Quality & Performance Report

Author: John Adler   Sponsor: Chief Executive   Date: PPPC + QOC 25th April 2019

Executive Summary from CEO

Context

It has been agreed that I will provide a summary of the issues within the Q&P Report that I feel should particularly be brought to the attention of EPB, 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 2017 to September 2018) is 99, slightly higher than previous SHMI however remains below expected. **Diagnostic 6 week wait –** standard achieved for 7 consecutive months. **52+ weeks wait –** has been compliant for 9 consecutive months. **Referral to Treatment –** our performance was below national standard however we achieved NHSI waiting list size trajectory (which is the key performance measure for 18/19). **Delayed transfers of care** - remain within the tolerance. However, there are a range of other delays that do not appear in the count. **12 hour trolley wait** was 0 in March. **C DIFF** – was below threshold this month and the annual target was achieved. **Pressure Ulcers** - 0 **Grade 4,** 0 **Grade 3,** 5 **Grade 2** reported during March. **CAS alerts** – was compliant in March. **Moderate harms and above** – February (reported 1 month in arrears) was within threshold. **Inpatient and Day Case Patient Satisfaction (FFT)** achieved the Quality Commitment of 97%. **Cancer Two Week Wait** was 95.5% in February. **Fractured NOF** – remains compliant for the 8th consecutive month. **Cancelled operations** and **Patients rebooked within 28 days** – we continue to show improvement with our elective cancellations. **90% of Stay on a Stroke Unit** – 86.5% reported in February. **Annual Appraisal** is at 92.6%.

Bad News: **UHL ED 4 hour performance** – was 75.1% for March, system performance (including LLR UCCs) was 82.0%. Further detail is in the Urgent Care report. **Ambulance Handover 60+ minutes (CAD)** – performance at 5%. **MRSA** – 1 case reported in March. **Single Sex Accommodation Breaches** – 2 reported in February. **Cancer 31 day treatment** was 94.8% in February. **2 Week Wait Cancer Symptomatic Breast** was 90.4% in February. **Cancer 62 day treatment** was not achieved in February – further detail of recovery actions in is the cancer recovery report. **Statutory and Mandatory Training** reported from HELM is at 90% (rising trend).**TIA (high risk patients) –** 29.9% reported in March.

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: 30th May 2019

Quality and Performance Report

March 2019

One team shared values

CONTENTS

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

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

DATE: 25th April 2019

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

SUBJECT: March 2019 QUALITY & PERFORMANCE SUMMARY REPORT

1.0   Introduction

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

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

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

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

2.0   Changes to Indicators/Thresholds

Three new indicators have been added to the Outpatient Transformation dashboard – Average waiting time in minutes for an OP appointment', '% Appointments cancelled by hospital' & '% Appointments cancelled by patient'. Peer group information for UHL ED 4 hr wait has been replaced with UHL/LLR comparative performance.

Summary Scorecard – YTD

University Hospitals of Leicester — 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 Unavoidable	FTT Maternity	Statutory & Mandatory Training	Stroke – 90% Stay	RTT Incompletes
Serious Incidents	Single Sex Breaches		TIA	RTT 52 Weeks Wait
Pressure Ulcers Grade 4			Readmissions <30 days	Diagnostic Waits
Pressure Ulcers Grade 3				DTOC
Pressure Ulcers Grade 2				Handover >60
Falls				Cancelled Ops
				Cancer 31 Day
				Cancer 62 Day

SUCCESSES:

- FFT Inpatient/DC **97%**
- Crude Mortality **2.1%**
- DTOC **1.5%**
- Stroke 90% Stay **84.7%**
- RTT 52 Weeks Wait **0**
- Diagnostic Waits **0.9%**
- CDiff **57**
- HAPU Grade 4 **0**

ISSUES:

- MRSA Unavoidable **3**
- Never Event **8**
- Single Sex Accommodation Breaches **58**
- ED 4hr Wait UHL **77.0%**
- Cancer 62 Day **75.3%**

One team shared values

Summary Scorecard – March 2019

University Hospitals of Leicester **NHS** NHS Trust

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

SAFE	CARING	WELL LED	EFFECTIVE	RESPONSIVE
Moderate Harm	FFT Inpatients & Daycase	Turnover Rate	Mortality (SHMI)	ED 4hr Wait UHL
Never Event	FFT A&E	Sickness Absence	Crude Mortality	ED 4hr Wait UHL+LLR UCC
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Serious Incidents	Single Sex Breaches		Stroke TIA	RTT 52 Weeks Wait
Pressure Ulcers Grade 4			Readmissions <30 days	Diagnostic Waits
Pressure Ulcers Grade 3				DTOC
Pressure Ulcers Grade 2				Handover >60
Falls				Cancelled Ops
				Cancer 31 Day
				Cancer 62 Day

Key changes in indicators in the period:

SUCCESSES: (Red to Green)

- Moderate Harm
- Pressure Ulcers Grade 2
- Cancer 2WW

ISSUES: (Green/Amber to Red)

- 2 Never Events
- FFT A&E

One team shared values

SPC Analysis

#	Rules	Interpretation
1	A single point outside the control limits	Points falling outside the control limits may be the result of a special cause that was corrected quickly, either intentionally or unintentionally. It may also point to an intermittent problem.
2	Two of three points outside the two sigma limit	If two out of three consecutive points on the same side of the average lie beyond the 2-sigma limits, the system is said to be unstable.
3	Four of Five points outside the one sigma limit	When four out of five consecutive points lie beyond the 1-sigma limit on one side of the average, the system is declared unstable.
4	Seven or more points in a row on the same side of centerline	When Seven or more points in a row lie on the same side of mean – this is indicative of a trend. If data points drifts upward/downwards even though there is no group of seven points in a row going up/down. This pattern indicates a gradual change over time in the characteristic being measured.

—TARGET   ···MEDIAN

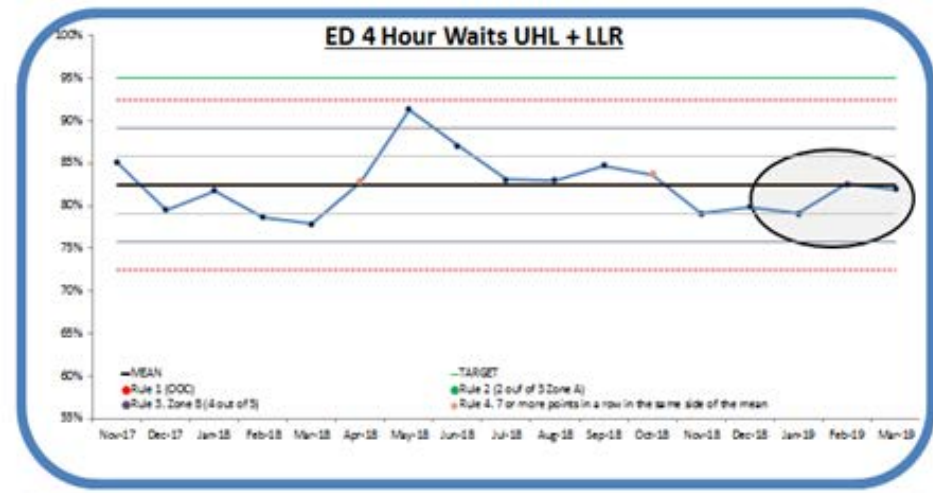● Rule 1 (OOC)   ● Rule 2 (2 ouf of 3 Zone A)
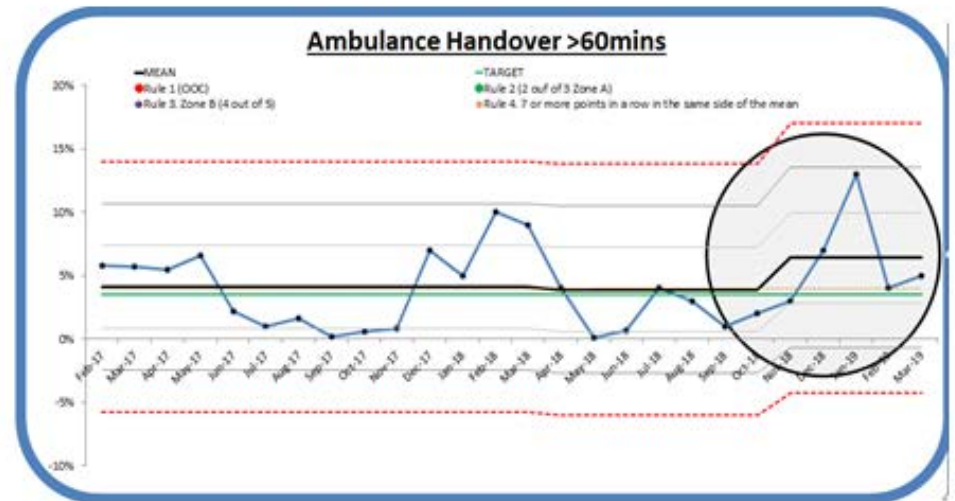● Rule 3. Zone B (4 out of 5) UCL   ● Rule 4. 7 or more points in a row in the same side of the mean

SPC Analysis

ED 4 Hour Waits UHL + LLR

Improved Performance in February and March compared to last year.

Ambulance Handover >60mins

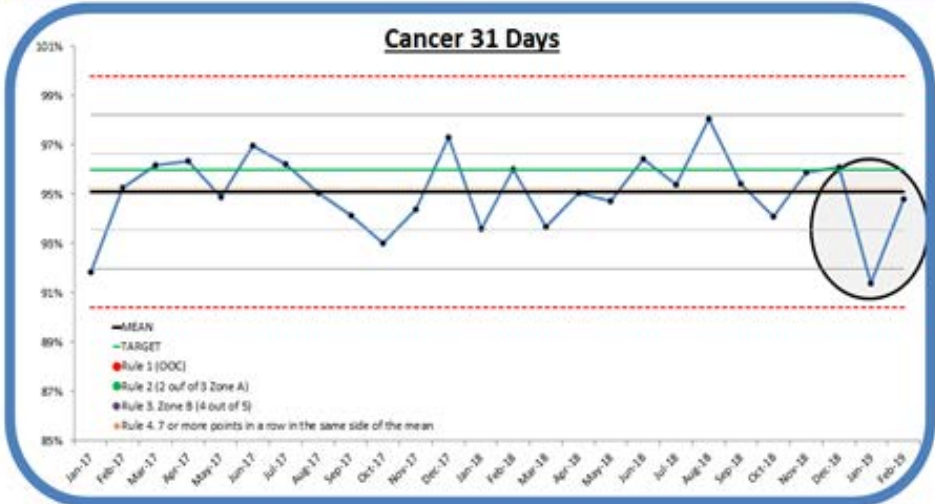Performance has improved following deterioration in recent months.

Delayed Transfers of Care

Emerging upward trend in performance compared to summer last year. Performance well within threshold.
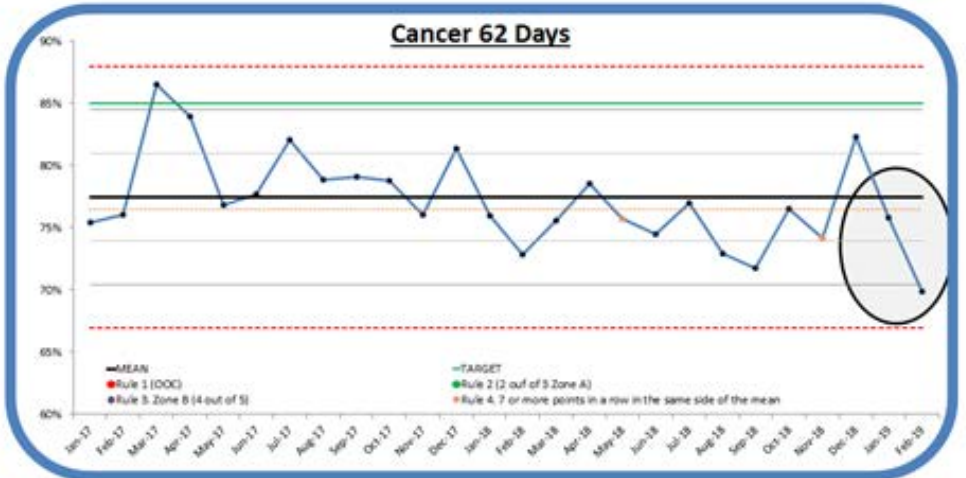
Cancer 62 Days

Cancer 62 days performance is trending downwards.

SPC Analysis

University Hospitals of Leicester NHS — NHS Trust

Cancer 31 Days

Cancer 31 days performance improved this month.

Cancer 2 Week Wait
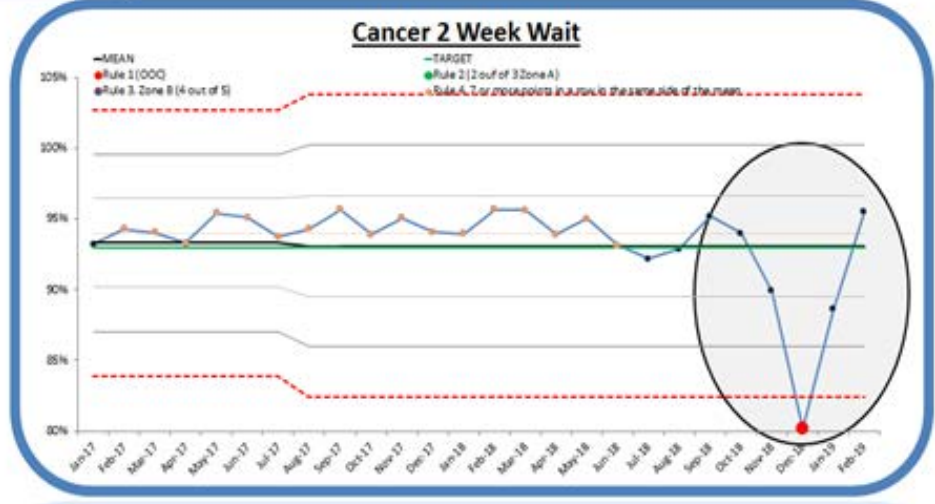
Improved performance following a sharp drop outside of normal variation in December.

RTT - Incomplete 92% in 18 Weeks UHL+ALLIANCE
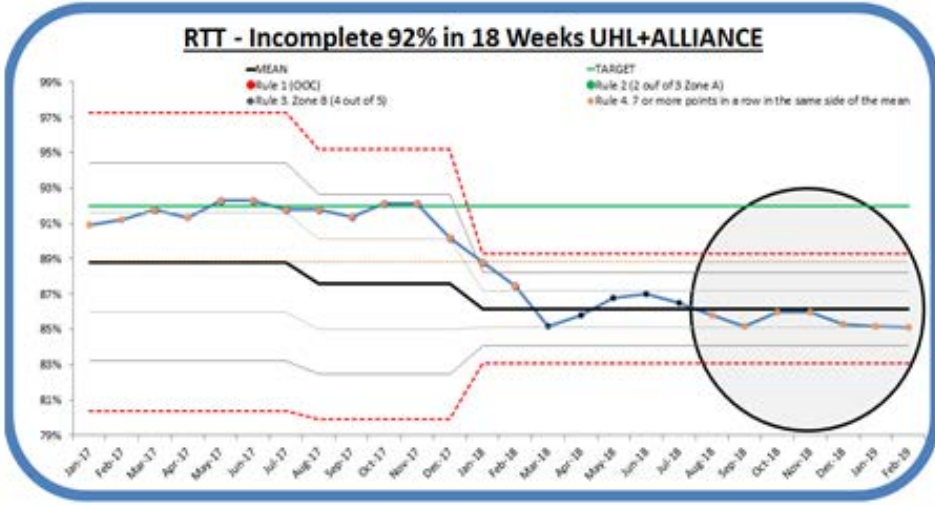
Downward trend in RTT but within expected range

Cancelled Operations UHL + Alliance
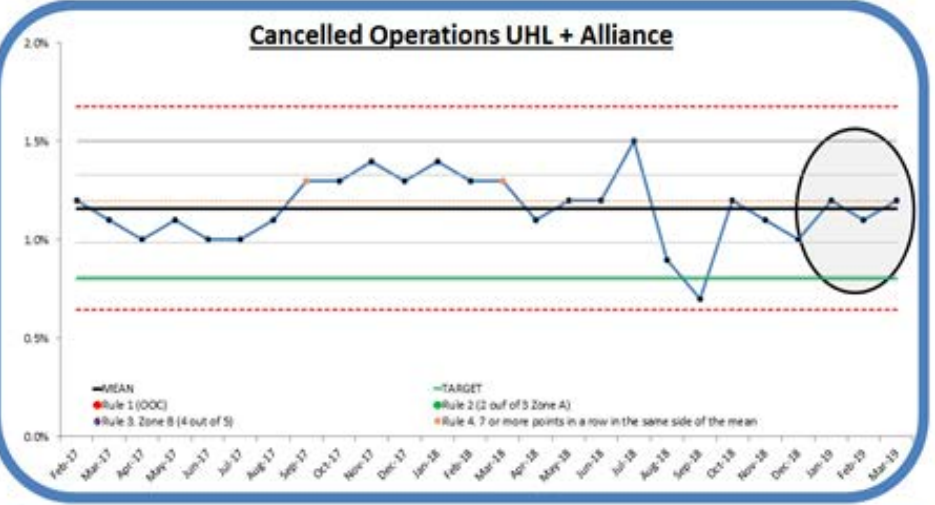
Stable - improvement compared with same period last year .

SPC Analysis

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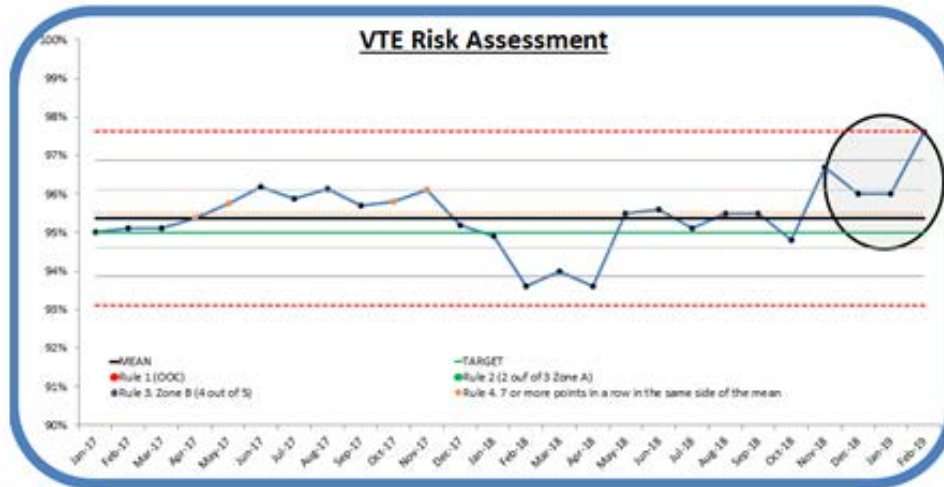
Significant improvement (rising trend). Performance for the last 4 months were above the threshold.

Reduction for Moderate Harm
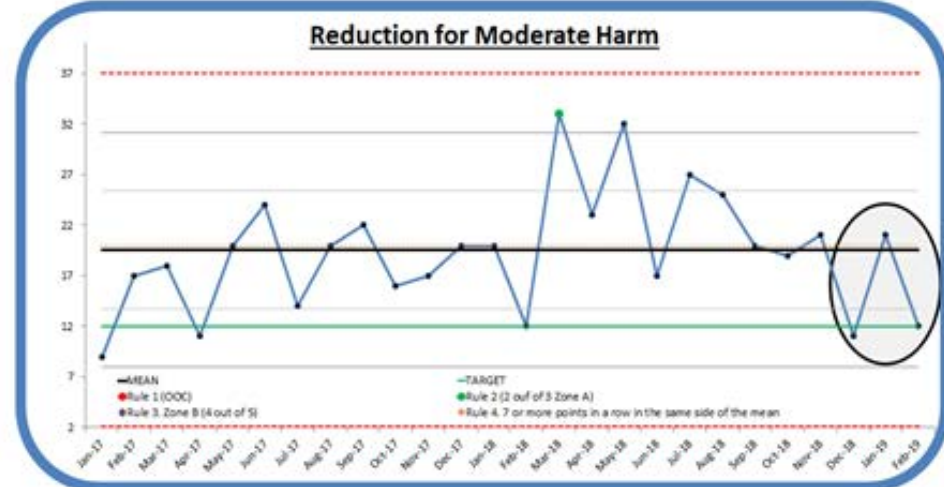
Emerging (downward) trend in moderate harm over last 10 months. December's position was within threshold.

Clostridium Difficile
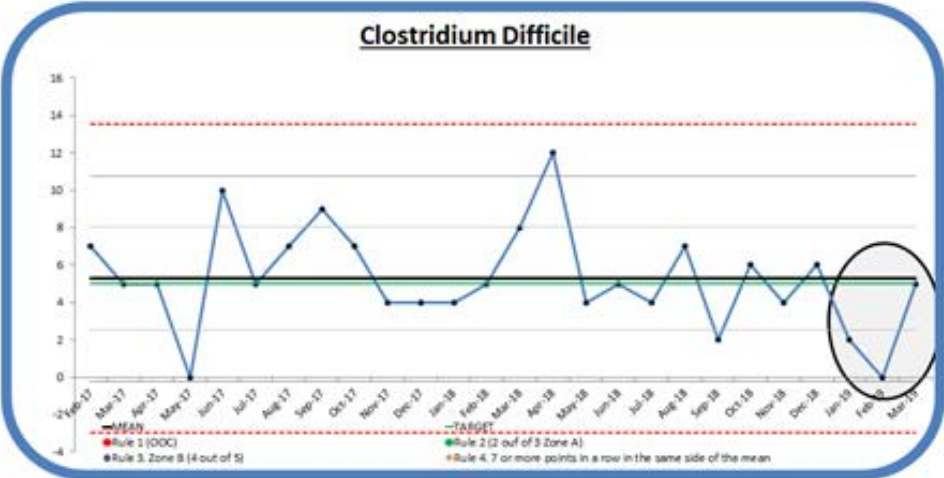
Downward trend in C DIFF cases.

