**Trust Board Paper O**

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| | **TRUST BOARD** |
| **From:** | Carole Ribbins,<br>Kevin Harris,<br>Richard Mitchell,<br>Kate Bradley |
| **Date:** | **25 July 2013** |
| **CQC regulation** | All |

| | |
|---|---|
| **Title:** | **Quality & Performance Report** |

**Author/Responsible Director:** C Ribbins, Acting Chief Nurse
K. Harris, Medical Director
R. Mitchell, Chief Operating Officer
K. Bradley, HR Director

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

**The Report is provided to the Board for:**

| | | | |
|---|---|---|---|
| Decision | | Discussion | √ |
| Assurance | √ | Endorsement | |

**Summary / Key Points:**

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

Successes

- Patient Safety - On the whole, June saw a constant improved safety position as measured against scorecard indicators – see Section 3.3
- MRSA - zero cases reported for Quarter 1
- Theatres – 100% WHO compliant
- Zero Never Events reported in June
- 62 day cancer plan formally accepted by commissioners and May performance on planned trajectory – see Section 5.4

Areas to watch:-

- Friends and Family Test - Whilst performance on the FFT score has fallen (73.9 in May to 64.9 in June); the June figures are consistent with the 66.4 score achieved in April – see Section 4.2.
- C Difficile – ahead of trajectory to date with 15 reported against cumulative target of 22. Monthly target for the rest of the year is 5 a month with a full year trajectory of 67.
- Imaging – delivered for May and June but target missed in April. Action plan is being monitored to ensure sustainable delivery.
- C&B – performance similar to this time last year and target is still not delivered.

Exceptions/Contractual Queries:-

- Pressure Ulcers - A contract query notice was raised by commissioners on the 10th July in relation to commissioners concern with UHL's performance against the qualitative Pressure Ulcer performance metrics over recent months – see Section 3.9.
- ED 4hr target - Performance for June UHL + UCC is 85.3%. Further details focussing on the actions relating to the Emergency Department are included in the ED performance report.
- Cancelled Operations – both the short notice cancellation and rebook target within 28 days were missed in June – exception report attached.
- RTT admitted - The failure to achieve the April target (at a Trust position) has triggered a Contract Query Notice from the Commissioners. Commissioners have requested for our respective teams to work together to develop the Remedial Action Plan – see Section 5.2
- Stroke Performance - A contract query notice was raised by the commissioners on the 28th June in relation to commissioner concerns with UHL's performance against the qualitative and quantitative stroke metrics raised over recent months. A remedial action plan was submitted to commissioners by the agreed deadline of the 12th July. The plan is being reviewed by commissioners – see Section 5.7.

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

University Hospitals of Leicester NHS
NHS Trust

Caring at its best

# Quality and Performance - June 2013

## Trust Board

## Thursday 25th July 2013

One team shared values

# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**REPORT TO:** **TRUST BOARD**

**DATE:** **25 JULY 2013**

**REPORT BY:** **CAROLE RIBBINS, ACTING CHIEF NURSE**
**KEVIN HARRIS, MEDICAL DIRECTOR**
**RICHARD MITCHELL, CHIEF OPERATING OFFICER**
**KATE BRADLEY, DIRECTOR OF HUMAN RESOURCES**

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

## 1.0 INTRODUCTION

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

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

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

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

- Outcome Measures
- Quality Governance Measures
- Access Metrics

| Outcome Measures | | | | | | |
|---|---|---|---|---|---|---|
| **Performance Indicator** | **Target** | **2012/13** | **Apr-13** | **May-13** | **Jun-13** | **YTD** |
| 30 day emergency readmissions | 7.0% | 7.8% | 7.6% | 7.8% | | 7.7% |
| Incidence of MRSA | 0 | 2 | 0 | 0 | 0 | 0 |
| Incidence of C. Difficile | 67 | 94 | 6 | 7 | 2 | 15 |
| Safety Thermometer Harm free care | | 94.1%* | 92.1% | 93.7% | 93.6% | |
| Never events | 0 | 6 | 1 | 0 | 0 | 1 |
| C-sections rates | 23% | 23.9% | 23.8% | 26.1% | 26.1% | 25.3% |
| Maternal deaths | 0 | 0 | 0 | 0 | 0 | 0 |
| SHMI | 100 | 104.5 | 104.5 | 104.5 | 104.5 | |
| VTE risk assessment | 95% | 94.5% | 94.1% | 94.5% | 93.1% | 93.9% |
| Open Central Alert System (CAS) Alerts | | 13* | 14 | 9 | 15 | |
| WHO surgical checklist compliance | 100% | Yes* | Yes | Yes | Yes | Yes |

*as at 31st March 2013

| Quality Governance Indicators | | | | | | |
|---|---|---|---|---|---|---|
| **Performance Indicator** | **Target** | **2012/13** | **Apr-13** | **May-13** | **Jun-13** | **YTD** |
| Patient satisfaction (friends and family) | | 64.5 | 66.4 | 73.9 | 64.9 | |
| Sickness/absence rate | 3.0% | 3.4% | 3.4% | 3.4% | 3.6% | 3.5% |
| Proportion temporary staff – clinical and non-clinical (WTE for Bank, Overtime and Agency (excludes medical locums and WLI payments) | | | 5.6% | 5.9% | 5.6% | |
| Staff turnover (excluding Junior Doctors and Facilities) | 10.0% | 9.0%* | 8.8% | 8.9% | 9.2% | 8.8% |
| Mixed sex accommodation breaches | 0 | 7 | 0 | 0 | 0 | 0 |
| % staff appraised | 95% | 90.1% | 90.9% | 90.2% | 90.7% | |

| **Performance Indicator** | **Target** | **2012/13** | **Apr-13** | **May-13** | **Jun-13** | **YTD** |
|---|---|---|---|---|---|---|
| A&E - Total Time in A&E (UHL+UCC) | 95% | 91.9% | 82.0% | 88.7% | 85.3% | 85.3% |
| RTT waiting times – admitted | 90% | 91.3% | 88.2% | 91.3% | 85.6% | |
| RTT waiting times – non-admitted | 95% | 97.0% | 97.0% | 95.9% | 96.0% | |
| RTT - incomplete 92% in 18 weeks | 92% | 92.6% | 92.9% | 93.4% | 93.7% | |
| RTT - 52+ week waits | 0 | 1 | 0 | 0 | 0 | 0 |
| Diagnostic Test Waiting Times | <1% | 0.5% | 1.6% | 0.7% | 0.5% | |
| Cancelled operations re-booked within 28 days | 95.0% | 92.9% | 90.4% | 91.0% | 86.4% | 89.7% |
| Urgent operation being cancelled for the second time | 0 | NEW INDICATOR | 0 | 0 | 0 | 0 |
| 2 week wait - all cancers | 93% | 93.4% | 93.0% | 95.2% | | 94.2% |
| 2 week wait - for symptomatic breast patients | 93% | 94.5% | 94.0% | 94.8% | | 94.5% |
| 31-day for first treatment | 96% | 97.4% | 97.5% | 97.0% | | 97.3% |
| 31-day for subsequent treatment - drugs | 98% | 100.0% | 100.0% | 100.0% | | 100.0% |
| 31-day wait for subsequent treatment - surgery | 94% | 95.8% | 97.2% | 94.4% | | 95.8% |
| 31-day wait subsequent treatment - radiotherapy | 94% | 98.5% | 100.0% | 97.8% | | 98.7% |
| 62-day wait for treatment | 85% | 83.5% | 80.9% | 80.4% | | 80.7% |
| 62-day wait for screening | 90% | 94.5% | 98.6% | 94.3% | | 96.2% |

There are a few indicators where additional information is required before publication in the Q&P.

## 3.0 QUALITY AND PATIENT SAFETY – KEVIN HARRIS

### 3.1 Quality Commitment

To deliver our vision of 'Caring at its best' we are laying out an ambitious Quality Commitment for our hospitals. 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 75% of our patients would recommend us

A Quality Commitment dashboard has been developed includes the 3 core metrics for tracking performance against our 3 goals (save lives, avoid harm and improve care so that our patients recommend us). 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.

## SAVE LIVES

| | Baseline | Latest | Target |
|---|---|---|---|
| Seasonal-adj. crude mortality / 1k adm.[1] | 16.6 Jan-Dec 12 | 17.2 | 12.5 Dec-15 |
| OOH mortality / 1k adm.[2] | TBC Jan-Dec 12 | TBC | TBC Dec-13 |
| Resp. mortality / 1k adm.[3] | TBC Jan-Dec 12 | TBC | TBC Dec-13 |

*Comments & discussion*

- Crude-mortality metrics to be replaced with SHMI when data released
- Concerns over coding of elective vs emergency coding IH & OOH
- Hospital 24/7 roll-out continuing
- Respiratory pathway launched successfully
- No bed capacity issues to date

## AVOID HARM

| | Baseline | Latest | Target |
|---|---|---|---|
| Harm reports / 1k bed days[5] | 39.3 Jul-Dec 12 | 36.2 | 33.0 Dec-15 |
| Fall reps / 1k bed days >65[6] | 9.2 Oct-Dec 12 | 8.1 | 7.5 Dec-13 |
| ED X-rays reported <24hr[7] | 49.6% Jan-13 | 62.9% | 75.0% Dec-13 |
| Adherence to W-R template[8] | TBC Jun-13 | TBC | TBC Dec-13 |

*Comments & discussion*

- Decision needed on overall harm metric
- High levels of ward engagement on falls
- Risk of link to coding training
- ED imaging reporting improvements not impacting other areas of radiology
- Need to develop robust processes for tracking commissioned images
- Audit plan for ward round checklist in place

## PATIENT CENTRED CARE

| | Baseline | Latest | Target |
|---|---|---|---|
| FFT (Net promoter Score)[9] | 57.5 Jul-Dec 12 | 73.9 | 75.0 Dec-15 |
| Older pat. survey Qs[10] | 85.5% Jul-Dec 12 | 86.7% | 88.3% Dec-13 |
| Discharge survey Qs[11] | 84.6% Jul-Dec 12 | 81.6% | 89.6% Dec-13 |

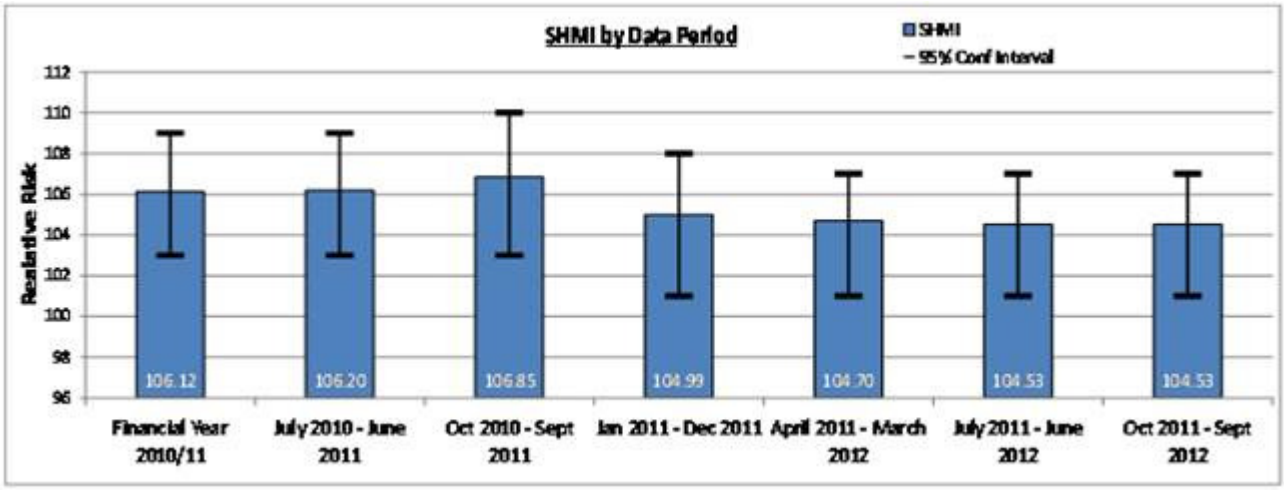
*Comments & discussion*

- Need to ensure that targets are sustainable & consistent seasonally
- Older patient work to benefit from higher profile for the QCP once fully launched
- Discharge survey scores declining recently
- New discharge process launched in July

Key: On-track for delivery | Risk to delivery | Tracking not in place

1-3. Deaths (excl stillbirths) per 1k admissions (excl maternity), comparing to the same month in 2012, for all deaths, deaths where admission was after 8pm & before 6am and deaths with an initial respiratory diagnosis; 5. All harms reported per 1k bed stays (excl maternity); 6. All falls reported per 1k bed stays for patients >65 years old; 7. % of ED X-rays reported by a radiologist <24hrs; 8. TBC; 9.Net promoters on the Friends & Family survey; 10. Average score for the 3 older patient survey questions; 11. Average score for the 3 discharge experience survey questions;

## 3.2 Mortality Rates




UHL's most recently published SHMI value remains at 104.53 (i.e. 105) which is above the England average of 100 but remains within expected.

UHL's HSMR for April 12 to March 13 was 96.1. Following the annual rebasing (carried out when all Trusts' data has been submitted for the full year) , Dr Fosters are predicting UHL's HSMR for 12/13 will be 101 (within expected). The rebased HSMR for 12/13 will be published in the 2013 Hospital Guide.

One of the 'Quality Commitment' work streams – the Respiratory pathway commenced on 1st July (aimed at increasing the number of patients with respiratory illness being admitted directly to Glenfield).

The other main area is to look in more detail at reasons why there is a difference in mortality rates for patients admitted 'out of hours' than those admitted 'in-hours'. Analysis

and clinical interrogation of respiratory specific data seemed to suggest that the differences were related more to patients' clinical condition than to the care provided. Similar analysis and clinical is now taking place for other disease groups.

The LLR SHMI (Mortality) Review period has been extended to the end of July as there have been difficulties getting matching Primary Care and UHL notes for all patients included in the review.

