

Trust Board paper V

	TRUST BOARD									
From:	Rachel Overfield, Kevin Harris, Richard Mitchell Kate Bradley Peter Hollinshead									
Date:	26th June 2014									
CQC regulation	All									
Title:	Quality & Performance Report									
Author/Responsible Director:	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									
Purpose of the Report:	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 May.									
The Report is provided to the Board for:	<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								
Summary / Key Points:	<p>Compliant</p> <ul style="list-style-type: none"> ❖ MRSA zero cases reported ❖ C Difficile – 6 cases reported May. The Trust has set a local target of 50 against a national target of 81. ❖ Pressure ulcers - With 6 grade 2 pressure ulcers and 5 grade 3 pressure ulcers reported for May, all trajectories for pressure ulcers have been achieved. ❖ VTE - The VTE risk assessment within 24 hours of admission threshold of 95% has been achieved since July 2013. ❖ Theatres – 100% WHO compliant for since January 2013. ❖ 31 day and 62 day targets achieved with 62 day performance at 92.8%. ❖ The percentage of stroke patients spending 90% of their stay on a stroke ward year target is 92.9%. <p>Areas to watch:-</p> <ul style="list-style-type: none"> ❖ Diagnostic waiting times– although the target was achieved with performance at 0.9%, the target was missed in Qtr 4. ❖ C&B – performance similar to this time last year and target is still not delivered. ❖ #NoF to theatre within 36hrs below target with performance at 40.6% (figure to be confirmed). An action plan to improve performance is to be submitted to the June EQB and July QAC. ❖ Inpatient Friends and Family Test - performance for May is 71.0. ❖ 2 week wait cancer target were non compliant for April. 									

Non Compliant/Contractual Queries:-

- ❖ ED 4hr target - Performance for emergency care 4hr wait in May was 83.4%.
- ❖ RTT admitted and non-admitted – Trust level compliant non admitted performance is expected in August 2014 and trust level compliant admitted performance is expected in November 2014.
- ❖ Cancelled Operations – % of short notice cancellations in May was achieved at 0.8%. The number of patients breaching the 28 day rebook standard in May (UHL and Alliance) was 3 with 96.1%.

Finance key issues:

- ❖ The Trust does not have an agreed contract and as such there is a significant risk to the reported income position as this does not account for CCG proposed local fines and penalties.
- ❖ The Trust anticipates a move to signature before the end of June 2014. Shortfall of £3.1m on the forecast CIP delivery against the £45m target. This does reflect an improvement of £3.5m on the position reported in April.
- ❖ The Capital Plan is currently over-committed and is predicated on Emergency Floor external funding, the commitments may be in advance of the receipt of funding.

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 considered and no implications	
Information exempt from Disclosure N/A	
Requirement for further review? Monthly review	

Caring at its best

Quality and Performance – May 2014

Trust Board

Thursday 26th June 2014

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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 26th JUNE 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: MAY 2014 QUALITY & PERFORMANCE SUMMARY REPORT

1.0 INTRODUCTION

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

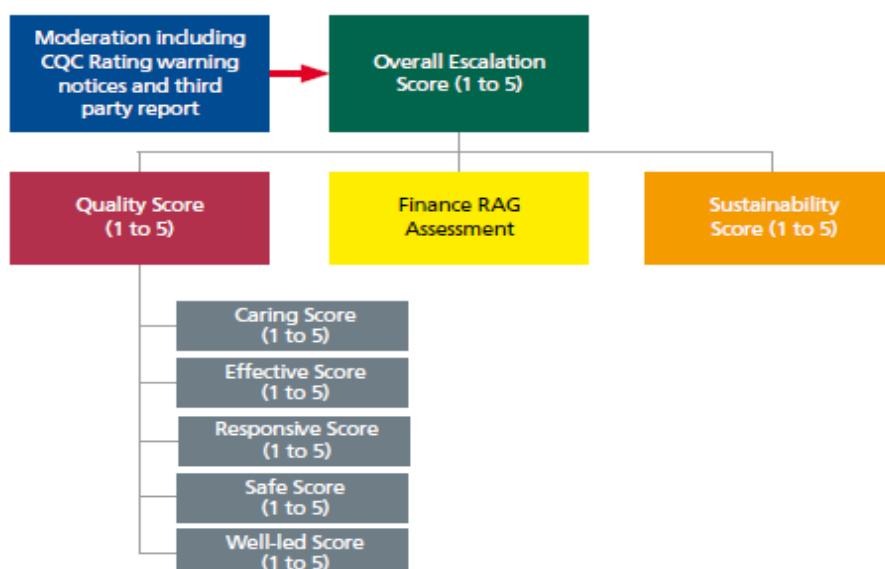
2.0 2014/15 NTDA Oversight and Escalation Level

2.1 NTDA 2014/15 Indicators

On 31st March 2014 the NHS Trust Development Authority (NTDA) published an updated version of the Accountability Framework, now called '*Delivering for Patients: the 2014/15 Accountability Framework for NHS trust boards*'.

The oversight process sets out what the NTDA will measure and how it will hold trusts to account for delivering high quality services and effective financial management.

For 2014/15, the NTDA's quality metrics have been adjusted to improve alignment and ensure consistency with the CQC's *Intelligent Monitoring* process. For 2014/15 NHS trusts will be scored using escalation levels 1 to 5, as it was last year, but the key change will be that escalation level 1 will now be the highest risk rating with level 5 the lowest.



The oversight process also sets out how the NTDA will score and categorise NHS trusts with a clearer approach to both intervention and support for organisations at different levels of escalation. Draft supporting documentation which contains the detailed information about the scoring methodology was made available by the NTDA mid June. Assessment of the scores for each domain will be included in future Q&P reports.

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

- ❖ Caring
- ❖ Effective
- ❖ Safe
- ❖ Well Led
- ❖ Responsive
- ❖ Finance

Caring		Target	2013/14	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	YTD
Inpatient scores from Friends and Family Test	TBC	68.8	73.9	64.9	66.0	69.6	67.6	66.2	70.3	68.7	71.8	69.0	69.9	69.6	71.0	70.3	
A&E scores from Friends and Family Test	TBC	59.5	47.3	60.6	57.0	59.6	57.6	58.8	58.6	67.4	67.6	58.7	65.5	69.4	66.0	67.5	
Complaints - rate per 1,000 bed days	TBC	2014-15 New Indicator												2.2	1.9	2.1	
Inpatient Survey: Q68 Overall I had a very poor/good experience	TBC	2014/15 New Indicator - awaiting further NTDA guidance															
Mixed Sex Accommodation Breaches	0	2	0	0	0	0	0	0	2	0	0	0	0	4	2	6	
Effective		Target	2013/14	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	YTD
Summary Hospital Mortality Indicator	TBC		104.5	104.5	104.9	104.9	104.9	106.4	106.4	106.4	107.1	107.1	107.1	106.1	106.1	106.1	
Hospital Standardised Mortality Ratio (DFI Quarterly)	TBC	92.4	93.5	94.6			89.5			Awaiting DFI Update							
Hospital Standardised Mortality Ratio - weekend (DFI Quarterly)	TBC	96.0	100.9	99.4			88.9										
Hospital Standardised Mortality Ratio - weekday (DFI Quarterly)	TBC	90.8	91.0	93.0			88.1										
Deaths in low risk conditions (DFI Quarterly)	TBC	88.6	104.7	71.3			89.5										
Emergency re-admissions within 30 days	TBC	7.9%	7.8%	7.7%	7.5%	7.6%	7.8%	7.9%	7.8%	8.0%	8.7%	9.0%	8.8%	8.7%		8.7%	

Safe	Target	2013/14	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	YTD
CDIFF	81	66	7	2	6	5	9	6	6	5	10	0	4	4	6	10
MRSA	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Never events	0	3	0	0	0	0	1	0	0	0	0	1	0	0	0	0
Medication errors causing serious harm	TBC	2014/15 New Indicator - awaiting further NTDA guidance														
Incidence of MSSA	TBC	30	2	5	1	4	3	1	1	1	3	2	2	2	0	2
Percentage of Harm Free Care	TBC	93.6%	93.7%	93.6%	93.8%	93.5%	93.1%	94.7%	93.9%	94.0%	93.8%	94.8%	93.6%	94.6%	94.7%	94.6%
Maternal deaths	0	3	0	0	0	0	0	0	0	0	1	2	0	0	0	0
Proportion of patients risk assessed for VTE	95%	95.3%	94.5%	93.1%	95.9%	95.2%	95.4%	95.5%	96.7%	96.1%	95.6%	95.0%	95.6%	95.7%	95.9%	95.8%
Serious Incidents	TBC	2014-15 New Indicator												12	9	21
Proportion of reported safety incidents that are harmful	TBC	2014/15 New Indicator - awaiting further NTDA guidance														
CAS alerts	TBC	20	9	15	36	10	10	14	15	12	11	14	20	11	10	10
Admissions to adult facilities of patients who are under 16 years	TBC	2014/15 New Indicator - awaiting further NTDA guidance														

Well-Led	Target	2013/14	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	YTD
Inpatient response rate from Friends and Family Test	15.0%	24.3%	21.4%	25.3%	24.8%	22.0%	25.8%	21.7%	25.4%	23.3%	24.5%	28.2%	28.8%	36.8%	38.1%	37.5%
A&E response rate from Friends and Family Test	15.0%	14.9%	14.2%	16.6%	14.6%	16.1%	11.1%	16.3%	18.4%	16.4%	15.6%	18.4%	16.1%	15.2%	17.8%	16.5%
Data Quality of trust returns to HSCIC	TBC	2014/15 New Indicator - awaiting further NTDA guidance														
NHS Staff Survey: Percentage of staff who would recommend the trust as a place to work	TBC	2014/15 New Indicator - awaiting further NTDA guidance														
NHS Staff Survey: Percentage of staff who would recommend the trust as place to receive treatment	TBC	2014/15 New Indicator - awaiting further NTDA guidance														
Trust Turnover	10.0%	10.0%	8.9%	9.2%	9.5%	9.3%	9.7%	9.6%	9.7%	10.2%	10.6%	10.4%	10.0%	9.9%	10.0%	10.0%
Trust level total sickness (Reported One Month in Arrears)	3.0%	3.4%	3.1%	3.0%	3.2%	3.1%	3.1%	3.3%	3.5%	3.8%	3.9%	3.9%	3.8%	3.7%		3.7%
Total trust vacancy rate	TBC	2014/15 New Indicator - awaiting further NTDA guidance														
Temporary costs and overtime as % total payroll	TBC	2014-15 New Indicator												9.1%	9.2%	9.1%
Percentage of staff with annual appraisal	95%	91.3%	90.2%	90.7%	92.4%	92.7%	91.9%	91.0%	91.8%	92.4%	91.9%	92.3%	91.3%	91.8%	91.0%	91.0%

UHL Quality Indicators		2013/14	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	YTD
C-sections rates	<25%	25.2%	26.1%	26.1%	25.0%	25.2%	24.6%	25.6%	27.5%	25.2%	23.9%	25.5%	24.3%	27.3%	25.0%	26.1%
WHO surgical checklist compliance	100%	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Avoidable Pressure Ulcers (Grade 3 and 4)	<8 per month	72	4	8	7	8	5	5	4	5	7	3	6	5	5	10
Statutory and Mandatory Training	75%	76%	46%	46%	48%	49%	55%	58%	60%	65%	69%	72%	76%	78%	79%	79%
% Corporate Induction attendance rate	95%	90%	82%	95%	90%	94%	94%	91%	87%	89%	93%	89%	95%	96%	94%	95%

2.2 UHL 2013/14 NTDA Escalation Level

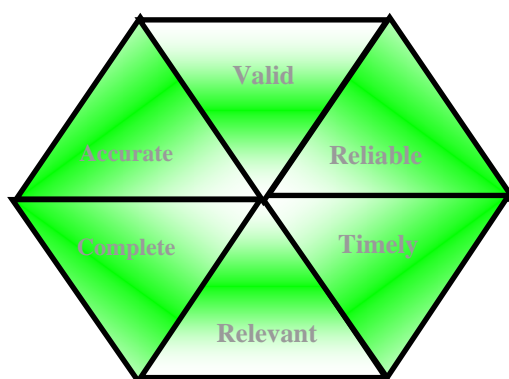
The 2013/14 Accountability Framework set out five different categories by which Trust's are defined, depending on key quality, delivery and finance standards.

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

The Trust Board agreed the following 'extended' Quality Commitment in the April Board meeting.

Caring at its best

OUR QUALITY COMMITMENT

AIM	Provide Effective Care – Improve Patient Outcomes	Improve Safety – Reduce Harm	Care and Compassion – Improve Patient Experience
	To deliver evidence based care/best practice and effective pathways and to improve clinician and patient reported outcomes	To reduce avoidable death and injury, to improve patient safety culture and leadership and to reduce the risk of error and adverse incidents	To listen and learn from patient feedback and to improve patient experience of care
14/15 PRIORITIES	<p>Implement pathways of care to improve outcomes for patients with</p> <ul style="list-style-type: none"> •Community Acquired Pneumonia •Heart failure •Acute Myocardial Infarction (AMI) •Acute Kidney Injury (AKI) <p>And for</p> <ul style="list-style-type: none"> •Out of hours emergency admissions •Intraoperative Fluid Management (IOFM) <p>Implement actions to meet the National "7 Day Services" clinical standards</p> <p>Embed monitoring of clinician and patient reported outcomes across all specialities to include learning and action from:</p> <ul style="list-style-type: none"> •Mortality Reviews and Mortality Alerts •Nationally reported outcomes (Everyone Counts) <p>Implementation of</p> <ul style="list-style-type: none"> •Patient census to improve discharge planning •Consultant assessment following emergency admission •Clinical utilisation review of critical care beds •Breastfeeding guidelines for neonates <p>Embedding best practice:</p> <ul style="list-style-type: none"> •Implementation of NICE and other national guidance •Compliance with local policies and guidelines •Performance against national clinical audit 	<p>Implementation of Safety Actions:</p> <ul style="list-style-type: none"> • Recognition and immediate management of septic patients. • Handover between clinical teams • Acting on test results • Monitoring and escalation of Early Warning Scores (EWS) • Ward Round Standards and Safety Checklist <p>Improve processes relating to resuscitation and 'Do Not Attempt Cardio-pulmonary resuscitation' (DNA CPR) consideration</p> <p>Embed use of Safety Thermometer for monitoring actions to reduce:</p> <ul style="list-style-type: none"> • Hospital Acquired Thrombosis (HAT) • Hospital Acquired Pressure Ulcers (HAPUs) • Catheter Associated Urinary Tract Infections (CAUTIs) • In-hospital Falls <p>Implement use of the Medication Safety Thermometer across all wards</p> <p>Patient Safety Collaborative Topics</p> <ul style="list-style-type: none"> • Reduction of Health Care Associated Infections • Meeting Patient's Nutrition and Hydration needs • Safer care for patients with Diabetes (including implementation of Think Glucose Programme) 	<p>Actively seek views of patients across all services</p> <p>Improve the experience of care for older people</p> <ul style="list-style-type: none"> • Implement recommendations from national quality mark across all older people's areas • Improve/continue positive feedback across CMGs <p>Improve experience of carers</p> <p>Improve experience of care for patients with dementia and their carers</p> <ul style="list-style-type: none"> • Dementia implementation plan <p>Expand current programme of end of life care processes across Trust</p> <p>Triangulation of patient feedback</p> <ul style="list-style-type: none"> • Including complaints, NHS Choices, Patient Surveys <p>Embed best practice relating to "Named consultant/ named nurse"</p>
<p style="text-align: center;">Supporting Work programmes</p> <p>Organisational learning, culture & leadership Staff numbers, skills & competence Audit & measurement Systems & processes</p>			

The Quality Commitment will be reported in a different format from July dependent on discussions with Executive Team, Executive Quality Board and Quality Assurance Committee.

4.2 Mortality Rates

2013/14

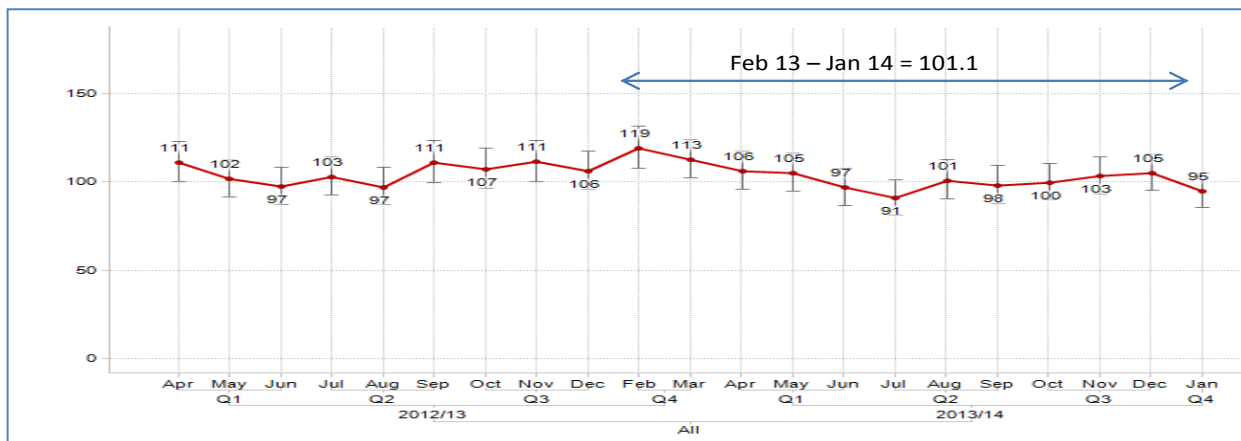
Mth

YTD

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) published at the end of April covers the 12 month period Oct 12 to Sept 13. UHL's SHMI has gone back down from 107 to 106 and remains in Band 2 (i.e. within expected). The next SHMI publication (covering the time period January to December 2013) is at the end of July.

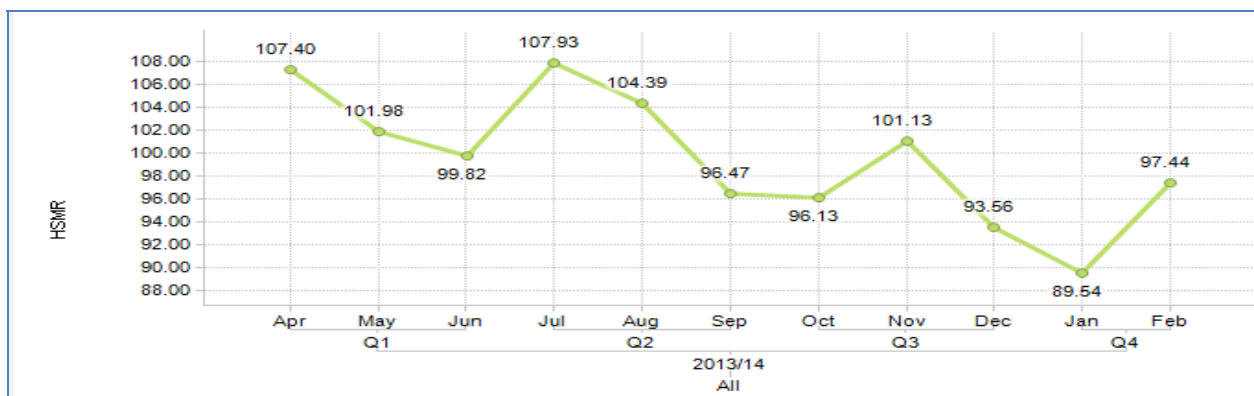
UHL is now able to use the Hospital Evaluation Dataset tool (HED) to internally monitor our SHMI on a monthly basis using more recent data.



For the most recent 12 months (Feb 13 to Jan 14) UHL's SHMI is 100.1. Whilst this figure may increase slightly once all trusts' data has been reported for the full year, it is currently predicted that UHL's SHMI for 13/14 will be much closed to the national average of 100 than in 11/12 (104) and 12/13 (107).

HOSPITAL STANDARDISED MORTALITY RATIO (HSMR)

UHL's HSMR (as reported by HED) for the rolling 12 months Mar 13 to Feb 14 is 99.7 and for the financial year (Apr 13 to Feb 14) it is 99.1 which is below the national average.



It should be noted that although UHL's HSMR has been below 100 for Sept, Oct, Dec and Jan and HED rebase quarterly, there may be an increase for these months as all 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 is slightly lower than in 12/13 both in terms of 'rate' and 'numbers of in-hospital deaths'. This reduction appears to be continuing into 14/15

FY 12/13	FY 13/14	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Rolling 12 mths Jun 13 - May 14	FY 13/14 YTD
221,146	222,890	17,736	19,136	17,893	18,199	19,676	18,688	17,902	19,615	18,015	19,465	18,554	19,212	224,091	37,766
3,177	2,960	229	229	233	218	253	251	267	245	262	242	207	256	2892	463
1.40%	1.30%	1.30%	1.20%	1.30%	1.20%	1.30%	1.30%	1.50%	1.20%	1.50%	1.20%	1.10%	1.30%	1.30%	1.20%

Whilst clearer documentation of patients' diagnosis and co-morbidities in their clinical records will have led to more accurate clinical coding, which will be reflected in the SHMI and HSMR risk adjusted mortality data; improving UHL's mortality rates, both in terms of the SHMI and HSMR, is one of the aims of the Trust's Quality Commitment.

There were two specific work-streams relating to improving outcomes in 13/14, implementation of:

- the Respiratory pathway and the Pneumonia Care Bundle – identified because of the higher mortality risk associated with community acquired pneumonia
- Hospital 24/7 – prioritised in recognition of the increased acuity of patients and the need for continuity of care out of hours.

Other work-stream in the Quality Commitment, included the Critical Safety Actions (Ward Round Standards, Acting on Results, Responding to EWS, Clinical Handover and Sepsis Care Bundle).

The trust's commitment to increasing the nursing establishment and the international nurse recruitment programme has supported all of the above.

Embedding each of these initiatives across all areas of the trust will be the priority for 14/15 and are all included in the Quality Commitment for this year.

