University Hospitals of Leicester NHS
NHS Trust

Agenda Item: Trust Board Paper G

TRUST BOARD – 27th NOVEMBER 2014

QUALITY AND PERFORMANCE REPORT – OCTOBER 2014

DIRECTOR:	Rachel Overfield, Chief Nurse Kevin Harris, Medical Director Richard Mitchell, Chief Operating Officer Kate Bradley, Director of Human Resources
AUTHOR:	
DATE:	27th November 2014
PURPOSE:	The following report provides an overview of the October 2014 Quality & Performance report highlighting NTDA/UHL key metrics and escalation reports where required.
PREVIOUSLY CONSIDERED BY:	**Finance & Performance Committee** **Quality Assurance Committee**
Objective(s) to which issue relates *	☑ 1. Safe, high quality, patient-centred healthcare ☑ 2. An effective, joined up emergency care system ☑ 3. Responsive services which people choose to use (secondary, specialised and tertiary care) ☑ 4. Integrated care in partnership with others (secondary, specialised and tertiary care) ☑ 5. Enhanced reputation in research, innovation and clinical education ☑ 6. Delivering services through a caring, professional, passionate and valued workforce ☑ 7. A clinically and financially sustainable NHS Foundation Trust ☐ 8. Enabled by excellent IM&T
Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:	
Please explain the results of any Equality Impact assessment undertaken in relation to this matter:	
Organisational Risk Register/ Board Assurance Framework *	☑ **Organisational Risk Register** ☑ **Board Assurance Framework** ☐ **Not Featured**
ACTION REQUIRED *	For decision ☐ For assurance ☑ For information ☐

♦ We treat people how we would like to be treated ♦ We do what we say we are going to do
♦ We focus on what matters most ♦ We are one team and we are best when we work together
♦ We are passionate and creative in our work

* tick applicable box

Caring at its best

University Hospitals of Leicester NHS
NHS Trust

Quality and Performance Report

October 2014

One team shared values

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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: **TRUST BOARD**

DATE: **27th NOVEMBER 2014**

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

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

1.0 Introduction

The following report provides an overview of the October 2014 Quality & Performance report highlighting NTDA/UHL key metrics and escalation reports where required.

Further discussion has been had with Lead Officers resulting in changes to a small number of 14/15 UHL targets and exception reports The methodology for reporting falls has been amended to reflect falls reported per 1000 bed stays for patients >65years and the RTT 52+ week number is reported for incomplete backlog only. Maternal deaths are now included.

Estates & Facilities metrics are reported for the first time in this month's Q&P.

2.0 Performance Summary

Domain	Page Number	Number of Indicators	Indicators with target to be confirmed	Number of Red Indicators this month
Safe	4	19	3	4
Caring	5	15	1	1
Well Led	6	14	7	0
Effective	7	17	0	1
Responsive	8	26	0	14
Research	9	13	0	2
Estates & Facilities	10	10	0	0
Total		114	11	22

Exception reports:

Safe – Never Event

Effective - #NOF

Responsive – ED (separate report), RTT, diagnostic waits, cancer waits, cancelled operations, choose and book, delayed transfers and ambulance handovers.

Research - Proportion of NHS Trusts recruiting each year into non-commercial NIHR CRN Portfolio studies, Proportion of NHS Trusts recruiting each year into commercial NIHR CRN Portfolio studies

3.0 Research - NIHR Clinical Research Network: East Midlands

UHL is the Host Organisation for the CRN: East Midlands. As Host, UHL will receive £22.3 million from the National Institute of Health Research (NIHR) to fund NIHR CRN Portfolio research across the East Midlands. Funding for 2014/15 has been distributed through 16 NHS Trusts and 19 Clinical Commissioning Groups. The Trust has established a CRN: East Midlands Executive Group chaired by Dr Kevin Harris. The purpose of the group is to oversee and deliver good governance of the CRN: East Midlands as defined by the Host contract and CRN Performance and Operating Framework. The framework outlines the key performance metrics for the Network. These include seven High Level Objectives (HLOs) and 8 Host Performance Indicators.

The dashboard on page 9 shows current Network performance against these metrics. Only 1 Host Performance Indicator is included in the dashboard, the remaining 7 are not monitored in year but assessed at the end of the financial year. These will be included in future reports as data becomes available.

	KPI Ref	Indicators	Board Director	Lead Director/Officer	14/15 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	13/14 Outturn	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	YTD
Safe	S1a	Clostridium Difficile	RO	DJ	FYE = 81	NTDA	Red / ER for Non compliance with cumulative target	66	6	6	5	10	0	4	4	6	5	7	2	5	7	36
	S1b	Clostridium Difficile (Local Target)	RO	DJ	FYE = 50	UHL	Red >5 per month, ER when YTD red	66	6	6	5	10	0	4	4	6	5	7	2	5	7	36
	S2a	MRSA Bacteraemias (All)	RO	DJ	0	NTDA	Red = >0 ER = 2 consecutive mths >0	3	0	0	0	0	0	0	0	0	0	0	0	1	1 *TBC	2
	S2b	MRSA Bacteraemias (Avoidable)	RO	DJ	0	UHL	Red = >0 ER = 2 consecutive mths >0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	S3	Never Events	RO	MD	0	NTDA	Red = >0 in mth ER = in mth >0	3	0	0	0	0	1	0	0	0	0	0	0	0	1	1
	S4	Serious Incidents	RO	MD	tbc	NTDA	tbc	60	5	8	4	3	4	5	4	6	3	7	2	3	4	29
	S5	Proportion of reported safety incidents that are harmful	RO	MD	tbc	NTDA	tbc	2.8%	2.3%			2.3%			1.7%			2.2%				1.9%
	S6	Overdue CAS alerts	RO	MD	0	NTDA	Red = >0 in mth ER = in mth >0	2	0	0	0	0	0	0	2	2	2	3	0	0	0	9
	S7	RIDDOR - Serious Staff Injuries	RO	MD	FYE = <47	UHL	Red / ER = non compliance with cumulative target	47	6	4	4	7	2	5	3	5	1	2	2	1	2	16
	S8	Safety Thermometer % of harm free care (all)	RO	EM	tbc	NTDA	Red = <92% ER = in mth <92%	93.6%	94.7%	93.9%	94.0%	93.8%	94.8%	93.6%	94.6%	94.7%	94.2%	94.9%	94.4%	93.9%	94.9%	94.9%
	S9	% of all adults who have had VTE risk assessment on adm to hosp	KH	SH	95% or above	NTDA	Red = <95% ER = in mth <95%	95.3%	95.5%	96.7%	96.1%	95.6%	95.0%	95.6%	95.7%	95.9%	95.9%	96.3%	95.5%	96.2%	95.4%	95.8%
	S10	Medication errors causing serious harm	RO	MD	0	NTDA	Red = >0 in mth ER = in mth >0	New NTDA Indicator - Definition to be confirmed														
	S11	All falls reported per 1000 bed stays for patients >65years	RO	EM	<7.1	QC	Red >= YTD >8.4 ER = 2 consecutive reds	7.1	7.9	7.0	7.0	6.6	7.0	6.9	6.6	7.4	7.0	8.2	7.4	5.6	5.6	6.8
	S12	Avoidable Pressure Ulcers - Grade 4	RO	EM	0	QS	Red / ER = Non compliance with monthly target	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
	S13	Avoidable Pressure Ulcers - Grade 3	RO	EM	<8 a month	QS	Red / ER = Non compliance with monthly target	71	5	4	5	7	3	6	5	5	5	5	6	6	4	36
	S14	Avoidable Pressure Ulcers - Grade 2	RO	EM	<10 a month	QS	Red / ER = Non compliance with monthly target	120	7	8	5	10	8	9	6	6	6	7	8	4	7	44
	S15	Compliance with the SEPSIS6 Care Bundle	RO	MD	All 6 >75% by Q4	QC	Red/ER = Non compliance with Quarterly target	27.0%				27.0%			47.0%			Audit underway				47.0%
	S16	Nutrition and Hydration Metrics - Fluid Balance and Nutritional Assessment	RO	MD	Q2 80%, Q3 85%, Q4 90%	QC	Red >2% below threshold ER = 2 mths red								≥71%	≥77%	≥75%	Action Planning	≥74%	≥85%	≥84%	≥84%
	S17	Maternal Deaths	KH	IS	0	UHL	Red / ER = Non compliance with monthly target	3	0	0	0	1	2	0	0	0	0	0	0	0	0	0

