

Quality & Performance Report

Author: John Adler Sponsor: Chief Executive Date: PPC + QOC 28th March 2019

Executive Summary from CEO

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 October 2017 to September 2018) is 99, slightly higher than previous SHMI however remains below expected. **Diagnostic 6 week wait** – standard achieved for 6 consecutive months. **52+ weeks wait** – has been compliant for 8 consecutive months. **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 February. **C DIFF** – was below threshold this month. **Pressure Ulcers - 0 Grade 4 and 1 Grade 3** reported during February. **CAS alerts** – was compliant in February. **Inpatient and Day Case Patient Satisfaction (FFT)** achieved the Quality Commitment of 97%. **Fractured NOF** – remains compliant for the 7th consecutive month. **Cancelled operations** and **Patients rebooked within 28 days** – we continue to show improvement with our elective cancellations. **90% of Stay on a Stroke Unit** – 84.2% reported in January. **Annual Appraisal** is at 92.6% (rising trend).

Bad News: UHL ED 4 hour performance – was 76.1% for February, system performance (including LLR UCCs) was 82.6%. Further detail is in the Urgent Care report. **Ambulance Handover 60+ minutes (CAD+)** – performance at 4%. **MRSA** – 1 case reported this month. **Grade 2** was above threshold for the month. **Single Sex Accommodation Breaches** – 5 reported in February. **Moderate harms and above** – January (reported 1 month in arrears) was above threshold. **Cancer Two Week Wait** was 88.6% in January. **Cancer 31 day treatment** was 91.4% in January. **Cancer Symptomatic Breast** was 64.5% in January. **Cancer 62 day treatment** was not achieved in January – further detail of recovery actions in is the cancer recovery report. **Statutory and Mandatory Training** reported from HELM is at 89%. **TIA (high risk patients)** – 57.5% reported in February.

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: 25th April 2019

Caring at its best

University Hospitals of Leicester 
NHS Trust

Quality and Performance Report

February 2019



One team shared values



CONTENTS

	Introduction	2	
Executive Summary	Summary Scorecard (YTD)	3	
	Summary Scorecard	4	
	SPC Analysis	5	
	Q&P Executive Summary	9	
	Cancer Performance	14	
	Ambulance Handover	16	
	RTT Performance	17	
	52 Weeks Breaches	21	
	Diagnostic Performance	22	
	Cancelled Operations	23	
	Outpatient Transformation Programme	24	
	Appendices	Appendix A – Radar Summary of UHL Performance	26
		Appendix B – Exception Summary Report	27
Appendix C – Safe Domain Dashboard		29	
Appendix D – Caring Domain Dashboard		30	
Appendix E – Well Led Domain Dashboard		31	
Appendix F – Effective Domain Dashboard		32	
Appendix G – Responsive Domain Dashboard		33	
Appendix H - Responsive Domain Cancer Dashboard		34	
Appendix I – Outpatient Transformation Dashboard		35	
Appendix J – Estates and Facilities		36	
Appendix K – Benchmarking		39	
Appendix L – UHL Activity Trend & Bed Occupancy		46	

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

DATE: 28th MARCH 2019

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

SUBJECT: FEBRUARY 2019 QUALITY & PERFORMANCE SUMMARY REPORT

1.0 Introduction

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

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

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

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

2.0 Changes to Indicators/Thresholds

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 **2.1%**
- DTOC **1.5%**
- Stroke 90% Stay **84.1%**
- RTT 52 Weeks Wait **0**
- Diagnostic Waits **0.9%**

ISSUES:

- MRSA Avoidable **2**
- CDIFF **52**
- Never Event **6**
- Single Sex Accommodation Breaches **56**
- ED 4hr Wait UHL **77.2%**
- Cancer 62 Day **75.9%**

One team shared values



Summary Scorecard – February 2019

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
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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)

- Stroke – 90% Stay

Significant Improvement:

- Annual Appraisal
- RTT Incompletes

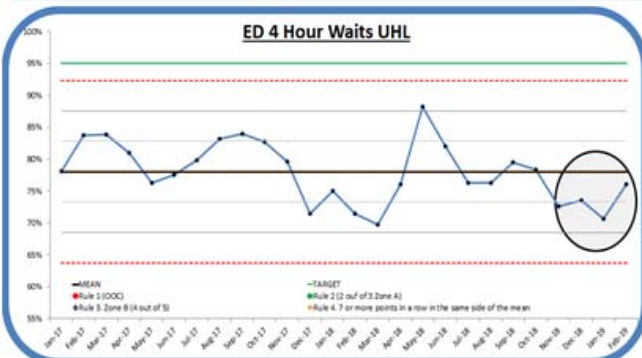
ISSUES: (Green/Amber to Red)

- MRSA
- Stroke TIA
- Cancer 31 Day
- HAPU G2
- Moderate Harm

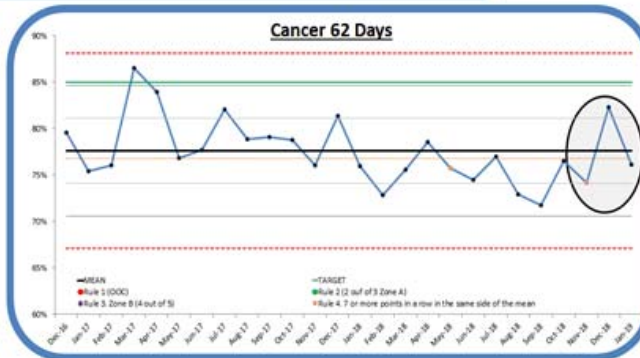
One team shared values



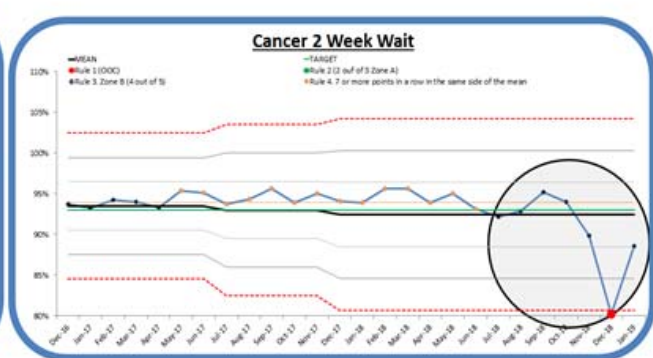
SPC Analysis



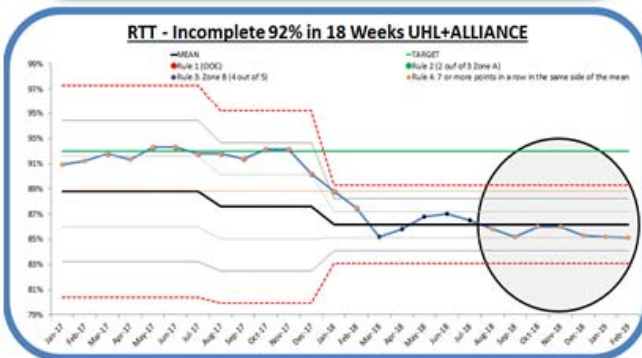
Drop in ED Performance however within expected range of variation.



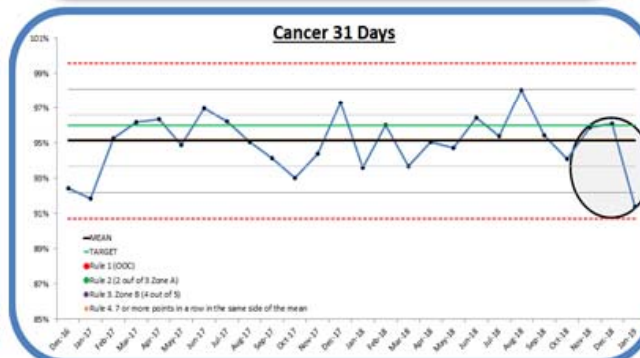
Cancer 62 days performance is trending upwards. Prior to December, the last 7 months fell below the mean.



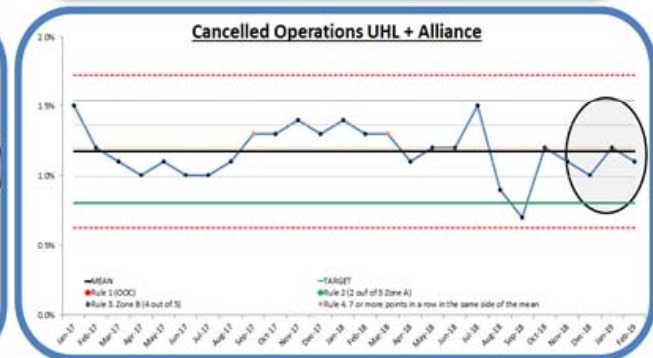
Downward trend in performance. Performance in December fell outside the control limit.



Downward trend in RTT over last 12 months.



Cancer 31 days performance deteriorated this month.



No appreciable trend.

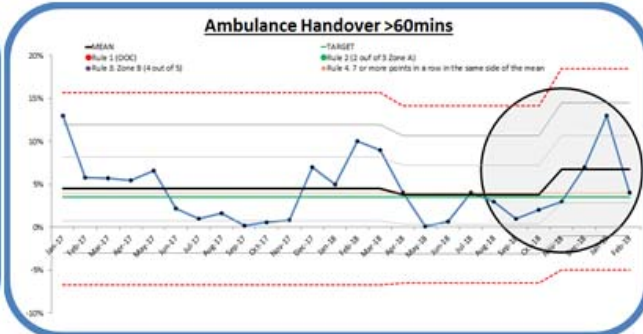
#	Rules	Interpretation
1	A single point outside the control limits	Points falling outside the control limits may be the result of a special cause that was corrected quickly, either intentionally or unintentionally. It may also point to an intermittent problem.
2	Two of three points outside the two sigma 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. When Seven or more points in a row lie on the same side of mean – this is indicative of a trend.
4	Seven or more points in a row on the same side of centerline	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
● Rule 1 (OOC)
● Rule 3. Zone B (4 out of 5) UCL
● Rule 2 (2 out of 3 Zone A)
● Rule 4, 7 or more points in a row in the same side of the mean
... MEDIAN

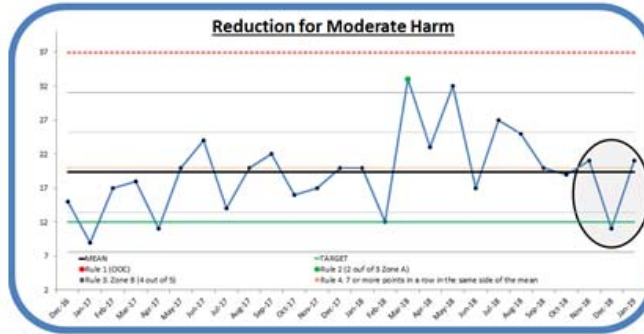
SPC Analysis



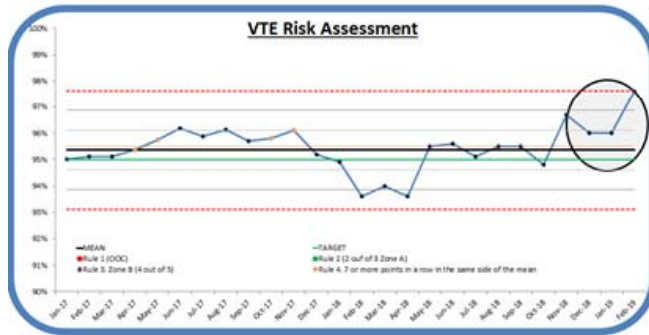
Emerging upward trend in performance however remains within threshold.



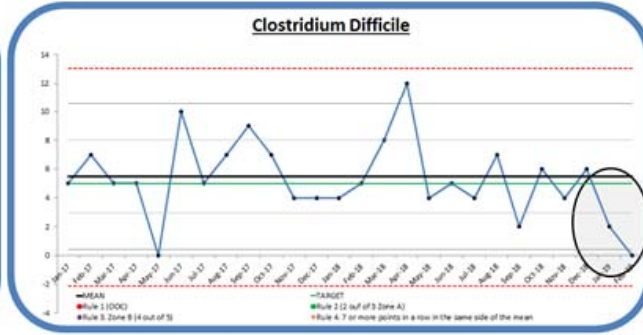
Emerging (deteriorating) trend in handover performance over last 6 months.



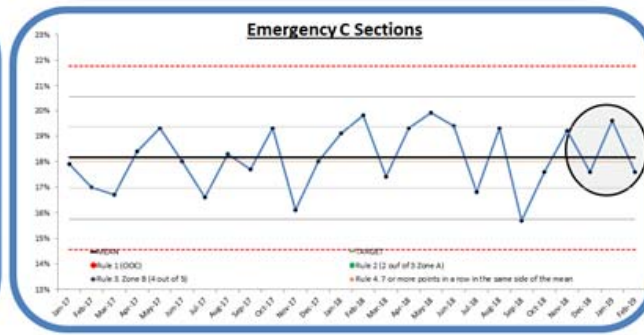
Emerging (downward) trend in moderate harm over last 9 months. December's position was within threshold.



Significant improvement (rising trend). Performance for the last 4 months were above the threshold.



Downward trend in C DIFF cases.

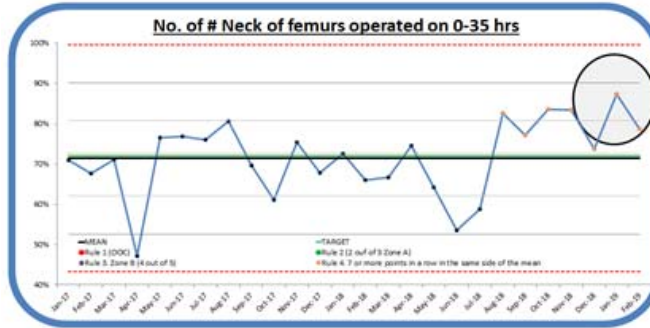


No appreciable change in performance.

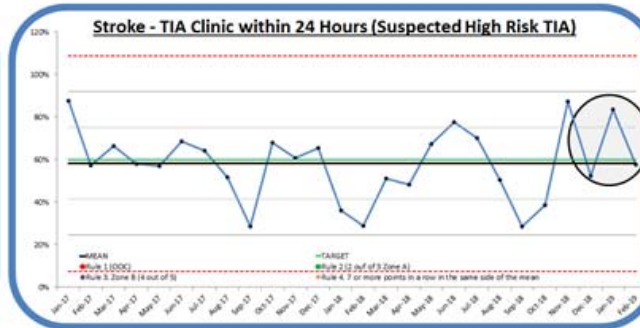
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4 Seven or more points in a row on the same side of centerline	When Seven or more points in a row lie on the same side of mean – this is indicative of a trend. If data points drifts upward/downwards even though there is no group of seven points in a row going up/down. This pattern indicates a gradual change over time in the characteristic being measured.

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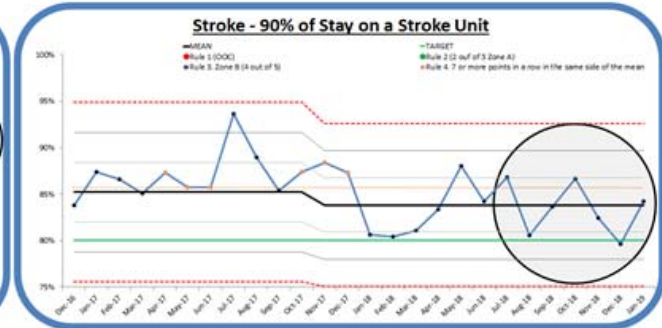
SPC Analysis



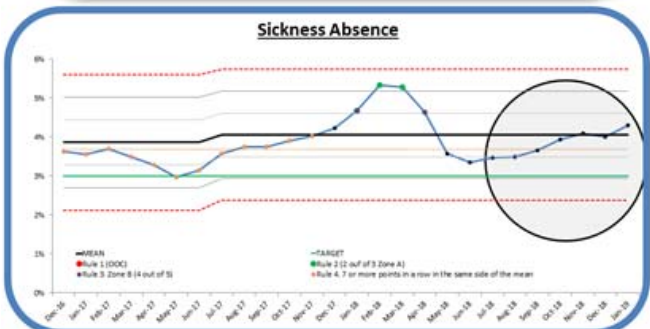
Upward trend in performance with significant improvement in the last 7 months.



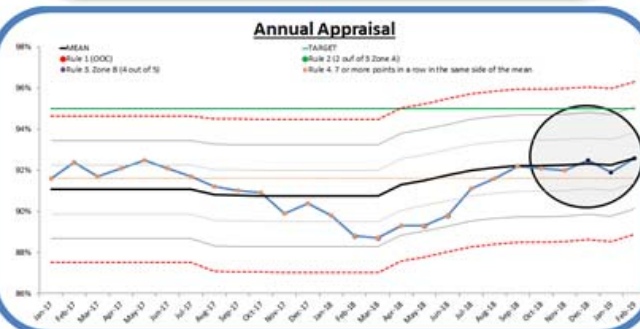
Intermittent/irregular pattern in performance for Stroke TIA.



Emerging downward trend in performance however remains within threshold.



Upward trend in sickness rate as performance deteriorated and remains above the mean for the last 4 months.



Upwards trend in appraisal rate.

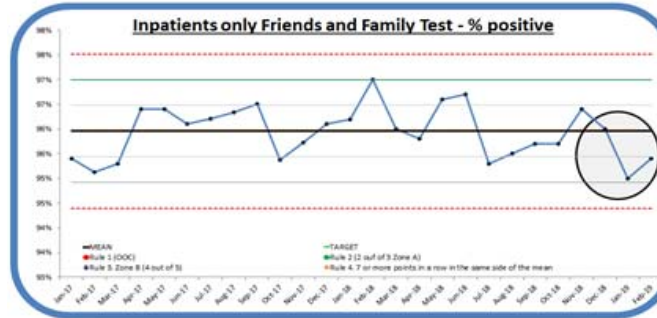


Single sex breaches trending downwards however variation over time remains high.

