

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

TRUST BOARD

**MEETING TO BE HELD ON THURSDAY 24 APRIL 2014 FROM 10AM IN THE C J BOND ROOM,
CLINICAL EDUCATION CENTRE, LEICESTER ROYAL INFIRMARY**

Public meeting commences at 12noon

AGENDA

Please take papers as read

| Item no. | Item | Paper ref: | Lead | Discussion time |
|----------|--|------------|--|-----------------|
| 1. | EXCLUSION OF THE PRESS AND PUBLIC It is recommended that, pursuant to the Public Bodies (Admission to Meetings) Act 1960, the press and members of the public be excluded from the following items of business, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (items 1-16). | | | - |
| 2. | APOLOGIES AND WELCOME To receive apologies for absence from Professor D Wynford-Thomas, Non-Executive Director and Mr A Seddon, Director of Finance and Business Services. | - | Acting Chairman | - |
| 3. | DECLARATIONS OF INTERESTS Members of the Trust Board and other persons attending are asked to declare any interests they may have in the business on the agenda (Standing Order 7 refers). Unless the Trust Board agrees otherwise in the case of a non-prejudicial interest, the person concerned shall withdraw from the meeting room and play no part in the relevant discussion or decision. | | | |
| 4. | ACTING CHAIRMAN'S AND CHIEF EXECUTIVE'S OPENING COMMENTS | - | Acting Chairman and Chief Executive | 10 – 10.05am |
| 5. | CONFIDENTIAL MINUTES Confidential Minutes of the 27 March 2014 Trust Board meeting. <i>For approval</i> | A | Acting Chairman | 10.05 – 10.06am |
| 6. | MATTERS ARISING Confidential action log from the 27 March 2014 Trust Board. <i>For approval</i> | B | Acting Chairman | 10.06 – 10.10am |
| 7. | REPORT BY THE DIRECTOR OF HUMAN RESOURCES <i>Personal information, commercial interests, and prejudicial to the conduct of public affairs</i> | C | Director of Human Resources | 10.10 – 10.20am |
| 8. | REPORT BY THE MEDICAL DIRECTOR <i>Personal information, and prejudicial to the conduct of public affairs</i> | D | Medical Director | 10.20 – 10.45am |
| 9. | REPORTS BY THE INTERIM DIRECTOR OF FINANCIAL STRATEGY <i>Commercial interests</i> | E – F1 | Interim Director of Financial Strategy | 10.45 – 10.55am |
| 10. | REPORTS BY THE CHIEF NURSE | G & G1 | Chief Nurse | 10.55 – 11.15am |

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| | <i>Personal information, commercial interests</i> | | | |
| 11. | REPORT BY THE DIRECTOR OF CORPORATE AND LEGAL AFFAIRS <i>Personal information and prejudicial to the conduct of public affairs</i> | H | Director of Corporate and Legal Affairs | 11.15 – 11.20am |
| 12. | REPORTS FROM BOARD COMMITTEES | | | 11.20 – 11.23am |
| 12.1 | FINANCE AND PERFORMANCE COMMITTEE Confidential Minutes of the 26 March 2014 meeting for noting and endorsement of any recommendations. <i>Prejudicial to the conduct of public affairs</i> | I | Ms J Wilson, Non-Executive Director | |
| 12.2 | REMUNERATION COMMITTEE Confidential Minutes of the 27 March 2014 meeting for noting and endorsement of any recommendations. <i>Personal information and prejudicial to the conduct of public affairs</i> | J | Acting Chairman | |
| 13. | PRIVATE TRUST BOARD BULLETIN APRIL 2014 <i>No items for noting.</i> | - | | |
| 14. | CORPORATE TRUSTEE BUSINESS | | | |
| 14.1 | CHARITABLE FUNDS COMMITTEE Confidential Minutes of the 14 April 2014 meeting, for noting and endorsement of any recommendations as Corporate Trustee. <i>Prejudicial to the conduct of public affairs</i> | K | Charitable Funds Committee Chair | 11.23 – 11.25am |
| 15. | ANY OTHER BUSINESS | - | Acting Chairman | 11.25 – 11.30am |
| Comfort break until 12noon | | | | |
| 16. | DECLARATION OF INTERESTS | - | Acting Chairman | - |
| | Members of the Trust Board and other persons attending are asked to declare any interests they may have in the business on the public agenda (Standing Order 7 refers). Unless the Trust Board agrees otherwise in the case of a non-prejudicial interest, the person concerned shall withdraw from the meeting room and play no part in the relevant discussion or decision. | | | |
| 17. | ACTING CHAIRMAN'S AND CHIEF EXECUTIVE'S OPENING COMMENTS | - | Acting Chairman/ Chief Executive | 12noon – 12.05pm |
| 18. | MINUTES | | | |
| | Minutes of the 27 March 2014 Trust Board meeting. <i>For approval</i> | L | Acting Chairman | 12.05 – 12.07pm |
| 19. | MATTERS ARISING | | | |
| | Action log from the 27 March 2014 meeting. <i>For approval</i> | M | Acting Chairman | 12.07 – 12.15pm |
| 20. | REPORT BY THE CHIEF EXECUTIVE | | | |
| | MONTHLY UPDATE REPORT – APRIL 2014 <i>For discussion and assurance</i> | N | Chief Executive | 12.15 – 12.20pm |

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| 21. | CLINICAL QUALITY AND SAFETY | | | |
| 21.1 | RENAL TRANSPLANT SERVICE <i>For assurance</i> | O | Medical Director | 12.20 – 12.30pm |
| 21.2 | PATIENT EXPERIENCE <i>For discussion and assurance</i> | P | Chief Nurse | 12.30 – 12.50pm |
| 21.3 | CQC INSPECTION REPORT AND ACTION PLAN <i>for assurance and approval</i> | Q | Chief Nurse | 12.50 – 1.05pm |
| 21.4 | QUALITY COMMITMENT <i>For approval</i> | R | Chief Nurse | 1.05 – 1.15pm |
| 22. | QUALITY AND PERFORMANCE <i>For assurance</i> | | | |
| 22.1 | <p>MONTH 12 QUALITY, FINANCE AND PERFORMANCE REPORT <i>For assurance</i></p> <p><i>The Trust Board is invited to identify key issues for discussion at the meeting, noting the overall structure of this item as follows:-</i></p> <p><u>Quality</u></p> <p>(a) The Non-Executive Director Chair of the Quality Assurance Committee will be invited to comment verbally on the month 12 position, as considered at the meeting held on 23 April 2014 (the Minutes of which will be presented to the 29 May 2014 Trust Board);</p> <p>(b) Lead Executive Directors will then be invited to comment by exception on their respective sections of the month 12 report, specifically:-</p> <ul style="list-style-type: none"> • Chief Nurse – patient safety and quality, quality commitment, patient experience; • Medical Director – mortality rates; <p><u>Finance and Performance</u></p> <p>(c) Acting Trust Chairman to comment verbally on the month 12 position, as considered at the Finance and Performance Committee meeting held on 23 April 2014 (the Minutes of which will be presented to the 29 May 2014 Trust Board).</p> <p>(d) Lead Executive Directors will then be invited to comment by exception on their respective sections of the month 12 report, specifically:-</p> <ul style="list-style-type: none"> • Chief Operating Officer – operational performance and exception reports; • Director of Human Resources – staff appraisal, sickness absence and statutory and mandatory training compliance; • Chief Executive – information management and technology performance; • Chief Nurse – facilities management, and • Interim Director of Financial Strategy – month 12 financial position. | S (to follow) | <p>QAC Chair</p> <p>Chief Nurse</p> <p>Medical Director</p> <p>Acting Trust Chairman</p> <p>Chief Operating Officer</p> <p>Director of Human Resources</p> <p>Chief Executive</p> <p>Chief Nurse</p> <p>Interim Director of Financial Strategy</p> | 1.15 – 1.40pm |

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| 22.2 | 2013-14 YEAR-END FINANCIAL POSITION <i>For assurance</i> | T | Interim Director of Financial Strategy | 1.40 – 1.50pm |
| 22.3 | UPDATE ON SUBMISSION OF UHL'S 2-YEAR ANNUAL OPERATING PLAN <i>For assurance</i> Also covering:- <ul style="list-style-type: none"> • 2014-15 financial plan • Capacity plan (to follow) • Workforce plan | U | Interim Director of Financial Strategy /Director of Strategy/Director of Human Resources/Chief Operating Officer/Chief Nurse | 1.50 – 2.10pm |
| 22.4 | EMERGENCY CARE PERFORMANCE AND RECOVERY PLAN <i>For discussion and assurance</i> | V | Chief Operating Officer | 2.10 – 2.20pm |
| 22.5 | NHS TRUST OVER-SIGHT SELF CERTIFICATION <i>For discussion and approval</i> | W | Director of Corporate and Legal Affairs | 2.20 – 2.25pm |
| 23. | STRATEGY AND FORWARD PLANNING | | | |
| 23.1 | EMERGENCY FLOOR – UPDATE <i>For discussion and assurance</i> | X (to follow) | Director of Strategy | 2.25 – 2.40pm |
| 23.2 | DELIVERING CARING AT ITS BEST – UPDATE <i>For discussion and assurance</i> | Y | Chief Executive | 2.40 – 2.50pm |
| 23.3 | UHL-NORTHANTS CANCER ALLIANCE <i>For assurance</i> | Z | Director of Strategy | 2.50 – 3pm |
| 23.4 | ESTABLISHMENT OF UHL MEMBERS' ENGAGEMENT FORUM <i>For discussion and approval</i> | AA (to follow) | Director of Marketing and Communications | 3 – 3.10pm |
| 24. | RESEARCH, DEVELOPMENT, AND EDUCATION | | | 3.10 – 3.40pm |
| 24.1 | NIHR CRN: EAST MIDLANDS ANNUAL PLAN AND ASSURANCE FRAMEWORK 2014-15 <i>For discussion and assurance</i> | BB | Medical Director | |
| 24.2 | R&D QUARTERLY UPDATE <i>For assurance</i> | CC | Medical Director | |
| 24.3 | MEDICAL EDUCATION – QUARTERLY UPDATE INCLUDING THE QUALITY DASHBOARD <i>For assurance</i> | DD | Medical Director | |
| 25. | RISK | | | |
| | BOARD ASSURANCE FRAMEWORK – UPDATE <i>For discussion and assurance</i> | EE | Chief Nurse | 3.40 – 3.50pm |
| 26. | REPORTS FROM BOARD COMMITTEES | | | 3.50 – 3.53pm |
| 26.1 | AUDIT COMMITTEE Minutes of the 15 April 2014 meeting will be submitted to the May 2014 Trust Board. | | | |
| 26.2 | FINANCE AND PERFORMANCE COMMITTEE Minutes of the 26 March 2014 meeting for noting and endorsement of any recommendations. | FF | Acting Chairman | |
| 27. | TRUST BOARD BULLETIN – APRIL 2014 | GG | - | - |
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| 28. | CORPORATE TRUSTEE BUSINESS | | | |
| 28.1 | CHARITABLE FUNDS COMMITTEE Minutes of the 14 April 2014 meeting, for noting and endorsement of any recommendations as Corporate Trustee. | HH | Charitable Funds Committee Chair | 3.53 – 3.55pm |
| 29. | QUESTIONS FROM THE PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING | | Acting Chairman | 3.55 – 4.10pm |
| 30. | ANY OTHER BUSINESS | | Acting Chairman | 4.10 – 4.15pm |
| 31. | DATE OF NEXT MEETING | | | |
| | The next Trust Board meeting will be held on Thursday 29 May 2014 from 9.30am in Seminar Rooms 2 & 3, Clinical Education Centre, Glenfield Hospital. | - | | |

Helen Stokes
Senior Trust Administrator



UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 27 MARCH 2014 AT
10AM AT VOLUNTARY ACTION LEICESTERSHIRE, 9 NEWARKE STREET,
LEICESTER LE1 5SN**

Present:

Mr R Kilner – Acting Trust Chairman
Mr J Adler – Chief Executive (excluding Minutes 74/14 – 81/14 inclusive and for Minute 95/14/1)
Colonel (Retired) I Crowe – Non-Executive Director
Dr S Dauncey – Non-Executive Director
Ms K Jenkins – Non-Executive Director
Mr R Mitchell – Chief Operating Officer
Ms R Overfield – Chief Nurse
Mr P Panchal – Non-Executive Director
Ms J Wilson – Non-Executive Director
Professor D Wynford-Thomas – Non-Executive Director

In attendance:

Dr J Banerjee – ED Consultant (for Minute 87/14/1)
Dr T Bentley – Leicester City CCG
Ms K Bradley – Director of Human Resources
Mr E Charlesworth – Healthwatch Representative (from Minute 82/14)
Mr A Furlong – Deputy Medical Director
Mr P Hollinshead – Interim Director of Financial Strategy
Ms H Leatham – Head of Nursing (for Minute 87/14/1)
Ms K Shields – Director of Strategy
Ms H Stokes – Senior Trust Administrator
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Marketing and Communications

ACTION

68/14 EXCLUSION OF THE PRESS AND PUBLIC

Resolved – that, pursuant to the Public Bodies (Admission to Meetings) Act 1960, the press and members of the public be excluded during consideration of the following items of business (Minutes 68/14 – 96/14), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

69/14 APOLOGIES

Apologies for absence were received from Dr K Harris, Medical Director and Mr A Seddon, Director of Finance and Business Services.

70/14 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

There were no declarations of interests regarding the business being transacted.

71/14 ACTING CHAIRMAN'S AND CHIEF EXECUTIVE'S OPENING COMMENTS

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

72/14 CONFIDENTIAL MINUTES

Resolved – that this Minute be classed as confidential and taken in private

accordingly, on the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

73/14 CONFIDENTIAL MATTERS ARISING REPORT

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

74/14 REPORT BY THE DEPUTY MEDICAL DIRECTOR

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds of commercial interests and that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

75/14 REPORTS BY THE DIRECTOR OF HUMAN RESOURCES

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds of personal information and that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

76/14 REPORT BY THE DIRECTOR OF STRATEGY

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds of commercial interests.

77/14 REPORT BY THE INTERIM DIRECTOR OF FINANCIAL STRATEGY

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds of commercial interests.

78/14 REPORT BY THE CHIEF NURSE

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds of personal information.

79/14 REPORTS BY THE DIRECTOR OF CORPORATE AND LEGAL AFFAIRS

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds of personal information and on the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

80/14 REPORTS FROM BOARD COMMITTEES

80/14/1 Audit Committee

Resolved – that this item be classed as confidential and taken in private accordingly on the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

80/14/2 Finance and Performance Committee

Resolved – that this item be classed as confidential and taken in private accordingly on the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

80/14/3 Quality Assurance Committee

Resolved – that the confidential Minutes of the 26 February 2014 QAC be received, and the recommendations and decisions therein be endorsed and noted respectively.

80/14/4 Remuneration Committee

Resolved – that the confidential Minutes of the 27 February 2014 Remuneration Committee be received, and the recommendations and decisions therein be endorsed and noted respectively.

81/14 **PRIVATE TRUST BOARD BULLETIN – MARCH 2014**

There were no Bulletin items for noting.

82/14 **DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS**

There were no declarations of interests relating to the public items being discussed.

83/14 **ACTING CHAIRMAN'S AND CHIEF EXECUTIVE'S OPENING COMMENTS**

The Acting Chairman drew members' attention to the following issues:-

- (a) his thanks to both Voluntary Action Leicestershire and Healthwatch for hosting this externally-sited UHL Trust Board meeting, and his appreciation to everyone who was attending the meeting today. Two further UHL Trust Board meetings would be held in external locations during 2014 (July and October) in the East and West of the area, and
- (b) his regret that the Trust Board was not able to discuss publicly the Care Quality Commission's report following its January 2014 visit to UHL, as this remained embargoed by the CQC until 28 March 2014. A briefing would be provided to stakeholders by UHL, and the CQC report would then be discussed in the public session of the April 2014 Trust Board.

DMC

Resolved – that a briefing on the CQC report be provided to stakeholders, ahead of public discussion at the 24 April 2014 Trust Board.

**DMC/
CN**

84/14 **MINUTES**

Resolved – that the Minutes of the 27 February 2014 Trust Board be confirmed as a correct record.

85/14 **MATTERS ARISING FROM THE MINUTES**

Paper M detailed the status of previous matters arising, particularly noting those without a specific timescale for resolution. In discussion on the matters arising report, the Board received updated information in respect of the following items:-

- (a) **item 4** (Minute 57/14/1 of 27 February 2014) – the Chief Nurse confirmed that Maternity patient information leaflets were being produced in the 6 most common Leicester(shire) languages. In response to a query from Ms K Jenkins, Non-Executive Director, the Chief Nurse agreed to meet with the Trust's Service Equality Manager regarding information for people unable to read (eg use of DVDs etc);
- (b) **item 11** (Minute 58/14/3 of 27 February 2014) – this was addressed by paper W1 in Minute 90/14/1 below;
- (c) **item 14** (Minute 59/14/2 of 27 February 2014) – this was addressed by the presentation at Minute 90/14/2 below;
- (d) **item 20** (Minute 22/14/1 of 30 January 2014) – a service level strategy had been agreed

CN

- with the acupuncture service, and Commissioner intentions were now awaiting agreement. A further update was already scheduled for the May 2014 Trust Board;
- (e) **item 23** (Minute 24/14/1(B) of 30 January 2014) – quality diamonds had now been developed as appropriate;
 - (f) **item 28** (Minute 303/13/2 of 28 November 2013) – the timescale for the emergency floor business case would be circulated to Trust Board members for information once finalised. The Chief Executive emphasised the need to see this development in the context of the overall financial recovery plan, however, and
 - (g) **item 29** (Minute 227/13/5 of 31 October 2013) – workforce discussions would be prioritised through appropriate quarterly use of an Executive Strategy Board meeting rather than establishing a separate forum as originally proposed. All Executive and Clinical Management Group Directors would therefore be present.

CE

Resolved – that the update on outstanding matters arising and the associated actions above, be noted.

NAMED
EDs

86/14 REPORT BY THE CHIEF EXECUTIVE

86/14/1 Monthly Update Report – March 2014

The Chief Executive advised that most of the key issues within his monthly report at paper N were covered on the Trust Board agenda. As mentioned in Minute 83/14 above, the CQC reports remained embargoed until 28 March 2014, when they would be publicly available on both the CQC and UHL websites. As the first Trust to be published within the new CQC inspection regime, UHL would receive an overview report, 4 site-specific reports (including St Mary's Birthing Unit, Melton) and a ratings grid. The report had been discussed at a quality summit event on 26 March 2014 involving all key stakeholders (including Healthwatch) and would feature on the public Trust Board agenda for April 2014.

CN

The Chief Executive also highlighted the Trust's financial position (noting a slightly improved month 11 position but still forecasting a £39.8m deficit for year-end) and its emergency performance (showing variable performance for March 2014 and particularly noting the achievement of the 95% 4-hour target during the 'super weekends' run to date). Work continued to develop an LLR 5-year strategy (required by June 2014) and it was noted that Leicester, Leicestershire and Rutland was one of the 12 'distressed health economies' receiving national support.

Resolved – that (A) the Chief Executive's March 2014 monthly update be noted, and (B) the CQC report be discussed at the 24 April 2014 Trust Board.

CN

86/14 CLINICAL QUALITY AND SAFETY

86/14/1 Patient Experience – Patient Story Relating to End of Life Care in ED

Members watched a positive patient experience story relating to UHL end of life care within the Emergency Department, noting that both the patient's relative and an ED Consultant were present for this item. The Trust Board thanked the patient's relative for sharing her story with the Trust. In discussion on the issues raised by the patient experience story, the Trust Board noted:-

- (a) the various ways that patient experience feedback was used within ED, as outlined by the ED Consultant;
- (b) a query from Mr E Charlesworth, Healthwatch representative as to the clinical justification for transferring the patient into hospital (from a residential home) and the number of patients brought into hospital under similar circumstances. Dr T Bentley, CCG representative noted his interest in exploring ambulance service issues from

- this story outside the meeting, given the care plan in place for this patient, and
- (c) a Non-Executive Director query as to what measures needed to be put in place to ensure that end of life care was always as positive within ED, even at times of great pressure within the Department. In response, the ED Consultant outlined the importance of staff training and policies/procedures. However, he also acknowledged the challenge of changing the culture underlying emergency care provision. Patient feedback was also crucial, and was used to reinforce training messages. The Chief Executive commented on the need for both appropriate physical space and adequate staffing in order to provide high quality end of life care to patients and their relatives.

Resolved – that the ED end of life care patient experience story be noted.

88/14 HUMAN RESOURCES

88/14/1 Listening into Action (LiA) Quarterly Update and 2014-15 Action Plan

Paper P from the Director of Human Resources updated members on progress in adopting 'Listening into Action' (LiA) since April 2013, and outlined plans to embed it further across UHL during 2014-15. The report particularly highlighted the significant improvement in pulse check scores between March 2013 and January 2014, and outlined UHL's position in comparison to other LiA organisations. A second Trust-wide 'Pass It On' event was scheduled for 8 May 2014, to share progress by the wave 2 pioneering teams, and all Trust Board members were welcome to attend. In welcoming the LiA update and discussing the report at paper P, the Trust Board:-

(a) queried whether UHL was now on a par with other Trusts nationally in terms of its LiA performance and pulse check results. In response, the Director of Human Resources advised that some Trusts were performing exceptionally well nationally in certain LiA areas, and she agreed to provide further detail outside the meeting on the spread of results. The Acting Chairman asked that the information circulated be sufficient to provide a meaningful comparison, eg including top decile and quartile positions;

DHR

(b) reiterated concerns over the disappointing staff attitude and opinion survey results (as discussed at the February 2014 Trust Board meeting), which did not tally with the pulse check improvements;

(c) noted (in response to a query) the various ways in which LiA success stories were shared internally, and how staff motivation was being maintained. Methods included regular LiA updates in payslips, a newsletter and fortnightly group meetings;

(d) queried the desired outcomes in terms of patient and public involvement. Although this was dependent on the specific workstream, the Director of Human Resources confirmed that service users were involved where appropriate, and

(e) noted a Non-Executive Director query as to the evenness of LiA roll-out across UHL. In response, and although noting that teams volunteered to take part, the Director of Human Resources acknowledged the need to ensure as even a spread as possible when selecting projects for LiA.

Resolved – that (A) the LiA update be noted, and

(B) further information on the Pulse Check results be circulated outside the meeting, providing a meaningful comparison and covering:-

DHR

- the spread of results across all LiA individual organisations, and
- top decile and quartile organisations.

88/14/2 Organisational Development (OD) Plan Priorities 2013-15 – Quarterly Update

Paper Q from the Director of Human Resources advised members of January 2014 – March 2014 progress against UHL's organisational Development plan priorities, including the quarterly analysis of key HR performance indicators. The Director of Human Resources drew members' attention to UHL's achievement of its minimum 75% compliance target on statutory and mandatory training requirements (deadline of 31 March 2014), and noted ongoing work towards the national target of 95%. An Internal Audit (PwC) review of UHL's OD Plan had graded it as low risk (green) and PwC's best practice model would be incorporated as part of the OD Plan refresh now underway. Members also noted that UHL's 'salary maxing car scheme' had been 'highly commended' within the national 2014 Pay and Benefits Awards. With regards to induction, a new weekly programme for new starters would begin from 1 April 2014. In discussion on the OD Plan update, the Trust Board:-

- (a) requested that the next quarterly update include feedback on the new induction programme. Members also requested that a sample programme for the new induction be circulated to them for information, and
- (b) congratulated the Director of Human Resources and her team on the quality and userfriendliness of the statutory and mandatory training packages.

DHR

Resolved – that (A) the next quarterly update (June 2014) include feedback on the new induction programme, and (B) a sample agenda for the new induction programme be circulated to Trust Board members for information.

DHR

DHR

89/14 **QUALITY AND PERFORMANCE**89/14/1 Month 11 Quality and Performance Report

The month 11 quality and performance report (paper R - month ending 28 February 2014) advised of red/amber/green (RAG) performance ratings for the Trust, and set out performance exception reports in the accompanying appendices. Ms J Wilson, Non-Executive Director and Quality Assurance Committee (QAC) Chair advised members that there had been no March 2014 QAC meeting due to 26 March 2014 being used for the Quality Summit. An extended QAC meeting would therefore take place in April 2014.

With regard to the quality section within the month 11 report, members noted the likely achievement of the clostridium difficile trajectory, which was welcomed. Good progress continued in respect of nursing vacancies, with a further cohort of international nurses arriving at UHL in May 2014 (in addition to local University students in April 2014). The Chief Nurse noted, however, that a significant number of shifts remained unfilled at present. Sepsis work had also begun, recognising the crucial importance of early identification. The Deputy Medical Director then further advised on quality issues, noting that UHL's SHMI remained within expected tolerances – a monthly SHMI analysis was now available which showed that UHL's mortality rate was trending downwards. Of three maternal deaths reported this calendar year, none had been due to maternity factors. Further findings on the never event reported to the February 2014 Trust Board would be submitted to the April 2014 QAC. The Deputy Medical Director also noted improved consistency in delivering the fractured neck of femur target.

In discussion on the quality issues within the month 11 report, the Trust Board:-

- (a) noted comments from Dr T Bentley, CCG representative, on a Leicester City CCG audit planned for 2014-15 re: antibiotics and acid-suppression drugs linked to clostridium difficile. With regard to SHMI rates, he also advised that he would continue to work with EMAS on end of life care planning;

(b) queried what action was planned by UHL to address a marked reduction in the Friends and Family Test (FFT) score for a particular ward within Women's and Children's CMG. The Chief Nurse advised that UHL used a 3-month trend indicator to identify any recurring issues, and she confirmed that she or a senior member of her team would always visit ward areas immediately to discuss changes in FFT scores;

(c) noted (in response to concerns voiced by the Non-Executive Director Audit Committee Chair) that the early alerting system gave UHL an opportunity to spot any wards in potential difficulties and implement remedial measures accordingly. No wards had yet been placed in special measures, and

(d) noted an explanation of 'never events' as now provided by the Director of Marketing and Communications. Quarterly national information indicated that other similar-sized Trusts had reported more never events than UHL. In response to a query from the Acting Trust Chairman, it was noted that Trusts having declared zero never events were usually the smaller specialist Trusts.

The Chief Operating Officer summarised operational performance, particularly noting the agreement of RTT plans with CCGs. A detailed plan was also now in place to address cancelled operations, particularly for those patients cancelled on the day of their operation. All 8 cancer targets had been met in both January and February 2014. However, the TIA target had not been achieved in month 11, although performance was back on track for March 2014. In discussion on operational performance, the Trust Board:-

(i) noted concerns from Dr T Bentley, CCG representative, over both cancellations and the non-achievement of the TIA target, although he noted the improvements during March 2014. Dr Bentley also raised concerns over Choose and Book availability, noting the March 2015 target for paperless referrals and querying whether slot availability would continue to be an issue. The Chief Operating Officer advised that February 2014 underperformance related primarily to a rise in referrals, and he outlined the steps taken by UHL to try and increase clinic capacity. The Chief Executive agreed that the future Choose and Book system change needed a higher profile within the Trust, and he agreed to discuss this further outside the meeting. In response to a Non-Executive Director query, Dr T Bentley and the Trust's Chief Operating Officer both advised that patient issues with Choose and Book related more to frustration with appointments rather than any patient harm through delays, and

CE/COO

(ii) queried how appropriate planning could reduce the % of cancelled operations, noting the significant number of patients who could be involved.

Lead Directors advised that there were no specific HR nor IM&T issues to report beyond the information within paper R. With regard to facilities management, the Chief Nurse advised that UHL had issued no contract warnings to Interserve in the months of December 2013 and January 2014, which was welcomed. In response to a query from Professor D Wynford-Thomas, Non-Executive Director over anecdotal catering and portering concerns, the Chief Nurse considered that there were always likely to be certain issues within a Trust of UHL's size, although she acknowledged the continuing need for Interserve to rebuild its reputation from 2013.

With regard to financial performance, it was noted that this would be covered in detail in Minute 89/14/2 below. Mr R Kilner, Acting Trust Chairman and Finance and Performance Committee Chair, noted the 26 March 2014 Finance and Performance Committee's particular discussions on the 2-year operational plan and capital plan.

Resolved – that (A) the quality and performance – report for month 11 (month ending 28 February 2014) be noted;

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(B) the never event investigation be reported to the April 2014 QAC, and

(C) the implications of the forthcoming changes to the Choose and Book system be discussed in detail outside the meeting, to ensure an appropriate level of awareness within the Trust.

CE/COO

89/14/2 Financial Position 2013-14 to Month 11 and Year-End Forecast

Paper S advised members of UHL's financial position as at month 11 and its year-end forecast, including performance against the Trust's three statutory financial duties (as now explained for the benefit of public attendees). In light of the forecast £39.8m year-end deficit, UHL would not meet its duty to deliver a planned surplus. UHL was expected to achieve the remaining two statutory financial duties. There was currently no further contingency within the 2013-14 financial plan for unexpected events prior to 1 April 2014 – although technically a risk therefore, the Interim Director of Financial Strategy was confident that likely events were covered. UHL was reviewing its debtor processes, as per discussions at the March 2014 Audit Committee. In response to a Non-Executive Director query, the Interim Director of Financial Strategy confirmed that financial controls would remain in place for 2014-15.

Resolved – that the financial position for month 11 and 2013-14 year-end forecast be noted.

89/14/3 UHL 2014-15 Going Concern Statement

In line with International Accounting Standard 1, paper T set out UHL's 'Going Concern Statement' for 2014-15, for approval by the Trust Board. The Statement had been reviewed by the Trust's Internal Auditors and also presented to the Audit Committee on 7 March 2014. The Non-Executive Director Audit Committee Chair reiterated her support for the Statement, and noted the crucial importance of cash issues and UHL being allowed to operate under deficit conditions. The Interim Director of Financial Strategy advised that UHL had secured a short-term loan until the end of June 2014, and thereafter would apply for a longer-term loan having demonstrated by 30 June 2014 its 5-year IBP/LTFM plan.

Resolved – that UHL's 2014-15 Going Concern Statement be approved as presented.

IDFS

89/14/4 Emergency Care Performance and Recovery Plan

Paper U from the Chief Operating Officer advised members of recent performance against the 4 hour emergency care target and detailed the key actions underway to deliver an improved position. February 2014 performance against the target stood at 83.4% (which he recognised as unacceptable), due primarily to increased admissions. Further superweekends run during March 2014 and 7-day working would be key to improving performance but reduced admissions were vital. GP referrals and ED attendances were the two main sources of admissions, and work was underway with Dr T Bentley, CCG representative, on the former issue. Dr Bentley outlined some useful joint working taking place including the UHL Chief Operating Officer's attendance at the North East Leicestershire Locality meeting (discussions on the elderly frailty unit and on shared primary/secondary care plans). The Chief Executive also noted multi-agency meetings exploring best practice checklists and the development of a 10-page plan. The Chief Operating Officer advised that UHL was taking all practicable steps to remedy its emergency target performance, and emphasised the crucial need to move to a sustainable position.

In discussion, the Trust Board:-

- (a) noted a Non-Executive Director query on how to ensure clinical quality remained paramount when deciding whether to admit patients. The Deputy Medical Director considered that although it was accepted that GP referrals were predominantly justified, patients were often admitted due to an absence of suitable alternative

- facilities in the community;
- (b) noted the previous GP Hotline initiative by UHL, and suggested a refresh/relaunch might be helpful. The CCG representative agreed to report back on this issue to CCGs accordingly, and
- (c) suggested that a Better Care Together perspective would be useful, to provide assurance of a suitably integrated approach. The Chief Operating Officer agreed to provide further detail on the joint Urgent Care Working Group within his ED performance report for the April 2014 Trust Board accordingly and Dr T Bentley, CCG representative noted that he was also happy to circulate further information on the Better Care Fund outside the meeting.

Resolved – that (A) Dr T Bentley, CCG representative feedback to CCGs regarding the availability of UHL’s GP Hotline, with a renewed communication exercise also to be considered;

(B) the 24 April 2014 Trust Board update on emergency performance include the Urgent Care Working Group action plan covering all LLR actions, and

(C) Dr T Bentley, CCG representative circulate further information on the ‘Better Care Fund’ programme, to Trust Board members outside the meeting.

89/14/5 NHS Trust Over-Sight Self Certifications

The Director of Corporate and Legal Affairs introduced UHL’s self certification returns for March 2014 (paper V), inviting any comments or questions on this report. Members noted the need to change the wording to reflect (i) the agreement of the UHL RTT recovery plan with Commissioners and (ii) the fact that the March 2014 Audit Committee meeting had now taken place. Subject to those updates, the March 2014 self certification against Monitor Licensing Requirements (appendix A), and Trust Board Statements (appendix B) were endorsed for signature by the Chief Executive and submission to the NTDA accordingly.

Resolved – that, subject to the changes above, the NHS Trust Over-Sight Self Certification returns for March 2014 be approved for signature by the Chief Executive, and submitted to the NTDA as required.

90/14 **STRATEGY AND FORWARD PLANNING**

90/14/1 Draft Annual Operational Plans 2014-15 and 2015-16

Paper W provided an executive summary of the UHL’s 2-year operating plan, and sought Trust Board approval for the comprehensive plan which was required to be submitted to the NTDA on 4 April 2014. The report also outlined UHL’s financial plan 2014-15, its high-level capital plan for 2014-15, workforce issues and its quality plan. An additional paper on ‘right-sizing UHL capacity’ was appended at W1. The Director of Strategy also reminded the Trust Board that UHL’s 5-year plan was required by 20 June 2014, aligned to the overall LLR 5-year plan. In introducing paper W, she also noted a number of issues requiring further work, including (i) the pace and scale of change, with discussions underway accordingly with CCGs; (ii) a number of early wins which could be fed into years 3-5 including potentially centralising daycases and elective services, and (iii) buildings plans including the emergency floor scheme, vascular services, and children’s services.

With regard to the capital plan, although the 2014-15 programme was currently overcommitted by £5.3m the Interim Director of Financial Strategy anticipated likely in-year slippage, and he therefore recommended approval of the capital plan accordingly. It was confirmed that authority had already been delegated for the emergency floor enabling schemes through previous business cases.

In discussion on the 2-year operational plan, the Trust Board:-

(a) noted the 26 March 2014 Finance and Performance Committee's support for the plan, noting further work planned on contract and capacity planning issues;

MD/DS

(b) agreed to receive a further update on the vascular service plans (clinical and strategic considerations) at the June 2014 Trust Board meeting;

(c) noted the intention to submit a revised approach to business cases to the Finance and Performance Committee for discussion;

IDFS

(d) noted that UHL would begin contract arbitration discussions on 1 April 2014;

(e) noted the acknowledged cost improvement risks within the plan. Ernst Young were currently working on validating UHL's CIP plans. The Interim Director of Financial Strategy noted the need for UHL to have a financial and service strategy in place by June 2014 which would deliver financial balance and recovery within 3 years;

(f) sought assurance from the Director of Strategy regarding the clinical strategy process, querying the extent to which this was clear in paper W and noting the June 2014 timescale for this. The Acting Trust Chairman emphasised that the clinical strategy was not a standalone document;

(g) queried when the Trust Board would review the workforce 'bridge' for the next 12 months. The Director of Human Resources outlined work in progress on this with CMGs, with a deadline of 10 April 2014 for that detailed CMG work. The Acting Trust Chairman emphasised the need to correlate the top-down and bottom-up workforce plans and requested that this be discussed further at the 24 April 2014 Trust Board. Non-Executive Directors further requested that the report include both financial and headcount data;

DHR

(h) noted the surprise of some Non-Executive Directors that the plan did not provide more detail on UHL's CIP schemes, given that these were likely to be the largest single risk area. The Interim Director of Financial Strategy confirmed that the underlying detail was available although not included in paper W. The NTDA did receive the financial proformas for the CIPs, and UHL's Finance and Performance Committee was also reviewing the CIPs in more detail at its April 2014 meeting;

(i) noted comments from the Non-Executive Director Audit Committee Chair on the need for the capital plan to prioritise those schemes which would improve patient experience. The Interim Director of Financial Strategy confirmed that the capital plan was already strategy-driven;

(j) requested that a timetable be developed showing when the business cases for those capital schemes requiring Trust Board approval would be submitted to the Board. the Chief Executive assured members that no expenditure exceeding delegated limits would be authorised without an appropriate business case, and

IDFS

(k) noted a query from the Non-Executive Director Charitable Funds Committee Chair on the use of donations within the capital programme, given the plan's current overcommitment. It was agreed to discuss this issue further at the 14 April 2014 Charitable Funds Committee.

IDFS

Members then also discussed the 'rightsizing UHL capacity' paper from the Chief Operating Officer (paper W1). Rightsizing capacity was an important factor in delivering quality, financial, and operational improvements in 2014-15 and paper W1 detailed the level of bed capacity needed to support compliant RTT and emergency performance in 2014-15. Although there were four other categories of capacity (theatres; outpatients; diagnostic imaging, and workforce), beds had been identified by the Trust as being the most important

Trust Board Paper L

category. Further to Executive Team discussion and modelling focused on the issues most within UHL's control/impact, it was considered that 54-55 additional beds (from an original 83) were required, and further detailed work was now in hand to split that number by site and speciality. In discussion on paper W1 the Trust Board noted:-

- (1) (in response to a query from the Acting Trust Chair) how the surgical triage extension would reduce bed requirements, as now outlined by the Deputy Medical Director;
- (2) a Non-Executive Director query regarding the staffing and quality implications of the additional beds. The Chief Nurse advised that the pace and phasing of opening any additional beds would be crucial, in addition to balance of risk decisions. The Chief Executive emphasised that the nurse:bed ratio would not change;
- (3) (in response to a Non-Executive Director query) that the additional beds would move UHL towards 85% occupancy;
- (4) that information on the costs of the additional beds would be presented to the April 2014 Trust Board. Although acknowledging that the affordability of the additional beds was not yet known, the Chief Executive emphasised the urgent need to address UHL's underlying capacity requirements;
- (5) comments from Dr T Bentley, CCG representative clarifying that CCGs commissioned care episodes not beds, and that assumptions should not be made regarding the CCG funding of any additional beds, and
- (6) that 18 of the 55 beds were required to support RTT compliance.

COO

With regard to UHL's quality plan, the Chief Nurse advised that the quality commitment was in the process of being revised through the Executive Quality Board, to focus on 3 key headings (patient safety, patient experience, and effectiveness). A further draft would be discussed at the Trust Board Development Session on 10 April 2014 ahead of being presented for approval to the 24 April 2014 Trust Board. In response to a request from the Director of Communications, it was agreed to consider including UHL's older persons' strategy on the 10 April 2014 Trust Board Development Session agenda.

CN

Acting
Chair
/DCLA

Resolved – that (A) subject to any comments above, the updated UHL 2-year operational plan 2014-15 and 2015-16 and the capital programme 2014-15 be approved for submission to the NTDA on 4 April 2014;

DS/CE

(B) the clinical and strategic rationale for the vascular services proposals be reported to the 26 June 2014 Trust Board;

DS/MD

(C) a revised approach to considering business cases be discussed by the Finance and Performance Committee;

IDFS

(D) a further iteration of the detailed workforce plans (incorporating CMG bottom-up work) be submitted to the April 2014 Trust Board.

DHR

(E) the timetable of Trust Board-required approvals for the individual capital schemes be developed and advised to Board members;

IDFS

(F) the proposed use of charitable donations within the capital programme be discussed at the 14 April 2014 Charitable Funds Committee;

IDFS

(G) further detail on the cost of (and plans for) the additional beds for rightsizing UHL capacity be provided to the 24 April 2014 Trust Board;

COO

(H) UHL quality commitment be discussed at the 10 April 2014 Trust Board Development Session, prior to submission for formal Trust Board approval on 24 2014, and

CN

ACTING

(I) the scope be assessed for including the UHL Older Persons' Strategy in the April 2014 Trust Board development session discussions.CHAIR/
DCLA90/14/2 Delivering Caring at its Best

Further to Minute 59/14/2 of 27 February 2014, the Chief Executive presented an update on 'Delivering Caring At Its Best', noting a refresh of UHL's strategic objectives and outlining Ernst Young's supporting brief. He also clarified that the Trust's clinical strategy was not solely focused on clinical configuration. In discussion on the presentation, the Trust Board:-

- (a) requested that reference be made to 7-day *services* rather than 7-day 'working';
- (b) noted continuing discussion on the level of detailed PMO oversight needed;
- (c) noted the need to reflect the approach (in the tabled presentation) within the Trust's 5-year plan;
- (d) noted a Non-Executive Director query on the mechanism for enabling patient and stakeholder input to the partnership elements, and
- (e) queried when a more detailed project plan would be available, with allocated leads and timescales. The Chief Executive advised that Executive Director leads had been identified, and he agreed to bring a further 'stock-take' update to the April 2014 Trust Board, noting however that detailed project timelines were unlikely to be in place for all projects by then. In discussion, the Non-Executive Director Audit Committee Chair suggested that each overseeing Committee could perhaps develop timelines for its projects.

CE

Resolved – that a further update on Delivering Caring at its Best be provided to the 24 April 2014 Trust Board.

CE

91/14 **RISK**91/14/1 Board Assurance Framework (BAF) Update

The Chief Nurse presented the latest iteration of UHL's BAF (paper X) and the report was taken as read, noting that all Executive Leads and risk owners would be providing progress reports on any follow-up actions to the Risk and Assurance Manager outside the meeting. In respect of the 3 risks selected for detailed consideration, the Trust Board noted the following information:-

- **risk 2** (*failure to transform the emergency care system*) Trust Board members considered – and decided against – reducing the risk score on this risk (currently 25) at this stage, although this could be kept under review;
- **risk 3** (*inability to recruit, retain, develop and motivate staff*) although noting the staffing implications above of any additional beds (Minute 90/14/1 refers), members agreed that the likelihood of this risk could be reduced to 4, thus resulting in an overall risk score of 16, and
- **risk 4** (*ineffective organisational transformation*) although this risk score (16) was felt to be correct, the Director of Strategy advised of her wish to refresh the wording within the narrative.

COO

DHR

DS

In discussion on the Board Assurance Framework, the Non-Executive Director Audit Committee Chair queried the impact of the current actions within risk 13 (*failure to enhance medical education and training culture*), given that the risk score had risen. It was agreed to review both the risk score and the associated remedial actions (noting the Deputy Medical Director's view that the current score was too high). The Director of Human Resources also commented on the need to reflect LETB work re: redistribution of medical training posts, within this risk (once the outcome of that work was known).

MD

Resolved – that (A) the Board Assurance Framework be noted;

(B) the overall score for risk 2 be reviewed in due course;

COO

(C) the risk score for risk 3 be amended to 16 (4x4);

DHR

(D) the wording of risk 4 be reviewed and refreshed, and

DS

(E) the score and actions for risk 13 be reviewed, factoring in the impact of LETB work on the redistribution of medical training posts (once known).

MD

92/14 REPORTS FROM BOARD COMMITTEES

92/14/1 Audit Committee

Ms K Jenkins, Non-Executive Director Audit Committee Chair reported on that Committee's 7 March 2014 meeting, noting in particular:-

- (i) the need for clarity on patient involvement in clinical audits;
- (ii) Internal Audit's review of bank and agency staff, and the Trust's management response;
- (iii) the Committee's disappointment at the level of attendance at risk awareness training, and the suggestion that a more bespoke training approach might be required (to be based on a training needs analysis), and
- (iv) the Committee's disappointment at the number of outstanding audit actions, and the resulting intention therefore to discuss this further at the March 2014 Executive Performance Board.

Resolved – that the 7 March 2014 Audit Committee Minutes be received, and the recommendations and decisions therein be endorsed and noted respectively.

92/14/2 Finance and Performance Committee

The Acting Trust Chairman and Non-Executive Director Finance and Performance Committee Chair drew members' attention to the Procurement Strategy appended to the February 2014 Finance and Performance Committee Minutes, for Trust Board approval.

Resolved – that the 26 February 2014 Finance and Performance Committee Minutes be received, and the recommendations and decisions therein be endorsed and noted respectively, including the approval of the 2014-15 Procurement Strategy.

92/14/3 Quality Assurance Committee (QAC)

The Non-Executive Director QAC Chair confirmed that the issues from that Committee's 26 February 2014 meeting had been raised verbally at the 27 February 2014 Trust Board. The March 2014 QAC had been cancelled due to a clash with the Quality Summit.

Resolved – that the 26 February 2014 QAC Minutes be received, and the recommendations and decisions therein be endorsed and noted respectively.

93/14 TRUST BOARD BULLETIN

Resolved – that the updated Trust Board declarations of interests circulated for the March 2014 Trust Board Bulletin be noted as follows:-

- (1) Dr S Dauncey, Non-Executive Director – ward assistant volunteer at LOROS Leicestershire Hospice, and School Trustee of Leicester Grammar School, and
- (2) Mr P Hollinshead, Interim Director of Financial Strategy – ownership of Brandhill Financial Services, and EMPATH Non-Executive Board member.

ALL

94/14 QUESTIONS AND COMMENTS FROM THE PUBLIC RELATING TO BUSINESS

TRANSACTIONED AT THIS MEETING

The following comments and questions were received regarding items of business on the Trust Board meeting agenda:-

(1) a query over when UHL would move to 7-day working. In response, the Deputy Medical Director clarified that UHL was looking at 7-day *services* (as individual staff would not be working 7 days a week) and he noted that more detail was likely to be available by the end of June 2014, taking into account clinical standards requirements, and

(2) the need to manage public expectations appropriately, as additional beds would not immediately address current capacity/performance issues.

Resolved – that the questions above and any related actions be noted and progressed by the responsible Executive Director.

95/14 ANY OTHER BUSINESS

95/14/1 Report by the Director of Marketing and Communication

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

95/14/2 HSJ List of Top CEOs

In the absence of Mr J Adler, the Chief Operating Officer noted the inclusion of UHL's Chief Executive in the Health Service Journal's list of the top 50 NHS CEOs.

Resolved – that the position be noted.

95/14/3 Future Trust Board Papers

The Acting Trust Chairman noted his wish that – with appropriate exceptions such as the quality and performance report, and formal business cases – all future Trust Board reports be no more than 10 pages long, with no appendices.

ALL

Resolved – that the future format of Trust Board reports be noted.

ALL

95/14/4 Externally-Held Trust Board

The Director of Marketing and Communications thanked all those involved in organising today's externally-held Trust Board, and also thanked the public attendees for their interest.

Resolved – that the position be noted.

96/14 DATE OF NEXT MEETING

Resolved – that the next Trust Board meeting be held on Thursday 24 April 2014 in the C J Bond Room, Clinical Education Centre, Leicester Royal Infirmary.

The meeting closed at 3.50pm

Helen Stokes
Senior Trust Administrator

Trust Board Paper L

Cumulative Record of Members' Attendance (2013-14 to date):

| Name | Possible | Actual | % attendance | Name | Possible | Actual | % attendance |
|--------------------------------------|----------|--------|--------------|------------------|----------|--------|--------------|
| R Kilner (Acting Chair from 26.9.13) | 13 | 13 | 100 | R Overfield | 7 | 6 | 86 |
| J Adler | 13 | 12 | 92 | P Panchal | 13 | 11 | 85 |
| T Bentley* | 11 | 7 | 64 | I Reid | 4 | 4 | 100 |
| K Bradley* | 13 | 12 | 92 | C Ribbins | 4 | 4 | 100 |
| I Crowe | 9 | 8 | 89 | I Sadd | 4 | 2 | 50 |
| S Dauncey | 3 | 3 | 100 | A Seddon | 13 | 11 | 85 |
| K Harris | 13 | 13 | 100 | K Shields* | 5 | 4 | 80 |
| S Hinchliffe | 2 | 2 | 100 | J Tozer* | 3 | 2 | 67 |
| M Hindle (Chair up to 26.9.13) | 7 | 7 | 100 | S Ward* | 13 | 13 | 100 |
| K Jenkins | 13 | 12 | 92 | M Wightman* | 13 | 12 | 92 |
| R Mitchell | 9 | 9 | 100 | J Wilson | 13 | 12 | 92 |
| | | | | D Wynford-Thomas | 13 | 7 | 54 |

* non-voting members

M

University Hospitals of Leicester NHS Trust
Progress of actions arising from the Trust Board meeting held on Thursday 27 March 2014

| Item No | Minute Reference | Action | Lead | By When | Progress Update | RAG status* |
|---------|------------------|--|---------------|---------------------------------|--|-------------|
| 1. | 83/14 | Briefing on the CQC report to be provided to stakeholders. | DMC | Immediate | Actioned. | 5 |
| 2. | 85/14 | <i>(action log)</i> Accessibility of patient information for patients unable to read, to be discussed further with the Service Equality Manager. | CN | Immediate | Actioned. | 5 |
| 3. | 85/14 | Timescale for the emergency floor business case to be confirmed to Trust Board members (noting that the timescale will not be before June 2014). | CE | Once known | Meeting arranged for 3 April 2014 to confirm. Updated featured on the 24 April 2014 Trust Board agenda. | 4 |
| 4. | 86/14/1 | CQC report to be presented to the April 2014 Trust Board. | CN | TB 24.4.14 | Featured on the 24 April 2014 Trust Board agenda. | 5 |
| 5. | 88/14/1 | <i>(LiA quarterly update)</i> Further information on the Pulse Check results to be circulated outside the meeting, providing a meaningful comparison and covering:- <ul style="list-style-type: none"> the spread of results across all LiA individual organisations, and which organisations are in the top decile and quartile. | DHR | by 24.4.14 | Trust Board members advised at the Trust Board Development Session on 10 April 2014 that further analysis and comparisons of the UHL Pulse Check survey is not possible within the functionality of the national system. | 5 |
| 6. | 88/14/2 | <i>(Organisational Development Plan quarterly update)</i> <ul style="list-style-type: none"> next quarterly update to include feedback on the new induction programme, and sample agenda for the new induction programme to be circulated to Trust Board members for information. | DHR | TB 26.6.14 | To be scheduled accordingly for the June 2014 Trust Board. Actioned. | 5 5 |
| 7. | 89/14/1 | <i>(month 11 quality finance and performance report)</i> <ul style="list-style-type: none"> never event investigation to be reported to the April 2014 QAC. implications of the forthcoming changes to the Choose and Book system to be discussed in detail outside the meeting, to ensure an appropriate level of awareness within the Trust. | MD COO | QAC 23.4.14 Immediate | To be discussed at the 23 April 2014 QAC. Verbal update to be provided at the 24 April 2014 Trust Board. | 4 |

* Both numerical and colour keys are to be used in the RAG rating. If target dates are changed this must be shown using ~~strike through~~ so that the original date is still visible.

| | | | | | | | | | | |
|------------------------|----------|-----------------|----------|-----------------|----------|---|----------|--|----------|--------------------------|
| RAG Status Key: | 5 | Complete | 4 | On Track | 3 | Some Delay – expected to be completed as planned | 2 | Significant Delay – unlikely to be completed as planned | 1 | Not yet commenced |
|------------------------|----------|-----------------|----------|-----------------|----------|---|----------|--|----------|--------------------------|

| | | | | | | |
|-----|---------|--|---|--|---|---|
| 8. | 89/14/3 | 2014-15 UHL Going Concern Statement to be approved as presented in paper T. | IDFS | Immediate | Actioned. | 5 |
| 9. | 89/14/4 | <ul style="list-style-type: none"> CCG representative to feedback to CCGs regarding the availability of UHL's GP Hotline. Renewed communication also to be considered for this facility. April 2014 Trust Board update on emergency performance to include the Urgent Care Working Group action plan covering all LLR actions. CCG representative to circulate further information on the 'Better Care Funds' programme, to Trust Board members outside the meeting. | AB CCG rep/ DMC COO AB CCG rep | Immediate TB 24.4.14 by 24.4.14 | Actioned. Report featured on the 24 April 2014 Trust Board agenda. Actioned. | 5 |
| 10. | 89/14/5 | Trust oversight self-certifications for March 2014 to be amended to reflect (1) the Audit Committee meeting held on 7 March 2014 and (2) UHL's agreement of the RTT recovery plan with Commissioners – self-certifications then to be submitted to the NTDA by 31 March 2014 as required. | DCLA | by 31.3.14 | Actioned. | 5 |
| 11. | 90/14/1 | <p><i>(2-year operational plan)</i></p> <ul style="list-style-type: none"> clinical and strategic rationale for the vascular services proposals to be reported to the June 2014 Trust Board. revised approach to considering business cases to be discussed by the Finance and Performance Committee and Trust Board. further iteration of the detailed workforce plans (incorporating CMG bottom-up work) to be submitted to the April 2014 Trust Board. timetable of Trust Board-required approvals for the individual capital schemes, to be developed and advised to Board members. Scope to be assessed for including the UHL 'Older Person's Strategy' in the April 2014 Trust Board development session discussions. | MD/DS IDFS DS/DHR IDFS CHAIR/ DCLA | TB 26.6.14 31.5.14 TB 24.4.14 by 24.4.14 TBDS 10.4.14 | Provisionally scheduled for 26 June 2014 Trust Board. To be considered as part of the review of the working of the Commercial Executive. Featured on the 24 April 2014 Trust Board agenda. Report to be considered by the 25 June 2014 Finance and Performance Committee. With the Acting Chairman's approval, the Elderly Strategy now to be discussed by the 29 May 2014 Trust Board. | 4 |
| 12. | 90/14/1 | <p><i>(2-year operational plan)</i></p> <ul style="list-style-type: none"> proposed use of donations within the capital programme to be | IDFS/PPNED | by 24.4.14 | To be discussed at the 14 April 2014 | 5 |

* Both numerical and colour keys are to be used in the RAG rating. If target dates are changed this must be shown using ~~strike through~~ so that the original date is still visible.

| | | | | | | | | | | |
|------------------------|----------|-----------------|----------|-----------------|----------|---|----------|--|----------|--------------------------|
| RAG Status Key: | 5 | Complete | 4 | On Track | 3 | Some Delay – expected to be completed as planned | 2 | Significant Delay – unlikely to be completed as planned | 1 | Not yet commenced |
|------------------------|----------|-----------------|----------|-----------------|----------|---|----------|--|----------|--------------------------|

| | | | | | | |
|-----|---------|--|---------|-------------------------------|--|---|
| | | <p>discussed outside the meeting.</p> <ul style="list-style-type: none"> April 2014 Trust Board to receive further detail on the cost of (and plans for) the additional beds for rightsizing UHL capacity. UHL quality commitment to be discussed at the April 2014 Trust Board development session, and then submitted to the April 2014 Trust Board for approval. | COO | TB 24.4.14 | Charitable Funds Committee. Featured on the agenda for the 24 April 2014 Trust Board. | 5 |
| | | | CN | TBDS 10.4.14 TB 24.4.14 | Discussed accordingly on 10 April 2014 and featured on the 24 April 2014 Trust Board agenda. | 5 |
| 13. | 90/14/2 | Further 'stock-take' of the Delivering Caring at its Best programme to be presented to the April 2014 Trust Board. | CE | TB 24.4.14 | Featured on the 24 April 2014 Trust Board agenda. | 5 |
| 14. | 91/14/1 | <p><i>(Board assurance framework)</i></p> <ul style="list-style-type: none"> overall score for risk 2 (failure to transform the emergency care system) to be reviewed in due course. risk score for risk 3 (inability to recruit, retain, develop and motivate staff) to be amended to 16 (4x4). wording of risk 4 (ineffective organisational transformation) to be reviewed and refreshed. Score and actions to be reviewed for risk 13 (failure to enhance medical education and training culture), feeding in the impact of LETB work on the reduction of medical training posts (once known). | COO | Quarterly | Risk to be reviewed on a quarterly basis. | 4 |
| | | | DHR | Immediate | Actioned. | |
| | | | DS | by 24.4.14 | Verbal update to be provided to the 24 April 2014 Trust Board. | |
| | | | MD | by 24.4.14 | Quarterly update report on R&D featured on the 24 April 2014 Trust Board agenda. | |
| 15. | 92/14/2 | <p><i>(Finance and Performance Committee minutes)</i></p> <p>2014-17 Procurement and Inventory Management Strategy to be approved as appended to paper Z.</p> | IDFS | Immediate | Actioned. | 5 |
| 16. | 95/14/3 | <p><i>(any other business)</i></p> <p>(subject to recognised exceptions such as the quality finance and performance report, and formal business cases) All future Trust Board papers to be a maximum of 10 pages in length with no appendices, wherever possible.</p> | All EDs | From April 2014 TB | Actioned. | 5 |

* Both numerical and colour keys are to be used in the RAG rating. If target dates are changed this must be shown using ~~strike through~~ so that the original date is still visible.

| | | | | | | | | | | |
|------------------------|----------|-----------------|----------|-----------------|----------|---|----------|--|----------|--------------------------|
| RAG Status Key: | 5 | Complete | 4 | On Track | 3 | Some Delay – expected to be completed as planned | 2 | Significant Delay – unlikely to be completed as planned | 1 | Not yet commenced |
|------------------------|----------|-----------------|----------|-----------------|----------|---|----------|--|----------|--------------------------|