In addition, the trust is working towards implementation of the 'Seven Day Services' 10 Clinical Standards which includes increasing the frequency of senior clinical review for emergency patients on admission and all patients during their hospital stay.

A further development, made possible through the implementation of the electronic clinical handover system, is improved monitoring of patients' level of acuity which will support earlier planning for any increased care needs.

There has also been much work undertaken across the whole of the health economy, to ensure that those patients whose care could be better provided at home, are able to do so, including patients who are receiving 'end of life care'. Avoiding an unnecessary admission to UHL at the end of life will reduce UHL's SHMI.

DR FOSTER MORTALITY BY DIAGNOSIS & PROCEDURAL GROUP

In addition to providing an overall HSMR figure, the Dr Fosters Intelligence 'Quality Investigator' tool also reports HSMR for individual diagnosis and procedural groups and highlights where the mortality rate is 'higher than expected' in their monthly 'Performance Summary'. There have been no new alerts for February.

CQC INTELLIGENT MONITORING REPORT (IMR)

The next CQC IMR is due to be published in July. For the last report, UHL had a 'risk' in respect of CABG+Other procedural group.

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. Following review of the data with Dr Foster Intelligence, UHL advised the CQC that the alert related to variation between trusts in respect of the way monitoring equipment used during surgery was coded. Upon receipt of this information, the CQC have 'closed' this alert.

4.3 Maternal Deaths

There were no maternal deaths reported in May. 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

2013/14	Mth	YTD
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In May a total of 9 new Serious Untoward Incidents (SUIs) were escalated within the Trust. Four of these were patient safety incidents, two related to Hospital Acquired Pressure Ulcers and three Healthcare Acquired Infections were reported for this month. No Never Events were reported in May and there were no medication errors reported which caused harm. One of the SUIs relates to an operational issue, namely the late follow up of some patients as a consequence of the partial booking system. An Internal Governance Group has been established to review these cases in detail, specialty by specialty, and to monitor and ensure appropriate patient review and clinical follow-up. One SUI in May relates to a potential delay in treatment within the Emergency Department; this together with a 12 hour trolley breach are being urgently reviewed and are subject to further discussions with commissioners and the Trust Development Authority to ensure the safety of patients is maintained in the Emergency Department at times of excessive activity.

Two root cause analysis investigation reports were signed off in May. The learning and action from these has been presented to and discussed at the Executive Quality Board and these will be considered for further reviewed at the Trust's 'Learning from Experience Group'.

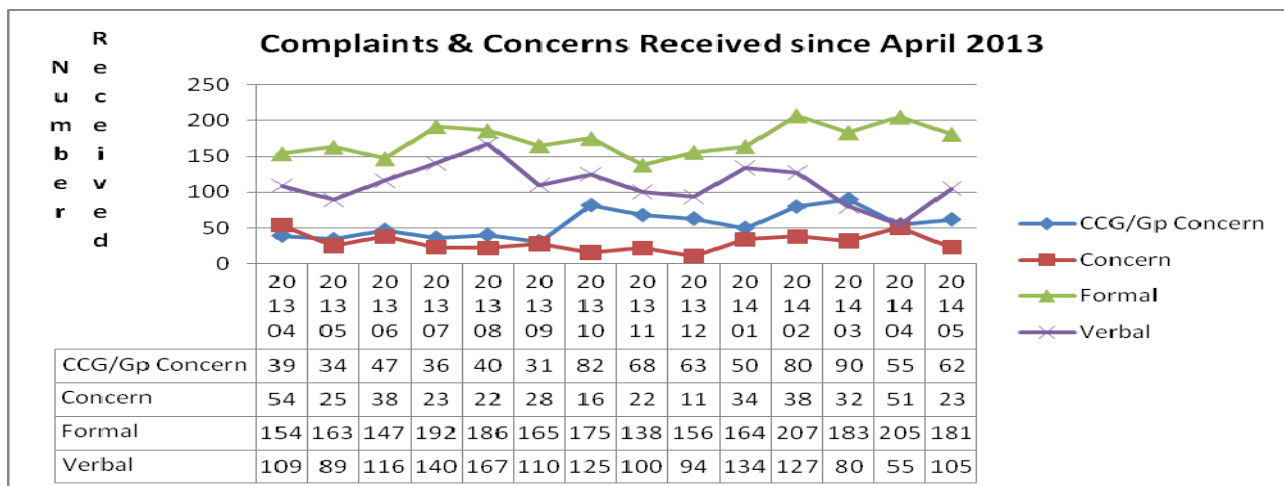
Last month two calls were made to the 3636 Staff Concerns Reporting Line, one relating to a complaint regarding the attitude of Consultant Anaesthetist and the second concern was raised by a Ward Sister who was concerned at the lack of response from the Single Point extension line. All concerns have 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, together with any CQC or GMC concerns raised.

CAS performance remains good and following EQB approval of the detailed action plan and improvement in training numbers, the NPSA alert 'Right Patient, Right Blood' has now been closed.

May continued to see high complaints activity with a total of 181 formal written complaints received. The top 5 themes have changed slightly to:-

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

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. The rate of complaints per 1000 bed days for May is 1.9. Below is the trend graph which shows complaints activity over the past 14 months.



4.5 Critical Safety Actions

2013/14

Mth

YTD

The aim of the 'Critical safety actions' in the Quality Commitment 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 Sepsis only for 2014/15.

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:-

- ❖ Nervecentre handover training for nursing staff completed and Go Live successful at LRI and GH site with exception of Childrens. Training commenced at LGH site ready for Go Live on 24th June 2014.
- ❖ Childrens nurse training to commence on 19th June 2014 ready for Go Live date on 8th July 2014.
- ❖ Plan for roll out to medical staff to be confirmed, background work with mobile devices and handover task lists progressing.

2. Relentless attention to Early Warning Score triggers and actions

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

Actions:-

- ❖ The focus of the work for 14-15 will be working with the electronic observation project to implement NEWS simultaneously with electronic observations.
- ❖ Work has commenced to agree parameters and triggers for the electronic observation system with NEWS for UHL by the outreach and EWS lead ready for roll out initially in the 5 Pioneer wards at LRI site.

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. Again this month, the four outstanding specialities are obstetrics, gynaecology, metabolic medicine and immunology despite several chase emails and meetings with heads of service.

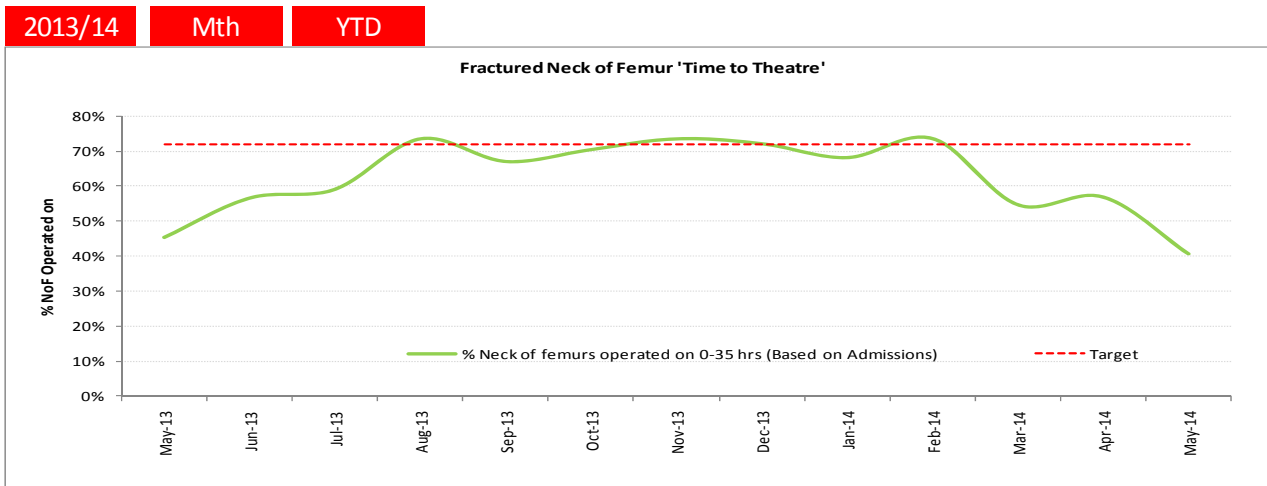
4. Senior Clinical Review, Ward Rounds and Notation

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:-

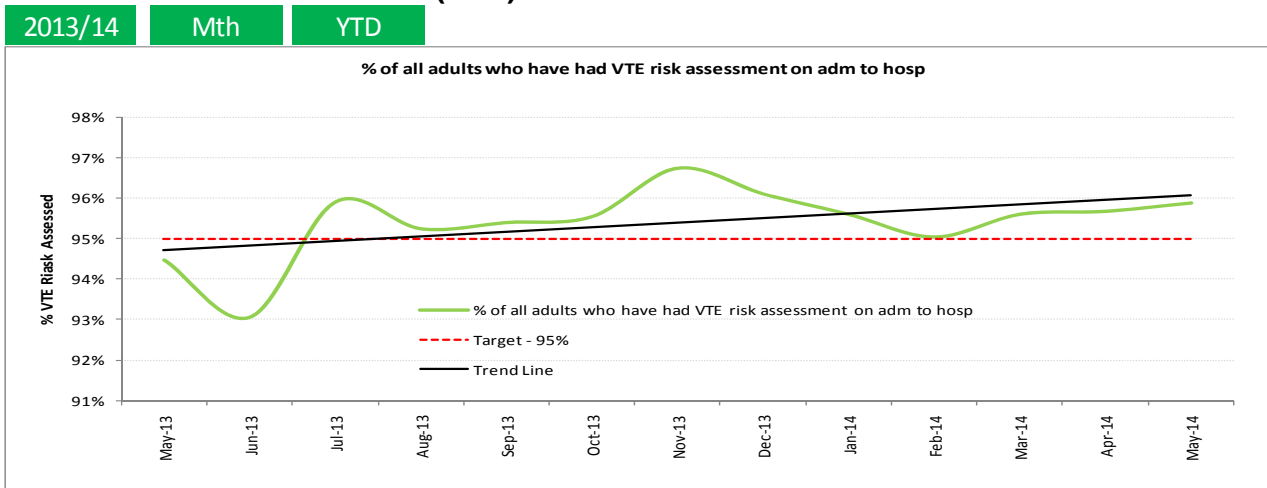
- ❖ Meeting to take place in early June with audit to devise an audit for specialities to audit the use and adherence to the ward round safety checklist and documentation.
- ❖ This work will now collaborate with the 7 Day Working work stream.

4.6 Fractured Neck of Femur 'Time to Theatre'



The percentage of patients admitted with fractured neck of femur during May who were operated on within 36hrs was 40.6% (26 out of 64 #NOF patients - to be confirmed) against a target of 72%. Of the remaining 38 who didn't achieve the 36 hour target – 70% was due to capacity issues and the remaining 30% was due to the patient being medically unfit. An action plan to improve performance is to be submitted to the June EQB and July QAC.

4.7 Venous Thrombo-embolism (VTE) Risk Assessment



The 95% threshold for VTE risk assessment within 24 hours of admission was 95.9% in May.

4.8 Quality Schedule and CQUIN Schemes

Both the CCG Quality Schedule and CQUIN indicators for 2014/15 have been agreed and April's performance against those indicators reported monthly was reviewed and RAG rated by Commissioners at the Clinical Quality Review Group meeting on 19th June – See summary in the table below.

Details of the Specialised Services CQUINs are still being finalised.

	Ref	Indicator	Apr-14	Commentary
QUALITY SCHEDULE INDICATORS	PS01	Infection Prevention and Control Reduction. - C Diff	4	The nationally set Clostridium Difficile infections threshold for 14/15 is 81. However, UHL is aiming to achieve a reduction on last year's total of 66.
	PS02	HCAI Monitoring – MRSA Bacteraemias	0	
	PS03	Patient Safety - Never Events	0	There were no Never Events in either April or May.
	PS04	Duty of Candour breaches	0	All patients have been notified of any moderate or serious incidents, where applicable.
	PS06	Risk Assurance - New Risks	A	A number of risk have delayed reviews or actions
	PS08a	Reduction in Pressure Ulcer incidence. - Grade 2 HAPUs	6	April's HAPUs were below the threshold of 9.
	PS08b	Reduction in Pressure Ulcer incidence. - Grade 3 HAPUs	4	April's HAPUs were below the threshold of 7.
	PS08c	Reduction in Pressure Ulcer incidence. - Grade 4 HAPUs	0	There were no Grade 4 avoidable hospital acquired pressure ulcers
	PS09	Medicines Management Optimisation - Publication of Formulary	Published	This is a new indicator, in response to national contractual guidance.
	PS11	Venous Thrombo-embolism Risk Assessment	95.67%	Performance continues to be just above the national set threshold of 95%
	PE1	Same Sex Accommodation - No of Breaches	1	There has been a further breach in May. Both relate to mixed sex patients in a high dependency unit but where one or more of the patients did not require that level of care.
	CE08a	Stroke - 90% stay on stroke ward	92.90%	Data subject to validation
	CE08b	TIA Clinic - High risk patients scanned and seen within 24 hrs	80%	High performance considered to be related to low number of referrals in April.
	AS02	Ward Health-check and Nurse Staffing	Report Submitted	Recruitment of additional nurses continues.
	AS03	Staffing governance	A	UHL's thresholds for Corporate Induction, Staff Turnover & Mandatory training achieved in April but not for Sickness or Appraisal.
CQUINS	Nat 1.2a	F&FT Participation Score – ED	15,2%	Whilst the participation rate has continued at 15%, the threshold for 14/15 is to be at 20% by March 15.
	Nat 1.2b	F&FT Participation Rate - Inpatients	36.80%	The participation rate for inpatients continues to increase.

4.9 Theatres – 100% WHO compliance

2013/14

Mth

YTD

The theatres checklist has been fully compliant since January 2012.

4.10 C-sections rate

2013/14

Mth

YTD

The C-section rate for May is 25.0% against a target of 25%. The year to date performance is 26.1%.

4.11 Safety Thermometer

Areas to note for the May 2014 Safety Thermometer:-

- UHL continued to report 95% Harm Free Care for May 2014
- The total of newly acquired harms has reduced (but noting that harm cannot always be attributed to an organisation). The reduction appears to be a result of a reduction in the prevalence of new pressure ulcers
- The prevalence of new falls in UHL with a harm has reduced from three to two.
- The prevalence of newly acquired community or hospital acquired VTEs reduced with Hospital Acquired Thrombosis (HAT) reducing to one.

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

		Mar-14	Apr-14	May-14
	Number of patients on ward	1635	1573	1611
All Harms	Total No of Harms - Old (Community) and Newly Acquired (UHL)	109	88	87
	No of patients with no Harms	1531	1488	1525
	% Harm Free	93.64%	94.60%	94.66%
New Harms	Total No of Newly Acquired (UHL) Harms	50	39	28
	No of Patients with no Newly Acquired Harms	1587	1536	1583
	% of UHL Patients with No Newly Acquired Harms	97.06%	97.65%	98.26
Harm One	No of Patients with an OLD or NEWLY Acquired Grade 2, 3 or 4 PU	69	58	65
	No of Newly Acquired Grade 2, 3 or 4 PUs	25	20	12
Harm Two	No of Patients with falls in a care setting in previous 72 hrs resulting in harm	5	5	5
	No of patients with falls in UHL in previous 72 hrs resulting in harm	3	3	2
Harm Three	No of Patients with Urinary Catheter and Urine Infection (prior to or post admission)	22	12	9
	Number of New Catheter Associated UTIs	7	1	3
Harm Four	Newly Acquired community or hospital acquired VTE (DVT, PE or Other)	13	13	8
	Hospital Acquired Thrombosis (HAT)	6	6	1

DETAILED ANALYSIS OF FOUR HARMs

a) Falls Prevalence

UHL reported five falls on the safety thermometer in May. This figure has now been sustained for the last five months. Two of the reported falls occurred within UHL and the injuries sustained were level 2 harms, bruising and a haematoma to the head. Three of the reported falls occurred prior to admission where the patient lived in residential care or had a package of care in their own home. Two of these falls resulted in a level 3 harm where

the patients sustained a fractured hip and compression spinal fracture. The third fall resulted in a level 2 harm, pain to the hip and elbow.

b) Pressure Ulcer Prevalence

New Pressure Ulcer prevalence decreased again in May. The Trust also achieved the threshold for pressure ulcer incidence for this month.

c) VTE Prevalence

The ST VTE data for May 2014 confirmed the following:

- 42 VTEs reported on ST from the Wards.
- 17 cases excluded from the data as no diagnosis of VTE present

Of the remaining 25;

- 17 were 'old'.
- 7 patients were admitted with VTE (but still have to be included for UHL data)
- Only 1 case is a confirmed new VTE/HAT associated with a subclavian line insertion.

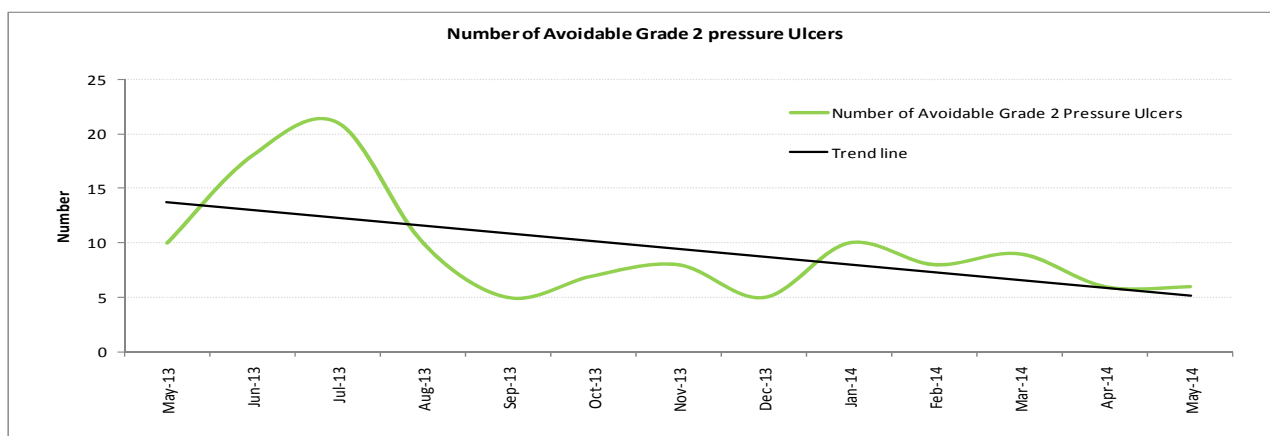
d) CAUTI Prevalence

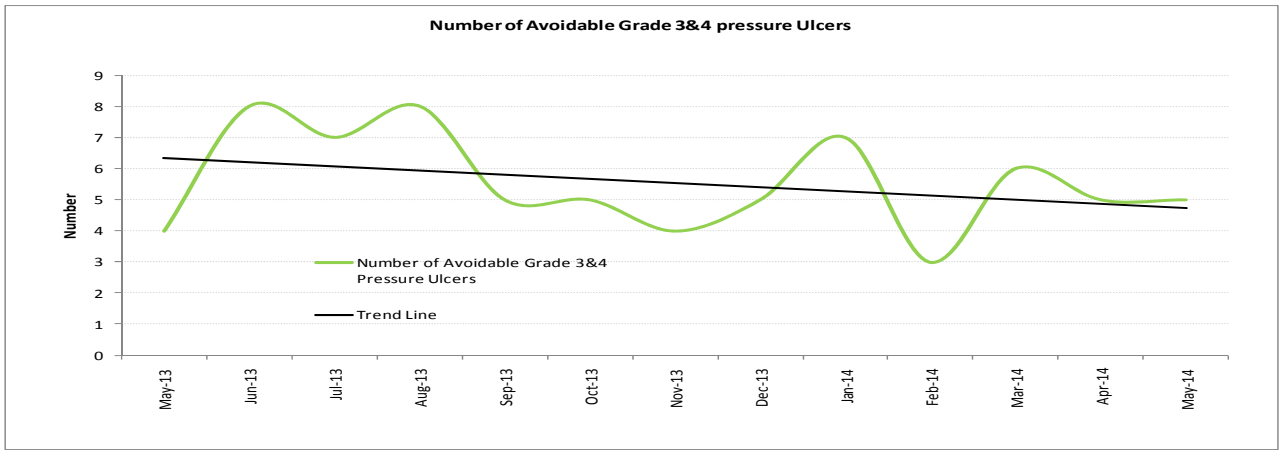
The prevalence of patients with urinary catheter and urine infection (prior to or post admission) has reduced although the prevalence of new catheter associated UTIs has increased slightly

PRESSURE ULCER INCIDENCE

Zero Grade 4 pressure ulcers have been reported for this month with 6 avoidable grade 2 pressure ulcers and 5 avoidable grade 3 pressure ulcers. All trajectories for pressure ulcers have therefore been achieved.

