	18.0	19.0	56.5	256.9
	% Meeting the standard uhl	80.3%	83.1%	85.0%	82.7%	85.0%	85.3%	85.4%	85.2%	85.6%	86.6%	86.4%	86.2%	87.1%	86.8%	86.9%	86.9%	85.3%
	% Meeting the standard national (Excl Rare Cancers)																	
Cumulative Monthly Position																		
		Apr-13	May-13	Jun-13	Qtr 1	Jul-13	Aug-13	Sep-13	Qtr 2	Oct-13	Nov-13	Dec-13	Qtr 3	Jan-14	Feb-14	Mar-14	Qtr 4	Projected
Grand Total	Total Referrals Seen During the period	144.5	289.5	425.5	425.5	582.0	724.5	868.5	868.5	1,028.0	1,173.5	1,313.0	1,313.0	1,464.0	1,600.0	1,745.0	1,745.0	1,745.0
	Seen within 62 days	116.0	236.5	352.1	352.1	485.1	606.6	729.6	729.6	866.1	992.1	1,112.6	1,112.6	1,244.1	1,362.1	1,488.1	1,488.1	1,488.1
	Breaches	28.5	53.0	73.4	73.4	96.9	117.9	138.9	138.9	161.9	181.4	200.4	200.4	219.9	237.9	256.9	256.9	256.9
	% Meeting the standard uhl	80.3%	81.7%	82.7%	82.7%	83.4%	83.7%	84.0%	84.0%	84.3%	84.5%	84.7%	84.7%	85.0%	85.1%	85.3%	85.3%	85.3%

Appendix 4

OPERATIONAL PERFORMANCE EXCEPTION REPORT

REPORT TO: TRUST BOARD

DATE: 30th May 2013

REPORT BY: JEZ TOZER , INTERIM DIRECTOR OF OPERATIONS

AUTHOR: NIGEL KEE, DIVISIONAL MANAGER, PLANNED CARE

DIVISIONAL DIRECTOR: ANDREW FURLONG

SUBJECT: CANCELLED OPERATIONS

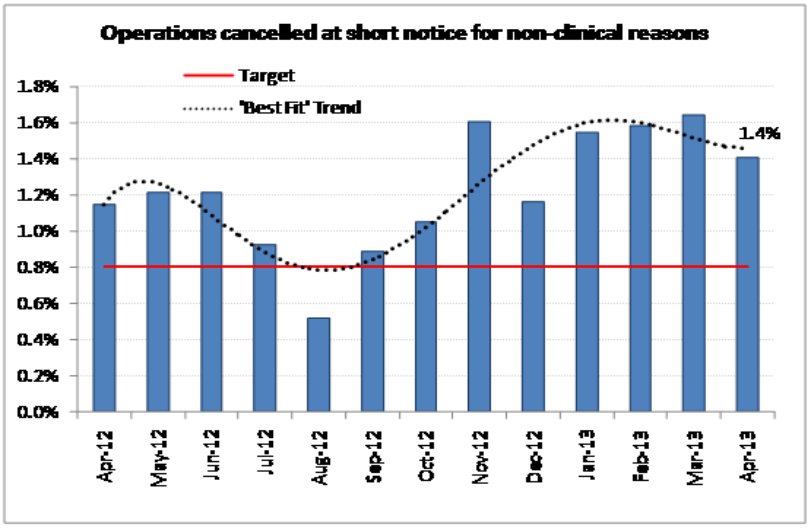
1.0 Present state

The Trust is required to ensure that the percentage of operations cancelled on or after the day of admission of all elective activity for non-clinical reasons is no more than 0.8%.

April's performance shows that the percentage of operations cancelled on/after the day of admissions of all elective activity for non-clinical reasons was 1.4% against a target of 0.8%. The main reason for the increase in short notice cancellations during the month was due to emergency medicine demand creating pressure on the bed capacity and elective bed capacity not being 'protected'.

The percentage offered a date within 28 days of the cancellation was 91.6% against a threshold of 95%.

	Apr-13	Last Month	Apr Last Year
Operations cancelled for non-clinical reasons on or after the day of admission	1.4%	1.6%	1.1%
Cancelled patients offered a date within 28 days of the cancellations	91.6%	94.2%	86.7%

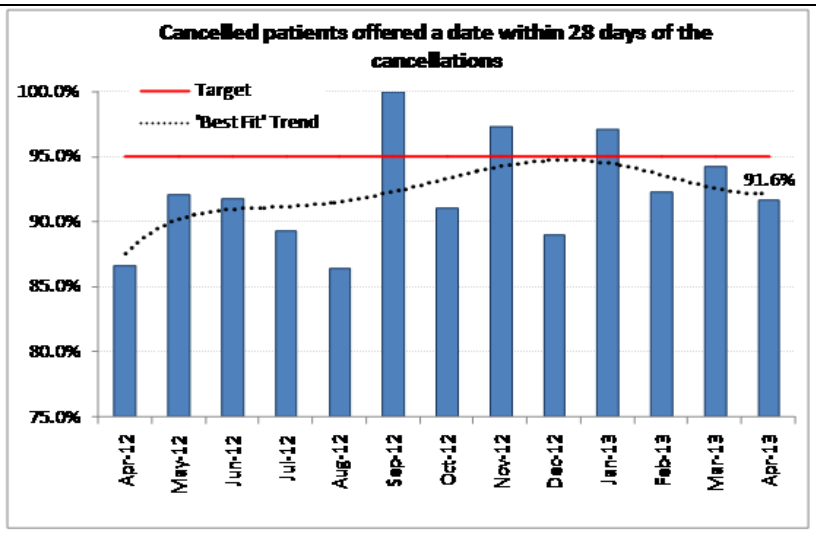


The summary of reasons for these cancellations is as below which shows that there has been an improvement in the cancellations due to capacity issues since last month.

		31/03/2013	30/04/2013
Capacity Pressures	**HOSPITAL CANCEL - HDU BED UNAVAILABLE**	11	4
	HOSPITAL CANCEL - ITU BED UNAVAILABLE	3	3
	HOSPITAL CANCEL -PT DELAYED TO ADM HIGH PRIORITY PATIENT	18	12
	HOSPITAL CANCEL - WARD BED UNAVAILABLE	70	58
Capacity Pressures	**Sum:**	**102**	**77**

Other	**HOSPITAL CANCEL - CASENOTES MISSING**	3	2
	HOSPITAL CANCEL - LACK ANAESTHETIC STAFF	4	
	HOSPITAL CANCEL - LACK SURGEON	5	10
	HOSPITAL CANCEL - LACK THEATRE EQUIPMENT	5	1
	HOSPITAL CANCEL - LACK THEATRE STAFF	2	
	HOSPITAL CANCEL - LACK THEATRE TIME / LIST OVERRUN	29	31
	UNREASONABLE OFFER TO PATIENT		1
Other	**Sum:**	**48**	**45**
	Total	**150**	**122**

The % of cancelled patients offered a date within 28 days has not yet improved; this measure is impacted on by cancellations in the previous month. The Trust is expected to offer patients treatment at alternative providers if it is unable to meet the 28 days standard. Provision of such capacity is being explored with the local independent sector providers for appropriate patients.



A new indicator introduced in 2013-14 requires a zero tolerance of urgent cancellations for a second time. The Trust has had no incidents of this since December 2012.

2.0 Action plan

In addition to the actions identified in the previous report, the following further actions are being taken:

- The theatre transformation programme
- Additional recovery 'chairs' have finally been delivered and will be commissioned from 28th May will increase the day case capacity on the LRI site.
- Further options continue to be explored around how elective activity (both in-patient and day case) can be moved off the LRI site in the short term (ahead of the ambulatory care centre development and service reconfiguration)
- Some elective urology activity has been transferred to the Independent sector
- Continual escalation and challenge to the Acute Division is regularly undertaken
- Reiteration of the Trust escalation policy for cancellations on the day of surgery via the daily bed management meetings

Risks:

The main risk is that Divisions do not keep within their agreed bed base and that elective capacity is not protected.

3.0 Date when recovery of target or standard is expected

- Operations cancelled on/after the day of admissions of all elective activity for non-clinical reasons – July 2013
- Patients offered a date within 28 days of the cancellation – July 2013
- Zero tolerance of urgent cancellations for a second time – the Trust is compliant

4.0 Details of senior responsible officer

Divisional Clinical Director: Mr Andrew Furlong

Divisional SRO: Nigel Kee, Divisional Manager, Planned Care

Corporate SRO: Charlie Carr , Head of Performance Improvement

University Hospitals of Leicester NHS
NHS Trust

Caring at its best

Quality and Performance

Trust Board

Thursday 30th May 2013

April 2013

One team shared values

QUALITY and PERFORMANCE REPORT

Index

Executive Scorecards

Analysis and Commentary

UHL at a Glance - Month 1 - 2013/14

PREVENTING DEATH	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH
HSMR (Dr Foster Rebased 2012)	100	93.5	96.2				Jan-13	Quality	

POSITIVE EXPERIENCE of CARE	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH
Friends and Family Test - Score (Inpatients)	61.0	66.4	66.4		New O/F target April 2012		Apr-13	Quality	
Friends and Family Test - Coverage (Inpatients)	10%	19.4%	19.4%				Apr-13	Quality	
Operations cancelled for non-clinical reasons on or after the day of admission	0.8%	1.4%	1.4%				Apr-13	Trust	
Urgent operations cancelled twice	0	0	0				Apr-13	Trust	

TIMELY CARE	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH
ED Waits (2011/12 - Type 1 and 2 plus Urgent Care Centre)	95%	82.0%	82.0%				Apr-13	✓	✓
ED Waits - UHL (Type 1 and 2)	95%	77.0%	77.0%				Apr-13	Trust	
RTT 18 week – admitted	90%	88.2%					Apr-13	✓	✓
RTT 18 week – non-admitted	95%	97.0%					Apr-13	✓	✓
RTT - Incomplete 92% in 18 weeks	92%	92.9%					Apr-13		✓
RTT delivery in all specialties	0	5					Apr-13		✓
RTT 52+ Week Wait	0	0					Apr-13		✓
6 Week - Diagnostic Test Waiting Times	<1%	1.6%	1.6%				Apr-13		✓
Cancer: 2 week wait from referral to date first seen - all cancers	93%	95.2%	93.4%				Mar-13	✓	✓
Cancer: 2 week wait from referral to date first seen, for symptomatic breast patients (cancer not initially suspected)	93%	95.4%	94.5%				Mar-13	✓	✓
All Cancers: 31-day wait from diagnosis to first treatment	96%	98.8%	97.4%				Mar-13	✓	✓
All cancers: 31-day for second or subsequent treatment - anti cancer drug treatments	98%	100.0%	100.0%				Mar-13	✓	✓
All Cancers: 31-day wait for second or subsequent treatment - surgery	94%	92.7%	95.8%				Mar-13	✓	✓
All Cancers: 31-day wait for second or subsequent cancer treatment - radiotherapy treatments	94%	99.1%	98.5%				Mar-13	✓	✓
All Cancers:- 62-day wait for first treatment from urgent GP referral	85%	81.5%	83.5%				Mar-13	✓	✓
All Cancers:- 62-day wait for first treatment from consultant screening service referral	90%	95.8%	94.5%				Mar-13	✓	✓
All Cancers:- 62-Day Wait For First Treatment From Consultant Upgrade	85%	--	100.0%				Mar-13	✓	✓
Neck of Femurs Operated on < 36 Hours (Best Practice Tariff)	70%	84.2%	84.2%				Apr-13	Quality	

UHL at a Glance - Month 1 - 2013/14

SAFE ENVIRONMENT	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH
MRSA Bacteraemias	6	0	0				Apr-13	✓	✓
CDT Isolates in Patients (UHL - All Ages)	67	6	6				Apr-13	✓	✓
Serious Incidents Requiring Investigation	TBC	68					Apr-13	✓	
Never Events	0	0	0				Apr-13	✓	
Incidents of Patient Falls	2750	262	3032				Mar-13	✓	
Pressure Ulcers (Grade 3 and 4) - Attributable to Trust	TBC	12	12				Apr-13	✓	
% of all adults who have had VTE risk assessment on adm to hosp	95%	94.1%	94.1%				Apr-13		✓
100% compliance with WHO surgical checklist (Y/N)		Y					Apr-13	✓	
Bed Occupancy (Including short stay admissions)	90%	93%					Apr-13	Quality	
Bed Occupancy (Excluding short stay admissions)	86%	87%					Apr-13	Quality	
Nurse to Bed Ratio - General Base Ward		1.1 to 1.3 WTE					Apr-13	Quality	
Nurse to Bed Ratio - Specialist Ward		1.4 to 1.6 WTE					Apr-13	Quality	
Nurse to Bed Ratio - HDU		3 to 4 WTE					Apr-13	Quality	
Nurse to Bed Ratio - ITU		5.5 to 6 WTE					Apr-13	Quality	

STAFF EXPERIENCE / WORKFORCE	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH
Sickness absence	3.0%	3.9%	3.9%				Apr-13	Quality	
Appraisals	95%	90.9%	90.9%				Apr-13	Trust	

VALUE FOR MONEY	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH
Total Pay Bill (£ millions)	36.7	38.1	38.1				Apr-13	Trust	
Total Whole Time Employee (WTE)		10,266	10,266				Apr-13	Trust	

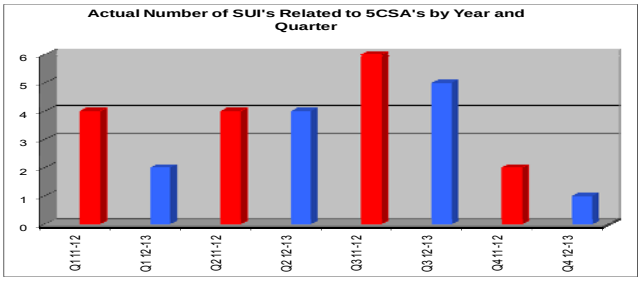
Data Quality Key : Procedure & Process Fully Documented, Patient Level, Audit, Director Sign Off

QUALITY

Performance Overview

Critical Safety Actions : There are no national performance targets for the 5 Critical Safety Actions which is a UHL locally agreed CQUIN Programme.

