Trust Board Paper S

	TRUST BOARD
From:	Carole Ribbins, Acting Chief Nurse Phil Walmsley, Head of Operations Kevin Harris, Medical Director Kate Bradley, Director of Human Resources
Date:	**27th June 2013**
CQC regulation	All

Title:	**Quality & Performance Report**

Author/Responsible Director: C Ribbins, Acting Chief Nurse
P Walmsley, Head of Operations
K. Harris, Medical Director
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 May.

The Report is provided to the Board for:

Decision		Discussion	√
Assurance	√	Endorsement	

Summary / Key Points:

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

Changes have been introduced to the Q&P reporting this month to reduce duplication of information and provide the Trust Board with additional detail, including information on the Quality Commitment, CQUINs and Nurse to Bed ratios.

The Finance section will be reported separately from May onwards.

Successes:-

- MRSA - zero cases reported for April and May
- Theatres – 100% WHO compliant
- Friends and Family Score improving month on month – see Section 4.2.
- Zero Never Events reported in May
- 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'.
- 2 week cancer targets and 31 day targets delivered for April

Areas to watch:-

- C Difficile – on trajectory to date with 13 reported against cumulative target of 17. Monthly target for the rest of the year is 5 a month with a full year trajectory of 67.
- RTT admitted delivered for May but will fail in June in order to reduce the 18+ week backlog.
- Imaging – delivered for May but target missed in April. Action plan is being monitored to ensure sustainable delivery.

- C&B – performance is much improved compared to this time last year but target is still not delivered.

Exceptions:-

- ED 4hr target - Performance for May UHL + UCC is 88.7%. Further details focussing on the actions relating to the Emergency Department are included in the ED performance report.
- The percentage of stoke patients spending 90% of their stay on a stroke ward in April (reported one month in arrears) is 77.4% against a target of 80%. – exception report attached.
- Cancelled Operations – both the short notice cancellation and rebook target within 28 days were missed in May – exception report attached.
- Cancer 62 day target - The 62 day urgent referral to treatment cancer target for April was 80.9% against a national target of 85% - see section 5.4.

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 - May 2013

Trust Board

Thursday 27th June 2013

One team shared values

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: **TRUST BOARD**

DATE: **27th JUNE 2013**

REPORT BY: **CAROLE RIBBINS, ACTING CHIEF NURSE**
KEVIN HARRIS, MEDICAL DIRECTOR
PHIL WALMSLEY, HEAD OF OPERATIONS
KATE BRADLEY, DIRECTOR OF HUMAN RESOURCES

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

1.0 INTRODUCTION

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

Changes have been introduced to the Q&P reporting this month to reduce duplication of information and provide the Trust Board with additional detail, including information on the Quality Commitment, CQUINs and Nurse to Bed ratios.

The Finance section will be reported separately from May onwards.

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**	**YTD**
30 day emergency readmissions	7.0%	7.8%	7.5%		7.5%
Incidence of MRSA	0	2	0	0	0
Incidence of C. Difficile	67	94	6	7	13
Safety Thermometer Harm free care		94.1%*	92.1%	93.7%	
Never events	0	6	1	0	1
C-sections rates	23%	23.9%	23.8%	26.1%	25.0%
Maternal deaths	0	0	0	0	0
SHMI	100	104.5	104.5	104.5	
VTE risk assessment	95%	94.5%	94.1%	94.5%	94.3%
Open Central Alert System (CAS) Alerts		13*	14	9	
WHO surgical checklist compliance	100%	Yes*	Yes	Yes	Yes

*as at 31st March 2013

Quality Governance Indicators					
Performance Indicator	**Target**	**2012/13**	**Apr-13**	**May-13**	**YTD**
Patient satisfaction (friends and family)		64.5	66.4	73.9	
Sickness/absence rate (latest month may be adjusted by 0.5% due to late closure of absences on ESR)	3.0%	3.4%	3.4%	3.5%	3.3%
Proportion temporary staff – clinical and non-clinical (WTE for Bank, Overtime and Agency (excludes medical locums and WLI payments)			5.6%	5.9%	
Staff turnover (excluding Junior Doctors and Facilities)	10.0%	9.0%*	8.8%	8.9%	8.8%
Mixed sex accommodation breaches	0	7	0	0	0
% staff appraised	95%	90.1%	90.9%	90.2%	

Performance Indicator	**Target**	**2012/13**	**Apr-13**	**May-13**	**YTD**
A&E - Total Time in A&E (UHL+UCC)	95%	91.9%	82.0%	88.7%	85.3%
RTT waiting times – admitted	90%	91.3%	88.2%	91.3%	
RTT waiting times – non-admitted	95%	97.0%	97.0%	96.0%	
RTT - incomplete 92% in 18 weeks	92%	92.6%	92.9%	93.4%	
RTT - 52+ week waits	0	1	0	0	0
Diagnostic Test Waiting Times	<1%	0.5%	1.6%	0.7%	
Cancelled operations re-booked within 28 days	95.0%	92.9%	92.0%	90.2%	91.1%
Urgent operation being cancelled for the second time	0	NEW INDICATOR	0	0	0
2 week wait - all cancers	93%	93.4%	93.0%		93.0%
2 week wait - for symptomatic breast patients	93%	94.5%	94.0%		94.0%
31-day for first treatment	96%	97.4%	97.5%		97.5%
31-day for subsequent treatment - drugs	98%	100.0%	100.0%		100.0%
31-day wait for subsequent treatment - surgery	94%	95.8%	97.2%		97.2%
31-day wait subsequent treatment - radiotherapy	94%	98.5%	100.0%		100.0%
62-day wait for treatment	85%	83.5%	80.9%		80.9%
62-day wait for screening	90%	94.5%	98.6%		98.6%

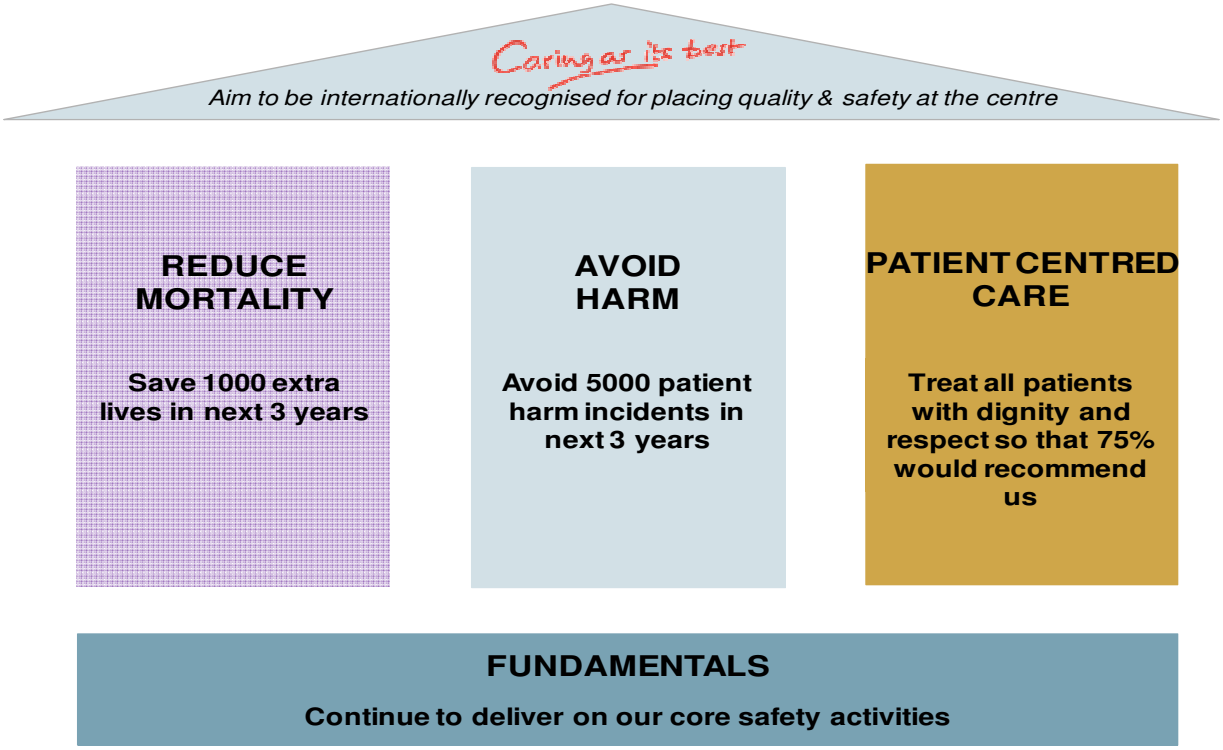
There remain a few indicators where additional information is required before publication in the Q&P.

3.0 QUALITY AND PATIENT SAFETY – KEVIN HARRIS

3.1 Quality Commitment

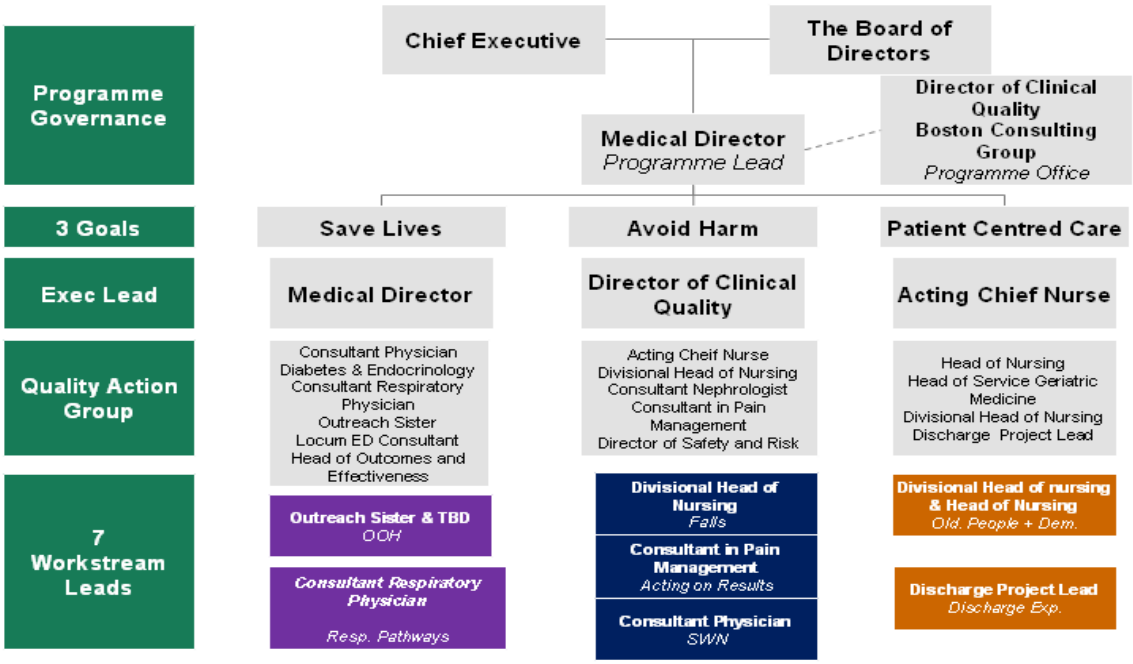
To deliver our vision of 'Caring at its best' we are laying out an ambitious Quality Commitment for our hospitals. Our priorities are being led through three over-arching strategic goals, each with a target to be delivered over the next 3 years. By 2016 we will aim to deliver a programme of quality improvements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

- Save 1000 extra lives
- Avoid 5000 harm events
- Provide patient centred care so that 75% of our patients would recommend us



This is being led through the following governance structure:-

Our understanding of the governance structure



Progress update

- Baseline data collection is on course; tracking systems up and running for most metrics.
- Early successes identified in Friends and Family scores & Emergency Department X-ray turnaround times.
- All work-streams are progressing with potential issues and blocks being scoped.