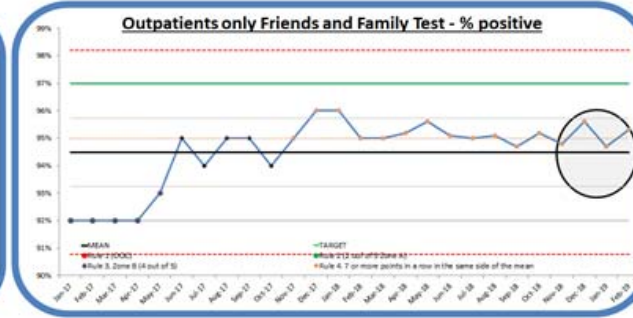
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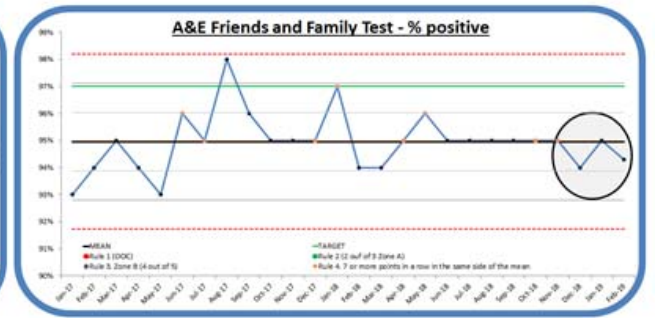
SPC Analysis



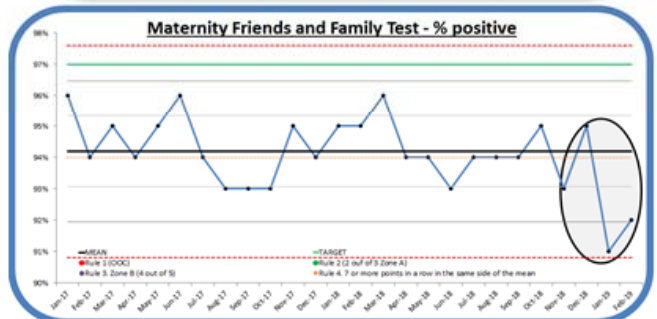
Performance deteriorated over last 3 months.



Upwards trend in outpatient FFT.



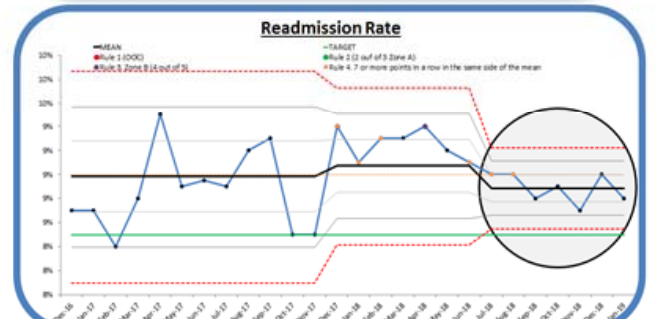
Deterioration in ED FFT but remains within expected levels of variation.



Sharp drop in Maternity FFT performance over the last 2 months.



Performance remains static over the last 3 months.



Downward trend in performance.

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● Rule 2 (2 out of 3 Zone A)
● Rule 5. Zone B (4 out of 5) LCL

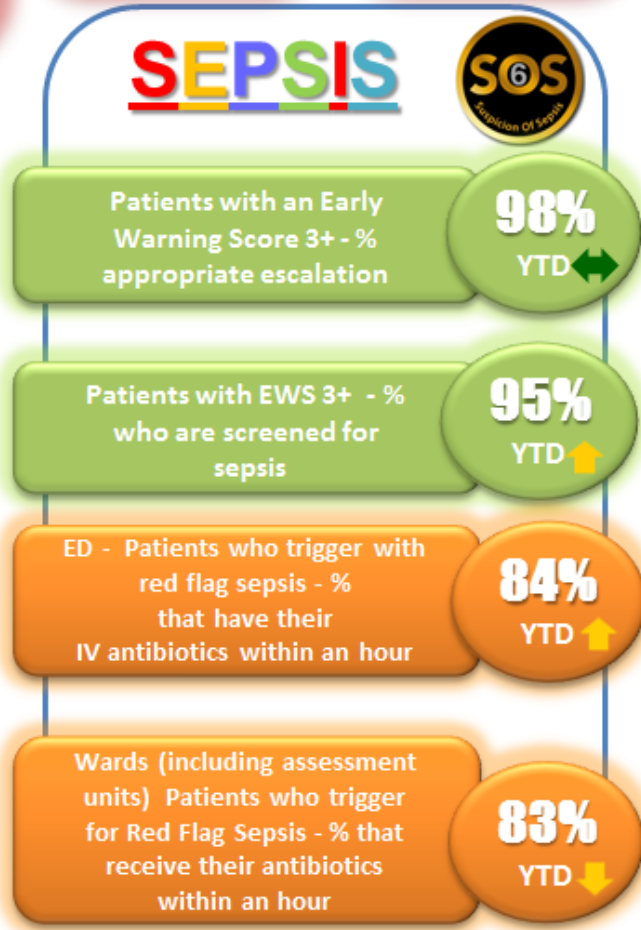
Arrows represent current month performance against previous month, upward arrow represents improvement, downward arrow represents deterioration.



- ### 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 February.
 - 0 cases of CDIFF this month.
 - 0 Never events reported in February.

- ### ISSUES
- The EWS indicators are still on hold at present.
 - Falls was above threshold this month.
 - 1 MRSA reported this month.
 - Moderate harms and above – above threshold.

- ### ACTIONS
- Escalation through CMG infection prevention meeting.
 - Targeted education and training.
 - Urgent reviews of risk register entry for the ITU environment at LRI.
 - The EWS twice daily audit has stopped so we are currently reviewing how we report on these metrics going forward.



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 3 2018/19 (Pulse Check)



65.0% 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 February.

ISSUES

- Single Sex Accommodation Breaches – 5 reported in February.
- Friends and family test (FFT) for maternity was 92% for February.

ACTIONS

- Continue to ensure clear communication at GOLD Command to support staff in decision making at times of reduced capacity
- Discussions with commissioners to explore the same sex compliance requirements in Discharge Lounge facilities

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 **29.1%** ↑

Day Case FFT **23.4%** ↑

A&E FFT **8.1%** ↓

Maternity FFT **39.8%** ↑

Outpatients FFT **5.4%** ↑

Staff FFT Quarter 3 2018/19 (Pulse Check)



60.0% of staff would recommend UHL as a place to work

% Staff with Annual Appraisals

92.6% YTD ↑

Statutory & Mandatory Training

89% YTD ↑

BME % - Leadership

29%

Qtr3
8A including
medical
consultants

16%

Qtr3
8A excluding
medical
consultants

SUCCESSSES

- Corporate Induction attendance for February was 98%.
- Significant improvement in appraisals at 92.6% (this excludes facilities staff that were transferred over from Interserve).

ISSUES

- Statutory & Mandatory Training performance at 89%.

ACTIONS

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

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

Mortality – Published SHMI



Stroke TIA Clinic within 24hrs



80% of Patients Spending 90% Stay on Stoke Unit



Emergency Crude Mortality Rate



30 Days Emergency Readmissions



NoFs Operated on 0-35hrs



SUCCESSSES

- Latest UHL's SHMI is 99. 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 February was 2.4%.
- Fractured NoF for February was 78.7%.
- 90% of Stay on a Stroke Unit for January was 84.2%

ISSUES

- 30 Days Emergency Readmissions for January was 8.8%.
- Stroke TIA Clinic within 24 Hours for this month was 57.5%.

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

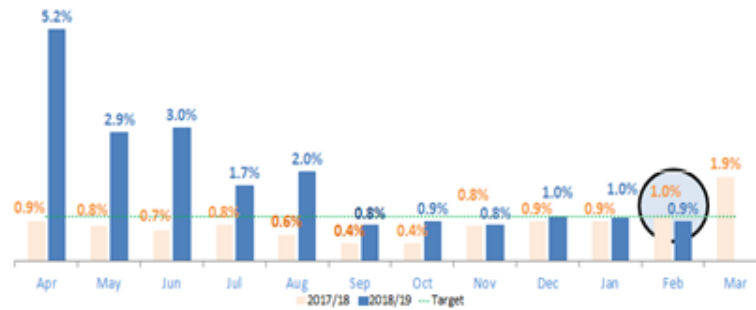
Arrows represent current month performance against previous month, upward arrow represents improvement, downward arrow represents deterioration.

RTT - Incomplete 92% in 18 Weeks

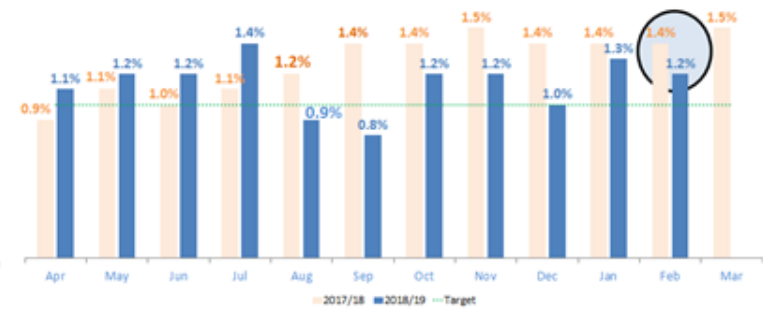
85.1%

As at Feb ↓

6 week Diagnostic Wait times



Cancelled Operations UHL



RTT 52 week wait incompletes

0

As at Feb ↔

ED 4Hr Waits UHL

77.2%

YTD ↑

A&E

ED 4Hr Waits UHL+LLR

83.3%

YTD ↑

UCC

Ambulance Handovers

4% > 60mins ↑

8% 30-60mins ↑

YTD

SUCCESSSES

- 0 Trolley breaches for February.
- DTOC was 1.5% for February.
- 0 patient waiting over 52+ weeks.
- Diagnostic 6 week wait standard achieved this month.
- RTT waiting list size trajectory achieved with circa 50 fewer patients on the waiting list than planned.

ISSUES

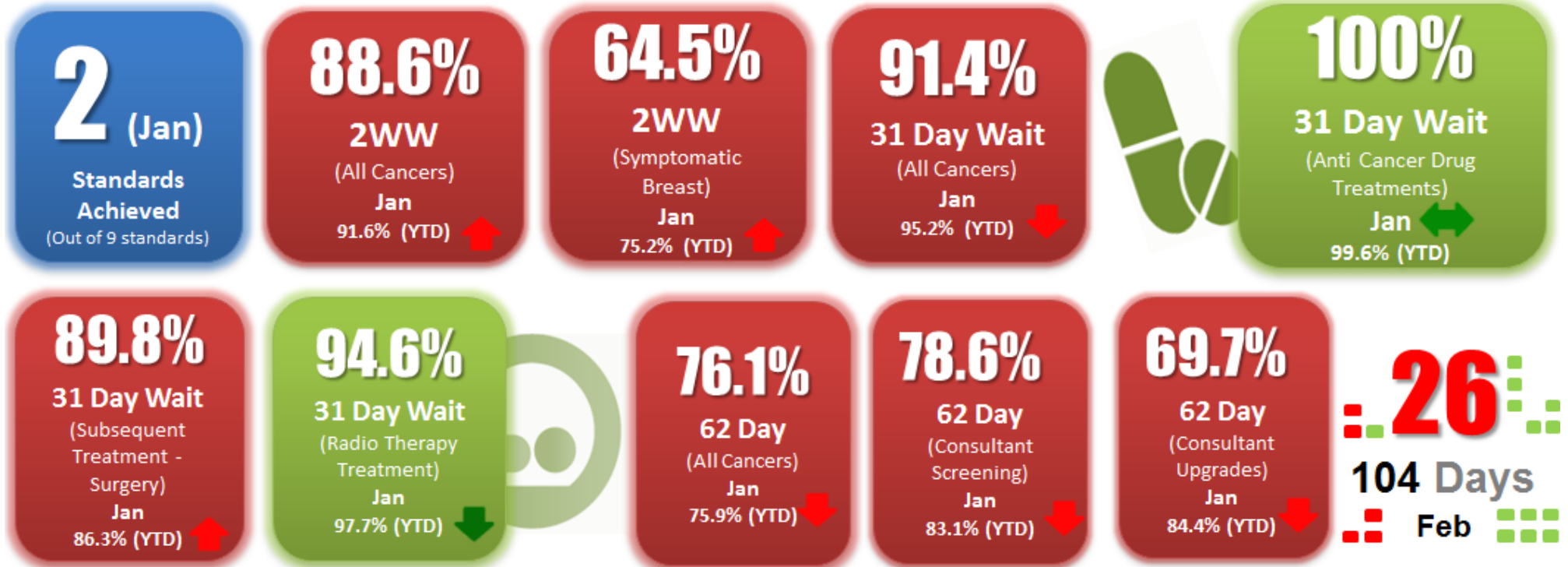
- ED 4Hr Waits UHL – February performance was 76.1%. LLR performance was 82.6% against a trajectory of 90%.
- Cancelled operations – performance was 1.2% this month.

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

Cancer – Performance Summary

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

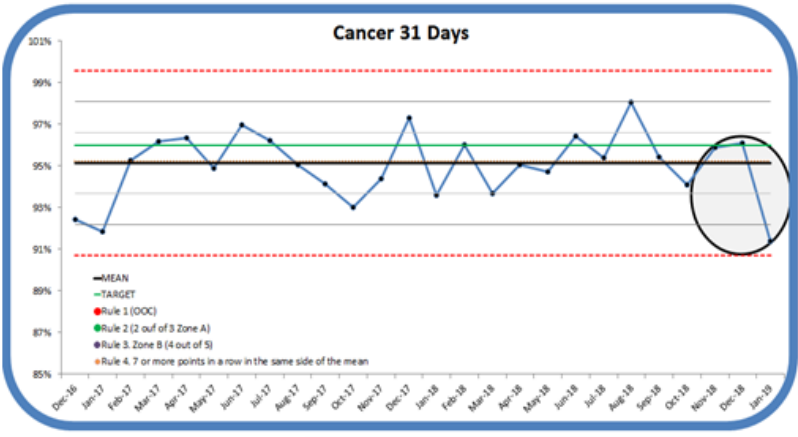
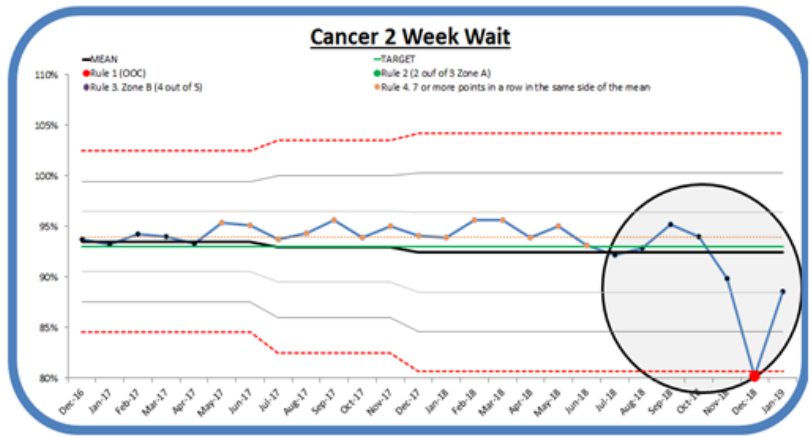


Highlights

- Out of the 9 standards, UHL achieved 2 in January – 31 Day Anti Cancer Drug, and 31 Day Radiotherapy.
- 62 Day performance in January was 76.1% - 6.2% deterioration from December. Of the 15 tumour groups, 7 delivered the standard (Brain, Breast, Children's, Head & Neck, Skin, Testicular & Rares).
- Backlog – increased in January with Urology making up 45% of our total backlog.
- Urology, although remains within expected levels of variation, continue to be the biggest concern holding the largest backlogs across all standards, specifically noting the long waiters over 104 Days. Late tertiary referrals continue to have a significant impact in this Tumour Site.

Domain – Responsive Cancer

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



31 Day Backlog

42
Feb 19 ↓

62 Day Backlog

99
Feb 19 ↑

62 Day Adjusted

Backlog

79
Feb 19 ↑

SUCCESSSES

- Cancer performance is reported 1 month in arrears.
- 31 day wait drugs was achieved in January.

ISSUES

- Cancer Two Week Wait was not achieved in December.
- 31 day wait was not achieved in January.
- Cancer 62 day treatment – performance deteriorated in January.
- Increase in backlogs for 31 Day, 62 Day and 104+ Day.
- 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.

