Trust Board paper R

	TRUST BOARD
From:	Rachel Overfield, Kevin Harris, Richard Mitchell, Kate Bradley
Date:	**25th September 2014**
CQC regulation	All

Title:	**Quality & Performance Report**

Author/Responsible Director: R. Overfield, Chief Nurse
K. Harris, Medical Director
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Purpose of the Report:
The following report provides an overview of the August 2014 Quality & Performance report highlighting NTDA/UHL key metrics and escalation reports where required.

The Report is provided to the Board for:

Decision		Discussion	√
Assurance	√	Endorsement	

Summary / Key Points:
The NTDA have advised that the final version of the Accountability Framework Indicators and thresholds will be available October 2014.

20 of the 82 indicators were RAG rated Red for this month (21 last month).

Domain	Page Number	Number of Indicators	Indicators with target to be confirmed	Number of Red Indicators this month
Safe	3	18	3	0
Caring	4	10	4	0
Well Led	5	14	7	3
Effective	6	14	0	3
Responsive	7	26	0	14
Total		82	14	20

Exception reports:
Well Led – appraisal rates
Responsive – ED (separate report), RTT, diagnostic waits, cancer waits, cancelled operations – not rebooked within 28 days, choose and book, delayed transfers, ambulance handovers.

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 has a negative impact on patient experience and Trust reputation

Equality Impact N/A

Information exempt from Disclosure N/A

Caring at its best

University Hospitals of Leicester NHS
NHS Trust

Quality and Performance Report

August 2014

One team shared values

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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: **TRUST BOARD**

DATE: **25th SEPTEMBER 2014**

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

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

1.0 Introduction

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

The NTDA have advised that the final version of the Accountability Framework Indicators and thresholds will be available October 2014.

2.0 Performance Summary

20 of the 82 indicators were RAG rated Red for this month (21 last month).

Domain	Page Number	Number of Indicators	Indicators with target to be confirmed	Number of Red Indicators this month
Safe	3	18	3	0
Caring	4	10	4	0
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Safe | Caring | Well Led | Effective | Responsive

	KPI Ref	Indicators	Board Director	Lead Director/Officer	14/15 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	13/14 Outturn	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	YTD
Safe	S1a	Clostridium Difficile	RO	DJ	FYE = 81	NTDA	Red / ER for Non compliance with cumulative target	66	5	9	6	6	5	10	0	4	4	6	5	7	2	24
	S1b	Clostridium Difficile (Local Target)	RO	DJ	FYE = 50	UHL	Red >5 per month, ER when YTD red	66	5	9	6	6	5	10	0	4	4	6	5	7	2	24
	S2a	MRSA Bacteraemias (All)	RO	DJ	0	NTDA	Red = >0 ER = 2 consecutive mths >0	3	0	1	0	0	0	0	0	0	0	0	0	0	0	0
	S2b	MRSA Bacteraemias (Unavoidable)	RO	DJ	0	UHL	Red = >0 ER = 2 consecutive mths >0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0
	S3	Never Events	RO	MD	0	NTDA	Red = >0 in mth ER = in mth >0	3	0	1	0	0	0	0	1	0	0	0	0	0	0	0
	S4	Serious Incidents	RO	MD	tbc	NTDA	tbc	60	5	4	5	8	4	3	4	5	4	6	3	7	2	22
	S5	Proportion of reported safety incidents that are harmful	RO	MD	tbc	NTDA	tbc	2.8%	3.1%		2.3%			2.3%			1.9%					1.9%
	S6	Overdue CAS alerts	RO	MD	0	NTDA	Red = >0 in mth ER = in mth >0	2	1	0	0	0	0	0	0	0	2	2	2	3	0	9
	S7	RIDDOR - Serious Staff Injuries	RO	MD	FYE = <47	UHL	Red / ER = non compliance with cumulative target	47	3	4	6	4	4	7	2	5	3	5	1	2	2	13
	S8	Safety Thermometer % of harm free care (all)	RO	EM	tbc	NTDA	Red = <92% ER = in mth <92%	93.6%	93.5%	93.1%	94.7%	93.9%	94.0%	93.8%	94.8%	93.6%	94.6%	94.7%	94.2%	94.9%	94.4%	94.5%
	S9	% of all adults who have had VTE risk assessment on adm to hosp	KH	SH	95% or above	NTDA	Red = <95% ER = in mth <95%	95.3%	95.2%	95.4%	95.5%	96.7%	96.1%	95.6%	95.0%	95.6%	95.7%	95.9%	95.9%	96.3%	95.5%	95.9%
	S10	Medication errors causing serious harm	RO	MD	0	NTDA	Red = >0 in mth ER = in mth >0	New NTDA Indicator - Definition to be confirmed														
	S11	Patient Falls 65 years and over per 1000 bed days	RO	EM	2270	QC	Red > 8.4 ER = 2 consecutive reds	New Indicator for 14/15									7.1	8.5	8.1	8.4	7.5	7.9
	S12	Avoidable Pressure Ulcers - Grade 4	RO	EM	0	QS	Red / ER = Non compliance with monthly target	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0
	S13	Avoidable Pressure Ulcers - Grade 3	RO	EM	<8 a month	QS	Red / ER = Non compliance with monthly target	71	8	5	5	4	5	7	3	6	5	5	5	5	6	26
	S14	Avoidable Pressure Ulcers - Grade 2	RO	EM	<10 a month	QS	Red / ER = Non compliance with monthly target	120	10	5	7	8	5	10	8	9	6	6	6	7	8	33
	S15	Compliance with the SEPSIS6 Care Bundle	RO	MD	All 6 >75% by Q4	QC	Red/ER = Non compliance with Quarterly target	27.0%	New Indicator					27.0%			47.0%					47.0%
	S16	Nutrition and Hydration Metrics	RO	MD	All 90% by Q3	QC	Red / ER for Non compliance with cumulative target		New Indicator for 14/15								71.0%	67.0%	75.0%	Not Surveyed		71.0%

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Caring

KPI Ref	Indicators	Board Director	Lead Director/Officer	14/15 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	13/14 Outturn	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	YTD
C1	Inpatient Friends and Family Test - Score	RO	CR	72 (Eng Avge - Mar 14)	NTDA	Red if <3SD. ER if <3SD or 3 mths deteriorating performance	68.8	69.6	67.6	66.2	70.3	68.7	71.8	69.0	69.9	69.6	71.0	74.5	73.8	73.8	72.5
C2	A&E Friends and Family Test - Score	RO	CR	54 (Eng Avge - Mar 14)	NTDA	Red if <3SD. ER if <3SD or 3 mths deteriorating performance	58.5	59.6	57.6	58.8	58.6	67.4	67.6	58.7	65.5	69.4	66.0	71.4	71.7	56.3	66.5
C3	Outpatients Friends and Family Test - Score	RO	CR	tbc	UHL	tbc	New Indicator available from October 2014														
C4	Daycase Friends and Family Test - Score	RO	CR	tbc	UHL	tbc	New Indicator available from October 2014									77.3	79.0	78.1	74.0	73.7	76.4
C5	Maternity Friends and Family Test - Score	RO	CR	tbc	UHL	tbc	64.3			64.8	62.1	63.7	67.3	62.1	66.7	61.2	63.5	69.5	69.7	67.3	66.1
C6	Complaints Rate per 100 bed days	RO	MD	tbc	NTDA	tbc		0.4	0.4	0.4	0.3	0.3	0.3	0.5	0.4	0.4	0.3	0.4	0.5	0.5	0.5
C7	Complaints Re-Opened	RO	MD	FYE = tbc	UHL	tbc	272	19	19	20	27	11	28	14	16	20	20	15	25	19	99
C8	Single Sex Accommodation Breaches	RO	CR	0	NTDA	Red = >0 ER = in mth >0	2	0	0	0	2	0	0	0	0	4	2	0	0	0	6
C9	Improvements in the FFT scores for Older People (65+ year)	RO	CR	75	QC	Red / ER = End of Yr Targets non recoverable.	New Indicator for 14/15									73.9	74.4	75.7	76.7	78.7	75.8
C10	Responsiveness and Involvement Care (Average score)	RO	CR	0.8 improvement	QC	tbc	New Indicator for 14/15									88.6	88.5	88.5	88.7	88.8	88.6

