Quality & Performance Report

Author: John Adler Sponsor: Chief Executive Date: PPPC + QOC 30th August 2018

Executive Summary from CEO **Joint paper 1**

Context

It has been agreed that I will provide a summary of the issues within the Q&P Report that I feel should particularly be brought to the attention of EPB, PPPC 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: **Cancer 31 day** was achieved in June. **52+ weeks wait –** 0 patients (compared to 16 patients same period last year). **Mortality** – the latest published SHMI (period January 2017 to December 2017) has reduced to 97 and is within the threshold. **Cancer Two Week Wait** – have achieved the 93% threshold for over a year. **Never events** – 0 reported in July. **Delayed transfers of care** - remain within the tolerance. However, there are a range of other delays that do not appear in the count. **C DIFF –** was within threshold for July. **Pressure Ulcers** - 0 **Grade 4** reported during July. **Grade 3 and 2** are well within the trajectory for the month. **CAS alerts –** we remain compliant. **Inpatient and Day Case Patient Satisfaction (FFT)** achieved the Quality Commitment of 97%. **TIA (high risk patients)** – 70.2% reported in July. **Moderate harms and above** – June (reported 1 month in arrears) was within threshold. **Statutory and Mandatory Training** reported from HELM is at 90% (rising trend).

Bad News: **UHL ED 4 hour performance** – was 76.3% for July, system performance (including LLR UCCs) was 83.1%. Further detail is in the COO's report. **Referral to Treatment –** our performance was below NHSI trajectory but the overall waiting list size (which is the key performance measure for 18/19) is only 0.78% off plan. **Diagnostic 6 week wait –** standard not achieved however significant improvement in performance from June. **MRSA –** 1 case reported this month. **Cancelled operations** and **patients rebooked within 28 days** – continued to be non-compliant. **Cancer 62 day treatment** was not achieved in June – further detail of recovery actions in is the Q&P report. **Sickness absence** – 3.8% reported in June (reported 1 month in arrears). **Fractured NOF** – was 58.8% in July. **Ambulance Handover 60+ minutes (CAD+)** – performance at 4%.

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: 27th September 2018

Caring at its best

University Hospitals of Leicester NHS
NHS Trust

Quality and Performance Report

July 2018

One team shared values

CONTENTS

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

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

DATE: **30th AUGUST 2018**

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

SUBJECT: **JULY 2018 QUALITY & PERFORMANCE SUMMARY REPORT**

1.0 Introduction

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

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

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

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

The Quality and Performance report has been updated to report the new indicators. For further information see section 4 Changes to Indicators/Thresholds.

2.0 Changes to Indicators/Thresholds

End of Life Care Metric removed from the Caring Domain.
Board Director amended from Joanne Tyler-Fantom to Hazel Wyton for relevant Well Led Indicators.

Summary Scorecard – YTD

University Hospitals of Leicester NHS
NHS Trust

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

SUCCESSES:

- FFT Inpatient/DC **97%**
- Crude Mortality **2%**
- DTOC **1.4%**
- Stroke 90% Stay **85.2%**
- RTT 52 Weeks Wait **0**

Significant Improvement:

- Diagnostic Wait **1.7%**

ISSUES:

- MRSA Avoidable **1**
- Single Sex Accommodation Breaches **26**
- ED 4hr Wait UHL **80.7%**
- Cancer 62 Day **76.2%**

One team shared values

Summary Scorecard – July 2018

University Hospitals of Leicester NHS
NHS Trust

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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Serious Incidents	Single Sex Breaches		TIA	RTT 52 Weeks Wait
Pressure Ulcers Grade 4			Readmissions <30 days	Diagnostic Waits
Pressure Ulcers Grade 3				DTOC
Pressure Ulcers Grade 2				Handover >60
Falls				Cancelled Ops
				Cancer 31 Day
				Cancer 62 Day

Key changes in indicators in the period:

SUCCESSES: (Red to Green)

- RTT 52 Weeks Wait
- Serious Incidents
- Moderate Harm
- Cancer 31 day

Significant Improvement:

- Statutory & Mandatory Training
- Annual Appraisal
- RTT
- Diagnostics

ISSUES: (Green/Amber to Red)

- MRSA
- Single Sex Breaches
- ED 4 Hour Waits UHL + LLR UCC (Type 3)

One team shared values

Domain - Safe

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NHS Trust

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

4 Never Events YTD

17 ↑ Serious Incidents YTD (Number escalated each month)

65 ↑ Moderate Harm and above YTD (PSIs with finally approved status)

1 Avoidable MRSA YTD ↓

25 CDIFF Cases YTD ↑

SUCCESSES

- The first three month's data for 2018/19 reflects strong performance against all EWS & sepsis indicators. Our focus for 2018/19 will be to maintain this position.
- CDIFF reported was below threshold for July.
- Serious Incidents was within threshold for July.
- 0 Never events reported in July.

ISSUES

- Moderate harms and above – 12 cases reported in June.
- 1 MRSA reported in July.

ACTIONS

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

SEPSIS

Patients with an Early Warning Score 3+ - % appropriate escalation	98% YTD ↑
Patients with EWS 3+ - % who are screened for sepsis	96% YTD ↔
ED - Patients who trigger with red flag sepsis - % that have their IV antibiotics within an hour	92% YTD ↓
Wards (including assessment units) Patients who trigger for Red Flag Sepsis - % that receive their antibiotics within an hour	81% YTD ↓

Domain - Caring

University Hospitals of Leicester NHS
NHS Trust

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 **99%** ↔

A&E FFT **96%** ↔

Maternity FFT **94%** ↑

Outpatients FFT **95%** ↔

Staff FFT Quarter 1 2018/19 (Pulse Check)

70.5% of staff would recommend UHL as a place to receive treatment

SUCCESSES

- Friends and family test (FFT) for Inpatient and Daycase care combined was 97% for July.

ISSUES

- Single Sex Accommodation Breaches – 2 reported in July.

ACTIONS

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

Single Sex Accommodation Breaches

26 YTD ↑

Domain – Well Led

University Hospitals of Leicester NHS
NHS Trust

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

Friends and Family FFT YTD % Coverage

Inpatients FFT **31.1%** ↑

Day Case FFT **24.0%** ↓

A&E FFT **10.0%** ↑

Maternity FFT **38.3%** ↑

Outpatients FFT **5.7%** ↓

Staff FFT Quarter 1 2018/19 (Pulse Check)

60.3% of staff would recommend UHL as a place to work

% Staff with Annual Appraisals

91.1% YTD ↑

Statutory & Mandatory Training

90% YTD ↑

BME % - Leadership

28%
Qtr1
8A including medical consultants

14%
Qtr1
8A excluding medical consultants

SUCCESSES

- Corporate Induction attendance for July was 98%.
- Inpatients coverage for July was 31.6%.
- Significant improvement in appraisals at 91.1% (this excludes facilities staff that were transferred over from Interserve).
- Statutory & Mandatory Training has improved with performance at 90%.

ISSUES

- Low response rate for Staff FFT survey.

ACTIONS

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

Domain – Effective

University Hospitals of Leicester NHS
NHS Trust

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

Mortality – Published SHMI

97
Jan17 - Dec17 ↑

Stroke TIA Clinic within 24hrs

65.1%
YTD ↓

80% of Patients Spending 90% Stay on Stoke Unit

85.2%
YTD ↓

Emergency Crude Mortality Rate

2.0%
YTD ↓

30 Days Emergency Readmissions

9.2%
YTD ↑

NoFs Operated on 0-35hrs

62.2%
YTD ↑

SUCCESSES

- Latest UHL's SHMI is 97. 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 July was 2%.
- Stroke TIA Clinic within 24 Hours for July was 70.2%.
- 90% of Stay on a Stroke Unit for July was 83.5%.

ISSUES

- 30 Days Emergency Readmissions for June was 9.1%.
- Fractured NoF for July was 58.8%.

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

University Hospitals of Leicester NHS
NHS Trust

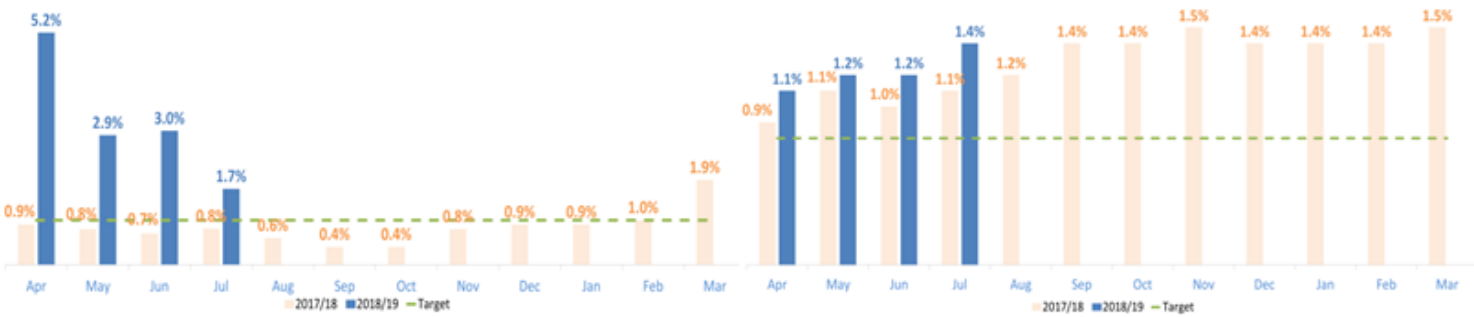
Arrows represent current month performance against previous month, upward arrow represents improvement, downward arrow represents deterioration.

RTT - Incomplete

92% in 18 Weeks

86.5%
As at Jul ↓

6 week Diagnostic Wait times



Cancelled Operations UHL

RTT 52 week wait incompletes

0
As at Jul ↑

ED 4Hr Waits UHL

80.7%
YTD ↓

A&E

ED 4Hr Waits UHL+LLR UCC

86.3%
YTD ↓

Ambulance Handovers

2% > 60mins ↓
6% 30-60mins ↓
YTD

SUCCESSES

- 0 Trolley breaches for July.
- DTOC was 1.2% for July.
- 0 patient waiting over 52+ weeks (last July the number was 16).
- Diagnostic 6 week wait – significant improvement however still above the 1% national target.

ISSUES

- Cancelled operations continues to grow.
- ED 4Hr Waits UHL – July performance was 76.3%.

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

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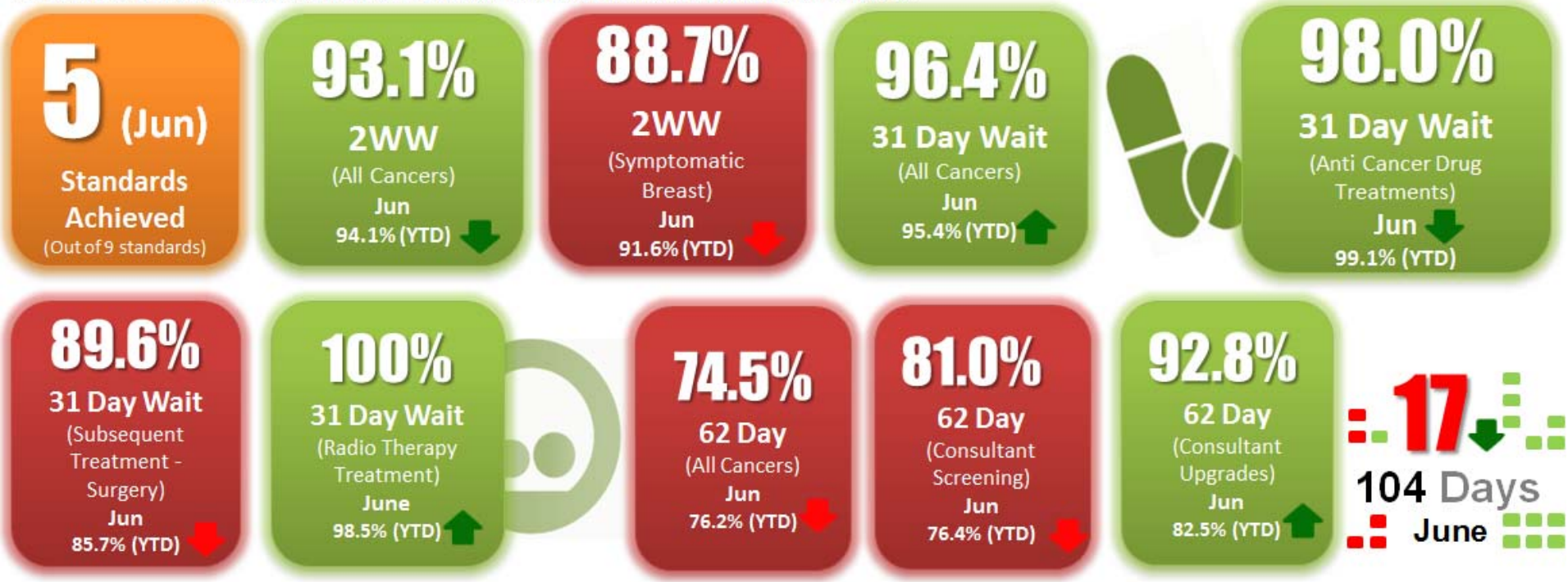
NHS Trust

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



Highlights

- Out of the 9 standards, UHL achieved 5 in June – 2WW, 31 Day Firsts, 31 Day Drugs, 31 Day Radiotherapy and the internal standard against Consultant Upgrades.
- 62 Day performance further deteriorated in June at 74.5%. Of the 15 tumour groups, only 3 tumour sites delivered the standard (Breast, Skin & Sarcoma). Significant deterioration is notable in Urology as they continue to drive their backlog down.
- The backlog position remains a significant concern with a continued growth in the adjusted position with Urology maintaining 50% of the total backlog. Lung and Lower GI continue to be significantly over trajectory remaining key areas of concern.
- Changes to the senior leadership for Cancer Performance in August will see a revised recovery trajectory and associated recovery action plan with enhanced grip and control being the key focus.

Cancer 62 days Performance

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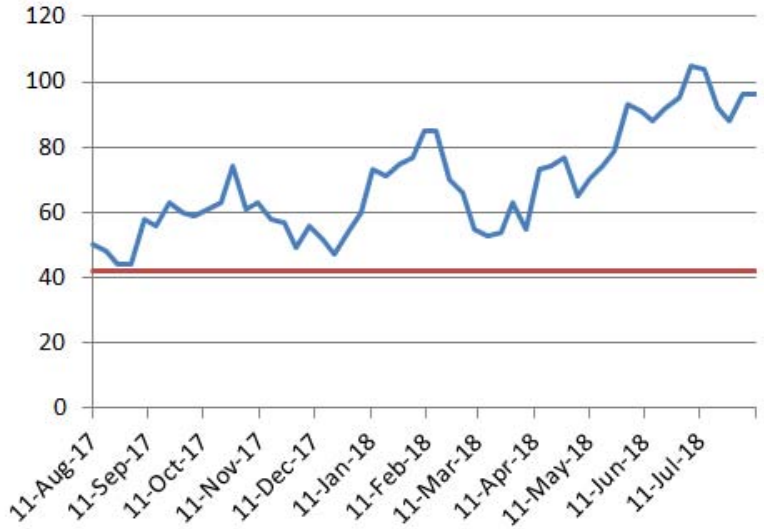
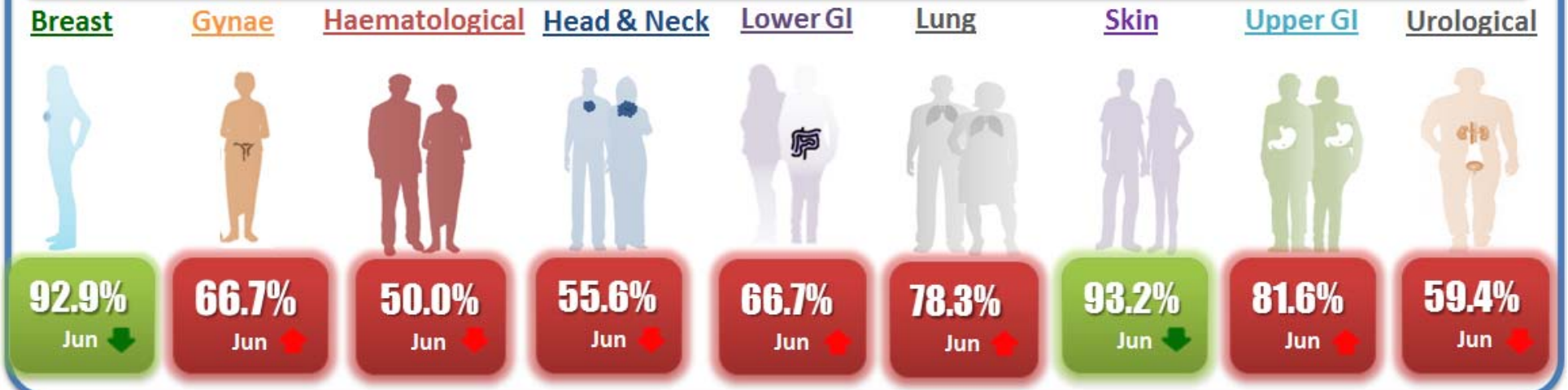
62 Days Performance

