#### CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT – JUNE 2018

Authors: John Adler and Stephen Ward Sponsor: John Adler

**Trust Board paper C** 

# **Executive Summary**

### Context

The Chief Executive's monthly update report to the Trust Board for June 2018 is attached. It includes:-

- (a) the Quality and Performance Dashboard for April 2018 attached at appendix 1 (the full month 1 quality and performance report is available on the Trust's public website and is hyperlinked within this report);
- (b) the Board Assurance Framework (BAF) Dashboard and Organisational Risk Register Dashboard;
- (c) key issues relating to our Strategic Objectives and Annual Priorities.

## Questions

- 1. Does the Trust Board have any questions or comments about our performance and plans on the matters set out in the report?
- 2. Does the Trust Board have any comments to make regarding either the Board Assurance Framework Dashboard or Organisational Risk Register Dashboard?

### Conclusion

1. The Trust Board is asked to consider and comment upon the issues identified in the report.

# Input Sought

We would welcome the Board's input regarding content of this month's report to the Board.

For Reference

Edit as appropriate:

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

Safe, high quality, patient centred healthcare	[Yes]
Effective, integrated emergency care	[Yes]
Consistently meeting national access standards	[Yes]
Integrated care in partnership with others	[Yes]
Enhanced delivery in research, innovation & ed'	[Yes]
A caring, professional, engaged workforce	[Yes]
Clinically sustainable services with excellent facilities	[Yes]
Financially sustainable NHS organisation	[Yes]
Enabled by excellent IM&T	[Yes]

2. This matter relates to the following governance initiatives:

a. Organisational Risk Register

If YES please give details of risk ID, risk title and current / target risk ratings.

Datix	Operational Risk Title(s) – add new line		Target	CMG	
Risk ID	for each operational risk	Rating	Rating		
XXXX	There is a risk			XX	

#### If NO, why not? Eg. Current Risk Rating is LOW

b.Board Assurance Framework

[Not applicable]

[Not applicable]

#### If YES please give details of risk No., risk title and current / target risk ratings.

Principal Risk	Principal Risk Title	Current Rating	Target Rating
No.	There is a risk		

3. Related Patient and Public Involvement actions taken, or to be taken: [N/A]

4. Results of any Equality Impact Assessment, relating to this matter: [N/A]

5. Scheduled date for the next paper on this topic: [5 July 2018 Trust Board]

6. Executive Summaries should not exceed 2 pages. [My paper does comply]

7. Papers should not exceed **7 pages.** [My paper does comply]

#### UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO:	TRUST BOARD
DATE:	7 JUNE 2018
REPORT BY:	CHIEF EXECUTIVE
SUBJECT:	MONTHLY UPDATE REPORT – JUNE 2018

#### 1 Introduction

- 1.1 My monthly update report this month focuses on:-
  - (a) the Board Quality and Performance Dashboard attached at **appendix 1**;
  - (b) the Board Assurance Framework (BAF) and Organisational Risk Register;
  - (c) key issues relating to our Annual Priorities, and
  - (d) a range of other issues which I think it is important to highlight to the Trust Board.
- 1.2 I would welcome feedback on this report which will be taken into account in preparing further such reports for future meetings of the Trust Board.
- 2 Quality and Performance Dashboard April 2018
- 2.1 The Quality and Performance Dashboard for April 2018 is appended to this report **at appendix 1**.
- 2.2 The Dashboard aims to ensure that Board members are able to see at a glance how we are performing against a range of key measures.
- 2.3 The more comprehensive monthly Quality and Performance report continues to be reviewed in depth at a joint meeting of the People, Process and Performance Committee and Quality and Outcomes Committee. The <u>month 1 Quality and</u> <u>Performance Report</u> is published on the Trust's website.

#### Good News:

2.4 Mortality – the latest published Standardised Hospital Mortality Index (SHMI) (period October 2016 to September 2017) has reduced to 98 and is within the threshold. Cancer Two Week Wait – we 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. Central Alerting System (CAS) alerts – we remain compliant. Inpatient and Day

**Case Patient Satisfaction (FFT)** achieved the Quality Commitment of 97%. **Fractured Neck of Femur (NOF)** – was 74.5% in April.

Bad News:

**UHL ED 4 hour performance** – was 76.1%, system performance (including LLR 2.5 UCCs) was 82.8%. 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 the 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.

#### 3 Board Assurance Framework (BAF) and Organisational Risk Register

3.1 The Board Assurance Framework (BAF) and organisational risk register have been kept under review during April 2018 and a detailed BAF and an extract from the risk register are included in the integrated risk and assurance paper featuring elsewhere on the Board agenda.