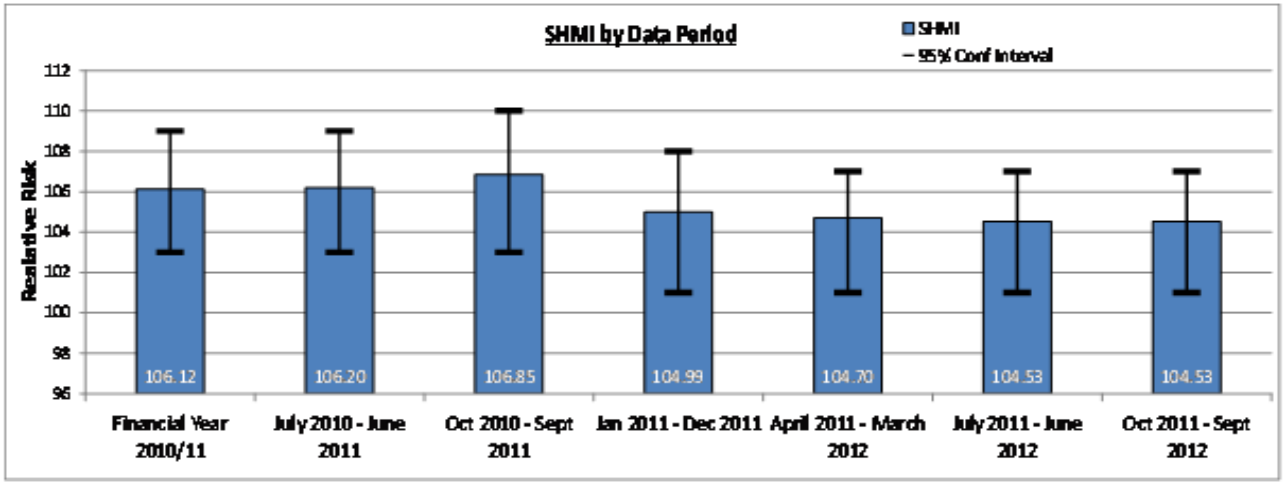
Key performance indicators have been agreed/are under discussion as follows:

Workstream status – initial view

	Workstream	Metrics
Save Lives	Out-of-Hours	▪ cardiac arrests OOH ▪ red calls OOH ▪ % red calls OOH responded <30mins
	Respiratory	▪ TBC
Avoid Harm	Falls	▪ falls per 1000 bed days ▪ % patients 'fall-free' on ST audit
	Senior Review, Ward Round & Notation	▪ TBC
	Acting on Results in ED	▪ Mean X-ray turnaround time ▪ % of X-rays turned round <24hrs
Patient Centred Care	Older Patients & Dementia	▪ Mean response to the 3 patient survey questions
	Discharge Experience	▪ Mean response to the 3 patient survey questions ▪ Board round audit ▪ Carer contact rate

A Quality Commitment dashboard is under development and the Quality Commitment will be a special feature from the Chief Executive in week commencing the 24th June.

3.2 Mortality Rates



The latest SHMI was published in April and covered the period Oct 11 to Sept 12. UHL's SHMI for this period remains at 105 which is within the "expected range" but is above 100 and is therefore RAG rated Amber. The next SHMI (for Jan to Dec 12) will be published at the end of July.

UHL's in-hospital mortality is monitored using both 'crude' and 'risk adjusted' mortality rates. The Trust's crude mortality rate for May 13 dropped to 1.4% (previously 1.6% between December and April). The HSMR for 12/13 overall is 96 which is currently predicted to be 101 following final submission of data by all trusts.

The CCG commissioned "SHMI Review" begins on the 17th June. The Review will look at the care of patients that died following a cardiac arrest or admission to ITU or who died following discharge from UHL to a different location from whence they had been admitted. The Review will involve UHL Consultants and GPs plus Community and UHL nurses. The aim of the Review is to identify whether there were any significant lessons to be learnt regarding the care of patients either by UHL or by Primary/Community Care. The findings of the Review are due to be reported to the LLR Mortality Summit at the end of September.

The 'Respiratory Pathway' (Quality Commitment's "Saving Lives" work-stream) has now been agreed between the ED and Respiratory Clinical Teams and the plan is to commence piloting the pathway from 1st July following consultation with both GPs and EMAS.

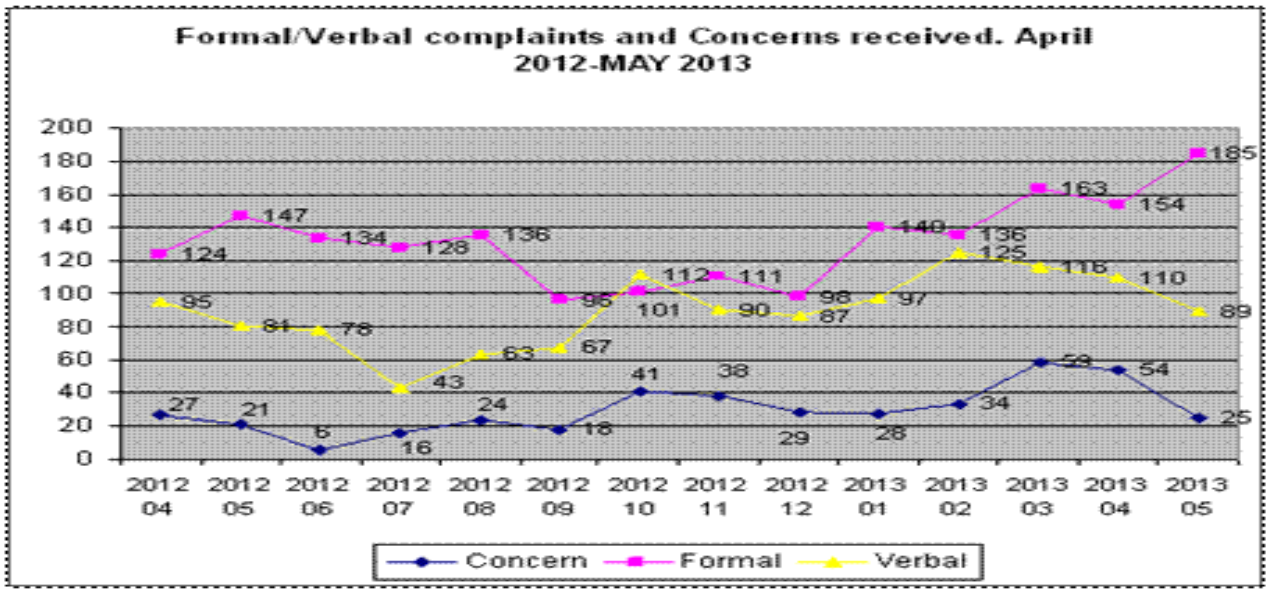
3.3 Patient Safety

On the whole, May saw an improved safety position as measured against scorecard indicators. Pleasingly there was 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 days and to share these reports with patients and relatives. The number of 'open' SUIs has reduced from 194 in April 2012 to 68 in April 2013 (these include pressure ulcer, infection prevention and patient safety SUIs). WHO checklist compliance remains at 100% and CAS compliance last quarter also maintained the 100% compliance position.

Five patient safety SUIs were reported in May, none of which were Never Events. A cluster of incidents in the Emergency Department are subject to a divisional review which indicates that congestion, overcrowding and staffing issues are contributory factors.

Focused work continues on ePMA issues, a backlog of clinic letters, acting upon results incidents and reducing 'failure to rescue' SUIs. These are reported in detail at QPMG, and escalated to the Quality Assurance Committee as appropriate, and progress is being made across all of these work streams. In addition, the targeted quality improvement work on reducing harms continues through the BCG work.

May saw a further increase in formal complaints received. 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.

Programme Lead has met with all the action leads to agree plans for work for 13/14 to be submitted to CCGs at the end of Q1.

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 with UHL and Nerve Centre has commenced continues for use for medical handover. The nurse handover template has been finalised and is due to Go live on 10th June 2013. ACCA re-audit set for 13th and 14th June 2013.
- Positive staff feedback for the use of the trial system in comparison to the UHL developed system.
- A business case is being worked up for LRI alone initially and subsequently for the other two sites for UHL to consider the purchase of Nerve Centre handover system.

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 internally and disseminated onto divisional/CBU dashboard.
- Agreed action plan for 13/14 to focus on response times to EWS >6 out of hours. Pathway states 30 minutes. Scoping work to be undertaken from 24/7 Nerve Centre data for GH and LGH.

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

- Acting on Results in ED has been agreed as a 2013 priority for the trust Quality Commitment work. Full imaging baseline analysis conducted including comparison with LRI acute ward cohort. Significant improvements revealed, however delays at weekends identified
- Divisions have started work implementing the Trust Diagnostic Testing policy.

4. Senior Clinical Review, Ward Rounds and Notation

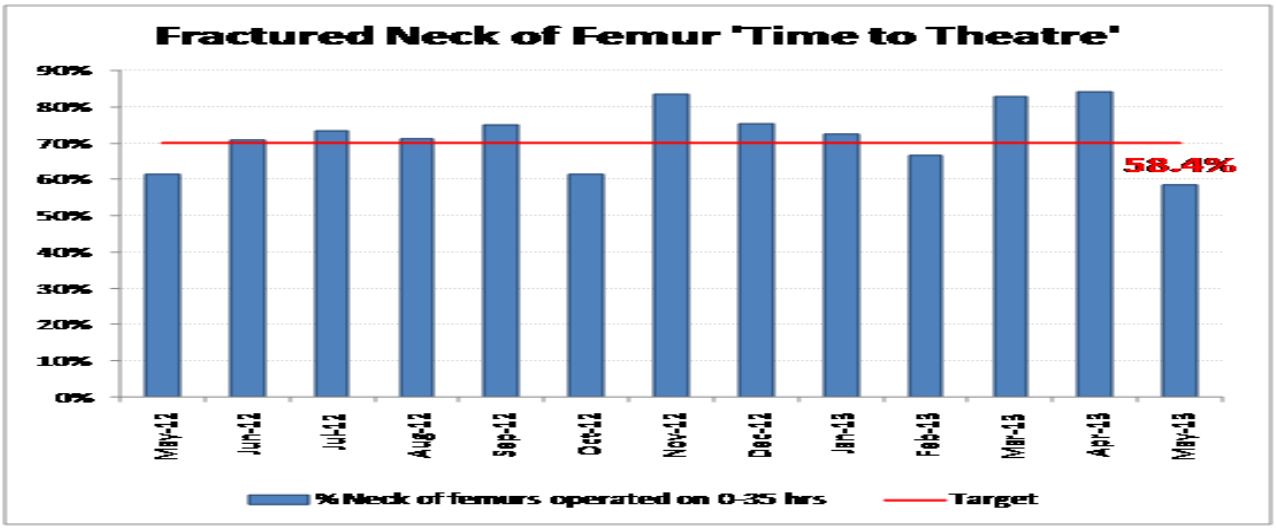
Aim - To meet national standards for clinical documentation. To provide strong medical leadership and safe and timely senior clinical reviews and ensure strong clinical governance.

Actions

- Ward round template sheet trialled in medicine with positive outcome.
- Ward round safety checklist currently now finalised for use as a prompting tool across trust. Circulated for final comments.
- Acute division wards to start using agreed Ward Round documentation when new Senior Clinical Review standards are implemented in early June.
- Action leads have met with all the Divisional Directors to summarise approach and identify key clinical staff to engage with.

3.5 Fractured Neck of Femur 'Time to Theatre'

	YTD	May-13	Last Month	May Last Year
Neck of femurs operated on 0-35 hrs	69.4%	58.4%	84.2%	61.5%



May performance for time to surgery within 36 hours for fractured neck of femur patients is 58.4% against a target of 70%. This was due to a higher than normal level of fractures during May. In a 12 day period in the middle of May, the trust had nearly a month's worth of admissions. Some days there were 8 and 9 NOFs admitted (average 2.25) on consecutive days causing a backlog in theatres despite actions taken to get additional theatre time and additional consultant anaesthetist time to cover.

