Trust Board Paper T – Appendix 3

OPERATIONAL PERFORMANCE EXCEPTION REPORT

REPORT TO:	**TRUST BOARD**
DATE:	**29 AUGUST 2013**
REPORT BY:	**RICHARD MITCHELL, CHIEF OPERATING OFFICER**
AUTHOR:	**NIGEL KEE, DIVISIONAL MANAGER, PLANNED CARE**
DIVISIONAL DIRECTOR:	**ANDREW FURLONG**
SUBJECT:	**18 WEEK RTT TARGET DELIVERY FOR JULY**

1.0 Present state

The Trust is required to ensure that at least 90% of patients on an admitted pathway and 95% on a non-admitted pathway are seen and treated within 18 weeks from time of referral. For 2013/2014, this target is measured at specialty level.

Performance in July shows that the RTT admitted percentage was 89.31% with speciality level failures in ENT (68%) and Ophthalmology (76.46%). The RTT non-admitted performance was delivered bottom line at 96.56% but with specialty level failures in Ophthalmology (90.61%) and orthopaedics (94.48%).

The primary reasons for the specialties not delivering was a direct result of treating long waiting patients in date order and beginning to clear backlog of patients waiting over 18 weeks. Cancelled operations on the day (see paper on cancelled operations), was a secondary reason for ENT.

Commissioners issued a formal 'joint failure to agree' notice regarding RTT backlogs which was responded to on 14 August 2013. This response contained analysis of the underlying reasons by speciality and, more importantly, a comprehensive action plan to treat backlog patients and ensure sustainable delivery of the 18 week targets at speciality level. A weekly monitoring meeting is now in place, chaired by the COO, to ensure delivery of the actions. There is also a weekly RTT Assurance meeting with commissioners and a weekly waiting list meeting with specialities.

2.0 Action plan

See attached action plan.

3.0 Date when recovery of target or standard is expected
The RTT standard admitted (and non-admitted) at specialty level is expected to be recovered by October 2013.
4.0 Details of senior responsible officer
Divisional Clinical Director: Mr Andrew Furlong Divisional SRO: Nigel Kee, Divisional Manager, Planned Care Corporate SRO: Charlie Carr, Head of Performance Improvement

Appendix B The University Hospitals Of Leicester NHS Trust: RTT recovery plan

Status key:	5	Complete	4	On track	3	Some delay-expect to complete as planned or implemented but not consistently delivering	2	Significant delay – unlikely to be completed as planned	1	Not yet commenced	0	Objective Revised

Number	ACTION	CLINICAL LEAD	MANAGER LEAD	COMPLETION DATE	RISKS TO DELIVERY OF ACTION	PROGRESS UPDATE	STATUS	Forum reported to
	Trust wide actions							
A1	Corporate oversight of performance against recovery plan and assurance of sustainability.	A Furlong	R Mitchell	19/8/13	Actions not implemented	Weekly RTT recovery meeting Chaired by COO w/c 19/8/13	1	Executive Team
A2	Weekly PTL meetings to monitor activity against plans and hold teams to account	A Furlong	N Kee	weekly	Actions not implemented		1	Executive Team
A3	Weekly assurance meetings with CCG's of performance against plans	A Furlong	N Kee	1st Aug weekly	N/A	Meetings taking place each week	4	Executive team
A4	Validation of high risk areas by deployment of RTT team	N/A	CCarr	As and when required	N/A	RTT team deloyed to high risk areas	4	Access meeting
	General surgery (admitted & non admitted)							
B1	Reduce 1st OPD waits	J Jameson	L Gowan	30.11.13	Available OPD capacity and admin support Sustained clinical sign up	Evening clinics started on 1.8.13. 15 slots per week	4	Weekly Access Meeting
B2	Fully validated non admitted backlog	J Jameson	L Gowan	30.9.13	Time management for admin managers Sign up from clinical teams	Discussed at the weekly admin managers meeting. RTT team supporting	3	Weekly Access Meeting
B3	Non admitted: eradicate 26+ weeks RTT	J Jameson	L Gowan		Same risks as with B2.	Discussed at the weekly admin	3	Weekly Access