Emergency C Sections
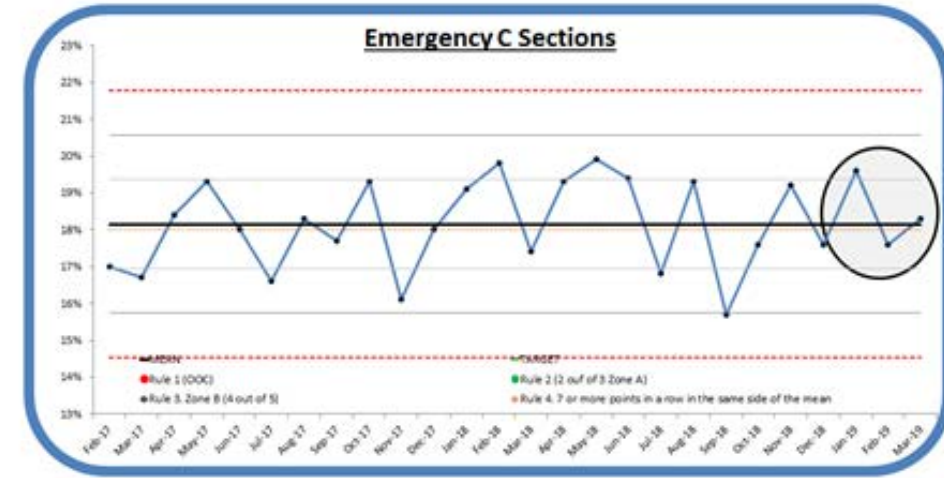
No appreciable change in performance, although not stable.

SPC Analysis

No. of # Neck of femurs operated on 0-35 hrs
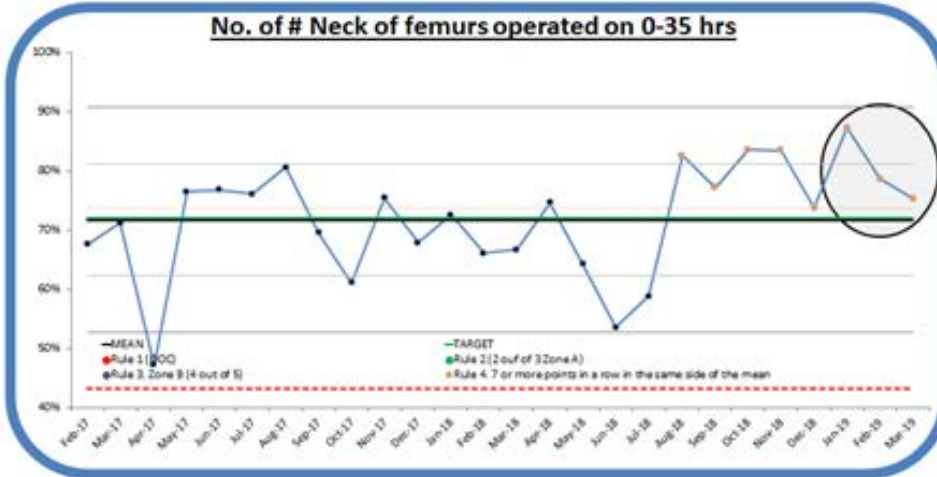
Upward trend in performance with significant improvement in the last 8 months, above threshold.

Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)
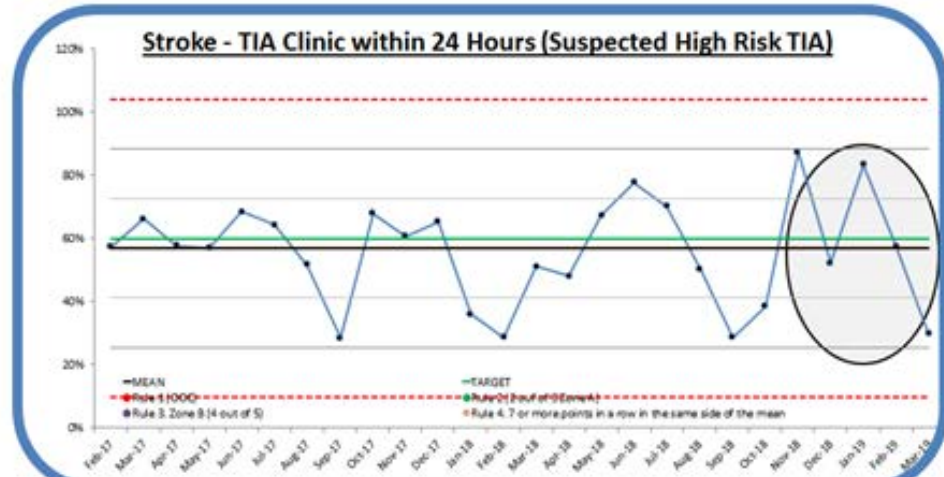
Intermittent/irregular pattern in performance for Stroke TIA.

Readmission Rate
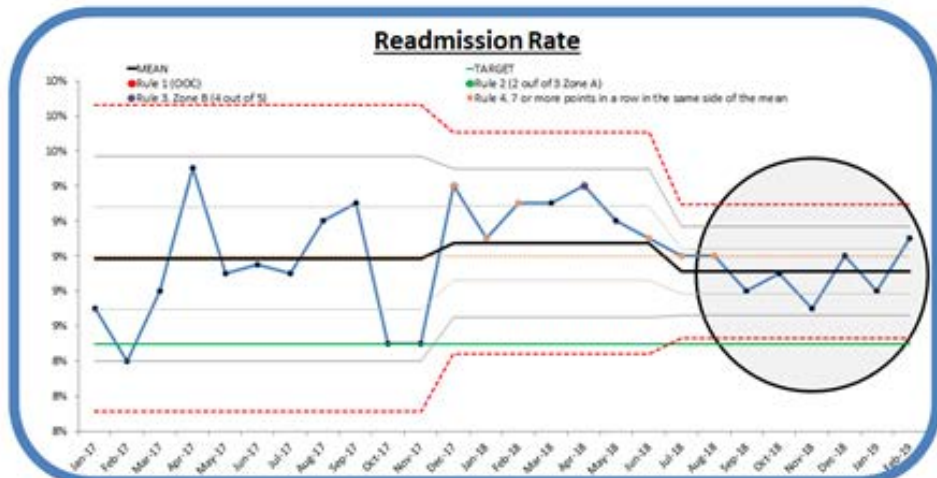
Improved positon in performance compared to last year.

Stroke - 90% of Stay on a Stroke Unit
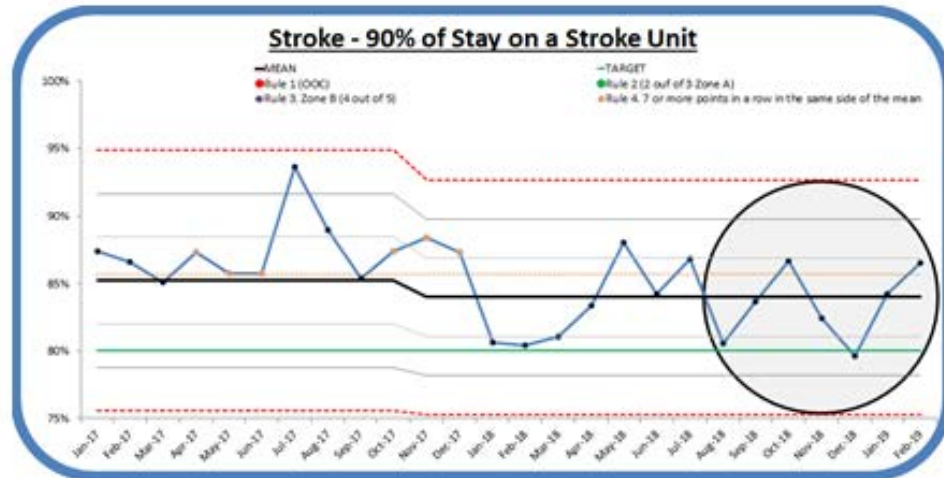
Stroke delivering target.

SPC Analysis

University Hospitals of Leicester **NHS**
NHS Trust

Mortality Rate

Within threshold.

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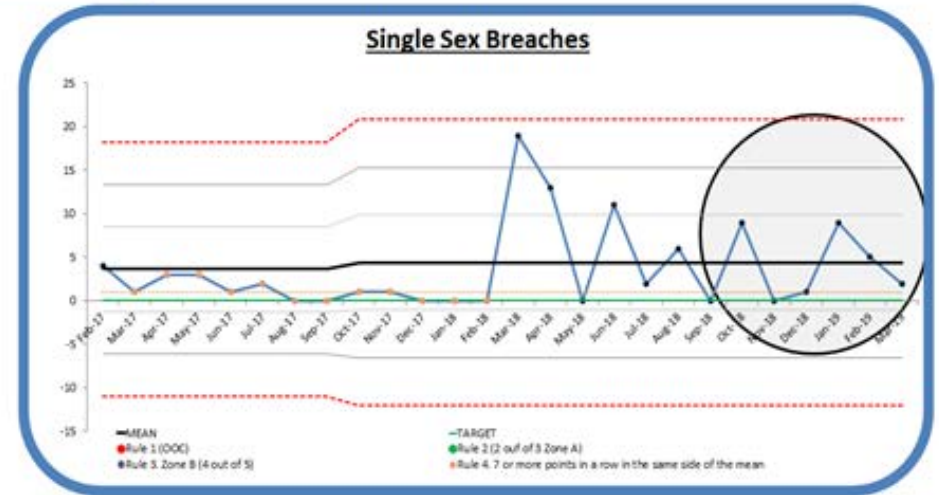
Single sex breaches trending downwards however variation over time remains high.

Annual Appraisal
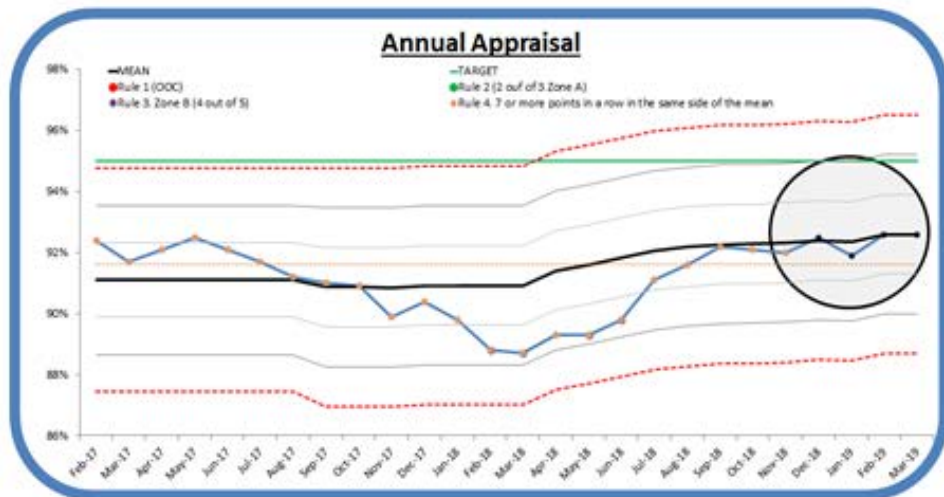
Upwards trend in appraisal rate.

Sickness Absence
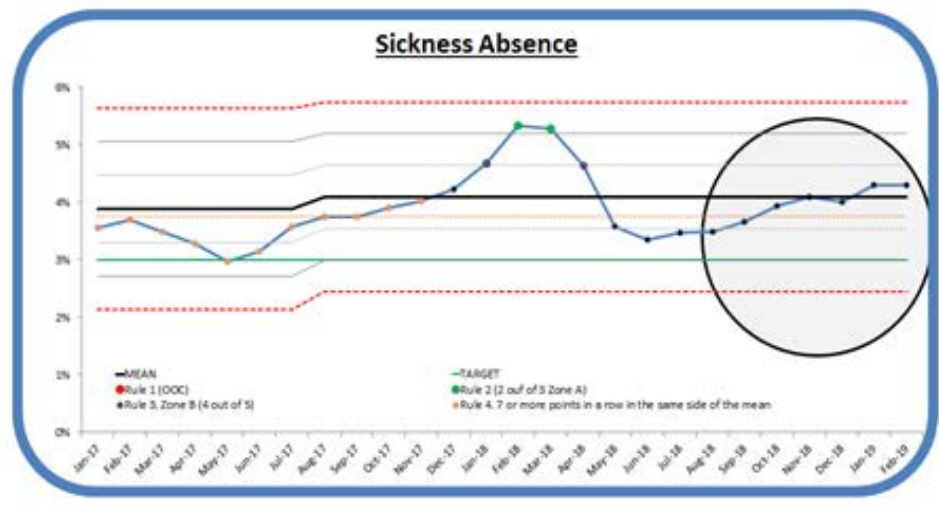
Upward trend in sickness rate as performance has deteriorated and remains above the mean.

SPC Analysis

Inpatients and Daycase Friends and Family Test - % positive

Within Expected Range
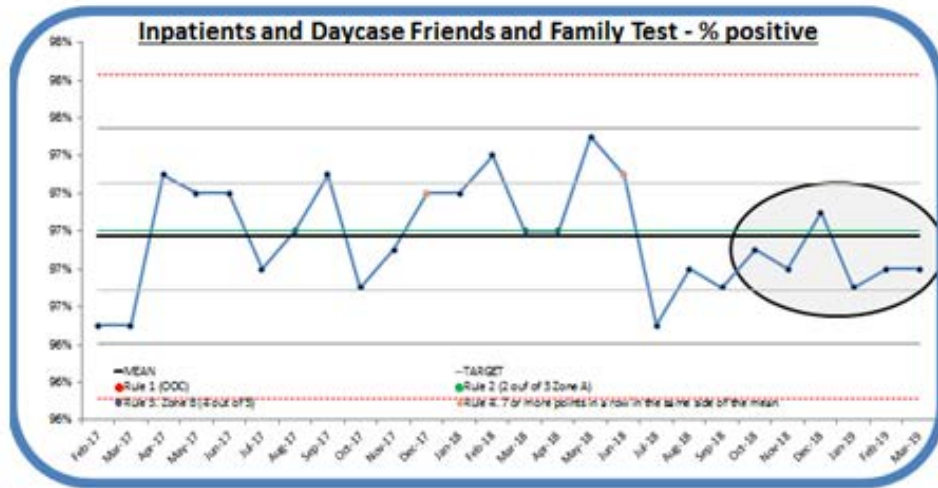
Outpatients only Friends and Family Test - % positive
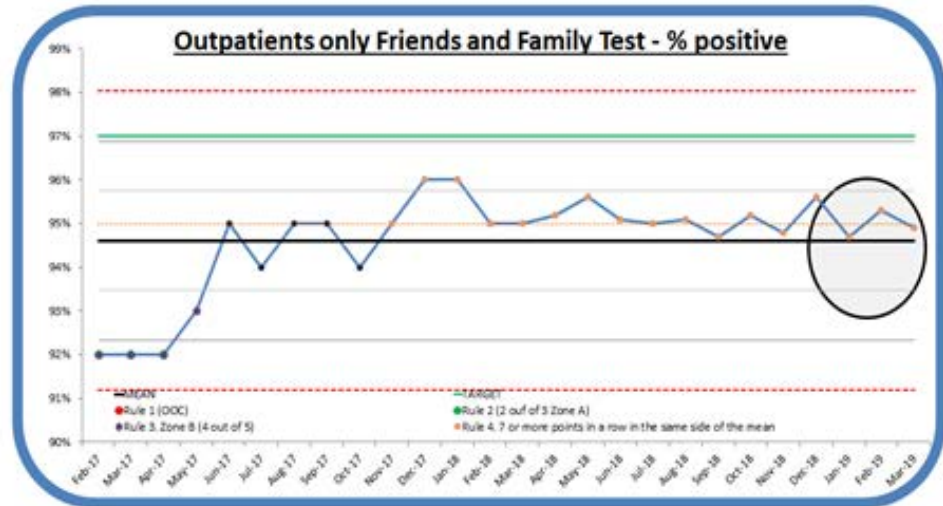
Performance remains stable.

A&E Friends and Family Test - % positive
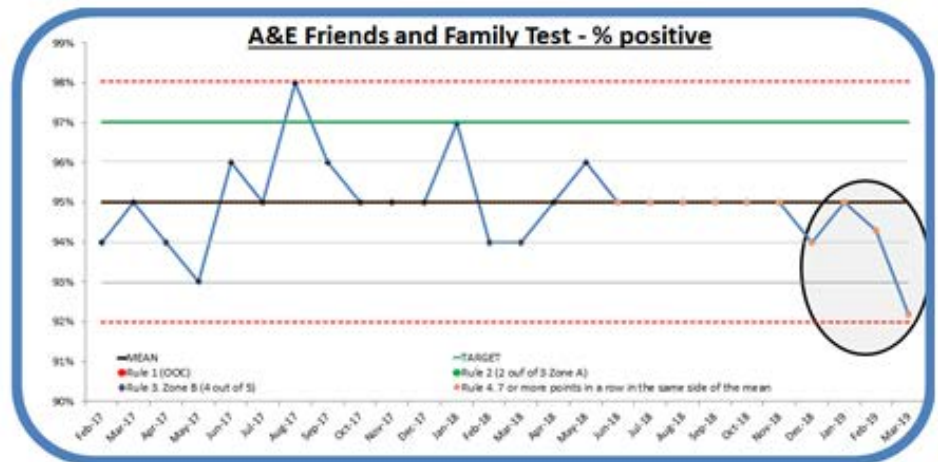
Deterioration in ED FTT but remains within expected levels of variation.

Maternity Friends and Family Test - % positive
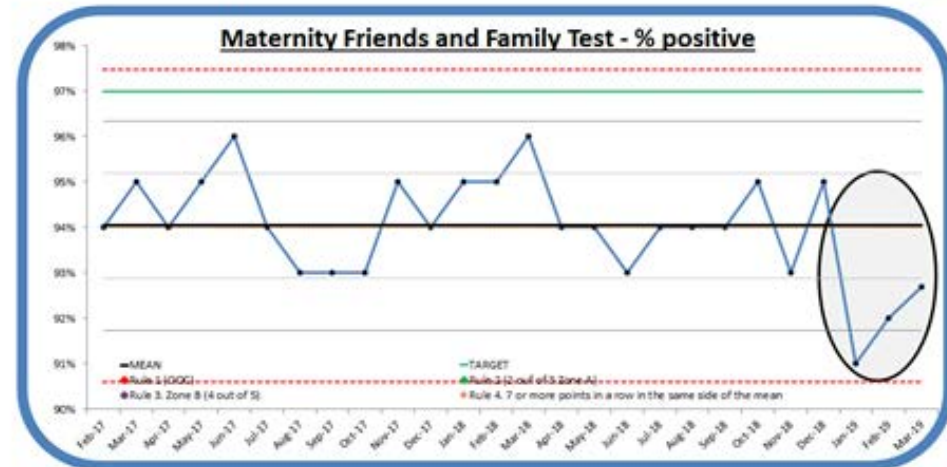
Some improvement following a sharp drop in Maternity FFT performance in recent months.

Domain - Safe

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

8 **Never Events** YTD

29 Serious Incidents YTD (Number escalated each month)

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

3 Unavoidable MRSA YTD

57 CDIFF Cases YTD

SUCCESSES

- Data for 2018/19 reflects strong performance against all EWS & sepsis indicators. Our focus for 2019/20 will be to maintain this position.
- Serious Incidents and moderate harms were within threshold for March.
- CDiff achieved in March and for the year

ISSUES

- 2 Never events reported in March.
- The EWS indicators are still on hold at present.
- Falls was above threshold this month.
- 1 MRSA reported this month.
- Moderate harms and above – above threshold.

ACTIONS

- Escalation through CMG infection prevention meeting.
- Targeted education and training.
- Urgent reviews of risk register entry for the ITU environment at LRI.
- The EWS twice daily audit has stopped so we are currently reviewing how we report on these metrics going forward.
- Never Events – Patients informed and duty of candour undertaken verbally

SEPSIS SOS

ED - Patients who trigger with red flag sepsis - % that have their IV antibiotics within an hour — **84%** YTD

Wards (including assessment units) Patients who trigger for Red Flag Sepsis - % that receive their antibiotics within an hour — **83%** YTD

Domain - Caring

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

Friends and Family Test YTD % Positive

Inpatients FFT **96%** ↓

Day Case FFT **98%** ↑

A&E FFT **95%** ↓

Maternity FFT **94%** ↑

Outpatients FFT **95%** ↓

Staff FFT Quarter 4 2018/19 (Pulse Check)

74.0% of staff would recommend UHL as a place to receive treatment
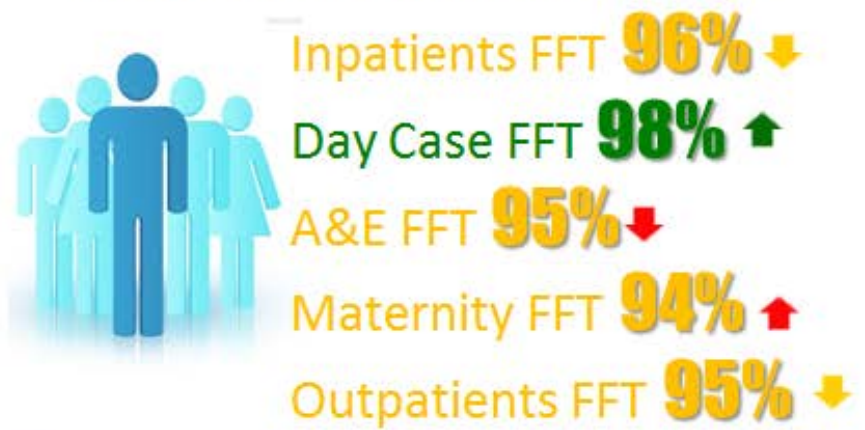
SUCCESSES

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

ISSUES

- Single Sex Accommodation Breaches – 2 reported in March.
- Friends and family test (FFT) for maternity was 93% for March.
- Friends and family test (FFT) for A&E was 92% for March.