Matters arising from previous Trust Board meetings

| Item No | Minute Reference | Action | Lead | By When | Progress Update | RAG status* |
|-------------------------|------------------|---|------------|----------------------|---|-------------|
| 27 February 2014 | | | | | | |
| 17. | 56/14/3 | EDRM business case to be submitted to the NDTA in parallel with the POC rather than afterwards. | CE/CIO | ongoing | In progress. | 4 |
| 18. | 58/14/1 | Never event to be reviewed through the EQB and QAC. | CN | 5.3.14 EQB then QAC. | Discussed at 5 March 2014 EQB and schedule for discussion at the next QAC meeting (April 2014). | 4 |
| 19. | 61/14/1 | <i>(Board assurance framework)</i> May 2014 Trust Board Development Session to review (and refresh as required) the Board Assurance Framework. | CN/ ALL | 15.5.14 TBDS | timescale now agreed as the Trust Board Development Session on 12 June 2014. | 4 |
| 30 January 2014 | | | | | | |
| 20. | 22/14/2 (D) | Consideration to be given to raising awareness of dementia related issues through the Board development programme. | DCLA | 27.3.14 | To be considered alongside review of the Elderly Strategy at the April 2014 TB. | 4 |
| 20 December 2013 | | | | | | |
| 21. | 342/13/3 | Trust Board development time to be allocated for discussion of issues relating to the UHL Travel Plan. | DCLA | 31.3.14 | Now programmed for quarter 2 2014-15 Trust Board development programme. | 4 |
| 22. | 344/13/1 | Equality and Diversity report to feature earlier in the agenda in July 2014 and consideration be given to holding a Board development session on equality and diversity. | DCLA | 31.7.14 | Now programmed for quarter 2 2014-15 Trust Board development programme. | 4 |
| 23. | 344/13/2 | Assurance, Escalation and Response Framework to be updated, implemented as a "live" document and further reviewed in March 2014. | DCLA | 27.3.14 | Deferred to the June 2014 Trust Board with the agreement of the Acting Chairman and Chief Executive. | 3 |
| 24. | 344/13/3 | Trust Board calendar of business to be refreshed and presented to the February 2014 Board meeting for approval. | DCLA | 27.2.14 | Deferred to the June 2014 Trust Board with the agreement of the Acting Chairman and Chief Executive. | 3 |
| 28 November 2013 | | | | | | |
| 25. | 303/13/2 | Full Business Case to be developed for the Emergency Floor and Chief Executive to determine the pace at which enabling works could proceed in consultation with the Acting Chair and the TDA. | CE | February 2014 | Full Business Case to be presented to the Trust Board – timescale to be confirmed. Update featured on the 24 April 2014 Trust Board agenda. | 4 |

* Both numerical and colour keys are to be used in the RAG rating. If target dates are changed this must be shown using ~~strike through~~ so that the original date is still visible.

| | | | | | | | | | | |
|------------------------|----------|-----------------|----------|-----------------|----------|---|----------|--|----------|--------------------------|
| RAG Status Key: | 5 | Complete | 4 | On Track | 3 | Some Delay – expected to be completed as planned | 2 | Significant Delay – unlikely to be completed as planned | 1 | Not yet commenced |
|------------------------|----------|-----------------|----------|-----------------|----------|---|----------|--|----------|--------------------------|

N

Trust Board paper N

| | | | |
|---|------------------------------------|---|--|
| To: | Trust Board | | |
| From: | CHIEF EXECUTIVE | | |
| Date: | 24 April 2014 | | |
| CQC regulation: | N/A | | |
| Title: | MONTHLY UPDATE REPORT – APRIL 2014 | | |
| Author/Responsible Director: Director of Corporate and Legal Affairs | | | |
| Purpose of the Report: To brief the Board on key issues and identify important changes or issues in the external environment. | | | |
| The Report is provided to the Committee for: | | | |
| Decision | | <input type="checkbox"/> | |
| Discussion | | <input checked="" type="checkbox"/> | |
| Assurance | | <input checked="" type="checkbox"/> | |
| Endorsement | | <input type="checkbox"/> | |
| Summary / Key Points: The report identifies a number of key Trust issues and important changes or issues in the external environment. | | | |
| Recommendations: The Board is asked to consider the report, and the impact on the Strategic Direction and Board Assurance Framework (if any) and decide if updates to either are required. | | | |
| Previously considered at another corporate UHL Committee? No | | | |
| Strategic Risk Register: No | | Performance KPIs year to date: N/A | |
| Resource Implications (e.g. Financial, HR): N/A | | | |
| Assurance Implications: N/A | | | |
| Patient and Public Involvement (PPI) Implications: N/A | | | |
| Stakeholder Engagement Implications: N/A | | | |
| Equality Impact: N/A | | | |
| Information exempt from Disclosure: None | | | |
| Requirement for further review? The Chief Executive will report monthly to each public Board meeting. | | | |

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 24 APRIL 2014

REPORT BY: CHIEF EXECUTIVE

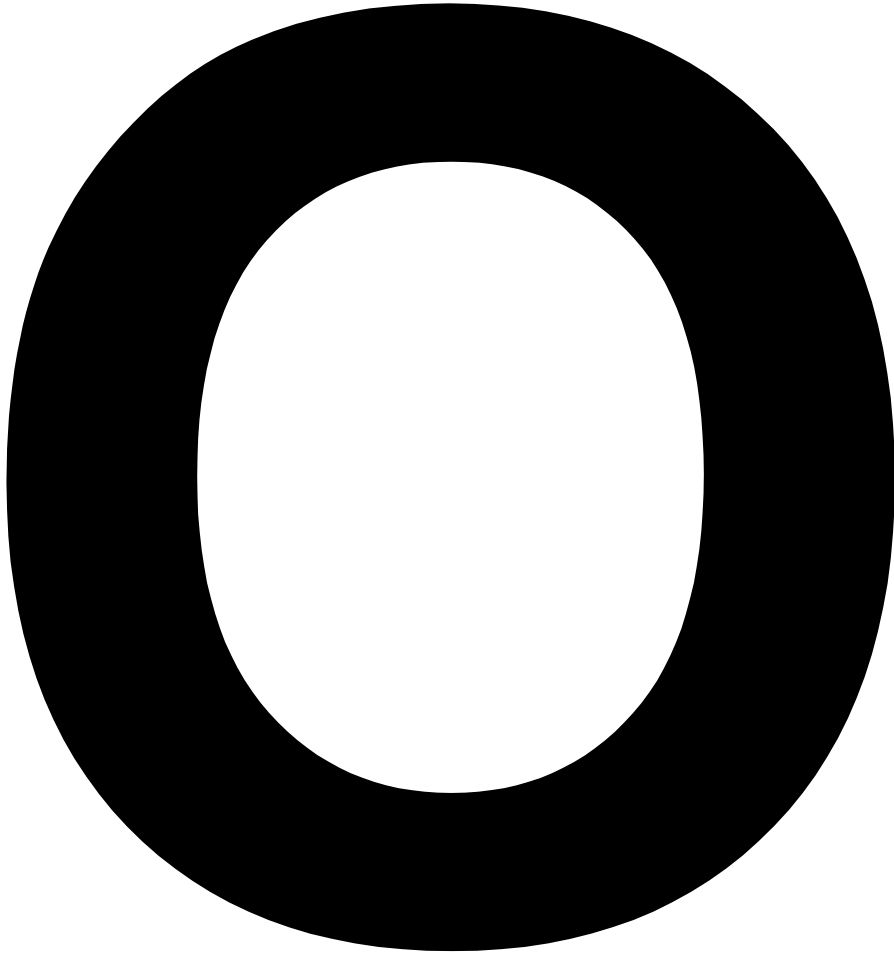
SUBJECT: MONTHLY UPDATE REPORT – APRIL 2014

1. In line with good practice (as set out in the Department of Health Assurance Framework for Aspirant Foundation Trusts : Board Governance Memorandum), the Chief Executive is to submit a written report to each Board meeting detailing key Trust issues and identifying important changes or issues in the external environment.
2. For this meeting, the key issues which the Chief Executive has identified and upon which he will report further, orally, at the Board meeting are as follows:-
 - (a) the Trust's financial position as at month 12 2013/14;
 - (b) emergency care performance;
 - (c) the development of an LLR 5 year Health and Social Care Strategy.
3. The Trust Board is also recommended to appoint the Director of Corporate and Legal Affairs as the Trust's Senior Information Risk Owner (SIRO).
4. The NHS SIRO should be a member of the Trust Board, or of an equivalent level within NHS organisations without Boards, who has allocated lead responsibility to ensure organisational information risk is properly identified, managed and that appropriate assurance mechanisms exist. Responsibilities of the SIRO may be in addition to other job responsibilities and to avoid confusion should be identified clearly within the role-holder's job description. The SIRO's responsibilities can be summarised as:
 - Leading and fostering a culture that values, protects and uses information for the success of the organisation and benefit of its customers
 - Owning the organisation's overall information risk policy and risk assessment processes and ensuring they are implemented consistently by Information Asset Owners
 - Advising the Chief Executive or relevant accounting officer on the information risk aspects of his/her statement on internal controls

- Owning the organisation's information incident management framework.
5. The Trust Board is asked to consider the Chief Executive's report, confirm the appointment of the Director of Corporate and Legal Affairs as SIRO and, again, in line with good practice, consider the impact on the Trust's Strategic Direction and decide whether or not updates to the Trust's Board Assurance Framework are required.

John Adler
Chief Executive

11th April 2014



| | |
|------------------------|----------------------------------|
| To: | Trust Board |
| From: | Medical Director's Office |
| Date: | 24 April 2014 |
| CQC regulation: | As applicable |

| | |
|---------------|---|
| Title: | External review of UHL's Renal Transplant Service |
|---------------|---|

Author/Responsible Director: Medical Director

Purpose of the Report:

To inform the Trust Board of the actions taken following the external review of UHL's Renal Transplant Service

The Report is provided to the Board for:

| | | | |
|-----------|-------------------------------------|-------------|-------------------------------------|
| Decision | <input type="checkbox"/> | Discussion | <input checked="" type="checkbox"/> |
| Assurance | <input checked="" type="checkbox"/> | Endorsement | <input type="checkbox"/> |

Summary / Key Points:

University Hospitals of Leicester NHS Trust (UHL) commissioned NHS Blood & Transplant to undertake an external review of UHL's Renal Transplant Service in January 2014.

The reasons for requesting this review were because a report by the Kidney Advisory Group for NHSBT had shown that Leicester had significantly higher kidney offer decline rates compared to the national rate combined with statistically lower patient survival rates in the first year following renal transplant; and also that there are on-going internal concerns about how the multi-disciplinary renal transplant team functioned.

The broad terms of reference for the external review commissioned were as follows:

- Investigate the circumstances why Leicester has a high kidney offer decline rate and make recommendations as to any actions that should be taken to improve this.
- Review the Renal Transplant Service's one year mortality and morbidity for patients after transplantation and the longer terms outcomes of risk adjusted kidney graft and patient survival rates to provide independent advice as to how these compare to peer groups and detail any remedial actions if needed.
- Provide advice as to whether the multi-professional team functions in a way which promotes the delivery of optimal outcomes for patients requiring renal transplantation.
- Provide advice to UHL about any other issues that may need further

attention following your service review.

The review team consisted of Professor Chris Watson, Chair of the Kidney Advisory Group and Professor of Transplantation at Cambridge University Hospitals, Dr Iain MacPhee, Consultant Nephrologist from St Georges and Secretary of the British Transplantation Society and Dr James Neuberger, Associate Medical Director of NHS BT, Organ Donation and Transplantation.

The review team visited Leicester on 25/26th March 2014 and met with key members of Renal Transplant Service and also reviewed unit documentation and outcome data.

UHL received verbal feedback at the end of the visit from the review team (afternoon of 26th March 2014) which was as follows:

- The review team did not feel that there was evidence to suggest a significant problem with historical outcomes with the Renal Transplant Service in Leicester.
- However, the review team expressed serious concerns about the robustness of policies, processes and guidelines within the unit and in the way the multi-professional team functioned.
- These concerns were felt to be significant enough to result in a recommendation of an immediate pause to all kidney transplant surgical activity as a precautionary measure to allow urgent remedial actions to be undertaken.
- The review team agreed to undertake a further visit approximately two weeks after their initial visit to assess progress against these actions; at which time they would expect to make a further recommendation about whether the service could re-commence kidney transplantation.

UHL acted with immediate effect on receiving the review team's verbal feedback to suspend renal transplantation in Leicester as a precautionary measure for a minimum of two-weeks as recommended.

The review team provided an interim list of recommendations to the Trust confirming their verbal feedback (attached). This has been shared with the Transplant surgeons and External Stakeholders including the MD of NHS England LAT and MD to NTDA. The formal report from NHS BT is awaited.

Actions undertaken by UHL following the decision to pause surgical transplant activity are as follows:

- The transplant surgeons and immediately affected patients were informed that evening (there was a living donor transplant planned for the following day)
- Key internal and external stakeholders were briefed including the Trust Executive, the Trust Board, NHS England, NTDA, CCGs, NHS BT
- Agreement was obtained with NUH that NUH would undertake kidney transplants for Leicester patients during the period whilst the UHL service was paused should a Leicester patient receive a match from the organ donor register (there was a 48 hour period from Wednesday evening to Friday evening when Leicester patients were not being considered on the

- matching programme)
- Normal services continue to be provided to existing inpatients on the renal transplant unit and to outpatients.
 - All UHL patients on the transplant register were written to and a helpline number provided
 - All affected staff were briefed by the CMG team
 - The press were briefed and the Deputy Medical Director did an interview on East Midlands Today
 - All transplant surgeons have received a letter from the Medical Director outlining the Trust's expectations of the service and of the surgeons as individuals
 - Multi-professional workshops facilitated by the CMG management team have been established to work through each of the recommendations made by the external review team
 - The actions have been reported to and discussed by the Trust's Executive Quality Board (2nd April 2014)
 - Professor Chris Rudge, CBE, has been appointed as an external expert to work with the renal transplant team. Professor Rudge has held a number of senior positions within the field of renal transplantation including Medical Director for UK Transplant, Executive Director of UK Transplant within NHSBT and from 2008-11 National Clinical Director for Transplantation.
 - Professor Rudge has commenced work and will be providing external leadership, guidance and advice to the Trust's renal transplant program.
 - Professor Rudge will meet with the NHSBT external review team during their follow-up visit week commencing 14/4/14 and subject to receiving the outcome of the follow-up visit, we will make a decision about lifting the pause on transplant surgery.

Recommendations:

Board members are requested to receive and note the content of this report.

Strategic Risk Register

Not at this time

Performance KPIs year to date

Resource Implications (eg Financial, HR)

None at this time

Assurance Implications

Potentially

Patient and Public Involvement (PPI) Implications

Yes

Equality Impact

N/A

Information exempt from Disclosure

No

Requirement for further review?

Yes

External Review of UHL Renal Transplant Service – Summary of Initial recommendations

No evidence was found that patients had been harmed or that care had been inadequate.

It would be advisable for the transplant programme to stop all transplant surgical activity for a period of at least 2 weeks to allow the following actions to be taken:

- Agree an evidence-based patient management guide that all agree to follow. This should cover assessments for live and deceased donor kidneys, pre-, peri-, and post transplant management, covering elements such as immunosuppression and infection prophylaxis, but also the management of delayed graft function. The team should also agree a programme of regular Multi-Disciplinary Team meetings to review patients for listing and other management issues, Morbidity and Mortality meetings, other regular multi-disciplinary clinical/academic meetings (such as with pathology and radiology)
- Provide clarity as to the timing of ward rounds and the membership to ensure clarity and efficiency and avoid multiple ward rounds.
- Agree guidelines for accepting donor kidney offers, in particular organs from less than ideal donors such as the elderly and/or diabetic donors, including DCD donors, as well as donors where there is a risk of donor transmitted disease.
- Agree on the assignment of responsibility for patient management at all stages of the transplant process from assessment to post transplant follow up.
- Ensure appropriate working relationships are in place within the MDT to maintain optimal patient safety and outcomes.
- Review the clinicians' timetables to ensure the ability to attend operating lists, out-patient clinics, ward rounds, hand-over and agreed meetings.
- Consider the provision of a significant nephrology presence and leadership at ward level may in order to positively support and improve ward care.

P

Trust Board paper P

| | |
|------------------------|-------------------------------|
| To: | Trust Board |
| From: | Rachel Overfield, Chief Nurse |
| Date: | 24 th April 2014 |
| CQC regulation: | Outcome 1, 4, 16 |

| | | | | | | | | | | | |
|---|---|-------------|---|----------|--|------------|---|-----------|--|-------------|--|
| Title: | Patient Story - Message through a Volunteer | | | | | | | | | | |
| Author/Responsible Director: | Alison Reynolds, Volunteer Services Coordinator Heather Leatham, Head of Nursing | | | | | | | | | | |
| Purpose of the Report: | To inform the Trust Board about the 'Message through a Volunteer Service' presented by UHL volunteers. | | | | | | | | | | |
| The Report is provided to the Board for: | <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Decision</td> <td style="width: 5%;"></td> <td style="width: 50%; text-align: center;">Discussion</td> <td style="width: 5%; text-align: center;">X</td> </tr> <tr> <td style="text-align: center;">Assurance</td> <td></td> <td style="text-align: center;">Endorsement</td> <td></td> </tr> </table> | | | Decision | | Discussion | X | Assurance | | Endorsement | |
| Decision | | Discussion | X | | | | | | | | |
| Assurance | | Endorsement | | | | | | | | | |

Summary / Key Points:

1. Introduction

We have hundreds of volunteers within the trust all of whom have regular contact with patients and visitors. These interactions often result in volunteers coming back to Volunteer Services with questions, concerns or ideas.

Sometimes they are just keen to share how well something has been done, a kind word from a member of staff, a quick action that has shown how important our patients are. Other times a volunteer may have observed an action or a practice that has not had such a positive impact on a patient and they want to share that information to try and prevent it happening again. Other times volunteers just come up with ideas or suggestions for doing things a different way – maybe a way that we haven't identified as we are all so busy doing things the way we always do them.

Finally when volunteers put on their aqua shirt and their ID badge they are giving permission for people to talk to them – to share their stories with someone who is there because they want to be and whose time is given freely to listen.

This has been happening since volunteers became part of the trust but this feedback was not gathered to look at whether we could use it to make a difference.

So 'Message through a Volunteer' was introduced in October 2013 to try and capture some of that information and pass it on to the people who **should** know about it.

2. Message through a Volunteer

- All volunteers have access to message slips on the wards and in the volunteer offices. They can complete the slips at any time and post or email them to the Volunteer Services offices.
- The slips allow volunteers to identify whether they are feeding back:
 - Patient or visitor feedback
 - Volunteer feedback
- Patients can give their name and contact details to the volunteer so that someone can contact them, or they can choose to remain anonymous.
- The information is then recorded and passed on to different areas for response and action.

- Themes are identified and passed on for reporting through the Patient Experience quarterly reports and positive examples of actions are displayed for volunteers to see.

3. Results

In the first six months:

- 63 message cards containing 71 messages have been received through volunteers
 - 36 - volunteer observations
 - 28 - patient feedback
 - 7 - visitor feedback

The messages have been themed and the top two negative themes are:

1. Catering – e.g. food is cold or portions are too large
2. Information – e.g. GP letters not having enough information for patients to see where they need to go

The top two positive themes:

1. Buggy
2. General thank you's for care

Volunteers often enable those patients who may find feedback difficult through other channels to have their views and experiences heard. Volunteers support our most vulnerable patients and enable their voices to be heard.

4. Next Steps

- Message through Volunteer will be promoted to all volunteers to ensure all areas of the Trust are covered.
- Posters displaying results and actions will be shown to volunteers to encourage feedback.

Three volunteers Colin, Jenny and Paul are here today to share their experiences of using 'Message through a Volunteer' and the changes that have happened as a result of their messages.

Recommendations:

The Trust Board is asked to:

- Listen to the volunteers stories
- Recognise the value of the feedback we receive through our volunteers in improving the patient experience

Previously considered at another corporate UHL Committee? No

Strategic Risk Register: No

Performance KPIs year to date: N/A

Resource Implications (e.g. Financial, HR): None

Assurance Implications: This service ensures that volunteers feedback forms part of the information we gather for patient experience reports.

Patient and Public Involvement (PPI) Implications: Volunteers often enable those patients who may find feedback difficult through other channels to have their views and experiences heard.

Stakeholder Engagement Implications: None

Equality Impact: N/A

Information exempt from Disclosure: N/A

Requirement for further review? None

Q

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

Report to: Trust Board

Date: 24th April 2014

REPORT BY: Chief Nurse

SUBJECT: CQC Reports and development of associated action plan

The CQC reports were published on Friday the 28th March. These reports detailed a number of compliance actions (must dos) and it is these that the draft action plan will seek to address.

The 5 CQC reports are available at:

www.leicestershospitals.nhs.uk/aboutus/performance/care-quality-commission/

The draft action plan is being developed following discussion with the Chief Nurse, other Executive Directors and senior clinical staff and will be presented to the Quality Assurance Committee at its meeting on 23rd April following which it will be circulated to the Board.

R

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

Report to: Trust Board
Date: 24th April 2014
REPORT BY: Director of Clinical Quality
SUBJECT: Revised Quality Commitment priorities 2014-15

Following discussion on the Quality Commitment at the Quality Assurance Committee, the Executive Quality Board received an end of year report in January. The proposal was that there would be a refresh of the Quality Commitment. Board and executive leads have met and have agreed the attached draft Quality Commitment (Appendix A).

The 2014-15 priorities reflect local and national priorities, including:

- Safety priorities
- Trust Development Authority guidance
- UHL CQC reports
- Commissioner requirements (Quality Schedule and CQUIN programmes 2014).

For each of the priorities an action has been identified together with a corporate lead.

The Executive Quality Board discussed the attached draft Quality Commitment at its meeting on 2nd April and minor amendments were made. Members were in support of a more comprehensive, inclusive programme.

The draft Quality Commitment was presented by the Chief Nurse at the Trust Board development session on the 10th April and following a discussion it was proposed that the overarching headings be more outcome based and impactful and this has been reflected in the attached schematic.

The next steps are to confirm who will be providing the reports and at what frequency. The Chief Nurse, Director of Clinical Quality and Assistant Director of Information will then be meeting to discuss how this is reflected in the Quality and Performance report as this will be the vehicle for reporting on the Quality commitment. There will also be a launch of the refreshed Quality Commitment and 14/15 priorities for our staff and the public.

OUR QUALITY COMMITMENT

| | | | | |
|-------------------------|--|---|---|--|
| AIM | Be Effective – Reduce Mortality | Improve Safety – Reduce Harm | Care and Compassion – Improve Patient Experience | |
| | To deliver evidence based care/best practice and effective pathways and to improve clinician and patient reported outcomes | To reduce avoidable death and injury , to improve patient safety culture and leadership and to reduce the risk of error and adverse incidents | To listen and learn from patient feedback and to improve patient experience of care | |
| 14/15 PRIORITIES | <p>Embed mortality review process across all specialities</p> <p>Improve pathways of care to improve outcomes in respect of</p> <ul style="list-style-type: none"> •Pneumonia •Heart failure •Acute Myocardial Infarction (AMI) •Acute Kidney Injury (AKI) •Out of hours emergency admissions •IOFM (intraoperative fluid management) •7 Day Services <p>Outcomes review</p> <p>Mortality Alerts</p> <p>10 clinical key specialities</p> <p>Process review</p> <ul style="list-style-type: none"> •Implementation patient census •Consultant assessment following emergency admission •Clinical utilisation tool critical care •Breast feeding neonates <p>Embedding best practice</p> <ul style="list-style-type: none"> •Compliance with NICE •Performance against national clinical audit | <p>Safety Actions</p> <ul style="list-style-type: none"> •Sepsis •Handover •Acting on results •Early Warning Score (EWS) •Ward rounds •Improve resuscitation processes and DNARCRP processes <p>Safety Thermometer</p> <ul style="list-style-type: none"> •VTE •Pressure ulcers •CAUTI •Falls •Medication safety <p>Patient Safety Collaborative Topics</p> <ul style="list-style-type: none"> •HCAI •Nutrition, hydration •Diabetes (including think glucose) | <p>Actively seek views of patients across all services</p> <p>Improve the experience of care for older people</p> <ul style="list-style-type: none"> • Implement recommendations from national quality mark across all older people's areas • Improve/continue positive feedback across CMGs <p>Improve experience of care for patients with dementia and their carers</p> <ul style="list-style-type: none"> • Dementia implementation plan <p>Expand current programme of end of life care processes across Trust</p> <p>Triangulation of patient feedback</p> <ul style="list-style-type: none"> •Including complaints, NHS Choices, Patient Surveys <p>Named consultant / named nurse</p> | |
| | <p>Supporting Work programmes</p> <p>Organisational learning, culture & leadership Staff numbers, skills & competence Audit & measurement Systems & processes</p> | | | |

Depicts inclusion in CQUIN programme

Depicts inclusion in Quality Schedule

Depicts compliance action/national priority

S

Trust Board paper S

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|---|--|-------------|----------|--|------------|---|-----------|---|-------------|--|
| | TRUST BOARD | | | | | | | | | |
| From: | Rachel Overfield, Kevin Harris, Richard Mitchell Kate Bradley Peter Hollinshead | | | | | | | | | |
| Date: | 24th April 2014 | | | | | | | | | |
| CQC regulation | All | | | | | | | | | |
| Title: | Quality & Performance Report | | | | | | | | | |
| Author/Responsible Director: | R Overfield, Chief Nurse K. Harris, Medical Director R, Mitchell, Chief Operating Officer K. Bradley, Director of Human Resources P Hollinshead, Interim Director of Financial Strategy | | | | | | | | | |
| Purpose of the Report: | To provide members with an overview of UHL quality and safety, patient experience, operational and finance performance against national and local indicators for the month of March 2014. | | | | | | | | | |
| The Report is provided to the Board for: | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Decision</td> <td style="width: 5%;"></td> <td style="width: 50%; text-align: center;">Discussion</td> <td style="width: 5%; text-align: center;">√</td> </tr> <tr> <td style="text-align: center;">Assurance</td> <td style="text-align: center;">√</td> <td style="text-align: center;">Endorsement</td> <td></td> </tr> </table> | | Decision | | Discussion | √ | Assurance | √ | Endorsement | |
| Decision | | Discussion | √ | | | | | | | |
| Assurance | √ | Endorsement | | | | | | | | |
| Summary / Key Points: | <p>Compliant</p> <ul style="list-style-type: none"> ❖ C Difficile – 66 cases reported for the year against a target of 67. ❖ Friends and Family Test - performance for March is 69.9. ❖ VTE - The VTE risk assessment within 24 hours of admission threshold of 95% has been achieved since July 2013. ❖ Theatres – 100% WHO compliant for the last since January 2013. ❖ All cancer targets delivered including the 62 day cancer with performance for February at 89.1% and year to date performance at 86.2%. ❖ The percentage of stroke patients spending 90% of their stay on a stroke ward year target is 80%, performance to date is 83.1% <p>Areas to watch:-</p> <ul style="list-style-type: none"> ❖ Diagnostic waiting times– the 1% threshold was missed in March at 1.9% ❖ C&B – performance similar to this time last year and target is still not delivered. ❖ Pressure Ulcers – figures not yet fully validated ❖ #NoF to theatre within 36hrs dropped to 54.7% during March. <p>Exceptions/Contractual Queries:-</p> <ul style="list-style-type: none"> ❖ ED 4hr target - Performance for emergency care 4hr wait in March was 89.3%. ❖ RTT admitted and non-admitted – Trust level compliant non admitted performance is expected in August 2014 and trust level compliant admitted performance is | | | | | | | | | |

expected in November 2014.

- ❖ Cancelled Operations – % of short notice cancellations in March was 1.5%.

Finance key issue:

- ❖ The Trust has not delivered its planned surplus and has not meet its breakeven duty, however, it has delivered the revised year end forecast deficit of £39.8m.

Recommendations: Members to note and receive the report

Strategic Risk Register

Performance KPIs year to date CQC/NTDA

Resource Implications (eg Financial, HR) Penalties for missing targets.

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

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

Equality Impact N/A

Information exempt from Disclosure N/A

Requirement for further review? Monthly review

Caring at its best

Quality and Performance – March 2014

Trust Board

Thursday 24th April 2014

One team shared values

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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 24TH APRIL 2014

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

SUBJECT: MARCH 2014 QUALITY & PERFORMANCE SUMMARY REPORT

1.0 INTRODUCTION

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

2.0 2013/14 NTDA Oversight and Escalation Level

2.1 NTDA 2013/14 Indicators

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

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

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

| Outcome Measures | Target | 2012/13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 | Jan-14 | Feb-14 | Mar-14 | YTD |
|---|--------------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
| All 30 day emergency readmissions | 7.0% | 7.8% | 7.6% | 7.8% | 7.7% | 7.5% | 7.6% | 7.8% | 7.9% | 7.8% | 8.0% | 8.7% | 9.0% | | 7.9% |
| Avoidable Incidence of MRSA | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Incidence of C. Difficile | 67 | 94 | 6 | 7 | 2 | 6 | 5 | 9 | 6 | 6 | 5 | 10 | 0 | 4 | 66 |
| Incidence of MSSA | | 46 | 5 | 2 | 5 | 1 | 4 | 3 | 1 | 1 | 1 | 3 | 2 | 2 | 30 |
| Safety Thermometer Harm free care | | 94.1%* | 92.1% | 93.7% | 93.6% | 93.8% | 93.5% | 93.1% | 94.7% | 93.9% | 94.0% | 93.8% | 94.8% | 93.6% | |
| Never events | 0 | 6 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 3 |
| C-sections rates | 25% | 23.9% | 23.8% | 26.1% | 26.1% | 25.0% | 25.2% | 24.6% | 25.6% | 27.5% | 25.2% | 23.9% | 25.5% | 24.3% | 25.2% |
| Maternal deaths | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 3 |
| Avoidable Pressure Ulcers (Grade 3 and 4) | <8 per month | 98 | 10 | 4 | 8 | 7 | 8 | 5 | 5 | 4 | 5 | 7 | 3 | 7 | 73 |
| VTE risk assessment | 95% | 94.5% | 94.1% | 94.5% | 93.1% | 95.9% | 95.2% | 95.4% | 95.5% | 96.7% | 96.1% | 95.6% | 95.0% | 95.6% | 95.3% |
| Open Central Alert System (CAS) Alerts | | 13 | 14 | 9 | 15 | 36 | 10 | 10 | 14 | 15 | 12 | 11 | 14 | 20 | |
| WHO surgical checklist compliance | 100% | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |

| Quality Governance Indicators | Target | 2012/13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 | Jan-14 | Feb-14 | Mar-14 | YTD |
|---|--------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|
| Patient satisfaction (friends and family) | | 64.5 | 66.4 | 73.9 | 64.9 | 66.0 | 69.6 | 67.6 | 66.2 | 70.3 | 68.7 | 71.8 | 69.0 | 69.9 | 68.8 |
| Sickness/absence rate | 3.0% | 3.4% | 3.3% | 3.1% | 3.0% | 3.2% | 3.1% | 3.1% | 3.3% | 3.5% | 3.8% | 3.9% | 4.0% | | 3.4% |
| Proportion temporary staff – clinical and non-clinical (WTE for Bank, Overtime and Agency) | | | 6.0% | 6.5% | 6.6% | 6.2% | 5.4% | 5.6% | 6.0% | 6.1% | 6.3% | 6.6% | 6.6% | 6.9% | |
| Staff turnover (excluding Junior Doctors and Facilities) | 10.0% | 9.0% | 8.8% | 8.9% | 9.2% | 9.5% | 9.3% | 9.7% | 9.6% | 9.7% | 10.2% | 10.6% | 10.4% | 10.0% | |
| Mixed sex accommodation breaches | 0 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 2 |
| % staff appraised | 95% | 90.1% | 90.9% | 90.2% | 90.7% | 92.4% | 92.7% | 91.9% | 91.0% | 91.8% | 92.4% | 91.9% | 92.3% | 91.3% | |
| Statutory and Mandatory Training | 75% | | 45% | 46% | 46% | 48% | 49% | 55% | 58% | 60% | 65% | 69% | 72% | 96% | |
| % Corporate Induction attendance rate | 95% | | 87% | 82% | 95% | 90% | 94% | 94% | 91% | 87% | 89% | 93% | 89% | 95% | 90% |

2.2 UHL NTDA Escalation Level

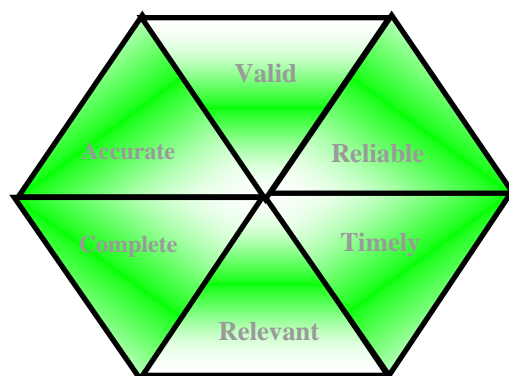
The Accountability Framework sets out five different categories by which Trust's are defined, depending on key quality, delivery and finance standards.

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

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

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

3.0 DATA QUALITY DIAMOND



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

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

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

The data quality diamond assessment is included in the Quality and Performance report against indicators that have been assessed.

4.0 QUALITY AND PATIENT SAFETY – KEVIN HARRIS/RACHEL OVERFIELD

4.1 Quality Commitment

This section will be updated next month following approval of the final version of the Quality Commitment at the Trust Board on the 24th April.

4.2 Mortality Rates

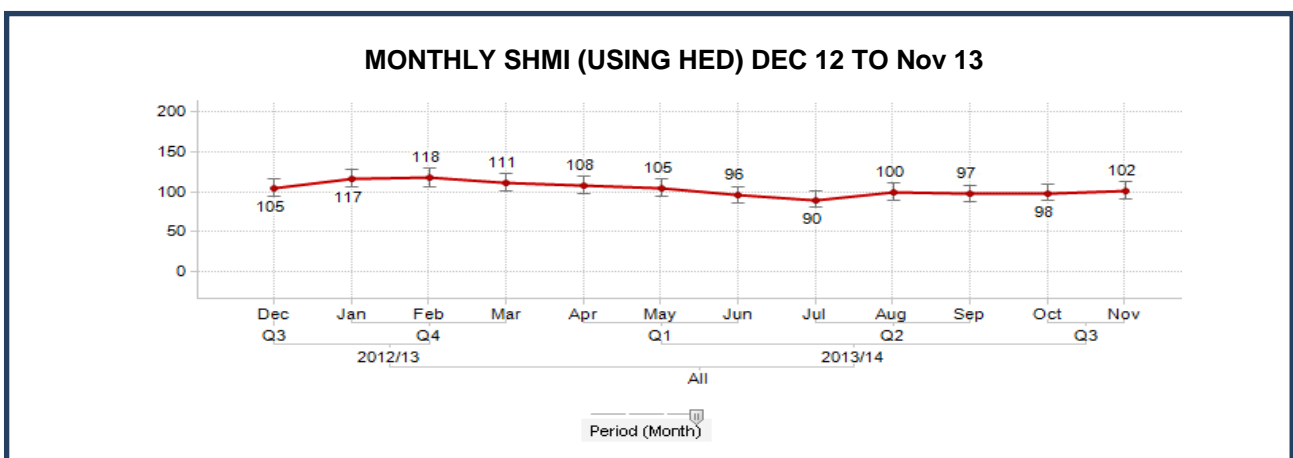


SUMMARY HOSPITAL MORTALITY INDEX (SHMI)

The SHMI is published as a rolling 12 month figure and the latest SHMI by the Health and Social Care Information Centre (HSCIC) was published at the end of January and covers the 12 month period July 12 to June 13. As anticipated UHL’s SHMI has gone up from 106 to 107 however, it remains in Band 2 (i.e. within expected).

UHL is now able to use the Hospital Evaluation Dataset tool (HED) to internally monitor our SHMI on a monthly basis using more recent data.

For the most recent 12 months (Dec 12 to Nov 13) UHL’s SHMI is 104 (this still includes the January to March 13 period).



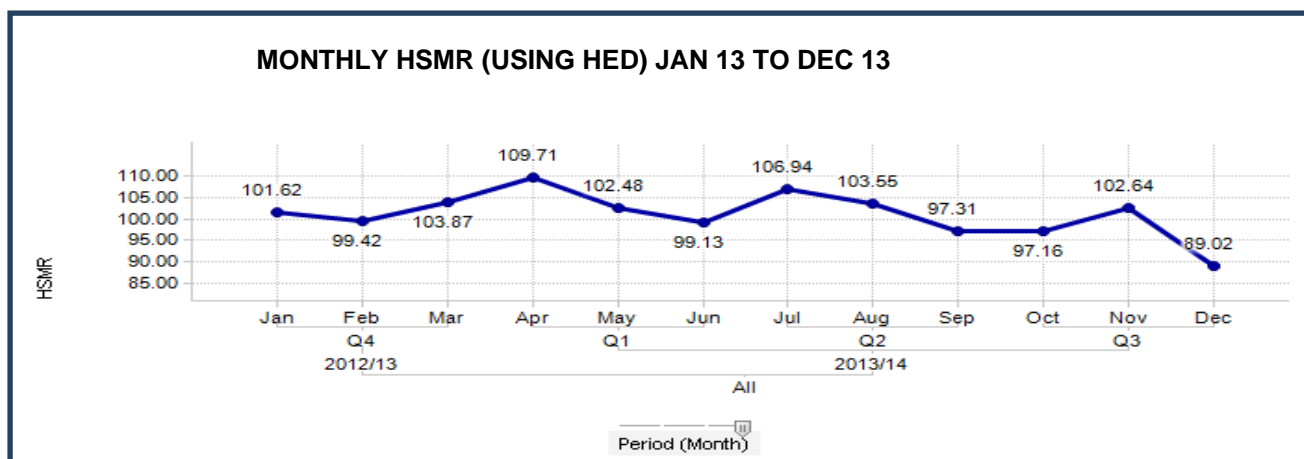
UHL’s SHMI for the financial year 2013/14 (April to Nov 13) is still currently predicted to be closer to 100.

However, due to the published SHMI being based on a '12 month rolling figure', the trust’s published SHMI is likely to remain above 100 until the Jan to April 13 period is not included in the '12 months'.

HOSPITAL STANDARDISED MORTALITY RATIO (HSMR)

UHL's HSMR (as reported by HED) for the 12 months Jan to Dec 13 is 100.9 and for the financial year (Apr to Dec 13) it is 100.6.

It should be noted that although UHL's HSMR has been below 100 for Sept, Oct and Dec and HED rebase monthly, there may be an increase for these months as Trusts resubmit their coded data.



CRUDE MORTALITY

UHL's crude mortality rates are also monitored as these are available for the more recent time periods.

As can be seen from the table below, whilst there is 'month on month' variation, the overall rate for 13/14 (Apr 13 to Feb 14) is slightly lower than in 12/13.

| Month | Feb-13 | Mar-13 | FY 2012/13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 | Jan-14 | Feb-14 | FYTD 2013/14 |
|---------------------------|--------|--------|------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------------|
| No of Patients Disch/Died | 17,321 | 18,439 | 221,146 | 17,870 | 18,692 | 17,734 | 19,135 | 17,890 | 18,199 | 19,673 | 18,683 | 17,898 | 19,527 | 17,879 | 203,235 |
| No of in-hospital deaths | 275 | 288 | 3,177 | 277 | 254 | 229 | 229 | 233 | 218 | 253 | 251 | 267 | 245 | 260 | 2,716 |
| Crude Mortality Rate | 1.60% | 1.60% | 1.40% | 1.60% | 1.40% | 1.30% | 1.20% | 1.30% | 1.20% | 1.30% | 1.30% | 1.50% | 1.30% | 1.50% | 1.30% |

CQC INTELLIGENT MONITORING REPORT (IMR)

The latest CQC IMR has two areas of 'elevated risk' relating to mortality and both are based upon the Dr Foster Intelligence risk adjusted mortality data:

Low Risk Diagnosis Groups

The Dr Fosters Intelligence (DFI) "Deaths in Low Risk Diagnosis Groups" is a 'composite mortality indicator' which benchmarks the combined mortality rate of several diagnosis groups, which individually have a low risk of mortality.

This latest IMR report covers Jul 12 to June 13 and UHL's mortality rate for the Deaths in Low Risk Diagnosis Groups' is 'above the expected' for this time frame and specifically relates to the 3 months Oct to Dec 12 (all other months are 'within expected').

Following the first 'elevated risk' a case note review has been undertaken of the patients contributing to this 'higher than expected' mortality for Oct to Dec 12. For the majority of

patients, their death was expected and appropriate care was given. The findings of the review have been reported to the Mortality Review Committee.

CABG + Other

Within this composite indicator there is one procedural group which has a 'higher than expected mortality' – CABG +Other. Clinically "CABG +Other" is considered to be when a Coronary Artery Bypass Graft is undertaken plus a valve repair and "CABG Isolated" is for CABG without any valve repair and is a first time CABG..

However it appears that in the DFI 'risk adjustment tool', they have included 'first time CABG without valve repair procedures' in the 'CABG +Other' because additional codes were recorded relating to monitoring aspects of the procedure. This is then skewing both the denominator and numerator for both procedures.

Whilst it would seem that the reason for the alerts is purely due to an interpretation of procedural codes, a retrospective case note review has been undertaken to confirm patients' care was appropriate. All reviews undertaken to date have found both 'case selection' and management was appropriate.

4.3 Maternal Deaths

There were no maternal deaths reported in March. The World Health Organisation (WHO 2014), defines maternal death as the death of a woman while pregnant or within 42 days of termination of pregnancy (giving birth) , irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

4.4 Patient Safety



In March a total of 10 new Serious Untoward Incidents (SUIs) were escalated within the Trust, a further reduction from February. Three of these were patient safety incidents, six related to Hospital Acquired Pressure Ulcers and one was a Healthcare Acquired Infection. No Never Events were reported in March. Six patient safety root cause analysis investigation reports were completed and signed off last month, the actions and learning of which have been shared internally. These will be further reviewed at the Trust's 'Learning from Experience Group'.

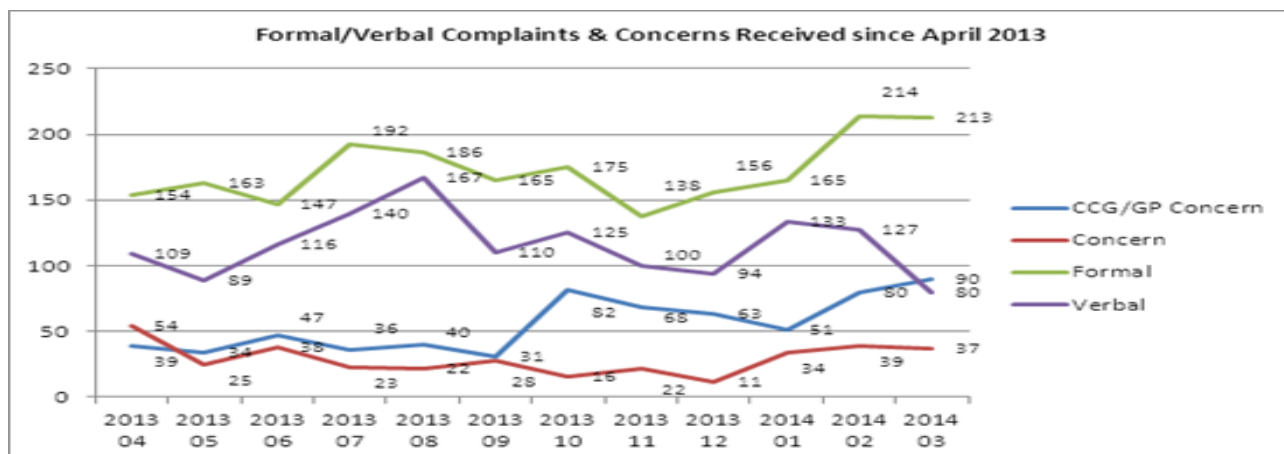
In March two calls were made to the 3636 Staff Concerns Reporting Line, one relating to the state of cleanliness and clutter in the corridors at LGH and one raised by an anaesthetist regarding patients requiring an overnight stay do not always have a bed allocated and may be cared for on trolleys for an indeterminate length of time. Both concerns have been fully investigated by a director and appropriate actions taken. All 3636 concerns are presented at the Executive Quality Board and the Quality Assurance Committee in the monthly Patient Safety report. Pleasingly the very high level of compliance with deadlines for external CAS alerts has been maintained (99% over a rolling 12 months) but the NPSA alert 'Right Blood' remains open.

March continued to see high complaints activity with a total of 213 formal written complaints received. The top 5 themes has changed slightly to:-

- ❖ Medical Care
- ❖ Waiting Times
- ❖ Staff Attitude
- ❖ Cancellations

❖ Communication

CMGs continue to review their complaints monthly and take actions for improvement but these complaints show the tremendous strain on the emergency system and the increased activity leading to further increases in waiting times and operation and procedure cancellations. Below is the trend graph which shows complaints activity over the past 10 months.



4.5 Critical Safety Actions

| | | | | | |
|-----|-------|------|------|------|-----|
| Mth | Qtr 1 | Qtr2 | Qtr3 | Qtr4 | YTD |
|-----|-------|------|------|------|-----|

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

1. Improving Clinical Handover.

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

Actions:-

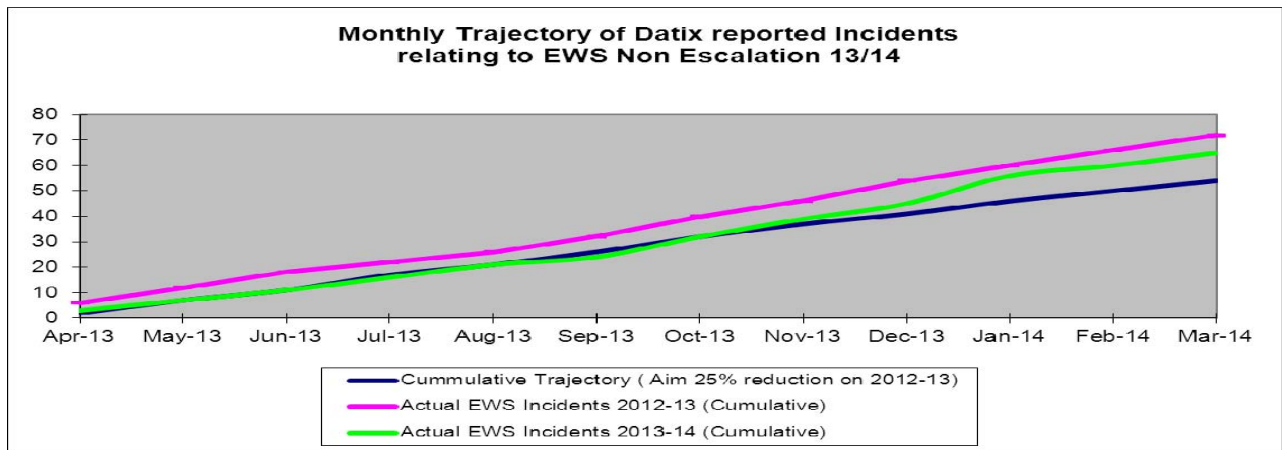
- ❖ Training commenced for nursing staff in March across LRI site in medicine, MSK and oncology/haematology wards. Children's and ITU will follow. Roll out to GH site next.
- ❖ Some IT background work has delayed initial go live date. Planned go live date is now 15th April 2014.

2. Relentless attention to Early Warning Score triggers and actions

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

Actions:-

- ❖ EWS Datix reported incidents related to non-escalation are still being monitored this year. The internal aim was to reduce these by 25% against 2012-13 figures. For 2013-14 we have seen a 10% reduction in EWS incidents related to non-escalation against 2012-13 figures.
Over the past two years UHL has reduced EWS non-escalation incidents by 35%.



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

| Site | December 13 | January 14 | February 14 |
|------|-------------|------------|-------------|
| GH | 97% | 98% | 100% |
| LGH | 98% | 98% | 98% |
| LRI | 96% | 99% | 94% |

% of red calls within response time <30 minutes

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

- ❖ Results from previous case note review showed that at the LRI site only 82% of escalated EWS >4 had a documented review in the notes with the LGH and GH site faring better. It was agreed to repeat the exercise over a 3 day period and if this shows lack of documentation to feedback timely to both the junior doctor that did not document and the consultant of the ward where the patient is based. This is now planned for 2- 4th April 2014.

3. Acting on Results

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

Actions:-

- ❖ Have received signed off processes for managing diagnostic tests for 89% of specialities now. Those four outstanding specialities are all in progress. The end of Q4 target threshold was at least 80%.
- ❖ Issue and risks highlighted from this work have been reviewed. Dr. Collett will be chairing a meeting in on 10th April 2014 with CMG deputy directors, pathology, imaging and IT in attendance to discuss risk and agree actions that can be taken forward for next year.

4. Senior Clinical Review, Ward Rounds and Notation

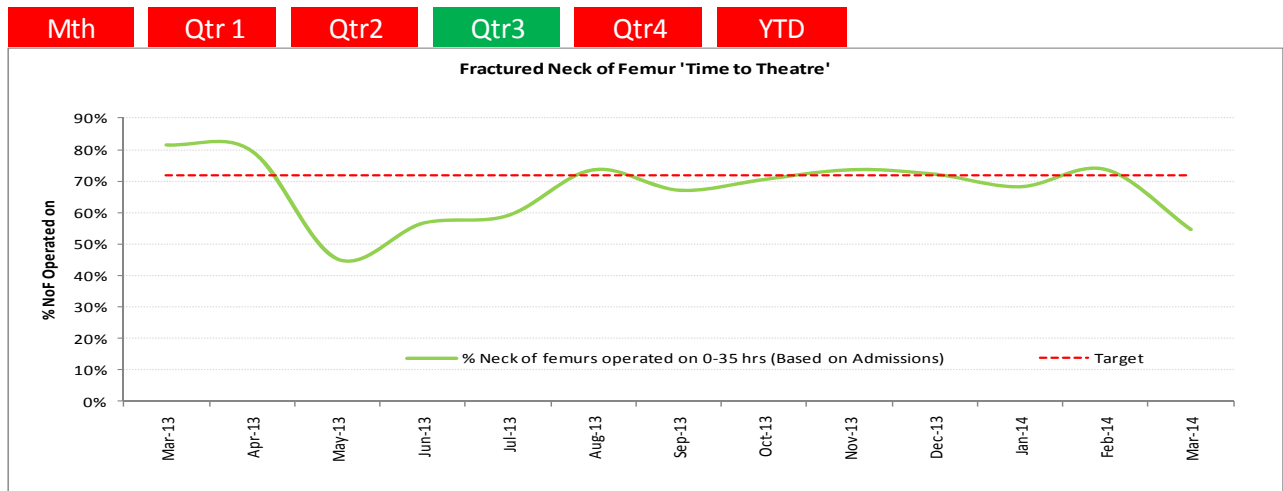
Aim - To meet national standards for clinical documentation. To provide strong medical leadership and safe and timely senior clinical reviews and ensure strong clinical governance.

Actions:-

- ❖ Ward round safety checklists are now out in all wards across UHL. New continuation paper added into UHL stationary ordering processes and old type paper removed. Trust wide communication for safety checklist and continuation paper on INsite. Small card versions for doctors have been sent to JDAs for distribution to both new and existing doctors with slide presentations for induction.
- ❖ Meeting with medical education simulation training lead in April. The ward round work should be incorporated into this existing training on an on-going basis.

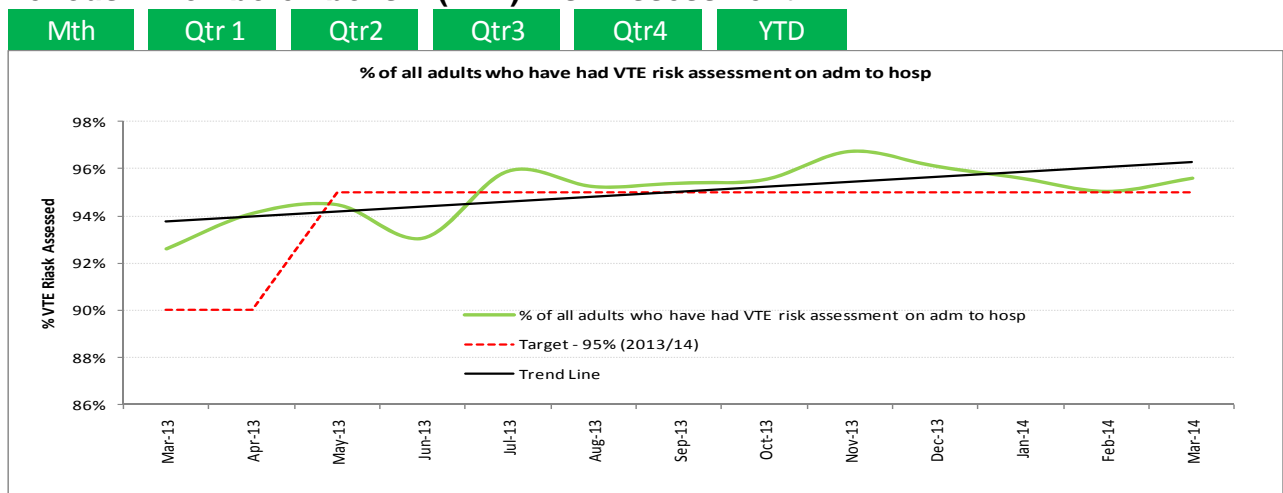
The Q4 CSA CQUIN commissioner visit has been agreed for 29th April 2014, areas to be visited are yet to be discussed and confirmed.

4.6 Fractured Neck of Femur 'Time to Theatre'



The percentage of patients admitted with fractured neck of femur during March who were operated on within 36hrs was 54.7% (41 out of 75 #NOF patients) against a target of 72%. The full year performance is 65.2%.

4.7 Venous Thrombo-embolism (VTE) Risk Assessment



The 95% threshold for VTE risk assessment within 24 hours of admission was achieved in March, with full year performance being achieved at 95.3%.