	KPI Ref	Indicators	Board Director	Lead Director/Officer	14/15 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	13/14 Outturn	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	YTD
Caring	C1a	Inpatient Friends and Family Test - Score	RO	CR	72 (Eng Avge - Mar 14)	NTDA	Red if <3SD. ER if <3SD or 3 mths deteriorating performance	68.8	66.2	70.3	68.7	71.8	69.0	69.9	69.6	71.0	74.5	73.8	73.8	76.1	71.1	72.7
	C1b	Inpatient Friends and Family Test - Score (Local Target)	RO	CR	75	UHL	Red/ ER =<=69.9 Green >74.9	68.8	66.2	70.3	68.7	71.8	69.0	69.9	69.6	71.0	74.5	73.8	73.8	76.1	71.1	72.7
	C2a	A&E Friends and Family Test - Score	RO	CR	54 (Eng Avge - Mar 14)	NTDA	Red if <3SD. ER if <3SD or 3 mths deteriorating performance	58.5	58.8	58.6	67.4	67.6	58.7	65.5	69.4	66.0	71.4	71.7	56.3	66.1	71.1	67.1
	C2b	A&E Friends and Family Test - Score (Local Target)	RO	CR	75	UHL	Red/ ER =<=64.9 Green >74.9	58.5	58.8	58.6	67.4	67.6	58.7	65.5	69.4	66.0	71.4	71.7	56.3	66.1	71.1	67.1
	C3	Outpatients Friends and Family Test - Score	RO	CR	75	UHL	Red / ER =<=64.9	New Indicator Repoerted in November														
	C4	Daycase Friends and Family Test - Score	RO	CR	75	UHL	Red / ER =<=69.9	New Indicator							79.0	80.2	79.7	77.5	74.3	81.7	80.1	78.9
	C5	Maternity Friends and Family Test - Score	RO	CR	75	UHL	Red/ ER =<=61.9	64.3	64.8	62.1	63.7	67.3	62.1	66.7	61.2	63.5	69.5	69.7	67.3	63.0	64.1	65.6
	C6	Complaints Rate per 100 bed days	RO	MD	tbc	NTDA	tbc		0.4	0.3	0.3	0.3	0.5	0.4	0.4	0.3	0.3	0.4	0.4	0.4	0.4	0.4
	C7	Complaints Re-Opened Rate	RO	MD	<9%	UHL	Red = >10% ER = 3 mths Red or any month >15%	New Indicator for 14/15							8%	5%	8%	11%	10%	9%	11%	10%
	C8	Single Sex Accommodation Breaches	RO	CR	0	NTDA	Red = >0 ER = in mth >0	2	0	2	0	0	0	0	4	2	0	0	0	0	0	6
	C9	Improvements in the FFT scores for Older People (65+ year)	RO	CR	75	QC	Red / ER = End of Yr Targets non recoverable.	New Indicators for 14/15							73.7	73.2	75.7	76.1	78.5	83.0	75.9	76.3
	C10	Responsiveness and Involvement Care (Average score)	RO	CR	0.8 improve-ment	QC	tbc								87.2	87.3	86.9	87.3	87.9	88.8	87.1	87.5
	C10a	Q15. When you used the call button, was the amount of time it took for staff to respond generally:	RO	CR	FYE 89.7	QC	Red = <87.9 ER = Red or 3 mths deterioration								88.6	89.1	88.0	88.5	88.6	90.4	87.9	88.7
	C10b	Q16. If you needed help from staff getting to the bathroom or toilet or using a bedpan, did you get help in an acceptable amount of time?	RO	CR	FYE 92.9	QC	Red = <91.1 ER = Red or 3 mths deterioration								92.2	91.5	90.6	91.0	91.8	92.9	90.9	91.5
	C10c	Q11. Were you involved as much as you wanted in decisions about your care and treatment?	RO	CR	FYE 85.5	QC	Red = <83.6 ER = Red or 3 mths deterioration								83.9	84.0	84.4	84.5	85.3	85.5	84.5	84.6

	KPI Ref	Indicators	Board Director	Lead Director/Officer	14/15 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	13/14 Outturn	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	YTD
Well Led	W1	Inpatient Friends and Family Test - Coverage	RO	CR	30% - Q4. 40% Mar 15	NTDA / CQUIN	Red = Non compliance with monthly target ER = 2 consecutive mths non compliance	24.3%	21.7%	25.4%	23.3%	24.5%	28.2%	28.8%	36.8%	38.1%	32.6%	30.8%	28.9%	33.4%	36.3%	33.7%
	W2	A&E Friends and Family Test - Coverage	RO	CR	15% Q1-Q3 20% for Q4	NTDA	Red = Non compliance with monthly target ER = 2 consecutive mths non compliance	14.9%	16.3%	18.4%	16.4%	15.6%	18.4%	16.1%	15.2%	17.8%	14.9%	10.2%	16.1%	19.1%	15.9%	15.6%
	W3	Outpatients Friends and Family Test - Valid responses	RO	CR	tbc	UHL	tbc	New Indicator available from October 2014						271	34	187	1406	1305	642	730		4304
	W4	Maternity Friends and Family Test - Coverage	RO	CR	tbc	UHL	tbc	25.2%	27.7%	30.3%	24.8%	20.9%	23.7%	23.9%	27.2%	36.4%	25.2%	29.2%	29.9%	18.7%	15.8%	26.1%
	W5	Friends & Family staff survey: % of staff who would recommend the trust as place to work	KB	ES	tbc	NTDA	tbc	New NTDA Indicator - Definition to be confirmed							53.6%			53.3%				53.3%
	W6	Friends & Family staff survey: % of staff who would recommend the trust as place to receive treatment	KB	ES	tbc	NTDA	tbc	New NTDA Indicator - Definition to be confirmed							68.3%			66.8%				66.8%
	W7	Data quality of trust returns to HSCIC	KS	JR	tbc	NTDA	tbc	New NTDA Indicator - Definition to be confirmed														
	W8	Turnover Rate	KB	ES	<10.5%	UHL	Red = 11% or above ER = Red for 3 Consecutive Mths	10.0%	9.6%	9.7%	10.2%	10.6%	10.4%	10.0%	9.9%	10.0%	10.2%	10.0%	10.5%	10.3%	10.8%	10.8%
	W9	Sickness absence - 12 mths rolling	KB	ES	3.5% rolling 12 mths post validation	UHL	Red = >3.5% ER = 3 consecutive mths >3.5%	3.4%	3.3%	3.5%	3.8%	3.8%	3.7%	3.5%	3.5%	3.5%	3.4%	3.3%	3.5%	3.6%		3.6%
	W10	Total trust vacancy rate	KB	ES	tbc	NTDA	tbc	New NTDA Indicator - Definition to be confirmed														
	W11	Temporary costs and overtime as a % of total paybill	KB	ES	tbc	NTDA	tbc	New Indicator for 14/15							9.4%	9.4%	8.1%	8.5%	8.9%	8.5%	9.5%	9.5%
	W12	% of Staff with Annual Appraisal	KB	ES	95%	UHL	Red = <90% ER = 3 consecutive mths <90%	91.3%	91.0%	91.8%	92.4%	91.9%	92.3%	91.3%	91.8%	91.0%	90.6%	89.6%	88.6%	89.7%	91.8%	91.8%
	W13	Statutory and Mandatory Training	KB	ES	Jun 80%, Sep 85%, Dec 90%, Mar 95%	UHL	Red / ER for Non compliance with Quarterly incremental target	76%	58%	60%	65%	69%	72%	76%	78%	79%	79%	80%	83%	85%	86%	86%
	W14	% Corporate Induction attendance	KB	ES	95.0%	UHL	Red = <90% ER = 3 consecutive mths <90%	94.5%	91.0%	87.0%	89.0%	93.0%	89.0%	94.5%	96.0%	94.0%	92.0%	96.0%	98.0%	98.0%	98.0%	98.0%

	KPI Ref	Indicators	Board Director	Lead Director/Officer	14/15 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	13/14 Outturn	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	YTD
Effective	E1	Mortality - Published SHMI	KH	PR	Within Expected	NTDA	Higher than Expected		106 (Apr12-Mar13)			107 (Jul12-Jun13)			106 (Oct12-Sept13)			106 (Jan13-Dec13)				106 (Jan13-Dec13)
	E2	Mortality - Rolling 12 mths SHMI (as reported in HED)	KH	PR	100 or below	QC	Red = >expected ER = >Expected or 3 consecutive mths increasing SHMI >100	105	107	107	108	107	106	105	103	103	103	Awaiting HED Update				103
	E3	Mortality HSMR (DFI Quarterly)	KH	PR	Within Expected	NTDA	Red = >expected ER = >Expected or 3 consecutive increasing mths >100	88	86			83			83			Awaiting DFI Update				83
	E4	Mortality - Rolling 12 mths HSMR (Rebased Monthly as reported in HED)	KH	PR	100 or below	QC	Red = >expected ER = >Expected or 3 consecutive increasing mths >100	99	102	102	101	100	100	99	97	97	97	95	Awaiting HED Update			95
	E5	Mortality - Monthly HSMR (Rebased Monthly as reported in HED)	KH	PR	100 or below	QC	Red = >expected ER = >Expected or 3 consecutive increasing mths >100	91	96	101	94	89	103	91	83	103	101	83	Awaiting HED Update			93
	E6	Mortality - Rolling 12 mths HSMR Emergency Weekday Admissions - (HED) OVERALL Rebased Monthly	KH	PR	Within Expected	NTDA	Red = >expected ER = >Expected or 3 consecutive increasing mths >100	100	101	102	102	101	101	100	99	98	99	96	Awaiting HED Update			96
	E7	Mortality - Monthly HSMR Emergency Weekday Admissions - (HED) OVERALL Rebased Monthly	KH	PR	Within Expected	NTDA	Red = >expected ER = >Expected or 3 consecutive increasing mths >100	100	98	107	95	93	102	94	86	95	105	80	Awaiting HED Update			91
	E8	Mortality - rolling 12 mths HSMR Emergency Weekend Admissions - (HED) OVERALL Rebased Monthly	KH	PR	Within Expected	NTDA	Red = >expected ER = >Expected or 3 consecutive increasing mths >100	99	107	105	103	101	102	99	96	97	96	95	Awaiting HED Update			95
	E9	Mortality - Monthly HSMR Emergency Weekend Admissions - (HED) OVERALL Rebased Monthly	KH	PR	Within Expected	NTDA	Red = >expected ER = >Expected or 3 consecutive increasing mths >100	99	98	93	93	84	106	82	71	128	87	93	Awaiting HED Update			95
	E10	Deaths in low risk conditions	KH	PR	Within Expected	NTDA	Red = >expected ER = >Expected or 3 consecutive increasing mths >100	94	98	52	129	164	35	63	47	60	78	59	Awaiting DFI Update			61
	E11	Emergency 30 Day Readmissions (No Exclusions)	KH	PR	Within Expected	NTDA	Higher than Expected	7.9%	7.9%	7.8%	8.0%	8.7%	9.0%	8.8%	8.9%	8.8%	8.6%	8.4%	8.9%	8.5%		8.7%
	E12	No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions	KH	RP	72% or above	QS	Red = <72% ER = 2 consecutive mths <72%	65.2%	70.5%	73.6%	72.2%	68.2%	73.7%	54.7%	56.9%	40.6%	60.3%	76.9%	59.0%	68.6%	69.6%	62.2%
	E13	Stroke - 90% of Stay on a Stroke Unit	RM	CF	80% or above	QS	Red = <80% ER = 2 consecutive mths <80%	83.2%	83.7%	78.0%	81.8%	89.3%	83.7%	83.5%	92.9%	80.3%	87.1%	78.1%	84.5%	82.2%		84.1%
	E14	Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)	RM	CF	60% or above	QS	Red = <60% ER = 2 consecutive mths <60%	64.2%	62.4%	76.8%	65.7%	60.5%	40.7%	77.9%	79.7%	58.8%	71.3%	62.8%	65.5%	72.7%	67.8%	68.3%
	E15	Communication - ED, Discharge and Outpatient Letters - Compliance with standards	KH	SJ	90% or above	QS	Red = <80% ER = Qrtly ER if <90% and deterioration	New Indicator for 14/15											60% (InPt)	83% (ED)	Poilcy out for consultation	83% (ED)
	E16	Published Consultant Level Outcomes	KH	SH	>0 outside expected	QC	Red = >0 Quarterly ER = >0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	E17	Non compliance with 14/15 published NICE guidance	KH	SH	0	QC	Red = in mth >0 ER = 2 consecutive mths Red	New Indicator for 14/15							0	0	0	0	0	0	0	0