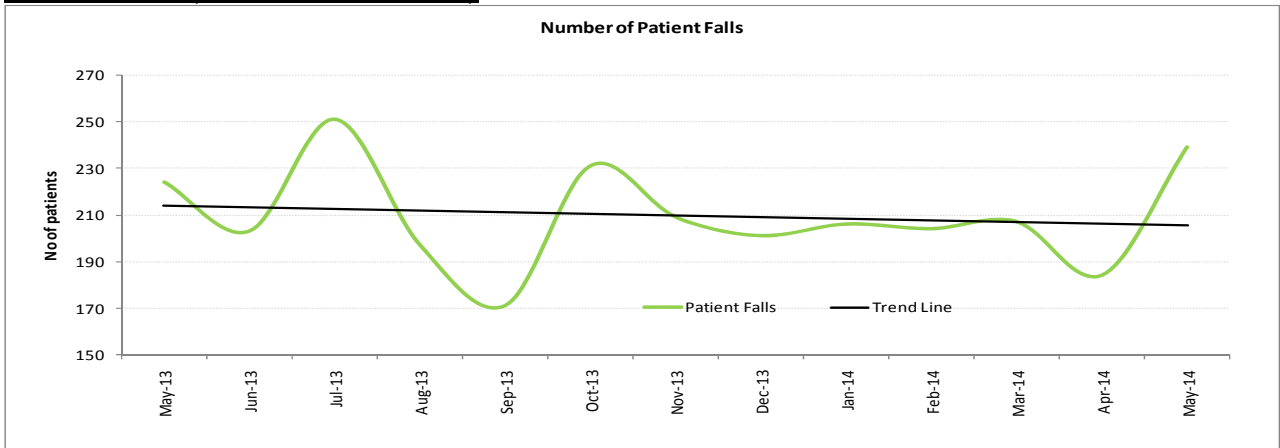
An amendment to the number of avoidable grade 3 pressure ulcers for April has been reported to the commissioners. Originally 4 avoidable grade 3 ulcers were originally reported but during the validation process, an additional pressure ulcer was reported increasing the total to 5 grade 3 pressure ulcers for April. A grade 2 pressure ulcer had deteriorated into a grade 3 and it was initially thought that the deterioration had occurred in May. However, at validation new evidence confirmed the deterioration had actually happened in April.





Themes for avoidable Grade 2 and 3 pressure ulcers included insufficient use of protective measures; Repose boots for heels and Silltape for ears (when patient is on continuous oxygen therapy).

Patient Falls (Incidence via Datix)



Falls incidence for May 2014 was 239. This may be subject to change due to outstanding Datix incidents being closed by ward managers. Confirm and challenge meetings are being held with CMG's and the data is being analysed. A more detailed report will be available in next month's Q&P if the numbers of falls remains high.

5.0 PATIENT EXPERIENCE – RACHEL OVERFIELD

5.1 Infection Prevention

a) MRSA

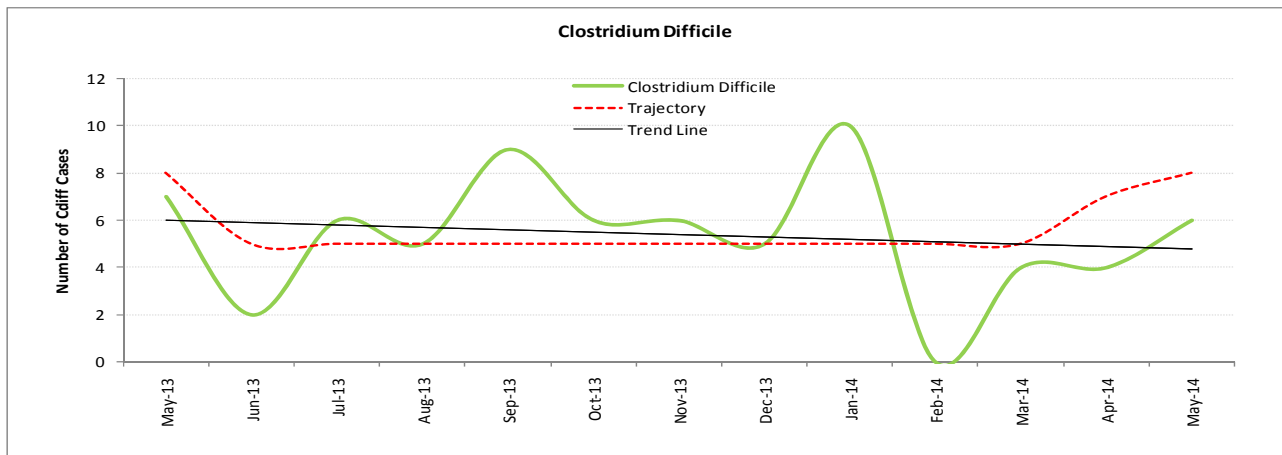
2013/14 Mth YTD

There were no avoidable MRSA cases reported in April and May.

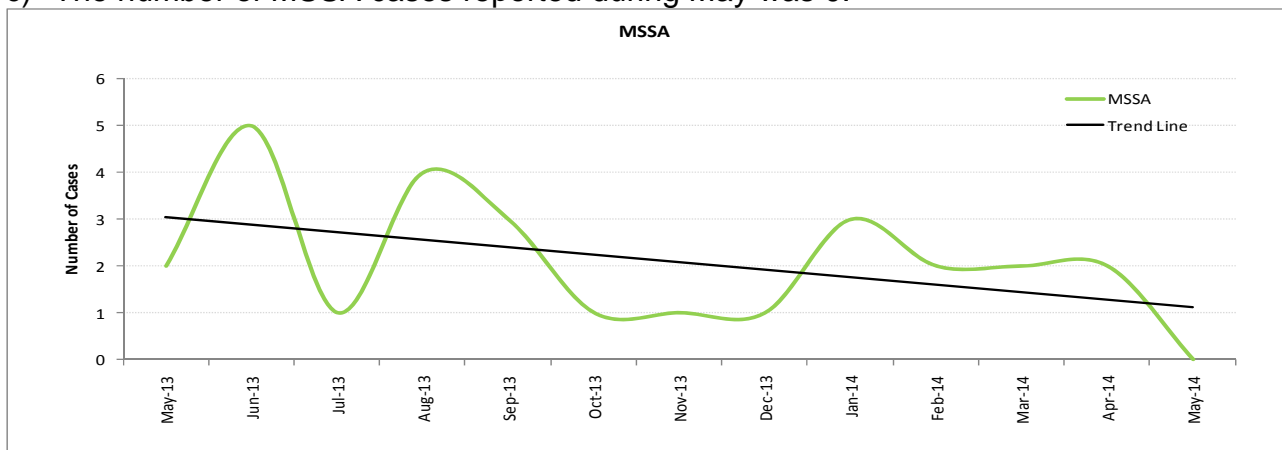
b) Clostridium Difficile

2013/14 Mth YTD

There were 6 cases reported in May with a year to date position of 10 against a national trajectory of 15. The full year national target is 81, however the Trust has set an internal target of no more than 50 cases for the year.



c) The number of MSSA cases reported during May was 0.



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 twelve electronic surveys identified in the table below.

In May 2014, 6,125 Patient Experience Surveys were returned this is broken down to:

- 3,773 paper inpatient/day case surveys
- 1,279 electronic surveys
- 745 ED paper surveys
- 328 maternity paper surveys

Share Your Experience – Electronic Feedback Platform

In May 2014, a total of 1,279 electronic surveys were completed via email, touch screen, SMS Text, our Leicester’s Hospitals web site or handheld devices. A total of 95 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	0	39	0	0	3	42	0
Carers Survey	0	0	0	0	1	1	0
Childrens Urgent and ED Care	0	8	0	0	0	8	0
FFT Eye Casualty	0	5	0	248	0	253	0
Glenfield CDU	0	0	0	0	0	0	0
Glenfield Radiology	0	0	0	0	0	0	7
Hope Clinical Trials Unit	0	0	0	3	0	3	0
IP, Daycase and Childrens IP Wards	0	0	55	0	11	66	0
Maternity Survey	0	0	0	586	2	588	0
Neonatal Unit Survey	0	0	0	0	18	18	0
Outpatient Survey	16	0	10	266	4	296	88
Windsor Eye Clinic	0	2	0	2	0	4	0
Total	16	54	65	1105	39	1279	95

Treated with Respect and Dignity

2013/14

Mth

YTD

This month has been rated GREEN 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.

Friends and Family Test

Inpatient

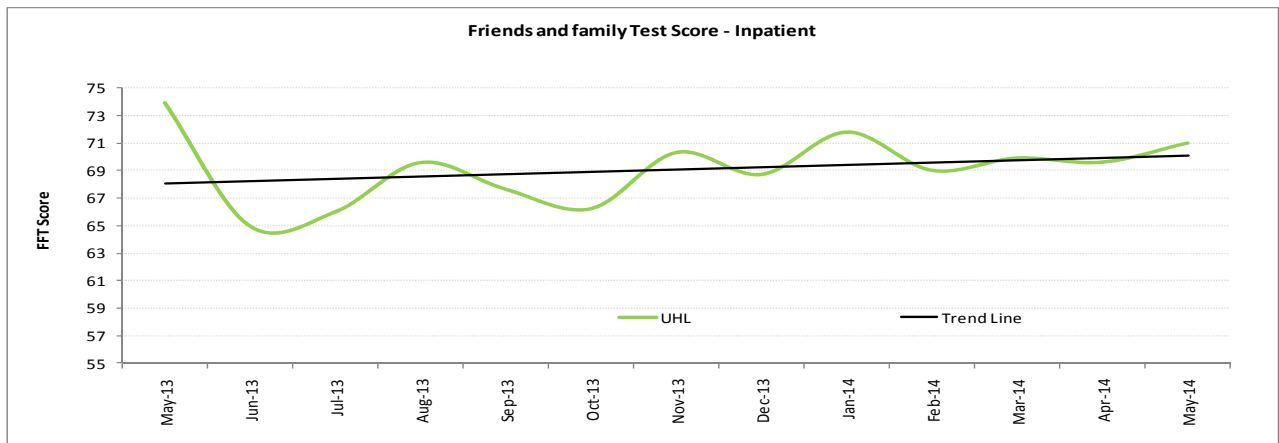
The inpatient surveys include the Friends and Family Test question; **How likely are you to recommend this ward to friends and family if they needed similar care or treatment?** Of all the surveys received in May, 2,585 surveys included a response to this question and were considered inpatient activity (excluding day case / outpatients) and therefore were included in the Friends and Family Test score for NHS England.

Overall there were 8,641 patients in the relevant areas within the month of May 2014. The Trust easily met the 25% target achieving coverage of 38.1%.

The Friends & Family Test responses broken down to:

Extremely likely:	1,906
Likely:	588
Neither likely nor unlikely:	60
Unlikely	9
Extremely unlikely	10
Don't know:	12

Overall Friends & Family Test Score 71.0



Responses and Coverage

Responses received reached their highest level to date this month with 2585 responses received in May, up from the previous high of 2391 received in April 2014. Footfall coverage rose to 38.1% in May (previous coverage 36.8%), the highest level of coverage achieved to date.

UHL Overall performance

Performance on the FFT score was 71.0 in May, a slight improvement on the score of 69.6 achieved in April.

The proportion of 'promoters' was 74% this month. A one percentage point increase compared to April, due to respondents switching from being 'detractors' to 'promoters' this month. See data tables below.

	Mar-14	Apr-14	May-14
UHL Trust Level Totals	69.9	69.6	71
<i>Total no. of responses</i>	2050	2391	2585
<i>Number of promoters</i>	1510	1742	1742
<i>Number of passives</i>	410	546	588
<i>Number of detractors</i>	99	88	79
<i>Number of don't know</i>	31	15	12

UHL	Apr-14		May-14	
<i>Promoters as % of response</i>	73%	↓	74%	↑
<i>Passives as % of response</i>	23%	↑	23%	↔
<i>Detractors as % of response</i>	4%	↓	3%	↓
<i>Excluded as % of response</i>	1%	↓	0%	↓

April 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 **70** ranks 94th out of **141** Trusts. The overall National Inpatient Score (not including independent sector Trusts) was **73**.

CMG Performance Changes

The FFT score for Renal, Respiratory and Cardiac fell this month to 76. They did achieve a record number of responses this month however and Renal, Respiratory and Cardiac's overall performance on the FFT score is consistently above the UHL level FFT performance.

Emergency and Specialist Medicine showed a large rise in their FFT score from 63 in April to 72 in May. This was due to an increase in promoters of 7 percentage points and a reduction in detractors of 2 percentage points.

CHUGS continued last month's improvement with a further 3 percentage point improvement on their FFT score this month. CHUGS obtained responses from 696 patients, the highest number yet so the improvement in their score is particularly notable given the larger survey base.

Musculoskeletal and Specialist Surgery's performance on their FFT score fell again this month from 74 in April to 71 in May. Promoters switched to being passive or detractor respondents this month.

Women's and Children's maintained their score of 70 this month.

	Mar-14	Apr-14	May-14	Point Change in FFT Score (Mar - Apr 14)
UHL Trust Level Totals	70	70	71	1
Renal, Respiratory and Cardiac	76	79	76	-3
Emergency and Specialist Medicine	68	63	72	9
CHUGS	57	62	65	3
Musculoskeletal and Specialist Surgery	78	74	71	-3
Women's and Children's	79	70	70	0
Emergency Department	66	69	66	-3

Percentage point changes in each of the elements of the FFT Score by CMG between April and May 2014:

	Renal, Respiratory and Cardiac	Emergency and Specialist Medicine	CHUGS	Musculoskeletal and Specialist Surgery	Women's and Children's
Promoters as % of response	-2	7	1	-3	1
Passives as % of response	1	-5	1	2	-1
Detractors as % of response	1	-2	-2	1	1
Excluded as % of response	0	0	0	1	0

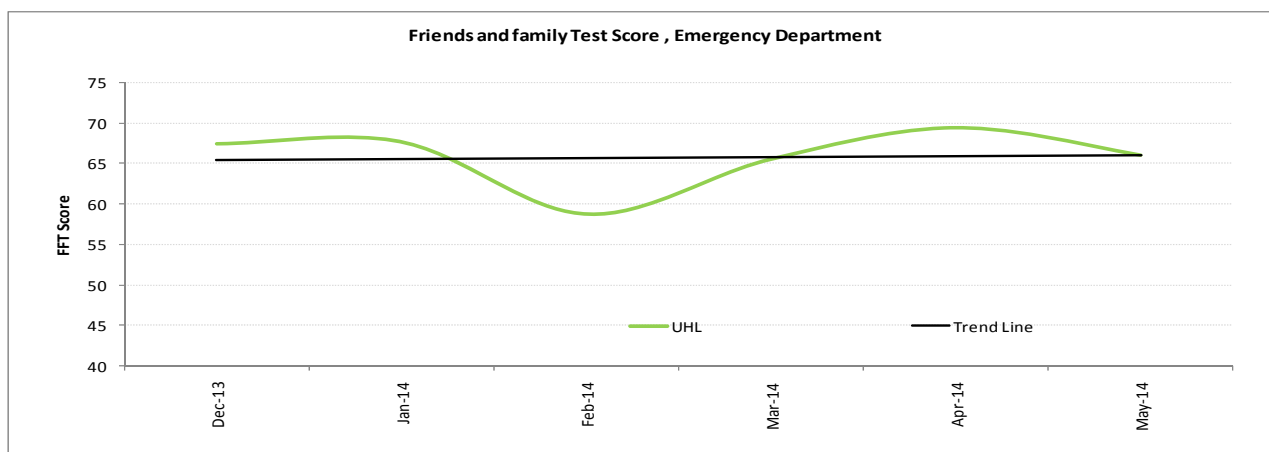
Details at hospital and ward level for those wards included in the Friends and Family Test Score are included in Appendix 1.

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 6,314 patients who were seen in A&E and then discharged home within the month of May 2014. The Trust surveyed 1,126 eligible patients meeting **17.8%** of the footfall. The Friends & Family test responses break down to:

Extremely likely:	799
Likely:	265
Neither likely nor unlikely:	44
Unlikely	7
Extremely unlikely	7
Don't know:	4
Overall Friends & Family Test Score	66.0



Breakdown by department	No. of responses	FFT Score	Total no. of patients eligible to respond
Emergency Dept Majors	227	54	1458
Emergency Dept Minors	464	68.1	2722
Emergency Dept – not stated	60	65	-
Emergency Decisions Unit	127	71.7	735
Eye Casualty	248	70.6	1399

April 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 **69** ranks 19th out of the remaining 98 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 3,688 patients in total who were eligible within the month of May 2014. The Trust surveyed 1,344 eligible patients meeting **36.4%** of the footfall. The Friends & Family test responses break down to:

Extremely likely:	895
Likely:	391
Neither likely nor unlikely:	29
Unlikely	12
Extremely unlikely	7
Don't know:	10

Overall Maternity Friends & Family Test Score 63.5

Breakdown by maternity journey stage	No. of responses	FFT Score	Total no. of patients eligible to respond
Antenatal following 36 week appointment	248	69.4	980
Labour Ward/Birthing centre following delivery	519	62.7	929
Postnatal Ward at discharge	443	55.3	742
Postnatal community – 10 days after birth	134	82.7	1037

April 2014 Data Published Nationally

Antenatal

The average Friend and Family Test score for England (excluding independent sector providers) was **65**. If we filter out the Trusts that are single speciality or achieved less than 20% footfall, then we are left with 44 Trusts. However our UHL Score of **47** does not feature among these as the 20% footfall was not achieved.

Birth

The average Friend and Family Test score for England (excluding independent sector providers) was **76**. With single speciality and Trusts that achieved less than a 20% footfall excluded, the UHL Friends and Family Test score of **66** ranks the Trust 58th out of the remaining 73 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 **57** ranks the Trust 63rd out of the remaining 87 Trusts.

Postnatal Community Provision

The average Friend and Family Test score for England (excluding independent sector providers) was **77**. If we filter out the Trusts that are single speciality or achieved less than 20% footfall, then we are left with 39 Trusts. However our UHL Score of **80** does not feature among these as the 20% footfall was not achieved.

5.3 Nursing workforce

5.3.1 Vacancies

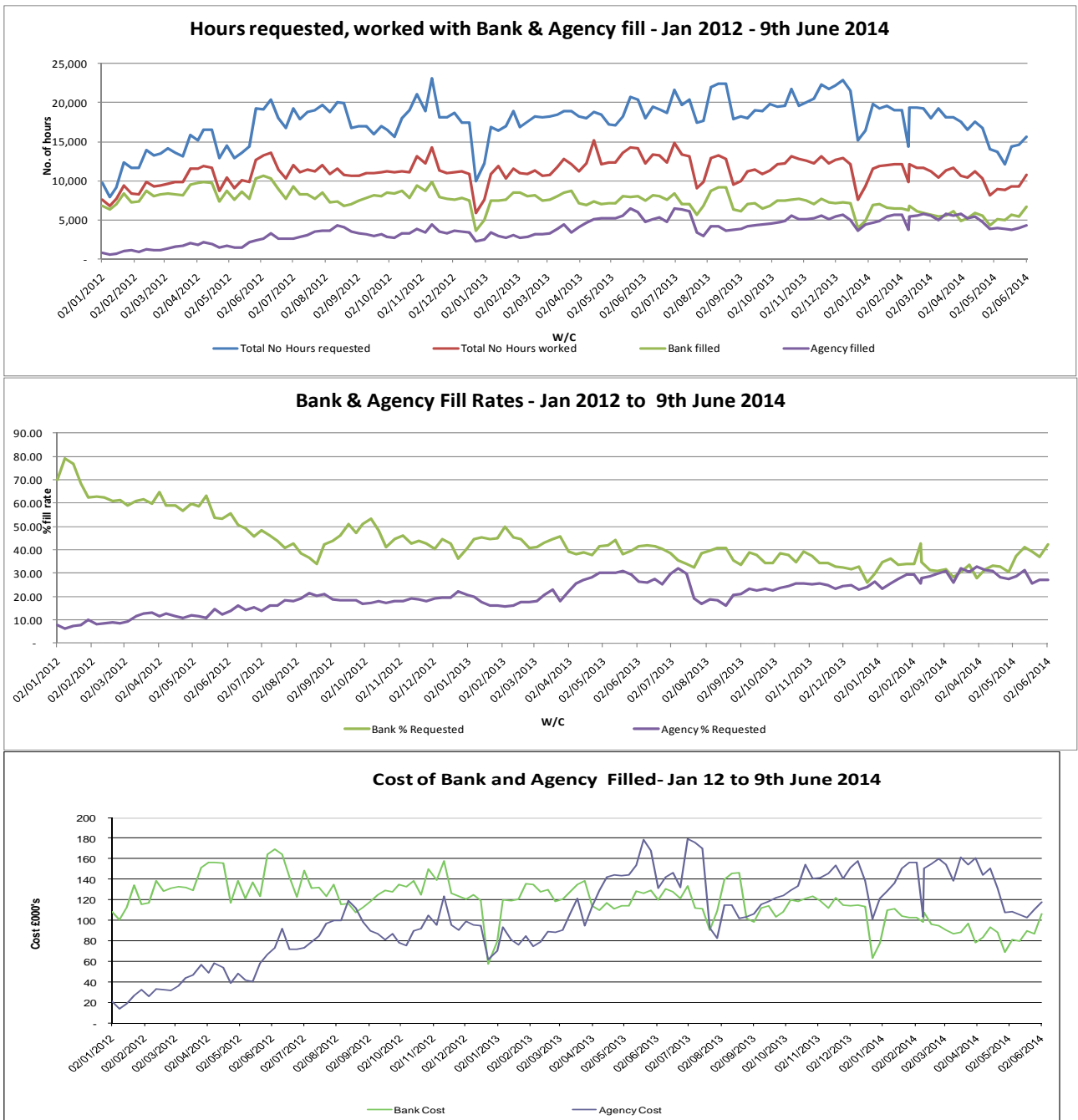
The overall vacancies for May are at 403wte, 340wte RN & 63wte HCA. With 165wte RNs waiting to start and 72wte HCA's waiting to start

5.3.2 Real Time Staffing

Monitoring across the Trust continues and supports our monthly Safer Staffing submissions on our public facing website and NHS Choices. The first monthly report will be taken to June Trust Board, and this data will be available for the public from 24th June

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 May information is included in Appendix 2.

