

**Trust Board paper S**

	<b>TRUST BOARD</b>									
<b>From:</b>	Rachel Overfield, Kevin Harris, Richard Mitchell Kate Bradley Peter Hollinshead									
<b>Date:</b>	<b>24th April 2014</b>									
<b>CQC regulation</b>	All									
<b>Title:</b>	<b>Quality &amp; Performance Report</b>									
<b>Author/Responsible Director:</b>	R Overfield, Chief Nurse K. Harris, Medical Director R, Mitchell, Chief Operating Officer K. Bradley, Director of Human Resources P Hollinshead, Interim Director of Financial Strategy									
<b>Purpose of the Report:</b>	To provide members with an overview of UHL quality and safety, patient experience, operational and finance performance against national and local indicators for the month of March 2014.									
<b>The Report is provided to the Board for:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Decision</td> <td style="width: 5%;"></td> <td style="width: 50%; text-align: center;">Discussion</td> <td style="width: 5%; text-align: center;">√</td> </tr> <tr> <td style="text-align: center;">Assurance</td> <td style="text-align: center;">√</td> <td style="text-align: center;">Endorsement</td> <td></td> </tr> </table>		Decision		Discussion	√	Assurance	√	Endorsement	
Decision		Discussion	√							
Assurance	√	Endorsement								
<b>Summary / Key Points:</b>	<p>Compliant</p> <ul style="list-style-type: none"> <li>❖ C Difficile – 66 cases reported for the year against a target of 67.</li> <li>❖ Friends and Family Test - performance for March is 69.9.</li> <li>❖ VTE - The VTE risk assessment within 24 hours of admission threshold of 95% has been achieved since July 2013.</li> <li>❖ Theatres – 100% WHO compliant for the last since January 2013.</li> <li>❖ All cancer targets delivered including the 62 day cancer with performance for February at 89.1% and year to date performance at 86.2%.</li> <li>❖ The percentage of stroke patients spending 90% of their stay on a stroke ward year target is 80%, performance to date is 83.1%</li> </ul> <p>Areas to watch:-</p> <ul style="list-style-type: none"> <li>❖ Diagnostic waiting times– the 1% threshold was missed in March at 1.9%</li> <li>❖ C&amp;B – performance similar to this time last year and target is still not delivered.</li> <li>❖ Pressure Ulcers – figures not yet fully validated</li> <li>❖ #NoF to theatre within 36hrs dropped to 54.7% during March.</li> </ul> <p>Exceptions/Contractual Queries:-</p> <ul style="list-style-type: none"> <li>❖ ED 4hr target - Performance for emergency care 4hr wait in March was 89.3%.</li> <li>❖ RTT admitted and non-admitted – Trust level compliant non admitted performance is expected in August 2014 and trust level compliant admitted performance is</li> </ul>									

expected in November 2014.

- ❖ Cancelled Operations – % of short notice cancellations in March was 1.5%.

Finance key issue:

- ❖ The Trust has not delivered its planned surplus and has not meet its breakeven duty, however, it has delivered the revised year end forecast deficit of £39.8m.

**Recommendations:** Members to note and receive the report

**Strategic Risk Register**

**Performance KPIs year to date CQC/NTDA**

**Resource Implications (eg Financial, HR)** Penalties for missing targets.

**Assurance Implications** Underachieved targets will impact on the NTDA escalation level, CQC Intelligent Monitoring and the FT application

**Patient and Public Involvement (PPI) Implications** Underachievement of targets potentially has a negative impact on patient experience and Trust reputation

**Equality Impact** N/A

**Information exempt from Disclosure** N/A

**Requirement for further review?** Monthly review

*Caring at its best*

---

## Quality and Performance – March 2014

---

Trust Board

Thursday 24<sup>th</sup> April 2014

One team shared values

## **CONTENTS**

Page 2	Introduction
Page 3	NTDA 2013/14 Indicators – Outcome and Quality Governance
Page 3	Data Quality Diamond

### **Quality and Patient Safety**

Page 4	Quality Commitment
Page 4	Mortality Rates
Page 6	Maternal Deaths
Page 6	Patient Safety
Page 7	Critical Safety Actions
Page 9	Fractured Neck of Femur ‘Time to Theatre’
Page 9	Venous Thrombo-embolism (VTE) Risk Assessment
Page 10	Quality Schedule and CQUIN schemes
Page 13	Theatres – 100% WHO compliance
Page 13	C-Sections Rates
Page 13	Safety Thermometer: Falls, Pressure Ulcers, VTE, CAUTI

### **Patient Experience**

Page 16	Infection Prevention
Page 18	Patient Experience including Friends and Family Test
Page 23	Nursing Workforce: Vacancies, real time staffing, Bank and Agency
Page 25	Ward Performance
Page 25	Same Sex Accommodation

### **Operational Performance**

Page 26	Operational performance key performance indicators
Page 27	Emergency Care 4hr Wait Performance
Page 27	RTT – 18 week performance
Page 28	Diagnostic Wait Times
Page 29	Cancer Waits
Page 30	Choose and Book slot availability
Page 30	Short Notice Cancelled Operations
Page 31	Stroke% stay on stroke ward
Page 31	Stroke TIA
Page 31	Delayed Transfers of Care

### **Human Resources**

Page 32	Appraisal
Page 33	Sickness
Page 33	Staff Turnover
Page 34	Statutory and Mandatory Training
Page 34	Corporate Induction

### **Other Sections**

Page 35	UHL Facilities Management
Page 37	IM&T Service Delivery Review

### **Finance Section**

Page 39	Financial Duties and Key Issues
---------	---------------------------------

# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**REPORT TO: TRUST BOARD**

**DATE: 24<sup>TH</sup> APRIL 2014**

**REPORT BY: KEVIN HARRIS, MEDICAL DIRECTOR  
RACHEL OVERFIELD, CHIEF NURSE  
RICHARD MITCHELL, CHIEF OPERATING OFFICER  
KATE BRADLEY, DIRECTOR OF HUMAN RESOURCES  
PETER HOLLINSHEAD, INTERIM DIRECTOR OF FINANCIAL STRATEGY**

**SUBJECT: MARCH 2014 QUALITY & PERFORMANCE SUMMARY REPORT**

## **1.0 INTRODUCTION**

The following paper provides an overview of the March 2014 Quality & Performance report highlighting key metrics and areas of escalation or further development where required.

## **2.0 2013/14 NTDA Oversight and Escalation Level**

### **2.1 NTDA 2013/14 Indicators**

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

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

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

Outcome Measures	Target	2012/13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD
All 30 day emergency readmissions	7.0%	7.8%	7.6%	7.8%	7.7%	7.5%	7.6%	7.8%	7.9%	7.8%	8.0%	8.7%	9.0%		7.9%
Avoidable Incidence of MRSA	0	2	0	0	0	0	0	1	0	0	0	0	0	0	1
Incidence of C. Difficile	67	94	6	7	2	6	5	9	6	6	5	10	0	4	66
Incidence of MSSA		46	5	2	5	1	4	3	1	1	1	3	2	2	30
Safety Thermometer Harm free care		94.1%*	92.1%	93.7%	93.6%	93.8%	93.5%	93.1%	94.7%	93.9%	94.0%	93.8%	94.8%	93.6%	
Never events	0	6	1	0	0	0	0	1	0	0	0	0	1	1	3
C-sections rates	25%	23.9%	23.8%	26.1%	26.1%	25.0%	25.2%	24.6%	25.6%	27.5%	25.2%	23.9%	25.5%	24.3%	25.2%
Maternal deaths	0	0	0	0	0	0	0	0	0	0	0	1	2	0	3
Avoidable Pressure Ulcers (Grade 3 and 4)	<8 per month	98	10	4	8	7	8	5	5	4	5	7	3	7	73
VTE risk assessment	95%	94.5%	94.1%	94.5%	93.1%	95.9%	95.2%	95.4%	95.5%	96.7%	96.1%	95.6%	95.0%	95.6%	95.3%
Open Central Alert System (CAS) Alerts		13	14	9	15	36	10	10	14	15	12	11	14	20	
WHO surgical checklist compliance	100%	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Quality Governance Indicators	Target	2012/13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD
Patient satisfaction (friends and family)		64.5	66.4	73.9	64.9	66.0	69.6	67.6	66.2	70.3	68.7	71.8	69.0	69.9	68.8
Sickness/absence rate	3.0%	3.4%	3.3%	3.1%	3.0%	3.2%	3.1%	3.1%	3.3%	3.5%	3.8%	3.9%	4.0%		3.4%
Proportion temporary staff – clinical and non-clinical (WTE for Bank, Overtime and Agency)			6.0%	6.5%	6.6%	6.2%	5.4%	5.6%	6.0%	6.1%	6.3%	6.6%	6.6%	6.9%	
Staff turnover (excluding Junior Doctors and Facilities)	10.0%	9.0%	8.8%	8.9%	9.2%	9.5%	9.3%	9.7%	9.6%	9.7%	10.2%	10.6%	10.4%	10.0%	
Mixed sex accommodation breaches	0	7	0	0	0	0	0	0	0	2	0	0	0	0	2
% staff appraised	95%	90.1%	90.9%	90.2%	90.7%	92.4%	92.7%	91.9%	91.0%	91.8%	92.4%	91.9%	92.3%	91.3%	
Statutory and Mandatory Training	75%		45%	46%	46%	48%	49%	55%	58%	60%	65%	69%	72%	96%	
% Corporate Induction attendance rate	95%		87%	82%	95%	90%	94%	94%	91%	87%	89%	93%	89%	95%	90%

## 2.2 UHL NTDA Escalation Level

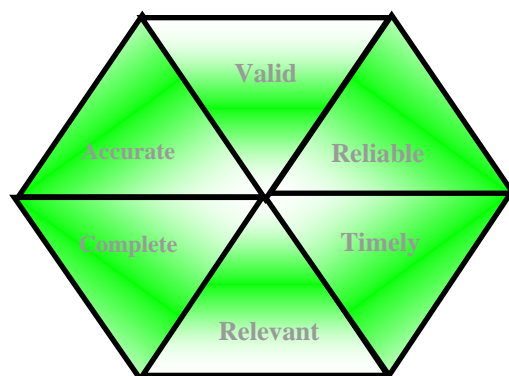
The Accountability Framework sets out five different categories by which Trust's are defined, depending on key quality, delivery and finance standards.

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

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

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

## 3.0 DATA QUALITY DIAMOND



The UHL Quality Diamond has been developed as an assessment of data quality for high-level key performance indicators. It provides a level of assurance that the data reported can be relied upon to accurately describe the Trust's performance. It will eventually apply to each indicator in the Quality and Performance Reports. The process was reviewed by the Trust internal auditors who considered it 'a logical and comprehensive approach'. Full details of the process are available in the Trust Information Quality Policy.

The diamond is based on the 6 dimensions of data quality as identified by the Audit Commission:

- ❖ **Accuracy** – Is the data sufficiently accurate for the intended purposes?
- ❖ **Validity** – is the data recorded and used in compliance with relevant requirements?
- ❖ **Reliability** – Does the data reflect stable and consistent collection processes across collection points and over time?
- ❖ **Timeliness** – is the data up to date and has it been captured as quickly as possible after the event or activity?
- ❖ **Relevance** – Is the data captured applicable to the purposes for which they are used?
- ❖ **Completeness** – Is all the relevant data included?

The data quality diamond assessment is included in the Quality and Performance report against indicators that have been assessed.

## 4.0 **QUALITY AND PATIENT SAFETY – KEVIN HARRIS/RACHEL OVERFIELD**

### 4.1 **Quality Commitment**

This section will be updated next month following approval of the final version of the Quality Commitment at the Trust Board on the 24<sup>th</sup> April.

### 4.2 **Mortality Rates**

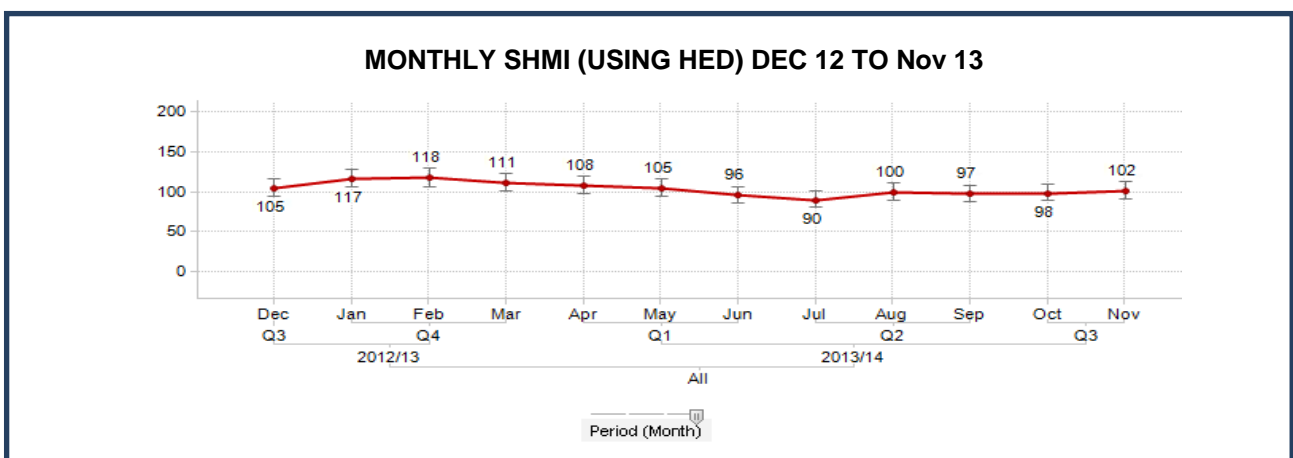


#### **SUMMARY HOSPITAL MORTALITY INDEX (SHMI)**

The SHMI is published as a rolling 12 month figure and the latest SHMI by the Health and Social Care Information Centre (HSCIC) was published at the end of January and covers the 12 month period July 12 to June 13. As anticipated UHL’s SHMI has gone up from 106 to 107 however, it remains in Band 2 (i.e. within expected).

UHL is now able to use the Hospital Evaluation Dataset tool (HED) to internally monitor our SHMI on a monthly basis using more recent data.

For the most recent 12 months (Dec 12 to Nov 13) UHL’s SHMI is 104 (this still includes the January to March 13 period).



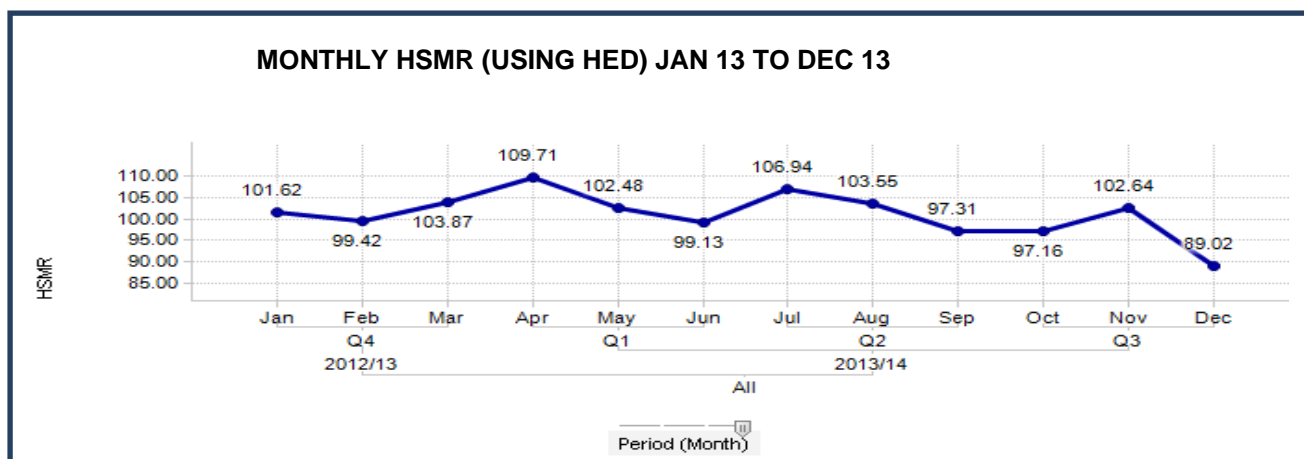
UHL’s SHMI for the financial year 2013/14 (April to Nov 13) is still currently predicted to be closer to 100.

However, due to the published SHMI being based on a '12 month rolling figure', the trust’s published SHMI is likely to remain above 100 until the Jan to April 13 period is not included in the '12 months'.

## HOSPITAL STANDARDISED MORTALITY RATIO (HSMR)

UHL's HSMR (as reported by HED) for the 12 months Jan to Dec 13 is 100.9 and for the financial year (Apr to Dec 13) it is 100.6.

It should be noted that although UHL's HSMR has been below 100 for Sept, Oct and Dec and HED rebase monthly, there may be an increase for these months as Trusts resubmit their coded data.



## CRUDE MORTALITY

UHL's crude mortality rates are also monitored as these are available for the more recent time periods.

As can be seen from the table below, whilst there is 'month on month' variation, the overall rate for 13/14 (Apr 13 to Feb 14) is slightly lower than in 12/13.

Month	Feb-13	Mar-13	FY 2012/13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	FYTD 2013/14
No of Patients Disch/Died	17,321	18,439	221,146	17,870	18,692	17,734	19,135	17,890	18,199	19,673	18,683	17,898	19,527	17,879	203,235
No of in-hospital deaths	275	288	3,177	277	254	229	229	233	218	253	251	267	245	260	2,716
Crude Mortality Rate	1.60%	1.60%	1.40%	1.60%	1.40%	1.30%	1.20%	1.30%	1.20%	1.30%	1.30%	1.50%	1.30%	1.50%	1.30%

## CQC INTELLIGENT MONITORING REPORT (IMR)

The latest CQC IMR has two areas of 'elevated risk' relating to mortality and both are based upon the Dr Foster Intelligence risk adjusted mortality data:

### Low Risk Diagnosis Groups

The Dr Fosters Intelligence (DFI) "Deaths in Low Risk Diagnosis Groups" is a 'composite mortality indicator' which benchmarks the combined mortality rate of several diagnosis groups, which individually have a low risk of mortality.

This latest IMR report covers Jul 12 to June 13 and UHL's mortality rate for the Deaths in Low Risk Diagnosis Groups' is 'above the expected' for this time frame and specifically relates to the 3 months Oct to Dec 12 (all other months are 'within expected').

Following the first 'elevated risk' a case note review has been undertaken of the patients contributing to this 'higher than expected' mortality for Oct to Dec 12. For the majority of



patients, their death was expected and appropriate care was given. The findings of the review have been reported to the Mortality Review Committee.

### **CABG + Other**

Within this composite indicator there is one procedural group which has a 'higher than expected mortality' – CABG +Other. Clinically "CABG +Other" is considered to be when a Coronary Artery Bypass Graft is undertaken plus a valve repair and "CABG Isolated" is for CABG without any valve repair and is a first time CABG..

However it appears that in the DFI 'risk adjustment tool', they have included 'first time CABG without valve repair procedures' in the 'CABG +Other' because additional codes were recorded relating to monitoring aspects of the procedure. This is then skewing both the denominator and numerator for both procedures.

Whilst it would seem that the reason for the alerts is purely due to an interpretation of procedural codes, a retrospective case note review has been undertaken to confirm patients' care was appropriate. All reviews undertaken to date have found both 'case selection' and management was appropriate.

### **4.3 Maternal Deaths**

There were no maternal deaths reported in March. The World Health Organisation (WHO 2014), defines maternal death as the death of a woman while pregnant or within 42 days of termination of pregnancy (giving birth) , irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

### **4.4 Patient Safety**



In March a total of 10 new Serious Untoward Incidents (SUIs) were escalated within the Trust, a further reduction from February. Three of these were patient safety incidents, six related to Hospital Acquired Pressure Ulcers and one was a Healthcare Acquired Infection. No Never Events were reported in March. Six patient safety root cause analysis investigation reports were completed and signed off last month, the actions and learning of which have been shared internally. These will be further reviewed at the Trust's 'Learning from Experience Group'.

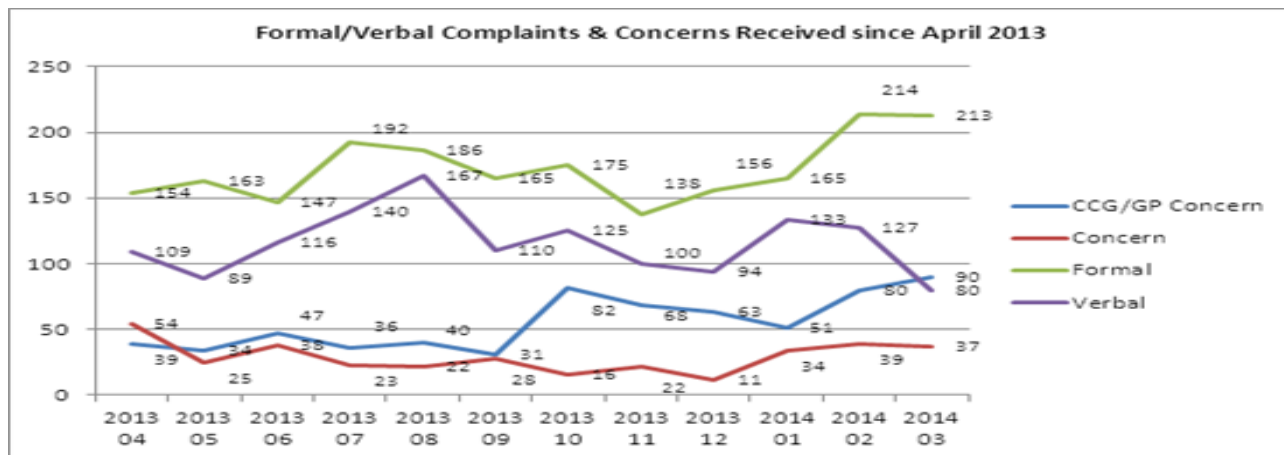
In March two calls were made to the 3636 Staff Concerns Reporting Line, one relating to the state of cleanliness and clutter in the corridors at LGH and one raised by an anaesthetist regarding patients requiring an overnight stay do not always have a bed allocated and may be cared for on trolleys for an indeterminate length of time. Both concerns have been fully investigated by a director and appropriate actions taken. All 3636 concerns are presented at the Executive Quality Board and the Quality Assurance Committee in the monthly Patient Safety report. Pleasingly the very high level of compliance with deadlines for external CAS alerts has been maintained (99% over a rolling 12 months) but the NPSA alert 'Right Blood' remains open.