3.6 Venous Thrombo-embolism (VTE) Risk Assessment

	YTD	May-13	Last Month	May Last Year
% of all adults who have had VTE risk assessment on adm to hosp	94.3%	94.5%	94.1%	95.6%

UHL's provisional performance for April reported to the DoH, is 94.5% (this figure includes the 'Renal Dialysis' patients) against a new threshold of 95% for 2013/14.

3.7 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 May the checklist stands at 100% and has been fully compliant since January 2013.

3.8 CQUIN Schemes

The table below is a summary of CQUIN schemes for 2013-14, the RAG rating shows performance for April and May 2013. Additional commentary is below:

	REF	CQUIN Title	CQUIN detail	RAG
Nat CQUIN	Nat 1	Friends and Family	Implementation of Friends and Family Test: 1.1 Phased Expansion 1.2 Increased Response Rate 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) 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. 3.2. Ensuring sufficient clinical leadership of dementia within providers and appropriate training of staff. 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) 1. VTE risk assessment 2. VTE RCAs	
LLR CQUIN	Loc 1	MECC	Making Every Contact Count 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 a) Admission directly to respiratory ward (Glenfield site) and piloting of 'pneumonia virtual clinic for patients admitted to LRI') 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 - Implementation of Care Bundle and discharge Check List and piloting of 'virtual ward'	
LLR CQUIN	Loc 5	CSAs	Critical Safety Actions: 5.1 Clinical Handover, 5.2 Acting on Results, 5.3 Senior Clinical Review, Ward Round and Notation standards 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 -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 – 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	
EMSCG CQUIN	SS8	PICU Readmissions	PICU - . To prevent and reduce unplanned readmissions to PICU within 48 hours	

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 are primarily related to missing data and the Thrombosis Nurse is working with the relevant areas to address this for June. Whilst the thresholds for 'risk assessment' and 'referral' of patients suspected of having dementia were met for both April and May, the 'screening' part of this indicator was not met. Actions taken include providing 'real time reporting' for wards to identify which patients have not been screened and also increasing junior doctor awareness about which patients should be screened.

The 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.

3.9 Safety Thermometer

The NHS Safety Thermometer (ST) results for April and May 2013 are shown below. This confirms the prevalence of three harms within the University Hospitals of Leicester (UHL) including pressure ulcers, falls and catheter associated urinary tract infections (CAUTI). The total number of harms recorded in UHL (i.e. old and new) decreased from 130 in April to 109 in May which is a reduction of 21 harms.

		Apr-13	May-13
	Number of patients	1672	1686
All Harms	Total No of Harms	130	109
	No of patients with no Harms	1540	1580
	% Harm Free	92.11%	93.71%
Newly Acquired Harms	Total No of Newly Acquired (UHL) Harms	53	50
	No of Patients with no Newly Acquired Harms	1609	1636
	% of UHL Patients with No Newly Acquired Harms	96.23%	97.03%
Harm One	All Pressure Ulcers (Grades 2, 3 or 4)	91	75
	No of Newly Acquired Grade 2, 3 or 4 Pus	25	27
Harm Two	No of Patients having fallen in hospital in previous 72 hrs	14	8
Harm Three	No of Patients with Urinary Catheter and Urine Infection (prior to or post admission)	36	27
	Newly Acquired UTIs with Catheter	25	16

a) <u>CAUTIs</u>

A paper presented to the April Quality Assurance Committed highlighted concerns raised by the UHL Infection Prevention and Control Team (IPC) who stated that the existing ST definition of a Catheter Associated UTI was open to interpretation thus invalidating the results.

The DH have confirmed that the ST definitions for UTI and CAUTI were developed using a PDSA method (Plan, Do, Study Act). The DH described how the PDSA process supported a pragmatic definition that is now used i.e. does the patient have

a catheter? And, is the patient being treated for a UTI? (based on clinical judgment). The reason given for this pragmatic approach is that there are certain design principles for the Safety Thermometer that effect the definitions. The key principle is in relation to the definition of a CAUTI, is that the tool has to be easy and quick to collect data at the point of care and that data can be collected across the health economy (so in nursing homes and patients own homes as well as community hospitals and acute trusts).

In summary, it is advised that UHL should continue to use the ST definition of a CAUTI. Existing prevalence data will be effectively utilised by the newly formed CAUTI and Continence Committee who will be able to monitor the impact of actions taken to reduce CAUTIs through improved recognition of UTI as opposed to other infections; and increase the appropriate use of urinary catheters, etc.

b) Pressure Ulcers

The prevalence of 'New' pressure ulcers (i.e. hospital acquired) increased slightly in March 2013 by a total of three. However, this data includes both avoidable and unavoidable ulcers. A separate paper is to be presented to the June Quality Assurance Committee on hospital acquired pressure ulcers and this will give more detail on issues and actions to date.

It is noted that there is a considerable amount of pressure ulcer prevention education and training being delivered by Leicestershire Partnership Trust (LPT) within Nursing homes across the City and County. The impact of this training should eventually result in a reduction in the numbers of patients admitted from nursing homes with 'Old' pressure ulcers. UHL are working in partnership with LPT to monitor the impact of this training.

c) Harmful Falls

The validated results in April 2013 showed a slight increase in the amount of falls that occurred with UHL compared to March. Of the 14 falls that occurred in April, 11 patients sustained a level 2 harm (fall resulting bruising or grazing requiring first aid) and 3 patients sustained a level 3 harm (harm requiring hospital treatment that may prolong length of stay but from which the patient will make a full recovery).

Of these 14 falls, 11 occurred prior to admission to UHL where the patient either lives in a residential home, received district nursing services or had a package of care in their own home. The 3 patients that fell within UHL all sustained a level 2 harm. The harms sustained were facial bruising, a finger laceration and the requirement of neurological observations.

The validated falls results in May 2013, showed a decrease in falls prevalence that occurred in UHL. Of the 8 falls that occurred within UHL 5 patients sustained a level 3 harm and 3 patients sustained a level 2 harm. Of these 8 falls, 5 occurred prior to admission to UHL and 3 occurred within UHL. 1 of these patients sustained a fractured ankle and 2 of these patients required neurological observations.

The Head of Nursing for the Acute Care Division and Education and Practice Development Sister for Falls Prevention continue to lead on falls prevention confirm and challenge meetings on a monthly basis. The ward sisters for the wards with the highest levels of falls attend the meeting to discuss the falls that occurred in the previous months and possible trends and actions to reduce falls in their clinical areas.

The majority of these wards are meeting regularly with the Education and Practice Development Sister for Falls Prevention to review previously produced actions plans and to set new actions. Other ward sisters produce local actions with their matron. The wards

invited to these meetings have increased to nineteen wards within the Acute Care Division. A piece of work is currently underway to analyse the falls data from the Planned Care Division to assess if any wards from should be included in this process.

The majority of actions that have been adopted by ward sisters to reduce falls in their areas are around leadership, supervision, education and risk assessment. Further actions that apply for all wards include the introduction slipper socks throughout UHL for all patients who do not have appropriate well fitting footwear, the introduction of a falls risk communication aid above the bed space of patients with a high risk of falls and the introduction of a ward based falls data collection tool that is completed by ward staff.

d) VTEs

As noted in the April 2013 Safety Thermometer QAC paper, UHL are no longer recording the prevalence of VTEs. There were concerns that this decision would exclude UHL from the national ST data set. However, following discussions with the DH (who were initially unaware of this problem) and the NHS Information Centre (IC), it has now been agreed that healthcare providers who are not recording VTEs will be able to access their ST data which will also be available to the public on the IC website. Because one less 'harm' is no longer included in the UHL ST, the overall percentage of Harm Free Care reported by UHL will increase slightly. Based on the calculations undertaken by the UHL Audit and Effectiveness Team on the 2012/13 UHL ST data, it is believed that this increase will equate to approximately 0.5% a month

The Department of Health has commissioned an independent review of the ST tool following national feedback from many healthcare providers. Due to the proactive and constructive challenges made by UHL over the last twelve months in relation to the ST the DH have invited UHL to be part of the evaluation process.

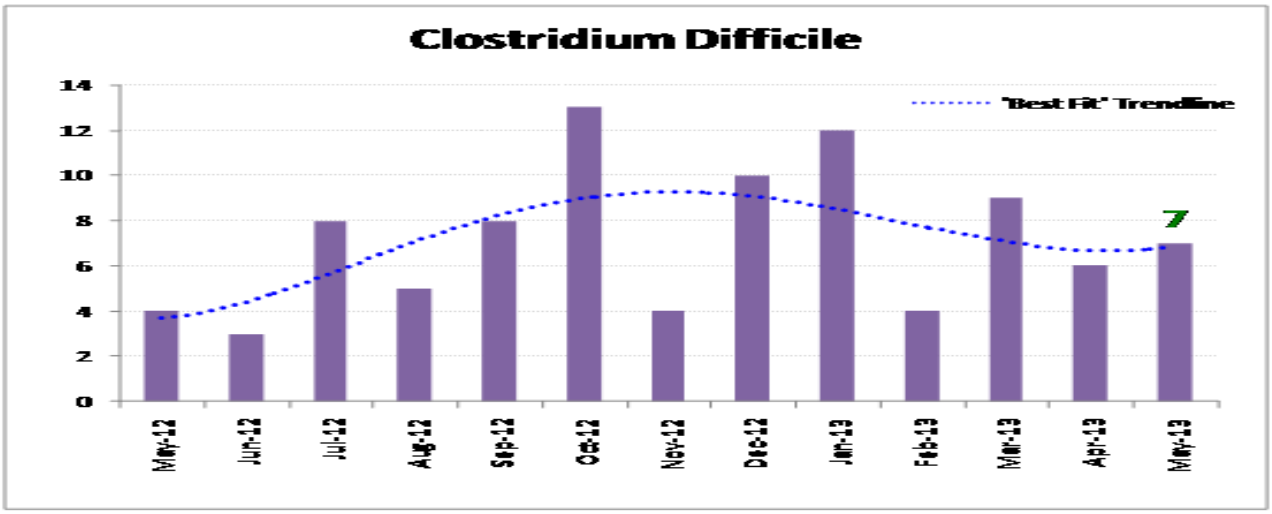
4.0 PATIENT EXPERIENCE – CAROLE RIBBINS

4.1 Infection Prevention

	YTD	May-13	Last Month	May Last Year
MRSA	0	0	0	0
Clostridium Difficile	13	7	6	4

MRSA – There was 0 MRSA cases reported for May. 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 7 cases reported in May with 13 cases for the first 2 months against a target of 17. 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.

With regard to MSSA and E coli: the numbers for these organisms continue to be reported weekly within UHL and monthly to the HPA as per national requirements. The HPA continues to gather data in this regard. There are no nationally set trajectories for these organisms. The IPT are to undertake a Case Control Study as part of the CQUIN for 13/14 to review all the MSSA and E coli bacteraemias identified with a view to understanding both the causes of these infections and the patient costs associated with them.

4.2 Patient Polling

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

In May 2013, **3,292** Patient Experience Surveys were returned this is broken down to:

- 2019 paper inpatient surveys
- 660 electronic surveys
- 613 ED paper surveys

Share Your Experience – Electronic Feedback Platform

In May 2013, a total of 660 electronic surveys were completed via email, touch screen, our Leicester's Hospitals web site or handheld devices.

