Trust Board Paper R

	Trust Board
From:	Rachel Overfield, Kevin Harris, Richard Mitchell Kate Bradley Andrew Seddon
Date:	**20th December 2013**
CQC regulation	All

Title:	**Quality & Performance Report**

Author/Responsible Director: R Overfield, Chief Nurse
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A. Seddon, Director of Finance

Purpose of the Report:
To provide members with an overview of UHL quality, operational performance against national and local indicators and Finance for the month of November.

The Report is provided to the Board for:

Decision		Discussion	√
Assurance	√	Endorsement	

Summary / Key Points:

Successes

- Theatres – 100% WHO compliant
- 62 day cancer – confirmed performance in October was 86.4%
- VTE - The 95% threshold for VTE risk assessment within 24 hours of admission has been achieved for the last 5 months
- The percentage of stoke patients spending 90% of their stay on a stroke ward has been exceeded for the last 4 months and the contract query will be formally closed by the commissioners.
- Friends and Family Test - Performance on the FFT for November is 70.3

Areas to watch:-

- C Difficile – on trajectory to date with 47 reported against cumulative target of 47.
- Diagnostic waiting times– the 1% threshold was delivered for November
- C&B – performance similar to this time last year and target is still not delivered.

Exceptions/Contractual Queries:-

- Pressure Ulcers – recovery action plan signed off
- ED 4hr target - Performance for emergency care 4hr wait in November was 88.5%. Actions relating to the emergency care performance are included in the ED exception report.
- Cancelled Operations – contract query has been raised by the commissioners due to consistent failure of the threshold. Remedial action plan submitted, additional

information requested prior to agreement by commissioners.

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

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

University Hospitals of Leicester NHS
NHS Trust

Caring at its best

Quality and Performance – November 2013

Trust Board

Friday 20th December 2013

One team shared values

<u>UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST</u>

REPORT TO: TRUST BOARD

DATE: 20th DECEMBER 2013

REPORT BY: KEVIN HARRIS, MEDICAL DIRECTOR
RACHEL OVERFIELD, CHIEF NURSE
RICHARD MITCHELL, CHIEF OPERATING OFFICER
KATE BRADLEY, DIRECTOR OF HUMAN RESOURCES
ANDREW SEDDON, DIRECTOR OF FINANCE

SUBJECT: NOVEMBER 2013 QUALITY & PERFORMANCE SUMMARY REPORT

1.0 INTRODUCTION

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

2.0 2013/14 NTDA Oversight and Escalation Level

2.1 NTDA 2013/14 Indicators

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

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

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

Outcome Measures	Target	2012/13	Apr-13	May-13	Jun-13	Qtr1	Jul-13	Aug-13	Sep-13	Qtr2	Oct-13	Nov-13	YTD
30 day emergency readmissions	7.0%	7.8%	7.5%	7.8%	7.7%	7.7%	7.5%	7.6%	7.8%	7.6%	7.8%		7.7%
Avoidable Incidence of MRSA	0	2	0	0	0	0	0	0	1	1	0	0	1
Incidence of C. Difficile	67	94	6	7	2	15	6	5	9	20	6	6	47
Incidence of MSSA		46	5	2	5	12	1	4	3	8	1	1	22
Safety Thermometer Harm free care		94.1%*	92.1%	93.7%	93.6%		93.8%	93.5%	93.1%		94.7%	93.9%	
Never events	0	6	1	0	0	1	0	0	1	1	0	0	2
C-sections rates*	25%	23.9%	23.8%	26.1%	26.1%	25.3%	25.0%	25.2%	24.6%	24.9%	25.6%	27.5%	25.5%
Maternal deaths	0	0	0	0	0	0	0	0	0	0	0	0	0
Avoidable Pressure Ulcers (Grade 3 and 4)	0	98	11	4	8	23	8	8	5	21	4	5	53
VTE risk assessment	95%	94.5%	94.1%	94.5%	93.1%	93.9%	95.9%	95.2%	95.4%	95.3%	95.5%	96.7%	95.1%
Open Central Alert System (CAS) Alerts		13	14	9	15		36	10	10		14	15	
WHO surgical checklist compliance	100%	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

* target revised to 25%

Quality Governance Indicators	Target	2012/13	Apr-13	May-13	Jun-13	Qtr1	Jul-13	Aug-13	Sep-13	Qtr2	Oct-13	Nov-13	YTD
Patient satisfaction (friends and family)		64.5	66.4	73.9	64.9		66.0	69.6	67.6		66.2	70.3	
Sickness/absence rate	3.0%	3.4%	3.3%	3.1%	3.0%	3.2%	3.2%	3.1%	3.2%	3.2%	3.5%	4.1%*	3.2%
Proportion temporary staff – clinical and non-clinical (WTE for Bank, Overtime and Agency)			5.6%	5.9%	5.6%		5.6%	5.5%	5.3%		6.0%	6.1%	
Staff turnover (excluding Junior Doctors and Facilities)	10.0%	9.0%	8.8%	8.9%	9.2%	9.2%	9.5%	9.3%	9.7%	9.7%	9.6%	9.7%	9.7%
Mixed sex accommodation breaches	0	7	0	0	0	0	0	0	0	0	0	2	2
% staff appraised	95%	90.1%	90.9%	90.2%	90.7%	90.7%	92.4%	92.7%	91.9%	91.9%	91.0%	91.3%*	91.3%
Statutory and Mandatory Training	75%		45%	46%	46%	46%	48%	49%	55%	55%	58%	60%	58%
% Corporate Induction attendance rate	95%		87%	82%	95%	95%	90%	94%	94%	94%	91%	87%	

*provisional data

2.2 UHL NTDA Escalation Level

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

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

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

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

3.0 QUALITY AND PATIENT SAFETY – KEVIN HARRIS/RACHEL OVERFIELD

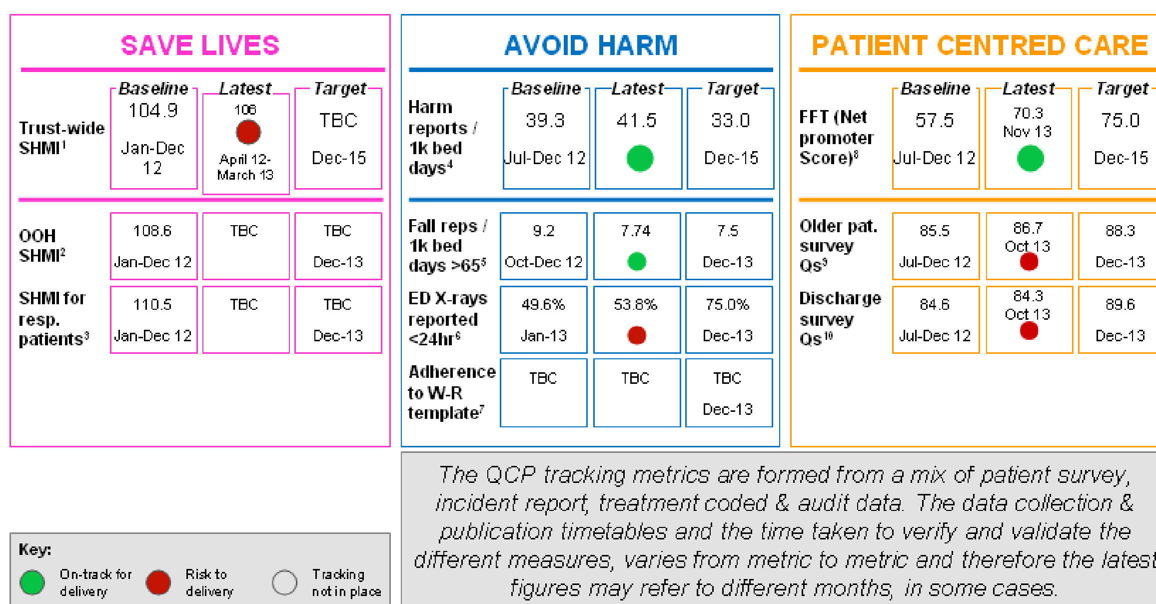
3.1 Quality Commitment

To deliver our vision of 'Caring at its best' we have developed and launched an ambitious Quality Commitment for the trust. Our priorities are being led through three over-arching strategic goals, each with a target to be delivered over the next 3 years. By 2016 we will aim to deliver a programme of quality improvements which will:

- Save 1000 extra lives
- Avoid 5000 harm events
- Provide patient centred care so that we consistently achieve a 75 point patient recommendation rate

A Quality Commitment dashboard has been developed to present updates on the 3 core metrics for tracking performance against our 3 goals (save lives, avoid harm and patient centred care). These 3 metrics will be tracked throughout the programme up to 2015. The dashboard also includes 7 sub-metrics, one to track delivery in each of the 7 work streams. These metrics are selected from a broader group of tracking metrics and were chosen to be representative of the individual workstream targets. These sub-metrics will change during the programme as we achieve are targets and set new focus areas in 2014 and 2015.

Following purchase of the Hospital Evaluation Dataset (HED) clinical benchmarking tool, we will now be in a position to track UHL's SHMI for both the 'out of hours' and 'respiratory' actions on an ongoing basis. Monitoring data and proposed thresholds for the Quality Commitment Dashboard will be submitted to the 19th December meeting of the Mortality Review Committee, which is overseeing the 'Saving Lives' work-streams.



1. 30-day relative mortality rate, excluding stillbirths, day cases & regular day/night attendees; 2. After 8pm & before 6am, excluding elective admissions & Well-Baby admissions; 3. Patients with an primary respiratory diagnosis; 4. All harms reported per 1k bed stays (excl maternity); 5. All falls reported per 1k bed stays for patients >65 years old; 6. % of ED X-rays reported by a radiologist <24hrs; 7. Ward round audit yet to be launched; 8. Net promoters on the Friends & Family survey; 9. Average score for the 3 older patient survey questions; 10. Average score for the 3 discharge experience survey questions;

Save 1000 Lives

Hospital 24/7 – has now been fully implemented at the LRI –went live at weekends at the end of November and is available from17.00 weekdays (rather than nights only) since the 9th December.

Further developments include supporting discharges at the weekend using NerveCentre. This was trialled last weekend.

Respiratory Pathway – over 300 patients have been reviewed by the Pneumonia Nurses (at the LRI and Glenfield). As well supporting junior doctors teaching, the nurses are also working with the clinical skills centre to look at including teaching about the pneumonia care bundle into a 'simulation package'.

Avoid 5000 harms

Following the success of the falls confirm and challenge meetings, all CMG Heads of Nursing are now reviewing the falls in all of their clinical in-patient areas with a view to ensuring the appropriate involvement in this focused work. The 'confirm and challenge process' continues to show sustained results and CMG HON are keen to replicate initiatives such as cohorting to allow a higher level of patient support and supervision.

Actions planned to continue on from this work is to

- focus on reducing the amount of harmful falls
- implementation of patient specific falls prevention actions for all patients aged 65 and over or with a clinical condition which increases their risk of falls

- ensure that appropriate and timely actions are taken when a patient does fall in order to prevent further harm and ensure patient safety

Senior Medical Review and Ward Round Notation - Ward round standards and documentation audit forms are still being collated. The results are due early December. Currently waiting for spend breakdown for current continuation paper from supplies. Work has commenced to plan implementation of these to include education sessions at junior doctor training sessions. As part of the ECAT work there is involvement with a Task and Finish group to improve ward rounds practice in medicine

Acting on results – Work has been carried out to implement a process for communicating significant high risk reports. This involves; developing a manageable list of "always diagnoses" to communicate, auditing CRIS to monitor performance and to continue the well established MDT codes for malignant disease.

Provide Patient Centred Care

Older patients & dementia – Dementia training continues across the trust for category A, B and C. Currently there is an intensive push to engage with clerical staff and increase numbers having dementia training. Links are being made with CMG senior managers to establish key strategies to improve patients' feedback in relation to the three key patient survey questions. The Trust has now achieved the required 90% dementia screening for all patients that meet the criteria for the last 4 months. Approximately 75 patients with the possibility of dementia are being referred to their GP each month for review and onward referral for diagnosis/support.

Discharge experience – A discharge tracking report has been developed which is being used by all the medical wards and captures the discharge status of all patients. The report is being refined following implementation but is already having a positive impact on discharge planning.

3.2 Mortality Rates

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

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

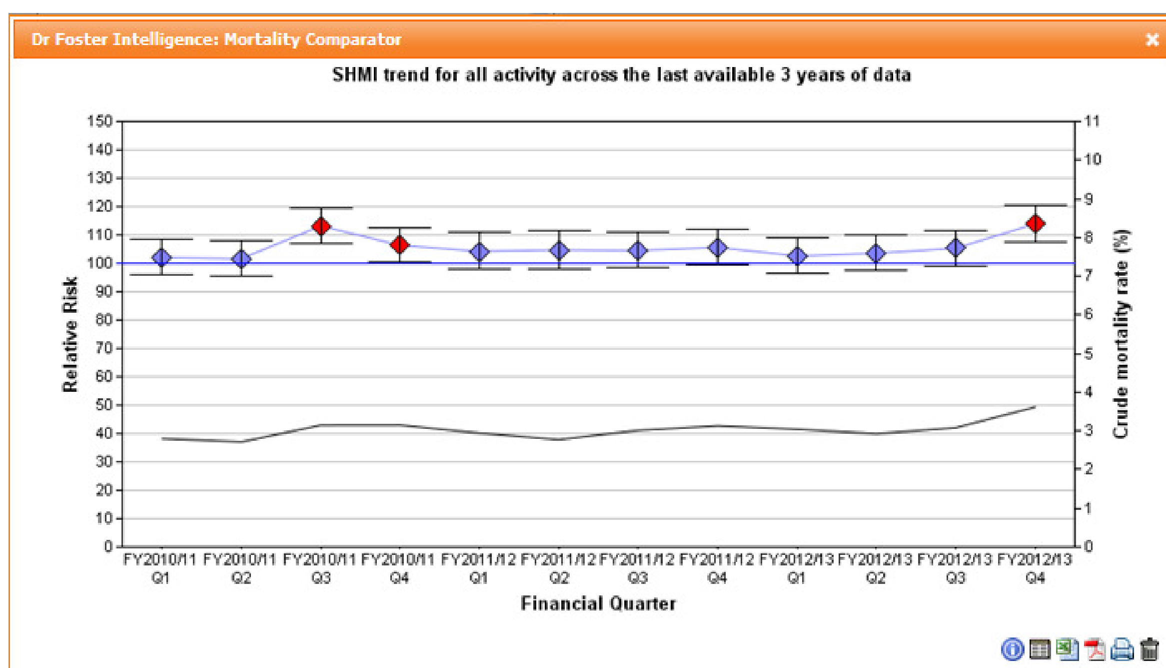
Nov-12	Dec-12	Jan-13	Feb-13	Mar-13		May-13	Jun-13	Jul-13	Aug-13	Sep-13
95.1	98.5	101.4	98.7	102.9		89.9	92.9	92.8	93.9	83.0

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

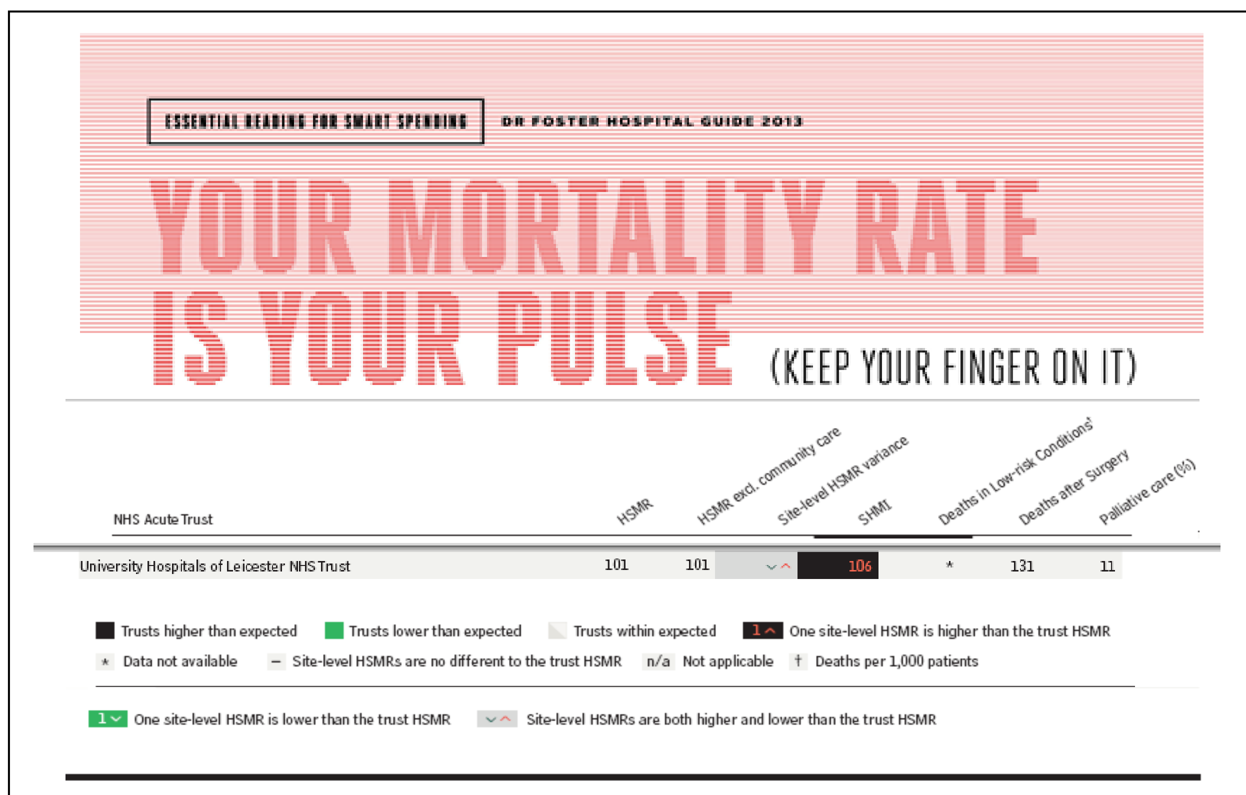
Top 10 SHMI CCS Groups, by Observed deaths for all admissions in April 2012 to Mar 2013

	CCS Group	SHMI Spells	SHMI	Obs	Exp	95% CI
Rank	Total of All CCS Groups *	141226	106.43	4469	4199.2	103.33-109.59
1	Pneumonia	2469	112.46	578	514.0	103.48-122.02
2	Acute cerebrovascular disease	1147	106.83	213	199.4	92.96-122.18
3	Acute bronchitis	2549	129.87	204	157.1	112.66-148.97
4	Congestive heart failure, nonhypertensive	1321	89.08	194	217.8	76.98-102.54
5	Urinary tract infections	2596	114.52	180	157.2	98.40-132.53
6	Septicemia (except in labour)	624	113.53	156	137.4	96.41-132.81
7	Acute myocardial infarction	1568	104.76	151	144.1	88.71-122.86
8	Chronic obstructive pulmonary disease (COPD) and bronchiectasis	2244	93.59	148	158.1	79.12-109.95
9	Acute and unspecified renal failure	579	105.51	113	107.1	86.96-126.86
10	Secondary malignancies	658	79.34	85	107.1	63.37-98.11

Three of the ‘top 10 diagnosis’ groups are pneumonia, acute bronchitis and COPD and good progress is being made with implementation of the Respiratory Pathway and the ‘Pneumonia Care Bundle’ at both the LRI and Glenfield sites. Early findings continue to suggest the pathway is having a positive impact on our mortality rates for pneumonia patients.



Both our HSMR and SHMI for 2012/13 have been reported on the Dr Foster website as part of their Hospital Guide 2013 publications.



NHS Acute Trust	HSMR	HSMR excl. community care	Site-level HSMR variance	SHMI	Deaths in Low-risk Conditions†	Deaths after Surgery	Palliative care (%)
University Hospitals of Leicester NHS Trust	101	101	⌄⌃	106	*	131	11

Due to Dr Foster applying ‘narrower control limits’ when presenting the SHMI results, UHL’s SHMI is reported as being ‘higher than expected’ in the Hospital Guide. The difference between the two control limits means that although the HSCIC reported only 7 Trusts being in Band 1 (‘higher than expected’), there are 32 trusts with a ‘higher than expected mortality in the Hospital Guide.

Whilst site specific HSMR figures are not presented in the Hospital Guide, it is noted that “Site-level HSMRs are both higher and lower than the trust HSMR”. This refers to the fact that our LRI HSMR is higher than our overall HSMR of 101 for 2012/13, whilst both the LGH and Glenfield HSMRs are lower.

Two other mortality related indicators for the same time period require specific comment:

Deaths after surgery – UHL’s relative risk for this group of patients is 131 and whilst it is ‘within expected’, work is being undertaken to ensure that all deaths have been reviewed as part of the relevant specialities’ M&M process.

Deaths in Low Risk Diagnosis Groups. - UHL’s performance has not been published in the Hospital Guide. Originally, the trust had been informed we would be shown as having a ‘higher than expected’ mortality for this group of patients but on further investigation it was confirmed by Dr Fosters that this was an error and UHL’s mortality rate is in fact within the expected range.

Dr Fosters have informed the CQC of this change and we are no longer being reported as having an ‘elevated risk’ for this indicator in the CQC’s ‘Intelligent Monitoring ‘acute and specialist trusts datasheet’. The CQC have been contacted to request that the elevated risk is also removed from the Hospital Intelligent Monitoring Report for UHL. In the

meantime, a review is being carried out of the case notes of patients who died with a 'low risk diagnosis' on admission to UHL, in order to confirm that their management was appropriate.

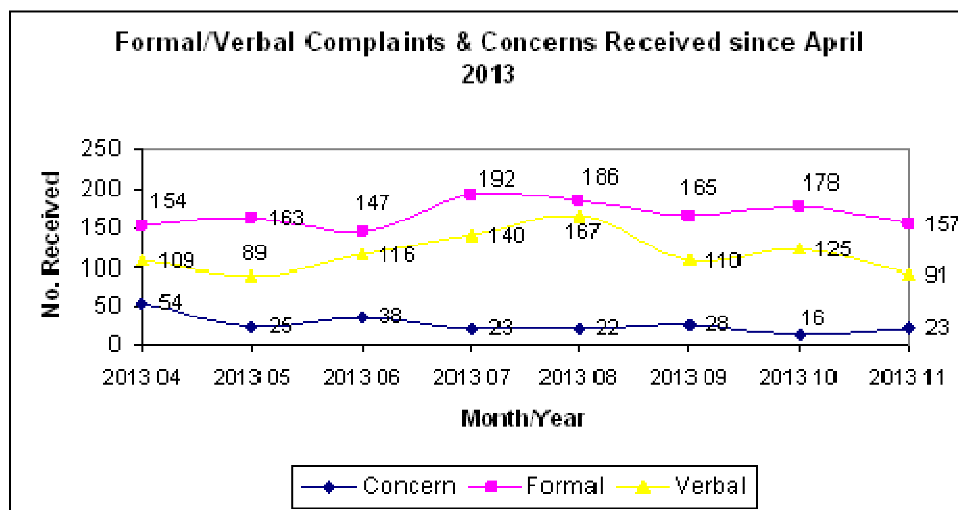
A joint health community response to the LLR patient care review is under development and will be available in the early new year.

3.3 Patient Safety

In November a total of 16 new Serious Untoward Incidents (SUIs) were escalated within the Trust, 8 of which were patient safety incidents, 3 were Hospital Acquired Pressure Ulcers and 5 were Healthcare Acquired Infections. No Never Events were reported in the Trust in November. One patient safety root causes analysis (RCA) investigation report was completed and signed off last month, the actions and learning of which have been shared internally.

Pleasingly there was a reduction in November of incidents reported relating to staffing levels, falls and medication errors and a reduction of complaints relating to discharge issues.

Overall complaint activity remains high but November has seen a slight reduction in verbal and formal complaints received; GP/ CCG concerns are up slightly. The overall complaints performance has failed to reach the trust standard of 95% and this is being actively pursued with the new CMGs and also with corporate directorates and Interserve. The trend of complaints is detailed below:-



3.4 5 Critical Safety Actions

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.