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KPI Ref	Indicators	Board Director	Lead Director/Officer	14/15 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	13/14 Outturn	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	YTD
W1	Inpatient Friends and Family Test - Coverage	RO	CR	30% - Q4. 40% - Mar 15	NTDA / CQUIN	Red = Non compliance with monthly target ER – 2 consecutive mths non compliance	24.3%	22.0%	25.8%	21.7%	25.4%	23.3%	24.5%	28.2%	28.8%	36.8%	38.1%	32.6%	30.8%	28.9%	33.3%
W2	A&E Friends and Family Test - Coverage	RO	CR	20% for Q4	NTDA	Red = Non compliance with monthly target ER = 2 consecutive mths non compliance	14.9%	16.1%	11.1%	16.3%	18.4%	16.4%	15.6%	18.4%	16.1%	15.2%	17.8%	14.9%	10.2%	16.1%	14.9%
W3	Outpatients Friends and Family Test - Valid responses	RO	CR	tbc	UHL	tbc	New Indicator available from October 2014								271	34	187	1406	1305	642	3574
W4	Maternity Friends and Family Test - Coverage	RO	CR	tbc	UHL	tbc	25.2%			27.7%	30.3%	24.8%	20.9%	23.7%	23.9%	27.2%	36.4%	25.2%	29.2%	29.9%	29.7%
W5	NHS staff survey: % of staff who would recommend the trust as place to work	KB	ES	tbc	NTDA	tbc	New NTDA Indicator - Definition to be confirmed										53.7%				53.7%
W6	NHS staff survey: % of staff who would recommend the trust as place to receive treatment	KB	ES	tbc	NTDA	tbc	New NTDA Indicator - Definition to be confirmed										68.3%				68.3%
W7	Data quality of trust returns to HSCIC	KS	JR	tbc	NTDA	tbc	New NTDA Indicator - Definition to be confirmed														
W8	Turnover Rate	KB	ES	<10%	UHL	Red = >10% ER = 3 consecutive mths >10%	10.0%	9.3%	9.7%	9.6%	9.7%	10.2%	10.6%	10.4%	10.0%	9.9%	10.0%	10.2%	10.0%	10.5%	10.1%
W9	Sickness absence - 12 mths rolling	KB	ES	3.5% rolling 12 mths post validation	UHL	Red = >3.5% ER = 3 consecutive mths >3.5%	3.4%	3.1%	3.1%	3.3%	3.5%	3.8%	3.8%	3.7%	3.5%	3.5%	3.4%	3.4%	3.9%		3.5%
W10	Total trust vacancy rate	KB	ES	tbc	NTDA	tbc	New NTDA Indicator - Definition to be confirmed														
W11	Temporary costs and overtime as a % of total paybill	KB	ES	tbc	NTDA	tbc	New Indicator									9.4%	9.4%	8.1%	8.5%	8.9%	8.9%
W12	% of Staff with Annual Appraisal	KB	ES	95%	UHL	Red = <90% Amber = 90-95% ER = <90%	91.3%	92.7%	91.9%	91.0%	91.8%	92.4%	91.9%	92.3%	91.3%	91.8%	91.0%	90.6%	90.0%	88.6%	90.3%
W13	Statutory and Mandatory Training	KB	ES	Jun 80%, Sep 85%, Dec 90%, Mar 95%	UHL	Red / ER for Non compliance with incremental target	76%	49%	55%	58%	60%	65%	69%	72%	76%	78%	79%	79%	80%	83%	83%
W14	% Corporate Induction attendance	KB	ES	95.0%	UHL	Red = <90% Amber = 90-95% ER = <90%	94.5%	94.0%	94.0%	91.0%	87.0%	89.0%	93.0%	89.0%	94.5%	96.0%	94.0%	92.0%	96.0%	98.0%	95.2%

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Effective

KPI Ref	Indicators	Board Director	Lead Director/Officer	14/15 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	13/14 Outturn	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	YTD
E1	Mortality - Published SHMI	KH	PR	Within Expected	NTDA	Higher than Expected		104 (Jan12-Dec12)		106 (Apr12-Mar13)			107 (Jul12-Jun13)			106 (Oct12-Sept13)			106 (Jan13-Dec13)		106 (Jan13-Dec13)
E2	Mortality - Rolling 12 mths SHMI (as reported in HED)	KH	PR	100 or below	QC	Red = >expected Amber =>100 ER = >Expected or 3 consecutive mths increasing SHMI >100	102	108	107	107	106	107	105	104	102	100	Awaiting HED Update				100.0
E3	Mortality HSMR (DFI Quarterly)	KH	PR	Within Expected	NTDA	Red = >expected Amber =>100 ER = >Expected or 3 consecutive mths >100	88	91		86			82			Awaiting DFI Update					
E4	Mortality - Rolling 12 mths HSMR (Rebased Monthly as reported in HED)	KH	PR	100 or below	QC	Red = >expected Amber =>100 ER = >Expected or 3 consecutive mths >100	99	103	102	102	102	101	100	100	99	97	97	Awaiting HED Update			97
E5	Mortality HSMR Emergency Weekday Admissions - (HED) OVERALL Rebased Monthly	KH	PR	Within Expected	NTDA	Red = >expected Amber =>100 ER = >Expected or 3 consecutive mths >100	100	106	97	98	107	95	93	103	91	83	98	Awaiting HED Update			90
E6	Mortality HSMR Emergency Weekend Admissions - (HED) OVERALL Rebased Monthly	KH	PR	Within Expected	NTDA	Red = >expected Amber =>100 ER = >Expected or 3 consecutive mths >100	99	116	99	98	93	93	84	106	80	66	127	Awaiting HED Update			96
E7	Deaths in low risk conditions	KH	PR	Within Expected	NTDA	Red = >expected ER = >Expected or 3 consecutive mths >100	94	123	103	98	52	129	164	35	63	48	61	Awaiting DFI update			55
E8	Emergency 30 Day Readmissions (No Exclusions)	KH	PR	Within Expected	NTDA	Higher than Expected	7.9%	7.6%	7.8%	7.9%	7.8%	8.0%	8.7%	9.0%	8.8%	8.7%	8.7%	8.6%	8.4%		8.6%
E9	No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions	KH	RP	72% or above	QS	Red = <72% ER = 2 consecutive mths <72%	65.2%	73.6%	67.1%	70.5%	73.6%	72.2%	68.2%	73.7%	54.7%	56.9%	40.6%	60.3%	76.9%	59.0%	58.8%
E10	Stroke - 90% of Stay on a Stroke Unit	RM	CF	80% or above	QS	Red = <80% ER = 2 consecutive mths <80%	83.2%	88.5%	89.1%	83.7%	78.0%	81.8%	89.3%	83.7%	83.5%	92.9%	80.3%	87.1%	78.1%		84.5%
E11	Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)	RM	CF	60% or above	QS	Red = <60% ER = 2 consecutive mths <60%	64.2%	73.6%	64.6%	62.4%	76.8%	65.7%	60.5%	40.7%	77.9%	79.7%	58.8%	71.3%	62.8%	65.5%	67.3%
E12	Communication - ED, Discharge and Outpatient Letters	KH	SJ	80% or above	QS	Red = <80% ER = 3 consecutive mths below <80%	New Indicator for 14/15													60%	60%
E13	Published Consultant Level Outcomes	KH	SH	>0 outside expected	QC	Red = >0 Quarterly ER = >0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
E14	Non compliance with 14/15 published NICE guidance	KH	SH	0	QC	Red = in mth >0 ER = 2 consecutive mths Red	New Indicator for 14/15									0	0	0	0	0	0

