Quality & Performance Report

Author: John Adler Sponsor: Chief Executive Date: PPPC + QOC 27th June 2019

Executive Summary from CEO Joint Paper 1

Context

It has been agreed that I will provide a summary of the issues within the Q&P Report that I feel should particularly be brought to the attention of EPB, PPPC and QOC. This complements the Exception Reports which are triggered automatically when identified thresholds are met.

Questions

1. What are the issues that I wish to draw to the attention of the committee?
2. Is the action being taken/planned sufficient to address the issues identified? If not, what further action should be taken?

Conclusion

Good News: Mortality – the latest published SHMI (period January 2018 to December 2018) is 99, the same as the previous reported SHMI and remains within expected. **Diagnostic 6 week wait –** standard achieved for 9 consecutive months. **52+ weeks wait –** has been compliant for 11 consecutive months. **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 breaches reported. **Moderate harms and above** – April (reported 1 month in arrears) was within threshold. **C DIFF** – was within threshold this month. **Pressure Ulcers** - 0 **Grade 4,** 0 **Grade 3** reported during May. **MRSA –** 0 cases reported. **Single Sex Accommodation Breaches** – 0 breaches reported **CAS alerts** – was compliant. **Inpatient and Day Case Patient Satisfaction (FFT)** achieved 97% which is above the national average. **Cancer Two Week Wait** was 95.7% in April. **Fractured NOF** – remains compliant for the 10th consecutive month. **90% of Stay on a Stroke Unit** – threshold achieved with 83.5% reported in April. **TIA (high risk patients) –** threshold achieved with 75.5% reported in May. **Annual Appraisal** is at 92.0%.

Bad News: **UHL ED 4 hour performance** – was 73.7% for May, system performance (including LLR UCCs) was 81.5%. Further detail is in the Urgent Care report. **Ambulance Handover 60+ minutes (CAD)** – performance at 5.1%. **Referral to Treatment –** our performance was below the national standard and the numbers on the waiting list were marginally above the NHSI trajectory. **Cancer 31 day treatment** was 85.7% in April. **2 Week Wait Cancer Symptomatic Breast** was 90.5% in April. **Cancer 62 day treatment** was not achieved in April – further detail of recovery actions in is the cancer recovery report. **Statutory and Mandatory Training** reported from HELM is at 89%. Specific focus being applied to Bank and Estates & Facilities staff with compliance deadline of 31/10. **Pressure Ulcers** - 8 Grade 2 reported during May. **Cancelled operations** OTD was 1.5% in May and 18 **Patients were not rebooked within 28 days**.

Input Sought

I recommend that the Committee:

- Commends the positive achievements noted under Good News
- Note the areas of Bad News and consider if the actions being taken are sufficient.

For Reference

Edit as appropriate:

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

Safe, high quality, patient centred healthcare	[Yes /~~No /Not applicable~~]
Effective, integrated emergency care	[Yes /~~No /Not applicable~~]
Consistently meeting national access standards	[Yes /~~No /Not applicable~~]
Integrated care in partnership with others	[~~Yes /No~~ /Not applicable]
Enhanced delivery in research, innovation & ed'	[Yes /~~No /Not applicable~~]
A caring, professional, engaged workforce	[Yes /~~No /Not applicable~~]
Clinically sustainable services with excellent facilities	[Yes /~~No /Not applicable~~]
Financially sustainable NHS organisation	[~~Yes /No~~ /Not applicable]
Enabled by excellent IM&T	[~~Yes /No~~ /Not applicable]

2. This matter relates to the following governance initiatives:

Organisational Risk Register	[~~Yes /No~~ /Not applicable]
Board Assurance Framework	[Yes /~~No /Not applicable~~]

3. Related Patient and Public Involvement actions taken, or to be taken: Not Applicable

4. Results of any Equality Impact Assessment, relating to this matter: Not Applicable

5. Scheduled date for the next paper on this topic: 25th July 2019

Caring at its best

University Hospitals of Leicester NHS
NHS Trust

Quality and Performance Report

Becoming the best

May 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: **27th June 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: **May 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

The Outpatient Transformation Dashboard has been removed as it is under review and will be updated to reflect the new programme priorities. The falls metric S23 has been adjusted to look at all falls in hospital and not just patients 65 and over from April. New metrics have been added to the safe dashboard – moderate harms per 1,000 bed days and % of patients over the age of 75yrs screened for dementia within 72hrs. An Apprenticeship metric - 2.3% of workforce averaged as an apprenticeship over 3 years 2.3% of workforce averaged as an apprenticeship over 3 years has been added to the well led dashboard. Ambulance handover targets have been updated.

Summary Scorecard – YTD

University Hospitals of Leicester NHS
NHS Trust

The following table shows the Trust's current performance against the headline indicators within the Trust Summary Scorecard.

SAFE	CARING	WELL LED	EFFECTIVE	RESPONSIVE
Moderate Harm	FFT Inpatients & Daycase	Turnover Rate	Mortality (SHMI)	ED 4hr Wait UHL
Never Event	FFT A&E	Sickness Absence	Crude Mortality	ED 4hr Wait UHL Acute Footprint
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	Cost Improvement Delivery	TIA	RTT 52 Weeks Wait
Pressure Ulcers Grade 4		Finance	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):

- **FFT A&E**

ISSUES (Green to Red):

One team shared values

Summary Scorecard – May 2019

University Hospitals of Leicester NHS
NHS Trust

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Pressure Ulcers Grade 2				Handover >60
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				Cancer 31 Day
				Cancer 62 Day

Key changes in indicators in the period:

SUCCESSES (Red to Green):

- FFT A&E

ISSUES (Green to Red):

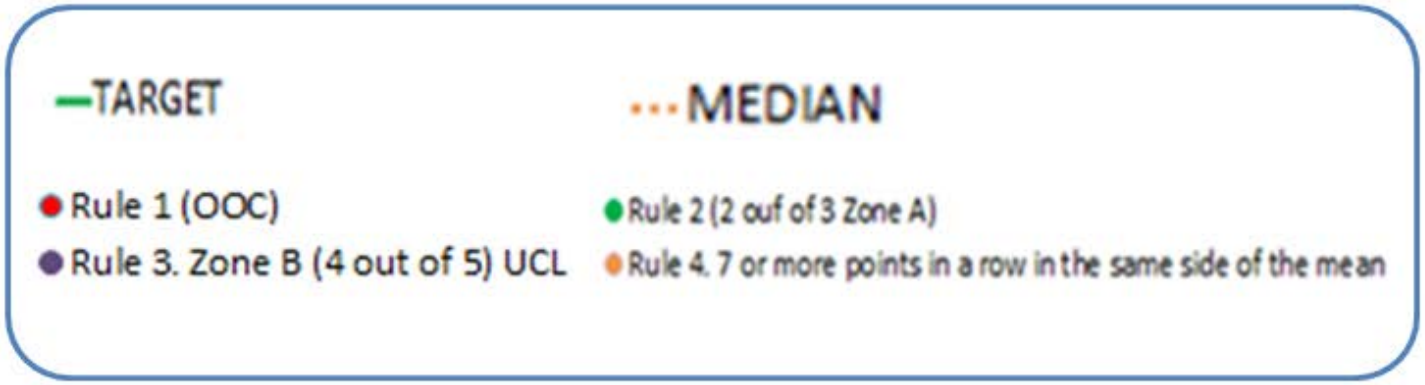
- FFT Maternity
- HAPU G2
- Serious Incidents

One team shared values

SPC Analysis

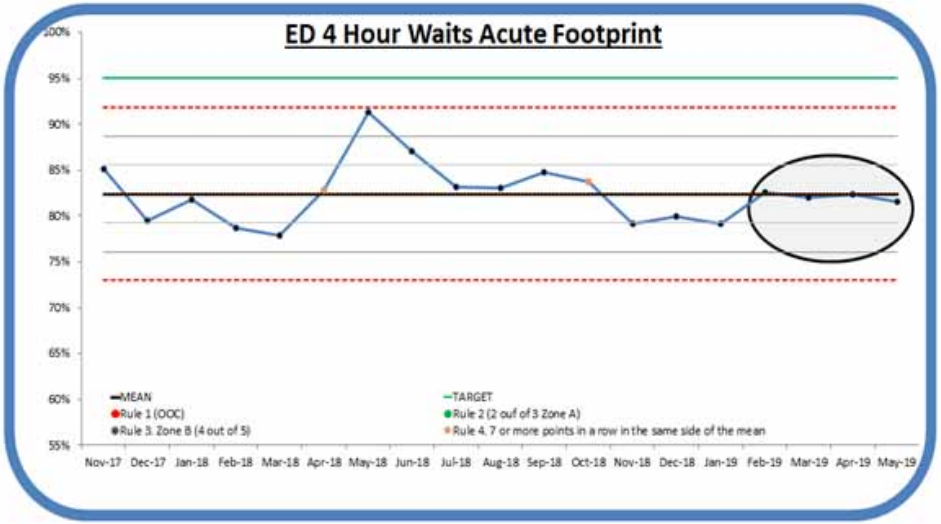
University Hospitals of Leicester NHS
NHS Trust