62 Days Adjusted Backlog



62 Days (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers



62 Day Thematic Breach Analysis (June)

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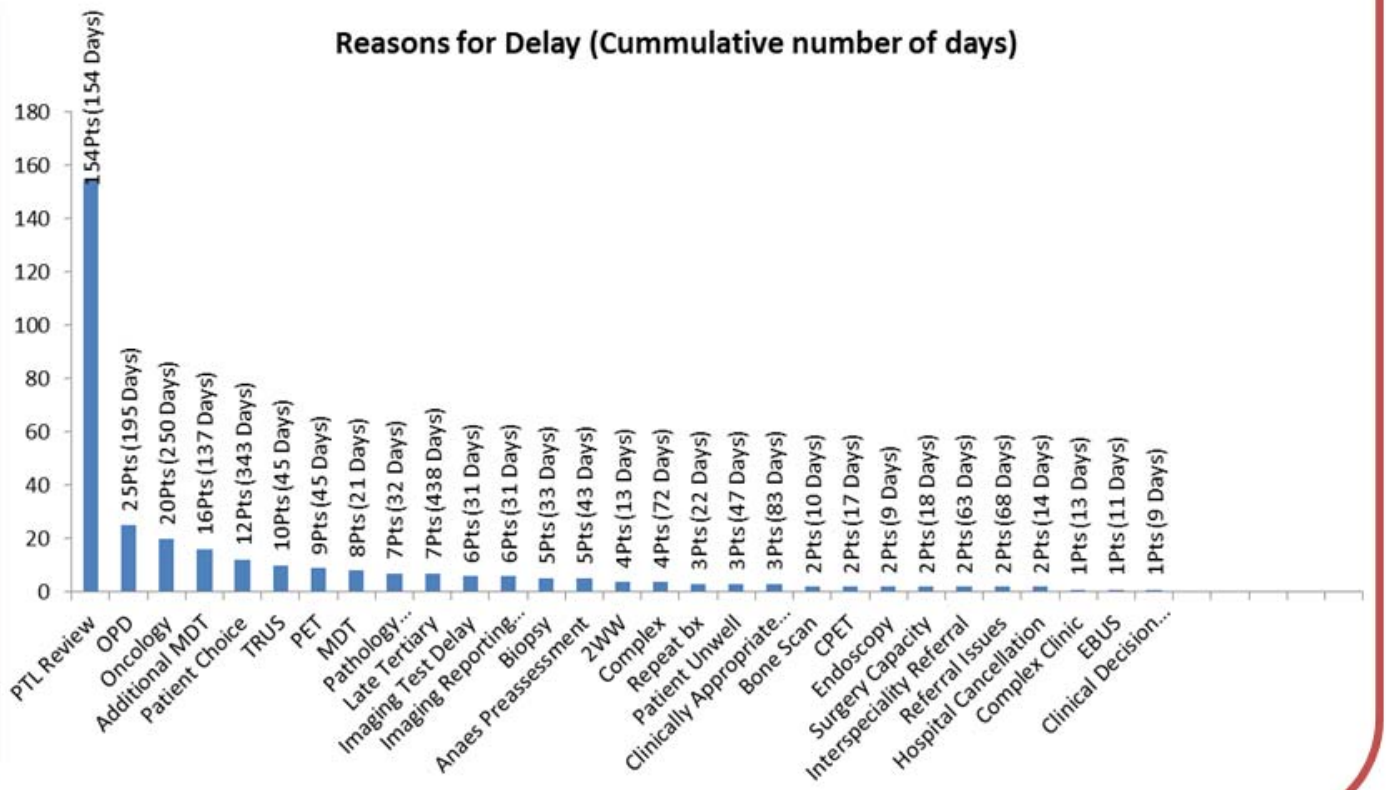
On a monthly basis, all 62 Day 2WW breaches are reviewed by the tumour sites and analysed with the Cancer Centre, mapping out all pathway delays in accordance with Next Steps.

The following summarises the June breach review analysis by category of delay for all reported breaches in the month.

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

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

- **PTL Review** – 154 patients delayed by a total of 154 days.
- **Outpatients**– 25 patients delayed by a total of 195 days.
- **Oncology** – 20 patients delayed by a total of 250 days.
- **Additional MDT** – 16 patients delayed by a total of 137 days.
- **Patient Choice** – 12 patients delayed by a total of 343 days.
- **TRUS** – 10 patients delayed by a total of 45 days.
- **PET**– 9 patients delayed by a total of 45 days.
- **MDT**– 8 patients delayed by a total of 21 days.
- **Pathology** – 7 patients delayed by a total of 32 days.
- **Late Tertiary** – 7 patients delayed by a total of 438 days.



Cancer Recovery Actions

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Summary of the plan

The recovery action plan (RAP) is the central repository detailing measureable actions agreed between the Cancer Centre, Tumour Sites and CCGs aimed to address recovery in performance delivery and quality of patient care.

In addition, a number of high impact actions have been agreed:-

- IST commenced the review Urology plans and governance 03/08/18, 4 primary recommendations have been made and work commences w/c 20/8/18
- New Director of Operational Improvement leading on Cancer Taskforce and recovery from August 2018.
- Revised and improved RAP actions supporting grip and control against caner performance and patient experience expected by end August 2018
- All 104 day patients being reviewed on 24.8.18 with COO then weekly meetings with Heads of Ops and DOI to ensure actions are progressed to remove and avoid further patients being added
- Targeted pathway review for Lower GI to remove multiple MDT discussions resulting in pathway delays being led by the Cancer Centre Clinical Lead and Clinical Director for CHUGGS.
- Working in partnership with the CCG GP Cancer Leads to improve patient engagement in cancer pathways.
- Working in partnership with the Cancer Alliance to progress the RAPID Prostate and Optimal Lung Cancer pathways. Funding has been confirmed, awaiting transfer to UHL from CCG with project plans to be governed through Cancer Performance Taskforce.

Risk Summary

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NHS Trust

Summary of high risks

The following remain the high risk issues affecting the delivery of the cancer standards and have been categorised as agreed by the joint working group.

	Issue	Action being taken	Category
1	Next steps not consistently implemented in all areas. Resulting in unnecessary delay for patients.	Additional central funding for next steps programme secured – the risk being these posts expire end October 2018. Phased handover for BAU within services continues along with wider Trust promotion for Next Steps.	Internal factors impacting on delivery
2	Continued increase in demand for screening and urgent cancer services. Additional 31 day and 62 day treatments compared to prior years.	Cancer 2020 group delivering alternative pathways (e.g. FIT testing). Annual planning cycle to review all elements of cancer pathway. Further central funding requested for increased BI support.	Internal and External factors impacting on delivery
3	Access to constrained resources within UHL	Resources continued to be prioritised for Cancer but this involves significant re-work to cancel routine patients. Capital for equipment is severely limited so is currently directed to safety concerns. Further central support has been requested. Staffing plans for theatres are requested on the RAP. Organisations of care programmes focused on Theatres and Beds. WLI activity for theatres may be reduced due to changes in payments for AFC staff as they are brought back in line with AFC Rules	External factors impacting on delivery
4	Access to Oncology and Specialist workforce.	Oncology recruitment in line with business case. Oncology WLI being sought. H&N staff being identified prior to qualifying. Theatre staff continue to be insufficient to meet the need.	Internal factors impacting on delivery
7	Patients arriving after day 40 on complex pathways from other providers	Weekly feedback to tertiary providers. Specialty level feedback. New process to be introduced to include writing to the COO for each late tertiary.	External factors impacting on delivery

62 Day Adjusted Backlog by Tumour Site

The following details the backlog numbers by Tumour Site for week ending 10th August 2018. The Trend reflects performance against target on the previous week.

The backlog targets have now been re-evaluated based on the 25th percentile of backlogs from April 2017 to May 2018 and were signed off by the Heads of Operations at the Cancer Performance Taskforce on the 7th June 2018

The forecast position is the early prediction for week ending 17th August 2018
Note:- these numbers are subject to validation and review throughout the week via the clinical PTL reviews and Cancer Action Board.

Tumour Site	Target	Backlog	Trend	Forecast
Haematology	0	2	↑	2
HPB	0	3	→	3
Lower GI	6	9	↓	13
Testicular	0	0	→	1
Upper GI	1	1	→	1
Urology	12	48	↑	47
Skin	1	1	↓	1
Breast	2	4	↑	9
Head & Neck	4	4	↓	4
Sarcoma	0	0	→	1
Lung	6	17	↑	18
Gynaecology	8	7	↑	11
Brain	0	0	→	1

Backlog & Performance

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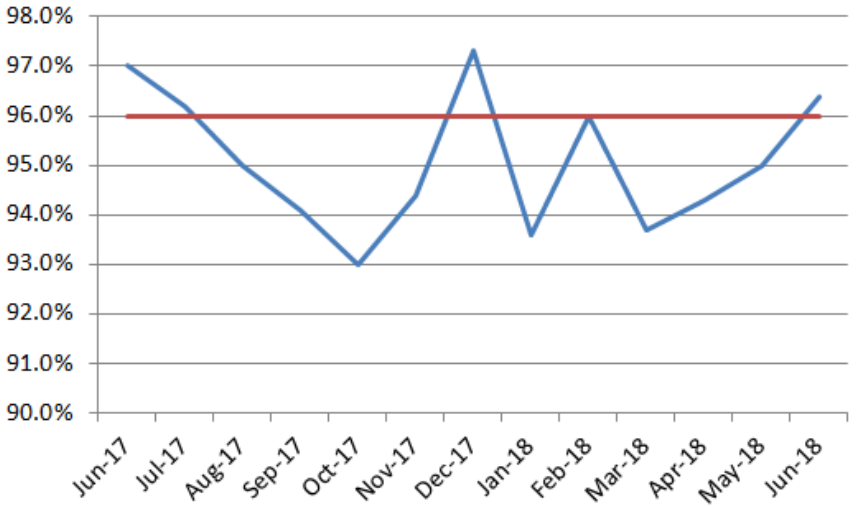
31 Day First Treatment – Backlog & Performance

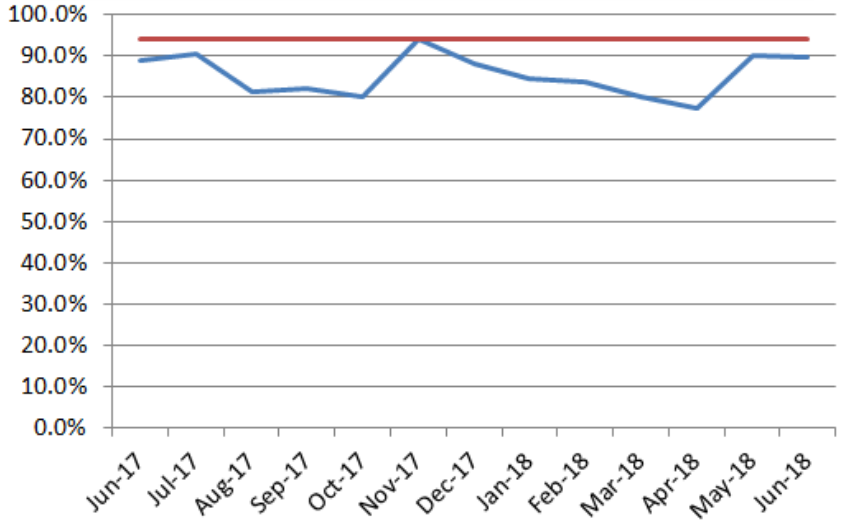


June performance was 0.4% above the national target, with all tumour sites hitting the standard except for Urology and Head & Neck.

Theatre capacity, patient choice and patient fitness are the primary factors affecting the backlog.

At the time of reporting, the backlog has reduced to 18 with a drive towards clearing the backlog throughout July and August. The performance predictions for July and August are therefore under the national standard at 93% forecasted for both months.

31 Day Subsequent Performance - Surgery



31 day Subsequent performance for Surgery in June under performed at 89.6%, 4.1% under the national target with a Q1 result of 85.7%. Lower GI and Urology were the only tumour sites to fail, accounting for 75% of the breaches treated.

The backlog at the time of reporting sits at 16, with patient choice and cancellations continuing to impact on the ability to treat patients within target.

This backlog is spread across 7 tumour sites, Breast: Urology and Skin primarily.

At the time of reporting, the forecasted position for July is 83%.

Ambulance Handover – July 2018

University Hospitals of Leicester NHS
NHS Trust

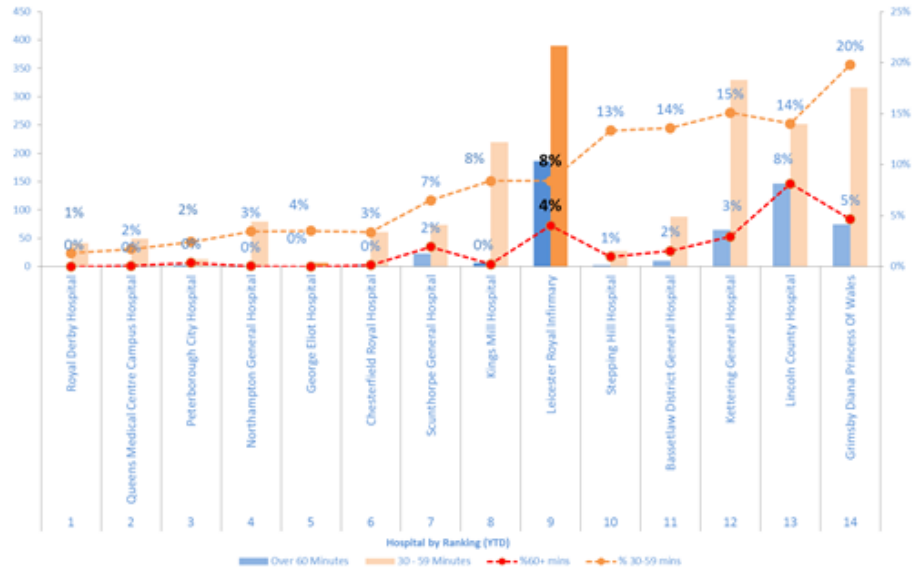
EMAS Ambulance Handover - LRI vs other hospitals July 2018

Rank	Hospital	Total (CAD)	Coverage (%)	Total (CAD+)	30 - 59 Minutes	Over 60 Minutes	1 - 2 Hours	2 Hours Plus	% 30-59 mins	%60+ mins	%30+ mins	Average Turnaround time	Total time 30+ mins Handover Turnaround target
1	Royal Derby Hospital	4177	76%	3144	41	0	0	0	1%	0%	1%	0:28:37	358:34:13
2	Queens Medical Centre Campus Hospital	5679	50%	2866	49	2	2	0	2%	0%	2%	0:24:32	238:02:17
3	Peterborough City Hospital	891	60%	539	13	2	2	0	2%	0%	3%	0:20:38	53:27:47
4	Northampton General Hospital	2832	81%	2286	79	1	1	0	3%	0%	3%	0:25:02	200:53:49
5	George Eliot Hospital	252	68%	171	6	0	0	0	4%	0%	4%	0:24:46	16:32:34
6	Chesterfield Royal Hospital	2204	82%	1804	61	3	3	0	3%	0%	4%	0:29:03	243:10:26
7	Scunthorpe General Hospital	1510	75%	1138	74	22	19	3	7%	2%	8%	0:24:45	178:52:58
8	Kings Mill Hospital	3083	84%	2604	219	6	6	0	8%	0%	9%	0:31:35	393:37:48
9	**Leicester Royal Infirmary**	**5,414**	**86%**	**4,638**	**390**	**186**	**167**	**19**	**8%**	**4%**	**12%**	**0:30:28**	**803:46:31**
10	Stepping Hill Hospital	362	58%	210	28	2	2	0	13%	1%	14%	0:33:22	35:20:29
11	Bassetlaw District General Hospital	925	70%	648	88	10	10	0	14%	2%	15%	0:30:36	111:42:28
12	Kettering General Hospital	2655	82%	2180	329	64	56	8	15%	3%	18%	0:31:58	400:11:40
13	Lincoln County Hospital	2540	71%	1799	252	146	114	32	14%	8%	22%	0:34:29	473:32:56
14	Grimsby Diana Princess Of Wales	1877	85%	1596	316	74	73	1	20%	5%	24%	0:33:16	364:59:19
	EMAS	**39,042**	**71%**	**27,529**	**2,234**	**702**	**605**	**97**	**8%**	**3%**	**11%**	**0:30:01**	**4437:11:40**

