Quality & Performance Report

Author: John Adler Sponsor: Chief Executive Date: PPPC + QOC 31st May 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: **Mortality** – the latest published SHMI (period October 2016 to September 2017) has reduced to 98 and is within the threshold. **Cancer Two Week Wait** – have achieved the 93% threshold for over a year. **Delayed transfers of care** - remain within the tolerance. However, there are a range of other delays that do not appear in the count. **Pressure Ulcers** - 0 **Grade 4 and Grade 3** reported during April. **Grade 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%. **Fractured NOF** – was 74.5% in April.

Bad News: **UHL ED 4 hour performance** – was 76.1%, system performance (including LLR UCCs) was 82.8%. Further detail is in the COO's report. **Diagnostic 6 week wait –** standard not achieved for the second month after 17 consecutive months of being compliant. **Ambulance Handover 60+ minutes (CAD+)** – performance was 4% however a significant improvement on performance over last Quarter. **Never events** – 1 reported in April. **C DIFF –** 12 cases reported this month. **Referral to Treatment –** was 85.8% against a target of 92%, reflecting the continuing cancellation of elective work due to emergency care volumes. **52+ weeks wait –** 3 patients (compared to 17 patients same period last year). **Moderate harms and above** – above threshold in March (reported 1 month in arrears) 2017/18 outturn was above threshold. **Cancelled operations** and **patients rebooked within 28 days** – continued to be non-compliant. **Cancer 31 day** was not achieved in March - theatre capacity, patient choice and patient fitness are the primary factors. **Cancer 62 day treatment** was not achieved in March – surgical cancellations and delayed referrals from network hospitals continue to be significant factors. **TIA (high risk patients)** – 48.1% reported in April. **Statutory and Mandatory Training** reported from HELM is at 89%. **Sickness absence** – 4.7% reported in March (reported 1 month in arrears). This appears to reflect the significant seasonal increase in illness in the general population.

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: 28th June 2018

Caring at its best

University Hospitals of Leicester NHS
NHS Trust

Quality and Performance Report

April 2018

One team shared values

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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

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

DATE: **24th MAY 2018**

REPORT BY: **ANDREW FURLONG, MEDICAL DIRECTOR**
EILEEN DOYLE, INTERIM CHIEF OPERATING OFFICER
ELEANOR MELDRUM, ACTING CHIEF NURSE
JOANNE TYLER-FANTOM, ACTING DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT
DARRYN KERR, DIRECTOR OF ESTATES AND FACILITIES

SUBJECT: **APRIL 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 Performance Summary

Domain	Page Number	Number of Indicators	Number of Red Indicators this month
Safe	24	28	5
Caring	25	11	1
Well Led	26	23	5
Effective	27	8	2
Responsive	28	16	10
Responsive Cancer	29	9	6
Research – UHL	31	6	0
Total		101	28

3.0 Data Quality Forum (DQF) Assessment Outcome/Date

The Trust Data Quality Forum Assessment combines the Trust's old data quality forum process and the Oxford University Hospital model. The responsibility for data quality against datasets and standards under consideration are the 'data owners' rather than the forum members, with the executive lead for the data carrying the ultimate responsibility. *In this manner, the Data Quality Forum operates as an assurance function rather than holding accountability for data quality*. The process focuses on peer challenge with monthly meetings assessing where possible 4 indicators / standards at each meeting. The outputs are an agreed assessment of the data quality of the indicator under consideration with recommendations as required, a follow up date for review is also agreed. The assessment outcomes are detailed in the table below:

Rating	Data Quality
Green	Satisfactory
Amber	Data can be relied upon, but minor areas for improvement identified
Red	Unsatisfactory/ significant areas for improvement identified

If the indicator is not RAG rated, the date of when the indicator is due to be quality assured is included.

4.0 Changes to Indicators/Thresholds

Board Director amended from Julie Smith to Eleanor Meldrum for Indicators across the Safe, Caring and Well Led Domains.
Board Director amended from Louise Tibbert to Joanne Tyler-Fantom for Indicators across the Caring and Well Led Domains.

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	Diagnostic Waits
Pressure Ulcers Grade 4			Readmissions <30 days	DTOC
Pressure Ulcers Grade 3				Handover >60
Pressure Ulcers Grade 2				Cancelled Ops
Falls				Cancer 62 Day

SUCCESSES:

- FFT Inpatient/DC **97%**
- Crude Mortality **2.2%**
- DTOC **1.6%**
- MRSA Avoidable **0**

ISSUES:

- Annual Appraisal **89.3%**
- Single Sex Accommodation Breaches **13**
- RTT Incomplete **85.8%**
- Statutory & Mandatory training **89%**
- Sickness Absence **4.2%**
- Stroke TIA **48.1%**
- ED 4hr Wait UHL **76.1%**
- ED 4hr Wait UHL+LLR UCC **82.8%**
- Cancer 62 Day **78.2%**
- Diagnostic Wait **5.2%**

One team shared values

Summary Scorecard – April 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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MRSA Avoidable	FTT Maternity	Statutory & Mandatory Training	Stroke – 90% Stay	RTT Incompletes
Serious Incidents	Single Sex Breaches		TIA	Diagnostic Waits
Pressure Ulcers Grade 4			Readmissions <30 days	DTOC
Pressure Ulcers Grade 3				Handover >60
Pressure Ulcers Grade 2				Cancelled Ops
Falls				Cancer 62 Day

Key changes in indicators in the period:

SUCCESSES: (Red to Green)

- #NoF's <36hrs
- Trolley Waits

ISSUES: (Green to Red)

- Moderate Harm

One team shared values

Domain - Safe

University Hospitals of Leicester NHS
NHS Trust

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

1 Never Events YTD

4 Serious Incidents YTD (Number escalated each month)

224 (Apr17 – Mar18) Moderate Harm and above YTD (PSIs with finally approved status)

0 Avoidable MRSA YTD

12 CDIFF Cases YTD

SUCCESSES

- The first 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.
- There have been zero cases of MRSA's reported in April 2018. During the last financial year there was a total of 4 cases all were either unavoidable or assigned to third party

ISSUES

- Quality commitment of 10% reduction to moderate harm and above not achieved during FY 2017/18. Number reported for 2017/18 exceeded the cumulative total of 156 for 2016/17.
- 12 cases of C.Diff reported for April 2018 compared to 5 for the same period last year.
- 1 Never events reported in April.

ACTIONS

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

SEPSIS

Patients with an Early Warning Score 3+ - % appropriate escalation	98% YTD
Patients with EWS 3+ - % who are screened for sepsis	95% YTD
ED - Patients who trigger with red flag sepsis - % that have their IV antibiotics within an hour	85% (Apr17 – Mar18)
Wards (including assessment units) Patients who trigger for Red Flag Sepsis - % that receive their antibiotics within an hour	80% (Apr17 – Mar18)

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 **95%** ↑

Maternity FFT **94%** ↓

Outpatients FFT **95%** ↓

Staff FFT Quarter 4 2017/18 (Pulse Check)

69.3% of staff would recommend UHL as a place to receive treatment

SUCCESSES

- Friends and family test (FFT) for Inpatient and Daycase care combined remains at 97% for April.

ISSUES

- Single Sex Accommodation Breaches – 13 reported in April.

ACTIONS

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

Single Sex Accommodation Breaches

13 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 **30.6%** ↑

Day Case FFT **22.4%** ↑

A&E FFT **7.1%** ↓

Maternity FFT **35.9%** ↓

Outpatients FFT **5.7%** ↔

Staff FFT Quarter 4 2017/18 (Pulse Check)

54.7% of staff would recommend UHL as a place to work

% Staff with Annual Appraisals

89.3% YTD ↑

Statutory & Mandatory Training

89% YTD ↑

BME % - Leadership

27%
Qtr4
8A including medical consultants

13%
Qtr4
8A excluding medical consultants

SUCCESSES

- Corporate Induction attendance for April is 96%.
- Inpatients coverage for April was 30.6%.

ISSUES

- Appraisals are 5.7% off target (this excludes facilities staff that were transferred over from Interserve).
- Statutory & Mandatory is 6% off the 95% target.
- 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

98
Oct16 - Sep17 ↑

Stroke TIA Clinic within 24hrs

48.1%
YTD ↓

80% of Patients Spending 90% Stay on Stoke Unit

86.7%
Apr17 – Mar18 ↑

Emergency Crude Mortality Rate

2.2%
YTD ↑

30 Days Emergency Readmissions

9.1%
FY 2017/18 ↔

NoFs Operated on 0-35hrs

74.6%
YTD ↑

SUCCESSES

- Latest UHL's SHMI is 98. 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 April was 2.2%.
- Fractured NoF for April was 74.6%, a significant improvement of 7.9% from March. Performance was 47.1% same period last year.

ISSUES

- 30 Days Emergency Readmissions for March was 9.3%.
- Stroke TIA Clinic within 24 Hours for April was 48.1%.

ACTIONS

- Designing a triage system for Stroke TIA patients where every new referral will be triaged by the consultant conducting the clinic.
- 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.

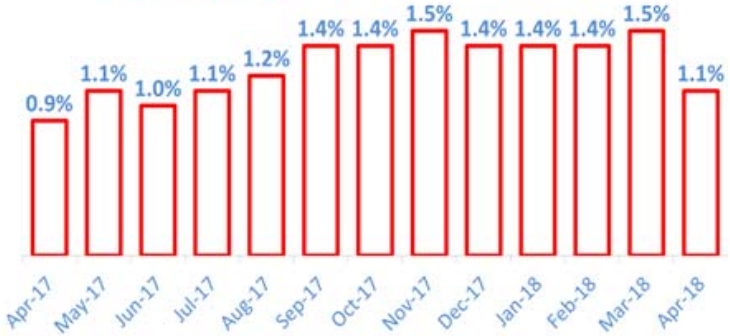
RTT - Incomplete

92% in 18 Weeks

85.8%
As at Apr ↑

6 week Diagnostic Wait times

Cancelled Operations UHL



RTT 52 week wait incompletes

3
As at Apr ↑

ED 4Hr Waits UHL

76.1%
YTD ↑

A&E

ED 4Hr Waits UHL+LLR UCC

82.8%
YTD ↑

Ambulance Handovers

4% > 60mins ↑
8% 30-60mins ↑
YTD

SUCCESSES

- 0 Trolley breaches for April.
- DTOC was 1.6% for April.

ISSUES

- Diagnostic 6 week wait – above the 1% national target.
- Cancelled operations continue to grow in response to operational pressure on the 4 hour wait.
- Ambulance handover 60+ minutes – April's performance at 4%. A significant improvement on March performance.
- RTT was 6.2% below threshold.
- 3 patient waiting over 52+ weeks (last April the number was 17).

ACTIONS

- For ED 4hour wait and Ambulance Handovers please refer to Chief Operating Officers report.
- Please see detail on improved flow that will support cancelled ops improvement.
- Daily look back at the previous days cancellation are in place to ensure correct escalation of all cancellations and to view if any lessons can be learned to avoid cancellations in future.

Domain – Responsive Cancer

University Hospitals of Leicester NHS
NHS Trust

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

Cancer 2 Week Wait

94.7%
Apr17 – Mar18

95.6% Mar ↓

31 Day Wait

95.1%
Apr17 – Mar18

93.7% Mar ↓

62 Day Wait

78.2%
Apr17 – Mar18

75.6% Mar ↑

31 Day Backlog

29
Apr ↓

62 Day Backlog

75
Apr ↑

62 Day Adjusted Backlog

65
Apr ↑

SUCCESSES

Cancer performance is reported 1 month in arrears.

- Cancer Two Week Wait was achieved in March and has remained compliant since July 16.

ISSUES

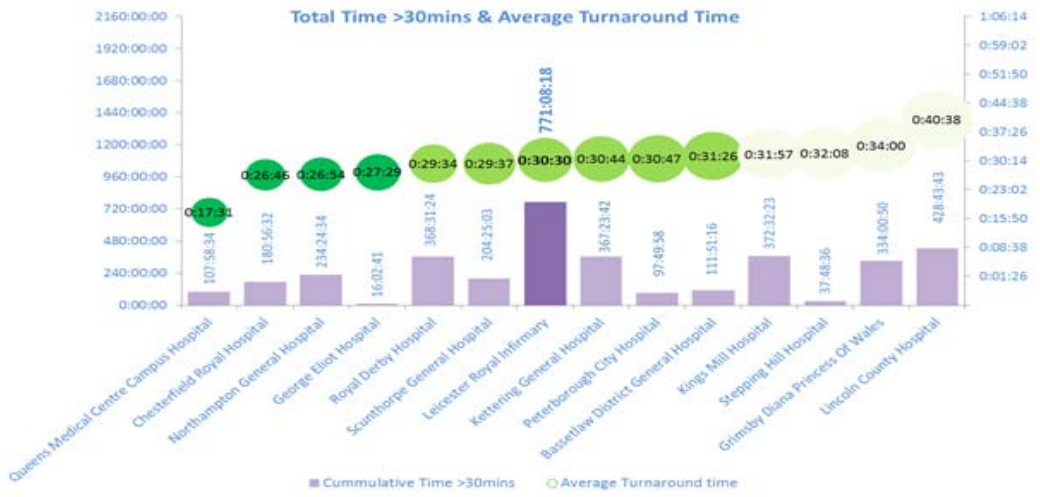
- Cancer 62 day treatment – was 9.4% off target for March.
- 31 day wait was 2.3% off target for March.

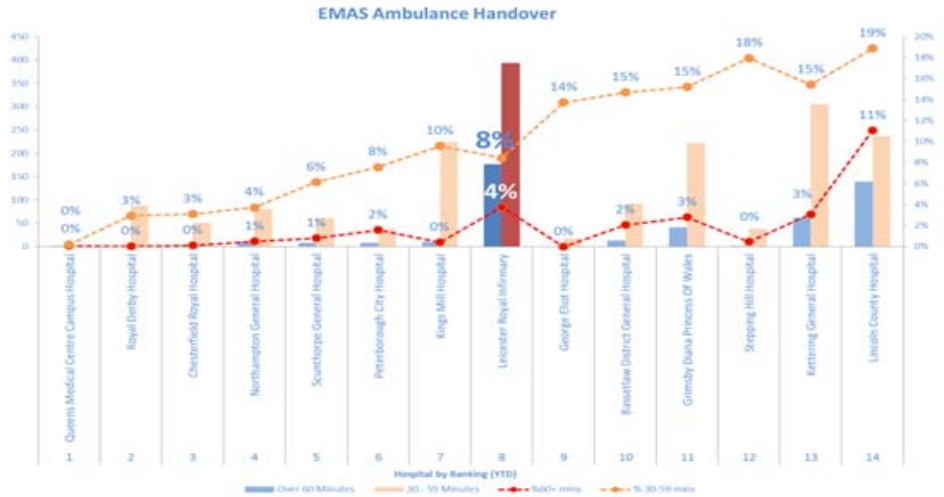
ACTIONS

- Transformation of the governance around cancer performance and transformational delivery introducing a strategic cancer taskforce bi-weekly.
- Improved data provision and analysis to support better forecasting and introduce early warning signs for struggling tumour sites falling off track.
- Re-configuration of theatre capacity to ensure appropriate capacity provision for tumour sites with high demand.
- NHSI to hold monthly performance review meetings with Heads Of Operations for additional assurance and accountability

Ambulance Handover – April 2018

University Hospitals of Leicester NHS
NHS Trust





EMAS Ambulance Handover - LRI vs other hospitals April 2018)

Rank	Hospital	Total	30 - 59 Minutes	1 - 2 Hours	2 Hours Plus	% 30-59 mins	%60+ mins	%30+ mins	Average Turnaround time	Total time 30+ mins Handover
1	Queens Medical Centre Campus Hospital	1413	3	0	1	0%	0%	0%	0:17:31	107:58:34
2	Royal Derby Hospital	2982	88	0	1	3%	0%	3%	0:29:34	368:31:24
3	Chesterfield Royal Hospital	1637	51	2	0	3%	0%	3%	0:26:46	180:56:32
4	Northampton General Hospital	2140	80	9	2	4%	1%	4%	0:26:54	234:24:34
5	Scunthorpe General Hospital	992	61	7	1	6%	1%	7%	0:29:37	204:25:03
6	Peterborough City Hospital	501	38	8	0	8%	2%	9%	0:30:47	97:49:58
7	Kings Mill Hospital	2337	224	10	0	10%	0%	10%	0:31:57	372:32:23
8	**Leicester Royal Infirmary**	**4,656**	**393**	**136**	**40**	**8%**	**4%**	**12%**	**0:30:30**	**771:08:18**
9	George Eliot Hospital	131	18	0	0	14%	0%	14%	0:27:29	16:02:41
10	BassetlawDistrict General Hospital	626	92	12	1	15%	2%	17%	0:31:26	111:51:16
11	Grimsby Diana Princess Of Wales	1458	222	37	4	15%	3%	18%	0:34:00	334:00:50
12	Stepping Hill Hospital	217	39	1	0	18%	0%	18%	0:32:08	37:48:36
13	Kettering General Hospital	1977	305	54	7	15%	3%	19%	0:30:44	367:23:42
14	Lincoln County Hospital	1254	237	119	20	19%	11%	30%	0:40:38	428:43:43
	EMAS	**23,934**	**2,199**	**531**	**144**	**9%**	**3%**	**12%**	**0:31:13**	4327:42:05

Highlights

- CAD+ data used in performance analysis (80% coverage of all arrivals at LRI).
- LRI had similar number of arrivals to last month however performance **improved significantly**.
- LRI average handover time was within the **Inter-Quartile** range. With an **8 minutes reduction** in average turnaround time.
- Hours lost in April due to handover delays longer than 30 minutes **reduced by 41%** from last month to **771**. The equivalent of **64** ambulance shifts (12 hours) lost.