March continued to see high complaints activity with a total of 213 formal written complaints received. The top 5 themes has changed slightly to:-

- ❖ Medical Care
- ❖ Waiting Times
- ❖ Staff Attitude
- ❖ Cancellations

❖ Communication

CMGs continue to review their complaints monthly and take actions for improvement but these complaints show the tremendous strain on the emergency system and the increased activity leading to further increases in waiting times and operation and procedure cancellations. Below is the trend graph which shows complaints activity over the past 10 months.



#### 4.5 Critical Safety Actions

Mth	Qtr 1	Qtr2	Qtr3	Qtr4	YTD
-----	-------	------	------	------	-----

The aim of the 'Critical safety actions' (CSAs) programme is to see a reduction in avoidable mortality and morbidity. The key indicator being focused upon by commissioners is a reduction in Serious Untoward Incidents related to the CSAs.

##### 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:-**

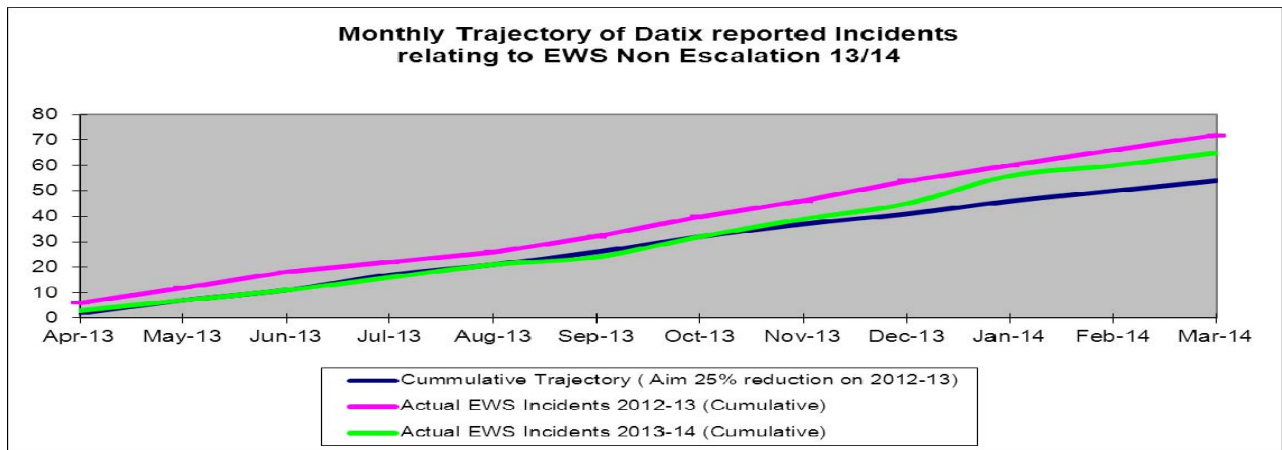
- ❖ Training commenced for nursing staff in March across LRI site in medicine, MSK and oncology/haematology wards. Children's and ITU will follow. Roll out to GH site next.
- ❖ Some IT background work has delayed initial go live date. Planned go live date is now 15<sup>th</sup> April 2014.

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

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

**Actions:-**

- ❖ EWS Datix reported incidents related to non-escalation are still being monitored this year. The internal aim was to reduce these by 25% against 2012-13 figures. For 2013-14 we have seen a 10% reduction in EWS incidents related to non-escalation against 2012-13 figures.  
Over the past two years UHL has reduced EWS non-escalation incidents by 35%.



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

Site	December 13	January 14	February 14
GH	97%	98%	100%
LGH	98%	98%	98%
LRI	96%	99%	94%

**% of red calls within response time <30 minutes**

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

- ❖ Results from previous case note review showed that at the LRI site only 82% of escalated EWS >4 had a documented review in the notes with the LGH and GH site faring better. It was agreed to repeat the exercise over a 3 day period and if this shows lack of documentation to feedback timely to both the junior doctor that did not document and the consultant of the ward where the patient is based. This is now planned for 2- 4<sup>th</sup> April 2014.

### 3. Acting on Results

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

**Actions:-**

- ❖ Have received signed off processes for managing diagnostic tests for 89% of specialities now. Those four outstanding specialities are all in progress. The end of Q4 target threshold was at least 80%.
- ❖ Issue and risks highlighted from this work have been reviewed. Dr. Collett will be chairing a meeting in on 10<sup>th</sup> April 2014 with CMG deputy directors, pathology, imaging and IT in attendance to discuss risk and agree actions that can be taken forward for next year.

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

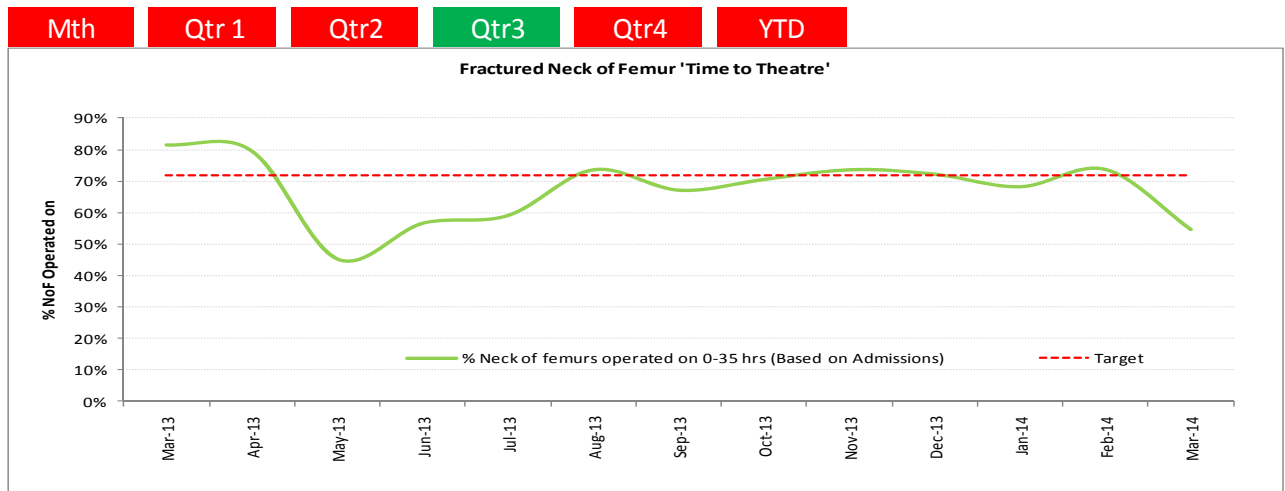
**Aim** - To meet national standards for clinical documentation. To provide strong medical leadership and safe and timely senior clinical reviews and ensure strong clinical governance.

**Actions:-**

- ❖ Ward round safety checklists are now out in all wards across UHL. New continuation paper added into UHL stationary ordering processes and old type paper removed. Trust wide communication for safety checklist and continuation paper on INsite. Small card versions for doctors have been sent to JDAs for distribution to both new and existing doctors with slide presentations for induction.
- ❖ Meeting with medical education simulation training lead in April. The ward round work should be incorporated into this existing training on an on-going basis.

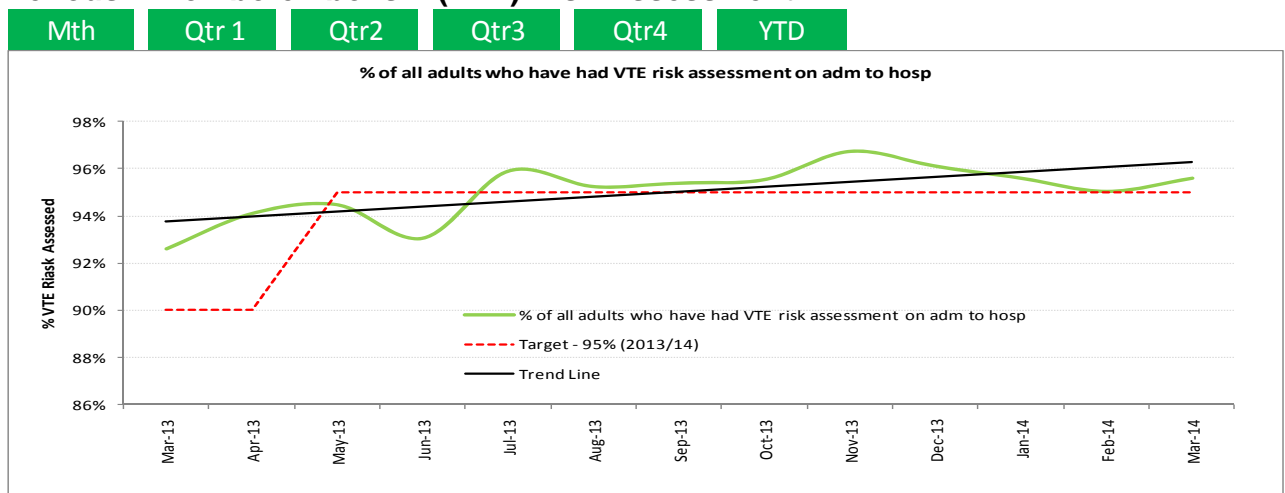
The Q4 CSA CQUIN commissioner visit has been agreed for 29<sup>th</sup> April 2014, areas to be visited are yet to be discussed and confirmed.

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



The percentage of patients admitted with fractured neck of femur during March who were operated on within 36hrs was 54.7% (41 out of 75 #NOF patients) against a target of 72%. The full year performance is 65.2%.

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



The 95% threshold for VTE risk assessment within 24 hours of admission was achieved in March, with full year performance being achieved at 95.3%.

#### 4.8 Quality Schedule and CQUIN Schemes

The table below summarises the anticipated RAG ratings for the Quality Schedule and CQUIN indicators in respect Quarter 4's performance.

Schedule Ref	Indicator Title and Detail	Q4 Predicted RAG	Comments re Q4 Performance
IP1a-e	MRSA bacteraemias C Diff Numbers MRSA screens (Emergency & Elective admissions) MSSA bacteraemias E Coli bacteraemias Infection Prevention Annual Programme	G	0 MRSAs reported for Jan to Mar 14. Although 10 C Diffs in Jan, 0 in Feb March data 4 – 66 in total end of year vs target of 67 100% pts screened. Most work streams on track in IP Annual Programme
IP2a	Surgical Wound Surveillance - Caesarean Section	G	Dependent upon sustained reduction in C Section wound infection rate since 11/12 baseline.
IP2b	Improved compliance with Surgical Wound, Peripheral Canula and Urinary Catheter HIs across UHL	A	Below 90% in Medicine and Women's for January. All other areas >90%. Agreed to discontinue indicator in 14/15 and to focus on Vascular Access monitoring as part of the Safety Thermometer audit days.
PS1b	Never Events	R	NE reported for February relating to retained vaginal swab.
PS2a	Risk register - Board Assurance Framework report	G	Further assurance provided about 'suspended' Risk.
PS2b	Central Alerting System Patient Safety Alerts and Rapid Response Reports (NPSA PSA and RRR)	A	Dependent upon actions agreed necessary for the Blood Transfusion NPSA alert
PS3	Safe Guarding for Adults and Children	G	
PS4	Ward Health Check Proactive oversight and scrutiny of ward level data (staffing and nursing metrics) to ensure safety care delivery	G	
PS6	Eliminating "avoidable" Grade 2, 3 and 4 Hospital Acquired Pressure Ulcers	G	Above threshold in January but below in Feb. March's data tbc
WF1	Organisational Development Plan Update and Workforce Metrics	G	Q3 RAG relates to Mandatory training. Increased performance anticipated during Q4.
MM1a-g	Medicines Code Audit Controlled Drugs Audit Non compliance with Traffic Light Policy Compliance with LLR Formulary for prescribing Medication errors causing serious harm	G	Improvement seen across all sections of Medicines Code and Controlled Drugs Storage audits.  Evidence of actions being taken to reduce harm.
PE1a	SSA Breaches Monthly Compliance	G	No non clinically justified breaches in Q4 to date
PE2a & b	Number of Formal Written Complaints and Rates against Activity Response to complainants within agreed timescales	R	Non achievement of 'response times' for both first time and reopened complaints.
PE3a-c	Progress in respect of Quality Commitment of the Patient Centred Care Priorities for 2013: Improvement in National Patient Survey Results Improvement in National Patient Survey Results for 'Responsiveness to Needs' Composite score	A	Although improvements in F&FT scores, RAG for the Quality Commitment part of the Indicator will depend upon progress with Discharge related work-stream.  No improvement in either 'Responsiveness to Needs' or 'Overall Score' in the National Patient Survey.

Schedule Ref	Indicator Title and Detail	Q4 Predicted RAG	Comments re Q4 Performance
PE4	ED service experience.	tbc	End of year threshold is improvement in F&FT score. Was 39 in April 13 and 61 in December 13. Deterioration in both Jan and Feb.
PE5	Improve staff engagement	G	
PE6	Implementation of the Trust's Equality high level plan.	N/A	
CE1	Maternity Dashboard	G	Will depend on C Section rates.
CE2	Children's Services Dashboard	G	Will depend upon improvement with medical staff training.
CE3a	PROMS Participation for patients undergoing Groin Hernia Surgery Varicose Vein Repair	G	Latest Groin Hernia PROMs show improvement in outcomes from Q2
CE4	Fractured Neck of Femur Dashboard	A	Jan and Feb's performance currently reported as being below threshold for 6 out of the 9 indicators. 'Time to theatre' within 48 hrs has been below threshold for several months.
CE5a)	Improve performance with the Stroke Dashboard Indicators	A	High risk patients seen in TIA clinic within 24 hrs = 64% for 13/14 as a whole and for each CCG which is above the 60% national threshold but below the CCGs' 70%. Stroke performance for Q4 tbc
CE6	Mortality Dashboard to include: SHMI HSMR	A	SHMI will still be above 100.
CE7a-c	Compliance with NICE Technology Appraisals published in 13/14 and all NICE Guidance Clinical Audit 13/14 programme progress	A	Action plans not in place for all areas of non compliance. Some delays in completion of audit action plans
CE8	Francis Report and 'Transforming Care' Recommendations	G	
CE9	National Quality Dashboard	G	
CE10	Consultant level survival rates as stated on the 'Everyone Counts' document	G	
PR1.1	Use of Digital First to reduce inappropriate face-to-face contacts	G	
PR1.2	Use of IntraOperative Fluid Management	A	Further work being undertaken to understand deterioration in performance but unlikely to meet the 80% threshold.
PR1.3	Carers of patients with dementia receive advice	G	Improved results in the carers' surveys.
<b>CQUINS</b>			
Nat 1.	Implementation of Friends and Family Test: 1.2 Increased Response Rate	G	Although not achieved 20% in both ED and Inpatients, overall UHL F&FT participation is 20%.
	1.3 Improved F&FT score in Staff Survey	G	Slight improvement anticipated for both aspects of the Staff Survey relating to 'F&FT' question.
Nat 2.	2.1. To collect NHS Safety Thermometer data: pressure ulcers, falls, CAUTIs and VTE	G	Data submitted for all 4 harms
	2. 2a Reduction in the prevalence of CAUTI	G	Dependent upon action plan being on track and continued reduction in CAUTI prevalence as recorded on ST
	2. 2b Reduction in the prevalence of Falls	G	The number of falls reported on Datix have continued to reduce.
Nat 3	3. Dementia Screening, Risk Assessment and	G	90% performance for January and just



Schedule Ref	Indicator Title and Detail	Q4 Predicted RAG	Comments re Q4 Performance
	Referral of Patients aged over 75 yrs		achieved for February. Already met '3 consecutive month threshold' earlier in the year.
	3.2 Training of staff – Category A, B C	G	Dependent upon Category B Training numbers
	3.3. Ensuring carers of people with dementia feel adequately supported	G	
Nat 4	Reduce Venous thromboembolism(VTE) 1. VTE risk assessment	G	95% performance in January
	2. Hospital Acquired Thrombosis RCAs	G	
Loc 1.1	MECC - Increase in number of referrals to Smoking Cessation Services (STOP), Alcohol Liaison, Healthy Eating	G	Dependant upon whether there are further reductions in referrals to STOP
Loc 2	Implementation of the AMBER care bundle to ensure patients and carers will receive the highest possible standards of end of life care	G	Implementation is on schedule.
Loc 3	Improve care pathway and discharge for patients with Pneumonia	G	On track to achieve Q4 threshold of improve compliance with antibiotic prescribing.
Loc 4	Improving care pathway and discharge for patients with Heart Failure - Implementation of Care Bundle and discharge Check List and piloting of 'virtual ward'	G	On track to achieve Q4 threshold of 40% patients receiving care bundle.
Loc 5	Critical Safety Actions: Clinical Handover, Acting on Results, Senior Clinical Review, Ward Round and Notation standards and Early Warning Scores (EWS)	tbc	Green RAG given for Q3 following Assurance visit by Commissioners.
Loc 6	Implementation of DoH Quality Mark with specific focus on Dignity Aspects	G	
SS1	Implementation of Specialised Service Quality Dashboards	G	
SS2	Bone Marrow Transplant (BMT) – Donor acquisition measures	G	
SS3	Fetal Medicine – Rapidity of obtaining a tertiary level fetal medicine opinion	G	90% threshold achieved for January
SS4	Joint scoring for patients with Haemophilia	G	On track to achieve 50% threshold
SS5	Discharge planning in NICU	G	
SS6	Radiotherapy – Improving the proportion of radical Intensity modulated radiotherapy with level 2 imaging – image guided radiotherapy (IGRT)	G	
SS7	Acute Kidney Injury	G	Automated Alert System in place and Outreach team now reviewing patients.
SS8	PICU - . To prevent and reduce unplanned readmissions to PICU within 48 hours	G	

Full data for Quarter 4 is being collated now and will be available for reporting to the next month's Executive Quality Board (EQB). Lead Officers have been advised of the need to reporting to EQB ahead of Clinical Quality Review Group (CQRG).

Commissioners will confirm their RAG ratings at the May CQRG meeting – Thursday, 22<sup>nd</sup> May.

#### 4.9 Theatres – 100% WHO compliance

Mth	Qtr 1	Qtr2	Qtr3	Qtr4	YTD
-----	-------	------	------	------	-----

The theatres checklist has been fully compliant for since January 2012.

#### 4.10 C-sections rate



The C-section rate for March is 24.3% against a target of 25%, with a full year performance of 25.2%.

#### 4.11 Safety Thermometer

Areas to note for the March 2014 Safety Thermometer:-

- ❖ UHL reported 93.6% Harm Free Care for March 2014
- ❖ There was an increase in the number of newly acquired harms; notably, VTEs and pressure ulcers but not necessarily avoidable harm caused by the organisation
- ❖ Comparison charts with other organisations for falls and pressure ulcer prevalence show UHL is not an outlier for the month of February 2014 with these harms.