#	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.

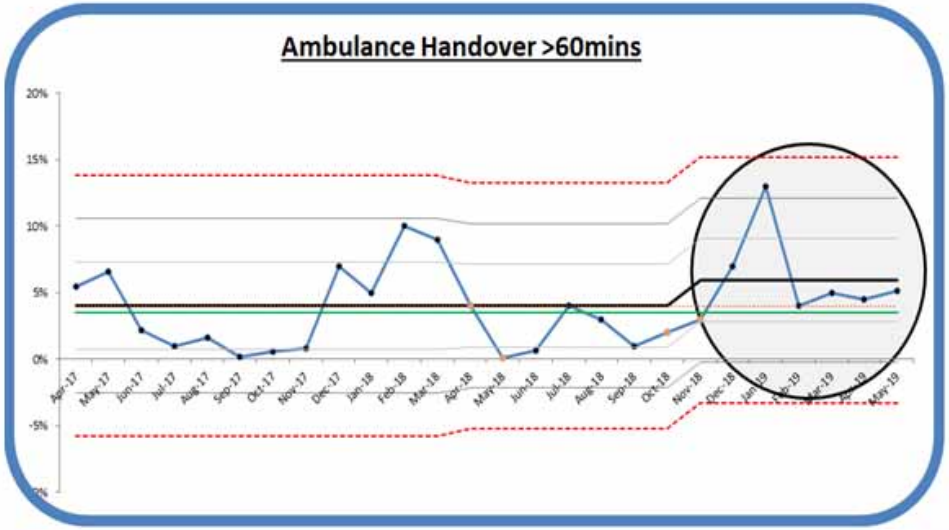


SPC Analysis

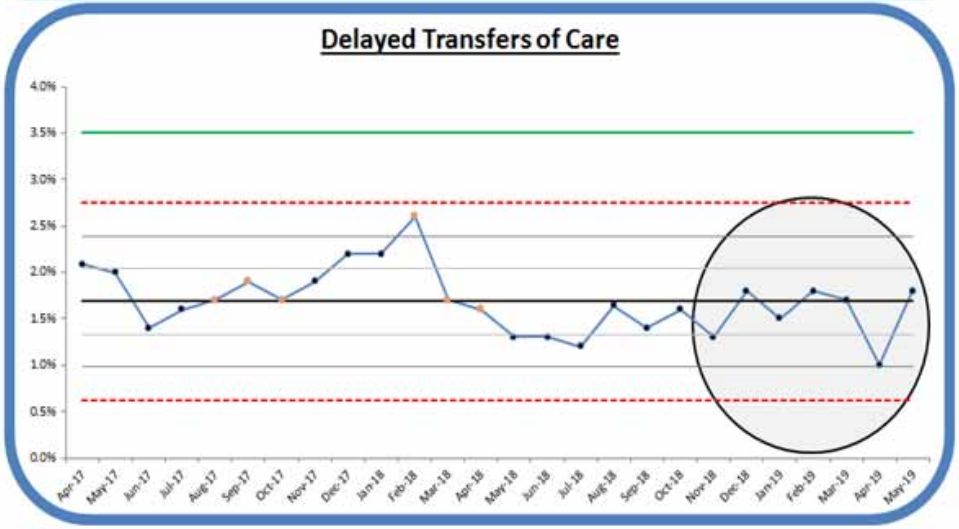
University Hospitals of Leicester NHS
NHS Trust



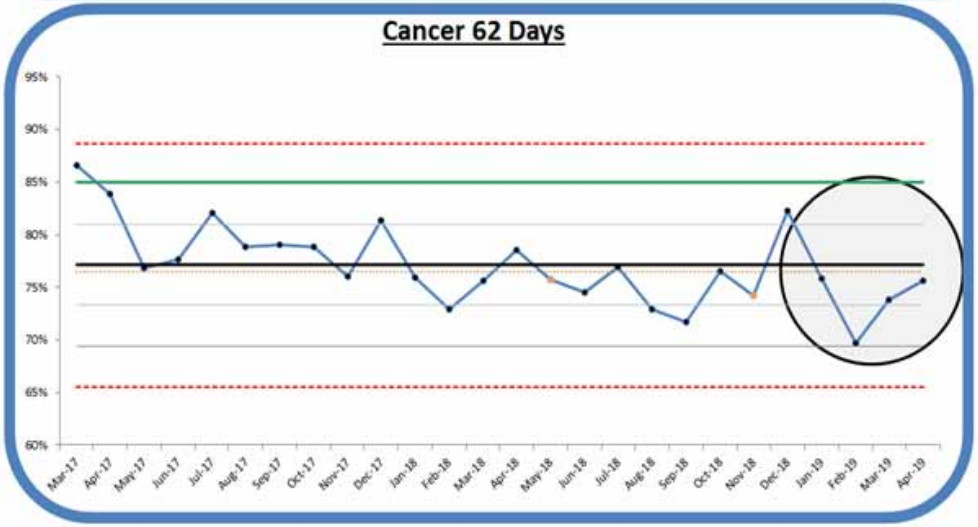
Stable for last 4 months.



Performance has improved following deterioration in winter months. Irregular pattern in daily performance.



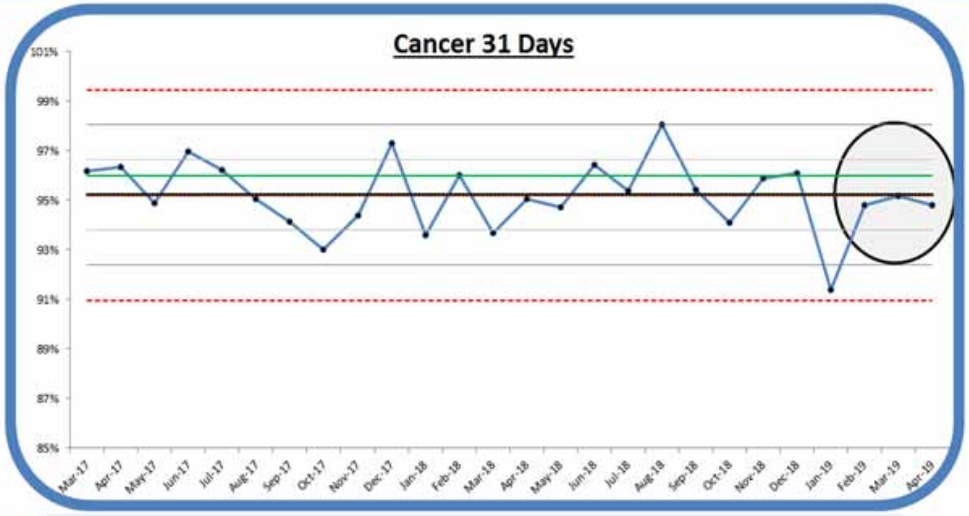
Performance well within threshold.



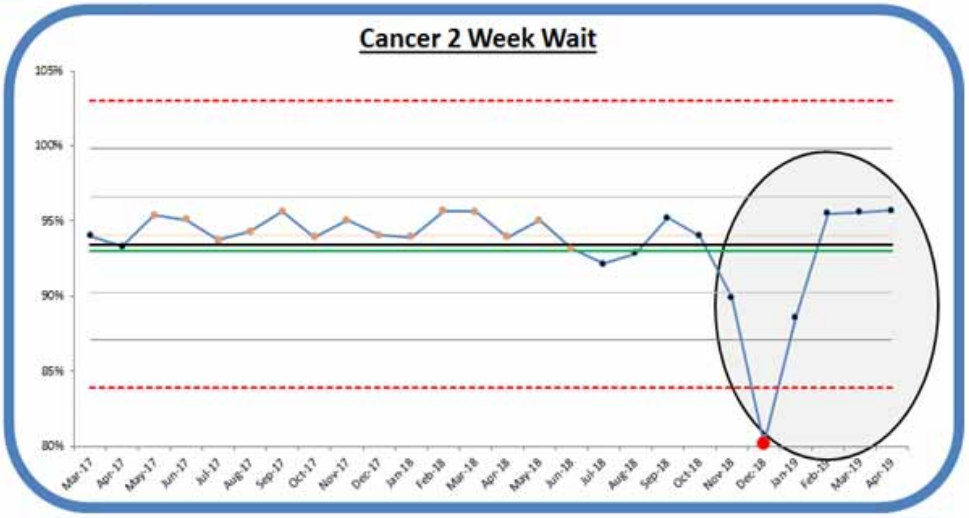
Cancer 62 days performance – continued improvement since February

