University Hospitals of Leicester NHS
NHS Trust

	TRUST BOARD
From:	Rachel Overfield, Kevin Harris, Richard Mitchell Kate Bradley Peter Hollinshead
Date:	**29th May 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 April.

The Report is provided to the Board for:

Decision		Discussion	√
Assurance	√	Endorsement	

Summary / Key Points:

Compliant

- C Difficile – 4 cases reported for the year against a month target of 7.
- Pressure ulcers - With 6 grade 2 pressure ulcers and 4 grade 3 pressure ulcers report for April, all trajectories for pressure ulcers have been achieved.
- Inpatient Friends and Family Test - performance for April is 69.6.
- 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.
- All cancer targets delivered including the 62 day cancer with performance for March at 92.4% and full year performance at 86.7%.
- The percentage of stoke patients spending 90% of their stay on a stroke ward year target is 82.5%, performance for the year is 83.2% (target 80%).

Areas to watch:-

- Diagnostic waiting times– although the target was achieved with performance at 0.8%, 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 56.9% during April.

Exceptions/Contractual Queries:-

- ED 4hr target - Performance for emergency care 4hr wait in April was 86.9%.
- 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 April was 1.1%.

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.
- Shortfall of £6.6m on the forecast CIP delivery against the £45m target.
- 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 N/A	
Information exempt from Disclosure N/A	
Requirement for further review? Monthly review	

University Hospitals of Leicester NHS
NHS Trust

Caring at its best

Quality and Performance – April 2014

Trust Board

Thursday 29th May 2014

One team shared values

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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: **TRUST BOARD**

DATE: **29th MAY 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: **APRIL 2014 QUALITY & PERFORMANCE SUMMARY REPORT**

1.0 INTRODUCTION

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

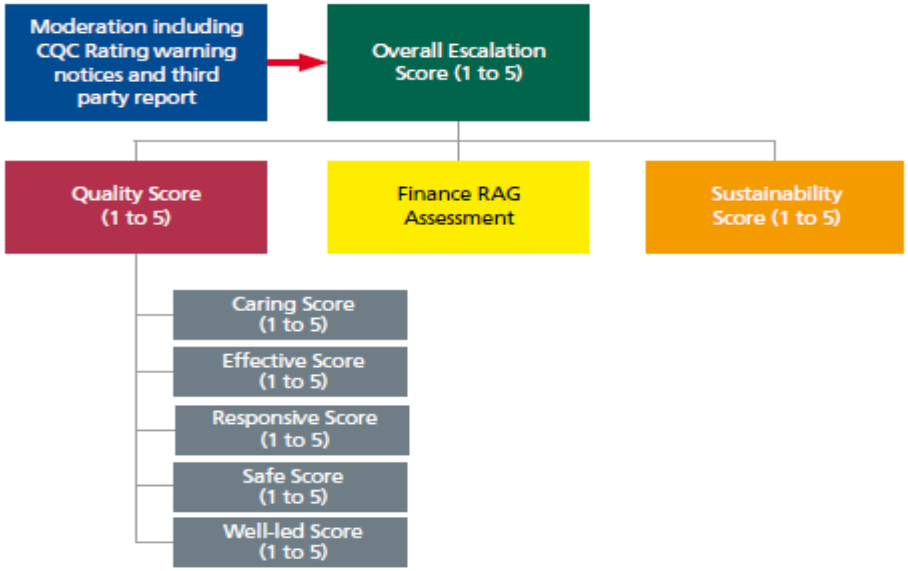
2.0 2014/15 NTDA Oversight and Escalation Level

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. Further supporting documentation which contains the detailed information about the scoring methodology are due to made available to all Trusts by the NTDA.

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	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14
Inpatient scores from Friends and Family Test	TBC	68.8	66.4	73.9	64.9	66.0	69.6	67.6	66.2	70.3	68.7	71.8	69.0	69.9	69.6
A&E scores from Friends and Family Test	TBC	59.5	43.3	47.3	60.6	57.0	59.6	57.6	58.8	58.6	67.4	67.6	58.7	65.5	69.4
Complaints - rate per bed day	TBC	2014-15 New Indicator													2.2
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	0	2	0	0	0	0	4

Effective	Target	2013/14	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14
Summary Hospital Mortality Indicator	TBC		104.5	104.5	104.5	104.9	104.9	104.9	106.4	106.4	106.4	107.1	107.1	107.1	106.0
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			Awaiting DFI Update			
Hospital Standardised Mortality Ratio - weekday (DFI Quarterly)	TBC	90.8	91.0			93.0			88.1			Awaiting DFI Update			
Deaths in low risk conditions (DFI Quarterly)	TBC	88.6	104.7			71.3			89.5			Awaiting DFI Update			
Emergency re-admissions within 30 days following and elective or emergency spell at the trust	TBC	7.9%	7.6%	7.8%	7.7%	7.5%	7.6%	7.8%	7.9%	7.8%	8.0%	8.7%	9.0%	8.7%	

Safe	Target	2013/14	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14
CDIFF	67	66	6	7	2	6	5	9	6	6	5	10	0	4	4
MRSA	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0
Never events	0	3	1	0	0	0	0	1	0	0	0	0	1	0	0
Medication errors causing serious harm	TBC	2014/15 New Indicator - awaiting further NTDA guidance													
Incidence of MSSA	TBC	30	5	2	5	1	4	3	1	1	1	3	2	2	2
Percentage of Harm Free Care	TBC	93.6%	92.1%	93.7%	93.6%	93.8%	93.5%	93.1%	94.7%	93.9%	94.0%	93.8%	94.8%	93.6%	94.6%
Maternal deaths	0	3	0	0	0	0	0	0	0	0	0	1	2	0	0
Proportion of patients risk assessed for VTE	95%	95.3%	94.1%	94.5%	93.1%	95.9%	95.2%	95.4%	95.5%	96.7%	96.1%	95.6%	95.0%	95.6%	95.7%
Serious Incidents	TBC	2014-15 New Indicator													12
Proportion of reported safety incidents that are harmful	TBC	2014/15 New Indicator - awaiting further NTDA guidance													
CAS alerts	TBC	20	14	9	15	36	10	10	14	15	12	11	14	20	11
Admissions to adult facilities of patients who are under 16 years of age (Number)	TBC	2014/15 New Indicator - awaiting further NTDA guidance													

Well-Led	Target	2013/14	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14
Inpatient response rate from Friends and Family Test	15.0%	24.3%	19.4%	21.4%	25.3%	24.8%	22.0%	25.8%	21.7%	25.4%	23.3%	24.5%	28.2%	28.8%	36.8%
A&E response rate from Friends and Family Test	15.0%	14.9%	5.7%	14.2%	16.6%	14.6%	16.1%	11.1%	16.3%	18.4%	16.4%	15.6%	18.4%	16.1%	15.2%
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%	8.8%	8.9%	9.2%	9.5%	9.3%	9.7%	9.6%	9.7%	10.2%	10.6%	10.4%	10.0%	9.9%
Trust level total sickness (Reported One Month in Arrears)	3.0%	3.4%	3.3%	3.1%	3.0%	3.2%	3.1%	3.1%	3.3%	3.5%	3.8%	3.9%	3.9%	3.8%	
Total trust vacancy rate	TBC	2014/15 New Indicator - awaiting further NTDA guidance													
Temporary costs and overtime as % total paybill	TBC		6.0%	6.5%	6.6%	6.2%	5.4%	5.6%	6.0%	6.1%	6.3%	6.6%	6.6%	6.9%	5.8%
Percentage of staff with annual appraisal	95%	91.3%	90.9%	90.2%	90.7%	92.4%	92.7%	91.9%	91.0%	91.8%	92.4%	91.9%	92.3%	91.3%	91.8%

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.

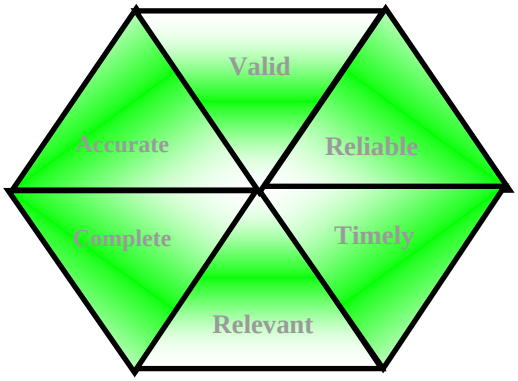
The five categories are (figures in brackets are number of non FT Trusts in each category as at July 2013):

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:

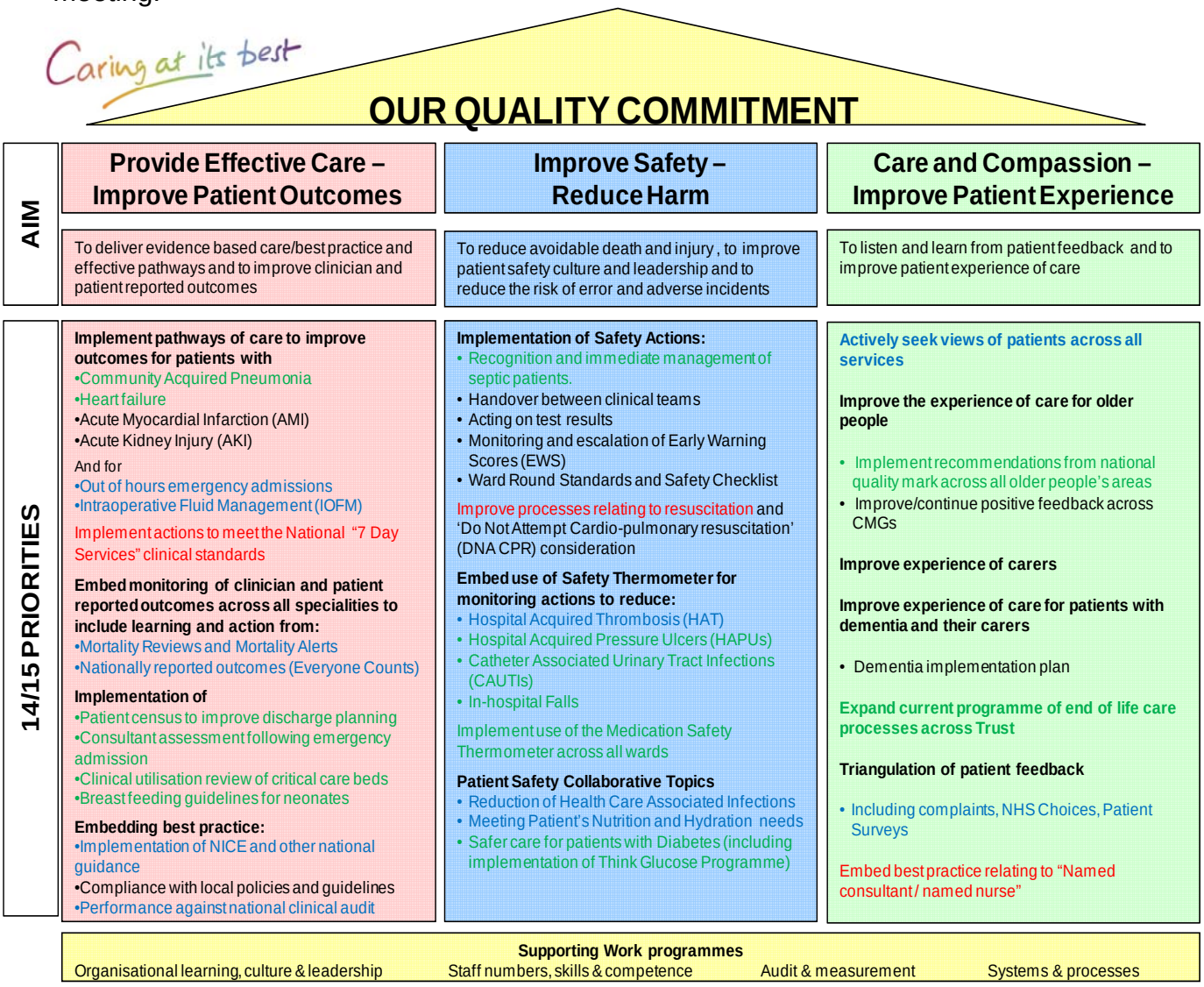
- **Accuracy** – Is the data sufficiently accurate for the intended purposes?
- **Validity** – is the data recorded and used in compliance with relevant requirements?
- **Reliability** – Does the data reflect stable and consistent collection processes across collection points and over time?
- **Timeliness** – 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.



Performance against each of the 2014/15 priorities will be monitored at the Executive Quality Board (EQB). Reporting frequency against the priorities varies from monthly to quarterly, with the first reports due to be received at the June meeting of the EQB.

4.2 Mortality Rates

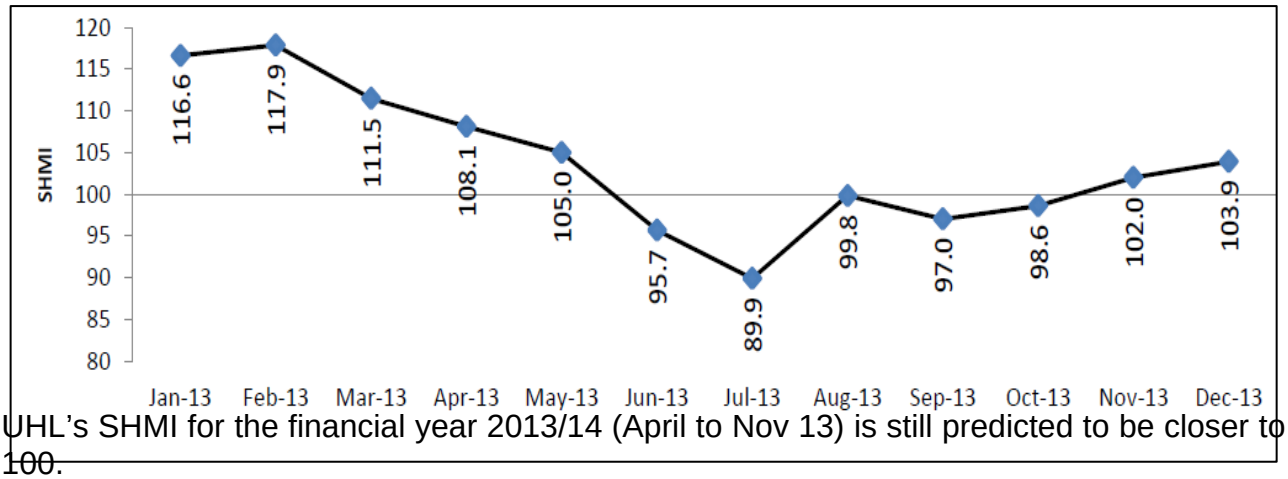
2013/14 | Mth

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).

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 (Jan to Dec 13) UHL's SHMI is 103.9 (this still includes the January to March 13 period).



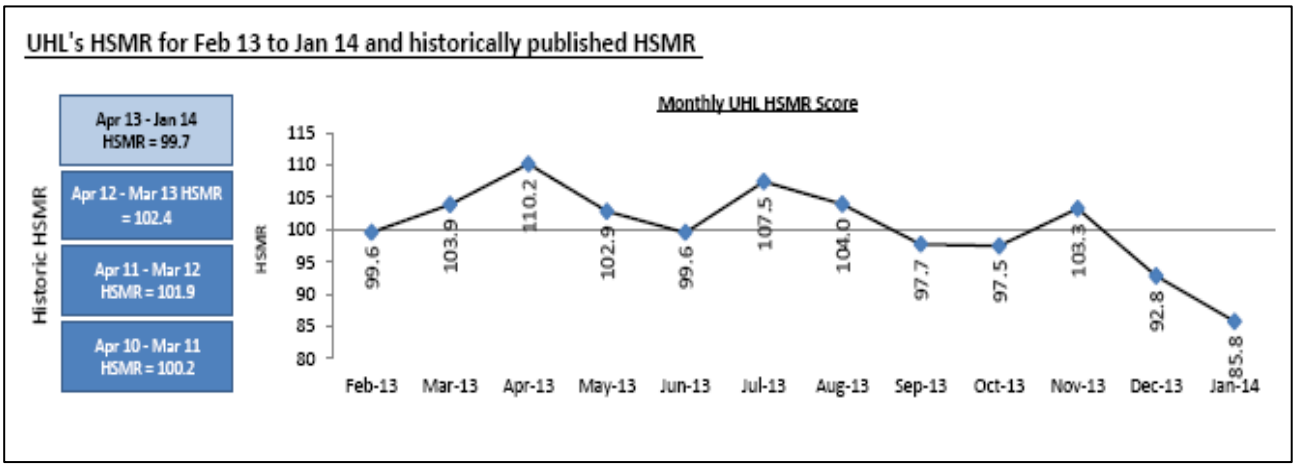
UHL's SHMI for the financial year 2013/14 (April to Nov 13) is still predicted to be closer to 100.

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

HOSPITAL STANDARDISED MORTALITY RATIO (HSMR)

UHL's HSMR (as reported by HED) for the rolling 12 months Feb 13 to Jan 14 is 100.1 and for the financial year (Apr 13 to Jan 14) it is 99.7 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 monthly, there may be an increase for these months as Trusts resubmit their coded data.



CRUDE MORTALITY

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

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

Discharge Month	Dec-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	13/14
No of Admissions	221,146	17,872	18,693	17,736	19,136	17,893	18,199	19,676	18,688	17,903	19,615	18,014	19,458	222,883
No of In-hospital Deaths	3,177	277	254	229	229	233	218	253	251	267	245	262	242	2,960
In-hospital Crude Mortality	1.40%	1.50%	1.40%	1.30%	1.20%	1.30%	1.20%	1.30%	1.30%	1.50%	1.20%	1.50%	1.20%	1.30%

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 are two new 'alerts' in the December Performance Summary:

Excision of Thyroid Gland

The alert was caused by one death following thyroid surgery (none were expected). It has been confirmed that this patient's surgery was for palliative reasons.

Aortic and Peripheral Arterial Embolism

This alert was triggered by an increase in the number of deaths for the 3 months October to December last year. A review by the Vascular Surgery M&M lead has identified that most deaths were expected due to the patients' presenting severity of illness. Further review is being undertaken for 3 patients to confirm if there were any delays in the Emergency Department.

CQC INTELLIGENT MONITORING REPORT (IMR)

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

Low Risk Diagnosis Groups

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

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

Following the first 'elevated risk' a case note review has been undertaken of the patients contributing to this 'higher than expected' mortality for Oct to Dec 12. For the majority of patients, their death was expected and appropriate care was given. The findings of the review have been reported to the Mortality Review Committee.

CABG +Other

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

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

the denominator and numerator for both procedures. This information has been fed back to the CQC.

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

4.3 Maternal Deaths

There were no maternal deaths reported in April. 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

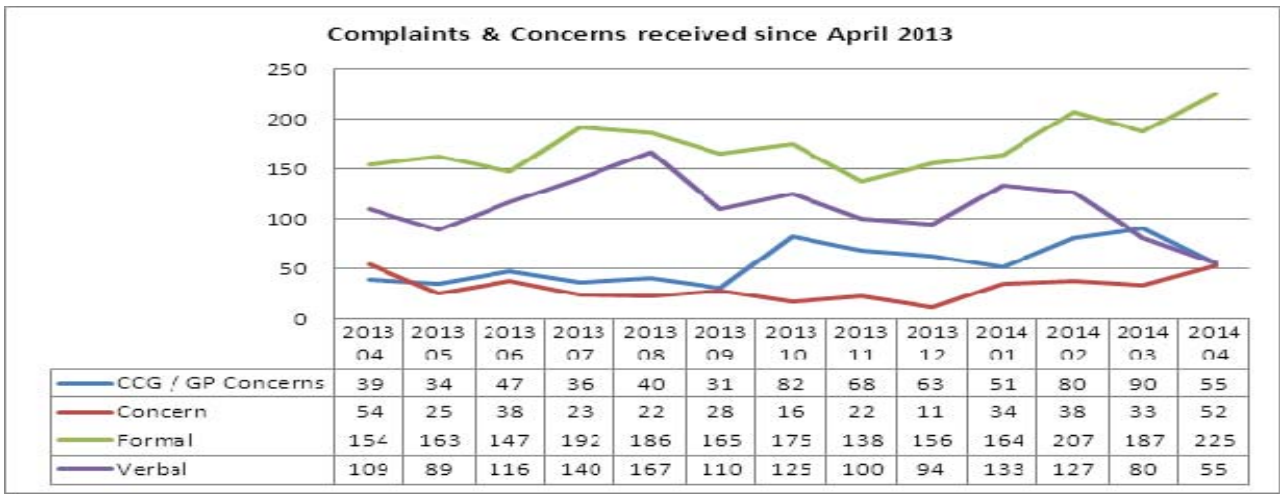
In April a total of 12 new Serious Untoward Incidents (SUIs) were escalated within the Trust. Four of these were patient safety incidents, eight related to Hospital Acquired Pressure Ulcers and no Healthcare Acquired Infections were reported for this month. No Never Events were reported in April and there were no medication errors reported which caused severe harm. Of the 4 patient safety SUIs, one related to a no harm 10 times medication incident, one to no harm following an unintentionally retained vaginal swab. One SUI suggests an avoidable death due to a delay in the diagnosis and treatment of sepsis and one SUI details permanent harm as a failure to recall the patient for a follow-up appointment. Four patient safety root cause analysis investigation reports were completed and signed off last month, the actions and learning of which have been shared internally. These will be further reviewed at the Trust's 'Learning from Experience Group'.

In April three calls were made to the 3636 Staff Concerns Reporting Line, one relating to the a charge nurse in theatres being unable to contact a duty manager, a further concern relating to the signing of a new employment contract and the third concern related to a computer in Theatre 3 that determined right site surgery was not working. 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. Pleasingly the very high level of compliance with deadlines for external CAS alerts has been maintained (99% over a rolling 12 months) but the NPSA alert 'Right Blood' remains open.

April continued to see high complaints activity with a total of 225 formal written complaints received. The top 5 themes have changed slightly to:-

- Medical Care
- Waiting Times
- Cancellations
- Staff attitude
- Communication

CMGs continue to review their complaints monthly and take actions for improvement but these complaints show the tremendous strain on the emergency system and the increased activity leading to further increases in waiting times and operation and procedure cancellations. The rate of complaints per 1000 bed days for April is 2.2, with the 2014 total being 1.9. Below is the trend graph which shows complaints activity over the past 10 months.



	2013 04	2013 05	2013 06	2013 07	2013 08	2013 09	2013 10	2013 11	2013 12	2014 01	2014 02	2014 03	2014 04
CCG / GP Concerns	39	34	47	36	40	31	82	68	63	51	80	90	55
Concern	54	25	38	23	22	28	16	22	11	34	38	33	52
Formal	154	163	147	192	186	165	175	138	156	164	207	187	225
Verbal	109	89	116	140	167	110	125	100	94	133	127	80	55

4.5 Critical Safety Actions

2013/14 | Mth

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

1. **Improving Clinical Handover**.

Aim - To provide a systematic, safe and effective handover of care and to provide timely and collaborative handover for out of hours shifts

Actions:-

- Nervecentre handover training for nursing staff completed and Go Live successful on 15th and 23rd April across LRI site in medicine, MSK and oncology/haematology wards. Training commenced at GH site ready for Go Live on 20th May 2014.
- Plan for roll out to medical staff to be confirmed.

2. Relentless attention to Early Warning Score triggers and actions

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

Actions:-

- Appointment of Dr.Rajani Annamaneni as the new Trust lead for EWS.
- The focus of the work for 14-15 will be working with the electronic observation project to implement NEWS simultaneously with electronic observations.

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. The four outstanding specialities are obstetrics, gynaecology,

metabolic medicine and immunology despite several chase email and meetings 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:-

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- ❖ Meeting has taken place with medical education simulation training lead to incorporate the ward round safety checklist into existing training on an on-going basis.
- ❖ This work will now collaborate with the 7 Day Working work stream.

For the year 2013-14, the CSA programme has seen a reduction in Serious Untoward Incidents (SUIs) related to the CSAs of 25%. Over the 2 year programme so far, CSA related incidents have been reduced by half.

