	TRUST BOARD
From:	Rachel Overfield, Kevin Harris, Richard Mitchell Kate Bradley Peter Hollinshead
Date:	**27th February 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, operational performance against national and local indicators and Finance for the month of January.

The Report is provided to the Board for:

Decision		Discussion	√
Assurance	√	Endorsement	

Summary / Key Points:

Successes

- Theatres – 100% WHO compliant for the last 12 months.
- 62 day cancer – performance for December was 89.4% and year to date performance now delivering 85.5%,
- The percentage of stoke patients spending 90% of their stay on a stroke ward year to date position is 82.1%.
- Friends and Family Test - performance for December is 71.8%.

Areas to watch:-

- Diagnostic waiting times– the 1% threshold was missed in January
- C&B – performance similar to this time last year and target is still not delivered.
- VTE - The VTE risk assessment within 24 hours of admission was 94.2% in January against a 95% threshold. A full investigation for the reasons the January performance below the threshold of 95% is being undertaken.

Exceptions/Contractual Queries:-

- Pressure Ulcers – recovery action plan signed off and revised trajectory agreed
- C Difficile – 62 reported year to date against a year to date target of 57.
- ED 4hr target - Performance for emergency care 4hr wait in January was 93.6%. Actions relating to the emergency care performance are included in the ED exception report.
- Cancelled Operations – contract query has been raised by the commissioners due

to consistent failure of the threshold. At the end of January a remedial action was submitted and is awaiting commissioner sign off.

- RTT admitted and non-admitted – Commissioners have agreed to a significant financial investment during 2014-15 to reduce waiting times in key challenged specialties. A recovery action plan has been submitted and is awaiting sign off by commissioners.

Finance key issues:-

- The Trust will not deliver its planned surplus and is forecasting a deficit position of £39.8m, and as such will not meet its breakeven duty
- The Trust has formally written to the NTDA to amend the EFL to enable the deficit to be cash managed
- The Capital Resource Limit will be achieved but further focus on the management of the programme is required

Recommendations: Members to note and receive the report	
Strategic Risk Register	**Performance KPIs year to date** CQC/NTDA
Resource Implications (eg Financial, HR) N/A	
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 – January 2014

Trust Board

Thursday 27th February 2014

One team shared values

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: **TRUST BOARD**

DATE: **27th FEBRUARY 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: **JANUARY 2014 QUALITY & PERFORMANCE SUMMARY REPORT**

1.0 INTRODUCTION

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

2.0 2013/14 NTDA Oversight and Escalation Level

2.1 NTDA 2013/14 Indicators

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

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

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

Outcome Measures	Target	2012/13	Apr-13	May-13	Jun-13	Qtr1	Jul-13	Aug-13	Sep-13	Qtr2	Oct-13	Nov-13	Dec-13	Qtr 3	Jan-14	YTD
30 day emergency readmissions	7.0%	7.8%	7.5%	7.8%	7.7%	7.7%	7.5%	7.6%	7.8%	7.6%	7.9%	7.8%	8.0%	7.9%		7.7%
Avoidable Incidence of MRSA	0	2	0	0	0	0	0	0	1	1	0	0	0	0	0	1
Incidence of C. Difficile	67	94	6	7	2	15	6	5	9	20	6	6	5	17	10	62
Incidence of MSSA		46	5	2	5	12	1	4	3	8	1	1	1	3	3	26
Safety Thermometer Harm free care		94.1%*	92.1%	93.7%	93.6%		93.8%	93.5%	93.1%		94.7%	93.9%	94.0%		93.8%	
Never events	0	6	1	0	0	1	0	0	1	1	0	0	0	0	0	2
C-sections rates*	25%	23.9%	23.8%	26.1%	26.1%	25.3%	25.0%	25.2%	24.6%	24.9%	25.6%	27.5%	25.2%	26.1%	23.9%	25.3%
Maternal deaths	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Avoidable Pressure Ulcers (Grade 3 and 4)	0	98	11	3	8	22	7	8	5	20	4	4	5	13	7	62
VTE risk assessment	95%	94.5%	94.1%	94.5%	93.1%	93.9%	95.9%	95.2%	95.4%	95.3%	95.5%	96.7%	96.1%	96.1%	94.2%	95.1%
Open Central Alert System (CAS) Alerts		13	14	9	15		36	10	10		14	15	12		11	
WHO surgical checklist compliance	100%	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

*target revised to 25%

Quality Governance Indicators	Target	2012/13	Apr-13	May-13	Jun-13	Qtr1	Jul-13	Aug-13	Sep-13	Qtr2	Oct-13	Nov-13	Dec-13	Qtr 3	Jan-14	YTD
Patient satisfaction (friends and family)		64.5	66.4	73.9	64.9		66.0	69.6	67.6		66.2	70.3	68.7		71.8	68.6
Sickness/absence rate	3.0%	3.4%	3.3%	3.1%	3.0%	3.2%	3.2%	3.1%	3.1%	3.1%	3.3%	3.5%	3.9%	3.6%	4.5%*	3.4%
Proportion temporary staff – clinical and non-clinical (WTE for Bank, Overtime and Agency)			5.6%	5.9%	5.6%		5.6%	5.5%	5.3%		6.0%	6.1%	6.0%		5.0%	
Staff turnover (excluding Junior Doctors and Facilities)	10.0%	9.0%	8.8%	8.9%	9.2%		9.5%	9.3%	9.7%		9.6%	9.7%	10.2%		10.6%	
Mixed sex accommodation breaches	0	7	0	0	0	0	0	0	0	0	0	2	0	2	0	2
% staff appraised	95%	90.1%	90.9%	90.2%	90.7%		92.4%	92.7%	91.9%		91.0%	91.8%	92.4%		91.9%	91.9%
Statutory and Mandatory Training	75%		45%	46%	46%		48%	49%	55%		58%	60%	65%		69%	
% Corporate Induction attendance rate	95%		87%	82%	95%		90%	94%	94%		91%	87%	89%		93%	90%

*provisional data

2.2 UHL NTDA Escalation Level

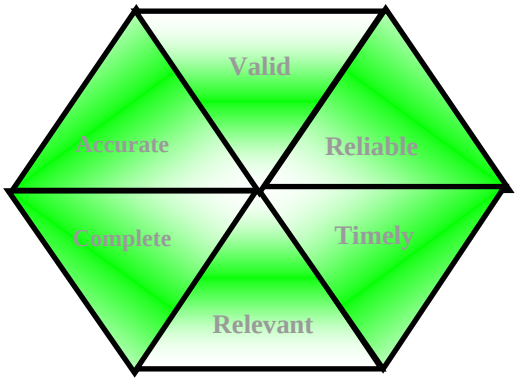
The Accountability Framework sets out five different categories by which Trust's are defined, depending on key quality, delivery and finance standards.

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

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

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

3.0 DATA QUALITY DIAMOND



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

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

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

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

4.0 QUALITY AND PATIENT SAFETY – KEVIN HARRIS/RACHEL OVERFIELD

4.1 Quality Commitment

There is no update on the Quality Commitment programme this month. An end of year closure report will be presented to the Quality Assurance Committee at its meeting on the 29th January and they will be asked to advise what is taken forward to the Trust Board.

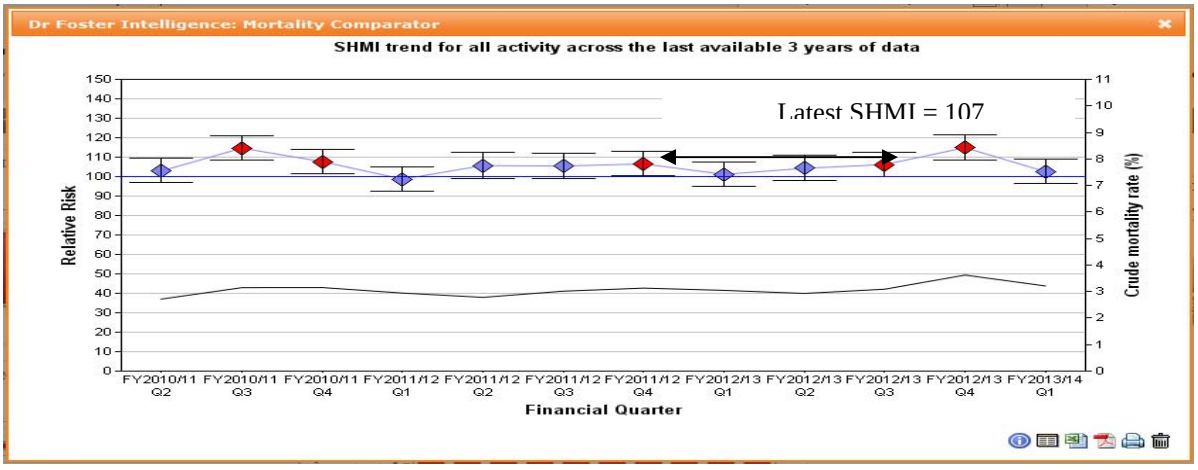
4.2 Mortality Rates

Mth | Qtr 1 | Qtr2 | Qtr3 | YTD

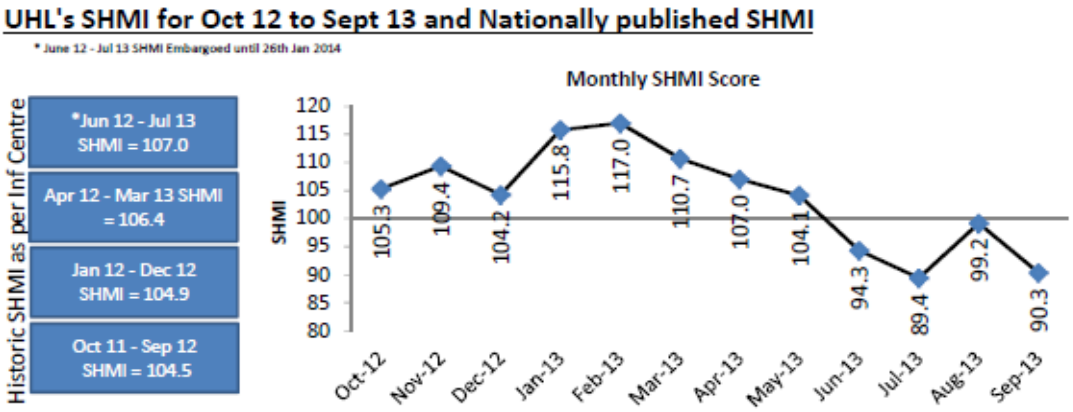
SUMMARY HOSPITAL MORTALITY INDEX (SHMI)

The latest SHMI by the Health and Social Care Information Centre (HSCIC) was published at the end of January and covers the 12 month period July 12 to June 13. As anticipated UHL's SHMI has gone up from 106 to 107 however, it remains in Band 2 (ie within expected). This slight increase was anticipated as the latest 'rolling 12 month' period includes April 13 where we saw an increase in both UHL's crude and risk adjusted mortality. Whilst the

As can be seen from the Quarterly SHMI chart below, Jul 12 to Jun 13 will also include the increased SHMI period for January to March 13 whilst losing the lower SHMI of April to June 2012.



As advised previously, UHL is able to use the Hospital Evaluation Dataset tool (HED) to internally monitor our SHMI on a monthly basis. UHL's SHMI for the months May to October 2013 is predicted to be closer to 100 (see below). 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.



HOSPITAL STANDARDISED MORTALITY RATIO (HSMR)

Previous Q&P reports have presented UHL's 'in hospital' risk adjusted mortality (HSMR) using the Dr Foster tool. However, Dr Fosters do not rebase their HSMR until the end of each financial year and UHL's HSMR has gone up each time.

The HED tool also includes HSMR and this is rebased monthly and it has therefore been agreed that UHL's monthly HSMR will now be reported using the HED data.

UHL's HSMR for 2013 (Jan to Nov) is 100.3 and for Sept to Nov has been below 100.

	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	YTD
Mortality HSMR - (HED) OVERALL Rebased Monthly	101.4	98.6	104.7	109.8	101.6	98.2	104.6	103.6	95	93.7	96.26	tbc	100.3

UHL's crude mortality rates are also monitored as these are available for the more recent time periods. As can be seen from the table below, whilst there is 'month on month' variation, the overall rate for 13/14 (Apr 13 to Jan 14) is slightly lower than in 12/13.

HOSPITAL STANDARDISED MORTALITY RATIO (HSMR)

	Month	Jan-13	Feb-13	Mar-13	FY 2012/13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	FYTD 2013/14
ALL SPELLS	No of Patients Disch/Died	18,579	17,321	18,439	**221,146**	17,870	18,692	17,734	19,135	17,890	18,199	19,673	18,683	17,898	19,527	185,301
	No of in-hospital deaths	313	275	288	**3,177**	277	254	229	229	233	218	253	251	267	245	2,456
	Crude Mortality Rate	1.70%	1.60%	1.60%	**1.40%**	1.60%	1.40%	1.30%	1.20%	1.30%	1.20%	1.30%	1.30%	1.50%	1.30%	1.30%

DR FOSTER MORTALITY

In the recently published Dr Foster Hospital Guide, UHL was reported as having a 'higher than expected' mortality rate in 12/13 for patients who died with 'low risk diagnosis groups'. (such as, chest pain, abdominal pain, abdominal hernia, speech disorder). Whilst this 'alert' was subsequently found to be an error, UHL has seen a higher than expected number of deaths for the time period October to December 2012.

All of these deaths have been reviewed and, for the majority of patients, their death was expected and appropriate care was given.

4.3 Patient Safety

Mth | Qtr 1 | Qtr2 | Qtr3 | YTD

In January a total of 20 new Serious Untoward Incidents (SUIs) were escalated within the Trust, the highest number for 3 years. 12 of these were patient safety incidents, 7 were Hospital Acquired Pressure Ulcers and 1 was a Healthcare Acquired Infection. 3 of the Patient Safety SUIs relate to Women's and Children's Services, 3 relate to the Cardiac, Respiratory and Renal CMG and 6 relate to Emergency and Specialist Medicine. No Never Events were reported in the Trust in January. Three patient safety root causes analysis (RCA) 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'.

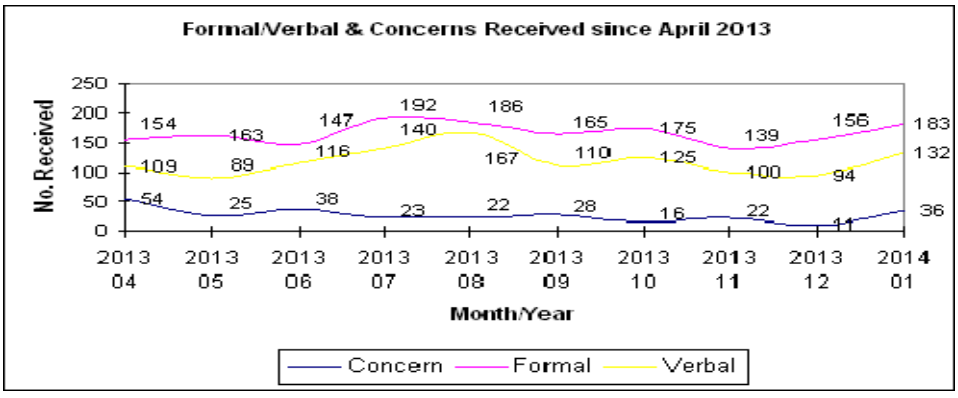
In January only one call was made to the 3636 Staff Concerns Reporting Line (possibly as many staff engagement events had been held ahead of the CQC inspection). This concern was fully investigated by a director and actions have been reported to the Executive Quality Board. A high level of compliance with deadlines for external CAS (Central Alerting System) alerts has been maintained - 100% for quarter three and 99% over a rolling 12 months.

Overall complaint activity remains high with the top 5 themes of written complaints being:-

- Medical Care
- Waiting Times
- Communication
- Cancellations
- Discharge issues

Pleasingly, complaints relating to nursing care have reduced and complaints regarding staff attitude have dropped to the lowest level for over twelve months. Complaints performance has also improved a little last month.

Below is a trend graph which shows complaints activity over the past 10 months.



4.4 Critical Safety Actions

Mth | Qtr 1 | Qtr2 | Qtr3 | YTD

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

1. **Improving Clinical Handover**.

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

Actions:-

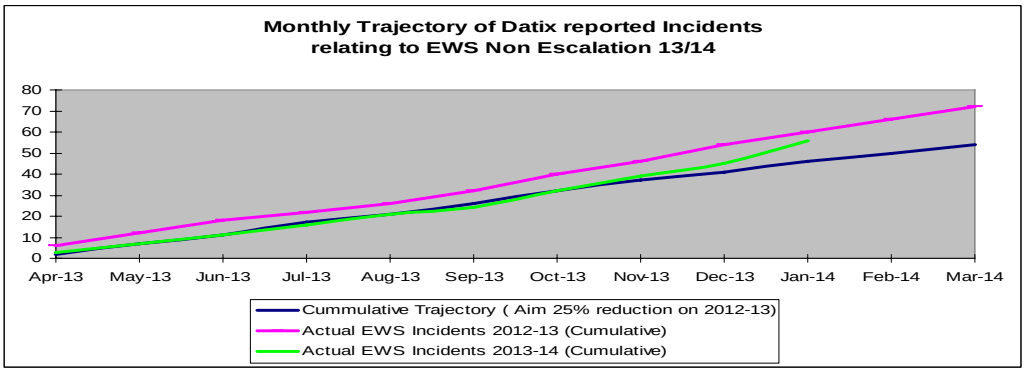
- The Nerve Centre handover project steering group is now meeting fortnightly to agree implementation plan. Plan to commence roll out in January has been delayed as work on 24/7 server upgrade and addition of handover module was not undertaken. This was mainly due to this work not being escalated to a 'live' project with IBM during handover period.
- Plans are being made to roll out to nursing staff first across the Trust and then follow on with medical staff once mobile devices are available.

2. Relentless attention to Early Warning Score triggers and actions

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

Actions:-

- EWS Datix reported incidents related to non escalation are still being monitored this year. The internal aim is to reduce these by 25% against 2012-13 figures. Looking at the graph below it is unlikely that we will now achieve a 25% reduction but we should still achieve a reduction in EWS incidents related to non escalation. To end of January 14 we have seen a 7% reduction to same point last year. Since last year there has been 2 new EWS chart implemented, one for post natal babies and a revised PEWS chart in Childrens This has meant the implementation of 2 new charts with one being additional to those in use last year.



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

% of red calls within response time <30 minutes

Site	October 13	November 13	December 13
GH	100%	100%	97%
LGH	98%	97%	98%
LRI	97%	98%	96%

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

- A case note review to validate data for the medical documentation of the review of patients with escalated EWS via 24/7 system out of hours took place for the LRI and GH sites in December, and the LGH site in January

undertaking one site per week. Results showed that not one site had a documented review for every escalated EWS out of hours, the actual results were:

Site	Number of EWS>4 red calls escalated	Number of EWS>4 calls with a documented medical review
GH	**16 (100%)**	**15 (94%)**
LRI	**39 (100%)**	**32 (82%)**
LGH	**32 (100%)**	**28 (87.5%)**

Where there is no documented review it must be assumed that the patient did not receive a medical review. A meeting will now take place in February with the EWS medical lead, the outreach lead and the 5CSA lead to discuss these results and identify actions to improve this position and agree timeframe for a further validation exercise.

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 70% of specialities now.
- CMG deputy directors have been very supportive of this work and have been working to ensure their specialities agree their processes.

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:-

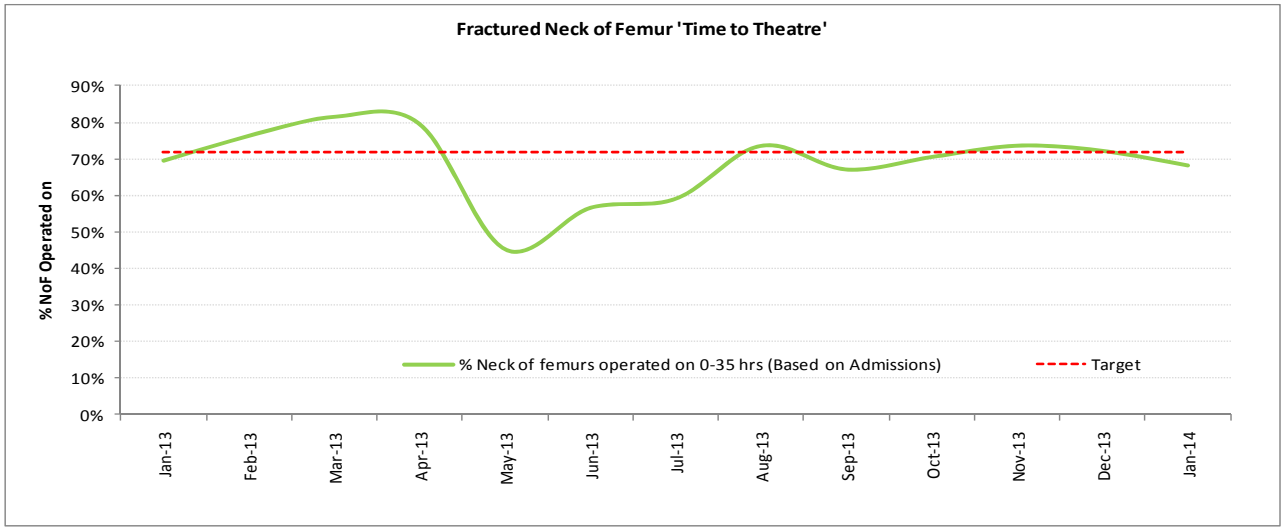
- All documentation finalised by the end of January for a revised February implementation and print changeover process.
- Negotiations taking place to secure ward round simulation sessions as a pilot in medicine to inform and scope for future ongoing training programme.

The Q3 CSA CQUIN visit to observe compliance had been confirmed for 14th February 2014. They have now been postponed due to lack of availability from CCG GP to attend visit. New date to be confirmed but areas for visit have been agreed as follows:

- Handover **– Nurse and doctor handover on cardiac ward GH**
- Ward Round **– Ward 16 respiratory GH**
- Acting on Results **– General surgery LRI inpatients and Max fax LRI outpatients**
- EWS **– Kinmonth unit**

4.5 Fractured Neck of Femur 'Time to Theatre'

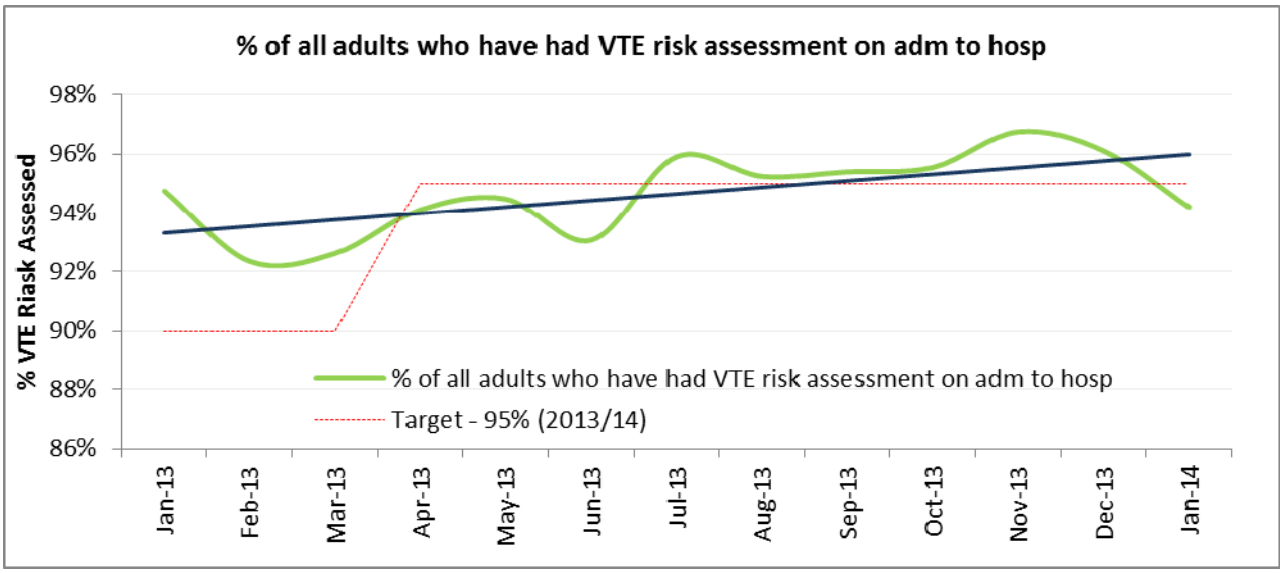
Mth | Qtr 1 | Qtr2 | Qtr3 | YTD



The percentage of patients admitted with fractured neck of femur during January who were operated on within 36hrs was 68.2% (45 out of 66 #NOF patients) against a target of 72%.

4.6 Venous Thrombo-embolism (VTE) Risk Assessment

Mth | Qtr 1 | Qtr 2 | Qtr 3 | YTD



The 95% threshold for VTE risk assessment within 24 hours of admission has not been achieved for January at 94.2%. However, the year to date performance is being achieved at 95.1%. A full investigation for the reasons the January performance below the threshold of 95% is being undertaken.

4.7 Quality Schedule and CQUIN Schemes

Specialised Services Commissioners have confirmed that UHL met the Quarter 3 thresholds for all CQUINs. CCG Commissioners have agreed to full payment for all but two of the National and Local CQUINs. Further review is required for the 'Safety Thermometer – CAUTI CQUIN' as some of the action plan timescales have not been met. Clarification has also been requested in respect of the Local 'Pneumonia CQUIN'. As both schemes have demonstrated improvements in outcomes for Quarter 3, it is anticipated that full payment will be achieved following this review.

In respect of the Quality Schedule indicators, there were 39 indicators due for reporting and of these 32 were given a Green RAG. Four indicators were given a Red RAG and a further three Amber.

The Red RAGs were for:

PR1.2 - Intraoperative Fluid Management (IOFM). The percentage of procedures having IOFM appears to have dropped since Q1. However, further audit work is underway to confirm whether this is a data issue. The supply of equipment to support IOFM suggests there is a higher usage than what is being recorded on the theatre database (ORMIS).

PE2a – Complaint Response Times. Response times for Complaints averaged at 87% for Q3 in respect of complaints due for a response within 25 days (Threshold is 95%). Performance has improved for January and is believed to be on track for the end of Q4.

IP2b – Compliance with the High Impact Interventions (Peripheral Lines and Urinary Catheters). Performance for Q3 was below the 90% for several CMGs. Following discussion at the Trust's Infection Prevention Assurance Committee, a different approach to ensuring compliance with the HIIs has been agreed, involving quarerly review of all patients with a peripheral or central line insitu. This process will be incorporated into the Safety Thermometer Audit Day.

PS2b – Compliance with Central Alerts – The actions relating to the NPASA "Right Patient Right Blood" have not been completed.

The Amber RAGs were for:

WF1 – Workforce – due to performance being below the trust's internally set threshold for mandatory training.

CE1 – Maternity Dashboard – due to the increased percentage of women having a Caesarean Section during Quarter 3. A full audit is currently underway to confirm that the RCOG guidelines are being followed.

CE6 – Mortality Dashboard – due to the SHMI being above 100.

In respect of the 14/15 Quality Schedule and CQUIN Schemes, contract negotiation discussions continue with the Commissioning Quality Leads. Internally details of proposed indicators have been discussed with the relevant leads and CMGs.

The aim has been to reduce the number of Quality Schedule indicators and also that these should reflect internally agreed work programmes (i.e. Infection Prevention, Medicines Optimisation)

In respect of the CQUIN programme, there are two current national CQUINs which will continue into 14/15 – Dementia and Friends & Family Test, although the latter has extended scope. The patient F&FT is to be implemented in both Outpatients and Day Case and there will also be a Staff F&FT.

In respect of the CCG commissioners, there are currently 7 local schemes that have been put forward by UHL, most of which are a continuation of previous CQUINs (MECC, Community Acquired Pneumonia Care Bundle, AMBER Care Bundle, Heart Failure Care Bundle, Quality Mark Charter. The other 2 are new schemes; Medication Safety Thermometer and Sepsis Care Bundle.

Commissioners have advised they would also like two CQUIN schemes around Urgent Care and the 'Seven Day Working' Plan, further details are to be discussed on 21st February.

Specialised Services have met with UHL to discuss potential CQUIN schemes they would like for 14/15. 'Breast feeding for babies discharged from the neonatal unit' and 'Utilisation Review of Critical Care Beds' are currently being considered. There will also be the continuation of the 'Quality Dashboards for each area of Specialised Services commissioned.

Both the Quality Schedule and CQUIN indicators for 14/15 are expected to be finalised by the end of February.

Schedule Ref	Indicator Title and Detail	Q3 RAG
IP1a	MRSA bacteraemias	G
IP1b	C Diff Numbers	G
IP1c	MRSA screens (Emergency & Elective admissions)	G
IP1d	MSSA bacteraemias	G
IP1e	E Coli bacteraemias	G
IP2a	Surgical Wound Surveillance - Caesarean Section	G
IP2b	Improved compliance with Surgical Wound, Peripheral Canula and Urinary Cathether HIIs across UHL	R
PS1b	Never Events	G
PS2a	Risk register - Board Assurance Framework report	G
PS2b	Central Alerting System Patient Safety Alerts and Rapid Response Reports (NPSA PSA and RRR)	R
PS3	Safe Guarding for Adults and Children	G
PS4	Ward Health Check Proactive oversight and scrutiny of ward level data to ensure safety care delivery	G
PS6	Eliminating "avoidable" Grade 2, 3 and 4 Hospital Acquired Pressure Ulcers	G
WF1	Organisational Development Plan Update and Workforce Metrics	A
MM1d	Antipsychotic drugs are prescribed in line with the EM SHA prescribing guideline	G
MM1e	Non compliance with Traffic Light Policy	G
MM1f	Compliance with LLR Formulary for prescribing	G
MM1g	Medication errors causing serious harm	G
PE1a	SSA Breaches Monthly Compliance	G
PE2a	Number of Formal Written Complaints and Rates against Activity	G
PE2b	Response to complainants within agreed timescales	R
PE3a	Progress in respect of Quality Commitment of the Patient Centred Care Priorities for 2013:	G
PE4	ED service experience.	G
PE5	Improve staff engagement	G
PE6	Implementation of the Trust's Equality high level plan.	G
CE1	Maternity Dashboard	A
CE2	Children's Services Dashboard	G
CE3a	PROMS Participation for patients undergoing Groin Hernia Surgery Varicose Vein Repair	G
CE5a)	Improve performance with the Stroke Dashboard Indicators	G

Schedule Ref	Indicator Title and Detail	Q3 RAG
CE6	Mortality Dashboard to include: SHMI HSMR	A
CE7a	Compliance with NICE Technology Appraisals published in 13/14	G
CE7b	Compliance with all NICE Guidance published in 13/14	G
CE7c	Clinical Audit 13/14 programme progress	G
CE8	Francis Report and 'Transforming Care' Recommendations	G
CE9	National Quality Dashboard	G
CE10	Consultant level survival rates as stated on the 'Everyone Counts' document	G
PR1.1	Use of Digital First to reduce inappropriate face-to-face contacts	G
PR1.2	Use of IntraOperative Fluid Management	R
PR1.3	Carers of patients with dementia receive advice	G
Nat 1.2	Implementation of Friends and Family Test: 1.2 Increased Response Rate	G
Nat 2.1	2.1. To collect data on the following three elements of the NHS Safety Thermometer: pressure ulcers, falls and urinary tract infection in patients with a catheter	G
Nat 2.2a	2. 2a Reduction in the prevalence of CAUTI	TBC
Nat 2.2b	2. 2b Reduction in the prevalence of Falls	G
Nat 3	3.1a .Patients aged 75 and over admitted as an emergency are screened for dementia within 72 hrs of admission, 3.1b. Where screening is positive patients are assessed 3.1c Where risk assessment suggests dementia, patients are referred to their GP	G
Nat 3	3.2 Training of staff – Category A, B C	
Nat 3	3.3. Ensuring carers of people with dementia feel adequately supported	G
Nat 4	Reduce avoidable death,disability and chronic ill health from Venous thromboembolism(VTE) 1. VTE risk assessment	G
Nat 4	2. VTE RCAs	G
Loc 1.1	MECC - Increase in number of referrals to Smoking Cessation Services (STOP), Alcohol Liaison, Healthy Eating	G
Loc 2	Implementation of the AMBER care bundle to ensure patients and carers will receive the highest possible standards of end of life care	G
Loc 3	Improve care pathway and discharge for patients with Pneumonia a) Admission directly to respiratory ward (Glenfield site) and piloting of 'pneumonia virtual clinic for patients admitted to LRI') b) Improving care pathway and discharge for patients with Pneumonia - Implementation of Pneumonia Care Bundle	TBC
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
Loc 5	Critical Safety Actions: Clinical Handover, Acting on Results, Senior Clinical Review, Ward Round and Notation standards and Early Warning Scores (EWS)	G
Loc 6	Implementation of DoH Quality Mark with specific focus on Dignity Aspects	G
SS1	Implementation of Specialised Service Quality Dashboards	G
SS2	Bone Marrow Transplant (BMT) – Donor	G

Schedule Ref	Indicator Title and Detail	Q3 RAG
	acquisition measures	
SS3	Fetal Medicine – Rapidity of obtaining a tertiary level fetal medicine opinion	G
SS4	Increase use of Haemtrack for monitoring clotting factor requirements	G
SS5	Discharge planning is important in improving the efficiency of units and engaging parents in the care of their infants thereby improving carer satisfaction of NICU services.	G
SS6	Radiotherapy – Improving the proportion of radical Intensity modulated radiotherapy (excluding breast and brain) with level 2 imaging – image guided radiotherapy (IGRT)	G
SS7	Acute Kidney Injury	G
SS8	PICU - . To prevent and reduce unplanned readmissions to PICU within 48 hours	G

4.8 Theatres – 100% WHO compliance

Mth | Qtr 1 | Qtr2 | Qtr3 | YTD

The National Patient Safety Agency endorsed WHO checklist consists of four stages and is monitored and reported every month to commissioners. For January the checklist compliance stands at 100% and has been fully compliant for the last 12 months.