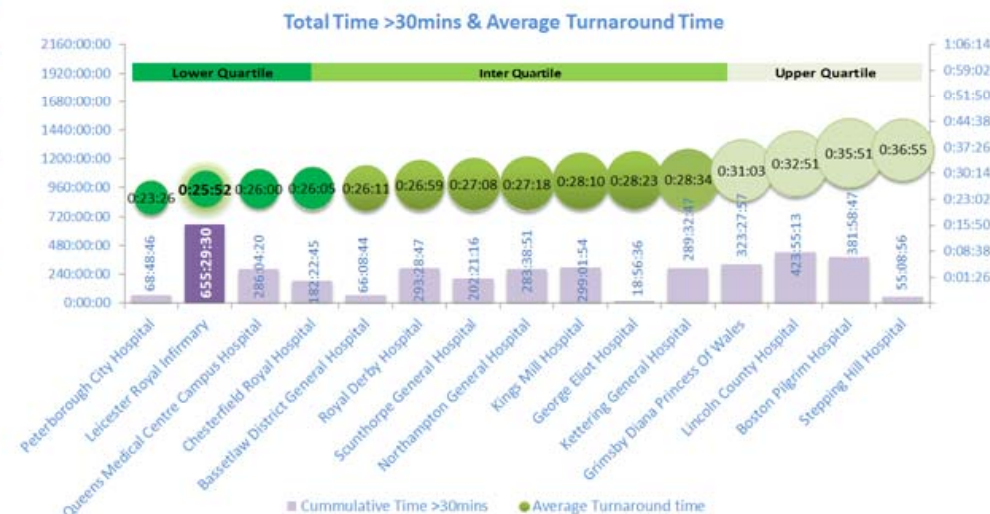
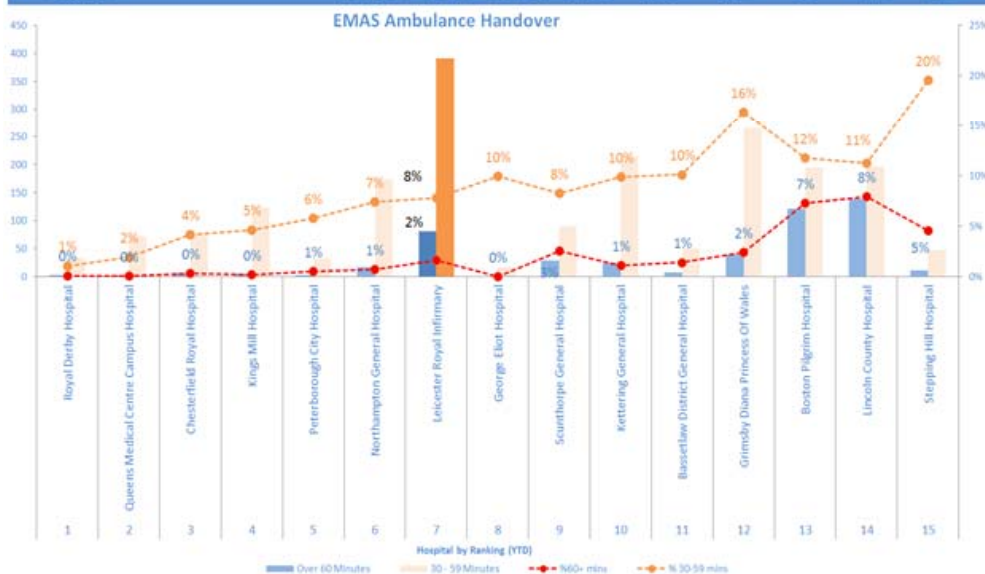
Ambulance Handover – February 2019

EMAS Ambulance Handover - LRI vs other hospitals

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	4359	72%	3155	34	3	3	0	1%	0%	1%	0:26:59	293:28:47
2 Queens Medical Centre Campus Hospital	5629	66%	3724	72	2	2	0	2%	0%	2%	0:26:00	286:04:20
3 Chesterfield Royal Hospital	2324	80%	1854	77	6	6	0	4%	0%	4%	0:26:05	182:22:45
4 Kings Mill Hospital	3099	86%	2671	124	5	5	0	5%	0%	5%	0:28:10	299:01:54
5 Peterborough City Hospital	908	61%	554	32	3	2	1	6%	1%	6%	0:23:26	68:48:46
6 Northampton General Hospital	2894	81%	2346	174	17	17	0	7%	1%	8%	0:27:18	283:38:51
7 Leicester Royal Infirmary	5,987	84%	5,010	391	81	78	3	8%	2%	9%	0:25:52	655:29:30
8 George Eliot Hospital	235	64%	151	15	0	0	0	10%	0%	10%	0:28:23	18:56:36
9 Scunthorpe General Hospital	1452	75%	1090	90	28	28	0	8%	3%	11%	0:27:08	202:21:16
10 Kettering General Hospital	2657	82%	2179	215	24	24	0	10%	1%	11%	0:28:34	289:32:47
11 Bassetlaw District General Hospital	902	55%	494	50	7	7	0	10%	1%	12%	0:26:11	66:08:44
12 Grimsby Diana Princess Of Wales	1876	86%	1619	265	39	38	1	16%	2%	19%	0:31:03	323:27:57
13 Boston Pilgrim Hospital	1983	84%	1657	195	121	104	17	12%	7%	19%	0:35:51	381:58:47
14 Lincoln County Hospital	2541	68%	1740	196	138	114	24	11%	8%	19%	0:32:51	423:55:13
15 Stepping Hill Hospital	375	64%	240	47	11	11	0	20%	5%	24%	0:36:55	55:08:56
EMAS	39,664	72%	28,491	1,979	486	440	46	7%	2%	9%	0:27:59	3833:17:38

Highlights

- CAD+ data used in performance analysis (84% coverage of all arrivals at LRI).
- LRI had the highest number of arrivals (via CAD+).
- LRI had the most handovers and highest % within 15mins in the region.
- Feb19 had 4% more handovers compared to the same period last year.
- 52% of handovers were completed within 15 mins - a 15% improvement from Jan19 and 23% better than Feb18 last year.
- 655 hours were lost in Feb19, a 64% decrease from Jan19 and 51% lower than Feb18 last year.
- The equivalent of 54 ambulance shifts (12 hours) lost.



Lowest Turnaround Time (Avg.)

23 Mins

Median Turnaround Time (Avg.)

28 Mins

LRI Turnaround Time (Avg.)

25 Mins

LRI Total Time over 30mins

655 Hours

LRI Delay >30mins – Number Ambulance Shifts

54 Shifts

Ambulance Handover 30-59 mins

8%

Ambulance Handover >60Mins

2%

UHL

Alliance

Combined

**M11: WL
Size**

65,307

-148 under target

RTT: 84.3%

RTT: 90.1%

RTT: 85.1%

Current Position:

UHL achieved February's RTT waiting list size trajectory, with 148 fewer patients on the waiting list size than planned. The overall RTT position moved to 85.1% which was expected, with an increase of 42 patients waiting over 18 weeks for treatment compared to the end of January. The overall waiting list reduced by 431 since the end of January.

Changes to GP referral patterns including higher number of 2WW transfers has resulted in changed waiting list profile. Whilst referral 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 March 2019 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
- Commissioner request to stop further transfers via IPT to the independent sector

RTT: Executive Performance Board

Current Position:

UHL achieved Month 11'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 February was 85.1%.

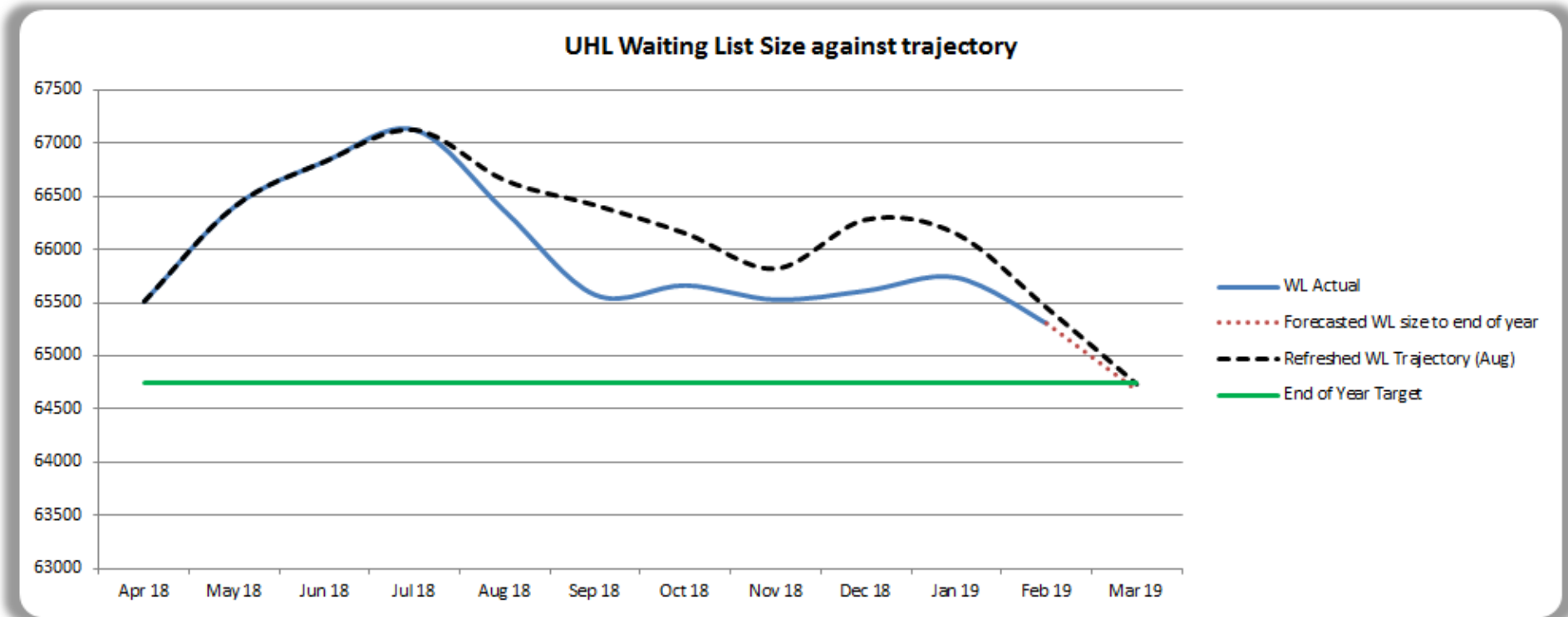
Key Drivers:

- Increased admitted activity / reduction in cancellations
- Continued validation of the waiting list

Key Actions

- 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
- Reduced cancellations via escalation policy and winter bed plan

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



The overall combined UHL and Alliance WL size has reduced by 431 since the end of January. UHL remains on track to deliver the waiting list trajectory for March.

The 10 largest waiting list size reductions and increases are highlighted in the table opposite. The largest overall waiting list size increases were within Maxillofacial Surgery, Cardiology and Ophthalmology.

Large reductions were seen in General Surgery, Gastroenterology and ENT.

4 out of the 7 UHL CMG's achieved a reduction in their waiting list size, contributing to achieving the month 11 trajectory.

Early March has already seen further reductions in the waiting list size, which is expected to continue for the remainder of the month.

10 Largest Waiting List Size Reductions in month

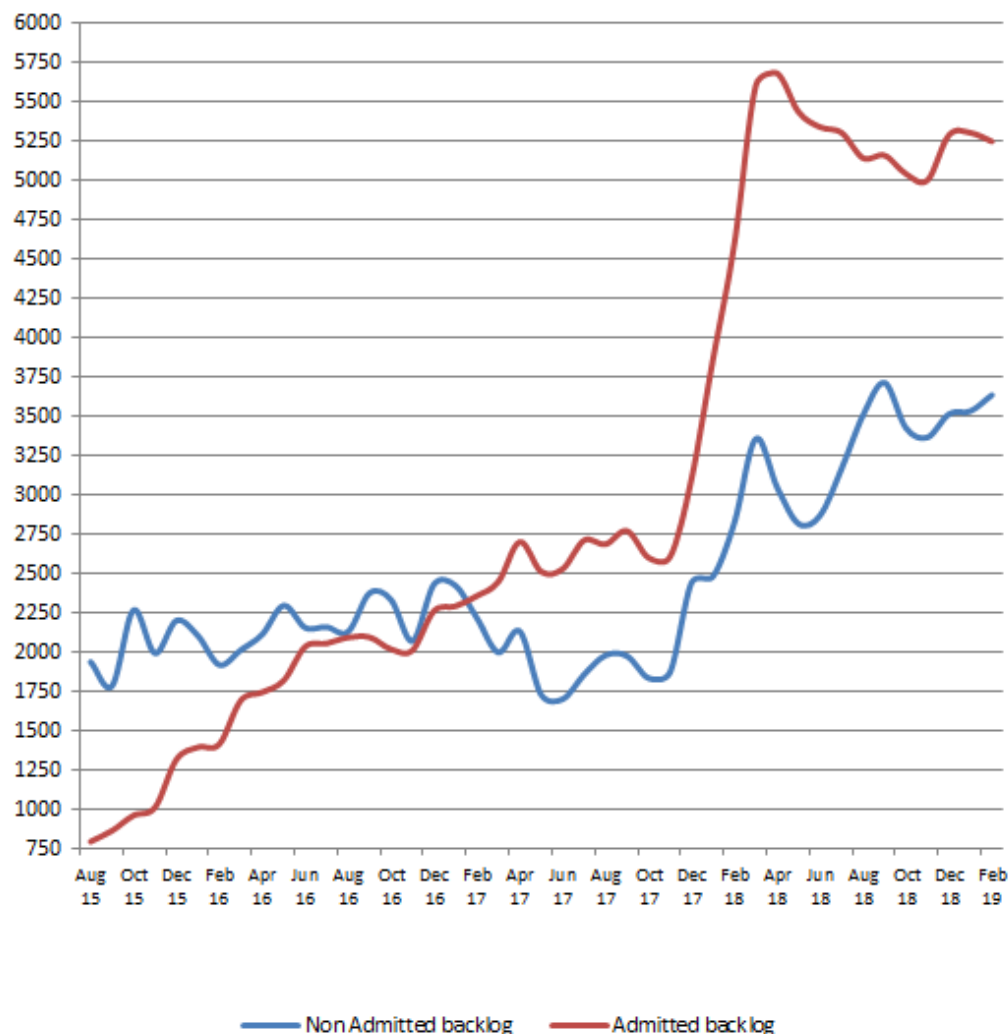
• General Surgery	-444
• Gastroenterology	-115
• ENT	-114
• Orthopaedic Surgery	-110
• Dermatology	-83
• Spinal Surgery	-78
• Urology	-75
• Breast Care	-69
• Pain Management	-52
• Medical Oncology	-49

10 Largest Waiting List Size Increases in month

• Maxillofacial Surgery	302
• Cardiology	235
• Ophthalmology	73
• Thoracic Medicine	67
• Gynaecology Oncology	63
• Sleep	46
• Haemophilia	46
• Restorative Dentistry	30
• Diabetology	29
• Allergy	26

CMG	Waiting List Size Change Since March 2018	Waiting List Size Change since January	RTT %
CHUGGS	-1,196	-726	83.3%
CSI	60	-12	95.4%
ESM	146	-48	92.8%
ITAPS	547	-6	84.1%
MSS	-840	8	79.9%
RRCV	419	272	84.8%
W&C	519	-42	90.9%
Alliance	698	123	90.1%
UHL	-142	-554	84.3%
UHL & Alliance	556	-431	85.1%

UHL Admitted and Non-Admitted Backlog



Admitted:

-56

(backlog change)

-1.1%
Change

Non Admitted:

102

(backlog change)

2.9%
Change

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

Key Actions Required:

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

52 Week Breaches

Zero

0
Change

Current Position:

At the end February there were zero patients with an incomplete pathway at more than 52 weeks. There were 9 in month 52 week breaches.

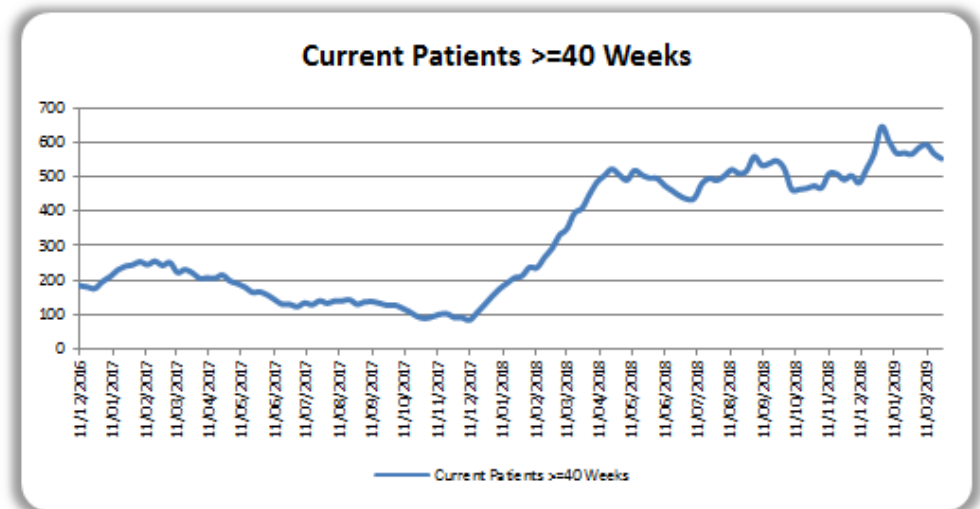
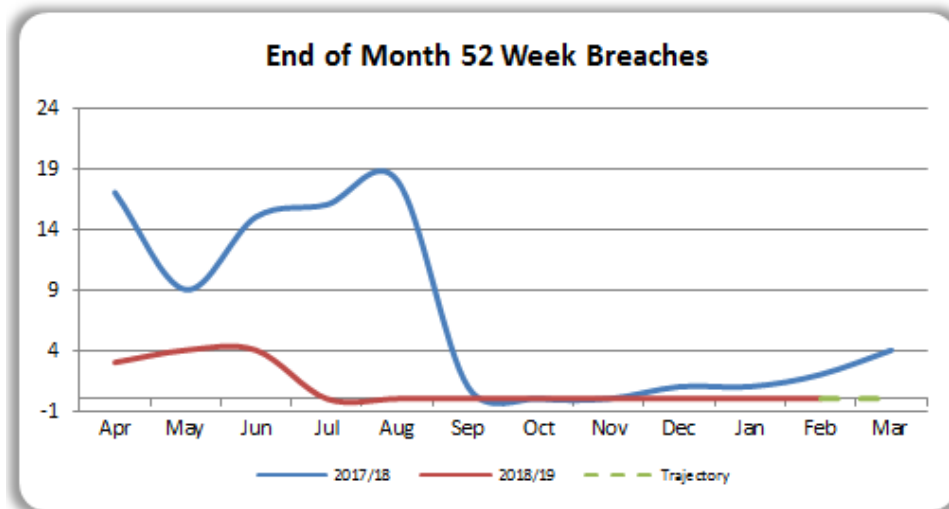
Key Drivers:

- Despite the increased number of long waiting patients, UHL’s current 52 week breach performance remains significantly better than 2017/18, 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 Deputy Chief Operating Officer is personally involved daily for any patients who are at risk of breaching 52 weeks. A daily TCI list for any long waiting patients over 48 weeks is sent to the operational command distribution list to highlight the patients and avoid a cancellation, with escalation to COO as required.
- 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 March. Achieving zero remains a risk due to emergency pressures and the potential risk of cancellation from both the hospital and patient choice.



Diagnostics: Executive Performance Board



Current Position:

UHL has achieved the DM01 standard for February, with 13 fewer breaches than required to meet the standard. This maintains UHL's diagnostic performance by achieving the standard for the 6th consecutive month after the initial capacity constraints at the start of 2018/19.

