

Quality & Performance Report

Author: John Adler Sponsor: Chief Executive Date: PPC + QOC 20th December 2018

Executive Summary from CEO

Joint Paper 1

Context

It has been agreed that I will provide a summary of the issues within the Q&P Report that I feel should particularly be brought to the attention of EPB, PPC and QOC. This complements the Exception Reports which are triggered automatically when identified thresholds are met.

Questions

1. What are the issues that I wish to draw to the attention of the committee?
2. Is the action being taken/planned sufficient to address the issues identified? If not, what further action should be taken?

Conclusion

Good News: Mortality – the latest published SHMI (period April 2017 to March 2018) has reduced to 95 and is within the threshold, but now very close to “below expected”, for the first time. **Diagnostic 6 week wait** – standard achieved for 3 consecutive months. **52+ weeks wait** – has been compliant for 5 consecutive months. **Cancer Two Week Wait** was 93.9% in October. **Referral to Treatment** – our performance was below national standard however we achieved NHSI trajectory (which is the key performance measure for 18/19). **Delayed transfers of care** - remain within the tolerance. However, there are a range of other delays that do not appear in the count. **12 hour trolley wait** was 0 in November. **MRSA** – 0 cases reported this month. **C DIFF** – was within threshold. **Single Sex Accommodation Breaches** – 0 breaches in November. **Pressure Ulcers** - 0 **Grade 4 and 3** reported during November. **Grade 2** was also below threshold for the month. **Moderate harms and above** – October (reported 1 month in arrears) was below threshold. **Inpatient and Day Case Patient Satisfaction (FFT)** achieved the Quality Commitment of 97%. **Fractured NOF** – was 83.5% in November. **TIA (high risk patients)** – 87.3% reported in November. **Annual Appraisal** is at 92% (rising trend).

Bad News: UHL ED 4 hour performance – was 72.6% for November, system performance (including LLR UCCs) was 79.1%. Further detail is in the Urgent Care report. **Cancer 31 day and 62 day treatment** was not achieved in October – further detail of recovery actions in is the cancer recovery report. **Cancelled operations** and **Patients rebooked within 28 days** – continues to be non-compliant. **CAS alerts** – breached this month – Our first after 31 consecutive months of compliance. **Ambulance Handover 60+ minutes (CAD+)** – performance at 3%. **Statutory and Mandatory Training** reported from HELM is at 82%.

Input Sought

I recommend that the Committee:

- Commends the positive achievements noted under Good News
- Note the areas of Bad News and consider 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: 31st January 2019

Caring at its best

University Hospitals of Leicester 
NHS Trust

Quality and Performance Report

November 2018



One team shared values



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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

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

DATE: 20th DECEMBER 2018

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: NOVEMBER 2018 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

None.

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+LLR UCC
Clostridium Difficile	FFT Outpatients	Annual Appraisal	#NOF's <36hrs	12hr Trolley Waits
MRSA Avoidable	FTT Maternity	Statutory & Mandatory Training	Stroke – 90% Stay	RTT Incompletes
Serious Incidents	Single Sex Breaches		TIA	RTT 52 Weeks Wait
Pressure Ulcers Grade 4			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

SUCCESSSES:

- FFT Inpatient/DC **97%**
- Crude Mortality **2%**
- DTOC **1.4%**
- Stroke 90% Stay **84.5%**
- RTT 52 Weeks Wait **0**
- Diagnostic Waits **0.8%**

ISSUES:

- MRSA Avoidable **1**
- Never Event **6**
- Single Sex Accommodation Breaches **41**
- ED 4hr Wait UHL **78.6%**
- Cancer 62 Day **75.2%**

One team shared values



Summary Scorecard – November 2018

The following table shows the Trust's current performance against the headline indicators within the Trust Summary Scorecard. The number of indicators changing RAG (RED, AMBER, GREEN) ratings from the previously reported period is also shown in the box to the right.

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+LLR UCC
Clostridium Difficile	FFT Outpatients	Annual Appraisal	#NOF's <36hrs	12hr Trolley Waits
MRSA Avoidable	FTT Maternity	Statutory & Mandatory Training	Stroke – 90% Stay	RTT Incompletes
Serious Incidents	Single Sex Breaches		TIA	RTT 52 Weeks Wait
Pressure Ulcers Grade 4			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:

SUCCESSSES: (Red to Green)

- CDIFF
- Single Sex Breaches
- Moderate Harm
- Stroke TIA

Significant Improvement:

- Annual Appraisal
- RTT Incompletes

ISSUES: (Green/Amber to Red)

- Overdue CAS
- Sickness Absence

One team shared values



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 2018/19 will be to maintain this position.
- Serious Incidents was within threshold for November.
- 0 MRSA reported this month.
- Moderate harms and above – below threshold this month.

ISSUES

- 1 Never events reported in November.
- 1 overdue CAS alerts.

ACTIONS

- Escalation through CMG infection prevention meeting.
- Targeted education and training.
- Urgent reviews of risk register entry for the ITU environment at LRI.

SEPSIS



Patients with an Early Warning Score 3+ - % appropriate escalation

98%
YTD

Patients with EWS 3+ - % who are screened for sepsis

95%
YTD

ED - Patients who trigger with red flag sepsis - % that have their IV antibiotics within an hour

89%
YTD

Wards (including assessment units) Patients who trigger for Red Flag Sepsis - % that receive their antibiotics within an hour

82%
YTD

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 **96%** ↑
 Day Case FFT **98%** ↓
 A&E FFT **95%** ↔
 Maternity FFT **94%** ↓
 Outpatients FFT **95%** ↓

Staff FFT Quarter 2 2018/19 (Pulse Check)



75.2% of staff would recommend UHL as a place to receive treatment

SUCCESSSES

- Friends and family test (FFT) for Inpatient and Daycase care combined was 97% for November.
- Single Sex Accommodation Breaches – 0 reported in November.

ISSUES

ACTIONS

- Reiterating to staff the need to adhere to the Trusts Same Sex Matrix at all times.

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 **30.0%** ↑
 Day Case FFT **23.6%** ↓
 A&E FFT **8.4%** ↓
 Maternity FFT **39.6%** ↓
 Outpatients FFT **5.5%** ↔

Staff FFT Quarter 2 2018/19 (Pulse Check)



61.9% of staff would recommend UHL as a place to work

% Staff with Annual Appraisals

92.0% YTD ↓

Statutory & Mandatory Training

82% YTD ↓

BME % - Leadership

29%

Qtr2
8A including
medical
consultants

15%

Qtr2
8A excluding
medical
consultants

SUCCESSSES

- Corporate Induction attendance for November was 96%.
- Significant improvement in appraisals at 92% (this excludes facilities staff that were transferred over from Interserve).

ISSUES

- Statutory & Mandatory Training performance at 82%.
- A&E FFT coverage declined to 4.9% this month.

ACTIONS

- Please see the HR update for more information.
- Whilst our scores remain high, we continue to try and increase our coverage.

Domain – Effective

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



SUCCESSES

- Latest UHL's SHMI is 95. A recent in depth HED review of UHL mortality did not identify any additional areas of mortality by condition which needed action that we did not already have reviews or action plans in place for.
- Emergency Crude Mortality Rate for November was 1.9%.
- Fractured NoF for November was 83.6%.
- 90% of Stay on a Stroke Unit for October was 86.7%
- Stroke TIA Clinic within 24 Hours for this month was 87.3%.

ISSUES

- 30 Days Emergency Readmissions for October was 8.9%.

ACTIONS

- Meeting with REDs team to ensure turnaround of theatre equipment in a timely manner.
- Additional sessions sourced when able.
- Pilot in CDU of Integrated Clinical Response Team following up all discharged patients by telephone.
- Integrated Discharge Team to build into their Standard Operating Procedures how to deal with patients at high risk of readmission using the PARR30 score.

Domain – Responsive

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

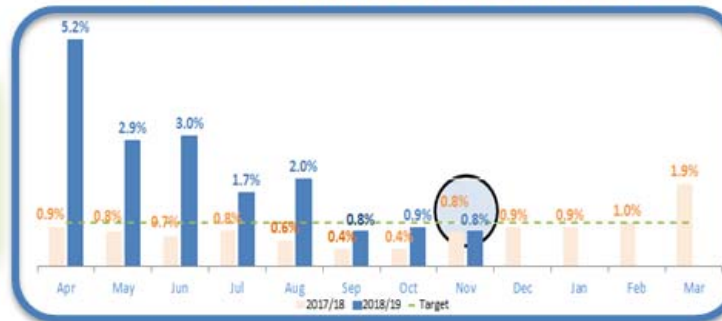
RTT - Incomplete

92% in 18 Weeks

86.0%

As at Nov

6 week Diagnostic Wait times



Cancelled Operations UHL



RTT 52 week wait incompletes

0

As at Nov

ED 4Hr Waits UHL

78.6%
YTD

A&E

ED 4Hr Waits UHL+LLR

84.4%
YTD

UCC

Ambulance Handovers

2% > 60mins
7% 30-60mins
YTD



SUCCESSSES

- 0 Trolley breaches for November.
- DTOC was 1.3% for November.
- 0 patient waiting over 52+ weeks.
- Diagnostic 6 week wait standard achieved this month.
- RTT was 0.7% above NHSI trajectory.

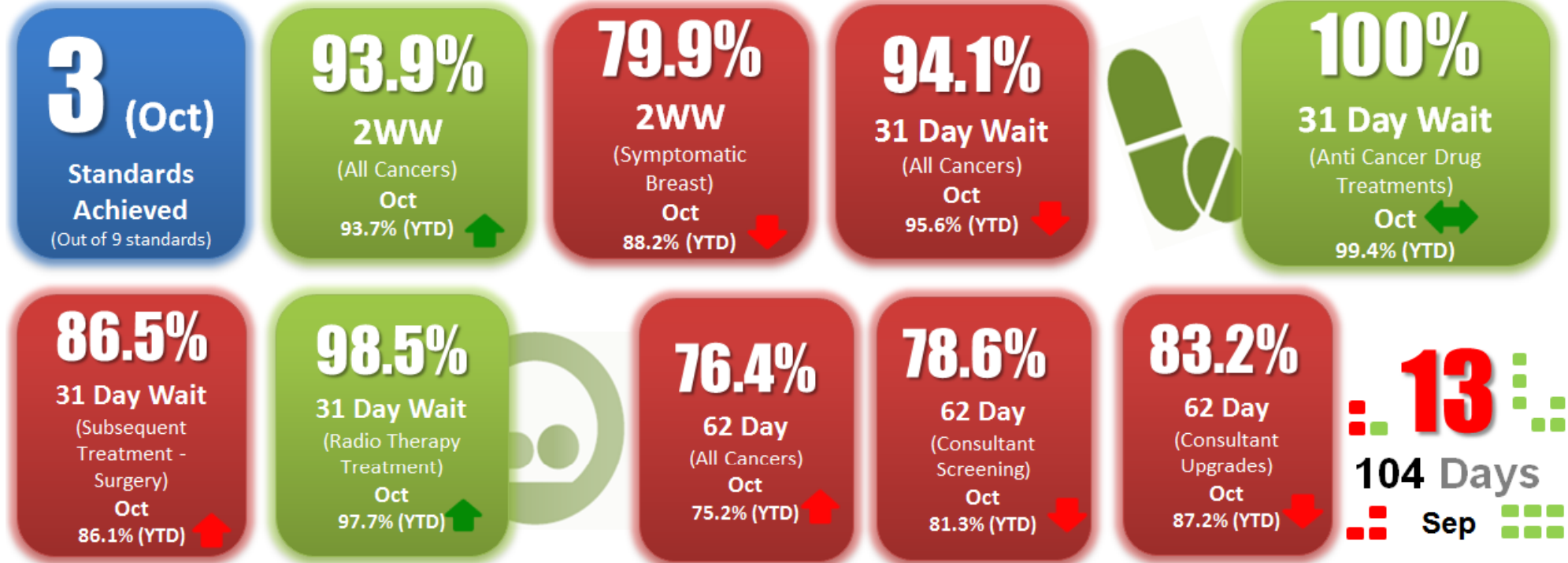
ISSUES

- ED 4Hr Waits UHL – November performance was 72.6%. LLR performance was 79.1% against a trajectory of 90%.
- Cancelled operations – performance deteriorated to 1.2% this month.

ACTIONS

- For ED 4hour wait and Ambulance Handovers please refer to Urgent Care Report.
- Significant additional imaging capacity has been put in please see detailed diagnostic report

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

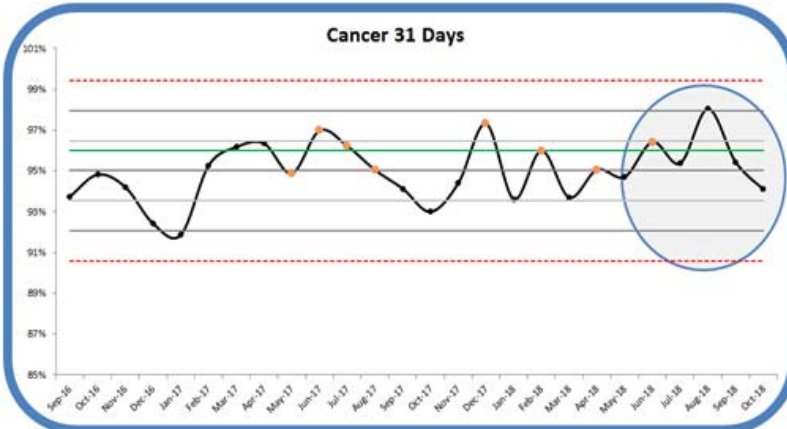
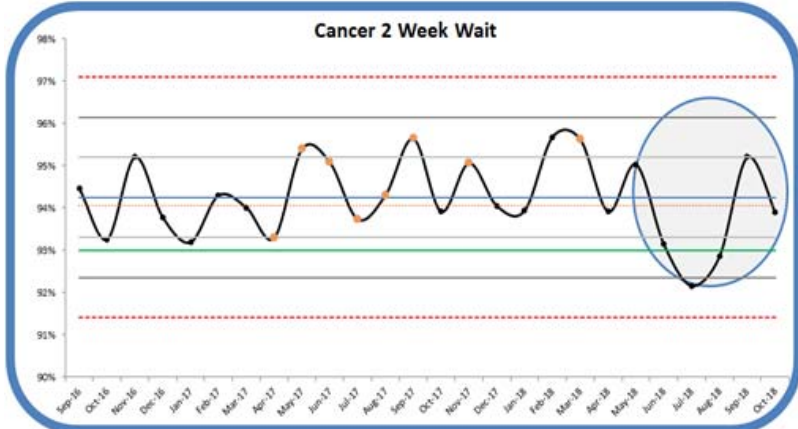


Highlights

- Out of the 9 standards, UHL achieved 3 in October – 2WW, 31 Day Anti Cancer Drug and 31 Day Radiotherapy.
- 62 Day performance improved in October at 76.4% and above the 62 Day recovery trajectory of 70.2%. Of the 15 tumour groups, only 6 delivered the standard (Brain, Breast, Haematology, Sarcoma, Skin & Rares).
- Backlog - Sustained reduction and is in line with the recovery action plan for December 62 day achievement.
- Urology, although a significant reduction in the backlog is evident, 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.

Domain – Responsive Cancer

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



31 Day Backlog

13
Nov 18 ▲

62 Day Backlog

68
Nov 18 ▲

62 Day Adjusted

54
Nov 18 ▲

SUCCESSSES

- Cancer performance is reported 1 month in arrears.
- Cancer Two Week Wait was achieved in October.
- 31 day wait drugs was achieved in October.
- Reductions in backlogs for 31 Day, 62 Day and 104+ Day.

