

Quality & Performance Report

Author: John Adler Sponsor: Chief Executive Date: PPC + QOC 25th July 2019

Executive Summary from CEO

Joint Paper 1

Context

This report provides a high level summary of the Trust's performance against the key quality and performance metrics, together with a brief commentary where appropriate. This complements the full Quality and Performance Report and the exception reports within that which are triggered automatically when identified thresholds are met. The exception reports contain the full detail of recovery actions and trajectories where applicable.

Questions

1. What is the Trust performance against the key quality and performance metrics.

Conclusion

Good News:

- **Mortality** – the latest published SHMI (period February 2018 to January 2019) has increased to 100. Importantly, this remains within the expected range.
- **Diagnostic 6 week wait** – standard achieved for 10 consecutive months.
- **52+ weeks wait** – has been compliant for 12 consecutive months.
- **Referral to treatment** – numbers on the waiting list (now the primary performance measure) were below the NHSE/I trajectory but 18 week performance was below the NHS Constitution standard at 83.5%.
- **Delayed transfers of care** - remain within the tolerance.
- **12 hour trolley wait** was 0 breaches reported.
- **C DIFF** – was within threshold this month.
- **MRSA** – 0 cases reported.
- **Pressure Ulcers** - 0 **Grade 4**, 0 **Grade 3** and 5 **Grade 2** reported during June.
- **Single Sex Accommodation Breaches** – 0 breaches reported for 3 consecutive months.
- **Inpatient and Day Case Patient Satisfaction (FFT)** achieved 97% which is above the national average. **Cancer Two Week Wait** was 93.4% in May.
- **2 Week Wait Cancer Symptomatic Breast** was 93.1% in May.
- **Fractured NOF** – remains compliant for the 11th consecutive month.
- **90% of Stay on a Stroke Unit** – threshold achieved with 90.0% reported in May.
- **TIA (high risk patients)** – threshold achieved with 61.4% reported in June.
- **Cancelled operations OTD** - 1.0% reported in June.
- **Annual Appraisal** is at 92.0%.

- **Statutory and Mandatory Training** compliance has increased to 92%. A specific focus is being applied to Bank and Estates & Facilities staff with a compliance deadline of 31/10.

Bad News:

- **UHL ED 4 hour performance** – was 74.1% for June, system performance (including LLR UCCs) was 81.5%. **Ambulance Handover 60+ minutes (CAD)** – performance at 4.4%.
- **Moderate harms and above** – May (reported 1 month in arrears) was above threshold.
- **CAS alerts** – not compliant.
- **Cancer 31 day treatment** was 93.9% in May.
- **Cancer 62 day treatment** was 75.0% in May
- **Patients not rebooked within 28 days following late cancellation of surgery** - 21.

Input Sought

I recommend that the Committee:

- Commends the positive achievements noted under Good News
- Note the areas of Bad News and consider by reference to the Q&P and topic-specific reports if the actions being taken are sufficient.

For Reference

Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes / No / Not applicable]
Effective, integrated emergency care	[Yes / No / Not applicable]
Consistently meeting national access standards	[Yes / No / Not applicable]
Integrated care in partnership with others	[Yes / No / Not applicable]
Enhanced delivery in research, innovation & ed'	[Yes / No / Not applicable]
A caring, professional, engaged workforce	[Yes / No / Not applicable]
Clinically sustainable services with excellent facilities	[Yes / No / Not applicable]
Financially sustainable NHS organisation	[Yes / No / Not applicable]
Enabled by excellent IM&T	[Yes / No / Not applicable]

2. This matter relates to the following **governance** initiatives:


Organisational Risk Register	[Yes / No / Not applicable]
Board Assurance Framework	[Yes / No / Not applicable]

3. Related **Patient and Public Involvement** actions taken, or to be taken: Not Applicable

4. Results of any **Equality Impact Assessment**, relating to this matter: Not Applicable

5. Scheduled date for the **next paper** on this topic: 29th August 2019

Caring at its best

University Hospitals of Leicester 
NHS Trust

Quality and Performance Report

June 2019



One team shared values



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REPORT TO: INTEGRATED FINANCE, PERFORMANCE AND INVESTMENT COMMITTEE
QUALITY AND OUTCOMES COMMITTEE

DATE: 25th July 2019

REPORT BY: ANDREW FURLONG, MEDICAL DIRECTOR
REBECCA BROWN, CHIEF OPERATING OFFICER
CAROLYN FOX, CHIEF NURSE
HAZEL WYTON, DIRECTOR OF PEOPLE AND ORGANISATIONAL DEVELOPMENT
DARRYN KERR, DIRECTOR OF ESTATES AND FACILITIES

SUBJECT: June 2019 QUALITY & PERFORMANCE SUMMARY REPORT

1.0 Introduction

The following report provides an overview of performance for NHS Improvement (NHSI) and UHL key quality commitment/performance metrics. Escalation reports are included where applicable. The NHSI have recently published the 'Single Oversight Framework' which sets out NHSI's approach to overseeing both NHS Trusts and NHS Foundation Trusts and shaping the support that NHSI provide.

The NHS Single Oversight Framework sets out NHS Improvement's approach to overseeing and supporting NHS trusts and NHS foundation trusts under the Single Oversight Framework (SOF). It explains what the SOF is, how it is applied and how it relates to NHS Improvement's duties and strategic priorities.

The document helps providers to understand how NHS Improvement is monitoring their performance; how NHSI identify any support providers need to improve standards and outcomes; and how NHSI co-ordinate agreed support packages where relevant. It summarises the data and metrics regularly collected and reviewed for all providers, and the specific factors that will trigger more detailed investigation into a trust's performance and support needs.

NHSI have also made a small number of changes to the information and metrics used to assess providers' performance under each theme, and the indicators that trigger consideration of a potential support need. These updates reflect changes in national policy and standards, other regulatory frameworks and the quality of performance data, to ensure that the oversight activities are consistent and aligned.

2.0 Changes to Indicators/Thresholds

The target for the falls metric on the safe dashboard has been amended.

Summary Scorecard – YTD

The following table shows the Trust's current performance against the headline indicators within the Trust Summary Scorecard.

SAFE	CARING	WELL LED	EFFECTIVE	RESPONSIVE
Moderate Harm	FFT Inpatients & Daycase	Turnover Rate	Mortality (SHMI)	ED 4hr Wait UHL
Never Event	FFT A&E	Sickness Absence	Crude Mortality	ED 4hr Wait UHL Acute Footprint
Clostridium Difficile	FFT Outpatients	Annual Appraisal	#NOF's <36hrs	12hr Trolley Waits
MRSA Unavoidable	FTT Maternity	Statutory & Mandatory Training	Stroke – 90% Stay	RTT Incompletes
Serious Incidents	Single Sex Breaches	Cost Improvement Delivery	TIA	RTT 52 Weeks Wait
Pressure Ulcers Grade 4		Finance	Readmissions <30 days	Diagnostic Waits
Pressure Ulcers Grade 3				DTOC
Pressure Ulcers Grade 2				Handover >60
Falls				Cancelled Ops
				Cancer 31 Day
				Cancer 62 Day

Key changes in indicators in the period:

SUCCESES (Red to Green):

ISSUES (Green to Red):

- 1 Never Event last month

One team shared values



Summary Scorecard – June 2019

The following table shows the Trust's current performance against the headline indicators within the Trust Summary Scorecard.

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Pressure Ulcers Grade 2				Handover >60
Falls				Cancelled Ops
				Cancer 31 Day
				Cancer 62 Day

Key changes in indicators in the period:

SUCCESSSES (Red to Green):

- HAPU G2

ISSUES (Green to Red):

- 1 Never Event last month
- Moderate Harms

One team shared values



#	Rules	Interpretation
1	A single point outside the control limits	Points falling outside the control limits may be the result of a special cause that was corrected quickly, either intentionally or unintentionally. It may also point to an intermittent problem.
2	Two of three points outside the two sigma limit	If two out of three consecutive points on the same side of the average lie beyond the 2-sigma limits, the system is said to be unstable.
3	Four of Five points outside the one sigma limit	When four out of five consecutive points lie beyond the 1-sigma limit on one side of the average, the system is declared unstable.
4	Seven or more points in a row on the same side of centerline	When Seven or more points in a row lie on the same side of mean – this is indicative of a trend. If data points drifts upward/downwards even though there is no group of seven points in a row going up/down. This pattern indicates a gradual change over time in the characteristic being measured.

— TARGET

... MEDIAN

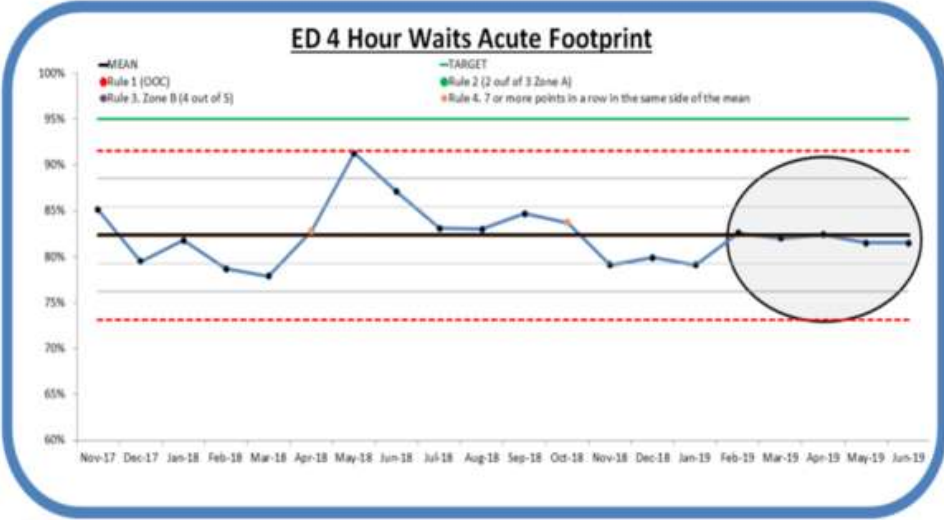
● Rule 1 (OOC)

● Rule 2 (2 out of 3 Zone A)

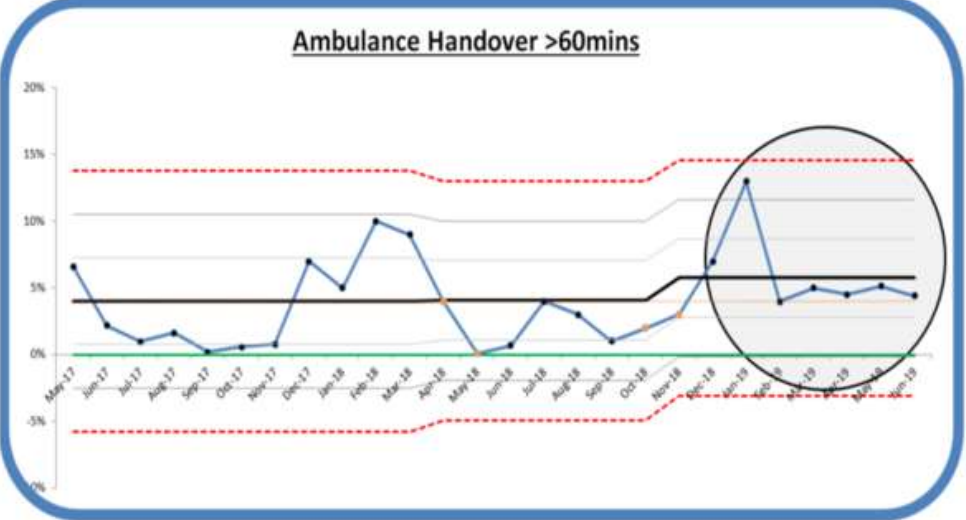
● Rule 3. Zone B (4 out of 5) UCL

● Rule 4. 7 or more points in a row in the same side of the mean

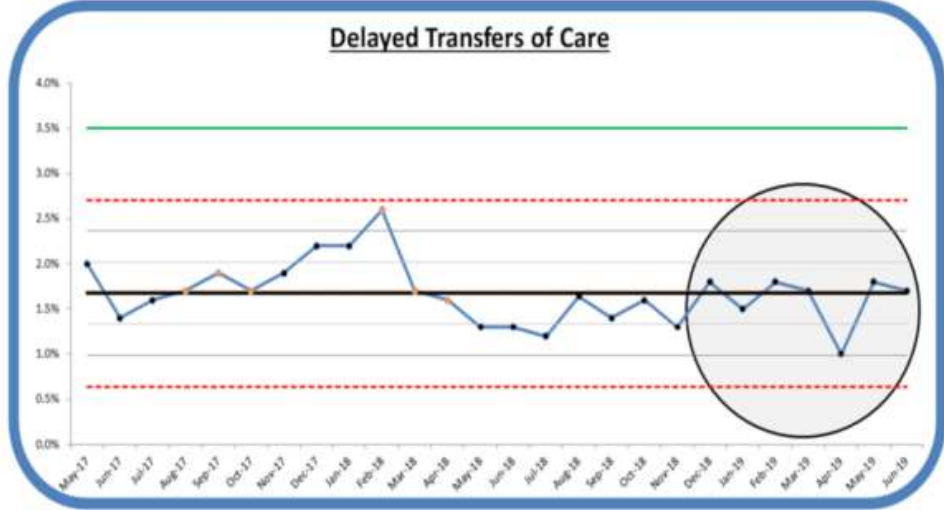
SPC Analysis



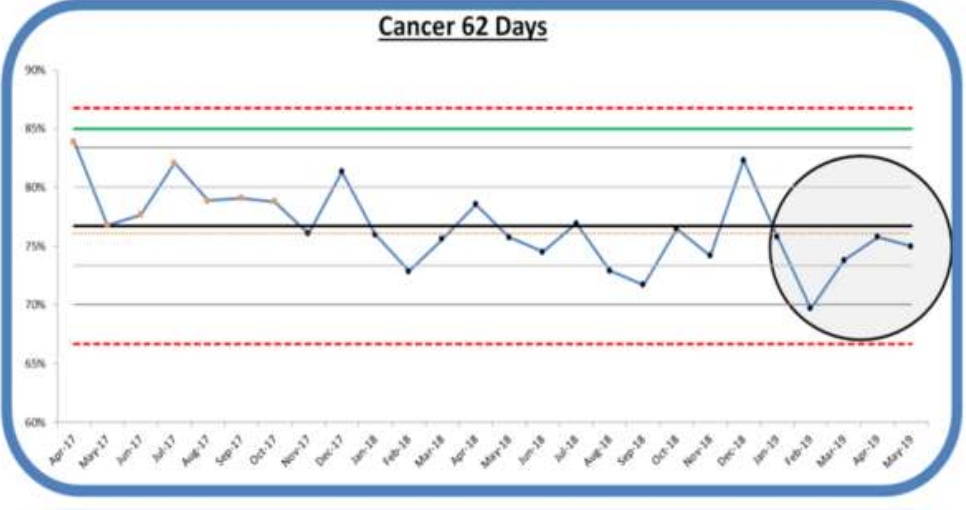
Stable for the last 5 months.



Monthly Performance has been stable for the last 5 months. Irregular pattern in daily performance.

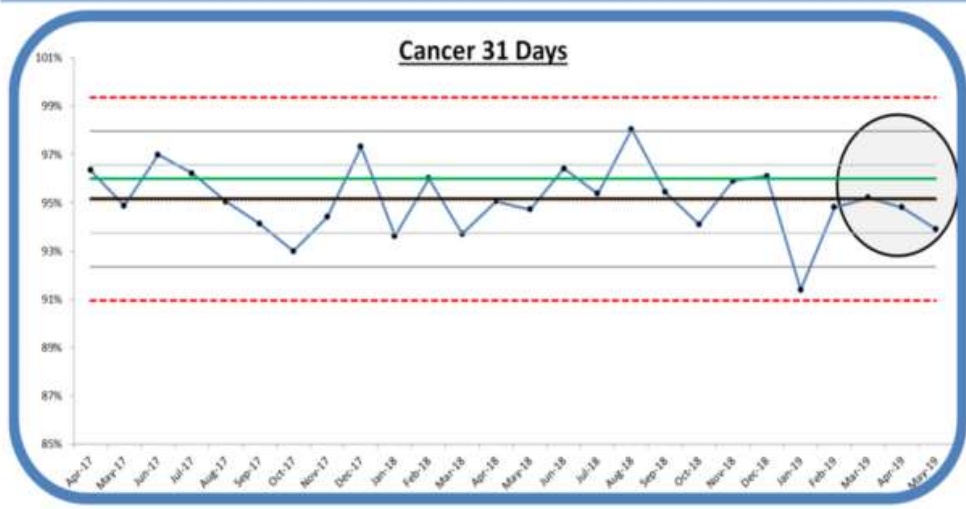


Performance well within threshold.

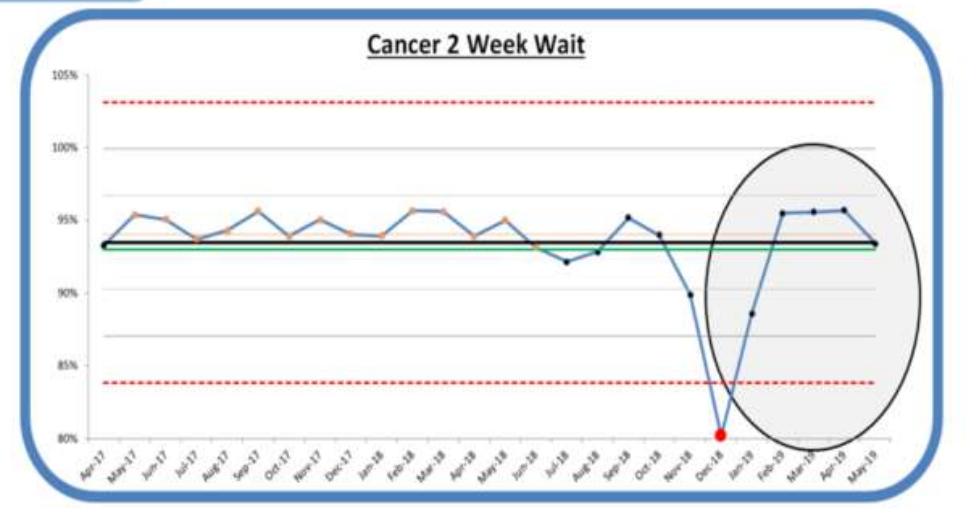


Performance is below target but within expected range.

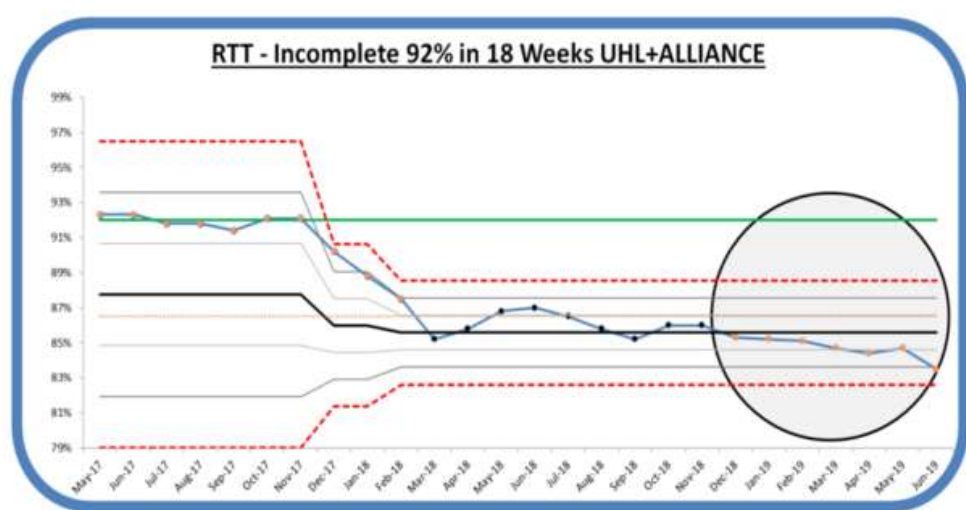
SPC Analysis



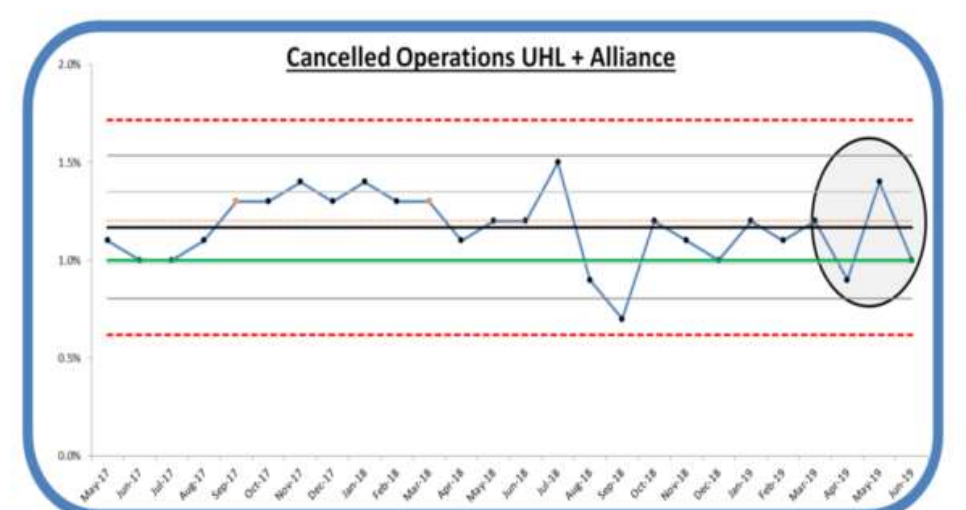
Downwards trend emerging.



Achieving target.

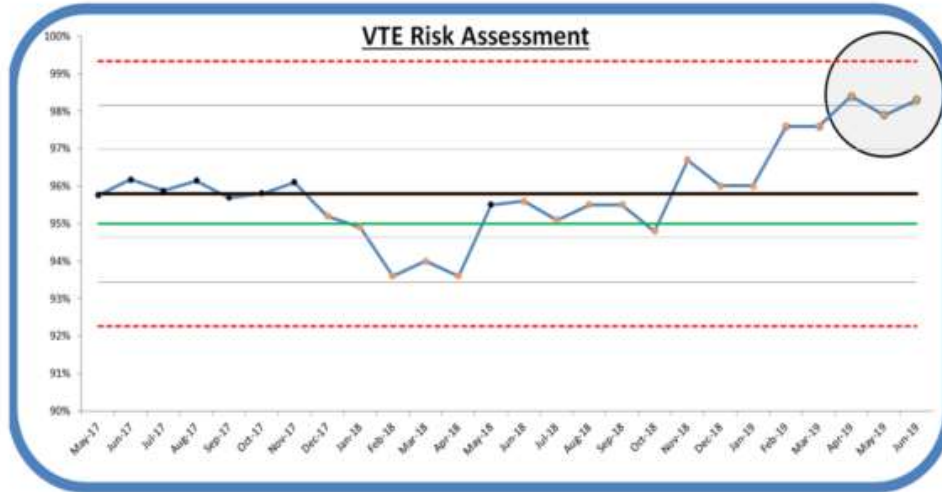


Downward trend in RTT but within expected range.

