

Trust Board paper Z

	<b>TRUST BOARD</b>									
<b>From:</b>	Rachel Overfield, Kevin Harris, Richard Mitchell Kate Bradley Simon Sheppard									
<b>Date:</b>	<b>31st July 2014</b>									
<b>CQC regulation</b>	All									
<b>Title:</b>	<b>Quality &amp; Performance Report</b>									
<b>Author/Responsible Director:</b>	R Overfield, Chief Nurse K. Harris, Medical Director R, Mitchell, Chief Operating Officer K. Bradley, Director of Human Resources S. Sheppard, Acting Director of Finance & Procurement									
<b>Purpose of the Report:</b>	To provide members with an overview of UHL quality and safety, patient experience, operational and finance performance against national and local indicators for the month of June 2014.									
<b>The Report is provided to the Board for:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Decision</td> <td style="width: 5%;"></td> <td style="width: 50%; text-align: center;">Discussion</td> <td style="width: 5%; text-align: center;">√</td> </tr> <tr> <td style="text-align: center;">Assurance</td> <td style="text-align: center;">√</td> <td style="text-align: center;">Endorsement</td> <td></td> </tr> </table>		Decision		Discussion	√	Assurance	√	Endorsement	
Decision		Discussion	√							
Assurance	√	Endorsement								
<b>Summary / Key Points:</b>	<p>Compliant</p> <ul style="list-style-type: none"> <li>❖ MRSA zero cases reported for Qtr 1</li> <li>❖ C Difficile – 15 cases reported for Qtr 1 against national threshold of 20 for Qtr1 although slightly behind on local target which is 12 for Qtr1.</li> <li>❖ Pressure ulcers – Zero grade 4 pressure ulcers since October 2013. All trajectories for Grade 2 and Grade 3 pressure ulcers have been achieved for the month and the quarter.</li> <li>❖ VTE - The VTE risk assessment within 24 hours of admission threshold of 95% has been achieved since July 2013.</li> <li>❖ Theatres – 100% WHO compliant for since January 2013.</li> </ul> <p>Areas to watch:-</p> <ul style="list-style-type: none"> <li>❖ Inpatient Friends and Family Test - performance for June was 74.5.</li> <li>❖ Diagnostic waiting times– although the target was achieved with performance at 0.8%, the target was missed in Qtr 4.</li> <li>❖ #NoF to theatre within 36hrs below target with performance at 60.3%. In spite of the sustained high activity, performance in June shows a vast improvement on May's performance.</li> <li>❖ RTT Non-admitted for June was achieved at 95% which is 2 months earlier than expected.</li> <li>❖ The percentage of stroke patients spending 90% of their stay on a stroke ward year target is 79.5%. The position is likely to improve following validation.</li> </ul>									

Non Compliant/Contractual Queries:-

- ❖ ED 4hr target - Performance for emergency care 4hr wait in June was 91.3% with a year to date performance of 86.9%.
- ❖ RTT admitted– Trust level compliant admitted performance is expected in November 2014. Further details can be found in the RTT Improvement Report – Appendix 3.
- ❖ Choose and book slot availability performance for June was 26% with the national average at 11%. Resolution of slot unavailability requires a reduction in waiting times for 1st outpatient appointments in key specialties.
- ❖ Cancelled Operations – % of short notice cancellations in June was 1.0%. The number of patients breaching the 28 day rebook standard in June (UHL and Alliance) was 1 with performance at 99.0%.
- ❖ Quarter 1 has seen a dip in cancer performance across many of the targets. For further details refer to Appendix 4 – Cancer performance and remedial action plan.

Finance key issues:

- ❖ Shortfall of £1.4m on the forecast CIP delivery against the £45m target.
- ❖ YTD adverse variance to plan of £0.6m. Forecast year end delivery of £40.7m deficit.
- ❖ The Trust now has an agreed contract with all commissioners.
- ❖ Capital Plan is currently over-committed and is predicated on Emergency Floor external funding, the commitments may be in advance of the receipt of funding.

<b>Recommendations:</b> Members to note and receive the report	
<b>Strategic Risk Register</b>	<b>Performance KPIs year to date CQC/NTDA</b>
<b>Resource Implications (eg Financial, HR)</b> Penalties for missing targets.	
<b>Assurance Implications</b> Underachieved targets will impact on the NTDA escalation level, CQC Intelligent Monitoring and the FT application	
<b>Patient and Public Involvement (PPI) Implications</b> Underachievement of targets potentially has a negative impact on patient experience and Trust reputation	
<b>Equality Impact</b> considered and no impact	
<b>Information exempt from Disclosure</b> N/A	
<b>Requirement for further review?</b> Monthly review	

*Caring at its best*

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## Quality and Performance – June 2014

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Trust Board

Thursday 31st July 2014

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# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 31st JULY 2014

REPORT BY: KEVIN HARRIS, MEDICAL DIRECTOR  
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KATE BRADLEY, DIRECTOR OF HUMAN RESOURCES  
SIMON SHEPPARD, ACTING DIRECTOR OF FINANCE & PROCUREMENT

SUBJECT: JUNE 2014 QUALITY & PERFORMANCE SUMMARY REPORT

## 1.0 INTRODUCTION

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

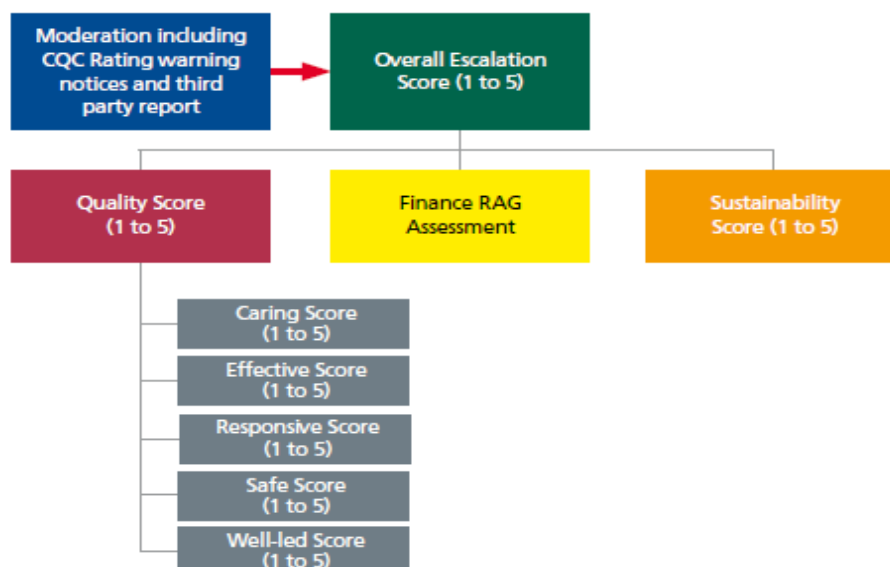
## 2.0 2014/15 NTDA Oversight and Escalation Level

### 2.1 NTDA 2014/15 Indicators

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

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

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



The oversight process also sets out how the NTDA will score and categorise NHS trusts with a clearer approach to both intervention and support for organisations at different levels of escalation. Draft supporting documentation which contains the detailed information about the scoring methodology was made available by the NTDA mid June. The Trust is still waiting for thresholds for a number of the indicators and as soon as that information is made available the domain scores will be estimated.

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

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

Caring		Target	2013/14	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	YTD
Inpatient scores from Friends and Family Test	TBC	68.8	73.9	64.9	66.0	69.6	67.6	66.2	70.3	68.7	71.8	69.0	69.9	69.6	71.0	74.5	71.6	
A&E scores from Friends and Family Test	TBC	59.5	47.3	60.6	57.0	59.6	57.6	58.8	58.6	67.4	67.6	58.7	65.5	69.4	66.0	71.4	68.7	
Complaints - rate per 1,000 bed days	TBC	2014-15 New Indicator												2.2	1.9	2.0	2.0	
Mixed Sex Accommodation Breaches	0	2	0	0	0	0	0	0	2	0	0	0	0	4	2	0	6	
Inpatient Survey: Q68 Overall I had a very poor/good experience	TBC	2014/15 New Indicator - awaiting further NTDA guidance																

Effective		Target	2013/14	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	YTD
Summary Hospital Mortality Indicator	TBC		104.5	104.5	104.9	104.9	104.9	106.4	106.4	106.4	107.1	107.1	107.1	106.1	106.1	106.1	106.1	
Hospital Standardised Mortality Ratio (DFI Quarterly)	TBC	92.4	93.5	91.2			86.0			82.4			AWAITING DATA			88.0		
Hospital Standardised Mortality Ratio - weekend (DFI Quarterly)	TBC	96.0	99.4	91.3			82.9			78.1			AWAITING DATA			87.4		
Hospital Standardised Mortality Ratio - weekday (DFI Quarterly)	TBC	90.8	91.2	91.0			86.5			82.9			AWAITING DATA			87.7		
Deaths in low risk conditions (DFI Quarterly)	TBC	88.6	107.7	86.3			92.2			88.3			AWAITING DATA			93.6		
Emergency re-admissions within 30 days	TBC	7.9%	7.8%	7.7%	7.5%	7.6%	7.8%	7.9%	7.8%	8.0%	8.7%	9.0%	8.8%	8.7%	8.7%		8.7%	

Safe		Target	2013/14	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	YTD
CDIFF	81	66	7	2	6	5	9	6	6	5	10	0	4	4	6	5	15	
CDIFF (local target)	50	66	7	2	6	5	9	6	6	5	10	0	4	4	6	5	15	
MRSA	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	
Never events	0	3	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	
Serious Incidents	TBC	2014-15 New Indicator													12	9	12	33
Proportion of reported safety incidents that are harmful	TBC	2014/15 New Indicator - awaiting further NTDA guidance																
Medication errors causing serious harm	TBC	2014/15 New Indicator - awaiting further NTDA guidance																
CAS alerts	TBC	20	9	15	36	10	10	14	15	12	11	14	20	11	10	15	15	
Maternal deaths	0	3	0	0	0	0	0	0	0	0	1	2	0	0	0	0	0	
Proportion of patients risk assessed for VTE	95%	95.3%	94.5%	93.1%	95.9%	95.2%	95.4%	95.5%	96.7%	96.1%	95.6%	95.0%	95.6%	95.7%	95.9%	95.9%	95.8%	
Percentage of Harm Free Care	TBC	93.6%	93.7%	93.6%	93.8%	93.5%	93.1%	94.7%	93.9%	94.0%	93.8%	94.8%	93.6%	94.6%	94.7%	94.2%	94.5%	
Admissions to adult facilities of patients who are under 16 years	TBC	2014/15 New Indicator - awaiting further NTDA guidance																

Well-Led		Target	2013/14	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	YTD
Inpatient response rate from Friends and Family Test	25.0%	24.3%	21.4%	25.3%	24.8%	22.0%	25.8%	21.7%	25.4%	23.3%	24.5%	28.2%	28.8%	36.8%	38.1%	32.6%	35.8%	
A&E response rate from Friends and Family Test	15.0%	14.9%	14.2%	16.6%	14.6%	16.1%	11.1%	16.3%	18.4%	16.4%	15.6%	18.4%	16.1%	15.2%	17.8%	14.9%	16.0%	
NHS Staff Survey: Percentage of staff who would recommend the trust as a place to work	TBC	2014/15 New Indicator - awaiting further NTDA guidance																
NHS Staff Survey: Percentage of staff who would recommend the trust as place to receive treatment	TBC	2014/15 New Indicator - awaiting further NTDA guidance																
Data Quality of trust returns to HSCIC	TBC	2014/15 New Indicator - awaiting further NTDA guidance																
Trust Turnover	10.0%	10.0%	8.9%	9.2%	9.5%	9.3%	9.7%	9.6%	9.7%	10.2%	10.6%	10.4%	10.0%	9.9%	10.0%	10.2%	10.2%	
Trust level total sickness (Reported One Month in Arrears)	3.0%	3.4%	3.1%	3.0%	3.2%	3.1%	3.1%	3.3%	3.5%	3.8%	3.8%	3.7%	3.5%	3.5%	3.6%		3.5%	
Total trust vacancy rate	TBC	2014/15 New Indicator - awaiting further NTDA guidance																
Temporary costs and overtime as % total payroll	TBC	2014-15 New Indicator													9.1%	9.2%	8.0%	
Percentage of staff with annual appraisal	95%	91.3%	90.2%	90.7%	92.4%	92.7%	91.9%	91.0%	91.8%	92.4%	91.9%	92.3%	91.3%	91.8%	91.0%	90.6%	90.6%	

UHL Quality Indicators			2013/14	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	YTD
Incidence of MSSA	TBC	30	2	5	1	4	3	1	1	1	3	2	2	2	0	3	5	
C-sections rates	<25%	25.2%	26.1%	26.1%	25.0%	25.2%	24.6%	25.6%	27.5%	25.2%	23.9%	25.5%	24.3%	27.3%	25.0%	25.1%	25.8%	
WHO surgical checklist compliance	100%	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Avoidable Pressure Ulcers Grade 3	<8 per month	72	4	8	7	8	5	4	4	5	7	3	6	5	5	5	15	
Avoidable Pressure Ulcers Grade 4	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	
Statutory and Mandatory Training	80%	76%	46%	46%	48%	49%	55%	58%	60%	65%	69%	72%	76%	78%	79%	79%	79%	
% Corporate Induction attendance rate	95%	90%	82%	95%	90%	94%	94%	91%	87%	89%	93%	89%	95%	96%	94%	92%	94%	

## 2.2 UHL 2013/14 NTDA Escalation Level

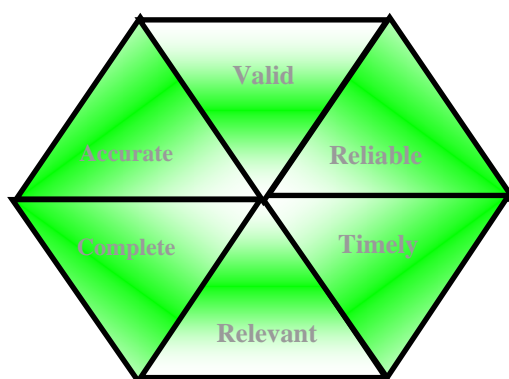
The 2013/14 Accountability Framework set out five different categories by which Trust's are defined, depending on key quality, delivery and finance standards.

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

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

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

## 3.0 DATA QUALITY DIAMOND



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

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

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

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

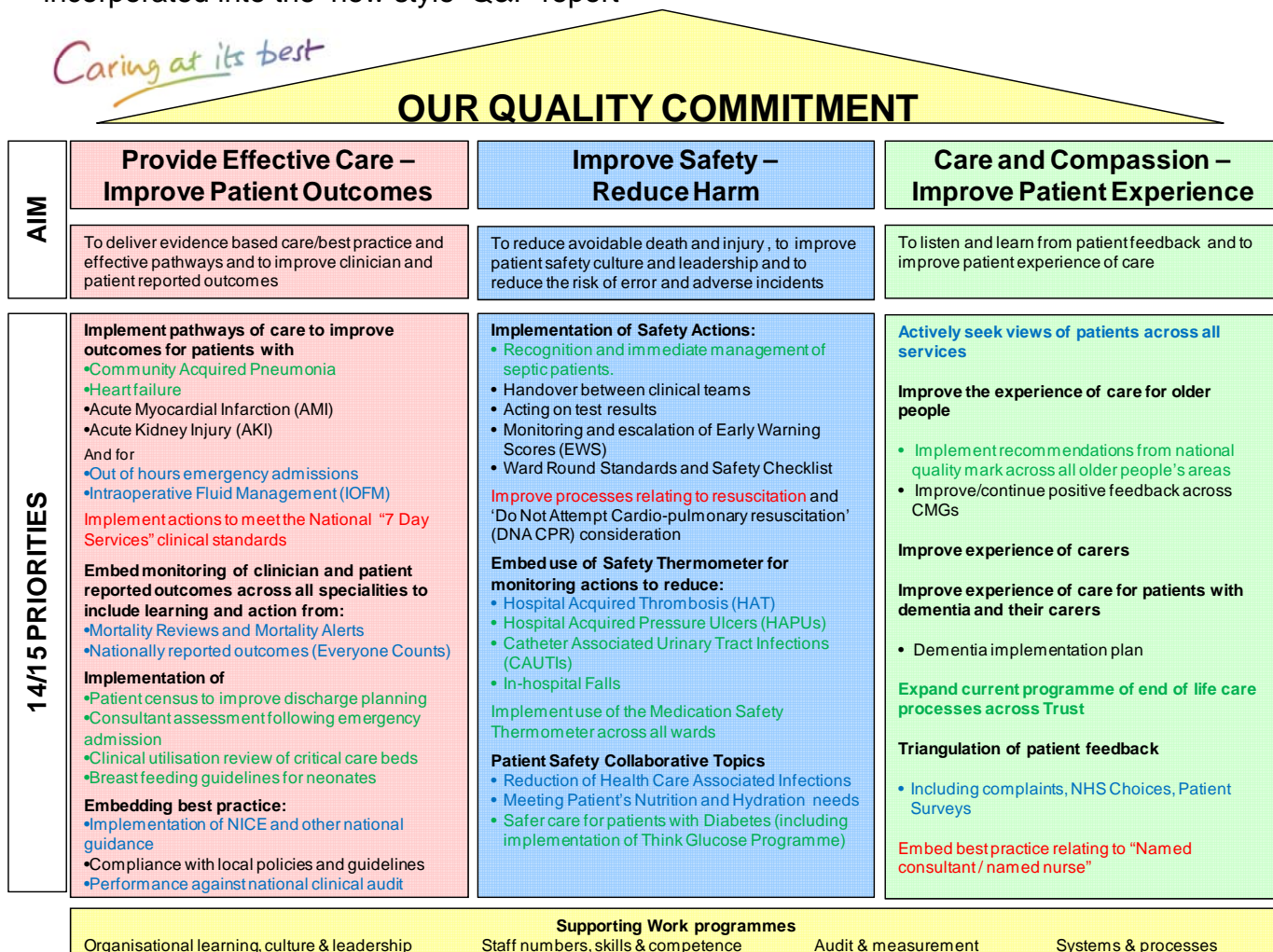


## 4.0 QUALITY AND PATIENT SAFETY – KEVIN HARRIS/RACHEL OVERFIELD

### 4.1 Quality Commitment

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

The first of the quarterly reports will be reported to the Executive Quality Board at its meeting on the 6th August. Consideration is being given to how the Quality Commitment will be incorporated into the 'new style' Q&P report



### 4.2 Mortality Rates

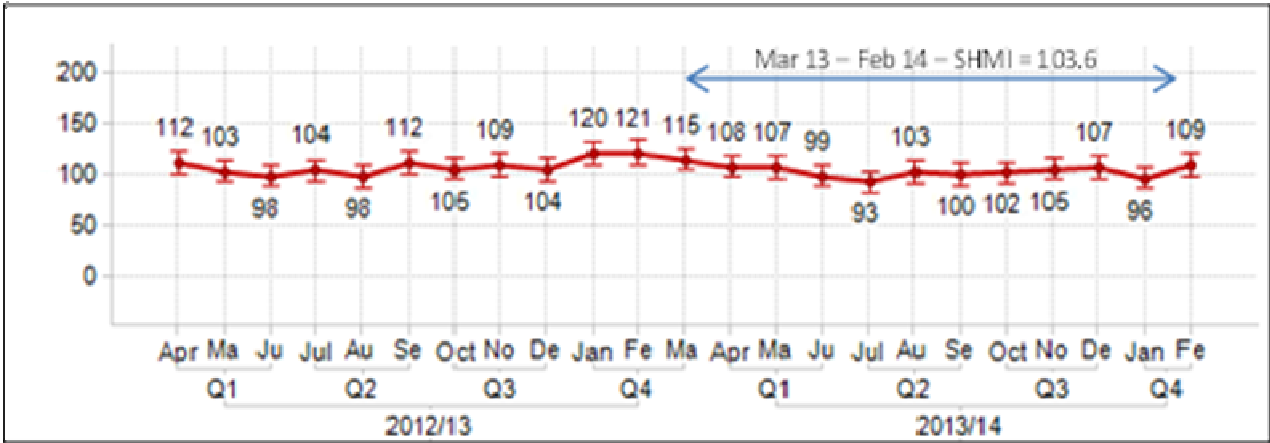
2013/14

Mth

YTD

#### SUMMARY HOSPITAL MORTALITY INDEX (SHMI)

The SHMI is published as a rolling 12 month figure by the Health and Social Care Information Centre (HSCIC). The next SHMI will be published on 30<sup>th</sup> July and will cover the 12 month period of January to December 2013. The current SHMI for UHL is 106 and it is anticipated that the Trust's SHMI for 2013 will remain at 106 and will be in Band 2 (i.e. within expected). UHL is now able to use the Hospital Evaluation Dataset tool (HED) to internally monitor our SHMI on a monthly basis using more recent data.



For the most recent 12 months available in the tool (Mar 13 to Feb 14) UHL’s SHMI is reported as 103.6. The ‘official’ SHMI for the full financial year 2013/14 will be published in October 14.

**HOSPITAL STANDARDISED MORTALITY RATIO (HSMR)**

UHL’s HSMR (as reported by HED) for the financial year Apr 13 to Mar 14 is 99.1 which is below the national average.



**CRUDE MORTALITY**

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

As can be seen from the table below, whilst there is ‘month on month’ variation, the overall rate for 13/14 is slightly lower than in 12/13 both in terms of ‘rate’ and ‘numbers of in-hospital deaths’. This reduction appears to be continuing into 14/15. The crude mortality rate was higher in February and, as seen in previous years, is related to the reduced elective activity (due to the shorter month).

Month	12/13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	13/14	Apr-14	May-14	14/15 YTD
Admissions	221,146	17,872	18,693	17,736	19,136	17,893	18,199	19,676	18,688	17,902	19,615	18,015	19,465	222,890	18,556	19,232	37,788
Deaths	3,177	277	254	229	229	233	218	253	251	267	245	262	242	2,960	207	256	463
Rate	1.4%	1.5%	1.4%	1.3%	1.2%	1.3%	1.2%	1.3%	1.3%	1.5%	1.2%	1.5%	1.2%	1.3%	1.1%	1.3%	1.2%

**ACTIONS BEING TAKEN**

Improving UHL’s mortality rates, both in terms of the SHMI and HSMR, was one of the aims of the Trust’s Quality Commitment for 13/14.

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

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

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

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

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

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

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

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

Clearer documentation of patients' diagnosis and co-morbidities in their clinical records will also have lead to more accurate clinical coding, which will be reflected in the SHMI and HSMR risk adjusted mortality data.

#### 4.3 Maternal Deaths

There were no maternal deaths reported in June. The World Health Organisation (WHO 2014), defines maternal death as the death of a woman while pregnant or within 42 days of termination of pregnancy (giving birth) , irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

#### 4.4 Patient Safety

2013/14

Mth

YTD

In June a total of 12 new Serious Untoward Incidents (SUIs) were escalated within the Trust. Four of these were patient safety incidents, seven related to Hospital Acquired Pressure Ulcers and one Healthcare Acquired Infections were reported for this month. No Never Events were reported in June. One SUI relates to Cancer, Haematology, Urology, Gastro and Surgery (CHUGGS) CMG, one to Emergency and Specialist Medicine (ESM) and one to Musculoskeletal and Specialist Surgery. Some immediate actions have been implemented to avoid a recurrence and a full Root Cause Analysis investigation is underway in line with Trust policy.