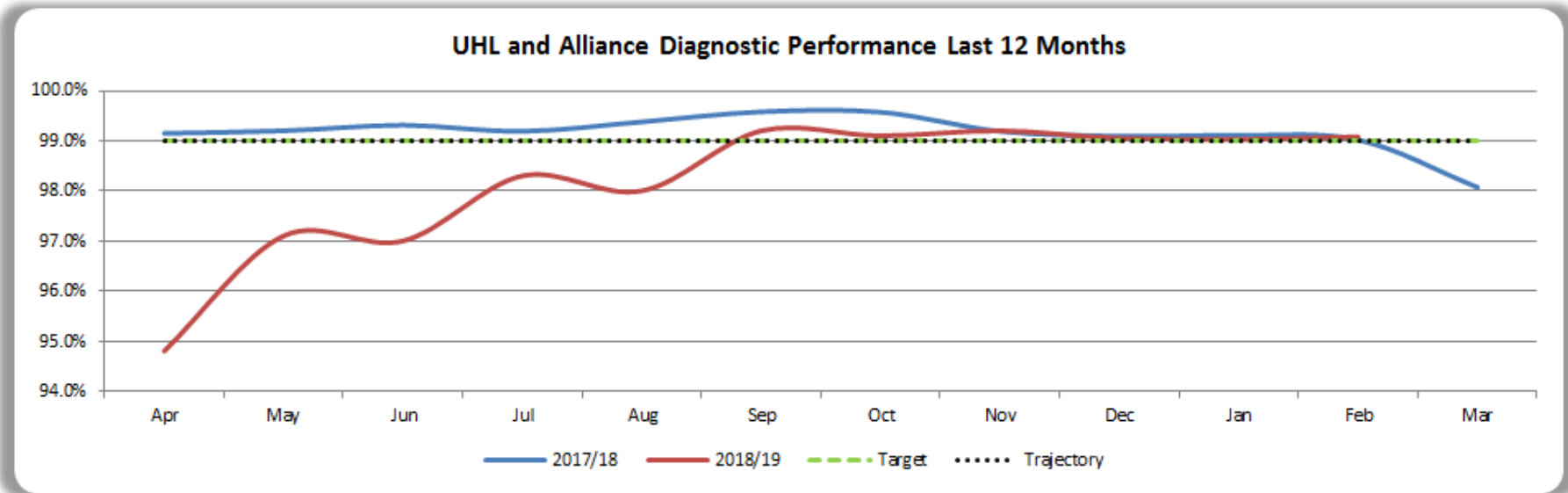
Key Drivers:

- An increase in 2WW endoscopy referrals resulted an increase in a conversion from routine diagnostic capacity and an increase endoscopy breaches in February
- Increased cardiac CT demand due to changes in NICE guidance

Key Actions:

- Endoscopy to continue to insource capacity via Medinet with additional lists in March
- All specialties have been set a maximum breach target and with their performance monitored daily
- Imaging insourced extra MRI capacity via mobile van and business case in development for additional CT capacity

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



Cancelled Ops: Executive Performance Board

Current Position:

February's cancelled operations performance for UHL and the Alliance combined was 1.13%. There were 123 non clinical hospital cancellations (123 UHL 1.23% and 0 Alliance 0.0%). This is the 7th consecutive month showing year on year reductions in cancelled operations. Year to date within UHL there has been 116 fewer cancellations a 9.2% reduction compared 2017/18.

19 patients did not receive their operation within 28 days of a non-clinical cancellation, 19 from UHL and 0 from the Alliance. This continues on the improvements made throughout the year with the Trust now recording a year to date improvement of 63 fewer 28 day breaches.

Key Drivers:

- Capacity constraints resulted in 62 (50.4%) hospital non clinical cancellations. Of this 11 were within Paediatrics.
- 26 cancellations were due to lack of theatre time / list overrun. Contextual information indicates other patients on the theatre list becoming more complex and late starts due to awaiting beds are causal factors.
- 22 cancellations were due staff sickness in a mixture of surgical, anaesthetic and theatre workforce.

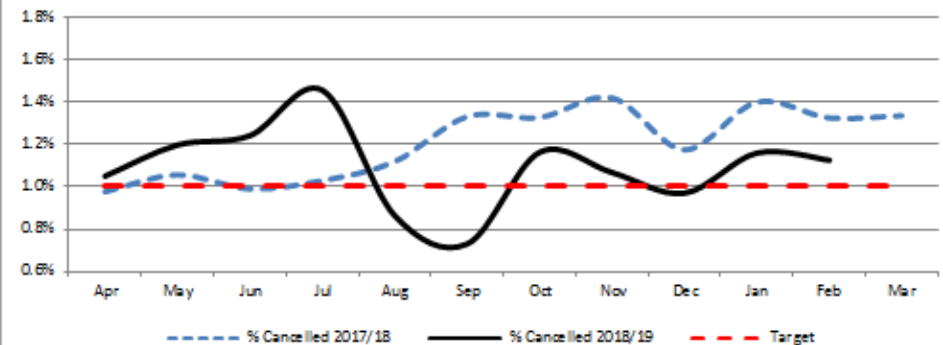
Key Actions:

- 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

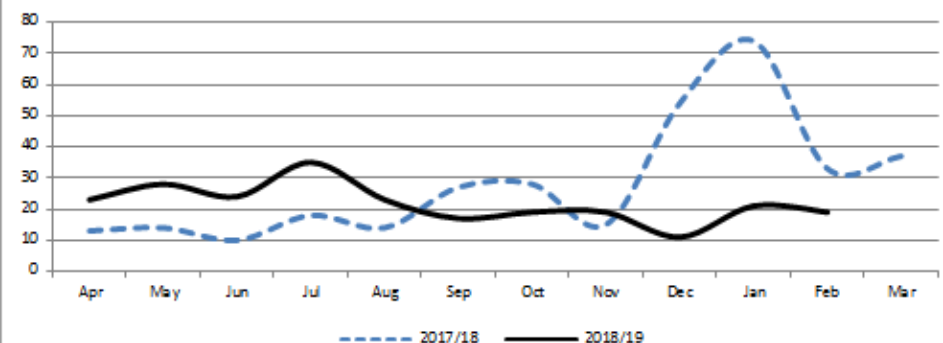
It is forecasted achieving March's performance will continue to deliver year on year improvements. Combined performance for the Trust is currently on track to deliver below 1.0% cancellations in March. Continued improvement is expected for 28 breaches.



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



SUCSESSES

- 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 or 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

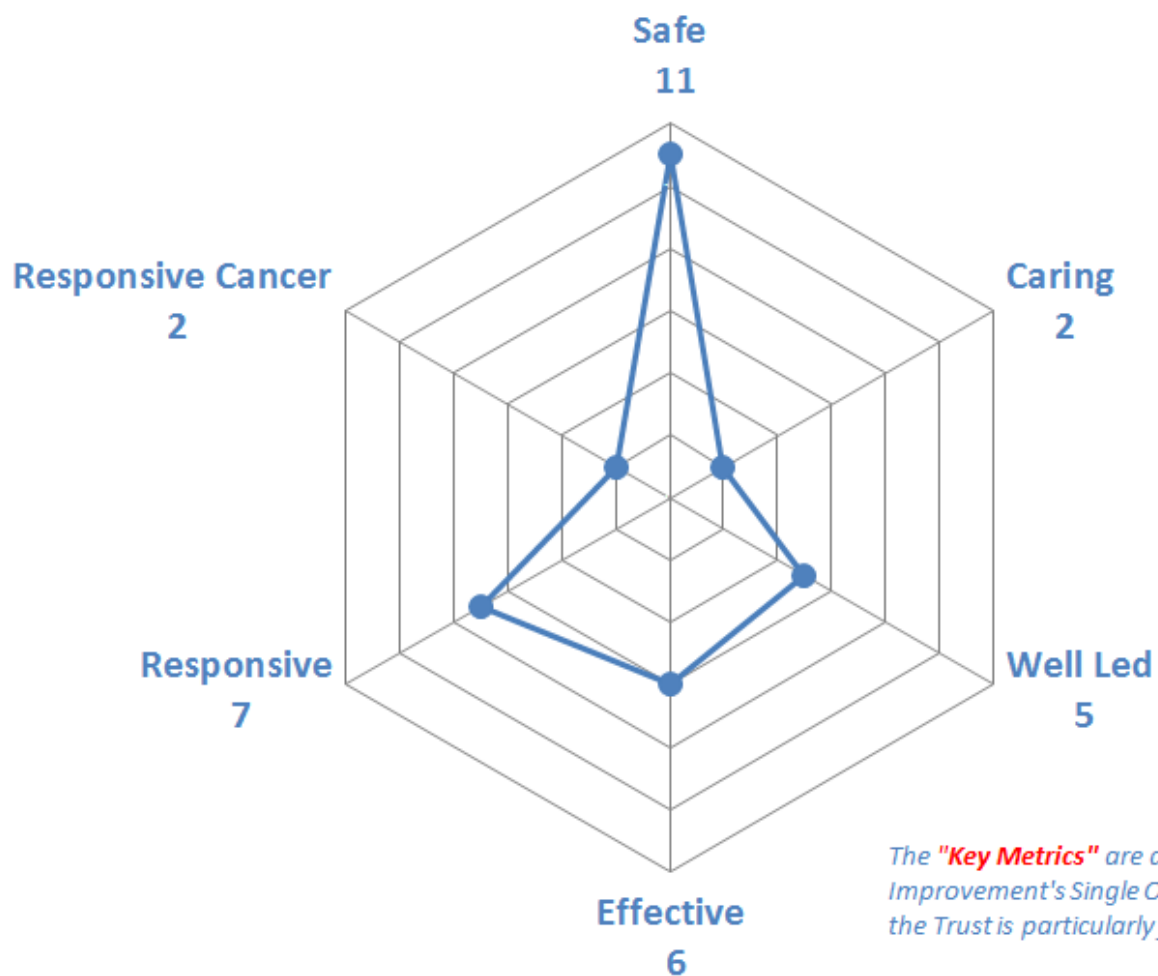


APPENDICES

One team shared values



Number of Compliant Indicators by Domain - March 19



The "Key Metrics" are all measures included in the NHS Improvement's Single Oversight Framework or measures on which the Trust is particularly focussing and are deemed important.

Safe Domain - we have 28 indicators, 7 of which are standard metrics with no set targets. 52% of the 21 key metrics were compliant this month.

Caring Domain - we have 10 indicators, 1 of the metrics is standard and has no set targets. 22% of the 9 key metrics were compliant this month.


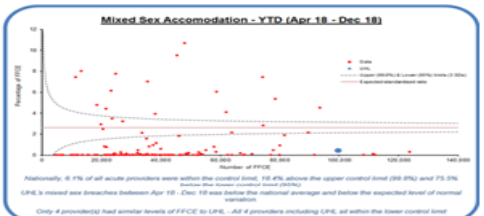
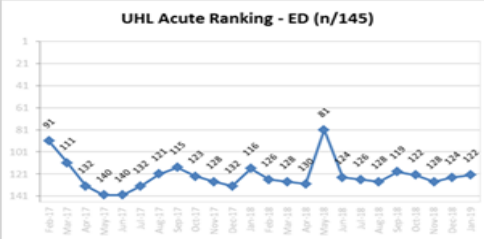
Well Led Domain - we have 23 indicators, 9 of which are standard metrics with no set targets. 36% of the 14 key metrics were compliant this month.

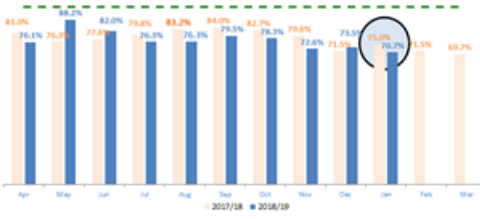
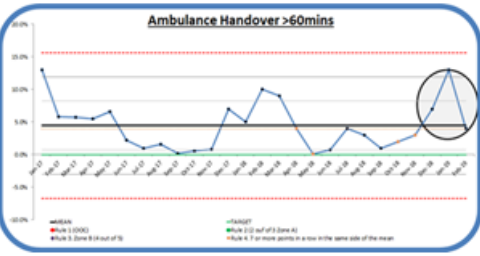
Effective Domain - we have 8 indicators, all of which are targets. 75% of these metrics were compliant this month.

Responsive Domain - we have 16 indicators, 1 of the metrics is standard and has no set targets. 47% of the 15 key metrics were compliant this month.

Responsive Cancer Domain - we have 9 indicators, all of which are targets. 22% of these metrics were compliant this month.

APPENDIX B: Exception Summary Report

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
<p>Single Sex Accommodation Breaches (patients affected) – The number of occurrences of unjustified mixing in relation to sleeping accommodation.</p>	<p>18/19 Target – 0</p> <p>5 breaches reported in February compared to 0 for the same period last year.</p> <p>YTD breaches are 56 which are higher than the total breaches for last year – Outturn for 2017/18 was 30.</p> <p>Nationally, 9 acute providers are within the control limit, 27 above the upper control limit and 111 below the lower control limit.</p> <p>UHL’s breaches YTD sits below the national average and also below the lower control limit.</p>	<p>Trend</p>  <p>Benchmark</p> 	<p>Staff have a strong commitment to maintaining same sex accommodation for patients. 5 breaches occurred in the Discharge Lounge at the Glenfield site and were decisions made to appropriately balance risk for patients admitted as emergencies.</p>	<ol style="list-style-type: none"> Continue to ensure clear communication at GOLD Command to support staff in decision making at times of reduced capacity Discussions with commissioners to explore the same sex compliance requirements in Discharge Lounge facilities
<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 February was 76.1% (compared to 71.5% in the same period last year) and LLR performance was 82.6% against a trajectory of 85%.</p>	<p>Benchmark</p> 	<p>In February 2019 the trust saw a total of 20,092 ED and Eye Casualty attendances. In comparison to February 2018 (18,159) this is an increase of 1,933 patients (10.6%). Year to Date there has been a 6.2% increase in attendances compared to the same point last year.</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</p>	<ol style="list-style-type: none"> Strengthen nurse leadership in ambulance assessment via identification of champions. Improve escalation processes internally and within the wider system. Final stage of embedding medicine single front door into ED majors for all primary care referrals and management of medical bed waiters by 25/02/19. 24/7 physician presence in ED and a single clerking document which will reduce duplication, speed up decision making and improve outflow.

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
		<p style="text-align: center;">Trend</p> 	change in the Children’s pathway.	<ol style="list-style-type: none"> 4. Implemented long stay Wednesday which commenced in January 2019. 5. We plan to run a discharge surge day at the beginning of every month. This will enable sustained reduction in stranded patients.
<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>February performance for handover was 4% compared to 10% in the same period last year.</p> <p>Our YTD performance remains better in comparison to same period last year.</p>	<p style="text-align: center;">Trend</p> 	<p>52% of handovers were completed within 15 mins - a 15% improvement from Jan19 and 23% better than Feb18 last year.</p> <p>710 hours were lost in Feb19, a 64% decrease from Jan19 and 51% lower than Feb18 last year.</p>	<ol style="list-style-type: none"> 1. Take part in monthly EMAS audits. 2. Revisit April 17 process mapping approach. This will take place week commencing 25th February 19 and will be clinically led clear focus on ambulance assessment. 3. Strengthen current corridor SOP to support a RAT approach to ambulance assessment – To be ratified 19th February.

APPENDIX C: 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	16/17	17/18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	18/19 YTD	
								Outturn	Outturn	Outturn															
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	12	33	23	32	17	27	25	20	19	21	11	21		215	
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	4	4	6	3	3	1	1	2	1	2	1	28	
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	16.9	17.5	16.7	16.2	16.8	17.9	17.1	16.3	16.0	17.1	18.8	16.5	17.3	17.0	
S4	SEPSIS - Patients with an Early Warning Score 3+ - % appropriate escalation	AF	SH	95%	UHL	TBC	Dec-17	New Indicator	88%	95%	97%	98%	98%	98%	98%	98%	98%	98%	Indicator on hold					98%	
S5	SEPSIS - Patients with EWS 3+ - % who are screened for sepsis	AF	SH	95%	UHL	TBC	Dec-17	New Indicator	93%	95%	94%	95%	96%	97%	95%	94%	94%	93%	94%	Indicator on hold					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%	82%	79%	95%	93%	88%	85%	85%	86%	81%	76%	76%	77%		84%	
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%	78%	83%	84%	83%	77%	80%	87%	83%	94%	90%	80%	70%		83%	
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	1	0	0	0	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	0	6	1	7	6	9	4	3	3	0	3	3	3	42	
S10	Never Events	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	May-17	2	4	8	0	2	1	1	2	0	0	0	1	1	0	0	0	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	5	8	12	4	5	4	7	2	6	4	6	2	0	52	
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	2	0	0	0	0	1	0	0	0	0	0	0	1	2	
S14	MRSA Total	CF	DJ	0	UHL	Red if >0 ER if >0	Nov-17	0	3	4	2	0	0	0	0	1	0	0	0	0	0	0	1	2	
S15	E. Coli Bacteraemias - Community	CF	DJ	TBC	NHSI	TBC	Jun-18	New Indicator	476	454	29	32	38	54	43	35	34	43	36	34	26	36	26	405	
S16	E. Coli Bacteraemias - Acute	CF	DJ	TBC	NHSI	TBC	Jun-18	New Indicator	121	96	5	9	11	7	3	5	3	11	5	5	5	5	5	65	
S17	E. Coli Bacteraemias - Total	CF	DJ	TBC	NHSI	TBC	Jun-18	New Indicator	597	550	34	41	49	61	46	40	37	54	41	39	31	41	31	470	
S18	MSSA - Community	CF	DJ	TBC	NHSI	TBC	Nov-17	New Indicator	134	139	10	10	12	11	8	14	11	8	18	6	6	15	9	118	
S19	MSSA - Acute	CF	DJ	TBC	NHSI	TBC	Nov-17	New Indicator	30	43	4	4	5	4	2	1	2	1	3	2	5	2	5	32	
S20	MSSA - Total	CF	DJ	TBC	NHSI	TBC	Nov-17	New Indicator	164	182	14	14	17	15	10	15	13	9	21	8	11	17	14	150	
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%	97.4%	97.4%	97.4%	97.3%	98.4%	98.2%	98.2%	97.9%	98.0%	97.6%	97.7%	97.3%	97.3%	97.7%	
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%	93.6%	94.0%	93.6%	95.5%	95.6%	95.1%	95.5%	95.5%	94.8%	96.7%	96.0%	96.0%	97.6%	95.6%	
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	6.1	6.6	7.3	6.1	7.0	6.1	5.8	6.1	6.0	5.9	7.0	6.4		6.4	
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	2	0	0	0	1	1	1	0	0	0	3	0	1	7	
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	7	4	7	4	7	7	1	10	0	5	5	4	8	58	
S27	Maternal Deaths (Direct within 42 days)	AF	IS	0	UHL	Red or ER if >0	Jan-17	0	2	2	0	1	1	0	0	0	0	1	0	0	0	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%	19.8%	17.4%	19.3%	19.9%	19.4%	16.8%	19.3%	15.7%	17.6%	19.2%	17.6%	19.6%	17.6%	18.3%	

APPENDIX D: 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	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	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	1.4	1.6	1.5	1.6	1.3	1.6	1.7	1.7	1.7	1.6	1.3	1.6	1.8	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 4 cases)				20% (0 out of 5 cases)				0% (0 out of 2 cases)			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%	98%	97%	97%	97%	97%	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%	97%	96%	96%	97%	97%	95%	96%	96%	96%	96%	96%	96%	95%	95%	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%	98%	99%	99%	98%	98%	98%	98%	99%	98%	99%	99%	99%	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%	94%	94%	95%	96%	95%	95%	95%	95%	95%	95%	95%	94%	95%	94%	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%	95%	95%	96%	95%	95%	95%	95%	95%	95%	95%	96%	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%	96%	94%	94%	93%	94%	94%	94%	95%	93%	95%	91%	92%	94%	94%
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%	69.3%		70.5%				75.2%				65.0%			70.2%	
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	0	19	13	0	11	2	6	0	9	0	1	9	5	56	