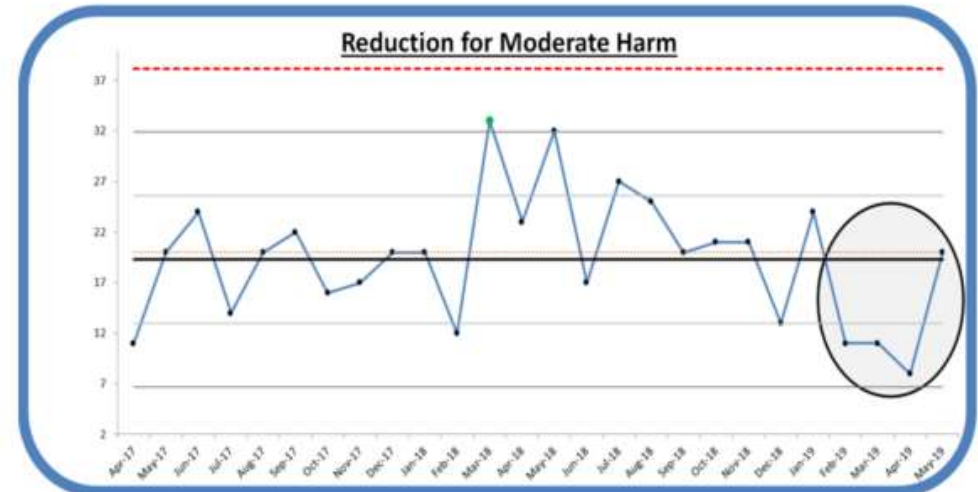


Monthly performance is variable.

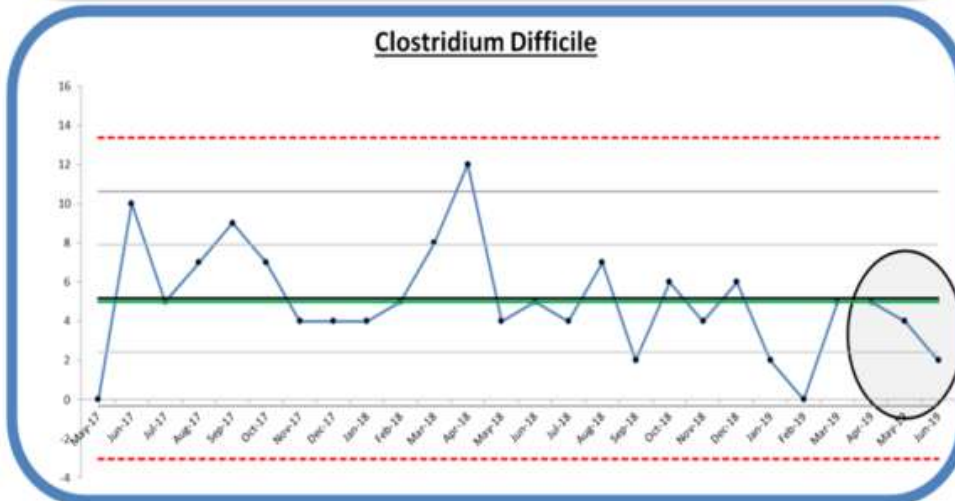
SPC Analysis



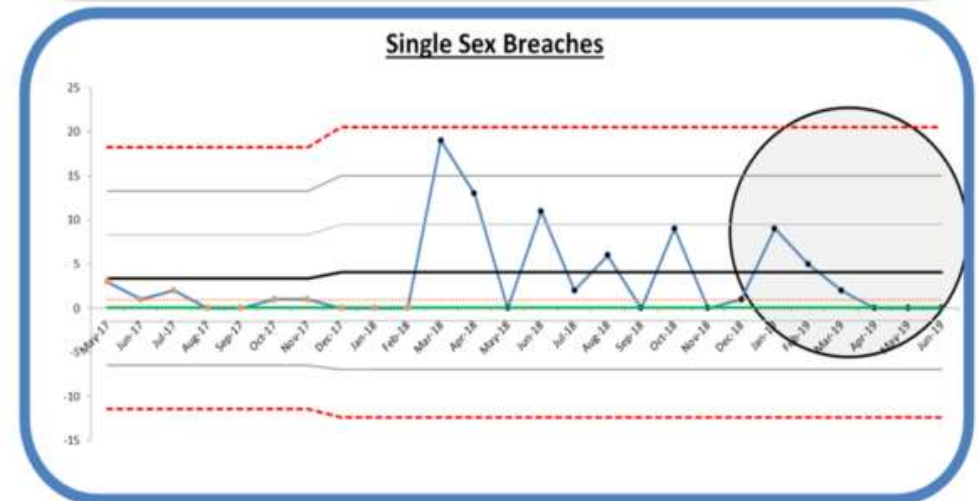
Significant improvement (rising trend). Performance for the last 8 months were above the threshold.



Monthly performance is variable.

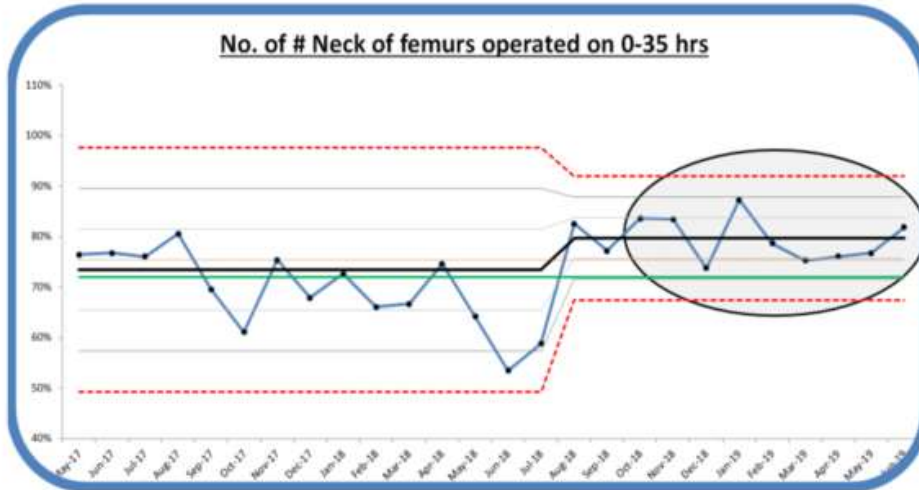


improved position compared to last year. Downwards trend emerging.

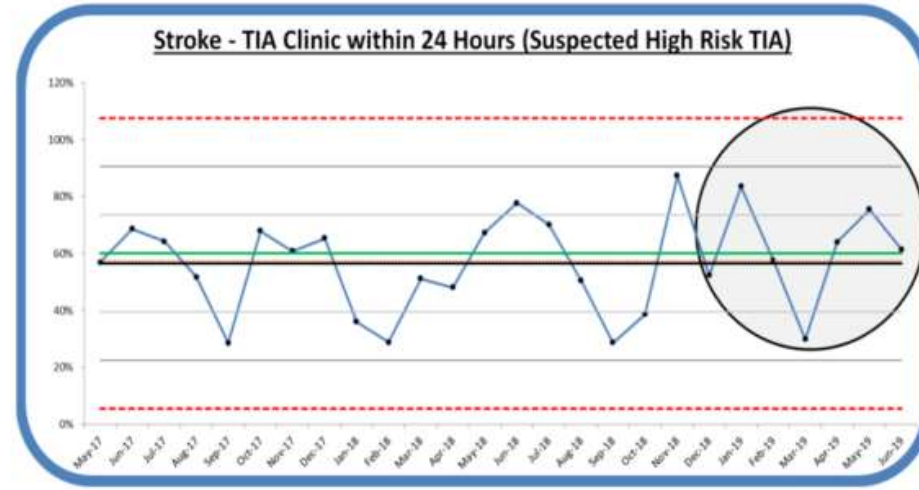


0 breaches for 3 consecutive months.

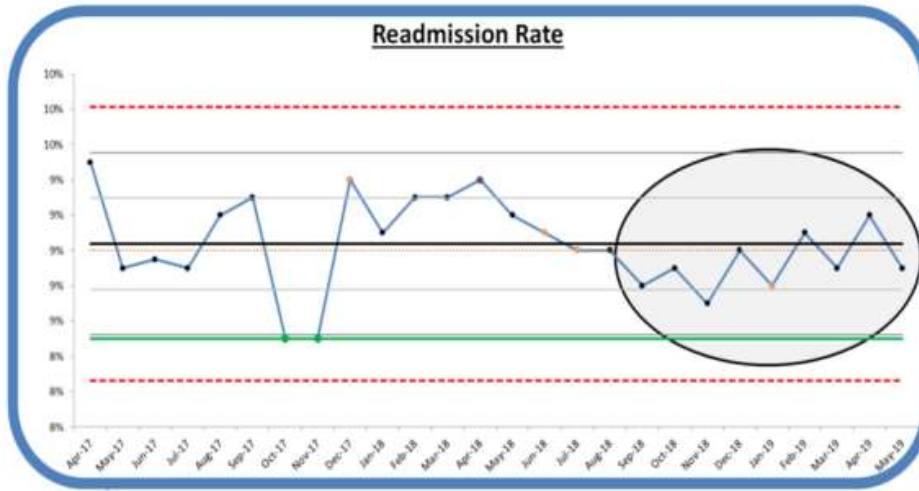
SPC Analysis



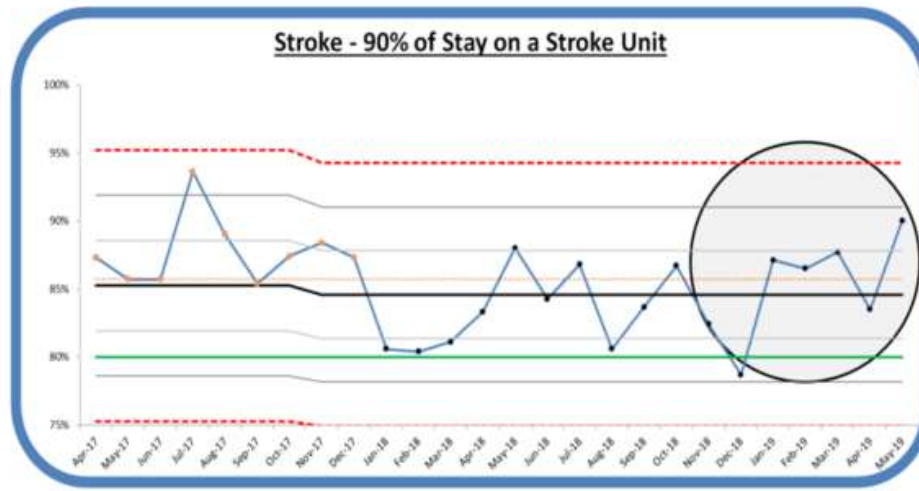
Upward trend in performance – improved position compared to the same period last year



Intermittent/irregular pattern in performance for Stroke TIA.



Emerging upwards trend in readmissions.

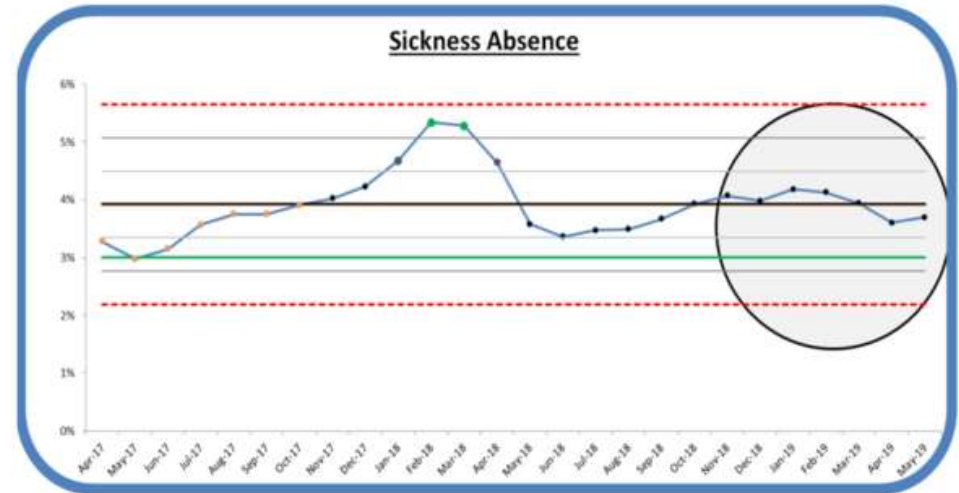


Stroke delivering target.

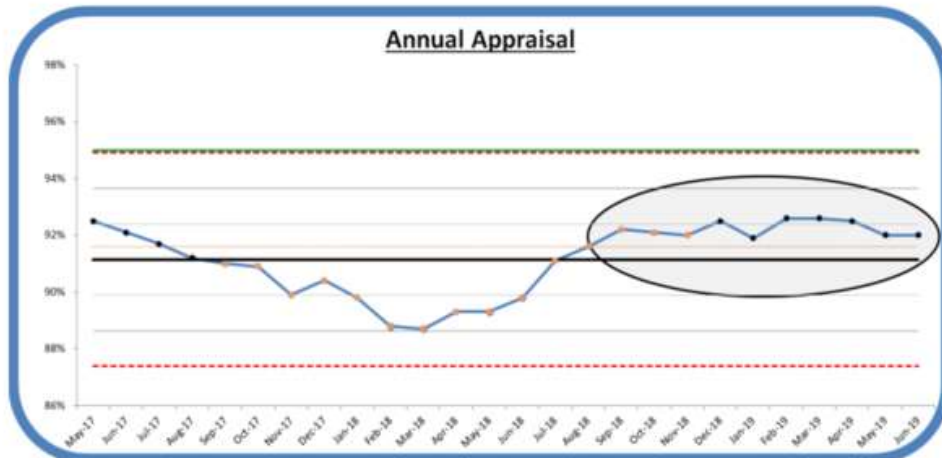
SPC Analysis



Within threshold and trending downwards.

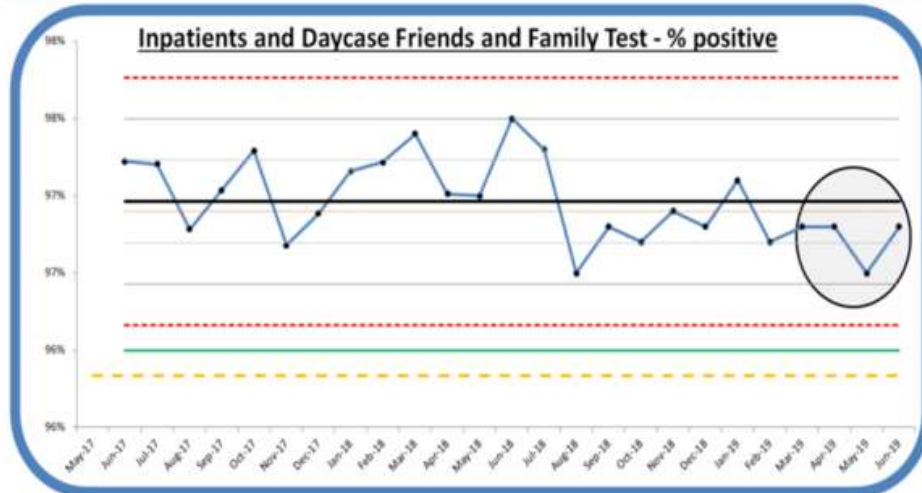


Stable around the mean but above the threshold

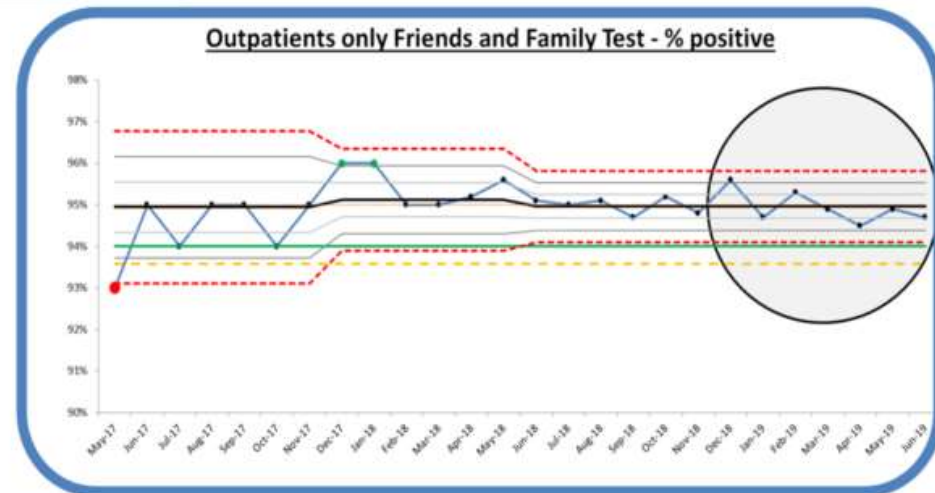


Stable but below the threshold

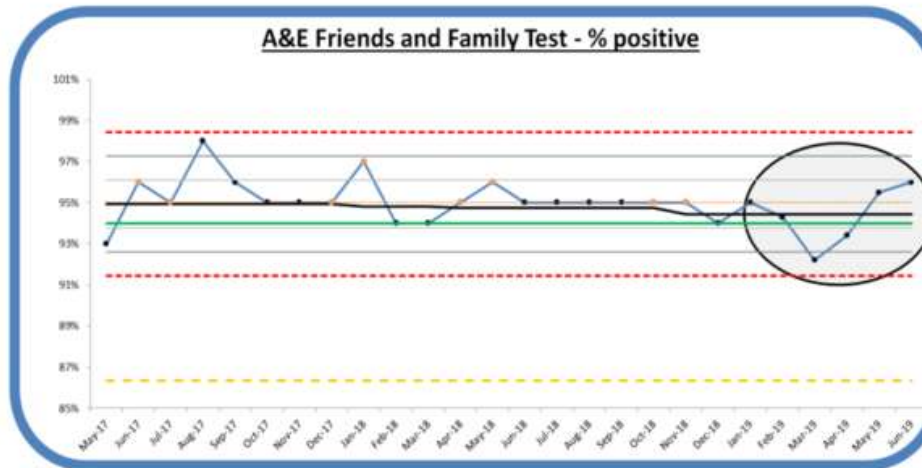
SPC Analysis



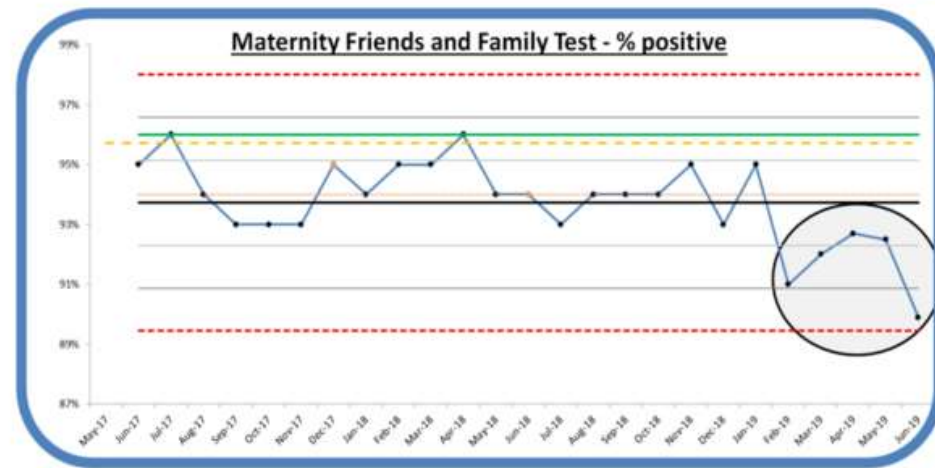
Within Expected Range.



Performance remains stable.



Performance has improved in the last 3 months.



Performance deteriorated outside expected range this month.

Note that the national average (last 12 months) is shown in yellow

Domain - Safe

Arrows represent current month performance against previous month, upward arrow represents improvement, downward arrow represents deterioration.



SUCCESSSES

- Data for 2018/19 reflects strong performance against all EWS & sepsis indicators. Our focus for 2019/20 will be to maintain this position.
- CDiff achieved in June
- No MRSA reported in June
- Falls rate per 1000 occupied bed days is the lowest its been in over 12 months.

ISSUES

- Serious Incidents was above threshold for June
- 1 Never Event in June.
- Moderate harms and above was above the threshold.

ACTIONS

We share learning from these incidents through the CMG Quality and Safety Boards, CQRG, Patient Safety Portal and learning bulletins. Incidents are used in training programmes such as the Patient Safety Essentials, Step Up course, MSc and medical school year 1&2 teaching. We take patient safety stories to Trust Board every quarter and utilise Safety Grand Rounds for patient stories and learning.

We triangulate the themes identified from incidents so that we can understand what the chief issues of concern are that are causing patient harm and build them into our priorities of work going forward. These work programmes have been built into our Becoming the Best quality priorities for 2019/20.

SEPSIS



Domain - Caring

Arrows represent current month performance against previous month, upward arrow represents improvement, downward arrow represents deterioration.

Friends and Family Test YTD % Positive



Inpatients FFT **95%** ↓
 Day Case FFT **99%** ↑
 A&E FFT **95%** ↑
 Maternity FFT **91%** ↑
 Outpatients FFT **95%** ↓

Staff FFT Quarter 1 2019/20 (Pulse Check)



74% of staff would recommend UHL as a place to receive treatment

SUCCESSSES

- Friends and family test (FFT) for Inpatient & Daycase care 97% for June & above the national average.
- No Same Sex Accommodation Breaches in June much improved position compared to June last year.
- Improved Friends and family test (FFT) in ED continues & is above the national average at 96% positive.
- Improving Friends & family test score in maternity for June (91%) with focused activity to further improve

ISSUES

- Friends and family test (FFT) for Maternity was 91% for June

ACTIONS

- Maternity undertaken a deep dive of all patient feedback and are aware of the detailed themes and issues with resulting action plan for clinical teams.

Single Sex Accommodation Breaches



Arrows represent current month performance against previous month, upward arrow represents improvement, downward arrow represents deterioration.

Friends and Family FFT YTD % Coverage



Inpatients FFT **28.9%** ↑
 Day Case FFT **23.2%** ↓
 A&E FFT **6.9%** ↓
 Maternity FFT **38.8%** ↑
 Outpatients FFT **7.4%** ↑

Staff FFT Quarter 1 2019/20 (Pulse Check)



59% of staff would recommend UHL as a place to work

SUCCESSSES

- Appraisal performance is at 92% (this excludes facilities staff that were transferred over from Interserve).
- Inpatient FFT coverage was 30.4% for June.
- Sickness absence was 3.7% for May.
- Statutory & Mandatory Training performance at 92%
- Corporate Induction attendance for June was 99%.

ISSUES

- A&E FFT Coverage was 6.1% in June.

ACTIONS

- Please see the HR update for more information.

% Staff with Annual Appraisals

92% YTD ↔

Statutory & Mandatory Training

92% YTD ↑

BME % - Leadership

29%

Qtr1
8A including
medical
consultants

16%

Qtr1
8A excluding
medical
consultants

Arrows represent current month performance against previous month, upward arrow represents improvement, downward arrow represents deterioration.

Mortality – Published SHMI



Stroke TIA Clinic within 24hrs



80% of Patients Spending 90% Stay on Stoke Unit



Emergency Crude Mortality Rate



30 Days Emergency Readmissions



NoFs Operated on 0-35hrs



SUCCESSSES

- Emergency Crude Mortality Rate for June was 1.7%.
- Fractured NoF for June was 81.9%.
- 90% of Stay on a Stroke Unit for May was 90.0%
- Stroke TIA Clinic within 24 Hours for June was 61.4%.