4.9 C-sections rate

Mth | Qtr 1 | Qtr2 | Qtr3 | YTD

The C-section rate for January is 23.9% against a target of 25%

4.10 Safety Thermometer

Areas to note for the January Safety Thermometer:-

- Harm free care remains at 93.8%
- The increase in newly acquired harms increased slightly and is likely to have been caused by an increase in the prevalence of newly acquired pressure ulcers
- There was a small increase in the prevalence of falls with a harm.
- There has been an increase in the number of VTEs for a fifth month in succession. However, data analysis confirms that not all the VTEs are hospital acquired thrombosis (HAT).

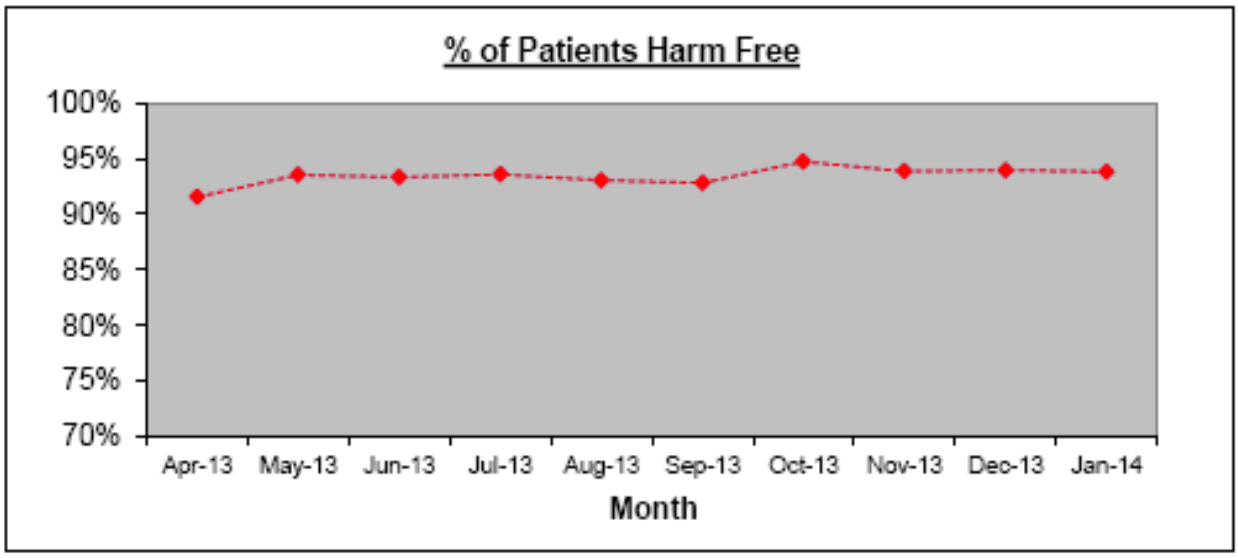
ANALYSIS OF SAFETY THERMOMETER DATA - April 2103 to Jan 2014

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

Amendments to the Falls and VTE rows have been made

1) Number of falls in a care setting in previous 72 hours has been sub-divided into Falls in UHL.
2) Number of Newly Acquired community or hospital acquired VTE (DVT, PE or Other) has been sub-divided into Hospital Acquired Thrombosis (HAT) separating those patients admitted to UHL in the previous 72 hours with a VTE i.e. community acquired and those that have developed a VTE in UHL

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



DETAILED ANALYSIS OF FOUR HARMS

a) Falls

In January 2014, UHL reported five patients who hospital fall resulted in a harm. All five falls occurred within UHL and all harms sustained were level 2. The injuries sustained were either bruising or a laceration to the head or face. The falls in January 2014 are an increase on the falls that occurred in December 2013 where only 3 falls were reported but it is felt that the increase is a fluctuation due to the small figures we are reporting.

b) Pressure Ulcers

The increase in prevalence of pressure ulcers does correlate with the number of avoidable ulcers in January 2014.

c) VTE

There appears to have been an increase for the fifth month in succession in the prevalence of VTE harms for the month of January 2014. However, data analysis confirms that not all the VTEs reported are hospital acquired, the majority appear to community acquired. As per safety thermometer guidance, new VTE harms must include those patients who were admitted, diagnosed with a VTE and commenced treatment in a 72 period prior to the Safety Thermometer data collection period. i.e. community acquired VTE. This information will now be included within future reports.

d) CAUTI

There has been a decrease in the number of CAUTIs reported in January 2014. A significant amount of educational interventions has been undertaken since September 2013 in relation to the promotion of continence across the Trust following the appointment of a second Continence Nurse Specialist funded via CQUIN monies. It is too early to suggest this additional support has contributed to a reduction in catheter associated UTIs but it is a promising start.

Pressure Ulcer Prevalence

There has been a slight increase in the prevalence of new pressure ulcer harms for all patients and those over 70 years of age in January 2014 compared to previous months. One other peer organisation has also experienced this increase.

Chart Two – New Pressure Ulcers (all Patients) from Nov 2012 to Jan 2014

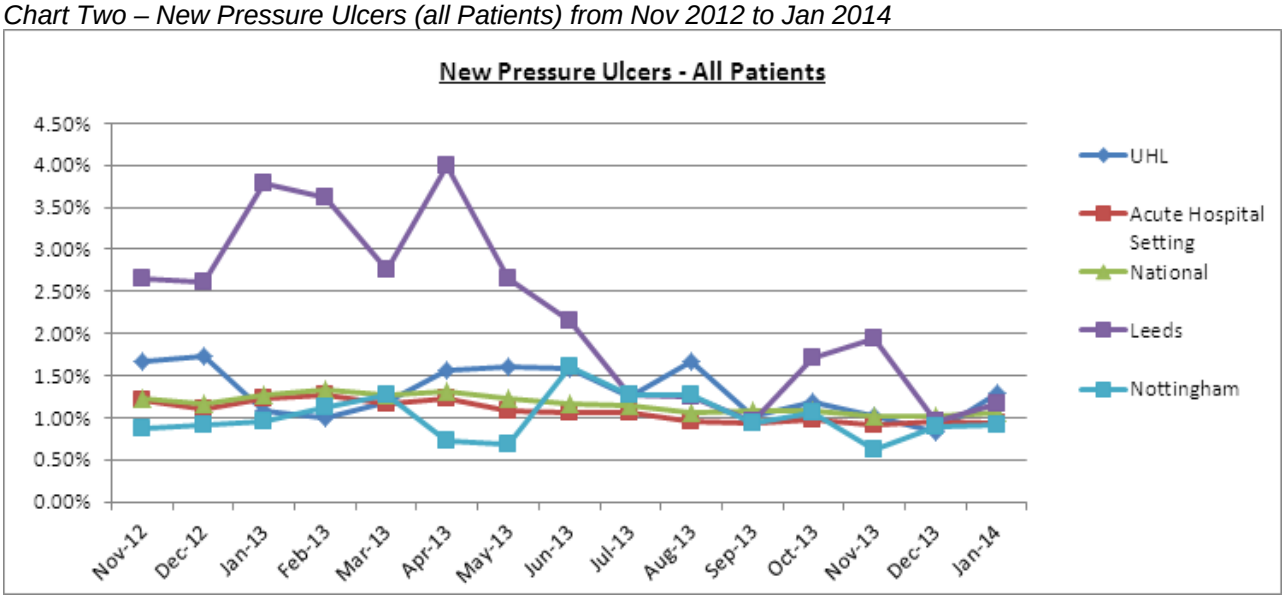
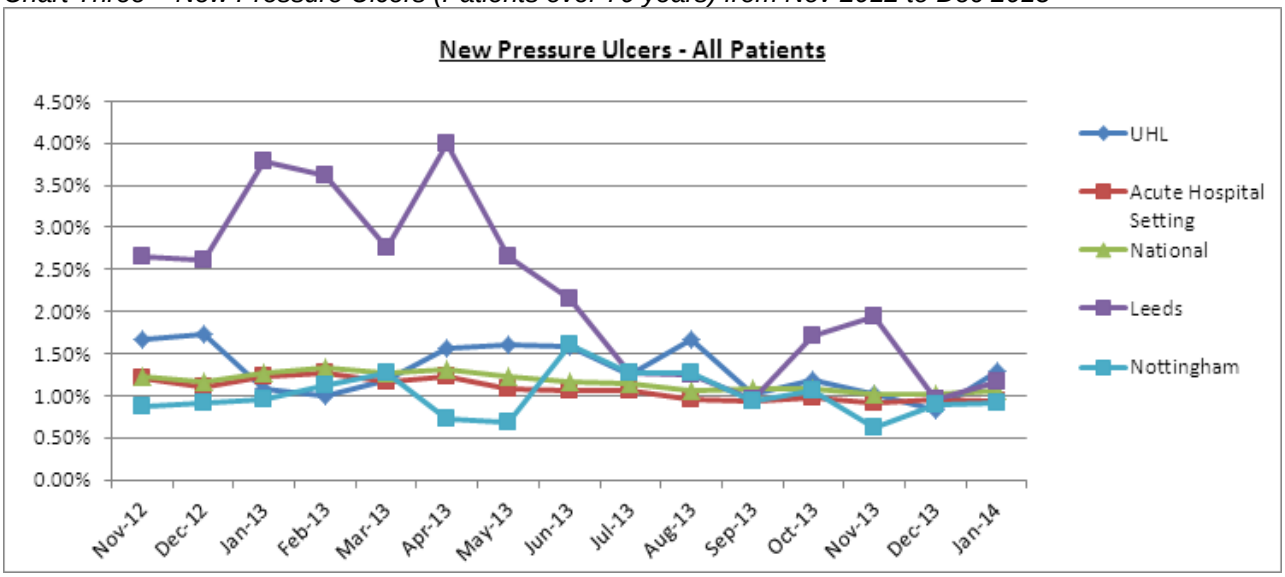


Chart Three – New Pressure Ulcers (Patients over 70 years) from Nov 2012 to Dec 2013



Falls Prevalence

Charts four and five confirm a slight increase in the prevalence of falls with harm for UHL in January 2014. However, there has been no change in UHL's position in comparison to other acute hospital settings.

Chart Four – Falls Rate (all Patients) from Nov 2012 to Dec 2013

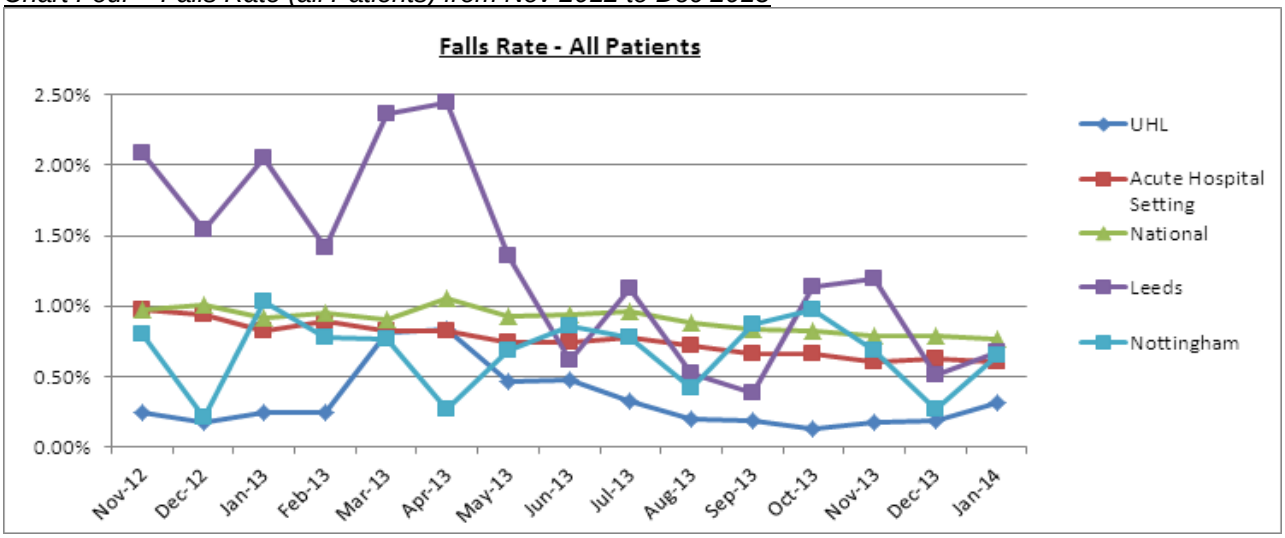
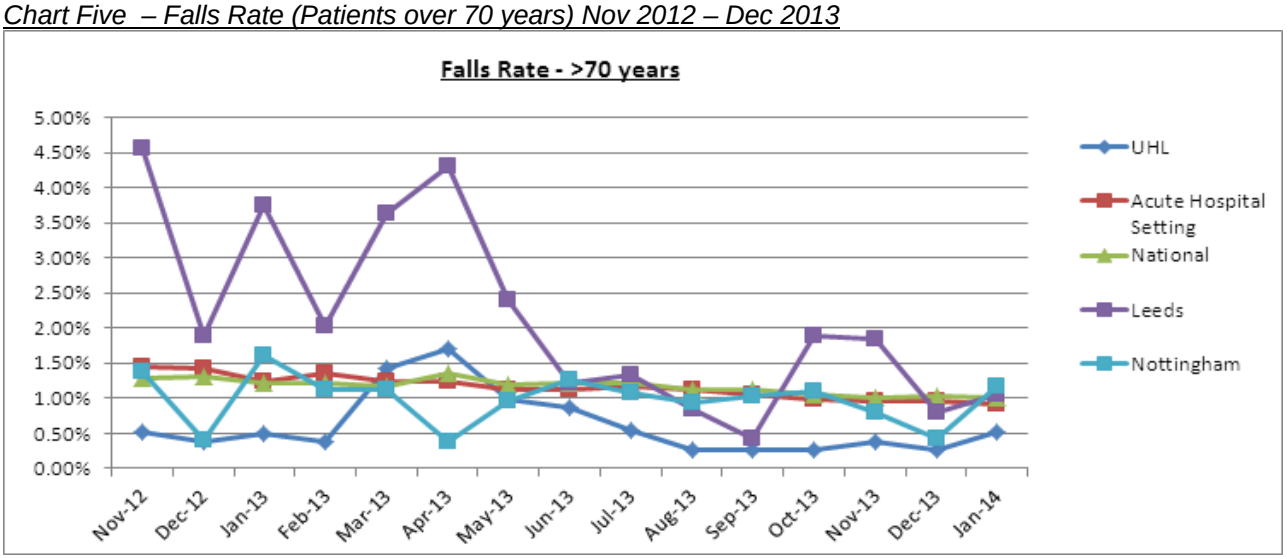
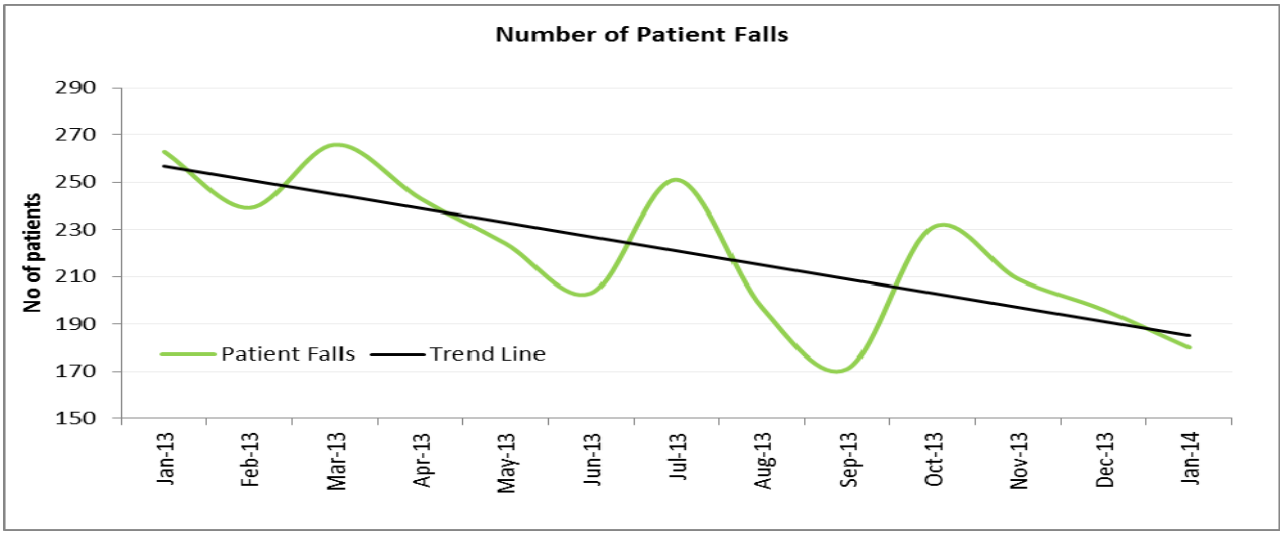


Chart Five – Falls Rate (Patients over 70 years) Nov 2012 – Dec 2013



Patient Falls



Falls incidence for January 2013 was 180 this may be subject to change in February due to outstanding Datix incidents being closed by ward managers.

The number of falls reported on Datix for January 2014 has seen a further decrease from the number of falls reported in December 2013

Pressure Ulcer Incidence

Mth	Qtr 1	Qtr 2	Qtr 3	YTD

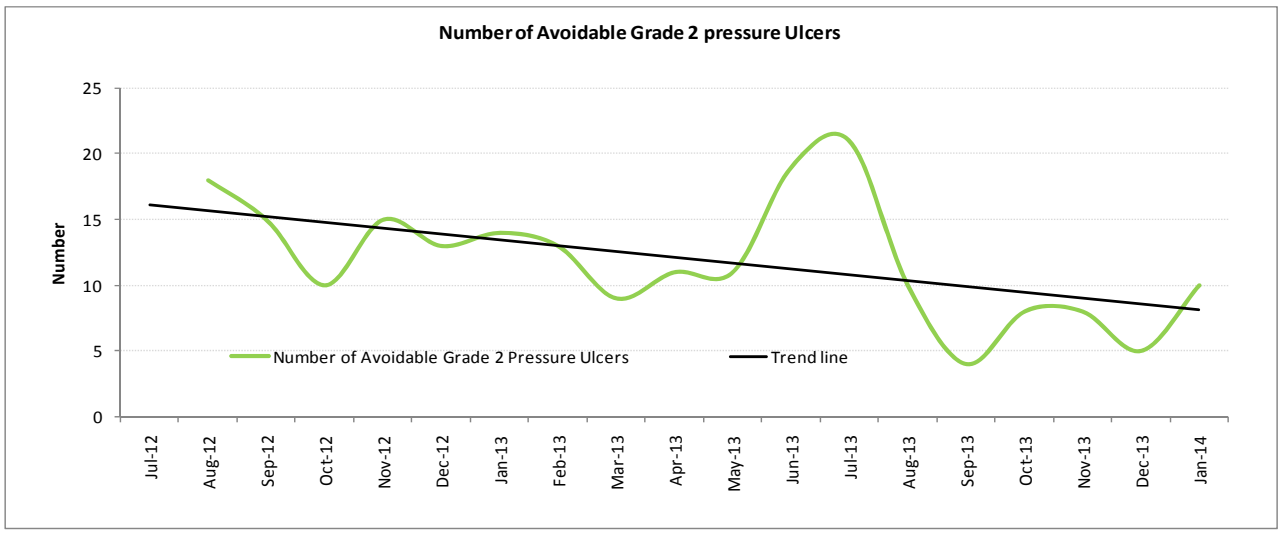
The number of avoidable grade 3 pressure ulcers for January 2014 was seven Grade 3 ulcers (within threshold) and ten grade 2 ulcers (which is one over threshold).

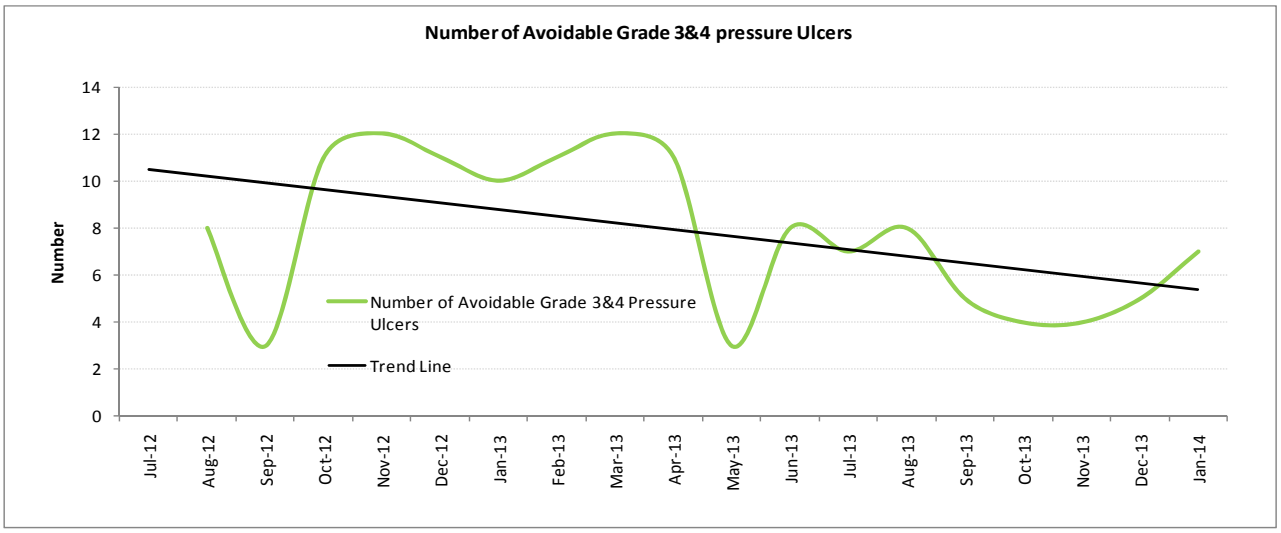
For the month of January 2014, UHL has not maintained the reduction thresholds for avoidable pressure ulcers and so the Trust will receive a £50,000 penalty.

The main themes highlighted for those areas reporting avoidable ulcers include:

- Gaps in repositioning or long periods sitting out of bed
- No heel protection
- Poor documentation and assessment on admission
- Delays in implementing pressure ulcer preventative measures

Heads of Nursing have been asked to undertake a review of the areas reporting avoidable ulcers and to report to the Chief Nurse actions taken.





5.0 PATIENT EXPERIENCE – RACHEL OVERFIELD

5.1 Infection Prevention

a) MRSA

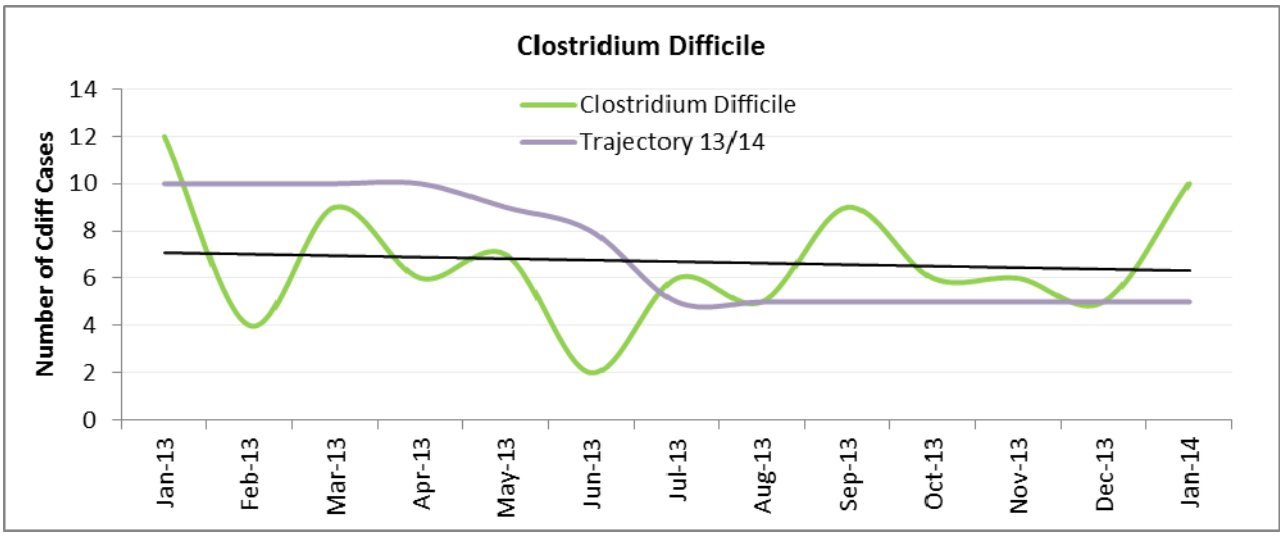
Mth	Qtr 1	Qtr 2	Qtr 3	YTD

There were no avoidable MRSA cases reported in January.

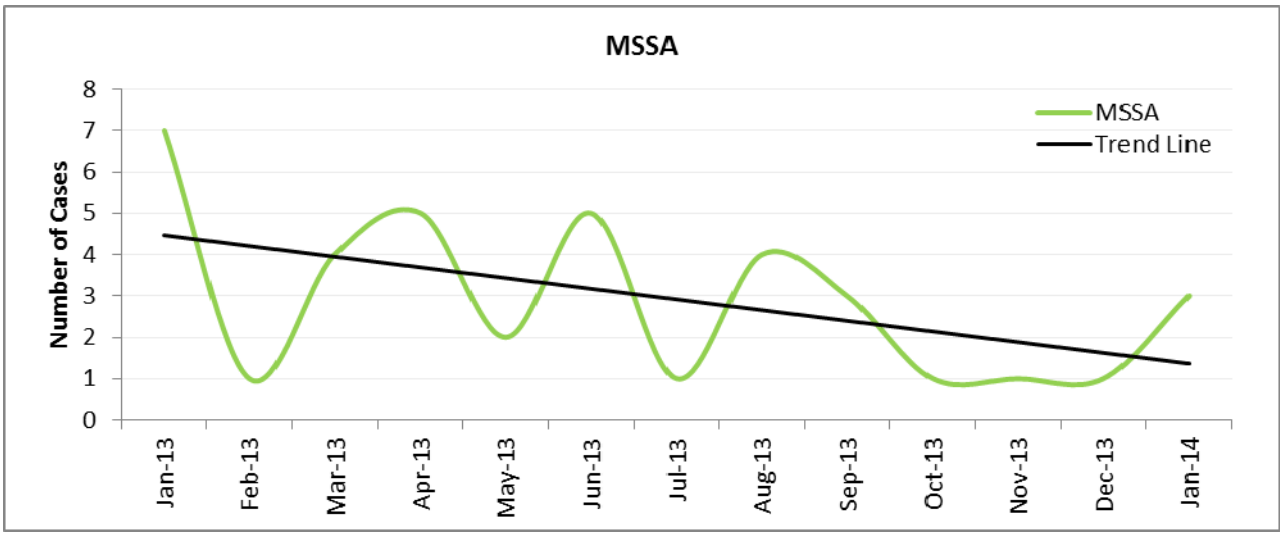
b) CDT

Mth	Qtr 1	Qtr 2	Qtr 3	YTD

The year to date position is 62 cases against a year to date target of 57 with a full year target of 67.



c) The number of MSSA cases reported in January was 3, with a year to date figure of 26.



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 January 2014, 4,024 Patient Experience Surveys were returned this is broken down to:

- 2,414 paper inpatient/day case surveys
- 943 electronic surveys
- 526 ED paper surveys
- 141 maternity paper surveys

Share Your Experience – Electronic Feedback Platform

In January 2014, a total of 943 electronic surveys were completed via email, touch screen, our Leicester's Hospitals web site or handheld devices.

A total of 150 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	Hand held	QR scan/Web		Total Surveys		Emails sent
Carers Survey	0	0	0	2		2		0
& ED Care	0	13	0	0		13		0
A&E Department	0	93	18	6		117		0
Eye Casualty	0	22	248	0		270		0
Glenfield CDU	0	23	3	0		26		0
Glenfield Radiology	17	0	0	0		17		43
IP and Childrens IP	0	0	0	11		11		0
Maternity Survey	0	0	311	2		313		0
Neonatal Unit	0	0	0	13		13		0
Outpatient Survey	38	4	96	3		141		108
Windsor Eye Clinic	0	1	19	0		20		0
Total	**55**	**156**	**695**	**37**		**943**		**150**

Treated with Respect and Dignity

Mth | Qtr 1 | Qtr2 | Qtr3 | YTD

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

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

Friends and Family Test

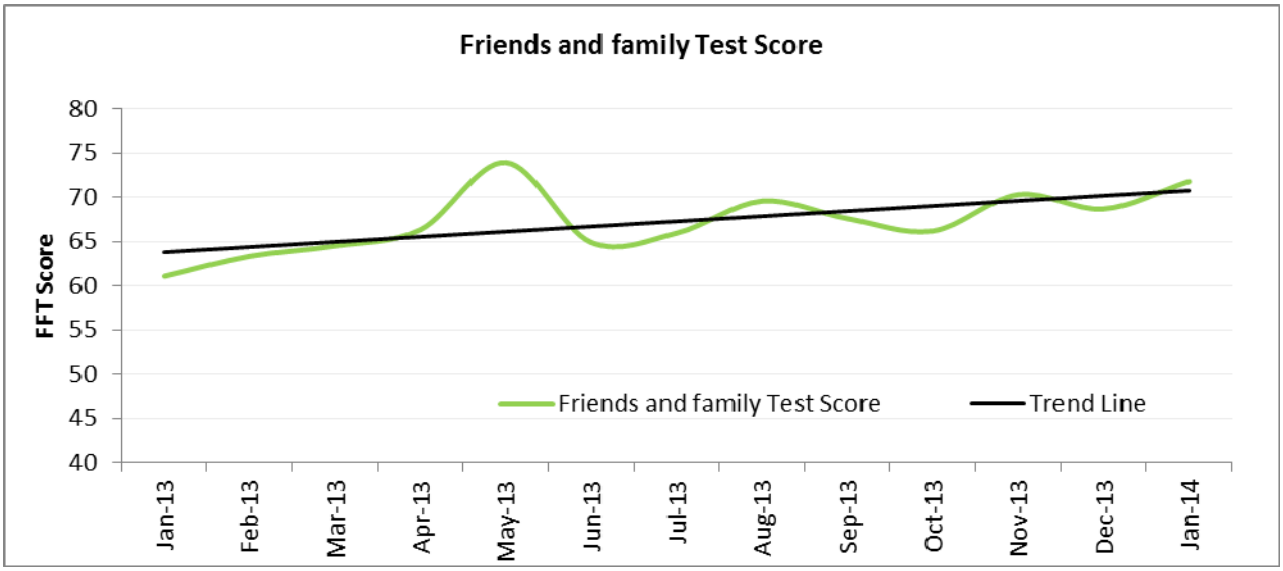
Inpatient

The inpatient surveys include the Friends and Family Test question; **How likely are you to recommend this ward to friends and family if they needed similar care or treatment?'** Of all the surveys received in January, 1,765 surveys included a response to this question and were considered inpatient activity (excluding day case / outpatients) and therefore were included in the Friends and Family Test score for NHS England.