Caring

APPENDIX E: 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	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	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%	24.4%	23.8%	26.7%	28.6%	27.7%	27.8%	25.5%	26.9%	26.3%	25.9%	24.3%	24.7%	25.8%	26.4%
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%	28.4%	26.0%	30.6%	32.2%	30.1%	31.6%	26.8%	28.5%	29.4%	30.4%	26.7%	26.8%	27.2%	29.1%
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%	19.9%	21.3%	22.4%	24.6%	25.3%	23.6%	24.2%	25.2%	22.9%	21.2%	21.4%	22.4%	24.3%	23.4%
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%	7.5%	7.2%	7.1%	12.0%	9.9%	10.8%	7.2%	6.9%	8.8%	4.9%	5.0%	9.5%	7.2%	8.1%
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%	4.7%	5.7%	5.7%	5.7%	5.8%	5.5%	5.4%	5.4%	5.3%	5.3%	4.7%	4.7%	5.6%	5.4%
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%	30.1%	38.9%	35.9%	41.9%	37.2%	38.5%	37.2%	39.1%	44.8%	42.5%	45.4%	33.6%	42.7%	39.8%
W7	Friends & Family staff survey: % of staff who would recommend the trust as place to work (from Pulse Check)	HW	BK	Not within Lowest Decile	NHSI	TBC	Sep-17	55.4%	61.9%	57.9%	54.7%		60.3%			61.9%			60.0%				60.7%	
W8	Nursing Vacancies	CF	MM	TBC	UHL	Separate report submitted to QAC	Dec-17	8.4%	9.2%	11.9%	11.3%	11.9%	12.4%	14.0%	15.0%	14.6%	14.4%	15.2%	15.0%	13.8%	13.9%	14.5%	13.5%	13.5%
W9	Nursing Vacancies in ESM CMG	CF	MM	TBC	UHL	Separate report submitted to QAC	Dec-17	17.2%	15.4%	23.4%	23.1%	23.4%	27.5%	29.5%	30.5%	29.0%	28.4%	28.8%	28.4%	28.3%	26.7%	26.5%	26.2%	26.2%
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%	8.4%	8.5%	8.5%	8.6%	8.4%	8.4%	8.3%	8.6%	8.3%	8.3%	8.4%	8.6%	8.5%	8.5%
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%	5.3%	4.7%	3.6%	3.4%	3.5%	3.4%	3.6%	3.8%	3.9%	4.1%	4.0%	4.3%		3.8%
W12	Temporary costs and overtime as a % of total paybill	HW	LG	TBC	NHSI	TBC	Nov-17	10.7%	10.6%	12.0%	10.9%	13.0%	11.0%	12.2%	11.8%	11.3%	10.8%	10.8%	11.5%	10.6%	11.0%	10.7%	9.7%	10.8%
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%	88.8%	88.7%	89.3%	89.3%	89.8%	91.1%	91.6%	92.2%	92.1%	92.0%	92.5%	91.9%	92.6%	92.6%
W14	Statutory and Mandatory Training	HW	BK	95%	UHL	TBC	Dec-16	93%	87%	88%	86%	88%	89%	89%	89%	90%	88%	88%	88%	82%	86%	88%	89%	89%
W15	% Corporate Induction attendance	HW	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	97%	96%	97%	98%	98%	96%	96%	98%	98%	95%	96%	97%	96%	97%	97%	98%	97%
W16	BME % - Leadership (8A - Including Medical Consultants)	HW	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17	New Indicator	26%	27%	27%		28%			29%			29%				29%	
W17	BME % - Leadership (8A - Excluding Medical Consultants)	HW	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17	New Indicator	12%	14%	14%		14%			15%			16%				16%	
W18	Executive Team Turnover Rate - Executive Directors (rolling 12 months)	HW	AH	TBC	UHL	TBC	Nov-17	New Indicator	0%	40%	40%	40%	75%	75%	50%	50%	50%	50%	40%	40%	20%	20%	20%	20%
W19	Executive Team Turnover Rate - Non Executive Directors (rolling 12 months)	HW	AH	TBC	UHL	TBC	Nov-17	New Indicator	25%	13%	13%	13%	13%	13%	0%	0%	0%	0%	0%	0%	14%	13%	13%	13%
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%	92.8%	94.2%	87.2%	88.6%	87.2%	80.1%	77.3%	78.1%	78.4%	79.1%	78.1%	79.8%	78.1%	81.2%
W21	DAY Safety staffing fill rate - Average fill rate - care staff (%)	CF	MM	TBC	NHSI	TBC	Jul-18	92.0%	92.3%	101.1%	104.5%	105.5%	99.9%	100.2%	98.2%	94.7%	94.6%	95.1%	95.9%	97.0%	94.6%	95.9%	92.7%	96.3%
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%	92.5%	93.0%	93.5%	95.7%	94.3%	88.0%	84.8%	86.6%	88.2%	90.0%	87.9%	92.3%	88.5%	90.0%
W23	NIGHT Safety staffing fill rate - Average fill rate - care staff (%)	CF	MM	TBC	NHSI	TBC	Jul-18	98.9%	97.1%	111.0%	119.4%	120.5%	124.2%	119.8%	118.0%	124.1%	112.4%	121.5%	123.3%	126.8%	121.5%	124.8%	123.6%	122.7%

APPENDIX F: 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	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	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%	9.3%	9.3%	9.4%	9.2%	9.1%	9.0%	9.0%	9.0%	8.8%	8.9%	8.7%	9.0%	8.8%		9.0%
	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)	100 (Jul16-Jun17)	98	Sep17		(Oct16- 97	Dec17)		(Jan17- 95	Mar18)		(Apr17- 96	Jun18)		99 (Jul17-Oct17-Sep18)	99
	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	95	95	95	94	98	99	99	Awaiting HED Update							99
	E4	Mortality - Rolling 12 mths HSMR (Rebased Monthly as reported in HED)	AF	RB	<=99	UHL	Red/ER if not within national expected range	Sep-16	96	102	94	94	93	94	94	95	95	96	95	98	97	Awaiting HED Update				97
	E5	Crude Mortality Rate Emergency Spells	AF	RB	<=2.4%	UHL	Monthly Reporting	Apr-17	2.3%	2.4%	2.2%	2.6%	2.3%	2.2%	2.0%	1.9%	2.0%	1.9%	1.9%	2.1%	1.9%	2.4%	2.4%	2.4%	2.1%	
	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%	66.1%	66.7%	74.6%	64.2%	53.5%	58.8%	82.6%	77.2%	83.6%	83.5%	73.8%	87.3%	78.7%	74.5%	
	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%	80.4%	81.1%	83.3%	88.0%	84.3%	86.8%	80.6%	83.7%	86.7%	82.4%	79.6%	84.2%		84.1%	
	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%	28.8%	51.2%	48.1%	67.3%	77.7%	70.2%	50.4%	28.7%	38.6%	87.3%	52.3%	83.5%	57.5%	58.6%	

APPENDIX G: 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	16/17	17/18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	18/19 YTD
								Outturn	Outturn	Outturn														
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%	71.5%	69.7%	76.1%	88.2%	82.0%	76.3%	76.3%	79.5%	78.3%	72.6%	73.5%	70.7%	76.1%	77.2%
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%	78.7%	77.9%	82.8%	91.3%	87.1%	83.1%	83.0%	84.7%	83.7%	79.1%	79.9%	79.1%	82.6%	83.3%
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	2	35	0	0	0	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%	87.5%	85.2%	85.8%	86.8%	87.0%	86.5%	85.8%	85.2%	86.0%	86.0%	85.3%	85.2%	85.1%	85.1%
R5	RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE	RB	WM	0	NHSI	Red /ER if >0	Nov-16	232	24	4	2	4	3	4	4	0	0	0	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%	1.0%	1.9%	5.2%	2.9%	3.0%	1.7%	2.0%	0.8%	0.9%	0.8%	1.0%	1.0%	0.9%	0.9%
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	31	37	24	27	24	32	22	17	19	17	10	20	19	231
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	1	0	0	1	0	3	0	0	0	0	1	1	0	6
R10	% Operations cancelled for non-clinical reasons on or after the day of admission UHL	RB	WM	1.0% or below	Contract	Red if >1.0% ER if >1.0%	Jan-17	1.0%	1.2%	1.3%	1.4%	1.5%	1.1%	1.2%	1.2%	1.4%	0.9%	0.8%	1.2%	1.2%	1.0%	1.3%	1.2%	1.1%
R11	% Operations cancelled for non-clinical reasons on or after the day of admission ALLIANCE	RB	WM	1.0% or below	Contract	Red if >1.0% ER if >1.0%	Jan-17	0.9%	0.9%	0.6%	0.2%	0.0%	0.9%	0.6%	1.7%	1.6%	0.1%	0.0%	0.3%	0.6%	1.1%	0.2%	0.0%	0.6%
R12	% Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	RB	WM	1.0% or below	Contract	Red if >1.0% ER if >1.0%	Jan-17	1.0%	1.2%	1.2%	1.3%	1.3%	1.1%	1.2%	1.2%	1.5%	0.9%	0.7%	1.2%	1.1%	1.0%	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	134	144	110	139	138	161	98	79	139	132	97	139	123	1355
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%	2.6%	1.7%	1.6%	1.3%	1.3%	1.2%	1.6%	1.4%	1.6%	1.3%	1.8%	1.5%	1.8%	1.5%
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%	10%	9%	4%	0.1%	0.7%	4%	3%	1%	2%	3%	7%	13%	4%	4%
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%	14%	15%	8%	1.4%	4%	8%	8%	5%	8%	9%	10%	14%	10%	8%

Responsive

APPENDIX H: 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	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	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	Red if <93% ER if Red for 2 consecutive mths	Jul-16	90.5%	93.2%	94.7%	93.9%	95.7%	95.6%	93.9%	95.0%	93.1%	92.2%	92.9%	95.2%	94.0%	89.9%	80.2%	88.6%	**	91.6%	
RC2	Two Week Wait for Symptomatic Breast Patients (Cancer Not Initially Suspected)	RB	DB	93% or above	NHSI	Red if <93% ER if Red for 2 consecutive mths	Jul-16	95.1%	93.9%	91.9%	89.0%	92.5%	92.0%	90.3%	95.5%	88.7%	84.5%	86.6%	94.0%	79.9%	68.7%	26.6%	64.5%	**	75.2%	
RC3	31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	RB	DB	96% or above	NHSI	Red if <96% ER if Red for 2 consecutive mths	Jul-16	94.8%	93.9%	95.1%	93.6%	96.0%	93.7%	95.1%	94.7%	96.4%	95.4%	98.0%	95.4%	94.1%	95.9%	96.1%	91.4%	**	95.2%	
RC4	31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	RB	DB	98% or above	NHSI	Red if <98% ER if Red for 2 consecutive mths	Jul-16	99.7%	99.7%	99.1%	99.0%	98.9%	100%	100%	99.2%	98.0%	100%	98.5%	100%	100%	100%	100%	100%	**	99.6%	
RC5	31-Day Wait For Second Or Subsequent Treatment: Surgery	RB	DB	94% or above	NHSI	Red if <94% ER if Red for 2 consecutive mths	Jul-16	85.3%	86.4%	85.3%	84.4%	83.6%	80.3%	77.4%	90.1%	89.6%	87.0%	89.6%	82.5%	86.5%	84.0%	86.4%	89.8%	**	86.3%	
RC6	31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	RB	DB	94% or above	NHSI	Red if <94% ER if Red for 2 consecutive mths	Jul-16	94.9%	93.5%	95.4%	95.8%	98.3%	94.8%	97.5%	98.1%	100%	99.3%	100.0%	90.0%	98.5%	99.2%	99.2%	94.6%	**	97.7%	
RC7	62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	RB	DB	85% or above	NHSI	Red if <85% ER if Red in mth or YTD	Jul-16	77.5%	78.1%	78.2%	76.0%	72.9%	75.6%	78.6%	75.7%	74.5%	77.0%	72.9%	71.7%	76.5%	74.2%	82.3%	76.1%	**	75.9%	
RC8	62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	RB	DB	90% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	89.1%	88.6%	85.2%	78.7%	81.8%	78.1%	58.5%	86.8%	81.0%	88.5%	84.0%	96.0%	78.6%	95.5%	90.6%	78.6%	**	83.1%	
RC9	Cancer waiting 104 days	RB	DB	0	NHSI	TBC	Jul-16	New Indicator	10	18	20	14	18	11	9	11	17	29	26	13	12	15	28	26	26	

Responsive Cancer																										
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	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	18/19 YTD	
RC10	Brain/Central Nervous System	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	100.0%	100.0%	--	--	--	--	--	--	0.0%	--	--	100%	--	--	--	--	**	33.3%	
RC11	Breast	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	95.6%	96.3%	93.8%	94.1%	85.3%	92.3%	89.6%	93.7%	92.9%	91.4%	85.4%	86.7%	87.2%	80.6%	91.5%	87.5%	**	88.6%	
RC12	Gynaecological	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	73.4%	69.5%	70.6%	52.6%	70.3%	85.7%	71.4%	35.0%	66.7%	55.0%	58.3%	69.2%	68.0%	90.0%	94.7%	83.3%	**	70.4%	
RC13	Haematological	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	63.0%	70.6%	81.0%	66.7%	55.6%	88.9%	80.0%	57.1%	50.0%	100.0%	64.3%	50.0%	87.5%	52.4%	100%	70.0%	**	71.8%	
RC14	Head and Neck	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	50.7%	44.5%	55.4%	50.0%	62.5%	62.5%	42.1%	60.0%	55.6%	42.9%	37.5%	47.1%	54.5%	60.0%	37.0%	91.7%	**	53.7%	
RC15	Lower Gastrointestinal Cancer	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	59.8%	56.8%	58.5%	72.7%	58.3%	41.7%	51.9%	53.1%	66.7%	63.2%	58.8%	45.5%	50.0%	56.0%	65.0%	63.3%	**	57.8%	
RC16	Lung	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	71.0%	65.1%	66.2%	58.3%	65.1%	52.0%	70.2%	70.5%	78.3%	82.4%	60.7%	75.5%	68.4%	69.8%	75.0%	65.0%	**	71.3%	
RC17	Other	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	71.4%	60.0%	66.7%	100%	--	100%	--	66.7%	50.0%	0.0%	0.0%	75.0%	50.0%	0.0%	--	0.0%	**	44.4%	
RC18	Sarcoma	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	81.3%	45.2%	56.7%	100.0%	--	20.0%	0.0%	66.7%	100%	100%	--	--	100%	100%	100%	95.8%	**	97.0%	
RC19	Skin	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	94.1%	96.9%	96.8%	90.0%	97.3%	100%	94.4%	100%	93.2%	100%	97.6%	100%	95.0%	93.2%	100%	95.8%	**	97.0%	
RC20	Upper Gastrointestinal Cancer	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	63.9%	68.0%	71.9%	92.3%	64.7%	55.6%	67.7%	61.5%	81.6%	60.7%	77.8%	64.5%	84.6%	58.8%	67.9%	56.0%	**	68.5%	
RC21	Urological (excluding testicular)	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	74.4%	80.8%	76.3%	75.6%	68.4%	75.0%	78.7%	75.7%	59.4%	67.8%	64.7%	55.4%	70.4%	73.8%	79.8%	64.4%	**	68.7%	
RC22	Rare Cancers	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	100.0%	100.0%	65.0%	0.0%	0.0%	40.0%	100%	100%	75.0%	100%	66.7%	100%	100%	100%	100%	100%	**	88.0%	
RC23	Grand Total	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	77.5%	78.1%	78.2%	76.0%	72.9%	75.6%	78.6%	75.7%	74.5%	77.3%	72.9%	71.7%	76.4%	74.2%	82.3%	76.1%	**	75.9%	

APPENDIX I: Outpatient Transformation Dashboard

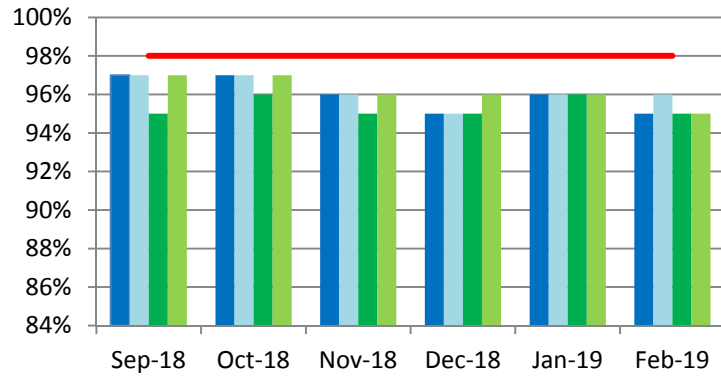


Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	Baseline	17/18 Outturn	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	18/19 YTD
Friends and Family test score (Coverage)	JS	HL	5%	QS	Red if <4.5% Amber if <5% Green if >=5% ER if 3.mths Red	Jun-17	3.0%	5.7%	4.7%	5.7%	5.7%	5.7%	5.8%	5.5%	5.4%	5.4%	5.3%	5.3%	4.7%	4.7%	5.6%	5.4%
% 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%	95.4%	95.3%	95.2%	95.6%	95.1%	95.0%	95.1%	94.7%	95.2%	94.8%	95.6%	94.7%	95.3%	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%	68.3%	70.4%	77.3%	83.2%	91.2%	92.2%	92.9%	92.4%	94.3%	99.9%	99.9%	100%	100%	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%	97.2%		93.5%			88.6%			88.6%			88.6%		
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%	17.6%	21.4%	23.3%	26.2%	25.2%	26.4%	26.5%	27.0%	26.7%	22.0%	23.4%	25.2%	19.0%	24.6%
% Patients seen within 15mins of their appointment time	MW	ZS/ST	TBC	UHL	TBC	New Indicator	56% 19% (Cov)	57% 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% 17% (Cov)	58% 18% (Cov)	57% 17% (Cov)	58%
% Patients seen within 30 mins of their appointment time	MW	ZS/ST	TBC	UHL	TBC	New Indicator	73% 19% (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)	76% 17% (Cov)	77% 18% (Cov)	76% 17% (Cov)	76%
% 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, 90% Dec	New Indicator	16%	17%	16%	16%	16%	16%	16%	17%	18%	17%	18%	18%	17%	18%	17%	17%
Reduction in number of long term follow up >12 months	MW	WM	0	UHL	TBC	New Indicator	2851	1467	1247	1467			1339	1431	1369	1649	1935	2400	2313	2484	2699	2699
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)	4.2% (F)		1.2% (A)			0.7% (F)			2.6% (A)			2.6%		
% 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, 15% Mar	New Indicator	21%	23%	22%	23%	23%	22%	21%	24%	28%	25%	28%	23%	28%	26%	26%	25%
% Room Utilisation (CSI areas)	MW	MA	80%	UHL	RAG Rating to March 2018 - Red<70%, Amber < 80%, Green >=80%	New Indicator	TBC	70%	74%	75%	77%	79%	72%	72%	74%	75%	79%	82%	73%	83%	81%	77%
% appointment letters printed via outsourced provider	MW	SP	85%	UHL	From APRIL 2018: Red<75%, Amber < 95%	New Indicator	82%	84%	85%	86%	88%	89%	89%	89%	89%	90%	90%	91%	91%	91%	91%	90%
% Clinic summary letters sent within 7 days	MW	WM	90%	UHL	TBC	New Indicator			INDICATOR REPORTING TO COMMENCE FROM APRIL		85%	90%	92%	85%	92%	85%	86%	85%	76%	84%		86%
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													New Indicator