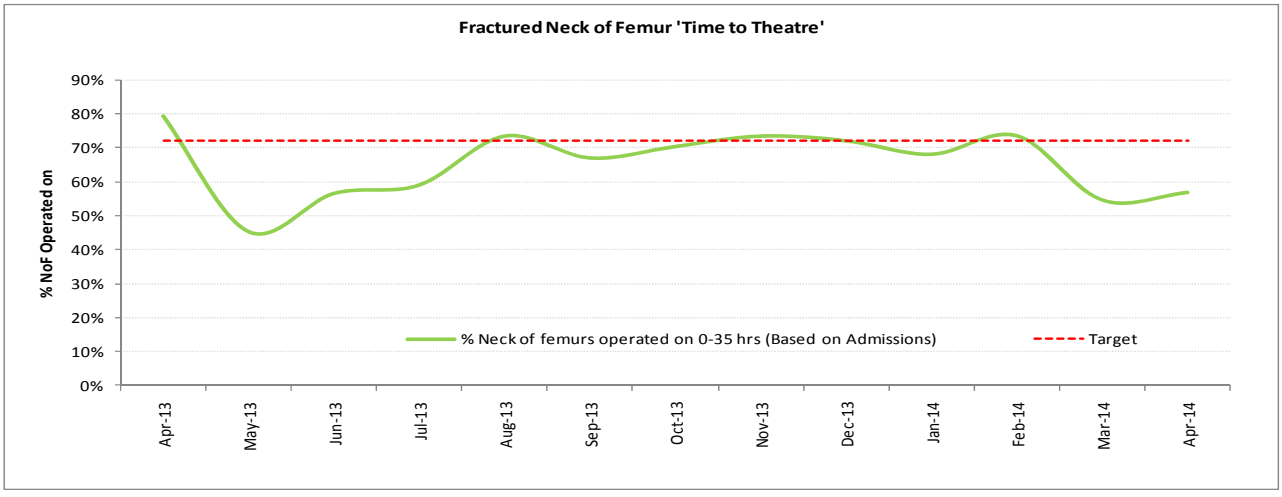
The Q4 CSA CQUIN commissioner visit took place on 29th April 2014. The visit was at the LGH site and observed the following;

- Nurse handover in gynaecology
- Doctors handover in general surgery
- Ward round in urology
- EWS practice on Brain Injuries Unit
- Acting on Results processes in renal

Formal feedback will be received at CQRG on 22nd May 2014.

4.6 Fractured Neck of Femur 'Time to Theatre'

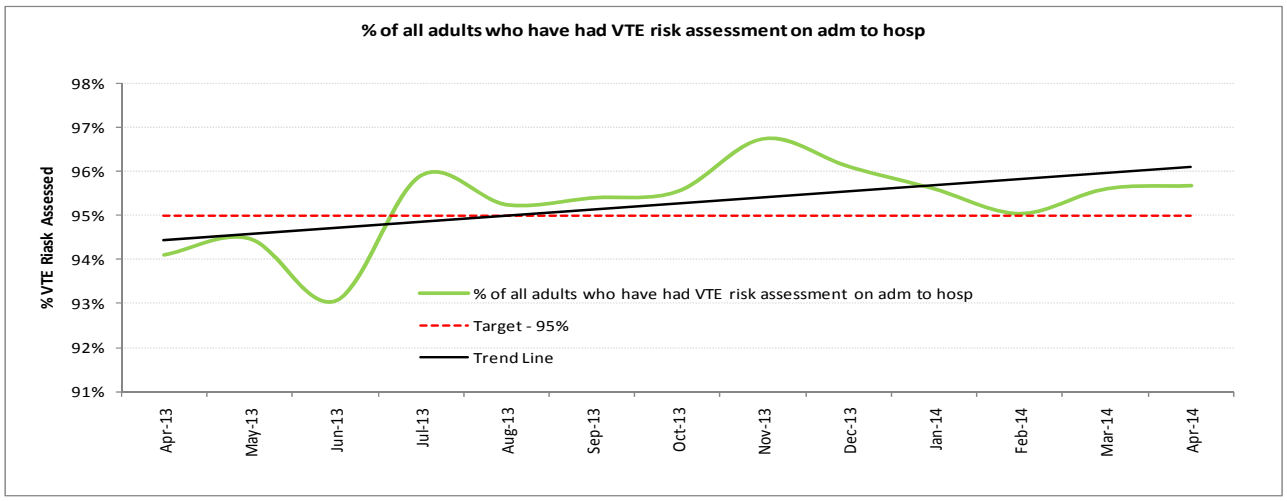
2013/14 Mth



The percentage of patients admitted with fractured neck of femur during April who were operated on within 36hrs was 56.9% (33 out of 58 #NOF patients) against a target of 72%.

4.7 Venous Thrombo-embolism (VTE) Risk Assessment

2013/14 Mth



The 95% threshold for VTE risk assessment within 24 hours of admission was 95.7% in April.

4.8 Quality Schedule and CQUIN Schemes

At the CQRG meeting on 22nd May, CCG Commissioners have agreed to full payment for all but one of the National CQUINs which relates to Dementia Training. This 'Amber RAG' will equate to a loss of approximately £20,000.

Specialised Services Commissioners have confirmed that UHL met the Quarter 4 thresholds for all their CQUIN schemes.

In respect of the CCG Quality Schedule, there were 25 'baskets' of indicators due for reporting - 13 were given a Green RAG, 9 Amber and 3 Red.

Details of the rationale for the RAGs are given in the table below.

Both the CCG Quality Schedule and CQUIN indicators for 2014/15 have been agreed. Details of the Specialised Services CQUINs are still being finalised.

Schedule Ref	Indicator Title and Detail	Q4 RAG	Comments re 2013/14 Performance
	QUALITY SCHEDULE INDICATORS		
IP1a-e	MRSA bacteraemias C Diff Numbers MRSA screens (Emergency & Elective admissions) MSSA bacteraemias E Coli bacteraemias Infection Prevention Annual Programme	G	0 MRSAs reported for Jan to Mar 14. (1 for 13/14) C Diff trajectory met (66/67) (94 in 12/13) 100% pts screened. 30 MSSA (46 in 12/13) 514 E Coli (524 in 12/13)
IP2a	Surgical Wound Surveillance - Caesarean Section	G	Reduction in C Section wound infection rate since 11/12 baseline.
IP2b	Improved compliance with Surgical Wound, Peripheral Canula and Urinary Cathether HIIs across UHL	A	Although achieved 90% at a Trust level, <90% for individual areas. Agreed to discontinue indicator in 14/15 and to focus on Vascular Access monitoring as part of the Safety Thermometer audit days.
PS1b	Never Events	R	NE reported for February relating to retained vaginal swab.

Schedule Ref	Indicator Title and Detail	Q4 RAG	Comments re 2013/14 Performance
PS2a	Risk register - Board Assurance Framework report	G	Further assurance provided about 'suspended' Risk and progress with actions.
PS2b	Central Alerting System Patient Safety Alerts and Rapid Response Reports (NPSA PSA and RRR)	A	Dependent upon actions agreed necessary for the Blood Transfusion NPSA alert
PS3	Safe Guarding for Adults and Children	G	
PS4	Ward Health Check Proactive oversight and scrutiny of ward level data (staffing and nursing metrics) to ensure safety care delivery	G	Noted increase in vacancies for March.
PS6	Eliminating "avoidable" Grade 2, 3 and 4 Hospital Acquired Pressure Ulcers	G	Above threshold in January but below for both February and March
WF1	Organisational Development Plan Update and Workforce Metrics	A	Reflects UHL's internal RAG rating for sickness, appraisal, corporate induction.
MM1a-g	Medicines Code Audit Controlled Drugs Audit Non compliance with Traffic Light Policy Compliance with LLR Formulary for prescribing Medication errors causing serious harm	G	Improvement seen across all sections of Medicines Code and Controlled Drugs Storage audits. Evidence of actions being taken to reduce harm.
PE1a	SSA Breaches Monthly Compliance	G	No non clinically justified breach for March but one in April affecting 4 patients. Root cause analysis to be reported to the June EQB.
PE2a & b	Number of Formal Written Complaints and Rates against Activity Response to complainants within agreed timescales	tbc	To be reported in June but anticipate Amber RAG due to delays in response times.
PE3a-c	Progress in respect of Quality Commitment of the Patient Centred Care Priorities for 2013: Improvement in National Patient Survey Results	G	Improvements in F&FT scores and in the Quality Commitment related patient experience scores. Good progress made with actions
	Improvement in National Patient Survey Results for 'Responsiveness to Needs' Composite score	A	No improvement in either 'Responsiveness to Needs' or 'Overall Score' in the National Patient Survey.
PE4	ED service experience.	G	End of year improvement in F&FT score. (39 in Apr 13 to 59 in Mar 14). Actions taken to improve privacy and dignity of patients whilst in ED.
PE5	Improve staff engagement	G	
PE6	Implementation of the Trust's Equality high level plan.	N/A	
CE1	Maternity Dashboard	A	Caesarean Section Rates overall within agreed limits. Increase in Em Section Rates for Q4. Agreed with Commissioners to review Emergency Section thresholds to reflect changes made to the overall threshold.
CE2	Children's Services Dashboard	A	Deterioration in training numbers and audit results. Actions taken to address both areas of performance.
CE3a	PROMS Participation for patients undergoing Groin Hernia Surgery Varicose Vein Repair	G	Latest Groin Hernia PROMs show improvement in outcomes from Q2
CE4	Fractured Neck of Femur Dashboard	A	'Time to theatre within 36 hrs' not met in Jan or March. Most non clinically related breaches in March were related to a high number of admissions over one weekend. Actions being taken to improve co-ordination of pre-op patient pathway. Ortho-geriatrician related indicators anticipated to improve from June with increase in Consultant Sessions.

Schedule Ref	Indicator Title and Detail	Q4 RAG	Comments re 2013/14 Performance
CE5a)	Improve performance with the Stroke Dashboard Indicators	**A**	High risk patients seen in TIA clinic within 24 hrs = 64% for 13/14 as a whole and for each CCG. All stroke inpatient indicators achieved except 'time to stroke unit' and 'review by all members of the multi-disciplinary team'.
CE6	Mortality Dashboard to include: SHMI HSMR	**A**	RAG reflects UHL's internal RAG rating as our SHMI remains 'within expected' but is above 100.
CE7a-c	Compliance with NICE Technology Appraisals published in 13/14 and all NICE Guidance Clinical Audit 13/14 programme progress	**A**	Some delays with confirming compliance against NICE guidelines. Anticipated to be back on track by end of Q1.
CE8	Francis Report and 'Transforming Care' Recommendations	**G**	
CE9	National Quality Dashboard	**N/A**	National Dashboard closed down.
CE10	Consultant level survival rates as stated on the 'Everyone Counts' document	**G**	Bariatric surgery outcomes not submitted in time for 13/14 publication. On track for 14/15
PR1.1	Use of Digital First to reduce inappropriate face-to-face contacts	**A**	Not all areas of work on track – incorporated into the SDIP for 14/15.
PR1.2	Use of Intra-Operative Fluid Management	**R**	End of year threshold not achieved and delays in actions to improve performance. Work-stream agreed for 14/15.
PR1.3	Carers of patients with dementia receive advice	**G**	Improved results in the carers' surveys.
	CCG CQUIN SCHEMES		
Nat 1.	Implementation of Friends and Family Test: 1.2 Increased Response Rate	**G**	Although not achieved 20% in both ED and Inpatients, overall UHL F&FT participation is 22.3%.
	1.3 Improved F&FT score in Staff Survey	**G**	Slight improvement for both aspects of the Staff Survey relating to 'F&FT' question.
Nat 2.	2.1. To collect NHS Safety Thermometer data: pressure ulcers, falls, CAUTIs and VTE	**G**	Data submitted for all 4 harms
	2. 2a Reduction in the prevalence of CAUTI	**G**	Reduction in CAUTI prevalence as recorded on ST. Some actions being carried forward into 14/15 as part of the IP Annual Programme.
	2. 2b Reduction in the prevalence of Falls	**G**	Continued reduction in number of Falls and good progress with actions.
Nat 3	3. Dementia Screening, Risk Assessment and Referral of Patients aged over 75 yrs	**G**	90% performance for January and just achieved for February. Already met '3 consecutive month threshold' earlier in the year.
	3.2 Training of staff – Category A, B C	**A**	Although increase in number of staff undertaking Cat A & Cat B Training, little progress with the Cat C training. To be taken forward in 14/15.
	3.3. Ensuring carers of people with dementia feel adequately supported	**G**	
Nat 4	Reduce Venous thromboembolism(VTE) 1. VTE risk assessment	**G**	95% performance for Q2-Q4.
	2. Hospital Acquired Thrombosis RCAs	**G**	RCAs undertaken and reviewed by the Thrombosis Cttee.
Loc 1.1	MECC - Increase in number of referrals to Smoking Cessation Services (STOP), Alcohol Liaison, Healthy Eating	**G**	Increased number of staff trained and referrals to Alcohol Liaison and Community Healthy Eating services. Referrals to STOP smoking service slightly less than in 12/13 and thought to be related to the e-cigarette.
Loc 2	Implementation of the AMBER care bundle to ensure patients and carers will	**G**	Implementation of AMBER on 23 wards as per plan.

Schedule Ref	Indicator Title and Detail	Q4 RAG	Comments re 2013/14 Performance
	receive the highest possible standards of end of life care		
Loc 3	Improve care pathway and discharge for patients with Pneumonia	G	Improved compliance with guidelines and patient outcomes
Loc 4	Improving care pathway and discharge for patients with Heart Failure - Implementation of Care Bundle and discharge Check List and piloting of 'virtual ward'	G	Virtual ward piloted and 41% of patients receiving the Heart Failure care bundle of care.
Loc 5	Critical Safety Actions: Clinical Handover, Acting on Results, Senior Clinical Review, Ward Round and Notation standards and Early Warning Scores (EWS)	G	Evidence of progress made across all Safety Actions. Further work to be done in 14/15, specifically in respect of embedding the Ward Round Safety Check List.
Loc 6	Implementation of DoH Quality Mark with specific focus on Dignity Aspects	G	Good progress made. Delay in funding being agreed for environmental works – to be carried forward to 14/15
	SPECIALISED CQUIN SCHEMES		
SS1	Implementation of Specialised Service Quality Dashboards	G	
SS2	Bone Marrow Transplant (BMT) – Donor acquisition measures	G	
SS3	Fetal Medicine – Rapidity of obtaining a tertiary level fetal medicine opinion	G	90% threshold achieved for January
SS4	Joint scoring for patients with Haemophilia	G	50% threshold achieved.
SS5	Discharge planning in NICU	G	Quarter 4 performance was 85% which was above the 70% target
SS6	Radiotherapy – Improving the proportion of radical Intensity modulated radiotherapy with level 2 imaging – image guided radiotherapy (IGRT)	G	The target of >30% of IMRT patients receiving level 2 IGRT was exceeded – Performance for Q4 = 51%
SS7	Acute Kidney Injury	G	Automated Alert System in place and Outreach team now reviewing patients.
SS8	PICU - . To prevent and reduce unplanned readmissions to PICU within 48 hours	G	Readmissions remains stable at around 2%, in line with the national rate. All Q4 readmissions were post cardiac surgery.

4.9 Theatres – 100% WHO compliance

2013/14 Mth

The theatres checklist has been fully compliant since January 2012.

4.10 C-sections rate

2013/14 Mth

The C-section rate for April is 27.3% against a target of 25%.

4.11 Safety Thermometer

Areas to note for the April 2014 Safety Thermometer:-

- UHL reported 95% Harm Free Care for April 2014
- The Trust is not an outlier in the prevalence of falls and pressure ulcers in all ages of patients
- 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 with a harm remains the same.
- ❖ The prevalence of VTEs in April remained the same including the number of Hospital Acquired Thrombosis (HAT)

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

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

DETAILED ANALYSIS OF FOUR HARMS

a) Falls Prevalence

The UHL falls ST data for April 2014 does not indicate any areas of concern. UHL reported five falls on the safety thermometer for April. This figure has now been sustained for the last four months. Of the five falls reported in April, three occurred within UHL. Two patients sustained a level two harm and had a head laceration and skin tear to the elbow. The third patient who fell in UHL sustained a level three harm and had a fractured femur. The first patient that fell prior to hospital admission fell at their residential home and had a head laceration. The second patient has a package of care and fell at home, they sustained bruising. UHL continues to analysis the falls that occur to identify interventions that will prevent avoidable falls and reduce harms

b) Pressure Ulcer Prevalence

New Pressure Ulcer prevalence decreased in April. The Trust also achieved the threshold for pressure ulcer incidence for this month and the outstanding contract query has been removed.

c) VTE Prevalence

The ST VTE data for April 2014 confirmed the following:

- ❖ 36 VTEs reported on ST from the Wards.
- ❖ 13 cases excluded from the data as no diagnosis of VTE present

Of the remaining 23;

- ❖ 10 were 'old'.
- ❖ 7 patients were admitted with VTE

Of the remaining 6 cases that have been confirmed a new VTEs / HAT:

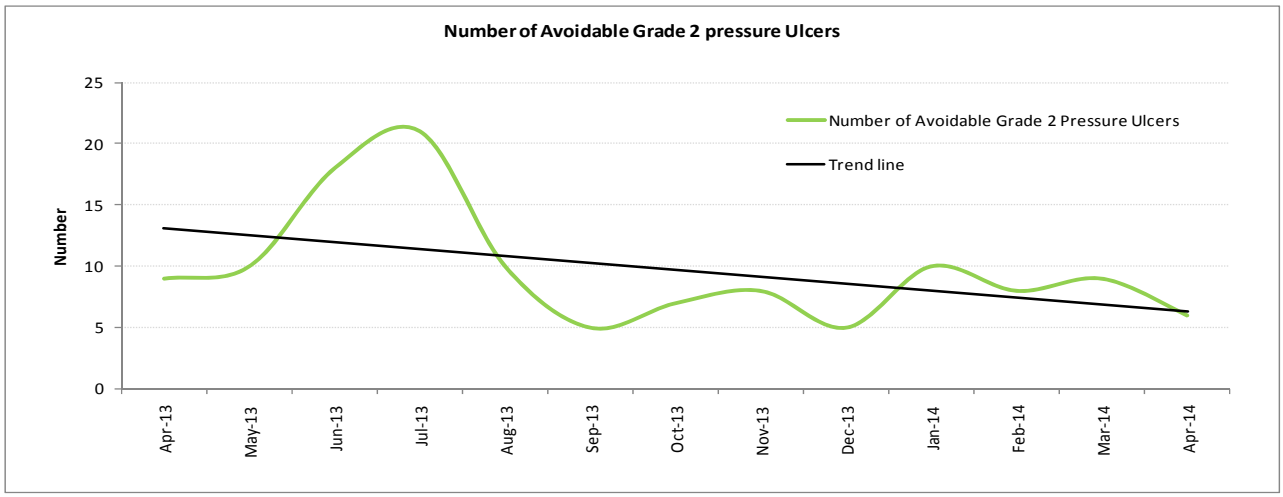
- ❖ Two cases are the same patients who have been reported each month since October and November 2013 as both have remained in-patients from during this time.

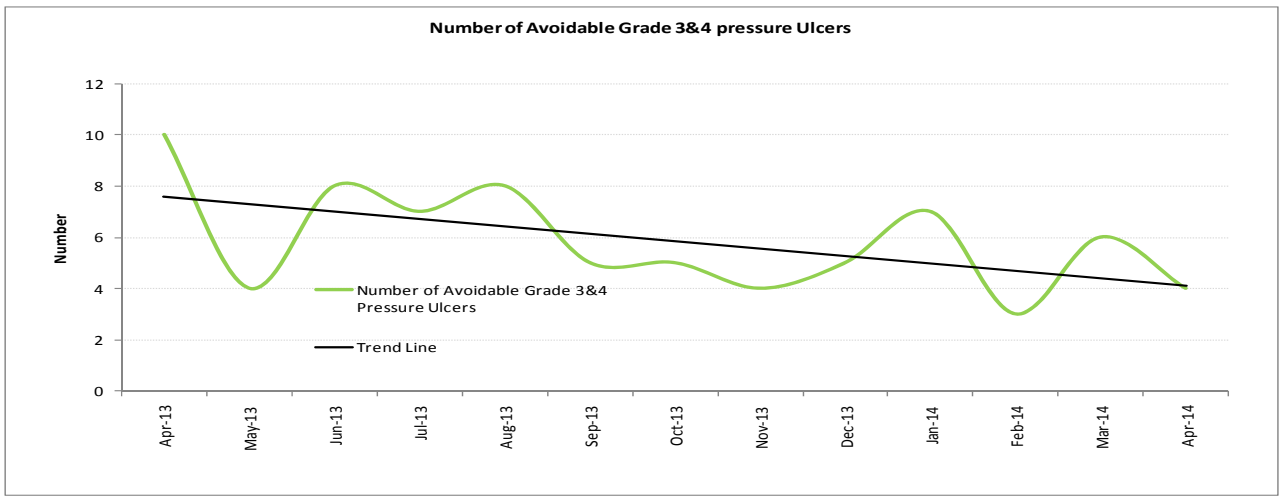
d) CAUTI Prevalence

The prevalence of CAUTIs has reduced significantly. However, it is noted that from April 2014, the UHL classification of a CAUTI for the purposes of the Safety Thermometer has changed in that only laboratory confirmed UTIs are being used. Lead Nurse for IPC to confirm if the Commissioners are aware of this change.

PRESSURE ULCER INCIDENCE

Zero Grade 4 pressure ulcers have been reported for this month. With 6 grade 2 pressure ulcers and 4 grade 3 pressure ulcers report for April, all trajectories for pressure ulcers have been achieved.





Themes for avoidable Grade 2 and 3 pressure ulcers included:-

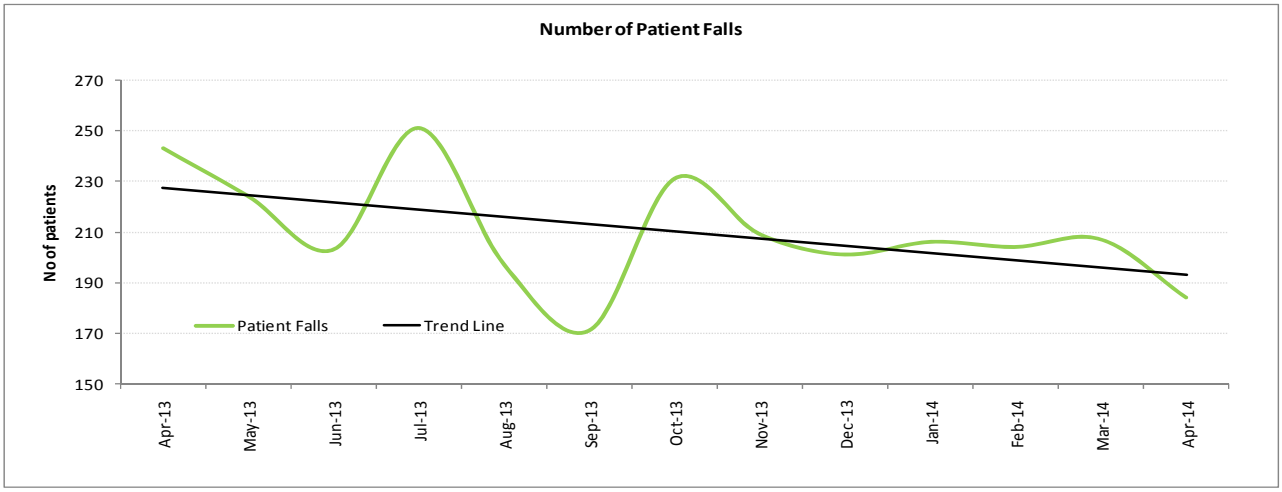
- Insufficient use of protective measures; Repose boots and Silltape and positioning of catheter tubing
- Plaster of Paris – application and continuing care including patient or carer education.
- Gaps in re-positioning and the documentation of repositioning

An LLR Strategic Pressure Ulcer Group will meet for the first time on June 25th 2014 to meet the requirements of the new Pressure Ulcer CQUIN. The Chief Nurse for LPT (Adrian Childs) will chair the first meeting. A new action plan that will focus on pressure

ulcer reduction strategies across the healthcare community will be developed with the UHL lead being the Assistant Director of Nursing.

At the end of May 2014, presentation of certificates to those areas that have achieved 100 / 200 and 300 pressure ulcer free days needs to take place. Heads of Nursing of Nursing and CMG Director to award the 100 PU day certificates, Chief Nurse to give 200 PU days certificates and Chief Executive or Chairman to award the 300 PU free days certificates.

Patient Falls (Incidence via Datix)



Falls incidence for April 2014 was 184. This may be subject to change due to outstanding Datix incidents being closed by ward managers.

5.0 PATIENT EXPERIENCE – RACHEL OVERFIELD

5.1 Infection Prevention

a) MRSA

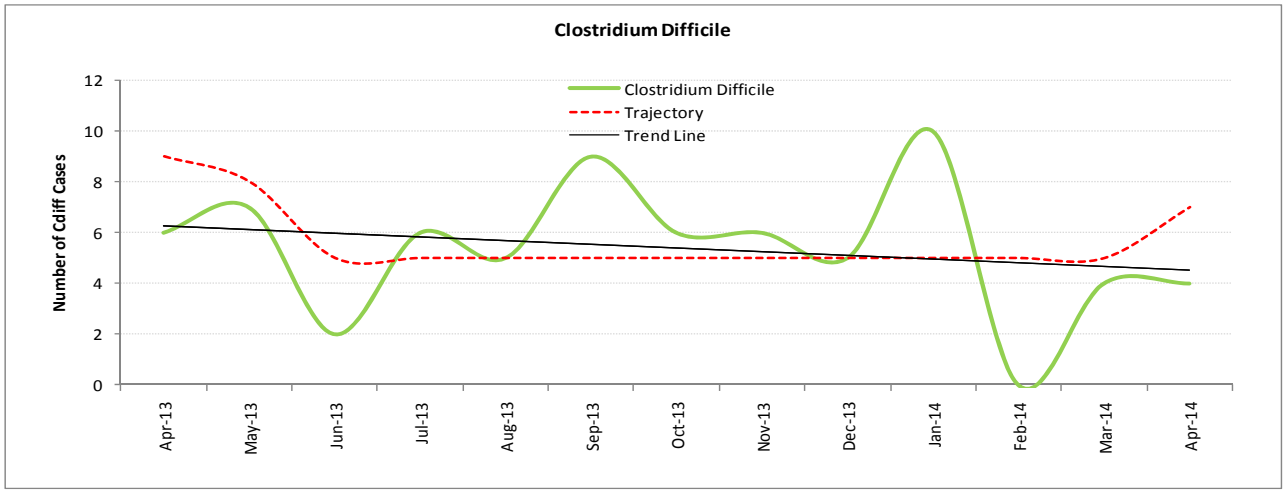
2013/14 | Mth

There were no avoidable MRSA cases reported in April.