ACTIONS

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

Single Sex Accommodation Breaches

58 YTD ↑

Domain – Well Led

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

Friends and Family FFT YTD % Coverage

Inpatients FFT **29.1%** ⬆

Day Case FFT **23.4%** ⬇

A&E FFT **7.9.%** ⬇

Maternity FFT **40.0%** ⬇

Outpatients FFT **5.4%** ⬆

Staff FFT Quarter 4 2018/19 (Pulse Check)

57.0% of staff would recommend UHL as a place to work

% Staff with Annual Appraisals

92.6% YTD ↔

Statutory & Mandatory Training

89% YTD ⬆

BME % - Leadership

29% Qtr4 8A including medical consultants

16% Qtr4 8A excluding medical consultants

SUCCESSES

- Corporate Induction attendance for March was 98%.
- Appraisal performance remains at 92.6% (this excludes facilities staff that were transferred over from Interserve).

ISSUES

- Statutory & Mandatory Training performance at 90% (rising trend).

ACTIONS

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

Domain – Effective

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

Mortality – Published SHMI

99
Oct17 – Sep18

Emergency Crude Mortality Rate

2.1%
YTD

Stroke TIA Clinic within 24hrs

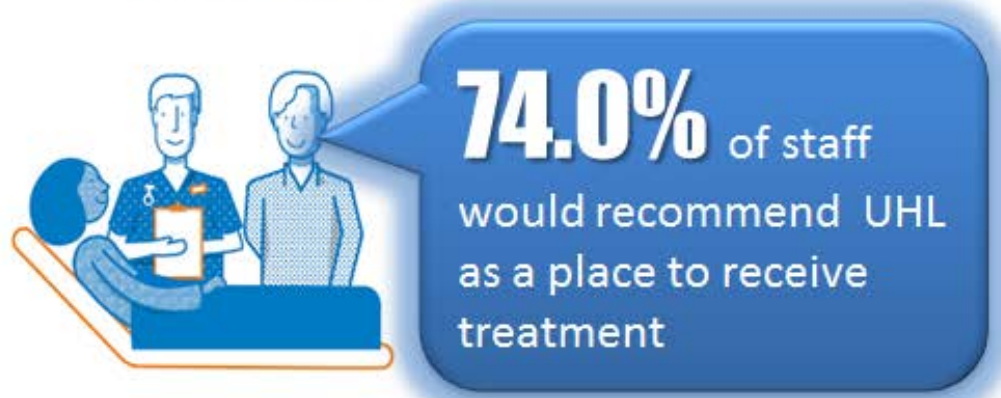**55.6%**
YTD

30 Days Emergency Readmissions

9.0%
YTD

80% of Patients Spending 90% Stay on Stoke Unit

84.7%
YTD

NoFs Operated on 0-35hrs

74.6%
YTD

SUCCESSES

- Latest UHL's SHMI is 99. An in depth HED review of UHL mortality did not identify any additional areas of mortality by condition which needed action that we did not already have reviews or action plans in place for.
- Emergency Crude Mortality Rate for February was 2.1%.
- Fractured NoF for March was 75.3%.
- 90% of Stay on a Stroke Unit for March was 86.5%

ISSUES

- 30 Days Emergency Readmissions for February was 9.1%.
- Stroke TIA Clinic within 24 Hours for this month was 29.9%.

ACTIONS

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

Domain – Responsive

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

RTT - Incomplete 92% in 18 Weeks

85.1% As at Feb

6 week Diagnostic Wait times

2017/18 ■2018/19 —Target

Cancelled Operations UHL + Alliance

■ Number of Cancelled Operations —Cancelled Ops (%)

RTT 52 week wait incompletes

0 As at Feb

ED 4Hr Waits UHL

77.0% YTD

A & E

ED 4Hr Waits UHL+LLR UCC

83.2% YTD

Ambulance Handovers

4% > 60mins
8% 30-60mins
YTD

SUCCESSES

- 0 12 hour Trolley breaches for March.
- DTOC was 1.7% for March.
- 0 patient waiting over 52+ weeks.
- Diagnostic 6 week wait standard achieved this month.

ISSUES

- ED 4Hr Waits UHL – March performance was 75.1%. LLR performance was 82.0% against a NHSI trajectory of 90%.
- Cancelled operations – performance was 1.3% this month.

ACTIONS

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

Cancer – Performance Summary

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

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

95.5%
2WW
(All Cancers)
Feb
91.9% (YTD) ⬆

90.4%
2WW
(Symptomatic Breast)
Feb
77.2% (YTD) ⬆

94.8%
31 Day Wait
(All Cancers)
Feb
95.2% (YTD) ⬆

100%
31 Day Wait
(Anti Cancer Drug Treatments)
Feb
99.6% (YTD) ↔

84.2%
31 Day Wait
(Subsequent Treatment - Surgery)
Feb
86.2% (YTD) ⬇

99.3%
31 Day Wait
(Radio Therapy Treatment)
Feb
97.9% (YTD) ⬆

69.9%
62 Day
(All Cancers)
Feb
75.3% (YTD) ⬇

74.3%
62 Day
(Consultant Screening)
Feb
83.3% (YTD) ⬆

75.0%
62 Day
(Consultant Upgrades)
Feb
83.5% (YTD) ⬇

27
104 Days
Mar

Highlights

- Out of the 9 standards, UHL achieved 3 in February – 2WW, 31 Day Anti Cancer Drug, and 31 Day Radiotherapy.
- 62 Day performance in February was 69.9% - 5.9% deterioration from January. Of the 15 tumour groups, 4 delivered the standard (Brain, Other, Sarcoma, Skin).
- Backlog – increased in March with Urology making up 81% of our total backlog.
- Urology, although remains within expected levels of variation, continue to be the biggest concern holding the largest backlogs across all standards, specifically noting the long waiters over 104 Days. Late tertiary referrals continue to have a significant impact in this Tumour Site.

Domain – Responsive Cancer

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

Cancer 2 Week Wait

Cancer 31 Days
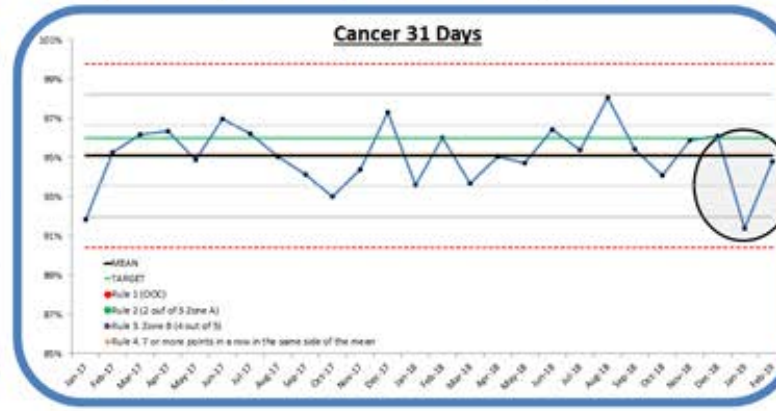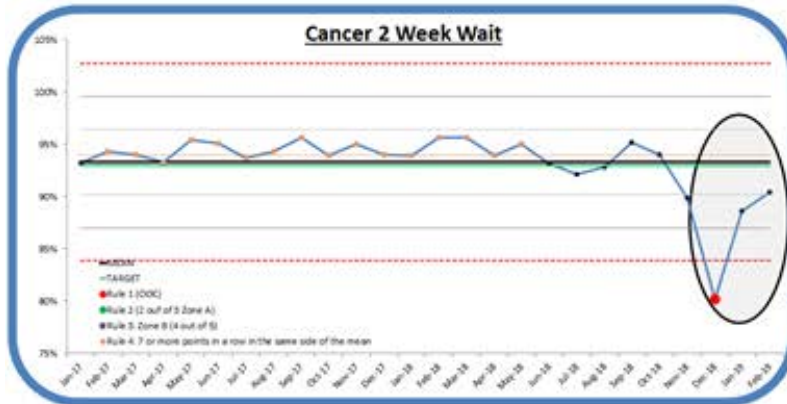
31 Day Backlog

34

Mar 19

62 Day Backlog

112

Mar 19

62 Day Adjusted Backlog

89

Mar 19

SUCCESSES

Cancer performance is reported 1 month in arrears.

- 2 week wait, 31 day wait drugs and 31 wait radiotherapy was achieved in February.
- 31 day backlog decreased

ISSUES

- 31 day wait was not achieved in February.
- Cancer 62 day treatment – performance deteriorated in February.
- Increase in backlogs for 62 Day and 104+ Day.
- Increased activity in Breast, Skin, and urology

ACTIONS

- Review theatre opportunities
- Increase capacity for biopsy
- Reduce 2ww first appointment to 7 days
- Review prostate opportunities to reduce the number of follow up appointments/unnecessary steps
- Review administrative and booking process for the urology cancer pathways to ensure they ae consistent and streamlined

Ambulance Handover – March 2019

EMAS Ambulance Handover - LRI vs other hospitals

| Rank	Hospital	Total (CAD)	30 - 59 Mins	Over 60 Mins	1 - 2 Hours	2 Hours Plus	% 30-59 mins	%60+ mins	%30+ mins	Avg Turnaround Time	Total time 30+ mins Handover Turnaround target	Pre Handover > 15min Target	Post Handover > 15min Target
1	Queens Medical Centre Campus Hospital	6093	390	45	38	7	6%	1%	7%	0:31:50	604:17:14	378:36:39	432:41:26
2	Chesterfield Royal Hospital	2424	205	15	15	0	8%	1%	9%	0:34:31	289:57:40	213:25:44	163:14:58
3	Royal Derby Hospital	4615	418	37	34	3	9%	1%	10%	0:34:59	569:14:57	380:56:00	340:36:56
4	Kings Mill Hospital	3262	321	34	33	1	10%	1%	11%	0:34:53	401:31:23	294:04:30	231:25:14
5	Grimsby Diana Princess Of Wales	2029	267	24	24	0	13%	1%	14%	0:39:52	393:38:52	196:00:09	299:57:08
6	Boston Pilgrim Hospital	2027	208	100	87	13	10%	5%	15%	0:42:35	488:50:28	297:15:30	261:10:34
7	Glenfield General Hospital	932	144	19	17	2	15%	2%	17%	0:33:33	126:03:25	121:21:52	40:33:01
8	Leicester Royal Infirmary	6,090	774	305	270	35	13%	5%	18%	0:37:28	1084:38:14	863:51:28	464:38:53
9	Bassetlaw District General Hospital	958	161	11	11	0	17%	1%	18%	0:37:51	159:03:52	119:38:31	84:20:15
10	Scunthorpe General Hospital	1630	236	60	54	6	14%	4%	18%	0:43:07	410:30:07	220:23:39	273:56:24
11	Burton Queens Hospital	563	91	18	16	2	16%	3%	19%	0:36:11	84:00:31	85:20:31	22:27:46
12	Stepping Hill Hospital	347	71	5	5	0	20%	1%	22%	0:34:33	45:35:43	52:29:09	11:50:35
13	Kettering General Hospital	2713	529	71	64	7	19%	3%	22%	0:36:39	416:51:10	451:34:35	134:37:51
14	Northampton General Hospital	3103	642	77	73	4	21%	2%	23%	0:39:44	606:17:37	498:56:20	244:17:01
15	George Eliot Hospital	251	53	8	8	0	21%	3%	24%	0:37:27	40:32:49	41:04:43	11:12:32
	EMAS	41,948	5,446	1,308	1,091	217	13%	3%	16%	0:37:34	7216:36:04	5546:49:25	3465:50:49

Highlights

- CAD data used in performance analysis from February 19
- LRI had 10% more handovers than the same period last year.
- LRI had the 2nd highest handovers and highest within 15mins in the region.
- 44% of handovers were completed within 15 mins – relatively stable from last month but 22% better than same period last year.
- 1084 hours were lost in Mar19, a 31% increase from Feb19 and 26% lower than same period last year.
- The equivalent of **90** ambulance shifts (12 hours) lost.

Ambulance Handovers
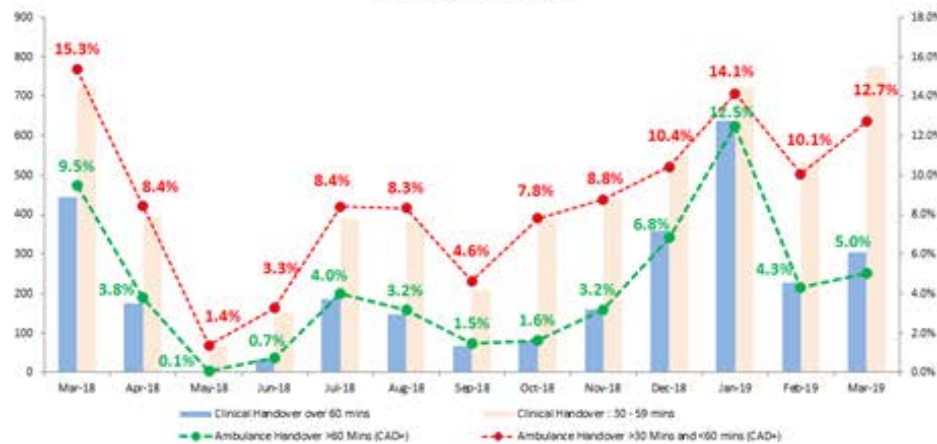
Total Time >30mins & Average Turnaround Time
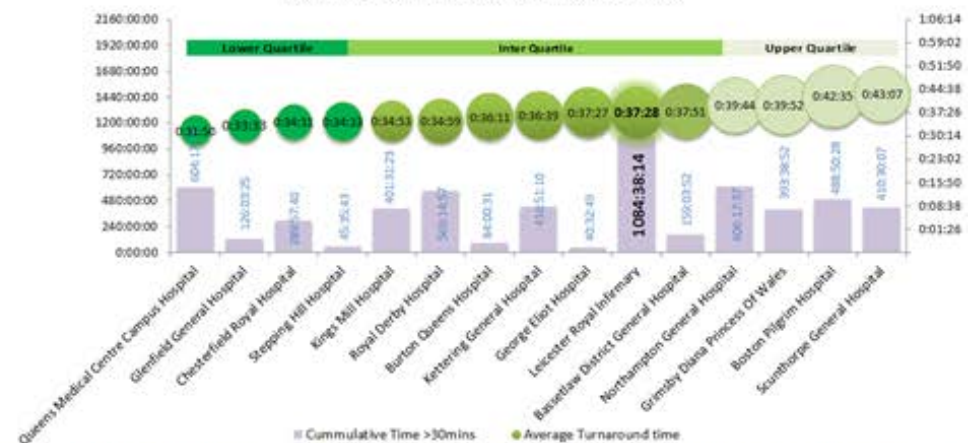
Lowest Turnaround Time (Avg.)	Median Turnaround Time (Avg.)	LRI Turnaround Time (Avg.)	LRI Total Time over 30mins	LRI Delay >30mins – Number Ambulance Shifts	Ambulance Handover 30-59 mins	Ambulance Handover >60Mins
31 Mins	**37** Mins	**37** Mins	**1084** Hours	**90** Shifts	**13%**	**5%**

RTT: Executive Performance Board

University Hospitals of Leicester **NHS**
NHS Trust

UHL	**M12: WL Size**	**RTT: 84.1%**
Alliance	**64,506**	**RTT: 88.4%**
Combined	**-229 under target**	**RTT: 84.7%**

Current Position:

UHL achieved March's RTT waiting list size trajectory, with 229 fewer patients on the waiting list size than the trajectory. The overall RTT position moved to 84.7% which was expected, with an increase of 108 patients waiting over 18 weeks for treatment compared to the end of February. The overall waiting list reduced by 801 since the end of February.

UHL has achieved the 2018/19 planning guidance with a lower waiting list at the end of March 2019 compared to March 2018.

Forecast performance for next reporting period: It is forecasted that for April 2019 UHL will achieve the waiting list trajectory size. Risks continue to remain to overall RTT performance:

- Reduced elective capacity due to emergency pressures
- Increased cancer backlogs prioritising capacity over routine elective RTT
- Commissioner request to stop further transfers via IPT to the independent sector

RTT: Executive Performance Board

University Hospitals of Leicester **NHS**
NHS Trust

Current Position:
UHL achieved Month 12's waiting list trajectory size. This continues on the progress made since July and ensures that that the Trust has met the 2018/19 planning guidance of a lower waiting list at the end of March 2019 than at the end of March 2018. RTT performance for March was 84.7%.

Key Drivers:
- Increased admitted activity / reduction in cancellations
- Continued validation of the waiting list
- Increased backlog size in the Alliance

Key Actions
- Managing demand from activity transferred to the Independent Sector in 2018/19 via IPT for 2019/20 from absorbing into UHL, transferring to Alliance or PCL Pillar or sub contract to the IS.
- Reduced cancellations via escalation policy and winter bed plan
- Improved outpatient and theatre utilisation as managed by the Outpatient and Theatre Program Boards.

UHL is forecasting to remain below the trajectory waiting list size for April 2019.

UHL Waiting List Size against trajectory

RTT: Executive Performance Board
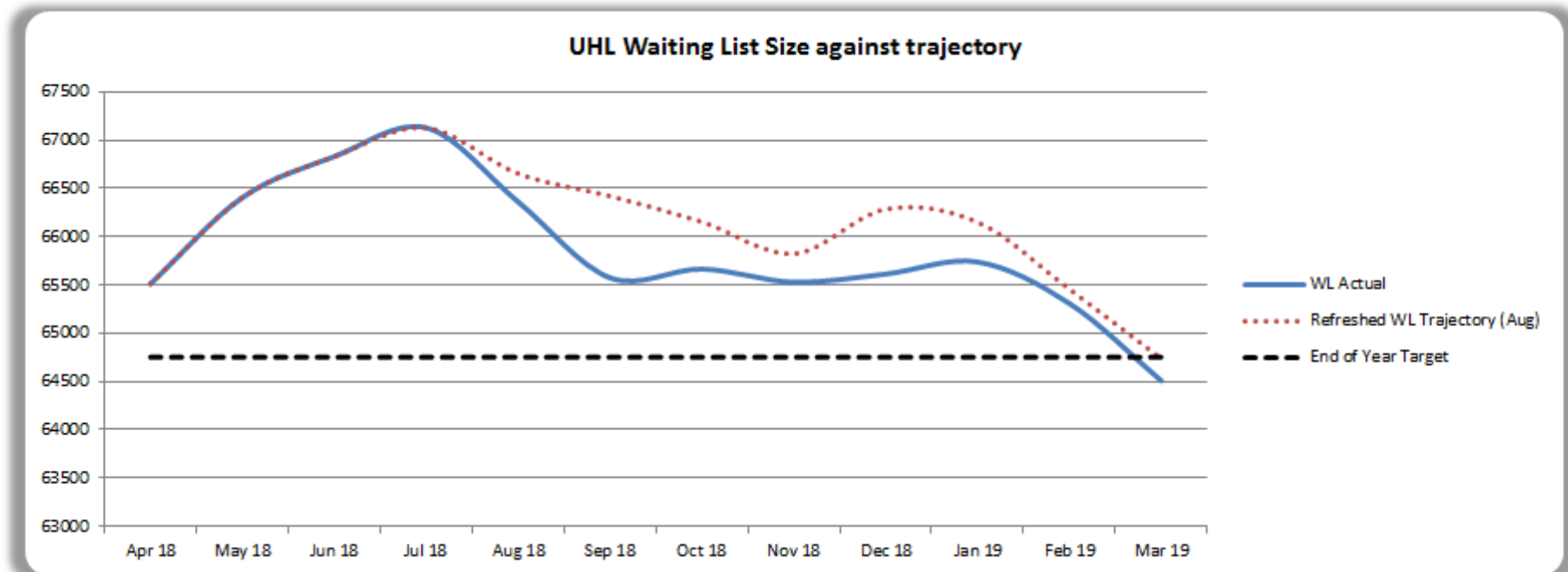
The overall combined UHL and Alliance WL size has reduced by 801 since the end of February. This has supported in UHL delivering its's waiting list trajectory and the 2018/19 planning guidance.

Over the course of 2018/19 the largest decreases were seen within MSK specialties of Spinal and Orthopaedic Surgery as well as General Surgery.

5 out of the 7 UHL CMG's and the Alliance achieved a reduction in their waiting list size in March, contributing to achieving the month 12 trajectory.

Overall 2 CMG's, CHUGGS and MSS reduced their waiting list size over the course of 2018/19.