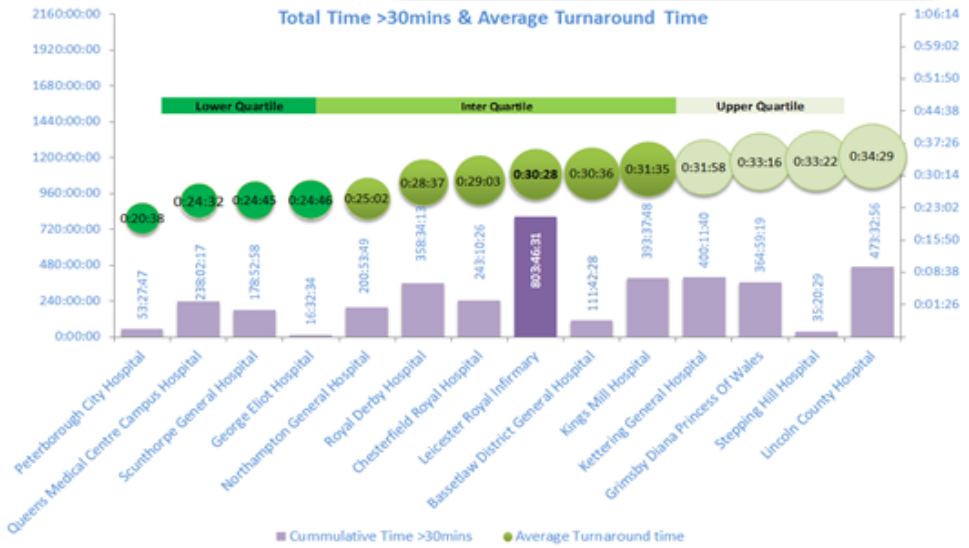
Highlights

- CAD+ data used in performance analysis (86% coverage of all arrivals at LRI).
- LRI had highest number of arrivals and coverage in July.
- LRI average handover time was within the third Quartile range. With 5 minutes increase in average turnaround time.
- Hours lost in July due to handover delays longer than 30 minutes **increased by 62%** from last month. The equivalent of **66** ambulance shifts (12 hours) lost.

EMAS Ambulance Handover



Total Time >30mins & Average Turnaround Time



Lowest Turnaround Time (Avg.)	Median Turnaround Time (Avg.)	LRI Turnaround Time (Avg.)	LRI Total Time over 30mins	LRI Delay >30mins – Number Ambulance Shifts	Ambulance Handover 30-59 mins	Ambulance Handover >60Mins
20 Mins	29 Mins	30 Mins	803 Hours	66 Shifts	8%	4%

Out Patient Transformation Programme

University Hospitals of Leicester NHS
NHS Trust

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

Reductions in number of FU attendances

0.9%(A)
Qtr1 18/19 ↓

Reduction in hospital cancellations (ENT)

22%
YTD ↓

Outpatients FFT

95%
YTD ↓

GP Referrals via ERS

91.2%
YTD ↑

93.5%
Advice & Guidance
Qtr1 18/19 ↓

Reduction of long term FU

1431
As at Aug 18 ↓

Patients seen within 15 mins

59%
YTD ↓

Patients seen within 30 mins

Coverage
17%
YTD ↑

76%
YTD ↓

% Clinic summary letters sent within 7 days

79%
YTD ↓

% appointment letters printed via outsourced provider

89%
YTD ↔

ASI Rate

24.9%
YTD ↑

Room Utilisation

75%
YTD ↔

SUCCESSES

- 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

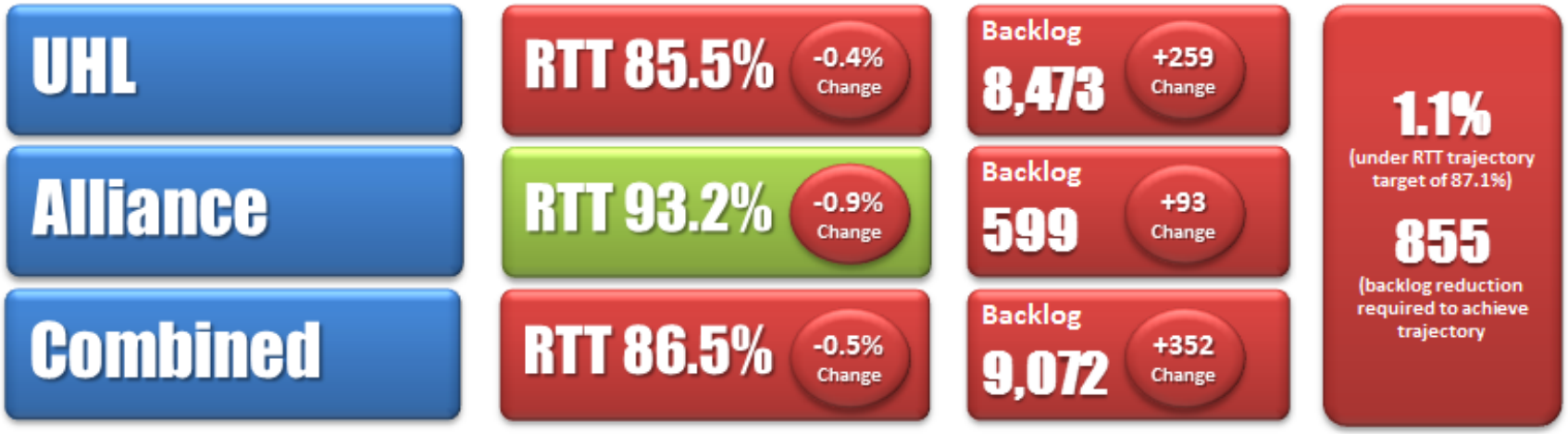
- Currently not on track to meet FFT rating of 97% recommended by March 2019.
- OP Clinic Room utilisation (CSI managed services) has deteriorated.
- Waiting times in OP clinics only captured for 16% clinics
- Clinic cancellations remain high in ENT
- Ability to turn around clinic outcome letters in 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

RTT: Executive Performance Board

University Hospitals of Leicester NHS
NHS Trust



Current Position:

The combined performance for UHL and the Alliance for RTT in July was 86.5%. This was reduction in performance over the last reporting period. The Trust did not achieve month 4 trajectory target by 1.1%. The Trust remains below the 92.0%.

Whilst the overall RTT backlog size has increased, the overall waiting list size is only 0.78% higher than the required trajectory. This is the key measure for this standard during 18/19.

Forecast performance for next reporting period: It is forecasted that for August 2018 UHL will not the trajectory target of 81.1%. There are continued risks due to:

- Reduced elective capacity due to emergency pressures
- Increased cancer backlogs prioritising capacity over elective RTT
- Diagnostic delays for Endoscopy, extending patient pathways
- Reduced transfers of patients to the Independent Sector
- Reduced activity via discretionary effort due to changes in waiting list payments.

RTT: Executive Performance Board

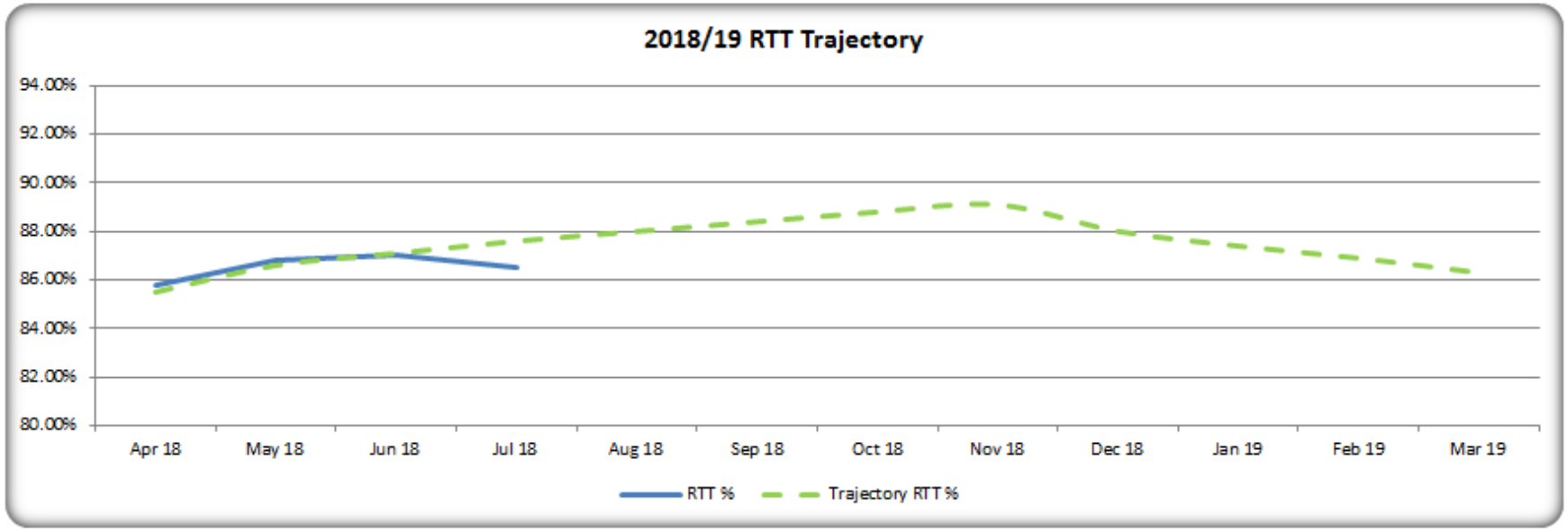
University Hospitals of Leicester NHS
NHS Trust

Key Drivers:

- Referrals continue to increase above plan: The YTD increase from 2017/18 has seen an additional 5,954 referrals, an increase of 4.8%. Large increases were seen in the specialties already constrained with capacity with 26% increase in Paediatric ENT (295 patients), 13% Urology (384 patients) , ENT 8% (397 patients), Thoracic Medicine 9% (374 patients).
- 2WW has seen an increase in Q1 with a 15.5% increase in 2WW patients seen compared to last financial year. This has diverted resources from general RTT appointments and diagnostic resources that may have otherwise been used to stop or further the pathway of an 18 week clock.
- A reduced number of patients transferred to the independent sector in July, 94 transfers against a plan of 280. Ability to achieve the planned number of transfers was due to number of clinically appropriate patients reducing and ability to contact patients.
- Reduction in activity worked via discretionary effort has impacted admitted activity completed on weekends.

Key Actions:

- All specialties with a waiting list size greater than 30 and performing below 92% to submit an action plan and trajectory to recover performance. Action includes the Alliance - UHL Pillar.
- Letters to be sent to patients who have been screened as suitable for the independent sector requesting to increase contact rate. The process started for August has resulted in over 300 positive responses from patients who would like to be seen in the Independent Sector.
- Alliance reviewing criteria to expand potential that can be taken.
- Uprating of theatre productivity programme to improve volume of admissions. UHL have commissioned Four Eyes, who are starting clinical engagement.
- COO reviewing the cancellation process.



RTT: Executive Performance Board

University Hospitals of Leicester NHS
NHS Trust

The UHL overall RTT backlog increased by 259 over the last month. The 10 largest backlog reductions and increases are highlighted in the table opposite.

Large reductions were seen in General Surgery, Orthopaedic and Vascular Surgery.

The largest overall backlog increases were within Paediatric ENT, Allergy and Sleep.

Of the specialties with a backlog, 30 saw their backlog increase, 7 specialties backlog stayed the same and 30 specialties reduced their backlog size.

1 CMG and the Alliance have achieved an overall RTT performance above the 92.0% RTT standard. A Weekly Access Meeting has been introduced at Glenfield Hospital with all RRCV services having formal attendance.

All specialties that have a total waiting list size greater than 30 and performing below 92% have been requested to submit an action plan and trajectory to recover performance.

10 Largest Backlog Reductions

- General Surgery -53
- Orthopaedic Surgery -44
- Vascular Surgery -29
- Cardiology -27
- Thoracic Medicine -20
- Paediatric Urology -11
- Plastic Surgery -11
- Cardiac Surgery -10
- Dermatology -9
- Clinical Immunology -8

10 Largest Backlog Increases

- Paediatric ENT 62
- Allergy 56
- Sleep 45
- Gastroenterology 38
- Neurology 36
- ENT 23
- Ophthalmology 19
- Urology 18
- Spinal Surgery 15
- Rheumatology 15

CMG	Admitted RTT%	Non Admitted RTT%	Total RTT%
CHUGGS	54.8%	92.0%	84.2%
CSI	58.9%	95.7%	90.8%
ESM	62.3%	96.5%	96.1%
ITAPS	83.4%	93.4%	90.2%
MSS	55.6%	91.9%	80.6%
RRCV	74.7%	90.8%	87.5%
W&C	65.3%	94.9%	90.4%
Alliance	83.7%	94.0%	93.2%
UHL	59.7%	93.0%	85.5%
UHL & Alliance	60.9%	93.1%	86.5%

52 Week Breaches: Executive Performance Board

University Hospitals of Leicester NHS
NHS Trust

52 Week Breaches — Zero (-4 Change)

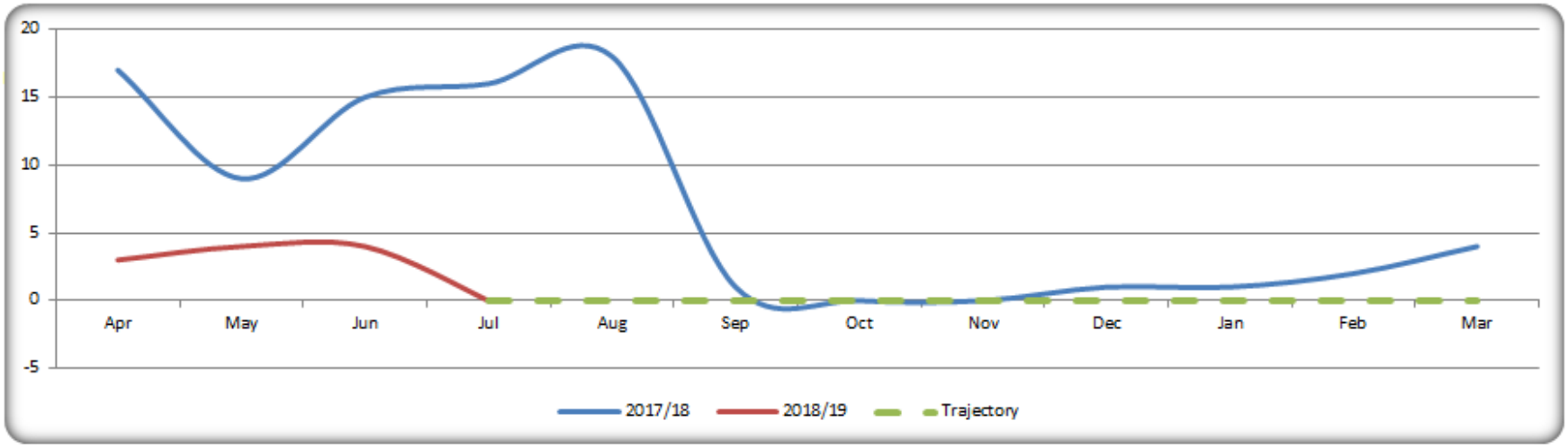
Current Position:
At the end July there were zero patients with an incomplete pathway at more than 52 weeks.

Key Drivers:

- Prior cancellations has produced a large increase in the number of long waiting patients at over 40 weeks. At the end of July there were 271% more patients waiting over 40 weeks compared to July 2017. During July the number of patients waiting over 40 weeks has risen by 54 to 489.
- Despite the increased number of long waiting patients, UHL's current 52 week breach performance is significantly better than 2017's, which had 16 patients breaching 52 weeks compared to zero patients this month.