4.8 Quality Schedule and CQUIN Schemes

The table below summarises the anticipated RAG ratings for the Quality Schedule and CQUIN indicators in respect Quarter 4's performance.

| Schedule Ref | Indicator Title and Detail | Q4 Predicted RAG | Comments re Q4 Performance |
|--------------|--|------------------|---|
| IP1a-e | MRSA bacteraemias C Diff Numbers MRSA screens (Emergency & Elective admissions) MSSA bacteraemias E Coli bacteraemias Infection Prevention Annual Programme | G | 0 MRSA's reported for Jan to Mar 14. Although 10 C Diffs in Jan, 0 in Feb March data 4 – 66 in total end of year vs target of 67 100% pts screened. Most work streams on track in IP Annual Programme |
| IP2a | Surgical Wound Surveillance - Caesarean Section | G | Dependent upon sustained reduction in C Section wound infection rate since 11/12 baseline. |
| IP2b | Improved compliance with Surgical Wound, Peripheral Canula and Urinary Catheter HIs across UHL | A | Below 90% in Medicine and Women's for January. All other areas >90%. Agreed to discontinue indicator in 14/15 and to focus on Vascular Access monitoring as part of the Safety Thermometer audit days. |
| PS1b | Never Events | R | NE reported for February relating to retained vaginal swab. |
| PS2a | Risk register - Board Assurance Framework report | G | Further assurance provided about 'suspended' Risk. |
| PS2b | Central Alerting System Patient Safety Alerts and Rapid Response Reports (NPSA PSA and RRR) | A | Dependent upon actions agreed necessary for the Blood Transfusion NPSA alert |
| PS3 | Safe Guarding for Adults and Children | G | |
| PS4 | Ward Health Check Proactive oversight and scrutiny of ward level data (staffing and nursing metrics) to ensure safety care delivery | G | |
| PS6 | Eliminating "avoidable" Grade 2, 3 and 4 Hospital Acquired Pressure Ulcers | G | Above threshold in January but below in Feb. March's data tbc |
| WF1 | Organisational Development Plan Update and Workforce Metrics | G | Q3 RAG relates to Mandatory training. Increased performance anticipated during Q4. |
| MM1a-g | Medicines Code Audit Controlled Drugs Audit Non compliance with Traffic Light Policy Compliance with LLR Formulary for prescribing Medication errors causing serious harm | G | Improvement seen across all sections of Medicines Code and Controlled Drugs Storage audits. Evidence of actions being taken to reduce harm. |
| PE1a | SSA Breaches Monthly Compliance | G | No non clinically justified breaches in Q4 to date |
| PE2a & b | Number of Formal Written Complaints and Rates against Activity Response to complainants within agreed timescales | R | Non achievement of 'response times' for both first time and reopened complaints. |
| PE3a-c | Progress in respect of Quality Commitment of the Patient Centred Care Priorities for 2013: Improvement in National Patient Survey Results Improvement in National Patient Survey Results for 'Responsiveness to Needs' Composite score | A | Although improvements in F&FT scores, RAG for the Quality Commitment part of the Indicator will depend upon progress with Discharge related work-stream. No improvement in either 'Responsiveness to Needs' or 'Overall Score' in the National Patient Survey. |

| Schedule Ref | Indicator Title and Detail | Q4 Predicted RAG | Comments re Q4 Performance |
|---------------|---|------------------|---|
| PE4 | ED service experience. | tbc | End of year threshold is improvement in F&FT score. Was 39 in April 13 and 61 in December 13. Deterioration in both Jan and Feb. |
| PE5 | Improve staff engagement | G | |
| PE6 | Implementation of the Trust's Equality high level plan. | N/A | |
| CE1 | Maternity Dashboard | G | Will depend on C Section rates. |
| CE2 | Children's Services Dashboard | G | Will depend upon improvement with medical staff training. |
| CE3a | PROMS Participation for patients undergoing Groin Hernia Surgery Varicose Vein Repair | G | Latest Groin Hernia PROMs show improvement in outcomes from Q2 |
| CE4 | Fractured Neck of Femur Dashboard | A | Jan and Feb's performance currently reported as being below threshold for 6 out of the 9 indicators. 'Time to theatre' within 48 hrs has been below threshold for several months. |
| CE5a) | Improve performance with the Stroke Dashboard Indicators | A | High risk patients seen in TIA clinic within 24 hrs = 64% for 13/14 as a whole and for each CCG which is above the 60% national threshold but below the CCGs' 70%. Stroke performance for Q4 tbc |
| CE6 | Mortality Dashboard to include: SHMI HSMR | A | SHMI will still be above 100. |
| CE7a-c | Compliance with NICE Technology Appraisals published in 13/14 and all NICE Guidance Clinical Audit 13/14 programme progress | A | Action plans not in place for all areas of non compliance. Some delays in completion of audit action plans |
| CE8 | Francis Report and 'Transforming Care' Recommendations | G | |
| CE9 | National Quality Dashboard | G | |
| CE10 | Consultant level survival rates as stated on the 'Everyone Counts' document | G | |
| PR1.1 | Use of Digital First to reduce inappropriate face-to-face contacts | G | |
| PR1.2 | Use of IntraOperative Fluid Management | A | Further work being undertaken to understand deterioration in performance but unlikely to meet the 80% threshold. |
| PR1.3 | Carers of patients with dementia receive advice | G | Improved results in the carers' surveys. |
| CQUINS | | | |
| Nat 1. | Implementation of Friends and Family Test: 1.2 Increased Response Rate | G | Although not achieved 20% in both ED and Inpatients, overall UHL F&FT participation is 20%. |
| | 1.3 Improved F&FT score in Staff Survey | G | Slight improvement anticipated for both aspects of the Staff Survey relating to 'F&FT' question. |
| Nat 2. | 2.1. To collect NHS Safety Thermometer data: pressure ulcers, falls, CAUTIs and VTE | G | Data submitted for all 4 harms |
| | 2. 2a Reduction in the prevalence of CAUTI | G | Dependent upon action plan being on track and continued reduction in CAUTI prevalence as recorded on ST |
| | 2. 2b Reduction in the prevalence of Falls | G | The number of falls reported on Datix have continued to reduce. |
| Nat 3 | 3. Dementia Screening, Risk Assessment and | G | 90% performance for January and just |

| Schedule Ref | Indicator Title and Detail | Q4 Predicted RAG | Comments re Q4 Performance |
|--------------|--|------------------|---|
| | Referral of Patients aged over 75 yrs | | achieved for February. Already met '3 consecutive month threshold' earlier in the year. |
| | 3.2 Training of staff – Category A, B C | G | Dependent upon Category B Training numbers |
| | 3.3. Ensuring carers of people with dementia feel adequately supported | G | |
| Nat 4 | Reduce Venous thromboembolism(VTE) 1. VTE risk assessment | G | 95% performance in January |
| | 2. Hospital Acquired Thrombosis RCAs | G | |
| Loc 1.1 | MECC - Increase in number of referrals to Smoking Cessation Services (STOP), Alcohol Liaison, Healthy Eating | G | Dependant upon whether there are further reductions in referrals to STOP |
| Loc 2 | Implementation of the AMBER care bundle to ensure patients and carers will receive the highest possible standards of end of life care | G | Implementation is on schedule. |
| Loc 3 | Improve care pathway and discharge for patients with Pneumonia | G | On track to achieve Q4 threshold of improve compliance with antibiotic prescribing. |
| Loc 4 | Improving care pathway and discharge for patients with Heart Failure - Implementation of Care Bundle and discharge Check List and piloting of 'virtual ward' | G | On track to achieve Q4 threshold of 40% patients receiving care bundle. |
| Loc 5 | Critical Safety Actions: Clinical Handover, Acting on Results, Senior Clinical Review, Ward Round and Notation standards and Early Warning Scores (EWS) | tbc | Green RAG given for Q3 following Assurance visit by Commissioners. |
| Loc 6 | Implementation of DoH Quality Mark with specific focus on Dignity Aspects | G | |
| SS1 | Implementation of Specialised Service Quality Dashboards | G | |
| SS2 | Bone Marrow Transplant (BMT) – Donor acquisition measures | G | |
| SS3 | Fetal Medicine – Rapidity of obtaining a tertiary level fetal medicine opinion | G | 90% threshold achieved for January |
| SS4 | Joint scoring for patients with Haemophilia | G | On track to achieve 50% threshold |
| SS5 | Discharge planning in NICU | G | |
| SS6 | Radiotherapy – Improving the proportion of radical Intensity modulated radiotherapy with level 2 imaging – image guided radiotherapy (IGRT) | G | |
| SS7 | Acute Kidney Injury | G | Automated Alert System in place and Outreach team now reviewing patients. |
| SS8 | PICU - . To prevent and reduce unplanned readmissions to PICU within 48 hours | G | |

Full data for Quarter 4 is being collated now and will be available for reporting to the next month's Executive Quality Board (EQB). Lead Officers have been advised of the need to reporting to EQB ahead of Clinical Quality Review Group (CQRG).

Commissioners will confirm their RAG ratings at the May CQRG meeting – Thursday, 22nd May.

4.9 Theatres – 100% WHO compliance

| | | | | | |
|-----|-------|------|------|------|-----|
| Mth | Qtr 1 | Qtr2 | Qtr3 | Qtr4 | YTD |
|-----|-------|------|------|------|-----|

The theatres checklist has been fully compliant for since January 2012.

4.10 C-sections rate



The C-section rate for March is 24.3% against a target of 25%, with a full year performance of 25.2%.

4.11 Safety Thermometer

Areas to note for the March 2014 Safety Thermometer:-

- ❖ UHL reported 93.6% Harm Free Care for March 2014
- ❖ There was an increase in the number of newly acquired harms; notably, VTEs and pressure ulcers but not necessarily avoidable harm caused by the organisation
- ❖ Comparison charts with other organisations for falls and pressure ulcer prevalence show UHL is not an outlier for the month of February 2014 with these harms.

Chart One – UHL Percentage of Harm Free Care April 2013 to March 2014

| | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 | Jan-14 | Feb-14 | Mar-14 | |
|------------|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | Number of patients on ward | 1672 | 1686 | 1650 | 1514 | 1496 | 1579 | 1596 | 1662 | 1558 | 1616 | 1635 | |
| All Harms | Total No of Harms - Old (Community) and Newly Acquired (UHL) | 150 | 117 | 113 | 100 | 108 | 121 | 85 | 102 | 102 | 104 | 91 | 109 |
| | No of patients with no Harms | 1531 | 1577 | 1540 | 1417 | 1392 | 1466 | 1512 | 1560 | 1464 | 1516 | 1574 | 1531 |
| | % Harm Free | 91.57% | 93.53% | 93.33% | 93.59% | 93.05% | 92.84% | 94.74% | 93.86% | 93.97% | 93.81% | 94.76% | 93.64% |
| New Harms | Total No of Newly Acquired (UHL) Harms | 73 | 58 | 56 | 49 | 59 | 46 | 42 | 40 | 41 | 46 | 39 | 50 |
| | No of Patients with no Newly Acquired Harms | 1600 | 1631 | 1596 | 1466 | 1438 | 1535 | 1555 | 1622 | 1519 | 1572 | 1624 | 1587 |
| | % of UHL Patients with No Newly Acquired Harms | 95.69% | 96.74% | 96.73% | 96.83% | 96.12% | 97.21% | 97.43% | 97.59% | 97.50% | 97.28% | 97.77% | 97.06% |
| Harm One | No of Patients with an OLD or NEWLY Acquired Grade 2, 3 or 4 PU | 92 | 75 | 73 | 66 | 67 | 87 | 54 | 74 | 62 | 69 | 58 | 69 |
| | No of Newly Acquired Grade 2, 3 or 4 PUs | 26 | 27 | 26 | 19 | 25 | 16 | 19 | 17 | 13 | 21 | 21 | 25 |
| Harm Two | No of Patients with falls in a care setting in previous 72 hrs resulting in harm | 14 | 8 | 8 | 5 | 3 | 3 | 2 | 3 | 3 | 5 | 3 | 5 |
| | No of patients with falls in UHL in previous 72 hrs resulting in harm | 3 | 3 | 4 | 5 | 2 | 2 | 2 | 1 | 3 | 5 | 2 | 3 |
| Harm Three | No of Patients with Urinary Catheter and Urine Infection (prior to or post admission) | 36 | 27 | 27 | 25 | 31 | 25 | 22 | 15 | 24 | 14 | 22 | 22 |
| | Number of New Catheter Associated UTIs | 25 | 16 | 17 | 21 | 24 | 21 | 14 | 10 | 12 | 4 | 7 | 7 |
| Harm Four | Newly Acquired community or hospital acquired VTE (DVT, PE or Other) | 8 | 7 | 5 | 4 | 7 | 6 | 7 | 10 | 13 | 16 | 8 | 13 |
| | Hospital Acquired Thrombosis (HAT) | | | | | | 2 | 1 | 6 | 7 | 4 | 2 | 6 |

DETAILED ANALYSIS OF HARMS

a) Falls (Prevalence via safety Thermometer)

The UHL falls ST data for March 2014 does not indicate any areas of concern. Of the five falls reported, three occurred within UHL with two occurring prior to admission. Two of the patients that fell within UHL sustained a laceration, level 2 harm. The third patient that fell within UHL sustained a fractured fibula. The first patient that fell prior to admission sustained a head laceration following a fall in a community hospital and the second patient fell in a residential home and sustained bruising.

Chart two – Falls Rate (all Patients) from Nov 2012 to Feb 2014

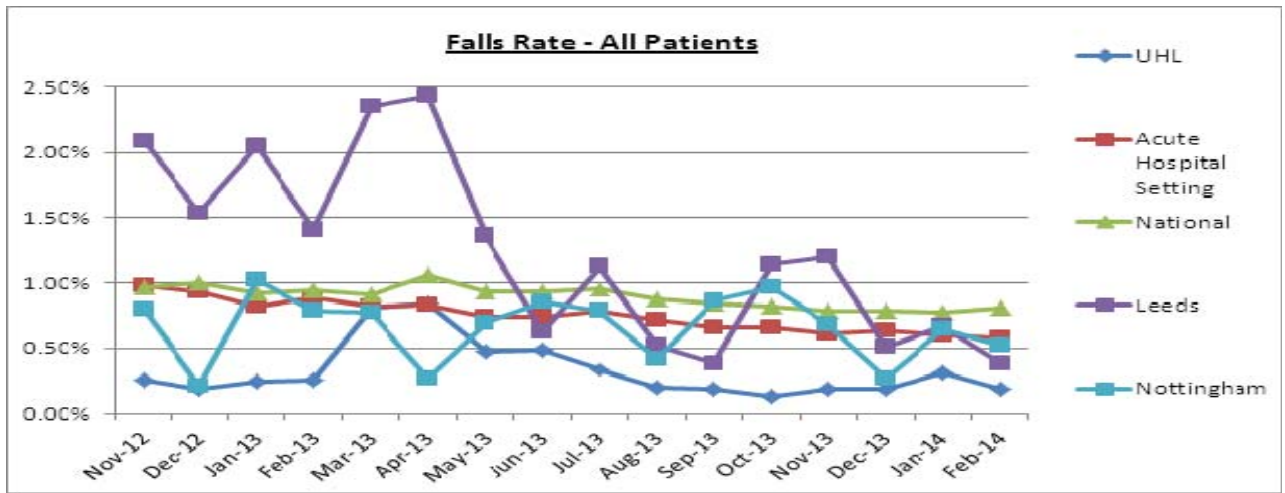
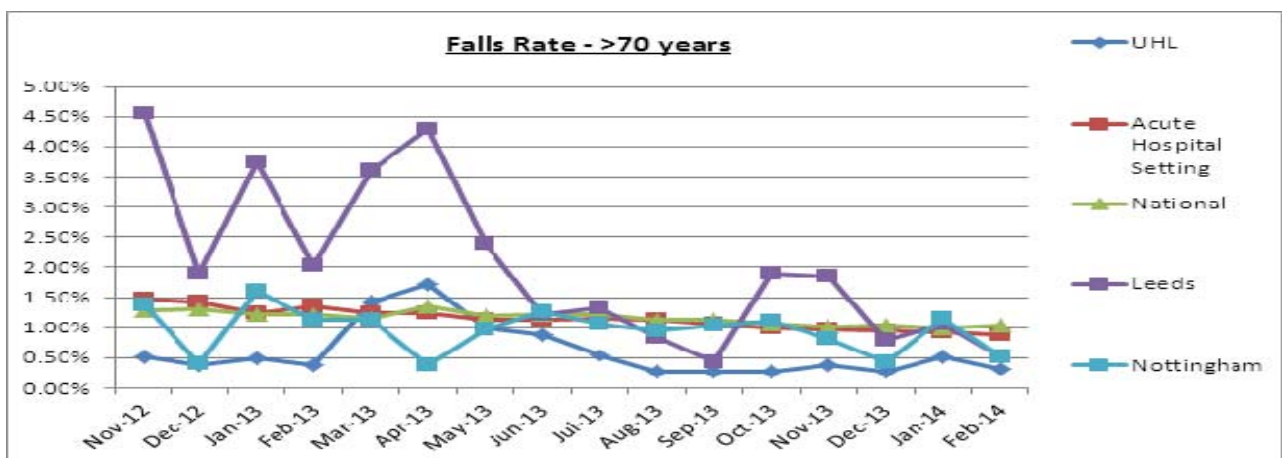


Chart three – Falls Rate (Patients over 70 years) Nov 2012 – Feb 2014



b) Pressure Ulcers (Prevalence via Safety Thermometer)

New Pressure Ulcer prevalence increased in March 2014. However, the Trust achieved the threshold for pressure ulcer incidence.

Chart four – New Pressure Ulcers (Patients over 70 years) from Nov 2012 to Feb 2014

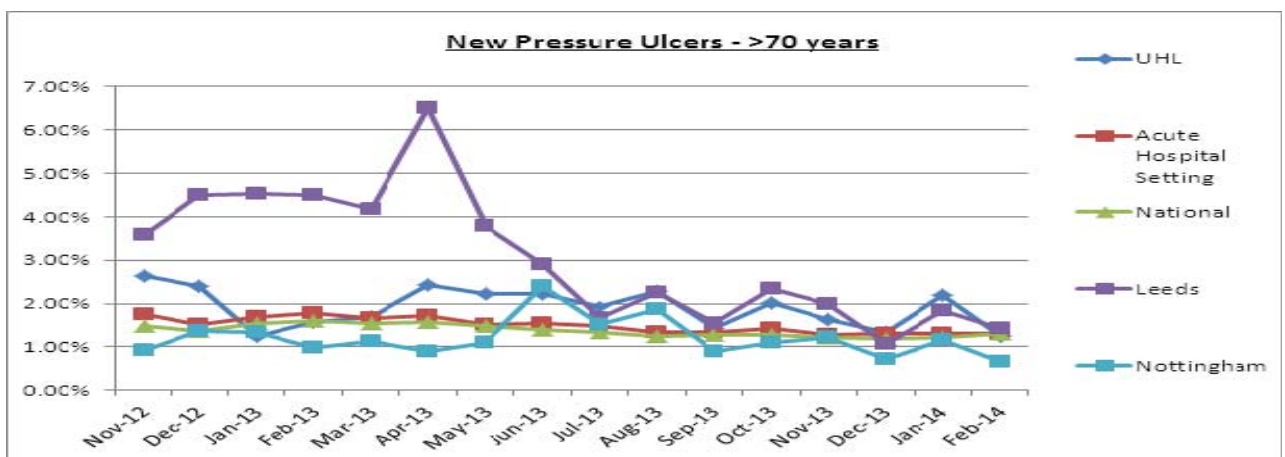
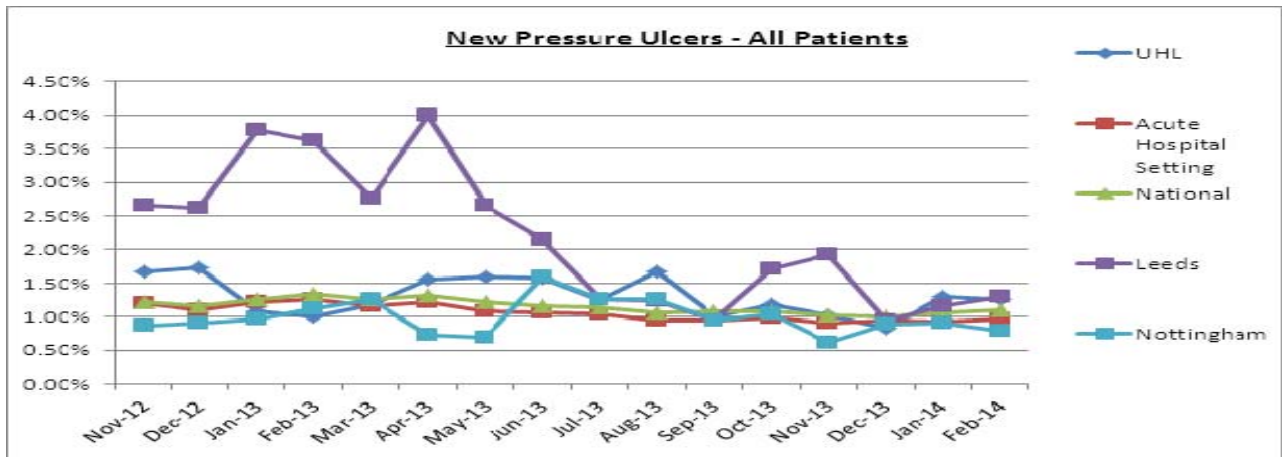


Chart five – New Pressure Ulcers (all Patients) from Nov 2012 to Feb 2014

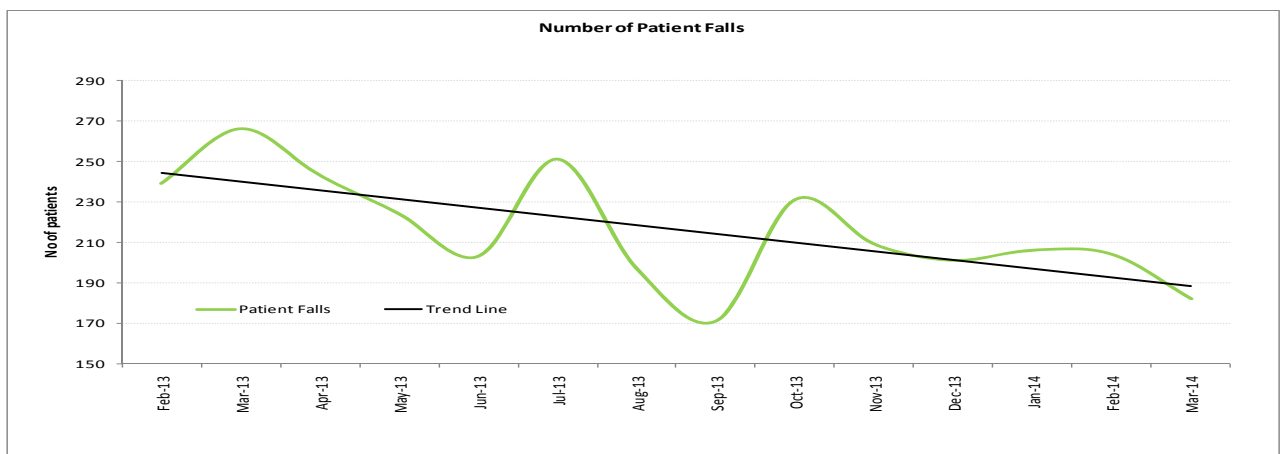


c) VTE

The ST VTE data for March 2014 reported six new Hospital Acquired Thrombosis, analysis of the six patients confirms the following:

- In line with ST guidance, one patient has been an in-patient since Oct' '13 (should be noted that the RCA confirmed that appropriate risk assessment and thromboprophylaxis were carried out for this patient).
- One patient had a 'New' upper limb VTE post PICC line insertion
- Four patients had a 'New' VTE post admission and will be for RCA in April.
- Seven patients were admitted with VTE from the community but still count in the Trust data for New VTE harms.

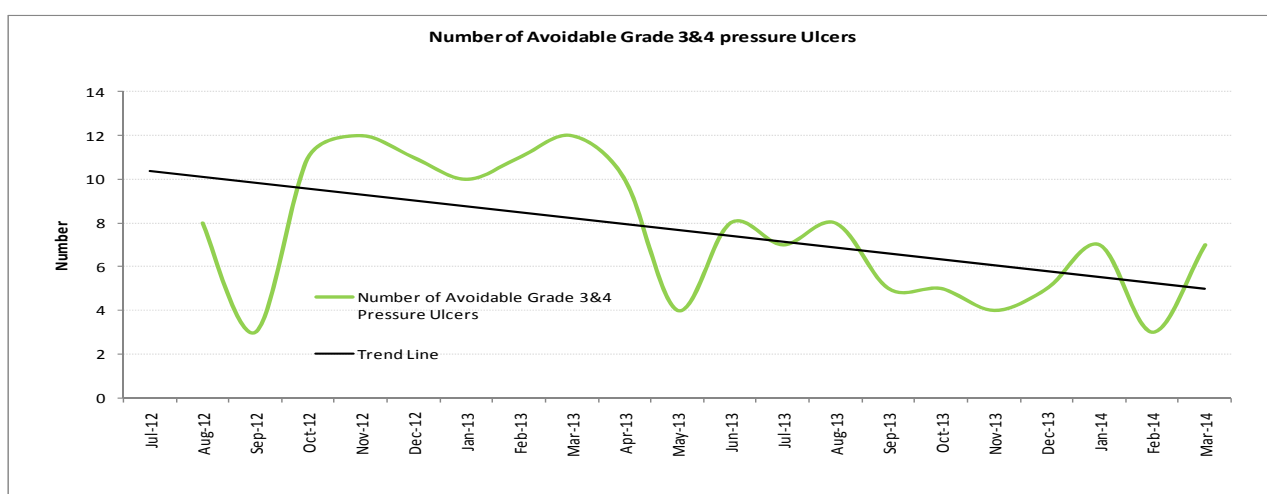
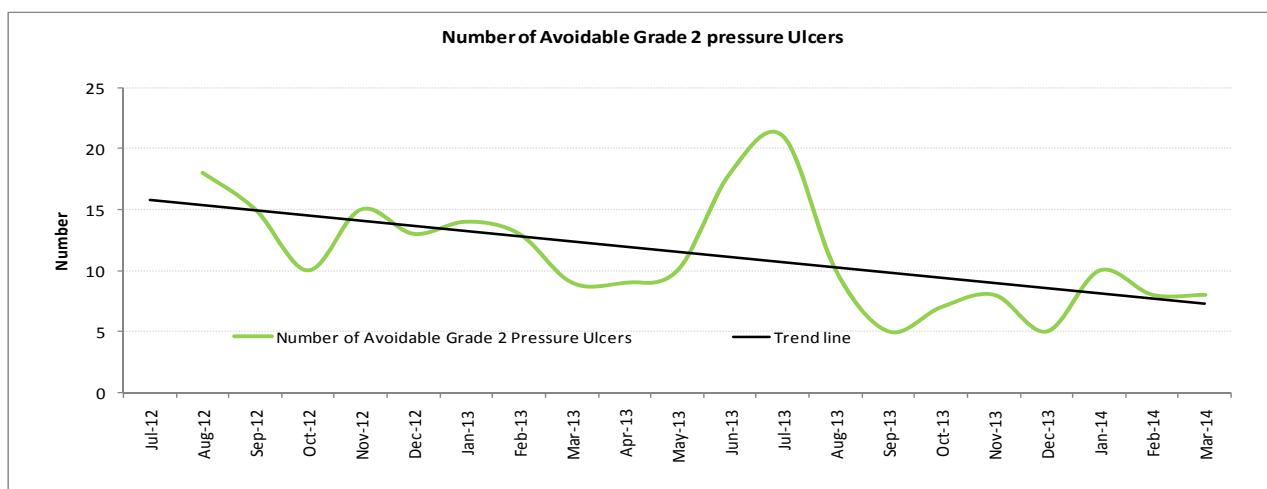
Patient Falls (Incidence via Datix)



The February falls figure has now been amended due to late closure of Datix Reports and the actual falls incidence was actually 204 (182 reported originally). The falls data for March is currently reported at 182. Again, the final figure will be subject change when all falls have been reported as Datix Incidents by Ward Managers.

It should be noted that prevalence and incidence cannot be compared for any of the harms data but for the purpose of this report, UHL falls prevalence rates measured via the Safety Thermometer are significantly less than other peer organisations and this was noted by the CQC at the recent hospital.

Pressure Ulcer Incidence



The incidence data for Grade 2 and 3 pressure ulcers reported from April 2013 to January 2014 has undergone a further validation process following queries raised by the commissioners in relation to mismatch of STEIS and Trust data for 2013.

The mismatch of data was a result of some Grade 3 ulcers initially being deemed avoidable and escalated onto STEIS. However, at validation meetings, further evidence presented by ward staff deemed some of these ulcers to be unavoidable, but the STEIS incidents were not de-escalated by the commissioners. There were also a few Grade 2 incidents that had been reported against the wrong month because of delays in completing checklists.

March pressure ulcer information is still being validated and the numbers may change. The number of avoidable grade 3 pressure ulcers for March 2014 currently 7 and the number of Grade 2 is 8. If the final total remains at 7 then UHL has achieved the threshold for Grade 3 ulcers. It should however, be noted there is one outstanding checklist from a pressure ulcer that appeared to have developed in a patient who had attended ED because of a fractured limb. The patient was discharged with a type of supportive splint (not plaster of paris). It is a complex case that came to light through a complaint and is still being investigated.

The main themes highlighted for the avoidable ulcers include:

- ❖ Patient sitting out in a chair for a long period of time with minimal pressure relief to the sacrum causing tissue damage

- ❖ Insufficient Patient Education for patients who are independent but still at risk of developing pressure ulcers (i.e. education on moving around or changing position if sitting out)
- ❖ Lack of documentation providing assurance that pressure ulcer prevention strategies were in place in patients at risk of developing pressure damage

5.0 PATIENT EXPERIENCE – RACHEL OVERFIELD

5.1 Infection Prevention

a) MRSA 

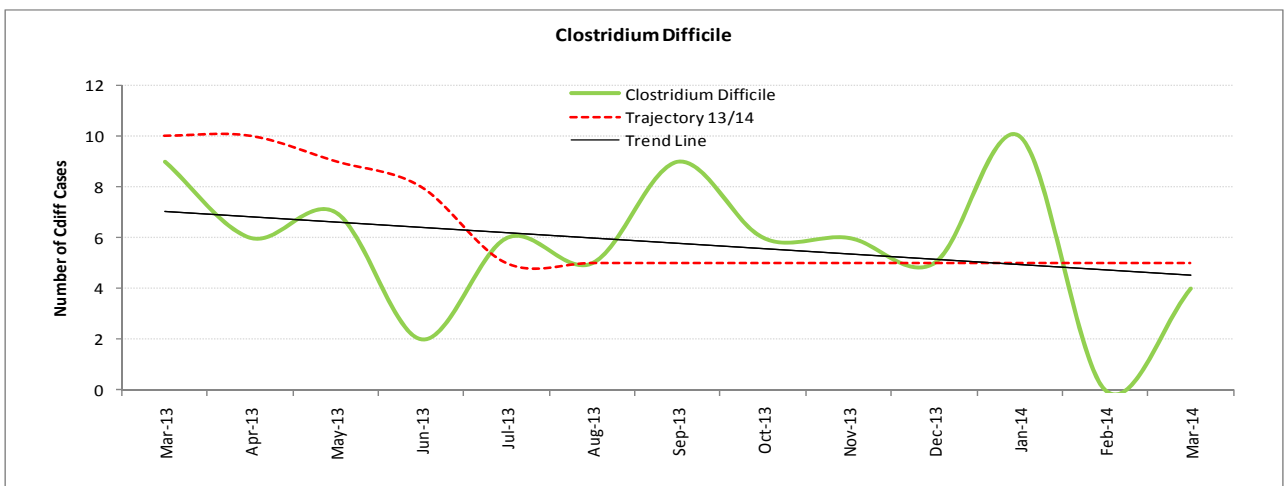


There were no avoidable MRSA cases reported in March.

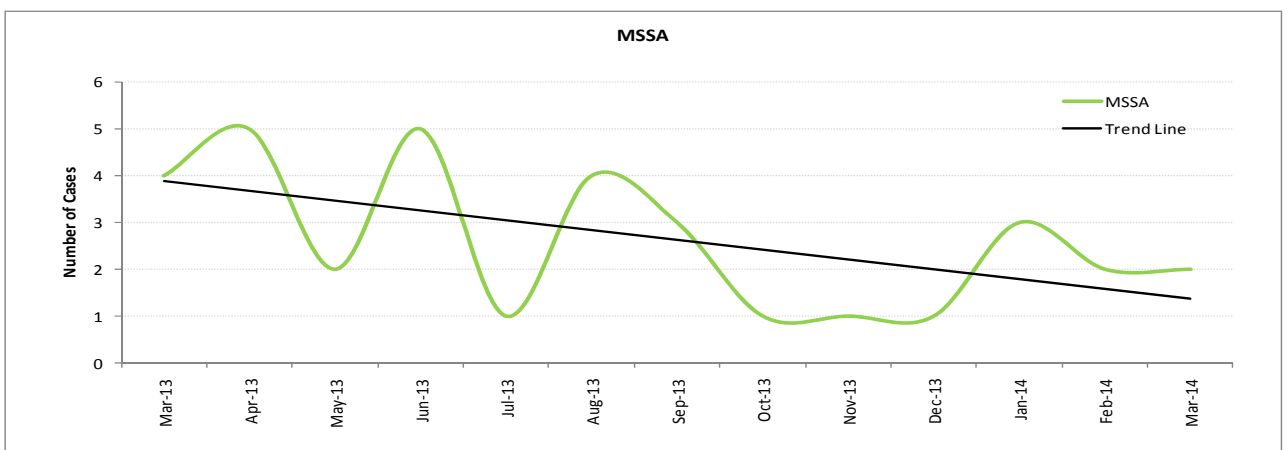
b) Clostridium Difficile 



With 4 cases reported in March, the full year target of no more than 67 cases was achieved. The final cumulative position for the full year was 66.



c) The number of MSSA cases reported during March was 2, with 30 for the full year.



5.2 Patient Experience

Patient Experience Surveys are offered to patients, carers, relatives and friends across the trust in the form of four paper surveys for adult inpatient, children's inpatient, adult day case and intensive care settings and eleven electronic surveys identified in the table below.

In March 2014, 5,003 Patient Experience Surveys were returned this is broken down to:

- 2,949 paper inpatient/day case surveys
- 1,268 electronic surveys
- 620 ED paper surveys
- 166 maternity paper surveys

Share Your Experience – Electronic Feedback Platform

In March 2014, a total of 1,268 electronic surveys were completed via email, touch screen, SMS Text, our Leicester's Hospitals web site or handheld devices.

A total of 260 emails were sent to patients inviting them to complete a survey. The table below shows how this breaks down across the trust:

| SHARE YOUR EXPERIENCE SURVEY | Email | Touch Screen | Sms | Tablet | Web | Total Completions | Emails sent |
|------------------------------|-----------|--------------|------------|------------|-----------|-------------------|-------------|
| A&E Department | 1 | 58 | 0 | 0 | 4 | 63 | 2 |
| Carers Survey | 0 | 0 | 0 | 0 | 3 | 3 | 0 |
| Childrens Urgent and ED Care | 0 | 60 | 0 | 0 | 0 | 60 | 0 |
| FFT Eye Casualty | 0 | 44 | 0 | 226 | 0 | 270 | 0 |
| Glenfield CDU | 0 | 23 | 0 | 0 | 0 | 23 | 0 |
| Glenfield Radiology | 13 | 0 | 0 | 0 | 0 | 13 | 48 |
| IP and Childrens IP | 0 | 0 | 90 | 2 | 7 | 99 | 0 |
| Maternity Survey | 0 | 0 | 0 | 370 | 0 | 370 | 0 |
| Neonatal Unit Survey | 0 | 0 | 0 | 0 | 21 | 21 | 0 |
| Outpatient Survey | 50 | 4 | 61 | 213 | 4 | 332 | 210 |
| Windsor Eye Clinic | 0 | 8 | 0 | 6 | 0 | 14 | 0 |
| Total | 64 | 197 | 151 | 817 | 39 | 1268 | 260 |

Treated with Respect and Dignity

| | | | | | |
|-----|-------|------|------|------|-----|
| Mth | Qtr 1 | Qtr2 | Qtr3 | Qtr4 | YTD |
|-----|-------|------|------|------|-----|

This month has been rated BLUE for the question 'Overall do you think you were treated with dignity and respect while in hospital' based on the Patient Experience Survey trust wide scores for the last 12 months.

This new threshold scheme will be refreshed on a quarterly basis. A green score at trust level will mean that a new high score (based on the previous 12 months) and an improvement has been achieved. Conversely a red score will mean a new low score has been given by patients. The amber score has been replaced by blue and reflects 'an expected score' as scores will not be outside this blue range unless there is a significant improvement / deterioration.

Friends and Family Test

Inpatient

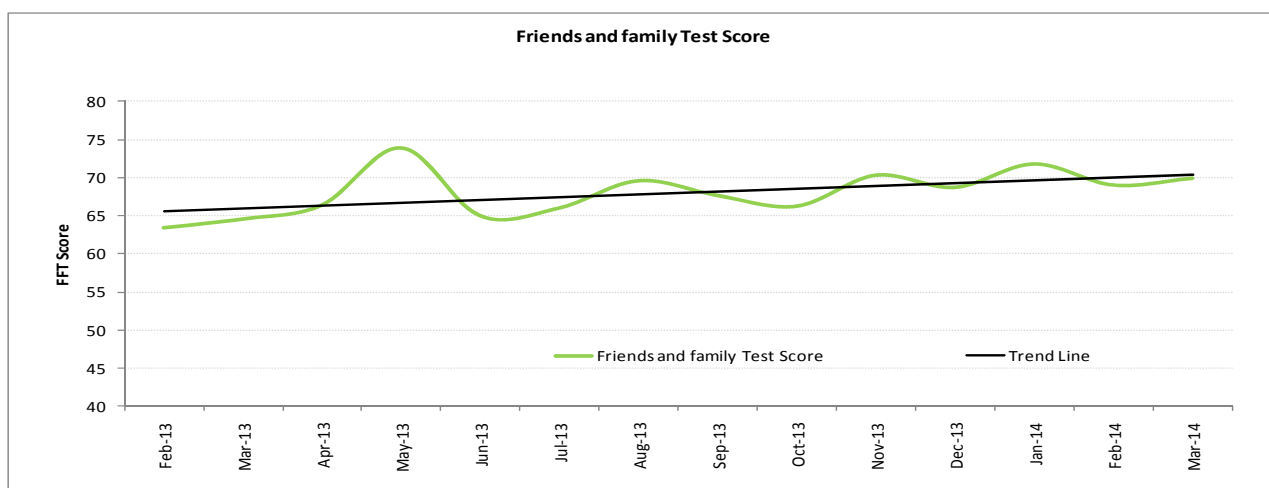
The inpatient surveys include the Friends and Family Test question; **How likely are you to recommend this ward to friends and family if they needed similar care or treatment?** Of all the surveys received in March, 2,050 surveys included a response to this question and were considered inpatient activity (excluding day case / outpatients) and therefore were included in the Friends and Family Test score for NHS England.

Overall there were 7,128 patients in the relevant areas within the month of March 2014. The Trust easily met the 15% target achieving coverage of **28.8%**.

The Friends & Family Test responses broken down to:

| | |
|------------------------------|-------|
| Extremely likely: | 1,510 |
| Likely: | 410 |
| Neither likely nor unlikely: | 59 |
| Unlikely | 23 |
| Extremely unlikely | 17 |
| Don't know: | 31 |

Overall Friends & Family Test Score 69.9



February 2014 Data Published Nationally

The National Table reports the scores and responses for 170 Trusts

If we filter out the Private and Single Speciality Trusts, and those that achieved less than 20% footfall, the UHL score of **69** ranks 91st out of **139** Trusts.

The overall National Inpatient Score (not including independent sector Trusts) was **72**.

Friends and Family Test Scores by CMG

The FFT score for Renal, Respiratory and Cardiac rose this month to 76, and they also achieved a record number of responses this month. Renal, Respiratory and Cardiac overall performance on the FFT score is strong and their score has consistently been above the UHL level FFT performance.

Emergency and Specialist Medicine achieved a high level of responses this month, but their score fell to 68 after achieving scores above 70 for the previous three months. More respondents chose to be passive or detractors in March instead of promoters.

CHUGS showed a 5 percentage point decline in their FFT score in March, with an increase in both detractor and passive respondents, and a reduction in promoters. CHUGS however obtained responses from an additional 98 respondents this month and CHUGS score of 57 in March is consistent with average performance over previous months.

Musculoskeletal and Specialist Surgery showed a good increase in their FFT score compared to February performance and achieved their highest FFT score to date in March. There was an increase in the number of promoters of 9 percentage points, and a 1 percentage point fall in detractors, accompanied by the highest number of responses to date.

Women's and Children's showed a large rise in their FFT score this month as a higher proportion of responses from promoters were received. There were no detractor responses this month for Women's and Children's. The score for LRI GAU Ken L1 ward this month was 77.6, back in line with the scores the ward had previously achieved prior to February's low score, and this has contributed to the large rise for Women's and Children's this month. As Women's and Children's has a fairly small number of responses compared to other CMGs the score is more likely to fluctuate month on month.

The FFT score for the Emergency Department rose this month by 6.5 percentage points as respondents switched to being promoters in place of detractors.

FFT Scores by CMG

| | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 | Jan-14 | Feb-14 | Mar-14 | Change in FFT Score (Feb - Mar 14) |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------------------------------|
| UHL Trust Level Totals | 66 | 74 | 65 | 66 | 70 | 68 | 66 | 70 | 69 | 72 | 69 | 70 | 0.9 |
| Renal, Respiratory and Cardiac | 70 | 76 | 73 | 80 | 80 | 79 | 70 | 78 | 74 | 81 | 73 | 76 | 2.7 |
| Emergency and Specialist Medicine | 64 | 72 | 57 | 62 | 63 | 68 | 63 | 68 | 73 | 72 | 75 | 68 | -7.5 |
| CHUGS | 59 | 70 | 57 | 53 | 61 | 53 | 58 | 59 | 56 | 54 | 62 | 57 | -5.0 |
| Musculoskeletal and Specialist Surgery | 72 | 75 | 73 | 66 | 68 | 69 | 69 | 70 | 66 | 71 | 67 | 78 | 10.8 |
| Women's and Children's | 78 | 80 | 74 | 68 | 76 | 77 | 70 | 76 | 76 | 73 | 59 | 79 | 19.6 |
| Emergency Department | 43 | 47 | 61 | 57 | 60 | 58 | 59 | 59 | 67 | 68 | 59 | 66 | 6.5 |

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

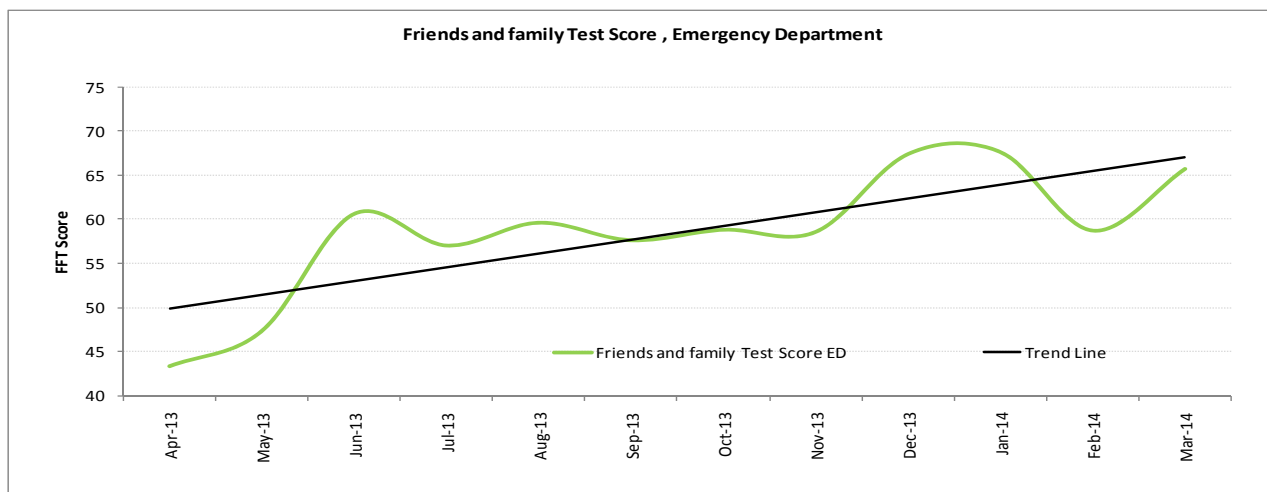
Emergency Department & Eye Casualty

Electronic and paper surveys are used to offer the Friends and Family Test question; **How likely are you to recommend this A&E department to friends and family if they needed similar care or treatment?** in A&E Minors, Majors and Eye Casualty.

Overall there were 6,293 patients who were seen in A&E and then discharged home within the month of March 2014. The Trust surveyed 1,015 eligible patients meeting **16.1%** of the footfall. The Friends & Family test responses break down to:

| | |
|------------------------------|-----|
| Extremely likely: | 712 |
| Likely: | 248 |
| Neither likely nor unlikely: | 24 |
| Unlikely | 13 |
| Extremely unlikely | 12 |
| Don't know: | 6 |

Overall Friends & Family Test Score 65.7



| Breakdown by department | No. of responses | FFT Score | Total no. of patients eligible to respond |
|-----------------------------|------------------|-----------|---|
| Emergency Dept Majors | 237 | 56.2 | 1,445 |
| Emergency Dept Minors | 333 | 60.1 | 2,607 |
| Emergency Dept – not stated | 67 | 65.7 | |
| Emergency Decisions Unit | 120 | 57.6 | 748 |
| Eye Casualty | 258 | 85.3 | 1,493 |

February 2014 Data Published Nationally

The National Table reports the scores and responses for 143 Trusts. If we filter out the Trusts that achieved less than 15% footfall, the UHL score of **59** ranks 39th out of the remaining 90 Trusts.

The overall National Accident & Emergency Score was **55**.

(NB previously only trusts that met 20% were included in the A&E ranking – however the CQUIN 2014/15 national target for A&E has been reset to 15% Q1-3 and will increase to 20% only in Q4).

Maternity Services

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

Overall there were 2,683 patients in total who were eligible within the month of March 2014. The Trust surveyed 809 eligible patients meeting **30.2%** of the footfall. The Friends & Family test responses break down to:

| | |
|------------------------------|-----|
| Extremely likely: | 571 |
| Likely: | 205 |
| Neither likely nor unlikely: | 21 |
| Unlikely | 6 |
| Extremely unlikely | 5 |
| Don't know: | 1 |

Overall Maternity Friends & Family Test Score 66.7

| Breakdown by maternity journey stage | No. of responses | FFT Score | Total no. of patients eligible to respond |
|--|-------------------------|------------------|--|
| Antenatal following 36 week appointment | 127 | 70.9 | 297 |
| Labour Ward/Birthing centre following delivery | 322 | 68.0 | 863 |
| Postnatal Ward at discharge | 294 | 60.1 | 604 |
| Postnatal community – 10 days after birth | 66 | 81.8 | 919 |

February 2014 Data Published Nationally

Maternity

NHS England has begun publishing all trust's Maternity Friends and Family Test scores and the results are split into each of the four Maternity Care Stages. February data was published at the beginning of April.

Antenatal

The average Friend and Family Test score for England (excluding independent sector providers) was **67**.

If we filter out the Trusts that are single speciality or achieved less than 20% footfall, the UHL score of **65** ranks 37th out of the remaining 61 Trusts.

Birth

The average Friend and Family Test score for England (excluding independent sector providers) was **75**.

With single speciality and Trusts that achieved less than a 20% footfall excluded, the UHL Friends and Family Test score of **64** ranks the Trust 80th out of the remaining 96 Trusts.

Postnatal Ward

The average Friend and Family Test score for England (excluding independent sector providers) was **64**.

With single speciality and Trusts that achieved less than a 20% footfall excluded, the UHL Friends and Family Test score of **63** ranks the Trust 71st out of the remaining 107 Trusts.

Postnatal Community Provision

The average Friend and Family Test score for England (excluding independent sector providers) was **75**.

If we filter out the Trusts that are single speciality or achieved less than 20% footfall, then we are left with 45 Trusts. However our UHL Score of **61** does not feature among these as the 20% footfall was not achieved.

5.3 Nursing workforce

5.3.1 Vacancies

There are 303 WTE vacancies - 274wte RN vacancies and 30wte HCA

| | |
|--|----------|
| The sum of budgeted WTE's in March 2014 is reported as | 4,980wte |
| The sum of nurses in post in March 2014 is reported as | 4,517wte |
| The sum of nurses waiting to start in March is reported as | 248wte |
| The sum of nurses waiting to leave in March is reported as | 89wte |
| Therefore the sum of total reported vacancies for March is | 303wte |

198wte RN's waiting to start and 50wte HCA's waiting to start. Therefore the 'felt vacancies' are at 399wte RN and 63wte HCA's the detail is in the below table.

| CMG | Felt RN Vacant | Felt HCA Vacant | Total |
|----------|----------------|-----------------|--------|
| CHUGS | 63.06 | 30.55 | 93.61 |
| CSI | 9.3 | 1.23 | 10.53 |
| ED & SM | 167.9 | -14.99 | 152.91 |
| ITAPs | 43 | 15.41 | 58.41 |
| MSK & SS | 27.67 | 3.92 | 31.59 |
| RRC | 33.16 | 23.37 | 56.53 |
| W & C | 55.03 | 3.76 | 58.79 |
| Total | 399.12 | 63.25 | 462.37 |

5.3.2 Real Time Staffing

Future workforce reports will detail real time staffing for the previous month, how many shifts have been made red, and whether there is any trending with this in relation to wards and CMG's and days of the week.

The report will also detail the compliancy in relation to completion of the information per ward area/CMG.

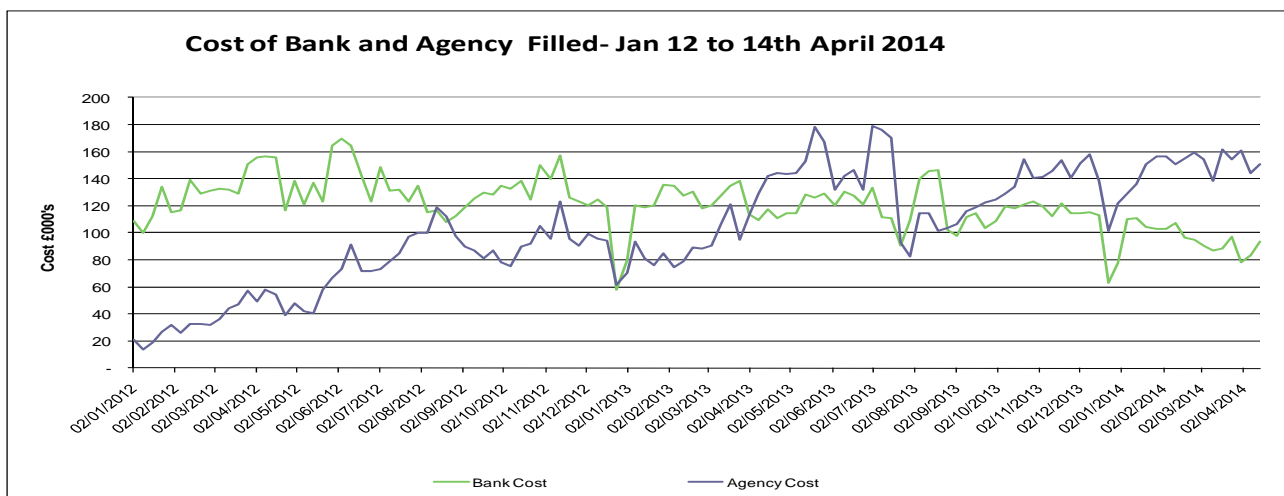
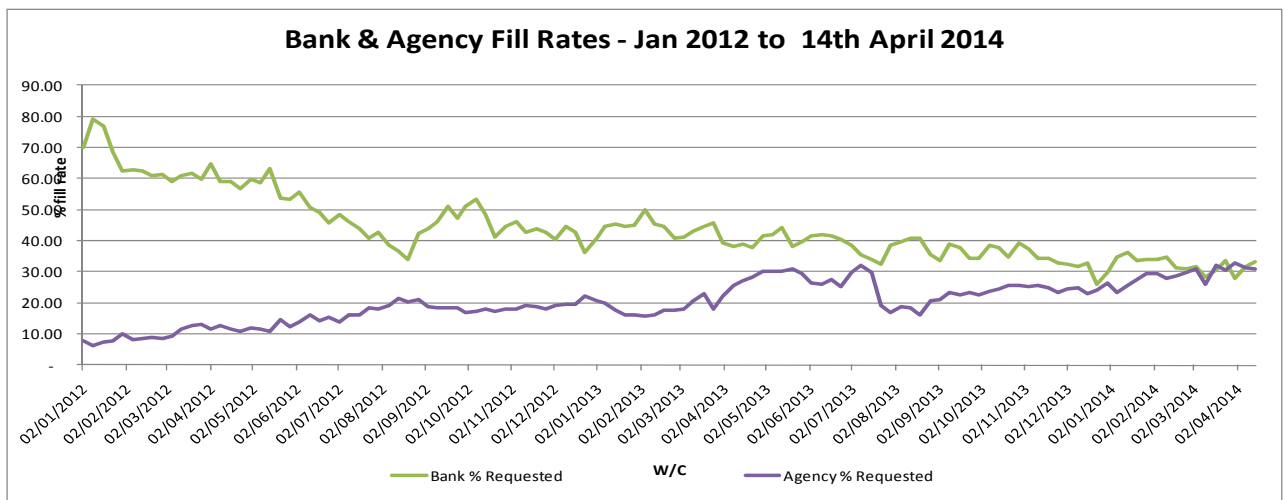
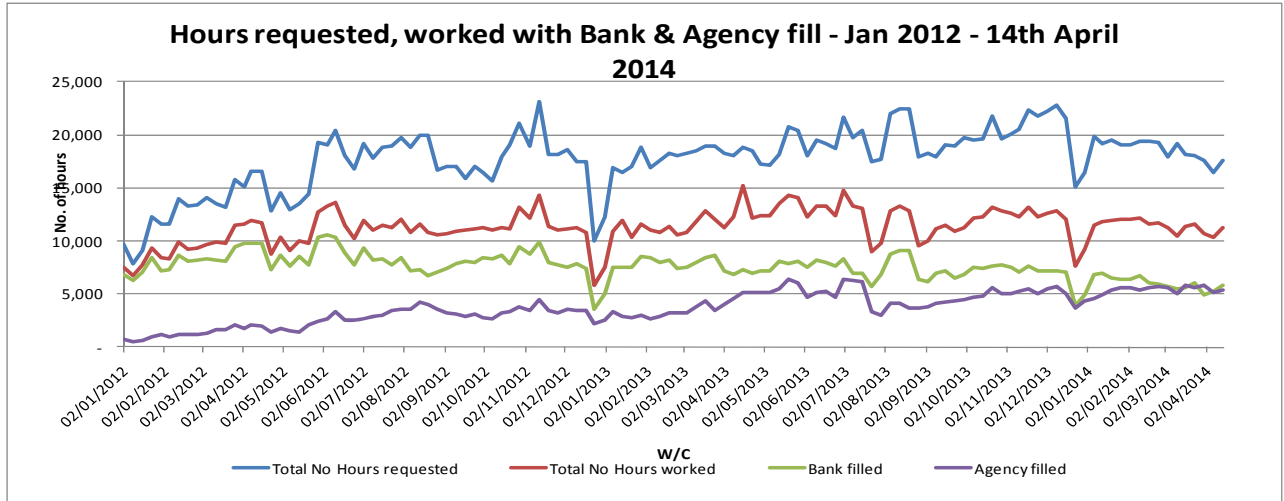
This will form the basis of UHL's reporting in relation to NHS England's, 'Hard Truths Commitments Regarding the Publishing of Staffing Data'. The Board will receive a monthly update containing the details and summary of planned and actual staffing on a daily basis. Therefore we will be reporting the gap.

The Board will be advised about wards where staffing falls below the requirements, the reason for the gap, with the impact and actions taken to address the gap, therefore completion of Real Time Staffing is even more essential.

Assurances are needed in relation to contingency plans in place and incident reporting, and the report will be published in a form accessible to patients on the Trusts website.

5.3.3 Bank and Agency

Bank and agency information is shown in the following graphs.



5.4 Ward Performance

The ward quality dashboard for March information is included in Appendix 2. represents March data.

5.5 Same Sex Accommodation



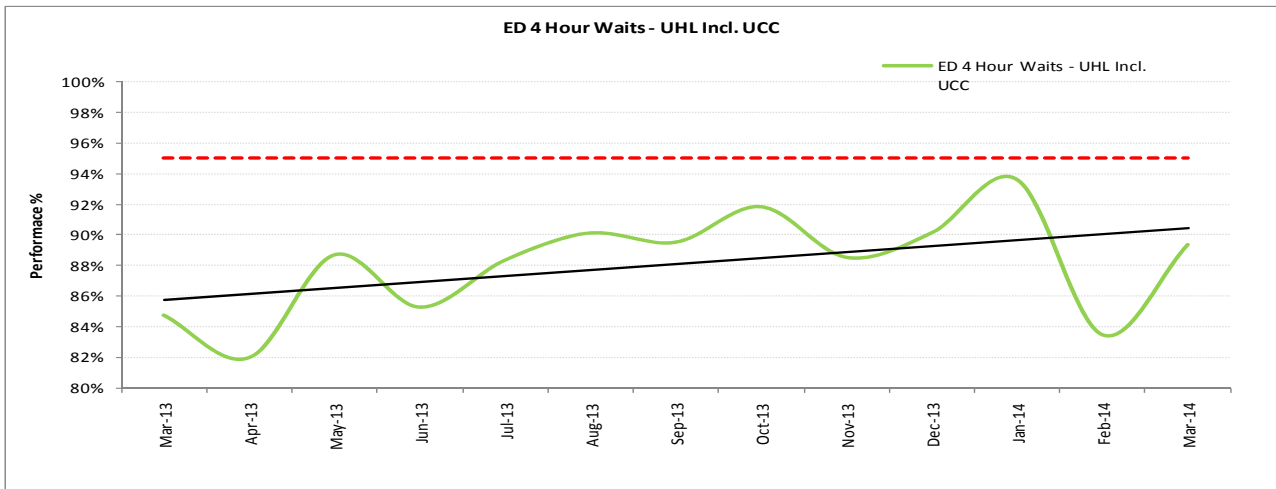
All UHL wards and intensivists areas continue to offer Same Sex Accommodation (SSA) during March in line with the UHL SSA Matrix guidance and delivered 100%.