10 Largest Waiting List Size Reductions in 2018/19

- General Surgery: -1097
- Spinal Surgery: -913
- Orthopaedic Surgery: -723
- Paediatric Cardiology: -358
- Paediatric Medicine: -223
- Paediatric ENT: -217
- Haematology: -177
- Thoracic Medicine: -149
- Clinical Oncology: -141
- Dermatology: -132

10 Largest Waiting List Size Increases in 2018/19

- Ophthalmology: 490
- Allergy: 419
- Neurology: 389
- Gynaecology: 380
- Paed Cardiology: 316
- Sleep: 249
- Sports Medicine: 225
- Haemophilia: 199
- Urology: 172
- Paed Max Fax : 171

CMG	Waiting List Size Change Since March 2018	Waiting List Size Change since Feb 2019	RTT %
CHUGGS	-1,328	-132	81.6%
CSI	46	-14	93.3%
ESM	205	59	91.4%
ITAPS	411	-136	86.5%
MSS	-1,096	-256	80.4%
RRCV	434	-188	84.8%
W&C	527	8	91.1%
Alliance	556	123	88.4%
UHL	-801	-142	84.1%
UHL & Alliance	-245	-431	84.7%

52 Week Breaches: Executive Performance Board

University Hospitals of Leicester
NHS Trust

52 Week Breaches **Zero** 0 Change

Current Position:
At the end March there were zero patients with an incomplete pathway at more than 52 weeks. There were 3 patients treated in month at 52 weeks.
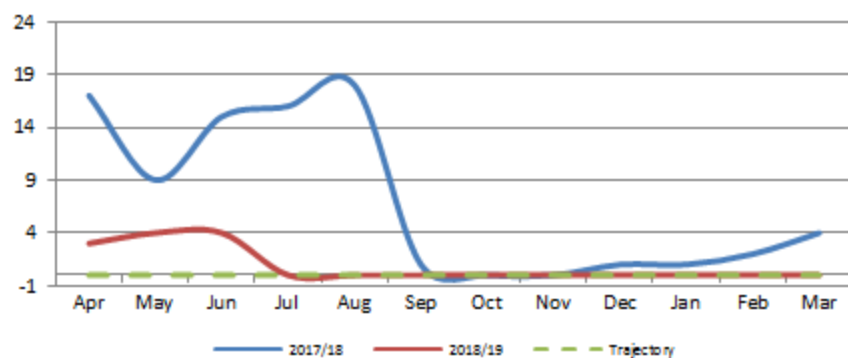
Key Drivers:
- The number of patients waiting over 40 weeks for treatment increased by 438 to 522 over a 19 week period between the 10th December 2017 and 22nd April 2018. During 2018/19 the change in operational management supported in reducing the increase in long waiting patients over winter to a 3 week period in December. By the end of March 2019 the number of patients waiting over 40 weeks has reduced to its lowest point in 6 months. Being able to maintain and reduce the number of long waiting patients in Q4 has supported in UHL remaining ranked joint 1st amongst our peer group of 18 acute trusts and nationally for 52 week performance.

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

UHL is forecasting zero 52 week breaches at the end of April. Achieving zero remains a risk due to emergency pressures and the potential risk of cancellation from both the hospital and patient choice.

End of Month 52 Week Breaches

Legend: 2017/18 — 2018/19 — Trajectory

Current Patients >=40 Weeks

Legend: Current Patients >=40 Weeks

Diagnostics: Executive Performance Board

University Hospitals of Leicester
NHS Trust

Diagnostics: DM01		Imaging	99.3% (Target >99%)	+0.3% Change	Breaches: 58	-33 Change
99.1% (Target >=99%)	0.0% Change	Physiological Measurement	99.7% (Target >99%)	+0.1% Change	Breaches: 4	-2 Change
158 Breaches	+3 Change	Endoscopy	96.8% (Target >99%)	-2.3% Change	Breaches: 96	+38 Change

Current Position:

UHL has achieved the DM01 standard for March, with 10 fewer breaches than required to meet the standard. This maintains UHL's diagnostic performance by achieving the standard for the 7th consecutive month after the initial capacity constraints at the start of 2018/19.

Key Drivers:

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

Key Actions:

- Continued insourced capacity via Medinet for Endoscopy
- Increased CT capacity and take up of wait list initiatives
- Unisoft upgrade and centralised booking to optimise use of Alliance capacity; expected June.
- All specialties have been set a maximum breach target and with there performance monitored daily.

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

UHL and Alliance Diagnostic Performance Last 12 Months

Legend: 2017/18 — 2018/19 — Target — Trajectory

Cancelled Ops: Executive Performance Board
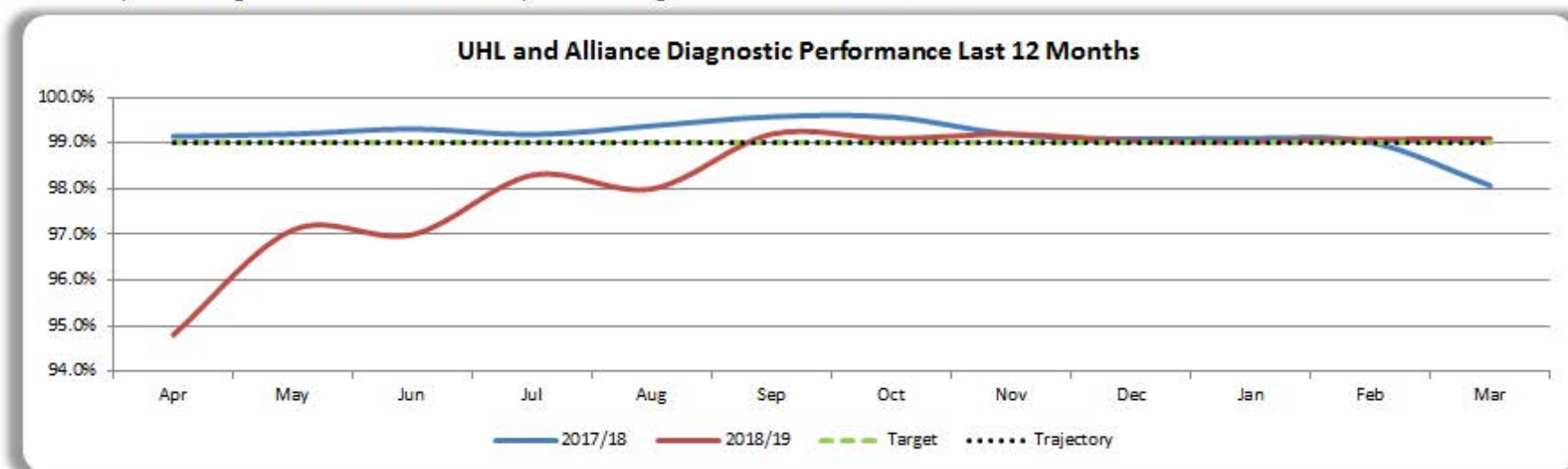
Current Position:

March's cancelled operations performance for UHL and the Alliance combined was 0.99%. There were 141 non clinical hospital cancellations (141 UHL 1.27% and 0 Alliance 0.0%). This is the 8th consecutive month showing year on year reductions in cancelled operations. Within UHL there has been 125 fewer cancellations compared 2017/18 a reduction of 8.0%.

11 patients did not receive their operation within 28 days of a non-clinical cancellation, 11 from UHL and 0 from the Alliance. This continues on the improvements made throughout the year with the Trust now recording a year to date improvement of 90 fewer 28 day breaches.
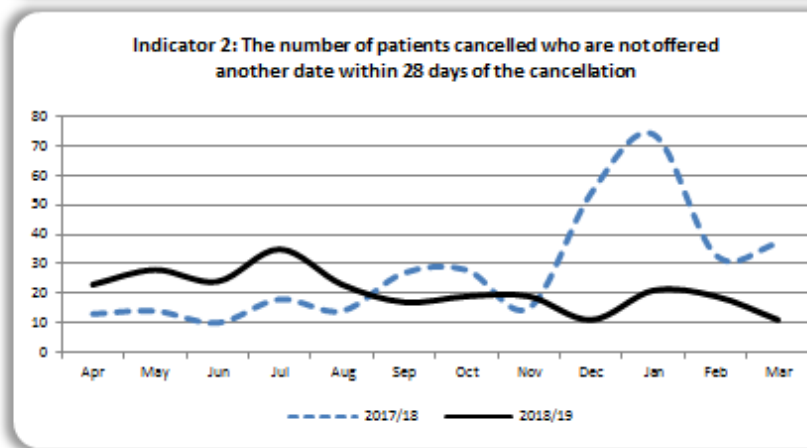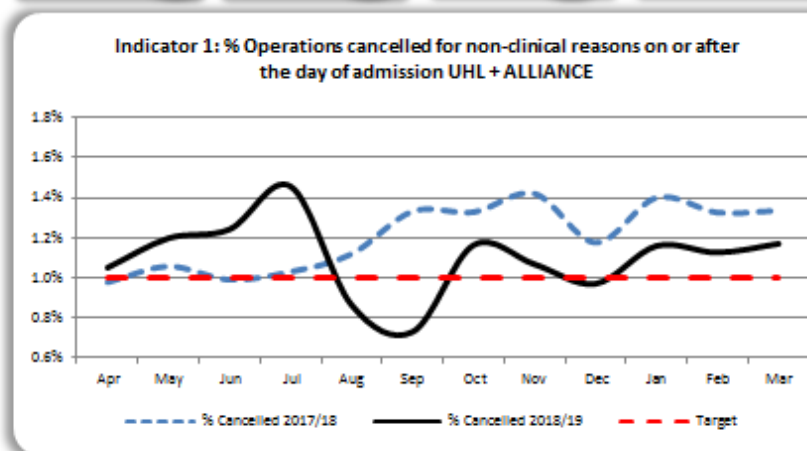
Key Drivers:

- Capacity constraints resulted in 39 (27.6%) hospital non clinical cancellations. Of this 4 were within Paediatrics.
- 49 cancellations were due to lack of theatre time / list overrun. Contextual information indicates other patients on the theatre list becoming more complex and late starts due to awaiting beds are causational factors.
- 30 cancellations were due staff sickness in a mixture of surgical, anaesthetic and theatre workforce.

Key Actions:

- The Theatre Programme Board, are focusing on a program of that will positively impact on hospital cancellations: Preoperative Assessment, Optimal Scheduling, Reducing Cancellations and Starting on time.
- Increased reporting of the 28 day re-books exception report, increasing visibility of potential breaches.
- 28 Day Performance monitored at the Weekly Access Meeting

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

Cancelled Operations

UHL	Alliance	Combined	YTD
1.27% — 0.02% Change	0.0% — 0.2% Change	1.17% — 0.03% Change	1.1%

28 Day Re-Books

UHL	Alliance	Combined	YTD
11 — -8 Change	0 — 0 Change	11 — -8 Change	249

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

Legend: - - - % Cancelled 2017/18 — % Cancelled 2018/19 - - - Target

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

Legend: - - - 2017/18 — 2018/19

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
5.5%(A) Qtr4 18/19

Reduction in hospital cancellations (ENT)
25% YTD

Outpatients FFT
95.1% YTD

GP Referrals via ERS
92.2% YTD

88.6% Advice & Guidance Qtr4 18/19

Reduction of long term FU
3008

Patients seen within 15 mins
58% YTD
Coverage **17%** YTD

Patients seen within 30 mins
76% YTD

% Clinic summary letters sent within 7 days
84% YTD

% appointment letters printed via outsourced provider
90% YTD

ASI Rate
24.6% YTD

Room Utilisation
77% YTD

SUCCESSES

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

ISSUES

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

ACTIONS

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

APPENDICES

One team shared values
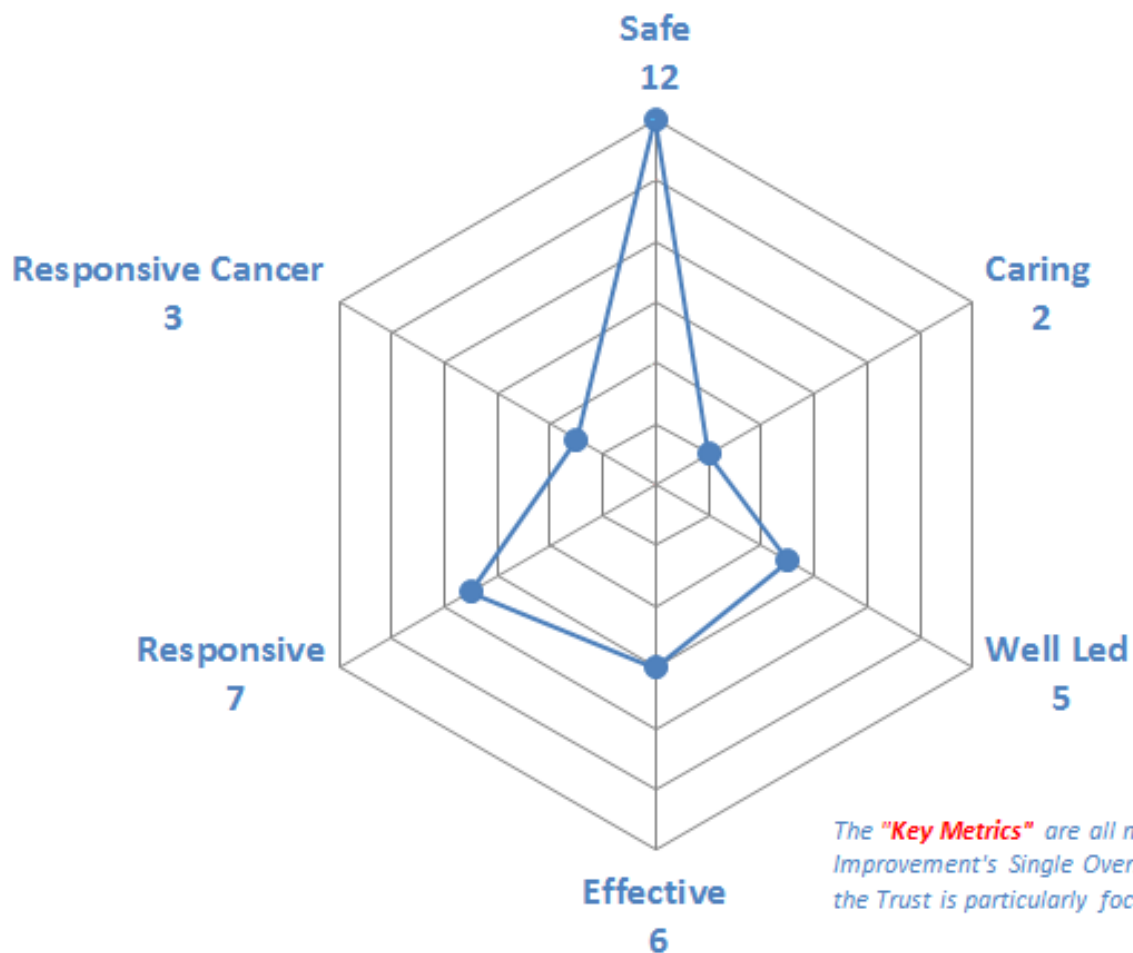
Number of Compliant Indicators by Domain - March 19

Safe
12

Caring
2

Well Led
5

Effective
6

Responsive
7

Responsive Cancer
3

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

Safe Domain - we have 28 indicators, 7 of which are standard metrics with no set targets. 57% of the 21 key metrics were compliant this month.

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

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

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

Responsive Domain - we have 16 indicators, 1 of the metrics is standard and has no set targets. 47% of the 15 key metrics were compliant this month.
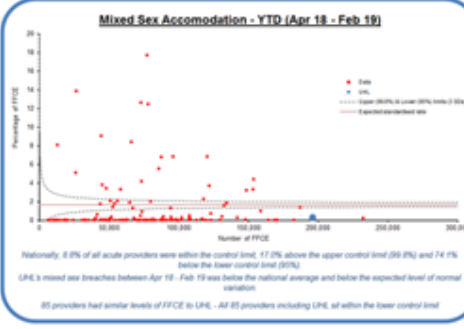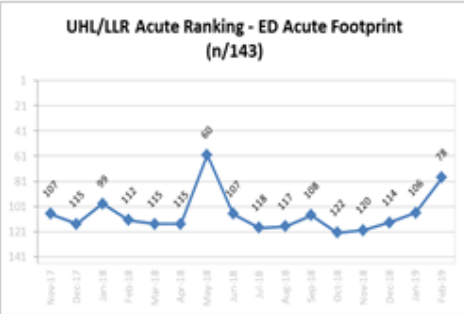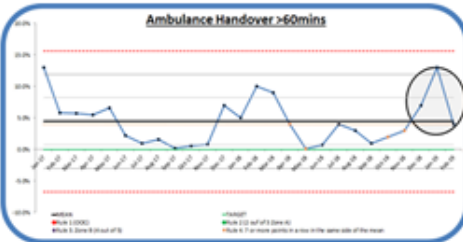
Responsive Cancer Domain - we have 9 indicators, all of which are targets. 33% of these metrics were compliant this month.
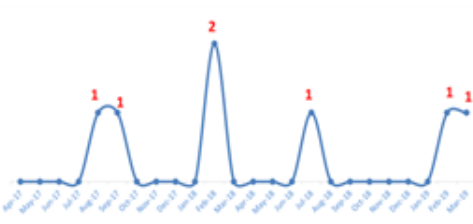
Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
Single Sex Accommodation Breaches (patients affected) – The number of occurrences of unjustified mixing in relation to sleeping accommodation.	**18/19 Target – 0** 2 breaches reported in March compared to 19 for the same period last year. YTD breaches are 58 which are higher than the total breaches for last year – Outturn for 2017/18 was 30. Nationally, 8.8% of acute providers are within the control limit, 17% are above the upper control limit and 74.1% below the lower control limit. UHL's breaches YTD sits below the national average and also below the lower control limit.	**Trend** **Benchmark** 	Staff have a strong commitment to maintaining same sex accommodation for patients. 2 breaches occurred in Intensive Care Unit at the Royal site due to delays in patients being able to access base ward beds.	1. Continue to ensure clear communication at GOLD Command to support staff in decision making at times of reduced capacity 2. Staff continue to be proactive and anticipate discharges out of Intensive Care Units across the trust balancing planned and emergency activity
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 UHL performance for March was 75.1% (compared to 69.7% in the same period last year) and LLR performance was 82.0% against a trajectory of 90%.	**Benchmark** 	The UHL performance for March was 75.1% and LLR performance was 83% against a trajectory of 90.2%. In March 2019 the trust saw a total of 22,999 ED and Eye Casualty attendances. In comparison to March 2018 (19,666) this is an increase of 3,333 patients (16.9%). For the 18/19 financial year there has been a 6.2% increase in attendance compared with the	1. Strengthen nurse leadership in ambulance assessment via identification of champions. 2. Improve escalation processes internally and within the wider system. 3. Final stage of embedding medicine single front door into ED majors for all primary care referrals and management of medical bed waiters. 4. 24/7 physician presence in ED and a single clerking document

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
		Trend	previous year.	which will reduce duplication, speed up decision making and improve outflow. 5. Implemented long stay Wednesday which commenced in January 2019. 6. Planned discharge surge day at the beginning of every month. This will enable sustained reduction in stranded patients. 7. ED to renew focus on injuries and look at the staffing against the increased demand
Ambulance Handover >60 Mins (CAD from Feb 19) – is a measure of the percentage of handover delays over 60 minutes	**18/19 Target – 0%** March performance for handover was 5% compared to 9% in the same period last year.	Trend	48% of handovers were completed within 15 mins - 18% better than Mar 18 last year. 1084 hours lost due to ambulance handover delays in March - 368 less than the same period last year.	1. LLR system has taken ownership with partners with all committed with AHD as priority to sustain improvement. 2. The collaborative team has evaluated the National AHD guidance and mapped this to LLR to ensure any action implemented is sustainable. 3. Escalation procedure - is tailored LLR and sits alongside overarching EMAS escalation procedure 4. Fit to sit – clinical handover document now includes fit to sit along with CPD sessions held within EMAS to drive the change in culture around fit to sit. 5. Direct Ambulance access – Ongoing. 6. Strengthened clinical leadership in ambulance assessment

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** 2 never events reported in March. 8 reported for 2018/19.	**Trend** 	**Wrong site surgery** **(March 2019)** Patient with longstanding spinal stenosis and leg pain was admitted for a left side root nerve block at L4/5 procedure. It was identified during the procedure that the incorrect (right) side had been injected. **No Patient Harm** **Wrong site surgery** **(March 2019)** Patient was admitted for a right canthopexy and a biopsy of a small lesion to the side of her right eye and biopsy of a small lesion to the side of her right eye. After successful procedures to the right eye, it was identified that the surgeon had proceeded to start a canthopexy procedure on the left eye, which was incorrect. **Moderate Patient Harm**	1. Immediately changed practice in team. When the patient is actually on the bed in position they 'stop' and confirm side and site with the consent form. 2. Patient informed and duty of candour undertaken verbally 3. Notes secured and statements requested 4. Extended team brief to discuss actions moving forward to minimise the risk of the reoccurrence of a similar incident. 5. When marking the patient an arrow should point to each anatomical location where surgery is planned. 6. At least one of the operating surgeons should be present at the time out. 7. The medical team must be involved in the sign in. Consistently safe interventional procedures are a key strategic clinical priority for 2019/2020 in the Trust Quality Strategy.