## 3.3 Patient Safety

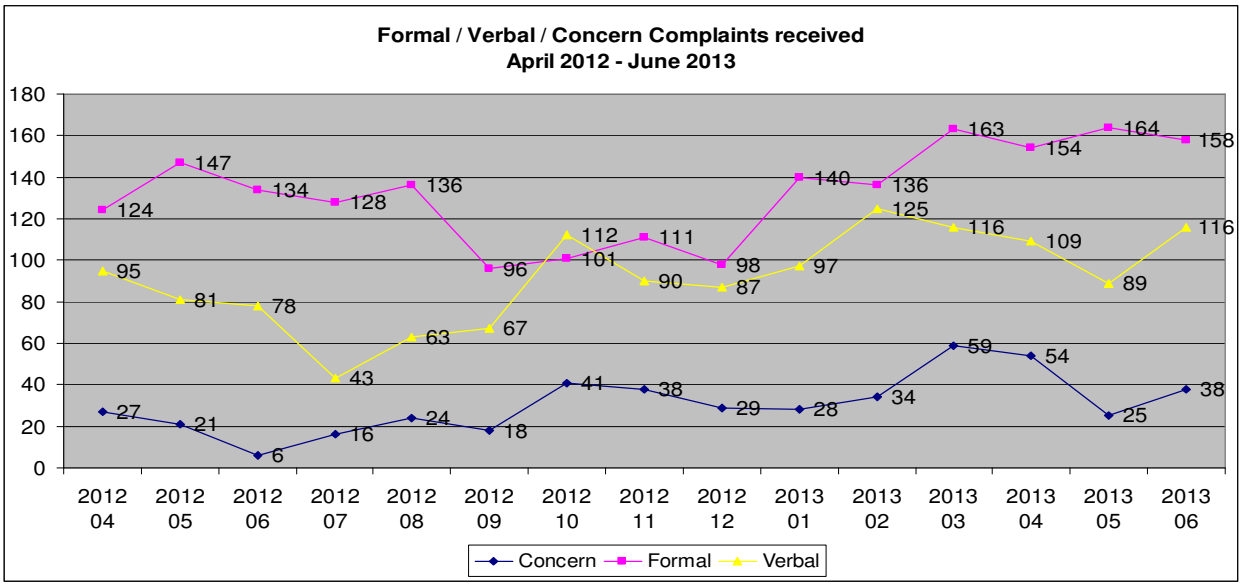
On the whole, June saw a constant improved safety position as measured against scorecard indicators. Pleasingly there has been a second month showing a reduction in the number of staffing incidents reported, all of which are reviewed by the Divisional Heads of Nursing. The trust continues to improve its performance on completing RCA investigation reports within 45 working days and to share these reports with patients and relatives when they wish to receive them.

At the end of June the Trust had 63 ongoing SUI investigations, 42 of these were related to Hospital Acquired Pressure Ulcers (HAPU), 15 were Patient Safety Incidents (PSI) and 6 were Healthcare Acquired Infections.

21 of these incidents were escalated in June, 17 were HAPUs and 4 were related to PSI, none of which were Never Events.

One of the PSIs was a patient fall that occurred in ED. The patient fell from a trolley and incurred a fractured neck of femur. The initial investigation identified that the patient was in ED for a prolonged period of time (11 hours) whilst a bed was being sought in medicine. The investigation for this incident is ongoing.

June saw continued increased activity in the number of formal complaints received. Additionally June saw an increase in reopened complaints, which is consistent with the increased complaints activity. The trend of complaints is detailed below:-




## 3.4 5 Critical Safety Actions

The aim of the 'Critical safety actions' (CSA's) 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 CSA's.

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**:-

- Pilot work with alternative handover system module (Nerve Centre) continues for use for both nursing and medical handover on the surgical wards at the LRI. ACCA re-audit took place on 13th and 14th June 2013. ACCA report on agenda for QPMG on 7th August for Trust endorsement for publication.
- A business case is being worked up for LRI alone initially and subsequently for the other two sites for UHL to procure a handover system. Nerve Centre would be preferable as will integrate with the 24/7 task allocation system and has shown from trail work it can be easily developed to meet requirements.

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

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

**Actions:-**

- EWS incidents related to non escalation continue to be monitored and internally disseminated onto divisional dashboards broken down to CBU level.
- Audit work undertaken prior to the implementation of 24/7 at GH site showed very poor results for meeting the pathway response time to patients with an EWS>4 in the out of hours period. Only 10% of those patients notes audited were reviewed within 30 minutes as stated in the pathway. Therefore work this year will focus on improving response times in the out of hours period using the Nerve Centre task allocation system for the reporting data.
- Poor audit results from children's CBU reviewing compliance with SAR observation chart. Plan for either chart revision or change of scoring system with new chart.
- Agreement of NEWS chart and pathway for implementation into neonatal units and for use on post natal babies in the Womens CBU.

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**

- Minimal response from Divisional Directors with feedback as to how many of their CBU/specialities have a documented agreed process for the management of diagnostic test results against the implementation plan.
- Decision by Dr. Collett to set up a Task and Finish group to assist and support the divisions in the implementation of the Diagnostic Testing policy, improve the interface with radiology, pathology and the specialities and share good practice. This has been agreed at corporate medical board and cross divisional board.

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

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

**Actions**

- Ward round safety checklist now finalised for use as a prompting tool across trust. Waiting costs for printing of this in several different formats. Plan to meet with lead from UCLH to discuss barriers and lessons learned with the implementation of their ward round safety checklist.
- Care of the Elderly wards at the LRI have commenced use of the ward round template for documentation in line with the implementation of new ward round standards.
- Dates set for July and August for meetings with identified clinical leads to review current practice in specialities for consultant led review and ward round documentation and discuss the use of template and ward round safety checklist.

## 3.5 Fractured Neck of Femur 'Time to Theatre'

| | YTD | Jun-13 | Last Month | June Last Year |
|---|---|---|---|---|
| Neck of femurs operated on 0-35 hrs - admissions | 59.6% | 57.3% | 45.3% | 72.4% |

Of the 75 patients discharge during June, 32 patients failed to get to theatre within 36 hours (giving the 57.3% performance). All patients are assessed for fitness for anaesthetic by an Orthogeriatrician. Of the 32 patients, 24 were medically unfit for theatre and 8 patients who did not get to theatre within 36 hours entirely due to UHL not having enough capacity. This was mostly due to high admission levels with 20 admissions within a 7 day period (14 to 21 June). The month total was again high at 75 which 10% higher than expected.

## 3.6 Venous Thrombo-embolism (VTE) Risk Assessment

| | YTD | Jun-13 | Last Month | June Last Year |
|---|---|---|---|---|
| % of all adults who have had VTE risk assessment on adm to hosp | 93.9% | 93.1% | 94.5% | 94.7% |

The 95% threshold for VTE risk assessment within 24 hours of admission was not achieved for April, May or June. The main reason for non achievement of the increased threshold is due to details of the risk assessment not being entered onto Patient Centre. This seems to be related to those areas with high numbers of admissions at weekends/out of hours when there is less ward clerk cover. Additional bank cover is being arranged for these areas. Another possible reason for the deterioration in recording of VTE risk assessment on Patient Centre is believed to be that ward clerks have also been asked to input details of the Dementia Screening Question. Further support is being provided to the admission areas to address this.

## 3.7 CQUIN Schemes

Performance is on track for 16 of the 18 CQUIN Schemes.

| | REF | CQUIN Title | CQUIN detail | RAG |
|---|---|---|---|---|
| Nat CQUIN | Nat 1 | Friends and Family | Implementation of Friends and Family Test:<br>1.1 Phased Expansion<br>1.2 Increased Response Rate<br>1.3 Improved Performance on Staff Test | |
| Nat CQUIN | Nat 2 | Safety Thermometer | 2.1 Collect data on pressure ulcers, falls and urinary infections in patients with a catheter (CAUTIs)<br>2.2 Reduction in Falls and CAUTIs as measured by Safety Thermometer | |
| Nat CQUIN | Nat 3 | Dementia - | 3.1 .Patients aged 75 and over admitted as an emergency are screened for dementia, where screening is positive they are appropriately assessed and where appropriate referred on to specialist services/GP.<br>3.2. Ensuring sufficient clinical leadership of dementia within providers and appropriate training of staff.<br>3.3. Ensuring carers of people with dementia feel adequately supported | |
| Nat CQUIN | Nat 4 | VTE - Risk Assessment & HAT RCAs | Reduce avoidable death,disability and chronic ill health from Venous thromboembolism (VTE)<br>1. VTE risk assessment<br>2. VTE RCAs | |
| LLR CQUIN | Loc 1 | MECC | Making Every Contact Count<br>Increased advice and referral to STOP and ALW | |
| LLR CQUIN | Loc 2 | End of Life Care | Implementation of the AMBER care bundle to ensure patients and carers will receive the highest possible standards of end of life care | |
| LLR CQUIN | Loc 3 | Pneumonia | Improve care pathway and discharge for patients with Pneumonia<br>a) Admission directly to respiratory ward (Glenfield site) and piloting of 'pneumonia virtual clinic for patients admitted to LRI')<br>b) Improving care pathway and discharge for patients with Pneumonia - Implementation of Pneumonia Care Bundle | |
| LLR CQUIN | Loc 4 | Heart Failure | Improving care pathway and discharge for patients with Heart Failure -<br>Implementation of Care Bundle and discharge Check List and piloting of 'virtual ward' | |
| LLR CQUIN | Loc 5 | CSAs | Critical Safety Actions:<br>5.1 Clinical Handover,<br>5.2 Acting on Results,<br>5.3 Senior Clinical Review, Ward Round and Notation standards<br>5.4 Early Warning Scores (EWS) | |
| LLR CQUIN | Loc 6 | ED/AMU Flow | ED/Em Medicine Patient Flow ?Improving patient flow from the ED through effective utilisation of AMU type beds<br>?Demonstrating how the effective utilisation of AMU type beds is contributing to ED outflow | |
| EMSCG CQUIN | SS1 | Quality Dashboards | Implementation of Specialised Service Quality Dashboards | |
| EMSCG CQUIN | SS2 | BMT - Donor acquisition | Bone Marrow Transplant (BMT) – Donor acquisition measures | |
| EMSCG CQUIN | SS3 | Fetal Medicine - Referral | Fetal Medicine – Rapidity of obtaining a tertiary level fetal medicine opinion | |
| EMSCG CQUIN | SS4 | Haemophilia – Haemtrack monitoring | Increase use of Haemtrack for monitoring clotting factor requirements | |
| EMSCG CQUIN | SS5 | NIC –<br>3. Timely simple discharge | Discharge planning is important in improving the efficiency of units and engaging parents in the care of their infants thereby improving carer satisfaction of NICU services. | |
| EMSCG CQUIN | SS6 | IMRT | Radiotherapy – Improving the proportion of radical Intensity modulated radiotherapy (excluding breast and brain) with level 2 imaging – image guided radiotherapy (IGRT) | |
| EMSCG CQUIN | SS7 | Renal - tbc | Acute Kidney Injury | |

Performance is on track for 16 of the 18 CQUIN Schemes.

The 95% threshold for VTE risk assessment within 24 hours of admission was not achieved in April and provisional data suggests the same for May. Reasons for non achievement and actions taken are described in Section 3.6.

The 'National Dementia CQUIN' requirement is "90% of patients (meeting the criteria) being screened for 3 consecutive months" and therefore this indicator has been Amber RAG'd as the threshold is still achievable before the end of the year.

## 3.8 Theatres – 100% WHO compliance

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

## 3.9 C-sections rates

| | YTD | Jun-13 | Last Month |
|---|---|---|---|
| C Sections rates | 25.3% | 26.1% | 26.1% |

The C Section thresholds were locally agreed following the Regional 'Normalising Birth' CQUIN in 10/11. UHL's C Section rates have generally benchmarked very well with comparable organisations. For the past 2 months, the overall C Section rate has been higher than expected and so cases are being reviewed through Perinatal governance processes to confirm reasons for this

## 3.10 Safety Thermometer

An update on the Safety Thermometer has been submitted to the July Quality Assurance Committee. The main headlines and results are detailed below:-

| | | May-13 | Jun-13 |
|---|---|---|---|
| | Number of patients | 1686 | 1650 |
| All Harms | Total No of Harms | 110 | 108 |
| | No of patients with no Harms | 1580 | 1545 |
| | % Harm Free | 93.71% | 93.64% |
| Newly Acquired Harms | Total No of Newly Acquired (UHL) Harms | 51 | 51 |
| | No of Patients with no Newly Acquired Harms | 1636 | 1601 |
| | % of UHL Patients with No Newly Acquired Harms | 97.034% | 97.030% |
| Harm One | All Pressure Ulcers (Grades 2, 3 or 4) | 75 | 73 |
| | No of Newly Acquired Grade 2, 3 or 4 Pus | 27 | 26 |
| Harm Two | No of Patients having fallen in hospital in previous 72 hrs | 8 | 8 |
| Harm Three | No of Patients with Urinary Catheter and Urine Infection (prior to or post admission) | 27 | 27 |
| | Newly Acquired UTIs with Catheter | 16 | 17 |

- The total number of harms recorded in UHL (i.e. old and new) decreased very slightly from 110 harms in May to 108 in June.
- UHL's overall percentage of harm free care dipped slightly from 93.71% in May to 93.64% in June. The percentage is lower because the number of patients (i.e. denominator) included in the ST audit reduced by 36 for the month of June.
- The total prevalence of newly acquired harms recorded for June was the same as May so remained at 51 harms.
- There was a decrease in the prevalence of newly acquired pressure ulcers for the month of June by one ulcer.
- Falls prevalence remained the same as the previous month which was eight and the prevalence of CAUTIs remained the same at 27.
- The data has been validated with the Audit Team.
- UHL have not yet received any communication from the Department of Health regarding the independent review of the ST tool.