SPC Analysis

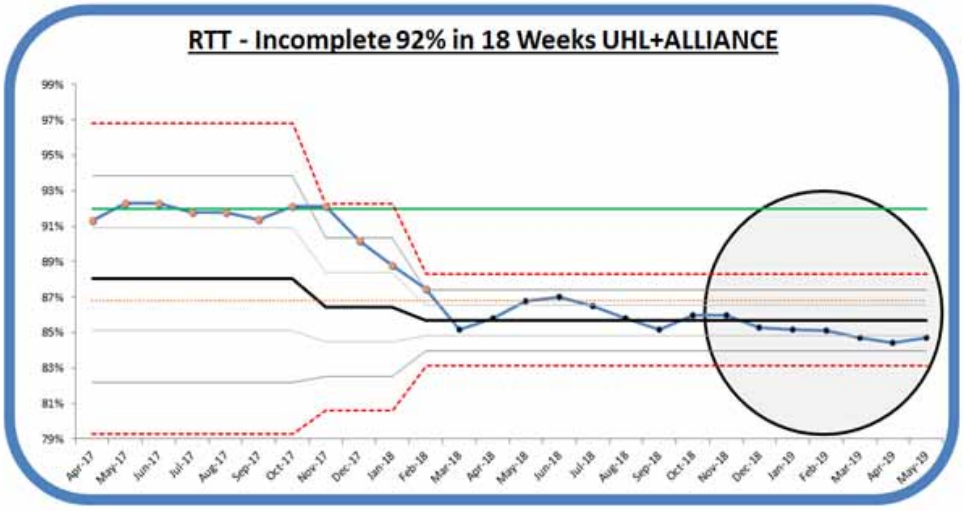
University Hospitals of Leicester NHS
NHS Trust



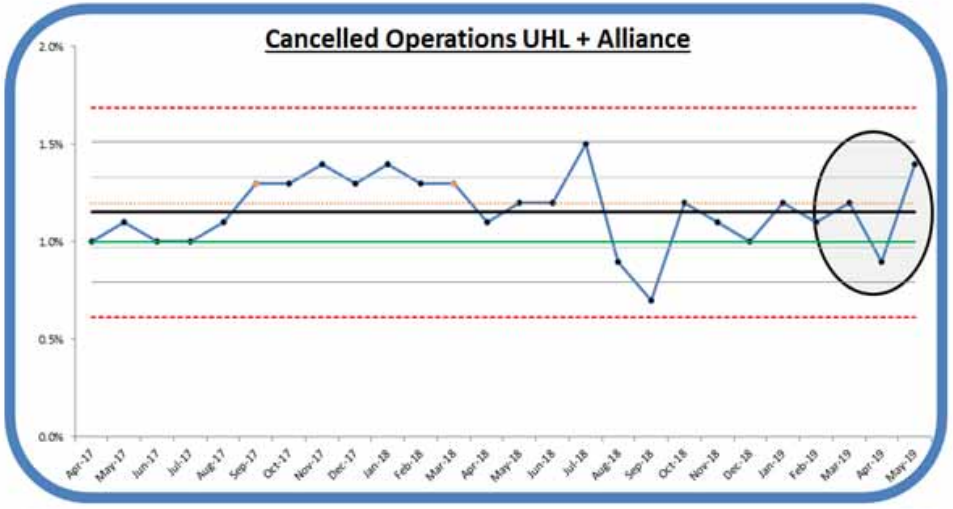
Stable in the last 3 months.



Stable and achieving target.



Downward trend in RTT but within expected range.



Deterioration this month.

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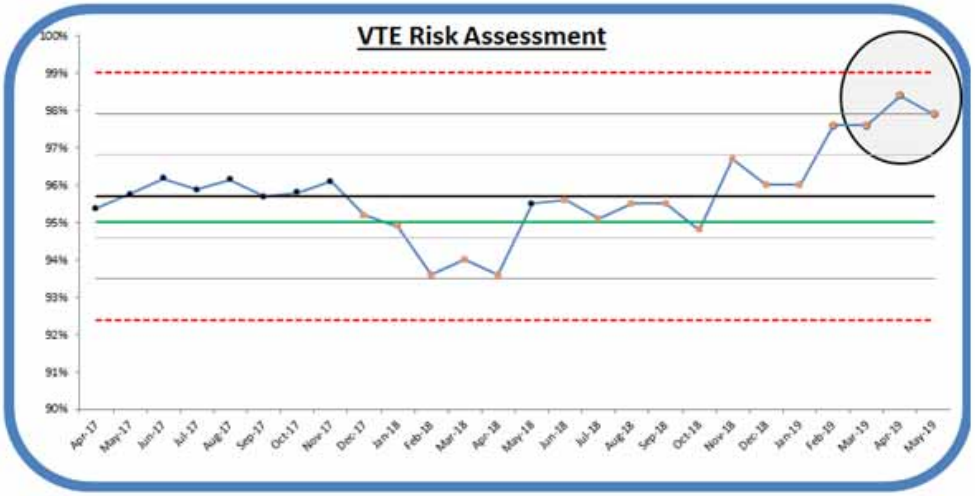
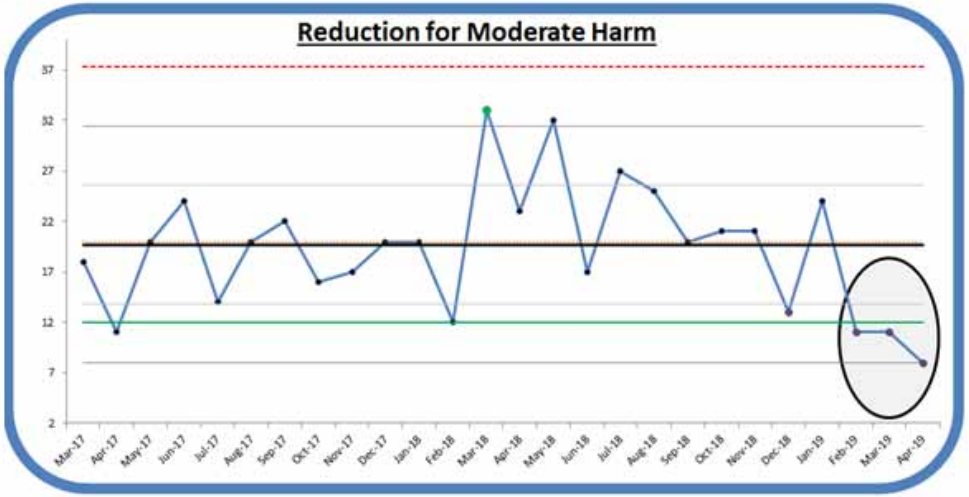
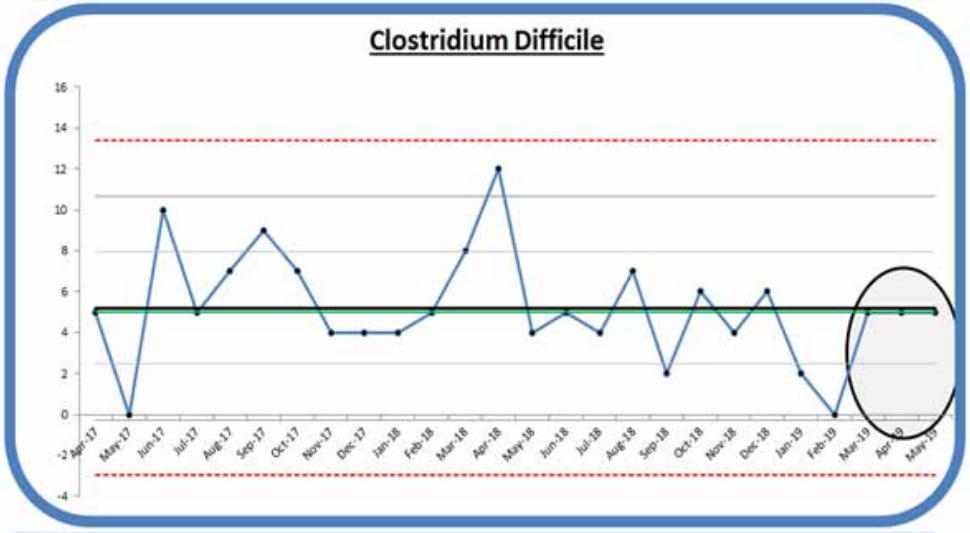
NHS Trust



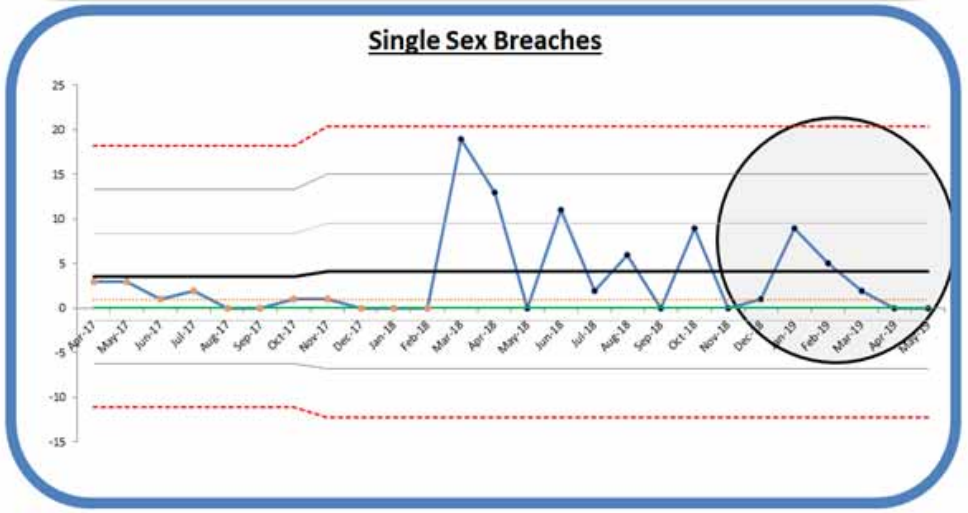
Significant improvement (rising trend). Performance for the last 7 months were above the threshold.