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
17 Mins	30 Mins	30 Mins	771 Hours	64 Shifts	8% YTD	4% YTD

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

0.8%
2017/18 ↓

Reduction in hospital cancellations (ENT)

23%
YTD ↔

GP Referrals via ERS

70.4%
2017/18 ↑

97.2%
Advice & Guidance
2017/18 ↑

Reduction of long term FU

1467
2017/18 ↓

Patients seen within 30 mins

77%
YTD ↑

% appointment letters printed via outsourced provider

86%
YTD ↔

21.4%
ASI Rate
2017/18 ↑

% Hardware replacement achieved against priority list

79.5%
(97 of 122 Replaced)
YTD ↔

SUCCESSES

- Roll out of patient cancellation and re-bookings made via the Booking Centre
- Managers briefing sessions in place to support customer care training delivery
- System wide pathway review workshops and LiA events held in 5 specialities
- Plans drafted to move towards a centralised model for out patients
- Audit and action plans to address waiting times in ENT clinics

ISSUES

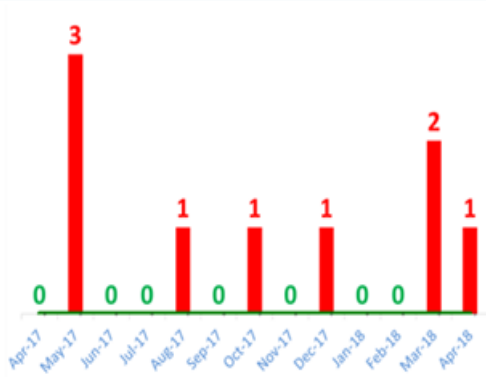
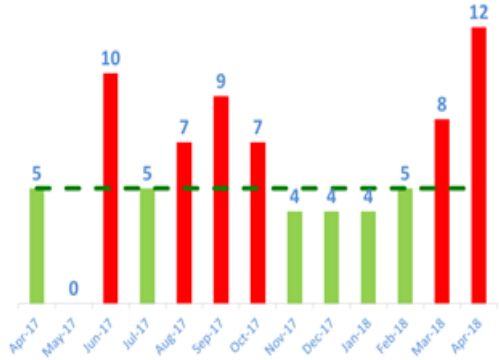
- OP Clinic Room utilisation (CSI managed services) remains variable. Confirmation of business case support to increase monitoring and managing utilisation of circa 250 awaited.
- Waiting times in OP clinics only captured for 16% clinics
- Clinic cancellations remain high in ENT
- Ability to turn around clinic outcome letters in 7 days will remain a challenge throughout 2018/19

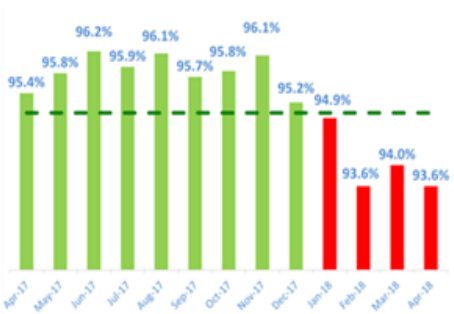
ACTIONS

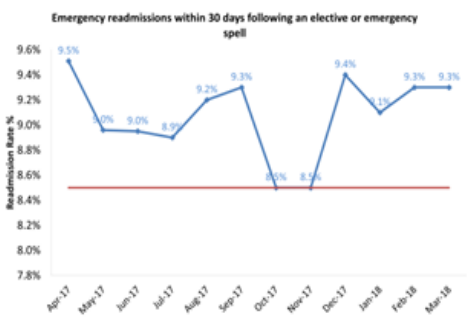
- Implement plan to increase recording of waiting times in OP clinics
- Commence targeted work in ENT to reduce hospital cancellations
- Initiate DictateIT transcription pilot in maxillofacial surgery
- Share plans to incrementally move to a centralised model for OP
- Implement system for improving OP clinic utilisation. Seek confirmation for roll out of Bookwise

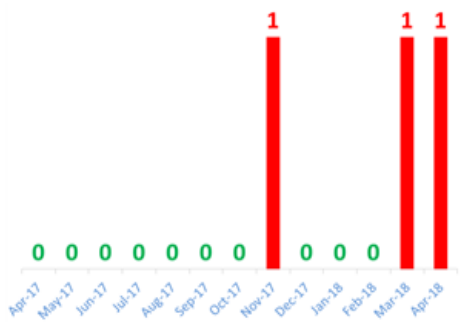
Room Utilisation

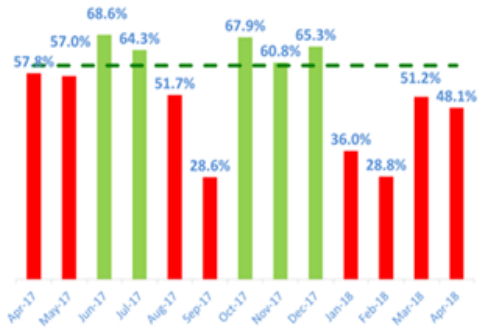
77%
YTD ↑

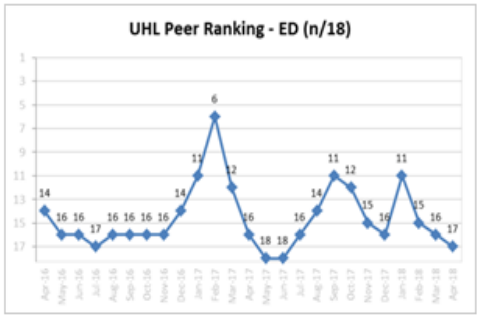
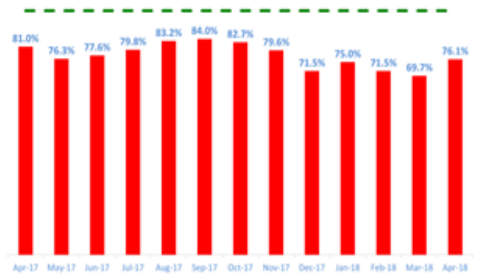
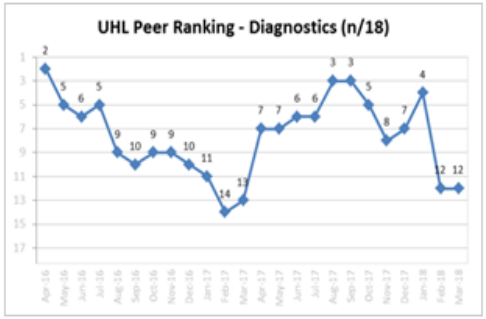
Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
Never Events – is a measure of the number of UHL never events at month end.	**18/19 Target – 0** 1 never events reported in April.	**Trend** 	**Unintentional connection of a patient requiring oxygen to an air flow meter** An adult patient was in ED emergency room (ER) being given oxygen as part of their treatment. On admission to the ER, the ambulance crew had attached the patient to the flowmeter. When the patient's oxygen saturation levels decreased it was then noticed that the patient was connected to air rather than oxygen as required. The air was immediately changed from air to oxygen.	**Immediate Actions** This is the 2nd Air/Oxygen Never Event within UHL and therefore: • All medical air flow meters within all areas of the ED have been removed from terminal units (wall outlets) and the ED Odyssey Equipment Trolleys. They will be kept in the bottom drawer of the Odyssey Trolley in each bay if they are required. • Medical Director attended ED to agree this action with the ED Head of Service. • Further ED Team Read issued to communicate information about this required action. • Incident shared with Patient Safety Team in EMAS. Site visits undertaken across all three sites to check that any other clinical areas with air flow meters are risk assessed.
Clostridium Difficile – The number of C. diff infections	**18/19 Target – 0** 12 cases of C. diff was reported in April compared to 5 the same period last year. Overall the pattern for numbers of cases of Clostridium difficile is increasing. During the year 17/18 there has been a reversal of a 10 year trend of decreasing numbers	**Trend** 	**Key Messages** The CDT number for April is 12. The number of cases have increased for a second successive month All cases have been reviewed by the CDT nurse and there are no links between them.	

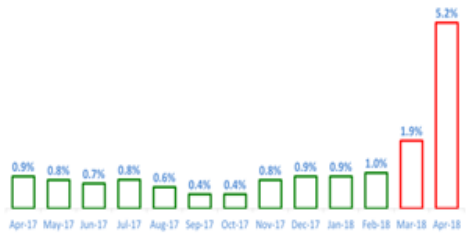
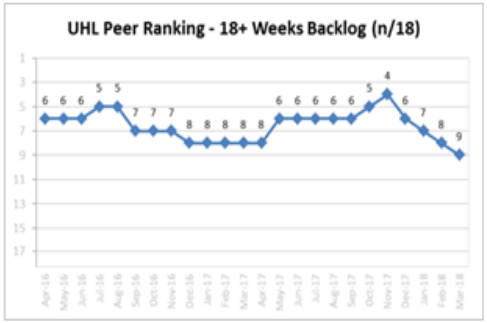
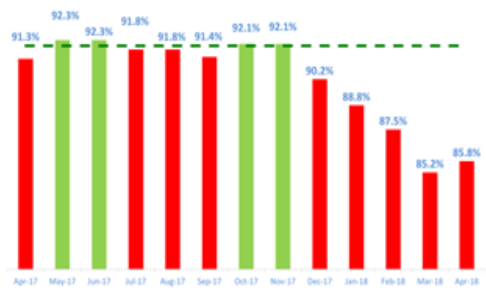
Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
			Key Actions Interventions that have shown to impact on the numbers of cases fall into three major headings: - 1) Hand Hygiene 2) Antimicrobial Stewardship 3) Environmental Hygiene Hand Hygiene continues to be reinforced through staff education and training, where the opportunity arises. An IP mneumonic will be launched in June, an element of which is to highlight diarrhoea as an IP risk. This will be able to be used Trust wide as an aide memoire to prompt staff to appropriately manage patients with diarrhoea. Antibiotic usage with regard to Sepsis in particular is being reviewed as part of the on-going work of the Sepsis working party. Planning for the 18/19 winter season is underway and particular emphasis will be needed around environmental cleaning. An IP position paper is to be presented to the June EQB and QOC meetings.	
% of all adults who have had VTE risk assessment on admission to hospital	**18/19 Target – >=95%** Performance for April was 93.6% compared to 95.4% same period last year.	**Trend** 	VTE risk assessments (RA) are under reported onto Patient Centre. The process relies on Ward Clerks entering the data once viewed in the medical notes. Areas with fewer Ward Clerk hours are likely to have less VTE RAs entered onto the system. Historical resources to support VTE RA data entry are no longer available (ceased Feb' 2018). This resource added circa 1% of	CMG managers receive VTE RA performance information quarterly, identifying their area(s) with the greatest opportunity for improvement. (Last sent 01/05/2018). Performance information and remedial action advice has been disseminated to Ward Clerks and CMG managers. A reminder was also added to InSite for 2 weeks in March 2018.

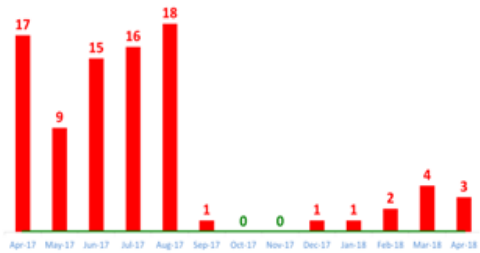
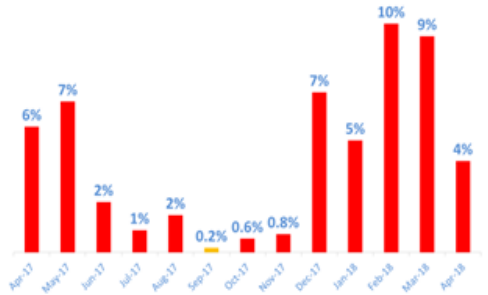
Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
			overall UHL data entry to PatientCentre. Down time of ePMA will impact on the figures. In areas where ePMA is used the VTE RA is entered directly onto the system. During ePMA down time medical staff and Ward Clerks may no longer be familiar with the paper form process.	Resources are being co-opted from other work streams for future data entry, though this is in addition to their existing work and the impact it will have is unclear. Work is underway with Nerve Centre to provide an electronic solution to VTE RA for UHL. It is expected this will increase performance figures by removing the inconsistency of Ward Clerk availability. Altered resources and new processes are not yet all in place to make a significant enough impact on performance.
Emergency Readmissions – emergency readmissions within 30 days following an elective or emergency spell	**18/19 Target – <8.5%** Performance in March was 9.3% compared to 9.1% same period last year. 2017/18 performance was 9.1%. Performance for 2016/17 was 8.5%.	**Trend** 	There has been a rise in the readmission rate since November 2017.	Pilot in CDU of Integrated Clinical Response Team following up all discharged patients by telephone. Integrated Discharge Team (IDT- commencing July 2017) to build into their Standard Operating Procedures how to deal with patients at high risk of readmission using the PARR30 score. Members of this team attend all board rounds so have a unique opportunity to interact with clinical teams to remind them of the actions that need to be undertaken according to the UHL guideline.

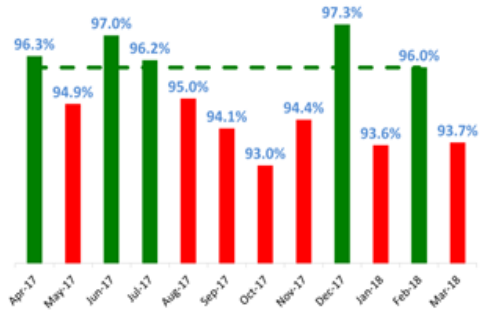
Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
Maternal Deaths (Direct within 42 days) - death of a woman in or within 42 days of pregnancy due to a pregnancy-related cause.	**18/19 Target – 0** 1 maternal death reported in April.	**Trend** 	This death was in the first trimester of pregnancy, the patient was seen and booked by the midwife. Appropriate investigations and referrals made. We were informed by the community midwife she had died. On investigation the patient had been found to have died at home she did not attend ED or maternity services and believed to be around 11 weeks pregnant. The case was referred to the coroner, we have no further information.	As we do not know the cause of death we are not aware of any learning points, review of the booking information all care was appropriate for the gestation.
Single Sex Accommodation Breaches (patients affected) – The number of occurrences of unjustified mixing in relation to sleeping accommodation.	**18/19 Target – 0** 13 breaches reported in April compared to 3 breaches same period last year.	**Trend** 	Clinical Staff have a strong commitment to maintaining same sex compliance for patients. The majority of these breaches (9) occurred before the 10th of the month and 12 out of 13 patients affected were on Admission Units and therefore were as a result of staff balancing the risks for patients attending ED.	Reiterating to staff the need to adhere to the Trusts Same Sex Matrix at all times.

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
Stroke – TIA Clinic within 24 Hours (Suspected High Risk TIA)	**18/19 Target – 60%** Performance in April was 48.1% compared to 57.8% same period last year. There were 197 patients seen of which 108 were suspected TIA who are at high risk of stroke. 52 of these patients were assessed within 24 hours.	**Trend**  	1. We had huge surge of TIA clinic referrals in the last few months. There is still significant back log of patients from last month that we are trying to clear as the waiting time for low risk increased to nearly 4 weeks. We have already started to book patients for June. 2. The number of inappropriate referrals increased significantly as patients who were clearly not stroke/TIA were inappropriately referred to TIA clinic. It has been used as a safety net. There were just over 30% of patients who had a true diagnosis of TIA/Stroke. Patients who were clearly not TIA/stroke from referral, scored as high risk because either the blood pressure was raised, increase age or prolonged duration of non-stroke symptoms (for example headache). 3. Higher risk patients who do not accept the first offer of an appointment contribute in breaching the target.	We are designing a triage system for these patients where every new referral will be triaged by the consultant conducting the clinic. Inappropriate referrals will be rejected/diverted with advice to the GP. We are implementing this for patients referred by GP and if successful it will be implemented for internal referrals. Higher risk patients who do not accept the first offer of an appointment may need to be removed from the high risk category.

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** The 95% national standard was not achieved in April. 76.1% of patients were treated within 4 hour compared to 81% in the same period last year.	**Benchmark**  **Trend** 	The performance against the 4-hour emergency care target remains lower than trajectory. Improvement in flow into beds however this continues to be an issue with regard to performance. This varies across the hospitals but is having most impact within medicine with reductions in the percentage of patients having beds allocated within 60 minutes of a decision to admit.	There is a robust action plan, monitored weekly, to work towards the target. In particular, the team have devised a non-admitted breach action plan which specifically focuses on: - 1. **Primary Care –** weekly progress meeting. Daily calls with DHU regarding staffing and performance issues. 2. **Injuries –** additional staffing being explored to provide additional sessions. 3. **Majors –** floor manager post interviews completed on 24/04/18. Review of space to determine effective use of space to sustain continued assessment and turnaround of non-admitted patients. 4. **EDU –** to return to its intended functionality to allow rapid turnover and decreased admissions (complete).
6 Weeks - Diagnostic Test Waiting Times (UHL+ALLIANCE) – is a measure of the percentage of patients with a diagnostic waiting time within 6 weeks.	**18/19 Target - <1%** Standard not achieved for the second month after 17 consecutive months below the 1% national target.	**Benchmark** 	April diagnostic performance for UHL and the Alliance combined is 5.16% failing to achieve the standard by performing above the 1% threshold. Performance was 730 breaches above the threshold. UHL alone achieved 5.67% for the month and the Alliance 1.7%. At	Additional capacity is being sourced through discretionary effort at UHL sites as well as the Alliance.

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
		Trend 	UHL, 867patients out of 15295 did not receive their diagnostic within 6 weeks.	
RTT Incomplete 92% in 18 Weeks **UHL+ALLIANCE –** is a measure of patients treated within 18 weeks of referral.	**18/19 Target – 92%** The 92% national standard was not achieved at the end of April, with the combined (UHL and the Alliance) performance of 85.8% reported at month end.	**Benchmark**  **Trend** 	The combined performance for UHL and the Alliance for RTT in April was 85.8%. The Trust achieved its trajectory target by exceeding the Month 1 target of 85.5% target for April. Overall combined performance saw 9,276 patients in the backlog, a reduction of 322 since the last reporting period (UHL reduction of 233 Alliance increase of 89). The number of patients waiting over 18 weeks for treatment was 4,386 greater than the amount required to achieve the 92.0% standard. Elective activity increased towards the middle and end of April due reducing emergency pressures on the surgical bed capacity. This has continued into May with surgical capacity now at normal rates and supported the Trust being able to achieve the month 1 RTT trajectory performance.	Right sizing bed capacity to increase the number of admitted patients able to received treatment. Improving ACPL through reduction in cancellations and increased theatre throughput. Demand reduction with primary care as a key priority to achieving on-going performance for our patients to receive treatment in a timely manner. Utilising available external capacity in the Independent Sector.

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE – number of patients waiting over 52 weeks from referral date.	**18/19 Target – 0** At the end of April there were 3 patients with an incomplete pathway at more than 52 weeks, 3 from UHL and 0 from the Alliance. The 3 UHL patients were from the MSS CMG. 17 patients were waiting over 52+ weeks same period last year.	**Trend** 	The on-going capacity pressures have resulted in a continuing rise in the number of patients waiting over 40 weeks for treatment shown in the graph opposite. There are 494 patients waiting over 40 weeks for treatment. This is an increase of 289 compared to the same week in 2017 and an increase of 405 since the start of the elective pause in December.	Due to the risk of 52 week breaches daily checks by the performance team to track patients and support in booking are occurring.
% Operations cancelled - for non-clinical reasons on or after the day of admission UHL + ALLIANCE	**18/19 Target – 0.8% or below** In April the Trust cancelled 1.1% of operations for non-clinical reasons.	**Trend** 	For April there were 110 non-clinical hospital cancellations for UHL and Alliance combined. This resulted in a failure of the 0.8% standard as 1.1% of elective FCE's were cancelled on the day for non-clinical reasons (103 UHL 1.1% and 7 Alliance 0.9%).	An elective pause to support with Emergency demands within UHL commenced during December running to the end of January 2018. This has limited cancellations on the day with the decision to cancel earlier before the day, giving patients as much notice as possible.
Ambulance Handover >60 Mins (CAD+ from June 15) – is a measure of the percentage of handover delays over 60 minutes	**18/19 Target – 0%** Performance for April was 4%. A 5% improvement in comparison to March.	**Trend** 	April showed a 50% reduction in hours lost in comparison to March.	Escalation protocol in place when ambulance assessment bay hits 8 patients via the flow manager. Dedicated person in Ambulance Assessment managing time of arrival to handover. System in place to ensure additional nursing and medical support is provided at peak times to increase throughput. Rapid flow of patients to inpatient beds to improve flow through ED by having complete oversight of the

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
				department via the flow Manager. EMAS 'Urgent' crews trained and in place in April, bringing GP patients in earlier in the day.
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	**18/19 Target – 96% or above** March performance was 2.3% under the national target, the primary contributing tumour sites to this deteriorated performance being: - Gynae, Head & Neck, Lower GI, Upper GI and Urology.	**Benchmark**  **Trend**  	This performance reduction was expected due to the increased backlog during January and February, with significant reduction noticeable in March. Theatre capacity, patient choice and patient fitness are the primary factors affecting the backlog.	Transformation of the governance around cancer performance and transformational delivery introducing a strategic cancer taskforce bi-weekly. Improved data provision and analysis to support better forecasting and introduce early warning signs for struggling tumour sites falling off track. Re-configuration of theatre capacity to ensure appropriate capacity provision for tumour sites with high demand.