The commissioners have issued UHL a Contract Query Notice in order to seek further assurance of the Trust's ability to achieve zero avoidable grade 2, 3 and 4 pressure ulcers. Although there is recognition of the work that has gone into the prevention of pressure ulcers and the improvements that have been seen over the last two months, there are concerns that the Trust has not achieved its previous recovery trajectories. A remedial action plan will be signed off at the Contract Performance Meeting on the 25th July by the commissioners and will be presented to the August QAC.

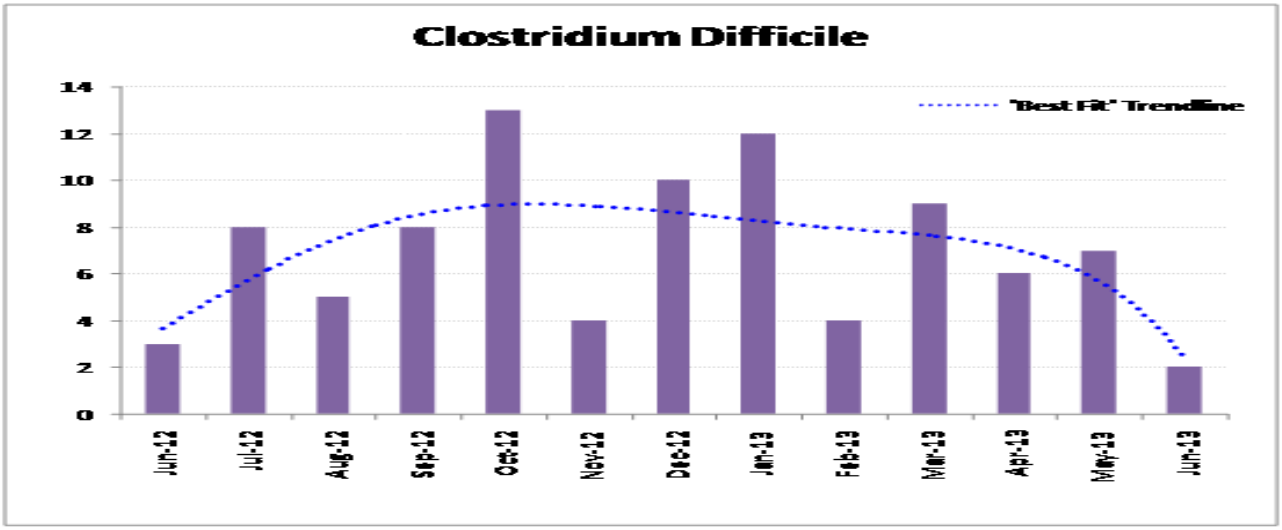
## 4.0 PATIENT EXPERIENCE – CAROLE RIBBINS

### 4.1 Infection Prevention

| | YTD | Jun-13 | Last Month | June Last Year |
|---|---|---|---|---|
| MRSA | 0 | 0 | 0 | 0 |
| Clostridium Difficile | 15 | 2 | 7 | 3 |

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

C Difficile – there were 2 cases reported in June with 15 cases for the first 3 months against a target of 22. The full year target is 67 with a financial penalty of £50,000 per patient above this end of year target.



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

## 4.2 Patient Polling 

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

In June 2013, **3,519** Patient Experience Surveys were returned this is broken down to:

- 2,101 paper inpatient surveys
- 602 electronic surveys
- 816 ED paper surveys

**Share Your Experience – Electronic Feedback Platform**

In June 2013, a total of 602 electronic surveys were completed via email, touch screen, our Leicester's Hospitals web site or handheld devices.

A total of 856 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 | 1 | 1 | 0 |
| Children's Urgent & ED Care | 1 | 46 | 0 | 0 | 47 | 36 |
| A&E Department | 22 | 154 | 5 | 7 | 188 | 228 |
| Eye Casualty | 0 | 175 | 0 | 1 | 176 | 0 |
| Glenfield CDU | 0 | 43 | 0 | 0 | 43 | 0 |
| Glenfield Radiology | 10 | 0 | 0 | 0 | 10 | 33 |
| IP and Childrens IP | 0 | 0 | 0 | 14 | 14 | 0 |
| Maternity Survey | 13 | 0 | 0 | 6 | 19 | 201 |
| Neonatal Unit Survey | 0 | 0 | 0 | 2 | 2 | 0 |
| Outpatient Survey | 80 | 2 | 0 | 1 | 83 | 358 |
| Windsor Eye Clinic | 0 | 19 | 0 | 0 | 19 | 0 |
| **Total** | **126** | **439** | **5** | **32** | **602** | **856** |

The trust has piloted the use of handheld units in specific clinical areas and due to the success of this initiative is in the process of purchasing nine for the launch of the maternity Friends and Family Test in July.

**Treated with Respect and Dignity**

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

**Friends and Family Test**

## Inpatient

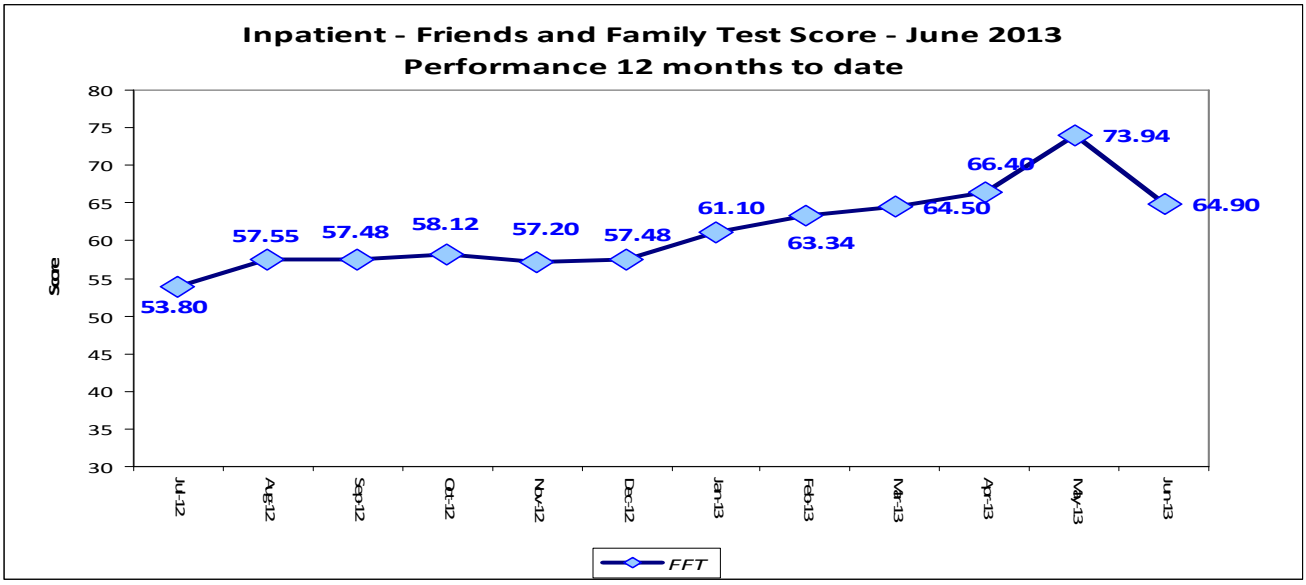
The inpatient surveys include the Friends and Family Test question; **How likely are you to recommend this ward to friends and family if they needed similar care or treatment?'** Of the 2,101 surveys, 1,514 surveys included a response to this question and were considered inpatient activity (excluding day case / outpatients) and therefore were included in the friends and family test score for NHS England.

Overall there were 5,987 patients in the relevant areas within the month of June 2013. The Trust easily met the 15% target achieving coverage of **25.3%.**

The Friends & Family Test responses broken down to:

| | |
|---|---|
| Extremely likely: | 1038 |
| Likely: | 383 |
| Neither likely nor unlikely: | 39 |
| Unlikely | 18 |
| Extremely unlikely | 13 |
| Don't know: | 23 |

**Overall Friends & Family Test Score 64.90**




May 2013 compared to June 2013

Whilst performance on the FFT score has fallen (73.9 in May to 64.9 in June); the June figures are consistent with the 66.4 score achieved in April. As the FFT was only introduced in April there is very little historical data to compare performance against and assess whether fluctuations on the FFT score are significant.

An analysis of the data revealed that the number of 'promoters' as a proportion of responses decreased in June compared to May, whilst the number of 'passive' and 'detractor' responses increased.

This pattern was true for each Division and was also evident at CBU level.

Performance Changes

The largest drop in the FFT score was seen in the Acute Division, where the score dropped by 10 from 72 to 62 between June and May.

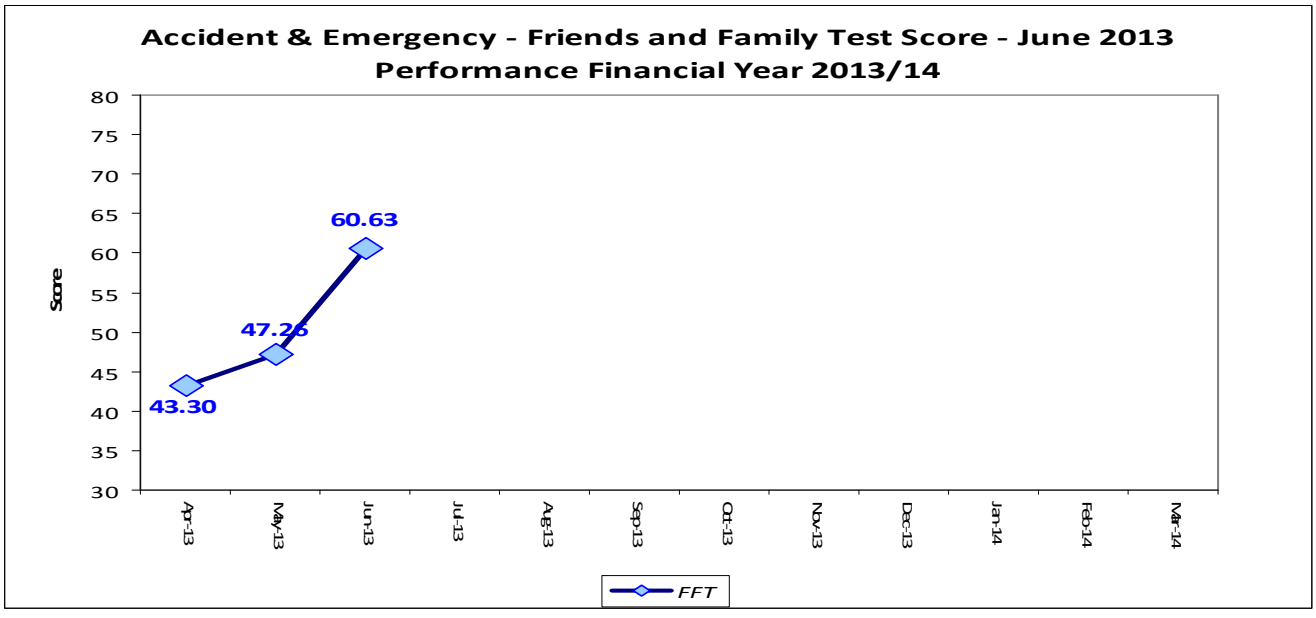
| | Apr-13 | May-13 | Jun-13 | Point Change in FFT Score |
|---|---|---|---|---|
| **UHL Trust Level Totals** | **66.4** | **73.9** | **64.9** | **9** |
| Acute Division | 64.6 | 72.2 | 62.1 | 10.1 |
| Planned Division | 67.5 | 74.4 | 67.5 | 7.9 |
| Women's and Children's Division | 78.3 | 80.4 | 74.1 | 6.2 |

## 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 6,194 patients who were seen in A&E and then discharged home within the month of June 2013. The Trust surveyed 1,027 eligible patients meeting 16.6% of the footfall. The Friends & Family test responses break down to:

| | |
|---|---|
| Extremely likely: | 680 |
| Likely: | 272 |
| Neither likely nor unlikely: | 29 |
| Unlikely | 18 |
| Extremely unlikely | 17 |
| Don't know: | 11 |
| **Overall Friends & Family Test Score** | **60.63** |



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 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

A ward summary action plan for the four wards which fall below 1.1 WTE nurse to bed ratio for this month is included in Appendix 3.