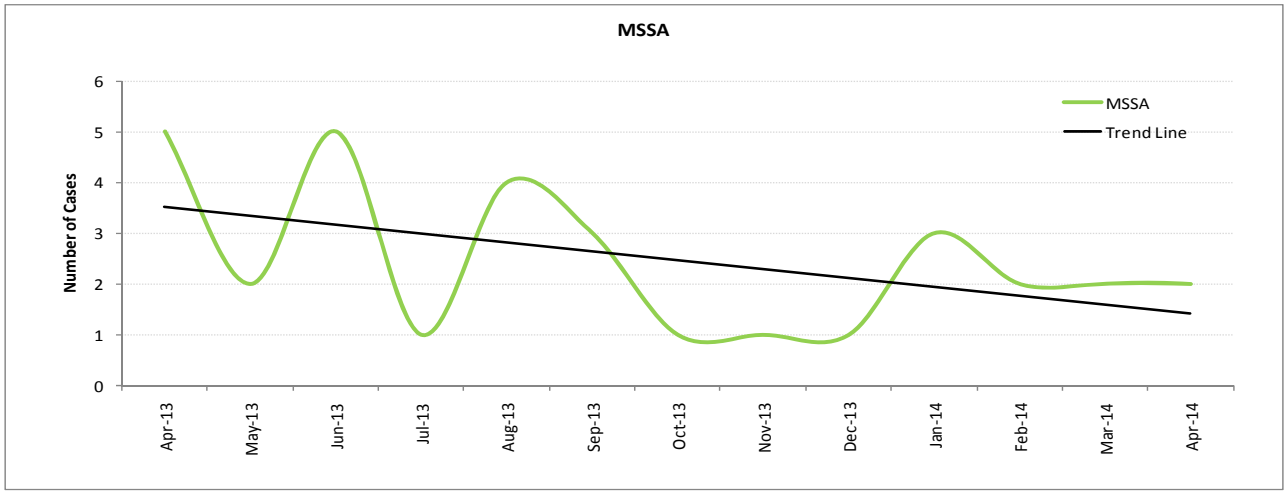
b) Clostridium Difficile

2013/14 | Mth

There were 4 cases reported in April against a monthly trajectory of 7. The full year target is 81.



c) The number of MSSA cases reported during April was 2.



5.2 Patient Experience

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

In April 2014, 5,002 Patient Experience Surveys were returned this is broken down to:

- 3,401 paper inpatient/day case surveys
- 968 electronic surveys
- 610 ED paper surveys
- 23 maternity paper surveys

Share Your Experience – Electronic Feedback Platform
In April 2014, a total of 968 electronic surveys were completed via email, touch screen, SMS Text, our Leicester's Hospitals web site or handheld devices.

A total of 189 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	2	0	0	5	7	0
Carers Survey	0	0	0	0	1	1	0
Childrens Urgent and ED Care	0	19	0	0	0	19	0
FFT Eye Casualty	0	17	0	167	0	184	0
Glenfield CDU	0	0	0	0	0	0	0
Glenfield Radiology	0	0	0	0	0	0	2
Hope Clinical Trials Unit	0	0	0	7	0	7	0
IP, Daycase and Childrens IP Wards	0	0	42	0	15	57	0
Maternity Survey	0	0	0	485	4	489	0
Neonatal Unit Survey	0	0	0	0	23	23	0
Outpatient Survey	38	2	1	133	3	177	187
Windsor Eye Clinic	0	2	0	2	0	4	0
Total	38	42	43	794	51	968	189

Treated with Respect and Dignity

2013/14 Mth

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.

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

Friends and Family Test

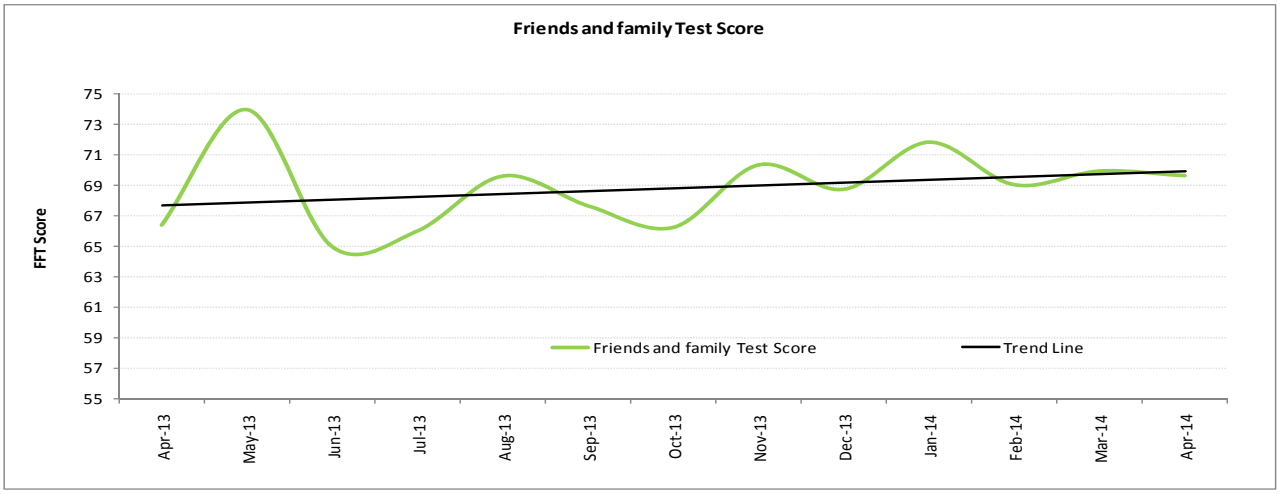
Inpatient

The inpatient surveys include the Friends and Family Test question; **How likely are you to recommend this ward to friends and family if they needed similar care or treatment?'** Of all the surveys received in April, 2,391 surveys included a response to this question and were considered inpatient activity (excluding day case / outpatients) and therefore were included in the Friends and Family Test score for NHS England.

Overall there were 6,489 patients in the relevant areas within the month of April 2014. The Trust easily met the 25% target achieving coverage of 36.8**%.**

The Friends & Family Test responses broken down to:

Extremely likely:	1,742
Likely:	546
Neither likely nor unlikely:	67
Unlikely	13
Extremely unlikely	8
Don't know:	15
Overall Friends & Family Test Score	**69.6**



March 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 88th out of **139** Trusts.

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

CMG Performance Changes

The FFT score for Renal, Respiratory and Cardiac rose this month to 79, and they also achieved a record number of responses this month. Renal, Respiratory and Cardiac overall performance on the FFT score is strong and their score has consistently been above the UHL level FFT performance.

Emergency and Specialist Medicine showed a drop in their FFT score from 68 in March to 63 in April. This was due to a reduction in promoters as they switched to being passive.

CHUGS showed a 5 percentage point improvement on their FFT score in April, with a decrease in detractor respondents, and an increase in promoters. CHUGS obtained responses from 628 patients, a large increase on previous months so the improvement in their score is particularly notable given the larger survey base.

Musculoskeletal and Specialist Surgery also obtained the highest level of responses to date, but their FFT score fell in April compared to March performance. Promoters switched to being passive respondents this month, and there was also a one percentage point increase in the proportion of detractor responses.

Whilst the FFT score for Women's and Children's fell from 79 to 70 this month, performance is still strong for this CMG. As Women's and Children's has a fairly small number of responses compared to other CMGs, and from a smaller ward base, the score is more likely to fluctuate month on month.

The FFT score for the Emergency Department rose again this month by 3 percentage points, and ED also reached their highest FFT score to date. Detractors fell and both passive and promoter responses increased.

	Mar-14	Apr-14	Point Change in FFT Score (Mar - Apr 14)
UHL Trust Level Totals	**69.9**	**69.6**	**-0.3**
Renal, Respiratory and Cardiac	76	79	**3**
Emergency and Specialist Medicine	68	63	**-5**
CHUGS	57	62	**5**
Musculoskeletal and Specialist Surgery	78	74	**-4**
Women's and Children's	79	70	**-9**
Emergency Department	66	69	**3**

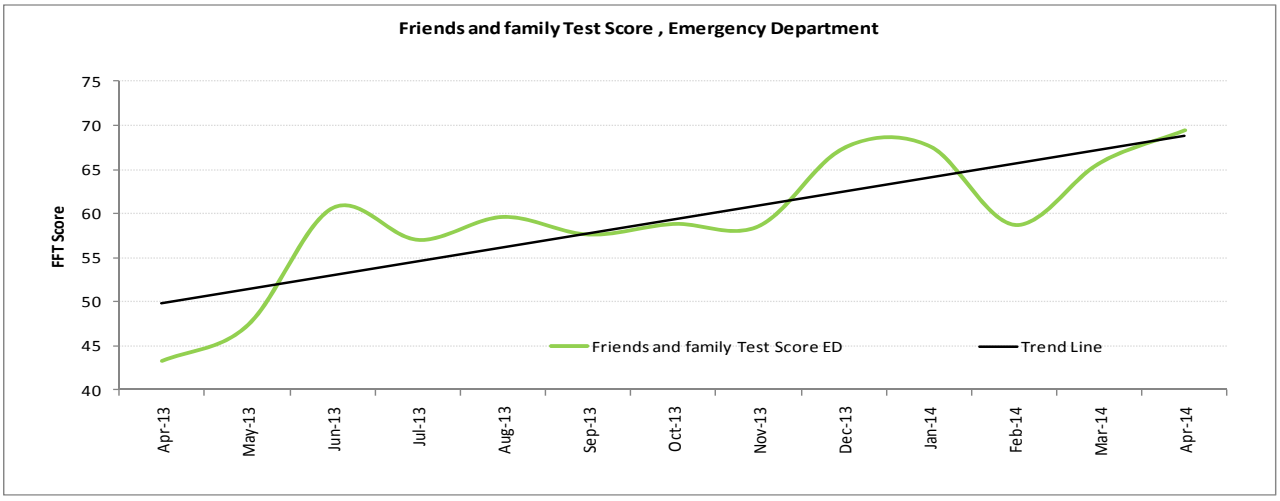
Details at hospital and ward level for those wards included in the Friends and Family Test Score are included in Appendix 1.

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 5,966 patients who were seen in A&E and then discharged home within the month of April 2014. The Trust surveyed 904 eligible patients meeting **15.2%** of the footfall. The Friends & Family test responses break down to:

Extremely likely:	650
Likely:	223
Neither likely nor unlikely:	16
Unlikely	5
Extremely unlikely	5
Don't know:	5
Overall Friends & Family Test Score	**69.4**



Breakdown by department	No. of responses	FFT Score	Total no. of patients eligible to respond
Emergency Dept Majors	156	64.7	1,325
Emergency Dept Minors	398	68.3	2,565
Emergency Dept – not stated	53	54.7	-
Emergency Decisions Unit	121	54.2	723
Eye Casualty	176	90.9	1353

March 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 **66** ranks 21st out of the remaining 98 Trusts

The overall National Accident & Emergency Score was **54**.

(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 3,277 patients in total who were eligible within the month of April 2014. The Trust surveyed 890 eligible patients meeting **27.2%** of the footfall. The Friends & Family test responses break down to:

Extremely likely:	577
Likely:	269
Neither likely nor unlikely:	23
Unlikely	7
Extremely unlikely	7
Don't know:	7

Overall Maternity Friends & Family Test Score 61.2

Breakdown by maternity journey stage	No. of responses	FFT Score	Total no. of patients eligible to respond
Antenatal following 36 week appointment	51	47.1	865
Labour Ward/Birthing centre following delivery	448	65.8	820
Postnatal Ward at discharge	381	57.1	677
Postnatal community – 10 days after birth	10	80.0	915

March 2014 Data Published Nationally

Maternity

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

Antenatal

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

If we filter out the Trusts that are single speciality or achieved less than 20% footfall, the UHL score of **71** ranks 22nd out of the remaining 44 Trusts.

Birth

The average Friend and Family Test score for England (excluding independent sector providers) was **77**.

With single speciality and Trusts that achieved less than a 20% footfall excluded, the UHL Friends and Family Test score of **68** ranks the Trust 60th out of the remaining 77 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 **60** ranks the Trust 64th out of the remaining 91 Trusts.

Postnatal Community Provision

The average Friend and Family Test score for England (excluding independent sector providers) was **74**.

If we filter out the Trusts that are single speciality or achieved less than 20% footfall, then we are left with 36 Trusts. However our UHL Score of **82** does not feature among these as the 20% footfall was not achieved.

5.3 Nursing workforce

5.3.1 Vacancies

There are 230 WTE vacancies – 192 wte RN vacancies and 38 wte HCA

The sum of budgeted WTE's in April 2014 is reported as	4,916wte
The sum of nurses in post in April 2014 is reported as	4,554wte
The sum of nurses waiting to start in April is reported as	219wte
The sum of nurses waiting to leave in April is reported as	87wte
Therefore the sum of total reported vacancies for April is	230wte

5.3.2 Real Time Staffing

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

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

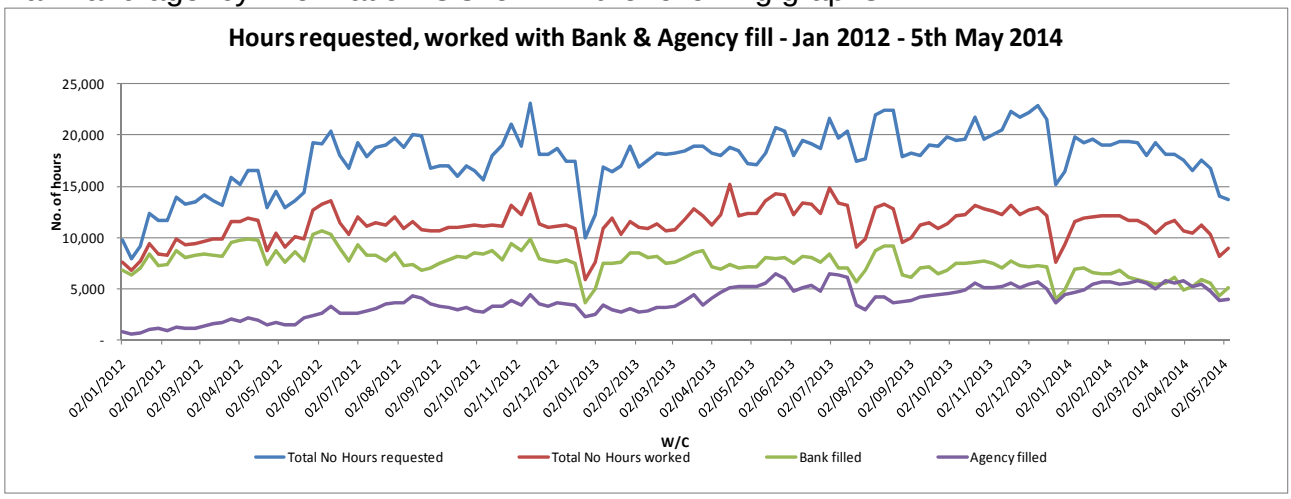
This will form the basis of UHL's reporting in relation to NHS England's, 'Hard Truths Commitments Regarding the Publishing of Staffing Data'. The Board will receive a monthly update containing the details and summary of planned and actual staffing on a daily basis. Therefore we will be reporting the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

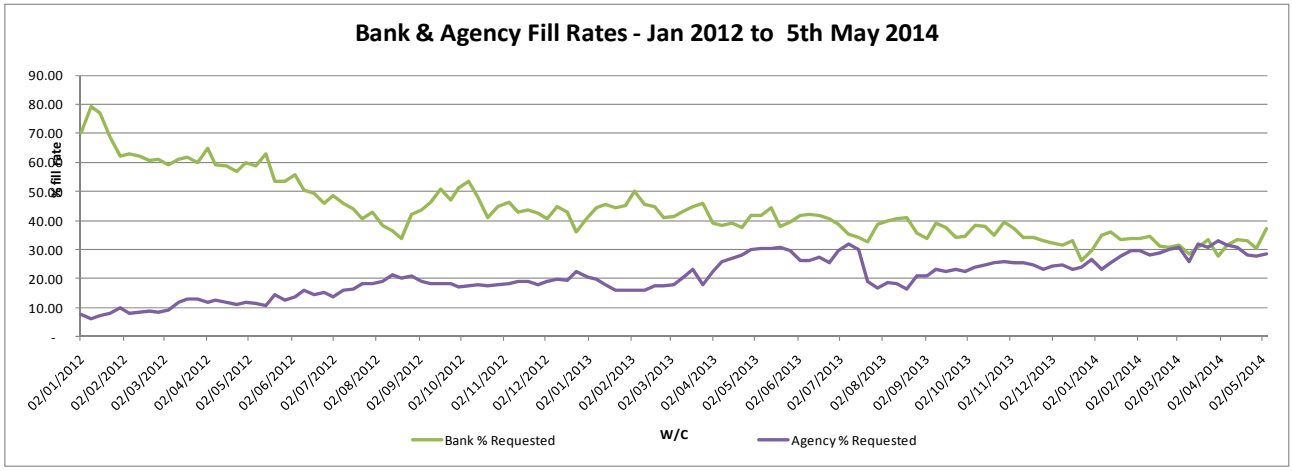
The Board will be advised about wards where staffing falls below the requirements, the reason for the gap, with the impact and actions taken to address the gap, therefore completion of Real Time Staffing is even more essential.

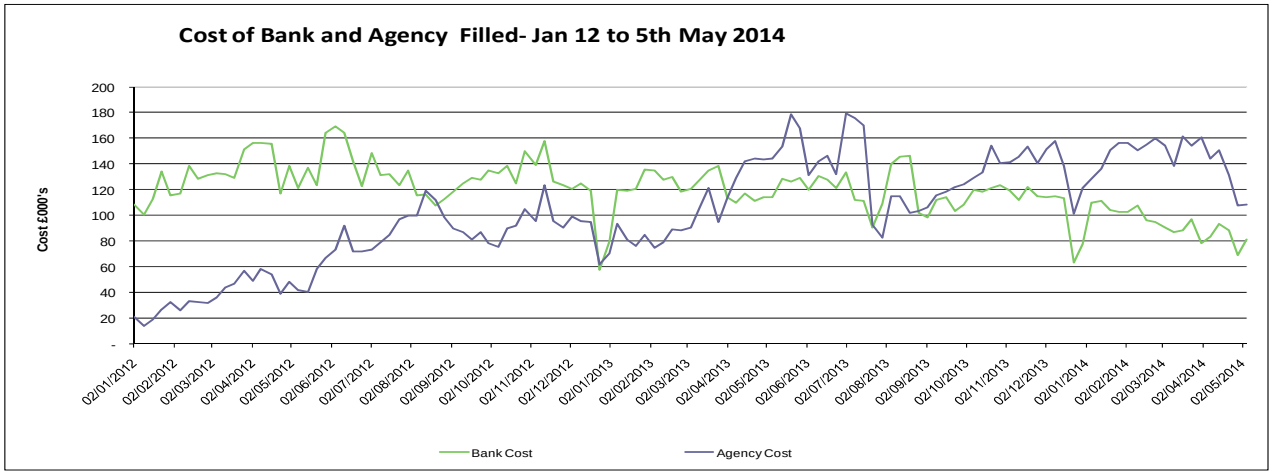
Assurances are needed in relation to contingency plans in place and incident reporting, and the report will be published in a form accessible to patients on the Trusts website.

5.3.3 Bank and Agency

Bank and agency information is shown in the following graphs.







5.4 Ward Performance

The ward quality dashboard for April information is included in Appendix 2.

5.5 Same Sex Accommodation

2013/14 Mth

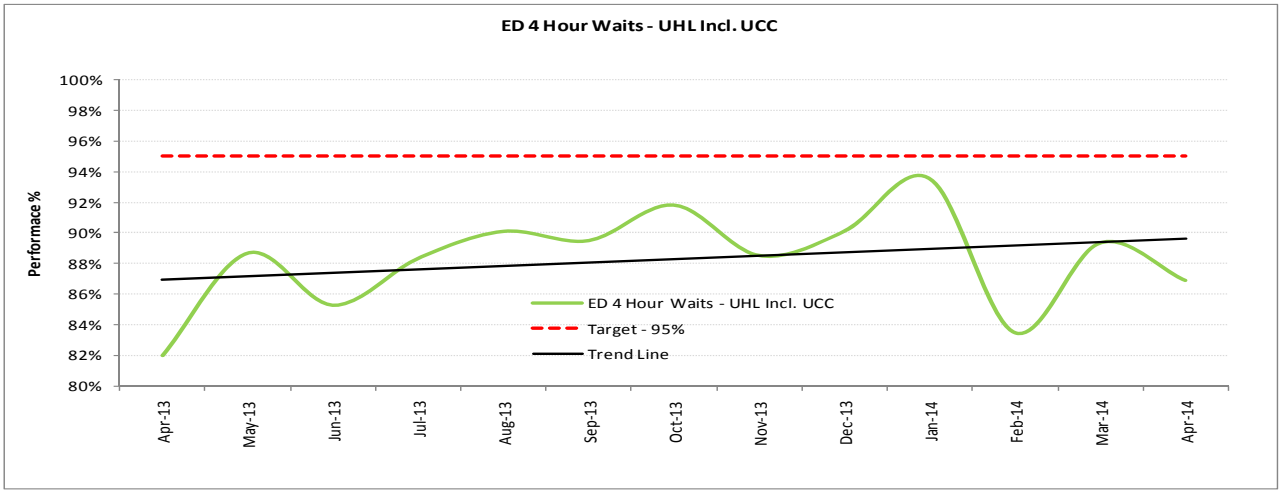
There was 1 not clinically justified same sex accommodation breach during April affecting 4 patients. A root cause analysis is to be reported to the June EQB.