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	**18/19 Target – 85% or above** 62 day performance improved on the previous month by 2.7% but still failed at 75.6% in March.	**Benchmark**  **Trend**  	Although the overall number of breaches in March was lower than the previous month, overall activity was reduced. Key contributing tumour sites being: - Lower GI (47.7%), Lung (52%) and Upper GI (55.6%).	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. NHSI to hold monthly performance review meetings with Heads Of Operations for additional assurance and accountability

	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	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	18/19 YTD
Safe	S1	Reduction for moderate harm and above PSIs with finally approved status - reported 1 month in arrears	AF	MD	9% REDUCTION FROM FY 16/17 (<12 per month)	QC	Red if >12 in mth, ER if >12 for 2 consecutive mths	May-17	262	156	224	12	24	24	14	20	22	16	17	18	17	11	29		
	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	4	5	3	5	3	5	3	0	2	5	0	2	4	4
	S3	Proportion of reported safety incidents per 1000 attendances (IP, OP and ED)	AF	MD	> FY 17/18	UHL	Not required	May-17	17.5	16.5	15.8	16.3	15.8	15.1	15.5	14.0	14.5	14.7	15.0	18.9	15.7	16.9	17.5	16.7	16.7
	S4	SEPSIS - Patients with an Early Warning Score 3+ - % appropriate escalation - reported 1 month in arrears	AF	SH	95%	UHL	TBC	Dec-17	New Indicator	88%	95%	91%	91%	92%	94%	94%	95%	95%	95%	96%	98%	97%	98%	98%	98%
	S5	SEPSIS - Patients with EWS 3+ - % who are screened for sepsis - reported 1 month in arrears	AF	SH	95%	UHL	TBC	Dec-17	New Indicator	93%	95%	96%	95%	94%	92%	94%	93%	95%	96%	96%	95%	94%	95%	95%	95%
	S6	SEPSIS - ED - Patients who trigger with red flag sepsis - % that have their IV antibiotics within an hour - reported 1 month in arrears	AF	SH	90%	UHL	TBC	Dec-17	New Indicator	76%	85%	86%	86%	87%	86%	86%	85%	86%	87%	84%	83%	82%	79%		
	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%	81%	75%	82%	80%	75%	80%	84%	79%	76%	82%	78%	83%		
	S8	Overdue CAS alerts	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	Nov-16	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	S9	RIDDOR - Serious Staff Injuries	AF	MD	FYE <=40	UHL	Red / ER if non compliance with cumulative target	Oct-17	32	28	56	7	3	5	4	4	7	4	9	4	3	0	6	1	1
	S10	Never Events	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	May-17	2	4	8	0	3	0	0	1	0	1	0	1	0	0	2	1	1
	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	0	10	5	7	9	7	4	4	4	5	8	12	12
	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	0	0	0	1	1	0	0	0	0	2	0	0	0
	S14	MRSA Total	EM	DJ	0	UHL	Red if >0 ER if >0	Nov-17	0	3	4	0	0	0	0	1	1	0	0	0	0	2	0	0	0
	S15	E. Coli Bacteraemias - Community	EM	DJ	TBC	NHSI	TBC	TBC	New Indicator	476	454	37	36	39	45	40	38	42	38	35	43	29	32	38	38
	S16	E. Coli Bacteraemias - Acute	EM	DJ	TBC	NHSI	TBC	TBC	New Indicator	121	96	10	9	15	7	2	10	3	10	9	7	5	9	11	11
	S17	E. Coli Bacteraemias - Total	EM	DJ	TBC	NHSI	TBC	TBC	New Indicator	597	550	47	45	54	52	42	48	45	48	44	50	34	41	49	49
	S18	MSSA - Community	EM	DJ	TBC	NHSI	TBC	TBC	New Indicator	134	139	7	11	10	15	13	12	12	3	17	19	10	10	12	12
	S19	MSSA - Acute	EM	DJ	TBC	NHSI	TBC	TBC	New Indicator	30	43	2	9	3	6	2	1	1	3	4	4	4	4	5	5
	S20	MSSA - Total	EM	DJ	TBC	NHSI	TBC	TBC	New Indicator	164	182	9	20	13	21	15	13	13	6	21	23	14	14	17	17
	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%	97.2%	97.8%	97.4%	97.4%	98.0%	98.0%	98.1%	97.8%	98.1%	97.8%	97.4%	97.4%	97.4%	97.4%
	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%	95.4%	95.8%	96.2%	95.9%	96.1%	95.7%	95.8%	96.1%	95.2%	94.9%	93.6%	94.0%	93.6%	93.6%
	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	TBC	5.4	5.9	6.0	6.0	5.5	5.9	4.9	6.0	5.8	5.6	5.4	6.2	7.7	6.1	6.6		
	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	1	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	4	0	0	0	0	0	1	1	2	0	0	0
	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	6	5	2	4	1	8	3	1	7	5	7	4	7	7
	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	0	0	0	1	0	0	0	1	1	1
	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%	18.4%	19.3%	18.0%	16.6%	18.3%	17.7%	19.3%	16.1%	18.0%	19.1%	19.8%	17.4%		

	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	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	18/19 YTD
Caring	C1	>75% of patients in the last days of life have individualised End of Life Care plans	EM	CR	75%	QC	Red if <70% ER if in Qtr <70%	TBC	NEW INDICATOR		93%	100%	100%	100%	100%	100%	100%	88%	88%	88%		81%	81%		
	C2	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	1.1	1.1	1.1	1.0	1.6	1.5	1.8	1.2	1.2	1.5	1.4	1.6	1.6	1.6
	C3	Percentage of upheld PHSO cases	AF	MD	No Target	UHL	Quarterly reporting	TBC	NEW INDICATOR	5%	0%	0% (0 out of 3 cases)			0% (0 out of 2 cases)			0% (0 out of 3 cases)			0% (0 out of 3 cases)				
	C4	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%	97%	97%	97%	97%
	C5	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%	96%	96%	96%	97%	95%	96%	96%	96%	97%	96%	96%	96%
	C6	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%	99%	98%	99%	98%	98%	98%	99%	98%	99%	99%	98%	98%	99%	99%
	C7	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%	94%	93%	96%	95%	98%	96%	95%	95%	95%	97%	94%	94%	95%	95%
	C8	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%	92%	93%	95%	94%	95%	95%	94%	95%	96%	96%	95%	95%	95%	95%
	C9	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%	95%	96%	94%	93%	93%	93%	95%	94%	95%	95%	96%	94%	94%
	C10	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%	74.3%			70.7%			65.0%			69.3%				
	C11	Single Sex Accommodation Breaches (patients affected)	EM	HL	0	NHSI	Red if >0 ER if 2 consecutive months >5	Dec-16	1	60	30	3	3	1	2	0	0	1	1	0	0	0	19	13	13

	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	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-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%	32.4%	31.9%	27.7%	31.0%	29.3%	29.4%	28.2%	27.7%	24.2%	25.0%	24.4%	23.8%	26.7%	26.7%
	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%	37.1%	37.2%	30.6%	37.7%	35.6%	33.2%	32.4%	31.6%	25.4%	28.3%	28.4%	26.0%	30.6%	30.6%
	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%	27.1%	26.4%	24.7%	23.9%	22.7%	25.3%	23.8%	23.9%	22.8%	21.5%	19.9%	21.3%	22.4%	22.4%
	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%	13.8%	8.3%	9.4%	11.1%	13.5%	12.4%	9.7%	8.8%	8.1%	10.0%	7.5%	7.2%	7.1%	7.1%
	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%	5.4%	5.6%	6.0%	5.7%	6.4%	6.6%	6.1%	6.0%	6.3%	3.9%	4.7%	5.7%	5.7%	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%	46.8%	44.1%	42.2%	43.3%	40.9%	38.8%	40.3%	46.0%	33.8%	36.7%	30.1%	38.9%	35.9%	35.9%
	W7	Friends & Family staff survey: % of staff who would recommend the trust as place to work (from Pulse Check)	JTF	BK	Not within Lowest Decile	NHSI	TBC	Sep-17	55.4%	61.9%	57.9%	62.5%			57.3%			57.0%			54.7%				
	W8	Nursing Vacancies	EM	MM	TBC	UHL	Separate report submitted to QAC	Dec-17	8.4%	9.2%	11.9%	10.9%	9.9%	11.1%	10.8%	10.3%	9.7%	9.4%	11.1%	11.4%	14.4%	11.3%	11.9%		
	W9	Nursing Vacancies in ESM CMG	EM	MM	TBC	UHL	Separate report submitted to QAC	Dec-17	17.2%	15.4%	23.4%	19.7%	16.9%	21.3%	23.3%	22.5%	22.4%	22.1%	23.8%	22.7%	29.0%	23.1%	23.4%		
	W10	Turnover Rate	JTF	LG	TBC	NHSI	Red = 11% or above ER = Red for 3 Consecutive Mths	Nov-17	9.9%	9.3%	8.5%	8.7%	8.8%	8.8%	8.8%	8.7%	8.5%	8.6%	8.5%	8.5%	8.4%	8.4%	8.5%	8.5%	8.5%
	W11	Sickness absence (reported 1 month in arrears)	JTF	BK	3%	UHL	Red if >4% ER if 3 consecutive mths >4.0%	Oct-16	3.6%	3.3%	4.2%	3.3%	3.5%	3.6%	3.8%	3.8%	3.9%	4.0%	4.2%	4.7%	5.3%	5.3%	4.7%		
	W12	Temporary costs and overtime as a % of total paybill	JTF	LG	TBC	NHSI	TBC	Nov-17	10.7%	10.6%	12.0%	11.1%	11.0%	11.1%	11.2%	11.6%	11.0%	10.7%	11.5%	9.9%	12.2%	10.9%	13.0%	11.0%	11.0%
	W13	% of Staff with Annual Appraisal (excluding facilities Services)	JTF	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	90.7%	91.7%	88.7%	92.1%	92.5%	92.1%	91.7%	91.2%	91.0%	90.9%	89.9%	90.4%	89.8%	88.8%	88.7%	89.3%	89.3%
	W14	Statutory and Mandatory Training	JTF	BK	95%	UHL	TBC	Dec-16	93%	87%	88%	86%	85%	85%	85%				81%	84%	85%	86%	88%	89%	89%
	W15	% Corporate Induction attendance	JTF	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	97%	96%	97%	100%	98%	96%	98%	97%	94%	95%	97%	96%	96%	98%	98%	96%	96%
	W16	BME % - Leadership (8A – Including Medical Consultants)	JTF	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17	New Indicator	26%	27%	26%			27%			27%			27%				
	W17	BME % - Leadership (8A – Excluding Medical Consultants)	JTF	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17	New Indicator	12%	14%	12%			13%			13%			14%				
	W18	Executive Team Turnover Rate - Executive Directors (rolling 12 months)	JTF	AH	TBC	UHL	TBC	Nov-17	New Indicator	0%	40%	0%	0%	20%	20%	20%	20%	20%	20%	20%	40%	40%	40%	75%	75%
	W19	Executive Team Turnover Rate - Non Executive Directors (rolling 12 months)	JTF	AH	TBC	UHL	TBC	Nov-17	New Indicator	25%	13%	25%	25%	29%	14%	14%	14%	14%	14%	14%	14%	13%	13%	13%	13%
	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%	90.3%	90.3%	89.9%	89.4%	87.8%	93.3%	92.3%	93.3%	91.6%	93.1%	92.8%	94.2%	87.2%	87.2%
	W21	DAY Safety staffing fill rate - Average fill rate - care staff (%)	EM	MM	TBC	NHSI	TBC	Apr-17	92.0%	92.3%	101.1%	96.7%	91.6%	87.9%	93.0%	94.9%	106.1%	109.6%	113.0%	110.4%	109.8%	104.5%	105.5%	99.9%	99.9%
	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%	96.6%	96.5%	95.9%	95.4%	95.2%	93.2%	90.3%	91.1%	91.5%	92.4%	92.5%	93.0%	93.5%	93.5%
	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%	99.1%	93.1%	100.2%	107.7%	114.3%	119.9%	122.5%	117.7%	119.4%	119.4%	120.5%	124.2%	124.2%

	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	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-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%	9.5%	9.0%	9.0%	8.9%	9.2%	9.3%	8.5%	8.5%	9.4%	9.1%	9.3%	9.3%		
	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)	102 (Oct15-Sep16)		101 (Jan16-Dec16)			101 (Apr16-Mar17)			100 (Jul16-Jun17)			98 (Oct16-Sep17)		98
	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	100	100	98	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	101	100	98	97	97	96	95	94	94	94	Awaiting HED Update			94
	E5	Crude Mortality Rate Emergency Spells	AF	RB	<=2.4%	UHL	Monthly Reporting	Apr-17	2.3%	2.4%	2.2%	2.1%	1.9%	2.0%	2.2%	1.8%	1.8%	1.9%	2.0%	2.7%	2.5%	2.6%	2.3%	2.2%	2.2%
	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%	47.1%	76.5%	76.8%	76.1%	80.6%	69.6%	61.1%	75.4%	67.9%	72.6%	66.1%	66.7%	74.6%	74.6%
	E7	Stroke - 90% of Stay on a Stroke Unit	ED	IL	80% or above	QS	Red if <80% ER if 2 consecutive mths <80%	TBC	85.6%	85.0%	86.7%	87.3%	85.7%	85.7%	93.6%	89.0%	85.4%	87.4%	88.4%	88.1%	83.0%	80.4%	81.1%		
	E8	Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)	ED	IL	60% or above	QS	Red if <60% ER if 2 consecutive mths <60%	TBC	75.6%	66.9%	52.6%	57.8%	57.0%	68.6%	64.3%	51.7%	28.6%	67.9%	60.8%	65.3%	36.0%	28.8%	51.2%	48.1%	48.1%

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	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	18/19 YTD
R1	ED 4 Hour Waits UHL	ED	IL	95% or above	NHSI	Red if <92% ER via ED TB report	Aug-17	86.9%	79.6%	77.6%	81.0%	76.3%	77.6%	79.8%	83.2%	84.0%	82.7%	79.6%	71.5%	75.0%	71.5%	69.7%	76.1%	76.1%
R2	ED 4 Hour Waits UHL + LLR UCC (Type 3)	ED	IL	95% or above	NHSI	Red if <92% ER via ED TB report	TBC	NEW INDICATOR		80.6%	NEW INDICATOR							85.1%	79.5%	81.8%	78.7%	77.9%	82.8%	82.8%
R3	12 hour trolley waits in A&E	ED	IL	0	NHSI	Red if >0 ER via ED TB report	Aug-17	2	11	40	0	0	0	0	0	0	0	0	3	0	2	35	0	0
R4	RTT - Incomplete 92% in 18 Weeks UHL+ALLIANCE	ED	WM	92% or above	NHSI	Red /ER if <92%	Nov-16	92.6%	91.8%	85.2%	91.3%	92.3%	92.3%	91.8%	91.8%	91.4%	92.1%	92.1%	90.2%	88.8%	87.5%	85.2%	85.8%	85.8%
R5	RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE	ED	WM	0	NHSI	Red /ER if >0	Nov-16	232	24	4	17	9	15	16	18	1	0	0	1	1	2	4	3	3
R6	6 Week - Diagnostic Test Waiting Times (UHL+ALLIANCE)	ED	WM	1% or below	NHSI	Red /ER if >1%	Dec-16	1.1%	0.9%	1.9%	0.9%	0.8%	0.7%	0.8%	0.6%	0.4%	0.4%	0.8%	0.9%	0.9%	1.0%	1.9%	5.2%	5.2%
R7	Urgent Operations Cancelled Twice (UHL+ALLIANCE)	ED	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	ED	WM	0	NHSI	Red if >2 ER if >0	Jan-17	48	212	336	13	14	10	18	14	27	28	15	55	74	31	37	23	23
R9	Cancelled patients not offered a date within 28 days of the cancellations ALLIANCE	ED	WM	0	NHSI	Red if >2 ER if >0	Jan-17	1	11	2	0	0	0	0	0	0	0	0	0	1	1	0	0	0
R10	% Operations cancelled for non-clinical reasons on or after the day of admission UHL	ED	WM	0.8% or below	Contract	Red if >0.8% ER if >0.8%	Jan-17	1.0%	1.2%	1.3%	0.9%	1.1%	1.0%	1.1%	1.2%	1.4%	1.4%	1.5%	1.4%	1.4%	1.4%	1.5%	1.1%	1.1%
R11	% Operations cancelled for non-clinical reasons on or after the day of admission ALLIANCE	ED	WM	0.8% or below	Contract	Red if >0.8% ER if >0.8%	Jan-17	0.9%	0.9%	0.6%	2.5%	0.1%	0.4%	0.0%	0.1%	0.1%	0.9%	0.8%	0.3%	1.2%	0.2%	0.0%	0.9%	0.9%
R12	% Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	ED	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%	1.0%	1.0%	1.1%	1.3%	1.3%	1.4%	1.3%	1.4%	1.3%	1.3%	1.1%	1.1%
R13	No of Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	ED	WM	Not Applicable	UHL	Not Applicable	Jan-17	1299	1566	1615	99	123	114	115	127	149	156	174	129	151	134	144	110	110
R14	Delayed transfers of care	ED	JD	3.5% or below	NHSI	Red if >3.5% ER if Red for 3 consecutive mths	Oct-17	1.4%	2.4%	1.9%	2.1%	2.0%	1.4%	1.6%	1.7%	1.9%	1.7%	1.9%	2.2%	2.2%	2.6%	1.7%	1.6%	1.6%
R15	Ambulance Handover >60 Mins (CAD+ from June 15)	ED	LG	0	Contract	Red if >0 ER if Red for 3 consecutive mths	TBC	5%	9%	4%	6%	7%	2%	1%	2%	0.2%	0.6%	0.8%	7%	5%	10%	9%	4%	4%
R16	Ambulance Handover >30 Mins and <60 mins (CAD+ from June 15)	ED	LG	0	Contract	Red if >0 ER if Red for 3 consecutive mths	TBC	19%	14%	9%	13%	13%	8%	5%	4%	3%	6%	8%	13%	11%	14%	15%	8%	8%

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	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	17/18 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	ED	DB	93% or above	NHSI	Red if <93% ER if Red for 2 consecutive mths	Jul-16	90.5%	93.2%	94.7%	94.0%	93.3%	95.4%	95.1%	93.7%	94.3%	95.6%	93.9%	95.1%	94.1%	93.9%	95.7%	95.6%	**	94.7%
RC2	Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	ED	DB	93% or above	NHSI	Red if <93% ER if Red for 2 consecutive mths	Jul-16	95.1%	93.9%	91.9%	90.8%	89.6%	94.2%	89.6%	93.0%	92.3%	95.4%	94.3%	90.3%	88.1%	89.0%	92.5%	92.0%	**	91.9%
RC3	31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	ED	DB	96% or above	NHSI	Red if <96% ER if Red for 2 consecutive mths	Jul-16	94.8%	93.9%	95.1%	96.2%	96.3%	94.9%	97.0%	96.2%	95.0%	94.1%	93.0%	94.4%	97.3%	93.6%	96.0%	93.7%	**	95.1%
RC4	31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	ED	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%	98.7%	97.7%	100.0%	97.9%	99.1%	99.1%	100.0%	100.0%	98.1%	99.0%	98.9%	100%	**	99.1%
RC5	31-Day Wait For Second Or Subsequent Treatment: Surgery	ED	DB	94% or above	NHSI	Red if <94% ER if Red for 2 consecutive mths	Jul-16	85.3%	86.4%	85.3%	95.4%	85.5%	85.7%	88.9%	90.5%	81.5%	82.1%	80.2%	94.3%	88.2%	84.4%	83.6%	80.3%	**	85.3%
RC6	31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	ED	DB	94% or above	NHSI	Red if <94% ER if Red for 2 consecutive mths	Jul-16	94.9%	93.5%	95.4%	96.7%	95.0%	93.0%	96.2%	95.6%	94.5%	92.1%	94.9%	97.2%	97.6%	95.8%	98.3%	94.8%	**	95.4%
RC7	62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	ED	DB	85% or above	NHSI	Red if <85% ER if Red in mth or YTD	Jul-16	77.5%	78.1%	78.2%	86.5%	83.7%	76.8%	77.7%	82.1%	78.9%	79.1%	78.8%	76.1%	81.3%	76.0%	72.9%	75.6%	**	78.2%
RC8	62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	ED	DB	90% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	89.1%	88.6%	85.2%	95.1%	95.0%	92.3%	93.3%	85.3%	90.5%	80.0%	89.3%	76.3%	74.1%	78.7%	81.8%	78.1%	**	85.2%
RC9	Cancer waiting 104 days	ED	DB	0	NHSI	TBC	Jul-16	New Indicator	10	18	10	6	6	12	12	6	8	16	13	14	20	14	18	11	11