The aims of the 5 critical safety actions programme is to see a reduction in avoidable mortality and morbidity. The 2 key indicators being focused upon by commissioners are a reduction in Serious Untoward Incidents related to the 5CSA's and a reduction in EWS incidents across the trust.



Outcomes for 2012-13

- A reduction of 25% in 5CSA related SUIs for 12/13.
- A reduction in actual EWS non escalation incident numbers of 1.5%.
- When related to activity by inpatient episodes this shows a reduction of 3.5%.
- More impressively there has been a reduction in EWS related SUIs of 40%

Meeting dates set for May to agree CSA plans for 13-14 with action leads.

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:-

- UHL web based handover system updated to v2 successfully on 12/03/13.

- Pilot work with alternative handover system supplier to develop module with UHL and Nerve Centre has commenced with doctors going live on 29th April 2013. Pilot taking place within general/ vascular surgery at LRI. Nurse handover tool being

Relentless attention to EWS triggers and actions.

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

Actions:-

- HCA EWS assessments have increased up to an average of 92.5% completion across the trust. Allowing for new starters, and those staff on leave this means that all those existing staff are now assessed competent, which is a noteworthy achievement by the divisions.

Implement and Embed Mortality and Morbidity standards.

Aim *- To have a standardised process for reviewing in-hospital deaths and archiving of the completed reviews*

Actions:-

- 100% of specialities have confirmed that M&M meetings are taking place.

- 72% have minutes saved and 80% have Terms of Reference saved to the shared drive.

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:-

- Acting on Results in ED has been agreed as a 2013 priority for the trust Quality Commitment work. Initial meeting for working group on 08.04.13 to finalise more detailed plan to progress the work. Work will involve setting and monitoring standards with radiology and ED.

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 template sheet as documentation is now being trialled in medicine on ward 23 with Dr. Lakhani's patients.
- Ward round safety checklist currently being finalised for use as a prompting tool across trust.
- Joint working with RPC for the acute division. work.

PATIENT EXPERIENCE

Performance Overview

Patient Experience Surveys continue across 91 clinical areas and have four bespoke surveys for adult inpatient, children's inpatient, adult day case and intensive care settings.

In April 2013, 1,694 Patient Experience Surveys were returned.

Friends and Family Test

Inpatient

The inpatient surveys include the Friends and Family Test question; **How likely are you to recommend this ward to friends and family if they needed similar care or treatment?'** Of the 1,694 surveys, 1,202 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 the SHA.

Overall there were 6,185 patients in the relevant areas within the month of April 2013, giving a 15% footfall requirement of 928. The Trust easily met the target with a total of 1,202 Friends & Family Test responses broken down to:

Number of Promoters:	850	
Number of passives:		278
Number of detractors:		61
Overall NET promoter score		**66.40**

Accident & Emergency

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, Emergency Decisions Unit and Eye Casualty.

Overall there were 6,186 patients who were seen in A&E and then discharged home within the month of April 2013, giving a 15% footfall requirement of 928. The Trust surveyed 357 eligible patients meeting 5.8% of the footfall. The Friends & Family test responses break down to:

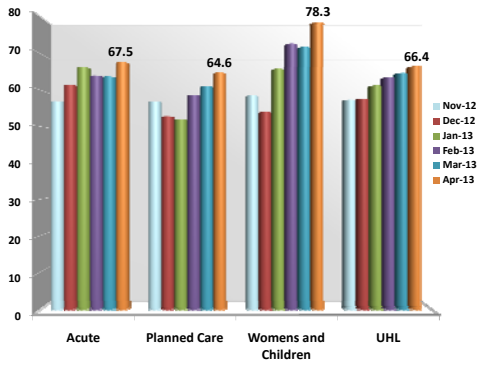
Number of Promoters:	210	
Number of passives:		86
Number of detractors:		57
Overall NET promoter score		**43.40**

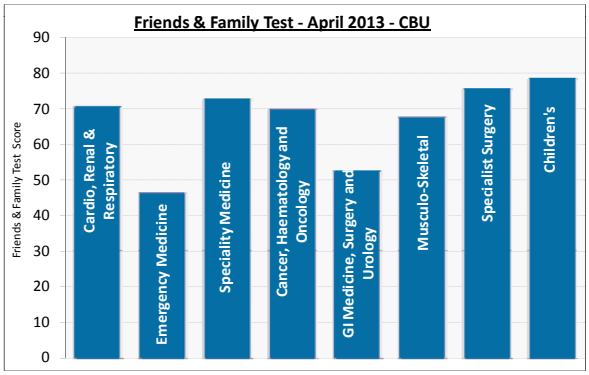
Friends & Families Test - APRIL 2013

	Inpatients	Emergency Dept.	Eye Casualty
Number of Responses	1,202	301	56

Friends & Families Test	
Inpatients	**66.4**
Emergency Dept.	39.3
Eye Casualty	65.5
ED + Eye Casualty	**43.4**

Coverage	
Inpatients	**19.4%**
Emergency Dept.	**6.2%**
Eye Casualty	**4.2%**





Monitoring the Quality Commitment

	Acute Care	Planned Care	Women's and Children's	UHL	UHL March 2013
INVOLVED IN CARE	84.0	86.6	79.2	85.0	85.4
11. Were you involved as much as you wanted in decisions about your care and treatment?	*658*	*673*	*57*	*1388*	*1255*
CALL BUTTON	82.5	85.7	92.3	85.5	84.6
15. When you used your call button, was the amount of time it took for staff to respond generally:	*489*	*385*	*75*	*949*	*872*
ASSISTANCE TOILET	91.0	91.1	95.0	91.6	91.5
16. If you needed help from staff getting to the bathroom or toilet or using a bedpan, did you get help in an acceptable amount of time?	*393*	*289*	*50*	*732*	*664*
MEDICATION SIDE EFFECTS	78.5	85.4	86.8	82.9	82.7
18. Has a member of staff told you about medication side effects to watch for after you leave hospital?	*274*	*434*	*94*	*802*	*821*
PROBLEMS/DANGER	71.5	82.0	89.1	78.9	78.4
19. Has a member of staff told you about any problems or danger signals you should watch for after you leave hospital?	*283*	*485*	*121*	*889*	*901*
WHO TO CONTACT	70.4	80.1	85.9	77.3	81.3
20. Has a member of staff told you who to contact if you are worried about your condition or treatment after you leave hospital?	*351*	*549*	*128*	*1028*	*1037*

Friends & Families Test : *April 2013*

	Total Number of Responses in Period	Number of Promoters	Number of Passives	Number of Detractors	Friends & Family Score	Number of "Don't Know" responses (excluded from Score)	Total number of patients eligible to respond
UHL Trust Level Totals	**1,202**	**850**	**278**	**61**	**66.4**	**13**	**6,185**

ACUTE		Total Number of Responses in Period	Number of Promoters	Number of Passives	Number of Detractors	Friends & Family Score	Number of "Don't Know" responses (excluded from Score)	Total number of patients eligible to respond
Cardio, Renal & Respiratory								
	GH WD 15	20	11	9	0	55.00	0	66
	GH WD 16 Respiratory Unit	40	35	5	0	87.50	0	74
	GH WD 17	0	0	0	0	0.00	0	71
	GH WD 20	0	0	0	0	0.00	0	138
	GH WD 23A	20	12	4	1	64.71	3	70
	GH WD 26	13	12	1	0	92.31	0	66
	GH WD 27	0	0	0	0	0.00	0	69
	GH WD 28	19	15	4	0	78.95	0	103
	GH WD 31	0	0	0	0	0.00	0	92
	GH WD 32	19	15	3	1	73.68	0	114
	GH WD 33	28	23	4	0	85.19	1	109
	GH WD 34	0	0	0	0	0.00	0	30
	GH WD Clinical Decisions Unit	66	41	14	10	47.69	1	464
	GH WD Coronary Care Unit	57	50	5	2	84.21	0	67
	GH WD ITU Card Trans	0	0	0	0	0.00	0	5
	LGH WD 10	9	9	0	0	100.00	0	40
	LGH WD 17 Transplant	16	13	2	1	75.00	0	58
	GH WD 29	10	1	7	2	-10.00	0	64
	GH WD Ambulatory Care	0	0	0	0	0.00	0	24
	LGH WD 15	0	0	0	0	0.00	0	33
	GH WD 33A	19	13	6	0	68.42	0	52
Cardio, Renal & Respiratory Total:		**336**	**250**	**64**	**17**	**70.39**	**5**	**1809**
Emergency Medicine								
	LD LRI WD Ambulatory Care	0	0	0	0	0.00	0	59
	LRI WD 15 Acute Frailty Male	0	0	0	0	0.00	0	198
	LRI WD 15 AMU Bal L5	48	23	20	4	40.43	1	310
	LRI WD 16 AMU Bal L5	45	24	19	1	52.27	1	296
Emergency Medicine Total		**93**	**47**	**39**	**5**	**46.15**	**2**	**863**
Specialty Medicine								
	LGH WD 2	0	0	0	0	0.00	0	73
	LGH WD 3	0	0	0	0	0.00	0	4
	LGH WD Brain Injury Unit	0	0	0	0	0.00	0	4
	LGH WD Young Disabled	5	5	0	0	100.00	0	6
	LRI WD 23 Win L3	20	17	3	0	85.00	0	60
	LRI WD 24 Win L3	19	12	6	1	57.89	0	101
	LRI WD 25 Win L3	20	19	1	0	95.00	0	49
	LRI WD 26 Win L3	12	11	1	0	91.67	0	46
	LRI WD 31 Win L5	0	0	0	0	0.00	0	51
	LRI WD 33 Win L5	21	16	4	1	71.43	0	47
	LRI WD 34 Windsor Level 5	21	16	4	0	80.00	1	59
	LRI WD 36 Win L6	20	7	10	3	20.00	0	47
	LRI WD 37 Win L6	22	15	7	0	68.18	0	60
	LRI WD 38 Win L6	17	16	1	0	94.12	0	58
	LRI WD Acute Care Bay	0	0	0	0	0.00	0	6
	LRI WD IDU Infectious Diseases	17	12	4	1	64.71	0	50
	LRI WD Odames Vic L1	0	0	0	0	0.00	0	58
Speciality Medicine Total:		**194**	**146**	**41**	**6**	**72.54**	**1**	**779**
ACUTE TOTAL		**623**	**443**	**144**	**28**	**67.48**	**8**	**3451**