5.5 Same Sex Accommodation

2013/14

Mth

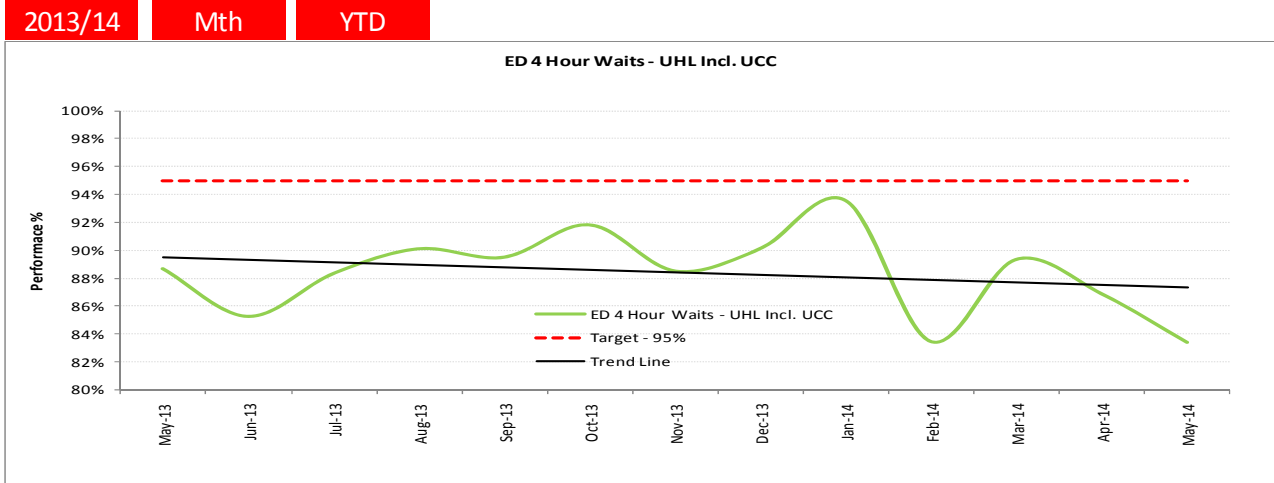
YTD

There was 1 not clinically justified same sex accommodation breach during May affecting 2 patients. A root cause analysis is to be reported to the July EQB.

6 OPERATIONAL PERFORMANCE – RICHARD MITCHELL

Responsive	Target	2013/14	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	YTD
A&E - Total Time in A&E (UHL+UCC)	95%	88.4%	88.7%	85.3%	88.3%	90.1%	89.5%	91.8%	88.5%	90.1%	93.6%	83.5%	89.3%	86.9%	83.4%	84.9%
12 hour trolley waits in A&E	0	5	0	1	0	0	1	0	1	0	0	0	0	0	1	1
RTT waiting times – admitted	90%	76.7%	91.3%	85.6%	89.1%	85.7%	81.8%	83.5%	83.2%	82.0%	81.8%	79.1%	76.7%	78.9%	79.4%	79.4%
RTT waiting times – non-admitted	95%	93.9%	95.9%	96.0%	96.4%	95.5%	92.0%	92.8%	91.9%	92.8%	93.4%	93.5%	93.9%	94.3%	94.4%	94.4%
RTT - incomplete 92% in 18 weeks	92%	92.1%	93.4%	93.8%	93.1%	92.9%	93.8%	92.8%	92.4%	91.8%	92.0%	92.6%	92.1%	93.9%	93.6%	93.6%
RTT - 52+ week waits	0	0	0	0	0	0	0	0	0	1	1	0	0	3	0	0
Diagnostic Test Waiting Times	<1%	1.9%	0.6%	0.6%	0.6%	0.8%	0.7%	1.0%	0.8%	1.4%	5.3%	1.9%	1.9%	0.8%	0.9%	0.9%
2 week wait - all cancers	93%	94.8%	95.2%	94.8%	94.2%	94.6%	93.0%	94.9%	95.7%	94.9%	95.3%	95.9%	95.3%	88.5%		88.5%
2 week wait - for symptomatic breast patients	93%	94.0%	94.8%	93.2%	93.6%	92.0%	95.2%	93.0%	91.3%	95.5%	96.8%	93.4%	94.3%	80.0%		80.0%
31-day for first treatment	96%	98.1%	97.0%	99.0%	98.3%	99.7%	99.1%	98.9%	96.2%	97.4%	97.2%	98.5%	98.2%	97.5%		97.5%
31-day for subsequent treatment - drugs	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%
31-day wait for subsequent treatment - surgery	94%	96.0%	94.4%	97.5%	100.0%	98.4%	88.6%	96.4%	97.1%	92.3%	94.8%	96.4%	98.6%	94.9%		94.9%
31-day wait subsequent treatment - radiotherapy	94%	98.2%	97.8%	99.1%	100.0%	100.0%	97.7%	97.5%	98.5%	98.1%	94.8%	96.3%	99.1%	97.2%		97.2%
62-day wait for treatment	85%	86.7%	80.3%	85.9%	85.8%	88.2%	87.4%	86.4%	85.7%	89.4%	89.1%	89.1%	92.4%	92.8%		92.8%
62-day wait for screening	90%	95.6%	94.3%	95.0%	90.6%	97.2%	96.2%	100.0%	97.0%	96.6%	97.1%	95.1%	91.7%	90.6%		90.6%
Urgent operation being cancelled for the second time	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled operations re-booked within 28 days	100%	95.1%	91.0%	86.4%	99.1%	96.0%	98.6%	94.2%	97.7%	94.3%	94.1%	98.9%	94.2%	90.6%	96.1%	92.9%
Cancelled operations on the day (%)	0.8%	1.6%	1.5%	1.0%	1.2%	1.4%	2.3%	1.7%	1.8%	1.7%	1.6%	2.1%	1.5%	1.1%	0.8%	0.9%
Cancelled operations on the day (vol)		1739	134	81	114	124	208	171	172	141	152	178	139	106	77	183
Delayed transfers of care	3.5%	3.6%	4.3%	3.8%	4.0%	3.9%	4.2%	4.6%	4.4%	3.6%	4.6%	4.3%	3.8%	4.5%	4.4%	4.4%
Stroke - 90% of Stay on a Stroke Unit	80%	83.1%	80.7%	78.0%	87.1%	88.5%	89.1%	83.7%	78.0%	81.8%	89.3%	83.7%	83.5%	92.9%		92.9%
Stroke - TIA Clinic within 24 Hours (Suspected TIA)	60%	64.2%	69.2%	72.0%	60.5%	73.6%	64.6%	62.4%	76.8%	65.7%	60.5%	40.7%	77.9%	79.7%	58.8%	68.2%
Choose and Book Slot Unavailability	4%	13%	9%	13%	15%	14%	11%	16%	17%	14%	10%	16%	19%	22%	25%	24%

6.1 Emergency Care 4hr Wait Performance

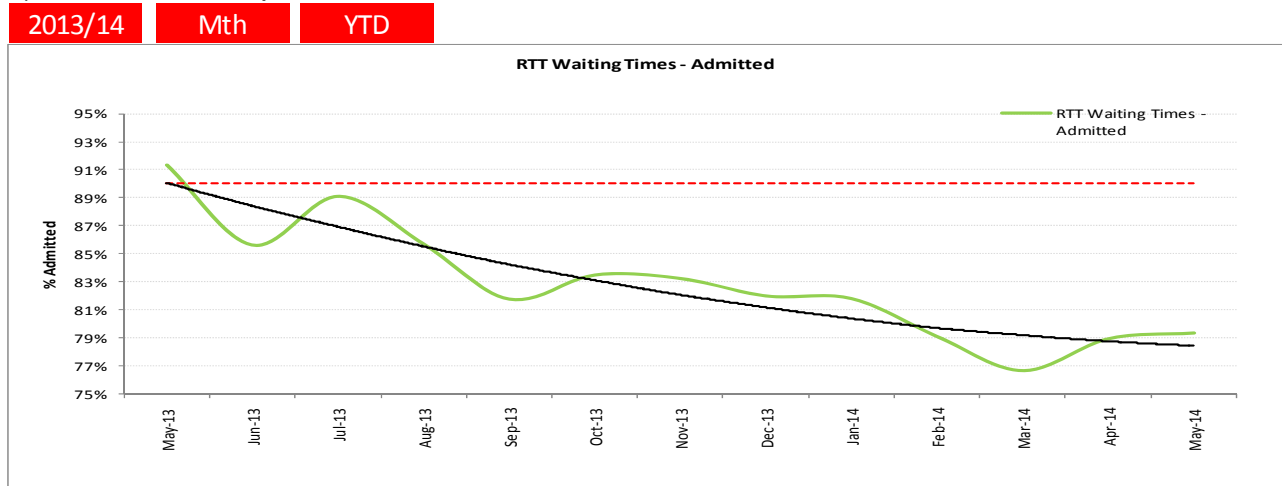


Performance for emergency care 4hr wait in May submitted via the weekly SITREP was 83.4% with a year to date performance of 84.9%. Actions relating to the emergency care performance are included in the ED exception report.

UHL was ranked 142 out of 144 Trusts with Type 1 Emergency Departments in England for the four weeks up to 1st June 2014. Over the same period 67 out of 144 Acute Trusts delivered the 95% target.

6.2 RTT – 18 week performance including Alliance performance

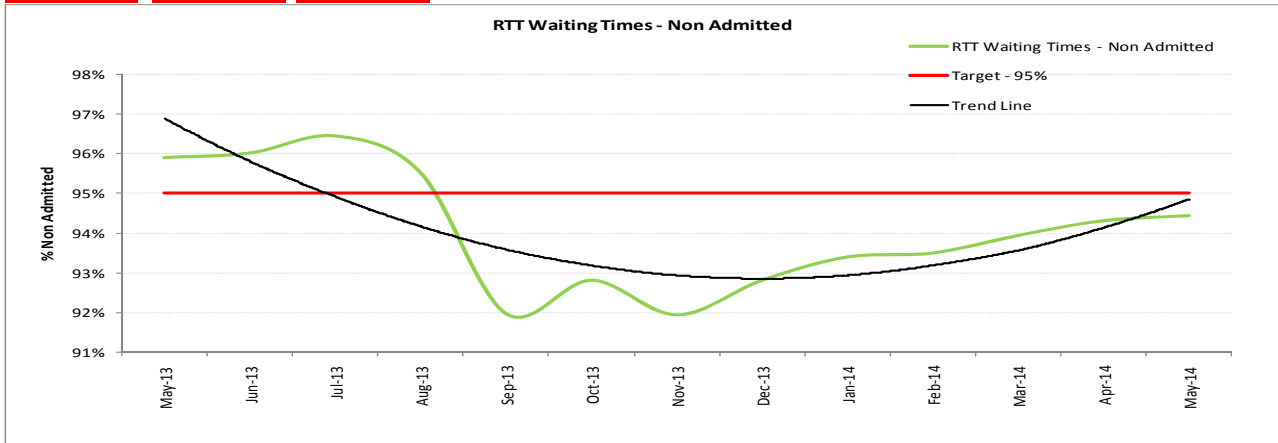
a) RTT Admitted performance



RTT admitted performance (UHL and Alliance) for May was 79.4% 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

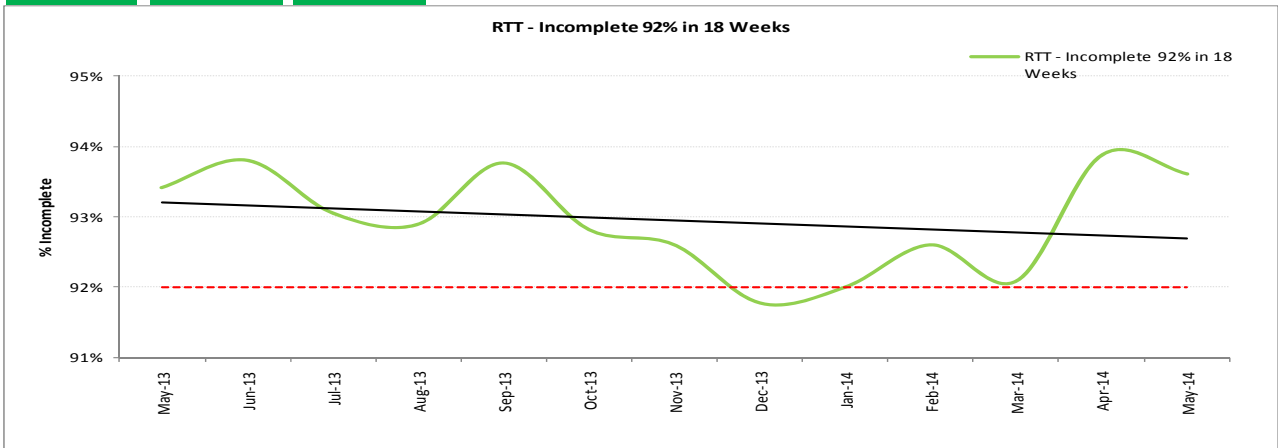
2013/14 Mth YTD



Non-admitted performance (UHL and Alliance) during May was 94.4%, with the specialty level failures in ENT, Orthopaedics and Ophthalmology.

c) RTT Incomplete Pathways

2013/14 Mth YTD



RTT incomplete (i.e. 18+ week backlog) for UHL and Alliance is compliant at 93.6%.

This table details at a Trust level the size of the UHL admitted and non-admitted backlogs (over 18 weeks)

Trust level	Jan-14	Feb-14	Mar-14	Apr-14	May-14
RTT Non Admitted Backlog Actual No	1,917	1,558	1,704	1,527	1,481
RTT Admitted Backlog Actual No	1,416	1,512	1,527	1,551	1,412

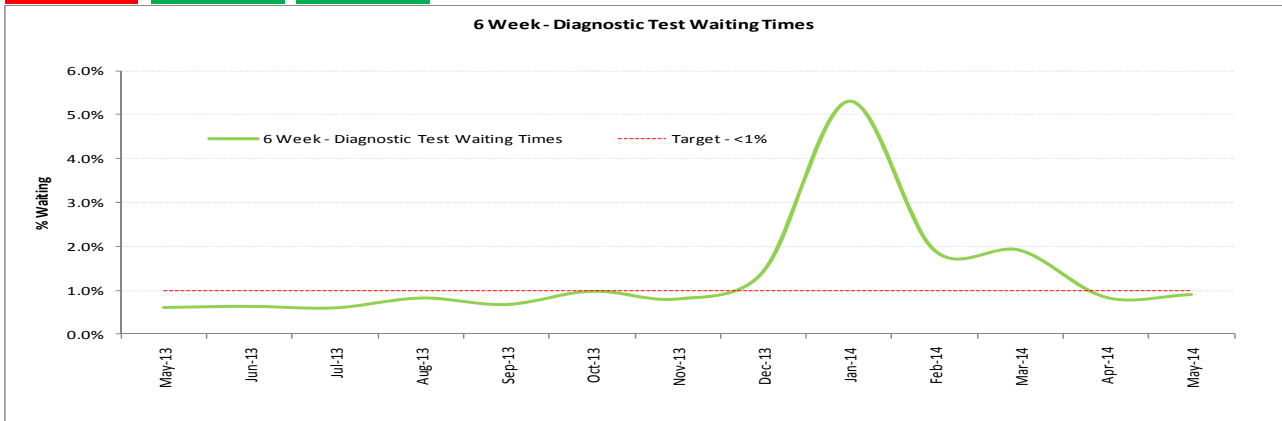
Recovery of the non admitted standard at Trust level is expected in August 2014 and for admitted performance is expected in November 2014. For May the Trust is behind on trajectory for admitted performance but for non admitted performance is slightly ahead of planned performance. The table below shows performance at specialty level.

Specialty Level Trajectory

		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%	75.7	76.8										
Including Alliance					78.9%	79.4										
		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%	93.4%	93.9%										
Including Alliance					94.3%	94.4%										
		Adult Ophthalmology Admitted 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		58.8%	61.0%	62.3%	63.1%	69.5%	80.4%	90.1%	90.2%	90.3%	90.6%	90.6%	90.5%	90.8%	90.7%	90.8%
Actual		57.8%	60.0%	53.6%	50.3%	52.5%										
		Adult Ophthalmology Non admitted 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		83.7%	83.1%	82.3%	85.3%	88.8%	89.1%	93.5%	95.4%	95.1%	95.0%	95.2%	95.2%	95.1%	95.1%	95.1%
Actual		86.6	90.2	91.46	89.80%	92.3%										
		Paediatric Ophthalmology Admitted RTT (other category)														
		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%	82.1%	84.4%	84.4%	86.6%	90.6%	90.2%	90.5%	90.5%	90.5%	90.4%	92.0%
Actual				80.1%	73.10%	72.5%										
		Paediatric Ophthalmology Non admitted RTT(other category)														
		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%	93.3%	92.7%	95.1%	95.4%	95.6%	95.6%	95.6%	95.7%	95.3%	95.3%	95.3%	95.3%
Actual				93%	93.20%	93.9%										
		Adult ENT Admitted 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		62.6%	64.5%	61.3%	61.1%	66.1%	72.8%	75.0%	83.1%	90.5%	90.5%	90.4%	90.3%	90.3%	90.2%	90.4%
Actual		69.8%	56.3%	61.8%	61.90%	56.4%										
		Adult ENT Non admitted 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		89.0%	90.7%	90.4%	93.3%	92.4%	92.4%	93.4%	95.1%	95.4%	95.3%	95.5%	95.5%	95.5%	95.5%	95.5%
Actual		86%	82.7%	86.3%	86.70%	85.1%										
		Paediatric ENT Admitted RTT (other category)														
		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%	82.1%	84.4%	84.4%	86.6%	90.6%	90.2%	90.5%	90.5%	90.5%	90.4%	92.0%
Actual				80.1%	73.10%	72.5%										
		Paediatric ENT Non admitted RTT(other category)														
		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%	93.3%	92.7%	95.1%	95.4%	95.6%	95.6%	95.6%	95.7%	95.3%	95.3%	95.3%	95.3%
Actual				93%	93.20%	93.9%										
		Orthopaedics Admitted 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		70.0%	69.7%	75.3%	75.5%	74.4%	76.2%	78.6%	75.9%	77.6%	79.7%	81.0%	82.3%	82.2%	82.3%	90.1%
Actual		70.1%	70.5%	66.5%	70.50%	71.5%										
		Orthopaedics Non admitted 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		78.8%	79.3%	80.4%	78.4%	80.7%	81.2%	82.0%	83.4%	84.1%	85.0%	86.0%	95.2%	95.1%	95.1%	95.1%
Actual		78.30%	78.40%	80.5%	76%	80.2%										
		General surgery Admitted 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		75.2%	72.8%	73.7%	74.4%	74.6%	73.3%	77.4%	82.5%	84.2%	88.2%	90.2%	90.2%	90.2%	90.2%	90.2%
Actual		65.9%	56.9%	66.2%	74.20%	71.6%										
		General surgery Non admitted 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		95.1%	95.1%	95.9%	95.1%	95.3%	95.9%	95.1%	95.3%	95.2%	95.3%	95.6%	95.1%	95.1%	95.1%	95.1%
Actual		84%	75.1%	96.7%	95.9%	96.1%										

6.3 Diagnostic Waiting Times

2013/14 Mth YTD



At the end of May 0.9% of UHL and Alliance patients were waiting for diagnostic tests longer than 6 weeks.

6.4 Cancer Targets

a) Two Week Wait



2013/14 Mth YTD

April performance for the 2 week to be seen for an urgent GP referral for suspected cancer was non compliant at 88.5% (national performance 93.5%). For further details please see Appendix 4.

2013/14 Mth YTD

April performance for the 2 week symptomatic breast patients (cancer not initially suspected) was non compliant at 80.0% (national performance 89.5%). For further details please see Appendix 4.

b) 31 Day Target



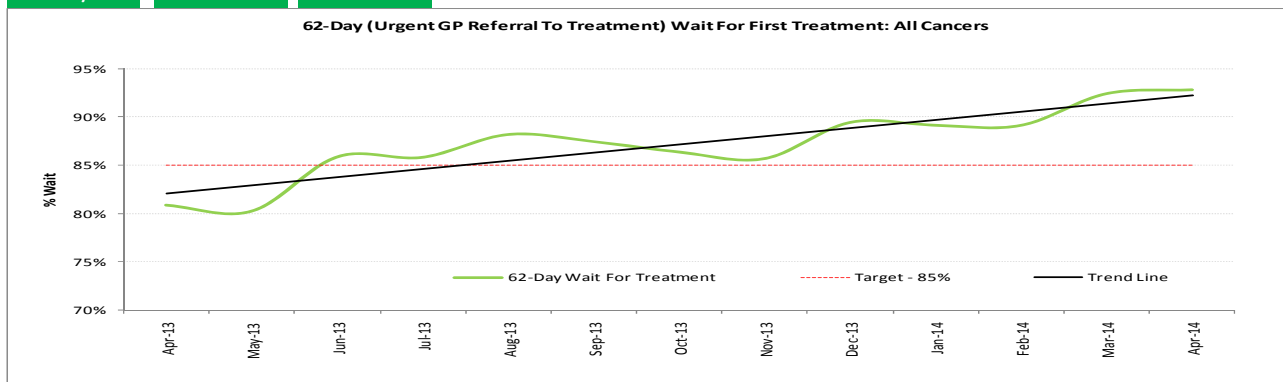
2013/14 Mth

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

c) 62 Day Target

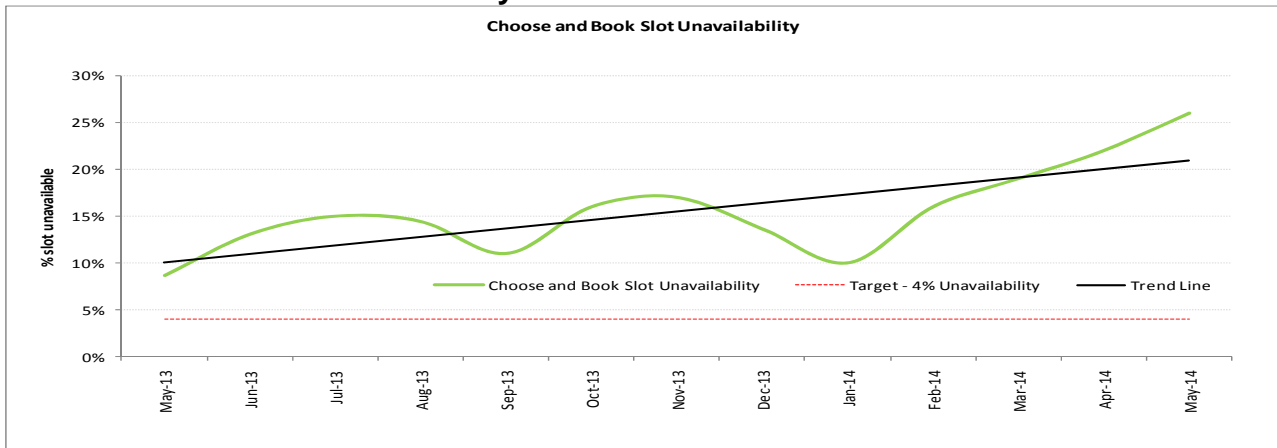


2013/14 Mth YTD



The 62 day urgent referral to treatment cancer performance in April was 92.8% (national performance April was 85.9%) against a target of 85%.