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	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	17/18 YTD
RC10	Brain/Central Nervous System	ED	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	ED	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	95.6%	96.3%	93.8%	93.48%	97.4%	97.4%	93.3%	96.3%	91.7%	93.1%	97.0%	92.6%	94.5%	94.1%	85.3%	92.3%	**	93.8%
RC12	Gynaecological	ED	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	73.4%	69.5%	70.6%	78.6%	64.3%	89.5%	92.3%	75.0%	43.6%	46.7%	82.4%	69.0%	82.9%	52.6%	70.3%	85.7%	**	70.6%
RC13	Haematological	ED	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	63.0%	70.6%	81.0%	88.9%	100%	64.3%	92.9%	100.0%	81.8%	70.0%	100.0%	85.7%	85.7%	66.7%	55.6%	88.9%	**	81.0%
RC14	Head and Neck	ED	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	50.7%	44.5%	55.4%	66.7%	85.7%	48.3%	61.9%	64.7%	47.8%	61.9%	57.7%	40.9%	46.2%	50.0%	62.5%	62.5%	**	55.4%
RC15	Lower Gastrointestinal Cancer	ED	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	59.8%	56.8%	58.5%	75.0%	40.0%	63.8%	50.0%	60.5%	78.9%	78.3%	38.7%	62.5%	50.0%	72.7%	58.3%	41.7%	**	58.5%
RC16	Lung	ED	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	71.0%	65.1%	66.2%	67.5%	78.4%	64.8%	61.1%	74.4%	68.8%	61.4%	64.1%	62.2%	89.7%	58.3%	65.1%	52.0%	**	66.2%
RC17	Other	ED	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%	50.0%	100.0%	100.0%	0.0%	100.0%	40.0%	66.7%	0.0%	100.0%	100.0%	--	100.0%	**	66.7%
RC18	Sarcoma	ED	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%	--	40.0%	100.0%	50.0%	100.0%	50.0%	100.0%	100.0%	20.0%	100.0%	--	20.0%	**	56.7%
RC19	Skin	ED	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	94.1%	96.9%	96.8%	96.2%	96.8%	95.5%	93.8%	97.5%	100.0%	96.1%	97.3%	97.4%	100.0%	90.0%	97.3%	100.0%	**	96.8%
RC20	Upper Gastrointestinal Cancer	ED	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	63.9%	68.0%	71.9%	85.7%	92.3%	66.7%	59.4%	58.6%	75.7%	63.2%	81.1%	78.8%	80.0%	92.3%	64.7%	55.6%	**	71.9%
RC21	Urological (excluding testicular)	ED	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	74.4%	80.8%	76.3%	89.9%	82.1%	79.4%	72.3%	84.7%	77.4%	83.5%	66.7%	69.2%	77.9%	75.6%	68.4%	75.0%	**	76.3%
RC22	Rare Cancers	ED	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%	--	100.0%	100.0%	50.0%	100.0%	100.0%	100.0%	--	0.0%	0.0%	40.0%	**	65.0%
RC23	Grand Total	ED	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	77.5%	78.1%	78.2%	86.5%	83.7%	76.8%	77.7%	82.1%	78.9%	79.1%	78.8%	76.1%	81.3%	76.0%	72.9%	75.6%	**	78.2%

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	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-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%	5.4%	5.6%	6.0%	5.7%	6.4%	6.6%	6.1%	6.0%	6.3%	3.9%	4.7%	5.7%	5.7%	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%	92.4%	93.3%	94.7%	94.0%	94.7%	94.7%	93.9%	95.3%	95.6%	96.2%	95.4%	95.3%	95.2%	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%					64.4%	65.8%	65.4%	66.9%	67.2%	68.4%	68.3%	70.4%		
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				
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%	30.5%	26.7%	26.4%	27.5%	26.5%	26.5%	22.1%	16.1%	15.5%	14.5%	17.6%	21.4%		
% Patients seen within 15mins of their appointment time	MW	ZS/ST	TBC	UHL	TBC	New Indicator	56% 19% (Cov)	57% 17% (Cov)	57% 18% (Cov)	57% 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)	60% 16% (Cov)
% Patients seen within 30 mins of their appointment time	MW	ZS/ST	TBC	UHL	TBC	New Indicator	73% 19% (Cov)	74% 17% (Cov)	73% 18% (Cov)	74% 19% (Cov)	75% 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)	77% 16% (Cov)
Reduction in number of long term follow up >12 months	MW	WM	0	UHL	TBC	New Indicator	2851	1467			1625	1586	1495	1522	1351	1404	1335	1115	1247	1467		
Reductions in number of FU attendances	MW	MP/DT	6.0%	UHL	Quarterly Reporting Red if variance higher than 6%	New Indicator	6.0%	0.8%	3.9%			3.5%			2.8%			0.8%				
% Reduction in hospital cancellations (ENT)	MW	ZS/ST	TBC	UHL	TBC	New Indicator	21%	23%	20%	19%	19%	21%	28%	25%	27%	20%	27%	26%	22%	23%	23%	23%
% Room Utilisation (CSI areas)	MW	MA	80%	UHL	RAG Rating to March 2018 - Red<70%, Amber < 80%, Green >=80%	New Indicator	TBC	70%	69%	68%	66%	66%	68%	68%	72%	73%	66%	73%	74%	75%	77%	77%
% appointment letters printed via outsourced provider	MW	SP	85%	UHL	FROM APRIL 2018: Red<75%, Amber < 95%	New Indicator	82%	84%	82%	83%	83%	84%	84%	84%	85%	86%	85%	85%	85%	86%	86%	86%
% Clinic summary letters sent within 14 days	MW	WM	TBC	UHL	TBC	New Indicator	82%	87%	79%	90%	92%	INDICATOR REPORTING TO COMMENCE FROM APRIL 2018										
Outpatient clinic noting through Nervecentre (endocrinology)	JC	AC	TBC	UHL	TBC	New Indicator			INDICATOR REPORTING TO COMMENCE FROM APRIL 2018													
Computerised services in outpatient clinics	JC	AC	TBC	UHL	TBC	New Indicator			INDICATOR REPORTING TO COMMENCE FROM APRIL 2018													
% 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% 97 of 122
% Compliance with PLACE standards (ENT & Cardiology)	DK	RK	80%	UHL	Quarterly Reporting 3% increase every quarter	New Indicator	80%	73.1%										73.1%				
% customer care training for staff in forward facing positions	MW	DW	100%	UHL	TBC	New Indicator			INDICATOR REPORTING TO COMMENCE FROM APRIL 2018													

Note: changes with the HRA process have changed the start point for these KPI's

	KPI Ref	Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	14/15 Outturn	15/16 Outturn	16/17 Outturn	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Research UHL	RU1	Median Days from submission to Trust approval (Portfolio)	AF	NB	TBC	TBC	TBC	2.8	1.0		48			45			19.5			12.0			14.0			11.0		
	RU2	Median Days from submission to Trust approval (Non Portfolio)	AF	NB	TBC	TBC	TBC	2.1	1.0	Q2-Q4 158	90			27			14.5			25.0			21.0			12.0		
	RU3	Recruitment to Portfolio Studies	AF	NB	Aspirational target=10920/year (910/month)	TBC	TBC	12564	13479	8603	487	699	325	636	531	1135	869	749	820	743	765	628	964	986	268	873	730	541
	RU4	% Adjusted Trials Meeting 70 day Benchmark (data sunbmitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC				(Jan16 - Dec16) 100%			(Apr16 - Mar17) 50% (metric change due to HRA process change)			(July 16 - June 17) 81%			(Oct 16 - Sep 17)		77%	(Jan 17 - Dec 17)		95%			
	RU5	Rank No. Trials Submitted for 70 day Benchmark (data submitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC				(Jan16 - Dec16) 31/186			(Apr16 - Mar17) 14/187			(July 16 - June 17) 12/196			(Oct 16 - Sep 17)		14/203	(Jan 17 - Dec 17)		11/207			
	RU6	%Closed Commercial Trials Meeting Recruitment Target (data submitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC				(Jan16 - Dec16) 49.2%			(Apr16 - Mar17) 44.9%			(July 16 - June 17) 43.5%			(Oct 16 - Sep 17)		29.0%	(Jan 17 - Dec 17)		28.1%			

University Hospitals of Leicester

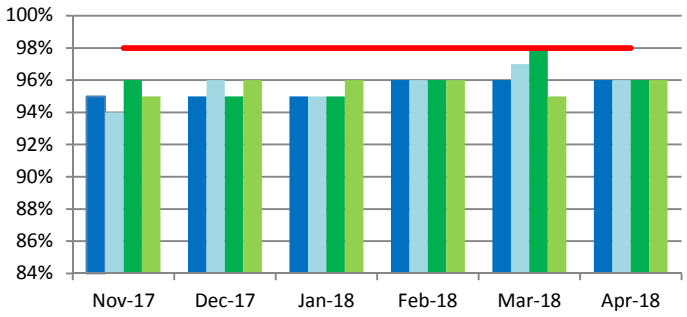
Compliance Forecast for Key Responsive Indicators

Standard	April	May
Emergency Care		
4+ hr Wait (95%)	76.1%	
4+ hr Wait UHL + LLR UCC (95%)	82.8%	
Ambulance Handover (CAD+)		
% Ambulance Handover >60 Mins (CAD+)	4%	
% Ambulance Handover >30 Mins and <60 mins (CAD+)	8%	
RTT (inc Alliance)		
Incomplete (92%)	85.8%	86.6%
Diagnostic (inc Alliance)		
DM01 - diagnostics 6+ week waits (<1%)	5.2%	1.0%
# Neck of femurs		
% operated on within 36hrs - all admissions (72%)	74.6%	72%
Cancelled Ops (inc Alliance)		
Cancelled Ops (0.8%)	1.1%	1.0%
Not Rebooked within 28 days (0 patients)	23	18
Cancer		
Two Week Wait (93%)	93.8%	93%
31 Day First Treatment (96%)	94%	94%
31 Day Subsequent Surgery Treatment (94%)	78%	81%
62 Days (85%)	73%	76%
Cancer waiting 104 days (0 patients)	11	8

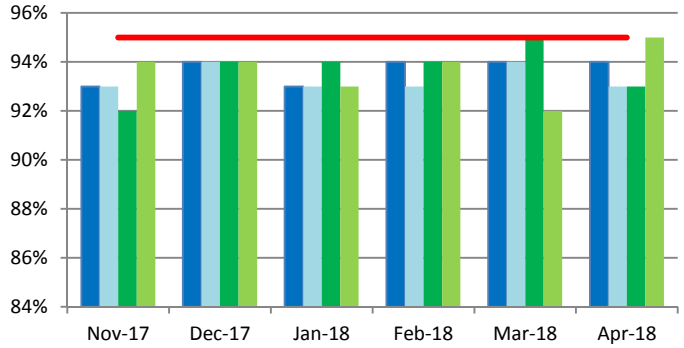
APPENDIX A

Estates and Facilities - Cleanliness

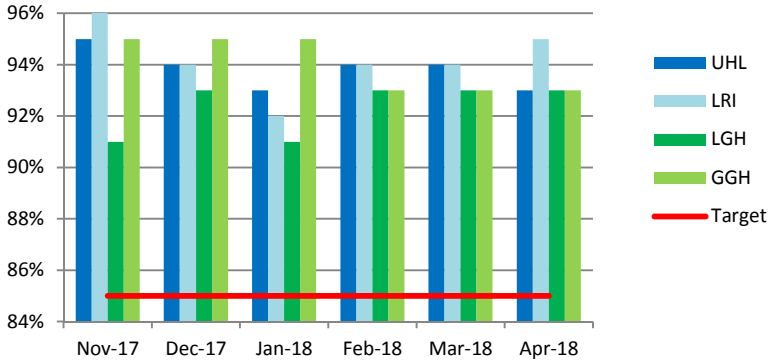
Cleanliness Audit Scores by Risk Category - Very High



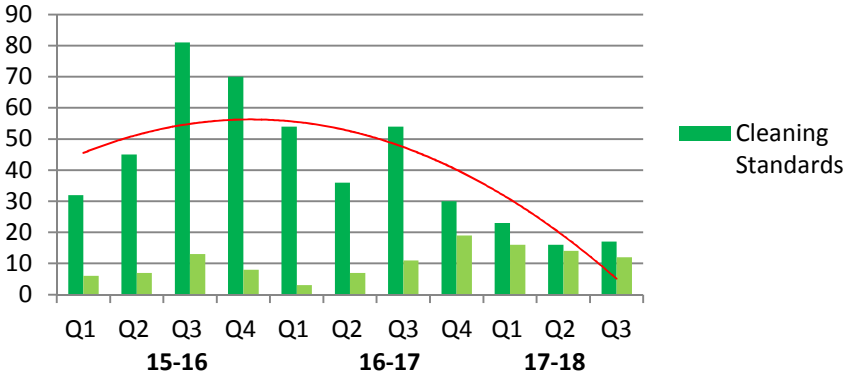
Cleanliness Audit Scores by Risk Category - High



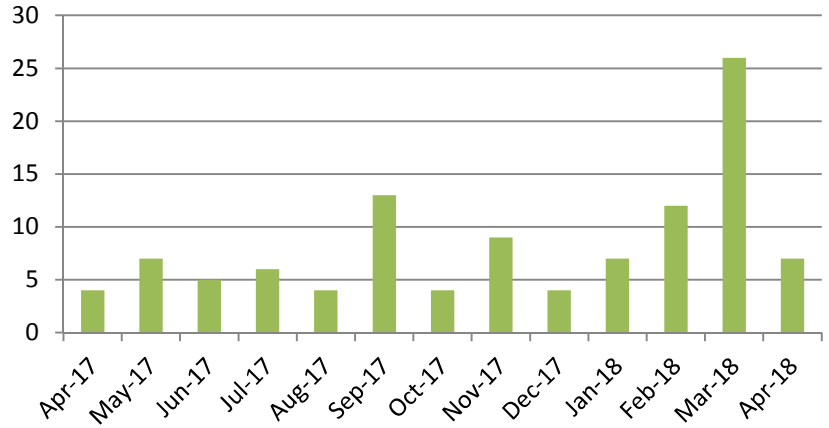
Cleaniness Audit Scores by Risk Category - Significant



Triangulation Data - Cleaning



Number of Datix Incidents Logged - Cleaning



Cleanliness Report

The above charts show average audit scores for the whole Trust and by hospital site since September 2017. 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.

Audit scores for very high-risk areas continue to fluctuate within a narrow margin. A slight rise at the GH is accompanied by a slight decrease at the other two sites with effectively no change overall since last month. All 3 sites sit slightly behind target at 96%

There is a similar picture for high-risk audit scores with no change at Trust level overall with small increases and decreases at site level.

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

We continue to review the audits to identify specific cleaning elements that are failing and rectifications are attended to within a timely period.

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 collated collectively as 'Suggestions for

Estates and Facilities – Patient Catering

Patient Catering Survey – September 2017	Percentage 'OK or Good'	
	Mar-18	Apr-18
Did you enjoy your food?	96%	90%
Did you feel the menu has a good choice of food?	100%	97%
Did you get the meal that you ordered?	100%	95%
Were you given enough to eat?	100%	100%

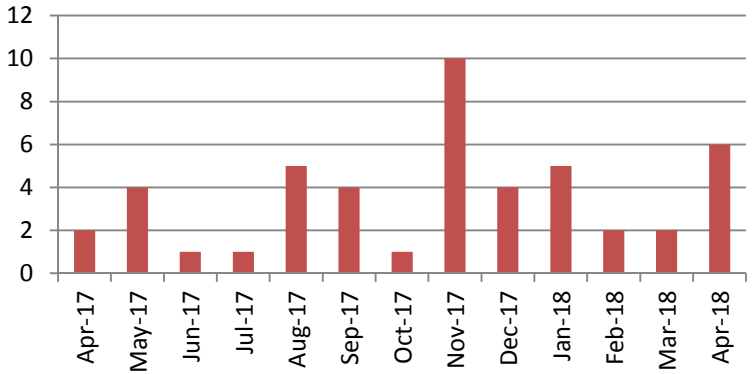
90 – 100%	80 – 90%	<80%

Number of Patient Meals Served				
Month	**LRI**	**LGH**	**GGH**	**UHL**
February	**64,469**	**21,584**	**29,921**	**115,974**
March	**70,645**	**28,338**	**33,088**	**132,071**
April	**69,023**	**22,165**	**30,107**	**121,295**

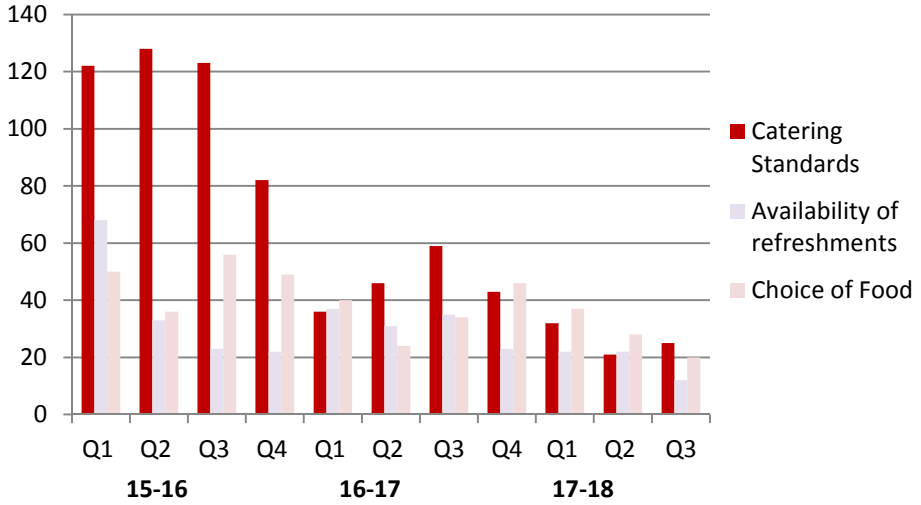
Patient Meals Served On Time (%)				
Month	**LRI**	**LGH**	**GGH**	**UHL**
February	**100%**	**100%**	**100%**	**100%**
March	**100%**	**100%**	**100%**	**100%**
April	**100%**	**100%**	**100%**	**100%**

97 – 100%	95 – 97%	<95%

Number of Datix Incidents Logged -Patient Catering



Triangulation Data - Catering



Patient Catering Report

Survey numbers remain down with the scores being based on 39 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 remains as reported last month – up to Q3

Datix incidents reported have risen slightly since March, but continue to remain at a low level proportionally

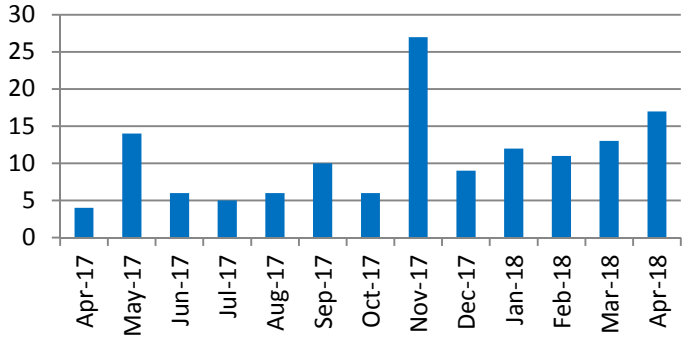
Estates and Facilities – Portering

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

95 – 100% | 90 – 94% | <90%

Average Portering Task Response Times		
Category	Time	No of tasks
Urgent	14:56	2,539
Routine	23:12	10,732
	Total	13,271

Number of Datix Incidents Logged - Portering



Portering Report

April's performance timings maintain the consistent picture seen across recent months.