ISSUES

- 30 Days Emergency Readmissions for May was 8.9%

ACTIONS

Readmissions

- Readmissions within 7 days of discharge work programme being mapped as part of the 'Safe and Timely Discharge' work programme.
- Pilot of information sharing with GP's continues.

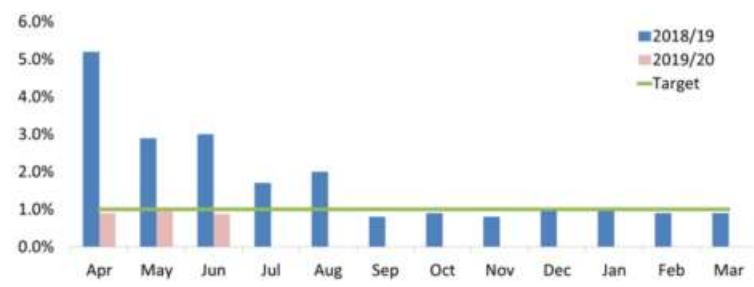
Domain – Responsive

Arrows represent current month performance against previous month, upward arrow represents improvement, downward arrow represents deterioration.

RTT - Incomplete 92% in 18 Weeks

83.5%
As at June ↓

6 week Diagnostic Wait times



Cancelled Operations UHL + Alliance



RTT 52 week wait incompletes

0
As at June ↔

ED 4Hr Waits UHL

74.4%
YTD ↑

A&E

ED 4hr Wait UHL Acute Footprint

81.8%
YTD ↔

Ambulance Handovers

4.7% > 60mins ↑
12.8% 30-60mins ↑
YTD

SUCSESSES

- 0 12 hour Trolley breaches for June.
- DTOC was 1.8% for May.
- 0 patient waiting over 52+ weeks.
- Diagnostic 6 week wait standard achieved this month.
- Cancelled operations – performance was 1.0% this month.

ISSUES

- ED 4Hr Waits UHL –June performance was 74.1%. LLR performance was 81.5% against a NHSI trajectory of 89.5%.

ACTIONS

- For ED 4hour wait and Ambulance Handovers please refer to Urgent Care Report.

Cancer – Performance Summary

Arrows represent YTD Trend, upward arrow represents improvement, downward arrow represents deterioration.



Highlights

- Out of the 9 standards, UHL achieved 4 in May – 2WW, 22W Breast, 31 Day Anti Cancer Drug, and 31 Day Radiotherapy.
- 62 Day performance in May was 75.0% - 0.8% less than April. Of the 15 tumour groups, 6 delivered the standard (Brain, Breast, Other, Sarcoma, Skin, Upper Gastro).
- Backlog – Position remains stable compared to last month, Urology is responsible for over half of this
- Urology, although remains within expected levels of variation, continue to be the biggest concern holding the largest backlogs across all standards, specifically noting the long waiters over 104 Days. Late tertiary referrals continue to have a significant impact in this Tumour Site.

Cancer – Performance Summary

UHL Cancer Performance - RAG rated against target	National Target	Performance Type	17/18 Outturn	18/19 Outturn	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	19/20 YTD
Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	93%	Actual	94.7%	92.3%	93.9%	95.0%	93.1%	92.2%	92.9%	95.2%	94.0%	89.9%	80.2%	88.6%	95.5%	95.6%	95.7%	93.4%	94.6%
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	93%	Actual	91.9%	79.3%	90.3%	95.5%	88.7%	84.5%	86.6%	94.0%	79.9%	68.7%	26.6%	64.5%	90.4%	97.5%	90.5%	93.1%	92.0%
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	96%	Actual	95.1%	95.2%	95.1%	94.7%	96.4%	95.4%	98.0%	95.4%	94.1%	95.9%	96.1%	91.4%	94.8%	95.2%	94.8%	93.9%	94.3%
31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	98%	Actual	99.1%	99.6%	100%	99.2%	98.0%	100.0%	98.5%	100%	100%	100%	100%	100%	100%	99.3%	100%	98.6%	99.3%
31-Day Wait For Second Or Subsequent Treatment: Surgery	94%	Actual	85.3%	86.1%	77.4%	90.1%	89.6%	87.0%	89.6%	82.5%	86.5%	84.0%	86.4%	89.8%	84.2%	85.3%	85.7%	87.6%	86.6%
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	94%	Actual	95.4%	97.9%	97.5%	98.1%	100%	99.3%	100%	90.0%	98.5%	99.2%	99.2%	95.1%	99.3%	98.5%	98.5%	99.0%	98.7%
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	85%	Actual	78.2%	75.2%	78.6%	75.7%	74.5%	77.0%	72.9%	71.7%	76.4%	74.2%	82.3%	75.8%	69.9%	73.8%	75.8%	75.0%	75.4%
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	90%	Actual	85.2%	82.3%	88.5%	86.8%	81.0%	88.5%	84.0%	96.0%	78.6%	95.5%	90.6%	67.9%	74.3%	79.3%	100%	76.4%	85.1%
62-Day Wait For First Treatment From Consultant Upgrade	85%	Actual	85.9%	83.1%	76.5%	79.5%	92.8%	92.1%	98.3%	86.6%	83.2%	88.4%	83.3%	70.1%	75.0%	79.4%	64.2%	73.4%	69.0%

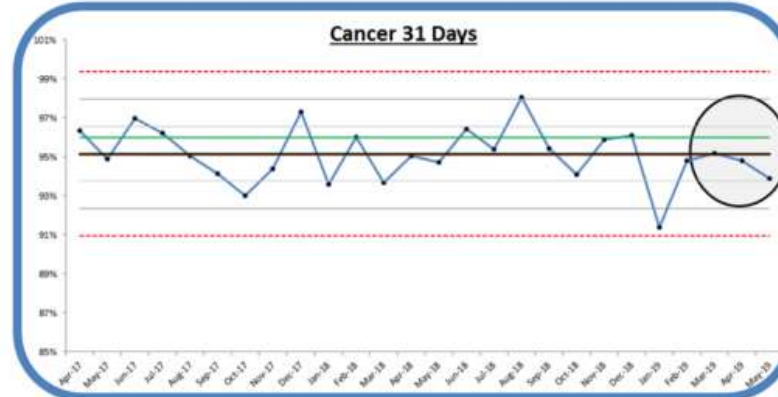
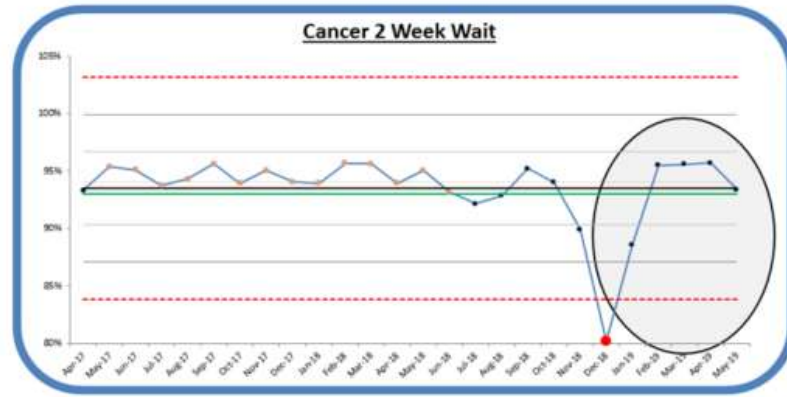
UHL Cancer Performance - RAG rated against trajectory	National Target	Performance Type	17/18 Outturn	18/19 Outturn	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	19/20 YTD
Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	93%	Actual	94.7%	92.3%	93.9%	95.0%	93.1%	92.2%	92.9%	95.2%	94.0%	89.9%	80.2%	88.6%	95.5%	95.6%	95.7%	93.4%	94.6%
		UHL Trajectory						92.2%	91.7%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	93%	Actual	91.9%	79.3%	90.3%	95.5%	88.7%	84.5%	86.6%	94.0%	79.9%	68.7%	26.6%	64.5%	90.4%	97.5%	90.5%	93.1%	92.0%
		UHL Trajectory						89.1%	88.4%	90.7%	93.0%	93.0%	91.4%	93.0%	93.0%	93.0%	93.5%	93.6%	
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	96%	Actual	95.1%	95.2%	95.1%	94.7%	96.4%	95.4%	98.0%	95.4%	94.1%	95.9%	96.1%	91.4%	94.8%	95.2%	94.8%	93.9%	94.3%
		UHL Trajectory						93.0%	94.0%	89.0%	94.0%	96.0%	96.0%	96.0%	96.0%	96.0%	93.2%	94.5%	
31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	98%	Actual	99.1%	99.6%	100%	99.2%	98.0%	100%	98.5%	100%	100%	100%	100%	100%	100%	99.3%	100%	98.6%	99.3%
		UHL Trajectory						99.1%	99.1%	98.8%	100%	100%	98.1%	99.4%	99.0%	98.9%	98.4%	98.3%	
31-Day Wait For Second Or Subsequent Treatment: Surgery	94%	Actual	85.3%	86.1%	77.4%	90.1%	89.6%	87.0%	89.6%	82.5%	86.5%	84.0%	86.4%	89.8%	84.2%	85.3%	85.7%	87.6%	86.6%
		UHL Trajectory						78.0%	76.0%	81.0%	87.0%	91.0%	94.0%	91.0%	92.0%	94.0%	84.9%	86.1%	
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	94%	Actual	95.4%	97.9%	97.5%	98.1%	100.0%	99.3%	100%	90.0%	98.5%	99.2%	99.2%	95.1%	99.3%	98.5%	98.5%	99.0%	98.7%
		UHL Trajectory						94.9%	97.2%	97.6%	96.5%	95.8%	98.3%	94.8%	96.3%	97.5%	95.8%	96.3%	
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	85%	Actual	78.2%	75.2%	78.6%	75.7%	74.5%	77.0%	72.9%	71.7%	76.4%	74.2%	82.3%	75.8%	69.9%	73.8%	75.8%	75.0%	75.4%
		UHL Trajectory							75.2%	69.9%	70.2%	82.6%	85.3%	84.6%	82.9%	85.3%	73.9%	78.3%	
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	90%	Actual	85.2%	82.3%	88.5%	86.8%	81.0%	88.5%	84.0%	96.0%	78.6%	95.5%	90.6%	67.9%	74.3%	79.3%	100%	76.4%	85.1%
		UHL Trajectory						83.0%	89.0%	74.6%	86.0%	86.4%	89.0%	90.0%	90.0%	90.0%	86.7%	86.7%	
62-Day Wait For First Treatment From Consultant Upgrade	85%	Actual	85.9%	83.1%	76.5%	79.5%	92.8%	92.1%	98.3%	86.6%	83.2%	88.4%	83.3%	70.1%	75.0%	79.4%	64.2%	73.4%	69.0%
		UHL Trajectory						89.1%	86.4%	97.1%	86.1%	89.1%	92.1%	86.9%	76.5%	83.2%	80.0%	80.0%	

Highlights

- UHL's cancer performance against trajectory for the 9 cancer standards is shown above, in May we achieved 4 of the targets against a trajectory of 4. The 62 day standard remains our biggest challenge going forward.

Improved Cancer Pathways

Arrows represent current month performance against previous month, upward arrow represents improvement, downward arrow represents deterioration.



31 Day Backlog

31
Jun 19 ↓

62 Day Backlog

111
Jun 19 ↓

62 Day Adjusted

Backlog

80
Jun 19 ↓

SUCCESSSES

Cancer performance is reported 1 month in arrears.

- 2 week wait, 31 day wait drugs and 31 wait radiotherapy was achieved in May.
- 31 day backlog decreased

ISSUES

- 31 day wait was not achieved in May.
- Cancer 62 day was not achieved in May.
- 62 day backlog increased

ACTIONS

Urology

- NGH now offering UCLH for their robotic patients (on the waiting list without a TCI and new pts)
- RAPID phase 2 started the beginning of May which will increase the number of patients going to MRI before the first OPD appointment and decrease the time in the first part of the pathway.
- Increase use of Derby robotic sessions (staffing dependant)
- Increase template biopsy by local to free up theatre space
- Video for patients describing treatment options to decrease complex clinic times

Lung

- Optimal lung pathway is progressing well
- More robust tracking and actions for the long waiters
- Increased rapid access lung clinic resource

Upper GI and lower GI

- More robust tracking and actions throughout the pathway

Gynae

- Support from the CCG and primary care for PMB pathway first test in primary care
- CMG focus on decreasing 62 day breaches

On a monthly basis, all 62 Day 2WW breaches are reviewed by the tumour sites and analysed with the Cancer Centre, mapping out all pathway delays in accordance with Next Steps.

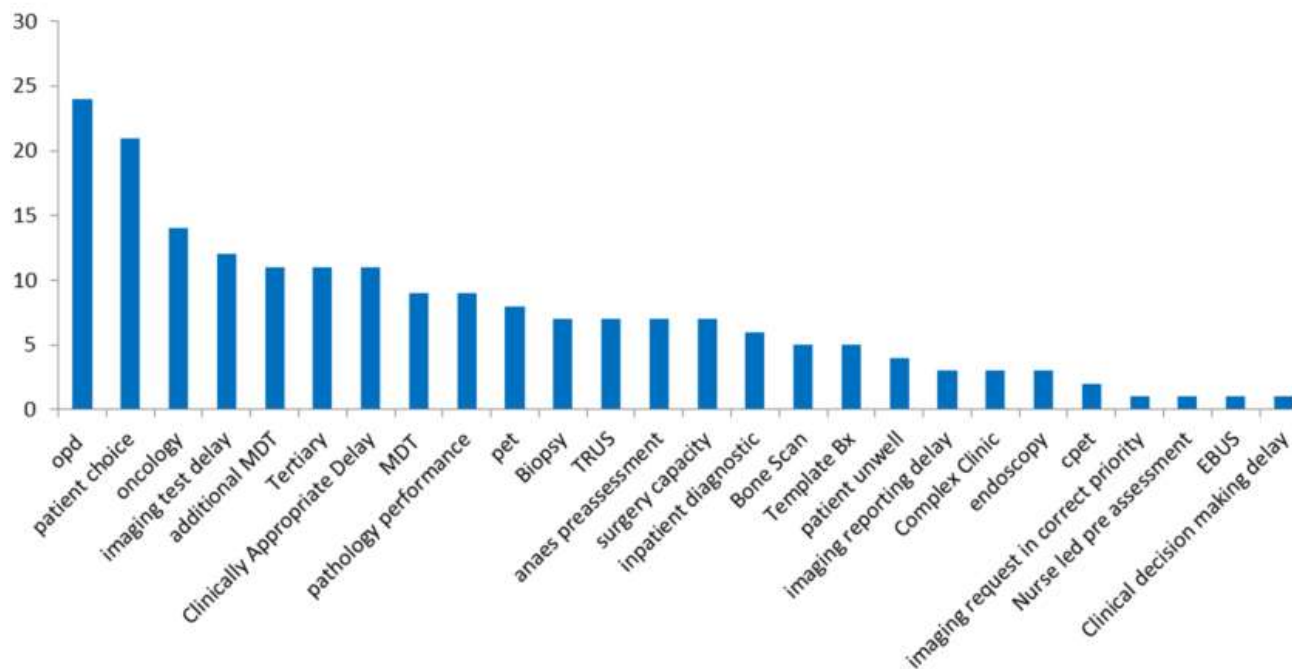
The following summarises the May 19 review analysis by category of delay for all reported breaches

This report is circulated to all tumour sites to use in assessing their service RAP actions to ensure recurrent themes are being addressed in order to improve 62 day performance.

Below is a summary of the main reasons for Delay based on the number of patient: -

- **OPD** – 24 patients delayed by a total of 194 days.
- **Patient Choice** – 21 patients delayed by a total of 621 days.
- **Imaging Test Delays** – 12 patients delayed by 96 days.
- **Tertiary Delays** – 11 patients delayed by a total of 887 days.
- **Additional MDT**– 11 patients delayed by a total of 72 days.
- **Clinically Appropriate Delays** – 11 patients delayed by a total of 256 days.
- **Surgical Capacity** – 7 patients delayed by a total of 509 days.

May 19 Reasons for Delay based (number of patients)



EMAS Ambulance Handover - LRI vs other hospitals

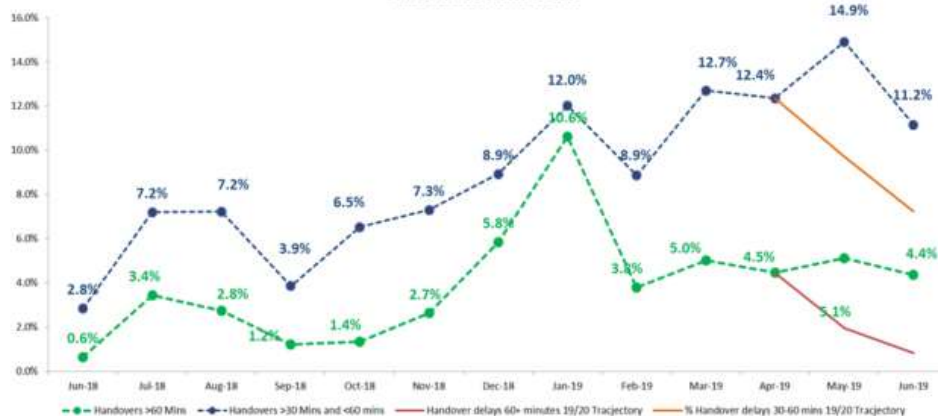
Rank	Hospital	Total (CAD)	30 - 59 Mins	Over 60 Mins	1 - 2 Hours	2 Hours Plus	% 30-59 mins	%60+ mins	%30+ mins	Avg Turnaround Time	Total time 30+ mins Handover Turnaround Target	Pre Handover > 15min Target	Post Handover > 15min Target
1	Queens Medical Centre Campus Hospital	6115	273	54	48	6	4%	1%	5%	0:32:35	676:02:39	293:26:40	616:20:52
2	Kings Mill Hospital	3219	240	14	14	0	7%	0%	8%	0:36:00	446:02:44	220:22:29	342:32:18
3	Northampton General Hospital	3041	222	32	28	4	7%	1%	8%	0:37:19	485:25:53	265:00:54	335:50:35
4	Burton Queens Hospital	562	52	2	2	0	9%	0%	10%	0:34:09	65:19:10	50:19:19	32:18:32
5	Grimsby Dana Princess Of Wales	2013	197	22	20	2	10%	1%	11%	0:41:38	452:05:01	162:55:01	400:35:38
6	Royal Derby Hospital	4327	498	24	24	0	12%	1%	12%	0:37:57	709:47:50	419:46:20	428:07:16
7	Chesterfield Royal Hospital	2441	318	14	13	1	13%	1%	14%	0:38:26	418:29:36	253:58:43	257:44:19
8	Kettering General Hospital	2579	308	46	41	5	12%	2%	14%	0:35:24	350:13:57	297:22:30	183:22:19
9	Scunthorpe General Hospital	1576	186	47	46	1	12%	3%	15%	0:45:13	442:38:48	175:23:39	348:18:54
10	Leicester Royal Infirmary	5,874	655	257	241	16	11%	4%	16%	0:38:21	1094:53:25	743:36:36	585:59:26
11	Bassetlaw District General Hospital	940	144	11	11	0	15%	1%	16%	0:38:12	167:46:50	115:17:57	94:38:05
12	Boston Pilgrim Hospital	2016	242	115	97	18	12%	6%	18%	0:44:43	546:56:08	335:12:16	281:29:23
13	Glenfield General Hospital	924	158	14	14	0	17%	2%	19%	0:33:42	121:34:07	113:40:30	39:35:35
14	Stepping Hill Hospital	340	78	4	4	0	23%	1%	24%	0:36:23	53:22:30	50:58:35	18:38:06
15	Lincoln County Hospital	2547	475	380	269	111	19%	15%	34%	0:52:22	1015:58:33	877:17:48	297:45:41
EMAS		41,001	4,696	1,172	991	181	11%	3%	14%	0:38:40	7655:49:38	4934:48:43	4437:54:09

Highlights

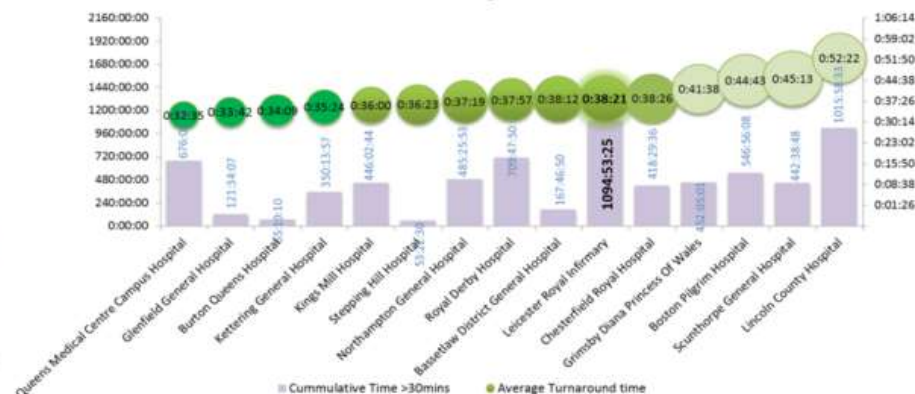
CAD data used since Feb 19 with no exclusions.

- LRI had 10% more handovers in comparison to the same period last year.
- 53% of handovers were completed within 15 mins.
- 5 less hours lost due to post handover delays in June compared to the previous month.

Ambulance Handovers



Total Time >30mins & Average Turnaround Time



Lowest Turnaround Time (Avg.)

Median Turnaround Time (Avg.)

LRI Turnaround Time (Avg.)

LRI Total Time over 30mins

LRI Delay >30mins – Number Ambulance Shifts

Ambulance Handover 30-59 mins

Ambulance Handover >60Mins

33 Mins

38 Mins

38 Mins

1094 Hours

91 Shifts

11.2%

4.4%

UHL

Alliance

Combined

M3: WL Size

64,721

-445 under
trajectory

RTT: 82.9%

RTT: 87.6%

RTT: 83.5%

Current Position:

UHL achieved the waiting list trajectory at the end of June with 445 fewer patients on the waiting list than forecasted and 2,108 fewer patients waiting for treatment than June 2018. The overall RTT position moved to 83.5%

Waiting list size stabilisation remains the key performance indicator for elective care in 2019/20 with planning guidance target to achieve a lower waiting list size at the end of March 2020 compared to March 2019. Changes to pension taxation rules has resulted in a reduction in sessions completed with discretionary effort. This has impacted on the overall RTT position with an increase in patients waiting over 18 weeks.

Forecast performance for next reporting period: It is forecasted that for July 2019 UHL will achieve the waiting list trajectory size

Risks continue to remain to overall RTT performance and waiting list size:

- Reduced elective capacity due to emergency pressures
- Increased cancer backlogs prioritising capacity over routine elective RTT
- Clinical capacity pressures in Neurology and Allergy
- Reduction in WLI's with reduced discretionary effort

Current Position:

UHL achieved Month 3's waiting size trajectory with 445 fewer patients on the waiting list than forecasted. This builds upon the positive work from 2018/19 as UHL projects achieving the planning guidance for waiting list size reduction in 2019/20. RTT performance for April was 83.5%.