Chart One – UHL Percentage of Harm Free Care April 2013 to March 2014

		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
	Number of patients on ward	1672	1686	1650	1514	1496	1579	1596	1662	1558	1616	1661	1635
All Harms	Total No of Harms - Old (Community) and Newly Acquired (UHL)	150	117	113	100	108	121	85	102	102	104	91	109
	No of patients with no Harms	1531	1577	1540	1417	1392	1466	1512	1560	1464	1516	1574	1531
	% Harm Free	91.57%	93.53%	93.33%	93.59%	93.05%	92.84%	94.74%	93.86%	93.97%	93.81%	94.76%	93.64%
New Harms	Total No of Newly Acquired (UHL) Harms	73	58	56	49	59	46	42	40	41	46	39	50
	No of Patients with no Newly Acquired Harms	1600	1631	1596	1466	1438	1535	1555	1622	1519	1572	1624	1587
	% of UHL Patients with No Newly Acquired Harms	95.69%	96.74%	96.73%	96.83%	96.12%	97.21%	97.43%	97.59%	97.50%	97.28%	97.77%	97.06%
Harm One	No of Patients with an OLD or NEWLY Acquired Grade 2, 3 or 4 PU	92	75	73	66	67	87	54	74	62	69	58	69
	No of Newly Acquired Grade 2, 3 or 4 PUs	26	27	26	19	25	16	19	17	13	21	21	25
Harm Two	No of Patients with falls in a care setting in previous 72 hrs resulting in harm	14	8	8	5	3	3	2	3	3	5	3	5
	No of patients with falls in UHL in previous 72 hrs resulting in harm	3	3	4	5	2	2	2	1	3	5	2	3
Harm Three	No of Patients with Urinary Catheter and Urine Infection (prior to or post admission)	36	27	27	25	31	25	22	15	24	14	22	22
	Number of New Catheter Associated UTIs	25	16	17	21	24	21	14	10	12	4	7	7
Harm Four	Newly Acquired community or hospital acquired VTE (DVT, PE or Other)	8	7	5	4	7	6	7	10	13	16	8	13
	Hospital Acquired Thrombosis (HAT)						2	1	6	7	4	2	6

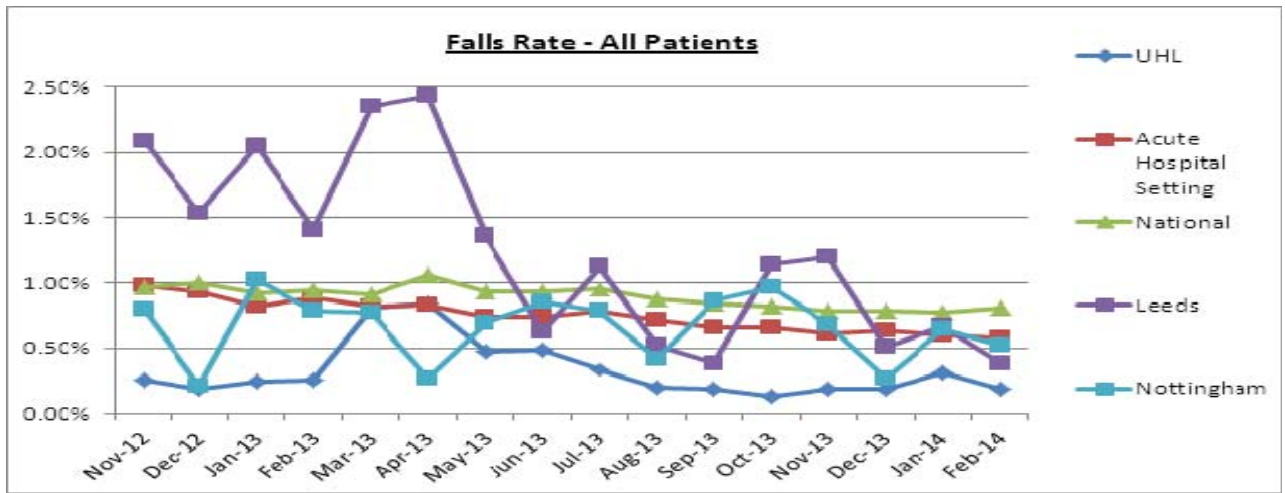
### DETAILED ANALYSIS OF HARMS

#### a) Falls (Prevalence via safety Thermometer)

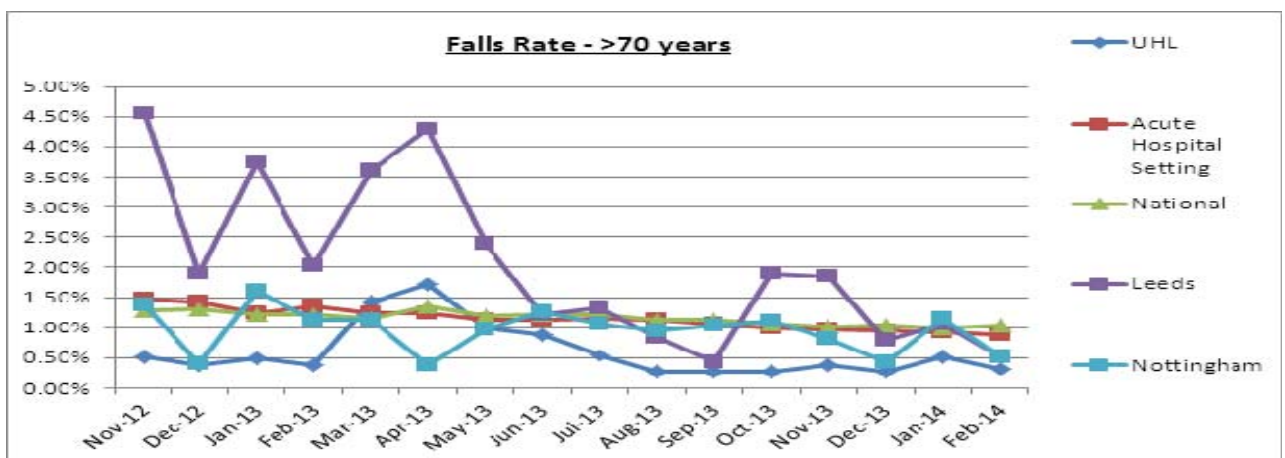
The UHL falls ST data for March 2014 does not indicate any areas of concern. Of the five falls reported, three occurred within UHL with two occurring prior to admission. Two of the patients that fell within UHL sustained a laceration, level 2 harm. The third patient that fell within UHL sustained a fractured fibula. The first patient that fell prior to admission sustained a head laceration following a fall in a community hospital and the second patient fell in a residential home and sustained bruising.

Chart two – Falls Rate (all Patients) from Nov 2012 to Feb 2014





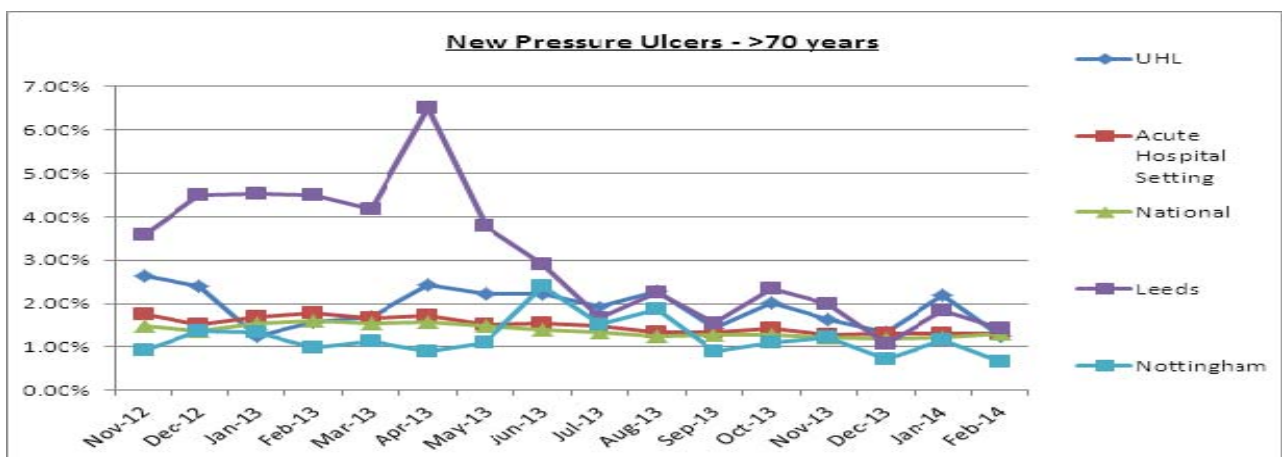
*Chart three – Falls Rate (Patients over 70 years) Nov 2012 – Feb 2014*



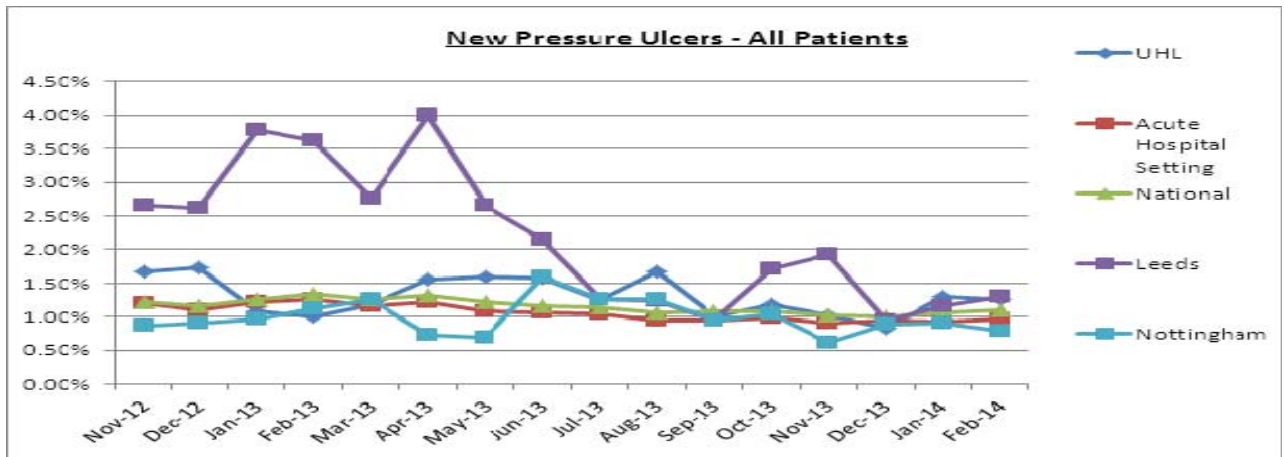
b) Pressure Ulcers (Prevalence via Safety Thermometer)

New Pressure Ulcer prevalence increased in March 2014. However, the Trust achieved the threshold for pressure ulcer incidence.

*Chart four – New Pressure Ulcers (Patients over 70 years) from Nov 2012 to Feb 2014*



*Chart five – New Pressure Ulcers (all Patients) from Nov 2012 to Feb 2014*

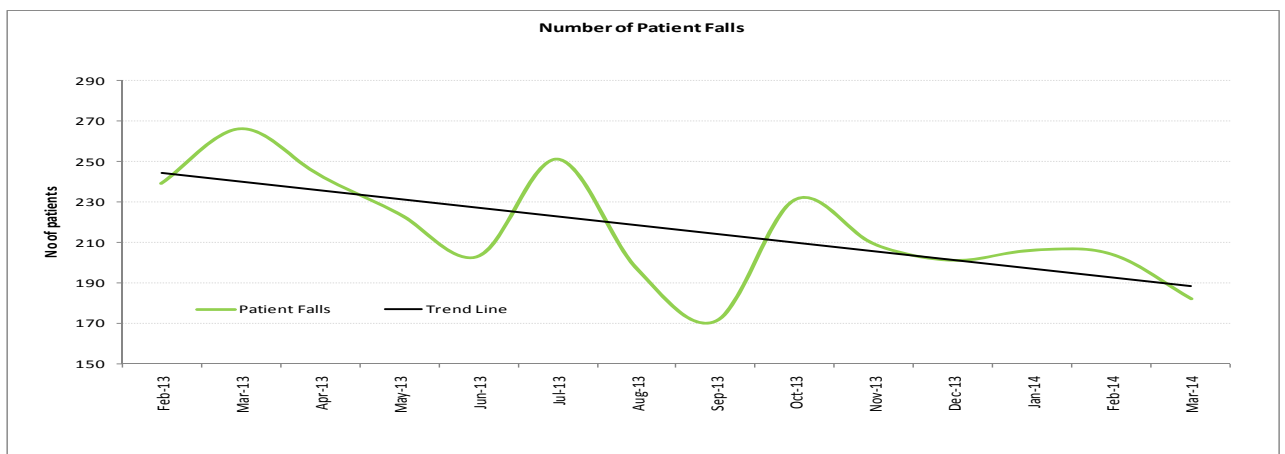


c) VTE

The ST VTE data for March 2014 reported six new Hospital Acquired Thrombosis, analysis of the six patients confirms the following:

- In line with ST guidance, one patient has been an in-patient since Oct' '13 (should be noted that the RCA confirmed that appropriate risk assessment and thromboprophylaxis were carried out for this patient).
- One patient had a 'New' upper limb VTE post PICC line insertion
- Four patients had a 'New' VTE post admission and will be for RCA in April.
- Seven patients were admitted with VTE from the community but still count in the Trust data for New VTE harms.

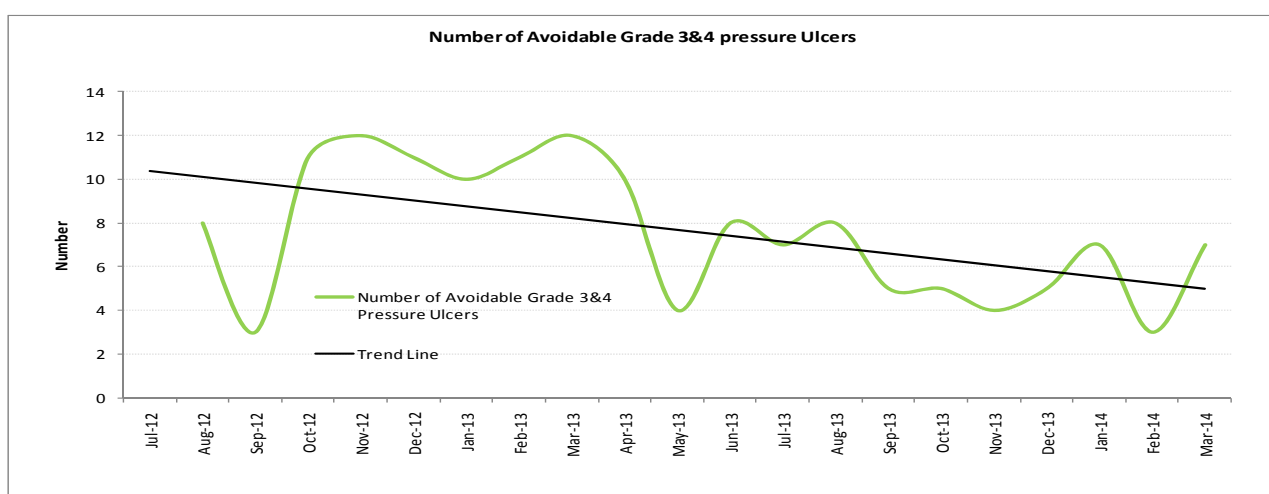
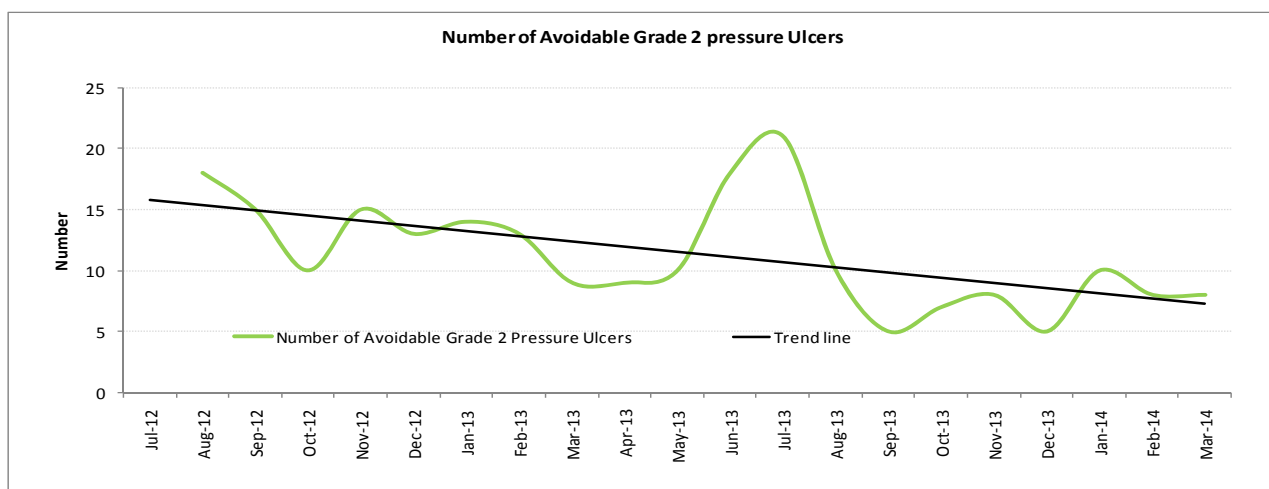
Patient Falls (Incidence via Datix)



The February falls figure has now been amended due to late closure of Datix Reports and the actual falls incidence was actually 204 (182 reported originally). The falls data for March is currently reported at 182. Again, the final figure will be subject change when all falls have been reported as Datix Incidents by Ward Managers.

It should be noted that prevalence and incidence cannot be compared for any of the harms data but for the purpose of this report, UHL falls prevalence rates measured via the Safety Thermometer are significantly less than other peer organisations and this was noted by the CQC at the recent hospital.

## Pressure Ulcer Incidence



The incidence data for Grade 2 and 3 pressure ulcers reported from April 2013 to January 2014 has undergone a further validation process following queries raised by the commissioners in relation to mismatch of STEIS and Trust data for 2013.

The mismatch of data was a result of some Grade 3 ulcers initially being deemed avoidable and escalated onto STEIS. However, at validation meetings, further evidence presented by ward staff deemed some of these ulcers to be unavoidable, but the STEIS incidents were not de-escalated by the commissioners. There were also a few Grade 2 incidents that had been reported against the wrong month because of delays in completing checklists.

March pressure ulcer information is still being validated and the numbers may change. The number of avoidable grade 3 pressure ulcers for March 2014 currently 7 and the number of Grade 2 is 8. If the final total remains at 7 then UHL has achieved the threshold for Grade 3 ulcers. It should however, be noted there is one outstanding checklist from a pressure ulcer that appeared to have developed in a patient who had attended ED because of a fractured limb. The patient was discharged with a type of supportive splint (not plaster of paris). It is a complex case that came to light through a complaint and is still being investigated.

The main themes highlighted for the avoidable ulcers include:

- ❖ Patient sitting out in a chair for a long period of time with minimal pressure relief to the sacrum causing tissue damage

- ❖ Insufficient Patient Education for patients who are independent but still at risk of developing pressure ulcers (i.e. education on moving around or changing position if sitting out)
- ❖ Lack of documentation providing assurance that pressure ulcer prevention strategies were in place in patients at risk of developing pressure damage

## 5.0 PATIENT EXPERIENCE – RACHEL OVERFIELD

### 5.1 Infection Prevention

a) MRSA 

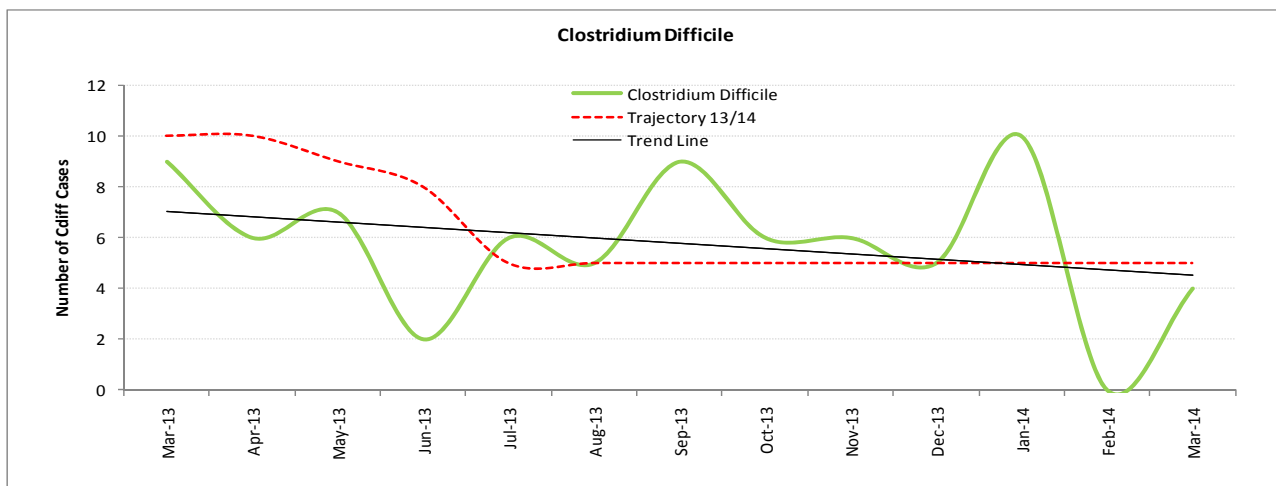


There were no avoidable MRSA cases reported in March.

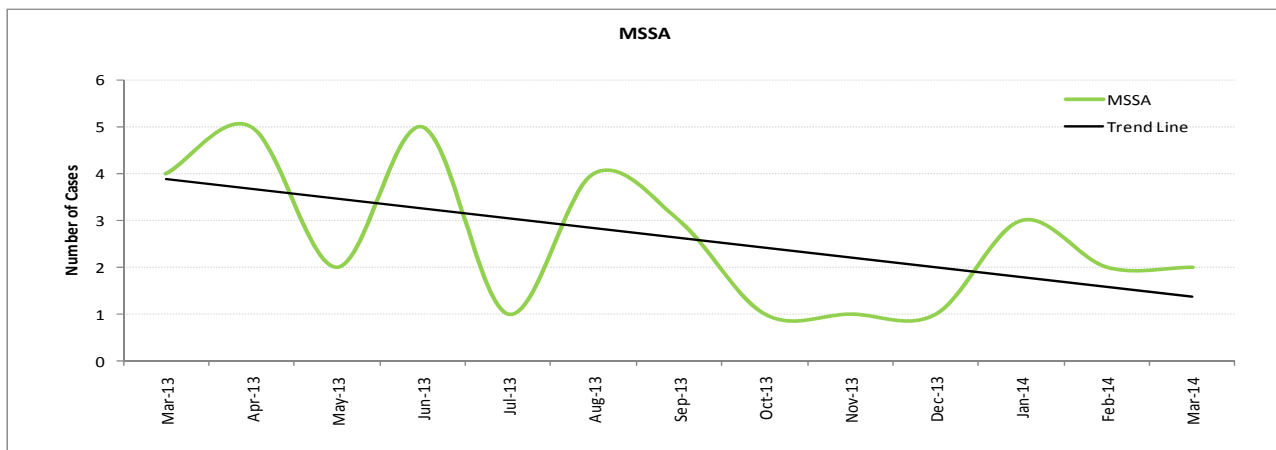
b) Clostridium Difficile 



With 4 cases reported in March, the full year target of no more than 67 cases was achieved. The final cumulative position for the full year was



c) The number of MSSA cases reported during March was 2, with 30 for the full year.