Datix incidents have risen slightly, but there is no discernible trend for the origins of the Datix.

The Reverse Flow initiative continues to impact on the portering service. Heavy delays are occurring where porters are having to remain with patients due to beds not being ready on wards. Despite this performance standards have overall not suffered.

Estates & Facilities – Planned Maintenance

Statutory Maintenance Tasks Against Schedule					
	Month	Fail	Pass	Total	%
UHL Trust Wide	February	4	112	116	97%
	March	8	162	170	95%
	April	9	151	160	94%

99 – 100% | 97 – 99% | <97%

Non-Statutory Maintenance Tasks Against Schedule					
	Month	Fail	Pass	Total	%
UHL Trust Wide	February	444	1426	1870	76%
	March	989	1534	2523	61%
	April	653	1516	2169	70%

95 – 100% | 80 – 95% | <80%

Estates Planned Maintenance Report

For April we achieved 94% in the delivery of Statutory Maintenance tasks in the month. This is due to 9 passenger/goods lifts inspections that we are still awaiting paperwork for from the sub-contractor.

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.

Roll out of the live Planet system continues with the use of remote handheld devices. Data captured from the system is providing a detailed picture of how the service is operation.

Discussions are also in progress regarding our sub- contractors attaining planet licenses to enable 'live input' across all areas/disciplines undertaken by external organisations.

APPENDIX B

April RTT: Executive Performance Board

University Hospitals of Leicester NHS
NHS Trust

Combined UHL and Alliance RTT Performance

	<18 w	>18 w	Total Incompletes	%
Alliance	7,766	547	8,313	93.4%
UHL	48,470	8,729	57,199	84.7%
Total	56,236	9,276	65,512	85.8%

Backlog Reduction required to meet April RTT Trajectory 85.5%	-261
Backlog Reduction required to meet 92%	4386
Current waiting list size reduction required by end of March 2019 to meet planning guidance	761

The combined performance for UHL and the Alliance for RTT in April was 85.8%. The Trust achieved its trajectory target by exceeding the Month 1 target of 85.5% target for April. Overall combined performance saw 9,276 patients in the backlog, a reduction of 322 since the last reporting period (UHL reduction of 233 Alliance increase of 89). The number of patients waiting over 18 weeks for treatment was 4,386 greater than the amount required to achieve the 92.0% standard.

Elective activity increased towards the middle and end of April due reducing emergency pressures on the surgical bed capacity. This has continued into May with surgical capacity now at normal rates and supported the Trust being able to achieve the month 1 RTT trajectory performance.

Forecast performance for next reporting period: It is forecasted that for May 2018 UHL will achieve the trajectory target of 86.6%.

There are continue risks due to:

- Reduced capacity due to 2 bank holidays
- Elective capacity gap and delayed agreement to use the independent sector.

April RTT: Executive Performance Board

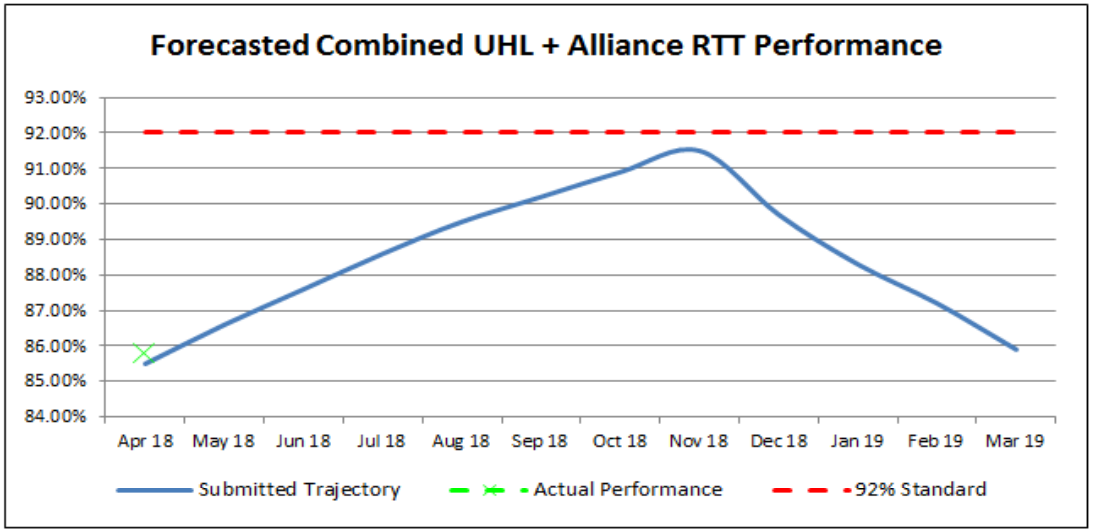
University Hospitals of Leicester NHS
NHS Trust

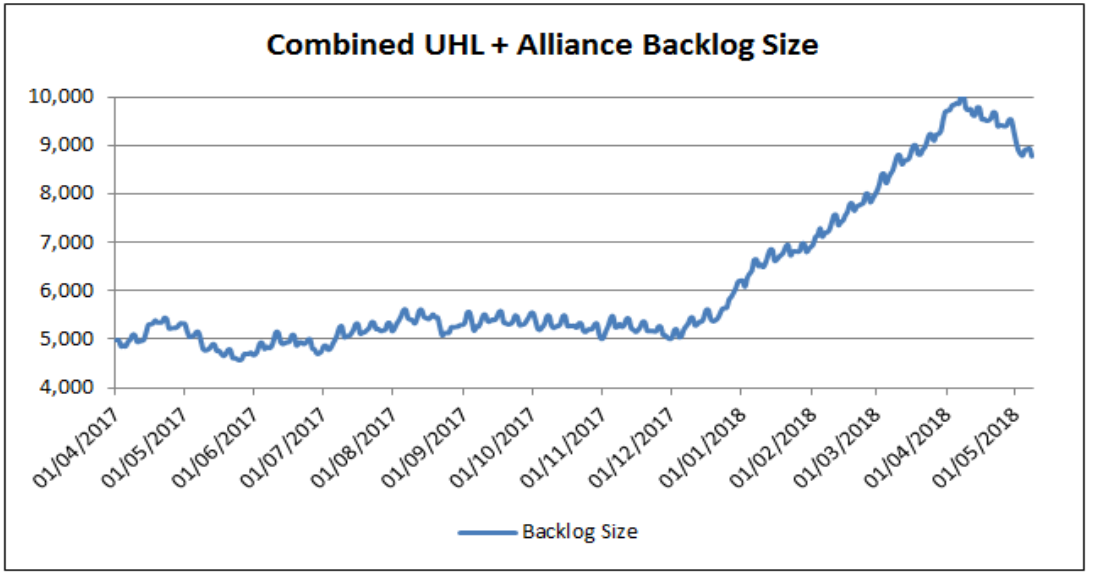
The combined UHL and Alliance RTT trajectory for 2018/19 is displayed opposite. The trajectory meets the planning guidance for waiting list size at the end of March 2019 that is equal to or less than March 2018. It does not see UHL achieving the 92.0% standard during this financial year.

Commissioners have agreed meeting the planning guidance is a system imperative. There is a known capacity gap for patients requiring elective surgery. Ability to meet the trajectory is dependent on system partners supporting the use of external capacity in the Independent Sector. During May the agreed level of outsourcing capacity required was agreed with commissioners. Demand and capacity work highlighted a capacity gap of 4,366 (avg 364 per month) that would need to be treated in excess of UHL's available capacity in order to meet the planning guidance. Delayed start to using the independent sector puts additional risk to meeting the performance trajectory for future months.

Every specialty has been given a non-admitted backlog target. These are awaiting signoff from each CMG with performance to be monitored at WAM and escalated via HoOPS when off trajectory.

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
RTT	85.5%	86.6%	87.6%	88.6%	89.5%	90.2%	90.9%	91.5%	89.7%	88.3%	87.2%	85.9%





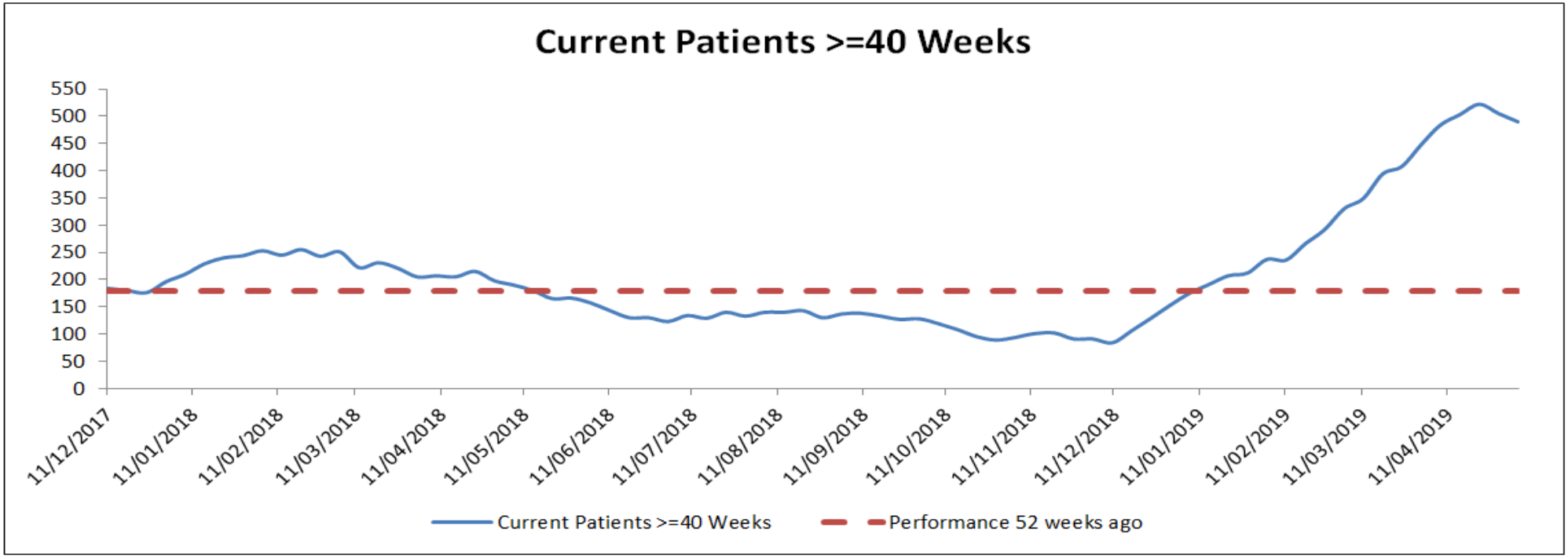
April RTT: Executive Performance Board

University Hospitals of Leicester NHS
NHS Trust

At the end April there were 3 patients with an incomplete pathway at more than 52 weeks. All 3 patients were from the ENT service.

The on-going capacity pressures have resulted in a continuing rise in the number of patients waiting over 40 weeks for treatment shown in the graph opposite. There are currently 490 patients waiting over 40 weeks for treatment. This is an increase of 310 compared to the same week in 2017 and an increase of 406 since the start of the elective pause in December.

Due to the risk of 52 week breaches daily checks by the performance team to track patients and support in booking are occurring.



April RTT: Executive Performance Board

University Hospitals of Leicester NHS
NHS Trust

The tables opposite outline the overall 10 largest backlog increases, 10 largest backlog reductions and 10 overall largest backlogs by specialty from last month.

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

The largest overall backlog increases were within Orthopaedic Surgery, Neurology and Paediatric ENT.

Of the specialties with a backlog, 25 saw their backlog increase, 8 specialties backlog stayed the same and 31 specialties reduced their backlog size.

Overall, the UHL admitted and non-admitted backlogs reduced by 9.2% and admitted increased by 1.4% since the March.

10 largest backlog reductions	Admitted Backlog			Non Admitted Backlog			Total Backlog			
	Mar 18	Apr 18	Change	Mar 18	Apr 18	Change	Mar 18	Apr 18	Change	RTT %
General Surgery	690	687	-3	479	365	-114	1169	1052	-117	73.2%
ENT	498	484	-14	512	442	-70	1010	926	-84	76.5%
Ophthalmology	343	316	-27	90	46	-44	433	362	-71	93.8%
Spinal Surgery	197	190	-7	356	305	-51	553	495	-58	76.0%
Maxillofacial Surgery	373	382	9	137	78	-59	510	460	-50	79.0%
Gynaecology	399	368	-31	99	104	5	498	472	-26	86.5%
Dermatology	0	0	0	95	69	-26	95	69	-26	96.9%
Urology	523	540	17	180	146	-34	703	686	-17	79.4%
Cardiology	212	217	5	131	113	-18	343	330	-13	88.5%
Paediatric Urology	45	38	-7	1	0	-1	46	38	-8	85.4%

10 largest backlog increases	Admitted Backlog			Non Admitted Backlog			Total Backlog			
	Mar 18	Apr 18	Change	Mar 18	Apr 18	Change	Mar 18	Apr 18	Change	RTT %
Orthopaedic Surgery	1135	1184	49	265	278	13	1400	1462	62	71.2%
Neurology	12	21	9	208	249	41	220	270	50	83.8%
Paediatric ENT	390	426	36	76	73	-3	466	499	33	68.5%
Cardiac Surgery	55	63	8	28	42	14	83	105	22	64.8%
Sports Medicine	36	50	14	8	15	7	44	65	21	83.6%
Vascular Surgery	69	70	1	28	47	19	97	117	20	84.4%
Allergy	1	1	0	39	57	18	40	58	18	86.5%
Paed Ophthalmology	19	26	7	2	11	9	21	37	16	94.1%
Gastroenterology	10	30	20	110	104	-6	120	134	14	95.4%
Breast Care	17	31	14	1	0	-1	18	31	13	95.7%

10 largest overall backlogs	Admitted Backlog			Non Admitted Backlog			Total Backlog			
	Mar 18	Apr 18	Change	Mar 18	Apr 18	Change	Mar 18	Apr 18	Change	RTT %
Orthopaedic Surgery	1135	1184	49	265	278	13	1400	1462	62	71.2%
General Surgery	690	687	-3	479	365	-114	1169	1052	-117	73.2%
ENT	498	484	-14	512	442	-70	1010	926	-84	76.5%
Urology	523	540	17	180	146	-34	703	686	-17	79.4%
Paediatric ENT	390	426	36	76	73	-3	466	499	33	68.5%
Spinal Surgery	197	190	-7	356	305	-51	553	495	-58	76.0%
Gynaecology	399	368	-31	99	104	5	498	472	-26	86.5%
Maxillofacial Surgery	373	382	9	137	78	-59	510	460	-50	79.0%
Ophthalmology	343	316	-27	90	46	-44	433	362	-71	93.8%
Cardiology	212	217	5	131	113	-18	343	330	-13	88.5%

April RTT: Executive Performance Board

University Hospitals of Leicester NHS
NHS Trust

The table opposite illustrates that the largest pressure to achieve 18 week RTT performance is for patients waiting for elective surgery, with admitted performance remaining below 60.0%. Overall non admitted performance improved and is now above 93%, with 1 CMG below the 92% standard. Each specialty has agreed monthly targets to reduce their non admitted backlog to reach an UHL non-admitted backlog size of circa 1,800 by November 2018.

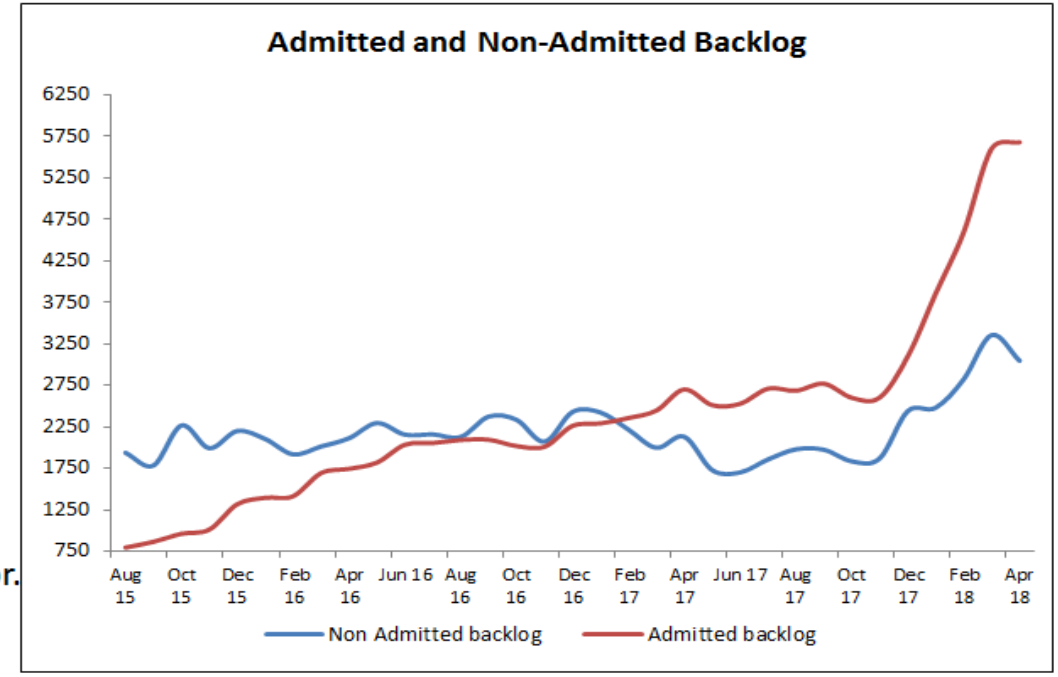
Since the last reporting period the non-admitted backlog has reduced by 310 (-9.2%) and the admitted backlog increased by 77 (1.4%) Over the last 12 months the backlog sizes have increased 43% and 111% respectively. The continuing challenge for UHL will be actions that support in reducing the admitted backlog.

Achieving 92% will only be possible by improving the admitted performance, with a step change in capacity required.

Key Actions Required:

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

CMG	Admitted Backlog (18+ Weeks)	Admitted RTT %	Non Admitted Backlog (18+ Weeks)	Non Admitted RTT %	Total Backlog (18+ Weeks)	Overall RTT %
CHUGGS	1,344	49.8%	663	92.6%	2,007	82.7%
CSI	12	88.1%	4	95.5%	16	91.5%
ESM	21	67.7%	365	94.0%	386	93.7%
ITAPS	37	91.5%	28	97.5%	65	95.8%
MSS	3,343	55.5%	1,280	92.2%	4,623	80.7%
RRCV	414	71.7%	425	91.0%	839	86.5%
W&C	510	63.2%	283	95.4%	793	89.4%
Alliance	85	82.9%	462	94.1%	547	93.4%
UHL	5,681	58.3%	3,048	93.0%	8,729	84.7%
UHL+Alliance Combined	5,766	59.2%	3,510	93.2%	9,276	85.8%



APPENDIX C

Performance

April diagnostic performance for UHL and the Alliance combined is 5.16% failing to achieve the standard by performing above the 1% threshold. Performance was 730 breaches above the threshold. UHL alone achieved 5.67% for the month and the Alliance 1.7%.

At UHL, 867patients out of 15295 did not receive their diagnostic within 6 weeks.