#### Board Assurance Framework

- 3.2 The BAF remains a dynamic document and the new principal risks have been worked-up by the lead Directors (to report the position for April 2018) and have been reviewed and endorsed by the relevant Executive Boards during May 2018.
- 3.3 The three highest rated principal risks on the BAF, include:

Risk Description	Risk Rating	UHL Objective
If the Trust is unable to effectively manage the emergency care pathway, caused by persistent unprecedented level of demand for services, primary care unable to provide the service required, ineffective resources to address patient flow, and fundamental process issues, then it may result in widespread instances of reduced quality of care and experience for large number of patients and sustained failure to achieve constitutional standards, leading to increased financial penalties and possible breach of license.	20	Organisation of Care
If the Trust is unable to achieve and maintain staffing levels that meets service requirements, caused by employment market factors (such as availability and competition to recruit, retain and utilise a workforce with the necessary skills and experience) and demographic changes, then it may result in poor clinical outcomes	20	Our People

and experience, failure to achieve constitutional standards and increased staff workloads.		
If the Trust is unable to achieve and maintain financial sustainability, caused by a lack of funding (to meet planned expenditure), inability to control pay / non-pay expenditure and inability to recover costs in a timely manner, then it may result in failure to deliver the financial plan leading to widespread loss of public and stakeholder confidence and potential for regulatory action such as financial special measures.	20	Financial Stability

#### Organisational Risk Register

- 3.4 There are currently 75 risks rated as high (i.e. with a current risk score of 15 and above) open on the organisational risk register for the reporting period ending 30<sup>th</sup> April 2018. Thematic analysis of the organisational risk register shows the common risk causation themes as workforce shortages and imbalance between service demand and capacity. The risk register remains a standing item on the agenda at the monthly meeting of the Executive Performance Board.
- 4 <u>Emergency Care</u>
- 4.1 Emergency care performance improved in April 2018 against the 4 hour standard, our performance was 76.1%, and 82.1% for Leicester, Leicestershire and Rutland as a whole. We were above the NHS Improvement trajectory level for April of 75.7%.
- 4.2 Our focus during April has been to ensure:
  - safe care in the Emergency Department and outlying wards,
  - releasing ambulances as quickly as possible,
  - restarting elective procedures,
  - decreasing the number of patients outlied into other areas,
  - ensuring processes are followed to ensure efficient flow.
- 4.3 In parallel, we continue to implement a range of actions in support of our priorities set out within the Quality Commitment 2018/19 relating to:-
  - eliminating all but clinical 4 hour breaches for non-admitted patients in the Emergency Department,
  - resolving the problem of evening and overnight deterioration in the Emergency Department's performance,
  - ensuring timely 7 days a week availability of medical beds for emergency admissions.
- 4.4 Other features of our current work are as follows:-
  - the continuation of our planning for Winter 2018 which includes more bed capacity, and staff,
  - reducing the number of 'stranded' and 'super-stranded' patients at the Trust,
  - improving performance at the Emergency Department front door,
  - sustaining our efforts on 'Red2green',

- supporting the Emergency Department with a number of organisational development activities.
- 4.5 When the Emergency Floor Phase 2 development opens in early June 2018, there will be new models of care implemented which will also be supported by a new approach to frailty across the Trust. The Trust Board is to receive a presentation at this meeting on these developments.
- 4.6 I continue to give considerable personal focus to this issue and our performance and plans for improvement in our emergency care performance will continue to be scrutinised in detail at the People, Process and Performance Committee, with monthly updates to the Trust Board. That Committee's most recent review of our position, at its meeting held in 24<sup>th</sup> May 2018, features elsewhere on this Board agenda.

#### 5. <u>UHL Voice – Our Black, Asian and Minority Ethnic (BAME) Staff Network</u>

- 5.1 We have set up our first Black, Asian, and Minority Ethnic (BAME) staff network "UHL voice". This follows feedback from our BAME colleagues and through the CQC inspection focus group with BAME employees. We have been using the Workforce Race Equality Standard (WRES) to measure our workforce race equality performance and the data has shown us that BAME colleagues are:
  - 2.2 times more likely not to be appointed to a job when they apply for roles within the Trust,
  - under-represented at senior levels (13.6%) compared to 31% of BAME staff across the workforce,
  - significantly more likely to feel they are bullied, harassed or experience discrimination,
  - more likely to enter a formal disciplinary process,
  - less likely to think that the Trust is an equal opportunities organisation, and
  - less likely to access non-mandatory training.
- 5.2 The Trust Board has agreed that there needs to be better engagement with BAME staff to help to improve their experience and improve the under-representation of BAME staff at senior leadership levels, and the aim to improve our performance against the WRES is reflected in our annual priorities 2018/19.
- 5.3 The first Trust UHL Voice meeting was held on 10<sup>th</sup> May 2018 and was well attended.
- 5.4 The first meeting focused on areas such as the terms of reference for the group and how colleagues want to use the networking opportunity to:
  - seek support and advice from colleagues where they may be facing barriers and challenges at work,
  - get involved in future activities to promote race equality, for example, Black History Month,
  - learn about any career or training opportunities,

- provide feedback on how the Trust can better support BAME colleagues,
- invite guest speakers from the Trust or externally who can talk on a range of topics which the network would be interested in to inspire and motivate colleagues.
- 5.5 Further details of the work of the network will feature in reports to be submitted in future to the People, Process and Performance Committee on our equality and diversity action plan.