Responsive

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R1	ED 4 Hour Waits UHL + UCC	RM	CF	95% or above	NTDA	Red = <95% ER via ED TB report	88.4%	90.1%	89.5%	91.8%	88.5%	90.1%	93.6%	83.5%	89.3%	86.9%	83.4%	91.3%	92.5%	91.2%	88.9%
R2	12 hour trolley waits in A&E	RM	CF	0	NTDA	Red = >0 ER via ED TB report	5	0	1	0	1	0	0	0	0	0	1	0	0	0	1
R3	RTT Waiting Times - Admitted	RM	CC	90% or above	NTDA	Red /ER = <90%	76.7%	85.7%	81.8%	83.5%	83.2%	82.0%	81.8%	79.1%	76.7%	78.9%	79.4%	79.0%	80.9%	82.2%	82.2%
R4	RTT Waiting Times - Non Admitted	RM	CC	95% or above	NTDA	Red /ER = <95%	93.9%	95.5%	92.0%	92.8%	91.9%	92.8%	93.4%	93.5%	93.9%	94.3%	94.4%	95.0%	94.9%	95.6%	95.6%
R5	RTT - Incomplete 92% in 18 Weeks	RM	CC	92% or above	NTDA	Red /ER = <92%	92.1%	92.9%	93.8%	92.8%	92.4%	91.8%	92.0%	92.6%	92.1%	93.9%	93.6%	94.0%	93.2%	94.0%	94.0%
R6	RTT 52 Weeks+ Wait	RM	CC	0	NTDA	Red /ER = >0	0	0	0	0	0	1	1	0	0	3	0	2	16	9	9
R7	6 Week - Diagnostic Test Waiting Times	RM	SK	1% or below	NTDA	Red /ER = >1%	1.9%	0.8%	0.7%	1.0%	0.8%	1.4%	5.3%	1.9%	1.9%	0.8%	0.9%	0.8%	0.7%	1.0%	1.0%
R8	Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	RM	MM	93% or above	NTDA	Red = <93% ER = Red for 2 consecutive mths	94.8%	94.6%	93.0%	94.9%	95.7%	94.9%	95.3%	95.9%	95.3%	88.5%	94.7%	93.5%	92.2%		92.2%
R9	Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	RM	MM	93% or above	NTDA	Red = <93% ER = Red for 2 consecutive mths	94.0%	92.0%	95.2%	93.0%	91.3%	95.5%	96.8%	93.4%	94.3%	80.0%	95.0%	98.9%	94.9%		93.3%
R10	31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	RM	MM	96% or above	NTDA	Red = <96% ER = Red for 2 consecutive mths	98.1%	99.7%	99.1%	98.9%	96.2%	97.4%	97.2%	98.5%	98.2%	97.2%	92.9%	93.6%	94.4%		94.5%
R11	31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	RM	MM	98% or above	NTDA	Red = <98% ER = Red for 2 consecutive mths	100.0%	100.0%	#####	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%
R12	31-Day Wait For Second Or Subsequent Treatment: Surgery	RM	MM	94% or above	NTDA	Red = <94% ER = Red for 2 consecutive mths	98.2%	98.4%	88.6%	96.4%	97.1%	92.3%	94.8%	96.4%	98.6%	95.2%	97.0%	90.8%	89.9%		93.0%
R13	31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	RM	MM	94% or above	NTDA	Red = <94% ER = Red for 2 consecutive mths	96.0%	100.0%	97.7%	97.5%	98.5%	98.1%	94.8%	96.3%	99.1%	97.3%	95.6%	93.9%	97.3%		96.2%
R14	62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	RM	MM	85% or above	NTDA	Red = <85% ER = Red in mth or YTD	86.7%	88.2%	87.4%	86.4%	85.7%	89.4%	89.1%	89.1%	92.4%	92.7%	88.5%	73.1%	85.6%		84.5%
R15	62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	RM	MM	90% or above	NTDA	Red = <90% ER = Red for 2 consecutive mths	95.6%	97.2%	96.2%	100.0%	97.0%	96.6%	97.1%	95.1%	91.7%	91.1%	67.4%	73.9%	73.0%		76.4%
R16	Urgent Operations Cancelled Twice	RM	PW	0	NTDA	Red = >0 ER = >0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
R17	Cancelled patients not offered a date within 28 days of the cancellations UHL	RM	PW	0	NTDA	Red = >0 ER = >0	85	5	3	10	4	8	9	2	8	10	3	1	2	1	17
R18	Cancelled patients not offered a date within 28 days of the cancellations ALLIANCE	RM	PW	0	NTDA	Red = >0 ER = >0										0	0	0	0	6	6
R19	% Operations cancelled for non-clinical reasons on or after the day of admission UHL	RM	PW	0.8% or below	Contract	Red = >0.8% ER = >0.8%	1.6%	1.4%	2.3%	1.7%	1.8%	1.7%	1.6%	2.1%	1.5%	1.1%	0.8%	1.1%	0.7%	0.6%	0.9%
R20	% Operations cancelled for non-clinical reasons on or after the day of admission ALLIANCE	RM	PW	0.8% or below	Contract	Red = >0.8% ER = >0.8%	1.6%	1.4%	2.3%	1.7%	1.8%	1.7%	1.6%	2.1%	1.5%	0.6%	0.6%	0.3%	2.7%	0.0%	0.9%
R21	% Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	RM	PW	0.8% or below	Contract	Red = >0.8% ER = >0.8%	New Indicator for 14/15									1.1%	0.8%	1.0%	0.9%	0.6%	0.9%
R22	No of Operations cancelled for non-clinical reasons on or after the day of admission	RM	PW	N/A	UHL		1739	124	208	171	172	141	152	178	139	106	77	98	94	55	430
R23	Delayed transfers of care	RM	PW	3.5% or below	NTDA	Red = >3.5% ER = Red for 3 consecutive mths	4.1%	3.9%	4.2%	4.6%	4.4%	3.6%	4.6%	4.3%	3.8%	4.6%	4.4%	4.2%	4.1%	4.1%	4.3%
R24	Choose and Book Slot Unavailability	RM	CC	4% or below	Contract	Red = >4% ER = Red for 3 consecutive mths	13%	14%	11%	16%	17%	14%	10%	16%	19%	22%	25%	26%	25%	26%	25%
R25	Ambulance Handover >60 Mins (based on weekly figures)	RM	CF	0	Contract	Red = >0 ER = Red for 3 consecutive mths	868	16	21	25	59	102	52	207	111	173	253	88	71	40	625
R26	Ambulance Handover >30 Mins and <60 mins (based on weekly figures)	RM	CF	0	Contract	Red = >0 ER = Red for 3 consecutive mths	7,075	383	484	705	689	722	573	818	601	720	951	671	591	584	3,517

W12 – APPRAISAL RATES

What is causing underperformance?	What actions have been taken to improve performance?	Target (mthly / end of year)	Latest month performance	YTD performance	Forecast performance for next reporting period
1. There is further reduction in overall appraisal performance over the last three consecutive months i.e. June to August 2014. The total reduction over this review period is by 2% from 90.62% to 88.62%, against a target of 95%, indicating a downward trend. 2. Feedback from Clinical Management Group and Directorates Leads indicates that the reduction in performance is caused by:- a. Changes in nominated 'CMG Data Entry Personnel' b. Line manager / appraiser omissions in data return c. Appraiser / senior staff sickness in some areas d. Service pressures preventing the release of staff to conduct or attend appraisal	1. Discussion at CMG / Directorate Boards and across services / areas 2. Circulation of breakdown of performance by cost centre covering review period 3. Performance management being pursued for areas that persistently remain below 95% 4. Recovery plans in place across all underperforming areas with trajectories set (at appraisee/team level) 5. Clear expectations set regarding reporting requirements 6. Close monitoring at a local level on a weekly basis	**95%**	**88.62%**	**90.3% (average)**	**90%(Sept)**

Performance by CMG

CMG	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14
CHUGGS	87.1%	87.8%	88.0%	87.6%	85.4%	82.1%
CSI	95.1%	94.7%	94.1%	95.0%	93.2%	93.5%
ESM	90.5%	90.2%	89.1%	86.7%	87.2%	88.8%
ITAPS	92.8%	93.8%	91.1%	94.0%	94.0%	88.7%
MSS	94.1%	96.6%	95.2%	90.9%	92.6%	88.7%
RRC	88.1%	89.6%	90.8%	91.9%	92.2%	93.5%
W&C	89.2%	91.2%	90.1%	89.8%	85.9%	85.8%
Corporate	94.3%	91.1%	89.9%	86.9%	85.5%	82.3%

Performance by Quarter

13/14 FYE	14/15 Q1	14/15 Q2	14/15 Q3	14/15 Q4
91.3%	90.6%			

Monthly performance by CMG

Expected date to meet standard / target	Monthly Target
Revised date to meet standard	End November 2014
Lead Director / Lead Officer	Kate Bradley, Director of Human Resources Bina Kotecha, Assistant Director of Learning and OD

R3, R4 and R6 REFFERAL TO TREATMENT – ADMITTED, NON-ADMITTED and 52+ WEEKS

Referral to Treatment		Target	Latest performance (August)	Year to date	Forecast for next reporting period
What is causing underperformance?	**What actions have been taken to improve performance?**	**95% Non Adm 90% Adm**	**95.2% 80.8%**	**NA**	**95.3% 77%**

Background

The reasons for UHL's deterioration in RTT performance are well documented. This report is the seventh monthly update. The high level trajectories are detailed in the attached Appendices.

For August the Trust is behind trajectory for admitted performance at a Trust Level, even when including Alliance activity. However this reduced performance is as a result of doing additional activity during the month to reduce backlog over 18 weeks. This is set to continue during September and October in order that the best position is reached for November.

For 'non admitted performance' the Trust is on trajectory achieving the 95%.

Admitted performance is expected to deliver in November 2014.
Funding to support additional activity and additional costs incurred (including premium payments) is anticipated.