Key Actions

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



Diagnostics: Executive Performance Board

University Hospitals of Leicester NHS
NHS Trust

Diagnostics: DM01

98.3% (Target >=99%) +1.3% Change

289 Breaches -225 Change

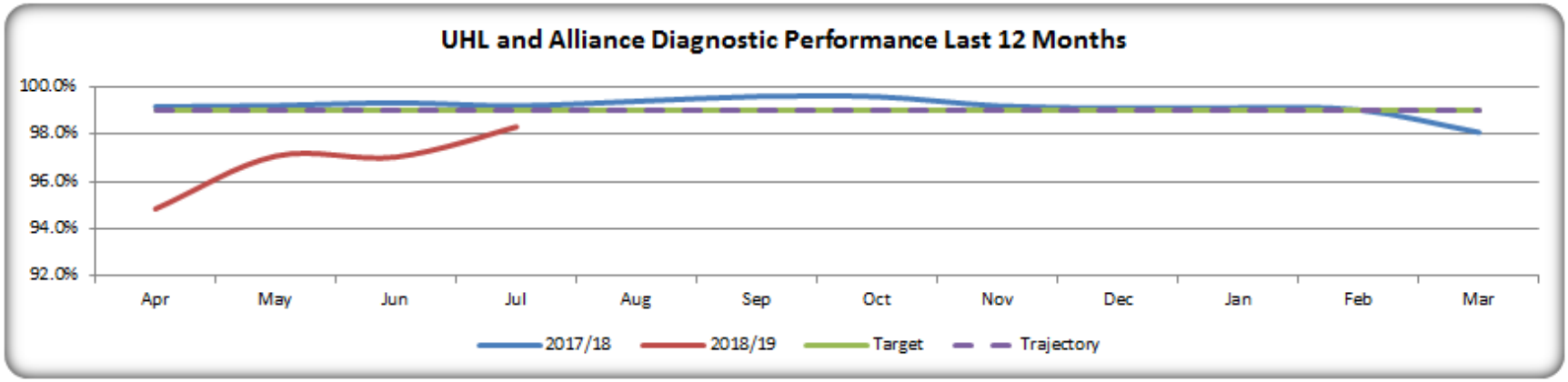
Imaging	99.5% (Target >99%)	+2.0% Change	Breaches: 64	-279 Change
Physiological Measurement	98.8% (Target >99%)	-0.1% Change	Breaches: 24	+3 Change
Endoscopy	90.0% (Target >99%)	-1.9% Change	Breaches: 201	+51 Change

Current Position:
2018/19 has seen a failure to meet the 1% diagnostic breach target in the first 4 months. July achieved 98.3% with 123 breaches more than the maximum allowance to have met the target. Overall performance has continued to improve, largely driven by improved performance within Imaging modalities.

Key Drivers:
- Capacity constraints within Endoscopy.
- Reduced available capacity for endoscopy at local hospitals within the Alliance as well an increases in 2WW referrals resulting in increased demand.

Key Actions:
- This has seen month on month improvements in MRI diagnostic breaches.
- For endoscopy additional clinical capacity will start at the beginning of August with the introduction of an endoscopy fellow resulting in an additional 6 sessions per week.

It is forecasted that August delivery remains a risk due to continued high volumes of 2WW referrals requiring endoscopy. Current projection for August is 98.5% but this is being monitored and progressed daily.



Cancelled Ops: Executive Performance Board

Current Position:
For July there were 161 non clinical hospital cancellations for UHL and Alliance combined. This resulted in a failure of the 0.8% standard as 1.5% of elective FCE's were cancelled on the day for non-clinical reasons (148 UHL 1.4% and 13 Alliance 1.6%). There were 35 patients who did not receive their operation within 28 days of a non-clinical cancellation, 32 from UHL and 3 from the Alliance (111 YTD).

Key Drivers:

- Capacity constraints resulting in 71 cancellations (48%) of hospital non clinical cancellations. Of this 12 were within Paediatrics.
- 41 cancellations due to lack of theatre time / list overrun. Contextual information indicates other patients on the theatre list becoming more complex and late starts due to awaiting beds are causational factors.
- Increased cancellations has resulted in higher numbers 28 days breaches. Increased demand from cancer and emergency demand for elective beds has reduced capacity for routine elective patients including 28 day breach patients.

Key Actions:

- Cancellations due to lack theatre time / list overrun is being managed via Four Eyes as part of the Theatre Program Board's Efficient Work Stream, focusing on starting on time and scheduling.
- 28 Day Performance monitored at the Weekly Access Meeting

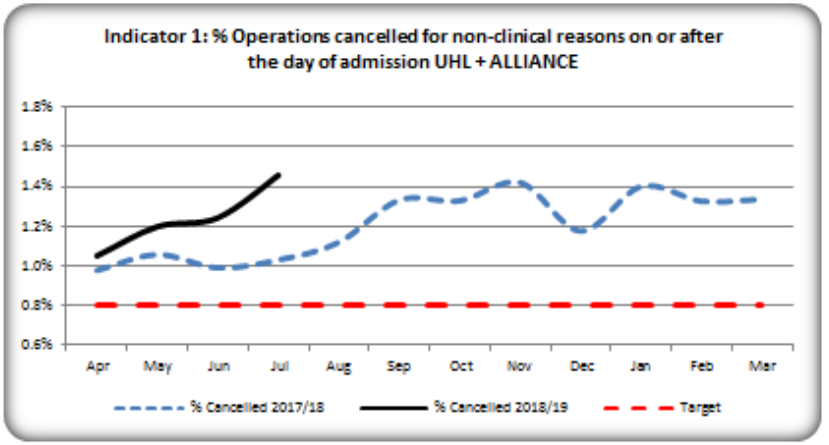
It is forecasted achieving the 0.8% standard in August remains a risk due to continuing emergency demand.

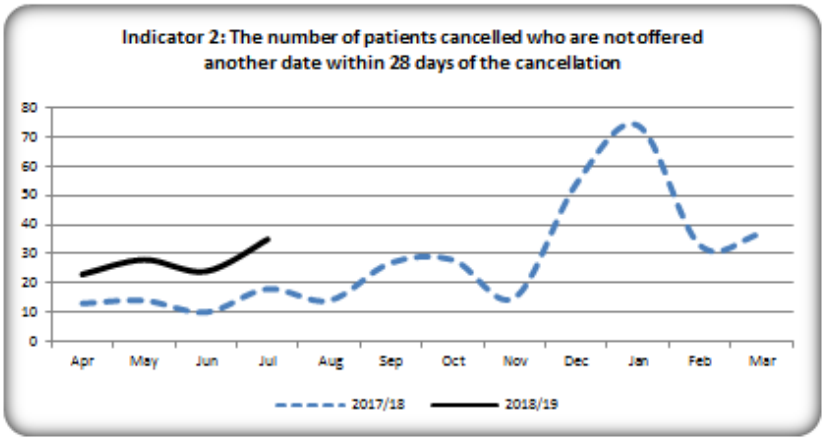
Cancelled Operations

UHL	Alliance	Combined	YTD
1.4% (+0.2 Change)	1.6% (+0.4 Change)	1.5% (+0.3 Change)	1.2%

28 Day Re-Books

UHL	Alliance	Combined	YTD
32 (+8 Change)	3 (+3 Change)	35 (+11 Change)	111



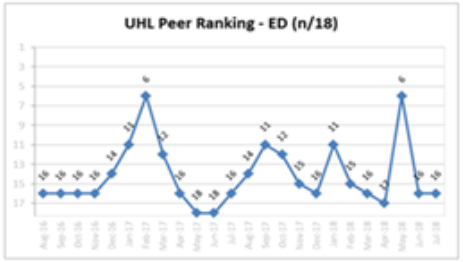
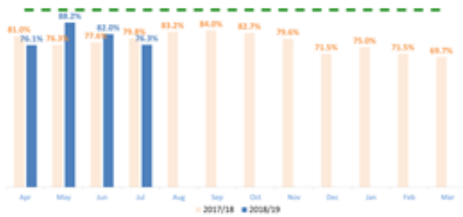


APPENDICES

APPENDIX A: Exception Summary Report

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
RIDDOR – Number of Serious Staff Injuries	**18/19 Target – <=50** 9 reported in July, the trajectory for this period is 4. YTD is 23 exceeding our YTD target by 4.	**Trend** 	Once again, the disparity in the types of RIDDOR seen and the variety of locations and incidents is non-thematic. This is likely to be the net effect of the tremendous pressure that staffs are under.	We continue to monitor, offer practical help and support and make recommendations for safer H&S related practice.
MRSA Bacteraemias – The number of MRSA (Methicillin Resistant Staphylococcus aureus) bacteraemias.	**18/19 Target – 0** There was 1 case of MRSA bacteraemia in July for MSS CMG. A total of 1 case (unavoidable + avoidable) has been reported YTD compared to a total of 0 cases by the same period last year.	**Trend** 	**<u>Key Messages - What is driving underperformance?</u>** Infection on Ward 17 Balmoral Level 5 **<u>Key Actions – What are we doing to improve performance?</u>** Escalation through CMG infection prevention meeting. Targeted education and training and urgent review of risk register entry.	
Single Sex Accommodation Breaches (patients affected) – The number of occurrences of unjustified mixing in relation to sleeping accommodation.	**18/19 Target – 0** 2 breaches reported in July compared to 2 Breach same period last year. 26 reported YTD.	**Trend**	Clinical Staff have a strong commitment to maintaining same sex compliance for patients. 11 breaches in June were as a result of staff balancing the risks for patients attending ED. 2 breaches in July on the Stroke Unit due to lack of staff understanding of the Same-Sex Matrix and the escalation process.	Reiterating to staff the need to familiarise themselves and adhere to the Trust's Same Sex Matrix at all times. Root Cause Analysis reports generated and shared with the clinical team Bed Co-ordinators and Duty Management teams.

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions	**18/19 Target – 72%** 72 NOF's of which 30 exceeded the 36hr time to theatre target. Overall performance against target 58.90 % Those which were >36hrs were for the following reasons:- • 5 patients - clinical reasons/unfit • 10 patients – trauma priority patients/ lack of theatre capacity in week • 12 patients- trauma priority patients/ lack of theatre capacity weekend • 2 patients – awaiting a hip consultant • 1 patient-radiographer unavailable	**Trend** 	Of the 30 patients who exceeded the threshold, 24 patients were within our control and 6 were outside of our control. ED wait times for 72 NoF patients' targets were: • 0-4 hours = 22 patients • 4-8 hours = 37 patients • 8-12 hours = 4 patients • Over 12 hours = 1 patients • Other referrals = 8 patients • Lack of theatre capacity in week , a peak on admission of NoF patients and the volumes of complex trauma requiring surgery due to their clinical need time this has been reviewed and it is evident this had a significant impact. This resulted in lengthy theatre overruns, causing a lack of flow for NoF patients.	• Weekend capacity, the peak of admissions in week resulted in increased workload at the weekend, there is limited theatre capacity there was the unavailability of staff to increase theatre capacity. • Hip surgeon availability is an issue when on-call surgeon is not of that sub speciality expertise this delayed 2 patients. • Shortage of image equipment is a constant struggle within theatres and theatre lists are changed accordingly to accommodate this however this is not always possible. Theatre team have agreed to Datix all cases of delays / cancellations / non-image only lists going forwards. • Clinically unfit patients required stabilisation pre operatively • Weekly monitoring of theatre utilisation of all Trauma theatres continues • Operational meetings with the Clinical Director chairing continue. • Awaiting an appointment of a clinical lead for NoF. Agreed at GIRFT.

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
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).	**18/19 Target – 95% or above** 76.3% of patients were treated within 4 hour compared to 79.8% in the same period last year.	**Benchmark**  **Trend** 	The LLR system has delivered against the urgent care trajectory for the last 3 months. With major improvement in ambulance handover. June saw a reduction in improvement which has continued into July following the weekend performance of the 6th July. ED attendances are 1% higher than plan in Qtr. 1 and 2% higher than the same period last year.	Key recovery actions for July led by the COO are: 1. Improve the governance and accountability 2. MADE event (July 9th) 3. Stranded patient week (9-13th July) 4. Strengthen emergency floor processes including fast tracking to base wards 5. Strengthen weekend planning with a focus on discharge 6. Review on-call rotas 7. Utilisation of predicated bed requirement for all Specialities and overall bed requirement by time of day
Ambulance Handover >60 Mins (CAD+ from June 15) – is a measure of the percentage of handover delays over 60 minutes	**18/19 Target – 0%** July performance for handover was 4% compared to 1% in the same period last year. Our YTD performance is significantly better in comparison to same period last year.	**Trend** 	July is showing a 39% increase in hours lost in comparison to June. Reduction in Ambulance handover performance for July despite number of arrivals being at its lowest for 2018/19. CAD+ coverage is at its highest – currently 89% of all arrivals at LRI is via CAD+.	1. Dedicated person in Ambulance Assessment managing time of arrival to handover. 2. Escalation protocol in place when ambulance assessment bay hits 8 patients via the flow manager. 3. System in place to ensure additional nursing and medical support is provided at peak times to increase throughput. 4. Patients arriving by ambulance are assessed to see if they are fit to sit and if this is the case they are handed over to the walk in assessment zone to free up cubicle space in ambulance assessment.

APPENDIX B: Safe Domain Dashboard

Safe | Caring | Well Led | Effective | Responsive | OP Transformation | Research

	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	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	18/19 YTD
Safe	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	14	20	22	16	17	20	20	12	33	21	32	12		65
	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	5	3	5	3	0	2	5	0	2	4	4	6	3	17
	S3	Proportion of reported safety incidents per 1000 attendances (IP, OP and ED)	AF	MD	> FY 17/18	UHL	Not required	May-17	17.5	16.5	15.8	15.5	14.0	14.5	14.7	15.0	18.9	15.7	16.9	17.5	16.7	16.1	16.7	18.9	17.1
	S4	SEPSIS - Patients with an Early Warning Score 3+ - % appropriate escalation	AF	SH	95%	UHL	TBC	Dec-17	New Indicator	88%	95%	94%	94%	95%	95%	95%	96%	98%	97%	98%	98%	98%	98%		98%
	S5	SEPSIS - Patients with EWS 3+ - % who are screened for sepsis	AF	SH	95%	UHL	TBC	Dec-17	New Indicator	93%	95%	92%	94%	93%	95%	96%	96%	95%	94%	95%	96%	97%	97%		96%
	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%	86%	86%	85%	86%	87%	84%	83%	82%	79%	95%	93%	88%		92%
	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%	80%	75%	80%	84%	79%	76%	82%	78%	83%	84%	83%	77%		81%
	S8	Overdue CAS alerts	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	Nov-16	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	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	4	4	7	4	9	4	3	0	6	1	7	6	9	23
	S10	Never Events	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	May-17	2	4	8	0	1	0	1	0	1	0	0	2	1	1	2	0	4
	S11	Clostridium Difficile	EM	DJ	61	NHSI	Red if >mthly threshold / ER if Red or Non compliance with cumulative target	Nov-17	60	60	68	5	7	9	7	4	4	4	5	8	12	4	5	4	25
	S12	MRSA Bacteraemias - Unavoidable or Assigned to third Party	EM	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)	EM	DJ	0	UHL	Red if >0 ER if >0	Nov-17	0	0	4	0	1	1	0	0	0	0	2	0	0	0	0	1	1
	S14	MRSA Total	EM	DJ	0	UHL	Red if >0 ER if >0	Nov-17	0	3	4	0	1	1	0	0	0	0	2	0	0	0	0	1	1
	S15	E. Coli Bacteraemias - Community	EM	DJ	TBC	NHSI	TBC	Jun-18	New Indicator	476	454	45	40	38	42	38	35	43	29	32	38	54	43	35	170
	S16	E. Coli Bacteraemias - Acute	EM	DJ	TBC	NHSI	TBC	Jun-18	New Indicator	121	96	7	2	10	3	10	9	7	5	9	11	7	3	5	26
	S17	E. Coli Bacteraemias - Total	EM	DJ	TBC	NHSI	TBC	Jun-18	New Indicator	597	550	52	42	48	45	48	44	50	34	41	49	61	46	40	196
	S18	MSSA - Community	EM	DJ	TBC	NHSI	TBC	Nov-17	New Indicator	134	139	15	13	12	12	3	17	19	10	10	12	11	8	14	45
	S19	MSSA - Acute	EM	DJ	TBC	NHSI	TBC	Nov-17	New Indicator	30	43	6	2	1	1	3	4	4	4	4	5	4	2	1	12
	S20	MSSA - Total	EM	DJ	TBC	NHSI	TBC	Nov-17	New Indicator	164	182	21	15	13	13	6	21	23	14	14	17	15	10	15	57
	S21	% of UHL Patients with No Newly Acquired Harms	EM	NB	>=95%	UHL	Red if <95% ER if in mth <95%	Sept-16	97.7%	97.7%	97.7%	97.4%	98.0%	98.0%	98.1%	97.8%	98.1%	97.8%	97.4%	97.4%	97.4%	97.3%	98.4%	98.2%	97.8%
	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%	95.9%	96.1%	95.7%	95.8%	96.1%	95.2%	94.9%	93.6%	94.0%	93.6%	95.5%	95.6%	95.1%	95.0%
	S23	All falls reported per 1000 bed stays for patients >65years- reported 1 month in arrears	EM	HL	<=5.5	UHL	Red if >6.6 ER if 2 consecutive reds	Jun-18	5.4	5.9	6.0	4.9	6.0	5.8	5.6	5.4	6.2	7.7	6.1	6.6	7.3	6.1	7.0		6.8
	S24	Avoidable Pressure Ulcers - Grade 4	EM	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	EM	MC	<=3 a month (revised) with FY End <27	QS	Red / ER if Non compliance with monthly target	Aug-17	33	28	8	0	0	0	0	0	1	1	2	0	0	0	1	1	2
	S26	Avoidable Pressure Ulcers - Grade 2	EM	MC	<=7 a month (revised) with FY End <84	QS	Red / ER if Non compliance with monthly target	Aug-17	89	89	53	4	1	8	3	1	7	5	7	4	7	4	7	7	25
	S27	Maternal Deaths (Direct within 42 days)	AF	IS	0	UHL	Red or ER if >0	Jan-17	0	2	2	0	0	0	0	1	0	0	0	1	1	0	0	0	0
	S28	Emergency C Sections (Coded as R18)	IS	EB	Not within Highest Decile	NHSI	Red / ER if Non compliance with monthly target	Jan-17	17.5%	16.8%	18.2%	16.6%	18.3%	17.7%	19.3%	16.1%	18.0%	19.1%	19.8%	17.4%	19.3%	19.9%	19.4%	16.8%	18.8%