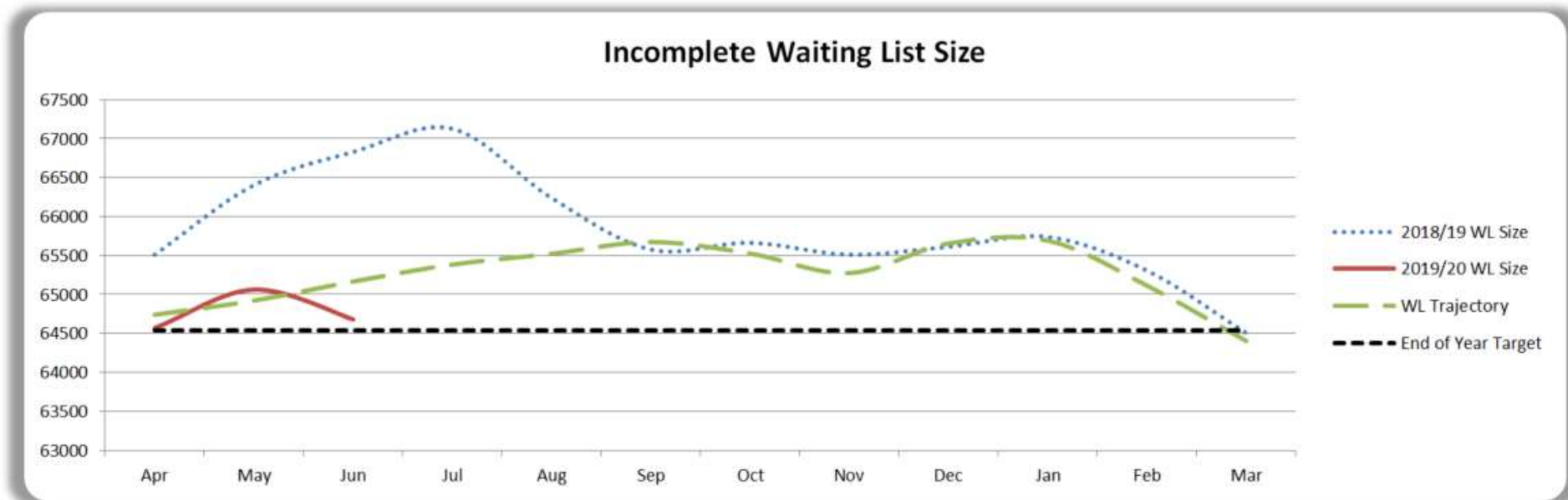
Key Drivers:

- Changes to pension taxation rules resulting in increased theatre session cancellations due to lack of anaesthetist and reduction in WLI uptake
- Challenged capacity with Neurology, Allergy and Urology
- Continued validation of the waiting list

Key Actions

- Managing demand from activity transferred to the Independent Sector in 2018/19 via IPT for 2019/20 from absorbing into UHL, transferring to Alliance or PCL Pillar or sub contract to the IS
- Delivery of RSS QIPP to reduce system demand on UHL and Alliance: UHL Pillar
- Improved outpatient and theatre utilisation as managed by the Outpatient and Theatre Program Boards

UHL is forecasting to remain below the trajectory waiting list size for July 2019.



The overall combined UHL and Alliance WL size for month 3 was under the trajectory size by 445 patients. Overall UHL are continuing to forecast delivering the 2019/20 planning guidance for waiting list size reduction.

The largest reductions in waiting list size were seen in General Surgery (although offset by the increase in HpB transferring patients to the correct sub specialty), ENT and Ophthalmology.

The largest increases in waiting list size were seen in HpB, Sleep and Maxillofacial Surgery

3 out of the 7 UHL CMG's and the Alliance reduced there waiting list size in June.

10 Largest Waiting List Size Reductions in month

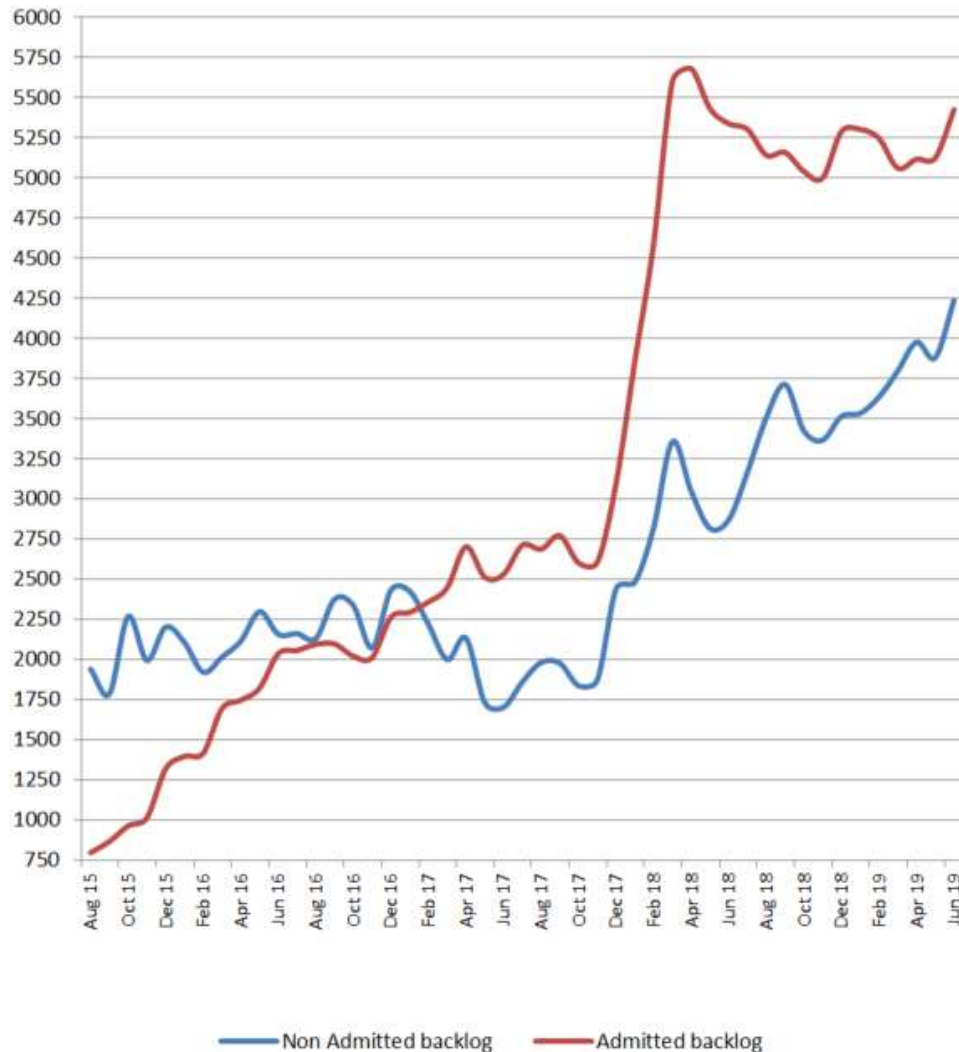
•General Surgery	-195
•ENT	-146
•Ophthalmology	-136
•Gynaecology	-120
•Urology	-93
•Paediatric Medicine	-55
•Gynaecology Oncology	-51
•Allergy	-42
•Haemophilia	-31
•Paediatric Neurology	-31

10 Largest Waiting List Size Increases in month

•HpB	249
•Sleep	169
•Maxillofacial Surgery	117
•Neurology	105
•Rheumatology	82
•Clinical Oncology	73
•Orthopaedic Surgery	57
•Cardiology	37
•Thoracic Medicine	36
•Paediatric ENT	32

CMG	Waiting List Size Change Since March 2019	Waiting List Size Change Since Last Month	RTT %
CHUGGS	-70	95	78.3%
CSI	-2	-9	92.8%
ESM	319	171	87.8%
ITAPS	401	249	83.8%
MSS	-48	-182	79.5%
RRCV	167	40	87.6%
W&C	-97	-258	90.0%
Alliance	-455	-447	87.6%
UHL	670	106	82.9%
UHL & Alliance	215	-341	83.5%

UHL Admitted and Non-Admitted Backlog



Admitted:

357
(backlog change)

9.2%
Change

Non Admitted:

301
(backlog change)

5.9%
Change

The longest waits for patients remain those awaiting an admitted procedure. Whilst theatre capacity is available prior to the winter period, services have prioritised admitted clinical activity over outpatients, which has resulted in a reduction in the patient waits for this area.

Key Actions Required:

- Right sizing bed capacity to increase the number of admitted patients able to received treatment.
- Improving ACPL through reduction in cancellations and increased theatre throughput.
- Demand reduction with primary care as a key priority to achieving on-going performance for our patients to receive treatment in a timely manner.
- Utilising available external capacity in the Independent Sector.
- Utilising clinical resources for non admitted activity during winter when there will be reduced admitted capacity.

52 Week Breaches

Zero

0
Change

Current Position:

At the end June there were zero patients with an incomplete pathway at more than 52 weeks. This continues the trend of 12 consecutive months of zero 52 week incomplete breaches. This is expected to stay throughout 2019/20 with the trajectory to remain at zero throughout the year.

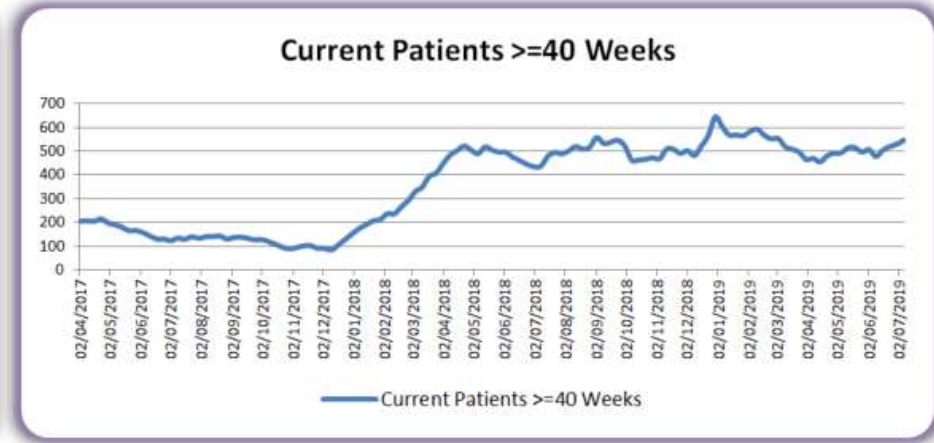
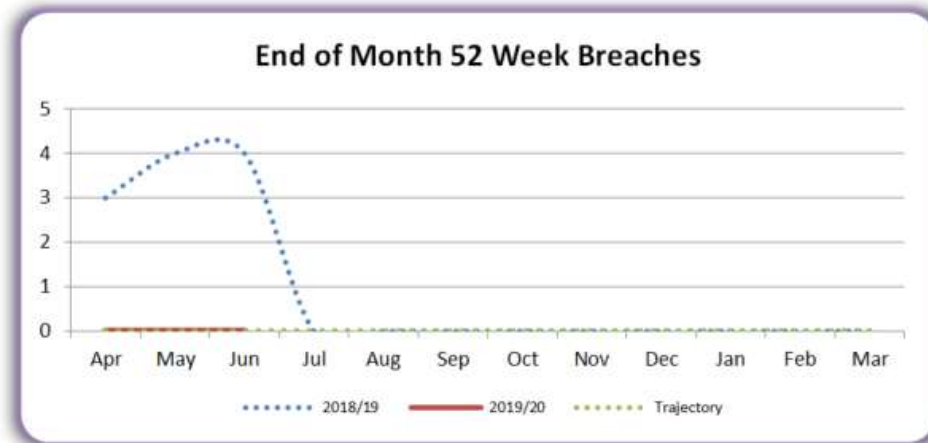
Key Drivers:

- The number of patients waiting over 40 weeks for treatment increased by 438 to 522 over a 19 week period between the 10th December 2017 and 22nd April 2018. During 2018/19 the change in operational management supported in reducing the increase in long waiting patients over winter to a 3 week period in December. The number of patients waiting over 40 weeks has reduced by 23.5% since its peak in December.
- Being able to maintain and reduce the number of long waiting patients in Q4 has supported in UHL remaining ranked joint 1st amongst our peer group of 18 acute trusts and nationally for 52 week performance.

Key Actions

- A daily escalation of the patients at risk is followed including Service Managers, General Managers, Head and Deputy Head of Operations. The Deputy Chief Operating Officer is personally involved daily for any patients who are at risk of breaching 52 weeks. A daily TCI list for any long waiting patients over 48 weeks is sent to the operational command distribution list to highlight the patients and avoid a cancellation, with escalation to COO as required.

UHL is continuing to forecast zero 52 week breaches for July. Achieving zero remains a risk due to emergency pressures and the potential risk of cancellation from both the hospital and patient choice.



Diagnostics: Executive Performance Board

Diagnostics: DM01

99.1%
(Target >=99%)

0.0%
Change

149
Breaches

-13
Change

Imaging

Physiological Measurement

Endoscopy

99.4%
(Target >99%)

0.2%
Change

99.2%
(Target >99%)

-0.4%
Change

97.0%
(Target >99%)

-0.3%
Change

Breaches: 83

-23
Change

Breaches: 16

7
Change

Breaches: 50

3
Change

Current Position:

UHL has achieved the DM01 standard for June, with 20 fewer breaches than required to meet the standard. This maintains UHL’s diagnostic performance by achieving the diagnostic target for the 10th consecutive month.

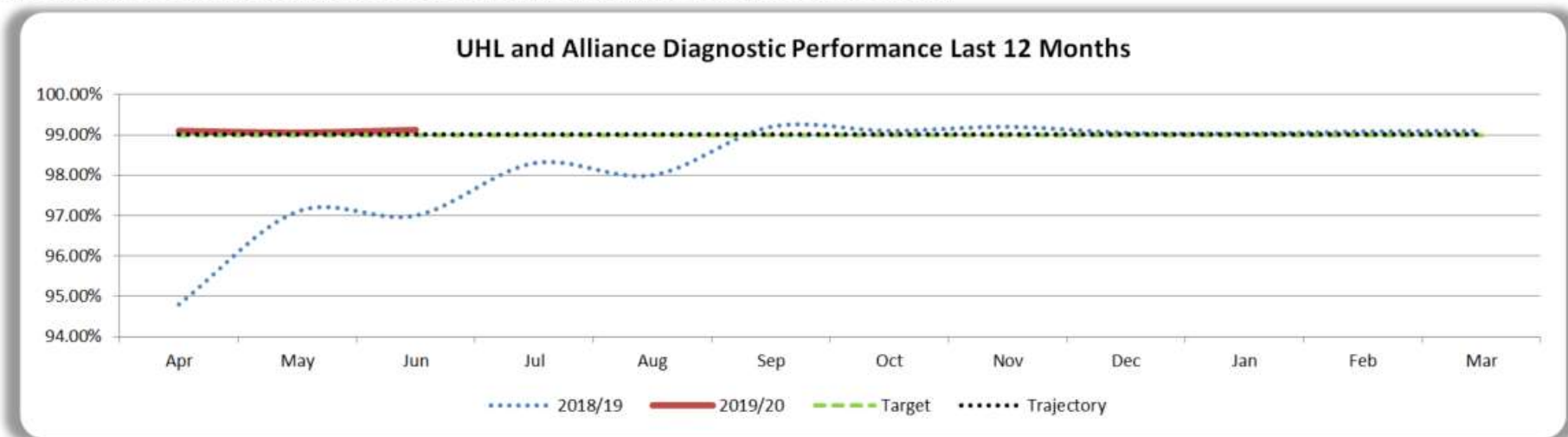
Key Drivers:

- An increase in 2WW endoscopy referrals resulted an increase in a conversion from routine diagnostic capacity
- Increased CT Cardiac demand due to changes in NICE guidelines
- Decontamination – Current reprocessing machines are no longer supported by company for parts when breaking down

Key Actions:

- Continued insourced capacity via Medinet for Endoscopy
- Increased CT capacity and take up of wait list initiatives
- Endoscopy decontamination equipment undergo planned preventative maintenance.
- All specialties have been set a maximum breach target and with there performance monitored daily.

UHL is currently forecasting to remain above 99.0% for July, continuing to deliver the DM01 standard.



Current Position:

June's cancelled operations performance for UHL and the Alliance combined was 1.0%. There were 116 non clinical hospital cancellations (116 UHL and 0 Alliance).

21 patients did not receive their operation within 28 days of a non-clinical cancellation, 21 from UHL and 0 from the Alliance. Increased cancellations in May resulted in higher increased pressures on 28 day performance in June. Although a month on month rise, the metric continued to show year on year improvements.

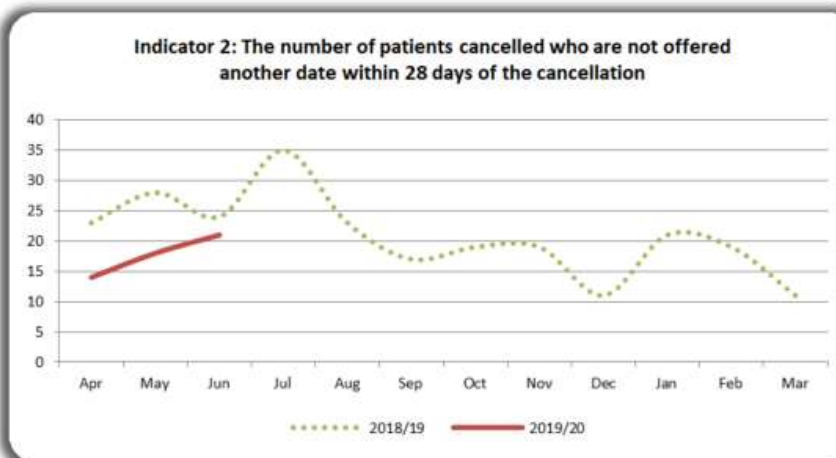
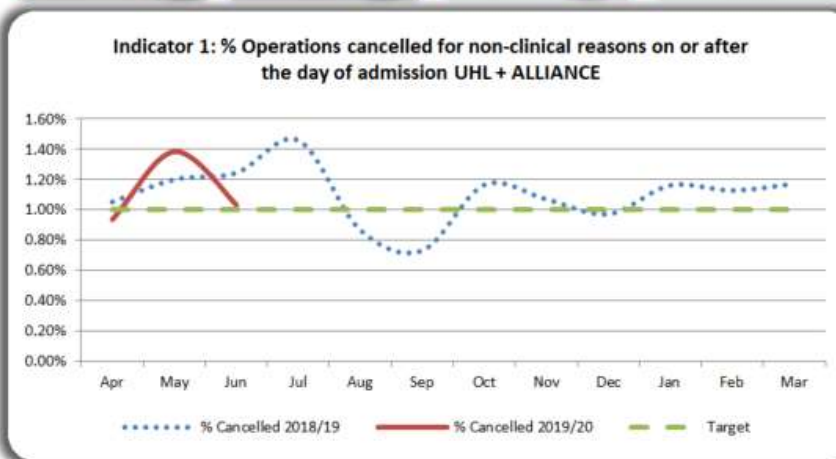
Key Drivers:

- Capacity constraints resulted in 39 (33.6%) hospital non clinical cancellations. Of this 13 were within Paediatrics.
- 41 cancellations were due to lack of theatre time / list overrun. Contextual information indicates other patients on the theatre list becoming more complex and late starts due to awaiting beds are causal factors.
- 22 cancellations were due staffing (surgical 9, anaesthetic 3 and theatre staff 10).

Key Actions:

- The Theatre Programme Board, are focusing on a program of that will positively impact on hospital cancellations: Preoperative Assessment, Optimal Scheduling, Reducing Cancellations and Starting on time.
- Increased reporting of the 28 day re-books exception report, increasing visibility of potential breaches.
- 28 Day Performance monitored at the Weekly Access Meeting

It is forecasted achieving 1.0% July is at risk due to a high level of emergency demand during the first 2 weeks, although year on year improvements are expected for both cancelled ops and 28 day breached.



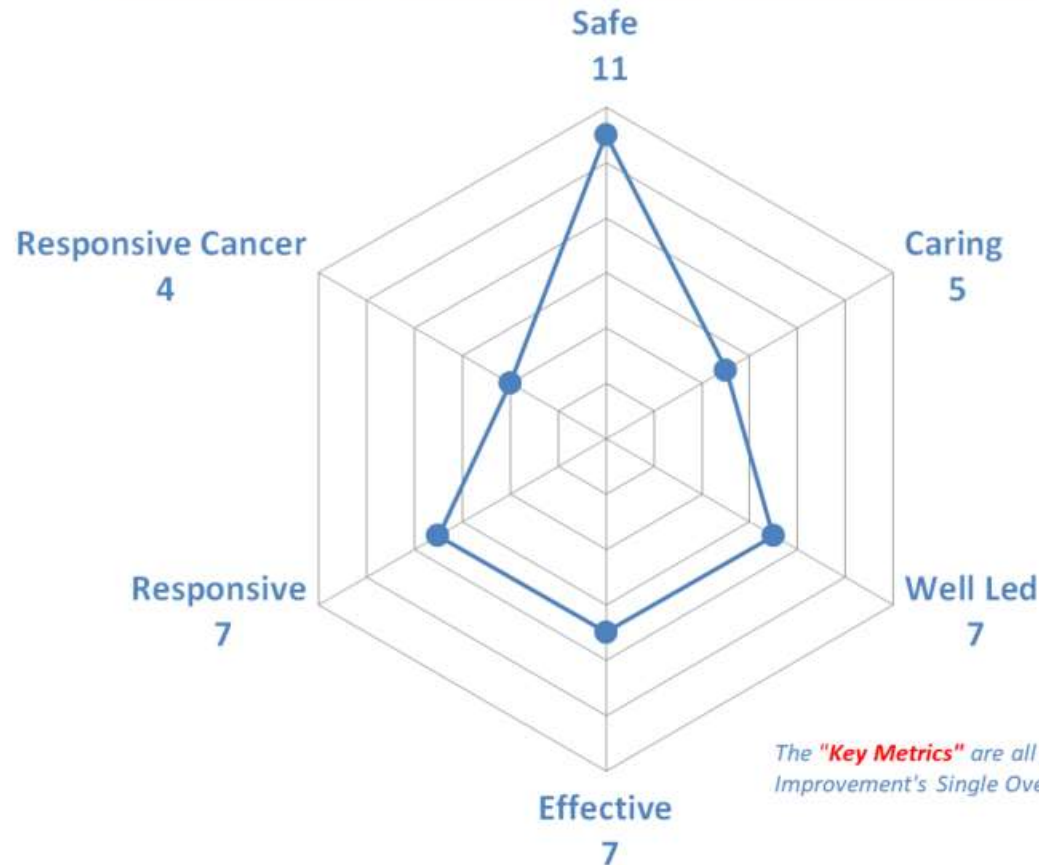
APPENDICES

One team shared values



APPENDIX A: Radar Diagram Summary of UHL Performance

Number of Compliant Indicators by Domain - June 19



The "Key Metrics" are all measures included in the NHS Improvement's Single Oversight Framework or measures on which

Safe Domain - we have 28 indicators, 6 of which are standard metrics with no set targets. 50% of the 22 key metrics were compliant this month.

Caring Domain - we have 10 indicators, 3 of which are standard metrics with no set targets. 71% of the 7 key metrics were compliant this month.

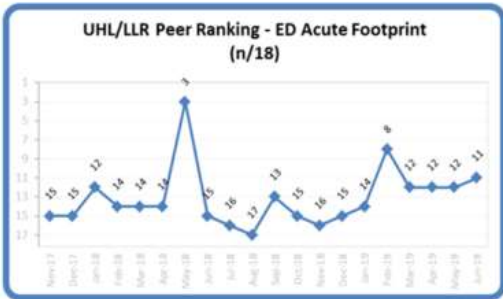


Well Led Domain - we have 22 indicators, 7 of which are standard metrics with no set targets. 47% of the 15 key metrics were compliant this month.