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
MRSA Bacteraemias – **The number of MRSA (Methicillin Resistant Staphylococcus aureus) bacteraemias.**	**18/19 Target – 0** There was 1 case of MRSA bacteraemia in March. A total of 3 cases (unavoidable + avoidable) were reported for 2018/19 compared to a total of 4 cases for last year.		All cases were deemed unavoidable	Post Infection Reviews (PIR) are carried out by the CMGs with support from the Infection Prevention Team in accordance with the NHS Commissioning Board 'Guidance on the reporting and monitoring arrangements and post infection review process for MRSA bloodstream infection from April 2013' The PIR reviews and any identified action plans that have resulted from the investigation should be presented to the CMG Infection Prevention Groups and CMG Quality and Safety Boards and follow the RCA process flow chart as described in the Infection Prevention Toolkit

Safe → Caring → Well Led → Effective → Responsive → OP Transformation

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-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	18/19 YTD
S1	Reduction for moderate harm and above PSIs with finally approved status - reported 1 month in arrears	AF	MD	<=12 per month	UHL	Red if >12 in mth, ER if >12 for 2 consecutive mths	May-17	262	156	235	33	23	32	17	27	25	20	19	21	11	21	12		228
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	2	4	4	6	3	3	1	1	2	1	2	1	1	29
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	17.5	16.7	16.2	16.8	17.9	17.1	16.3	16.0	17.1	18.8	16.5	17.3	15.4	16.8
S4	SEPSIS - Patients with an Early Warning Score 3+ - % appropriate escalation	AF	SH	95%	UHL	TBC	Dec-17	New Indicator	88%	95%	98%	98%	98%	98%	98%	98%	98%	98%	Indicator on hold				98%
S5	SEPSIS - Patients with EWS 3+ - % who are screened for sepsis	AF	SH	95%	UHL	TBC	Dec-17	New Indicator	93%	95%	95%	96%	97%	95%	94%	94%	93%	94%	Indicator on hold				95%
S6	SEPSIS - ED - Patients who trigger with red flag sepsis - % that have their IV antibiotics within an hour - reported 1 month in arrears	AF	SH	90%	UHL	TBC	Dec-17	New Indicator	76%	85%	79%	95%	93%	88%	85%	85%	86%	81%	76%	76%	77%	77.0%		84%
S7	SEPSIS - Wards (including assessment units) Patients who trigger for Red Flag Sepsis - % that receive their antibiotics within an hour - reported 1 month in arrears	AF	SH	90%	UHL	TBC	Dec-17	New Indicator	55%	80%	83%	84%	83%	77%	80%	87%	83%	94%	90%	80%	70%	87%		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	1	0	0	0	0	1
S9	RIDDOR - Serious Staff Injuries	AF	MD	10% Reduction on FY17/18 <=50 by end of FY 18/19	UHL	Red / ER if non compliance with cumulative target	Oct-17	32	28	56	6	1	7	6	9	4	3	3	0	3	3	3	4	46
S10	Never Events	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	May-17	2	4	8	2	1	1	2	0	0	0	1	1	0	0	0	2	8
S11	Clostridium Difficile	CF	DJ	61	NHSI	Red if >mthly threshold / ER if Red or Non compliance with cumulative target	Nov-17	60	60	68	8	12	4	5	4	7	2	6	4	6	2	0	5	57
S12	MRSA Bacteraemias - Unavoidable or Assigned to third Party	CF	DJ	0	NHSI	Red if >0 ER Not Required	Nov-17	1	3	0	0	0	0	0	1	0	0	0	0	0	0	1	1	3
S13	MRSA Bacteraemias (Avoidable)	CF	DJ	0	UHL	Red if >0 ER Not Required	Nov-17	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0
S14	MRSA Total	CF	DJ	0	UHL	Red if >0 ER Not Required	Nov-17	0	3	4	0	0	0	0	1	0	0	0	0	0	0	1	1	3
S15	E. Coli Bacteraemias - Community	CF	DJ	TBC	NHSI	TBC	Jun-18	New Indicator	476	454	32	38	54	43	35	34	43	36	34	26	36	26	33	405
S16	E. Coli Bacteraemias - Acute	CF	DJ	TBC	NHSI	TBC	Jun-18	New Indicator	121	96	9	11	7	3	5	3	11	5	5	5	5	5	3	65
S17	E. Coli Bacteraemias - Total	CF	DJ	TBC	NHSI	TBC	Jun-18	New Indicator	597	550	41	49	61	46	40	37	54	41	39	31	41	31	43	470
S18	MSSA - Community	CF	DJ	TBC	NHSI	TBC	Nov-17	New Indicator	134	139	10	12	11	8	14	11	8	18	6	6	15	9	7	124
S19	MSSA - Acute	CF	DJ	TBC	NHSI	TBC	Nov-17	New Indicator	30	43	4	5	4	2	1	2	1	3	2	5	2	5	0	32
S20	MSSA - Total	CF	DJ	TBC	NHSI	TBC	Nov-17	New Indicator	164	182	14	17	15	10	15	13	9	21	8	11	17	14	7	156
S21	% of UHL Patients with No Newly Acquired Harms	CF	NB	>=95%	UHL	Red if <95% ER if in mth <95%	Sept-16	97.7%	97.7%	97.7%	97.4%	97.4%	97.3%	98.4%	98.2%	98.2%	97.9%	98.0%	97.6%	97.7%	97.3%	97.3%	98.0%	97.8%
S22	% of all adults who have had VTE risk assessment on adm to hosp	AF	SR	>=95%	NHSI	Red if <95% ER if in mth <95%	Nov-16	95.9%	95.8%	95.4%	94.0%	93.6%	95.5%	95.6%	95.1%	95.5%	95.5%	94.8%	96.7%	96.0%	96.0%	97.6%	97.6%	95.8%
S23	All falls reported per 1000 bed stays for patients >65years - reported 1 month in arrears	CF	HL	<=5.5	UHL	Red if >6.6 ER if 2 consecutive reds	Jun-18	5.4	5.9	6.0	6.6	7.3	6.1	7.0	6.1	5.8	6.1	6.0	5.9	7.0	6.5	6.6		6.4
S24	Avoidable Pressure Ulcers - Grade 4	CF	MC	0	QS	Red / ER if Non compliance with monthly target	Aug-17	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
S25	Avoidable Pressure Ulcers - Grade 3	CF	MC	<=3 a month (revised) with FY End <27	QS	Red / ER if Non compliance with monthly target	Aug-17	33	28	8	0	0	0	1	1	1	0	0	0	3	0	1	0	7
S26	Avoidable Pressure Ulcers - Grade 2	CF	MC	<=7 a month (revised) with FY End <84	QS	Red / ER if Non compliance with monthly target	Aug-17	89	89	53	4	7	4	7	7	1	10	0	5	5	4	8	5	62
S27	Maternal Deaths (Direct within 42 days)	AF	IS	0	UHL	Red or ER if >0	Jan-17	0	2	2	1	1	0	0	0	0	1	0	0	0	0	0	0	2
S28	Emergency C Sections (Coded as R18)	IS	EB	Not within Highest Decile	NHSI	Red / ER if Non compliance with monthly target	Jan-17	17.5%	16.8%	18.2%	17.4%	19.3%	19.9%	19.4%	16.8%	19.3%	15.7%	17.6%	19.2%	17.6%	19.6%	17.6%	18.3%	18.3%

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KPI Ref	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	15/16 Outturn	16/17 Outturn	17/18 Outturn	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	18/19 YTD
C1	Formal complaints rate per 1000 IP,OP and ED attendances	AF	MD	No Target	UHL	Monthly reporting	Aug-17	NEW INDICATOR	1.1	1.3	1.6	1.5	1.6	1.3	1.6	1.7	1.7	1.7	1.6	1.3	1.6	1.5	1.8	1.6
C2	Percentage of upheld PHSO cases	AF	MD	No Target	UHL	Quarterly reporting	Sep-17	NEW INDICATOR	5%	0%	0% (0 out of 3 cases)	0% (0 out of 4 cases)			20% (0 out of 5 cases)			0% (0 out of 2 cases)			0% (0 out of 2 cases)			0%
C3	Published Inpatients and Daycase Friends and Family Test - % positive	CF	HL	97%	UHL	Red if <95% ER if red for 3 consecutive months Revise threshold 17/18	Jun-17	97%	97%	97%	97%	97%	98%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
C4	Inpatients only Friends and Family Test - % positive	CF	HL	97%	UHL	Red if <95% ER if red for 3 consecutive months Revise threshold 17/18	Jun-17	97%	96%	96%	96%	96%	97%	97%	95%	96%	96%	96%	96%	96%	95%	95%	95%	96%
C5	Daycase only Friends and Family Test - % positive	CF	HL	97%	UHL	Red if <95% ER if red for 3 consecutive months Revise threshold 17/18	Jun-17	98%	98%	98%	98%	99%	99%	98%	98%	98%	98%	99%	98%	99%	99%	98%	99%	98%
C6	A&E Friends and Family Test - % positive	CF	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	96%	91%	95%	94%	95%	96%	95%	95%	95%	95%	95%	95%	94%	95%	94%	92%	95%
C7	Outpatients Friends and Family Test - % positive	CF	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	94%	93%	95%	95%	95%	96%	95%	95%	95%	95%	95%	95%	96%	95%	95%	95%	95%
C8	Maternity Friends and Family Test - % positive	CF	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	95%	95%	95%	96%	94%	94%	93%	94%	94%	94%	95%	93%	95%	91%	92%	93%	94%
C9	Friends & Family staff survey: % of staff who would recommend the trust as place to receive treatment (from Pulse Check)	HW	JTF	TBC	NHSI	TBC	Aug-17	70.0%	73.6%	69.8%	69.3%	70.5%			75.2%			65.0%			74.0%			71.2%
C10	Single Sex Accommodation Breaches (patients affected)	CF	HL	0	NHSI	Red if >0 ER if 2 consecutive months >5	Dec-16	1	60	30	19	13	0	11	2	6	0	9	0	1	9	5	2	58

APPENDIX E: Well Led Domain Dashboard

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KPI Ref	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	15/16 Outturn	16/17 Outturn	17/18 Outturn	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	18/19 YTD
W1	Published Inpatients and Daycase Friends and Family Test - Coverage (Adults and Children)	CF	HL	Not Applicable	N/A	Not Appicable	Jun-17	27.4%	30.2%	27.9%	23.8%	26.7%	28.6%	27.7%	27.8%	25.5%	26.9%	26.3%	25.9%	24.3%	24.7%	25.8%	26.3%	26.4%
W2	Inpatients only Friends and Family Test - Coverage (Adults and Children)	CF	HL	30%	QS	Red if <26% ER if 2mths Red	Jun-17	31.0%	35.3%	31.9%	26.0%	30.6%	32.2%	30.1%	31.6%	26.8%	28.5%	29.4%	30.4%	26.7%	26.8%	27.2%	29.0%	29.1%
W3	Daycase only Friends and Family Test - Coverage (Adults and Children)	CF	HL	20%	QS	Red if <10% ER if 2 mths Red	Jun-17	22.5%	24.4%	23.6%	21.3%	22.4%	24.6%	25.3%	23.6%	24.2%	25.2%	22.9%	21.2%	21.4%	22.4%	24.3%	23.3%	23.4%
W4	A&E Friends and Family Test - Coverage	CF	HL	10%	QS	Red if <7.1% ER if 2 mths Red	Jun-17	10.5%	10.8%	9.9%	7.2%	7.1%	12.0%	9.9%	10.8%	7.2%	6.9%	8.8%	4.9%	5.0%	9.5%	7.2%	5.9%	7.9%
W5	Outpatients Friends and Family Test - Coverage	CF	HL	5%	QS	Red if <1.5% ER if 2 mths Red	Jun-17	1.4%	3.0%	5.7%	5.7%	5.7%	5.7%	5.8%	5.5%	5.4%	5.4%	5.3%	5.3%	4.7%	4.7%	5.6%	5.9%	5.4%
W6	Maternity Friends and Family Test - Coverage	CF	HL	30%	UHL	Red if <26% ER if 2 mths Red	Jun-17	31.6%	38.0%	40.2%	38.9%	35.9%	41.9%	37.2%	38.5%	37.2%	39.1%	44.8%	42.5%	45.4%	33.6%	42.7%	41.6%	40.0%
W7	Friends & Family staff survey: % of staff who would recommend the trust as place to work (from Pulse Check)	HW	BK	Not within Lowest Decile	NHSI	TBC	Sep-17	55.4%	61.9%	57.9%	54.7%	60.3%			61.9%			60.0%			57.0%			59.8%
W8	Nursing Vacancies	CF	MM	TBC	UHL	Separate report submitted to QAC	Dec-17	8.4%	9.2%	11.9%	11.9%	12.4%	14.0%	15.0%	14.6%	14.4%	15.2%	15.0%	13.8%	13.9%	14.5%	13.5%	13.0%	13.0%
W9	Nursing Vacancies in ESM CMG	CF	MM	TBC	UHL	Separate report submitted to QAC	Dec-17	17.2%	15.4%	23.4%	23.4%	27.5%	29.5%	30.5%	29.0%	28.4%	28.8%	28.4%	28.3%	26.7%	26.5%	26.2%	23.8%	23.8%
W10	Turnover Rate	HW	LG	TBC	NHSI	Red = 11% or above ER = Red for 3 Consecutive Mths	Nov-17	9.9%	9.3%	8.5%	8.5%	8.5%	8.6%	8.4%	8.4%	8.3%	8.6%	8.3%	8.3%	8.4%	8.6%	8.5%	8.4%	8.4%
W11	Sickness absence (reported 1 month in arrears)	HW	BK	3%	UHL	Red if >4% ER if 3 consecutive mths >4.0%	Oct-16	3.6%	3.3%	4.2%	4.7%	3.6%	3.4%	3.5%	3.4%	3.6%	3.8%	3.9%	4.1%	4.0%	4.2%	4.3%		3.8%
W12	Temporary costs and overtime as a % of total paybill	HW	LG	TBC	NHSI	TBC	Nov-17	10.7%	10.6%	12.0%	13.0%	11.0%	12.2%	11.8%	11.3%	10.8%	10.8%	11.5%	10.6%	11.0%	10.7%	9.7%		10.8%
W13	% of Staff with Annual Appraisal (excluding facilities Services)	HW	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	90.7%	91.7%	88.7%	88.7%	89.3%	89.3%	89.8%	91.1%	91.6%	92.2%	92.1%	92.0%	92.5%	91.9%	92.6%	92.6%	92.6%
W14	Statutory and Mandatory Training	HW	BK	95%	UHL	TBC	Dec-16	93%	87%	88%	88%	89%	89%	89%	90%	88%	88%	88%	82%	86%	88%	89%	90%	89%
W15	% Corporate Induction attendance	HW	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	97%	96%	97%	98%	96%	96%	98%	98%	95%	96%	97%	96%	97%	97%	98%	98%	97%
W16	BME % - Leadership (8A – Including Medical Consultants)	HW	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17	New Indicator	26%	27%	27%	28%			29%			29%			29%			29%
W17	BME % - Leadership (8A – Excluding Medical Consultants)	HW	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17	New Indicator	12%	14%	14%	14%			15%			16%			16%			16%
W18	Executive Team Turnover Rate - Executive Directors (rolling 12 months)	HW	AH	TBC	UHL	TBC	Nov-17	New Indicator	0%	40%	40%	75%	75%	50%	50%	50%	50%	40%	40%	20%	20%	20%	20%	20%
W19	Executive Team Turnover Rate - Non Executive Directors (rolling 12 months)	HW	AH	TBC	UHL	TBC	Nov-17	New Indicator	25%	13%	13%	13%	13%	0%	0%	0%	0%	0%	0%	14%	13%	13%	13%	13%
W20	DAY Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	CF	MM	TBC	NHSI	TBC	Jul-18	90.5%	90.5%	91.3%	94.2%	87.2%	88.6%	87.2%	80.1%	77.3%	78.1%	78.4%	79.1%	78.1%	79.8%	78.1%	77.0%	80.8%
W21	DAY Safety staffing fill rate - Average fill rate - care staff (%)	CF	MM	TBC	NHSI	TBC	Jul-18	92.0%	92.3%	101.1%	105.5%	99.9%	100.2%	98.2%	94.7%	94.6%	95.1%	95.9%	97.0%	94.6%	95.9%	92.7%	92.8%	96.0%
W22	NIGHT Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	CF	MM	TBC	NHSI	TBC	Jul-18	95.4%	96.4%	93.6%	93.0%	93.5%	95.7%	94.3%	88.0%	84.8%	86.6%	88.2%	90.0%	87.9%	92.3%	88.5%	88.2%	89.8%
W23	NIGHT Safety staffing fill rate - Average fill rate - care staff (%)	CF	MM	TBC	NHSI	TBC	Jul-18	98.9%	97.1%	111.0%	120.5%	124.2%	119.8%	118.0%	124.1%	112.4%	121.5%	123.3%	126.8%	121.5%	124.8%	123.6%	126.3%	123.0%

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KPI Ref	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	15/16 Outturn	16/17 Outturn	17/18 Outturn	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	18/19 YTD
E1	Emergency readmissions within 30 days following an elective or emergency spell	AF	CM	Monthly <8.5%	QC	Red if >8.6% ER if >8.6%	Jun-17	8.9%	8.5%	9.1%	9.3%	9.4%	9.2%	9.1%	9.0%	9.0%	8.8%	8.9%	8.7%	9.0%	8.8%	9.1%		9.0%
E2	Mortality - Published SHMI	AF	RB	<=99	QC	Red/ER if not within national expected range	Sep-16	96	102 (Oct15-Sep16)	98 (Oct16-Sep17)	98 (Oct16-Sep17)				97 (Jan17-Dec17)		95 (Apr17-Mar18)		96 (Jul17-Jun18)		99 (Oct17-Sep18)				99
E3	Mortality - Rolling 12 mths SHMI (as reported in HED) Rebased	AF	RB	<=99	QC	Red/ER if not within national expected range	Sep-16	97	101	93	95	95	94	98	99	99	99	99	99	99	99	99	99	99
E4	Mortality - Rolling 12 mths HSMR (Rebased Monthly as reported in HED)	AF	RB	<=99	UHL	Red/ER if not within national expected range	Sep-16	96	102	94	93	94	94	95	95	96	95	98	97	97	97	97	97	97
E5	Crude Mortality Rate Emergency Spells	AF	RB	<=2.4%	UHL	Monthly Reporting	Apr-17	2.3%	2.4%	2.2%	2.3%	2.2%	2.0%	1.9%	2.0%	1.9%	1.9%	2.1%	1.9%	2.4%	2.4%	2.4%	2.1%	2.1%
E6	No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions	AF	AC	72% or above	QS	Red if <72% ER if 2 consecutive mths <72%	Jun-17	63.8%	71.2%	69.9%	66.7%	74.6%	64.2%	53.5%	58.8%	82.6%	77.2%	83.6%	83.5%	73.8%	87.3%	78.7%	75.3%	74.6%
E7	Stroke - 90% of Stay on a Stroke Unit	ED	RM	80% or above	QS	Red if <80% ER if 2 consecutive mths <80%	Apr-18	85.6%	85.0%	86.7%	81.1%	83.3%	88.0%	84.3%	86.8%	80.6%	83.7%	86.7%	82.4%	78.7%	86.5%	86.5%		84.7%
E8	Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)	ED	RM	60% or above	QS	Red if <60% ER if 2 consecutive mths <60%	Apr-18	75.6%	66.9%	52.6%	51.2%	48.1%	67.3%	77.7%	70.2%	50.4%	28.7%	38.6%	87.3%	52.3%	83.5%	57.5%	29.9%	55.6%

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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	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	18/19 YTD
R1	ED 4 Hour Waits UHL	RB	RM	95% or above	NHSI	Green if in line with NHSI trajectory	Aug-17	86.9%	79.6%	77.6%	69.7%	76.1%	88.2%	82.0%	76.3%	76.3%	79.5%	78.3%	72.6%	73.5%	70.7%	76.1%	75.1%	77.0%
R2	ED 4 Hour Waits UHL + LLR UCC (Type 3)	RB	RM	95% or above	NHSI	Red if <85% Amber if >85% and <90% Green 90%+ ER via ED TB report	Aug-17	NEW INDICATOR		80.6%	77.9%	82.8%	91.3%	87.1%	83.1%	83.0%	84.7%	83.7%	79.1%	79.9%	79.1%	82.6%	82.0%	83.2%
R3	12 hour trolley waits in A&E	RB	RM	0	NHSI	Red if >0 ER via ED TB report	Aug-17	2	11	40	35	0	0	0	0	0	0	0	0	0	0	0	0	0
R4	RTT - Incomplete 92% in 18 Weeks UHL+ALLIANCE	RB	WM	92% or above	NHSI	Green if in line with NHSI trajectory	Nov-16	92.6%	91.8%	85.2%	85.2%	85.8%	86.8%	87.0%	86.5%	85.8%	85.2%	86.0%	86.0%	85.3%	85.2%	85.1%	84.7%	84.7%
R5	RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE	RB	WM	0	NHSI	Red /ER if >0	Nov-16	232	24	4	4	3	4	4	0	0	0	0	0	0	0	0	0	0
R6	6 Week - Diagnostic Test Waiting Times (UHL+ALLIANCE)	RB	WM	1% or below	NHSI	Red /ER if >1%	Dec-16	1.1%	0.9%	1.9%	1.9%	5.2%	2.9%	3.0%	1.7%	2.0%	0.8%	0.9%	0.8%	1.0%	1.0%	0.9%	0.9%	0.9%
R7	Urgent Operations Cancelled Twice (UHL+ALLIANCE)	RB	WM	0	NHSI	Red if >0 ER if >0	Jan-17	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
R8	Cancelled patients not offered a date within 28 days of the cancellations UHL	RB	WM	0	NHSI	Red if >2 ER if >0	Jan-17	48	212	336	37	24	27	24	32	22	17	19	17	10	20	19	11	242
R9	Cancelled patients not offered a date within 28 days of the cancellations ALLIANCE	RB	WM	0	NHSI	Red if >2 ER if >0	Jan-17	1	11	2	0	0	1	0	3	0	0	0	0	1	1	0	0	6
R10	% Operations cancelled for non-clinical reasons on or after the day of admission UHL	RB	WM	1.0% or below	Contract	Red if >1.0% ER if >1.0%	Jan-17	1.0%	1.2%	1.3%	1.5%	1.1%	1.2%	1.2%	1.4%	0.9%	0.8%	1.2%	1.2%	1.0%	1.3%	1.2%	1.3%	1.2%
R11	% Operations cancelled for non-clinical reasons on or after the day of admission ALLIANCE	RB	WM	1.0% or below	Contract	Red if >1.0% ER if >1.0%	Jan-17	0.9%	0.9%	0.6%	0.0%	0.9%	0.6%	1.7%	1.6%	0.1%	0.0%	0.3%	0.6%	1.1%	0.2%	0.0%	0.0%	0.6%
R12	% Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	RB	WM	1.0% or below	Contract	Red if >1.0% ER if >1.0%	Jan-17	1.0%	1.2%	1.2%	1.3%	1.1%	1.2%	1.2%	1.5%	0.9%	0.7%	1.2%	1.1%	1.0%	1.2%	1.1%	1.2%	1.1%
R13	No of Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	RB	WM	Not Applicable	UHL	Not Applicable	Jan-17	1299	1566	1615	144	110	139	138	161	98	79	139	132	97	139	123	141	1496
R14	Delayed transfers of care	RB	JD	3.5% or below	NHSI	Red if >3.5% ER if Red for 3 consecutive mths	Oct-17	1.4%	2.4%	1.9%	1.7%	1.6%	1.3%	1.3%	1.2%	1.6%	1.4%	1.6%	1.3%	1.8%	1.5%	1.8%	1.7%	1.5%
R15	Ambulance Handover >60 Mins (CAD+ from June 15, , CAD from Feb 19)	RB	MN	0	Contract	Red if >0 ER if Red for 3 consecutive mths	TBC	5%	9%	4%	9%	4%	0.1%	0.7%	4%	3%	1%	2%	3%	7%	13%	4%	5%	4%
R16	Ambulance Handover >30 Mins and <60 mins (CAD+ from June 15, CAD from Feb 19)	RB	MN	0	Contract	Red if >0 ER if Red for 3 consecutive mths	TBC	19%	14%	9%	15%	8%	1.4%	4%	8%	8%	5%	8%	9%	10%	14%	10%	13%	8%