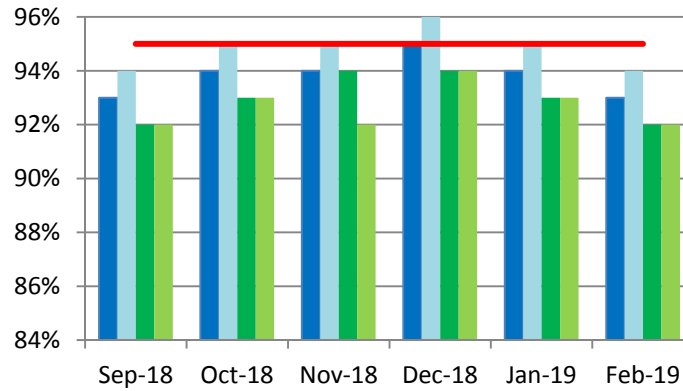
APPENDIX J: Estates and Facilities

Estates and Facilities - Cleanliness

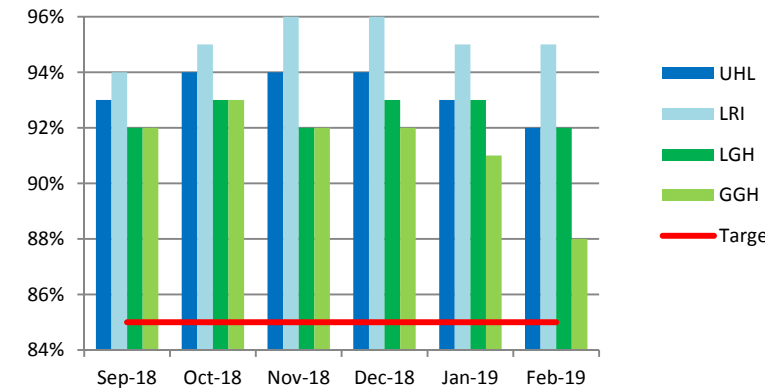
Cleanliness Audit Scores by Risk Category - Very High



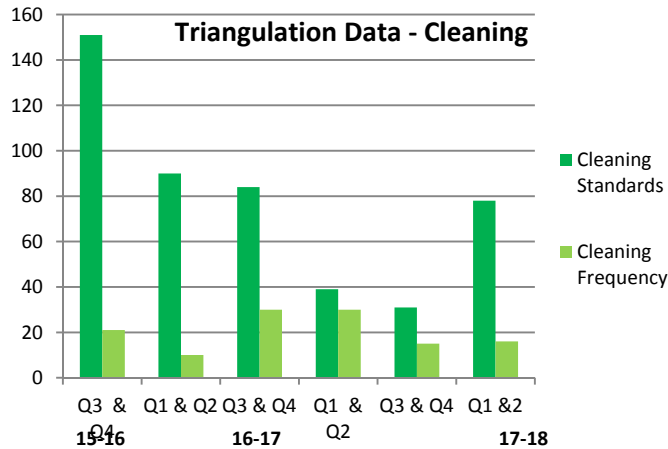
Cleanliness Audit Scores by Risk Category - High



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 has now changed to bi-annually going forward.

Notes on Performance

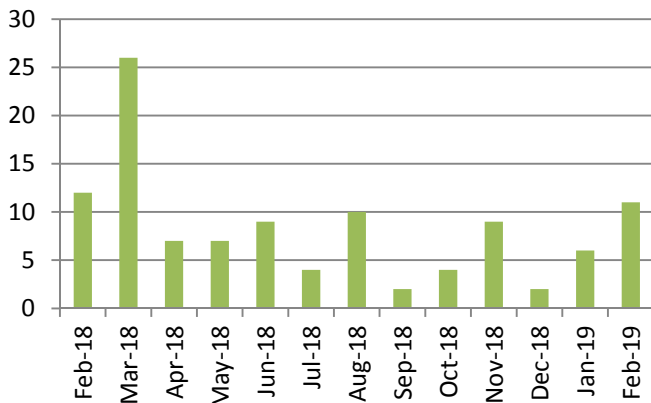
Very high-risk areas have overall dropped by 1% to 95%. Whilst the LRI remains the same as last month at 96%, both the LGH and GH have dropped 1% to 95%. All 3 sites continue to remain slightly behind target.

High-risk audit scores have dropped to 93% overall - the lowest score over the last 6 months, with LGH and GH dropping to 92% and the LRI dropping to 94%, Significant risk areas whilst continuing to exceed the 85% target also are at their lowest compared to the last 6 months.

The number of Datix incidents logged for February, has seen an increase from 6 in January to 11 in February – which is not significantly out of line with the usual level of variability, however it is the highest recorded over the last 11 months.

Cover for absences and vacant posts have been pushed down to a minimum level due to extended spending controls. The performance figures clearly reflect this situation. Plans are being worked up for a full scale review of the cleaning service from the point of view of methods, resources and productivity, management and IP requirements. Progress will be detailed as part of this regular report

Number of Datix Incidents Logged - Cleaning



Estates and Facilities – Patient Catering

Patient Catering Survey – December 2018	Percentage 'OK or Good'	
	Jan-19	Feb-19
Did you enjoy your food?	82%	95%
Did you feel the menu has a good choice of food?	92%	95%
Did you get the meal that you ordered?	96%	95%
Were you given enough to eat?	96%	100%

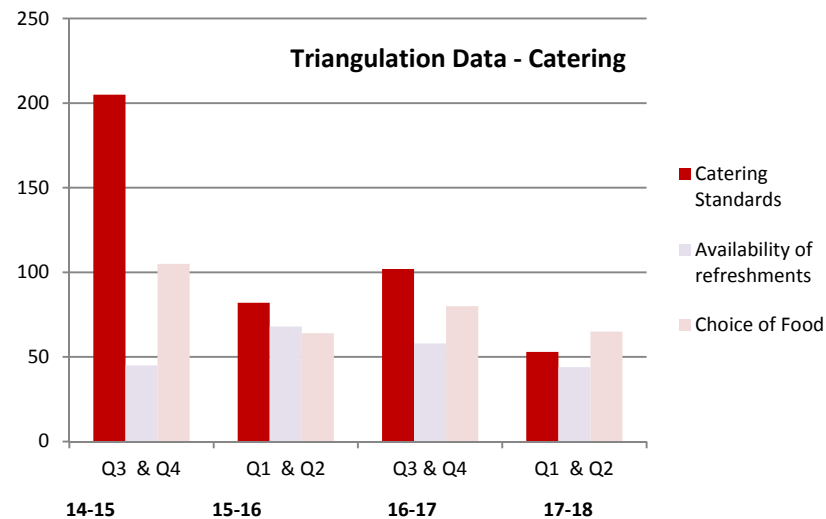
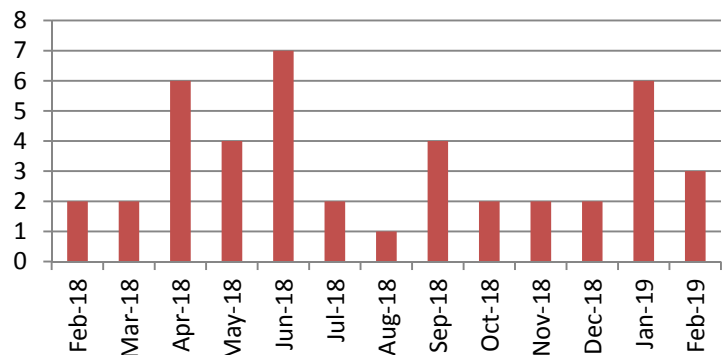
90 – 100%	80 – 90%	<80%
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Number of Patient Meals Served				
Month	LRI	LGH	GGH	UHL
December	68,437	22,175	28,213	118,825
January	72,643	24,430	33,131	130,204
February	65,604	21,745	29,139	119,173

Patient Meals Served On Time (%)				
Month	LRI	LGH	GGH	UHL
December	100%	100%	100%	100%
January	100%	100%	100%	100%
February	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 20 returns. We are meeting with the hospital volunteers to see if they can help us reach our target of 100 surveys a month whilst an electronic solution is worked on.

Survey scores this month have improved with all areas hitting the required target. Comment data collected continues to show no discernible trends.

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

Datix incidents have halved from 6 in January to 3 in February, remaining relatively low given the volume meals served by the catering team.

Estates and Facilities - Portering

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

95 – 100%	90 – 94%	<90%
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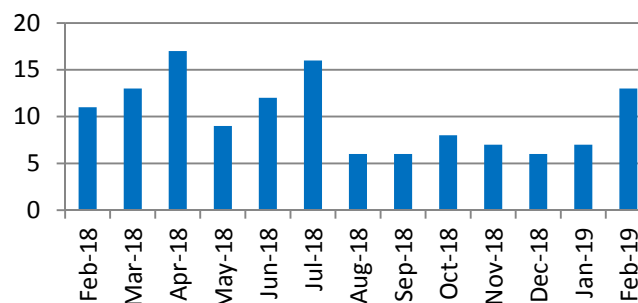
Average Portering Task Response Times		
Category	Time	No of tasks
Urgent	00:14:12	2,157
Routine	00:25:19	14,888
Total		17,045

Portering Report

February's performance figures remain similar to those seen in January. The challenges presented by some sickness and absence issues that the portering services at the LRI are currently experiencing have increased due to financial controls impacting on levels of cover. This has led to an increase in Datix's particularly with some delays experienced with scanning radiology patients.

Additional work has been required as a result of the situation with our clinical waste contractor and the restrictions relating to sharps collections. The portering team are working well to contain the situation and at present there have been no issues reported. The storage capacity is sufficient for immediate needs, but plans are in place to increase this should it become necessary.

Number of Datix Incidents Logged - Portering



Estates & Facilities – Planned Maintenance

Statutory Maintenance Tasks Against Schedule					
UHL Trust Wide	Month	Fail	Pass	Total	%
	December	24	136	160	85%
	January	29	128	157	82%
	February	4	103	107	96%

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

For February we achieved 96% in the delivery of Emergency Lighting PPM's at the LRI that missed their SLA by an average of 7 days.

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

Non-Statutory Maintenance Tasks Against Schedule					
UHL Trust Wide	Month	Fail	Pass	Total	%
	December	1027	1718	2745	63%
	January	863	1324	2187	61%
	February	570	1377	1947	71%

95 – 100%	80 – 95%	<80%
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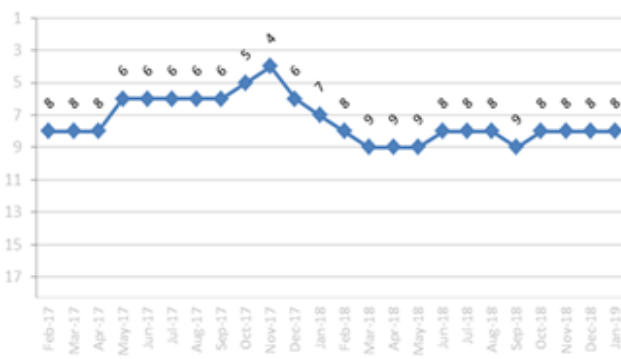
Discussions are being held regarding our sub-contractors attaining licenses to access systems to electronically record when maintenance tasks are completed.

Peer Group Analysis

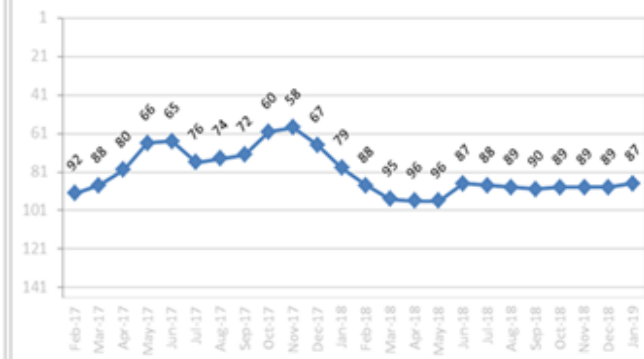
RTT 18+ Weeks Backlog

RTT 18+ Weeks Backlog - January 2019		
All Acute Trusts Performance - 86.1%		
UHL ranks 87 out of the 143 Acute Trusts*		
31 of the 143 Acute Trusts* achieved 92% or more		
Peer Rank	Provider Name	RTT Incompletes Performance - Target 92%
1	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	93.4%
2	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	93.1%
3	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	92.2%
4	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	90.5%
5	LEEDS TEACHING HOSPITALS NHS TRUST	87.5%
6	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	87.7%
7	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	86.8%
8	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	85.2%
9	PENNINE ACUTE HOSPITALS NHS TRUST	84.7%
10	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	84.6%
11	BARTS HEALTH NHS TRUST	84.6%
12	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	84.6%
13	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	83.0%
14	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	82.1%
15	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	80.6%
16	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	79.9%
17	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	77.9%
18	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	76.1%

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



UHL Acute Ranking - 18+ Weeks Backlog (n/143)



Diagnostics

Diagnostics - January 2019		
All Acute Trusts Performance - 3.8%		
UHL ranks 55 out of the 143 Acute Trusts*		
(Ranked Ascending)		
62 of the 143 Acute Trusts* achieved <1% or less		
Peer Rank	Provider Name	Diagnostics Performance %Waiting 6 Wks+ - Target <=1%
1	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	0.1%
2	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	0.3%
3	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	0.6%
4	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	0.6%
5	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	0.8%
6	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	1.0%
7	LEEDS TEACHING HOSPITALS NHS TRUST	1.0%
8	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	1.4%
9	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	1.6%
10	BARTS HEALTH NHS TRUST	1.6%
11	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	2.4%
12	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2.5%
13	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	2.7%
14	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	3.1%
15	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	6.5%
16	PENNINE ACUTE HOSPITALS NHS TRUST	6.7%
17	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	8.0%
18	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	12.7%

UHL Peer Ranking - Diagnostics (n/18)



UHL Acute Ranking - Diagnostics (n/143)



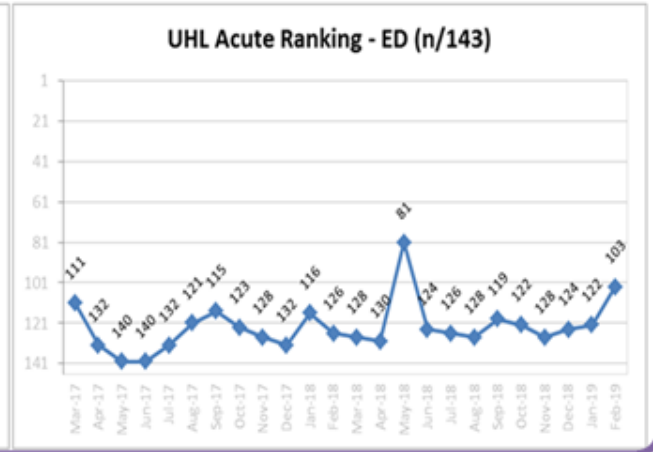
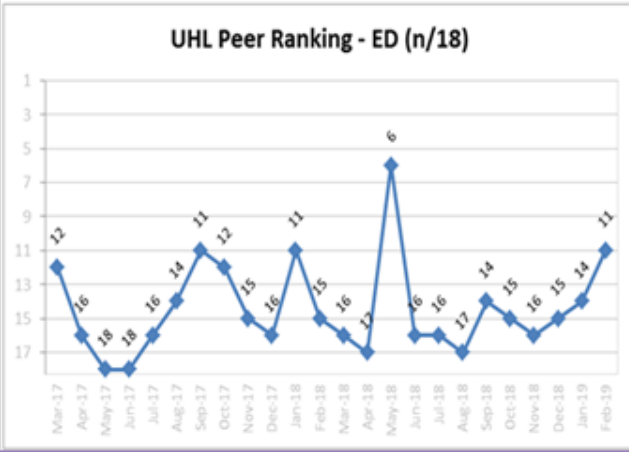
*Acute NHS hospitals – there are 145 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service

Peer Group Analysis

UHL ED Attendances within 4 hours

UHL ED Attendances within 4 hours - February 2019
All Acute Trusts - 81.8% UHL ranks 103 out of the 143 Trusts*
5 of the 143 Acute Trusts* achieved 95% or more

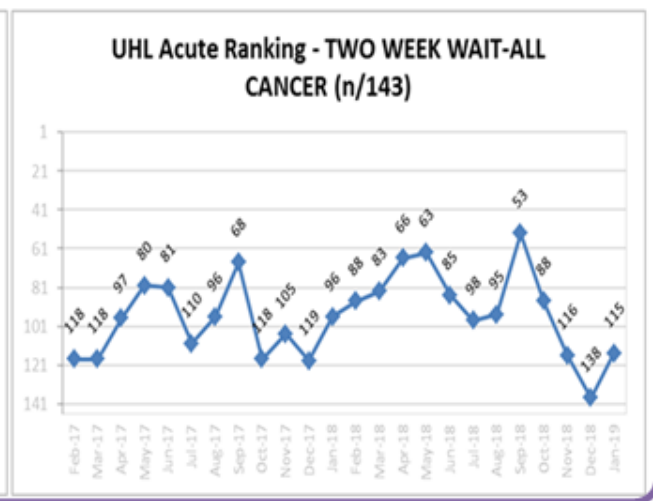
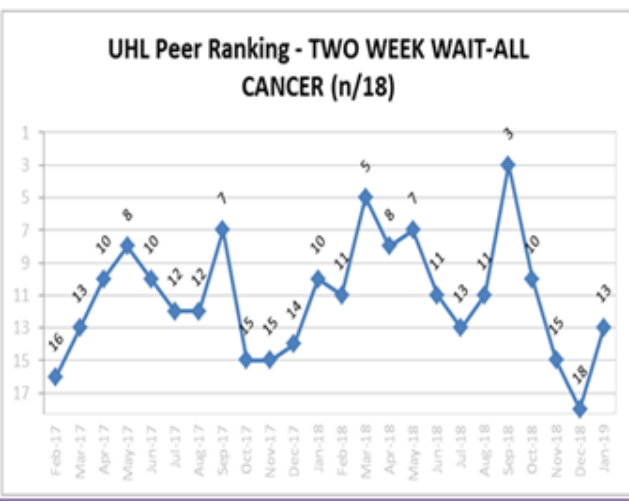
Peer Rank	Provider Name	Performance within 4 Hours - Target 95% - Amber 92% - <95%
1	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	92.9%
2	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	88.1%
3	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	86.6%
4	BARTS HEALTH NHS TRUST	82.5%
5	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	82.5%
6	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	82.4%
7	LEEDS TEACHING HOSPITALS NHS TRUST	82.0%
8	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	81.4%
9	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	80.3%
10	PENNINE ACUTE HOSPITALS NHS TRUST	80.1%
11	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	76.1%
12	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	73.8%
13	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	73.4%
14	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	70.4%
15	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	66.1%
16	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	64.2%
17	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	60.7%
18	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	59.4%