Friends & Families Test : April 2013

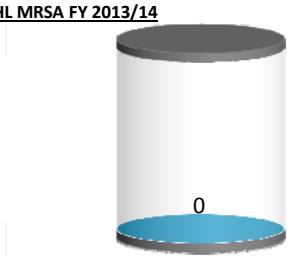
PLANNED		Total Number of Responses in Period	Number of Promoters	Number of Passives	Number of Detractors	Friends & Family Score	Number of "Don't Know" responses (excluded from Score)	Total number of patients eligible to respond
Cancer, Haematology and Oncology								
	LRI WD 39 Osb L1	33	24	8	1	69.70	0	73
	LRI WD 40 Osb L1	25	22	3	0	88.00	0	64
	LRI WD 41 Osb L2	20	10	7	2	42.11	1	54
	LRI WD Bone Marrow	3	3	0	0	100.00	0	3
	LRI WD Osborne Assess Unit	29	20	7	1	67.86	1	73
Cancer, Haematology and Oncology Total:		**110**	**79**	**25**	**4**	**69.44**	**2**	**267**
GI Medicine, Surgery and Urology								
	LGH WD 1	9	8	1	0	88.89	0	11
	LGH WD 20	0	0	0	0	0.00	0	42
	LGH WD 22	20	10	7	2	42.11	1	44
	LGH WD 23	7	4	1	2	28.57	0	119
	LGH WD 26 SAU	0	0	0	0	0.00	0	153
	LGH WD 27	31	25	5	0	83.33	1	81
	LGH WD 28 Urology	22	11	10	1	45.45	0	168
	LGH WD 29 EMU Urology	10	3	1	6	-30.00	0	218
	LRI WD 22 Bal 6	24	14	5	5	37.50	0	119
	LRI WD 29 Win L4	33	22	9	2	60.61	0	77
	LRI WD 30 Win L4	17	14	3	0	82.35	0	77
	LRI WD 8 SAU Bal L3	20	10	7	3	35.00	0	192
GI Medicine, Surgery and Urology Total:		**193**	**121**	**49**	**21**	**52.36**	**2**	**1301**
Musculo-Skeletal								
	LGH WD 14	30	23	7	0	76.67	0	117
	LGH WD 16	18	12	6	0	66.67	0	88
	LGH WD 19	25	19	5	0	79.17	1	102
	LGH WD Sports Medicine	0	0	0	0	0.00	0	4
	LRI WD 17 Bal L5	9	3	3	3	0.00	0	94
	LRI WD 18 Bal L5	22	16	4	2	63.64	0	142
	LRI WD 32 Win L5	7	6	1	0	85.71	0	25
Musculo-Skeletal Total:		**111**	**79**	**26**	**5**	**67.27**	**1**	**572**
Specialist Surgery								
	GH WD 24	36	27	9	0	75.00	0	95
	LRI WD Ophthalmic Suite Bal L6	27	23	4	0	85.19	0	27
	LRI WD 21 Bal L6	25	22	3	0	88.00	0	77
	LRI WD 7 Bal L3	23	15	8	0	65.22	0	284
	LRI WD Kinmonth Unit Bal L3	31	23	5	3	64.52	0	58
Specialist Surgery Total:		**142**	**110**	**29**	**3**	**75.35**	**0**	**541**
PLANNED TOTAL:		**556**	**389**	**129**	**33**	**64.61**	**5**	**2681**

WOMEN'S & CHILDREN'S		Total Number of Responses in Period	Number of Promoters	Number of Passives	Number of Detractors	Friends & Family Score	Number of "Don't Know" responses (excluded from Score)	Total number of patients eligible to respond
Children's								
	GH WD 30	0	0	0	0	0.00	0	3
	LRI WD 10 Bal L4	4	1	3	0	25.00	0	14
	LRI WD 14 Bal L4	9	9	0	0	100.00	0	9
	LRI WD 27 Win L4	5	3	2	0	60.00	0	20
	LRI WD Paed Short Stay Unit	0	0	0	0	0.00	0	2
	LRI WD 11 Bal L4	5	5	0	0	100.00	0	5
Children's Total:		**23**	**18**	**5**	**0**	**78.26**	**0**	**53**
WOMEN'S & CHILDREN'S TOTAL:		**23**	**18**	**5**	**0**	**78.26**	**0**	**53**

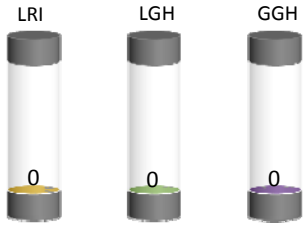
INFECTION PREVENTION

MRSA BACTERAEMIA

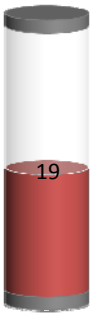
UHL MRSA FY 2013/14



UHL MRSA FY 2013/14 by site



UHL MRSA FY 2009/10



UHL MRSA FY 2010/11

UHL MRSA FY 2011/12

UHL MRSA FY 2012/13

Performance Overview

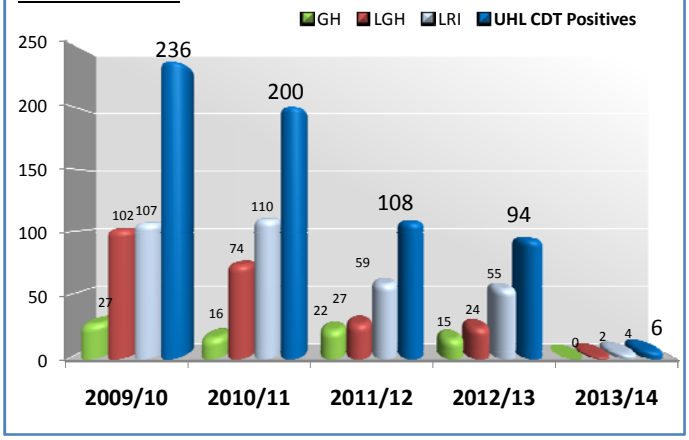
MRSA – There was 0 MRSA cases reported for April. There is zero tolerance to MRSA cases in 2013/14 and any case reported will result in non payment of the inpatient episode.

C Difficile – there were 6 cases reported in April against a target of 9 for the month. The full year target is 67 with a financial penalty of £50,000 per every patient above this end of year target.

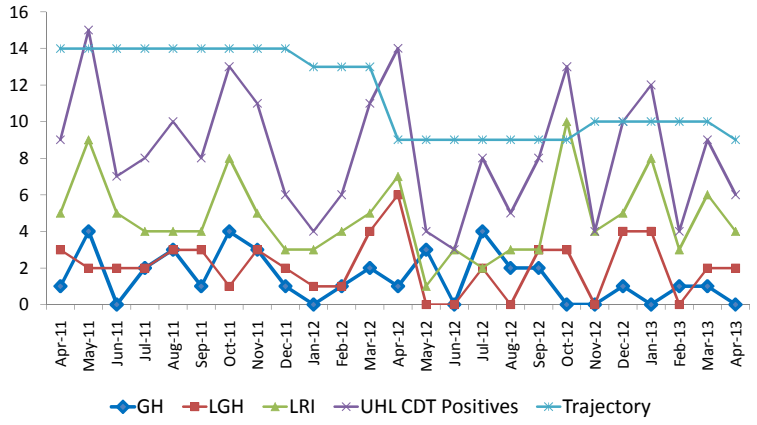
MRSA elective and non-elective screening has continued to be achieved at 100% respectively

CLOSTRIDIUM DIFFICILE - UHL CDT POSITIVES

UHL CDT Positives



UHL CDT Positives by Site



TARGET / STANDARD

	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	YTD	Target
MRSA	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0
C. Diff.	14	4	3	8	5	8	13	4	10	12	4	9	6	6	67
Rate / 1000 Adm's	1.9	0.5	0.4	1.0	0.6	1.1	1.6	0.5	1.3	1.6	0.5	1.1	0.8	0.8	

	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	YTD	Target
GRE	1	2	1	3	3	1	0	0	1	0	2	1	1	1	No National Target
MSSA	2	4	2	7	4	5	3	4	3	7	1	4	5	5	No National Target
E-Coli	39	44	45	46	51	48	49	31	40	49	43	39	49	49	No National Target

MORTALITY

UHL CRUDE MORTALITY

Performance Overview

UHL's crude in-hospital mortality rate was 1.4% for 12/13. There has been an increase in crude mortality since December last year but the 'risk adjusted mortality' for both December and January are lower than previous months. The HSMRs for December and January were 92.4 and 93.5 respectively. (Due to changes in the NHSIC's processes there will be a delay in Dr Fosters' February data).

UHL's HSMR for the financial year to date is 96.2 (April to Jan and is anticipated to be 102 following the annual rebasing carried out by Dr Fosters at the end of the financial year. This is currently a further anticipated reduction from the 103 reported last month and UHL will be "within expected range".

UHL's latest SHMI for Oct 11 to Sept 12 remains at 104.53 which means that the published SHMI is 105. The LLR Mortality Review is planned to start mid June and will involve both Consultants and GPs plus Community and UHL nurses.

The internal mortality review looking at a sample (22%) of case notes of patients that died in November last year has been completed. The review found that the overwhelming majority of patients were those whose death were 'likely' and even where death was unlikely, management was appropriate.

As part of the Quality & Safety Committment 'Saving Lives' workstream, further progress has been made to agree the proposed respiratory pathway to increase proportion of patients being admitted directly to the Clinical Decisions Unit at the Glenfield Hospital. Consultation with GPs and EMAS will be the next stage to support implementation of the pathway once finalised.

In respect of perinatal mortality, the Women's CBU, in collaboration with the Leicester University Dept of Perinatal Epidemiology, are working with the Dr Foster team to identify to better understand the risk adjustment model being used and to review our current coding practices as there appear to be significant differences compared to other trusts.

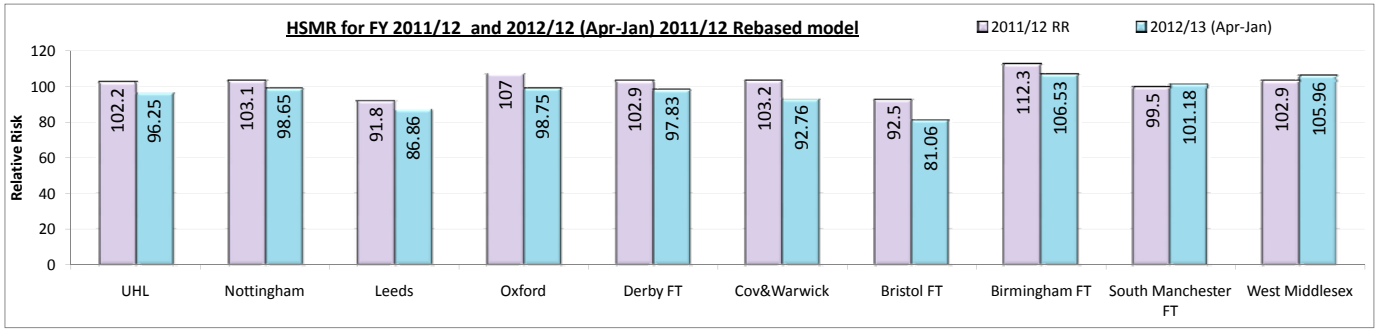
UHL CRUDE DATA TOTAL SPELLS	2012/13	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	13/14 YTD
UHL Crude Data - TOTAL Spells	221,145	17423	19676	17626	19090	18334	17907	19796	19238	17716	18578	17322	18439	17828	17828
UHL Crude Data - TOTAL Deaths	3,117	277	259	235	266	232	249	250	254	279	313	275	288	277	277
UHL %	1.4%	1.6%	1.3%	1.3%	1.4%	1.3%	1.4%	1.3%	1.3%	1.6%	1.7%	1.6%	1.6%	1.6%	1.6%

UHL CRUDE DATA ELECTIVE SPELLS	2012/13	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	13/14 YTD
UHL Crude Data - ELECTIVE Spells	103,289	7854	9389	8007	9085	8537	8359	9495	9277	7859	8819	8205	8403	8493	8493
UHL Crude Data - ELECTIVE Deaths	84	5	7	9	9	10	5	10	7	8	4	7	3	4	4
%	0.08%	0.06%	0.07%	0.11%	0.1%	0.12%	0.06%	0.11%	0.08%	0.1%	0.05%	0.09%	0.04%	0.05%	0.05%

UHL CRUDE DATA NON ELECTIVE SPELLS	2012/13	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	13/14 YTD
UHL Crude Data - NON ELECTIVE Spells	117,856	9569	10287	9619	10005	9797	9548	10301	9961	9857	9759	9117	10036	9335	9335
UHL Crude Data - NON ELECTIVE Deaths	3,093	272	252	226	257	222	244	240	247	271	309	268	285	273	273
%	2.6%	2.8%	2.4%	2.3%	2.6%	2.3%	2.6%	2.3%	2.5%	2.7%	3.2%	2.9%	2.8%	2.9%	2.9%

