

	TRUST BOARD									
From:	Suzanne Hinchliffe Andrew Seddon Kevin Harris Kate Bradley									
Date:	28th June 2012									
CQC regulation	All									
Title:	Quality & Performance Report									
Author/Responsible Director:	S.Hinchliffe, Chief Operating Officer/Chief Nurse A. Seddon, Director of Finance K. Harris, Medical Director K. Bradley, HR Director									
Purpose of the Report:	To provide members with an overview of UHL financial position, performance and quality against national, regional and local indicators for the month of May 2012.									
The Report is provided to the Board for:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Decision</td> <td style="width: 5%;"></td> <td style="width: 50%; padding: 5px;">Discussion</td> <td style="width: 5%; text-align: center;">√</td> </tr> <tr> <td style="padding: 5px;">Assurance</td> <td style="text-align: center;">√</td> <td style="padding: 5px;">Endorsement</td> <td></td> </tr> </table>		Decision		Discussion	√	Assurance	√	Endorsement	
Decision		Discussion	√							
Assurance	√	Endorsement								
Summary / Key Points:	<p><u>Financial Position</u></p> <ul style="list-style-type: none"> ❖ The Trust is reporting a £1.6m deficit at the end of May, which is £0.4m adverse to the planned £1.2m deficit. ❖ Year to date NHS patient care income is £1.2m (1.2%) favourable to Plan. ❖ Expenditure for the year to date is £2.1m adverse to Plan, with pay showing a £1.1m adverse position and non-pay £1m. <p><u>Performance Position:</u></p> <ul style="list-style-type: none"> ❖ ED - Performance for May Type 1 & 2 is 90.5% and 92.4% including the Urgent Care Centre (UCC). ❖ RTT - Admitted performance in May has been achieved with performance at 94.6%, with all specialties delivering above the 90% target as expected. The non-admitted target has also achieved at 96.6% against a target of 95%. All specialties with the exception of Ophthalmology have achieved as expected. ❖ The percentage of eligible patients who received Primary PCI within 150 minutes of calling professional help in May was 92.9% against a target of 75%. ❖ Cancer - All of the cancer targets are delivering against performance thresholds for April (one month in arrears reporting) including the 62 day cancer target. ❖ Sickness - The reported sickness rate for April is 4.1%. The actual rate is likely to be at around 0.5% lower as absence periods are closed. ❖ Appraisals - The number of appraisals which took place during the month was the highest for seven 									

Trust Board Paper E

Quality

- ❖ MRSA – a positive month with 0 MRSA cases reported for May for the fourth consecutive month. The target for 2012/13 is 6 cases.
- ❖ CDifficile – May is below trajectory with 4 cases reported within the cumulative year to date target.
- ❖ All UHL wards and intensivists areas continue to offer Same Sex Accommodation (SSA) in line with the UHL SSA Matrix guidance and delivered 100% in May.
- ❖ Pressure Ulcers - There has been a notable reduction in the number of grade 3 and 4 ulcers reported in April (11) with early indication that May retains this position.
- ❖ Patient Experience - In May 2012, 1,185 Patient Experience responses were made for the Net Promoter giving a 11.6% inpatient coverage and an overall trust level of 51.14.
- ❖ UHL's in-hospital mortality rate for April was 1.6% and in May was 1.3%. The risk adjusted mortality rate (HSMR) for March was 93 (Crude rate was 1.5%) and has not been finalised for April.
- ❖ Quality/CQUIN - Of the 62 indicators apportioned to quarter 4, the trust has achieved or almost achieved 50.
- ❖ Fractured Neck of Femur 'Time to Theatre' – April performance 84.9%. Plans for establishing the #NOF ward, with an associated increased ratio of nursing and therapy staff, have been brought forward from August to end of June.
- ❖ VTE - UHL's performance for May, as reported to the DoH, is 95.6% this figure includes the 'Renal Dialysis' patients. Without the dialysis patients, performance is still above the CQUIN threshold, when including other cohort patients – 92.8% for May.

Readmission rate increased to 7.7% in April, continuing the trend that has prevalent since November 11 of increased readmissions, alongside the increased level of admissions in general.

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

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 28th JUNE 2012

**REPORT BY: SUZANNE HINCHLIFFE, CHIEF OPERATING OFFICER/CHIEF NURSE
KEVIN HARRIS, MEDICAL DIRECTOR
KATE BRADLEY, DIRECTOR OF HUMAN RESOURCES
ANDREW SEDDON, DIRECTOR OF FINANCE**

SUBJECT: MAY 2012 PERFORMANCE SUMMARY REPORT

1.0 Introduction

The following paper provides an overview of the Quality & Performance May 2012 report highlighting key performance metrics and areas of escalation where required.

2.0 May 2012 Operational Performance

2.1 Infection Prevention

MRSA – a positive month with 0 MRSA cases reported for May for the fourth consecutive month. The target for 2012/13 is 6 cases.

An adjustment has been made to the 2011/12 MRSA database in relation to the addition of one reportable MRSA case, however UHL will remain within its trajectory for 2011/12.

CDifficile – May is below trajectory with 4 cases reported and within the cumulative year to date target.

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

2.2 RTT

Admitted performance in May has been achieved with performance at 94.6%, with all specialties delivering above the 90% target as expected.

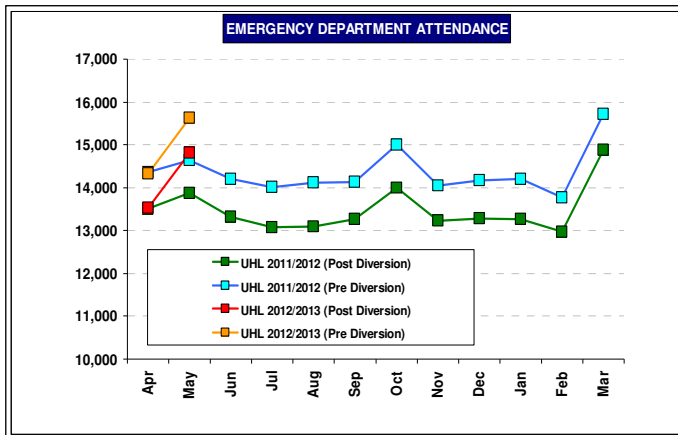
The non-admitted target has also been achieved at 96.6% against a target of 95%. All specialties with the exception of Ophthalmology have achieved as expected. As part of an action plan to recover the Ophthalmology performance, additional outpatient activity is currently taking place which is anticipated to deliver performance in July.

New standards from April 2012 include the requirement that 92% of patients on an incomplete pathway (i.e. patients waiting for a decision to treat or treatment) should have been waiting no more than 18 weeks. UHL performance for April is 95.8%.

2.3 ED Activity

Performance for May Type 1 & 2 is 90.5% and 92.4% including the Urgent Care Centre (UCC). Performance however remains erratic and is the key risk of the trust. Further to the submission of improvement plans to commissioners in May, work continues across the divisions regarding the delivery of the plans, the progress of which is covered at the weekly Divisional meeting, Executive Team and Emergency Care Steering Group.

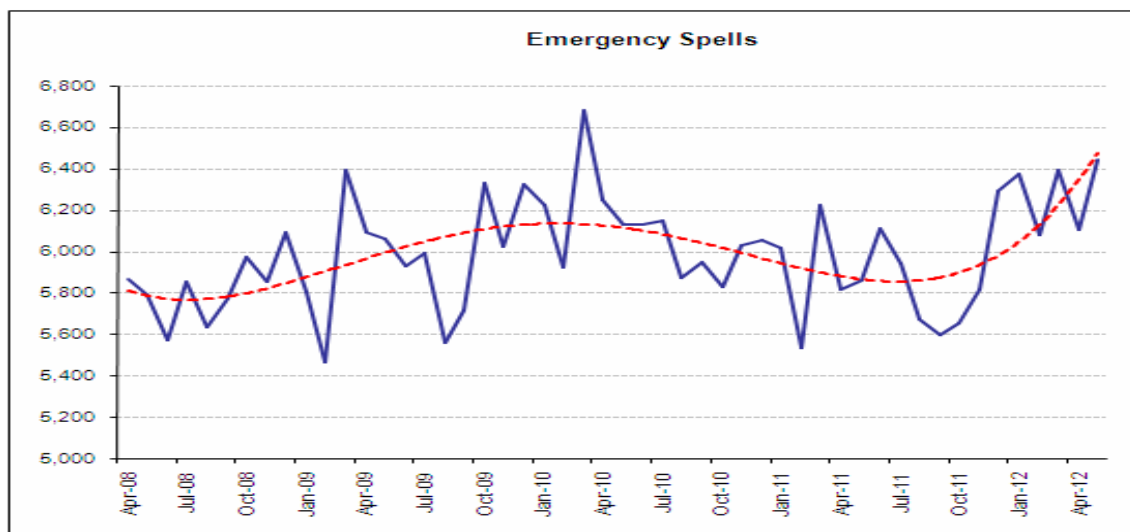
The following charts show attendance levels and related performance data for the month of May.

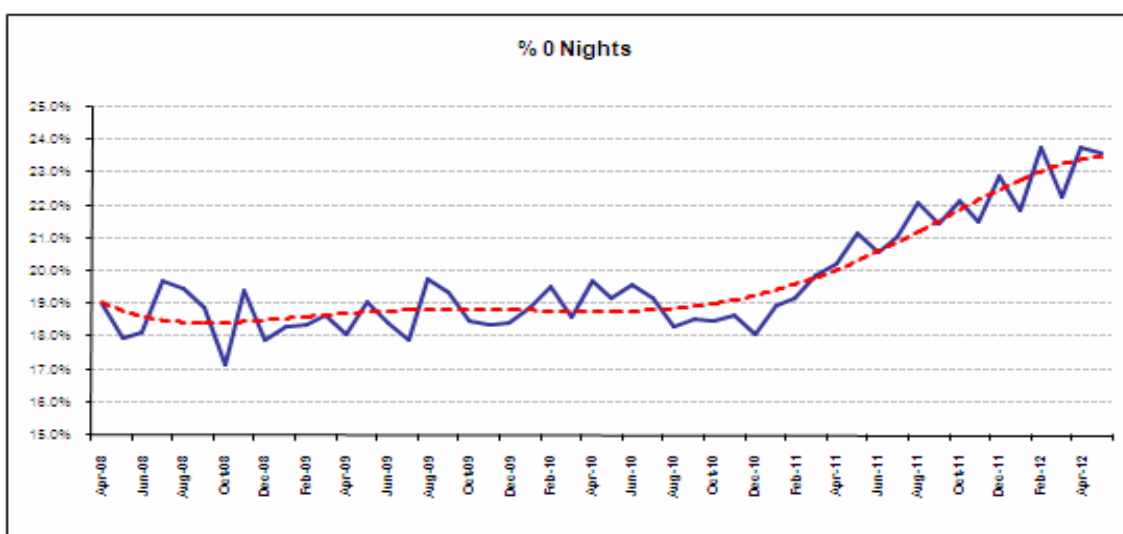
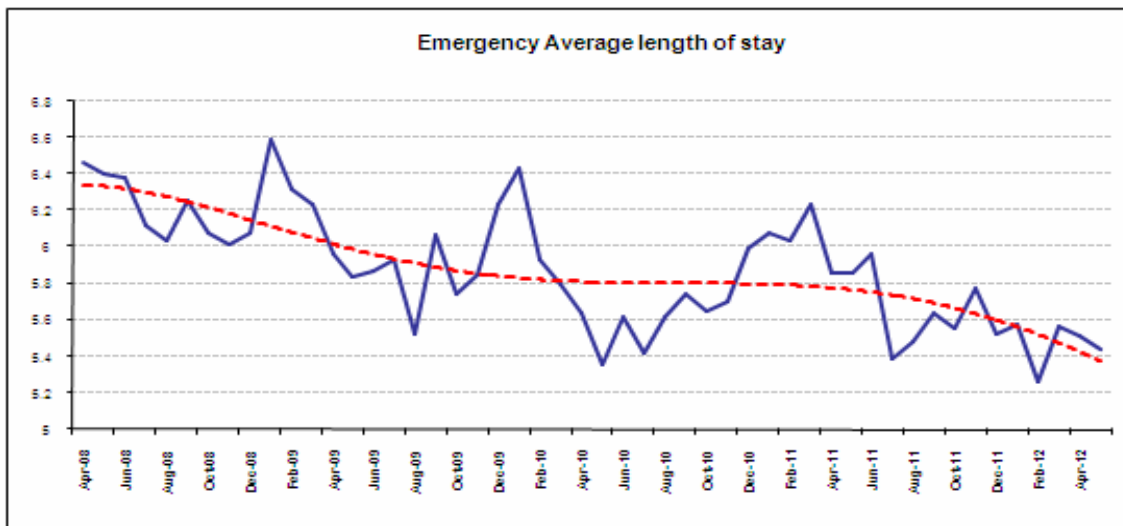