To support the delivery the following actions are being taken in addition to those already in place:

- Additional use of the independent sector both locally, Circle Nottingham and Ramsay health. This will be partly UHL sub contracting but CCGs have additionally agreed to the diverting of patients at receipt of referral for whole pathways of care. NB: UHL is seek full patient consent prior to diverting any referrals
- Ongoing validation of all RTT records, additional administrative staff have being recruited to support these processes.

The Trust is continuing additional in house activity, mostly out of hours and at weekends, notably general surgery with between 8-10 additional lists each weekend for 10 weeks.

Trust level backlog over 18 weeks								
Week Ending	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14
RTT Non Admitted Backlog Actual No	1917	1558	1704	1527	1151	1594	2012	1742
RTT Admitted Backlog Actual No	1416	1512	1527	1551	1310	1420	1310	1361

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
- Patients unable or unwilling to transfer their care to alternative providers

Recommendations

The board are asked to:

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

Referral to Treatment (Continued)			Latest performance (August)	Year to date	Forecast for next reporting period
What is causing underperformance?	**What is causing underperformance?**	**95% Non Adm 90% Adm**	**95.2% 80.8%**	**NA**	**95.3% 77%**
Performance overview UHL's RTT performance is mainly challenged in four specialities; ENT, ophthalmology, orthopaedics and general surgery. The two Appendices go into greater detail showing performance at speciality level and waiting list sizes for both outpatient and electives (key indicators of RTT backlog reduction). Ophthalmology continues to perform strongly on both admitted and non admitted. ENT admitted backlogs has reduced significantly in the past month. The planned additional elective activity for general surgery which had slipped, mainly due to staffing shortages in the theatres, started (mid September) this is now scheduled to progress from mid September for 10 weeks, with the anticipated treatment of an additional circa 500 cases. All but one of the restorative dentistry patients who breached the 52 week standard have now been treated. The final patient is dated in September. There has been no patient harm due to the excessive waits.		**Expected date to meet standard**		Non admitted in August 2014 Admitted in November 2014	
		Revised date to meet standard		-	
		Lead Director		Richard Mitchell, Chief Operating Officer	
		Clinical Lead		CMG Clinical Directors	
		Managerial Lead		Charlie Carr , Head of Performance	

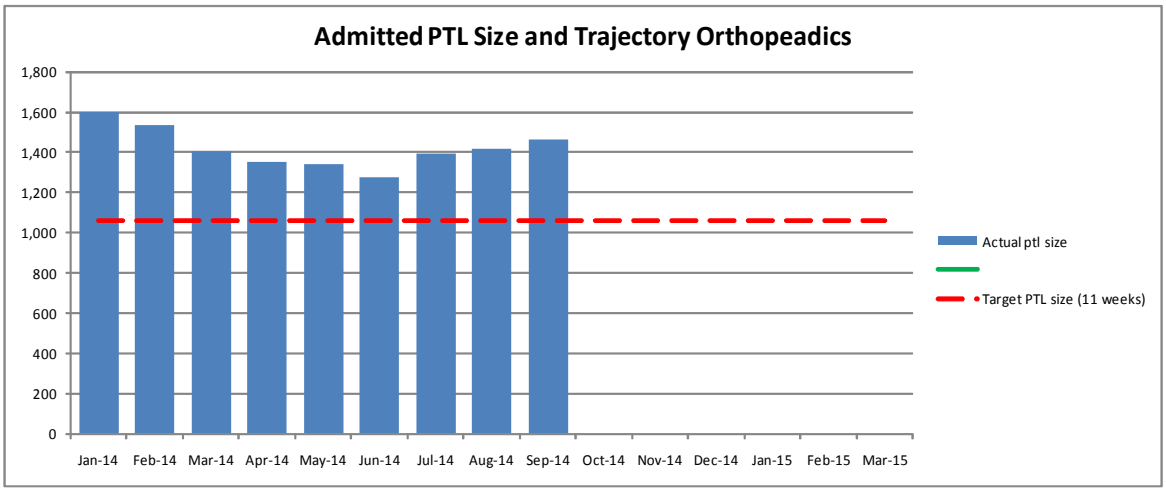
Specialty Level Trajectory

	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%	86.2%	89.5%	90.5%	90.5%	90.5%	90.4%	92.0%
Actual	81.8%	79.3%	76.7%	75.7%	76.8%	77%	78.6%	80.8%							
Including Alliance				78.9%	79.4%	79%	80.86%	82.2%							
	Non admitted Trust level RTT														
	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Trajectory	92.3%	92.7%	92.8%	93.1%	93.6%	94.1%	94.8%	95.1%	95.3%	95.3%	95.5%	96.1%	96.1%	96.1%	96.1%
Actual	93.4%	93.5%	93.9%	93.4%	93.9%	94.3%	94.4%	95.2%							
Including Alliance				94.3%	94.4%	95.0%	94.9%	95.6%							
	Adult Ophthalmology Admitted RTT														
	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Trajectory	58.8%	61.0%	62.3%	63.1%	69.5%	80.4%	90.1%	90.2%	90.3%	90.6%	90.6%	90.5%	90.8%	90.7%	90.8%
Actual	57.8%	60.0%	53.6%	50.3%	52.5%	57.9%	65.6%	91.9%							
	Adult Ophthalmology Non admitted RTT														
	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Trajectory	83.7%	83.1%	82.3%	85.3%	88.8%	89.1%	93.5%	95.4%	95.1%	95.0%	95.2%	95.2%	95.1%	95.1%	95.1%
Actual	86.6	90.2	91.46	89.80%	92.3%	93.8%	97.3%	98.2%							
	Paediatric Ophthalmology Admitted RTT (other category)														
	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Trajectory	80.8%	80.5%	81.2%	81.2%	82.1%	84.4%	84.4%	86.6%	90.6%	90.2%	90.5%	90.5%	90.5%	90.4%	92.0%
Actual			80.1%	73.10%	72.5%	75.3%	65.3%	73.2%							
	Paediatric Ophthalmology Non admitted RTT(other category)														
	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Trajectory	92.3%	92.7%	92.8%	93.3%	92.7%	95.1%	95.4%	95.6%	95.6%	95.6%	95.7%	95.3%	95.3%	95.3%	95.3%
Actual			93%	93.20%	93.9%	94%	94.4%	93.4%							
	Adult ENT Admitted RTT														
	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Trajectory	62.6%	64.5%	61.3%	61.1%	66.1%	72.8%	75.0%	83.1%	90.5%	90.5%	90.4%	90.3%	90.3%	90.2%	90.4%
Actual	69.8%	56.3%	61.8%	61.90%	56.4%	59.2%	59.9%	60.8%							
	Adult ENT Non admitted RTT														
	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Trajectory	89.0%	90.7%	90.4%	93.3%	92.4%	92.4%	93.4%	95.1%	95.4%	95.3%	95.5%	95.5%	95.5%	95.5%	95.5%
Actual	86%	82.7%	86.3%	86.70%	85.1%	87.6%	88.8%	91.4%							
	Paediatric ENT Admitted RTT (other category)														
	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Trajectory	80.8%	80.5%	81.2%	81.2%	82.1%	84.4%	84.4%	86.6%	90.6%	90.2%	90.5%	90.5%	90.5%	90.4%	92.0%
Actual			80.1%	73.10%	72.5%	75.3%	65.3%	73.2%							
	Paediatric ENT Non admitted RTT(other category)														
	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Trajectory	92.3%	92.7%	92.8%	93.3%	92.7%	95.1%	95.4%	95.6%	95.6%	95.6%	95.7%	95.3%	95.3%	95.3%	95.3%
Actual			93%	93.20%	93.9%	94%	94.4%	93.4%							
	Orthopaedics Admitted RTT														
	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Trajectory	70.0%	69.7%	75.3%	75.5%	74.4%	76.2%	78.6%	75.9%	77.6%	79.7%	81.0%	82.3%	82.2%	82.3%	90.1%
Actual	70.1%	70.5%	66.5%	70.50%	71.5%	70.4%	80.1%	74.3%							
	Orthopaedics Non admitted RTT														
	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Trajectory	78.8%	79.3%	80.4%	78.4%	80.7%	81.2%	82.0%	83.4%	84.1%	85.0%	86.0%	95.2%	95.1%	95.1%	95.1%
Actual	78.30%	78.40%	80.5%	76%	80.2%	81.1%	72.7%	82.2%							
	General surgery Admitted RTT														
	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Trajectory	75.2%	72.8%	73.7%	74.4%	74.6%	73.3%	77.4%	82.5%	84.2%	88.2%	90.2%	90.2%	90.2%	90.2%	90.2%
Actual	65.9%	56.9%	66.2%	74.20%	71.6%	73%	67.9%	62.5%							
	General surgery Non admitted RTT														
	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Trajectory	95.1%	95.1%	95.9%	95.1%	95.3%	95.9%	95.1%	95.3%	95.2%	95.3%	95.6%	95.1%	95.1%	95.1%	95.1%
Actual	84%	75.1%	96.7%	95.9%	96.1%	95.1%	95.6%	95.9%							