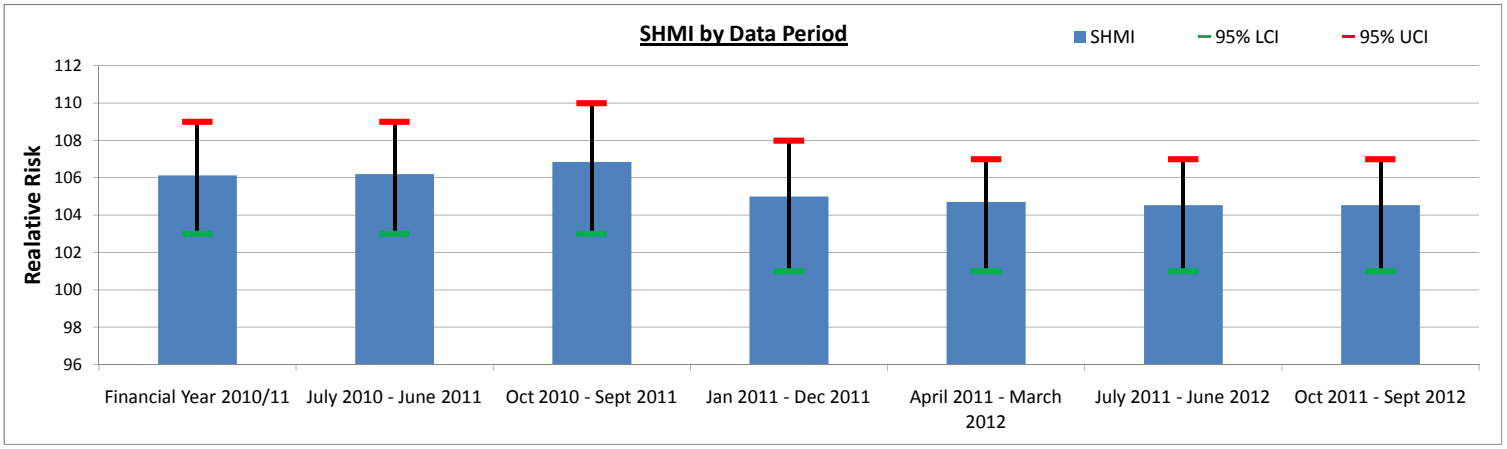
HSMR and RELATIVE RISK Using Dr Foster System (Dfi)

	Jan-12	Feb-12	Mar-12	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	FYTD
HSMR Indicator (Dfi) Rebased 2011/12 model	99.5	112.4	107.4	102.2	108.5	93.3	91.1	99.4	92.1	106.2	97.4	89.9	92.4	93.5	96.2
Relative Risk - Elective Spells (Dfi) Rebased 2011/12 model	33.8	60.1	141.9	89.3	96.5	104.3	103.0	149.0	107.5	76.2	133.2	54.3	81.9	77.8	97.7
Relative Risk - Non Elective Spells (Dfi) Rebased 2011/12 model	101.1	113.4	106.5	102.3	109.2	93.0	90.6	98.3	91.6	107.1	96.2	90.7	92.5	93.9	96.1



MORTALITY

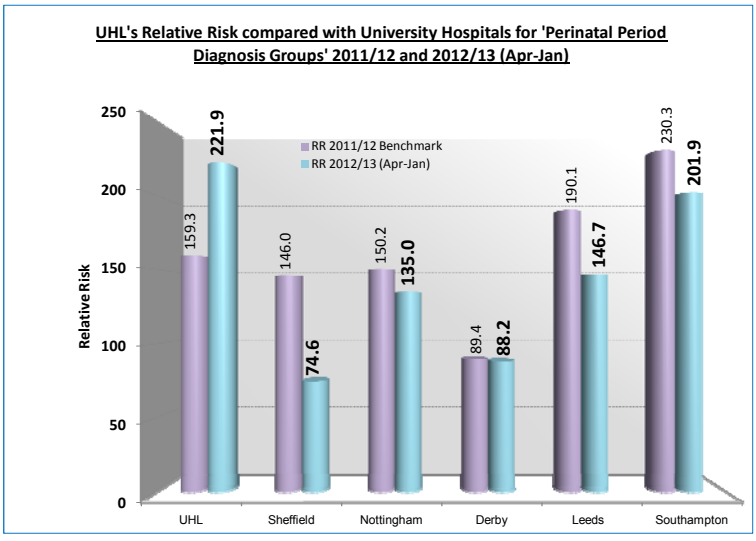
SHMI

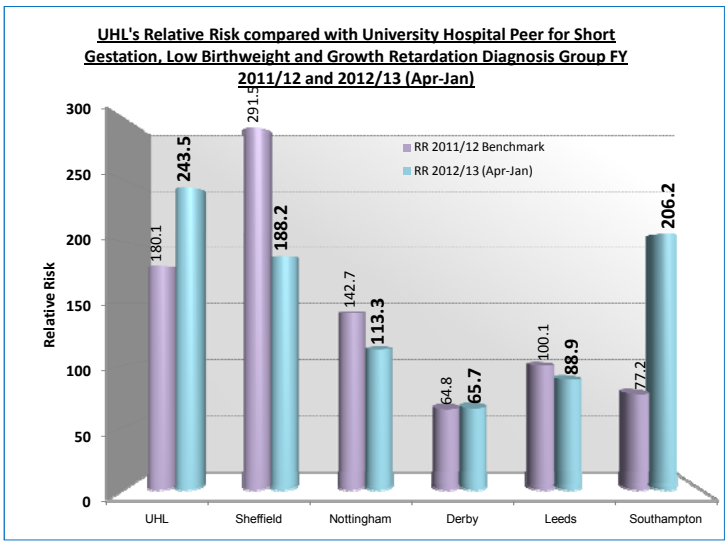


SHMI - High/low relative risk positions

CCS Group	Observed Deaths	SHMI	95% Confidence interval
High relative risks			
Pneumonia	537	109.05	100.02-118.67
Acute cerebrovascular disease	192	93.46	80.70-107.65
Congestive heart failure, nonhypertensive	182	90.66	77.97-104.83
Acute myocardial infarction	139	109.36	91.93-129.12
Acute bronchitis	176	122.81	105.33-142.35
Urinary tract infections	167	115.91	99.00-134.89
Chronic obstructive pulmonary disease and bronchiectasis	133	89.33	74.79-105.87
Septicemia (except in labour)	112	100.95	83.12-121.47
Acute and unspecified renal failure	114	109.78	90.55-131.88
Other perinatal conditions	22	281.61	176.42-426.39
Low relative risks			
Rehabilitation care, fitting of prostheses, and adjustment of devices	8	39.36	16.95-77.55
Anal and rectal conditions	1	19.95	0.26-110.98
Other skin disorders	1	15.12	0.20-84.11
Cancer of bone and connective tissue	2	39.83	4.47-143.82
Lung disease due to external agents	3	43.76	8.80-127.86

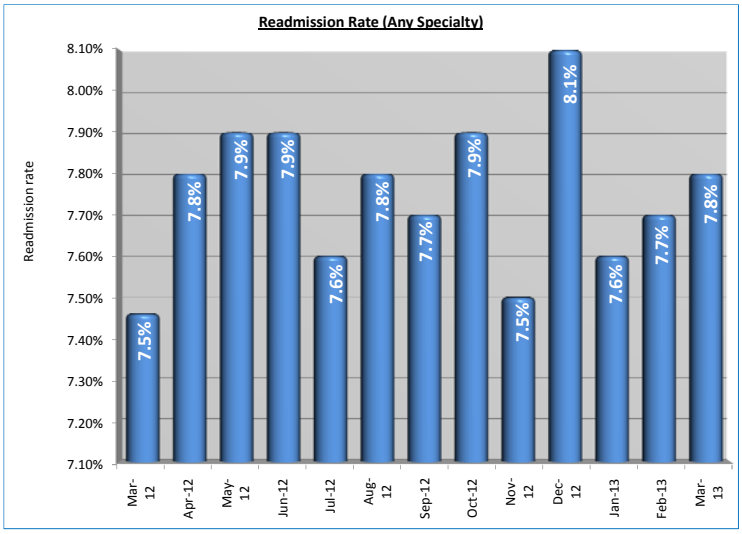
Perinatal Mortality 2011/12 and 2012/13





READMISSIONS

UHL Readmissions

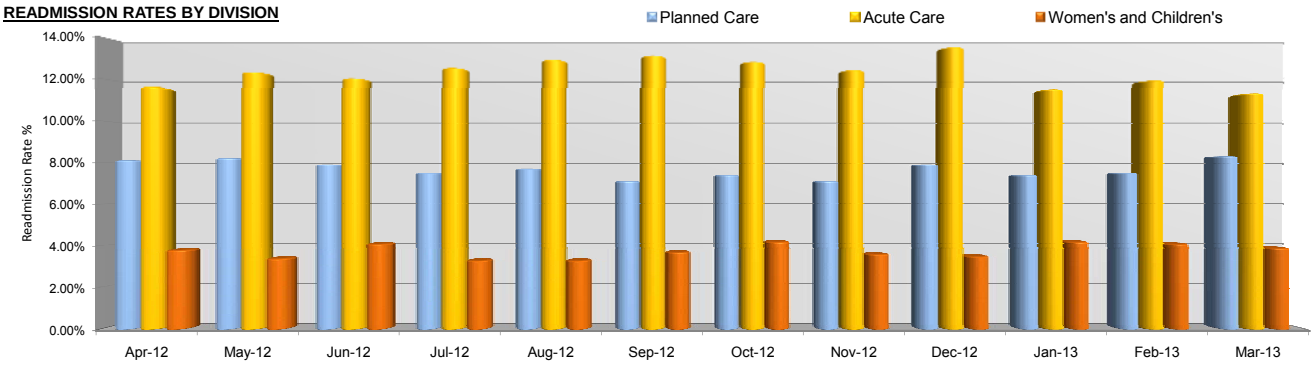


Performance Overview

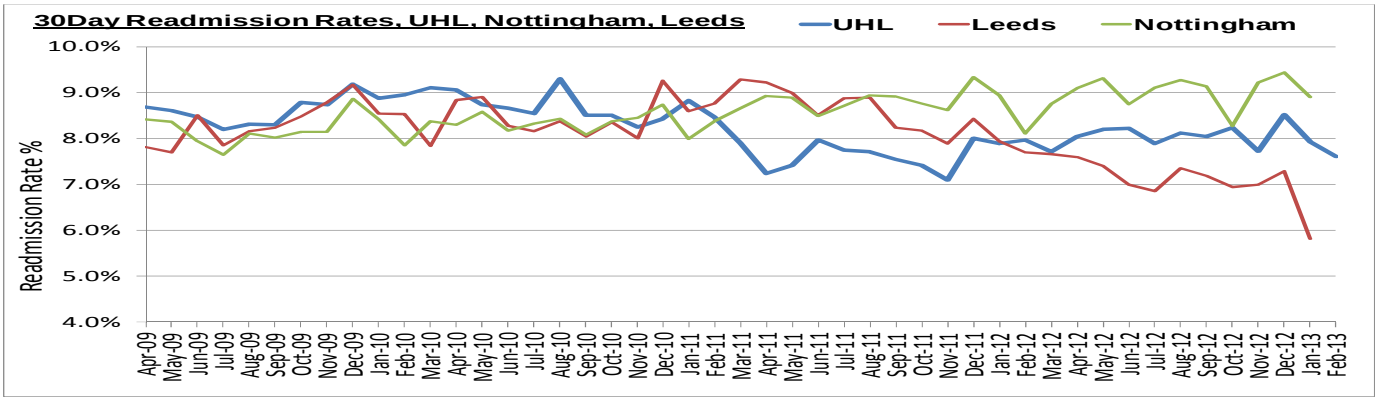
All emergency readmissions within 30 days have ranged between 7.5% and 8.1% throughout 2012/13, with a full year rate of 7.8%. All divisions report their actions to reduce readmissions at the Quality and Performance Management Group (QPMG) on a rolling basis. Each division will report on a quarterly basis to QPMG where actions and performance will be scrutinised.

UHL CRUDE DATA TOTAL SPELLS	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	YTD
Discharges	19937	17423	19676	17626	19090	18334	17907	19796	19239	17716	18579	17322	18439	221,147
30 Day Emerg. Readmissions (Any Spec)	1,488	1,359	1,553	1,388	1,445	1,438	1,378	1,555	1,441	1,436	1,413	1,333	1,445	17,184
Readmission Rate (Any Specialty)	7.5%	7.8%	7.9%	7.9%	7.6%	7.8%	7.7%	7.9%	7.5%	8.1%	7.6%	7.7%	7.8%	**7.8%**
30 Day Emerg. Readmissions (Same Spec)	845	775	845	782	784	776	744	837	797	759	744	684	746	**9,273**
Readmission Rate (Same Specialty)	4.2%	4.4%	4.3%	4.4%	4.1%	4.2%	4.2%	4.2%	4.1%	4.3%	4.0%	3.9%	4.0%	**4.2%**
Total Bed Days of ALL Readmitting Spells	9,191	8,224	9,226	8,568	8,317	8,811	8,312	9,297	8,581	9,244	9,183	8,323	9,344	**105,430**

Division Details



Readmissions Benchmarked



FRACTURED NECK of FEMUR

Performance Overview

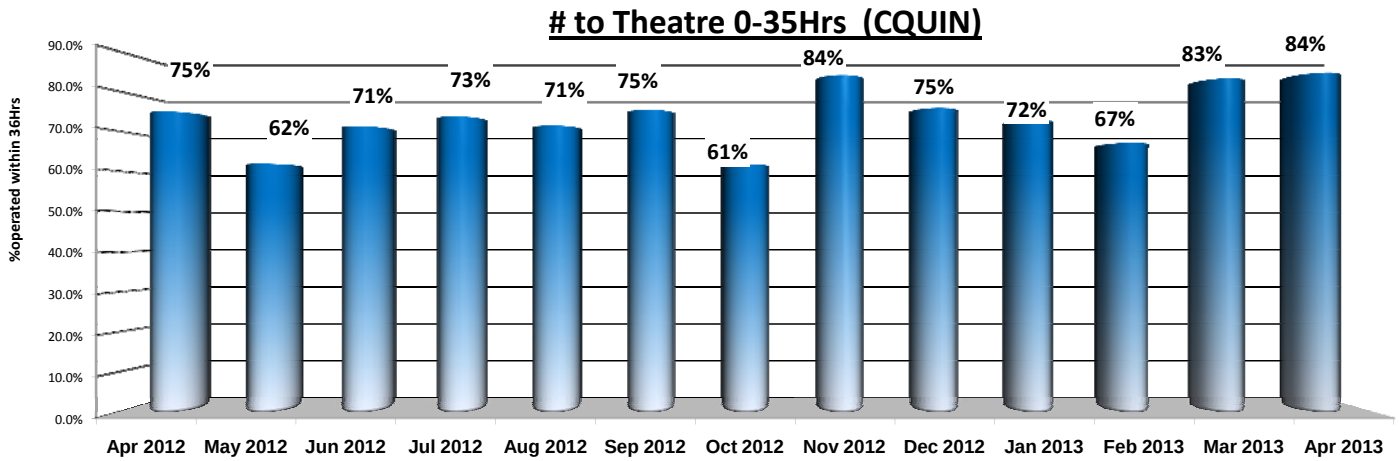
April performance for time to surgery within 36 hours for fractured neck of femur patients is 84.2% against a target of 70%.