#### 6. Data Security and Protection Requirements

- 6.1 At its May 2018 meeting, the Trust Board considered the Trust's response to NHS Improvement's questionnaire on data security and protection requirements and authorised me, in consultation with the Chairman, to consider further the question of senior level responsibility in this area, given NHS Improvement's expectation that the senior Executive responsible for data and cyber security would also be designated as Senior Information Risk Owner (SIRO).
- 6.2 Having researched the position nationally, and considered the position locally in discussions with the Chief Information Officer, Director of Corporate and Legal Affairs, Chairman and Deputy Chairman, I have transferred the Senior Information Risk Officer role from the Director of Corporate and Legal Affairs to the Chief Information Officer, effective from 11<sup>th</sup> May 2018.
- 6.3 In consequence, the Trust was able to confirm to NHS Improvement that we have "fully implemented" the requirement that the organisation has a named senior Executive who reports to the Board who is responsible for data and cyber security, and this person is also the Senior Information Risk Owner.

#### 7. <u>Conclusion</u>

7.1 The Trust Board is invited to consider and comment upon this report and the attached appendices.

John Adler Chief Executive

1<sup>st</sup> June 2018

Image: space of the space o	Quality	& Performance	Plan	<b>/TD</b> Actual	Plan	<b>Apr-18</b> Actual	Trend*	Compliant by?
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310. Never cents       0       1       0								
S1: Cosytication primiting       6.1       1       0 <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th>•</th><th></th></td<>							•	
Safe       S12: MISA (Municable)       0 </th <th></th> <th></th> <th>61</th> <th>11</th> <th>5</th> <th></th> <th>•</th> <th></th>			61	11	5		•	
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S23: Falls per 1,000 bed days for patients > 65 years (1 month in arrears)       5.5       6.5       6.5       6.5       6.5       6.5         S24: Avoidable Pressure Ulcers Grade 3       2.0       0<	Safe	S13: MRSA (Avoidable)	0	0	0	0	•	Mar-18
S24: Avoidable Pressure Ulcers Grade 3       0		S14: MRSA (All)	0	0	0	0	•	Mar-18
S2: Avoidable Pressure Ulcers Grade 3       4.2       0		S23: Falls per 1,000 bed days for patients > 65 years (1 month in arrears)	<5.6	6.0	<5.6	6.6	•	
S26: Avoidable Pressure Ulcers Grade 2       44       7		S24: Avoidable Pressure Ulcers Grade 4	0	0	0	0	•	
Caring Caling Caling Caling Caling Main and Day Case finders & family - % positive C7: A& friends and family - % positive C7: A& friends and family - % positive C7: A& friend & hannal Appraisal W14: Staturoy and Mandatory Training 		S25: Avoidable Pressure Ulcers Grade 3	<27	0	<=3	0	•	
<ul> <li>C1: inpatient and Day Case friends &amp; family - % positive</li> <li>C7: A&amp;E friends and famil, - % positive</li> <li>Well Led</li> <li>W13: % of Staff with Anual Appraisal</li> <li>W14: Statutory and Mandatory Training</li> <li>W16 BMF % - Leadership (8A - Including Medical Consultants) - Qir 4</li> <li>W16 BMF % - Leadership (8A - Including Medical Consultants) - Qir 4</li> <li>W15: BME % - Leadership (8A - Including Medical Consultants) - Qir 4</li> <li>W16 BMF % - Leadership (8A - Including Medical Consultants) - Qir 4</li> <li>W16 BMF % - Leadership (8A - Including Medical Consultants) - Qir 4</li> <li>W16 BMF % - Leadership (8A - Including Medical Consultants) - Qir 4</li> <li>W16 BMF % - Leadership (8A - Including Medical Consultants) - Qir 4</li> <li>W16 BMF % - Leadership (8A - Including Medical Consultants) - Qir 4</li> <li>W16 BMF % - Leadership (8A - Including Medical Consultants) - Qir 4</li> <li>W16 BMF % - Leadership (8A - Including Medical Consultants) - Qir 4</li> <li>W16 BMF % - Leadership (8A - Including Medical Consultants) - Qir 4</li> <li>W16 BMF % - Leadership (8A - Including Medical Consultants) - Qir 4</li> <li>W16 BMF % - Leadership (8A - Including Medical Consultants) - Qir 4</li> <li>W16 BMF % - Leadership (8A - Including Medical Consultants) - Qir 4</li> <li>W16 BMF % - Leadership (8A - Including Medical Consultants) - Qir 4</li> <li>W16 BMF % - M10 models</li> <li>W16 Medical Bindow + M10 models</li> <li>W16 Medical Bindow + M10 models</li> <li>W16 Medical Bindow + M10 models</li></ul>		S26: Avoidable Pressure Ulcers Grade 2	<84	7	<=7	7	•	