A total of 1,063 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	0	45	0	0	45	25
A&E Department	22	164	0	7	193	342
Eye Casualty	0	186	0	1	187	0
Glenfield CDU	0	33	0	0	33	0
Glenfield Radiology	21	0	0	0	21	53
IP and Childrens IP	0	0	0	20	20	0
Maternity Survey	20	0	2	9	31	205
Neonatal Unit Survey	0	0	0	11	12	0
Outpatient Survey	93	3	0	1	97	438
Windsor Eye Clinic	0	20	0	0	20	0
Total	**156**	**451**	**2**	**51**	**660**	**1063**

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

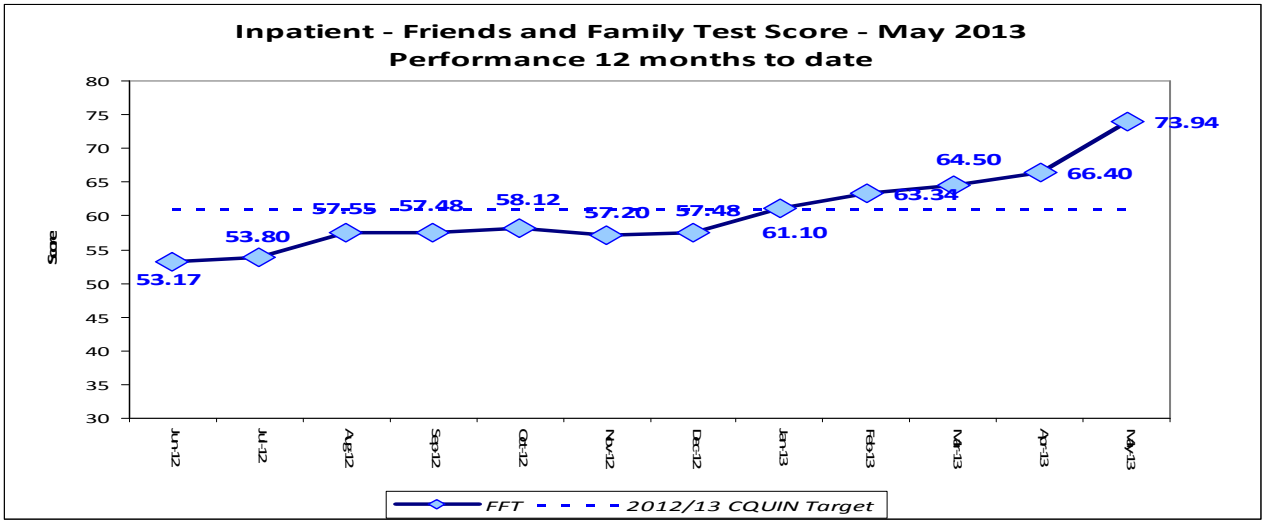
Inpatient

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 2019 surveys, 1,397 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 6,536 patients in the relevant areas within the month of May 2013. The Trust easily met the 15% target achieving coverage of **21.4%.**

The Friends & Family Test responses broken down to:

Extremely likely:	1055
Likely:	299
Neither likely nor unlikely:	20
Unlikely	7
Extremely unlikely	4
Don't know:	12
Overall Friends & Family Test Score	**73.94**

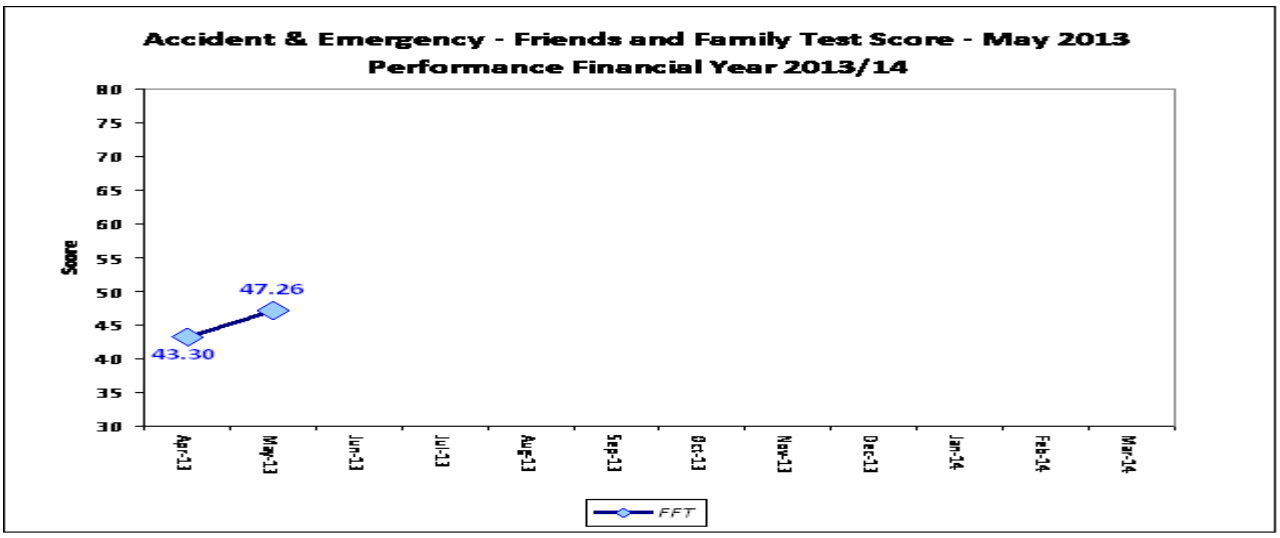


Emergency Department

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 6,241 patients who were seen in A&E and then discharged home within the month of May 2013. The Trust surveyed 887 eligible patients meeting 14.2% of the footfall. The Friends & Family test responses break down to:

Extremely likely:	545
Likely:	200
Neither likely nor unlikely:	28
Unlikely	65
Extremely unlikely	38
Don't know:	11
Overall Friends & Family Test Score	**47.26**



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.

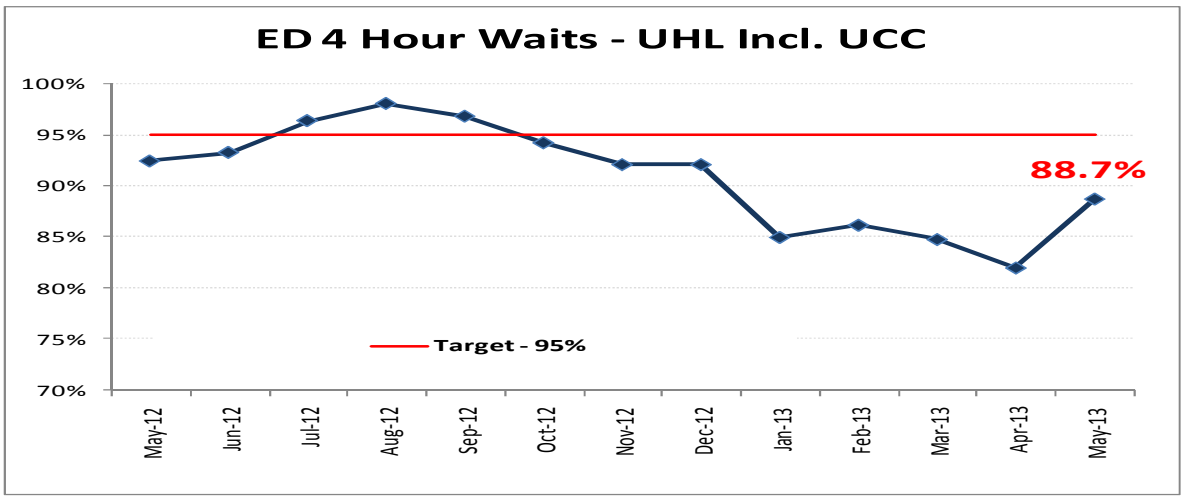
4.4 Same Sex Accommodation

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 – PHIL WALMSLEY

5.1 ED 4hr Wait Performance

	YTD	May-13	Last Month	May Last Year
ED 4 Hour Waits - UHL + UCC	85.3%	88.7%	82.0%	92.4%



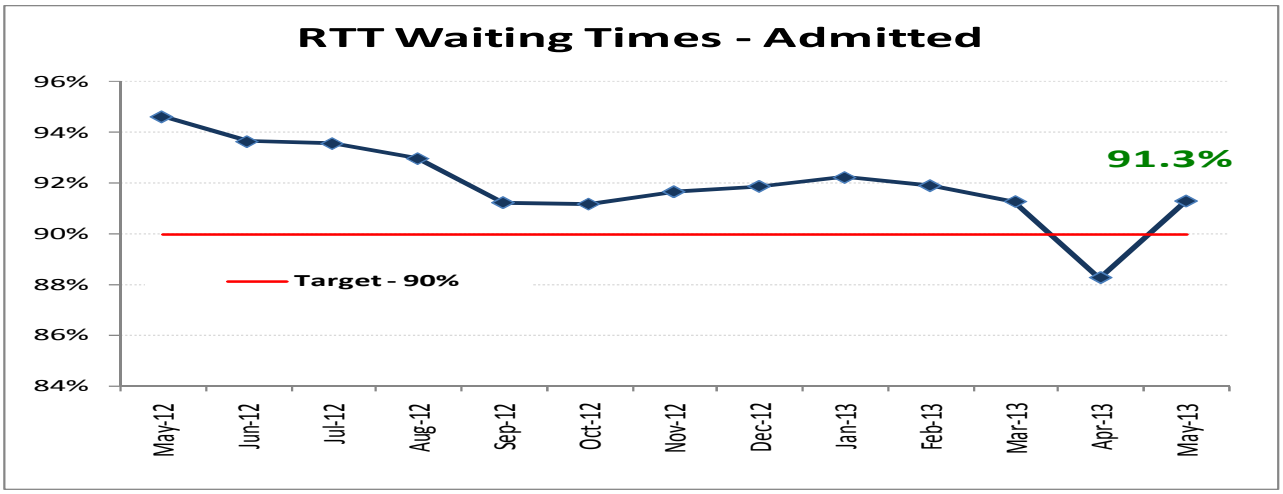
Performance for May Type 1 & 2 is 85.5% and 88.7% including the Urgent Care Centre (UCC). UHL's performance for the 4 weeks up to 9th June placed the Trust in the bottom 3 Trusts within England. Performance for all Trust's in England (Type 1, 2 and 3) has been above 95% for the last 7 weeks, ranging between 95.6% and 96.8%.

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

	May-13	Last Month	May Last Year
RTT Waiting Times - Admitted	91.3%	88.2%	94.6%

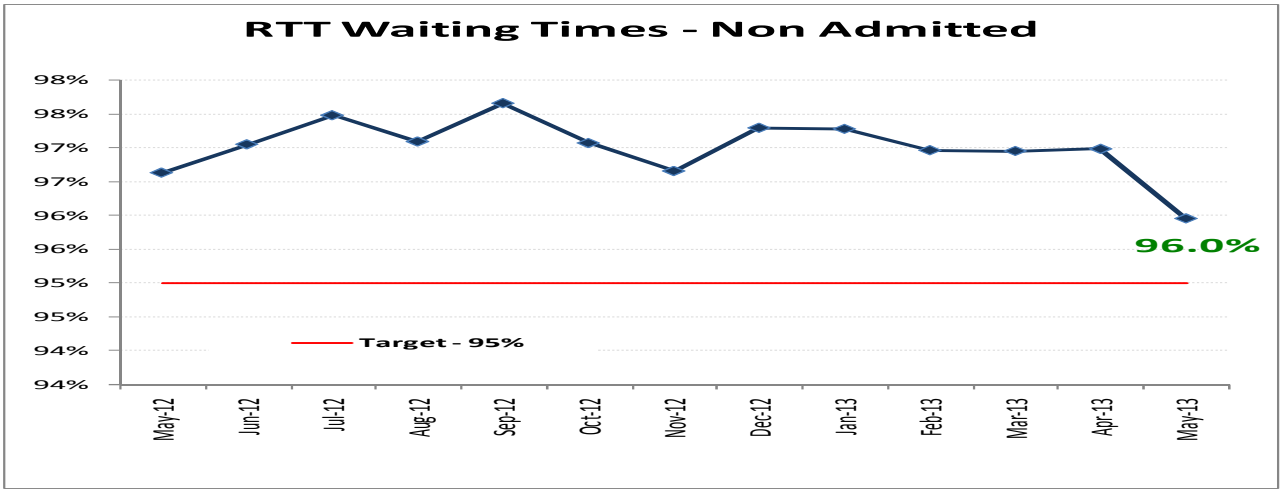


Admitted performance in May has been achieved with performance at 91.3%, with 2 specialties failing the target with an estimated automatic fine of £8,000.