For Quarter 2 the Trust received 100% CQUIN funding for the CSA programme.

1. **Improving Clinical Handover**.

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

Actions:-

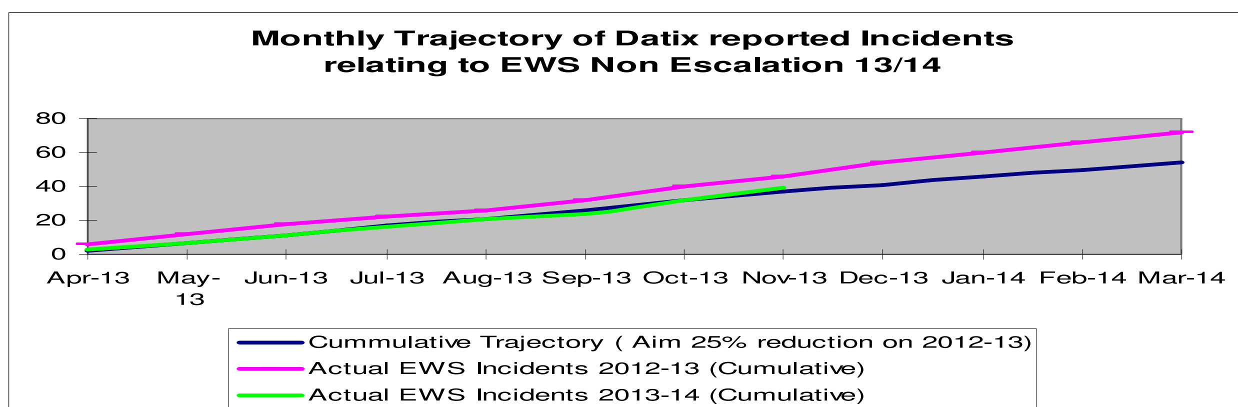
- The ACCA report for the pilot work with alternative Nerve Centre handover system in surgery at LRI was launched at a patient safety European parliament event. This work won a HSJ 2013 Award in the category of 'Enhancing Care by Sharing Information and Data'.
- Business plan to procure and purchase system now signed off. Project steering group to meet early December to agree implementation plan and resource required.
- A template was sent out to all CBU leads to complete to identify and re-scope current handover practice for doctors in each speciality. Still waiting for a few specialities to respond.

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 aim is to reduce these by 25% against 2012-13 figures.



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

% of red calls within response time <30 minutes

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

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

The LGH and LRI site both achieved 100% at a response time of 35 minutes.

- Plan to validate data with case note review for the medical documentation of for the review of patients with escalated EWS via 24/7 system. This will commence 2nd December 2013 for 3 weeks, one site per week.

3. **Acting upon Results**

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

Actions:-

- ❖ Have received signed off processes for managing diagnostic tests for 50% of specialities. More are still in draft version and require local approval.
- ❖ CMG deputy directors have been communicated with to ensure that those specialities without agreed processes are supported to undertake these in adherence with the CSA plan.

4. **Senior Clinical Review, Ward Rounds and Notation**

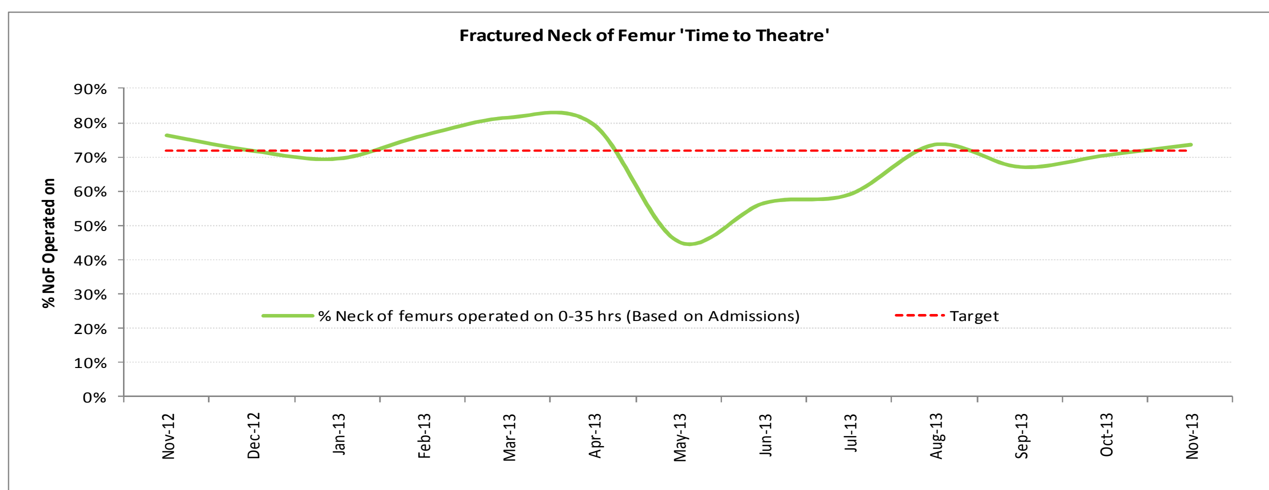
Aim -To meet national standards for clinical documentation. To provide strong medical leadership and safe and timely senior clinical reviews and ensure strong clinical governance.

Actions:-

- ❖ Ward round standards and documentation audit forms still being collated. Results due early December.
- ❖ Waiting for spend breakdown for current continuation paper from supplies, will receive In December. What areas are ordering them, how much is being ordered and how much per annum is being spent.
- ❖ Work commenced to plan implementation of these to include education sessions at junior doctor training sessions.
- ❖ Involvement with Task and Finish group to improve ward rounds practice in medicine initially as part of the ECAT work.

A comprehensive report for the CSA programme will be submitted to Executive Quality Board in January 2014.

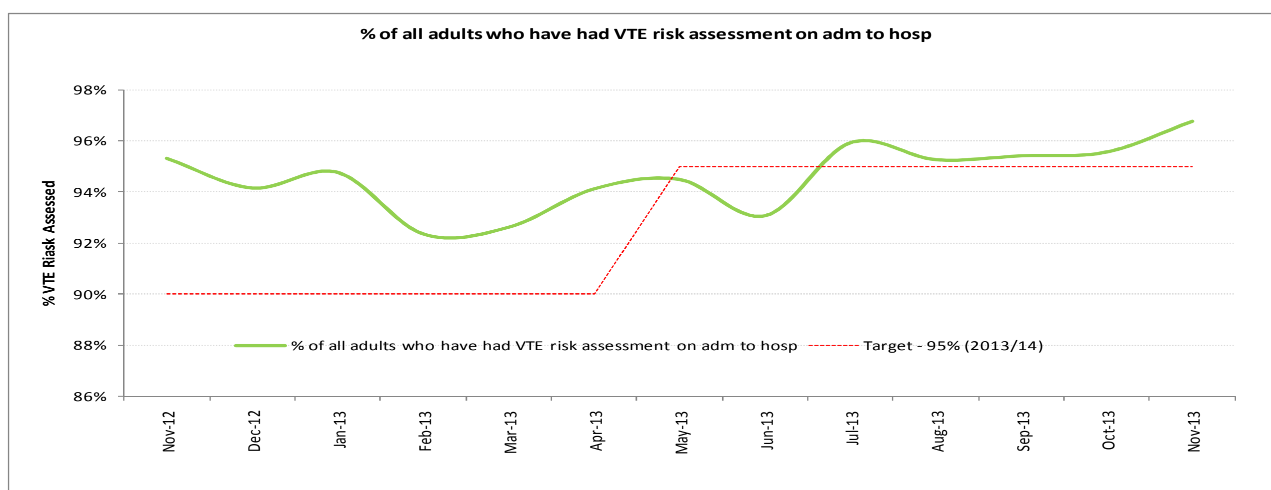
3.5 Fractured Neck of Femur 'Time to Theatre'



The percentage of patients admitted with fractured neck of femur during November who were operated on within 36hrs was 73.6% (53 out of 72 #NOF patients admitted during November).

3.6 Venous Thrombo-embolism (VTE) Risk Assessment

Mth	Qtr 1	Qtr2	YTD



The 95% threshold for VTE risk assessment within 24 hours of admission has been achieved for November at 96.7%. The year to date performance is also being achieved at 95.1%.

3.7 CQUIN Schemes – Quarter 3

All CQUIN schemes are currently on track for meeting Q3's requirements. A detailed report will be included in next month's Q&P report.

3.8 Theatres – 100% WHO compliance

Mth	Qtr 1	Qtr2	YTD

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

3.9 C-sections rate

Mth	Qtr 1	Qtr2	YTD

Following discussions with commissioner and a benchmark of other Trusts it was agreed to revise the C-sections rate target to 25%. This has been backdated to April, which in turn has changed some of the RAG ratings from previous reports. The rate for November was 25.6%.

There is a C/S audit registered with the CASE team on 28th October 2013, to include reasons for C/S, decision making, grade of staff, consultant presence, VBAC (vaginal birth after C/S) offered or not. Results are awaited.

3.10 Safety Thermometer

The percentage of Harm Free Care for November was 93.86%. There are no areas of concern in relation to New Harms.

Pressure Ulcer Prevalence

There was an increase in the number of patients with either an Old or New pressure ulcer for the November ST reflecting a higher number of patients admitted to UHL with pressure damage. The number of new pressure ulcers decreased slightly.

Falls Prevalence

In November 2013, UHL reported three falls with harms on the safety thermometer. One of these falls occurred within UHL where the patient sustained a level 2 harm (facial laceration) which required first aid. The first of the falls that occurred prior to admission to UHL occurred at the patient's home where she sustained a level 2 harm of bruising, the patient lives alone at home with a package of care. The second of the falls that occurred prior to admission to UHL occurred in a patient's residential home where the patient sustained a level 3 harm, a fractured clavicle.

CAUTI Prevalence

The number of patients with newly acquired Urinary Tract Infections (UTIs) who had urinary catheters in situ was 10 in November, a reduction of four.

VTE Prevalence

VTE prevalence from increased from seven to ten in November. There can be marked fluctuation with in-patient VTEs from one month to the next and within this month's prevalence data, four of the patients were admitted with a Pulmonary Embolus.

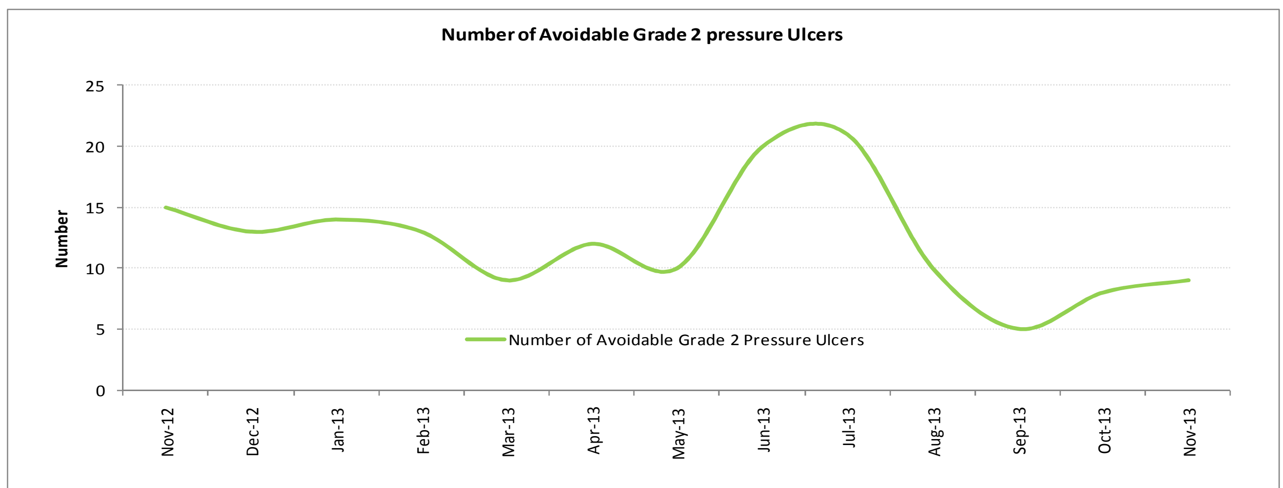
		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13
	Number of patients on ward	1672	1686	1650	1514	1496	1579	1596	1662
All Harms	Total No of Harms - Old (Community) and Newly Acquired (UHL)	150	117	113	100	108	121	85	102
	No of patients with no Harms	1531	1577	1540	1417	1392	1466	1512	1560
	% Harm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

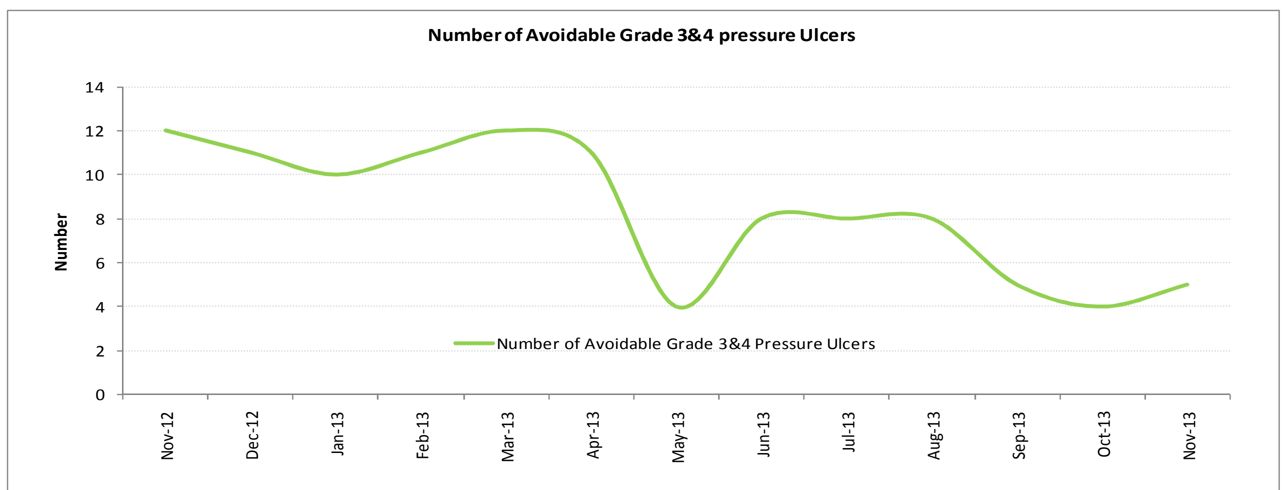
Pressure Ulcer Incidence

Mth	Qtr 1	Qtr2	YTD

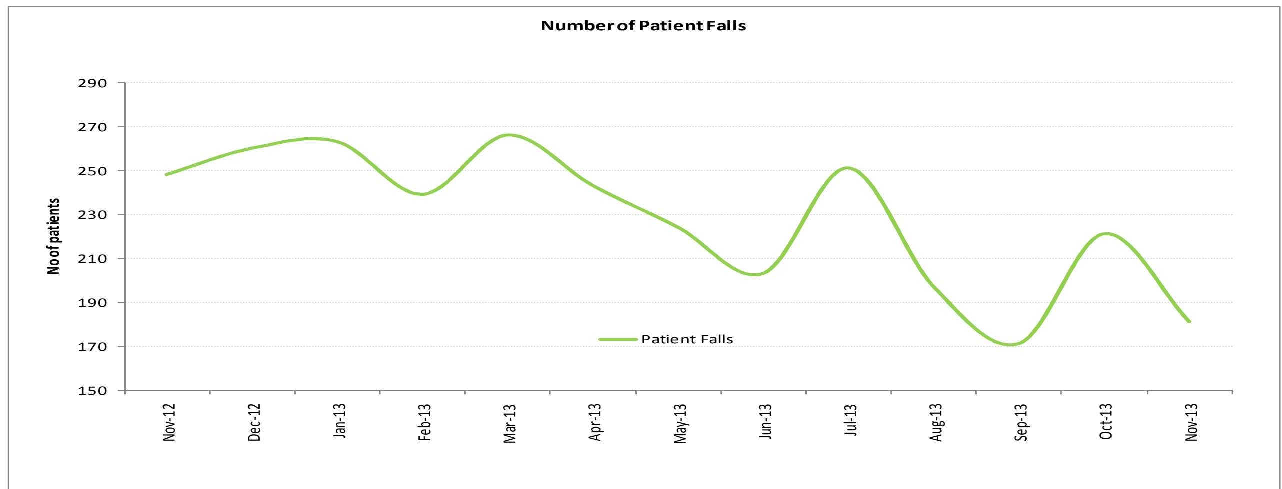
Pressure ulcer incidence for November is nine grade 3 and five grade 3.

The review of pressure ulcer data from other Trusts has been undertaken by the commissioners confirming that UHL are not outliers in this area. It was also noted that none of the Trusts have achieved zero avoidable pressure ulcers (with some Trusts continuing to report small number of grade 4 pressure ulcers). Overall performance of the trusts confirmed that UHL ranks as 6th best performing trust for quarter two out of the 14 comparable trusts. Based on this information it has been agreed with commissioners that UHL need to maintain a threshold of **nine or less grade 2 and seven or less grade 3 avoidable pressure ulcers a month.**





Patient Falls



November has seen a decrease from the number of falls reported. The increase in falls for October highlighted staffing issues within the emergency and speciality medical wards experienced during this month.

At the monthly confirm and challenge meetings for wards with the highest number of falls many wards reported difficultly in covering 'one to one' requests for patients at risk of wandering / falling and the provision of additional staff for optimum supervision in the falls or high visibility bays.

There was evidence to show that staff had made contingency plans and other falls prevention methods such as intentional rounding and supervision in bathrooms were in place. All the wards involved in the 'confirm and challenge' meetings have made outstanding progress and have considerably reduced their falls by introducing the cohort of high risk patients with increased supervision in previous months.

Nevertheless, although this way of working ensures patient safety, it can also break down if staffing problems occur.

CMG Heads of Nursing have met to discuss the revised falls validation process to commence from December 2013. Some further actions were agreed at this meeting including:

- The need to review per ward, the level of harm that occurs with each falls in conjunction with the number of falls reported (using the same harms grading system for as the Safety Thermometer)
- The need to review the number of wards / departments who are involved with the validation process. There may be some wards in the Trust that are reporting a small number of harms and so are not included in the validation process, but the falls may result in more serious harm.
- The need to review Datix fields in order to improve the quality of Datix information
- The need to review the falls reporting processes within areas such as imaging / OPD etc.

4.0 PATIENT EXPERIENCE – RACHEL OVERFIELD

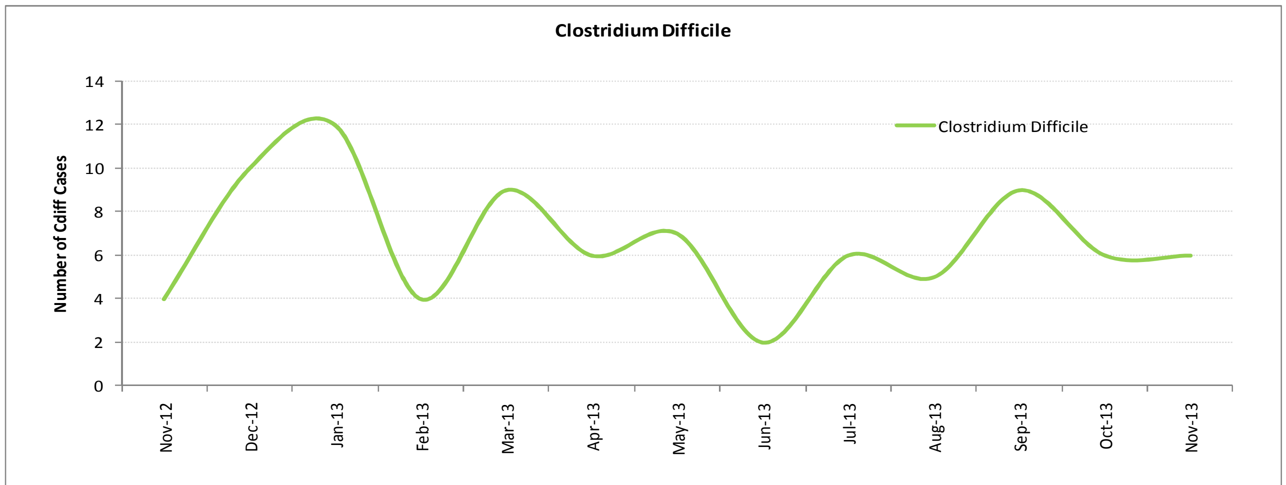
4.1 Infection Prevention

a) MRSA

There were no avoidable MRSA cases reported in November.

b) CDT

Ahead of trajectory to date with 47 reported against cumulative target of 47. All 6 cases of CDT reported in November have been fully investigated and there are no links between any of the cases.



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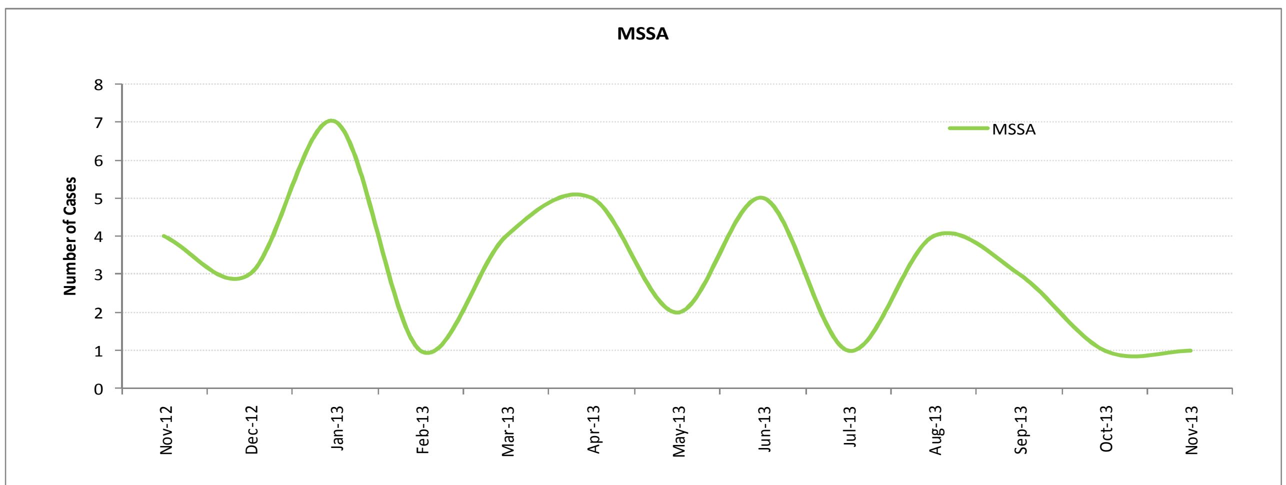
c) The number of MSSA cases reported in November was 1, with a year to date figure of 22.



4.2 Patient Experience

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

In November 2013, 4,468 Patient Experience Surveys were returned this is broken down to:

- 2,263 paper inpatient/day case surveys
- 1,227 electronic surveys
- 753 ED paper surveys
- 225 maternity paper surveys

Share Your Experience – Electronic Feedback Platform

In November 2013, a total of 1,227 electronic surveys were completed via email, touch screen, our Leicester's Hospitals web site or handheld devices.