Inpatient Waiting List

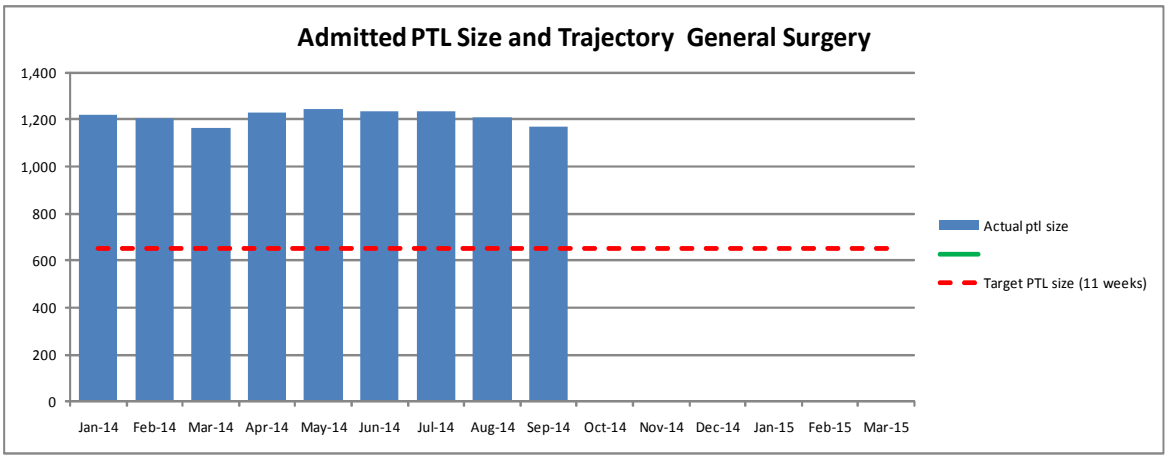
Othopaedics

	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Actual ptl size	1,602	1,536	1,405	1,351	1,339	1,278	1,392	1,420	1,465						
Target PTL size (11 weeks)	1,062	1,062	1,062	1,062	1,062	1,062	1,062	1,062	1,062	1,062	1,062	1,062	1,062	1,062	1,062



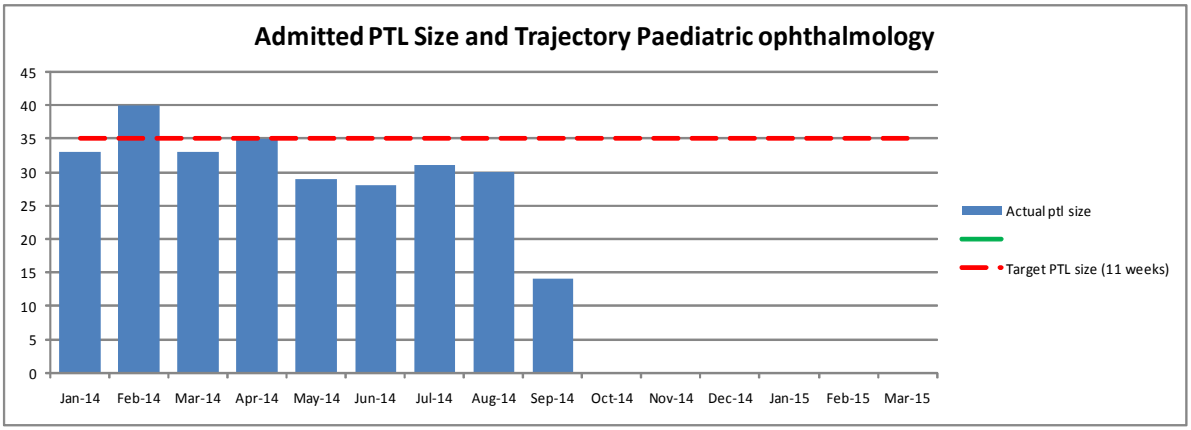
General surgery

	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Actual ptl size	1,220	1,205	1,162	1,227	1,242	1,236	1,236	1,209	1,168						
Target PTL size (11 weeks)	651	651	651	651	651	651	651	651	651	651	651	651	651	651	651



Paediatric ophthalmology

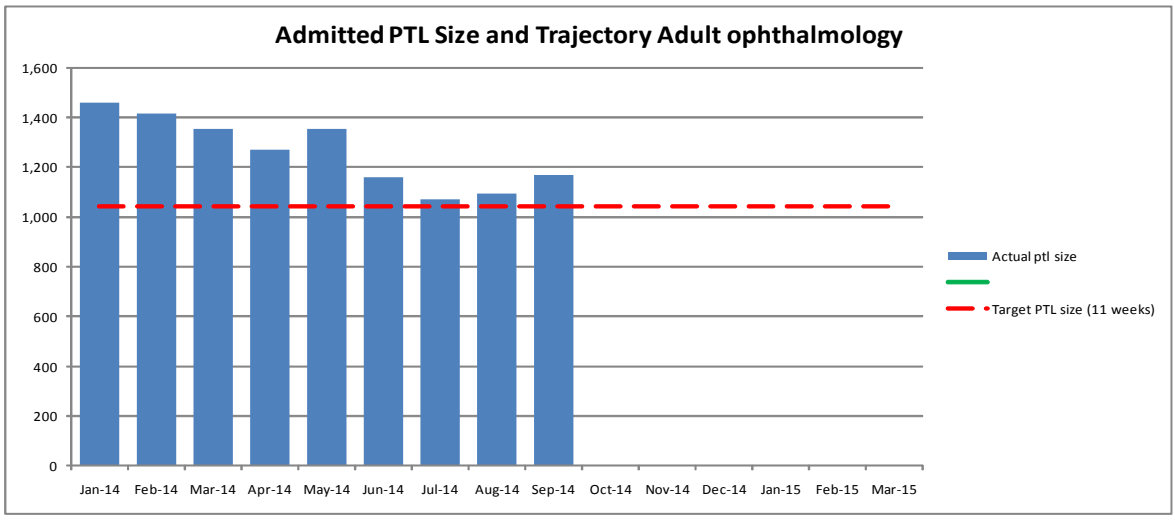
	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Actual ptl size	33	40	33	35	29	28	31	30	14						
Target PTL size (11 weeks)	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35



Inpatient Waiting List (continued)

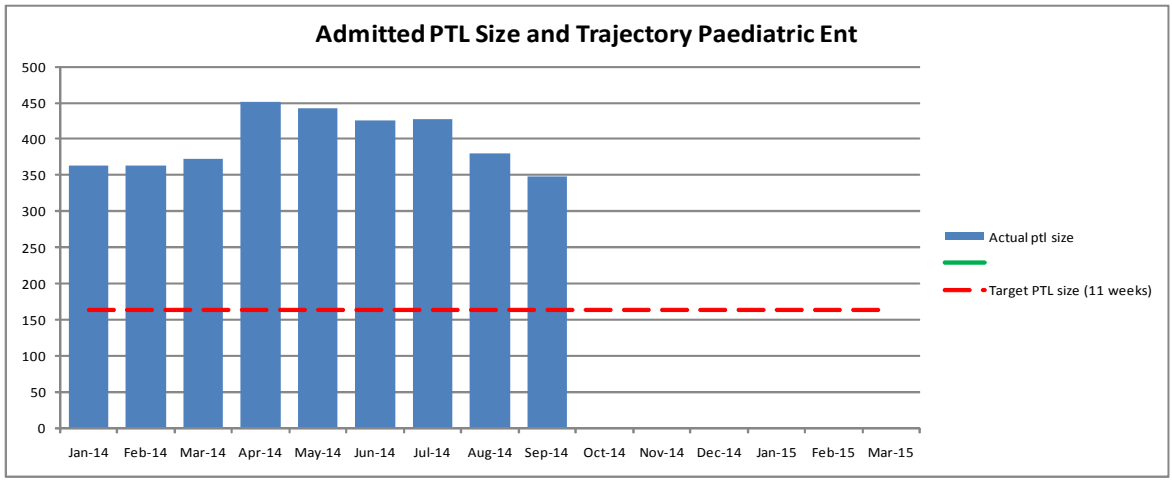
Adult ophthalmology

	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Actual ptl size	1,458	1,415	1,355	1,271	1,353	1,160	1,070	1,092	1,168						
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