Effective Domain - we have 8 indicators, all of which are targets. 88% of these metrics were compliant this month.

Responsive Domain - we have 15 indicators, 1 of the metrics is standard and has no set targets. 50% of the 14 key metrics were compliant this month.

Responsive Cancer Domain - we have 9 indicators, all of which are targets. 44% of these metrics were compliant this month.

APPENDIX B: Exception Summary Report

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions																																																				
<p>ED 4 Hour Waits - is a measure of the percentage of patients that are discharged, admitted or transferred within four hours of arrival at the Emergency Department (ED).</p>	<p>19/20 Target – 95% or above</p> <p>UHL Performance for June was 74.1% (compared to 82.0% in the same period last year) and LLR Performance was 81.5% against a trajectory of 89.5%.</p>	<p>Benchmark</p>  <p>Trend</p>  <table border="1"> <caption>Monthly Performance Data (Trend Chart)</caption> <thead> <tr> <th>Month</th> <th>2018/19 (%)</th> <th>2019/20 (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>76.1%</td><td>79.5%</td><td>89.2%</td></tr> <tr><td>May</td><td>76.7%</td><td>82.0%</td><td>89.2%</td></tr> <tr><td>Jun</td><td>74.1%</td><td>81.5%</td><td>89.2%</td></tr> <tr><td>Jul</td><td>76.3%</td><td>-</td><td>89.2%</td></tr> <tr><td>Aug</td><td>76.3%</td><td>-</td><td>89.2%</td></tr> <tr><td>Sep</td><td>79.5%</td><td>-</td><td>89.2%</td></tr> <tr><td>Oct</td><td>78.3%</td><td>-</td><td>89.2%</td></tr> <tr><td>Nov</td><td>72.6%</td><td>-</td><td>89.2%</td></tr> <tr><td>Dec</td><td>73.5%</td><td>-</td><td>89.2%</td></tr> <tr><td>Jan</td><td>70.7%</td><td>-</td><td>89.2%</td></tr> <tr><td>Feb</td><td>76.1%</td><td>-</td><td>89.2%</td></tr> <tr><td>Mar</td><td>75.1%</td><td>-</td><td>89.2%</td></tr> </tbody> </table>	Month	2018/19 (%)	2019/20 (%)	Target (%)	Apr	76.1%	79.5%	89.2%	May	76.7%	82.0%	89.2%	Jun	74.1%	81.5%	89.2%	Jul	76.3%	-	89.2%	Aug	76.3%	-	89.2%	Sep	79.5%	-	89.2%	Oct	78.3%	-	89.2%	Nov	72.6%	-	89.2%	Dec	73.5%	-	89.2%	Jan	70.7%	-	89.2%	Feb	76.1%	-	89.2%	Mar	75.1%	-	89.2%	<p>UHL Performance for June was 74.1% and LLR Performance was 81.5% against a trajectory of 89.5%.</p> <p>In June 2019 the trust saw a total of 21412 ED and Eye Casualty attendances. In comparison to June 2018 (20233) this is an increase of 1179 patients (5.8%).</p> <p>This year so far has seen a 8.9% growth in attendances.</p>	<ol style="list-style-type: none"> Daily focus on non-admitted breaches by protecting blue zone medical and nursing teams to support reduction in breaches Continual review of all patients diverted to ED from Bed Bureau to ensure timely referral to specialities to pull out of ED. Further work ongoing to review processes in ambulatory majors
Month	2018/19 (%)	2019/20 (%)	Target (%)																																																					
Apr	76.1%	79.5%	89.2%																																																					
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Sep	79.5%	-	89.2%																																																					
Oct	78.3%	-	89.2%																																																					
Nov	72.6%	-	89.2%																																																					
Dec	73.5%	-	89.2%																																																					
Jan	70.7%	-	89.2%																																																					
Feb	76.1%	-	89.2%																																																					
Mar	75.1%	-	89.2%																																																					
<p>Ambulance Handover >60 Mins (CAD from Feb 19) – is a measure of the percentage of handover delays over 60 minutes</p>	<p>19/20 Target – 0%</p> <p>June performance for handover was 4.4% compared to 0.7% in the same period last year.</p>	<p>Trend</p> 	<p>LRI had 10% more handovers in June comparison to the same period last year.</p> <p>53% of handovers were completed within 15 mins.</p> <p>5 less hours lost due to post handover delays in June compared to the previous month.</p>	<ol style="list-style-type: none"> Reviewing role of the nurse co-ordinator to provide leadership and focus to the assessment team EMAS to review role of HALO and how this can be improved Joint campaign with EMAS re 'fit to sit' across Assessment Zone, with plans to communicate to the wider healthcare community Initial ED Head of service meeting with EMAS clinical lead to look at possibility of bloods being completed prior to arrival at LRI Visit to Newcastle taking place on 24 July to look at ambulance assessment, handover and outflow. Discuss the possibility of closing down 'notify' as causing confusion with patient handover time Joint weekly review of 10 patients who are transported by EMAS to LRI who are then discharged with 'no abnormality detected' Matron to identify clinical champions who will lead by example and develop a supportive role for future co-ordinators Month rapid cycle test from 01 August re fit to sit 																																																				

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions																																							
<p>Never Events are a measure of the number of UHL never events at month end.</p>	<p>19/20 Target – 0</p> <p>1 Never Event reported in June 2019</p>	<p>Trend</p>  <table border="1"> <caption>Never Events by Month</caption> <thead> <tr> <th>Month</th> <th>2019/20</th> <th>2018/19</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>1</td><td>0</td></tr> <tr><td>May</td><td>1</td><td>0</td></tr> <tr><td>Jun</td><td>2</td><td>1</td></tr> <tr><td>Jul</td><td>0</td><td>0</td></tr> <tr><td>Aug</td><td>0</td><td>0</td></tr> <tr><td>Sep</td><td>0</td><td>0</td></tr> <tr><td>Oct</td><td>1</td><td>0</td></tr> <tr><td>Nov</td><td>1</td><td>0</td></tr> <tr><td>Dec</td><td>0</td><td>0</td></tr> <tr><td>Jan</td><td>0</td><td>0</td></tr> <tr><td>Feb</td><td>0</td><td>0</td></tr> <tr><td>Mar</td><td>2</td><td>0</td></tr> </tbody> </table>	Month	2019/20	2018/19	Apr	1	0	May	1	0	Jun	2	1	Jul	0	0	Aug	0	0	Sep	0	0	Oct	1	0	Nov	1	0	Dec	0	0	Jan	0	0	Feb	0	0	Mar	2	0	<p>Wrong Site Surgery – wrong site block (June 2019)</p> <p>A 14 year old male was listed and consented to undergo a left open <u>orchidopexy</u>. The surgical site had been marked whilst he was on the ward. The ‘Sign-in’ procedure was completed and the patient was then administered a general anaesthetic. The patient was given a block into his groin on the right hand side. One of the team realised that the ‘STOP BEFORE YOU BLOCK’ moment had not been completed and that the surgical site had not been exposed and that the block was being administered to the wrong side. The procedure was stopped immediately and the patient then had a site block performed to the correct side and the procedure continued and was carried out to the correct site.</p>	<p>Immediate actions to date</p> <p>A safety notice has been issued to all staff re the importance of stop before you block</p> <p>ITAPS HON has been informed that stop before you block poster wasn’t displayed appropriately</p> <p>A walkthrough of <u>events in theatres</u> with staff involved has been undertaken as part of the RCA process.</p>
Month	2019/20	2018/19																																									
Apr	1	0																																									
May	1	0																																									
Jun	2	1																																									
Jul	0	0																																									
Aug	0	0																																									
Sep	0	0																																									
Oct	1	0																																									
Nov	1	0																																									
Dec	0	0																																									
Jan	0	0																																									
Feb	0	0																																									
Mar	2	0																																									

APPENDIX C: Safe Domain Dashboard



KPI Ref	Indicators	Board Director	Lead Officer	19/20 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DOF Assessment outcome/Date	17/18 Outturn	18/19 Outturn	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	19/20 YTD			
S1	Reduction for moderate harm and above PSIs with finally approved status - reported 1 month in arrears	AF	MD	<=FY18/19	UHL	Need to await validated 18/19 rate of harm to agree specifics. Will be available end of May	May-17	235	245	17	27	25	20	21	21	13	24	11	11	8	20		28			
S2	Serious Incidents - actual number escalated each month	AF	MD	< FY 18/19	UHL	Red if >29 in FY	May-17	37	29	6	3	3	1	1	2	1	2	1	1	1	4	4	9			
S3	Proportion of reported safety incidents per 1000 attendances (IP, OP and ED)	AF	MD	> FY 18/19	UHL	Not required	May-17	15.8	16.8	16.8	17.9	17.1	16.3	16.0	17.1	18.8	16.5	17.3	15.4	17.2	15.5	14.8	15.8			
S4	SEPSIS - Patients with an Early Warning Score 3+ - % appropriate escalation	AF	JB	95%	UHL	TBC	Dec-17	95%	98%	98%	98%	98%	98%	Indicator on hold												
S5	SEPSIS - Patients with EWS 3+ - % who are screened for sepsis	AF	JB	95%	UHL	TBC	Dec-17	95%	95%	95%	94%	94%	93%	94%	Indicator on hold											
S6	SEPSIS - ED - Patients who trigger with red flag sepsis - % that have their IV antibiotics within an hour - reported 1 month in arrears	AF	JB	90%	UHL	TBC	Dec-17	85%	84%	88%	85%	85%	86%	81%	76%	76%	77%	77%	84%	83%	82%		83%			
S7	SEPSIS - Wards (including assessment units) Patients who trigger for Red Flag Sepsis - % that receive their antibiotics within an hour - reported 1 month in arrears	AF	JB	90%	UHL	TBC	Dec-17	80%	89%	77%	80%	87%	83%	96%	97%	96%	93%	93%	93%	96%	80%		89%			
S8	Overdue CAS alerts	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	Nov-16	0	1	0	0	0	0	0	1	0	0	0	0	0	0	1	1			
S9	RIDDOR - Serious Staff Injuries	AF	MD	<=50 by end of FY 19/20	UHL	Red / ER if non compliance with cumulative target	Oct-17	56	46	6	9	4	3	3	0	3	3	3	4	4	0	1	5			
S10	Never Events	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	May-17	8	8	2	0	0	0	1	1	0	0	0	2	0	0	1	1			
S11	Clostridium Difficile	CF	DJ	61	NHSI	Red if >monthly threshold / ER if Red or Non compliance with cumulative target	Nov-17	68	57	5	4	7	2	6	4	6	2	0	5	5	4	2	11			
S12	MRSA Bacteraemias - Unavoidable or Assigned to third Party	CF	DJ	0	NHSI	Red if >0 ER Not Required	Nov-17	0	3	0	1	0	0	0	0	0	0	1	1	0	0	0	0			
S13	MRSA Bacteraemias (Avoidable)	CF	DJ	0	UHL	Red if >0 ER Not Required	Nov-17	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
S14	MRSA Total	CF	DJ	0	UHL	Red if >0 ER Not Required	Nov-17	4	3	0	1	0	0	0	0	0	0	1	1	0	0	0	0			
S15	E. Coli Bacteraemias - Community	CF	DJ	TBC	NHSI	TBC	Jun-18	454	405	43	35	34	43	36	34	26	36	26	33	37	41	30	108			
S16	E. Coli Bacteraemias - Acute	CF	DJ	TBC	NHSI	TBC	Jun-18	96	65	3	5	3	11	5	5	5	5	5	3	8	11	7	26			
S17	E. Coli Bacteraemias - Total	CF	DJ	TBC	NHSI	TBC	Jun-18	550	470	46	40	37	54	41	39	31	41	31	43	45	52	37	134			
S18	MSSA - Community	CF	DJ	TBC	NHSI	TBC	Nov-17	139	124	8	14	11	8	18	6	6	15	9	7	13	15	10	38			
S19	MSSA - Acute	CF	DJ	TBC	NHSI	TBC	Nov-17	43	32	2	1	2	1	3	2	5	2	5	0	3	1	4	8			
S20	MSSA - Total	CF	DJ	TBC	NHSI	TBC	Nov-17	182	156	10	15	13	9	21	8	11	17	14	7	16	16	14	46			
S21	% of UHL Patients with No Newly Acquired Harms	CF	NB	>=95%	UHL	Red if <95% ER if in mth <95%	Sept-16	97.7%	97.8%	98.4%	98.2%	98.2%	97.9%	98.0%	97.6%	97.7%	97.3%	97.3%	98.0%	97.2%	97.2%	97.4%	97.2%			
S22	% of all adults who have had VTE risk assessment on adm to hosp	AF	SR	>=95%	NHSI	Red if <95% ER if in mth <95%	Nov-16	95.4%	95.8%	95.6%	95.1%	95.5%	95.5%	94.8%	96.7%	96.0%	96.0%	97.6%	97.6%	98.4%	97.9%	98.3%	98.2%			
S23	All falls reported per 1000 bed stays for patients reported 1 month in arrears (>65 years only before 19/20)	CF	HL	<=6.02	UHL	Red if >6.02 ER if 2 consecutive reds	Jun-18	6.0	6.4	7.0	6.1	5.8	6.1	6.0	5.9	7.0	6.5	6.6	6.6	5.5	4.7		5.1			
S24	Rate of Moderate harms and above per 1,000 bed days for all patients (month in arrears)	CF	HL	<=0.07	UHL	Red if >0.19	TBC	0.06	0.08	0.04	0.08	0.13	0.06	0.04	0.04	0.08	0.04	0.06	0.08	0.04	0.08		0.06			
S25	Avoidable Pressure Ulcers - Grade 4	CF	MC	0	QS	Red / ER if Non compliance with monthly target	Aug-17	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
S26	Avoidable Pressure Ulcers - Grade 3	CF	MC	<=3 a month (revised) with FY End <27	QS	Red / ER if Non compliance with monthly target	Aug-17	8	7	1	1	1	0	0	0	3	0	1	0	0	0	0	0			
S27	Avoidable Pressure Ulcers - Grade 2	CF	MC	<=7 a month (revised) with FY End <84	QS	Red / ER if Non compliance with monthly target	Aug-17	53	62	7	7	1	10	0	5	5	4	8	5	4	8	5	17			
S28	% of patients over the age of 75yrs screened for dementia within 72hrs (reported one month in arrears)	CF	NB	<=90%	NHSI	Red if below 90%	TBC													86.3%	87.5%		86.9%			

APPENDIX D: Caring Domain Dashboard



KPI Ref	Indicators	Board Director	Lead Officer	19/20 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	17/18 Outturn	18/19 Outturn	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	19/20 YTD
C1	Formal complaints rate per 1000 IP,OP and ED attendances	AF	MD	No Target	UHL	Monthly reporting	Aug-17	1.3	1.6	1.3	1.6	1.7	1.7	1.7	1.6	1.3	1.6	1.5	1.8	1.8	1.7	1.7	1.8
C2	Percentage of upheld PHSO cases	AF	MD	No Target	UHL	Quarterly reporting	Sep-17	0%	0%	0%	20% (0 out of 5 cases)			0% (0 out of 2 cases)			0% (0 out of 2 cases)			0% (0 out of 4 cases)			0.0
C3	Published Inpatients and Daycase Friends and Family Test - % positive	CF	HL	≥96% Highlight when and if ≥97%	UHL	Red if <95% ER if 2 consecutive mths Red star * if above national average for the month	Jun-17	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
C4	Inpatients only Friends and Family Test - % positive	CF	HL	≥96% Highlight when and if ≥97%	UHL	Red if <95% ER if 2 consecutive mths Red star * if above the national average for the month	Jun-17	96%	96%	97%	95%	96%	96%	96%	96%	96%	95%	95%	95%	95%	95%	95%	95%
C5	Daycase only Friends and Family Test - % positive	CF	HL	≥96% Highlight when and if ≥97%	UHL	Red if <95% ER if 2 consecutive mths Red Star * if above the national average for that month	Jun-17	98%	98%	98%	98%	98%	99%	98%	99%	99%	99%	98%	99%	98%	99%	99%	99%
C6	A&E Friends and Family Test - % positive	CF	HL	≥94%	UHL	Red if <86% ER if 2 consecutive mths Red Star * if above the national average for that month	Jun-17	95%	95%	95%	95%	95%	95%	95%	95%	94%	95%	94%	92%	93%	96%	96%	95%
C7	Outpatients Friends and Family Test - % positive	CF	HL	≥94%	UHL	Red if <91% ER if 2 consecutive mths Red Star * if above the national average for that month	Jun-17	95%	95%	95%	95%	95%	95%	95%	95%	96%	95%	95%	95%	95%	95%	95%	95%
C8	Maternity Friends and Family Test - % positive	CF	HL	≥96%	UHL	Red if <91% ER if 2 consecutive mths Red Star * if above the national average for that month	Jun-17	95%	94%	93%	94%	94%	94%	95%	93%	95%	91%	92%	93%	93%	90%	91%	91%
C9	Friends & Family staff survey: % of staff who would recommend the trust as place to receive treatment (from Pulse Check)	HW	JTF	TBC	NHSI	TBC	Aug-17	69.8%	71.2%	70.5%	75.2%			65.0%			74.0%			74.0%			74.0%
C10	Single Sex Accommodation Breaches (patients affected)	CF	HL	0	NHSI	Red if >0 ER if 2 consecutive months >5	Dec-16	30	58	11	2	6	0	9	0	1	9	5	2	0	0	0	0

Star indicates above national average - reported a month in arrears

APPENDIX E: Well Led Domain Dashboard



KPI Ref	Indicators	Board Director	Lead Officer	19/20 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	17/18 Outturn	18/19 Outturn	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	19/20 YTD
W1	Published Inpatients and Daycase Friends and Family Test - Coverage (Adults and Children)	CF	HL	Not Applicable	N/A	Not Applicable	Jun-17	27.9%	26.4%	27.7%	27.8%	25.5%	26.9%	26.3%	25.9%	24.3%	24.7%	25.8%	26.3%	26.5%	25.6%	26.3%	26.1%
W2	Inpatients only Friends and Family Test - Coverage (Adults and Children)	CF	HL	30%	QS	Red if <26.7%	Jun-17	31.9%	29.1%	30.1%	31.6%	26.8%	28.5%	29.4%	30.4%	26.7%	26.8%	27.2%	29.0%	28.6%	27.9%	30.4%	28.9%
W3	Daycase only Friends and Family Test - Coverage (Adults and Children)	CF	HL	20%	QS	Red if <10%	Jun-17	23.6%	23.4%	25.3%	23.6%	24.2%	25.2%	22.9%	21.2%	21.4%	22.4%	24.3%	23.3%	24.2%	23.1%	22.3%	23.2%
W4	A&E Friends and Family Test - Coverage	CF	HL	10%	QS	Red if <7.1%	Jun-17	9.9%	7.9%	9.9%	10.8%	7.2%	6.9%	8.8%	4.9%	5.0%	9.5%	7.2%	5.9%	7.2%	7.4%	6.1%	6.9%
W5	Outpatients Friends and Family Test - Coverage	CF	HL	5%	QS	Red if <4.7%	Jun-17	5.7%	5.4%	5.8%	5.5%	5.4%	5.4%	5.3%	5.3%	4.7%	4.7%	5.6%	5.9%	6.7%	6.7%	8.8%	7.4%
W6	Maternity Friends and Family Test - Coverage	CF	HL	30%	UHL	Red if <28.0%	Jun-17	40.2%	40.0%	37.2%	38.5%	37.2%	39.1%	44.8%	42.5%	45.4%	33.6%	42.7%	41.6%	44.8%	32.9%	39.7%	38.8%
W7	Friends & Family staff survey: % of staff who would recommend the trust as place to work (from Pulse Check)	HW	BK	Not within Lowest Decile	NHSI	TBC	Sep-17	57.9%	59.8%	60.3%	61.9%			60.0%			57.0%			59.0%			59.0%
W8	Nursing Vacancies	CF	MM	TBC	UHL	Separate report submitted to QAC	Dec-17	11.9%	13.0%	15.0%	14.6%	14.4%	15.2%	15.0%	13.8%	13.9%	14.5%	13.5%	13.0%	12.6%	13.4%		13.4%
W10	Turnover Rate	HW	LG	TBC	NHSI	Red = 11% or above ER = Red for 3 Consecutive Mths	Nov-17	8.5%	8.4%	8.4%	8.4%	8.3%	8.6%	8.3%	8.3%	8.4%	8.6%	8.5%	8.4%	9.0%	9.0%	9.1%	9.1%
W11	Sickness absence (reported 1 month in arrears)	HW	BK	3%	UHL	Red if >4% ER if 3 consecutive mths >4.0%	Oct-16	4.2%	3.9%	3.5%	3.4%	3.6%	3.8%	3.9%	4.1%	4.0%	4.2%	4.1%	3.9%	3.6%	3.7%		3.6%
W12	Temporary costs and overtime as a % of total payroll	HW	LG	TBC	NHSI	TBC	Nov-17	12.0%	11.1%	11.8%	11.3%	10.8%	10.8%	11.5%	10.6%	11.0%	10.7%	9.7%	12.4%	9.8%	9.6%	10.6%	10.0%
W13	% of Staff with Annual Appraisal (excluding facilities Services)	HW	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	88.7%	92.6%	89.8%	91.1%	91.6%	92.2%	92.1%	92.0%	92.5%	91.9%	92.6%	92.6%	92.5%	92.0%	92.0%	92.0%
W14	Statutory and Mandatory Training	HW	BK	95%	UHL	TBC	Dec-16	88%	89%	89%	90%	88%	88%	88%	82%	86%	88%	89%	90%	89%	89%	92%	92%
W15	% Corporate Induction attendance	HW	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	97%	97%	98%	98%	95%	96%	97%	96%	97%	97%	98%	98%	96%	90%	99%	95%
W16	BME % - Leadership (8A – Including Medical Consultants)	HW	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17	27%	29%	28%	29%			29%			29%			29%			29%
W17	BME % - Leadership (8A – Excluding Medical Consultants)	HW	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17	14%	16%	14%	15%			16%			16%			16%			16%
W18	DAY Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	CF	MM	TBC	NHSI	TBC	Jul-18	91.3%	80.8%	87.2%	80.1%	77.3%	78.1%	78.4%	79.1%	78.1%	79.8%	78.1%	77.0%	78.9%	81.1%	82.9%	80.9%
W19	DAY Safety staffing fill rate - Average fill rate - care staff (%)	CF	MM	TBC	NHSI	TBC	Jul-18	101.1%	96.0%	98.2%	94.7%	94.6%	95.1%	95.9%	97.0%	94.6%	95.9%	92.7%	92.8%	96.7%	95.0%	99.3%	97.0%
W20	NIGHT Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	CF	MM	TBC	NHSI	TBC	Jul-18	93.6%	89.8%	94.3%	88.0%	84.8%	86.6%	88.2%	90.0%	87.9%	92.3%	88.5%	88.2%	88.2%	90.5%	90.3%	89.7%
W21	NIGHT Safety staffing fill rate - Average fill rate - care staff (%)	CF	MM	TBC	NHSI	TBC	Jul-18	111.0%	123.0%	118.0%	124.1%	112.4%	121.5%	123.3%	126.8%	121.5%	124.8%	123.6%	126.3%	129.8%	131.4%	129.4%	130.2%
W22	Apprenticeships - 2.3% of workforce averaged as an apprenticeship over 3 years	HW	BK	613	NHSI	Red if <613	TBC													19	19	25	25