A total of 204 emails were sent to patients inviting them to complete a survey. The table below shows how this breaks down across the trust:

Share Your Experience Survey	Email	Touch Screen	Hand held	Web		Total Surveys		Emails sent
Carers Survey	0	0	0	2		2		0
Children's Urgent & ED Care	0	34	0	0		34		0
A&E Department	0	108	13	3		124		0
Eye Casualty	0	273	0	0		273		0
Glenfield CDU	0	31	2	0		33		0
Glenfield Radiology	6	0	0	0		6		15
IP and Childrens IP	0	0	0	1		1		0
Maternity Survey	0	0	440	2		442		1
Neonatal Unit	0	0	0	15		15		0
Outpatient Survey	45	7	227	1		280		188
Windsor Eye Clinic	0	17	0	0		17		0
Total	**51**	**470**	**682**	**24**		**1227**		**204**

Treated with Respect and Dignity

Mth	Qtr 1	Qtr2	YTD

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

Friends and Family Test

<u>Inpatient</u>

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**

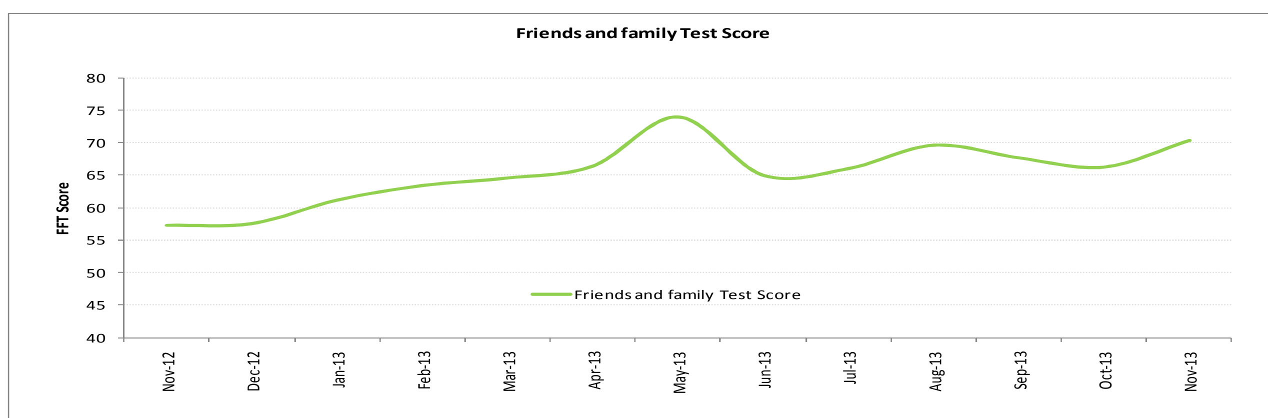
treatment?' Of all the surveys received in November, 1,739 surveys included a response to this question and were considered inpatient activity (excluding day case / outpatients) and therefore were included in the Friends and Family Test score for NHS England.

Overall there were 6,852 patients in the relevant areas within the month of November 2013. The Trust easily met the 15% target achieving coverage of **25.4%.**

The Friends & Family Test responses broken down to:

Extremely likely:	1,296
Likely:	339
Neither likely nor unlikely:	59
Unlikely	12
Extremely unlikely	15
Don't know:	18

Overall Friends & Family Test Score 70.3



October 2013 Data Published Nationally

NHS England has begun publishing all trust's Friends and Family Test scores. October data was published at the end of November and the average Friend and Family Test score for England (excluding independent sector providers) was **71**.

With private, single speciality and Trusts that achieved less than a 20% footfall excluded, the UHL Friends and Family Test score of **66** for October ranks the Trust 98th out of the remaining 128 Trusts.

Friends and family Test Scores by CMG

All CMGs contributed to the increased overall FFT score for November, as all showed an improvement on their October score. The largest improvements were shown by Renal, Respiratory and Cardiac, Women's and Children's and Emergency and Specialist Medicine.

Across all CMGs there was an increase in promoters, and a reduction in passive responses.

Emergency and Specialist Medicine was the only CMG to have had significantly fewer responses this month. This CMG also showed a slight increase in the number of detractors as a proportion of responses.

FFT performance for Musculoskeletal and Specialist Surgery in November was consistent with October performance.

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Point Change in FFT Score (Oct -Nov 13)
UHL Trust Level Totals	**66.4**	**73.9**	**64.9**	**66.0**	**69.6**	**67.6**	**66.2**	**70.3**	+4.1
Renal, Respiratory and Cardiac	70	76	73	80	80	79	70	78	+7.7
Emergency and Specialist Medicine	64	72	57	62	63	68	63	68	+4.7
CHUGS	59	70	57	53	61	53	58	59	+1.1
Musculoskeletal and Specialist Surgery	72	75	73	66	68	69	69	70	+0.9
Women's and Children's	78	80	74	68	76	77	70	76	+5.4
Emergency Department	43	47	61	57	60	58	59	59	-0.2

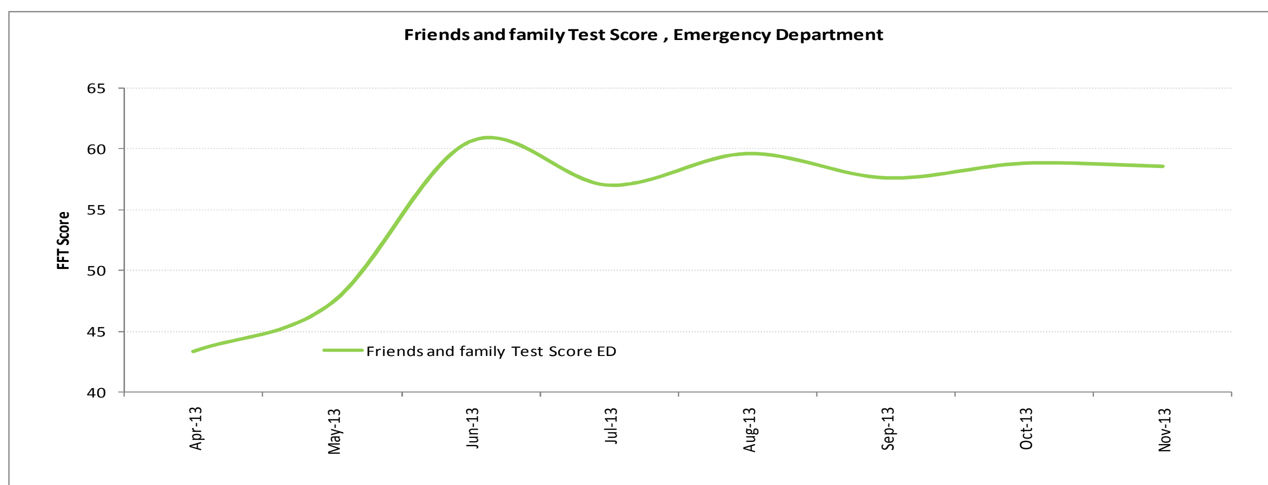
Emergency Department & Eye Casualty

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

Overall there were 5,639 patients who were seen in A&E and then discharged home within the month of November 2013. The Trust surveyed 1,039 eligible patients meeting **18.4%** of the footfall. The Friends & Family test responses break down to:

Extremely likely:	665
Likely:	311
Neither likely nor unlikely:	31
Unlikely	9
Extremely unlikely	19
Don't know:	4

Overall Friends & Family Test Score 58.6



Breakdown by department	No. of responses	FFT Score	Total no. of patients eligible to respond
Emergency Dept Majors	257	58.8	1,393
Emergency Dept Minors	361	61.7	2,237
Emergency Dept – not stated	42	69.0	
Emergency Decisions Unit	127	61.3	779
Eye Casualty	252	61.0	1,230

October 2013 Data Published Nationally

NHS England also published all trust's A&E Friends & Family Test scores. October data was published at the end of November and the average Friends and Family Test score for A&E in England was **55** including data from 143 Trusts.

If we filter out the Trusts that achieved less than 20% footfall, then we are left with 26 Trusts. However our UHL score of **59** does not feature among these as the 20% footfall was not achieved.

Maternity Services

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

Overall there were 3,322 patients in total who were eligible within the month of November 2013. The Trust surveyed 1,005 eligible patients meeting **30.3%** of the footfall. The Friends & Family test responses break down to:

Extremely likely:	665
Likely:	291
Neither likely nor unlikely:	24
Unlikely	12
Extremely unlikely	8
Don't know:	5

Overall Maternity Friends & Family Test Score 62.1

Breakdown by maternity journey stage	No. of responses	FFT Score	Total no. of patients eligible to respond
Antenatal following 36 week appointment	170	68.2	871
Labour Ward/Birthing centre following delivery	401	61.8	826
Postnatal Ward at discharge	350	55.5	703
Postnatal community – 10 days after birth	84	78.6	922

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

4.3 Nurse to Bed Ratios

Nurse to Bed Ratio by ward for November are reported in Appendix 2. This is based on a 60% qualified and 40% unqualified skill mix split, with 1 x Band 7 and 2 x Band 6s in the funded establishment:

- General base ward range = 1.1-1.3 WTE
- Specialist ward range = 1.4-1.6 WTE
- HDU area range = 3.0-4.0 WTE
- ITU areas = 5.5-6.0 WTE

When reviewing the staffing levels for wards during November they are all above the agreed minimum ratio and therefore no action plans are required.

4.4 Ward Performance and Ward Alerting Concerns

A new system of measuring ward performance has been introduced that seeks to look at wards via the monthly clinical measures dashboard in Appendix 3 and also over time via the ward performance review process in Appendix 4. Both tools will continue to be developed and will include 'peer review' by Heads of Nursing. This information together with various other pieces of information that we have around wards helps to form a view and early warning about wards starting to get into difficulty. The system is obviously very new but using the Nursing Executive Team, LRI Ward 19 was identified in November as potentially becoming challenged as well as LRI Wards 29, 30 and 41. As a result a condition report was requested for Ward 19 (a 360 degree assessment) and a chief nurse review of ward performance measures of the other three wards.

In addition Ward 19 has been required to attend an accountability meeting with the Chief nurse regarding pressure damage rates. At this meeting general ward performance was also discussed in light of the 360 degree review and it was decided to offer weekly monitoring support from corporate nursing against specific improvement objectives i.e. targeted support. The ward understands that failure to improve will result in Special Measures status.

The Chief Nurse is satisfied that the Head of Nursing for the group can continue to monitor the other 3 wards without any additional input at this stage but has requested a monthly ward performance review instead of quarterly for the next three months.

Ward 19 = targeted corporate support
Ward 29, 30, 41 = targeted CMG support via monthly ward performance review.

4.5 Same Sex Accommodation

Mth	Qtr 1	Qtr2	YTD

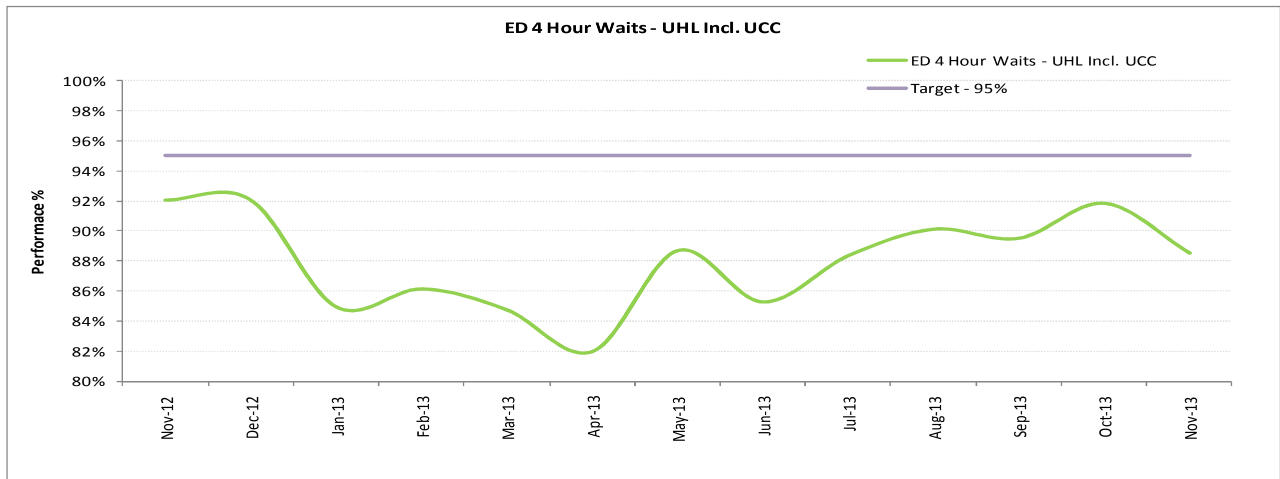
On 12th November there was a breach of this standard affecting 2 patients. Due to a busy Emergency Department a female patient placed into a HDU bay on ward 30 with 2 female and 1 male patient. Following consultation with commissioners this breach was deemed not clinically justified.

5.0 OPERATIONAL PERFORMANCE – RICHARD MITCHELL

Performance Indicator	Target	2012/13	Q2	Oct-12	Nov-12	Dec-12	Q3	Jan-13	Feb-13	Mar-13	Q4	Apr-13	May-13	Jun-13	Q1 2013	Jul-13	Aug-13	Sep-13	Q2 2013	Oct-13	Nov-13	YTD
A&E - Total Time in A&E (UHL+UCC)	95%	91.9%	97.0%	94.2%	92.0%	92.0%	92.7%	84.9%	86.1%	84.7%	85.2%	82.0%	88.7%	85.3%	85.3%	88.3%	90.1%	89.5%	89.3%	91.8%	88.5%	87.9%
RTT waiting times – admitted	90%	91.3%		91.2%	91.7%	91.9%		92.2%	91.9%	91.3%		88.2%	91.3%	85.6%	88.4%	89.1%	85.7%	81.8%	85.6%	83.5%	83.2%	
RTT waiting times – non-admitted	95%	97.0%		97.1%	96.7%	97.3%		97.3%	97.0%	97.0%		97.0%	95.9%	96.0%	96.3%	96.4%	95.5%	92.0%	94.6%	92.8%	91.9%	
RTT - incomplete 92% in 18 weeks	92%	92.6%		94.6%	93.9%	93.3%		93.4%	93.5%	92.6%		92.9%	93.4%	93.8%	93.8%	93.1%	92.9%	93.8%	93.8%	92.8%	92.4%	
RTT - 52+ week waits	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Diagnostic Test Waiting Times	<1%	0.5%		0.4%	0.6%	1.1%		0.7%	1.0%	0.5%		1.6%	0.6%	0.6%		0.6%	0.8%	0.7%		1.0%	0.8%	
Cancelled operations re-booked within 28 days	100%	92.9%	92.6%	91.0%	97.3%	89.0%	93.1%	97.1%	92.3%	94.2%	94.6%	90.4%	91.0%	86.4%	89.8%	99.1%	96.0%	98.6%	98.0%	94.2%	97.6%	94.8%
Cancelled operations on the day (%)	0.8%	1.2%	0.8%	1.1%	1.6%	1.2%	1.3%	1.6%	1.6%	1.6%	1.6%	1.5%	1.5%	1.0%	1.3%	1.2%	1.4%	2.3%	1.6%	1.7%	1.8%	1.6%
Cancelled operations on the day (vol)		1247	202	100	149	91	340	137	130	137	404	125	134	81	340	114	124	208	446	171	168	1125
Urgent operation being cancelled for the second time	0	1	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2 week wait - all cancers	93%	93.4%	94.1%	93.0%	90.6%	95.1%	92.8%	89.8%	95.9%	95.2%	93.7%	93.0%	95.2%	94.8%	94.4%	94.2%	94.6%	93.0%	94.0%	94.9%		94.3%
2 week wait - for symptomatic breast patients	93%	94.5%	95.3%	93.4%	93.9%	94.6%	93.9%	93.6%	93.1%	95.4%	94.0%	94.0%	94.8%	93.2%	94.1%	93.6%	92.0%	95.2%	93.8%	93.0%		93.8%
31-day for first treatment	96%	97.4%	98.3%	98.3%	97.5%	97.4%	97.8%	96.6%	97.6%	98.8%	97.6%	97.5%	97.0%	99.0%	97.8%	98.3%	99.7%	99.1%	99.0%	98.9%		98.5%
31-day for subsequent treatment - drugs	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%
31-day wait for subsequent treatment - surgery	94%	95.8%	96.6%	98.1%	97.4%	94.6%	97.1%	94.6%	94.1%	92.7%	94.0%	97.2%	94.4%	97.5%	96.4%	100.0%	98.4%	88.6%	95.9%	96.4%		96.2%
31-day wait subsequent treatment - radiotherapy	94%	98.5%	98.8%	99.3%	98.9%	100.0%	99.4%	99.1%	98.9%	99.1%	99.0%	100.0%	97.8%	99.1%	98.8%	100.0%	100.0%	97.7%	99.4%	97.5%		98.8%
62-day wait for treatment	85%	83.5%	86.5%	85.6%	85.8%	84.6%	85.3%	79.5%	75.4%	81.5%	78.8%	80.9%	80.3%	85.9%	82.3%	85.8%	88.2%	87.4%	87.1%	86.4%		84.9%
62-day wait for screening	90%	94.5%	94.6%	96.8%	98.7%	92.3%	96.3%	91.7%	95.7%	95.8%	94.4%	98.6%	94.3%	95.0%	95.9%	90.6%	97.2%	96.2%	94.1%	100.0%		95.8%
Stroke - 90% of Stay on a Stroke Unit	80%	79.8%	82.2%	83.7%	79.5%	71.3%	77.9%	77.8%	81.4%	82.3%	80.6%	77.4%	80.0%	78.0%	78.5%	87.1%	88.6%	89.1%	87.9%	83.5%		83.0%
Stroke - TIA Clinic within 24 Hours (Suspected TIA)	60%	68.4%	63.9%	68.7%	72.5%	68.7%	70.0%	60.8%	85.1%	77.0%	73.1%	51.1%	69.2%	72.0%	63.9%	60.5%	73.6%	64.6%	66.0%	62.4%	76.8%	66.0%
Choose and Book Slot Unavailability	4%			10%	13%	8%		5%	10%	9%		7%	9%	13%		15%	14%	11%		16%	17%	
Delayed transfers of care	3.5%	3.1%	3.4%	3.4%	3.6%	2.7%	3.3%	2.8%	2.7%	3.7%	3.0%	3.7%	3.9%	3.1%	3.6%	3.6%	3.1%	3.9%	3.5%	3.1%	4.6%	3.6%

5.1 Emergency Care 4hr Wait Performance

Mth | Qtr 1 | Qtr2 | YTD



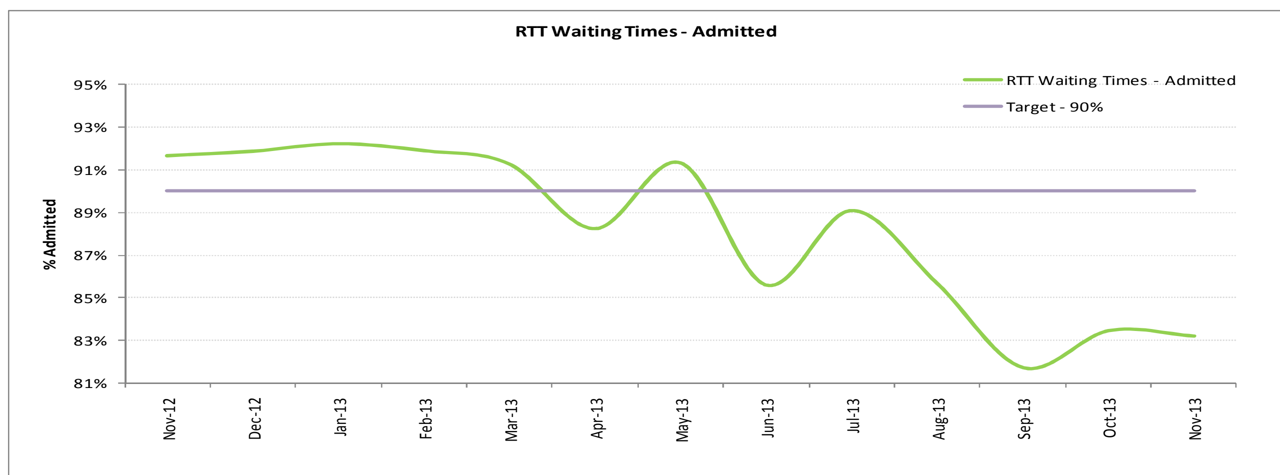
Performance for emergency care 4hr wait in November was 88.5%. Actions relating to the emergency care performance are included in the ED exception report.

UHL was ranked 141 out of 144 Trusts with Type 1 Emergency Departments in England for the four weeks up to 1st December 2013. Over the same period 93 out of 144 Acute Trusts delivered the 95% target.

5.2 RTT – 18 week performance

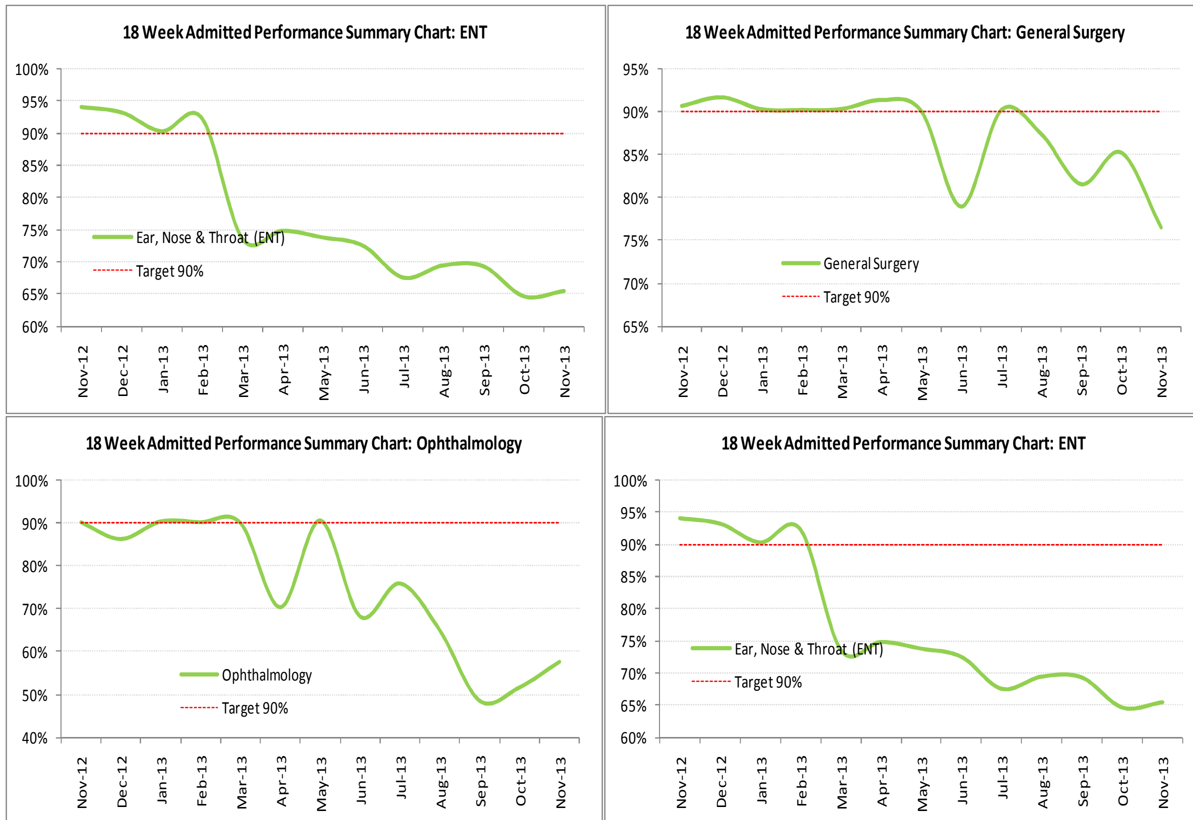
a) RTT Admitted performance

Mth | Qtr 1 | Qtr2 | YTD

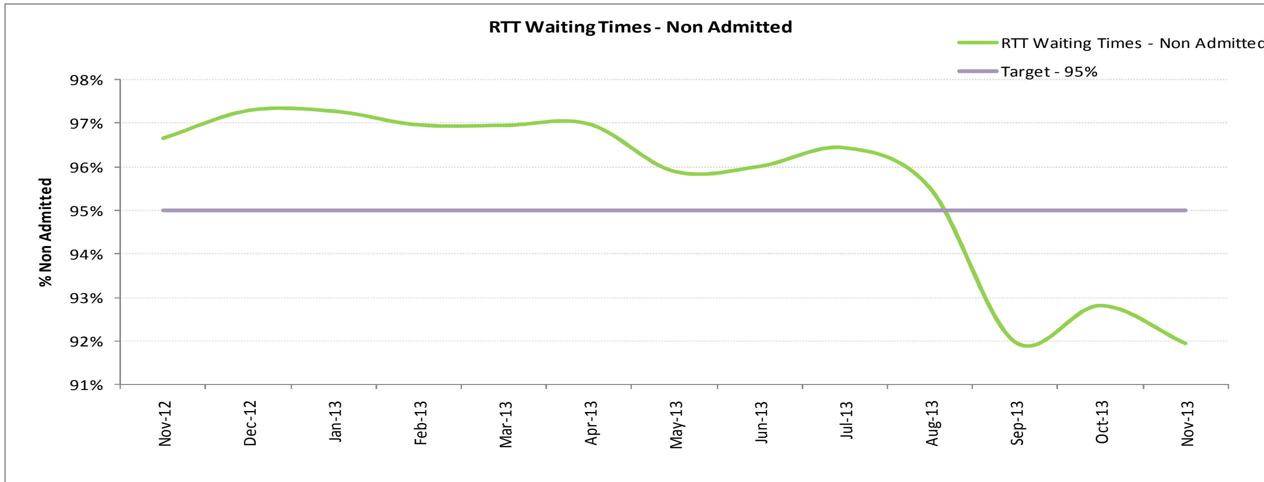


RTT admitted performance for November was 83.2% with significant speciality level failures in ENT, General Surgery, Ophthalmology and Orthopaedics.