Emerging (downward) trend in moderate harm over last 11 months. April's position was within threshold.

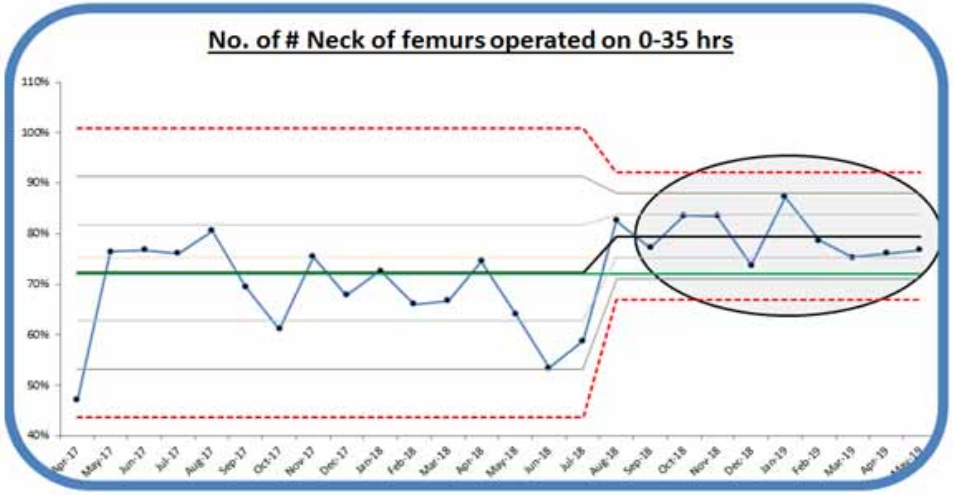


Stable in recent months – improved position compared to last year.

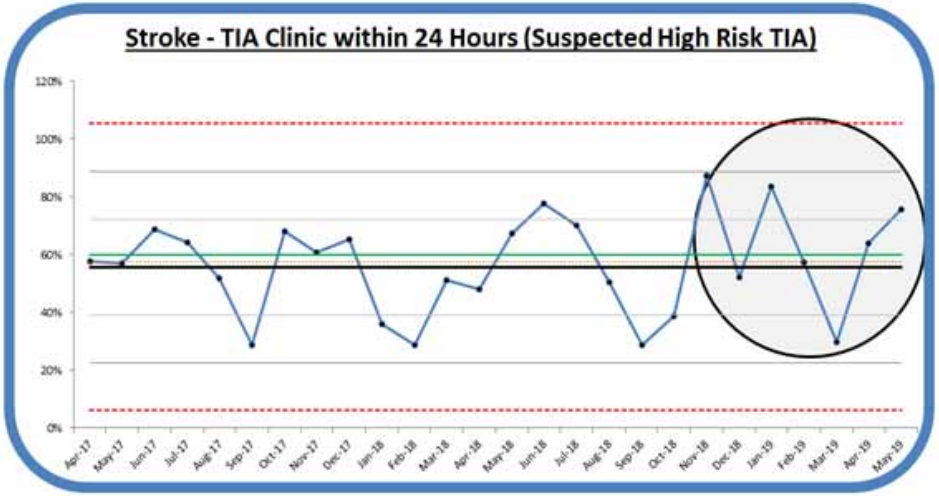


Single sex breaches trending downwards – within threshold with month.

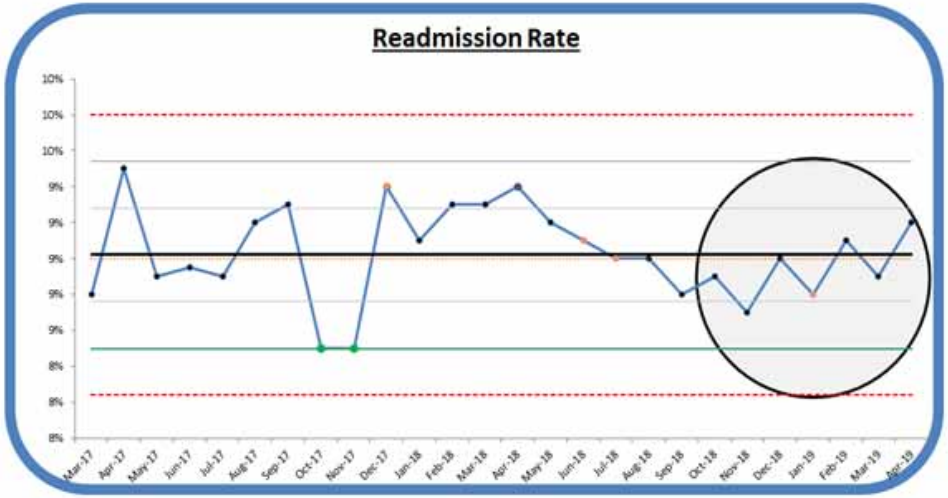
SPC Analysis



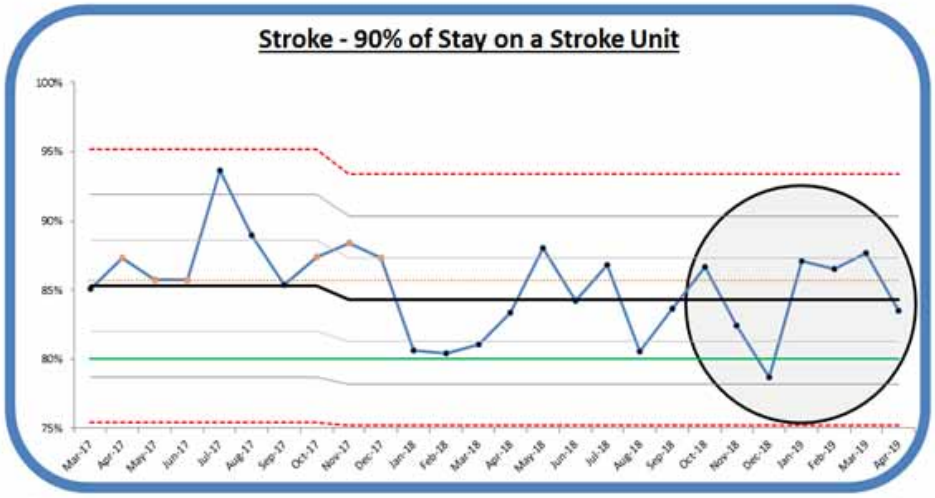
Upward trend in performance with significant improvement in the last 10 months, above threshold.



Intermittent/irregular pattern in performance for Stroke TIA.

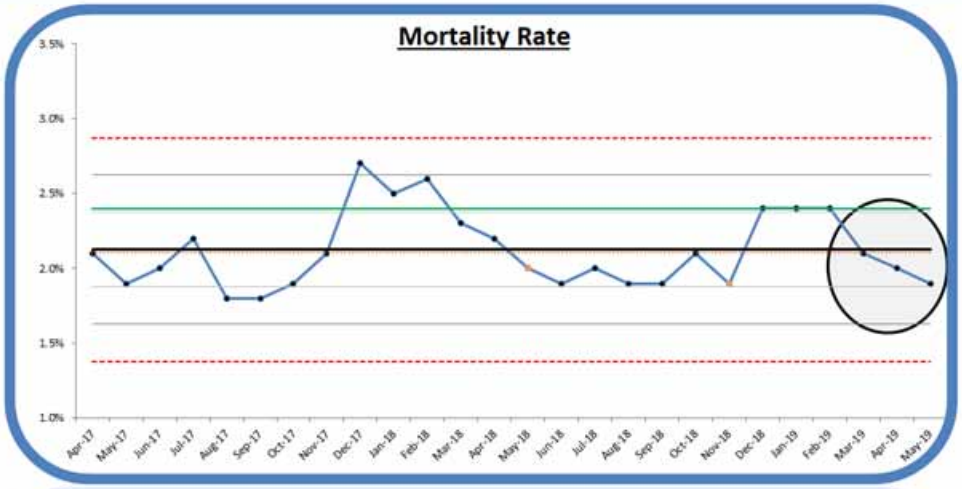


Emerging upwards trend in readmissions.