As of 14th May the radiology service plans to run 2 additional MR vans for 2 months - an additional van at GGH as well as continuing with the rented van that was to be discontinued when the Modular MR Unit became operational. There is the option to continue with the additional capacity past the 2 months if demand patterns show the additional capacity is required beyond this period.

The an increase in 2WW referrals into the endoscopy services has resulted in routine diagnostic capacity being converted for cancer patients. This has resulted in reduced overall capacity for routine patients and increased breaches.

The number of accepted referrals into the Alliance is below plan due to clinical appropriateness of patients as well as a patient choice, with patients choosing to wait for their diagnostic procedure at UHL.

Additional capacity is being sourced through discretionary effort at UHL sites as well as the Alliance to limit the impact.

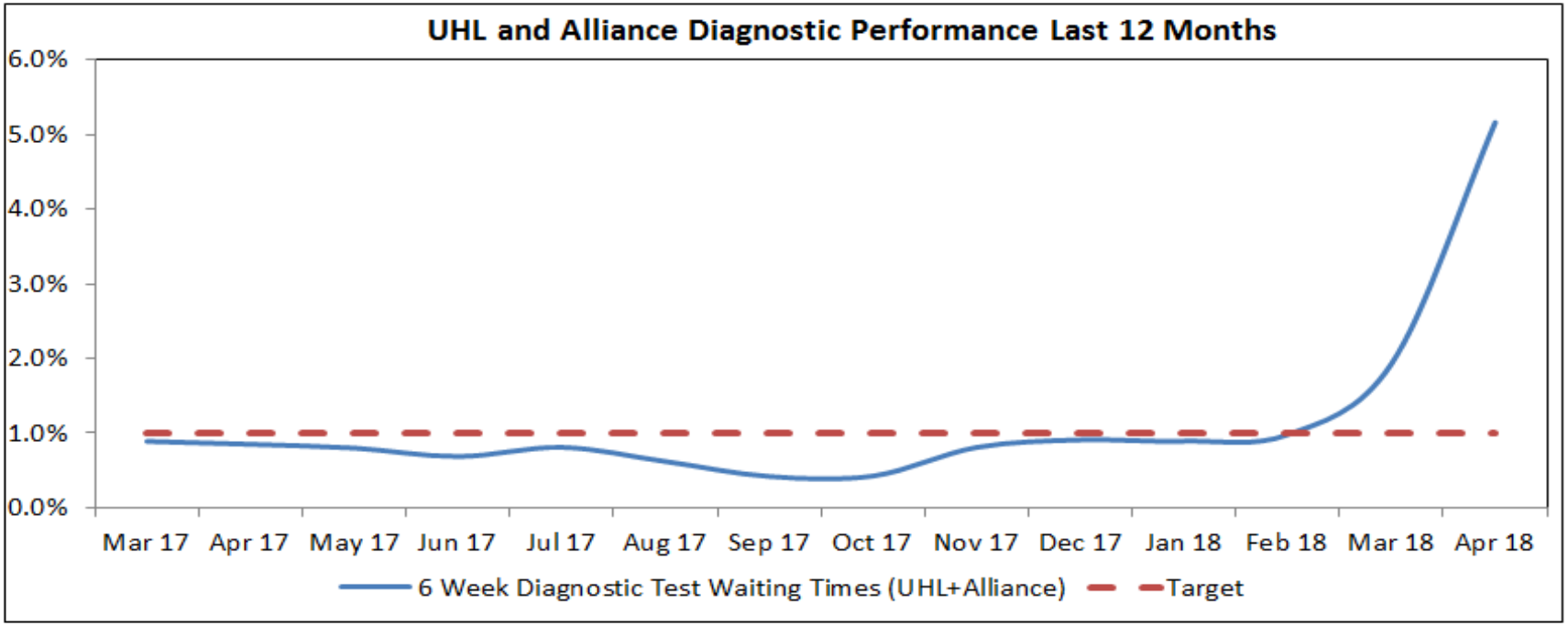
The 5 modalities with the highest number of breaches are listed below:

Modality	Waiting list	Breaches	Performance
Magnetic Resonance Imaging	4170	451	10.82%
Computed Tomography	3388	311	9.18%
Colonoscopy	477	42	8.81%
Gastroscopy	592	28	4.73%
Flexible sigmoidoscopy	377	23	6.10%

Future months performance

There is a risk to the Trust achieving the diagnostic standard in May:

- Competing emergency demand for radiology diagnostics
- High level of endoscopy breaches
- Reduced capacity due to 2 bank holidays



APPENDIX D

April Cancelled Ops: Executive Performance Board

University Hospitals of Leicester NHS
NHS Trust

INDICATORS: The cancelled operations target comprises of two components;	Indicator	Target (monthly)	Latest month	YTD performance (inc Alliance)	Forecast performance for next reporting period
1.The % of cancelled operations for non-clinical reasons On The Day (OTD) of admission	1	0.8%	1.1%	1.1%	1.1%
2.The number of patients cancelled who are not offered another date within 28 days of the cancellation	2	0	23	23	23

Cancelled Operation Performance – Indicator 1

For April there were 110 non clinical hospital cancellations for UHL and Alliance combined. This resulted in a failure of the 0.8% standard as 1.1% of elective FCE's were cancelled on the day for non-clinical reasons (103 UHL 1.1% and 7 Alliance 0.9%).

UHL alone saw 103 patients cancelled on the day for an individual performance of 1.1%
50 patients (48.5%) experience a short notice cancellation due to capacity related issues of which 10 were Paediatrics. 53 patients were cancelled for other reasons. The 5 most common reasons for cancellation are listed below.

Type	Reason	March 2018
Other	Lack Theatre Time / List Overrun	36
Capacity Pressures	Ward Bed Unavailable	27
Capacity Pressures	Pt Delayed To Adm High Priority Patient	18
Other	Lack Surgeon	5
Other	Equipment Failure	4
Total		**103**

Emergency pressures on the surgical bed capacity reduced during April. This supported the improved performance for short notice cancelations between March and April, reducing from 1.34% to 1.05%.

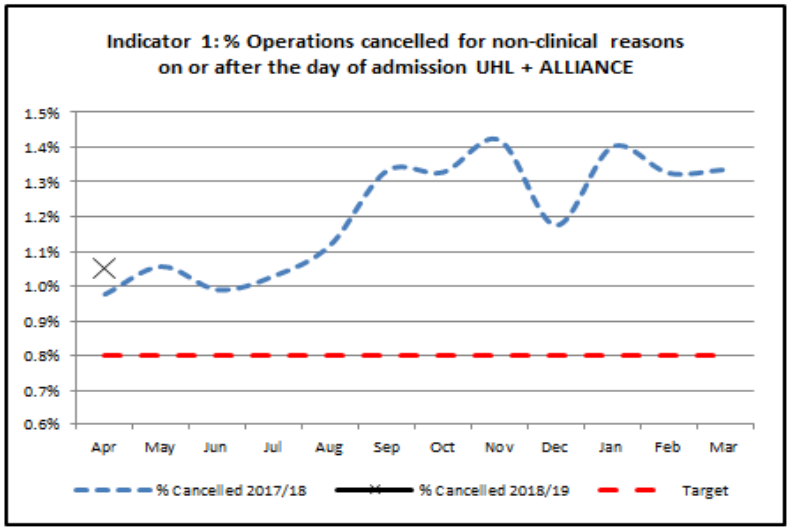
28 Day Performance – Indicator 2

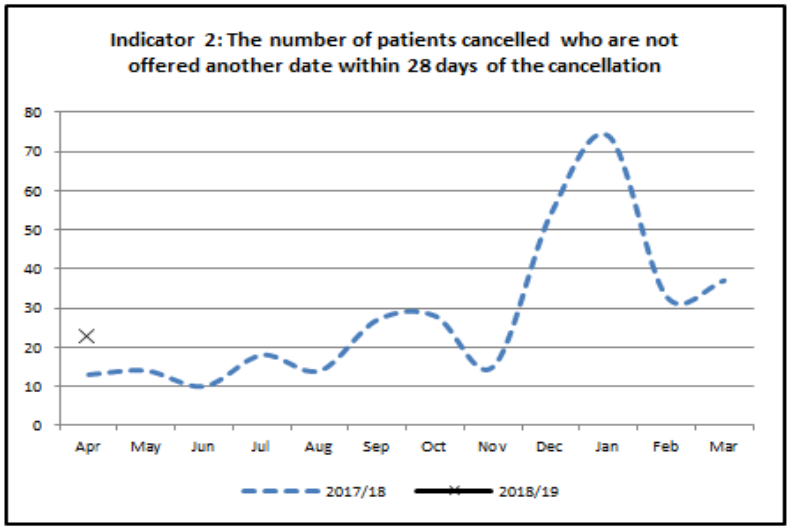
There were 23 patients who did not receive their operation within 28 days of a non-clinical cancellation. These comprised of MSS 7, RRCV 7, CHUGGS 6, W&C 3. Improved surgical bed capacity has lead to a reduction in number of 28 day breaches.

Risk for next reporting period

Achieving the 0.8% standard in May remains a risk due to:

- Rise in emergency demand





APPENDIX E

Cancer Performance Summary

University Hospitals of Leicester NHS
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Arrows represent current month performance against previous month, upward arrow represents improvement, downward arrow represents deterioration.

3 (Mar) Standards Achieved (Out of 9 standards)

94.7% 2WW (All Cancers) YTD ↓

91.9% 2WW (Symptomatic Breast) YTD ↓

95.1% 31 Day Wait (All Cancers) YTD ↓

99.1% 31 Day Wait (Anti Cancer Drug Treatment) YTD ↑

85.3% 31 Day Wait (Subsequent Treatment - Surgery) YTD ↓

95.4% 31 Day Wait (Radio Therapy Treatment) YTD ↓

78.2% 62 Day (All Cancers) YTD ↑

85.2% 62 Day (Consultant Screening) YTD ↓

18 104 Days Mar ↑

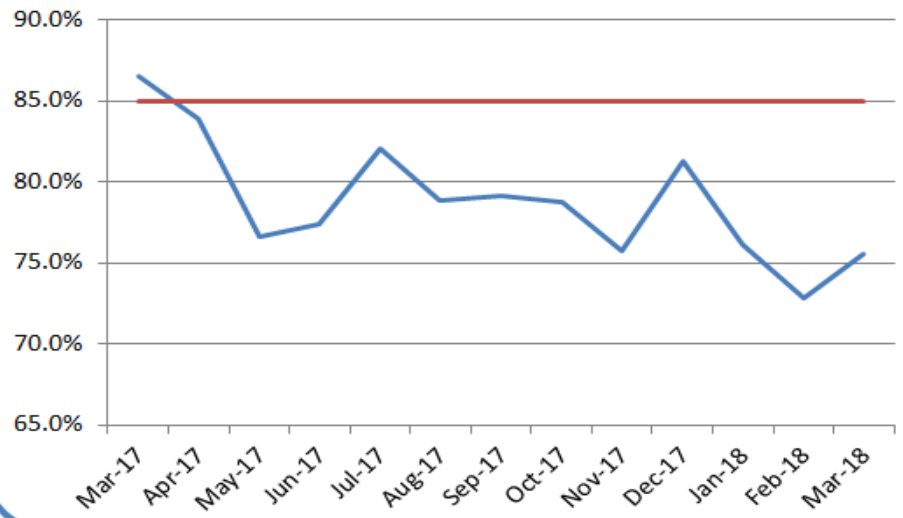
62 Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers

Breast	Gynae	Haematological	Head & Neck	Lower GI	Lung	Skin	Upper GI	Urological
93.8% YTD ↑	70.6% YTD ↑	81% YTD ↑	55.4% YTD ↔	58.5% YTD ↓	66.2% YTD ↓	96.8% YTD ↑	71.9% YTD ↓	76.3% YTD ↑

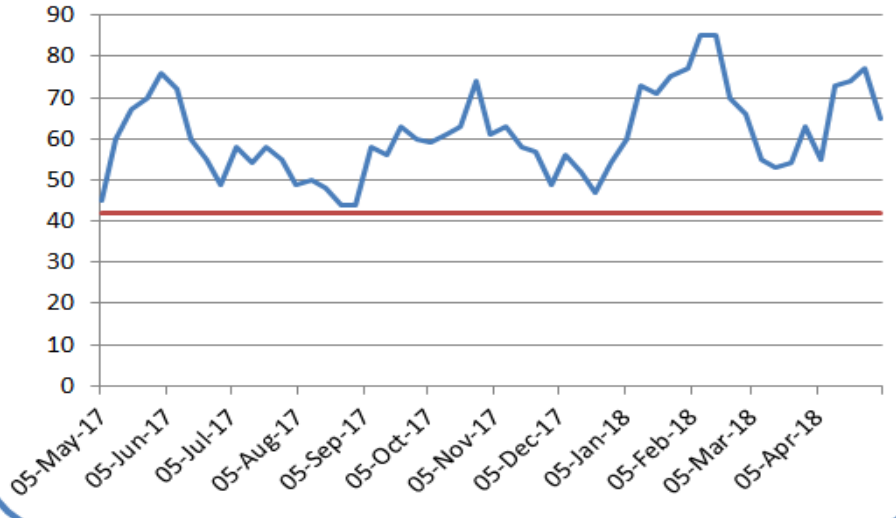
Current Performance

University Hospitals of Leicester NHS
NHS Trust

62 Day Performance



62 Day Adjusted Backlog



Highlights

- Out of the 9 standards, UHL achieved 3 in March – 2WW, 31 Day Drugs and Radiotherapy.
- 2WW performance continued to deliver in March achieving 95.7%. April is also expected to deliver the standard. 2WW Breast failed at 92%, a combination of capacity and patient choice the root cause. This equated to 9 breaches in the month.
- 62 day performance improved on the previous month by 2.7% but still failed at 75.6% in March. Although the overall number of breaches in March were lower than the previous month, overall activity was reduced. Key contributing tumour sites being: Lower GI (47.7%), Lung (52%) and Upper GI (55.6%).
- The backlog position remains volatile, at the time of reporting sitting at 65 following an early April peak at 73 – performance predictions for April therefore sits under the standard at 76.43%.

62 Day Adjusted Backlog by Tumour Site

University Hospitals of Leicester NHS
NHS Trust

The following details the backlog numbers by Tumour Site for week ending 4th May 2018.

The Trend reflects performance against target on the previous week.

The forecast position is the early prediction for week ending 11th May 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	↓	3
HPB	0	4	↑	4
Lower GI	6	10	↑	9
Testicular	0	1	↔	1
Upper GI	2	3	↑	3
Urology	10	17	↑	18
Skin	1	1	↔	1
Breast	2	5	↓	4
Head & Neck	5	4	↔	5
Sarcoma	0	1	↑	1
Lung	6	8	↓	9
Gynaecology	7	8	↓	10
Brain	0	1	↑	0

Key themes identified in backlog (4th May)

University Hospitals of Leicester NHS
NHS Trust

Note – This report includes all patients (including those waiting 104 days+)

Summary of delays	Numbers of patients	Summary
Complex Patients/Complex Diagnostic Pathways	14	Across 9 tumour sites, – these are patients undergoing multiple tests, MDTs, complex pathology reporting and diagnostics. This includes patients with complex pathology to inform diagnosis requiring additional testing, where treatment plans have changed either due to the patient or clinical decision making based on additional diagnostic tests, where multiple primaries are being investigated and/or another primary requires treating first, where the primary is unknown requiring extensive and often repeat diagnostics and cross tumour site MDT discussions to aid treatment planning.
Capacity Delays – OPD & Surgical	11	In 6 tumour sites, a combination of Surgical , Oncology and Anaesthetic outpatient and diagnostic capacity affecting the patients pathway. 4 of these patients primary delay is due to Oncology outpatient waiting times. 50% of the patients are in Urology where diagnostic capacity for biopsies has impacted on waiting times.
Pathway Delays (Next Steps compliance)	11	Across 8 tumour sites, where more than one primary delay is identified deemed avoidable including administrative errors in booking either outpatients or treatment dates beyond the breach date which then can't be brought forward due to patient choice and/or capacity, diagnostic delays in obtaining PET Scans within the 7 day timeframe (x2), pathway delays in Breast due to clinician absence and lack of compliance in timely management of re-booking patients and delays to diagnostic imaging as a result of incomplete referral forms.
Patient Delays (Choice, Engagement, Thinking Time)	10	Across 6 tumour sites, where patient choice for either thinking time, holidays , cancellations and DNAs during the diagnostic phase and/or lack of engagement have been the primary delay within the pathway.

Key themes identified in backlog (4th May)

University Hospitals of Leicester NHS
NHS Trust

Note – This report includes all patients (including those waiting 104 days+)

Summary of delays	Numbers of patients	Summary
Tertiary Referrals	11	Across 4 tumour sites, where tertiaries are received after Day 38. Referrals ranging from Day 40 to Day 105. Ongoing management of referrals through centralised mailbox continues in addition to writing to all referrers when a late referral is received. All tumour sites at UHL targeted to date patients for treatment by Day 24 of referral to ensure no breach allocation is assigned – this is reliant on a number of factors; the patient being worked up appropriately prior to referral, capacity within the service to date the patient, patient fitness and patient engagement. In addition - working closely with tertiary centres where the pathways cross over both Trusts eg where the patient is sent to UHL for treatment but is having their follow up outpatients at the local Trust, this is specifically relevant for Lung.
Patients Unfit	13	Across 6 tumour sites, patients who are unavailable for treatment due a number of factors, ie; other ongoing health issues of a higher clinical priority (eg cardiac), incidental primaries of higher clinical priority requiring treatment first resulting in a delayed pathway whilst awaiting recovery before commencing primary treatment, a patient with a delayed bridging plan to be organised by primary care – this patient couldn't undergo appropriate diagnostic investigations until a bridging plan was in place so therefore unfit to proceed, a patient admitted to the Evington Centre deemed unfit to continue with Breast investigations.
Clinically Appropriate Delays	5	Across 4 tumour sites, patients where the delayed pathway is deemed clinically appropriate. Examples include patients in Lung where infection is preventing a clear diagnosis requiring a course of 6-8 weeks of antibiotics before review and further planning, in Urology, where repeat diagnostics are required following a biopsy that requires 6 weeks prior to MRI to ensure clear image, in Breast where chronic breast abscess is preventing a clear image and requires antibiotics prior to review

Backlog Review for patients waiting >104 days @ 4/5/18

University Hospitals of Leicester NHS
NHS Trust

The following details all patients declared in the 104 Day Backlog for week ending 6/4/18. Last months report showed 16 patients in the 104 Day backlog. This months report details a reduction to 11 patients in the backlog across 5 specialties.

NOTE: where patients who have a treatment date confirmed but with no diagnosis of Cancer confirmed, on review of histology, should that confirm a cancer diagnosis then this would class as treatment in those cases.