6 OPERATIONAL PERFORMANCE – RICHARD MITCHELL

| Performance Indicator | Target | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 | Jan-14 | Feb-14 | Mar-14 | YTD |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| A&E - Total Time in A&E (UHL+UCC) | 95% | 86.1% | 84.7% | 82.0% | 88.7% | 85.3% | 88.3% | 90.1% | 89.5% | 91.8% | 88.5% | 90.1% | 93.6% | 83.5% | 89.3% | 88.4% |
| RTT waiting times – admitted | 90% | 91.9% | 91.3% | 88.2% | 91.3% | 85.6% | 89.1% | 85.7% | 81.8% | 83.5% | 83.2% | 82.0% | 81.8% | 79.1% | 76.7% | |
| RTT waiting times – non-admitted | 95% | 97.0% | 97.0% | 97.0% | 95.9% | 96.0% | 96.4% | 95.5% | 92.0% | 92.8% | 91.9% | 92.8% | 93.4% | 93.5% | 93.9% | |
| RTT - incomplete 92% in 18 weeks | 92% | 93.5% | 92.6% | 92.9% | 93.4% | 93.8% | 93.1% | 92.9% | 93.8% | 92.8% | 92.4% | 91.8% | 92.0% | 92.6% | 92.1% | |
| RTT - 52+ week waits | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | |
| Diagnostic Test Waiting Times | <1% | 1.0% | 0.5% | 1.6% | 0.6% | 0.6% | 0.6% | 0.8% | 0.7% | 1.0% | 0.8% | 1.4% | 5.3% | 1.9% | 1.9% | |
| Cancelled operations re-booked within 28 days | 100% | 92.3% | 94.2% | 90.4% | 91.0% | 86.4% | 99.1% | 96.0% | 98.6% | 94.2% | 97.7% | 94.3% | 94.1% | 98.9% | 94.2% | 95.1% |
| Cancelled operations on the day (%) | 0.8% | 1.6% | 1.6% | 1.5% | 1.5% | 1.0% | 1.2% | 1.4% | 2.3% | 1.7% | 1.8% | 1.7% | 1.6% | 2.1% | 1.5% | 1.6% |
| Cancelled operations on the day (vol) | | 130 | 137 | 125 | 134 | 81 | 114 | 124 | 208 | 171 | 172 | 141 | 152 | 178 | 139 | 1739 |
| Urgent operation being cancelled for the second time | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 week wait - all cancers | 93% | 95.9% | 95.2% | 93.0% | 95.2% | 94.8% | 94.2% | 94.6% | 93.0% | 94.9% | 95.7% | 94.9% | 95.3% | 95.9% | | 94.7% |
| 2 week wait - for symptomatic breast patients | 93% | 93.1% | 95.4% | 94.0% | 94.8% | 93.2% | 93.6% | 92.0% | 95.2% | 93.0% | 91.3% | 95.5% | 96.8% | 93.4% | | 94.0% |
| 31-day for first treatment | 96% | 97.6% | 98.8% | 97.5% | 97.0% | 99.0% | 98.3% | 99.7% | 99.1% | 98.9% | 96.2% | 97.4% | 97.1% | 98.5% | | 98.1% |
| 31-day for subsequent treatment - drugs | 98% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | | 100.0% |
| 31-day wait for subsequent treatment - surgery | 94% | 94.1% | 92.7% | 97.2% | 94.4% | 97.5% | 100.0% | 98.4% | 88.6% | 96.4% | 97.1% | 92.3% | 94.8% | 96.4% | | 95.8% |
| 31-day wait subsequent treatment - radiotherapy | 94% | 98.9% | 99.1% | 100.0% | 97.8% | 99.1% | 100.0% | 100.0% | 97.7% | 97.5% | 98.5% | 98.1% | 94.7% | 96.3% | | 98.1% |
| 62-day wait for treatment | 85% | 75.4% | 81.5% | 80.9% | 80.3% | 85.9% | 85.8% | 88.2% | 87.4% | 86.4% | 85.7% | 89.4% | 89.5% | 89.1% | | 86.2% |
| 62-day wait for screening | 90% | 95.7% | 95.8% | 98.6% | 94.3% | 95.0% | 90.6% | 97.2% | 96.2% | 100.0% | 97.0% | 96.6% | 97.1% | 95.1% | | 96.1% |
| Stroke - 90% of Stay on a Stroke Unit | 80% | 81.4% | 82.3% | 77.4% | 80.7% | 78.0% | 87.1% | 88.5% | 89.1% | 83.7% | 78.0% | 81.8% | 89.3% | 82.0% | | 83.1% |
| Stroke - TIA Clinic within 24 Hours (Suspected TIA) | 60% | 85.1% | 77.0% | 51.1% | 69.2% | 72.0% | 60.5% | 73.6% | 64.6% | 62.4% | 76.8% | 65.7% | 60.5% | 40.7% | 77.9% | 64.2% |
| Choose and Book Slot Unavailability | 4% | 10% | 9% | 7% | 9% | 13% | 15% | 14% | 11% | 16% | 17% | 14% | 10% | 16% | 19% | 13% |
| Delayed transfers of care | 3.5% | 2.7% | 3.7% | 3.7% | 3.9% | 3.1% | 3.6% | 3.1% | 3.9% | 3.1% | 4.6% | 2.8% | 3.6% | 4.5% | 3.4% | 3.6% |

6.3 Emergency Care 4hr Wait Performance

Mth Qtr 1 Qtr2 Qtr3 Qtr4 YTD



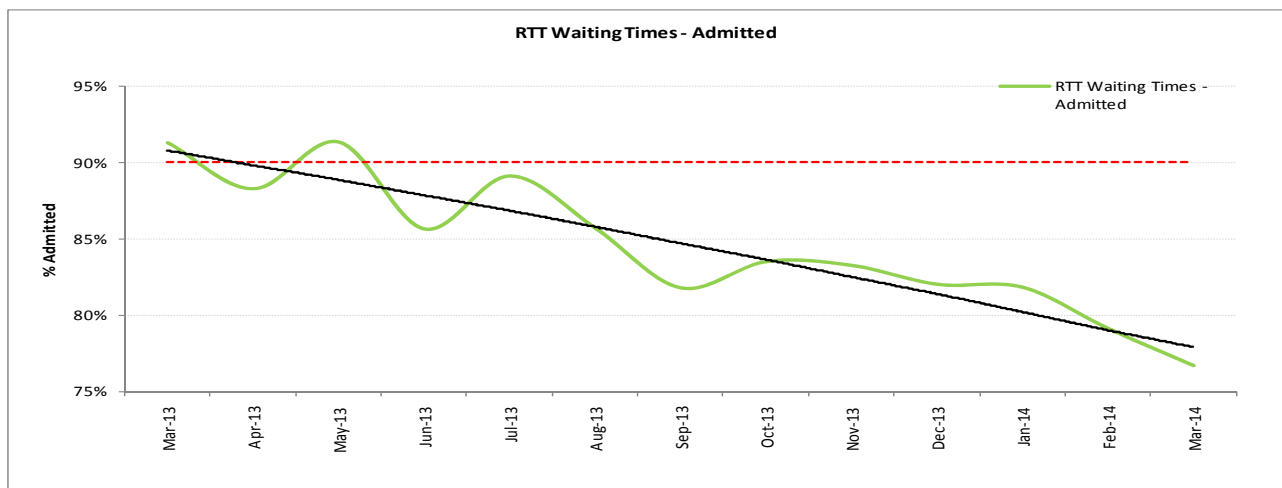
Performance for emergency care 4hr wait in March was 89.3% with the full year performance at 88.4%. Actions relating to the emergency care performance are included in the ED exception report.

UHL was ranked 136 out of 144 Trusts with Type 1 Emergency Departments in England for the four weeks up to 6th April 2014. Over the same period 83 out of 144 Acute Trusts delivered the 95% target.

6.4 RTT – 18 week performance

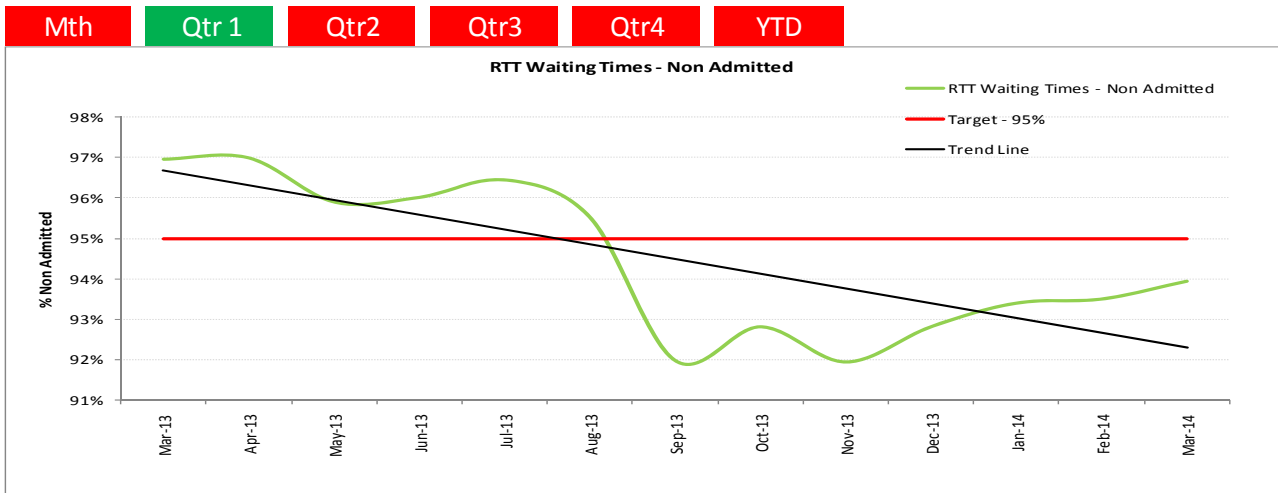
a) RTT Admitted performance

Mth Qtr 1 Qtr2 Qtr3 Qtr4 YTD



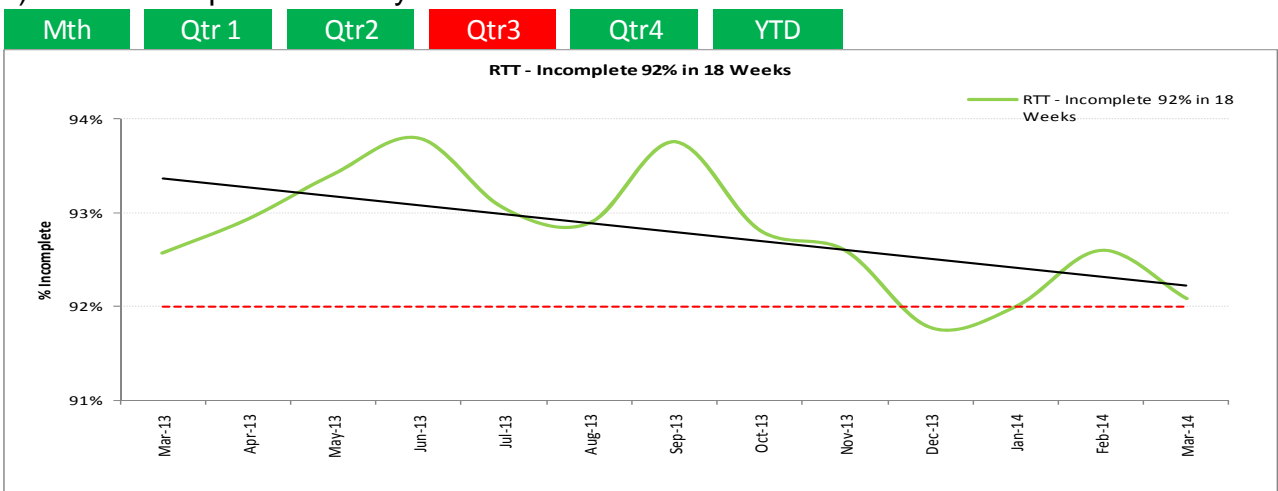
RTT admitted performance for March was 76.7% with significant speciality level failures in ENT, General Surgery, Ophthalmology and Orthopaedics. Further details can be found in the RTT Improvement Report – Appendix 3.

b) RTT Non Admitted performance



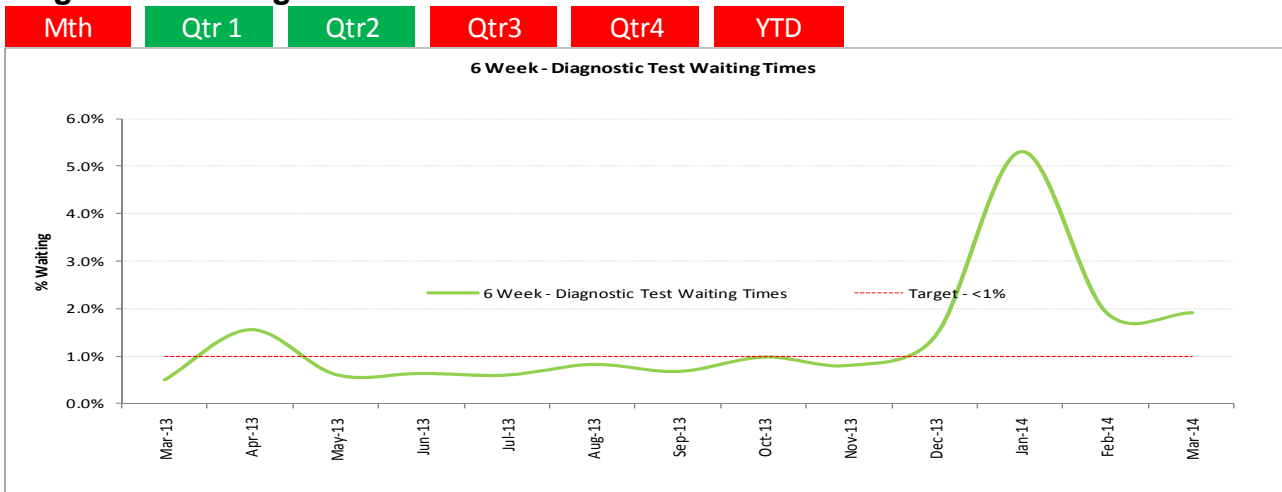
Non-admitted performance during March was 93.9%, with the specialty level failures in ENT, Orthopaedics and Ophthalmology. Further details can be found in the RTT Improvement Report.

c) RTT Incomplete Pathways



RTT incomplete (i.e. 18+ week backlog) performance achieved the target at 92.1%. In numerical terms the total number of patients waiting 18+ weeks for treatment (admitted and non-admitted) at the end of March was 3,120 compare to 2,937 at the end of February.

6.5 Diagnostic Waiting Times



At the end of March 1.9% of patients were waiting for diagnostic tests longer than 6 weeks. Further details are included in the Diagnostic exception report – Appendix 4.

6.6 Cancer Targets


a) Two Week Wait 

Mth Qtr 1 Qtr2 Qtr3 Qtr4 YTD

February performance for the 2 week to be seen for an urgent GP referral for suspected cancer was achieved at 95.9% (national performance 95.9%).


Mth Qtr 1 Qtr2 Qtr3 Qtr4 YTD

February performance for the 2 week symptomatic breast patients (cancer not initially suspected) was achieved at 93.4% (national performance 94.5%).

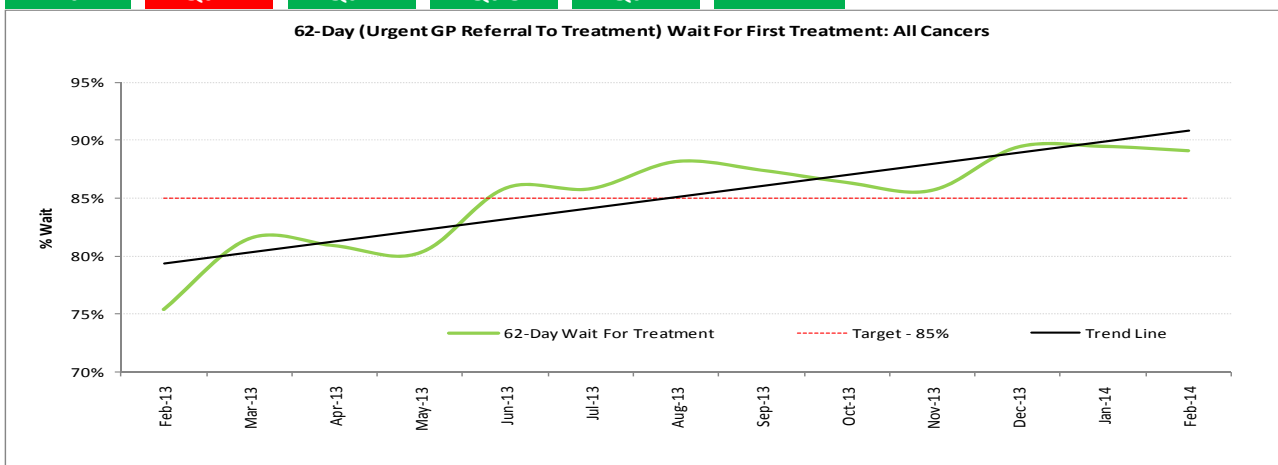
b) 31 Day Target 

Mth Qtr 1 Qtr2 Qtr3 Qtr4 YTD

All four of 31 day cancer targets have been achieved in February

c) 62 Day Target 

Mth Qtr 1 Qtr2 Qtr3 Qtr4 YTD



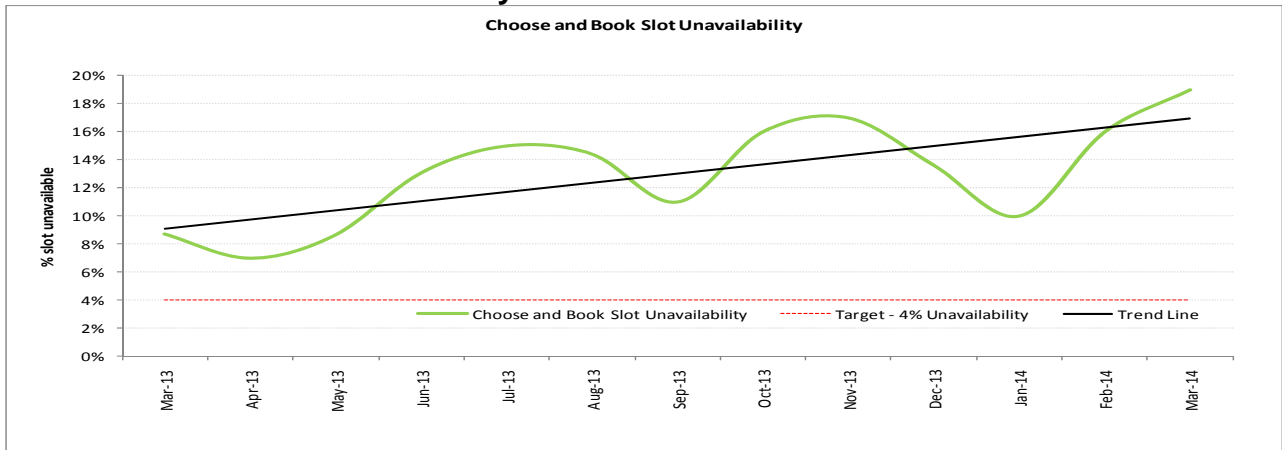
The 62 day urgent referral to treatment cancer performance in February was 89.1% (national performance January was 83.4% and in February 83.7%) against a target of 85%. The year to date position is now also being delivered at 86.2%.

Commissioners have repaid the £50k fine from Quarter 1 and will close the RAP due to the delivery of this target.

The key points to note as at mid April are:-

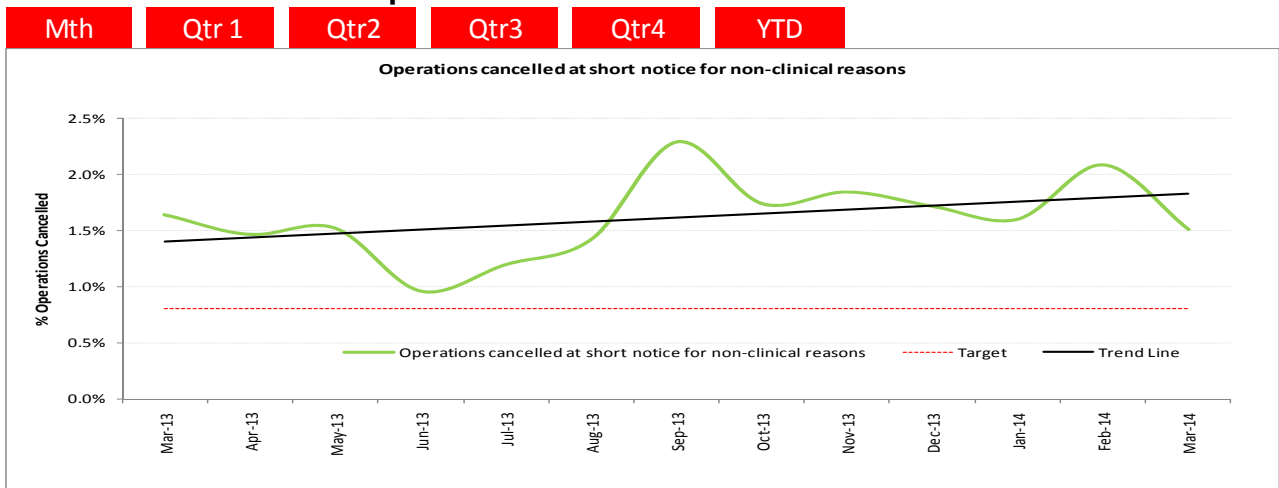
- ❖ Current volume over 62 days = 21 patients
- ❖ Waits > 100 days = 1 gynae patient , tci date next week (cancer not confirmed)

6.7 Choose and Book slot availability



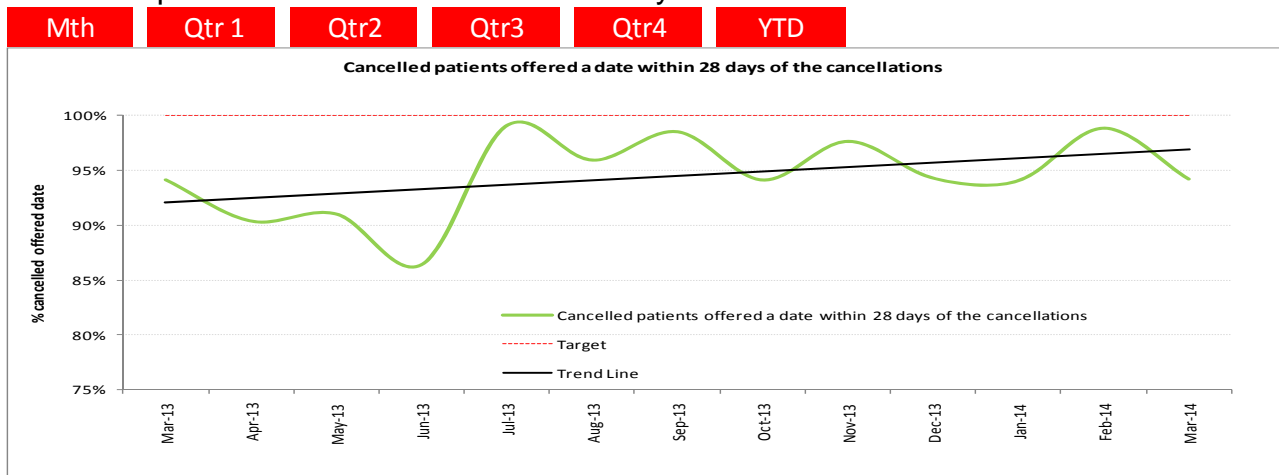
Choose and book slot availability performance for March is 19% a deteriorated position from February with the national average at 13%. Resolution of slot unavailability requires a reduction in waiting times for 1st outpatient appointments in key specialties. For ENT, Ophthalmology, General surgery and Orthopaedics, this forms part of the 18 week remedial action plan, the effect of these plans will be seen quarter 2 and quarter 3 of 2014/15.

6.8 Short Notice Cancelled Operations



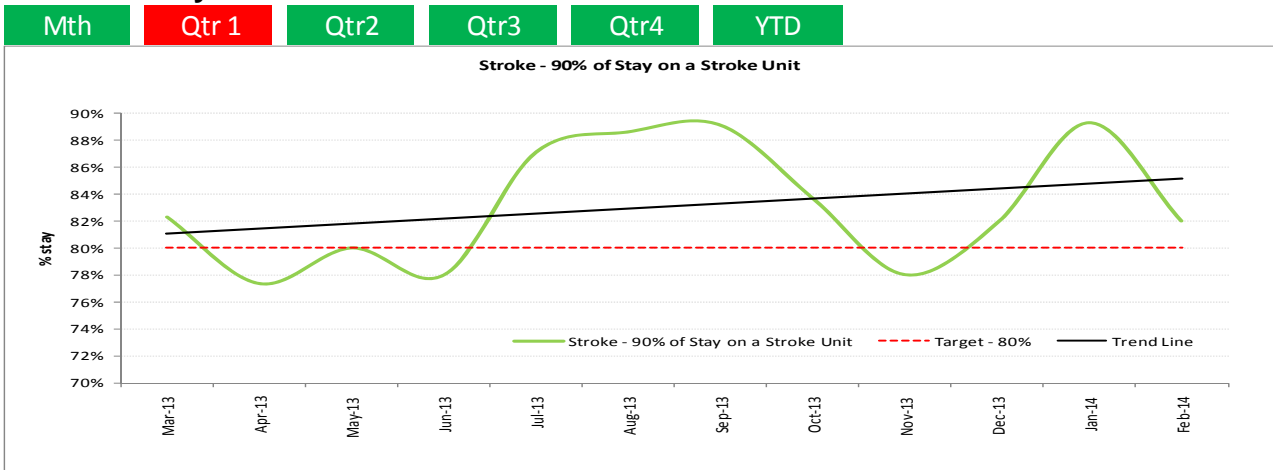
The percentage of operations cancelled on/after the day activity for non-clinical reasons during March was 1.5% and the full year performance was 1.6%. An exception report is provided in Appendix 5.

Cancelled patients offered a date within 28 days



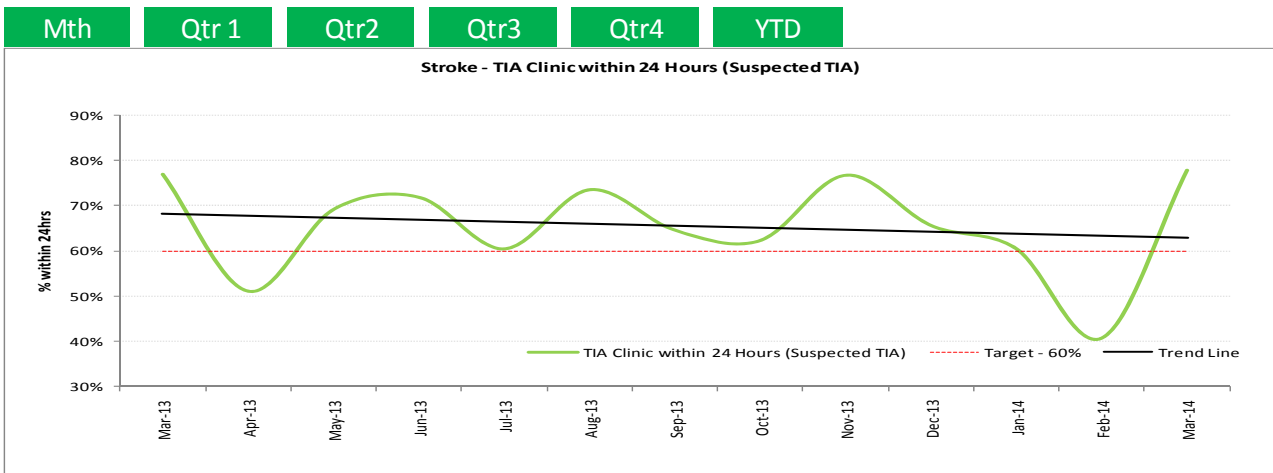
The number of patients breaching this standard in March was 8 with 94.2% offered a date within 28 days of the cancellation.

6.9 Stroke % stay on stroke ward



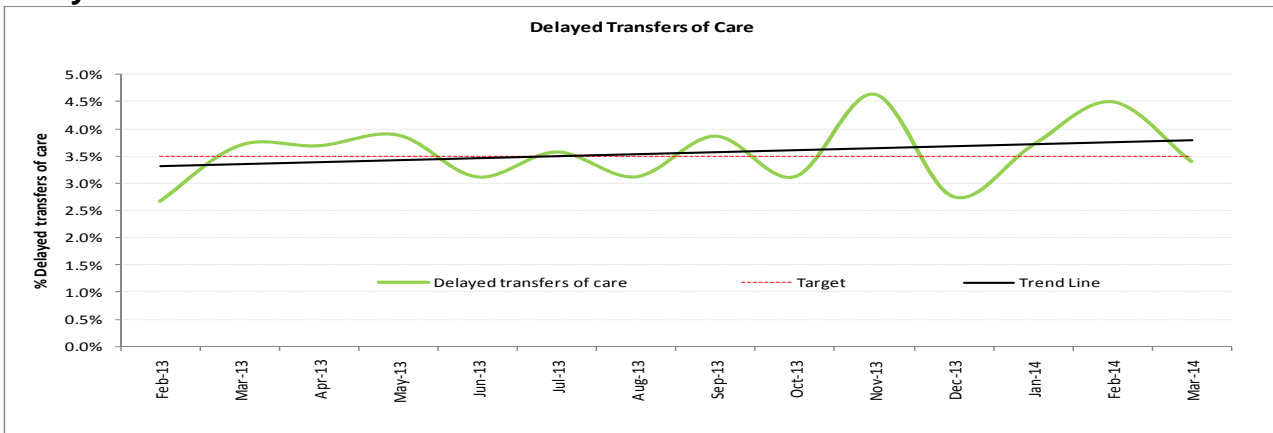
The percentage of stroke patients spending 90% of their stay on a stroke ward in February (reported one month in arrears) is 82.0% against a target of 80%. The year to date position is 83.1%.

6.10 Stroke TIA

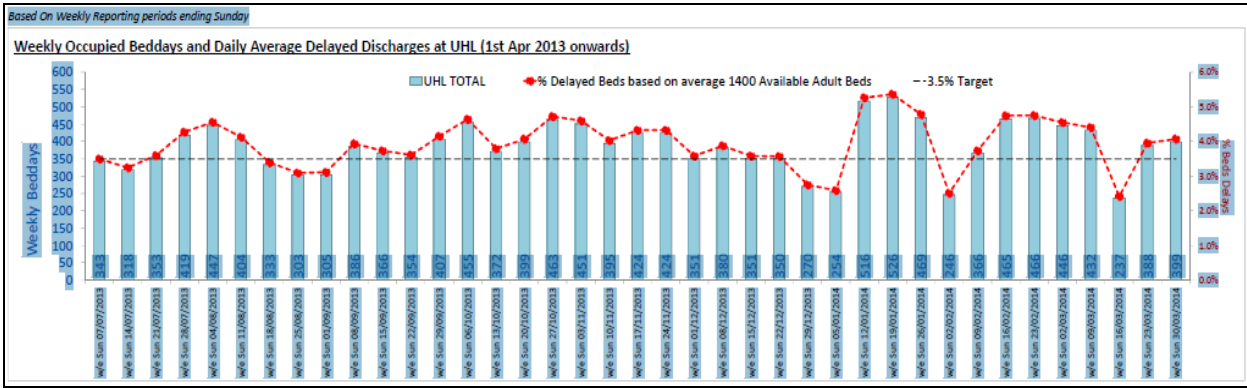


The percentage of high risk suspected TIAs receiving relevant investigations and treatment within 24 hours of referral is 77.9% against a national target of 60.0%. The full year performance is 64.2%.

6.11 Delayed Transfers of Care

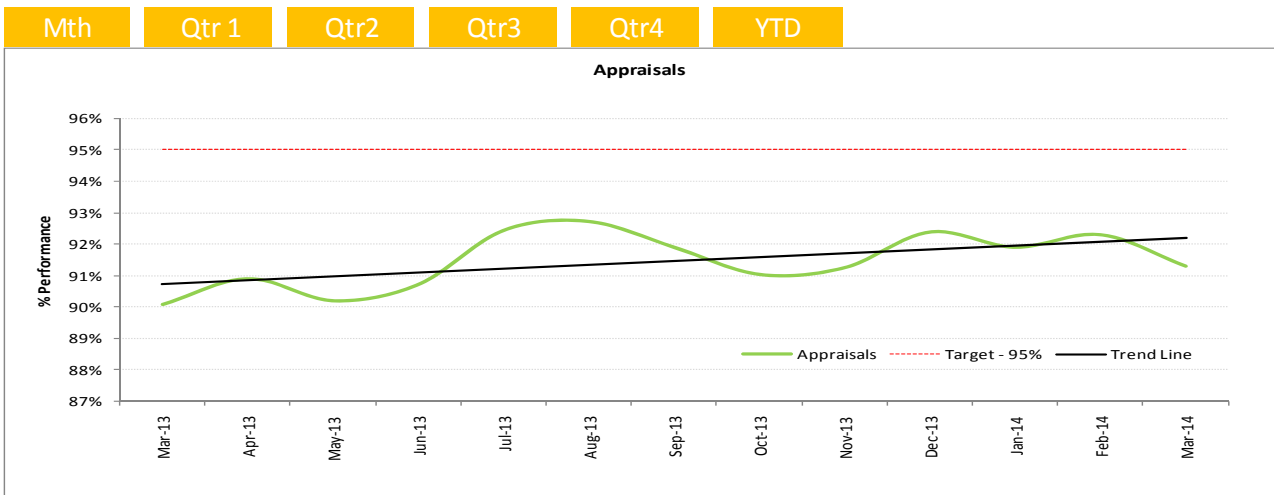


The March delayed transfer of care position was 3.4% against a target of 3.5%. March saw a very good week (2.4%) but the rest of the month was over above 3.9%. Work is on-going to understand why that week was significantly better.



7 HUMAN RESOURCES – KATE BRADLEY

7.1 Appraisal



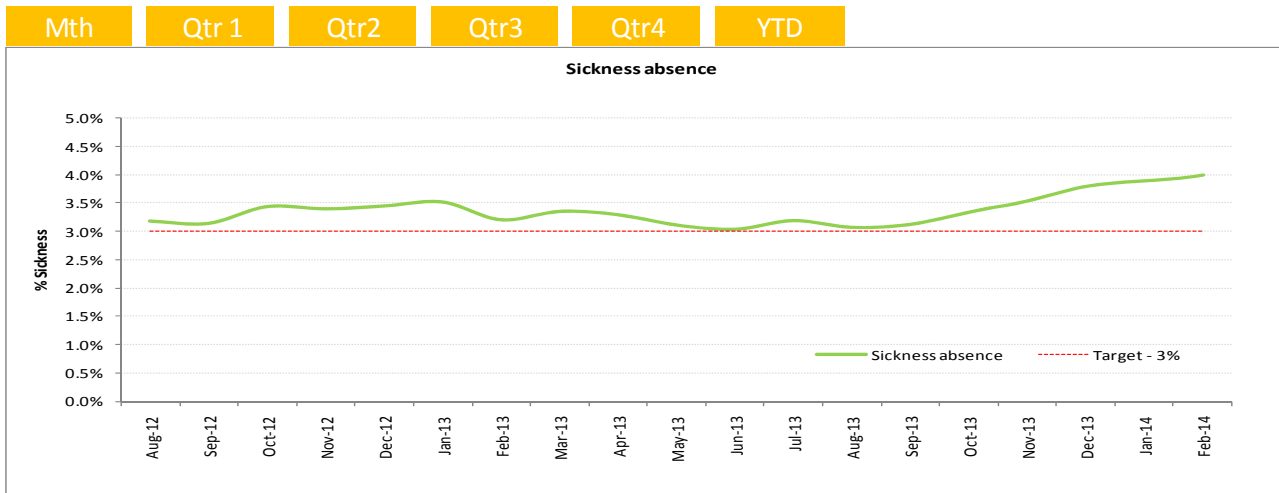
There continues to be considerable appraisal activity over the last month, with a slight reduction of 1% in performance for March. There are increasing numbers of corporate areas meeting the 95% target.

Appraisal performance and quality remains high on the CMG business agenda, with HR and CMG Leads collectively focusing on non-compliant teams to develop improvement action plans.

The annual Appraisal Quality Audit has commenced and the audit results will be collated and analysed for each CMG and Corporate Directorate area, and where required, actions will be identified to improve the appraisal experience and support will be given to enable this.

Work continues with IBM, IM&T & OCB Media in developing the new e-appraisal system to improve reporting functionality.

7.2 Sickness



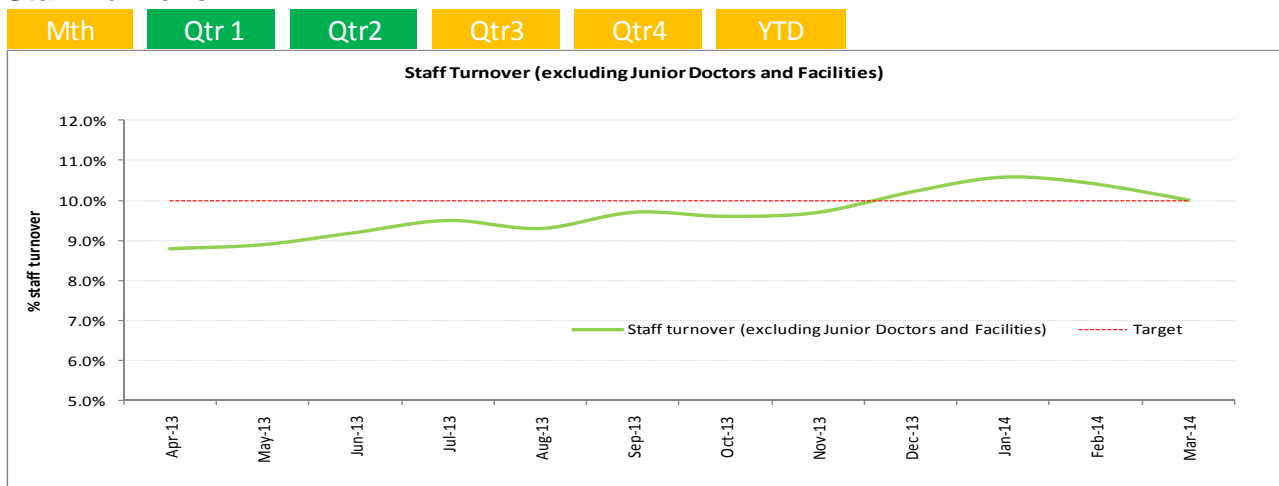
The sickness rate for February is 3.97% and the January figure has now adjusted to 3.92% to reflect closure of absences. The overall cumulative sickness figure is 3.39%. This is close to the target of 3.4% but slightly above the Trust stretch target of 3%. The figures for March 2014 will be reported in April 2014.

We are introducing two new training programmes for sickness management:

- ❖ Refresher training for line managers who were trained prior to 2012
- ❖ An overview session for those who work as part of a team managing sickness absence (recording sickness absence, return to work discussions etc) or those wishing to develop their knowledge and skills for progression into roles with more managerial responsibility.

FAQ's have also been developed to share widely within the Trust in response to common myths, incorrect application of policy that commonly come up in training sessions.

7.3 Staff Turnover



The cumulative Trust turnover figure (excluding junior doctors) has decreased slightly from 10.4% to 10.0%. The latest figure includes the TUPE transfer of 27 IM & T staff to IBM on 30 November 2013 and the transfer of 65 sexual health services staff to Staffordshire and Stoke on Trent Partnership NHS Trust and therefore skews the overall turnover figures.

7.4 Statutory and Mandatory Training

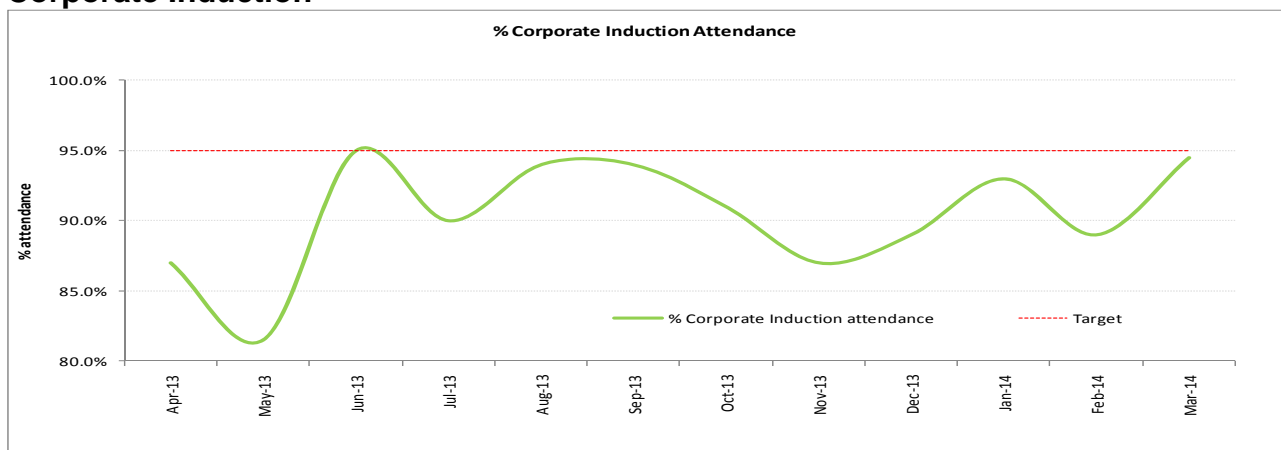
| Mth | Qtr 1 | Qtr2 | Qtr3 | Qtr4 | YTD | | | | | |
|---|---------------|-------------------|----------------------|----------------------|---------------------|--------------------|---------------------|------------------|------------------------|--------------------|
| CMG / Corporate Directorates | Fire Training | Moving & Handling | Infection Prevention | Equality & Diversity | Informat'n Gover'ce | Safeguard Children | Conflict Resolution | Safeguard Adults | Resus - BLS Equivalent | Average Compliance |
| CHUGS | 70% | 68% | 70% | 69% | 78% | 79% | 66% | 74% | 83% | 73% |
| CSI | 80% | 83% | 84% | 85% | 85% | 89% | 79% | 83% | 70% | 82% |
| Emergency & Speciality Medicine | 70% | 74% | 75% | 70% | 68% | 76% | 60% | 64% | 61% | 69% |
| TAPS | 72% | 85% | 86% | 82% | 82% | 88% | 75% | 83% | 72% | 81% |
| Musculoskeletal & Specialist Surgery | 69% | 77% | 78% | 78% | 80% | 84% | 75% | 78% | 72% | 77% |
| Renal, Respiratory & Cardiac | 74% | 76% | 82% | 79% | 79% | 83% | 73% | 77% | 70% | 77% |
| Womens and Childrens | 79% | 79% | 76% | 79% | 78% | 92% | 71% | 68% | 80% | 78% |
| Corporate Directorates | 70% | 72% | 73% | 74% | 71% | 79% | 63% | 69% | 58% | 70% |
| | | | | | | | | | | |
| Total compliance by subject | 74% | 77% | 78% | 77% | 78% | 84% | 70% | 74% | 71% | |
| UHL staff are this compliant with their mandatory & statutory training from the key 9 subjects | | | | | | | | | | 76% |
| Performance Against Trajectory (Set at 75% at 31st March 14) | | | | | | | | | ACHIEVED | |

At the end of March, we were reporting against nine core subjects, identified by the Skills for Health, Core Skills Training Framework, in relation to Statutory and Mandatory Training. These were Fire Safety Training, Moving & Handling, Infection Prevention, Hand Hygiene, Equality & Diversity, Information Governance, Safeguarding Children, Conflict Resolution, Safeguarding Adults and Resuscitation (BLS Equivalent). The Health & Safety eLearning package is now live on eUHL and will be added to the list of core subjects reported on.

The period between February and March staff compliance against Statutory and Mandatory Training has increased from 72% to 76% across the nine core areas. Meaning the Trust's target for 31st March, 2014 of 75% was achieved.

The Board set a pragmatic milestone for the whole Trust of 75% by the end of March, given we were at 40% in July 2013. The national target is 95% and therefore it is proposed that we aim for 95% this year in order to align with the national target.

7.5 Corporate Induction



Performance has improved significantly at the end of March to 94.5%. The figures continue to reflect numbers booked onto Corporate Induction against actual attendance.

It is anticipated that the new weekly Corporate Induction Programme delivered from 31st March 2014 will have a positive impact on induction attendance.

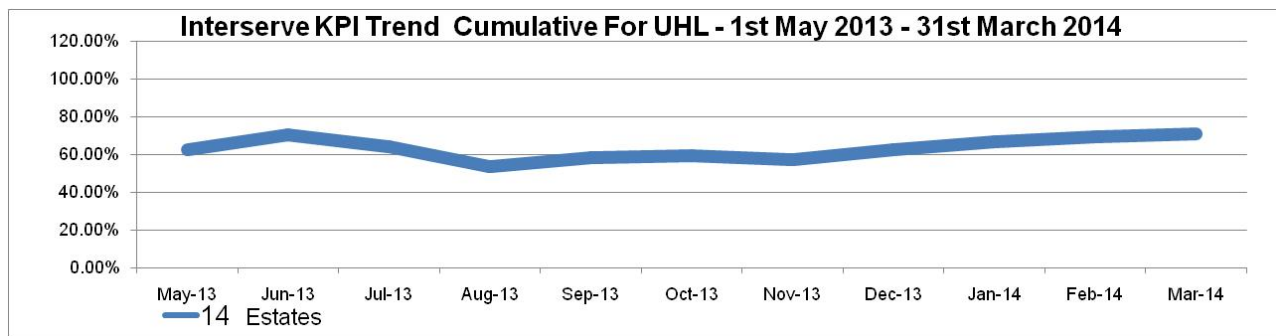
8.1 Introduction

This report covers a review of overall performance on the Facilities Management (FM) service delivery provided by Interserve FM (IFM) and contract managed by NHS Horizons for the month of March 2014. This sees the IFM contract enter into the start of the second year. The FM contract provides 14 different services to the Trust and is underpinned by 83 Key Performance Indicators (KPI's). The summary information and trend analysis below details a snapshot of key Indicators over the last Twelve months that present a general view of 6 key services.

8.2 Key Performance Indicators

KPI 14 – Estates

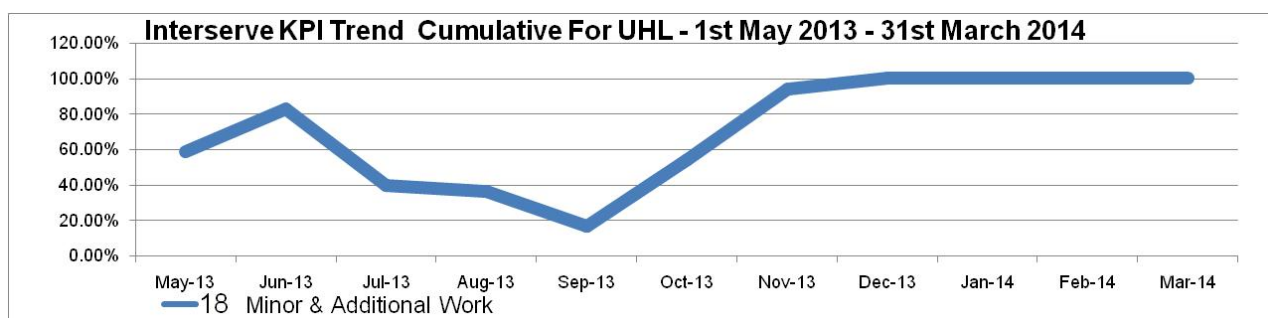
Percentage of routine requests achieving response time



KPI 14 This KPI measures the response by estates for routine requests. The trend of improving results for this KPI has been maintained for March. As previously reported the move to 24/7 covers for Estates personnel over all 3 acute sites and recruitment to vacant posts has had a positive impact. There are still on-going issues to be resolved with electronic handheld devices which when fully and consistently operational will further improve efficiency for this element.

KPI 18 – Minor & Additional Work

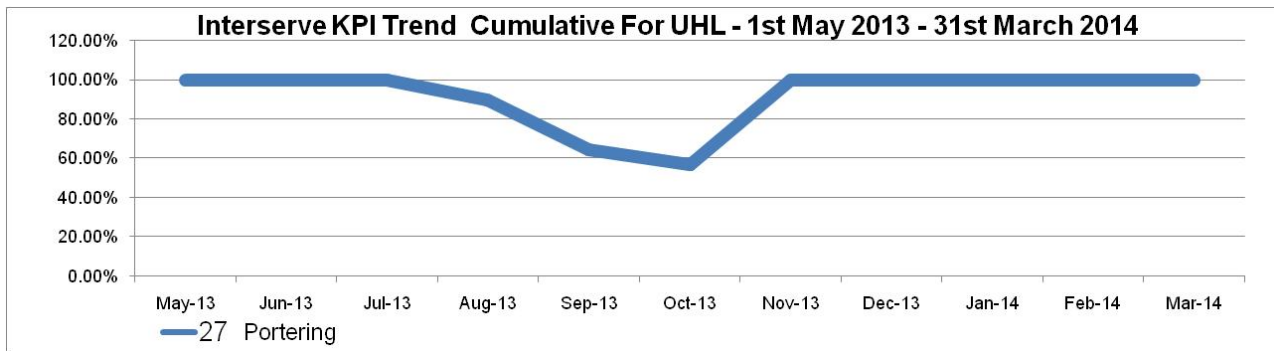
Percentage of Minor works quoted and priced within 10 working days



KPI 18 The evidence for March indicates that the 100% target for receiving quotations or costings for new or minor works has been maintained. In addition a strict Trust protocol for both requesting and authorising new works has been recently implemented and this has reduced the number of requests to a more manageable level. The service is also undergoing an internal IFM restructure aimed at improving direct project management, shortening the commencement time for approved works and strengthening value for money to the client.

KPI 27 – Portering

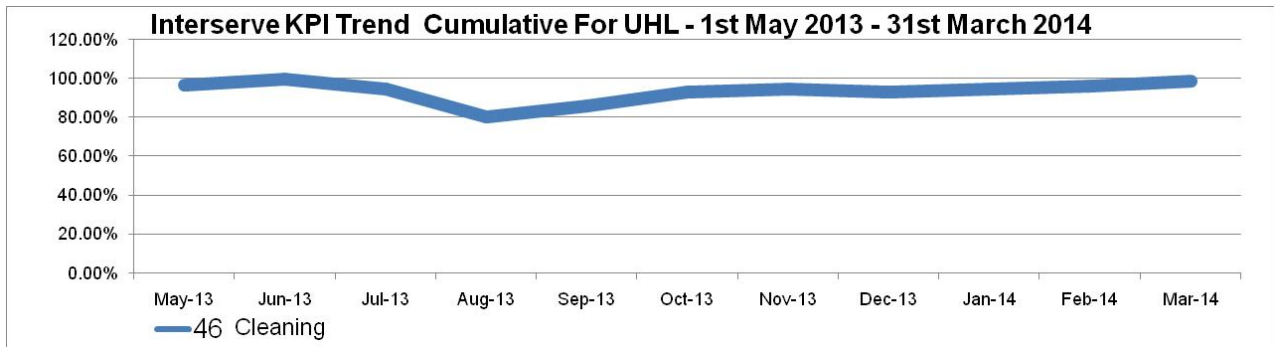
Percentage of emergency portering tasks achieving response time



KPI 27 IFM has maintained their 100% achievement of emergency response times for March.

KPI 46 – Cleaning

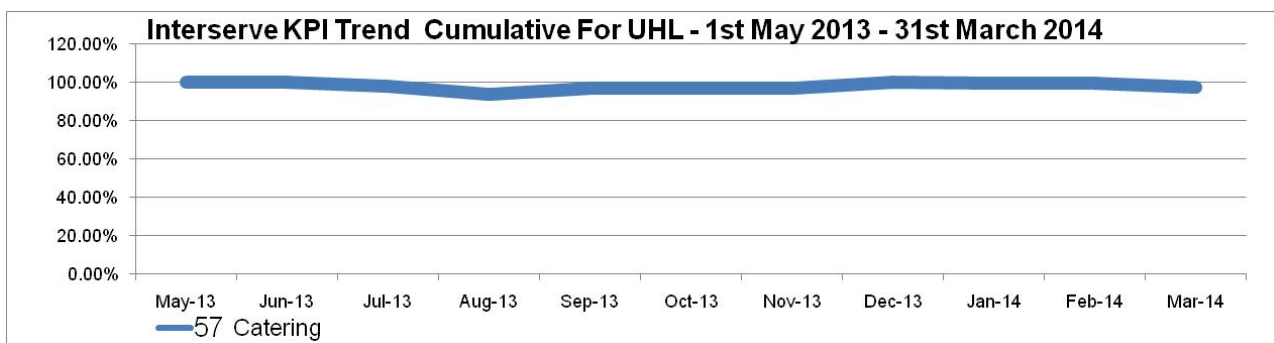
Percentage of audits in clinical areas achieving National Specification for cleaning audit scores above 90%



KPI 46 This KPI shows a slight improvement for March with a percentage average of 98.78%. Recruitment of additional IFM domestic staff and further training have been employed within the past few months that have contributed to this improving position. To support the audit process dedicated IFM auditors are being recruited as per the bid model to further release operational staff.

KPI 57 – Catering

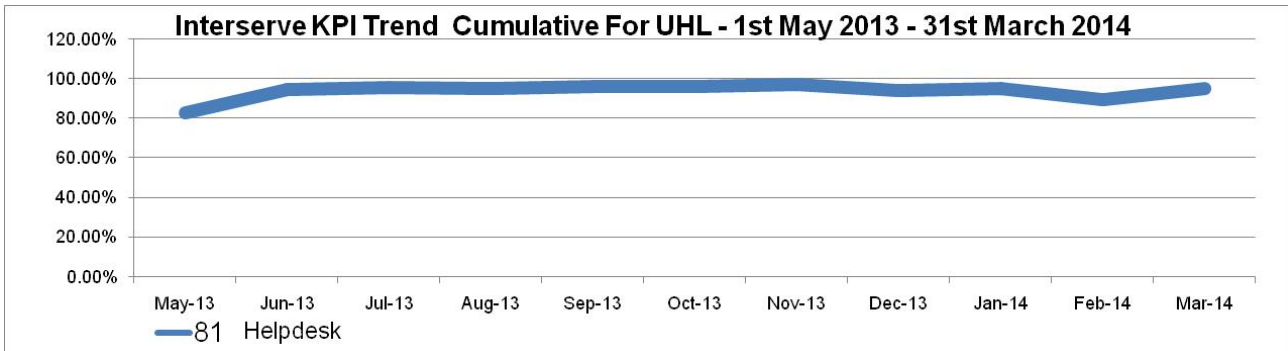
Percentage of meals delivered to wards in time for the designated meal service as per agreed schedules



KPI 57 The result for this KPI in March shows a slight decrease at 97.83% this month. It is noted that there are fewer complaints in relation to late meal deliveries. In addition the current meal delivery schedules are to be reviewed and agreed to reflect recent pilots to identify optimum delivery times to wards.

KPI 81 – Helpdesk

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



KPI 81 Following a recent dip the performance of the Customer service Centre (CSC) has shown an improvement with the introduction of additional staff appointments and the completion of helpdesk staff induction and technical training.

8.3 General Summary

The recorded performance for March, when measured against the 14 services and 83 KPI's shows an overall levelling out with some small improvements in specific areas when compared to previous months. It is anticipated that the additional recruitment, training and further operational experience specifically focussed on cleaning and estates services will maintain current performance standards and support continued improvements.

9 IM&T Service Delivery Review

9.1 IT Service Review

There were 7175 (7894 previous month) incidents logged during March, out of which 6360 (5696 previous month) were resolved. Incidents logged via X8000, email and self-service.

There were 5473 telephone calls to X8000 with 962 (1344 previous month) incidents closed on first contact.

Performance against service level agreements is as expected and follows the flight path for service level agreements.

Number of official complaints relating to service has decreased to 4 in month (7 in previous month).

There were 799 (732 previous month) incidents logged out of hours via the 24/7 service desk function

UHL recommended for ISO27001 certification

9.2 Issues

Managed Print – Some applications (iCM/Hiss) cannot be configured locally and require external work by the third part vendor - CSC

9.3 Future Action

Desktop

- ❖ Power changes will need to be prioritised to allow the installation to be completed.

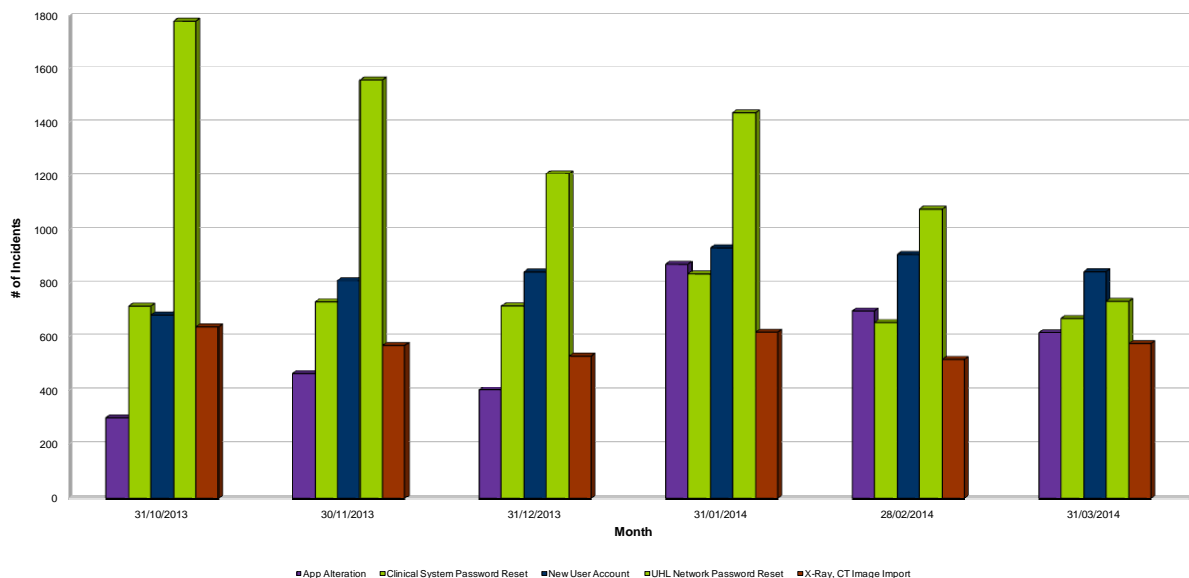
EDRM

- ❖ Complete production WinDip technical configuration for both streams - deploy active-X and scanners.
- ❖ Mop-up user training sessions for both workstreams.
- ❖ Provide support to Go Live
- ❖ Execute plan to scan remaining Clin Gen notes corpus on rolling basis during trial.
- ❖ Finalise benefits catalogue and capture approach.
- ❖ Gather initial user feedback and commence benefits tracking. Commence communications to broader UHL audience and develop evolution road map.