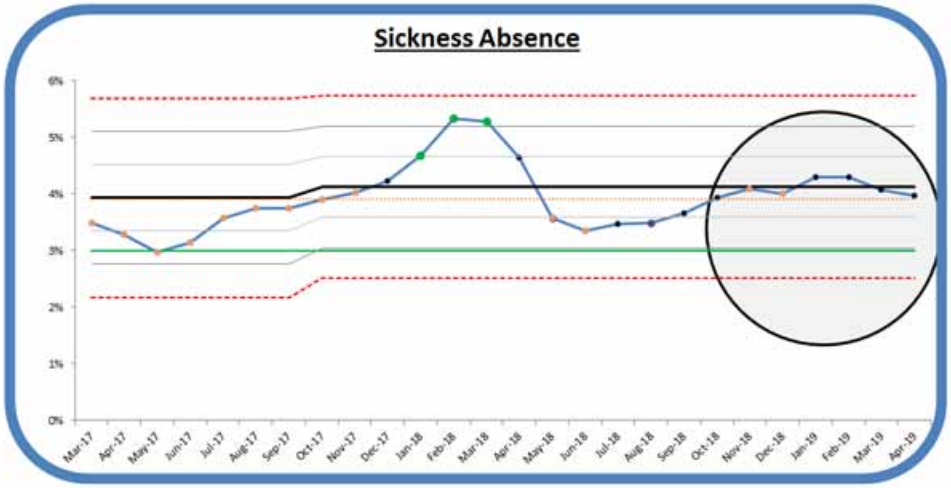


Stroke delivering target.

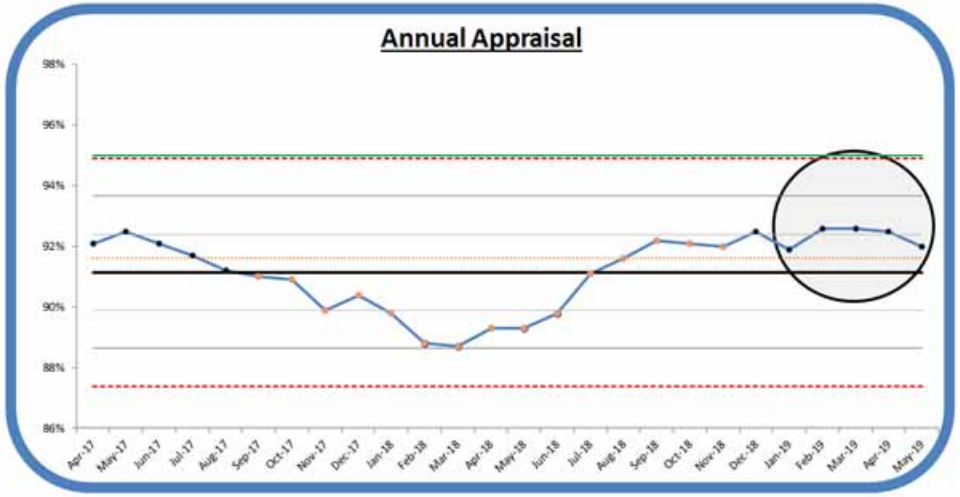
SPC Analysis



Within threshold and trending downwards.

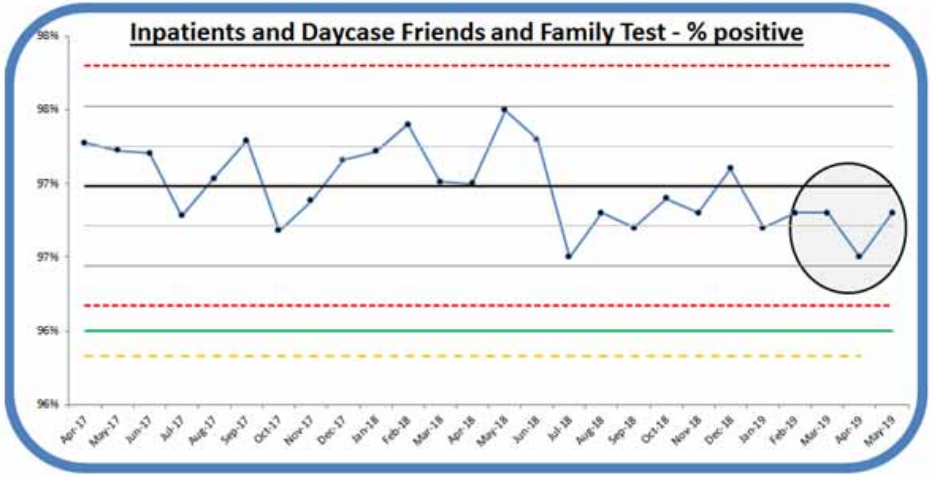


Stable around the mean but above the threshold

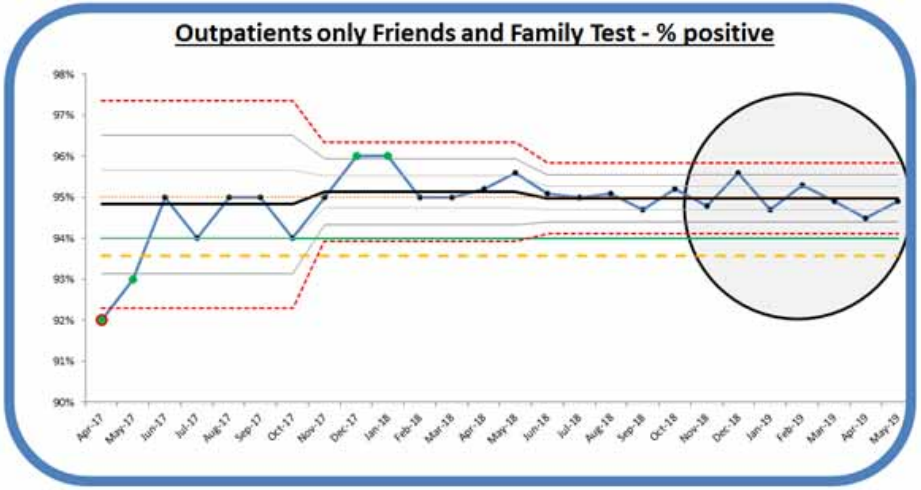


Upwards trend in appraisal rate.

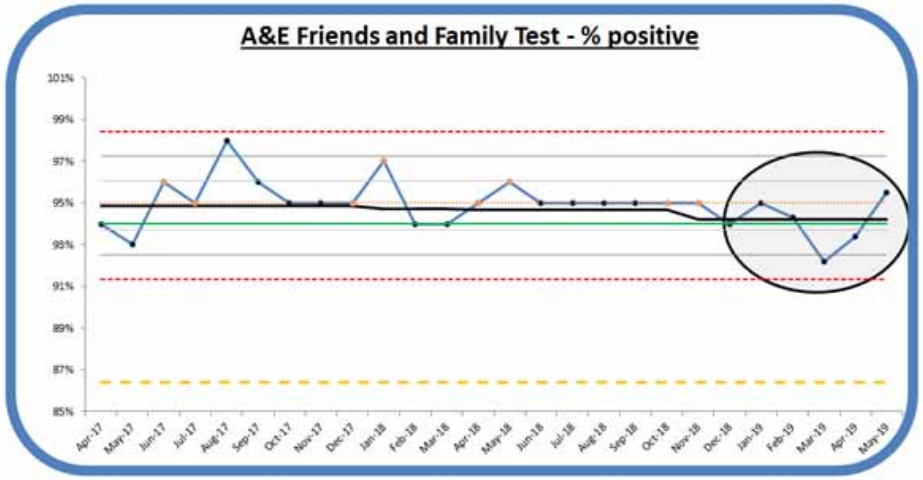
SPC Analysis



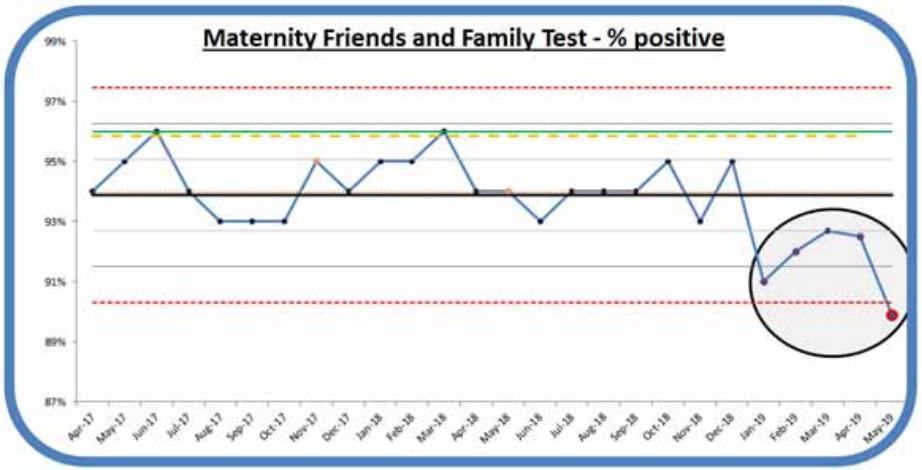
Within Expected Range.



Performance remains stable.



Performance remains relatively stable.



Performance deteriorated outside expected range this month.