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

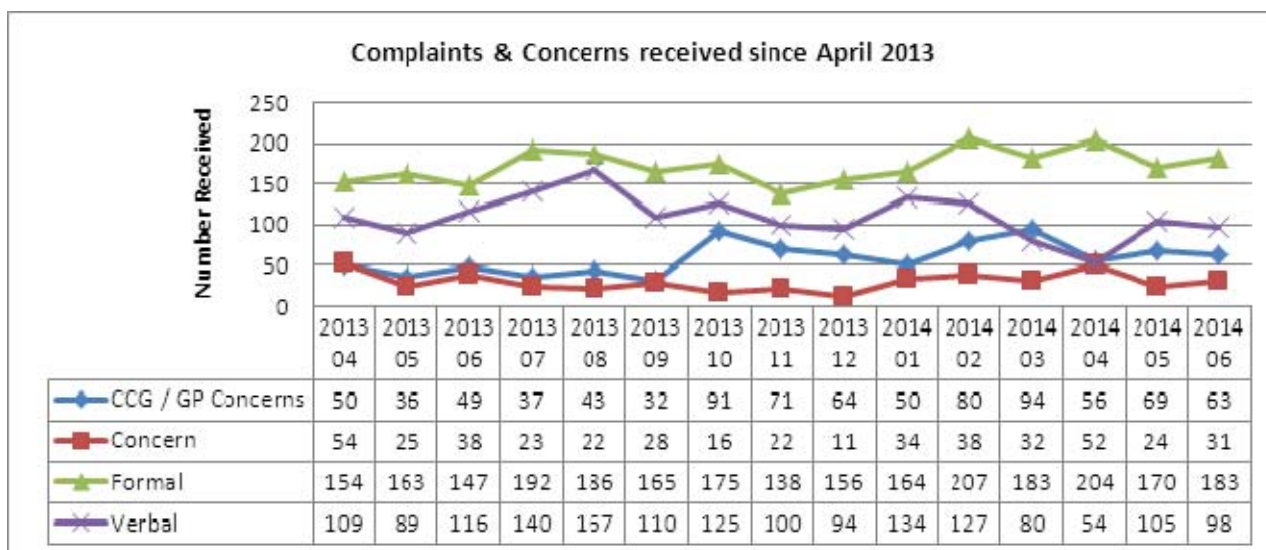
Last month there were no calls made to the 3636 Staff Concerns Reporting Line and no whistleblowing concerns received from the CQC.

For June, UHL had two CAS alerts which had not been completed within specified deadlines. The context for this is that both of these alerts are NHS England National Patient Safety Alerting System (NPSAS) alerts that are subject to national scrutiny and are included on monthly reports provided by NHS England to NHS Choices. During June UHL was flagged red in this report due to a small number of NPSAS alerts breaching their deadlines. Additionally the changes to the CAS process and the new CMG management arrangements for CAS (i.e. CAS process now managed at local level by Heads of Nursing) has identified a number of issues causing delays in alert closure. The UHL CAS team continue to respond to queries from CMGs and continue to provide support to CMGs during these early phases of the implementation however CMGs must ensure that the completion of alerts within specified timescales becomes a priority, firstly to ensure patient safety and secondly to ensure that the Trust does not continue to be flagged as an organisation that regularly has alerts open past their deadline for completion dates.

June continued to see high complaints activity with a total of 198 formal written complaints received. The top 5 themes have altered slightly to:-

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

CMGs continue to review their complaints monthly and take actions for improvement but these complaints show the tremendous strain on the emergency system and the increased activity leading to further increases in waiting times and operation and procedure cancellations. The rate of complaints per 1000 bed days for June is 2.0. Below is the trend graph which shows complaints activity over the past 15 months.



## 4.5 Critical Safety Actions

2013/14

Mth

YTD

The aim of the 'Critical safety actions' in the Quality Commitment is to see a reduction in avoidable mortality and morbidity. The key indicator being focused upon by commissioners is a reduction in Serious Untoward Incidents related to Sepsis only for 2014/15.

### 1. Improving Clinical Handover.

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

#### Actions:-

- ❖ Nerve centre handover for nurses has been rolled out to all adults nurses with the exception of ED.
- ❖ Childrens is set for Go Live on 8<sup>th</sup> July 2014.
- ❖ Plan for roll out to medical staff to be confirmed, work for mobile devices and handover task lists progressing.
- ❖

### 2. Relentless attention to Early Warning Score triggers and actions

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

#### Actions:-

- ❖ Work is now underway to confirm the parameters and triggers for the electronic observation system incorporating NEWS for UHL by the outreach and EWS lead ready for roll out initially in the 5 Pioneer wards at LRI site during the summer.

### 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:-

- ❖ The only outstanding specialities not to have submitted an agreed process for Managing Diagnostic Tests is Gynaecology and Metabolic Medicine. CMG deputy directors have been contacted to chase these required processes.
- ❖ Management of Diagnostic Testing Procedures policy being reviewed.
- ❖ Work initiated with LIA to engage staff on a ICM replacement programme project.

### 4. Senior Clinical Review, Ward Rounds and Notation

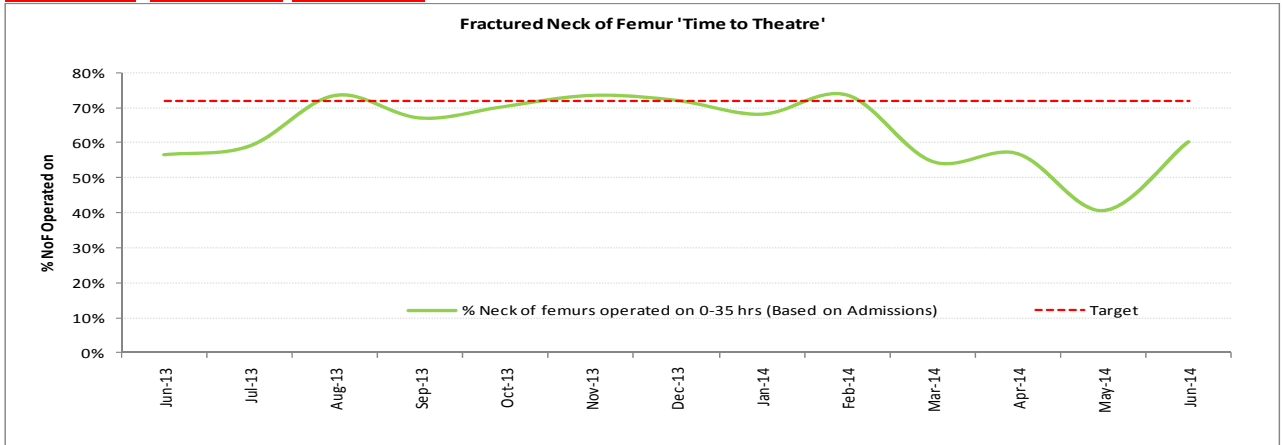
**Aim** - To meet national standards for clinical documentation. To provide strong medical leadership and safe and timely senior clinical reviews and ensure strong clinical governance.

#### Actions:-

- ❖ Audit tool discussed and confirmed with children's and obstetrics audit leads. Prospective audit of the use of ward round documentation to be undertaken in July for all children's and all obstetrics wards within UHL.
- ❖ Work has commenced with the development of an education and training programme using simulated training with video feedback.

#### 4.6 Fractured Neck of Femur 'Time to Theatre'

2013/14 Mth YTD



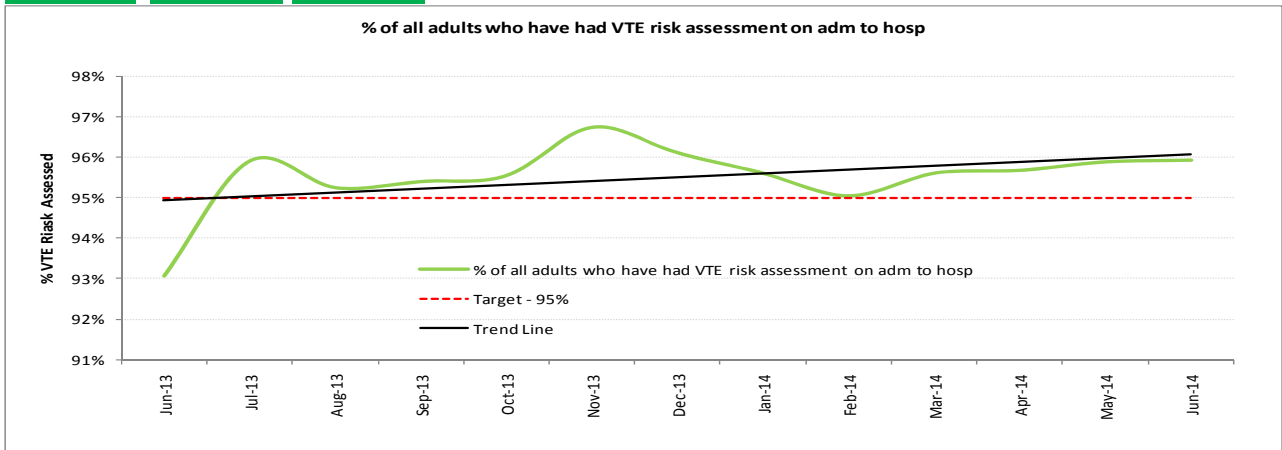
The percentage of patients admitted with fractured neck of femur during June who were operated on within 36hrs was 60.3% (35 out of 58 #NOF patients) against a target of 72%.

Neck of Femur activity has remained high for both June and July with only week commencing 30/6 seeing a significant reduction. In spite of the sustained high activity, performance in June shows a vast improvement on May's performance. With the exception of time to theatre <36 hours the team met all of the remaining criteria for BPT in full.

The NOF action plan has been updated with a particular focus on time to theatre. Initial work from this has produced a significant improvement in the percentage of patients getting to theatre under 36 hours with two out of three weeks in July meeting the target.

#### 4.7 Venous Thrombo-embolism (VTE) Risk Assessment

2013/14 Mth YTD



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

#### 4.8 Quality Schedule and CQUIN Schemes

May's performance against the QS and CQUIN indicators reported monthly was reviewed and RAG rated by Commissioners at the Clinical Quality Review Group meeting on 17<sup>th</sup> July – See summary in the table below.

	Ref	Indicator	YTD (Apr/May)	Commentary
QUALITY SCHEDULE INDICATORS	PS01	Infection Prevention and Control Reduction. - C Diff	10	6 Cases in May. The nationally set Clostridium Difficile infections threshold for 14/15 is 81. However, UHL is aiming to achieve a reduction on last year's total of 66.
	PS02	HCAI Monitoring – MRSA Bacteraemias	0	
	PS03	Patient Safety - Never Events	0	There were no Never Events in Q1.
	PS04	Duty of Candour breaches	0	All patients have been notified of any moderate or serious incidents, where applicable.
	PS06	Risk Assurance - New Risks	R	There were 8 Risks where the timescales for review or action completion had elapsed at the time of reporting to Commissioners. These have now all been addressed.
	PS08a	Reduction in Pressure Ulcer incidence. - Grade 2 HAPUs	12	6 HAPUs for May and both April and May were below the monthly threshold of 9.
	PS08b	Reduction in Pressure Ulcer incidence. - Grade 3 HAPUs	9	5 HAPUs for May and both April and May were below the monthly threshold of 7.
	PS08c	Reduction in Pressure Ulcer incidence. - Grade 4 HAPUs	0	There have been no Grade 4 avoidable hospital acquired pressure ulcers
	PS09	Medicines Management Optimisation - Publication of Formulary	Published	This is a new indicator, in response to national contractual guidance. A Red RAG has been given for the Trusts' performance in respect of Controlled Drugs Compliance as performance has deteriorated since the previous audit.
	PS11	Venous Thrombo-embolism Risk Assessment	95.78%	95.88% for May. Performance continues to be just above the national set threshold of 95%
	PE1	Same Sex Accommodation - No of Breaches	2	There were breaches in both April and May but none in June. Both breaches related to High Dependence Units and actions have been taken to prevent further occurrences.
	CE08a	Stroke - 90% stay on stroke ward	86.2	Provisional data for May shows performance to have dropped. It is anticipated that validated data will show that the 80% threshold has been met for both April and May.
	CE08b	TIA Clinic - High risk patients scanned and seen within 24 hrs	80%	58.8% for May which is below the monthly threshold. April's high performance was considered to be related to low number of referrals, whilst May saw a higher number of referrals. Actions being taken by the Team to increase capacity within the clinic.
	AS02	Ward Health-check and Nurse Staffing	Report Submitted	Recruitment of additional nurses continues but not all wards at correct establishment.
	AS03	Staffing governance	A	UHL's thresholds for Corporate Induction, Staff Turnover & Mandatory training achieved in April but not for Sickness or Appraisal.
CQUINS	Nat 1.2a	F&FT Participation Score – ED	16.5%	17.8% for May an improvement on April's performance.
	Nat 1.2b	F&FT Participation Rate - Inpatients	37.5%	38.1% for May which is an increase on April's performance

#### 4.9 Theatres – 100% WHO compliance

2013/14

Mth

YTD

The theatres checklist has been fully compliant since January 2012.

#### 4.10 C-sections rate

2013/14

Mth

YTD

The C-section rate for June is 25.1% against a target of 25%. The year to date performance is 25.8%.

#### 4.11 Safety Thermometer

Areas to note for the June 2014 Safety Thermometer:-

- UHL reported 94% Harm Free Care for June 2014
- The total of newly acquired harms increased (but noting that harm cannot always be attributed to an organisation). The increase appears to be a result of new VTEs and pressure ulcers but not all attributable to UH

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

		Apr-14	May-14	Jun-14
	<b>Number of patients on ward</b>	1573	1611	1545
All Harms	Total No of Harms - Old (Community) and Newly Acquired (UHL)	88	87	93
	No of patients with no Harms	1488	1525	1455
	% Harm Free	94.60%	94.66%	94.17%
New Harms	Total No of Newly Acquired (UHL) Harms	39	28	42
	No of Patients with no Newly Acquired Harms	1536	1583	1503
	% of UHL Patients with No Newly Acquired Harms	97.65%	98.26%	97.28%
Harm One	No of Patients with an OLD or NEWLY Acquired Grade 2, 3 or 4 PU	58	65	60
	No of Newly Acquired Grade 2, 3 or 4 PUs	20	12	15
Harm Two	No of Patients with falls in a care setting in previous 72 hrs resulting in harm	5	5	4
	No of patients with falls in UHL in previous 72 hrs resulting in harm	3	2	3
Harm Three	No of Patients with Urinary Catheter and Urine Infection (prior to or post admission)	12	9	12
	Number of New Catheter Associated UTIs	1	3	6
Harm Four	Newly Acquired community or hospital acquired VTE (DVT, PE or Other)	13	8	16
	Hospital Acquired Thrombosis (HAT)	6	1	6

## DETAILED ANALYSIS OF FOUR HARMs

### a) Falls Prevalence

UHL Reported four falls on the ST in June. This is a reduction of one from the previous month. Three of the falls occurred within UHL and the patients all sustained a level 2 harm. The injuries were lacerations to the elbow, head and hand. The fourth fall occurred in the patient's own home. The patient had a care package and sustained a level 2 harm.

### b) Pressure Ulcer Prevalence

New Pressure Ulcer prevalence increased slightly in June. The Trust achieved the threshold for pressure ulcer incidence for this month.

### c) VTE Prevalence

The ST VTE data for June 2014 confirmed that 6 cases are confirmed as NEW VTE/ Potential hospital acquired. RCAs will be carried out on two of these 2 of these cases only as the rest do not meet the criteria (upper limb/subclavian VTE associated with a line insertion, incidental finding following a scan)

### d) CAUTI Prevalence

The prevalence of patients with urinary catheter and urine infection (prior to or post admission) and new catheter associated UTIs has increased slightly. The prevalence of new catheter associated UTIs has increased slightly. A Continence Trigger Tool Questionnaire is being implemented across the Trust and actions to reduce catheterisation and developing

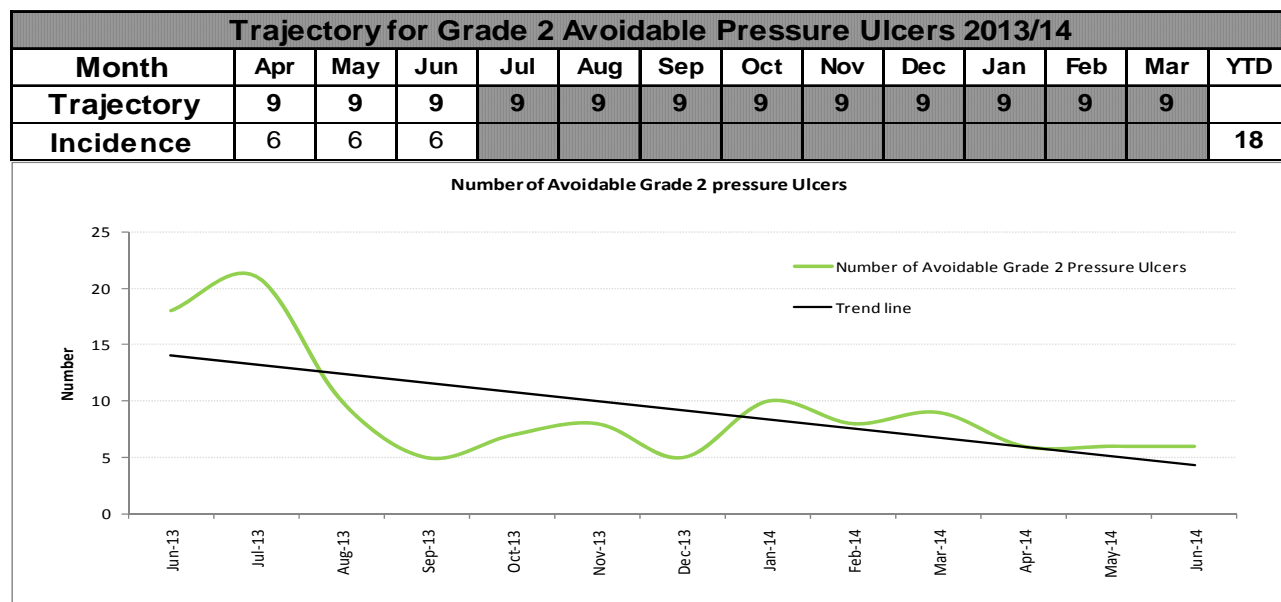


nurse led 'Trial With Out Catheters' (TWOC) are being implemented on the Frailty Unit at the LRI (high usage of urinary catheters).

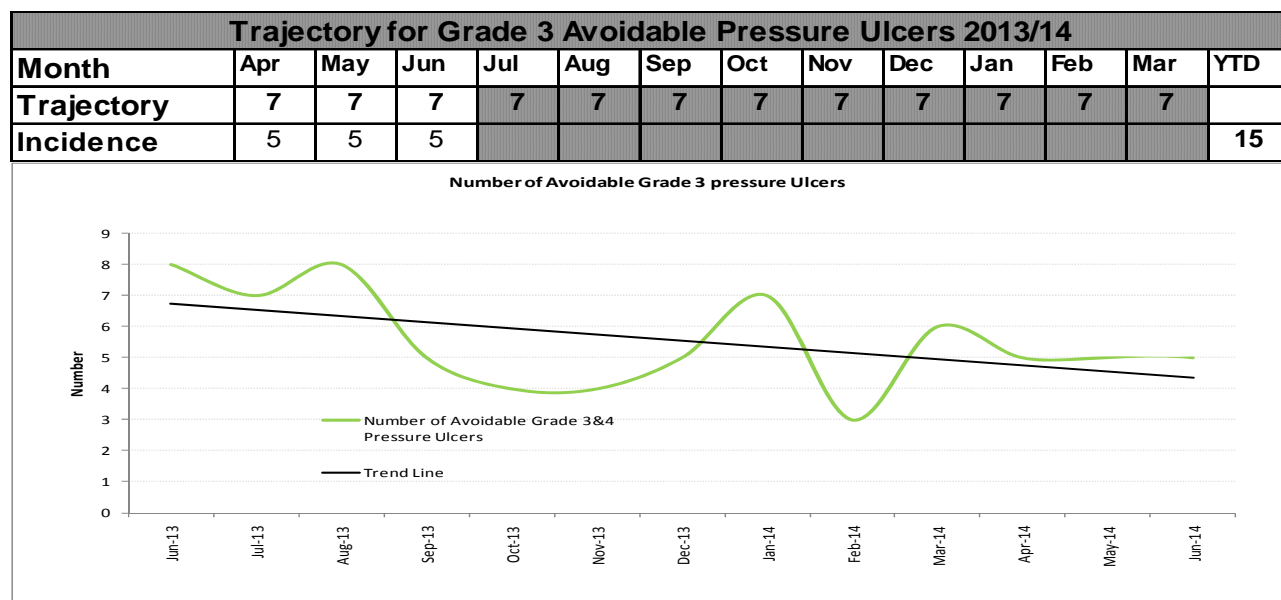
### PRESSURE ULCER INCIDENCE

For June and for Q1, the trajectories for hospital acquired grade 2, 3 and 4 pressure ulcers have been achieved.

*Table one - Avoidable Grade 2 Pressure Ulcers June 2014*



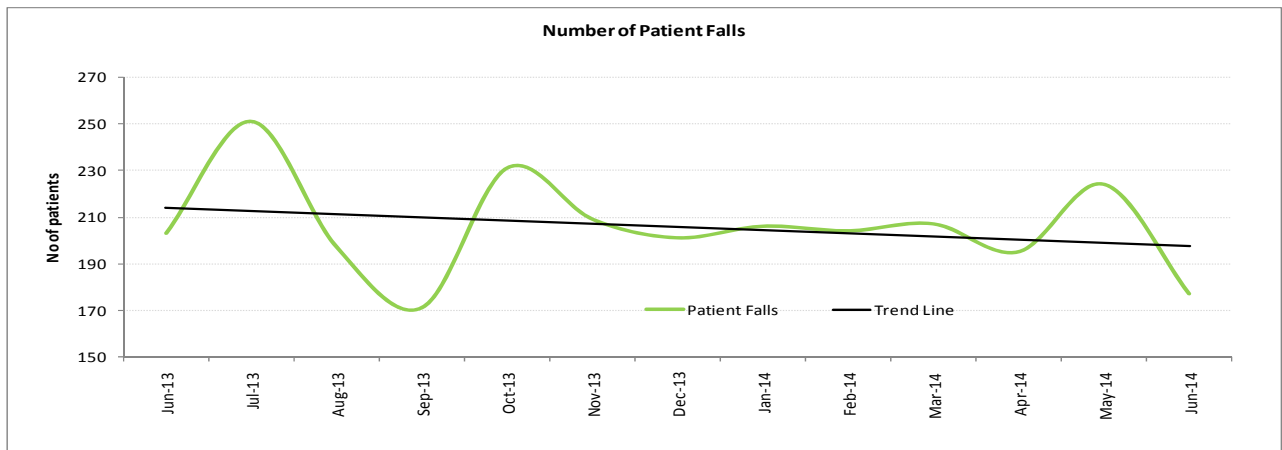
*Table two - Avoidable Grade 3 Pressure Ulcers June 2014*



*Table three - Avoidable Grade 4 Pressure Ulcers June 2014*

Trajectory for Grade 4 Avoidable Pressure Ulcers 2013/14													
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Trajectory	0	0	0	0	0	0	0	0	0	0	0	0	0
Incidence	0	0	0										0

Patient Falls (Incidence via Datix)



Falls incidence for June 2014 was 177. This may be subject to change due to outstanding Datix incidents being closed by ward managers. A review into the increase in falls incidence for May 2014 has not identified any areas of concern. Falls validation has confirmed that the majority of falls were 'unavoidable' and so all risk assessments and falls prevention strategies were in place.