Appendix B The University Hospitals Of Leicester NHS Trust: RTT recovery plan

Number	ACTION	CLINICAL LEAD	MANAGER LEAD	COMPLETION DATE	RISKS TO DELIVERY OF ACTION	PROGRESS UPDATE	STATUS	Forum reported to
						managers meeting. RTT team supporting		Meeting
B4	Admitted: Treat all patients in date order and eradicate 26+ weeks RTT and Stage of treatment	J Jameson	L Gowan	30.12.13	Cancellation on day. Recruitment of additional consultant	Plan to do additional 28 long wait cases in September	**3**	Weekly Access Meeting
B5	New Upper GI Surgeon appointed	A Miller	F Gordon	29.7.13	Needs access to theatre and OPD space to be able to increase throughput.	Start date of 29.7.13	**5**	Divisional board
B6	New permanent HPB Surgeon to be appointed (Locum currently in post)	M Metcalfe	F Gordon	1.11.13	Recruitment delay	Locum in place currently. Advert placed 20.6.13. Interview date 10th Sept. Capacity already in baseline	**4**	Divisional board
B7	New Lower GI Surgeon post to be appointed	A Miller	F Gordon	1.11.13	access to theatre and OPD	Appointment made. Will initially replace maternity leave	**4**	Divisional board
B8	Continued clinical support to run weekend theatre sessions to maximise theatre capacity.	J Jameson	F Gordon	Ongoing	paying premium rates	Weekend operating sessions confirmed at LGH site until October 2013.	**4**	Divisional board
B9	Minimise cancellations on the day by ringfencing elective capacity	J Jameson	F Gordon	ongoing	Beds not ringfenced / cancellations not reduced	Need to identify and ringfence ellective capacity	**1**	Divisional board / Access meeting
	Ophthalmology (admitted and non admitted)							
C1	Reduce 1st OPD waits	J Prydal/ T Empeslidi	C Brown	30 Sep 2013	Administrative staff shortages	Support provided by other teams to book patient. CBU manager	**3**	Weekly access

Appendix B The University Hospitals Of Leicester NHS Trust: RTT recovery plan

Number	ACTION	CLINICAL LEAD	MANAGER LEAD	COMPLETION DATE	RISKS TO DELIVERY OF ACTION	PROGRESS UPDATE	STATUS	Forum reported to
		s/J Deane/R Chaudhuri				Service Manager will work with staff to resolve this issue		meeting
C2	Fully validated non admitted backlog	J Prydal/ T Empeslidis/J Deane/R Chaudhuri	C Brown	30 Sep 2013	Staff do not have the skills in waiting list validation	Training commence on 06 Aug 2013 (RTT team)	**3**	Weekly access meeting
C3	Non admitted: eradicate 26+ weeks RTT	J Prydal/ T Empeslidis/J Deane/R Chaudhuri	C Brown	30 Sep 2013	Staff do not have the skills in waiting list validation	Training commence on 06 Aug 2013 (RTT team)	**3**	Weekly access meeting
C4	Admitted: Treat all patients in date order and eradicate 26+ weeks RTT and Stage of treatment	J Prydal/ T Empeslidis/J Deane/R Chaudhuri	C Brown	30 Sep 2013	Staff do not have the skills in waiting list validation	Training commence on 06 Aug 2013. RTT team assisting. Additional sessions	**3**	Weekly access meeting
C5	Ensure robust waiting list management and booking process	J Burns	D Travis	End August	Further staff sickness / absence	OPS manager recruitment (interview 16/8/13) and admin staff recruitment underway.	**4**	Weekly access meeting
C6	Maximise OPD capacity to reduce non admitted waits	J Burns	D Travis	Mid May x1 in post	No suitable locum available	X1 Locum in post now. Additional sessions by existing staff	**4**	Divisional Board
C7	Increase number and capacity of 'service' list for	J Burns	D Travis	Mid August	Poor scheduling	Additional 1 patient added to all cataract	**4**	Divisional board