<ul> <li>C1: inpatient and Day Case friends &amp; family - % positive</li> <li>C7: A&amp;E friends and famil, - % positive</li> <li>Well Led</li> <li>W13: % of Staff with Anual Appraisal</li> <li>W14: Statutory and Mandatory Training</li> <li>W16 BMF % - Leadership (8A - Including Medical Consultants) - Qir 4</li> <li>W16 BMF % - Leadership (8A - Including Medical Consultants) - Qir 4</li> <li>W15: BME % - Leadership (8A - Including Medical Consultants) - Qir 4</li> <li>W16 BMF % - Leadership (8A - Including Medical Consultants) - Qir 4</li> <li>W16 BMF % - Leadership (8A - Including Medical Consultants) - Qir 4</li> <li>W16 BMF % - Leadership (8A - Including Medical Consultants) - Qir 4</li> <li>W16 BMF % - Leadership (8A - Including Medical Consultants) - Qir 4</li> <li>W16 BMF % - Leadership (8A - Including Medical Consultants) - Qir 4</li> <li>W16 BMF % - Leadership (8A - Including Medical Consultants) - Qir 4</li> <li>W16 BMF % - Leadership (8A - Including Medical Consultants) - Qir 4</li> <li>W16 BMF % - Leadership (8A - Including Medical Consultants) - Qir 4</li> <li>W16 BMF % - Leadership (8A - Including Medical Consultants) - Qir 4</li> <li>W16 BMF % - Leadership (8A - Including Medical Consultants) - Qir 4</li> <li>W16 BMF % - Leadership (8A - Including Medical Consultants) - Qir 4</li> <li>W16 BMF % - Leadership (8A - Including Medical Consultants) - Qir 4</li> <li>W16 BMF % - M10 models</li> <li>W16 Medical Bindow + M10 models</li> <li>W16 Medical Bindow + M10 models</li> <li>W16 Medical Bindow + M10 models</li></ul>	Caring	C1 End of Life Care Plans	75%	93%	75%	81%	•	
C7: A8E Friends and family - % positive       97%       97%       97%       95%	0	C4: Inpatient and Day Case friends & family - % positive	97%	97%	97%	97%	•	
Weil Led       W13: % of Staff with Annual Appraisal       99%       80.3%       99%       80.3%       90%       80.3%       90%       80%       60%         W14: Statutory and Mandatory Training       W15 6ME % - Leadership (8A - Including Medical Consultants) - Qtr 4       20%			97%	95%	97%	95%	•	
W14: Statutory and Mandatory Training W16 BME % - Leadership (8A - Including Medical Consultants) - Qtr 4 W17: BME % - Leadership (8A - Excluding Medical Consultants) - Qtr 4 W17: BME % - Leadership (8A - Excluding Medical Consultants) - Qtr 4 W17: BME % - Leadership (8A - Excluding Medical Consultants) - Qtr 4 W17: BME % - Leadership (8A - Excluding Medical Consultants) - Qtr 4 W17: BME % - Leadership (8A - Excluding Medical Consultants) - Qtr 4 W17: BME % - Leadership (8A - Excluding Medical Consultants) - Qtr 4 W17: BME % - Leadership (8A - Excluding Medical Consultants) - Qtr 4 W17: BME % - Leadership (8A - Excluding Medical Consultants) - Qtr 4 W17: BME % - Leadership (8A - Excluding Medical Consultants) - Qtr 4 W17: BME % - Leadership (8A - Excluding Medical Consultants) - Qtr 4 W17: BME % - Leadership (8A - Excluding Medical Consultants) - Qtr 4 W17: BME % - Leadership (8A - Excluding Medical Consultants) - Qtr 4 W17: BME % - Leadership (8A - Excluding Medical Consultants) - Qtr 4 W17: BME % - Leadership (8A - Excluding Medical Consultants) - Qtr 4 W17: BME % - Leadership (8A - Excluding Medical Consultants) - Qtr 4 W17: BME % - Leadership (8A - Excluding Medical Consultants) - Qtr 4 W17: BME % - Leadership (8A - Excluding Medical Consultants) - Qtr 4 W17: BME % - Leadership (8A - Excluding Medical Consultants) - Qtr 4 W17: BME % - Leadership (8A - Excluding Medical Consultants) - Qtr 4 W17: BME % - Leadership (8A - Excluding Medical Consultants) - Qtr 4 W18: Statutor and Parine - Incomplete QUIL+Alliance) Responsive R1: Department form Pulse Check) Consultante handover > 30mins & COmins (CAD+) R1: % Ambulance handover > 30mins & COmins (CAD+) R1: % Ambulance handover > 30mins & CADH) R1: % Ambulance handover > 30mins & CADH) R2: State & State								
W16 BME % - Leadership (8A - Including Medical Consultants) - Qtr 4       288       275       288       275       288       275       288       275       100         Effective       E: 30 day readmissions (1 month in arrears)       280       148       288       0.30       0       98       0.00       98       0.00 <th>well Led</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>•</th> <th></th>	well Led						•	