ISSUES

- Cancer 62 day treatment – performance has improved but still 8.6% off target for October.
- Increased activity in Breast, Skin, and urology
- Previous Organisational focus on Urgent Care, which has resulted in cancer cancelations.

ACTIONS

- Working with the clinical teams, the East Midlands Cancer Alliance Expert Clinical Advisory Groups and with the CCG to streamline pathways and ensure flexible capacity throughout the year.
- COO is committed to Cancer as a priority for the organisation. This has been communicated to the organisation.
- We have taken the decision to do less routine elective work to ensure we have beds for Urgent and cancer patients.

Ambulance Handover – November 2018

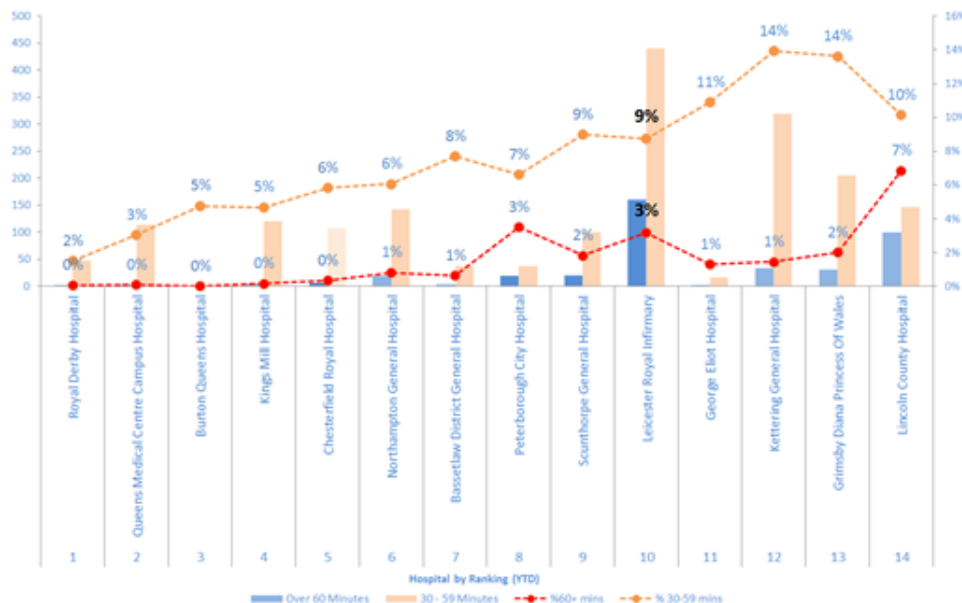
EMAS Ambulance Handover - LRI vs other hospitals November 2018

Rank Hospital	Total (CAD)	Coverage (%)	Total (CAD+)	30 - 59 Minutes	Over 60 Minutes	1 - 2 Hours	2 Hours Plus	% 30-59 mins	%60+ mins	%30+ mins	Average Turnaround time	Total time 30+ mins Handover Turnaround target
1 Royal Derby Hospital	4460	70%	3115	47	2	2	0	2%	0%	2%	0:26:33	297:06:03
2 Queens Medical Centre Campus Hospita	5842	86%	3748	114	3	3	0	3%	0%	3%	0:25:40	300:30:32
3 Burton Queens Hospital	526	4%	21	1	0	0	0	5%	0%	5%	0:24:45	1:35:48
4 Kings Mill Hospital	3085	83%	2564	120	4	4	0	5%	0%	5%	0:28:18	280:01:02
5 Chesterfield Royal Hospital	2303	80%	1839	107	6	6	0	6%	0%	6%	0:26:46	197:52:04
6 Northampton General Hospital	3000	78%	2343	142	19	19	0	6%	1%	7%	0:27:48	285:03:35
7 Bassetlaw District General Hospital	899	54%	481	37	3	3	0	8%	1%	8%	0:24:37	52:32:03
8 Peterborough City Hospital	1009	54%	545	36	19	18	1	7%	3%	10%	0:25:30	82:52:02
9 Scunthorpe General Hospital	1471	75%	1100	99	20	20	0	9%	2%	11%	0:25:06	175:22:57
10 Leicester Royal Infirmary	6,028	83%	5,024	440	160	132	28	9%	3%	12%	0:27:31	776:58:13
11 George Eliot Hospital	253	62%	158	17	2	2	0	11%	1%	12%	0:29:14	22:15:18
12 Kettering General Hospital	2796	82%	2287	319	33	25	8	14%	1%	15%	0:30:37	356:30:00
13 Grimsby Diana Princess Of Wales	1790	84%	1504	205	30	30	0	14%	2%	16%	0:29:58	273:58:15
14 Lincoln County Hospital	2509	58%	1447	147	99	81	18	10%	7%	17%	0:28:55	314:56:29
EMAS	40,163	70%	28,147	2,115	618	514	104	8%	2%	10%	0:28:32	4057:43:37

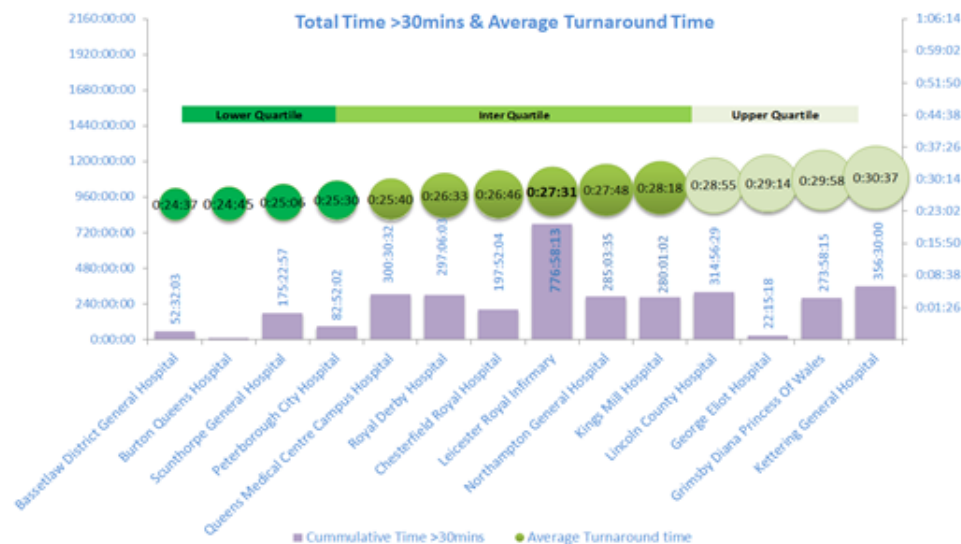
Highlights

- CAD+ data used in performance analysis (83% coverage of all arrivals at LRI).
- LRI had the highest number of arrivals (via CAD+) in November.
- LRI average handover time was within the Inter Quartile range an increase of over 1 minute from last month .
- Hours lost in October due to handover delays longer than 30 minutes **increased by 18.5%** from last month.
- The equivalent of **64** ambulance shifts (12 hours) lost.

EMAS Ambulance Handover



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

27
Mins

27
Mins

27
Mins

776
Hours

64
Shifts

9%

3%

RTT: Executive Performance Board



Current Position:

November’s RTT position is subject to validation. All numbers contained with this board report are the latest available position and subject to change upon final validation. UHL will achieve November’s waiting list size trajectory, with circa 300 fewer patients on the waiting list size than planned and 150 fewer than in October. The overall RTT position is forecasted to remain at 86.0% with circa 35 fewer patients in the backlog.

Changes to GP referral patterns including higher number of 2WW transfers has resulted in changed waiting list profile. Whilst referrals patterns remain, the RTT percentage will not improve to 92.0%. UHL will continue to meet the waiting list size targets which is the key measure for this standard during 18/19.

Forecast performance for next reporting period: It is forecasted that for December 2018 UHL will achieve the waiting list trajectory size. Risks continue to remain to overall RTT performance:

- Reduced elective capacity due to emergency pressures
- Increased cancer backlogs prioritising capacity over routine elective RTT

Current Position:

UHL achieved Month 8's waiting list trajectory size. This continues on the progress made since July as the Trust maintains on target to delivery the 2018/19 planning guidance of a lower waiting list at the end of March 2019 than at the end of March 2018. RTT performance for November remained at 86.0%.

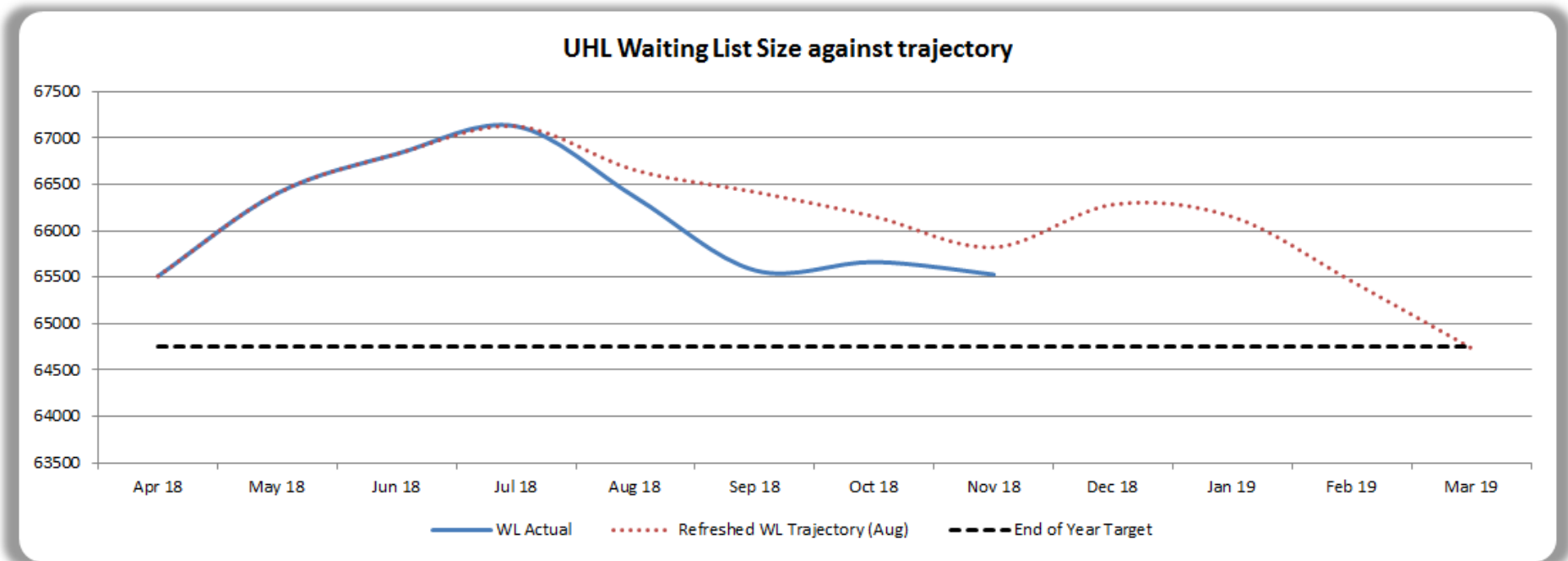
Key Drivers:

- In month slow down in the referral rate
- Continued validation of the waiting list

Key Actions

- Agreement with commissioners IPT patients at the point of referral
- Commissioners to explore directing GPs to use eRS to refer straight to the Independent Sector
- Reinvigorated theatre productivity program led by the COO with external validation by Four Eyes
- Working with NHS England to use capacity alerts on eRS for key services with the aim to inform to divert referrals to other centres that have indicated higher levels of capacity
- Capacity in the Independent Sector sourced for additional services; Ophthalmology, Plastic Surgery

UHL is forecasting to remain below the trajectory waiting list size for December and RTT performance will likely reduce.



The overall combined UHL and Alliance WL size has reduced by circa 145 since the end of October.

The 10 largest waiting list size reductions and increases are highlighted in the table opposite. The largest overall waiting list size increases were within Breast Care, Paediatric Congenital Cardiology and Clinical Oncology.

Large reductions were seen in Spinal Surgery, Paediatric Cardiac Congenital Surgery and Ophthalmology.

5 out of the 7 UHL CMG's along with the Alliance achieved a reduction in their waiting list size, contributing to achieving the month 8 trajectory.

10 Largest Waiting List Size Reductions in month

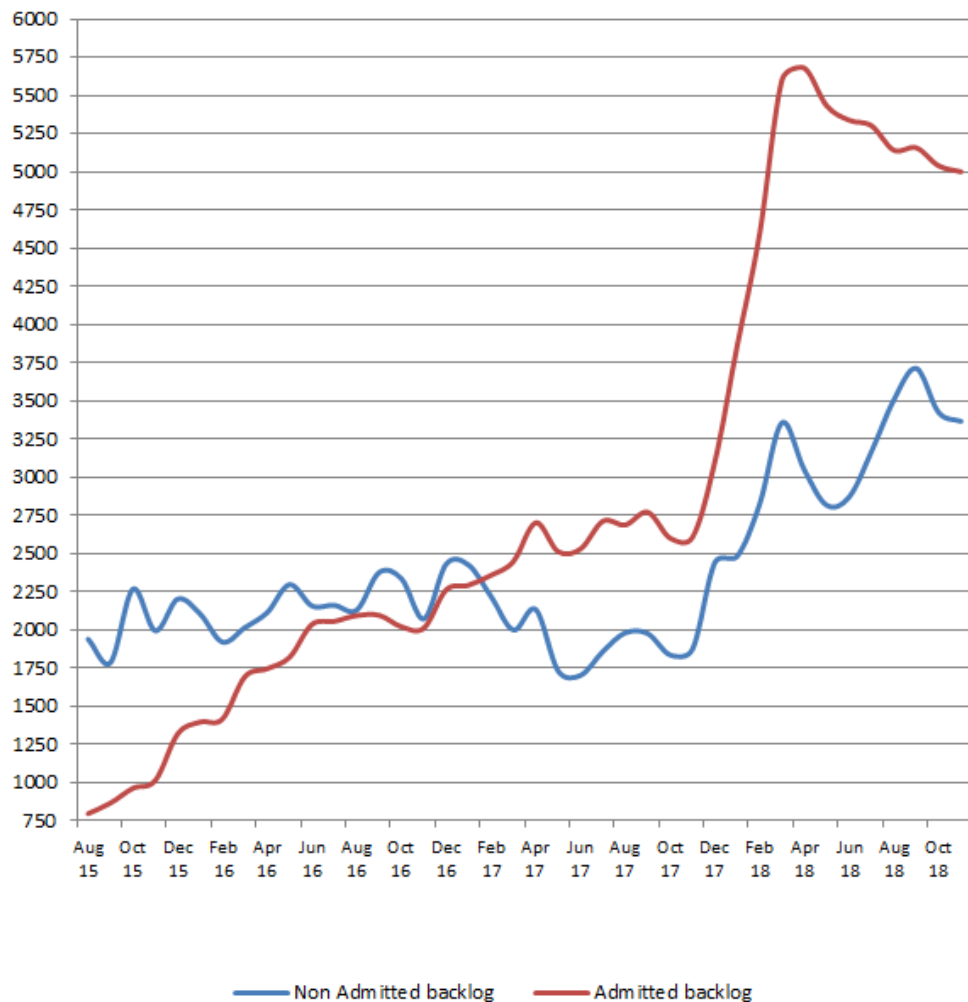
• Spinal Surgery	-197
• Paed Card Surg Cong	-168
• Ophthalmology	-107
• Dermatology	-83
• Endocrinology	-78
• ENT	-75
• Rheumatology	-65
• Colorectal Surgery	-54
• Pain Management	-48
• Neurology	-47

10 Largest Waiting List Size Increases in month

• Breast Care	148
• Paed Congen Card	105
• Clinical Oncology	102
• Gynaecology	89
• General Surgery	86
• Gastroenterology	60
• Haemophilia	59
• Paed Ophthalmology	53
• Trauma	50
• Allergy	39

CMG	Waiting List Size Change Since March 2018	Waiting List Size Change since October	RTT %
CHUGGS	-1054	263	85.8%
CSI	17	-12	91.8%
ESM	407	-222	92.2%
ITAPS	608	-15	88.9%
MSS	-272	-39	80.2%
RRCV	157	16	87.3%
W&C	272	-5	91.2%
Alliance	633	-203	90.9%
UHL	77	58	85.1%
UHL & Alliance	768	-145	86.0%

Admitted and Non-Admitted Backlog



Admitted:

-40
(backlog change)

-0.8%
Change

Non Admitted:

-58
(backlog change)

-1.8%
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 November there were zero patients with an incomplete pathway at more than 52 weeks. There were 5 in month 52 week breaches.