Managed Print

- ❖ Complete all possible deployments not affected by CSC Config within ICM, power or network issue.
- ❖ Schedule outstanding installations and drive pre-requisite work
- ❖ Complete LRI Proposal & draft Project Order for submission to UHL

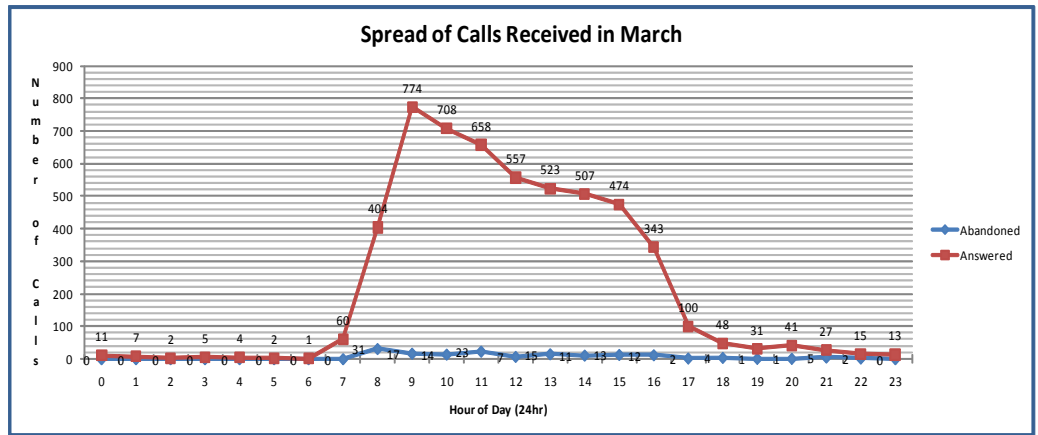
9.4 IM&T Service Desk top 5 issues



9.5 IM&T March Service Desk Heatmap

| Telephone | Metric | |
|-----------|------------------------------|--------|
| | Total Calls Answered | 5315 |
| | Total Calls Abandoned | 158 |
| | Total Calls Received | 5473 |
| | Answered in 30secs (SLA 90%) | 93.95% |

| NOTE | Incident Logging Route | |
|------|--|--|
| | SD Request email - email to sdrequest@uhl-tr.nhs.uk | |
| | SelfService Portal - LANDesk web portal for end user | |
| | Service Desk - call to x8000 | |
| | SS/WebDesk - Resolving Analysts logged own incident | |



| Incident Logging Route | SD Request email | | Self Service Portal | | Service Desk | | SS/WebDesk | | Total Logged |
|------------------------|------------------|--------|---------------------|--------|--------------|--------|------------|--------|--------------|
| | Logged | % | Logged | % | Logged | % | Logged | % | |
| | March 2013 | 956 | 21.60% | 362 | 8.18% | 2587 | 58.46% | 520 | |
| April 2013 | 1217 | 21.49% | 506 | 8.94% | 3300 | 58.28% | 639 | 11.29% | 5662 |
| May 2013 | 1078 | 21.10% | 479 | 9.38% | 3095 | 60.59% | 456 | 8.93% | 5108 |
| June 2013 | 1113 | 23.13% | 733 | 15.24% | 2580 | 53.63% | 385 | 8.00% | 4811 |
| July 2013 | 1391 | 23.65% | 643 | 10.93% | 3097 | 52.66% | 750 | 12.75% | 5881 |
| August 2013 | 1737 | 23.44% | 385 | 5.19% | 3788 | 51.11% | 1501 | 20.25% | 7411 |
| September 2013 | 1609 | 21.86% | 458 | 6.22% | 3830 | 52.04% | 1463 | 19.88% | 7360 |
| October 2013 | 1735 | 22.19% | 702 | 8.98% | 4195 | 53.66% | 1186 | 15.17% | 7818 |
| November 2013 | 1961 | 25.36% | 654 | 8.46% | 4059 | 52.50% | 1058 | 13.68% | 7732 |
| December 2013 | 2178 | 27.17% | 685 | 8.55% | 4350 | 54.27% | 802 | 10.01% | 8015 |
| January 2014 | 2697 | 29.75% | 776 | 8.56% | 4676 | 51.58% | 912 | 10.06% | 9066 |
| February 2014 | 2685 | 34.01% | 598 | 7.58% | 3944 | 49.96% | 667 | 8.45% | 7894 |
| March 2014 | 2294 | 31.97% | 525 | 7.32% | 4225 | 58.89% | 131 | 1.83% | 7175 |

| Incidents Resolved when Logged | AD Password Reset | Contact/Technical Query | RA Services | Total | % of Total Logged | |
|--------------------------------|-------------------|-------------------------|-------------|-------|-------------------|-----|
| | March 2013 | 1008 | 1050 | 0 | 2058 | 47% |
| | April 2013 | 1656 | 1410 | 0 | 3066 | 54% |
| May 2013 | 1353 | 855 | 0 | 2208 | 43% | |
| June 2013 | 951 | 777 | 0 | 1728 | 36% | |
| July 2013 | 1788 | 2082 | 0 | 3870 | 66% | |
| August 2013 | 2397 | 4116 | 0 | 6513 | 88% | |
| September 2013 | 2352 | 3618 | 0 | 5970 | 81% | |
| October 2013 | 2253 | 3090 | 0 | 5343 | 68% | |
| November 2013 | 1956 | 2718 | 0 | 4674 | 60% | |
| December 2013 | 1629 | 1995 | 0 | 3624 | 45% | |
| January 2014 | 660 | 654 | 279 | 1593 | 18% | |
| February 2014 | 580 | 501 | 263 | 1344 | 17% | |
| March 2014 | 518 | 215 | 229 | 962 | 13% | |

| NOTE | Incidents | |
|------|---|--|
| | The following incidents have been resolved at the time of logging and are included in the total calls logged. The majority come into the Service Desk through the x8000 number with some being logged through Self Service or the SD request mailbox. | |
| | AD Password Reset - Network login password reset | |
| | Query Incident - Technical question or request for contact details | |
| | RA Services - Registration Authority/Smartcard activity (recorded from 1/1/2014) | |

10 FINANCE – PETER HOLLINSHEAD

10.1 Introduction

This paper provides an update on performance against the Trust's key financial duties namely:

- Delivery against the planned surplus
- Achieving the External Financing Limit (EFL)
- Achieving the Capital Resource Limit (CRL)

10.2 Financial Duties

The following table summarises the year to date position and full year forecast against the financial duties of the Trust:

| Financial Duty | Forecast Plan £'Ms | Forecast Actual £'Ms | RAG |
|--------------------------------------|--------------------|----------------------|-----|
| Delivering the Planned Surplus | 3.7 | (39.8) | R |
| Achieving the EFL | 20.7 | 20.2 | G |
| Achieving the Capital Resource Limit | 36.7 | 36.7 | G |

As well as the key financial duties, a subsidiary duty is to ensure suppliers invoices are paid within 30 days – the Better Payment Practice Code (BPPC). The year to date performance is shown in the table below:

| Better Payment Practice Code | April - March 14 | |
|---|------------------|----------------|
| | Number | Value £000s |
| Total bills paid in the year | 133,018 | 559,312 |
| Total bills paid within target | 61,699 | 404,977 |
| Percentage of bills paid within target | 46.4 | 72.4 |

Key issues:

- The Trust has not delivered its planned surplus and has not meet its breakeven duty, however, it has delivered the revised year end forecast deficit of £39.8m. As such the Trust is expected to receive an adverse value for money opinion on its accounts.
- The Trust has formally had its EFL target reset by the Department of Health in Month 11 reporting from a negative £1.4m to £20.7m. The yearend position of £20.2m reflects a small under shoot against the target.
- The DoH reduced the Trust’s CRL by £6m in February to £36.7m. The year-end position is £36.7m which reflects delivery of the revised position.
- The BPPC performance reflects the impact of the financial deficit of the Trust and the requirement to carefully manage the cash flow.

APPENDIX 1 - Friends & Families Test

What is the Friends & Family test?

The Friends & Family score is obtained by asking patients a single question, "How likely are you to recommend our <ward/A&E department> to friends and family if they needed similar care or treatment"

Patients can choose from one of the following answers:

| Answer | Group |
|-------------------|-----------|
| Extremely | Promoter |
| Likely | Passive |
| Neither likely or | Detractor |
| Unlikely | Detractor |
| Extremely | Detractor |
| Don't | Excluded |

Friends & Family score is calculated as : % promoters minus % detractors.
 $((\text{promoters} - \text{detractors}) / (\text{total responses} - \text{'don't know' responses})) * 100$

Patients to be surveyed:

- Adult Acute Inpatients (who have stayed at least one night in hospital)
- Adult patients who have attended A&E and left without being admitted to hospital or were transferred to a Medical Assessment Unit and then discharged

Exceptions:

- Daycases
- Maternity Service Users
- Outpatients
- Patients under 16 yrs old

NB. Wards with fewer than 5 survey responses per month are excluded from this information to maintain patient confidentiality

Response Rate:
 It is expected that responses will be received from at least 15% of the Trusts survey group - this will increase to 20% by the end of the financial year

Current methods of collection:

- Paper survey
- Online : either via web-link or email
- Kiosks
- Hand held devices

FRIENDS AND FAMILY TEST : Previous 6 months up to March '14

| | | Oct-13 | Nov-13 | Dec-13 | Jan-14 | Feb-14 | Mar-14 | MARCH SCORE BREAKDOWN | | | | |
|---------------------------|-------------------------------|--------|--------|--------|--------|--------|--------|-----------------------|-----------|----------|------------|-------|
| | | | | | | | | Total Responses | Promoters | Passives | Detractors | Score |
| GLENFIELD HOSPITAL | GH WD 15 | 91 | 73 | 70 | 85 | 95 | 85 | 20 | 18 | 1 | 1 | 85 |
| | GH WD 16 Respiratory Unit | 80 | 87 | 100 | 83 | 81 | 90 | 30 | 27 | 3 | 0 | 90 |
| | GH WD 17 | - | 58 | 72 | 74 | 69 | 90 | 21 | 18 | 2 | 0 | 90 |
| | GH WD 20 | 59 | 56 | 79 | 62 | 56 | 75 | 40 | 31 | 8 | 1 | 75 |
| | GH WD 23A | 55 | 82 | 0 | 89 | 80 | 89 | 37 | 33 | 4 | 0 | 89 |
| | GH WD 24 | 96 | 100 | 88 | 86 | 80 | 97 | 36 | 35 | 1 | 0 | 97 |
| | GH WD 26 | 87 | 80 | 94 | 91 | 90 | 100 | 1 | 1 | 0 | 0 | 100 |
| | GH WD 27 | 54 | 74 | 25 | 96 | 86 | 96 | 23 | 22 | 1 | 0 | 96 |
| | GH WD 28 | 89 | 80 | 87 | 68 | 69 | 74 | 23 | 17 | 6 | 0 | 74 |
| | GH WD 29 EXT 3656 | 74 | 90 | 88 | 82 | 85 | 96 | 24 | 23 | 1 | 0 | 96 |
| | GH WD 31 | 90 | 95 | 87 | 100 | 100 | 89 | 47 | 41 | 5 | 0 | 89 |
| | GH WD 32 | 74 | 79 | 84 | 96 | 84 | 88 | 43 | 39 | 3 | 1 | 88 |
| | GH WD 33 | 77 | 79 | 76 | 83 | 77 | 95 | 37 | 35 | 2 | 0 | 95 |
| | GH WD 33A | 80 | 87 | 95 | 95 | 95 | 90 | 29 | 26 | 3 | 0 | 90 |
| | GH WD Clinical Decisions Unit | 44 | 65 | 28 | 66 | 58 | 39 | 182 | 100 | 45 | 31 | 39 |
| | GH WD Coronary Care Unit | 100 | 89 | 79 | 94 | 78 | 88 | 53 | 45 | 6 | 0 | 88 |
| GH WD 24 | 96 | 100 | 88 | 86 | 80 | 97 | 36 | 35 | 1 | 0 | 97 | |

FRIENDS AND FAMILY TEST : Previous 6 months up to March '14

| | | | | | | | | MARCH SCORE BREAKDOWN | | | | |
|-----------------------------------|--------------------------|--------|--------|--------|--------|--------|--------|-----------------------|-----------|----------|------------|-------|
| | | Oct-13 | Nov-13 | Dec-13 | Jan-14 | Feb-14 | Mar-14 | Total Responses | Promoters | Passives | Detractors | Score |
| LEICESTER GENERAL HOSPITAL | LGH WD 10 | 56 | 70 | 100 | 70 | 73 | 80 | 10 | 8 | 2 | 0 | 80 |
| | LGH WD 14 | 78 | 46 | 74 | 88 | 71 | 81 | 62 | 51 | 10 | 1 | 81 |
| | LGH WD 15N Nephrology | 60 | 86 | 0 | 100 | 60 | 78 | 10 | 7 | 2 | 0 | 78 |
| | LGH WD 16 | 94 | 70 | 74 | 83 | 76 | 79 | 35 | 27 | 7 | 0 | 79 |
| | LGH WD 17 Transplant | 86 | 79 | 82 | 78 | 90 | 89 | 28 | 25 | 3 | 0 | 89 |
| | LGH WD 18 | 81 | 85 | 81 | 69 | 83 | 95 | 38 | 36 | 2 | 0 | 95 |
| | LGH WD 2 | 57 | 46 | 63 | 0 | - | 50 | 10 | 6 | 3 | 1 | 50 |
| | LGH WD 22 | 46 | 42 | 52 | 45 | 55 | 75 | 20 | 15 | 5 | 0 | 75 |
| | LGH WD 23 | - | 44 | 50 | 90 | 64 | 68 | 38 | 28 | 6 | 3 | 68 |
| | LGH WD 26 SAU | 52 | 60 | 67 | 71 | 57 | 52 | 65 | 40 | 16 | 7 | 52 |
| | LGH WD 27 | 58 | 60 | 33 | 50 | 74 | 53 | 19 | 12 | 5 | 2 | 53 |
| | LGH WD 28 Urology | 51 | 60 | 68 | 65 | 50 | 53 | 55 | 32 | 20 | 3 | 53 |
| | LGH WD 29 EMU Urology | - | 33 | 34 | 43 | 54 | 47 | 57 | 29 | 20 | 4 | 47 |
| | LGH WD 3 | 100 | 80 | 40 | 50 | - | 50 | 24 | 14 | 8 | 2 | 50 |
| | LGH WD 31 | 89 | 79 | 76 | 80 | 75 | 83 | 24 | 20 | 4 | 0 | 83 |
| | LGH WD Brain Injury Unit | 100 | 50 | 0 | 33 | 100 | 50 | 2 | 1 | 1 | 0 | 50 |
| | LGH WD Young Disabled | 50 | 0 | 67 | 0 | - | 100 | 2 | 2 | 0 | 0 | 100 |
| LGH WD 10 | 56 | 70 | 100 | 70 | 73 | 80 | 10 | 8 | 2 | 0 | 80 | |

FRIENDS AND FAMILY TEST : Previous 6 months up to March '14

| | | Oct-13 | Nov-13 | Dec-13 | Jan-14 | Feb-14 | Mar-14 | MARCH SCORE BREAKDOWN | | | | |
|----------------------------------|--------------------------------|--------|--------|--------|--------|--------|--------|-----------------------|-----------|----------|------------|-------|
| | | | | | | | | Total Responses | Promoters | Passives | Detractors | Score |
| LEICESTER ROYAL INFIRMARY | LRI WD 17 Bal L5 | 44 | 0 | 50 | 30 | 50 | 40 | 26 | 13 | 9 | 3 | 40 |
| | LRI WD 18 Bal L5 | 48 | 0 | 65 | 0 | 57 | 70 | 27 | 20 | 6 | 1 | 70 |
| | LRI WD 23 Win L3 | - | 90 | 90 | 47 | 100 | 100 | 20 | 20 | 0 | 0 | 100 |
| | LRI WD 24 Win L3 | 25 | 18 | 28 | 62 | 36 | 37 | 20 | 9 | 8 | 2 | 37 |
| | LRI WD 25 Win L3 | 73 | 85 | 80 | 90 | 95 | 95 | 19 | 18 | 1 | 0 | 95 |
| | LRI WD 26 Win L3 | 69 | 86 | 71 | 95 | 100 | 67 | 9 | 6 | 3 | 0 | 67 |
| | LRI WD 27 Win L4 | 100 | 100 | 0 | 100 | 100 | 67 | 3 | 2 | 1 | 0 | 67 |
| | LRI WD 29 Win L4 | 75 | 67 | 75 | 71 | 79 | 70 | 20 | 14 | 6 | 0 | 70 |
| | LRI WD 30 Win L4 | - | 100 | 0 | 0 | 56 | 95 | 21 | 20 | 1 | 0 | 95 |
| | LRI WD 31 Win L5 | 72 | 40 | 65 | 90 | 75 | 65 | 27 | 18 | 7 | 1 | 65 |
| | LRI WD 32 Win L5 | 54 | 69 | 64 | 86 | 62 | 50 | 12 | 6 | 6 | 0 | 50 |
| | LRI WD 33 Win L5 | 81 | 77 | 81 | 79 | 66 | 67 | 40 | 27 | 11 | 1 | 67 |
| | LRI WD 34 Windsor Level 5 | 55 | 70 | 68 | 81 | 71 | 100 | 22 | 22 | 0 | 0 | 100 |
| | LRI WD 36 Win L6 | 57 | 63 | 95 | 84 | 60 | 88 | 24 | 21 | 3 | 0 | 88 |
| | LRI WD 37 Win L6 | 52 | 100 | 0 | 72 | 100 | 49 | 43 | 24 | 13 | 4 | 49 |
| | LRI WD 38 Win L6 | 82 | 92 | 86 | 96 | 93 | 78 | 24 | 19 | 3 | 1 | 78 |
| | LRI WD 39 Osb L1 | 81 | 76 | 44 | 70 | 86 | 65 | 43 | 29 | 13 | 1 | 65 |
| | LRI WD 40 Osb L1 | 56 | 61 | 72 | 63 | 68 | 77 | 31 | 24 | 7 | 0 | 77 |
| | LRI WD 41 Osb L2 | 75 | 86 | 83 | 56 | 73 | 68 | 19 | 15 | 2 | 2 | 68 |
| | LRI WD 7 Bal L3 | 75 | 61 | 59 | 48 | 53 | 87 | 60 | 53 | 6 | 1 | 87 |
| | LRI WD 8 SAU Bal L3 | 14 | 40 | 44 | 39 | 56 | 23 | 46 | 19 | 15 | 9 | 23 |
| | LRI WD Bone Marrow | 25 | 86 | 100 | 0 | 77 | 100 | 6 | 6 | 0 | 0 | 100 |
| | LRI WD Fielding John Vic L1 | 81 | 82 | 83 | 85 | 69 | 82 | 22 | 18 | 4 | 0 | 82 |
| | LRI WD GAU Ken L1 | 53 | 71 | 0 | 70 | 48 | 78 | 76 | 59 | 17 | 0 | 78 |
| | LRI WD IDU Infectious Diseases | 67 | 25 | 73 | 71 | 53 | 50 | 18 | 10 | 7 | 1 | 50 |
| | LRI WD Kinmonth Unit Bal L3 | 74 | 76 | 73 | 81 | 74 | 60 | 20 | 13 | 6 | 1 | 60 |
| | LRI WD Osborne Assess Unit | 73 | 76 | 85 | 56 | 69 | 80 | 25 | 20 | 5 | 0 | 80 |
| | LRI WD 15 AMU Bal L5 | 53 | 67 | 73 | 58 | - | 67 | 91 | 64 | 22 | 4 | 67 |
| LRI WD 27 Win L4 | 100 | 100 | 0 | 100 | 100 | 67 | 3 | 2 | 1 | 0 | 67 | |
| LRI WD 19 Bal L6 | 44 | 63 | 53 | 41 | 88 | 46 | 25 | 13 | 9 | 2 | 46 | |

FRIENDS AND FAMILY TEST : Previous 6 months up to March '14

| | | | | | | | | MARCH SCORE BREAKDOWN | | | | |
|-----------------------------|--------------------------|--------|--------|--------|--------|--------|--------|-----------------------|-----------|----------|------------|-------|
| | | Oct-13 | Nov-13 | Dec-13 | Jan-14 | Feb-14 | Mar-14 | Total Responses | Promoters | Passives | Detractors | Score |
| EMERGENCY DEPARTMENT | ED - Majors | 48 | 59 | 64 | 58 | 52 | 56 | 237 | 149 | 69 | 17 | 56 |
| | ED - Minors | 66 | 62 | 69 | 64 | 57 | 60 | 333 | 217 | 96 | 18 | 60 |
| | ED - (not stated) | 69 | 69 | 69 | 69 | 61 | 66 | 67 | 51 | 9 | 7 | 66 |
| | Eye Casualty | 50 | 51 | 69 | 83 | 64 | 85 | 258 | 222 | 34 | 2 | 85 |
| | Emergency Decisions Unit | 57 | 61 | 65 | 58 | 65 | 58 | 120 | 73 | 40 | 5 | 58 |

APPENDIX 2 - MONTHLY CLINICAL MEASURES DASHBOARD: March '14

| | | NURSING METRICS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------|-----------------|----------------------|-------------------|-----------------------|--|---------------------------------------|------------------------|-------------------|-------------------------------------|----------------|---------------------------------------|---------------------------------------|---------------------------------------|------------------------------------|---------------------------------|-----------------------------|-----------------------------------|--------------|-------------------------------------|---|------------------------------------|--------------------------|--------------------------------------|----------------------|-----------|------------------|--------------------------------|---------------------------------------|------------------------|-----------------|-----------------|----------------------|--------------------|-------------------------|-------|-------|--|--|--|
| | | Budgeted Qualified % | Total vacancies % | Total vacancies (WTE) | Current appraisal rate % (rolling 12 months) | Sickness Absence % (month in arrears) | Friends & Family score | No. of complaints | Safety Thermometer - No new harms % | Hand Hygiene % | Pressure Ulcers - Grade 2 (avoidable) | Pressure Ulcers - Grade 3 (avoidable) | Pressure Ulcers - Grade 4 (avoidable) | No. MRSA Bacteremias (post 48 hrs) | MRSA Screening - Non elective % | MRSA Screening - Elective % | No. of C Diff cases (post 48 hrs) | No. of falls | No. of Patient safety SUIS (severe) | No. Patient safety incidents (moderate) | No. Patient safety incidents (low) | No. of medication errors | Continence | Controlled Medicines | Discharge | Falls Assessment | Infection Prevention & Control | Medicine Prescribing & Administration | Nutritional Assessment | Pain Management | Patient Dignity | Patient Observations | Pressure Area Care | Resuscitation Equipment | | | | | |
| GREEN THRESHOLD | AMBER THRESHOLD | >= 60% | 0 - 4.9% | <= 5 | >= 95% | <= 3% | >= 75.0 | <= 1 | >= 95% | >= 90% | 0 | 0 | 0 | 0 | >= 100% | >= 100% | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | |
| RED THRESHOLD | | < 60% | > 10% | > 5 | < 95% | > 4% | < 55.0 | > 2 | < 95% | < 90% | >= 1 | >= 1 | >= 1 | >= 1 | < 100% | < 100% | >= 1 | >= 4 | >= 1 | > 1 | >= 5 | >= 1 | RED: < 80 AMBER: 80 - 90 GREEN: > 90 | | | | | | | | | | | | | | | | |
| CHUGS | DC F25E | - | - | - | - | - | 77.10 | 1 | - | - | 0.00 | 0.00 | 0.00 | 0.00 | - | 0.89 | 0.00 | 3.00 | 0.00 | 0 | 0.00 | 0.00 | - | - | - | - | - | - | - | - | - | - | - | - | - | | | | |
| | DC FGI | - | - | - | - | - | 0 | 0 | - | - | 0.00 | 0.00 | 0.00 | 0.00 | - | - | 0.00 | 0.00 | 0.00 | 0 | 0.00 | 0.00 | - | - | - | - | - | - | - | - | - | - | - | - | - | | | | |
| | DC GDC1 | - | - | - | - | - | 0 | 0 | - | 100% | 0.00 | 0.00 | 0.00 | 0.00 | - | >= 100% | 0.00 | 2.00 | 0.00 | 0 | 1.00 | 0.00 | - | 100 | - | 92 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 0 | | | |
| | DC GDC2 | - | - | - | - | - | 0 | 0 | - | 100% | 0.00 | 0.00 | 0.00 | 0.00 | - | >= 100% | 0.00 | 0.00 | 0.00 | 0 | 0.00 | 0.00 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | | | |
| | DC GEND | - | - | - | - | - | 82.80 | 0 | - | 77% | 0.00 | 0.00 | 0.00 | 0.00 | - | >= 100% | 0.00 | 0.00 | 0.00 | 0 | 0.00 | 0.00 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | | | |
| | DC RCHM | - | - | - | - | - | 60.90 | 0 | - | - | 0.00 | 0.00 | 0.00 | 0.00 | - | 0.57 | 0.00 | 0.00 | 0.00 | 0 | 0.00 | 0.00 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | | | |
| | DC RHAD | - | - | - | - | - | 95.00 | 0 | - | - | 0.00 | 0.00 | 0.00 | 0.00 | - | 0.76 | 0.00 | 0.00 | 0.00 | 0 | 0.00 | 0.00 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | | | |
| | DC RHAM | - | - | - | - | - | 91.70 | 0 | - | - | 0.00 | 0.00 | 0.00 | 0.00 | - | >= 100% | 0.00 | 0.00 | 0.00 | 0 | 0.00 | 0.00 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | | | |
| | DC RHTU | - | - | - | - | - | 0 | 0 | - | - | 0 | 0 | 0 | 0 | - | 0.43 | 0.00 | 0.00 | 0.00 | 0 | 0.00 | 0.00 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | | | |
| | IP G19 | ↔ 77% | ↔ 28.2% | ↔ 3.74 | ↔ 92% | ↑ 1.6% | ↓ 71.4 | ↔ 0 | ↔ 100% | ↑ 96% | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | - | ↔ >= 100% | ↔ 0 | ↔ 5 | ↔ 0 | ↔ 0 | ↔ 1 | ↔ 1 | ↔ 0 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 88 | ↔ 100 | ↔ 100 | ↔ 97 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 100 | | | |
| | IP G20 | - | - | - | - | ↓ 0.0% | ↓ 75% | ↔ 0 | ↔ 100% | - | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | - | ↔ >= 100% | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 2 | ↔ 0 | ↔ 100 | ↔ 100 | ↔ 95 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 100 | | | |
| | IP G22 | ↔ 62% | ↔ 11.5% | ↔ 3.03 | ↔ 86% | ↓ 8.1% | ↑ 75.0 | ↔ 0 | ↔ 100% | - | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | - | ↔ >= 100% | ↔ 0 | ↔ 2 | ↔ 0 | ↔ 0 | ↔ 2 | ↔ 0 | ↔ 100 | ↔ 100 | ↔ 49 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 100 | | | |
| | IP G26 | ↔ 66% | ↔ 8.8% | ↔ 2.47 | ↔ 82% | ↓ 6.0% | ↓ 52.4 | ↓ 0 | ↔ 96% | - | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | - | - | ↔ 1 | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 1 | ↔ 0 | ↔ 100 | ↔ 100 | ↔ 43 | ↔ 100 | ↔ 98 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 96 | ↔ 90 | ↔ 92 | ↔ 0 | | | | |
| | IP G27 | ↔ 61% | ↔ 9.0% | ↔ 2.20 | ↔ 90% | ↑ 9.4% | ↓ 52.6 | ↓ 0 | ↓ 95% | ↑ 92% | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | - | - | ↔ 2 | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 100 | ↔ 100 | ↔ 85 | ↔ 100 | ↔ 98 | ↔ 100 | ↔ 90 | ↔ 90 | ↔ 80 | ↔ 91 | ↔ 92 | ↔ 92 | ↔ 100 | | | | |
| | IP G28 | ↔ 62% | ↔ 12.0% | ↔ 4.23 | ↔ 76% | ↓ 9.9% | ↑ 52.7 | ↓ 0 | ↔ 100% | - | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | - | >= 100% | >= 100% | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 1 | ↔ 0 | ↔ 100 | ↔ 100 | ↔ 76 | ↔ 60 | ↔ 100 | ↔ 100 | ↔ 94 | ↔ 100 | ↔ 91 | ↔ 100 | ↔ 87 | ↔ 100 | | | | |
| | IP GSAC | ↔ 68% | ↔ 6.4% | ↔ 1.06 | ↔ 100% | ↑ 5.9% | ↑ 88.9 | ↔ 2 | 100% | ↓ 80% | ↔ 0 | ↔ 1 | ↔ 0 | ↔ 0 | - | - | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 1 | ↔ 1 | ↔ 1 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 100 | | | |
| | IP GUEA | ↔ 58% | ↔ 17.4% | ↔ 6.65 | ↔ 88% | ↑ 3.5% | ↓ 47.2 | ↔ 0 | - | ↑ 100% | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | - | >= 100% | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 1 | ↔ 0 | ↔ 100 | ↔ 100 | ↔ 80 | ↔ 100 | ↔ 98 | ↔ 97 | ↔ 92 | ↔ 92 | ↔ 80 | ↔ 91 | ↔ 100 | ↔ 93 | ↔ 100 | | | | |
| | IP R22 | ↔ 63% | ↔ 7.1% | ↔ 2.56 | ↔ 69% | ↓ 4.0% | ↓ 18.2 | ↓ 0 | ↔ 100% | ↓ 92% | ↔ 1 | ↔ 1 | ↔ 0 | ↔ 0 | - | ↔ >= 100% | ↔ 0 | ↔ 2 | ↔ 0 | ↔ 0 | ↔ 5 | ↔ 2 | ↔ 100 | ↔ 100 | ↔ 64 | ↔ 93 | ↔ 85 | ↔ 100 | ↔ 86 | ↔ 100 | ↔ 100 | ↔ 94 | ↔ 90 | ↔ 90 | ↔ 100 | | | | |
| | IP R39 | ↔ 66% | ↔ 15.3% | ↔ 3.73 | ↔ 96% | ↑ 0.5% | ↓ 65.1 | ↔ 0 | ↔ 100% | ↔ 1 | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | - | - | ↔ 0 | ↔ 5 | ↔ 0 | ↔ 0 | ↔ 2 | ↔ 1 | ↔ 100 | ↔ 100 | ↔ 60 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 84 | ↔ 100 | ↔ 100 | ↔ 100 | | | | |
| | IP R40 | ↔ 72% | ↔ 3.3% | ↔ 0.80 | ↔ 90% | ↑ 5.7% | ↑ 77.4 | ↔ 0 | ↔ 100% | - | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | - | - | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 100 | ↔ 100 | ↔ 57 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 80 | ↔ 80 | ↔ 84 | ↔ 93 | ↔ 100 | ↔ 100 | | | | | |
| IP RBMT | ↔ 97% | ↔ -0.7% | ↔ -0.10 | ↔ 100% | ↔ 4.2% | ↑ 100.0 | ↔ 0 | 100% | - | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | - | - | ↔ 0 | ↔ 3 | ↔ 0 | ↔ 2 | ↔ 4 | ↔ 0 | ↔ 90 | ↔ 100 | ↔ 100 | ↔ 92 | ↔ 100 | ↔ 92 | ↔ 100 | ↔ 100 | ↔ 91 | ↔ 87 | ↔ 100 | ↔ 100 | | | | | | |
| IP RODA | ↔ 72% | ↔ 17.1% | ↔ 5.70 | ↔ 91% | ↓ 4.6% | - | ↓ 0 | - | - | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | - | - | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | - | - | - | - | - | - | - | - | - | - | - | - | - | | | | | |
| IP ROND | ↔ 67% | ↔ 11.0% | ↔ 1.35 | ↔ 100% | ↑ 1.7% | ↑ 80.0 | ↔ 0 | - | - | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | - | >= 100% | - | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | - | - | - | - | - | - | - | - | - | - | - | - | | | | | |
| IP RSAU | ↔ 56% | ↔ 12.7% | ↔ 5.73 | ↔ 76% | ↑ 1.8% | ↓ 23.3 | ↔ 0 | 97% | ↓ 90% | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | - | >= 100% | 0.89 | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 1 | ↔ 0 | ↔ 100 | ↔ 100 | ↔ 43 | ↔ 100 | ↔ 88 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 97 | ↔ 100 | ↔ 100 | | | | | |
| Emergency & Specialist Medicine | DC G1 | - | - | - | - | - | 80.00 | 0 | - | - | 0 | 0 | 0 | - | 0.66 | 0.00 | 1.00 | 0.00 | 0 | 3.00 | 0.00 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | | | | |
| | DC REND | - | - | - | - | - | 100.00 | 0 | - | - | 0.00 | 0.00 | 0.00 | 0.00 | - | 0.65 | 0.00 | 0.00 | 0.00 | 0 | 0.00 | 0.00 | - | - | - | - | - | - | - | - | - | - | - | - | - | | | | |
| | DC ROPS | - | - | - | - | - | 85.20 | 1 | - | 100% | 0.00 | 0.00 | 0.00 | 0.00 | - | >= 100% | 0.00 | 1.00 | 0.00 | 1 | 6.00 | 0.00 | - | 100 | - | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | | |
| | IP R15 | ↔ 60% | ↓ -6.8% | ↓ -7.89 | ↔ 95% | ↑ 4.6% | 66.70 | ↓ 0 | ↔ 100% | - | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | - | >= 100% | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 100 | ↔ 100 | ↔ 90 | ↔ 83 | ↔ 92 | ↔ 100 | ↔ 100 | ↔ 92 | ↔ 100 | ↔ 92 | ↔ 90 | ↔ 100 | | | | | |
| | IP R16 | ↔ 60% | ↓ -6.8% | ↓ -7.89 | ↔ 95% | ↑ 4.6% | - | ↔ 2 | ↔ 96% | - | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | - | >= 100% | ↔ 1 | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 3 | ↔ 1 | ↔ 100 | ↔ 100 | - | - | - | - | - | - | - | - | - | - | - | | | | |
| | IP R24 | ↔ 60% | ↔ 36.9% | ↔ 14.26 | ↔ 57% | ↓ 3.8% | ↔ 36.8 | ↔ 0 | ↔ 81% | - | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | - | - | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 1 | ↔ 2 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 83 | ↔ 100 | ↔ 92 | ↔ 94 | ↔ 71 | ↔ 82 | ↔ 63 | ↔ 100 | ↔ 0 | | | | | | |
| | IP R25 | ↔ 69% | ↔ 1.5% | ↔ 0.86 | ↔ 97% | ↑ 10.7% | ↓ 94.7 | ↔ 3 | ↔ 100% | 90% | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | - | - | ↔ 0 | ↔ 5 | ↔ 0 | ↔ 2 | ↔ 6 | ↔ 0 | ↔ 100 | ↔ 100 | ↔ 86 | ↔ 88 | ↔ 100 | ↔ 97 | ↔ 100 | ↔ 83 | ↔ 100 | ↔ 100 | ↔ 100 | ↔ 100 | | | | | |
| | IP R29 | ↔ 60% | ↔ 21.7% | ↔ 7.99 | ↔ 100% | ↑ 11.1% | ↓ 70.0 | ↓ 0 | ↔ 97% | - | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | - | - | ↔ 0 | ↔ 5 | ↔ 0 | ↔ 0 | ↔ 6 | ↔ 0 | ↔ 100 | ↔ 100 | ↔ 83 | ↔ 100 | ↔ 95 | ↔ 100 | ↔ 100 | ↔ 97 | ↔ 67 | ↔ 90 | ↔ 96 | ↔ 0 | | | | | |
| | IP R30 | ↔ 60% | ↔ 16.0% | ↔ 6.32 | ↔ 64% | ↓ 5.2% | ↔ 95.2 | ↔ 1 | ↔ 100% | ↔ 1 | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | - | - | ↔ 0 | ↔ 2 | ↔ 0 | ↔ 2 | ↔ 1 | ↔ 2 | ↔ 100 | ↔ 100 | ↔ 45 | ↔ 70 | ↔ 88 | ↔ 100 | ↔ 61 | ↔ 98 | ↔ 81 | ↔ 93 | ↔ 0 | | | | | | |
| | IP R30H | ↔ 60% | ↔ 16.0% | ↔ 6.32 | ↔ 64% | ↓ 5.2% | - | ↔ 0 | - | - | ↔ 0 | ↔ 0 | ↔ 0 | ↔ 0 | - | - | ↔ 0 | ↔ 2 | ↔ 0 | ↔ 0 | ↔ 1 | | | | | | | | | | | | | | | | | | |

APPENDIX 3

| | |
|------------------------|--|
| To: | Trust Board |
| From: | Richard Mitchell, Chief Operating Officer |
| Date: | April 2014 |
| CQC regulation: | As applicable |

| | |
|---------------|------------------------|
| Title: | RTT Improvement Report |
|---------------|------------------------|

Author: Richard Mitchell, Chief Operating Officer

Purpose of the Report:

To provide an overview on RTT performance.

The Report is provided to the Board for:

| | | | |
|-----------|-------------------------------------|-------------|--------------------------|
| Decision | <input type="checkbox"/> | Discussion | <input type="checkbox"/> |
| Assurance | <input checked="" type="checkbox"/> | Endorsement | <input type="checkbox"/> |

Summary / Key Points:

- Reasons for RTT deterioration are well known
- There are four challenged specialities; ophthalmology, ENT, orthopaedics and general surgery.
- Some specialities have begun to improve eg Ophthalmology
- Admitted compliant performance is expected in November 2014
- Non-admitted compliant performance is expected in August 2014
- Patients are being checked to ensure there has been no deterioration in their conditions linked to waits longer than 18 weeks.
- The plan remains very high risk which may result in significant fines.

Recommendations:

The Trust Board is invited to receive and note this report.

Previously considered at another UHL corporate Committee N/A

| | |
|---------------------------------------|---|
| Strategic Risk Register Yes | Performance KPIs year to date Please see report |
|---------------------------------------|---|

Resource Implications (eg Financial, HR)

Yes

Assurance Implications

90% admitted and 95% non-admitted RTT performance.

Patient and Public Involvement (PPI) Implications

Impact on patient experience where long waiting times are experienced

Equality Impact

N/A

Information exempt from Disclosure

N/A

Requirement for further review

Monthly

REPORT TO: Trust Board
REPORT FROM: Richard Mitchell, Chief Operating Officer
REPORT SUBJECT: RTT Improvement Report
REPORT DATE: 27 April 2014

Introduction

The reasons for UHL’s deterioration in RTT performance are well documented. This report is the second monthly update. The high level trajectories are detailed below and attached. Trust level compliant non admitted performance is expected in August 2014 and trust level compliant admitted performance is expected in November 2014. The high level risks to the plan are detailed below.

Performance overview

UHL’s RTT performance is mainly challenged in four specialities; ENT, ophthalmology, orthopaedics and general surgery. The specialities have put in place detailed plans to reduce their non-recurrent backlog and make permanent changes to increase their recurrent capacity. The table below details the expected rate of improvement and the table on the last page goes into greater detail.

| | | Admitted Trust level RTT | | | | | | | | | | | | | | |
|------------|--|------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | | Jan-14 | Feb-14 | Mar-14 | Apr-14 | May-14 | Jun-14 | Jul-14 | Aug-14 | Sep-14 | Oct-14 | Nov-14 | Dec-14 | Jan-15 | Feb-15 | Mar-15 |
| Trajectory | | 80.8% | 80.5% | 81.2% | 81.2% | 82.3% | 84.3% | 86.9% | 87.7% | 88.8% | 89.5% | 90.5% | 90.5% | 90.5% | 90.4% | 92.0% |
| Actual | | 81.8% | 79.3% | 76.7% | | | | | | | | | | | | |
| | | Non admitted Trust level RTT | | | | | | | | | | | | | | |
| | | Jan-14 | Feb-14 | Mar-14 | Apr-14 | May-14 | Jun-14 | Jul-14 | Aug-14 | Sep-14 | Oct-14 | Nov-14 | Dec-14 | Jan-15 | Feb-15 | Mar-15 |
| Trajectory | | 92.3% | 92.7% | 92.8% | 93.1% | 93.6% | 94.1% | 94.8% | 95.1% | 95.3% | 95.3% | 95.5% | 96.1% | 96.1% | 96.1% | 96.1% |
| Actual | | 93.4% | 93.5% | 93.9% | | | | | | | | | | | | |

Some specialities have begun to improve, in particular ophthalmology which is the key speciality due to the high volume of patients that the service cares for, and some remain challenged such as ENT.

Patients who have waited longer than 18 weeks for treatment are being checked to ensure they have had no deterioration in their condition linked to their long waits.

Risks

As detailed in the UHL response to the 2014-15 contract offer, the improvement ‘plan will be carefully monitored including a full audit and re-population of the model after six months. If the volume of activity changes the Trust may need to revisit the model and funding requirement. As all activity delivered is funded at tariff, this will jointly change our respective income and expenditure assumptions. As you will be aware, our elective capacity is often encroached by emergency activity. Therefore if emergency activity levels rise significantly above planned levels, this is likely to compromise our ability to deliver the RTT plan and this caveat will need to be included as we formalise this agreement.’

The key risks remain:

- Ability to deliver agreed capacity improvements including theatre, bed and outpatient space and staffing resources within agreed timelines
- Changes to emergency demand

An additional third risk is that the CCGs have served notice that they plan to impose significant fines for non-compliance with the trajectory or elements of the trajectory. This will have a significant impact on the UHL finances as fines could be as much as £2.5m to £3.6m.

Recommendations

The board are asked to:

- Note the contents of the report
- Acknowledge the improvement trajectory
- Acknowledge the key risks.

OPERATIONAL PERFORMANCE EXCEPTION REPORT

REPORT TO: TRUST BOARD

DATE: April 2014

REPORT BY: Richard Mitchell, Chief Operating Officer

AUTHOR: Cathy Lea, Manager, Imaging

CMG GENERAL MANAGER: Nigel Kee, CSI

SUBJECT: Diagnostic Imaging 6 week waits

Introduction

Imaging failed to meet the diagnostic 6 week target for March 2014 with performance exceeding 2.1% of breaches. The resultant impact on the Trust performance is that it failed the 1% threshold, with performance of 1.9% over 6 weeks.

Investigation

The breaches relate solely to the modality of MRI which was due to impact of the MRI replacement programme and a significant increased referral rate (demand).

Imaging sourced an MRI van for February (and March) to deliver the remedial additional activity required and has reached the agreed trajectory for February. Performance at the end of March was forecasted to deliver <1% however a significant increased referral rate for February of over 1000 extra exams impacted on Imaging's ability to deliver to trajectory.

Conclusion and Resolution

In December 2013, Imaging had diagnostic breaches in MRI totalling 1.6%. This was above the required threshold predominately due to the effects of the equipment replacement programme which is due for completion by mid-May.

A mobile MRI van was sourced in February and March to deliver the remedial additional activity. In February Performance against the target was 2.28% which was an improvement on the 2.6% trajectory.

Increased demand in February has impacted on performance for March and has prevented Imaging from delivering the expected trajectory. Imaging has delivered an 8.39% increase in activity in March on the same period last year.

Imaging's performance against the diagnostic target for March is 2.1 %

We are forecasting a <1% breaches for April, however referrals have continued at an increased rate and delivery requires no unexpected loss in capacity. As at 16th April, we remain on track to deliver <1% breaches.

Cardiac MRI has been identified as a particular potential risk but the clinical Team are very engaged in developing a plan to maintain the 6 week position for April.

Details of senior responsible officer

CMG SRO: Nigel Kee

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

OPERATIONAL PERFORMANCE EXCEPTION REPORT

REPORT TO: TRUST BOARD

DATE: April 2014

REPORT BY: Richard Mitchell, Chief Operating Officer

AUTHOR: Phil Walmsley, Interim General Manager, ITAPS

CMG GENERAL MANAGER: Phil Walmsley

SUBJECT: Short notice cancelled operations \ 28 day rebooking

Introduction

The cancelled operations target comprises of three components:

1. The % of cancelled operations for non clinical reasons on the day of admission
2. The % of patients cancelled who are offered another date within 28 days of the cancellation
3. The number of urgent operations cancelled for a second time

Trust performance in March:-

1. *The percentage of operations cancelled on/after the day for non-clinical reasons during March was 1.5% against a target of 0.8%. The year to date performance is 1.6%.*
2. *The % of patients cancelled who are offered another date within 28 days of the cancellation. The number of patients breaching this standard in March was 8 with 94.2% offered a date within 28 days of the cancellation. This is a worse position against February where there were 2.*
3. *The number of urgent operations cancelled for a second time ; Zero*

The recovery trajectory initially submitted to commissioners anticipates that standard 1) will be recovered by August 2014 and that standard 2) will be recovered by July 2014.

Discussions are ongoing with commissioners about the deliverability of standard 1 due to the ongoing bed pressures affecting elective admissions and a reprofiled trajectory excluding bed related cancellations is being proposed. In addition discussions are ongoing about the level of financial penalties proposed by commissioners.

The Trust has sought advice from Nottingham University Hospitals Trust on their successful strategy for delivery of the standards over the past 12 months. The learning from Nottingham is to be implemented at UHL, key to this is revising the current UHL process for reducing cancelled operations to include a requirement that authorisation for all cancellations must be via a single responsible person, the ITAPS GM. This will assist in reducing the on the day cancellations.

Risks to delivery of recovery plan

There are risks to delivery of the plan to reduce cancellations on the day. These are mainly associated with bed availability. 61% of cancellations on the day (in March) were due to no bed availability on the day.

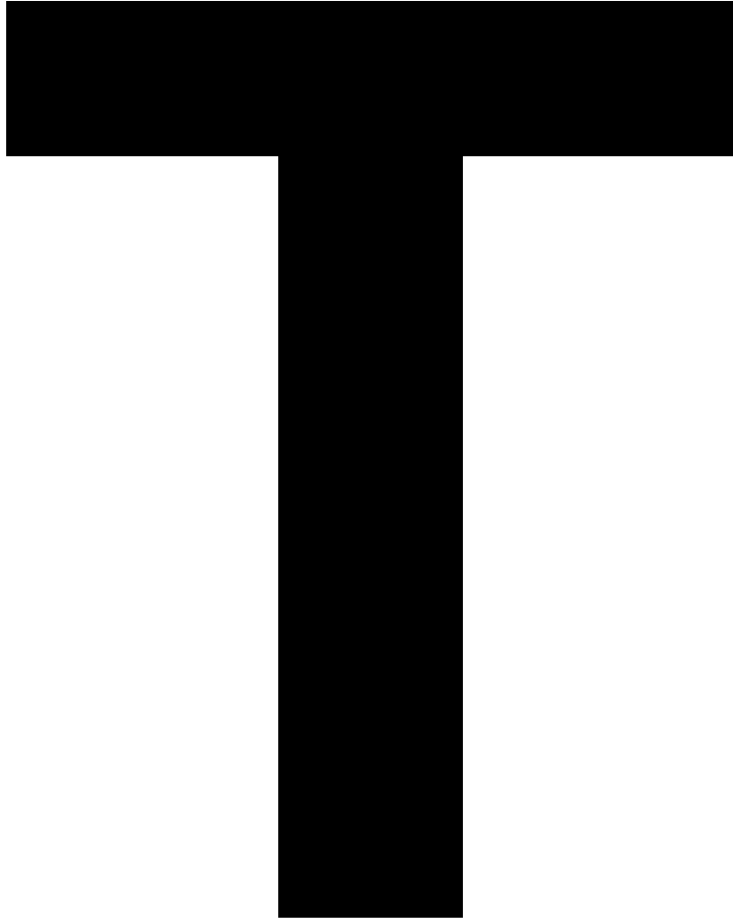
This will be made more difficult as UHL is planning on doing additional elective activity to address the RTT plans, starting in quarter one 2014-15 increasing risks to cancelling patients. In order to manage this, the Trust

will increase activity during weekends with a longer term plan to increase the elective bed base. The capacity plans are detailed in the capacity and RTT paper.

Details of senior responsible officer

CMG SRO: P Walmsley

Corporate Ops: C Carr



Trust Board Paper T

| | | | | | | | |
|--|---|-----------|---|--|--|-------------|---|
| To: | Trust Board | | | | | | |
| From: | Peter Hollinshead, Interim Director of Financial Strategy | | | | | | |
| Date: | 24 April 2014 | | | | | | |
| CQC regulation: | | | | | | | |
| Title: | 2013/14 Year End Financial Position | | | | | | |
| Author/Responsible Director: Peter Hollinshead | | | | | | | |
| Purpose of the Report: | | | | | | | |
| <p>This paper provides the Trust Board with an update on performance against the Trust's key financial duties namely:</p> <ul style="list-style-type: none"> • Delivery against the planned surplus • Achieving the External Financing Limit (EFL) • Achieving the Capital Resource Limit (CRL) | | | | | | | |
| The Report is provided to the Board for: | | | | | | | |
| <table border="1"> <tr> <td>Decision</td> <td></td> </tr> </table> | | Decision | | <table border="1"> <tr> <td>Discussion</td> <td>X</td> </tr> </table> | | Discussion | X |
| Decision | | | | | | | |
| Discussion | X | | | | | | |
| <table border="1"> <tr> <td>Assurance</td> <td>X</td> </tr> </table> | | Assurance | X | <table border="1"> <tr> <td>Endorsement</td> <td>X</td> </tr> </table> | | Endorsement | X |
| Assurance | X | | | | | | |
| Endorsement | X | | | | | | |

| | |
|---|---|
| Finance & Performance Committee | |
| Board Assurance Framework: yes | Performance KPIs year to date: yes |
| Resource Implications (eg Financial, HR): yes | |
| Assurance Implications: yes | |
| Patient and Public Involvement (PPI) Implications: N/A | |
| Stakeholder Engagement Implications: yes | |
| Equality Impact: N/A | |
| Information exempt from Disclosure: No | |
| Requirement for further review? Monthly update | |

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD
DATE: 24 APRIL 2014
REPORT FROM: PETER HOLLINSHEAD – INTERIM DIRECTOR OF FINANCIAL STRATEGY
SUBJECT: 2013/14 DRAFT YEAR END FINANCIAL POSITION

1. INTRODUCTION AND CONTEXT

1.1. This paper provides the Trust Board with an update on performance against the Trust's key financial duties namely:

- Delivery against the planned surplus
- Achieving the External Financing Limit (EFL)
- Achieving the Capital Resource Limit (CRL)

2. KEY FINANCIAL DUTIES

2.1. The following table summarises the year to date position and full year forecast against the financial duties of the Trust:

| Financial Duty | Forecast Plan £'Ms | Forecast Actual £'Ms | RAG |
|--------------------------------------|-----------------------|-------------------------|-----|
| Delivering the Planned Surplus | 3.7 | (39.8) | R |
| Achieving the EFL | 20.7 | 20.2 | G |
| Achieving the Capital Resource Limit | 36.7 | 36.7 | G |

As well as the key financial duties, a subsidiary duty is to ensure suppliers invoices are paid within 30 days – the Better Payment Practice Code (BPPC). The year to date performance is shown in the table below:

| Better Payment Practice Code | April - March 14 | |
|--|------------------|----------------|
| | Number | Value £000s |
| Total bills paid in the year | 133,018 | 559,312 |
| Total bills paid within target | 61,699 | 404,977 |
| Percentage of bills paid within target | 46.4 | 72.4 |

Key issues:

- The Trust has not delivered its planned surplus and has not met its breakeven duty, however, it has delivered the revised year end forecast deficit of £39.8m. As such the Trust is expected to receive an adverse value for money opinion on its accounts.
- The Trust has formally had its EFL target reset by the Department of Health in Month 11 reporting from a negative £1.4m to £20.7m. The year end position of £20.2m reflects a small under shoot against the target.

- The DoH reduced the Trust's CRL by £6m in February to £36.7m. The year-end position is £36.7m which reflects delivery of the revised position.
- The BPPC performance reflects the impact of the financial deficit of the Trust and the requirement to carefully manage the cash flow.

3. 2014/15 YEAR END FINANCIAL POSITION

3.1. The Month 12 results and year to date performance may be summarised as follows:

| | March 2014 | | | April - March 2014 | | |
|------------------------------------|-------------|--------------|-----------------------------|--------------------|---------------|-----------------------------|
| | Plan £m | Actual £m | Var (Adv) / Fav £m | Plan £m | Actual £m | Var (Adv) / Fav £m |
| Income | | | | | | |
| Patient income | 53.9 | 58.5 | 4.6 | 634.2 | 659.1 | 24.9 |
| Teaching, R&D | 6.0 | 5.0 | (1.0) | 73.6 | 70.2 | (3.4) |
| Other operating Income | 3.1 | 5.6 | 2.5 | 38.2 | 40.7 | 2.5 |
| Total Income | 63.1 | 69.1 | 6.0 | 746.0 | 770.0 | 24.0 |
| Operating expenditure | | | | | | |
| Pay | 37.1 | 41.1 | (4.0) | 447.6 | 474.2 | (26.6) |
| Non-pay | 23.0 | 26.6 | (3.6) | 274.7 | 294.0 | (19.3) |
| Reserves | (2.1) | - | (2.1) | (24.1) | - | (24.1) |
| Total Operating Expenditure | 58.1 | 67.7 | (9.7) | 698.2 | 768.2 | (69.9) |
| EBITDA | 5.0 | 1.4 | (3.6) | 47.7 | 1.8 | (45.9) |
| Net interest | - | - | - | 0.0 | 0.0 | 0.0 |
| Depreciation | (2.7) | (2.4) | 0.3 | (32.5) | (31.0) | 1.5 |
| PDC dividend payable | (1.0) | (0.4) | 0.6 | (11.6) | (10.7) | 0.9 |
| Net deficit | 1.3 | (1.4) | (2.7) | 3.7 | (39.8) | (43.5) |
| EBITDA % | | 2.0% | | | 0.2% | |

3.2. The Trust is reporting, prior to the audited accounts, the following year end position:

- A deficit at the end of the financial year of £39.8m, which is adverse to the plan by £43.5m
- In month position is a £1.4m deficit, £2.7m adverse to the Plan

3.3. The significant reasons for the year to date variances against income and operating expenditure are:

Patient Care Income

- Patient care income is significantly over-performing against the Plan (3.9%). The details by point of delivery and the price/volume impact are shown in Appendix 2 for NHS patient care income.
- The key factors to highlight from the Appendix are:
 - £9.8m of additional income YTD from the winter funding allocation
 - £9.6m over-performance in the other category. This includes critical care, excluded drugs and devices, and direct access
 - £2.5m over-performance in inpatient activity (day case and elective)
 - £4.7m over-performance in Outpatients reflecting the success of the Outpatient Transformation Programme and also an increasing number of referrals

- The Trust is reporting £6.2m reduction of income, £3.4m adverse to Plan against the marginal rate emergency threshold (30% of tariff received)
- The price/volume analysis clearly shows the significant increase in volume of activity across the points of delivery which in turn have an impact on our cost base

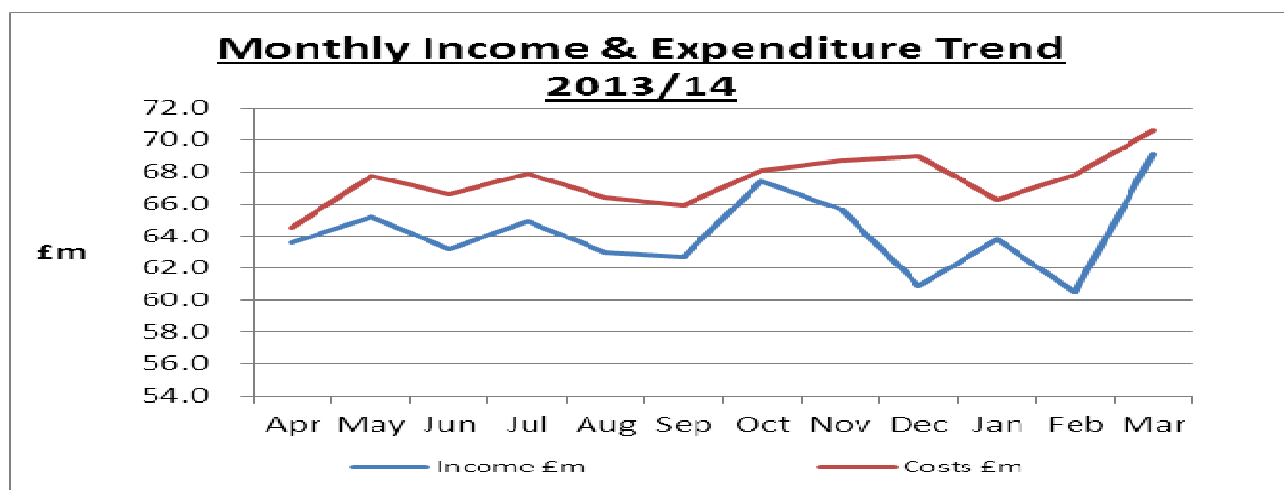
Pay

- Pay expenditure is £26.6m above budget YTD, 5.9%. The significant factors for this are:
 - Additional costs to support the patient care activity
 - Investment of staffing from the winter funding
 - Under delivery against the CIP programme
 - Additional staff, particularly in the Emergency Department and Medical Wards to support activity pressures, operational targets and to ensure safe staffing levels

Non Pay

- Non pay costs are £19.3m above budget, 7% excluding reserves. The reserves are a further of £24.1m off plan, reflecting the underlying deficit due to the lack of strategic transitional and CCG transformational funding.
- The key reasons for the non-pay overspend are:
 - Marginal costs associated with the volume increase in activity levels
 - Specific costs “pass through costs”, such as excluded drugs and devices and the use of the independent sector, which are supported via income
 - In year cost pressures across the CMGs and Corporate Directorates

3.4. The following chart highlights, graphically, the monthly trends of both income and expenditure to the year end.



| | Apr £m | May £m | Jun £m | Jul £m | Aug £m | Sep £m | Oct £m | Nov £m | Dec £m | Jan £m | Feb £m | Mar £m | Total £m |
|----------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| Income | 63.6 | 65.2 | 63.2 | 64.9 | 63.0 | 62.7 | 67.4 | 65.7 | 60.9 | 63.8 | 60.5 | 69.1 | 770.0 |
| Costs | 64.5 | 67.7 | 66.6 | 67.9 | 66.4 | 65.9 | 68.2 | 68.7 | 69.0 | 66.3 | 67.9 | 70.6 | 809.8 |
| Deficit | (0.9) | (2.5) | (3.4) | (3.0) | (3.4) | (3.2) | (0.8) | (3.0) | (8.1) | (2.5) | (7.4) | (1.5) | (39.8) |

3.5. The Trust has delivered the year end forecast deficit of £39.8m though there have been movements within the respective CMGs and Corporate Directorates from the month 7 agreed control total. This is shown in detail in Appendix 3, page 8.