Responsive

KPI Ref	Indicators	Board Director	Lead Director/Officer	14/15 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	13/14 Outturn	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	YTD
R1	ED 4 Hour Waits UHL + UCC	RM	CF	95% or above	NTDA	Red = <95% ER via ED TB report	88.4%	91.8%	88.5%	90.1%	93.6%	83.5%	89.3%	86.9%	83.4%	91.3%	92.5%	91.2%	91.7%	90.3%	89.5%
R2	12 hour trolley waits in A&E	RM	CF	0	NTDA	Red = >0 ER via ED TB report	5	0	1	0	0	0	0	0	1	1	0	0	0	1	3
R3	RTT Waiting Times - Admitted	RM	CC	90% or above	NTDA	Red /ER = <90%	76.7%	83.5%	83.2%	82.0%	81.8%	79.1%	76.7%	78.9%	79.4%	79.0%	80.9%	82.2%	81.6%	84.4%	84.4%
R4	RTT Waiting Times - Non Admitted	RM	CC	95% or above	NTDA	Red /ER = <95%	93.9%	92.8%	91.9%	92.8%	93.4%	93.5%	93.9%	94.3%	94.4%	95.0%	94.9%	95.6%	94.6%	94.9%	94.9%
R5	RTT - Incomplete 92% in 18 Weeks	RM	CC	92% or above	NTDA	Red /ER = <92%	92.1%	92.8%	92.4%	91.8%	92.0%	92.6%	92.1%	93.9%	93.6%	94.0%	93.2%	94.0%	94.3%	94.8%	94.8%
R6	RTT 52 Weeks+ Wait (Incompletes)	RM	CC	0	NTDA	Red /ER = >0	0	0	0	1	1	0	0	0	0	0	15	1	3	3	3
R7	6 Week - Diagnostic Test Waiting Times	RM	SK	1% or below	NTDA	Red /ER = >1%	1.9%	1.0%	0.8%	1.4%	5.3%	1.9%	1.9%	0.8%	0.9%	0.8%	0.7%	1.0%	1.0%	0.7%	0.7%
R8	Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	RM	MM	93% or above	NTDA	Red = <93% ER = Red for 2 consecutive mths	94.8%	94.9%	95.7%	94.9%	95.3%	95.9%	95.3%	88.5%	94.7%	93.5%	92.2%	92.0%	90.6%		91.9%
R9	Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	RM	MM	93% or above	NTDA	Red = <93% ER = Red for 2 consecutive mths	94.0%	93.0%	91.3%	95.5%	96.8%	93.4%	94.3%	80.0%	95.0%	98.9%	94.9%	94.4%	95.2%		93.8%
R10	31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	RM	MM	96% or above	NTDA	Red = <96% ER = Red for 2 consecutive mths	98.1%	98.9%	96.2%	97.4%	97.2%	98.5%	98.2%	97.2%	92.9%	93.6%	94.4%	97.9%	91.9%		94.6%
R11	31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	RM	MM	98% or above	NTDA	Red = <98% ER = Red for 2 consecutive mths	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.8%	100.0%		99.8%
R12	31-Day Wait For Second Or Subsequent Treatment: Surgery	RM	MM	94% or above	NTDA	Red = <94% ER = Red for 2 consecutive mths	96.0%	96.4%	97.1%	92.3%	94.8%	96.4%	98.6%	95.2%	97.0%	90.8%	90.1%	87.8%	94.0%		92.3%
R13	31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	RM	MM	94% or above	NTDA	Red = <94% ER = Red for 2 consecutive mths	98.2%	97.5%	98.5%	98.1%	94.8%	96.3%	99.1%	97.3%	95.6%	93.9%	97.3%	99.0%	96.5%		96.7%
R14	62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	RM	MM	85% or above	NTDA	Red = <85% ER = Red in mth or YTD	86.7%	86.4%	85.7%	89.4%	89.1%	89.1%	92.4%	92.7%	88.5%	73.1%	85.6%	78.1%	75.5%		82.0%
R15	62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	RM	MM	90% or above	NTDA	Red = <90% ER = Red for 2 consecutive mths	95.6%	100.0%	97.0%	96.6%	97.1%	95.1%	91.7%	91.1%	67.4%	73.9%	73.0%	100.0%	87.5%		81.4%
R16	Urgent Operations Cancelled Twice	RM	PW	0	NTDA	Red = >0 ER = >0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
R17	Cancelled patients not offered a date within 28 days of the cancellations UHL	RM	PW	0	NTDA	Red = >2 ER = >0	85	10	4	8	9	2	8	10	3	1	1	1	2	2	20
R18	Cancelled patients not offered a date within 28 days of the cancellations ALLIANCE	RM	PW	0	NTDA	Red = >2 ER = >0	New Indicator for 14/15							0	0	0	0	6	0	0	6
R19	% Operations cancelled for non-clinical reasons on or after the day of admission UHL	RM	PW	0.8% or below	Contract	Red = >0.9% ER = >0.8%	1.6%	1.7%	1.8%	1.7%	1.6%	2.1%	1.5%	1.1%	0.8%	1.1%	0.7%	0.6%	0.9%	0.8%	0.9%
R20	% Operations cancelled for non-clinical reasons on or after the day of admission ALLIANCE	RM	PW	0.8% or below	Contract	Red = >0.9% ER = >0.8%	1.6%	1.7%	1.8%	1.7%	1.6%	2.1%	1.5%	0.6%	0.6%	0.3%	2.7%	0.0%	0.9%	1.0%	0.9%
R21	% Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	RM	PW	0.8% or below	Contract	Red = >0.9% ER = >0.8%	New Indicator for 14/15							1.1%	0.8%	1.1%	0.7%	0.6%	0.9%	0.9%	0.9%
R22	No of Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	RM	PW	N/A	UHL	tbc	1739	171	172	141	152	178	139	106	77	98	94	55	90	94	614
R23	Delayed transfers of care	RM	PW	3.5% or below	NTDA	Red = >3.5% ER = Red for 3 consecutive mths	4.1%	4.6%	4.4%	3.6%	4.6%	4.3%	3.8%	4.4%	4.2%	4.0%	3.9%	3.9%	4.5%	4.6%	4.2%
R24	Choose and Book Slot Unavailability	RM	CC	4% or below	Contract	Red = >4% ER = Red for 3 consecutive mths	13%	16%	17%	14%	10%	16%	19%	22%	25%	26%	25%	26%	25%	20%	24%
R25	Ambulance Handover >60 Mins (based on weekly figures)	RM	CF	0	Contract	Red = >0 ER = Red for 3 consecutive mths	868	25	59	102	52	207	111	173	253	88	71	50	106	253	994
R26	Ambulance Handover >30 Mins and <60 mins (based on weekly figures)	RM	CF	0	Contract	Red = >0 ER = Red for 3 consecutive mths	7,075	705	689	722	573	818	601	720	951	671	591	805	736	1,147	5,621