Key Drivers:

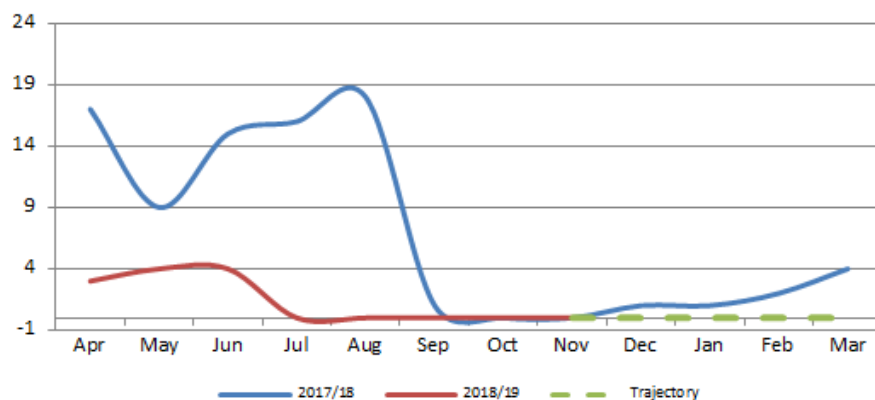
- Despite the increased number of long waiting patients, UHL's current 52 week breach performance remains significantly better than 2017's, with fewer 52 week breaches year to date. UHL remains ranked joint 1st amongst our peer group of 18 acute trusts.

Key Actions

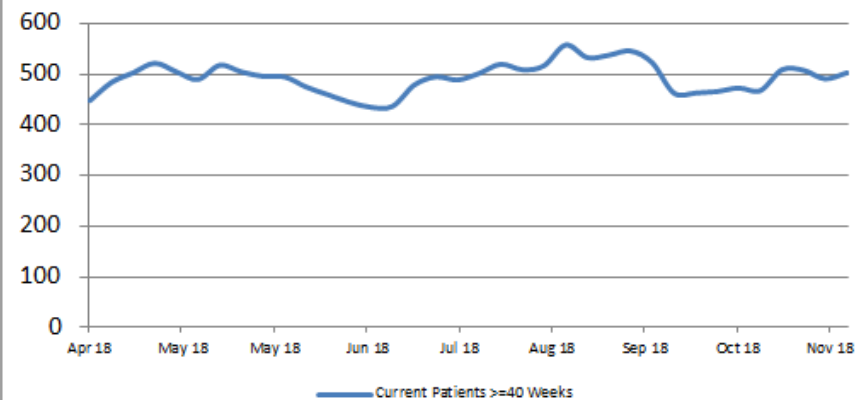
- A daily escalation of the patients at risk is followed including Service Managers, General Managers, Head and Deputy Head of Operations. The Director of Performance and Information is personally involved daily for any patients who are at risk of breaching 52 weeks. A daily TCI list for any long waiting 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.
- Continued use of the Independent Sector capacity where clinically appropriate and patients agree for a transfer of care.

UHL is forecasting zero 52 week breaches at the end of December, with all patients having next steps in place to treat before the end of the month. Achieving zero remains a risk due to emergency pressures and the potential risk of cancellation from both the hospital and patient choice.

End of Month 52 Week Breaches



Current Patients >=40 Weeks



Diagnostics: Executive Performance Board

Diagnostics: DM01

99.2%
(Target >=99%) +0.1% Change

144
Breaches -7 Change

Imaging

99.3%
(Target >99%) -0.0% Change

Breaches: 91
-9 Change

Physiological Measurement

95.6%
(Target >99%) +0.1% Change

Breaches: 8
-0 Change

Endoscopy

97.8%
(Target >99%) +0.2% Change

Breaches: 45
+2 Change

Current Position:

UHL has achieved the DM01 standard for November with performance of 99.2%. This maintains UHL's diagnostic performance by achieving the standard for the third successful month after the initial capacity constraints at the start of 2018/19.

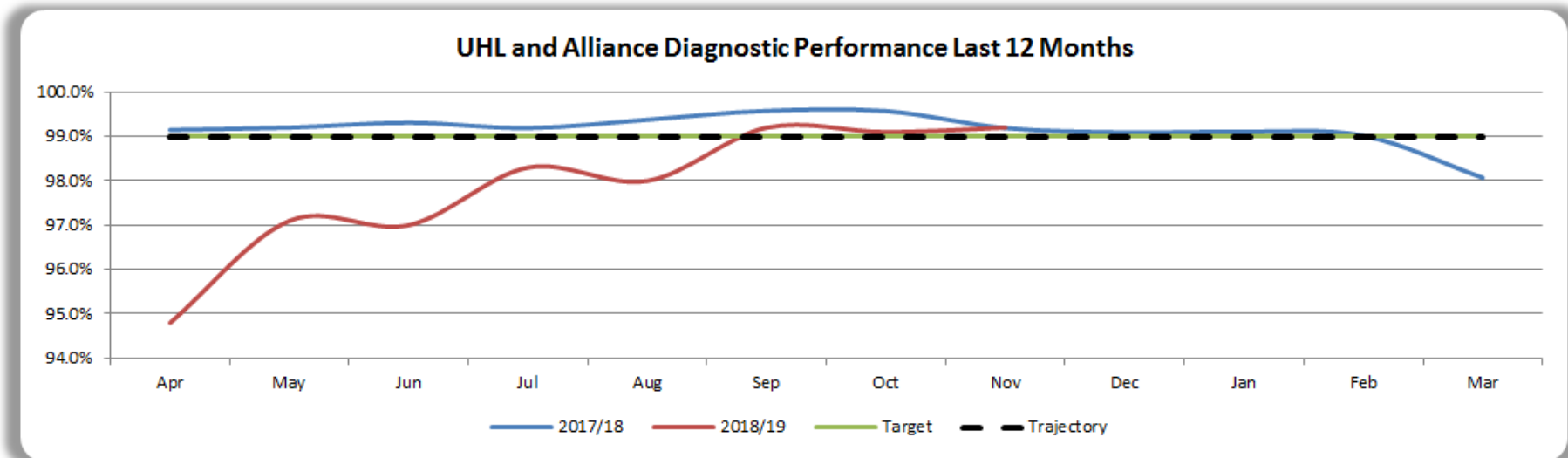
Key Drivers:

- Conversion of elective capacity for radiology to non elective due to continuing bed pressures and increased 2WW referrals
- Reduced available capacity for endoscopy at local hospitals within the Alliance as well as an increase in 2WW referrals resulting in increased demand

Key Actions:

- Endoscopy to continue to insource capacity via Medinet
- Increased outpatient activity over winter to be communicated to CSI early to allow for the CMG to plan additional diagnostic capacity
- All specialties have been set a maximum breach target and with their performance monitored daily

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



Current Position:

November's cancelled operations performance is subject to validation. There were 126 non clinical hospital cancellations for UHL and Alliance combined. Overall 1.07% of elective FCE's were cancelled on the day for non-clinical reasons (120 UHL 1.1% and 6 Alliance 0.6%) and remains an improvement position compared with November 2017 with 48 fewer cancellations (-27.6%). 18 patients did not receive their operation within 28 days of a non-clinical cancellation, 18 from UHL and 0 from the Alliance.

Key Drivers:

- Capacity constraints resulted in 64 (53%) hospital non clinical cancellations. Of this 27 were within Paediatrics.
- 40 cancellations 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.
- Fewer overall cancellations in quarter 2 has supported the continued improvement within 28 day re-books.

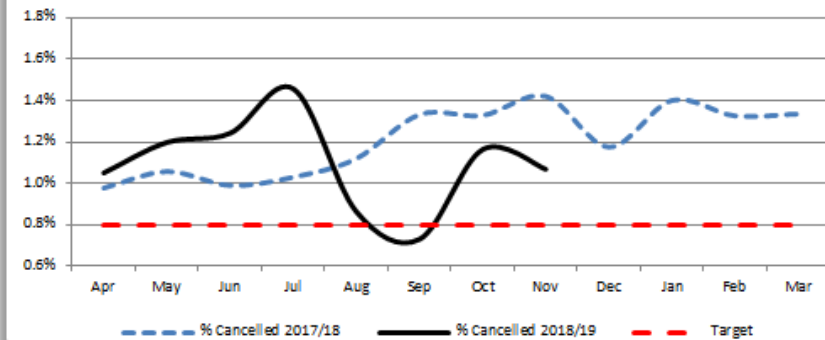
Key Actions:

- The Theatre Programme Board, along side Four Eyes Insight are focusing on 4 work streams 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

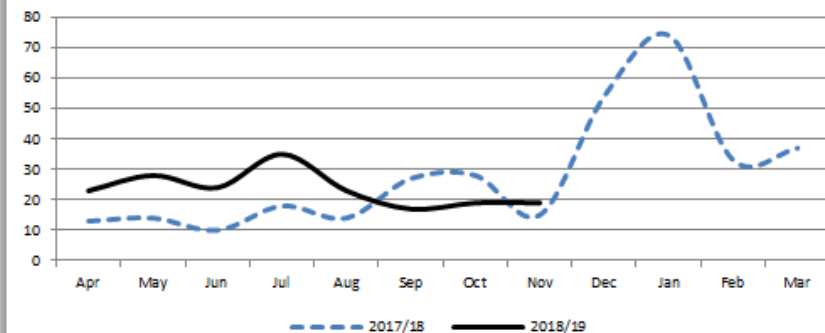
It is forecasted achieving 0.8% cancellations in December remains a risk due to continuing emergency demand.



Indicator 1: % Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE



Indicator 2: The number of patients cancelled who are not offered another date within 28 days of the cancellation



Out Patient Transformation Programme

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

Reductions in number of FU attendances



Reduction in hospital cancellations (ENT)



Outpatients FFT



GP Referrals via ERS



Reduction of long term FU



Patients seen within 15 mins



Patients seen within 30 mins



% Clinic summary letters sent within 7 days



% appointment letters printed via outsourced provider



SUCCESSSES

- Patient cancellations managed via the Booking Centre on track for Delivery in August
- Bookwise business case approved. Programme under development to improve clinic utilization.
- Recording of waiting times in OP commenced in Speciality Medicine and ENT.
- Plans to address waiting times in ENT clinics developed.
- Increased appointment letters sent out via CfH with CIP opportunity.

ISSUES

- Currently not on track to meet FFT rating of 97% recommended by March 2019.
- OP Clinic Room utilisation (CSI managed services) has deteriorated.
- Waiting times in OP clinics only captured for 16% clinics
- Clinic cancellations remain high in ENT
- Ability to turn around clinic outcome letters in 7 days will remain a challenge throughout 2018/19
- TAL and ASI rates remain high
- Increase in number of long term follow ups

ACTIONS

- All Specialities to record waiting times in OP clinics wef: 1st August
- Commence targeted work in ENT to reduce hospital cancellations
- Initiate DictateIT transcription pilot in 3 Specialities
- Agree scope of works to incrementally move to a centralised model for OP
- Implement 6,4,2 system for improving OP clinic utilisation.
- Develop financial recovery plan – DNAs and outsourcing via CfH

ASI Rate



Room Utilisation

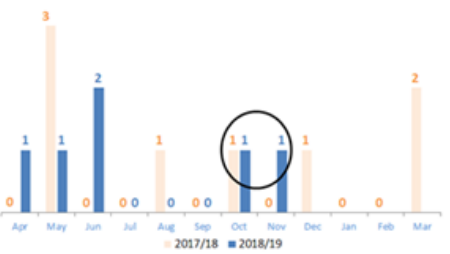



APPENDICES


One team shared values





APPENDIX A: Exception Summary Report

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions																																							
<p>Never Events – is a measure of the number of UHL never events at month end.</p>	<p>18/19 Target – 0</p> <p>1 never event reported in November.</p> <p>6 reported YTD compared to 3 for the same period last year.</p>	<p>Trend</p>  <table border="1"> <caption>Never Events Trend Data</caption> <thead> <tr> <th>Month</th> <th>2017/18</th> <th>2018/19</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>0</td><td>1</td></tr> <tr><td>May</td><td>0</td><td>1</td></tr> <tr><td>Jun</td><td>0</td><td>2</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>0</td><td>1</td></tr> <tr><td>Nov</td><td>0</td><td>1</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>0</td><td>2</td></tr> </tbody> </table>	Month	2017/18	2018/19	Apr	0	1	May	0	1	Jun	0	2	Jul	0	0	Aug	0	0	Sep	0	0	Oct	0	1	Nov	0	1	Dec	0	0	Jan	0	0	Feb	0	0	Mar	0	2	<p>Never Event – Wrong implant /prosthesis</p> <p>A 76 year old female patient was admitted to the Emergency Department under the care of the Trauma Orthopaedic team with a fractured left neck of femur, right ankle dislocation with a possible underlying fracture following fall down a flight of stairs at home. Theatre was arranged for the same evening and it was discussed during the team brief in Theatres that the ankle would be fixed first followed by the hip.</p> <p>The right ankle was successfully fixed and the left hip surgery followed immediately afterwards. A closed reduction of the fractured long bone and rigid internal fixation was to be carried out on the left femur. The size of the hip nail required was not available, so an attempt was made to insert a longer one - which was unsuitable. A shorter nail was selected and was checked verbally (prosthesis and use-by date) with the Circulator and Surgeon (Specialist Registrar), before insertion. Imaging was obtained and it was obvious from this that the curvature of the nail was facing upwards and there had been a perforation of the anterior distal femoral cortex by the nail.</p> <p>After checking the implant packaging it became apparent that a right nail had been inserted into a left femur which had caused the cortical perforation. Several attempts were made to remove the nail and exchange it with the left nail, however it could not be removed. Therefore a locking plate was put in place with a tension band wires to stabilise the femur.</p> <p>This has resulted in a wrong implant being inserted during the surgical procedure.</p>	<p>Key Actions – What are we doing to improve performance?</p> <ul style="list-style-type: none"> • Revision of the Never Event action plan which includes; <ul style="list-style-type: none"> ○ Implementation of Stop the Line across the Trust ○ Safer Surgery programme of work • Completion of LocSSIPs work programme and evaluation
Month	2017/18	2018/19																																									
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Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
<p>CAS Alert – is a measure of the number of overdue alerts on the CAS system</p>	<p>18/19 Target – 0</p> <p>1 CAS Alert breach reported in November.</p> <p>Our first after 31 consecutive months of compliance.</p>	<p>Trend</p> 	<ul style="list-style-type: none"> EFA-2018-004: Integrated Plumbing System Panels – risk of accidental detachment breached deadline of 21st Nov 2018. Due to extensive number of panels across all three sites, current Estates resources do not allow this to be undertaken against other risk priorities in the national timeframe. Estates have undertaken a risk assessment and prioritised the work as low risk based on historical evidence of detachment incidents in the Trust. 	<ul style="list-style-type: none"> All Estates engineers have had a toolbox talk about checking panels. The Director of Estates & Facilities has proposed a completion date of end of March 2019 to fully inspect these panel fixings across the Trust. This has been discussed at Executive Team meetings. As a result, under this new proposal and the revised completion date, the alert will remain overdue for the Trust on the national DoH CAS database until completion.