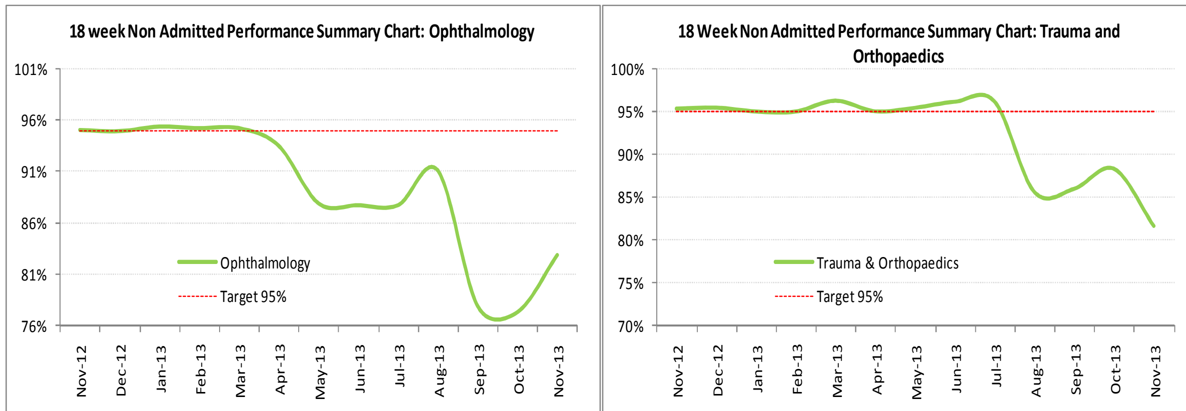
The capacity and demand modelling work completed by the UHL team in conjunction with the Intensive Support Team (IST) in October is the most detailed estimate of the core capacity requirements (recurrent) and backlog (non-recurrent) to date and was shared with commissioners on 7 November 2013. A further meeting has been arranged with commissioners to agree capacity requirements and financial affordability.



b) RTT Non Admitted performance

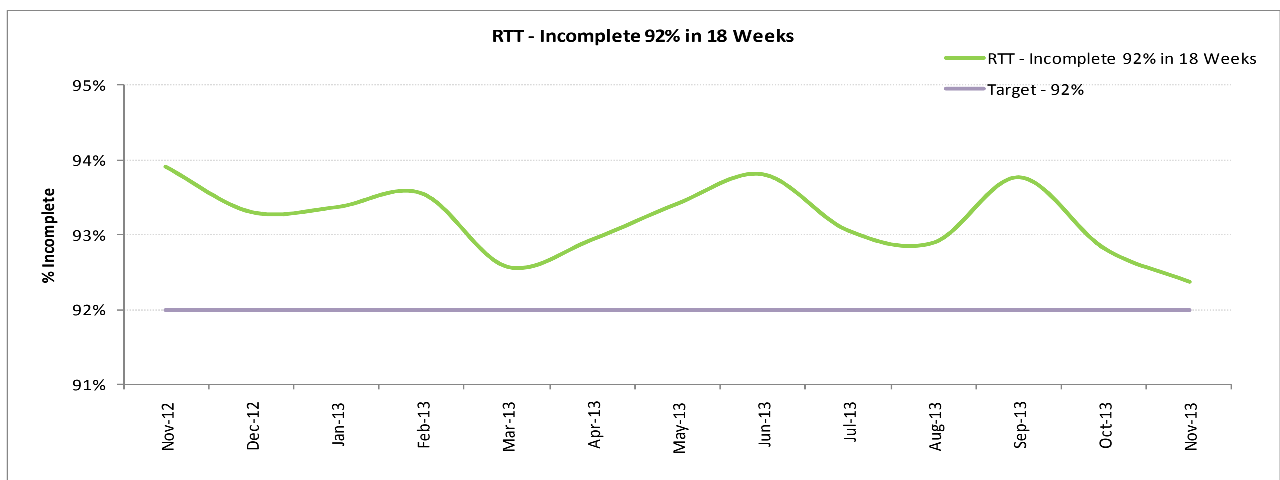


Non-admitted performance during November was 91.9%, with the significant specialty level failures in Orthopaedics and Ophthalmology. The continued deterioration in performance during November was as a result of the plan to reduce the number of non-admitted patients waiting 18+ weeks.



c) RTT Incomplete Pathways

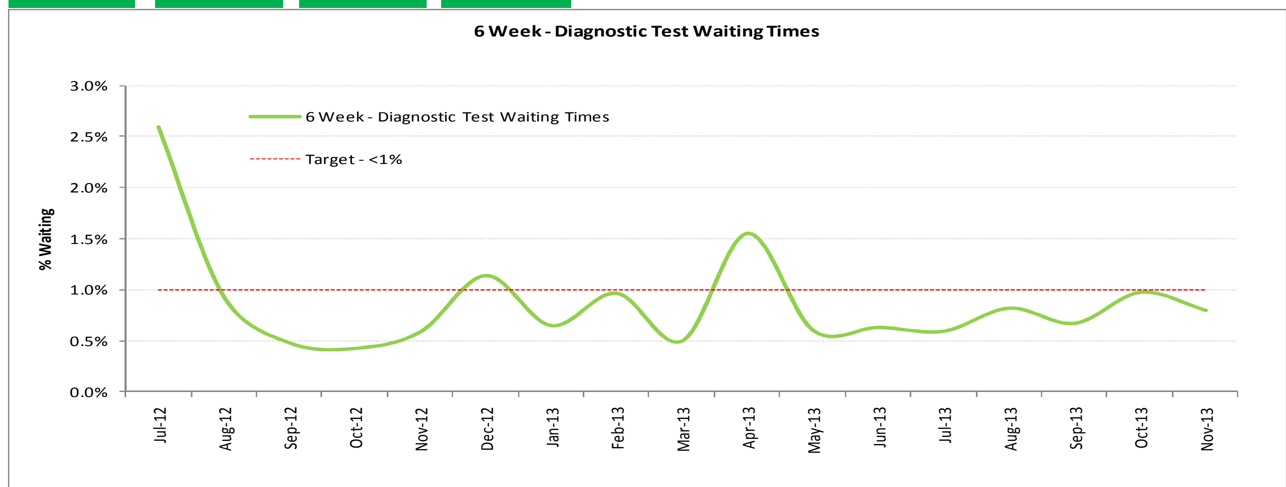
Mth	Qtr 1	Qtr2	YTD



RTT incomplete (i.e. 18+ week backlog) performance was 92.6%.In numerical terms the total number of patients waiting 18+ weeks for treatment (admitted and non-admitted) at the end of November was 2,932.

5.3 Diagnostic Waiting Times

Mth	Qtr 1	Qtr2	YTD



At the end of November 0.8% of patients were waiting for diagnostic tests longer than 6 weeks. National performance for October shows that 0.9% of patients were waiting for diagnostic tests longer than 6 weeks.

5.4 Cancer Targets

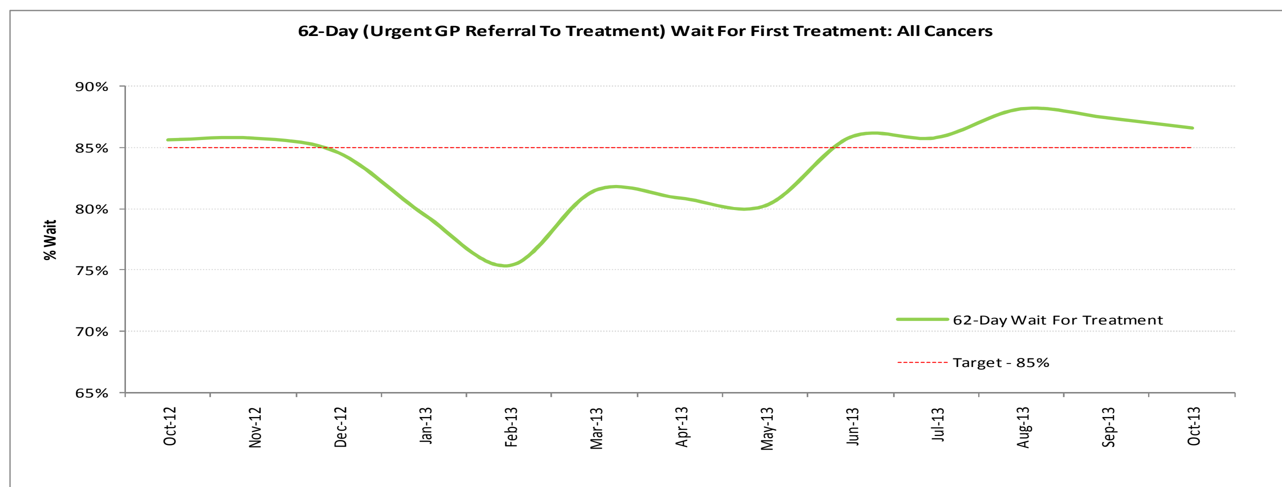
a) Two Week Wait

October performance for the 2 week to be seen for an urgent GP referral for suspected cancer was achieved at 94.9% (national performance 95.7%). Performance for the 2 week symptomatic breast patients (cancer not initially suspected) was also achieved at 93.0% (national performance 96.2%).

b) 31 Day Target

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

c) 62 Day Target



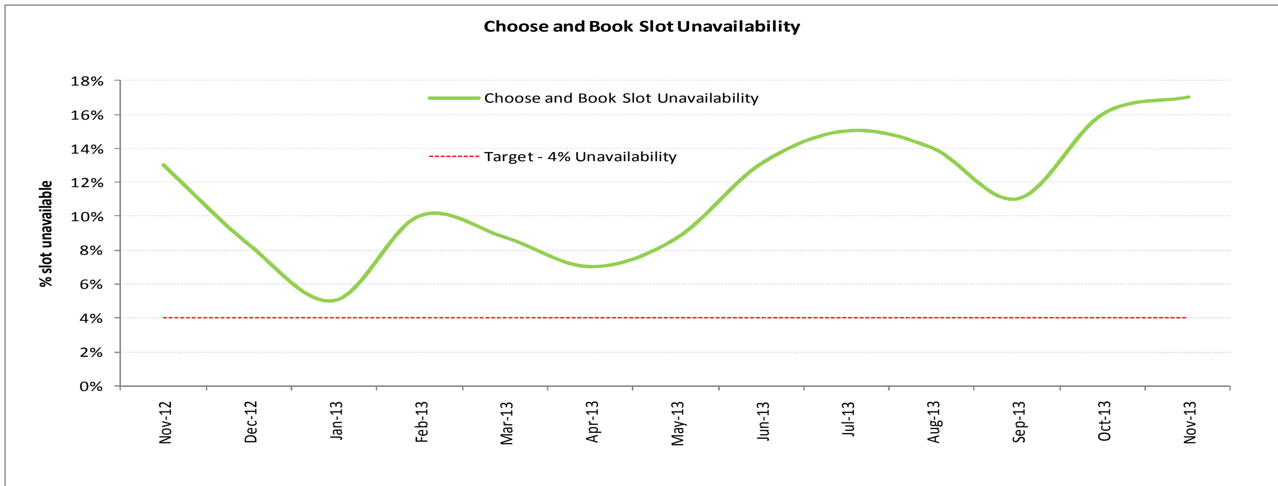
The 62 day urgent referral to treatment cancer performance in October was 86.4% (national performance close to 85%) , against a target of 85%. The year to date position at 84.9% is ahead of the revised trajectory which was submitted as part of the recovery plan.

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

The key points to note this month are:-

- Performance for November is on track to deliver trajectory
- 62 day backlog is 19 as at the 6th December (threshold is 30)
- There are 2 patients waiting 100+ days both in Urology – one patient was a late referral from Derby and the other patient has only recently decided on their treatment plan.

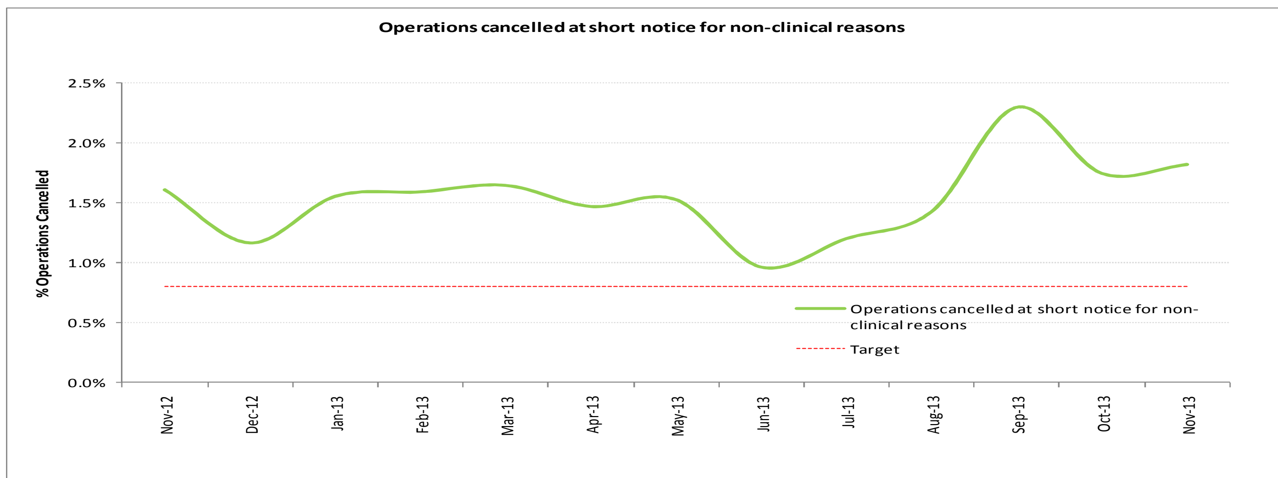
5.5 Choose and Book slot availability



Choose and book slot availability performance for November is 17% with the national average at 10%. Resolution of slot unavailability requires a reduction in waiting times for 1st outpatient appointments in key specialties and prospectively, ensuring that there is sufficient capacity available at all times. This will form part of the 18 week remedial action plan.

5.6 Short Notice Cancelled Operations

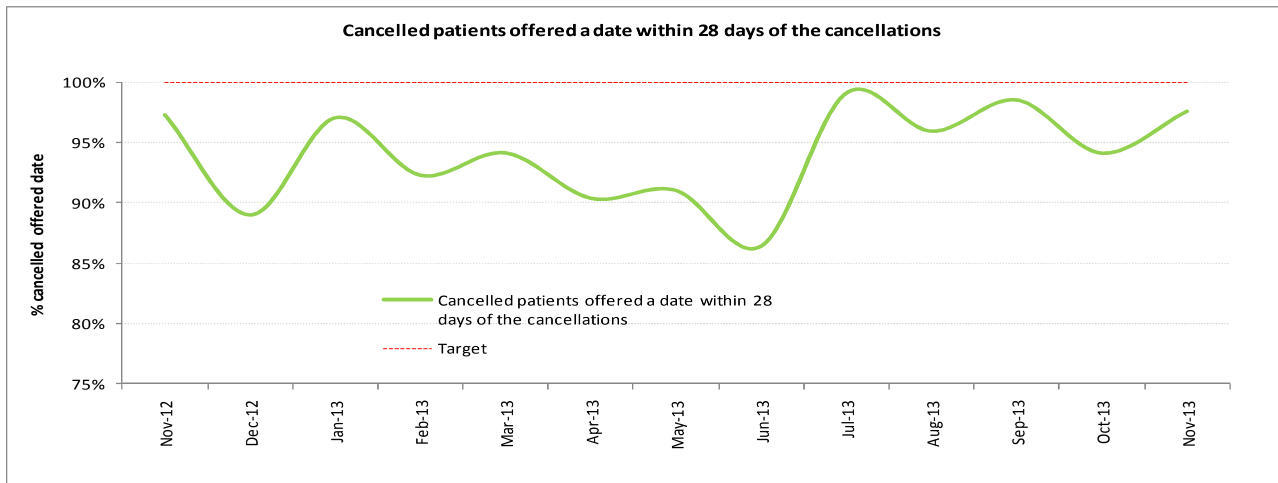
Mth	Qtr 1	Qtr2	YTD



November performance shows that the percentage of operations cancelled on/after the day of admissions of all elective activity for non-clinical reasons was 1.8% against a target of 0.8%. The year to date performance is 1.6%. A Remedial Action Plan was submitted to the commissioners in November. A number of additional questions have been raised which will be responded to before the next Contract meeting

Cancelled patients offered a date within 28 days

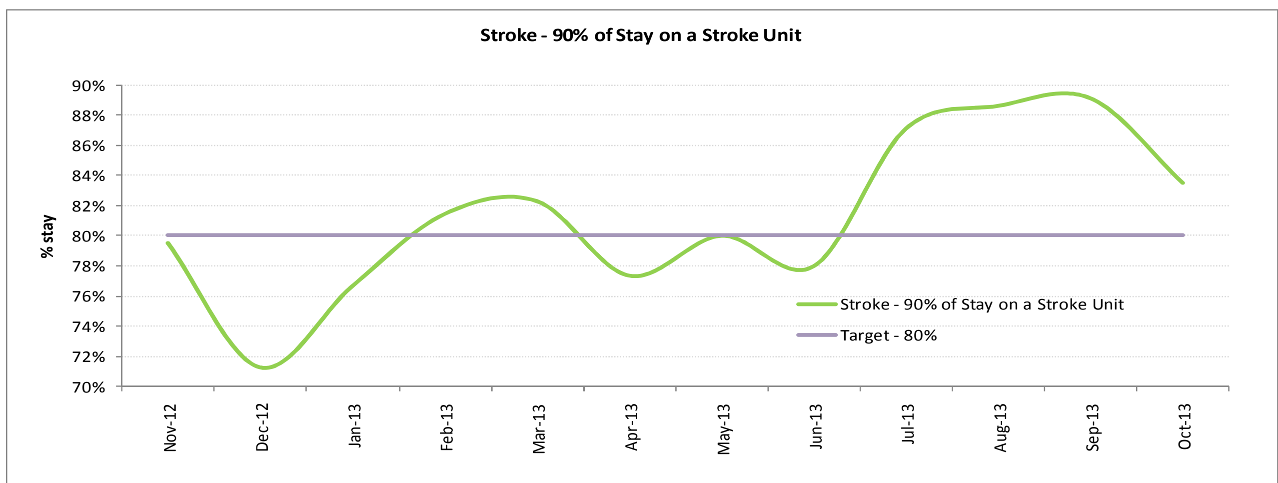
Mth	Qtr 1	Qtr2	YTD



The threshold has been amended from 95% to 100% to reflect that every breach of this standard is subject to a financial penalty. The number of patients breaching this standard in November was 4 with 97.6% offered a date within 28 days of the cancellation.

5.7 Stroke % stay on stroke ward

Mth	Qtr 1	Qtr2	YTD

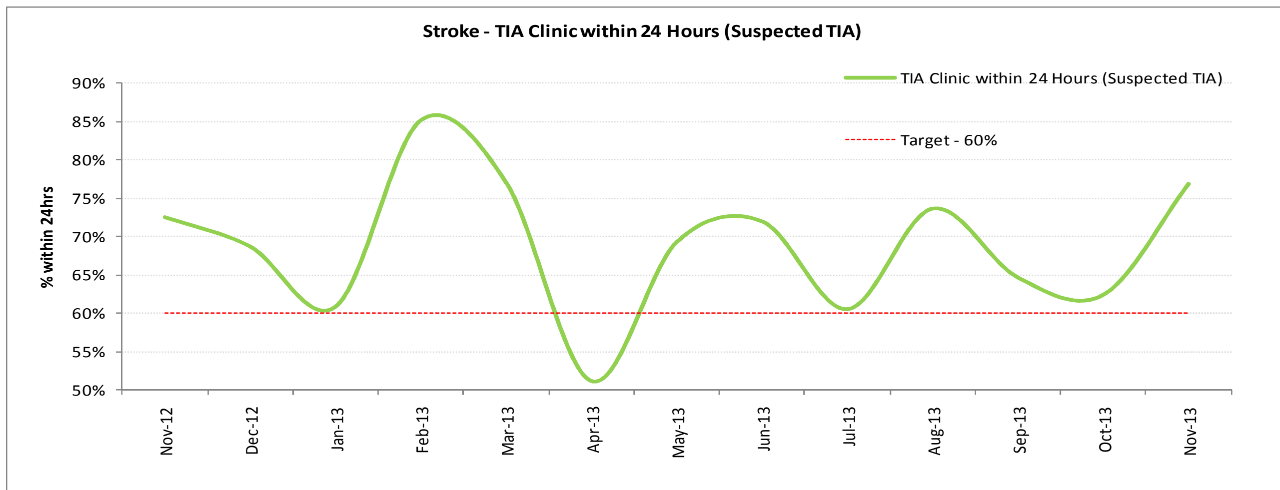


The percentage of stoke patients spending 90% of their stay on a stroke ward in October (reported one month in arrears) is 83.5% against a target of 80%.

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

5.8 Stroke TIA

Mth	Qtr 1	Qtr2	YTD

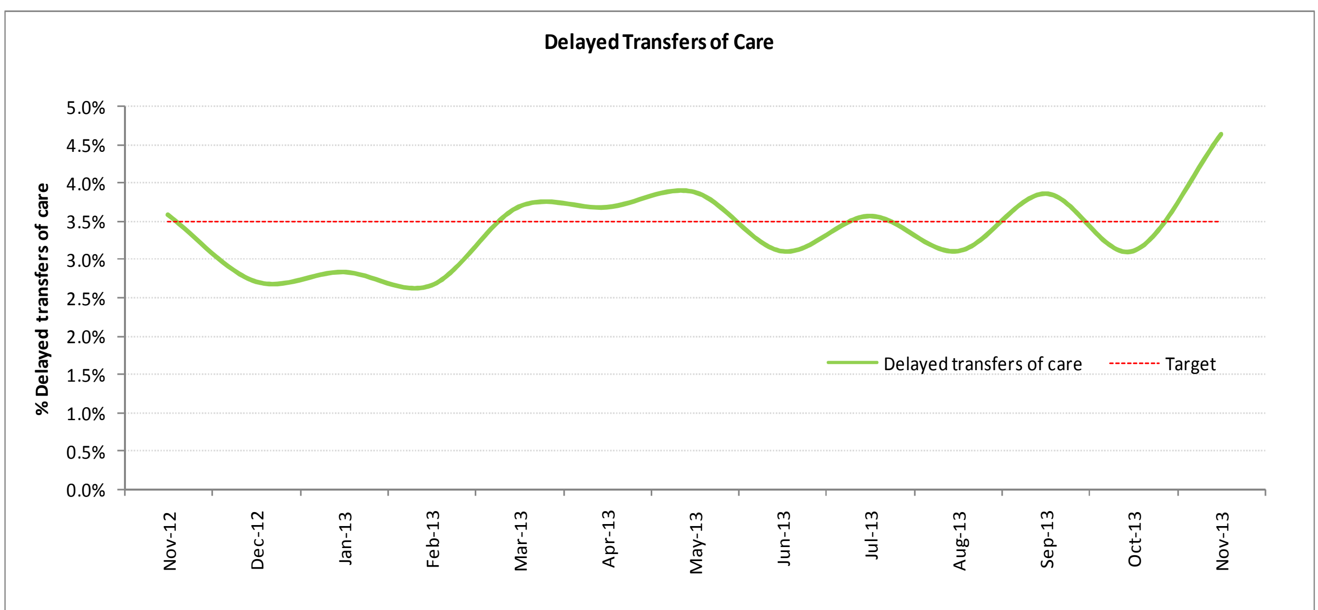


The percentage of high risk suspected TIAs receiving relevant investigations and treatment within 24 hours of referral receipt is 76.8% against a national target of 60.0%. The year to date performance is 66.0%. The contractual target for this indicator remains under review.