Research

KPI Ref	Indicators	Board Director	Lead Director/Officer	14/15 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	Sep-14	Oct-10	YTD
RS1	Number of participants recruited in a reporting year into NIHR CRN Portfolio studies	KH	DR	England 650,000 East Midlands 50,000	NIHR CRN	Red / ER = <90%	92%	93%	93%
RS2a	A: Proportion of commercial contract studies achieving their recruitment target during their planned recruitment period.	KH	DR	England 80% East Midlands 80%	NIHR CRN	Red / ER = <60%	67%	64%	64%
RS2b	B: Proportion of non-commercial studies achieving their recruitment target during their planned recruitment period	KH	DR	England 80% East Midlands 80%	NIHR CRN	Red / ER = <60%	81.0%	81.0%	81.0%
RS3a	A: Number of new commercial contract studies entering the NIHR CRN Portfolio	KH	DR	600	NIHR CRN	tbc			
RS3b	B: Number of new commercial contract studies entering the NIHR CRN Portfolio as a percentage of the total commercial MHRA CTA approvals for Phase II-IV studies	KH	DR	75%	NIHR CRN	Red <75%			
RS4	Proportion of eligible studies obtaining all NHS Permissions within 30 calendar days (from receipt of a valid complete application by NIHR CRN)	KH	DR	80%	NIHR CRN	Red <80%	90.0%	89.0%	89.0%
RS5a	A: Proportion of commercial contract studies achieving first participant recruited within 70 calendar days of NHS services receiving a valid research application or First Network Site Initiation Visit	KH	DR	80%	NIHR CRN	Red <80%			
RS5b	B: Proportion of non-commercial studies achieving first participant recruited within 70 calendar days of NHS services receiving a valid research application	KH	DR	80%	NIHR CRN	Red <80%			
RS6a	A: Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio studies	KH	DR	England 99% East Midlands 99%	NIHR CRN	Red <99%	81.0%	81.0%	81.0%
RS6b	B: Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio commercial contract studies	KH	DR	England 70% East Midlands 70%	NIHR CRN	Red <70%	56.0%	56.0%	56.0%
RS6c	B: Proportion of General Medical Practices recruiting each year into NIHR CRN Portfolio studies	KH	DR	England 25% East Midlands 25%	NIHR CRN	Red <25%	45.0%	45.0%	45.0%
RS7	Number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio	KH	DR	England 13500 East Midlands 510	NIHR CRN	Red <510 Q4	325	438	438
RS8	Deliver robust financial management using appropriate tools - % of financial returns completed on time	KH	DR	England 100% East Midlands 100%	NIHR CRN	Red <100%	100% *Q2		100% *Q2

Estates and Facilities

KPI Ref	Indicators	Board Director	Lead Director/Officer	14/15 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	Sep-14	Oct-14	YTD
E&F1	Percentage of statutory inspection and testing completed in the Contract Month measured against the PPM schedule.	AC	GL	100%	Contract KPI	Red = ≤ 98%	100.0%	100.0%	100.0%
E&F2	Percentage of non-statutory PPM completed in the Contract Month measured against the PPM schedule	AC	GL	100%	Contract KPI	Red = ≤ 80%	91.5%	81.2%	81.2%
E&F3	Percentage of Estates Urgent requests achieving rectification time	AC	LT	95%	Contract KPI	Red = ≤ 75%	100.0%	100.0%	100.0%
E&F4	Percentage of scheduled Portering tasks completed in the Contract Month	AC	LT	99%	Contract KPI	Red = ≤ 98%	100.0%	100.0%	100.0%
E&F5	Number of Emergency Portering requests achieving response time	AC	LT	100%	Contract KPI	Red = >2	0	0	0
E&F6	Number of Urgent Portering requests achieving response time	AC	LT	95%	Contract KPI	Red = ≤ 95%	95.1%	96.2%	96.2%
E&F7	Percentage of Cleaning audits in clinical areas achieving NCS audit scores for cleaning above 90%	AC	LT	100%	Contract KPI	Red = ≤ 98%	100.0%	99.1%	99.1%
E&F8	Percentage of Cleaning Rapid Response requests achieving rectification time	AC	LT	92%	Contract KPI	Red = ≤ 80%	99.6%	89.9%	89.9%
E&F9	Percentage of meals delivered to wards in time for the designated meal service as per agreed schedules	AC	LT	97%	Contract KPI	Red = ≤ 95%	99.4%	99.5%	99.5%
E&F10	Overall percentage score for monthly patients satisfaction survey for catering service	AC	LT	85%	Contract KPI	Red = ≤ 75%	96.7%	97.3%	97.3%

S3 – Never Event

<table>
<tr><th colspan="2"></th><th>Target</th><th>Oct 14</th><th>YTD</th><th>Forecast</th></tr>
<tr><th colspan="2">What is causing underperformance?</th><th colspan="2">What actions have been taken to improve performance?</th><td>NIL</td><td>1</td><td>1</td><td>1</td></tr>
<tr><td colspan="2">1. Non-adherence to a particular aspect of the ‘Management of Surgical Swabs, Instruments, Needles and Accountable Items’, as the swabs were checked in and out but the red tags from the swab bundles were not checked out, which should have occurred in accordance with policy.

The red tags from swab bundles must be counted when opening swab packs and retained, these must be included in all subsequent counts. The red tags must then be used to confirm accuracy of 5 swabs being counted down and each red tag must be passed out at the count to correlate with 5 swabs that are counted down.</td><td colspan="2">1. A checklist for swabs, instruments, needles and other accountable items was devised and piloted in the Catheter Labs during the week commencing 27/10/14, incorporating a sign off by the Operator and Nurse to confirm that all checks are complete
2. Compliance with checklist mandated for the Catheter Labs and arrangements made for non-compliance to be escalated immediately to Head of Nursing/General Manager/Head of Service
3. For part of the investigation team to undertake a site visit to the Catheter Lab. The Head of Nursing from ITAPS will be part of this team and will review current systems and processes, including the new checklist, to ensure that practises are in line with Trust policy</td><td colspan="4">2014/15 Performance by Quarter
<table><tr><th>14/15 Q1</th><th>14/15 Q2</th><th>14/15 Q3</th><th>14/15 Q4</th></tr><tr><td>0</td><td>0</td><td>1</td><td></td></tr></table>
One Never Event will trigger UHL as ‘red’ on this indicator for 2014/15</td></tr>
<tr><td colspan="4"></td><td>Expected date to meet standard</td><td colspan="2">N/A</td></tr>
<tr><td colspan="4"></td><td>Revised date to meet standard</td><td colspan="2">-</td></tr>
<tr><td colspan="4"></td><td>Lead Director</td><td colspan="2">Director of Safety and Risk</td></tr>
</table>

Commentary:

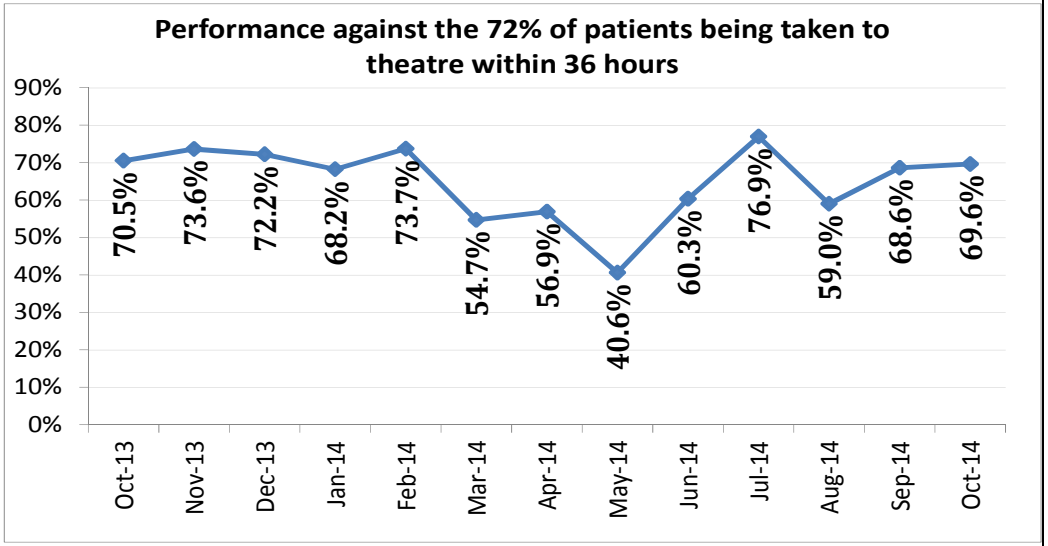
1. The definition of a Never Event is: “Serious, largely preventable PSIs that should not occur if the available preventative measures have been implemented by healthcare providers”.

2. In relation to UHL performance:
   - In 2012/13, UHL reported 6 Never Events
   - In 2013/14, UHL reported 3 Never Events
   - For Quarters 1 and 2 in 2014/15, there were no Never Events reports and good compliance with the regulatory framework was demonstrated.

3. This Never Event occurred because the operator was unaware that red tags should form part of the checking procedure, in accordance with Trust policy (this is national guidance (Association of Perioperative Practice) in addition to being a local requirement).

E12 – No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions

What is causing underperformance?	What actions have been taken to improve performance?	Target (mthly / end of year)	Latest month performance	YTD performance	Forecast performance for next reporting period
Whilst the 'time to surgery within 36 hours' threshold was achieved for July and there has been an improvement since Quarter 1, it is still below the 72% threshold for Quarter 2 overall. Although the number of admissions during 14/15 to date is lower than this time last year, there is still significant in month variability with a peak in September of 11 admissions in one day. The average admissions with #NOF per month are steadily increasing and have increased over the past month from an average of 61 to 65.	An action plan has been drafted which details the work that is currently being scoped and implemented. Specific blockers include Theatre List start and finish times, Orthogeriatric capacity and Theatre process delays. A Listening into Action application was approved early November. This will support the specialty and CMG with getting greater input and sign up from all of the pathway stakeholders and lead to quicker implementation of changes that are already recognised as essential. The specialty are looking at pathway improvements which reduce the demand in other areas such as fracture clinic which would positively impact on the ability to see patients in a more timely way when they are admitted with a fractured neck of femur. The envisaged change of function of the #NOF bay on ward 18 did not fully happen and patients were directly admitted as an exception at one of our busiest times so far this year. The reason for this was due to gaps in the Orthogeriatrician rota and medical outliers, which put significant strain on ward 32 as the only directly admitting area and also resulted in additional pressure on ward 18 nursing staff who were required to chase down medical input for complex medical patients and the few #NOF patients that had been admitted directly to the ward. This highlighted the concern raised in the last exception report around whether the current funded Orthogeriatricians PAs were sufficient to support the service.	**72%**	**69.9%**	**62.2%**	



Performance by Quarter

13/14 FYE	14/15 Q1	14/15 Q2	14/15 Q3	14/15 Q4
65%	52%	68%		

Expected date to meet standard / target	December 2014
Revised date to meet standard	March 2015
Lead Director / Lead Officer	Richard Power, MSS CD / Maggie McManus, MMS Deputy CMG Manager