EMERGENCY DEPARTMENT ATTENDANCE							
	UHL 2010/2011 (Post Diversion)	UHL 2010/2011 (Pre Diversion)	UHL 2011/2012 (Post Diversion)	UHL 2011/2012 (Pre Diversion)	UHL 2012/2013 (Post Diversion)	UHL 2012/2013 (Pre Diversion)	Overall % Change 12/13 vs 11/12
Apr	14,117	14,117	13,507	14,358	13,532	14,332	-0.2%
May	14,574	14,574	13,871	14,636	14,819	15,633	6.8%
Jun	13,509	14,298	13,318	14,197			
Jul	12,983	14,100	13,075	14,014			
Aug	12,544	13,757	13,086	14,109			
Sep	12,726	13,720	13,270	14,142			
Oct	12,918	14,022	14,002	15,000			
Nov	13,057	13,963	13,226	14,051			
Dec	13,500	14,488	13,291	14,162			
Jan	12,830	13,893	13,260	14,196			
Feb	12,263	13,202	12,978	13,762			
Mar	14,100	15,119	14,884	15,719			
Sum:	159,121	169,253	161,768	172,346	28,351	29,965	

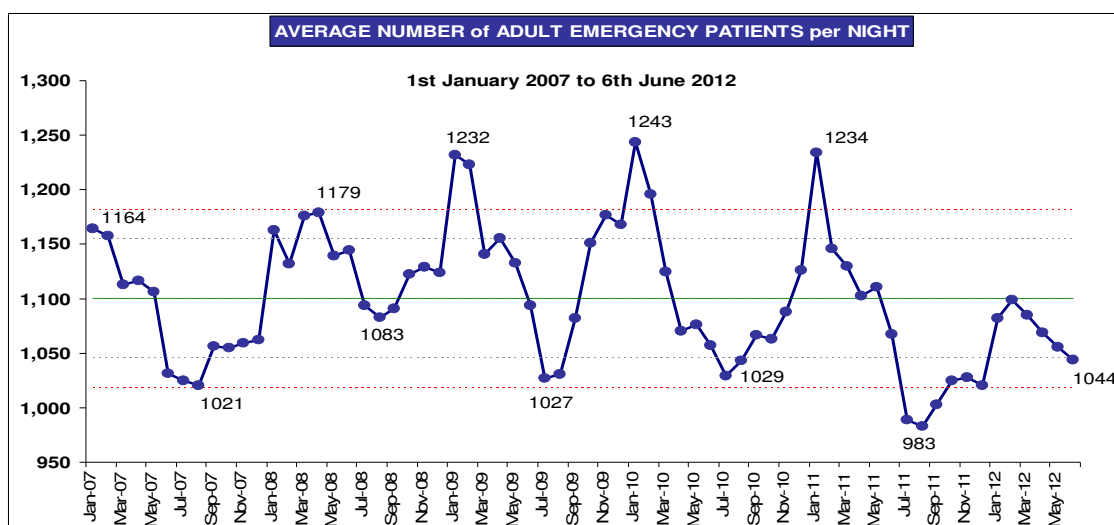
Attendance levels were seen to spike in May with an increase of 6.8% compared to the same period last year. With the exception of April, all months to date in 2012 have seen an in month attendance increase of between 2% and 4%. Summary details of attendance rates are forwarded to commissioning partners on a monthly basis.

Emergency spells have increased over the last few months and are at levels last seen in March 2010. Average length of stay has reduced by almost 1 day since April 2008, with an increase noted in the % of patients assessed and discharged in 1 day.





The average number of adult emergency patients in hospital overnight has shown a continued reduction following the February 2012 peak.



Given the serious concerns of ED performance further detail focussing on the actions relating to the Emergency Department may be seen in a separate Trust Board ED Medical Directors Report.

2.3 Patient Experience

Appendix A shows the results for the UHL Emergency Department Patient Report for May 2012.

The highlights are:

- ❖ The number of patients who have contacted their GP before coming to A&E has remained steady.
- ❖ Most patients only wait for “a few hours” before coming to A&E
- ❖ Most of the patients surveyed in ED are aware of the UCC.
- ❖ Feedback in most areas remained positive with waiting times being cited as the key area for improvement.
- ❖ 100% responses in regards to information received, privacy, and dignity and respect were positive.

2.4 Cancer Targets

The trust has received notification that it has been accepted by the NHS Cancer Screening Programmes to expand the NHS Bowel Cancer Screening Programme to include the extended age range with a start date of the 18th June 2012.

All of the cancer targets are delivering against performance thresholds for April (one month in arrears reporting) including the 62 day cancer target.

Despite this, it is important to note that there remain significant challenges within the 62 day target for Lower GI in particular due to a range of issues which include:

- ❖ Changes to the endoscopy demand as a result of the national bowel campaign between 20% - 48% per week
- ❖ Impact of the absence of two surgeons during May (now returned)
- ❖ Locum recruitment not appointed to on the fifth occasion

In light of the volume of referrals, and in line with patient referral times, focus is being given to those patients with the longest waits resulting in an in month reduction of speciality performance (similar processes to RTT backlog). However, there are also further improvements that can be made in relation to both the pathway and diagnostics which are summarised below:

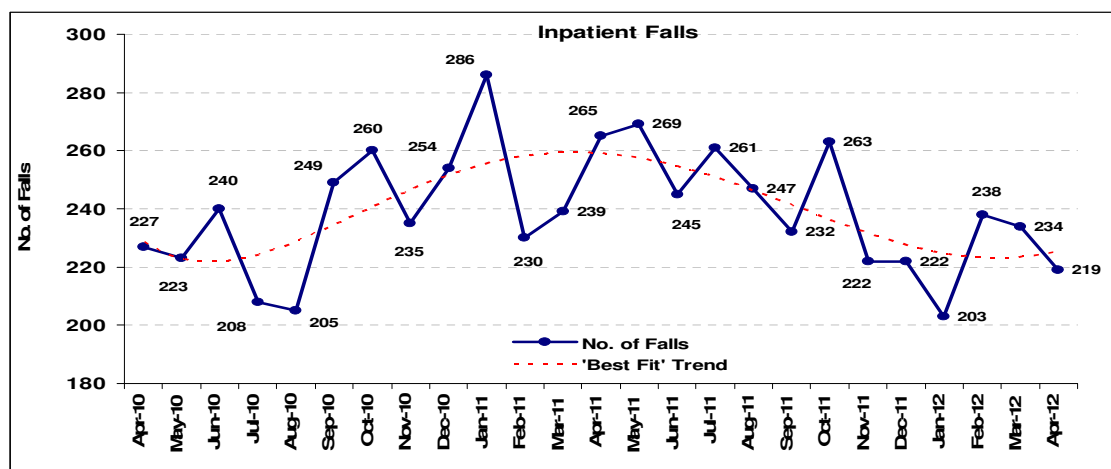
- ❖ Introduction of pre-assessment for all 2ww patients
- ❖ Reduction of 2ww 1st endoscopy to 1 week (currently reduced to 10 days)
- ❖ Reduction of 2nd endoscopy to 1 week (currently reduced to 10 days)
- ❖ Agreement to appoint a joint consultant post with community provider enabling the transfer of some of the surveillance activity
- ❖ Reduction of patient pathway for radiotherapy to less than 21 days (current average time of 19 days)
- ❖ Reduce CT staging time to 1 week (currently at 2 weeks with plans to commence 25th June)

In order to progress discussions as a health economy, an invite has been sent from the Divisional Director for Planned Care to LLR partners (as per contract discussions) to meet on the 22nd June to discuss:

- ❖ Referral protocols
- ❖ Patient pathway
- ❖ Referral impact of bowel campaign

2.5 Falls

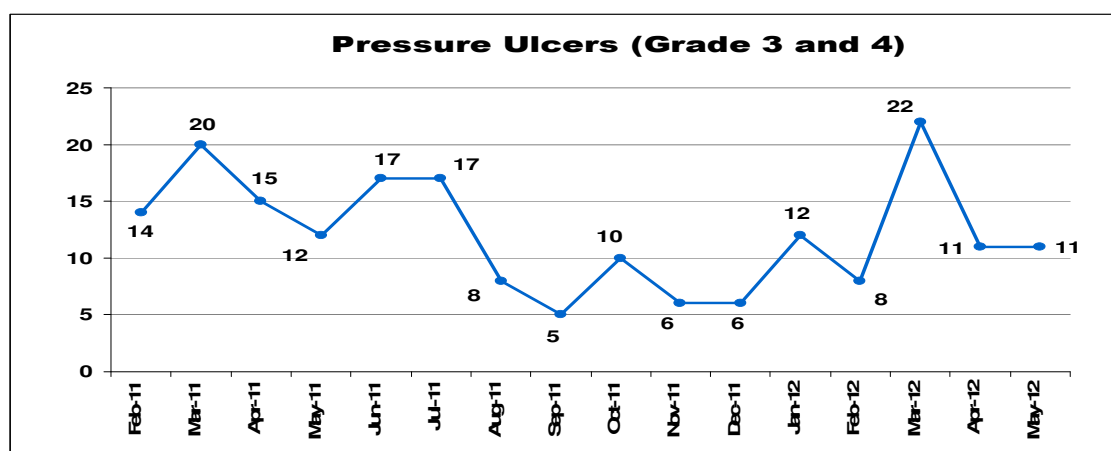
The number of inpatient falls has reduced from 234 reported in March to 219 in April 2012. Recent scrutiny of the data by ward shows some significant reductions where there have been focused action plans with continued reductions noted in Planned Care and a reduction of 37 patient falls in the Acute Division.



For April and May there have been 2 falls reported as SUI's which are subject to a full root cause analysis and reporting process.

2.6 Pressure Ulcers

There has been a notable reduction in the number of grade 3 and 4 ulcers reported in April (11) with early indication that May retains this position.



On the 31st May the National Intensive Support Team visited the trust as part of the East & Midlands SHA plans for elimination. The team, consisting of senior nurses and Tissue

Viability Nurse Specialists, reviewed the systems and processes to eliminate pressure ulcers, highlighted good practice and made recommendations for further improvement.

Early feedback, subsequent discussion and report findings summarised include the following introduction:

'At the outset I would like to say that the review team visited a number of wards who were impressed by the quality focus. Staff were passionate, the environments were clean and uncluttered, patients praised the staff and the level of care. The reviewers stated that all wards visited in their opinion passed the "Friends and Family test"

The report will be circulated to members as part of the trust wide feedback processes.

2.7 Patient Polling

In May 2012, 1,185 Patient Experience responses were made for the Net Promoter giving a 11.6% inpatient coverage and an overall trust level of 51.14 (April 51.02).