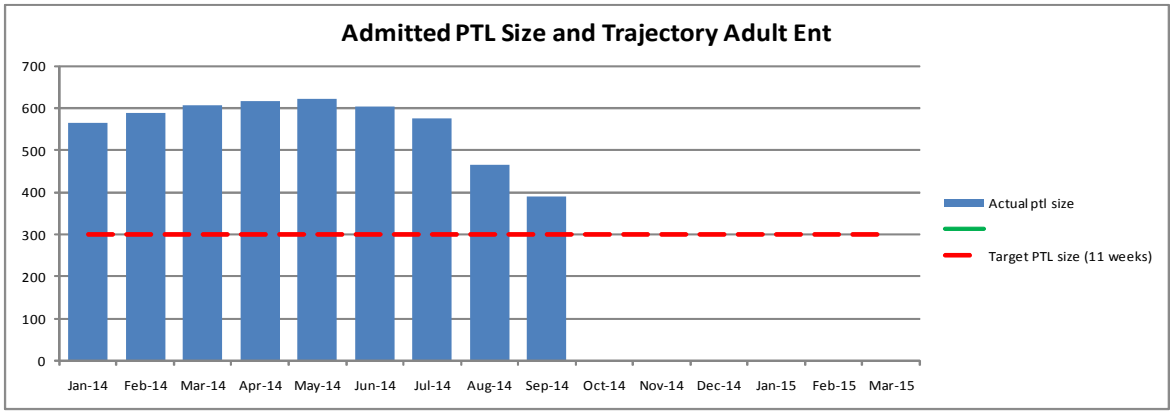
Paediatric ENT

	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	425	428	380	348						
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	604	575	467	390						
Target PTL size (11 weeks)	300	300	300	300	300	300	300	300	300	300	300	300	300	300	300



R7 Diagnostic Waits

<table>
<tr><th>What is causing underperformance?</th><th>What actions have been taken to improve performance?</th><th>Standard</th><th>August</th><th>YTD performance</th><th>Forecast performance for next reporting period</th></tr>
<tr><td rowspan="5">The Trust is measured on the waiting times of the top 15 diagnostic modalities, these are reported at the end of each month. NB: these modalities cross all CMG's

There are a number of factors that have caused this underperformance:

In volume terms imaging accounts for circa 70% of the top 15 diagnostics reported. Key issues were:

- CT insufficient cardiac CT capacity – this is ongoing issue and these are supervised scans so need consultant radiologist availability which was limited in August due to planned leave.
- MRI -Some specific hotspots cardiac stress and heart. Linked to PET CT slot availability. Work is ongoing to explore a fixed site scanner cf mobile scanner and is linked in with national spec commissioning review of PET CT
- 26 patients were cancelled in the last week due to staff absence and equipment failure

Additionally, there were small volumes of breaches of the standard in a number of other modalities including:
Endoscopy, Cystoscopy, sleep studies and Dexa scans. However collectively these have caused a breach of the standard.
A total of 120 patients waiting over 6 weeks.</td><td rowspan="5">Cardiac CT
The manpower to support cardiac CT is currently under review as well as a review of whether any scans can be unsupervised

MRI
Additional van and agency staff to cover is ongoing

Other modalities
Robust waiting list management, additional capacity where there is risk of breaching , dating patients in date order</td><td><1% over 6 weeks</td><td>UHL 1.13%

UHL and Alliance combined 1.04%</td><td>1.0%</td><td><1.0%</td></tr>
<tr><td colspan="4">Risks:

There remain risks to this standard due the low tolerance for failure, ie a threshold of circa 90 patients over 6 weeks to maintain <1%</td></tr>
<tr><td colspan="2">Expected date to meet standard / target</td><td colspan="2">September 2014</td></tr>
<tr><td colspan="2">Revised date to meet standard</td><td colspan="2"></td></tr>
<tr><td colspan="2">Lead Director / Lead Officer</td><td colspan="2">Richard Mitchell
Suzanne Khalid / Jo Fawcus / P Walmsley</td></tr>
</table>

R8, R10, R12, R14 and R15 Cancer Waiting Times Performance

What is causing underperformance?	What actions have been taken to improve performance?	Target (mthly / end of year)	Latest month JULY	YTD	Forecast for AUGUST
R8 1) M1-M5 2014/15 – 15% increase in referrals over M1-M5 2013/14 – most marked in breast 2) Under provision of clinic capacity by services **R10, 12, 14** The multiple factors contributing to the failure to meet these standards include; 1) Access to timely GI endoscopy 2) Access to inpatient diagnostic surgery (especially Gynae) 3) Access to inpatient treatment surgery (mainly GI surgery) 4) Robotic surgery offered to patients ahead of service commencement (Urology), and robot training reducing effective capacity (Gynae) 5) Availability of timely PET scanning (lung, haematology, GI, urology) **R 15** Changes to data recording for the breast screening service to bring them into line with national guidance caused a one-off dip in performance as the impact of the changes worked through the pathway (also **R10** impact)	Cancer pathways are complex and require the coordination of multiple interventions to deliver timely diagnosis and treatment. The support required from outside the CMGs hosting types of cancer is, for the most part, readily available and sufficient to meet performance targets. Specifically, (i) imaging and histology consistently provide rapid and responsive cancer diagnostics; (ii) the trust is currently awash with additional theatre capacity at the disposal of the CMGs, to allocate according to their chosen priorities; (iii) oncology are usually able to deliver treatments within 31 days of referral; (iv) a 50% increase in PET CT capacity has been provided immediately. Restoring performance across the Cancer Waiting Times Targets therefore, lies within the gift of the host CMGs, with support and coordination from the Cancer Centre. For this to happen, the following principles will need to be accepted and acted upon; 1) Cancer pathways are highly complex and inherently fragile 2) Cancer Performance therefore depends upon putting **Cancer First** within elective care work streams 3) A **Cancer First** approach will not have adverse consequences for other performance targets	R8 2WW 93%	92.2%	92.2%	91.7%
		R10 31 day 1st 96%	94.4%	94.5%	97.2%
		R12 31 day sub (Surgery) 94%	89.9%	93.0%	89.1%
		R14 62 day RTT 85%	85.6%	84.5%	78.4%
		R15 62 screening 90%	73.0%	76.4%	100%

Performance by Quarter

	13/14 FYE	14/15 Q1	14/15 Q2	14/15 Q3	14/15 Q4
R8	94.8%	92.2%	91.7%	93%	93%
R10	98.1%	94.6%	93.2%	97%	97%
R12	98.2%	94.2%	86.3%	94%	94%
R14	86.7%	84.1%	80.0%	80%	85%
R15	95.6%	78%	86.5%	90%	90%

Expected date to meet standard / target	September 2014
Revised date to meet standard	October 2014 for R8, R10, R12, R15 January 2015 for R14
Lead Director / Lead Officer	Richard Mitchell Matt Metcalfe

R18 OPERATIONS CANCELLED ON THE DAY NOT REBOOKED WITHIN 28 DAYS

Operations cancelled on the day for non clinical reasons			**August 2014**		
What is causing underperformance?	**What actions have been taken to improve performance?**	**Target (mthly) 1)On day= 0.8% 2) 28 day = 0**	**Latest month performance**	**YTD performance**	**Forecast performance for next reporting period**
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. The Trust achieved the target for <0.8% cancellations on the day in August	The key action to ensure on going good performance is the daily expediting of patients at risk of cancellation on the day, following the UHL cancelled operations policy. For those cancelled on the day , adhering to the Trust policy of escalating to CMG Directors and General Managers for resolution. The 'Cancelled Operations' manager starts in post at the end of September. The key focus of their role will be to ensure both bed and non bed related cancellations continue to reduce and that all patients cancelled are rebooked within 28 days within UHL. 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.		1) 0.6% 2) UHL 1 patient 3) Alliance 6 patients		0.8%

UHL performance

1. The percentage of operations cancelled on/after the day for non-clinical reasons during August was 0.6% against a target of 0.8%.
2. The number of patients cancelled who breached the standard of being offered another date within 28 days in August was 1. The patient was treated in August.
3.The number of urgent operations cancelled for a second time ; Zero

Alliance performance

Due to exceptional circumstances during July a total of 23 patients were cancelled in the community hospitals for non clinical reasons. Factors included equipment failure which resulted in high volume lists being cancelled. This has resulted in 6 patients breaching the 28 day standard in August, of these 2 were treated in August , the remanining 4 have agreed dates in September.