R3, R4 and R6 Referral to Treatment – Admitted, Non-Admitted and 52+ Weeks

Current position

October 2014

- Admitted – UHL and Alliance combined is 84.4% (national standard 90%)
- Non admitted – UHL and Alliance combined is 94.8% (National standard 95%)
- Incompletes – UHL and Alliance combined is 94.8% (National standard 92%)

November 2014 prospective

- Admitted : circa 84.8%

Reasons for underperformance against plan in November

- UHL has been asked by commissioners to 'continue to focus on treating the longest waiters, even though this will compromise delivery of the admitted aggregate performance, as this is in the best interest of patients.
- The general surgery reduction is behind plan for two reasons:
  - It took longer than planned to get weekend work running
  - The remaining cohort of the longest waiting general surgery patients are increasingly unsuitable for weekend operating, which has slowed down our ability to reduce the backlog
- Backlog reductions continue in ENT and Max fax
- Orthopaedics non admitted backlog is not in a controlled position which impacts on both admitted and non admitted performance
- Referrals in some of the RTT specialities including GS are up which means we need to do further work than originally planned to catch up

Outpatient Referrals April to September 2013 vs 2014 GP ONLY

	2013/2014	2014/2015	Variance	% Variance
General Surgery	3,710	3,892	182	4.91%
Maxillofacial Surgery	3,615	3,876	261	7.22%
Paediatric Surgery	426	504	78	18.31%
Sum:	7,751	8,272	521	6.72%

- Emergency admissions are up causing day to day difficulties in ring fencing elective beds at the LRI.

Anticipated future performance for the admitted standard

Future performance is determined by the sustained reduction of backlog (over 18 weeks) by increasing capacity and treating patients in chronological order. Based on current plans, the table below shows where the anticipated backlogs will be:

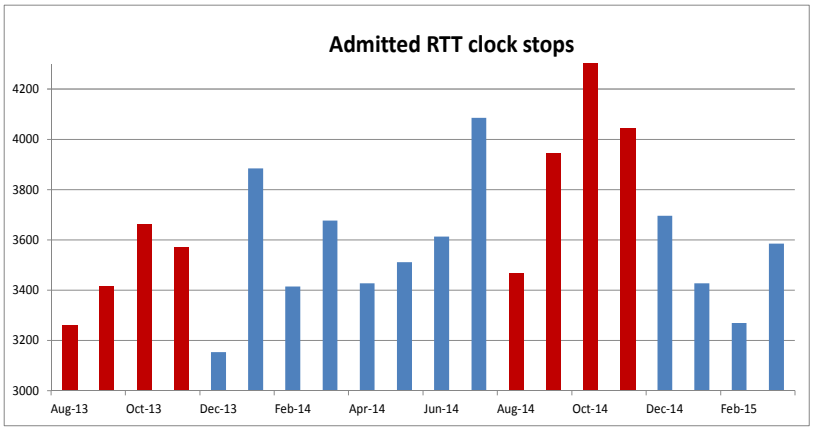
	End Oct 13	End Nov 14	End Dec 14
	Actual Backlog	Anticipated based on known plans	Anticipated based on known plans
Specialty	i.e. currently at 18+ weeks with or without TCI		
100 General Surgery	264	150	50
101 Urology	116	116	116
110 Trauma & Orthopaedics	223	210	200
120 ENT	28	10	10
130 Ophthalmology	18	18	18
140 Oral/Maxilliofacial Surgery	136	100	60
160 Plastic Surgery	11	11	11
170 Cardiothoracic Surgery	15	15	15
300 General Medicine	0	0	0
301 Gastroenterology	1	1	1
320 Cardiology	6	6	6
330 Dermatology	0	0	0
340 Thoracic Medicine	0	0	0
400 Neurology	0	0	0
410 Rheumatology	8	8	8
502 Gynaecology	106	100	90
X01 Other (5% Paed ent / 50% Paed surgery/ urology)	171	171	171
All Specialties	**1103**	**916**	**756**

Anticipated recovery

In previous years, when UHL has an admitted backlog of no more than 500, 90% performance has been sustained. With a continued drive to date the longest waiting patients in November and December, this could be achieved in January 2015, but is more realistically February 2015.

Additional activity

UHL has carried out additional elective activity to reduce backlogs, illustrated by the additional RTT clock stops reported and anticipated. The graph below (red bars) illustrates the increase in comparative periods this year and last.



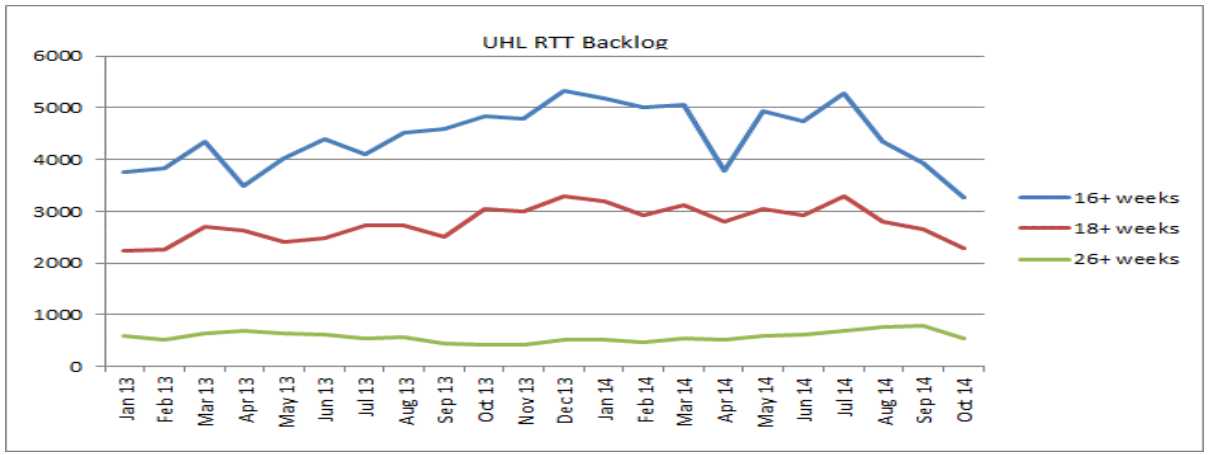
Recovery of the admitted and non-admitted position in Ophthalmology in August was as a result of significant additional activity, the speciality has maintained this strong position.

															actual	estimated				
	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	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
Total	3262	3415	3664	3572	3154	3885	3414	3677	3428	3511	3613	4086	3470	3944	4315	4047	3696	3428	3270	3586

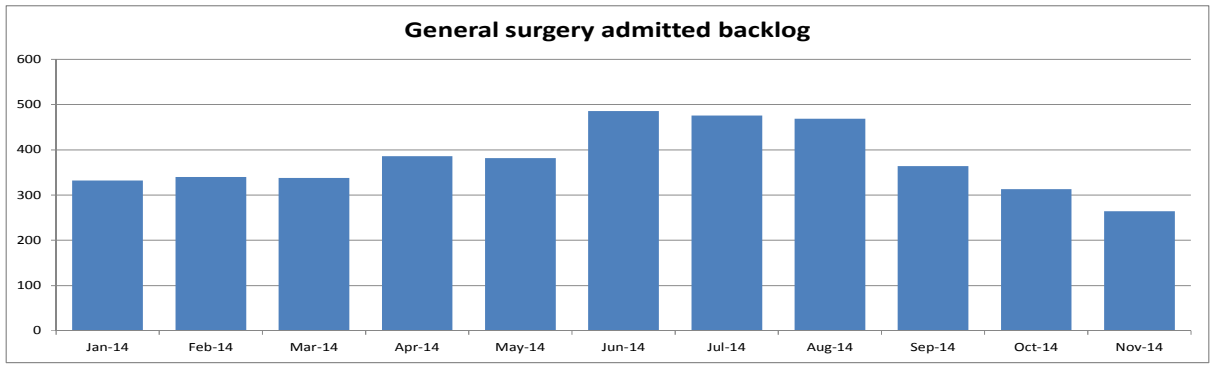
For admitted:

Backlog reduction across the Trust is illustrated by the graph below. Reductions have mainly been in the following specialties (from their highest reported level compared to end of October 2014 position):

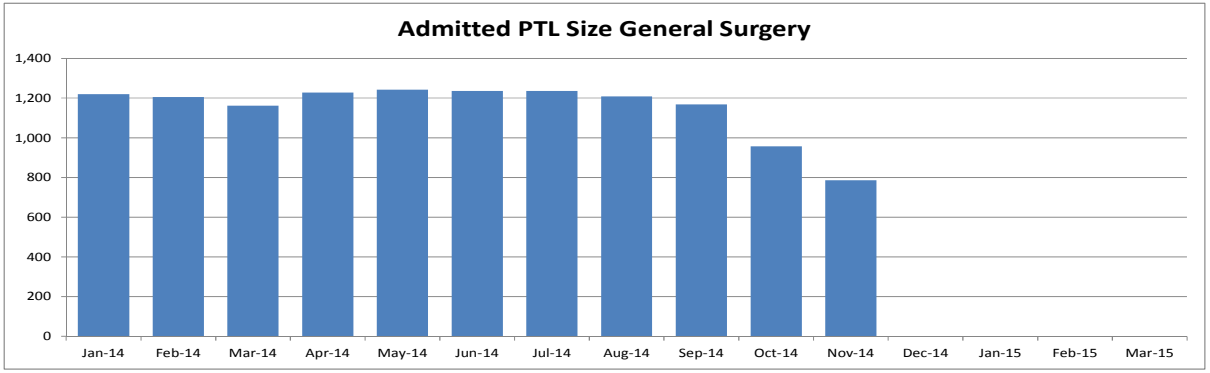
General surgery (486 to 264)
Ophthalmology (306 to 18)
Adult ENT (175- 28)



General surgery: Additional activity is focussed on reducing backlog, this started in mid-September (delays were mainly due to theatre staffing shortages). This work will continue through November and December. Backlog reduction in this period is illustrated by the graph below.