Overall there were 7,197 patients in the relevant areas within the month of January 2014. The Trust easily met the 15% target achieving coverage of **24.5%.**

The Friends & Family Test responses broken down to:

Extremely likely:	1,334
Likely:	351
Neither likely nor unlikely:	52
Unlikely	12
Extremely unlikely	8
Don't know:	8
Overall Friends & Family Test Score	**71.8**



December 2013 Data Published Nationally

The National Table reports the scores and responses for 170 Trusts

If we filter out the Private and Single Speciality Trusts, and those that achieved less than 20% footfall, the UHL score of **69** ranks 78th out of **121** Trusts.

The overall National Inpatient Score (not including independent sector Trusts) was **71**.

Friends and Family Test Scores by CMG

Renal, Respiratory and Cardiac, and Musculoskeletal and Specialist Surgery, both showed improvements in their FFT score compared to December performance. For Renal, Respiratory and Cardiac the increase of 7 percentage points was due to an increase in promoters of 5 percentage points, and a decrease in both the number of passive and detractor responses. For Musculoskeletal and Specialist Surgery the improvement came from a decrease in detractors of 3 percentage points compared to December, and a small increase in the number of promoters of 2 percentage points.

With over 600 responses (35%) coming from Renal, Respiratory and Cardiac this CMG has been the main driver of the improved score for UHL this month.

Emergency and Specialist Medicine and CHUGS showed small decreases in their FFT score this month but performance was largely consistent with December performance.

CHUGS also showed a small decline in their FFT score, as respondents switched to being 'passive' rather than 'promoters' in December.

Women's and Children's had more responses this month, but their FFT performance fell slightly compared to December. Although the number of detractors decreased, more respondents chose to be 'passive' rather than a 'promoter' in January.

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Point Change in FFT Score (Dec - Jan 14)
UHL Trust Level Totals	**66.4**	**73.9**	**64.9**	**66.0**	**69.6**	**67.6**	**66.2**	**70.3**	**68.7**	**71.8**	**3.1**
Renal, Respiratory and Cardiac	70	76	73	80	80	79	70	78	74	81	**7.4**
Emergency and Specialist Medicine	64	72	57	62	63	68	63	68	73	72	**-0.7**
CHUGS	59	70	57	53	61	53	58	59	56	54	**-2.8**
Musculoskeletal and Specialist Surgery	72	75	73	66	68	69	69	70	66	71	**4.9**
Women's and Children's	78	80	74	68	76	77	70	76	76	73	**-2.6**
Emergency Department	43	47	61	57	60	58	59	59	67	68	**0.2**

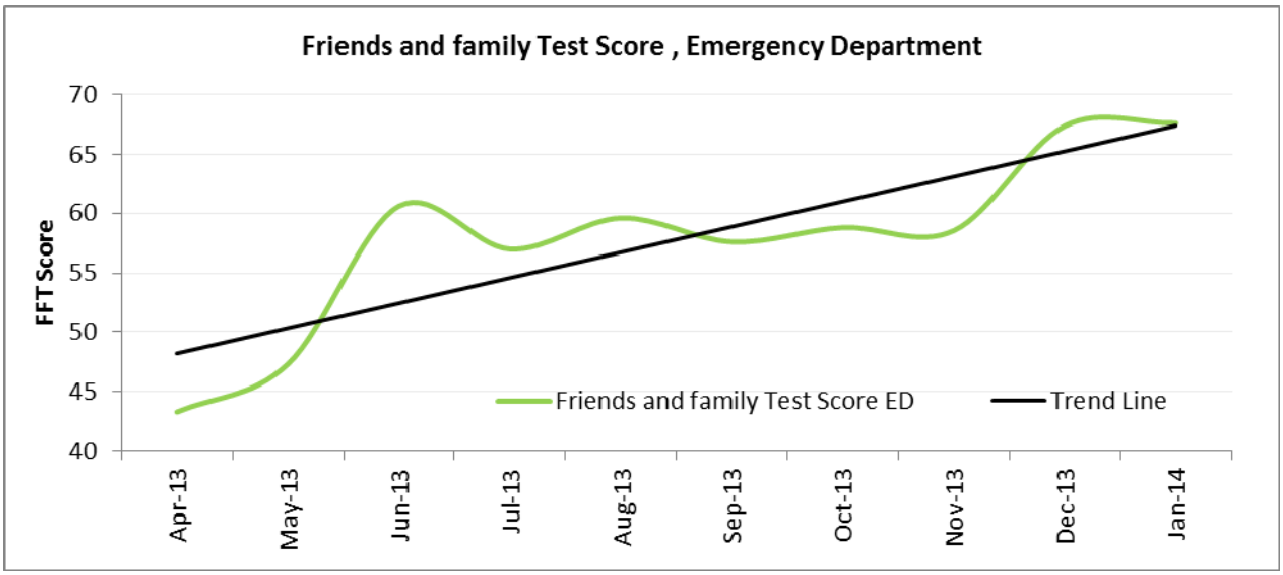
<u>Emergency Department & Eye Casualty</u>

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 5,887 patients who were seen in A&E and then discharged home within the month of January 2014. The Trust surveyed 918 eligible patients meeting **15.6%** of the footfall. The Friends & Family test responses break down to:

Extremely likely:	658
Likely:	206
Neither likely nor unlikely:	17
Unlikely	11
Extremely unlikely	16
Don't know:	10

Overall Friends & Family Test Score **67.6**



Breakdown by department	No. of responses	FFT Score	Total no. of patients eligible to respond
Emergency Dept Majors	156	57.5	1,397
Emergency Dept Minors	378	63.7	2,267
Emergency Dept – not stated	27	69.2	-
Emergency Decisions Unit	98	57.9	858
Eye Casualty	259	82.6	1,365

December 2013 Data Published Nationally

The National Table reports the scores and responses for 143 Trusts

If we filter out the Trusts that achieved less than 20% footfall, then we are left with 35 Trusts. However our UHL score of **67** does not feature among these as the 20% footfall was not achieved.

The overall National Accident & Emergency Score was **56**.

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 3,363 patients in total who were eligible within the month of January 2014. The Trust surveyed 702 eligible patients meeting **20.9%** of the footfall. The Friends & Family test responses break down to:

Extremely likely:	487
Likely:	192
Neither likely nor unlikely:	11
Unlikely	6
Extremely unlikely	1
Don't know:	5

Overall Maternity Friends & Family Test Score 67.3

Breakdown by maternity journey stage	No. of responses	FFT Score	Total no. of patients eligible to respond
Antenatal following 36 week appointment	109	70.1	907
Labour Ward/Birthing centre following delivery	274	69.5	860
Postnatal Ward at discharge	246	62.6	636
Postnatal community – 10 days after birth	73	70.8	960

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

December 2013 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. December data was published at the end of January.

Antenatal

The average Friend and Family Test score for England (excluding independent sector providers) was **63**.

If we filter out the Trusts that are single speciality or achieved less than 20% footfall, then we are left with 129 Trusts. However our UHL Score of **61** does not feature among these as the 20% footfall was not achieved.

Birth

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

With single speciality and Trusts that achieved less than a 20% footfall excluded, the UHL Friends and Family Test score of **66** for December ranks the Trust 41st out of the remaining 54 Trusts.

Postnatal Ward

The average Friend and Family Test score for England (excluding independent sector providers) was **66**.

With single speciality and Trusts that achieved less than a 20% footfall excluded, the UHL Friends and Family Test score of **63** for December ranks the Trust 48th out of the remaining 67 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 24 Trusts. However our UHL Score of **64** does not feature among these as the 20% footfall was not achieved.

5.3 Nursing workforce

5.3.1 Vacancies

The sum of budgeted wtes in January 2013 is reported as	4,888 wte
The sum of nurses in post in January 2014 is reported as	4,326 wte
The sum of nurses waiting to start in January 2014 is reported as	332 wte
The sum of nurses waiting to leave in January 2014 is reported as	63 wte
Therefore the sum of total reported vacancies for January 2014 is	293 wte

CMG	Felt RN Vacant	Felt HCA Vacant	Total
CHUGS	67	30.74	**97.74**
CSI	0	0	**0**
ED & SM	201.95	21.46	**223.41**
ITAPs	48.74	16.34	**65.08**
MSK & SS	34.66	8.00	**42.66**
RRC	35.16	21.64	**56.8**
W & C	51.26	24.6	**75.86**
Total	**438.77**	**122.78**	**562**

5.3.2 Real Time Staffing

The Trust now has a system in place for monitoring staffing levels on a shift by shift basis. The system captures variance from plan plus a safety statement regarding how gaps are risk rated and being managed.

In January (NB system not fully embedded), there were an average 30 shifts per week left with unmanaged staffing levels i.e. the CMG had exhausted all possible options and therefore resorted to re-prioritising ward work and seeking corporate assistance.

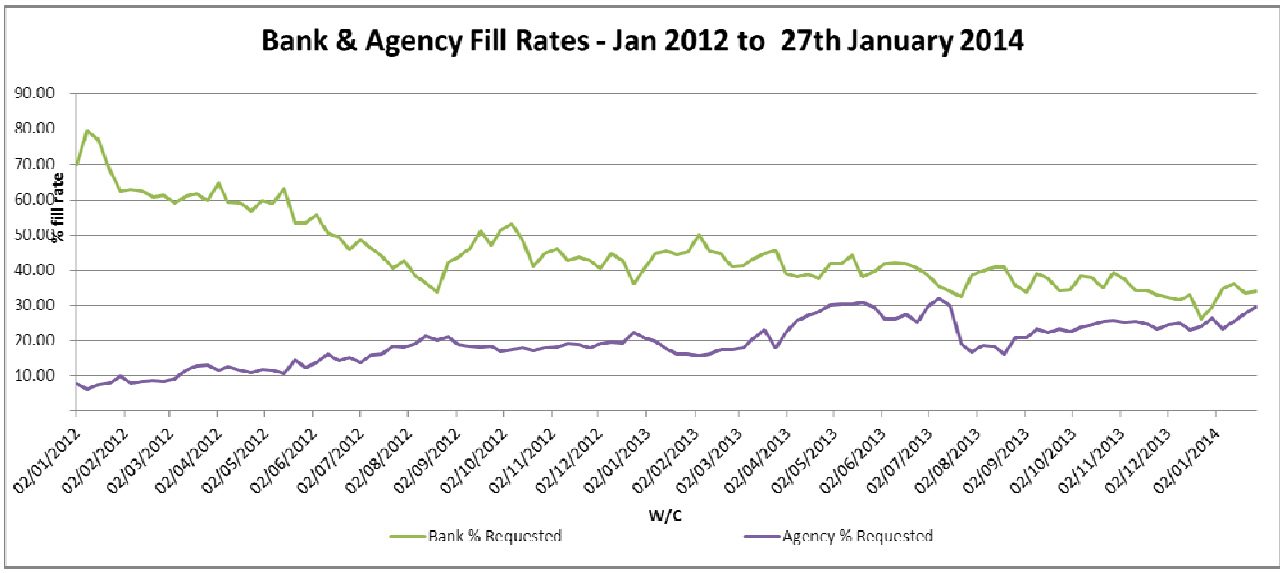
For the same time period, approximately 20 shifts per week were overstaffed.

200 shifts per week on average required wider CMG intervention to make wards safe.

We are continuing to refine the use of this tool, especially around the 'unmanaged' shifts and our corporate response in these situations.

5.3.3 Bank and Agency

Bank and agency information is shown in the following graphs.


Bank & Agency Fill Rates - Jan 2012 to 27th January 2014
% fill rate
90.00
80.00
70.00
60.00
50.00
40.00
30.00
20.00
10.00
02/01/2012
02/02/2012
02/03/2012
02/04/2012
02/05/2012
02/06/2012
02/07/2012
02/08/2012
02/09/2012
02/10/2012
02/11/2012
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02/05/2013
02/06/2013
02/07/2013
02/08/2013
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02/10/2013
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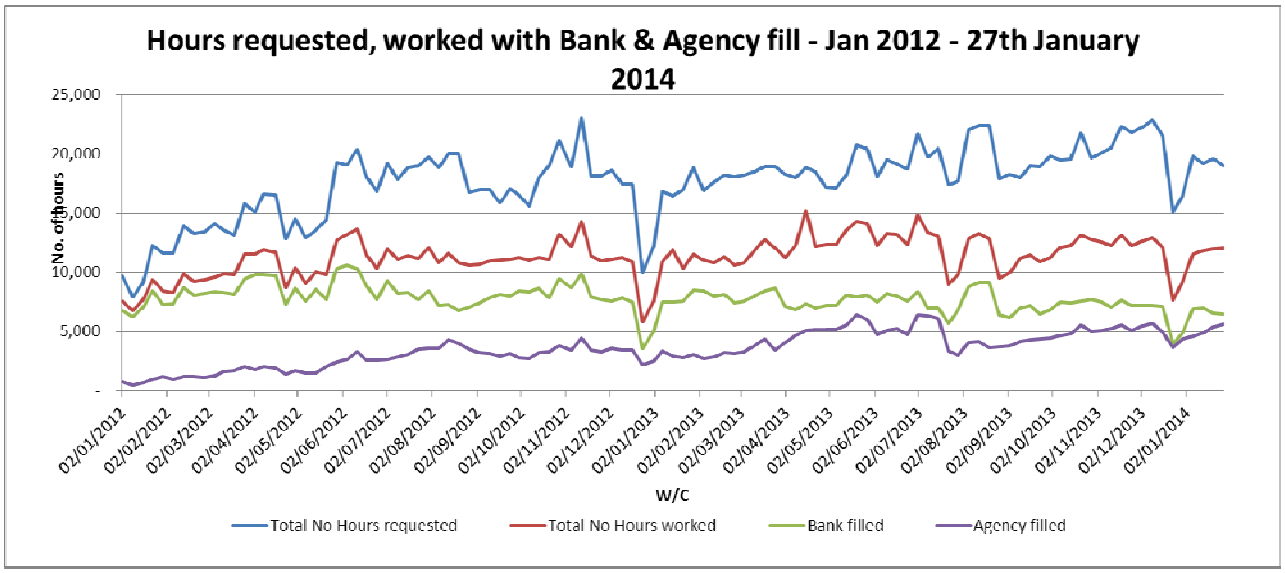
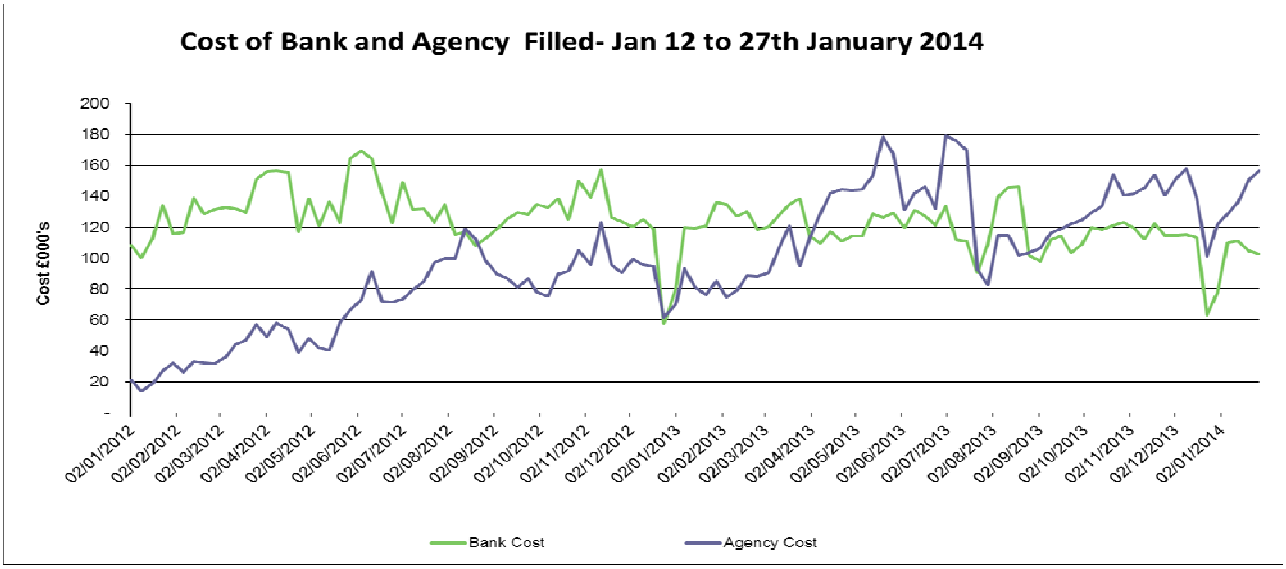
02/12/2013
02/01/2014
w/c
Bank % Requested
Agency % Requested


Hours requested, worked with Bank & Agency fill - Jan 2012 - 27th January 2014
No. of Hours
25,000
20,000
15,000
10,000
5,000
-
02/01/2012
02/02/2012
02/03/2012
02/04/2012
02/05/2012
02/06/2012
02/07/2012
02/08/2012
02/09/2012
02/10/2012
02/11/2012
02/12/2012
02/01/2013
02/02/2013
02/03/2013
02/04/2013
02/05/2013
02/06/2013
02/07/2013
02/08/2013
02/09/2013
02/10/2013
02/11/2013
02/12/2013
02/01/2014
w/c
Total No Hours requested
Total No Hours worked
Bank filled
Agency filled


Cost of Bank and Agency Filled- Jan 12 to 27th January 2014
Cost £000's
200
180
160
140
120
100
80
60
40
20
-
02/01/2012
02/02/2012
02/03/2012
02/04/2012
02/05/2012
02/06/2012
02/07/2012
02/08/2012
02/09/2012
02/10/2012
02/11/2012
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02/06/2013
02/07/2013
02/08/2013
02/09/2013
02/10/2013
02/11/2013
02/12/2013
02/01/2014
Bank Cost
Agency Cost

5.4 Ward Performance and Ward Alerting Concerns

The dashboard (Appendix 2) represents December/January data. The dashboard suggests that the following wards are showing early signs of deterioration/challenge and need observation by the CMG leadership:

LRI	LGH	GH
5	15	15
7	28 *	28
15		32
16		33
17		CDU
18		
19 *		
22		
24		
29 *		
30 *		
32		
33		
36		
39		

Ward marked with * have been previously highlighted for CMG or targeted additional support which is ongoing. If next month, these wards continue to show no sign of improvement, we will consider a 'special measures' approach.

Other 'alerting' wards will be subject to a discussion at Nursing Executive Team on 26 February 2014 with action agreed. At this stage it is likely to be targeted CMG support or wait to see if trend continues next month. Many of these wards are struggling with vacancies and so we hope that the additional nurses that have joined the Trust in recent weeks will impact positively over coming weeks.

Ward Reviews

The quarterly results (for Q3) are attached and based on reviews undertaken in January. Acknowledging that we still have some differences in thresholds between Heads of Nursing, there are some wards that flag on the ward review tool as well as the dashboard:

LRI	GH
19	15
24	CDU
	32
	33

There are a number of wards that scored no green ratings, ie all amber. This would suggest that some concentrated effort is required around the ward systems, processes and leadership:

LRI	LGH
34	2
25	
26	
31	
Kinmonth	
8	

This will also be subject to discussion at Nursing Executive Team.

The Heads of Nursing report that there is still an absence of information/evidence for all indicators at ward level and more work needs to be done to ensure ward staff see data that is available about the care they deliver.

The Heads of Nursing however report that Ward Managers and Matrons were on the whole, better prepared for the round of reviews.

5.4 Same Sex Accommodation

Mth	Qtr 1	Qtr 2	Qtr 3	YTD

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

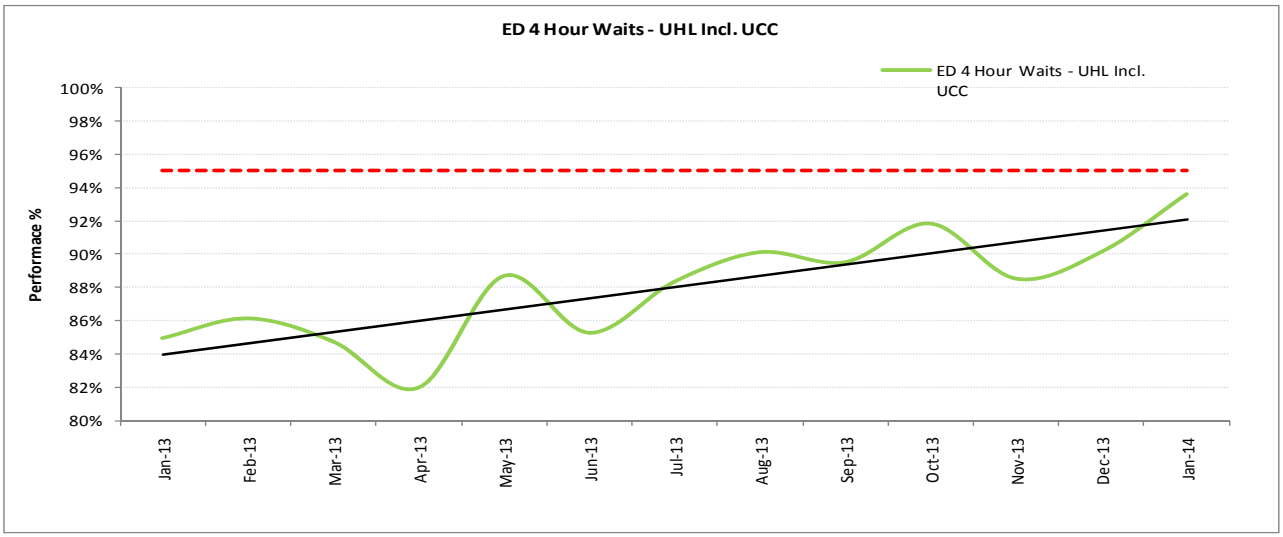
6 OPERATIONAL PERFORMANCE – RICHARD MITCHELL

Outcome Measures

Performance Indicator	Target	Jan-13	Feb-13	Mar-13	Q4	Apr-13	May-13	Jun-13	Q1 2013	Jul-13	Aug-13	Sep-13	Q2 2013	Oct-13	Nov-13	Dec-13	Q3 2013	Jan-14	YTD
A&E - Total Time in A&E (UHL+UCC)	95%	84.9%	86.1%	84.7%	85.2%	82.0%	88.7%	85.3%	85.3%	88.3%	90.1%	89.5%	89.3%	91.8%	88.5%	90.1%	90.2%	93.6%	88.7%
RTT waiting times – admitted	90%	92.2%	91.9%	91.3%		88.2%	91.3%	85.6%		89.1%	85.7%	81.8%		83.5%	83.2%	82.0%		81.8%	
RTT waiting times – non-admitted	95%	97.3%	97.0%	97.0%		97.0%	95.9%	96.0%		96.4%	95.5%	92.0%		92.8%	91.9%	92.8%		93.4%	
RTT - incomplete 92% in 18 weeks	92%	93.4%	93.5%	92.6%		92.9%	93.4%	93.8%		93.1%	92.9%	93.8%		92.8%	92.4%	91.8%		92.0%	
RTT - 52+ week waits	0	0	0	0		0	0	0		0	0	0		0	0	1		1	2
Diagnostic Test Waiting Times	<1%	0.7%	1.0%	0.5%		1.6%	0.6%	0.6%		0.6%	0.8%	0.7%		1.0%	0.8%	1.4%		5.3%	
Cancelled operations re-booked within 28 days	100%	97.1%	92.3%	94.2%	94.6%	90.4%	91.0%	86.4%	89.8%	99.1%	96.0%	98.6%	98.0%	94.2%	97.7%	94.3%	95.5%	94.3%	94.8%
Cancelled operations on the day (%)	0.8%	1.6%	1.6%	1.6%	1.6%	1.5%	1.5%	1.0%	1.3%	1.2%	1.4%	2.3%	1.6%	1.7%	1.8%	1.7%	1.8%	1.5%	1.6%
Cancelled operations on the day (vol)		137	130	137	404	125	135	85	345	117	124	212	453	171	172	141	484	141	1423
Urgent operation being cancelled for the second time	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2 week wait - all cancers	93%	89.8%	95.9%	95.2%	93.7%	93.0%	95.2%	94.8%	94.4%	94.2%	94.6%	93.0%	94.0%	94.9%	95.7%	94.9%	95.2%		94.5%
2 week wait - for symptomatic breast patients	93%	93.6%	93.1%	95.4%	94.0%	94.0%	94.8%	93.2%	94.1%	93.6%	92.0%	95.2%	93.8%	93.0%	91.3%	95.5%	93.3%		93.7%
31-day for first treatment	96%	96.6%	97.6%	98.8%	97.6%	97.5%	97.0%	99.0%	97.8%	98.3%	99.7%	99.1%	99.0%	98.9%	96.2%	97.4%	97.6%		98.1%
31-day for subsequent treatment - drugs	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%
31-day wait for subsequent treatment - surgery	94%	94.6%	94.1%	92.7%	94.0%	97.2%	94.4%	97.5%	96.4%	100.0%	98.4%	88.6%	95.9%	96.4%	97.1%	92.3%	95.3%		95.8%
31-day wait subsequent treatment - radiotherapy	94%	99.1%	98.9%	99.1%	99.0%	100.0%	97.8%	99.1%	98.8%	100.0%	100.0%	97.7%	99.4%	97.5%	98.5%	98.1%	98.0%		98.7%
62-day wait for treatment	85%	79.5%	75.4%	81.5%	78.8%	80.9%	80.3%	85.9%	82.3%	85.8%	88.2%	87.4%	87.1%	86.4%	85.7%	89.4%	87.1%		85.5%
62-day wait for screening	90%	91.7%	95.7%	95.8%	94.4%	98.6%	94.3%	95.0%	95.9%	90.6%	97.2%	96.2%	94.1%	100.0%	97.0%	96.6%	97.9%		96.1%
Stroke - 90% of Stay on a Stroke Unit	80%	77.8%	81.4%	82.3%	80.6%	77.4%	80.7%	78.7%	78.5%	87.1%	88.6%	89.1%	88.3%	83.5%	78.0%	80.2%	80.6%		82.1%
Stroke - TIA Clinic within 24 Hours (Suspected TIA)	60%	60.8%	85.1%	77.0%	73.1%	51.1%	69.2%	72.0%	63.9%	60.5%	73.6%	64.6%	66.0%	62.4%	76.8%	65.7%	68.4%	60.5%	65.4%
Choose and Book Slot Unavailability	4%	5%	10%	9%		7%	9%	13%		15%	14%	11%		16%	17%	14%		9%	
Delayed transfers of care	3.5%	2.8%	2.7%	3.7%	3.0%	3.7%	3.9%	3.1%	3.6%	3.6%	3.1%	3.9%	3.5%	3.1%	4.6%	2.8%	3.5%	3.7%	3.5%

6.3 Emergency Care 4hr Wait Performance

Mth | Qtr 1 | Qtr 2 | Qtr 3 | YTD



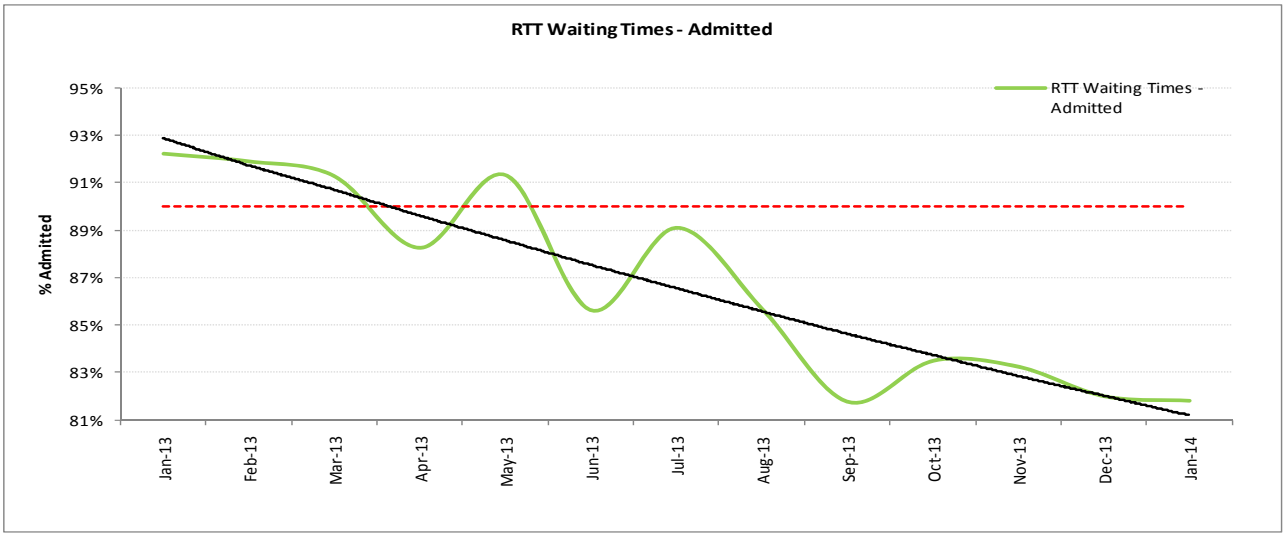
Performance for emergency care 4hr wait in January was 93.6%. Actions relating to the emergency care performance are included in the ED exception report.

UHL was ranked 106 out of 144 Trusts with Type 1 Emergency Departments in England for the four weeks up to 2nd February 2013. Over the same period 74 out of 144 Acute Trusts delivered the 95% target.