6 OPERATIONAL PERFORMANCE – RICHARD MITCHELL

Responsive	Target	2013/14	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14
A&E - Total Time in A&E (UHL+UCC)	95%	88.4%	82.0%	88.7%	85.3%	88.3%	90.1%	89.5%	91.8%	88.5%	90.1%	93.6%	83.5%	89.3%	86.9%
12 hour trolley waits in A&E	0	5	2	0	1	0	0	1	0	1	0	0	0	0	0
RTT waiting times – admitted	90%	76.7%	88.2%	91.3%	85.6%	89.1%	85.7%	81.8%	83.5%	83.2%	82.0%	81.8%	79.1%	76.7%	78.9%
RTT waiting times – non-admitted	95%	93.9%	97.0%	95.9%	96.0%	96.4%	95.5%	92.0%	92.8%	91.9%	92.8%	93.4%	93.5%	93.9%	94.3%
RTT - incomplete 92% in 18 weeks	92%	92.1%	92.9%	93.4%	93.8%	93.1%	92.9%	93.8%	92.8%	92.4%	91.8%	92.0%	92.6%	92.1%	93.9%
RTT - 52+ week waits	0	0	0	0	0	0	0	0	0	0	1	1	0	0	3
Diagnostic Test Waiting Times	<1%	1.9%	1.6%	0.6%	0.6%	0.6%	0.8%	0.7%	1.0%	0.8%	1.4%	5.3%	1.9%	1.9%	0.8%
2 week wait - all cancers	93%	94.8%	93.0%	95.2%	94.8%	94.2%	94.6%	93.0%	94.9%	95.7%	94.9%	95.3%	95.9%	95.3%	
2 week wait - for symptomatic breast patients	93%	94.0%	94.0%	94.8%	93.2%	93.6%	92.0%	95.2%	93.0%	91.3%	95.5%	96.8%	93.4%	94.3%	
31-day for first treatment	96%	98.1%	97.5%	97.0%	99.0%	98.3%	99.7%	99.1%	98.9%	96.2%	97.4%	97.2%	98.5%	98.2%	
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%	
31-day wait for subsequent treatment - surgery	94%	96.0%	97.2%	94.4%	97.5%	100.0%	98.4%	88.6%	96.4%	97.1%	92.3%	94.8%	96.4%	98.6%	
31-day wait subsequent treatment - radiotherapy	94%	98.2%	100.0%	97.8%	99.1%	100.0%	100.0%	97.7%	97.5%	98.5%	98.1%	94.8%	96.3%	99.1%	
62-day wait for treatment	85%	86.7%	80.9%	80.3%	85.9%	85.8%	88.2%	87.4%	86.4%	85.7%	89.4%	89.1%	89.1%	92.4%	
62-day wait for screening	90%	95.6%	98.6%	94.3%	95.0%	90.6%	97.2%	96.2%	100.0%	97.0%	96.6%	97.1%	95.1%	91.7%	
Urgent operation being cancelled for the second time	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%	90.4%	91.0%	86.4%	99.1%	96.0%	98.6%	94.2%	97.7%	94.3%	94.1%	98.9%	94.2%	90.6%
Cancelled operations on the day (%)	0.8%	1.6%	1.5%	1.5%	1.0%	1.2%	1.4%	2.3%	1.7%	1.8%	1.7%	1.6%	2.1%	1.5%	1.1%
Cancelled operations on the day (vol)		1739	125	134	81	114	124	208	171	172	141	152	178	139	106
Stroke - 90% of Stay on a Stroke Unit	80%	83.1%	77.4%	80.7%	78.0%	87.1%	88.5%	89.1%	83.7%	78.0%	81.8%	89.3%	83.7%	82.5%	
Stroke - TIA Clinic within 24 Hours (Suspected TIA)	60%	64.2%	51.1%	69.2%	72.0%	60.5%	73.6%	64.6%	62.4%	76.8%	65.7%	60.5%	40.7%	77.9%	79.7%
Choose and Book Slot Unavailability	4%	13%	7%	9%	13%	15%	14%	11%	16%	17%	14%	10%	16%	19%	22%
Delayed transfers of care	3.5%	3.6%	3.7%	3.9%	3.1%	3.6%	3.1%	3.9%	3.1%	4.6%	2.8%	3.6%	4.5%	3.4%	3.7%

6.3 Emergency Care 4hr Wait Performance

2013/14 Mth



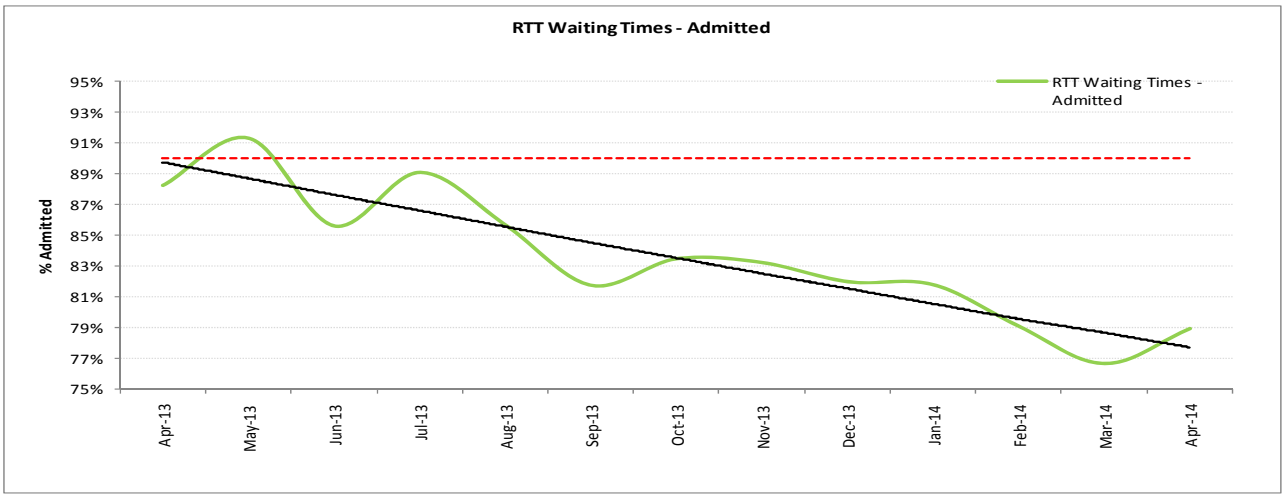
Performance for emergency care 4hr wait in April submitted via the weekly SITREP was 86.9%. Actions relating to the emergency care performance are included in the ED exception report.

UHL was ranked 140 out of 144 Trusts with Type 1 Emergency Departments in England for the four weeks up to 11th May 2014. Over the same period 79 out of 144 Acute Trusts delivered the 95% target.

6.4 RTT – 18 week performance including Alliance performance

a) RTT Admitted performance

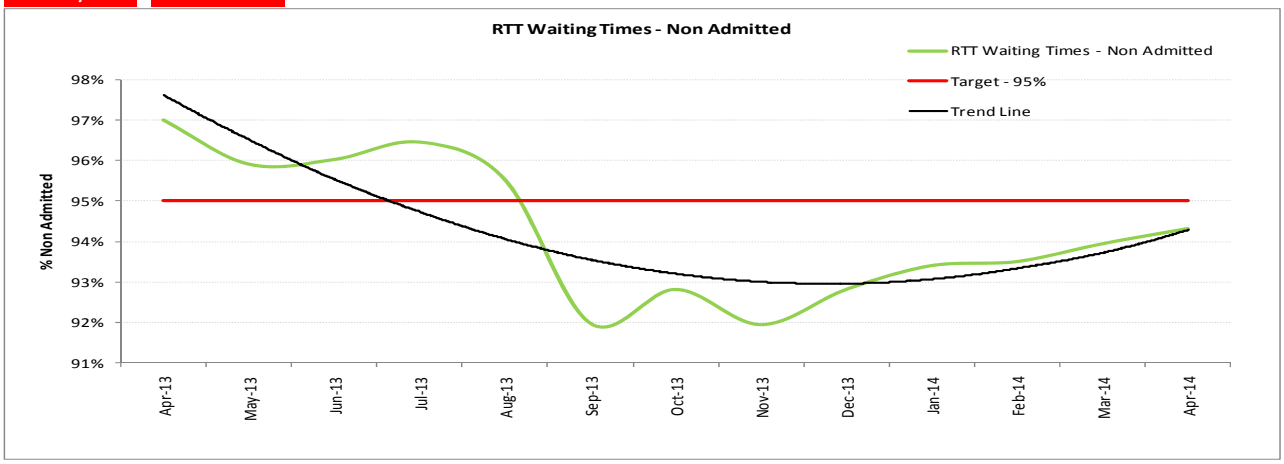
2013/14 Mth



RTT admitted performance (UHL and Alliance) for April was 78.9% with significant speciality level failures in ENT, General Surgery, Ophthalmology and Orthopaedics. Further details can be found in the RTT Improvement Report – Appendix 3.

a) RTT Non Admitted performance

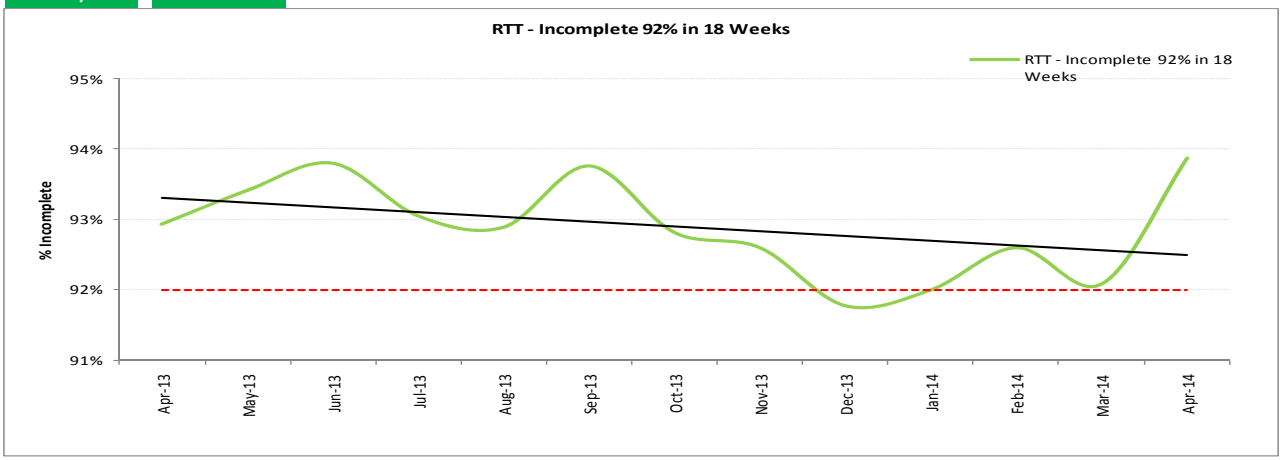
2013/14 Mth



Non-admitted performance (UHL and Alliance) during April was 94.3%, with the specialty level failures in ENT, Orthopaedics and Ophthalmology.

b) RTT Incomplete Pathways

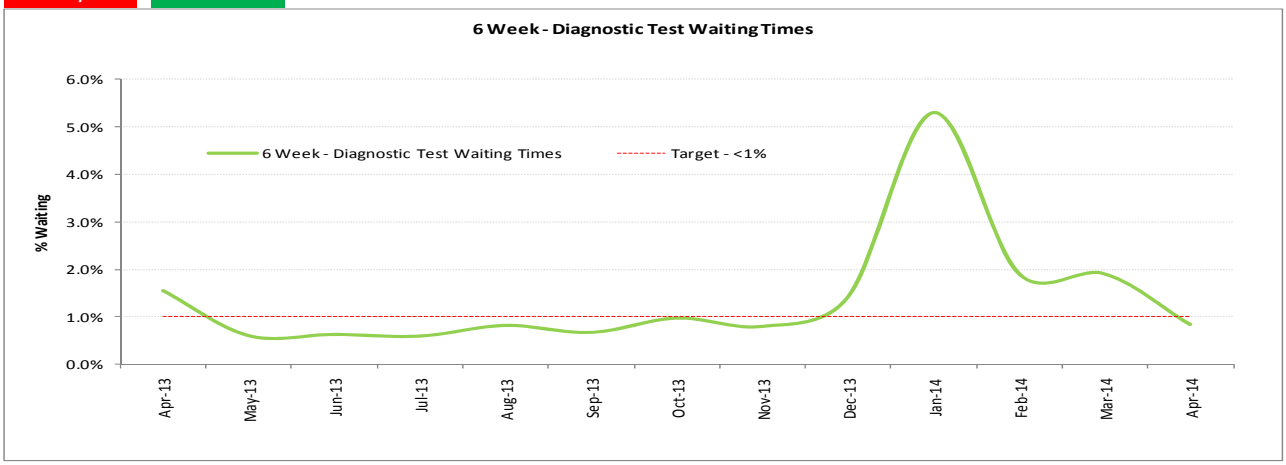
2013/14 Mth



RTT incomplete (i.e. 18+ week backlog) for UHL and Alliance is compliant at 93.9%. In numerical terms the total number of patients waiting 18+ weeks for treatment (admitted and non-admitted) at the end of April was 2,861.

6.5 Diagnostic Waiting Times

2013/14 Mth



At the end of April 0.8% of UHL and Alliance patients were waiting for diagnostic tests longer than 6 weeks.

6.6 Cancer Targets

a) Two Week Wait

2013/14 Mth

March performance for the 2 week to be seen for an urgent GP referral for suspected cancer was achieved at 95.3% (national performance 95.3%). Full year performance was 94.8%.

2013/14 Mth

March performance for the 2 week symptomatic breast patients (cancer not initially suspected) was achieved at 94.3% (national performance 93.2%). Full year performance was 94%.

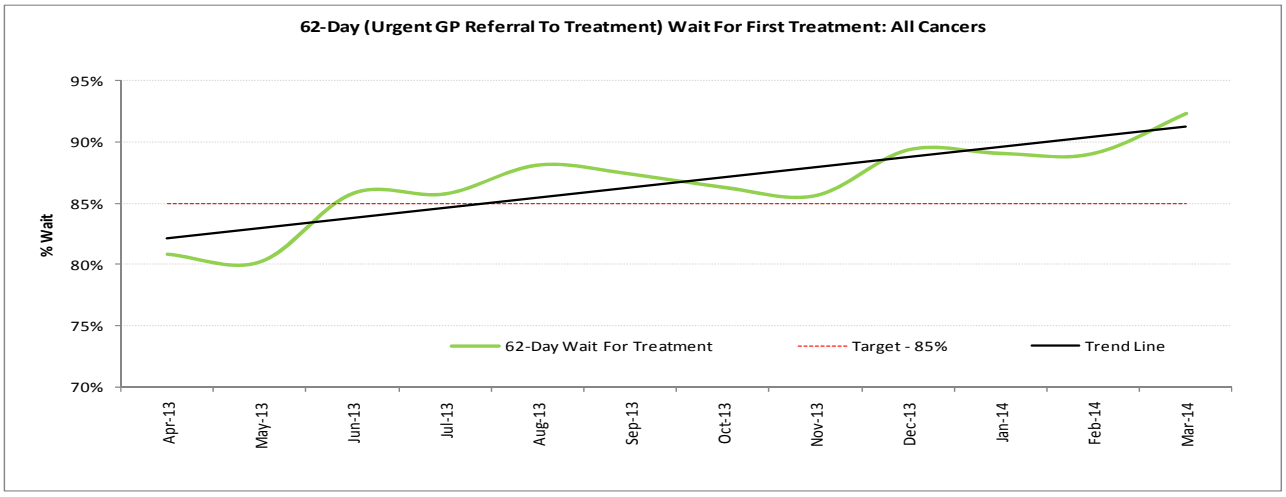
b) 31 Day Target

2013/14 Mth

All four of 31 day cancer targets have been achieved in March, with the full year performance exceeding each of the targets.

c) 62 Day Target

2013/14 Mth

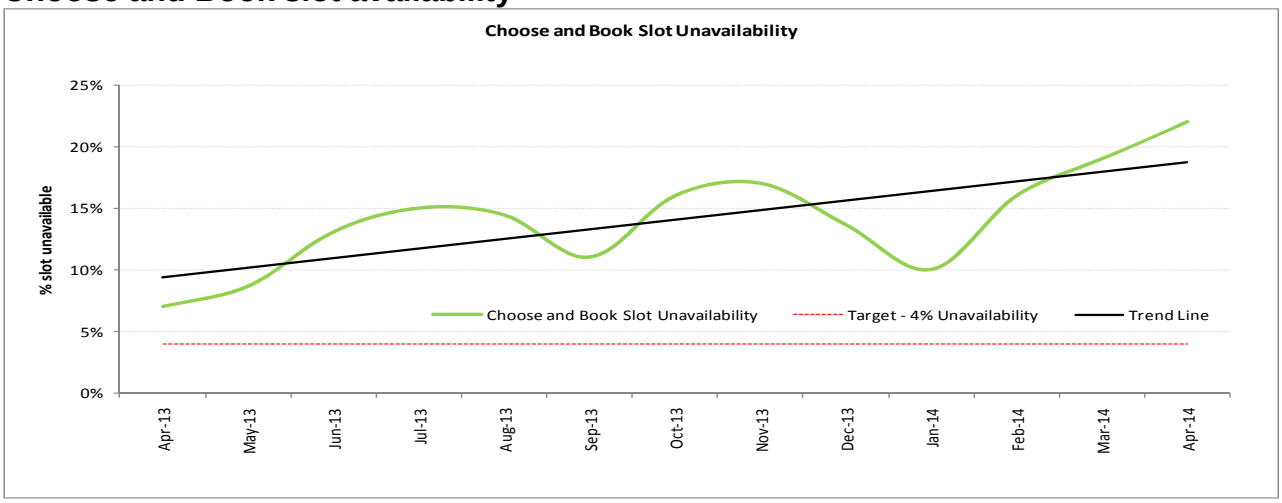


The 62 day urgent referral to treatment cancer performance in March was 92.4% (national performance March was 85.6%) against a target of 85%. The full year position has also being delivered at 86.7%.

Current waiters over 62 days = 61 patients (not all confirmed cancers at this stage)

Waits over 100 days = 5 patients - Haematology x1 / Gynaecology x1/ Breast surgery x2 / Head and Neck x1.

6.7 Choose and Book slot availability

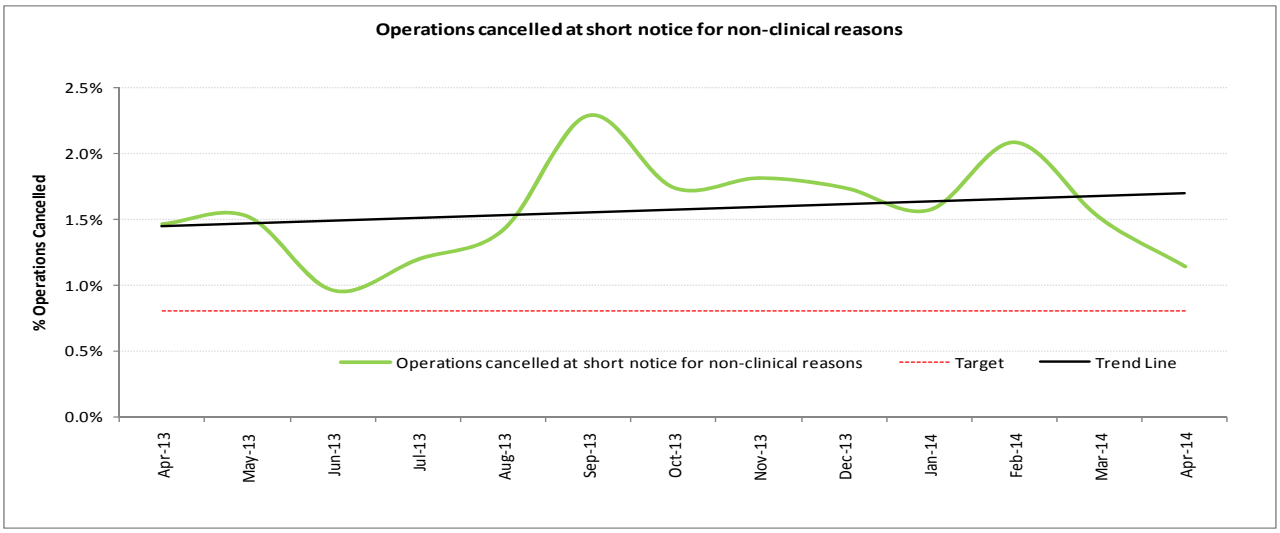


Choose and book slot availability performance for April was 22% a deteriorated position from March with the national average at 13%. Resolution of slot unavailability requires a reduction in waiting times for 1st outpatient appointments in key specialties. For ENT, General surgery and Orthopaedics, this 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.

In addition Neurology is a significant issue, a locum is starting in mid 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

6.8 Short Notice Cancelled Operations

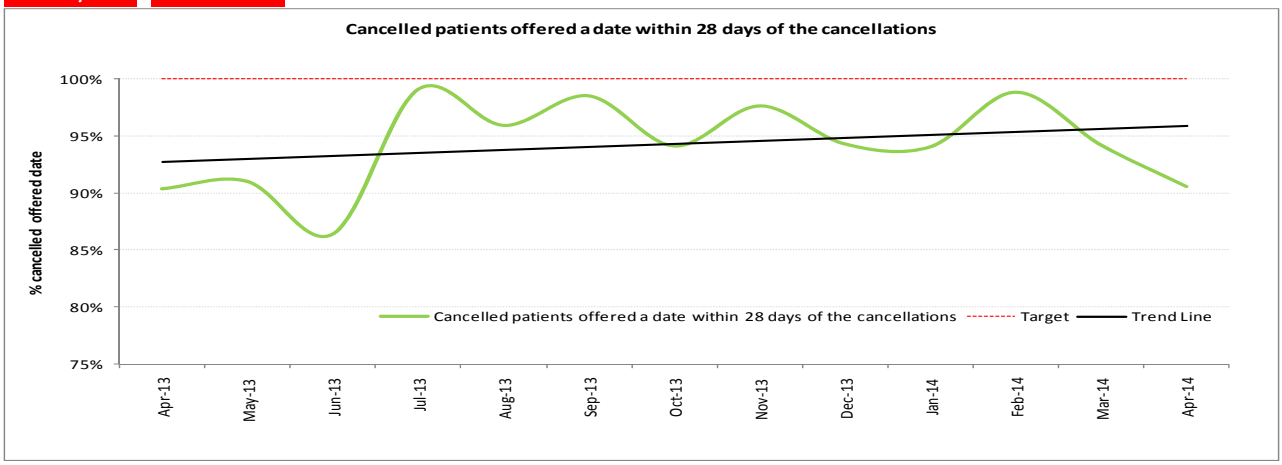
2013/14 Mth



The percentage of operations cancelled on/after the day activity for non-clinical reasons during April (UHL and Alliance) was 1.1%. An exception report is provided in Appendix 4.

Cancelled patients offered a date within 28 days

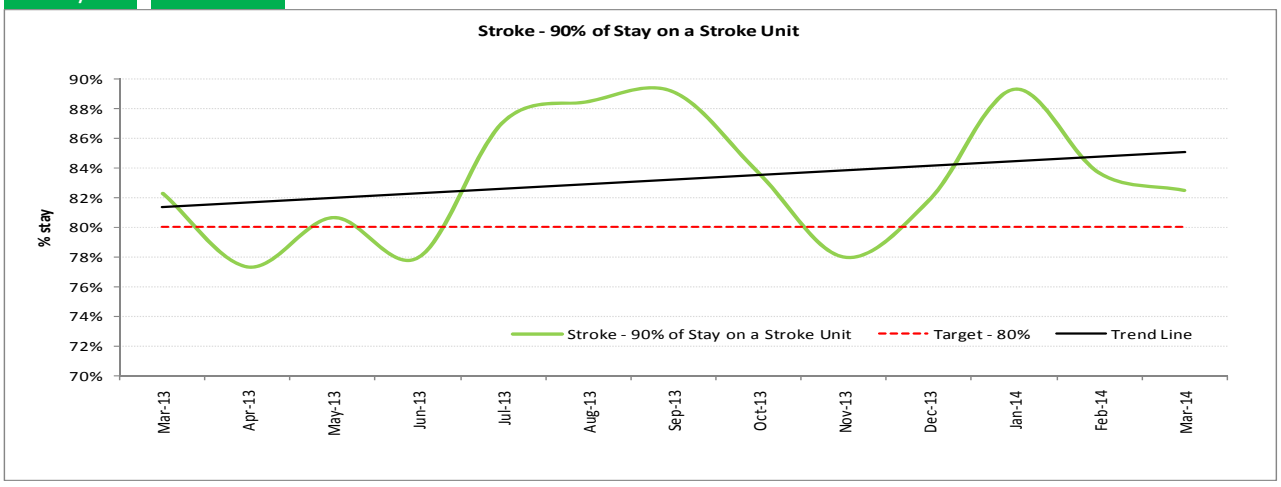
2013/14 Mth



The number of patients breaching this standard in April (UHL and Alliance) was 10 with 90.6% offered a date within 28 days of the cancellation.

6.9 Stroke % stay on stroke ward

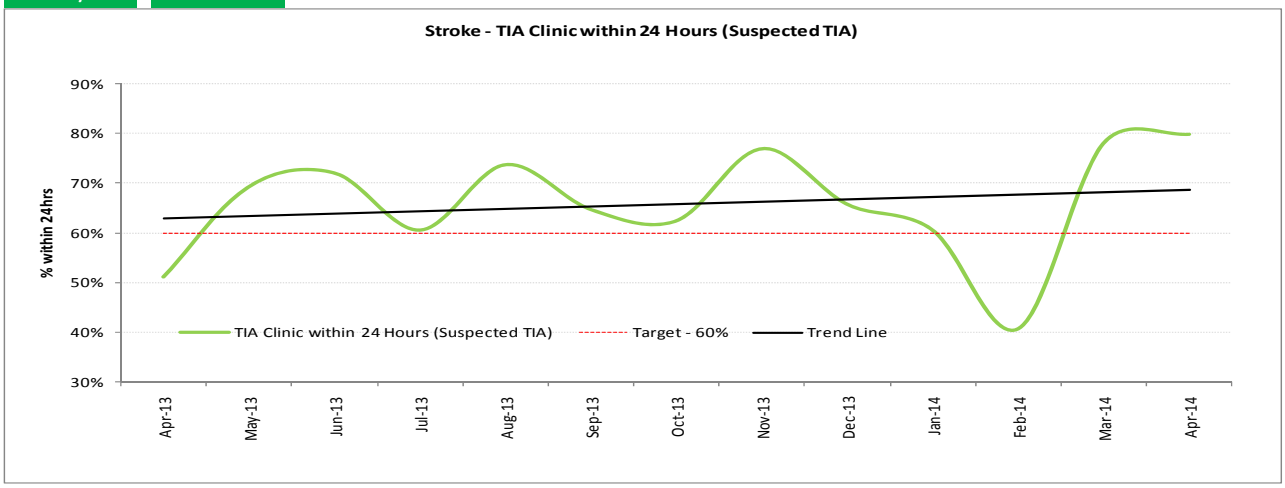
2013/14 Mth



The percentage of stoke patients spending 90% of their stay on a stroke ward in March (reported one month in arrears) is 82.5% against a target of 80%. The full year position is 83.2%.