6.5 Choose and Book slot availability



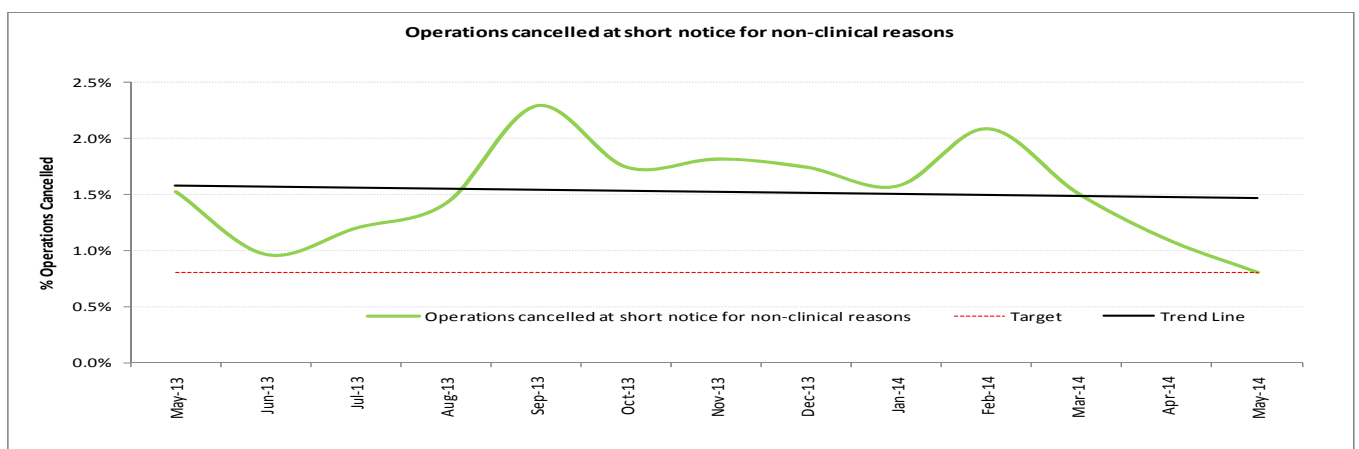
Choose and book slot availability performance for May was 26% a deteriorated position from April with the national average at 13%. Resolution of slot unavailability requires a reduction in waiting times for 1st outpatient appointments in key specialties. For ENT, General surgery and Orthopaedics, this 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.

Other problem specialties include:

- Neurology is a current significant issue, a locum is starting on 10th June , and the Trust is recruiting to 2 additional consultants, this is likely to take 3-6 months for these post to be filled. In the meantime additional sessions are being run by existing staff during June and July
- Gastroenterology, a locum consultant is providing additional capacity
- Dermatology additional capacity is being created to address the usual busy time of year for this service

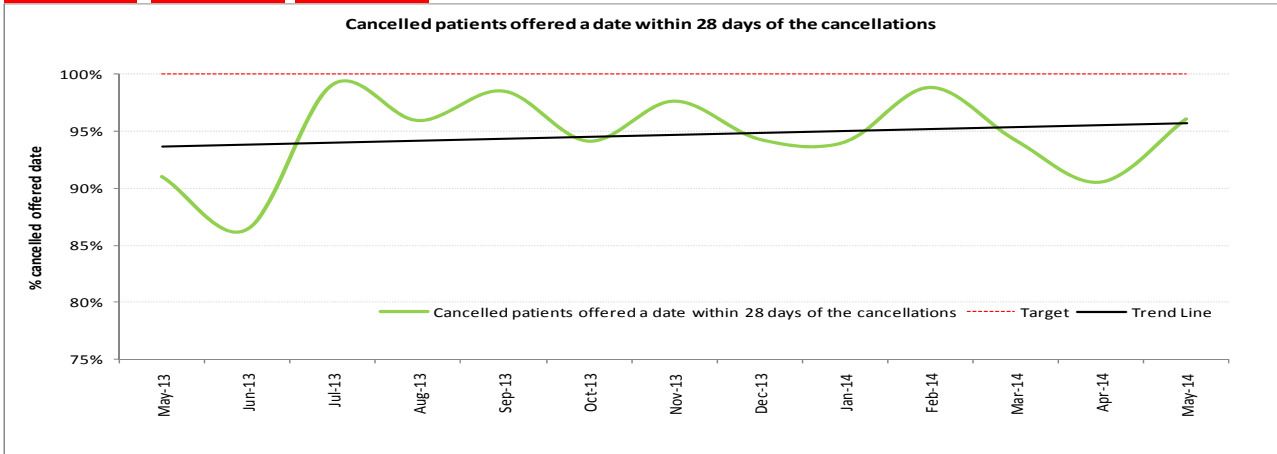
6.6 Short Notice Cancelled Operations

2013/14 Mth YTD



The percentage of operations cancelled on/after the day activity for non-clinical reasons during May (UHL and Alliance) was achieved at 0.8%. Further details are provided in Appendix 5. Cancelled patients offered a date within 28 days

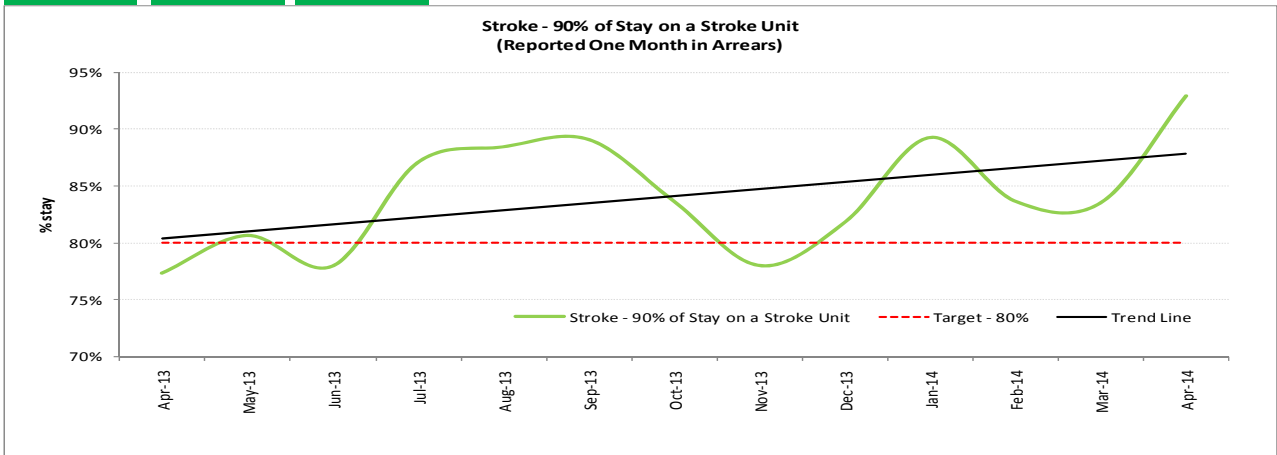
2013/14 Mth YTD



The number of patients breaching this standard in May (UHL and Alliance) was 3 with 96.1% offered a date within 28 days of the cancellation. Further details are provided in Appendix 5.

6.7 Stroke % stay on stroke ward

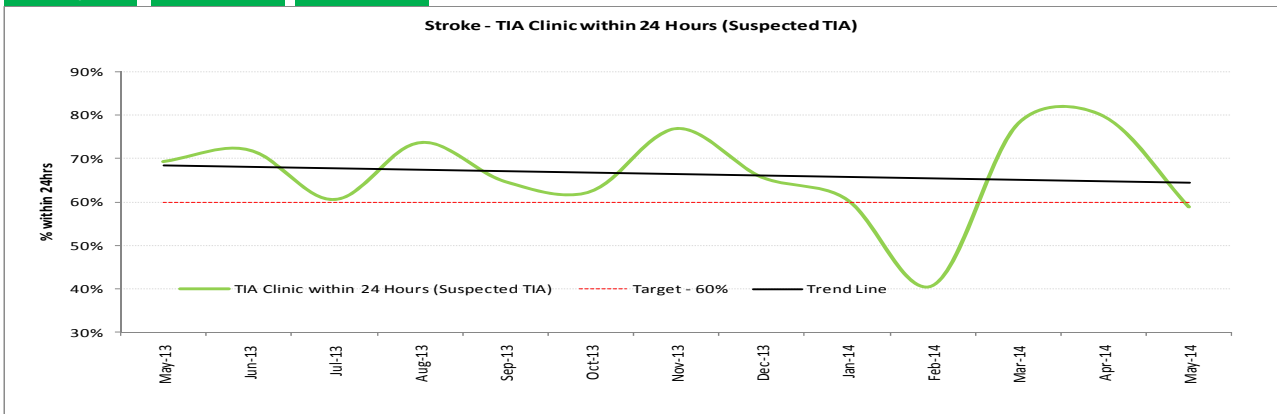
2013/14 Mth YTD



The percentage of stroke patients spending 90% of their stay on a stroke ward in April (reported one month in arrears) is 92.9% against a target of 80%.

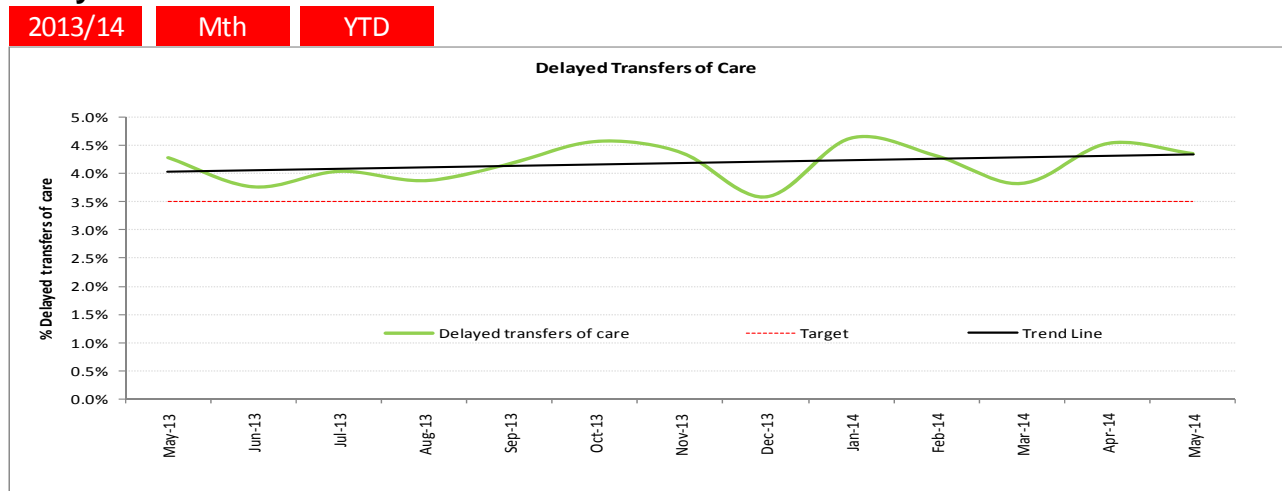
6.8 Stroke TIA

2013/14 Mth YTD



The percentage of high risk suspected TIAs receiving relevant investigations and treatment within 24 hours of referral for May is 58.8% against a national target of 60.0%. This target is being measured on a quarterly basis by the commissioners.

6.9 Delayed Transfers of Care

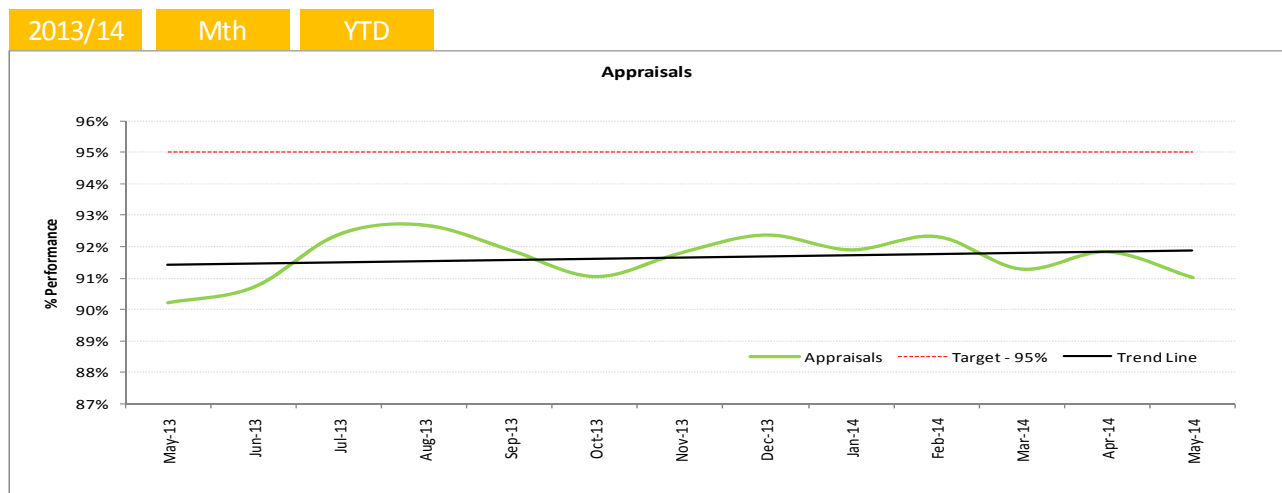


The methodology of calculating the Delay Transfers of Care (DTOC) percentage has been amended in the Q&P to align to the methodology in the NTDA Guidance notes – i.e. month DTOC's submitted to Unify divided by General and Acute bed occupancy. This has generally increased the % of DTOC's and there is not one month in the last year where the threshold of 3.5% was achieved.

The delayed transfer of care performance for May was 4.4% against a target of 3.5%. Daily and weekly performance is monitored at the weekly Urgent Care Working Group.

7 HUMAN RESOURCES – KATE BRADLEY

7.1 Appraisal



Appraisal performance is at 91% at the end of May 2014. HR have rolled out to all CMGs and the larger Divisions the ability to directly input the appraisal information into Electronic Staff Record (ESR), the early indicators are this is working well. This change is designed to ease recording and also capture additional information such as who completed the appraisal etc.

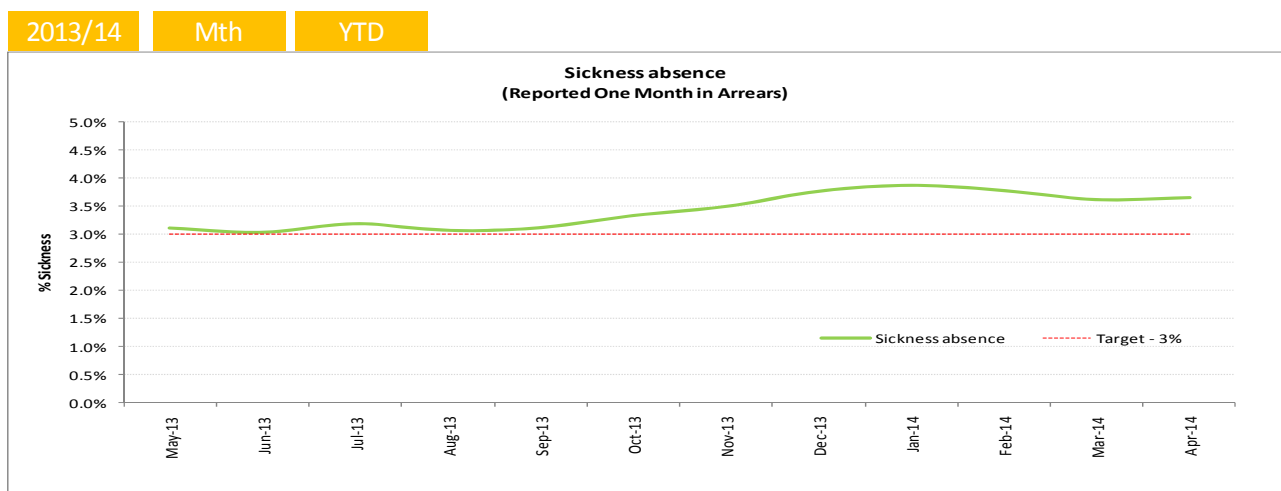
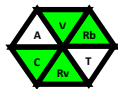
UHL's 3rd Annual Appraisal Quality Audit has been completed primarily based on sample testing of appraisal records (424 records sampled) to ensure records are accurately completed (and correspond with ESR data). The audit also incorporates an assessment of 'appraisal quality' and 'staff feeling valued' through other direct measures including:-

- Quality Health National Survey Results – Key Findings (391 respondents / randomised sample);
- UHL Trust National Survey Results (raw data) including UHL local questions (3988 respondents);
- A targeted Appraisal Quality Online Survey Results (281 respondents); and
- UHL Listening into Action Pulse Check Results (3410 respondents).

Work is underway in communicating audit findings across the Trust highlighting areas of best practice and improvement.

A Task and Finish Group has been established to review the appraisal template and simplify the documentation taking into account audit findings in ensuring that emphasis is placed on the appraisal/talent conversation. As part of this review, the group will conduct a benchmarking exercise with other NHS and commercial organisations in identifying areas best practice.

7.2 Sickness



The sickness rate for April 2014 is 3.7% and the March figure has now adjusted to 3.62% (from 3.8%) to reflect closure of absences. The overall cumulative sickness figure is 3.4%. This is close to the target of 3.4% but slightly above the Trust stretch target of 3%. The figures for May 2014 will be reported in June 2014.

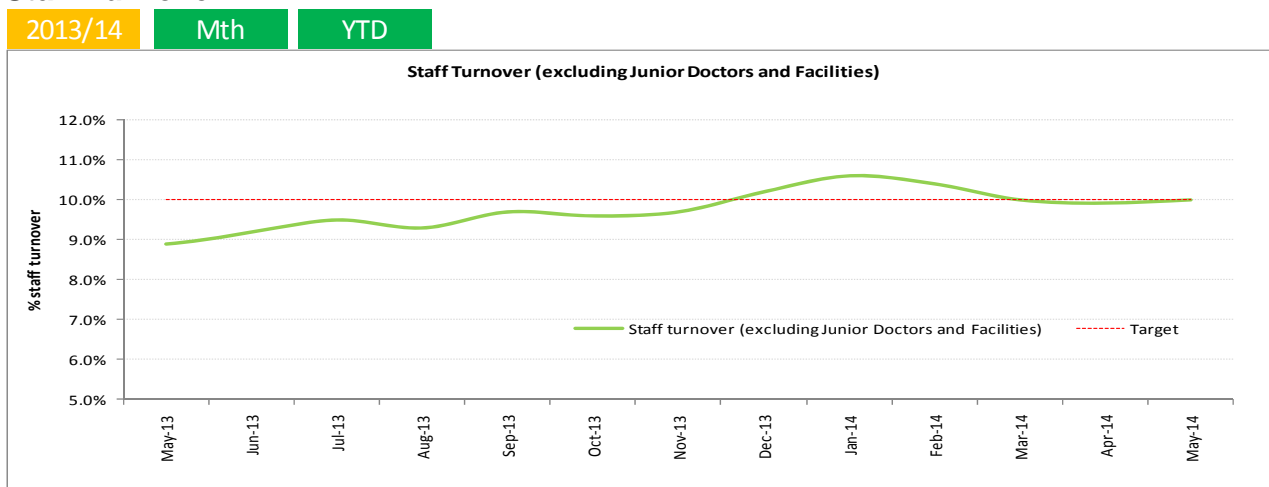
The latest NHS staff sickness absence rates released by the Health and Social Care Informatics Centre (HSCIC) show a decrease in overall sickness absence, falling to 4.4% in January 2014 from 4.7% in January 2013.

The data tells us:

- the lowest staff sickness rate of any group were medical and dental staff at 1.33% decreasing from 1.42% per cent. At UHL the lowest in January 2014 was medical and dental at 1.23% increasing from 0.95% in January 2013.
- at 3.57 per cent North Central and East London has the lowest regional sickness absence whilst both the North East and North West have the highest at 5.09%. In January 2014

UHL was 3.88% and therefore slightly above the highest performing region but better than the average for the East Midlands which was 4.62%.

7.3 Staff Turnover



The cumulative Trust turnover figure (excluding junior doctors) has increased slightly from 9.9% 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

2013/14 Mth YTD

CMG / Corporate Directorates	Fire Training	Moving & Handling	Infection Prevention	Equality & Diversity	Informat'n Gover'ce	Safeguard Children	Conflict Resolution	Safeguard Adults	Resus - BLS Equivalent	Average Compliance
CHUGS	74%	70%	77%	79%	79%	84%	79%	81%	73%	77%
Corporate Directorates	78%	79%	79%	83%	79%	84%	78%	78%	76%	79%
CSI	81%	84%	85%	88%	89%	92%	85%	87%	76%	85%
Emergency & Speciality Medicine	74%	78%	78%	77%	74%	81%	72%	73%	64%	74%
ITAPS	76%	89%	88%	89%	88%	92%	85%	88%	77%	86%
Musculoskeletal & Specialist Surgery	74%	77%	82%	84%	82%	87%	83%	83%	74%	81%
Renal, Respiratory & Cardiac	75%	79%	82%	84%	83%	86%	82%	83%	73%	81%
Womens and Childrens	77%	76%	80%	82%	82%	92%	80%	75%	81%	80%
Total compliance by subject	75%	78%	80%	82%	81%	86%	79%	79%	74%	
UHL staff are this compliant with their mandatory & statutory training from the key 9 subjects										79%
Performance Against Trajectory (Set at 80% at 30th June 14)										ON TARGET

At the end of May 2014, we were reporting against nine core subjects, identified by the Skills for Health, Core Skills Training Framework, in relation to Statutory and Mandatory Training.