W17: BME %-Leadership (3A - Excluding Medical Consultants) - Qrt 4       298       149       288       149       149         Effective       E1: 30 day readmissions (1 month in arrears)       2: Mortality Published StMMI ((Jl 1G - Jun 17))       99       99       99       99       99       98       99       98       99       98       99       98       99       98       99       98       99       98       99       98       99       98       99       98       98       99       98       <		, , , ,					•	
Effective       E: 30 day readmissions (1 month in arrears)       24.5%       9.3%       9.9       9.8       9.8								
E2: Mortality Published SMM (Juli G- Jun 17)       99		W17: BME % - Leadership (8A – Excluding Medical Consultants) - Qtr 4	28%	14%	28%	14%		
E6: # Neck Fours operated on 0-35hrs       72%       74.6%       72%       74.6%       72%       74.6%       72%       74.6%       72%       74.6%       72%       74.6%       72%       74.6%       72%       74.6%       72%       74.6%       72%       74.6%       72%       74.6%       72%       74.6%       72%       74.6%       72%       74.6%	Effective	E1: 30 day readmissions (1 month in arrears)	<8.5%	9.1%	<8.5%	9.3%	•	
E7: Stroke - 90% of Stay on a Stroke Unit (1 month in arrears)80%86.7880%81.18 $\bullet$ ResponsiveR1: ED 4hr Waits UHL+ULC95%76.1895%76.18 $\bullet$ See Note 1R2: ED 4 Hour Waits UHL+LIL UCC (Type 3)95%82.8895%82.58 $\bullet$ See Note 1R3: RT maiting Times - Incompletes (UHL+Alliance)95%82.8895%82.58 $\bullet$ See Note 1R2: Dependencia cancelled (UHL+Alliance)95%14%05%11% $\bullet$ See Note 1R3: % Ambulance Handover >60 Mins (CAD+)816.535%1.6% $\bullet$ $\bullet$ $\bullet$ R16: % Ambulance Handover >30mins & <60mins (CAD+)71%4%571% $\bullet$ $\bullet$ R2: 2 week wait - All Suspected Cancer86%95.1%95%95.6% $\bullet$ $\bullet$ R2: 3 day target - All Cancers95%95.1%95%95.6% $\bullet$ $\bullet$ R2: 6 day target - All Cancers95%95.1%95%95.6% $\bullet$ $\bullet$ R2: 6 day target - All Cancers95%95.1%95%95.6% $\bullet$ $\bullet$ R2: 10 week wait - All Suspected Cancer95%95.9%95.6% $\bullet$ $\bullet$ $\bullet$ R2: 20 aptimed as a place to work (from Pulse Check)9595.9%95.6% $\bullet$ $\bullet$ C1: 2 target - All Cancers95%95.9% $\bullet$ $\bullet$ $\bullet$ $\bullet$ R2: 20 aptimed as a place for treatment (from Pulse Check)93.410.08.4 $\bullet$ $\bullet$ C1: 2 target m		E2: Mortality Published SHMI (Jul 16 - Jun 17)	99	98	99	98	•	
E7: Stroke - 90% of Stay on a Stroke Unit (1 month in arrears)       80%       80.7%       80%       81.1%       0         Responsive Responsive R: ED 4 Hour Waits UHL + LIR UCC (Type 3) R4: RTT waiting Times - incompletes (UHL+Alliance) R6: 6 week - Diagnostics Test Waiting Times (UHL+Alliance) R12: Operations cancelled (UHL + Alliance) R12: Operations cancelled (UHL + Alliance) R12: Operations cancelled (UHL + Alliance) R15: % Ambulance Handover >60 Mins (CAD+) R16: % Ambulance Handover >30 mins & <60 mins (CAD+) R16: % Ambulance Handover >30 mins & <60 mins (CAD+) R16: % Ambulance Handover >30 mins & <60 mins (CAD+) R16: % Ambulance Handover >30 mins & <60 mins (CAD+) R16: % Ambulance Handover >30 mins & <60 mins (CAD+) R16: % Ambulance Handover >30 mins & <60 mins (CAD+) R16: % Ambulance Handover >30 mins & <60 mins (CAD+) R16: % Ambulance Handover >30 mins & <60 mins (CAD+) R16: % Ambulance Handover >30 mins & <60 mins (CAD+) R16: % Ambulance Handover >30 mins & <60 mins (CAD+) R16: % Ambulance Handover >30 mins & <60 mins (CAD+) R16: % Ambulance Handover >30 mins & <60 mins (CAD+) R16: % Ambulance Handover >30 mins & <60 mins (CAD+) R10: 0       10       0       11       0         Responsive Cancer       RC1: 2 week wait - All Suspected Cancer RC3: 31 day target - All Cancers RC3: 31 day target - All Cancers RC4: 21 day alace (as a measure of liquidity) fm C10: Staff recommend as a place for treatment (from Pulse Check) C10: Staff recommend as a place to work (from Pulse Check) C10: Staff recommend as a place to treatment (from Pulse Check) C10: Staff recommend as a place to treatment (from Pulse Check) C10: Staff recommend as a measure of liquidity fm C10: Fm Capex fm       Netwall Pin Actual Pin		E6: # Neck Femurs operated on 0-35hrs	72%	74.6%	72%	74.6%	•	Mar-18
R2: ED 4 Hour Waits UH. + LLR UCC (Type 3)       95%       82.8%       82.8%       82.8%		· · · · · · · · · · · · · · · · · · ·	80%	86.7%	80%	81.1%	•	
R2: ED 4 Hour Waits UH. + LLR UCC (Type 3)       95%       82.8%       82.8%       82.8%	Deenensius	·	0.50/	76.494	0.50/	76.40%		6 N I I