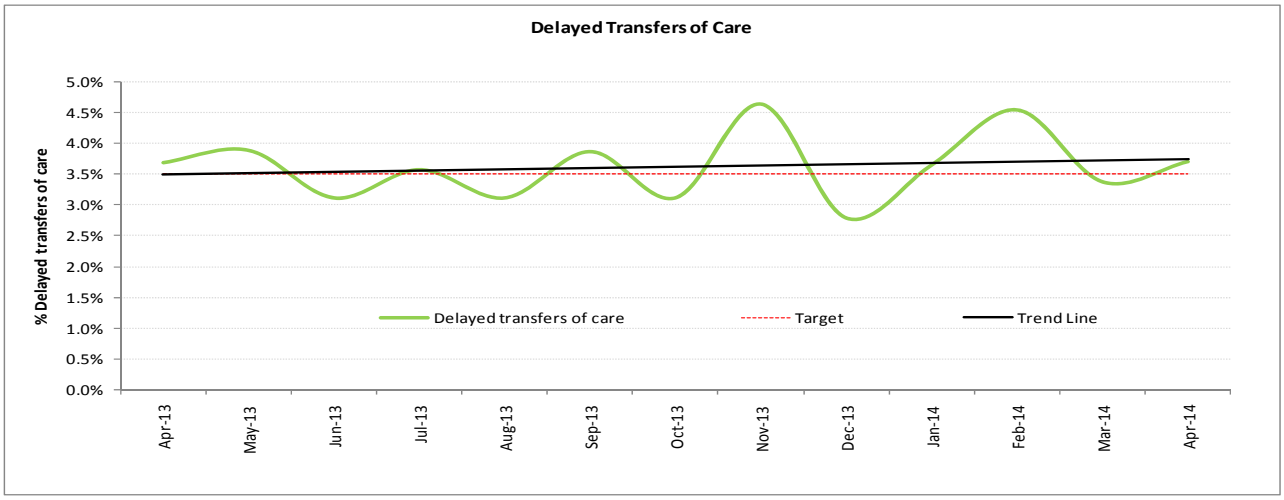
6.10 Stroke TIA

2013/14 Mth



The percentage of high risk suspected TIAs receiving relevant investigations and treatment within 24 hours of referral is 79.7% against a national target of 60.0%.

6.11 Delayed Transfers of Care

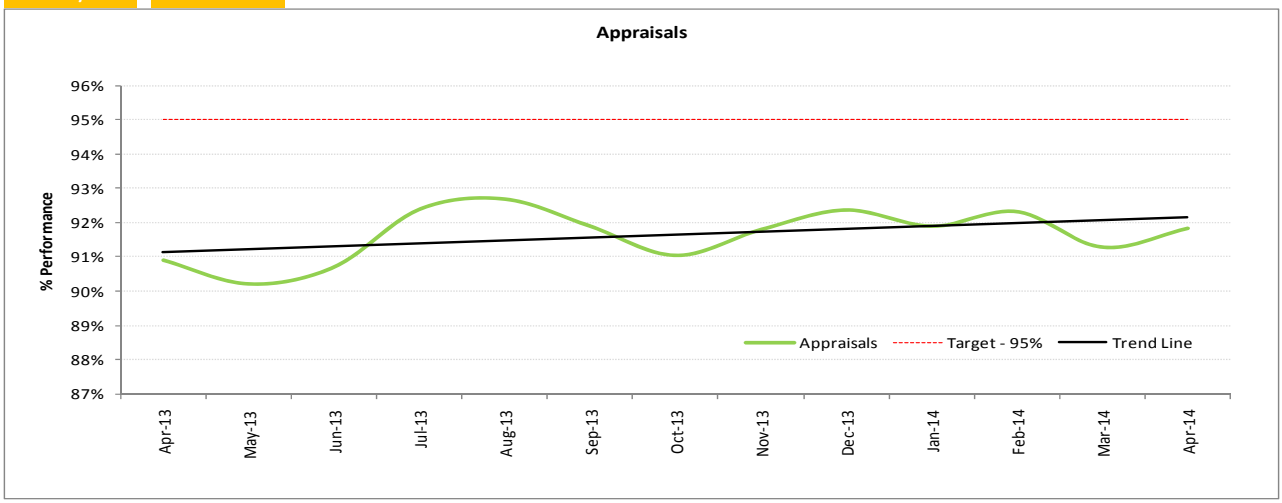


The delayed transfer of care performance for April was 3.7% against a target of 3.5%.

7 HUMAN RESOURCES – KATE BRADLEY

7.1 Appraisal

2013/14 Mth



There continues to be considerable appraisal activity over the last month, there has been a slight improvement in performance for April. There are increasing numbers of clinical and corporate areas achieving between 94% and 100%.

Appraisal performance and quality remains high on the CMG business agenda HR and CMG Leads continue to collectively focus on non–compliant teams and action plan improvements.

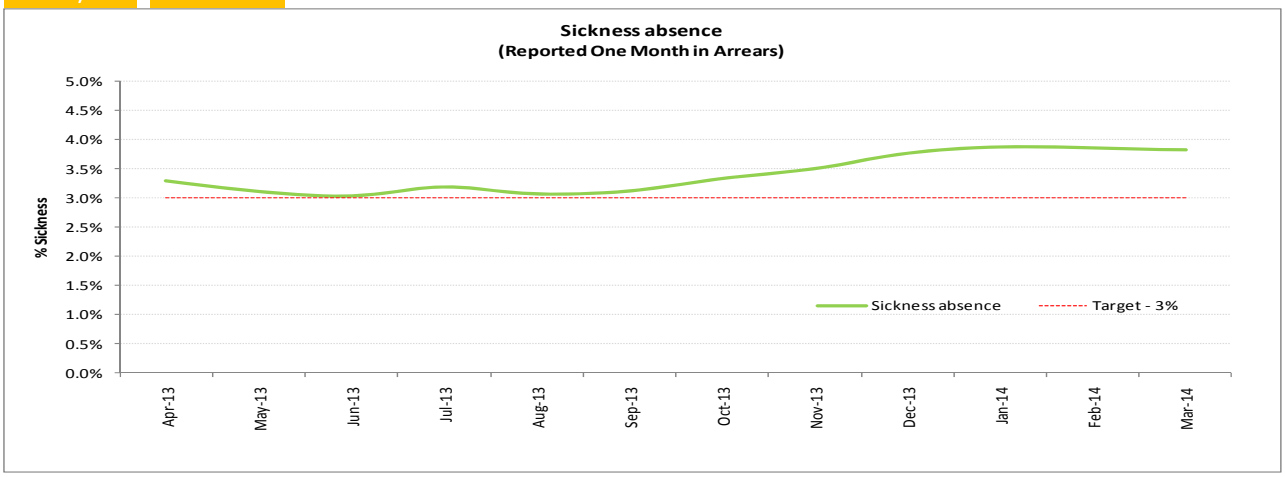
The annual Appraisal Quality Audit has been completed, the audit results will be collated and analysed for each CMG and Directorate area, and where required, actions will be identified to improve the appraisal experience and support will be given to enable this.

A task and finish group are undertaking a review and benchmarking of the current appraisal process and documentation to identify further improvements.

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

7.2 Sickness

2013/14 Mth



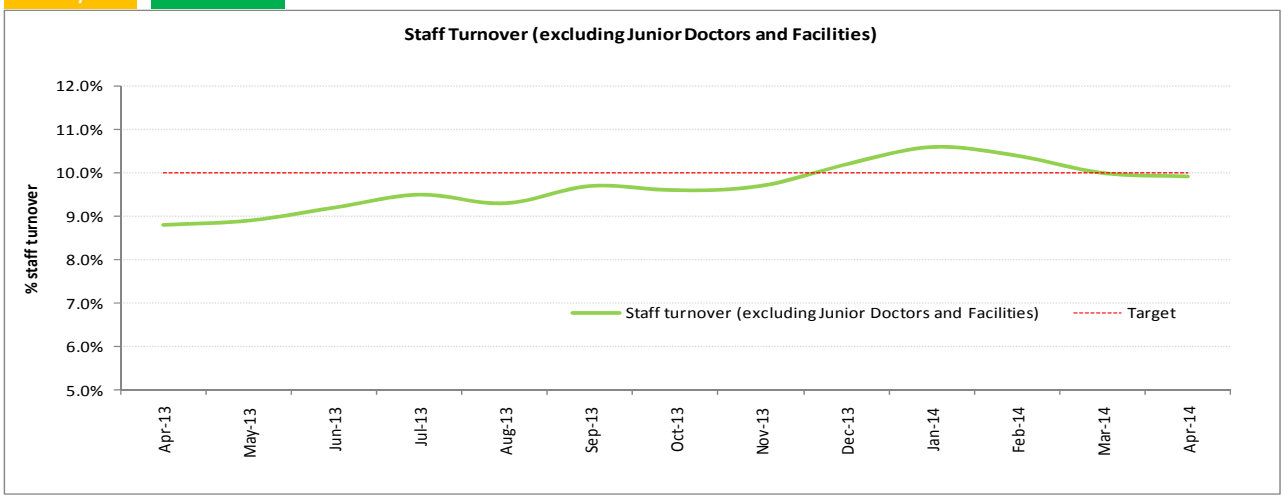
The sickness rate for March 2014 is 3.8% and the February figure has now adjusted to 3.9% to reflect closure of absences. The overall cumulative sickness figure is 3.4%. This is close to the target of 3.4% but slightly above the Trust stretch target of 3%. The figures for April 2014 will be reported in May 2014.

Further analysis of sickness absence trends has indicated a high proportion of pregnancy related absence. We are currently working with senior midwives to develop workshops to support staff during pregnancy as such specific interventions have been successful in the past. Having identified that we have an ageing workforce, we are also developing specific interventions to support this.

In order to improve the uptake of flu vaccinations, plans are in place to incentivise staff to have the vaccine and there will be a programme in place to enable clinical colleagues to peer vaccinate where appropriate.

7.3 Staff Turnover

2013/14 Mth



The cumulative Trust turnover figure (excluding junior doctors) has decreased slightly from 10.0% to 9.9%. 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

UHL Statutory & Mandatory Training Summary - 280414

CMG / Corporate Directorates	Fire Training	Moving & Handling	Infection Preventio n	Equality & Diversity	Informat'n Gover'ce	Safeguard Children	Conflict Resolution	Safeguard Adults	Resus - BLS Equivalent	Average Compliance
CHUGS	69%	69%	74%	74%	78%	81%	74%	78%	71%	74%
Corporate Directorates	75%	78%	78%	81%	78%	83%	75%	77%	66%	77%
CSI	80%	85%	84%	87%	87%	90%	83%	85%	72%	84%
Emergency & Speciality Medicine	72%	77%	75%	73%	70%	79%	66%	68%	62%	71%
ITAPS	73%	87%	87%	85%	84%	90%	80%	85%	73%	83%
Musculoskeletal & Specialist Surgery	71%	76%	80%	80%	81%	85%	80%	81%	72%	78%
Renal, Respiratory & Cardiac	74%	77%	82%	81%	80%	84%	78%	80%	70%	78%
Womens and Childrens	75%	78%	78%	80%	80%	91%	75%	71%	79%	79%
Total compliance by subject	74%	78%	79%	80%	79%	85%	76%	78%	70%	
UHL staff are this compliant with their mandatory & statutory training from the key 9 subjects										78%
Performance Against Trajectory (Set at 78% at 30th April 14)										On Target

At the end of April, we were reporting against nine core subjects, identified by the Skills for Health, Core Skills Training Framework, in relation to Statutory and Mandatory Training. These were Fire Safety Training, Moving & Handling, Infection Prevention, Hand Hygiene, Equality & Diversity, Information Governance, Safeguarding Children, Conflict Resolution, Safeguarding Adults and Resuscitation (BLS Equivalent). The Resuscitation Figure includes all Medical Staff & Nursing Staff (both registered and non-registered).

The Health & Safety eLearning package is now live on eUHL and will be added to the list of core subjects reported on 1st July, 2014. At the end of April after 4 weeks of being live more than 4,000 members of staff had already completed this programme.

The period between March and April staff compliance against Statutory and Mandatory Training has increased from 76% to 78% across the nine core areas.

New trajectories to help the Trust achieve its target for 31st March, 2015 of 95% for Statutory & Mandatory Training are being launched in early May.

These trajectories are as follows:

30th June, 2014	Above 80% compliance
30th September, 2014	Above 85% compliance
31st December, 2014	Above 90% compliance
31st March, 2015	Above 95% compliance

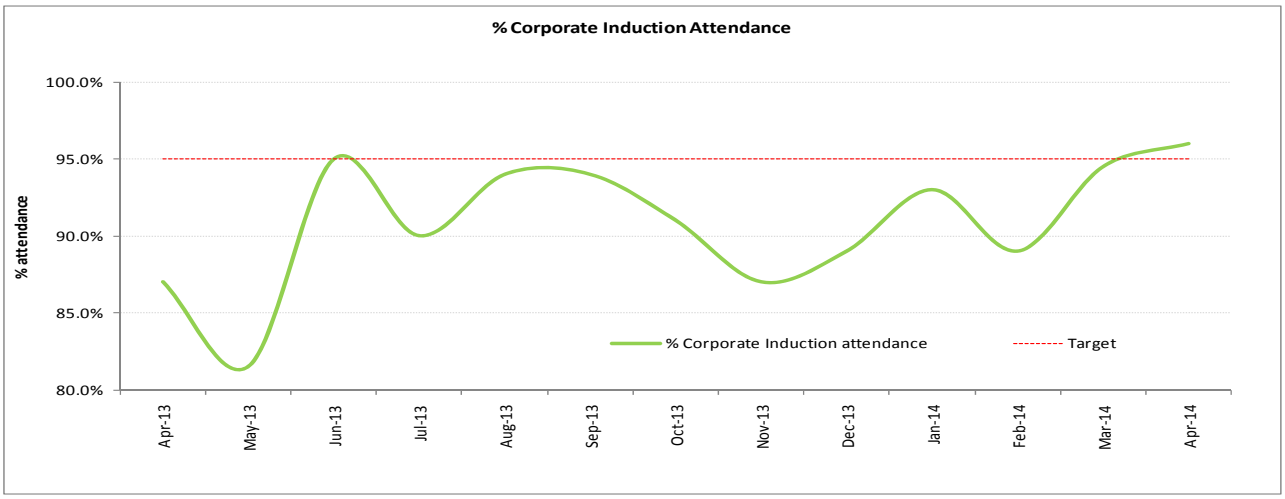
We continue to communicate progress, essential training requirements and follow up on non-compliance at an individual and team level.

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

7.5 Corporate Induction

2013/14 Mth



Performance has improved significantly at the end of April to 96% with the introduction of the new weekly Corporate Induction Programme. The programme is having a positive impact on induction attendance.

It is anticipated that the new weekly Corporate Induction Programme will continue to be refined to reflect feedback from new staff and the organisation.

8 UHL - FACILITIES MANAGEMENT– RACHEL OVERFIELD

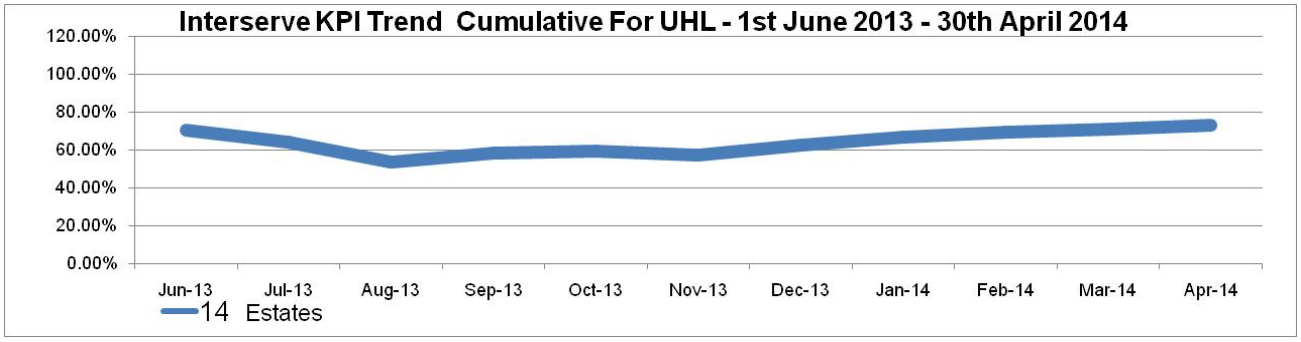
8.1 Introduction

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 April 2014 and sees the IFM contract enter into the month 2 of the second year. The FM contract provides 14 different services to the Trust and is underpinned by 83 Key Performance Indicators (KPI's) and the summary information and trend analysis below details a snapshot of 5 key Indicators over the last Twelve months.

8.2 Key Performance Indicators

KPI 14 – Estates

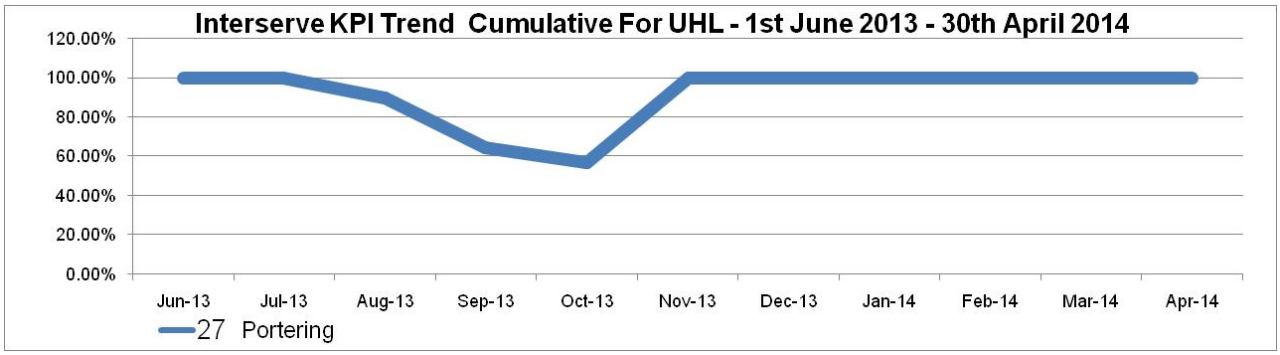
Percentage of routine requests achieving response time



KPI 14 This KPI measures the response by estates for routine requests. The trend of improving results for this KPI has been maintained for April. As previously reported the move to 24/7 covers for Estates personnel over all 3 acute sites and recruitment to vacant posts appear to be having a positive impact. There are still on-going issues to be resolved with electronic dispatching however it is anticipated that this improvement can be sustained and improved upon going forward during the second year of the contract.

KPI 27 – Portering

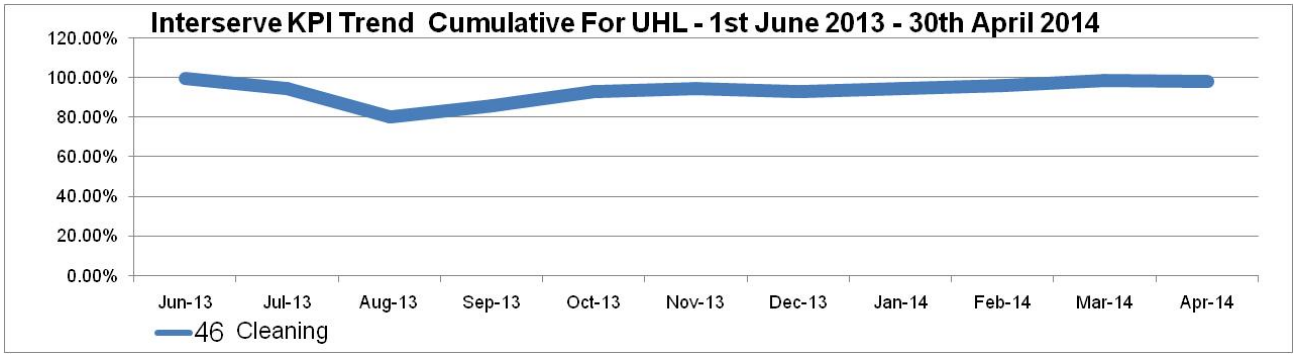
Percentage of emergency portering tasks achieving response time



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

KPI 46 – Cleaning

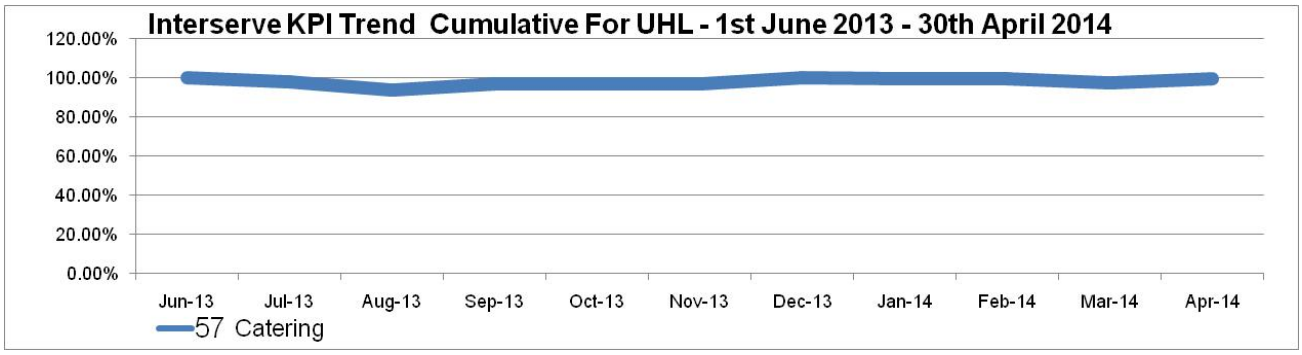
Percentage of audits in clinical areas achieving National Specification for cleaning audit scores above 90%



KPI 46 The trend for cleaning continues with April at 98.00% dipping slightly from March's 98.87%. Servicetrac which is an electronic auditing tool for recording cleaning performance is now in full use across the UHL. Further training and familiarisation is on-going with both IFM and Horizons staff. The Performance & Quality team (P&Q) team are actively involved in monitoring the way this KPI is evidenced against the software results and its use by IFM Auditors.

KPI 57 – Catering

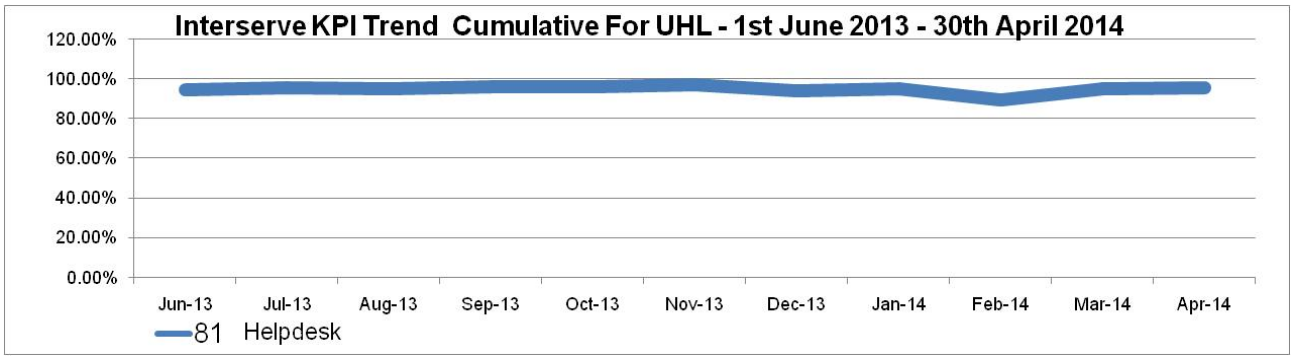
Percentage of meals delivered to wards in time for the designated meal service as per agreed schedules



KPI 57 The result for this KPI in April shows 99.45%. The Catering service continues to improve with the IFM patient satisfaction survey showing an improvement in 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 show improvement with the introduction of additional staff appointments and the completion of helpdesk staff induction and technical training. Following onsite service audits carried out by the P&Q team it has been recorded that the service continues to improve despite the underlying difficulties of a high turnover of staff in this area.

8.3 General Summary

A small variation from previous reports is regard the reporting of KPI 18 measuring quotations for New Works which is currently under review as IFM restructures its method of service delivery and the inclusion of both Lot 1 & 2 requests for larger capital backlog schemes.

The general summary for recorded performance for April, when measured against the 14 services and 83 KPI's demonstrates an overall improvement in services delivered by IFM. The NHS Horizons, Performance & Quality team continue to monitor services through onsite and electronic evidence audits to validate the required KPI's and interact proactively with IFM Performance managers and Service managers to monitor and support 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 7679 (7175 previous month) incidents logged during March, out of which 5571 (6360 previous month) were resolved. Incidents logged via X8000, email and self-service.

There were 6150 telephone calls to X8000 with 1181 (962 previous month) incidents closed on first contact.

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

Number of official complaints relating to service has increased to 12 in month (4 in previous month).
There were 1057 (799 previous month) incidents logged out of hours via the 24/7 service desk function.