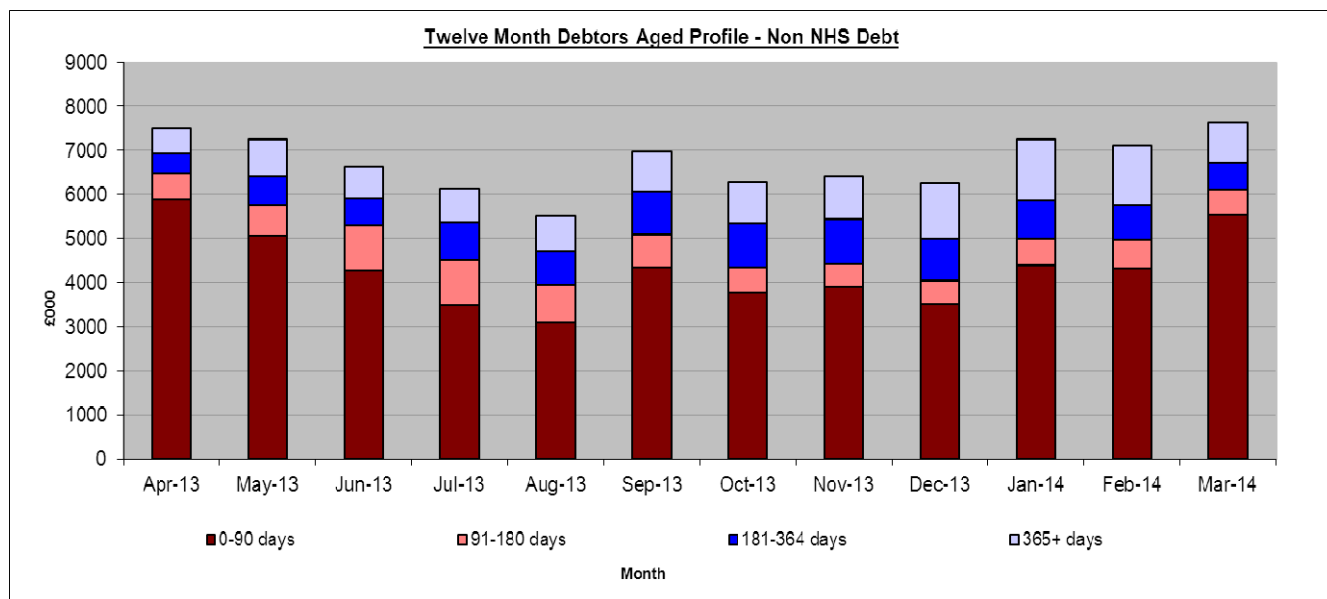
3.6. A more detailed financial analysis of CMG and Corporate performance is provided through the Executive Performance Board financial report.

4. BALANCE SHEET

4.1. The effect of the Trust's financial position on its balance sheet is provided in the Appendices.

4.2. The retained earnings reserve will reduce by the Trust's £39.8m deficit. This is matched by the reduction of £19.5m cash and increase in Trade and Other Payables of £17.1m; as well as smaller movements on other current and non-current assets and liabilities.

4.3. The level of non-NHS debt has fluctuated across the year as shown in the following table:



4.4. The overall level of non-NHS debt at Month 12 was similar to the April 2013 position although the proportion of debt over 365 days has increased from £583k (8%) at the end of March 2013 to £908k (12%) in March 2014.

4.5. The Trust undertook a debt write-off exercise in March which reduced the level of outstanding aged debt. A total of 920 debts were written off at a total value of £835k. £79k was written off following advice from solicitors or debt collection agencies who instructed us that the debts were uneconomical to pursue. A further £633k was written off as our own credit control team had exhausted all credit control processes. £660k of the total write off related to overseas visitors debt. These debts were appropriately provided for in the Trust's bad debt provision. All debts to be written off were provided for in full in the Trust's bad debt provision and there will be no impact on the financial position as a result of these write-offs.

4.6. NHS debt is £19.9m at the end of Month 12. We would normally expect this debt to be around £7m however there are a number of additional year end balances including:

- several legacy debts totalling £2.6m carried forward from the demised PCTs and for which we are liaising with NHS England;
- £12m relating to the timing of performance related invoices.

5.7 We expect to collect these debts early in 2014-15.

5. CASH FLOW FORECAST

- 5.1. The Trust has achieved a cash balance of £0.5m at the year end, which is in line with its revised cash target. This target was reduced from £17.3m following a reset of the Trust's EFL by the NTDA, and reflects:
- capital cash payments of £29m for the full year;
 - a balance of outstanding and overdue creditor payments of £11m at the year-end; and
 - the receipt of £4.8m additional PDC in the year.
- 5.2. The Trust's cash flow forecast for the next 12 months is provided in the Appendices and shows that the Trust has received temporary borrowing in April of £15.5m, and plans to apply for further temporary borrowing to ensure an adequate level of cash in the first half of 2014/15 until permanent financing is secured.
- 5.3. Additionally, we have agreed with the LLR CCGs that they will continue to pay us £21m of SLA monies on the 1st of each month (instead of the 15th) from the 1st April 2014 which will enable us to better manage in month fluctuations in our cashflow.

6. CAPITAL

- 6.1. The capital position at the end of March is £36.7m against the revised annual plan, and equivalent CRL target, of £36.7m. The CRL was adjusted by £6m to reflect the underspend on the capital programme.
- 6.2. The Capital Group is continuing to work to develop a process to deliver an affordable and achievable Capital Plan for 2014/15 and beyond.

7. CONCLUSION

- 7.1. The Trust has not met its statutory break even duty and will receive an adverse VFM opinion on the Accounts.
- 7.2. The Trust had its EFL reset to enable the creditor backlog to be reduced in February 2014, and has delivered against this revised target
- 7.3. The CRL was also reduced by £6m to reflect the level of capital slippage, to give a year end CRL of £36.7m. This target has been delivered.

8. NEXT STEPS AND RECOMMENDATIONS

- 8.1. The Trust Board is **recommended** to:
- **Note** the contents of this report
 - **Confirm** the year end position, prior to the audited accounts, of a deficit of £39.8m.
 - **Note** the delivery of the EFL
 - **Note** the delivery against the CRL

Peter Hollinshead
Interim Director of Financial Strategy
11th April 2014

Income and Expenditure Account for the Period Ended 31 March 2014

| | March 2014 | | | April 2013 - March 2014 | | |
|---|----------------|-----------------|----------------------------------|-------------------------|-----------------|----------------------------------|
| | Plan £ 000 | Actual £ 000 | Variance (Adv) / Fav £ 000 | Plan £ 000 | Actual £ 000 | Variance (Adv) / Fav £ 000 |
| Elective | 5,828 | 6,416 | 589 | 70,021 | 70,784 | 763 |
| Day Case | 4,132 | 4,363 | 231 | 49,448 | 51,182 | 1,734 |
| Emergency | 15,246 | 15,746 | 500 | 177,054 | 179,191 | 2,138 |
| Outpatient | 7,000 | 7,663 | 663 | 83,284 | 87,953 | 4,669 |
| Non NHS Patient Care | 613 | 1,330 | 717 | 7,267 | 6,365 | (902) |
| Winter funding | 0 | 1,982 | 1,982 | 0 | 9,839 | 9,839 |
| Other | 21,090 | 20,982 | (107) | 247,153 | 253,790 | 6,638 |
| Patient Care Income | 53,909 | 58,483 | 4,574 | 634,226 | 659,104 | 24,878 |
| Teaching, R&D income | 6,033 | 4,992 | (1,041) | 73,571 | 70,207 | (3,364) |
| Other operating Income | 3,124 | 5,621 | 2,497 | 38,185 | 40,691 | 2,506 |
| Total Income | 63,066 | 69,096 | 6,030 | 745,982 | 770,002 | 24,020 |
| Pay Expenditure | 37,102 | 41,124 | (4,022) | 447,612 | 474,163 | (26,551) |
| Non Pay Expenditure | 23,043 | 26,630 | (3,587) | 274,699 | 294,023 | (19,324) |
| Central Reserves | (2,065) | 0 | (2,065) | (24,065) | | (24,065) |
| Total Operating Expenditure | 58,080 | 67,754 | (9,674) | 698,246 | 768,186 | (69,940) |
| EBITDA | 4,986 | 1,342 | (3,644) | 47,736 | 1,816 | (45,920) |
| Interest Receivable | 7 | 5 | (2) | 82 | 152 | 70 |
| Interest Payable | (5) | (3) | 2 | (60) | (142) | (82) |
| Depreciation & Amortisation | (2,707) | (2,394) | 313 | (32,481) | (30,959) | 1,522 |
| Surplus / (Deficit) Before Dividend and Disposal of Fixed Assets | 2,281 | (1,050) | (3,331) | 15,277 | (29,133) | (44,410) |
| Dividend Payable on PDC | (964) | (386) | 578 | (11,568) | (10,660) | 908 |
| Net Surplus / (Deficit) | 1,317 | (1,436) | (2,753) | 3,709 | (39,793) | (43,502) |
| EBITDA MARGIN | | 1.94% | | | 0.24% | |

Patient Care Activity and Income – YTD Performance and Price / Volume Analysis

| Case mix | Annual Plan (Activity) | Total YTD (Activity) | Variance YTD (Activity) | Variance YTD (Activity %) | Annual Plan (£000) | Total YTD (£000) | Variance YTD (£000) | Variance YTD (Activity %) |
|--|------------------------|----------------------|-------------------------|---------------------------|--------------------|------------------|---------------------|---------------------------|
| Day Case | 80,497 | 84,674 | 4,177 | 5.19 | 49,448 | 51,182 | 1,734 | 3.51 |
| Elective Inpatient | 22,647 | 22,137 | (511) | (2.25) | 70,021 | 70,784 | 763 | 1.09 |
| Emergency / Non-elective Inpatient | 94,172 | 99,413 | 5,241 | 5.57 | 177,054 | 179,191 | 2,138 | 1.21 |
| Marginal Rate Emergency Threshold (MRET) | 0 | 0 | 0 | 0.00 | (3,402) | (6,181) | (2,779) | 81.70 |
| Outpatient | 733,651 | 767,038 | 33,387 | 4.55 | 83,284 | 87,953 | 4,669 | 5.61 |
| Emergency Department | 157,780 | 151,518 | (6,261) | (3.97) | 16,936 | 16,717 | (219) | (1.29) |
| Winter Monies | 0 | 0 | 0 | 0.00 | 0 | 9,839 | 9,839 | |
| Other | 7,731,446 | 8,020,915 | 289,469 | 3.74 | 233,619 | 243,216 | 9,597 | 4.11 |
| Grand Total | 8,820,192 | 9,145,695 | 325,503 | 3.69 | 626,959 | 652,700 | 25,741 | 4.11 |

| Average tariff | Price Variance YTD % | Volume Variance YTD % | Price / Mix Variance (£000) | Volume Variance (£000) | Variance YTD (£000) |
|--|----------------------|-----------------------|-----------------------------|------------------------|---------------------|
| Day Case | (1.6) | 5.2 | (832) | 2,566 | 1,734 |
| Elective Inpatient | 3.4 | (2.3) | 2,342 | (1,578) | 763 |
| Emergency / Non-elective Inpatient | (4.1) | 5.6 | (7,716) | 9,853 | 2,138 |
| Marginal Rate Emergency Threshold (MRET) | | | (2,779) | 0 | (2,779) |
| Outpatient | 1.0 | 4.6 | 879 | 3,790 | 4,669 |
| Emergency Department | 2.8 | (4.0) | 453 | (672) | (219) |
| Winter Monies | | | 0 | 9,839 | 9,839 |
| Other | | | 0 | 9,597 | 9,597 |
| Grand Total | 0.4 | 3.7 | (7,653) | 33,394 | 25,741 |

Draft YTD Position as at 31st March 2014

| Division | CMG's | Income | | | Pay | | | Non Pay | | | TOTAL | | | M7 FOT | Better / (worse) than M7 FOT |
|---|--------------------------------|----------------|----------------|----------------|----------------|----------------|-----------------|----------------|----------------|-----------------|-----------------|-----------------|-----------------|-----------------|------------------------------------|
| | | YTD | YTD | 'Variance | YTD | YTD | 'Variance | YTD | YTD | 'Variance | YTD | YTD | 'Variance | 'Variance | |
| | | Budget | YTD Actual | £000s | Budget | YTD Actual | £000s | Budget | YTD Actual | £000s | Budget | YTD Actual | £000s | £000s | |
| Clinical Cmg'S | C.H.U.G.S | 120,465 | 124,193 | 3,727 | 45,500 | 46,784 | (1,285) | 35,817 | 40,933 | (5,116) | 39,148 | 36,475 | (2,673) | (2,062) | (611) |
| | Clinical Support & Imaging | 31,084 | 33,053 | 1,969 | 67,030 | 69,977 | (2,947) | 2,574 | 4,870 | (2,296) | (38,519) | (41,795) | (3,275) | (3,395) | 120 |
| | Emergency & Specialist Med | 105,808 | 120,098 | 14,289 | 63,868 | 75,012 | (11,145) | 30,011 | 32,478 | (2,467) | 11,930 | 12,608 | 678 | (735) | 1,412 |
| | I.T.A.P.S | 27,738 | 28,307 | 569 | 49,526 | 54,854 | (5,329) | 19,551 | 20,897 | (1,346) | (41,339) | (47,444) | (6,105) | (3,472) | (2,633) |
| | Musculo & Specialist Surgery | 96,134 | 97,043 | 909 | 43,571 | 45,546 | (1,975) | 18,415 | 20,517 | (2,101) | 34,148 | 30,981 | (3,167) | (533) | (2,634) |
| | Renal, Respiratory & Cardiac | 129,797 | 131,607 | 1,810 | 56,033 | 58,411 | (2,378) | 41,881 | 45,596 | (3,715) | 31,884 | 27,601 | (4,283) | (4,242) | (41) |
| | Womens & Childrens | 141,043 | 143,054 | 2,011 | 74,589 | 74,785 | (195) | 29,481 | 30,088 | (607) | 36,973 | 38,182 | 1,209 | 117 | 1,091 |
| Clinical Cmg'S Total | | 652,070 | 677,355 | 25,285 | 400,116 | 425,369 | (25,253) | 177,730 | 195,379 | (17,649) | 74,225 | 56,608 | (17,618) | (14,321) | (3,297) |
| Corporate | Communications & Ext Relations | 33 | 29 | (4) | 755 | 846 | (92) | 121 | 150 | (28) | (843) | (967) | (124) | (116) | (8) |
| | Corporate & Legal | 0 | 72 | 72 | 971 | 960 | 11 | 1,168 | 1,256 | (88) | (2,139) | (2,144) | (5) | (79) | 73 |
| | Corporate Medical | 1,456 | 1,672 | 216 | 3,800 | 3,846 | (46) | 670 | 793 | (122) | (3,014) | (2,966) | 48 | (94) | 142 |
| | Divisional Management Codes | 625 | 127 | (498) | 3,941 | 3,747 | 194 | 677 | 291 | 386 | (3,993) | (3,911) | 82 | 967 | (886) |
| | Facilities | 11,684 | 11,974 | 290 | 1,274 | 1,213 | 61 | 54,874 | 52,142 | 2,732 | (44,464) | (41,382) | 3,082 | 922 | 2,160 |
| | Finance & Procurement | 50 | 83 | 33 | 4,351 | 4,293 | 58 | 2,690 | 2,246 | 444 | (6,991) | (6,456) | 535 | 74 | 461 |
| | Human Resources | 2,858 | 3,346 | 488 | 5,483 | 5,416 | 68 | 1,782 | 2,068 | (287) | (4,407) | (4,138) | 269 | 58 | 211 |
| | Im&T | 184 | 168 | (16) | 2,490 | 2,360 | 130 | 5,575 | 6,737 | (1,161) | (7,882) | (8,929) | (1,047) | (218) | (829) |
| | Nursing | 275 | 381 | 106 | 5,834 | 5,303 | 531 | 13,247 | 13,628 | (380) | (18,806) | (18,550) | 257 | (80) | 337 |
| | Operations | 278 | 1,232 | 954 | 2,934 | 3,292 | (359) | 214 | 654 | (440) | (2,870) | (2,715) | 156 | (904) | 1,059 |
| | Strategic Devt | 0 | 119 | 119 | 2,807 | 2,841 | (35) | 147 | 721 | (574) | (2,953) | (3,443) | (489) | (927) | 438 |
| Corporate Total | | 17,443 | 19,203 | 1,760 | 34,640 | 34,118 | 521 | 81,166 | 80,685 | 481 | (98,363) | (95,601) | 2,762 | (397) | 3,160 |
| Research & Development Total | | 27,939 | 27,528 | (410) | 12,857 | 12,932 | (75) | 15,083 | 14,340 | 742 | (0) | 256 | 257 | 191 | 66 |
| Central Division Total | | 48,530 | 45,916 | (2,614) | 0 | 1,743 | (1,743) | 20,683 | 45,228 | (24,545) | 27,846 | (1,056) | (28,902) | (28,975) | 73 |
| Grand Total | | 745,982 | 770,002 | 24,020 | 447,612 | 474,163 | (26,551) | 294,662 | 335,632 | (40,970) | 3,708 | (39,793) | (43,501) | (43,503) | 2 |

Balance Sheet

| | Mar-13 £000's Actual | Apr-13 £000's Actual | May-13 £000's Actual | Jun-13 £000's Actual | Jul-13 £000's Actual | Aug-13 £000's Actual | Sep-13 £000's Actual | Oct-13 £000's Actual | Nov-13 £000's Actual | Dec-13 £000's Actual | Jan-14 £000's Actual | Feb-14 £000's Actual | Mar-14 £000's Forecast |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|------------------------------|
| Non Current Assets | | | | | | | | | | | | | |
| Property, plant and equipment | 354,680 | 353,855 | 353,723 | 352,327 | 352,803 | 353,255 | 352,521 | 352,993 | 353,114 | 352,703 | 352,189 | 351,446 | 362,465 |
| Intangible assets | 5,318 | 5,160 | 5,012 | 4,940 | 4,795 | 4,650 | 4,627 | 4,419 | 4,273 | 4,328 | 4,179 | 4,030 | 8,020 |
| Trade and other receivables | 3,125 | 3,183 | 3,181 | 3,252 | 3,302 | 3,291 | 3,331 | 3,268 | 3,191 | 3,218 | 3,223 | 3,248 | 3,125 |
| TOTAL NON CURRENT ASSETS | 363,123 | 362,198 | 361,916 | 360,519 | 360,900 | 361,196 | 360,479 | 360,680 | 360,578 | 360,249 | 359,591 | 358,724 | 373,610 |
| Current Assets | | | | | | | | | | | | | |
| Inventories | 13,064 | 13,869 | 13,257 | 13,778 | 13,861 | 13,776 | 14,499 | 14,176 | 14,155 | 14,558 | 14,133 | 14,262 | 13,958 |
| Trade and other receivables | 44,616 | 42,408 | 42,628 | 35,756 | 40,713 | 44,182 | 46,674 | 42,210 | 49,634 | 50,922 | 50,734 | 45,458 | 49,061 |
| Other Assets | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 0 |
| Cash and cash equivalents | 19,986 | 19,957 | 14,257 | 19,129 | 15,343 | 7,203 | 4,484 | 5,335 | 2,933 | 6,876 | 4,986 | 6,282 | 515 |
| TOTAL CURRENT ASSETS | 77,706 | 76,274 | 70,182 | 68,703 | 69,957 | 65,201 | 65,697 | 61,761 | 66,762 | 72,396 | 69,893 | 66,042 | 63,534 |
| Current Liabilities | | | | | | | | | | | | | |
| Trade and other payables | (75,559) | (73,056) | (67,971) | (68,079) | (71,026) | (69,123) | (77,327) | (81,916) | (88,794) | (93,069) | (91,182) | (93,595) | (108,477) |
| Dividend payable | 0 | (964) | (1,928) | (2,892) | (3,856) | (4,820) | 0 | (964) | (1,928) | (2,892) | (3,856) | (4,820) | 0 |
| Borrowings | (2,726) | (2,800) | (2,800) | (2,800) | (2,800) | (2,800) | (2,800) | (2,800) | (2,800) | (2,727) | (2,800) | (2,800) | (6,590) |
| Provisions for liabilities and charges | (1,906) | (1,906) | (1,906) | (1,906) | (1,906) | (1,906) | (1,342) | (1,342) | (1,342) | (2,244) | (2,244) | (2,244) | (1,342) |
| TOTAL CURRENT LIABILITIES | (80,191) | (78,726) | (74,605) | (75,677) | (79,588) | (78,649) | (81,469) | (87,022) | (94,864) | (100,932) | (100,082) | (103,459) | (116,409) |
| NET CURRENT ASSETS (LIABILITIES) | (2,485) | (2,452) | (4,423) | (6,974) | (9,631) | (13,448) | (15,772) | (25,261) | (28,102) | (28,536) | (30,189) | (37,417) | (52,875) |
| TOTAL ASSETS LESS CURRENT LIABILITIES | 360,638 | 359,746 | 357,493 | 353,545 | 351,269 | 347,748 | 344,707 | 335,419 | 332,476 | 331,713 | 329,402 | 321,307 | 320,735 |
| Non Current Liabilities | | | | | | | | | | | | | |
| Borrowings | (10,906) | (10,958) | (11,190) | (10,809) | (11,522) | (11,484) | (11,159) | (10,797) | (10,410) | (10,887) | (11,103) | (8,910) | (5,890) |
| Other Liabilities | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Provisions for liabilities and charges | (2,407) | (2,454) | (2,488) | (2,404) | (2,315) | (2,312) | (2,986) | (2,910) | (2,870) | (2,004) | (1,984) | (1,286) | (2,380) |
| TOTAL NON CURRENT LIABILITIES | (13,313) | (13,412) | (13,678) | (13,213) | (13,837) | (13,796) | (14,145) | (13,707) | (13,280) | (12,891) | (13,087) | (10,196) | (8,270) |
| TOTAL ASSETS EMPLOYED | 347,325 | 346,334 | 343,815 | 340,332 | 337,432 | 333,952 | 330,562 | 321,712 | 319,196 | 318,822 | 316,315 | 311,111 | 312,465 |
| Public dividend capital | 277,733 | 277,733 | 277,733 | 277,733 | 277,733 | 277,733 | 277,733 | 277,733 | 277,733 | 277,733 | 277,733 | 279,880 | 282,625 |
| Revaluation reserve | 64,628 | 64,626 | 64,628 | 64,632 | 64,632 | 64,628 | 64,628 | 64,628 | 64,628 | 64,628 | 64,628 | 64,628 | 64,619 |
| Retained earnings | 4,960 | 3,975 | 1,454 | (2,033) | (4,933) | (8,409) | (11,799) | (20,649) | (23,165) | (23,539) | (26,046) | (33,397) | (34,779) |
| TOTAL TAXPAYERS EQUITY | 347,325 | 346,334 | 343,815 | 340,332 | 337,432 | 333,952 | 330,562 | 321,712 | 319,196 | 318,822 | 316,315 | 311,111 | 312,465 |

Cashflow Statement and Forecast

| Cash Flow Statement for the period ended 31 March 2014 | | | |
|--|-----------------|-----------------|-----------------|
| | 2013/14 | 2013/14 | 2013/14 |
| | Apr - Mar | Apr - Mar | Apr - Mar |
| | Plan | Actual | Variance |
| | £ 000 | £ 000 | £ 000 |
| CASH FLOWS FROM OPERATING ACTIVITIES | | | |
| Operating surplus before Depreciation and Amortisation | 48,185 | 1,816 | (46,369) |
| Donated assets received credited to revenue and non cash | (300) | (765) | (465) |
| Interest paid | (845) | (458) | 387 |
| Movements in Working Capital: | | | |
| - Inventories (Inc)/Dec | - | (894) | (894) |
| - Trade and Other Receivables (Inc)/Dec | 3,000 | (2,770) | (5,770) |
| - Trade and Other Payables Inc/(Dec) | 3,000 | 23,977 | 20,977 |
| - Provisions Inc/(Dec) | (2,131) | (732) | 1,399 |
| PDC Dividends paid | (11,000) | (10,232) | 768 |
| Other non-cash movements | | 379 | 379 |
| Net Cash Inflow / (Outflow) from Operating Activities | 39,909 | 10,321 | (29,588) |
| CASH FLOWS FROM INVESTING ACTIVITIES | | | |
| Interest Received | 96 | 66 | (30) |
| Payments for Property, Plant and Equipment | (37,781) | (29,194) | 8,587 |
| Capital element of finance leases | (4,614) | (5,506) | (892) |
| Net Cash Inflow / (Outflow) from Investing Activities | (42,299) | (34,634) | 7,665 |
| CASH FLOWS FROM FINANCING ACTIVITIES | | | |
| New PDC | - | 4,842 | 4,842 |
| Other Capital Receipts | - | - | - |
| Net Cash Inflow / (Outflow) from Financing | - | 4,842 | 4,842 |
| Opening cash | 19,713 | 19,986 | 273 |
| Increase / (Decrease) in Cash | (2,390) | (19,471) | (17,081) |
| Closing cash | 17,323 | 515 | (16,808) |

| Cashflow 12 month forecast April 2014 to March 2015 | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|--|-----------------|----------------|----------------|----------------|----------------|-----------------|----------------|----------------|----------------|----------------|----------------|-----------------|
| | £000s | £000s | £000s | £000s | £000s | £000s | £000s | £000s | £000s | £000s | £000s | £000s |
| Cash Flows from Operating Activities | | | | | | | | | | | | |
| Operating Surplus/(Deficit) | (3,393) | (2,652) | (2,465) | 553 | (2,138) | 281 | (43) | (4,256) | (3,718) | (2,578) | (6,369) | (1,991) |
| Depreciation and Amortisation | 2,793 | 2,793 | 2,794 | 2,784 | 2,784 | 2,784 | 2,729 | 2,729 | 2,729 | 2,691 | 2,691 | 2,695 |
| Impairments and Reversals | 0 | 0 | 0 | 0 | 0 | (1,445) | 0 | 0 | 0 | 0 | 0 | 0 |
| Interest Paid | (38) | (38) | (38) | (38) | (38) | (38) | (38) | (38) | (38) | (38) | (38) | (38) |
| Dividend (Paid)/Refunded | 0 | 0 | 0 | 0 | 0 | (6,118) | 0 | 0 | 0 | 0 | 0 | (6,118) |
| (Increase)/Decrease in Trade and Other Receivables | (2,415) | (1,070) | 83 | (3,322) | 2,898 | (979) | (2,054) | 3,929 | (1,095) | (1,062) | 4,070 | (4,810) |
| (Increase)/Decrease in Other Current Assets | 1,200 | 1,200 | 1,200 | 1,200 | 1,200 | 1,200 | 1,200 | 1,200 | 1,200 | 1,200 | 1,200 | 1,200 |
| Increase/(Decrease) in Trade and Other Payables | (9,237) | (4,762) | (1,131) | 889 | 1,070 | (7,885) | 2,306 | (535) | (212) | 2,041 | 1,864 | (3,845) |
| Provisions Utilised | (22) | (22) | (22) | (22) | (22) | (1,022) | (22) | (22) | (22) | (22) | (22) | (25) |
| Increase/(Decrease) in Movement in non Cash Provisions | 607 | 958 | 907 | 1,060 | 888 | 880 | 1,156 | 814 | 871 | 713 | 889 | 889 |
| Net Cash Inflow/(Outflow) from Operating Activities | (10,505) | (3,593) | 1,328 | 3,104 | 6,642 | (12,342) | 5,234 | 3,821 | (285) | 2,945 | 4,285 | (12,043) |
| CASH FLOWS FROM INVESTING ACTIVITIES | | | | | | | | | | | | |
| Interest Received | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| (Payments) for Property, Plant and Equipment | (3,533) | (3,634) | (3,630) | (4,532) | (4,761) | (4,198) | (5,003) | (3,693) | (4,564) | (5,757) | (6,751) | (7,734) |
| Net Cash Inflow/(Outflow) from Investing Activities | (3,525) | (3,626) | (3,622) | (4,524) | (4,753) | (4,190) | (4,995) | (3,685) | (4,556) | (5,749) | (6,743) | (7,726) |
| NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING | (14,030) | (7,219) | (2,294) | (1,420) | 1,889 | (16,532) | 239 | 136 | (4,841) | (2,804) | (2,458) | (19,769) |
| CASH FLOWS FROM FINANCING ACTIVITIES | | | | | | | | | | | | |
| New Public Dividend Capital received in year: PDC Capital | 0 | 0 | 0 | 0 | 0 | 8,000 | 0 | 0 | 0 | 0 | 0 | 16,557 |
| New Public Dividend Capital received in year: PDC Revenue | | | | | | 37,500 | | | 6,000 | 3,000 | 4,000 | 2,943 |
| Loans received from DH - Revenue Support Loans | 15,500 | 8,000 | 3,000 | 2,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Loans repaid to DH - Revenue Support Loans Repayment of Principal | | | | | | (28,500) | 0 | 0 | 0 | 0 | 0 | 0 |
| Capital element of payments relating to PFI, LIFT Schemes and finance leases | (761) | (761) | (761) | (761) | (761) | (761) | (761) | (761) | (761) | (761) | (761) | (761) |
| Net Cash Inflow/(Outflow) from Financing Activities | 14,739 | 7,239 | 2,239 | 1,239 | (761) | 16,239 | (761) | (761) | 5,239 | 2,239 | 3,239 | 18,739 |
| NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS | 709 | 20 | (55) | (181) | 1,128 | (293) | (522) | (625) | 398 | (565) | 781 | (1,030) |
| Cash and Cash Equivalents (and Bank Overdraft) at Beginning of the Period | 515 | 1,224 | 1,244 | 1,189 | 1,008 | 2,136 | 1,843 | 1,321 | 696 | 1,094 | 529 | 1,310 |
| Cash and Cash Equivalents (and Bank Overdraft) at the end of the period | 1,224 | 1,244 | 1,189 | 1,008 | 2,136 | 1,843 | 1,321 | 696 | 1,094 | 529 | 1,310 | 280 |

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

| | Project Director | Project Lead | Capital Plan 2013/14 £000's | YTD Spend 13/14 £000's | Expenditure Profile | | | | | | Out Turn £000's | Variance £000's |
|-----------------------------------|--------------------|--------------------|-----------------------------------|------------------------------|---------------------|-----------------|-----------------|---------------|---------------|---------------|--------------------|--------------------|
| | | | | | Actual | | | | | | | |
| | | | | | Qtr 1 £000's | Qtr 2 £000's | Qtr 3 £000's | Jan £000's | Feb £000's | Mar £000's | | |
| Recurrent Budgets | | | | | | | | | | | | |
| IM&T | John Adler | John Clarke | 3,425 | 5,044 | 665 | 771 | 645 | 753 | 63 | 3,009 | 5,044 | (3,019) |
| Medical Equipment | Kevin Harris | Paul Spier | 5,197 | 5,129 | 491 | 651 | 1,499 | 275 | 179 | 1,007 | 5,129 | 50 |
| Facilities Sub Group | Rachael Overfield | Andrew Challen | 6,000 | 5,053 | 663 | 762 | 634 | 141 | 426 | 2,369 | 5,053 | 637 |
| Discretionary Capital | | | 381 | 355 | 234 | 36 | 70 | 14 | 6 | 6 | 355 | 15 |
| M&E Installation Costs | Suzanne Khalid | Helen Bath | 2,400 | 2,461 | 559 | 628 | 307 | 6 | 65 | 557 | 2,461 | 30 |
| Total Recurrent Budgets | | | 17,403 | 18,062 | 2,612 | 3,201 | 3,360 | 1,167 | 709 | 6,772 | 18,062 | (2,466) |
| Reconfiguration Schemes | | | | | | | | | | | | |
| Emergency Floor | Kate Shields | Jane Edyvean | 3,100 | 3,102 | 164 | 297 | 621 | 12 | 210 | 1,069 | 3,102 | 38 |
| Theatre Assessment Area (TAA) | Kate Shields | Ian Currie | 1,080 | 1,069 | 41 | 609 | 494 | 104 | 17 | 919 | 1,069 | (69) |
| Advanced Recovery LRI & LGH | Kate Shields | Ian Currie | 514 | 527 | 112 | 12 | 31 | 7 | 35 | 330 | 527 | (13) |
| OH Vascular Surgery | Kate Shields | Rachael Griffiths | 650 | 194 | 0 | 0 | 69 | (10) | 7 | 194 | 194 | 150 |
| Vascular Enabling | Kate Shields | Rachael Griffiths | 300 | 30 | 0 | 0 | 0 | 2 | 4 | 30 | 30 | 104 |
| Daycase / OPD Hub | Kate Shields | Nicky Topham | 328 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 328 |
| Ward 4 LGH / H Block Installation | Kate Shields | Nicky Topham | 233 | 234 | 0 | 0 | 1 | 2 | 75 | 154 | 234 | 42 |
| Modular Wards | Kate Shields | Louise Naylor | 600 | 100 | 0 | 0 | 0 | 0 | 10 | 160 | 100 | 301 |
| Brandon Unit Refurb: OPD 1-4 | Kate Shields | Louise Naylor | 100 | 65 | 0 | 10 | 68 | (18) | 0 | 0 | 65 | 10 |
| ITU | Kate Shields | Richard Kennesley | 140 | 130 | 0 | 0 | 0 | 0 | 0 | 130 | 130 | 10 |
| Poplars Conversion | Kate Shields | Nigel Bond | 300 | 327 | 0 | 0 | 28 | 0 | 27 | 272 | 327 | (27) |
| Surgical Assessment Unit | Kate Shields | Debra Green | 100 | 91 | 0 | 0 | 1 | 2 | 30 | 69 | 91 | 69 |
| Endoscopy OH | Kate Shields | Capital Planning & | 100 | 27 | 0 | 0 | 1 | 2 | 2 | 21 | 27 | 73 |
| Feasibility Studies | Kate Shields | Capital Planning & | 100 | 34 | 0 | 0 | 28 | 0 | 0 | 14 | 34 | 66 |
| Total Reconfiguration | | | 8,445 | 8,887 | 307 | 1,002 | 1,660 | 485 | 408 | 3,225 | 8,887 | 1,748 |
| Corporate / Other Schemes | | | | | | | | | | | | |
| Osborne Ventilation | Nick Moore | Michael Natbass | 600 | 590 | 0 | 12 | 308 | 61 | 26 | 120 | 590 | 54 |
| Endoscopy LRI | Nick Moore | Michael Natbass | 165 | 169 | 79 | 69 | 17 | 0 | 2 | 4 | 169 | 7 |
| Maternity Interim Development | Ian Soudamora | David Yeomanson | 3,000 | 2,300 | 30 | 662 | 649 | 260 | 66 | 104 | 2,300 | 640 |
| Aseptic Suite | Suzanne Khalid | Shar Patten | 650 | 302 | 6 | 2 | 0 | 1 | 77 | 209 | 302 | 348 |
| Diabetes BRU | Kevin Harris | Sue Enright | 760 | 679 | 197 | 309 | 249 | 20 | 13 | 69 | 679 | (128) |
| Respiratory BRU | Kevin Harris | Michelle Muesel | 730 | 621 | 557 | 163 | 66 | (3) | 0 | 14 | 621 | (91) |
| Stock Management System | Peter Hollins head | Andrea Smith | 2,600 | 260 | 0 | 0 | 200 | 0 | (3) | 60 | 260 | 2,540 |
| LIA Schemes | John Adler | Michelle Cloney | 600 | 272 | 0 | 0 | 0 | 12 | 46 | 210 | 272 | 228 |
| CMO Contingency | Peter Hollins head | Simon Sheppard | 147 | 112 | 0 | 0 | 0 | 6 | 0 | 106 | 112 | 35 |
| CHP Units | Rachael Overfield | Nigel Bond | 2,147 | 1,809 | 0 | 0 | 16 | (2) | 171 | 1,722 | 1,809 | 241 |
| Safer Hospitals Technology Fund | John Adler | John Clarke | 2,350 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,350 |
| Nursing Technology Fund | Rachael Overfield | Jules Ball | 622 | 680 | 0 | 0 | 0 | 0 | 0 | 680 | 680 | 42 |
| Improving Maternity Care Settings | Ian Soudamora | David Yeomanson | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 100 |
| EDRM System | John Adler | John Clarke | 1,639 | 1,079 | 0 | 460 | 236 | (276) | 0 | 691 | 1,079 | 660 |
| Donations | | | 300 | 765 | 64 | 61 | 165 | 29 | 0 | 465 | 765 | (465) |
| Other Developments | | | 729 | 720 | 192 | 30 | 213 | 64 | 47 | 109 | 720 | 0 |
| | | | 17,278 | 10,600 | 1,119 | 2,048 | 2,369 | 214 | 478 | 4,651 | 10,600 | 6,478 |
| Total Capital Programme | | | 43,217 | 37,489 | 3,889 | 6,401 | 7,382 | 1,868 | 1,644 | 16,547 | 37,489 | 5,769 |

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Trust Board Paper U

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

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

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

PURPOSE

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

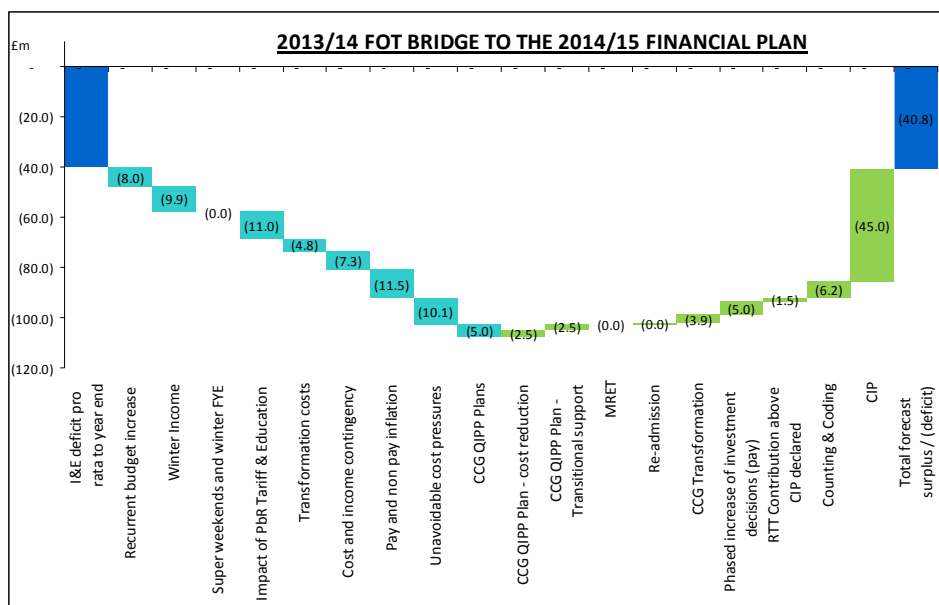
NATIONAL CONTEXT - PLANNING GUIDANCE

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

KEY HEADLINES AND/OR CHANGES

FINANCE

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



8. The significant changes are:

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

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

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

QUALITY

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

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

SERVICE PLANNING

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

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

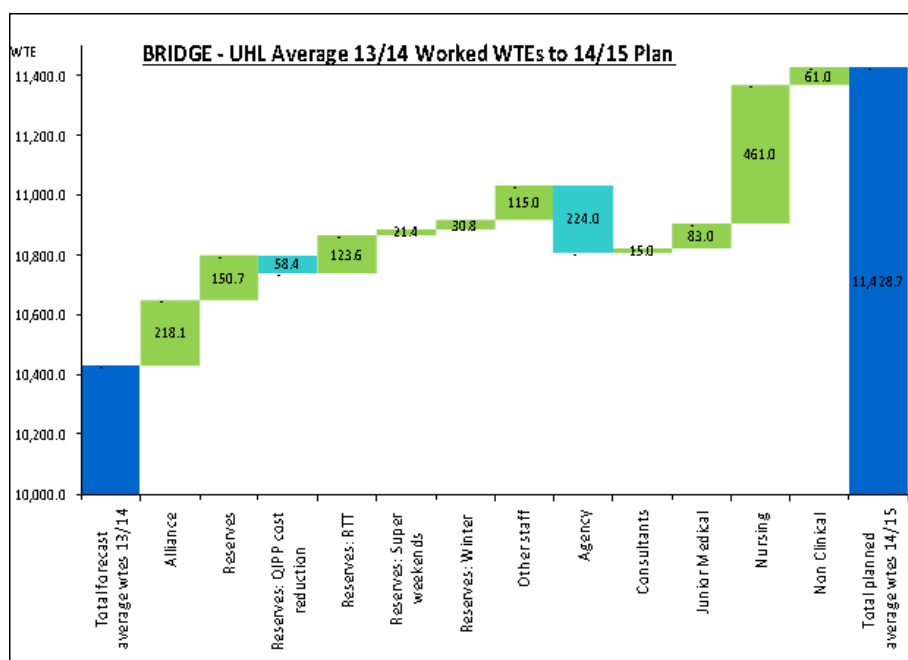
- **Day Case delivery** – 23 hour stay as the norm; 90% compliance with BADs procedures in 2014/2015 followed by all procedures in 2015/2016
- **Review ITU capacity** – options for early consolidation
- **Elective care** – protect elective inpatient bed base from emergency demand (interim solution -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

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

WORKFORCE

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

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



17. The key points to note are:

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

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

RECOMMENDATION

19. Trust Board are asked to:

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

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 24 APRIL 2014

REPORT FROM: PETER HOLLINSHEAD – INTERIM DIRECTOR OF FINANCIAL STRATEGY

SUBJECT: 2014/15 FINANCIAL PLAN AND BUDGET BOOK

1. INTRODUCTION AND CONTEXT

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

2. 2014/15 FINANCIAL PLAN

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

3. BUSINESS PLANNING PROCESS

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

The meeting concentrated on the following areas;

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

4. BUDGET BOOK

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

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

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

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

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

5. RISKS AND OPPORTUNITIES

5.1 Within the planned position there are a number of risks

5.1.1 CIP Delivery

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

5.1.2 Fines and Penalties

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

5.1.3 **Operational targets including RTT**

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

5.1.4 **Additional Bed capacity**

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

5.1.5 **Winter capacity and super weekends**

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

6. **NEXT STEPS AND RECOMMENDATIONS**

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

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

Peter Hollinshead
Interim Director of Financial Strategy

11th April 2014

2014/15 FINANCIAL PLAN BUDGET BOOK

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

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

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

UNIVERSITY HOSPITALS LEICESTER NHS TRUST

BUDGET BOOK 2014/15

CMG and Directorate budgets

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

UNIVERSITY HOSPITALS LEICESTER NHS TRUST

BUDGET BOOK 2014/15

Pay Trends

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

UNIVERSITY HOSPITALS LEICESTER NHS TRUST

BUDGET BOOK 2014/15

WTE Trends

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

UNIVERSITY HOSPITALS LEICESTER NHS TRUST

BUDGET BOOK 2014/15

Non Pay Trends

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

UNIVERSITY HOSPITALS LEICESTER NHS TRUST
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Income Trends

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

UNIVERSITY HOSPITALS LEICESTER NHS TRUST

BUDGET BOOK 2014/15

Patient Care Activity and Income

| CMG | Activity Type | SLA Activity | SLA Value £000s |
|--|-----------------------------|------------------|-----------------|
| CHUGS | IP | 70,630 | 66,769 |
| | OP | 157,264 | 15,578 |
| | BMT | 72 | 2,749 |
| | CC | 816 | 742 |
| | O/S Coding & Counting | - | 110 |
| | Other | 141 | 26,955 |
| | RT | 35,344 | 6,002 |
| | UB | 51,065 | 6,536 |
| | Other Items to be Allocated | - | 253 |
| CHUGS Total | | 315,331 | 125,693 |
| CSI | IP | 265 | 419 |
| | OP | 302 | 158 |
| | DA | 7,740,161 | 13,256 |
| | DI | 75,153 | 6,499 |
| | O/S Coding & Counting | - | 4,093 |
| | Other | 151,957 | 5,803 |
| CSI Total | | 7,967,838 | 30,227 |
| Emergency and Specialist Medicine | IP | 33,205 | 51,236 |
| | OP | 139,233 | 17,848 |
| | AE | 125,839 | 14,096 |
| | CC | 1,373 | 781 |
| | DA | 4,006 | 259 |
| | O/S Coding & Counting | - | 2,517 |
| | Other | 596 | 27,197 |
| | UB | 10,312 | 3,871 |
| | Other Items to be Allocated | - | 774 |
| Emergency and Specialist Medicine Total | | 314,564 | 118,579 |
| ITAPS | IP | 4,089 | 3,325 |
| | OP | 20,060 | 2,320 |
| | CC | 18,471 | 21,956 |
| | O/S Coding & Counting | - | (576) |
| | Other | - | 1,667 |
| | Other Items to be Allocated | - | (203) |
| ITAPS Total | | 42,620 | 28,489 |
| Musculoskeletal and Specialist Surg | IP | 29,826 | 63,631 |
| | OP | 257,860 | 24,296 |
| | AE | 16,515 | 1,344 |
| | O/S Coding & Counting | - | 744 |
| | Other | 75,016 | 9,880 |
| | UB | 5 | 2 |
| | Other Items to be Allocated | - | 7,107 |
| Musculoskeletal and Specialist Surgery Total | | 379,221 | 107,005 |
| Renal Respiratory and Cardiac | IP | 28,802 | 65,952 |
| | OP | 75,106 | 11,232 |
| | CC | 7,239 | 6,422 |
| | DA | 7,795 | 595 |
| | O/S Coding & Counting | - | 2,149 |
| | Other | 14,386 | 15,390 |
| | PTS | - | 1,123 |
| | RL | 191,272 | 30,067 |
| | UB | 25 | 9 |
| | Other Items to be Allocated | - | (204) |
| Renal Respiratory and Cardiac Total | | 324,626 | 132,735 |
| TBC | IP | - | (5,268) |
| | OP | - | 10,925 |
| | CC | 1,728 | 2,173 |
| | DA | - | 1,858 |
| | DI | - | 298 |
| | O/S Coding & Counting | - | (2,862) |
| | Other | - | (4,943) |
| | CQUIN | - | 14,542 |
| | Other Items to be Allocated | - | 1,207 |
| TBC Total | | 1,728 | 17,931 |
| Women's and Children's | IP | 44,839 | 59,025 |
| | OP | 122,411 | 20,316 |
| | CC | 22,342 | 19,736 |
| | DA | 1,417 | 41 |
| | Maternity Tariffs | 24,559 | 21,002 |
| | O/S Coding & Counting | - | 2,280 |
| | Other | 6,438 | 14,860 |
| | UB | 1,029 | 225 |
| | Other Items to be Allocated | - | (359) |
| Women's and Children's Total | | 223,034 | 137,125 |
| Grand Total | | 9,568,963 | 697,784 |

UNIVERSITY HOSPITALS LEICESTER NHS TRUST

BUDGET BOOK 2014/15

Cost Improvement Programme

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

2014/15 Capital Plan by CMG

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

University Hospitals of Leicester NHS Trust

REPORT TO: Trust Board

DATE: 24 April 2014

REPORT FROM: Kate Bradley - Director of Human Resources

REPORT BY: Louise Gallagher, Workforce Development Manager

SUBJECT: THE WORKFORCE PLAN 2014-19

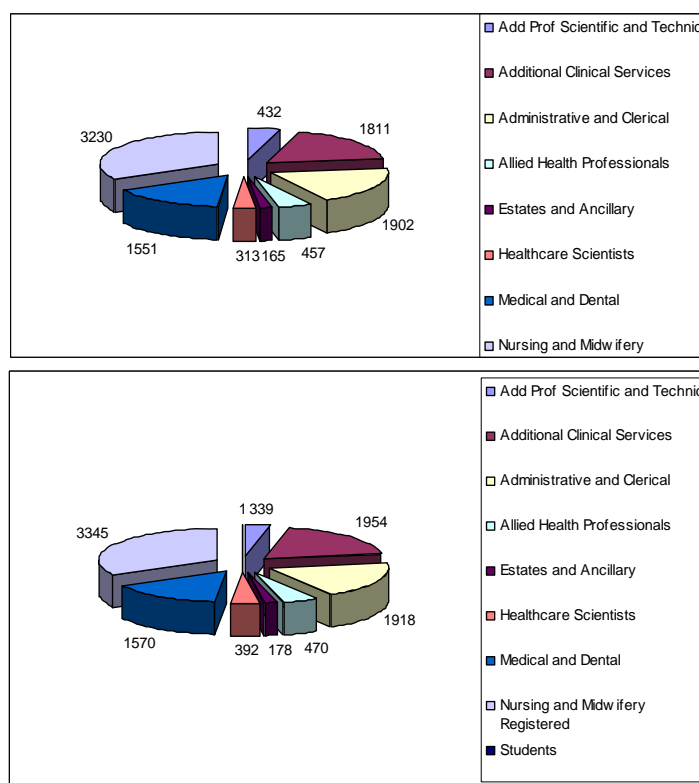
1.0 INTRODUCTION

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

2.0 CHANGES IN THE WORKFORCE PROFILE 2013/14

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

University Hospitals of Leicester NHS Trust

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

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

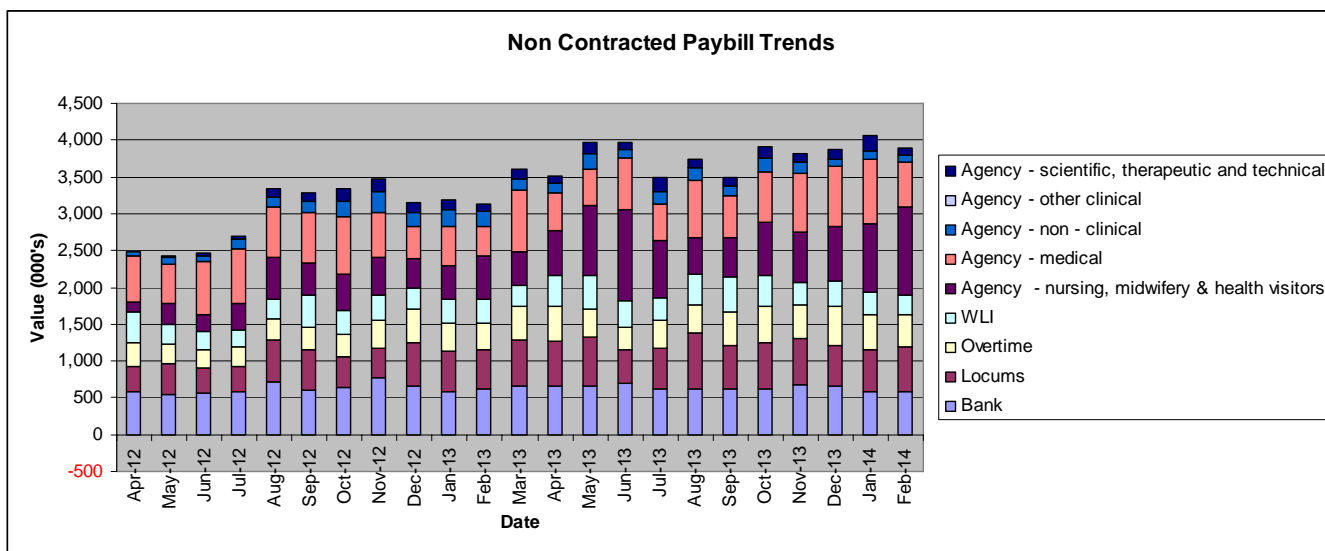
2.3 Table One shows the growth in nursing and midwifery staff (115 WTE, 122 heads) and in additional clinical services (143 WTE, 144 heads) (mainly healthcare assistants) as a result of the specific increase in the nursing workforce capacity. Changes in the profile of healthcare scientists and additional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

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

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

2.5.1 Chart Two Non Contracted Paybill



3.0 THE FIVE YEAR WORKFORCE PLAN PROCESS

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

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

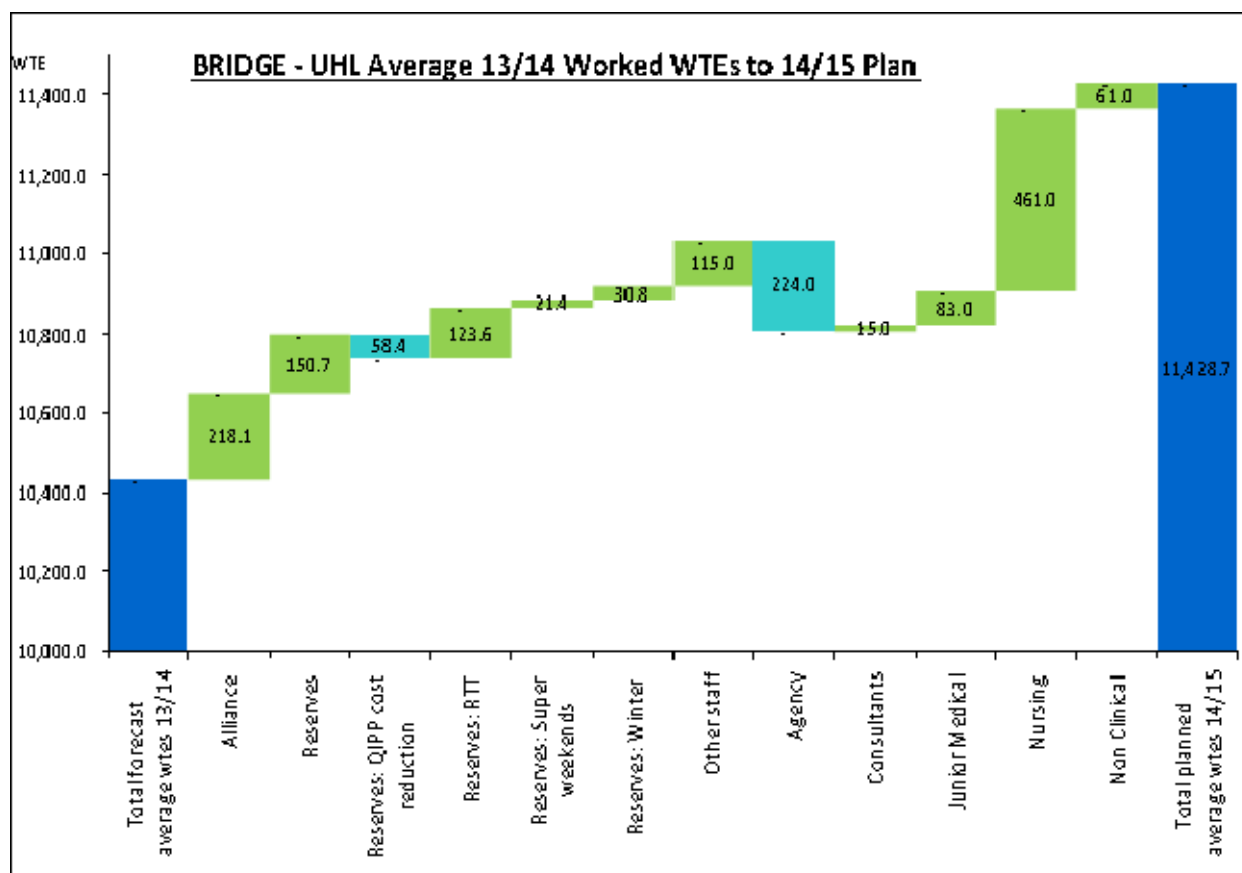
3.2 These plans are currently being collated into an overarching workforce plan for UHL, the core themes arising to date are:

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

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

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4.3.1 Chart Three Waterfall Diagram

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

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5.0 **RECOMMENDATION**

5.1 The Trust Board is asked to:-

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

REPORT TO: Trust Board
DATE: 24 April 2014
REPORT BY: Richard Mitchell, Chief Operating Officer and Rachel Overfield, Chief Nurse
SUBJECT: Modelling the 'right-sizing' of UHL capacity for 2014-15 - update

Introduction

'Right-sizing' UHL capacity is an important factor in delivering financial, operational and quality improvements in 2014 -15. UHL did not have the correct level of capacity in 2013 -14 as evidenced by non-compliant RTT (referral to treatment/ 18 weeks/ elective) and emergency performance, extended periods of high bed occupancy, a high on the day cancellation rate and expensive use of premium staff. This creates a level of inefficiency which brings unnecessary cost to UHL.