APPENDIX F: Effective Domain Dashboard



KPI Ref	Indicators	Board Director	Lead Officer	19/20 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DOF Assessment outcome/Date	15/16 Outturn	16/17 Outturn	17/18 Outturn	18/19 Outturn	Feb-18	Mar-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	19/20 YTD	
E1	Emergency readmissions within 30 days following an elective or emergency spell	AF	CM	Monthly <8.5%	QC	Red if >8.6% ER if >8.6%	Jun-17	8.9%	8.5%	9.1%	9.0%	9.3%	9.3%	9.1%	9.0%	9.0%	8.8%	8.9%	8.7%	9.0%	8.8%	9.1%	8.9%	9.2%	8.9%		9.1%	
E2	Mortality - Published SHMI	AF	RB	<=99	QC	Red/ER if not within national expected range	Sep-16	96	102 (Oct15-Sep16)	98 (Oct16-Sep17)	99 (Oct17-Sep18)	100 (Jul16-Jun17)	98 (Oct16-Sep17)	97 (Jan17-Dec17)			95 (Apr17-Mar18)			96 (Jul17-Jun18)			99 (Oct17-Sep18)			99 (Jan to Dec 18)	100 (Feb 18 to Jan 19)	100 (Feb 18 to Jan 19)
E3	Mortality - Rolling 12 mths SHMI (as reported in HED) Rebased	AF	RB	<=99	QC	Red/ER if not within national expected range	Sep-16	97	101	93	99	95	95	98	99	99	99	99	99	99	99	99	99	99	99	99		99
E4	Mortality - Rolling 12 mths HSMR (Rebased Monthly as reported in HED)	AF	RB	<=99	UHL	Red/ER if not within national expected range	Sep-16	96	102	94	97	94	93	95	95	96	95	98	97	97	97	97	97	97	98	99	98	98
E5	Crude Mortality Rate Emergency Spells	AF	RB	<=2.4%	UHL	Monthly Reporting	Apr-17	2.3%	2.4%	2.2%	2.1%	2.6%	2.3%	1.9%	2.0%	1.9%	1.9%	2.1%	1.9%	2.4%	2.4%	2.4%	2.1%	2.0%	1.9%	1.7%	1.9%	
E6	No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions	AF	AC	72% or above	QS	Red if <72% ER if 2 consecutive mths <72%	Jun-17	63.8%	71.2%	69.9%	74.6%	66.1%	66.7%	53.5%	58.8%	82.6%	77.2%	83.6%	83.5%	73.8%	87.3%	78.7%	75.3%	76.1%	76.8%	81.9%	78.5%	
E7	Stroke - 90% of Stay on a Stroke Unit	RB	RM	80% or above	QS	Red if <80% ER if 2 consecutive mths <80%	Apr-18	85.6%	85.0%	86.7%	84.9%	80.4%	81.1%	84.3%	86.8%	80.6%	83.7%	86.7%	82.4%	78.7%	87.1%	86.5%	87.7%	83.5%	90.0%		86.8%	
E8	Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)	RB	RM	60% or above	QS	Red if <60% ER if 2 consecutive mths <60%	Apr-18	75.6%	66.9%	52.6%	55.6%	28.8%	51.2%	77.7%	70.2%	50.4%	28.7%	38.6%	87.3%	52.3%	83.5%	57.5%	29.9%	64.0%	75.5%	61.4%	66.7%	

APPENDIX G: Responsive Domain Dashboard



KPI Ref	Indicators	Board Director	Lead Officer	19/20 Target	Target Set by	18/19 Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	17/18 Outturn	18/19 Outturn	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	19/20 YTD
R1	ED 4 Hour Waits UHL	RB	RM	95% or above	NHSI	Green if in line with NHSI trajectory	Aug-17	77.6%	77.0%	82.0%	76.3%	76.3%	79.5%	78.3%	72.6%	73.5%	70.7%	76.1%	75.1%	75.5%	73.7%	74.1%	74.4%
R2	ED 4 Hour Waits Acute Footprint (UHL + LLR UCC (Type 3), before 19/20)	RB	RM	95% or above	NHSI	Red if <85% Amber if >85% and <90% Green 90%+ ER via ED TB report	Aug-17	80.6%	83.2%	87.1%	83.1%	83.0%	84.7%	83.7%	79.1%	79.9%	79.1%	82.6%	82.0%	82.4%	81.5%	81.5%	81.8%
R3	12 hour trolley waits in A&E	RB	RM	0	NHSI	Red if >0 ER via ED TB report	Mar-19	40	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
R4	RTT - Incomplete 92% in 18 Weeks UHL+ALLIANCE	RB	DM	92% or above	NHSI	Green if in line with NHSI trajectory	Nov-16	85.2%	84.7%	87.0%	86.5%	85.8%	85.2%	86.0%	86.0%	85.3%	85.2%	85.1%	84.7%	84.4%	84.7%	83.5%	83.5%
R5	RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE	RB	DM	0	NHSI	Red/ER if >0	Nov-16	4	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0
R6	6 Week - Diagnostic Test Waiting Times (UHL+ALLIANCE)	RB	DM	1% or below	NHSI	Red/ER if >1%	Dec-16	1.9%	0.9%	3.0%	1.7%	2.0%	0.8%	0.9%	0.8%	1.0%	1.0%	0.9%	0.9%	0.9%	0.9%	0.9%	0.9%
R7	Urgent Operations Cancelled Twice (UHL+ALLIANCE)	RB	DM	0	NHSI	Red if >0 ER if >0	Jan-17	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
R8	Cancelled patients not offered a date within 28 days of the cancellations UHL	RB	DM	0	NHSI	Red if >2 ER if >0	Jan-17	336	242	24	32	22	17	19	17	10	20	19	11	14	18	21	53
R9	Cancelled patients not offered a date within 28 days of the cancellations ALLIANCE	RB	DM	0	NHSI	Red if >2 ER if >0	Jan-17	2	6	0	3	0	0	0	0	1	1	0	0	0	0	0	0
R10	% Operations cancelled for non-clinical reasons on or after the day of admission UHL	RB	DM	<1%	Contract	Amber if >1.0% ER if >1.0%	Jan-17	1.3%	1.2%	1.2%	1.4%	0.9%	0.8%	1.2%	1.2%	1.0%	1.3%	1.2%	1.3%	1.0%	1.4%	1.1%	1.2%
R11	% Operations cancelled for non-clinical reasons on or after the day of admission ALLIANCE	RB	DM	<1%	Contract	Amber if >1.0% ER if >1.0%	Jan-17	0.6%	0.6%	1.7%	1.6%	0.1%	0.0%	0.3%	0.6%	1.1%	0.2%	0.0%	0.0%	0.4%	1.0%	0.0%	0.7%
R12	% Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	RB	DM	<1%	Contract	Amber if >=1.0% ER if >1.0%	Jan-17	1.2%	1.1%	1.2%	1.5%	0.9%	0.7%	1.2%	1.1%	1.0%	1.2%	1.1%	1.2%	0.9%	1.4%	1.0%	1.1%
R13	No of Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	RB	DM	Not Applicable	UHL	Not Applicable	Jan-17	1615	1496	138	161	98	79	139	132	97	139	123	141	104	162	116	382
R14	Delayed transfers of care	RB	JD	3.5% or below	NHSI	Red if >3.5% ER if Red for 3 consecutive mths	Oct-17	1.9%	1.5%	1.3%	1.2%	1.6%	1.4%	1.6%	1.3%	1.8%	1.5%	1.8%	1.7%	1.0%	1.8%	1.7%	1.5%
R15	Ambulance Handover >60 Mins (CAD from Feb 19)	RB	DM	0.8% (June 19)	NHSI	Red if below trajectory ER if Red for 3 consecutive mths	TBC	4.2%	4.0%	0.7%	4.2%	3.0%	1.0%	2.0%	3.0%	7.0%	12.5%	4.3%	5.0%	4.5%	5.1%	4.4%	4.7%
R16	Ambulance Handover >30 Mins and <60 mins (CAD from Feb 19)	RB	DM	7.2% (June 19)	NHSI	Red if below trajectory ER if Red for 3 consecutive mths	TBC	9.0%	8.0%	4.0%	8.4%	8.0%	5.0%	8.0%	9.0%	10.0%	14.1%	10.1%	12.7%	12.4%	14.9%	11.2%	12.8%

Responsive

APPENDIX H: Responsive Domain Cancer Dashboard

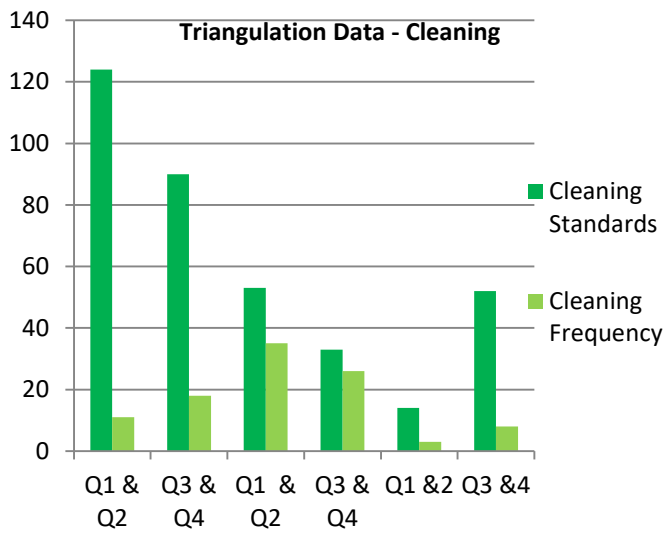
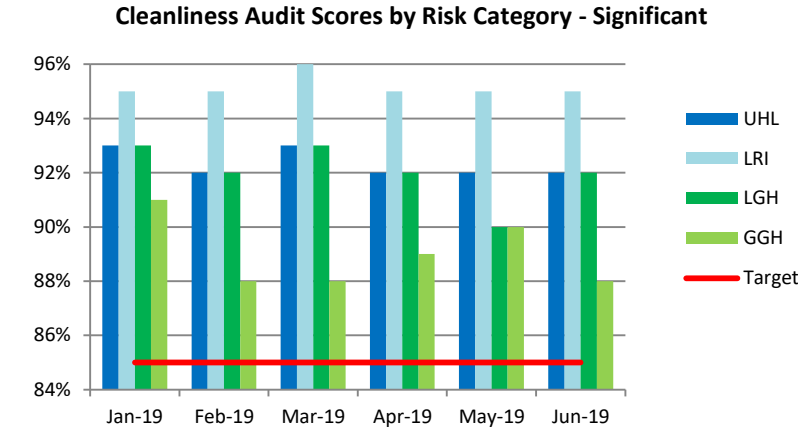
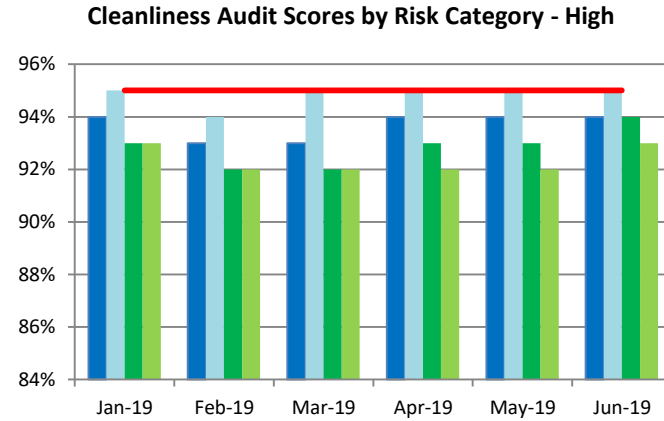
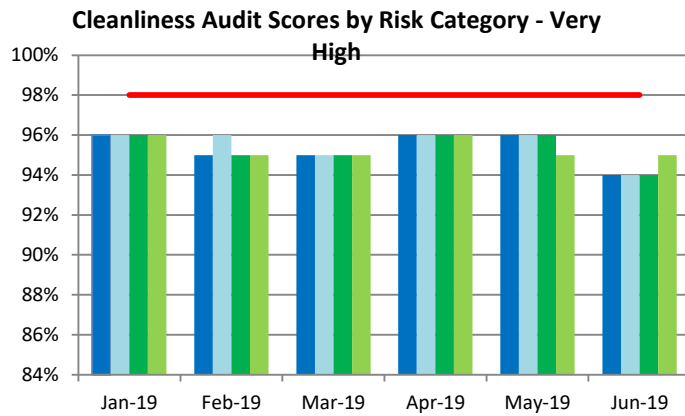


KPI Ref	Indicators	Board Director	Lead Officer	19/20 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DOF Assessment outcome/Date	17/18 Outturn	18/19 Outturn	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	19/20 YTD
** Cancer statistics are reported a month in arrears.																							
RC1	Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	RB	SL	93% or above	NHSI	Red if below Target	Jul-16	94.7%	92.3%	93.1%	92.2%	92.9%	95.2%	94.0%	89.9%	80.2%	88.6%	95.5%	95.6%	95.7%	93.4%	**	94.6%
RC2	Two Week Wait for Symptomatic Breast Patients (Cancer Not Initially Suspected)	RB	SL	93% or above	NHSI	Red if below Target	Jul-16	91.9%	79.3%	88.7%	84.5%	86.6%	94.0%	79.9%	68.7%	26.6%	64.5%	90.4%	97.5%	90.5%	93.1%	**	92.0%
RC3	31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	RB	SL	96% or above	NHSI	Red if below Target	Jul-16	95.1%	95.2%	96.4%	95.4%	98.0%	95.4%	94.1%	95.9%	96.1%	91.4%	94.8%	95.2%	94.8%	93.9%	**	94.3%
RC4	31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	RB	SL	98% or above	NHSI	Red if below Target	Jul-16	99.1%	99.6%	98.0%	100%	98.5%	100%	100%	100%	100%	100%	100%	99.3%	100%	98.6%	**	99.3%
RC5	31-Day Wait For Second Or Subsequent Treatment: Surgery	RB	SL	94% or above	NHSI	Red if below Target	Jul-16	85.3%	86.1%	89.6%	87.0%	89.6%	82.5%	86.5%	84.0%	86.4%	89.8%	84.2%	85.3%	85.7%	87.6%	**	86.6%
RC6	31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	RB	SL	94% or above	NHSI	Red if below Target	Jul-16	95.4%	97.9%	100%	99.3%	100.0%	90.0%	98.5%	99.2%	99.2%	95.1%	99.3%	98.5%	98.5%	99.0%	**	98.7%
RC7	62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	RB	SL	85% or above	NHSI	Red if below Target	Jul-16	78.2%	75.2%	74.5%	77.0%	72.9%	71.7%	76.5%	74.2%	82.3%	75.8%	69.7%	73.8%	75.8%	75.0%	**	75.4%
RC8	62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	RB	SL	90% or above	NHSI	Red if below Target	Jul-16	85.2%	82.3%	81.0%	88.5%	84.0%	96.0%	78.6%	95.5%	90.6%	67.9%	74.3%	79.3%	100.0%	76.4%	**	85.1%
RC9	Cancer waiting 104 days	RB	SL	0	NHSI	TBC	Jul-16	18	27	11	17	29	26	13	12	15	28	26	27	29	32	36	36

62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers Inc Rare Cancers																							
KPI Ref	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DOF Assessment outcome	17/18 Outturn	18/19 YTD	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	19/20 YTD
RC10	Brain/Central Nervous System	RB	SL	85% or above	NHSI	Red if below Target	Jul-16	--	33.3%	0.0%	--	--	100%	--	--	--	--	--	--	--	--	**	--
RC11	Breast	RB	SL	85% or above	NHSI	Red if below Target	Jul-16	93.8%	88.2%	92.9%	91.4%	85.4%	86.7%	87.2%	80.6%	91.5%	87.5%	76.7%	96.3%	97.6%	94.1%	**	95.8%
RC12	Gynaecological	RB	SL	85% or above	NHSI	Red if below Target	Jul-16	70.6%	70.6%	66.7%	55.0%	58.3%	69.2%	68.0%	90.0%	94.7%	83.3%	66.7%	76.5%	66.7%	64.9%	**	65.9%
RC13	Haematological	RB	SL	85% or above	NHSI	Red if below Target	Jul-16	81.0%	69.0%	50.0%	100.0%	64.3%	50.0%	87.5%	52.4%	100%	70.0%	69.2%	55.6%	50.0%	57.1%	**	52.6%
RC14	Head and Neck	RB	SL	85% or above	NHSI	Red if below Target	Jul-16	55.4%	55.0%	55.6%	42.9%	37.5%	47.1%	54.5%	60.0%	37.0%	91.7%	66.7%	60.0%	26.7%	84.6%	**	53.6%
RC15	Lower Gastrointestinal Cancer	RB	SL	85% or above	NHSI	Red if below Target	Jul-16	58.5%	56.2%	66.7%	63.2%	58.8%	45.5%	50.0%	56.0%	65.0%	63.3%	35.3%	57.1%	60.0%	76.5%	**	67.6%
RC16	Lung	RB	SL	85% or above	NHSI	Red if below Target	Jul-16	66.2%	72.1%	78.3%	82.4%	60.7%	75.5%	68.4%	69.8%	75.0%	65.0%	75.6%	75.8%	79.5%	63.6%	**	72.2%
RC17	Other	RB	SL	85% or above	NHSI	Red if below Target	Jul-16	66.7%	52.4%	50.0%	0.0%	0.0%	75.0%	50.0%	0.0%	--	0.0%	100%	100%	100%	--	**	100%
RC18	Sarcoma	RB	SL	85% or above	NHSI	Red if below Target	Jul-16	56.7%	73.3%	100%	100%	--	--	100%	100%	100%	66.7%	--	--	--	100%	**	100%
RC19	Skin	RB	SL	85% or above	NHSI	Red if below Target	Jul-16	96.8%	96.9%	93.2%	100%	97.6%	100%	95.0%	93.2%	100%	95.9%	93.8%	98.4%	100.0%	97.7%	**	99.0%
RC20	Upper Gastrointestinal Cancer	RB	SL	85% or above	NHSI	Red if below Target	Jul-16	71.9%	66.3%	81.6%	60.7%	77.8%	64.5%	84.6%	58.8%	67.9%	56.0%	60.0%	45.5%	70.6%	90.5%	**	78.2%
RC21	Urological (excluding testicular)	RB	SL	85% or above	NHSI	Red if below Target	Jul-16	76.3%	68.1%	59.4%	67.8%	64.7%	55.4%	70.4%	73.8%	79.8%	63.3%	66.1%	66.0%	64.7%	49.2%	**	57.4%
RC22	Rare Cancers	RB	SL	85% or above	NHSI	Red if below Target	Jul-16	65.0%	79.4%	75.0%	100%	66.7%	100%	100%	100%	100%	100%	57.1%	50.0%	100.0%	50.0%	**	66.7%
RC23	Grand Total	RB	SL	85% or above	NHSI	Red if below Target	Jul-16	78.2%	75.2%	74.5%	77.3%	72.9%	71.7%	76.4%	74.2%	82.3%	75.8%	69.7%	73.8%	75.6%	75.0%	**	75.4%

APPENDIX I: Estates and Facilities

Estates and Facilities - Cleanliness



Cleanliness Report

Explanatory Notes

The above charts show average audit scores for the whole Trust and by hospital site for the last 6 months. Each chart covers specific risk categories:-

- Very High – e.g. Operating Theatres, ITUs, A&E - Target Score 98%
- High – Wards e.g. Sterile supplies, Public Toilets – Target Score 95%
- Significant – e.g. Outpatient Departments, Pathology labs – Target Score 85%

Cleanliness audits are undertaken jointly involving both ward staff as well as members of the Facilities Team.

For the first time in this report more data is provided on the statistics behind the average scores in the charts. The table below gives a summary of how many audits passed or failed the above standards.

The triangulation data is collected by the Trust from numerous patient sources including Message to Matron, Friends and Family Test, Complaints, online sources and Message to volunteer or Carer. This is collated collectively as 'Suggestions for Improvement' on a bi-annual basis which makes for limited comparability with current data.

Notes on Performance

For average scores, very high-risk areas overall have dropped slightly to 94%, with the LRI and LGH achieving 94%, while the GH staying steady at 95%. Whilst this is a few percent below the overall 98% target, the service is funded to 90%.

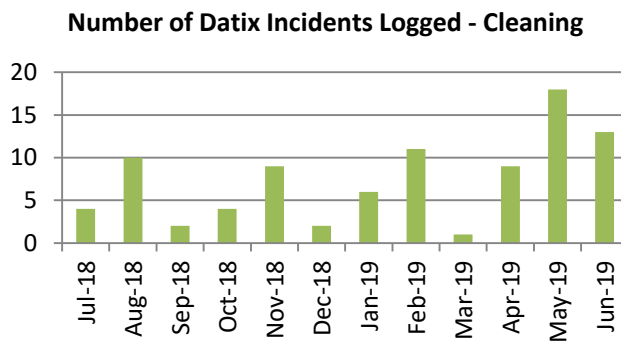
High-risk area average scores remain at 94% overall; with the LGH and GGH increasing their average scores with the LRI achieving 95%, the LGH achieving 94% and the GGH achieving 93%.

Significant risk areas all continue to exceed the 85% target and there were only 15 audit failures in this category.

Datix's incident logged for June has dropped to 13, with 6 of the Datix's referring to Clinics B, C & D at the GH and this issue is now being dealt with by the Zonal Co-Ordinator.

The financial constraints affecting services towards the end of the last financial year are now being relaxed allowing more gaps in rotas to be filled going forward. In order to improve cleaning standards a wholesale review of the service is underway by an external consultancy. Methods, resources, management and productivity will all be scrutinised to improve both efficiency and effectiveness.