5.9 Delayed Transfers of Care

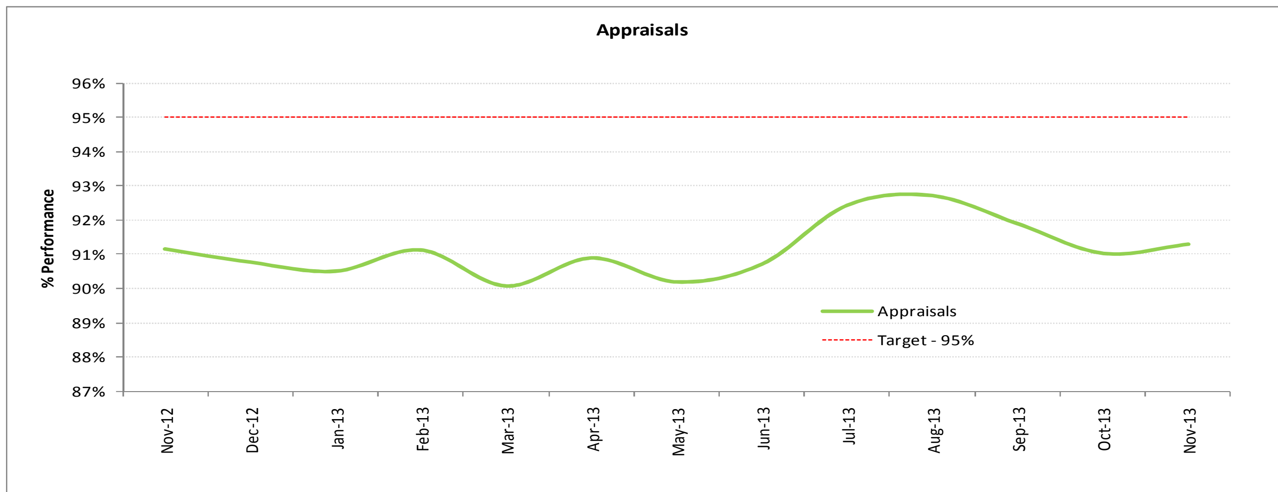
During November 2013, UHL has seen deterioration in the DTOC level. The November position was 4.6% of patients on the DTOC, which is the highest percentage YTD. A work stream of the HUB work plan is focussing on reducing DTOCs.

Numbers of delays by reason for April to November are shown below:-



6.0 HUMAN RESOURCES – KATE BRADLEY

6.1 Appraisal



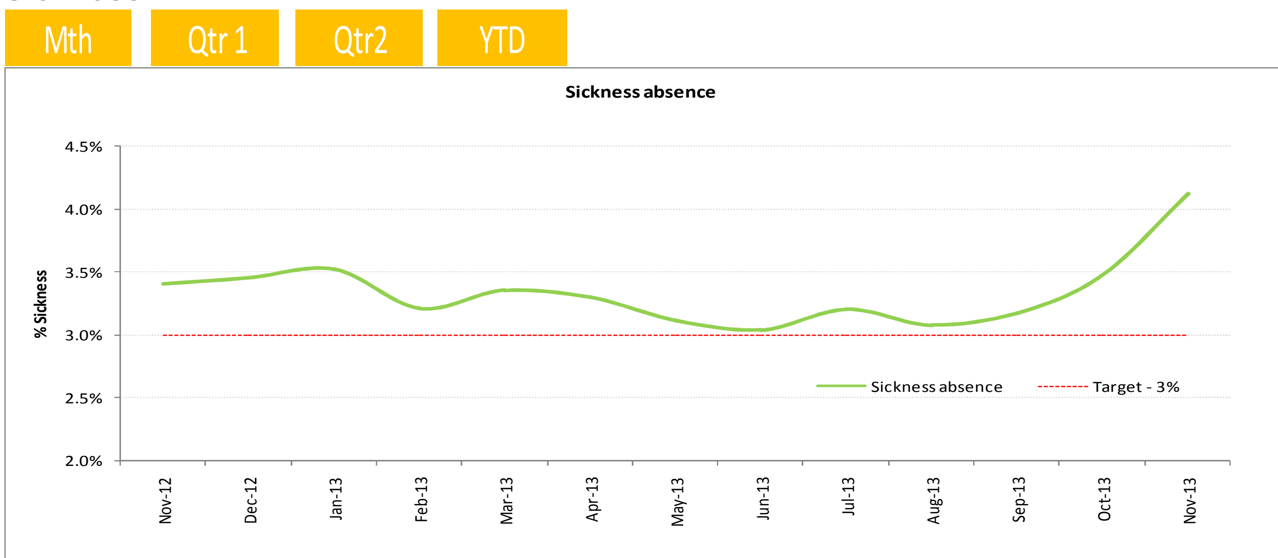
*November sickness rate is provisional.

Appraisal rates have shown deterioration since August 2013. Between October and November, the rates have improved as a result of the management of trajectories to reach 95% and the re-alignment of responsibilities in the new CMG Structures. The appraisal rate for November is skewed due to TUPE transfer of some staff groups, for example Sexual Health Service and IM+T.

Appraisal performance continues to feature on CMG Board Meetings in monitoring the implementation of agreed actions. HR CMG Leads continue to work closely with CMGs to implement targeted 'recovery plans'. Appraisal data leads for all service areas and CMGs have been identified in the new structure to ensure accuracy of reporting and robust monitoring.

A Project Board has been established to take forward the development of an eAppraisal Solution to support and evidence the appraisal process and automate the reporting.

6.2 Sickness

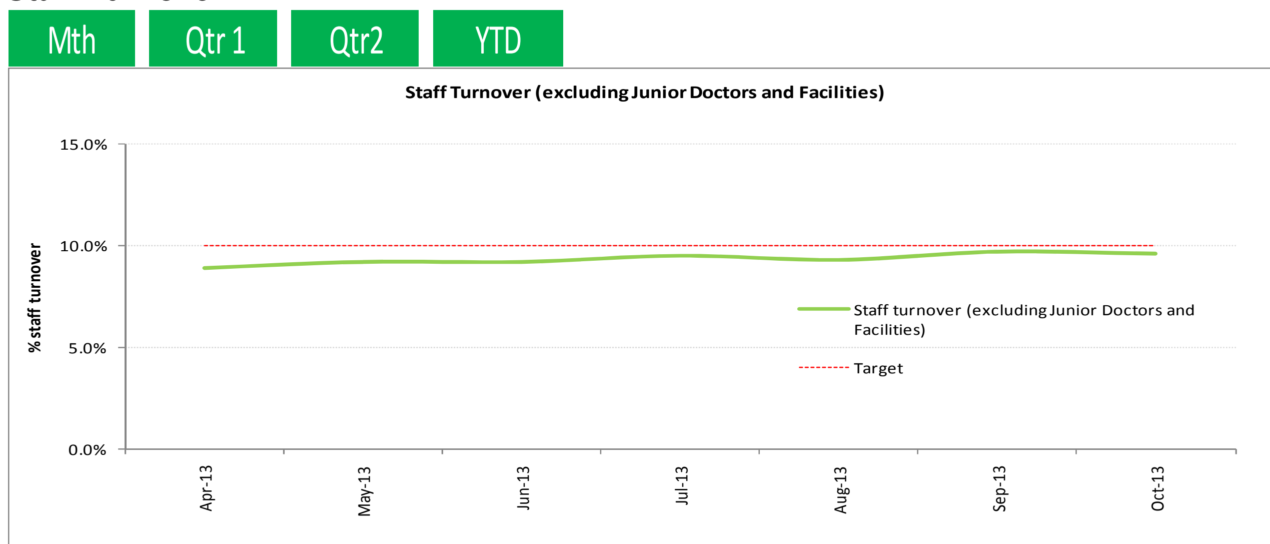


*November sickness rate is provisional.

The sickness rate for November is 4.12% and the October figure has now adjusted to 3.47% to reflect closure of absences. The overall cumulative sickness figure is now 3.34% which is an increase of 0.2% on last month. This is below the previous SHA's target of 3.4% but slightly above the Trust stretch target of 3%.

The sickness trend is consistent with 2012 when the first cut of the November figure was 4.09%, subsequently adjusting to 3.69%.

6.3 Staff Turnover



The cumulative Trust turnover figure (excluding junior doctors and facilities staff who have Tupe'd from the Trust) has increased slightly from 9.6% to 9.7%. The latest figure includes the TUPE transfer of 27 IM &T staff to IBM on 30 November 2013 and therefore skews the overall turnover figures.

6.4 Statutory and Mandatory Training

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

CBU	Fire Training %age	Moving & Handling %age	Hand Hygiene %age	Equality & Diversity %age	Info. Gover'ce %age	Safeguard Children ONLY %age	Conflict Resolution %age	Safeguard Adults ONLY %age	Resus - BLS Equivalent %age	Average %age Compliance
Refresher period Months	12	24	12	36	12	36	36	36	12	
(E = eLearning, F = Face to Face)	E&F	E&F	E	E	E	E	F	E	F	
Acute Care	69%	72%	69%	63%	63%	76%	40%	61%	52%	63%
Planned Care	66%	73%	64%	55%	64%	76%	31%	65%	67%	61%
UHL Corporate Areas	54%	59%	52%	51%	53%	61%	21%	46%	49%	51%
Women's & Children's	70%	75%	66%	54%	57%	89%	26%	28%	73%	58%
Trustwide Compliance	66%	70%	64%	57%	61%	75%	32%	54%	60%	
UHL staff are this compliant with their mandatory & statutory training from the key 9 subjects										60%

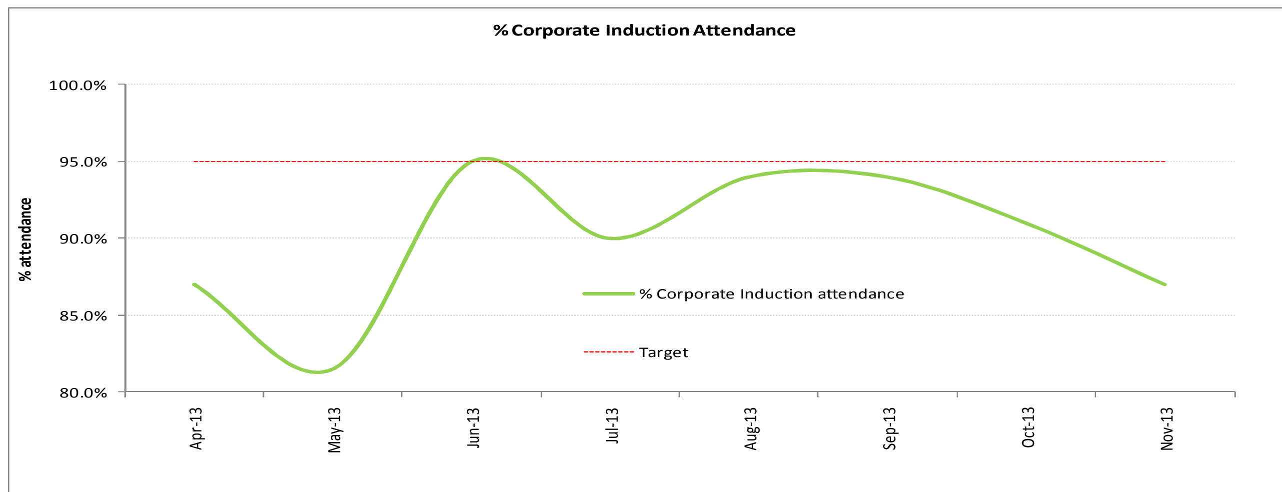
Over the last month UHL staff compliance against Statutory and Mandatory Training has increased from 58% to 60% across these nine core areas. eUHL needs to be restructured by IM&T to capture performance by Clinical Management Groups; this should be completed by the end of February 2013.

There are a total of 7 new eLearning packages live on eUHL, the remaining 3 will be live by the end of Dec 2013. The feedback received on new packages during the testing phase has been very positive.

We continue to communicate progress, essential training requirements and follow up on non-compliance at an individual level. This has been supported by the distribution of the 'UHL Mandatory and Statutory Training Guide – Dec 2013.'

Work is underway in developing the new Learning Management System to improve reporting functionality and programme access.

6.5 Corporate Induction



There has been a reduction to 87% of staff attending corporate induction at the end of November. The November figure reflects numbers booked onto Corporate Induction against actual attendance. This reduction continues to be primarily due to large numbers of new employees and limitation on venue capacity within this period.

The process for following-up non- attendees is investigated and resolved at a local level as outlined in the Policy for Statutory and Mandatory Training. Corporate Induction performance continues to be communicated to Induction Leads at local level for monitoring the implementation of agreed actions.

The Task and Finish Group are finalising induction requirements and progressing with increasing the number of Corporate Inductions to weekly from 31st March 2014.

7.0 2013/14 CONTRACTUAL QUERY STATUS

Progress Log on Commissioner Notices/Penalties

Commissioner Notices	Subject	Action/Update	Associated Penalty	Status
Contract Query	Cancer 62 Day	Remedial Action Plan (RAP) has been signed off. Monthly progress reports against the agreed RAP	£50,000 Qtr1 fine has been repaid.	On/above trajectory.
Contract Query/First Exception Report sent on 19th November 2013.	ED Performance	Remedial Action Plan & Trajectory Agreed. Due to the failure of meeting the improvement trajectory a First Exception report has been issued.	2% Overall Contract penalty from August to November Automatic Contract Penalty (non refundable)	Failing to meet improvement trajectory.
Contract Query	18 Wk RTT	Revised RAP rejected September 2013. Intensive Support Team worked with Trust to model level of activity required to deliver RTT on a sustainable basis. Revised trajectory being worked up alongside the RAP.	2% overall contract value commencing August. Automatic Individual specialty penalties	Meeting with CCG's December to agree capacity requirements and finacial affordability.
Contract Query	Ambulance Turnaround	Remedial Action Plan has been signed off. Agreement to re-invest incurred penalties upon trajectory achievement for the requested £90-£100k	Automatic Contract Penalty	Trajectory not delivered.
Contract Query	Pressure Ulcers	RAP has been signed off The action plan is reported as RED against the trajectory. CCG's to work with UHL to see a significant sustained improvement.	Revised trajectory and finacial penalties confirmed by CCG's. Automatic penalties applied.	On-going
Contract Query	Short notice cancelled operations and rebooking in 28 days	Remedial Action Plan was submitted November 2013.	Automatic Contract Penalty	On-going - CCG's have asked for some additional information before signing off the
Activity Query Notice	Emergency over performance	Emergency analysis provide by commissioners and initial meeting held. UHL response has been provided.	Withholding of financial over performance	On-going
Activity Query Notice	Outpatients over performance	Analysis provided by commissioners and resposnse provide by Trust.	Withholding of financial over performance	CCG's have agreed to pay for overperformance.

8.0 UHL - FACILITIES MANAGEMENT– RACHEL OVERFIELD

8.1 Introduction

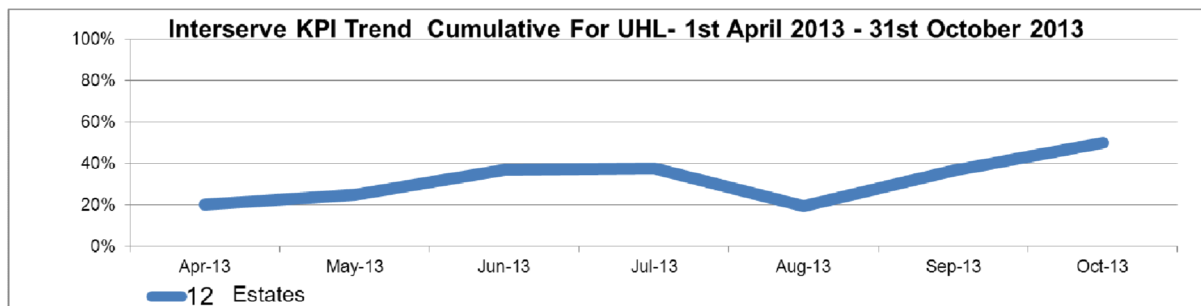
This report covers a review of overall performance on the Facilities Management (FM) delivery provided by Interserve FM (IFM) and contract managed by NHS Horizons over a seven month period.

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

8.2 Key Performance Indicators

KPI 12 – Estates

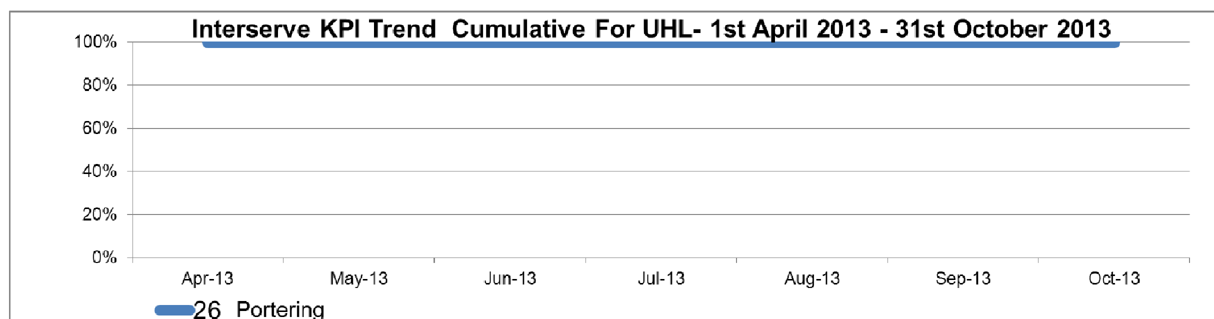
Percentage of emergency requests achieving response time within the 30 minutes Service Level Agreement time given.



KPI 12 has never achieved a high percentage from the start of the contract, and dipped considerably in transformation period around August, we can now see an improvement over the last 2 months and a general rise in percentage

KPI 26 – Portering

Percentage of scheduled portering tasks completed in the contract month within 15 minutes of the scheduled time.



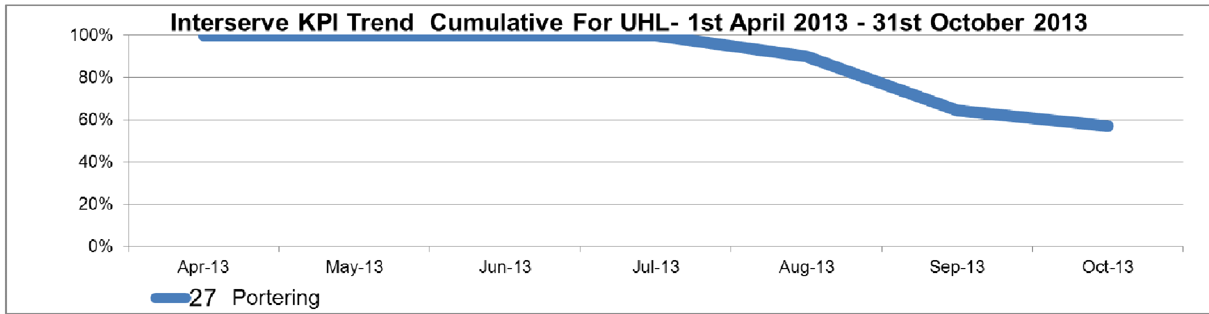
KPI

KPI26 has been 100% over the 7 month period from April – October 2013 and has always achieved the Service Level Agreement times the scheduled items listed below.

- Delivery and collection of linen
- Removal of waste to the waste compound
- Medical gas duties
- Postal services

KPI 27 – Portering

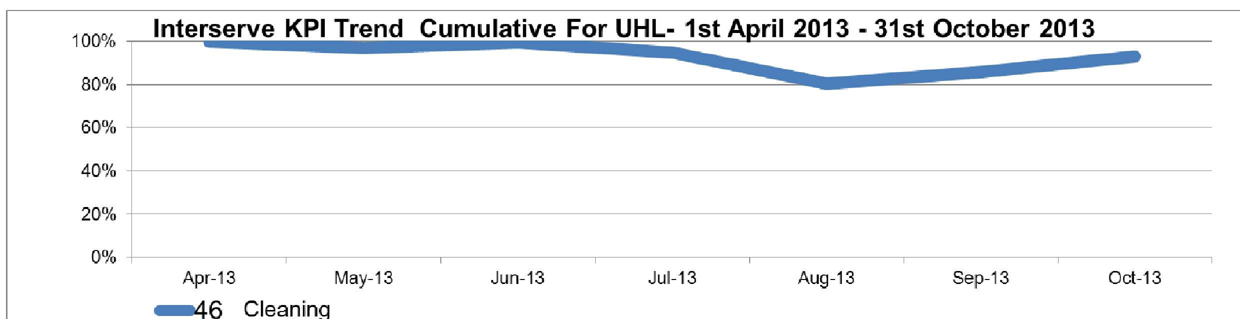
Percentage of emergency portering tasks achieving response time



KPI 27 at the beginning of the contract in March 2013 - 388 requests were logged and responded to. This has reduced in July, August, September and October 2013 to 16, 10, 14 and 7 respectively. These smaller numbers greatly affect the KPI percentage when responses are not met.

KPI 46 – Cleaning

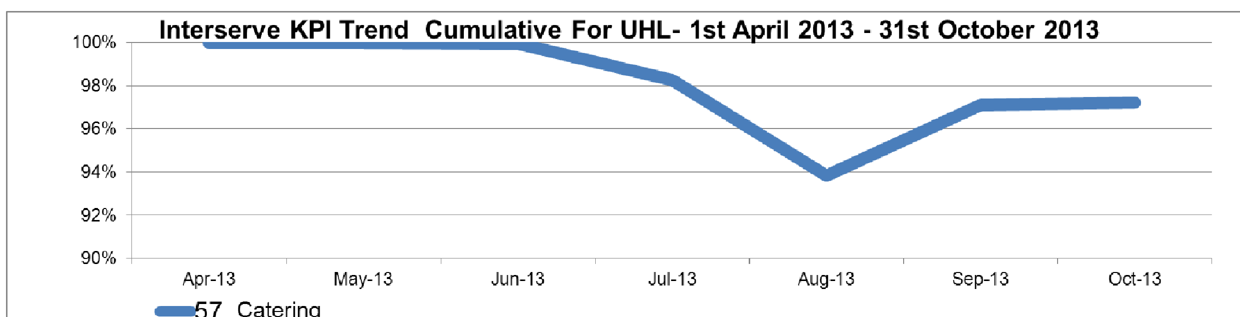
Percentage of audits in clinical areas achieving National Specification For Cleaning audit scores for cleaning above 90%



KPI 46 started well but dipped around transformation of the service but we can see a good recovery which can be seen in the above data

KPI 57 – Catering

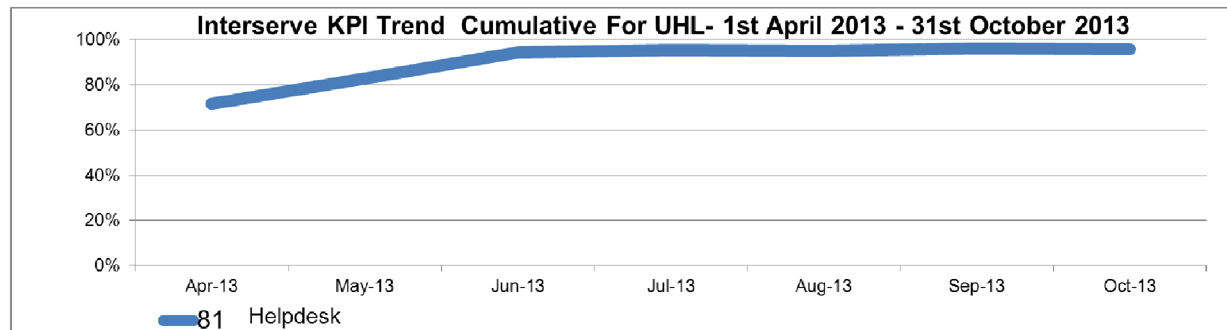
Percentage of meals delivered to wards in time for the designated meal service as per agreed schedules.