TWO WEEK WAIT-ALL CANCER

TWO WEEK WAIT-ALL CANCER - January 2019
All Acute Trusts Performance - 91.6% UHL ranks 115 out of the 143 Acute Trusts*
65 of the 143 Acute Trusts* achieved 93% or more

Peer Rank	Provider	Performance within 14 Days - Target 93%
1	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	97.4%
2	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	96.5%
3	BARTS HEALTH NHS TRUST	96.1%
4	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	96.0%
5	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	95.8%
6	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	95.6%
7	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	93.9%
8	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	93.5%
9	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	92.9%
10	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	91.1%
11	LEEDS TEACHING HOSPITALS NHS TRUST	90.6%
12	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	89.1%
13	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	88.6%
14	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	88.2%
15	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	84.4%
16	PENNINE ACUTE HOSPITALS NHS TRUST	83.2%
17	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	83.2%
18	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	70.2%



*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

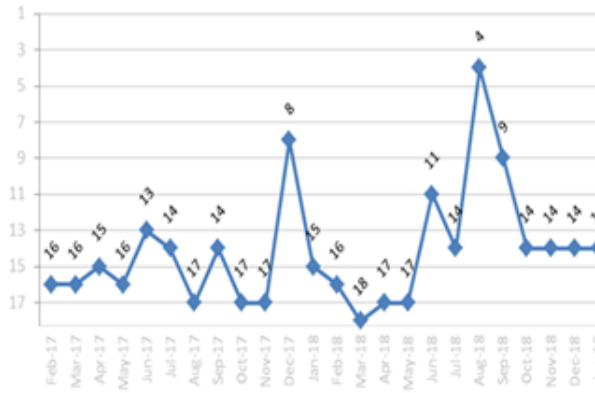
31-DAY FIRST TREAT

31-DAY FIRST TREAT - January 2019

All Acute Trusts Performance - 95.4% UHL ranks 129 out of the 143 Acute Trusts*
91 of the 143 Acute Trusts* achieved 96% or more

Peer Rank	Provider	Performance within 31 Days - Target 96%
1	BARTS HEALTH NHS TRUST	98.6%
2	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	98.5%
3	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	98.0%
4	PENINNE ACUTE HOSPITALS NHS TRUST	97.7%
5	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	96.1%
6	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	95.6%
6	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	95.4%
8	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	95.4%
9	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	94.9%
10	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	94.2%
11	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	93.4%
12	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	93.3%
16	LEEDS TEACHING HOSPITALS NHS TRUST	92.8%
14	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	91.4%
15	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	91.3%
16	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	90.8%
17	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	89.4%
18	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	87.6%

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



UHL Acute Ranking - 31-DAY FIRST TREAT (n/143)



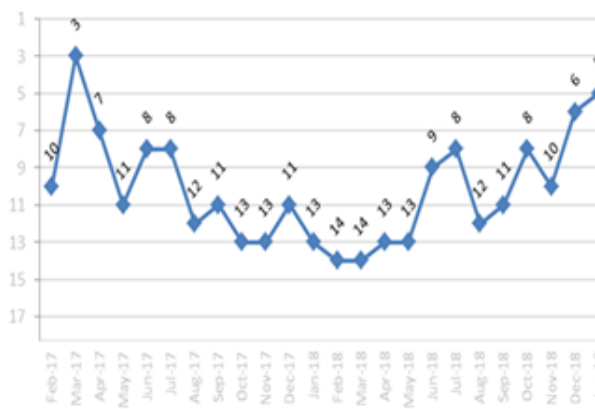
62-DAY GP Referral

62-DAY GP Referral - January 2019

All Acute Trusts Performance - 76.2% UHL ranks 87 out of the 143 Acute Trusts*
39 of the 143 Acute Trusts* achieved 85% or more

Peer Rank	Provider	Performance within 62 Days - Target 85%
1	BARTS HEALTH NHS TRUST	86.7%
2	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	82.4%
3	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	78.1%
4	PENINNE ACUTE HOSPITALS NHS TRUST	76.4%
5	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	75.9%
6	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	75.2%
7	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	73.6%
8	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	73.3%
9	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	72.8%
10	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	71.1%
11	LEEDS TEACHING HOSPITALS NHS TRUST	70.7%
12	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	69.3%
13	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	68.2%
14	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	65.7%
15	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	65.6%
16	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	65.4%
17	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	62.9%
18	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	60.0%

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



UHL Acute Ranking - 62-DAY GP Referral (n/143)



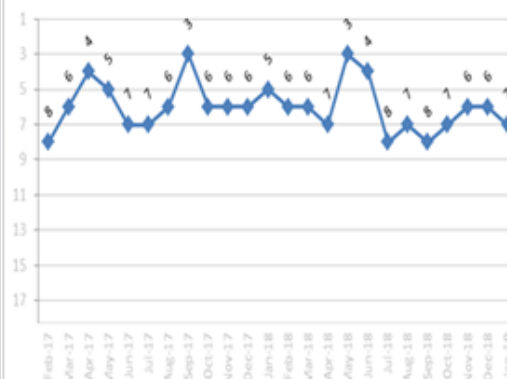
*Acute NHS hospitals – there are 145 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service

Peer Group Analysis (Dec 2018)

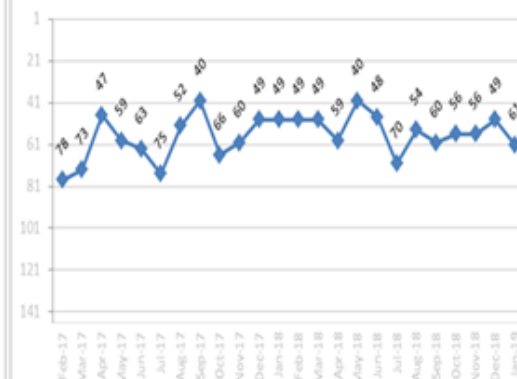
Inpatient FFT

Inpatient FFT - January 2019				
All Acute Trusts - Response Rate 24% - Recommended 96% - Not Recommended 2%				
UHL ranks 61 (for Recommended) and 57* (for Not Recommended) out of the 143 Trusts**				
Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	19%	99%	1%
2	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	34%	98%	0%
3	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	22%	98%	0%
4	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	25%	98%	1%
5	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	32%	98%	1%
6	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	14%	97%	1%
7	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	25%	97%	1%
8	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	24%	96%	2%
9	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	30%	96%	2%
10	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	11%	95%	1%
11	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	8%	95%	2%
12	LEEDS TEACHING HOSPITALS NHS TRUST	35%	95%	2%
13	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	17%	94%	2%
14	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	23%	94%	3%
15	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	31%	94%	2%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	26%	92%	3%
17	BARTS HEALTH NHS TRUST	9%	92%	5%
18	PENNINE ACUTE HOSPITALS NHS TRUST	29%	89%	6%

UHL Peer Ranking - Inpatient FFT (n/18)



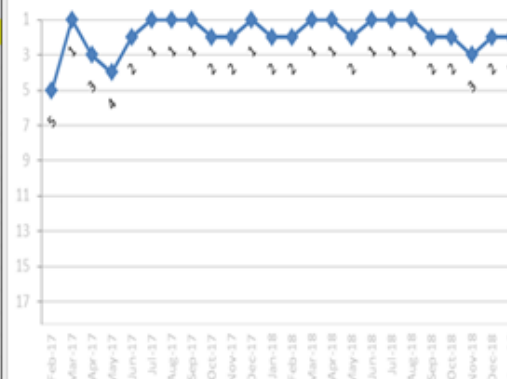
UHL Acute Ranking - Inpatient FFT (n/143)



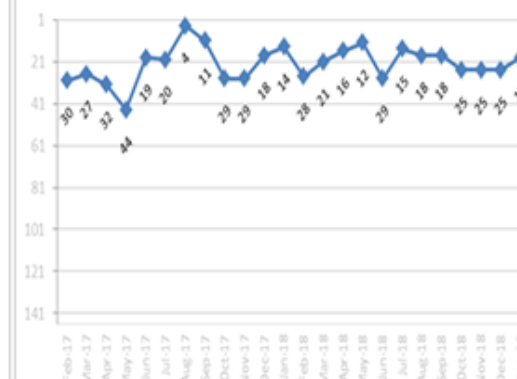
A&E FFT

A&E FFT - January 2019				
All Acute Trusts - Response Rate 24% - Recommended 96% - Not Recommended 2%				
UHL ranks 19 (for Recommended) and 19* (for Not Recommended) out of the 143 Trusts**				
Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	12%	95%	2%
2	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	9%	95%	2%
3	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	1%	94%	4%
4	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2%	93%	5%
5	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	16%	92%	5%
6	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	23%	90%	7%
7	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	15%	88%	7%
8	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	20%	88%	9%
9	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	23%	88%	7%
10	LEEDS TEACHING HOSPITALS NHS TRUST	21%	87%	8%
11	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	22%	83%	11%
12	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	16%	83%	10%
13	PENNINE ACUTE HOSPITALS NHS TRUST	17%	82%	12%
14	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	19%	81%	12%
15	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	4%	75%	13%
16	BARTS HEALTH NHS TRUST	5%	75%	19%
17	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	31%	69%	19%
18	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	10%	68%	23%

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



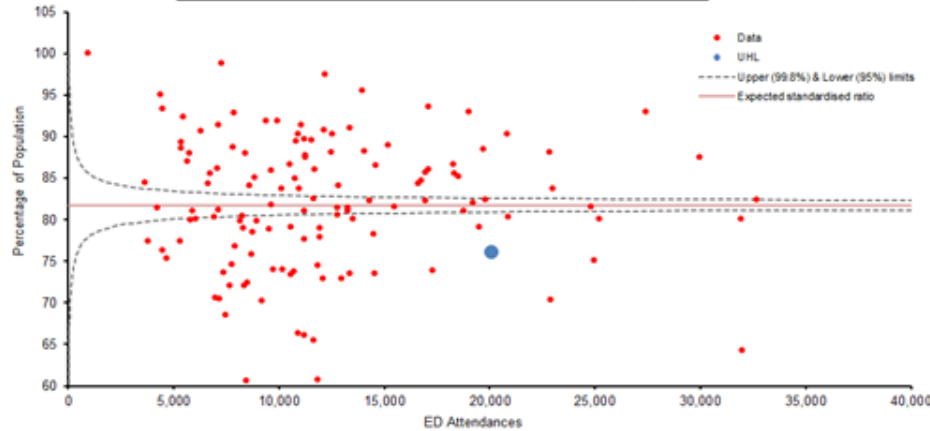
UHL Acute Ranking - A&E FFT (n/143)



*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

Funnel Plot Benchmarking

ED Attendances with 4 hours - February 2019

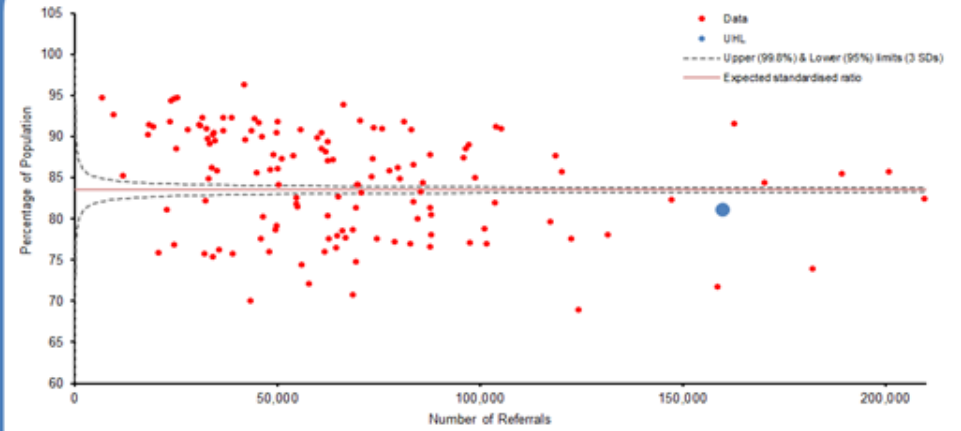


Nationally, 13.5% of all acute providers were within the control limit, 45.9% above the upper control limit (99.8%) and 40.6% below the lower control limit (95%).

UHL's performance for February 2019 was below the national average and below the expected level of normal variation.

14 providers had similar levels of ED attendances to UHL - 6 providers including UHL sit within the lower control limit. 6 providers are above the upper control limit

RTT - January 2019

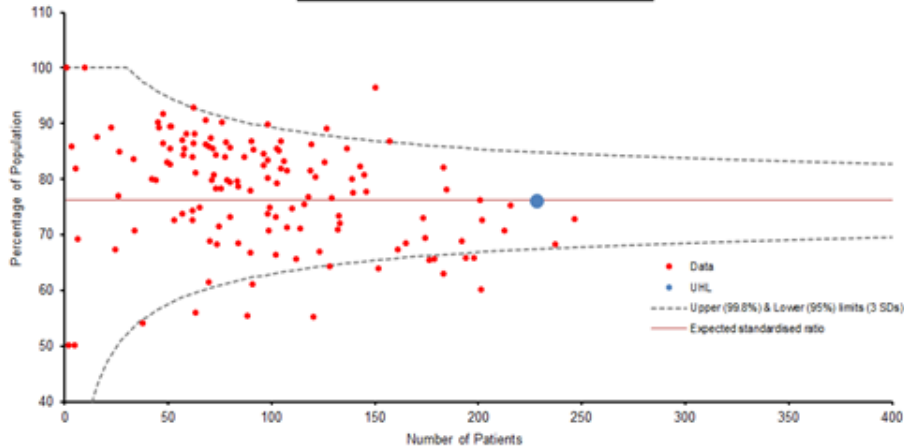


Nationally, 1.5% of all acute providers were within the control limit, 58.6% above the upper control limit (99.8%) and 39.8% below the lower control limit (95%).

UHL's performance for January 2019 was below the national average and below the expected level of normal variation.

Only 6 providers with comparable activity levels to UHL - 2 providers including UHL sits within the lower control limit. 4 providers are above the upper control limit

Cancer 62 Days - January 2019

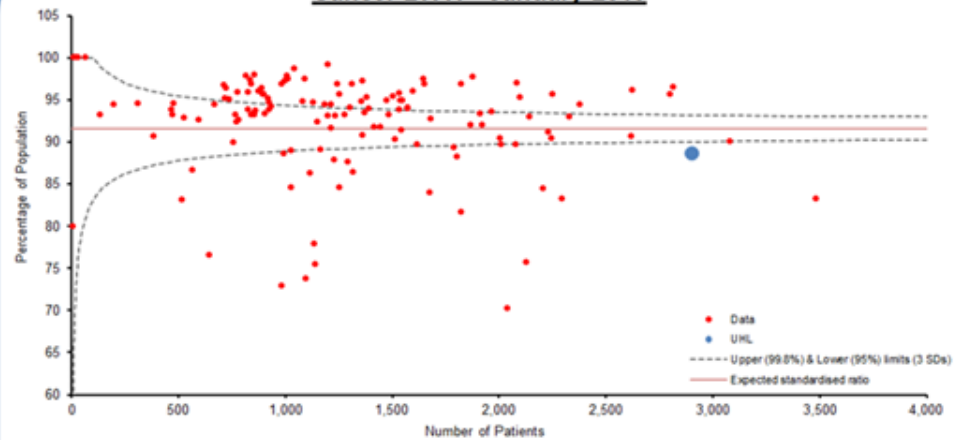


Nationally, 86.6% of all acute providers were within the control limit, 3.5% above the upper control limit (99.8%) and 9.9% below the lower control limit (95%).

UHL's performance for January 2019 was below the national average and within the expected level of normal variation.

Only 2 providers had comparable level of activity to UHL - The 2 providers including UHL sit within the control limit

Cancer 2WW - January 2019

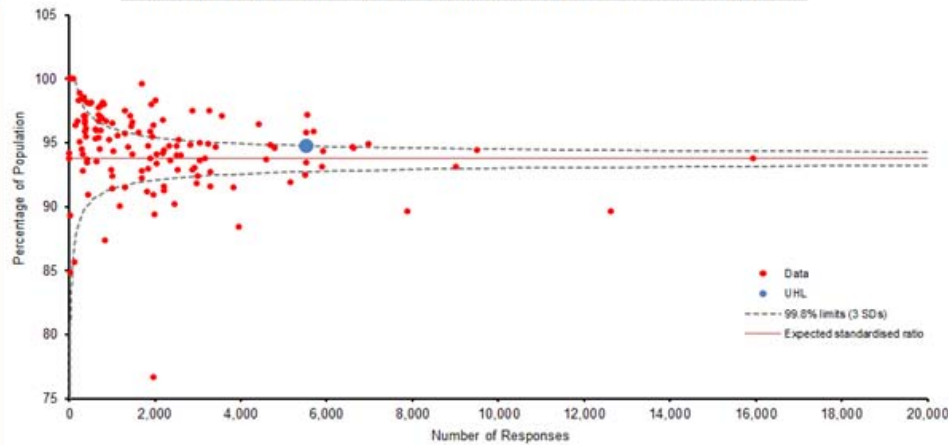


Nationally, 41.4% of all acute providers were within the control limit, 38.6% above the upper control limit (99.8%) and 20.0% below the lower control limit (95%).

UHL's performance for January 2019 was below the national average and below the expected level of normal variation.