 # to Theatre 0-35Hrs

Year to Date

Hip Fracture - CQUIN

Criteria	CQRG Thresholds	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	YTD
# to Theatre 0-35Hrs	Monthly >=70% FYE 75%	74.6%	61.5%	70.9%	73.3%	71.1%	75.0%	61.4%	83.6%	75.4%	72.5%	66.7%	82.8%	84.2%	84.2%
# Admitted under joint care of Geriatrician and ortho surgeon	-	100%	96%	95%	88%	100%	93%	74%	98%	93%	93%	98%	97%	95%	95%
# Admitted under Assessment Protocol	>=95%	100%	94%	98%	98%	96%	98%	74%	98%	98%	96%	98%	98%	93%	93%
# Geriatrician Assessment	Monthly >=70% Q4 75%	95%	88%	91%	87%	95%	93%	72%	97%	93%	93%	98%	97%	95%	95%
# Multiprof Rehab Review	Monthly >=80% Q4 85%	92%	83%	84%	93%	96%	91%	68%	90%	77%	70%	69%	77%	46%	46%
# Specialist Falls Assessment	Monthly >=80% Q4 85%	100%	96%	95%	97%	100%	93%	72%	98%	97%	87%	94%	95%	70%	70%
# AMTS	-	61%	67%	76%	75%	88%	75%	61%	89%	70%	80%	88%	89%	70%	70%

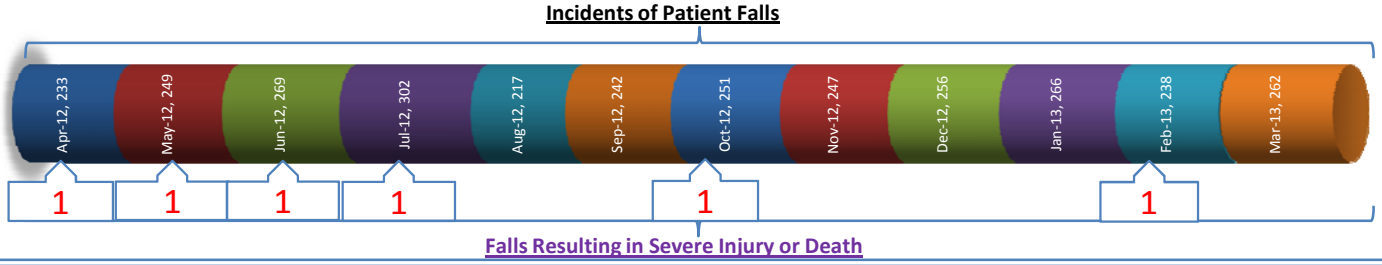


FALLS

TARGET / STANDARD

Incidents of Patient Falls	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	2012/13	Target
UHL	233	249	269	302	217	242	251	247	256	266	238	262		3032	2750
Planned Care	37	70	45	61	48	58	56	55	51	68	55	54		658	653
Acute Care	188	167	217	230	162	174	184	183	200	186	173	196		2260	1982
Women's and Children's	4	1	2	4	4	1	2	2	1	6	6	5		38	47
Clinical Support	4	11	5	7	3	9	9	7	4	6	4	7		76	68
Falls Resulting in Severe Injury or Death	1	1	1	1	0	0	1	0	0	0	1	0		6	6

UHL Patient Falls



Performance Overview

We have seen an increase in the total number of falls across the Trust in March 2013 particularly within the Acute Division.

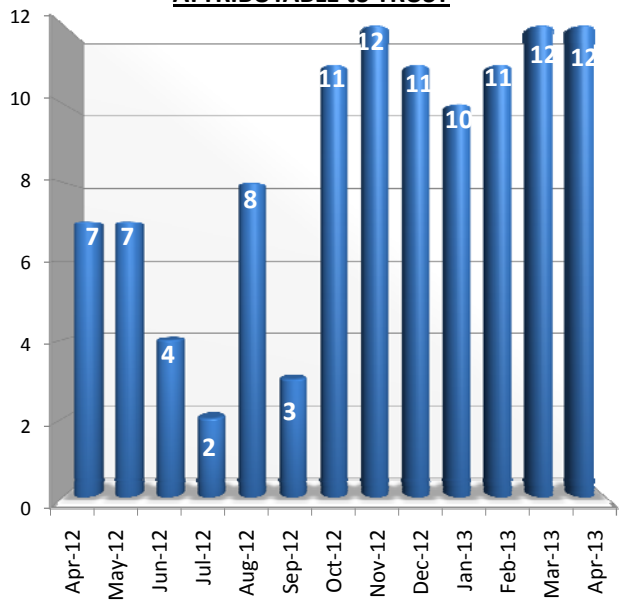
Actions:
A significant element of the reducing harm strand of the Quality Commitment is focusing on inpatient falls. We are in the second month of the Confirm and Challenge meetings with the 19 wards with the highest number of falls. Each has developed a bespoke action plan and early indications are positive. It is anticipated that reductions will begin to be seen by the end of quarter 1

PRESSURE ULCERS (Grade 3 and 4)

Performance Overview

An increase in the number of avoidable pressure ulcers was not reported for April but there was no significant improvement either. Further actions have been identified to reduce the incidence of avoidable pressure ulcers and this information will be presented to the June QAC.

PRESSURE ULCERS (Grade 3 and 4) - ATTRIBUTABLE to TRUST



TARGET / STANDARD

Pressure Ulcers Grade 3 and 4 - Attributable to Trust

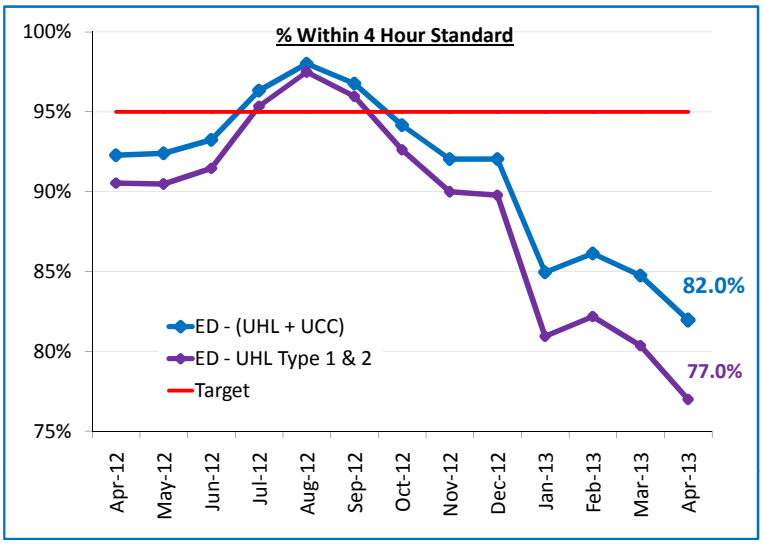
	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	YTD	Target
Attributable to Trust	7	7	4	2	8	3	11	12	11	10	11	12	12	12	TBC

EMERGENCY DEPARTMENT

Performance Overview

Performance for April Type 1 & 2 is 77.0% and 82.0% including the Urgent Care Centre (UCC). UHL's performance for this period placed the Trust in the bottom 10 Trusts within England. Performance for all Trust's in England (Type 1, 2 and 3) for the 4 week period ending the 28th April was cumulatively 93.1% with performance recovering to 95.6% in week 4.

Further details focussing on the actions relating to the Emergency Department are included in the ED performance report.



Total Time in the Department

April 2013 - ED Type 1 and 2

	Admitted	Not Admitted	Total
0-2 Hours	226	4,354	4,580
3-4 Hours	1,000	5,403	6,403
5-6 Hours	702	928	1,630
7-8 Hours	547	330	877
9-10 Hours	303	100	403
11-12 Hours	160	40	200
12 Hours+	212	18	230
Sum:	3,150	11,173	14,323

CLINICAL QUALITY INDICATORS

PATIENT IMPACT

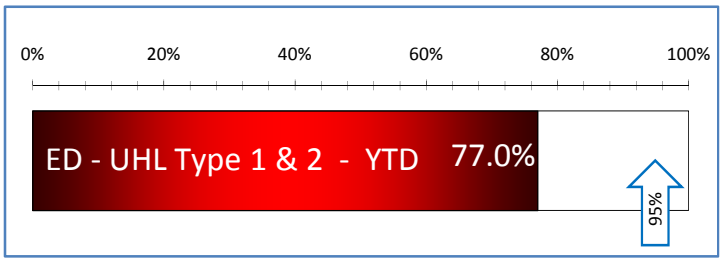
	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	TARGET
Left without being seen %	2.8%	3.0%	2.7%	2.4%	2.1%	2.2%	2.7%	2.5%	2.5%	2.8%	2.9%	3.3%	3.4%	<=5%
Unplanned Re-attendance %	6.2%	5.9%	5.9%	6.4%	5.6%	5.3%	5.0%	5.2%	5.2%	5.5%	5.4%	5.3%	4.8%	< 5%

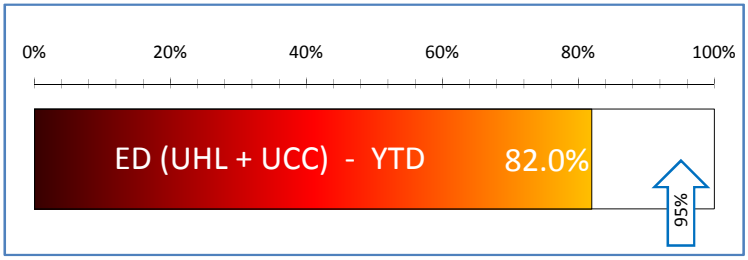
TIMELINESS

	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	TARGET
Time in Dept (95th centile)	319	317	322	240	238	240	298	326	344	457	432	483	504	< 240 Minutes
Time to initial assessment (95th)	34	31	25	20	15	16	23	24	24	25	33	45	37	<= 15 Minutes
Time to treatment (Median)	45	49	59	57	53	58	64	69	68	79	60	47	55	<= 60 Minutes

4 HOUR STANDARD

	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	YTD	TARGET
ED - (UHL + UCC)	92.3%	92.4%	93.2%	96.3%	98.0%	96.8%	94.2%	92.0%	92.0%	84.9%	86.1%	84.7%	82.0%	82.0%	95.0%
ED - UHL Type 1 & 2	90.5%	90.5%	91.5%	95.4%	97.5%	96.0%	92.6%	90.0%	89.8%	80.9%	82.2%	80.4%	77.0%	77.0%	95.0%
ED Waits - Type 1	89.5%	89.3%	90.5%	94.9%	97.2%	95.5%	91.8%	88.9%	88.8%	79.0%	80.2%	78.3%	74.3%	74.3%	95.0%





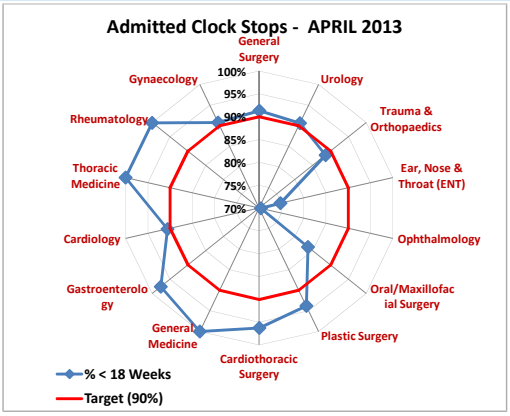
18 WEEK REFERRAL TO TREATMENT

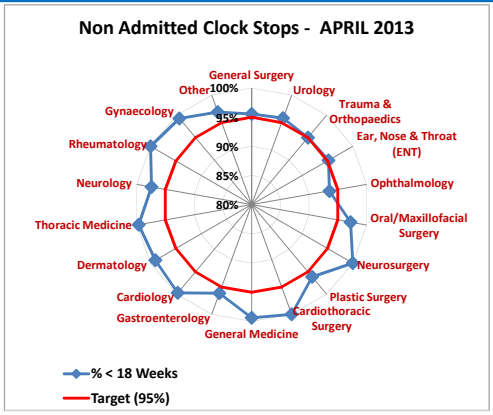
Performance Overview

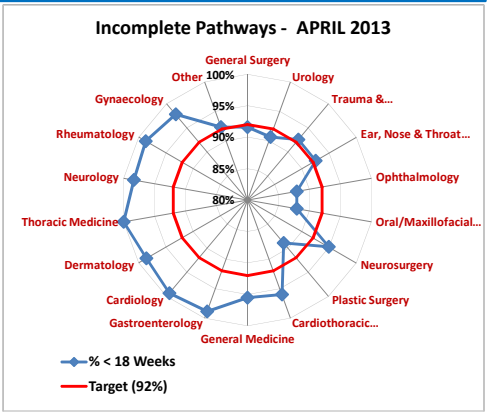
Admitted performance in April has not been achieved with performance at 88.2%, with 4 specialties failing the target with an estimated automatic fine of £59,000.