The new Friends and Family Test -"How likely is it that you would recommend this service to friends and family?" is now in its second month. There are 6 possible responses to this question - Extremely likely (promoter), Likely (passive), Neither likely nor unlikely, Unlikely, Not at all, Don't know (detractors). The percentage of detractors is subtracted from the percentage of promoters to obtain the overall NET Promoter score.

The NET Promoter is a regional CQUIN, 25% of payment was dependant on the Trust establishing a baseline NET promoter score for 10% of adult inpatients discharged in April - this target has been achieved.

NET promoter scores will be benchmarked across the region to define a top quartile standard. The SHA will then set each trusts target which will either be a 10 point improvement or achieving / maintaining top quartile performance for the year. This target is awaited.

Details of the breakdown of the Net Promoter scores are shown within the Quality and Performance report

The Trust overall Respect & Dignity score has improved for the second successive month and remains RAG rated Green.

The Outpatient Patient Experience Survey has also improved in May in both overall care & respect and dignity scores and are now RAG rated as Green.

2.8 Same Sex Accommodation

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

2.9 Primary PCI

The percentage of eligible patients with acute myocardial infarction who received Primary PCI within 150 minutes of calling professional help in May was 92.9% against a target of 75%.

2.10 2012/13 Month Supplementary 1 Performance Areas

Performance Indicator	Target	May
MRSA Elective Screening	100%	100%
MRSA Non-elective Screening	100%	100%
Stroke % stay on stroke ward	80%	70.4%(Apr)
Stroke TIA	62.1%	72.5%
Primary PCI	75%	92.9%
Rapid Access Chest Pain	98%	99.1%
Operations cancelled on/after day of admission	0.8%	1.2%
Cancelled patients offered a date within 28 days	95%	92.2%
Maternity Breast Feeding <48 hrs	67%	74.5%
Cytology Screening 7 day target	98%	99.9%
Day Case Basket	75%	75.1%
Same Sex Accommodation	100%	100%

2.11 Cancelled Operations

May performance shows that the percentage of operations cancelled on/after the day of admissions of all elective activity was 1.2% compared to 1.4% for 2011/12 against a target of 0.8%

2.12 Delayed Discharges

Delayed discharges/transfers of care' and the thresholds for 12/13 have been set at:

PCT	Vital Sign Target (No. Per 100,000 population)	% delayed target	Population (ONS)
Combined	2.3	1.19%	758070
Leics City	3.2	1.41%	225800
Leics County	1.5	1.04%	532270

Delayed transfers of care are reported to Leicester, Leicestershire & Rutland (LLR) Commissioning Performance Team on a weekly basis using data collated by the UHL Discharge Team.

The Discharge Team carry out a census of all patients whose transfer of care is considered to be a 'technical delay' as at midnight each day. All delays are then validated with Social Services, Occupational Therapist, Physiotherapist, Leicester City and County Community services, and Equipment services. This validation is carried out by a combination of weekly meetings, email and faxes.

This report measures weekly delays, occurring at midnight each Thursday. Once reports have been circulated, commented on and agreed, they are forwarded to the UHL Informatics Team, who then calculate reporting figures which are sent to the LLR Commissioning Performance Team and reported nationally on unify.

Performance

A summary of performance for April-May 2012 is shown below:

	City Average Monthly Patients Delayed	City Average Monthly %Delay	City Average No of Delays per 100,000 population	County Average Monthly Patients Delayed	County Average Monthly %Delay	County Average No of Delays per 100,000 population	Combined Average Monthly Patients Delayed	Combined Average Monthly %Delay	Combined Average No of Delays per 100,000 population
April	9	1.75%	3.6	13	1.70%	2.3	21	1.72%	2.7
May	12	2.33%	5.0	26	3.23%	4.8	38	2.88%	4.8

Reasons for the delays, as per SitRep report categories, are summarised in the table 2 below:

Reason	Assessment		Awaiting Public funding		Availability of non acute NHS Care		Awaiting care home placement		Awaiting domiciliary package of care		Awaiting community equipment		Patient /Family choice		TOTAL	
	City	Co	City	Co	City	Co	City	Co	City	Co	City	Co	City	Co	City	Co
April	10	8	4	5	5	19	10	9	2	3	1	0	2	7	34	51
May	6	14	13	23	20	51	18	60	3	7	7	6	5	23	72	184

From the above data, it can be seen that there has been a deterioration in the overall performance for both city and county patients:

- ❖ There has been a slight deterioration in the delays attributed to internal processes within UHL and a noticeable increase in delays outside the control of UHL.
- ❖ The commencement of board rounds and Bed Before 11 project within UHL has had a major impact on the earlier identification and escalation of delayed discharges at ward level including partner agencies
- ❖ Delays are being recorded from when patients become medically fit and includes any patients delayed within service response times so that there are *'no built in delays in the process of deciding that a person will no longer benefit from acute care and is safe to be transferred to a non acute setting (DoH - Definitions and guidance for monthly delayed transfer of care, July 2011)*. Delays attributable to social care however will only be reported when they are reimbursable - that is when a section 2 assessment notification and section 5 discharge notification has been sent and expired (Community care & Delayed Discharges Act 2003).

There were 256 episodes recorded as a 'Delayed Transfer of Care' on the weekly SITREPs recorded at midnight each Thursday during May 2012, making the combined average of 4.8 delays per 100,000 population since April 2012.

The number of delays for 'assessment' where delays are mainly under the control of the multidisciplinary teams working within UHL may be found below:

- ❖ During this month there were 20 'Assessment delays' of which 12 delays can be classified as a UHL delay – availability of staff to attend case conference (2); DST meeting (6); physiotherapy assessment (1); outcome of Multi-disciplinary Team meeting (1); availability of dialysis slot (1); ward delay to submit section 5 notification to social care (1)

- ❖ 8 delays were attributed to non UHL reasons (availability of family to attend case conference/Decision Support Tool (7); availability of CPN to attend Decision Support Tool meeting (1)).

This makes an average combined total of 0.5 delays per 100,000 population from April (11% of total delays), due to assessment, of which an average combined total of 0.30 delays per 100,000 population (6%) out of the total delays were within the control of UHL.

The remaining 238 delays are mainly due to factors outside of the control of UHL. Main areas of concern include: availability and timely communication regarding the outcome of Continuing Health Care panels; availability of rehabilitation beds for the increasing number of patients requiring rehabilitation within the city and county; and, the availability care homes for long term placements.

This makes an average combined total of 4.44 delays per 100,000 population since April (89 %) of the remaining categories.

Delayed discharges have been escalated internally at bed meetings and externally to the Transfer of Care steering Group.

2.13 Revised Quality and Performance report – proposed changes to content and format for 2012/13

A final draft of the Quality and Performance report for 2012/13 has been provided for the May 2012 Trust Board which has been reviewed at both Trust Board, Executive Team and Divisional Level with proposed changes to content and format.

To simplify the report, the 'UHL at a glance' section with year to date performance has been complimented with the monthly performance information. The 'data quality' diamonds have been extended to cover all indicators and further work will continue with Divisions to provide evidence and assurance to improve the coverage.

The report has been updated to include the indicators in the 2012/13 Operating Framework and 2012/13 Provider Management Regime. Whilst duplication of the indicators may be apparent, it is important to note that monitoring periods and scoring may be different. Key changes also include:

- ❖ Inclusion of DoH Acute Indicators
- ❖ Inclusion of Trust key priorities for 2012/13
- ❖ Scoring of the DoH performance against the 2012/13 Operating Framework
- ❖ Integration of the Provider Management Regime
- ❖ CQUINs – value and risks
- ❖ Key performance indicators with risk of potential contractual penalty
- ❖ Supplementary detailed reports for key performance indicators

Appended to the report (Appendix B) is a summary of all the indicators (151) and the reporting committee, source of indicator and frequency for reference purposes.

In line with MONITOR'S governance requirements, consideration has also been given to Section 3 Board Insight and Foresight. Additional information is required in relation to benchmarking and strengthening of forecasting.

3.0 Medical Director's Report – Kevin Harris

3.1 Mortality Rates

UHL UHL's in-hospital mortality rate for April was 1.6% and in May was 1.3%. The risk adjusted mortality rate (HSMR) for March was 93 (Crude rate was 1.5%) and has not been finalised for April. The trust's HSMR for 2011/12 is currently 92.3 and is anticipated to be 101 following Dr Foster's annual rebasing which will remain 'within expected'.

The next SHMI (covering January to December 2011) will be published in July.

Patients admitted with pneumonia continue to be the largest group of in-hospital deaths and a clinical case note review has commenced looking at both the management of care of patients at both the LRI and Glenfield plus the accuracy of clinical coding.

Dr Foster present 'perinatal mortality' in two diagnosis groups within the RTM tool. UHL's Relative Risk remains 'above the expected' for both groups. More in depth analysis and discussions with Dr Foster are underway in order to confirm whether the RR figure is being affected by 'stillbirth' pregnancies. Previous work with Dr Fosters has identified that the clinical complexity of very premature babies is not accurately captured by the Charlson Comorbidity tool which therefore affects the relative risk model for this group of patients.

3.2 UHL Quality Schedule /CQUIN

Of the 62 indicators apportioned to quarter 4, the trust has achieved or almost achieved 50.

There are 12 indicators where payment proposed is below 75% of which 4 are subject to 0% payment and a further 4 are subject to payment between 12.5% and 25%. Details of payment below 75% may be seen below:

Indicator Ref	Indicator Title (brief)	Q4 Value	Q4 RAG	Q4 Monies received
Goal 2	Patient Experience - Worries	14,838	25%	3,709
Goal 2	Patient Experience - Privacy - discussing treatment	14,838	25%	3,709
Goal 2	Patient Experience - Medication Side Effects	14,838	50%	7,419
Acute 1	Discharge Planning - EDD	29,676	0%	-
Acute 2	Smoking Session - Outpatients - Status	11,128	67%	7,456
Acute 3	Stroke - swallow	11,128	25%	2,782
Acute 3	Stroke - Brain Scan	11,128	0%	-
Acute 4	Catheters - ongoing reason	17,064	0%	-
Local 1	Outpatient Letters - Content	63,803	50%	31,902
Local 1	Outpatient Letters - timing	63,803	0%	-
Local 4	ED/Ambulance Handover	74,190	33%	24,483
Local 4	Timeliness of Discharge	74,190	12.5%	9,274

From the above breakdown of payment, significant impact may be seen from Local 1 where 127k is linked to outpatient letter content and timing, and, Local 4 which is split between ambulance handover and discharge timeliness.

The three areas which remain subject to discussion with commissioners include:

- ❖ Stroke – brain scan – concern has been previously raised regarding the content of the CQUIN and the views of the stroke physicians regarding how the national guidance is applied. Discussions with clinicians and commissioners are due to be held to resolve.
- ❖ Ambulance activity volume – UHL have requested that ambulance activity volume and the management of Bed Bureau patients via the ED be taken into consideration when considering compliance with the CQUIN
- ❖ Timeliness of discharge – there is discrepancy regarding the interpretation of the discharge indicator part 2 of the CQUIN

3.3 Fractured Neck of Femur ‘Time to Theatre’

As highlighted in recent internal and external meetings there 3 key projects to ensure the sustainable delivery, these are detailed as follows:-

1) Additional Theatre Capacity

Due to the 11% increase in NOF admissions and increase in overall trauma, additional trauma theatre sessions are required from Monday to Thursday in the afternoons to meet this demand. This is based on analysis undertaken into admission trends over each day of the week taking into account the need to operate within 36 hours of admission. All additional sessions are on track to be opened by the end of June 2012

2) Creation of a Fracture Neck of Femur Ward

The MSK CBU is establishing a fractured neck of femur ward to be operational on track to open on the 2nd July 2012. The nursing and therapy staffing levels for this area will need to be increased to ensure the appropriate 1:1.59 nurse to bed ratio is achieved. The concept of creating a dedicated ward will enable both Surgical and Ortho geriatric care to be concentrated into one area, therefore allowing greater cover and improvement in processes. A multi disciplinary team have visited Pinderfields NHS Trust in May where this model is in place to learn from them in order to develop internal protocols

3) Appointment of Locum Ortho geriatrician

The service has struggled to maintain the Ortho geriatricians input, due to Maternity Leave and delays in recruitment. This has had an adverse impact on performance as six of the measures contained in the Best Practice Indicators are dependent on this input. The recruitment issues have been addressed to ensure consistent cover is in place for all eventualities

3.4 Venous Thrombo-embolism (VTE) Risk Assessment

UHL’s performance for May, as reported to the DoH, is 95.6% this figure includes the ‘Renal Dialysis’ patients. Without the dialysis patients, performance is still above the CQUIN threshold, when including other cohort patients – 92.8% for May.