KPI 57 again started well with meals delivered through business as usual, this also dipped at the time around transformation but has recovered to an acceptable level with slight improvements shown for October 2013

KPI 81 – Helpdesk

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



KPI 81 started at a low percentage due to the change in how helpdesk calls across the services were handled at the start of the contract. Interserve have increased the percentage by staff training and recruitment over the last 7 months

8.3 General Summary

The above trend diagrams identify that the mobilisation of the contract and initial phases of service delivery from April to June by IFM were successful in maintaining and in some areas improving the standards and responses as regard service delivery.

This was followed by a period of transition generally covering the period July to September where in some cases performance dipped as new methodology and different ways of working coupled with staff changes were introduced.

Recent performance has identified a dip in one element of portering responses which aligns to substantial increase in patient activity and demands upon this service, however scheduled portering tasks which constitute a major component of the service has remained consistent throughout.

Encouragingly the past two months (Sept – Oct) have identified continuous improvements in performance by Interserve FM across the UHL for the majority of all KPI's.

9.0 October IM&T Service Delivery Review

9.1 Highlights

Go live of the Meeting Room Booking System
Go live of Dawn DMARDS system
Annual Tiara system upgrade
Reconfiguration of disks on Proton servers
Manual Patient Centre, Clinicom & iCM Clock Change
Transition of Projects & Programmes and Applications Management Wave 2 to the Managed Business Partner

9.2 IT Service Review

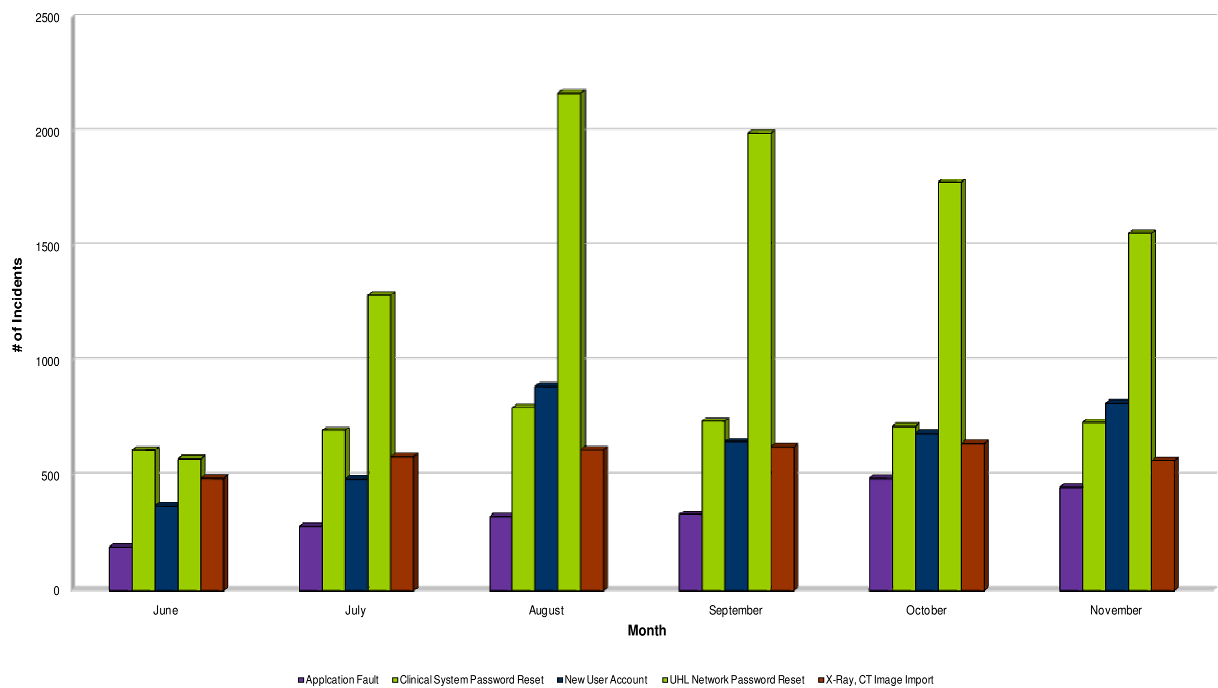
There were 7498 (7686 previous month) incidents were logged during November, out of which 5198 (5220 previous month) were resolved. 1558 (1781 previous month) incidents were closed on first contact
Performance against service level agreements is as expected and follows the flight path for service level agreements.

Number of complaints relating to service has dropped to 5 in month (18 in previous month)
There were 635 (837 previous month) incidents logged out of hours via the 24/7 service desk function.

9.3 Future Action

Managed Print service to be deployed at the GH. Audit of printer being undertaken at the other 2 sites

9.4 IM&T Service Desk top 5 issues



9.5 IM&T November Heatmap

IM&T Heatmap Report - November 2013

Incidents Outstanding at end of October*	394
New Incidents Logged in November	7498
Incidents Logged & Resolved in November	5188
Outstanding Incidents**	1267

Team	Measure	Priority 1 *4hrs 45mins*		Priority 2 *1 working day*		Priority 3 *2 working days*		Priority 4 *4 working days*		Priority 5 *10 working days*		Totals for This Month *(November)*		Totals for Last Month *(October)*	
Application Management	Calls resolved in SLA (%)	100%		100%		89.29%		98.22%		100%		98.1%		97.62%	
	Resolved in SLA/Total Resolved	3	3	1	1	25	28	1328	1352	34	34	1391	1418	1148	1176
Business Intelligence	Calls resolved in SLA (%)	N/A		N/A		N/A		N/A		N/A		N/A		100%	
	Resolved in SLA/Total Resolved	0	0	0	0	0	0	0	0	0	0	0	0	3	3
Data Centre Service	Calls resolved in SLA (%)	100%		100%		96.3%		96.36%		92.31%		96.23%		98.16%	
	Resolved in SLA/Total Resolved	1	1	2	2	26	27	291	302	12	13	332	345	320	326
Desktop & AMC	Calls resolved in SLA (%)	N/A		100%		94.16%		95.49%		98.86%		95.8%		93.52%	
	Resolved in SLA/Total Resolved	0	0	2	2	129	137	995	1042	173	175	1299	1356	1299	1389
I&D Team	Calls resolved in SLA (%)	N/A		N/A		66.67%		82.14%		N/A		80.65%		87.5%	
	Resolved in SLA/Total Resolved	0	0	0	0	2	3	23	28	0	0	25	31	28	32
Imaging	Calls resolved in SLA (%)	100%		100%		95.62%		84.44%		98.15%		89.59%		94.98%	
	Resolved in SLA/Total Resolved	1	1	1	1	437	457	608	720	106	108	1153	1287	1267	1334
Network Services	Calls resolved in SLA (%)	N/A		100%		100%		98.27%		96.15%		98.17%		97.24%	
	Resolved in SLA/Total Resolved	0	0	2	2	18	18	170	173	25	26	215	219	176	181
Pathology	Calls resolved in SLA (%)	N/A		N/A		N/A		N/A		N/A		N/A		100%	
	Resolved in SLA/Total Resolved	0	0	0	0	0	0	0	0	0	0	0	0	2	2
Pharmacy	Calls resolved in SLA (%)	N/A		N/A		N/A		100%		N/A		100%		94.74%	
	Resolved in SLA/Total Resolved	0	0	0	0	0	0	6	6	0	0	6	6	18	19
Service Desk	Calls resolved in SLA (%)	0%		100%		100%		97.6%		91.67%		96.54%		97.98%	
	Resolved in SLA/Total Resolved	0	1	1	1	10	10	487	499	88	96	586	607	632	645
Telecoms	Calls resolved in SLA (%)	N/A		N/A		100%		92.55%		90%		92.24%		92.65%	
	Resolved in SLA/Total Resolved	0	0	0	0	11	11	87	94	9	10	107	116	126	136
Theatre Support	Calls resolved in SLA (%)	N/A		N/A		33.33%		66.67%		0%		64.77%		63.86%	
	Resolved in SLA/Total Resolved	0	0	0	0	1	3	56	84	0	1	57	88	53	83
Undefined Teams	Calls resolved in SLA (%)	100%		100%		95.05%		90.46%		70.59%		90.86%		93.13%	
	Resolved in SLA/Total Resolved	1	1	1	1	96	101	218	241	12	17	328	361	393	422

Incidents Closed on first contact	1558	
All Incidents Resolved in October	5834	
Incidents Resolved on Day Logged	2463	
Incidents Escalated / Total Escalations	217	282
Incidents Unresolved / Total Unresolved	98	98

Affected System	Incidents Logged	Incidents Resolved
CRIS	210	234
EDIS	60	38
Euroking/E3	5	7
HISS/Clinicom	543	514
iLab/Apex	558	542
JAC	8	9
ORMIS	77	96
PACS/IMPAX	256	250
Sunquest ICE	236	175
Total:	1953	1865

Service Level Agreements

Red	: <90% of calls resolved within SLA
Amber	: 90-94.99% of calls resolved within SLA
Green	: >95% of calls resolved within SLA

** Incidents logged before end of October and not resolved or closed by 1st November.*

*** All outstanding incidents at time of printing.*

APPENDIX 1

University Hospitals of Leicester NHS
NHS Trust
Caring at its best

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
Extemely	Promoter
Likely	Passive
Neither likely or	Detractor
Unlikely	Detractor
Extremel	Detractor
Don't	Excluded

Friends & Family score is calculated as : % promoters minus % detractors.

*((promoters-detractors)/(total responses-'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 Assesment 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

University Hospitals of Leicester NHS Trust

Caring at its best

FRIENDS AND FAMILY TEST : June - November '13

			Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	NOVEMBER SCORE BREAKDOWN: Total Responses	Promoters	Passives	Detractors	Score
GLENFIELD HOSPITAL	GH WD 15	F15	100	91	100	82	91	73	30	22	8	0	73
	GH WD 16 Respiratory Unit	F16	74	80	68	80	80	87	30	26	4	0	87
	GH WD 20	F20	61	77	79	-	59	56	25	18	3	4	56
	GH WD 23A	F23A	100	83	-	80	55	82	27	22	5	0	82
	GH WD 24	F24	94	100	-	95	96	100	3	3	0	0	100
	GH WD 24	F24	94	100	-	95	96	100	3	3	0	0	100
	GH WD 26	F26	-	0	94	93	87	80	35	28	7	0	80
	GH WD 27	F27	66	45	90	67	54	74	32	23	8	0	74
	GH WD 28	F28	88	90	96	76	89	80	20	16	4	0	80
	GH WD 29	F29	21	96	75	68	74	90	20	18	2	0	90
	GH WD 30	F30	-	91	94	0	95	94	17	16	1	0	94
	GH WD 31	F31	79	87	94	88	90	95	20	19	1	0	95
	GH WD 32	F32	83	81	87	81	74	79	19	16	2	1	79
	GH WD 33	F33	79	81	73	76	77	79	33	27	5	1	79
	GH WD 33A	F33A	86	80	84	67	80	87	23	20	3	0	87
	GH WD Clinical Decisions Unit	FCDU	46	49	58	50	44	65	95	71	13	10	65
	GH WD Coronary Care Unit	FCCU	90	98	90	91	100	89	104	93	11	0	89

University Hospitals of Leicester NHS Trust

Caring at its best

FRIENDS AND FAMILY TEST : June - November '13

			Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	NOVEMBER SCORE BREAKDOWN				
									Total Responses	Promoters	Passives	Detractors	Score
LEICESTER GENERAL HOSPITAL	LGH WD 1	G1	-	-	-	-	78	84	19	16	3	0	84
	LGH WD 10	G10	60	80	70	50	56	70	10	8	1	1	70
	LGH WD 14	G14	83	70	85	61	78	46	40	24	9	6	46
	LGH WD 15N Nephrology	G15N	75	-	-	38	60	86	10	6	1	0	86
	LGH WD 16	G16	95	75	71	50	94	70	20	16	2	2	70
	LGH WD 17 Transplant	G17	84	81	84	88	86	79	29	23	6	0	79
	LGH WD 18	G18	91	75	93	71	81	85	74	63	11	0	85
	LGH WD 18	G18	91	75	93	71	81	85	74	63	11	0	85
	LGH WD 2	G2	-	25	-	87	57	46	14	7	5	1	46
	LGH WD 22	G22	45	42	50	79	46	42	25	12	10	2	42
	LGH WD 26 SAU	G26	52	65	48	46	52	60	42	28	11	3	60
	LGH WD 27	G27	57	0	64	55	58	60	25	16	8	1	60
	LGH WD 28 Urology	G28	55	31	100	24	51	60	37	26	7	4	60
	LGH WD 3	G3	33	67	70	43	100	80	5	4	1	0	80
	LGH WD 31	G31	79	84	73	83	89	79	77	64	10	3	79
	LGH WD Brain Injury Unit	GBIU	-	100	-	100	100	50	2	1	1	0	50
	LGH WD Surg Acute Care	GSAC	83	-	100	79	100	100	8	8	0	0	100
	LGH WD Young Disabled	GYDU	100	-	100	100	50	0	0	0	0	0	0

University Hospitals of Leicester NHS Trust

Caring at its best

FRIENDS AND FAMILY TEST : June - November '13

	Ward	Code	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	NOVEMBER SCORE BREAKDOWN				
									Total Responses	Promoters	Passives	Detractors	Score
LEICESTER ROYAL INFIRMARY	LRI WD 15 AMU Bal L5	R15	31	43	65	56	53	67	3	2	1	0	67
	LRI WD 19 Bal L6	R19	5	43	35	59	44	63	25	18	3	3	63
	LRI WD 21 Bal L6	R21	91	-	89	100	91	82	22	18	4	0	82
	LRI WD 22 Bal 6	R22	48	64	44	38	63	58	34	23	6	4	58
	LRI WD 24 Win L3	R24	47	29	52	38	25	18	19	6	8	3	18
	LRI WD 25 Win L3	R25	60	75	69	88	73	85	20	17	3	0	85
	LRI WD 26 Win L3	R26	58	80	65	0	69	86	14	13	0	1	86
	LRI WD 27 Win L4	R27	33	75	100	75	100	100	5	5	0	0	100
	LRI WD 29 Win L4	R29	65	55	70	65	75	67	18	13	4	1	67
	LRI WD 31 Win L5	R31	48	64	48	23	72	40	21	11	6	3	40
	LRI WD 32 Win L5	R32	43	23	48	58	54	69	15	10	2	1	69
	LRI WD 33 Win L5	R33	58	77	75	58	81	77	31	23	7	0	77
	LRI WD 34 Windsor Level 5	R34	-	80	58	55	55	70	20	15	4	1	70
	LRI WD 36 Win L6	R36	0	50	50	60	57	63	19	12	7	0	63
	LRI WD 37 Win L6	R37	91	86	71	81	52	100	1	1	0	0	100
	LRI WD 38 Win L6	R38	100	87	85	100	82	92	25	24	0	1	92
	LRI WD 39 Osb L1	R39	89	87	72	88	81	76	25	20	4	1	76
	LRI WD 40 Osb L1	R40	82	77	-	71	56	61	28	18	9	1	61
	LRI WD 41 Osb L2	R41	47	55	73	50	75	86	21	18	3	0	86
	LRI WD 7 Bal L3	R07	70	71	64	61	75	61	62	40	18	3	61
	LRI WD 8 SAU Bal L3	RSAU	70	49	52	56	14	40	50	28	14	8	40
	LRI WD Bone Marrow	RBMT	0	100	67	33	25	86	7	6	1	0	86
	LRI WD Fielding John Vic L1	RFJW	60	71	67	86	81	82	22	18	4	0	82
	LRI WD GAU Ken L1	RGAU	70	46	82	65	53	71	75	54	20	1	71
	LRI WD IDU Infectious Diseases	RIDU	69	80	68	48	67	25	16	8	4	4	25
	LRI WD Kinmonth Unit Bal L3	RKIN	80	70	57	89	74	76	25	21	2	2	76
	LRI WD Osborne Assess Unit	ROND	88	68	84	88	73	76	25	20	4	1	76

University Hospitals of Leicester NHS Trust

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FRIENDS AND FAMILY TEST : June - November '13

		Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	NOVEMBER SCORE BREAKDOWN				
								Total Responses	Promoters	Passives	Detractors	Score
EMERGENCY DEPARTMENT	**ED - Majors**	42	50	47	23	48	59	257	169	70	18	59
	ED - Minors	64	60	65	31	66	62	361	246	90	24	62
	ED - (not stated)	60	63	72	65	69	69	42	31	9	2	69
	Eye Casualty	70	55	54	44	50	51	252	136	108	8	51
	Emergency Decisions Unit	-	-	69	81	57	61	127	83	34	7	61

	November 2013 Nurse to Bed ratio		Per finance ledger									
Cost centre	Cost centre description	*No. of beds*	Actual worked WTEs(per finance ledger)	Including bank wtes	Including agency wtes	Budgeted Nurse to bed ratio	Actual Nurse to bed ratio	November 13 RAG Rating	October 13 RAG Rating	Sickness %	Budgeted Qualified %age	Budgeted Unqualified %age
C20	Ward 15	*30*	**35.97**	*3.37*	*0.00*	**1.31**	**1.20**				60.4%	39.6%
C21	Ward 16	*30*	**33.10**	*6.35*	*2.00*	**1.21**	**1.10**				63.4%	36.6%
C23	Ward 17 - Respiratory	*30*	**34.25**	*5.25*	*4.00*	**1.35**	**1.14**				75.0%	25.0%
C24	Ward 27	*27*	**29.67**	*1.54*	*0.00*	**1.16**	**1.10**				61.9%	38.1%
C27	Coronary Care Unit - Ggh	*19*	**49.93**	*1.19*	*0.00*	**2.77**	**2.63**				75.8%	24.2%
C29	Clin Dec. Unit - Ward 19 Ggh	*25*	**85.19**	*5.74*	*0.69*	**3.84**	**3.41**				62.9%	37.1%
C30	Ward 28 - Cardio	*31*	**34.52**	*4.90*	*0.00*	**1.11**	**1.11**				60.0%	40.0%
C31	Ward 33	*29*	**32.21**	*2.49*	*0.19*	**1.17**	**1.11**				70.2%	29.8%
C32	Ward 32	*17*	**18.54**	*3.29*	*1.00*	**1.19**	**1.10**				74.7%	25.3%
C33	Ward 33a	*20*	**23.46**	*3.75*	*0.00*	**1.32**	**1.17**				64.2%	35.8%
C35	Ward 31	*34*	**41.58**	*3.97*	*0.00*	**1.29**	**1.22**				76.9%	23.1%
C38	Ward 26	*15*	**24.59**	*4.12*	*0.00*	**2.05**	**1.64**				76.5%	23.5%
C48	Ward 23a	*17*	**21.40**	*1.49*	*0.00*	**0.89**	**1.26**				45.2%	54.8%
C99	Ward 29 - Resp	*25*	**27.64**	*5.81*	*0.00*	**1.22**	**1.11**				61.3%	38.7%
S04	Ward 15 High Dependency	*9*	**24.46**	*2.14*	*0.00*	**3.07**	**2.72**				85.9%	14.1%
S05	Ward 15 Nephrology	*18*	**29.64**	*0.71*	*0.00*	**1.78**	**1.65**				63.1%	36.9%
S21	Ward 10 Capd	*18*	**35.99**	*0.00*	*0.09*	**2.15**	**2.00**				60.9%	39.1%
S64	Ward 17 - Capd	*14*	**19.37**	*0.82*	*0.00*	**1.43**	**1.38**				70.3%	29.7%
N15	Admissions Unit (15/16) Lri	*52*	**107.13**	*15.31*	*26.00*	**2.23**	**2.06**				60.0%	40.0%
N44	Emergency Decisions Unit Lri	*16*	**20.74**	*0.00*	*-1.43*	**1.76**	**1.30**				66.8%	33.2%
N24	Ward 24 Lri	*27*	**33.10**	*4.26*	*3.99*	**1.43**	**1.23**				60.0%	40.0%
N26	Ward 36 Lri	*28*	**31.01**	*4.79*	*10.91*	**1.41**	**1.11**				60.0%	40.0%
N31	Ward 31 Lri - Med	*30*	**33.48**	*3.37*	*5.37*	**1.41**	**1.12**				60.0%	40.0%
N33	Ward 37 Lri	*24*	**30.44**	*7.33*	*1.61*	**0.92**	**1.27**					
N36	Ward 23 Lri	*28*	**32.53**	*4.39*	*6.63*	**1.41**	**1.16**				60.0%	40.0%
N38	Ward 38 Lri	*28*	**31.25**	*5.97*	*8.16*	**1.30**	**1.12**				60.0%	40.0%
N39	Infectious Diseases Unit	*18*	**20.65**	*4.66*	*1.48*	**1.31**	**1.15**				60.0%	40.0%
N51	Ward 19 Lri	*30*	**35.08**	*1.37*	*10.84*	**1.41**	**1.17**				60.0%	40.0%
N52	Ward 2 Lgh	*21*	**26.89**	*27.25*	*0.00*	**1.32**	**1.28**				60.0%	40.0%
N56	Ward 8 Lgh	*15*	**23.71**	*6.19*	*0.00*	**1.84**	**1.58**				60.0%	40.0%
N57	Stroke Unit - Ward 25 & 26 Lri	*36*	**49.60**	*3.02*	*9.52*	**1.59**	**1.38**				69.5%	30.5%
N60	Ydu Wakerley Lodge Lgh	*8*	**15.64**	*0.86*	*0.00*	**2.40**	**1.96**				60.0%	40.0%
N61	Brain Injury Unit Lgh	*7*	**19.05**	*2.13*	*0.00*	**3.06**	**2.72**				70.0%	30.0%
N84	Fielding Johnson - Medicine	*20*	**22.51**	*11.59*	*7.51*	**1.60**	**1.13**				60.0%	40.0%
N92	Ward 34 Lri	*26*	**30.63**	*4.95*	*2.05*	**1.27**	**1.18**				60.0%	40.0%
B01	Onc Ward East	*19*	**24.96**	*1.88*	*0.80*	**1.28**	**1.31**				65.8%	34.2%
B02	Osbourne Assessment Unit	*6*	**10.05**	*0.68*	*0.00*	**2.04**	**1.68**				67.0%	33.0%
B06	Onc Ward West	*19*	**21.53**	*0.61*	*0.37*	**1.28**	**1.13**				72.5%	27.5%
B21	Haem Ward	*22*	**24.30**	*2.89*	*2.00*	**1.52**	**1.10**				71.5%	28.5%
B24	Bmtu	*5*	**16.28**	*0.74*	*0.00*	**3.02**	**3.26**				96.7%	3.3%
N29	Ward 29 Lri	*28*	**32.37**	*6.32*	*1.00*	**1.31**	**1.16**				60.0%	40.0%
N30	Ward 30 Lri	*30*	**35.61**	*3.46*	*0.00*	**1.32**	**1.19**				60.0%	40.0%
S75	Ward 26 Lgh	*25*	**27.04**	*3.43*	*2.00*	**1.12**	**1.10**				65.7%	34.3%
W63	Sau - Lri	*30*	**33.82**	*1.57*	*0.00*	**1.51**	**1.13**				56.3%	43.7%
W64	Ward 22 - Lri	*30*	**32.63**	*2.37*	*0.00*	**1.21**	**1.10**				63.3%	36.7%
W70	Ward 29 - Lgh	*27*	**32.97**	*0.31*	*0.00*	**1.42**	**1.22**				58.1%	41.9%
W71	Ward 22 - Lgh	*20*	**26.75**	*0.16*	*0.00*	**1.32**	**1.34**				61.8%	38.2%
W72	Ward 28 - Lgh	*25*	**28.37**	*1.40*	*0.00*	**1.41**	**1.13**				62.4%	37.6%
W73	Ward 20 - Lgh	*20*	**25.68**	*4.32*	*1.00*	**1.22**	**1.28**				60.8%	39.2%
W74	Sacu - Lgh	*6*	**15.61**	*0.16*	*0.00*	**2.78**	**2.60**				68.4%	31.6%
Y13	Ward 17 Lri	*30*	**39.90**	*0.98*	*0.00*	**1.43**	**1.33**				57.5%	42.5%
Y14	Ward 18 Lri	*30*	**37.22**	*0.76*	*0.09*	**1.41**	**1.24**				55.2%	44.8%
Y16	Ward 32 Lri	*24*	**38.50**	*0.62*	*0.00*	**1.62**	**1.60**				56.3%	43.7%
Y23	Ward 18 Lgh	*15*	**16.54**	*5.33*	*0.00*	**0.88**	**1.10**				76.8%	23.2%
Y24	Ward 14 Lgh	*20*	**22.96**	*3.13*	*0.00*	**1.19**	**1.15**				66.5%	33.5%
W13	Ward 7 - Lri	*29*	**31.80**	*4.08*	*0.00*	**1.19**	**1.10**				57.6%	42.4%
W43	Ward 21 - Lri	*28*	**31.01**	*3.69*	*1.00*	**1.20**	**1.11**				60.9%	39.1%
C61	Paediatric Itu	*6*	**39.27**	*0.18*	*0.37*	**7.60**	**6.55**				94.5%	5.5%
D11	Ward 11	*12*	**30.66**	*1.14*	*0.00*	**3.10**	**2.56**				67.3%	32.7%
D12	Ward 12	*5*	**20.89**	*0.98*	*0.00*	**5.72**	**4.18**				83.1%	16.9%
D13	Children'S Intensive Care Unit	*6*	**36.72**	*0.00*	*1.55*	**6.70**	**6.12**				94.7%	5.3%
D14	Children'S Admissions Unit	*9*	**20.56**	*0.00*	*0.00*	**2.89**	**2.28**				68.6%	31.4%
D17	Ward 27 - Childrens	*9*	**21.99**	*0.03*	*0.00*	**3.18**	**2.44**				80.0%	20.0%
D40	Ward 28 - Childrens	*14*	**20.51**	*1.31*	*0.15*	**1.86**	**1.47**				73.6%	26.4%
D41	Ward 10	*14*	**20.49**	*0.00*	*0.00*	**1.97**	**1.46**				69.2%	30.8%
D51	Ward 14	*19*	**24.06**	*0.55*	*0.00*	**1.42**	**1.27**				69.7%	30.3%
X10	Neo-Natal Unit (Lri)	*24*	**76.12**	*0.00*	*0.00*	**3.76**	**3.17**				89.8%	10.2%
X13	N.I.C.U. (Lgh)	*12*	**24.20**	*0.00*	*0.00*	**2.40**	**2.02**				65.3%	34.7%
X34	Ward 5 Obstetrics (Lri)	*26*	**36.60**	*0.00*	*0.10*	**1.54**	**1.41**				59.9%	40.1%
X35	Ward 6 Obstetrics (Lri)	*26*	**41.98**	*0.00*	*0.00*	**1.65**	**1.61**				63.4%	36.6%
X37	Lgh Delivery Suite & Ward 30	*32*	**105.98**	*0.00*	*0.00*	**3.61**	**3.31**				76.3%	23.7%
X51	Gau	*20*	**22.22**	*0.47*	*0.00*	**1.39**	**1.11**				68.9%	31.1%
X57	Lgh Ward 31 Gynae	*21*	**23.48**	*0.11*	*0.00*	**1.38**	**1.12**				61.3%	38.7%