Only 2 providers with comparable level of activity to UHL - All 2 providers including UHL sit within the lower control limit

Outpatients Friends and Family Test (FFT) - January 2019

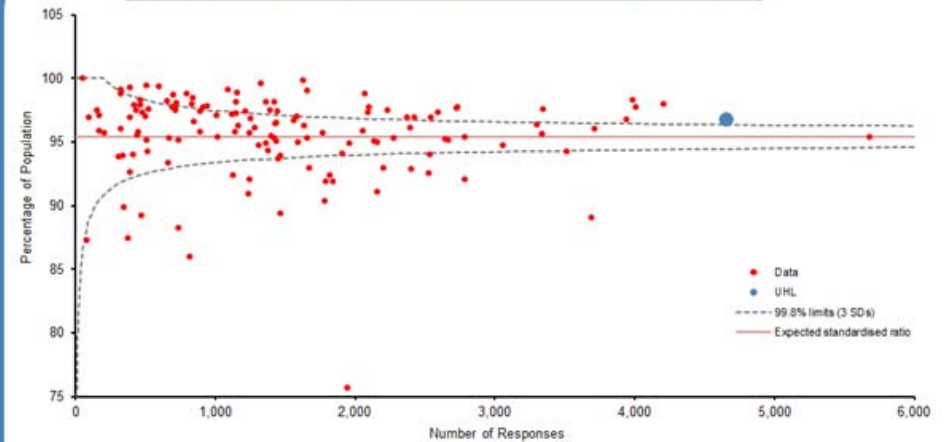


Nationally, 56.5% of all acute providers were within the control limit, 27.2% above the upper control limit (99.8%) and 16.3% below the lower control limit (95%).

UHL's performance for January 2019 was above the national average and within the expected level of normal variation.

15 providers had similar levels of FFT responses to UHL - 8 providers including UHL sit within the control limit. 5 providers are above the upper control limit

Inpatient Friends and Family Test (FFT) - January 2019

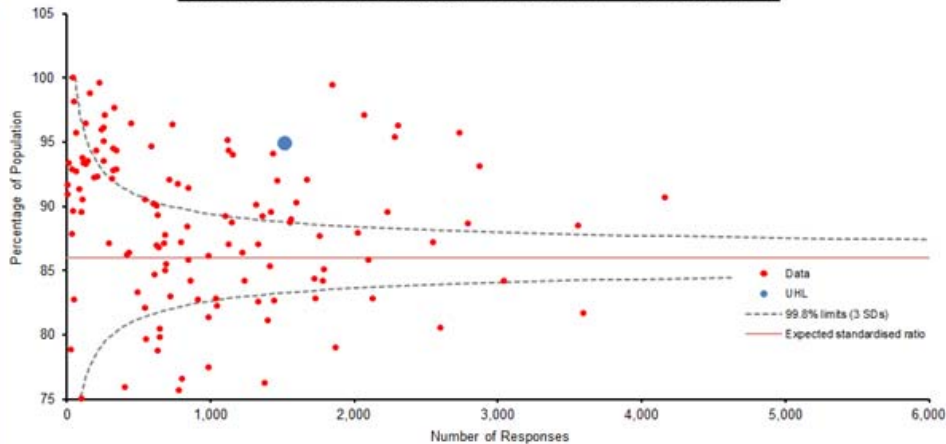


Nationally, 53.1% of all acute providers were within the control limit, 27.9% above the upper control limit (99.8%) and 19.0% below the lower control limit (95%).

UHL's performance for January 2019 was above the national average and above the expected level of normal variation.

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

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

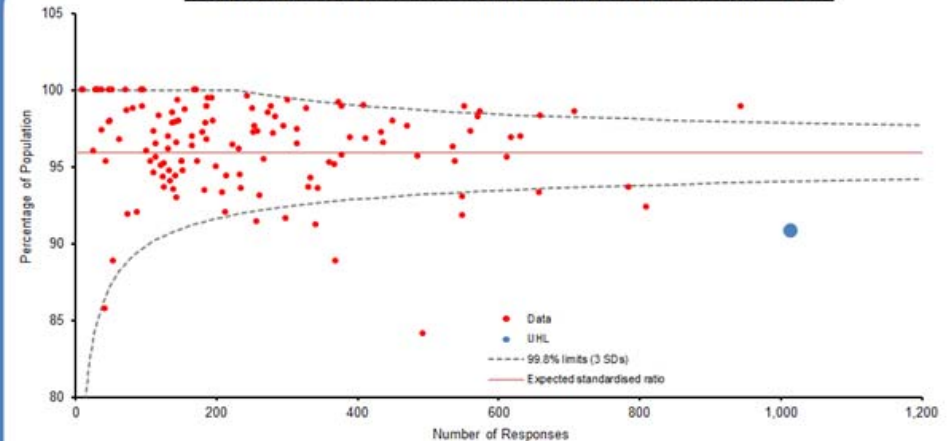


Nationally, 46.7% of all acute providers were within the control limit, 31.9% above the upper control limit (99.8%) and 21.5% below the lower control limit (95%).

UHL's performance for January 2019 was above the national average and above the expected level of normal variation.

33 providers had similar levels of FFT responses to UHL - 14 providers including UHL are above the upper control limit

Maternity Friends and Family Test (FFT) - January 2019



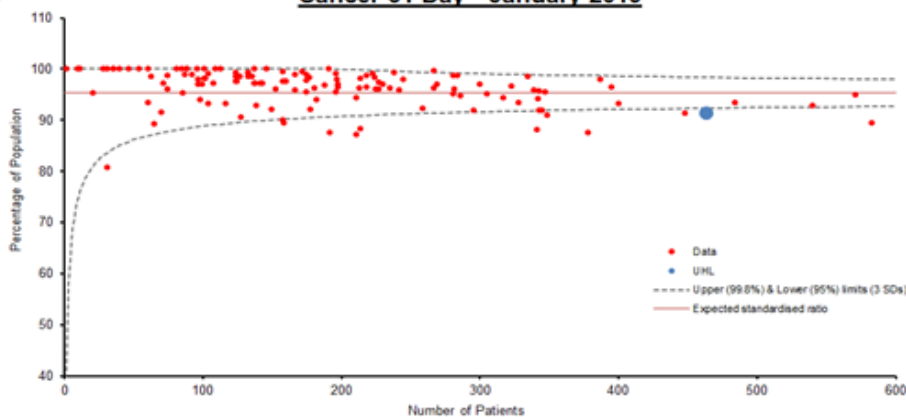
Nationally, 85.4% of all acute providers were within the control limit, 5.4% above the upper control limit (99.8%) and 9.2% below the lower control limit (95%).

UHL's performance for January 2019 was below the national average and below the expected level of normal variation.

UHL had the highest level of FFT responses.

Funnel Plot Benchmarking

Cancer 31 Day - January 2019

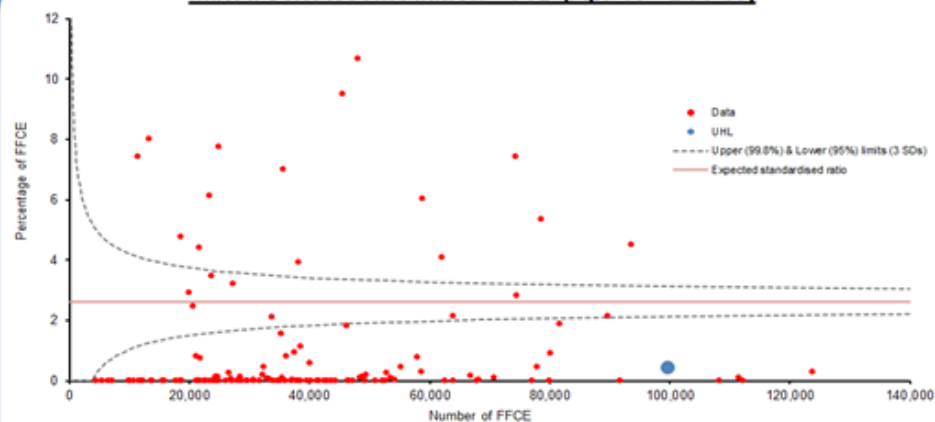


Nationally, 88.8% of all acute providers were within the control limit, 0.7% above the upper control limit (99.8%) and 10.5% below the lower control limit (95%).

UHL's performance for January 2019 was below the national average and below the expected level of normal variation.

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

Mixed Sex Accomodation - YTD (Apr 18 - Dec 18)

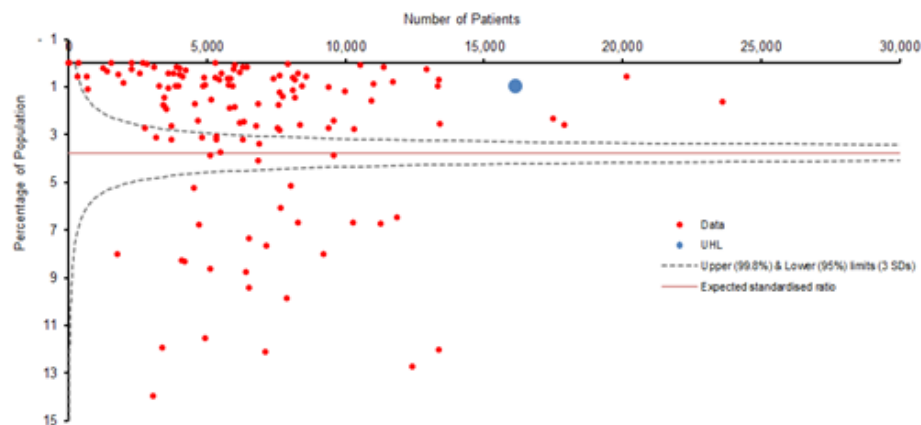


Nationally, 6.1% of all acute providers were within the control limit, 18.4% above the upper control limit (99.8%) and 75.5% below the lower control limit (95%).

UHL's mixed sex breaches between Apr 18 - Dec 18 was below the national average and below the expected level of normal variation.

Only 4 provider(s) had similar levels of FFCE to UHL - All 4 providers including UHL sit within the lower control limit

Diagnostics - January 2019

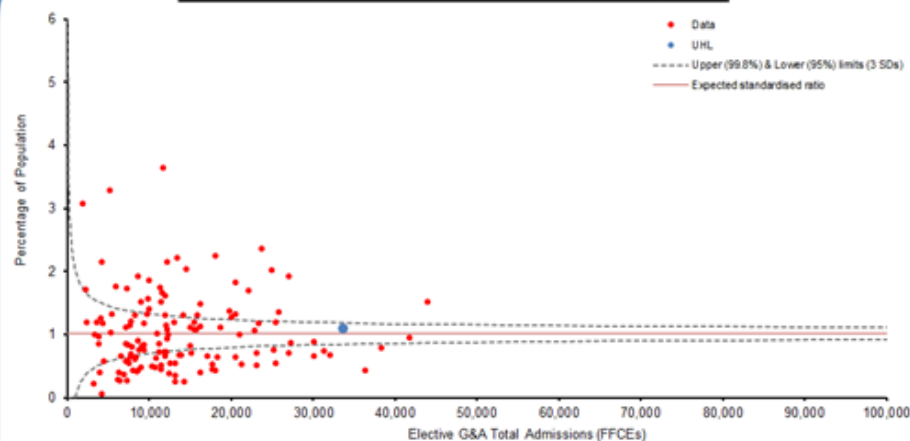


Nationally, 9.9% of all acute providers were within the control limit, 67.6% above the upper control limit (99.8%) and 22.5% below the lower control limit (95%).

UHL's performance for January 2019 was above the national average and above the expected level of normal variation.

Only 4 providers had comparable level of activity patients to UHL - All 4 providers including UHL sit within the lower control limit

Cancelled Operations (elective only) - Q3 (18/19)

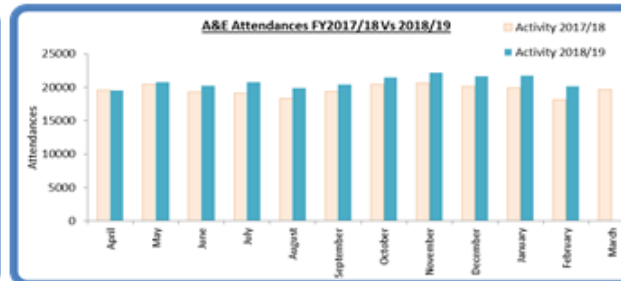
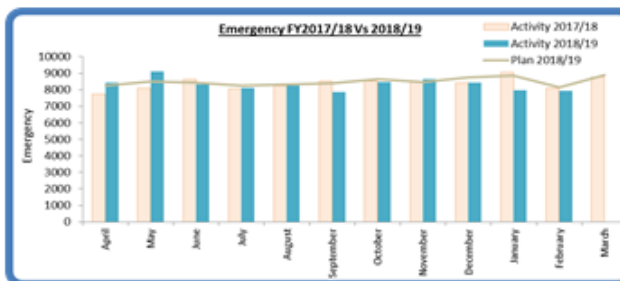
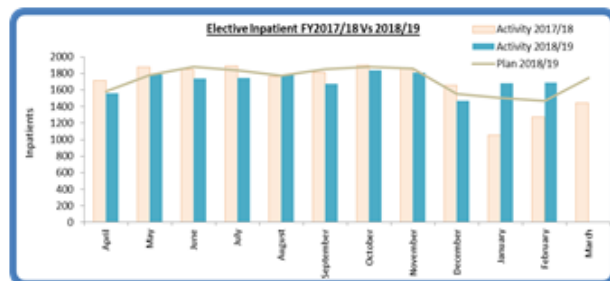
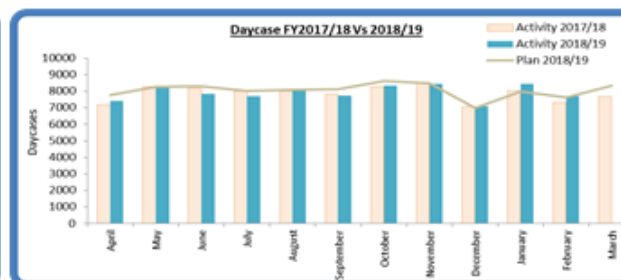
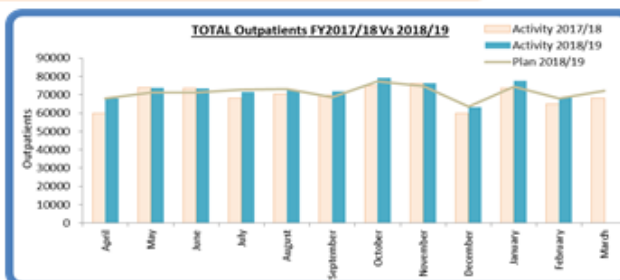
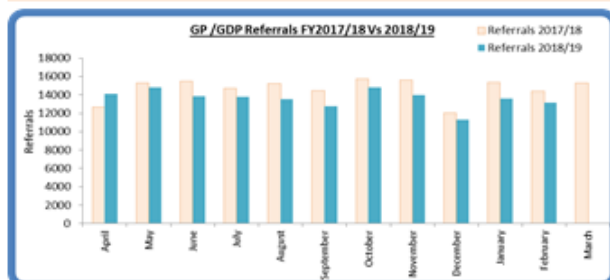


Nationally, 34.8% of all acute providers were within the control limit, 24.8% above the upper control limit (99.8%) and 40.4% below the lower control limit (95%).

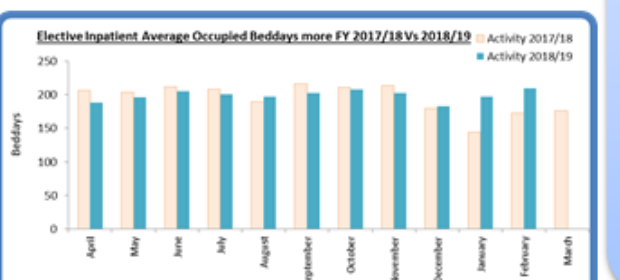
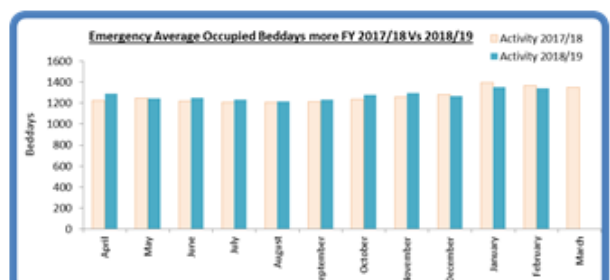
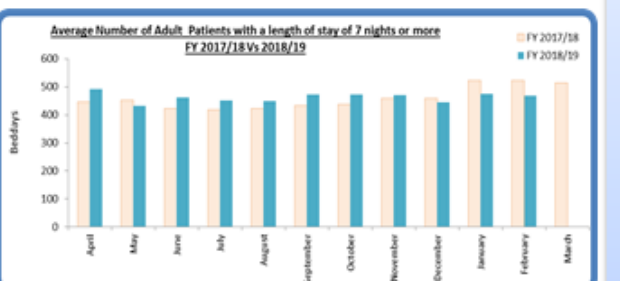
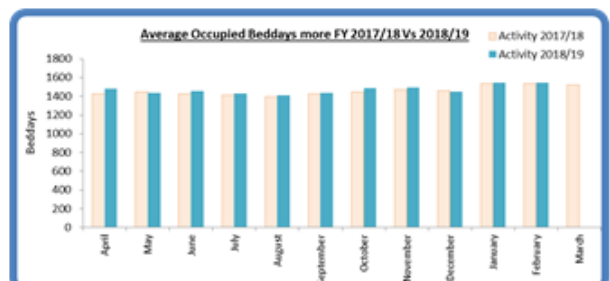
UHL's performance for Q3 (18/19) was above the national average and within the expected level of normal variation.

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

UHL Activity Trends



UHL Bed Occupancy



- **GP referrals (Excludes Physio referrals)** in February was lower in comparison to the same period last year. YTD referrals is 6.8% lower than the same period last year.
- **Outpatients** - Dermatology, Thoracic Medicine, Gastroenterology, Haematology and Medical Oncology significantly higher than plan.
- **Daycase** - Growth in Clinical Oncology, Gastroenterology and BMT against plan. Ophthalmology, Orthopaedic Surgery and Urology Significantly lower than plan.
- **Elective Inpatient** - Urology, Orthopaedic Surgery, General Surgery, HPB and Haematology lower than plan.
- **Emergency Admissions** - Activity in ENT, Cardiology, General Surgery and Geriatric Medicine are higher than the plan.
- **Midnight G&A bed occupancy** was similar to the same period last year.
- **The number of patients staying in beds 7 nights or more** in February has reduced significantly compared to the same period last year.
- A reduction in **Emergency occupied bed days** compared to same period last year.
- **YTD Bed occupied** is higher compared to the same period last year.