The period between April and May staff compliance against Statutory and Mandatory Training has increased from 78% to 79% across the nine core areas.

The new Health & Safety eLearning package is now live on eUHL and will be added to the list of core subjects reported on from 1st July, 2014. At the end of May after 8 weeks of being live more than 7,000 members of staff have already completed this new training programme.

We continue to communicate progress, essential training requirements and follow up on non-compliance at an individual and team level.

Work continues with IBM, IM&T & OCB Media in developing the new Learning Management System to improve reporting functionality, programme access and data accuracy. A detailed specification document has been requested from OCB Media to ensure the new system will meet all essential criteria.

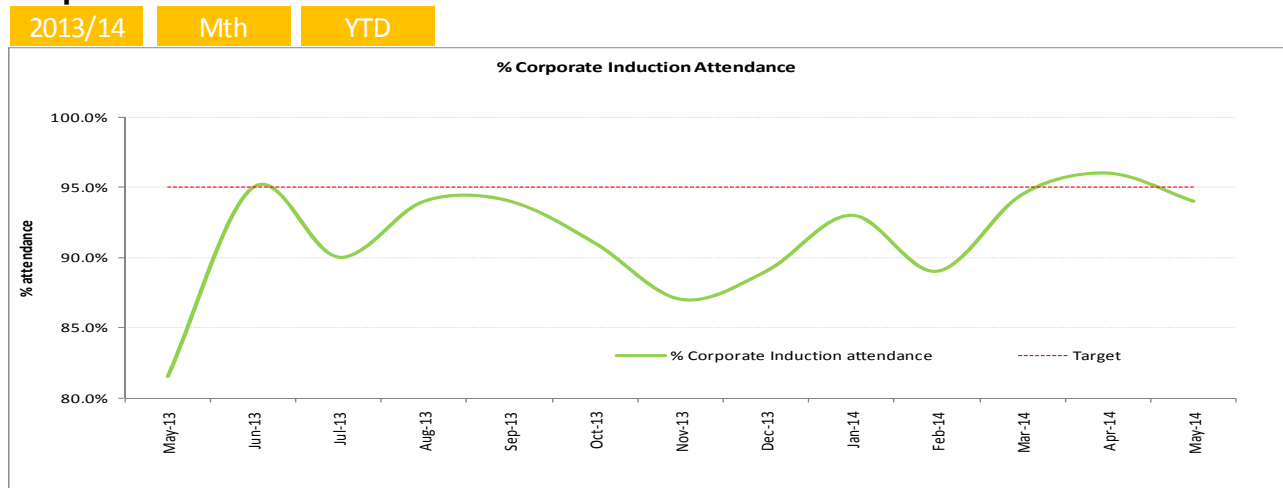
New trajectories to help the Trust achieve its target for 31st March 2015 of 95% for Statutory & Mandatory Training have been communicated.

These trajectories are as follows:

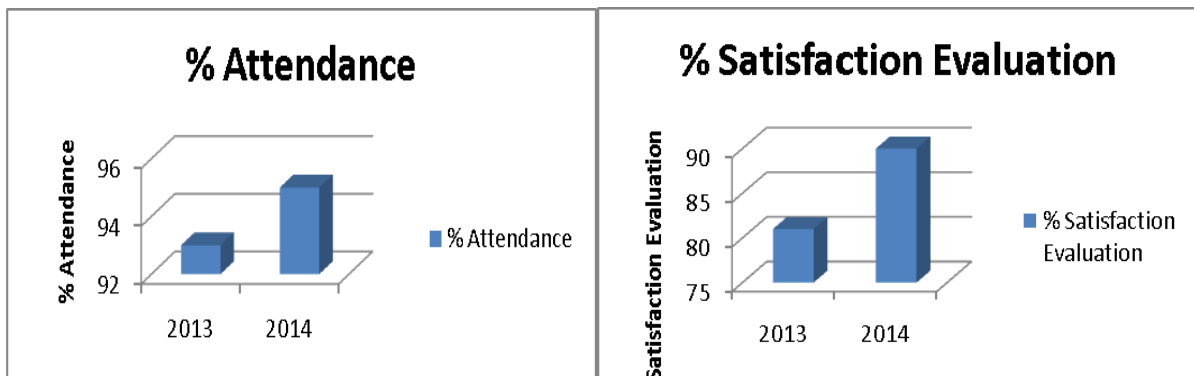
- 30th June, 2014 => 80% compliance (on track to achieve this by the end of June 2014)
- 30th September, 2014 => 85% compliance
- 31st December, 2014 => 90% compliance
- 31st March, 2015 => 95% compliance

Key activity at present is focussed on improving 'Essential to Job Training' and developing robust quality assurance processes specific to eLearning Developments.

7.5 Corporate Induction



As the result of the implementation of the new weekly Corporate Induction Programme, overall we have seen an average of 2% improvement in attendance levels in the first two months of 2014/15 in comparison to overall 2013/14 performance.



The Trust has put in place a robust feedback mechanism to ensure that participants are able to provide feedback to improve the Corporate Induction. Direct feedback received from attendees is very encouraging and shows a significant improvement in overall staff satisfaction levels (at the end of month 2 in 2014/15).

8 **UHL - FACILITIES MANAGEMENT– RACHEL OVERFIELD**

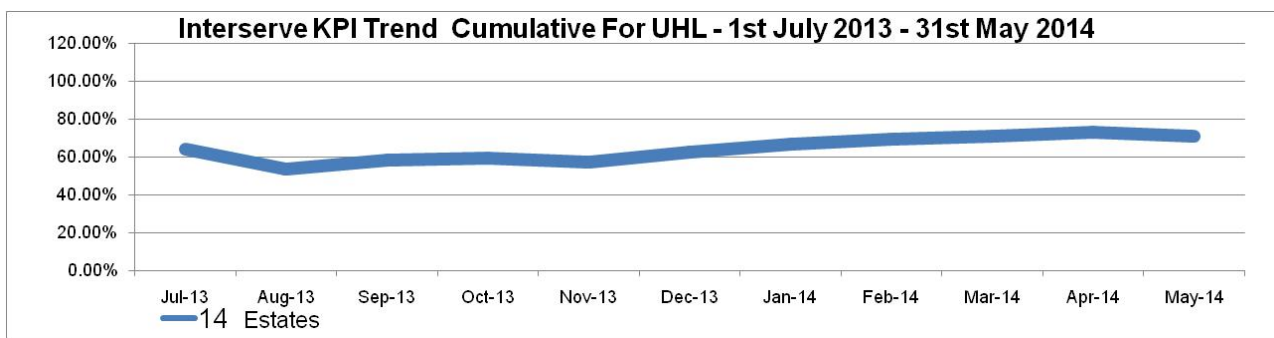
8.1 Introduction

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 May 2014 and sees the IFM contract enter into the month 3 of the second year. The FM contract provides 14 different services to the Trust and is underpinned by 77 Key Performance Indicators (KPIs) and the summary information and trend analysis below details a snapshot of 5 of the key indicators.

8.2 Key Performance Indicators

KPI 14 – Estates

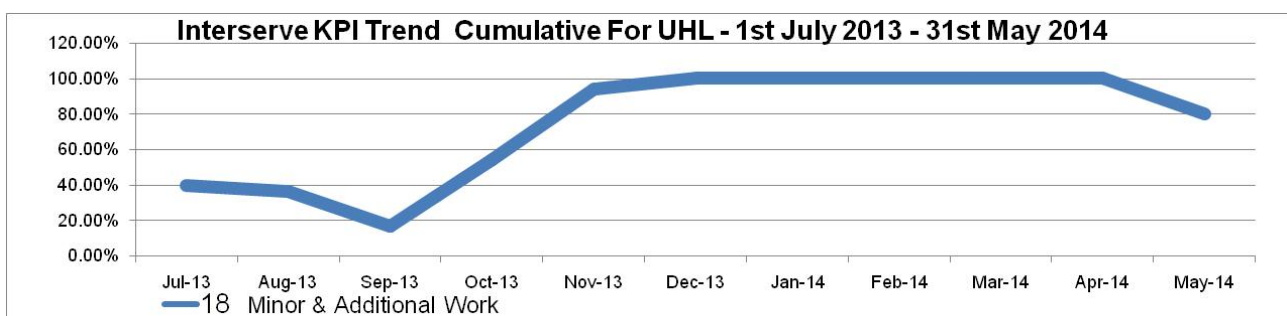
Percentage of routine requests achieving response time



KPI 14 This KPI measures the response by estates for routine requests. The trend of improving results for this KPI has dipped slightly for May with IFM still receiving a high volume of blockages within the UHL sites affecting performance figures with regards to service delivery. Since the Trust introduced macerator compatible, flushable wipes the reported number of blockages is reducing. NHS Horizons continue to work with IFM in reviewing the old drainage pipes and systems within the LRI,

KPI 18 – Minor & Additional Work

Percentage of quotations within 10 working days

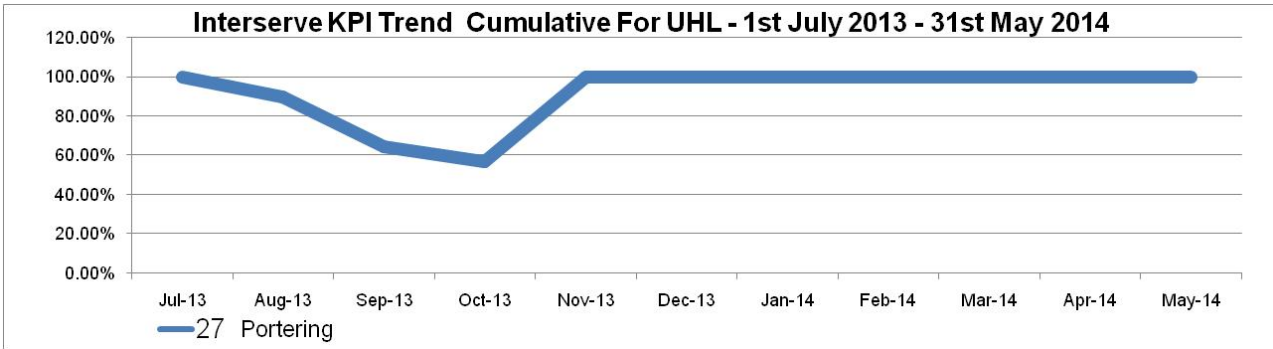


KPI 18 This KPI has dipped in performance due to the restructure of the service, which is due to be completed and implemented by 1 July 2014. The Performance & Quality team continue to

attend weekly meetings with IFM to review the systems and processes in order to drive forward improved service delivery following the re-structuring. Technical assessments carried out by IFM on initial requests are already delivering improved data capture which assures the Trust of valid requests which meet Trust policy procedures prior to authorisation and completion of works

KPI 27 – Portering

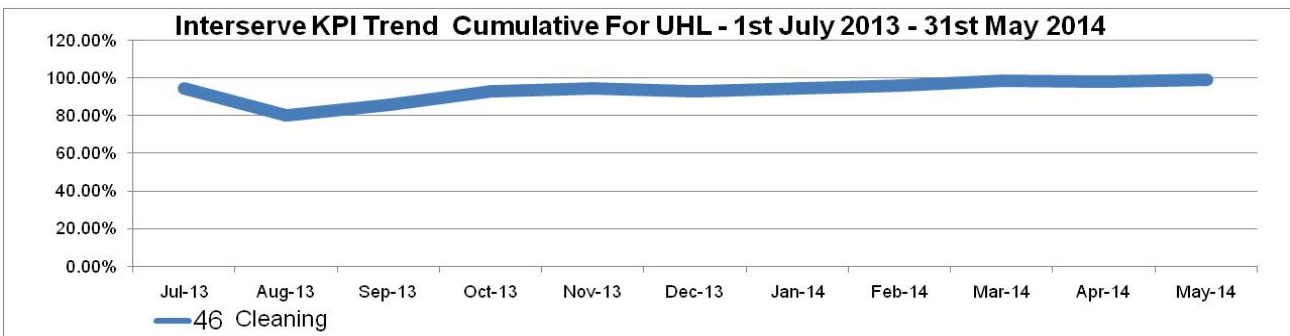
Percentage of emergency portering tasks achieving response time



KPI 27 IFM continues to achieve 100% emergency response times for this service in May.

KPI 46 – Cleaning

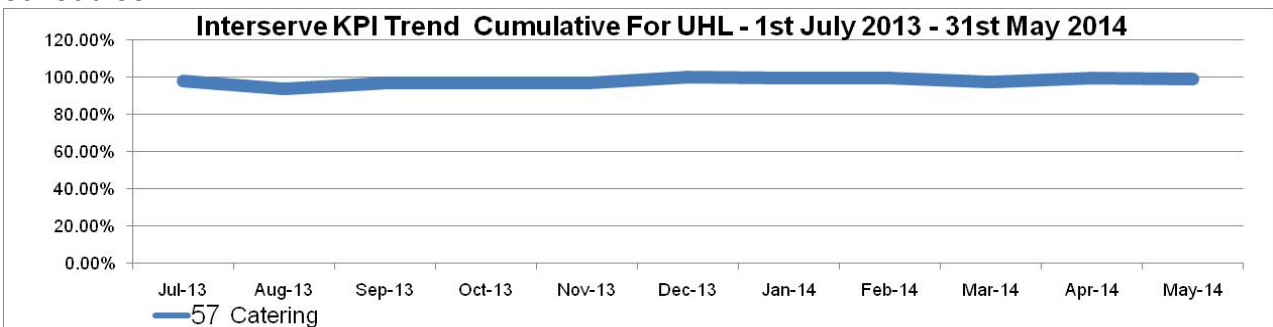
Percentage of audits in clinical areas achieving National Specification for Cleanliness (NSC) audit scores above 90%



KPI 46 The trend for cleaning audit results is reported at 99.46% for May indicating further improvement. Servicetrac, electronic audit tool for recording cleaning performance, is now fully operational across the UHL. The Performance & Quality team (P&Q) team are actively using the tool when carrying out audits and are working with IFM to resolve issues identified with the software system and the reports produced to further improve the recording.

KPI 57 – Catering

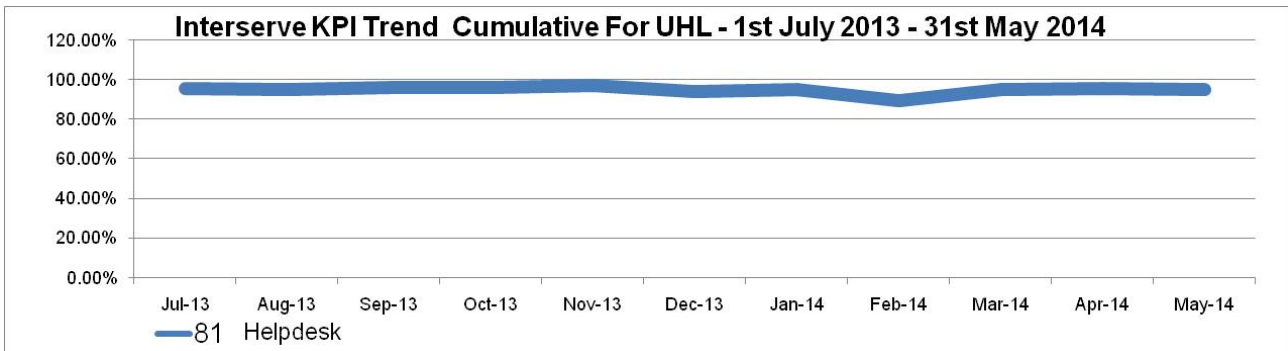
Percentage of meals delivered to wards in time for the designated meal service as per agreed schedules



KPI 57 The result for this KPI in May is reported as 99.41%. The Catering service trend continues with the IFM patient satisfaction survey showing positive patient's comments about the service and the food they receive.

KPI 81 -Helpdesk

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



KPI 81 The Customer Service Centre (CSC) continues to report improvements in May evidence. The P & Q team continue to carry out monthly audits with IFM validating improved service delivery despite an underlying difficulty of high turnover of staff currently being experienced.

8.3 General Summary

NHS Horizons P & Q team continue to monitor services by way of onsite and electronic evidence audits to validate the reported KPI results. There is proactive interaction with IFM Performance and Service Manager to support improved service delivery.

Estates & New Work continue to have a varied performance in part due to blockages within the LRI drainage systems. IFM and NHS H are currently investigating the old drainage systems at the LRI by way of inspection. IFM are currently re-structuring the New Works team and NHS H meet on a weekly basis to review systems and process for new work requests, service delivery and completion of works. The reviewed structure is due to be implemented 1 July 2014 and regular meetings will continue to monitor the impact of the revised systems and process to ensure improved service delivery.

9 IM&T Service Delivery Review

9.1 Highlights

Go live of UHL telephone book.
Managed Business Partner/UHL joint work.

9.2 IT Service Review

There were 6694 (7679 previous month) incidents logged during March, out of which 5888 (5571 previous month) were resolved. Incidents logged via X8000, email and self-service.

There were 5682 telephone calls to X8000.
888 (1181 previous month) incidents were closed on first contact.

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

Number of official complaints relating to service is static at 12 in month (12 in previous month)
 There were 937 (1057 previous month) incidents logged out of hours via the 24/7 service desk function

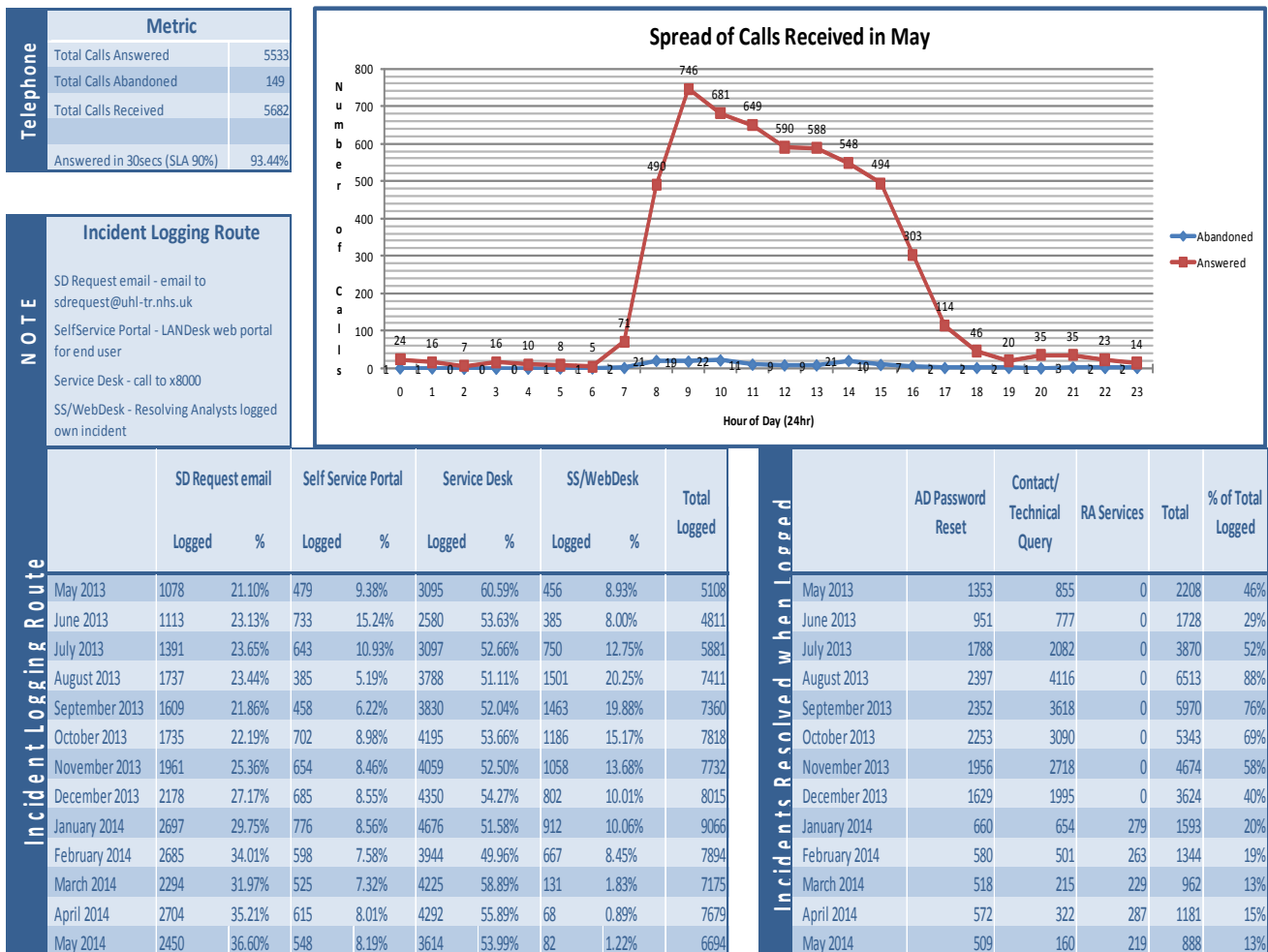
9.3 Issues

Issues and risks have been identified with the UHL's data warehouse. The Data Warehouse is used throughout the Trusts for all key activity, income and performance reporting and brings together data from a variety of primary information systems (HISS, Diagnostics, ED etc) to deliver connected data in a structured way. The latest issue occurred over the May bank holiday, when the HISS load failed so at least 4 days of data transfer did not happen causing a backlog. Due to the length of time required to process this data on a daily basis the knock on was a two week delay in getting the warehouse back up to date.

9.4 Future Action

Managed Print - 84 devices deployed at GH. Update of LRI proposal being undertaken.
 EDM - System live in MSK & Clinical Genetics.
 EPR - Release of EPR tender document on 9th June

9.5 IM&T Service Desk Heatmap



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)

The paper also provides further commentary on the key risks.