3.5 Readmissions

Readmission rate increased to 7.7% in April, continuing the trend that has prevalent since November 11 of increased readmissions, alongside the increased level of admissions in general. The standard to achieve for 2012/13 is a further 5% reduction in the readmission rate.

As previously reported, agreement has been reached with commissioners on a holding threshold for the penalisation of readmissions for 2012/13. The threshold is 20%. This will lead to a reduction in the baseline readmissions penalty of £5.2m in 2012/13 from 2011/12.

The retrospective clinical review, led by the University has started and will report in the first week in July. The clinical review of over 900 cases will not only validate the threshold for penalty, but will also identify avoidable groups where investment in the penalty can then be focussed by commissioners as per the NHS operating policy. The clinical review, focus and agreement on the investment of the penalty and the finalisation of the actions outstanding in the project plan are now the key focus for early 2012/13.

The general readmissions work is now being devolved to Divisions. Monthly data will continue to be sent to the Heads of Service to allow review of the avoidability of readmissions as part of general clinical assurance of quality and a best practice tick sheet is available that identifies best practice nationally and internationally with regard to what acute providers can do to improve readmission rates. The final Readmissions Project Board will take place on 20th July.

3.6 Patient safety

This month's indicators remain fairly consistent with a slight decrease in the number of re-opened complaints, and complaints regarding attitude of staff. There has however been a small increase in the number of complaints concerning discharge.

In relation to incidents there have been a significant increase in those relating to staffing issues, and on closer scrutiny this is for the Delivery Suite at the LGH.

There has a further Never Event reported during May, bringing the total to 3 for the first quarter of 2012/13. This has been reported as a SUI and a full RCA investigation is being undertaken. A thematic review of these three Never Events will be undertaken and reported back to GRMC and to PCT colleagues.

4.0 Director of Human Resources – Kate Bradley

4.1 Appraisal

There was a slight increase in the rolling twelve month average appraisal rate for May. The number of appraisals which took place during the month was the highest for seven months.

Human Resources continue to work closely with Divisions and Directorates in implementing targeted actions to continue to improve appraisal performance.

4.2 Sickness

The reported sickness rate for April is 4.1%. The actual rate is likely to be at around 0.5% lower as absence periods are closed. Currently therefore the sickness rate is higher than the previous 12 months but may fall after the absence periods have been closed down. The 12 month rolling sickness has remained at 3.5%.

Human Resources are currently working with Divisions to performance manage areas with the highest sickness rates. The revised Sickness Absence Policy is being communicated and will be operational from 1st June.

5.0 Director of Finance – Andrew Seddon

5.1 I&E summary

The Trust is reporting a £1.6m deficit at the end of May, which is £0.4m adverse to the planned £1.2m deficit. The May position is a £43k deficit against a break even plan.

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

Table 1 – I&E summary

	2012/13 Annual Plan £m	May 12			April - May 2012		
		Plan £m	Actual £m	Var £m	Plan £m	Actual £m	Var £m
Income							
Patient income	617.7	51.5	53.3	1.8	102.0	103.4	1.4
Teaching, R&D	75.7	6.5	6.4	(0.1)	12.6	12.6	(0.1)
Other operating Income	28.3	2.3	2.5	0.1	4.5	4.8	0.3
Total Income	721.7	60.3	62.2	1.8	119.1	120.8	1.7
Operating expenditure							
Pay	438.5	36.7	37.2	(0.6)	73.1	74.2	(1.1)
Non-pay	239.5	20.1	21.5	(1.4)	40.0	41.1	(1.0)
Total Operating Expenditure	678.0	56.8	58.7	(1.9)	113.1	115.2	(2.1)
EBITDA	43.7	3.5	3.4	(0.1)	6.0	5.6	(0.4)
Net interest	(0.0)	(0.0)	0.0	0.0	-	0.0	0.0
Depreciation	(32.5)	(2.7)	(2.6)	0.0	(5.3)	(5.3)	0.0
PDC dividend payable	(11.1)	(0.9)	(0.9)	-	(1.9)	(1.9)	-
Net deficit	0.0	(0.0)	(0.0)	(0.0)	(1.2)	(1.6)	(0.4)
EBITDA %	6.1%		5.5%			4.6%	

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

Table 2 – Financial Risk Ratings

		May	Year To Date	
	Weighting	Result	Result	Score
EBITDA achieved (% of plan)	10.0%	97.6%	93.2%	4
EBITDA margin (%)	25.0%	5.5%	4.6%	3
Return on assets (%)	20.0%	0.2%	0.1%	2
I&E surplus (%)	20.0%	-0.1%	-1.3%	2
Liquidity ratio (days)	25.0%	16	16	3
Overall Financial Risk Rating				3

The **year to date position** may be analysed as follows.

5.2 Income

5.2.1 Year to date NHS patient care income is £1.2m (1.2%) favourable to Plan.

5.2.2 This reflects an under-performance on day cases of £0.2m, elective inpatients of £0.5m and ECMO/Bone Marrow Transplants (BMT)/End Stage Renal Failure (ESRF) of £0.7m. These adverse movements are offset by favourable variances for Emergencies £1.6m, and outpatients £1.0m. Emergencies at the end of May are 1,332 spells above plan, which is 7.2%.

5.2.3 The table below highlights the impact of both price and volume changes of the activity year to date against the major points of delivery. This clearly shows that, whilst we have seen an increase in activity across all areas with the exception of elective inpatients, we have also seen a reduction in the price/case mix for day cases, emergencies and ED.

5.2.4 The key points to highlight within Table 3 are:

- A 7.2% increase in emergency activity which takes the Trust above the 2008/09 activity threshold, thereby incurring a tariff payment at only 30% of the full rate – this reduction in income is approx £0.5m at the end of Month 2. At the same time as seeing the income reduced, we have also had to staff the extra capacity required to meet the activity using premium payments.
- The Emergency Department price reduction reflects the impact of the 2011/12 year end settlement.
- The elective inpatient volume reduction of 4.3%, equates to 167 spells. This reduction is largely as a consequence of the emergency activity increase with the knock on being cancelled elective cases.

- The £720k volume variance under other is the current under-performance against ECMO, BMT and ESRF.

Table 3 – Patient Care Activity – Price and Volume Movements

Average tariff	Price Variance YTD %	Volume Variance YTD %	Price / Mix Variance (£000)	Volume Variance (£000)	Variance YTD (£000)
Day Case	(2.3)	0.4	(196)	29	(167)
Elective Inpatient	0.5	(4.3)	57	(508)	(452)
Emergency / Non-elective Inpatient	(1.7)	7.2	(541)	2,103	1,561
Outpatient	3.4	3.7	509	532	1,042
Emergency Department	(7.1)	4.6	(205)	127	(79)
Other			0	(720)	(720)
Grand Total	(1.8)	3.0	(377)	1,563	1,186

The use of this price/mix and volume analysis will be expanded in future months to cover pay and non-pay. This will be reflected in refreshed finance appendices within the Quality & Performance Report from Month 3 reporting.

5.3 Expenditure

- 5.3.1 Expenditure for the year to date is £2.1m adverse to Plan, with pay showing a £1.1m adverse position and non-pay £1m.
- 5.3.2 The pay position reflects the continued use of 3 extra capacity wards (Wards 29 and 32 at GGH and Ward 37 at LRI) to meet the emergency activity levels. Pay spend on these three wards is £0.3m. The Acute Division is rostering more doctors and nurses in Medicine and ED to ensure the flow of patients from ED to support the delivery of the 4 hour target.
- 5.3.3 Whilst premium payments were stable between September and February, the increase in March has continued into May. This reflects the extra capacity wards but also a significant reduction in the number of contracted wte. Chart 2 shows the contracted wte graphically – this clearly shows the reduction of almost 250 wte since December.