## 5.0 PATIENT EXPERIENCE – RACHEL OVERFIELD

### 5.1 Infection Prevention

a) MRSA

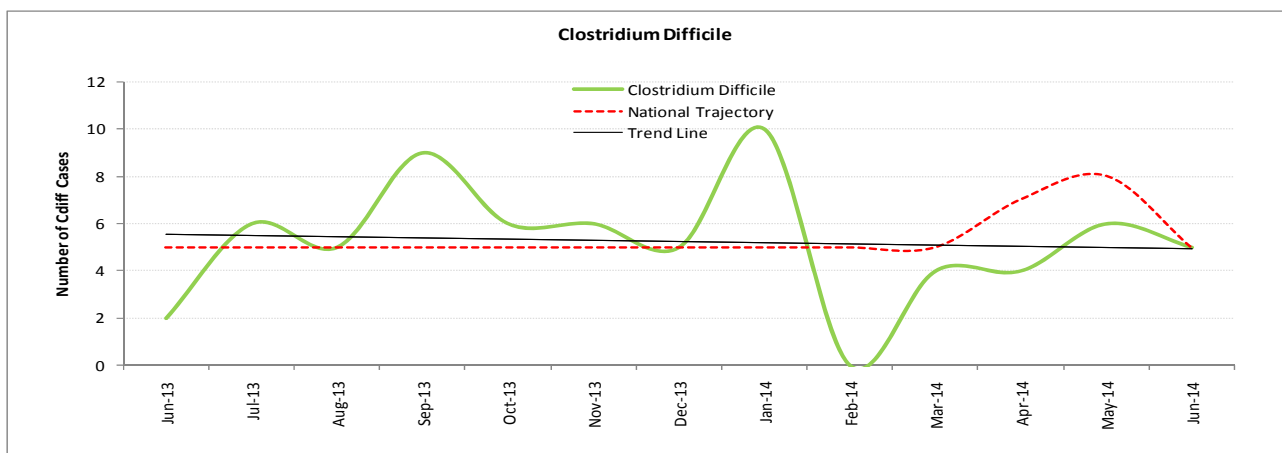
2013/14 Mth YTD

There were no avoidable MRSA cases reported in the first quarter of 2014/15.

b) Clostridium Difficile

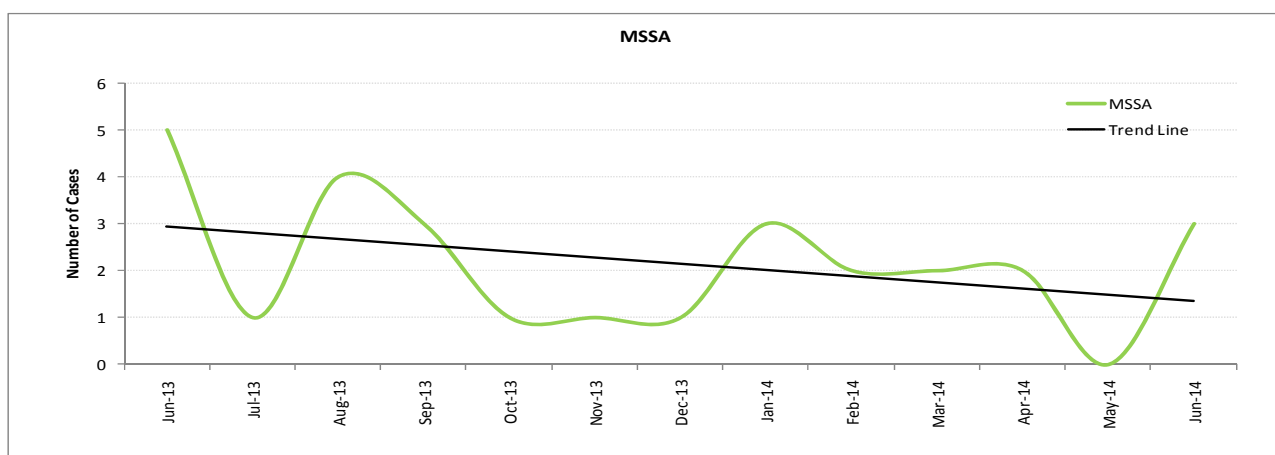
2013/14 Mth YTD

There were 5 cases reported in June with a year to date position of 15 against a national trajectory of 20.



The Trust has set an internal target of no more than 50 cases for the year. For Quarter 1 the Trust is 3 cases behind the internal target i.e. 15 cases reported against an internal target of 12.

c) The number of MSSA cases reported during June was 3.



## 5.2 Patient Experience

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

In June 2014, 6,809 Patient Experience Surveys were returned this is broken down to:

- 3,379 paper inpatient/day case surveys
- 2,884 electronic surveys
- 531 ED paper surveys
- 15 maternity paper surveys

### Share Your Experience – Electronic Feedback Platform

In June 2014, a total of 2,884 electronic surveys were completed via email, touch screen, SMS Text, our Leicester’s Hospitals web site or handheld devices. A total of 108 emails were sent to patients inviting them to complete a survey. The table below shows how this breaks down across the trust.

SHARE YOUR EXPERIENCE SURVEY	Email	Touch Screen	Sms	Tablet	Web	Total Completions	Emails sent
A&E Department	1	68	0	0	5	74	1
Carers Survey	0	0	0	0	2	2	0
Childrens Urgent and ED Care	0	0	0	0	0	0	0
FFT Eye Casualty	0	14	0	255	0	269	0
Glenfield CDU	0	0	0	0	15	15	0
Glenfield Radiology	2	0	0	0	0	2	5
Hope Clinical Trials Unit	0	0	0	4	0	4	0
IP, Daycase and Childrens IP Wards	0	0	77	0	9	86	0
Maternity Survey	0	0	0	460	1	461	0
Neonatal Unit Survey	0	0	0	0	18	18	0
Outpatient Survey	14	1	70	1856	9	1950	102
Windsor Eye Clinic	0	3	0	0	0	3	0
<b>Total</b>	<b>17</b>	<b>86</b>	<b>147</b>	<b>2575</b>	<b>59</b>	<b>2884</b>	<b>108</b>

### Treated with Respect and Dignity

2013/14

Mth

YTD

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

## Friends and Family Test

### Inpatient

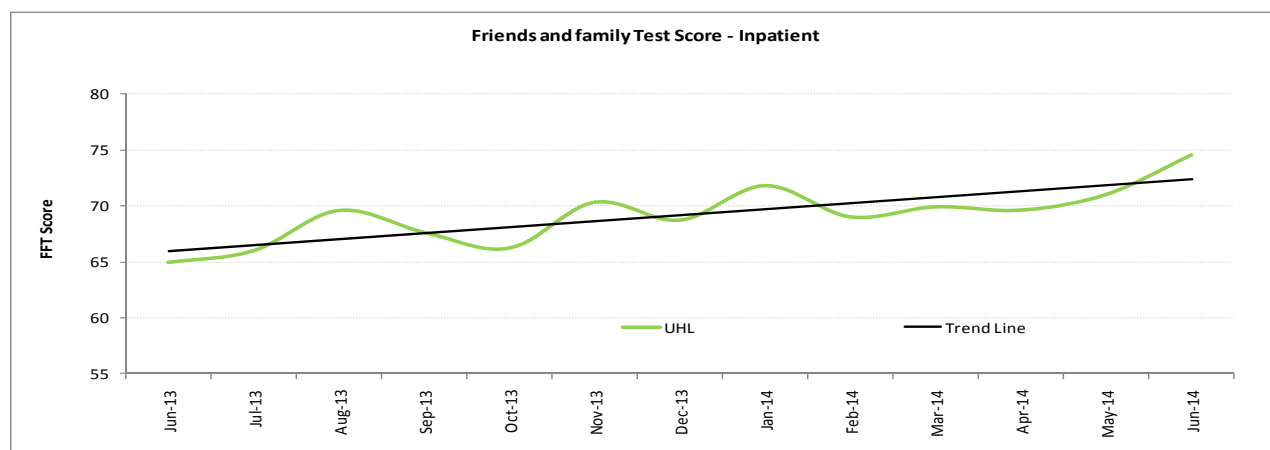
The inpatient surveys include the Friends and Family Test question; **How likely are you to recommend this ward to friends and family if they needed similar care or treatment?** Of all the surveys received in May, 2,585 surveys included a response to this question and were considered inpatient activity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

Overall there were 6,880 patients in the relevant areas within the month of June 2014. The Trust easily met the 25% target achieving coverage of 32.6%.

The Friends & Family Test responses broken down to:

Extremely likely:	1,720
Likely:	447
Neither likely nor unlikely:	46
Unlikely	8
Extremely unlikely	6
Don't know:	13

**Overall Friends & Family Test Score 74.5**



### Responses and Coverage:

Responses received in June fell to 2240, down on the record level of responses received in May 2014. Footfall coverage also fell to 32.6% in June (previous May coverage 38.1%).

### UHL Overall performance

Performance on the FFT score was 74.5 in June. The highest FFT Score achieved to date, and an improvement on the score of 71.0 achieved in May.

The proportion of ‘promoters’ was 77% this month. A three percentage point increase compared to May, as respondents switched from being ‘passive’ to ‘promoters’ this month. See data tables below.

	Apr-14	May-14	Jun-14
<b>UHL Trust Level Totals</b>	<b>69.6</b>	<b>71.0</b>	<b>74.5</b>
<i>Total no. of responses</i>	2391	2585	2240
<i>Number of promoters</i>	1742	1742	1720
<i>Number of passives</i>	546	588	447
<i>Number of detractors</i>	88	79	60
<i>Number of don't know</i>	15	12	13

<b>UHL</b>	May-14		Jun-14	
<i>Promoters as % of response</i>	74%	↑	77%	↑
<i>Passives as % of response</i>	23%	↔	20%	↓
<i>Detractors as % of response</i>	3%	↓	3%	↔
<i>Excluded as % of response</i>	0%	↓	1%	↑

### CMG Performance Changes

All CMGs performed well this month showing good improvement on their FFT Score compared to the previous month, with the exception of CHUGS and Emergency and Specialist Medicine, who showed only small declines in their scores.

The FFT score for Renal, Respiratory and Cardiac rose to 82, the highest score achieved to date and well above the overall performance achieved across UHL.

Emergency and Specialist Medicine maintained the increase in their FFT score achieved in May. Their FFT score was 63 in April, rising to 72 in May, and remaining at this level in June.

CHUGS showed a small decline in their FFT score this month as they received a higher number of 'detractor' responses.

Musculoskeletal and Specialist Surgery's performance rose this month to 78, due to a large increase in the proportion of promoters and a reduction in the proportion of detractor responses. The score achieved in June is above the UHL level of performance and matches their highest FFT score achieved to date.

Women's and Children's showed a large improvement in their score of over 12 percentage points, resulting in their highest FFT score achieved to date. Both GAU at the LRI, and Ward 31 at the LGH, have both shown clear improvements in their FFT score this month resulting in the large rise in the FFT score for Women's and Children's.

### **FFT Scores by CMG**

	Apr-14	May-14	Jun-14	Point Change in FFT Score (Mar - Apr 14)
<b>UHL Trust Level Totals</b>	<b>69.6</b>	<b>71.0</b>	<b>74.5</b>	<b>3.5</b>
Renal, Respiratory and Cardiac	79	76	82	6.3
Emergency and Specialist Medicine	63	72	72	-0.3
CHUGS	62	65	63	-1.9
Musculoskeletal and Specialist Surgery	74	71	78	7.4
Women's and Children's	70	70	83	12.7
Emergency Department	69	66	71	5.4

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

	Renal, Respiratory and Cardiac	Emergency and Specialist Medicine	CHUGS	Musculoskeletal and Specialist Surgery	Women's and Children's
Promoters as % of response	5	0	1	7	10
Passives as % of response	-4	0	0	-4	-8
Detractors as % of response	-1	0	1	-2	-2
Excluded as % of response	0	1	0	-1	0

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

### May 2014 Data Published Nationally

The National Table reports the scores and responses for 171 Trusts

If we filter out the Private and Single Speciality Trusts, and those that achieved less than 20% footfall, the UHL score of **71** ranks 86<sup>th</sup> out of **136** Trusts.

The overall National Inpatient Score (not including independent sector Trusts) was **73**.

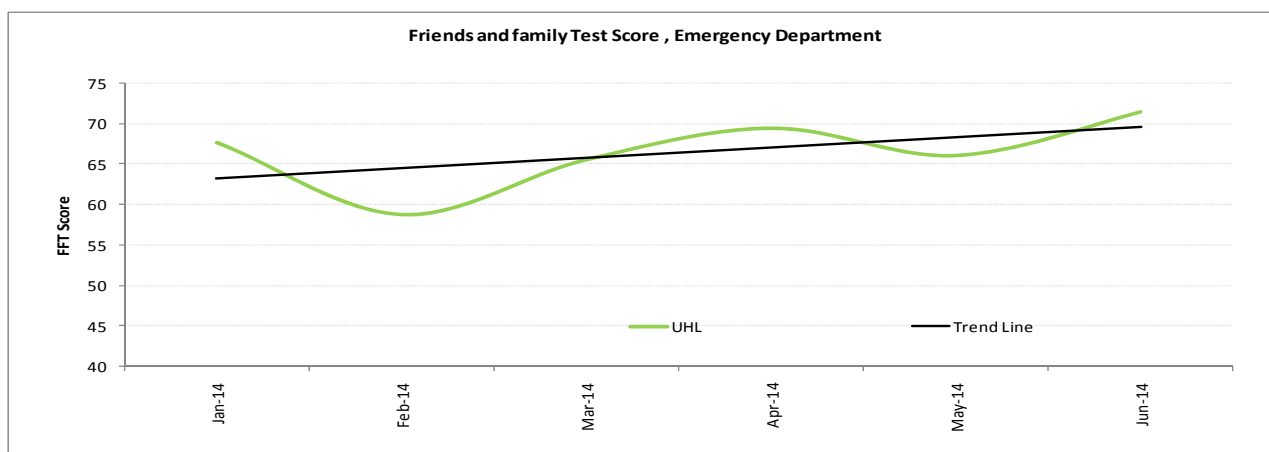
### Emergency Department & Eye Casualty

Electronic and paper surveys are used to offer the Friends and Family Test question; **How likely are you to recommend this A&E department to friends and family if they needed similar care or treatment?** in A&E Minors, Majors and Eye Casualty.

Overall there were 6,118 patients who were seen in A&E and then discharged home within the month of June 2014. The Trust surveyed 914 eligible patients meeting **14.9%** of the footfall. The Friends & Family test responses break down to:

Extremely likely:	688
Likely:	184
Neither likely nor unlikely:	25
Unlikely	5
Extremely unlikely	8
Don't know:	4

**Overall Friends & Family Test Score 71.4**



Breakdown by department	No. of	FFT Score	Total no. of patients
-------------------------	--------	-----------	-----------------------

	responses		eligible to respond
Emergency Dept Majors	137	65.2	1313
Emergency Dept Minors	355	63.3	2673
Emergency Dept – not stated	48	68.8	-
Emergency Decisions Unit	115	64.0	749
Eye Casualty	259	89.6	1383

## May 2014 Data Published Nationally

The National Table reports the scores and responses for 143 Trusts

If we filter out the Trusts that achieved less than 15% footfall, the UHL score of **66** ranks 26<sup>th</sup> out of the remaining 99 Trusts

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

(NB previously only trusts that met 20% were included in the A&E ranking – however the CQUIN 2014/15 national target for A&E has been reset to 15% Q1-3 and will increase to 20% only in Q4).

## Maternity Services

Electronic and paper surveys are used to offer the Friends and Family Test question to ladies at different stages of their Maternity journey. A slight variation on the standard question: **How likely are you to recommend our <service> to friends and family if they needed similar care or treatment?** is posed to patients in antenatal clinics following 36 week appointments, labour wards or birthing centres at discharge, postnatal wards at discharge and postnatal community follow-up at 10 days after birth.

Overall there were 3,373 patients in total who were eligible within the month of June 2014. The Trust surveyed 851 eligible patients meeting **25.2%** of the footfall. The Friends & Family test responses break down to:

Extremely likely:	618
Likely:	198
Neither likely nor unlikely:	14
Unlikely	11
Extremely unlikely	5
Don't know:	5

## Overall Maternity Friends & Family Test Score **69.5**

Breakdown by maternity journey stage	No. of responses	FFT Score	Total no. of patients eligible to respond
Antenatal following 36 week appointment	35	51.4	898
Labour Ward/Birthing centre following delivery	434	73.6	852
Postnatal Ward at discharge	381	66.4	672
Postnatal community – 10 days after birth	1	*	951

\* No score shown due to too few survey numbers

## May 2014 Data Published Nationally

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. April data was published at the beginning of June.

### Antenatal

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

With single speciality and Trusts that achieved less than a 20% footfall excluded, the UHL Friends and Family Test score of **69** ranks the Trust 25<sup>th</sup> out of the remaining 54 Trusts.

### Birth

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

With single speciality and Trusts that achieved less than a 20% footfall excluded, the UHL Friends and Family Test score of **63** ranks the Trust 78<sup>th</sup> out of the remaining 85 Trusts.

### Postnatal Ward

The average Friend and Family Test score for England (excluding independent sector providers) was **65**.

With single speciality and Trusts that achieved less than a 20% footfall excluded, the UHL Friends and Family Test score of **55** ranks the Trust 76<sup>th</sup> out of the remaining 92 Trusts.

### Postnatal Community Provision

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

If we filter out the Trusts that are single speciality or achieved less than 20% footfall, then we are left with 35 Trusts. However our UHL Score of **83** does not feature among these as the 20% footfall was not achieved.

## **5.3 Nursing workforce**

### **5.3.1 Vacancies**

The overall vacancies for June are at 422wte, 377 wte RN and 44 wte HCA. With 140 wte RNs waiting to start and 56 wte HCA's waiting to start.

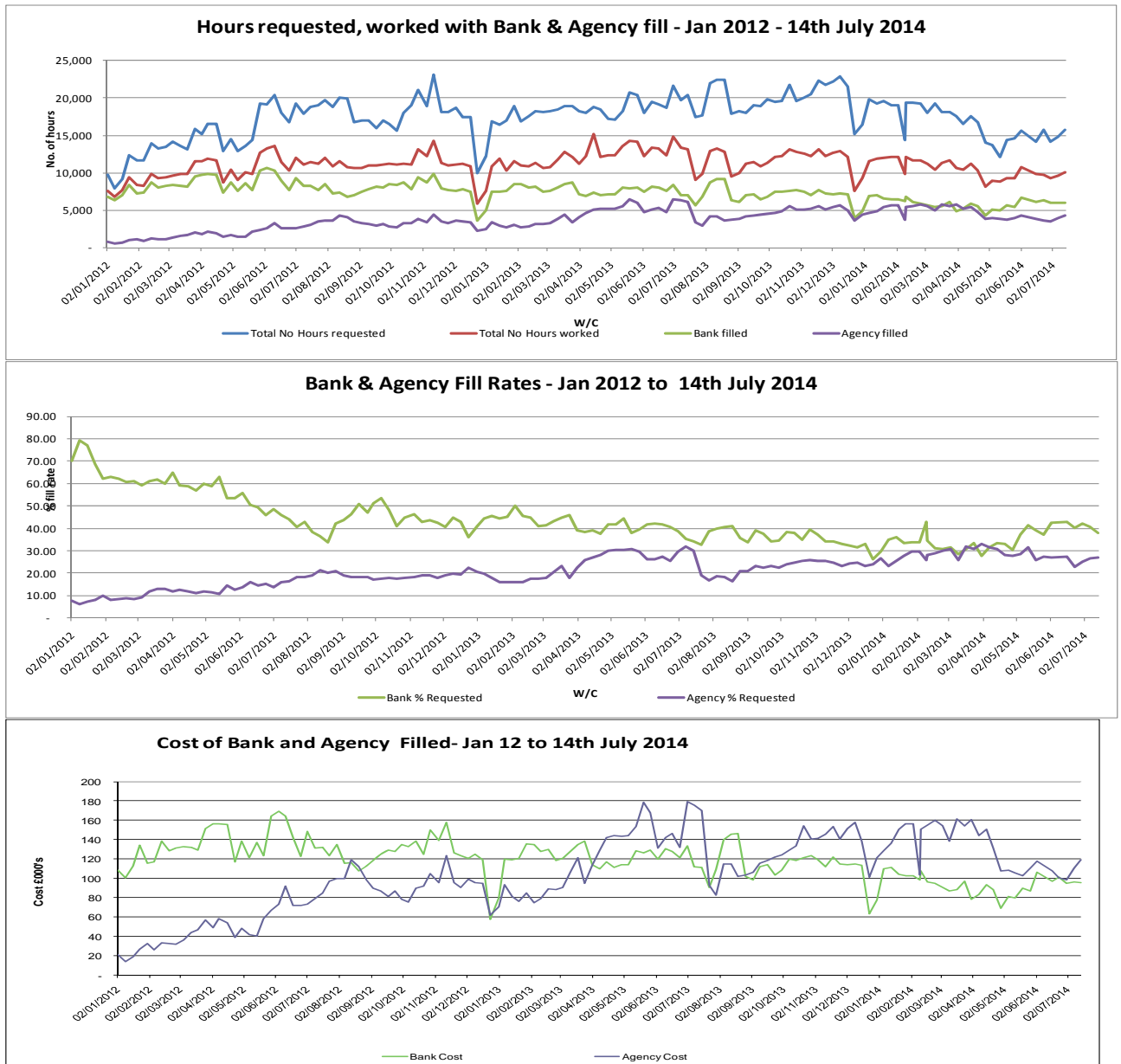
### **5.3.2 Real Time Staffing**

Monitoring across the Trust continues and supports our monthly Safer Staffing submissions on our public facing website and NHS Choices.

### **5.3.3 Bank and Agency**



Bank and agency information is shown in the following graphs.