9.3 Issues

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

9.4 Future Action

Desktop

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

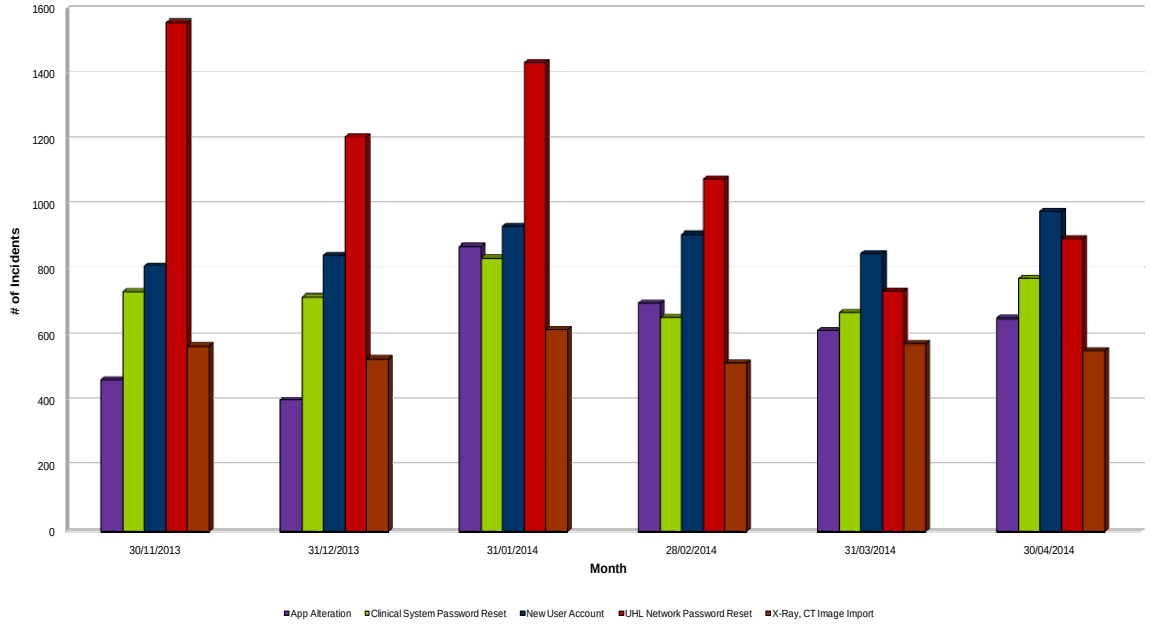
EDRM

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

Managed Print

- Complete all possible deployments not affected by CSC Config within ICM, power or network issue.
- Schedule outstanding installations and drive pre-requisite work

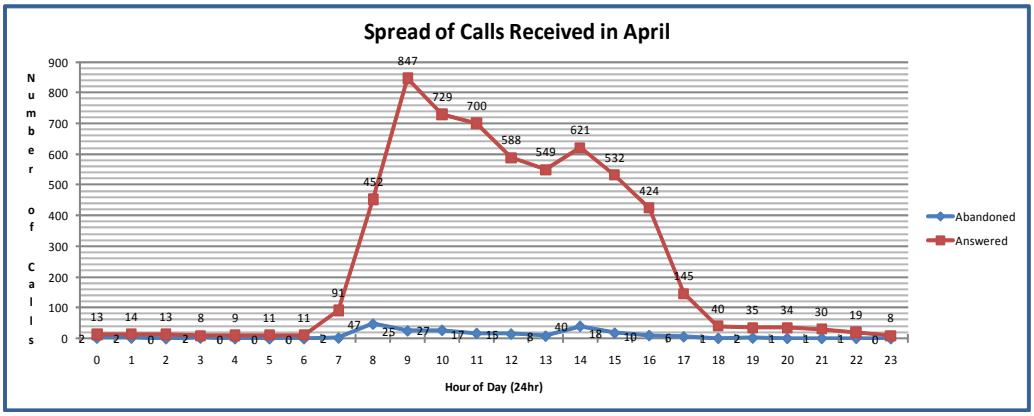
9.5 IM&T Service Desk top 5 issues



9.6 IM&T Service Desk Heatmap

Telephone	Metric	
	Total Calls Answered	5923
	Total Calls Abandoned	227
	Total Calls Received	6150
	Answered in 30secs (SLA 90%)	93.69%

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



Incident Logging Route	SD Request email		Self Service Portal		Service Desk		SS/WebDesk		Total Logged
	Logged	%	Logged	%	Logged	%	Logged	%	
April 2013	1217	21.49%	506	8.94%	3300	58.28%	639	11.29%	5662
May 2013	1078	21.10%	479	9.38%	3095	60.59%	456	8.93%	5108
June 2013	1113	23.13%	733	15.24%	2580	53.63%	385	8.00%	4811
July 2013	1391	23.65%	643	10.93%	3097	52.66%	750	12.75%	5881
August 2013	1737	23.44%	385	5.19%	3788	51.11%	1501	20.25%	7411
September 2013	1609	21.86%	458	6.22%	3830	52.04%	1463	19.88%	7360
October 2013	1735	22.19%	702	8.98%	4195	53.66%	1186	15.17%	7818
November 2013	1961	25.36%	654	8.46%	4059	52.50%	1058	13.68%	7732
December 2013	2178	27.17%	685	8.55%	4350	54.27%	802	10.01%	8015
January 2014	2697	29.75%	776	8.56%	4676	51.58%	912	10.06%	9066
February 2014	2685	34.01%	598	7.58%	3944	49.96%	667	8.45%	7894
March 2014	2294	31.97%	525	7.32%	4225	58.89%	131	1.83%	7175
April 2014	2704	35.21%	615	8.01%	4292	55.89%	68	0.89%	7679

Incidents Resolved when Logged	AD Password Reset	Contact/ Technical Query	RA Services	Total	% of Total Logged
April 2013	1656	1410	0	3066	60%
May 2013	1353	855	0	2208	46%
June 2013	951	777	0	1728	29%
July 2013	1788	2082	0	3870	52%
August 2013	2397	4116	0	6513	88%
September 2013	2352	3618	0	5970	76%
October 2013	2253	3090	0	5343	69%
November 2013	1956	2718	0	4674	58%
December 2013	1629	1995	0	3624	40%
January 2014	660	654	279	1593	20%
February 2014	580	501	263	1344	19%
March 2014	518	215	229	962	13%
April 2014	572	322	287	1181	15%

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 Surplus	(4.3)	(4.3)	(40.7)	(40.7)	G
Achieving the EFL	(1.5)	(0.5)	(8.9)	(8.9)	G
Achieving the Capital Resource Limit	0.4	1.0	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	Apr-14	
	Number	Value £000s
Total bills paid in the year	13,293	50,129
Total bills paid within target	6,285	35,631
Percentage of bills paid within target	**47.3**	**71.1**

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.
- Shortfall of £6.6m on the forecast CIP delivery against the £45m target.
- 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.

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

Individual Indicators Risk Assessment Criteria

Indicator Number	Indicator Description	Individual risk assessment criteria			UHL April 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	Red
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	Green
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;
    - o The yearend forecast deficit position of £40.7m (indicator 1a)
    - o Under delivery against the YTD CIP plan (indicator 2a)
    - o An underlying deficit (indicator 3)
    - o A forecast for PDC to support liquidity (indicator 5)

Friends & Families Test

What is the Friends & Family test?

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

Patients can choose from one of the following answers:

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

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

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

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

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

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

Current methods of collection:
- Paper survey
- Online : either via web-link or email
- Kiosks
- Hand held devices

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

								APRIL SCORE BREAKDOWN				
		Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	Total Responses	Promoters	Passives	Detractors	Score
GLENFIELD HOSPITAL	GH WD 15	73	70	85	95	85	82	28	22	5	0	82
	GH WD 16 Respiratory Unit	87	100	83	81	90	80	40	32	8	0	80
	GH WD 17	58	72	74	69	90	79	29	23	6	0	79
	GH WD 20	56	79	62	56	75	85	34	30	3	1	85
	GH WD 23A	82	0	89	80	89	86	42	36	6	0	86
	GH WD 24	100	88	86	80	97	85	40	34	6	0	85
	GH WD 26	80	94	91	90	100	94	65	61	4	0	94
	GH WD 27	74	25	96	86	96	90	30	27	3	0	90
	GH WD 28	80	87	68	69	74	74	31	24	6	1	74
	GH WD 29 EXT 3656	90	88	82	85	96	93	14	13	1	0	93
	GH WD 31	95	87	100	100	89	81	16	13	3	0	81
	GH WD 32	79	84	96	84	88	83	36	30	6	0	83
	GH WD 33	79	76	83	77	95	85	90	76	13	0	85
	GH WD 33A	87	95	95	95	90	68	38	27	10	1	68
	GH WD Clinical Decisions Unit	65	28	66	58	39	58	108	68	31	7	58
	GH WD Coronary Care Unit	89	79	94	78	88	94	18	17	1	0	94
	GH WD 24	100	88	86	80	97	85	40	34	6	0	85

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

								APRIL SCORE BREAKDOWN				
		Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	Total Responses	Promoters	Passives	Detractors	Score
LEICESTER GENERAL HOSPITAL	LGH WD 1	84	0	0	90	80	0	0	0	0	0	0
	LGH WD 10	70	100	70	73	80	80	20	16	4	0	80
	LGH WD 14	46	74	88	71	81	80	61	50	10	1	80
	LGH WD 15A HDU Neph	75	0	71	100	-	63	8	6	1	1	63
	LGH WD 15N Nephrology	86	0	100	60	78	67	9	7	1	1	67
	LGH WD 16	70	74	83	76	79	73	44	34	8	2	73
	LGH WD 17 Transplant	79	82	78	90	89	71	28	20	8	0	71
	LGH WD 18	85	81	69	83	95	84	57	48	9	0	84
	LGH WD 19	88	0	0	80	71	0	0	0	0	0	0
	LGH WD 2	46	63	0	-	50	25	8	4	2	2	25
	LGH WD 20	0	0	0	-	-	0	0	0	0	0	0
	LGH WD 22	42	52	45	55	75	35	20	10	7	3	35
	LGH WD 23	44	50	90	64	68	71	66	47	19	0	71
	LGH WD 26 SAU	60	67	71	57	52	56	25	15	9	1	56
	LGH WD 27	60	33	50	74	53	73	26	19	7	0	73
	LGH WD 28 Urology	60	68	65	50	53	46	76	39	30	5	46
	LGH WD 29 EMU Urology	33	34	43	54	47	62	84	56	24	4	62
	LGH WD 3	80	40	50	-	50	67	3	2	1	0	67
	LGH WD 31	79	76	80	75	83	71	51	37	13	1	71
	LGH WD Brain Injury Unit	50	0	33	100	50	100	1	1	0	0	100
	LGH WD 1	84	0	0	90	80	0	0	0	0	0	0
	LGH WD 10	70	100	70	73	80	80	20	16	4	0	80
	LGH WD 19	88	0	0	80	71	0	0	0	0	0	0

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

								APRIL SCORE BREAKDOWN				
		Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	Total Responses	Promoters	Passives	Detractors	Score
LEICESTER ROYAL INFIRMARY	LRI WD 17 Bal L5	0	50	30	50	40	32	22	10	9	3	32
	LRI WD 18 Bal L5	0	65	0	57	70	59	17	12	3	2	59
	LRI WD 23 Win L3	90	90	47	100	100	86	28	25	2	1	86
	LRI WD 24 Win L3	18	28	62	36	37	58	25	15	8	1	58
	LRI WD 25 Win L3	85	80	90	95	95	74	23	18	4	1	74
	LRI WD 26 Win L3	86	71	95	100	67	94	17	16	1	0	94
	LRI WD 29 Win L4	67	75	71	79	70	55	23	15	4	3	55
	LRI WD 30 Win L4	100	0	0	56	95	89	9	8	1	0	89
	LRI WD 31 Win L5	40	65	90	75	65	64	25	18	5	2	64
	LRI WD 33 Win L5	77	81	79	66	67	57	55	37	9	7	57
	LRI WD 34 Windsor Level 5	70	68	81	71	100	53	34	18	13	1	53
	LRI WD 36 Win L6	63	95	84	60	88	81	31	25	6	0	81
	LRI WD 37 Win L6	100	0	72	100	49	58	24	15	8	1	58
	LRI WD 38 Win L6	92	86	96	93	78	60	20	12	8	0	60
	LRI WD 39 Osb L1	76	44	70	86	65	80	55	44	11	0	80
	LRI WD 40 Osb L1	61	72	63	68	77	77	48	39	7	2	77
	LRI WD 41 Osb L2	86	83	56	73	68	76	25	19	6	0	76
	LRI WD 7 Bal L3	61	59	48	53	87	80	80	65	14	1	80
	LRI WD 8 SAU Bal L3	40	44	39	56	23	40	82	46	21	14	40
	LRI WD Bone Marrow	86	100	0	77	100	86	14	12	2	0	86
	LRI WD Fielding John Vic L1	82	83	85	69	82	77	39	30	9	0	77
	LRI WD GAU Ken L1	71	0	70	48	78	70	96	71	21	4	70
	LRI WD IDU Infectious Diseases	25	73	71	53	50	79	29	24	4	1	79
	LRI WD Kinmonth Unit Bal L3	76	73	81	74	60	73	41	30	9	1	73
	LRI WD Osborne Assess Unit	76	85	56	69	80	76	33	25	8	0	76
	LRI WD 15 AMU Bal L5	67	73	58	-	67	54	152	89	56	7	54
	LRI WD 19 Bal L6	63	53	41	88	46	35	23	11	9	3	35

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

								APRIL SCORE BREAKDOWN				
		Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	Total Responses	Promoters	Passives	Detractors	Score
EMERGENCY DEPARTMENT	ED - Majors	59	64	58	52	56	65	156	107	43	6	65
	ED - Minors	62	69	64	57	60	68	398	279	110	8	68
	ED - (not stated)	69	69	69	61	66	55	53	33	16	4	55
	Eye Casualty	51	69	83	64	85	91	176	160	14	1	91
	Emergency Decisions Unit	61	65	58	65	58	54	121	71	40	7	54

APPENDIX 2 - MONTHLY CLINICAL MEASURES DASHBOARD: April '14

Division	Type	Ward	Budgeted Qualified %	Total vacancies %	Total vacancies (WTE)	Current appraisal Rate % (rolling 12 months)	Sickness Absence % (month in arrears)	Friends & Family score	No. of complaints	Safety Thermometer - No new harms %	Hand Hygiene %	Pressure Ulcers - Grade 2 (avoidable)	Pressure Ulcers - Grade 3 (avoidable)	Pressure Ulcers - Grade 4 (avoidable)	No. MRSA Bacteraemias (post 48 hrs)	MRSA Screening - Non elective %	MRSA Screening - Elective %	No. of C Diff cases (post 48 hrs)	No. of falls	No. of patient safety SUI's (severe)	No. Patient safety incidents (moderate)	No. Patient safety incidents (low)	No. of medication errors
		GREEN THRESHOLD	> = 60%	0 - 4.9%	< = 5	> = 95%	< = 3%	> = 75.0	< = 1	> = 95%	> = 90%	0	0	0	0	> = 100%	> = 100%	0	0	0	0	0	0
		AMBER THRESHOLD	-	5 - 10 %	-	-	3.1% - 3.9%	56 - 74	2	-	-	-	-	-	-	-	-	-	1 - 3	-	1	1 - 4	-
		RED THRESHOLD	< 60%	> 10%	> 5	< 95%	> = 4%	< = 55.0	> 2	< 95%	< 90%	> = 1	> = 1	> = 1	> = 1	< 100%	< 100%	> = 1	> = 4	> = 1	> 1	> = 5	> = 1
CHUGS	DC	F25E	-	-	-	-	-	↓ 75.6	↓ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	↑ >= 100%	↔ 0	↓ 0	↔ 0	↔ 0	↔ 0	↔ 0
	DC	FGI	-	-	-	-	-	-	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0
	DC	GDC1	-	-	-	-	-	-	↔ 0	-	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ >= 100%	↔ 0	↓ 0	↔ 0	↔ 0	↑ 3	↑ 1
	DC	GDC2	-	-	-	-	-	-	↔ 0	-	↓ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ >= 100%	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0
	DC	GEND	-	-	-	-	-	↓ 80.9	↔ 0	-	↓ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ >= 100%	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0
	DC	RCHM	-	-	-	-	-	↑ 82.8	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	↓ 56%	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0
	DC	RHAD	-	-	-	-	-	↓ 77.9	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	↑ 77%	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0
	DC	RHAM	-	-	-	-	-	↓ 0.0	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ >= 100%	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0
	DC	RHTU	-	-	-	-	-	-	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	↓ 41%	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0
	IP	G19	↓ 72%	↓ -8.8%	↓ -0.95	↓ 79%	↑ 6.9%	↓ 0.0	↑ 1	↔ 100%	↑ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ >= 100%	↔ 0	↓ 2	↔ 0	↓ 0	↓ 0	↔ 0
	IP	G20	62.1%	0.04	0.61	↑ 90%	↔ 0.0%	0.00	↑ 1	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ >= 100%	↔ 0	↑ 1	↔ 0	↔ 0	↑ 2	↔ 2
	IP	G22	↓ 61%	↓ 8.0%	↓ 2.03	↓ 79%	↓ 4.4%	↓ 35.0	↔ 0	↔ 100%	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 2	↔ 0	↔ 0	↔ 2	↔ 0
	IP	G26	↔ 66%	↓ 4.5%	↓ 1.26	↓ 76%	↑ 7.5%	↑ 56.0	↔ 0	↔ 96%	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↓ 0	↑ 1	↔ 0	↔ 0	↓ 0	↔ 0
	IP	G27	↑ 61%	↑ 16.5%	↑ 4.20	↑ 93%	↓ 5.4%	↑ 73.1	↔ 0	↓ 95%	↓ 86%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↓ 1	↑ 5	↔ 0	↔ 0	↑ 6	↔ 0
	IP	G28	↔ 62%	↔ 12.0%	↔ 4.23	↓ 75%	↑ 10.7%	↓ 45.9	↑ 1	↔ 100%	0%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	-	↔ 0	↔ 0	↔ 0	↔ 0	↓ 0	↔ 0
	IP	GSAC	↔ 68%	↔ 6.4%	↔ 1.06	↔ 100%	↓ 5.3%	↓ 0.0	↓ 0	-	↑ 90%	↔ 0	↓ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↓ 0	↔ 1	↑ 3
	IP	GUEA	↔ 58%	↑ 18.7%	↑ 7.15	↓ 86%	↓ 1.0%	↑ 61.9	↔ 0	-	↓ 0%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	↔ >= 100%	↔ 0	↑ 2	↔ 0	↔ 0	↔ 1	↑ 1
	IP	R22	↔ 63%	↓ 7.1%	↓ 2.56	↑ 76%	↑ 6.4%	↑ 61.0	↑ 1	↓ 97%	↓ 0%	↓ 0	↓ 0	↔ 0	↔ 0	-	↔ >= 100%	↔ 0	↓ 0	↔ 0	↔ 0	↑ 6	↔ 2
	IP	R39	↓ 65%	↓ 5.9%	↓ 1.40	↓ 92%	↓ 0.5%	↑ 80.0	↑ 1	↓ 92%	90%	↓ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↑ 8	↔ 0	↔ 0	↑ 4	↔ 1
	IP	R40	↓ 69%	↑ 6.6%	↑ 1.60	↓ 86%	↓ 0.9%	↓ 77.1	↔ 0	↔ 100%	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0
	IP	RBMT	↔ 97%	↔ -0.7%	↔ -0.10	↓ 94%	↓ 2.7%	↓ 85.7	↑ 2	↔ 100%	100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↓ 1	↔ 0	↓ 0	↑ 6	↑ 3
	IP	RODA	↔ 72%	↓ 14.4%	↓ 4.80	↓ 89%	↓ 3.4%	-	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0
	IP	ROND	↑ 76%	↓ 3.6%	↓ 0.48	↔ 100%	↓ 0.0%	↓ 75.8	↔ 0	-	90%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0
	IP	RSAU	↓ 56%	↓ 12.7%	↓ 5.72	↓ 63%	↑ 5.2%	↑ 39.5	↔ 0	↑ 100%	↓ 0%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	-	↔ 0	↔ 0	↔ 0	↔ 0	↓ 0	↔ 0
Emergency & Specialist Medicine	DC	G1	-	-	-	-	-	↓ 0.0	↑ 1	-	100%	↔ 0	↔ 0	↔ 0	↔ 0	-	↓ 56%	↔ 0	↑ 2	↔ 0	↔ 0	↓ 1	↑ 1
	DC	REND	-	-	-	-	-	↓ 77.8	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	↑ >= 100%	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0
	DC	ROPS	-	-	-	-	-	↓ 0.0	↓ 0	-	↓ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ >= 100%	↔ 0	↔ 1	↔ 0	↓ 0	↓ 3	↔ 0
	IP	R15	↑ 60%	↑ 2.4%	↑ 2.82	↓ 93%	↑ 4.9%	↓ 53.9	↔ 0	↔ 100%	90%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0
	IP	R16	↑ 60%	↑ 2.4%	↑ 2.82	↓ 93%	↑ 4.9%	-	↓ 1	↑ 100%	90%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	-	↓ 0	↔ 0	↔ 0	↔ 0	↑ 5	↑ 2
	IP	R24	↔ 60%	↓ 24.0%	↓ 9.25	↑ 75%	↑ 3.8%	↑ 58.3	↔ 0	↑ 89%	0%	↑ 1	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↑ 1	↑ 1	↔ 0	↑ 2	↓ 1
	IP	R25	↑ 70%	↑ 5.6%	↑ 3.25	↑ 100%	↓ 8.8%	↓ 73.9	↔ 3	↓ 94%	↓ 63%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	-	↔ 0	↓ 3	↔ 0	↓ 1	↑ 10	↑ 2
	IP	R29	↔ 60%	↓ 17.9%	↓ 6.60	↓ 97%	↓ 5.0%	↓ 54.5	↔ 0	↓ 93%	0%	↔ 0	↑ 1	↔ 0	↔ 0	-	-	↔ 0	↑ 8	↔ 0	↔ 0	↓ 5	↔ 0
	IP	R30	↔ 60%	↔ 16.0%	↔ 6.32	↑ 97%	↑ 7.3%	↓ 88.9	↑ 3	↔ 100%	85%	↔ 1	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↑ 6	↔ 0	↓ 0	↔ 1	↔ 2
	IP	R30H	↔ 60%	↔ 16.0%	↔ 6.32	↑ 97%	↑ 7.3%	-	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↑ 5	↔ 0	↑ 1	↑ 6	↔ 0
	IP	R33	↑ 57%	↑ 31.0%	↑ 14.91	↓ 88%	↓ 8.3%	↓ 56.6	↑ 2	↔ 100%	↑ 91%	↔ 0	↓ 0	↔ 0	↔ 0	>= 100%	-	↔ 0	↔ 1	↔ 0	↔ 0	↓ 3	↑ 2
	IP	R37	↓ 60%	↑ 17.1%	↑ 6.54	↓ 97%	↑ 9.0%	↑ 58.3	↑ 2	↔ 96%	0%	↓ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↓ 0	↓ 0	↔ 2	↓ 2
	IP	R38	↔ 60%	↑ 15.3%	↑ 5.57	↔ 94%	↑ 9.2%	↓ 60.0	↑ 1	↓ 96%	↑ 85%	↓ 0	↓ 0	↔ 0	↔ 0	-	-	↔ 0	↓ 3	↔ 0	↔ 0	↑ 9	↑ 1
	IP	RACB	↑ 57%	↑ 31.0%	↑ 14.91	↓ 88%	↓ 8.3%	-	↑ 2	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	-	↔ 0	↑ 10	↔ 0	↓ 1	↑ 5	↔ 0
	IP	RAMB	↔ 100%	↔ 0.0%	↔ 0.00	↔ 100%	↔ 66.7%	-	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	-	↔ 0	↓ 3	↔ 0	↔ 1	↓ 3	↑ 3
	IP	REDU	↔ 67%	↑ 29.1%	↑ 8.19	↓ 96%	↓ 2.2%	-	↓ 1	↑ 100%	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	-	↔ 0	↑ 4	↔ 0	↔ 0	↑ 9	↔ 0
	IP	REFU	-	-	-	-	-	-	↑ 2	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 6	↔ 0	↑ 1	↓ 2	↔ 0
	IP	RIDU	↓ 60%	↑ 5.0%	↑ 1.18	↑ 100%	↓ 2.0%	↑ 79.3	↔ 0	↑ 100%	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0
	IP	G2	↔ 60%	↑ 36.1%	↑ 11.44	↑ 67%	↑ 7.3%	↓ 25.0	↔ 0	↔ 100%	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 2	↔ 0	↓ 0	↔ 1	↔ 0
	IP	GBIU	↑ 70%	↑ 22.8%	↑ 6.25	↓ 87%	↓ 12.0%	↑ 100.0	↓ 1	↔ 86%	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 1	↔ 0	↔ 0	↓ 1	↔ 1
	IP	GYDU	↑ 60%	↑ 45.7%	↑ 15.23	↓ 80%	↑ 6.6%	-	↔ 0	↑ 100%	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0
	IP	R19	↔ 60%	↑ 16.4%	↑ 6.94	↓ 69%	↑ 3.9%	↓ 34.8	↑ 1	↑ 100%	↓ 0%	↔ 0	↓ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 2
	IP	R23	↔ 60%	↑ 25.6%	↑ 10.11	↑ 97%	↓ 1.0%	↓ 85.7	↔ 0	↓ 93%	↓ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0
	IP	R26	↑ 70%	↑ 5.6%	↑ 3.25	↑ 100%	↓ 8.8%	↑ 94.1	↓ 0	↓ 88%	70%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↑ 2	↓ 0	↔ 0	↔ 0	↑ 7	↓ 1
	IP	R31	↔ 60%	↔ 10.3%	↔ 4.34	↑ 100%	↑ 2.8%	↓ 64.0	↓ 0	↑ 97%	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↓ 4	↔ 0	↓ 0	↑ 5	↔ 0
	IP	R34	↓ 60%	↓ -41.3%	↓ -13.59	↑ 92%	↓ 3.3%	↓ 53.1	↔ 0	↓ 95%	↓ 72%	↑ 2	↓ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↑ 2	↔ 0
	IP	R36	↔ 60%	↑ 16.2%	↑ 6.40	↑ 97%	↑ 7.0%	↓ 80.6	↔ 0	↓ 96%	↓ 92%	↑ 1	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0
	IP	RFJW	↔ 60%	↑ 28.1%	↑ 10.80	↔ 100%	↑ 2.1%	↓ 76.9	↑ 1	↑ 95%	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 3	↔ 0	↔ 0	↑ 3	↔ 0
	IP	G3	↑ 60%	↑ 14.6%	↑ 4.04	↓ 92%	↓ 11.1%	↑ 66.7	↑ 1	↓ 93%	↓ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↓ 2	↔ 0	↔ 0	↓ 0	↔ 2
Musculoskeletal & Specialist Surgery	DC	F23A	↑ 65%	↑ 33.8%	↑ 12.51	↓ 85%	↓ 3.3%	↓ 85.7	↓ 0	-	100%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ >= 100%	↔ 0	↔ 0	↔ 0	↔ 0	↑ 2	↔ 0
	DC	F24	↑ 67%	↓ -11.9%	↓ -1.72	↑ 100%	↑ 5.7%	↓ 85.0	↔ 0	↓ 96%	↔ 100%	↔ 0	↑ 1	↔ 0	↔ 0	-	-	↔ 0	↔ 3	↔ 0	↑ 1	↓ 2	↔ 0
	DC	RDAY	-	-	-	-	-	↑ 74.6	↔ 0	-	92%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ >= 100%	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0
	DC	RTAA	-	-	-	-	-	-	↔ 0	-	↑ 76%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ >= 100%	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0
	DC	GSM	↔ 100%	↔ 0.0%	↔ 0.00	↔ 100%	↔ 0.0%	-	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↑ 4	↑ 1
	DC	ROMO	↓ 54%	↓ -8.7%	↓ -2.48	↓ 94%	↓ 0.8%	-	↑ 2	-	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↑ 2	↔ 1
	IP	R07	↑ 58%	↑ 10.8%	↑ 3.66	↑ 100%	↓ 5.8%	↓ 80.0	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	↔ >= 100%	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0
	IP	R17	↓ 56%	↓ 0.3%	↓ 0.13	↑ 98%	↓ 1.1%	↓ 31.8	↔ 0	↓ 89%	↓ 70%	↔ 0	↑ 1	↔ 0	↔ 0	>= 100%	-	↔ 0	↑ 1	↔ 0	↔ 0	↑ 5	↑ 7
	IP	R18	↓ 54%	↓ 3.6%	↓ 1.46	↔ 100%	↑ 1.5%	↓ 58.8	↔ 1	↔ 100%	↓ 80%	↔ 0	↓ 0	↔ 0	↔ 0	>= 100%	>= 100%	↔ 0	↑ 2	↔ 0	↑ 1	↑ 3	↑ 1
	IP	R21	↔ 61%	↓ 6.0%	↓ 2.02	↔ 100%	↓ 2.4%	↓ 72.4	↔ 0	↓ 96%	↑ 71%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ >= 100%	↔ 0	↔ 0	↔ 0	↑ 1	↓ 1	↔ 1
	IP	RKIN	↓ 62%	↓ -7.1%	↓ -1.71	↑ 100%	↓ 1.4%	↑ 72.5	↔ 0	↑ 100%	↓ 0%	↔ 0	↔ 0	↔ 0	↔ 0	↑ >= 100%	↑ >= 100%	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0
	IP	G14	↑ 70%	↓ -8.4%	↓ -1.86	↓ 92%	↓ 0.4%	↓ 80.3	↔ 0	↔ 100%	↓ 0%	↓ 0	↔ 0	↔ 0	↔ 0	-	↔ >= 100%	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0
	IP	G16	↓ 64%	↓ -7.3%	↓ -1.50	↔ 100%	↓ 9.1%	↓ 72.7	↔ 0	↔ 100%	↓ 90%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ >= 100%	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0
	IP	R32	↑ 57%	↑ 4.1%	↑ 1.65	↓ 98%	↓ 1.5%	↓ 25.0	↔ 0	↔ 100%	↓ 70%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	>= 100%	↔ 0	↔ 5	↔ 0	↑ 1	↑ 6	↔ 3
	IP	G18	↑ 61%	↓ -2.6%	↓ -0.61	↔ 100%	↑ 4.8%	↓ 84.2	↔ 0	↔ 100%	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ >= 100%	↔ 0	↓ 0	↔ 0	↑ 1	↑ 2	↓ 0
	IP	F29	↑ 62%	↑ 8.7%	↑ 2.65	↑ 77%	↓ 2.3%	↓ 92.9	↔ 0	↑ 96%	88%	↓ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↑ 3	↔ 0	↔ 0	↓ 2	↔ 0