Responsive

APPENDIX H: Responsive Domain Cancer Dashboard

Safe → Caring → Well Led → Effective → **Responsive** → OP Transformation

Responsive Cancer

** Cancer statistics are reported a month in arrears.

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-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	18/19 YTD
RC1	Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	RB	DB	93% or above	NHSI	Red if <93% ER if Red for 2 consecutive mths	Jul-16	90.5%	93.2%	94.7%	95.6%	93.9%	95.0%	93.1%	92.2%	92.9%	95.2%	94.0%	89.9%	80.2%	88.6%	95.5%	**	91.9%
RC2	Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	RB	DB	93% or above	NHSI	Red if <93% ER if Red for 2 consecutive mths	Jul-16	95.1%	93.9%	91.9%	92.0%	90.3%	95.5%	88.7%	84.5%	86.6%	94.0%	79.9%	68.7%	26.6%	64.5%	90.4%	**	77.2%
RC3	31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	RB	DB	96% or above	NHSI	Red if <96% ER if Red for 2 consecutive mths	Jul-16	94.8%	93.9%	95.1%	93.7%	95.1%	94.7%	96.4%	95.4%	98.0%	95.4%	94.1%	95.9%	96.1%	91.4%	94.8%	**	95.2%
RC4	31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	RB	DB	98% or above	NHSI	Red if <98% ER if Red for 2 consecutive mths	Jul-16	99.7%	99.7%	99.1%	100%	100%	99.2%	98.0%	100%	98.5%	100%	100%	100%	100%	100%	100%	**	99.6%
RC5	31-Day Wait For Second Or Subsequent Treatment: Surgery	RB	DB	94% or above	NHSI	Red if <94% ER if Red for 2 consecutive mths	Jul-16	85.3%	86.4%	85.3%	80.3%	77.4%	90.1%	89.6%	87.0%	89.6%	82.5%	86.5%	84.0%	86.4%	89.8%	84.2%	**	86.2%
RC6	31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	RB	DB	94% or above	NHSI	Red if <94% ER if Red for 2 consecutive mths	Jul-16	94.9%	93.5%	95.4%	94.8%	97.5%	98.1%	100%	99.3%	100.0%	90.0%	98.5%	99.2%	99.2%	95.1%	99.3%	**	97.9%
RC7	62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	RB	DB	85% or above	NHSI	Red if <85% ER if Red in mth or YTD	Jul-16	77.5%	78.1%	78.2%	75.6%	78.6%	75.7%	74.5%	77.0%	72.9%	71.7%	76.5%	74.2%	82.3%	75.8%	69.9%	**	75.3%
RC8	62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	RB	DB	90% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	89.1%	88.6%	85.2%	78.1%	58.5%	86.8%	81.0%	88.5%	84.0%	96.0%	78.6%	95.5%	90.6%	67.9%	74.3%	**	83.3%
RC9	Cancer waiting 104 days	RB	DB	0	NHSI	TBC	Jul-16	New Indicator	10	18	18	11	9	11	17	29	26	13	12	15	28	26	27	27

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-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	18/19 YTD
RC10	Brain/Central Nervous System	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	100.0%	100.0%	--	--	--	--	0.0%	--	--	100%	--	--	--	--	--	**	33.3%
RC11	Breast	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	95.6%	96.3%	93.8%	92.3%	89.6%	93.7%	92.9%	91.4%	85.4%	86.7%	87.2%	80.6%	91.5%	87.5%	76.7%	**	87.6%
RC12	Gynaecological	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	73.4%	69.5%	70.6%	85.7%	71.4%	35.0%	66.7%	55.0%	58.3%	69.2%	68.0%	90.0%	94.7%	83.3%	66.7%	**	70.1%
RC13	Haematological	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	63.0%	70.6%	81.0%	88.9%	80.0%	57.1%	50.0%	100.0%	64.3%	50.0%	87.5%	52.4%	100%	70.0%	69.2%	**	71.4%
RC14	Head and Neck	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	50.7%	44.5%	55.4%	62.5%	42.1%	60.0%	55.6%	42.9%	37.5%	47.1%	54.5%	60.0%	37.0%	91.7%	66.7%	**	54.8%
RC15	Lower Gastrointestinal Cancer	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	59.8%	56.8%	58.5%	41.7%	51.9%	53.1%	66.7%	63.2%	58.8%	45.5%	50.0%	56.0%	65.0%	63.3%	35.3%	**	56.1%
RC16	Lung	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	71.0%	65.1%	66.2%	52.0%	70.2%	70.5%	78.3%	82.4%	60.7%	75.5%	68.4%	69.8%	75.0%	65.0%	75.6%	**	71.7%
RC17	Other	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	71.4%	60.0%	66.7%	100%	--	66.7%	50.0%	0.0%	0.0%	75.0%	50.0%	0.0%	--	0.0%	100.0%	**	50.0%
RC18	Sarcoma	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	81.3%	45.2%	56.7%	20.0%	0.0%	66.7%	100%	100%	--	--	100%	100%	100%	66.7%	--	**	73.3%
RC19	Skin	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	94.1%	96.9%	96.8%	100%	94.4%	100%	93.2%	100%	97.6%	100%	95.0%	93.2%	100%	95.9%	93.8%	**	96.8%
RC20	Upper Gastrointestinal Cancer	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	63.9%	68.0%	71.9%	55.6%	67.7%	61.5%	81.6%	60.7%	77.8%	64.5%	84.6%	58.8%	67.9%	56.0%	60.0%	**	67.6%
RC21	Urological (excluding testicular)	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	74.4%	80.8%	76.3%	75.0%	78.7%	75.7%	59.4%	67.8%	64.7%	55.4%	70.4%	73.8%	79.8%	63.3%	66.1%	**	68.4%
RC22	Rare Cancers	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	100.0%	100.0%	65.0%	40.0%	100%	100%	75.0%	100%	66.7%	100%	100%	100%	100%	100%	57.1%	**	81.3%
RC23	Grand Total	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	77.5%	78.1%	78.2%	75.6%	78.6%	75.7%	74.5%	77.3%	72.9%	71.7%	76.4%	74.2%	82.3%	75.8%	69.9%	**	75.3%

APPENDIX I: Outpatient Transformation Dashboard

| Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	Baseline	17/18 Outturn	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	18/19 YTD
Friends and Family test score (Coverage)	JS	HL	5%	QS	Red if <4.5% Amber if <5% Green if >=5% ER if 3 mths Red	Jun-17	3.0%	5.7%	5.7%	5.7%	5.7%	5.8%	5.5%	5.4%	5.4%	5.3%	5.3%	4.7%	4.7%	5.6%	5.9%	5.4%
% Positive F&F Test scores	JS	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	93%	94.6%	95.3%	95.2%	95.6%	95.1%	95.0%	95.1%	94.7%	95.2%	94.8%	95.6%	94.7%	95.3%	94.9%	95.1%
Paper Switch Off (PSO) - % GP referrals received via ERS	MW	HC	100%	UHL	Project commenced August 2017. NHSE Target 100% by October 2018.	New Indicator	64%	70.4%	70.4%	77.3%	83.2%	91.2%	92.2%	92.9%	92.4%	94.3%	99.9%	99.9%	100%	100%	100%	92.2%
Advice and Guidance Provision (% Services within specialty)	MW	HC	35%	CQUIN	Green if >35% by Q4 17/18 Green if >75% by Q4 18/19	New Indicator	TBC	97.2%	97.2% 28 Specialtie	93.5% 31 Specialties / 143 services			88.6% 31 Specialties / 151 Services			88.6% 32 Specialties / 158 Services			88.6% 32 Specialties / 141 Services			88.6%
Electronic Referrals - Appointment Slot Issue (ASI) Rate	MW	HC	4%	UHL	Red if below CQUIN trajectory for 17/18. End of Q2 = 28%, Q3 = 20%, Q4 = 4%	New Indicator	TBC	21.4%	21.4%	23.3%	26.2%	25.2%	26.4%	26.5%	27.0%	26.7%	22.0%	23.4%	25.2%	19.0%		24.6%
% Patients seen within 15mins of their appointment time	MW	ZS/ST	TBC	UHL		New Indicator	56%	57%	59%	60%	58%	60%	59%	58%	58%	57%	57%	57%	58%	57%	57%	58%
% Patients seen within 30 mins of their appointment time	MW	ZS/ST	TBC	UHL		New Indicator	73%	74%	76%	77%	75%	78%	77%	76%	76%	75%	75%	76%	77%	76%	76%	76%
Average waiting time in minutes for an OP appointment	TBC	TBC	TCB	UHL		New Indicator			INDICATOR REPORTING	21	33	33	20)	18	26	16	10	-3	25	11	18	18
% Clinics Waiting times Recorded (Coverage)	MW	ZS/ST	98% by Dec 18	UHL	Green if variation <=4% Amber if variation >4.1% and <8% Red if variation >8% Trajectory - 50% Aug, 75% Sep, 80% Oct, 85% Nov, 98% Dec	New Indicator	16%	17%	16%	16%	16%	16%	17%	18%	17%	18%	18%	17%	18%	17%	16%	17%
Reduction in number of long term follow up >12 months	MW	WM	0	UHL	TBC	New Indicator	2851	1467	1467		1339	1431	1369	1649	1935	2400	2313	2484	2699	3008		2699
Reductions in number of FU attendances	MW	MP/DT	6.0%	UHL	Quarterly Reporting - Red if variance higher than 6% (Adverse)	New Indicator	6.0%	1.1% (A)	4.2% (F)	1.2% (A)			0.7% (F)			2.6% (A)			5.5% (A)			2.5%
% Reduction in hospital cancellations (ENT)	MW	ZS/ST	15% by Mar 19	UHL	Green if <=?? Amber if >?? and <?? Red if >?? Trajectory - 21% Apr, 21% May, 20% Jun, 19% Jul, 19% Aug, 18% Sep, 18% Oct, 17% Nov,17% Dec, 16% Jan, 16% Feb, 15% Mar	New Indicator	21%	23%	23%	23%	22%	21%	24%	28%	25%	28%	23%	28%	26%	26%	25%	25%
% Room Utilisation (CSI areas)	MW	MA	80%	UHL	RAG Rating to March 2018 - Red<70%, Amber < 80%, Green >=80%	New Indicator	TBC	70%	75%	77%	79%	72%	72%	74%	75%	79%	82%	73%	83%	81%	81%	77%
% appointment letters printed via outsourced provider	MW	SP	85%	UHL	From APRIL 2018: Red<75%, Amber < 95%	New Indicator	82%	84%	86%	88%	89%	89%	89%	89%	90%	90%	91%	91%	91%	91%		90%
% Clinic summary letters sent within 7 days	MW	WM	90%	UHL	TBC	New Indicator			INDICATOR REPORTING	85%	90%	92%	85%	92%	85%	86%	85%	76%	84%	75%	75%	84%
% Clinic summary letters sent within 10 days	MW	WM	90%	UHL	TBC	New Indicator			79%	85%												
% Hardware replacement	JC	AC	17%	UHL	17% by March 2018	New Indicator		79.5% 97 of 122	79.5% 97 of 122	79.5% 97 of 122												
Number of staff enrolling for the new apprenticeship with Leicester College	MW	DW	100 by FYE 18/19	UHL	TBC	New Indicator				NEW INDICATOR												New Indicator
E-learning	MW	DW	1000 by March 2019	UHL	TBC	New Indicator				REPORTING TO COMMENCE IN QTR 4 2018/19												New Indicator
% Appointments cancelled by hospital	TBC	TBC	TBC	UHL	TBC	New Indicator			INDICATOR REPORTING	16%	16%	16%	18%	18%	18%	18%	17%	18%	17%	18%	18%	17%
% Appointments cancelled by patient	TBC	TBC	TBC	UHL	TBC	New Indicator				11%	12%	12%	13%	12%	12%	12%	12%	12%	11%	12%	12%	12%

APPENDIX J: Estates and Facilities
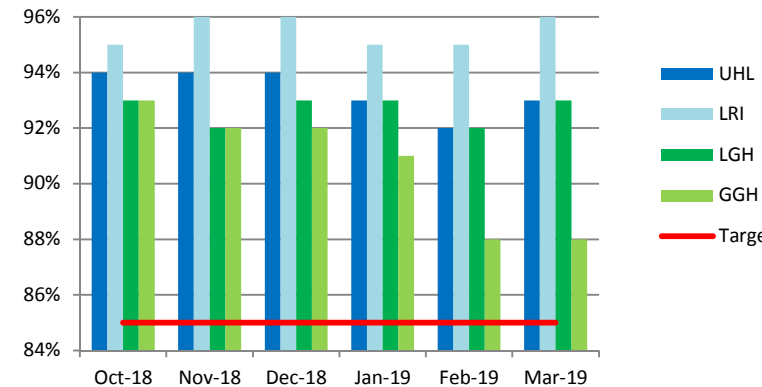
Estates and Facilities - Cleanliness

Cleanliness Audit Scores by Risk Category - Very High
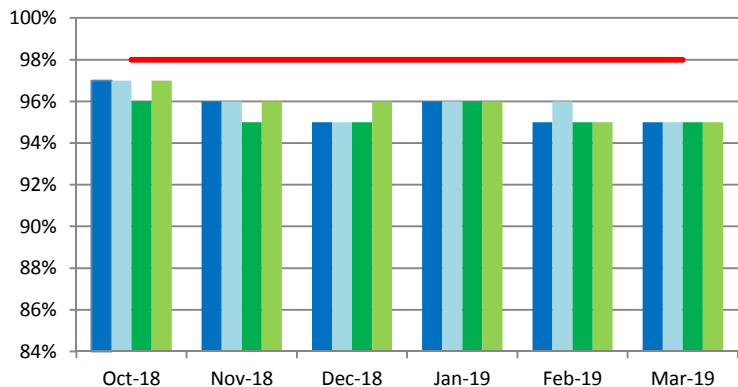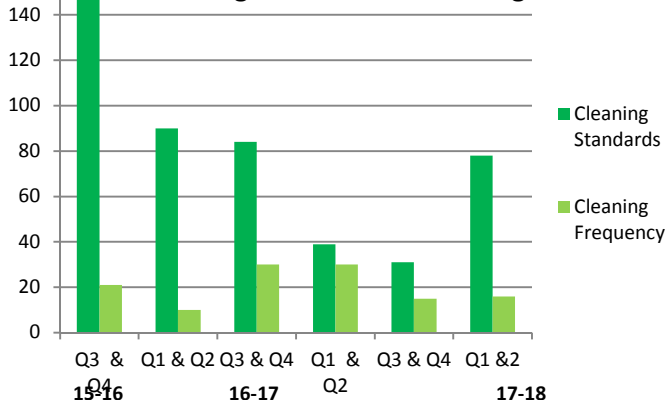

Cleanliness Audit Scores by Risk Category - High
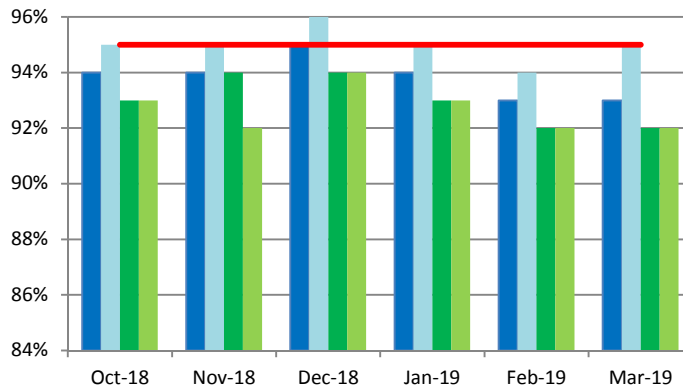
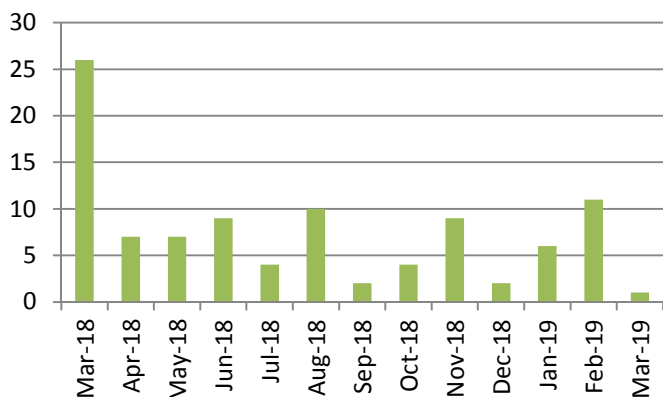
Cleanliness Audit Scores by Risk Category - Significant

Legend: UHL, LRI, LGH, GGH, Target

Triangulation Data - Cleaning

Legend: Cleaning Standards, Cleaning Frequency

Number of Datix Incidents Logged - Cleaning

Cleanliness Report

Explanatory Notes

The above charts show average audit scores for the whole Trust and by hospital site for the last 6 months. Each chart covers specific risk categories:-

- Very High – e.g. Operating Theatres, ITUs, A&E - Target Score 98%
- High – Wards e.g. Sterile supplies, Public Toilets – Target Score 95%
- Significant – e.g. Outpatient Departments, Pathology labs – Target Score 85%

Cleanliness audits are undertaken jointly involving both ward staff as well as members of the Facilities Team.

For the first time in this report more data is provided on the statistics behind the average scores in the charts. The table below gives a summary of how may audits passed or failed the above standards.

The triangulation data is collected by the Trust from numerous patient sources including Message to Matron, Friends and Family Test, Complaints, online sources and Message to Volunteer or Carer. This is collated collectively as 'Suggestions for Improvement' on a bi-annual basis which makes for limited comparability with current data.

Notes on Performance

For average scores, very high-risk areas overall remain at 95%, with the LRI dropping to 95%, while the LGH and GGH remain the same as last month at 95%. Whilst this is 3% below the overall 98% target, the table opposite shows that only 29 out of the 104 areas audited actually passed the standard.

High-risk area average scores remain at 93% overall; with LGH and GGH staying the same as last month at 92% and the LRI rising to 95%. For these areas only 47 out of the 118 areas audited passed the standard.

Significant risk areas all continue to exceed the 85% target and there were only 14 audit failures in this category.

With only one Datix incident logged for March, this does not appear to reflect the apparent issues behind the above scores.

The financial constraints affecting services towards the end of the last financial year are now being relaxed allowing more gaps in rotas to be filled going forward.

In order to improve cleaning standards a wholesale review of the service is underway. Methods, resources, management and productivity will all be scrutinised to improve both efficiency and effectiveness

March Audit Performance Summary (all sites)			
Audit Category	Total Audits	Pass	Fail
Very High	104	29	75
High	118	47	71
Significant	136	122	14

Estates and Facilities – Patient Catering

| Patient Catering Survey – December 2018	Percentage 'OK or Good'	
	Feb-19	Mar-19
Did you enjoy your food?	95%	79%
Did you feel the menu has a good choice of food?	95%	89%
Did you get the meal that you ordered?	95%	93%
Were you given enough to eat?	100%	93%

90 – 100%	80 – 90%	<80%

Number of Patient Meals Served				
Month	LRI	LGH	GGH	UHL
January	72,643	24,430	33,131	130,204
February	65,604	21,745	29,139	119,173
March	71,868	29,076	32,261	133,205

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

97 – 100%	95 – 97%	<95%

Number of Datix Incidents Logged -Patient Catering

Triangulation Data - Catering
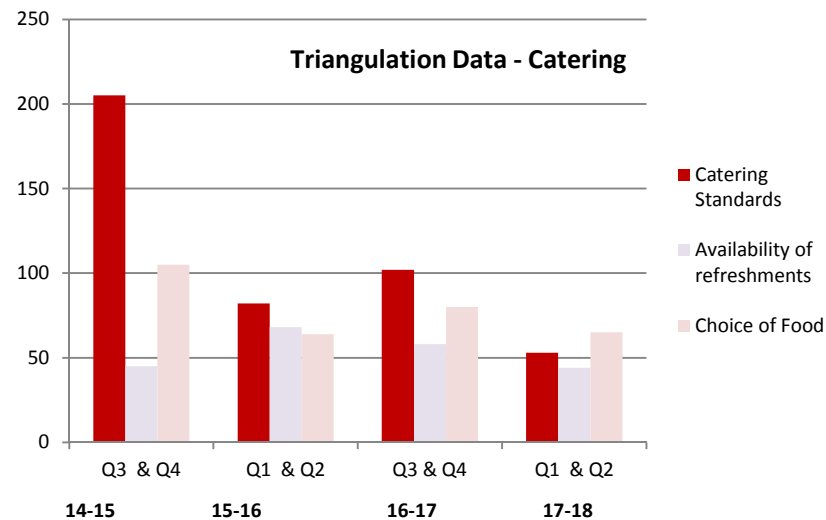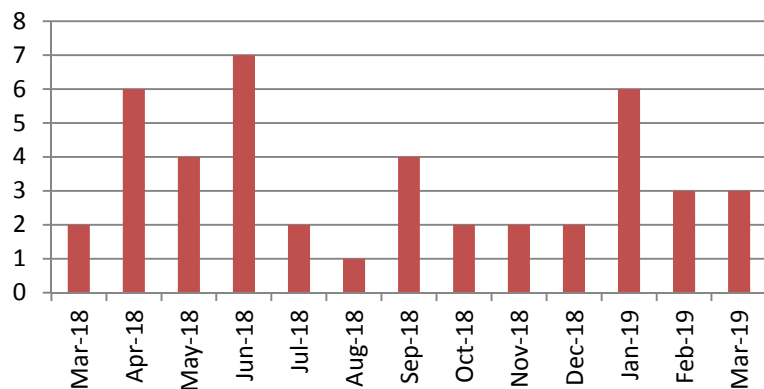
Patient Catering Report

Survey numbers remain down with the scores being based on 29 returns. We are engaging with the hospital volunteers service to see if they can assist us with increasing our sample size to 100 surveys a month.