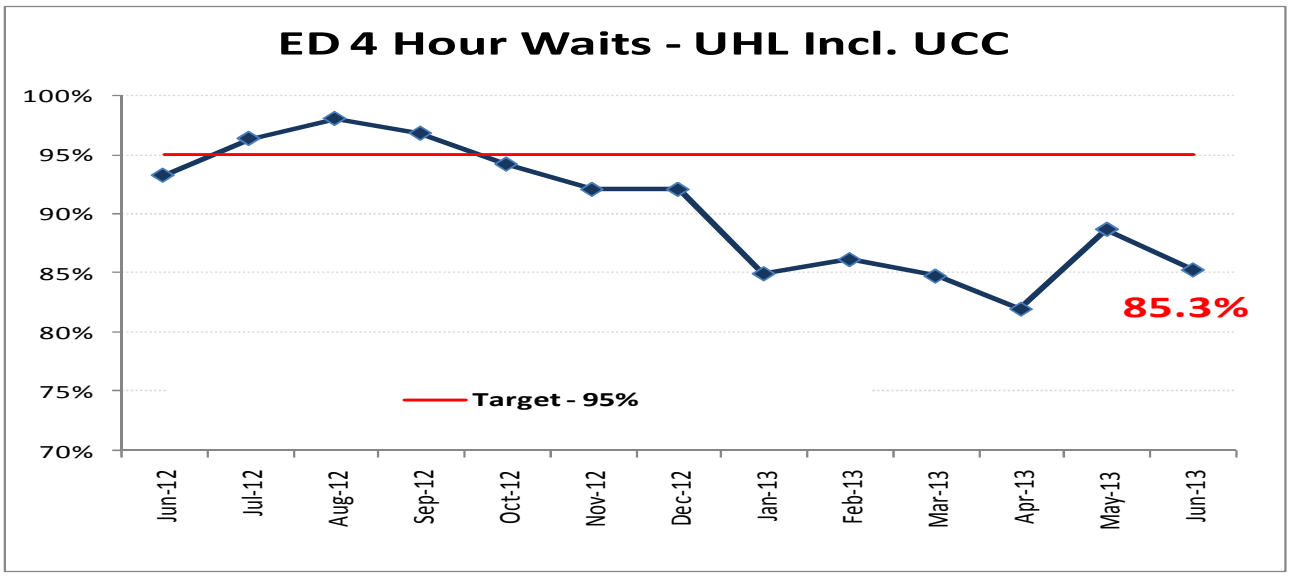
## 4.4 Same Sex Accommodation

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

## 5.0 OPERATIONAL PERFORMANCE – RICHARD MITCHELL

## 5.1 ED 4hr Wait Performance

| | YTD | Jun-13 | Last Month | June Last Year |
|---|---|---|---|---|
| ED 4 Hour Waits UHL + UCC | 85.3% | 85.3% | 88.7% | 93.2% |
| ED 4 Hour Waits UHL (Type 1 and 2) | 81.4% | 81.6% | 85.5% | 91.5% |




Performance for June Type 1 & 2 is 81.6% and 85.3% including the Urgent Care Centre (UCC). UHL's performance for the 4 weeks up to 7th July meant that the Trust was the

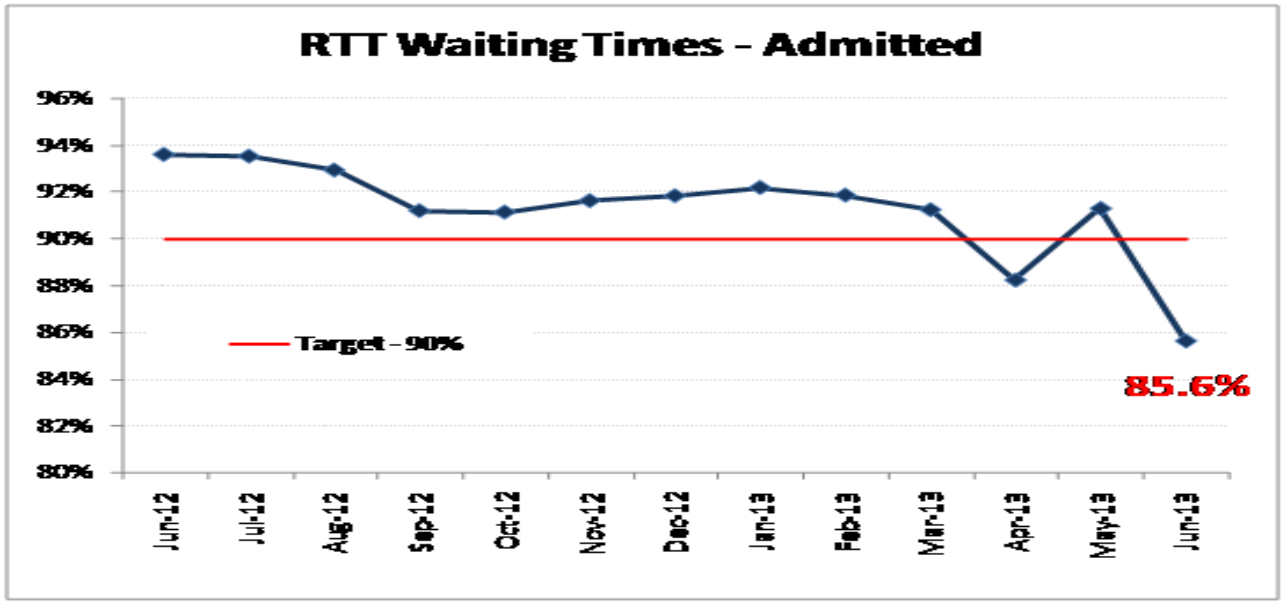
worst performing Trust in England. In the same period 125 out of 145 Acute Trusts delivered the 95% target

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

## 5.2 RTT – 18 week performance

RTT Admitted performance

| | Jun-13 | Last Month | June Last Year |
|---|---|---|---|
| RTT Waiting Times - Admitted | 85.6% | 91.3% | 93.6% |




As expected, admitted performance in June has not been achieved with performance at 85.6%, with 5 specialties failing the target with an estimated automatic fine of £50,000.

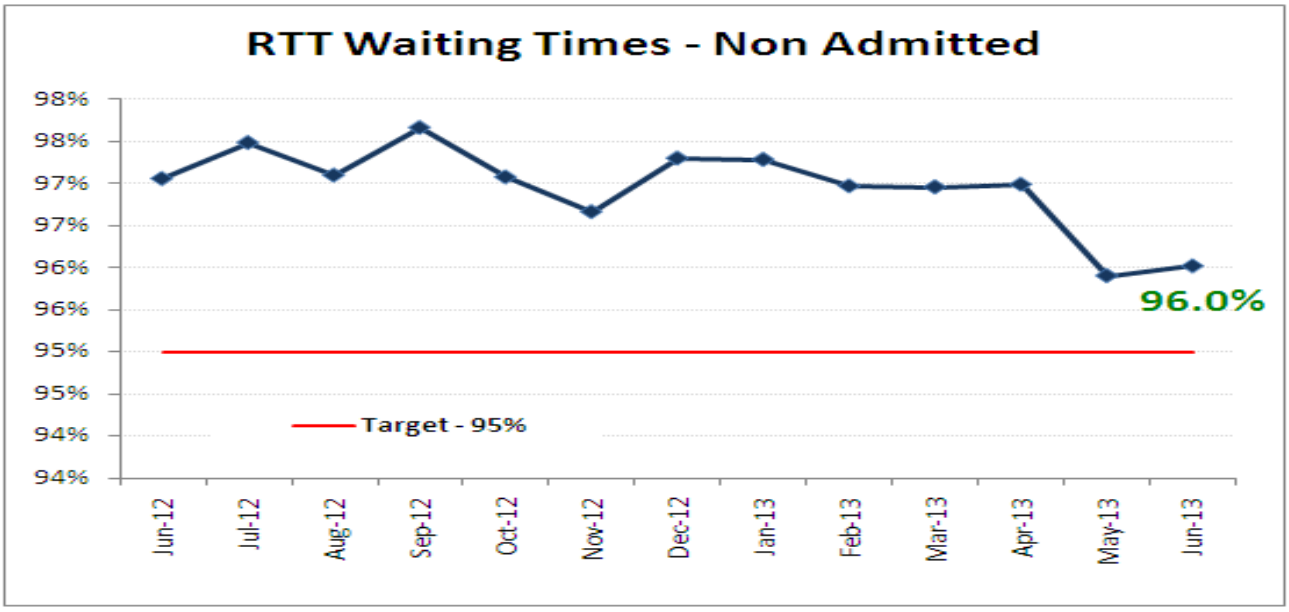
The failure to achieve the April target (at a Trust position) has triggered a Contract Query Notice from the Commissioners. Commissioners have requested for our respective teams to work together to develop the Remedial Action Plan. After further discussion with the commissioners the deadline for developing action plans has been extended. There will be recovery plans for Ophthalmology, ENT (Adult and Paediatrics), Orthopaedics and General Surgery.

The July and August target will not be achieved as the plan is to reduce the 18+ week backlog.

The national admitted performance in May was 92.1%. 119 out of the 178 Trusts missed the target at specialty level and 80 Trust's had between 2 and 10 specialty failures.

RTT Non Admitted performance

| | Jun-13 | Last Month | June Last Year |
|---|---|---|---|
| RTT Waiting Times - Non Admitted | 96.0% | 95.9% | 97.1% |

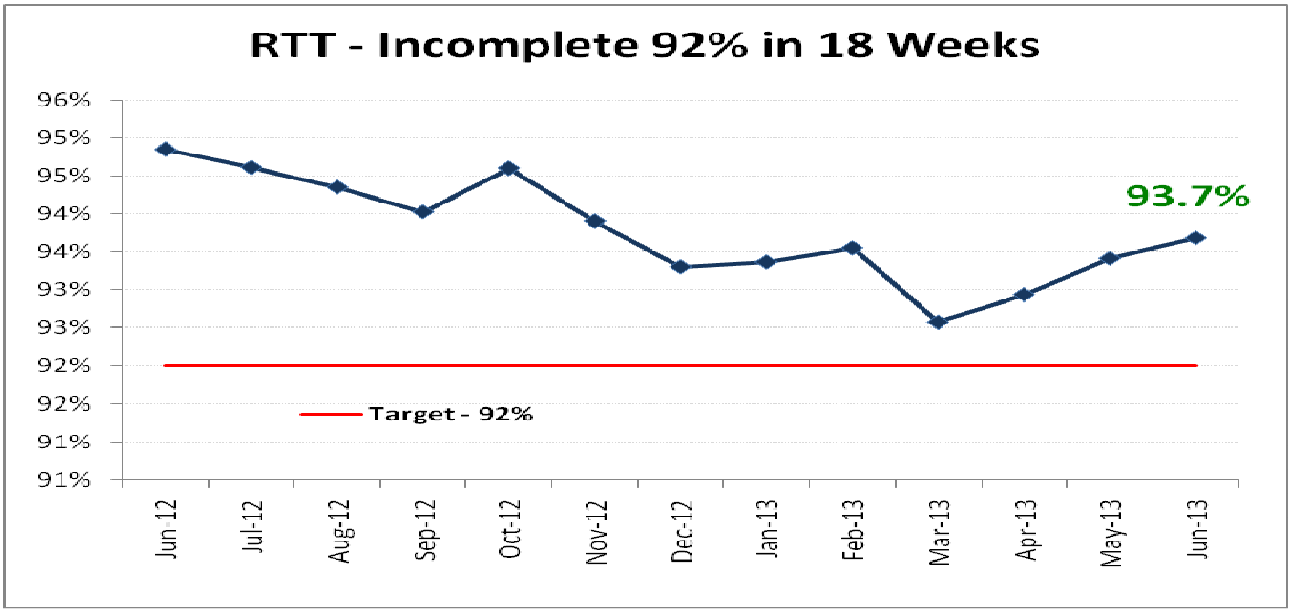



The non-admitted target for June has been achieved at 96.0% against a target of 95%. To reduce the non-admitted backlog of patients waiting 18+ weeks, Ophthalmology missed the target with an estimated automatic fine of £11,000.

The national non-admitted performance in May was 97.5%. 100 out of the 204 Trusts missed the target at specialty level and 62 Trusts had between 2 and 16 specialty failures.

RTT Incomplete Pathways

| | Jun-13 | Last Month | June Last Year |
|---|---|---|---|
| RTT - Incomplete 92% in 18 Weeks | 93.7% | 93.4% | 94.8% |




The requirement that 92% of patients on an incomplete pathway (i.e. patients waiting for a decision to treat or treatment) should have been waiting no more than 18 weeks was achieved in June with performance at 93.7%. In numerical terms the total number of patients waiting 18+ weeks for treatment (admitted and non-admitted) is 2,497..

Four specialties missed the target resulting in an expected contractual penalty estimated at £6,000.

The national incomplete pathways performance in May was 93.9%. 109 out of the 204 Trusts missed the target at specialty level and 71 Trusts had between 2 and 10 specialty failures.

## 5.3 Imaging Waiting Times

| | Jun-13 | Last Month | June Last Year |
|---|---|---|---|
| 6 Week - Diagnostic Test Waiting Times | 0.5% | 0.7% | 6.4% |

The delivery of the diagnostic 6+ week wait target has been delivered in June at 0.5% against a threshold of 1%

National performance for May shows that 1.0% of patients were waiting for diagnostic tests longer than 6 weeks.

## 5.4 Cancer Targets

Two Week Wait

| | YTD | May-13 | Last Month | June Last Year |
|---|---|---|---|---|
| Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers | 94.2% | 95.2% | 93.0% | 93.0% |
| Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected) | 94.5% | 94.8% | 94.0% | 96.4% |

Both 2 week cancer targets have been achieved in May (latest reported month). National performance for both these indicators was at 95.8%.

31 Day Target

| | YTD | May-13 | Last Month | June Last Year |
|---|---|---|---|---|
| 31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers | 97.3% | 97.0% | 97.5% | 96.0% |
| 31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments | 100.0% | 100.0% | 100.0% | 100.0% |
| 31-Day Wait For Second Or Subsequent Treatment: Surgery | 95.8% | 94.4% | 97.2% | 94.6% |
| 31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments | 98.7% | 97.8% | 100.0% | 98.2% |

All the 31 day cancer targets have been achieved in May (latest reported month). With the exception of the 31 day diagnosis to treatment target National performance is slightly better in May than the UHL performance, with the exception of the 31 day anti cancer drug treatment.

62 Day Target 

| | YTD | May-13 | Last Month | June Last Year |
|---|---|---|---|---|
| 62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers | 80.7% | 80.4% | 80.9% | 77.1% |
| 62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers | 96.2% | 94.3% | 98.6% | 96.1% |

The 62 day urgent referral to treatment cancer target for May was 80.4% against a national target of 85% and a recovery trajectory of 80.4%. National performance for the 62 day target was 85.7% in May.

An exception report was received by the Trust Board last month which outlined a number of key actions for recovery of this standard. Further to this on the 29th May commissioners issued a formal Contract Query Notice in respect of this standard, their requirements include a detailed recovery action plan with clear clinical and managerial leadership. The Trust's response to this was submitted to the Contract and Performance Meeting on the 25th June, with some minor amendments. The detailed plan and trajectory for recovery of the standard has been formally accepted by commissioners. An updated progress report has been submitted to the commissioners for discussion at the Contract Performance meeting on the 23rd July.