### 5.4 Ward Performance

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

### 5.5 Same Sex Accommodation

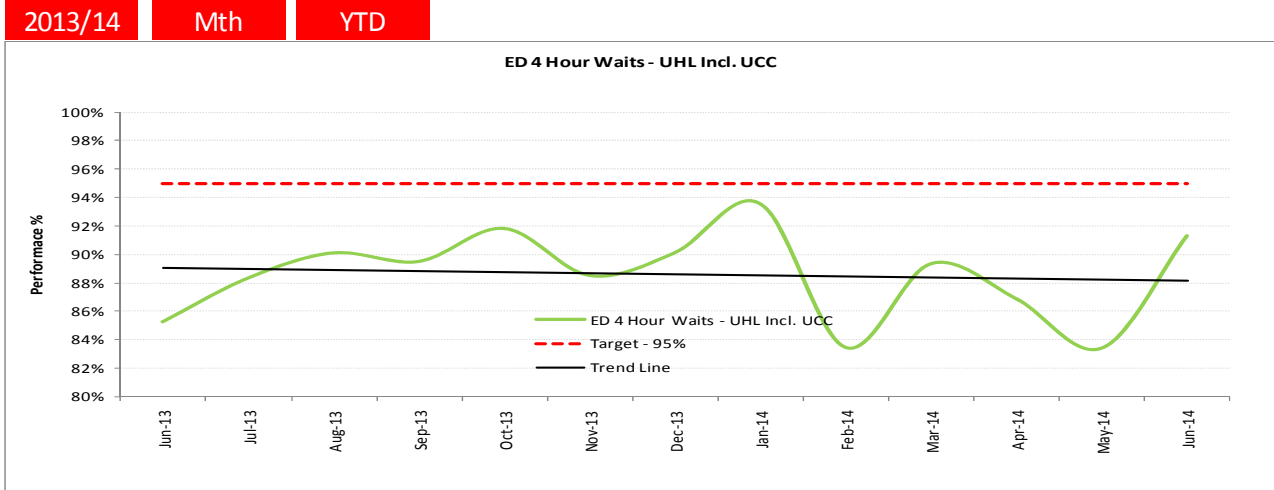
2013/14    Mth    YTD

There were 0 non-clinically justified same sex accommodation breaches during June.

## 6 OPERATIONAL PERFORMANCE – RICHARD MITCHELL

Responsive	Target	2013/14	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	YTD
A&E - Total Time in A&E (UHL+UCC)	95%	88.4%	85.3%	88.3%	90.1%	89.5%	91.8%	88.5%	90.1%	93.6%	83.5%	89.3%	86.9%	83.4%	91.3%	86.9%
12 hour trolley waits in A&E	0	5	1	0	0	1	0	1	0	0	0	0	0	1	0	1
RTT waiting times – admitted	90%	76.7%	85.6%	89.1%	85.7%	81.8%	83.5%	83.2%	82.0%	81.8%	79.1%	76.7%	78.9%	79.4%	79.0%	79.0%
RTT waiting times – non-admitted	95%	93.9%	96.0%	96.4%	95.5%	92.0%	92.8%	91.9%	92.8%	93.4%	93.5%	93.9%	94.3%	94.4%	95.0%	95.0%
RTT - incomplete 92% in 18 weeks	92%	92.1%	93.8%	93.1%	92.9%	93.8%	92.8%	92.4%	91.8%	92.0%	92.6%	92.1%	93.9%	93.6%	94.0%	94.0%
RTT - 52+ week waits	0	0	0	0	0	0	0	0	1	1	0	0	3	0	2	5
Diagnostic Test Waiting Times	<1%	1.9%	0.6%	0.6%	0.8%	0.7%	1.0%	0.8%	1.4%	5.3%	1.9%	1.9%	0.8%	0.9%	0.8%	0.8%
2 week wait - all cancers	93%	94.8%	94.8%	94.2%	94.6%	93.0%	94.9%	95.7%	94.9%	95.3%	95.9%	95.3%	88.5%	94.7%		91.5%
2 week wait - for symptomatic breast patients	93%	94.0%	93.2%	93.6%	92.0%	95.2%	93.0%	91.3%	95.5%	96.8%	93.4%	94.3%	80.0%	95.0%		87.5%
31-day for first treatment	96%	98.1%	99.0%	98.3%	99.7%	99.1%	98.9%	96.2%	97.4%	97.2%	98.5%	98.2%	97.5%	92.9%		95.2%
31-day for subsequent treatment - drugs	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%
31-day wait for subsequent treatment - surgery	94%	96.0%	97.5%	100.0%	98.4%	88.6%	96.4%	97.1%	92.3%	94.8%	96.4%	98.6%	94.9%	97.0%		96.0%
31-day wait subsequent treatment - radiotherapy	94%	98.2%	99.1%	100.0%	100.0%	97.7%	97.5%	98.5%	98.1%	94.8%	96.3%	99.1%	97.2%	95.6%		96.5%
62-day wait for treatment	85%	86.7%	85.9%	85.8%	88.2%	87.4%	86.4%	85.7%	89.4%	89.1%	89.1%	92.4%	92.8%	88.4%		90.6%
62-day wait for screening	90%	95.6%	95.0%	90.6%	97.2%	96.2%	100.0%	97.0%	96.6%	97.1%	95.1%	91.7%	90.6%	67.4%		80.2%
Urgent operation being cancelled for the second time	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled operations re-booked within 28 days	100%	95.1%	86.4%	99.1%	96.0%	98.6%	94.2%	97.7%	94.3%	94.1%	98.9%	94.2%	90.6%	96.1%	99.0%	95.0%
Cancelled operations on the day (%)	0.8%	1.6%	1.0%	1.2%	1.4%	2.3%	1.7%	1.8%	1.7%	1.6%	2.1%	1.5%	1.1%	0.8%	1.0%	1.0%
Cancelled operations on the day (vol)		1739	81	114	124	208	171	172	141	152	178	139	106	77	98	281
Delayed transfers of care	3.5%	3.6%	3.8%	4.0%	3.9%	4.2%	4.6%	4.4%	3.6%	4.6%	4.3%	3.8%	4.5%	4.4%	4.2%	4.4%
Stroke - 90% of Stay on a Stroke Unit	80%	83.1%	78.0%	87.1%	88.5%	89.1%	83.7%	78.0%	81.8%	89.3%	83.7%	83.5%	92.9%	79.5%		86.5%
Stroke - TIA Clinic within 24 Hours (Suspected TIA)	60%	64.2%	72.0%	60.5%	73.6%	64.6%	62.4%	76.8%	65.7%	60.5%	40.7%	77.9%	79.7%	58.8%	71.3%	69.2%
Choose and Book Slot Unavailability	4%	13%	13%	15%	14%	11%	16%	17%	14%	10%	16%	19%	22%	25%	26%	24%
Ambulance Handover > 60 mins	0	868	41	55	16	21	25	59	102	52	207	111	188	253	89	530
Ambulance Handover > 30 mins < 1Hr	0	7,075	500	566	383	484	705	689	722	573	818	601	822	1,014	644	2,480

## 6.1 Emergency Care 4hr Wait Performance

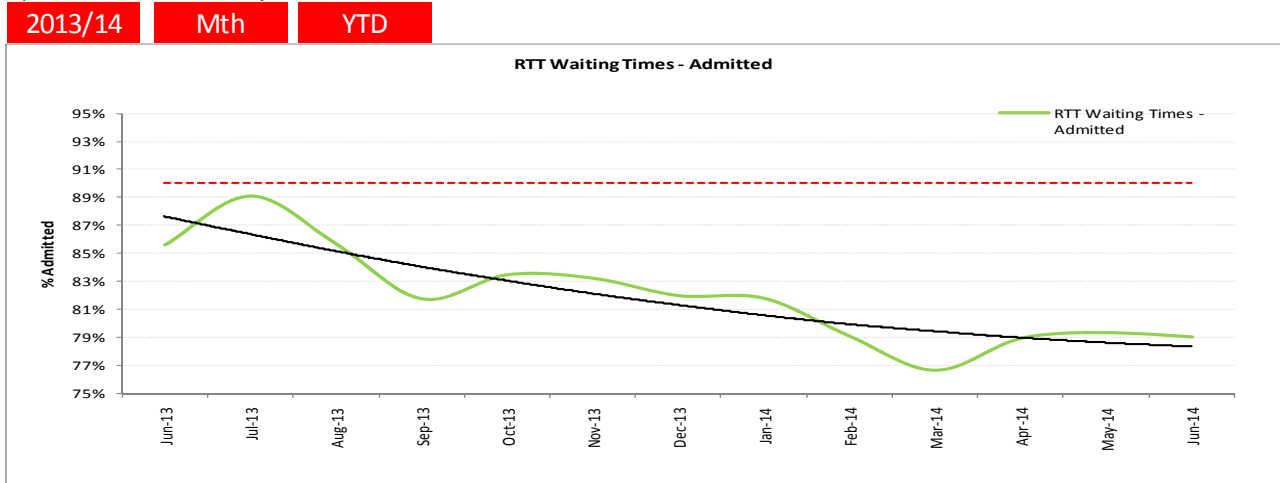


Performance for emergency care 4hr wait in June submitted via the weekly SITREP was 91.3% with a year to date performance of 86.9%. Actions relating to the emergency care performance are included in the ED exception report.

UHL was ranked 106 out of 144 Trusts with Type 1 Emergency Departments in England for the four weeks up to 6th July 2014. Over the same period 82 out of 144 Acute Trusts delivered the 95% target.

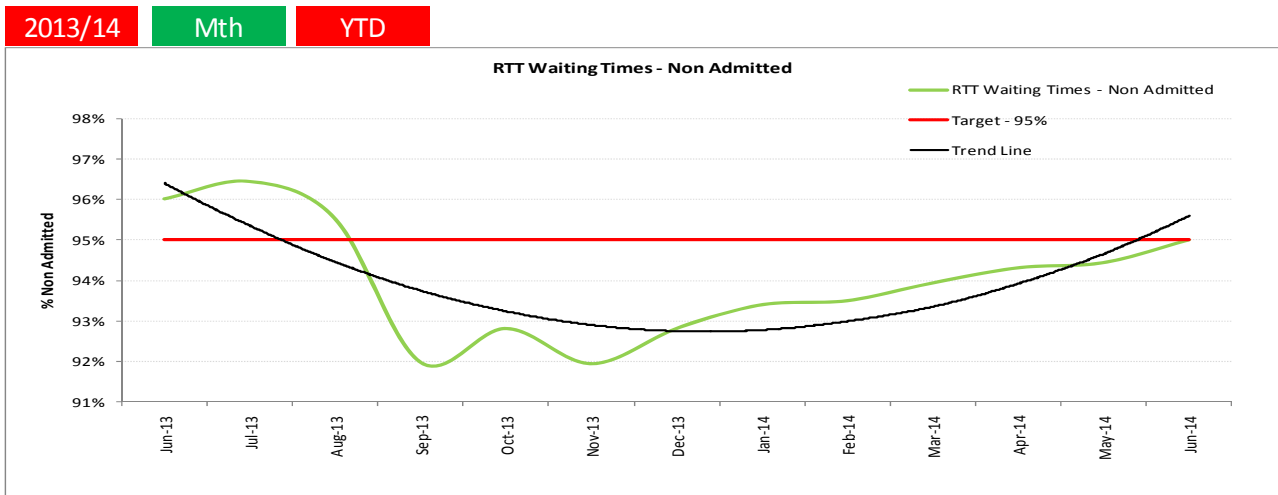
## 6.2 RTT – 18 week performance including Alliance performance

### a) RTT Admitted performance



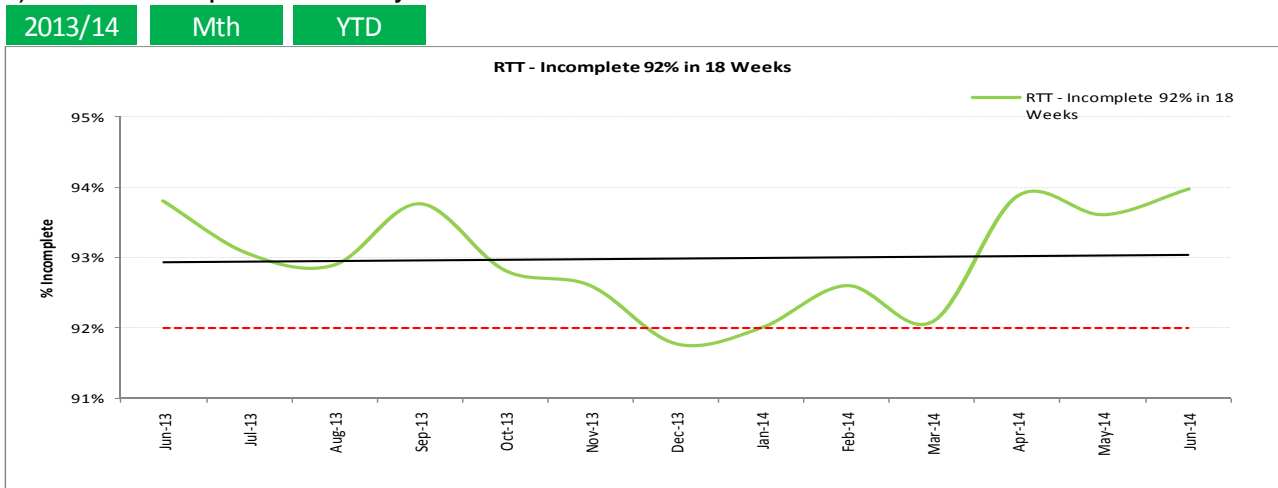
RTT admitted performance (UHL and Alliance) for June was 79.0% with significant speciality level failures in ENT, General Surgery, Maxillofacial, Ophthalmology and Orthopaedics. Further details can be found in the RTT Improvement Report – Appendix 3.

### b) RTT Non Admitted Performance



Non-admitted performance (UHL and Alliance) during June was compliant at 95.0%, two months ahead of expected compliance. Further details can be found in the RTT Improvement Report – Appendix 3.

c) RTT Incomplete Pathways



RTT incomplete (i.e. 18+ week backlog) for UHL and Alliance is compliant at 94.0%.

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

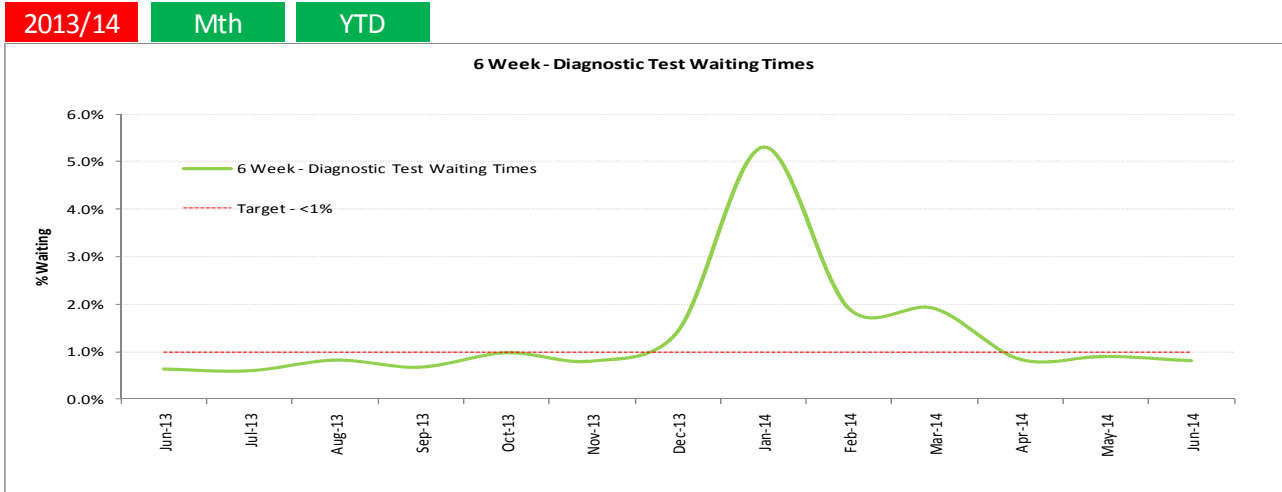
UHL Trust level backlog over 18 weeks	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
Non-Admitted Backlog Number	1917	1558	1704	1527	1481	1594
Admitted Backlog Number	1416	1512	1527	1551	1412	1420
Total	3333	3070	3231	3078	2893	3014

Recovery of the non admitted standard at Trust level was expected in August 2014 and for admitted performance is expected in November 2014. The table below shows performance at specialty level.

## Specialty Level Trajectory

		Admitted Trust level RTT														
		Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Trajectory	Actual	80.8%	80.5%	81.2%	81.2%	82.3%	84.3%	86.9%	87.7%	88.8%	89.5%	90.5%	90.5%	90.5%	90.4%	92.0%
UHL + Alliance		81.8%	79.3%	76.7%	75.7%	76.8%	77%									
		Non admitted Trust level RTT														
		Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Trajectory	Actual	92.3%	92.7%	92.8%	93.1%	93.6%	94.1%	94.8%	95.1%	95.3%	95.3%	95.5%	96.1%	96.1%	96.1%	96.1%
UHL + Alliance		93.4%	93.5%	93.9%	93.4%	93.9%	94.3%									
		Adult Ophthalmology Admitted RTT														
		Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Trajectory	Actual	58.8%	61.0%	62.3%	63.1%	69.5%	80.4%	90.1%	90.2%	90.3%	90.6%	90.6%	90.5%	90.8%	90.7%	90.8%
		57.8%	60.0%	53.6%	50.3%	52.5%	57.9%									
		Adult Ophthalmology Non admitted RTT														
		Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Trajectory	Actual	83.7%	83.1%	82.3%	85.3%	88.8%	89.1%	93.5%	95.4%	95.1%	95.0%	95.2%	95.2%	95.1%	95.1%	95.1%
		86.6	90.2	91.46	89.80%	92.3%	93.8%									
		Paediatric Ophthalmology Admitted RTT (other category)														
		Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Trajectory	Actual	80.8%	80.5%	81.2%	81.2%	82.1%	84.4%	84.4%	86.6%	90.6%	90.2%	90.5%	90.5%	90.5%	90.4%	92.0%
				80.1%	73.10%	72.5%	75.3%									
		Paediatric Ophthalmology Non admitted RTT(other category)														
		Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Trajectory	Actual	92.3%	92.7%	92.8%	93.3%	92.7%	95.1%	95.4%	95.6%	95.6%	95.6%	95.7%	95.3%	95.3%	95.3%	95.3%
				93%	93.20%	93.9%	94%									
		Adult ENT Admitted RTT														
		Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Trajectory	Actual	62.6%	64.5%	61.3%	61.1%	66.1%	72.8%	75.0%	83.1%	90.5%	90.5%	90.4%	90.3%	90.3%	90.2%	90.4%
		69.8%	56.3%	61.8%	61.90%	56.4%	59.2%									
		Adult ENT Non admitted RTT														
		Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Trajectory	Actual	89.0%	90.7%	90.4%	93.3%	92.4%	92.4%	93.4%	95.1%	95.4%	95.3%	95.5%	95.5%	95.5%	95.5%	95.5%
		86%	82.7%	86.3%	86.70%	85.1%	87.6%									
		Paediatric ENT Admitted RTT (other category)														
		Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Trajectory	Actual	80.8%	80.5%	81.2%	81.2%	82.1%	84.4%	84.4%	86.6%	90.6%	90.2%	90.5%	90.5%	90.5%	90.4%	92.0%
				80.1%	73.10%	72.5%	75.3%									
		Paediatric ENT Non admitted RTT(other category)														
		Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Trajectory	Actual	92.3%	92.7%	92.8%	93.3%	92.7%	95.1%	95.4%	95.6%	95.6%	95.6%	95.7%	95.3%	95.3%	95.3%	95.3%
				93%	93.20%	93.9%	94%									
		Orthopaedics Admitted RTT														
		Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Trajectory	Actual	70.0%	69.7%	75.3%	75.5%	74.4%	76.2%	78.6%	75.9%	77.6%	79.7%	81.0%	82.3%	82.2%	82.3%	90.1%
		70.1%	70.5%	66.5%	70.50%	71.5%	70.4%									
		Orthopaedics Non admitted RTT														
		Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Trajectory	Actual	78.8%	79.3%	80.4%	78.4%	80.7%	81.2%	82.0%	83.4%	84.1%	85.0%	86.0%	95.2%	95.1%	95.1%	95.1%
		78.30%	78.40%	80.5%	76%	80.2%	81.1%									
		General surgery Admitted RTT														
		Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Trajectory	Actual	75.2%	72.8%	73.7%	74.4%	74.6%	73.3%	77.4%	82.5%	84.2%	88.2%	90.2%	90.2%	90.2%	90.2%	90.2%
		65.9%	56.9%	66.2%	74.20%	71.6%	73%									
		General surgery Non admitted RTT														
		Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Trajectory	Actual	95.1%	95.1%	95.9%	95.1%	95.3%	95.9%	95.1%	95.3%	95.2%	95.3%	95.6%	95.1%	95.1%	95.1%	95.1%
		84%	75.1%	96.7%	95.9%	96.1%	95.1%									

### 6.3 Diagnostic Waiting Times



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

### 6.4 Cancer Targets

Quarter 1 has seen a dip in cancer performance across many of the targets;

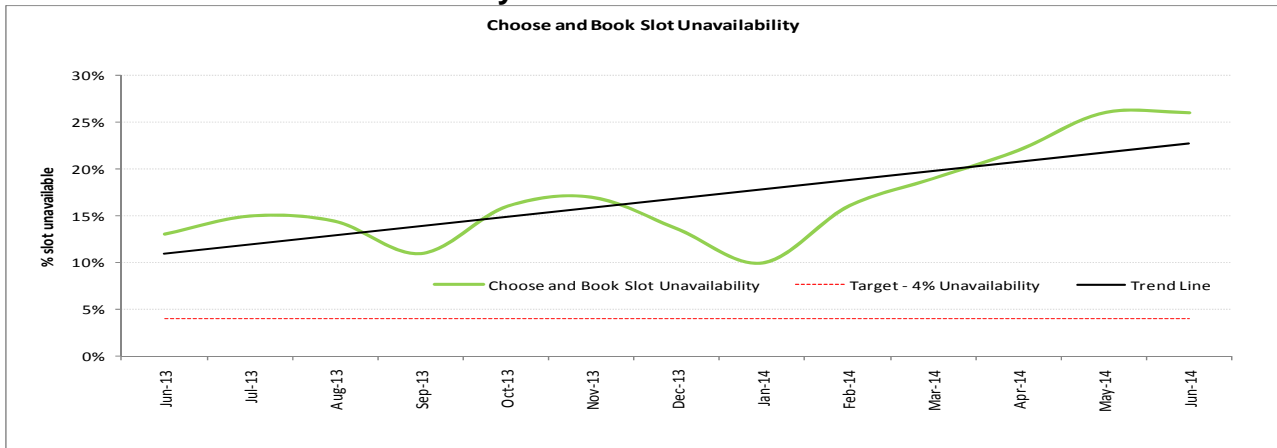
CWT standard (target)	2013/4 Q4 performance	2014/5 Q1 performance
2WW (93%)	95.5%	91.6%
62 day (GP ref) (85%)	90.1%	83.7%
Screening 62 day (90%)	94.4%	76.9%
31 day first treatment (96%)	97.9%	93.1%
31 day subsequent treatment (surgery) (94%)	96.5%	92.5%
31 day subsequent treatment (radiotherapy) (94%)	96.6%	95.3%
31 day subsequent treatment (chemotherapy) (98%)	100%	100%

Key points to note:-

- There has been a significant increase in 2ww referrals in April and a sustained increase in breast referrals for 3 months.
- June 2ww, 31 and 62 day standards have not been achieved, 31 and 62 day standards are at risk for July.
- The number of patients over 62 days has significantly increased across a number of tumour sites the reasons for the delays are understood.
- Recovery is expected by end Q2

For further details refer to Appendix 4 – Cancer performance and remedial action plan.