<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>18/19 Target – 95% or above</p> <p>The UHL performance for October was 72.6% (compared to 79.6% in the same period last year) and LLR performance was 83.7% against a trajectory of 90%.</p>	<p>Benchmark</p> <p>UHL Acute Ranking - ED (n/145)</p> 	<p>There were 1,600 (7%) more ED/Eye Casualty attendances during November 18 compared to November 17, partially due to the change in the Children’s pathway.</p> <p>Emergency spells are similar to the plan. Specialties higher than plan include ENT, Cardiology, General Surgery and Urology. These are offset with a reduction in Paediatric admissions due the change in the Children’s pathway.</p>	<p>Close working with DHU to identify where further improvements can be made. This includes:</p> <ol style="list-style-type: none"> Increased HCA recruitment Robust escalation processes A further PDSA of a new model for walk in assessment Ongoing contractual / Operational meetings led by CEO to address concerns
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<p>Ambulance Handover >60 Mins (CAD+ from June 15) – is a measure of the percentage of handover delays over 60 minutes</p>	<p>18/19 Target – 0%</p> <p>November performance for handover was 3% compared to 0.8% in the same period last year.</p> <p>Our YTD performance remains significantly better in comparison to same period last year.</p>	<p style="text-align: center;">Trend</p>  <table border="1"> <caption>Daily Performance Data (2017/18 vs 2018/19)</caption> <thead> <tr> <th>Date</th> <th>2017/18</th> <th>2018/19</th> </tr> </thead> <tbody> <tr><td>18/04</td><td>6%</td><td>6%</td></tr> <tr><td>19/04</td><td>6%</td><td>6%</td></tr> <tr><td>20/04</td><td>6%</td><td>6%</td></tr> <tr><td>21/04</td><td>6%</td><td>6%</td></tr> <tr><td>22/04</td><td>6%</td><td>6%</td></tr> <tr><td>23/04</td><td>6%</td><td>6%</td></tr> <tr><td>24/04</td><td>6%</td><td>6%</td></tr> <tr><td>25/04</td><td>6%</td><td>6%</td></tr> <tr><td>26/04</td><td>6%</td><td>6%</td></tr> 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is showing a 19% increase in hours lost in comparison to October.</p> <p>CAD+ coverage was 83% of all arrivals at LRI – one of the highest in the region.</p>	<ol style="list-style-type: none"> 1. Cohorting policy is amended so that it occurs if a patient is on the Ambulance in excess of 20 minutes. 2. ED and Flow team to undertake a series of overnight diagnostics of flow issues overnight to address poor night time performance. 3. Clerking of patients in ED when there is limited flow to enable straight to base ward when bed available. 4. COO meeting with EMAS to identify together any further actions that can be taken.
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APPENDIX B: Safe Domain Dashboard



KPI Ref	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DOF Assessment outcome/Date	15/16 Outturn	16/17 Outturn	17/18 Outturn	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	18/19 YTD	
S1	Reduction for moderate harm and above PSIs with finally approved status - reported 1 month in arrears	AF	MD	<=12 per month	UHL	Red if >12 in mth, ER if >12 for 2 consecutive mths	May-17	262	156	235	17	20	20	12	33	23	32	17	25	20	17	9		143	
S2	Serious Incidents - actual number escalated each month	AF	MD	<=37 by end of FY 18/19	UHL	Red / ER if >8 in mth or >5 for 3 consecutive mths	May-17	50	37	37	0	2	5	0	2	4	4	6	3	3	1	1	2	24	
S3	Proportion of reported safety incidents per 1000 attendances (IP, OP and ED)	AF	MD	> FY 17/18	UHL	Not required	May-17	17.5	16.5	15.8	15.0	18.9	15.7	16.9	17.5	16.7	16.1	16.7	17.8	17.1	16.3	16.0	17.1	16.7	
S4	SEPSIS - Patients with an Early Warning Score 3+ - % appropriate escalation	AF	SH	95%	UHL	TBC	Dec-17	New Indicator	88%	95%	95%	96%	98%	97%	98%	98%	98%	98%	98%	98%	98%			98%	
S5	SEPSIS - Patients with EWS 3+ - % who are screened for sepsis	AF	SH	95%	UHL	TBC	Dec-17	New Indicator	93%	95%	96%	96%	95%	94%	95%	96%	97%	95%	94%	94%	93%	94%			95%
S6	SEPSIS - ED - Patients who trigger with red flag sepsis - % that have their IV antibiotics within an hour - reported 1 month in arrears	AF	SH	90%	UHL	TBC	Dec-17	New Indicator	76%	85%	87%	84%	83%	82%	79%	95%	93%	88%	85%	85%	86%				89%
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	SH	90%	UHL	TBC	Dec-17	New Indicator	55%	80%	79%	76%	82%	78%	83%	84%	83%	77%	80%	87%	83%				82%
S8	Overdue CAS alerts	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	Nov-16	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	
S9	RIDDOR - Serious Staff Injuries	AF	MD	10% Reduction on FY17/18 <=50 by end of FY 18/19	UHL	Red / ER if non compliance with cumulative target	Oct-17	32	28	56	9	4	3	0	6	1	7	6	9	4	3	3	0		33
S10	Never Events	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	May-17	2	4	8	0	1	0	0	2	1	1	2	0	0	0	1	1		6
S11	Clostridium Difficile	CF	DJ	61	NHSI	Red if >monthly threshold / ER if Red or Non compliance with cumulative target	Nov-17	60	60	68	4	4	4	5	8	12	4	5	4	7	2	6	4		44
S12	MRSA Bacteraemias - Unavoidable or Assigned to third Party	CF	DJ	0	NHSI	Red if >0 ER Not Required	Nov-17	1	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0
S13	MRSA Bacteraemias (Avoidable)	CF	DJ	0	UHL	Red if >0 ER if >0	Nov-17	0	0	4	0	0	0	2	0	0	0	0	1	0	0	0	0		1
S14	MRSA Total	CF	DJ	0	UHL	Red if >0 ER if >0	Nov-17	0	3	4	0	0	0	2	0	0	0	0	1	0	0	0	0		1
S15	E. Coli Bacteraemias - Community	CF	DJ	TBC	NHSI	TBC	Jun-18	New Indicator	476	454	38	35	43	29	32	38	54	43	35	34	43	36	34		317
S16	E. Coli Bacteraemias - Acute	CF	DJ	TBC	NHSI	TBC	Jun-18	New Indicator	121	96	10	9	7	5	9	11	7	3	5	3	11	5	5		50
S17	E. Coli Bacteraemias - Total	CF	DJ	TBC	NHSI	TBC	Jun-18	New Indicator	597	550	48	44	50	34	41	49	61	46	40	37	54	41	39		367
S18	MSSA - Community	CF	DJ	TBC	NHSI	TBC	Nov-17	New Indicator	134	139	3	17	19	10	10	12	11	8	14	11	8	18	6		88
S19	MSSA - Acute	CF	DJ	TBC	NHSI	TBC	Nov-17	New Indicator	30	43	3	4	4	4	4	5	4	2	1	2	1	3	2		20
S20	MSSA - Total	CF	DJ	TBC	NHSI	TBC	Nov-17	New Indicator	164	182	6	21	23	14	14	17	15	10	15	13	9	21	8		108
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%	97.7%	97.7%	97.8%	98.1%	97.8%	97.4%	97.4%	97.4%	97.3%	98.4%	98.2%	98.2%	97.9%	98.0%	97.6%		97.9%
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	95.9%	95.8%	95.4%	96.1%	95.2%	94.9%	93.6%	94.0%	93.6%	95.5%	95.6%	95.1%	95.5%	95.5%	94.8%	96.7%		95.3%
S23	All falls reported per 1000 bed stays for patients >65years- reported 1 month in arrears	CF	HL	<=5.5	UHL	Red if >6.6 ER if 2 consecutive reds	Jun-18	5.4	5.9	6.0	5.4	6.2	7.7	6.1	6.6	7.3	6.1	7.0	6.1	5.7	6.1	6.0			6.3
S24	Avoidable Pressure Ulcers - Grade 4	CF	MC	0	QS	Red / ER if Non compliance with monthly target	Aug-17	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0		0
S25	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	33	28	8	0	1	1	2	0	0	0	1	1	1	0	0	0		3
S26	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	89	89	53	1	7	5	7	4	7	4	7	7	1	10	0	5		41
S27	Maternal Deaths (Direct within 42 days)	AF	IS	0	UHL	Red or ER if >0	Jan-17	0	2	2	1	0	0	0	1	1	0	0	0	0	1	0	0		2
S28	Emergency C Sections (Coded as R18)	IS	EB	Not within Highest Decile	NHSI	Red / ER if Non compliance with monthly target	Jan-17	17.5%	16.8%	18.2%	16.1%	18.0%	19.1%	19.8%	17.4%	19.3%	19.9%	19.4%	16.8%	19.3%	15.7%	17.6%	19.2%		18.4%

APPENDIX C: Caring Domain Dashboard



KPI Ref	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	15/16 Outturn	16/17 Outturn	17/18 Outturn	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	18/19 YTD
C1	Formal complaints rate per 1000 IP,OP and ED attendances	AF	MD	No Target	UHL	Monthly reporting	Aug-17	NEW INDICATOR	1.1	1.3	1.2	1.2	1.5	1.4	1.6	1.5	1.6	1.3	1.6	1.7	1.7	1.7	1.7	1.6
C2	Percentage of upheld PHSO cases	AF	MD	No Target	UHL	Quarterly reporting	Sep-17	NEW INDICATOR	5%	0%	0% (0 out of 3 cases)			0% (0 out of 3 cases)			0% (0 out of 4 cases)			0% (0 out of 5 cases)			REPORTED QUARTERLY	0%
C3	Published Inpatients and Daycase Friends and Family Test - % positive	CF	HL	97%	UHL	Red if <95% ER if red for 3 consecutive months Revise threshold 17/18	Jun-17	97%	97%	97%	97%	97%	97%	97%	97%	97%	98%	97%	97%	97%	97%	97%	97%	97%
C4	Inpatients only Friends and Family Test - % positive	CF	HL	97%	UHL	Red if <95% ER if red for 3 consecutive months Revise threshold 17/18	Jun-17	97%	96%	96%	96%	96%	96%	97%	96%	96%	97%	97%	95%	96%	96%	96%	96%	96%
C5	Daycase only Friends and Family Test - % positive	CF	HL	97%	UHL	Red if <95% ER if red for 3 consecutive months Revise threshold 17/18	Jun-17	98%	98%	98%	98%	99%	99%	98%	98%	99%	99%	98%	98%	98%	98%	98%	98%	98%
C6	A&E Friends and Family Test - % positive	CF	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	96%	91%	95%	95%	95%	97%	94%	94%	95%	96%	95%	95%	95%	95%	95%	95%	95%
C7	Outpatients Friends and Family Test - % positive	CF	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	94%	93%	95%	95%	96%	96%	95%	95%	95%	96%	95%	95%	95%	95%	95%	95%	95%
C8	Maternity Friends and Family Test - % positive	CF	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	95%	95%	95%	95%	94%	95%	95%	96%	94%	94%	93%	94%	94%	94%	94%	95%	93%
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	70.0%	73.6%	69.8%	65.0%			69.3%			70.5%			75.2%				72.8%
C10	Single Sex Accommodation Breaches (patients affected)	CF	HL	0	NHSI	Red if >0 ER if 2 consecutive months >5	Dec-16	1	60	30	1	0	0	0	19	13	0	11	2	6	0	9	0	41