6.4 RTT – 18 week performance

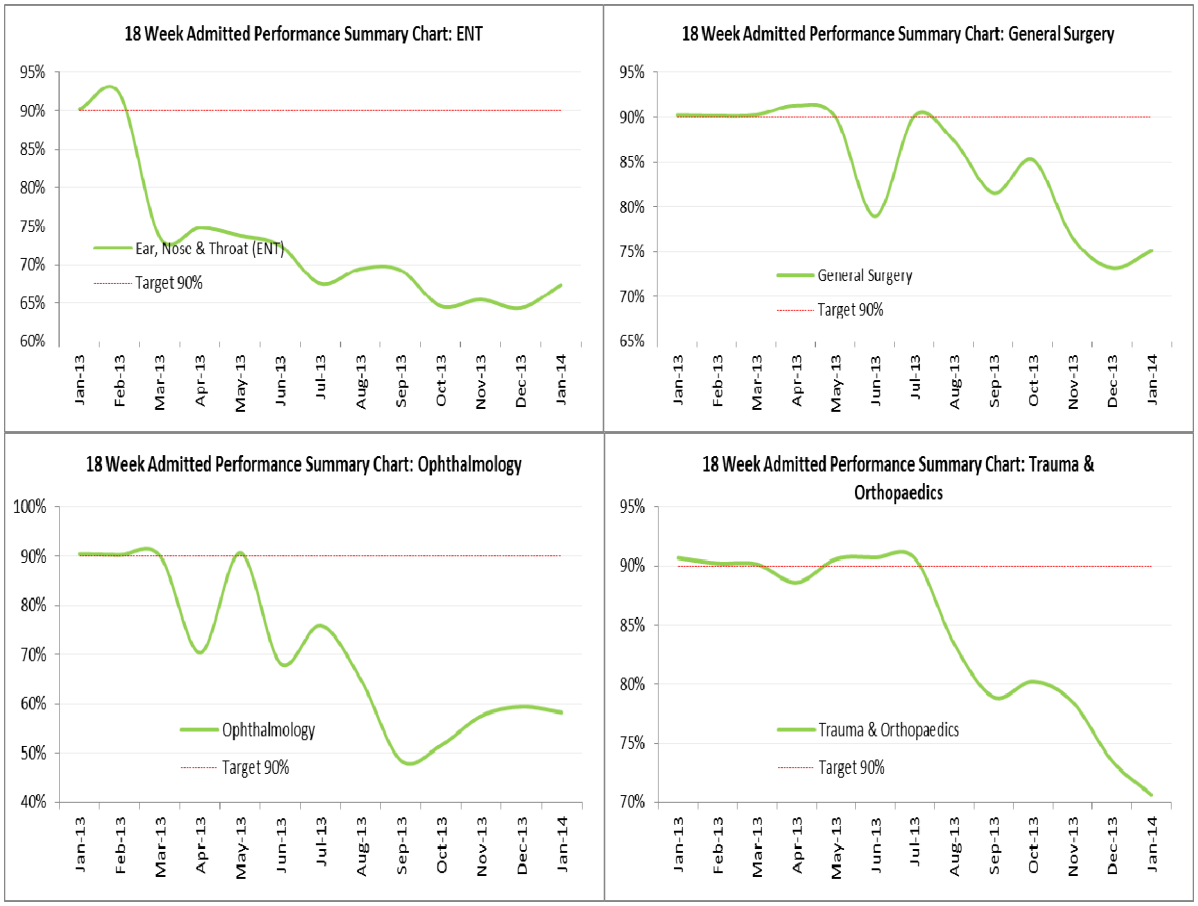
a) RTT Admitted performance

Mth | Qtr 1 | Qtr 2 | Qtr 3 | YTD

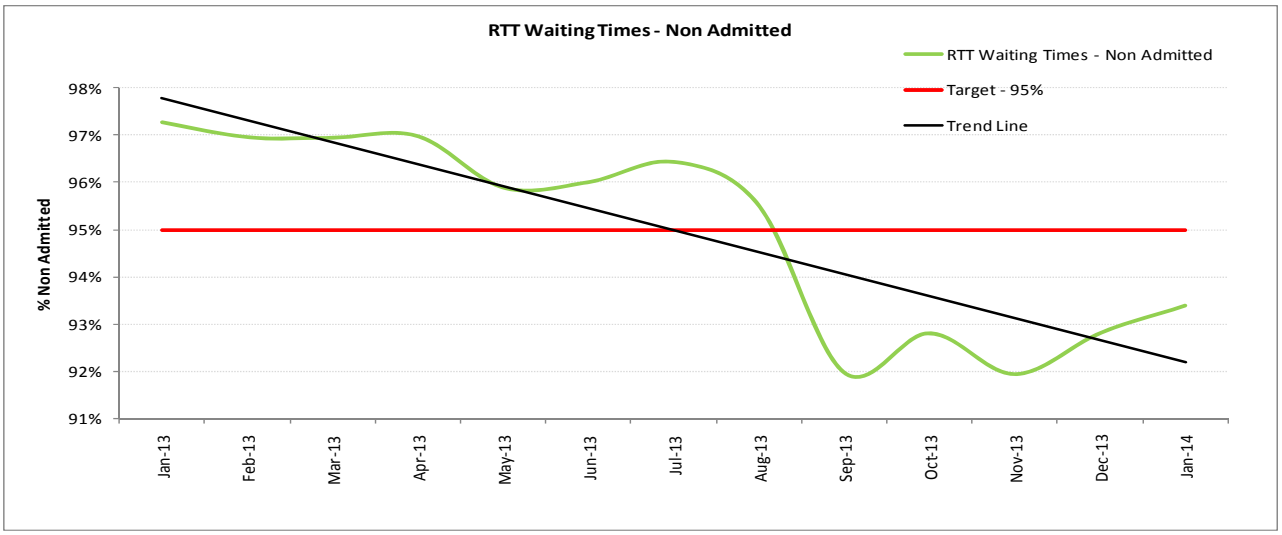


RTT admitted performance for January was 81.8% with significant speciality level failures in ENT, General Surgery, Ophthalmology and Orthopaedics. A recovery action plan has been submitted to commissioners for referral to treatment, final sign off is awaited.

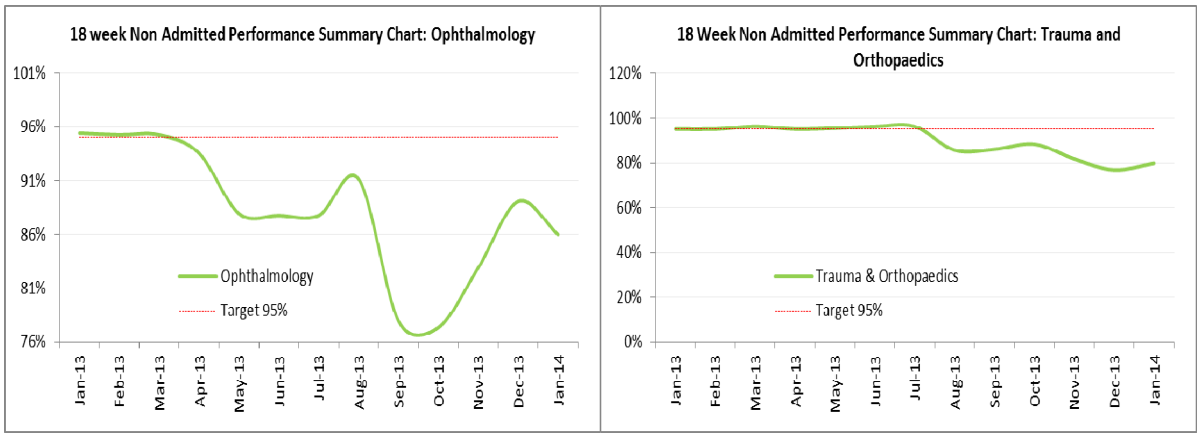
Commissioners have agreed to a significant financial investment during 2014-15 to reduce waiting times in key challenged specialties.It is anticipated that recovery of the Trust level admitted position will be in November 2014.



b) RTT Non Admitted performance

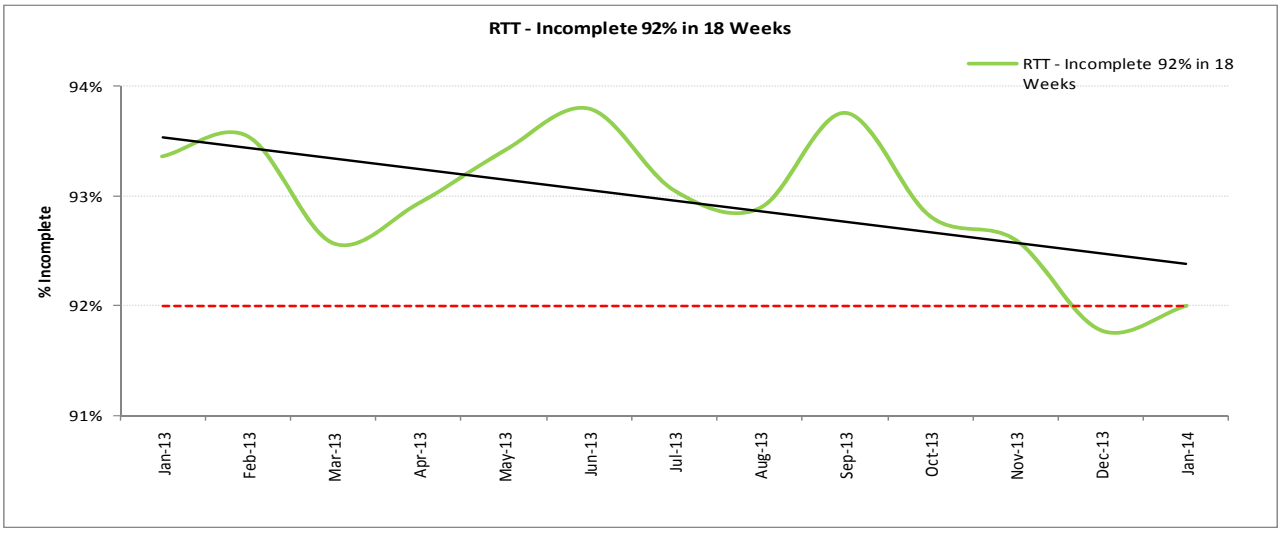


Non-admitted performance during January was 93.4%, with the significant specialty level failures in Orthopaedics and Ophthalmology. Commissioners have agreed to a significant financial investment during 2014-15 to reduce waiting times in key challenged specialties.It is anticipated that recovery of the Trust level non admitted position will be in August 2014.



c) RTT Incomplete Pathways

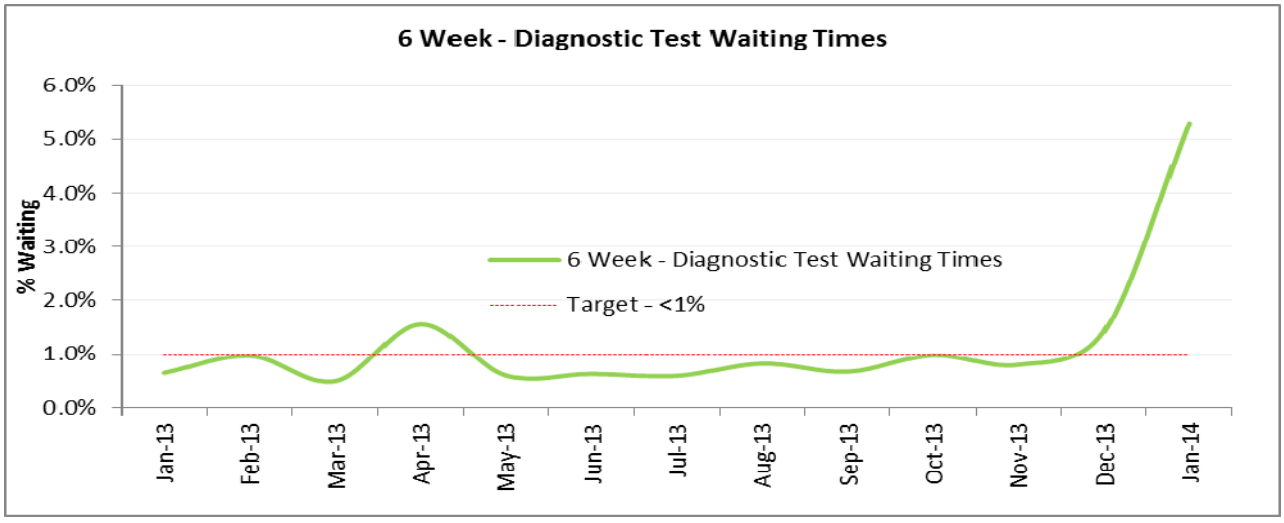
Mth | Qtr 1 | Qtr2 | Qtr3 | YTD



RTT incomplete (i.e. 18+ week backlog) performance achieved the target at 92.0%. In numerical terms the total number of patients waiting 18+ weeks for treatment (admitted and non-admitted) at the end of January was 3,194 down 96 from December (3,290)

6.5 Diagnostic Waiting Times

Mth | Qtr 1 | Qtr2 | Qtr3 | YTD



At the end of January 5.3% of patients were waiting for diagnostic tests longer than 6 weeks. Further details are included in the diagnostic exception report – Appendix 3.

6.6 Cancer Targets

a) Two Week Wait

Mth	Qtr 1	Qtr2	Qtr3	YTD

December performance for the 2 week to be seen for an urgent GP referral for suspected cancer was achieved at 94.9% (national performance 95.5%).

Mth	Qtr 1	Qtr2	Qtr3	YTD

Performance for the 2 week symptomatic breast patients (cancer not initially suspected) was achieved at 95.5% (national performance 95.6%).

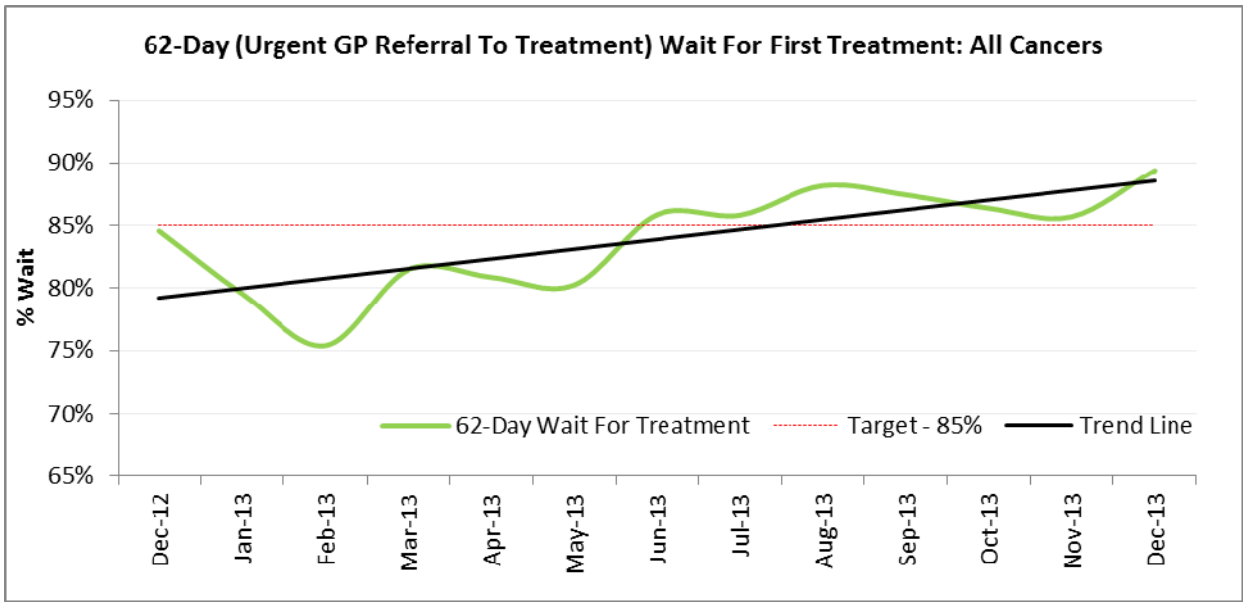
b) 31 Day Target

Mth	Qtr 1	Qtr2	Qtr3	YTD

Three out of the four 31 day cancer targets have been achieved in December (latest reported month). The 31 day subsequent surgery target was missed as a result of 2 too many patients waiting over 31 days for treatment.

c) 62 Day Target

Mth	Qtr 1	Qtr2	Qtr3	YTD



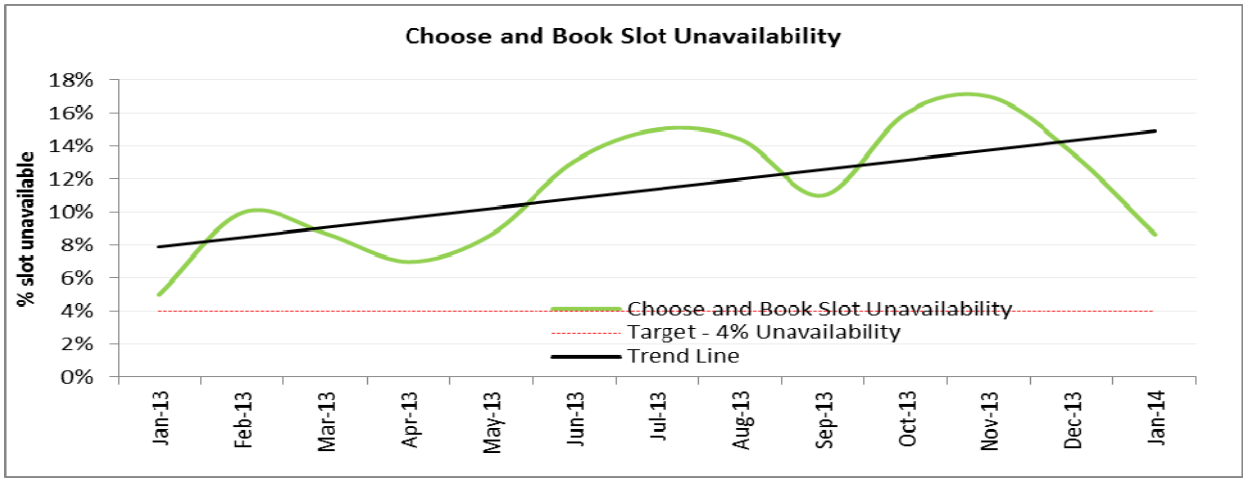
The 62 day urgent referral to treatment cancer performance in December was 89.4% (national performance 86.8%) against a target of 85%. The year to date position is now also being delivered at 85.5%.

The Cancer Action Board continues to meet weekly, it is responsible for monitoring the Trusts Cancer Action Plan to ensure that actions are being delivered and there is representation from all the key tumour sites including Radiology and theatres. This meeting is chaired by the Cancer Centre Clinical Lead.

The key points to note as at end January are:-

- Current volume over 62 days =32 patients
- Waits > 100 days = 5 all in Urology
- Longest wait 154 days – complex pathway

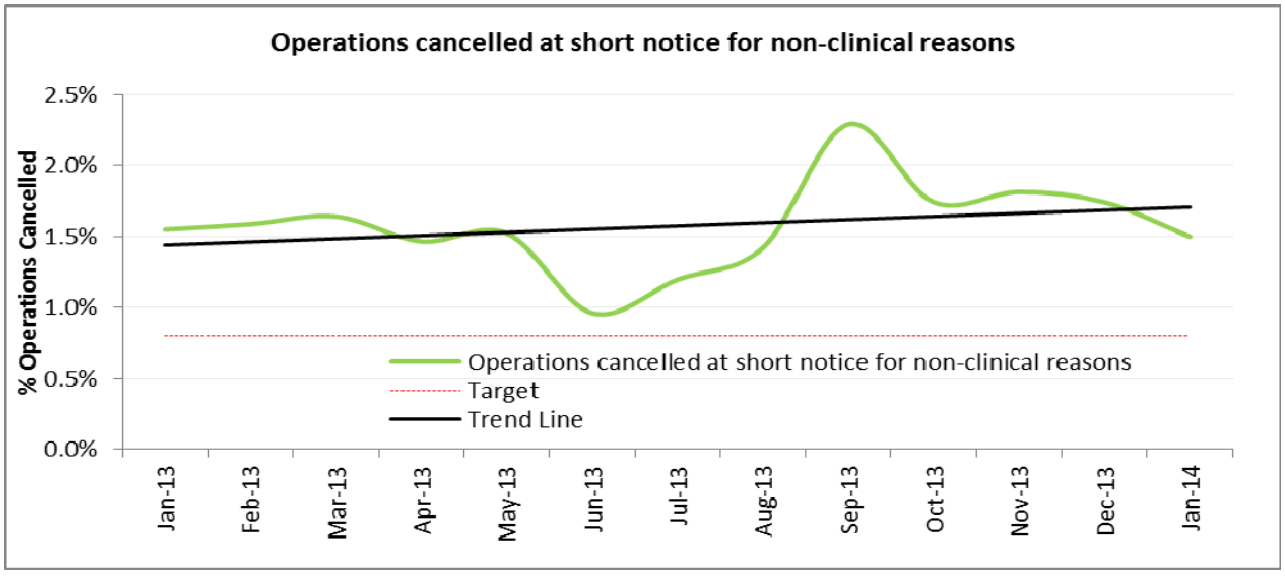
6.7 Choose and Book slot availability



Choose and book slot availability performance for January is 10% with the national average at 7%. Resolution of slot unavailability requires a reduction in waiting times for 1st outpatient appointments in key specialties and prospectively. For ENT and Orthopaedics, this forms part of the 18 week remedial action plan. Neurology is in the process of recruiting additional Clinical staff to increase capacity.

6.8 Short Notice Cancelled Operations

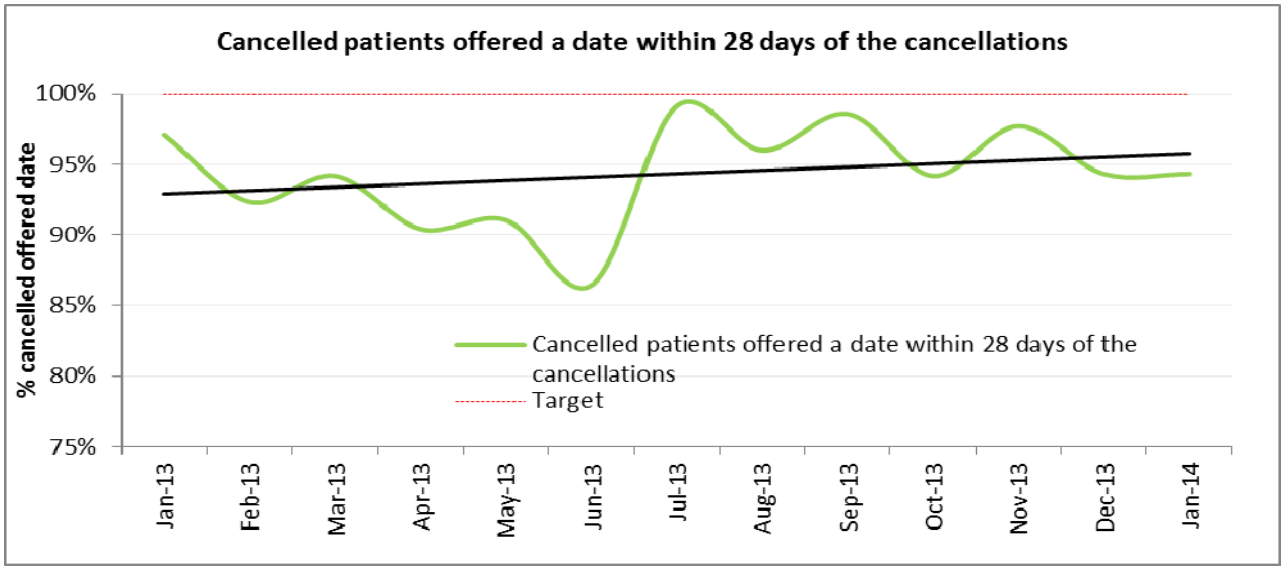
Mth	Qtr 1	Qtr 2	Qtr 3	YTD



The percentage of operations cancelled on/after the day activity for non-clinical reasons during January is 1.5% against a target of 0.8%. The year to date performance is 1.6%. A remedial action plan has been submitted to commissioners and this is awaiting final sign off, this is attached as Appendix 4.

Cancelled patients offered a date within 28 days

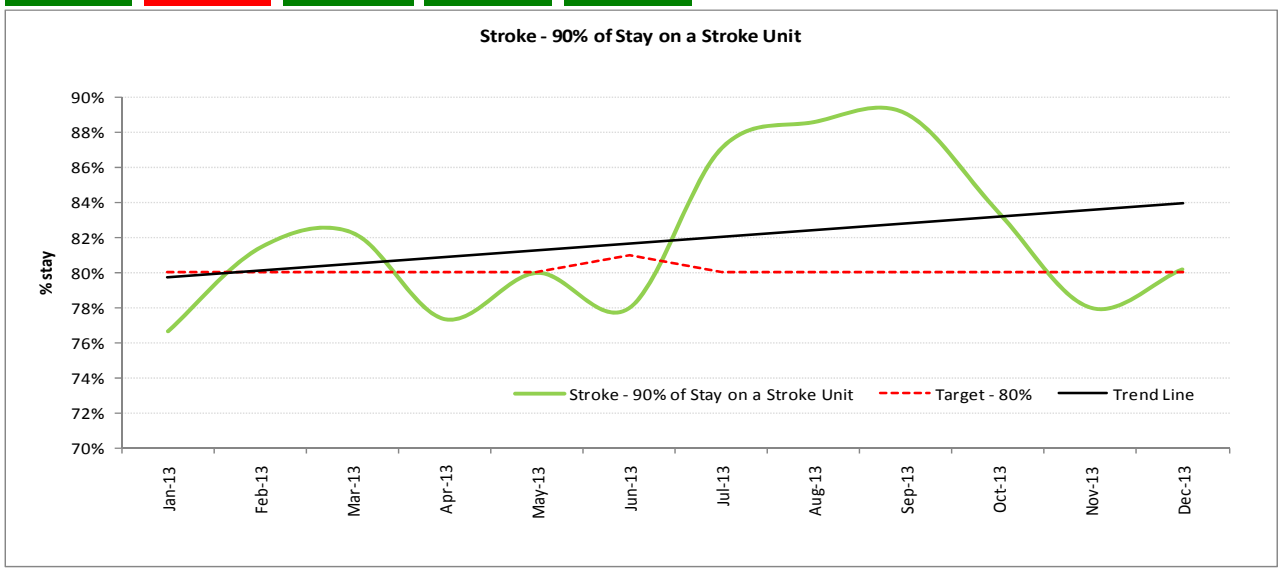
Mth | Qtr 1 | Qtr 2 | Qtr 3 | YTD



The threshold has been amended from 95% to 100% to reflect that every breach of this standard is subject to a financial penalty. The number of patients breaching this standard in January was 8 with 94.3% offered a date within 28 days of the cancellation. A remedial action plan has been submitted to commissioners and this is awaiting final sign off. A remedial action plan has been submitted to commissioners and this is awaiting final sign off, this is attached as Appendix 4.

6.9 Stroke % stay on stroke ward

Mth | Qtr 1 | Qtr 2 | Qtr 3 | YTD

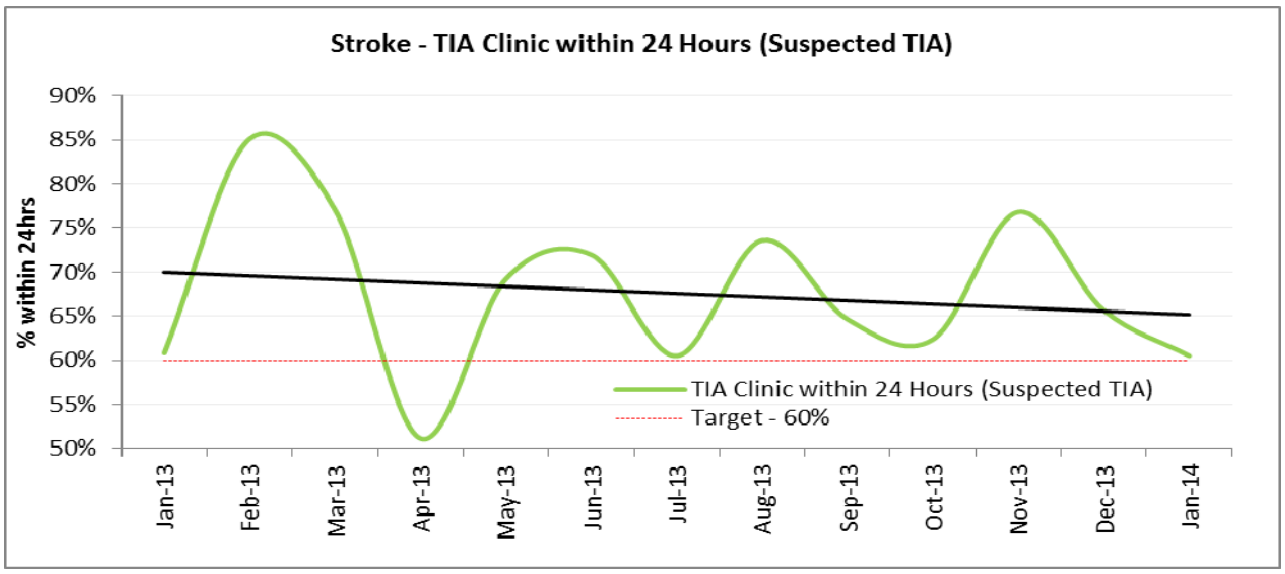


The percentage of stoke patients spending 90% of their stay on a stroke ward in December (reported one month in arrears) is 80% against a target of 80%. The year to date position is 82.1%.

Commissioners have confirmed that due to the improved performance for stroke patients, the Contract Query has been formally closed.

6.10 Stroke TIA

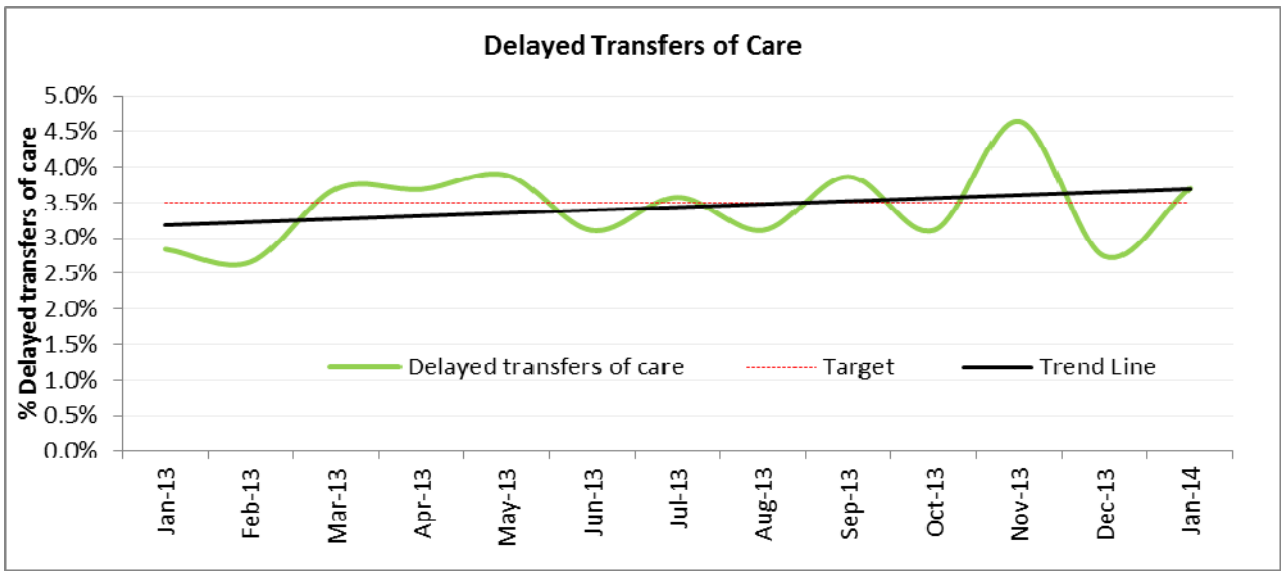
Mth | Qtr 1 | Qtr2 | Qtr3 | YTD



The percentage of high risk suspected TIAs receiving relevant investigations and treatment within 24 hours of referral receipt is 60.5% against a national target of 60.0%. The year to date performance is 65.4%.