Agreed capacity increase

Version one of the modelling of activity, LOS and 92% occupancy suggests we needed 88 more beds by February 2015. The modelling was reworked to take into account additional factors within UHL's control:

- Move of elective work to daycase
- Reduction in DTOCs to 3.5%
- Introduction of surgical triage

Version two, the final agreed version detailed in table one below, reduces the additional bed requirement to 55 (88 – 33).

| CMG | Current Beds (Dec'13 census) | | Bed Increase with no efficiency improvements V1 | | | | Bed Increase efficiency improvements in DC rates, Surgery Triage, DTOCs V2 | | | | 14-15 Bed Base requirements |
|--|---|------|---|----|-----|-------|--|----|-----|-------|-----------------------------|
| | TOTAL INPATIENT BEDS | | LRI | GH | LGH | Total | LRI | GH | LGH | Total | |
| | | 1491 | | | | | | | | | 1546 |
| CHUGS | Bone Marrow Transplantation | 5 | | | | 0 | | | | 0 | 5 |
| | Clinical Haematology | 41 | | | | 0 | | | | 0 | 41 |
| | Clinical Oncology | 25 | | | | 0 | | | | 0 | 25 |
| | Gastroenterology | 58 | | | | 0 | | | | 0 | 58 |
| | General Surgery and Urology | | | | | | | | | | |
| | Hepatobiliary & Pancreatic Surgery <i>see General Surgery</i> | 198 | 6 | | 6 | 12 | 2 | | 2 | 4 | 202 |
| Urology <i>see General Surgery</i> | | | | | 0 | | | | 0 | | |
| Emergency & Specialist Medicine | Accident & Emergency <i>NB EDU re-classified as ward attender</i> | 8 | | | | 0 | | | | 0 | 8 |
| | Chemical Pathology | 0 | | | | 0 | | | | 0 | 0 |
| | Clinical Immunology | 0 | | | | 0 | | | | 0 | 0 |
| | Dermatology | 0 | | | | 0 | | | | 0 | 0 |
| | Infectious Diseases | 18 | | | | 0 | | | | 0 | 18 |
| | Integrated Medicine | 370 | 52 | | | 52 | 37 | | | 37 | 407 |
| | Neurology | 42 | | | | 0 | | | | 0 | 42 |
| Rheumatology | 0 | | | | 0 | | | | 0 | 0 | |
| ITAPS | Critical Care Medicine <i>NB apportioned to relevant treatment spec</i> | 33 | | | | 0 | | | | 0 | 33 |
| | Interventional Radiology | 0 | | | | 0 | | | | 0 | 0 |
| | Pain Management | 0 | | | | 0 | | | | 0 | 0 |
| | Sleep | 0 | | | | 0 | | | | 0 | 0 |
| Musculoskeletal and Specialist Surgery | Breast Care | 17 | | | | 0 | | | | 0 | 17 |
| | ENT | | | | | 4 | | | | | |
| | Maxillofacial Surgery <i>see ENT</i> | | | | | 0 | | | | 0 | |
| | Ophthalmology <i>see ENT</i> | 43 | 4 | | | 0 | 0 | | | 0 | 43 |
| | Plastic Surgery <i>see ENT</i> | | | | | 0 | | | | 0 | |
| | Orthopaedic Surgery | 57 | | | 10 | 10 | | | 4 | 4 | 61 |
| | Sports Medicine | 0 | | | | 0 | | | | 0 | 0 |
| Trauma | 84 | | | | 0 | | | | 0 | 84 | |
| Renal, Respiratory and Cardiac | Vascular Surgery | 28 | | | | 0 | | | | 0 | 28 |
| | Cardiac Surgery | 48 | | | | 0 | | | | 0 | 48 |
| | Cardiology | 153 | | | | 0 | | | | 0 | 153 |
| | End Stage Renal Failure <i>see Nephrology</i> | 0 | | | | 0 | | | | 0 | 0 |
| | Nephrology | 55 | | | | 0 | | | | 0 | 55 |
| | Renal Access Surgery <i>see Nephrology</i> | 0 | | | | 0 | | | | 0 | 0 |
| | Renal Transplant <i>see Nephrology</i> | 0 | | | | 0 | | | | 0 | 0 |
| | Respiratory Medicine | 153 | | 10 | | 10 | | 10 | | 10 | 163 |
| | Thoracic Surgery | 20 | | | | 0 | | | | 0 | 20 |
| | Gynaecology | 35 | | | | 0 | | | | 0 | 35 |
| ALL SPECIALTIES | 1491 | 62 | 10 | 16 | 88 | 39 | 10 | 6 | 55 | 1546 | |

Table one

Location of capacity increase

The estates team have been working with the CMGs to identify the most suitable locations for the beds. Detailed plans are attached as appendix one and high levels plans are below in table two.

For noting:

- Respiratory medicine at the Glenfield requires 10 beds and the plan below is for 13 beds because of economy of scale with the building work.
- The LRI modular ward is for decant space and would not be staffed.
- Medicine at the LRI requires 37 beds and the plan below is for 43 beds because of economy of scale with the building work. The medicine plan is predicated on DTOC at no more than 3.5%, currently above 5.1%, (of which 31% UHL, 47% external, 22% nursing home). The difference between 5.1% and 3.5% is 23 beds.
- Gastroenterology at the LRI requires two beds and the plan below is for three beds because of economy of scale with the building work.
- Beds at The General have not been identified as yet.
- Completion date may be able to bring forward through increased use of the modular/ decant ward although opening times will be restricted by our ability to staff the wards.

| Location | Vol of beds | Completion date |
|---------------|-------------|-----------------|
| Glenfield | 13 | Sep-14 |
| LRI modular | 28 | Sep-14 |
| LRI 15 and 16 | 17 | Feb-15 |
| LRI 33 and 34 | 10 | Feb-15 |
| LRI 37 and 38 | 16 | Feb-15 |
| LRI 22 | 3 | Feb-15 |
| Total | 87 | |
| Excl decant | 59 | |

Table two

Costs

Capital

Additional funding requirement of £4 million for the above with all expenditure substantially complete within the 2014 - 2015 financial year. Revenue consequences of capital costs need to be completed.

Revenue

Detailed revenue assumptions are attached as appendix two with a high level overview below in table three.

For noting:

- Nurse costs at GGH are six months of agency from when beds first open, then NHS rates.
- Nurse costs at LRI are NHS rates because of length of time to open beds.
- Nurse numbers have been increased to maintain pre-existing ratios on the wards and 60:40 qualified unqualified split.
- Medical staffing costs and other staffing costs are at NHS rates.
- No additional medical patients assumed, therefore no additional income or costs other than physical ward space..
- Additional surgical income and costs included in existing RTT plan

All costs are in £000s

| Area | Number of beds | Open from | Sep-14 | Oct-14 | Nov-14 | Dec-14 | Jan-15 | Feb-15 | Mar-15 | 2014/15 | 2015/16 | 2016/17 |
|---|----------------|-----------|------------|------------|------------|------------|------------|------------|------------|--------------|--------------|--------------|
| GGH | 13 | Sep-14 | 124 | 124 | 124 | 124 | 124 | 124 | 74 | 819 | 890 | 890 |
| LRI decant | | Feb-15 | - | - | - | - | - | - | - | - | - | - |
| LRI 15 and 16 | 17 | Feb-15 | | | | | | 131 | 131 | 262 | 1,573 | 1,573 |
| LRI 33 and 34 | 10 | Feb-15 | | | | | | 61 | 61 | 121 | 727 | 727 |
| LRI 37 and 38 | 16 | Feb-15 | | | | | | 86 | 86 | 171 | 1,029 | 1,029 |
| LRI 22 | 3 | Feb-15 | | | | | | 12 | 12 | 24 | 143 | 143 |
| Estimated capital consequences | | | | | | | | | | | 470 | 470 |
| Total New Cost | 59 | | 124 | 124 | 124 | 124 | 124 | 413 | 363 | 1,398 | 4,831 | 4,831 |
| Cost of beds for RTT | 13 | | - | - | - | - | - | 72 | 72 | 145 | 869 | 869 |
| Total cost not in financial plan | 46 | | 124 | 124 | 124 | 124 | 124 | 341 | 291 | 1,253 | 3,962 | 3,962 |

Table three

Conclusion

Opening 55 additional beds in a staged approach requires £4m of capital, excluding revenue consequences of the capital costs, and £1.2m of revenue in 2014 -15. The revenue costs for 2015 – 16 would be circa £2.1m lower than the £4.8m stated above if the additional beds could be shut for five months of the year.

The current plan leaves UHL with a bed shortage as described below in table four:

| | Additional beds open | | | | | | | | | | | |
|--------------|----------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
| Bed shortage | -11 | -57 | -32 | -29 | -35 | 0 | -40 | -54 | 0 | 0 | 0 | 0 |

DTOC down to max 3.5%, all suitable work through daycase and surgical triage working

Table four

Recommendation/ actions

- Given the significant cost of the scheme, confirmation the executive team continue to support the plan.
- Acknowledgement that the plan should deliver sufficient bed capacity for activity plan in 2015 -16 but will leave UHL short of beds for seven out of 12 months in 2014 -15.
- This is a complex change involving strategy, finance, nursing, medical directorate and operations spanning three CMGs and requires dedicated project resource.
- Establishment of a project plan and risk log.
- CMGs were given the opportunity to comment but confirmation that all CMGs are in agreement with the locations identified as suitable in table three.
- Establishment of a recruitment plan either separate to or as a subsection of the overall recruitment plan - we still have around 20% requested shifts unfilled every week and a large number filled with agency.
- Challenge timescales for estates work and recruitment.
- Increased work to reduce the DTOC rate.
- Continuation of the surgical triage and daycase work both currently picked up through EY supported work streams.

LRI and Glenfield's Beds Executive Summary

FEASIBILITY INTO THE OPPORTUNITY TO CREATE ADDITIONAL BEDS WITHIN THE EXISTING FOOTPRINT
OF THE LRI AND GLENFIELD SITES

APRIL 2014



Introduction

Two feasibility studies have been carried out at Glenfields in February and then LRI in April to develop solutions to deliver additional beds. The headlines were:

- Glenfield:
 - Quick short term bed wins - £0.15 million (12 Beds)
 - Medium term/cost bed wins - £0.15 million (4 Beds)
 - Longer term and relatively more costly bed wins - £2.55 million (41 Beds)

- LRI:
 - Quick short term bed wins - £3.00 million (33 Beds)
 - Medium term/cost bed wins - £3.75 million (62 Beds)
 - Longer term and relatively more costly bed wins - £3.50 million (38 Beds)

Proposal

Across the two sites a total of 190 Beds (Glenfields 57 and LRI 133) could be created but with varying timescales, costs and cost per bed.

The Trust will therefore have a view on how many beds it wishes to create as a possible first tranche and the split between sites. This report proposes the following schemes with their selection being based on a balance of cost and timescale:

| | | |
|--|-----------|-----------------|
| ▪ Decant ward - LRI Modular Ward (uplift from OPD) | - 28 Beds | - £0.67 million |
| ▪ Medical LRI - Ward 15 and 16 | - 17 Beds | - £1.00 million |
| ▪ Medical LRI - Ward 33 and 34 | - 10 Beds | - £1.00 million |
| ▪ Medical LRI – Ward 37 and 38 | - 16 Beds | - £1.00 million |
| ▪ Medical Glenfield - Ward 16 | - 5 Beds | - £0.01 million |
| ▪ Medical Glenfield - Ward 17 | - 4 Beds | - £0.05 million |
| ▪ Medical Glenfield - Ward 20 | - 4 Beds | - £0.09 million |
| ▪ Surgical LRI - Ward 22 | - 3 Beds | - £0.18 million |

TOTALS **87 Beds** **£4 million**

Clinical Impact of Delivery

The proposal seeks to deliver the increased Beds incrementally due to decanting etc. Assuming an instruction to proceed in early May then deliver would be broadly as follows:

- | | | |
|--|-----------|--------------------------|
| ▪ Glenfield Beds delivered by September | + 13 Beds | - gross increase 13 Beds |
| ▪ LRI Modular delivered end of September | + 28 Beds | - gross increase 41 Beds |
| ▪ LRI 15 and 16 end of Feb 2015 | + 17 Beds | - gross increase 58 Beds |
| ▪ LRI 33 and 34 end of Feb 2015 | + 10 Beds | - gross increase 68 Beds |
| ▪ LRI 37 and 38 end of Feb 2015 | + 16 Beds | - gross increase 84 Beds |
| ▪ LRI 22 end of Feb 2015 | + 3 Beds | - gross increase 87 beds |
-
- Net additional funding requirement of £4 million with all expenditure substantially complete within 2014/2015 financial year

Way Forward

This is an interim report and each of the solutions needs review in more detail particularly around:

- Engineering solutions
- Engineering impact on costs (to include infrastructure)
- Timescales
- Design to tender

ADDITIONAL BEDS

SUMMARY ESTIMATED COSTING BY WARD AREA

All costs are in £000s

Revenue consequences of capital costs needed

| Area | Number of beds | Open from | Sep-14 | Oct-14 | Nov-14 | Dec-14 | Jan-15 | Feb-15 | Mar-15 | 2014/15 | 2015/16 | 2016/17 |
|---|----------------|-----------|------------|------------|------------|------------|------------|------------|------------|--------------|--------------|--------------|
| GGH | 13 | Sep-14 | 124 | 124 | 124 | 124 | 124 | 124 | 74 | 819 | 890 | 890 |
| LRI decant | | Feb-15 | - | - | - | - | - | - | - | - | - | - |
| LRI 15 and 16 | 17 | Feb-15 | | | | | | 131 | 131 | 262 | 1,573 | 1,573 |
| LRI 33 and 34 | 10 | Feb-15 | | | | | | 61 | 61 | 121 | 727 | 727 |
| LRI 37 and 38 | 16 | Feb-15 | | | | | | 86 | 86 | 171 | 1,029 | 1,029 |
| LRI 22 | 3 | Feb-15 | | | | | | 12 | 12 | 24 | 143 | 143 |
| Estimated capital consequences | | | | | | | | | | | 470 | 470 |
| Total New Cost | 59 | | 124 | 124 | 124 | 124 | 124 | 413 | 363 | 1,398 | 4,831 | 4,831 |
| Cost of beds for RTT | 13 | | - | - | - | - | - | 72 | 72 | 145 | 869 | 869 |
| Total cost not in financial plan | 46 | | 124 | 124 | 124 | 124 | 124 | 341 | 291 | 1,253 | 3,962 | 3,962 |

Assumptions

- 1 Additional nurses for all beds at GGH costed as no breakdown
- 2 Nurses costed at 6 months agency when beds first opened for GGH
- 3 No additional patients assumed, therefore no additional income or costs other than physical ward space
- 4 Nurse costings at 60:40 qualified unqualified split
- 5 Medical staffing costed at NHS rates
- 6 All other staffing costed at NHS rates

ADDITIONAL BEDS

ESTIMATED COSTINGS

| Area | Bed Numbers | Staffing type | Notes | Sep-14 | Oct-14 | Nov-14 | Dec-14 | Jan-15 | Feb-15 | Mar-15 | 2014/15 | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | 2015/16 | 2016/17 | | | | |
|---------------|-------------|--|----------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|-----------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|-----------------|-----------------|--------|--|
| GGH | 13 | Nursing | 1:1.4 | 99.91 | 99.91 | 99.91 | 99.91 | 99.91 | 99.91 | 49.96 | 649.43 | 49.96 | 49.96 | 49.96 | 49.96 | 49.96 | 49.96 | 49.96 | 49.96 | 49.96 | 49.96 | 49.96 | 49.96 | 49.96 | 599.47 | 599.47 | | | |
| | | Medics | 0.5 cons, 1xFY, 1xSpR | 16.08 | 16.08 | 16.08 | 16.08 | 16.08 | 16.08 | 16.08 | 16.08 | 112.58 | 16.08 | 16.08 | 16.08 | 16.08 | 16.08 | 16.08 | 16.08 | 16.08 | 16.08 | 16.08 | 16.08 | 16.08 | 16.08 | 16.08 | 193.00 | 193.00 | |
| | | Therapists | 1 band 6 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 21.58 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 37.00 | 37.00 | |
| | | Pharmacists | 0.5 band 6 | 1.54 | 1.54 | 1.54 | 1.54 | 1.54 | 1.54 | 1.54 | 1.54 | 10.79 | 1.54 | 1.54 | 1.54 | 1.54 | 1.54 | 1.54 | 1.54 | 1.54 | 1.54 | 1.54 | 1.54 | 1.54 | 1.54 | 1.54 | 18.50 | 18.50 | |
| | | Ward Clerks | 0.5 band 2 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 9.92 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 17.00 | 17.00 | |
| Domestics | 1.5 band 2 | 2.13 | 2.13 | 2.13 | 2.13 | 2.13 | 2.13 | 2.13 | 2.13 | 14.88 | 2.13 | 2.13 | 2.13 | 2.13 | 2.13 | 2.13 | 2.13 | 2.13 | 2.13 | 2.13 | 2.13 | 2.13 | 2.13 | 2.13 | 25.50 | 25.50 | | | |
| LRI | 28 | Nursing Medics Therapists Pharmacists Ward Clerks Domestics | No additional, decant ward | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LRI 15 and 16 | 17 | Nursing | 1:2 | | | | | 93.32 | 93.32 | | 186.65 | 93.32 | 93.32 | 93.32 | 93.32 | 93.32 | 93.32 | 93.32 | 93.32 | 93.32 | 93.32 | 93.32 | 93.32 | 93.32 | 1,119.89 | 1,119.89 | | | |
| | | Medics | 1 cons, 2xFY, 1xSpR | | | | | 25.92 | 25.92 | | 51.83 | 25.92 | 25.92 | 25.92 | 25.92 | 25.92 | 25.92 | 25.92 | 25.92 | 25.92 | 25.92 | 25.92 | 25.92 | 25.92 | 25.92 | 311.00 | 311.00 | | |
| | | Therapists | 1 band 6 | | | | | 3.08 | 3.08 | | 6.17 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 37.00 | 37.00 | | |
| | | Pharmacists | 1 band 6 | | | | | 3.08 | 3.08 | | 6.17 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 37.00 | 37.00 | |
| | | Ward Clerks | 0.5 band 2 | | | | | 1.42 | 1.42 | | 2.83 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 17.00 | 17.00 | |
| Domestics | 3 band 2 | | | | | 4.25 | 4.25 | | 8.50 | 4.25 | 4.25 | 4.25 | 4.25 | 4.25 | 4.25 | 4.25 | 4.25 | 4.25 | 4.25 | 4.25 | 4.25 | 4.25 | 4.25 | 4.25 | 51.00 | 51.00 | | | |
| LRI 33 and 34 | 10 | Nursing | 1:1.4 | | | | | 38.43 | 38.43 | | 76.86 | 38.43 | 38.43 | 38.43 | 38.43 | 38.43 | 38.43 | 38.43 | 38.43 | 38.43 | 38.43 | 38.43 | 38.43 | 38.43 | 38.43 | 461.13 | 461.13 | | |
| | | Medics | 0.5 cons, 1xFY, 1xSpR | | | | | 16.08 | 16.08 | | 32.17 | 16.08 | 16.08 | 16.08 | 16.08 | 16.08 | 16.08 | 16.08 | 16.08 | 16.08 | 16.08 | 16.08 | 16.08 | 16.08 | 16.08 | 16.08 | 193.00 | 193.00 | |
| | | Therapists | 1 band 6 | | | | | 3.08 | 3.08 | | 6.17 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 37.00 | 37.00 | |
| | | Pharmacists | 0.5 band 6 | | | | | 1.54 | 1.54 | | 3.08 | 1.54 | 1.54 | 1.54 | 1.54 | 1.54 | 1.54 | 1.54 | 1.54 | 1.54 | 1.54 | 1.54 | 1.54 | 1.54 | 1.54 | 1.54 | 18.50 | 18.50 | |
| | | Ward Clerks | 0.5 band 2 | | | | | 1.42 | 1.42 | | 2.83 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 17.00 | 17.00 | |
| Domestics | 1 band 2 | | | | | 1.42 | 1.42 | | 2.83 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 17.00 | 17.00 | | | |
| LRI 37 and 38 | 16 | Nursing | 1:1.4 | | | | | 61.48 | 61.48 | | 122.97 | 61.48 | 61.48 | 61.48 | 61.48 | 61.48 | 61.48 | 61.48 | 61.48 | 61.48 | 61.48 | 61.48 | 61.48 | 61.48 | 61.48 | 737.81 | 737.81 | | |
| | | Medics | 0.5 cons, 1xFY, 1xSpR | | | | | 16.08 | 16.08 | | 32.17 | 16.08 | 16.08 | 16.08 | 16.08 | 16.08 | 16.08 | 16.08 | 16.08 | 16.08 | 16.08 | 16.08 | 16.08 | 16.08 | 16.08 | 16.08 | 193.00 | 193.00 | |
| | | Therapists | 1 band 6 | | | | | 3.08 | 3.08 | | 6.17 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 3.08 | 37.00 | 37.00 | |
| | | Pharmacists | 0.5 band 6 | | | | | 1.54 | 1.54 | | 3.08 | 1.54 | 1.54 | 1.54 | 1.54 | 1.54 | 1.54 | 1.54 | 1.54 | 1.54 | 1.54 | 1.54 | 1.54 | 1.54 | 1.54 | 1.54 | 18.50 | 18.50 | |
| | | Ward Clerks | 0.5 band 2 | | | | | 1.42 | 1.42 | | 2.83 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 1.42 | 17.00 | 17.00 | |
| Domestics | 1.5 band 2 | | | | | 2.13 | 2.13 | | 4.25 | 2.13 | 2.13 | 2.13 | 2.13 | 2.13 | 2.13 | 2.13 | 2.13 | 2.13 | 2.13 | 2.13 | 2.13 | 2.13 | 2.13 | 2.13 | 25.50 | 25.50 | | | |
| LRI 22 | 3 | Nursing | 1:1.4 | | | | | 11.53 | 11.53 | | 23.06 | 11.53 | 11.53 | 11.53 | 11.53 | 11.53 | 11.53 | 11.53 | 11.53 | 11.53 | 11.53 | 11.53 | 11.53 | 11.53 | 11.53 | 138.34 | 138.34 | | |
| | | Medics | | | | | | | | | - | | | | | | | | | | | | | | | | | | |
| | | Therapists | | | | | | | | | - | | | | | | | | | | | | | | | | | | |
| | | Pharmacists | | | | | | | | | - | | | | | | | | | | | | | | | | | | |
| | | Ward Clerks | | | | | | | | | - | | | | | | | | | | | | | | | | | | |
| Domestics | 0.25 band 2 | | | | | | 0.35 | 0.35 | | 0.71 | 0.35 | 0.35 | 0.35 | 0.35 | 0.35 | 0.35 | 0.35 | 0.35 | 0.35 | 0.35 | 0.35 | 0.35 | 0.35 | 0.35 | 4.25 | 4.25 | | | |
| Total | 87 | | | 124.16 | 124.16 | 124.16 | 124.16 | 124.16 | 413.40 | 363.45 | 1,397.66 | 363.45 | 363.45 | 363.45 | 363.45 | 363.45 | 363.45 | 363.45 | 363.45 | 363.45 | 363.45 | 363.45 | 363.45 | 363.45 | 363.45 | 4,361.39 | 4,361.39 | | |

V

Trust Board paper V

| | | | |
|---|--|---|--------------------------|
| To: | Trust Board | | |
| From: | Richard Mitchell, Chief Operating Officer | | |
| Date: | April 2014 | | |
| CQC regulation: | As applicable | | |
| Title: | Emergency Department Performance Report | | |
| Author: Richard Mitchell, Chief Operating Officer | | | |
| Purpose of the Report: To provide an overview on ED performance. | | | |
| The Report is provided to the Board for: | | | |
| Decision | <input type="checkbox"/> | Discussion | <input type="checkbox"/> |
| Assurance | <input checked="" type="checkbox"/> | Endorsement | <input type="checkbox"/> |
| Summary / Key Points: | | | |
| <ul style="list-style-type: none"> • Performance in March was 89.7% • Performance for the year was 88.37% • Performance remained poor in March because of: <ul style="list-style-type: none"> • Increase in admissions and a fixed bed base • Deterioration in internal processes primarily because of the sustained pressure caused by the above • Performance improved compared to February and continues to improve • Dr Ian Sturgess will be working across the health economy for six months from May 2014 • Current level of performance is unacceptable | | | |
| Recommendations: The Trust Board is invited to receive and note this report. | | | |
| Previously considered at another UHL corporate Committee N/A | | | |
| Strategic Risk Register Yes | | Performance KPIs year to date Please see report | |
| Resource Implications (eg Financial, HR) Yes | | | |
| Assurance Implications The 95% (4hr) target and ED quality indicators. | | | |
| Patient and Public Involvement (PPI) Implications Impact on patient experience where long waiting times are experienced | | | |
| Equality Impact N/A | | | |
| Information exempt from Disclosure N/A | | | |
| Requirement for further review Monthly | | | |

REPORT TO: Trust Board
REPORT FROM: Richard Mitchell, Chief Operating Officer
REPORT SUBJECT: Emergency Care Performance Report
REPORT DATE: 24 April 2014

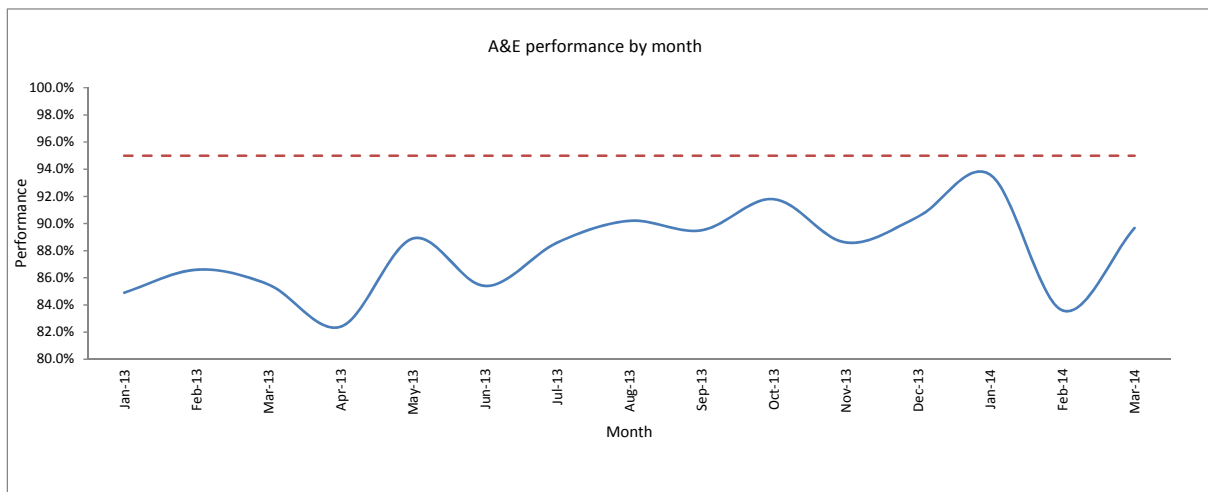
Introduction

Performance in March 2014 was 89.7%, which was an improvement of 6.1% on February 2014. Emergency admissions fell by 1.5% but were still the second highest month after February. UHL continues to struggle with high numbers of emergency admissions and the LLR health economy is unable to increase the UHL discharge rate as quickly. The final position for the financial year was 88.37%.

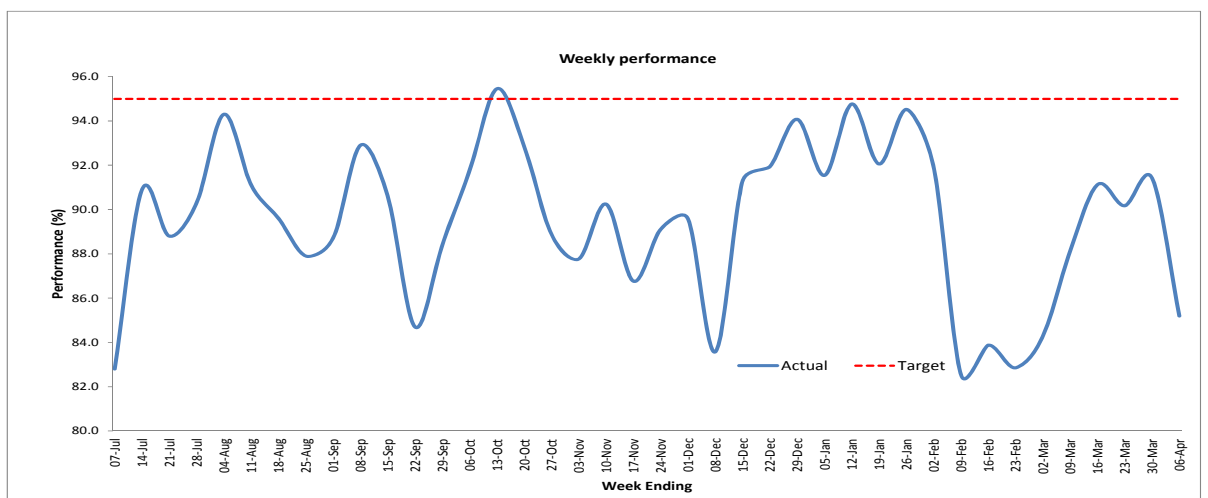
We continue to work on our internal actions and we implemented two super weekends in March. Internal actions are part of an Urgent Care Working Group plan (attached).

Performance overview

Performance in March was the eighth worst/ fifth best in the financial year 2014 – 15. 89.7% of patients were treated, admitted or discharges within four hours (graph one). There were five days of performance above 95%. There were three consecutive weeks of performance over 90%.



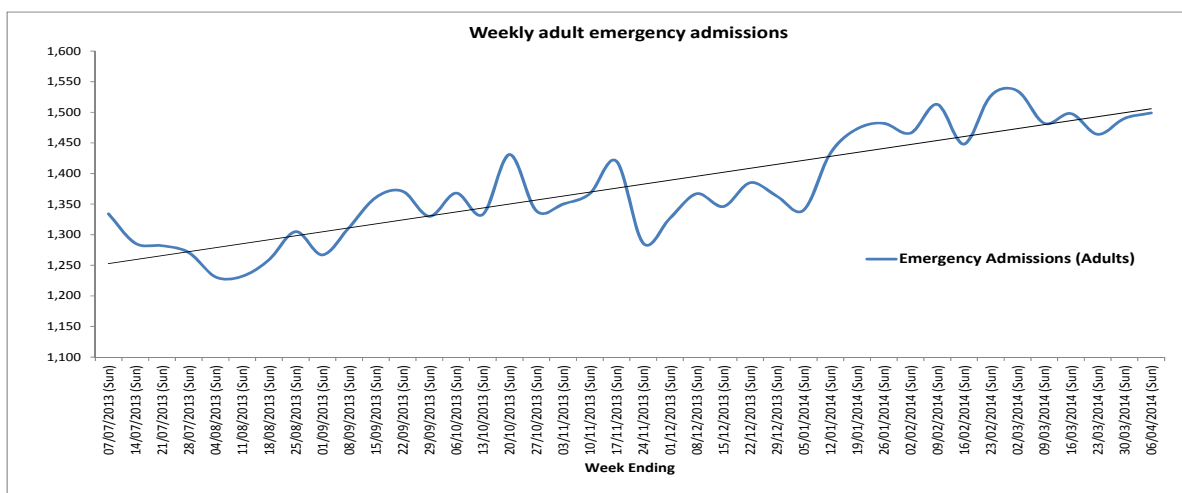
(graph one)



(graph two)

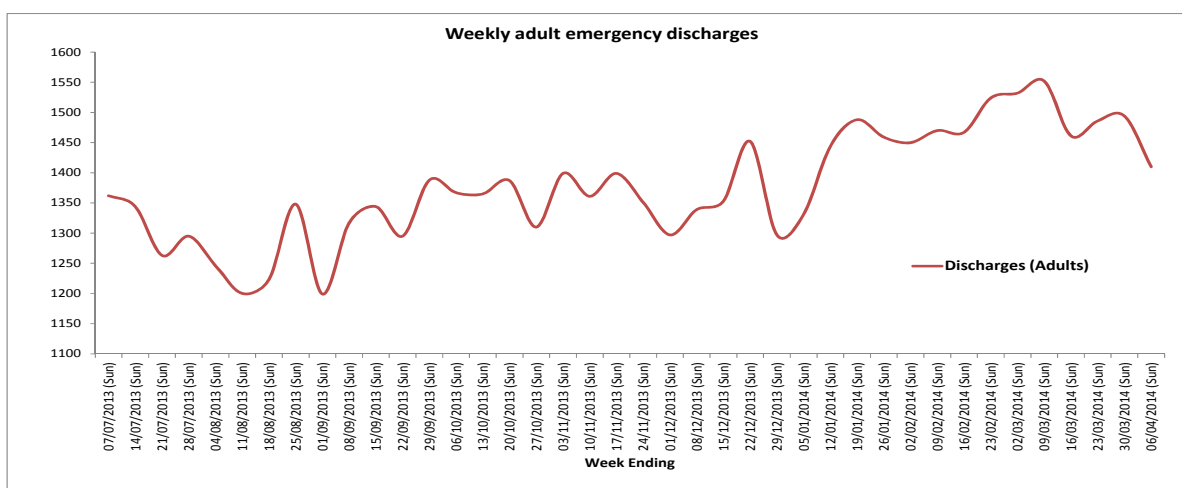
Reasons for deterioration in performance

Increasing admissions – Admissions remain very high.



(graph three)

Discharges have, in general, remained very high (graph four). This is linked to high admissions but also the continual improvement on the discharge process. Many of the actions that are now standard were not in place in January.



(graph four)

Internal process - Internal processes in March were not as good as they were in January. This is primarily because of the sustained level of pressure resulting from the very high admissions. On days when they are low levels of admissions and flow out of the department, process is good and performance is strong (98.26% Monday 14 April 2014).

Actions

We continue to work closely with CCGs and external providers to deliver compliant performance. The level of performance since the end of January has been disappointing and many difficult decisions to open additional capacity within UHL continue to be taken. The UHL process is not broken and we proved for a prolonged period of time that we can deliver many days of strong performance and weekly performance touching 95%.

Key actions remain:

- Reduction in the number of GP patients being admitted – we have shared with the CCGs information at a practice level about where the increase in admissions is coming from
- Reduction in the number of admissions – we are implementing a change in A&E where patients can only be admitted with senior sign off (mainly consultant)
- Final sign off on beds plan for 2014 – 15 on 22 April 2014 at the Executive Team meeting
- Move towards seven day working and use of 'super weekends'. Discharge rate is now consistently higher than before the super weekends
- Continue to work on maximising internal process

In addition to these, Dr Ian Sturgess who has worked at University Hospitals of Coventry and Warwickshire NHS Trust will be working across the health economy from the middle of May 2014 for six months. Stuart Logan has started with us as Deputy General Manager for Medicine with the specific role of managing ED and Julie Dixon has started as Senior Site Manager. They are much needed new members of the team.

Recommendations

The board are asked to:

- Note the contents of the report
- Acknowledge the reasons for why performance continues to be poor
- Support the actions being taken to improve performance.

Urgent Care Working Group

Actions and Progress

| Action Note | Action | Lead | By When | Progress Update | RAG Status* |
|------------------------------|--|---------------------------------|----------|---|-------------|
| 10/04/14 | | | | | |
| 1.0 Demand Management | | | | | |
| 1.1 | Public information Public information campaigns for winter 15/16 to be jointly planned with Local Authorities | Richard Morris / LA | 31/08/14 | Local variant of national material used to create “Choose Better” campaign in 13/14. Local authority also involved to include social care information. The same approach is being adopted for 14/15. The process is being led by Richard Morris, Chief Corporate Affairs Officer for LC CCG | |
| 1.2 | Proactive case management Establish primary care group (inflow) to review all issues through single work stream. | Sue Lock Chair with Coo’s | 11/04/14 | Group established, meeting dates and membership confirmed and programme of work identified. First meeting held 16/04/14 | |

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|------------------------|----------|-----------------|----------|-----------------|----------|---|----------|--|----------|--------------------------|
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|------------------------|----------|-----------------|----------|-----------------|----------|---|----------|--|----------|--------------------------|

UHL Trust Board 24 April 2014 – paper V appendix 1

| Action Note | Action | Lead | By When | Progress Update | RAG Status* |
|-------------|--|--------------|----------|--|--|
| 1.2.1 | Review proactive case management schemes across all CCGs and agree common areas to drive forward. | Inflow group | 30/04/14 | <p>Meeting held 16/04/14. CCG-specific schemes reviewed in detail. Common areas to be progressed by Mark Pierce (LC), Cathrina Tierney-Reid (West) and Jamie Barrett (ELR) have been agreed as:</p> <ul style="list-style-type: none"> • Explore and understand the interface between the DES and other services already in existence, particularly any duplication or barriers • Develop and refine the risk stratification tool to identify the correct cohort of patients • Work with the AT to confirm and clarify relevant Read codes and processes that are needed to underpin the DES • Agree common monitoring, KPIs, reporting formats • Review current care plan templates and explore the development of a common care plan format. Expand the group for this action, to include Sarah Jane Gray (LC), Dr Kapur (LC), Dr R Prasad (LC), Dr N Willmott (West), Dr Roley (ELR) <p>Core group to formulate detailed action plan with dates and outputs by May 9th.</p> | This stage complete plan will generate new actions |
| 1.2.2 | Confirm the service model and implementation plans for virtual wards, including community MDT and any geriatrician input | Inflow group | 31/05/14 | | |

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UHL Trust Board 24 April 2014 – paper V appendix 1

| Action Note | Action | Lead | By When | Progress Update | RAG Status* |
|-------------|---|--------------|----------|---|-------------|
| 1.2.3 | Implement a flag on patients notes to indicate where a care plan exists | Inflow group | 31/04/14 | A flag to show there is a care plan has been tested on both SystMone and EMIS and was successful. This means it can be viewed in ED, UCC, by EMAS and CNCS through S1 viewer. Individuals have already been identified to progress this work. Ruth Bruce (West) and Sarah Jane Grey (LC). ELR to nominate a representative. The next stage is a communications plan to raise awareness amongst providers of their capability to access these records. | |

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UHL Trust Board 24 April 2014 – paper V appendix 1

| Action Note | Action | Lead | By When | Progress Update | RAG Status* |
|-------------|---|--------------|----------|--|-------------|
| 1.3 | <p>Senior review of care home residents</p> <p>Agree actions across all CCG's to support senior clinical review before an ambulance is called to care homes.</p> | Inflow Group | 30/04/14 | <p>Review of data for last 12 months undertaken and analysed for patient conditions / quantities / timings by LLR and CCG Meeting to present to CCG's on 16th April</p> <p>Modelling on Northants scheme undertaken together with RAG decision criteria – to be presented to CCG's on 16th April</p> <p>For OOHs, GP capacity has been put into the service. Discussions have commenced with regard to OOHs service providing a dedicated direct line for care homes to access a GP prior to calling EMAS.</p> <p>The City CCG is launching a new clinical response team who will attend suitable cases identified by EMAS triage which will result in clinical assessment prior to an ambulance being called.</p> <p>In the West, the acute visiting service is planned to continue using a private provider. The plan is to expand the service to support senior clinical review.</p> <p>All three CCGs have a care home scheme with includes care home training but also care plans for all care home patients.</p> | |

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UHL Trust Board 24 April 2014 – paper V appendix 1

| Action Note | Action | Lead | By When | Progress Update | RAG Status* |
|--------------|---|-------------------------------------|-----------|---|-------------|
| 1.4 1.4.1 | Management of Ambulance calls Review National benchmarking for conveyance, non-conveyance and ambulance handovers. Agree local trajectories | EMAS locality group / Paul St Clair | 30/04/014 | We have now completed a second benchmarking and again submitted to ELR CCG for Locality Meeting on 16 th April. showing comparative performance. Action plan undertaken with UHL last year. Daily monitoring of handover performance by EMAS in Place This work looks at a broader set of hospitals for comparison. Any improvement trajectory will follow on from this if required. | |
| 1.4.2 | Review the impact of current pre-hospital schemes across the health economy and agree actions. | EMAS locality group / Paul St Clair | 30/04/14 | Review of pre hospital schemes was undertaken and presented to the EMAS Board on 31 st march where decisions were taken whether to continue or not or amend the service model. Further discussion / proposals to CCG's as required from this. Agreed by EMAS Board on 31 st March. New AVS proposal made to WL CCG with alternatives – final decision now under discussion. 3 x GP Car Scheme for LC CCG due to go live for EMAS CAT (Green 1 to 4 calls) by end April 2014 Access for EMAS CAT to NHS 111 DoS – meeting arranged for 25 th April to progress. | |
| 1.4.3 | Review referral routes into A&E from 999,111,GP,and OOH to inform opportunities for pre hospital intervention | EMAS locality group | 31/05/14 | Referral routes – The 111 DoS meeting scheduled for 9 th April had to be cancelled due to a bereavement – dates being looked at now for rescheduling quickly. The LC CCG 3 x GP Car scheme is nearly ready to go with some clinical governance arrangements to be confirmed. We are trying to have this operational for the Easter Weekend. | |

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UHL Trust Board 24 April 2014 – paper V appendix 1

| Action Note | Action | Lead | By When | Progress Update | RAG Status* |
|-------------|--|---------------------|--------------------------|---|-------------|
| 1.4.4 | Monitoring see and treat rates and agree actions to achieve the aspirations of 50% of 999 calls managed at the scene. | EMAS Locality Group | 30/04/14 | The Triage of certain 999 calls within the EMAS EOC is progressing well. The last report (end March 2014) showed this was addressing 3% of Red Calls and 7% of Green Calls receiving further clinical advice / intervention and not requiring an ambulance to be dispatched and / or the caller being signposted to alternative care pathways. See and Treat rates and Hear and Treat rates are reported weekly to the BPC Board at EMAS and shared with Lead Commissioners who attend the Board. From Jan to early April 2014 Hear and Treat has increased 67% | |
| 1.5 | Consultant triage | | | AF to work with CF/MA to identify strategy | |
| 1.5.1 | Review current acute medical triage arrangements and identify a clear strategy for a 14/7 service. | Andrew Furlong | 31/05/14 | | |
| 1.5.2 | Review scope and impact of current hot clinics | Andrew Furlong | 31/05/14 | | |
| 1.5.3 | Implement a surgical triage service and review scope of current hot clinics | Andrew Furlong | 30/09/14 (at the latest) | This date is the latest possible date and includes provision for job planning discussions if needed | |
| 1.6. | Ambulatory Care | Jane Taylor | 27/03/14 | Report presented, further work required on top 5 ACSC and top 5 reasons for 0 -1 day length of stay. Ambulatory Care group established - first meeting 15 th April | |
| 1.6.1 | Review of ambulatory pathways and undertake a gap analysis. Report to UCWG on 27/03/14 Identify actions from the review and make recommendations for further development, | | | | |

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UHL Trust Board 24 April 2014 – paper V appendix 1

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| 1.6.2 | Through the Ambulatory Care group review top ACSC against top 5 reasons for 0-1 day length of stay and agree the priorities for action /development to present to the UCWG .. | Dave Briggs - chair | 05/06/14 | | |
| 1.7. | In-hours access to primary care Each CCG to review and summarise actions taken to improve access. Identify actions for CCG's and those undertaken by Area team | Inflow Group | 31/05/14 | | |
| 1.8. | Out-of-hours access to primary care Review of OOH provision | Inflow Group | 31/05/14 | | |

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UHL Trust Board 24 April 2014 – paper V appendix 1

| Action Note | Action | Lead | By When | Progress Update | RAG Status* |
|-------------|--|---------------------------------|----------|--|-------------|
| 1.9. | <p>NHS 111 Review of DOS for call disposition and pathway selection to enable wider user access. EMAS – further workshops with triage team to understand options for dispersal and roll out</p> | Inflow oversight / Tony Menzies | 30/04/14 | Meting to progress this action was 9 th April but rescheduled due to bereavement to 25 th April 2014 | |

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UHL Trust Board 24 April 2014 – paper V appendix 1

| 2.0 Flow within A&E | | | | | |
|---------------------|---|------------------|----------|--|--|
| 2.1 | 100% Minor case compliant Weekly exception reports to UCWG – as part of HII | Richard Mitchell | 02/04/14 | Exception reports to UCWG as part of HII complete | |
| 2.2 | Booking patients EMAS and UCC handover – UCC/ UHL weekly operational and governance meeting to review data, blocks and actions required. Review potential mechanisms to speed handover between from both EMAS and UCC to release staff | Kim Wilding | 30/04/14 | Visits to high performing hospitals being arranged | |
| | | Richard Mitchell | 30/04/14 | | |
| 2.3 | Diagnostics Scope compliance with 7 day access for each of the key areas – A&E, AMU's, SAU's and base wards across each site. Agree action plan. | Andrew Furlong | 30/04/14 | Draft measures currently being agreed | |
| 2.4 | Medical Assessments Limit admitting rights to Consultant / senior decision makers only | Ben Teasdale | 18/04/14 | AF to agree with BT about implementation | |
| 2.4.1 | Review of admissions rates by clinician | Jay Banerjee | 30/04/14 | | |
| 2.4.2 | Monitor compliance with first medical assessment within 1 hour via HII dashboard | Richard Mitchell | 30/04/14 | | |

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UHL Trust Board 24 April 2014 – paper V appendix 1

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|-------|---|---|----------|--|--|
| 2.5 | Access to specialist Opinion Implementation of SOP - monitoring impact over a month | Andrew Furlong | 30/04/14 | SOP currently being agreed. | |
| 2.6 | Mental Health Liaison Mental health triage – 4 month pilot-identified KPI's to monitor impact. | Debbie O'Donovan/Jane Edyvean/Kim Wilding | 30/04/14 | Next pathway meeting within the next week Met Crisis response review | |
| 2.6.1 | Utilisation of ED mental health area protocols, pathway and resources. | Debbie O'Donovan/Jane Edyvean | 30/04/14 | Referral pathway Furnishings Base line date – kpi's | |
| 2.6.2 | Establish Psychiatric liaison – linked to the crisis response and pathway protocol | Debbie O'Donovan | | To review in line with mental health review | |
| 2.7 | Appropriate use of A&E Direct ward access for assessment to ENT, Urology, Maxfax, Rheumatology, Gynae and Orthopaedics Ward attenders / assessment | Richard Mitchell | 31/10/14 | Action being reviewed following HUB discussion. | |
| 2.7.1 | Pathways for referrals from CHS or MH to avoid A&E | Debbie O'Donovan | | | |

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UHL Trust Board 24 April 2014 – paper V appendix 1

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|-------|---|------|----------|---|--|
| 2.7.2 | ENT equipment into UCC to avoid A&E transfer – agree funding stream | UCWG | 27/03/14 | Agreed between M.Iliffe and UHL. Awaiting confirmation of order placed. | |
|-------|---|------|----------|---|--|

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| 3.0 Hospital Bed Flow | | | | | |
|-----------------------|--|---|--|---|--|
| 3.1 | <p>Bed availability</p> <p>Increase bed stock to meet required capacity for forecast (contracted) activity</p> <ul style="list-style-type: none"> Final paper to UHL ET on 22 April Final paper to UCWG on 24 April Conclusion of estates work <ul style="list-style-type: none"> Recruitment to required levels of staffing | <p>Richard Mitchell</p> <p>Kate Shields</p> <p>Rachel Overfield</p> | <p>As detailed</p> <p>31 /10/14</p> <p>31/10/14</p> | | |
| 3.2 | <p>Senior medical reviews</p> <p>Check match of required ward rounds to consultant job plans</p> | <p>Andrew Furlong</p> | <p>31/08/14</p> | | |
| 3.2.1 | <p>Recruitment of sufficient acute medicine and geriatric consultants to achieve 7 day consultant working on base medical and elderly wards and extension of EFU hours</p> | <p>Catherine Free</p> | <p>30/09/14</p> | | |
| 3.2.2 | <p>Review of effectiveness of ward rounds -</p> | <p>Andrew Furlong/Julia Ball</p> | <p>31/08/14</p> | <p>There is currently a process for reviewing the effectiveness of ward rounds.</p> | |

* Both numerical and colour keys are to be used in the RAG rating. If target dates are changed this must be shown using ~~strike through~~ so that the original date is still visible.

| | | | | | | | | | | |
|------------------------|----------|-----------------|----------|-----------------|----------|---|----------|--|----------|--------------------------|
| RAG Status Key: | 5 | Complete | 4 | On Track | 3 | Some Delay – expected to be completed as planned | 2 | Significant Delay – unlikely to be completed as planned | 1 | Not yet commenced |
|------------------------|----------|-----------------|----------|-----------------|----------|---|----------|--|----------|--------------------------|

UHL Trust Board 24 April 2014 – paper V appendix 1

| | | | | | |
|-------|---|--|--------------------------|---|--|
| 3.3 | Morning Discharge rates | | | | |
| 3.3.1 | Learning from acute trusts identified as already hitting the 70% target | Richard Mitchell | 31/05/14 | | |
| 3.3.2 | Confirmation every night of the patients suitable for discharges the next morning | Richard Mitchell | 30/04/14 | Documented as part of the census. Patients identified to the discharge lounge for early action. | |
| 3.3.3 | Confirmation every day at 0830 of the patients who will be discharged before 1100 | Richard Mitchell | 30/04/14 | | |
| 3.3.4 | Confirmation every day at 1100 of the patients who will be discharged before 1300 Weekly review of ward by ward compliance with 70% target | Richard Mitchell | 30/04/14 | | |
| 3.3.5 | Learning from Sherwood Forest (new site manager joins from there on 1 April 2014) | Richard Mitchell | 30/04/14 | | |
| 3.4 | Mental Health Review protocols and align escalation routes for : Inpatients Crisis Review alignment of protocols to CHS - MSOP | Debbie O'Donovan / Julia Ball/Nikki Beacher | 30/04/14 31/05/14 | | |

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|------------------------|----------|-----------------|----------|-----------------|----------|---|----------|--|----------|--------------------------|
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|------------------------|----------|-----------------|----------|-----------------|----------|---|----------|--|----------|--------------------------|

Completed actions arising from the ECAT Committee meeting

| Action Note | Action | Lead | By When | Progress Update | RAG Status* |
|--------------------------------------|--|---------------------------------------|----------------------|--|-------------|
| 4.0 Delayed Transfers of Care | | | | | |
| 4.1 | Maximum DTOC level Daily DTOC calls chaired by the CCG | Jane Taylor | Started – Mon-Friday | Rota in place which will give continuity for a week at a time – mapped for the next 12 weeks with review at the end of the 1 st 4 weeks. | |
| 4.1.1 | Confirmation of application of DTOC definitions at LPT. | Jim Bosworth/Nikki Beacher | 11/04/14 | Review undertaken – inconsistencies identified. Daily list is now the DTOC list. Further work to be done to ensure the robustness of partner sign off | |
| 4.1.2 | Daily monitoring of Numbers delayed, Days delayed , organisations responsible for delays – reported weekly to UCWG | Jane Taylor | 02/04/14 | Daily monitoring and weekly reporting is in place. | |
| 4.1.3 | Consider agreeing maximum acceptable proportion of discharges by agency within 3.5% ceiling, and introduce monitoring system. Include in contracts as appropriate. | Jane Taylor | 30/04/14 | Contract detail to be checked | |
| 4.1.4 | Enable through the daily LPT DTOC report to achieve partner sign off for the weekly data submission | Nikki Beacher | 30/04/14 | | |
| 4.2 | Transfers to other hospitals / out of area transfers - repatriation A protocol for escalation when there are delays with out of area transfers | Richard Mitchell / Rachel Bilsborough | 30/04/14 | | |

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|------------------------|-------------------|-------------------|---|--|----------------------------|
| RAG Status Key: | 5 Complete | 4 On Track | 3 Some Delay – expected to be completed as planned | 2 Significant Delay – unlikely to be completed as planned | 1 Not yet commenced |
|------------------------|-------------------|-------------------|---|--|----------------------------|

UHL Trust Board 24 April 2014 – paper V appendix 1

| Action Note | Action | Lead | By When | Progress Update | RAG Status* |
|-------------|--|------------------------------|----------------------|---|-------------|
| 4.2.1 | Review contractual arrangements for out of area transport transfers | Jane Chapman | 11/04/14 31/05/14 | Detail of contract obtained issues identified with regard to need for agreement on MOU with surrounding trusts / commissions. Further work required on clarity of contract for out of area requiring paramedic support | |
| 4.3 | Social Care DTOC | | | | |
| 4.3.1 | Confirm process for validation of DTOC returns for both UHL and LPT for formal reporting. | Jane Taylor with LPT/UHL | 09/04/14 | Daily review of the UHL DTOC lists are undertaken on the conference call – responsibilities clearly identified. See 4.1.4 | |
| 4.3.2 | Review the impact of ICS, IRS and HART services | Discharge Steering group | 30/04/14 | | |
| 4.3.3 | Develop single brokerage arrangements for nursing and residential homes across health and social care partners | Discharge steering group | 31/05/14 | First meeting 4 th April – plan agreed for task and finish group to progress to a mapping exercise which will inform the framework. | |
| 4.3.4 | Review arrangements for CHC assessments agree development plan linked to discharge to assess arrangements. | Dave Briggs – steering group | 30/09/14 | Steering group establish for the CHC assessment framework which enable the work through the operational discharge group to be aligned. Project plan will inform this process and define specific milestones and targeted outcomes | |

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| | | | | | | | | | | |
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UHL Trust Board 24 April 2014 – paper V appendix 1

| Action Note | Action | Lead | By When | Progress Update | RAG Status* |
|-------------|---|--------------------------|----------|--|-------------|
| 4.3.5 | Set out the project plan to remodel discharge to assess processes in order to support effective reablement pathways, supported by appropriate models of care, resources and integrated community based services where this will improve processes and flow. | Discharge Steering Group | 31/05/14 | Through the discharge steering group define the project plan to support operational delivery in line with CHC requirements to define: Discharge assessment – single data set and communication Framework for assessment Discharge pathways and the developments required within each - in line with the assessment frameworks. Outline to be taken to MD's next week. Once agreed the objectives will be amended to reflect each project. | |
| 4.3.6 | Support nursing homes in utilising NHS choices to facilitate the scope of service and bed availability to be shared | Discharge Steering Group | 31/05/14 | Series of workshops to be arranged through May to enable nursing homes to utilise NHS choices web site. | |
| 4.4 | Home Equipment Review home equipment arrangement to incorporate community hospital services. | Jane Taylor | 04/04/14 | Options reviewed and action taken - Prescribers have been identified for each community hospital. Asses codes and training is currently underway. Activity will be monitored monthly as part of agreed roll out arrangements | |

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| 5.0 Urgent Care Working Group | | | | | |
|-------------------------------|--|--------------------------------------|---------------------------------|---|--|
| 5.1 | Implementing Actions Utilisation of the National Standards to build on improvement plans – first draft (this document) | UCWG | 27/03/14 | Evidence is being collected against those standards considered to be compliant. – Evidence will be returned by the 11 th to enable review at the next UCP&I group. | |
| 5.1.2 | Collect evidence of compliance | UCWG | 11/04/14 16/04/14 | Evidence to be presented to UCWG and following submitted to AT | |
| 5.1.3 | Agree performance management mechanism for the implementation of this plan and its further development | UCWG | 27/03/14 16/04/14 | First review of the delivery plans will be undertaken at the UCP&I group. The emergency Care HUB will meet bi weekly to review progress against actions and ensure that the document remains live. | |
| 5.1.4 | Incorporation actions required from the National reports - Keogh report and 24/7 working | On-going within actions in this plan | | | |
| 5.2 | Bed flow and Discharge To articulate the Health economy bed changes proposed and to align the impact with actions to support the maintenance of flow | CCG MD's | 30/04/14 | Working with BCT – PMO team to form an urgent care strategy to enable alignment to BGT. This will enable alignment of all project areas | |
| | | | | | |

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Ww

Trust Board paper W

| | | | | | | | | | | | |
|--|---|---|---|-----------|--|---|--|------------|---|-------------|--|
| To: | Trust Board | | | | | | | | | | |
| From: | Stephen Ward, Director of Corporate & Legal Affairs | | | | | | | | | | |
| Date: | 24 th April 2014 | | | | | | | | | | |
| CQC regulation: | N/A | | | | | | | | | | |
| Title: | NHS Trust oversight self certification | | | | | | | | | | |
| Author/Responsible Director: Helen Harrison, FT Programme Manager / Stephen Ward, Director of Corporate & Legal Affairs | | | | | | | | | | | |
| Purpose of the Report: At the beginning of April 2013, the NHS Trust Development Authority (NTDA) published a single set of systems, policies and processes governing all aspects of its interactions with NHS trusts in the form of 'Delivering High Quality Care for Patients: The Accountability Framework for NHS Trust Boards'. In accordance with the Accountability Framework, the Trust is required to complete two self certifications in relation to the Foundation Trust application process. Copies of the March 2014 self certifications are attached as Appendix A and B. | | | | | | | | | | | |
| The Report is provided to the Board for: | | | | | | | | | | | |
| <table border="1"> <tr> <td>Decision</td> <td>X</td> </tr> <tr> <td>Assurance</td> <td></td> </tr> </table> | | Decision | X | Assurance | | <table border="1"> <tr> <td>Discussion</td> <td>X</td> </tr> <tr> <td>Endorsement</td> <td></td> </tr> </table> | | Discussion | X | Endorsement | |
| Decision | X | | | | | | | | | | |
| Assurance | | | | | | | | | | | |
| Discussion | X | | | | | | | | | | |
| Endorsement | | | | | | | | | | | |
| Summary / Key Points: | | | | | | | | | | | |
| <ul style="list-style-type: none"> Subject to discussion at the April 2014 Trust Board meeting on matters relating to operational and financial performance, it is proposed that the March 2014 self certifications against Monitor Licensing Requirements (Appendix A) and Trust Board Statements (Appendix B) be updated following the Trust Board meeting and submitted to the NHS Trust Development Authority accordingly | | | | | | | | | | | |
| Recommendations: | | | | | | | | | | | |
| The Trust Board is asked to provide the Director of Corporate and Legal Affairs with the delegated authority to agree a form of words with the Chief Executive in respect of the April 2014 self certifications to be updated following the Trust Board meeting and submitted to the NHS Trust Development Authority accordingly | | | | | | | | | | | |
| Previously considered at another corporate UHL Committee? No | | | | | | | | | | | |
| Strategic Risk Register: No | | Performance KPIs year to date: N/A | | | | | | | | | |
| Resource Implications (eg Financial, HR): No | | | | | | | | | | | |
| Assurance Implications: Yes | | | | | | | | | | | |
| Patient and Public Involvement (PPI) Implications: No | | | | | | | | | | | |
| Stakeholder Engagement Implications: No | | | | | | | | | | | |
| Equality Impact: None | | | | | | | | | | | |
| Information exempt from Disclosure: None | | | | | | | | | | | |
| Requirement for further review? All future trust oversight self certifications will be presented to the Trust Board for approval | | | | | | | | | | | |

OVERSIGHT: Monthly self-certification requirements - Compliance Monitor Monthly Data.