## 5.2 Patient Experience

Patient Experience Surveys are offered to patients, carers, relatives and friends across the trust in the form of four paper surveys for adult inpatient, children's inpatient, adult day case and intensive care settings and eleven electronic surveys identified in the table below.

In March 2014, 5,003 Patient Experience Surveys were returned this is broken down to:

- 2,949 paper inpatient/day case surveys
- 1,268 electronic surveys
- 620 ED paper surveys
- 166 maternity paper surveys

### Share Your Experience – Electronic Feedback Platform

In March 2014, a total of 1,268 electronic surveys were completed via email, touch screen, SMS Text, our Leicester's Hospitals web site or handheld devices.

A total of 260 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	Sms	Tablet	Web	Total Completions	Emails sent
A&E Department	1	58	0	0	4	63	2
Carers Survey	0	0	0	0	3	3	0
Childrens Urgent and ED Care	0	60	0	0	0	60	0
FFT Eye Casualty	0	44	0	226	0	270	0
Glenfield CDU	0	23	0	0	0	23	0
Glenfield Radiology	13	0	0	0	0	13	48
IP and Childrens IP	0	0	90	2	7	99	0
Maternity Survey	0	0	0	370	0	370	0
Neonatal Unit Survey	0	0	0	0	21	21	0
Outpatient Survey	50	4	61	213	4	332	210
Windsor Eye Clinic	0	8	0	6	0	14	0
<b>Total</b>	<b>64</b>	<b>197</b>	<b>151</b>	<b>817</b>	<b>39</b>	<b>1268</b>	<b>260</b>

### Treated with Respect and Dignity

Mth	Qtr 1	Qtr2	Qtr3	Qtr4	YTD
-----	-------	------	------	------	-----

This month has been rated BLUE for the question 'Overall do you think you were treated with dignity and respect while in hospital' based on the Patient Experience Survey trust wide scores for the last 12 months.

This new threshold scheme will be refreshed on a quarterly basis. A green score at trust level will mean that a new high score (based on the previous 12 months) and an improvement has been achieved. Conversely a red score will mean a new low score has been given by patients. The amber score has been replaced by blue and reflects 'an expected score' as scores will not be outside this blue range unless there is a significant improvement / deterioration.

## Friends and Family Test

### Inpatient

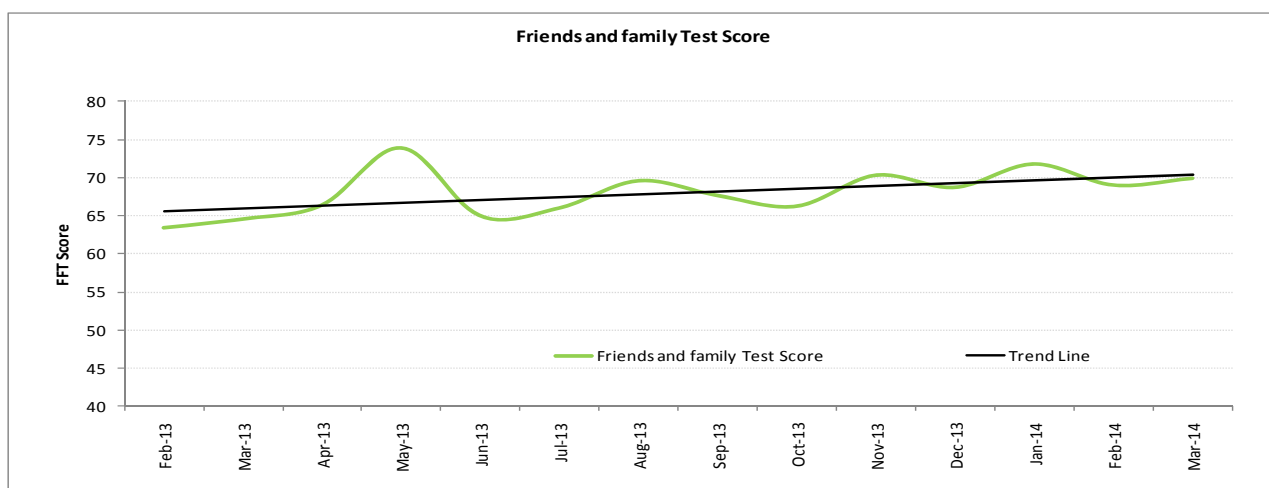
The inpatient surveys include the Friends and Family Test question; **How likely are you to recommend this ward to friends and family if they needed similar care or treatment?** Of all the surveys received in March, 2,050 surveys included a response to this question and were considered inpatient activity (excluding day case / outpatients) and therefore were included in the Friends and Family Test score for NHS England.

Overall there were 7,128 patients in the relevant areas within the month of March 2014. The Trust easily met the 15% target achieving coverage of **28.8%**.

The Friends & Family Test responses broken down to:

Extremely likely:	1,510
Likely:	410
Neither likely nor unlikely:	59
Unlikely	23
Extremely unlikely	17
Don't know:	31

**Overall Friends & Family Test Score 69.9**



### February 2014 Data Published Nationally

The National Table reports the scores and responses for 170 Trusts

If we filter out the Private and Single Speciality Trusts, and those that achieved less than 20% footfall, the UHL score of **69** ranks 91<sup>st</sup> out of **139** Trusts.

The overall National Inpatient Score (not including independent sector Trusts) was **72**.

### Friends and Family Test Scores by CMG

The FFT score for Renal, Respiratory and Cardiac rose this month to 76, and they also achieved a record number of responses this month. Renal, Respiratory and Cardiac overall performance on the FFT score is strong and their score has consistently been above the UHL level FFT performance.

Emergency and Specialist Medicine achieved a high level of responses this month, but their score fell to 68 after achieving scores above 70 for the previous three months. More respondents chose to be passive or detractors in March instead of promoters.

CHUGS showed a 5 percentage point decline in their FFT score in March, with an increase in both detractor and passive respondents, and a reduction in promoters. CHUGS however obtained responses from an additional 98 respondents this month and CHUGS score of 57 in March is consistent with average performance over previous months.

Musculoskeletal and Specialist Surgery showed a good increase in their FFT score compared to February performance and achieved their highest FFT score to date in March. There was an increase in the number of promoters of 9 percentage points, and a 1 percentage point fall in detractors, accompanied by the highest number of responses to date.

Women's and Children's showed a large rise in their FFT score this month as a higher proportion of responses from promoters were received. There were no detractor responses this month for Women's and Children's. The score for LRI GAU Ken L1 ward this month was 77.6, back in line with the scores the ward had previously achieved prior to February's low score, and this has contributed to the large rise for Women's and Children's this month. As Women's and Children's has a fairly small number of responses compared to other CMGs the score is more likely to fluctuate month on month.

The FFT score for the Emergency Department rose this month by 6.5 percentage points as respondents switched to being promoters in place of detractors.

**FFT Scores by CMG**

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Change in FFT Score (Feb - Mar 14)
UHL Trust Level Totals	66	74	65	66	70	68	66	70	69	72	69	70	0.9
Renal, Respiratory and Cardiac	70	76	73	80	80	79	70	78	74	81	73	76	2.7
Emergency and Specialist Medicine	64	72	57	62	63	68	63	68	73	72	75	68	-7.5
CHUGS	59	70	57	53	61	53	58	59	56	54	62	57	-5.0
Musculoskeletal and Specialist Surgery	72	75	73	66	68	69	69	70	66	71	67	78	10.8
Women's and Children's	78	80	74	68	76	77	70	76	76	73	59	79	19.6
Emergency Department	43	47	61	57	60	58	59	59	67	68	59	66	6.5

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

**Emergency Department & Eye Casualty**

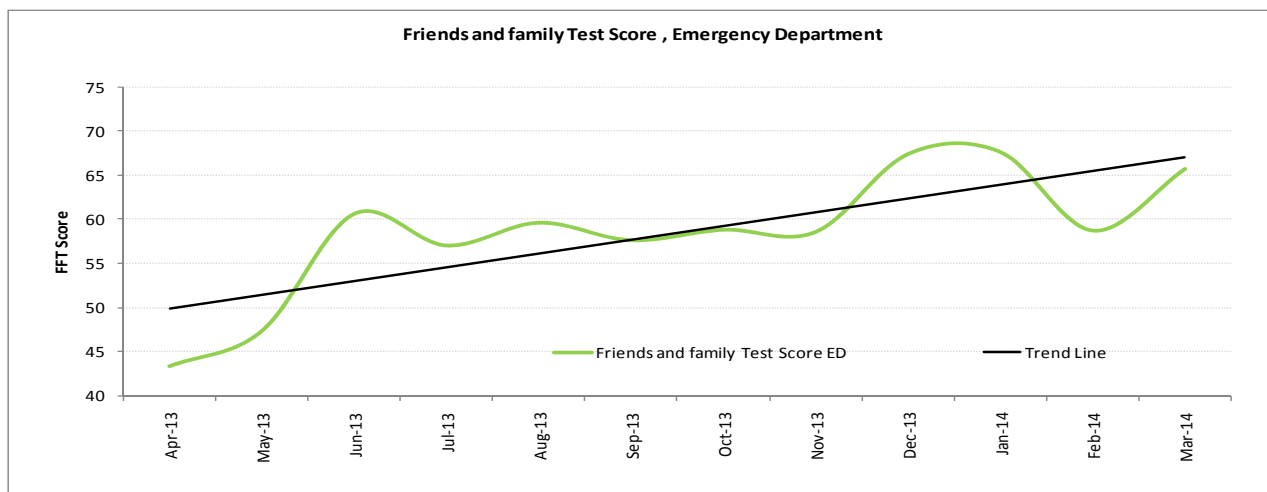
Electronic and paper surveys are used to offer the Friends and Family Test question; **How likely are you to recommend this A&E department to friends and family if they needed similar care or treatment?** in A&E Minors, Majors and Eye Casualty.



Overall there were 6,293 patients who were seen in A&E and then discharged home within the month of March 2014. The Trust surveyed 1,015 eligible patients meeting **16.1%** of the footfall. The Friends & Family test responses break down to:

Extremely likely:	712
Likely:	248
Neither likely nor unlikely:	24
Unlikely	13
Extremely unlikely	12
Don't know:	6

**Overall Friends & Family Test Score 65.7**



Breakdown by department	No. of responses	FFT Score	Total no. of patients eligible to respond
Emergency Dept Majors	237	56.2	1,445
Emergency Dept Minors	333	60.1	2,607
Emergency Dept – not stated	67	65.7	
Emergency Decisions Unit	120	57.6	748
Eye Casualty	258	85.3	1,493

### February 2014 Data Published Nationally

The National Table reports the scores and responses for 143 Trusts. If we filter out the Trusts that achieved less than 15% footfall, the UHL score of **59** ranks 39<sup>th</sup> out of the remaining 90 Trusts.

The overall National Accident & Emergency Score was **55**.

(NB previously only trusts that met 20% were included in the A&E ranking – however the CQUIN 2014/15 national target for A&E has been reset to 15% Q1-3 and will increase to 20% only in Q4).

### Maternity Services

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



Overall there were 2,683 patients in total who were eligible within the month of March 2014. The Trust surveyed 809 eligible patients meeting **30.2%** of the footfall. The Friends & Family test responses break down to:

Extremely likely:	571
Likely:	205
Neither likely nor unlikely:	21
Unlikely	6
Extremely unlikely	5
Don't know:	1

**Overall Maternity Friends & Family Test Score 66.7**

<b>Breakdown by maternity journey stage</b>	<b>No. of responses</b>	<b>FFT Score</b>	<b>Total no. of patients eligible to respond</b>
Antenatal following 36 week appointment	127	70.9	297
Labour Ward/Birthing centre following delivery	322	68.0	863
Postnatal Ward at discharge	294	60.1	604
Postnatal community – 10 days after birth	66	81.8	919

**February 2014 Data Published Nationally**

Maternity

NHS England has begun publishing all trust's Maternity Friends and Family Test scores and the results are split into each of the four Maternity Care Stages. February data was published at the beginning of April.

Antenatal

The average Friend and Family Test score for England (excluding independent sector providers) was **67**.

If we filter out the Trusts that are single speciality or achieved less than 20% footfall, the UHL score of **65** ranks 37<sup>th</sup> out of the remaining 61 Trusts.

Birth

The average Friend and Family Test score for England (excluding independent sector providers) was **75**.

With single speciality and Trusts that achieved less than a 20% footfall excluded, the UHL Friends and Family Test score of **64** ranks the Trust 80<sup>th</sup> out of the remaining 96 Trusts.

Postnatal Ward

The average Friend and Family Test score for England (excluding independent sector providers) was **64**.

With single speciality and Trusts that achieved less than a 20% footfall excluded, the UHL Friends and Family Test score of **63** ranks the Trust 71<sup>st</sup> out of the remaining 107 Trusts.

### Postnatal Community Provision

The average Friend and Family Test score for England (excluding independent sector providers) was **75**.

If we filter out the Trusts that are single speciality or achieved less than 20% footfall, then we are left with 45 Trusts. However our UHL Score of **61** does not feature among these as the 20% footfall was not achieved.

## **5.3 Nursing workforce**

### **5.3.1 Vacancies**

There are 303 WTE vacancies - 274wte RN vacancies and 30wte HCA

The sum of budgeted WTE's in March 2014 is reported as	4,980wte
The sum of nurses in post in March 2014 is reported as	4,517wte
The sum of nurses waiting to start in March is reported as	248wte
The sum of nurses waiting to leave in March is reported as	89wte
Therefore the sum of total reported vacancies for March is	303wte

198wte RN's waiting to start and 50wte HCA's waiting to start. Therefore the 'felt vacancies' are at 399wte RN and 63wte HCA's the detail is in the below table.

CMG	Felt RN Vacant	Felt HCA Vacant	Total
CHUGS	63.06	30.55	93.61
CSI	9.3	1.23	10.53
ED & SM	167.9	-14.99	152.91
ITAPs	43	15.41	58.41
MSK & SS	27.67	3.92	31.59
RRC	33.16	23.37	56.53
W & C	55.03	3.76	58.79
Total	399.12	63.25	462.37

### **5.3.2 Real Time Staffing**

Future workforce reports will detail real time staffing for the previous month, how many shifts have been made red, and whether there is any trending with this in relation to wards and CMG's and days of the week.

The report will also detail the compliancy in relation to completion of the information per ward area/CMG.

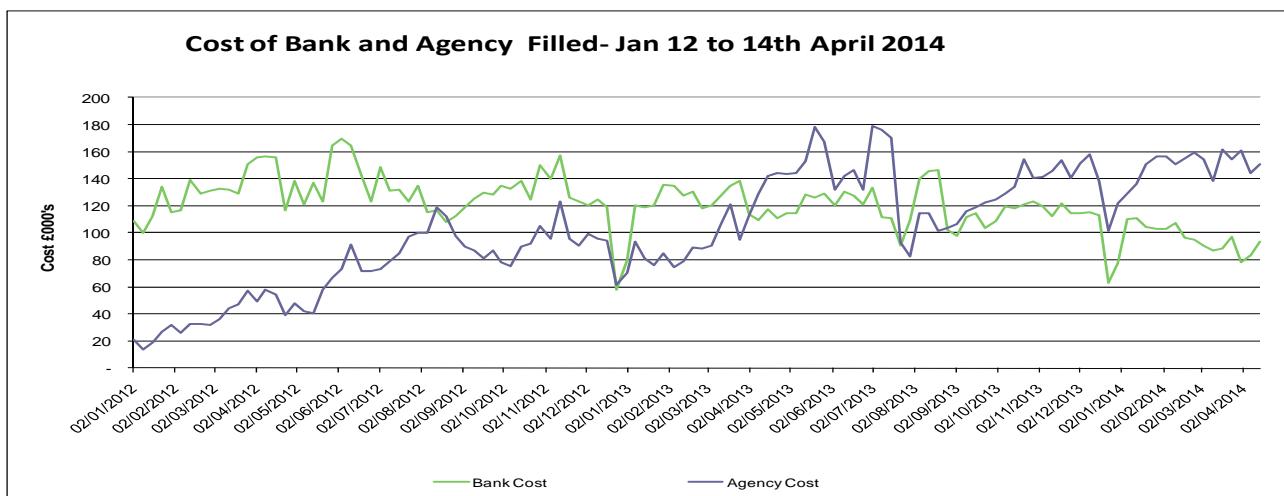
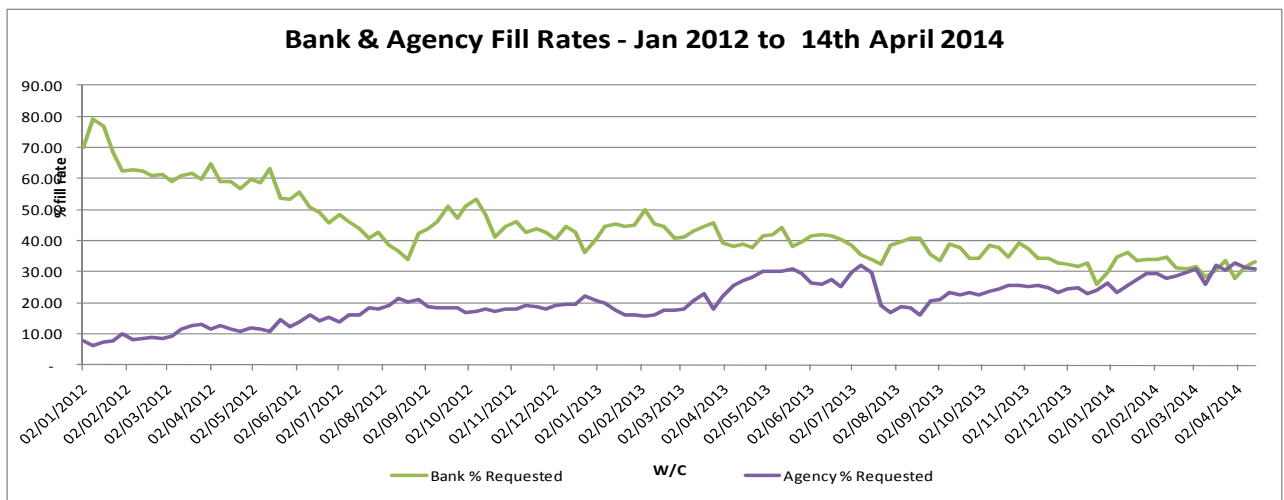
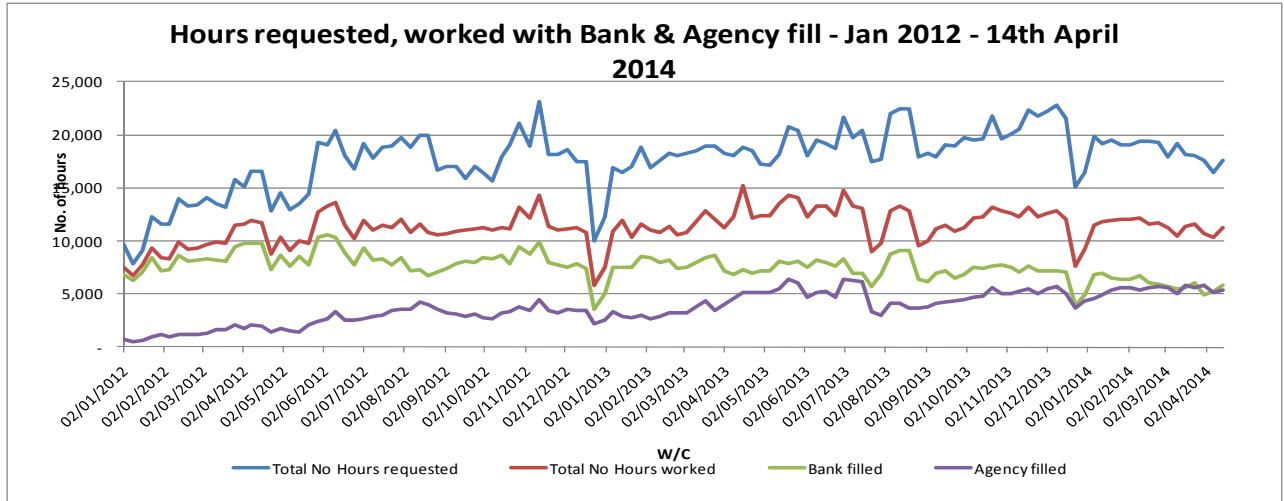
This will form the basis of UHL's reporting in relation to NHS England's, 'Hard Truths Commitments Regarding the Publishing of Staffing Data'. The Board will receive a monthly update containing the details and summary of planned and actual staffing on a daily basis. Therefore we will be reporting the gap.