R4: RTT waiting Times - incompletes (UHL+Alliance)       92%       85.8%       92%       85.8%       9       See Note 1         R6: 6 week – Diagnostics Test Waiting Times (UHL+Alliance)       0.3%       1.1%       0.3%       1.1%       0.3%       1.1%       0.3%       1.1%       0.3%       1.1%       0.3%       1.1%       0.3%       1.1%       0.3%       1.1%       0.3%       1.1%       0.3%       1.1%       0.3%       1.1%       0.3%       1.1%       0.3%       1.6%       3.5%       1.6%       0.3%       1.1%       0.3%       1.6%       3.5%       1.6%       0.3%       1.5%       Maintain the incompletes (LAD+)       1.1%       0.3%       1.6%       3.5%       1.6%       0.3%       1.6%       0.3%       1.6%       0.3%       1.6%       0.3%       1.6%       0.3%       1.6%       0.3%       1.6%       0.3%       1.6%       0.3%       1.6%       0.3%       1.6%       0.3%       0.3%       1.0%       1.1%       0.3%       1.1%       0.3%       1.1%       0.3%       1.1%       0.3%       1.1%       0.3%       1.1%       0.3%       1.1%       0.3%       1.1%       1.1%       1.1%       1.1%       1.1%       1.1%       1.1%       1.1%       1.1% </th <th>Responsive</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>•</th> <th></th>	Responsive						•	
R6: 6 week - Diagnostics Test Waiting Times (UHL+Alliance)       <1%       5.2%       <1%       5.2%       <           R12: Operations cancelled (UHL + Alliance)							•	
R12: Operations cancelled (UHL + Alliance)       0.8%       1.1%       0.8%       1.1%       0         R14: Delayed transfers of care       3.5%       1.6%       3.5%       1.6%       3.5%       0         R15: % Ambulance handover >60 Mins (CAD+)       TEC       4%       TEC       4%       0       0       11       0       0       0       11       0							•	See Note 1
R14: Delayed transfers of care       3.5%       1.6%       3.5%       1.6%       0         R15: % Ambulance Handover >60 Mins (CAD+)       780       4%       780       4%       0         R25: % Ambulance handover >30mins & <60mins (CAD+)       780       4%       780       4%       0         R25: % Ambulance handover >30mins & <60mins (CAD+)       780       4%       780       4%       0         R29: Cancer waiting 104+ days       0       11       0       11       0       0         R23: 31 day target - All Cancers       8%       95.6%       0       11       0       0         RC7: 62 day target - All Cancers       85%       76.8%       95.8%       0       0       11       0       0         Fnablers       VTD							•	
R15: % Ambulance Handover >60 Mins (CAD+)       TBC       4%       TBC       4%       0         R15: % Ambulance handover >30mins & <60mins (CAD+)       TBC       8%       TBC       8%       0         RC9: Cancer waiting 104+ days       0       11       0       11       0       0         Responsive Cancer       RC3: 31 day target - All Suspected Cancer       93%       94,7%       93%       95,6%       0       1       0       1       0       1       1       0       1			0.8%		0.8%	1.1%	•	See Note 1
R16: % Ambulance handover >30mins & <60mins (CAD+)       TBC       8%       TBC       8%       0         RC9: Cancer waiting 104+ days       0       11       0       11       0       11       0         Responsive Cancer       RC1: 2 week wait - All Suspected Cancer       93%       94.7%       93%       95.6%       0       10       11       0       10       11       0         RC3: 31 day target - All Cancers       96%       95.1%       96%       93.7%       95.6%       0       10.13       1		-	3.5%	1.6%	3.5%	1.6%	•	
Responsive Cancer       RC1: 2 week wait - All Suspected Cancer       YTD       Mar-18 Actual       Compliant by?         Plan       Actual       Trend*       by?         93%       94.7%       93%       95.6%       0         RC3: 21 week wait - All Suspected Cancer       93%       94.7%       93%       95.6%       0         RC3: 31 day target - All Cancers       8C7: 62 day target - All Cancers       75.2%       75.0%       0       Jun-18         Enablers       V7.       62.3%       75.2%       75.0%       0       Jun-18         People       W7: Staff recommend as a place to work (from Pulse Check)       10       84       0       0         C1: Staff recommend as a place for treatment (from Pulse Check)       10       8.4       0       0       0         C1: Staff recommend as a place for treatment (from Pulse Check)       10       8.4       0       0       0         C1: Staff recommend as a place for treatment (from Pulse Check)       10       8.4       0       0       0         C2 staff recommend as a place for treatment (from Pulse Check)       10       8.4       0       0       0       0         C1P fm       Cashflow balance (as a measure of liquidity) fm       10       8.4       10       <			TBC	4%	TBC	4%	•	