Note that the national average (last 12 months) is shown in yellow

Domain - Safe

University Hospitals of Leicester NHS
NHS Trust

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

0 Never Events YTD

5 Serious Incidents YTD (Number escalated each month)

8 Moderate Harm and above (PSIs with finally approved status)

0 Unavoidable MRSA YTD

10 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.
- CDiff achieved in May
- No Never Events in May
- No MRSA reported in May
- Moderate harms and above –within threshold.

ISSUES

- Falls are within the upper control limit with a slight increase in falls for the over 65yrs.
- Serious Incidents was above threshold for May

ACTIONS

SEPSIS

SOS Suspicion Of Sepsis

ED - Patients who trigger with red flag sepsis - % that have their IV antibiotics within an hour — **83%** YTD

Wards (including assessment units) Patients who trigger for Red Flag Sepsis - % that receive their antibiotics within an hour — **96%** YTD

Domain - Caring

University Hospitals of Leicester NHS
NHS Trust

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

Friends and Family Test YTD % Positive

Inpatients FFT **95%** ↑

Day Case FFT **98%** ↑

A&E FFT **95%** ↑

Maternity FFT **91%** ↓

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 May.
- No Single Sex Accommodation Breaches reported in May
- Improved Friends and family test (FFT) in ED for May at 96% recommend.

ISSUES

- Friends and family test (FFT) for Maternity was 90% for May

ACTIONS

- Focus activity on maternity to explore patient feedback themes and action.
- For 19/20 FFT indicators will be compared with national average data from May 19.

Single Sex Accommodation Breaches

Domain – Well Led

University Hospitals of Leicester NHS
NHS Trust

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

Friends and Family FFT YTD % Coverage

Inpatients FFT **28.2%** ↓

Day Case FFT **23.6%** ↓

A&E FFT **7.3%** ↑

Maternity FFT **38.4%** ↓

Outpatients FFT **6.7%** ↔

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% YTD ↓

Statutory & Mandatory Training

89% YTD ↔

BME % - Leadership

29%
Qtr4
8A including medical consultants

16%
Qtr4
8A excluding medical consultants

SUCCESSES

- Appraisal performance is at 92% (this excludes facilities staff that were transferred over from Interserve).
- Inpatient FFT coverage was 27.9% for May.

ISSUES

- Statutory & Mandatory Training performance at 89%
- Corporate Induction attendance for May was 90%.

ACTIONS

- Please see the HR update for more information.

Domain – Effective

University Hospitals of Leicester NHS
NHS Trust

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

Mortality – Published SHMI

99
Jan 18 – Dec18

Stroke TIA Clinic within 24hrs

69.5%
YTD

80% of Patients Spending 90% Stay on Stoke Unit

83.5%
YTD

Emergency Crude Mortality Rate

1.9%
YTD

30 Days Emergency Readmissions

9.2%
YTD

NoFs Operated on 0-35hrs

76.5%
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 May was 1.9%.
- Fractured NoF for May was 76.8%.
- 90% of Stay on a Stroke Unit for April was 83.5%
- Stroke TIA Clinic within 24 Hours for May was 75.5%.

ISSUES

- 30 Days Emergency Readmissions for April was 9.2%

ACTIONS

Readmissions

- Readmissions within 7 days of discharge will form part of the work stream for the Quality Strategy: 'Safe and Timely Discharge '
- Due to positive outcomes from pilot of information sharing with GP's a case of need is being produced for resource to extend to further GP's.

Domain – Responsive

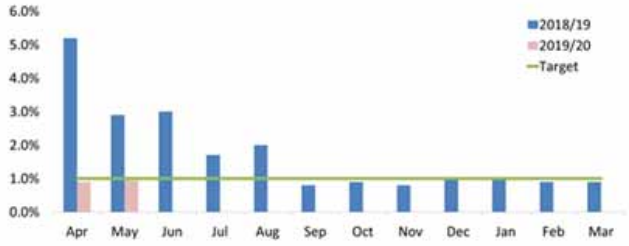
University Hospitals of Leicester NHS
NHS Trust

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

RTT - Incomplete 92% in 18 Weeks

84.7%
As at **May** ↑

6 week Diagnostic Wait times



Cancelled Operations UHL + Alliance

RTT 52 week wait incompletes

0
As at **May** ↔

ED 4Hr Waits UHL

74.6%
YTD ↓

A&E

ED 4hr Wait UHL Acute Footprint

82.0%
YTD ↓

Ambulance Handovers

4.8% > 60mins ↓
13.7% 30-60mins ↓
YTD

SUCCESSES

- 0 12 hour Trolley breaches for May.
- DTOC was 1.8% for May.
- 0 patient waiting over 52+ weeks.
- Diagnostic 6 week wait standard achieved this month.

ISSUES

- ED 4Hr Waits UHL –May performance was 73.7%. LLR performance was 82.0% against a NHSI trajectory of 90.3%.
- Cancelled operations – performance was 1.4% this month.

ACTIONS

- For ED 4hour wait and Ambulance Handovers please refer to Urgent Care Report.

Cancer – Performance Summary

University Hospitals of Leicester NHS
NHS Trust

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

4 (Apr)
Standards Achieved
(Out of 9 standards)

95.7%
2WW
(All Cancers)
Apr 95.7% (YTD)

90.5%
2WW
(Symptomatic Breast)
Apr
90.5% (YTD)

94.8%
31 Day Wait
(All Cancers)
Apr
94.8% (YTD)

100%
31 Day Wait
(Anti Cancer Drug Treatments)
Apr
100% (YTD)

85.7%
31 Day Wait
(Subsequent Treatment - Surgery)
Apr
85.7% (YTD)

98.5%
31 Day Wait
(Radio Therapy Treatment)
Apr
98.5% (YTD)

75.6%
62 Day
(All Cancers)
Apr
75.6% (YTD)

100%
62 Day
(Consultant Screening)
Apr
100% (YTD)

64.4%
62 Day
(Consultant Upgrades)
Apr
64.4% (YTD)

32
104 Days
May

Highlights

- Out of the 9 standards, UHL achieved 4 in April– 2WW, 31 Day Anti Cancer Drug, and 31 Day Radiotherapy, 31 Day Consultant Upgrades. A further 3 standards met the trajectory in April including the 31 Day and 62 day standards.
- 62 Day performance in April was 75.6% - 1.8% improvement from March. Of the 15 tumour groups, 6 delivered the standard (Brain, Breast, Other, Sarcoma, Skin, Rare).
- Backlog – Position remains stable compared to last month, Urology is responsible for over half of this
- 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.

Cancer – Performance Summary

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UHL Cancer Performance - RAG rated against target	National Target	Performance Type	17/18 Outturn	18/19 Outrun	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	Apr-19	19/20 YTD
Two week wait for an urgent GP referral for	93%	Actual	94.7%	92.3%	95.6%	93.9%	95.0%	93.1%	92.2%	92.9%	95.2%	94.0%	89.9%	80.2%	88.6%	95.5%	95.6%	95.7%	95.7%
Two Week Wait for Symptomatic Breast Patients	93%	Actual	91.9%	79.3%	92.0%	90.3%	95.5%	88.7%	84.5%	86.6%	94.0%	79.9%	68.7%	26.6%	64.5%	90.4%	97.5%	90.5%	90.5%
31-Day (Diagnosis To Treatment) Wait For First	96%	Actual	95.1%	95.2%	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%	94.8%	94.8%
31-Day Wait For Second Or Subsequent Treatment:	98%	Actual	99.1%	99.6%	100%	100%	99.2%	98.0%	100.0%	98.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.3%	100.0%	100.0%
31-Day Wait For Second Or Subsequent Treatment:	94%	Actual	85.3%	86.1%	80.3%	77.4%	90.1%	89.6%	87.0%	89.6%	82.5%	86.5%	84.0%	86.4%	89.8%	84.2%	85.3%	85.7%	85.7%
31-Day Wait For Second Or Subsequent Treatment:	94%	Actual	95.4%	97.9%	94.8%	97.5%	98.1%	100%	99.3%	100%	90.0%	98.5%	99.2%	99.2%	95.1%	99.3%	98.5%	98.5%	98.5%
62-Day (Urgent GP Referral To Treatment) Wait For	85%	Actual	78.2%	75.2%	75.6%	78.6%	75.7%	74.5%	77.0%	72.9%	71.7%	76.4%	74.2%	82.3%	75.8%	69.9%	73.8%	75.6%	75.6%
62-Day Wait For First Treatment From Consultant	90%	Actual	85.2%	82.3%	78.1%	58.5%	86.8%	81.0%	88.5%	84.0%	96.0%	78.6%	95.5%	90.6%	67.9%	74.3%	79.3%	100.0%	100.0%
62-Day Wait For First Treatment From Consultant	85%	Actual	85.9%	83.1%	92.1%	76.5%	79.5%	92.8%	92.1%	98.3%	86.6%	83.2%	88.4%	83.3%	70.1%	75.0%	79.4%	64.2%	64.2%