APPENDIX C: Caring Domain Dashboard

Safe | **Caring** | Well Led | Effective | Responsive | OP Transformation | Research

	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	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	18/19 YTD
Caring	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	1.0	1.6	1.5	1.8	1.2	1.2	1.5	1.4	1.6	1.6	1.6	1.4	1.7	1.6
	C2	Percentage of upheld PHSO cases	AF	MD	No Target	UHL	Quarterly reporting	Mar-18	NEW INDICATOR	5%	0%	0% (0 out of 2 cases)			0% (0 out of 3 cases)			0% (0 out of 3 cases)			0% (0 out of 4 cases)				0%
	C3	Published Inpatients and Daycase Friends and Family Test - % positive	EM	HL	97%	UHL	Red if <95% ER if red for 3 consecutive months Revise threshold 17/18	Jun-17	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	98%	97%	97%	97%
	C4	Inpatients only Friends and Family Test - % positive	EM	HL	97%	UHL	Red if <95% ER if red for 3 consecutive months Revise threshold 17/18	Jun-17	97%	96%	96%	96%	96%	97%	95%	96%	96%	96%	97%	96%	96%	97%	97%	95%	96%
	C5	Daycase only Friends and Family Test - % positive	EM	HL	97%	UHL	Red if <95% ER if red for 3 consecutive months Revise threshold 17/18	Jun-17	98%	98%	98%	98%	98%	98%	99%	98%	99%	99%	98%	98%	99%	99%	98%	98%	99%
	C6	A&E Friends and Family Test - % positive	EM	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	96%	91%	95%	95%	98%	96%	95%	95%	95%	97%	94%	94%	95%	96%	95%	95%	96%
	C7	Outpatients Friends and Family Test - % positive	EM	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	94%	93%	95%	94%	95%	95%	94%	95%	96%	96%	95%	95%	95%	96%	95%	95%	95%
	C8	Maternity Friends and Family Test - % positive	EM	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	95%	95%	95%	94%	93%	93%	93%	95%	94%	95%	95%	96%	94%	94%	93%	94%	94%
	C9	Friends & Family staff survey: % of staff who would recommend the trust as place to receive treatment (from Pulse Check)	JTF	JTF	TBC	NHSI	TBC	Aug-17	70.0%	73.6%	69.8%	70.7%			65.0%			69.3%			70.5%				70.5%
	C10	Single Sex Accommodation Breaches (patients affected)	EM	HL	0	NHSI	Red if >0 ER if 2 consecutive months >5	Dec-16	1	60	30	2	0	0	1	1	0	0	0	19	13	0	11	2	26

APPENDIX D: Well Led Domain Dashboard

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	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	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	18/19 YTD
Well Led	W1	Published Inpatients and Daycase Friends and Family Test - Coverage (Adults and Children)	EM	HL	Not Appicable	N/A	Not Appicable	Jun-17	27.4%	30.2%	27.9%	31.0%	29.3%	29.4%	28.2%	27.7%	24.2%	25.0%	24.4%	23.8%	26.7%	28.6%	27.7%	27.8%	27.7%
	W2	Inpatients only Friends and Family Test - Coverage (Adults and Children)	EM	HL	30%	QS	Red if <26% ER if 2mths Red	Jun-17	31.0%	35.3%	31.9%	37.7%	35.6%	33.2%	32.4%	31.6%	25.4%	28.3%	28.4%	26.0%	30.6%	32.2%	30.1%	31.6%	31.1%
	W3	Daycase only Friends and Family Test - Coverage (Adults and Children)	EM	HL	20%	QS	Red if <10% ER if 2 mths Red	Jun-17	22.5%	24.4%	23.6%	23.9%	22.7%	25.3%	23.8%	23.9%	22.8%	21.5%	19.9%	21.3%	22.4%	24.6%	25.3%	23.6%	24.0%
	W4	A&E Friends and Family Test - Coverage	EM	HL	10%	QS	Red if <7.1% ER if 2 mths Red	Jun-17	10.5%	10.8%	9.9%	11.1%	13.5%	12.4%	9.7%	8.8%	8.1%	10.0%	7.5%	7.2%	7.1%	12.0%	9.9%	10.8%	10.0%
	W5	Outpatients Friends and Family Test - Coverage	EM	HL	5%	QS	Red if <1.5% ER if 2 mths Red	Jun-17	1.4%	3.0%	5.7%	5.7%	6.4%	6.6%	6.1%	6.0%	6.3%	3.9%	4.7%	5.7%	5.7%	5.7%	5.8%	5.5%	5.7%
	W6	Maternity Friends and Family Test - Coverage	EM	HL	30%	UHL	Red if <26% ER if 2 mths Red	Jun-17	31.6%	38.0%	40.2%	43.3%	40.9%	38.8%	40.3%	46.0%	33.8%	36.7%	30.1%	38.9%	35.9%	41.9%	37.2%	38.5%	38.3%
	W7	Friends & Family staff survey: % of staff who would recommend the trust as place to work (from Pulse Check)	HW	BK	Not within Lowest Decile	NHSI	TBC	Sep-17	55.4%	61.9%	57.9%	57.3%			57.0%			54.7%			60.3%				60.3%
	W8	Nursing Vacancies	EM	MM	TBC	UHL	Separate report submitted to QAC	Dec-17	8.4%	9.2%	11.9%	10.8%	10.3%	9.7%	9.4%	11.1%	11.4%	14.4%	11.3%	11.9%	12.4%	14.0%	15.0%	14.6%	14.6%
	W9	Nursing Vacancies in ESM CMG	EM	MM	TBC	UHL	Separate report submitted to QAC	Dec-17	17.2%	15.4%	23.4%	23.3%	22.5%	22.4%	22.1%	23.8%	22.7%	29.0%	23.1%	23.4%	27.5%	29.5%	30.5%	29.0%	29.0%
	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%	8.8%	8.7%	8.5%	8.6%	8.5%	8.5%	8.4%	8.4%	8.5%	8.5%	8.6%	8.4%	8.4%	8.4%
	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%	3.8%	3.8%	3.9%	4.0%	4.2%	4.7%	5.3%	5.3%	4.7%	3.7%	3.5%	3.8%		3.7%
	W12	Temporary costs and overtime as a % of total paybill	HW	LG	TBC	NHSI	TBC	Nov-17	10.7%	10.6%	12.0%	11.2%	11.6%	11.0%	10.7%	11.5%	9.9%	12.2%	10.9%	13.0%	11.0%	12.2%	11.8%	11.3%	11.6%
	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%	91.7%	91.2%	91.0%	90.9%	89.9%	90.4%	89.8%	88.8%	88.7%	89.3%	89.3%	89.8%	91.1%	91.1%
	W14	Statutory and Mandatory Training	HW	BK	95%	UHL	TBC	Dec-16	93%	87%	88%	85%	DATA UNAVAILABLE			81%	84%	85%	86%	88%	89%	89%	89%	90%	90%
	W15	% Corporate Induction attendance	HW	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	97%	96%	97%	98%	97%	94%	95%	97%	96%	96%	98%	98%	96%	96%	98%	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%			27%			27%			28%				28%
	W17	BME % - Leadership (8A – Excluding Medical Consultants)	HW	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17	New Indicator	12%	14%	13%			13%			14%			14%				14%
	W18	Executive Team Turnover Rate - Executive Directors (rolling 12 months)	HW	AH	TBC	UHL	TBC	Nov-17	New Indicator	0%	40%	20%	20%	20%	20%	20%	20%	40%	40%	40%	75%	75%	50%	50%	50%
	W19	Executive Team Turnover Rate - Non Executive Directors (rolling 12 months)	HW	AH	TBC	UHL	TBC	Nov-17	New Indicator	25%	13%	14%	14%	14%	14%	14%	14%	14%	13%	13%	13%	13%	0%	0%	0%
	W20	DAY Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	EM	MM	TBC	NHSI	TBC	Apr-17	90.5%	90.5%	91.3%	89.4%	87.8%	93.3%	92.3%	93.3%	91.6%	93.1%	92.8%	94.2%	87.2%	88.6%	87.2%	80.1%	85.5%
	W21	DAY Safety staffing fill rate - Average fill rate - care staff (%)	EM	MM	TBC	NHSI	TBC	Apr-17	92.0%	92.3%	101.1%	93.0%	94.9%	106.1%	109.6%	113.0%	110.4%	109.8%	104.5%	105.5%	99.9%	100.2%	98.2%	94.7%	98.2%
	W22	NIGHT Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	EM	MM	TBC	NHSI	TBC	Apr-17	95.4%	96.4%	93.6%	95.4%	95.2%	93.2%	90.3%	91.1%	91.5%	92.4%	92.5%	93.0%	93.5%	95.7%	94.3%	88.0%	92.9%
	W23	NIGHT Safety staffing fill rate - Average fill rate - care staff (%)	EM	MM	TBC	NHSI	TBC	Apr-17	98.9%	97.1%	111.0%	100.2%	107.7%	114.3%	119.9%	122.5%	117.7%	119.4%	119.4%	120.5%	124.2%	119.8%	118.0%	124.1%	121.5%

APPENDIX E: Effective Domain Dashboard

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	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	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	18/19 YTD
Effective	E1	Emergency readmissions within 30 days following an elective or emergency spell	AF	CM	Monthly <8.5%	QC	Red if >8.6% ER if >8.6%	Jun-17	8.9%	8.5%	9.1%	8.9%	9.2%	9.3%	8.5%	8.5%	9.4%	9.1%	9.3%	9.3%	9.4%	9.2%	9.1%		9.2%
	E2	Mortality - Published SHMI	AF	RB	<=99	QC	Red/ER if not within national expected range	Sep-16	96	102 (Oct15-Sep16)	98 (Oct16-Sep17)	101 (Jan16-Dec16)			101 (Apr16-Mar17)			100 (Jul16-Jun17)			98 (Oct16-Sep17)			97 (Jan17-Dec17)		97
	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	97	94	96	94	93	95	Awaiting HED Update							95
	E4	Mortality - Rolling 12 mths HSMR (Rebased Monthly as reported in HED)	AF	RB	<=99	UHL	Red/ER if not within national expected range	Sep-16	96	102	94	97	97	96	95	94	94	94	94	93	93	93	Awaiting HED Update		93
	E5	Crude Mortality Rate Emergency Spells	AF	RB	<=2.4%	UHL	Monthly Reporting	Apr-17	2.3%	2.4%	2.2%	2.2%	1.8%	1.8%	1.9%	2.0%	2.7%	2.5%	2.6%	2.3%	2.2%	2.0%	1.9%	2.0%	2.0%
	E6	No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions	AF	AC	72% or above	QS	Red if <72% ER if 2 consecutive mths <72%	Jun-17	63.8%	71.2%	69.9%	76.1%	80.6%	69.6%	61.1%	75.4%	67.9%	72.6%	66.1%	66.7%	74.6%	64.2%	53.5%	58.8%	62.2%
	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%	93.6%	89.0%	85.4%	87.4%	88.4%	88.1%	83.0%	80.4%	81.1%	83.3%	88.0%	83.5%		85.2%
	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%	64.3%	51.7%	28.6%	67.9%	60.8%	65.3%	36.0%	28.8%	51.2%	48.1%	67.3%	77.7%	70.2%	65.1%

APPENDIX F: Responsive Domain Dashboard

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Responsive

KPI Ref	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	18/19 Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	15/16 Outturn	16/17 Outturn	17/18 Outturn	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	18/19 YTD
R1	ED 4 Hour Waits UHL	RB	RM	95% or above	NHSI	Green if in line with NHSI trajectory	Aug-17	86.9%	79.6%	77.6%	79.8%	83.2%	84.0%	82.7%	79.6%	71.5%	75.0%	71.5%	69.7%	76.1%	88.2%	82.0%	76.3%	80.7%
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	Dec-17	NEW INDICATOR		80.6%	NEW INDICATOR				85.1%	79.5%	81.8%	78.7%	77.9%	82.8%	91.3%	87.1%	83.1%	86.3%
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	0	0	0	0	0	3	0	2	35	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%	91.8%	91.8%	91.4%	92.1%	92.1%	90.2%	88.8%	87.5%	85.2%	85.8%	86.8%	87.0%	86.5%	86.5%
R5	RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE	RB	WM	0	NHSI	Red /ER if >0	Nov-16	232	24	4	16	18	1	0	0	1	1	2	4	3	4	4	0	0
R6	6 Week - Diagnostic Test Waiting Times (UHL+ALLIANCE)	RB	WM	1% or below	NHSI	Red /ER if >1%	Dec-16	1.1%	0.9%	1.9%	0.8%	0.6%	0.4%	0.4%	0.8%	0.9%	0.9%	1.0%	1.9%	5.2%	2.9%	3.0%	1.7%	1.7%
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	18	14	27	28	15	55	74	31	37	24	27	24	33	108
R9	Cancelled patients not offered a date within 28 days of the cancellations ALLIANCE	RB	WM	0	NHSI	Red if >2 ER if >0	Jan-17	1	11	2	0	0	0	0	0	0	1	1	0	0	1	0	3	4
R10	% Operations cancelled for non-clinical reasons on or after the day of admission UHL	RB	WM	0.8% or below	Contract	Red if >0.8% ER if >0.8%	Jan-17	1.0%	1.2%	1.3%	1.1%	1.2%	1.4%	1.4%	1.5%	1.4%	1.4%	1.4%	1.5%	1.1%	1.2%	1.2%	1.4%	1.2%
R11	% Operations cancelled for non-clinical reasons on or after the day of admission ALLIANCE	RB	WM	0.8% or below	Contract	Red if >0.8% ER if >0.8%	Jan-17	0.9%	0.9%	0.6%	0.0%	0.1%	0.1%	0.9%	0.8%	0.3%	1.2%	0.2%	0.0%	0.9%	0.6%	1.7%	1.6%	1.2%
R12	% Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	RB	WM	0.8% or below	Contract	Red if >0.8% ER if >0.8%	Jan-17	1.0%	1.2%	1.2%	1.0%	1.1%	1.3%	1.3%	1.4%	1.3%	1.4%	1.3%	1.3%	1.1%	1.2%	1.2%	1.5%	1.2%
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	115	127	149	156	174	129	151	134	144	110	139	138	161	548
R14	Delayed transfers of care	RB	JD	3.5% or below	NHSI	Red if >3.5% ER if Red for 3 consecutive mths	Oct-17	1.4%	2.4%	1.9%	1.6%	1.7%	1.9%	1.7%	1.9%	2.2%	2.2%	2.6%	1.7%	1.6%	1.3%	1.3%	1.2%	1.4%
R15	Ambulance Handover >60 Mins (CAD+ from June 15)	RB	MN	0	Contract	Red if >0 ER if Red for 3 consecutive mths	TBC	5%	9%	4%	1%	2%	0.2%	0.6%	0.8%	7%	5%	10%	9%	4%	0.1%	0.7%	4%	2%
R16	Ambulance Handover >30 Mins and <60 mins (CAD+ from June 15)	RB	MN	0	Contract	Red if >0 ER if Red for 3 consecutive mths	TBC	19%	14%	9%	5%	4%	3%	6%	8%	13%	11%	14%	15%	8%	1.4%	4%	8%	6%