## 5.5 Choose and Book slot availability 

| | Jun-13 | Last Month | June Last Year |
|---|---|---|---|
| Choose and Book Slot Unavailability | 13% | 9% | 13% |

Choose and book slot availability performance for June is 13%, with the national average at 11%

Issues with slot availability in June are mainly within the following specialties:

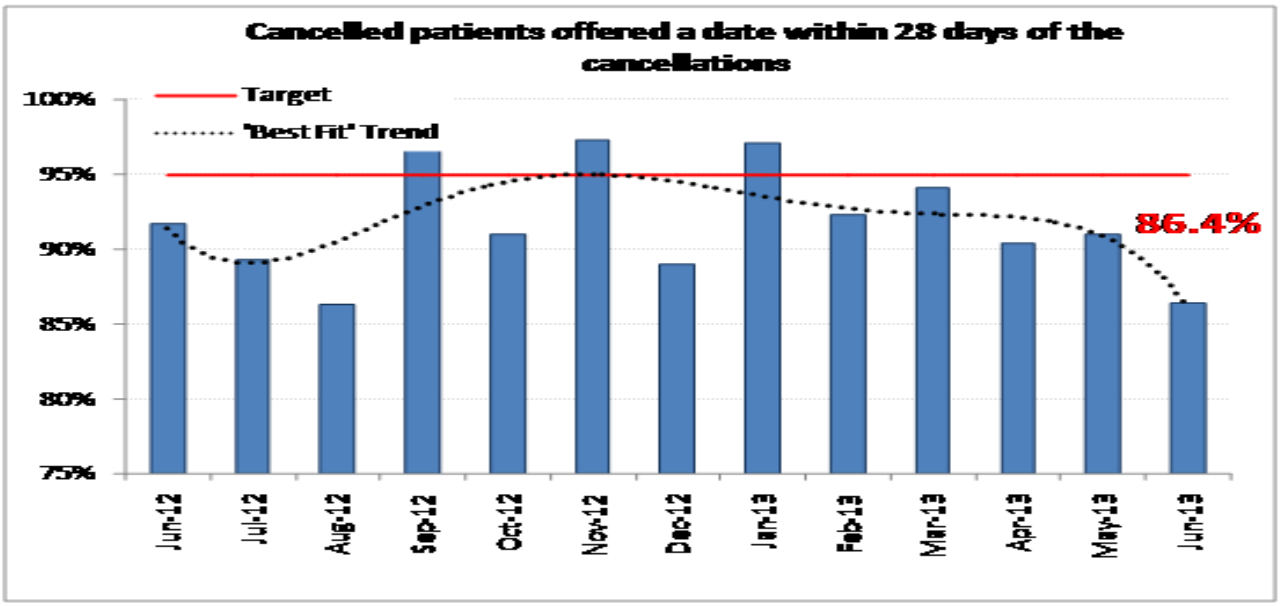
- GI services and ENT, where additional clinics are being run
- Orthopaedics, has a recurrent shortfall in capacity for back referrals, this remains under discussion with commissioners

Resolution of slot unavailability requires a reduction in waiting times for 1st outpatient appointments in key specialities, this needs to be a key component of the RTT recovery plan

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

## 5.6 Cancelled Operations rebooked in 28 days

| | YTD | Jun-13 | Last Month | June Last Year |
|---|---|---|---|---|
| Operations cancelled at short notice | 1.3% | 1.0% | 1.5% | 1.2% |
| Cancelled patients offered a date within 28 days | 89.7% | 86.4% | 91.0% | 91.8% |




June performance shows that the percentage of operations cancelled on/after the day of admissions of all elective activity for non clinical reasons was 1.0% against a target of 0.8%.

The percentage offered a date within 28 days of the cancellation in June was 86.4% against a threshold of 95%. The consequence of not offering a date to be treated within 28 days of the cancellation in non-payment of re-schedule episode of care. The penalty for June is £10,000.

Further detail of actions to be taken is included in the Cancelled Operation exception report, see Appendix 4.

**5.7 Stroke % stay on stroke ward**

| | YTD | May-13 | Last Month | May Last Year |
|---|---|---|---|---|
| Stroke - 90% of Stay on a Stroke Unit | 78.4% | 79.3% | 77.4% | 81.7% |

The percentage of stoke patients spending 90% of their stay on a stroke ward in May (reported one month in arrears) is 79.3% against a target of 80%. The commissioners have issued a contract query for stroke performance indicators which the Trust provided a remedial action plan within the contractual deadline. Commissioners are reviewing the plan.

Further detail of actions to be taken is included in the Stroke Quality Indicators exception report – see Appendix 5.

**5.8 Stroke TIA**

| | YTD | Jun-13 | Last Month | June Last Year |
|---|---|---|---|---|
| TIA Clinic within 24 Hours (Suspected TIA) | 63.9% | 72.0% | 69.2% | 59.6% |

The percentage of high risk suspected TIAs receiving relevant investigations and treatment within 24 hours of referral receipt is 72.0% against a national target of 60.0%. The contractual target for this indicator remains under review.

## 5.9 Delayed Discharges

During June 2013 UHL has seen an improvement in the performance for both city and county patients. There were 211 episodes recorded as a 'Delayed Transfer of Care' on the weekly sitreps recorded at midnight each Thursday during June 2013, making the combined average of 7.7 delays per 100,000 population against a target of 2.3 delays per 100,000 population.

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

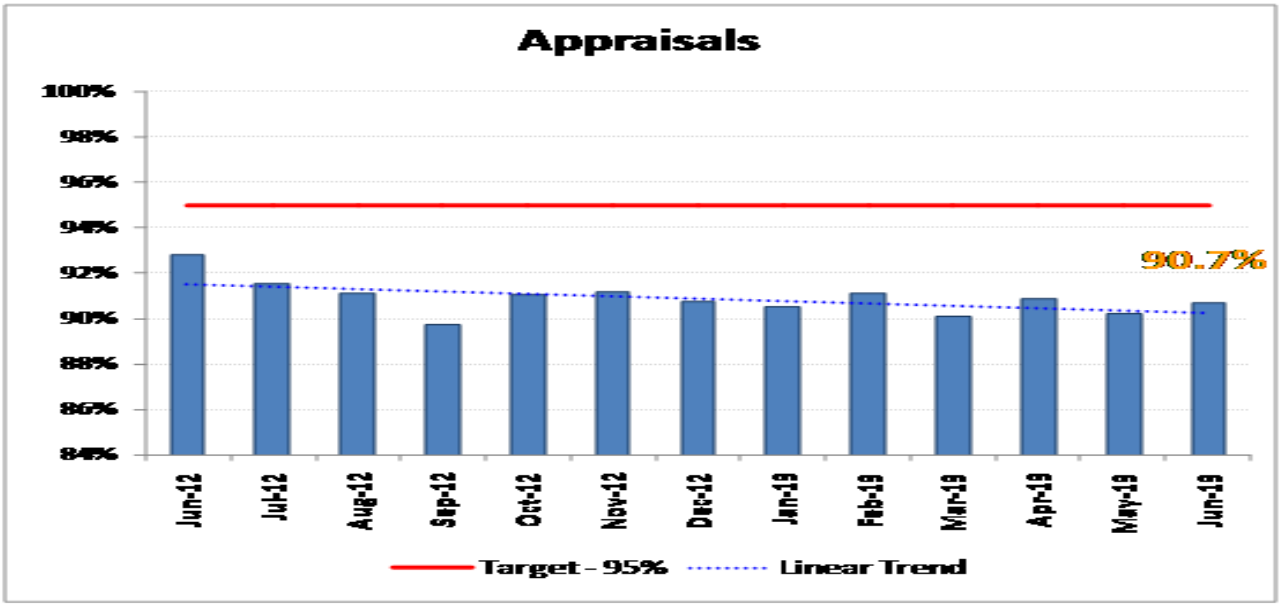
| Reason | Assessment | | Awaiting Public funding | | Availability of non acute NHS Care | | Awaiting care home placement | | Awaiting domiciliary package of care | | Awaiting community equipment | | Patient /Family choice | | TOTAL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | City | Co | City | Co | City | Co | City | Co | City | Co | City | Co | City | Co | City | Co |
| April | 7 | 5 | 10 | 5 | 70 | 61 | 10 | 27 | 9 | 17 | 12 | 5 | 1 | 3 | 119 | 123 |
| May | 8 | 13 | 7 | 10 | 98 | 124 | 12 | 20 | 3 | 7 | 5 | 5 | 1 | 12 | 134 | 191 |
| June | 19 | 7 | 10 | 5 | 53 | 62 | 10 | 22 | 2 | 2 | 1 | 1 | 7 | 10 | 102 | 109 |

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

## 6.0 HUMAN RESOURCES – KATE BRADLEY

## 6.1 Appraisal

| | Jun-13 | Last Month | June Last Year |
|---|---|---|---|
| Appraisals | 90.7% | 90.2% | 92.8% |

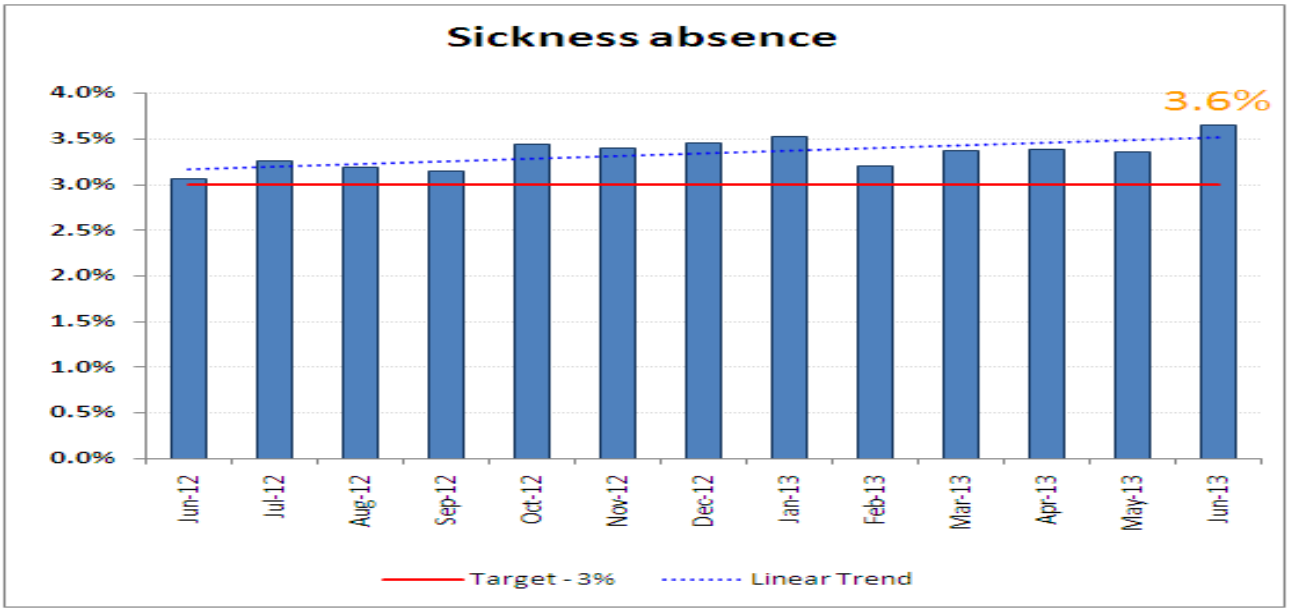



The reported June appraisal rate is 90.7% against our target of 95% with appraisal rates being fairly static at around 90%. Support with talent management, succession planning and leadership development work is underway in compiling the talent profiles for the UHL

senior leadership team. The release of ward managers from clinical duties for two days per week is predicted to improve both appraisal rates and quality outcomes.

## 6.2 Sickness

| | Rolling 12 Months | Jun-13 | Last Month | June Last Year |
|---|---|---|---|---|
| Sickness absence | 3.4% | 3.6% | 3.4% | 3.1% |




The sickness rate for June is 3.6% and the May figure has now adjusted to 3.35% to reflect closure of absences. This is below the previous SHA's target of 3.4% but above the Trust stretch target of 3%.

The Well Being at Work team hosted an excellent Fun Day on Saturday 6 July. This was funded through Staff Lottery monies. There were many activities for our staff and family and friends to enjoy including bouncy castles and a rodeo bull. There were also races including the sack race and egg and spoon. The caterers provided English and Indian Halal food. As well as receiving positive feedback, £250 was raised for the Kidney Care Appeal.

## 7.0 2013/14 CONTRACTUAL QUERIES

## 7.1 A&E 4hr Performance

A failure to agree notice was issued by the Commissioners in relation to the A&E 4hr performance. The deadline for responding to the issues raised in the failure notice is the 24th July.

Under the NHS Standard Contract General Conditions 9.19, if there is failure to agree a Remedial Action Plan within 10 Operational Days of this RAP Failure to Agree Notice being issued, then NHS Leicester City Clinical Commissioning Group as Co-ordinating Commissioner may withhold up to 2% of all the monthly sums payable by it under Service Condition until agreement is achieved.

## 7.2 62 Day Cancer Performance

A contract query notice was raised by the commissioners on the 7th May 2013 with regards to non-achievement of the 62 day cancer performance. UHL has submitted a recovery plan and trajectory which was formally accepted by the commissioner on the 9th July 2013.

The consequences of missing the national standard for Quarter 1 has resulted in an automatic financial penalty of £50,000 to be repaid on recovery of the cumulative performance to 85%.

The commissioner has offered of non-recurrent support to help the Trust sustainably resolve issues affecting cancer with a joint meeting arranged to discuss this on 12 August 2013.

## 7.3 18 Weeks RTT

A contract query notice was raised by the commissioners on the 14th June with regards to non- achievement of 18 Week Referral to Treatment performance in April. UHL are required to work on credible plans for backlog reduction that demonstrate associated timescales and impact on performance.

After further discussion with the commissioners the deadline for developing action plans has been extended. There will be recovery plans for Ophthalmology, ENT (Adult and Paediatrics), Orthopaedics and General Surgery.