Caring

APPENDIX D: Well Led Domain Dashboard



KPI Ref	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DOF Assessment outcome/Date	15/16 Outturn	16/17 Outturn	17/18 Outturn	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	18/19 YTD
W1	Published Inpatients and Daycase Friends and Family Test - Coverage (Adults and Children)	CF	HL	Not Applicable	N/A	Not Applicable	Jun-17	27.4%	30.2%	27.9%	27.7%	24.2%	25.0%	24.4%	23.8%	26.7%	28.6%	27.7%	27.8%	25.5%	26.9%	26.3%	25.9%	26.9%
W2	Inpatients only Friends and Family Test - Coverage (Adults and Children)	CF	HL	30%	QS	Red if <26% ER if 2mths Red	Jun-17	31.0%	35.3%	31.9%	31.6%	25.4%	28.3%	28.4%	26.0%	30.6%	32.2%	30.1%	31.6%	26.8%	28.5%	29.4%	30.4%	30.0%
W3	Daycase only Friends and Family Test - Coverage (Adults and Children)	CF	HL	20%	QS	Red if <10% ER if 2 mths Red	Jun-17	22.5%	24.4%	23.6%	23.9%	22.8%	21.5%	19.9%	21.3%	22.4%	24.6%	25.3%	23.6%	24.2%	25.2%	22.9%	21.2%	23.6%
W4	A&E Friends and Family Test - Coverage	CF	HL	10%	QS	Red if <7.1% ER if 2 mths Red	Jun-17	10.5%	10.8%	9.9%	8.8%	8.1%	10.0%	7.5%	7.2%	7.1%	12.0%	9.9%	10.8%	7.2%	6.9%	8.8%	4.9%	8.4%
W5	Outpatients Friends and Family Test - Coverage	CF	HL	5%	QS	Red if <1.5% ER if 2 mths Red	Jun-17	1.4%	3.0%	5.7%	6.0%	6.3%	3.9%	4.7%	5.7%	5.7%	5.7%	5.8%	5.5%	5.4%	5.4%	5.3%	5.3%	5.5%
W6	Maternity Friends and Family Test - Coverage	CF	HL	30%	UHL	Red if <26% ER if 2 mths Red	Jun-17	31.6%	38.0%	40.2%	46.0%	33.8%	36.7%	30.1%	38.9%	35.9%	41.9%	37.2%	38.5%	37.2%	39.1%	44.8%	42.5%	39.6%
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	55.4%	61.9%	57.9%	57.0%			54.7%			60.3%			61.9%			REPORTED QUARTERLY	61.1%
W8	Nursing Vacancies	CF	MM	TBC	UHL	Separate report submitted to QAC	Dec-17	8.4%	9.2%	11.9%	11.1%	11.4%	14.4%	11.3%	11.9%	12.4%	14.0%	15.0%	14.6%	14.4%	15.2%	15.0%		15.0%
W9	Nursing Vacancies in ESM CMG	CF	MM	TBC	UHL	Separate report submitted to QAC	Dec-17	17.2%	15.4%	23.4%	23.8%	22.7%	29.0%	23.1%	23.4%	27.5%	29.5%	30.5%	29.0%	28.4%	28.8%	28.4%		28.4%
W10	Turnover Rate	HW	LG	TBC	NHSI	Red = 11% or above ER = Red for 3 Consecutive Mths	Nov-17	9.9%	9.3%	8.5%	8.5%	8.5%	8.4%	8.4%	8.5%	8.5%	8.6%	8.4%	8.4%	8.3%	8.6%	8.3%	8.3%	8.3%
W11	Sickness absence (reported 1 month in arrears)	HW	BK	3%	UHL	Red if >4% ER if 3 consecutive mths >4.0%	Oct-16	3.6%	3.3%	4.2%	4.2%	4.7%	5.3%	5.3%	4.7%	3.6%	3.4%	3.5%	3.5%	3.7%	3.9%	4.1%		3.9%
W12	Temporary costs and overtime as a % of total paybill	HW	LG	TBC	NHSI	TBC	Nov-17	10.7%	10.6%	12.0%	11.5%	9.9%	12.2%	10.9%	13.0%	11.0%	12.2%	11.8%	11.3%	10.8%	10.8%	11.5%	10.6%	11.1%
W13	% of Staff with Annual Appraisal (excluding facilities Services)	HW	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	90.7%	91.7%	88.7%	89.9%	90.4%	89.8%	88.8%	88.7%	89.3%	89.3%	89.8%	91.1%	91.6%	92.2%	92.1%	92.0%	92.0%
W14	Statutory and Mandatory Training	HW	BK	95%	UHL	TBC	Dec-16	93%	87%	88%	81%	84%	85%	86%	88%	89%	89%	89%	90%	88%	88%	88%	82%	82%
W15	% Corporate Induction attendance	HW	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	97%	96%	97%	97%	96%	96%	98%	98%	96%	96%	98%	98%	95%	96%	97%	96%	96%
W16	BME % - Leadership (8A - Including Medical Consultants)	HW	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17	New Indicator	26%	27%	27%			27%			28%			29%			REPORTED QUARTERLY	29%
W17	BME % - Leadership (8A - Excluding Medical Consultants)	HW	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17	New Indicator	12%	14%	13%			14%			14%			15%			REPORTED QUARTERLY	15%
W18	Executive Team Turnover Rate - Executive Directors (rolling 12 months)	HW	AH	TBC	UHL	TBC	Nov-17	New Indicator	0%	40%	20%	20%	40%	40%	40%	75%	75%	50%	50%	50%	50%	40%	40%	40%
W19	Executive Team Turnover Rate - Non Executive Directors (rolling 12 months)	HW	AH	TBC	UHL	TBC	Nov-17	New Indicator	25%	13%	14%	14%	14%	13%	13%	13%	13%	0%	0%	0%	0%	0%	0%	0%
W20	DAY Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	CF	MM	TBC	NHSI	TBC	Jul-18	90.5%	90.5%	91.3%	93.3%	91.6%	93.1%	92.8%	94.2%	87.2%	88.6%	87.2%	80.1%	77.3%	78.1%	78.4%	79.1%	82.1%
W21	DAY Safety staffing fill rate - Average fill rate - care staff (%)	CF	MM	TBC	NHSI	TBC	Jul-18	92.0%	92.3%	101.1%	113.0%	110.4%	109.8%	104.5%	105.5%	99.9%	100.2%	98.2%	94.7%	94.6%	95.1%	95.9%	97.0%	96.9%
W22	NIGHT Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	CF	MM	TBC	NHSI	TBC	Jul-18	95.4%	96.4%	93.6%	91.1%	91.5%	92.4%	92.5%	93.0%	93.5%	95.7%	94.3%	88.0%	84.8%	86.6%	88.2%	90.0%	90.1%
W23	NIGHT Safety staffing fill rate - Average fill rate - care staff (%)	CF	MM	TBC	NHSI	TBC	Jul-18	98.9%	97.1%	111.0%	122.5%	117.7%	119.4%	119.4%	120.5%	124.2%	119.8%	118.0%	124.1%	112.4%	121.5%	123.3%	126.8%	122.5%

APPENDIX E: Effective Domain Dashboard



Effective	KPI Ref	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	15/16 Outturn	16/17 Outturn	17/18 Outturn	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	18/19 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%	8.5%	9.4%	9.1%	9.3%	9.3%	9.4%	9.2%	9.1%	9.0%	9.0%	8.8%	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)	101 (Apr16-Mar17)	100 (Jul16-Jun17)			98	Sep17		(Oct16-97)		(Jan17-95)		(Apr17-)		95	
	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	93	95	97	95	95	95	95	94	Awaiting HED Update						94
	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	94	94	94	94	93	93	93	95	95	96	Awaiting HED Update				96
	E5	Crude Mortality Rate Emergency Spells	AF	RB	<=2.4%	UHL	Monthly Reporting	Apr-17	2.3%	2.4%	2.2%	2.0%	2.7%	2.5%	2.6%	2.3%	2.2%	2.0%	1.9%	2.0%	1.9%	1.9%	2.1%	1.9%	2.0%	
	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%	75.4%	67.9%	72.6%	66.1%	66.7%	74.6%	64.2%	53.5%	58.8%	82.6%	77.2%	83.6%	83.5%	72.5%	
	E7	Stroke - 90% of Stay on a Stroke Unit	ED	RM	80% or above	QS	Red if <80% ER if 2 consecutive mths <80%	Apr-18	85.6%	85.0%	86.7%	88.4%	88.1%	83.0%	80.4%	81.1%	83.3%	88.0%	84.3%	86.8%	80.6%	83.7%	86.7%		84.9%	
	E8	Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)	ED	RM	60% or above	QS	Red if <60% ER if 2 consecutive mths <60%	Apr-18	75.6%	66.9%	52.6%	60.8%	65.3%	36.0%	28.8%	51.2%	48.1%	67.3%	77.7%	70.2%	50.4%	28.7%	38.6%	87.3%	56.7%	

APPENDIX F: Responsive Domain Dashboard



KPI Ref	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	18/19 Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	15/16 Outturn	16/17 Outturn	17/18 Outturn	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	18/19 YTD
R1	ED 4 Hour Waits UHL	RB	RM	95% or above	NHSI	Green if in line with NHSI trajectory	Aug-17	86.9%	79.6%	77.6%	79.6%	71.5%	75.0%	71.5%	69.7%	76.1%	88.2%	82.0%	76.3%	76.3%	79.5%	78.3%	72.6%	78.6%
R2	ED 4 Hour Waits UHL + LLR UCC (Type 3)	RB	RM	95% or above	NHSI	Red if <85% Amber if >85% and <90% Green 90%+ ER via ED TB report	Aug-17	NEW INDICATOR		80.6%	85.1%	79.5%	81.8%	78.7%	77.9%	82.8%	91.3%	87.1%	83.1%	83.0%	84.7%	83.7%	79.1%	84.4%
R3	12 hour trolley waits in A&E	RB	RM	0	NHSI	Red if >0 ER via ED TB report	Aug-17	2	11	40	0	3	0	2	35	0	0	0	0	0	0	0	0	0
R4	RTT - Incomplete 92% in 18 Weeks UHL+ALLIANCE	RB	WM	92% or above	NHSI	Green if in line with NHSI trajectory	Nov-16	92.6%	91.8%	85.2%	92.1%	90.2%	88.8%	87.5%	85.2%	85.8%	86.8%	87.0%	86.5%	85.8%	85.2%	86.0%	86.0%	86.0%
R5	RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE	RB	WM	0	NHSI	Red /ER if >0	Nov-16	232	24	4	0	1	1	2	4	3	4	4	0	0	0	0	0	0
R6	6 Week - Diagnostic Test Waiting Times (UHL+ALLIANCE)	RB	WM	1% or below	NHSI	Red /ER if >1%	Dec-16	1.1%	0.9%	1.9%	0.8%	0.9%	0.9%	1.0%	1.9%	5.2%	2.9%	3.0%	1.7%	2.0%	0.8%	0.9%	0.8%	0.8%
R7	Urgent Operations Cancelled Twice (UHL+ALLIANCE)	RB	WM	0	NHSI	Red if >0 ER if >0	Jan-17	0	3	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	WM	0	NHSI	Red if >2 ER if >0	Jan-17	48	212	336	15	55	74	31	37	24	27	24	32	22	17	19	18	183
R9	Cancelled patients not offered a date within 28 days of the cancellations ALLIANCE	RB	WM	0	NHSI	Red if >2 ER if >0	Jan-17	1	11	2	0	0	1	1	0	0	1	0	3	0	0	0	0	4
R10	% Operations cancelled for non-clinical reasons on or after the day of admission UHL	RB	WM	0.8% or below	Contract	Red if >0.8% ER if >0.8%	Jan-17	1.0%	1.2%	1.3%	1.5%	1.4%	1.4%	1.4%	1.5%	1.1%	1.2%	1.2%	1.4%	0.9%	0.8%	1.2%	1.2%	1.1%
R11	% Operations cancelled for non-clinical reasons on or after the day of admission ALLIANCE	RB	WM	0.8% or below	Contract	Red if >0.8% ER if >0.8%	Jan-17	0.9%	0.9%	0.6%	0.8%	0.3%	1.2%	0.2%	0.0%	0.9%	0.6%	1.7%	1.6%	0.1%	0.0%	0.3%	0.6%	0.7%
R12	% Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	RB	WM	0.8% or below	Contract	Red if >0.8% ER if >0.8%	Jan-17	1.0%	1.2%	1.2%	1.4%	1.3%	1.4%	1.3%	1.3%	1.1%	1.2%	1.2%	1.5%	0.9%	0.7%	1.2%	1.1%	1.1%
R13	No of Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	RB	WM	Not Applicable	UHL	Not Applicable	Jan-17	1299	1566	1615	174	129	151	134	144	110	139	138	161	98	79	139	132	996
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	1.4%	2.4%	1.9%	1.9%	2.2%	2.2%	2.6%	1.7%	1.6%	1.3%	1.3%	1.2%	1.6%	1.4%	1.6%	1.3%	1.4%
R15	Ambulance Handover >60 Mins (CAD+ from June 15)	RB	MN	0	Contract	Red if >0 ER if Red for 3 consecutive mths	TBC	5%	9%	4%	0.8%	7%	5%	10%	9%	4%	0.1%	0.7%	4%	3%	1%	2%	3%	2%
R16	Ambulance Handover >30 Mins and <60 mins (CAD+ from June 15)	RB	MN	0	Contract	Red if >0 ER if Red for 3 consecutive mths	TBC	19%	14%	9%	8%	13%	11%	14%	15%	8%	1.4%	4%	8%	8%	5%	8%	9%	7%

Responsive

APPENDIX G: Responsive Domain Cancer Dashboard



KPI Ref	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	15/16 Outturn	16/17 Outturn	17/18 Outturn	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	18/19 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	DB	93% or above	NHSI	ER if Red for 2 consecutive mths	Jul-16	90.5%	93.2%	94.7%	93.9%	95.1%	94.1%	93.9%	95.7%	95.6%	93.9%	95.0%	93.1%	92.2%	92.9%	95.2%	93.9%	**	93.7%	
RC2	Two Week Wait for Symptomatic Breast Patients (Cancer Not Initially Suspected)	RB	DB	93% or above	NHSI	ER if Red for 2 consecutive mths	Jul-16	95.1%	93.9%	91.9%	94.3%	90.3%	88.1%	89.0%	92.5%	92.0%	90.3%	95.5%	88.7%	84.5%	86.6%	94.0%	79.9%	**	88.2%	
RC3	31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	RB	DB	96% or above	NHSI	ER if Red for 2 consecutive mths	Jul-16	94.8%	93.9%	95.1%	93.0%	94.4%	97.3%	93.6%	96.0%	93.7%	95.1%	94.7%	96.4%	95.4%	98.0%	95.4%	94.1%	**	95.6%	
RC4	31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	RB	DB	98% or above	NHSI	ER if Red for 2 consecutive mths	Jul-16	99.7%	99.7%	99.1%	100.0%	100.0%	98.1%	99.0%	98.9%	100%	100%	99.2%	98.0%	100%	98.5%	100%	100%	**	99.4%	
RC5	31-Day Wait For Second Or Subsequent Treatment: Surgery	RB	DB	94% or above	NHSI	ER if Red for 2 consecutive mths	Jul-16	85.3%	86.4%	85.3%	80.2%	94.3%	88.2%	84.4%	83.6%	80.3%	77.4%	90.1%	89.6%	87.0%	89.6%	82.5%	86.5%	**	86.1%	
RC6	31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	RB	DB	94% or above	NHSI	ER if Red for 2 consecutive mths	Jul-16	94.9%	93.5%	95.4%	94.9%	97.2%	97.6%	95.8%	98.3%	94.8%	97.5%	98.1%	100%	99.3%	100.0%	90.0%	98.5%	**	97.7%	
RC7	62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	RB	DB	85% or above	NHSI	ER if Red in mth or YTD	Jul-16	77.5%	78.1%	78.2%	78.8%	76.1%	81.3%	76.0%	72.9%	75.6%	78.6%	75.7%	74.5%	77.0%	72.9%	71.7%	76.4%	**	75.2%	
RC8	62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	RB	DB	90% or above	NHSI	ER if Red for 2 consecutive mths	Jul-16	89.1%	88.6%	85.2%	89.3%	76.3%	74.1%	78.7%	81.8%	78.1%	58.5%	86.8%	81.0%	88.5%	84.0%	96.0%	78.6%	**	81.3%	
RC9	Cancer waiting 104 days	RB	DB	0	NHSI	TBC	Jul-16	New Indicator	10	18	16	13	14	20	14	18	11	9	11	17	29	26	13	13	13	