APPENDIX G: Responsive Domain Cancer Dashboard

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Responsive Cancer

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	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	18/19 YTD
** Cancer statistics are reported a month in arrears.																									
RC1	Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	RB	DB	93% or above	NHSI	Red if <93% ER if Red for 2 consecutive mths	Jul-16	90.5%	93.2%	94.7%	95.1%	93.7%	94.3%	95.6%	93.9%	95.1%	94.1%	93.9%	95.7%	95.6%	93.9%	95.0%	93.1%	**	94.1%
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%	89.6%	93.0%	92.3%	95.4%	94.3%	90.3%	88.1%	89.0%	92.5%	92.0%	90.3%	95.5%	88.7%	**	91.6%
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%	97.0%	96.2%	95.0%	94.1%	93.0%	94.4%	97.3%	93.6%	96.0%	93.7%	95.1%	94.7%	96.4%	**	95.4%
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%	100.0%	97.9%	99.1%	99.1%	100.0%	100.0%	98.1%	99.0%	98.9%	100%	100%	99.2%	98.0%	**	99.1%
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%	88.9%	90.5%	81.5%	82.1%	80.2%	94.3%	88.2%	84.4%	83.6%	80.3%	77.4%	90.1%	89.6%	**	85.7%
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%	96.2%	95.6%	94.5%	92.1%	94.9%	97.2%	97.6%	95.8%	98.3%	94.8%	97.5%	98.1%	100%	**	98.5%
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%	77.7%	82.1%	78.9%	79.1%	78.8%	76.1%	81.3%	76.0%	72.9%	75.6%	78.6%	75.7%	74.5%	**	76.2%
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%	93.3%	85.3%	90.5%	80.0%	89.3%	76.3%	74.1%	78.7%	81.8%	78.1%	58.5%	86.8%	81.0%	**	76.4%
RC9	Cancer waiting 104 days	RB	DB	0	NHSI	TBC	Jul-16	New Indicator	10	18	12	12	6	8	16	13	14	20	14	18	11	9	11	17	17

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	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	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%	--	--	--	--	--	--	100.0%	--	--	--	--	--	--	--	**	--
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%	93.3%	96.3%	91.7%	93.1%	97.0%	92.6%	94.5%	94.1%	85.3%	92.3%	89.6%	93.7%	92.9%	**	91.8%
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%	92.3%	75.0%	43.6%	46.7%	82.4%	69.0%	82.9%	52.6%	70.3%	85.7%	71.4%	35.0%	66.7%	**	60.7%
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%	92.9%	100.0%	81.8%	70.0%	100.0%	85.7%	85.7%	66.7%	55.6%	88.9%	80.0%	57.1%	50.0%	**	65.2%
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%	61.9%	64.7%	47.8%	61.9%	57.7%	40.9%	46.2%	50.0%	62.5%	62.5%	42.1%	60.0%	55.6%	**	51.1%
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%	50.0%	60.5%	78.9%	78.3%	38.7%	62.5%	50.0%	72.7%	58.3%	41.7%	51.9%	53.1%	66.7%	**	57.9%
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%	61.1%	74.4%	68.8%	61.4%	64.1%	62.2%	89.7%	58.3%	65.1%	52.0%	70.2%	70.5%	78.3%	**	73.0%
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%	100.0%	0.0%	100.0%	40.0%	66.7%	0.0%	100.0%	100.0%	--	100.0%	--	66.7%	50.0%	**	57.1%
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%	50.0%	100.0%	50.0%	100.0%	100.0%	20.0%	100.0%	--	20.0%	0.0%	66.7%	100.0%	**	50.0%
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%	93.8%	97.5%	100.0%	96.1%	97.3%	97.4%	100.0%	90.0%	97.3%	100.0%	94.4%	100.0%	93.2%	**	95.8%
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%	59.4%	58.6%	75.7%	63.2%	81.1%	78.8%	80.0%	92.3%	64.7%	55.6%	67.7%	61.5%	81.6%	**	69.4%
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%	72.3%	84.7%	77.4%	83.5%	66.7%	69.2%	77.9%	75.6%	68.4%	75.0%	78.7%	75.7%	59.4%	**	71.3%
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%	100.0%	100.0%	50.0%	100.0%	100.0%	100.0%	--	0.0%	0.0%	40.0%	100.0%	100.0%	75.0%	**	88.9%
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%	77.7%	82.1%	78.9%	79.1%	78.8%	76.1%	81.3%	76.0%	72.9%	75.6%	78.6%	75.7%	74.5%	**	76.2%

APPENDIX H: Outpatient Transformation Dashboard

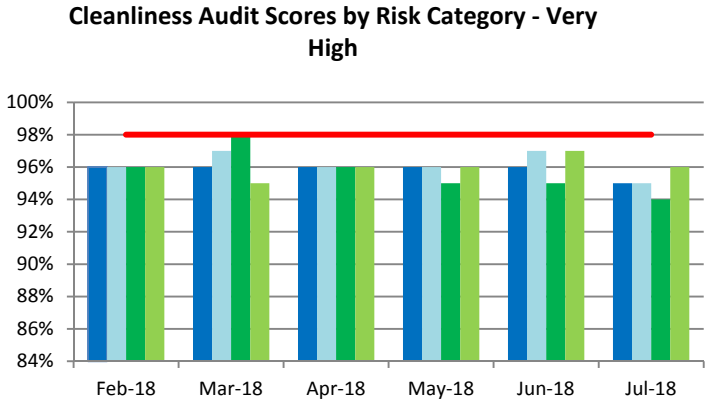
Safe | Caring | Well Led | Effective | Responsive | OP Transformation | Research

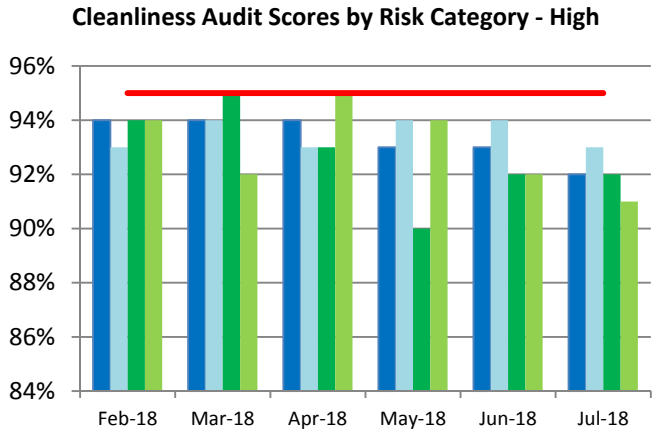
Out Patient Transformation Programme

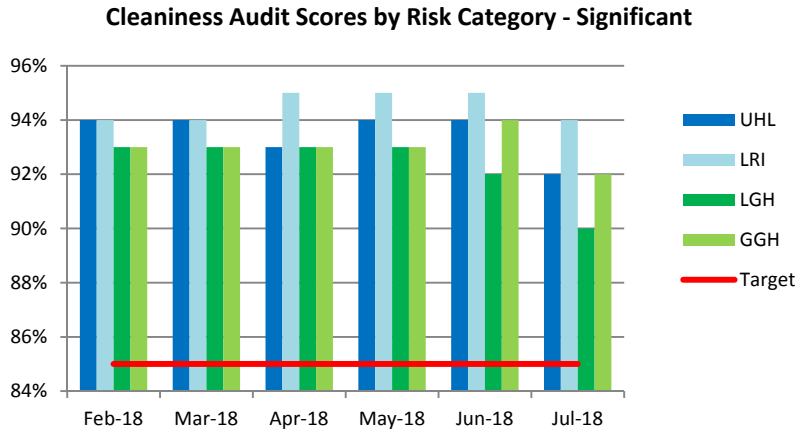
Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	Baseline	17/18 Outturn	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	18/19 YTD
Friends and Family test score (Coverage)	JS	HL	5%	QS	Red if <4.5% Amber if <5% Green if >=5% ER if 3 mths Red	Jun-17	3.0%	5.7%	5.7%	6.4%	6.6%	6.1%	6.0%	6.3%	3.9%	4.7%	5.7%	5.7%	5.7%	5.8%	5.5%	5.7%
% 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%	94.0%	94.7%	94.7%	93.9%	95.3%	95.6%	96.2%	95.4%	95.3%	95.2%	95.6%	95.1%	95.0%	95.2%
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%	NEW INDICATOR	64.4%	65.8%	65.4%	66.9%	67.2%	68.4%	68.3%	70.4%	77.3%	83.2%	91.2%		91.2%
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%	84.3% 24 specialties / 102 services			88.8% 26 specialties / 107 services			97.2% 28 Specialties / 125 services			93.5% 31 Specialties / 143 services				93.5%
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%	27.5%	26.5%	26.5%	22.1%	16.1%	15.5%	14.5%	17.6%	21.4%	23.3%	26.2%	25.2%		24.9%
% Patients seen within 15mins of their appointment time	MW	ZS/ST	TBC	UHL	TBC	New Indicator	56% 19% (Cov)	57% 17% (Cov)	58% 17% (Cov)	57% 17% (Cov)	55% 16% (Cov)	57% 16% (Cov)	56% 17% (Cov)	58% 16% (Cov)	55% 17% (Cov)	56% 16% (Cov)	59% 16% (Cov)	60% 16% (Cov)	58% 16% (Cov)	60% 16% (Cov)	59% 17% (Cov)	59%
% Patients seen within 30 mins of their appointment time	MW	ZS/ST	TBC	UHL	TBC	New Indicator	73% 19% (Cov)	74% 17% (Cov)	74% 17% (Cov)	74% 17% (Cov)	73% 16% (Cov)	74% 16% (Cov)	73% 17% (Cov)	74% 17% (Cov)	74% 17% (Cov)	74% 16% (Cov)	76% 16% (Cov)	77% 16% (Cov)	75% 16% (Cov)	78% 16% (Cov)	77% 17% (Cov)	76%
% Clinics Waiting times Recorded (Coverage)	MW	ZS/ST	98% by Dec 18	UHL	Green if variation <=4% Amber if variation >4.1% and <8% Red if variation >8% Trajectory - 50% Aug, 75% Sep, 80% Oct, 85% Nov,98% Dec	New Indicator	16%	17%	17%	17%	16%	16%	17%	17%	17%	16%	16%	16%	16%	16%	17%	16%
Reduction in number of long term follow up >12 months	MW	WM	0	UHL	TBC	New Indicator	2851	1467	1586	1495	1522	1351	1404	1335	1115	1247	1467			1339	1431	1431
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)	3.3% (A)			1.6% (A)			4.2% (F)			0.9% (A)				0.9% (A)
% Reduction in hospital cancellations (ENT)	MW	ZS/ST	15% by Mar 19	UHL	Green if <=?? Amber if >?? and <?? Red if >?? Trajectory - 21% Apr, 21% May, 20% Jun, 19% Jul, 19% Aug, 18% Sep, 18% Oct, 17% Nov,17% Dec, 16% Jan, 16% Feb, 15% Mar	New Indicator	21%	23%	21%	28%	25%	27%	20%	27%	26%	22%	23%	23%	22%	21%	24%	22%
% Room Utilisation (CSI areas)	MW	MA	80%	UHL	RAG Rating to March 2018 - Red<70%, Amber < 80%, Green >=80%	New Indicator	TBC	70%	66%	68%	68%	72%	73%	66%	73%	74%	75%	77%	79%	72%	72%	75%
% appointment letters printed via outsourced provider	MW	SP	85%	UHL	From APRIL 2018: Red<75%, Amber < 95%	New Indicator	82%	84%	84%	84%	84%	85%	86%	85%	85%	85%	86%	88%	89%	89%	89%	89%
% Clinic summary letters sent within 7 days	MW	WM	90%	UHL	TBC	New Indicator			INDICATOR REPORTING TO COMMENCE FROM APRIL 2018									85%	78.2%	78.0%	74.1%	79.0%
% Clinic summary letters sent within 10 days	MW	WM	90%	UHL	TBC	New Indicator				92%	93%	89%	84%	80%	76%	84%	79%	85%				85%
% Hardware replacement	JC	AC	17%	UHL	17% by March 2018	New Indicator		79.5% 97 of 122	107 TO BE REPLACED BY MARCH 2018							67% 82 of 122	79.5% 97 of 122	79.5% 97 of 122				79.5%
% Compliance with PLACE standards (ENT & Cardiology)	DK	RK	80%	UHL	Quarterly Reporting 3% increase every quarter	New Indicator	80%	73.1%	NEW INDICATOR						73.1%			AWAITING UPDATE				AWAITING UPDATE
Number of staff enrolling for the new apprenticeship with Leicester College	MW	DW	100 by FYE 18/19	UHL	TBC	New Indicator			NEW INDICATOR									NEW INDICATOR				NEW INDICATOR
E-learning	MW	DW	1000 by March 2019	UHL	TBC	New Indicator			REPORTING TO COMMENCE IN QTR 4 2018/19													REPORTING QTR 4

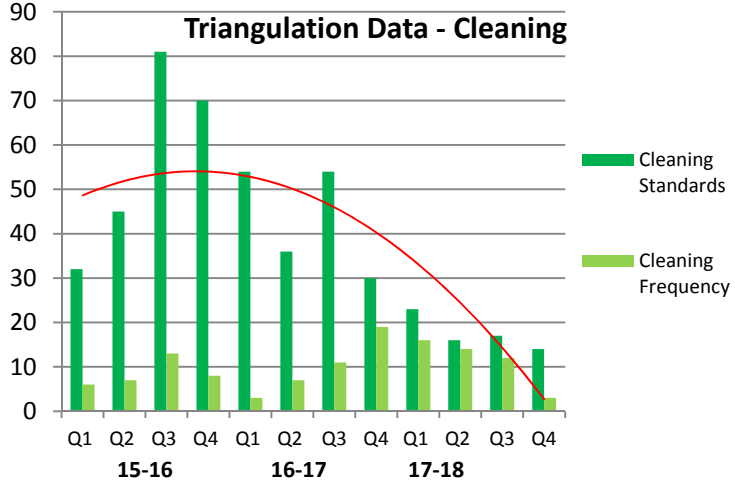
APPENDIX I: Estates and Facilities

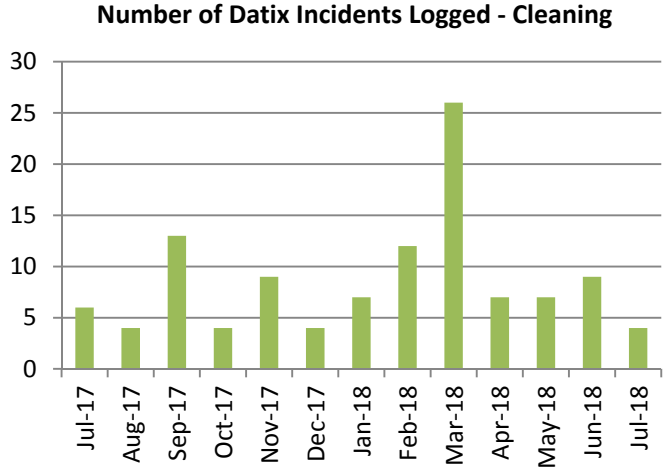
Estates and Facilities - Cleanliness











Cleanliness Report

Explanatory Notes

The above charts show average audit scores for the whole Trust and by hospital site since February 2018. 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

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' on a quarterly basis with the next update due for the October 2018 report.

Notes on Performance

Very high-risk areas this month averaged across all three sites have dropped by 1% to 95%, with LGH dropping to 94%, the LRI by 2% to 95% and the GH by 1% to 96%. All 3 sites continue to remain behind target.

High-risk audit scores have overall have dropped 1% to 92%, with LGH achieving 92%, GGH achieving 91%, and the LRI scores have dropping to 93%.
Significant risk areas all continue to exceed the 85% target.

The number of datix incidents logged for July has decreased from 9 in June to 4 in July which does is an unexpected (positive) result given the slight drop off in audit scores. 2 of the Datix reports refer to very high risk areas.

Performance scores overall continue to fluctuate just below target levels with a potential slight downward trend beginning to emerge since April. At present this remains within the observed range of variation demonstrated over the last year or so.

With current vacancies, sickness and summer leave the domestic service is regularly running at 3000 hours per week below establishment. Current financial constraints dictate that only 1400 hours are covered by bank shifts. The above targets will not be met with the current level of resources deployed. Significant recruitment activity continues which in itself consumes considerable operational resources. It is hoped that the recent AfC pay award will improve staff retention.