The Board will be advised about wards where staffing falls below the requirements, the reason for the gap, with the impact and actions taken to address the gap, therefore completion of Real Time Staffing is even more essential.

Assurances are needed in relation to contingency plans in place and incident reporting, and the report will be published in a form accessible to patients on the Trusts website.

### 5.3.3 Bank and Agency

Bank and agency information is shown in the following graphs.



## 5.4 Ward Performance

The ward quality dashboard for March information is included in Appendix 2. represents March data.

## 5.5 Same Sex Accommodation

Mth	Qtr 1	Qtr2	Qtr3	Qtr4	YTD
-----	-------	------	------	------	-----

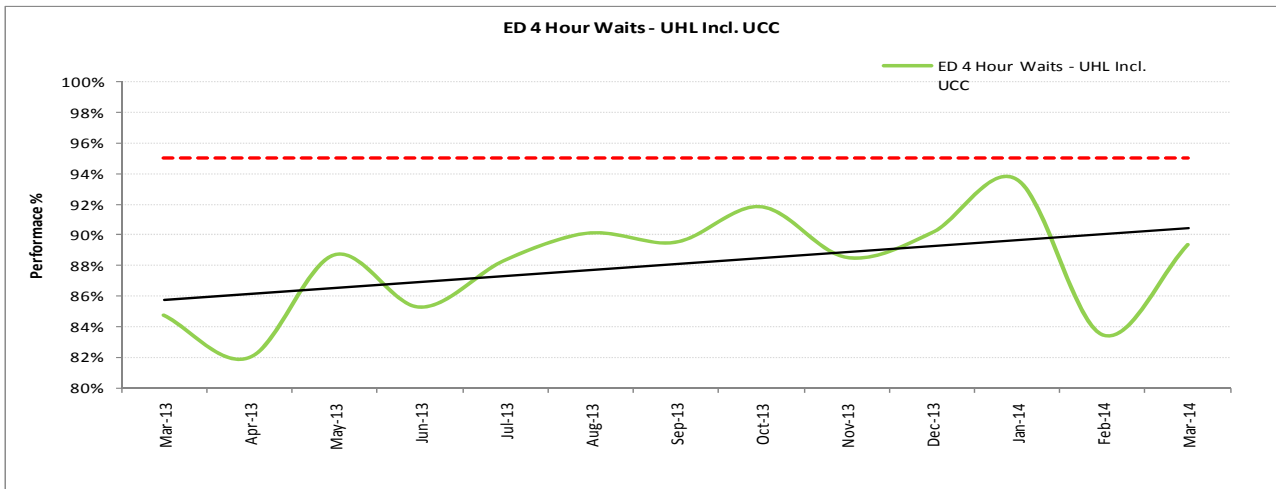
All UHL wards and intensivists areas continue to offer Same Sex Accommodation (SSA) during March in line with the UHL SSA Matrix guidance and delivered 100%.

## 6 OPERATIONAL PERFORMANCE – RICHARD MITCHELL

Performance Indicator	Target	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD
A&E - Total Time in A&E (UHL+UCC)	95%	86.1%	84.7%	82.0%	88.7%	85.3%	88.3%	90.1%	89.5%	91.8%	88.5%	90.1%	93.6%	83.5%	89.3%	88.4%
RTT waiting times – admitted	90%	91.9%	91.3%	88.2%	91.3%	85.6%	89.1%	85.7%	81.8%	83.5%	83.2%	82.0%	81.8%	79.1%	76.7%	
RTT waiting times – non-admitted	95%	97.0%	97.0%	97.0%	95.9%	96.0%	96.4%	95.5%	92.0%	92.8%	91.9%	92.8%	93.4%	93.5%	93.9%	
RTT - incomplete 92% in 18 weeks	92%	93.5%	92.6%	92.9%	93.4%	93.8%	93.1%	92.9%	93.8%	92.8%	92.4%	91.8%	92.0%	92.6%	92.1%	
RTT - 52+ week waits	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	
Diagnostic Test Waiting Times	<1%	1.0%	0.5%	1.6%	0.6%	0.6%	0.6%	0.8%	0.7%	1.0%	0.8%	1.4%	5.3%	1.9%	1.9%	
Cancelled operations re-booked within 28 days	100%	92.3%	94.2%	90.4%	91.0%	86.4%	99.1%	96.0%	98.6%	94.2%	97.7%	94.3%	94.1%	98.9%	94.2%	95.1%
Cancelled operations on the day (%)	0.8%	1.6%	1.6%	1.5%	1.5%	1.0%	1.2%	1.4%	2.3%	1.7%	1.8%	1.7%	1.6%	2.1%	1.5%	1.6%
Cancelled operations on the day (vol)		130	137	125	134	81	114	124	208	171	172	141	152	178	139	1739
Urgent operation being cancelled for the second time	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2 week wait - all cancers	93%	95.9%	95.2%	93.0%	95.2%	94.8%	94.2%	94.6%	93.0%	94.9%	95.7%	94.9%	95.3%	95.9%		94.7%
2 week wait - for symptomatic breast patients	93%	93.1%	95.4%	94.0%	94.8%	93.2%	93.6%	92.0%	95.2%	93.0%	91.3%	95.5%	96.8%	93.4%		94.0%
31-day for first treatment	96%	97.6%	98.8%	97.5%	97.0%	99.0%	98.3%	99.7%	99.1%	98.9%	96.2%	97.4%	97.1%	98.5%		98.1%
31-day for subsequent treatment - drugs	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%
31-day wait for subsequent treatment - surgery	94%	94.1%	92.7%	97.2%	94.4%	97.5%	100.0%	98.4%	88.6%	96.4%	97.1%	92.3%	94.8%	96.4%		95.8%
31-day wait subsequent treatment - radiotherapy	94%	98.9%	99.1%	100.0%	97.8%	99.1%	100.0%	100.0%	97.7%	97.5%	98.5%	98.1%	94.7%	96.3%		98.1%
62-day wait for treatment	85%	75.4%	81.5%	80.9%	80.3%	85.9%	85.8%	88.2%	87.4%	86.4%	85.7%	89.4%	89.5%	89.1%		86.2%
62-day wait for screening	90%	95.7%	95.8%	98.6%	94.3%	95.0%	90.6%	97.2%	96.2%	100.0%	97.0%	96.6%	97.1%	95.1%		96.1%
Stroke - 90% of Stay on a Stroke Unit	80%	81.4%	82.3%	77.4%	80.7%	78.0%	87.1%	88.5%	89.1%	83.7%	78.0%	81.8%	89.3%	82.0%		83.1%
Stroke - TIA Clinic within 24 Hours (Suspected TIA)	60%	85.1%	77.0%	51.1%	69.2%	72.0%	60.5%	73.6%	64.6%	62.4%	76.8%	65.7%	60.5%	40.7%	77.9%	64.2%
Choose and Book Slot Unavailability	4%	10%	9%	7%	9%	13%	15%	14%	11%	16%	17%	14%	10%	16%	19%	13%
Delayed transfers of care	3.5%	2.7%	3.7%	3.7%	3.9%	3.1%	3.6%	3.1%	3.9%	3.1%	4.6%	2.8%	3.6%	4.5%	3.4%	3.6%

### 6.3 Emergency Care 4hr Wait Performance

Mth Qtr 1 Qtr2 Qtr3 Qtr4 YTD



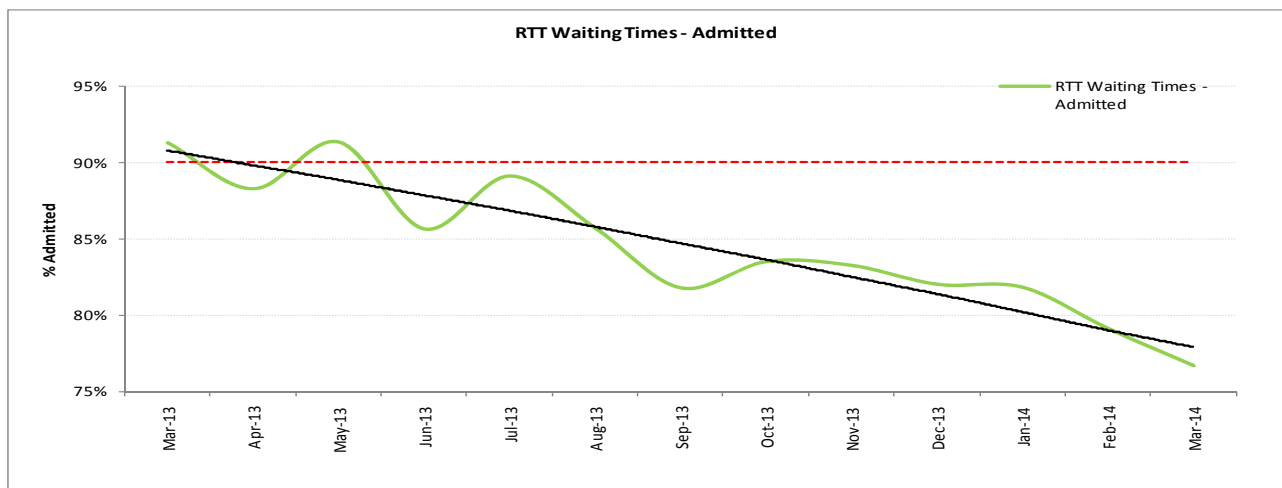
Performance for emergency care 4hr wait in March was 89.3% with the full year performance at 88.4%. Actions relating to the emergency care performance are included in the ED exception report.

UHL was ranked 136 out of 144 Trusts with Type 1 Emergency Departments in England for the four weeks up to 6th April 2014. Over the same period 83 out of 144 Acute Trusts delivered the 95% target.

### 6.4 RTT – 18 week performance

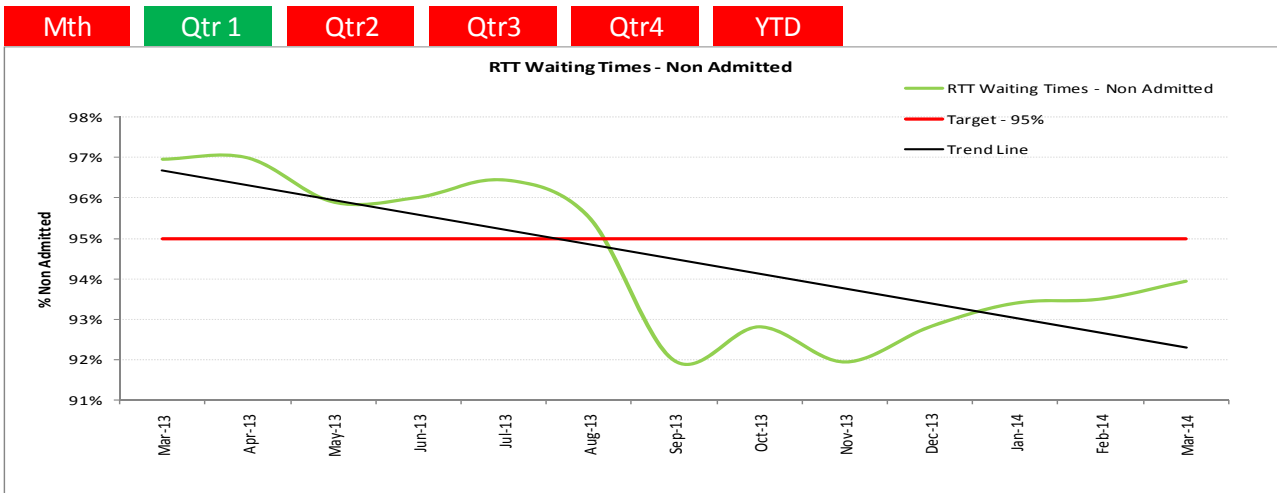
#### a) RTT Admitted performance

Mth Qtr 1 Qtr2 Qtr3 Qtr4 YTD



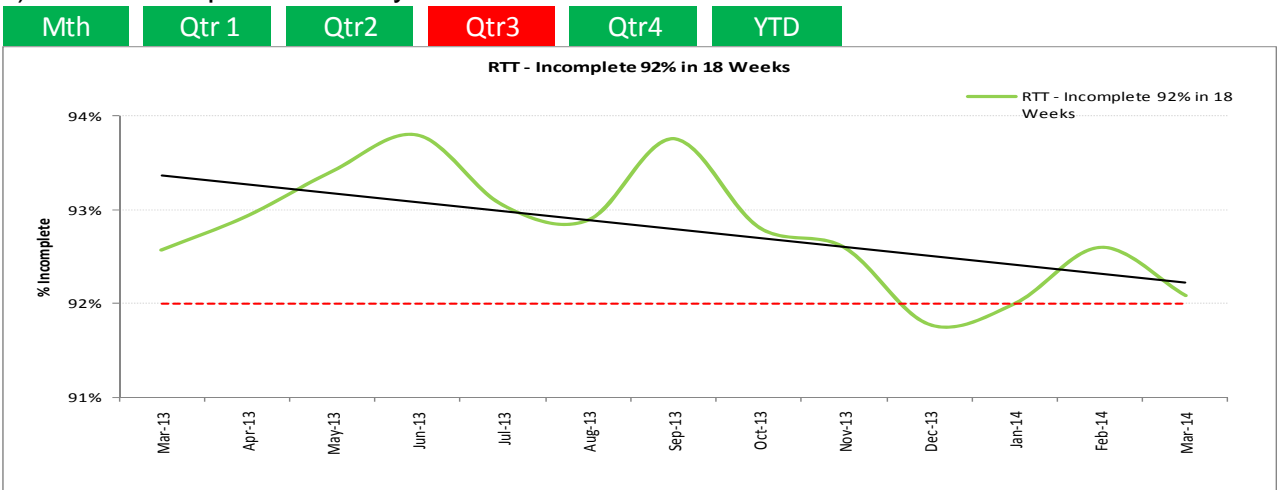
RTT admitted performance for March was 76.7% with significant speciality level failures in ENT, General Surgery, Ophthalmology and Orthopaedics. Further details can be found in the RTT Improvement Report – Appendix 3.

#### b) RTT Non Admitted performance



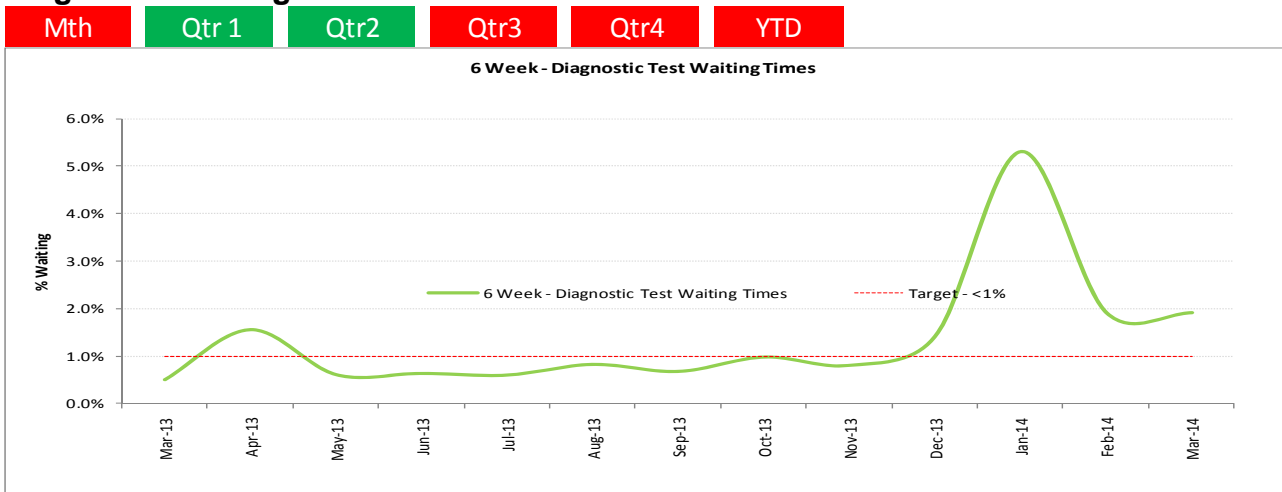
Non-admitted performance during March was 93.9%, with the specialty level failures in ENT, Orthopaedics and Ophthalmology. Further details can be found in the RTT Improvement Report.

### c) RTT Incomplete Pathways




RTT incomplete (i.e. 18+ week backlog) performance achieved the target at 92.1%. In numerical terms the total number of patients waiting 18+ weeks for treatment (admitted and non-admitted) at the end of March was 3,120 compare to 2,937 at the end of February.

## 6.5 Diagnostic Waiting Times



At the end of March 1.9% of patients were waiting for diagnostic tests longer than 6 weeks. Further details are included in the Diagnostic exception report – Appendix 4.

## 6.6 Cancer Targets


a) Two Week Wait 

Mth Qtr 1 Qtr2 Qtr3 Qtr4 YTD

February performance for the 2 week to be seen for an urgent GP referral for suspected cancer was achieved at 95.9% (national performance 95.9%).


Mth Qtr 1 Qtr2 Qtr3 Qtr4 YTD

February performance for the 2 week symptomatic breast patients (cancer not initially suspected) was achieved at 93.4% (national performance 94.5%).

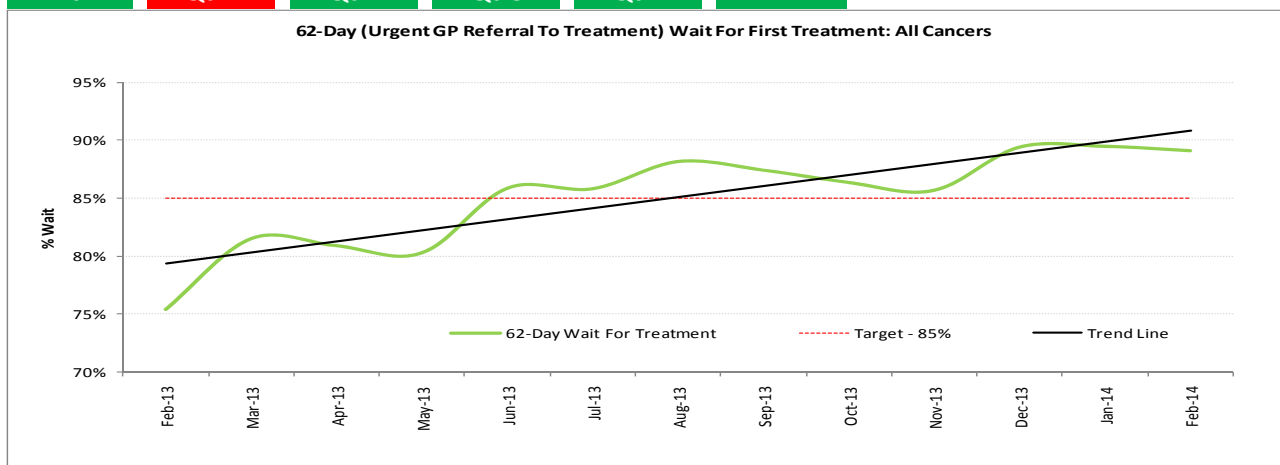
b) 31 Day Target 

Mth Qtr 1 Qtr2 Qtr3 Qtr4 YTD

All four of 31 day cancer targets have been achieved in February

c) 62 Day Target 

Mth Qtr 1 Qtr2 Qtr3 Qtr4 YTD



The 62 day urgent referral to treatment cancer performance in February was 89.1% (national performance January was 83.4% and in February 83.7%) against a target of 85%. The year to date position is now also being delivered at 86.2%.

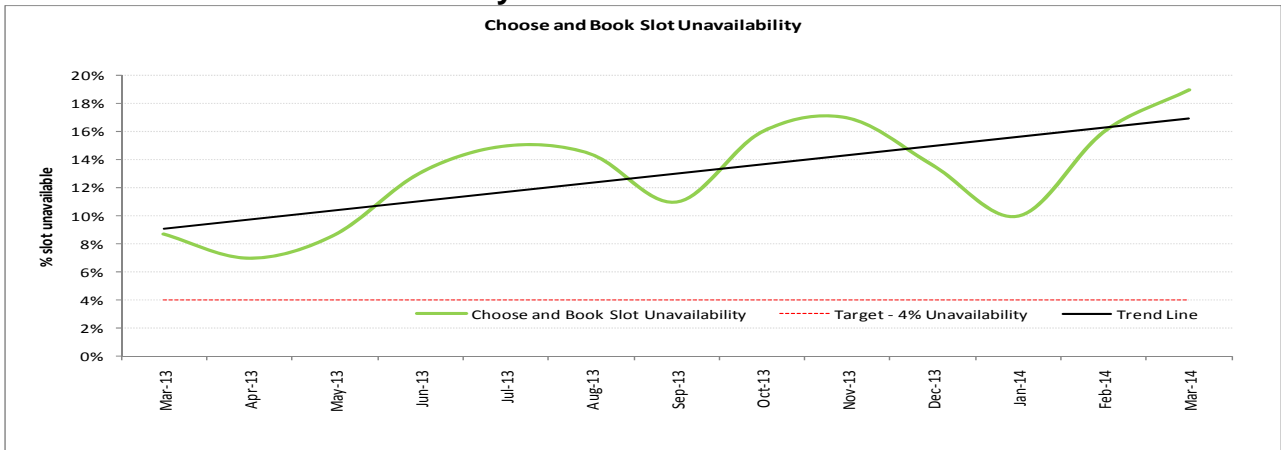
Commissioners have repaid the £50k fine from Quarter 1 and will close the RAP due to the delivery of this target.