6.11 Delayed Transfers of Care

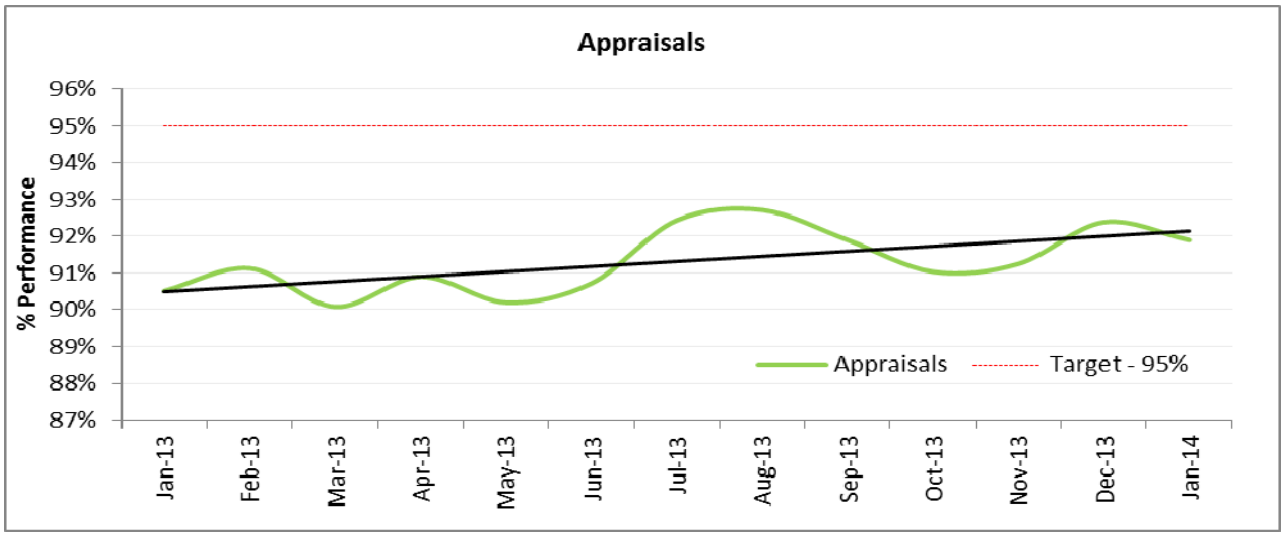
The January delayed transfer of care position was 3.7% with a year to date position of 3.5% equalling the target threshold of 3.5%.



7 HUMAN RESOURCES – KATE BRADLEY

7.1 Appraisal

Mth | Qtr 1 | Qtr 2 | Qtr 3 | YTD



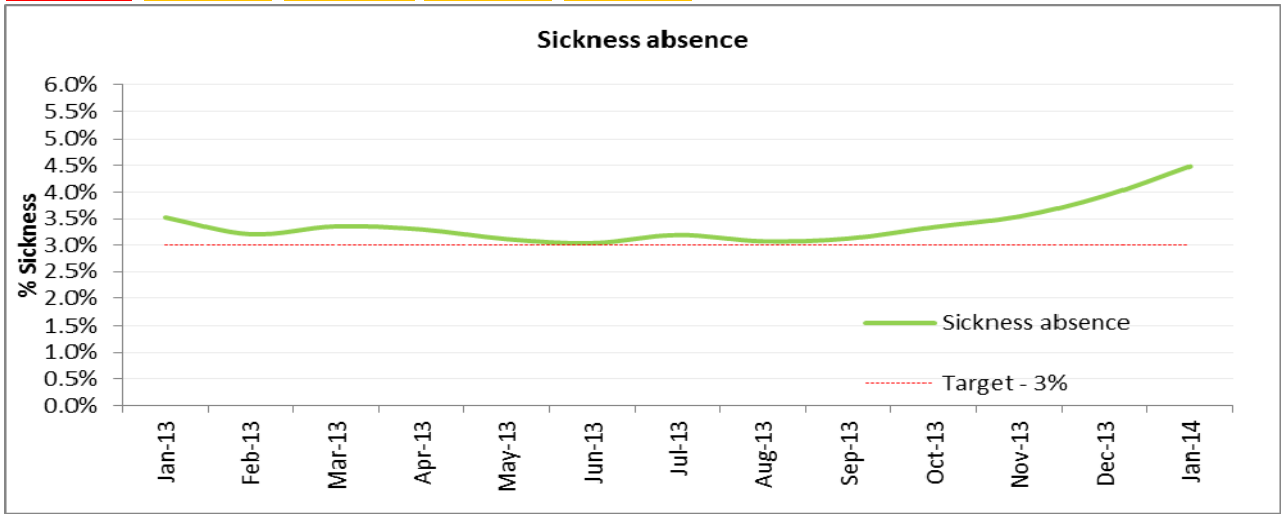
There continues to be considerable appraisal activity over the last month, we recognise that there has been a slight reduction in overall appraisal performance at the end of January.The appraisal rate for January is skewed due to TUPE transfer of some staff groups, for example IM+T. A number of Clinical and Corporate areas continue to meet the 95% target.

Appraisal performance and quality remains high on the CMG business agenda and a commitment to achieve 95%. All areas are encouraged to work to a 10 or 11 month cycle. Appraisals and statutory / mandatory training are also discussed at monthly CMG/Service Performance Meetings.

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

7.2 Sickness

Mth | Qtr 1 | Qtr 2 | Qtr 3 | YTD



The sickness rate for January is 4.48% and the December figure has now adjusted to 3.93% to reflect closure of absences. The overall cumulative sickness figure remains at

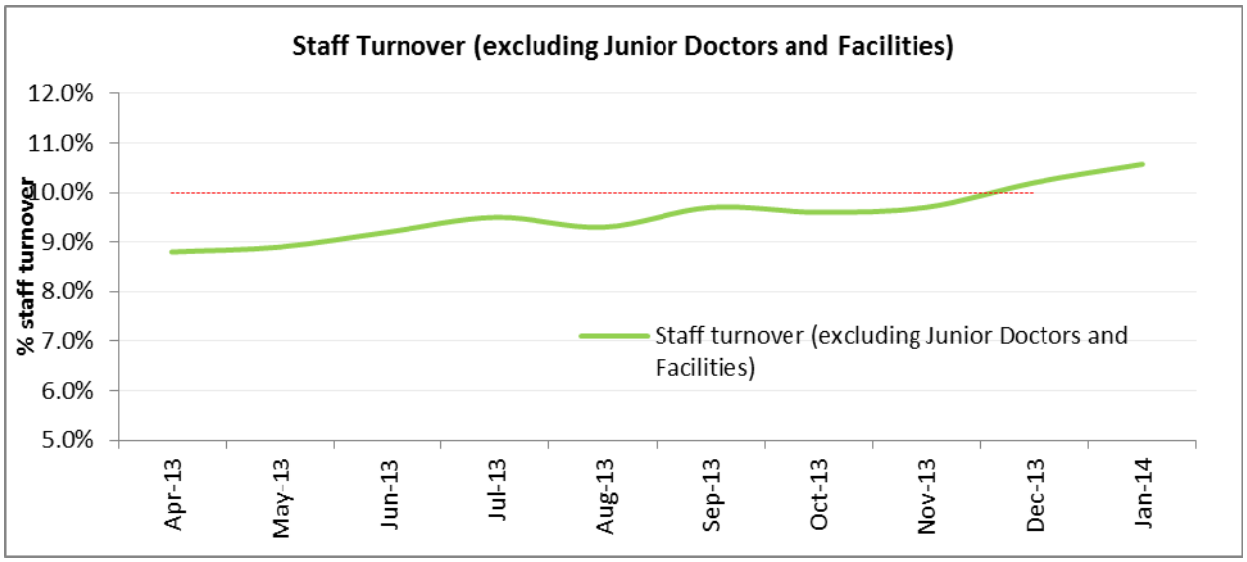
3.4%. This is equal to the previous SHA's target of 3.4% but slightly above the Trust stretch target of 3%. Given the large retrospective adjustments in sickness figures as a result of the closure of absences, sickness reporting will be undertaken one month in arrears in future Quality and Performance Reports.

The Health and Social Care Information Centre has recently published sickness absence rates for the period July to September 2013. These statistics show an average sickness rate of 3.66% for this period compared to 3.12% for UHL for same period. In September 2013 UHL was the highest performing acute Trust in the East Midlands with rates ranging from 3.12% to 4.83%.

The UHL Health and Wellbeing Steering Group met on 31 January 2014 and agreed to focus will be on developing pregnancy workshops to support wellbeing during pregnancy, implementation of the revised sickness absence training programmes and further rollout of Emotional Resilience Training.

7.3 Staff Turnover

Mth | Qtr 1 | Qtr 2 | Qtr 3 | YTD



The cumulative Trust turnover figure (excluding junior doctors and facilities staff who have Tupe'd from the Trust) has increased slightly from 10.2% to 10.57%. The latest figure includes the TUPE transfer of 27 IM &T staff to IBM on 30 November 2013 and the transfer of 65 sexual health services staff to Staffordshire and Stoke on Trent Partnership NHS Trust and therefore skews the overall turnover figures.

7.4 Statutory and Mandatory Training

Mth | Qtr 1 | Qtr2 | Qtr3 | YTD

As a Trust in January 2014, we were reporting against nine core subjects in relation to Statutory and Mandatory Training. These were Fire Safety Training, Moving & Handling, Hand Hygiene, Equality & Diversity, Information Governance, Safeguarding Children, Conflict Resolution, Safeguarding Adults and Resuscitation (BLS Equivalent). From 1st February, 2014 we will be incorporating Hand Hygiene with Infection Prevention Training. There are two Infection Prevention modules, clinical and non-clinical, and these contain the relevant Hand Hygiene information.

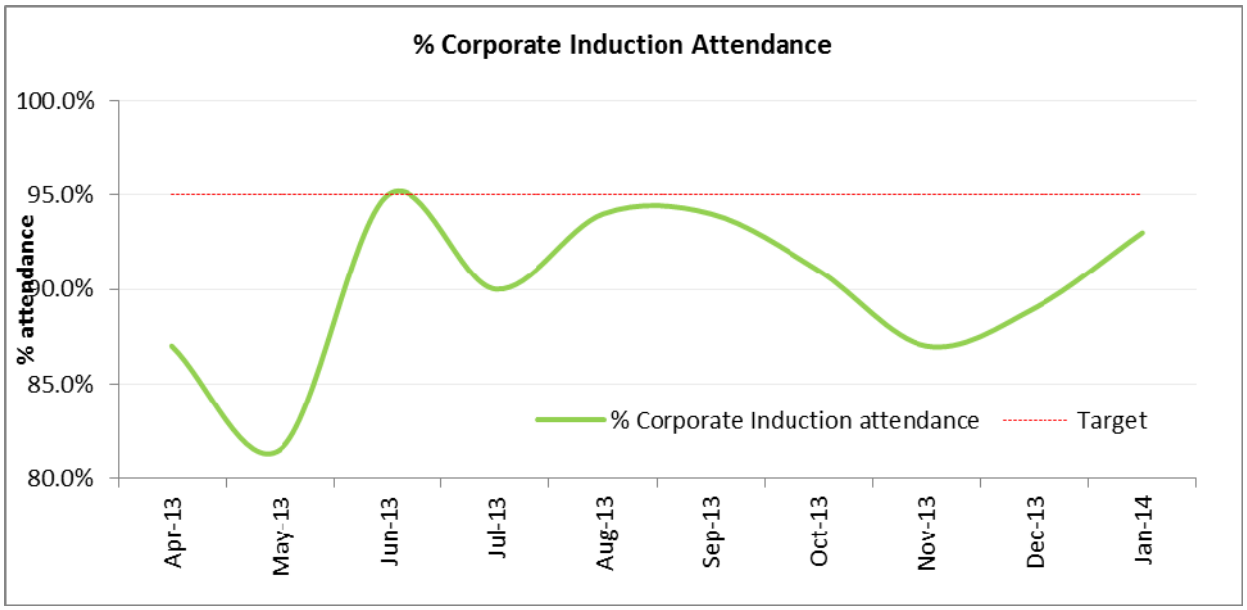
In the period between January 8th and January 31st staff compliance against Statutory and Mandatory Training has increased from 65% to 69% across these nine core areas, despite the seasonal pressures. A plan to restructure eUHL, has been completed to capture performance by Clinical Management Group and Corporate Directorates.

There are now a total of 9 new eLearning packages live on eUHL, the release of the final package has been delayed until February, due to updates being applied to eUHL to improve performance and to update associated training records. The final module to be released will see the total number of Statutory and Mandatory subjects rise to a total of 10. This last package is Health and Safety and will be a requirement of all staff every 3 years.

We continue to communicate progress, essential training requirements and follow up on non-compliance at an individual and CMG/Directorate level. During February a final version of the 'UHL Statutory and Mandatory Training Guide' will be released.

Work continues with IBM, IM&T & OCB Media in developing the new Learning Management System to improve reporting functionality, programme access, data accuracy and account numbers.

7.5 Corporate Induction



Performance has improved between December and January, over the last month the Corporate Induction attendance rate has increased to 93%.

Success is attributed to a number of aspects, mainly improved internal processes, encouragement and focus placed on induction and communication associated with induction completion.

A new weekly Corporate Induction Programme has been devised (to commence on the 1 April 2014) which is being communicated across the organisation over coming weeks. It is expected that where possible, all new starters will attend Corporate Induction on their first day of employment with UHL and all core Statutory and Mandatory Training will be completed within a maximum of four weeks

8 2013/14 CONTRACTUAL QUERY STATUS

Commissioner Notices	Subject	Action/Update	Associated Penalty	Status
Contract Query	Cancer 62 Day	Remedial Action Plan (RAP) has been signed off. Monthly progress reports against the agreed RAP	£50,000 Qtr1 fine has been repaid.	Contract query to be formally closed.
Second Exception report.	ED Performance	Remedial Action Plan & Trajectory Agreed. Due to the failure of meeting the improvement trajectory a Second Exception report has been issued.	2% Overall Contract penalty from August to November Automatic Contract Penalty (non refundable)	Failing to meet improvement trajectory.
Contract Query	18 Wk RTT	The revised RAP to be submitted to the commissioners by the 14th February.	2% overall contract value commencing August. Automatic Individual specialty penalties	On-going
First Exception report for 30+ minute ambulance handover and Second Exception report for 60+minute ambulance handover	Ambulance Handover	Remedial Action Plan has been signed off. Due to the failure of meeting the improvement trajectory a First and Second Exception report has been issued	Automatic Contract Penalty	Failing to meet improvement trajectory.
Contract Query	Pressure Ulcers	RAP has been signed off and revised trajectory agree. CCG's to work with UHL to see a significant sustained improvement.	Revised trajectory and finacial penalties confirmed by CCG's. Automatic penalties applied.	On-going
Contract Query	Short notice cancelled operations and rebooking in 28 days	Revised remedial Action Plan to be submitted by the 31st January.	Automatic Contract Penalty	On-going
Activity Query Notice	Emergency over performance	Emergency analysis provide by commissioners and UHL have responded. Financial agreement has been reached.	Financial agreement has been reached.	Activity query has been formally closed.

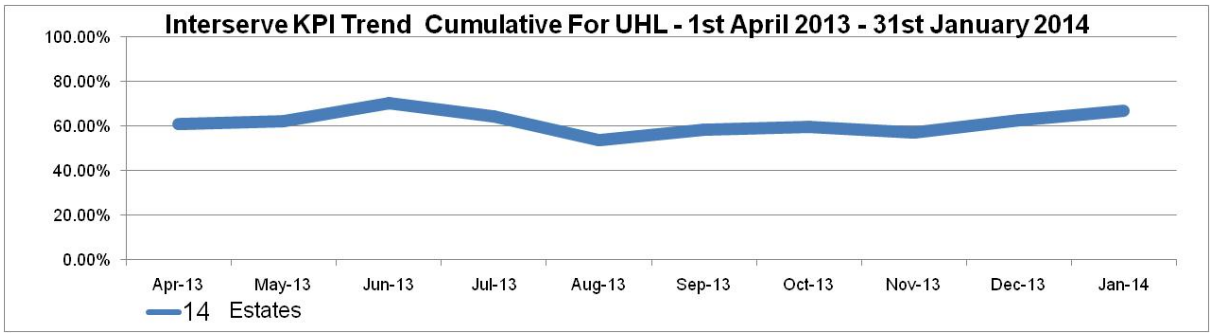
9 UHL - FACILITIES MANAGEMENT– RACHEL OVERFIELD

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 up to and including month 11 of the contract.
The FM contract providing 14 different services to the Trust is underpinned by 83 Key Performance Indicators (KPIs) and the summary information and trend analysis below details a snapshot of 6 key Indicators over the last eleven month.

9.1 Key Performance Indicators

KPI 14 – Estates

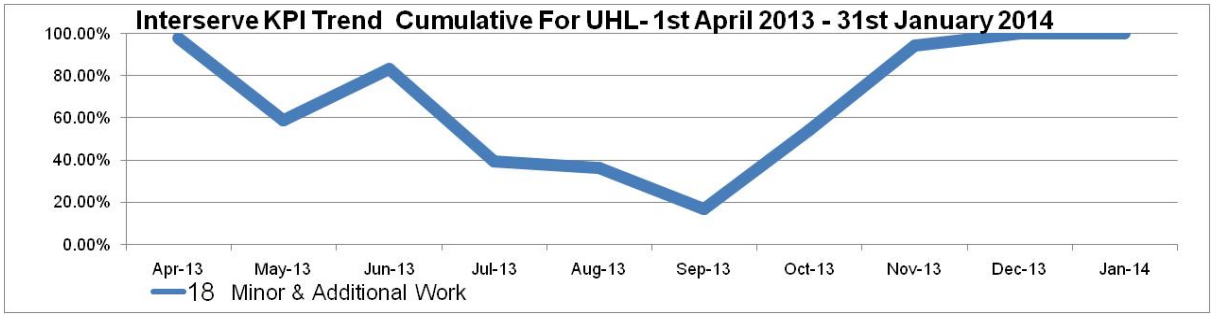
Percentage of routine requests achieving response time



KPI 14 This KPI measures the response by estates for routine requests. This has previously been an inconsistent level of performance however a steady improvement is evidenced over the last three months. Since November the percentage achieved has improved from 57% to 66.95% and recent moves to 24/7 cover 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 working however it is hoped that this improvement can be sustained going forward.

KPI 18 – Minor & Additional Work

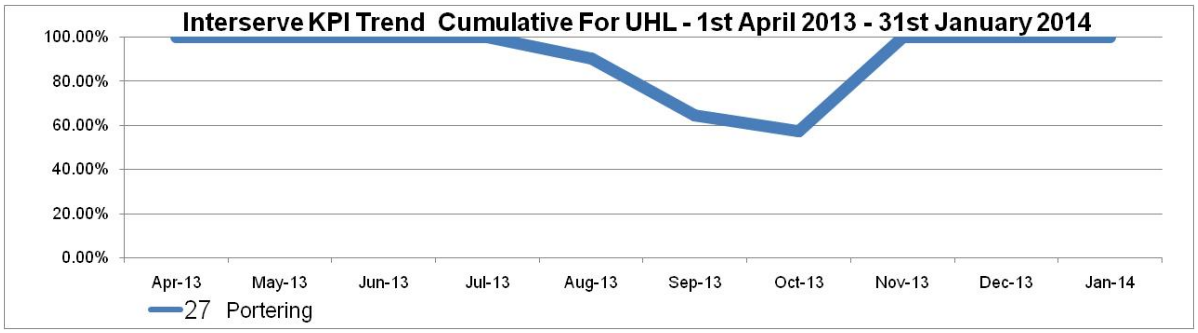
Percentage of Minor works quoted and priced within 10 working days



KPI 18 The evidence for January indicates that the 100% target has been maintained. There has been an improved response time since Interserve has been using Interserve Construction for quotations. The protocols for approval within UHL have been complied with since its introduction in December, 2013.

KPI 27 – Portering

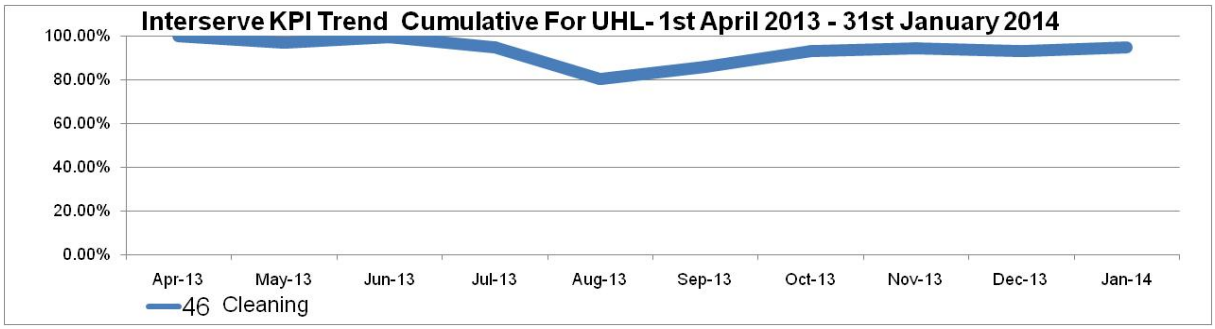
Percentage of emergency portering tasks achieving response time



KPI 27 IFM has maintained their 100% achievement of response times for January 2014.

KPI 46 - Cleaning

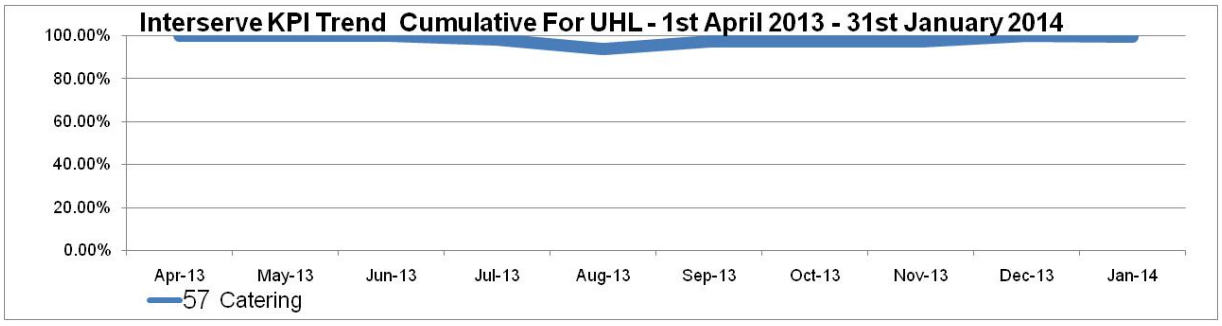
Percentage of audits in clinical areas achieving National Specification for cleaning audit scores for cleaning above 90%



KPI 46 This KPI shows a slight improvement for January with a percentage average of 94.87%. There is further improvement required in several areas. IFM have recruited additional staffing to cover the public areas and public toilets at the LRI and once this service is further embedded it is envisaged that further improved results will be seen in the coming months.

KPI 57 - Catering

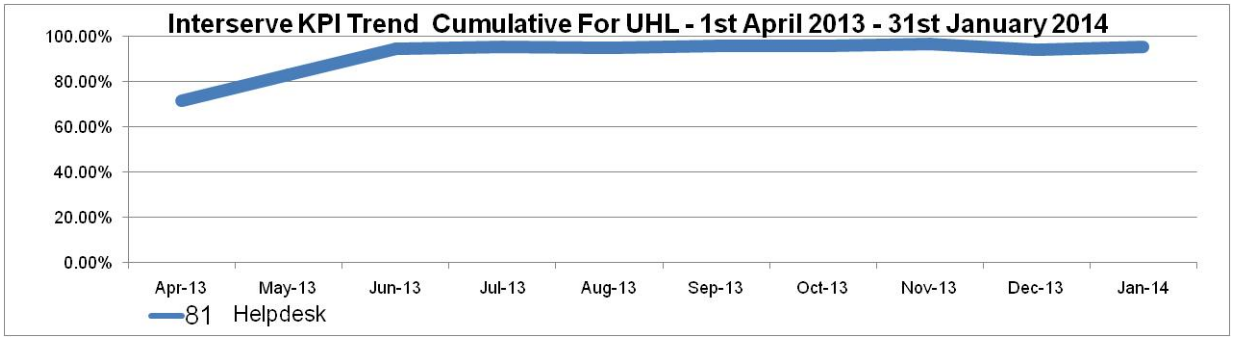
Percentage of meals delivered to wards in time for the designated meal service as per agreed schedules



KPI 57 The result for this KPI in January shows a slight reduction from last month 99.46% compared to 99.95% in December. Whilst this is a high percentage figure there are still areas, particularly at the LRI, where late meal deliveries are being experienced.

KPI 81 -Helpdesk

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



KPI 81 An improvement is shown in the results for January with 95.34% of calls being answered. There is also an overall improvement in feedback from customers in relation to this KPI which is positive.

9.2 GENERAL SUMMARY

The recorded performance for January, when measured against the 14 services and 83 KPI's shows a consistent levelling out of services with some small improvements in specific areas when compared to previous months. Interserve have confirmed that additional recruitment specifically focussed on cleaning and estates is in progress and should lead to further improvements within those services.
Electronic works and management systems are still yet to be fully established across the UHL and once these are fully operational should lead to improved performance relating to response and rectification times.

10 IM&T Service Delivery Review

10.1 Highlights

- Successful upgrade to the GOOD mobile Technology service
- Successful upgrade to the Dictate IT system
- Successful Chemocare system upgrade
- IS027001 audit completed
- Projects & Programmes – Communications with CMGs completed
- Technical testing has completed the critical applications list, but still has actions to address known Clinicom HISS / Patient Centre and ICM issues.
- Xerox devices delivered to Glenfield in readiness for start of rollout, now re-planned to 3rd Feb in order to implement learning from LiA

10.2 IT Service Review

There were 8977 (6795 previous month) incidents were logged during December, out of which 6473 (4823 previous month) were resolved. Incidents logged via X8000, email and self-service.

There were 6351 telephone calls to X8000

1589 (1208 previous month) incidents were closed on first contact

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

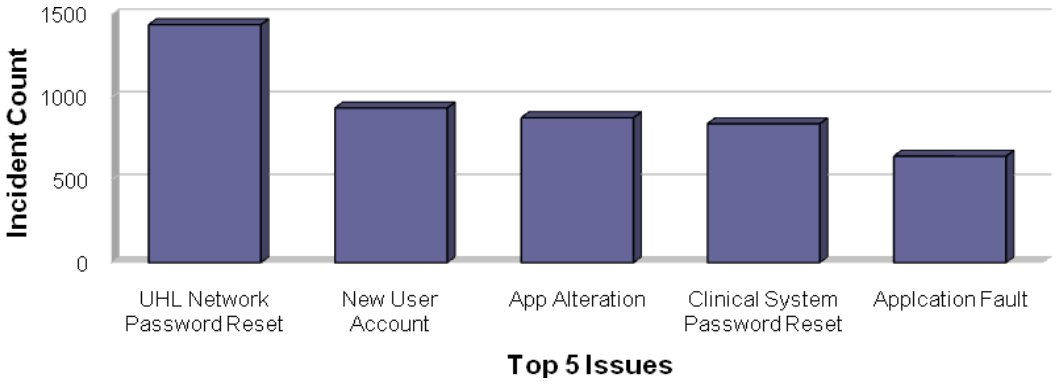
Number of official complaints relating to service has dropped to 1 in month (3 in previous month)

There were 812 (635 previous month) incidents logged out of hours via the 24/7 service desk function

10.3 Future Action

- Continuing to provide drop in training sessions in Glenfield every Tuesday and Thursday, including RA availability for smartcard updates
- Communications sessions on-going with wards and departments and successful LiA event held on 23/01 in Glenfield
-

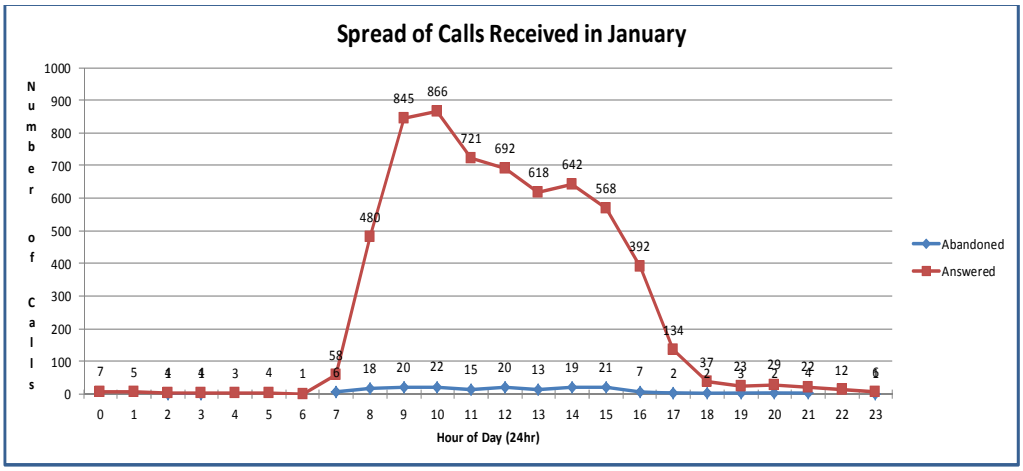
10.4 IM&T Service Desk top 5 issues



10.5 IM&T January Heatmap

Telephone	Metric	
	Total Calls Answer	6173
	Total Calls Abando	177
	Total Calls Receive	6350
	Answered in 30sec	93.82%

NOTE	Incident Logging
	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	%	
January 2013	1191	21.45%	536	9.65%	3295	59.34%	531	9.56%	5553
February 2013	1018	20.28%	496	9.88%	2974	59.25%	531	10.58%	5019
March 2013	956	21.60%	362	8.18%	2587	58.46%	520	11.75%	4425
April 2013	1215	21.47%	504	8.91%	3300	58.32%	639	11.29%	5658
May 2013	1076	21.11%	479	9.40%	3087	60.55%	456	8.94%	5098
June 2013	1113	23.13%	733	15.24%	2580	53.63%	385	8.00%	4811
July 2013	1391	23.69%	637	10.85%	3093	52.68%	750	12.77%	5871
August 2013	1731	23.43%	377	5.10%	3780	51.17%	1499	20.29%	7387
September 2013	1587	21.78%	446	6.12%	3802	52.18%	1451	19.91%	7286
October 2013	1723	22.42%	678	8.82%	4111	53.49%	1174	15.27%	7686
November 2013	1907	25.43%	614	8.19%	3931	52.43%	1046	13.95%	7498
December 2013	1834	26.99%	529	7.79%	3642	53.60%	790	11.63%	6795
January 2014	2668	29.72%	766	8.53%	4626	51.53%	917	10.21%	8977

Incidents Resolved when Logged

	AD Password Reset	Contact/ Technical Query	Total	% of Total Logged
January 2013	1164	732	1896	34%
February 2013	878	834	1712	34%
March 2013	672	700	1372	31%
April 2013	1104	940	2044	36%
May 2013	902	570	1472	29%
June 2013	791	659	1450	30%
July 2013	1192	1388	2580	44%
August 2013	1598	2744	4342	59%
September 2013	1568	2412	3980	55%
October 2013	1502	2060	3562	46%
November 2013	1304	1812	3116	42%
December 2013	1086	1330	2416	36%
January 2014	1570	1597	3167	35%

NOTE

Incidents resolved when logged.

The following incidents have been resolved at the time of logging and are included in the total calls logged. The majority come into the Service Desk through the x8000 number with some being logged through Self Service or the SD request mailbox.

AD Pasword Reset - Network login password reset
Query Incident - Technical question or request for contact details
RA Services - Registration Authority/Smartcard activity (recorded from 1/1/2014)

11 FINANCE – PETER HOLLINSHEAD

11.1 Introduction

11.1.1 This purpose of this report is to provide the Trust Board and Finance & Performance Committee with an update on performance against the Trust's key financial duties as follows:

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

11.1.2 The paper also provides further commentary on the year-end forecast based on the Month 10 results, key risks and the main financial statements.