Estates and Facilities – Patient Catering

Patient Catering Survey – July 2018	Percentage 'OK or Good'	
	Jun-18	Jul-18
Did you enjoy your food?	95%	95%
Did you feel the menu has a good choice of food?	97%	100%
Did you get the meal that you ordered?	97%	100%
Were you given enough to eat?	100%	97%

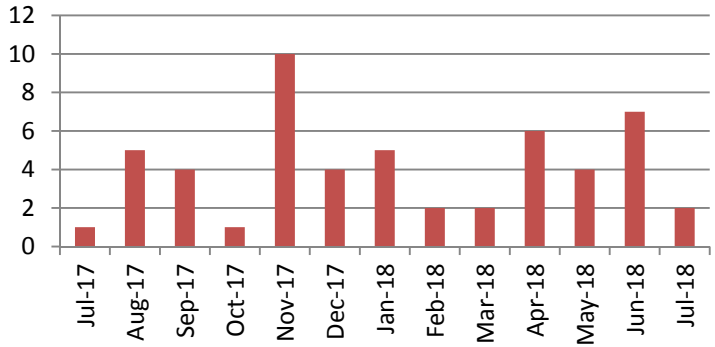
90 – 100%	80 – 90%	<80%

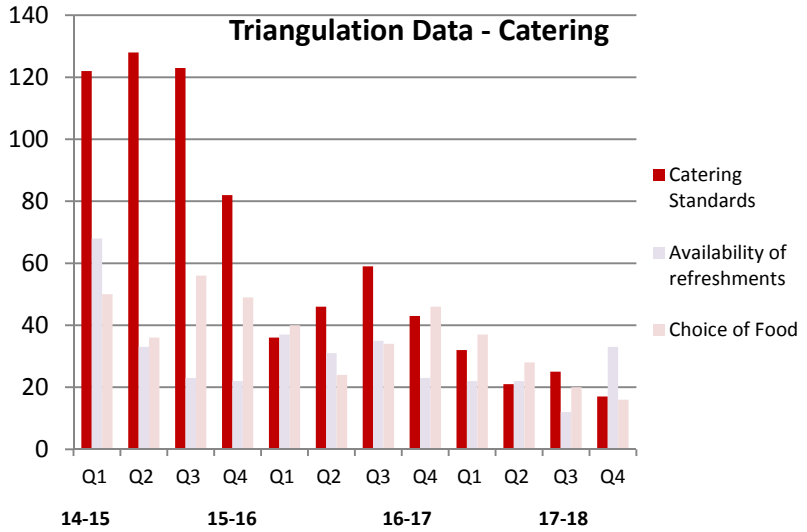
Number of Patient Meals Served				
Month	LRI	LGH	GGH	UHL
May	66,914	23,532	33,088	123,534
June	66,337	21,991	28,660	116,988
July	69,138	22,628	26,021	117,787

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

97 – 100%	95 – 97%	<95%

Number of Datix Incidents Logged -Patient Catering





Patient Catering Report

Survey numbers remain down with the scores being based on 37 returns.

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

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

The triangulation data has been updated to include Q4 data and shows a spike in availability of refreshments that needs to be investigated, but overall reflects the high standards of the catering department.

Datix incidents reported have dropped compared to recent months. However, these still remain at a low level proportionally.

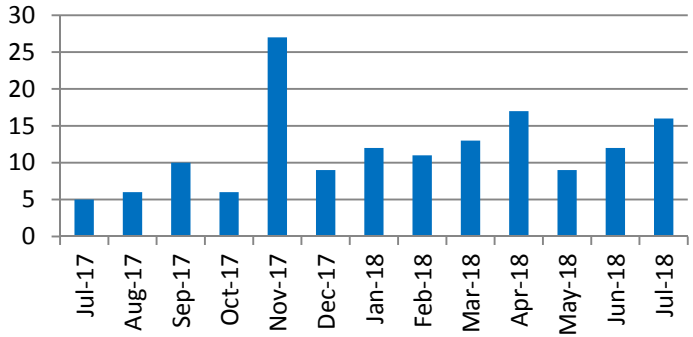
Estates and Facilities - Portering

Reactive Portering Tasks in Target				
Site	Task (Urgent 15min, Routine 30min)	Month		
		May	June	July
GH	Overall	93%	92%	91%
	Routine	92%	91%	90%
	Urgent	99%	98%	98%
LGH	Overall	93%	93%	94%
	Routine	92%	92%	92%
	Urgent	99%	98%	99%
LRI	Overall	94%	92%	90%
	Routine	93%	91%	88%
	Urgent	98%	98%	98%

95 – 100%	90 – 94%	<90%

Average Portering Task Response Times		
Category	Time	No of tasks
Urgent	00:15	2,553
Routine	28:31	10,205
	Total	12,758

Number of Datix Incidents Logged - Portering



Portering Report

July's performance timings having increased slightly since June but this is being contributed to by some sickness and absence issues that the portering services at the LRI are currently experiencing

Opening and closing of wards to support patient flow, demand for availability of wheelchairs, beds and trolleys given current high activity levels continues to place extra demand on the logistics service where time spent locating equipment could be better utilised.

Datix incidents continue to fluctuate but remain within the usually observed range of report numbers.

Estates & Facilities – Planned Maintenance

Statutory Maintenance Tasks Against Schedule					
	Month	Fail	Pass	Total	%
UHL Trust Wide	May	2	127	129	98%
	June	4	146	150	97%
	July	3	138	141	98%

99 – 100%	97 – 99%	<97%

Non-Statutory Maintenance Tasks Against Schedule					
	Month	Fail	Pass	Total	%
UHL Trust Wide	May	772	1961	2733	72%
	June	757	1360	2117	64%
	July	706	1532	2238	68%

95 – 100%	80 – 95%	<80%

Estates Planned Maintenance Report

For July we achieved 98% in the delivery of Statutory Maintenance tasks in the month. This is due to 42 emergency lighting PPM''s that were issued but were not completed in time, due to staff shortages at the LRI and one Emergency lighting PPM at the UHL Academy that appears to have been missed. These are being completed by the on-site team meaning that we will be fully compliant by the middle of July.

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.

Handsets to support the remote management and recording of work tasks are now being rolled out across the GH and associated community team. This is following the return of the devices from IM&T. This will improve the efficiency of the operation.

Peer Group Analysis (June 2018)

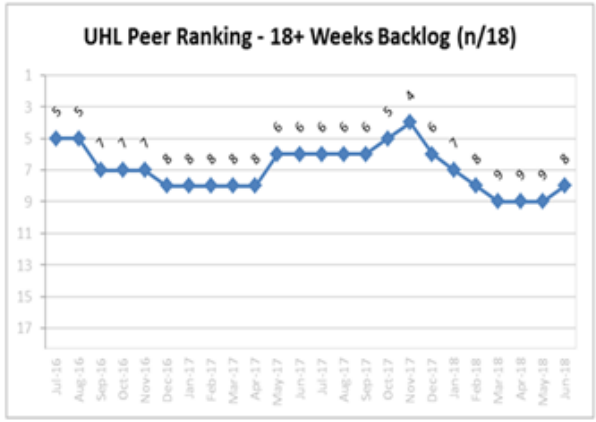
University Hospitals of Leicester NHS
NHS Trust

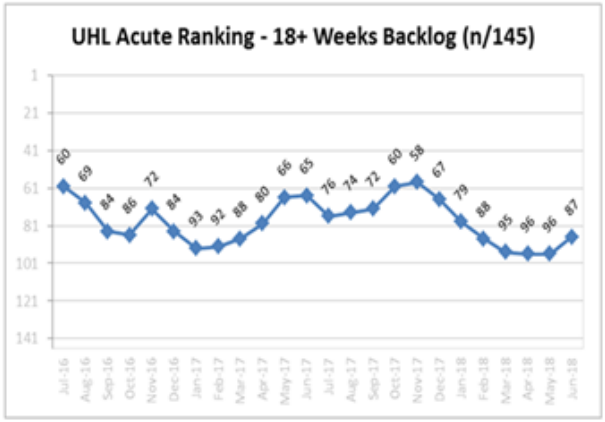
RTT 18+ Weeks Backlog – June 2018

RTT 18+ Weeks Backlog - June 2018

All Acute Trusts Performance - 87.2%
45 of the 145 Acute Trusts achieved 92% or more*
*UHL ranks 87 out of the 145 Acute Trusts**

Peer Rank	Provider Name	RTT Incompletes Performance - Target 92%
1	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	95.2%
2	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	94.2%
3	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	93.8%
4	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	91.6%
5	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	89.8%
6	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	89.4%
7	LEEDS TEACHING HOSPITALS NHS TRUST	88.5%
8	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	87.0%
9	PENNINE ACUTE HOSPITALS NHS TRUST	85.9%
10	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	85.5%
11	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	85.5%
12	BARTS HEALTH NHS TRUST	85.1%
13	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	84.8%
14	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	84.3%
15	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	82.0%
16	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	80.8%
17	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	79.0%
18	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	75.2%



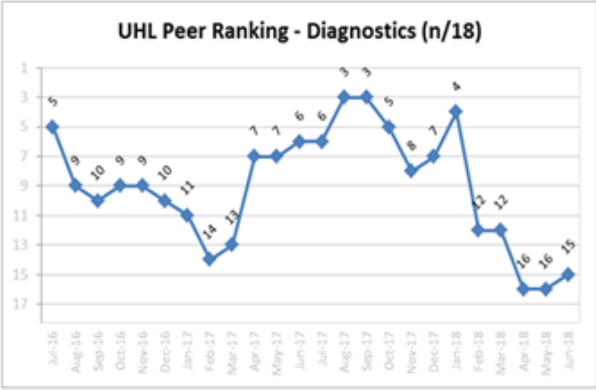


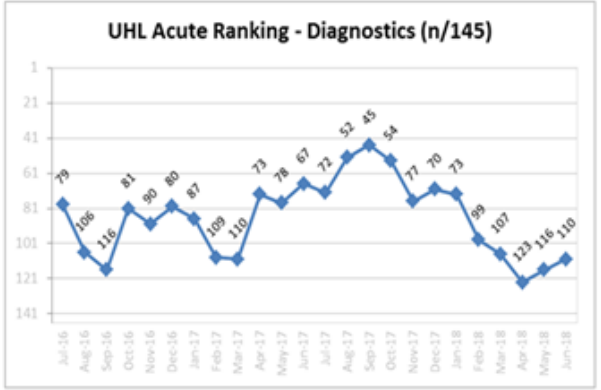
Diagnostics – June 2018

Diagnostics - June 2018

All Acute Trusts Performance - 3.0%
83 of the 145 Acute Trusts achieved <1% or less*
*UHL ranks 110 out of the 145 Acute Trusts**
(Ranked Ascending)

Peer Rank	Provider Name	Diagnostics Peformance %Waiting 6 Wks+ - Target <=1%
1	BARTS HEALTH NHS TRUST	0.2%
2	PENNINE ACUTE HOSPITALS NHS TRUST	0.5%
3	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	0.5%
4	LEEDS TEACHING HOSPITALS NHS TRUST	0.6%
5	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	0.6%
6	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	0.8%
7	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	0.9%
8	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	0.9%
9	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1.0%
10	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	1.0%
11	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	1.5%
12	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	1.9%
13	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	2.0%
14	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	2.3%
15	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	3.0%
16	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	3.0%
17	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	4.0%
18	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	9.0%





***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 (June 2018) – ED Jul 18

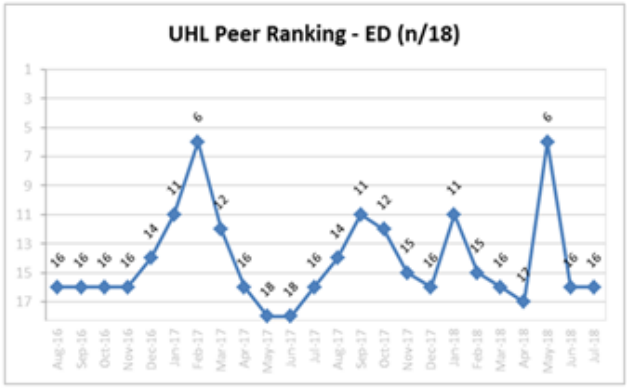
University Hospitals of Leicester NHS
NHS Trust

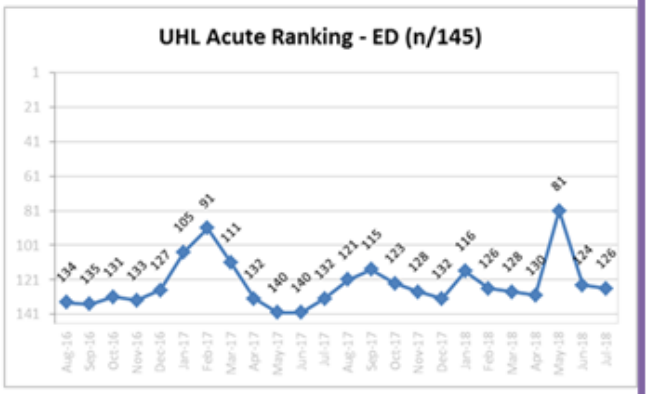
UHL ED Attendances within 4 hours – July 2018

UHL ED Attendances within 4 hours - July 2018

All Acute Trusts - 87.5%
17 of the 145 Acute Trusts achieved 95% or more*
*UHL ranks 126 out of the 145 Trusts**

Peer Rank	Provider Name	Performance within 4 Hours - Target 95% - Amber 92% - <95%
1	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	94.2%
2	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	89.8%
3	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	88.4%
4	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	88.1%
5	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	86.5%
6	PENNINE ACUTE HOSPITALS NHS TRUST	86.0%
7	BARTS HEALTH NHS TRUST	85.0%
8	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	84.3%
9	LEEDS TEACHING HOSPITALS NHS TRUST	83.9%
10	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	83.6%
11	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	83.5%
12	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	82.0%
13	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	79.6%
14	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	79.2%
15	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	78.0%
16	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	76.3%
17	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	76.3%
18	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	71.8%



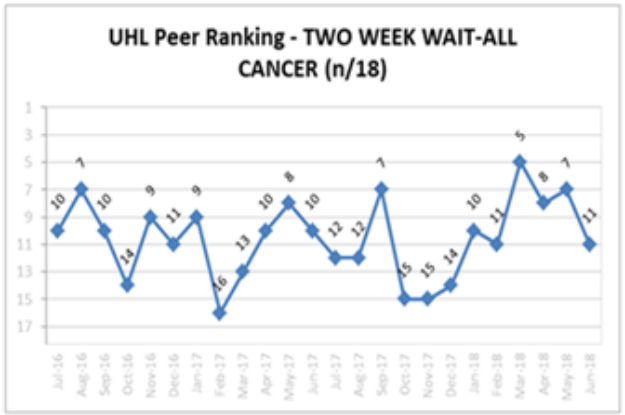


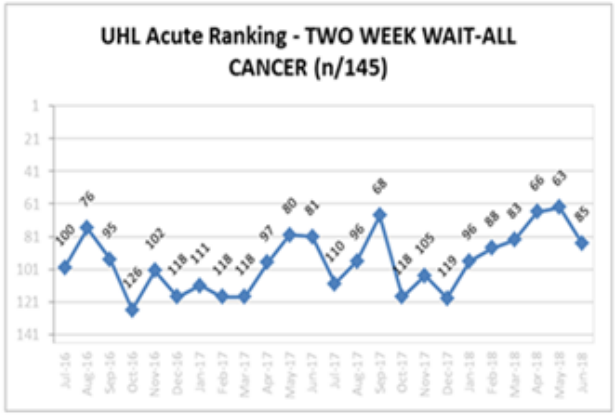
TWO WEEK WAIT-ALL CANCER – June 2018

TWO WEEK WAIT-ALL CANCER - June 2018

All Acute Trusts Performance - 91.1%
87 of the 145 Acute Trusts achieved 93% or more*
*UHL ranks 85 out of the 145 Acute Trusts**

Peer Rank	Provider	Performance within 14 Days - Target 93%
1	BARTS HEALTH NHS TRUST	95.8%
2	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	95.7%
3	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	94.8%
4	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	94.8%
5	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	94.6%
6	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	94.5%
7	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	94.2%
8	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	94.1%
9	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	93.9%
10	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	93.4%
11	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	93.1%
12	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	92.1%
13	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	90.2%
14	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	85.8%
15	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	83.0%
16	LEEDS TEACHING HOSPITALS NHS TRUST	80.8%
17	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	80.5%
18	PENNINE ACUTE 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 (June 2018)