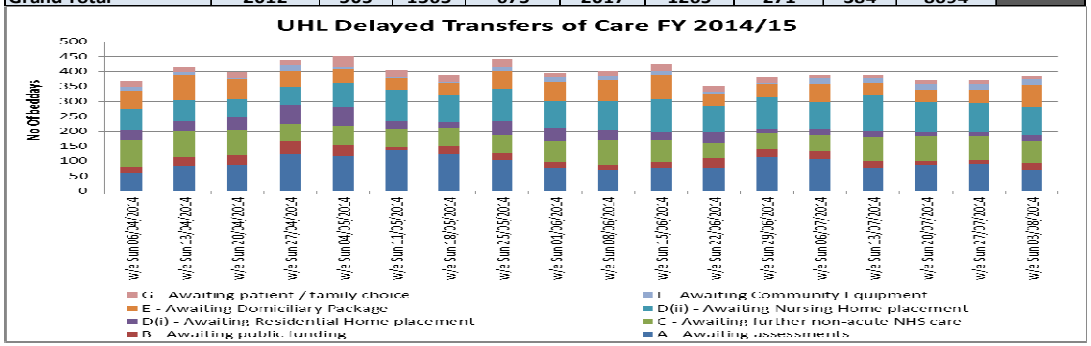
13/14 FYE	**14/15 Q1**	**14/15 Q2**	**14/15 Q3**	**14/15 Q4**
1.6%	0.97%			

Expected date to meet standard / target	1) August 2014 2) July 2014
Revised date to meet standard	2) October 2014
Lead Director / Lead Officer	Richard Mitchell Phil Walmsley

R23 DELAYED TRANSFERS OF CARE

What is causing underperformance?	What actions have been taken to improve performance?	Target (mthly / end of year)	Latest month performance	YTD performance	Forecast performance
Currently there are significant delays in DTOCs due to slow discharges to care homes. This is caused by families being slow to find appropriate care homes, care homes being slow to come in to assess the patient as suitable or waiting for a bed to become available There are also delays in getting patients assessed using the CHC assessment package. This is due to assessor availability, assessment completion by MDT or family availability. There continue to be patients waiting for community hospital beds- this is linked to patient choice for location, sex mix of bed availability and capacity linked to CHS flow. Social care support. – Due to a significant increase in demand and size of package – there have been difficulties and delays in POC availability within the County.	We are currently looking at an external company to assess their ability to support transferring patients to their own homes or to care homes more efficiently. A new discharge pathway is being implemented which streamlines discharge processes and actively seeks to support patients going home but also to optimise their reablement opportunities. Pilot for pathway 2 due to commence. Work is being done on increasing the number of available CHC assessors available within the trust. The new discharge pathways will take the CHC assessment out of the hospital environment for the majority of patients. A needs led assessment will inform the discharge location with the CHC assessment take place following a period of reablement. Whilst there is often community hospital capacity it is often in the wrong hospital geographically, so patients refuse to move out of UHL. Choice letters are now issued following refusal of an identified rehab bed. Social Care have 3 actions in place • Review team have commenced this week to reassess all patient who are on brokered packages to enable appropriate package sizing and free up capacity • Joint working between Social Care and health therapy teams to risk assess package sizing. • 3 additional brokers coming back on line in key county areas over the next few weeks	3.5%	4.1%	4.3%	4.0%

	A - Awaiting assessments	B - Awaiting public funding	C - Awaiting further non-acute NHS care	D(i) - Awaiting Residential Home placement	D(ii) - Awaiting Nursing Home placement	E - Awaiting Domiciliary Package	F - Awaiting Community Equipment	G - Awaiting patient / family choice	Grand Total	% Delayed Beds based on average 1400 Available Adult Beds
w/e Sun 06/04/2014	61	21	86	37	69	60	13	22	369	3.8%
w/e Sun 13/04/2014	85	26	91	33	70	82	10	17	414	4.2%
w/e Sun 20/04/2014	86	34	85	43	59	66	5	20	398	4.1%
w/e Sun 27/04/2014	124	41	61	63	57	54	21	15	436	4.4%
w/e Sun 04/05/2014	114	38	66	63	80	46	9	36	452	4.6%
w/e Sun 11/05/2014	137	11	59	28	103	38	5	24	405	4.1%
w/e Sun 18/05/2014	123	26	63	20	88	42	2	24	388	4.0%
w/e Sun 25/05/2014	102	23	63	46	107	60	12	30	443	4.5%
w/e Sun 01/06/2014	78	19	70	45	90	64	14	16	396	4.0%
w/e Sun 08/06/2014	70	16	85	34	96	71	10	19	401	4.1%
w/e Sun 15/06/2014	76	21	71	29	109	83	11	25	425	4.3%
w/e Sun 22/06/2014	75	33	53	35	90	37	7	20	350	3.6%
w/e Sun 29/06/2014	111	27	55	16	104	44	5	17	379	3.9%
w/e Sun 06/07/2014	106	27	53	22	91	59	18	12	388	4.0%
w/e Sun 13/07/2014	75	24	80	21	120	39	18	11	388	4.0%
w/e Sun 20/07/2014	88	10	85	13	103	38	19	14	370	3.8%
w/e Sun 27/07/2014	90	13	81	14	96	44	18	15	371	3.8%
w/e Sun 03/08/2014	68	24	73	21	94	72	22	10	384	3.9%
w/e Sun 10/08/2014	61	27	64	23	100	85	19	9	388	4.0%
w/e Sun 17/08/2014	86	18	73	18	99	77	17	7	395	4.0%
w/e Sun 24/08/2014	94	11	76	26	107	49	10	7	380	3.9%
w/e Sun 31/08/2014	102	15	72	25	85	55	6	14	374	3.8%
Grand Total	**2012**	**505**	**1565**	**675**	**2017**	**1265**	**271**	**384**	**8694**	



Performance by Quarter

13/14 FYE	14/15 Q1	14/15 Q2 to date	14/15 Q3	14/15 Q4
4.1%	4.4%	4.4%		

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

R24 CHOOSE AND BOOK

<table>
<tr><th>What is causing underperformance?</th><th>What actions have been taken to improve performance?</th><th>Target (mthly/ end of year)</th><th>August</th><th>YTD performance</th><th>Forecast performance for next reporting period</th></tr>
<tr><td rowspan="6">The Trust is measured on the % of Appointment Slot Unavailability (ASI) per month.

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

The two most significant factors causing underperformance are:

- Shortage of capacity in outpatients
- Inadequate recurrent training and education of administrative staff in the set up and use of the choose and book process</td><td rowspan="6">Capacity

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

Training and education

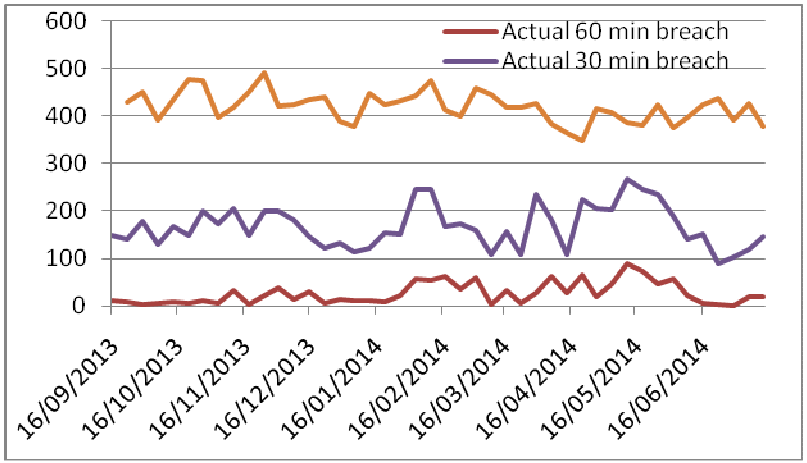
The comprehensive training and education of all relevant staff in all specialties is required, to ensure that choose and book is correctly set up and that supporting administrative purposes are fit for purpose.

An interim Project Manager is in post (15th September) with the specific remit of managing the recovery plan and ensuring that a robust recurrent education programme is in place.