CONTACT INFORMATION:



Enter Your Name:

Enter Your Email Address

Full Telephone Number: Tel Extension:

SELF-CERTIFICATION DETAILS:



Select Your Trust:

Submission Date: Reporting Year:

Select the Month

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|-------------------------------|---|---------------------------------|
| <input type="radio"/> April | <input type="radio"/> May | <input type="radio"/> June |
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| <input type="radio"/> January | <input checked="" type="radio"/> February | <input type="radio"/> March |

COMPLIANCE WITH MONITOR LICENCE REQUIREMENTS FOR NHS TRUSTS:



1. **Condition G4** – Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions).
2. **Condition G5** – Having regard to monitor Guidance.
3. **Condition G7** – Registration with the Care Quality Commission.
4. **Condition G8** – Patient eligibility and selection criteria.

5. **Condition P1** – Recording of information.
6. **Condition P2** – Provision of information.
7. **Condition P3** – Assurance report on submissions to Monitor.
8. **Condition P4** – Compliance with the National Tariff.
9. **Condition P5** – Constructive engagement concerning local tariff modifications.

10. **Condition C1** – The right of patients to make choices.
11. **Condition C2** – Competition oversight.

12. **Condition IC1** – Provision of integrated care.

Further guidance can be found in Monitor's response to the statutory consultation on the new NHS provider licence: [The new NHS Provider Licence](#)

COMPLIANCE WITH MONITOR LICENCE REQUIREMENTS FOR NHS TRUSTS:



Comment where non-compliant or at risk of non-compliance

1. Condition G4
Fit and proper persons as Governors and Directors.

Yes

Timescale for compliance:

2. Condition G5
Having regard to monitor Guidance.

Yes

Timescale for compliance:

3. Condition G7
Registration with the Care Quality Commission.

Yes

Timescale for compliance:

Comment where non-compliant or at risk of non-compliance

4. Condition G8
Patient eligibility and selection criteria.

Yes

Timescale for compliance:

Comment where non-compliant or at risk of non-compliance

5. Condition P1
Recording of information.

Yes

Timescale for compliance:

6. Condition P2
Provision of information.

Yes

Timescale for compliance:

7. Condition P3
Assurance report on submissions to Monitor.

Yes

Timescale for compliance:

8. Condition P4
Compliance with the National Tariff.

Yes

Timescale for compliance:

Comment where non-compliant or at risk of non-compliance

9. Condition P5
Constructive engagement concerning local tariff modifications.

Yes

Timescale for compliance:

Comment where non-compliant or at risk of non-compliance

10. Condition C1

The right of patients to make choices.

Yes

Timescale for compliance:

11. Condition C2

Competition oversight.

Yes

Timescale for compliance:

12. Condition IC1

Provision of integrated care.

Yes

Timescale for compliance:

OVERSIGHT: Monthly self-certification requirements - Board Statements Monthly Data.

CONTACT INFORMATION:



Enter Your Name:

Enter Your Email Address

Full Telephone Number: Tel Extension:

SELF-CERTIFICATION DETAILS:



Select Your Trust:

Submission Date: Reporting Year:

Select the Month

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| <input type="radio"/> January | <input checked="" type="radio"/> February | <input type="radio"/> March |

BOARD STATEMENTS:



The NHS TDA's role is to ensure, on behalf of the Secretary of State, that aspirant FTs are ready to proceed for assessment by Monitor. As such, the processes outlined here replace those previously undertaken by both SHAs and the Department of Health.

In line with the recommendations of the Mid Staffordshire Public Inquiry, the achievement of FT status will only be possible for NHS Trusts that are delivering the key fundamentals of clinical quality, good patient experience, and national and local standards and targets, within the available financial envelope.

BOARD STATEMENTS:



For **CLINICAL QUALITY**, that

1. The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the TDA's oversight model (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.

1. **CLINICAL QUALITY**

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For CLINICAL QUALITY, that

2. The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.

2. CLINICAL QUALITY

Indicate compliance.

Yes

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For CLINICAL QUALITY, that

3. The board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.

3. CLINICAL QUALITY

Indicate compliance.

Yes

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For FINANCE, that

4. The board is satisfied that the trust shall at all times remain a going concern, as defined by the most up to date accounting standards in force from time to time.

4. FINANCE

Indicate compliance.

Risk

Timescale for compliance:

31/03/2014

RESPONSE:

Comment where non-compliant or at risk of non-compliance

The trust is forecasting a deficit of £39.8m for 2013/14 and therefore there is a risk of a lack of liquidity from April 2014. Accordingly the Trust is making applications for short term loan and medium term PDC funding to the DoH with support from the regional office of the NHS TDA. We expect to be clear on the funding sources in February 2014 and on that basis we consider the Trust to be a going concern. The Interim Director of Financial Strategy reported on this matter at the March 2014 Audit Committee meeting and the March 2014 Trust Board meeting.

BOARD STATEMENTS:



For GOVERNANCE, that

5. The board will ensure that the trust remains at all times compliant with the NTDA accountability framework and shows regard to the NHS Constitution at all times.

5. GOVERNANCE

Indicate compliance.

Yes

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

6. All current key risks to compliance with the NTDA's Accountability Framework have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues in a timely manner.

6. GOVERNANCE

Indicate compliance.

Risk

Timescale for compliance:

31/03/2014

RESPONSE:

Comment where non-compliant or at risk of non-compliance

Following independent review the Trust has formally forecast a year-end deficit of £39.8m. This follows a series of meetings with CCG/LAT/NTDA and review of the draft reports by NTDA. A financial recovery strategy is now being developed with partners.

BOARD STATEMENTS:



For GOVERNANCE, that

7. The board has considered all likely future risks to compliance with the NTDA Accountability Framework and has reviewed appropriate evidence regarding the level of severity, likelihood of a breach occurring and the plans for mitigation of these risks to ensure continued compliance.

7. GOVERNANCE

Indicate compliance.

Yes

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

8. The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual operating plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.

8. GOVERNANCE

Indicate compliance.

Yes

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

9. An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (www.hm-treasury.gov.uk).

9. GOVERNANCE

Indicate compliance.

Yes

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

10. The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets as set out in the NTDA oversight model; and a commitment to comply with all known targets going forward.

10. GOVERNANCE

Indicate compliance.

No

Timescale for compliance:

31/03/2015

RESPONSE:

Comment where non-compliant or at risk of non-compliance

UHL is currently non compliant with the ED 4 hour wait target and the Referral to Treatment (RTT) - admitted and non-admitted targets.

The Trust is working towards sustainable compliance with the ED target. An Emergency Care Improvement Hub has been established, which brings together partners from across health and social care.

An RTT recovery plan has been agreed with commissioners.

BOARD STATEMENTS:



For GOVERNANCE, that

11. The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.

11. GOVERNANCE

Indicate compliance.

Yes

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

12. The board will ensure that the trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; and that all board positions are filled, or plans are in place to fill any vacancies.

12. GOVERNANCE

Indicate compliance.

Yes

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

13. The board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.

13. GOVERNANCE

Indicate compliance.

Yes

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

14. The board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual operating plan; and the management structure in place is adequate to deliver the annual operating plan.

14. GOVERNANCE

Indicate compliance.

Yes

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

X

Trust Board Paper X

| | | | |
|---|---|---|---|
| To: | Trust Board | | |
| From: | Kate Shields, Director of Strategy Kevin Harris, Medical Director | | |
| Date: | 24 April 2014 | | |
| CQC regulation: | All applicable | | |
| Title: | Emergency Floor Project- General Update & specific areas for discussion and decision | | |
| Author/Responsible Director: John Adler – Executive Sponsor/ Kevin Harris – Medical Director/ Kate Shields- Director of Strategy | | | |
| Purpose of the Report: To update the Trust Board on the development of the Emergency Floor Scheme, reflecting the timescale for delivery for the Full Business Case (FBC) | | | |
| The Report is provided to the Board for: | | | |
| | Decision | X | |
| | Discussion | | X |
| | Assurance | | |
| | Endorsement | | X |
| Summary / Key Points: | | | |
| <ul style="list-style-type: none"> Operational polices and schedules of accommodation have been developed by clinicians and are being used to inform the design We are to carry out a Department of Health Gateway review in early May Pre-planning discussions have been taking place on a two weekly basis with the City Planning Department. We will be presenting the external building materials to the Trust Board. Heritage issues associated with demolition and the dismantling of St Luke’s Chapel to be considered It is important that University Hospitals Leicester commit to both the provision of an interim Christian Chapel and also the longer term provision of a permanent replacement Christian Chapel as a part of a Multi-Faith centre on the Leicester Royal Infirmary site. | | | |
| Recommendations: | | | |
| <ul style="list-style-type: none"> Reflect on the heritage issues as presented in the paper: Ratify the preferred option as approved at the October 2013 Trust Board which requires the dismantling of St Luke’s Chapel Commit to a firm plan for the provision of a permanent replacement Christian Chapel as part of a Multi-Faith centre on the Leicester Royal Infirmary site within the next 2-3 years Confirm support for the proposed pallet of materials for the external facades of the new build which will be shared at the meeting. | | | |
| Previously considered at another corporate UHL Committee? | | | |
| The Outline Business Case was approved at the October 2013 Trust Board | | | |
| Board Assurance Framework: | | Performance KPIs year to date: | |
| The Emergency Department performance is on the risk register | | Detailed project plan developed to ensure programme is delivering to schedule | |

| | |
|---|--|
| | |
| Resource Implications (eg Financial, HR): | The development of the Full Business Case is supported from the 2014/15 capital budget. |
| Assurance Implications: | |
| Patient and Public Involvement (PPI) Implications: | Health Watch representatives are invited to the Board and patients and appropriate representative groups will be involved in the design stage of the development |
| Stakeholder Engagement Implications: | <ul style="list-style-type: none"> • The NHS Trust Development Agency has approved the Strategic Outline Case (SOC) and is reviewing the Outline Business Case (OBC). • Stakeholders are supportive of the development of the Full Business Case (FBC) |
| Equality Impact: | Due regard assessments are being undertaken |
| Information exempt from Disclosure: | |
| Requirement for further review? | It is proposed that the Trust Board receive regular updates on progress during the development of the Outline Business Case and Full Business Case |

Emergency Floor Project- General Update & specific areas for discussion and decision

Purpose

1. To update the Trust Board on the development of the Emergency Floor Scheme
2. The Trust Board is asked to;
 - **Reflect** on the heritage issues as presented in the paper:
 - **Ratify** the preferred option as approved at the October 2013 Trust Board which requires the demolition of St Luke's Chapel
 - **Commit** to a firm plan for the provision of a permanent replacement Christian Chapel as part of a Multi-Faith centre on the Leicester Royal Infirmary site within the next 2-3 years
 - **Confirm** support for the proposed pallet of materials for the external facades of the new build which will be shared at the meeting.

Outline Business Case (OBC) Update

3. The Trust Board approved the OBC in October 2013, following which it was forwarded to the NHS Trust Development Agency (NTDA) for comment and approval. Whilst discussions are on-going with the NTDA, the detailed design process for the Full Business Case (FBC) has commenced.

Design Development

4. Operational polices and schedules of accommodation have been developed by clinicians and are being used to inform the design.
5. The 1:500 plans which identify the floor layout and the relationship between departments have been agreed by the clinicians (Appendix A)
6. The 1:200 plans which depict room layouts within each department and the connectivity between departments were signed off project stakeholders in March. (Appendix B)
7. Therefore the design has been agreed and subject to final clinical sign off will be fixed.
8. We are to carry out a Department of Health Gateway review in accordance with good practice.
9. We are to carry out a Design Quality Indicator (DQI) assessment in accordance with good practice.

Planning

10. Submission of the planning application is on the 17th May 2014.
11. Appendix C details the documents being discussed.
12. Issues being discussed are;
 - **Highways** - new access and egress for blue light and patient / visitor drop off is proposed to alight off the Aylestone Road. (Appendix D)
 - **Heritage** – discussions are on-going surrounding the impact of the build on heritage issues these are discussed later in this paper
 - **Facades and external materials** –preferred options ready for presentation. An option appraisal process to determine the preferred material is underway at the time of drafting this report, and will be presented to the Board in conjunction with this paper on the 24th April.
13. **The Board will be asked to confirm support for the proposed pallet of materials for the external facades of the new build which will be shared at the meeting.**

St Luke's Chapel & heritage issues

14. The location of the new emergency floor and proposed demolition of the Langham building and dismantling of St Luke's Chapel have resulted in a number of heritage issues that need careful consideration. To support this, the Trust has appointed a Heritage Advisor to guide discussions and assist with consultation.
15. A study was carried out for the Civic Society that looked at a number of options to review the impact of keeping St Luke's Chapel. Unfortunately the outcome of the investigation showed that none of the options presented were clinically or financially sustainable.
16. A meeting to agree the relocation of the all the artefacts was held with representatives from the League of Nurses and a representative from the Conservation Advisory Panel. All the artefacts will be retained on the Leicester Royal Infirmary site excluding the communion rail and the organ due to its size, but a safe place will be sought for these items in alternative churches in Leicestershire.
17. **The Trust Board is therefore asked to ratify the preferred option as approved at the October 2013 Trust Board which requires the dismantling of St Luke's Chapel**

Development of the interim and long term Chapel

18. It is important that University Hospitals Leicester commit to both the provision of an interim Christian Chapel and also the longer term provision of a permanent replacement Christian Chapel as a part of a Multi-Faith centre on the Leicester Royal Infirmary site.
19. Discussions are on-going as to where an interim Christian Chapel will be located. The budget for this, and the safe retrieval and storage of the artefacts has been allocated within the enabling budgets as approved within the OBC.

20. A stakeholder engagement plan is in place and the team have met with the following groups to date:
- Heritage Advisor to the City Planning department
 - Conservation Advisory Panel
 - Chair of the Civic Society
 - UHL Chaplaincy & Chaplaincy volunteers
 - UHL Christian fellowship and interested staff through a series of open meetings
 - League of Nurses
 - Castle Ward Councillors & residents
21. This has resulted in detailed discussions and the satisfactory provision of a Christian Chapel and the “respectful” safe retention of artefacts as described above.
22. **The Trust Board are requested to consider on the heritage issues presented and commit to a firm plan for the provision of a permanent replacement Christian Chapel as part of a Multi-Faith centre on the Leicester Royal Infirmary site within the next 2-3 years**

Recommendation

29. The Trust Board is asked to;
- **Reflect** on the heritage issues as presented in the paper:
 - **Ratify** the preferred option as approved at the October 2013 Trust Board which requires the dismantling of St Luke’s Chapel
 - **Commit** to a firm plan for the provision of a permanent replacement chapel as a part of a multi-faith centre on the Leicester Royal Infirmary site, which needs to be planned within the next 2-3 years
 - **Confirm** support for the proposed pallet of materials for the external facades of the new build which will be shared at the meeting.

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 Refer to the relevant Construction (Design and Management) documentation where applicable.
 It is assumed that all works on this drawing will be carried out by a competent contractor, working where appropriate to an approved method statement.
 Location Key Plan (Not to Scale)



| | | |
|---|---------|----------|
| P01 - Issued for Trust Sign Off OOH changed to AAU | DSL/HIM | 13/01/14 |
| P00 - Issued for Trust Sign Off | DSL/HIM | 10/01/14 |
| Rev. Description / By / Chkd / Apprd | Date | |
| Purpose of Issue | Status | |
| Fit for Information | S2 | |

Client
University Hospitals of Leicester NHS Trust

Project
LRI Emergency Department

Drawing
**Proposed OBC Options Appraisal
 Victoria Option 3A with
 Redevelopment Site Boundary**

| | | | |
|--|--------------------|----------|----------|
| Scale @ A0 | Drawn | Checked | Approved |
| 1 : 500 | DS | LH | IM |
| Project No. | Date | | |
| CS.065963 | 10.01.2014 | | |
| Drawing Identifier | Project Identifier | Revision | Version |
| RI - CS - ED - U01 - DFP - AR - 061507 | P01 | | |

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 T: +44 (0) 20 2682 5000 F: +44 (0) 20 2682 5044
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This is Drawing is to be read in conjunction with Operational Policies:

- AAU Clinical Operational Policy v01 070114
- AED Clinical Operational Policy v01 070114
- PED Clinical Operational Policy v01 070114
- SUP Clinical Operational Policy v01 070114

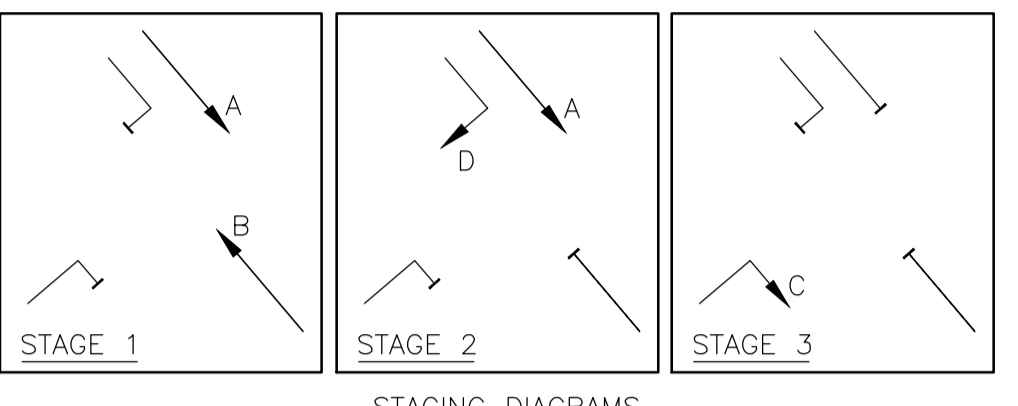
| Line | Name | Duration | Start | Finish | % complete | 2014 | | | | | | | | | | | | | | | | | | | | | | | |
|------|---|----------|------------|------------|------------|----------|----|----|----|-------|----|----|----|-------|---|----|----|-----|---|----|----|------|---|---|----|----|--|--|--|
| | | | | | | February | | | | March | | | | April | | | | May | | | | June | | | | | | | |
| | | | | | | 3 | 10 | 17 | 24 | 3 | 10 | 17 | 24 | 31 | 7 | 14 | 21 | 28 | 5 | 12 | 19 | 26 | 2 | 9 | 16 | 23 | | | |
| 1 | Planning | 32w | 19/12/2013 | 20/08/2014 | 18% | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Planning / Heritage Engagement - Meetings to date | 8.8w | 19/12/2013 | 05/03/2014 | 100% | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Planning Progress Meeting 5 - Documents for review | 0.8w | 13/03/2014 | 18/03/2014 | 100% | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Draft Frameworks for Heritage Statement & Strategy | | 13/03/2014 | 13/03/2014 | 100% | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Site Location Plan | | 13/03/2014 | 13/03/2014 | 100% | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Site Demolition plan | | 13/03/2014 | 13/03/2014 | 100% | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Existing Site Plan | | 13/03/2014 | 13/03/2014 | 100% | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Existing Floor Plans | | 13/03/2014 | 13/03/2014 | 100% | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Existing Site Sections (FFL & Site Levels) | | 13/03/2014 | 13/03/2014 | 100% | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Developed Proposals 1:500's | | 13/03/2014 | 13/03/2014 | 100% | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Draft Design Note - Heritage proposals, Planning progress | 0.6w | 13/03/2014 | 18/03/2014 | 100% | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Heritage Meeting 2 (CAP Presentation) | | 19/03/2014 | 19/03/2014 | 100% | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | Design Note update - Heritage proposals, Planning progress/CAP Presentation | 0.4w | 19/03/2014 | 21/03/2014 | 100% | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | Trust Review Period | 0.4w | 24/03/2014 | 28/03/2014 | 100% | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Planning Progress Meeting 6 - Documents for review | | 27/03/2014 | 27/03/2014 | 100% | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | Proposed Floor Plans (Review No.1) | | 27/03/2014 | 27/03/2014 | 100% | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | Roof Plan (Review No.1) | | 27/03/2014 | 27/03/2014 | 100% | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Existing Elevations | | 27/03/2014 | 27/03/2014 | 100% | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Design Note update - Impact on 1771, Final proposals | 1.2w | 27/03/2014 | 04/04/2014 | 100% | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Trust Review Period | 0.4w | 07/04/2014 | 09/04/2014 | 100% | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | Planning Progress Meeting 7 - Documents for review | 0.6w | 10/04/2014 | 14/04/2014 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | Landscape D&A Sketch Development & Diagrams | | 10/04/2014 | 10/04/2014 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | Landscape D&A Site Analysis | | 10/04/2014 | 10/04/2014 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | Landscape D&A Sketch Constraints and Opportunities | | 10/04/2014 | 10/04/2014 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | Landscape D&A Sketch Colour Masterplan | | 10/04/2014 | 10/04/2014 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | Proposed Elevations (Review No.1) | | 10/04/2014 | 10/04/2014 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | External Materials Palette - Elevation Studies, 'Reinstatement options' | | 10/04/2014 | 10/04/2014 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 | Proposed Floor Plans (Review No.2) | | 10/04/2014 | 10/04/2014 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 | Roof Plan (Review No.2) | | 10/04/2014 | 10/04/2014 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 | Proposed Elevations (Review No.2) | | 10/04/2014 | 10/04/2014 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 | Landscape D&A Sketch Visualisations | | 10/04/2014 | 10/04/2014 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32 | Landscape General Arrangement | | 10/04/2014 | 10/04/2014 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33 | Landscape Material Palette | | 10/04/2014 | 10/04/2014 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34 | Design Note update - Impact on 1771, Final proposals | 0.4w | 10/04/2014 | 14/04/2014 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35 | Highways Meeting 4 (TBC) | | 14/04/2014 | 14/04/2014 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36 | Heritage Meeting 3 (CAP Presentation) | | 16/04/2014 | 16/04/2014 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 | Design Note update - Impact on 1771, Planning progress/CAP Presentation | 0.2w | 17/04/2014 | 22/04/2014 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 38 | Trust Review Period | | 23/04/2014 | 23/04/2014 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 39 | Planning Progress Meeting 8 - Documents for review | | 24/04/2014 | 24/04/2014 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 | Section Detail of Proposed windows and doors | | 24/04/2014 | 24/04/2014 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41 | Update on artefacts - including confirmation that windows/organ can safely be removed | | 24/04/2014 | 24/04/2014 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42 | Proposed Site Sections (FFL & Site Levels) (Review No.1) | | 24/04/2014 | 24/04/2014 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43 | Photos/Photomontages | | 24/04/2014 | 24/04/2014 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44 | Outline Specification - Material Palette | | 24/04/2014 | 24/04/2014 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45 | Landscape Tree Felling and Protection | | 24/04/2014 | 24/04/2014 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 46 | Landscape Planting Plan | | 24/04/2014 | 24/04/2014 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 47 | Technical Reports | | 24/04/2014 | 24/04/2014 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 48 | Air Quality Statement | | 24/04/2014 | 24/04/2014 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 49 | Flood Risk Assessment | | 24/04/2014 | 24/04/2014 | | | | | | | | | | | | | | | | | | | | | | | | | |

| Line | Name | Duration | Start | Finish | % complete | 2014 | | | | | | | | | | | | | | | | |
|------|--|----------|------------|------------|------------|----------|----|----|-------|---|----|-------|----|----|-----|----|----|------|---|----|----|----|
| | | | | | | February | | | March | | | April | | | May | | | June | | | | |
| | | | | | | 3 | 10 | 17 | 24 | 3 | 10 | 17 | 24 | 31 | 7 | 14 | 21 | 28 | 5 | 12 | 19 | 26 |
| 50 | Preliminary Desktop Assessment (Land Contamination Assessment) | | 24/04/2014 | 24/04/2014 | | | | | | | | | | | | | | | | | | |
| 51 | Noise impact assessment | | 24/04/2014 | 24/04/2014 | | | | | | | | | | | | | | | | | | |
| 52 | Statement of Community Involvement | | 24/04/2014 | 24/04/2014 | | | | | | | | | | | | | | | | | | |
| 53 | Structural Survey | | 24/04/2014 | 24/04/2014 | | | | | | | | | | | | | | | | | | |
| 54 | Transport Assessment | | 24/04/2014 | 24/04/2014 | | | | | | | | | | | | | | | | | | |
| 55 | Travel Plan | | 24/04/2014 | 24/04/2014 | | | | | | | | | | | | | | | | | | |
| 56 | M&E Strategies | | 24/04/2014 | 24/04/2014 | | | | | | | | | | | | | | | | | | |
| 57 | Foul Sewerage & Utilities Assessment | | 24/04/2014 | 24/04/2014 | | | | | | | | | | | | | | | | | | |
| 58 | Geotechnical Survey/Stability Report | | 24/04/2014 | 24/04/2014 | | | | | | | | | | | | | | | | | | |
| 59 | Parking Provision | | 24/04/2014 | 24/04/2014 | | | | | | | | | | | | | | | | | | |
| 60 | Refuse Storage & Recycling Facilities | | 24/04/2014 | 24/04/2014 | | | | | | | | | | | | | | | | | | |
| 61 | Visual Impact Assessment/Landscape Character Assessment | | 24/04/2014 | 24/04/2014 | | | | | | | | | | | | | | | | | | |
| 62 | Noise Impact Assessment | | 24/04/2014 | 24/04/2014 | | | | | | | | | | | | | | | | | | |
| 63 | Extended Phase 1 Habitat Survey and Report | | 24/04/2014 | 24/04/2014 | | | | | | | | | | | | | | | | | | |
| 64 | Design Note update - Planning progress/Final Proposals | 0.8w | 24/04/2014 | 29/04/2014 | | | | | | | | | | | | | | | | | | |
| 65 | Heritage Meeting 4 (CAP Presentation) TBC | | 30/04/2014 | 30/04/2014 | | | | | | | | | | | | | | | | | | |
| 66 | Design Note update - Final Proposals, Planning progress/CAP Presentation | 0.2w | 01/05/2014 | 02/05/2014 | | | | | | | | | | | | | | | | | | |
| 67 | Trust sign off | 0.2w | 06/05/2014 | 07/05/2014 | | | | | | | | | | | | | | | | | | |
| 68 | Planning Progress Meeting 9 - Documents for review | 0.w | 08/05/2014 | 08/05/2014 | | | | | | | | | | | | | | | | | | |
| 69 | Rendered Drawings for Planning | | 08/05/2014 | 08/05/2014 | | | | | | | | | | | | | | | | | | |
| 70 | Landscape Details | | 08/05/2014 | 08/05/2014 | | | | | | | | | | | | | | | | | | |
| 71 | Technical Reports | 0.w | 08/05/2014 | 08/05/2014 | | | | | | | | | | | | | | | | | | |
| 72 | Design and Access Statement | | 08/05/2014 | 08/05/2014 | | | | | | | | | | | | | | | | | | |
| 73 | Planning Statement | | 08/05/2014 | 08/05/2014 | | | | | | | | | | | | | | | | | | |
| 74 | Summaries of Planning Application | | 08/05/2014 | 08/05/2014 | | | | | | | | | | | | | | | | | | |
| 75 | Design Note update - Planning progress/Final Proposals | 0.6w | 08/05/2014 | 13/05/2014 | | | | | | | | | | | | | | | | | | |
| 76 | Trust sign off | | 14/05/2014 | 14/05/2014 | | | | | | | | | | | | | | | | | | |
| 77 | Submission for planning approval | | 19/05/2014 | 19/05/2014 | | | | | | | | | | | | | | | | | | |

ICL Codes
 Architect
 Milestones

- NOTES
- POTENTIAL TO LINK TO NEXT TRAFFIC SIGNAL CONTROLLED JUNCTION TO ENSURE A RIGHT TURNING AMBULANCE FROM AMBULANCE STATION RECEIVES A GREEN SIGNAL AT THE EXISTING TRAFFIC SIGNAL CONTROLLED JUNCTION.
 - TRAFFIC SIGNAL MAINTAINING AUTHORITY WILL REQUIRE ACCESS TO ANY TRAFFIC SIGNAL CONTROL EQUIPMENT AND INFRASTRUCTURE INSIDE THE HOSPITAL.

- KEY
- RED/AMBER/GREEN VEHICULAR SIGNAL HEAD WITH PRIMARY HOODS
 - RED/AMBER/RIGHT TURN GREEN ARROW VEHICULAR SIGNAL HEAD WITH PRIMARY HOODS
 - RED/AMBER/GREEN VEHICULAR SIGNAL HEAD WITH SECONDARY HOODS
 - RED/AMBER/RIGHT TURN GREEN ARROW VEHICULAR SIGNAL HEAD WITH SECONDARY HOODS
 - TRAFFIC SIGNAL POLE
 - AHEAD ONLY BOX SIGN WITHIN SIGNAL HEAD
 - TURN RIGHT BOX SIGN WITHIN SIGNAL HEAD



HEALTH, SAFETY & ENVIRONMENTAL INFORMATION

NOTE: IT IS ASSUMED THAT THE WORKS WILL BE UNDERTAKEN BY A COMPETENT CONTRACTOR, WHO IS AWARE OF ALL GENERIC RISKS ASSOCIATED WITH THE WORKS. LISTED BELOW ARE 'SIGNIFICANT' RISKS RELATING TO THE WORKS.

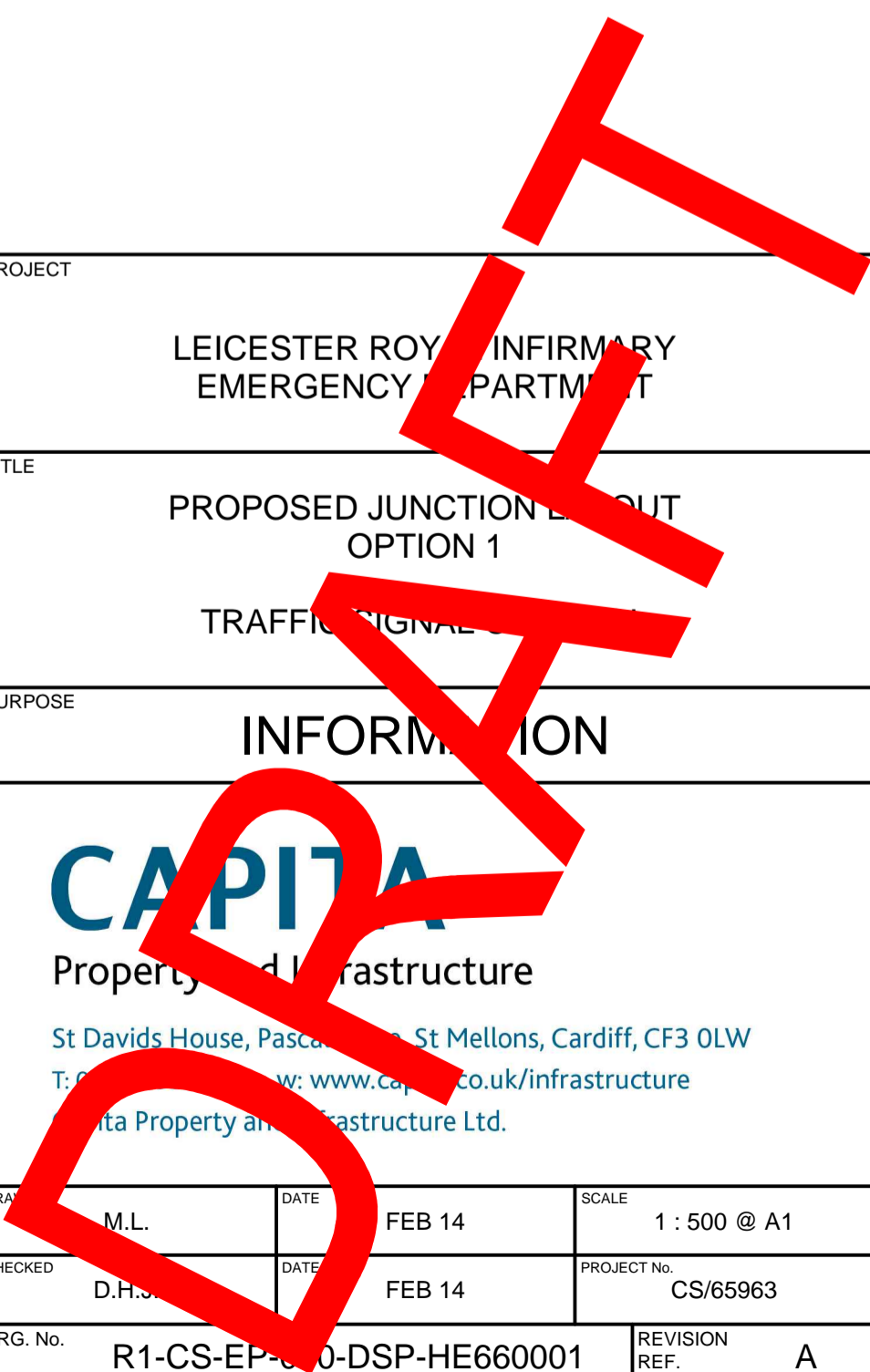
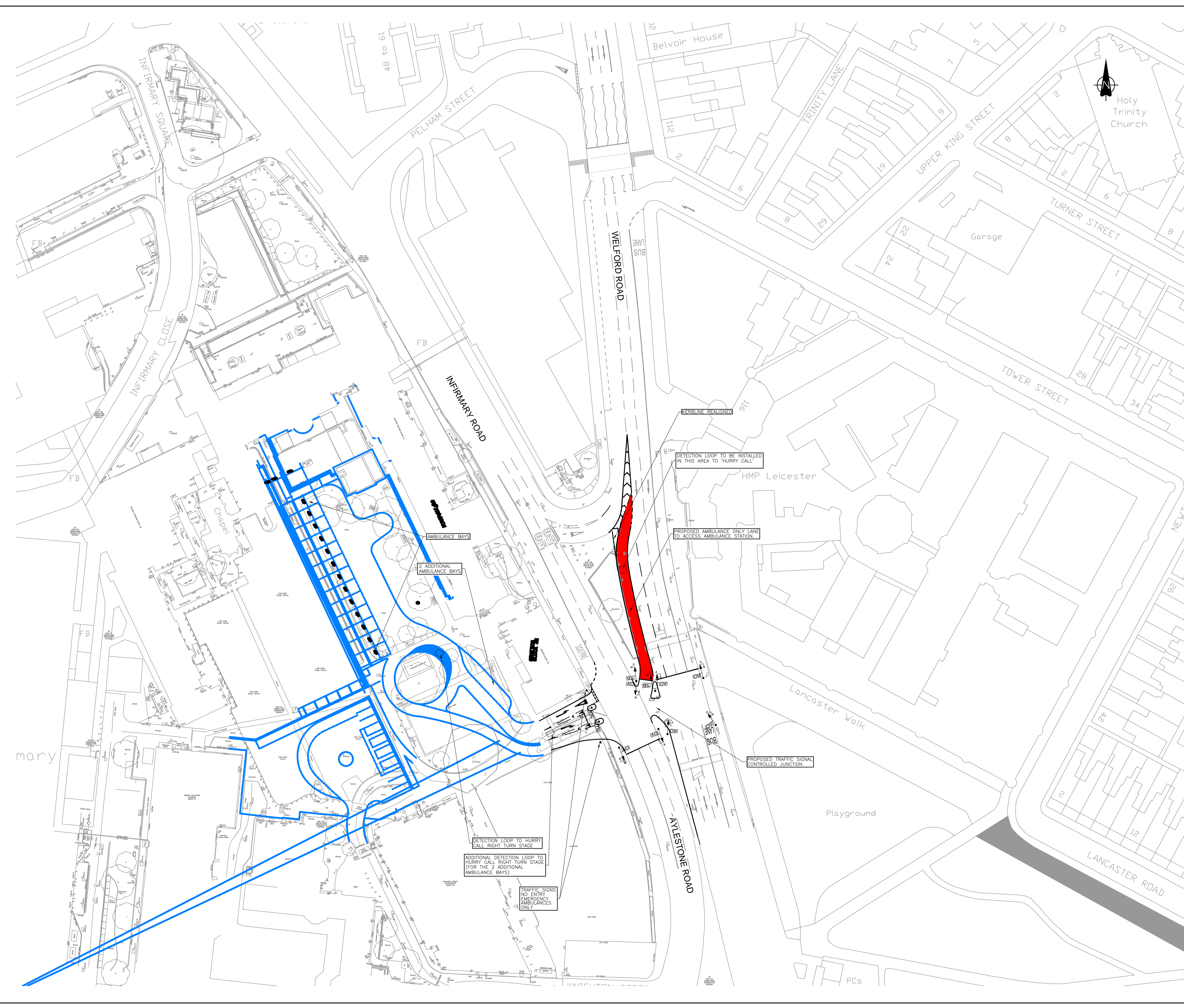
If no significant risks have been identified, delete this text and enter 'NONE IDENTIFIED' here.

| ISSUE | AMENDMENTS | DRAWN | CHECKED | DATE |
|-------|--|-------|---------|--------|
| A | TRAFFIC SIGNAL CONTROL ADDED FOR AMBULANCES TURNING LEFT OUT OF AMBULANCE STATION. | M.L. | D.H.J. | FEB 14 |

| | |
|---------|--|
| CLIENT | |
| PROJECT | LEICESTER ROYAL INFIRMARY EMERGENCY DEPARTMENT |
| TITLE | PROPOSED JUNCTION LAYOUT OPTION 1 TRAFFIC SIGNALS |
| PURPOSE | INFORMATION |

CAPITA
Property and Infrastructure
St Davids House, Pascoed, St Mellons, Cardiff, CF3 0LW
T: 0300 060 060 www.capita.co.uk/infrastructure
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| | | | | | |
|----------|---------------------------|---------------|--------|-------------|------------|
| DATE | M.L. | DATE | FEB 14 | SCALE | 1:500 @ A1 |
| CHECKED | D.H.J. | DATE | FEB 14 | PROJECT No. | CS/65963 |
| DRG. No. | R1-CS-EP-000-DSP-HE660001 | REVISION REF. | A | | |



Y

Trust Board Paper Y

| | | | | | | | |
|--|-----------------------------|--|---|---|--|-------------|---|
| To: | Trust Board | | | | | | |
| From: | Kate Shields | | | | | | |
| Date: | 24 April 2014 | | | | | | |
| CQC regulation: | As applicable | | | | | | |
| Title: | Delivering Care at its Best | | | | | | |
| Author/Responsible Director: John Adler, Chief Executive / Kate Shields, Director of Strategy | | | | | | | |
| Purpose of the Report: To provide the Trust Board with an update on Delivering Care at its Best | | | | | | | |
| The Report is provided to the Board for: | | | | | | | |
| <table border="1"> <tr> <td>Decision</td> <td>X</td> </tr> </table> | | Decision | X | <table border="1"> <tr> <td>Discussion</td> <td>X</td> </tr> </table> | | Discussion | X |
| Decision | X | | | | | | |
| Discussion | X | | | | | | |
| <table border="1"> <tr> <td>Assurance</td> <td></td> </tr> </table> | | Assurance | | <table border="1"> <tr> <td>Endorsement</td> <td></td> </tr> </table> | | Endorsement | |
| Assurance | | | | | | | |
| Endorsement | | | | | | | |
| Summary / Key Points: The paper sets out how the programme of work required to deliver Caring at its Best will be governed, including the principles and approaches that will be adopted, timescales and next steps. | | | | | | | |
| Recommendations: The Trust Board is asked to endorse the paper | | | | | | | |
| Previously considered at another corporate UHL Committee? Leicester University Hospitals Executive Management Team meeting 15 April 2014 | | | | | | | |
| Board Assurance Framework: N/A | | Performance KPIs year to date: N/A | | | | | |
| Resource Implications (eg Financial, HR): yes | | | | | | | |
| Assurance Implications: yes | | | | | | | |
| Patient and Public Involvement (PPI) Implications: yes | | | | | | | |
| Stakeholder Engagement Implications: yes | | | | | | | |
| Equality Impact: N/A | | | | | | | |
| Information exempt from Disclosure: No | | | | | | | |
| Requirement for further review? Yes | | | | | | | |

Delivering Care at its Best- update

Background

1. Delivering Caring at its Best is a significant commitment for all staff at University Hospitals Leicester and the governance structure for delivery has now been agreed.
2. Executive Director Leads have now been identified and programmes have been aggregated through the current Executive Board Structures. The diagram below shows the material pieces of work and the Executive Director accountability.

Delivering Caring at its Best Content & governance structure



3. This paper sets out how the programme of work required to deliver Caring at its Best will be governed, including the principles and approaches that will be adopted, timescales and next steps.

The governance structure

4. The Executive lead for each Executive Board, (the Executive Quality Board, Executive Performance Board, Executive Strategy Board and Executive Workforce

Board) is responsible for ensuring the appropriate level of rigour and standardisation in terms of delivering the Caring at its Best delivery work streams.

5. Each programme of work will have the following in place:
 - A detailed description of each scheme – accountability for delivery and key milestones for performance management. This is described at a high level in the chart on page 1 of appendix A.
 - The programme manager for each scheme will be responsible for pulling together a programme team and for ensuring that robust governance and programme delivery arrangements are in place.
 - The Executive Director who has functional responsibility for each of the Executive Boards will have responsibility for all the schemes reporting to that Board. They must ensure that robust programme management is in place and each Executive Board should have its own Project Management Office (PMO) function responsible for overseeing the delivery of the each Caring at its Best programmes. It is expected that Executive Directors will draw upon existing resources and expertise from within their own directorates.

Principles and approach

6. Each Project Management Office will be responsible for:
 1. Ensuring that a Project Initiation Document (PID) is completed for each Caring at its Best programme (as described in the chart on page 1). The template PID attached as Appendix A is currently in use for the Trust's Cost Improvement Schemes.
 2. Pulling these Project Initiation Documents together in the form of a delivery programme, to include key actions with measureable outcomes, clear timescales and responsible leads Executive Board Project Management Office function.
 3. Agreeing the necessary assurance and approval checkpoints with the respective Caring at its Best programme manager.
 4. Agreeing the frequency and method of reporting with the programme manager for each Caring at its Best delivery initiative.
 5. Tracking their respective Caring at its Best delivery initiatives, this will include:
 - Developing a dashboard of Key Performance (KPIs) and delivery metrics
 6. Developing a calendar of business for their respective Executive Board.
 7. Ensuring that the calendar of business for their Executive Board is aligned to:
 - the Trust Board calendar of business
 - the Trust Board Development Programme
 - the calendar of business for their respective sub-committee(s) of the Trust Board

8. Servicing their respective Executive Board meeting, to include

- Reviewing and if necessary updating the calendar of business for their respective Executive Board
- Agreeing the agenda for each Executive Board meeting with the respective Executive Board lead
- Issuing a draft agenda in a timely fashion, with clear instructions in relation to papers required
- Quality assuring papers prior to circulation, ensuring that they are relevant, consistent and succinct
- Producing an updated delivery programme for each meeting
- Producing an updated dashboard of KPIs and delivery metrics across all Caring at its Best Delivery initiatives
- Taking and producing written notes of the meeting
- Producing meeting action logs, sourcing updates and reporting by exception to subsequent meetings

Timescales

| Action | | Who | By when |
|--------|--|--|-------------------------------|
| 1. | Establish the Executive Board PMOs | Respective Executive Board lead: EQB – Rachel Overfield EPB – Richard Mitchell ESB – Kate Shields EWB – Kate Bradley | End of April 2014 |
| 2. | Completion of PIDs | Caring at its Best programme manager | End of April 2014 |
| 3. | First draft Executive Board delivery programme | Respective Executive Board PMO | End of first week in May 2014 |
| 4. | Assurance and approval checkpoints agreed | Respective Executive Board PMO | End of first week in May 2014 |
| 5. | Frequency and method of reporting for each Caring at its Best delivery initiative agreed | Respective Executive Board PMO | End of first week in May 2014 |
| 6. | Dashboard of key performance indicators (KPIs) and delivery metrics | Respective Executive Board PMO | End of May 2014 |
| 7. | Executive Board calendars of business | Respective Executive Board PMO | End of May 2014 |
| 8. | PMOs commence servicing respective Executive Board meetings | Respective Executive Board PMO | May 2014 |

9. A further development is required in scoping how all of the programmes delivered through the Executive Board Project Management Office will aggregate into a Trust-wide overview of progress against our stated intentions. The Trust Board will need this for assurance of delivery and corporately this will be required to support the Trust-wide integrated planning process. Further discussions will take place to determine how this will be delivered across the programmes of care and an update will come back to the Executive Strategy Board
10. The University Hospitals of Leicester Executive Team held on 15 April 2014 supported the governance proposals as described above and confirmed that project management boards will be established for quality, performance, strategy and workforce by the end of April 2014.
11. Discussions are to be held between the Director of Strategy and the Director of Corporate and Legal about the establishment of an overarching project management office for the Trust Board

Recommendations

10. The Trust Board is asked to endorse the paper

**Cost Improvement Programme (CIP)
Project Initiation Document (PID)
2014 - 15**

Scheme Details:

| | |
|-----------------------------------|---|
| Scheme Title: | Name of New Schemes |
| Scheme No: | This will be provided by the PMO |
| Author: | Who wrote this PID? |
| Reported to: | Who is overseeing this scheme? |
| CMG: | Your CMG |
| Specialty / Ward | Your Specialty / Ward |
| Date: | Date this was completed |
| Document Version No: | What version is this? |
| Scheme Start Date: | Start date of the scheme |
| Scheme End Date: | The proposed end date for the scheme |
| Highest Risk Score: | What is the highest risk score on the risk assessment? |
| Financial Value: | What is the financial value associated to this scheme |
| Cost of Delivering Scheme: | What is the total of the costs which are associated to the delivery of this scheme? |

Executive Summary

Background

Please provide a brief summary of what this scheme is all about.

Project Objectives

1. List the actual project objectives associated to this scheme. As many as you think are appropriate.
2. <<Text >>
3. <<Text >>

Project Scope / Exclusions

Provide some detail on the scope of this project, and where relevant – what isn't.

Project Deliverables / desired outcomes

List content which illustrates what the outcomes will be and what the deliverables will look like when this scheme has reached the end of it's lifecycle – as many as you think appropriate.

<< Text >>

<< Text >>

Interfaces / Interdependencies

What are the interfaces and interdependencies linked to this scheme and how are there related?

Alternative Business Options

What alternative business options were taken into consideration before determining to take this scheme forward.

Assumptions

What assumptions have been made for this scheme?

<< Text >>

<< Text >>

Investment Appraisal

Has there been an investment appraisal completed? If so please provide a summary.

Specific project issues / challenges

What specific issues and challenges have been identified which will need to be overcome and do you have plans in place to mitigate?

<< Text >>

<< Text >>

Scheme Team Structure

| | |
|---------------------------------------|----------------------|
| Project Sponsor: | Please complete..... |
| Project Manager: | |
| Procurement Manager: | |
| Medical / Clinical Governance: | |
| Quality Control and Assurance: | |
| Evaluation Support: | |
| Support Staff: | |

Initial Project Plan Milestones

| No | Description | Start Date | End Date |
|----|-----------------|------------|----------|
| 1 | Please complete | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

Scheme Success

How will you know if this scheme will be successful in its delivery?

<< Text >>

Quality Impact & Review Schedule

For each of these schemes you will need to identify how you will monitor the impact on quality and safety across the life of the scheme. The template for monitoring is listed below

| KPI | Monitoring Lead | Frequency | Reporting To | Escalation Process |
|-----|-----------------|-----------|--------------|--------------------|
| | | | | |

Stakeholders & Interested Parties

| Who? | How will they be involved? |
|------|----------------------------|
| | |

Reports

Which reports will be used to monitor progress for this specific scheme?

| | Report | Frequency |
|---|--------|-----------|
| 1 | | |
| 2 | | |

Staff Escalation – Issues and Concerns

List the meetings and forums where it is formally minuted that staff have been made aware that if they have any issues or concerns where this PID could negatively impact the quality of patient care or safety they can escalate their concerns via their line management structure or the Whistleblowing Policy in the NHS.

| | Report | Date of Minutes Recorded |
|---|--------|--------------------------|
| 1 | | |
| 2 | | |

Z

Trust Board Paper Z

| | | | | | | | | | |
|---|---|-------------|---|------------|---|-----------|--|-------------|--|
| To: | Trust Board | | | | | | | | |
| From: | Kate Shields | | | | | | | | |
| Date: | 24 April 2014 | | | | | | | | |
| CQC regulation: | As applicable | | | | | | | | |
| Title: | Developing a provider alliance across the Leicester, Northampton and Rutland for Specialised Services | | | | | | | | |
| Author/Responsible Director: Kate Shields Director of Strategy | | | | | | | | | |
| <p>Purpose of the Report: The purpose of the paper is for the Trust Board to consider the proposal that University Hospitals Leicester, Northampton General Hospital and Kettering General Hospital (subject to organisational support) come together to establish Leicestershire Northamptonshire & Rutland Partners for our specialised service infrastructure.</p> | | | | | | | | | |
| <p>The Report is provided to the Board for:</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Decision</td> <td>X</td> <td>Discussion</td> <td>x</td> </tr> <tr> <td>Assurance</td> <td></td> <td>Endorsement</td> <td></td> </tr> </table> | | Decision | X | Discussion | x | Assurance | | Endorsement | |
| Decision | X | Discussion | x | | | | | | |
| Assurance | | Endorsement | | | | | | | |
| <p>Summary / Key Points:</p> <ul style="list-style-type: none"> • Traditionally planning populations for many Specialised Services needed to be in the region of one million; this planning assumption is now being challenged by the emerging NHS England Specialised Services Strategy which appears to suggest that units of planning should be around 2 million. NHS England's stated intention is to move from 220 acute providers of Specialised Services to between 15–30 providers within a five year time line. • The East Midlands has a catchment population of around five million and therefore as a unit of planning there is a clear opportunity for provider collaboration across the whole East Midlands • Suggests a two stage approach for University Hospitals Leicester, first agreeing provider collaboration for the south of the East Midlands and second agreeing with Nottingham University Hospitals provider collaboration across the East Midland's a whole. • Proposing that University Hospitals Leicester, Northampton General Hospital and Kettering General Hospital (subject to organisational support) come together to establish Leicestershire Northamptonshire & Rutland Partners for our specialised service infrastructure. | | | | | | | | | |
| <p>Recommendations:</p> <ul style="list-style-type: none"> • Consider the opportunities offered and the potential to form a unique partnership • Agree the underpinning principle of partnership working rather than acquisition and give a commitment to developing this for the future • Agree that the Director of Strategy is the lead Director for taking this forward • Agree a timetable for a programme plan for next steps | | | | | | | | | |

| | |
|--|--|
| Previously considered at another corporate UHL Committee? No | |
| Board Assurance Framework: N/A | Performance KPIs year to date: N/A |
| Resource Implications (eg Financial, HR): Yes | |
| Assurance Implications: Yes | |
| Patient and Public Involvement (PPI) Implications: yes | |
| Stakeholder Engagement Implications: yes | |
| Equality Impact: N/A | |
| Information exempt from Disclosure: No | |
| Requirement for further review? Yes | |

Developing a provider alliance across the Leicester, Northampton and Rutland for Specialised Services

Introduction

1. There is a population of around two million people across the south of the East Midlands. Traditionally planning populations for many Specialised Services needed to be in the region of one million; this planning assumption is now being challenged by the emerging NHS England Specialised Services Strategy which appears to suggest that units of planning should be around 2 million. NHS England's stated intention is to move from 220 acute providers of Specialised Services to between 15–30 providers within a five year time line.
2. A clear process is emerging, based upon the implementation of service specifications that starts to move services into designated tertiary centres. Some de-commissioning has already started around the country and in some places notably London, provider alliances are starting to emerge to consolidate patient pathways.
3. London Providers are suggesting that the planning population for the future should be in the region of six million to allow economies of scale to emerge and cost of provision to drop as intervention volumes increase. The East Midlands has a catchment population of around five million and therefore as a unit of planning there is a clear opportunity for provider collaboration across the whole East Midlands.
4. This suggests a two stage approach for University Hospitals Leicester, first agreeing provider collaboration for the south of the East Midlands and second agreeing with Nottingham University Hospitals provider collaboration across the East Midlands as a whole.
5. Discussions have already taken place with Northampton General Hospital, Kettering General Hospital. These are described below:

Local context

6. Northampton General Hospital, Kettering General Hospital and University Hospitals of Leicester all provide a range of specialised services; these are all commissioned nationally by NHS England through our Area Team.
7. As with other commissioners our national commissioners will see a considerable tightening of their financial flexibility. The current financial gap on a national budget of £12billion is £800million. This financial gap will drive greater control over service proliferation with services having to compete nationally for roll out of new technologies, rather than agreeing them locally.
8. This is a step change from the way services have developed in the past. The NHS Act 2012 states that only NHS England can commission 'prescribed services' (Specialised Services) and therefore if they do not judge us as meeting the service specification or do not identify us as preferred providers through a national competitive process we will not be able to provide them.

9. For each organisation income from specialised services is significant representing circa 32% for University Hospitals Leicester, 12.4% for Northampton General Hospital and 10% Kettering General Hospital. We are duplicating services, some appropriately, some that will be vulnerable for the future. Each organisations gains kudos and service stability from a range of these services and it is undoubtedly true that having a stable, sustainable tertiary base drives success in recruitment, retention, research and development and ability to attract income from commercial trials. At a time when 70% of our business is potentially retracting this is vitally important.
10. There are clinical flows out of the south East Midlands to other tertiary centres which results in loss of market share for University Hospitals Leicester and therefore a loss of market stability for the south East Midlands as minimum numbers for conditions will drive service designation. Closer strategic alliance between University Hospitals Leicester, Northampton General Hospital and Kettering General Hospital will help to mitigate this.
11. Northampton General Hospital have indicated that they would be supportive of this approach. Early discussions with Kettering General Hospital have been supportive but a change in Chief Executive at Kettering General Hospital means that this will need to be revisited.

Proposition

12. We are proposing that University Hospitals Leicester, Northampton General Hospital and Kettering General Hospital (subject to organisational support) come together to establish Leicestershire Northamptonshire & Rutland Partners for our specialised service infrastructure.
13. We should assess all of our specialised services and agree which ones we would bring into a partnership model in the first instance.
14. The partnership should seek to ensure the clinical and financial viability of all partners; it would not be acquisition but genuine partnership.
15. All specialised activity that can appropriately be retained within the partnership services will be identified and the default should be that we have patient pathways within Leicestershire Northamptonshire & Rutland Partners rather than outside.
16. A Partnership Board will be established to lead this work identifying five priority services in 2014/15 with more in 2015/16.

Recommendation

17. The Board is asked to:
 - **Consider** the opportunities offered and the potential to form a unique partnership
 - **Agree** the underpinning principle of partnership working rather than acquisition and give a commitment to developing this for the future
 - **Agree** that the Director of Strategy is the lead Director for taking this forward
 - **Agree** a timetable for a programme plan for next steps.