UHL Cancer Performance - RAG rated against trajectory	National Target	Performance Type	17/18 Outturn	18/19 Outrun	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	Apr-19	19/20 YTD
Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	93%	Actual	94.7%	92.3%	95.6%	93.9%	95.0%	93.1%	92.2%	92.9%	95.2%	94.0%	89.9%	80.2%	88.6%	95.5%	95.6%	95.7%	95.7%
		UHL Trajectory							92.2%	91.7%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	93%	Actual	91.9%	79.3%	92.0%	90.3%	95.5%	88.7%	84.5%	86.6%	94.0%	79.9%	68.7%	26.6%	64.5%	90.4%	97.5%	90.5%	90.5%
		UHL Trajectory							89.1%	88.4%	90.7%	93.0%	93.0%	91.4%	93.0%	93.0%	93.0%	93.5%	
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	96%	Actual	95.1%	95.2%	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%	94.8%	94.8%
		UHL Trajectory							93.0%	94.0%	89.0%	94.0%	96.0%	96.0%	96.0%	96.0%	96.0%	93.2%	
31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	98%	Actual	99.1%	99.6%	100.0%	100.0%	99.2%	98.0%	100.0%	98.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.3%	100.0%	100.0%
		UHL Trajectory							99.1%	99.1%	98.8%	100.0%	100.0%	98.1%	99.4%	99.0%	98.9%	98.4%	
31-Day Wait For Second Or Subsequent Treatment: Surgery	94%	Actual	85.3%	86.1%	80.3%	77.4%	90.1%	89.6%	87.0%	89.6%	82.5%	86.5%	84.0%	86.4%	89.8%	84.2%	85.3%	85.7%	85.7%
		UHL Trajectory							78.0%	76.0%	81.0%	87.0%	91.0%	94.0%	91.0%	92.0%	94.0%	84.9%	
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	94%	Actual	95.4%	97.9%	94.8%	97.5%	98.1%	100.0%	99.3%	100.0%	90.0%	98.5%	99.2%	99.2%	95.1%	99.3%	98.5%	98.5%	98.5%
		UHL Trajectory							94.9%	97.2%	97.6%	96.5%	95.8%	98.3%	94.8%	96.3%	97.5%	95.8%	
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	85%	Actual	78.2%	75.2%	75.6%	78.6%	75.7%	74.5%	77.0%	72.9%	71.7%	76.4%	74.2%	82.3%	75.8%	69.9%	73.8%	75.6%	75.6%
		UHL Trajectory								75.2%	69.9%	70.2%	82.6%	85.3%	84.6%	82.9%	85.3%	73.9%	
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	90%	Actual	85.2%	82.3%	78.1%	58.5%	86.8%	81.0%	88.5%	84.0%	96.0%	78.6%	95.5%	90.6%	67.9%	74.3%	79.3%	100.0%	100.0%
		UHL Trajectory							83.0%	89.0%	74.6%	86.0%	86.4%	89.0%	90.0%	90.0%	90.0%	86.7%	
62-Day Wait For First Treatment From Consultant Upgrade	85%	Actual	85.9%	83.1%	92.1%	76.5%	79.5%	92.8%	92.1%	98.3%	86.6%	83.2%	88.4%	83.3%	70.1%	75.0%	79.4%	64.2%	64.2%
		UHL Trajectory							89.1%	86.4%	97.1%	86.1%	89.1%	92.1%	86.9%	76.5%	83.2%	80.0%	

Highlights

- UHL's cancer performance against trajectory for the 9 cancer standards is shown above, in April we achieved 4 of the targets against a trajectory of 5. The 62 day standard remains our biggest challenge going forward.

Improved Cancer Pathways

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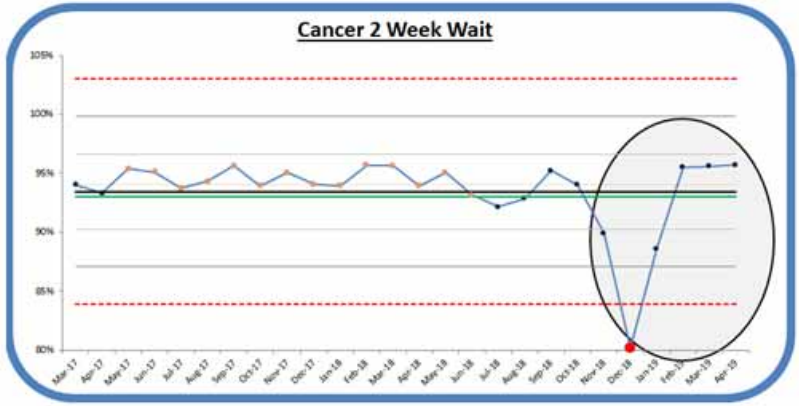
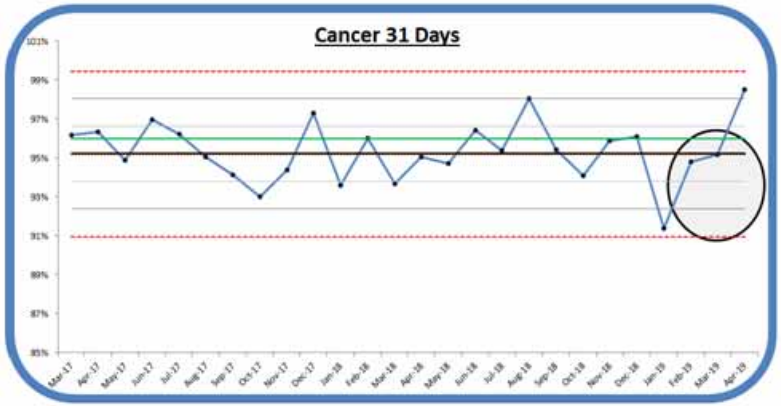
Arrows represent current month performance against previous month, upward arrow represents improvement, downward arrow represents deterioration.





31 Day Backlog

43
May 19 ↓

62 Day Backlog

107
May 19 ↔

62 Day Adjusted Backlog

78
May 19 ↑

SUCCESSES

Cancer performance is reported 1 month in arrears.

- 2 week wait, 31 day wait drugs, 31 wait radiotherapy and 62 day consultant screening was achieved in April.
- 62 day backlog decreased

ISSUES

- 31 day wait was not achieved in April.
- Cancer 62 day was not achieved in April.
- 31 day backlog increased

ACTIONS

Urology
- Additional management and admin support to ensure every step is booked as quickly as possible
- RAPID phase 2 started the beginning of May which will increase the number of patients going to MRI before the first OPD appointment and decrease the time in the first part of the pathway.
- Increase use of Derby robotic sessions (staffing dependent)
- Increase template biopsy by local to free up theatre space

Lung
- Optimal lung pathway is progressing well
- More robust tracking and actions for the long waiters
- Increased rapid access lung clinic resource
- Upper GI and lower GI
- More robust tracking and actions throughout the pathway

Gynae
- NHSI Pathway analyser completed identifying areas of focus to decrease pathway
- Support from the CCG and primary care for PMB pathway first test in primary care

2WW Head and Neck
- % consultants to 3 resulted in decreased capacity and risk to the overall 2WW position
- Some locum support form KGH and NGH
- 2 Locums starting in August
- A Backlog of patients has built up and will impact on the 62 day performance
- Fortnightly calls with NHSE, CCG and UHL

Ambulance Handover – May 2019

University Hospitals of Leicester NHS
NHS Trust

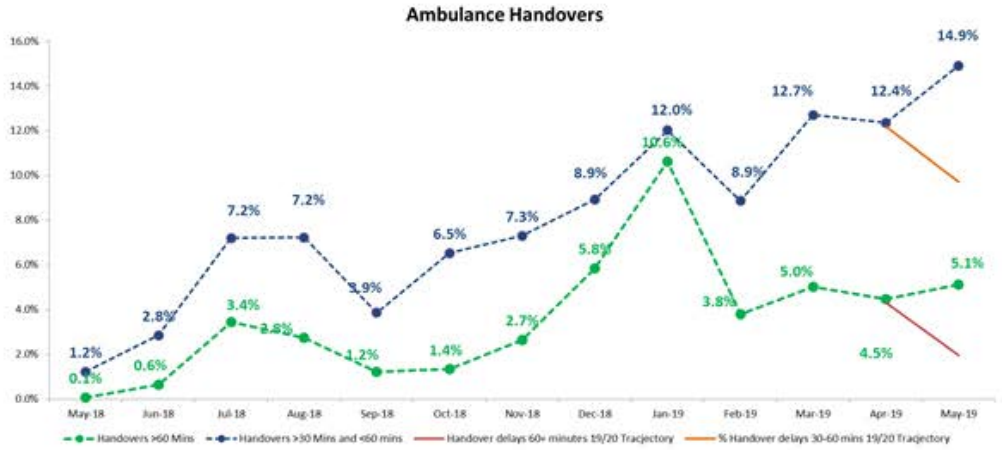
EMAS Ambulance Handover - LRI vs other hospitals