The non-admitted target for April has been achieved at 97.0%% against a target of 95%. Ophthalmology missed the target with an estimated automatic fine of £3,000. Further details are available in RTT improvement action plan.

The requirement that 92% of patients on an incomplete pathway (i.e. patients waiting for a decision to treat or treatment) should have been waiting no more than 18 weeks was achieved in April with performance at 92.9%.





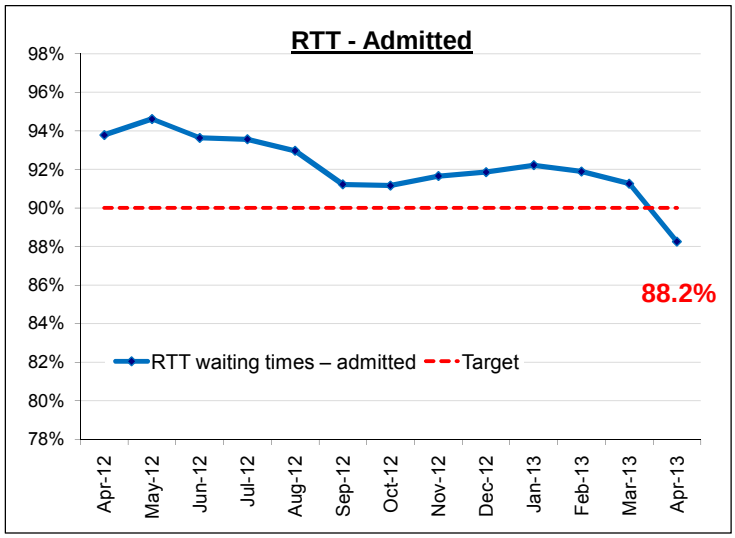


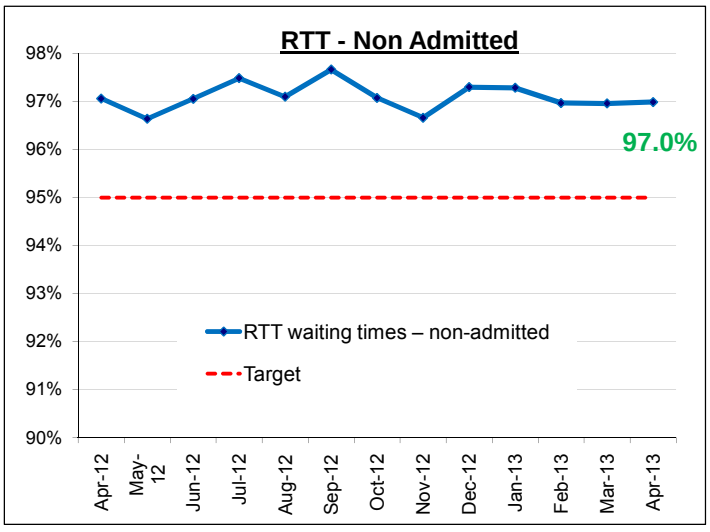
TARGET / STANDARD

	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	Target
RTT														
RTT waiting times – admitted	93.8%	94.6%	93.6%	93.6%	93.0%	91.2%	91.2%	91.7%	91.9%	92.2%	91.9%	91.3%	88.2%	90%
RTT waiting times – non-admitted	97.1%	96.6%	97.1%	97.5%	97.1%	97.7%	97.1%	96.7%	97.3%	97.3%	97.0%	97.0%	97.0%	95%

	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	Target
RTT - incomplete 92% in 18 weeks	96.0%	94.8%	94.6%	94.3%	94.0%	94.6%	93.9%	93.3%	93.4%	93.5%	92.6%	92.9%	92%
RTT delivery in all specialties	1	1	0	0	1	1	1	1	0	1	2	5	0

6 Week Diagnostic Test Waiting Times	0.6	6.4	2.6	0.9	0.5	0.4	0.6	1.1	0.7	1.0	0.5	1.6	<1%





STAFF EXPERIENCE / WORKFORCE

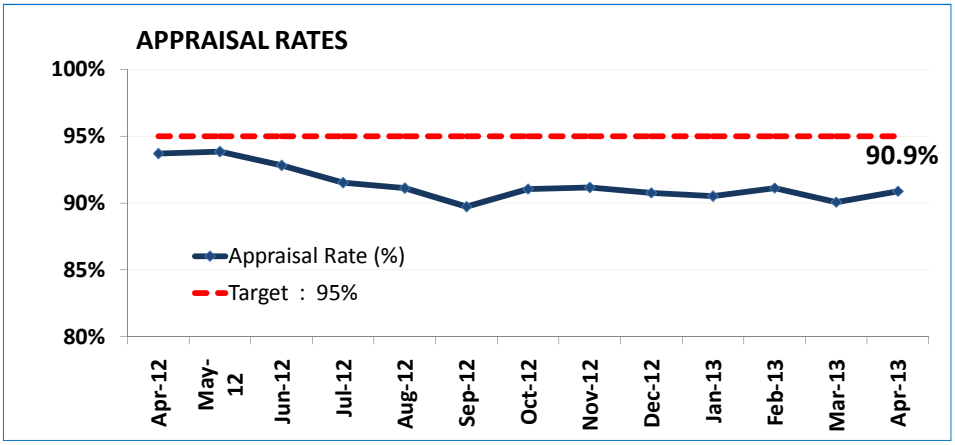
Performance Overview

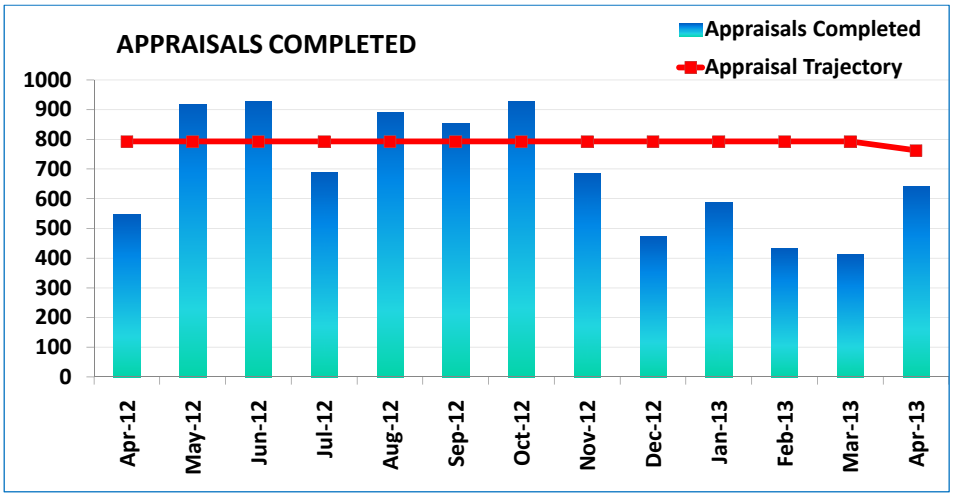
Appraisal

The reported April appraisal rate is 90.9% against a new internal target of 95%. Agreement to adjust the appraisal target to an achievable 95% was reached during April and this is now reflected across all reporting mechanisms. Appraisal performance continues to feature on Directorate, Divisional and CBU Board meetings and Human Resources continue to work closely with all areas to improve appraisal performance. All CBU areas are in place in the new Divisional structure with appraisal reporting arrangements for new areas now in place.

Sickness

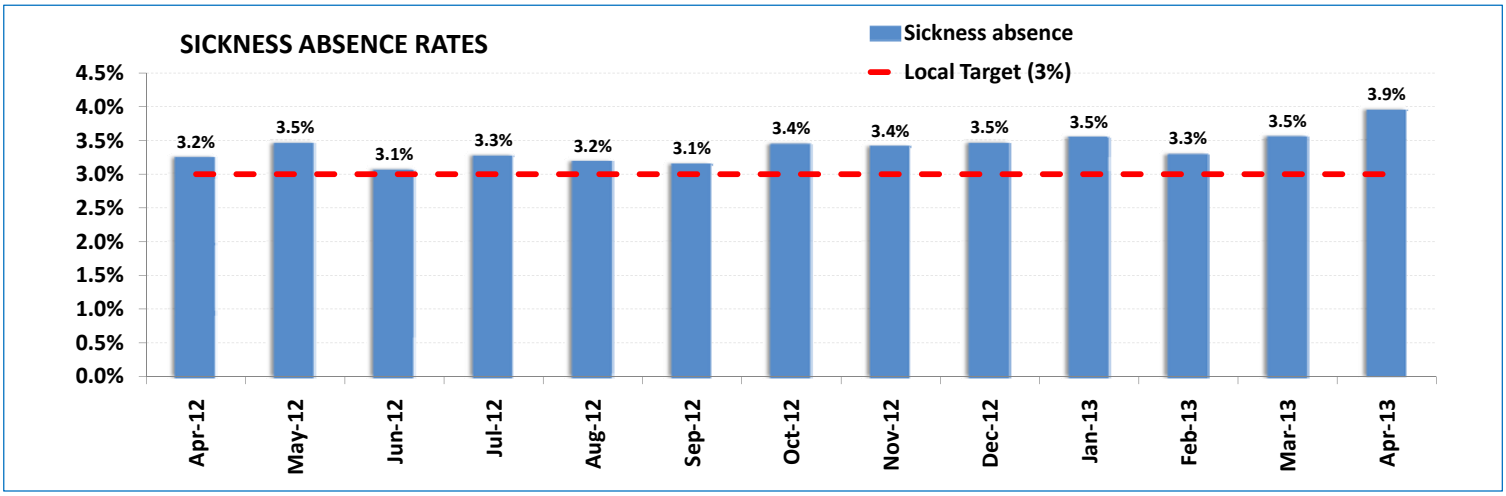
The reported sickness rate for the month of April is 3.9 % against an internal UHL target of 3%. The actual rate is likely to be at around 0.5% lower as absence periods are closed. The 12 month rolling sickness has reduced to 3.4%.
Recent figures released by NHS Midlands and East indicate that UHL is the best performing Trust in the East Midlands for 2012/13.





	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13
APPRAISALS	93.7%	93.8%	92.8%	91.5%	91.1%	89.7%	91.1%	91.2%	90.8%	90.5%	91.1%	90.1%	90.9%

Target
95%



VALUE FOR MONEY - EXECUTIVE SUMMARY

Issues	Comments
Actual Income & Expenditure Year to Date	The Trust is reporting a month 1 deficit of £985k, which is £574k adverse to the Plan of £411k deficit. Income ytd is showing a break even position. Operating costs cumulatively are £0.7m (1.1%) over Plan, with premium cost staff largely being used to deliver the additional activity.
Activity/Income	NHS patient care income is £0.4m (0.8%) adverse to Plan. The key areas are Elective activity 10% (180 spells) down against the activity plan, £340k; Emergency activity also adverse to Plan by £236k; Over performance in Outpatients, £532k and ED, £152k; The under performance on "other" relates mainly to £350k of internal CIPs which need allocating to the respective point of delivery – mainly out-patients.
Cost Improvement Programme	At Month 1, Divisions have reported £1.95m of savings, short of the £2.5m target by £0.6m.
Cash Flow	The Trust has cash balances of approx £20m (same as March) at the end of April 2013.
Capital	Capital expenditure was £1.1m. This represents 61% of the YTD plan. Orders of £10m are already placed for works in 2013/14.