## 6.5 Choose and Book slot availability

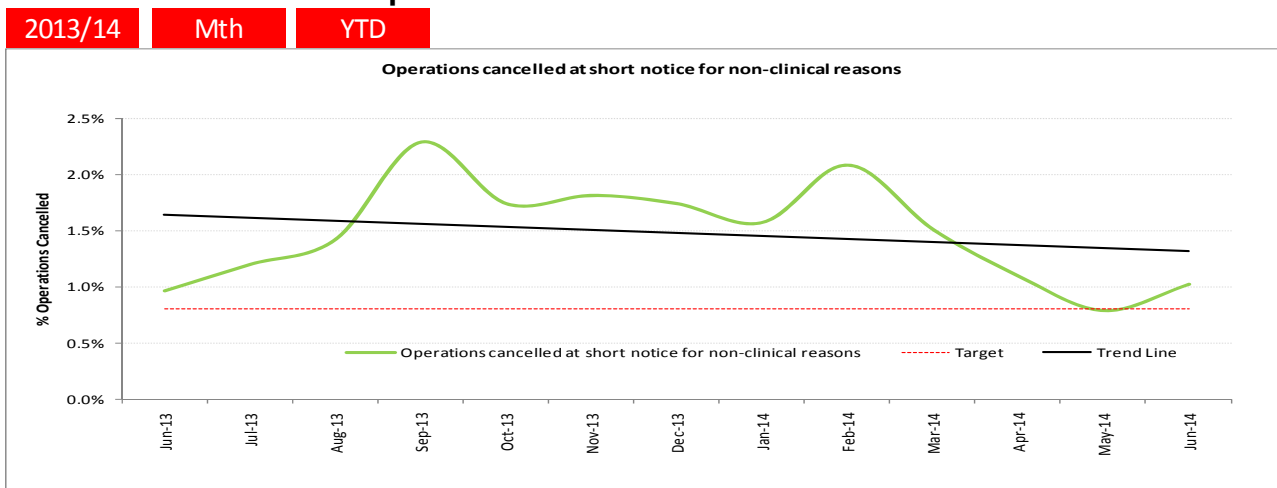


Choose and book slot availability performance for June was 26% with the national average at 11%. Resolution of slot unavailability requires a reduction in waiting times for 1st outpatient appointments in key specialties. For ENT, General surgery and Orthopaedics, this forms part of the 18 week remedial action plan, the effect of these plans will be seen quarter 2 and quarter 3 of 2014/15.

Specialty level actions include:-

- Orthopaedics, now outsourcing to local IS
- General surgery, doing additional clinics, also looking to start outsourcing
- ENT , adult and paediatrics , additional clinics in July and August
- Neurology , locum consultant in post
- Urology , capacity issues being picked up by new service manager in post July

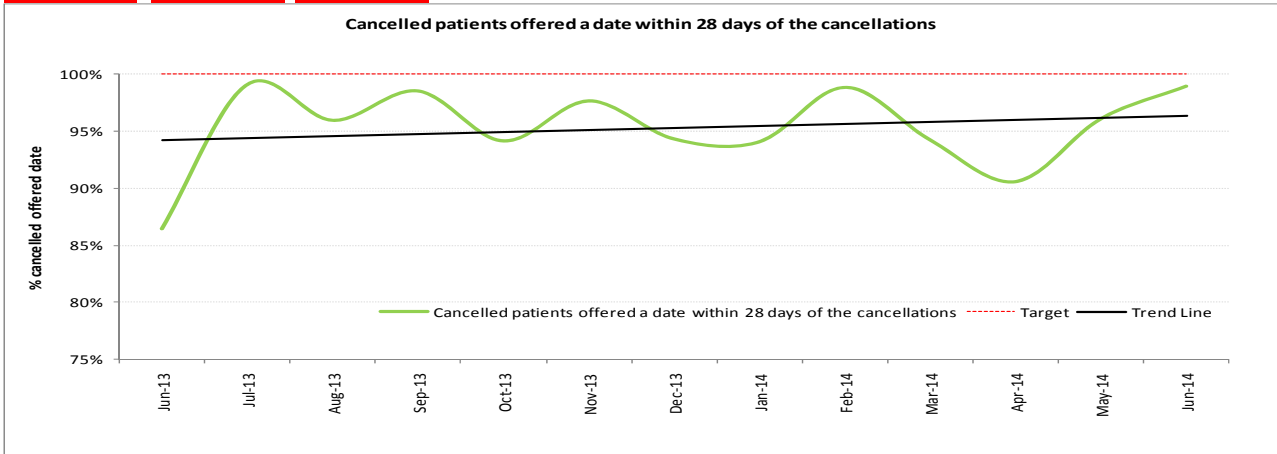
## 6.6 Short Notice Cancelled Operations



The percentage of operations cancelled on/after the day activity for non-clinical reasons during June (UHL and Alliance) was non-compliant at 1.0%. Further details are provided in Appendix 5.

Cancelled patients offered a date within 28 days

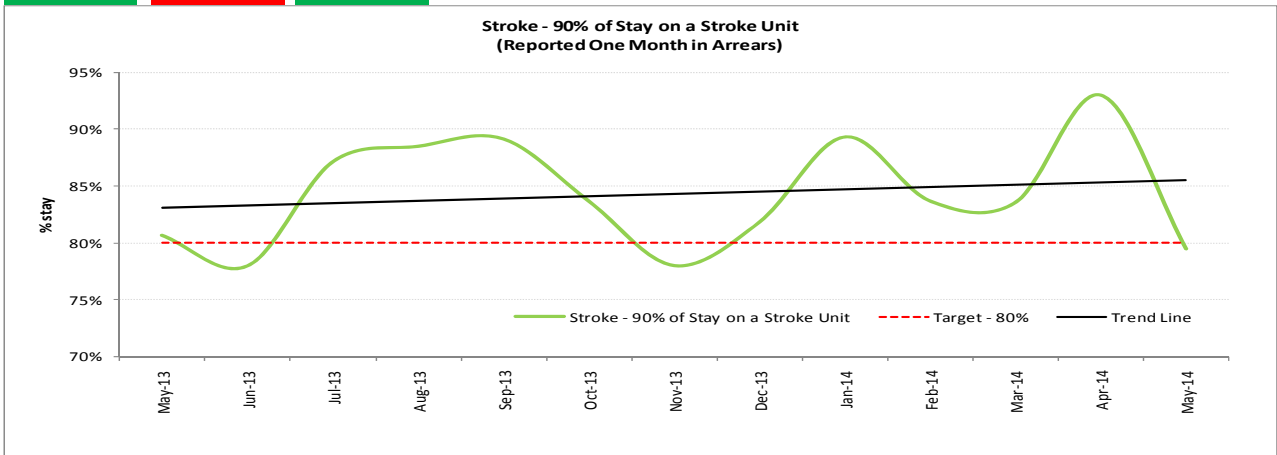
2013/14 Mth YTD



The number of patients breaching this standard in June (UHL and Alliance) was 1 with 99.0% offered a date within 28 days of the cancellation. Further details are provided in Appendix 5.

### 6.7 Stroke % stay on stroke ward

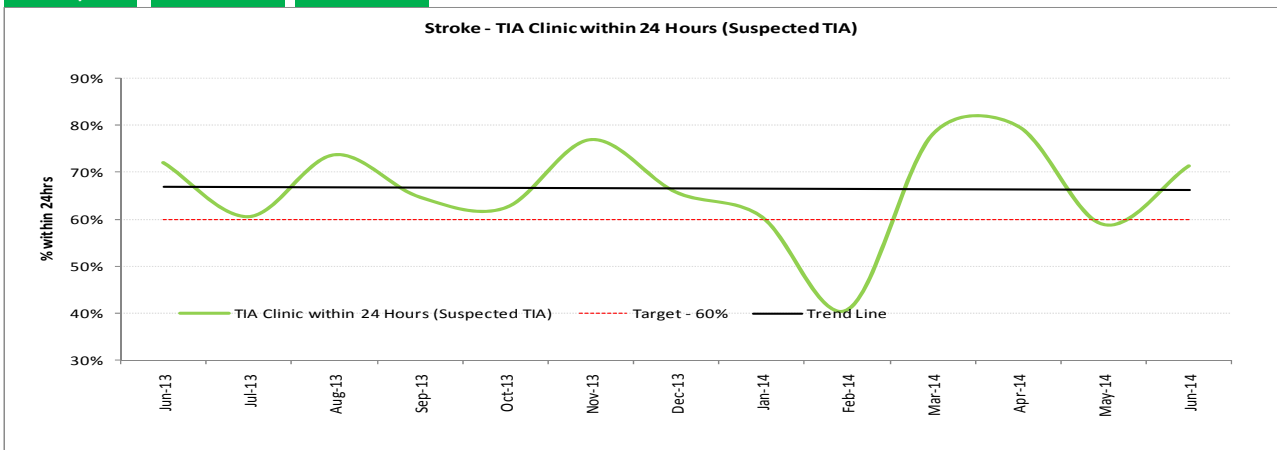
2013/14 Mth YTD



The percentage of stroke patients spending 90% of their stay on a stroke ward in May (reported one month in arrears) is 79.5% against a target of 80%. It is anticipated that validated data will show that the 80% threshold has been met for both April and May.

### 6.8 Stroke TIA

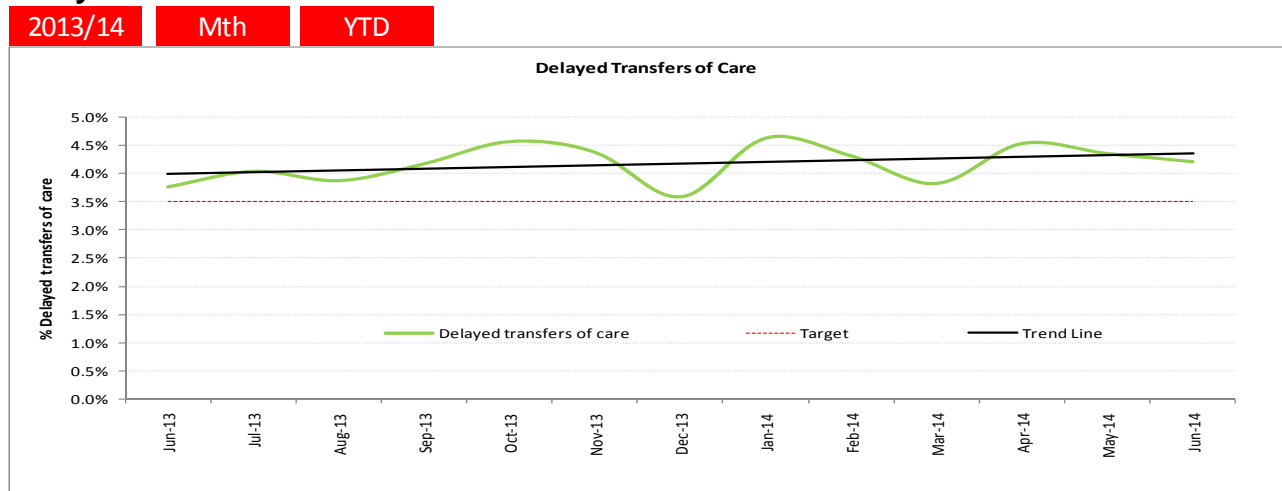
2013/14 Mth YTD





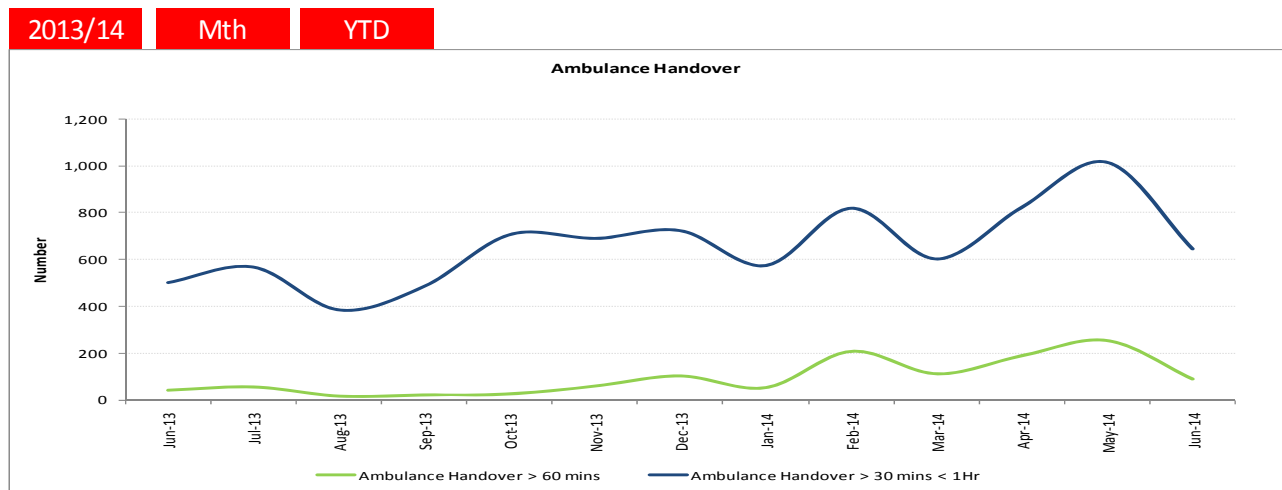
The percentage of high risk suspected TIAs receiving relevant investigations and treatment within 24 hours of referral for June is 71.3% and for quarter 1 69.2%, against a target of 60.0%. This target is being measured on a quarterly basis by the commissioners.

## 6.9 Delayed Transfers of Care



The delayed transfer of care performance for June was 4.2% against a target of 3.5%. Daily and weekly performance is monitored at the weekly Urgent Care Working Group.

## 6.10 Ambulance Handover Times



Actions to address the ambulance turnaround delays include:-

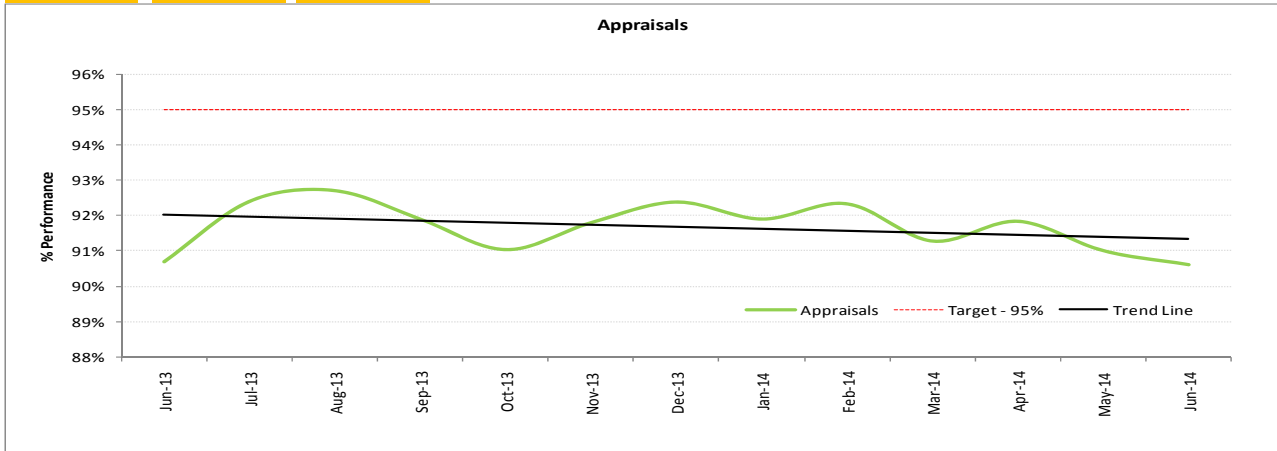
- A joint meeting with EMAS and ED to review the process and handover /measurement data collection points.
- A detailed timings study will be conducted by medical students measuring all agreed steps in handover process.
- There will be a correlation of data collected with current data collected by EMAS.
- The data will be jointly analysed and process reviewed by both EMAS and ED.
- Review of direct referral process to Urgent Care and Minors has taken place and protocols to be shared and signed off by all organisations.
- The escalation process and divert to Glenfield Hospital to be reviewed and agreed.
- Batching of ambulance journeys does cause problems for both EMAS and UHL. A review of options on how to manage and respond to demand is underway e.g. dedicated vehicle for admissions).

## 7 HUMAN RESOURCES – KATE BRADLEY

### 7.1 Appraisal



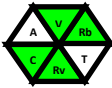
2013/14    Mth    YTD



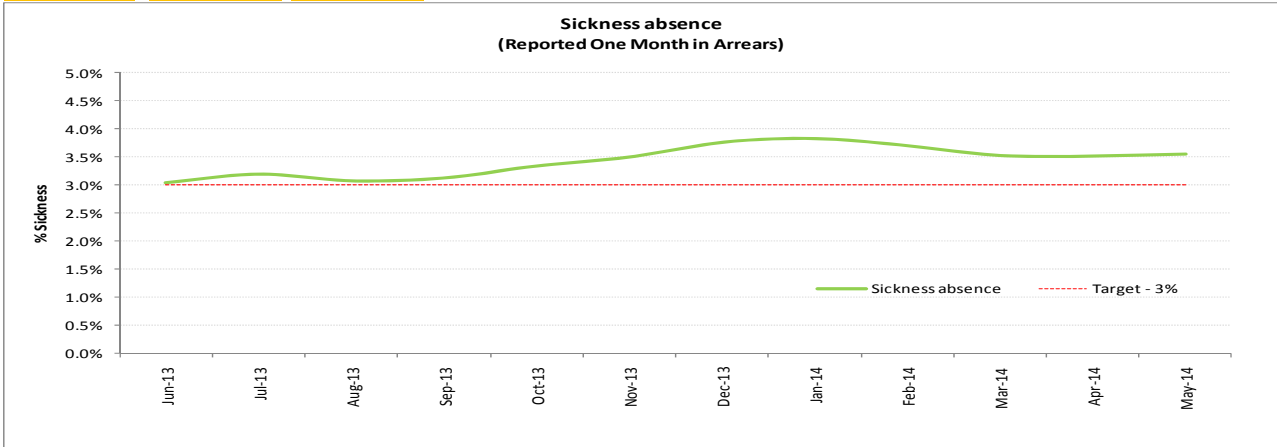
Appraisal performance is at 90.6% at the end of June 2014. HR continues to roll out to all CMGs and the larger Divisions the ability to directly input the appraisal information into Electronic Staff Record (ESR); this change is improving the central data capture and recording of additional information.

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

### 7.2 Sickness



2013/14    Mth    YTD



The sickness rate for May 2014 is 3.6% (reported one month in arrears) and the April figure has now adjusted to 3.5% (from 3.7%) to reflect closure of absences. The overall cumulative sickness figure is 3.4%. This is close to the target of 3.4% but slightly above the Trust stretch target of 3%.

When reviewing the reasons for sickness absence, some of the highest reasons are stress/depression, back/musculo-skeletal problems and pregnancy related absences. To support staff Health and Wellbeing the Emotional Resilience Workshops are continuing this year and the

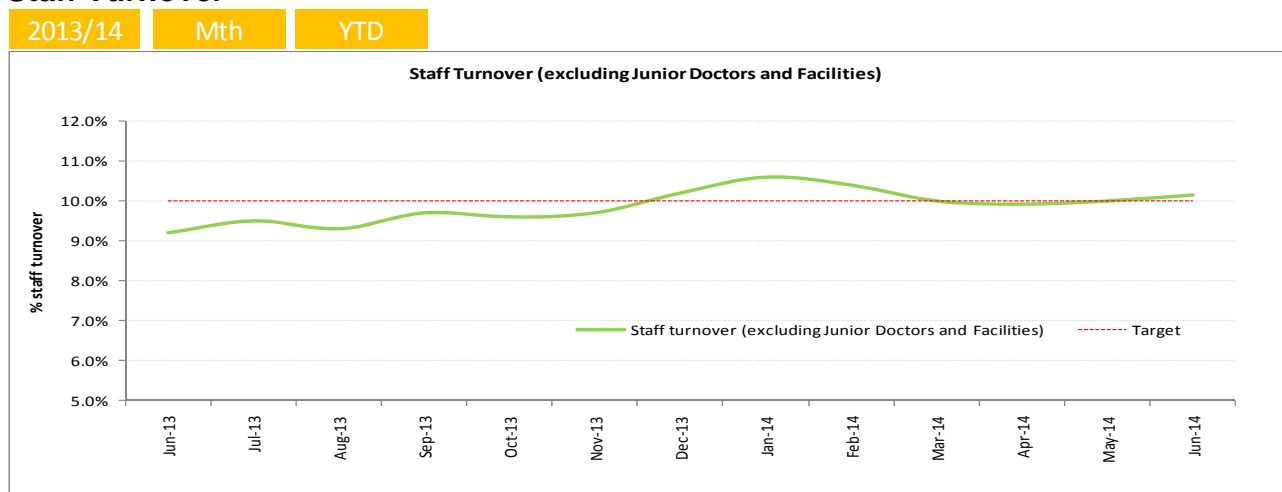
format has been changed to increase the places available. The fast track physiotherapy provision through Occupational Health remains in place, as well as the Self referral provision at Glenfield Hospital. In addition, a physiotherapy self referral pilot will be launched at the Leicester Royal Infirmary from 4 August 2014 to 27 February 2015. In the last quarter, we have seen a reduction in stress /depression absence episodes from 152 to 103 episodes and back/musculo-skeletal absences from 299 to 248.

To support pregnant employees, as well as ensuring a New and Expectant Mothers Risk Assessment, support and advice from Occupational Health and reasonable adjustments in the workplace, the Health and Wellbeing Group are now working with Maternity Services to meet the cost of a Pregnancy Workshop for UHL pregnant employees to support their health and wellbeing in the early stages of pregnancy.

The annual UHL Family Fun day took place on Saturday 28 June with over 500 people attending throughout the day. We increased our attractions this year and the climbing wall proved very popular with the all. We had a diverse choice of food and there was something for everyone. It was a great day and fun for all.

As we move towards the winter we are preparing for flu jabs for our staff. We have over 60 volunteer Peer Vaccinators who will vaccinate their colleagues across the Trust. Well Being funds will be used to purchase vouchers for a monthly draw for the 4 months of the flu campaign for the Peer Vaccinators. There will also be a monthly draw for staff who have their vaccination as an incentive for more staff to be vaccinated.

### 7.3 Staff Turnover



The cumulative Trust turnover figure (excluding junior doctors) has increased slightly from 10 % to 10.2%. The latest figure includes the TUPE transfer of 27 IM &T staff to IBM on 30 November 2013 and the transfer of 65 sexual health services staff to Staffordshire and Stoke on Trent Partnership NHS Trust and therefore skews the overall turnover figures.