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)	DQF Assessment outcome	15/16 Outturn	16/17 Outturn	17/18 Outturn	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	18/19 YTD	
RC10	Brain/Central Nervous System	RB	DB	85% or above	NHSI	ER if Red for 2 consecutive mths	Jul-16	100.0%	100.0%	--	--	100%	--	--	--	--	--	--	0.0%	--	--	100%	--	**	33.3%	
RC11	Breast	RB	DB	85% or above	NHSI	ER if Red for 2 consecutive mths	Jul-16	95.6%	96.3%	93.8%	97.0%	92.6%	94.5%	94.1%	85.3%	92.3%	89.6%	93.7%	92.9%	91.4%	85.4%	86.7%	87.2%	**	89.3%	
RC12	Gynaecological	RB	DB	85% or above	NHSI	ER if Red for 2 consecutive mths	Jul-16	73.4%	69.5%	70.6%	82.4%	69.0%	82.9%	52.6%	70.3%	85.7%	71.4%	35.0%	66.7%	55.0%	58.3%	69.2%	68.0%	**	62.1%	
RC13	Haematological	RB	DB	85% or above	NHSI	ER if Red for 2 consecutive mths	Jul-16	63.0%	70.6%	81.0%	100%	85.7%	85.7%	66.7%	55.6%	88.9%	80.0%	57.1%	50.0%	100.0%	64.3%	50.0%	87.5%	**	72.1%	
RC14	Head and Neck	RB	DB	85% or above	NHSI	ER if Red for 2 consecutive mths	Jul-16	50.7%	44.5%	55.4%	57.7%	40.9%	46.2%	50.0%	62.5%	62.5%	42.1%	60.0%	55.6%	42.9%	37.5%	47.1%	54.5%	**	48.4%	
RC15	Lower Gastrointestinal Cancer	RB	DB	85% or above	NHSI	ER if Red for 2 consecutive mths	Jul-16	59.8%	56.8%	58.5%	38.7%	62.5%	50.0%	72.7%	58.3%	41.7%	51.9%	53.1%	66.7%	63.2%	58.8%	45.5%	50.0%	**	56.2%	
RC16	Lung	RB	DB	85% or above	NHSI	ER if Red for 2 consecutive mths	Jul-16	71.0%	65.1%	66.2%	64.1%	62.2%	89.7%	58.3%	65.1%	52.0%	70.2%	70.5%	78.3%	82.4%	60.7%	75.5%	68.4%	**	72.0%	
RC17	Other	RB	DB	85% or above	NHSI	ER if Red for 2 consecutive mths	Jul-16	71.4%	60.0%	66.7%	66.7%	0.0%	100%	100%	--	100%	--	66.7%	50.0%	0.0%	0.0%	75.0%	50.0%	**	53.3%	
RC18	Sarcoma	RB	DB	85% or above	NHSI	ER if Red for 2 consecutive mths	Jul-16	81.3%	45.2%	56.7%	100%	100%	20.0%	100.0%	--	20.0%	0.0%	66.7%	100%	100%	--	--	100%	**	65.2%	
RC19	Skin	RB	DB	85% or above	NHSI	ER if Red for 2 consecutive mths	Jul-16	94.1%	96.9%	96.8%	97.3%	97.4%	100%	90.0%	97.3%	100%	94.4%	100%	93.2%	100%	97.6%	100%	95.0%	**	97.3%	
RC20	Upper Gastrointestinal Cancer	RB	DB	85% or above	NHSI	ER if Red for 2 consecutive mths	Jul-16	63.9%	68.0%	71.9%	81.1%	78.8%	80.0%	92.3%	64.7%	55.6%	67.7%	61.5%	81.6%	60.7%	77.8%	64.5%	84.6%	**	71.1%	
RC21	Urological (excluding testicular)	RB	DB	85% or above	NHSI	ER if Red for 2 consecutive mths	Jul-16	74.4%	80.8%	76.3%	66.7%	69.2%	77.9%	75.6%	68.4%	75.0%	78.7%	75.7%	59.4%	67.8%	64.7%	55.4%	69.8%	**	66.8%	
RC22	Rare Cancers	RB	DB	85% or above	NHSI	ER if Red for 2 consecutive mths	Jul-16	100.0%	100.0%	65.0%	100%	100%	--	0.0%	0.0%	40.0%	100%	100%	75.0%	100%	66.7%	100%	100%	**	84.2%	
RC23	Grand Total	RB	DB	85% or above	NHSI	ER if Red for 2 consecutive mths	Jul-16	77.5%	78.1%	78.2%	78.8%	76.1%	81.3%	76.0%	72.9%	75.6%	78.6%	75.7%	74.5%	77.3%	72.9%	71.7%	76.4%	**	75.2%	

APPENDIX H: Outpatient Transformation Dashboard

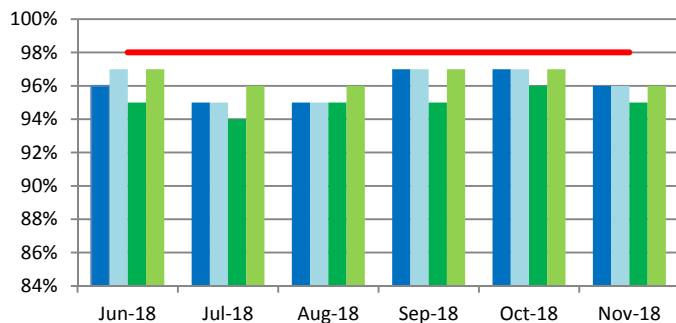


Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	Baseline	17/18 Outturn	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	18/19 YTD
Friends and Family test score (Coverage)	JS	HL	5%	QS	Red if <4.5% Amber if <5% Green if >=5% ER if 3 mths Red	Jun-17	3.0%	5.7%	6.0%	6.3%	3.9%	4.7%	5.7%	5.7%	5.7%	5.8%	5.5%	5.4%	5.4%	5.3%	5.3%	5.5%
% Positive F&F Test scores	JS	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	93%	94.6%	95.3%	95.6%	96.2%	95.4%	95.3%	95.2%	95.6%	95.1%	95.0%	95.1%	94.7%	95.2%	94.8%	95.1%
Paper Switch Off (PSO) - % GP referrals received via ERS	MW	HC	100%	UHL	Project commenced August 2017. NHSE Target 100% by October 2018.	New Indicator	64%	70.4%	66.9%	67.2%	68.4%	68.3%	70.4%	77.3%	83.2%	91.2%	92.2%	92.9%	92.4%	94.3%		90.3%
Advice and Guidance Provision (% Services within specialty)	MW	HC	35%	CQUIN	Green if >35% by Q4 17/18 Green if >75% by Q4 18/19	New Indicator	TBC	97.2%	88.8% 26 specialities / 107 services		97.2% 28 Specialities / 125 services		93.5% 31 Specialities / 143 services			88.6% 31 Specialities / 151 Services			REPORTED QUARTERLY		91.1%	
Electronic Referrals - Appointment Slot Issue (ASI) Rate	MW	HC	4%	UHL	Red if below CQUIN trajectory for 17/18. End of Q2 = 28%, Q3 = 20%, Q4 = 4%	New Indicator	TBC	21.4%	16.1%	15.5%	14.5%	17.6%	21.4%	23.3%	26.2%	25.2%	26.4%	26.5%	27.0%	26.7%	24.2%	26.2%
% Patients seen within 15mins of their appointment time	MW	ZS/ST	TBC	UHL	TBC	New Indicator	56% 19% (Cov)	57% 17% (Cov)	56% 17% (Cov)	58% 16% (Cov)	55% 17% (Cov)	56% 16% (Cov)	59% 16% (Cov)	60% 16% (Cov)	58% 16% (Cov)	60% 16% (Cov)	59% 17% (Cov)	58% 18% (Cov)	58% 17% (Cov)	57% 18% (Cov)	57% 18% (Cov)	57%
% Patients seen within 30 mins of their appointment time	MW	ZS/ST	TBC	UHL	TBC	New Indicator	73% 19% (Cov)	74% 17% (Cov)	73% 17% (Cov)	74% 17% (Cov)	74% 17% (Cov)	74% 16% (Cov)	76% 16% (Cov)	77% 16% (Cov)	75% 16% (Cov)	78% 16% (Cov)	77% 17% (Cov)	76% 18% (Cov)	76% 17% (Cov)	75% 18% (Cov)	75% 18% (Cov)	75%
% Clinics Waiting times Recorded (Coverage)	MW	ZS/ST	98% by Dec 18	UHL	Green if variation <=4% Amber if variation >4.1% and <8% Red if variation >8% Trajectory - 50% Aug, 75% Sep, 80% Oct, 85% Nov, 98% Dec	New Indicator	16%	17%	17%	17%	17%	16%	16%	16%	16%	16%	17%	18%	17%	18%	18%	18%
Reduction in number of long term follow up >12 months	MW	WM	0	UHL	TBC	New Indicator	2851	1467	1404	1335	1115	1247	1467			1339	1431	1369	1649	1935	2400	2400
Reductions in number of FU attendances	MW	MP/DT	6.0%	UHL	Quarterly Reporting - Red if variance higher than 6% (Adverse)	New Indicator	6.0%	1.1% (A)	1.6% (A)		4.2% (F)		1.8% (A)			1.2% (F)			REPORTED QUARTERLY		0.3% (A)	
% Reduction in hospital cancellations (ENT)	MW	ZS/ST	15% by Mar 19	UHL	Green if <=? Amber if >?? and <=? Red if >?? Trajectory - 21% Apr, 21% May, 20% Jun, 19% Jul, 19% Aug, 18% Sep, 18% Oct, 17% Nov, 17% Dec, 16% Jan, 16% Feb, 16% Mar	New Indicator	21%	23%	20%	27%	26%	22%	23%	23%	22%	21%	24%	28%	25%	28%	23%	24%
% Room Utilisation (CSI areas)	MW	MA	80%	UHL	RAG Rating to March 2018 - Red<70%, Amber < 80%, Green >=80%	New Indicator	TBC	70%	73%	66%	73%	74%	75%	77%	79%	72%	72%	74%	75%	79%	82%	76%
% appointment letters printed via outsourced provider	MW	SP	85%	UHL	From APRIL 2018: Red<75%, Amber < 95%	New Indicator	82%	84%	86%	85%	85%	85%	86%	88%	89%	89%	89%	89%	90%	90%	91%	90%
% Clinic summary letters sent within 7 days	MW	WM	90%	UHL	TBC	New Indicator			INDICATOR REPORTING TO COMMENCE FROM APRIL 2018					85%	90%	92%	85%	92%	85%	86%	85%	88%
% Compliance with PLACE standards (ENT & Cardiology)	DK	RK	80%	UHL	Quarterly Reporting increase every quarter 3%	New Indicator	80%	73.1%	NEW INDICATOR		73.1%		AWAITING UPDATE									AWAITING UPDATE
Number of staff enrolling for the new apprenticeship with Leicester College	MW	DW	100 by FYE 18/19	UHL	TBC	New Indicator			NEW INDICATOR					NEW INDICATOR							NEW INDICATOR	
E-learning	MW	DW	1000 by March 2019	UHL	TBC	New Indicator			REPORTING TO COMMENCE IN QTR 4 2018/19													REPORTING QTR 4

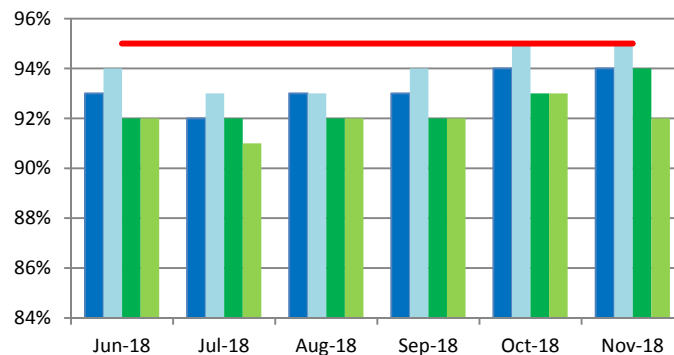
APPENDIX I: Estates and Facilities

Estates and Facilities - Cleanliness

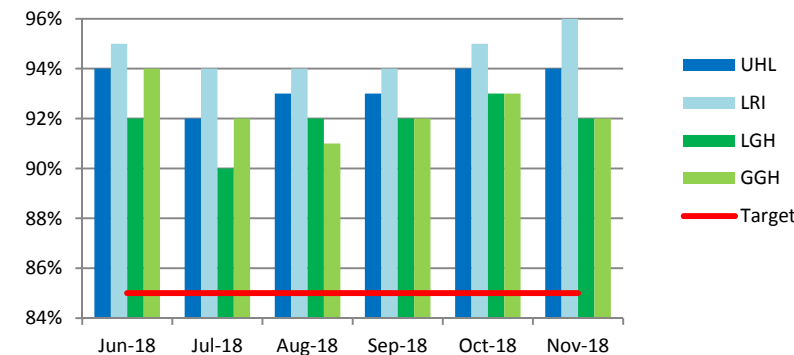
Cleanliness Audit Scores by Risk Category - Very High



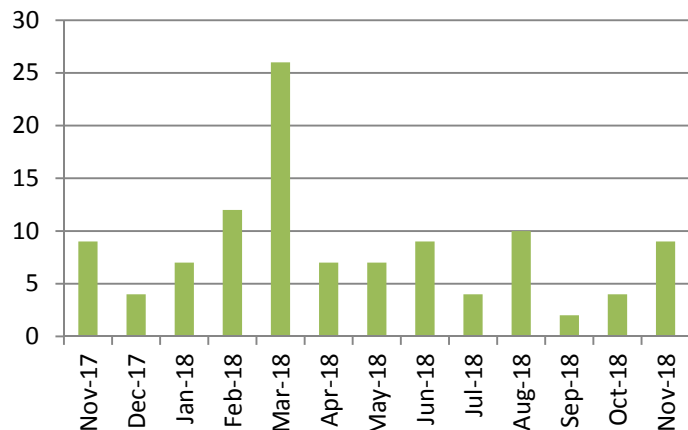
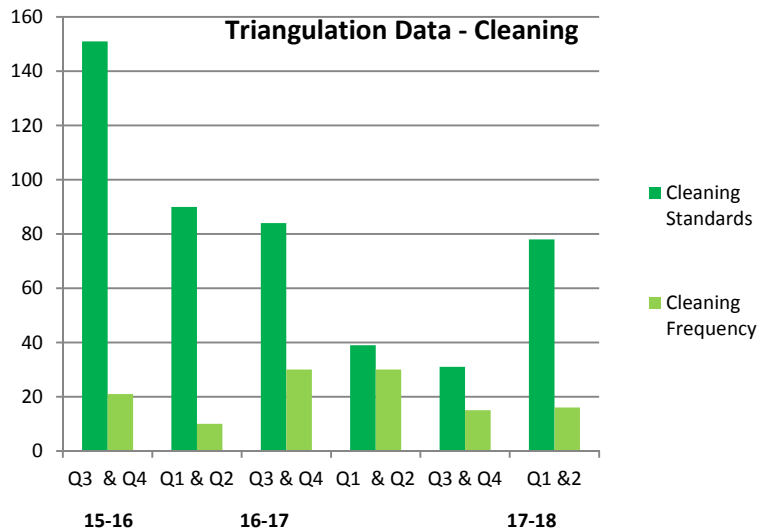
Cleanliness Audit Scores by Risk Category - High



Cleanliness Audit Scores by Risk Category - Significant



Triangulation Data - Cleaning



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.

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' previously on a quarterly basis however this will change to bi-annually going forward.

Notes on Performance

This month's performance sees a slight drop of 1% overall in Very high-risk areas with high risk areas maintaining the same performance level as last month. For the individual sites all show a 1% reduction for very high risk areas with corresponding increases and decreases at LGH and GH respectively of 1%. These small fluctuations are consistent with the patterns observed over recent months.

Significant risk areas all continue to exceed the 85% target.

The number of Datix incidents logged for November, has seen an increase from 4 in October to 9 in November but remains within the range of fluctuations normally observed. None of the Datix refers to very high risk areas.

The triangulation data is now reported biannually so the chart has been modified to reflect this. The increase in the number of issues logged corresponds with the period of decline in service performance observed over the summer which dipped to its lowest level in July this year. The triangulation data will not be refreshed now until May 2019 but this should reflect that the service has shown improvement albeit still below overall target levels.