Chart 1

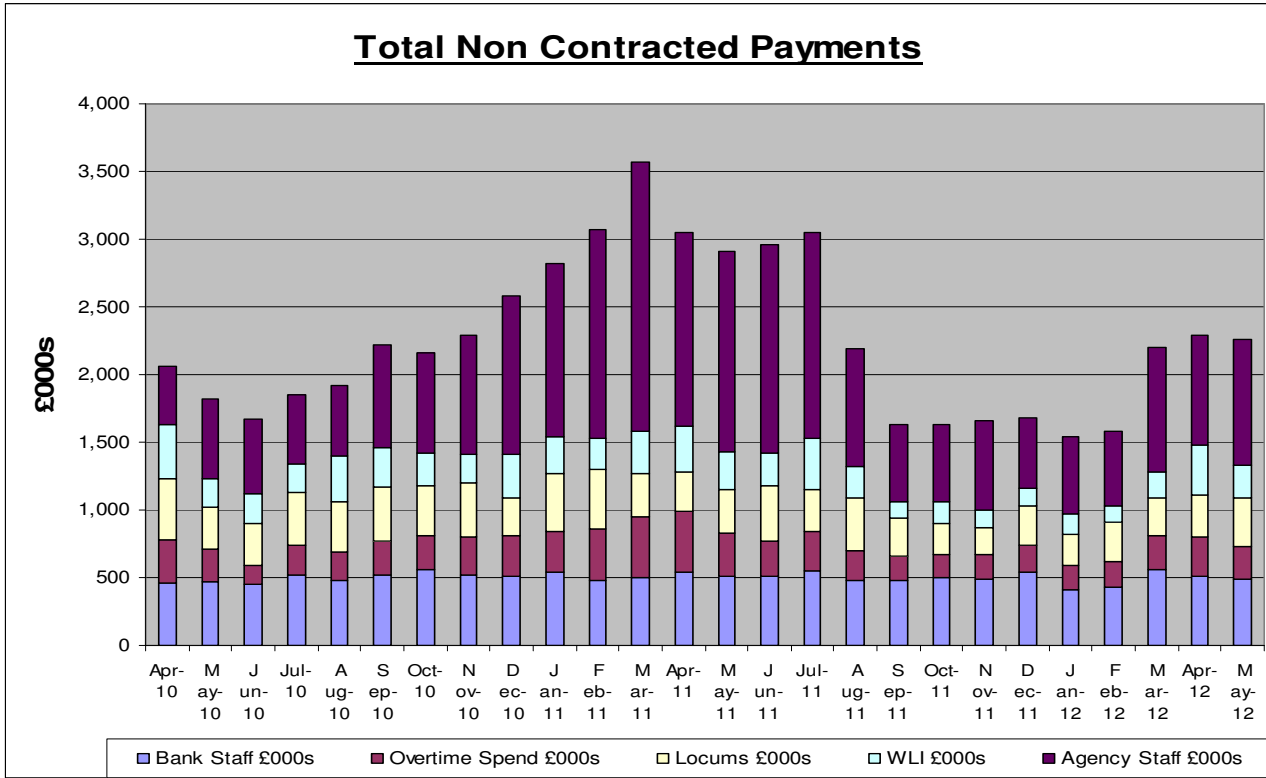
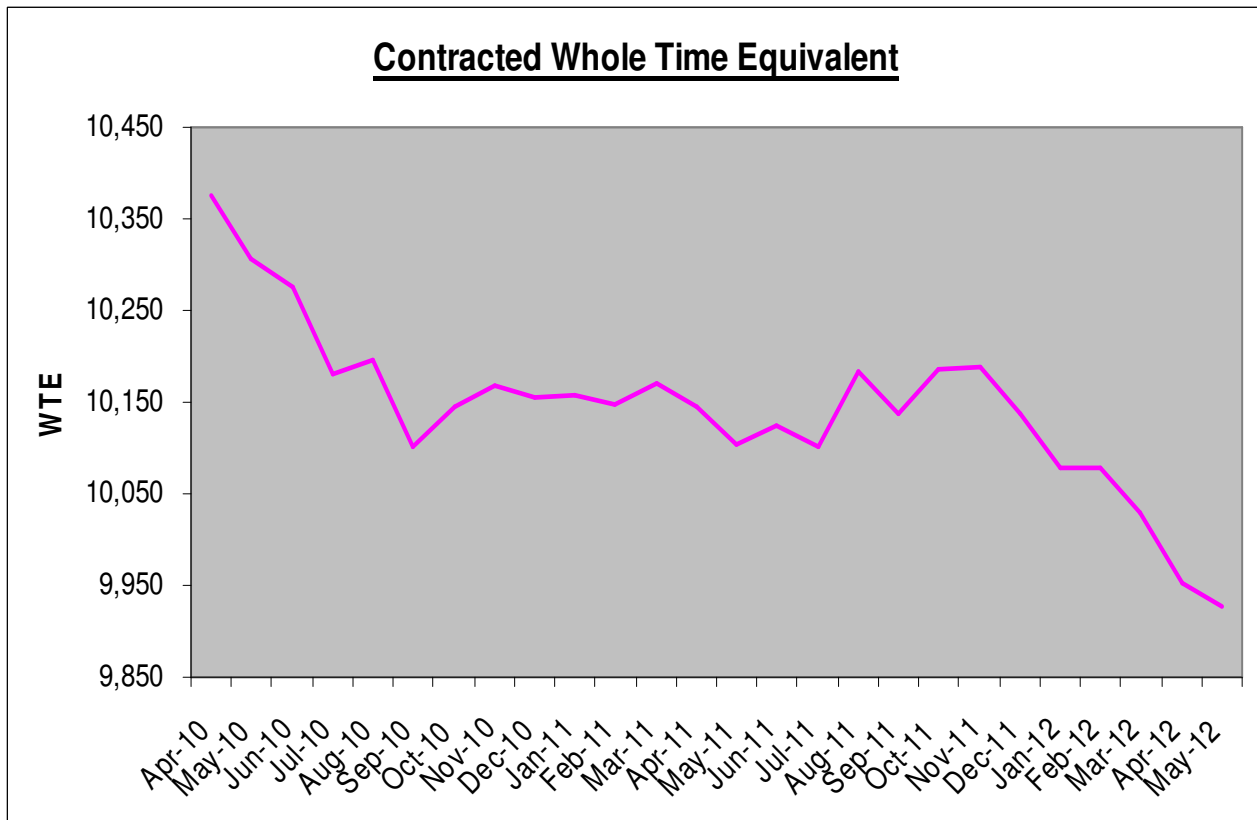


Chart 2



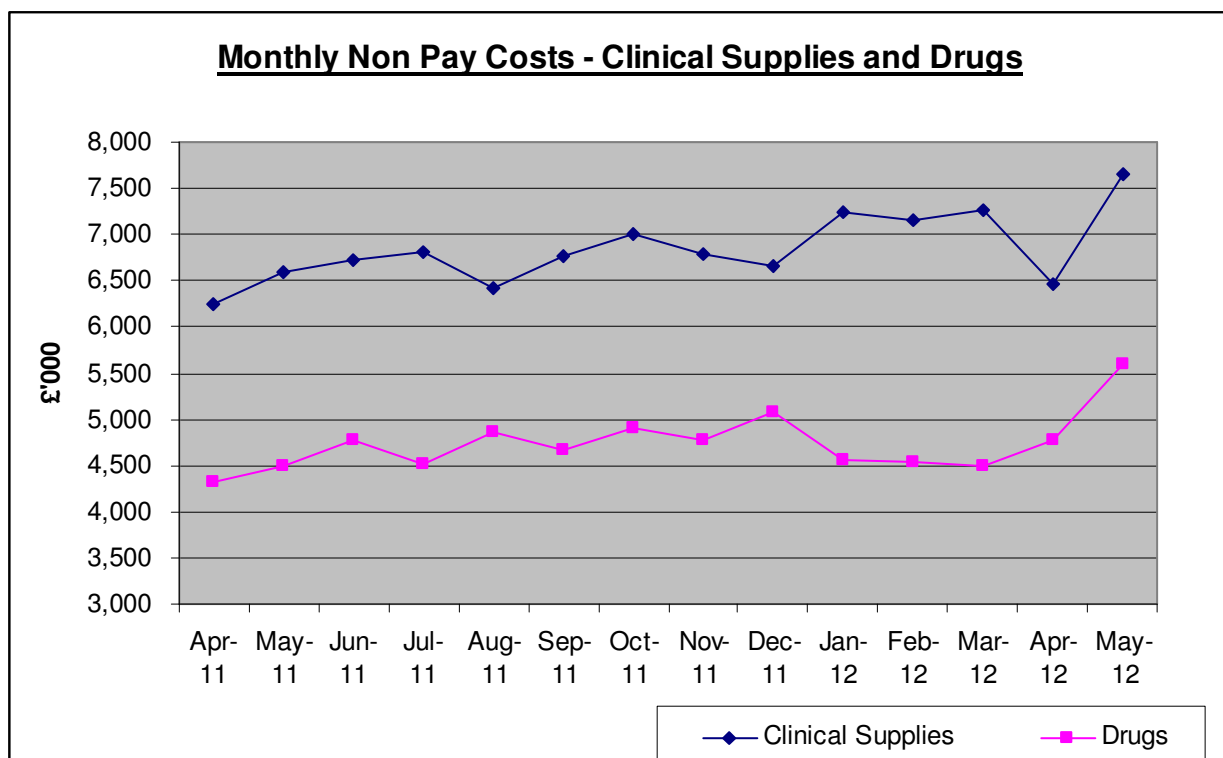
5.3.4 Whilst contracted staff has reduced, the Trust is still using a significant number of non contracted workforce. This is shown by Division in Table 4 below.

Table 4 – Worked WTE

UHL/Division	May worked wte (Actual)					Total wte
	Contracted wte	Bank wte	Overtime wte	Agency wte	Other wte	
Acute Care	3,213	109	18	62	(15)	3,387
Clinical Support	2,402	19	22	19	(57)	2,405
Planned Care	1,857	59	10	29	(50)	1,906
Womens & Children	1,392	15	4	2	(15)	1,398
Corporate	1,063	36	24	10	(33)	1,101
UHL Total	9,927	239	78	121	(169)	10,196

5.3.5 Non pay costs are showing an in month deterioration against the plan of £1.4m, resulting in a year to date £1m adverse position. The key areas are drugs, £0.4m adverse to plan, and clinical supplies, £0.5m adverse.

5.3.6 The chart below shows the actual monthly costs for clinical supplies and drugs from April 2011 to May 2012. This clearly shows the spike in costs seen in May 2012.



All Divisions are reviewing their non pay costs in May in light of the disappointing May position, in terms of comparisons to previous months, impact of activity levels and any impact due to the Jubilee weekend.

5.4 Divisional results

5.4.1 The table below summarises Divisional financial positions:

Income and Expenditure Position for the Period Ended 31 May

	Total Year to Date		
	Plan to Date £m	Actual £m	Variance (Adv) / Fav £m
Acute Care	9.2	9.1	(0.1)
Clinical Support	(15.5)	(15.9)	(0.4)
Planned Care	12.2	11.3	(0.9)
Women's and Children's	3.7	4.0	0.3
Corporate Directorates	(14.4)	(14.3)	0.1
Sub-Total Divisions	(4.9)	(5.9)	(1.0)
Central Income	11.4	11.8	0.3
Central Expenditure	(7.8)	(7.4)	0.3
Grand Total	(1.2)	(1.6)	(0.4)

5.4.2 The month end position of a £1.6m deficit (£0.4m adverse to plan) reflects a number of different factors:

Acute Care - £0.1m adverse

- An under performance of £0.5m against adult ECMO and End Stage Renal Failure
- An over performance against emergencies of over £1.1m, 827 spells
- An adverse pay position of £0.5m mainly as a consequence of the costs of the extra capacity wards
- An adverse non pay position of £0.5m predominately in drugs and clinical supplies

Planned Care - £0.9m adverse

- Patient care income adverse variance £0.1m is as a result of:
 - MSK phasing of full year plan driven by 5% increase year on year, £0.1m
 - £0.4m favourable position on outpatients primarily in respect of out-patient procedures in specialist surgery
 - Bone Marrow Transplants down by £0.1m
- Pay overspend against plan £0.4m, main reasons:
 - GI overspend of £0.1m driven by the need to use medical agency whilst recruitment takes place for the new consultant posts (included in plan) however premium incurred in month
 - Agency spend across the Division of £0.5m above plan

- Non pay overspend against plan £0.4m as a result of GI needing to continue sending some activity to the Independent Sector to address RTT backlog issues and avoid contract penalties, £0.2m

Women's & Children's - £0.3m favourable

- Patient care income favourable variance of £0.35m with a £354k over recovery in Women's and a £10k under recovery in Children's. The Women's position consists of favourable positions in Maternity, £85k, Neonates, £250k, and GU Medicine, £140k
- Pay is showing a £17k under-spend
- Non pay shows a £167k adverse position, with £99k relating to HIV drugs which is backed by income