University Hospitals of Leicester NHS
NHS Trust

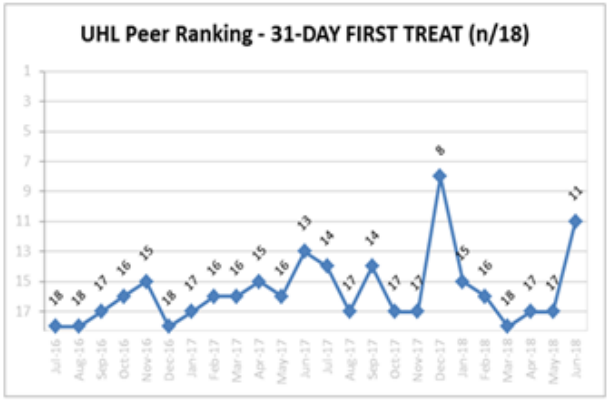
31-DAY FIRST TREAT – June 2018

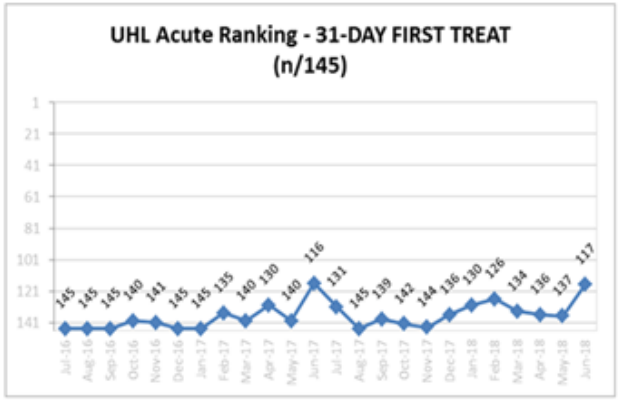
31-DAY FIRST TREAT - June 2018

All Acute Trusts Performance - 97.4%
123 of the 145 Acute Trusts achieved 96% or more*

*UHL ranks 117 out of the 145 Acute Trusts**

Peer Rank	Provider	Performance within 31 Days - Target 96%
1	PENNINE ACUTE HOSPITALS NHS TRUST	99.4%
2	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	98.9%
3	BARTS HEALTH NHS TRUST	98.9%
4	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	98.7%
5	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	98.7%
6	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	98.6%
7	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	98.5%
8	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	97.6%
8	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	97.2%
10	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	96.9%
11	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	96.4%
12	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.4%
16	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.3%
14	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	96.3%
15	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	95.9%
16	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	95.7%
17	LEEDS TEACHING HOSPITALS NHS TRUST	94.9%
18	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	93.6%





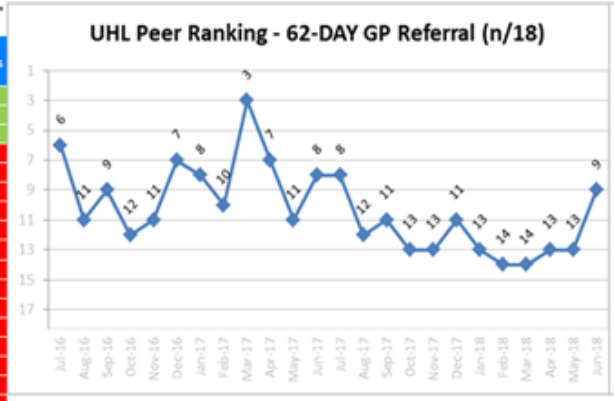
62-DAY GP Referral – June 2018

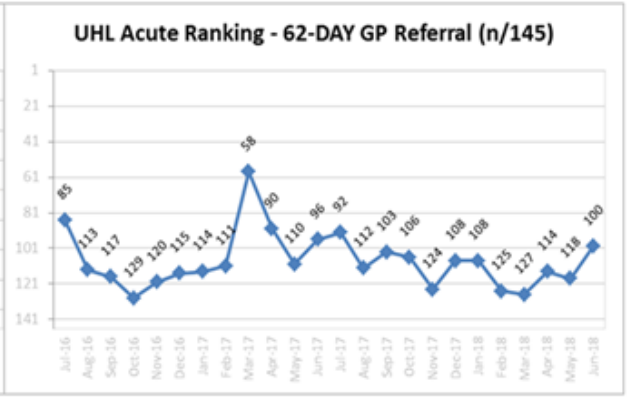
62-DAY GP Referral - June 2018

All Acute Trusts Performance - 79.1%
49 of the 145 Acute Trusts achieved 85% or more*

*UHL ranks 100 out of the 145 Acute Trusts**

Peer Rank	Provider	Performance within 62 Days - Target 85%
1	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	86.6%
2	BARTS HEALTH NHS TRUST	86.1%
3	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	86.0%
4	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	83.6%
5	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	81.7%
6	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	80.6%
7	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	80.1%
8	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	78.8%
9	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	74.5%
10	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	74.4%
11	PENNINE ACUTE HOSPITALS NHS TRUST	74.0%
12	LEEDS TEACHING HOSPITALS NHS TRUST	72.6%
13	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	72.6%
14	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	72.4%
15	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	72.1%
16	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	67.4%
17	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	65.4%
18	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	65.1%





***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 (June 2018)

University Hospitals of Leicester NHS
NHS Trust

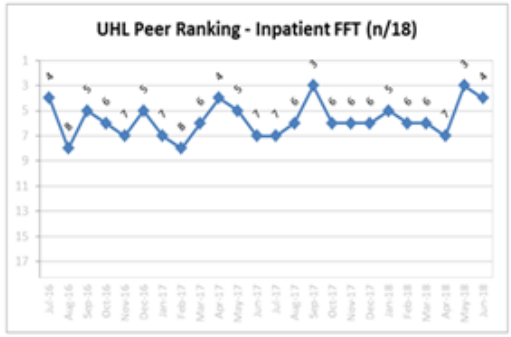
Inpatient FFT – June 2018

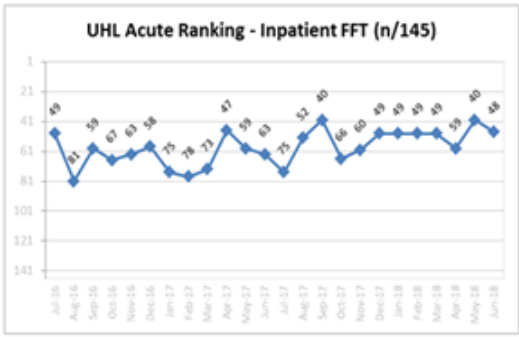
Inpatient FFT - June 2018

All Acute Trusts - Response Rate 25% - Recommended 96% - Not Recommended 2%

UHL ranks 48 (for Recommended) and 23 (for Not Recommended) out of the 145 Trusts***

Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	18%	98%	1%
2	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	22%	98%	0%
3	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	24%	98%	1%
4	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	**28%**	**97%**	**0%**
5	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	12%	97%	1%
6	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	34%	97%	1%
7	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	36%	97%	1%
8	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	9%	97%	1%
9	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	20%	96%	1%
10	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	30%	96%	1%
11	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	20%	96%	2%
12	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	30%	96%	1%
13	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	16%	94%	2%
14	LEEDS TEACHING HOSPITALS NHS TRUST	34%	94%	3%
15	PENNINE ACUTE HOSPITALS NHS TRUST	30%	94%	3%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	15%	94%	3%
17	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	20%	93%	3%
18	BARTS HEALTH NHS TRUST	5%	87%	8%





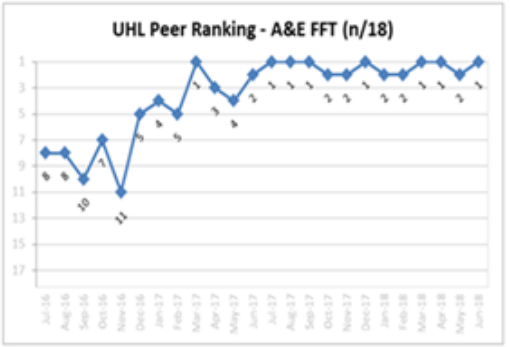
A&E FFT – June 2018

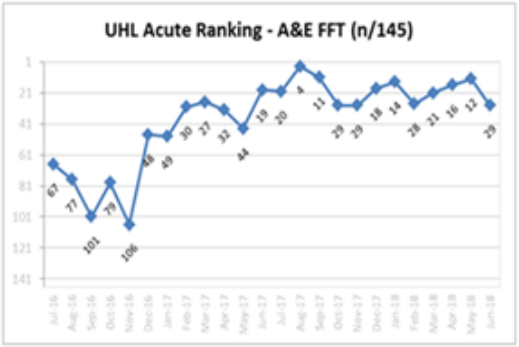
A&E FFT - June 2018

All Acute Trusts - Response Rate 25% - Recommended 96% - Not Recommended 2%

UHL ranks 29 (for Recommended) and 46 (for Not Recommended) out of the 145 Trusts***

Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	**10%**	**95%**	**2%**
2	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	2%	94%	4%
3	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	13%	93%	3%
4	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	17%	91%	4%
5	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2%	91%	5%
6	LEEDS TEACHING HOSPITALS NHS TRUST	26%	89%	7%
7	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	23%	89%	8%
8	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	16%	88%	7%
9	PENNINE ACUTE HOSPITALS NHS TRUST	18%	85%	9%
10	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	17%	85%	10%
11	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	17%	84%	9%
12	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	20%	84%	10%
13	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	10%	83%	9%
14	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	12%	81%	12%
15	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	17%	82%	11%
16	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	16%	81%	13%
17	BARTS HEALTH NHS TRUST	7%	75%	17%
18	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	27%	68%	21%

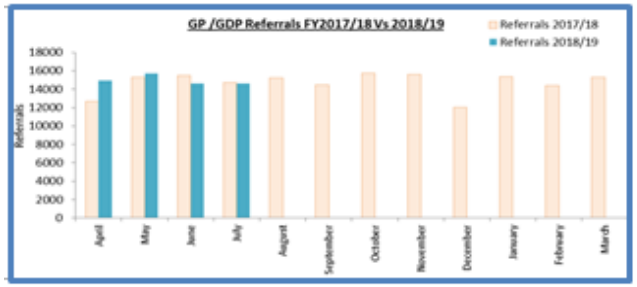


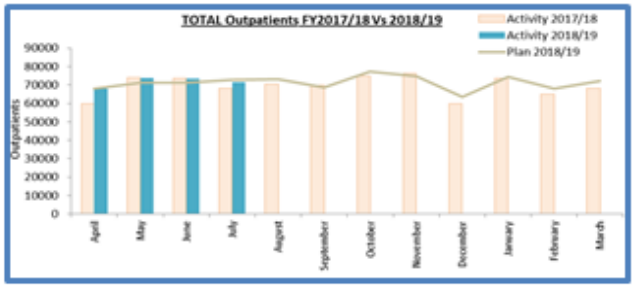


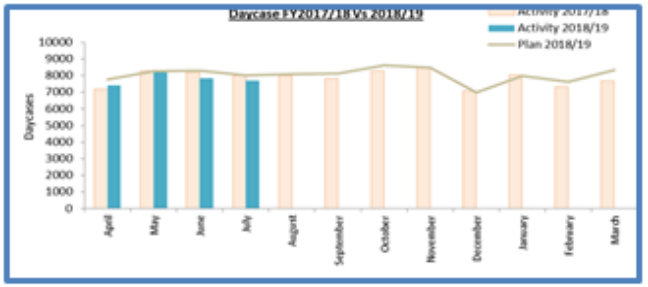
***Acute NHS hospitals – there are 145 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service**

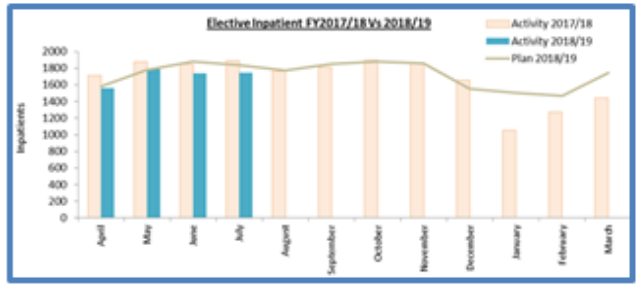
UHL Activity Trends

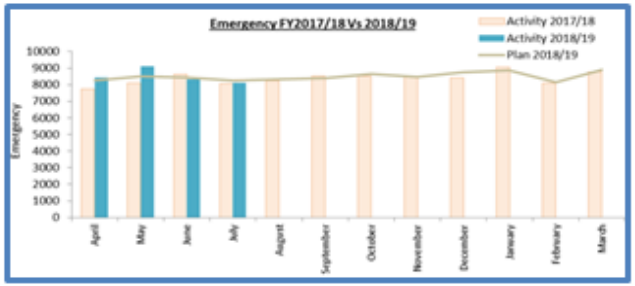
University Hospitals of Leicester NHS
NHS Trust

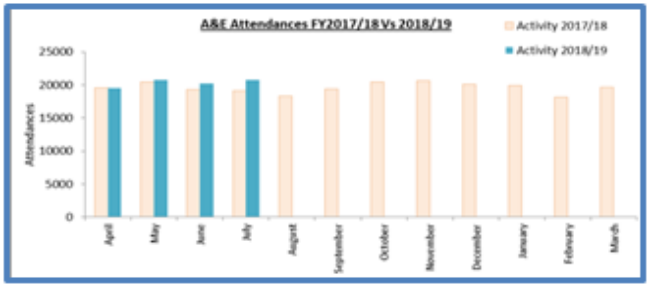




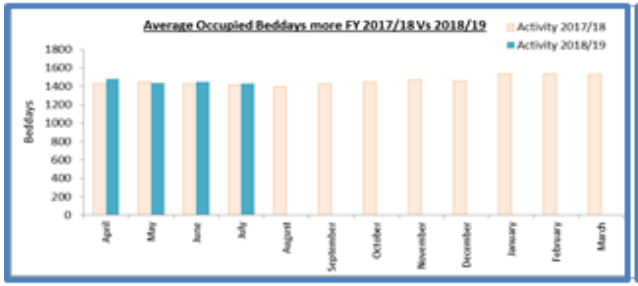


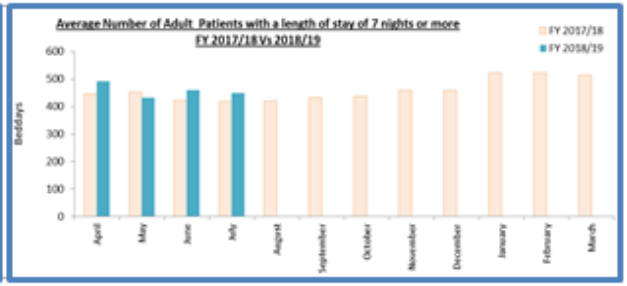


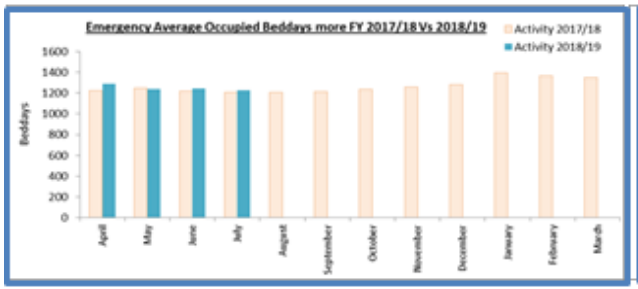


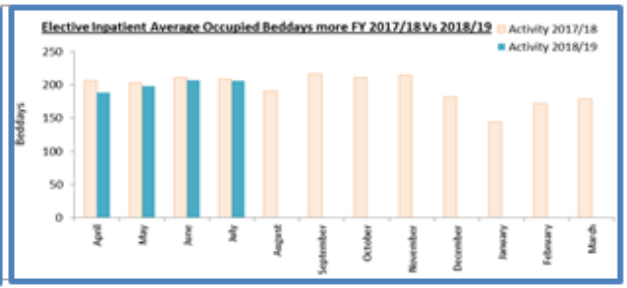


UHL Bed Occupancy









- **GP referrals** in July is broadly consistent with referrals for the same period last year.
- **Outpatients** - Dermatology, General Surgery, Integrated Medicine and Thoracic Medicine significantly higher than plan.
- **Daycase** - Growth in Clinical Oncology and BMT against plan. Medical Oncology and Urology Significantly lower than plan.
- **Elective Inpatient** - ENT, Plastic Surgery, General Surgery and Urology lower than plan.
- **Emergency Admissions** - Activity in ENT, Cardiology, General Surgery and Urology are higher than the plan.
- **Midnight G&A bed occupancy** is slightly higher to the same period last year.
- **The number of patients staying in beds 7 nights or more** in July has increased compared to the same period last year.
- A slight increase in **Emergency occupied bed days**.
- **YTD Bed occupied** is lower compared to the same period last year.