Appendix B The University Hospitals Of Leicester NHS Trust: RTT recovery plan

Number	ACTION	CLINICAL LEAD	MANAGER LEAD	COMPLETION DATE	RISKS TO DELIVERY OF ACTION	PROGRESS UPDATE	STATUS	Forum reported to
	cataracts					lists (10 per week) and additional sessions being run		
	Ent (adult and paed, admitted and non admitted)							
D1	Reduce 1st OPD waits - Additional activity at sub speciality level - Extra clinics focused on Balance and general/Paeds	A Banerjee	G Harris	01.10.2013	Clinician engagement Audiology support Financial impact	Additional clinics set up for august and september	**4**	Weekly access meeting
D2	Increase Audiology capacity to support additional clinics - recruitment required	A Banerjee	E Morgan-Jones	01.10.2013	Workforce available for recruitment HR engagement Financial impact	To commence	**1**	
D3	Fully validated non admitted backlog	A Banerjee	C Seaby	31.08.2013	Admin support	New team leader in post now.	**4**	Divisional board
D4	Non admitted: eradicate 26+ weeks RTT Additional follow up clinics - discharge clinics - validation of all patients waiting over 9mnths - virtual discharges - review of clinical pathways	A Banerjee	G Harris	01.10.2013	Clinician engagement Robust admin support Transcription backlog Financial impact	To commence	**1**	Weekly access meeting
D5	Admitted: Treat all patients in date order and eradicate 26+ weeks RTT and Stage of treatment - additional bed capacity by utilising chairs and increasing day cases - Additional theatre sessions	A Banerjee	G Harris	01.11.2013	Clinician engagement Anaesthestics Theatre efficency Emergency bed pressures Financial impact	Recliner in situ on ward 7- pilot commenced 05.08.2013 Additional theatre sessions at weekend commenced 03.08.2013	**4**	Weekly acccess meeting
D6	**PAEDS -** Identified bottle necks in bed capacity	M Elloy	GHarris	01.06.2013		Completed	**5**	Divisional Board
D7	**PAEDS -** Ward 11 to staff daycase beds overnight on Mondays creating additional 6 beds	M Elloy	N Kee	June 2013	Staff availability Skill mix	Funding agreed with SPS CBU. Await confirmation from bank	**2**	Divisional Board

Appendix B The University Hospitals Of Leicester NHS Trust: RTT recovery plan

Number	ACTION	CLINICAL LEAD	MANAGER LEAD	COMPLETION DATE	RISKS TO DELIVERY OF ACTION	PROGRESS UPDATE	STATUS	Forum reported to
D8	**PAEDS -** Additional paeds anaesthetic time Mondays for ME	M Elloy	P Vaughan	July 2013	Staff availability Lack of theatre capacity over the summer	Agreed by anaesthetics	**4**	Divisional Board
D9	**PAEDS –** Explore additional weekend working to clear long waiters	A Banerjee	G Harris /N Kirk	August 2013	Financial impact Staff availability Clinician engagement	Agreement in principle between SPS and paeds.	**2**	Divisional Board
D10	**Adult -** Transformation of one bay on ward 7 to recliners to maximise day case and implement 23hr pilot	A Banerjee	GHarris	01.08.2013	Emergency care pathway. Theatre staffing.	Scheduling commenced for implementation from beginning of August	**5**	Divisional Board
D11	**Adult -** Bed base relocation and ultimate ring fencing of bed base	A Furlong	N Kee		Financial impact Interdependencies with other services Theatre capacity Emergency Care Pathway	Options being discussed by Divisional management team	**1**	Divisional Board
	Orthopaedics (admitted and non admitted)							
E1	Reduce 1st OPD waits - Review C& B slot availability - Targeted additional clinics by sub-speciality	A Ulla	SNattrass		Increase in referrals. Provision of outpatient space for additional clinics.	Additional clinics requested spines/backs, shoulders & foot & ankle.	**3**	CBU 121 & CBU Board
E2	Fully validated non admitted backlog	-	S Nattrass	31/08/13	Raised non-admitted backlog	Reliant on Action E1	**2**	CBU 121 & CBU Board
E3	Non admitted: eradicate 26+ weeks RTT	A Ulla	SNattrass	End Sept	Inadequate capacity	Additionbal session in opd and electives in september	**4**	Weekly access meeting & CBU 121.
E4	Admitted: Treat all patients in date order and eradicate 26+ weeks RTT and Stage of treatment - Identification of patients to be dated.	A Ulla	SNattrass	By 16th Aug confirm remaining	Spinal surgeon capacity. Ability to create	All patients greater than 18 weeks by end of September, with no TCI under	**4**	CBU 121 & CBU Board, weekly