Estates and Facilities – Patient Catering

Patient Catering Survey – September 2018	Percentage 'OK or Good'	
	Oct-18	Nov-18
Did you enjoy your food?	91%	90%
Did you feel the menu has a good choice of food?	91%	100%
Did you get the meal that you ordered?	89%	93%
Were you given enough to eat?	97%	97%

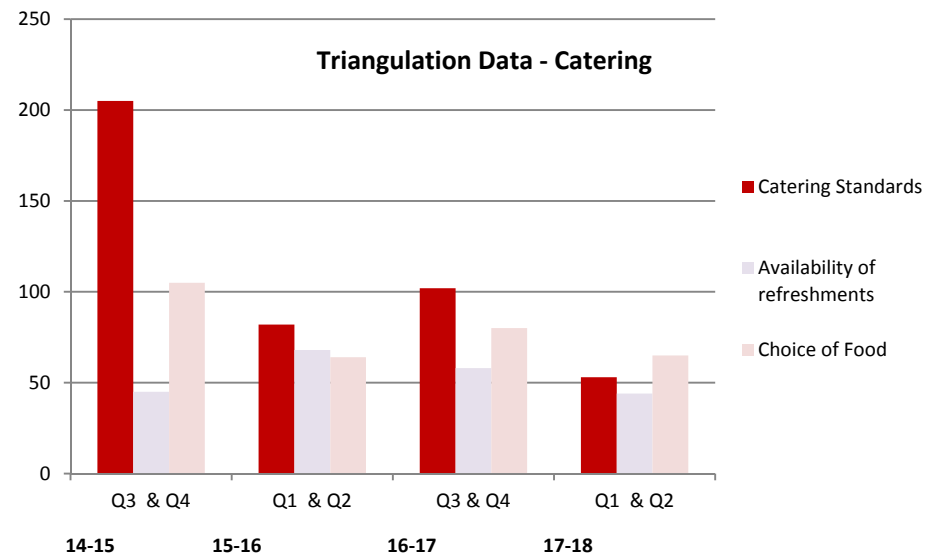
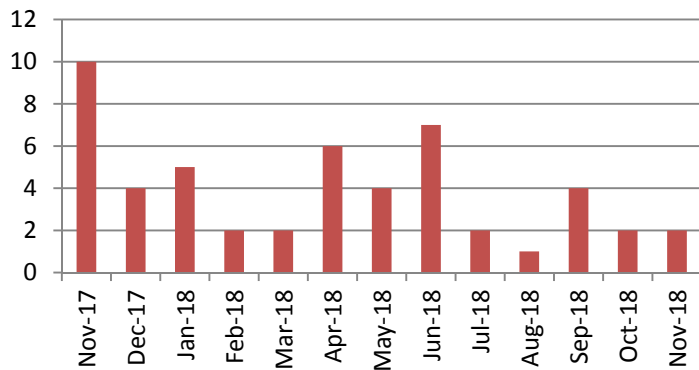
90 – 100%	80 – 90%	<80%
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Number of Patient Meals Served				
Month	LRI	LGH	GGH	UHL
September	67,029	22,605	28,150	117,784
October	67,906	23,487	30,974	122,367
November	68,551	23,352	30,199	122,102

Patient Meals Served On Time (%)				
Month	LRI	LGH	GGH	UHL
September	100%	100%	100%	100%
October	100%	100%	100%	100%
November	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 remain down with the scores being based on 30 returns. Due to staffing levels continue to impact on ability to improve survey coverage.

Survey scores this month remain high and continue to reflect satisfactory performance. Comment data collected continues to show no discernible trends.

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

The updated triangulation data continues to reflect satisfactory performance.

Likewise Datix incidents have remained at a low level of 2 in November.

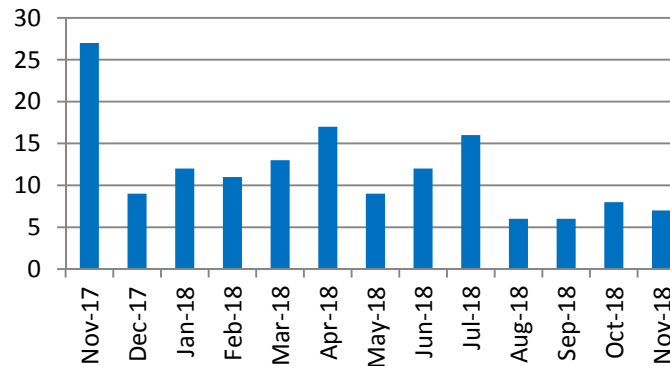
Estates and Facilities - Portering

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

95 – 100%	90 – 94%	<90%
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Average Portering Task Response Times		
Category	Time	No of tasks
Urgent	00:17:44	2,725
Routine	00:26:29	9,949
Total		12,674

Number of Datix Incidents Logged - Portering



Portering Report

November's performance figures remain similar to those seen in October. The challenges presented by some sickness and absence issues that the portering services at the LRI are currently experiencing continue.

Issues with linen deliveries with our supplier have placed additional demands on the portering service, with moving linen supplies around to top up stock in areas where this was low. Remedial measures have now been put in place with the suppliers

The 7 Datix incidents logged in November, do not demonstrate any particular trend and are in line with historical observed levels.

Estates & Facilities – Planned Maintenance

Statutory Maintenance Tasks Against Schedule					
UHL Trust Wide	Month	Fail	Pass	Total	%
	September	0	182	182	100%
	October	55	116	171	68%
	November	87	182	269	68%

99 – 100%	97 – 99%	<97%
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Non-Statutory Maintenance Tasks Against Schedule					
UHL Trust Wide	Month	Fail	Pass	Total	%
	September	712	1567	2279	69%
	October	649	1728	2377	71%
	November	642	1423	2065	69%

95 – 100%	80 – 95%	<80%
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Estates Planned Maintenance Report

For November we achieved 68% in the delivery of Statutory Maintenance tasks in the month. This is due to 75 emergency lights that are currently being completed, as the PO was not released to the contractor in a timely manner; 9 fire doors at GH that are awaiting completion due to staffing levels and 1 Emergency lighting PO at the LRI that missed it's SLA by 28 days but is 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.

A The planet rollout to a live system has now been completed at the LRI.

Discussions are being held regarding our sub- contractors attaining planet licenses improve efficiency across all disciplines.

RTT 18+ Weeks Backlog

RTT 18+ Weeks Backlog - September 2018

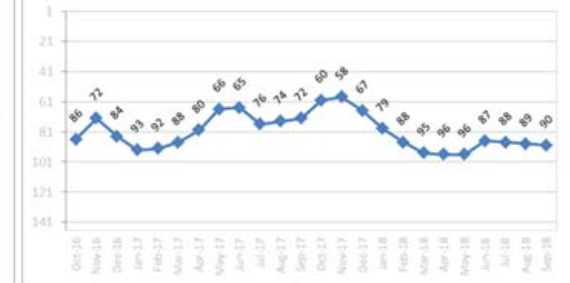
All Acute Trusts Performance - 86.0% UHL ranks 90 out of the 145 Acute Trusts*
39 of the 145 Acute Trusts* achieved 92% or more

Peer Rank	Provider Name	RTT Incompletes Performance - Target 92%
1	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	92.9%
2	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	92.7%
3	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	92.0%
4	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	90.2%
5	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	88.9%
6	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	87.6%
7	LEEDS TEACHING HOSPITALS NHS TRUST	87.1%
8	PENNINE ACUTE HOSPITALS NHS TRUST	85.8%
9	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	85.2%
10	BARTS HEALTH NHS TRUST	83.9%
11	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	83.1%
12	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	82.9%
13	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	82.6%
14	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	82.0%
15	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	81.7%
16	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	79.6%
17	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	79.4%
18	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	76.3%

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



UHL Acute Ranking - 18+ Weeks Backlog (n/145)



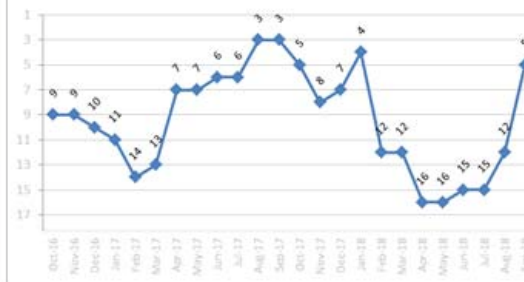
Diagnostics

Diagnostics - September 2018

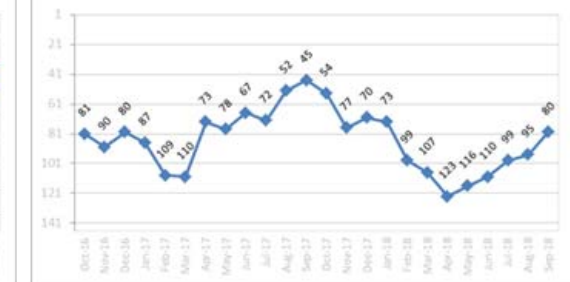
All Acute Trusts Performance - 2.8% UHL ranks 63 out of the 145 Acute Trusts*
80 of the 145 Acute Trusts* achieved <1% or less (Ranked Ascending)

Peer Rank	Provider Name	Diagnostics Performance %Waiting 6 Wks+ - Target <=1%
1	LEEDS TEACHING HOSPITALS NHS TRUST	0.3%
2	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	0.4%
3	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	0.5%
4	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	0.7%
5	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	0.8%
6	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0.9%
7	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	0.9%
8	BARTS HEALTH NHS TRUST	1.0%
9	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	1.1%
10	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	1.4%
11	PENNINE ACUTE HOSPITALS NHS TRUST	1.6%
12	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	1.9%
13	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1.9%
14	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	2.7%
15	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	2.8%
16	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	2.9%
17	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	7.0%
18	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	7.2%

UHL Peer Ranking - Diagnostics (n/18)



UHL Acute Ranking - Diagnostics (n/145)

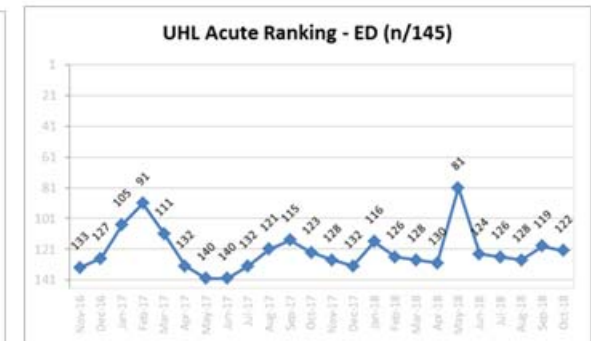
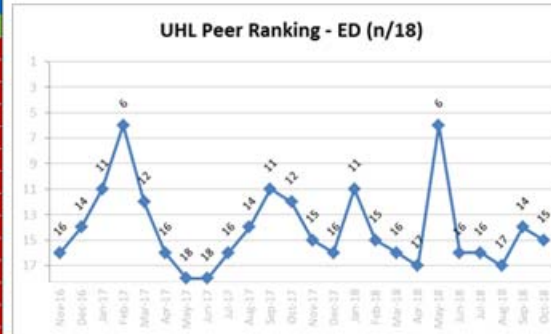


*Acute NHS hospitals – there are 145 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service

Peer Group Analysis (Sep 2018) – ED Oct 18

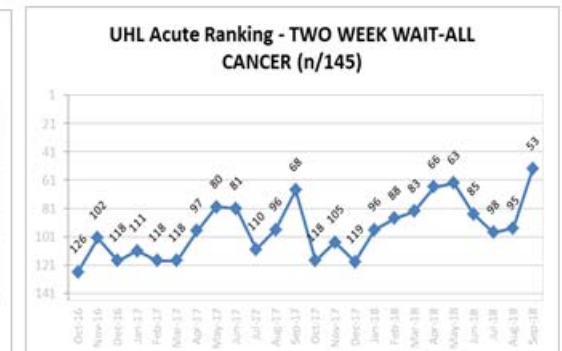
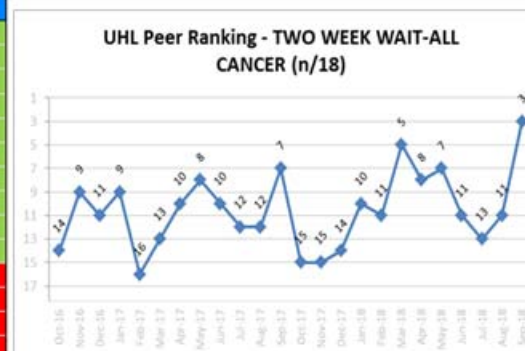
UHL ED Attendances within 4 hours

UHL ED Attendances within 4 hours - October 2018		
All Acute Trusts - 87.4%		UHL ranks 122 out of the 145 Trusts*
16 of the 145 Acute 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	96.2%
2	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	91.7%
3	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	90.6%
4	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	89.6%
5	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	89.4%
6	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	87.7%
7	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	86.7%
8	BARTS HEALTH NHS TRUST	86.5%
9	PENNINE ACUTE HOSPITALS NHS TRUST	86.2%
10	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	84.3%
11	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	82.9%
12	LEEDS TEACHING HOSPITALS NHS TRUST	82.9%
13	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	80.9%
14	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	79.0%
15	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	78.3%
16	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	78.1%
17	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	75.2%
18	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	67.2%



TWO WEEK WAIT-ALL CANCER

TWO WEEK WAIT-ALL CANCER - September 2018		
All Acute Trusts Performance - 91.2%		UHL ranks 53 out of the 145 Acute Trusts*
88 of the 145 Acute Trusts* achieved 93% or more		
Peer Rank	Provider	Performance within 14 Days - Target 93%
1	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	97.9%
2	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	95.3%
3	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	95.2%
4	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	94.6%
5	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	94.3%
6	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	94.0%
7	BARTS HEALTH NHS TRUST	94.0%
8	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	93.2%
9	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	93.2%
10	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	93.0%
11	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	92.7%
12	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	92.3%
13	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	91.1%
14	LEEDS TEACHING HOSPITALS NHS TRUST	87.3%
15	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	84.5%
16	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	75.9%
17	PENNINE ACUTE HOSPITALS NHS TRUST	75.4%
18	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	68.5%



*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

Peer Group Analysis (September 2018)

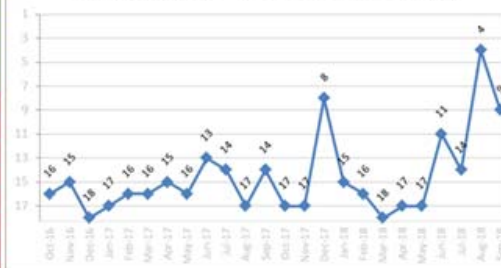
31-DAY FIRST TREAT

31-DAY FIRST TREAT - September 2018

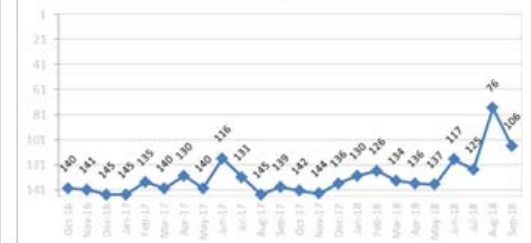
All Acute Trusts Performance - 96.2% UHL ranks 106 out of the 145 Acute Trusts*
100 of the 145 Acute Trusts* achieved 96% or more

Peer Rank	Provider	Performance within 31 Days - Target 96%
1	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	98.8%
2	BARTS HEALTH NHS TRUST	98.7%
3	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	98.1%
4	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	97.5%
5	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	97.5%
6	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	97.4%
7	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	97.2%
8	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.4%
9	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	95.4%
10	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	95.4%
11	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	96.3%
12	PENNINE ACUTE HOSPITALS NHS TRUST	94.5%
16	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	94.3%
14	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	93.3%
15	LEEDS TEACHING HOSPITALS NHS TRUST	93.2%
16	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	93.2%
17	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	90.8%
18	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	90.0%

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



UHL Acute Ranking - 31-DAY FIRST TREAT (n/145)



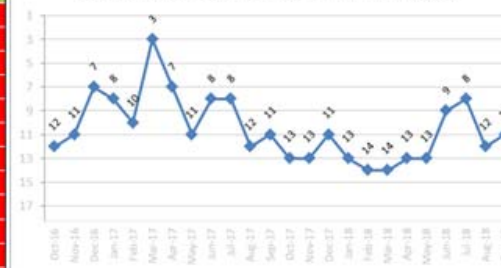
62-DAY GP Referral

62-DAY GP Referral - September 2018

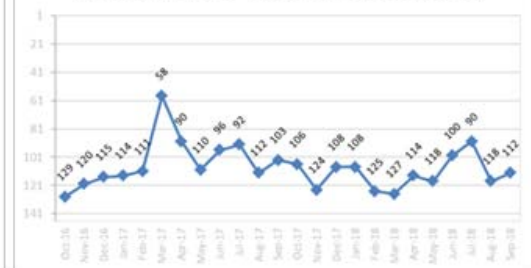
All Acute Trusts Performance - 78.2% UHL ranks 112 out of the 145 Acute Trusts*
49 of the 145 Acute Trusts* achieved 85% or more