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

INCOME and EXPENDITURE ACCOUNT

Income and Expenditure Account for the Period Ended 30 April 2013

	April 13		
	Plan £ 000	Actual £ 000	Variance (Adv) / Fav £ 000
Elective	5,758	5,417	(340)
Day Case	4,076	4,037	(39)
Emergency	14,308	14,072	(236)
Outpatient	6,724	7,256	532
Other	22,280	21,939	(341)
Patient Care Income	**53,147**	**52,722**	**(425)**
Teaching, R&D income	6,574	6,807	233
Non NHS Patient Care	583	481	(102)
Other operating Income	3,323	3,567	244
Total Income	**63,627**	**63,577**	**(50)**
Pay Expenditure	**37,359**	**38,147**	**(788)**
Non Pay Expenditure	**23,010**	**22,906**	**104**
Total Operating Expenditure	**60,369**	**61,053**	**(684)**
EBITDA	**3,258**	**2,524**	**(734)**
Interest Receivable	7	93	86
Interest Payable	(5)	**(5)**	0
Depreciation & Amortisation	(2,707)	**(2,633)**	74
Surplus / (Deficit) Before Dividend and Disposal of Fixed Assets	**553**	**(21)**	**(574)**
Dividend Payable on PDC	(964)	(964)	0
Net Surplus / (Deficit)	**(411)**	**(985)**	**(574)**
EBITDA MARGIN		**3.97%**	

VALUE FOR MONEY - CONTRACT PERFORMANCE

Summary by Point of Delivery of Patient Related Income - April 2013

Case mix	Annual Plan (Activity)	Plan to Date (Activity)	Total YTD (Activity)	Variance YTD (Activity)	Annual Plan (£000)	Plan to Date (£000)	Total YTD (£000)	Variance YTD (£000)
Day Case	80,497	6,682	6,693	11	49,112	4,076	4,037	(39)
Elective Inpatient	22,647	1,880	1,700	(180)	69,366	5,758	5,417	(340)
Emergency / Non-elective Inpatient	95,184	7,854	7,844	(10)	177,032	14,588	14,352	(236)
Marginal Rate Emergency Threshold (MRET)	0	0	0	0	(3,402)	(280)	(280)	0
Outpatient	722,060	59,944	65,612	5,668	80,975	6,724	7,256	532
Emergency Department	157,780	12,968	14,415	1,447	16,936	1,392	1,544	152
Other	7,716,885	642,581	642,550	(31)	233,889	19,407	18,914	(494)
Grand Total	**8,795,053**	**731,908**	**738,814**	**6,906**	**623,908**	**51,666**	**51,241**	**(425)**

Average tariff	Annual Plan £ / episode	Plan to Date £ / episode	Total YTD £ / episode	Variance YTD £ / episode	Price Variance YTD %	Volume Variance YTD %	Price / Mix Variance (£000)	Volume Variance (£000)	Variance YTD (£000)
Day Case	£610	£610	£603	-£7	(1.1)	0.2	(46)	7	(39)
Elective Inpatient	£3,063	£3,063	£3,187	£124	4.0	(9.6)	210	(551)	(340)
Emergency / Non-elective Inpatient	£1,860	£1,857	£1,830	-£28	(1.5)	(0.1)	(218)	(18)	(236)
Marginal Rate Emergency Threshold (MRET)							0	0	0
Outpatient	£112	£112	£111	-£2	(1.4)	9.5	(104)	636	532
Emergency Department	£107	£107	£107	-£0	(0.2)	11.2	(3)	155	152
Other							0	(494)	(494)
Grand Total	**£71**	**£71**	**£69**	**-£1**	**(1.7)**	**0.9**	**(161)**	**(264)**	**(425)**

COST IMPROVEMENT PROGRAMME

Cost Improvement Programme as at April 2013

Division	Plan £000	Actual out-turn £000	Variance £000	YTD Plan £000	YTD Achieved £000	YTD % of Plan	Recurrent Forecast £000	Non Rec Forecast £000	YTD Achieved £000	RISK RATING OF FORECAST CIPS HIGH	MEDIUM	LOW	Forecast out-turn £000
Acute Care	13,092	13,786	694	871	674	77.3%	13,641	145	674	2,552	5,692	4,869	13,786
Clinical Support	36	57	21	3	5	160.5%	57	0	5	0	0	52	57
Planned Care	12,300	12,449	149	576	488	84.8%	12,449	0	488	3,899	3,428	4,634	12,449
Women's and Children's	5,258	4,177	(1,081)	362	313	86.3%	4,177	0	313	153	885	2,826	4,177
Clinical Divisions	**30,685**	**30,469**	**(216)**	**1,813**	**1,480**	**81.6%**	**30,324**	**145**	**1,480**	**6,604**	**10,005**	**12,381**	**30,469**
Corporate	9,710	7,489	(2,221)	712	486	68.2%	7,166	323	486	602	2,578	3,823	7,489
Central									0				0
Total	**40,395**	**37,958**	**(2,437)**	**2,525**	**1,965**	**77.8%**	**37,490**	**468**	**1,965**	**7,206**	**12,583**	**16,204**	**37,958**

Category	Plan £000	Forecast out-turn £000	Variance £000	YTD Plan £000	YTD Achieved £000	YTD % of Plan	Recurrent Forecast £000	Non Rec Forecast £000
Unidentified								
Income	5,622	5,382	(240)	302	209	69.0%	5,338	44
Non Pay	16,474	15,935	(539)	1,203	1,018	84.6%	15,742	194
Pay	18,299	16,641	(1,658)	1,020	739	72.5%	16,410	231
Total	**40,395**	**37,958**	**(2,437)**	**2,525**	**1,965**	**77.8%**	**37,490**	**468**

Commentary
The 13/14 CIP programme is currently forecast to deliver £38.0m of savings, being a shortfall of £2.4m against original target. 77.8% of plan has been reported as delivered in April 13.

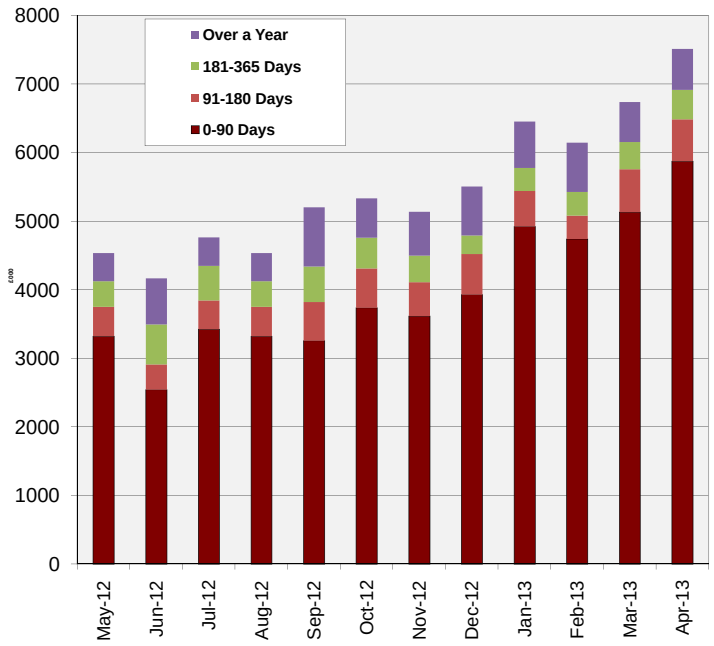
VALUE FOR MONEY - BALANCE SHEET

BALANCE SHEET	Mar-13 £000's Actual	Apr-13 £000's Actual
Non Current Assets		
Intangible assets	5,318	5,160
Property, plant and equipment	354,680	353,855
Trade and other receivables	3,125	3,183
TOTAL NON CURRENT ASSETS	**363,123**	**362,198**
Current Assets		
Inventories	13,064	13,869
Trade and other receivables	44,616	42,408
Other Assets	40	40
Cash and cash equivalents	19,986	19,957
TOTAL CURRENT ASSETS	**77,706**	**76,274**
Current Liabilities		
Trade and other payables	(75,559)	(73,056)
Dividend payable	0	(964)
Borrowings	(2,726)	(2,800)
Provisions for liabilities and charges	(1,906)	(1,906)
TOTAL CURRENT LIABILITIES	**(80,191)**	**(78,726)**
NET CURRENT ASSETS (LIABILITIES)	**(2,485)**	**(2,452)**
TOTAL ASSETS LESS CURRENT LIABILITIES	**360,638**	**359,746**
Non Current Liabilities		
Borrowings	(10,906)	(10,958)
Other Liabilities	0	0
Provisions for liabilities and charges	(2,407)	(2,454)
TOTAL NON CURRENT LIABILITIES	**(13,313)**	**(13,412)**
TOTAL ASSETS EMPLOYED	**347,325**	**346,334**
Public dividend capital	277,733	277,733
Revaluation reserve	64,628	64,626
Retained earnings	4,960	3,975
TOTAL TAXPAYERS EQUITY	**347,325**	**346,334**

Commentary

There have been no significant changes in balances since the year end.

Twelve Month Debtors Aged Profile - Non NHS Debt



Type of Debtors	0-90 days £000s	91-180 days £000s	181-365 days £000s	365+ Days £000s	TOTAL £000s
NHS Sales ledger	5,878	611	427	598	**7,514**
Non NHS sales ledger by division:					
Corporate Division	2,069	-75	-33	68	**2,029**
Planned Care Division	907	97	139	268	**1,411**
Women's and Children's Division	753	325	143	73	**1,294**
Acute Care Division	2,149	264	178	189	
Total Non-NHS sales ledger	5,878	611	427	598	**4,734**
Total Sales Ledger	**11,756**	**1,222**	**854**	**1,196**	**15,028**
Other Debtors					
WIP					4,867
SLA Phasing & Performance					2,845
Bad debt provision					(1,098)
VAT - net					1,050
Other receivables and assets					19,756
				TOTAL	**42,448**

Accounts receivable metrics:

Invoice cycle time	Apr - 13 Days	Mar - 13 Days
Req date to invoice raised	22.3	19.4
Service to invoice raised	32.1	31.4

Non-NHS days sales outstanding (DSO)	Apr - 13 YTD Days	Mar - 13 YTD Days
DSO (all debt)	50.8	51.1
DSO (In year debt)	28.5	30.2

VALUE FOR MONEY - CASH FLOW

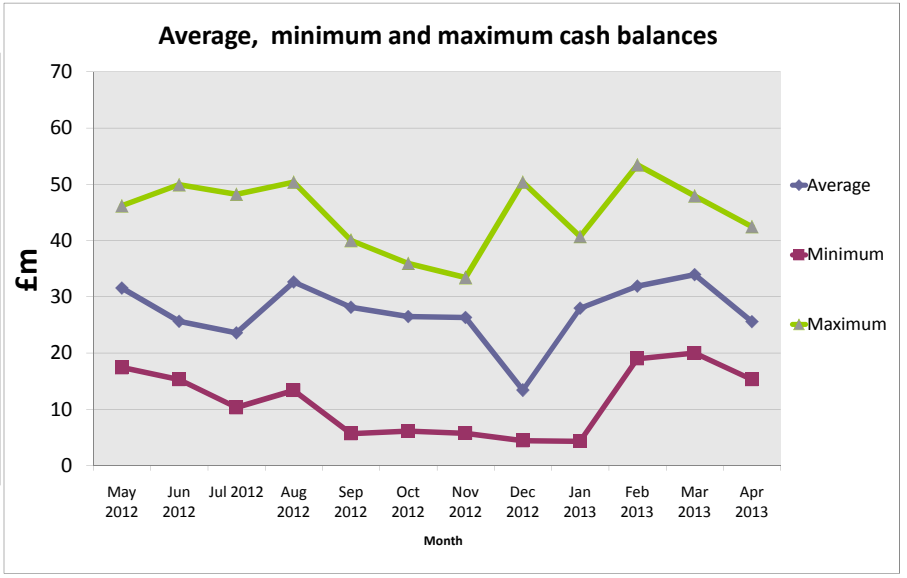
Cash Flow for the period ended 30th April	2013/14 April Plan £ 000	2013/14 April Actual £ 000	2013/14 April Variance £ 000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating surplus before Depreciation and Amortisation	3,247	2,524	(723)
Donated assets received credited to revenue and non cash	(25)	-	25
Interest paid	(70)	(71)	(1)
Movements in Working Capital:			-
- Inventories (Inc)/Dec		(805)	(805)
- Trade and Other Receivables (Inc)/Dec	(273)	3,745	4,018
- Trade and Other Payables Inc/(Dec)	(28)	(1,539)	(1,511)
- Provisions Inc/(Dec)	(178)	47	225
PDC Dividends paid	-	-	-
Other non-cash movements	-	(168)	(168)
Net Cash Inflow / (Outflow) from Operating Activities	**2,673**	**3,733**	**1,060**
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest Received	8.0	8.0	-
Payments for Property, Plant and Equipment	(1,733)	(3,515)	(1,782)
Capital element of finance leases	(385)	(501)	(116)
Net Cash Inflow / (Outflow) from Investing Activities	**(2,110)**	**(4,008)**	**(1,898)**
CASH FLOWS FROM FINANCING ACTIVITIES			
New PDC	-	246	246
Other Capital Receipts		-	-
Net Cash Inflow / (Outflow) from Financing	**-**	**246**	**246**
Opening cash	19,986	19,986	**-**
Increase / (Decrease) in Cash	563	(29)	**(592)**
Closing cash	**20,549**	**19,957**	**(592)**