Following 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 informally to develop the Remedial Action Plan and for this to be discussed at the next Contract Performance Meeting on 25 June 2013, with formal sign off of the Remedial Action Plan no later than 5 operational days thereafter. The June target will not be achieved as the plan is to reduce the 18+ week backlog.

RTT Non Admitted performance

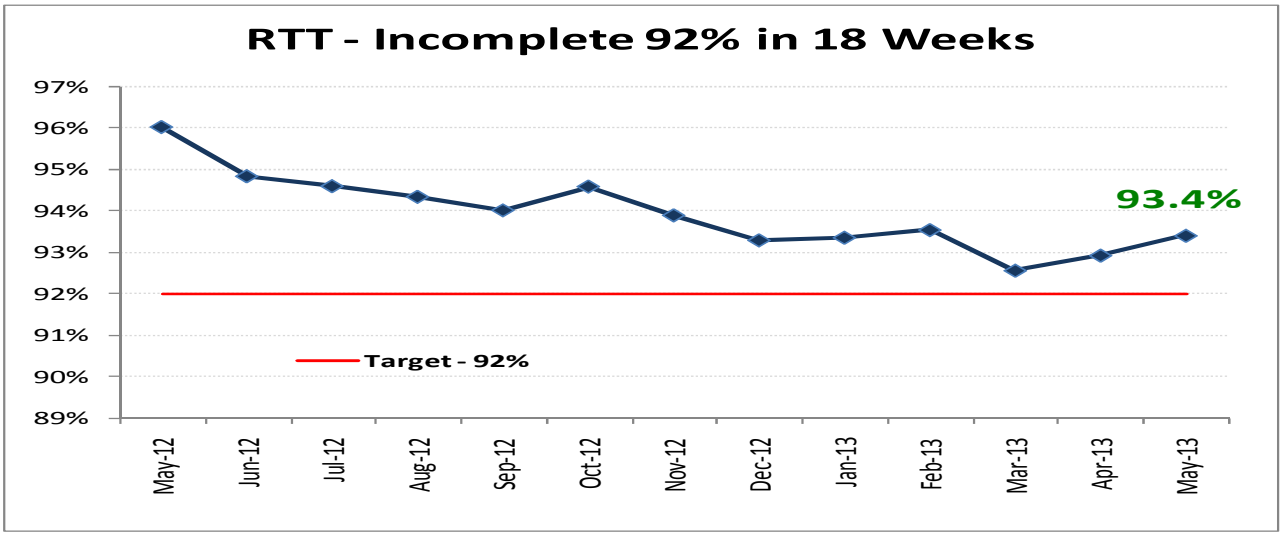
	May-13	Last Month	May Last Year
RTT Waiting Times - Non Admitted	96.0%	97.0%	96.6%



The non-admitted target for May 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 £11,500.

RTT Incomplete Pathways

	May-13	Last Month	May Last Year
RTT - Incomplete 92% in 18 Weeks	93.4%	92.9%	96.0%



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 May with performance at 93.4%. In numerical terms the total number of patients waiting 18+ weeks for treatment (admitted and non-admitted) is just over 2,500.

Four specialties missed the target resulting in an expected contractual penalty estimated at £3,000.

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

5.3 Imaging Waiting Times

	May-13	Last Month	May Last Year
6 Week - Diagnostic Test Waiting Times	0.7%	1.6%	0.6%

The delivery of the diagnostic 6+ weeks waits target has been recovered in May at 0.7% against a threshold of 1%

National performance for April indicates that there were 1.2% of patients waiting for diagnostic tests longer than 6 weeks.

5.4 Cancer Targets

Two Week Wait

	Apr-13	Last Month	May Last Year
Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	93.0%	95.2%	93.3%
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	94.0%	95.4%	93.2%

Both 2 week cancer targets have been achieved in April (latest reported month). National performance for both these indicators was above 95% in April.

31 Day Target

	Apr-13	Last Month	May Last Year
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	97.5%	98.8%	97.1%
31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	100.0%	100.0%	100.0%
31-Day Wait For Second Or Subsequent Treatment: Surgery	97.2%	92.7%	94.7%
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	100.0%	99.1%	96.8%

All the 31 day cancer targets have been achieved in April (latest reported month). With the exception of the 31 day diagnosis to treatment target UHL's performance for these indicators was the same of higher than the national performance in April.

62 Day Target 

	Apr-13	Last Month	May Last Year
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	80.9%	81.5%	85.4%
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	98.6%	95.8%	91.0%

The 62 day urgent referral to treatment cancer target for April was 80.9% against a national target of 85%. National performance for the 62 day target was 87% in April.

An exception report was received by the Trust Board last month which outlined a number of key actions for recovery of this standard. This included a trajectory of 80% for April 2013. 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 is being submitted to the Contract and Performance Meeting on the 25th June for discussion and sign off.

5.5 Choose and Book slot availability 

	May-13	Last Month	May Last Year
Choose and Book Slot Unavailability	9%	7%	17%

Choose and book slot availability performance for May is 9%, with the national average at 10%.

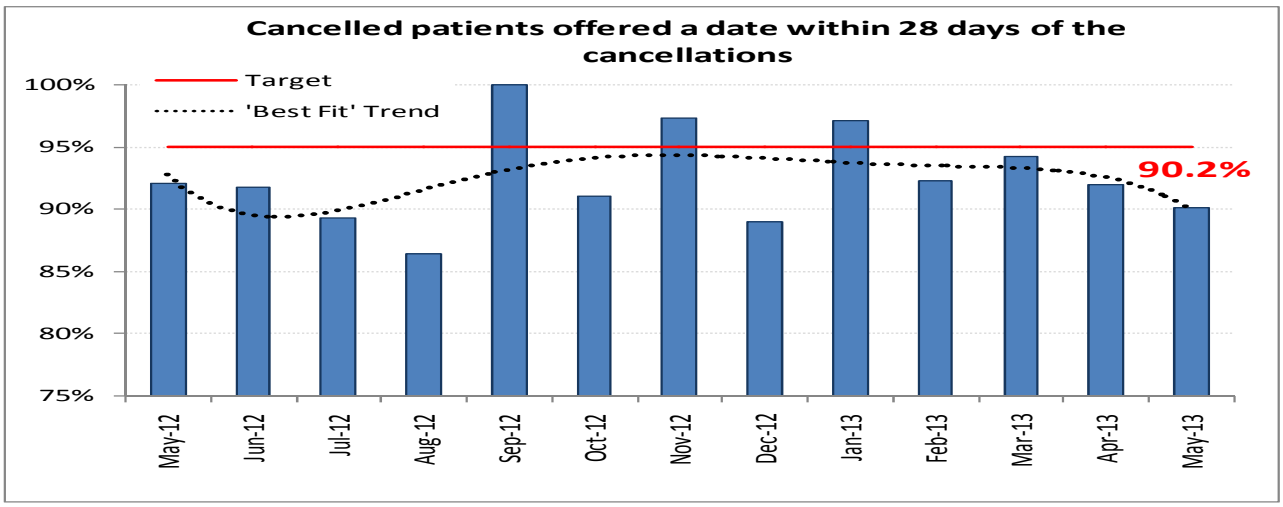
Issues with slot availability in May are mainly within the following specialties:

- GI services , Breast and ENT, where additional clinics are being run
- Ophthalmology, additional locum medical staff have been recruited
- Orthopaedics, has a recurrent shortfall in capacity for back referrals, this remains under discussion with commissioners
- Paediatric dermatology , a short term capacity issue which has now been resolved

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	May-13	Last Month	May Last Year
Operations cancelled at short notice	1.5%	1.5%	1.5%	1.2%
Cancelled patients offered a date within 28 days	91.1%	90.2%	92.0%	92.1%



April performance shows that the percentage of operations cancelled on/after the day of admissions of all elective activity for non clinical reasons was 1.5% against a target of 0.8%.

The percentage offered a date within 28 days of the cancellation in May was 91.6% 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. For April and May this is estimated to equate to £18,000.

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

	Apr-13	Last Month	May Last Year
Stroke - 90% of Stay on a Stroke Unit	77.4%	82.3%	81.7%

The percentage of stoke patients spending 90% of their stay on a stroke ward in April (reported one month in arrears) is 77.4% against a target of 80%.

For further details to improve performance refer to the stroke exception report, see Appendix 5

5.8 Stroke TIA

	YTD	May-13	Last Month	May Last Year
TIA Clinic within 24 Hours (Suspected TIA)	60.2%	69.2%	51.1%	72.5%

The percentage of high risk suspected TIAs receiving relevant investigations and treatment within 24 hours of referral receipt (% of high risk referrals) is 60.2% against a national target of 60.0%. The contractual target for this indicator are under review.

5.9 Delayed Discharges

During May UHL has seen continued deterioration the performance for both city and county patients. There were 325 episodes recorded as a 'Delayed Transfer of Care' on the weekly sitreps recorded at midnight each Thursday during May 2013, making the combined average of 8.1 delays per 100,000 population .

Numbers of delays by reason for April and May are shown below:-

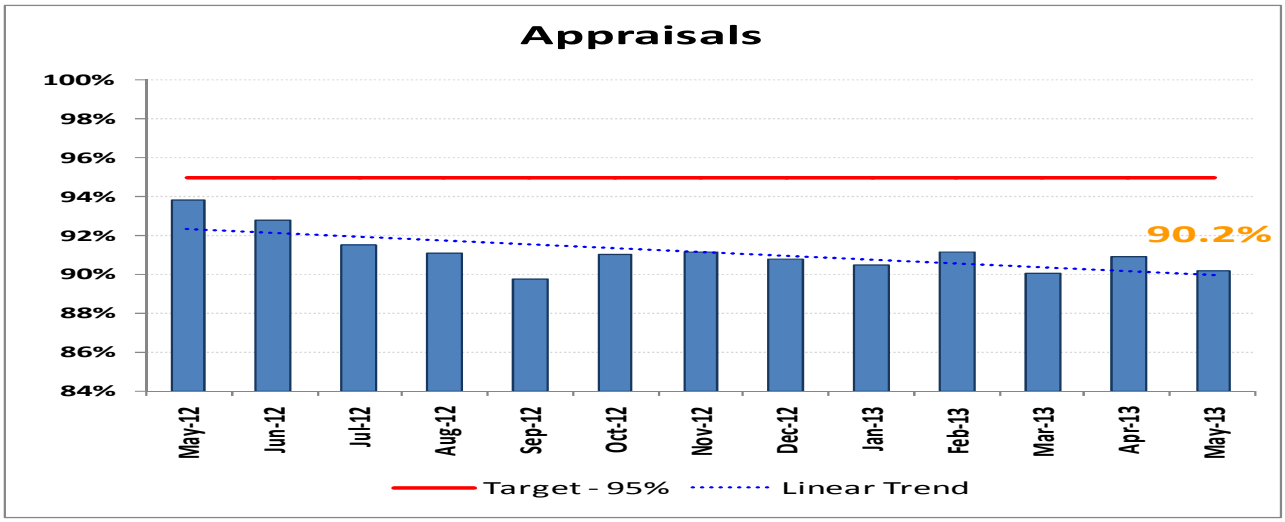
Reason	Assessment		Awaiting Public funding		Availability of non acute NHS Care		Awaiting care home placement		Awaiting domiciliary package of care		Awaiting community equipment		Patient /Family choice		TOTAL	
	City	Co	City	Co	City	Co	City	Co	City	Co	City	Co	City	Co	City	Co
April	7	5	10	5	70	61	10	27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