The key points to note as at mid April are:-

- ❖ Current volume over 62 days = 21 patients
- ❖ Waits > 100 days = 1 gynae patient , tci date next week (cancer not confirmed)

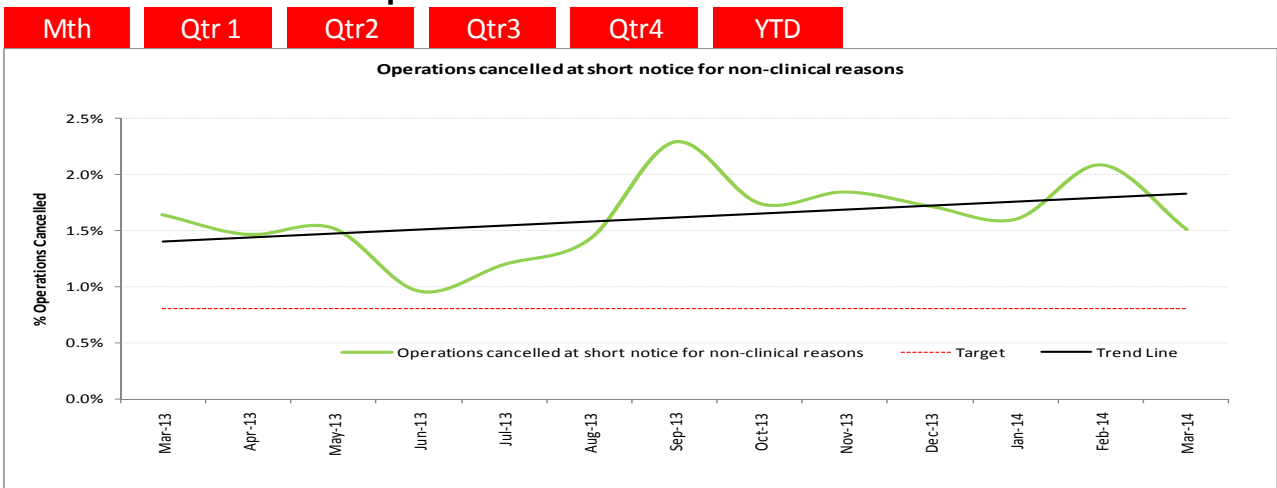


## 6.7 Choose and Book slot availability



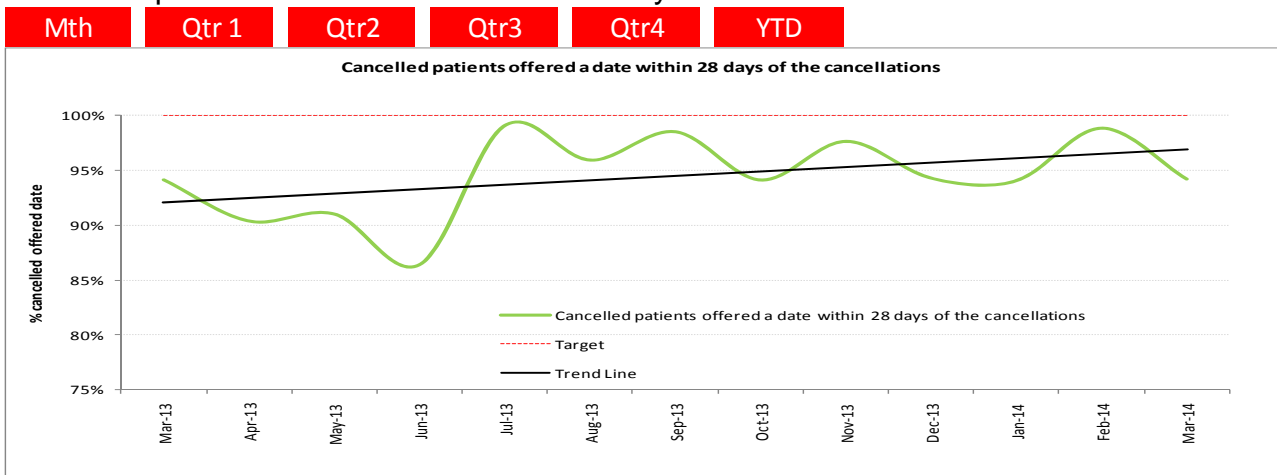
Choose and book slot availability performance for March is 19% a deteriorated position from February with the national average at 13%. Resolution of slot unavailability requires a reduction in waiting times for 1st outpatient appointments in key specialties. For ENT, Ophthalmology, General surgery and Orthopaedics, this forms part of the 18 week remedial action plan, the effect of these plans will be seen quarter 2 and quarter 3 of 2014/15.

## 6.8 Short Notice Cancelled Operations



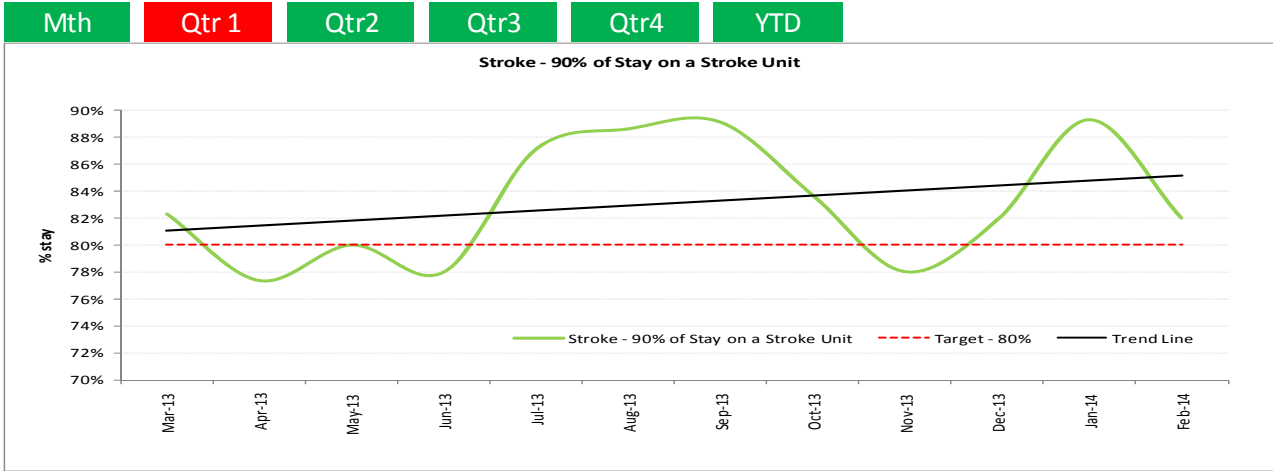
The percentage of operations cancelled on/after the day activity for non-clinical reasons during March was 1.5% and the full year performance was 1.6%. An exception report is provided in Appendix 5.

## Cancelled patients offered a date within 28 days



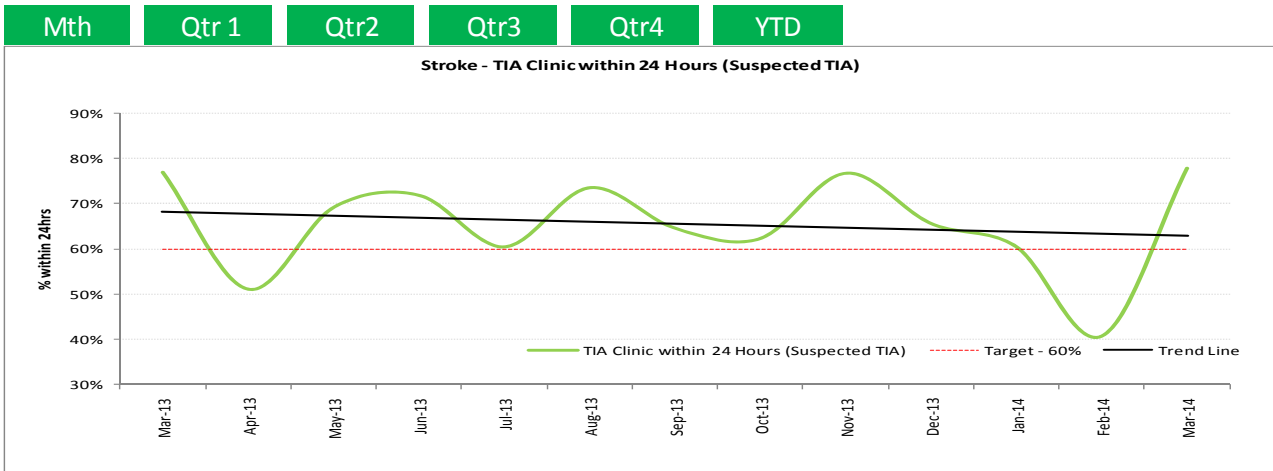
The number of patients breaching this standard in March was 8 with 94.2% offered a date within 28 days of the cancellation.

### 6.9 Stroke % stay on stroke ward



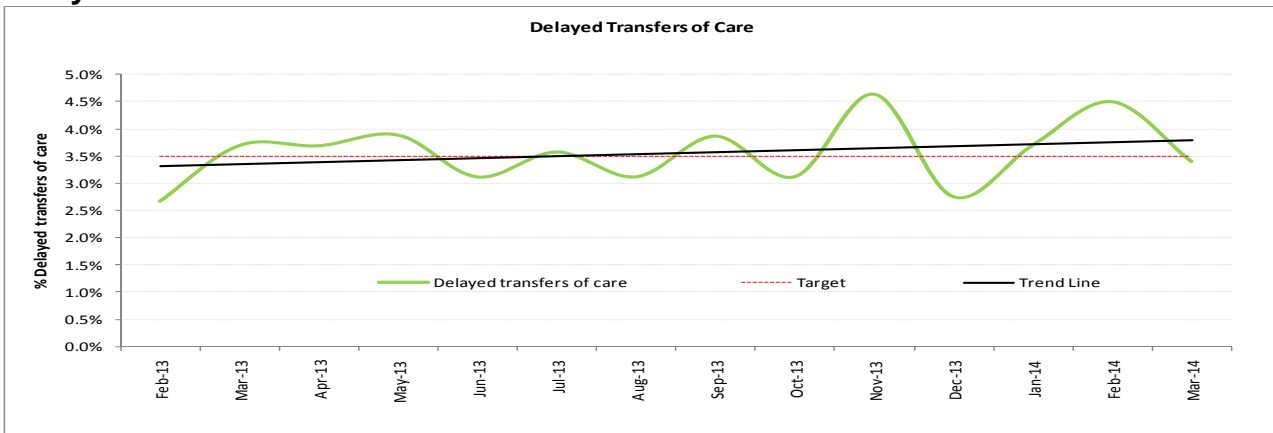
The percentage of stroke patients spending 90% of their stay on a stroke ward in February (reported one month in arrears) is 82.0% against a target of 80%. The year to date position is 83.1%.

### 6.10 Stroke TIA

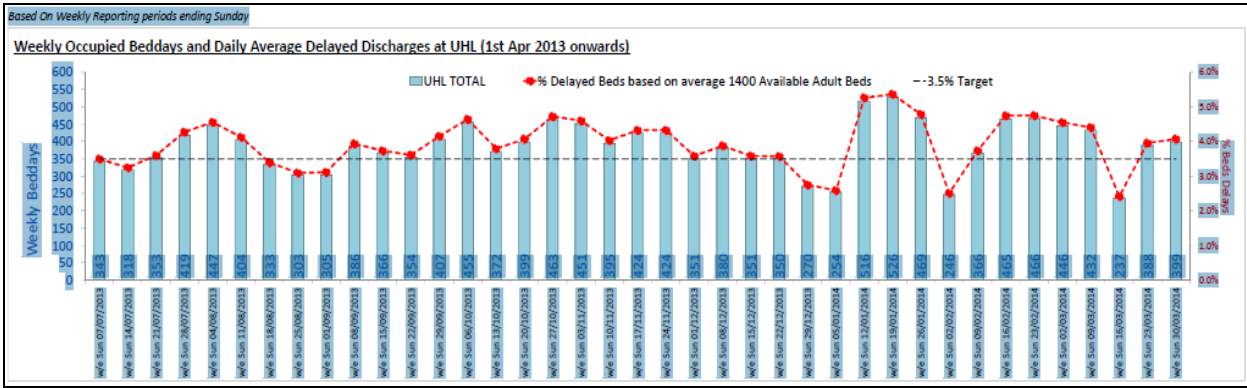


The percentage of high risk suspected TIAs receiving relevant investigations and treatment within 24 hours of referral is 77.9% against a national target of 60.0%. The full year performance is 64.2%.

### 6.11 Delayed Transfers of Care

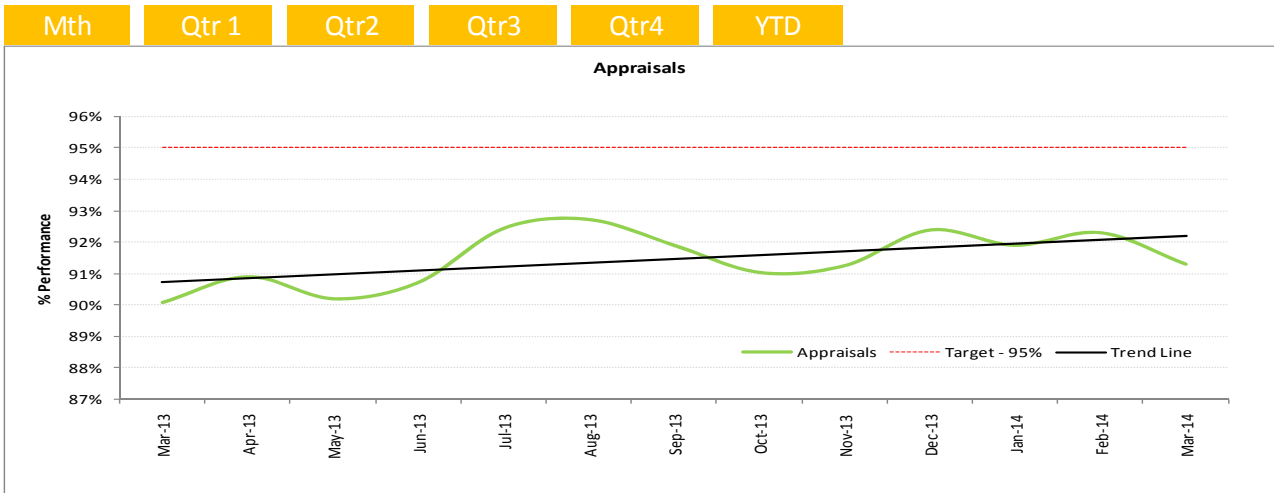


The March delayed transfer of care position was 3.4% against a target of 3.5%. March saw a very good week (2.4%) but the rest of the month was over above 3.9%. Work is on-going to understand why that week was significantly better.



## 7 HUMAN RESOURCES – KATE BRADLEY

### 7.1 Appraisal



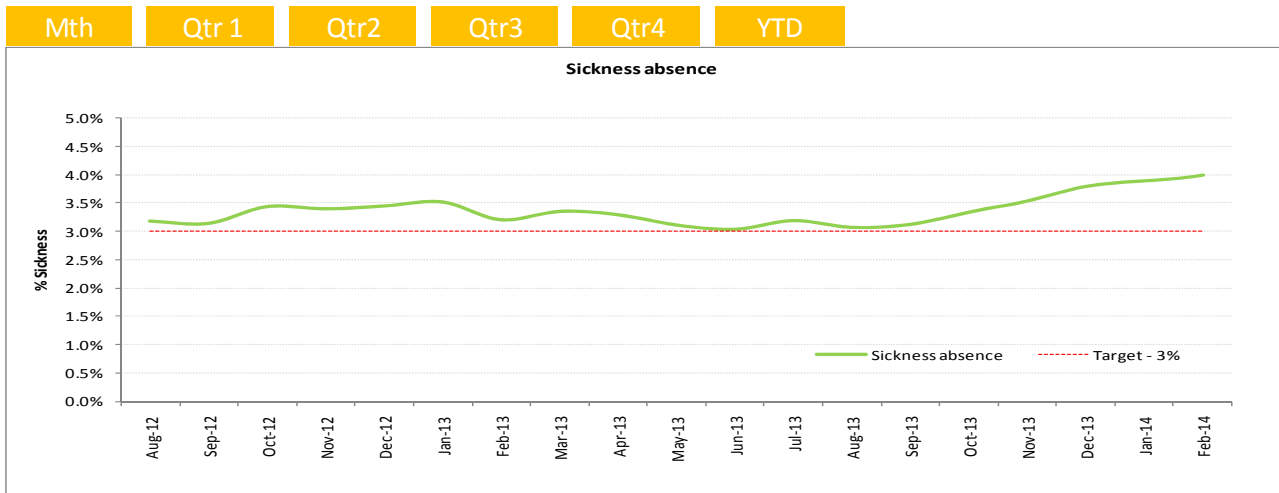
There continues to be considerable appraisal activity over the last month, with a slight reduction of 1% in performance for March. There are increasing numbers of corporate areas meeting the 95% target.

Appraisal performance and quality remains high on the CMG business agenda, with HR and CMG Leads collectively focusing on non-compliant teams to develop improvement action plans.

The annual Appraisal Quality Audit has commenced and the audit results will be collated and analysed for each CMG and Corporate Directorate area, and where required, actions will be identified to improve the appraisal experience and support will be given to enable this.

Work continues with IBM, IM&T & OCB Media in developing the new e-appraisal system to improve reporting functionality.

## 7.2 Sickness



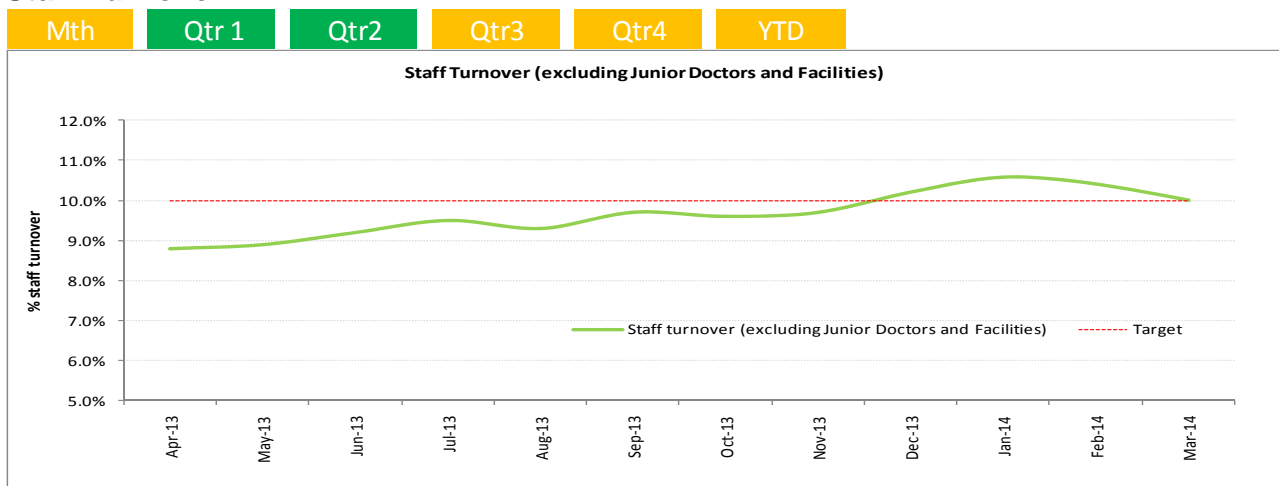
The sickness rate for February is 3.97% and the January figure has now adjusted to 3.92% to reflect closure of absences. The overall cumulative sickness figure is 3.39%. This is close to the target of 3.4% but slightly above the Trust stretch target of 3%. The figures for March 2014 will be reported in April 2014.

We are introducing two new training programmes for sickness management:

- ❖ Refresher training for line managers who were trained prior to 2012
- ❖ An overview session for those who work as part of a team managing sickness absence (recording sickness absence, return to work discussions etc) or those wishing to develop their knowledge and skills for progression into roles with more managerial responsibility.

FAQ's have also been developed to share widely within the Trust in response to common myths, incorrect application of policy that commonly come up in training sessions.

## 7.3 Staff Turnover



The cumulative Trust turnover figure (excluding junior doctors) has decreased slightly from 10.4% to 10.0%. The latest figure includes the TUPE transfer of 27 IM & T staff to IBM on 30 November 2013 and the transfer of 65 sexual health services staff to Staffordshire and Stoke on Trent Partnership NHS Trust and therefore skews the overall turnover figures.