## 7.4 Stroke Performance

A contract query notice was raised by the commissioners on the 28th June in relation to commissioner concerns with UHL's performance against the qualitative and quantitative stroke metrics raised over recent months. A remedial action plan was submitted to commissioners by the agreed deadline of the 12th July. The plan is being reviewed by commissioners.

## 7.5 Pressure Ulcers

A contract query notice was raised by commissioners on the 10th July in relation to commissioners concern with UHL's performance against the qualitative Pressure Ulcer performance metrics over recent months. Although these matters have been discussed at the Clinical Quality Review Group and latterly at the Contract Performance Meetings, commissioners require further assurances regarding UHL's ability to meet the avoidable grade 2, 3 & 4 pressure ulcer zero tolerance target. The deadline for submitting the final remedial action plan is the 25th July.

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# Appendix 1 - Friends & Families Test

## What is the Friends & Family test?

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

Patients can choose from one of the following answers:

| Answer | Group |
|---|---|
| Extemely Likely | Promoter |
| Likely | Passive |
| Neither likely or unlikely | Detractor |
| Unlikely | Detractor |
| Extremely Unlikely | Detractor |
| Don't Know | 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*

**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

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# FRIENDS AND FAMILY TEST - January - June '13

| | | | | | | | | JUNE SCORE BREAKDOWN | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Total Responses | Promoters | Passives | Detractors | Score |
| GLENFIELD HOSPITAL | GH WD 15 | 40 | 67 | 80 | 55 | - | 100 | 30 | 30 | 0 | 0 | 100 |
| | GH WD 16 Respiratory Unit | 92 | 93 | 76 | 88 | 69 | 74 | 19 | 14 | 5 | 0 | 74 |
| | GH WD 17 | 0 | 42 | 100 | - | - | 65 | 17 | 12 | 4 | 1 | 65 |
| | GH WD 20 | 60 | 56 | 67 | - | 73 | 61 | 38 | 25 | 11 | 2 | 61 |
| | GH WD 23A | - | 93 | - | 65 | 76 | 100 | 29 | 28 | 0 | 0 | 100 |
| | GH WD 24 | - | 90 | 81 | 75 | 87 | 94 | 16 | 15 | 1 | 0 | 94 |
| | GH WD 27 | 44 | 79 | 42 | - | - | 66 | 35 | 23 | 12 | 0 | 66 |
| | GH WD 28 | 100 | 86 | 85 | 79 | 85 | 88 | 18 | 15 | 2 | 0 | 88 |
| | GH WD 29 EXT 3656 | | | | | | 21 | 19 | 5 | 13 | 1 | 21 |
| | GH WD 31 | 88 | 93 | 100 | - | 79 | 79 | 19 | 16 | 2 | 1 | 79 |
| | GH WD 32 | 100 | 50 | 91 | 74 | 85 | 83 | 29 | 26 | 1 | 2 | 83 |
| | GH WD 33 | 77 | 50 | 75 | 85 | 84 | 79 | 28 | 22 | 6 | 0 | 79 |
| | GH WD 33A | | 77 | 77 | 68 | 94 | 86 | 21 | 18 | 3 | 0 | 86 |
| | GH WD Coronary Care Unit | 72 | 72 | 90 | 84 | 86 | 90 | 58 | 52 | 6 | 0 | 90 |
| | GH WD Clinical Decisions Unit | 86 | 62 | 43 | 48 | 75 | 65 | 58 | 40 | 14 | 3 | 65 |

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# FRIENDS AND FAMILY TEST - January - June '13

| | | | | | | | | JUNE SCORE BREAKDOWN | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Total Responses | Promoters | Passives | Detractors | Score |
| LEICESTER GENERAL HOSPITAL | LGH WD 10 | 38 | 71 | 0 | 100 | 48 | 60 | 10 | 6 | 4 | 0 | 60 |
| | LGH WD 14 | 69 | 82 | 80 | 77 | 71 | 83 | 35 | 29 | 6 | 0 | 83 |
| | LGH WD 15A HDU Neph | | | 100 | | | 50 | 4 | 2 | 2 | 0 | 50 |
| | LGH WD 15N Nephrology | | 43 | -75 | | 0 | 75 | 8 | 3 | 1 | 0 | 75 |
| | LGH WD 16 | 71 | 59 | 68 | 67 | 88 | 95 | 21 | 20 | 1 | 0 | 95 |
| | LGH WD 17 Transplant | 55 | 68 | 100 | 75 | 92 | 84 | 31 | 26 | 5 | 0 | 84 |
| | LGH WD 19 | 68 | 67 | 67 | 79 | 63 | 59 | 32 | 20 | 11 | 1 | 59 |
| | LGH WD 22 | 8 | 21 | 25 | 42 | 95 | 45 | 30 | 15 | 12 | 2 | 45 |
| | LGH WD 23 | | | | | | 53 | 36 | 21 | 13 | 2 | 53 |
| | LGH WD 26 SAU | 40 | 60 | 100 | 0 | 45 | 52 | 65 | 36 | 24 | 3 | 52 |
| | LGH WD 27 | - | 67 | 42 | 83 | 89 | 57 | 22 | 13 | 7 | 1 | 57 |
| | LGH WD 28 Urology | -19 | 0 | 33 | 45 | 22 | 55 | 31 | 20 | 5 | 4 | 55 |
| | LGH WD 31 | 60 | 86 | 54 | - | 90 | 79 | 28 | 25 | 0 | 3 | 79 |
| | LGH WD 8 (Closed) | | 0 | 100 | | | 33 | 7 | 2 | 4 | 0 | 33 |
| | LGH WD 29 EMU Urology | 70 | -13 | 70 | -30 | 54 | 50 | 54 | 31 | 16 | 5 | 50 |
| | LGH WD Young Disabled | | 75 | | 100 | | 100 | 2 | 2 | 0 | 0 | 100 |

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# FRIENDS AND FAMILY TEST - January - June '13

| | | | | | | | | JUNE SCORE BREAKDOWN | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Total Responses | Promoters | Passives | Detractors | Score |
| LEICESTER ROYAL INFIRMARY | LRI WD 7 Bal L3 | 41 | 70 | 70 | 65 | 73 | 70 | 30 | 21 | 9 | 0 | 70 |
| | LRI WD 17 Bal L5 | 0 | 36 | - | 0 | 57 | -9 | 11 | 2 | 6 | 3 | -9 |
| | LRI WD 19 Bal L6 | | 100 | 61 | 44 | 60 | 5 | 21 | 5 | 11 | 4 | 5 |
| | LRI WD 21 Bal L6 | 67 | 90 | 86 | 88 | 89 | 91 | 22 | 20 | 2 | 0 | 91 |
| | LRI WD 22 Bal 6 | 43 | 58 | 16 | 38 | 52 | 48 | 24 | 13 | 8 | 2 | 48 |
| | LRI WD 23 Win L3 | 76 | 63 | 75 | 85 | 95 | 83 | 18 | 16 | 1 | 1 | 83 |
| | LRI WD 24 Win L3 | 83 | 67 | 31 | 58 | 67 | 47 | 17 | 8 | 9 | 0 | 47 |
| | LRI WD 25 Win L3 | 100 | 87 | 100 | 95 | 95 | 60 | 20 | 13 | 6 | 1 | 60 |
| | LRI WD 26 Win L3 | 88 | 69 | 91 | 92 | 75 | 58 | 19 | 12 | 6 | 1 | 58 |
| | LRI WD 27 Win L4 | - | 83 | 50 | 60 | 100 | 33 | 3 | 1 | 2 | 0 | 33 |
| | LRI WD 29 Win L4 | 42 | 73 | 58 | 61 | 100 | 65 | 20 | 14 | 5 | 1 | 65 |
| | LRI WD 31 Win L5 | 82 | 80 | - | - | 70 | 48 | 23 | 11 | 12 | 0 | 48 |
| | LRI WD 32 Win L5 | 0 | 33 | - | 86 | 73 | 43 | 7 | 3 | 4 | 0 | 43 |
| | LRI WD 33 Win L5 | 59 | 20 | 43 | 71 | 67 | 58 | 19 | 13 | 4 | 2 | 58 |
| | LRI WD 36 Win L6 | 68 | 50 | 20 | 20 | 61 | 0 | 20 | 5 | 9 | 5 | 0 |
| | LRI WD 37 Win L6 | -41 | 22 | 38 | 68 | 86 | 90 | 21 | 19 | 2 | 0 | 90 |
| | LRI WD 38 Win L6 | 91 | 40 | 19 | 94 | 100 | 100 | 33 | 33 | 0 | 0 | 100 |
| | LRI WD 39 Osb L1 | 61 | 71 | 56 | 70 | 89 | 88 | 26 | 23 | 3 | 0 | 88 |
| | LRI WD 40 Osb L1 | -17 | 32 | 79 | 88 | 89 | 81 | 28 | 22 | 5 | 0 | 81 |
| | LRI WD 41 Osb L2 | 67 | 60 | 27 | 42 | 50 | 47 | 19 | 10 | 8 | 1 | 47 |
| | LRI WD Bone Marrow | 0 | 33 | 0 | 100 | 88 | 0 | 2 | 0 | 2 | 0 | 0 |
| | LRI WD Fielding John Vic L1 | 67 | 0 | - | - | - | 60 | 20 | 13 | 6 | 1 | 60 |
| | LRI WD GAU Ken L1 | 50 | 50 | 59 | - | 65 | 70 | 30 | 22 | 7 | 1 | 70 |
| | LRI WD IDU Infectious Diseases | 48 | 73 | 73 | 65 | 67 | 69 | 14 | 9 | 4 | 0 | 69 |
| | LRI WD Kinmonth Unit Bal L3 | 73 | 59 | 69 | 65 | 68 | 80 | 20 | 16 | 4 | 0 | 80 |
| | LRI WD Osborne Assess Unit | | 65 | 74 | 68 | 88 | 88 | 25 | 22 | 3 | 0 | 88 |
| | Ward RRAU | | | | 40 | 33 | 31 | 49 | 15 | 34 | 0 | 31 |
| | LRI WD 8 SAU Bal L3 | 45 | 18 | 42 | 35 | 51 | 70 | 33 | 25 | 6 | 2 | 70 |
| | Ward RSSA | | | | 52 | 88 | 58 | 47 | 29 | 13 | 3 | 58 |

University Hospitals of Leicester NHS
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Caring at its best

# FRIENDS AND FAMILY TEST - January - June '13

| | | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | JUNE SCORE BREAKDOWN | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | Total Responses | Promoters | Passives | Detractors | Score |
| EMERGENCY DEPARTMENT | ED - Majors | - | - | - | 35 | 45 | 42 | 187 | 104 | 53 | 27 | 42 |
| | ED - Minors | - | - | - | 38 | 37 | 64 | 641 | 436 | 170 | 29 | 64 |
| | ED - (not stated) | - | - | - | 64 | 60 | 60 | 52 | 32 | 19 | 1 | 60 |
| | Emergency Decisions Unit (EDU) | - | - | - | 33 | - | - | - | - | - | - | - |
| | Eye Casualty | - | - | - | 65 | 75 | 70 | 147 | 108 | 30 | 7 | 70 |