### 7.4 Statutory and Mandatory Training

2013/14	Mth	YTD
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CMG / Corporate Directorates	Fire Training	Moving & Handling	Infection Prevention	Equality & Diversity	Informat'n Governance	Safeguard Children	Conflict Resolution	Safeguard Adults	Health & Safety	Resus - BLS Equivalent	Average Compliance
CHUGS	76%	72%	81%	83%	80%	86%	83%	84%	64%	75%	79%
Corporate Directorates	83%	84%	85%	88%	84%	89%	85%	84%	68%	76%	82%
CSI	84%	87%	85%	91%	90%	93%	89%	89%	73%	75%	86%
Emergency & Speciality Medicine	73%	77%	78%	79%	74%	82%	74%	74%	50%	67%	73%
ITAPS	78%	89%	86%	90%	86%	91%	87%	88%	71%	76%	84%
Musculoskeletal & Specialist Surgery	73%	74%	80%	82%	79%	85%	82%	80%	57%	72%	76%
Renal, Respiratory & Cardiac	76%	81%	84%	86%	84%	87%	85%	83%	70%	73%	81%
The Alliance	31%	18%	34%	26%	29%	49%	40%	49%	31%	46%	35%
Womens and Childrens	78%	76%	82%	84%	84%	92%	84%	78%	61%	82%	80%
Total compliance by subject	76%	79%	81%	84%	82%	87%	82%	81%	63%	74%	
<b>UHL staff are this compliant with their mandatory &amp; statutory training from the key 10 subjects</b>											<b>79%</b>
<b>Performance Against Trajectory (Set at 80% at 1st July, 2014)</b>										<b>1% behind target</b>	

Compliance Levels below 75%
Compliance Levels 75% upto 84%
Compliance Levels 85% and above

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

The period between May and June staff compliance against Statutory and Mandatory Training has remained at 79% across the ten core areas. This is due to the introduction of the Health & Safety eLearning module, which currently has a lower compliance level and the inclusion of TUPE staff (Alliance) who are now employed by directly UHL.

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

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

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

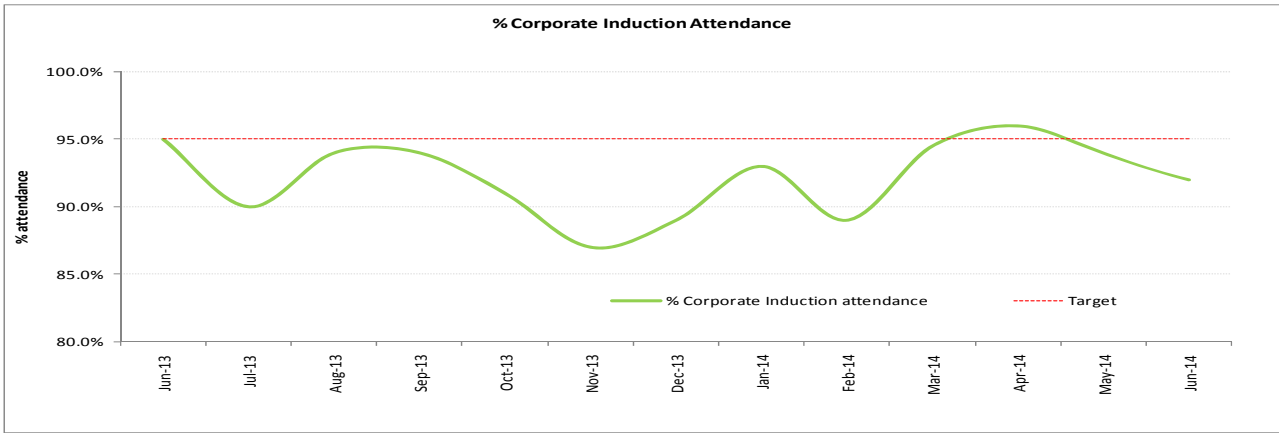
These trajectories are as follows:

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

The Dashboard and Team Builder sections of eUHL, along with all Trust reports will be updated to reflect the new red, amber and green (RAG) trajectories and a key will be added to add clarity to any training data being produced.

## 7.5 Corporate Induction

2013/14	Mth	YTD
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Corporate Induction performance is at 90% at the end of June 2014. As the result of the implementation of the new weekly Corporate Induction Programme, overall we have seen an average improvement in attendance levels. The attendance figures continue to reflect numbers booked onto Corporate Induction against actual attendance. The process for following-up non-attendeess continues to be implemented at a local level in line with the Induction Policy.

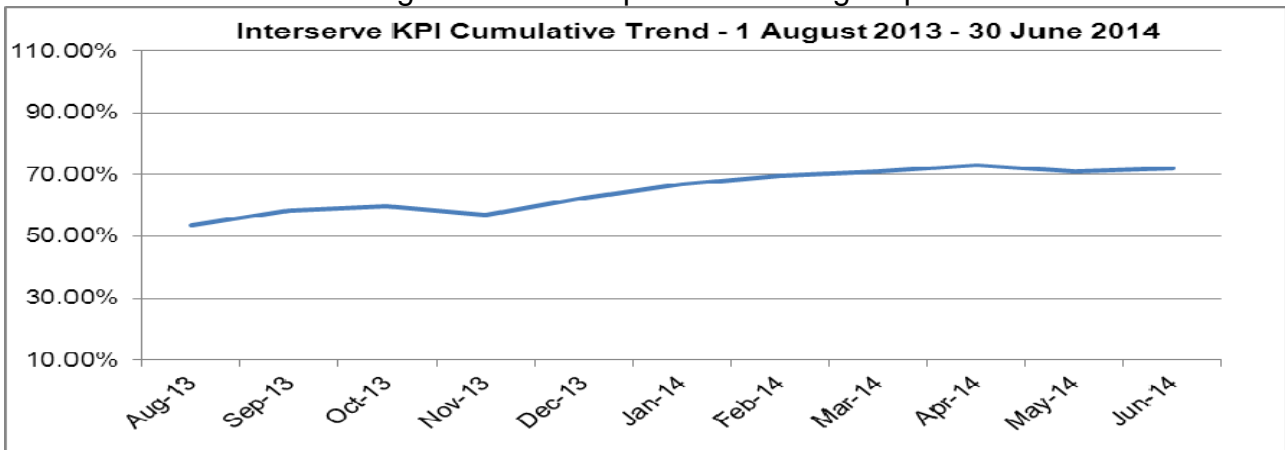
## 8 UHL - FACILITIES MANAGEMENT- RACHEL OVERFIELD

### 8.1 Introduction

This report covers a review of overall performance on the Facilities Management (FM) service delivery provided by Interserve FM (IFM) for the month of June 2014. The FM contract provides 14 different services to the Trust and is underpinned by 77 Key Performance Indicators (KPIs). The contract is managed and monitored by NHS Horizons. The summary information and trend analysis below details a snapshot of 5 of the key indicators.

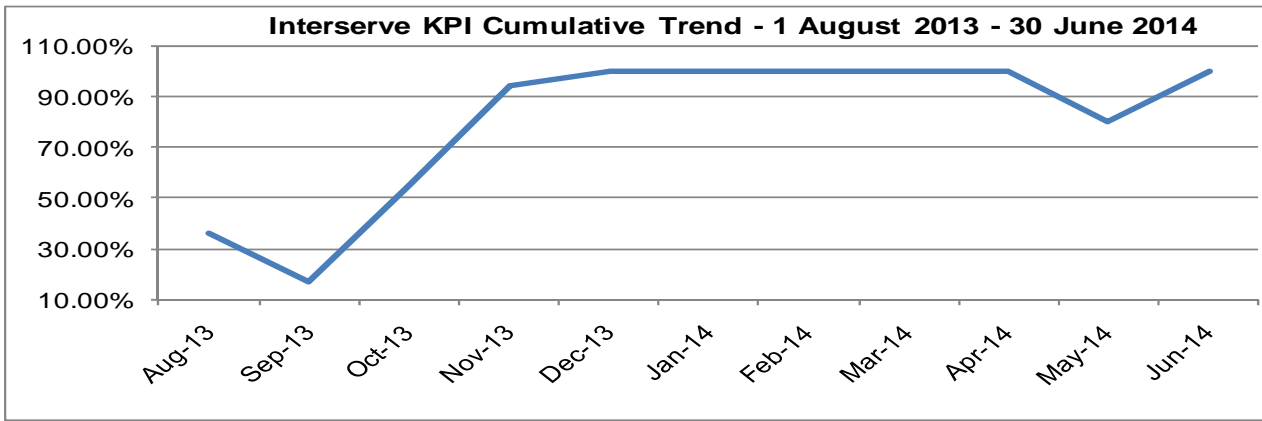
### 8.2 Key Performance Indicators

#### KPI 14 – Estates: Percentage of routine requests achieving response time



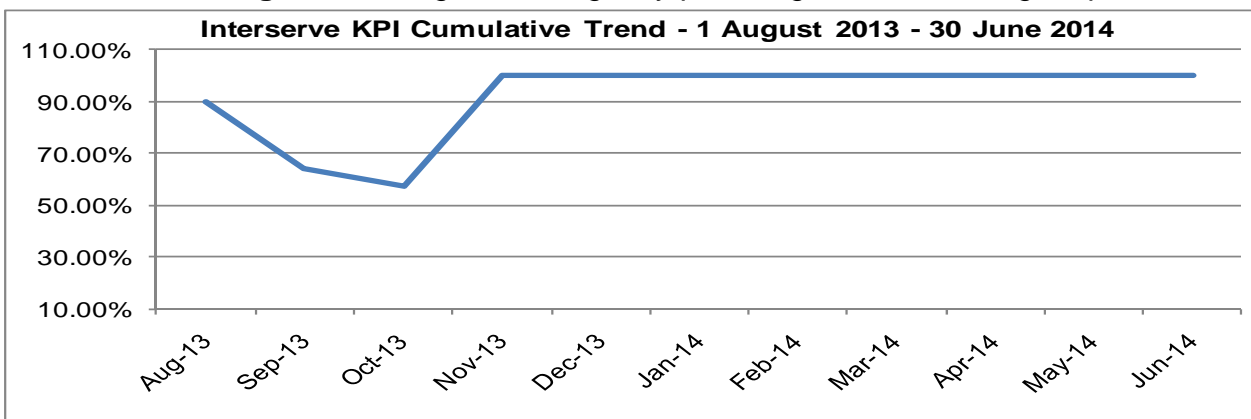
June has seen a slight improvement however the volume of blockages continues to be an issue by way of lack of resources to deal with both these and competing requests. IFM report that some 22% of calls logged relate to blockages, leaks or flooding. The Trust have received the results of a commissioned survey of the drainage systems at the LRI and are currently reviewing this to identify where the main issues are and looking at what remedial action can be taken to address those areas where the problems are greatest.

**KPI 18 – Minor & Additional Work:** % of quotations submitted within 10 working days.



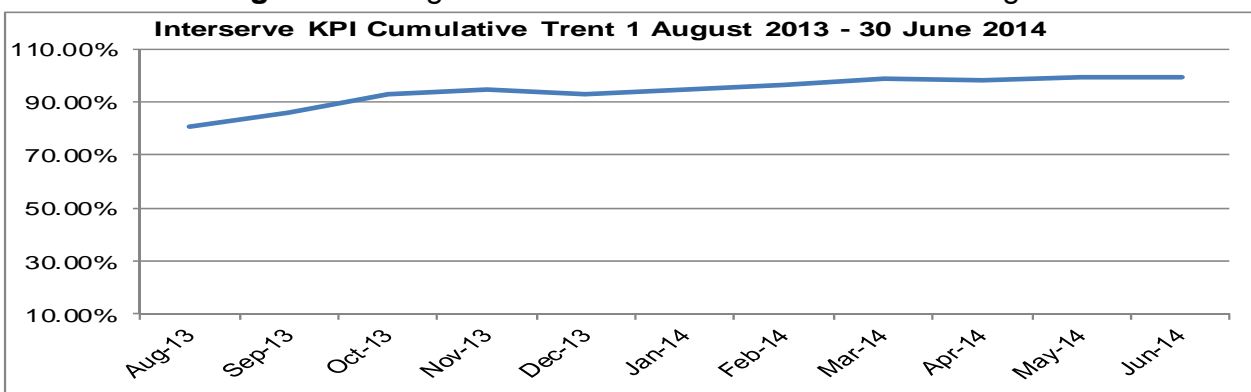
There has been significant improvement in the performance for KPI 18 in June and it is anticipated that the new systems and processes for delivery of quotations will continue to have a positive impact on this service. The Performance & Quality team continue to attend weekly meetings with IFM to review the tracker for minor and new works. Technical assessments carried out by IFM on initial requests are contributing to improved data capture which assures the Trust of valid requests which meet Trust policy procedures prior to authorisation and completion of works.

**KPI 27 – Portering:** Percentage of emergency portering tasks achieving response time.



IFM have maintained 100% achievement for this KPI.

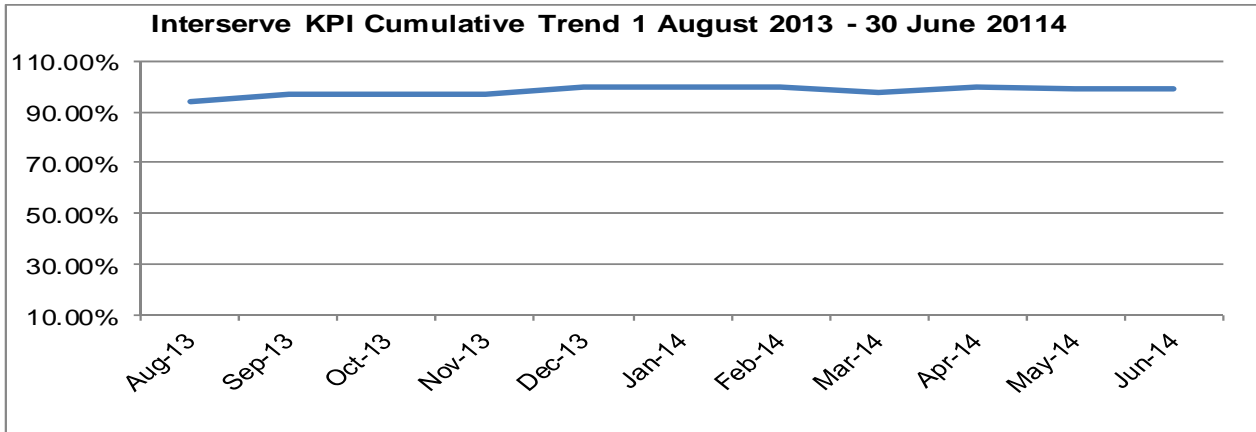
**KPI 46 – Cleaning:** Percentage of audits within clinical areas achieving 90% or above.



The KPI for for cleaning audit results is reported at 99.51% for June indicating a slight improvement. Further development of Servicetrac, the electronic audit tool for recording cleaning

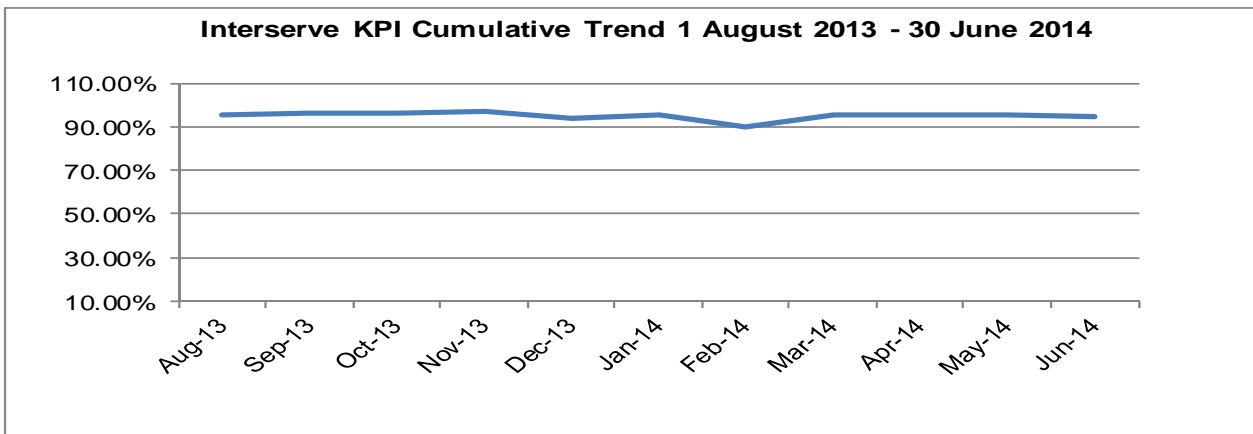
performance, is required in order to capture more detailed information in order to introduced the agreed revised KPIs and for reporting purposes. The Performance & Quality team (P&Q) team are actively using the tool when carrying out audits and are working with IFM to resolve issues identified with the software system and the reports produced to further improve the recording.

**KPI 57 – Catering:** Percentage of meals delivered to wards in time for the designated meal service as per agreed schedules



The result for June has remained consistent with recorded 99.40% achieved. Feedback received from patients during the recent Patient Led Assessments of the Care Environment (PLACE) was in the main very positive regarding the service and quality of food provided. The recorded patient satisfaction survey score has improved in June with 95.30% reported by IFM.

**KPI 81 – Customer Services Centre (CSC):** Percentage of telephone calls answered within 5 rings using non-automated solution.



The Customer Service Centre (CSC) performance has dipped slightly during June with 94.47% of the 24,203 calls received answered in line with the KPI response time. The P & Q team continue to carry out monthly validation audits with IFM.

### 8.3 General Summary

The Performance and Quality team continue to proactively monitor services by way of onsite and electronic evidence audits to validate the reported KPI results. There is positive interaction with IFM Performance and Service Manager to support improved service delivery.

Estates continue to have a varied performance in part due to blockages within the LRI drainage systems for which the Trust commissioned a survey of the systems. The results of this survey

are currently being analysed to identify priority areas where action could be taken to improve the systems and reduce the number of blockages.

The reviewed structure for the new works team is to be implemented 1 July 2014 Weekly meetings continue to take place relating to all Lot 1 new works requests to monitor the impact of the revised systems and process implemented to assure improved service delivery and value for money.

IFM are still to implement the audit process for cleaning in line with contractual obligation to meet the National Specification for Cleanliness standard. NHS Horizons are discussing this with IFM and seeking timelines for implementation.

## 9 IM&T Service Delivery Review

### 9.1 IT Service Review

There were 8105 (6694 previous month) incidents logged during June, out of which 6307 (5888 previous month) were resolved. Incidents logged via X8000, email and self-service. There were 6131 telephone calls to X8000 with 995 (888 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 reduced to 10 in month (12 in previous month) There were 937 (937 previous month) incidents logged out of hours via the 24/7 service desk function.

### 9.2 Issues

Interserve work for Managed Print held up.

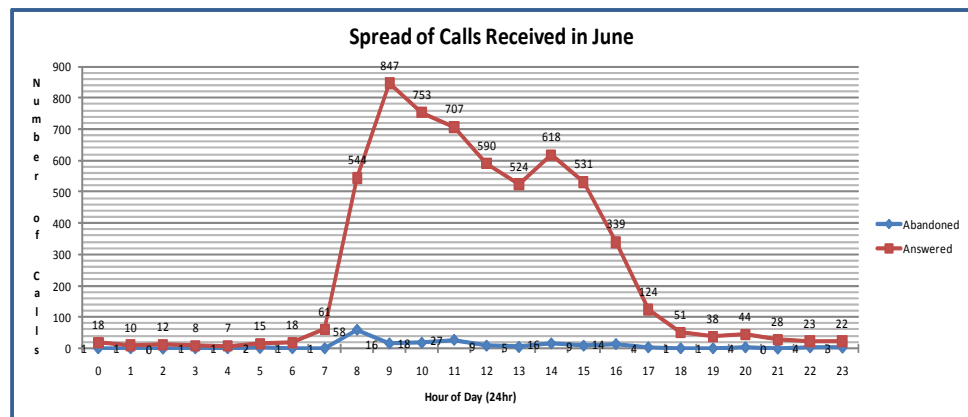
### 9.3 Future Action

Workshops being held with Clinicians for EPR

### 9.4 IM&T Service Desk Heatmap

Telephone	Metric	
	Total Calls Answered	5933
	Total Calls Abandoned	198
	Total Calls Received	6131
	Answered in 30secs (SLA 90%)	93.51%

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





Incident Logging Route	SD Request email		Self Service Portal		Service Desk		SS/WebDesk		Total Logged
	Logged	%	Logged	%	Logged	%	Logged	%	
	June 2013	1113	23.13%	733	15.24%	2580	53.63%	385	
July 2013	1391	23.65%	643	10.93%	3097	52.66%	750	12.75%	5881
August 2013	1737	23.44%	385	5.19%	3788	51.11%	1501	20.25%	7411
September 2013	1609	21.86%	458	6.22%	3830	52.04%	1463	19.88%	7360
October 2013	1735	22.19%	702	8.98%	4195	53.66%	1186	15.17%	7818
November 2013	1961	25.36%	654	8.46%	4059	52.50%	1058	13.68%	7732
December 2013	2178	27.17%	685	8.55%	4350	54.27%	802	10.01%	8015
January 2014	2697	29.75%	776	8.56%	4676	51.58%	912	10.06%	9066
February 2014	2685	34.01%	598	7.58%	3944	49.96%	667	8.45%	7894
March 2014	2294	31.97%	525	7.32%	4225	58.89%	131	1.83%	7175
April 2014	2704	35.21%	615	8.01%	4292	55.89%	68	0.89%	7679
May 2014	2450	36.60%	548	8.19%	3614	53.99%	82	1.22%	6694
June 2014	2814	34.72%	747	9.22%	4449	54.89%	95	1.17%	8105

Incidents Resolved when Logged	AD Password Reset	Contact/ Technical Query	RA Services	Total	% of Total Logged	
	June 2013	951	777	0	1728	29.38%
	July 2013	1788	2082	0	3870	52.22%
August 2013	2397	4116	0	6513	88.49%	
September 2013	2352	3618	0	5970	76.36%	
October 2013	2253	3090	0	5343	69.10%	
November 2013	1956	2718	0	4674	58.32%	
December 2013	1629	1995	0	3624	39.97%	
January 2014	660	654	279	1593	20.18%	
February 2014	580	501	263	1344	18.73%	
March 2014	518	215	229	962	12.53%	
April 2014	572	322	287	1181	15.38%	
May 2014	509	160	219	888	13.27%	
June 2014	450	272	273	995	12.28%	

NOTE	Incidents
	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 Password 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)

## 10 FINANCE – SIMON SHEPPARD

### 10.1 Introduction

This paper provides an update on performance against the Trust's key financial duties namely:

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

The paper also provides further commentary on the key risks.

### 10.2 Financial Duties

The following table summarises the year to date position and full year forecast against the financial duties of the Trust.