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

6.0 HUMAN RESOURCES – KATE BRADLEY

6.1 Appraisal

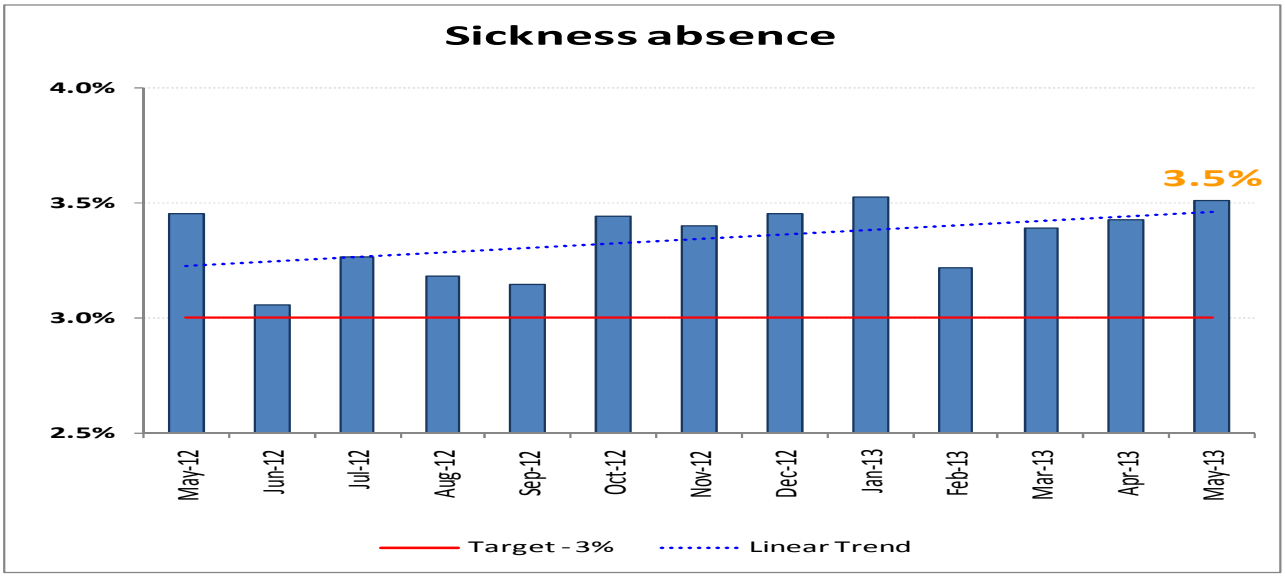
	May-13	Last Month	May Last Year
Appraisals	90.2%	90.9%	93.8%



The reported May appraisal rate is 90.2% against our target of 95% with appraisal rates being fairly static at around 90%. Appraisal quality audit results for 2013 are now available and are reported in the UHL Organisational Development (OD) Plan Priorities Update Report (Quarter 1 – March to June 2013) paragraph 5.3. Human Resources will continue to support all areas to improve appraisal quality. This increased focus on the quality of appraisal is essential in preparation for appraisal outcomes being the basis for decisions on pay progression in accordance with changes to Agenda for Change terms and conditions from April 2014. Directorate, Divisional and CBU Board meetings and Human Resources continue to work closely with all areas to improve appraisal performance.

6.2 Sickness

	Rolling 12 Months	May-13	Last Month	May Last Year
Sickness absence	3.3%	3.5%	3.4%	3.5%



The cumulative sickness rate is broadly comparable with last year. Sickness costs will see a reduction as payments for enhancements during sickness have reduced from £54K in April 2013 to £18.5K in May 2013. This is as a result of changes to Agenda for Change terms and conditions.

Appendix 1

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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 - December '12 - May '13

								MAY SCORE BREAKDOWN				
		Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Total Responses	Promoters	Passives	Detractors	Score
GLENFIELD HOSPITAL	GH WD 15		40	67	80	55	-	0	0	0	0	-
	GH WD 16 Respiratory Unit	85	92	93	76	88	69	29	21	7	1	69
	GH WD 17		0	42	100	-	-	0	0	0	0	-
	GH WD 20	100	60	56	67	-	73	26	19	7	0	73
	GH WD 23A	79	-	93	-	65	76	21	16	4	0	76
	GH WD 24		-	90	81	75	87	23	20	3	0	87
	GH WD 26	100	60	83	95	92	87	23	20	3	0	87
	GH WD 27	73	44	79	42	-	-	0	0	0	0	-
	GH WD 28	89	100	86	85	79	85	20	17	3	0	85
	GH WD 29					-10	42	19	8	11	0	42
	GH WD 30	83	60	67	100	-	83	6	5	1	0	83
	GH WD 31	85	88	93	100	-	79	14	11	3	0	79
	GH WD 32	83	100	50	91	74	85	20	17	3	0	85
	GH WD 33	75	77	50	75	85	84	44	39	3	2	84
	GH WD Clinical Decisions Unit	72	86	62	43	48	75	56	44	10	2	75
	GH WD Coronary Care Unit	92	72	72	90	84	86	66	58	7	1	86
	GH WD Paed ITU		100	80	100	-	-	-	-	-	-	-

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FRIENDS AND FAMILY TEST - December '12 - May '13

								MAY SCORE BREAKDOWN				
		Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Total Responses	Promoters	Passives	Detractors	Score
LEICESTER GENERAL HOSPITAL	LGH WD 10	57	38	71	0	100	48	29	15	13	1	48
	LGH WD 11	25	50	86	-	-	-	-	-	-	-	-
	LGH WD 14	49	69	82	80	77	71	28	20	8	0	71
	LGH WD 15	63	50	43	-75	-	0	4	1	2	1	0
	LGH WD 16	74	71	59	68	67	88	8	7	1	0	88
	LGH WD 17 Transplant	39	55	68	100	75	92	12	11	1	0	92
	LGH WD 19	67	68	67	67	79	63	38	25	12	1	63
	LGH WD 22	26	8	21	25	42	95	20	19	1	0	95
	LGH WD 26 SAU	100	40	60	100		45	29	16	9	3	45
	LGH WD 27	21	-	67	42	83	89	18	16	2	0	89
	LGH WD 28 Urology	13	-19	0	33	45	22	18	6	9	2	22
	LGH WD 29 EMU Urology	65	70	-13	70	-30	54	28	16	11	1	54
	LGH WD 30	54	69	66	80	59	80	69	55	14	0	80
	LGH WD 31	56	60	86	54	-	90	40	36	4	0	90
	LGH WD 8	33	33	0	100	-	-	-	-	-	-	-
	LGH WD Brain Injury Unit	100	33	-	-	-	-	0	0	0	0	-
	LGH WD Surg Acute Care	100	100	91	100	-	-	-	-	-	-	-
	LGH WD Young Disabled		83	75	-	100	-	-	-	-	-	-

University Hospitals of Leicester NHS Trust

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FRIENDS AND FAMILY TEST - December '12 - May '13

								MAY SCORE BREAKDOWN				
		Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Total Responses	Promoters	Passives	Detractors	Score
LEICESTER ROYAL INFIRMARY	LRI Odames Vic L1	48				-	-	-	-	-	-	-
	LRI WD 1 Ken L1		-	-	-	-	-	-	-	-	-	-
	LRI WD 10 Bal L4	58	44	53	76	25	82	11	9	2	0	82
	LRI WD 11 Bal L4	33	40	11	47	100	17	6	1	5	0	17
	LRI WD 12 Bal L4	67	91	80	100	89	-	-	-	-	-	-
	LRI WD 14 Bal L4	100	84	100	90	100	100	12	12	0	0	100
	LRI WD 17 Bal L5	100	0	36	-	0	57	7	4	3	0	57
	LRI WD 18 Bal L5	71	91	46	59	64	63	24	16	6	1	63
	LRI WD 21 Bal L6	92	67	90	86	88	89	19	17	2	0	89
	LRI WD 22 Bal 6	28	43	58	16	38	52	23	13	8	1	52
	LRI WD 23 Win L3	63	76	63	75	85	95	20	19	1	0	95
	LRI WD 24 Win L3	63	83	67	31	58	67	18	13	4	1	67
	LRI WD 25 Win L3	-33	100	87	100	95	95	21	20	0	0	95
	LRI WD 26 Win L3	24	88	69	91	92	75	16	12	3	0	75
	LRI WD 27 Win L4	100	-	83	50	60	100	6	6	0	0	100
	LRI WD 28 Windsor Level 4	0	-	-	69	75	-	-	-	-	-	-
	LRI WD 29 Win L4	35	42	73	58	61	100	20	20	0	0	100
	LRI WD 30 Win L4	11	-	50	52	82	88	25	22	3	0	88
	LRI WD 31 Win L5	40	82	80	-	-	70	27	20	5	1	70
	LRI WD 32 Win L5	0	0	33	-	86	73	11	8	2	0	73
	LRI WD 33 Win L5	38	59	20	43	71	67	18	12	6	0	67
	LRI WD 34 Windsor Level 5	81	52	-	65	80	70	20	14	6	0	70
	LRI WD 36 Win L6	14	68	50	20	20	61	18	13	3	2	61
	LRI WD 37 Win L6	41	-41	22	38	68	86	21	18	3	0	86
	LRI WD 38 Win L6	65	91	40	19	94	100	16	16	0	0	100
	LRI WD 39 Osb L1	52	61	71	56	70	89	27	24	3	0	89
	LRI WD 40 Osb L1	50	-17	32	79	88	89	28	25	3	0	89
	LRI WD 41 Osb L2	48	67	60	27	42	50	18	9	9	0	50
	LRI WD 5 Ken L3	59	75	95	79	50	79	14	11	3	0	79
	LRI WD 6 Ken L3	71	73	93	73	70	68	25	18	6	1	68
	LRI WD 7 Bal L3	35	41	70	70	65	73	30	23	5	1	73
	LRI WD 8 SAU Bal L3	-36	45	18	42	35	51	47	28	14	4	51
	LRI WD Acute Medical Unit	50	74	42		-	-	-	-	-	-	-
	LRI WD Bone Marrow		0	33	0	100	88	8	7	1	0	88
	LRI WD Fielding John Vic L1	57	67	0	-	-	-	-	-	-	-	-
	LRI WD GAU Ken L1	20	50	50	59	-	65	26	18	7	1	65
	LRI WD IDU Infectious Diseases	65	48	73	73	65	67	15	10	5	0	67
	LRI WD Kinmonth Unit Bal L3	44	73	59	69	65	68	25	17	8	0	68
	LRI WD Odames DC Vic L1					-	-	-	-	-	-	-
	LRI WD Paed ITU	100	-	50	67	100	-	-	-	-	-	-

University Hospitals of Leicester NHS Trust

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FRIENDS AND FAMILY TEST - December '12 - May '13

		Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	MAY SCORE BREAKDOWN				
								Total Responses	Promoters	Passives	Detractors	Score
EMERGENCY DEPARTMENT	ED - Majors	-	-	-	-	35	45	187	110	46	27	45
	ED - Minors	-	-	-	-	38	37	475	263	115	91	37
	ED - (not stated)	-	-	-	-	64	60	58	39	13	5	60
	Emergency Decisions Unit (EDU)	-	-	-	-	33	-	-	-	-	-	-
	Eye Casualty	-	-	-	-	65	75	167	133	26	8	75