NURSING METRICS

RED: < 80 AMBER: 80 - 90 GREEN: >90

Division	Type	Ward	1 Fluid Balance chart	2 Nutrition & Hydration-Protected Meal Time	2 Nutrition & Hydration-Patient assessment	2 Nutrition & Hydration-Staff Knowledge	3 Urinary Catheter	4 Falls-Patient assessment	4 Falls-Stage Two assessment	5 Hygiene-Patient assessment	5 Hygiene-Ward observations	6 Patient observations & EWS	7 Pressure Ulcer care-Patient assessment	7 Pressure Ulcer care-Staff knowledge	8 Privacy & Dignity-Observation of Practice	8 Privacy & Dignity-Staff Knowledge	9 Discharge	10 Infection Prevention-Patient review	10 Infection Prevention-Ward review	11 Resuscitation Equipment	12 Medicines Management-Patient assessment	12 Medicines Management-Ward assessment	13 Safeguarding Children & Young people	14Communication/Partnership
CHUGS	DC	F25E	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	DC	FGI	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	DC	GDC1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	DC	GDC2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	DC	GEND	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	DC	RCHM	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	DC	RHAD	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	DC	RHAM	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	DC	RHTU	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	IP	G19	N/A	N/A	N/A	100%	N/A	100%	N/A	100%	100%	100%	93%	100%	100%	100%	100%	100%	100%	67%	100%	100%	-	-
	IP	G20	100%	100%	100%	100%	N/A	100%	100%	76%	100%	100%	100%	100%	100%	100%	50%	70%	100%	100%	100%	100%	-	-
	IP	G22	87%	100%	67%	100%	87%	100%	100%	100%	100%	94%	95%	100%	100%	100%	55%	100%	100%	100%	97%	67%	-	-
	IP	G26	100%	100%	83%	100%	100%	100%	N/A	100%	100%	97%	97%	100%	100%	100%	50%	100%	100%	100%	97%	67%	-	-
	IP	G27	89%	50%	71%	100%	65%	98%	N/A	84%	50%	77%	79%	100%	100%	100%	75%	100%	80%	100%	100%	100%	-	-
	IP	G28	100%	50%	86%	100%	100%	90%	80%	80%	100%	63%	87%	73%	100%	100%	67%	100%	40%	100%	100%	100%	-	-
	IP	GSAC	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	IP	GUEA	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	IP	R22	100%	100%	57%	100%	70%	75%	N/A	62%	100%	79%	78%	100%	100%	90%	50%	70%	100%	67%	100%	33%	-	-
	IP	R39	70%	100%	67%	93%	67%	98%	83%	100%	100%	91%	85%	93%	100%	86%	65%	100%	100%	67%	100%	100%	-	-
	IP	R40	83%	100%	68%	87%	40%	100%	N/A	100%	100%	78%	84%	80%	100%	81%	55%	100%	80%	67%	100%	100%	-	-
	IP	RBMT	100%	N/A	75%	93%	N/A	100%	N/A	87%	100%	97%	100%	73%	100%	86%	100%	100%	100%	67%	100%	100%	-	-
	IP	RODA	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	IP	ROND	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	IP	RSAU	81%	100%	95%	100%	80%	96%	N/A	88%	100%	84%	97%	100%	100%	86%	50%	100%	80%	67%	100%	100%	-	-
Emergency & Specialist Medicine	DC	G1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	DC	REND	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	DC	ROPS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	IP	R15	93%	100%	83%	100%	90%	98%	75%	N/A	100%	83%	100%	87%	100%	95%	100%	100%	100%	67%	100%	100%	-	-
	IP	R16	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	IP	R24	87%	50%	78%	80%	83%	96%	73%	100%	100%	73%	81%	87%	100%	100%	50%	100%	80%	33%	40%	100%	-	-
	IP	R25	88%	DNC	74%	100%	87%	100%	87%	100%	100%	91%	90%	100%	88%	100%	90%	100%	100%	100%	94%	67%	-	-
	IP	R29	70%	50%	60%	100%	50%	96%	75%	55%	75%	93%	99%	100%	88%	100%	50%	70%	60%	67%	100%	100%	-	-
	IP	R30	70%	50%	66%	100%	97%	100%	78%	88%	100%	77%	89%	100%	100%	95%	40%	50%	80%	33%	100%	100%	-	-
	IP	R30H	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	IP	R33	83%	100%	100%	100%	100%	100%	100%	100%	100%	83%	100%	87%	100%	100%	100%	100%	80%	100%	100%	67%	-	-
	IP	R37	85%	0%	40%	67%	60%	78%	90%	52%	75%	53%	70%	93%	88%	67%	55%	100%	20%	33%	78%	67%	-	-
	IP	R38	40%	50%	10%	53%	47%	78%	72%	68%	75%	60%	66%	73%	50%	62%	60%	90%	20%	33%	94%	67%	-	-
	IP	RACB	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	IP	RAMB	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	IP	REDU	N/A	100%	97%	100%	N/A	98%	83%	100%	100%	94%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%	-	-
	IP	REFU	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	IP	RIDU	93%	100%	80%	100%	100%	100%	83%	100%	100%	83%	90%	100%	100%	100%	90%	100%	100%	67%	94%	100%	-	-
	IP	G2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	IP	GBIU	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	IP	GYDU	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	IP	R19	90%	100%	73%	100%	100%	100%	50%	68%	100%	80%	77%	80%	100%	90%	50%	55%	100%	33%	100%	67%	-	-
	IP	R23	67%	50%	68%	73%	77%	85%	63%	N/A	100%	100%	80%	80%	100%	48%	25%	100%	100%	100%	80%	67%	-	-
	IP	R26	97%	DNC	90%	100%	98%	100%	96%	96%	100%	97%	99%	100%	88%	100%	70%	100%	100%	100%	97%	67%	-	-
	IP	R31	67%	100%	43%	67%	77%	100%	77%	N/A	75%	93%	96%	100%	88%	100%	25%	DNC	100%	33%	90%	33%	-	-
	IP	R34	83%	100%	91%	100%	100%	87%	92%	80%	100%	77%	100%	87%	75%	86%	100%	100%	100%	100%	100%	100%	-	-
	IP	R36	80%	50%	55%	87%	70%	80%	58%	100%	100%	63%	81%	100%	88%	95%	67%	80%	100%	0%	DNC	100%	-	-
	IP	RFJW	84%	100%	80%	100%	90%	98%	84%	100%	100%	61%	90%	100%	75%	81%	50%	100%	100%	100%	100%	100%	-	-
	IP	G3	96%	100%	93%	100%	97%	100%	92%	92%	100%	97%	90%	100%	100%	100%	40%	90%	80%	100%	100%	67%	-	-
Musculoskeletal & Specialist Surgery	DC	F23A	N/A	100%	100%	100%	N/A	92%	N/A	100%	100%	94%	93%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-	-
	DC	F24	87%	100%	92%	80%	73%	100%	42%	100%	100%	77%	100%	73%	88%	38%	65%	70%	80%	100%	97%	67%	-	-
	DC	RDAY	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	DC	RTAA	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	DC	GSM	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	DC	ROMO	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	IP	R07	10%	DNC	100%	100%	N/A	86%	17%	92%	100%	84%	80%	100%	75%	100%	70%	DNC	DNC	DNC	DNC	DNC	-	-
	IP	R17	76%	100%	100%	100%	93%	96%	100%	96%	100%	100%	96%	100%	75%	81%	80%	100%	100%	100%	100%	100%	-	-
	IP	R18	60%	100%	70%	100%	60%	89%	75%	100%	100%	66%	89%	100%	75%	86%	25%	100%	100%	100%	93%	100%	-	-
	IP	R21	N/A	100%	90%	100%	90%	91%	58%	100%	100%	86%	90%	100%	88%	100%	100%	100%	100%	100%	100%	100%	-	-
	IP	RKIN	83%	50%	42%	100%	45%	87%	N/A	46%	100%	91%	66%	100%	100%	86%	55%	60%	60%	33%	80%	100%	-	-
	IP	G14	N/A	N/A	100%	100%	N/A	98%	N/A	100%	100%	100%	98%	100%	100%	100%	100%	100%	100%	67%	100%	100%	-	-
	IP	G16	78%	100%	90%	87%	N/A	95%	N/A	100%	100%	100%	96%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-	-
	IP	R32	88%	100%	100%	100%	87%	98%	83%	100%	100%	97%	100%	100%	100%	71%	55%	100%	100%	100%	100%	100%	-	-
	IP	G18	100%	100%	100%	100%	70%	100%	N/A	100%	100%	100%	94%	100%	100%	100%	100%	100%	100%	67%	100%	100%	-	-
	IP	F29	83%	100%	71%	100%	100%	91%	83%	96%	100%	93%	99%	100%	63%	100%	95%	100%	100%	67%	100%	100%	-	-

APPENDIX 2 - MONTHLY CLINICAL MEASURES DASHBOARD: April '14

Division		Ward	Budgeted Qualified %	Total vacancies %	Total vacancies (WTE)	Current appraisal Rate % (rolling 12 months)	Sickness Absence % (month in arrears)	Friends & Family score	No. of complaints	Safety Thermometer - No new harms %	Hand Hygiene %	Pressure Ulcers - Grade 2 (avoidable)	Pressure Ulcers - Grade 3 (avoidable)	Pressure Ulcers - Grade 4 (avoidable)	No. MRSA Bacteraemias (post 48 hrs)	MRSA Screening - Non elective %	MRSA Screening - Elective %	No. of C Diff cases (post 48 hrs)	No. of falls	No. of patient safety SUI's (severe)	No. Patient safety incidents (moderate)	No. Patient safety incidents (low)	No. of medication errors
	GREEN THRESHOLD		> = 60%	0 - 4.9%	< = 5	> = 95%	< = 3%	> = 75.0	< = 1	> = 95%	> = 90%	0	0	0	0	> = 100%	> = 100%	0	0	0	0	0	0
	AMBER THRESHOLD		-	5 - 10 %	-	-	3.1% - 3.9%	56 - 74	2	-	-	-	-	-	-	-	-	-	1 - 3	-	1	1 - 4	-
	RED THRESHOLD		< 60%	> 10%	> 5	< 95%	> = 4%	< = 55.0	> 2	< 95%	< 90%	> = 1	> = 1	> = 1	> = 1	< 100%	< 100%	> = 1	> = 4	> = 1	> 1	> = 5	> = 1
Renal, Respiratory and Cardiac	DC	G10D	-	-	-	-	-	-	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ >= 100%	↔ 0	↑ 1	↔ 0	↑ 1	↓ 1	↔ 0
	DC	F32	↓ 63%	↓ 12.5%	↓ 2.35	↑ 95%	↑ 11.1%	↓ 83.3	↔ 0	↑ 100%	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ >= 100%	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0
	DC	F20	-	-	-	-	-	↑ 85.3	↔ 0	↑ 100%	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↑ 2	↔ 0	↔ 0	↑ 1	↔ 0
	DC	FCID	-	-	-	↓ 89%	↑ 5.1%	-	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↓ 0	↔ 0	↑ 6	↑ 1
	IP	F27	↔ 62%	↓ 0.6%	↓ 0.20	↑ 93%	↓ 2.4%	↓ 90.0	↔ 0	↓ 96%	↓ 80%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0
	IP	F31	↑ 77%	↑ 5.2%	↑ 2.34	↓ 88%	↑ 2.9%	↓ 81.3	↔ 0	↔ 100%	↑ 100%	↔ 0	↔ 0	↔ 0	↔ 0	↑ >= 100%	↓ 98%	↔ 0	↔ 0	↔ 0	↔ 0	↑ 5	↑ 7
	IP	FCCU	↓ 76%	↓ 10.8%	↓ 5.75	↓ 95%	↓ 2.8%	↑ 94.4	↔ 0	↔ 100%	↑ 100%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0
	IP	FCDU	↔ 63%	↑ 10.7%	↑ 10.22	↑ 91%	↑ 5.3%	↑ 57.5	↔ 0	↓ 92%	↑ 100%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	-	↔ 0	↓ 1	↔ 0	↔ 0	↓ 1	↔ 1
	IP	G15A	↓ 84%	↓ 5.0%	↓ 1.44	↑ 93%	↑ 1.9%	62.50	↔ 0	↑ 100%	↔ 72%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	-	↔ 0	↓ 0	↔ 0	↔ 0	↓ 0	↓ 0
	IP	G17	↑ 71%	↑ 4.8%	↑ 0.96	↑ 100%	↑ 3.2%	↓ 71.4	↔ 0	↔ 100%	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	↔ >= 100%	↔ 0	↔ 4	↔ 0	↔ 0	↓ 0	↓ 0
	IP	GDCM	↓ 94%	↑ -0.2%	↑ -0.14	↑ 98%	↑ 5.0%	↑ 100.0	↔ 0	-	89%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↓ 0	↔ 0	↔ 0	↔ 3	↑ 1
	IP	RITU	↑ 91%	↑ 4.8%	↑ 5.45	↓ 92%	↓ 3.2%	↓ 70.0	↔ 0	↓ 92%	↓ 85%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	-	↔ 0	↔ 0	↔ 0	↔ 0	↓ 0	↔ 0
	IP	RPAC	↔ 83%	↓ 19.3%	↓ 7.94	↔ 100%	↑ 5.4%	-	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↑ 1	↑ 1
	IP	FCIC	-	-	-	-	-	-	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0
	IP	FITU	↑ 93%	↑ 9.9%	↑ 13.02	↑ 97%	↓ 6.8%	↓ 81.0	↔ 0	-	↑ 90%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0
	IP	G10	↓ 61%	↑ 11.7%	↑ 4.61	↑ 97%	↑ 3.5%	↔ 80.0	↔ 0	↔ 100%	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	-	↔ 0	↔ 0	↔ 0	↔ 1	↔ 3	↔ 0
	IP	G15N	↑ 65%	↑ 22.1%	↑ 7.47	↓ 87%	↑ 3.2%	↓ 66.7	↔ 0	↔ 100%	↑ 70%	↔ 0	↑ 1	↔ 0	↔ 0	>= 100%	-	↔ 0	↔ 3	↔ 0	↔ 0	↑ 3	↔ 0
	IP	F16	↔ 63%	↑ 23.9%	↑ 8.70	↑ 60%	↑ 9.9%	↓ 80.0	↔ 1	↑ 93%	↔ 90%	↓ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↑ 4	↓ 0
	IP	F33	↔ 70%	↓ 3.8%	↓ 1.28	↓ 93%	↑ 5.1%	↓ 85.4	↔ 0	↔ 100%	↑ 90%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↑ 1	↓ 0	↔ 0	↔ 0	↓ 0	↔ 0
	IP	F15	↑ 61%	↑ 11.0%	↑ 4.38	↓ 92%	↓ 4.2%	↓ 81.5	↓ 0	↑ 96%	↑ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↓ 3	↔ 0	↔ 0	↓ 1	↑ 2
	IP	F17	↓ 74%	↑ 4.8%	↑ 1.97	↑ 83%	↑ 3.1%	↓ 79.3	↔ 0	↑ 97%	↔ 90%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↓ 1	↔ 0	↔ 0	↑ 4	↑ 2
	IP	F17H	↓ 74%	↑ 4.8%	↑ 1.97	↑ 83%	↑ 3.1%	-	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0
	IP	F26	↑ 77%	↑ 9.5%	↑ 2.92	↓ 91%	↑ 6.3%	↓ 93.8	↔ 0	↔ 100%	↓ 86%	↑ 1	↔ 0	↔ 0	↔ 0	>= 100%	↓ 93%	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0
	IP	F28	↔ 60%	↑ 5.9%	↑ 2.02	↓ 94%	↑ 3.9%	↑ 74.2	↑ 1	↔ 100%	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	-	↔ 0	↑ 6	↔ 0	↔ 0	↓ 2	↔ 0
	IP	F31H	↑ 77%	↑ 5.2%	↑ 2.34	↓ 88%	↑ 2.9%	-	↓ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↑ 5	↔ 0	↑ 1	↓ 0	↔ 0
	IP	F33A	↔ 64%	↓ 0.2%	↓ 0.05	↑ 100%	↓ 0.8%	↓ 68.4	↑ 1	↑ 100%	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↓ 0	↓ 0	↔ 0	↓ 1	↓ 0
	IP	FCHD	↔ 70%	↓ 3.8%	↓ 1.28	↓ 93%	↑ 5.1%	-	↑ 1	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 1	↔ 0	↓ 0	↔ 6	↔ 1
	IP	F26H	↑ 77%	↑ 9.5%	↑ 2.92	↓ 91%	↑ 6.3%	-	↑ 2	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↑ 1	↔ 0	↑ 1	↔ 1	↑ 1
	IP	F30	↓ 78%	↑ 11.5%	↑ 2.41	↑ 91%	↑ 2.7%	↔ 100.0	↔ 0	↔ 100%	↓ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ >= 100%	↔ 0	↔ 3	↔ 0	↔ 0	↑ 2	↓ 0
	IP	FPIC	↔ 95%	↓ 14.7%	↓ 6.69	↓ 88%	↑ 10.0%	↑ 100.0	↔ 0	-	↓ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0
	IP	FREC	↑ 92%	↑ 17.1%	↑ 4.40	↑ 92%	↑ 8.1%	-	↔ 0	-	100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↓ 0	↓ 0	↓ 0
Women's and Children's	DC	GGSU	-	-	-	-	-	-	↔ 0	-	↓ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↓ 0	↔ 0	↔ 0	↓ 1	↑ 1
	DC	RGAU	↔ 69%	↑ 8.5%	↑ 2.37	↑ 100%	↑ 5.3%	↓ 69.8	↔ 0	↔ 100%	0%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	↔ >= 100%	↔ 0	↓ 1	↔ 0	↔ 0	↔ 1	↔ 0
	DC	RPOD	-	-	-	-	-	-	↔ 0	-	90%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↓ 4	↑ 6
	DC	RCDW	-	-	-	-	-	-	↑ 2	-	100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0
	IP	R28	↔ 74%	↑ 24.2%	↑ 6.32	↑ 96%	↑ 8.0%	↓ 0.0	↑ 1	↔ 100%	↓ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↑ 4	↔ 0	↓ 0	↑ 7	↑ 1
	IP	RPSS	-	-	-	-	-	-	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↓ 0	↑ 2	↔ 1
	IP	G30	↓ 74%	↑ -1.8%	↑ -2.16	↑ 97%	↑ 4.8%	-	↓ 1	↔ 100%	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ >= 100%	↔ 0	↔ 5	↔ 0	↔ 0	↓ 0	↑ 2
	IP	G31	↔ 61%	↔ 0.3%	↔ 0.09	↓ 97%	↑ 6.9%	↓ 70.6	↔ 1	↔ 100%	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	>= 100%	↔ 0	↔ 2	↔ 0	↔ 0	↑ 1	↔ 0
	IP	R27	↔ 80%	↑ 19.0%	↑ 5.42	↑ 86%	↓ 2.7%	↓ 0.0	↓ 2	↔ 100%	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↓ 3	↔ 0	↓ 0	↑ 4	↑ 2
	IP	R27A	↔ 80%	↑ 19.0%	↑ 5.42	↑ 86%	↓ 2.7%	-	↓ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↑ 2	↔ 0	↓ 2	↑ 3	↑ 1
	IP	RCAU	↔ 69%	↑ 9.2%	↑ 2.38	↔ 100%	↓ 0.7%	↓ 68.6	↑ 2	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↑ 3	↔ 0	↔ 1	↑ 7	↔ 1
	IP	RSCB	↔ 90%	↑ 15.6%	↑ 14.11	↑ 96%	↑ 2.2%	-	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↓ 0	↔ 0	↔ 0	↓ 1	↔ 0
	IP	R10	↔ 69%	↑ 13.7%	↑ 3.78	↓ 92%	↓ 1.9%	↓ 0.0	↔ 0	↔ 100%	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↓ 0	↑ 2	↔ 0
	IP	R14	↔ 70%	↓ 3.9%	↓ 1.06	↑ 97%	↑ 2.5%	↓ 0.0	↔ 0	↔ 100%	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↓ 0	↔ 0
	IP	R11	↔ 70%	↓ 1.4%	↓ 0.51	↓ 90%	↓ 1.9%	↓ 0.0	↔ 0	↔ 100%	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0
	IP	R12	↑ 83%	↑ 7.1%	↑ 2.07	↓ 94%	↑ 2.0%	↓ 0.0	↔ 0	↔ 100%	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0
	IP	R05	↑ 60%	↓ 3.1%	↓ 1.22	↑ 82%	↓ 4.3%	-	↔ 1	-	100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↓ 0	↓ 0	↔ 0
	IP	R06	↔ 63%	↑ 4.8%	↑ 2.06	↓ 86%	↓ 5.8%	-	↔ 0	-	↓ 70%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↓ 0	↔ 0
	IP	R12A	↑ 83%	↑ 7.1%	↑ 2.07	↓ 94%	↑ 2.0%	-	↔ 0	-	100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↑ 6	↔ 0
	IP	RCIC	↔ 95%	↓ 14.7%	↓ 6.69	↓ 88%	↑ 10.0%	↔ 100.0	↓ 0	100%	100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↓ 4	↔ 0	↔ 0	↑ 7	↓ 0