Appendix 2 - Nurse to bed ratios by ward

| | | | Per finance ledger | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CBU | Cost centre description | No. of beds | Actual worked WTEs(per finance ledger) | Actual worked by shift fill | Including bank wtes | Including agency wtes | Budgeted Nurse to bed ratio | Actual Nurse to bed ratio | Accuity ward type | April 13 RAG Rating | March 13 RAG Rating | Budgeted Qualified %age | Budgeted Unqualified %age |
| Cardiac Renal & Respiratory Cbu | Ward 15 | 30 | **36.02** | | *0.74* | *0.00* | **1.27** | **1.20** | **Base** | | | 60.4% | 39.6% |
| Cardiac Renal & Respiratory Cbu | Ward 16 | 30 | **38.56** | | *2.80* | *0.00* | **1.20** | **1.29** | **Base** | | | 63.4% | 36.6% |
| Cardiac Renal & Respiratory Cbu | Ward 17 - Respiratory | 30 | **37.09** | | *1.52* | *0.00* | **1.29** | **1.24** | **Base** | | | 68.4% | 31.6% |
| Cardiac Renal & Respiratory Cbu | Ward 27 | *27* | **29.66** | | *0.12* | *0.23* | **1.15** | **1.10** | **Base** | | | 61.9% | 38.1% |
| Cardiac Renal & Respiratory Cbu | Coronary Care Unit - Ggh | *19* | **51.05** | | *0.15* | *0.00* | **2.75** | **2.69** | **Specialist** | | | 75.6% | 24.4% |
| Cardiac Renal & Respiratory Cbu | Clin Dec. Unit - Ward 19 Ggh | 25 | **85.33** | | *2.45* | *0.00* | **3.83** | **3.41** | **HDU** | | | 62.9% | 37.1% |
| Cardiac Renal & Respiratory Cbu | Ward 28 - Cardio | *31* | **29.64** | **39.64** | *11.58* | *0.07* | **1.10** | **1.28** | **Base** | | | 60.0% | 40.0% |
| Cardiac Renal & Respiratory Cbu | Ward 33 | *29* | **31.72** | | *0.99* | *0.52* | **1.16** | **1.10** | **Base** | | | 70.1% | 29.9% |
| Cardiac Renal & Respiratory Cbu | Ward 32 | *17* | **17.95** | **25.95** | *9.41* | *0.53* | **1.17** | **1.06** | **Base** | | | 74.8% | 25.2% |
| Cardiac Renal & Respiratory Cbu | Ward 33a | *20* | **26.72** | | *2.22* | *0.08* | **1.30** | **1.34** | **Base** | | | 64.3% | 35.7% |
| Cardiac Renal & Respiratory Cbu | Ward 31 | *34* | **39.80** | | *1.64* | *0.00* | **1.29** | **1.17** | **Base** | | | 76.9% | 23.1% |
| Cardiac Renal & Respiratory Cbu | Ward 26 | 15 | **29.15** | | *0.24* | *0.00* | **2.05** | **1.94** | **Specialist** | | | 76.5% | 23.5% |
| Cardiac Renal & Respiratory Cbu | Ward 23a | *17* | **20.68** | | *1.26* | *1.04* | **1.34** | **1.22** | **Base** | | | 63.2% | 36.8% |
| Cardiac Renal & Respiratory Cbu | Ward 29 - Resp | *25* | **24.88** | **29.88** | *8.05* | *0.00* | **1.20** | **1.20** | **Base** | | | 61.2% | 38.8% |
| Cardiac Renal & Respiratory Cbu | Ward 15 High Dependency | *9* | **26.49** | | *0.86* | *0.12* | **2.99** | **2.94** | **HDU** | | | 85.5% | 14.5% |
| Cardiac Renal & Respiratory Cbu | Ward 15 Nephrology | *18* | **27.20** | | *1.47* | *0.00* | **1.73** | **1.51** | **Specialist** | | | 62.5% | 37.5% |
| Cardiac Renal & Respiratory Cbu | Ward 10 Capd | *18* | **37.66** | | *0.00* | *0.00* | **2.18** | **2.09** | **Specialist** | | | 60.3% | 39.7% |
| Cardiac Renal & Respiratory Cbu | Ward 17 - Capd | *14* | **20.57** | | *0.91* | *0.00* | **1.40** | **1.47** | **Specialist** | | | 70.5% | 29.5% |
| Emergency Medicine Cbu | Admissions Unit (15/16) Lri | 56 | **101.82** | | *5.38* | *11.51* | **1.87** | **1.82** | **Specialist** | | | 63.2% | 36.8% |
| Emergency Medicine Cbu | Ward 33 LRI | 26 | **41.11** | | *9.36* | *2.00* | **1.26** | **1.58** | **Specialist** | | | 60.0% | 40.0% |
| Emergency Medicine Cbu | Emergency Decisions Unit Lri | 16 | **19.85** | | *1.50* | *2.50* | **1.63** | **1.24** | **Specialist** | | | 64.3% | 35.7% |
| Specialty Medicine Cbu | Odames Day Unit | 10 | **16.83** | | *0.11* | *0.00* | **1.65** | **1.68** | **Specialist** | | | 75.2% | 24.8% |
| Specialty Medicine Cbu | Ward 24 Lri | 24 | **35.99** | | *1.48* | *0.85* | **1.60** | **1.50** | **Specialist** | | | 60.0% | 40.0% |
| Specialty Medicine Cbu | Ward 36 Lri | 24 | **28.35** | | *3.10* | *1.51* | **1.58** | **1.18** | **Base** | | | 60.0% | 40.0% |
| Specialty Medicine Cbu | Ward 31 Lri - Med | 30 | **37.36** | | *2.17* | *0.44* | **1.43** | **1.25** | **Base** | | | 60.0% | 40.0% |
| Specialty Medicine Cbu | Ward 37 Lri | 28 | **31.53** | | *4.04* | *0.74* | **1.48** | **1.13** | **Base** | | | 60.0% | 40.0% |
| Specialty Medicine Cbu | Ward 23 Lri | 28 | **36.74** | | *6.23* | *0.41* | **1.30** | **1.31** | **Base** | | | 60.0% | 40.0% |
| Specialty Medicine Cbu | Ward 38 Lri | 28 | **37.24** | | *5.71* | *1.19* | **1.33** | **1.33** | **Base** | | | 60.0% | 40.0% |
| Specialty Medicine Cbu | Infectious Diseases Unit | 18 | **23.55** | | *2.10* | *0.65* | **1.34** | **1.31** | **Base** | | | 60.0% | 40.0% |
| Specialty Medicine Cbu | Ward 19 Lri | 18 | **38.09** | | *1.46* | *4.69* | **2.48** | **2.12** | **Base** | | | 60.0% | 40.0% |

Appendix 2 - Nurse to bed ratios by ward

| | | | Per finance ledger | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CBU | Cost centre description | *No. of beds* | Actual worked WTEs(per finance ledger) | Actual worked by shift fill | Including bank wtes | Including agency wtes | Budgeted Nurse to bed ratio | Actual Nurse to bed ratio | Accuity ward type | April 13 RAG Rating | March 13 RAG Rating | Budgeted Qualified %age | Budgeted Unqualified %age |
| Specialty Medicine Cbu | Ward 2 Lgh | 24 | **35.32** | | *0.25* | *34.07* | **0.00** | **1.47** | **Base** | | | 60.0% | 40.0% |
| Specialty Medicine Cbu | Ward 8 Lgh | 15 | **23.58** | | *1.84* | *0.00* | **1.62** | **1.57** | **Specialist** | | | 60.0% | 40.0% |
| Specialty Medicine Cbu | Stroke Unit - Ward 25 & 26 Lri | 36 | **54.34** | | *3.99* | *1.10* | **1.67** | **1.51** | **Specialist** | | | 62.3% | 37.7% |
| Specialty Medicine Cbu | Ydu Wakerley Lodge Lgh | 8 | **19.24** | | *0.45* | *0.00* | **2.40** | **2.41** | **Specialist** | | | 60.0% | 40.0% |
| Specialty Medicine Cbu | Brain Injury Unit Lgh | 7 | **21.38** | | *1.51* | *0.72* | **3.21** | **3.05** | **Specialist** | | | 60.0% | 40.0% |
| Specialty Medicine Cbu | Fielding Johnson - Medicine | 20 | **27.57** | | *11.82* | *3.26* | **1.38** | **1.38** | **Base** | | | 60.0% | 40.0% |
| Specialty Medicine Cbu | Ward 34 Lri | 21 | **35.19** | | *3.71* | *0.68* | **1.60** | **1.68** | **Specialist** | | | 60.0% | 40.0% |
| Cancer Haem & Onc Cbu | Onc Ward East | 19 | **22.40** | | *0.65* | *0.27* | **1.21** | **1.18** | **Base** | | | 65.8% | 34.2% |
| Cancer Haem & Onc Cbu | Osbourne Assessment Unit | 6 | **9.31** | | *1.15* | *0.09* | **1.64** | **1.55** | **Base** | | | 67.0% | 33.0% |
| Cancer Haem & Onc Cbu | Onc Ward West | 19 | **24.12** | | *0.52* | *0.07* | **1.19** | **1.27** | **Base** | | | 72.5% | 27.5% |
| Cancer Haem & Onc Cbu | Haem Ward | 22 | **27.97** | | *1.70* | *0.07* | **1.37** | **1.27** | **Specialist** | | | 71.5% | 28.5% |
| Cancer Haem & Onc Cbu | Bmtu | 5 | **12.02** | | *0.52* | *0.00* | **3.04** | **2.40** | **HDU** | | | 96.7% | 3.3% |
| Gi Medicine Surgery Cbu | Ward 29 Lri | 28 | **34.00** | | *0.47* | *1.00* | **0.00** | **1.21** | **Base** | | | 60.0% | 40.0% |
| Gi Medicine Surgery Cbu | Ward 30 Lri | 30 | **34.63** | | *0.88* | *2.00* | **0.00** | **1.15** | **Base** | | | 60.0% | 40.0% |
| Gi Medicine Surgery Cbu | Ward 26 Lgh | 25 | **22.47** | **29.47** | *9.01* | *0.00* | **1.07** | **1.18** | **Base** | | | 65.7% | 34.3% |
| Gi Medicine Surgery Cbu | Sau - Lri | 30 | **38.36** | | *1.14* | *0.00* | **1.33** | **1.28** | **Base** | | | 56.3% | 43.7% |
| Gi Medicine Surgery Cbu | Ward 22 - Lri | 30 | **37.44** | | *0.11* | *5.00* | **1.19** | **1.25** | **Base** | | | 63.3% | 36.7% |
| Gi Medicine Surgery Cbu | Ward 27 - Lgh | 20 | **24.87** | **22.11** | *10.73* | *0.00* | **1.24** | **1.20** | **Base** | | | 62.1% | 37.9% |
| Gi Medicine Surgery Cbu | Ward 29 - Lgh | 27 | **32.01** | | *0.59* | *0.00* | **1.43** | **1.19** | **Base** | | | 58.1% | 41.9% |
| Gi Medicine Surgery Cbu | Ward 22 - Lgh | 20 | **25.17** | | *0.41* | *0.00* | **1.31** | **1.26** | **Base** | | | 61.8% | 38.2% |
| Gi Medicine Surgery Cbu | Ward 28 - Lgh | 25 | **34.11** | | *1.92* | *0.00* | **1.34** | **1.36** | **Base** | | | 62.4% | 37.6% |
| Gi Medicine Surgery Cbu | Ward 20 - Lgh | 20 | **24.54** | | *3.16* | *0.00* | **1.24** | **1.23** | **Base** | | | 60.8% | 39.2% |
| Gi Medicine Surgery Cbu | Sacu - Lgh | 6 | **17.13** | | *0.60* | *0.00* | **2.71** | **2.86** | **Specialist** | | | 68.5% | 31.5% |
| Itaps Cbu | Itu Lri | *15* | **91.40** | | *0.07* | *1.20* | **7.57** | **6.09** | **ITU** | | | 90.3% | 9.7% |
| Itaps Cbu | Itu Lgh | *8* | **54.79** | | *0.21* | *0.00* | **7.46** | **6.85** | **ITU** | | | 95.2% | 4.8% |
| Itaps Cbu | Itu Gh | *19* | **116.07** | | *0.00* | *0.00* | **6.93** | **6.11** | **ITU** | | | 92.7% | 7.3% |
| Musculo Skeletal Cbu | Ward 17 Lri | 30 | **42.27** | | *1.13* | *0.70* | **1.40** | **1.41** | **Base** | | | 57.5% | 42.5% |
| Musculo Skeletal Cbu | Ward 18 Lri | 30 | **38.51** | | *1.70* | *0.00* | **1.27** | **1.28** | **Base** | | | 55.8% | 44.2% |
| Musculo Skeletal Cbu | Ward 32 Lri | 24 | **38.73** | | *1.26* | *0.44* | **1.62** | **1.61** | **Base** | | | 56.9% | 43.1% |
| Musculo Skeletal Cbu | Ward 19 Lgh | 24 | **26.48** | **24.23** | *0.40* | *0.15* | **1.10** | **1.04** | **Base** | | | 60.2% | 39.8% |

Appendix 2 - Nurse to bed ratios by ward

| | | | Per finance ledger | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CBU | Cost centre description | No. of beds | Actual worked WTEs(per finance ledger) | Actual worked by shift fill | Including bank wtes | Including agency wtes | Budgeted Nurse to bed ratio | Actual Nurse to bed ratio | Accuity ward type | April 13 RAG Rating | March 13 RAG Rating | Budgeted Qualified %age | Budgeted Unqualified %age |
| Musculo Skeletal Cbu | Ward 14 Lgh | 20 | **21.90** | | *0.15* | *0.00* | **1.10** | **1.10** | **Base** | | | 60.0% | 40.0% |
| Specialist Surgery Cbu | Ward 7 - Lri | 30 | **28.49** | **36.49** | *10.25* | *0.35* | **1.00** | **1.22** | **Base** | | | 58.2% | 41.8% |
| Specialist Surgery Cbu | Kinmouth Unit | 14 | **24.48** | | *2.69* | *0.11* | **1.81** | **1.75** | **Specialist** | | | 65.7% | 34.3% |
| Specialist Surgery Cbu | Ward 21 - Lri | 22 | **26.56** | | *1.26* | *0.00* | **1.53** | **1.21** | **Base** | | | 61.5% | 38.5% |
| Specialist Surgery Cbu | Ward 23 - Ggh | 14 | **17.15** | | *0.14* | *0.00* | **1.13** | **1.23** | **Base** | | | 67.1% | 32.9% |
| Childrens Cbu | Childrens Ward 30 | *13* | **17.11** | | *0.11* | *0.00* | **1.32** | **1.32** | **Base** | | | 84.6% | 15.4% |
| Childrens Cbu | Paediatric Itu | *6* | **41.06** | | *0.21* | *0.00* | **6.78** | **6.84** | **ITU** | | | 100.0% | 0.0% |
| Childrens Cbu | Ward 11 | 12 | **23.79** | | *0.12* | *0.00* | **2.33** | **1.98** | **Specialist** | | | 64.6% | 35.4% |
| Childrens Cbu | Ward 12 | 5 | **22.53** | | *0.05* | *0.00* | **5.40** | **4.51** | **HDU** | | | 86.7% | 13.3% |
| Childrens Cbu | Children'S Intensive Care Unit | 6 | **41.56** | | *0.00* | *5.50* | **6.30** | **6.93** | **ITU** | | | 94.4% | 5.6% |
| Childrens Cbu | Children'S Admissions Unit | 9 | **23.62** | | *0.00* | *0.00* | **2.51** | **2.62** | **Specialist** | | | 63.9% | 36.1% |
| Childrens Cbu | Ward 27 - Childrens | 9 | **22.37** | | *0.00* | *0.00* | **2.55** | **2.49** | **Specialist** | | | 86.3% | 13.7% |
| Childrens Cbu | Ward 28 - Childrens | 14 | **19.08** | | *0.85* | *0.00* | **1.83** | **1.36** | **Specialist** | | | 73.2% | 26.8% |
| Childrens Cbu | Ward 10 | 14 | **20.47** | | *0.00* | *0.00* | **1.74** | **1.46** | **Specialist** | | | 65.2% | 34.8% |
| Childrens Cbu | Ward 14 | 19 | **28.03** | | *0.00* | *0.00* | **1.47** | **1.48** | **Specialist** | | | 70.4% | 29.6% |
| Womens Cbu | Neo-Natal Unit (Lri) | 24 | **85.94** | | *0.00* | *0.00* | **3.79** | **3.58** | **HDU** | | | 86.4% | 13.6% |
| Womens Cbu | N.I.C.U. (Lgh) | 12 | **28.81** | | *0.00* | *0.00* | **2.72** | **2.40** | **HDU** | | | 64.3% | 35.7% |
| Womens Cbu | Ward 5 Obstetrics (Lri) | 26 | **43.02** | | *0.00* | *0.00* | **1.53** | **1.65** | **Specialist** | | | 59.5% | 40.5% |
| Womens Cbu | Ward 6 Obstetrics (Lri) | 26 | **44.32** | | *0.00* | *0.00* | **1.64** | **1.70** | **Specialist** | | | 63.0% | 37.0% |
| Womens Cbu | Lgh Delivery Suite & Ward 30 | 32 | **103.18** | | *0.00* | *0.00* | **3.53** | **3.22** | **HDU** | | | 76.2% | 23.8% |
| Womens Cbu | Gau | 20 | **26.29** | | *0.60* | *0.10* | **1.45** | **1.31** | **Base** | | | 67.1% | 32.9% |
| Womens Cbu | Lgh Ward 31 Gynae | 21 | **28.23** | | *0.17* | *0.00* | **1.33** | **1.34** | **Base** | | | 59.7% | 40.3% |