11.2 Key Financial Duties

11.2.1 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	4.1	(31.0)	3.7	(39.8)	R
Achieving the EFL *	n/a	n/a	(1.4)	(1.4)	R
Achieving the Capital Resource Limit	25.9	18.9	41.8	33.0	G

Key Issues

- The Trust will not deliver its planned surplus and is forecasting a deficit position of £39.8m, and as such will not meet its breakeven duty
- The Trust has formally written to the NTDA to amend the EFL to enable the deficit to be cash managed

- The Capital Resource Limit will be achieved but further focus on the management of the programme is required

11.3 Year to Date Financial Position and Month 10 Results

11.3.1 The Month 10 results and year-to-date performance may be summarised:

	January 2014			April - January 2014		
	Plan £m	Actual £m	Var (Adv) / Fav £m	Plan £m	Actual £m	Var (Adv) / Fav £m
Income						
Patient income	49.5	56.0	6.4	530.1	547.3	17.2
Teaching, R&D	6.1	4.4	(1.8)	62.6	60.3	(2.3)
Other operating Income	3.2	3.5	0.3	31.9	32.9	1.0
Total Income	**58.9**	**63.9**	**5.0**	**624.5**	**640.4**	**15.9**
Operating expenditure						
Pay	37.2	39.8	(2.6)	373.3	392.7	(19.4)
Non-pay	23.2	22.8	0.4	230.3	242.3	(12.0)
Reserves	(6.3)	-	(6.3)	(19.9)	-	(19.9)
Total Operating Expenditure	**54.1**	**62.6**	**(8.5)**	**583.8**	**635.0**	**(51.3)**
EBITDA	**4.8**	**1.3**	**(3.5)**	**40.8**	**5.4**	**(35.4)**
Net interest	0.0	0.0	(0.0)	0.0	0.0	0.0
Depreciation	(2.7)	(2.8)	0.1	(27.1)	(27.1)	(0.0)
PDC dividend payable	(1.0)	(0.9)	(0.0)	(9.6)	(9.3)	0.3
Net deficit	**1.1**	**(2.5)**	**(3.4)**	**4.1**	**(31.0)**	**(35.1)**
EBITDA %		**2.0%**			**0.8%**	

11.3.2 The Trust is reporting:

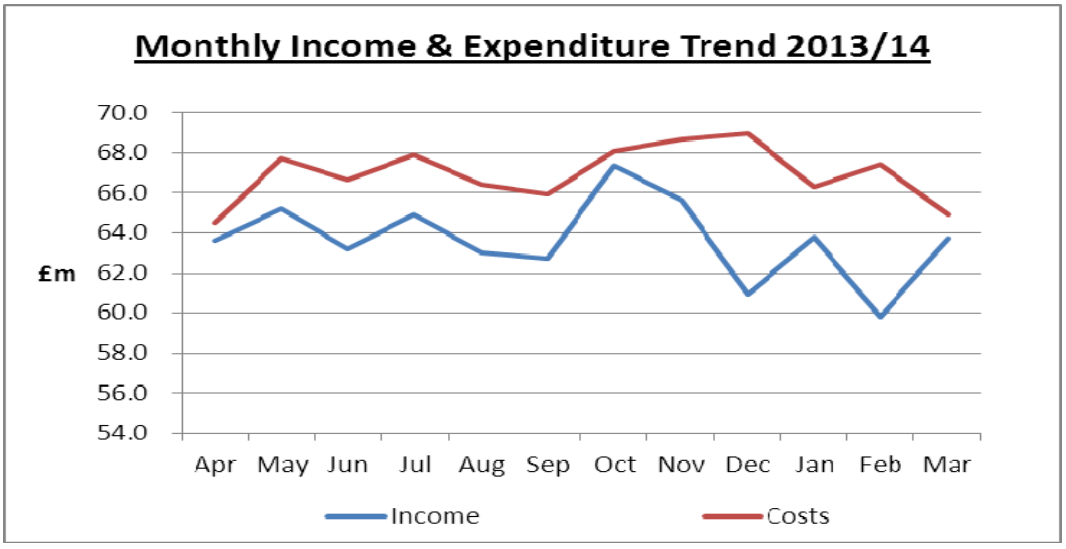
- A deficit at the end of January 2014 of £31.0m, which is £35.1m adverse to the planned surplus of £4.1m
- In month position is a £2.5m deficit, £3.4m adverse to the Plan
- The forecast for January was a deficit of £2.3m; therefore the January actuals reflect a £0.2m adverse position to forecast

11.4 Year End Forecast

11.4.1 The revised base-case forecast, taking account of the Month 10 results, is consistent with the agreed year end control total at £39.8m deficit. This is summarised in the following table:

	Year End Forecast		
	Plan £m	Forecast £m	Var (Adv) / Fav £m
Income			
Patient income	634.0	654.1	20.1
Teaching, R&D	75.0	70.8	(4.2)
Other operating Income	38.2	39.0	0.8
Total Income	**747.1**	**763.9**	**16.8**
Operating expenditure			
Pay	447.6	473.1	(25.5)
Non-pay	275.7	287.5	(11.8)
Reserves	(24.0)	-	(24.0)
Total Operating Expenditure	**699.4**	**760.6**	**(61.2)**
EBITDA	**47.8**	**3.3**	**(44.5)**
Net interest	0.0	-	0.0
Depreciation	(32.5)	(32.3)	0.2
PDC dividend payable	(11.6)	(10.8)	0.8
Net deficit	**3.7**	**(39.8)**	**(43.5)**
EBITDA %		**0.4%**	

11.4.2 The following chart highlights, graphically, the monthly trends of both income and expenditure to the year end:



11.4.3 Whilst this forecast maintains delivery of the year end control total, there have been some movements within the respective CMGs and Corporate Directorates. This is shown in detail in the Financial Appendix 1.

11.4.4 There have been material movements with the 2 CMGs, Musculo-Skeletal & Specialist Surgery and ITAPS, plus IM&T. These 3 areas total almost a £5m deterioration from the Month 7 control total. The positions have been escalated through the performance management review process.

11.4.5 The IM&T adverse movement, relates to staff TUPE transferring to our Managed Business Partner.

A more detailed financial analysis of CMG and Corporate performance is provided through the Executive Performance Board financial report.

11.4.6 The risks and opportunities within the year end forecast are shown in the following table to provide a risk range:

	Risk	Downside £000	Likely Year End £000	Upside £000
Month Gross 10 Re-forecast (I&E deficit)		**(44,731)**	**(44,731)**	**(44,731)**
Risks & Opportunities				
Additional Education & Training income	G	300	300	300
Theatre Tray Stock Count	A	0	1,500	2,500
Reduction in Contingency	A	0	800	1,200
PDC Dividend revised Calculation	G	0	400	600
Depreciation	A	0	300	300
Corporate Forecast Improvement	A	0	500	700
CMG Forecast Improvement	A	0	500	700
Winter	G	0	600	750
Sum of upside / downside issues		**300**	**4,900**	**7,050**
Revised Year End Forecast (I&E deficit)		**(44,431)**	**(39,831)**	**(37,681)**

11.4.7 The key financial risks are as follows:

- Winter pressures beyond the levels planned resulting in premium costs and the loss of elective income

  Mitigation: The Trust is closely monitoring the impact providing additional resource as required. The position will be escalated with CCGs through the contract management process

- CCG income assumptions

  Whilst activity and income assumptions are aligned between the Trust and Commissioners, there is a 'subject to affordability' clause within the CCG position

  Mitigation: Contract settlement sought with Specialised Commissioning and local CCG

- Unforeseen events

  The Trust has very little flexibility and a minimal contingency to manage unforeseen financial pressures and as such these risks will impact on the bottom line position

- Liquidity

  The projected £39.8m deficit creates liquidity issues for which an EFL adjustment has been requested (see Section 11.6)

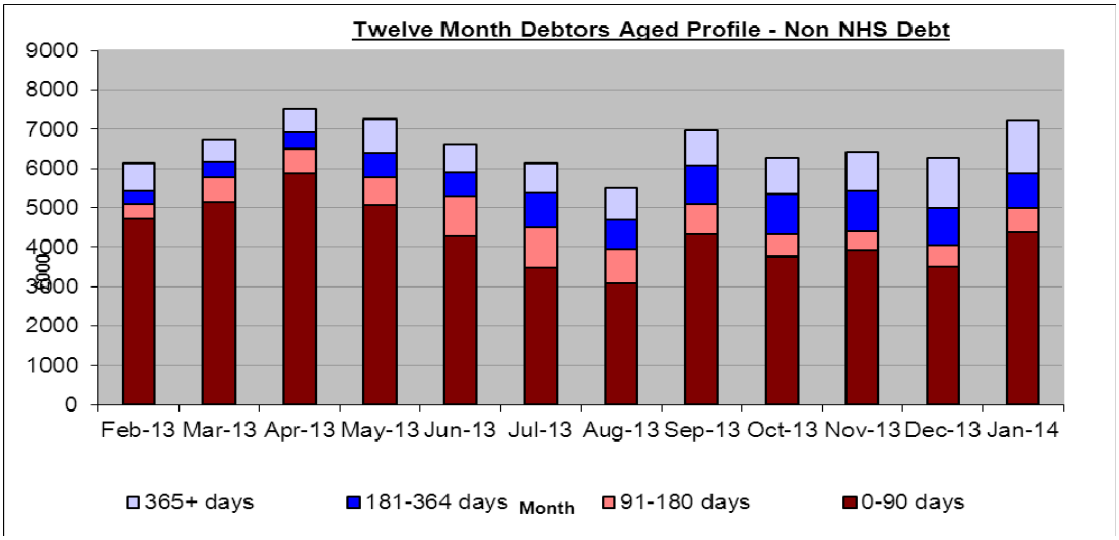
  Mitigation: Contingency plan will be considered by the Finance and Performance Committee.

11.5 Balance Sheet

11.5.1 The effect of the Trust's financial position on its balance sheet is provided in Financial Appendix 2.

11.5.2 The retained earnings reserve will reduce by the Trust's £39.8m deficit. This is matched by the reduction of £20.0m cash and increase in Trade and Other Payables of £22.3m; as well as smaller movements on other current and non-current assets and liabilities.

11.5.3 The level of non-NHS debt has fluctuated across the year as shown in the following table:



11.5.4 The overall level of non-NHS debt at Month 10 was similar to the April 2013 position although the proportion of debt over 365 days has increased from £583k (8%) at the end of March 2013 to £1,378k (19%) in Month 10. This is primarily due to the ageing of overseas visitors' debt.

11.5.5 The Trust will be undertaking a debt write-off exercise by the year end which will reduce the level of outstanding aged debt. All debts to be written off have been provided for 100% in the Trust's bad debt provision and there will be no impact on the financial position as a result of these write-offs.

11.5.6 NHS debt is £14.2m at the end of Month 10. This is inflated by approximately £7m mainly due to several legacy debts totalling £2.6m carried forward from the demised PCTs; and outstanding winter pressures monies of £4.5m. These debts are expected to be received by the year end and the level of NHS debt will then reduce to a more normalised position of around £7m.

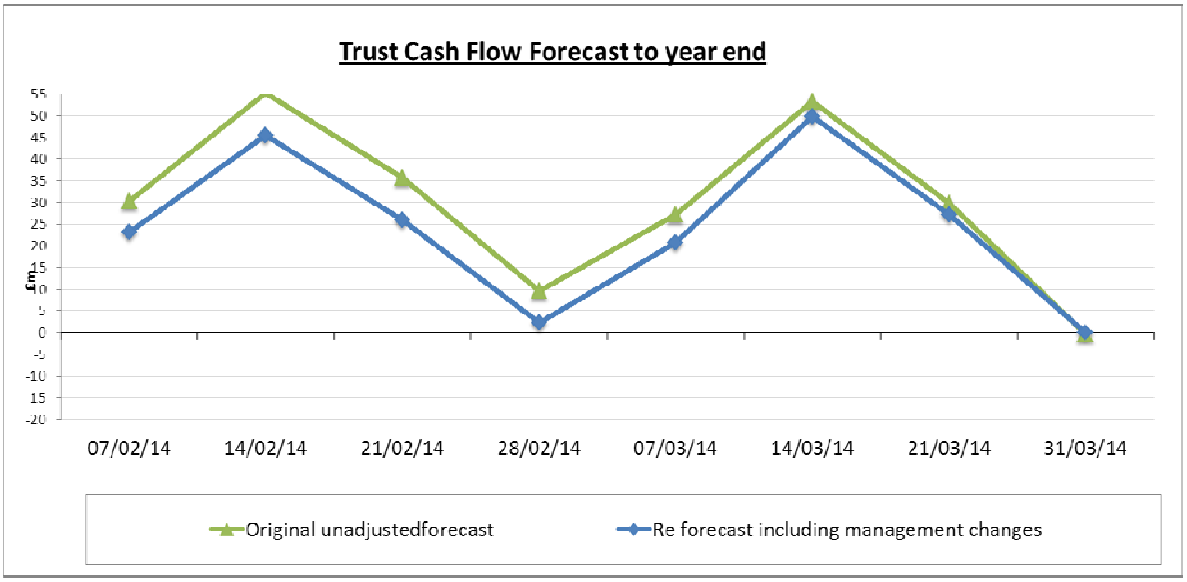
11.6 Cash Flow Forecast

11.6.1 The Trust's cash flow is provided in Financial Appendix 3.

11.6.2 The Trust's current cashflow forecast is aligned to the forecast year end deficit of £39.8m. This indicates a deliberate year end cash balance of zero against a Plan balance of £19m. The forecast is shown on the graph overleaf and includes the following assumptions:

- Capital cash payments will total £31m for the full year

- The current balance of £13m extended creditor payments will be reduced to less than £5m by the year end
- All suppliers will remain on 30 day payment terms (apart from specific exceptions)
- The current level of NHS debt will reduce by £7.0m



11.6.2 The Trust set an initial plan for 2013/14 to achieve a year end cash balance of £17.3m (2012/13 - £19.98m) based on a retained Income & Expenditure (I&E) surplus of £3.7m. This level of planned cash equates to an External Financing Limit of (£1.4m), which is a statutory financial duty that the Trust must achieve. Failure to achieve the planned level of cash means that we will not achieve our EFL.

Year End Cash Forecast

11.6.3 To achieve the planned level of cash without external support, the Trust will need to maintain a backlog of unpaid and overdue creditor invoices totalling at least £26.90m, which approximates to one month of creditor payments over and above the Trust's standard 30 day payment terms. There are considerable operational risks to the Trust of maintaining such a high level of unpaid invoices, such as key suppliers putting the account on stop and not maintaining a continuity of supplies essential to patient care.

11.6.4 The Trust is not in a position to apply for a longer term loan given the current timescales and lack of certainty concerning its granting. Equally, temporary borrowing repayable by 31 March 2014 would not solve the in-year liquidity problem.

11.6.5 The Trust has therefore formally requested from the NTDA that our EFL is reset from (£1.4m) to £19m. This will enable us to reduce our year end cash balance to zero and minimise the level of backlog invoices whilst still achieving the EFL. We are currently awaiting approval for this adjustment.

11.6.6 The Trust will apply for temporary borrowing to be received on 1 April 2014 which will ensure an adequate level of cash in the first quarter of 2014/15 until a longer term financing solution is secured.

11.7 Capital

11.7.1 The capital position at end of January 2014 is £19.2m against the annual plan of £40.1m. Financial Appendix 4 shows the monthly capital programme by scheme.

11.7.2 The yearend forecast is now £33.5m. Key deliverables to meet this forecast are CHP Units (£2.1m), Facilities Backlog (£3.7m), Medical Equipment (£1.1m), IM&T (£1.4m) and ED Floor (£1.1m).

11.7.3 External funding bids of £2m, £0.75m and £0.16m have been awarded this month around successful IM&T, maternity and safer ward bids. The majority of this funding is required to be spent by the end of the year and is within the cash position.

11.7.4 The inaugural Capital Group is meeting on 21 February 2014 to develop a process to improve the Trust's management of the capital resource.

11.8 Next Steps and Recommendations

11.8.1 The Trust Board and Finance & Performance Committee is **recommended** to:

- **Note** the contents of this report
- **Confirm** the year end forecast of a deficit of £39.8m, and the risks and opportunities within this (Section 11.4.7)
- **Note** the submission to reset the EFL (Section 11.6.3)
- **Note** performance against the capital plan (Section 11.7)

Financial Appendices below

FOT Position as at Month 10

Financial Appendix 1

		Income			Pay			Non Pay			TOTAL			M7 FOT	
Division	CMG's	Budget £000s	Actual £000s	'Variance £000s	Budget £000s	Actual £000s	'Variance £000s	Budget £000s	Actual £000s	'Variance £000s	Budget £000s	Actual £000s	'Variance £000s	'Variance £000s	Change in forecast M7 vs M10
Clinical CMG's	C.H.U.G.S	120,465	123,830	3,364	45,500	46,670	(1,170)	35,817	40,617	(4,800)	39,148	36,543	(2,605)	(2,062)	(543)
	Clinical Support & Imaging	31,084	33,089	2,004	67,030	69,957	(2,927)	2,574	5,009	(2,435)	(38,519)	(41,878)	(3,359)	(3,395)	37
	Emergency & Specialist Med	105,808	118,431	12,622	63,868	74,780	(10,913)	30,011	32,456	(2,446)	11,930	11,194	(736)	(735)	(1)
	I.T.A.P.S	27,738	28,110	372	49,526	54,899	(5,373)	19,551	19,692	(141)	(41,339)	(46,481)	(5,143)	(3,472)	(1,670)
	Musculo & Specialist Surgery	96,134	96,610	476	43,571	45,584	(2,013)	18,415	19,517	(1,101)	34,148	31,510	(2,638)	(533)	(2,105)
	Renal, Respiratory & Cardiac	129,797	131,642	1,845	56,033	58,518	(2,485)	41,881	45,482	(3,602)	31,884	27,642	(4,242)	(4,242)	(0)
	Womens & Childrens	141,043	141,770	726	74,589	74,547	42	29,481	30,132	(651)	36,973	37,091	118	117	0
Clinical CMG's Total		**652,070**	**673,481**	**21,411**	**400,116**	**424,955**	**(24,839)**	**177,730**	**192,906**	**(15,176)**	**74,225**	**55,621**	**(18,605)**	**(14,321)**	**(4,283)**
Corporate Total		**17,443**	**18,967**	**1,524**	**34,640**	**35,072**	**(433)**	**81,166**	**82,105**	**(939)**	**(98,363)**	**(98,211)**	**153**	**(397)**	**550**
Research & Development Total		**29,241**	**27,017**	**(2,224)**	**12,857**	**12,810**	**46**	**16,385**	**14,137**	**2,247**	**(0)**	**70**	**70**	**191**	**(121)**
Central Division Total		**48,530**	**44,449**	**(4,080)**	**0**	**246**	**(246)**	**20,683**	**41,513**	**(20,830)**	**27,846**	**2,691**	**(25,156)**	**(28,963)**	**3,808**
Grand Total		**747,284**	**763,914**	**16,631**	**447,612**	**473,083**	**(25,471)**	**295,964**	**330,661**	**(34,697)**	**3,708**	**(39,830)**	**(43,538)**	**(43,491)**	**(47)**

Financial Appendix 2

Balance Sheet

	Mar-13 £000's Actual	Apr-13 £000's Actual	May-13 £000's Actual	Jun-13 £000's Actual	Jul-13 £000's Actual	Aug-13 £000's Actual	Sep-13 £000's Actual	Oct-13 £000's Actual	Nov-13 £000's Actual	Dec-13 £000's Actual	Jan-14 £000's Actual	Mar-14 £000's Forecast
Non Current Assets												
Property, plant and equipment	354,680	353,855	353,723	352,327	352,803	353,255	352,521	352,993	353,114	352,703	352,189	354,046
Intangible assets	5,318	5,160	5,012	4,940	4,795	4,650	4,627	4,419	4,273	4,328	4,179	4,910
Trade and other receivables	3,125	3,183	3,181	3,252	3,302	3,291	3,331	3,268	3,191	3,218	3,223	3,200
TOTAL NON CURRENT ASSETS	**363,123**	**362,198**	**361,916**	**360,519**	**360,900**	**361,196**	**360,479**	**360,680**	**360,578**	**360,249**	**359,591**	**362,156**
Current Assets												
Inventories	13,064	13,869	13,257	13,778	13,861	13,776	14,499	14,176	14,155	14,558	14,133	14,200
Trade and other receivables	44,616	42,408	42,628	35,756	40,713	44,182	46,674	42,210	49,634	50,922	50,734	47,950
Other Assets	40	40	40	40	40	40	40	40	40	40	40	40
Cash and cash equivalents	19,986	19,957	14,257	19,129	15,343	7,203	4,484	5,335	2,933	6,876	4,986	0
TOTAL CURRENT ASSETS	**77,706**	**76,274**	**70,182**	**68,703**	**69,957**	**65,201**	**65,697**	**61,761**	**66,762**	**72,396**	**69,893**	**62,190**
Current Liabilities												
Trade and other payables	(75,559)	(73,056)	(67,971)	(68,079)	(71,026)	(69,123)	(77,327)	(81,916)	(88,794)	(93,069)	(91,182)	(95,903)
Dividend payable	0	(964)	(1,928)	(2,892)	(3,856)	(4,820)	0	(964)	(1,928)	(2,892)	(3,856)	0
Borrowings	(2,726)	(2,800)	(2,800)	(2,800)	(2,800)	(2,800)	(2,800)	(2,800)	(2,800)	(2,727)	(2,800)	(3,000)
Provisions for liabilities and charges	(1,906)	(1,906)	(1,906)	(1,906)	(1,906)	(1,906)	(1,342)	(1,342)	(1,342)	(2,244)	(2,244)	(2,200)
TOTAL CURRENT LIABILITIES	**(80,191)**	**(78,726)**	**(74,605)**	**(75,677)**	**(79,588)**	**(78,649)**	**(81,469)**	**(87,022)**	**(94,864)**	**(100,932)**	**(100,082)**	**(101,103)**
NET CURRENT ASSETS (LIABILITIES)	**(2,485)**	**(2,452)**	**(4,423)**	**(6,974)**	**(9,631)**	**(13,448)**	**(15,772)**	**(25,261)**	**(28,102)**	**(28,536)**	**(30,189)**	**(38,913)**
TOTAL ASSETS LESS CURRENT LIABILITIES	**360,638**	**359,746**	**357,493**	**353,545**	**351,269**	**347,748**	**344,707**	**335,419**	**332,476**	**331,713**	**329,402**	**323,243**
Non Current Liabilities												
Borrowings	(10,906)	(10,958)	(11,190)	(10,809)	(11,522)	(11,484)	(11,159)	(10,797)	(10,410)	(10,887)	(11,103)	(11,575)
Other Liabilities	0	0	0	0	0	0	0	0	0	0	0	0
Provisions for liabilities and charges	(2,407)	(2,454)	(2,488)	(2,404)	(2,315)	(2,312)	(2,986)	(2,910)	(2,870)	(2,004)	(1,984)	(2,000)
TOTAL NON CURRENT LIABILITIES	**(13,313)**	**(13,412)**	**(13,678)**	**(13,213)**	**(13,837)**	**(13,796)**	**(14,145)**	**(13,707)**	**(13,280)**	**(12,891)**	**(13,087)**	**(13,575)**
TOTAL ASSETS EMPLOYED	**347,325**	**346,334**	**343,815**	**340,332**	**337,432**	**333,952**	**330,562**	**321,712**	**319,196**	**318,822**	**316,315**	**309,668**
Public dividend capital	277,733	277,733	277,733	277,733	277,733	277,733	277,733	277,733	277,733	277,733	277,733	279,880
Revaluation reserve	64,628	64,626	64,628	64,632	64,632	64,628	64,628	64,628	64,628	64,628	64,628	64,628
Retained earnings	4,960	3,975	1,454	(2,033)	(4,933)	(8,409)	(11,799)	(20,649)	(23,165)	(23,539)	(26,046)	(34,840)
TOTAL TAXPAYERS EQUITY	**347,325**	**346,334**	**343,815**	**340,332**	**337,432**	**333,952**	**330,562**	**321,712**	**319,196**	**318,822**	**316,315**	**309,668**

Cash Flow for the period ended 31st January 2014	2013/14 Apr - Jan Plan £ 000	2013/14 Apr - Jan Actual £ 000	2013/14 Apr - Jan Variance £ 000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating surplus before Depreciation and Amortisation	41,126	5,393	(35,733)
Donated assets received credited to revenue and non cash	(250)	(300)	(50)
Interest paid	(704)	(842)	(138)
Movements in Working Capital:			
- Inventories (Inc)/Dec	-	(1,069)	(1,069)
- Trade and Other Receivables (Inc)/Dec	-	(6,216)	(6,216)
- Trade and Other Payables Inc/(Dec)	-	19,503	19,503
- Provisions Inc/(Dec)	(1,780)	(85)	1,695
PDC Dividends paid	(5,500)	(5,454)	46
Other non-cash movements	(273)	825	1,098
Net Cash Inflow / (Outflow) from Operating Activities	**32,619**	**11,755**	**(20,864)**
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest Received	80	84	4
Payments for Property, Plant and Equipment	(26,192)	(22,845)	3,347
Capital element of finance leases	(3,850)	(3,994)	(144)
Net Cash Inflow / (Outflow) from Investing Activities	**(29,962)**	**(26,755)**	**3,207**
CASH FLOWS FROM FINANCING ACTIVITIES			
New PDC	-	-	-
Net Cash Inflow / (Outflow) from Financing	**-**	**-**	**-**
Opening cash	19,986	19,986	-
Increase / (Decrease) in Cash	2,657	(15,000)	**(17,657)**
Closing cash	**22,643**	**4,986**	**(17,657)**

Rolling 12 month cashflow forecast - February 2014 to January 2015	2013/14 February Forecast £ 000	2013/14 March Forecast £ 000	2014-15 April Forecast £ 000	2014-15 May Forecast £ 000	2014-15 June Forecast £ 000	2014-15 July Forecast £ 000	2014/15 August Forecast £ 000	2014/15 September Forecast £ 000	2014/15 October Forecast £ 000	2014/15 November Forecast £ 001	2014/15 December Forecast £ 000	2014/15 January Forecast £ 000
CASH FLOWS FROM OPERATING ACTIVITIES												
Operating surplus before Depreciation and Amortisation	1,279	3,366	2,098	5,468	2,098	5,468	5,468	2,971	6,341	4,719	3,658	5,321
Donated assets received credited to revenue and non cash	(25)	(26)	(26)	(26)	(26)	(26)	(26)	(26)	(26)	(26)	(25)	(25)
Interest paid	(79)	(78)	(82)	(82)	(81)	(81)	(80)	(80)	(79)	(78)	(77)	(77)
Movements in Working Capital:										-		
- Inventories (Inc)/Dec										-		
- Trade and Other Receivables (Inc)/Dec	1,654	3,150	(2,869)	(10)	41	9	8	41	(11)	24	2,000	3,000
- Trade and Other Payables Inc/(Dec)	(5,012)	(688)	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(2,500)	(2,500)
- Provisions Inc/(Dec)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)
PDC Dividends paid	-	(5,454)	-	-	-	-	-	(5,615)	-	-	-	-
Other non-cash movements	-	-	-	-	-	(21)	-	-	-	-	-	-
Net Cash Inflow / (Outflow) from Operating Activities	**(2,191)**	**262**	**(970)**	**5,259**	**1,941**	**5,258**	**5,279**	**(2,800)**	**6,134**	**4,548**	**3,047**	**5,711**
CASH FLOWS FROM INVESTING ACTIVITIES												
Interest Received	8	8	6	6	6	6	7	7	7	7	8	8
Payments for Property, Plant and Equipment	(2,251)	(2,169)	(2,294)	(2,295)	(2,294)	(2,295)	(2,294)	(2,295)	(2,294)	(2,295)	(2,251)	(2,252)
Capital element of finance leases	(400)	(400)	(391)	(391)	(391)	(391)	(391)	(391)	(391)	(391)	(400)	(400)
Net Cash Inflow / (Outflow) from Investing Activities	**(2,643)**	**(2,561)**	**(2,679)**	**(2,680)**	**(2,679)**	**(2,680)**	**(2,678)**	**(2,679)**	**(2,678)**	**(2,679)**	**(2,644)**	**(2,644)**
CASH FLOWS FROM FINANCING ACTIVITIES												
New PDC	2,147	-	-	-	-	-	-	-	-	-	-	-
Net Cash Inflow / (Outflow) from Financing	**2,147**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Opening cash	**4,986**	**2,299**	**(0)**	**(3,649)**	**(1,070)**	**(1,808)**	**770**	**3,371**	**(2,108)**	**1,348**	**4,986**	**4,986**
Increase / (Decrease) in Cash	(2,687)	(2,299)	(3,649)	2,579	(738)	2,578	2,601	(5,479)	3,456	1,869	404	3,067
Closing cash	**2,299**	**(0)**	**(3,649)**	**(1,070)**	**(1,808)**	**770**	**3,371**	**(2,108)**	**1,348**	**3,217**	**5,389**	**8,053**

Financial Appendix 4

University Hospitals of Leicester NHS Trust
Capital Expenditure Report for the Period 1st April 2013 to 31st March 2014

	Capital Plan 2013/14	YTD Spend 13/14	Expenditure Profile												Forecast Out Turn	Variance
			Actual										Forecast			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£'000's
Recurrent Budgets																
IM&T	4,425	2,954	69	226	290	203	475	93	754	54	38	753	500	971	4,425	0
Medical Equipment	4,187	3,045	264	7	209	119	386	347	904	431	103	275	202	941	4,187	0
Facilities Sub Group	6,000	2,251	286	204	193	388	261	143	67	328	240	141	700	3,049	6,000	0
Divisional Discretionary Capital	381	352	150	65	9	10	16	12	55	4	16	14	29	0	381	0
MES Installation Costs	2,500	1,829	38	178	343	455	40	403	32	92	243	5	200	271	2,300	200
Total Recurrent Budgets	**17,493**	**10,431**	**807**	**680**	**1,045**	**1,174**	**1,179**	**998**	**1,812**	**909**	**639**	**1,187**	**1,631**	**5,231**	**17,293**	**200**
Reconfiguration Schemes																
Emergency Floor	3,500	1,374	134	7	14	79	79	130	312	575	34	12	500	626	2,500	1,000
Theatres Assessment Area (TAA)	1,580	1,333	4	10	27	30	491	172	82	164	188	164	247	0	1,580	0
Advanced Recovery LRI & LGH	514	161	63	(7)	55	11	7	(6)	18	8	5	7	70	69	300	214
GGH Vascular Surgery	650	43	0	0	0	0	0	0	24	4	25	(11)	50	257	350	300
Vascular Enabling	200	2	0	0	0	0	0	0	0	0	0	2	10	88	100	100
Daycase / OPD Hub	328	0	0	0	0	0	0	0	0	0	0	0	0	0	0	328
Ward 4 LGH / H Block Isolation	283	4	0	0	0	0	0	0	1	0	0	2	10	86	100	183
Modular Wards	500	0	0	0	0	0	0	0	0	0	0	0	0	100	100	400
Brandon Unit Refurb: OPD 1-4	100	90	0	0	0	0	5	4	1	95	0	(16)	0	0	90	10
ITU	140	0	0	0	0	0	0	0	0	0	0	0	0	0	0	140
Poppies Conversion	300	28	0	0	0	0	0	0	0	28	0	0	100	172	300	0
Surgical Assessment Unit	150	3	0	0	0	0	0	0	0	0	1	2	20	0	23	127
Endoscopy GH	100	3	0	0	0	0	0	0	0	1	0	2	7	0	10	90
Feasibility Studies	100	23	0	0	0	0	0	0	35	(3)	(9)	0	0	11	34	66
Total Reconfiguration	**8,445**	**3,063**	**201**	**10**	**96**	**121**	**582**	**300**	**472**	**873**	**244**	**165**	**1,014**	**1,410**	**5,487**	**2,958**
Corporate / Other Schemes																
Osborne Ventilation	650	442	0	0	0	0	13	(1)	18	199	151	61	100	108	650	0
Endoscopy LRI	165	152	0	80	(1)	24	5	28	16	1	0	0	0	0	152	13
Maternity Interim Development	3,000	2,161	3	18	9	273	388	332	190	334	324	290	311	301	2,773	227
Aseptic Suite	650	18	7	0	1	0	0	2	5	1	0	1	150	300	468	182
Diabetes BRU	750	769	0	62	125	128	141	37	105	121	21	29	0	206	975	(225)
Respiratory BRU	730	807	3	809	(245)	190	9	(46)	10	1	75	(0)	0	0	807	(77)
Stock Management System	2,800	201	0	0	0	0	0	0	3	185	13	0	0	0	201	2,599
LIA Schemes	500	12	0	0	0	0	0	0	0	0	0	12	100	231	343	157
CMG Contingency	147	6	0	0	0	0	0	0	0	0	0	6	35	106	147	0
CHP Units	2,147	13	0	0	0	0	0	0	11	5	(2)	(2)	0	2,134	2,147	0
EDRM System	1,639	388	0	0	0	0	212	218	278	(42)	0	(278)	278	334	1,000	639
Donations	300	300	0	42	11	0	61	0	36	51	68	29	108	25	433	(133)
Other Developments	729	505	32	81	80	36	8	(9)	68	112	33	64	50	75	630	99
	14,207	**5,773**	**45**	**1,093**	**(20)**	**650**	**837**	**561**	**739**	**970**	**684**	**214**	**1,132**	**3,820**	**10,725**	**3,482**
Total Capital Programme	**40,145**	**19,268**	**1,054**	**1,783**	**1,121**	**1,945**	**2,598**	**1,858**	**3,024**	**2,752**	**1,567**	**1,566**	**3,777**	**10,460**	**33,505**	**6,640**