This graph illustrates the overall waiting list size reduction in general surgery



Orthopaedics: The admitted backlog has not decreased, the main reason for this is the late addition to admitted waiting lists from non-admitted pathways. A sustainable solution for orthopaedics to reduce non-admitted waiting times is the key to delivery in this speciality. Meetings between orthopaedics and the operations directorate continue to sort this out.

Paediatric (Max fax / ENT / Surgery/ Urology): These specialties are all reliant on paediatric nursing staff and beds. Backlogs in these specialties are at risk of not reducing or increasing unless there is a sustainable plan. Collectively these are within the 'Other 'category with a current backlog of 171.

Gynaecology: This speciality has a good track record of short waits and no RTT issues. Since the loss of a number of theatre lists earlier in the year they have not recovered. Additional lists at weekends and in the independent sector are reducing the backlog but recovery depends on sourcing more lists and with the additional ongoing work in general surgery on the same site at weekends this is limited.

Urology: Although performance in this speciality is 90%+ with a backlog of over 100 it poses a risk to Trust level performance. Additional activity to address this will take place.

Further actions

UHL is committed to treating all patients in chronological order and to sustainably hitting the admitted and non-admitted targets.

Three key additional actions are:

- A new Director of Performance and Information has been appointed, joining UHL on 5 January 2015. The new director has recent experience of delivering compliant performance in a range of specialities and will unite the performance and information functions.
- The general surgery weekend working will continue until the end of March 2015 further reducing the backlog.
- Outsourcing of elective work to the independent sector continues.

R8, R10, R14 and R15 - Cancer Waiting Times Performance

What is causing underperformance?	What actions have been taken to improve performance?
R8 1) There has been an annualised increase of 18% in 2WW suspected cancer referrals in 2014/15 to date 2) This is likely to continue to grow 3) This has not been matched by increased provision of carved out availability, nor sufficient response to individual cancer type awareness campaigns **R10, 12, 14, 15** The system for the integration of complex cancer pathways remains in place (**R14, R15**) Access to cancer diagnostics remains good. The delivery of timely treatments (**R10, R12**) lies within the gift of services for surgery, and the oncology department for chemotherapy and radiotherapy. Chemotherapy and radiotherapy treatments have remained timely for the most part. The issue is adequate access to surgical capacity. There is no shortage of overall surgical capacity, the poor performance results from the failure to appropriately prioritise cancer pathways in the face of competing priorities.	The actions recommended by the Cancer Centre to the trust are; 1) Build in 20% increase in capacity upon current demand year on year and carve this out for 2WW referrals 2) Direct CMGs and services to produce and work to SOPs which prioritise cancer pathways 3) That until cancer performance standards recovered the weekly Cancer Action Board meetings are attended by CMG general managers or their deputies, to present the patients for whom breaches are threatened so that timely pathways may be enabled 4) That there is executive representation at the weekly Cancer Action Board The actions taken include; 1) Work streams with the commissioners to rationalise 2WW demand (interactive 2WW forms to improve compliance with guidelines and CCG policing of inappropriate referrals) 2) Focus on tumour site specific issues with the relevant CMG and service managerial and clinical leads

Target (mthly / end of year)	Latest month SEPT	Performance to date 2014/15	Forecast for OCT
R8 2WW 93%	**90.6%**	**91.9%**	**92.1%**
R10 31 day 1st - 96%	**91.9%**	**94.6%**	**92.4%**
R12 31 day sub (Surgery) 94%	**94%**	**92.3%**	**80%**
R14 62 day - 85%	**75.5%**	**82%**	**77.1%**
R15 62 screening - 90%	**87.5%**	**81.4%**	**78.4%**

Performance by Quarter

	13/14 FYE	14/15 Q1	14/15 Q2	14/15 Q3	14/15 Q4
R8	**94.8%**	**92.2%**	**91.6%**		
R10	**98.1%**	**94.6%**	**94.6%**		
R12	**98.2%**	**94.2%**	**90.5%**		
R14	**86.7%**	**84.1%**	**79.9%**		
R15	**95.6%**	**78%**	**85%**		

Expected date to meet standard / target	R8 – Recovery possible December R10,12 – Recovery possible January '15 R14,15 – Recovery possible February '15
Revised date to meet standard	October 2014 for R8, R10, R12, R15 January 2015 for R14
Lead Director / Lead Officer	Richard Mitchell Matt Metcalfe

R17 – R22 Operations Cancelled on the Day and 28 Day Re-books

<table>
<tr><td colspan="2">Operations cancelled on the day for Non-clinical reasons</td><td></td><td></td><td></td><td></td></tr>
<tr><td>What is causing underperformance?</td><td>What actions have been taken to improve performance?</td><td>Target (mthly)
1)On day= 0.8%
2) 28 day = 0</td><td>Latest month performance – Oct 14</td><td>YTD performance (inc Alliance)</td><td>Forecast performance for next reporting period</td></tr>
<tr><td rowspan="2">The cancelled operations target comprises of three components:

1.The % of cancelled operations for non clinical reasons on the day of admission

2.The number 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.

The Trust achieved the target for <0.8% cancellations on the day in August</td><td rowspan="2">The key action to ensure on going good performance is the daily expediting of patients at risk of cancellation on the day, following the UHL cancelled operations policy.

For those cancelled on the day, it is vital that they adhere to the Trust policy of escalating to CMG Directors and General Managers for resolution.

A number of work streams have started to reduced cancellation including a LIA project.

48% (42/88) of the on the day cancellations were due to ward bed and list overrun in October. We are exploring how to improve scheduling while keeping high utilisation and minimising on the day cancellations.

<u>Risks to delivery of recovery plan</u>

Paediatric bed availability is still a high risk to on the day cancellations. The situation has been monitored on a daily basis to prevent on the day cancellations.

There are significant risks reduce cancellations on the day. These are mainly associated with bed availability and emergency pressures.</td><td>1) 0.9%
2) 2</td><td>1) 0.9%
2) 2</td><td>1) 0.9%
2) 26</td><td>0.8%</td></tr>
<tr><td colspan="4">UHL performance against standards
1. The percentage of operations cancelled on/after the day for non-clinical reasons during October 2014 was 0.9% (87/10210) against a target of 0.8%.

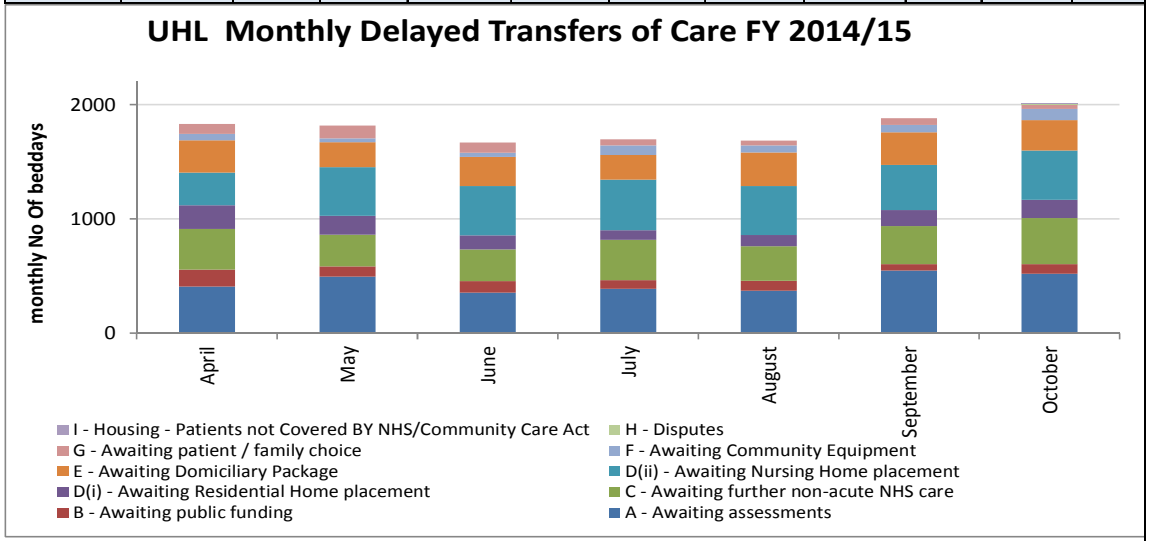
2. The number of patients cancelled who breached the standard of being offered another date within 28 days in October 2014 was two. These patients were cancelled in September and both patients were treated in October.