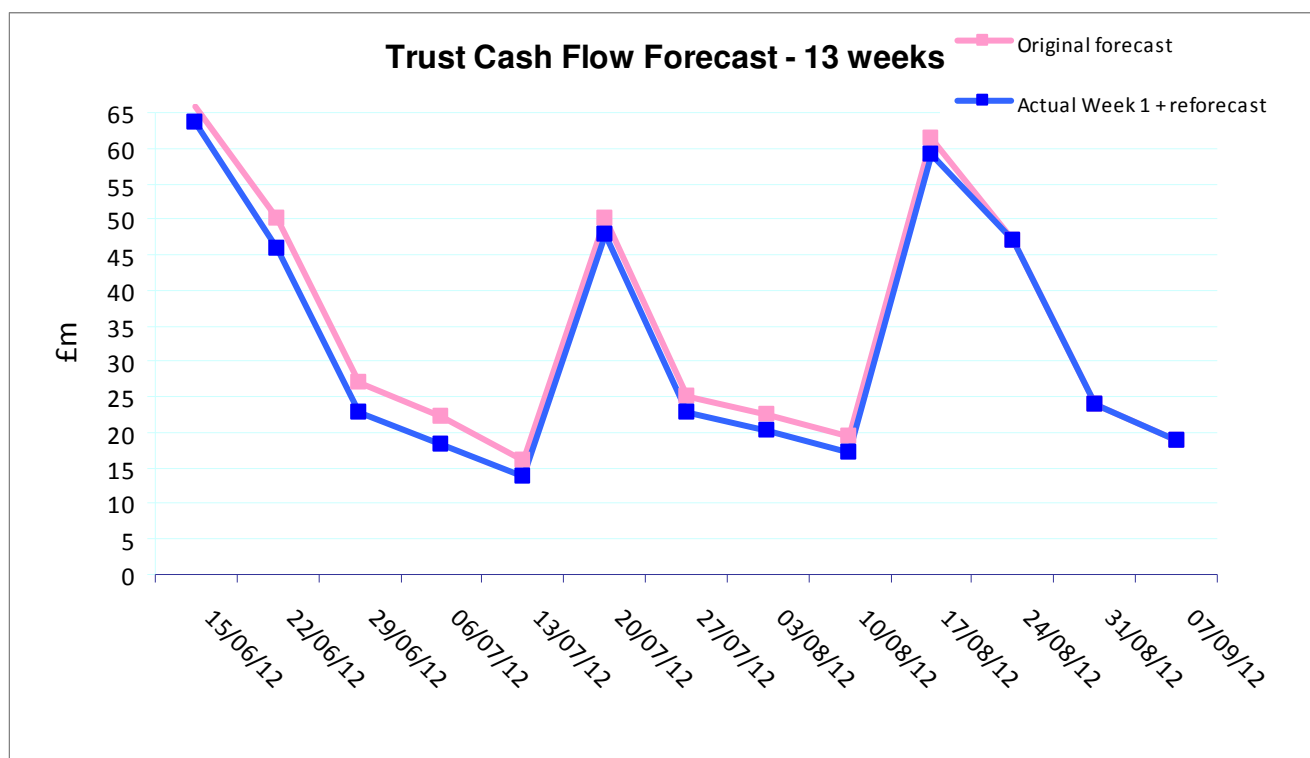
Clinical Support - £0.4m adverse

- Pay shows a £0.4m adverse position against the YTD plan. This is mainly within Taps (£348k deficit) and is due to RTT and orthopaedic additional lists and CIP under delivery. Imaging is £68k in deficit due to agency and overtime to meet wait times
- Non pay - £0.1m adverse position against the YTD plan. All areas on plan apart from Imaging CBU with a £154k adverse position. This is mainly due to additional consumables to meet the Imaging activity (£50k).

5.5 Working capital and net cash

5.5.1 The Trust closed the month of May with a cash balance of £19.4m, reflecting an increase of over £1m from year end.

5.5.2 Cash continues to be monitored on a daily basis and to date we have maintained monthly balances in excess of £2m.



Emergency Department
Patient Survey

Appendix A

Emergency Department *Front Door Audit June 11 - May 12*

University Hospitals of Leicester NHS Trust

Caring at its best

Data Source: Front Door Audit Completed by Patient	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	12 months
Number of patients interviewed	100	100	100	98	100	99	100	100	100	97	99	100	1193
1. Why Have you come into A&E today?													
Minor illness.	15% ▼	11% ▼	10% ▼	10% —	19% ▲	16% ▼	27% ▲	15% ▼	15% —	22% ▲	21% ▼	33% ▲	18%
Chronic pain.	19% ▲	23% ▲	10% ▼	2% ▼	7% ▲	1% ▼	4% ▲	9% ▲	0% ▼	0% —	12% ▲	2% ▼	7%
Minor injury.	46% ▲	33% ▼	38% ▲	63% ▲	45% ▼	59% ▲	55% ▼	61% ▲	63% ▲	47% ▼	37% ▼	45% ▲	49%
Breathing problems.	4% ▲	1% ▼	3% ▲	3% —	2% ▼	1% ▼	2% ▲	0% ▼	3% ▲	2% ▼	4% ▲	2% ▼	2%
Renewal of Medication.	0% —	0% —	0% —	1% ▲	0% ▼	0% —	0% —	0% —	0% —	0% —	0% —	0% —	0%
Other.	15% ▲	26% ▲	29% ▲	18% ▼	26% ▲	20% ▼	12% ▼	11% ▼	19% ▲	29% ▲	24% ▼	18% ▼	21%
No response.	1% ▼	6% ▲	10% ▲	2% ▼	1% ▼	3% ▲	0% ▼	4% ▲	0% ▼	0% —	1% ▲	0% ▼	2%
2. How long has this problem been going on for?													
Few hours.	46% ▲	44% ▼	40% ▼	47% ▲	42% ▼	47% ▲	41% ▼	45% ▲	43% ▼	47% ▲	40% ▼	44% ▲	44%
1 day.	12% ▼	16% ▲	19% ▲	19% —	22% ▲	26% ▲	18% ▼	23% ▲	22% ▼	19% ▼	18% ▼	16% ▼	19%
2 days.	12% ▼	12% —	9% ▼	7% ▼	10% ▲	6% ▼	6% —	6% —	11% ▲	6% ▼	9% ▲	12% ▲	9%
3 days.	7% ▲	2% ▼	7% ▲	2% ▼	3% ▲	4% ▲	7% ▲	8% ▲	3% ▼	7% ▲	10% ▲	7% ▼	6%
4 - 6 days.	6% ▼	8% ▲	4% ▼	3% ▼	8% ▲	3% ▼	8% ▲	7% ▼	7% —	3% ▼	6% ▲	8% ▲	6%
1 week.	3% ▼	5% ▲	3% ▼	3% —	3% —	3% —	6% ▲	1% ▼	0% ▼	2% ▲	7% ▲	4% ▼	3%
More than a week.	7% ▼	11% ▲	2% ▼	4% ▲	9% ▲	6% ▼	5% ▼	9% ▲	4% ▼	8% ▲	5% ▼	6% ▲	6%
No response.	7% ▲	2% ▼	16% ▲	14% ▼	3% ▼	4% ▲	9% ▲	1% ▼	10% ▲	7% ▼	4% ▼	3% ▼	7%
3. Patients registered with a GP													
Patients registered with a GP.	83% ▼	85% ▲	87% ▲	79% ▼	88% ▲	90% ▲	89% ▼	92% ▲	89% ▼	82% ▼	93% ▲	91% ▼	87%
Patients not registered with a GP.	4% ▼	15% ▲	2% ▼	15% ▲	12% ▼	10% ▼	11% ▲	6% ▼	9% ▲	18% ▲	7% ▼	9% ▲	10%
No response.	13% ▲	0% ▼	11% ▲	6% ▼	0% ▼	0% —	0% —	2% ▲	2% —	0% ▼	0% —	0% —	3%
4. Have you tried to see your GP before coming in?													
Yes.	6% ▼	25% ▲	23% ▼	18% ▼	31% ▲	24% ▼	22% ▼	23% ▲	23% —	30% ▲	29% ▼	36% ▲	24%
No.	64% ▲	53% ▼	63% ▲	45% ▼	55% ▲	60% ▲	48% ▼	55% ▲	64% ▲	48% ▼	53% ▲	49% ▼	55%
No response.	30% ▲	22% ▼	14% ▼	37% ▲	14% ▼	16% ▲	30% ▲	22% ▼	13% ▼	22% ▲	18% ▼	15% ▼	21%

Emergency Department *Front Door Audit June 11 - May 12*

Data Source: Front Door Audit Completed by Patient	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	12 months
Number of patients interviewed	100	100	100	98	100	99	100	100	100	97	99	100	1193
5. If yes, how many times have you tried in last week?													
Once.	50% ▼	56% ▲	43% ▼	72% ▲	74% ▲	67% ▼	64% ▼	52% ▼	48% ▼	48% —	66% ▲	42% ▼	57%
Twice.	17% ▲	8% ▼	9% ▲	0% ▼	10% ▲	17% ▲	9% ▼	13% ▲	0% ▼	21% ▲	3% ▼	17% ▲	10%
Three times.	0% —	4% ▲	0% ▼	0% —	0% —	0% —	5% ▲	0% ▼	0% —	7% ▲	0% ▼	11% ▲	2%
Four times.	0% —	0% —	0% —	0% —	0% —	0% —	0% —	0% —	4% ▲	3% ▼	0% ▼	0% —	1%
More than four occasions.	0% ▼	8% ▲	4% ▼	0% ▼	3% ▲	0% ▼	0% —	9% ▲	4% ▼	7% ▲	0% ▼	3% ▲	3%
No response.	33% ▲	24% ▼	43% ▲	28% ▼	13% ▼	17% ▲	23% ▲	26% ▲	43% ▲	14% ▼	31% ▲	28% ▼	27%
6. If no, why not?													
My GP is always too busy.	0% —	0% —	0% —	1% ▲	0% ▼	0% —	0% —	5% ▲	0% ▼	3% ▲	1% ▼	0% ▼	1%
I couldn't get an appointment until...%.	0% ▼	0% —	0% —	1% ▲	3% ▲	3% —	1% ▼	0% ▼	3% ▲	0% ▼	4% ▲	0% ▼	1%
I thought this problem needs a hospital doctor.	24% ▲	32% ▲	47% ▲	53% ▲	45% ▼	43% ▼	49% ▲	56% ▲	64% ▲	32% ▼	43% ▲	56% ▲	45%
It's easier for me to come to A&E.	47% ▲	27% ▼	19% ▼	4% ▼	6% ▲	19% ▲	16% ▼	9% ▼	8% ▼	33% ▲	17% ▼	7% ▼	18%
My GP advised me to come to A&E.	7% ▼	8% ▲	9% ▲	18% ▲	3% ▼	14% ▲	14% —	22% —	21% ▼	26% ▲	35% ▲	37% ▲	18%
The ambulance took me in.	1% —	1% —	0% ▼	0% —	0% —	0% —	0% —	0% —	0% —	0% —	0% —	0% —	0%
NHS direct advised me to come to A&E.	12% ▲	5% ▼	4% ▼	1% ▼	1% —	3% ▲	5% ▲	1% ▼	1% —	3% ▲	1% ▼	0% ▼	3%
My friend took me here.	2% ▲	12% ▲	4% ▼	5% ▲	14% ▲	4% ▼	14% ▲	6% ▼	1% ▼	3% ▲	0% ▼	0% —	5%
The police took me here.	0% —	1% ▲	0% ▼	0% —	1% ▲	0% ▼	0% —	1% ▲	3% ▲	0% ▼	0% ▼	0% —	1%
Other.	0% —	3% ▲	3% —	4% ▲	0% ▼	13% ▲	0% ▼	0% —	0% —	0% —	0% ▼	0% —	2%
No response.	6% ▼	11% ▲	14% ▲	14% —	26% ▲	0% ▼	0% —	0% —	0% —	0% —	0% ▼	0% —	6%
7. NEW: Were you aware of the urgent care centre?													
Aware	33% ▼	42% ▲	29% ▼	33% ▲	32% ▼	31% ▼	41% ▲	48% ▲	45% ▼	52% ▲	44% ▼	55% ▲	40%
Not aware	34% ▼	52% ▲	55% ▲	56% ▲	56% —	49% ▼	39% ▼	45% ▲	48% ▲	39% ▼	36% ▼	30% ▼	45%
No response	33% ▲	6% ▼	16% ▲	11% ▼	12% ▲	19% ▲	20% ▲	7% ▼	7% —	9% ▲	19% ▲	15% ▼	15%