Appendix B The University Hospitals Of Leicester NHS Trust: RTT recovery plan

Number	ACTION	CLINICAL LEAD	MANAGER LEAD	COMPLETION DATE	RISKS TO DELIVERY OF ACTION	PROGRESS UPDATE	STATUS	Forum reported to
	- Targeted filling of backfill lists to end of September. - Review of patients to be dated/ remaining list capacity to end of September.			issues at end of September	theatre / surgeon capacity by end of September for required cases.	review to confirm dating by end of September.		access meeting
E5	Secure bank staff support at band 5	-	SNattrass	08/07/13	Non recruitment	In place	**4**	CBU 121
E6	Secure seconded Operations Manager	-	CLyons	01/07/13	Delayed start	Commenced 22 July	**5**	CBU 121
E7	Robust RBS process in place	A Ulla	S LeGood	31/8/13	Possible training requirement. Level of staff vacancies impacts on ability to deliver process.	Meeting planned for team leaders & waiting list managers to agree & document processes	**3**	CBU Management Meeting
E8	Further RTT training for staff (A&C, clinic nurses, medical)	A Ulla	SNattrass	30/9/13	Staff vacancies.	Planned for GH A & C staff initially	**4**	CBU Management meeting.
	Urology (admitted and Non admitted)							
F1	Fully validated non admitted backlog	M Khan	L Gowan	30.9.13	Time management admin	RTT team providing support with validation.	**3**	Weekly access meeting
F2	Non admitted: eradicate 26+ weeks RTT	M Khan	L Gowan	31.12.13	Outpatient capacity for follow ups which competes with 2ww and new OPDs	RTT team providing support with validation.	**3**	Weekly access meeting
F3	Extra PA of clinical activity per week as part of job plan process	M Khan	F Gordon	1.6.13		completed	**5**	CBU board
F4	11 additional Daycases per week from Jan 2014 as a result of increased number of consultants and the day ward returning to the LGH site.	M Khan	F Gordon	1.1.14	Delay in the completion of the theatre refurbishment at the LGH site	On track currently. Backlog reduction for admitted will not happen until this is in place	**4**	Divisional Board

Appendix B The University Hospitals Of Leicester NHS Trust: RTT recovery plan

Number	ACTION	CLINICAL LEAD	MANAGER LEAD	COMPLETION DATE	RISKS TO DELIVERY OF ACTION	PROGRESS UPDATE	STATUS	Forum reported to
F5	Focussed work on OPD utilisation with the UHL transformational team to improve OPD capacity	M Khan	L Gowan	1.8.13	Minimal capacity gain		**4**	
F6	Roll out of virtual clinics to all consultants to improve turnaround of non-admitted patients	M Khan	L Gowan	31.8.13	Admin system needs embedding into the service	On track	**4**	CBU Board
	Maxillofacial (Non admitted)							
F1	Reduce 1st OPD waits to less than 8 weeks by ensuring all clinics are fully utilised and converting FU slots to NP.	I Ormiston	C Seaby	31.08.2013	Patient choice	Daily review of utilisation figures	**4**	Divisional Board
F2	Fully validated non admitted backlog	I Ormiston	C Seaby	ongoing	nil	Weekly validation	**4**	Divisional Board
H3	Backlog clearance planned for September and October - all long waiters to be booked into clinics	I Ormiston	C Seaby	31/10/13	Patient choice Dental nurse engagement. Financial impact Clinical engagement	Booking commenced Clinical engagement secured.	**4**	Divisional Board
H4	Dental nurse management of change to align nurse capacity to clinical capacity	I Ormiston	D Travis	31.10.2013	Staff side engagement HR involvement	HR engagement Scoping complete	**3**	Divisional Board
H5	Secure additional clinical space in day ward clean room	I Ormiston	G Harris	01.06.2013	Equipment Clinical engagement Nurse engagement	Regular utilisation of 2 additional sessions in day ward	**5**	Divisional Board
	Restorative dentistry (Non admitted)							
I3	Reduce 1st OPD waits 170 patients waiting over 8wks. - ensure all clinics are fully utilised improve booking systems. - review of all HISS templates to ensure maximal	A Mosaku	C Seaby	01.12.2013	Patient choice Stable and trained admin structure Clinical engagement Dental nurse engagement Minimal capacity gain Commissioner	X1 clinic per week converted to NP Daily utilisation reports	**4**	Divisional Board