NURSING METRICS

RED: < 80 AMBER: 80 - 90 GREEN: >90

	Ward	1 Fluid Balance chart	2 Nutrition & Hydration-Protected Meal Time	2 Nutrition & Hydration-Patient assessment	2 Nutrition & Hydration-Staff Knowledge	3 Urinary Catheter	4 Falls-Patient assessment	4 Falls-Stage Two assessment	5 Hygiene-Patient assessment	5 Hygiene-Ward observations	6 Patient observations & EWS	7 Pressure Ulcer care-Patient assessment	7 Pressure Ulcer care-Staff knowledge	8 Privacy & Dignity-Observation of Practice	8 Privacy & Dignity-Staff Knowledge	9 Discharge	10 Infection Prevention-Patient review	10 Infection Prevention-Ward review	11 Resuscitation Equipment	12 Medicines Management-Patient assessment	12 Medicines Management-Ward assessment	13 Safeguarding Children & Young people	14Communication/Partnership
DC	G10D	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DC	F32	N/A	100%	100%	60%	N/A	96%	N/A	N/A	100%	87%	83%	53%	88%	14%	100%	100%	80%	100%	97%	100%	-	-
DC	F20	78%	DNC	87%	87%	87%	94%	100%	75%	75%	81%	79%	87%	88%	90%	60%	100%	60%	33%	100%	67%	-	-
DC	FCID	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IP	F27	95%	100%	83%	100%	100%	100%	76%	100%	100%	90%	97%	100%	100%	100%	70%	80%	100%	33%	100%	100%	-	-
IP	F31	100%	100%	73%	87%	57%	98%	93%	92%	100%	94%	100%	67%	88%	38%	90%	45%	80%	100%	89%	100%	-	-
IP	FCCU	100%	100%	87%	100%	100%	100%	92%	84%	100%	94%	100%	100%	88%	86%	100%	100%	100%	100%	100%	100%	-	-
IP	FCDU	72%	50%	57%	67%	50%	90%	N/A	100%	100%	89%	88%	93%	100%	76%	100%	40%	60%	67%	97%	33%	-	-
IP	G15A	100%	100%	88%	100%	80%	89%	44%	100%	100%	100%	96%	100%	100%	100%	33%	90%	100%	100%	100%	67%	-	-
IP	G17	83%	50%	47%	100%	0%	95%	50%	76%	100%	100%	82%	100%	100%	100%	85%	60%	80%	100%	91%	67%	-	-
IP	GDCM	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IP	RITU	100%	100%	95%	100%	100%	87%	N/A	100%	100%	100%	100%	100%	88%	81%	100%	100%	100%	33%	100%	100%	-	-
IP	RPAC	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IP	FCIC	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IP	FITU	100%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	88%	100%	100%	100%	100%	100%	100%	100%	-	-
IP	G10	100%	100%	90%	100%	100%	100%	83%	100%	100%	100%	100%	100%	100%	100%	100%	100%	80%	100%	100%	67%	-	-
IP	G15N	84%	100%	68%	100%	100%	92%	80%	60%	100%	87%	87%	100%	100%	100%	73%	100%	80%	0%	97%	67%	-	-
IP	F16	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IP	F33	83%	100%	40%	100%	85%	85%	83%	88%	100%	69%	92%	100%	75%	81%	93%	80%	100%	100%	96%	67%	-	-
IP	F15	42%	100%	67%	100%	50%	82%	N/A	68%	100%	70%	69%	100%	100%	62%	53%	60%	40%	67%	88%	67%	-	-
IP	F17	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IP	F17H	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IP	F26	93%	DNC	95%	80%	95%	100%	93%	60%	100%	100%	100%	87%	88%	95%	80%	100%	100%	100%	100%	67%	-	-
IP	F28	93%	100%	90%	100%	80%	96%	60%	92%	75%	97%	96%	100%	100%	100%	73%	0%	60%	33%	95%	100%	-	-
IP	F31H	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IP	F33A	94%	50%	77%	87%	85%	78%	42%	84%	100%	97%	93%	100%	75%	71%	80%	100%	60%	100%	100%	33%	-	-
IP	FCHD	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IP	F26H	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IP	F30	100%	100%	-	-	N/A	100%	-	100%	100%	100%	100%	60%	88%	100%	100%	100%	100%	67%	100%	67%	100%	100%
IP	FPIC	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IP	FREC	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DC	GGSU	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DC	RGAU	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DC	RPOD	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DC	RCDW	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IP	R28	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IP	RPSS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IP	G30	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IP	G31	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IP	R27	96%	95%	-	-	N/A	100%	-	100%	100%	94%	100%	100%	100%	100%	100%	100%	80%	67%	100%	67%	0%	100%
IP	R27A	90%	74%	-	-	N/A	93%	-	92%	100%	77%	88%	40%	100%	86%	73%	100%	100%	33%	98%	67%	97%	80%
IP	RCAU	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IP	RSCB	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IP	R10	92%	75%	-	-	N/A	100%	-	100%	100%	93%	88%	100%	100%	86%	92%	100%	100%	67%	100%	100%	100%	100%
IP	R14	80%	79%	-	-	N/A	98%	-	100%	100%	97%	83%	100%	100%	90%	100%	100%	60%	67%	90%	67%	100%	92%
IP	R11	100%	98%	-	-	N/A	100%	-	100%	100%	100%	88%	100%	100%	100%	100%	100%	80%	67%	100%	67%	100%	100%
IP	R12	96%	81%	-	-	N/A	100%	-	100%	100%	100%	88%	93%	100%	86%	100%	100%	100%	33%	93%	100%	89%	100%
IP	R05	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IP	R06	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IP	R12A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IP	RCIC	100%	96%	-	-	80%	100%	-	100%	100%	100%	75%	40%	100%	86%	100%	100%	80%	100%	90%	67%	95%	100%

Trust Board paper U - appendix 3

To:	**Trust Board**
From:	**Richard Mitchell, Chief Operating Officer**
Date:	**May 2014**
CQC regulation:	**As applicable**

Title:	RTT Improvement Report

Author: Richard Mitchell, Chief Operating Officer

Purpose of the Report:
To provide an overview on RTT performance.

The Report is provided to the Board for:

Decision		Discussion	
Assurance	√	Endorsement	

Summary / Key Points:

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

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

Previously considered at another UHL corporate Committee N/A

Strategic Risk Register Yes	**Performance KPIs year to date** Please see report

Resource Implications (eg Financial, HR)
Yes

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

Patient and Public Involvement (PPI) Implications
Impact on patient experience where long waiting times are experienced

Equality Impact
N/A

Information exempt from Disclosure
N/A

Requirement for further review
Monthly

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

Introduction

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

Performance overview

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

	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											
Including Alliance				78.9%											
	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%											
Including Alliance				94.3%											

This table details at a Trust level the size of the admitted and non-admitted backlogs over a 2 month period indicating overall reductions.

Trust level backlog over 18 weeks Week Ending	23/03/2014	30/03/2014	06/04/2014	13/04/2014	20/04/2014	27/04/2014	04/05/2014	11/05/2014	18/05/2014
RTT Non Admitted Backlog Actual No	1705	1704	1497	1415	1436	1527	1288	1260	1268
RTT Admitted Backlog Actual No	1475	1527	1494	1525	1551	1551	1372	1318	1335

The Trust will unfortunately be reporting 3 breaches of the 52 week RTT standard in April. These are maxillofacial patients, a full investigation into the reasons for these is being carried out.

In April a joint RTT performance board was set up with commissioners, this meets every two weeks to monitor recovery plans and performance

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. This will have a significant impact on the UHL finances as fines could be as much as £2.5m to £3.6m.

Recommendations
The board are asked to:

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

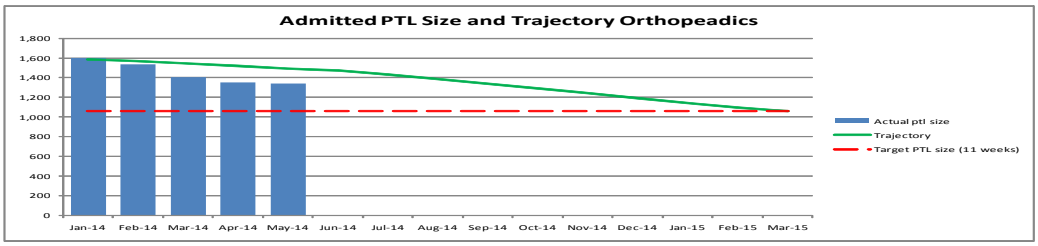
Specialty Level Trajectory

	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											
Including Alliance				78.9%											
	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%											
Including Alliance				94.3%											
	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%											
	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%	98.1%	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%											
	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%											
	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%											
	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%											
	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%											
	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%											
	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%											
	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%											
	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%											
	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%											
	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%	95.90%		Appendix A									

Inpatient waiting list size

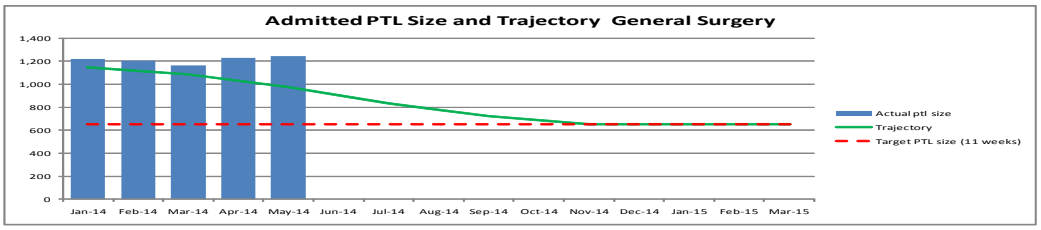
Othopaedics

	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	-	-	-	-						
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



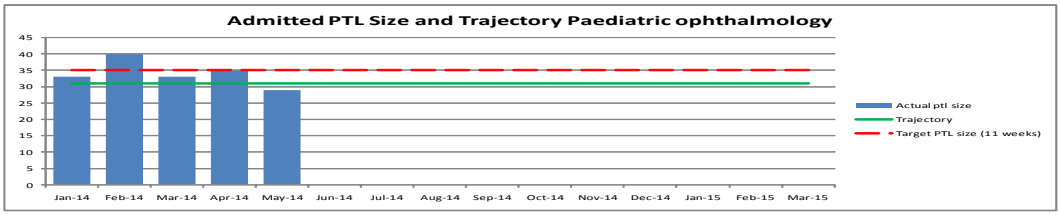
General surgery

	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	-	-	-	-						
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



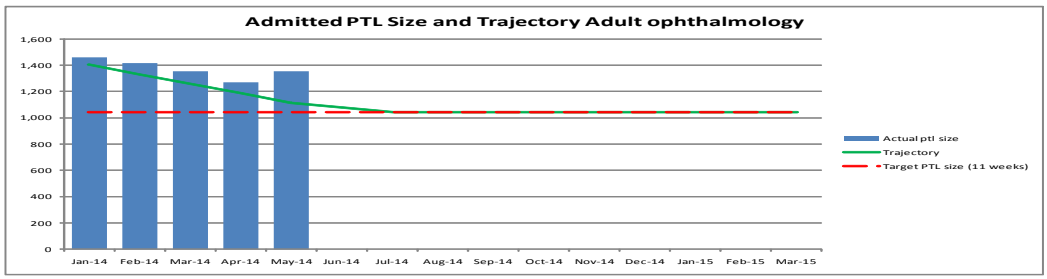
Paediatric ophthalmology

	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	-	-	-	-						
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



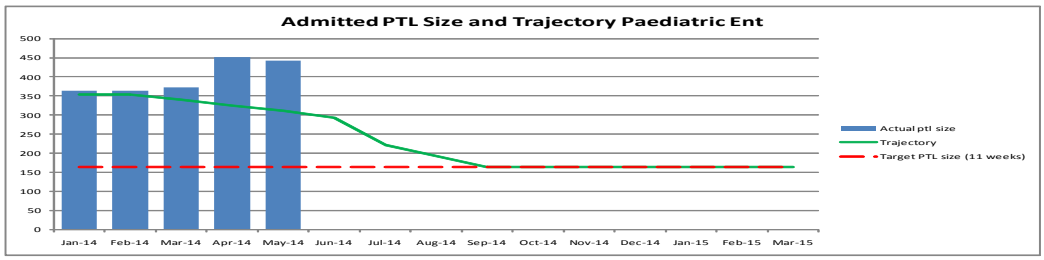
Adult ophthalmology

	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	-	-	-	-						
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



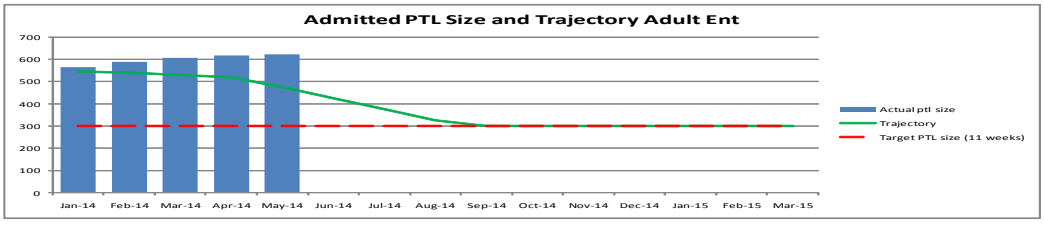
Paediatric ENT

	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	-	-	-	-						
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



Adult Ent

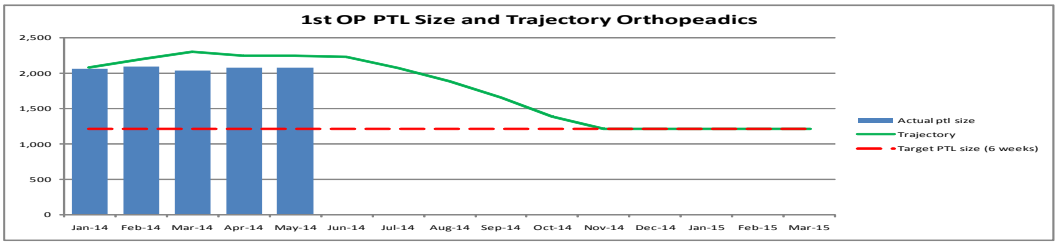
	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Actual ptl size	565	589	606	618	621	-	-	-	-						
Trajectory	545	540	529	518	475	425	375	326	300	300	300	300	300	300	300
Target PTL size (11 weeks)	300	300	300	300	300	300	300	300	300	300	300	300	300	300	300



Outpatient waiting list size

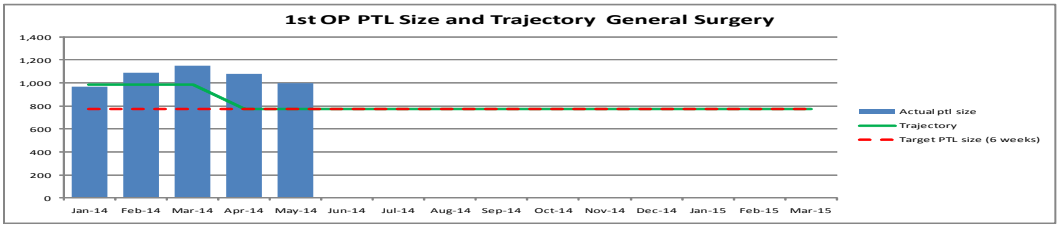
Othopaedics

	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	2,055	2,089	2,036	2,076	2,074	-	-	-	-						
Trajectory	2,080	2,197	2,299	2,241	2,241	2,230	2,073	1,879	1,653	1,383	1,208	1,208	1,208	1,208	1,208
Target PTL size (6 weeks)	1,208	1,208	1,208	1,208	1,208	1,208	1,208	1,208	1,208	1,208	1,208	1,208	1,208	1,208	1,208



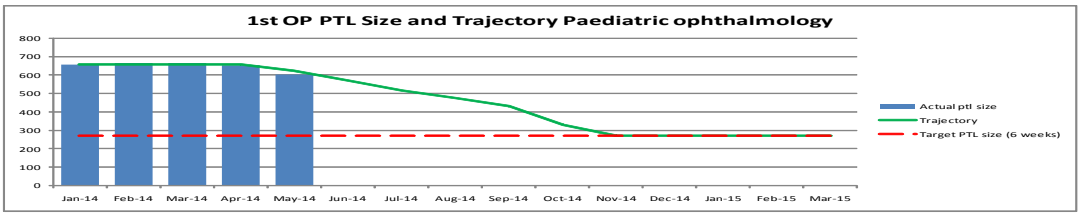
General surgery

	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	967	1,089	1,149	1,080	997	-	-	-	-						
Trajectory	983	983	983	773	773	773	773	773	773	773	773	773	773	773	773
Target PTL size (6 weeks)	773	773	773	773	773	773	773	773	773	773	773	773	773	773	773



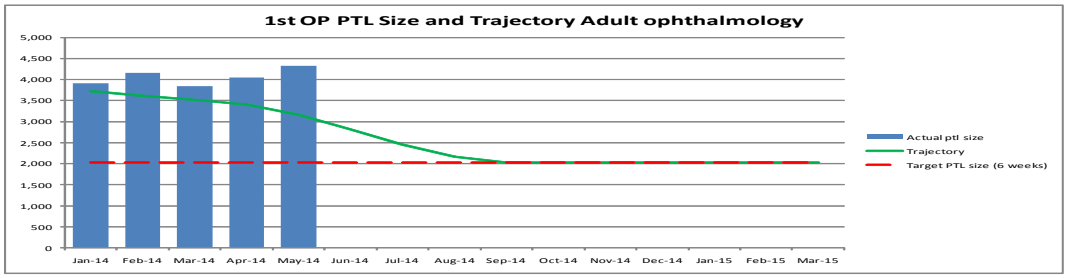
Paediatric ophthalmology

	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	656	667	665	652	604	-	-	-	-						
Trajectory	657	657	657	657	625	571	517	474	431	330	269	269	269	269	269
Target PTL size (6 weeks)	269	269	269	269	269	269	269	269	269	269	269	269	269	269	269



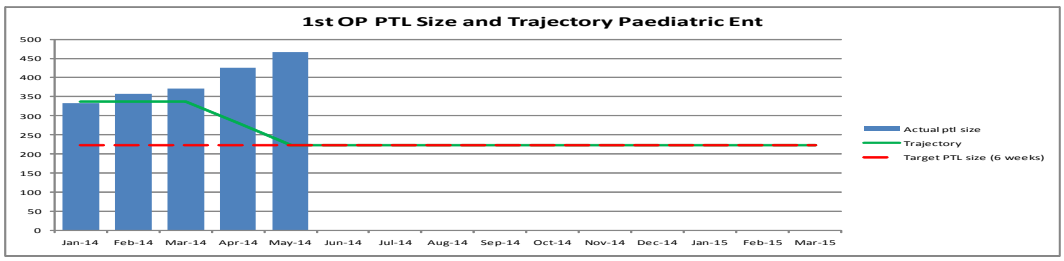
Adult ophthalmology

	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	3,911	4,155	3,846	4,047	4,319	-	-	-	-						
Trajectory	3,726	3,619	3,513	3,406	3,167	2,812	2,457	2,173	2,031	2,031	2,031	2,031	2,031	2,031	2,031
Target PTL size (6 weeks)	2,031	2,031	2,031	2,031	2,031	2,031	2,031	2,031	2,031	2,031	2,031	2,031	2,031	2,031	2,031



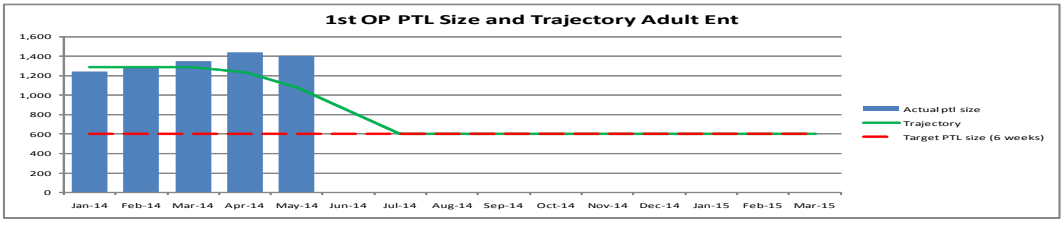
Paediatric ENT

	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	333	357	371	426	466	-	-	-	-						
Trajectory	337	337	337	280	223	223	223	223	223	223	223	223	223	223	223
Target PTL size (6 weeks)	223	223	223	223	223	223	223	223	223	223	223	223	223	223	223



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	1,243	1,276	1,350	1,442	1,407	-	-	-	-						
Trajectory	1,286	1,286	1,286	1,236	1,081	843	605	605	605	605	605	605	605	605	605
Target PTL size (6 weeks)	605	605	605	605	605	605	605	605	605	605	605	605	605	605	605



UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

OPERATIONAL PERFORMANCE EXCEPTION REPORT

REPORT TO: **TRUST BOARD**

DATE: **29 May 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**

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 April was 1.1% 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 April was 10 with 90.1% offered a date within 28 days of the cancellation. This is a worse position against March.
3. *The number of urgent operations cancelled for a second time* ; Zero

A remedial action plan against the two standards that the Trust is failing has been formally signed off by commissioners and a revised recovery trajectory has been accepted.
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 trajectory reduction , with a residual number of 10 which are unavoidable , such as complications in surgery resulting in cancelling patients.

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

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

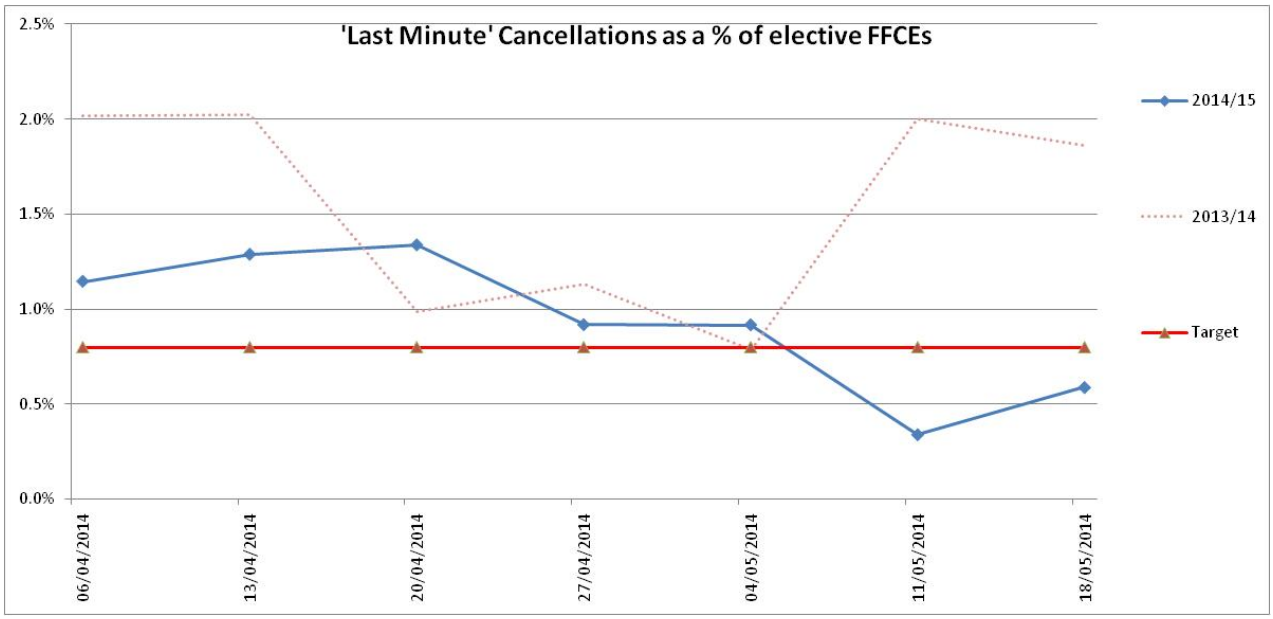
The revised UHL process for reporting cancelled operations has been circulated and is now in use. This appears to be having a positive impact in the April figures.

In April, Nottingham University Hospitals 'Cancelled Ops' project manager was invited to present their sucessful improvement against these key standards to UHL theatre and operational staff. Learning from Nottingham is being implemented at UHL , including the recruitment of a similar post.

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 our over 3 months, showed no beds to be either direct or indirect cause of cancellations on the day.

Performance against standard 1 for the start of May is showing positive signs.



Week ending	2014/15	2013/14	Target
06/04/2014	1.1%	2.0%	0.8%
13/04/2014	1.3%	2.0%	0.8%
20/04/2014	1.3%	1.0%	0.8%
27/04/2014	0.9%	1.1%	0.8%
04/05/2014	0.9%	0.8%	0.8%
11/05/2014	0.3%	2.0%	0.8%
18/05/2014	0.6%	1.9%	0.8%

Details of senior responsible officer

CMG SRO: P Walmsley

Corporate Ops: P Walmsley