Emergency Department
Patient Survey

Emergency Department *Patient Experience June 11 - May 12*

University Hospitals of Leicester NHS Trust

Caring at its best

Data Source: Front Door Audit Completed by Patient	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	12 months
Number of patients participating	100	91	100	100	100	94	75	67	97	50	98	100	1072
Which area of ED is the patient in?													
Majors	70% ▼	66% ▼	67% ▲	65% ▼	52% ▼	55% ▲	65% ▲	60% ▼	53% ▼	64% ▲	61% ▼	82% ▲	63%
Minors	12% ▲	10% ▼	11% ▲	9% ▼	9% —	10% ▲	23% ▲	6% ▼	32% ▲	24% ▼	20% ▼	5% ▼	14%
EDU	3% ▼	1% ▼	5% ▲	14% ▲	22% ▲	11% ▼	4% ▼	0% ▼	5% ▲	2% ▼	5% ▲	1% ▼	6%
Paeds	9% ▲	3% ▼	3% —	6% ▲	5% ▼	4% ▼	1% ▼	0% ▼	1% ▲	6% ▲	3% ▼	3% —	4%
Resus	3% ▼	4% ▲	8% ▲	6% ▼	0% ▼	4% ▲	0% ▼	3% ▲	3% —	2% ▼	3% ▲	0% ▼	3%
Not stated	3% ▼	15% ▲	6% ▼	0% ▼	12% ▲	16% —	7% ▼	31% ▲	6% ▼	2% ▼	7% ▲	9% ▲	10%
Gender													
Male	42% ▼	51% ▲	49% ▼	39% ▼	47% ▲	43% ▼	43% —	45% ▲	47% ▲	40% ▼	55% ▲	45% ▼	45%
Female	55% ▲	45% ▼	51% ▲	45% ▼	52% ▲	56% ▲	56% —	52% ▼	53% ▲	54% ▲	41% ▼	49% ▲	51%
Not stated	3% ▲	4% ▲	0% ▼	16% ▲	1% ▼	1% —	1% —	3% ▲	0% ▼	6% ▲	4% ▼	6% ▲	4%
Age													
17 yrs or younger	12% ▲	4% ▼	4% —	7% ▲	0% ▼	0% —	0% —	0% —	2% ▲	6% ▲	5% ▼	3% ▼	4%
18-25	5% ▼	11% ▲	12% ▲	10% ▼	8% ▼	10% ▲	17% ▲	10% ▼	11% ▲	10% ▼	7% ▼	9% ▲	10%
26-35	18% ▲	12% ▼	16% ▲	6% ▼	7% ▲	14% ▲	8% ▼	12% ▲	10% ▼	14% ▲	13% ▼	7% ▼	11%
36-50	15% ▼	23% ▲	14% ▼	8% ▼	20% ▲	20% —	19% ▼	16% ▼	15% ▼	14% ▼	20% ▲	17% ▼	17%
51-64	11% ▼	18% ▲	17% ▼	12% ▼	14% ▲	13% ▼	12% ▼	13% ▲	16% ▲	12% ▼	15% ▲	17% ▲	14%
18-64	49% ▼	64% ▲	59% ▼	36% ▼	49% ▲	56% ▲	56% —	52% ▼	54% ▲	50% ▼	56% ▲	50% ▼	53%
65-74	16% ▲	8% ▼	14% ▲	14% —	13% ▼	11% ▼	9% ▼	18% ▲	10% ▼	18% ▲	10% ▼	9% ▼	13%
75-84	14% —	12% ▼	12% —	19% ▲	16% ▼	21% ▲	19% ▼	10% ▼	21% ▲	14% ▼	12% ▼	25% ▲	16%
85 yrs or older	6% ▼	8% ▲	11% ▲	10% ▼	16% ▲	5% ▼	11% ▲	16% ▲	12% ▼	8% ▼	12% ▲	6% ▼	10%
65 yrs or older	36% ▼	27% ▼	37% ▲	43% ▲	45% ▲	37% ▼	39% ▲	45% ▲	43% ▼	40% ▼	35% ▼	40% ▲	39%
Not stated	3% ▲	4% ▲	0% ▼	14% ▲	6% ▼	6% —	5% ▼	3% ▼	1% ▼	4% ▲	4% —	7% ▲	5%
Ethnicity													
White	74% ▼	73% ▼	72% ▼	66% ▼	86% ▲	86% —	68% ▼	81% ▲	79% ▼	74% ▼	62% ▼	76% ▲	75%
Mixed	3% ▲	0% ▼	0% —	4% ▲	3% ▼	5% ▲	4% ▼	0% ▼	2% ▲	0% ▼	3% ▲	1% ▼	2%
Asian or Asian British	14% ▲	15% ▲	17% ▲	10% ▼	8% ▼	6% ▼	11% ▲	10% ▼	10% —	14% ▲	14% —	6% ▼	11%
Black or Black British	1% ▼	3% ▲	1% ▼	0% ▼	0% —	1% ▲	3% ▲	4% ▲	1% ▼	6% ▲	0% ▼	3% ▲	2%
Chinese	0% ▼	0% —	1% ▲	0% ▼	0% —	0% —	0% —	0% —	0% —	0% —	0% —	0% —	0%
Other	0% ▼	3% ▲	4% ▲	1% ▼	3% ▲	0% ▼	4% ▲	0% ▼	0% —	0% —	2% ▲	2% —	2%
Not stated	8% ▲	5% ▼	5% —	19% ▲	0% ▼	1% ▲	11% ▲	4% ▼	7% ▲	6% ▼	18% ▲	12% ▼	8%

Emergency Department
Patient Survey

Emergency Department *Patient Experience June 11 - May 12*

University Hospitals of Leicester NHS Trust

Caring at its best

Data Source: Front Door Audit Completed by Patient	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	12 months
Number of comments received	500	454	499	499	500	469	500	500	500	500	500	508	5929
Overall													
Positive	93% ▬	95% ▲	90% ▼	94% ▲	93% ▼	94% ▲	97% ▲	97% ▬	97% ▬	97% ▬	97% ▬	96% ▼	95%
Neutral	4% ▼	1% ▼	9% ▲	3% ▼	4% ▲	4% ▬	2% ▼	0% ▼	2% ▲	1% ▼	1% ▬	3% ▲	3%
Negative	3% ▲	4% ▲	1% ▼	3% ▲	3% ▬	2% ▼	1% ▼	0% ▼	0% ▬	0% ▼	0% ▬	1% ▲	2%
Care Received													
Positive	89% ▲	100% ▲	94% ▼	92% ▼	92% ▬	94% ▲	93% ▼	96% ▲	91% ▼	92% ▲	96% ▲	98% ▲	94%
Neutral	7% ▼	0% ▼	6% ▲	5% ▼	5% ▬	4% ▼	5% ▲	3% ▼	8% ▲	8% ▬	4% ▼	2% ▼	5%
Negative	4% ▲	0% ▼	0% ▬	3% ▲	3% ▬	2% ▼	1% ▼	1% ▬	1% ▬	0% ▼	0% ▬	0% ▬	1%
Information Received													
Positive	99% ▲	96% ▼	96% ▬	99% ▲	100% ▲	99% ▼	99% ▬	100% ▲	100% ▬	100% ▬	100% ▬	100% ▬	99%
Neutral	1% ▼	0% ▼	4% ▲	1% ▼	0% ▼	1% ▲	1% ▬	0% ▼	0% ▬	0% ▬	0% ▬	0% ▬	1%
Negative	0% ▼	4% ▲	0% ▼	0% ▬	0% ▬	0% ▬	0% ▬	0% ▬	0% ▬	0% ▬	0% ▬	0% ▬	0%
Waiting Times													
Positive	92% ▲	90% ▼	78% ▼	86% ▲	84% ▼	91% ▲	97% ▲	91% ▼	88% ▼	86% ▼	87% ▲	85% ▼	88%
Neutral	4% ▼	2% ▼	20% ▲	8% ▼	9% ▲	5% ▼	3% ▼	4% ▲	5% ▲	8% ▲	13% ▲	11% ▼	8%
Negative	4% ▬	8% ▲	2% ▼	6% ▲	7% ▲	3% ▼	0% ▼	4% ▲	7% ▲	6% ▼	0% ▼	4% ▲	4%
NEW - Privacy													
Positive	97% ▼	99% ▲	92% ▼	95% ▲	100% ▲	98% ▼	97% ▼	99% ▲	99% ▬	100% ▲	97% ▼	100% ▲	98%
Neutral	2% ▲	0% ▼	8% ▲	1% ▼	0% ▼	2% ▲	0% ▼	0% ▬	1% ▲	0% ▼	2% ▲	0% ▼	1%
Negative	1% ▬	1% ▬	0% ▼	3% ▲	0% ▼	0% ▬	3% ▲	1% ▼	0% ▼	0% ▬	1% ▲	0% ▼	1%
NEW - Dignity and Respect													
Positive	99% ▬	96% ▼	96% ▬	99% ▲	100% ▲	99% ▼	99% ▬	100% ▲	100% ▬	100% ▬	100% ▬	100% ▬	99%
Neutral	1% ▬	0% ▼	4% ▲	1% ▼	0% ▼	1% ▲	1% ▬	0% ▼	0% ▬	0% ▬	0% ▬	0% ▬	1%
Negative	0% ▬	4% ▲	0% ▼	0% ▬	0% ▬	0% ▬	0% ▬	0% ▬	0% ▬	0% ▬	0% ▬	0% ▬	0%

	Q&P	Reporting Committee	Source of Indicator	Frequency	
Infection Prevention					
1	MRSA Bacteraemias	Yes	Trust Board	PMR/DoH	Monthly
2	CDT Isolates in Patients (UHL - All Ages)	Yes	Trust Board	PMR/DoH	Monthly
3	VRE	No	QPMG/Heatmap	Quality Schedule	Monthly
4	MSSA	No	QPMG/Heatmap	Quality Schedule	Monthly
5	E-Coli	No	QPMG/Heatmap	Quality Schedule	Monthly
6	MRSA Elective Screening (Patient Matched)	Yes	QPMG/Heatmap	PMR	Monthly
7	MRSA Elective Screening (Patient Not Matched)	No	QPMG/Heatmap	Quality Schedule	Monthly
8	MRSA Non-Elective Screening	Yes	QPMG/Heatmap	PMR	Monthly
Patient Safety					
9	10X Medication Errors	Yes	Trust Board	Trust	Monthly
10	Never Events	Yes	Trust Board	PMR	Monthly
11	Patient Falls	Yes	Trust Board	Trust/PMR	Monthly
12	Complaints Re-Opened	No	GRMC	Trust	Monthly
13	SUIs (Relating to Deteriorating Patients)	Yes	Trust Board	Trust	Monthly
14	RIDDOR	No	GRMC	Trust	Monthly
15	Falls resulting in severe injury or harm	Yes	Trust Board	PMR	Monthly
16	No of Staffing Level Issues Reported as Incidents	No	GRMC	Trust	Monthly
17	Outlying (daily average)	Yes	GRMC/Heatmap	Trust/PMR	Monthly
18	Pressure Ulcers (Grade 3 and 4)	Yes	Trust Board	PMR	Monthly
19	Formal complaints received	Yes	Trust Board	PMR	Monthly
20	ALL Complaints Regarding Attitude of Staff	No	GRMC	Trust	Monthly
21	ALL Complaints Regarding Discharge	No	GRMC	Trust	Monthly
22	Bed Occupancy (inc short stay admissions)	No	GRMC/Heatmap	Trust	Monthly
23	Bed Occupancy (excl short stay admissions)	Yes	Trust Board	Trust	Monthly
24	Staffing : Nurses per Bed	Yes	Trust Board	Trust	Monthly
25	% of all adults who have had VTE risk assessment on adm to hosp	Yes	Trust Board	PMR/DoH	Monthly
26	Compliance with Blood Traceability	No	GRMC/Heatmap	Trust	Monthly
Clinical Effectiveness					
27	30 Day readmissions	Yes	Trust Board	Contractual	Monthly
28	UHL mortality rate - Dr Fosters HSMR - Elective	Yes	Trust Board	PMR	Monthly
29	UHL mortality rate - Dr Fosters HSMR - Non Elective	Yes	Trust Board	PMR	Monthly
30	UHL - crude mortality rate - Elective	Yes	Trust Board	Quality	Monthly
31	UHL - crude mortality rate - Non Elective	Yes	Trust Board	Quality	Monthly
32	Discharge summaries to GP within 48hrs	No	GRMC/Heatmap	Trust	Monthly
33	Participation in Monthly Discharge Letter Audit	No	GRMC	Trust	Quarterly
34	Quality of Discharge Summaries	No	GRMC	Contractual	Quarterly
35	Stroke - 90% of Stay on a Stroke Unit	No	GRMC/Heatmap	Contractual	Monthly
36	Stroke - TIA Clinic within 24 Hours	No	GRMC/Heatmap	Contractual	Monthly
37	No. of # Neck of femurs operated on < 36hrs	Yes	GRMC	Contractual	Monthly
38	Maternity - Breast Feeding < 48 Hours	No	GRMC	Contractual	Monthly
39	Maternity - % Smoking at Time of Delivery	No	GRMC	Contractual	Monthly
40	Cytology Screening 7 day target	No	GRMC	Trust	Monthly
42	NICE Guidance	No	GRMC	Trust	Monthly
43	Audit	No	GRMC	Trust	Quarterly
44	Senior clinical review on ward rounds (Audit Medicine CBU)	No	GRMC	Trust	Quarterly