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	YTD Plan £'Ms	YTD Actual £'Ms	Forecast Plan £'Ms	Forecast Actual £'Ms	RAG
Delivering the Planned Deficit	(8.6)	(8.9)	(40.7)	(40.7)	G
Achieving the EFL	(8.9)	9.4	(8.9)	(8.9)	G
Achieving the Capital Resource Limit	7.1	1.9	34.5	34.5	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 - May YTD 2014	
	Number	Value £000s
Total bills paid in the year	25,287	102,311
Total bills paid within target	13,604	70,049
Percentage of bills paid within target	54%	68%

Key issues

- The Trust does not have an agreed contract and as such there is a significant risk to the reported income position as this does not account for CCG proposed local fines and penalties. The Trust anticipates a move to signature before the end of June 2014.
- Shortfall of £3.1m on the forecast CIP delivery against the £45m target. This does reflect an improvement of £3.5m on the position reported in April.
- The Capital Plan is currently over-committed and is predicated on Emergency Floor external funding, the commitments may be in advance of the receipt of funding.
- Concerns regarding the data warehouse which are impacting on the Trusts ability to produce critical information
- Risk of claims on outsourced contracts

10.3 Finance RAG Assessment

As well as the statutory duties the Trust will be monitored by the TDA against a number of measures to show in year financial delivery. These measures and the RAG rating criteria are shown in the following tables;

Ratings	Overall RAG Rating Criteria
REDS	Override - assessed as red indicator 1a OR has 3 or more other indicators as red
AMBERS	Maximum of 2 indicators assessed as red from the remaining indicators OR 3 or more assessed as amber from the remaining indicators
GREENS	Maximum of 2 Amber, all other indicators are assessed as Green

Indicator Number	Indicator Description	Individual risk assessment criteria			UHL May 2014
		Red	Amber	Green	
1a	Bottom line I&E position - Forecast compared to Plan	FOT deficit or more than a 20% reduction in FOT surplus	Adverse variance that is a change in surplus between 5% and 20%	Positive variance of reduction giving a less than 5% change in surplus	Red
1b	Bottom line I&E position - Year to date actual compared to Plan	More than a 20% reduction in surplus	Adverse variance that is a change in surplus between 10% and 20%	Positive variance of reduction giving a less than 10% change in surplus	Green
2a	Actual efficiency recurring/non-recurring compared to plan - Year to date actual compared to Plan	Under delivery of efficiencies either in total or the recurring element of more than 20%	Under delivery of efficiencies either in total or the recurring element of up to 20%	Over delivery of efficiencies or breakeven	Amber
2b	Actual efficiency recurring/non-recurring compared to plan - Forecast compared to Plan	Under delivery of efficiencies either in total or the recurring element of more than 10%	Under delivery of efficiencies either in total or the recurring element of up to 10%	Over delivery of efficiencies or breakeven	Amber
3	Forecast underlying surplus/deficit compared to plan	Variance moves Trust to deficit or is more than a 20% reduction in planned surplus	Variance is 10% to 20% reduction in surplus	Positive variance or adverse variance is less than a 10% reduction in surplus	Red
4	Forecast year end charge to capital resource limit	Forecast overspending capital programme or under spending by more than 20%	Forecast overspending capital programme or under spending by more than 10%-20%	Forecast breakeven or under spend of less than 10%	Green
5	Is this Trust forecasting permanent PDC for liquidity purposes?	Yes		No	Red
		Overall RAG rating			Red

This RAG rating criteria highlights the following;

An overall RAG rating of Red.

The rating is driven by;

- The yearend forecast deficit position of £40.7m (indicator 1a)
- Under delivery against the YTD CIP plan (indicator 2a)
- An underlying deficit (indicator 3)
- A forecast for PDC to support liquidity (indicator 5)

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	
Extremely	Detractor
Don't	Excluded

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

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

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

		Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	MAY SCORE BREAKDOWN				
								Total Responses	Promoters	Passives	Detractors	Score
GLENFIELD HOSPITAL	GH WD 15	70	85	95	85	82	79	29	24	4	1	79
	GH WD 16 Respiratory Unit	100	83	81	90	80	78	46	37	8	1	78
	GH WD 17	72	74	69	90	79	70	30	22	7	1	70
	GH WD 20	79	62	56	75	85	59	70	46	18	5	59
	GH WD 23A	0	89	80	89	86	84	37	31	6	0	84
	GH WD 24	88	86	80	97	85	79	24	19	5	0	79
	GH WD 26	94	91	90	100	94	82	33	27	6	0	82
	GH WD 27	25	96	86	96	90	89	28	25	3	0	89
	GH WD 28	87	68	69	74	74	72	47	35	11	1	72
	GH WD 29 EXT 3656	88	82	85	96	93	88	42	37	5	0	88
	GH WD 30	0	0	-	100	100	0	0	0	0	0	0
	GH WD 31	87	100	100	89	81	96	27	26	1	0	96
	GH WD 32	84	96	84	88	83	83	98	83	13	2	83
	GH WD 33	76	83	77	95	85	77	39	30	9	0	77
	GH WD 33A	95	95	95	90	68	87	31	27	4	0	87
	GH WD 34	0	0	-	-	0	0	0	0	0	0	0
	GH WD Clinical Decisions Unit	28	66	58	39	58	58	95	61	28	6	58
	GH WD Coronary Care Unit	79	94	78	88	94	100	43	43	0	0	100
	GH WD 30	0	0	-	100	100	0	0	0	0	0	0
	GH WD 24	88	86	80	97	85	79	24	19	5	0	79
	GH WD 25E Digestive Diseases	-	93	86	77	76	85	73	62	7	2	85
	GH WD GICU Gen Intensive	-	92	95	100	81	100	12	12	0	0	100
GH WD Paed ITU	88	100	89	89	100	100	13	13	0	0	100	

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

		Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	MAY SCORE BREAKDOWN					
								Total Responses	Promoters	Passives	Detractors	Score	
LEICESTER GENERAL HOSPITAL	LGH WD 1	0	0	90	80	0	0	0	0	0	0	0	0
	LGH WD 10	100	70	73	80	80	75	13	9	3	0	75	
	LGH WD 14	74	88	71	81	80	74	69	53	14	2	74	
	LGH WD 15A HDU Neph	0	71	100	-	63	100	3	3	0	0	100	
	LGH WD 15N Nephrology	0	100	60	78	67	100	1	1	0	0	100	
	LGH WD 16	74	83	76	79	73	82	51	42	9	0	82	
	LGH WD 17 Transplant	82	78	90	89	71	33	18	7	10	1	33	
	LGH WD 18	81	69	83	95	84	73	44	33	10	1	73	
	LGH WD 19	0	0	80	71	0	0	0	0	0	0	0	
	LGH WD 2	63	0	-	50	25	81	67	55	11	1	81	
	LGH WD 20	0	0	-	-	0	0	0	0	0	0	0	
	LGH WD 22	52	45	55	75	35	61	38	27	7	4	61	
	LGH WD 23	50	90	64	68	71	63	64	41	22	1	63	
	LGH WD 26 SAU	67	71	57	52	56	58	50	31	17	2	58	
	LGH WD 27	33	50	74	53	73	56	40	25	11	3	56	
	LGH WD 28 Urology	68	65	50	53	46	61	66	42	22	2	61	
	LGH WD 29 EMU Urology	34	43	54	47	62	65	89	57	31	0	65	
	LGH WD 3	40	50	-	50	67	38	8	5	1	2	38	
	LGH WD 31	76	80	75	83	71	69	68	50	15	3	69	
	LGH WD Brain Injury Unit	0	33	100	50	100	0	2	0	2	0	0	
	LGH WD Young Disabled	67	0	-	100	-	0	0	0	0	0	0	
	LGH WD 1	0	0	90	80	0	0	0	0	0	0	0	
	LGH WD 10	100	70	73	80	80	75	13	9	3	0	75	
	LGH WD 19	0	0	80	71	0	0	0	0	0	0	0	
LGH WD Crit Care Med	81	90	90	92	100	90	10	9	1	0	90		

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

		Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	MAY SCORE BREAKDOWN					
								Total Responses	Promoters	Passives	Detractors	Score	
LEICESTER ROYAL INFIRMARY	LRI WD 10 Bal L4	0	0	57	78	0	0	0	0	0	0	0	0
	LRI WD 11 Bal L4	0	0	100	65	0	0	0	0	0	0	0	0
	LRI WD 14 Bal L4	0	0	85	95	0	0	0	0	0	0	0	0
	LRI WD 17 Bal L5	50	30	50	40	32	65	31	22	7	2	65	
	LRI WD 18 Bal L5	65	0	57	70	59	37	30	14	13	3	37	
	LRI WD 19 Bal L6	53	41	88	46	35	52	21	11	10	0	52	
	LRI WD 21 Bal L6	64	100	85	91	72	80	44	36	7	1	80	
	LRI WD 22 Bal 6	42	17	52	18	61	45	48	27	14	6	45	
	LRI WD 23 Win L3	90	47	100	100	86	63	16	11	4	1	63	
	LRI WD 24 Win L3	28	62	36	37	58	54	13	7	6	0	54	
	LRI WD 25 Win L3	80	90	95	95	74	100	27	27	0	0	100	
	LRI WD 26 Win L3	71	95	100	67	94	68	25	18	6	1	68	
	LRI WD 27 Win L4	0	100	100	67	0	100	2	2	0	0	100	
	LRI WD 28 Windsor Level 4	0	0	55	77	0	0	0	0	0	0	0	
	LRI WD 29 Win L4	75	71	79	70	55	79	28	22	6	0	79	
	LRI WD 30 Win L4	0	0	56	95	89	77	22	18	3	1	77	
	LRI WD 31 Win L5	65	90	75	65	64	70	30	21	9	0	70	
	LRI WD 32 Win L5	64	86	62	50	25	66	36	23	12	0	66	
	LRI WD 33 Win L5	81	79	66	67	57	63	42	27	13	1	63	
	LRI WD 34 Windsor Level 5	68	81	71	100	53	76	25	19	6	0	76	
	LRI WD 36 Win L6	95	84	60	88	81	96	25	24	1	0	96	
	LRI WD 37 Win L6	0	72	100	49	58	81	32	28	2	2	81	
	LRI WD 38 Win L6	86	96	93	78	60	83	42	35	3	2	83	
	LRI WD 39 Osb L1	44	70	86	65	80	82	45	37	8	0	82	
	LRI WD 40 Osb L1	72	63	68	77	77	69	51	35	16	0	69	
	LRI WD 41 Osb L2	83	56	73	68	76	78	37	30	6	1	78	
LRI WD 7 Bal L3	59	48	53	87	80	70	77	56	17	3	70		

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

		Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	MAY SCORE BREAKDOWN				
								Total Responses	Promoters	Passives	Detractors	Score
LEICESTER ROYAL INFIRMARY	LRI WD 8 SAU Bal L3	44	39	56	23	40	48	65	35	26	4	48
	LRI WD Bone Marrow	100	0	77	100	86	82	11	9	2	0	82
	LRI WD Fielding John Vic L1	83	85	69	82	77	73	33	25	7	1	73
	LRI WD GAU Ken L1	0	70	48	78	70	70	108	80	24	4	70
	LRI WD IDU Infectious Diseases	73	71	53	50	79	76	25	19	6	0	76
	LRI WD Kinmonth Unit Bal L3	73	81	74	60	73	78	38	30	4	2	78
	LRI WD Ophthalmic Suite Bal L6	0	0	77	85	0	0	0	0	0	0	0
	LRI WD Osborne Assess Unit	85	56	69	80	76	91	42	38	4	0	91
	LRI WD 15 AMU Bal L5	73	58	-	67	54	59	104	66	33	5	59
	LRI WD 10 Bal L4	0	0	57	78	0	0	0	0	0	0	0
	LRI WD 11 Bal L4	0	0	100	65	0	0	0	0	0	0	0
	LRI WD 12 Bal L4	-	75	-	55	0	86	14	12	2	0	86
	LRI WD 14 Bal L4	0	0	85	95	0	0	0	0	0	0	0
	LRI WD 27 Win L4	0	100	100	67	0	100	2	2	0	0	100
	LRI WD 28 Windsor Level 4	0	0	55	77	0	0	0	0	0	0	0
	LRI WD Childrens Admissions	0	76	47	72	69	53	39	22	14	2	53
	LRI WD Paed ITU	100	100	100	100	100	100	8	8	0	0	100
	LRI WD 19 Bal L6	53	41	88	46	35	52	21	11	10	0	52
	LRI WD Chemo Suite Osb L1	83	78	81	61	83	72	79	59	18	2	72
	LRI WD Day Ward	64	-	-50	72	75	81	48	39	9	0	81
	LRI WD Endoscopy Win L2	85	83	80	100	78	71	71	51	16	2	71
	LRI WD Hambleton Suite	92	-	88	92	0	90	20	18	2	0	90
	LRI WD Ophthalmic Suite Bal L6	0	0	77	85	0	0	0	0	0	0	0
LRI WD Osborne Day Care Unit	78	86	75	95	78	79	116	97	12	6	79	
LRI WD ITU Bal L2	82	83	88	88	70	79	26	20	3	1	79	

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

								MAY SCORE BREAKDOWN				
		Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Total Responses	Promoters	Passives	Detractors	Score
EMERGENCY DEPARTMENT	ED - Majors	64	58	52	56	65	54	227	141	66	19	54
	ED - Minors	69	64	57	60	68	68	464	332	111	18	68
	ED - (not stated)	69	69	61	66	55	65	60	42	15	3	65
	Eye Casualty	69	83	64	85	91	71	248	188	47	13	71
	Emergency Decisions Unit	65	58	65	58	54	72	127	96	26	5	72

To:	Trust Board										
From:	Richard Mitchell, Chief Operating Officer										
Date:	26 June 2014										
CQC regulation:	As applicable										
Title:	Appendix 3 RTT Improvement Report										
Author:	Richard Mitchell, Chief Operating Officer										
Purpose of the Report:	To provide an overview on ED performance.										
The Report is provided to the Board for:	<table border="1"> <tr> <td>Decision</td> <td><input type="checkbox"/></td> <td>Discussion</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Assurance</td> <td><input checked="" type="checkbox"/></td> <td>Endorsement</td> <td><input type="checkbox"/></td> </tr> </table>			Decision	<input type="checkbox"/>	Discussion	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Endorsement	<input type="checkbox"/>
Decision	<input type="checkbox"/>	Discussion	<input type="checkbox"/>								
Assurance	<input checked="" type="checkbox"/>	Endorsement	<input type="checkbox"/>								
Summary / Key Points:	<ul style="list-style-type: none"> • Reasons for RTT deterioration are well known • There are four challenged specialities; ophthalmology, ENT, orthopaedics and general surgery. • Some specialities have begun to improve waiting times / reductions in waiting list size • Admitted compliant performance is expected in November 2014 • Non-admitted compliant performance is expected in August 2014 • The TDA has indicated that they expect the admitted recovery to be sooner , the Trust is working through operational implications of doing this • 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										
Strategic Risk Register	Performance KPIs year to date										
Yes	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										

Appendix 3

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

Introduction

The reasons for UHL's deterioration in RTT performance are well documented. This report is the fourth monthly update. The high level trajectories are detailed below and attached. For May the Trust is behind on trajectory for admitted performance, but for non admitted performance is slightly ahead of planned performance.

Recovery of the non admitted standard at Trust level is expected in August 2014 and for admitted performance is expected in November 2014. The Trust Development Authority have indicated that they are looking for earlier compliance and recovery of the admitted standard. In response to this UHL is planning on additional in house activity, mostly out of hours and at weekends and is also in discussion with the local independent sector providers about provision of additional capacity.

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. The two Appendices goes into greater detail showing performance at speciality level and waiting list sizes for both outpatient and electives (key indicators of RTT backlog reduction).

Progress is being made in orthopaedic and ophthalmology elective waiting list size reductions. Additional activity is scheduled in general surgery during July and August and in ENT further recovery plans are being developed. For outpatients all specialities have additional sessions scheduled during the remainder of June, July and August to recover their positions.

		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	Actual	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%
Including Alliance		81.8%	79.3%	76.7%	75.7	76.8										
					78.9%	79.4										
		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	Actual	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%
Including Alliance		93.4%	93.5%	93.9%	93.4%	93.9%										
					94.3%	94.4%										

This table details at a Trust level the size of the admitted and non-admitted backlogs (over 18 weeks)

Trust level	Jan-14	Feb-14	Mar-14	Apr-14	May-14
RTT Non Admitted Backlog Actual No	1,917	1,558	1,704	1,527	1,481
RTT Admitted Backlog Actual No	1,416	1,512	1,527	1,551	1,412

In April a joint RTT performance board was set up with commissioners, this meets every two weeks to monitor recovery plans and performance, membership includes representation from the Trust Development Authority.

Risks

The key risks remain the same as in previous reports and are in summary:

- 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.

Recommendations

The board are asked to:

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

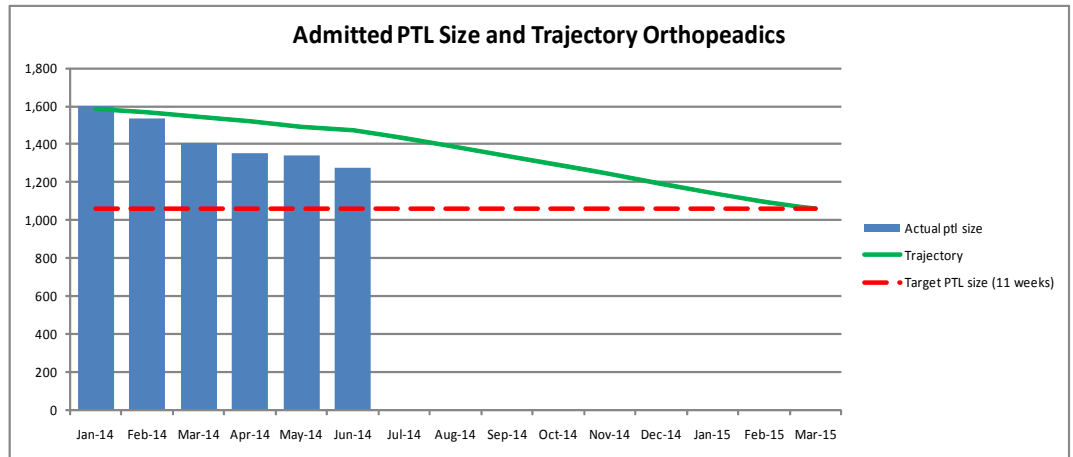
Specialty Level Trajectory

		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	Actual	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%
	Including Alliance	81.8%	79.3%	76.7%	75.7	76.8										
					78.9%	79.4										
		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	Actual	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%
	Including Alliance	93.4%	93.5%	93.9%	93.4%	93.9%										
					94.3%	94.4%										
		Adult Ophthalmology Admitted 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	Actual	58.8%	61.0%	62.3%	63.1%	69.5%	80.4%	90.1%	90.2%	90.3%	90.6%	90.6%	90.5%	90.8%	90.7%	90.8%
		57.8%	60.0%	53.6%	50.3%	52.5%										
		Adult Ophthalmology Non admitted 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	Actual	83.7%	83.1%	82.3%	85.3%	88.8%	89.1%	93.5%	95.4%	95.1%	95.0%	95.2%	95.2%	95.1%	95.1%	95.1%
		86.6	90.2	91.46	89.80%	92.3%										
		Paediatric Ophthalmology Admitted RTT (other category)														
		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	Actual	80.8%	80.5%	81.2%	81.2%	82.1%	84.4%	84.4%	86.6%	90.6%	90.2%	90.5%	90.5%	90.5%	90.4%	92.0%
				80.1%	73.10%	72.5%										
		Paediatric Ophthalmology Non admitted RTT (other category)														
		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	Actual	92.3%	92.7%	92.8%	93.3%	92.7%	95.1%	95.4%	95.6%	95.6%	95.6%	95.7%	95.3%	95.3%	95.3%	95.3%
				93%	93.20%	93.9%										
		Adult ENT Admitted 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	Actual	62.6%	64.5%	61.3%	61.1%	66.1%	72.8%	75.0%	83.1%	90.5%	90.5%	90.4%	90.3%	90.3%	90.2%	90.4%
		69.8%	56.3%	61.8%	61.90%	56.4%										
		Adult ENT Non admitted 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	Actual	89.0%	90.7%	90.4%	93.3%	92.4%	92.4%	93.4%	95.1%	95.4%	95.3%	95.5%	95.5%	95.5%	95.5%	95.5%
		86%	82.7%	86.3%	86.70%	85.1%										
		Paediatric ENT Admitted RTT (other category)														
		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	Actual	80.8%	80.5%	81.2%	81.2%	82.1%	84.4%	84.4%	86.6%	90.6%	90.2%	90.5%	90.5%	90.5%	90.4%	92.0%
				80.1%	73.10%	72.5%										
		Paediatric ENT Non admitted RTT (other category)														
		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	Actual	92.3%	92.7%	92.8%	93.3%	92.7%	95.1%	95.4%	95.6%	95.6%	95.6%	95.7%	95.3%	95.3%	95.3%	95.3%
				93%	93.20%	93.9%										
		Orthopaedics Admitted 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	Actual	70.0%	69.7%	75.3%	75.5%	74.4%	76.2%	78.6%	75.9%	77.6%	79.7%	81.0%	82.3%	82.2%	82.3%	90.1%
		70.1%	70.5%	66.5%	70.50%	71.5%										
		Orthopaedics Non admitted 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	Actual	78.8%	79.3%	80.4%	78.4%	80.7%	81.2%	82.0%	83.4%	84.1%	85.0%	86.0%	95.2%	95.1%	95.1%	95.1%
		78.30%	78.40%	80.5%	76%	80.2%										
		General surgery Admitted 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	Actual	75.2%	72.8%	73.7%	74.4%	74.6%	73.3%	77.4%	82.5%	84.2%	88.2%	90.2%	90.2%	90.2%	90.2%	90.2%
		65.9%	56.9%	66.2%	74.20%	71.6%										
		General surgery Non admitted 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	Actual	95.1%	95.1%	95.9%	95.1%	95.3%	95.9%	95.1%	95.3%	95.2%	95.3%	95.6%	95.1%	95.1%	95.1%	95.1%
		84%	75.1%	96.7%	95.9%	96.1%										