Financial Duty	YTD Plan £'Ms	YTD Actual £'Ms	RAG	Forecast Plan £'Ms	Forecast Actual £'Ms	RAG
Delivering the Planned Deficit	(12.1)	(12.7)	A	(40.7)	(40.7)	G
Achieving the EFL	(7.6)	(14.2)	G	62.1	62.1	G
Achieving the Capital Resource Limit	6.0	2.8	G	34.2	34.2	G

As well as the key financial duties, a subsidiary duty is to ensure suppliers invoices are paid within 30 days – the Better Payment Practice Code (BPPC). The year to date performance is shown in the table below

Better Payment Practice Code	April - June YTD 2014	
	Number	Value £000s
Total bills paid in the year	33,846	159,184
Total bills paid within target	19,658	108,343
Percentage of bills paid within target	58%	68%

## Key issues

- YTD adverse variance to plan of £0.6m. Forecast year end delivery of £40.7m deficit.
- The Trust now has an agreed contract with all commissioners.
- Shortfall of £1.4m on the forecast CIP delivery against the £45m target.
- Capital Plan is currently over-committed and is predicated on Emergency Floor external funding, the commitments may be in advance of the receipt of funding.

### 10.3 Finance RAG Assessment

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

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

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

3.2. This RAG rating criteria highlights the following;

An overall RAG rating of Red.

The rating is driven by;

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

## Friends & Families Test

### What is the Friends & Family test?

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

Patients can choose from one of the following answers:

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

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

#### Patients to be surveyed:

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

#### Exceptions:

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

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

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

		Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	JUNE SCORE BREAKDOWN				
								Total Responses	Promoters	Passives	Detractors	Score
<b>GLENFIELD HOSPITAL</b>	<b>GH WD 15</b>	85	95	85	82	79	80	39	32	6	1	80
	<b>GH WD 16 Respiratory Unit</b>	83	81	90	80	78	95	37	35	2	0	95
	<b>GH WD 17</b>	74	69	90	79	70	72	25	19	5	1	72
	<b>GH WD 20</b>	62	56	75	85	59	69	42	31	9	2	69
	<b>GH WD 23A</b>	89	80	89	86	84	92	25	23	2	0	92
	<b>GH WD 24</b>	86	80	97	85	79	64	22	15	6	1	64
	<b>GH WD 26</b>	91	90	100	94	82	75	24	18	6	0	75
	<b>GH WD 27</b>	96	86	96	90	89	100	19	18	0	0	100
	<b>GH WD 28</b>	68	69	74	74	72	85	40	34	6	0	85
	<b>GH WD 29 EXT 3656</b>	82	85	96	93	88	79	25	19	5	0	79
	<b>GH WD 30</b>	0	-	100	100	0	90	10	9	1	0	90
	<b>GH WD 31</b>	100	100	89	81	96	100	22	22	0	0	100
	<b>GH WD 32</b>	96	84	88	83	83	86	99	85	14	0	86
	<b>GH WD 33</b>	83	77	95	85	77	94	46	43	3	0	94
	<b>GH WD 33A</b>	95	95	90	68	87	92	25	23	2	0	92
	<b>GH WD Clinical Decisions Unit</b>	66	58	39	58	58	70	64	50	9	5	70
<b>GH WD Coronary Care Unit</b>	94	78	88	94	100	81	37	30	7	0	81	

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

		Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	JUNE SCORE BREAKDOWN				
								Total Responses	Promoters	Passives	Detractors	Score
<b>LEICESTER GENERAL HOSPITAL</b>	LGH WD 1	0	90	80	0	0	74	23	19	2	2	74
	LGH WD 10	70	73	80	80	75	100	15	15	0	0	100
	LGH WD 14	88	71	81	80	74	73	51	39	10	2	73
	LGH WD 15N Nephrology	100	60	78	67	100	62	16	8	5	0	62
	LGH WD 16	83	76	79	73	82	80	45	37	7	1	80
	LGH WD 17 Transplant	78	90	89	71	33	85	39	33	6	0	85
	LGH WD 18	69	83	95	84	73	84	32	27	5	0	84
	LGH WD 19	0	80	71	0	0	90	31	28	3	0	90
	LGH WD 2	0	-	50	25	81	83	47	38	8	0	83
	LGH WD 22	45	55	75	35	61	75	40	31	8	1	75
	LGH WD 23	90	64	68	71	63	45	49	27	17	5	45
	LGH WD 26 SAU	71	57	52	56	58	65	46	32	12	2	65
	LGH WD 27	50	74	53	73	56	59	68	44	20	4	59
	LGH WD 28 Urology	65	50	53	46	61	68	51	35	14	1	68
	LGH WD 29 EMU Urology	43	54	47	62	65	56	78	45	32	1	56
	LGH WD 3	50	-	50	67	38	33	6	3	2	1	33
LGH WD 31	80	75	83	71	69	78	73	60	10	3	78	

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

		Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	JUNE SCORE BREAKDOWN				
								Total Responses	Promoters	Passives	Detractors	Score
<b>LEICESTER ROYAL INFIRMARY</b>	LRI WD 12 Bal L4	75	-	55	0	86	100	16	16	0	0	100
	LRI WD 15 AMU Bal L5	58	-	67	54	59	69	81	57	23	1	69
	LRI WD 17 Bal L5	30	50	40	32	65	65	26	17	9	0	65
	LRI WD 18 Bal L5	0	57	70	59	37	54	28	16	11	1	54
	LRI WD 19 Bal L6	41	88	46	35	52	55	20	11	9	0	55
	LRI WD 23 Win L3	47	100	100	86	63	100	7	7	0	0	100
	LRI WD 24 Win L3	62	36	37	58	54	52	22	14	4	3	52
	LRI WD 25 Win L3	90	95	95	74	100	96	23	22	1	0	96
	LRI WD 26 Win L3	95	100	67	94	68	38	17	8	6	2	38
	LRI WD 29 Win L4	71	79	70	55	79	64	22	14	8	0	64
	LRI WD 30 Win L4	0	56	95	89	77	91	22	19	2	0	91
	LRI WD 31 Win L5	90	75	65	64	70	71	34	25	8	1	71
	LRI WD 32 Win L5	86	62	50	25	66	92	25	24	0	1	92
	LRI WD 33 Win L5	79	66	67	57	63	64	50	32	18	0	64
	LRI WD 34 Windsor Level 5	81	71	100	53	76	61	23	16	5	2	61
	LRI WD 36 Win L6	84	60	88	81	96	80	26	21	3	1	80
	LRI WD 37 Win L6	72	100	49	58	81	76	34	26	6	1	76
	LRI WD 38 Win L6	96	93	78	60	83	87	31	27	2	1	87
	LRI WD 39 Osb L1	70	86	65	80	82	73	41	30	11	0	73
	LRI WD 40 Osb L1	63	68	77	77	69	81	42	34	8	0	81
LRI WD 41 Osb L2	56	73	68	76	78	77	30	24	5	1	77	
LRI WD 7 Bal L3	48	53	87	80	70	79	72	58	13	1	79	
LRI WD 8 SAU Bal L3	39	56	23	40	48	28	36	17	12	7	28	

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

		Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	JUNE SCORE BREAKDOWN				
								Total Responses	Promoters	Passives	Detractors	Score
	<b>LRI WD Bone Marrow</b>	0	77	100	86	82	100	4	4	0	0	100
	<b>LRI WD Fielding John Vic L1</b>	85	69	82	77	73	92	26	24	2	0	92
	<b>LRI WD GAU Ken L1</b>	70	48	78	70	70	85	103	88	15	0	85
	<b>LRI WD IDU Infectious Diseases</b>	71	53	50	79	76	65	31	21	9	1	65
	<b>LRI WD Kinmonth Unit Bal L3</b>	81	74	60	73	78	100	12	12	0	0	100
	<b>LRI WD Osborne Assess Unit</b>	56	69	80	76	91	59	27	18	7	2	59

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

		Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	JUNE SCORE BREAKDOWN				
								Total Responses	Promoters	Passives	Detractors	Score
<b>EMERGENCY DEPARTMENT</b>	ED - Majors	58	52	56	65	54	65	137	95	33	7	65
	ED - Minors	64	57	60	68	68	63	355	246	86	22	63
	ED - (not stated)	69	61	66	55	65	69	48	35	11	2	69
	Eye Casualty	83	64	85	91	71	90	259	234	23	2	90
	Emergency Decisions Unit	58	65	58	54	72	64	115	78	31	5	64



APPENDIX 2 - MONTHLY CLINICAL MEASURES DASHBOARD: June '14

Table with columns for Clinical Measures (e.g., No. of medication errors, No. Patient safety incidents) and Nursing Metrics (e.g., Falls, Hygiene, Infection). Rows are categorized by department: CHUGS, Emergency & Specialist Medicine, and Musculoskeletal & Specialist Surgery. Includes legends for Green/Amber/Red thresholds and a color-coded data grid.



### Trust Board paper Z appendix 3

<b>To:</b>	Trust Board										
<b>From:</b>	Richard Mitchell, Chief Operating Officer										
<b>Date:</b>	31 July 2014										
<b>CQC regulation:</b>	As applicable										
<b>Title:</b>	Appendix 3 - RTT Improvement Report										
<b>Author:</b>	Richard Mitchell, Chief Operating Officer										
<b>Purpose of the Report:</b>	To provide an overview on ED performance.										
<b>The Report is provided to the Board for:</b>	<table border="1"> <tr> <td>Decision</td> <td><input type="checkbox"/></td> <td>Discussion</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Assurance</td> <td><input checked="" type="checkbox"/></td> <td>Endorsement</td> <td><input type="checkbox"/></td> </tr> </table>			Decision	<input type="checkbox"/>	Discussion	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Endorsement	<input type="checkbox"/>
Decision	<input type="checkbox"/>	Discussion	<input type="checkbox"/>								
Assurance	<input checked="" type="checkbox"/>	Endorsement	<input type="checkbox"/>								
<b>Summary / Key Points:</b>	<ul style="list-style-type: none"> <li>• Reasons for RTT deterioration are well known</li> <li>• There are four challenged specialities; ophthalmology, ENT, orthopaedics and general surgery.</li> <li>• Some specialities have begun to improve waiting times / reductions in waiting list size</li> <li>• Admitted compliant performance is expected in November 2014</li> <li>• Non-admitted compliant performance was expected in August 2014 , but has been delivered in June 2014</li> <li>• The Trust Development Authority have stipulated that they require Trust level performance to be delivered against both admitted and non admitted RTT standards by the end of September (September published data).The Trust in conjunction with CCGs cannot commit to delivering the admitted 90% by September.</li> <li>• The plan remains very high risk</li> </ul>										
<b>Recommendations:</b>	The Trust Board is invited to receive and note this report.										
<b>Previously considered at another UHL corporate Committee</b>	N/A										
<b>Strategic Risk Register</b>	Yes	<b>Performance KPIs year to date</b>	Please see report								
<b>Resource Implications (eg Financial, HR)</b>	Yes										
<b>Assurance Implications</b>	90% admitted and 95% non-admitted RTT performance.										
<b>Patient and Public Involvement (PPI) Implications</b>	Impact on patient experience where long waiting times are experienced										
<b>Equality Impact</b>	N/A										
<b>Information exempt from Disclosure</b>	N/A										
<b>Requirement for further review</b>	Monthly										

## APPENDIX 3

**REPORT TO:** Trust Board  
**REPORT FROM:** Richard Mitchell, Chief Operating Officer  
**REPORT SUBJECT:** RTT Improvement Report  
**REPORT DATE:** 31 July 2014

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### Introduction

The reasons for UHL's deterioration in RTT performance are well documented. This report is the fifth monthly update. The high level trajectories are detailed below and attached. For June the Trust is behind on trajectory for admitted performance, however for non admitted performance the Trust has achieved the 95% national target ahead of trajectory (this includes the Alliance activity).

Ongoing delivery of the non admitted standard at Trust level is expected to continue. Admitted performance is expected to deliver in November 2014. The Trust Development Authority have stipulated that they require Trust level performance to be delivered against both admitted and non admitted RTT standards by the end of September (September published data). The Trust in conjunction with CCGs have re submitted plans which anticipate best case position of 86% admitted performance in September. Funding to support additional activity and additional costs incurred (including premium payments) is anticipated. This could be circa £4m if plans are agreed by the TDA. The payment structure will be 50% payment up front, the further 50% on delivery of agreed milestones.

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

- Additional use of the independent sector, both locally and Circle Nottingham. This will be partly UHL sub contracting but CCGs have additionally agreed to the diverting of patients at receipt of referral for whole pathways of care. NB: UHL will seek full patient consent prior to diverting any referrals
- Validation of the UHL elective waiting list. Patients who are on an RTT pathway over 12 weeks, who have been added to an elective waiting list more than 6 weeks ago and do not have an operation date have been written to ask if they still require treatment. NB: no patient will be removed from the waiting list unless they clearly state that they wish to. Clinical review of their condition will also take place.
- Additional administrative staff are being recruited to support these processes.

The Trust is continuing additional in house activity, mostly out of hours and at weekends.

The high level risks to the plan are detailed below.

### Performance overview

UHL's RTT performance is mainly challenged in four specialties; ENT, ophthalmology, orthopaedics and general surgery. The table below details the expected rate of improvement. The two Appendices goes into greater detail showing performance at speciality level and waiting list sizes for both outpatient and electives (key indicators of RTT backlog reduction).

Progress is being made in orthopaedic and ophthalmology elective waiting list size reductions. Additional activity is scheduled in general surgery during July and August and in ENT further recovery plans are being developed.

		Admitted Trust level RTT														
		Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Trajectory		80.8%	80.5%	81.2%	81.2%	82.3%	84.3%	86.9%	87.7%	88.8%	89.5%	90.5%	90.5%	90.5%	90.4%	92.0%
Actual		81.8%	79.3%	76.7%	75.7%	76.8%	77%									
UHL + Alliance					78.9%	79.4%	79%									
		Non admitted Trust level RTT														
		Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Trajectory		92.3%	92.7%	92.8%	93.1%	93.6%	94.1%	94.8%	95.1%	95.3%	95.3%	95.5%	96.1%	96.1%	96.1%	96.1%
Actual		93.4%	93.5%	93.9%	93.4%	93.9%	94.3%									
UHL + Alliance					94.3%	94.4%	95.0%									

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

UHL Trust level backlog over 18 weeks	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
Non-Admitted Backlog Number	1917	1558	1704	1527	1481	1594
NoAdmitted Backlog Number	1416	1512	1527	1551	1412	1420
Total	3333	3070	3231	3078	2893	3014

The joint RTT Performance Board continues to meet every two weeks to monitor recovery plans and performance, membership includes representation from the Trust Development Authority.

### **Risks**

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

- Ability to deliver agreed capacity improvements including theatre, bed and outpatient space and staffing resources within agreed timelines
- Changes to emergency demand
- Patients unable or unwilling to transfer their care to alternative providers

### **Recommendations**

The board are asked to:

- Note the contents of the report
- Acknowledge the improvement trajectory, in particular the early delivery of the non admitted trajectory
- Acknowledge the key risks.

# Specialty Level Trajectory

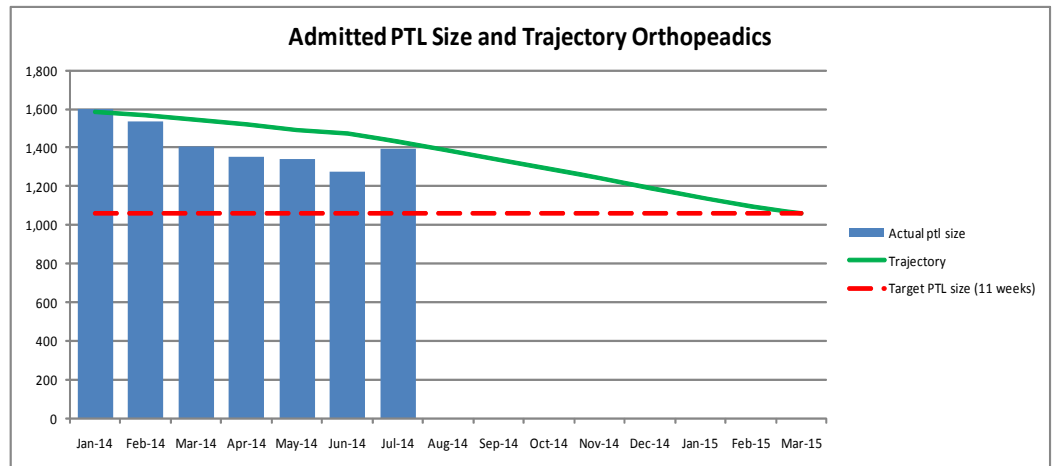
		Admitted Trust level RTT														
		Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Trajectory	Actual	80.8%	80.5%	81.2%	81.2%	82.3%	84.3%	86.9%	87.7%	88.8%	89.5%	90.5%	90.5%	90.5%	90.4%	92.0%
	UHL + Alliance	81.8%	79.3%	76.7%	75.7%	76.8%	77%									
		Non admitted Trust level RTT														
Trajectory	Actual	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
	UHL + Alliance	92.3%	92.7%	92.8%	93.1%	93.6%	94.1%	94.8%	95.1%	95.3%	95.3%	95.5%	96.1%	96.1%	96.1%	96.1%
Trajectory	Actual	93.4%	93.5%	93.9%	93.4%	93.9%	94.3%									
	UHL + Alliance			94.3%	94.4%	95.0%										
		Adult Ophthalmology Admitted RTT														
Trajectory	Actual	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
	UHL + Alliance	58.8%	61.0%	62.3%	63.1%	69.5%	80.4%	90.1%	90.2%	90.3%	90.6%	90.6%	90.5%	90.8%	90.7%	90.8%
Trajectory	Actual	57.8%	60.0%	53.6%	50.3%	52.5%	57.9%									
	UHL + Alliance															
		Adult Ophthalmology Non admitted RTT														
Trajectory	Actual	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
	UHL + Alliance	83.7%	83.1%	82.3%	85.3%	88.8%	89.1%	93.5%	95.4%	95.1%	95.0%	95.2%	95.2%	95.1%	95.1%	95.1%
Trajectory	Actual	86.6	90.2	91.46	89.80%	92.3%	93.8%									
	UHL + Alliance															
		Paediatric Ophthalmology Admitted RTT (other category)														
Trajectory	Actual	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
	UHL + Alliance	80.8%	80.5%	81.2%	81.2%	82.1%	84.4%	84.4%	86.6%	90.6%	90.2%	90.5%	90.5%	90.5%	90.4%	92.0%
Trajectory	Actual			80.1%	73.10%	72.5%	75.3%									
	UHL + Alliance															
		Paediatric Ophthalmology Non admitted RTT(other category)														
Trajectory	Actual	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
	UHL + Alliance	92.3%	92.7%	92.8%	93.3%	92.7%	95.1%	95.4%	95.6%	95.6%	95.6%	95.7%	95.3%	95.3%	95.3%	95.3%
Trajectory	Actual			93%	93.20%	93.9%	94%									
	UHL + Alliance															
		Adult ENT Admitted RTT														
Trajectory	Actual	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
	UHL + Alliance	62.6%	64.5%	61.3%	61.1%	66.1%	72.8%	75.0%	83.1%	90.5%	90.5%	90.4%	90.3%	90.3%	90.2%	90.4%
Trajectory	Actual	69.8%	56.3%	61.8%	61.90%	56.4%	59.2%									
	UHL + Alliance															
		Adult ENT Non admitted RTT														
Trajectory	Actual	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
	UHL + Alliance	89.0%	90.7%	90.4%	93.3%	92.4%	92.4%	93.4%	95.1%	95.4%	95.3%	95.5%	95.5%	95.5%	95.5%	95.5%
Trajectory	Actual	86%	82.7%	86.3%	86.70%	85.1%	87.6%									
	UHL + Alliance															
		Paediatric ENT Admitted RTT (other category)														
Trajectory	Actual	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
	UHL + Alliance	80.8%	80.5%	81.2%	81.2%	82.1%	84.4%	84.4%	86.6%	90.6%	90.2%	90.5%	90.5%	90.5%	90.4%	92.0%
Trajectory	Actual			80.1%	73.10%	72.5%	75.3%									
	UHL + Alliance															
		Paediatric ENT Non admitted RTT(other category)														
Trajectory	Actual	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
	UHL + Alliance	92.3%	92.7%	92.8%	93.3%	92.7%	95.1%	95.4%	95.6%	95.6%	95.6%	95.7%	95.3%	95.3%	95.3%	95.3%
Trajectory	Actual			93%	93.20%	93.9%	94%									
	UHL + Alliance															
		Orthopaedics Admitted RTT														
Trajectory	Actual	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
	UHL + Alliance	70.0%	69.7%	75.3%	75.5%	74.4%	76.2%	78.6%	75.9%	77.6%	79.7%	81.0%	82.3%	82.2%	82.3%	90.1%
Trajectory	Actual	70.1%	70.5%	66.5%	70.50%	71.5%	70.4%									
	UHL + Alliance															
		Orthopaedics Non admitted RTT														
Trajectory	Actual	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
	UHL + Alliance	78.8%	79.3%	80.4%	78.4%	80.7%	81.2%	82.0%	83.4%	84.1%	85.0%	86.0%	95.2%	95.1%	95.1%	95.1%
Trajectory	Actual	78.30%	78.40%	80.5%	76%	80.2%	81.1%									
	UHL + Alliance															
		General surgery Admitted RTT														
Trajectory	Actual	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
	UHL + Alliance	75.2%	72.8%	73.7%	74.4%	74.6%	73.3%	77.4%	82.5%	84.2%	88.2%	90.2%	90.2%	90.2%	90.2%	90.2%
Trajectory	Actual	65.9%	56.9%	66.2%	74.20%	71.6%	73%									
	UHL + Alliance															
		General surgery Non admitted RTT														
Trajectory	Actual	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
	UHL + Alliance	95.1%	95.1%	95.9%	95.1%	95.3%	95.9%	95.1%	95.3%	95.2%	95.3%	95.6%	95.1%	95.1%	95.1%	95.1%
Trajectory	Actual	84%	75.1%	96.7%	95.9%	96.1%	95.1%									
	UHL + Alliance															

**Inpatient waiting list size**

**Othopaedics**

Actual ptl size  
Trajectory  
Target PTL size (11 weeks)

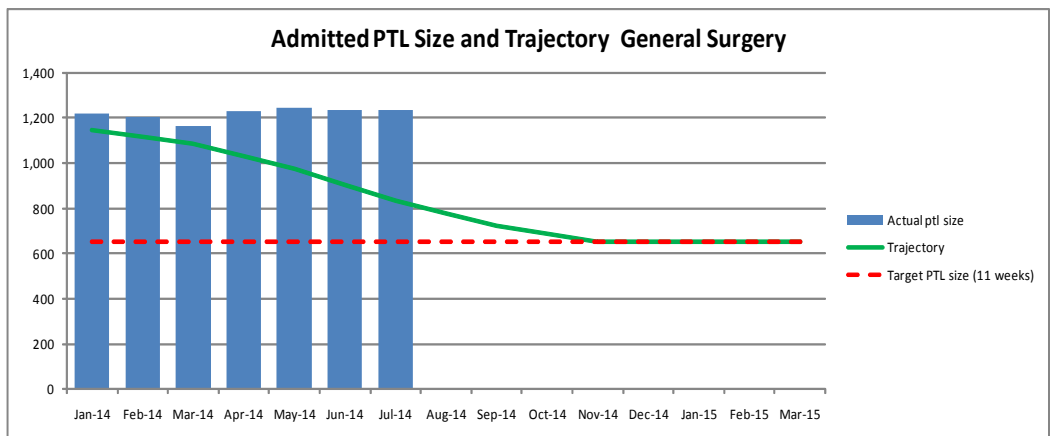
	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Actual ptl size	1,602	1,536	1,405	1,351	1,339	1,278	1,392	-	-						
Trajectory	1,587	1,565	1,542	1,518	1,491	1,476	1,431	1,383	1,336	1,288	1,241	1,193	1,145	1,098	1,062
Target PTL size (11 weeks)	1,062	1,062	1,062	1,062	1,062	1,062	1,062	1,062	1,062	1,062	1,062	1,062	1,062	1,062	1,062