Scores this month have dropped into 'the red' for the first time in terms of those patients who enjoyed their food. Most patients believe there is a good choice of food, although some longer stay patients are reported to feel that after a while the menu becomes boring and would like to see a rotational menu. Comments about the food standards range from 'good' to 'inedible' with no discernible trend. This result may be as a consequence of the low survey numbers, however it will be closely monitored to unearth any underlying issue.

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

As Triangulation data is collated every 6 months the it is 3 months behind the current monthly reporting cycle.

Datix incidents remain steady, with only 3 logged for the second month running; these are low given the volume of meals served by the catering team.

Estates and Facilities - <u>Portering</u>

	Reactive Portering Tasks in Target			
Site	**Task** (Urgent 15min, Routine 30min)	**Month**		
		January	**February**	**March**
GH	Overall	92%	92%	93%
	Routine	91%	91%	92%
	Urgent	97%	97%	95%
LGH	Overall	95%	93%	95%
	Routine	94%	94%	93%
	Urgent	98%	98%	96%
LRI	Overall	92%	91%	92%
	Routine	91%	91%	91%
	Urgent	97%	98%	97%

95 – 100%	90 – 94%	<90%

Average Portering Task Response Times		
Category	**Time**	**No of tasks**
Urgent	00:13:38	**2,376**
Routine	00:24:01	**15,973**
	Total	**18,349**

Number of Datix Incidents Logged - Portering
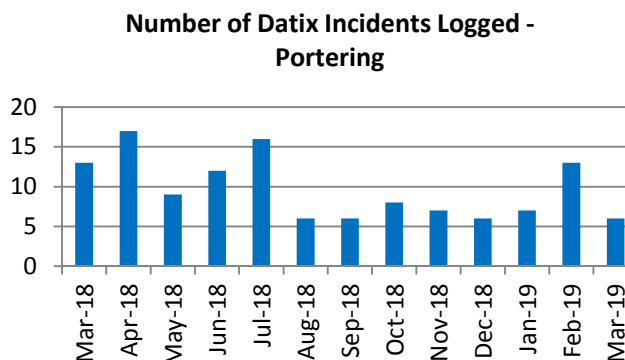
Portering Report

March's performance figures remain similar to those seen in February.

Challenges remain similar relating to levels of sickness and end of year financial constraints affecting the ability to fill gaps in rotas
Datix's have reduced so only 3 have been received in March.

Equipment continues to cause the portering service issues, locating wheelchairs , calls can add up to 20 minutes to complete a job.

There has been a decrease in Datix from 13 Datix incidents logged in February, to 6 in March; there continues to be no discernible trend for behind these.

Estates & Facilities – Planned Maintenance

Statutory Maintenance Tasks Against Schedule					
	Month	**Fail**	**Pass**	**Total**	**%**
UHL Trust Wide	**January**	**29**	**128**	**157**	**82%**
	February	**4**	**103**	**107**	**96%**
	March	**3**	**239**	**242**	**99%**

99 – 100%	97 – 99%	<97%

Non-Statutory Maintenance Tasks Against Schedule					
	Month	**Fail**	**Pass**	**Total**	**%**
UHL Trust Wide	**January**	**863**	**1324**	**2187**	**61%**
	February	**570**	**1377**	**1947**	**71%**
	March	**718**	**1824**	**2542**	**72%**

95 – 100%	80 – 95%	<80%

Estates Planned Maintenance Report

For March we achieved 99% in the delivery of Statutory Maintenance tasks in the month. 1 Emergency Lighting PPM's at the LRI missed its SLA by 10 days, but is now fully compliant. 2 Emergency Gas Shut Off Valve PPM's have been counted as fails as certification from has not been received 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.

Peer Group Analysis

University Hospitals of Leicester NHS
NHS Trust

RTT 18+ Weeks Backlog

RTT 18+ Weeks Backlog – February 2019

All Acute Trusts Performance - 86.3%
59 of the 143 Acute Trusts* achieved 92% or more

UHL ranks 89 out of the 143 Acute Trusts*

Peer Rank	Provider Name	RTT Incomplete Performance - Target 92%
1	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	93.3%
2	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	93.0%
3	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	92.5%
4	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	91.0%
5	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	87.9%
6	LEEDS TEACHING HOSPITALS NHS TRUST	87.9%
7	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	86.3%
8	BARTS HEALTH NHS TRUST	85.5%
9	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	85.1%
10	PENNINE ACUTE HOSPITALS NHS TRUST	84.9%
11	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	84.9%
12	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	84.3%
13	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	83.0%
14	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	82.5%
15	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	80.6%
16	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	78.1%
17	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	78.1%
18	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	77.9%

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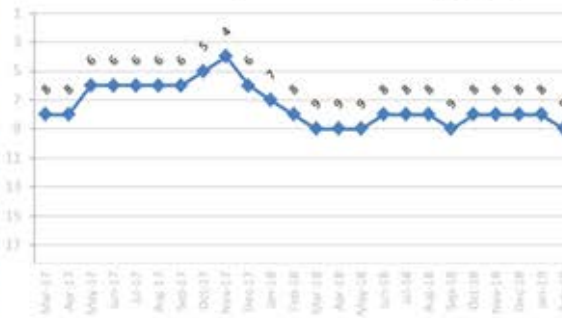
UHL Acute Ranking - 18+ Weeks Backlog (n/143)

Diagnostics

Diagnostics – February 2019

All Acute Trusts Performance - 2.4%
64 of the 143 Acute Trusts* achieved <1% or less

UHL ranks 80 out of the 143 Acute Trusts*

Peer Rank	Provider Name	Diagnostics Performance %Waiting 6 Wks+ - Target <=1%
1	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	0.1%
2	BARTS HEALTH NHS TRUST	0.4%
3	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	0.4%
4	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	0.5%
5	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	0.5%
6	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	0.5%
7	LEEDS TEACHING HOSPITALS NHS TRUST	0.7%
8	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	0.9%
9	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	1.2%
10	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	1.2%
11	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	1.2%
12	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1.6%
13	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	1.7%
14	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	2.0%
15	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2.3%
16	PENNINE ACUTE HOSPITALS NHS TRUST	2.9%
17	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	4.5%
18	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	9.2%

UHL Peer Ranking - Diagnostics (n/18)
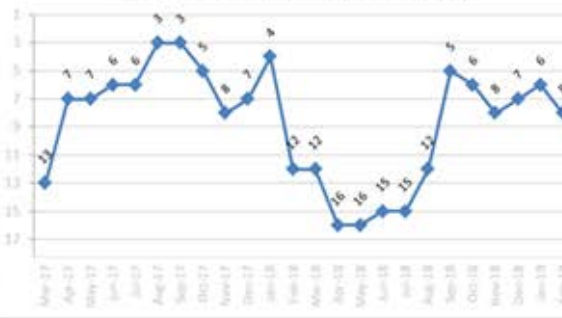
UHL Acute Ranking - Diagnostics (n/143)
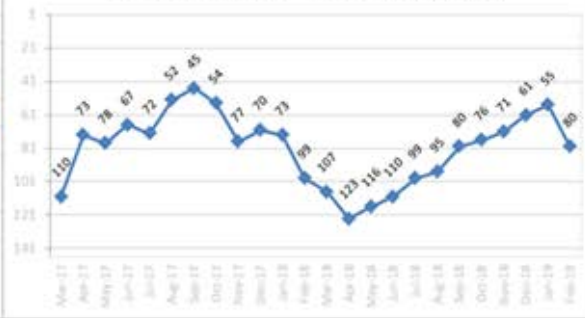
*Acute NHS hospitals – there are 145 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service

Peer Group Analysis

UHL +LLR ED Attendances within 4 hours

UHL + LLR ED Attendances within 4 hours – March 2019 (Acute Footprint)*

All Acute Trusts – 86.5%
17 of the 143 Trusts* achieved 95% or more
UHL + LLR 104 out of the 143 Trusts*

Peer Rank	Provider Name	Performance within 4 Hours - Target 95% - Amber 92% - <95%
1	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	96.2%
2	LEEDS TEACHING HOSPITALS NHS TRUST	92.0%
3	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	91.2%
4	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	88.2%
5	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	87.2%
6	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	87.1%
7	PENNINE ACUTE HOSPITALS NHS TRUST	85.8%
8	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	85.3%
9	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	84.9%
10	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	83.9%
11	BARTS HEALTH NHS TRUST	83.4%
12	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	82.0%
13	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	81.5%
14	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	81.5%
15	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	80.6%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	79.3%
17	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	76.9%
18	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	72.2%

UHL/LLR Peer Ranking - ED Acute Footprint (n/18)
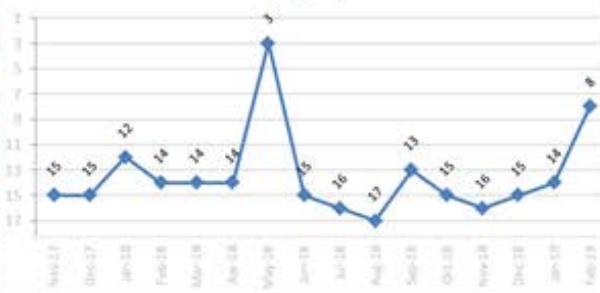
UHL/LLR Acute Ranking - ED Acute Footprint (n/143)

TWO WEEK WAIT-ALL CANCER

**TWO WEEK WAIT-ALL CANCER – February 2019**

All Acute Trusts Performance – 95.4%
105 of the 143 Acute Trusts* achieved 93% or more
UHL ranks 63 out of the 143 Acute Trusts*

Peer Rank	Provider	Performance within 14 Days - Target 93%
1	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	98.3%
2	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	97.8%
3	BARTS HEALTH NHS TRUST	97.7%
4	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.9%
5	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	96.8%
6	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	95.9%
7	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	95.5%
8	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	94.3%
9	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	93.5%
10	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	93.4%
11	PENNINE ACUTE HOSPITALS NHS TRUST	93.2%
12	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	92.4%
13	LEEDS TEACHING HOSPITALS NHS TRUST	91.1%
14	UNIVERSITY COLLEGE LONDON HOSPITALS NHS TRUST	90.5%
15	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	88.1%
16	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	85.3%
17	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	83.0%
18	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	78.3%

UHL Peer Ranking - TWO WEEK WAIT-ALL CANCER (n/18)
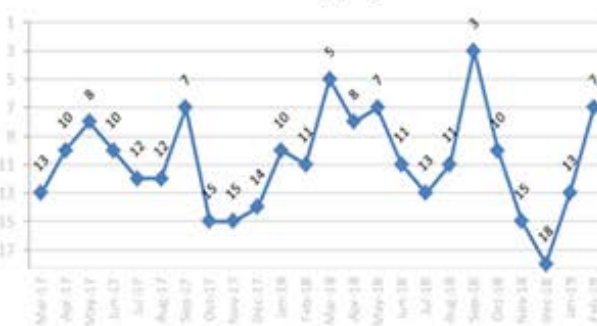
UHL Acute Ranking - TWO WEEK WAIT-ALL CANCER (n/143)
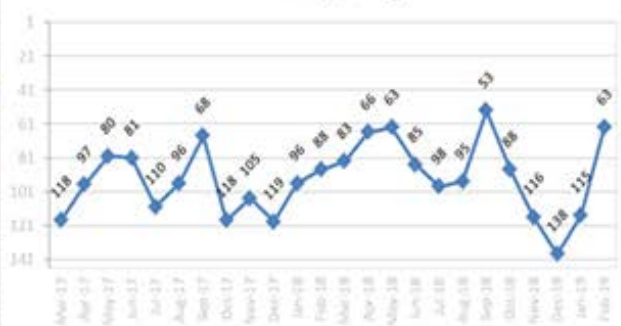
*Acute NHS hospitals – there are 145 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service

Peer Group Analysis

University Hospitals of Leicester **NHS**
NHS Trust

31-DAY FIRST TREAT
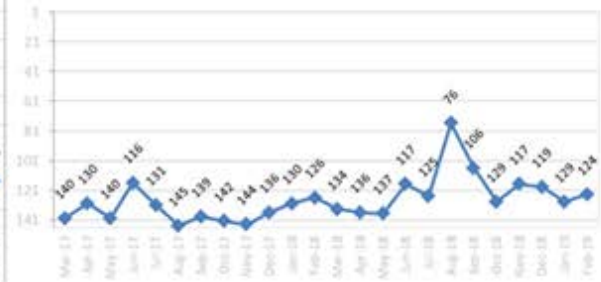
31-DAY FIRST TREAT – February 2019

All Acute Trusts Performance – 96.7% UHL ranks 124 out of the 143 Acute Trusts*
112 of the 143 Acute Trusts* achieved 96% or more

Peer Rank	Provider	Performance within 31 Days - Target 96%
1	BARTS HEALTH NHS TRUST	99.6%
2	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	98.8%
3	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	98.0%
4	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	97.7%
5	PENNINE ACUTE HOSPITALS NHS TRUST	97.4%
6	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	97.4%
6	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	97.3%
8	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	97.2%
9	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	96.9%
10	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.6%
11	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	96.0%
12	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	96.0%
16	LEEDS TEACHING HOSPITALS NHS TRUST	95.6%
14	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	95.5%
15	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	**94.8%**
16	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	94.4%
17	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	94.4%
18	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	92.3%

UHL Peer Ranking - 31-DAY FIRST TREAT (n/18)
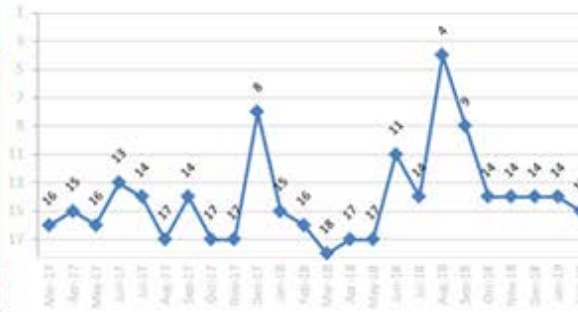
UHL Acute Ranking - 31-DAY FIRST TREAT (n/143)

62-DAY GP Referral

62-DAY GP Referral – February 2019

All Acute Trusts Performance – 76.7% UHL ranks 114 out of the 143 Acute Trusts*
41 of the 143 Acute Trusts* achieved 85% or more

Peer Rank	Provider	Performance within 62 Days - Target 85%
1	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	86.2%
2	BARTS HEALTH NHS TRUST	85.9%
3	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	82.4%
4	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	78.5%
5	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	77.4%
6	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	76.9%
7	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	75.3%
8	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	75.2%
9	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	74.8%
10	PENNINE ACUTE HOSPITALS NHS TRUST	73.5%
11	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	71.7%
12	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	**70.3%**
13	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	70.2%
14	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	68.7%
15	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	64.8%
16	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	63.9%
17	LEEDS TEACHING HOSPITALS NHS TRUST	63.4%
18	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	61.3%

UHL Peer Ranking - 62-DAY GP Referral (n/18)
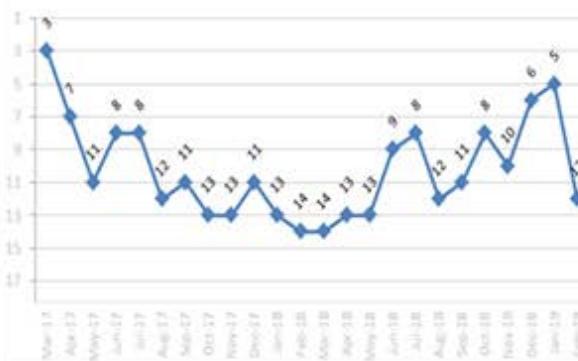
UHL Acute Ranking - 62-DAY GP Referral (n/143)

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

Peer Group Analysis

University Hospitals of Leicester **NHS** — NHS Trust
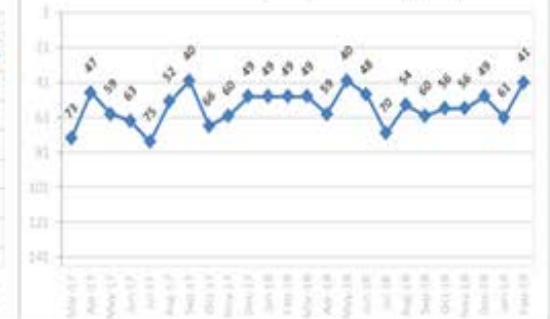
Inpatient FFT

Inpatient FFT – February 2019

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

UHL ranks 41 (for Recommended) and 51* (for Not Recommended) out of the 143 Trusts**

Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	18%	33%	0%
2	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	4%	38%	1%
2	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	23%	38%	1%
4	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	**26%**	**97%**	**1%**
4	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	32%	97%	1%
4	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	11%	97%	2%
4	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	23%	97%	1%
8	LEEDS TEACHING HOSPITALS NHS TRUST	38%	96%	2%
8	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	6%	96%	2%
8	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	19%	96%	2%
11	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	22%	95%	2%
11	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	23%	95%	2%
11	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	3%	95%	2%
14	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	13%	94%	2%
14	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	18%	94%	3%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	25%	93%	4%
17	BARTS HEALTH NHS TRUST	11%	92%	5%
18	PENNINE ACUTE HOSPITALS NHS TRUST	32%	90%	5%

UHL Peer Ranking - Inpatient FFT (n/18)
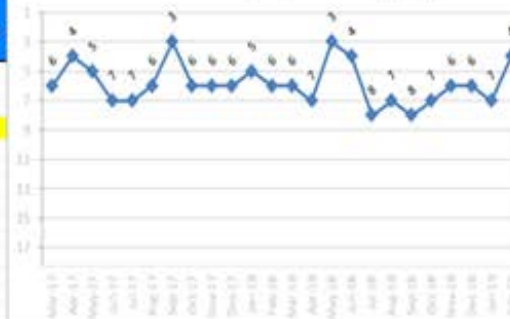

UHL Acute Ranking - Inpatient FFT (n/143)

A&E FFT

A&E FFT – February 2019

All Acute Trusts - Response Rate 24% - Recommended 96% - Not Recommended 3%

UHL ranks 24 (for Recommended) and 16* (for Not Recommended) out of the 143 Trusts**

| Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	14%	95%	3%
2	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	**7%**	**94%**	**2%**
3	THE NEWCASTLE UPON TYNE HOSPITALS NHS TRUST	1%	94%	3%
4	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2%	93%	5%
5	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	14%	91%	6%
6	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	22%	88%	8%
7	LEEDS TEACHING HOSPITALS NHS TRUST	24%	87%	8%
8	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	2%	87%	9%
9	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	25%	86%	9%
10	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	2%	83%	9%
11	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	16%	83%	10%
12	PENNINE ACUTE HOSPITALS NHS TRUST	16%	82%	12%
13	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	12%	79%	13%
14	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	18%	76%	13%
15	BARTS HEALTH NHS TRUST	5%	72%	21%
16	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	34%	71%	17%
17	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	4%	70%	19%
18	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	10%	67%	24%

UHL Peer Ranking - A&E FFT (n/18)
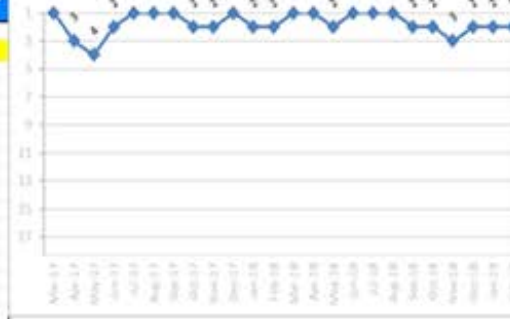
UHL Acute Ranking - A&E FFT (n/143)