Inpatient waiting list size

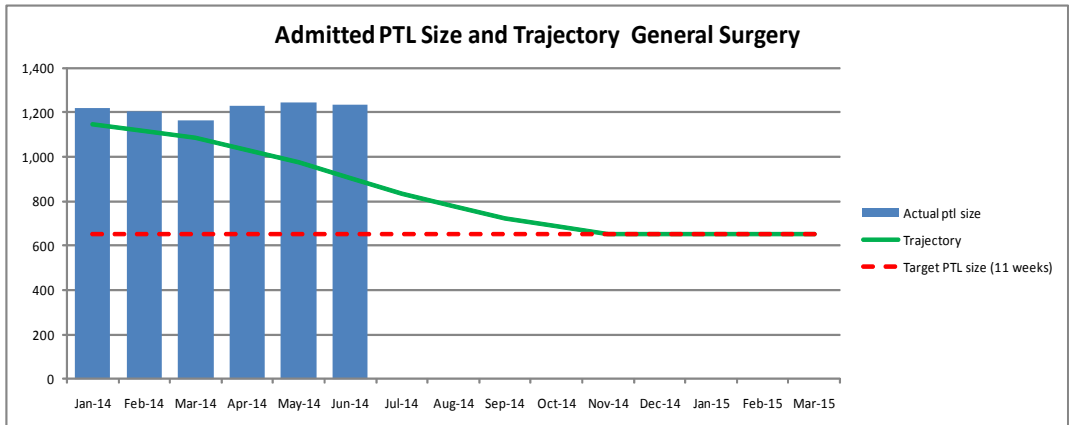
Othopaedics

	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
Actual ptl size	1,602	1,536	1,405	1,351	1,339	1,278	-	-	-						
Trajectory	1,587	1,565	1,542	1,518	1,491	1,476	1,431	1,383	1,336	1,288	1,241	1,193	1,145	1,098	1,062
Target PTL size (11 weeks)	1,062	1,062	1,062	1,062	1,062	1,062	1,062	1,062	1,062	1,062	1,062	1,062	1,062	1,062	1,062



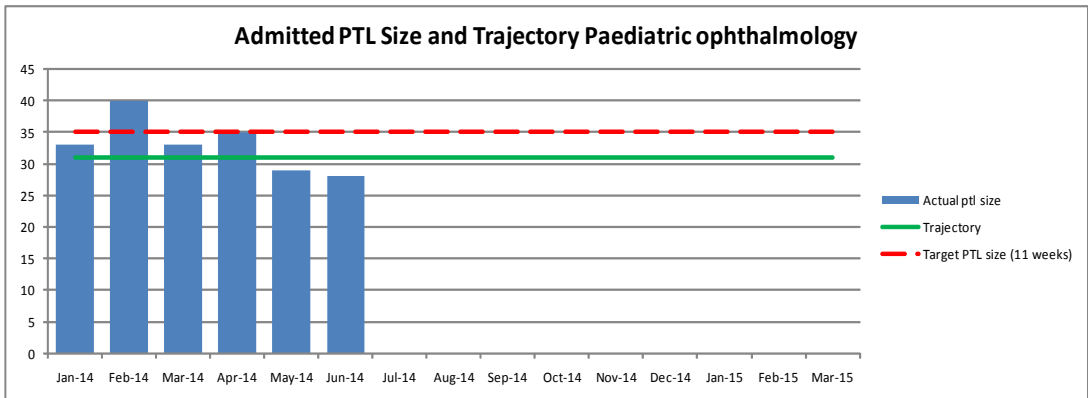
General surgery

	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
Actual ptl size	1,220	1,205	1,162	1,227	1,242	1,236	-	-	-						
Trajectory	1,148	1,118	1,087	1,031	975	904	834	778	721	686	651	651	651	651	651
Target PTL size (11 weeks)	651	651	651	651	651	651	651	651	651	651	651	651	651	651	651



Paediatric ophthalmology

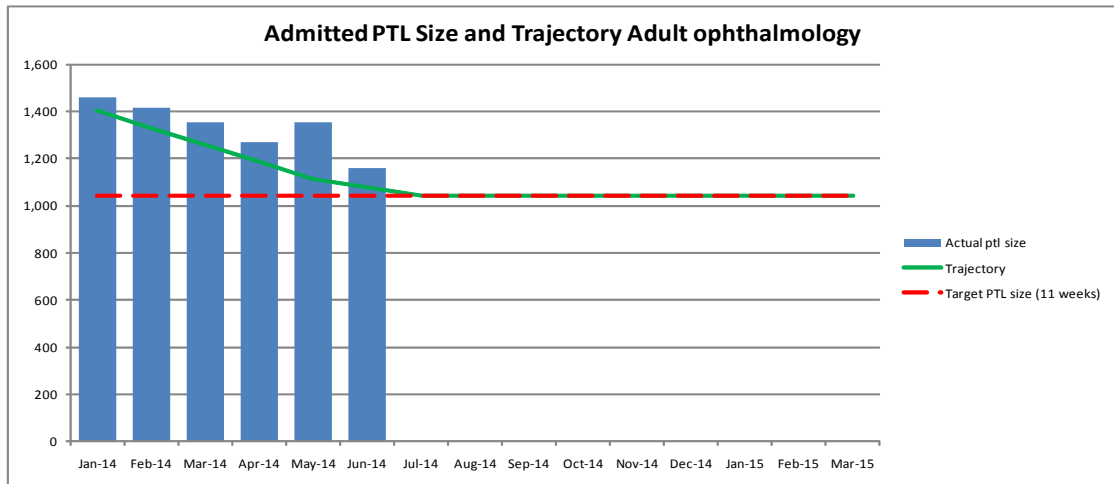
	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Actual ptl size	33	40	33	35	29	28	-	-	-						
Trajectory	31	31	31	31	31	31	31	31	31	31	31	31	31	31	31
Target PTL size (11 weeks)	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35



Adult ophthalmology

	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
Actual ptl size	1,458	1,415	1,355	1,271	1,353	1,160	-	-	-						
Trajectory	1,402	1,330	1,258	1,186	1,114	1,078	1,042	1,042	1,042	1,042	1,042	1,042	1,042	1,042	1,042
Target PTL size (11 weeks)	1,042	1,042	1,042	1,042	1,042	1,042	1,042	1,042	1,042	1,042	1,042	1,042	1,042	1,042	1,042

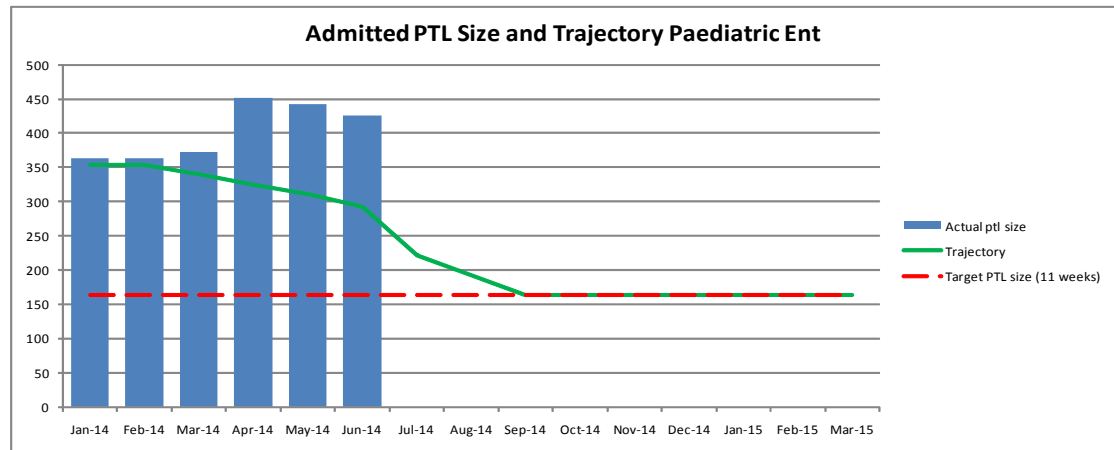
Actual ptl size
Trajectory
Target PTL size (11 weeks)



Paediatric ENT

	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
Actual ptl size	364	364	372	452	442	425	-	-	-						
Trajectory	354	354	340	325	311	293	221	192	163	163	163	163	163	163	163
Target PTL size (11 weeks)	163	163	163	163	163	163	163	163	163	163	163	163	163	163	163

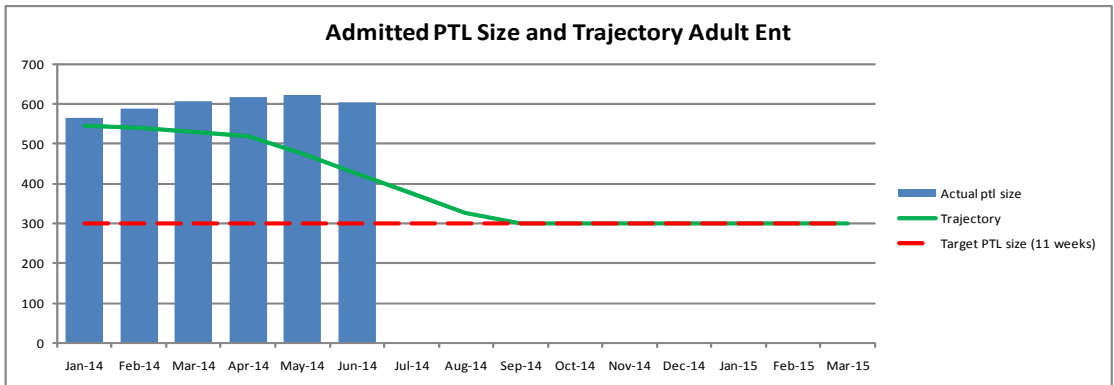
Actual ptl size
Trajectory
Target PTL size (11 weeks)



Adult Ent

	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
Actual ptl size	565	589	606	618	621	604	-	-	-						
Trajectory	545	540	529	518	475	425	375	326	300	300	300	300	300	300	300
Target PTL size (11 weeks)	300	300	300	300	300	300	300	300	300	300	300	300	300	300	300

Actual ptl size
Trajectory
Target PTL size (11 weeks)



To:	Trust Board										
From:	Richard Mitchell, Chief Operating Officer										
Date:	June 2014										
CQC regulation:	As applicable										
Title:	Appendix 4 - Cancer performance (Reporting on April performance)										
Author:	Richard Mitchell, Chief Operating Officer										
Purpose of the Report:	To provide an overview on April performance and future predicted performance										
The Report is provided to the Board for:	<table border="1"> <tr> <td>Decision</td> <td><input type="checkbox"/></td> <td>Discussion</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Assurance</td> <td><input checked="" type="checkbox"/></td> <td>Endorsement</td> <td><input type="checkbox"/></td> </tr> </table>			Decision	<input type="checkbox"/>	Discussion	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Endorsement	<input type="checkbox"/>
Decision	<input type="checkbox"/>	Discussion	<input type="checkbox"/>								
Assurance	<input checked="" type="checkbox"/>	Endorsement	<input type="checkbox"/>								
Summary / Key Points:	<ul style="list-style-type: none"> • UHL cancer performance since Q1 last year has significantly improved • There has been a significant increase in 2ww referrals in April and a sustained increase in breast referrals for 3 months • April 2ww standards have not been achieved, all other standards have been achieved • The numbers over 62 days has significantly increased across a number of tumour sites the reasons for the delays are understood • Reduction of the numbers over 62 days will put cancer waiting times standards at risk from May onwards • Recovery is expected by end Q2 										
Recommendations:	The Trust Board is invited to receive and note this report.										
Previously considered at another UHL corporate Committee	N/A										
Strategic Risk Register	Performance KPIs year to date										
Yes	Please see report										
Resource Implications (eg Financial, HR)	Yes										
Assurance Implications	Meeting all cancer standards										
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										

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**OPERATIONAL PERFORMANCE EXCEPTION REPORT**

REPORT TO: TRUST BOARD

DATE: June 2014

REPORT BY: Richard Mitchell, Chief Operating Officer

AUTHOR: Charlie Carr, Head of Performance Improvement
Matt Metcalf, Cancer Centre Clinical Lead

SUBJECT: Cancer performance (reporting on April 2014 performance)

Introduction

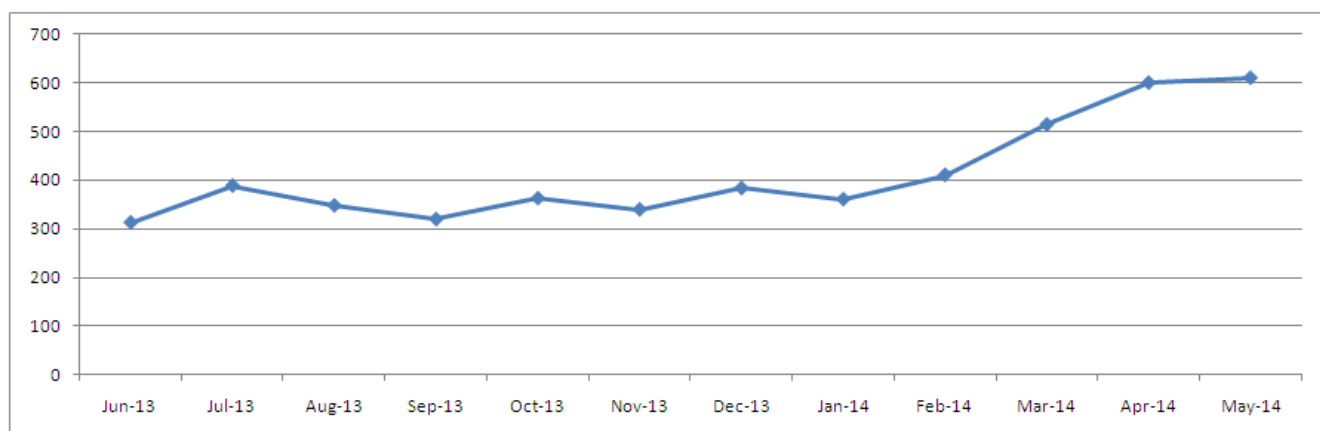
From a difficult 1st quarter last year cancer performance at UHL, in particular the 62 day standard, has been progressively improving with performance being above average national standard. This has been achieved by a coordinated and concerted effort by all tumour site teams.

Current performance

For April 2014 the Trust has continued to achieve against all cancer targets with the exception of the two 2ww standards. These are for the symptomatic breast and overall 2ww standard. The reasons for this are predominantly due to the significant increase in referrals to 2ww (usually circa 1600-1700 per month) with over 2,000 received in April and lack of adequate capacity in a number of tumour sites, this compounded by bank holidays. The largest increase seen in the breast, where there has been a sustained increase over a three month period (see chart below). Early indications are that May and June monthly performance will be above the standard, however the impact of the April performance puts the quarterly position at risk with a knock on effect to other cancer standards.

New Outpatient Attendances To Breast Care Where The Priority Type is 2 Week Wait

Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14
312	388	347	319	362	339	383	360	410	514	600	610

**Future predicted performance**

The number of patients currently awaiting treatment over 62 days has increased significantly since April and May from a baseline of between 20-30 up to 71. (Of these 7 are waiting over 100 days). The tumour sites with

the most significant numbers are, breast 12, gynaecology 9, Colorectal 14 and Lung 14. Although not all of these will be confirmed cancers it poses a significant risk to future performance of the 62 day and 62 day screening standards. Early indications are that this will affect the 62 day standard (due to all tumour sites detailed in this section) from June onwards and the screening standard (predominantly due to breast) from May onwards.

This increase in patients waiting over 62 days is a result of several factors including the following:

- **Breast** increase in demand, lack of surgical capacity, 'wire slots' for screening patients.
- **Colorectal** endoscopy delays and surgical operating capacity.
- **Gynaecology** reduced 'one stop' opd capacity, inpatient diagnostic capacity diagnostic biopsy capacity
- **Lung**, reduced OPD capacity, surgical treatment capacity.

The surgical treatment delays particularly within breast will result in breaches of the 31 day treatment standard in May and June.

Recovery plan

The numbers over 62 days appears to have stabilised and patients are being treated in date order. Recovery of performance will require significant reduction in numbers over 62 days (to no more than 30), but in doing so performance against cancer standards will deteriorate. The 62 day performance for screening for the quarter will not be met. The 62 day performance for 2WW for the quarter is threatened.

Targeted actions to address the tumour site issues detailed in the section above are being addressed by the CMG level Cancer Action Board (monthly) which next meets on 23rd June where detailed recovery plans will be discussed for immediate implementation. It is required that by the end of Q2 performance is returned to the level of Q4 2013/14. Evidence that the CMG RTT plans are not impacting on Cancer performance will be required.

Details of senior responsible officer

Charlie Carr, Head of Performance Improvement
Matt Metcalf, Cancer Centre Clinical Lead
Michelle Wain, Cancer Centre Manager

To:	Trust Board		
From:	Richard Mitchell, Chief Operating Officer		
Date:	June 2014		
CQC regulation:	As applicable		
Title:	Appendix 5 - Cancelled operations report		
Author: Phil Walmsley , Head of Operations			
Purpose of the Report: To provide an overview on cancelled operations 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:			
UHL and Alliance performance			
<ul style="list-style-type: none"> • The percentage of operations cancelled on/after the day for non-clinical reasons during May was 0.8% against a target of 0.8%. • The % of patients cancelled who are offered another date within 28 days of the cancellation. The number of patients breaching this standard in May was 3 with 96.1% offered a date within 28 days of the cancellation. This is an improved position against April. • The number of urgent operations cancelled for a second time ; Zero • The Trust is recruiting an Operational Manager to ensure ongoing delivery 			
Recommendations: The Trust Board is invited to receive and note this report.			
Previously considered at another UHL corporate Committee N/A			
Strategic Risk Register Yes		Performance KPIs year to date Please see report	
Resource Implications (eg Financial, HR) Yes			
Assurance Implications			
Patient and Public Involvement (PPI) Implications Impact on patient experience due to cancelling of operations			
Equality Impact N/A			
Information exempt from Disclosure N/A			
Requirement for further review Monthly			

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

OPERATIONAL PERFORMANCE EXCEPTION REPORT

REPORT TO: TRUST BOARD
DATE: June 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 (UHL and Alliance performance)

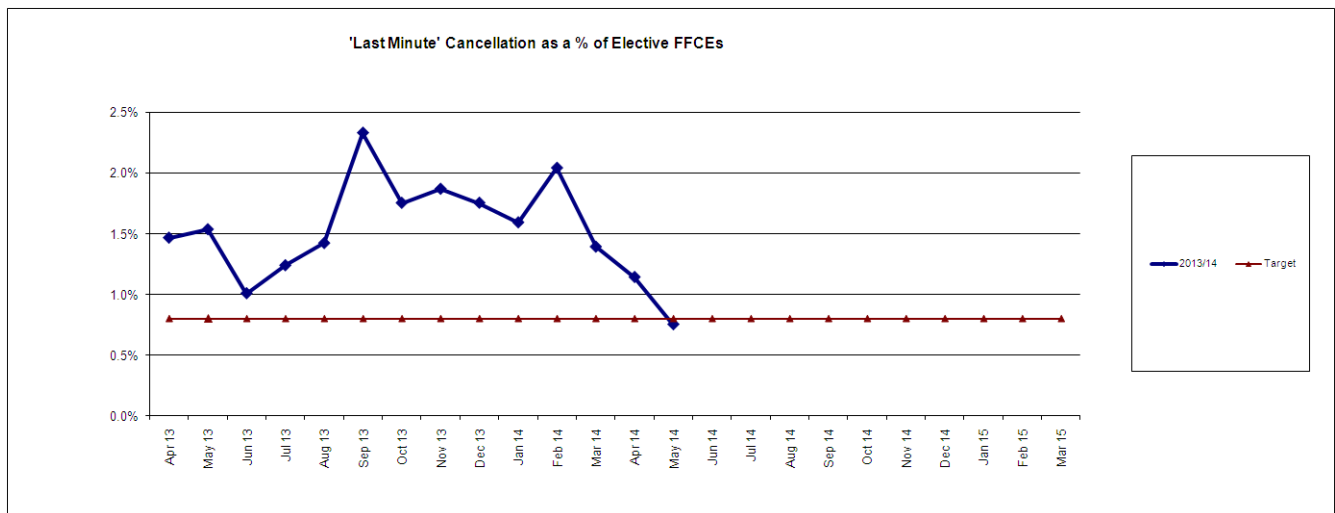
Introduction

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 May was 0.8% against a target of 0.8%.*
2. *The % of patients cancelled who are offered another date within 28 days of the cancellation. The number of patients breaching this standard in May was 3 with 96.1% offered a date within 28 days of the cancellation. This is an improved position against April.*
3. *The number of urgent operations cancelled for a second time ; Zero*



Against standard 1) The focus is on reducing the number of non bed related cancellations (over which the Trust has greater control). The table below is the agreed UHL trajectory reduction, with a residual number of 10 which are unavoidable , such as complications in surgery resulting in cancelling patients.

Reduction in non bed related cancellations	Apr-14	May-14	Jun-14	Jul-14	Aug-14
Monthly trajectory	40	34	26	18	10
Actual number	37	35			

It is anticipated that standard 2) will be recovered by July 2014. The key action to ensure ongoing good performance is the daily reporting of patients cancelled requiring redating within 28 days and escalating to CMG Directors and General Managers for resolution.

The recruitment process for appointing to the post of 'Cancelled Operations' manager has started (similar to the Nottingham University Hospitals post) , with interviews due at the end of June.

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. Circa 75% of cancellations on the day are due to no bed availability (review carried out over 3 months, showed lack of beds to be either a direct or indirect cause of cancellations on the day.

Details of senior responsible officer

CMG SRO: P Walmsley

Corporate Ops: P Walmsley