## 7.4 Statutory and Mandatory Training

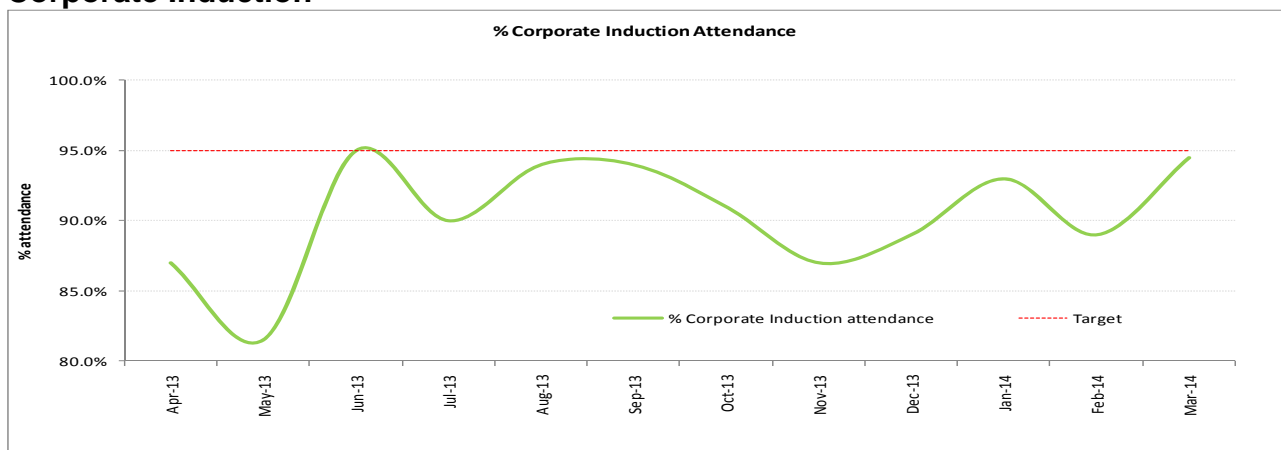
	Mth	Qtr 1	Qtr2	Qtr3	Qtr4	YTD					
CMG / Corporate Directorates	Fire Training	Moving & Handling	Infection Prevention	Equality & Diversity	Informat'n Govern'ce	Safeguard Children	Conflict Resolution	Safeguard Adults	Resus - BLS Equivalent	Average Compliance	
CHUGS	70%	68%	70%	69%	78%	79%	66%	74%	83%	73%	
CSI	80%	83%	84%	85%	85%	89%	79%	83%	70%	82%	
Emergency & Speciality Medicine	70%	74%	75%	70%	68%	76%	60%	64%	61%	69%	
TAPS	72%	85%	86%	82%	82%	88%	75%	83%	72%	81%	
Musculoskeletal & Specialist Surgery	69%	77%	78%	78%	80%	84%	75%	78%	72%	77%	
Renal, Respiratory & Cardiac	74%	76%	82%	79%	79%	83%	73%	77%	70%	77%	
Womens and Childrens	79%	79%	76%	79%	78%	92%	71%	68%	80%	78%	
Corporate Directorates	70%	72%	73%	74%	71%	79%	63%	69%	58%	70%	
Total compliance by subject	74%	77%	78%	77%	78%	84%	70%	74%	71%		
<b>UHL staff are this compliant with their mandatory &amp; statutory training from the key 9 subjects</b>										<b>76%</b>	
<b>Performance Against Trajectory (Set at 75% at 31st March 14)</b>										<b>ACHIEVED</b>	

At the end of March, we were reporting against nine core subjects, identified by the Skills for Health, Core Skills Training Framework, in relation to Statutory and Mandatory Training. These were Fire Safety Training, Moving & Handling, Infection Prevention, Hand Hygiene, Equality & Diversity, Information Governance, Safeguarding Children, Conflict Resolution, Safeguarding Adults and Resuscitation (BLS Equivalent). The Health & Safety eLearning package is now live on eUHL and will be added to the list of core subjects reported on.

The period between February and March staff compliance against Statutory and Mandatory Training has increased from 72% to 76% across the nine core areas. Meaning the Trust's target for 31<sup>st</sup> March, 2014 of 75% was achieved.

The Board set a pragmatic milestone for the whole Trust of 75% by the end of March, given we were at 40% in July 2013. The national target is 95% and therefore it is proposed that we aim for 95% this year in order to align with the national target.

## 7.5 Corporate Induction



Performance has improved significantly at the end of March to 94.5%. The figures continue to reflect numbers booked onto Corporate Induction against actual attendance.

It is anticipated that the new weekly Corporate Induction Programme delivered from 31<sup>st</sup> March 2014 will have a positive impact on induction attendance.

## 8 UHL - FACILITIES MANAGEMENT– RACHEL OVERFIELD

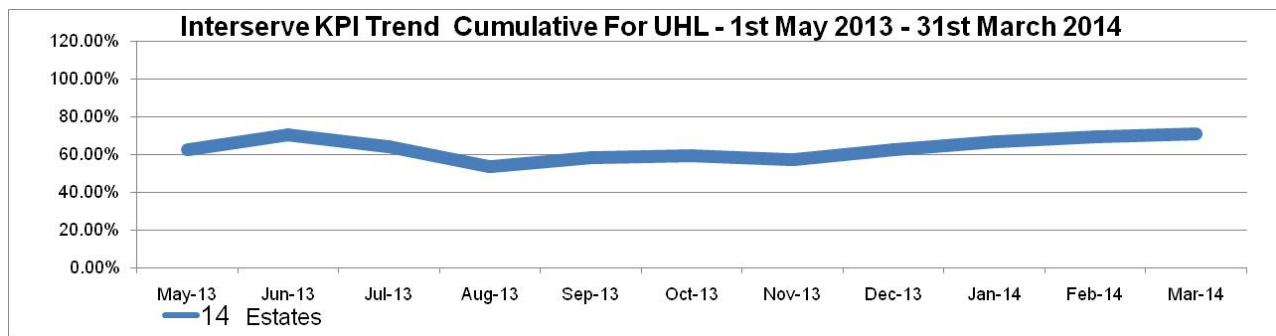
## 8.1 Introduction

This report covers a review of overall performance on the Facilities Management (FM) service delivery provided by Interserve FM (IFM) and contract managed by NHS Horizons for the month of March 2014. This sees the IFM contract enter into the start of the second year. The FM contract provides 14 different services to the Trust and is underpinned by 83 Key Performance Indicators (KPI's). The summary information and trend analysis below details a snapshot of key Indicators over the last Twelve months that present a general view of 6 key services.

## 8.2 Key Performance Indicators

### KPI 14 – Estates

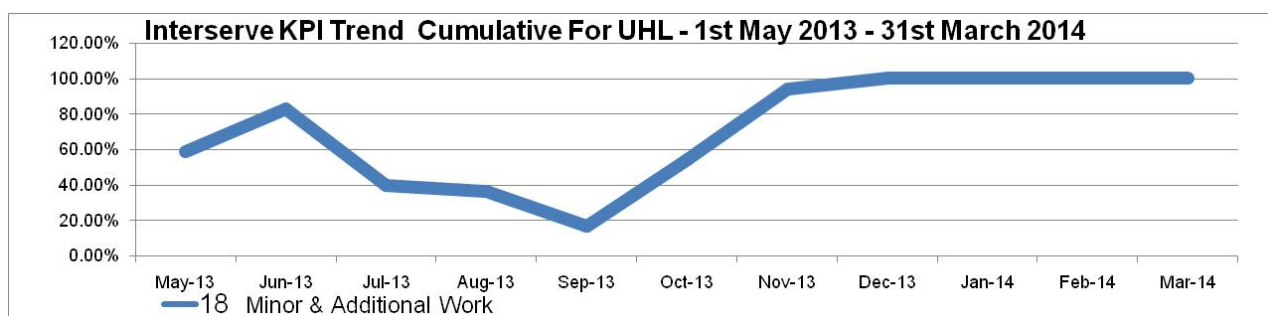
Percentage of routine requests achieving response time



KPI 14 This KPI measures the response by estates for routine requests. The trend of improving results for this KPI has been maintained for March. As previously reported the move to 24/7 covers for Estates personnel over all 3 acute sites and recruitment to vacant posts has had a positive impact. There are still on-going issues to be resolved with electronic handheld devices which when fully and consistently operational will further improve efficiency for this element.

### KPI 18 – Minor & Additional Work

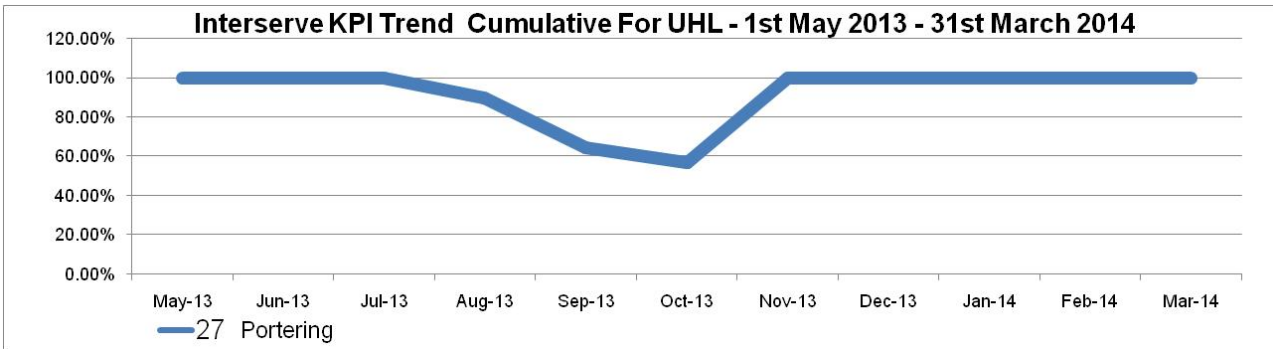
Percentage of Minor works quoted and priced within 10 working days



KPI 18 The evidence for March indicates that the 100% target for receiving quotations or costings for new or minor works has been maintained. In addition a strict Trust protocol for both requesting and authorising new works has been recently implemented and this has reduced the number of requests to a more manageable level. The service is also undergoing an internal IFM restructure aimed at improving direct project management, shortening the commencement time for approved works and strengthening value for money to the client.

### KPI 27 – Portering

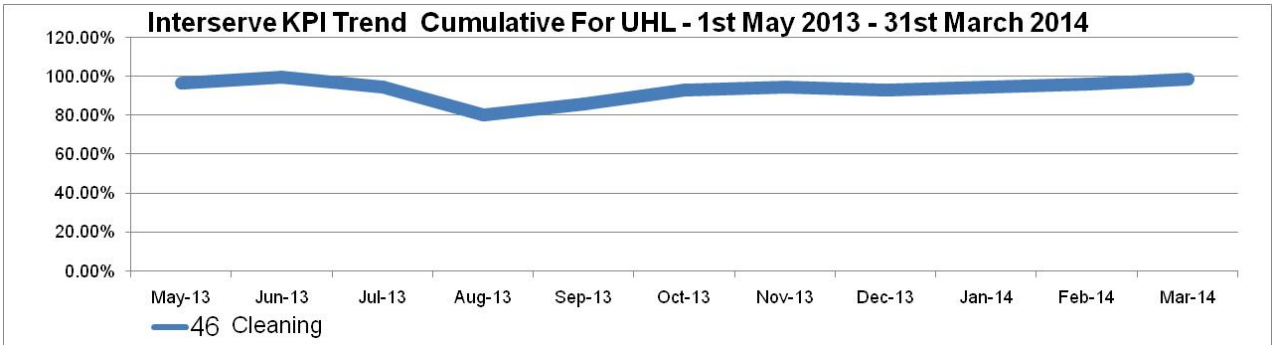
Percentage of emergency portering tasks achieving response time



KPI 27 IFM has maintained their 100% achievement of emergency response times for March.

**KPI 46 – Cleaning**

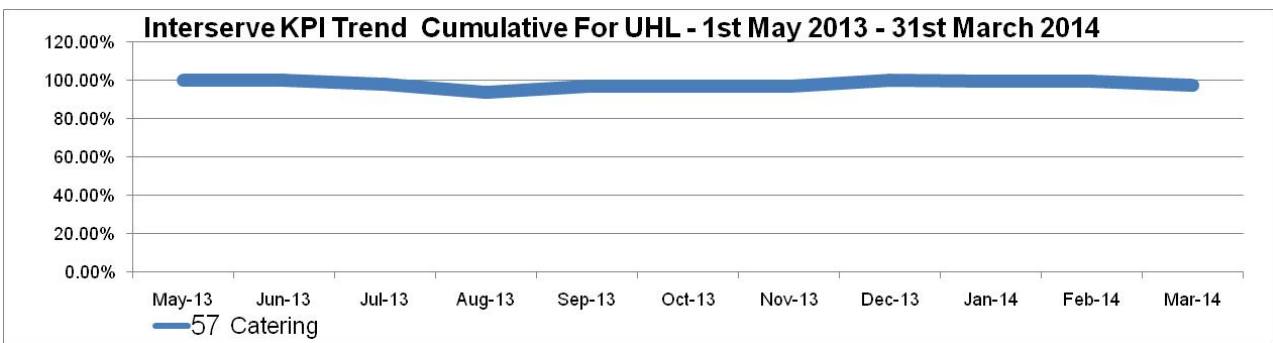
Percentage of audits in clinical areas achieving National Specification for cleaning audit scores above 90%



KPI 46 This KPI shows a slight improvement for March with a percentage average of 98.78%. Recruitment of additional IFM domestic staff and further training have been employed within the past few months that have contributed to this improving position. To support the audit process dedicated IFM auditors are being recruited as per the bid model to further release operational staff.

**KPI 57 – Catering**

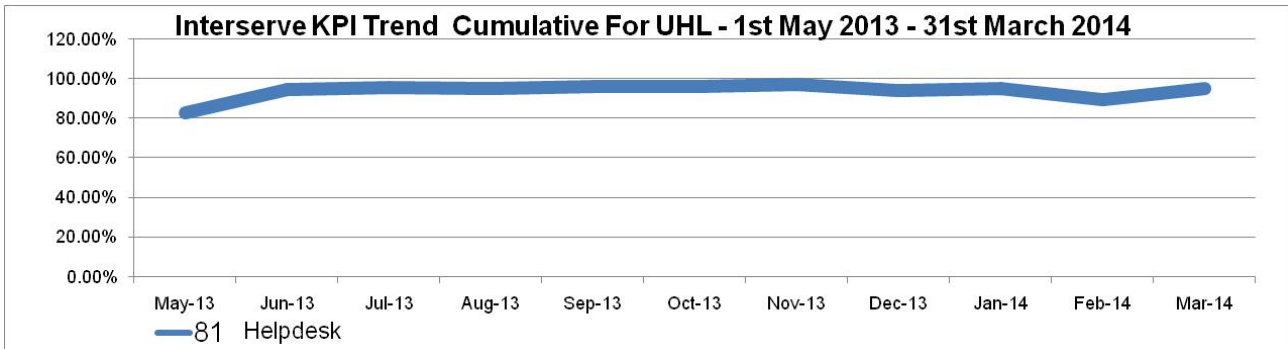
Percentage of meals delivered to wards in time for the designated meal service as per agreed schedules



KPI 57 The result for this KPI in March shows a slight decrease at 97.83% this month. It is noted that there are fewer complaints in relation to late meal deliveries. In addition the current meal delivery schedules are to be reviewed and agreed to reflect recent pilots to identify optimum delivery times to wards.

### KPI 81 – Helpdesk

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



KPI 81 Following a recent dip the performance of the Customer service Centre (CSC) has shown an improvement with the introduction of additional staff appointments and the completion of helpdesk staff induction and technical training.

## 8.3 General Summary

The recorded performance for March, when measured against the 14 services and 83 KPI's shows an overall levelling out with some small improvements in specific areas when compared to previous months. It is anticipated that the additional recruitment, training and further operational experience specifically focussed on cleaning and estates services will maintain current performance standards and support continued improvements.

## 9 IM&T Service Delivery Review

### 9.1 IT Service Review

There were 7175 (7894 previous month) incidents logged during March, out of which 6360 (5696 previous month) were resolved. Incidents logged via X8000, email and self-service.

There were 5473 telephone calls to X8000 with 962 (1344 previous month) incidents closed on first contact.

Performance against service level agreements is as expected and follows the flight path for service level agreements.

Number of official complaints relating to service has decreased to 4 in month (7 in previous month).

There were 799 (732 previous month) incidents logged out of hours via the 24/7 service desk function

UHL recommended for ISO27001 certification



## 9.2 Issues

Managed Print – Some applications (iCM/Hiss) cannot be configured locally and require external work by the third part vendor - CSC

## 9.3 Future Action

Desktop

- ❖ Power changes will need to be prioritised to allow the installation to be completed.

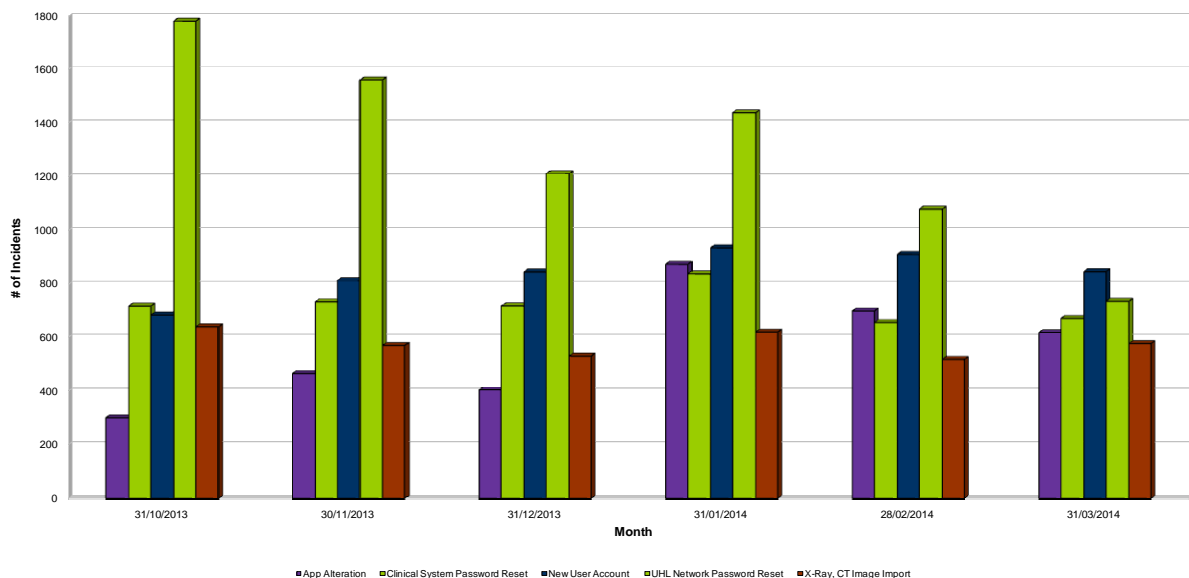
EDRM

- ❖ Complete production WinDip technical configuration for both streams - deploy active-X and scanners.
- ❖ Mop-up user training sessions for both workstreams.
- ❖ Provide support to Go Live
- ❖ Execute plan to scan remaining Clin Gen notes corpus on rolling basis during trial.
- ❖ Finalise benefits catalogue and capture approach.
- ❖ Gather initial user feedback and commence benefits tracking. Commence communications to broader UHL audience and develop evolution road map.