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

Funnel Plot Benchmarking
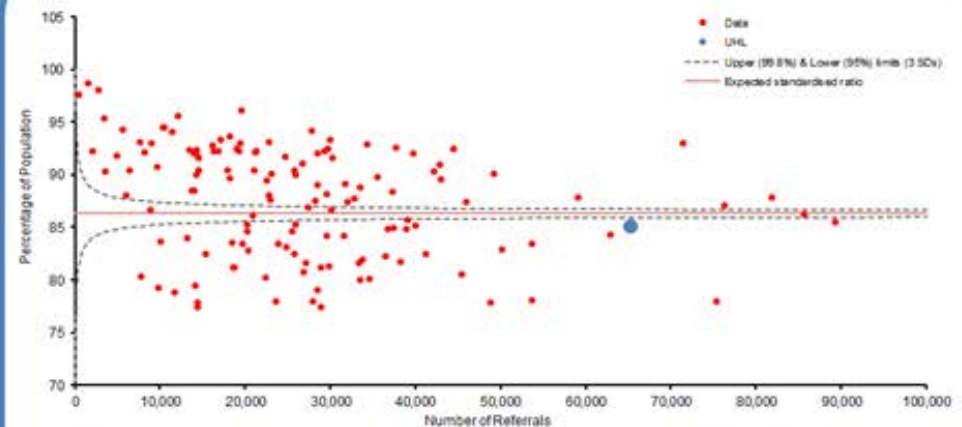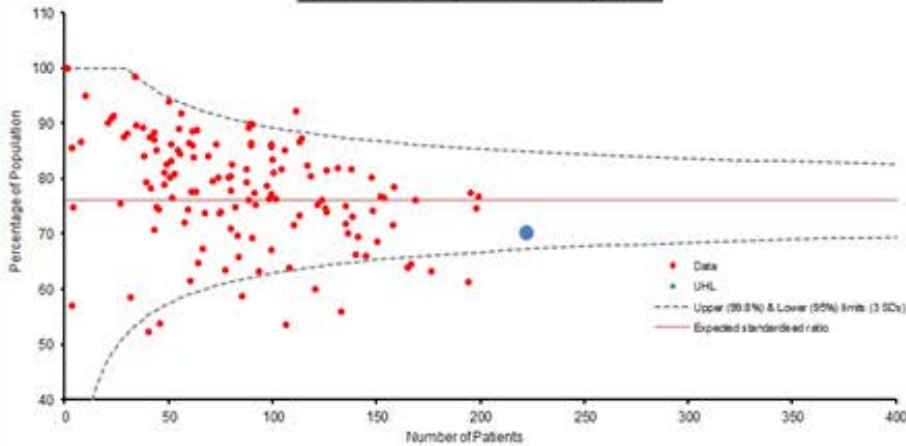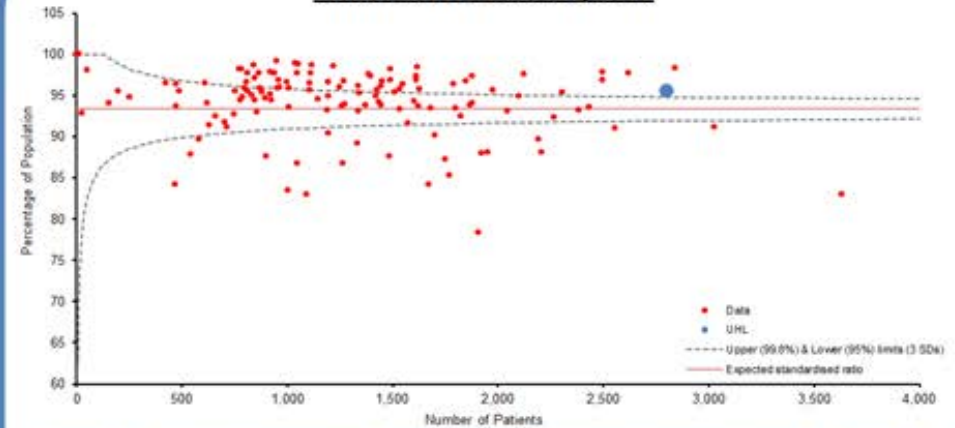
ED Attendances with 4 hours - March 2019
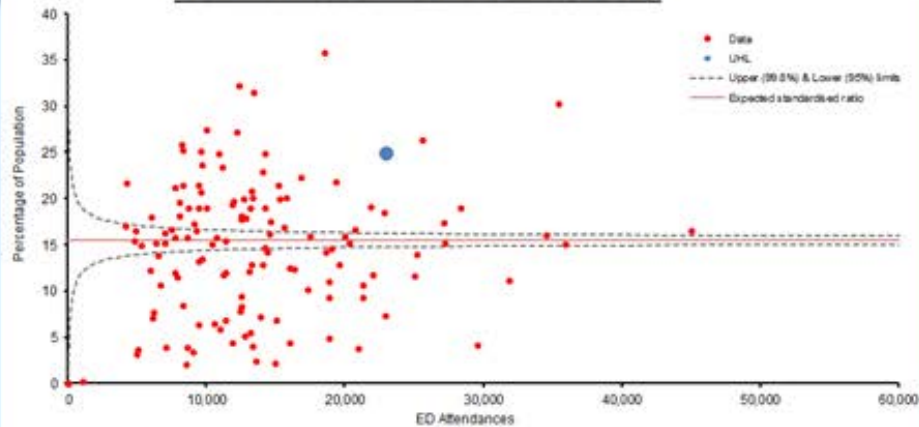
Nationally, 20.1% of all acute providers were within the control limit; 38.8% above the upper control limit (99.8%) and 41.0% below the lower control limit (95%).

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

12 providers had similar levels of ED attendances to UHL - 5 providers including UHL are above the upper control limit

RTT - February 2019

Nationally, 3.6% of all acute providers were within the control limit, 55.7% above the upper control limit (99.8%) and 40.7% below the lower control limit (95%).

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

Only 6 providers with comparable activity levels to UHL - 2 providers including UHL sit within the lower control limit. 3 providers are above the upper control limit

Cancer 62 Days - February 2019

Nationally, 90.8% of all acute providers were within the control limit, 2.1% above the upper control limit (99.8%) and 7.0% below the lower control limit (95%).

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

Only 0 providers had comparable level of activity to UHL. -
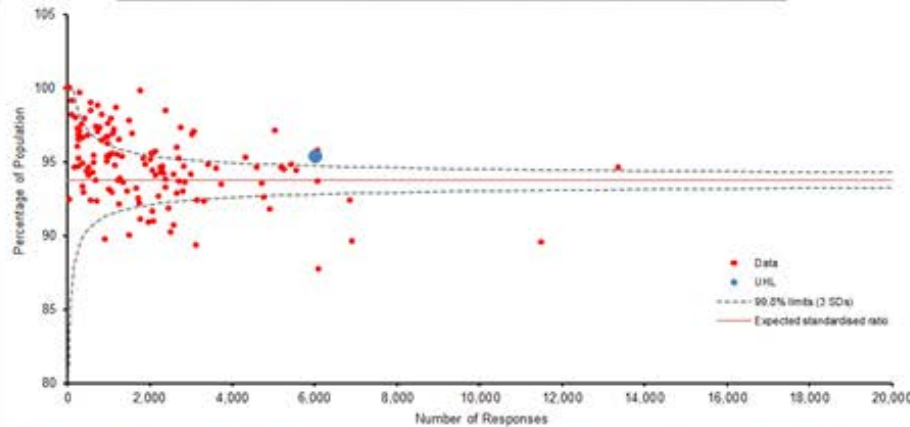
Cancer 2WW - February 2019

Nationally, 42.6% of all acute providers were within the control limit, 37.6% above the upper control limit (99.8%) and 19.9% below the lower control limit (95%).

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

Only 3 providers with comparable level of activity to UHL. - 1 providers including UHL, are above the upper control limit

Funnel Plot Benchmarking

University Hospitals of Leicester **NHS**
NHS Trust

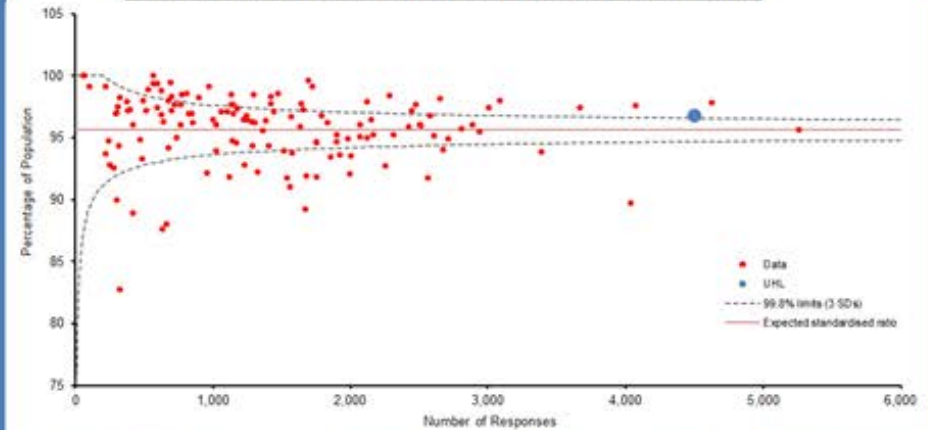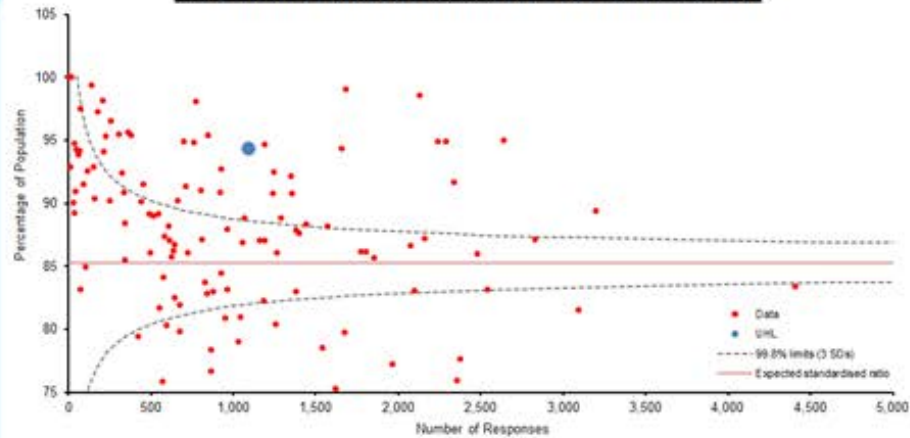## Outpatients Friends and Family Test (FFT) - February 2019

Nationally, 57.7% of all acute providers were within the control limit, 25.4% above the upper control limit (99.8%) and 16.9% below the lower control limit (95%).

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

Only 8 providers had similar levels of FFT responses to UHL - 3 providers including UHL are above the upper control limit.

Inpatient Friends and Family Test (FFT) - February 2019

Nationally, 57.7% of all acute providers were within the control limit, 23.9% above the upper control limit (99.8%) and 18.3% below the lower control limit (95%).

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

Only 3 providers had similar levels of FFT responses to UHL. - 2 providers including UHL, are above the upper control limit.

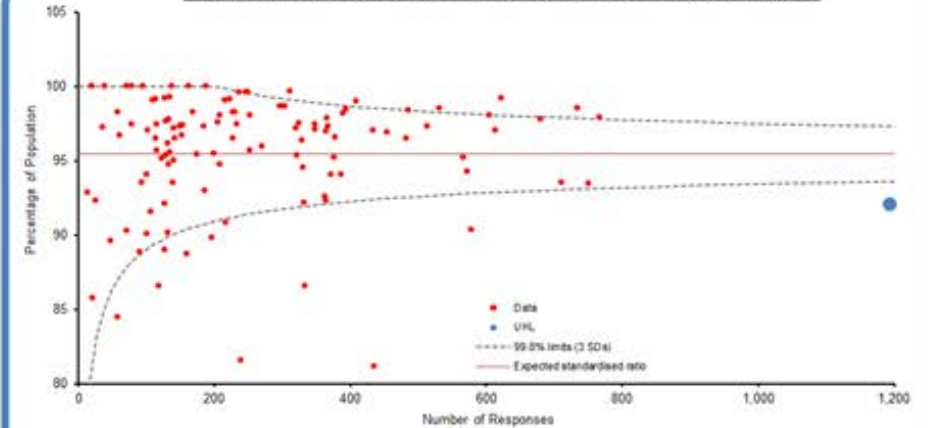## A&E Friends and Family Test (FFT) - February 2019

Nationally, 48.5% of all acute providers were within the control limit, 28.8% above the upper control limit (99.8%) and 22.7% below the lower control limit (95%).

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

45 providers had similar levels of FFT responses to UHL - 17 providers including UHL are above the upper control limit.

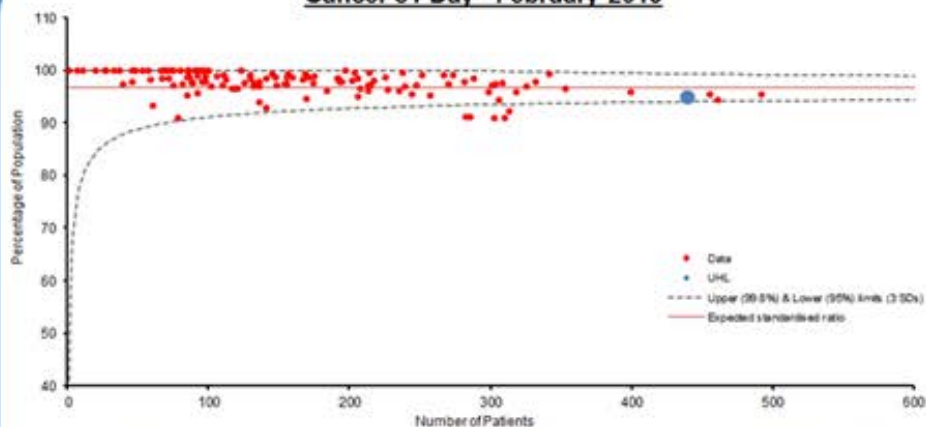## Maternity Friends and Family Test (FFT) - February 2019

Nationally, 78.7% of all acute providers were within the control limit, 7.1% above the upper control limit (99.8%) and 14.2% below the lower control limit (95%).

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

UHL had the highest level of FFT responses.

Funnel Plot Benchmarking

University Hospitals of Leicester NHS
NHS Trust
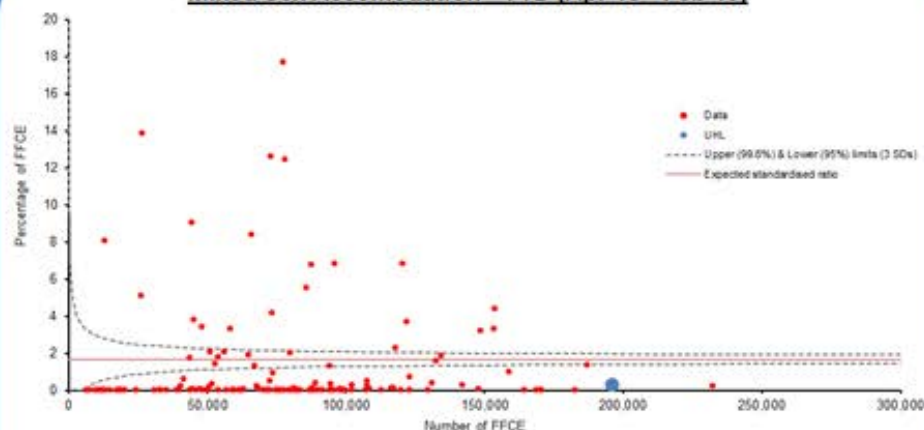
Cancer 31 Day - February 2019

Nationally, 92.3% of all acute providers were within the control limit, 0.0% above the upper control limit (99.8%) and 7.7% below the lower control limit (95%).

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

Only 3 providers had comparable level of activity patients to UHL - All 3 providers including UHL, sit within the control limit

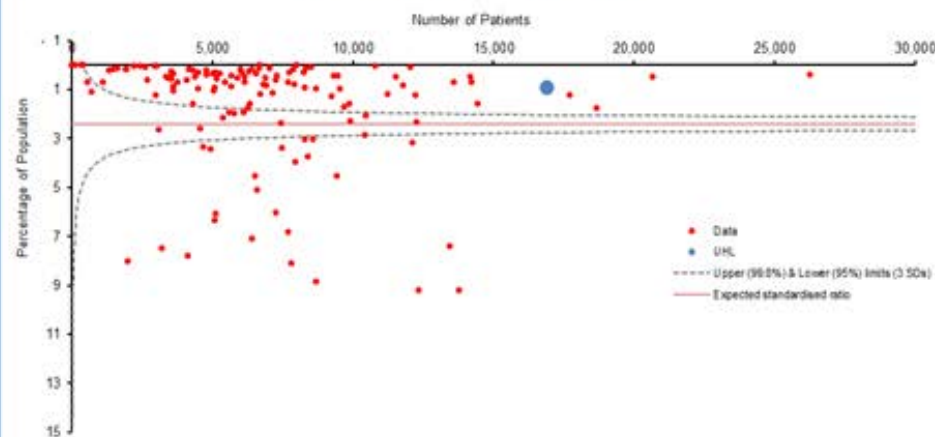### Mixed Sex Accomodation - YTD (Apr 18 - Feb 19)

Nationally, 8.8% of all acute providers were within the control limit, 17.0% above the upper control limit (99.8%) and 74.1% below the lower control limit (95%).

UHL's mixed sex breaches between Apr 18 - Feb 19 was below the national average and below the expected level of normal variation.

85 providers had similar levels of FFCE to UHL - All 85 providers including UHL sit within the lower control limit
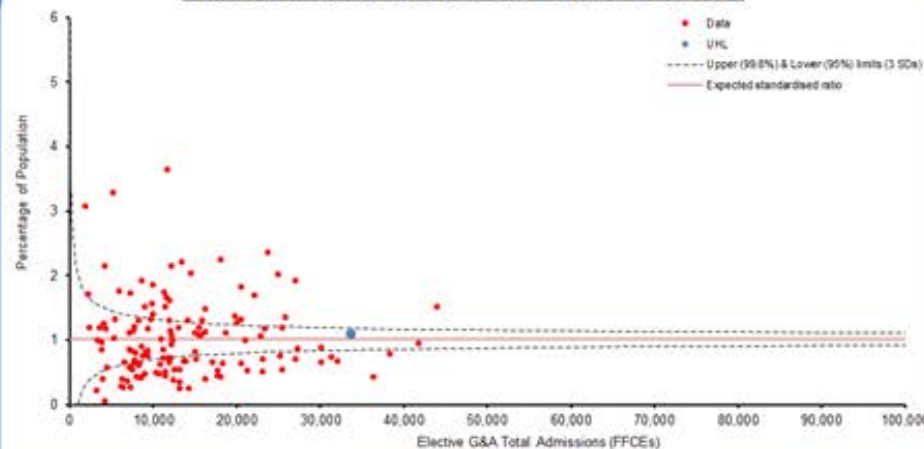
Diagnostics - February 2019

Nationally, 11.2% of all acute providers were within the control limit, 66.4% above the upper control limit (99.8%) and 22.4% below the lower control limit (95%).

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

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

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

Nationally, 34.8% of all acute providers were within the control limit, 24.8% above the upper control limit (99.8%) and 40.4% below the lower control limit (95%).
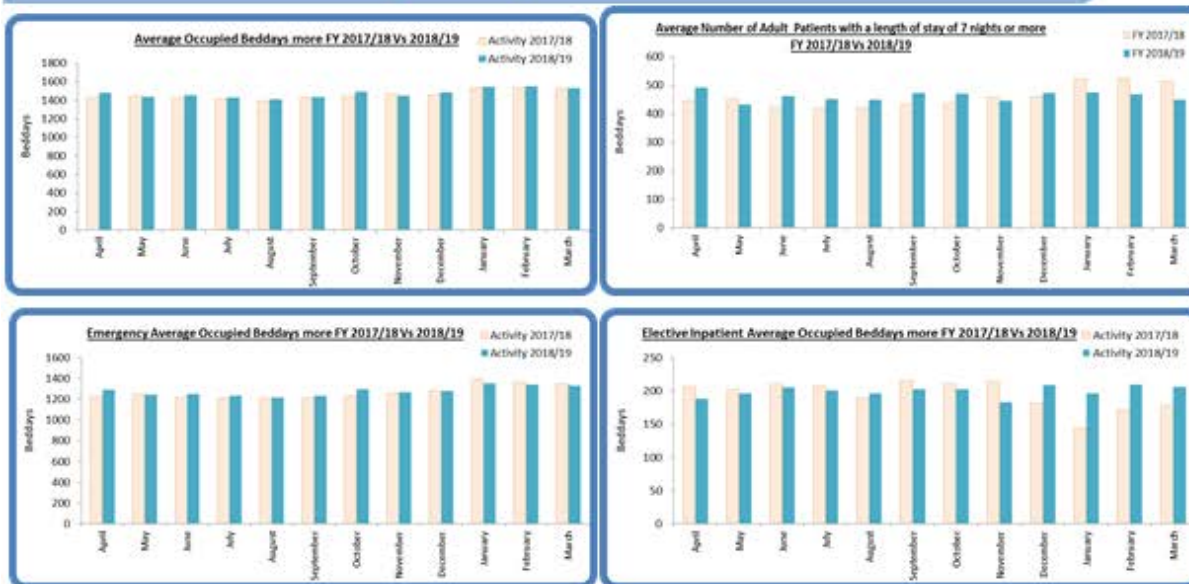
UHL's performance for Q3 (18/19) was above the national average and within the expected level of normal variation.

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

UHL Activity Trends

University Hospitals of Leicester NHS
NHS Trust

UHL Bed Occupancy

- **GP referrals** (Excludes Physio referrals) in March was lower in comparison to the same period last year. YTD referrals is 0.7% higher than the same period last year.
- **Outpatients** - Dermatology, Integrated Med, Breast Care and Podiatric Surgery significantly higher than plan. Orthopaedic Surgery, & Neurology significantly lower than plan for last month.
- **Daycase** - Growth in General Surgery, Gastroenterology and Ophthalmology against plan., Orthopaedic Surgery and Clinical Oncology Significantly lower than plan.
- **Elective Inpatient** - Hepatobiliary & Pancreatic Surgery, Haematology, General Surgery, and Paediatric Medical Oncology lower than plan.
- **Emergency Admissions** - Activity in Geriatric Medicine, Stroke Medicine, General Surgery are higher than the plan.
- **Midnight G&A bed occupancy** was similar to the same period last year.
- **The number of patients staying in beds 7 nights or more** in March has reduced significantly compared to the same period last year.
- A reduction in **Emergency occupied bed days** compared to same period last year.
- **YTD Bed occupied** is higher compared to the same period last year.