Tumour Site	Total Number of patients	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons
ENT	1	118	Y	N	OPD 17/1/18 – patient declined FNA, for CT and biopsy. CT 19/1/18 – suspicious soft tissue. Await biopsy. Pre-assessment 30/1/18 (delay due to patient having transport and carer issues). TCI biopsy 8/2/18. MDT 19/2/18 – further histological work pending. OPA 20/2/18 – for PET Scan. PET 26/2/18. MDT 26/2/18 – histological results pending further work. MDT 5/3/18 – for re-biopsy, not for surgical treatment, refer to Oncology for chemoradiotherapy. OPA ENT 7/3/18 – referred to Oncology, added to waiting list for biopsy. TCI 26/3/18 – await pathology before referring to Oncology. OPA 4/4/18 – for USFNA 5/4/8 – confirmed diagnosis. Delay within service to make referral/decision to Oncology. Referred 17/4/18 – ONC OPD 1/5/18 – chemotherapy not advised, patient for short course radiotherapy. CNS input 8/5/18 – patient too unwell for planning scan for RT, requires medical review before further potential treatment planning.
LUNG	2	118 105	N Y	N Y	Late tertiary received on Day 105 from NGH (19/4/18). OPD 26/4/18 – patient DNA'd. New OPD 3/5/18. Patient added to waiting list for treatment and was offered 10/5/18 which they declined. Patient choice for TCI 10/6/18. Straight to CT 20/1/18, OPD 30/1/18 – added to the waiting list for diagnostic thoracoscopy. TCI 6/2/18. MDT 9/2/18 – for PDL1 testing, MESO MDT discussion and surgical outpatient review. OPD 14/2/18 – referred to thoracics to discuss MARS2 Trial. MESO MDT 23/2/18 (delay due to pending PDL1 testing results) – refer to Prof Fennel for MARS2 trial discussion. Oncology OPD DAF 20/3/18 (delay due to capacity) – patient requires further CT before treatment planning. Follow up OPD 27/3/18 – patient cancelled, rebooked for 17/4/18 at the request of the patient. OPD 17/4/18 – patient requested thinking time. CNS contact 24/4/18 – patient decided on standard first line chemo. New case talk 4/5/18, TCI 10/5/18

Backlog Review for patients waiting >104 days @ 4/5/18

University Hospitals of Leicester NHS
NHS Trust

Tumour Site	Total Number of patients	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons
LOWER GI	2	155	Y	Y	Straight to test CT 14/12/17 – report recommends Flexi. Clinical review 28/12/17 – Flexi request made. Delayed due to Xmas/New Year capacity. Flexi 11/1/18 – colonic polyp – due to sub optimal views for full colonoscopy with a different bowel prep. TCI 17/1/18 – malignant colonic tumour – for full CT staging and MDT discussion. Biopsies taken – await pathology. CT Staging 19/1/18. MDT 24/1/18 – for OPD and assess fitness for surgery. OPD 30/1/18 – for high risk anaesthetic review and CPET. CPET 1/2/18, HRA 9/2/18 – for OGD. OGD 16/2/18 – cancelled due to higher priority patient. OGD 27/2/18 – await 24hr cardio tape and US Cardiogram 8/3/18 with further HRA 9/3/18. Patient declined HRA, rebooked for 16/3/18. Clinical review 20/3/18 – for cardiology review. Cardiology OPD 9/4/18 – for ECHO. Patient admitted to Cardiology 12/4/18 – patient declined any surgical intervention. Patient too high risk for surgery, review in surgical outpatients 3/5/18 – for conservative management – await consent.
		155	Y		Straight to test Flexi 10/12/17 – for CT/MRI 14/12/17. MDT 20/12/17 - ? 2 colon primaries ? Prostate primary for OPD review and referral to Urology MDT. OPD 2/1/18 – for CT. Urology OPA 9/1/18 – for prostate biopsies and bone scan. TRUS biopsies 23/1/18 – Urology MDT 1/2/18 – recommend hormone therapy. Lower GI MDT 7/2/18 – for surgical clinic – require clinical input for thoracic aneurysm found on imaging. OPD 19/2/18 – patient prefers route of chemo vs surgical intervention. Await aneurysm MDT outcome 21/12/18 – needs thoracic surgeon opinion prior to GI planning and cardiac review. Cardiac review 6/3/18 – for high risk anaesthetic review to explore surgical options. For CPET 11/4/18, HRA 13/4/18 – patient didn't attend due to inpatient stay at LRI. Reviewed as I/P, consented to surgery pending further GI MDT review 2/5/18. Recommended for patient consultation to offer radiotherapy initially and further CT. CT 9/5/18.

Backlog Review for patients waiting >104 days @ 4/5/18

University Hospitals of Leicester NHS
NHS Trust

Tumour Site	Total Number of patients	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons
HPB	1	177	Y	Y	Tertiary referral received from Peterborough on Day 71 (17/1/18). MDT 22/1/18 – patient currently on holiday until the 12/2/18 – to see in clinic. OPD 26/2/18 – no earlier capacity due to clinician leave. For laparoscopy TCI 6/3/18 – cancelled due to patient fitness. Redated for 13/3/18. MDT 19/3/18 – patient not fit for resection or TACE. For Oncology review. ONC OPD 27/3/18 - requires liver biopsy and further review. Biopsy 27/4/18 (delay due to bridging plan required and pre-assessment 13/4/18). USS Liver 20/4/18, USGBx 23/4/18. MDT 30/4/18 – for PBH MDT discussion 2/5/18. TCI chemo 15/5/18
UROLOGY	5	161	Y	Y	Referred 28/11/17 – for repeat PSA – await results ? Discharge back to GP. Clinical review 21/12/17 – for OPD and template biopsies. OPD 9/1/18 – needs biopsy under GA. Pre-assessment 18/1/18. TCI 27/1/18 – patient DNA. Re-dated for 5/2/18. OPD 22/2/18 with results – patient requires bone san. Bone Scan 1/3/18. OPA 8/3/18 – for complex clinic and Oncology review. Complex clinic 24/3/18 – added to waiting list for robotic prostatectomy provisionally, for radiotherapy discussion. OPD ONC 3/4/18 – await patient decision on treatment option. CNS update 9/4/18 – patient wants surgery. TCI 16/5/18
		159	Y	N	Referred 30/11/17 – OPD 6/12/17 – for repeat PSA to determine if TRUS required. OPD 5/1/18 – patient cancelled. CNS update 11/1/18 – for TRUS. TRUS 22/1/18 – didn't go ahead – patient declined as wants a PM appointment. Patient away until 20/2/18 – does not want biopsy before. TRUS 27/2/18. MDT 8/3/18 – for MRI and bone scan. OPD 9/3/18. Bone Scan 16/3/18. MRI 9/4/18 – delay due to biopsy 27/2/18. OPD 11/4/18 – for complex clinic and oncology review. Oncology OPD 24/4/18 – patient offered radiotherapy – awaiting patient decision and further review 3/5/18.
		144	Y	Y	Referred 15/12/17 – OPD 22/12/17. MRI 27/12/17 – FLEXI 30/12/17 – for TRUS. TRUS 9/1/18 – cancelled due to MRI results suggesting template biopsy required. TCI 9/2/18. MDT 22/2/18 – for bone scan. OPD 27/2/18. Bone Scan 1/3/18. OPD 9/6/18 – for complex clinic review. OPD 29/3/18 (capacity delay). For robotic prostatectomy – TCI 18/5/18 (capacity delay)

Backlog Review for patients waiting >104 days @ 4/5/18

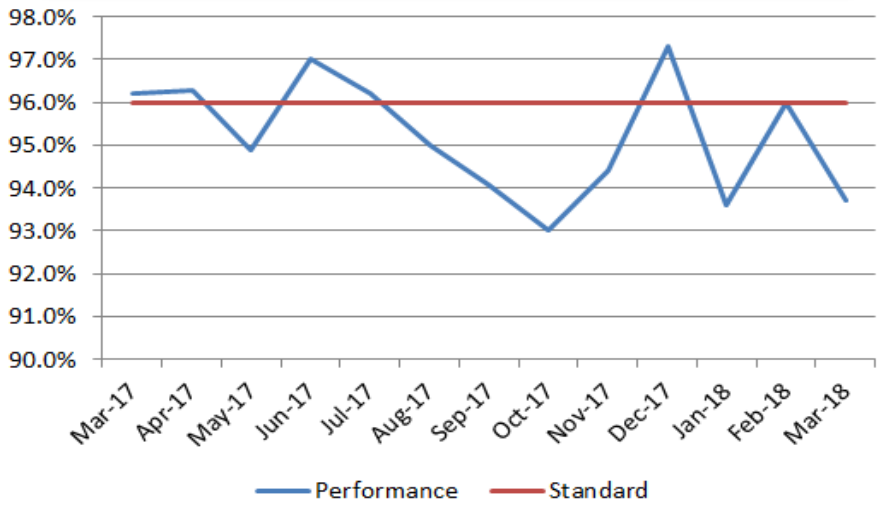
University Hospitals of Leicester NHS
NHS Trust

Tumour Site	Total Number of patients	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons
UROLOGY (cont'd)		130	Y	N	Referred 27/11/17 – FLEXI 4/12/17 – for UROHAEM. UROHAEM 20/12/17 – for urgent TURBT. TCI 20/1/18 (capacity delay). Patient cancelled – unfit. TCI rearranged for 14/2/18 – cancelled on the day by the anaesthetist – needs clinical review. Patient admitted as an emergency 4/3/18 with frank haematuria. For ECHO to assess fitness. ECHO 5/3/18. OPD 8/3/18 – to proceed with TURBT. Patient requires ITU post TURBT. TCI 13/4/18 – patient declined, wants to wait until May. CNS discussion 26/4/18 – language barrier – requires daughter to be involved. Currently on antibiotics for a urine infection. Doesn't feel strong enough for an operation. Doesn't understand the need for a morning list due to diabetes. Patient will consider surgery if a PM list. Patient on clopidogrel. TCI offered 15/5/18 – patient declined hesitant for surgery and needing to cease routine medication. For outpatient review 8/5/18.
		109	Y	Y	Referred 19/1/18 – UROHAEM 31/1/18 – for USS Testis and MRI. Due to heart valve replacement in 1998, radiology to ensure safe to scan. MRI 27/2/18 delay due to clinical considerations around safety. MDT 1/3/18 – for OPA and review of fitness. OPD 13/3/18 – for second opinion. OPD 23/3/18 – for HRA, added to waiting list and requires bridging plan. HRA 5/4/18 – patient fit for surgery but requires in-week list. Patient wants treatment after holiday – returns 24/5/18. TCI 10/6/18 – can't be brought forward as specific surgeon to do only/capacity plus patient needs to stop warfarin 10 days prior

Backlog & Performance

University Hospitals of Leicester NHS
NHS Trust

31 Day First Treatment – Backlog & Performance

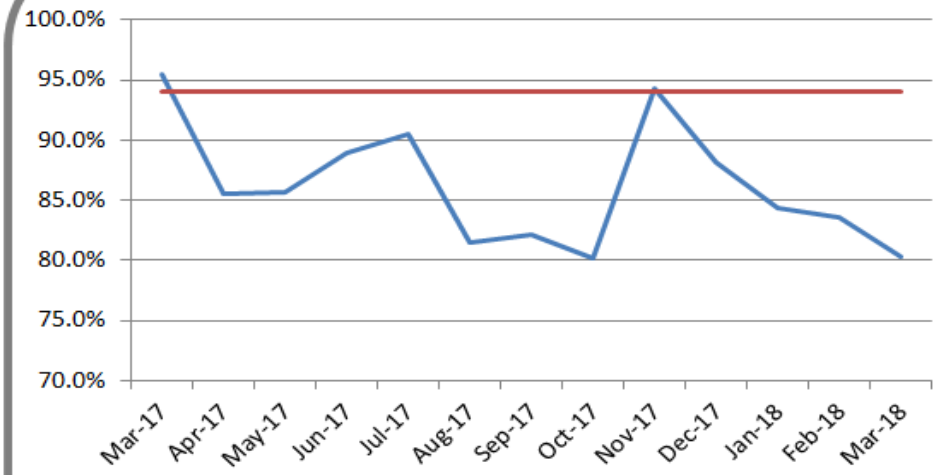


March performance was 2.3% under the national target, the primary contributing tumour sites to this deteriorated performance being:- Gynae, Head & Neck, Lower GI, Upper GI and Urology. Urology accounted for more than 50% of the 31 day first breaches in March. This performance reduction was expected due to the increased backlog during January and February, with significant reduction noticeable in March.

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

At the time of reporting, the backlog has increased and sits at 29, with 15 of these patients sitting in Urology. Forecasted prediction for April at the time of reporting is 93.6%.

31 Day Subsequent Performance - Surgery



31 day Subsequent performance for Surgery in March under performed at 80.3%, a further deterioration on the previous month of 3.3%.

The backlog at the time of reporting sits at 13, with patient choice and cancellations continuing to impact on the ability to treat patients within target. 46% of this backlog is within Urology as a result of theatre capacity post decision to treat, 30% due to an increase in Breast and Skin and the remaining in Gynae & Lung.

Cancer Recovery Actions

University Hospitals of Leicester NHS
NHS Trust

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. This is reviewed and challenged on a monthly basis in line with the thematic breach analysis undertaken with each tumour site.

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

- Transformation of the governance around cancer performance and transformational delivery introducing a strategic cancer taskforce bi-weekly.
- Improved data provision and analysis to support better forecasting and introduce early warning signs for struggling tumour sites falling off track.
- Re-configuration of theatre capacity to ensure appropriate capacity provision for tumour sites with high demand.
- NHSI to hold monthly performance review meetings with Heads Of Operations for additional assurance and accountability.
- 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.

Risk Summary

University Hospitals of Leicester NHS
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.	Next steps programme board established. Additional central funding for next steps programme secured. Recruitment for additional staff for next steps in progress.	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. Plans and capital agreed for LRI and GH ITU expansion.	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

APPENDIX F

Peer Group Analysis (Mar 2018)

University Hospitals of Leicester NHS
NHS Trust

RTT 18+ Weeks Backlog – March 2018

RTT 18+ Weeks Backlog - March 2018

All Acute Trusts Performance - 86.6% — *UHL ranks 95 out of the 145 Acute Trusts**
41 of the 145 Acute Trusts achieved 92% or more*

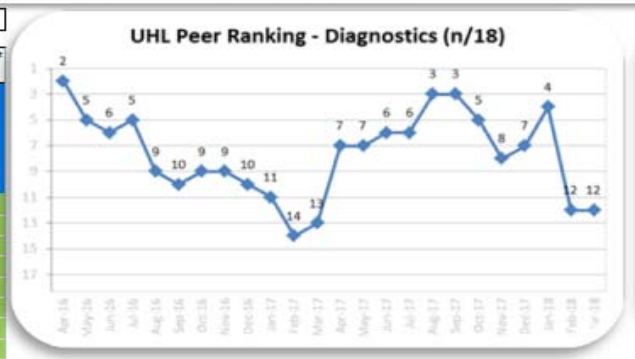
Peer Rank	Provider Name	RTT Incompletes Performance - Target 92%
1	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	94.8%
2	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	93.6%
3	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	92.9%
4	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	91.0%
5	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	89.9%
6	HEART OF ENGLAND NHS FOUNDATION TRUST	88.4%
7	LEEDS TEACHING HOSPITALS NHS TRUST	87.7%
8	PENNINE ACUTE HOSPITALS NHS TRUST	86.5%
9	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	85.2%
10	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	85.1%
11	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	84.7%
12	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	83.3%
13	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	83.1%
14	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	80.5%
15	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	79.8%
16	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	76.1%
17	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	71.7%
-	BARTS HEALTH NHS TRUST - not reported	-

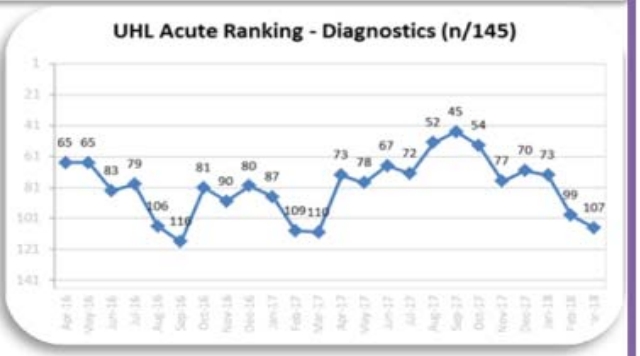
Diagnostics – March 2018

Diagnostics - March 2018

All Acute Trusts Performance - 2.1% — *UHL ranks 107 out of the 145 Acute Trusts** *(Ranked Ascending)*
83 of the 145 Acute Trusts achieved <1% or less*

Peer Rank	Provider Name	Diagnostics Peformance %Waiting 6 Wks+ - Target <= 1%
1	LEEDS TEACHING HOSPITALS NHS TRUST	0.28%
2	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	0.35%
3	PENNINE ACUTE HOSPITALS NHS TRUST	0.36%
4	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	0.49%
5	BARTS HEALTH NHS TRUST	0.51%
6	HEART OF ENGLAND NHS FOUNDATION TRUST	0.62%
7	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	0.69%
8	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0.70%
9	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	0.88%
10	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	1.78%
11	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	1.86%
12	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	1.92%
13	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	1.95%
14	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2.07%
15	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	2.49%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	6.47%
17	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	9.05%
18	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	10.51%





***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 (Mar 2018) – ED Apr 18

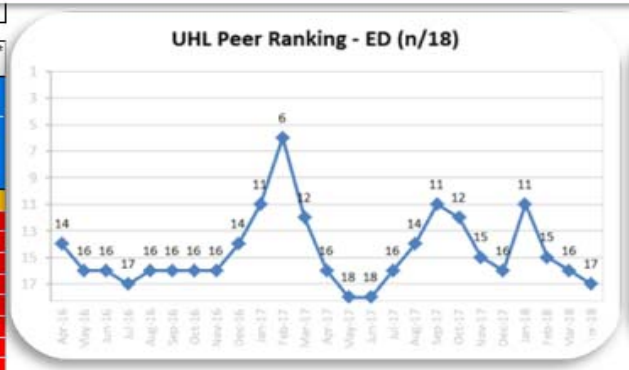
University Hospitals of Leicester NHS
NHS Trust

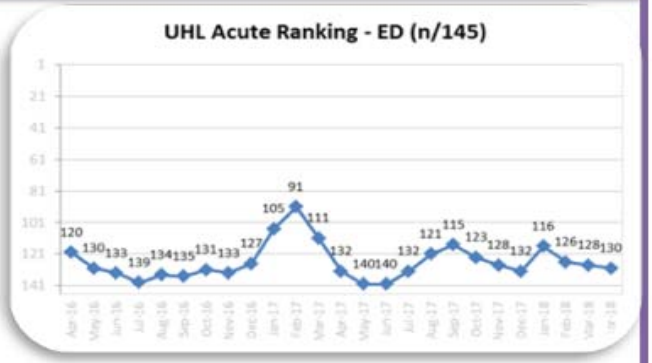
UHL ED Attendances within 4 hours – April 2018

UHL ED Attendances within 4 hours - April 2018

All Acute Trusts - 86.6% *UHL ranks 130 out of the 145 Trusts**
14 of the 145 Acute Trusts achieved 95% or more*

Peer Rank	Provider Name	Performance within 4 Hours - Target 95% - Amber 92% - <95%
1	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	94.2%
2	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	88.5%
3	PENNINE ACUTE HOSPITALS NHS TRUST	87.7%
4	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	86.3%
5	BARTS HEALTH NHS TRUST	86.2%
6	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	84.8%
7	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	84.6%
8	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	83.5%
9	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	83.0%
10	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	82.1%
11	HEART OF ENGLAND NHS FOUNDATION TRUST	81.6%
12	LEEDS TEACHING HOSPITALS NHS TRUST	81.2%
13	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	80.0%
14	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	78.8%
15	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	78.5%
16	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	76.9%
17	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	76.1%
18	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	70.2%



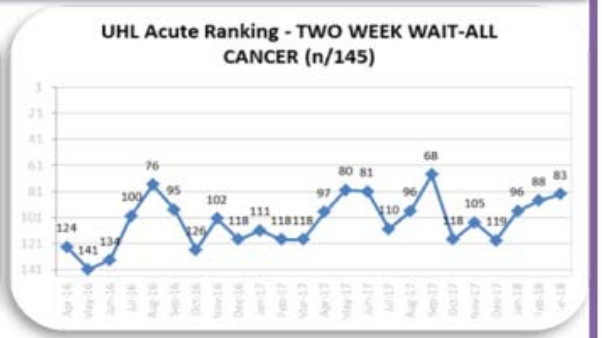


TWO WEEK WAIT-ALL CANCER – March 2018

TWO WEEK WAIT-ALL CANCER - March 2018

All Acute Trusts Performance - 93.2% *UHL ranks 83 out of the 145 Acute Trusts**
108 of the 145 Acute Trusts achieved 93% or more*