It is anticipated that recovery will take circa 3 months due to the complexity and volume of work required.</td><td><4%</td><td>26%</td><td>25%</td><td>23%</td></tr>
<tr><td colspan="4">National performance varies significantly by Trust, with average performance at circa 10%</td></tr>
<tr><td colspan="2">Expected date to meet standard / target</td><td colspan="2">December 2014</td></tr>
<tr><td colspan="2">Revised date to meet standard</td><td colspan="2"></td></tr>
<tr><td colspan="2">Lead Director / Lead Officer</td><td colspan="2">Richard Mitchell
Charlie Carr</td></tr>
</table>

R25 and R26 AMBULANCE HANDOVER >30 MINUTES

What is causing underperformance?	What actions have been taken to improve performance?	Target (mthly / end of year)	Latest month performance	YTD performance	Forecast performance for next reporting period
Delays in moving patients out of the assessment bay leads to delays in ambulance staff handing over to ED staff. The delays in the assessment bay in ED is caused by lack of capacity, which is mainly due to patients not flowing out of ED or a slow assessment process.	Work across the health economy, led by Dr I Sturgess is leading to improved flow from majors to the wards. A review of the assessment process in ED has led to changes that should see faster assessment bay processes. This will mean that there are more bays available as long as they flow out of majors is maintained. There has also been agreement that all patients going to resuscitation are assumed to be a 0 delay which commenced in August. This should lead to a small improvement in performance in the August figures.	0 delays over 30 minutes	> 60 min 1% 30-60 min – 12% 15-30 min – 38%	> 60 min 3% 30-60 min – 16% 15-30 min – 36%	



The target performance is to have no over 30 minute delays.

There has been a small improvement in reducing delays in the last months figures.

Expected date to meet standard / target	
Revised date to meet standard	To be confirmed.
Lead Director / Lead Officer	Richard Mitchell Phil Walmsley

2014/15 NTDA METRICS AND WEIGHTINGS

Responsiveness Domain

Metric	Standard	Weighting
Referral to Treatment Admitted	90	10
Referral to TreatmentNon Admitted	95	5
Referral to Treatment Incomplete	92	5
Referral to Treatment Incomplete 52+ Week Waiters	0	5
Diagnostic waiting times	1	5
A&E All Types Monthly Performance	95	10
12 hour Trolley waits	0	10
Two Week Wait Standard	93	2
Breast Symptom Two Week Wait Standard	93	2
31 Day Standard	96	2
31 Day Subsequent Drug Standard	98	2
31 Day Subsequent Radiotherapy Standard	94	2
31 Day Subsequent Surgery Standard	94	2
62 Day Standard	85	5
62 Day Screening Standard	90	2
Urgent Ops Cancelled for 2nd time (Number)	0	2
Proportion of patients not treated within 28 days of last minute cancellation	0	2
Delayed Transfers of Care	3.5	5
TOTAL - 15 Indicators		78

Effective Domain

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

Caring Domain

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

Safe Domain

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

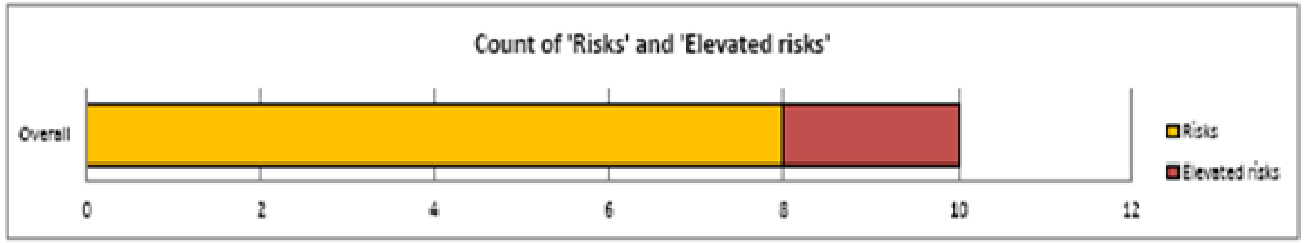
Well Led Domain

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

CQC – Intelligent Monitoring Report

University Hospitals of Leicester NHS Trust

Trust Summary



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

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

Quality Schedule and CQUIN Performance Summary

CONFIRMED Q1 RAGs AS REVIEWED AT THE SEPTEMBER CQRG AND ANTICIPATED Q2 RAGS FOR MONTHLY REPORTED INDICATORS

Ref	Indicator Title	Q1 RAG	Aug RAG	Commentary
	QUALITY SCHEDULE			
PS01	Infection Prevention and Control Reduction.	G	G	Monthly reporting of C Diff. Threshold for 14/15 is 81. UHL is aiming to achieve a reduction on last year's total of 66. Above internal trajectory for July but below for August.
PS02	HCAI Monitoring - MRSA	0	0	0 MRSA bacteraemias to date.
PS03	Patient Safety – compliance with NHS SI framework and demonstrate lessons learnt and actions taken	0	0	0 Never Events to date.
PS04	Duty of Candour	0	0	All patients have been notified of any moderate or serious incidents where applicable to end of July. August's data to be confirmed..
PS06	Risk Assurance	A	G	All Risks reviewed and actions on Track. Some delays with CAS alerts in Q1 but none now overdue..
PS07	Safeguarding	G	G	Assurance documentation sent to CCG Safeguarding leads for their review ahead of their observational visit to the Trust. – Reported to Safeguarding Cttee.
PS08	Reduction in Hospital Acquired Pressure Ulcer incidence.	G	G	Monthly thresholds achieved for both Grade 2 and Grade 3 HAPUs. 0 Grade 4s.
PS09	Medicines Management Optimisation	A	G	Deterioration in Controlled Drugs Audit results reported in Q1. Reaudit due in September. Progress made with development of LLR Medicines Optimisation Strategy.
PS11a	Venous Thromboembolism (VTE)	95.7%	95.5%	Performance continues to be just above the national set threshold of 95%
PS11b	RCAs of Hospital Acquired Thrombosis (HAT)	A	G	Q1 threshold of 100% of 'inpatient' HATs being reviewed not achieved. Exceeded threshold for 'post discharge HATs'. Threshold for Q1 = 100% inpatient and 60% post discharge.
PE1	Same Sex Accommodation Compliance	6	0	No breaches for Q2 to date.
PE4	Equality and Human Rights	G	N/A	Commissioners requested additional assurance around actions being taken to collect Protected Characteristics data.
CE01	Communication - Content	R	A	Poor documentation (60%) in discharge letters of information given to patients and rationale for medication changes. Policy revised and subject to final approval by P&G on 19th September, to be launched w/c 22nd.
CE04	Women's Service Dashboard	A	tbc	Further information requested re plans to increase consultant presence on delivery suite. Assurance given about escalation processes and HIE actions on track.
CE05	Children's Service Dashboard	A	tbc	Thresholds for Registrar training not met in Q1. Increased number of mediation errors reported following work undertaken by clinical lead.
CE06	Patient Reported and Clinical Outcomes	R	A	Patient reported outcomes following Groin Hernia Surgery below the national average. Further review of data suggests main contributory factor relates to post operative pain. Review being undertaken of patient information and consent process. All data submission deadlines due to be met in respect of the Consultant Level Outcomes Programme.
CE07	#NOF - Dashboard	51%	A	72% 'time to theatre' threshold not met for any month in Q1. AMT and Orthogeriatric Assessment threshold not met. Commissioners requested to defer reporting of Action Plan till October meeting in order to allow time for recent changes to take impact. Improved 'time to theatre' performance for July but deterioration again in August.
CE08a	Stroke monitoring	86%	78.1	90% Stay on Stroke Unit performance deteriorated during July. Review being undertaken of case notes to confirm reason for patients not being directly admitted to the Stroke Unit. Necessity of 'ring fenced stroke bed' highlighted to Duty Managers.

Ref	Indicator Title	Q1 RAG	Aug RAG	Commentary
CE08b	TIA monitoring	70%	65.5%	
CE09	Mortality	A	A	UHL's SHMI remains above 100. Mortality alert reviews completed on track and MRC work programme is on schedule.
CE10	MECC	A	A	Whilst referrals to STOP and Alcohol Liaison Service remain at previous level, deterioration in referrals to Healthy Eating service.
AS02	Nursing Workforce and Ward Health-check	G	G	Recruitment of additional nurses continues and assurance provided about actions taken to address 'fill rates'.
AS03	Staffing governance	A	A	Due to non achievement of internal thresholds relating to Sickness and Appraisal.
	NATIONAL CQUINS			
Nat 1.2	F&FT 1.2 - Increased participation	16.5%	16%	Commissioners noted the drop to 10% in July.
Nat 2.2	**ST 2.2 - LLR strategy**	G	G	Assurance provided of actions taken by UHL to work with other LLR organisations.
	LOCAL CQUINS			
Loc 1	**Urgent Care 1 (Discharge)**	TBC	G	Dependent upon provision of CMG implementation plans
Loc 2	**Urgent Care 2 (Consultant Assessment)**	TBC	G	Dependent upon agreement of improvement theshold
Loc 5	**Pneumonia**	TBC	G	Dependent upon additional assurance provided regarding the 'virtual clinic' 'post discharge telephone advice service' and 'nurse led 6 week follow up service'.