Audit Category	Total Audits	Pass	Fail
Very High	104	18	86
High	151	60	91
Significant	137	122	15



Estates and Facilities – Patient Catering

Patient Catering Survey – June 2019	Percentage 'OK or Good'	
	May-19	Jun-19
Did you enjoy your food?	98%	81%
Did you feel the menu has a good choice of food?	100%	97%
Did you get the meal that you ordered?	100%	97%
Were you given enough to eat?	98%	100%

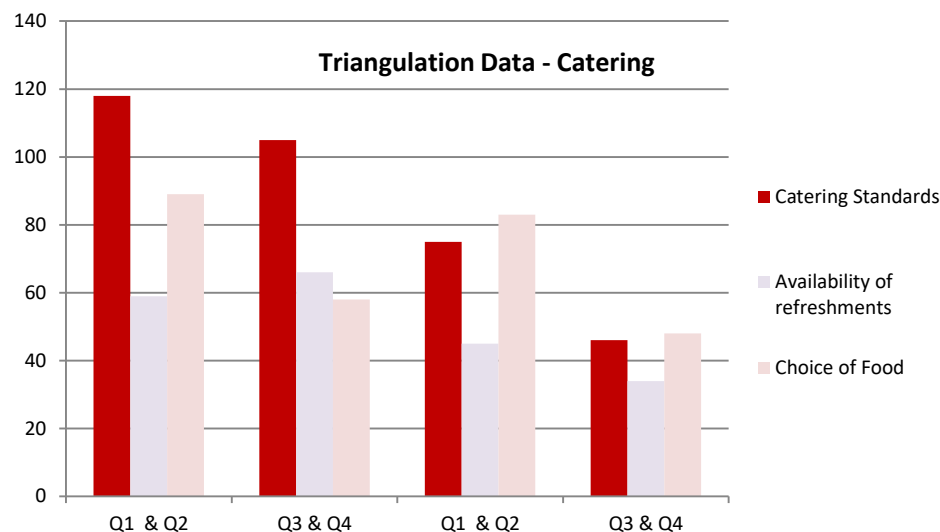
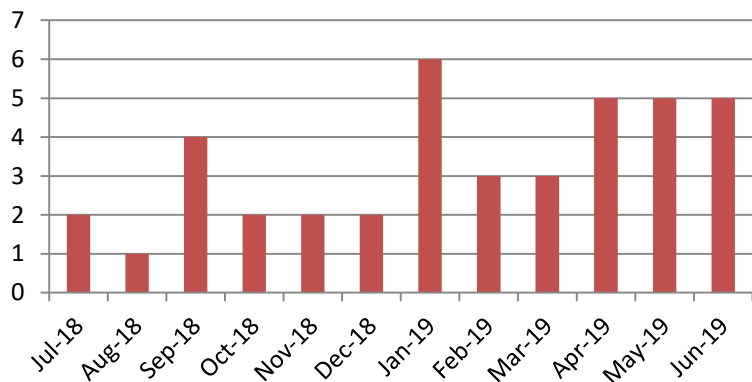
90 – 100%	80 – 90%	<80%
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Number of Patient Meals Served				
Month	LRI	LGH	GGH	UHL
April	69,367	20,413	29,304	119,084
May	72,119	19,191	30,457	121,767
June	64,460	22,500	29,210	116,170

Patient Meals Served On Time (%)				
Month	LRI	LGH	GGH	UHL
April	100%	100%	100%	100%
May	100%	100%	100%	100%
June	100%	100%	100%	100%

97 – 100%	95 – 97%	<95%
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Number of Datix Incidents Logged -Patient Catering



Patient Catering Report

Survey numbers have dropped slightly this month, but this is due to the fact that we only received 32 surveys, we are investigating the introduction of the electronic surveys as part of the new audit system.

Scores this month have again dropped below the normal 90% 'green' range that we usually see in terms of those patients who enjoyed their food, however we believe this is less a reflection on the actual food service, than the numbers of surveys returned. Most patients believe there is a good choice of food, although some longer stay patients are reported to feel that after a while the menu becomes boring and would like to see a rotational menu. Comments about the food standards range from 'good' to 'inedible' with no discernible trend.

In terms of ensuring patients are fed on time this continues to perform well.

We experienced supplier issues towards the end of May and into June this year and recently secured "On The Roll" sandwich company to provide patient Sandwiches to the Trust going forward.

As Triangulation data is collated every 6 months, it is 3 months behind the current monthly reporting cycle.

Estates and Facilities - Portering

Reactive Portering Tasks in Target				
Site	Task (Urgent 15min, Routine 30min)	Month		
		April	May	June
GH	Overall	92%	95%	95%
	Routine	92%	94%	94%
	Urgent	97%	99%	99%
LGH	Overall	94%	94%	98%
	Routine	93%	93%	93%
	Urgent	99%	97%	99%
LRI	Overall	91%	90%	93%
	Routine	90%	89%	92%
	Urgent	97%	97%	98%

95 – 100%	90 – 94%	<90%
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Average Portering Task Response Times		
Category	Time	No of tasks
Urgent	00:13:45	2,575
Routine	00:26:57	16,403
Total		18,978

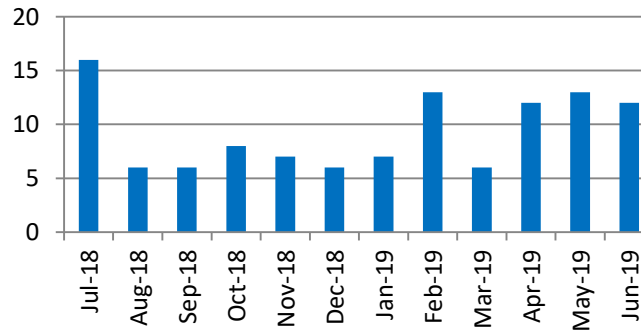
Portering Report

June's performance figures remain similar to those seen in May.

Datix's have dropped by 1 and 12 have been received in June, with no identifiable trend.

Equipment continues to cause the portering service issues, locating wheelchairs, calls can add up to 20 minutes to complete an allocated task. A tracking system is being considered to see if this issue can be resolved going forward.

Number of Datix Incidents Logged - Portering



Estates & Facilities – Planned Maintenance

Statutory Maintenance Tasks Against Schedule					
UHL Trust Wide	Month	Fail	Pass	Total	%
	April	0	323	323	100%
	May	0	131	131	100%
	June	18	133	151	88%

99 – 100%	97 – 99%	<97%
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Estates Planned Maintenance Report

For June we have achieved 88% in the delivery of Statutory Maintenance tasks in the month. This is due to 15 Fire Doors and 3 Emergency Lighting statutory PPM's that missed their deadlines but are now fully compliant.

For the Non-Statutory tasks, completion of the monthly schedule is subject to the volume of reactive calls and the shortage of engineers to carry out tasks and administration personnel to close them down on the system.

Non-Statutory Maintenance Tasks Against Schedule					
UHL Trust Wide	Month	Fail	Pass	Total	%
	April	770	1375	2145	64%
	May	804	1520	2324	65%
	June	828	1435	2263	63%

95 – 100%	80 – 95%	<80%
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UHL ED Attendances within 4 hours

UHL + LLR ED Attendances within 4 hours - June 2019 (Acute Footprint)**

All Acute Trusts - 87.8% UHL + LLR 96 out of the 142 Trusts*
5 of the 142 Trusts* achieved 95% or more

Peer Rank	Provider Name	Performance within 4 Hours - Target 95% - Amber 92% - <95%
1	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	95.4%
2	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	90.4%
3	LEEDS TEACHING HOSPITALS NHS TRUST	89.3%
4	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	87.2%
5	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	87.1%
6	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	86.3%
7	PENNINE ACUTE HOSPITALS NHS TRUST	85.6%
8	BARTS HEALTH NHS TRUST	85.4%
9	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	83.5%
10	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	83.2%
11	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	81.5%
12	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	81.3%
13	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	81.2%
14	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	80.1%
15	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	79.3%
16	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	79.3%
-	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	-
-	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	-

UHL/LLR Peer Ranking - ED Acute Footprint (n/18)



UHL/LLR Acute Ranking - ED Acute Footprint (n/142)



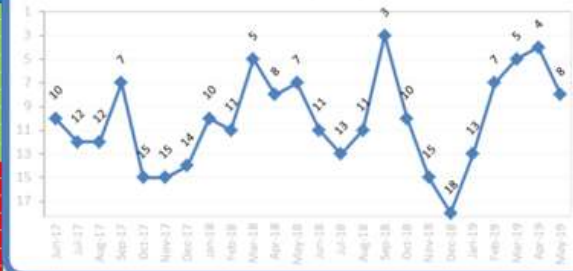
TWO WEEK WAIT-ALL CANCER

TWO WEEK WAIT-ALL CANCER - May 2019

All Acute Trusts Performance - 90.8% UHL ranks 72 out of the 142 Acute Trusts*
78 of the 142 Acute Trusts* achieved 93% or more

Peer Rank	Provider	Performance within 14 Days - Target 93%
1	BARTS HEALTH NHS TRUST	97.3%
2	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	96.9%
3	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	96.6%
4	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	95.1%
5	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	95.0%
6	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	94.7%
7	HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	94.1%
8	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	93.4%
9	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	93.0%
10	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	92.9%
11	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	92.5%
12	PENNINE ACUTE HOSPITALS NHS TRUST	92.4%
13	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	92.0%
14	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	90.3%
15	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	85.8%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	81.8%
17	LEEDS TEACHING HOSPITALS NHS TRUST	72.1%
18	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	71.6%

UHL Peer Ranking - TWO WEEK WAIT-ALL CANCER (n/18)



UHL Acute Ranking - TWO WEEK WAIT-ALL CANCER (n/142)



*Acute NHS hospitals – there are 145 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service

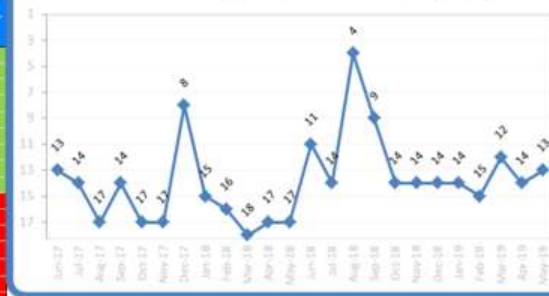
31-DAY FIRST TREAT

31-DAY FIRST TREAT - May 2019

All Acute Trusts Performance - 96.0% UHL ranks 119 out of the 142 Acute Trusts*
96 of the 142 Acute Trusts* achieved 96% or more

Peer Rank	Provider	Performance within 31 Days - Target 96%
1	PENNINE ACUTE HOSPITALS NHS TRUST	100%
2	BARTS HEALTH NHS TRUST	99.3%
3	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	98.3%
4	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	97.3%
5	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	97.0%
6	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.9%
6	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.5%
8	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	96.2%
9	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	96.1%
10	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	95.8%
11	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	95.4%
12	LEEDS TEACHING HOSPITALS NHS TRUST	94.3%
16	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	93.9%
14	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	93.5%
15	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	93.3%
16	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	93.0%
17	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	92.5%
18	HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	92.3%

UHL Peer Ranking - 31-DAY FIRST TREAT (n/18)



UHL Acute Ranking - 31-DAY FIRST TREAT (n/142)



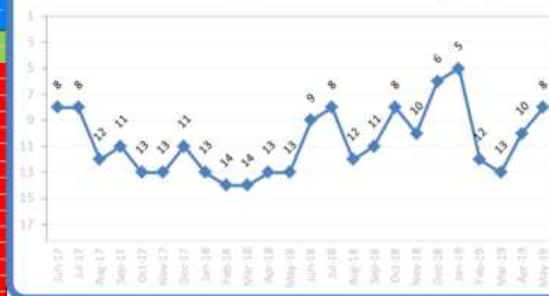
62-DAY GP Referral

62-DAY GP Referral - May 2019

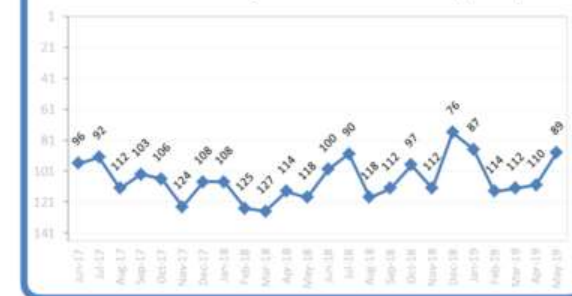
All Acute Trusts Performance - 77.4% UHL ranks 99 out of the 142 Acute Trusts*
35 of the 142 Acute Trusts* achieved 65% or more

Peer Rank	Provider	Performance within 62 Days - Target 85%
1	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	91.5%
2	BARTS HEALTH NHS TRUST	85.0%
3	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	80.8%
4	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	79.6%
5	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	77.7%
6	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	77.5%
7	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	76.5%
8	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	75.4%
9	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	75.3%
10	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	75.1%
11	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	73.0%
12	LEEDS TEACHING HOSPITALS NHS TRUST	70.2%
13	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	70.1%
14	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	69.6%
15	HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	68.9%
16	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	68.8%
17	PENNINE ACUTE HOSPITALS NHS TRUST	66.1%
18	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	65.5%

UHL Peer Ranking - 62-DAY GP Referral (n/18)



UHL Acute Ranking - 62-DAY GP Referral (n/142)



*Acute NHS hospitals – there are 145 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service

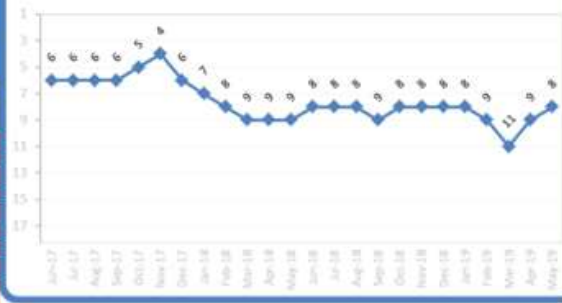
RTT 18+ Weeks Backlog

RTT 18+ Weeks Backlog - May 2019

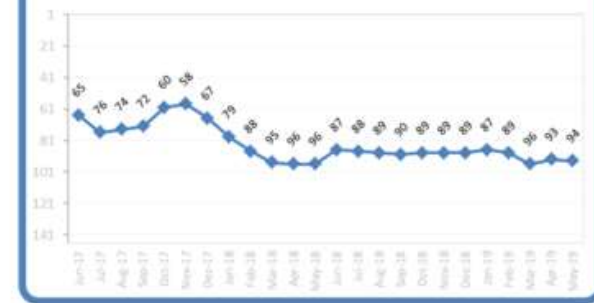
All Acute Trusts Performance - 85.2% UHL ranks 94 out of the 142 Acute Trusts*
37 of the 142 Acute Trusts* achieved 92% or more

Peer Rank	Provider Name	RTT Incomplete Performance - Target 92%
1	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	93.7%
2	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	93.5%
3	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	92.2%
4	LEEDS TEACHING HOSPITALS NHS TRUST	87.4%
5	PENNINE ACUTE HOSPITALS NHS TRUST	86.9%
6	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	86.5%
7	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	86.1%
8	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	84.7%
9	BARTS HEALTH NHS TRUST	84.5%
10	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	84.5%
11	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	84.1%
12	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	83.9%
13	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	83.8%
14	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	80.7%
15	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	80.2%
16	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	80.0%
17	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	78.8%
18	HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	76.8%

UHL Peer Ranking - 18+ Weeks Backlog (n/18)



UHL Acute Ranking - 18+ Weeks Backlog (n/142)



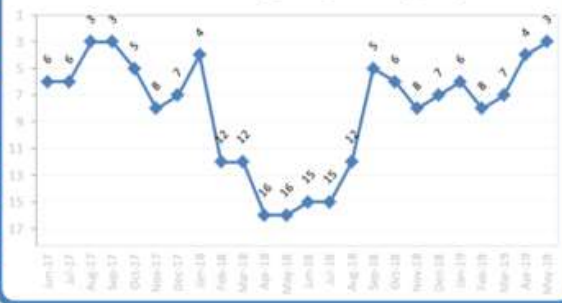
Diagnostics

Diagnostics - May 2019

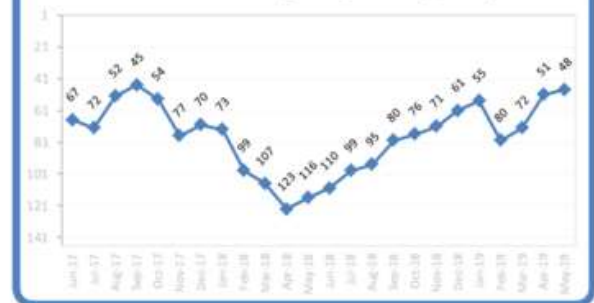
All Acute Trusts Performance - 4.2% UHL ranks 48 out of the 142 Acute Trusts*
50 of the 142 Acute Trusts* achieved <1% or less (Ranked Ascending)

Peer Rank	Provider Name	Diagnostics Performance %Waiting 6 Wks+ - Target <=1%
1	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	0.0%
2	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	0.0%
3	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	0.0%
4	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	1.0%
5	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	1.1%
6	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	2.1%
7	BARTS HEALTH NHS TRUST	2.4%
8	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2.4%
9	LEEDS TEACHING HOSPITALS NHS TRUST	2.5%
10	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	3.2%
11	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	3.7%
12	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	4.4%
13	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	4.4%
14	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	4.9%
15	PENNINE ACUTE HOSPITALS NHS TRUST	6.4%
16	HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	7.7%
17	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	8.9%
-	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	-

UHL Peer Ranking - Diagnostics (n/18)



UHL Acute Ranking - Diagnostics (n/142)



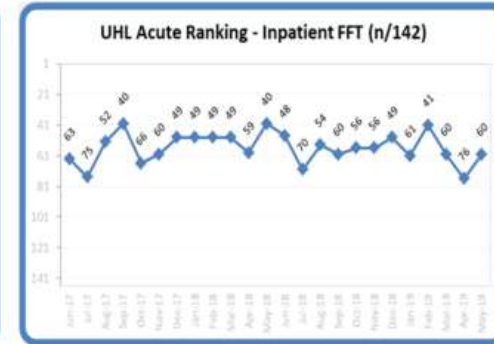
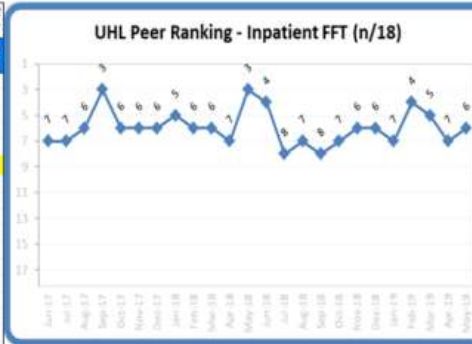
*Acute NHS hospitals – there are 145 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service

Inpatient FFT

All Acute Trusts - Response Rate 24% - Recommended 96% - Not Recommended 2%

UHL ranks 60 (for Recommended) and 37* (for Not Recommended) out of the 142 Trusts**

Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	20%	98%	1%
2	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	24%	98%	1%
3	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	32%	97%	1%
4	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	11%	97%	2%
5	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	37%	97%	1%
6	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	26%	97%	1%
7	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	21%	97%	2%
8	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	7%	97%	2%
9	LEEDS TEACHING HOSPITALS NHS TRUST	34%	96%	1%
10	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	22%	96%	2%
11	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	28%	95%	2%
12	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	27%	95%	3%
13	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	19%	94%	3%
14	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	31%	94%	2%
15	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	14%	94%	2%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	24%	93%	3%
17	PENINE ACUTE HOSPITALS NHS TRUST	23%	91%	4%
18	BARTS HEALTH NHS TRUST	10%	91%	5%



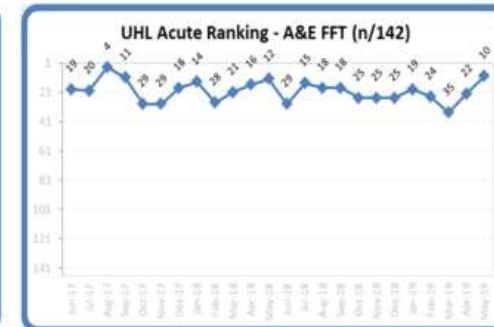
A&E FFT

A&E FFT - May 2019

All Acute Trusts - Response Rate 24% - Recommended 86% - Not Recommended 2%

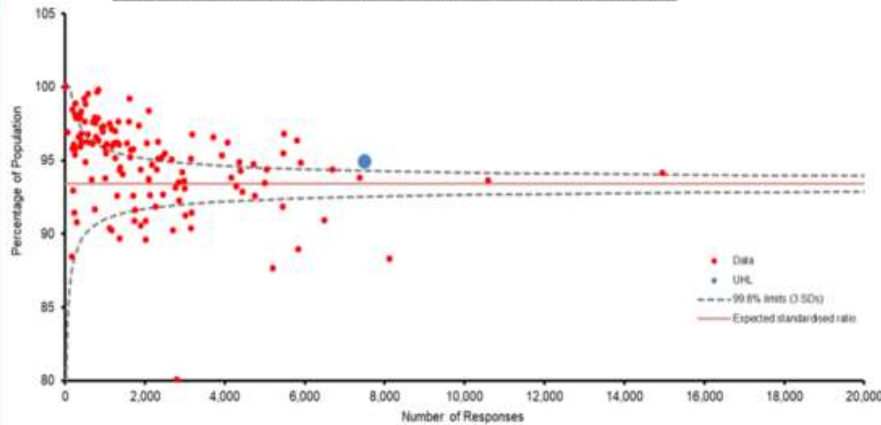
UHL ranks 10 (for Recommended) and 21* (for Not Recommended) out of the 142 Trusts**

Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	7%	96%	2%
2	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	15%	93%	4%
3	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	12%	90%	5%
4	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	16%	90%	5%
5	LEEDS TEACHING HOSPITALS NHS TRUST	21%	89%	7%
6	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	1%	89%	8%
7	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	21%	87%	8%
8	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	21%	86%	9%
9	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	20%	86%	10%
10	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2%	86%	5%
11	HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	16%	82%	12%
12	PENINE ACUTE HOSPITALS NHS TRUST	12%	82%	13%
13	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	16%	81%	11%
14	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	26%	80%	11%
15	BARTS HEALTH NHS TRUST	5%	76%	18%
16	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	6%	75%	15%
17	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	10%	74%	19%
18	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	36%	67%	19%



*Acute NHS hospitals – there are 145 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service

Outpatients Friends and Family Test (FFT) - May 2019

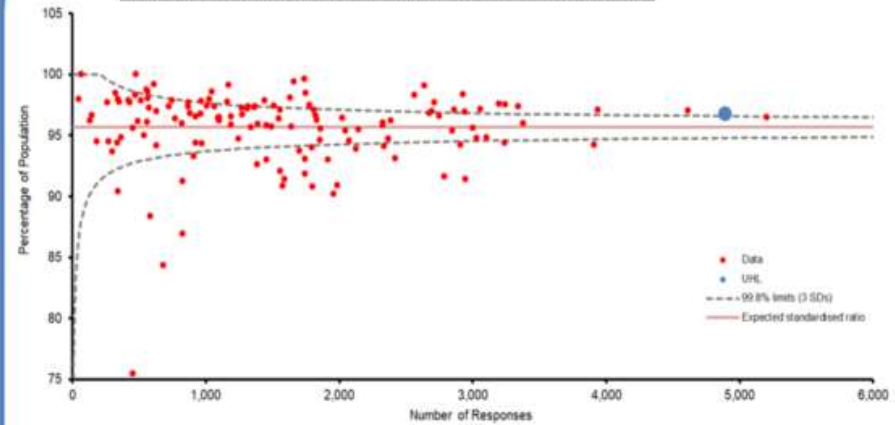


Nationally, 40.1% of all acute providers were within the control limit, 41.5% above the upper control limit (99.8%) and 18.3% below the lower control limit (95%).

UHL's performance for was above the national average and above the expected level of normal variation.

Only 5 providers had similar levels of FFT responses to UHL - 2 providers including UHL are above the upper control limit

Inpatient Friends and Family Test (FFT) - May 2019

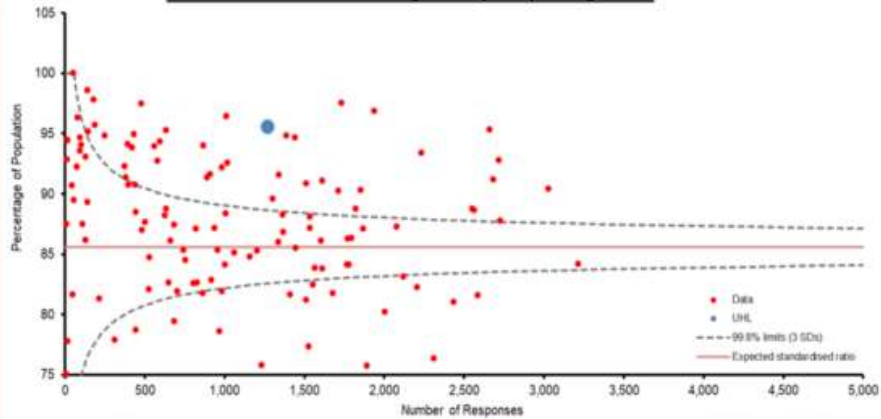


Nationally, 58.5% of all acute providers were within the control limit, 21.1% above the upper control limit (99.8%) and 20.4% below the lower control limit (95%).