3. The number of urgent operations cancelled for a second time ; zero
Alliance performance
1.0% (9/870) cancelled on the day. No breaches of the 28 day standard.
<table>
<tr><th>13/14 FYE</th><th>14/15 Q1</th><th>14/15 Q2</th><th>14/15 Q3</th><th>14/15 Q4</th></tr>
<tr><td>1.6%</td><td>0.97%</td><td>0.8%</td><td></td><td></td></tr>
</table>
</td></tr>
<tr><td colspan="2">Expected date to meet standard / target</td><td colspan="4">1) November 2014
2) November 2014</td></tr>
<tr><td colspan="2">Revised date to meet standard</td><td colspan="4">2) November 2014</td></tr>
<tr><td colspan="2">Lead Director / Lead Officer</td><td colspan="4">Richard Mitchell
Phil Walmsley</td></tr>
</table>

R23 Delayed Transfers of Care

What is causing underperformance?	What actions have been taken to improve performance?	Target (mthly / end of year)	Latest month performance	YTD performance	Forecast performance for next reporting period
There has been an increase in DTOC delays in September and October. A significant area of concern is the availability of packages of care in the County Local Authority. Interim placements in care homes are offered to patients but are not always accepted. There continue to be a number of DTOCs due to slow discharges to care homes. This is caused by families being slow to find appropriate care homes, carehomes being slow to come in to assess the patient as suitable or waiting for a bed to become available.	The ICRS and ICS teams continue to attend wards to identify patients that they could take directly in to their home based services. This has been particularly successful with the City services and lessons learnt are being discusses with county colleagues Discussions take place with therapists regarding reducing the required package of care to try to ensure faster discharge. This links in to the joint working between Social Care and health therapy teams to risk assess package sizing. Local Authority staff have been asked to ensure that patients are not offered choice about accepting an interim placement, which appears to have had some success in discharging patients. CareHome Select (external care brokerage firm) has started and are focussing on patients on ward tow as well as those patients on the care of the elderly ward. It is expected that better planning will increase early uptake of discharge packages.	3.5%	4.6%	4.2%	4.0%

Row Labels	A - Awaiting assessments	B - Awaiting public funding	C - Awaiting further non-acute NHS care	D(i) - Awaiting Residential Home placement	D(ii) - Awaiting Nursing Home placement	E - Awaiting Domiciliary Package	F - Awaiting Community Equipment	G - Awaiting patient / family choice	H - Disputes	I - Housing - Patients not Covered BY NHS/Community Care Act	Grand Total
April	407	148	356	207	285	285	55	87			1830
May	494	90	277	166	425	218	34	113			1817
June	353	103	277	122	433	253	36	89			1666
July	387	77	353	82	444	215	85	54			1697
August	371	87	302	98	430	294	61	41			1684
September	546	57	333	141	394	286	65	57			1879
October	520	84	402	159	434	266	95	40	4	3	2007
Grand Total	**3078**	**646**	**2300**	**975**	**2845**	**1817**	**431**	**481**	**4**	**3**	**12580**



Performance by Quarter

13/14 FYE	14/15 Q1	14/15 Q2 date	14/15 Q3 to date (oct)	14/15 Q4
4.1%	4.2%	4.1%	4.6%	

Expected date to meet standard / target	TBA
Revised date to meet standard	TBA
Lead Director / Lead Officer	Richard Mitchell/Phil Walmsley

R24 Choose and Book

<table>
<tr><td></td><td></td><td>Target</td><td></td><td></td><td></td></tr>
<tr><td>What is causing underperformance?</td><td>What actions have been taken to improve performance?</td><td><4% ASI</td><td>October</td><td>YTD performance</td><td>Forecast performance for next reporting period</td></tr>
<tr><td rowspan="5">The Trust is measured on the % of Appointment Slot Unavailability (ASI) per month.

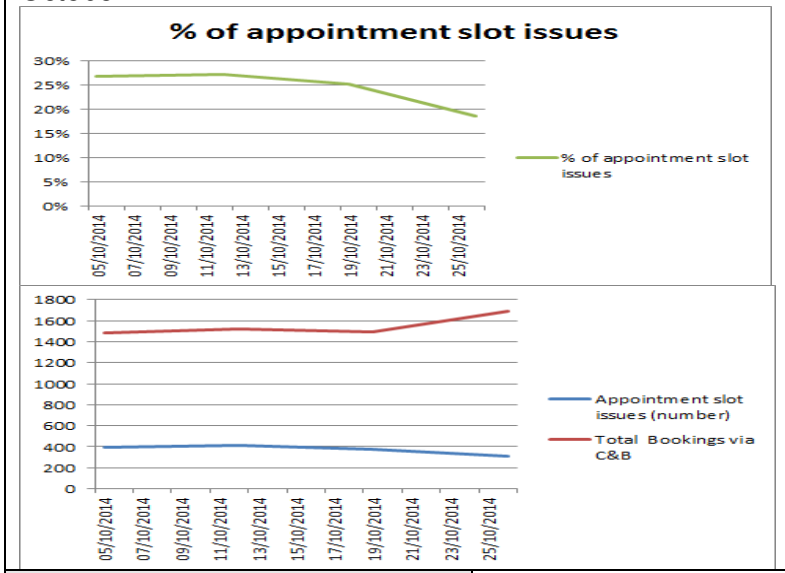
The Trust has not met the required the <4% standard for circa 2 years and where it has met this standard it has been unable to maintain it for consecutive months.

The two most significant factors causing underperformance are:

- Shortage of capacity in outpatients
- Inadequate recurrent training and education of administrative staff in the set up and use of the choose and book process</td><td rowspan="5">Capacity

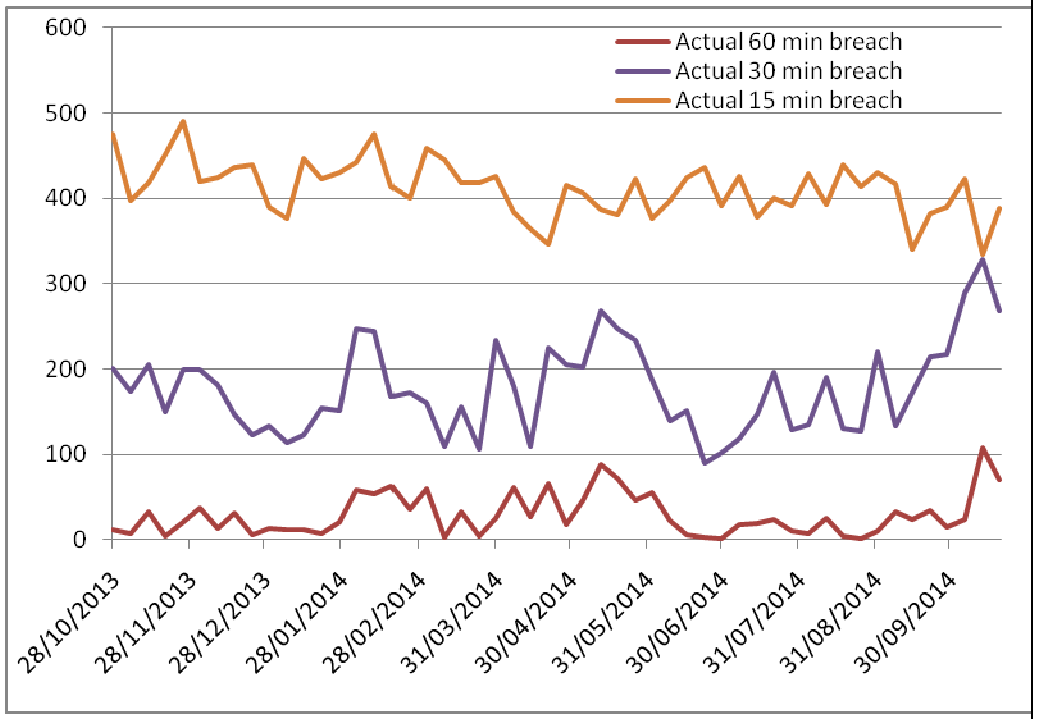
Additional capacity in key specialties is part of the RTT recovery plans
Notably: General Surgery and orthopaedics. But additionally other specialities as and when required.

Training and education

The comprehensive training and education of relevant staff in key specialties has been taking place during the past month, to ensure that choose and book is correctly set up and that supporting administrative purposes are fit for purpose.
The two graphs illustrate progress to date:
In reducing the % of appointment slot issues (Top graph)
The bottom graph shows a reduction in the number of appointment slot issues and the corresponding increase in successful bookings during the period.</td><td><4%</td><td>24%</td><td>25%</td><td>20%</td></tr>
<tr><td colspan="4">National performance varies significantly by Trust, with average performance of Acute Trusts nationally at 15% in October
 
</td></tr>
<tr><td colspan="2">Expected date to meet standard / target</td><td colspan="2">January 2014</td></tr>
<tr><td colspan="2">Revised date to meet standard</td><td colspan="2"></td></tr>
<tr><td colspan="2">Lead Director / Lead Officer</td><td colspan="2">Richard Mitchell
Charlie Carr</td></tr>
</table>

R25 and R26 Ambulance Handover > 30 Minutes and > 60 Minutes

What is causing underperformance?	What actions have been taken to improve performance?	Target (mthly / end of year)	Latest month performance	YTD performance	Forecast performance for next reporting period
There was a significant deterioration in the reported performance in Sept/Oct. Outflow capacity remains an issue at times in the department which then causes delays in assessment bay being able to transfer patients within ED or to the appropriate destination. Booking onto EDIS can still be a 20 minute delay.	There has been challenge made to the validity of the EMAS report as there are instances where no time is recorded on the paper handover sheets, age of the patient differs in documentation and the same patient appears twice with different timings. A document scanner has been requested in order to help improve booking in times in assessment bay. This will allow paper handover documents to be scanned on arrival so reception staff can input onto EDIS. All patients on electronic system are pre-booked onto EDIS (where there are sufficient details on the system). Patients delayed over 1 hour will all have a Root Cause Analysis done to identify causes and an action plan will be made to improve the performance. It has been noticed that within this cohort of patients there are data discrepancies which would reduce the total number at this level. All patients arriving to paediatric ED are now highlighted as achieving the handover target, following an audit of performance. An audit is being undertaken to review data of patients arriving 3am-8am. This is small in number but highlights time differences and reduces the total number of breaches of 15 minutes.	0 delays over 30 minutes	> 60 min 8% 30-60 min – 26% 15-30 min – 31%	> 60 min 3% 30-60 min – 17% 15-30 min – 36%	



Expected date to meet standard / target	
Revised date to meet standard	
Lead Director / Lead Officer	Richard Mitchell