Rolling 12 month cashflow forecast - May 2013 to April 2014	2013/14 May Forecast £ 000	2013/14 June Forecast £ 000	2013/14 July Forecast £ 000	2013/14 August Forecast £ 000	2013/14 September Forecast £ 000	2013/14 October Forecast £ 000	2013/14 November Forecast £ 000	2013/14 December Forecast £ 000	2013/14 January Forecast £ 000	2013/14 February Forecast £ 000	2013/14 March Forecast £ 000	2014-15 April Forecast £ 000
CASH FLOWS FROM OPERATING ACTIVITIES												
Operating surplus before Depreciation and Amortisation	5,321	1,933	5,321	5,321	2,810	6,199	4,566	2,648	5,321	1,279	3,366	2,098
Donated assets received credited to revenue and non cash	(25)	(25)	(25)	(25)	(25)	(25)	(25)	(25)	(25)	(25)	(26)	(26)
Interest paid	(75)	(75)	(76)	(76)	(76)	(77)	(77)	(77)	(77)	(79)	(78)	(82)
Movements in Working Capital:												
- Inventories (Inc)/Dec	-	-	-	-	-	-	-	-				
- Trade and Other Receivables (Inc)/Dec	20	67	17	34	67	14	50	65	20	74	2,937	(2,869)
- Trade and Other Payables Inc/(Dec)	(42)	(65)	(65)	(65)	(65)	(65)	(65)	(65)	(65)	(65)	(64)	(83)
- Provisions Inc/(Dec)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)
PDC Dividends paid	-	-	-	-	(5,615)	-	-	-	-	-	(5,619)	-
Other non-cash movements	-	-	-	-	-	-	-	-	-	-	-	-
Net Cash Inflow / (Outflow) from Operating Activities	**5,190**	**1,826**	**5,163**	**5,180**	**(2,912)**	**6,038**	**4,440**	**2,537**	**5,166**	**1,176**	**508**	**(970)**
CASH FLOWS FROM INVESTING ACTIVITIES												
Interest Received	5.6	6.0	6.3	7.2	6.7	6.3	7.2	7.5	8.0	8.0	8.0	6.0
Payments for Property, Plant and Equipment	(2,251)	(2,250)	(2,251)	(2,250)	(2,251)	(2,250)	(2,251)	(2,251)	(2,252)	(2,251)	(2,262)	(2,294)
Capital element of finance leases	(382)	(382)	(382)	(382)	(382)	(382)	(382)	(382)	(382)	(382)	(384)	(391)
Net Cash Inflow / (Outflow) from Investing Activities	**(2,627)**	**(2,626)**	**(2,627)**	**(2,625)**	**(2,626)**	**(2,626)**	**(2,626)**	**(2,625)**	**(2,626)**	**(2,625)**	**(2,638)**	**(2,679)**
CASH FLOWS FROM FINANCING ACTIVITIES												
New PDC	-	-	-	-	-	-	-	-	-	-		
Other Capital Receipts	-	-	-	-	-	-	-	-	-	-		
Net Cash Inflow / (Outflow) from Financing	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**				
Opening cash	14,083	16,646	15,846	18,382	20,938	15,399	18,811	20,626	20,538	23,078	21,629	19,499
Increase / (Decrease) in Cash	2,563	(800)	2,537	2,555	(5,539)	3,412	1,814	(88)	2,540	(1,449)	(2,130)	(3,649)
Closing cash	**16,646**	**15,846**	**18,382**	**20,938**	**15,399**	**18,812**	**20,626**	**20,538**	**23,078**	**21,629**	**19,499**	**15,850**

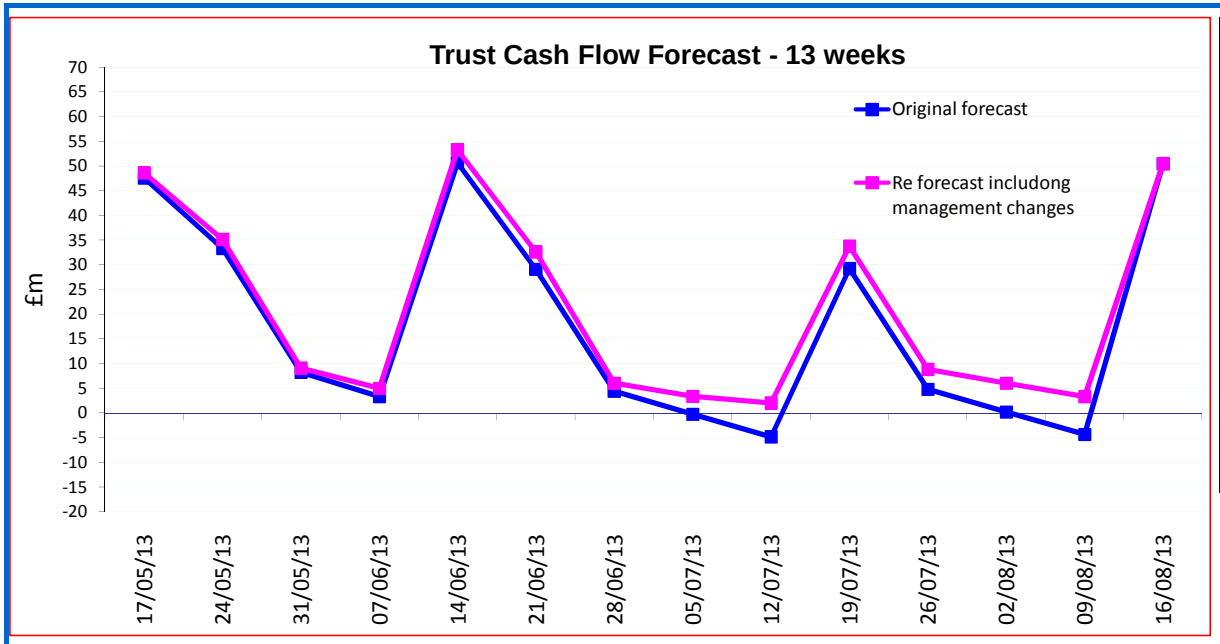
Commentary

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

- (£0.7m) adverse variance in the EBITDA YTD position
- (£1.5m) decrease in trade and other payables
- £4.0m decrease in trade and other receivables
- (£1.8m) cash over spend on capital expenditure and finance leases



VALUE FOR MONEY - CASH FLOW



Underlying cash position to 16/08/2013	
	£'000
Cash balance as at 17/05/2013	**48,577**
Cash to be received:	
Contract income	156,953
Other debtor receipts	27,551
VAT reclaimed	2250
Total	**186,754**
Cash to be paid out:	
Creditor payments	-78,896
Payroll (including tax and NI)	-105,988
Total	**-184,884**
Unadjusted cash as at 16/08/2013	**50,447**

Commentary

The Trust has maintained a £19.9m cash balance at the end of April.

We have now cleared the backlog of payable invoices remaining from 2012-13 which arose due to the extension of payment terms in late 2012-13.

In mid July and August the cash balance is forecast to fall below the £2m minimum allowable level that has been set by the Trust. Actions to be taken include limiting supplier payment runs and negotiating with CCGs for an earlier payment of monthly SLA funds if necessary.

VALUE FOR MONEY - CAPITAL BUDGET

Capital Expenditure Report for the Period 1st April 2013 to 31st March 2014

	Capital Plan 2013/14	YTD Spend 13/14	Expenditure Profile													
			Actual	Forecast											Forecast	
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Out Turn	Variance
	£000'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	£000's	£000's	£'000's
Sub Group Budgets																
IM&T	3,375	69	69	347	487	95	132	248	281	398	166	270	540	342	3,375	0
Medical Equipment	4,187	264	264	432	176	402	518	602	709	305	46	190	213	330	4,187	0
Facilities Sub Group	6,000	286	286	260	248	283	326	397	365	373	568	897	919	1,078	6,000	0
Total Sub Groups	**13,562**	**619**	**619**	**1,039**	**911**	**780**	**976**	**1,247**	**1,355**	**1,076**	**780**	**1,357**	**1,672**	**1,750**	**13,562**	**0**
Acute Care																
Divisional Discretionary Capital	200	8	8	7	9	12	8	12	13	12	17	23	23	56	200	0
Emergency Flow	5,000	2	2	417	417	417	417	417	417	417	417	465	600	597	5,000	0
Acute Care: Other		132	132	0	0	0	0	0	0	0	0	0	0	0	132	-132
Total Acute Care	**5,200**	**142**	**142**	**424**	**426**	**429**	**425**	**429**	**430**	**429**	**434**	**488**	**623**	**653**	**5,332**	**-132**
Planned Care																
Divisional Discretionary Capital	200	126	126	13	10	10	10	10	10	11	0	0	0	0	200	0
Osborne Ventilation	566	0	0	0	0	0	142	142	142	141	0	0	0	0	566	0
Endoscopy Redesign	255	0	0	64	64	64	64	0	0	0	0	0	0	0	255	0
Planned Care: Other		-8	-8	10	0	0	0	0	0	0	0	0	0	0	2	-2
Total Planned Care	**1,021**	**118**	**118**	**87**	**74**	**74**	**215**	**152**	**152**	**153**	**0**	**0**	**0**	**0**	**1,023**	**-2**
Women's & Children's																
Divisional Discretionary Capital	200	16	16	17	9	12	8	12	13	12	17	23	23	38	200	0
Maternity Interim Development	2,800	3	3	117	231	272	272	272	272	272	272	272	272	272	2,800	0
Women's & Children's: Other		50	50	50	58	0	0	0	0	0	0	0	0	0	158	-158
Total Women's & Children's	**3,000**	**69**	**69**	**184**	**297**	**284**	**280**	**284**	**286**	**284**	**289**	**296**	**295**	**311**	**3,158**	**-158**
Reconfiguration Schemes																
LRI Surgical Triage	1,000	0	0	15	15	30	30	30	45	61	91	152	227	303	1,000	0
Theatres Assessment Area (TAA)	1,549	4	4	65	65	151	151	151	151	151	151	151	151	207	1,549	0
Advanced Recovery LRI & LGH	625	63	63	70	70	19	19	19	28	38	47	115	142	126	756	-131
GGH Vascular Surgery	1,656	0	0	25	25	50	50	50	75	100	125	251	376	529	1,656	0
Hybrid Theatre (Vascular)	1,500	0	0	23	23	45	45	45	68	91	114	227	341	478	1,500	0
Daycase / OPD Hub	2,000	0	0	30	30	61	61	61	91	121	152	303	455	635	2,000	0
LRI Additional CEC	1,500	0	0	23	23	45	45	45	68	91	114	227	341	478	1,500	0
GH Imaging	1,500	0	0	23	23	45	45	45	68	91	114	227	364	455	1,500	0
Feasibility Studies	100	0	0	3	2	5	4	5	6	6	9	17	17	26	100	0
Total Reconfiguration	**11,430**	**68**	**68**	**277**	**276**	**452**	**451**	**452**	**601**	**750**	**917**	**1,670**	**2,414**	**3,236**	**11,561**	**-131**
Corporate / Other Schemes																
Aseptic Suite	650	7	7	130	130	130	130	130	145	0	0	0	0	0	802	-152
Diabetes BRU	600	0	0	150	150	150	150	176	0	0	0	0	0	0	776	-176
Respiratory BRU	500	3	3	200	200	200	158	0	0	0	0	0	0	0	761	-261
MES Installation Costs	1,750	38	38	250	297	250	250	250	250	250	250	250	250	250	2,835	-1,085
Other Developments	68	-10	-10	0	100	100	50	200	200	200	0	0	0	-2,868	-2,028	2,096
	3,568	**38**	**38**	**730**	**877**	**830**	**738**	**756**	**595**	**450**	**250**	**250**	**250**	**-2,618**	**3,146**	**422**
Total Capital Programme	**37,781**	**1,054**	**1,054**	**2,740**	**2,861**	**2,849**	**3,085**	**3,320**	**3,418**	**3,141**	**2,669**	**4,060**	**5,254**	**3,331**	**37,781**	**0**