Responsive CancerResponsive PlanRef. 2 week wait - All Suspected Cancer RC3: 31 day target - All Cancers RC3: 31 day target - All Cancers RC7: 62 day target - All Cancers RC7: 62 day target - All CancersMar.18 PlanCompliant ActualFenblers $VT$ $93\%$ $94.7\%$ $93\%$ $95.6\%$ $\bullet$ $06\%$ $93.7\%$ $\bullet$ $06\%$ $93.7\%$ $\bullet$ $06\%$ $J_{11}$ PeopleW7: Staff recommend as a place for treatment (from Pulse Check) C10: Staff recommend as a place for treatment (from Pulse Check) C10: Staff recommend as a place for treatment (from Pulse Check) C10: Staff recommend as a place for treatment (from Pulse Check) $VTD$ $VT$ $Actual$ $Plan$ $Actual$ $Plan$ FinanceSurplus/(deficit) £m Capat £m $G9.8\%$ $G9.8\%$ $G9.8\%$ $G9.8\%$ $G9.8\%$ $G9.8\%$ $G9.8\%$ $G9.8\%$ CIP fm Capex £mCapex £m $G9.8\%$ $G1.4\%$ $G9.8\%$ $G1.4\%$ $G9.8\%$ $G9.8\%$ $G9.8\%$ FinanceSurplus/(deficit) £m Capex £m $G9.8\%$ $G1.4\%$ $G9.8\%$ $G1.4\%$ $G9.8\%$ $G1.4\%$ CIP fm Capex £mCapex £m $G1.4\%$ $G1.4\%$ $G1.4\%$ $G1.4\%$ $G1.4\%$ $G1.4\%$ FinanceAverage cleanliness audit score - very high risk areas $98\%$ $96\%$ $98\%$ $96\%$ $G1.4\%$ Marce cleanliness audit score - high risk areas $98\%$ $96\%$ $95\%$ $95\%$ $95\%$			TBC	8%	TBC	8%	•	
Responsive CancerRC1: 2 week wait - All Suspected CancerPlanActualPlanActualTrend*by?RC3: 31 day target - All CancersRC3: 31 day target - All Cancers93%94.7%93%95.6%0Jun 18RC7: 62 day target - All CancersRC7: 62 day target - All Cancers85%75.6%0Jun 18PeopleW7: Staff recommend as a place to work (from Pulse Check) C10: Staff recommend as a place for treatment (from Pulse Check)1057.9%94.7%94.7%94.7%FinanceSurplus/(deficit) £m Capex £m94.7%94.7%94.7%94.7%94.7%94.7%94.7%CIP £m Capex £mCapex £m1.03.41.03.403.403.40CIP £m Capex £mCapex £m1.42.31.42.30000Fractikity matheway Average cleanliness audit score - very high risk areas95%95%96%96%96%96%96%96%96%0Staff econliness audit score - high risk areas95%95%96%96%96%96%00Responsive Capex £mPlanActualTrend*PlanActualTrend*PlanActualTrend*PlanActualPlanActualTrend*PlanActualTrend*PlanActualTrend*Staff recommend as a place of the plan target for targe		RC9: Cancer waiting 104+ days	0	11	0	11	•	
Responsive CancerRC1: 2 week wait - All Suspected Cancer93%94.7%93%95.6% $\bullet$ RC3: 31 day target - All Cancers96%95.1%96%93.7% $\bullet$ Jun.18RC7: 62 day target - All Cancers96%78.2%85%75.6% $\bullet$ Jul.18BeopleVT: Staff recommend as a place to work (from Pulse Check) C10: Staff recommend as a place for treatment (from Pulse Check)FinanceVTDQtr4 17/18FinanceVTDQtr4 17/18FinanceSurplus/(deficit) £m69.3%69.3%69.3%Cashflow balance (as a measure of liquidity) £m1.03.440CIP £mCapex £m1.42.31.42.3Capex £mAverage cleanliness audit score - very high risk areas95%95%95%95%Average cleanliness audit score - high risk areas95%95%95%95%95%95%95%95%95%95%95%0					- 1			
Cancer       RC3: 31 day target - All Cancers       96%       95.1%       96%       93.7%       0       Jun-18         RC7: 62 day target - All Cancers       85%       78.2%       85%       75.6%       0       Jul-18         Enablers       VTD       Ott4 17/18         People       W7: Staff recommend as a place to work (from Pulse Check) C10: Staff recommend as a place for treatment (from Pulse Check)       91%       96%       93.7%       0       Jul-18         Finance       Surplus/(deficit) £m Cashflow balance (as a measure of liquidity) £m CIP £m Capex £m       VTD       Apr-18       0         Finance       Surplus/(deficit) £m Capex £m       Average cleanliness audit score - very high risk areas       98%       96%       98%       96%       0         K       Average cleanliness audit score - high risk areas       Average cleanliness audit score - high risk areas       98%       96%       98%       96%       0         Binance       Average cleanliness audit score - high risk areas       98%       96%       98%       96%       0       0         Binance       Surplus/(deficit) £m Capex £m       Average cleanliness audit score - very high risk areas       98%       96%       0       0         Binance       Average cleanliness audit score - high risk areas       Pinan	Responsive	PC1: 2 weak wait All Successed Cancor					Trend*	by?
RC7: 62 day target - All Cancers       30%	-	· · · · · · · · · · · · · · · · · · ·						lup 10
The set of t								