RS6A : Proportion of NHS Trusts recruiting each year into non-commercial NIHR CRN Portfolio studies

<table>
<tr><th>What is causing underperformance?</th><th>What actions have been taken to improve performance?</th><th>Target (mthly / end of year)</th><th>Latest month performance</th><th>YTD performance</th><th>Forecast performance for next reporting period</th></tr>
<tr><td rowspan="5">Proportion of NHS Trusts recruiting each year into non-commercial NIHR CRN Portfolio studies

There are 16 Trusts within the East Midlands region, with 13 Trusts currently reporting recruitment. The three who have not reported any recruitment are:
• East Midlands Ambulance Service NHS Trust (EMAS)
• Derbyshire Community Health Services NHS Foundation Trust (DCHS)
• Lincolnshire Community Health Services (LCHS)</td><td rowspan="5">1. EMAS: have received funding for a Research Paramedic. This post currently supports two NIHR Portfolio studies that do not report recruitment in the traditional way due to patient assent taken rather than consent. EMAS have four studies in the pipeline that are due to open this financial year that will report participant recruitment.
2. DCHS: this Trust is unlikely to have recruitment directly attributed as all the studies that are supported by funded staff, occur in primary care settings. Therefore the recruitment will be allocated to a Clinical Commissioning Group within the East Midlands.
3. LCHS: this Trust supports several studies however the consent event occurs in the primary care setting so the recruitment is attributed to Clinical Commissioning. There is scope for research within the community services (paediatrics, district nursing) that is being investigated.</td><td>99%</td><td>81% (red)</td><td>81% (red)</td><td>81% (Dec)</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td>Expected date to meet standard / target</td><td colspan="3">It is unlikely we will make the 99% target due to the nature of the services provided by DCHS and LCHS. We are likely to reach 85% by April 2015.</td></tr>
<tr><td>Revised date to meet standard</td><td colspan="3"></td></tr>
<tr><td>Lead Director / Lead Officer</td><td colspan="3">Elizabeth Moss, Chief Operating Officer</td></tr>
</table>

RS6b Proportion of NHS Trusts recruiting each year into commercial NIHR CRN Portfolio studies

<table>
<tr><th>What is causing underperformance?</th><th>What actions have been taken to improve performance?</th><th>Target (mthly / end of year)</th><th>Latest month performance</th><th>YTD performance</th><th>Forecast performance for next reporting period</th></tr>
<tr><td rowspan="5">Proportion of NHS Trusts recruiting each year into commercial NIHR CRN Portfolio studies

There are 16 Trusts within the East Midlands region, with 9 Trusts currently recruiting to commercial studies. The seven who have not reported any recruitment are:
East Midlands Ambulance Service NHS Trust (EMAS)
Derbyshire Community Health Services NHS Foundation Trust (DCHS)
Lincolnshire Community Health Services (LCHS)
Leicestershire Partnership NHS Trust (LePT)
Lincolnshire Partnership NHS Trust (LiPT)
Nottinghamshire Healthcare NHS Foundation Trust (NHFT)
Derbyshire Healthcare NHS Foundation Trust (DHFT)</td><td rowspan="5"><ol start="4">
EMAS: Currently no open commercial studies nationally run by ambulance services on the NIHR portfolio, therefore unlikely that EMAS will open a commercial study this financial year. Industry team currently reviewing studies previously run at other ambulance services across the country to gain insight.
DCHS: due to the nature of research within this Trust, they are unlikely to be involved in commercial research, Meeting being arranged to discuss.
LCHS: due to the nature of research within this Trust, they are unlikely to be involved in commercial research.
Meeting being arranged to discuss.
LePT: Selected for one study, due to open by the end of 2014.
LiPT: have been involved in commercial research in the past and the site is actively seeking commercial opportunities
NHFT: One trial in set up, due to open at the end of November 2014
DHFT: One trial recently opened to recruitment, yet to recruit</td><td>70%</td><td>56% (red)</td><td>56% (red)</td><td>62% (Dec)</td></tr>
<tr><td colspan="4" rowspan="4"></td></tr>
<tr><td>Expected date to meet standard / target</td><td colspan="3">April 2015</td></tr>
<tr><td>Revised date to meet standard</td><td colspan="3">April 2015</td></tr>
<tr><td>Lead Director / Lead Officer</td><td colspan="3">Daniel Kumar, Industry Delivery Manager</td></tr>
</table>

2014/15 NTDA METRICS AND WEIGHTINGS

Responsiveness Domain

Metric	Standard	Weighting
Referral to Treatment Admitted	90	10
Referral to TreatmentNon Admitted	95	5
Referral to Treatment Incomplete	92	5
Referral to Treatment Incomplete 52+ Week Waiters	0	5
Diagnostic waiting times	1	5
A&E All Types Monthly Performance	95	10
12 hour Trolley waits	0	10
Two Week Wait Standard	93	2
Breast Symptom Two Week Wait Standard	93	2
31 Day Standard	96	2
31 Day Subsequent Drug Standard	98	2
31 Day Subsequent Radiotherapy Standard	94	2
31 Day Subsequent Surgery Standard	94	2
62 Day Standard	85	5
62 Day Screening Standard	90	2
Urgent Ops Cancelled for 2nd time (Number)	0	2
Proportion of patients not treated within 28 days of last minute cancellation	0	2
Delayed Transfers of Care	3.5	5
TOTAL - 18 Indicators		78

Effectiveness Domain

Metric	Standard	Weighting
Hospital Standardised Mortality Ratio (DFI)		5
Deaths in Low Risk Conditions		5
Hospital Standardised Mortality Ratio - Weekday		5
Hospital Standardised Mortality Ratio - Weekend		5
Summary Hospital Mortality Indicator (HSCIC)		5
Emergency re-admissions within 30 days following an elective or emergency spell at the Trust		5
TOTAL - 6 Indicators		30

Safe Domain

Metric	Standard	Weighting
Clostridium Difficile - Variance from plan		10
MRSA bactaraemias	0	10
Never events	0	5
Serious Incidents rate	0	5
Patient safety incidents that are harmful		5
Medication errors causing serious harm	0	5
CAS alerts	0	2
Maternal deaths	1	2
VTE Risk Assessment	95	2
Percentage of Harm Free Care	92	5
TOTAL - 11 Indicators		51

Caring Domain

Metric	Standard	Weighting
Inpatient Scores from Friends and Family Test	60	5
A&E Scores from Friends and Family Test	46	5
Complaints		5
Mixed Sex Accommodation Breaches	0	2
Inpatient Survey Q 68 - Overall, I had a very poor/good experience		2
TOTAL - 5 Indicators		19

Well Led Domain

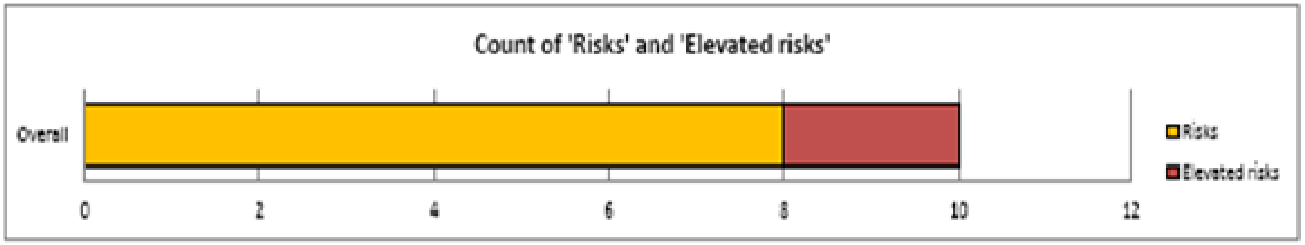
Metric	Standard	Weighting
Inpatients response rate from Friends and Family Test	30	2
A&E response rate from Friends and Family Test	20	2
NHS Staff Survey: Percentage of staff who would recommend the trust as a place of work		2
NHS Staff Survey: Percentage of staff who would recommend the trust as a place to receive treatment		2
Data Quality of Returns to HSCIC		2
Trust turnover rate		3
Trust level total sickness rate		3
Total Trust vacancy rate		3
Temporary costs and overtime as % of total paybill		3
Percentage of staff with annual appraisal		3
TOTAL - 10 Indicators		25

CQC – Intelligent Monitoring Report

A summary of the risks highlighted in the July CQC Intelligent Monitoring Report (IMR) are detailed below. The latest IMR publication is due on the 3rd December 2014.

University Hospitals of Leicester NHS Trust

Trust Summary



Priority banding for inspection	Recently inspected
Number of 'Risks'	8
Number of 'Elevated risks'	2
Overall Risk Score	12
Number of Applicable Indicators	95
Percentage Score	6.32%
Maximum Possible Risk Score	190

Elevated risk	Composite indicator: A&E waiting times more than 4 hours (05-Jan-14 to 30-Mar-14)
Elevated risk	Whistleblowing alerts (22-Mar-13 to 02-Jun-14)
Risk	Never Event incidence (01-May-13 to 30-Apr-14)
Risk	Composite of Central Alerting System (CAS) safety alerts indicators (01-Apr-04 to 30-Apr-14)
Risk	SSNAP Domain 2: overall team-centred rating score for key stroke unit indicator (01-Oct-13 to 31-Dec-13)
Risk	Composite indicator: Referral to treatment (01-Mar-14 to 31-Mar-14)
Risk	Proportion of ambulance journeys where the ambulance vehicle remained at hospital for more than 60 minutes (01-Apr-14 to 30-Apr-14)
Risk	Composite of PLACE indicators (01-Apr-13 to 30-Jun-13)
Risk	TDA - Escalation score (01-Mar-14 to 31-Mar-14)
Risk	GMC - Enhanced monitoring (01-Mar-09 to 21-Apr-14)