UHL's performance for was above the national average and above the expected level of normal variation.

Only 2 providers had similar levels of FFT responses to UHL - 1 providers including UHL are above the upper control limit

A&E Friends and Family Test (FFT) - May 2019

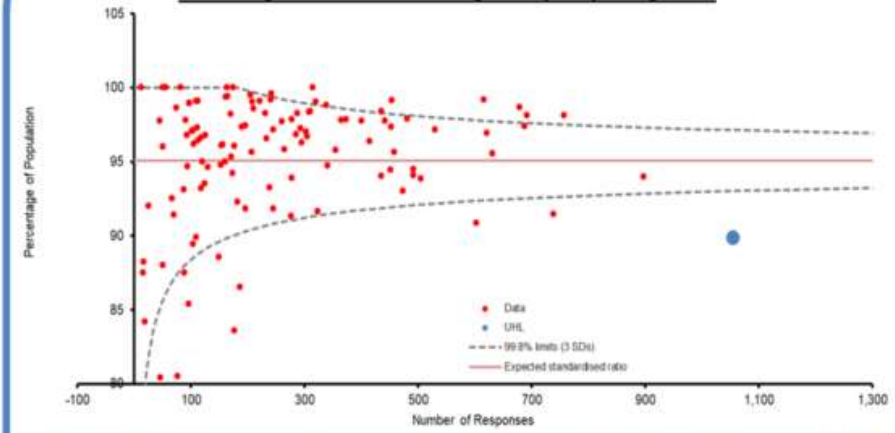


Nationally, 47.3% of all acute providers were within the control limit, 32.1% above the upper control limit (99.8%) and 20.6% below the lower control limit (95%).

UHL's performance for was above the national average and above the expected level of normal variation.

50 providers had similar levels of FFT responses to UHL - 20 providers including UHL are above the upper control limit

Maternity Friends and Family Test (FFT) - May 2019

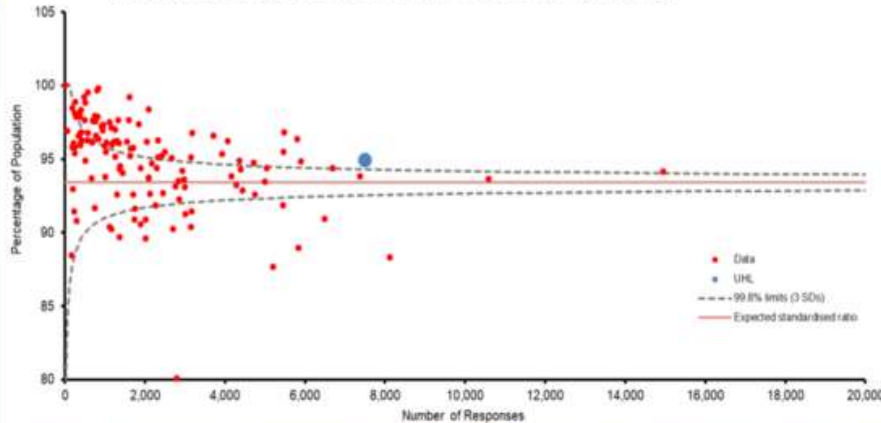


Nationally, 77.8% of all acute providers were within the control limit, 7.9% above the upper control limit (99.8%) and 14.3% below the lower control limit (95%).

UHL's performance for was below the national average and below the expected level of normal variation.

UHL had the highest level of FFT responses.

Outpatients Friends and Family Test (FFT) - May 2019

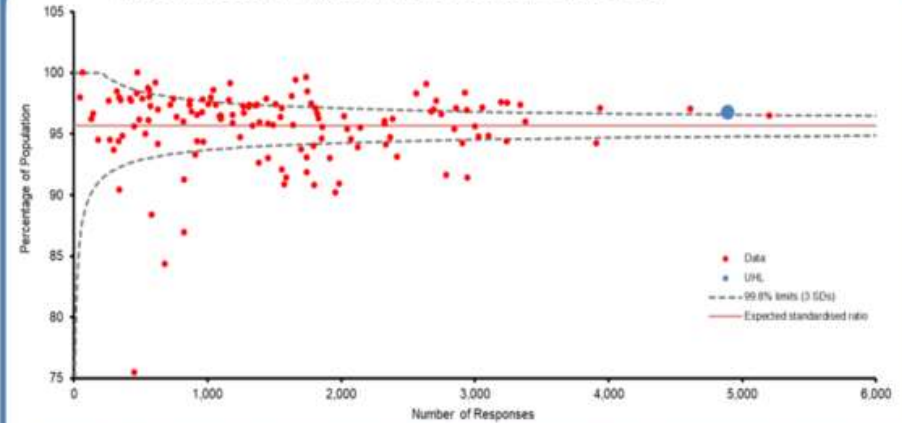


Nationally, 40.1% of all acute providers were within the control limit, 41.5% above the upper control limit (99.8%) and 18.3% below the lower control limit (95%).

UHL's performance for was above the national average and above the expected level of normal variation.

Only 5 providers had similar levels of FFT responses to UHL - 2 providers including UHL are above the upper control limit

Inpatient Friends and Family Test (FFT) - May 2019

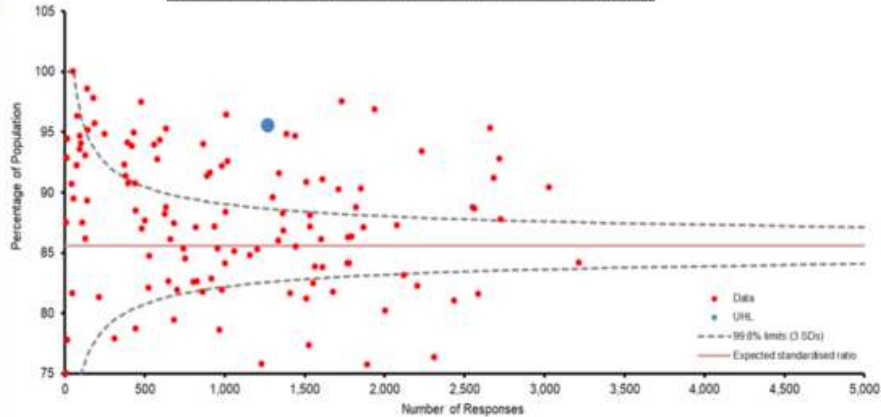


Nationally, 58.5% of all acute providers were within the control limit, 21.1% above the upper control limit (99.8%) and 20.4% below the lower control limit (95%).

UHL's performance for was above the national average and above the expected level of normal variation.

Only 2 providers had similar levels of FFT responses to UHL - 1 providers including UHL are above the upper control limit

A&E Friends and Family Test (FFT) - May 2019

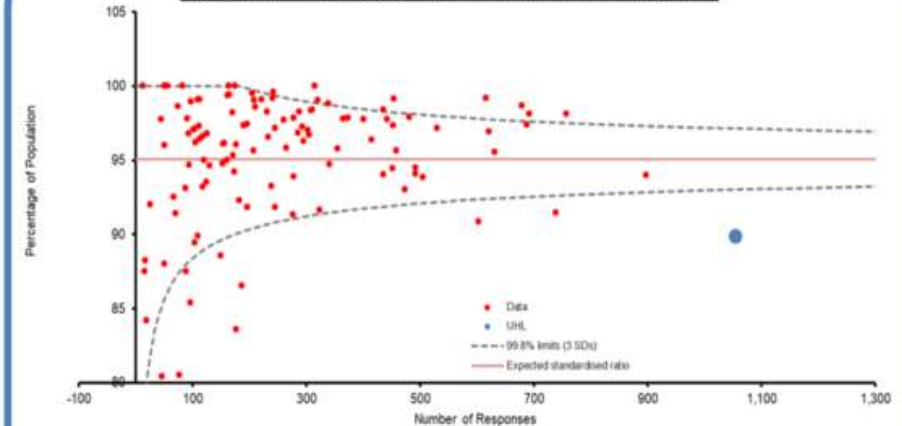


Nationally, 47.3% of all acute providers were within the control limit, 32.1% above the upper control limit (99.8%) and 20.6% below the lower control limit (95%).

UHL's performance for was above the national average and above the expected level of normal variation.

50 providers had similar levels of FFT responses to UHL - 20 providers including UHL are above the upper control limit

Maternity Friends and Family Test (FFT) - May 2019



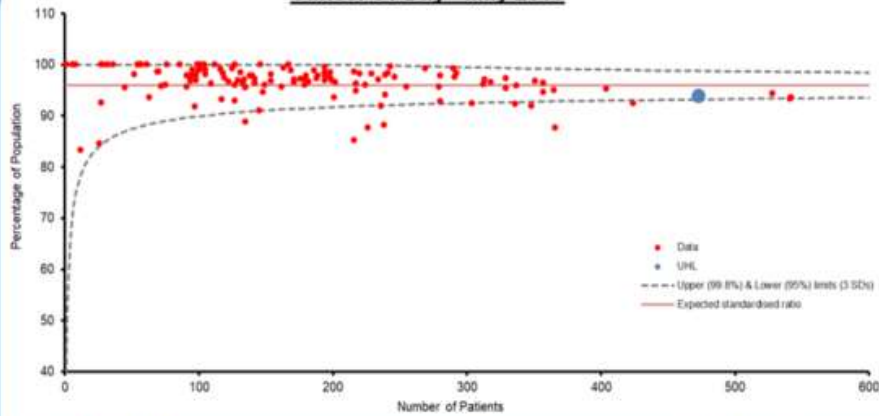
Nationally, 77.8% of all acute providers were within the control limit, 7.9% above the upper control limit (99.8%) and 14.3% below the lower control limit (95%).

UHL's performance for was below the national average and below the expected level of normal variation.

UHL had the highest level of FFT responses.

Funnel Plot Benchmarking

Cancer 31 Day - May 2019

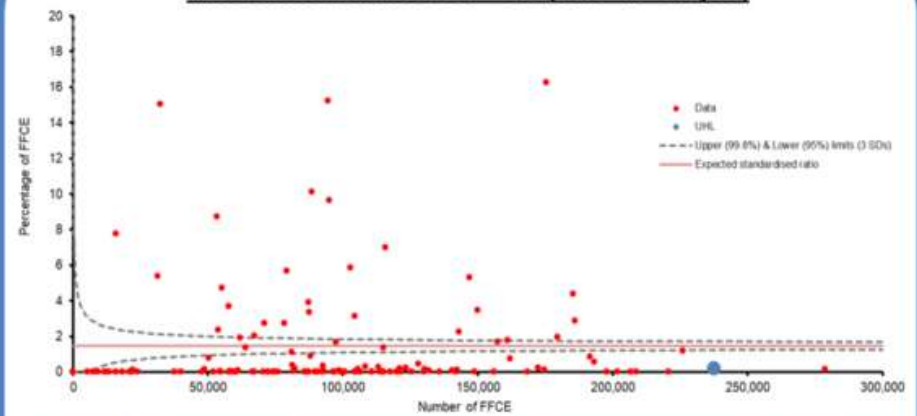


Nationally, 91.5% of all acute providers were within the control limit, 0.0% above the upper control limit (99.8%) and 8.5% below the lower control limit (95%).

UHL's performance for was below the national average and within the expected level of normal variation.

Only 4 providers had comparable level of activity patients to UHL -

Mixed Sex Accommodation - YTD (June -18 - May 19)

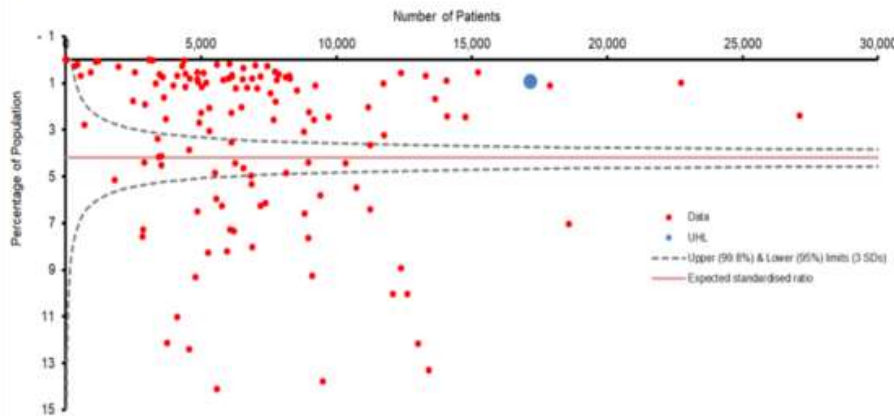


Nationally, 8.7% of all acute providers were within the control limit, 20.8% above the upper control limit (99.8%) and 70.5% below the lower control limit (95%).

#N/A

83 providers had similar levels of FFCE to UHL - All 83 providers including UHL sit within the lower control limit

Diagnostics - May 2019

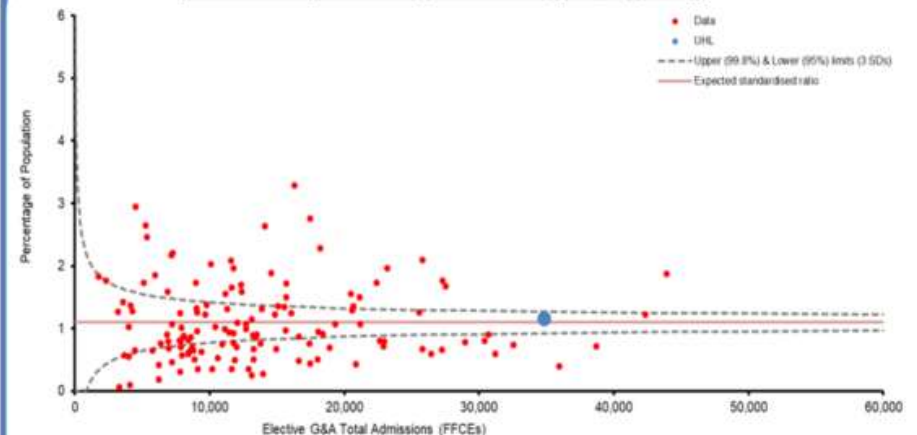


Nationally, 13.5% of all acute providers were within the control limit, 59.6% above the upper control limit (99.8%) and 27.0% below the lower control limit (95%).

UHL's performance for was above the national average and above the expected level of normal variation.

Only 4 providers had comparable level of activity patients to UHL - 3 providers including UHL sit within the lower control limit. 1 providers are above the upper control limit

Cancelled Operations (elective only) - Q4 (19/20)



Nationally, 36.9% of all acute providers were within the control limit, 23.4% above the upper control limit (99.8%) and 39.7% below the lower control limit (95%).

UHL's performance for was above the national average and within the expected level of normal variation.

Only 4 providers with comparable activity levels to UHL - 1 provider(s) including UHL sit within the control limit. 1 provider(s) is above the upper control limit

May APRM Review Ratings

CMG	Quality & Safety	Operational Performance	Finance & CIP	Workforce
CHUGGS	G ↑	RI ↔	G ↔	RI ↓
CSI	O ↔	G ↔	G ↑	O ↔
ESM	G ↔	RI ↔	O ↔	G ↔
ITAPS	O ↑	G ↔	G ↔	G* ↔
MSS	G ↑	RI ↔	RI ↓	G ↔
RRCV	G ↔	RI ↔	G ↔	G ↔
W&C	G ↔	G ↔	RI ↔	RI ↔

RAG	Assurance Rating	CMG Assurance to the Executive Team
O	OUTSTANDING	Sustained delivery of all KPI metrics. Robust control & proactive positive assurance processes in place.
G	GOOD	Evidence of sustained delivery of the majority of KPIs. Robust control & proactive positive assurance processes in place. Strong corrective actions in place to address areas of underperformance.
RI	REQUIRES IMPROVEMENT	Most KPIs delivered but delivery inconsistent/not sustained. Corrective actions in place to address areas of underperformance but too early to determine recovery.
I	INADEQUATE	Consistent under delivery. Weak corrective actions or assurance provided.

Trend	Trend Definition
↑	Improved from last review
↓	Deteriorated from last review
↔	Consistent/remains unchanged from last review

RAG ratings with asterisks * indicates improvement from previous month



Summary & Action Plan

CHUGGS

- Readmissions increase – coding issue being worked through. Revisit in two months.
- Make sure risk register is up to date ahead of the CQC visit
- Push on consultant planning data for next month

CSI

- E-Meds – roll out plan to be reviewed to ensure its robust. C Ellwood and J Ball to discuss outside of this meeting.

ESM

- Blood Traceability - Julia Ball to follow up and chase printers for the IPods. Investigate why apps for Nerve Centre IPod cannot be downloaded, follow up with Andy Carruthers and team.
- Risk Register, Neurology – Gaby Harris to circulate paper that is to go to EQPB re: deep dive performance of the Service.
- Same Day Emergency Paperwork - Julie Dixon and Rhiannon Pepper to follow up
- Policies and Guidelines Revise and upload the remaining guidelines and policies that are past their review dates. Review whether there is a need for two separate policies and decide if they be merged jointly.
- CQC - Focus on those areas which are currently rated 'amber' with a plan. Integrate this process into all meetings re: Mental Health

ITAPS

- Upgrading ORMIS – is key to driving forward improvements. Update is to be provided at next month's PRM meeting
- Critical Care – focus on aiming for 'Outstanding'.

MSS

- Overdue SI Actions – To be escalated to CMG Board from July 2019 onwards by Patient Safety Lead.
- Hand Hygiene – Following completion of Ward 18 LRI and ASU Audits, data to be reviewed and improvement in performance (which is currently below threshold) required.
- Risk Register - To be reviewed/updated as soon as possible.
- Hospital Acquired Pressure Ulcers (Ward 19 – LGH) – Action plan required.
- Mandatory Resuscitation Training – Further improvement in compliance is required (particularly for Medical & Dental staff).

RRCV

- CMG Team to ensure risk register is updated as this will be required as part of the CQC PIR return
- Policies and Guidelines – the four outstanding still to be reviewed and submitted for ratification by the Policy and Guideline Committee.

W&C

- Blood Traceability - Missing units to be followed-up with Ward Sisters in order to achieve 100% compliance by July 2019.
- Overdue SI Actions – To be closed as soon as possible.
- Mandatory Resuscitation Training – Designated contact within CMG to regularly chase staff as improvement in compliance is required.
- Policies & Guidelines (Delays with Approval/Sign-Off Process) – Further details to be provided to John Jameson (Deputy Medical Director) for follow-up with the Antimicrobial Working Group.
- Maternity FFT – Key themes/actions to be discussed further during week commencing 1st July 2019 and process/methodology to be reviewed.



Summary & Action Plan

CHUGGS

- Keep on focus on cancelled ops for next meeting
- There had been a decline this month in correspondence. Looking for an improvement for the July meeting

CSI

- No actions

ESM

- Readmissions - Perform an audit re: Frailty score of 7 and higher, looking at advance care plans and review performance
- Ambulance Support (ambulance pressure letter) to go out to procurement. Paul Traynor to provide support and yield results before he leaves post
- RTT Neurology – undertake all necessary measures to mitigate.
- PDSA Ward 7 More work is required, with a joint managerial walk around, to make time of discharge earlier.
- MADE event is commencing week commencing 1st July

ITAPS

- GP Correspondence Backlog – a progress update is to be provided at the ITAPS CMG PRM meeting on a monthly basis.

MSS

- RTT Incompletes - Focus to be maintained to improve performance.
- Cancelled Operations – Focus to be maintained to improve performance.
- Cancer 2 Week Wait (Symptomatic Breast) – Focus to be maintained to improvement performance.
- Cancer 62 Day Wait – Key focus to be maintained and action plan to improve performance required.
- Clinical Correspondence Turnaround – Action plan to improve current performance required in advance of next meeting in July 2019.

RRCV

- Concerns raised regarding oncology capacity going into the summer period. To be reviewed at next meeting.
- Cancelled operations – focus on this going forward. Key actions to be identified and included within the pack for the next meeting.

W&C

- Cancelled Operations – Focus to be maintained to improve performance.
- Cancer 31 Day Wait and 62 Day Wait – Focus to be maintained to improve performance and deliver trajectory.
- Clinical Correspondence Turnaround – ‘Super Weekends’ to continue on short term basis in order to reduce typing backlog. With regards to long term solution, potential fully managed typing service for Gynaecology to be explored further and proposal detailing any fundamental impact on employees and implications on Trust to be submitted to Executive Team (sponsored by Rebecca Brown – Chief Operating Officer) for consideration.



Summary & Action Plan

CHUGGS

- Representation required at the next Coding meeting as this will impact financial performance

CSI

- Enabling schemes. C Benham and B Shaw to become more involved with these. C Benham to email colleagues to confirm agreement with changes particularly re county and coding for IP therapies

ESM

- Be consistent with reporting of data and QA all data for processing. Coding challenges – make sure that all the data is correct.

ITAPS

- ITAPS team to put together a recovery plan and focus on CIP.

MSS

- Urgent meeting to be arranged to discuss YTD/Adverse to Plan position due to shortfall in patient & other income and CIP under-performance

RRCV

- Concerns raised by CMG Team regarding cardiology coding – P Traynor asked that this is owned and agreed by everybody across all CMGs to improve this position. Concerns to be raised at Coding Meeting
- Delay in letters being sent out to Junior Doctors regarding statutory and mandatory training to be followed up.

W&C

- Further clarification on PCI variance to be provided to Paul Traynor (Chief Financial Officer) outwith the meeting and finance slides to be updated as soon as possible.
- CIP – Schemes implemented to-date within CMG to undergo quality assurance.



Summary & Action Plan

CHUGGS

- Improvement agents had been identified as part of cultural development. However, some uncertainty whether CHUGGS had 2 or 3. Suzanne to clarify with Bina Kotecha
- Push on CHUGGS senior team booking onto the next Leadership Development cohort
- Drop in SMT, Appraisal, and Time to Hire KPI's. Improvement expected for July
- Staff Bank problems highlighted. Rebecca to raise at Executive Planning meeting and Hazel suggested a brain storming meeting with Carolyn/Hazel/CMG representation

CSI

- No actions

ESM

- Reschedule the Confirm and Challenge meeting re: metrics.
- A bespoke recruitment with specific ED focus to be carried out re: the care certificate

ITAPS

- No actions

MSS

- Appraisals – Issues in relation to data inputting/training of additional Appraisal coordinators within CMG to be resolved as compliance has decreased by 2% in month.
- Culture Engagement – Mid Leadership Development Programme - Appropriate individuals from CMG to be registered for training.

RRCV

- No actions

W&C

- Time to Hire (36.80 Days for Authorisation Stage) – Breakdown to be obtained from Conor Ward (Resourcing Lead).
- Culture Engagement (Improvement Agents) – Further nominations required from CMG.
- Mid Leadership Development Programme – Further individuals (middle management - e.g. Heads of Service, etc) from CMG to be registered for training as a matter of urgency.
- Appraisals – Issues relating to data to be investigated and rectified as soon as possible



Summary & Action Plan

CHUGGS

- No actions

CSI

- No actions

ESM

- No actions

ITAPS

- No actions

MSS

- RSS Dashboard – CMG to be added to distribution list for appropriate action.

RRCV

- Issue of filling vacant OPD appointments, particularly within Respiratory to be reviewed.

W&C

- Relationships with Community Leads – Issues to be discussed further outwith the meeting.