Appendix B The University Hospitals Of Leicester NHS Trust: RTT recovery plan

Number	ACTION	CLINICAL LEAD	MANAGER LEAD	COMPLETION DATE	RISKS TO DELIVERY OF ACTION	PROGRESS UPDATE	STATUS	Forum reported to
	use of capacity - convert 1 session per week to NP - ensure all NP clinics separate				engagement			
I4	Fully validated non admitted backlog - write to all patients waiting over 18weeks to see if still need/want treatment	A Mosaku	C Seaby	01.09.2013	Staff availability	To commence	**1**	Divisional Board
I5	Non admitted: eradicate 26+ weeks RTT - additional clinics to manage waiting list - recruitment to all vacancies in dental staff - Prioritisation of long waiters - Fully utilise all space - Reduce DNA rate	A Mosaku	C Seaby	01.03.2014	Patient choice Robust admin structure HR engagement Clinical and dental nurse engagement Financial impact	Vacancies filled – july 2013 Operational manager prioritising patients weekly	**3**	Divisional Board
I6	Demand management. - restrict referrals for endodontics to LLR area only - consider closing waiting list to all endodontics until waiting list manageable with appropriate contractual negotiations	A Mosaku	G Harris	01.09.2013	Commissioner engagement	To be commenced	**1**	Divisional Board

Appendix B The University Hospitals Of Leicester NHS Trust: RTT recovery plan

Key to named individuals:

Name	Role	Speciality
A Furlong	Divisional Director	Planned Care
R Mitchell	Chief Operating officer	Operations
N Kee	Divisional Manager	Planned Care
CCarr	Head of Performance Improvement	Operations
J Jameson	CBU Clinical Lead	Gi and Urology
L Gowan	Service Manager	Gi surgery and Urology
F Gordon	CBU Manager	Gi and Urology
M Metcalf	Cancer Clinical Lead	HPB / Cancer lead
A Miller	Head of Service	GI surgery
J Prydal	Lead Specilality Clinician	Ophthalmology
T Empeslidis	Lead Speciality Clinician	Ophthalmology
J Dean	Lead Speciality Clinician	Ophthalmology
R Chaudhuri	Lead Speciality Clinician	Ophthalmology
C Brown	Service Manager	Ophthalmology
J Burns	Head of Service	Ophthalmology
D Travis	CBU Manager	Surgical Specialities
A Banerjee	Head of Service	ENT
E Morgan-Jones	Head of Audiology	Hearing Services
M Elloy	Paediatric head of service	ENT
P Vaughan	CBU Manager	ITAPS
N Kirk	Service Manager	Childrens Services
A Ulla	Head of Service	Musculoskeletal
S Nattrass	Service Manager	Musculoskeletal
C Lyons	CBU Manager	Musculoskeletal
S Le Good	Operations Manager	Musculoskeletal
M Khan	Head of Service	Urology
I Ormiston	Head of Service	Max fax
C Seaby	Operations Manager	Oral Services
A Mosaku	Head of Service	Restorative dentistry

Trust Board Paper T – Appendix 4

OPERATIONAL PERFORMANCE EXCEPTION REPORT

REPORT TO: TRUST BOARD

DATE: 29 AUGUST 2013

REPORT BY: RICHARD MITCHELL, CHIEF OPERATING OFFICER

AUTHOR: NIGEL KEE, DIVISIONAL MANAGER, PLANNED CARE

DIVISIONAL DIRECTOR: ANDREW FURLONG

SUBJECT: CANCELLED OPERATIONS (JULY PERFORMANCE)