Appendix 3

University Hospitals of Leicester NHS Trust
Ward Summary May 2013

| Wards Identified Where Nursing Establishment Does Not Reach Minimum Nurse to Bed Ratios | | | | | |
|---|---|---|---|---|---|
| Division/Location | Speciality | Bed Capacity | Health-Check Data | Issue | Action |
| Planned Care<br>LGH Ward 19 | MusculoSkeletal | 24 | Harm Free Rate =100%<br>Net Promoter = 79%<br>Nursing Metrics = Green<br>Complaints = 2 | 1 wte waiting to start<br>1.5 HCA vacancies | • Recruitment 1wte HCA vacant, MSK are part of the planned recruitment programme<br>• 1wte RN waiting to start<br>• Establishment review in process, via Matron, Lead Nurse and GM to ensure establishment is set at correct level.<br>• Ward will be reducing bed capacity from 24 to 17 beds as some stage this year, therefore establishment review is essential.<br>• Matron ensures movement of staff internally maintain a daily N2Bed ratio of 1.1.<br>RISK RATING = GREEN |

RN Recruitment Update, 57 RN's in process and waiting to start from recent recruitment days. 9 Adverts were placed for RN's on 3rd June 2013 with a closing date of 16th June. 83 HCA recruited in May and in process.
All Divisions attending RCN Jobs Fair in Manchester July 2nd and 3rd.

Key
NET Promoter = bottom ten lowest scoring areas
Nursing metrics = 5 or more areas below green ( 90%)
Complaints = > 2 monthly
Harm Free Rate = < 90%

Overall Risk Key
Red = staffing risk red, plus more than two other key performance indicators
Amber = staffing risk red, plus up to two other key performance indicators
Green = staffing risk red

University Hospitals of Leicester NHS
NHS Trust

# Appendix 4 - OPERATIONAL PERFORMANCE EXCEPTION REPORT

**REPORT TO:** TRUST BOARD

**DATE:** JULY 2013

**REPORT BY:** RICHARD MITCHELL, CHIEF OPERATING OFFICER

**AUTHOR:** NIGEL KEE, DIVISIONAL MANAGER, PLANNED CARE

**DIVISIONAL DIRECTOR:** ANDREW FURLONG

**SUBJECT:** CANCELLED OPERATIONS

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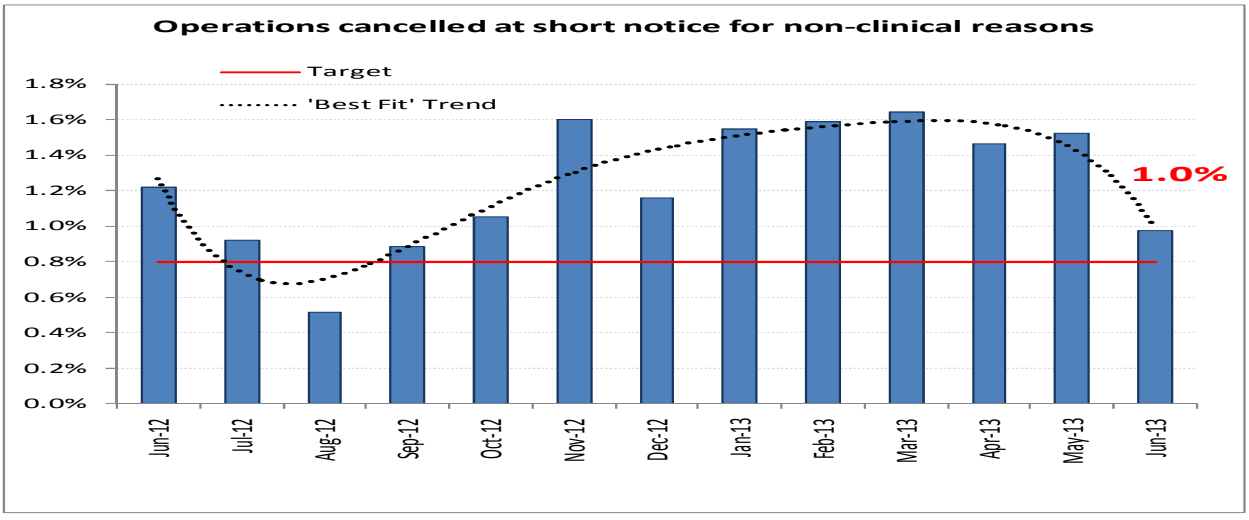
## 1.0 Present state

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

June's performance shows that the percentage of operations cancelled on/after the day of admissions of all elective activity for non-clinical reasons was 1.0% against a target of 0.8%. Performance is June was an improvement from May. A significant reason for the short notice cancellations during the month continues to be emergency medicine demand creating pressure on the bed capacity and elective bed capacity not being 'protected'.

The percentage offered a date within 28 days of the cancellation was 86.4% against a threshold of 95%.

| | YTD | Jun-13 | Last Month | June Last Year |
|---|---|---|---|---|
| Operations cancelled at short notice | 1.3% | 1.0% | 1.5% | 1.2% |
| Cancelled patients offered a date within 28 days | 89.7% | 86.4% | 91.0% | 91.8% |

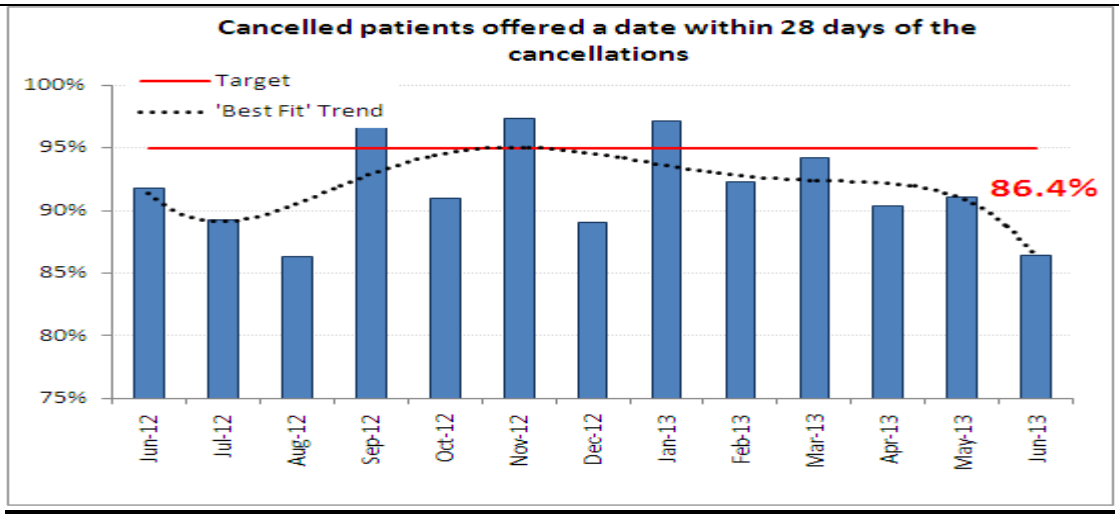


The summary of reasons for these cancellations is as below which shows that there has been little improvement in the cancellations due to capacity issues since last month.

Total 'On the Day' Hospital Cancellations for Non Clinical Reason

| | | 30/04/2013 | 31/05/2013 | 30/06/2013 |
|---|---|---|---|---|
| Capacity Pressures | HOSPITAL CANCEL - HDU BED UNAVAILABLE | 4 | 6 | 11 |
| | HOSPITAL CANCEL - ITU BED UNAVAILABLE | 3 | 4 | 5 |
| | HOSPITAL CANCEL -PT DELAYED TO ADM HIGH PRIORITY PATIENT | 12 | 14 | 12 |
| | HOSPITAL CANCEL - WARD BED UNAVAILABLE | 61 | 55 | 22 |
| **Capacity Pressures** | **TOTAL** | **80** | **79** | **50** |
| Other | HOSPITAL CANCEL - CASENOTES MISSING | 2 | 4 | 1 |
| | HOSPITAL CANCEL - LACK ANAESTHETIC STAFF | | 3 | 4 |
| | HOSPITAL CANCEL - LACK SURGEON | 10 | 4 | 2 |
| | HOSPITAL CANCEL - LACK THEATRE EQUIPMENT | 1 | 4 | 2 |
| | HOSPITAL CANCEL - LACK THEATRE STAFF | | 5 | 2 |
| | HOSPITAL CANCEL - LACK THEATRE TIME / LIST OVERRUN | 31 | 34 | 22 |
| | UNREASONABLE OFFER TO PATIENT | 1 | 1 | |
| **Other** | **TOTAL** | **45** | **55** | **33** |
| **ALL** | **TOTAL** | **125** | **134** | **83** |

The % of cancelled patients offered a date within 28 days has not yet improved; this measure is impacted on by cancellations in the previous month. The Trust is expected to offer patients treatment at alternative providers if it is unable to meet the 28 days standard.




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

**2.0 <u>Action plan</u>**

The actions remain as in the previous report:

- The theatre transformation programme
- Additional recovery 'chairs' have finally been delivered and will be commissioned from July and will increase the day case capacity on the LRI site.
- Improvements are being made to data quality with regard to what's recorded in HISS (reasons for cancelled ops).
- Very recent agreement to give back to the Division 2 bays on ward 19 (a planned care ward). This will significantly improve this performance with an expectation that the target will be delivered in August as a result.
- Proposal being finalised to install a temporary *Vanguard* theatre at the LGH to support activity (ahead of the ambulatory care centre development and service reconfiguration).
- Continual escalation and challenge to the Acute Division is regularly undertaken and to Duty Managers
- Reiteration of the Trust escalation policy for cancellations on the day of surgery via the daily bed management meetings

**Risks:**

The main risk is that the Acute Division does not keep within their agreed bed base and that elective capacity is not 'protected'.

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

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

| **4.0 Details of senior responsible officer** |
| --- |
| Divisional Clinical Director: Mr Andrew Furlong<br>Divisional SRO: Nigel Kee, Divisional Manager, Planned Care |

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**Appendix 5 - OPERATIONAL PERFORMANCE EXCEPTION REPORT**

**REPORT TO:** **Trust Board**

**DATE:** **25/07/2013**

**REPORT BY:** **Claire Euesden - Interim CBU Manager, Tim Petterson – CBU Clinical Lead**

**AUTHOR:** **Andy Palmer – Deputy CBU Manager**

**SUBJECT:** **Stroke Quality Indicators – May Performance**

## 1.0 Present state

1. ***80% of patients with 90% stay in a dedicated stroke bed*:** Target = 80% Performance =
   - 79.3% for May: high emergency inflow, and competing priorities for base ward admission have made this challenging to deliver. High medical admissions significantly increase the number of patients admitted to AMU in April however figures May show a significant reduction in AMU admissions (37% to 21%) and an increase in direct access (55% to 64%) for stroke patients.
   - Due to the low LoS of stroke patients on the hyperacute ward, any time spent elsewhere in the patient episode will mean a performance lower than 90% stay.
   - Given hot bed re-launch was end of April trajectories are reflected as per report timetables. However due to the contract query changes to the action plan have been made which have altered the original trajectories.

## 2.0 Action plan

- **Stroke Steering Group** Meetings have been timetabled monthly second meeting 16th July actions agreed and in addition Clinical Problem Solving Group will continue date to be confirmed.
- **Protection of 'hot bed' on ASU at all times** – liaison with bed and duty management team, ED and Stroke team, agreed escalation plan, communicate/raise profile, audit and review. Review full impact 19/07/13 post full coding of all discharges for May 2013 (completed increase as above)
- **Dedicated recruitment drive for stroke nursing in parallel with nursing agency contract for 3 months** 19/04/13 – lead Service Manager and Lead Nurse. Agency contract in place. Full establishment review planned 16/05/13 lead – Service Manager/Matron. Completed. Interim measure agreed agency contract to cover short fall in nursing posts until recruitment successfully fills vacancies 31.07.13 review establishments following latest drive (completed). Vacancies to be advertised in August as Stroke specific.
- **Review bed management policy at Stroke Steering Group** agreement that hot bed should be protected and fed into CBU and Divisional Board. To agree that use of the Hot Bed out of hours for non-stroke patients should be with the agreement of the Stroke Consultant and Senior Manager on Call escalation will be to Director on Call (completed)
- **Escalation Policy** agreed at steering committee to instigate immediately and then ratify at Board meeting 14th August. To use 4 weeks as a pilot phase.
- **Contract Query** 90% stay is subject to a contract query and action plan submitted to the commissioners.

**3.0 Date when recovery of target or standard is expected**

| Indicator | Performance Trajectory 19.07.13 | Performance Trajectory 19.08.13 |
|---|---|---|
| 80% of patients staying 90% of their time in a dedicated stroke bed | 80% performance for July Target | 82% performance for August Target |

**4.0 Details of senior responsible officer**

*Name and position of SRO*

Monica Harris, Acute Divisional Manager.