**General surgery**

Actual ptl size  
Trajectory  
Target PTL size (11 weeks)

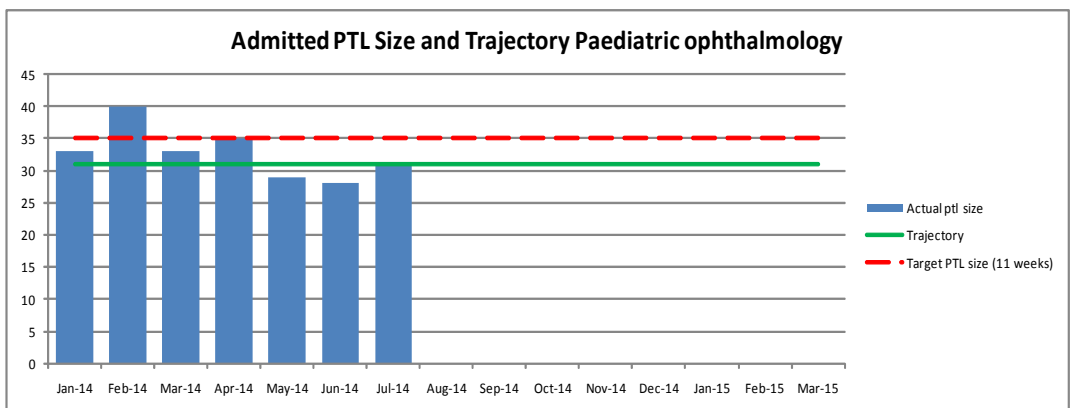
	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Actual ptl size	1,220	1,205	1,162	1,227	1,242	1,236	1,236	-	-						
Trajectory	1,148	1,118	1,087	1,031	975	904	834	778	721	686	651	651	651	651	651
Target PTL size (11 weeks)	651	651	651	651	651	651	651	651	651	651	651	651	651	651	651



**Paediatric ophthalmology**

Actual ptl size  
Trajectory  
Target PTL size (11 weeks)

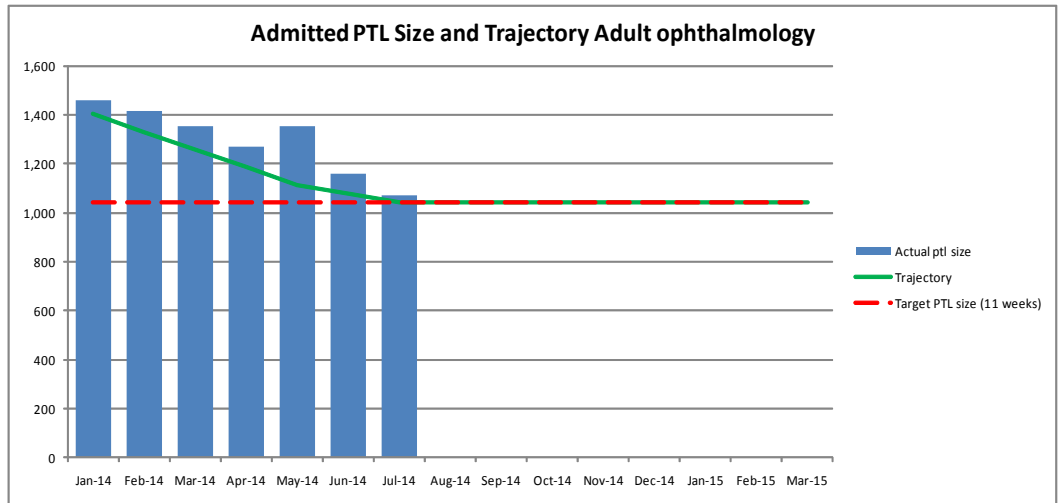
	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Actual ptl size	33	40	33	35	29	28	31	-	-						
Trajectory	31	31	31	31	31	31	31	31	31	31	31	31	31	31	31
Target PTL size (11 weeks)	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35



Adult ophthalmology

Actual ptl size  
Trajectory  
Target PTL size (11 weeks)

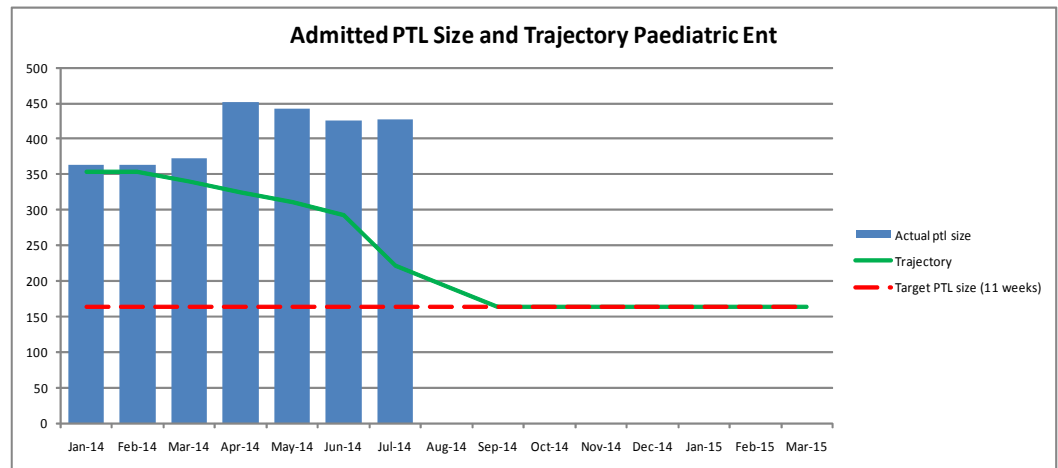
	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Actual ptl size	1,458	1,415	1,355	1,271	1,353	1,160	1,070	-	-						
Trajectory	1,402	1,330	1,258	1,186	1,114	1,078	1,042	1,042	1,042	1,042	1,042	1,042	1,042	1,042	1,042
Target PTL size (11 weeks)	1,042	1,042	1,042	1,042	1,042	1,042	1,042	1,042	1,042	1,042	1,042	1,042	1,042	1,042	1,042



Paediatric ENT

Actual ptl size  
Trajectory  
Target PTL size (11 weeks)

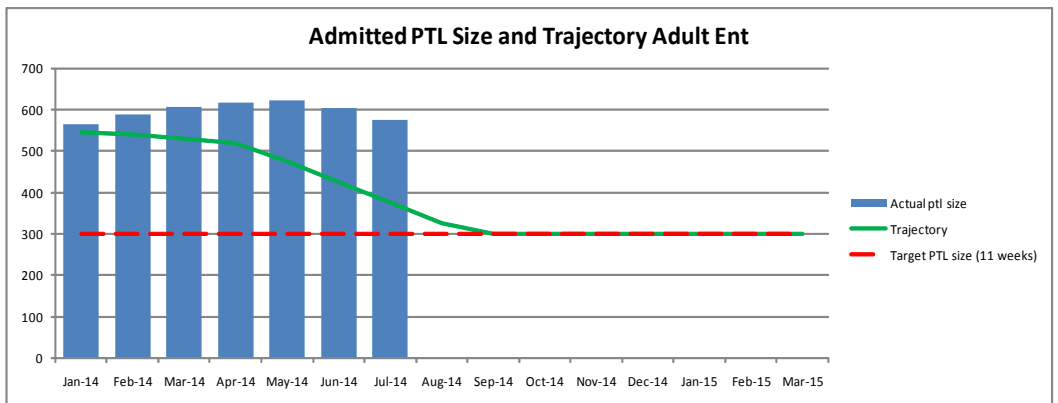
	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Actual ptl size	364	364	372	452	442	425	428	-	-						
Trajectory	354	354	340	325	311	293	221	192	163	163	163	163	163	163	163
Target PTL size (11 weeks)	163	163	163	163	163	163	163	163	163	163	163	163	163	163	163



Adult Ent

Actual ptl size  
Trajectory  
Target PTL size (11 weeks)

	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Actual ptl size	565	589	606	618	621	604	575	-	-						
Trajectory	545	540	529	518	475	425	375	326	300	300	300	300	300	300	300
Target PTL size (11 weeks)	300	300	300	300	300	300	300	300	300	300	300	300	300	300	300





<b>To:</b>	<b>Trust Board</b>										
<b>From:</b>	<b>Richard Mitchell, Chief Operating Officer</b>										
<b>Date:</b>	<b>July 2014</b>										
<b>CQC regulation:</b>	<b>As applicable</b>										
<b>Title:</b>	Appendix 4 - Cancer performance (Reporting on April-June 2014 performance)										
<b>Author:</b>	Richard Mitchell, Chief Operating Officer Matthew Metcalfe, Cancer Centre Clinical Lead										
<b>Purpose of the Report:</b>	To provide an overview on April performance and future predicted performance										
<b>The Report is provided to the Board for:</b>	<table border="1"> <tr> <td>Decision</td> <td></td> <td>Discussion</td> <td>√</td> </tr> <tr> <td>Assurance</td> <td>√</td> <td>Endorsement</td> <td></td> </tr> </table>			Decision		Discussion	√	Assurance	√	Endorsement	
Decision		Discussion	√								
Assurance	√	Endorsement									
<b>Summary / Key Points:</b>	<ul style="list-style-type: none"> <li>• UHL cancer performance since Q4 13/14 has deteriorated</li> <li>• There has been a significant increase in 2ww referrals in April and a sustained increase in breast referrals for 3 months</li> <li>• June 2ww, 31 and 62 day standards have not been achieved, 31 and 62 day standards are at risk for July</li> <li>• The number patients over 62 days has significantly increased across a number of tumour sites the reasons for the delays are understood</li> <li>• Recovery is expected by end Q2</li> </ul>										
<b>Recommendations:</b>	The Trust Board is invited to receive and note this report.										
<b>Previously considered at another UHL corporate Committee</b>	<b>N/A</b>										
<b>Strategic Risk Register</b>	<b>Performance KPIs year to date</b>										
Yes	Please see report										
<b>Resource Implications (eg Financial, HR)</b>	Yes										
<b>Assurance Implications</b>	Meeting all cancer standards										
<b>Patient and Public Involvement (PPI) Implications</b>	Impact on patient experience where long waiting times are experienced										
<b>Equality Impact</b>	N/A										
<b>Information exempt from Disclosure</b>	N/A										
<b>Requirement for further review</b>	Monthly										

# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

## OPERATIONAL PERFORMANCE EXCEPTION REPORT

**REPORT TO:** TRUST BOARD

**DATE:** 31 July 2014

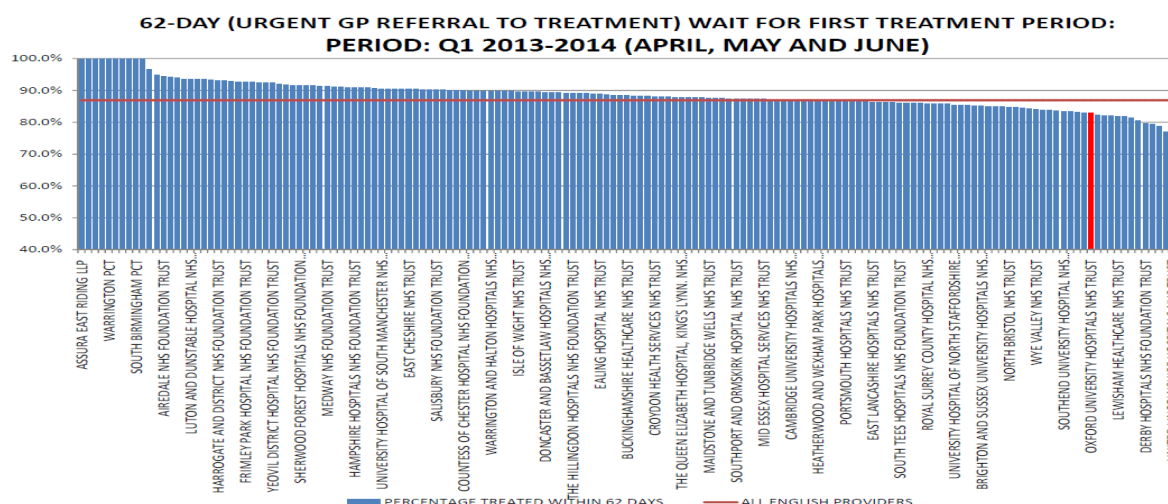
**REPORT BY:** Richard Mitchell, Chief Operating Officer

**AUTHOR:** Matt Metcalfe, Cancer Centre Clinical Lead

**SUBJECT:** Cancer performance (reporting on April- June 2014 performance)

### Background

Performance against cancer waiting times targets (CWT) for UHL fell below the national standard for the 62 day referral to treatment target for 2011/12 and 2012/13, with UHL firmly in the lower quartile of cancer provider trusts nationally. This picture was maintained in Q1 of 2013/14, with UHL ranked bottom against our 6 “Better Care, Better Value” (BCBV) comparator trusts.



A remedial action plan was agreed with the commissioners and effected within UHL via a restructured Cancer Centre operating through weekly Cancer Action Board (CAB) meetings with CBU/CMG representatives and monthly Cancer Board and Cancer Clinical Nurse Specialist meetings.

The resulting trust level performance by Q4 for the 62 day target saw UHL ranked 23 nationally, and top of our BCBV comparator trusts.

### Current cancer performance

Q1 has seen a dip in cancer performance across many of the targets;

CWT standard (target)	2013/4 Q4 performance	2014/5 Q1 performance
2WW (93%)	95.5%	91.6%
62 day (GP ref) (85%)	90.1%	83.7%
Screening 62 day (90%)	94.4%	76.9%
31 day first treatment (96%)	97.9%	93.1%
31 day subsequent treatment (surgery) (94%)	96.5%	92.5%
31 day subsequent treatment (radiotherapy) (94%)	96.6%	95.3%

31 day subsequent treatment (chemotherapy) (98%)	100%	100%
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In addition the median number of patients waiting over 100 days for treatment on a 62 day pathway during Q4 of 2013/4 was 4. The current number for this indicator, which attracts considerable external scrutiny, is 17.

### **Early warning indicator for Cancer Performance**

In light of the abrupt deterioration in cancer performance and the inevitable lag between instigation of remedial measures and performance recovery whilst the backlog is treated consideration has been given to whether a clear early warning indicator of threats to performance can be developed. Following review it can be demonstrated that it does appear indicative to use the number of patients within 3 weeks of breach date (day 40-62 of pathway) as an early warning indicator for a likely challenges in performance. How this data can be used in an 'at a glance' report for key stakeholders is shown at appendix A – this report will be generated by the Cancer Centre weekly.

### **Remedial Actions**

- 1) The CMGs have submitted recovery plans for each tumour site. These are currently going through a process of confirm and challenge to ensure they allow delivery of 2013/14 Q4 level performance by M6 2014/15. These will be signed off by the end of July.
- 2) A monthly CMG general managers meeting with the Cancer Centre management team and Chief Operating Officer instigated to monitor cancer performance management and the recovery plan progress. Commenced June.
- 3) These cross CMG cancer meetings will be augmented by a series of 1:1 meetings between the CMG and Cancer Centre management teams and the Chief Operating Officer. Commencing August.
- 4) The monthly Cancer Board meetings, a clinically lead forum with CMG support, has mandated CMG management and tumour site specific clinical lead attendance endorsed by the Chief Operating Officer and the Medical Director. Commencing August.
- 5) The Early Warning Indicator for Cancer performance has been developed, which will be generated by the Cancer Centre and circulated to the Executive Performance Board and the CMG general managers weekly commencing August.
- 6) Cancer performance will be a standing item on the agenda of CMG board meetings and the relevant minutes copied to the cancer centre.

#### Details of senior responsible officers

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

Appendix A

**Weekly Cancer Predictive Performance Dashboard**

**Week commencing 05/08/14**

<b>Tumour site</b>	<b>Backlog (threshold)</b>	<b>In Month Performance (target 85%)</b>	<b>100 day + Backlog (threshold)</b>	<b>40-62 day indicator (threshold)</b>
Breast	12	88.9%	3	10 (5)
Lung	8	40.9%	1	10 (10)
Haematology	1	0%	1	3 (4)
Upper GI	5	33.3%	1	5 (6)
Lower GI	6	50%	1	10 (10)
Skin	1	100%	1	2 (2)
Gynaecology	6	100%	4	31 (16)
CNS	0	N/A	0	0 (0)
Urology	6	86.7%	3	16 (23)
Head and Neck	0	28.6%	0	7 (6)
Sarcoma	1	N/A	1	2 (6)
Hepatobiliary	1	N/A	1	0 (3)
<b>Trust Level</b>	<b>47 (30)</b>	<b>70.1%</b>	<b>17 (6)</b>	<b>96 (91)</b>

**Foot notes:**

1. Breast screening performance remains very challenged – circa 70% threatening trust bottom line yearend position for this CWT target – wire localisation slots and their efficient utilisation rate limiting
2. Endoscopy process affecting Upper and Lower GI performance, work streams with the CMG to address this against agreed standards
3. 2WW capacity a significant pressure across multiple tumour sites, most particularly Gynaecology, Dermatology and Breast
4. Lung RAL clinic capacity significantly limited
5. Imaging in Cancer performance slipped from 80% request to report turnaround time within 7 days to 60% over last 2 months

## APPENDIX 5

<b>To:</b>	<b>Trust Board</b>		
<b>From:</b>	<b>Richard Mitchell, Chief Operating Officer</b>		
<b>Date:</b>	<b>31 July 2014</b>		
<b>CQC regulation:</b>	<b>As applicable</b>		
<b>Title:</b>	Cancelled operations report		
<b>Author:</b> Phil Walmsley , Head of Operations			
<b>Purpose of the Report:</b> To provide an overview on cancelled operations performance.			
<b>The Report is provided to the Board for:</b>			
Decision	<input type="checkbox"/>	Discussion	<input type="checkbox"/>
Assurance	<input checked="" type="checkbox"/>	Endorsement	<input type="checkbox"/>
<b>Summary / Key Points:</b>			
<ul style="list-style-type: none"> <li>• The percentage of operations cancelled on/after the day for non-clinical reasons during June was 1.0% against a target of 0.8%. Performance for up to the 20th July is 0.6%.</li> <li>• The % of patients cancelled who are offered another date within 28 days of the cancellation. The number of patients breaching this standard in June was 1 with 99% offered a date within 28 days of the cancellation. This is an improved position against May.</li> <li>• The number of urgent operations cancelled for a second time ; Zero</li> <li>• The Trust is recruiting an Operational Manager to ensure on-going delivery</li> </ul>			
<b>Recommendations:</b> The Trust Board is invited to receive and note this report.			
<b>Previously considered at another UHL corporate Committee</b> N/A			
<b>Strategic Risk Register</b> Yes		<b>Performance KPIs year to date</b> Please see report	
<b>Resource Implications (eg Financial, HR)</b> Yes			
<b>Assurance Implications</b>			
<b>Patient and Public Involvement (PPI) Implications</b> Impact on patient experience due to cancelling of operations			
<b>Equality Impact</b> N/A			
<b>Information exempt from Disclosure</b> N/A			
<b>Requirement for further review</b> Monthly			

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

**REPORT TO:** TRUST BOARD

**DATE:** 31st July 2014

**REPORT BY:** Richard Mitchell, Chief Operating Officer

**AUTHOR:** Phil Walmsley, Interim General Manager, ITAPS

**CMG GENERAL MANAGER:** Phil Walmsley, Interim General Manager, ITAPS Phil Walmsley

**SUBJECT:** Short notice cancelled operations (Alliance data not included)

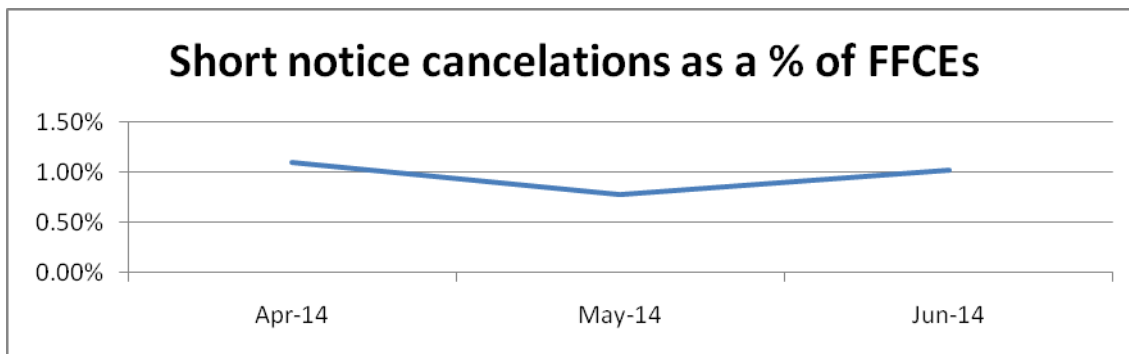
**Introduction**

The cancelled operations target comprises of three components:

1. The % of cancelled operations for non clinical reasons on the day of admission
2. The % of patients cancelled who are offered another date within 28 days of the cancellation
3. The number of urgent operations cancelled for a second time

**Trust performance in March:-**

1. *The percentage of operations cancelled on/after the day for non-clinical reasons with Alliance activity included during June was 1.0% against a target of 0.8%. Performance for July (up to 20th July) is 0.6%.*
2. *The % of patients cancelled who are offered another date within 28 days of the cancellation. The number of patients breaching this standard in June was 1 with 99% offered a date within 28 days of the cancellation. This is an improved position against May.*
3. *The number of urgent operations cancelled for a second time ; Zero*



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

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

The key action to ensure on-going good performance is the daily reporting of patients cancelled requiring redating within 28 days and escalating to CMG Directors and General Managers for resolution.

The Trust has interviewed and offered the post of 'Cancelled Operations' manager following interviews in

June (similar to the Nottingham University Hospitals post) , it is anticipated that they will be in post within 2 months.

**Risks to delivery of recovery plan**

There are risks to delivery of the plan to reduce cancellations on the day. These are mainly associated with bed availability. Circa 75% of cancellations on the day are due to no bed availability (review carried out over 3 months, showed lack of beds to be either a direct or indirect cause of cancellations on the day.

**Details of senior responsible officer**

CMG SRO: P Walmsley  
Corporate Ops: P Walmsley