	Q&P	Reporting Committee	Source of Indicator	Frequency
Nursing Metrics				
45 Patient Observation	No	GRMC/QPMG/Confirm and Challenge	Trust	Monthly
46 Pain Management	No	GRMC/QPMG/Confirm and Challenge	Trust	Monthly
47 Falls Assessment	No	GRMC/QPMG/Confirm and Challenge	Trust	Monthly
48 Pressure Area Care	No	GRMC/QPMG/Confirm and Challenge	Trust	Monthly
49 Nutritional Assessment	No	GRMC/QPMG/Confirm and Challenge	Trust	Monthly
50 Medicine Prescribing and Assessment	No	GRMC/QPMG/Confirm and Challenge	Trust	Monthly
51 Hand Hygiene	No	GRMC/QPMG/Confirm and Challenge	Trust	Monthly
52 Resuscitation Equipment	No	GRMC/QPMG/Confirm and Challenge	Trust	Monthly
53 Controlled Medicines	No	GRMC/QPMG/Confirm and Challenge	Trust	Monthly
54 VTE	No	GRMC/QPMG/Confirm and Challenge	Trust	Monthly
55 Patient Dignity	No	GRMC/QPMG/Confirm and Challenge	Trust	Monthly
56 Infection Prevention and Control	No	GRMC/QPMG/Confirm and Challenge	Trust	Monthly
Patient Experience				
57 Net Promoter	Yes	Trust Board	Quality Schedule	Monthly
58 Net Promoter coverage	Yes	Trust Board	Quality Schedule	Monthly
59 Outpatient Polling - treated with respect and dignity	Yes	Trust Board	Quality Schedule	Monthly
60 Inpatient Polling - treated with respect and dignity	Yes	Trust Board	Quality Schedule	Monthly
61 Inpatient Polling - rating the care you receive	Yes	Trust Board	Quality Schedule	Monthly
62 Outpatient Polling - treated with respect and dignity	Yes	Trust Board	Quality Schedule	Monthly
63 Outpatient Polling - rating the care you receive	Yes	Trust Board	Quality Schedule	Monthly
64 Real Time Patient Monitoring (Satis'n Score)	No	GRMC	Quality Schedule	Monthly
65 PROMs	No	GRMC	Quality Schedule	Monthly
66 Same Sex Accommodation Breaches	Yes	Trust Board	Contractual	Monthly
67 % Beds Providing Same Sex Accommodation	Yes	Trust Board	PMR/DoH	Monthly
CQUIN				
68 VTE risk assessment	Yes	GRMC/TB	Quality Schedule	Quarterly
69 Responsiveness to Patient Needs	Yes	GRMC/TB	Quality Schedule	Quarterly
70 Dementia - Screening	Yes	GRMC/TB	Quality Schedule	Monthly
71 Dementia - Risk Assessment	Yes	GRMC/TB	Quality Schedule	Monthly
72 Dementia - Referral	Yes	GRMC/TB	Quality Schedule	Quarterly
73 Safety Thermometer	Yes	GRMC/TB	Quality Schedule	Quarterly
74 NET Promoter	Yes	GRMC/TB	Quality Schedule	Quarterly
75 MECC	Yes	GRMC/TB	Quality Schedule	Quarterly
76 Int Prof Standards - ED	Yes	GRMC/TB	Quality Schedule	Quarterly
77 Int Prof Standards - Assessment Units & Imaging	Yes	GRMC/TB	Quality Schedule	
78 ED/EMAS Handover	Yes	GRMC/TB	Quality Schedule	
79 Disch B4 11am	Yes	GRMC/TB	Quality Schedule	
80 Disch B4 1pm	Yes	GRMC/TB	Quality Schedule	
81 7 Day Disch	Yes	GRMC/TB	Quality Schedule	
82 TTOs pre disch	Yes	GRMC/TB	Quality Schedule	Quarterly
83 Disch Diagnosis & Plan	Yes	GRMC/TB	Quality Schedule	Quarterly
84 End of Life Care	Yes	GRMC/TB	Quality Schedule	Quarterly
85 COPD Admission	Yes	GRMC/TB	Quality Schedule	Quarterly
86 COPD care bundle	Yes	GRMC/TB	Quality Schedule	Quarterly
87 Clinical Handover	Yes	GRMC/TB	Quality Schedule	Quarterly
88 Responding to EWS	Yes	GRMC/TB	Quality Schedule	Quarterly
89 M&M	Yes	GRMC/TB	Quality Schedule	Quarterly
90 Acting on Results	Yes	GRMC/TB	Quality Schedule	Quarterly

	Q&P	Reporting Committee	Source of Indicator	Frequency	
OPERATIONAL STANDARDS					
Emergency Department					
91	A&E Waits - Leics	Yes	Trust Board	Trust	Monthly
92	A&E Waits - UHL (Type 1 and 2)	Yes	Trust Board	PMR/DoH	Monthly
93	ED Unplanned Re-attendance Rate	Yes	Trust Board	PMR	Monthly
94	ED Time in Department - 95th centile Type 1+2	Yes	Trust Board	PMR	Monthly
95	Left Without Being Seen %	Yes	Trust Board	PMR	Monthly
96	Time to Initial Assessment - 95th centile	Yes	Trust Board	PMR	Monthly
97	Time to Treatment - Median	Yes	Trust Board	PMR	Monthly
Referral to Treatment					
98	RTT Admitted Median Wait (Weeks)	No	CPM	Contractual	Monthly
99	RTT Admitted 95th Percentile (Weeks)	No	CPM	Contractual	Monthly
100	RTT Non Admitted Median Wait (Weeks)	No	CPM	Contractual	Monthly
101	RTT Non Admitted 95th Percentile (Weeks)	No	CPM	Contractual	Monthly
102	RTT Incomplete Median Wait (Weeks)	No	CPM	Contractual	Monthly
103	RTT Incomplete 95th Percentile (Weeks)	No	CPM	Contractual	Monthly
104	RTT - Admitted	Yes	Trust Board	PMR/DoH	Monthly
105	RTT - Non Admitted	Yes	Trust Board	PMR/DoH	Monthly
106	RTT - Incomplete 92% in 18 weeks	Yes	Trust Board	DoH	Monthly
107	RTT delivery in all specialties	Yes	Trust Board	DoH	Monthly
108	6 Week - Diagnostic Test Waiting Times	Yes	Trust Board	DoH	Monthly
Cancer Treatment					
109	Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	Yes	Trust Board	PMR/DoH	Monthly
110	Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	Yes	Trust Board	PMR/DoH	Monthly
111	31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	Yes	Trust Board	PMR/DoH	Monthly
112	31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	Yes	Trust Board	PMR/DoH	Monthly
113	31-Day Wait For Second Or Subsequent Treatment: Surgery	Yes	Trust Board	PMR/DoH	Monthly
114	31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	Yes	Trust Board	PMR/DoH	Monthly
115	62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	Yes	Trust Board	PMR/DoH	Monthly
116	62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	Yes	Trust Board	PMR/DoH	Monthly
117	62-Day Wait For First Treatment From Consultant Upgrade	Yes	Trust Board	Contractual	Monthly
Coronary Heart Disease					
118	Maintain a maximum 13 week wait for revascularisation (CABG/PTCA)	No	Confirm and Challenge/Heatmap	Contractual	Monthly
119	Primary PCI Call to Balloon <150 Mins	No	Confirm and Challenge/Heatmap	Contractual	Monthly
120	Rapid Access Chest Pain Clinics - % in 2 Weeks	No	Confirm and Challenge/Heatmap	Contractual	Monthly
Choose and Book					
121	Choose & Book (Slot Unavailability)	No	QPMG/Confirm and Challenge/Heatmap	Contractual	Monthly

	Q&P	Reporting Committee	Source of Indicator	Frequency
Patient Choice				
122 Inpatient and Day Case Booking	No	Confirm and Challenge/Heatmap	Trust	Monthly
123 Outpatient Booking	No	Confirm and Challenge/Heatmap	Trust	Monthly
Efficiency - Outpatients and Inpatient Length of Stay				
124 Outpatient DNA Rates (%)	No	QPMG/Confirm and Challenge/Heatmap	Trust	Monthly
125 Outpatient Appts % Cancelled by Hospital	No	QPMG/Confirm and Challenge/Heatmap	Trust	Monthly
126 Outpatient Appts % Cancelled by Patient	No	QPMG/Confirm and Challenge/Heatmap	Trust	Monthly
127 Outpatient F/Up Ratio	No	QPMG/Confirm and Challenge/Heatmap	Trust	Monthly
128 Ave Length of Stay (Nights) - Emergency	No	QPMG/Confirm and Challenge/Heatmap	Trust	Monthly
129 Ave Length of Stay (Nights) - Elective	No	QPMG/Confirm and Challenge/Heatmap	Trust	Monthly
130 % of Delayed transfers	No	QPMG/Confirm and Challenge/Heatmap	DoH	Monthly
131 % of Electives admitted on day of procedure	No	QPMG/Confirm and Challenge/Heatmap	Trust	Monthly
Theatres and Cancelled Operations				
132 Day Surgery	No	Confirm and Challenge/Heatmap	Trust	Monthly
133 Inpatient Theatre Utilisation Rate (%)	No	Confirm and Challenge/Heatmap	Trust	Monthly
134 Day case Theatre Utilisation Rate (%)	No	Confirm and Challenge/Heatmap	Trust	Monthly
135 Operations cancelled for non-clinical reasons on or after the day of admission	Yes	Trust Board	Trust	Monthly
136 Cancelled patients offered a date within 28 days of the cancellations	No	Confirm and Challenge	CQC	Monthly
HUMAN RESOURCES				
Staffing				
137 Contracted staff in post (substantive FTE)	No	Trust Board	Trust	Monthly
138 Bank hours paid (FTE)	No	Workforce and Organisational Development Committee	Trust	Monthly
139 Overtime hours paid (FTE)	No	Workforce and Organisational Development Committee	Trust	Monthly
140 Total FTE worked	No	Workforce and Organisational Development Committee	Trust	Monthly
141 Actual Net FTE reduction this month	No	Workforce and Organisational Development Committee	Trust	Monthly
Workforce HR Indicators				
143 Sickness absence	Yes	Trust Board	Trust	Monthly
144 Appraisals	Yes	Trust Board	Trust	Monthly
145 Turnover	No	Workforce and Organisational Development Committee/Heatmap	Trust	Monthly
146 % Corporate Induction attendance	No	Workforce and Organisational Development Committee/Heatmap	Trust	Monthly
HR Pay Analysis				
147 Locums (£ 000s)	No	F&P Committee	Trust	Monthly
148 Agency (£ 000s)	No	F&P Committee	Trust	Monthly
149 Bank (£ 000s)	No	F&P Committee	Trust	Monthly
150 Overtime (£ 000s)	No	F&P Committee	Trust	Monthly
151 Total Pay Bill (£ millions)	No	Trust Board	Trust	Monthly