Peer Rank	Provider	Performance within 14 Days - Target 93%
1	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	98.4%
2	BARTS HEALTH NHS TRUST	97.9%
3	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	96.5%
4	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	95.7%
5	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	95.6%
6	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	95.4%
7	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	95.1%
8	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	94.5%
9	HEART OF ENGLAND NHS FOUNDATION TRUST	94.5%
10	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	94.5%
11	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	94.2%
12	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	93.3%
13	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	93.3%
14	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	91.4%
15	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	91.3%
16	LEEDS TEACHING HOSPITALS NHS TRUST	89.1%
17	PENNINE ACUTE HOSPITALS NHS TRUST	88.1%
18	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	77.9%



***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 (Mar 2018)

University Hospitals of Leicester NHS
NHS Trust

31-DAY FIRST TREAT – March 2018

31-DAY FIRST TREAT - March 2018

All Acute Trusts Performance - 97.5% *UHL ranks 134 out of the 145 Acute Trusts**
130 of the 145 Acute Trusts achieved 96% or more*

Peer Rank	Provider	Performance within 31 Days - Target 96%
1	BARTS HEALTH NHS TRUST	98.5%
2	HEART OF ENGLAND NHS FOUNDATION TRUST	98.5%
3	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	98.0%
4	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	97.8%
5	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	97.5%
6	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	97.3%
7	LEEDS TEACHING HOSPITALS NHS TRUST	97.3%
8	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	97.1%
8	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	97.1%
10	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	97.0%
11	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	96.9%
12	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	96.9%
16	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	96.3%
14	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.2%
15	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	96.1%
16	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	95.0%
17	PENNINE ACUTE HOSPITALS NHS TRUST	94.3%
18	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	93.7%

62-DAY GP Referral – March 2018

62-DAY GP Referral - March 2018

All Acute Trusts Performance - 84.6% *UHL ranks 127 out of the 145 Acute Trusts**
95 of the 145 Acute Trusts achieved 85% or more*

Peer Rank	Provider	Performance within 62 Days - Target 85%
1	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	90.7%
2	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	88.9%
3	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	88.5%
4	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	88.3%
5	BARTS HEALTH NHS TRUST	87.0%
6	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	86.7%
7	HEART OF ENGLAND NHS FOUNDATION TRUST	85.7%
8	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	85.3%
9	PENNINE ACUTE HOSPITALS NHS TRUST	83.8%
10	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	83.2%
11	LEEDS TEACHING HOSPITALS NHS TRUST	82.8%
12	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	82.2%
13	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	81.8%
14	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	77.2%
15	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	76.2%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	75.5%
17	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	73.0%
18	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	72.1%

***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 (Mar 2018)

University Hospitals of Leicester NHS
NHS Trust

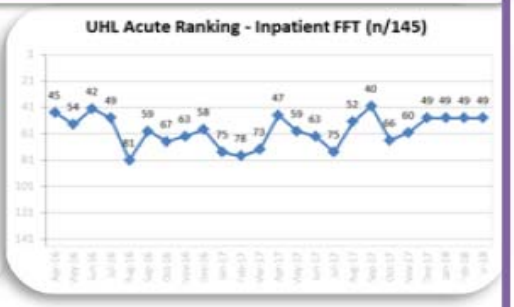
Inpatient FFT – March 2018

Inpatient FFT - March 2018

All Acute Trusts - Response Rate 23% - Recommended 95% - Not Recommended 2%

UHL ranks 49 (for Recommended) and 52 (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	11%	99%	0%
2	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	33%	98%	1%
3	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	26%	97%	1%
4	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	8%	97%	1%
5	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	28%	97%	1%
6	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	**24%**	**97%**	**1%**
7	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	10%	97%	1%
8	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	19%	97%	1%
9	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	28%	97%	1%
10	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	22%	95%	2%
11	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	26%	95%	2%
12	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	21%	95%	3%
13	LEEDS TEACHING HOSPITALS NHS TRUST	28%	94%	3%
14	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	19%	93%	3%
15	HEART OF ENGLAND NHS FOUNDATION TRUST	18%	93%	3%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	17%	92%	4%
17	PENNINE ACUTE HOSPITALS NHS TRUST	28%	91%	4%
18	BARTS HEALTH NHS TRUST	7%	87%	8%



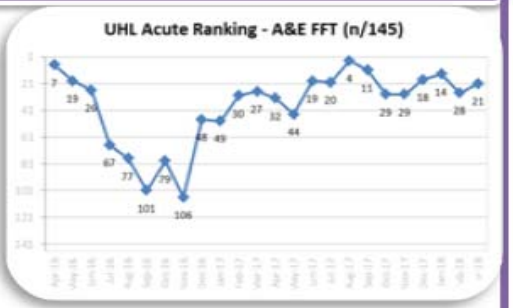
A&E FFT – March 2018

A&E FFT - March 2018

All Acute Trusts - Response Rate 23% - Recommended 95% - Not Recommended 2%

UHL ranks 21 (for Recommended) and 12 (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**	**7%**	**94%**	**1%**
2	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	14%	93%	4%
3	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2%	92%	5%
4	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	13%	91%	5%
5	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	3%	91%	6%
6	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	19%	87%	8%
7	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	24%	86%	9%
8	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	18%	86%	12%
9	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	20%	86%	8%
10	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	17%	81%	12%
11	PENNINE ACUTE HOSPITALS NHS TRUST	17%	80%	11%
12	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	17%	79%	13%
13	LEEDS TEACHING HOSPITALS NHS TRUST	22%	79%	14%
14	HEART OF ENGLAND NHS FOUNDATION TRUST	13%	78%	13%
15	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	21%	78%	13%
16	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	17%	77%	13%
17	BARTS HEALTH NHS TRUST	7%	74%	20%
18	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	44%	67%	20%



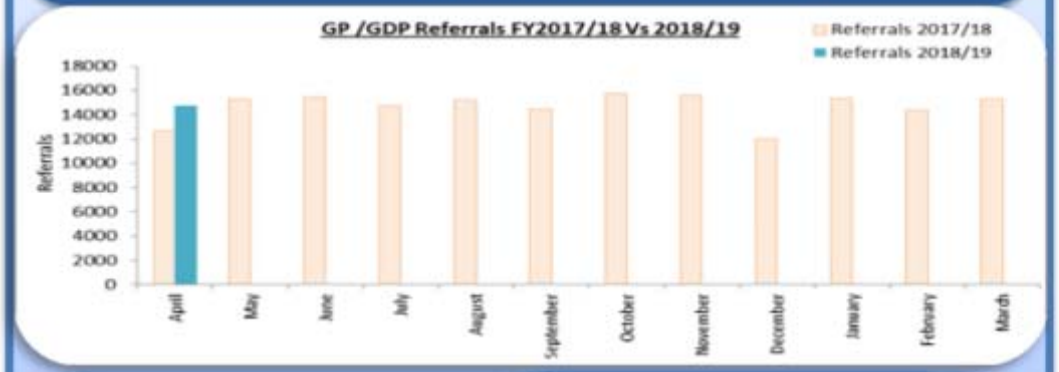
***Acute NHS hospitals – there are 145 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service**

APPENDIX G

UHL Activity Trends

University Hospitals of Leicester NHS
NHS Trust

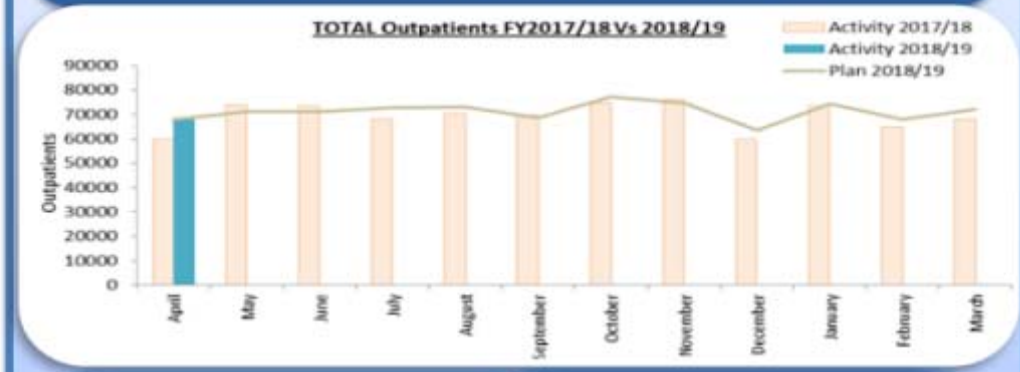
Referrals (GP)



April
18/19 Vs 17/18 +2072 +16.4%

Increase in GP referrals in comparison to the same period last year.

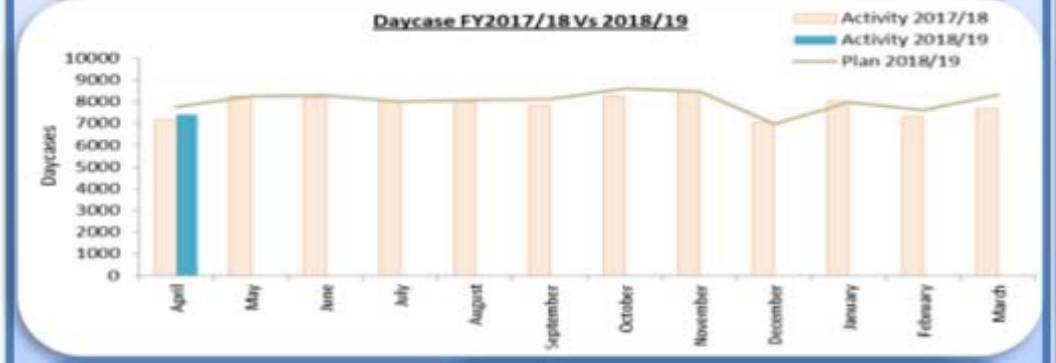
TOTAL Outpatient Appointments



April
18/19 Vs 17/18 +8,108 +13.5%
18/19 Vs Plan +52 +0.1%

Dermatology, Integrated Medicine and Thoracic Medicine significantly higher than plan.

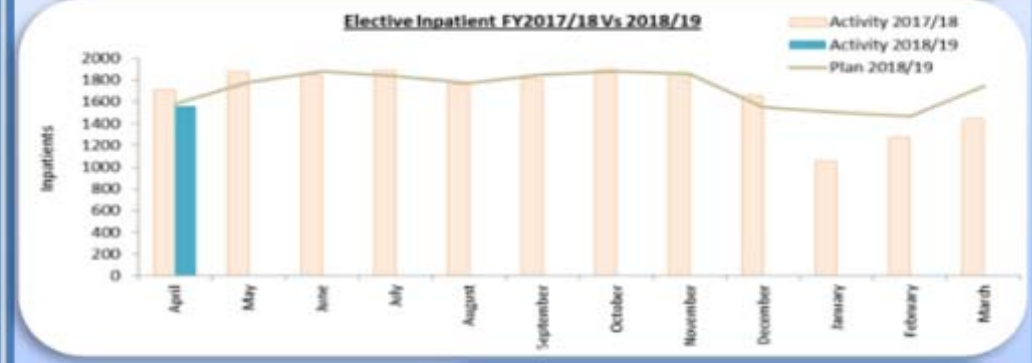
Daycases



April
18/19 Vs 17/18 +241 +3.4%
18/19 Vs Plan -335 -4.3%

Growth in Clinical Oncology and BMT against plan.

Elective Inpatient Admissions



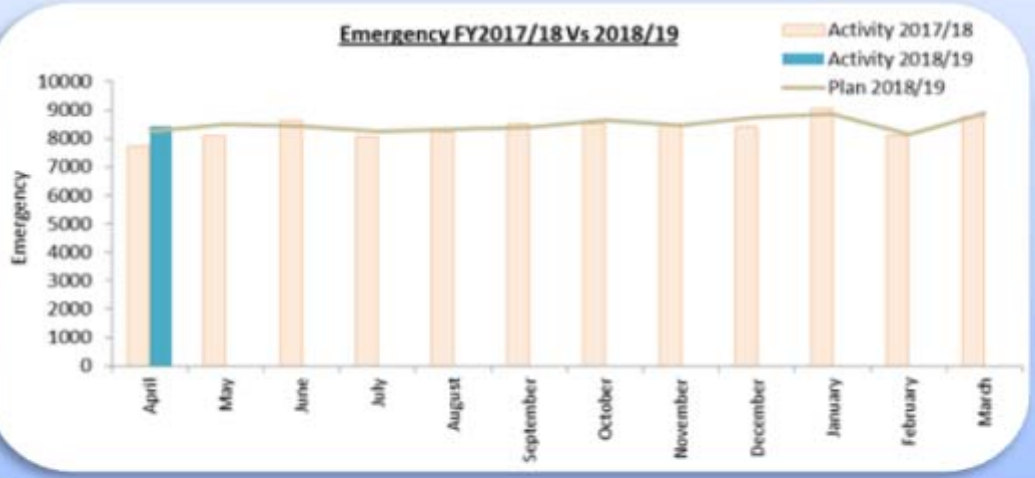
April
18/19 Vs 17/18 -148 -8.6%
18/19 Vs Plan -21 -1.3%

Plastic Surgery, Gynae Oncology and Cardiac Surgery lower than plan.

UHL Activity Trends

University Hospitals of Leicester NHS
NHS Trust

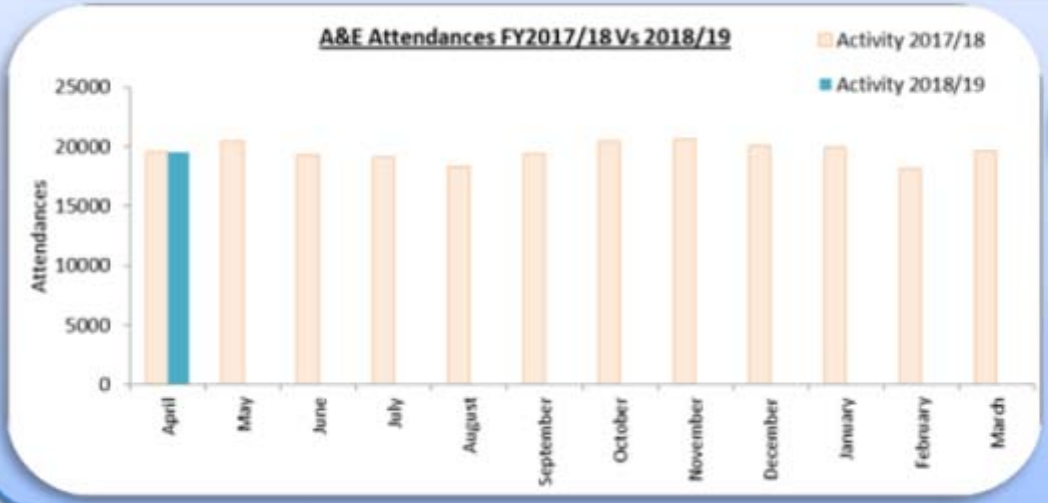
Emergency Admissions



April
18/19 Vs 17/18 +697 +9%
18/19 Vs Plan +175 +2.1%

Activity in ENT, Cardiology and General Surgery are higher than the plan. Hepatobiliary & Pancreatic Surgery lower than plan.

A & E Attendances



April
18/19 Vs 17/18 -21 -0.1%

A&E attendances include ED and Eye casualty attendances.

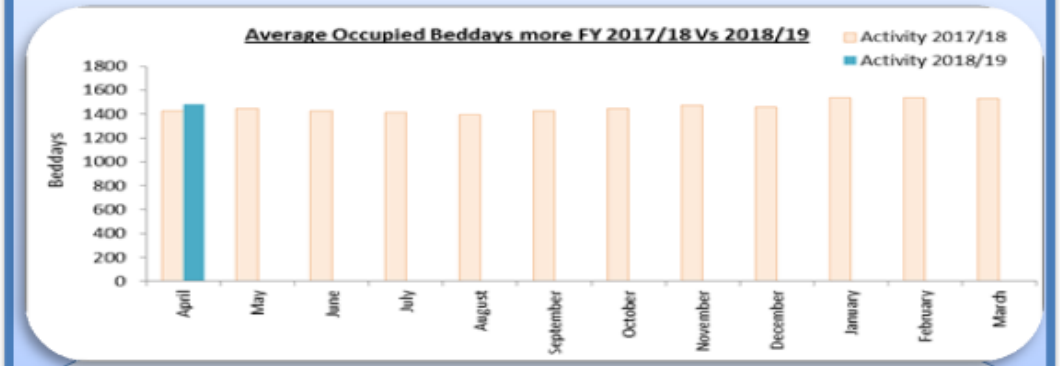
Plan not included as A&E has been based on different pathways for CAU and Ophthalmology.

APPENDIX H

UHL Bed Occupancy

University Hospitals of Leicester NHS
NHS Trust

Occupied Beddays

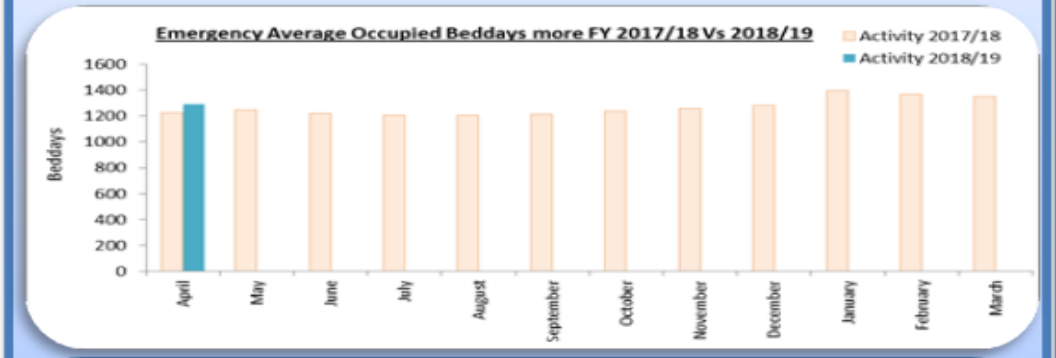


Midnight G&A bed occupancy is slightly higher for April when compared to the same periods last year.

Number of Adult Emergency Patients with a stay of 7 nights or more

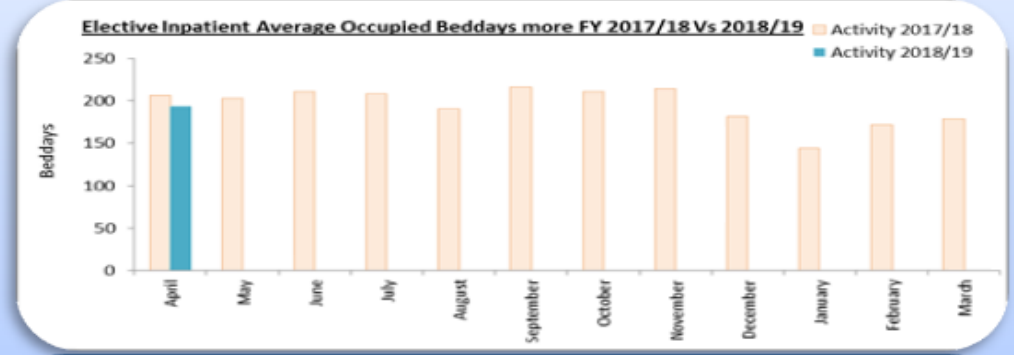
The number of patients staying in beds 7 nights for April was higher when compared to the same period last year.

Emergency Occupied beddays



Emergency patients occupying a bed is higher this year compared to the same period last year.

Elective Inpatient Occupied beddays



YTD Bed occupancy is lower compared to the same period last year.