APPENDIX 3 - MONTHLY CLINICAL MEASURES DASHBOARD: October '13

Hospital	Ward	Budgeted Qualified %	Total vacancies (WTE)	Current appraisal Rate % (rolling 12 months)	Sickness Absence %	Friends & Family score	No. of complaints	No. of compliments	Safety Thermometer - No new harms %	Hand Hygiene %	Pressure Ulcers - Grade 2 (avoidable)	Pressure Ulcers - Grade 3 (avoidable)	Pressure Ulcers - Grade 4 (avoidable)	No. MRSA Bacteraemias (post 48 hrs)	MRSA Screening - Non elective %	MRSA Screening - Elective %	No. of C Diff cases (post 48 hrs)
		> = 60%	< = 5	> = 95%	< = 3%	> = 75.0	< 2		> = 95%	> = 90%	0	0	0	0	100%	100%	0
GLENFIELD HOSPITAL	F15	↔ 60%	↓ 4.10	↑ 77%	↓ 0.5%	↑ 90.5	↔ 0	↑ 9	↑ 97%	↓ 90%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0
	F16	↔ 63%	↔ 7.00	↓ 66%	↓ 0.2%	↔ 80.0	↓ 0	-	↑ 93%	↓ 75%	↓ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0
	F17	↔ 75%	↑ 8.54	↓ 78%	↓ 0.3%	↓ 0.0	↔ 0	36	↑ 96%	↑ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0
	F17H	↔ 75%	↑ 8.54	↓ 78%	↓ 0.3%	-	↔ 0	-	-	↔ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0
	F20	-	-	-	-	58.62	↑ 1	-	↓ 86%	↑ 100%	↑ 1	↓ 0	↔ 0	↔ 0	-	-	↔ 0
	F23A	↔ 45%	↓ -7.54	↔ 92%	↓ 13.3%	↓ 54.5	↔ 0	↑ 26	100%	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0
	F24	↔ 65%	↑ 16.79	↔ 100%	↓ 2.0%	↑ 95.5	↓ 0	-	-	↔ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ 100%	↔ 0
	F26	↔ 77%	↓ 3.49	↔ 100%	↓ 1.4%	↓ 86.8	↔ 0	↓ 11	↑ 100%	↓ 89%	↔ 0	↔ 0	↔ 0	↔ 0	↔ 100%	↑ 94%	↔ 0
	F26H	↔ 77%	↓ 3.49	↔ 100%	↓ 1.4%	-	↔ 0	-	-	-	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0
	F27	↔ 62%	↓ 0.72	↓ 85%	↑ 5.1%	↓ 53.8	↔ 0	-	↔ 100%	↓ 80%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0
	F28	↔ 60%	↓ 2.57	↔ 100%	↑ 1.8%	↑ 88.5	↔ 0	↑ 41	↓ 97%	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	↔ 100%	-	↔ 0
	F29	↔ 61%	↓ 5.56	↓ 83%	↑ 1.1%	↑ 73.9	↔ 0	↓ 12	↓ 96%	↑ 100%	↓ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0
	F30	↑ 86%	↓ 2.17	↓ 86%	↓ 2.7%	↑ 94.7	↔ 0	↓ 11	↔ 100%	↔ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ 100%	↔ 0
	F31	↔ 77%	↓ 3.25	↑ 92%	↑ 5.8%	↑ 90.0	↑ 1	↔ 25	↔ 100%	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 100%	↔ 100%	↔ 0
	F31H	↔ 77%	↓ 3.25	↑ 92%	↑ 5.8%	-	↔ 0	-	-	↔ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0
	F32	↔ 75%	↓ 3.67	↓ 79%	↑ 15.6%	↓ 74.2	↓ 0	↑ 5	↔ 100%	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ 100%	↔ 0
	F33	↔ 70%	↓ 2.43	↔ 100%	↓ 9.2%	↑ 77.4	↑ 1	13	↔ 100%	↓ 50%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↑ 1
	F33A	↔ 64%	↑ 1.47	↓ 96%	↑ 1.6%	↑ 80.0	↑ 1	↑ 8	↑ 100%	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0
	F34	-	-	-	-	↔ 0.0	↔ 0	-	↔ 100%	-	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ 100%	↔ 0
	FCCU	↔ 76%	↓ -0.59	↑ 95%	↓ 7.1%	↑ 100.0	↔ 0	↓ 20	↓ 93%	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	↔ 100%	-	↔ 0
	FCDU	↔ 63%	↓ 12.57	↓ 79%	↑ 3.8%	↓ 43.8	↔ 1	↓ 1	↔ 100%	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	↔ 100%	-	↔ 0
	FCHD	↔ 70%	↓ 2.43	↔ 100%	↓ 9.2%	-	↔ 0	-	-	↔ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0
	FCIC	-	-	-	-	-	↔ 0	-	-	↔ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0
	FCID	-	-	0.87	0.07	-	↔ 0	-	-	↔ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0
	FDIS	↔ 50%	↓ -0.51	↔ 71%	↑ 2.1%	-	↔ 0	-	-	↔ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0
	FITU	↔ 92%	↑ 7.83	↔ 100%	↓ 2.5%	↓ 88.9	↔ 0	↓ 9	-	↑ 91%	↑ 1	↔ 0	↔ 0	↔ 0	-	-	↔ 0
	FPIC	↔ 100%	↔ 4.11	↔ 100%	↑ 2.1%	↑ 100.0	↔ 0	↓ 10	-	-	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0
	FREC	↔ 92%	↓ 0.00	↔ 90%	↑ 8.1%	-	↔ 0	-	-	-	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0
LEICESTER GENERAL HOSPITAL	G10	↔ 61%	↔ -2.19	↓ 97%	↓ 3.8%	↑ 55.6	↑ 5	-	↓ 94%	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	↔ 100%	-	↔ 0
	G14	↔ 67%	↓ -0.10	↔ 100%	↓ 0.8%	↑ 77.5	↑ 2	-	↔ 100%	↓ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ 100%	↔ 0
	G15A	↔ 86%	↓ 1.51	↓ 93%	↓ 4.5%	↓ 0.0	↔ 0	-	↔ 100%	↑ 100%	↔ 0	↔ 0	↔ 0	↔ 0	↔ 100%	-	↔ 0
	G15N	↔ 63%	↑ -0.40	↔ 100%	↑ 0.4%	↑ 60.0	↔ 0	3	↓ 94%	↓ 70%	↔ 0	↓ 0	↔ 0	↔ 0	↔ 100%	↔ 100%	↔ 0
	G16	↔ 65%	↔ 2.11	↔ 100%	↑ 5.8%	↑ 93.8	↓ 0	7	↔ 100%	↓ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ 100%	↔ 0
	G17	↔ 70%	↓ -0.07	↑ 95%	↑ 1.5%	↓ 86.2	↔ 0	-	↓ 92%	↔ 100%	↔ 0	↓ 0	↔ 0	↔ 0	↔ 100%	↔ 100%	↔ 0
	G18	↔ 59%	↔ 3.71	↔ 100%	↓ 2.0%	↑ 81.0	↔ 1	↑ 14	↔ 100%	↔ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ 100%	↔ 0
	G19	↔ 77%	↔ 5.04	↑ 100%	↑ 1.0%	↓ 0.0	↔ 1	-	↔ 100%	↓ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ 100%	↔ 0
	G2	↔ 60%	↓ 12.70	0.00	0.47	↓ 57.1	↔ 0	-	↓ 92%	↔ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0
	G20	↔ 62%	↔ 5.47	↔ 100%	↓ 1.2%	↔ 0.0	↑ 2	-	-	↔ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ 100%	↔ 0
	G22	↔ 62%	↔ 0.89	↓ 84%	↑ 4.1%	↓ 45.8	↔ 1	-	↓ 95%	↔ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0
	G26	↔ 66%	↔ 3.98	↓ 83%	↓ 9.4%	↑ 52.4	↓ 1	↓ 3	↓ 88%	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0
	G27	↔ 61%	↔ 3.51	↓ 64%	↑ 4.9%	↑ 57.9	↔ 1	↓ 17	↑ 100%	↓ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↓ 0
	G28	↔ 62%	↔ 7.18	↓ 87%	↓ 10.6%	↑ 51.4	↓ 1	29	↔ 100%	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 100%	-	↑ 1
	G3	↔ 60%	↓ 2.58	↑ 86%	↓ 10.8%	↑ 100.0	↑ 1	-	↔ 100%	↑ 80%	↑ 1	↔ 0	↔ 0	↔ 0	-	-	↔ 0
	G30	-	-	-	-	-	↑ 2	↑ 19	↔ 100%	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	↔ 100%	↓ 96%	↔ 0
	G31	↓ 61%	↓ 2.31	↓ 85%	↓ 0.9%	↑ 89.3	↓ 0	8	↔ 100%	↓ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0
	GBIU	↔ 70%	↓ 1.16	↓ 91%	↑ 16.2%	↔ 100.0	↔ 0	↑ 7	↔ 100%	↔ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0
	GDCM	↔ 95%	↑ 1.56	↓ 95%	↑ 6.0%	↑ 70.0	↔ 0	↓ 10	-	↑ 63%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↑ 1
	GSAC	↔ 68%	↔ -0.67	↔ 100%	↓ 0.0%	↑ 100.0	↔ 0	↓ 11	-	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0
	GSM	↔ 0%	↔ 0.00	↔ 100%	↔ 0.0%	-	↔ 0	-	-	-	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0
	GUEA	↔ 58%	↔ 7.15	↓ 86%	↑ 6.9%	↓ 0.0	↔ 0	↑ 12	-	↔ 0%	↔ 0	↔ 0	↔ 0	↔ 0	↔ 100%	↔ 100%	↔ 0
	GYDU	↔ 60%	↔ 1.87	↑ 85%	↑ 7.9%	↓ 50.0	↓ 0	4	↔ 100%	↑ 92%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0

Ward	No. of falls	No. of falls per 1000 beds	No. of patient safety SUI's (severe)	No. Patient safety incidents (moderate)	No. Patient safety incidents (low)	Number of never events	No. of medication errors	NURSING METRICS											
								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
	0	< = 7.5	0	0	0	0	0	RED: < 80 AMBER: 80 - 90 GREEN: >90											
F15	↑ 7	↑ 6.1	↔ 0	↔ 0	↔ 2	↔ 0	↓ 1	↔ 100	↔ 100	↑ 76	↔ 100	↑ 100	↓ 89	↔ 100	↔ 100	↓ 97	↑ 100	↑ 100	↑ 100
F16	↓ 2	↓ 1.8	↔ 0	↓ 0	↓ 2	↔ 0	↔ 0	↓ 93	↔ 100	↓ 29	↓ 67	↓ 71	↓ 78	↔ 100	↓ 44	↓ 82	↓ 56	↓ 60	↔ 100
F17	↓ 0	↓ 0.0	↔ 0	↔ 0	↓ 2	↔ 0	↔ 0	↔ 100	↔ 100	↓ 93	↓ 90	↓ 94	↓ 89	↔ 100	↓ 86	↔ 100	↓ 89	↓ 90	↔ 100
F17H	↔ 0	↔ 0.0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
F20	↑ 4	↑ 1.4	↔ 0	↔ 0	↑ 2	↔ 0	↔ 0	100	100	83	100	90	100	100	100	100	100	100	100
F23A	↑ 3	↑ 1.5	↔ 0	↔ 0	↑ 3	↔ 0	↔ 0	67	100	88	60	79	75	72	63	91	83	80	100
F24	↑ 1	↑ 0.1	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
F26	↔ 0	↔ 0.0	↔ 0	↔ 0	↑ 2	↔ 0	↔ 0	100	100	100	100	95	100	100	100	100	100	100	100
F26H	↔ 0	↔ 0.0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
F27	↓ 3	↓ 2.4	↔ 0	↓ 0	↑ 4	↔ 0	↔ 0	100	100	76	100	77	97	100	86	89	97	93	0
F28	↑ 2	↑ 1.8	↔ 0	↑ 1	↔ 3	↔ 0	↔ 0	100	100	79	100	96	97	100	100	92	97	100	100
F29	↓ 2	↓ 1.4	↓ 0	↔ 0	↓ 3	↔ 0	↔ 1	↑ 100	↔ 100	↓ 58	↓ 90	↓ 78	↑ 100	↑ 100	↔ 100	↓ 76	↓ 76	↔ 100	↔ 100
F30	↔ 0	↔ 0.0	↔ 0	↔ 0	↓ 1	↔ 0	↔ 2	-	-	-	-	-	-	-	-	-	-	-	-
F31	↓ 2	↓ 1.2	↔ 0	↔ 0	↑ 1	↔ 0	↔ 0	100	100	95	100	66	97	100	100	69	80	91	100
F31H	↔ 0	↔ 0.0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
F32	↓ 1	↓ 0.1	↔ 0	↔ 0	↓ 0	↔ 0	↔ 0	↔ 100	↑ 100	↓ 42	↓ 83	↓ 50	↓ 83	↔ 100	↔ 100	↓ 85	↓ 50	↓ 93	↑ 100
F33	↑ 1	↑ 0.9	↔ 0	↔ 0	↓ 0	↔ 0	↔ 0	100	100	80	92	98	93	100	90	73	100	100	100
F33A	↓ 2	↓ 1.2	↔ 0	↔ 0	↔ 1	↔ 0	↓ 0	100	100	70	100	74	100	88	96	80	96	100	100
F34	↔ 0	↔ 0.0	↔ 0	↔ 0	↓ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
FCCU	↑ 2	↑ 1.0	↔ 0	↑ 1	↓ 1	↔ 0	↔ 1	↔ 100	↔ 100	↔ 100	↔ 100	↑ 100	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100
FCDU	↑ 4	↑ 2.7	↔ 0	↑ 1	↑ 5	↔ 0	↑ 3	↔ 100	↔ 100	↑ 71	↔ 100	↑ 81	↔ 100	↔ 100	↓ 92	↑ 100	↓ 92	↔ 100	↔ 100
FCHD	↔ 0	↔ 0.0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
FCIC	↔ 0	↔ 0.0	↔ 0	↔ 0	↓ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
FCID	↑ 1	↔ 0.0	↔ 0	↓ 0	↑ 1	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
FDIS	↔ 0	↔ 0.0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
FITU	↑ 1	↑ 0.1	↔ 0	↑ 1	↑ 6	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
FPIC	↔ 0	↔ 0.0	↔ 0	↓ 0	↑ 2	↔ 0	↔ 1	-	-	-	-	-	-	-	-	-	-	-	-
FREC	↔ 0	↔ 0.0	↔ 0	↔ 0	↑ 1	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
G10	↑ 5	↑ 2.7	↔ 0	↓ 0	↑ 5	↔ 0	↔ 0	↓ 0	↓ 0	↓ 0	↓ 0	↓ 0	↓ 0	↓ 0	↓ 0	↓ 0	↓ 0	↓ 0	↓ 0
G14	↔ 2	↓ 0.9	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 100	↔ 100	↓ 86	↔ 100	↔ 100	↔ 100	↔ 100	↓ 90	↑ 93	↓ 93	↔ 100	↔ 100
G15A	↔ 0	↔ 0.0	↔ 0	↓ 0	↓ 0	↔ 0	↔ 0	↑ 100	↔ 100	↓ 76	↓ 60	↓ 88	↑ 100	↔ 100	↑ 100	↓ 85	↑ 100	↓ 93	↔ 100
G15N	↓ 0	↓ 0.0	↔ 0	↓ 0	↓ 0	↔ 0	↑ 1	↑ 100	↔ 100	↑ 80	↓ 88	↔ 100	↑ 93	↑ 96	↓ 77	↓ 85	↓ 83	↔ 100	↔ 100
G16	↓ 0	↓ 0.0	↔ 0	↔ 0	↔ 0	↔ 0	↑ 1	100	100	80	92	100	100	90	97	95	77	100	100
G17	↓ 0	↓ 0.0	↔ 0	↔ 0	↔ 1	↔ 0	↓ 0	-	-	-	-	-	-	-	-	-	-	-	-
G18	↑ 1	↑ 0.4	↔ 0	↔ 0	↔ 0	↔ 0	↑ 1	100	100	89	100	100	93	100	100	96	93	96	100
G19	↓ 0	↓ 0.0	↔ 0	↔ 0	↑ 1	↔ 0	↔ 0	100	100	86	100	100	100	100	100	98	100	100	100
G2	↑ 2	↑ 0.9	↔ 0	↓ 0	↑ 1	↔ 0	↓ 0	-	-	-	-	-	-	-	-	-	-	-	-
G20	↔ 0	↔ 0.0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	100	100	100	100	83	100	100	100	100	100	100	100
G22	↔ 2	↑ 1.2	↔ 0	↔ 0	↔ 2	↔ 0	↔ 1	100	100	100	100	100	97	100	100	100	100	80	100
G26	↑ 7	↑ 4.9	↔ 0	↔ 0	↓ 2	↔ 0	↑ 2	100	50	86	100	100	100	100	100	100	100	95	0
G27	↑ 3	↑ 1.8	↓ 0	↔ 0	↔ 0	↔ 0	↔ 0	100	100	71	100	88	100	97	96	100	100	76	100
G28	↓ 0	↓ 0.0	↔ 0	↔ 0	↑ 4	↔ 0	↓ 0	100	100	17	93	88	100	96	77	100	100	90	100
G3	↑ 2	↑ 0.8	↔ 0	↓ 0	↑ 3	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
G30	↔ 0	↔ 0.0	↔ 0	↔ 0	↔ 2	↔ 0	↓ 0	↔ 100	↔ 100	↔ 100	-	↓ 96	100	↔ 100	↑ 100	↔ 100	-	↔ 100	↔ 100
G31	↑ 1	↑ 0.5	↔ 0	↔ 0	↔ 1	↔ 0	↔ 0	↔ 100	↔ 100	↑ 100	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100
GBIU	↔ 1	↑ 0.2	↔ 0	↔ 0	↑ 1	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
GDCM	↔ 0	↔ 0.0	↔ 0	↔ 0	↑ 6	↔ 0	↑ 2	-	-	-	-	-	-	-	-	-	-	-	-
GSAC	↔ 0	↔ 0.0	↔ 0	↑ 1	↑ 1	↔ 0	↔ 0	100	100	64	100	88	100	100	100	95	100	100	100
GSM	↔ 0	↔ 0.0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
GUEA	↑ 4	↑ 2.8	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	96	100	29	83	100	100	97	97	100	93	96	0
GYDU	↑ 4	↑ 0.9	↔ 0	↔ 0	↓ 1	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-