Managed Print

- ❖ Complete all possible deployments not affected by CSC Config within ICM, power or network issue.
- ❖ Schedule outstanding installations and drive pre-requisite work
- ❖ Complete LRI Proposal & draft Project Order for submission to UHL

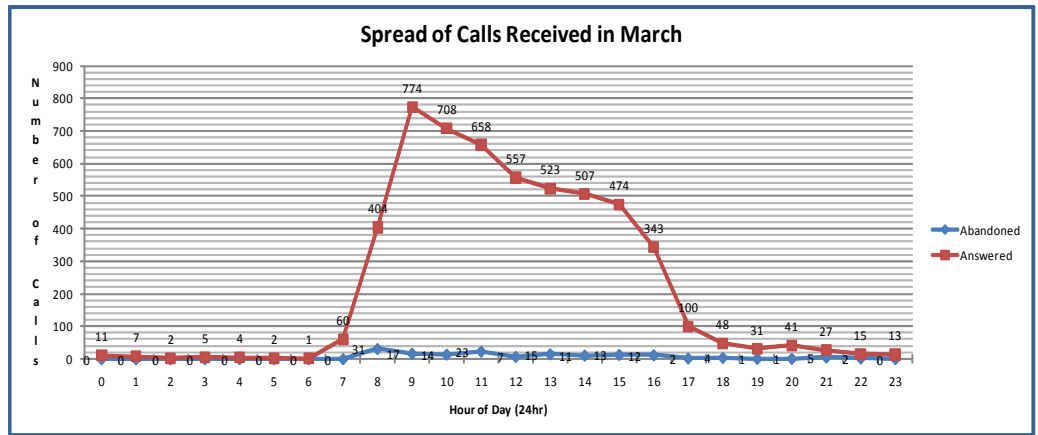
## 9.4 IM&T Service Desk top 5 issues



## 9.5 IM&T March Service Desk Heatmap

Telephone	Metric	
	Total Calls Answered	5315
	Total Calls Abandoned	158
	Total Calls Received	5473
	Answered in 30secs (SLA 90%)	93.95%

NOTE	Incident Logging Route	
	SD Request email - email to sdrequest@uhl-tr.nhs.uk	
	SelfService Portal - LANDesk web portal for end user	
	Service Desk - call to x8000	
	SS/WebDesk - Resolving Analysts logged own incident	



Incident Logging Route	SD Request email		Self Service Portal		Service Desk		SS/WebDesk		Total Logged
	Logged	%	Logged	%	Logged	%	Logged	%	
March 2013	956	21.60%	362	8.18%	2587	58.46%	520	11.75%	4425
April 2013	1217	21.49%	506	8.94%	3300	58.28%	639	11.29%	5662
May 2013	1078	21.10%	479	9.38%	3095	60.59%	456	8.93%	5108
June 2013	1113	23.13%	733	15.24%	2580	53.63%	385	8.00%	4811
July 2013	1391	23.65%	643	10.93%	3097	52.66%	750	12.75%	5881
August 2013	1737	23.44%	385	5.19%	3788	51.11%	1501	20.25%	7411
September 2013	1609	21.86%	458	6.22%	3830	52.04%	1463	19.88%	7360
October 2013	1735	22.19%	702	8.98%	4195	53.66%	1186	15.17%	7818
November 2013	1961	25.36%	654	8.46%	4059	52.50%	1058	13.68%	7732
December 2013	2178	27.17%	685	8.55%	4350	54.27%	802	10.01%	8015
January 2014	2697	29.75%	776	8.56%	4676	51.58%	912	10.06%	9066
February 2014	2685	34.01%	598	7.58%	3944	49.96%	667	8.45%	7894
March 2014	2294	31.97%	525	7.32%	4225	58.89%	131	1.83%	7175

Incidents Resolved when Logged	AD Password Reset	Contact/ Technical Query	RA Services	Total	% of Total Logged
	March 2013	1008	1050	0	2058
April 2013	1656	1410	0	3066	54%
May 2013	1353	855	0	2208	43%
June 2013	951	777	0	1728	36%
July 2013	1788	2082	0	3870	66%
August 2013	2397	4116	0	6513	88%
September 2013	2352	3618	0	5970	81%
October 2013	2253	3090	0	5343	68%
November 2013	1956	2718	0	4674	60%
December 2013	1629	1995	0	3624	45%
January 2014	660	654	279	1593	18%
February 2014	580	501	263	1344	17%
March 2014	518	215	229	962	13%

NOTE	Incidents	
	The following incidents have been resolved at the time of logging and are included in the total calls logged. The majority come into the Service Desk through the x8000 number with some being logged through Self Service or the SD request mailbox.	
	AD Password Reset - Network login password reset	
	Query Incident - Technical question or request for contact details	
	RA Services - Registration Authority/Smartcard activity (recorded from 1/1/2014)	

## 10 FINANCE – PETER HOLLINSHEAD

### 10.1 Introduction

This paper provides an update on performance against the Trust’s key financial duties namely:

- Delivery against the planned surplus
- Achieving the External Financing Limit (EFL)
- Achieving the Capital Resource Limit (CRL)

### 10.2 Financial Duties

The following table summarises the year to date position and full year forecast against the financial duties of the Trust:

Financial Duty	Forecast Plan £'Ms	Forecast Actual £'Ms	RAG
Delivering the Planned Surplus	3.7	(39.8)	R
Achieving the EFL	20.7	20.2	G
Achieving the Capital Resource Limit	36.7	36.7	G

As well as the key financial duties, a subsidiary duty is to ensure suppliers invoices are paid within 30 days – the Better Payment Practice Code (BPPC). The year to date performance is shown in the table below:

Better Payment Practice Code	April - March 14	
	Number	Value £000s
Total bills paid in the year	133,018	559,312
Total bills paid within target	61,699	404,977
<b>Percentage of bills paid within target</b>	<b>46.4</b>	<b>72.4</b>

**Key issues:**

- The Trust has not delivered its planned surplus and has not meet its breakeven duty, however, it has delivered the revised year end forecast deficit of £39.8m. As such the Trust is expected to receive an adverse value for money opinion on its accounts.
- The Trust has formally had its EFL target reset by the Department of Health in Month 11 reporting from a negative £1.4m to £20.7m. The yearend position of £20.2m reflects a small under shoot against the target.
- The DoH reduced the Trust’s CRL by £6m in February to £36.7m. The year-end position is £36.7m which reflects delivery of the revised position.
- The BPPC performance reflects the impact of the financial deficit of the Trust and the requirement to carefully manage the cash flow.

# APPENDIX 1 - Friends & Families Test

## What is the Friends & Family test?

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

Patients can choose from one of the following answers:

Answer	Group
Extremely	Promoter
Likely	Passive
Neither likely or	Detractor
Unlikely	Detractor
Extremely	Detractor
Don't	Excluded

Friends & Family score is calculated as : % promoters minus % detractors.  
 ((promoters-detractors)/(total responses-'don't know' responses))\*100

**Patients to be surveyed:**

- Adult Acute Inpatients (who have stayed at least one night in hospital)
- Adult patients who have attended A&E and left without being admitted to hospital or were transferred to a Medical Assessment Unit and then discharged

**Exceptions:**

- Daycases
- Maternity Service Users
- Outpatients
- Patients under 16 yrs old

NB. Wards with fewer than 5 survey responses per month are excluded from this information to maintain patient confidentiality

**Response Rate:**  
 It is expected that responses will be received from at least 15% of the Trusts survey group - this will increase to 20% by the end of the financial year

**Current methods of collection:**

- Paper survey
- Online : either via web-link or email
- Kiosks
- Hand held devices

**FRIENDS AND FAMILY TEST : Previous 6 months up to March '14**

								MARCH SCORE BREAKDOWN				
		Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Total Responses	Promoters	Passives	Detractors	Score
<b>GLENFIELD HOSPITAL</b>	GH WD 15	91	73	70	85	95	85	20	18	1	1	85
	GH WD 16 Respiratory Unit	80	87	100	83	81	90	30	27	3	0	90
	GH WD 17	-	58	72	74	69	90	21	18	2	0	90
	GH WD 20	59	56	79	62	56	75	40	31	8	1	75
	GH WD 23A	55	82	0	89	80	89	37	33	4	0	89
	GH WD 24	96	100	88	86	80	97	36	35	1	0	97
	GH WD 26	87	80	94	91	90	100	1	1	0	0	100
	GH WD 27	54	74	25	96	86	96	23	22	1	0	96
	GH WD 28	89	80	87	68	69	74	23	17	6	0	74
	GH WD 29 EXT 3656	74	90	88	82	85	96	24	23	1	0	96
	GH WD 31	90	95	87	100	100	89	47	41	5	0	89
	GH WD 32	74	79	84	96	84	88	43	39	3	1	88
	GH WD 33	77	79	76	83	77	95	37	35	2	0	95
	GH WD 33A	80	87	95	95	95	90	29	26	3	0	90
	GH WD Clinical Decisions Unit	44	65	28	66	58	39	182	100	45	31	39
	GH WD Coronary Care Unit	100	89	79	94	78	88	53	45	6	0	88
GH WD 24	96	100	88	86	80	97	36	35	1	0	97	

**FRIENDS AND FAMILY TEST : Previous 6 months up to March '14**

								MARCH SCORE BREAKDOWN				
		Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Total Responses	Promoters	Passives	Detractors	Score
<b>LEICESTER GENERAL HOSPITAL</b>	LGH WD 10	56	70	100	70	73	80	10	8	2	0	80
	LGH WD 14	78	46	74	88	71	81	62	51	10	1	81
	LGH WD 15N Nephrology	60	86	0	100	60	78	10	7	2	0	78
	LGH WD 16	94	70	74	83	76	79	35	27	7	0	79
	LGH WD 17 Transplant	86	79	82	78	90	89	28	25	3	0	89
	LGH WD 18	81	85	81	69	83	95	38	36	2	0	95
	LGH WD 2	57	46	63	0	-	50	10	6	3	1	50
	LGH WD 22	46	42	52	45	55	75	20	15	5	0	75
	LGH WD 23	-	44	50	90	64	68	38	28	6	3	68
	LGH WD 26 SAU	52	60	67	71	57	52	65	40	16	7	52
	LGH WD 27	58	60	33	50	74	53	19	12	5	2	53
	LGH WD 28 Urology	51	60	68	65	50	53	55	32	20	3	53
	LGH WD 29 EMU Urology	-	33	34	43	54	47	57	29	20	4	47
	LGH WD 3	100	80	40	50	-	50	24	14	8	2	50
	LGH WD 31	89	79	76	80	75	83	24	20	4	0	83
	LGH WD Brain Injury Unit	100	50	0	33	100	50	2	1	1	0	50
	LGH WD Young Disabled	50	0	67	0	-	100	2	2	0	0	100
LGH WD 10	56	70	100	70	73	80	10	8	2	0	80	

**FRIENDS AND FAMILY TEST : Previous 6 months up to March '14**

		Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	MARCH SCORE BREAKDOWN				
								Total Responses	Promoters	Passives	Detractors	Score
<b>LEICESTER ROYAL INFIRMARY</b>	LRI WD 17 Bal L5	44	0	50	30	50	40	26	13	9	3	40
	LRI WD 18 Bal L5	48	0	65	0	57	70	27	20	6	1	70
	LRI WD 23 Win L3	-	90	90	47	100	100	20	20	0	0	100
	LRI WD 24 Win L3	25	18	28	62	36	37	20	9	8	2	37
	LRI WD 25 Win L3	73	85	80	90	95	95	19	18	1	0	95
	LRI WD 26 Win L3	69	86	71	95	100	67	9	6	3	0	67
	LRI WD 27 Win L4	100	100	0	100	100	67	3	2	1	0	67
	LRI WD 29 Win L4	75	67	75	71	79	70	20	14	6	0	70
	LRI WD 30 Win L4	-	100	0	0	56	95	21	20	1	0	95
	LRI WD 31 Win L5	72	40	65	90	75	65	27	18	7	1	65
	LRI WD 32 Win L5	54	69	64	86	62	50	12	6	6	0	50
	LRI WD 33 Win L5	81	77	81	79	66	67	40	27	11	1	67
	LRI WD 34 Windsor Level 5	55	70	68	81	71	100	22	22	0	0	100
	LRI WD 36 Win L6	57	63	95	84	60	88	24	21	3	0	88
	LRI WD 37 Win L6	52	100	0	72	100	49	43	24	13	4	49
	LRI WD 38 Win L6	82	92	86	96	93	78	24	19	3	1	78
	LRI WD 39 Osb L1	81	76	44	70	86	65	43	29	13	1	65
	LRI WD 40 Osb L1	56	61	72	63	68	77	31	24	7	0	77
	LRI WD 41 Osb L2	75	86	83	56	73	68	19	15	2	2	68
	LRI WD 7 Bal L3	75	61	59	48	53	87	60	53	6	1	87
	LRI WD 8 SAU Bal L3	14	40	44	39	56	23	46	19	15	9	23
	LRI WD Bone Marrow	25	86	100	0	77	100	6	6	0	0	100
	LRI WD Fielding John Vic L1	81	82	83	85	69	82	22	18	4	0	82
	LRI WD GAU Ken L1	53	71	0	70	48	78	76	59	17	0	78
	LRI WD IDU Infectious Diseases	67	25	73	71	53	50	18	10	7	1	50
	LRI WD Kinmonth Unit Bal L3	74	76	73	81	74	60	20	13	6	1	60
	LRI WD Osborne Assess Unit	73	76	85	56	69	80	25	20	5	0	80
LRI WD 15 AMU Bal L5	53	67	73	58	-	67	91	64	22	4	67	
LRI WD 27 Win L4	100	100	0	100	100	67	3	2	1	0	67	
LRI WD 19 Bal L6	44	63	53	41	88	46	25	13	9	2	46	





**FRIENDS AND FAMILY TEST : Previous 6 months up to March '14**

								MARCH SCORE BREAKDOWN				
		Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Total Responses	Promoters	Passives	Detractors	Score
<b>EMERGENCY DEPARTMENT</b>	ED - Majors	48	59	64	58	52	56	237	149	69	17	56
	ED - Minors	66	62	69	64	57	60	333	217	96	18	60
	ED - (not stated)	69	69	69	69	61	66	67	51	9	7	66
	Eye Casualty	50	51	69	83	64	85	258	222	34	2	85
	Emergency Decisions Unit	57	61	65	58	65	58	120	73	40	5	58



APPENDIX 2 - MONTHLY CLINICAL MEASURES DASHBOARD: March '14

Table with multiple columns including clinical metrics (e.g., Resuscitation Equipment, Pressure Area Care, Patient Observations), nursing metrics (e.g., Infection Prevention & Control, Discharge, Falls Assessment), and performance data for various units categorized under 'Renal, Respiratory and Cardiac' and 'Women's and Children's'. The table includes a header with thresholds (Green, Amber, Red) and a main body of data points with arrows indicating trends.





APPENDIX 3

<b>To:</b>	<b>Trust Board</b>
<b>From:</b>	<b>Richard Mitchell, Chief Operating Officer</b>
<b>Date:</b>	<b>April 2014</b>
<b>CQC regulation:</b>	<b>As applicable</b>

<b>Title:</b>	RTT Improvement Report
---------------	------------------------

**Author:** Richard Mitchell, Chief Operating Officer

**Purpose of the Report:**

To provide an overview on RTT performance.

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

Decision	<input type="checkbox"/>	Discussion	<input type="checkbox"/>
Assurance	<input checked="" type="checkbox"/>	Endorsement	<input type="checkbox"/>

**Summary / Key Points:**

- Reasons for RTT deterioration are well known
- There are four challenged specialities; ophthalmology, ENT, orthopaedics and general surgery.
- Some specialities have begun to improve eg Ophthalmology
- Admitted compliant performance is expected in November 2014
- Non-admitted compliant performance is expected in August 2014
- Patients are being checked to ensure there has been no deterioration in their conditions linked to waits longer than 18 weeks.
- The plan remains very high risk which may result in significant fines.

**Recommendations:**

The Trust Board is invited to receive and note this report.

**Previously considered at another UHL corporate Committee N/A**

<b>Strategic Risk Register</b> Yes	<b>Performance KPIs year to date</b> Please see report
---------------------------------------	---

**Resource Implications (eg Financial, HR)**

Yes

**Assurance Implications**

90% admitted and 95% non-admitted RTT performance.

**Patient and Public Involvement (PPI) Implications**

Impact on patient experience where long waiting times are experienced

**Equality Impact**

N/A

**Information exempt from Disclosure**

N/A

**Requirement for further review**

Monthly



**REPORT TO: Trust Board**  
**REPORT FROM: Richard Mitchell, Chief Operating Officer**  
**REPORT SUBJECT: RTT Improvement Report**  
**REPORT DATE: 27 April 2014**

---

**Introduction**

The reasons for UHL’s deterioration in RTT performance are well documented. This report is the second monthly update. The high level trajectories are detailed below and attached. Trust level compliant non admitted performance is expected in August 2014 and trust level compliant admitted performance is expected in November 2014. The high level risks to the plan are detailed below.

**Performance overview**

UHL’s RTT performance is mainly challenged in four specialities; ENT, ophthalmology, orthopaedics and general surgery. The specialities have put in place detailed plans to reduce their non-recurrent backlog and make permanent changes to increase their recurrent capacity. The table below details the expected rate of improvement and the table on the last page goes into greater detail.

		Admitted Trust level RTT														
		Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Trajectory		80.8%	80.5%	81.2%	81.2%	82.3%	84.3%	86.9%	87.7%	88.8%	89.5%	90.5%	90.5%	90.5%	90.4%	92.0%
Actual		81.8%	79.3%	76.7%												
		Non admitted Trust level RTT														
		Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Trajectory		92.3%	92.7%	92.8%	93.1%	93.6%	94.1%	94.8%	95.1%	95.3%	95.3%	95.5%	96.1%	96.1%	96.1%	96.1%
Actual		93.4%	93.5%	93.9%												

Some specialities have begun to improve, in particular ophthalmology which is the key speciality due to the high volume of patients that the service cares for, and some remain challenged such as ENT.

Patients who have waited longer than 18 weeks for treatment are being checked to ensure they have had no deterioration in their condition linked to their long waits.

**Risks**

As detailed in the UHL response to the 2014-15 contract offer, the improvement ‘plan will be carefully monitored including a full audit and re-population of the model after six months. If the volume of activity changes the Trust may need to revisit the model and funding requirement. As all activity delivered is funded at tariff, this will jointly change our respective income and expenditure assumptions. As you will be aware, our elective capacity is often encroached by emergency activity. Therefore if emergency activity levels rise significantly above planned levels, this is likely to compromise our ability to deliver the RTT plan and this caveat will need to be included as we formalise this agreement.’

The key risks remain:

- Ability to deliver agreed capacity improvements including theatre, bed and outpatient space and staffing resources within agreed timelines
- Changes to emergency demand

An additional third risk is that the CCGs have served notice that they plan to impose significant fines for non-compliance with the trajectory or elements of the trajectory. This will have a significant impact on the UHL finances as fines could be as much as £2.5m to £3.6m.

### **Recommendations**

The board are asked to:

- Note the contents of the report
- Acknowledge the improvement trajectory
- Acknowledge the key risks.





**OPERATIONAL PERFORMANCE EXCEPTION REPORT**

**REPORT TO:** TRUST BOARD

**DATE:** April 2014

**REPORT BY:** Richard Mitchell, Chief Operating Officer

**AUTHOR:** Cathy Lea, Manager, Imaging

**CMG GENERAL MANAGER:** Nigel Kee, CSI

**SUBJECT:** Diagnostic Imaging 6 week waits

**Introduction**

Imaging failed to meet the diagnostic 6 week target for March 2014 with performance exceeding 2.1% of breaches. The resultant impact on the Trust performance is that it failed the 1% threshold, with performance of 1.9% over 6 weeks.

**Investigation**

The breaches relate solely to the modality of MRI which was due to impact of the MRI replacement programme and a significant increased referral rate (demand).

Imaging sourced an MRI van for February (and March) to deliver the remedial additional activity required and has reached the agreed trajectory for February. Performance at the end of March was forecasted to deliver <1% however a significant increased referral rate for February of over 1000 extra exams impacted on Imaging's ability to deliver to trajectory.

**Conclusion and Resolution**

In December 2013, Imaging had diagnostic breaches in MRI totalling 1.6%. This was above the required threshold predominately due to the effects of the equipment replacement programme which is due for completion by mid-May.

A mobile MRI van was sourced in February and March to deliver the remedial additional activity. In February Performance against the target was 2.28% which was an improvement on the 2.6% trajectory.

Increased demand in February has impacted on performance for March and has prevented Imaging from delivering the expected trajectory. Imaging has delivered an 8.39% increase in activity in March on the same period last year.

Imaging's performance against the diagnostic target for March is 2.1 %

We are forecasting a <1% breaches for April, however referrals have continued at an increased rate and delivery requires no unexpected loss in capacity. As at 16<sup>th</sup> April, we remain on track to deliver <1% breaches.

Cardiac MRI has been identified as a particular potential risk but the clinical Team are very engaged in developing a plan to maintain the 6 week position for April.

**Details of senior responsible officer**

CMG SRO: Nigel Kee

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

OPERATIONAL PERFORMANCE EXCEPTION REPORT

**REPORT TO:** TRUST BOARD

**DATE:** April 2014

**REPORT BY:** Richard Mitchell, Chief Operating Officer

**AUTHOR:** Phil Walmsley, Interim General Manager, ITAPS

**CMG GENERAL MANAGER:** Phil Walmsley

**SUBJECT:** Short notice cancelled operations \ 28 day rebooking

**Introduction**

The cancelled operations target comprises of three components:

1. The % of cancelled operations for non clinical reasons on the day of admission
2. The % of patients cancelled who are offered another date within 28 days of the cancellation
3. The number of urgent operations cancelled for a second time

**Trust performance in March:-**

1. *The percentage of operations cancelled on/after the day for non-clinical reasons during March was 1.5% against a target of 0.8%. The year to date performance is 1.6%.*
2. *The % of patients cancelled who are offered another date within 28 days of the cancellation. The number of patients breaching this standard in March was 8 with 94.2% offered a date within 28 days of the cancellation. This is a worse position against February where there were 2.*
3. *The number of urgent operations cancelled for a second time ; Zero*

The recovery trajectory initially submitted to commissioners anticipates that standard 1) will be recovered by August 2014 and that standard 2) will be recovered by July 2014.

Discussions are ongoing with commissioners about the deliverability of standard 1 due to the ongoing bed pressures affecting elective admissions and a reprofiled trajectory excluding bed related cancellations is being proposed. In addition discussions are ongoing about the level of financial penalties proposed by commissioners.

The Trust has sought advice from Nottingham University Hospitals Trust on their successful strategy for delivery of the standards over the past 12 months. The learning from Nottingham is to be implemented at UHL, key to this is revising the current UHL process for reducing cancelled operations to include a requirement that authorisation for all cancellations must be via a single responsible person, the ITAPS GM. This will assist in reducing the on the day cancellations.

**Risks to delivery of recovery plan**

There are risks to delivery of the plan to reduce cancellations on the day. These are mainly associated with bed availability. 61% of cancellations on the day (in March) were due to no bed availability on the day.

This will be made more difficult as UHL is planning on doing additional elective activity to address the RTT plans, starting in quarter one 2014-15 increasing risks to cancelling patients. In order to manage this, the Trust

will increase activity during weekends with a longer term plan to increase the elective bed base. The capacity plans are detailed in the capacity and RTT paper.

**Details of senior responsible officer**

CMG SRO: P Walmsley

Corporate Ops: C Carr