				Per finance ledger									
CBU	Cost centre description	Site	*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	Accuity ward type	March 13 RAG Rating	Feb 13 RAG Rating	Budgeted Qualified %age	Budgeted Unqualified %age
Cardiac Renal & Cc Cbu	C30Ward 28	GH	*31*	**28.06**	*1.41*	*0.00*	**1.01**	**0.91**	**Base**			68.6%	31.4%
Cardiac Renal & Cc Cbu	C24Ward 27	GH	*27*	**30.25**	*0.45*	*0.06*	**1.15**	**1.12**	**Base**			61.9%	38.1%
Cardiac Renal & Cc Cbu	C35Ward 31	GH	*34*	**41.58**	*1.04*	*0.00*	**1.26**	**1.22**	**Base**			72.0%	28.0%
Cardiac Renal & Cc Cbu	C33Ward 33a	GH	*20*	**26.34**	*1.50*	*0.33*	**1.47**	**1.32**	**Base**			67.5%	32.5%
Cardiac Renal & Cc Cbu	C31Ward 33	GH	*29*	**33.76**	*0.11*	*0.08*	**1.14**	**1.16**	**Base**			74.4%	25.6%
Cardiac Renal & Cc Cbu	C41Childrens Ward 30	GH	*13*	**17.60**	*0.00*	*0.00*	**1.32**	**1.35**	**Base**			84.6%	15.4%
Cardiac Renal & Cc Cbu	C61Paediatric Itu	GH	*6*	**39.35**	*0.07*	*0.24*	**6.78**	**6.56**	**ITU**			100.0%	0.0%
Respiratory Cbu	C99ward 29	GH	*25*	**43.71**	*17.07*	*6.58*	**1.20**	**1.75**	**Base**			61.3%	38.7%
Respiratory Cbu	C20Ward 15	GH	30	**38.80**	*0.75*	*0.00*	**1.11**	**1.29**	**Base**			60.5%	39.5%
Respiratory Cbu	C21Ward 16	GH	30	**38.57**	*2.00*	*0.00*	**1.20**	**1.29**	**Base**			63.4%	36.6%
Respiratory Cbu	C23Ward 17	GH	30	**38.68**	*2.69*	*1.23*	**1.29**	**1.29**	**Base**			68.4%	31.6%
Respiratory Cbu	C29Clinical Decision Unit	GH	25	**88.96**	*2.05*	*0.00*	**3.83**	**3.56**	**HDU**			62.9%	37.1%
Respiratory Cbu	C38Ward 26	GH	15	**29.58**	*0.00*	*0.00*	**2.05**	**1.97**	**Specialist**			76.5%	23.5%
Respiratory Cbu	C27Coronary Care Unit - Ggh	GH	*19*	**50.17**	*0.14*	*0.00*	**2.75**	**2.64**	**Specialist**			75.6%	24.4%
Cardiac Renal & Cc Cbu	A11Itu Lgh	LGH	*8*	**52.32**	*0.25*	*0.00*	**8.16**	**6.54**	**ITU**			94.7%	5.3%
Cardiac Renal & Cc Cbu	A10Itu Lri	LRI	*15*	**92.90**	*0.18*	*0.35*	**6.22**	**6.19**	**ITU**			88.1%	11.9%
Cardiac Renal & Cc Cbu	S21Ward 10 Capd	LGH	*18*	**38.63**	*0.39*	*0.00*	**1.90**	**2.15**	**Specialist**			63.0%	37.0%
Cardiac Renal & Cc Cbu	S64Ward 17	LGH	*14*	**18.39**	*1.09*	*0.00*	**1.36**	**1.31**	**Specialist**			70.5%	29.5%
Cardiac Renal & Cc Cbu	C60Itu Gh	GH	*19*	**111.83**	*0.00*	*0.00*	**6.46**	**5.89**	**ITU**			92.2%	7.8%
Cardiac Renal & Cc Cbu	S05Ward 15 Nephrology	LGH	*17*	**26.73**	*1.12*	*0.00*	**1.79**	**1.57**	**Specialist**			60.0%	40.0%
Cardiac Renal & Cc Cbu	S04Ward 15 High Dependency	LGH	*9*	**27.46**	*0.73*	*0.16*	**2.99**	**3.05**	**HDU**			94.1%	5.9%
Medicine Cbu	N51Ward 4 FJW	LRI	20	**38.64**	*3.31*	*3.32*	**2.09**	**1.93**	**Specialist**			60.0%	40.0%
Medicine Cbu	N56Ward 8 Lgh	LGH	15	**25.02**	*4.27*	*0.22*	**1.62**	**1.67**	**Specialist**			54.3%	45.7%
Medicine Cbu	N61Brain Injury Unit Lgh	LGH	7	**21.27**	*1.12*	*2.14*	**3.21**	**3.04**	**Specialist**			60.0%	40.0%
Medicine Cbu	N60Ydu Wakerley Lodge Lgh	LGH	8	**20.70**	*1.84*	*0.00*	**2.31**	**2.59**	**Specialist**			46.0%	54.0%
Medicine Cbu	N36Ward 23 Lri	LRI	28	**39.67**	*8.67*	*0.20*	**1.26**	**1.42**	**Base**			60.0%	40.0%

Medicine Cbu	N24Ward 24 Lri	LRI	27	**34.19**	*1.99*	*0.00*	**1.25**	**1.27**	**Specialist**			60.0%	40.0%
Medicine Cbu	N57Ward 25 & 26 Lri	LRI	36	**59.01**	*7.83*	*1.06*	**1.67**	**1.64**	**Specialist**			62.3%	37.7%
Medicine Cbu	N29Ward 29 Lri	LRI	30	**37.95**	*0.66*	*0.41*	**1.13**	**1.27**	**Base**			60.0%	40.0%
Medicine Cbu	N30Ward 30 Lri	LRI	28	**36.01**	*3.50*	*1.10*	**1.38**	**1.29**	**Base**			60.0%	40.0%
Medicine Cbu	N31Ward 31 Lri	LRI	30	**38.07**	*2.24*	*0.53*	**1.46**	**1.27**	**Base**			60.9%	39.1%
Medicine Cbu	N33Ward 33 Lri	LRI	26	**33.27**	*6.63*	*1.01*	**1.64**	**1.28**	**Specialist**			57.3%	42.7%
Medicine Cbu	N92Ward 34 Lri	LRI	26	**37.53**	*5.34*	*2.41*	**1.38**	**1.44**	**Specialist**			60.0%	40.0%
Medicine Cbu	N26Ward 36 Lri	LRI	28	**31.02**	*6.41*	*1.38*	**1.11**	**1.11**	**Base**			60.0%	40.0%
Medicine Cbu	N38Ward 38 Lri	LRI	28	**31.65**	*3.90*	*0.20*	**1.11**	**1.13**	**Base**			60.0%	40.0%
Medicine Cbu	N11Odames Day Unit	LRI	10	**16.24**	*1.68*	*0.00*	**1.65**	**1.62**	**Specialist**			75.2%	24.8%
Medicine Cbu	N15Admissions Unit (15/16) Lri	LRI	56	**99.80**	*11.78*	*4.07*	**1.87**	**1.78**	**Specialist**			63.2%	36.8%
Emergency Dept Cbu	N44Emergency Decisions Unit Lri	LRI	16	**18.64**	*0.00*	*0.77*	**1.63**	**1.17**	**Specialist**			64.3%	35.7%
Cancer Haem & Onc Cbu	B01Onc Ward East	LRI	19	**23.75**	*0.54*	*1.02*	**1.21**	**1.25**	**Base**			65.2%	34.8%
Cancer Haem & Onc Cbu	B06Onc Ward West	LRI	19	**23.79**	*1.97*	*0.00*	**1.19**	**1.25**	**Base**			72.6%	27.4%
Cancer Haem & Onc Cbu	B21Haem Ward	LRI	22	**26.93**	*1.33*	*0.29*	**1.40**	**1.22**	**Specialist**			73.9%	26.1%
Cancer Haem & Onc Cbu	B24Bmtu	LRI	5	**14.84**	*0.40*	*0.15*	**3.06**	**2.97**	**HDU**			96.7%	3.3%
Cancer Haem & Onc Cbu	B02Osbourne Assessment Unit	LRI	6	**10.40**	*1.03*	*0.00*	**1.50**	**1.73**	**Base**			73.3%	26.7%
Gi Medicine Surgery Cbu	W71Ward 22 - Lgh	LGH	20	**25.45**	*0.64*	*0.00*	**1.31**	**1.27**	**Base**			61.8%	38.2%
Gi Medicine Surgery Cbu	W70Ward 27 - Lgh	LGH	27	**29.66**	*0.00*	*0.00*	**1.36**	**1.10**	**Base**			57.9%	42.1%
Gi Medicine Surgery Cbu	W72Ward 28 - Lgh	LGH	25	**32.84**	*0.75*	*0.00*	**1.36**	**1.31**	**Base**			62.3%	37.7%
Gi Medicine Surgery Cbu	W73Ward 20 - Lgh	LGH	20	**22.87**	*2.54*	*0.00*	**1.23**	**1.14**	**Base**			60.4%	39.6%
Gi Medicine Surgery Cbu	S75Ward 26 Lgh	LGH	25	**24.03**	*3.30*	*0.00*	**1.05**	**0.96**	**Base**			65.0%	35.0%
Gi Medicine Surgery Cbu	W64Ward 22 - Lri	LRI	30	**33.58**	*0.23*	*0.00*	**1.15**	**1.12**	**Base**			64.1%	35.9%
Gi Medicine Surgery Cbu	W63Ward 19 - Lri	LRI	30	**39.29**	*1.31*	*0.00*	**1.24**	**1.31**	**Base**			55.8%	44.2%
Gi Medicine Surgery Cbu	W74Sacu - Lgh	LGH	6	**16.79**	*0.88*	*0.00*	**2.69**	**2.80**	**Specialist**			69.0%	31.0%
Specialist Surgery Cbu	W43Ward 21 - Lri	LRI	22	**26.79**	*1.19*	*0.00*	**1.21**	**1.22**	**Base**			59.6%	40.4%
Specialist Surgery Cbu	W23Kinmouth Unit	LRI	14	**22.47**	*1.66*	*0.00*	**1.81**	**1.61**	**Specialist**			65.7%	34.3%
Specialist Surgery Cbu	W13Ward 7 - Lri	LRI	30	**29.19**	*4.80*	*0.00*	**0.90**	**0.97**	**Base**			58.7%	41.3%
Specialist Surgery Cbu	W53Ward 37 - Lri	LRI	16	**22.26**	*0.00*	*0.00*	**1.36**	**1.39**	**Base**			56.7%	43.3%
Specialist Surgery Cbu	W79Ward 23 - Ggh	GH	14	**19.20**	*1.13*	*0.00*	**1.25**	**1.37**	**Base**			65.6%	34.4%
Musculo Skeletal Cbu	Y20Ward 16 Lgh	LGH	20	**17.76**	*0.00*	*0.00*	**1.22**	**0.89**	**D/C**			61.4%	38.6%