APPENDIX 3 - MONTHLY CLINICAL MEASURES DASHBOARD: October '13

																									NURSING METRICS											
		Budgeted Qualified %	Total vacancies (WTE)	Current appraisal Rate % (rolling 12 months)	Sickness Absence %	Friends & Family score	No. of complaints	No. of compliments	Safety Thermometer - No new harms %	Hand Hygiene %	Pressure Ulcers - Grade 2 (avoidable)	Pressure Ulcers - Grade 3 (avoidable)	Pressure Ulcers - Grade 4 (avoidable)	No. MRSA Bacteraemias (post 48 hrs)	MRSA Screening - Non elective %	MRSA Screening - Elective %	No. of C Diff cases (post 48 hrs)	No. of falls	No. of falls per 1000 beds	No. of patient safety SUI's (severe)	No. Patient safety incidents (moderate)	No. Patient safety incidents (low)	Number of never events	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
		> = 60%	< = 5	> = 95%	< = 3%	> = 75.0	< 2		> = 95%	> = 90%	0	0	0	0	100%	100%	0	0	< = 7.5	0	0	0	0	0	RED: < 80 AMBER: 80 - 90 GREEN: >90											
LEICESTER ROYAL INFIRMARY	R01	-	-	0.00	0.00	-	↔ 0	-	-	↔ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0.0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
	R05	↔ 60%	↓ -0.84	↓ 88%	↑ 13.4%	-	↔ 0	-	-	↔ 0%	↔ 0	↔ 0	↔ 0	↔ 0	↔ 100%	-	↔ 0	↓ 0	↓ 0.0	↔ 0	↔ 0	↔ 1	↔ 0	↑ 3	↔ 100	↔ 100	↓ 56	-	↑ 100	100	↔ 100	↓ 89	↔ 100	-	↔ 100	↔ 100
	R06	↔ 63%	↑ 3.00	↑ 88%	↑ 11.3%	-	↔ 0	↓ 7	-	↑ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0.0	↔ 0	↔ 0	↑ 1	↔ 0	↓ 0	↔ 100	↔ 100	↑ 78	-	↔ 100	100	↔ 100	↓ 67	↔ 100	-	↔ 100	↑ 100
	R07	↔ 58%	↑ 34.58	↑ 94%	↑ 4.1%	↑ 75.0	↔ 1	-	-	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	↔ 100%	↔ 100%	↔ 0	↑ 3	↑ 2.0	↔ 0	↓ 0	↓ 0	↔ 0	↓ 2	↔ 100	↔ 100	↓ 90	↓ 50	↓ 78	↑ 100	↓ 97	↓ 89	↑ 98	↓ 85	↔ 100	↔ 100
	R10	↑ 69%	↑ 6.85	↓ 96%	↑ 1.5%	↑ 83.3	↔ 1	-	↔ 100%	↑ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0.0	↔ 0	↑ 1	↔ 0	↔ 0	↔ 3	100	100	75	100	81	94	100	100	69	100	100	100
	R11	↓ 67%	↑ 11.76	↓ 96%	↑ 7.3%	↑ 77.3	↓ 0	↓ 31	↔ 100%	-	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↓ 0	↓ 0.0	↔ 0	↔ 0	↑ 2	↔ 0	↑ 1	↔ 100	↔ 100	↑ 100	↔ 100	↑ 100	↔ 96	↔ 100	↑ 100	↔ 96	↑ 100	↔ 100	↔ 100
	R12	↔ 83%	↔ 6.03	↓ 96%	↑ 8.1%	↑ 78.6	↔ 0	↔ 8	↔ 100%	↓ 90%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0.0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 2	100	100	100	100	89	100	98	100	100	100	100	100
	R12A	↔ 83%	↔ 6.03	↓ 96%	↑ 8.1%	-	↔ 0	-	-	-	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0.0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
	R14	↓ 70%	↓ 1.46	↔ 100%	↓ 0.5%	↑ 100.0	↑ 1	-	↔ 100%	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↓ 0	↓ 0.0	↔ 0	↔ 0	↔ 2	↔ 0	↑ 2	100	100	75	100	85	96	93	100	100	100	100	100
	R15	↔ 60%	↑ 22.51	↓ 91%	↓ 7.2%	-	↔ 2	-	↔ 93%	↔ 0%	↔ 0	↔ 0	↔ 0	↔ 0	↔ 100%	-	↔ 0	↑ 8	↑ 5.9	↔ 0	↔ 0	↑ 7	↔ 0	↔ 0	↓ 90	↔ 100	↓ 81	↑ 97	↑ 92	↔ 100	↑ 97	↓ 89	↓ 91	↓ 86	↓ 90	↔ 100
	R16	↔ 60%	↑ 22.51	↓ 91%	↓ 7.2%	-	↑ 2	-	↓ 96%	↔ 0%	↓ 0	↑ 2	↓ 0	↔ 0	-	-	↓ 0	↓ 2	↓ 0.8	↔ 0	↔ 0	↓ 4	↔ 0	↔ 3	-	-	-	-	-	-	-	-	-	-	-	-
	R17	↓ 57%	↑ 1.39	↓ 87%	↑ 3.8%	↓ 43.5	↓ 0	-	↓ 93%	↔ 90%	↔ 0	↔ 0	↔ 0	↔ 0	↔ 100%	-	↔ 0	↑ 3	↑ 2.6	↔ 0	↔ 0	↑ 3	↔ 0	↑ 3	↑ 100	↔ 100	↔ 80	↑ 96	↑ 100	↔ 100	↑ 100	↓ 93	↑ 96	↔ 97	↑ 100	↑ 100
	R18	↔ 55%	↓ 7.06	↔ 100%	↑ 7.8%	↓ 48.4	↓ 1	-	↑ 100%	↔ 100%	↓ 0	↓ 0	↔ 0	↔ 0	↔ 100%	↔ 100%	↓ 0	↑ 6	↑ 4.8	↔ 0	↓ 0	↑ 3	↔ 0	↑ 2	↑ 100	↔ 100	↑ 77	↑ 100	↔ 100	↔ 100	↑ 100	↔ 90	↔ 100	↑ 100	↑ 100	↔ 100
	R19	↔ 60%	↓ 7.45	↑ 84%	↓ 2.2%	↓ 44.0	↑ 4	↑ 11	↓ 97%	↑ 100%	↔ 0	↑ 1	↑ 1	↔ 0	-	-	↔ 0	↑ 7	↑ 6.2	↑ 1	↓ 0	↓ 4	↔ 0	↑ 1	-	-	-	-	-	-	-	-	-	-	-	-
	R21	↔ 61%	↑ 33.62	↓ 97%	↑ 3.5%	↓ 91.3	↔ 0	↓ 30	↓ 95%	↓ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ 100%	↔ 0	↓ 3	↓ 1.9	↔ 0	↓ 0	↑ 6	↔ 0	↔ 0	↑ 100	↔ 100	↓ 80	↔ 100	↔ 100	↔ 100	↑ 100	↔ 100	↓ 94	↓ 83	↔ 100	↔ 100
	R22	↔ 63%	↑ 3.99	↑ 100%	↓ 5.6%	↑ 62.5	↔ 0	-	↑ 100%	↓ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ 100%	↑ 1	↓ 4	↓ 3.6	↔ 0	↔ 0	↓ 1	↔ 0	↔ 2	↑ 93	↑ 100	↑ 77	↓ 43	↑ 100	↑ 100	↑ 100	↓ 94	↑ 91	↑ 97	↔ 100	↑ 100
	R23	↔ 60%	↓ 5.65	↓ 91%	↑ 7.8%	↓ 0.0	↔ 0	↑ 6	↑ 100%	↑ 92%	↔ 0	↑ 1	↔ 0	↔ 0	-	-	↑ 1	↓ 6	↓ 5.0	↔ 0	↔ 1	↑ 2	↔ 0	↓ 0	↑ 100	↓ 0	↓ 71	↑ 100	↑ 100	↔ 100	↔ 100	↓ 87	↑ 100	↓ 77	↔ 100	↓ 0
	R24	↔ 60%	↓ 11.20	↑ 82%	↓ 3.0%	↓ 25.0	↓ 1	↔ 7	↓ 96%	↑ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↓ 8	↓ 6.2	↔ 0	↓ 0	↑ 6	↔ 0	↓ 0	↑ 92	↓ 0	↓ 54	↓ 72	↓ 95	↔ 100	↓ 47	↓ 60	↑ 100	↓ 63	↓ 80	↓ 0
	R25	↔ 70%	↓ -1.07	↑ 80%	↓ 5.9%	↓ 72.7	↓ 0	-	↔ 100%	↔ 0%	↓ 0	↔ 0	↔ 0	↔ 0	1.00	-	↔ 0	↑ 4	↑ 1.8	↔ 0	↓ 0	↑ 8	↔ 0	↑ 4	↔ 100	↓ 0	↓ 77	↑ 96	↔ 100	↑ 100	↓ 93	↓ 93	↑ 100	↑ 100	↔ 100	↓ 0
	R26	↔ 70%	↓ -1.07	↑ 80%	↓ 5.9%	↑ 69.4	↑ 2	-	↓ 94%	↓ 88%	↑ 1	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↑ 3	↑ 1.5	↔ 0	↔ 0	↑ 2	↔ 0	↔ 0	↓ 0	↓ 0	↓ 0	↓ 0	↓ 0	↓ 0	↓ 0	↓ 0	↓ 0	↓ 0	↓ 0	↓ 0
	R27	↓ 80%	↑ 6.63	↓ 90%	↑ 0.3%	↓ 71.4	↔ 0	-	↔ 100%	↑ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↓ 0	↓ 0.0	↔ 0	↔ 0	↓ 2	↔ 0	↑ 3	↔ 100	↔ 100	↓ 75	↔ 100	↓ 94	↓ 97	↓ 96	↑ 100	↓ 97	↔ 100	↔ 100	↔ 100
	R27A	↓ 80%	↑ 6.63	↓ 90%	↑ 0.3%	-	↔ 0	-	-	-	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0.0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
	R28	↔ 74%	↓ 5.32	↓ 73%	↑ 7.0%	↑ 82.4	↔ 0	-	↔ 100%	↑ 66%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↑ 1	↑ 0.4	↔ 0	↔ 0	↑ 3	↔ 0	↔ 1	100	100	50	100	96	88	74	100	96	96	80	100
	R29	↔ 60%	↔ 12.20	↔ 100%	↑ 3.9%	↑ 75.0	↓ 0	↓ 2	↓ 96%	↓ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 3	↑ 2.7	↔ 0	↔ 0	↔ 4	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
	R30	↔ 60%	↔ 10.87	↓ 94%	↓ 1.6%	↓ 0.0	↔ 0	-	↔ 100%	↓ 0%	↔ 0	↓ 0	↔ 0	↔ 0	-	-	↔ 0	↓ 3	↓ 2.2	↔ 0	↓ 0	↓ 3	↔ 0	↓ 0	-	-	-	-	-	-	-	-	-	-	-	-
	R30H	↔ 60%	↔ 10.87	↓ 94%	↓ 1.6%	-	↔ 0	-	-	-	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0.0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
	R31	↔ 60%	↓ 7.98	↔ 100%	↓ 3.7%	↑ 72.0	↑ 3	-	↑ 93%	↑ 90%	↔ 0	↓ 0	↔ 0	↔ 0	-	-	↓ 0	↓ 3	↓ 2.7	↔ 0	↓ 1	↓ 2	↔ 0	↑ 1	-	-	-	-	-	-	-	-	-	-	-	-
	R32	↔ 56%	↑ 2.08	↓ 98%	↑ 4.5%	↓ 53.8	↔ 0	-	↓ 95%	↑ 90%	↔ 0	↔ 0	↔ 0	↔ 0	↓ 98%	-	↔ 0	↑ 2	↑ 1.3	↔ 0	↓ 0	↑ 6	↔ 0	↓ 0	↑ 100	↔ 100	↓ 77	↑ 92	↔ 100	↑ 100	↔ 100	↓ 90	↑ 100	↑ 100	↔ 100	↔ 100
	R33	↑ 57%	↑ 48.07	↑ 96%	↓ 3.3%	↑ 81.0	↑ 6	-	↔ 100%	↔ 0%	↔ 0	↔ 0	↔ 0	↔ 0	↔ 100%	-	↑ 1	↑ 10	↑ 8.5	↔ 0	↑ 1	↑ 8	↔ 0	↑ 2	↑ 100	↔ 100	↓ 0	↑ 100	↔ 100	↔ 100	↑ 100	↓ 75	↑ 100	↑ 100	↑ 100	↔ 100
	R34	↔ 60%	↓ 1.29	↓ 91%	↓ 3.6%	↔ 55.0	↓ 1	↓ 12	↑ 100%	↔ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↓ 0	↑ 9	↑ 7.0	↔ 0	↔ 0	↑ 8	↔ 0	↑ 1	100	0	86	80	75	100	100	100	100	100	100	0
	R36	↔ 60%	↓ 10.10	↑ 91%	↓ 1.6%	↓ 57.1	↓ 0	-	↑ 96%	↑ 97%	↑ 1	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↑ 7	↑ 5.9	↔ 0	↔ 1	↓ 4	↔ 0	↑ 1	↑ 100	↔ 0	↑ 57	↑ 92	↑ 100	↑ 97	↑ 77	↑ 97	↑ 66	↑ 93	↑ 100	↔ 0
	R37	↔ 60%	↑ 5.66	↑ 95%	↑ 1.6%	↓ 52.4	↓ 0	↑ 19	↑ 96%	↔ 100%	↔ 0	↔ 0	↔ 0	↓ 0	-	-	↓ 0	↓ 1	↓ 0.7	↔ 0	↔ 0	↓ 3	↔ 0	↓ 0	100	0	48	77	100	100	89	86	81	61	100	0
	R38	↔ 60%	↓ 2.71	↓ 91%	↑ 11.0%	↓ 81.8	↓ 0	↔ 3	↑ 100%	↑ 100%	↔ 0	↑ 1	↔ 0	↔ 0	-	-	↔ 0	↓ 7	↓ 5.9	↔ 0	↓ 1	↓ 4	↔ 0	↓ 1	-	-	-	-	-	-	-	-	-	-	-	-
	R39	↔ 66%	↑ 3.49	↔ 100%	↓ 6.9%	↓ 80.8	↓ 0	↑ 10	↔ 100%	↑ 100%	↑ 1	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↑ 8	↑ 4.2	↔ 0	↓ 0	↑ 3	↔ 0	↓ 0	100	100	37	100	98	93	100	90	80	87	100	100
	R40	↔ 72%	↑ 3.00	↓ 86%	↑ 5.7%	↓ 56.3	↔ 0	5	↓ 95%	↑ 90%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↑ 4	↑ 2.2	↔ 0	↑ 1	↑ 5	↔ 0	↓ 2	92	100	26	88	98	100	100	93	91	97	96	100
	RACB	↑ 57%	↑ 48.07	↑ 96%	↓ 3.3%	-	↔ 0	-	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 100%	-	↔ 0	↔ 0	↔ 0.0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
	RAMB	↔ 100%	↔ 0.00	↑ 100%	↔ 0.0%	-	↔ 0	-	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 100%	-	↔ 0	↔ 0	↔ 0.0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
	RBMT	↔ 97%	↑ 1.30	↓ 67%	↑ 2.3%	↓ 25.0	↔ 0	-	-	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0.0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 100	↔ 100	↑ 100	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100
	RCAU	↔ 69%	↑ 6.13	↓ 92%	↓ 4.9%	52.60	↔ 0	-	-	↔ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0.0	↔ 0	↔ 0	↓ 0	↔ 0	↓ 1	100	100	100	100	100	88	79	100	83	100	100	0
	RCIC	↔ 100%	↔ 4.11	↔ 100%	↑ 2.1%	100.00	↔ 0	-	-	↑ 91%	↔ 0	↔ 0	↔ 0	↓ 0	-	-	↔ 0	↔ 0	↔ 0.0	↔ 0	↔ 0	↓ 0	↔ 0	↔ 1	100	100	97	100	100	100	89	97	100	96	100	100
	REDU	↔ 67%	↑ 6.80	↑ 100%	↓ 7.4%	-	↑ 7	1	↓ 71%	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 100%	-	↔ 0	↑ 7	↑ 1.5	↔ 0	↔ 0	↑ 2	↔ 0	↑ 3	↔ 100	↔ 100	↓ 0	↑ 100	↑ 100	↔ 100	↓ 0	↔ 100	↑ 86	↓ 88	↔ 100	↔ 100
	REFU	-	-	-	-	-	↑ 1	-	-	-	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0.0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
	RFJW	↔ 60%	↓ 7.00	↑ 100%	↑ 1.1%	↓ 80.6	↑ 2	↑ 4	↑ 95%	↑ 96%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↓ 3	↓ 1.7	↔ 0	↓ 0	↑ 3	↔ 0	↔ 2	95	0	71	100	100	100	100	83	100	83	100	0
	RGAU	↓ 67%	↑ 5.63	↓ 94%	↓ 0.8%	↓ 52.6	↔ 1	-	↔ 100%	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 100%	↔ 100%	↔ 0	↔ 0	↔ 0.0	↔ 0	↑ 1	↓ 2	↔ 0	↔ 0	↔ 100	↔ 100	↑ 100	↔ 100	↑ 92	↔ 100	↔ 100	↑ 100	↑ 100	↑ 100	↑ 100	↔ 100
	RIDU	↔ 60%	↓ -0.60	↔ 100%	↑ 2.7%	↑ 66.7	↔ 0	4	↑ 100%	↑ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 4	↑ 2.1	↔ 0	↔ 0	↓ 0	↔ 0	↑ 2	100	0	49	100	85	97	100	77	77	77	100	0
	RITU	↔ 89%	↓ -9.59	↓ 94%	↑ 6.0%	↓ 80.0	↔ 0	↑ 17	↓ 94%	↑ 93%	↔ 0	↔ 0	↔ 0	↔ 0	↔ 100%	-	↓ 0	↔ 0	↔ 0.0	↔ 0	↑ 1	↑ 11	↔ 0	↓ 0	-	-	-	-	-	-	-	-	-	-	-	-
	RKIN	↔ 65%	↑ 25.27	↑ 100%	↑ 1.9%	↓ 73.9	↓ 0	↑ 27	-	↓ 0%	↔ 0	↔ 0	↔ 0	↔ 0	↓ 91%	↑ 78%	↓ 0	↔ 3	↑ 1.2	↔ 0	↔ 0	↑ 5	↔ 0	↔ 0	↓ 87	↔ 100	↓ 55	↓ 97	↓ 52	↓ 92	↓ 90	↔ 100	↑ 80	↓ 83	↔ 100	↔ 100
	RODA	↔ 72%	↑ 9.27	↑ 84%	↓ 5.2%	-	↑ 1	-	-	↔ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↓ 0	↓ 0	↓ 0.0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
	ROMO	↔ 62%	↑ 32.03	↔ 100%	↑ 7.2%	-	↔ 0	-	-	↔ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0.0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
	ROND	↔ 67%	↓ 1.63	↔ 100%	↔ 0.0%	↓ 72.7	↔ 0	-	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 100%	-	↔ 0	↑ 1	↑ 0.1	↔ 0	↔ 0	↓ 0	↔ 0	↔ 1	-	-	-	-	-	-	-	-	-	-	-	-
	RPAC	↔ 83%	↑ 3.84	↑ 83%	↓ 3.8%	-	↔ 0	-	-	↔ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0.0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
	RPSS	-	-	-	-	-	↔ 0	-	-	-	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0.0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
	RSAU	↔ 56%	↑ 11.53	↑ 97%	↑ 6.7%	↓ 14.3	↔ 1	1	-	-	↑ 1	↓ 0	↔ 0	↔ 0	↔ 100%	-	↔ 0	↔ 2	↓ 1.7	↔ 0	↔ 1	↓ 3	↔ 0	↔ 1	↑ 100	↔ 100	↑ 86	↑ 100	↔ 88	↑ 100	↑ 100	↑ 100	↑ 97	↑ 97	↑ 100	↔ 100
	RSCB	↑ 90%	↑ 11.57	↑ 97%	↓ 2.5%	-	↔ 0	↑ 32	-	↔ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0.0	↔ 1	↔ 0	↓ 0	↔ 0	↔ 9	-	-	-	-	-	-	-	-	-	-	-	-

Appendix 4 - University Hospitals of Leicester NHS Trust
Ward Performance Tool - Trust Level Summary (November 2013)

CMG	Ward/Department	Objective 1: Matrons and Ward Sisters are responsible for ensuring the patient environment is clean and Infection Prevention procedures are in place.	Objective 2: Matrons and Ward Managers will ensure all patients will have their essential care needs met.	Objective 3: Matrons and Ward Sisters are responsible for ensuring nursing care is delivered with due regard to Compassion in Practice of those in their care.	Objective 4: Matrons and Ward Sisters ensure systems are in place to maximise patient experience by the way they communicate with patients and their relatives.	Objective 5: Matrons and Ward sisters will ensure the needs of the vulnerable person are recognised and met.	Objective 6: Matrons and Ward Sisters will ensure harm free care is delivered.	Objective 7: Matrons and Ward Sisters will make effective use of all resource and is able to effectively manage the workforce.
Emergency and Specialist Medicine	Emergency Department							
	EDU							
	Ward 15/16 Assessment Area							
	Ward 33 Elderly Frailty Unit							
	Ward 34 (was 37)							
	FJW LRI							
	Ward 19 LRI							
	Ward 23 LRI							
	Ward 24 LRI							
	Ward 25 LRI							
	Ward 26 LRI							
	Ward 31 LRI							
	Ward IDU LRI							
	Ward 36 LRI							
	Ward 37 LRI							
	Ward 38 LRI							
	Ward 1 LGH							
	Ward 2 LGH							
	Ward 3 LGH							
	Ward BIU LGH							
	Ward YDU LGH							
Musculo Skeletal and Specialist Surgery	Ward 19 LGH							
	Ward 16 LGH							
	Ward 18 LGH							
	Ward 14 LGH							
	Ward 21 LRI							
	Ward 17 LRI							
	Ward 18 LRI							
	Ward 32 LRI							
	Ward 7 LRI							
	Kinmonth LRI							

Appendix 4 - University Hospitals of Leicester NHS Trust
Ward Performance Tool - Trust Level Summary (November 2013)

CMG	Ward/Department	Objective						
		1	2	3	4	5	6	7
		Matrons and Ward Sisters are responsible for ensuring the patient environment is clean and Infection Prevention procedures are in place.	Matrons and Ward Managers will ensure all patients will have their essential care needs met.	Matrons and Ward Sisters are responsible for ensuring nursing care is delivered with due regard to Compassion in Practice of those in their care.	Matrons and Ward Sisters ensure systems are in place to maximise patient experience by the way they communicate with patients and their relatives.	Matrons and Ward sisters will ensure the needs of the vulnerable person are recognised and met.	Matrons and Ward Sisters will ensure harm free care is delivered.	Matrons and Ward Sisters will make effective use of all resource and is able to effectively manage the workforce.
	Ward 24 GGH							
CHUGS	Ward 30 LRI							
	BMTU LRI							
	Osborne Assessment Unit LRI							
	SACU LGH							
	Ward 8 SAU LRI							
	Ward 22 LGH							
	Ward 22 LRI							
	Ward 23 LGH							
	Ward 26 LGH							
	Ward 27 LGH							
	Ward 28 LGH							
	Ward 29 LGH							
	Ward 29 LRI							
	Ward 41 LRI							
	Ward 39 LRI							
	Ward 40 LRI							
Renal, Respiratory and Cardiac	Ward 10 LGH							
	Ward 17 GH							
	Ward 26 GH							
	Ward 31/34 GH							
	Ward 32 GH							
	CDU/20 GH							
	Ward 23a GH							
	Ward 17 LGH							
	Ward 28 GH							
	Ward 15N LGH							
	Ward 15A LGH							
	Ward 33a GH							
	Ward 27 GH							
	Ward 33 GH							

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Ward Performance Tool - Trust Level Summary (November 2013)

CMG	Ward/Department	Objective						
		1	2	3	4	5	6	7
		Matrons and Ward Sisters are responsible for ensuring the patient environment is clean and Infection Prevention procedures are in place.	Matrons and Ward Managers will ensure all patients will have their essential care needs met.	Matrons and Ward Sisters are responsible for ensuring nursing care is delivered with due regard to Compassion in Practice of those in their care.	Matrons and Ward Sisters ensure systems are in place to maximise patient experience by the way they communicate with patients and their relatives.	Matrons and Ward sisters will ensure the needs of the vulnerable person are recognised and met.	Matrons and Ward Sisters will ensure harm free care is delivered.	Matrons and Ward Sisters will make effective use of all resource and is able to effectively manage the workforce.
	CCU GH							
	Ward 16 GH							
	Ward 29 GH							
Women's and Children's	Ward 10 LRI							
	Ward 11 LRI							
	Ward 12 LRI							
	Ward 14 LRI							
	Ward 27 LRI							
	Ward 28 LRI							
	CICU LRI							
	CAU LRI							
	Ward 30 GH							
	PICU GH							
	NNU LGH							
	Delivery Suite LGH							
	Ward 30 LGH							
	Ward 31 LGH							
	Ward 11 LGH							
	Ward 5 LRI							
	Ward 6 LRI							
	Delivery Suite LRI							
	NNU LRI							
	GAU LRI							