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

University Hospitals of Leicester NHS
NHS Trust

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FRIENDS AND FAMILY TEST : August'13 - January'14

									JANUARY SCORE BREAKDOWN				
			Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Total Responses	Promoters	Passives	Detractors	Score
GLENFIELD HOSPITAL	GH WD 15	F15	100	82	91	73	70	85	20	17	3	0	85
	GH WD 16 Respiratory Unit	F16	68	80	80	87	100	83	29	24	5	0	83
	GH WD 20	F20	79	-	59	56	79	62	26	16	10	0	62
	GH WD 23A	F23A	-	80	55	82	0	89	27	24	3	0	89
	GH WD 24	F24	-	95	96	100	88	86	36	31	5	0	86
	GH WD 24	F24	-	95	96	100	88	86	36	31	5	0	86
	GH WD 25E Digestive Diseases	F25E	85	88	96	90	-	93	42	40	1	1	93
	GH WD 26	F26	94	93	87	80	94	91	35	32	3	0	91
	GH WD 27	F27	90	67	54	74	25	96	25	24	1	0	96
	GH WD 28	F28	96	76	89	80	87	68	34	25	7	2	68
	GH WD 29	F29	75	68	74	90	88	82	27	24	1	2	82
	GH WD 30	F30	94	0	95	94	0	0	0	0	0	0	0
	GH WD 31	F31	94	88	90	95	87	100	21	21	0	0	100
	GH WD 32	F32	87	81	74	79	84	96	22	21	1	0	96
	GH WD 33	F33	73	76	77	79	76	83	41	34	7	0	83
	GH WD 33A	F33A	84	67	80	87	95	95	19	18	1	0	95
	GH WD Clinical Decisions Unit	FCDU	58	50	44	65	28	66	104	78	17	9	66
	GH WD Coronary Care Unit	FCCU	90	91	100	89	79	94	62	58	4	0	94
	GH WD GICU Gen Intensive	FITU	93	100	89	96	-	92	40	37	1	1	92
	GH WD Paed ITU	FPIC	100	75	100	100	88	100	10	10	0	0	100

University Hospitals of Leicester NHS
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FRIENDS AND FAMILY TEST : August'13 - January'14

									JANUARY SCORE BREAKDOWN				
			Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Total Responses	Promoters	Passives	Detractors	Score
LEICESTER GENERAL HOSPITAL	LGH WD 1	G1	-	-	78	84	0	0	0	0	0	0	0
	LGH WD 10	G10	70	50	56	70	100	70	10	7	3	0	70
	LGH WD 11	G11	80	89	88	88	-	83	36	31	4	1	83
	LGH WD 14	G14	85	61	78	46	74	88	43	38	5	0	88
	LGH WD 15N Nephrology	G15N	-	38	60	86	0	100	7	7	0	0	100
	LGH WD 16	G16	71	50	94	70	74	83	23	19	4	0	83
	LGH WD 17 Transplant	G17	84	88	86	79	82	78	24	19	3	1	78
	LGH WD 18	G18	93	71	81	85	81	69	29	22	5	2	69
	LGH WD 18	G18	93	71	81	85	81	69	29	22	5	2	69
	LGH WD 2	G2	-	87	57	46	63	0	0	0	0	0	0
	LGH WD 22	G22	50	79	46	42	52	45	20	13	3	4	45
	LGH WD 26 SAU	G26	48	46	52	60	67	71	21	17	2	2	71
	LGH WD 27	G27	64	55	58	60	33	50	18	11	5	2	50
	LGH WD 28 Urology	G28	100	24	51	60	68	65	40	30	6	4	65
	LGH WD 3	G3	70	43	100	80	40	50	2	1	1	0	50
	LGH WD 31	G31	73	83	89	79	76	80	51	43	6	2	80
	LGH WD Brain Injury Unit	GBIU	-	100	100	50	0	33	3	1	2	0	33
	LGH WD Crit Care Med	GDCM	90	56	70	89	81	90	10	9	1	0	90
	LGH WD Surg Acute Care	GSAC	100	79	100	100	0	0	0	0	0	0	0
	LGH WD Young Disabled	GYDU	100	100	50	0	67	0	0	0	0	0	0

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FRIENDS AND FAMILY TEST : August'13 - January'14

									JANUARY SCORE BREAKDOWN				
			Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Total Responses	Promoters	Passives	Detractors	Score
LEICESTER ROYAL INFIRMARY	LRI WD 10 Bal L4	R10	77	62	83	68	0	0	0	0	0	0	0
	LRI WD 11 Bal L4	R11	68	74	77	48	0	0	0	0	0	0	0
	LRI WD 12 Bal L4	R12	84	67	79	100	-	75	28	22	5	1	75
	LRI WD 14 Bal L4	R14	95	0	100	96	0	0	0	0	0	0	0
	LRI WD 15 AMU Bal L5	R15	65	56	53	67	73	58	86	57	19	8	58
	LRI WD 17 Bal L5	R17	48	74	44	0	50	30	10	3	7	0	30
	LRI WD 18 Bal L5	R18	-100	57	48	0	65	0	0	0	0	0	0
	LRI WD 19 Bal L6	R19	35	59	44	63	53	41	17	9	6	2	41
	LRI WD 21 Bal L6	R21	89	100	91	82	64	100	22	22	0	0	100
	LRI WD 22 Bal 6	R22	44	38	63	58	42	17	29	11	12	6	17
	LRI WD 24 Win L3	R24	52	38	25	18	28	62	22	14	6	1	62
	LRI WD 25 Win L3	R25	69	88	73	85	80	90	20	18	2	0	90
	LRI WD 26 Win L3	R26	65	0	69	86	71	95	20	19	1	0	95
	LRI WD 27 Win L4	R27	100	75	100	100	0	100	4	4	0	0	100
	LRI WD 28 Windsor Level 4	R28	-	0	82	62	0	0	0	0	0	0	0
	LRI WD 29 Win L4	R29	70	65	75	67	75	71	21	16	4	1	71
	LRI WD 31 Win L5	R31	48	23	72	40	65	90	20	17	2	0	90
	LRI WD 32 Win L5	R32	48	58	54	69	64	86	7	6	1	0	86
	LRI WD 33 Win L5	R33	75	58	81	77	81	79	38	31	6	1	79
	LRI WD 34 Windsor Level 5	R34	58	55	55	70	68	81	21	18	2	1	81
	LRI WD 36 Win L6	R36	50	60	57	63	95	84	20	16	3	0	84
	LRI WD 37 Win L6	R37	71	81	52	100	0	72	43	33	8	2	72
	LRI WD 38 Win L6	R38	85	100	82	92	86	96	23	22	1	0	96
	LRI WD 39 Osb L1	R39	72	88	81	76	44	70	27	20	6	1	70
	LRI WD 40 Osb L1	R40	-	71	56	61	72	63	30	19	11	0	63
	LRI WD 41 Osb L2	R41	73	50	75	86	83	56	16	9	7	0	56
	LRI WD 7 Bal L3	R07	64	61	75	61	59	48	60	31	27	2	48
	LRI WD 8 SAU Bal L3	RSAU	52	56	14	40	44	39	44	24	13	7	39
	LRI WD Bone Marrow	RBMT	67	33	25	86	100	0	0	0	0	0	0
	LRI WD Chemo Suite Osb L1	RCHM	86	88	92	72	83	78	24	19	3	1	78

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FRIENDS AND FAMILY TEST : August'13 - January'14

			Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	JANUARY SCORE BREAKDOWN				
									Total Responses	Promoters	Passives	Detractors	Score
	LRI WD Childrens Admissions	RCAU	-	-	53	61	0	76	18	13	4	0	76
	LRI WD Endoscopy Win L2	REND	64	100	81	70	85	83	46	38	8	0	83
	LRI WD Fielding John Vic L1	RFJW	67	86	81	82	83	85	20	17	3	0	85
	LRI WD GAU Ken L1	RGAU	82	65	53	71	0	70	152	110	38	4	70
	LRI WD IDU Infectious Diseases	RIDU	68	48	67	25	73	71	14	10	4	0	71
	LRI WD ITU Bal L2	RITU	95	87	80	78	82	83	24	20	4	0	83
	LRI WD Kinmonth Unit Bal L3	RKIN	57	89	74	76	73	81	21	17	4	0	81
	LRI WD Ophthalmic Suite Bal L6	ROPS	79	0	80	87	0	0	0	0	0	0	0
	LRI WD Osborne Assess Unit	ROND	84	88	73	76	85	56	25	16	7	2	56
	LRI WD Osborne Day Care Unit	RHAD	79	68	80	90	78	86	21	18	3	0	86
	LRI WD Paed ITU	RCIC	100	100	100	100	100	100	6	5	0	0	100

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FRIENDS AND FAMILY TEST : August'13 - January'14

								DECEMBER SCORE BREAKDOWN				
		Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Total Responses	Promoters	Passives	Detractors	Score
EMERGENCY DEPARTMENT	ED - Majors	47	23	48	59	64	58	156	101	39	13	58
	ED - Minors	65	31	66	62	69	64	378	258	98	19	64
	ED - (not stated)	72	65	69	69	69	69	27	18	8	0	69
	Eye Casualty	54	44	50	51	69	83	259	219	35	5	83
	Emergency Decisions Unit	69	81	57	61	65	58	98	62	26	7	58

MONTHLY CLINICAL MEASURES DASHBOARD: January '14

																					NURSING METRICS											
		Budgeted Qualified %	Total vacancies %	Total vacancies (WTE)	Current appraisal Rate % (rolling 12 months)	Sickness Absence %	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	Continence	Controlled Medicines	Discharge	Falls Assessment	Infection Prevention & Control	Medicine Prescribing & Administration	Nutritional Assessment	Pain Management	Patient Dignity	Patient Observations	Pressure Area Care	Resuscitation Equipment
	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%	-	2	-	-	-	-	-	-	-	-	-	1 - 3	-	1	1 - 4	-	RED: < 80 AMBER: 80 - 90 GREEN: >90										
	RED THRESHOLD	< 60%	> 10%	> 5	< 95%	> = 4%	< 75.0	> 2	< 95%	< 90%	> = 1	> = 1	> = 1	> = 1	< 100%	< 100%	> = 1	> = 4	> = 1	> 1	> = 5	> = 1											
GLENFIELD HOSPITAL	F15	↔ 60%	↓ 7.5%	↓ 2.97	↑ 98%	↓ 7.9%	↑ 85.0	↔ 0	↓ 92%	↓ 87%	↔ 0	↓ 0	↔ 0	↔ 0	-	-	↑ 1	↑ 5	↔ 0	↔ 0	↓ 3	↑ 1	↑ 100	↔ 100	↓ 67	↑ 100	↑ 88	↔ 100	↑ 94	↑ 89	↓ 88	↓ 56	↑ 100	↔ 100
	F16	↔ 63%	↓ 4.8%	↑ 1.74	↓ 65%	↑ 5.1%	↓ 82.8	↑ 1	↑ 97%	↑ 90%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↓ 0	↓ 1	↔ 0	↔ 0	↔ 2	↔ 0	↑ 93	↑ 100	↑ 71	↓ 83	↑ 94	↓ 97	↑ 86	↓ 72	↑ 88	↓ 69	↑ 97	↔ 100
	F17	↔ 75%	↓ 3.6%	↓ 1.44	↑ 60%	↓ 5.4%	↑ 74.3	↓ 1	↑ 97%	↑ 90%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↑ 3	↔ 0	↓ 0	↓ 1	↔ 0	↑ 100	↔ 100	↓ 48	↔ 100	↑ 100	↓ 94	↑ 89	↑ 78	↑ 94	↓ 39	↓ 80	↔ 100
	F17H	↔ 75%	↓ 3.6%	↓ 1.44	↑ 60%	↓ 5.4%	-	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
	F20	-	-	-	-	-	↓ 61.5	↔ 0	↔ 93%	0%	↔ 0	↓ 0	↔ 0	↔ 0	-	-	↔ 0	↓ 0	↔ 0	↔ 0	↓ 1	↑ 1	↑ 100	↔ 100	↑ 100	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100	↑ 91	↓ 94	↔ 100	↑ 100
	F23A	↔ 45%	↓ -62.3%	↓ -9.38	↑ 89%	↑ 7.8%	↑ 88.9	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ >= 100%	↔ 0	↓ 1	↔ 0	↔ 0	↓ 0	↔ 0	↔ 100	↔ 100	↑ 100	↑ 100	↑ 98	↑ 97	↓ 93	↓ 97	↓ 96	↑ 97	↓ 92	↔ 100
	F24	↔ 0%	↓ 0.0%	↓ 0.00	↑ 95%	↓ 0.0%	↓ 86.1	↓ 0	100%	↓ 87%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↑ 4	↔ 0	↑ 1	↑ 3	↔ 0	↔ 100	↑ 100	↑ 100	↑ 93	↑ 96	↓ 94	↑ 100	↓ 83	↑ 100	↓ 94	↔ 100	↑ 100
	F26	↔ 77%	↓ 1.3%	↓ 0.39	↑ 100%	↑ 9.0%	↓ 91.4	↑ 1	↔ 100%	↓ 70%	↔ 0	↔ 0	↔ 0	↔ 0	↑ >= 100%	↑ >= 100%	↔ 0	↓ 0	↔ 0	↔ 0	↓ 0	↔ 0	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100	↑ 100	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100
	F26H	↔ 77%	↓ 1.3%	↓ 0.39	↑ 100%	↑ 9.0%	-	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
	F27	↔ 62%	↑ 7.9%	↑ 2.48	↔ 100%	↓ 3.1%	↑ 96.0	↑ 1	↔ 100%	↑ 90%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	-	↔ 0	↔ 3	↔ 0	↔ 0	↑ 4	↔ 0	↔ 100	↔ 100	↓ 81	↔ 100	↔ 100	↓ 89	↓ 94	↔ 100	↓ 79	↑ 94	↔ 100	↔ 100
	F28	↔ 60%	↓ 10.4%	↓ 3.60	↑ 94%	↑ 4.3%	↓ 67.6	↓ 1	↔ 100%	94%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	-	↔ 0	↑ 1	↑ 1	↑ 1	↑ 2	↑ 3	↔ 100	↔ 100	↓ 86	↓ 67	↓ 92	↔ 100	↓ 78	↓ 94	↓ 88	↓ 89	↔ 100	↔ 100
	F29	↔ 61%	↑ 10.2%	↑ 3.10	↓ 80%	↑ 6.3%	↓ 81.5	↔ 0	↑ 100%	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↓ 0	↔ 0	↔ 0	↓ 1	↑ 1	↑ 100	↔ 100	↑ 100	↑ 100	↑ 100	↔ 100	↑ 100	↑ 100	↓ 93	↑ 96	↔ 100	↔ 100
	F30	↔ 86%	↑ -3.2%	↑ -0.60	↑ 76%	↓ 0.1%	↔ 0.0	↔ 0	↔ 100%	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ >= 100%	↔ 0	↔ 0	↔ 0	↔ 0	↑ 4	↔ 1	↑ 100	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100	↓ 95	↓ 96	↔ 100	↔ 100	↑ 100
	F31	↔ 77%	↑ 4.4%	↑ 1.94	↓ 94%	↓ 3.0%	↑ 100.0	↔ 0	↓ 95%	↑ 100%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	↓ 98%	↔ 0	↓ 0	↔ 0	↔ 0	↓ 0	↑ 1	↔ 100	↔ 100	↔ 100	↔ 100	↑ 96	↑ 94	↔ 100	↔ 100	↓ 94	↑ 83	↓ 87	↔ 100
	F31H	↔ 77%	↑ 4.4%	↑ 1.94	↓ 94%	↓ 3.0%	-	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
	F32	↔ 75%	↑ 27.5%	↑ 5.57	↓ 89%	↑ 7.5%	↑ 95.5	↑ 2	↔ 100%	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ >= 100%	↔ 0	↑ 1	↔ 0	↔ 0	↓ 0	↓ 0	↔ 100	↔ 100	↑ 100	↓ 73	↓ 67	↑ 83	↔ 100	↓ 89	↑ 94	↓ 72	↓ 93	↑ 100
	F33	↔ 70%	↑ 3.1%	↑ 1.04	↓ 90%	↑ 6.5%	↑ 82.9	↑ 1	↑ 100%	↑ 90%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ >= 100%	↓ 0	↔ 1	↑ 1	↑ 1	↑ 2	↓ 0	↔ 100	↔ 100	↓ 86	↓ 90	↑ 100	↓ 92	↑ 96	↑ 100	↑ 91	↓ 96	↑ 100	↔ 100
	F33A	↔ 64%	↓ 8.2%	↓ 2.16	↓ 79%	↓ 8.6%	↓ 94.7	↑ 1	↓ 90%	↔ 100%	↔ 0	↓ 0	↔ 0	↔ 0	-	-	↑ 1	↑ 6	↔ 0	↔ 0	↑ 4	↑ 1	↔ 100	↔ 100	↑ 90	↑ 100	↑ 92	↔ 100	↑ 100	↔ 100	↓ 91	↑ 100	↔ 100	↔ 100
	F34	-	-	-	-	-	↔ 0.0	↔ 0	↔ 100%	0%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	↔ >= 100%	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
	FCCU	↔ 76%	↑ 6.4%	↑ 3.38	↓ 98%	↓ 4.4%	↑ 93.5	↓ 0	↔ 100%	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	-	↔ 0	↑ 4	↔ 0	↓ 0	↑ 5	↓ 0	↔ 100	↔ 100	↑ 100	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100
	FCDU	↔ 63%	↓ 5.5%	↓ 5.28	↑ 94%	↓ 4.1%	↑ 66.3	↔ 2	↓ 92%	49%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	-	↔ 0	↑ 2	↔ 0	↓ 0	↑ 8	↓ 0	↑ 100	↔ 100	↑ 97	↔ 100	↑ 95	↔ 100	↔ 100	↑ 90	↑ 89	↓ 93	↔ 100	↔ 100
	FCHD	↔ 70%	↑ 3.1%	↑ 1.04	↓ 90%	↑ 6.5%	-	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
	FCIC	-	-	-	-	-	-	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	-	↑ 1	↓ 0	↔ 0	↔ 0	↑ 9	↑ 1	-	-	-	-	-	-	-	-	-	-	-	-
	FCID	-	-	-	↓ 94%	↓ 2.0%	-	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
	FDIS	↔ 50%	↔ -8.9%	↔ -0.97	↓ 92%	↓ 0.9%	-	↑ 1	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
	FITU	↔ 92%	↓ -2.9%	↓ -3.65	↓ 98%	↓ 5.4%	92.31	↔ 0	-	70%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↓ 0	↔ 0	100	100	100	70	100	100	100	100	92	100	100	100
	FPIC	↔ 95%	↑ 12.8%	↑ 5.85	↑ 100%	↑ 6.3%	100.00	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↑ 1	↑ 3	↓ 1	↑ 5	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100	↑ 100	↔ 100	↔ 100	↑ 100	↔ 100	↔ 100	↔ 100
	FREC	↔ 92%	↑ 12.7%	↑ 3.26	↓ 78%	↓ 8.0%	-	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
LEICESTER GENERAL HOSPITAL	G10	↔ 61%	↓ -9.3%	↓ -3.61	↓ 79%	↓ 4.3%	↓ 70.0	↔ 0	↔ 100%	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	-	↔ 0	↔ 0	↔ 0	↔ 0	↓ 1	↔ 0	↔ 100	↔ 100	↓ 93	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100	↑ 100	↓ 88	↔ 100	↔ 100
	G14	↔ 67%	↔ 2.3%	↔ 0.54	↔ 100%	↓ 0.3%	↑ 88.4	↓ 0	↓ 80%	90%	↔ 0	↑ 1	↔ 0	↔ 0	-	↔ >= 100%	↔ 0	↑ 6	↔ 0	↔ 0	↑ 4	↔ 0	↔ 100	↔ 100	↔ 94	↓ 96	↑ 100	↔ 100	↓ 93	↓ 97	↔ 100	↔ 93	↓ 92	↔ 100
	G15A	↔ 86%	↑ 16.3%	↑ 4.51	↔ 89%	↓ 2.8%	↑ 71.4	↔ 0	↔ 100%	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	-	↔ 0	↑ 3	↔ 1	↔ 0	↑ 2	↔ 0	↔ 100	↔ 100	↓ 71	↔ 100	↑ 100	↔ 100	↔ 100	↑ 100	↑ 97	↑ 94	↔ 100	↔ 100
	G15N	↔ 63%	↔ 12.0%	↔ 3.83	↔ 100%	↑ 1.0%	↑ 100.0	↔ 0	↔ 100%	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	-	↑ 1	↔ 1	↔ 0	↔ 0	↓ 1	↑ 1	↔ 100	↔ 100	↑ 62	↑ 100	↓ 96	↑ 100	↔ 100	↔ 100	↓ 97	↑ 89	↔ 100	↔ 100
	G16	↔ 65%	↔ 9.4%	↔ 2.11	↔ 100%	↑ 10.8%	↑ 82.6	↔ 0	↔ 100%	100%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ >= 100%	↔ 0	↑ 4	↔ 0	↔ 0	↑ 1	↔ 0	↔ 100	↔ 100	↓ 74	↑ 96	↑ 100	↓ 87	↔ 90	↑ 97	↑ 96	↔ 90	↑ 96	↔ 100
	G17	↔ 70%	↑ 13.9%	↑ 2.78	↔ 95%	↓ 1.8%	↓ 78.3	↔ 0	↔ 100%	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	↓ 95%	↔ 0	↔ 1	↔ 0	↔ 0	↔ 1	↑ 1	↓ 60	↔ 100	↓ 36	↓ 70	↑ 91	↔ 100	↓ 88	↓ 71	↔ 100	↑ 96	↔ 100	↔ 100
	G18	↔ 59%	↑ 15.3%	↑ 4.11	↑ 100%	↓ 1.1%	↓ 69.0	↔ 0	↔ 100%	86%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ >= 100%	↔ 0	↑ 2	↔ 0	↔ 0	↔ 0	↓ 0	↔ 100	↔ 100	↔ 91	↓ 96	↑ 100	↔ 100	↔ 100	↔ 100	↑ 100	↔ 100	↔ 100	↔ 100
	G19	↔ 77%	↔ 38.0%	↔ 5.04	↔ 100%	↔ 0.0%	↔ 0.0	↑ 1	↔ 100%	100%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ >= 100%	↔ 0	↔ 0	↔ 0	↔ 0	↑ 1	↔ 0	↔ 100	↔ 100	↓ 97	↓ 92	↑ 100	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100	↓ 96	↔ 100
	G2	↔ 60%	↓ 11.5%	↓ 3.19	↑ 85%	↔ 0.0%	↓ 0.0	↓ 0	↔ 100%	0%	↔ 0	↓ 0	↔ 0	↔ 0	-	-	↔ 0	↓ 0	↔ 0	↔ 0	↓ 4	↓ 0	100	100	100	96	100	93	97	80	100	100	100	100
	G20	↔ 62%	↔ 38.3%	↔ 6.46	↔ 100%	↑ 1.7%	↔ 0.0	↑ 2	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ >= 100%	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 100	↔ 0	↓ 86	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100
	G22	↔ 62%	↔ 4.5%	↔ 1.19	↑ 95%	↑ 11.5%	↓ 45.0	↑ 1	↑ 100%	86%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 1	↔ 0	↔ 0	↓ 1	↔ 0	↑ 100	↔ 100	↓ 74	↑ 100	↔ 100	↓ 96	↔ 100	↔ 100	↑ 100	↔ 100	↔ 100	↔ 100
	G26	↔ 66%	↓ -1.4%	↓ -0.39	↔ 82%	↑ 11.4%	↑ 71.4	↑ 1	↔ 100%	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↓ 2	↔ 0	↔ 0	↔ 2	↔ 1	↔ 100	↔ 100	↑ 51	↔ 100	↔ 100	↑ 100	↔ 100	↔ 100	↑ 100	↔ 100	↓ 93	↔ 100
	G27	↔ 61%	↑ 8.1%	↑ 1.97	↑ 96%	↑ 5.9%	↑ 50.0	↔ 0	↔ 100%	70%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↓ 1	↔ 0	↔ 0	↔ 0	↓ 0	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100	↓ 94	↓ 96	↑ 91	↓ 94	↑ 90	↔ 100
	G28	↔ 62%	↑ 14.8%	↑ 5.23	↓ 81%	↑ 14.2%	↓ 65.0	↑ 2	↔ 100%	90%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	-	↔ 0	↓ 0	↔ 0	↔ 0	↑ 3	↔ 0	65	100	89	100	88	100	100	83	91	100	100	100
	G3	↔ 60%	↓ 5.0%	↓ 1.37	↑ 96%	↓ 11.7%	↑ 50.0	↔ 0	↑ 100%	↑ 98%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 1	↔ 0	↔ 0	↓ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
	G30	↓ 76%	↑ 2.2%	↑ 2.50	↓ 98%	↑ 5.9%	-	↔ 2	↔ 100%	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ >= 100%	↓ 0	↔ 0	↔ 0	↔ 0	↔ 1	↔ 1	-	-	-	-	-	-	-	-	-	-	-	-
	G31	↔ 61%	↑ 1.1%	↑ 0.31	↓ 91%	↓ 1.3%	↑ 80.4	↔ 0	↔ 100%	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ >= 100%	↔ 0	↑ 1	↔ 0	↔ 0	↑ 1	↔ 0	↔ 100	↔ 100	↔ 100	↔ 100	↓ 96	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100
	GBIU	↔ 70%	↔ -3.9%	↔ -0.84	↓ 78%	↑ 18.0%	↑ 33.3	↔ 0	↓ 67%	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↑ 3	↔ 0	100	100	100	100	100	94	100	94	100	100	100	100
	GDCM	↔ 95%	↓ -1.6%	↓ -0.94	↓ 94%	↑ 7.5%	90.00	↔ 0	-	↓ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 1	↑ 1	-	-	-	-	-	-	-	-	-	-	-	-
	GSAC	↔ 68%	↑ 6.4%	↑ 1.06	↓ 94%	↑ 2.7%	↔ 0.0	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↓ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 100	↔ 100	↔ 100	↓ 80	↔ 100	↔ 100	↔ 100	↔ 100	↓ 87	↓ 94	↔ 100	↔ 100
	GSM	↑ 100%	↔ 0.0%	↔ 0.00	↔ 100%	↔ 0.0%	-	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
	GUEA	↔ 58%	↑ 16.3%	↑ 6.25	↑ 88%	↓ 2.0%	↑ 42.9	↑ 1	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	↔ >= 100%	↔ 0	↔ 0	↔ 0	↑ 1	↑ 5	↔ 0	↓ 40	↔ 100	↓ 91	↔ 100	↓ 89	↔ 100	↓ 97	↓ 87	↑ 91	↓ 93	↑ 92	↔ 100
	GYDU	↔ 60%	↔ 2.1%	↔ 0.41	↑ 74%	↑ 14.0%	↓ 0.0	↔ 0	↔ 100%	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↑ 6	↑ 1	↔ 0	↑ 3	↔ 0	100	100	100	100	100	100	100	89	100	100	87	100