PeoplePlanActualPlanActualV7: Staff recommend as a place for treatment (from Pulse Check) C10: Staff recommend as a place for treatment (from Pulse Check)57.9% 69.8%54.7% 69.8%69.3%FinanceVTDVTDApr-18Surplus/(deficit) £m(9.8)(9.8)(9.8)(9.8)0Cashflow balance (as a measure of liquidity) £m1.03.41.03.40CIP £m1.21.61.21.600Capex £m1.42.31.42.30Festates & facility mgAverage cleanliness audit score - very high risk areas Average cleanliness audit score - high risk areas9%9%9%9%09%9%9%00000000Average cleanliness audit score - high risk areas Average cleanliness audit score - high risk areas9%9%9%009%9%9%0%0000009%9%9%0%0%000		, .			0370		•	JUI-10
PeopleW7: Staff recommend as a place to work (from Pulse Check) C10: Staff recommend as a place for treatment (from Pulse Check)57.9% 69.8%54.7% 69.3%FinanceYTDApr-18Surplus/(deficit) £m9.8(9.8)(9.8)(9.8)Cashflow balance (as a measure of liquidity) £m1.03.41.03.40CIP £m1.03.41.03.400Capex £m1.42.31.42.30FinanceFinanceAverage cleanliness audit score - very high risk areasAverage cleanliness audit score - very high risk areas9%96%9%96%095%94%95%94%000	Enablers				Diam			
C10: Staff recommend as a place for treatment (from Pulse Check)69.8%69.3%FinanceYTDApr-18Surplus/(deficit) £mPlanActualPlanActualCashflow balance (as a measure of liquidity) £m1.03.41.03.40CIP £m1.21.61.21.600Capex £mFm1.42.31.42.30Estates & facility mgt.Average cleanliness audit score - very high risk areas98%96%98%96%098%96%98%96%000000Average cleanliness audit score - high risk areas95%94%94%00	People	W7: Staff recommend as a place to work (from Dulce Check)	Plan		Plan			
FinanceYTDApr-18FinanceSurplus/(deficit) fmActualPlanActualPlanActualTrend*Gashflow balance (as a measure of liquidity) fm1.03.41.03.40CIP fm1.21.61.21.600Capex fm1.42.31.42.30FundActualPlanActualTrend*Average cleanliness audit score - very high risk areas98%96%98%96%0Average cleanliness audit score - high risk areas95%94%95%94%0	reopie							
FinancePlanActualPlanActualTrend*Surplus/(deficit) £m(9.8)(		C10. Stan recommend as a place for treatment (nom Pulse Check)		09.870		09.370		
FinanceSurplus/(deficit) £m(9.8)<			YTD			Apr-18		
Cashflow balance (as a measure of liquidity) fm1.03.41.03.40CIP fm1.21.61.21.60Capex fm1.42.31.42.30YTDApr-18Average cleanliness audit score - very high risk areas98%96%98%96%098%96%98%96%000Facility mgt.Average cleanliness audit score - high risk areas95%94%00			Plan	Actual	Plan	Actual	Trend*	
CIP fm1.21.61.21.60Capex fm1.42.31.42.30FTDApr-18Average cleanliness audit score - very high risk areas98%96%98%96%0Average cleanliness audit score - high risk areas98%96%94%00	Finance	Surplus/(deficit) £m	(9.8)	(9.8)	(9.8)	(9.8)	•	
CIP fm1.21.61.21.60Capex fm1.42.31.42.30FTDApr-18Average cleanliness audit score - very high risk areas98%96%98%96%0Average cleanliness audit score - high risk areas98%96%94%00		Cashflow balance (as a measure of liquidity) £m	1.0	3.4	1.0	3.4	•	
Capex fm1.42.31.42.3.YTDYTDApr-18PlanActualPlanActualTrend*Average cleanliness audit score - very high risk areas98%96%98%96%.Average cleanliness audit score - high risk areas95%94%			1.2	1.6	1.2	1.6	•	
Verage cleanliness audit score - very high risk areas     98%     96%     96%     0       Average cleanliness audit score - high risk areas     95%     94%     0			1.4				•	
Plan       Actual       Plan       Actual       Trend*         Average cleanliness audit score - very high risk areas       98%       96%       96%       •         Estates & facility mgt.       Average cleanliness audit score - high risk areas       95%       94%       •       •								
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Estates & Average cleanliness audit score -high risk areas 95% 94% 95% 94%		Average cleanliness audit score, very high risk areas					nena	
facility mgt.	Estates &							
Average cleanliness audit score - significant risk areas 85% 94% 85% 93%	facility mgt.						•	
		Average cleaniness audit score - Significant risk areas	85%	94%	85%	93%	•	

\* Trend is green or red depending on whether this month's actual is better or worse than the average of the prior 6 months

Please note: Quality Commitment Indicators are highlighted in bold. The above metrics represent the Trust's current priorities and the code preceding many refers to the metrics place in the Trust's Quality & Performance dashboards. Please see these Q&P dashboards for the Trust's full set of key metrics.

Note 1 - 'Compliant by?' for these metrics a are dependent on the Trust rebalancing demand and capacity.