1.0 Present state

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

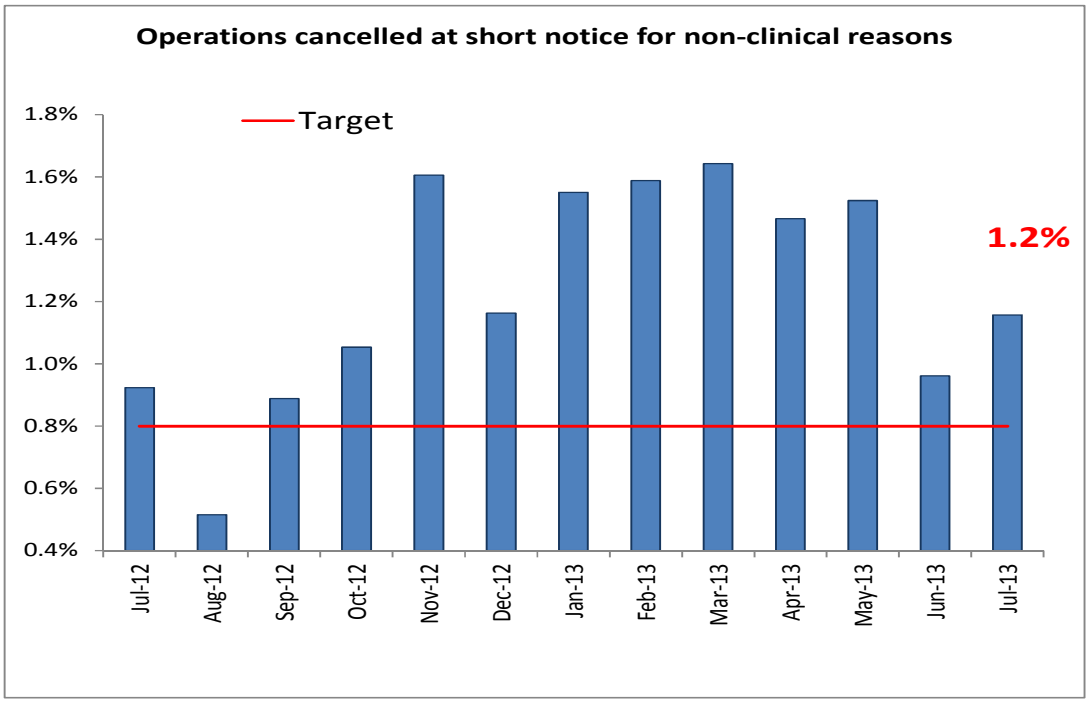
July's performance shows that the percentage of operations cancelled on/ after the day of admissions of all elective activity for non-clinical reasons was 1.2% against a target of 0.8%. Performance in July was a slight deterioration when compared to May and June.

The percentage offered a date within 28 days of the cancellation was 99.1% against a threshold of 95%.

	YTD	Jul-13	Last Month	July Last Year
Operations cancelled at short notice	1.3%	1.2%	1.0%	0.9%
Cancelled patients offered a date within 28 days	92.0%	99.1%	86.4%	89.3%

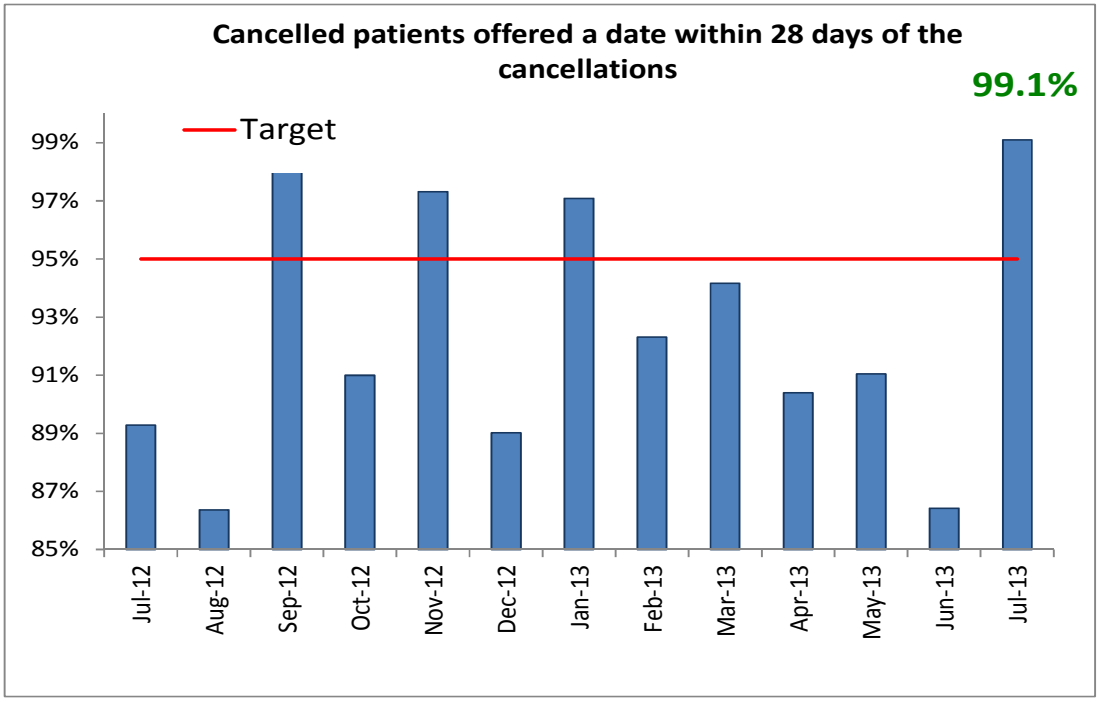
The summary of reasons for the cancellations is below:

Reason / Category	Date		
	31/05/13	30/06/13	31/07/13
Lack theatre time / list overrun	34	22	34
Ward bed unavailable	55	22	28
Patient delayed due to admission of a higher priority patient	14	12	17
Lack of surgeon	4	2	11
HDU bed unavailable	6	11	4
Lack of Anaesthetic staff	3	4	4
ITU bed unavailable	4	5	3
Lack of Theatre equipment	4	2	2
Case notes missing	4	1	2
Lack of theatre staff	5	2	1
TOTAL	133	83	106



The % of cancelled patients offered a date within 28 days has seen a significant improvement compared to previous months and the standard was met for the month.

Continued focus on reducing cancelled operations will have a positive benefit on this standard as well.



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.

In addition to actions outlined in the previous report, further actions are being progressed and are attached.

University Hospitals of Leicester NHS
NHS Trust
Caring at its best

Planned Care Division
Operations Cancelled On the Day – Recovery / Improvement

	Issue	Actions	Responsible Officer(s)	Due Date	New or pre-existing action	Status	RAG
1.	Lack of theatre time / List overrrun	a) Audit of overrun policy commenced and will be rolled out across all 3 sites	JH	30th August	New	Audit commenced	4
		b) Monitoring of any late starts and agreed escalation in place	KD		Pre-existing	In place	
2.	Ward bed unavailable	a) Additional recovery 'chairs' are now in use on ward 7 and are being well received by patients and staff. A SOP has been developed for ward 7 to complement the use of the recovery chairs.	DT	September	New	Completed	3
		b) Although some capacity on ward 19 was given back to the Division in early August, it has proved impossible to use this capacity due to staffing	FG	September	New	Staffing recruitment issues remain	
		c) 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). Initial costs are looking very high.	PV / DT	End September (for feasibility)	Pre-existing	Awaiting Interserve / Estates feedback	
		d) Continual escalation and challenge to the Acute Division is regularly undertaken and to Duty Managers	NK	August (complete)	Pre-existing	Complete	
		e) Reiteration of the Trust escalation policy for cancellations on the day of surgery via the daily bed management meetings.	NK	August (complete)	Pre-existing	Complete	
		f) Additional action in place whereby the Divisional Manager is notified of all cancelled operations on the day (including reasons, actions taken, escalation used, and person who took decision to cancel).	NK	August (complete)	Pre-existing	Complete	

5	Complete	4	On track	3	Some delay, expected to be completed as planned	2	Significant delay – unlikely to be completed as planned	1	Not yet commenced	0	Objective revised

3.	Patient delayed due to admission of a higher priority patient	a) Additional emergency lists planned from October (3 so far) b) Cross reference to the Scheduling workstream of the Theatres project	PV / SK SK	1st October	Pre-existing	Re-allocating theatre session (from elective to emergency) underway	3
4.	Lack of surgeon	a) Further improvements are being made to data quality with regard to what's recorded in HISS (reasons for cancelled ops)	PV	23rd August	New	Ongoing	4
5.	HDU / critical care bed unavailable	a) Flexible staff rota being introduced to the LGH in mid-September and LRI in October b) Active recruitment campaign in place supported by a robust action plan c) Robust and active sickness management in place	JH / MT JH JH	Mid October September	New Pre-existing	Plan in place Plan in place Plan in place	3
6.	Lack of Anaesthetic staff	a) Related to short notice sickness	PS				4
7.	Lack of Theatre equipment	a) Issue escalated to Synergy and equipment lead	PV	Ongoing	Pre-existing	Improving trend	4
8.	Casenotes missing	A new process for casenotes from community hospital is being piloted in MSK and, if successful, will be rolled out	CL	September	New	Pilot commenced	4
9.	Lack of theatre staff	a) Active recruitment campaign in place supported by a robust action plan b) Robust and active sickness management in place	JH JH	September	Pre-existing	Improving trend	3
10.	Other	a) The theatre transformation programme. Particular emphasis on pre-assessment and scheduling are considered to be the top two priorities that would have greatest immediate benefit b) Further improvements are being made to data quality with regard to what's recorded in HISS (reasons for cancelled ops)	SK PV	September September	Pre-existing New	To be discussed at theatre project board meeting	3

5	Complete	4	On track	3	Some delay, expected to be completed as planned	2	Significant delay – unlikely to be completed as planned	1	Not yet commenced	0	Objective revised