MONTHLY CLINICAL MEASURES DASHBOARD: January '14

																				NURSING METRICS											
		Budgeted Qualified %	Total vacancies %	Total vacancies (WTE)	Current appraisal Rate % (rolling 12 months)	Sickness Absence %	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	Continence	Controlled Medicines	Discharge	Falls Assessment	Infection Prevention & Control	Medicine Prescribing & Administration	Nutritional Assessment	Pain Management	Patient Dignity	Patient Observations	Pressure Area Care	Resuscitation Equipment
	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											
LEICESTER ROYAL INFIRMARY	R01	-	-	-	↓ 90%	↑ 8.5%	-	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↑ 1	↓ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-
	R05	↔ 60%	↓ 5.3%	↓ 2.13	↓ 63%	↑ 11.5%	-	↔ 0	-	100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↑ 5	↔ 100	↔ 100	100	-	↓ 95	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100
	R06	↔ 63%	↓ 0.5%	↓ 0.22	↓ 86%	↑ 9.6%	-	↑ 1	-	↑ 96%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↓ 1	↔ 2	↔ 100	↔ 100	100	-	↔ 100	↓ 96	↓ 67	↓ 80	↔ 100	↑ 100	↔ 100	↔ 100
	R07	↔ 58%	↑ 12.3%	↑ 4.27	↑ 100%	↑ 10.1%	↓ 48.3	↓ 0	-	100%	↔ 0	↑ 1	↔ 0	↔ 0	>= 100%	↔ >= 100%	↔ 0	↓ 0	↔ 0	↔ 0	↔ 2	↑ 5	↔ 100	↔ 100	↔ 100	↓ 97	↔ 100	↓ 97	↓ 86	↔ 100	↔ 100	↓ 97	↔ 100	↔ 100
	R10	↔ 69%	↓ 13.0%	↓ 3.58	↑ 100%	↑ 5.9%	↔ 0.0	↑ 2	↔ 100%	100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 1	↑ 2	↔ 100	↔ 100	↓ 92	↔ 100	↔ 100	↓ 94	↓ 86	↑ 100	↓ 97	↔ 100	↔ 100	↔ 100
	R11	↔ 70%	↓ 6.1%	↓ 2.18	↑ 95%	↓ 4.2%	↔ 0.0	↓ 1	↔ 100%	7700%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↓ 0	↑ 3	↑ 1	↔ 100	↔ 100	↓ 42	↔ 100	↔ 100	↓ 94	↔ 100	↔ 100	↓ 94	↔ 100	↔ 100	↔ 100
	R12	↔ 83%	↓ 4.8%	↓ 1.38	↓ 79%	↓ 1.6%	75.00	↓ 0	↓ 91%	100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↓ 0	↓ 2	↓ 1	↔ 100	↔ 100	↓ 96	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100	↓ 97	↔ 100	↔ 100	↔ 100
	R12A	↔ 83%	↓ 4.8%	↓ 1.38	↓ 79%	↓ 1.6%	-	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-
	R14	↔ 70%	↑ 11.3%	↑ 3.06	↑ 97%	↓ 3.6%	↔ 0.0	↔ 0	↔ 100%	100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 1	↔ 0	↔ 0	↓ 1	↓ 0	↔ 100	↔ 100	↓ 57	↓ 92	↔ 100	↓ 90	↓ 91	↔ 100	↓ 73	↔ 100	↓ 88	↔ 100
	R15	↔ 60%	↓ 10.9%	↓ 12.58	↑ 96%	↑ 5.1%	↓ 58.3	↔ 1	↔ 100%	0%	↔ 0	↓ 1	↔ 0	↔ 0	>= 100%	-	↔ 0	↑ 4	↔ 0	↓ 1	↓ 6	↓ 0	↑ 100	↔ 100	↔ 100	↑ 96	↑ 90	↔ 100	↔ 100	↓ 93	↓ 98	↑ 100	↑ 100	↔ 100
	R16	↔ 60%	↓ 10.9%	↓ 12.58	↑ 96%	↑ 5.1%	-	↔ 1	90%	0%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	-	↔ 0	↓ 1	↔ 0	↓ 1	↑ 7	↑ 3	-	-	-	-	-	-	-	-	-	-	-	-
	R17	↔ 57%	↓ -1.6%	↓ -0.69	↑ 100%	↓ 4.5%	↓ 30.0	↑ 2	↑ 93%	↓ 80%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	0.88	↔ 0	↔ 5	↔ 0	↓ 0	↑ 4	↑ 3	↑ 100	↔ 100	↑ 80	↓ 96	↓ 95	↔ 100	↓ 93	↓ 87	↓ 87	↓ 90	↔ 96	↔ 100
	R18	↔ 55%	↑ 7.4%	↑ 3.14	↔ 100%	↓ 5.2%	↓ 0.0	↓ 0	↓ 93%	↓ 90%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	↔ >= 100%	↔ 0	↑ 5	↔ 0	↑ 3	↓ 2	↑ 1	↔ 100	↔ 100	↔ 80	↑ 100	↓ 95	↓ 97	↑ 97	↓ 87	↓ 93	↓ 93	↓ 96	↔ 100
	R19	↔ 60%	↓ 8.8%	↓ 3.73	↓ 84%	↓ 5.6%	↓ 41.2	↑ 1	↓ 87%	↓ 90%	↔ 0	↓ 0	↔ 0	↔ 0	-	-	↔ 1	↔ 4	↔ 0	↓ 0	↑ 3	↓ 0	↔ 100	↑ 100	↓ 83	↓ 68	↑ 95	↔ 100	↓ 63	↔ 100	↑ 96	↓ 90	↔ 100	↔ 100
	R21	↔ 61%	↑ 0.4%	↑ 0.14	↑ 97%	↓ 2.2%	↑ 100.0	↔ 1	↑ 96%	95%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ >= 100%	↔ 0	↓ 4	↔ 0	↓ 0	↓ 4	↔ 0	↑ 100	↔ 100	↑ 97	↓ 64	↓ 98	↔ 100	↑ 90	↑ 100	↔ 100	↓ 97	↓ 64	↔ 100
	R22	63.3%	↓ -2.8%	↓ -1.01	↓ 95%	↓ 5.7%	↓ 17.2	↔ 1	↓ 93%	86%	↔ 0	↔ 0	↔ 0	↔ 0	-	↓ 92%	↔ 0	↓ 0	↔ 0	↔ 0	↑ 2	↑ 4	↑ 100	↔ 100	↓ 48	↔ 100	↓ 94	↔ 100	↑ 100	↓ 89	↔ 100	↑ 100	↔ 100	↔ 100
	R23	↔ 60%	↓ 10.2%	↓ 4.03	↔ 93%	↓ 2.4%	↓ 47.1	↑ 1	↑ 96%	↑ 92%	↔ 0	↓ 0	↔ 0	↔ 0	-	-	↔ 0	↓ 4	↔ 0	↓ 0	↑ 3	↑ 1	↓ 96	↔ 100	↓ 86	↓ 92	↔ 100	↔ 100	↔ 100	↓ 77	↓ 87	↑ 93	↔ 100	↔ 100
	R24	↔ 60%	↓ 29.3%	↓ 11.33	↑ 71%	↑ 12.7%	↑ 61.9	↓ 0	↓ 96%	85%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↑ 1	↓ 6	↔ 0	↔ 0	↑ 8	↓ 0	100	100	93	100	97	100	75	100	91	83	100	100
	R25	↔ 69%	↓ -6.2%	↓ -3.55	↑ 97%	↑ 7.8%	↑ 90.0	↔ 1	↓ 89%	0%	↔ 0	↑ 1	↔ 0	↔ 0	>= 100%	-	↔ 0	↓ 3	↑ 1	↑ 1	↑ 7	↔ 2	↔ 100	↔ 100	↑ 86	↓ 92	↔ 100	↔ 100	↔ 100	↔ 100	↔ 100	↑ 100	↔ 100	↔ 100
	R26	↔ 69%	↓ -6.2%	↓ -3.55	↑ 97%	↑ 7.8%	↑ 95.0	↓ 0	↑ 100%	↑ 82%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↑ 3	↔ 0	↔ 0	↑ 4	↔ 0	↔ 100	↔ 100	↑ 100	↔ 88	↔ 100	↔ 100	↑ 100	↓ 73	↓ 96	↔ 100	↔ 100	↔ 100
	R27	↔ 80%	↔ 13.8%	↔ 3.95	↓ 89%	↑ 7.2%	↑ 100.0	↔ 0	↔ 100%	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↑ 1	↑ 1	↓ 0	↔ 0	↑ 1	↔ 1	↔ 100	↔ 100	↓ 33	↔ 100	↔ 100	↓ 83	↓ 91	↔ 100	↓ 73	↓ 93	↔ 100	↔ 100
	R27A	↔ 80%	↔ 13.8%	↔ 3.95	↓ 89%	↑ 7.2%	-	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
	R28	↔ 74%	↑ 14.3%	↑ 3.73	↑ 96%	↓ 5.0%	↔ 0.0	↓ 0	↔ 100%	81%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↑ 2	↑ 2	↑ 4	↔ 100	↔ 100	↑ 63	↑ 96	↑ 100	↑ 93	↓ 86	↓ 83	↑ 96	↓ 88	↔ 100	↑ 100
	R29	↔ 60%	↑ 17.0%	↑ 6.27	↔ 100%	↓ 8.3%	↓ 71.4	↓ 0	↑ 100%	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↑ 5	↔ 0	↑ 2	↓ 0	↑ 2	↔ 100	↔ 100	↓ 67	↔ 100	↑ 92	↑ 100	↓ 86	↓ 86	↓ 76	↑ 86	↔ 100	↔ 100
	R30	↔ 60%	↓ 16.0%	↓ 6.32	↓ 85%	↑ 12.4%	↔ 0.0	↔ 1	↔ 100%	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↓ 4	↔ 0	↑ 1	↑ 5	↔ 0	↑ 100	↔ 100	↑ 43	↑ 80	↑ 98	↑ 100	↑ 100	↓ 50	↑ 98	↓ 89	↑ 100	↓ 0
	R30H	↔ 60%	↓ 16.0%	↓ 6.32	↓ 85%	↑ 12.4%	-	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
	R31	↔ 60%	↓ 9.7%	↓ 4.10	↓ 98%	↓ 2.5%	↑ 89.5	↓ 1	↓ 93%	100%	↔ 0	↑ 1	↔ 0	↔ 0	-	-	↔ 0	↑ 3	↔ 0	↑ 3	↑ 4	↑ 2	↔ 100	↔ 100	↔ 94	↑ 100	↑ 100	↔ 100	↑ 100	↑ 97	↑ 98	↓ 90	↔ 100	↔ 100
	R32	↔ 56%	↔ 2.6%	↔ 0.99	↔ 100%	↑ 3.3%	↑ 85.7	↔ 0	↔ 100%	0%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	-	↔ 0	↑ 10	↔ 0	↑ 1	↓ 2	↑ 2	↑ 100	↔ 100	↓ 74	↔ 100	↔ 100	↔ 100	↓ 97	↓ 93	↓ 93	↓ 85	↓ 90	↔ 100
	R33	↔ 57%	↑ 9.2%	↑ 4.43	↑ 100%	↑ 5.8%	↓ 78.9	↔ 3	↔ 100%	↓ 0%	↔ 0	↓ 0	↔ 0	↔ 0	>= 100%	-	↔ 0	↑ 5	↔ 0	↔ 0	↑ 6	↑ 3	↔ 100	↔ 100	↑ 100	↓ 60	↔ 95	↔ 100	↑ 100	↓ 93	↔ 100	↑ 100	↔ 100	↔ 100
	R34	↔ 60%	↑ 100.0%	↑ 32.91	↑ 100%	↓ 4.7%	↑ 81.0	↓ 0	↔ 100%	↓ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↓ 1	↔ 0	↓ 0	↓ 2	↔ 0	↑ 96	↔ 100	↔ 100	↑ 100	↑ 100	↔ 100	↑ 100	↓ 97	↑ 100	↔ 97	↑ 100	↔ 100
	R36	↔ 60%	↓ 10.1%	↓ 3.97	↑ 100%	↑ 3.9%	↓ 84.2	↓ 0	↑ 100%	↑ 83%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↑ 7	↔ 0	↔ 0	↔ 3	↔ 0	↔ 100	↔ 100	↑ 86	↔ 92	↑ 100	↑ 97	↑ 97	↑ 100	↓ 89	↑ 77	↑ 100	↔ 100
	R37	↔ 60%	↓ 11.2%	↓ 4.12	↓ 97%	↓ 3.3%	↑ 72.1	↑ 2	↑ 96%	↓ 80%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↓ 1	↑ 1	↓ 0	↑ 5	↔ 0	↔ 100	↔ 100	↓ 91	↑ 100	↑ 98	↑ 97	↑ 100	↑ 100	↑ 100	↓ 80	↔ 100	↓ 0
	R38	↔ 60%	↑ 13.4%	↑ 4.88	↑ 100%	↓ 8.5%	↑ 95.7	↔ 1	↑ 100%	↓ 94%	↔ 0	↓ 0	↔ 0	↔ 0	-	-	↔ 0	↓ 4	↓ 0	↓ 1	↑ 4	↔ 0	↔ 100	↔ 100	↑ 97	↔ 100	↑ 98	↔ 100	↓ 83	↔ 100	↓ 89	↓ 73	↔ 100	↔ 100
	R39	↔ 66%	↑ 16.0%	↑ 3.90	↑ 96%	↓ 0.0%	↑ 70.4	↔ 0	↓ 89%	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↑ 1	↑ 4	↔ 0	↔ 0	↔ 1	↔ 0	↓ 80	↔ 100	↑ 71	↔ 100	↔ 100	↔ 100	↔ 100	↓ 90	↑ 91	↓ 93	↔ 100	↔ 100
	R40	↔ 72%	↑ 3.3%	↑ 0.80	↓ 81%	↓ 1.2%	↓ 63.3	↔ 0	↓ 95%	↑ 90%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↓ 1	↔ 0	↓ 0	↑ 6	↔ 2	↓ 60	↔ 100	↓ 0	↓ 80	↑ 98	↔ 100	↓ 60	↓ 57	↓ 75	↓ 83	↓ 80	↔ 100
	RACB	↔ 57%	↑ 9.2%	↑ 4.43	↑ 100%	↑ 5.8%	-	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
	RAMB	↔ 100%	↔ 0.0%	↔ 0.00	↔ 100%	↑ 66.7%	-	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
	RBMT	↔ 97%	↔ 2.0%	↔ 0.30	↔ 100%	↑ 2.4%	↓ 0.0	↔ 0	-	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↓ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 100	↔ 100	↑ 91	↔ 100	↑ 98	↔ 100	↔ 100	↔ 100	↔ 100	↓ 93	↔ 100	↔ 100
	RCAU	↔ 69%	↑ 14.7%	↑ 3.83	↑ 100%	↓ 6.6%	↑ 76.5	↑ 1	-	94%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↓ 0	↔ 1	↑ 1	↔ 0	↔ 100	↔ 100	↓ 25	↔ 100	↔ 100	↓ 97	↓ 93	↔ 100	↓ 92	↔ 100	↔ 100	↔ 100
	RCIC	↔ 95%	↑ 12.8%	↑ 5.85	↑ 100%	↑ 6.3%	100.00	↔ 0	-	100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 1	↓ 1	↑ 3	↔ 100	↔ 100	↓ 95	↔ 100	↓ 89	↔ 100	↔ 100	↔ 100	↓ 96	↔ 100	↔ 100	↔ 100
	REDU	↔ 67%	↑ 21.0%	↑ 5.90	↓ 96%	↓ 4.3%	-	↓ 5	↔ 100%	↓ 70%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	-	↔ 0	↑ 5	↔ 0	↓ 0	↑ 7	↓ 1	↔ 100	↔ 100	↔ 100	↔ 100	↓ 93	↔ 100	↓ 97	↓ 90	↓ 98	↔ 100	↔ 100	↔ 100
	REFU	-	-	-	-	-	-	↓ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
	RFJW	↔ 60%	↔ 12.5%	↔ 4.00	↔ 100%	↑ 2.4%	↑ 85.0	↔ 0	↓ 95%	↑ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↑ 5	↔ 0	↔ 0	↓ 3	↔ 0	↔ 100	↔ 100	↓ 83	↔ 100	↔ 100	↓ 93	↔ 100	↓ 90	↓ 93	↓ 83	↔ 100	↔ 100
	RGAU	↔ 69%	↑ 8.6%	↑ 2.41	↔ 97%	↓ 3.4%	↑ 69.7	↓ 0	↔ 100%	0%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	↔ >= 100%	↔ 0	↔ 0	↔ 0	↔ 0	↓ 1	↓ 0	100	100	100	100	100	100	100	100	100	100	100	100
	RIDU	↔ 60%	↔ -9.0%	↔ -2.13	↔ 96%	↑ 10.9%	↓ 71.4	↔ 0	↓ 89%	↑ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↑ 2	↑ 1	↑ 1	↓ 1	↑ 2	↓ 96	↔ 100	↔ 91	↑ 100	↔ 100	↔ 100	↑ 100	↑ 80	↑ 100	↓ 93	↑ 100	↔ 100
	RITU	↔ 89%	↑ -9.7%	↑ -9.83	↓ 93%	↓ 5.7%	83.33	↔ 0	↑ 100%	↑ 95%	↔ 0	↓ 0	↔ 0	↔ 0	>= 100%	-	↑ 1	↔ 1	↔ 0	↓ 0	↓ 3	↔ 0	100	100	100	100	100	94	86	86	92	86	100	100
	RKIN	↔ 65%	↑ 9.6%	↑ 2.43	↑ 92%	↑ 5.9%	↑ 81.0	↔ 0	-	100%	↔ 0	↔ 0	↔ 0	↔ 0	0.70	>= 100%	↑ 1	↓ 1	↔ 0	↔ 0	↓ 2	↔ 0	↓ 90	↑ 100	↓ 93	↑ 100	↔ 100	↑ 100	↑ 100	↑ 100	↔ 100	↑ 94	↑ 100	↔ 100
	RODA	↔ 72%	↑ 12.9%	↑ 4.30	↓ 93%	↓ 4.7%	-	↓ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 2	↔ 0	↔ 0	↑ 3	↑ 1	-	-	-	-	-	-	-	-	-	-	-	-
	ROMO	↔ 62%	↑ 6.1%	↑ 1.96	↑ 89%	↓ 0.7%	-	↔ 0	-	90%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
	ROND	↔ 67%	↓ 3.7%	↓ 0.45	↓ 83%	↑ 0.9%	↓ 56.0	↔ 0	-	↑ 100%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
	RPAC	↔ 83%	↑ 10.9%	↑ 4.50	↔ 100%	↓ 2.9%	-	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
	RPSS	-	-	-	-	-	-	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-
	RSAU	56.3%	↑ 8.3%	↑ 3.73	↑ 79%	↓ 2.1%	↓ 38.6	↓ 0	-	90%	↔ 0	↔ 0	↔ 0	↔ 0	>= 100%	-	↔ 0	↔ 0	↔ 0	↓ 0	↓ 7	↑ 2	↔ 100	↔ 100	↑ 50	↑ 87	↑ 96	↔ 100	↑ 72	↑ 100	↔ 100	↓ 86	↑ 100	↔ 100
	RSCB	↔ 90%	↓ 8.1%	↓ 7.34	↓ 89%	↓ 1.0%	-	↔ 0	-	0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↑ 1	↑ 1	↓ 2	↑ 8	-	-	-	-	-	-	-	-	-	-	-	-

University Hospitals of Leicester NHS Trust

CMG	Ward/Department	Objective 1: Matrons and Ward Sisters are responsible for ensuring the patient environment is clean	Objective 2: Matrons and Ward Managers will ensure all patients will have their essential care needs	Objective 3: Matrons and Ward Sisters are responsible for ensuring nursing care is delivered with	Objective 4: Matrons and Ward Sisters ensure systems are in place to maximise patient experience by	Objective 5: Matrons and Ward sisters will ensure the needs of the vulnerable person are recognised	Objective 6: Matrons and Ward Sisters will ensure harm free care is delivered.	Objective 7: Matrons and Ward Sisters will make effective use of all resource and is able to
Emergency and Specialist Medicine	Emergency Department							
	EDU							
	Ward 15/16 Assessment Area							
	Ward 33 Elderly Frailty Unit							
	Ward 34 (was 37)							
	FJW LRI							
	Ward 19 LRI							
	Ward 23 LRI							
	Ward 24 LRI							
	Ward 25 LRI							
	Ward 26 LRI							
	Ward 31 LRI							
	Ward IDU LRI							
	Ward 36 LRI							
	Ward 37 LRI							
	Ward 38 LRI							
	Ward 1 LGH							
	Ward 2 LGH							
	Ward 3 LGH							
	Ward BIU LGH							
	Ward YDU LGH							
Musculo Skeletal and Specialist Surgery	Ward 19 LGH							
	Ward 16 LGH							
	Ward 18 LGH							
	Ward 14 LGH							
	Ward 21 LRI							
	Ward 17 LRI							
	Ward 18 LRI							
	Ward 32 LRI							
	Ward 7 LRI							
	Kinmonth LRI							
	Ward 24 GGH							
CHUGS	Ward 30 LRI							
	BMTU LRI							
	Osborne Assessment Unit LRI							
	SACU LGH							
	Ward 8 SAU LRI							
	Ward 22 LGH							
	Ward 22 LRI							
	Ward 23 LGH							
	Ward 26 LGH							
	Ward 27 LGH							
	Ward 28 LGH							
	Ward 29 LGH							
	Ward 29 LRI							
	Ward 41 LRI							
	Ward 39 LRI							
	Ward 40 LRI							
GH	Ward 24 GH							
	Ward 15 GH							
	Ward 10 LGH							
	Ward 17 GH							
	Ward 26 GH							
	Ward 31/34 GH							
	Ward 32 GH							
	CDU/20 GH							
	Ward 23a GH - surgery							
	Ward 17 LGH							
	Ward 28 GH							
	Ward 15N LGH							
	Ward 15A LGH							
	Ward 33a GH							
	Ward 27 GH							
	Ward 33 GH							
	CCU GH							
	Ward 16 GH							
	Ward 29 GH							
Women's and Children's	Ward 10 LRI							
	Ward 11 LRI							
	Ward 12 LRI							
	Ward 14 LRI							
	Ward 27 LRI							
	Ward 28 LRI							
	CICU LRI							
	CAU LRI							
	Ward 30 GH							
	PICU GH							
	NNU LGH							
	Delivery Suite LGH							
	Ward 30 LGH							
	Ward 31 LGH							
	Ward 11 LGH							
	Ward 5 LRI							
	Ward 6 LRI							
	Delivery Suite LRI							
	NNU LRI							
	GAU LRI							
	St Mary's							

Appendix 3

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

OPERATIONAL PERFORMANCE EXCEPTION REPORT

REPORT TO:	**TRUST BOARD**
DATE:	**27 February 2014**
REPORT BY:	**Richard Mitchell, Chief Operating Officer**
AUTHOR:	**Carl Ratcliff, Manager, Imaging & Medical Physics**
CMG GENERAL MANAGER:	**Nigel Kee**
SUBJECT:	**Diagnostic Imaging 6 week waits**

Introduction

Imaging failed to meet the diagnostic 6 week target for January 2014 with performance exceeding 6% of breaches. The impact on the Trust performance is that it failed the 1% threshold, with performance of 5.34% over 6 weeks.

Investigation

The breaches relate to MRI lost capacity over the Christmas period and loss of equipment over the first week of January due to the MRI replacement programme. This was also highlighted in last month's report where we failed the target by 1.6%.

Conclusion and Resolution

In December 2013, Imaging had diagnostic breaches in MRI totalling 1.6%. This is above the required threshold due to a number of factors but predominately the effects of the equipment replacement programme.

In January we failed the target by 6% again due to the replacement programme and the inability to source additional external activity to resolve the demand / capacity gap.

A mobile MRI van has been sourced in February and March to deliver the remedial additional activity. We are therefore forecasting a 2% breach for February (worst case) with performance forecast to be back within target (<1%) by March 2014.
This anticipated improved performance in Imaging by the end of March is expected to recover the Trust's overall position.

Details of senior responsible officer

CMG SRO: Nigel Kee

Appendix 4

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

OPERATIONAL PERFORMANCE EXCEPTION REPORT

REPORT TO:	**TRUST BOARD**
DATE:	**27 February 2014**
REPORT BY:	**Richard Mitchell, Chief Operating Officer**
AUTHOR:	**Charlie Carr, Head of Performance Improvement**
CMG GENERAL MANAGER:	**Monica Harris**
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 January:-

1. *The percentage of operations cancelled on/after the day* for non-clinical reasons during January was 1.5% against a target of 0.8%. The year to date performance is 1.6%.
2. *The % of patients cancelled who are offered another date within 28 days of the cancellation.* The number of patients breaching this standard in January was 8 with 94.3% offered a date within 28 days of the cancellation.
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 submitted to commissioners in response to a contract query notice and this is awaiting final sign off by commissioners. This is attached as Appendix A

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

Details of senior responsible officer

CMG SRO: M Harris

Corporate Ops: C Carr

	Updated 14/2 2014		**Cancelled operations recovery plan**						
	Issue	**Priority 1= High**	**Actions**	**Responsible Officer (s)**	**Due Date**	**Evidence**	**New or pre-existing action**	**Status**	**RAG**
1	**Lack of theatre time / List over run**	3	a) Establish a project team to look at reasons for late starts - develop an action plan in response to findings	GH	15.3.14	Meeting notes/ plan	New	Cancelled ops operational group 1st meeting 24 th Feb	4
		3	b) Review of frequent overrun commenced and will be rolled out through weekly activity reviews	DT	16.2.14	Reduction in overuns	Refreshed	Complex agenda – resolution relies on many other things Changed reporting to increase awareness. Process is embedding. Regular/frequent overuns reviewed through theatre activity with team leaders and service managers	5
		3	c) Monitoring of any late starts and agreed escalation in place (transformational)	MT	16.2.14 ongoing	Reduction in late starts	Refreshed	Monitoring in place	5
		2	d) Speciality Confirm and challenge with each speciality to manage late starts – these will involve all specialities on a monthly basis. (transformational)	MH	30.11.13	Reduction in late starts	New	Already started – these are ongoing and are repeated every 6 weeks approx	5
		1	e) Weekly reporting of activity (transformational)	AM	23.11.13	Weekly reports	New	completed , reports go to each speciality	5
		2	f) Internal theatre escalation to authorise a cancellation on the day , see also Cancelled operations policy and escallation process	MH	23.11.13	Reduced cancelled ops	New	in place but reinforcing process	5
		3	g) Establish a system to respond within 24 hrs to the CMG to issues and problems on lists for that day(transformational)	KD/ DT	2.12.13	na	In progress	Daily data collection in progress - not yet reported into CMG	3
		1	h) Develop a robust escalation process to	MH /	31.1.14	Reduced	New	Re instate , re enforce	5

			prevent on the day cancellations – Trust wide	PW/CC		cancelled ops		cancellation policy	
		1	i) Operationalise and embed cancelled operations Trust wide policy	GH/ PW/CC	31.3.14 and ongoing	Reduced cancelled ops	New	Policy re issued to Trust , MH to present at Cross CMG meeting	4
		1	j) Develop a team leader score card to performance manage system to hold teams to account(transformational)	DT	25.1.14	Reduced cancelled ops	New	Draft in discussion. Test 25 Feb 14. go live 1 March 14	3
2	**Patient delayed due to admission of a higher priority patient**	3	a) Review of emergency list policy to ensure it supports effective running of the session b) Review the advantages of combining of all emergency lists as a means to improve access(transformational) c) Review the advantages of combining of all emergency lists as a means to improve access(transformational)	DT/MH/ PR	15.12.13	Improved access to emergency lists	Pre-existing	Review of emergency sessions on Monday and Friday to prevent backlog of emergencies building up – discussions with specialities with regards to loading these lists pre weekend. In Jan 1 additional list per week converterd to emergency. Completed 5 additional sessions per week embedded. Full compliance achieved.	5
3	**Lack of Theatre equipment**	3	a) Issues escalated to Synergy and equipment lead	EF	On-going	Issues raised	Pre-existing	Good performance from synergy. UHL performance included in Team Leader scorecard	5
		3	b) pre-plan to ensure equipment available – to ensure all lists are loaded onto -ORMIS >2 weeks	DT/KD	13-Jan	Pre booking monitored weekly	New	Progress been made - Score card being developed to monitor performance (see 1j). Escalation of ORMIS performance undertaken through weekly activity meetings	5
		3	c) 48hour requests for equipment so synergy can manage expectations	KD	13.1.13 and ongoing	Issues raised	New	Cessation of fast track without Matron authorisation	5

		3	d) Evaluate upgrade of Ormis	MH	14.2.14	na	New	Meeting with Ormis planned mid Feb	4
			e) Take forward actions from evaluation of Ormis upgrade options	MH/LW	TBC	TBC	New	Laura Wilcox leading review of theatre systems	1
4	**Lack of Anaesthetic staff/Lack of theatre staff (non-medical)**	1	a) New scheduling system (CLW) to be rolled out which will enable increased visability of Clinical Pa's	DT	28.11.13	na	New	CLW rolled out better transparency of where PAs are being allocated - completed	5
		3	b) Incremental move to six week planning of capacity: - 2weeks -3 weeks -4 weeks -5 weeks -6 weeks	MT	14.1.13 31.3.14 31.5.14 31.7.14 31.9.14	weekly theatre meetings	New	Currently at 2 weeks , feb 14	4
		2	c) Review waiting list payments	PS	ongoing	Finance reports	New	Daily monitoring of WLI. Job paln review in progress. WL payments in line with corporate workforce plan developed	4
		3	d) Matrons to undertake Floor Control to release Band 7 to clinical team if possible	Matrons /Floor Control	On-going	na	New	Floor walker daily update complete	5
		2	e) Cancel any non-critical management duties.	Matrons /Floor Control	On-going	na	New	Daily review	5
		1	f) Active recruitment program nationally for theatre staff -advert date -interview dates -appointment dates	JH	On-going	numbers appointed	New	Recruitment underway and progressing well - international recruitment - some are starting in Feb and some March - we have had Jan starters - we are going after more international recruits and GB adverts - not sure date for next set	4

								of interviews - possibly May/June. Recruitment applies to the now position and does not include future developments as we are not sure of the inpact as yet	
		1	g) Retention review – to encourage staff to stay, plan to reduce turnover to below national average which is 6%	JH	13.1.13 and ongoing	% turnover	New	Working with HR to establish recruitment and retention strategy. Current turnover = 7.5%	5
5	**Ward bed unavailable**	1	a) Review of urology day-case to transfer where possible patients to an OPD with procedure out of Daycase	CMG team	Novemb er	na	New	Discussions undertaken and action being taken to transfer cases to OPD with procedure	5
		2	b) Review number of day case beds	MH	16.12.1 3	na	New	Ongoing , linked to 23 hr unit -	5
		1	c) Review the ability to establish a 23 hour facility at: - the LGH site in March 2014 - LRI for specialist surgery , date TBC	MH / LG	31.12.1 3 - 31.3.14 -TBC	opening of 23 hr facility, reduced cancellati ons	New	23hr – general surgery facility aimed to be open march 14 awaiting confirmation of specialist surgery	4
		1	d) Confirm arrangements for outsourcing to IS , elective surgery	CC	31.12.1 3	IS waiting list report	New	Cases being transferred – further work underway to increase numbers. ENT . Ophthalmology. Orthopaedics. General surgery	5

		2	e) Previous day, review of capacity to allow earlier cancellations	PW/GH	16.12.13	Reduced cancelled on day	New	Embedding practice via daily bed meetings	5
		2	f) Data accuracy to ensure reasons are correct	MT	30.11.13	na	New	daily report to floor coordinators of any incomplete data	5
		1	g) Clinical lead for day surgery	PS	31.1.14	na	New	Advertised role, appointed to post for each site but no identified overall lead as yet	2
		1	h) Develop a robust escalation process to prevent on the day cancellations – corporate	MH / PW	31.1.14	Reduced cancelled on day	New	Re instate , re enforce cancellation policy	5
			i) Cross CMG weekly planing meeting to assess capacity based on emergency flows	GH	1.4.14	Reduced cancelled on day	New	Capacity meeting to be operationalised when admission destination is confirmed	1
			j) Identify admission destination and intended management at POA	GH	1.4.14	Reduced cancelled on day	New	Meetings set up with operational teams within service	4
			k) Develop predicting modelling tool to determine likely empty beds on daily basis , taking into accound EDD (estimated discharge dates) to plan admission numbers	MH / PW /CC	30.4.14	Reduced cancelled on day	New		1
			J) maximise day ward access at LRI , in line with BADS guidance and patient population	GH / Speck	1.4.14	Reduced cancelled on day	New		1
6	**Lack of surgeon**	1	a) Aligning job plans with theatre sessions (transformational)	CMG team	13.2.14	reduced cancellations duelack to surgeon	New	Work underway. Workforce plan completed and job plan review in progress	4

		2	b) Review surgeon availability for emergency lists (transformational) see section 2	CMG team	13.2.14 ongoing	reduced cancellations duelack to surgeon	New	Completed - 5 additional sessions	5
7	**HDU / critical care bed unavailable**	1	a) Flexible staffing across all three sites	JH	Dec-13	reduced cancellations in this category	completed	Flexible staffing established	5
		1	b) Service requirements for CC beds to be reviewed on the Thursday capacity meeting	MT	Nov-13	reduced cancellations in this category	New	Being included as part of the agenda – need to embed process to 6-4-2 - completed	5
		2	c) Electronic planner reflecting elective demand	PV	Nov-13	reduced cancellations in this category	New	In place - completed	5
		1	d) PACU on LRI site to be completed in 2014 increasing capacity	KD	Sep-14	reduced cancellations in this category	New	On track with project plan	4
		1	e) Daily review of level one beds in CC to prioritise their moves	PW / DM	Nov-13	reduced cancellations in this category	on-going	In place	5
		2	f) Improvement in access to timely high risk anaeshetic assessment to ensure appropriate booking of HDU beds	Speck / GH	1.3.14	reduced cancellations in this category	New	Currently reviewing existing service	4
8	**Cancellation and Re booking within 28 days (max) of cancellation**	1	a) Institute new Trust standard of requirement to contact patient within 48 hrs of cancellation and rebook TCI date within 21 days, and associated escallation process	CC / SP	31.1.14	Patients booked within 21 days	New	Cancelled ops flow chart revised, includes local standard and process to rebook within 21 days.	5
		1	b) daily cancelled operations patient level report to be e mailed via automated route to service and operational managers , highlighting 21 day re book date	CC/ SL	31.1.14 and ongoing	Patients booked within 21 days	New	process now live	5
		1	c) Weekly monitoring of performance against Trust 21 day / national 28 day standard, capturing of reasons for failure against the standard	CC / SP	31.1.14 and ongoing	Patients booked within 21 days	New	process now live	5

9	**Monitoring arrangements**	1	a) Implement CMG level reporting of reasons for breaching of 28 day standard -	MH / CC	15.3.14	Patient level report	New	1st reports will be on Feb data, by mid March	1
		1	b) Root case analysis by speciality of previous months breaches of 28 day standard - monthly report to CPM	MH / CC	15.3.14	Patient level report	New	1st reports will be on Feb data, by mid March	1
		1	c) Agree reporting and performance monitoring arrangements with Commissioners for (d) and e below	MH / CC	28.2.14	na	New	Agree at meeting with Commissioners 10 February 2014. Requirement will be for reporting at specialty level for both indicators. However breach consequences will only be applied at Trust level.	5
		1	d) Agree trajectory for recovery of 28 day standard (of less than or = to no more than 3 breaches per quarter).	MH / CC	31.1.14		New	Absolute numbers required at Trust level to enable a fixed proportionate penalty to be applied against monthly milestones with agreed tolerance levels	5
		1	e) Agree trajectory for recovery of cancelled ops on the day standard.	MH / CC	31.1.14		New	Absolute numbers required at Trust level to enable a fixed proportionate penalty to be applied against monthly milestones with agreed tolerance levels	5