Musculo Skeletal Cbu	Y22Ward 19 Lgh	LGH	24	**26.50**	*5.50*	*0.00*	**1.10**	**1.10**	**Base**			62.0%	38.0%
Musculo Skeletal Cbu	Y13Ward 17 Lri	LRI	30	**40.05**	*0.55*	*0.00*	**1.43**	**1.34**	**Base**			58.5%	41.5%
Musculo Skeletal Cbu	Y16Ward 32 Lri	LRI	24	**36.60**	*1.62*	*0.00*	**1.67**	**1.53**	**Base**			55.8%	44.2%
Musculo Skeletal Cbu	Y14Ward 18 Lri	LRI	30	**36.87**	*0.82*	*0.00*	**1.27**	**1.23**	**Base**			55.1%	44.9%
Childrens Cbu	D11Ward 11	LRI	12	**24.82**	*0.07*	*0.00*	**2.09**	**2.07**	**Specialist**			71.6%	28.4%
Childrens Cbu	D12Ward 12	LRI	5	**21.97**	*0.00*	*0.00*	**4.32**	**4.39**	**HDU**			85.2%	14.8%
Childrens Cbu	D13Children'S Intensive Care Unit	LRI	6	**38.51**	*0.00*	*2.65*	**6.18**	**6.42**	**ITU**			92.1%	7.9%
Childrens Cbu	D14Children'S Admissions Unit	LRI	9	**23.38**	*0.00*	*0.00*	**2.62**	**2.60**	**Specialist**			68.8%	31.2%
Childrens Cbu	D17Ward 27	LRI	9	**21.21**	*0.00*	*0.00*	**2.56**	**2.36**	**Specialist**			86.2%	13.8%
Childrens Cbu	D40Ward 9	LRI	14	**21.58**	*0.21*	*0.00*	**1.68**	**1.54**	**Specialist**			66.0%	34.0%
Childrens Cbu	D41Ward 10	LRI	14	**21.49**	*0.00*	*0.00*	**1.57**	**1.54**	**Specialist**			63.5%	36.5%
Childrens Cbu	D51Ward 14	LRI	19	**28.01**	*0.00*	*0.00*	**1.43**	**1.47**	**Specialist**			71.2%	28.8%
Womens Cbu	X10Neo-Natal Unit (Lri)	LRI	24	**78.98**	*0.00*	*0.00*	**3.65**	**3.29**	**HDU**			86.6%	13.4%
Womens Cbu	X13N.I.C.U. (Lgh)	LGH	12	**29.57**	*0.00*	*0.00*	**2.31**	**2.46**	**HDU**			57.7%	42.3%
Womens Cbu	X34Ward 5 Obstetrics (Lri)	LRI	26	**43.87**	*0.00*	*0.00*	**1.36**	**1.69**	**Specialist**			59.5%	40.5%
Womens Cbu	X35Ward 6 Obstetrics (Lri)	LRI	26	**44.36**	*0.00*	*0.00*	**1.58**	**1.71**	**Specialist**			61.4%	38.6%
Womens Cbu	X37Delivery Suite (Lgh)	LGH	32	**101.90**	*0.00*	*0.00*	**2.85**	**3.18**				71.2%	28.8%
Womens Cbu	X51Gynaecology (Ward 1&2) (Lri)	LRI	20	**22.30**	*0.56*	*0.00*	**1.80**	**1.12**	**Base**			56.6%	43.4%
Womens Cbu	X57Lgh Ward 31 Gynae	LGH	21	**29.06**	*0.00*	*0.00*	**0.86**	**1.38**	**Base**			69.9%	30.1%

Appendix 3 University Hospitals of Leicester NHS Trust
Ward Summary April 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 LGH Ward 26	General Surgery/Urology	25	• Harm Free Rate 84% • Net Promoter 100 • Nursing Metrics Green • Complaints 2	• 0.53wte qualified vacancy • 1.78wte HCA vacancy. • Main issue is budgeted establishment is set at 1.05 N2B ratio. This is under review and will be uplifted to 1.1	• HCA recruitment awaiting 2.22wte waiting to start • 0.8wte qualified waiting to start. All nurse vacancies out to advert through organisational recruitment plan. CBU attending RCN congress in July and September • Ward based CNS to cover • Bank/agency support RISK RATING • Staffing Risk - Red • Overall Risk - Amber
Planned Care-LRI Ward 7	Surgical Specialities	30- recent increase of 6 beds	• Harm Free Rate 100% • Net Promoter 70 • Nursing Metrics Green • Complaints 2	• 3.7wte qualified vacancy • 1wte HCA vacancy increased bed base	• Bed base increased from 24 to 30 • Active recruitment of HCAs • Active recruitment of RN through recruitment plan 1.24 wte waiting to start • Established ward manager • Bank/agency used to support area and increased establishment • Matron leadership pivotal. CBU attending RCN Congress in July and September. RISK RATING • Staffing Risk - Red • Overall Risk - Amber
Acute Care GH Ward 28	Cardio Respiratory	31	• Harm Free Rate 93% • Net Promoter 86.42 • Nursing Metrics Green • Complaints 0	• 1wte RN Vacancy • 0.37 wte HCA vacancy	• Review of skill mix to achieve 1.1 wte is in process. All nurse vacancies out to advert through organisational recuitment plan. CBU attending RCN congress in July and September RISK RATING • Staffing Risk - Red • Overall Risk - Green

RN Recruitment update 128wte in process and waiting to start. 77 HCA in process and waiting to start

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

Appendix 4

OPERATIONAL PERFORMANCE EXCEPTION REPORT

REPORT TO: **TRUST BOARD**

DATE: **JUNE 2013**

REPORT BY: **PHIL WALMSLEY , HEAD OF OPERATIONS**

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

DIVISIONAL DIRECTOR: **ANDREW FURLONG**

SUBJECT: **CANCELLED OPERATIONS**

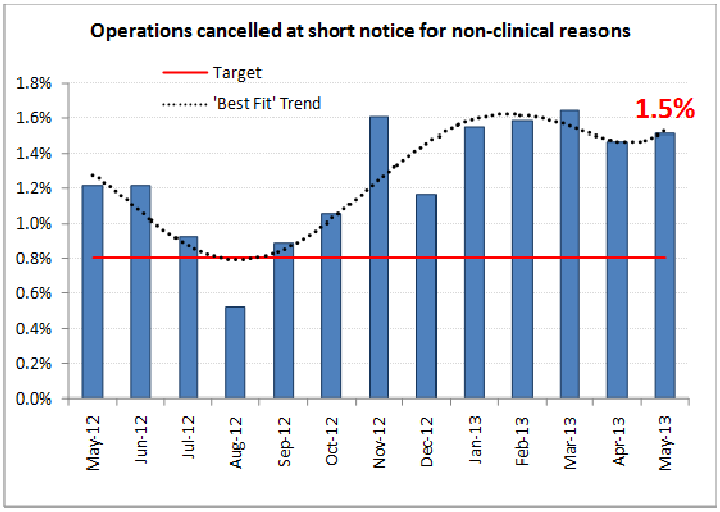
1.0 Present state

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

May's performance shows that the percentage of operations cancelled on/after the day of admissions of all elective activity for non-clinical reasons was 1.5% against a target of 0.8%. This is the same as April performance. A significant reason for the short notice cancellations during the month was due to emergency medicine demand creating pressure on the bed capacity and elective bed capacity not being 'protected'.

The percentage offered a date within 28 days of the cancellation was 90.2% against a threshold of 95%.

	YTD	May-13	Last Month	May Last Year
Operations cancelled at short notice	1.5%	1.5%	1.5%	1.2%
Cancelled patients offered a date within 28 days	91.6%	90.2%	92.0%	92.1%

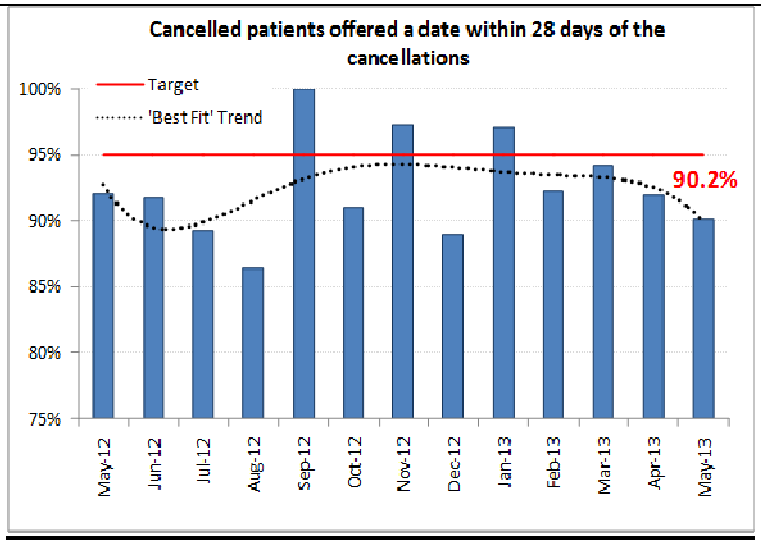


The summary of reasons for these cancellations is as below which shows that there has been little improvement in the cancellations due to capacity issues since last month.

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

		30/04/2013	31/05/2013
Capacity Pressures	HOSPITAL CANCEL - HDU BED UNAVAILABLE	4	6
	HOSPITAL CANCEL - ITU BED UNAVAILABLE	3	4
	HOSPITAL CANCEL - PT DELAYED TO ADM HIGH PRIORITY PATIENT	12	14
	HOSPITAL CANCEL - WARD BED UNAVAILABLE	61	55
Capacity Pressures	**Total**	**80**	**79**
Other	HOSPITAL CANCEL - CASENOTES MISSING	2	4
	HOSPITAL CANCEL - LACK ANAESTHETIC STAFF		3
	HOSPITAL CANCEL - LACK SURGEON	10	4
	HOSPITAL CANCEL - LACK THEATRE EQUIPMENT	1	4
	HOSPITAL CANCEL - LACK THEATRE STAFF		5
	HOSPITAL CANCEL - LACK THEATRE TIME / LIST OVERRUN (NB. this is usually due to bed capacity issues)	31	34
	UNREASONABLE OFFER TO PATIENT	1	1
Other	**Total**	**45**	**55**
ALL	**TOTAL**	**125**	**134**

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 June and will increase the day case capacity on the LRI site.
- Further options continue to be explored around how elective activity (both in-patient and day case) can be moved off the LRI site in the short term (ahead of the ambulatory care centre development and service reconfiguration)
- 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 – September 2013
- Patients offered a date within 28 days of the cancellation – July 2013
- Zero tolerance of urgent cancellations for a second time – the Trust is compliant

4.0 <u>Details of senior responsible officer</u>

Divisional Clinical Director: Mr Andrew Furlong

Divisional SRO: Nigel Kee, Divisional Manager, Planned Care

Appendix 5

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

OPERATIONAL PERFORMANCE EXCEPTION REPORT

REPORT TO: **Trust Board**

DATE: **June 2013**

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

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

SUBJECT: **Stroke Quality Indicators – April Performance (reported one month in arrears)**

1.0 Present state

1. The standard is the percentage of stroke patients spending 90% of their stay in a dedicated stroke bed**:** The target = 80%.

- Performance for April was 77.4%,
  March 2013 performance has increased to 82.3% following further data validation in clinical coding.
  Hot bed re-launched for direct admission to ASU from ED 24.04.13 (Completed).
  High emergency in-flow, 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.
  The target covers a small number of patients, therefore any stay that is not on the appropriate ward will have a large percentage effect on the 90% stay target
- The hot bed process was relaunched at the end of April, therefore the trajectories have been reflected to report this and the target is expected to deliver in May 2013

2.0 Action plan

- **Stroke Steering Group** first full meeting was on 18th June 2013 to oversee and drive performance. Led by CBU Clinical Lead. This will feed into the Clinical Problem Solving Group (CLSG), which is a joint primary and secondary care group (first meeting 21st June 2013). This will also build on the NHS Improvement draft report, action plan to be agreed at Steering Committee and developed at the CPSG.
- **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. 24/04/13 lead – Service Manager (action completed). Review full impact 19/07/13 post full coding of all discharges for May 2013.
- **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.

  The service manager and matron are currently reviewing the establishments following latest drive.
- **Review of Discharge Co-ordinator Role and responsibilities and exclusion from general off-duty**. The role was new to medical wards in 2012 and has been reviewed within stroke to ensure the post can best support the flow of patients on the wards; to help the flow

into the service as well as with discharge. 24/04/13 – lead Service Manager and Matron.

- **Review bed management policy at Stroke Steering committee** agreement that hot bed should be protected and escalation plans are being developed to ensure that the use of the hot beds are agreed through fixed processes, e.g. out of hours this should be through the agreement of the Stroke Consultant and Senior Manager on Call with escalation will be to Director on Call. This is being developed in line with the Trust's escalation policy and the actions cards with medicine. Expected delivery date 01/07/13.

3.0 Date when recovery of target or standard is expected

In view of the timing of actions outlined in section 2.0 the performance is anticipated to recover the standard for May (reported in July) as detailed below.

Indicator	Performance reported July	Performance reported August
80% of patients staying 90% of their time in a dedicated stroke bed	80% performance for May	82% performance for June

4.0 Details of senior responsible officer

Name and position of SRO

Monica Harris, Acute Divisional Manager.