Peer Rank	Provider	Performance within 62 Days - Target 85%
1	BARTS HEALTH NHS TRUST	86.2%
2	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	85.8%
3	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	84.6%
4	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	83.1%
5	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	81.3%
6	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	79.9%
7	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	78.4%
8	PENNINE ACUTE HOSPITALS NHS TRUST	77.2%
9	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	73.0%
10	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	72.1%
11	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	71.5%
12	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	71.0%
13	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	70.8%
14	LEEDS TEACHING HOSPITALS NHS TRUST	70.0%
15	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	69.4%
16	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	69.3%
17	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	69.1%
18	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	65.9%

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



UHL Acute Ranking - 62-DAY GP Referral (n/145)



*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

Peer Group Analysis (Sep 2018)

Inpatient FFT

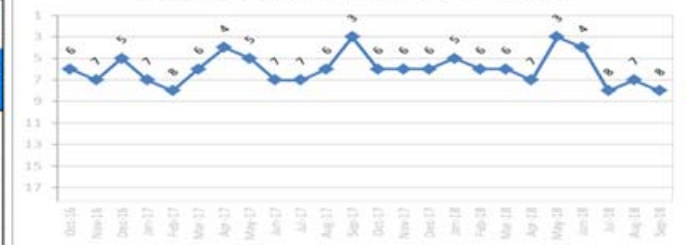
Inpatient FFT - September 2018

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

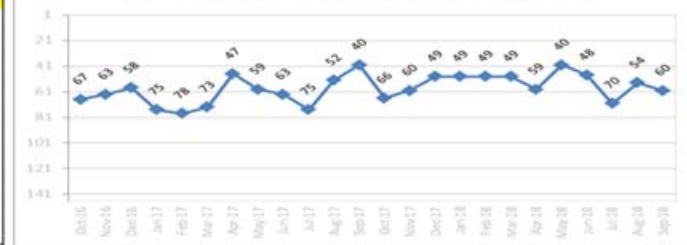
UHL ranks 60 (for Recommended) and 63* (for Not Recommended) out of the 145 Trusts**

Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	18%	99%	0%
2	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	23%	98%	1%
3	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	13%	97%	2%
4	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	23%	97%	1%
5	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	31%	97%	1%
6	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	10%	97%	1%
7	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	34%	97%	1%
8	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	27%	97%	1%
9	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	28%	96%	1%
10	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	20%	96%	2%
11	LEEDS TEACHING HOSPITALS NHS TRUST	37%	96%	2%
12	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	18%	95%	2%
13	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	10%	94%	2%
14	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	28%	94%	2%
15	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	20%	94%	3%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	14%	93%	4%
17	PENNINE ACUTE HOSPITALS NHS TRUST	24%	90%	4%
18	BARTS HEALTH NHS TRUST	11%	88%	7%

UHL Peer Ranking - Inpatient FFT (n/18)



UHL Acute Ranking - Inpatient FFT (n/145)



A&E FFT

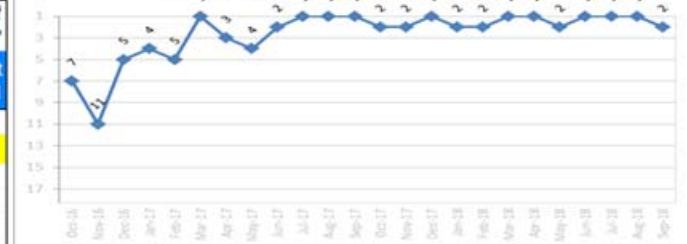
A&E FFT - September 2018

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

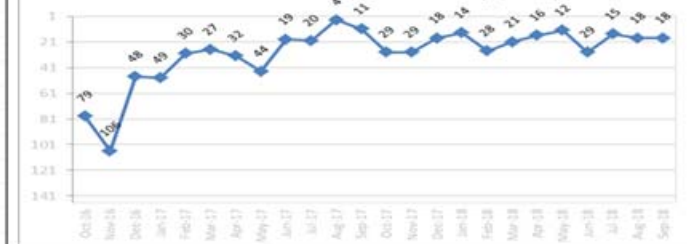
UHL ranks 18 (for Recommended) and 23* (for Not Recommended) out of the 145 Trusts**

Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	1%	96%	2%
2	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	7%	95%	2%
3	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2%	95%	2%
4	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	11%	94%	4%
5	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	24%	94%	2%
6	LEEDS TEACHING HOSPITALS NHS TRUST	25%	90%	7%
7	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	23%	90%	6%
8	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	23%	88%	7%
9	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	18%	86%	8%
10	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	20%	85%	10%
11	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	20%	83%	10%
12	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	20%	83%	10%
13	PENNINE ACUTE HOSPITALS NHS TRUST	17%	83%	10%
14	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	4%	82%	8%
15	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	13%	79%	12%
16	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	10%	77%	16%
17	BARTS HEALTH NHS TRUST	5%	71%	21%
18	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	30%	69%	19%

UHL Peer Ranking - A&E FFT (n/18)



UHL Acute Ranking - A&E FFT (n/145)

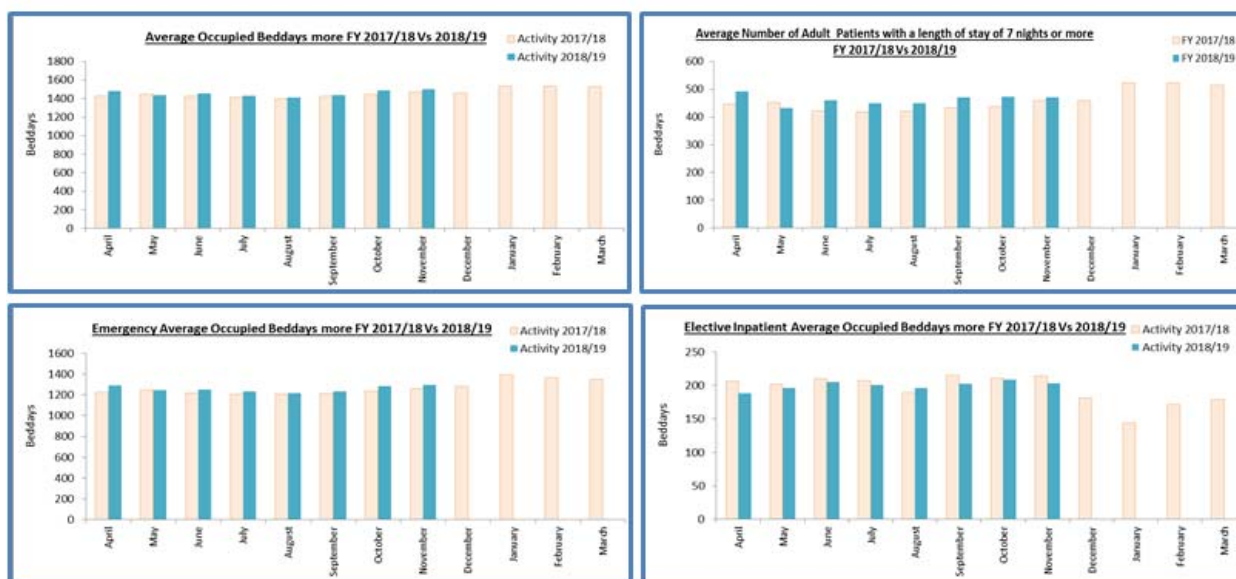


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UHL Activity Trends



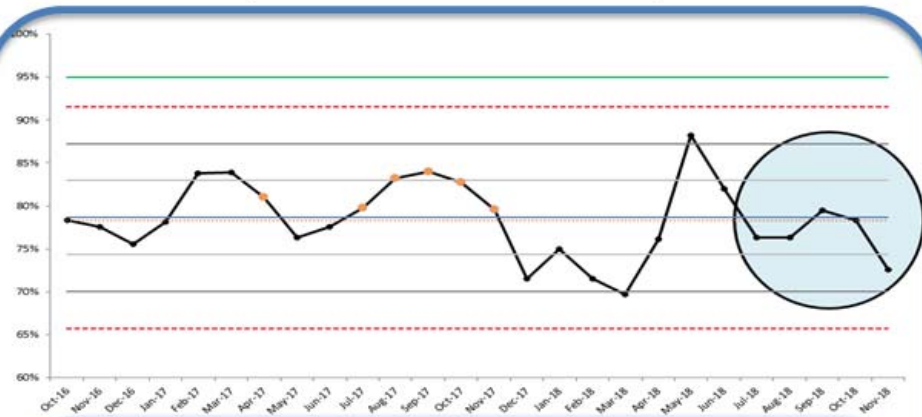
UHL Bed Occupancy



- **GP referrals (Excludes Physio referrals)** in November is lower in comparison to the same period last year. YTD referrals is 6.3% lower than the same period last year.
- **Outpatients** - Dermatology, Ophthalmology, Haematology and Thoracic Medicine significantly higher than plan.
- **Daycase** - Growth in Clinical Oncology, Gastroenterology and BMT against plan. Medical Oncology, Orthopaedic Surgery and Urology Significantly lower than plan.
- **Elective Inpatient** - ENT, Orthopaedic Surgery, General Surgery, HPB and Urology lower than plan.
- **Emergency Admissions** - Activity in ENT, Cardiology, General Surgery and Urology are higher than the plan.
- **Midnight G&A bed occupancy** is slightly higher to the same period last year.
- **The number of patients staying in beds 7 nights or more** in November has increased compared to the same period last year.
- A slight increase in **Emergency occupied bed days**.
- **YTD Bed occupied** is lower compared to the same period last year.

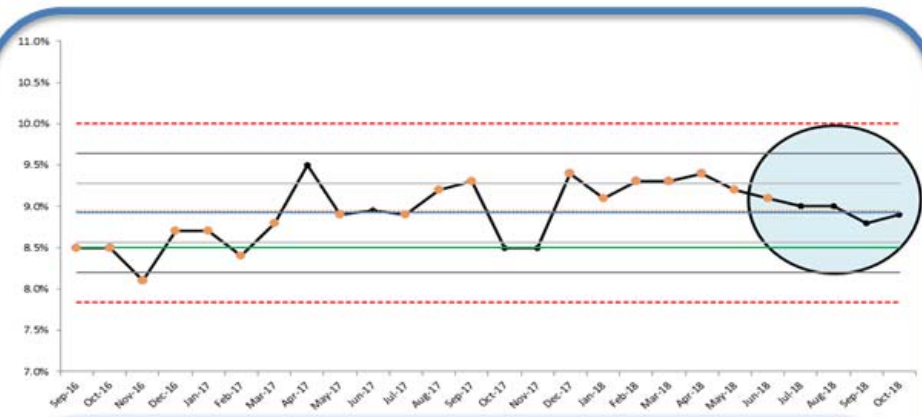
SPC Analysis

ED 4 Hour Waits UHL



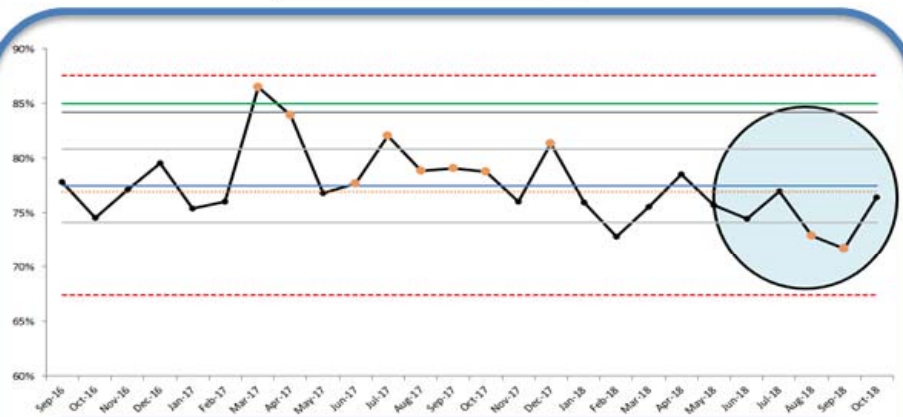
Drop in ED Performance however within expected range of variation.

Readmission Rate



Downward trend in performance however variation overtime remains high.

Cancer 62 Days

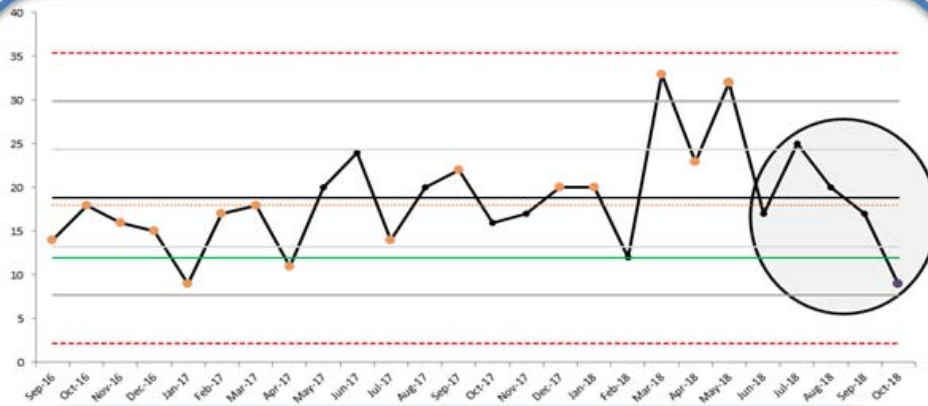


Cancer 62 days performance is trending downwards. 2 of the last 3 month's performance were within the lower 2-sigma limit.

#	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.

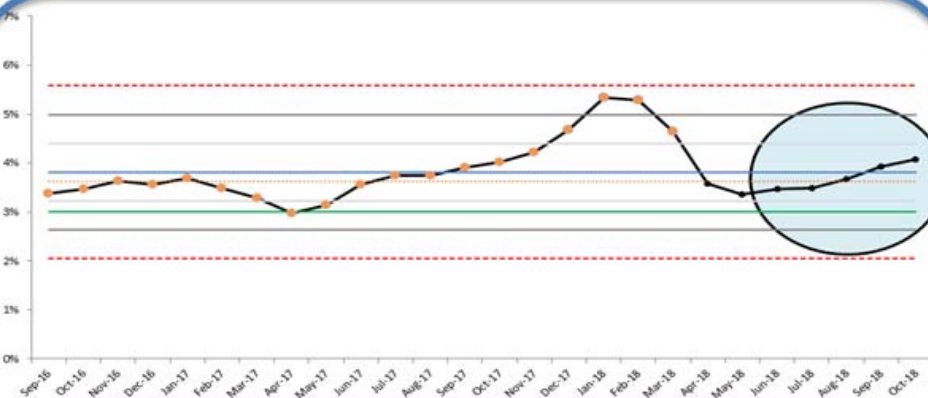
— TARGET --- MEDIAN
● Rule 1 (OOC) ● Rule 2 (2 out of 3 Zone A)
● Rule 3, Zone B (4 out of 5) UCL ● Rule 4, 7 or more points in a row in the same side of the mean

Moderate Harm



Downward trend in moderate harm over last 7 months. October' position fell below the threshold.

Sickness Rate



Upward trend in sickness rate as performance deteriorated above the mean.

Fractured #NOF



Upward trend in performance with significant improvement in the last 3 months.

# Rules	Interpretation
1	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	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	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	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