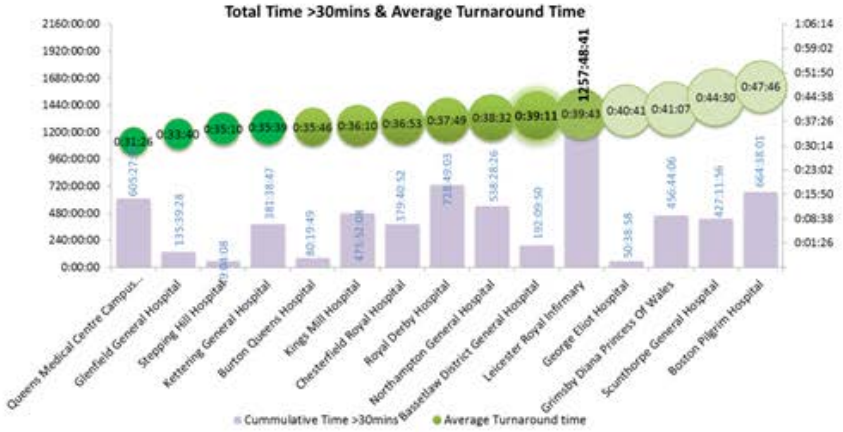
Rank	Hospital	Total (CAD)	30 -59 Mins	Over 60 Mins	1 -2 Hours	2 Hours Plus	%30-59 mins	%60+ mins	%30+ mins	Avg Turnaround Time	Total time 30+ mins Handover Turnaround target	Pre Handover > 15min Target	Post Handover > 15min Target
1	Queens Medical Centre Campus Hospital	6181	206	43	38	5	3%	1%	4%	0:31:26	605:27:59	251:23:22	573:18:10
2	Grimsby Diana Princess Of Wales	2122	175	23	23	0	8%	1%	9%	0:41:07	456:44:06	151:48:01	417:42:01
3	Royal Derby Hospital	4485	423	50	47	3	9%	1%	11%	0:37:49	728:49:03	435:13:51	439:57:01
4	Chesterfield Royal Hospital	2514	257	12	12	0	10%	0%	11%	0:36:53	379:40:52	220:08:32	252:03:58
5	Kings Mill Hospital	3375	344	26	24	2	10%	1%	11%	0:36:10	475:52:08	300:12:16	300:10:16
6	Burton Queens Hospital	561	63	6	4	2	11%	1%	12%	0:35:46	80:19:49	61:46:41	37:06:08
7	Northampton General Hospital	3055	375	48	46	2	12%	2%	14%	0:38:32	538:28:26	333:24:23	315:21:02
8	Glenfield General Hospital	995	119	20	17	3	12%	2%	14%	0:33:40	135:39:28	113:01:50	53:27:09
9	Kettering General Hospital	2731	349	56	53	3	13%	2%	15%	0:35:39	381:38:47	322:52:23	190:35:56
10	Scunthorpe General Hospital	1582	231	47	41	6	15%	3%	18%	0:44:30	427:11:56	200:24:43	312:55:14
11	**Leicester Royal Infirmary**	**6,126**	**913**	**314**	**302**	**12**	**15%**	**5%**	**20%**	**0:39:43**	**1257:48:41**	**922:54:22**	**591:14:28**
12	Bassetlaw District General Hospital	1018	187	18	18	0	18%	2%	20%	0:39:11	192:09:50	136:35:14	105:27:46
13	Stepping Hill Hospital	346	65	5	5	0	19%	1%	20%	0:35:10	49:04:08	45:30:36	20:09:22
14	Boston Pilgrim Hospital	2079	249	174	130	44	12%	8%	20%	0:47:46	664:38:01	443:05:24	290:29:59
15	George Eliot Hospital	246	44	10	6	4	18%	4%	22%	0:40:41	50:38:58	47:55:52	13:20:52
	EMAS	42,360	5,034	1,278	1,072	206	12%	3%	15%	0:38:42	7953:06:12	5293:46:38	4420:11:10

Highlights

CAD data used since Feb 19 with no exclusions.

- LRI had 10% more handovers in comparison to the same period last year.
- 49% of handovers were completed within 15 mins
- 101 more hours lost due to post handover delays in May compared to the previous month





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	38 Mins	40 Mins	1257 Hours	104 Shifts	14.9%	5.1%

RTT: Executive Performance Board

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UHL	M2: WL Size 65,062	RTT: 83.9%
Alliance	141 over trajectory	RTT: 88.8%
Combined		RTT: 84.7%

Current Position:

UHL's waiting list size at the end of May was in line with trajectory, with 141 patients on the waiting list more the forecasted and 1,343 fewer patients waiting for treatment than May 2018. The overall RTT position moved to 84.7%, with a reduction of 118 patients waiting over 18 weeks for treatment compared to the end of April.

Waiting list size stabilisation remains the key performance indicator for elective care in 2019/20 with planning guidance target to achieve a lower waiting list size at the end of March 2020 compared to March 2019.

Forecast performance for next reporting period: It is forecasted that for June 2019 UHL will achieve the waiting list trajectory size

Risks continue to remain to overall RTT performance and waiting list size:

- Reduced elective capacity due to emergency pressures
- Increased cancer backlogs prioritising capacity over routine elective RTT
- Clinical capacity pressures in Neurology and Allergy
- Delayed start to ophthalmology RSS

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Current Position:

UHL's waiting list size at the end of May was in line with trajectory, with 141 patients on the waiting list more the forecasted and 1,343 fewer patients waiting for treatment than May 2018. This builds upon the positive work from 2018/19 as UHL projects achieving the planning guidance for waiting list size reduction in 2019/20.

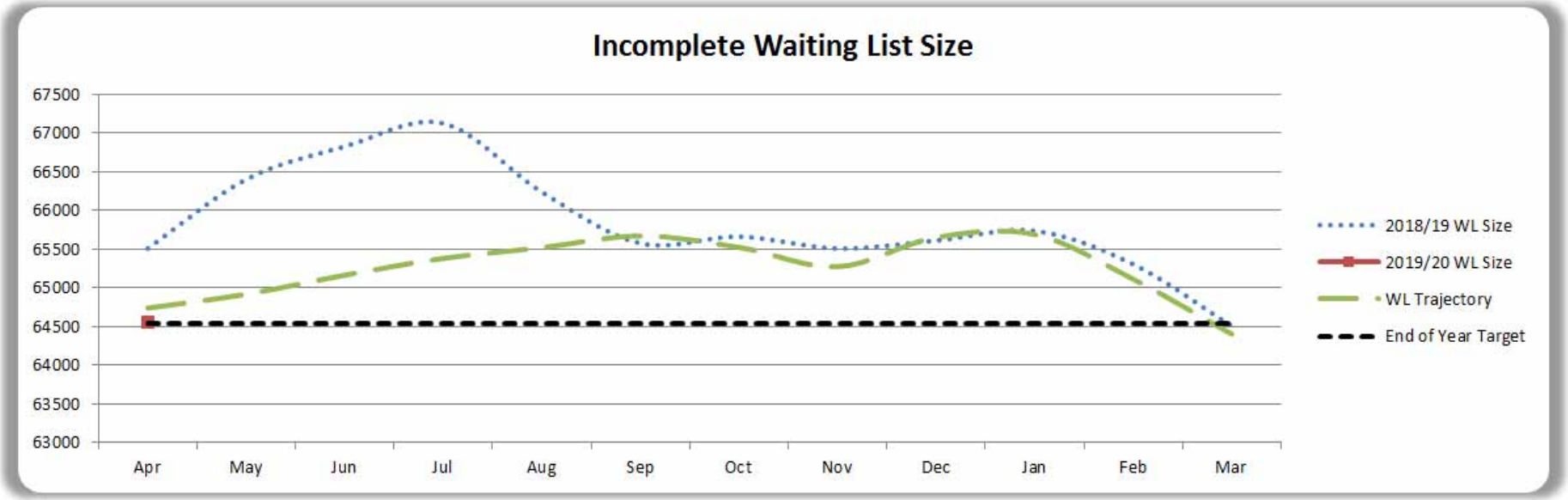
Key Drivers:

- Increased admitted activity / reduction in cancellations
- Continued validation of the waiting list
- Increased backlog size in the Alliance
- Challenged capacity with Neurology, Allergy and Urology

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
- Delivery of RSS QIPP to reduce system demand on UHL and Alliance: UHL Pillar
- 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 May 2019.



RTT: Executive Performance Board

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The overall combined UHL and Alliance waiting list size for month 2 was over the trajectory size by 141. Overall UHL is continuing to forecast delivering the 2019/20 planning guidance for waiting list size reduction.

The largest reductions in waiting list size were seen in Gastroenterology, ENT and Allergy.

The largest increases in waiting list size were seen in General Surgery, Thoracic Medicine and Neurology (due to known clinical capacity pressures).

3 out of the 7 UHL CMG's and the Alliance achieved a reduction in their waiting list size in March.

10 Largest Waiting List Size Reductions in month

Gastroenterology	-284
ENT	-166
Allergy	-123
Paediatric Medicine	-79
Clinical Oncology	-52
Sports Medicine	-46
Paed Resp Medicine	-27
Nephrology	-23
Cardiac Surgery	-23
Paed Dermatology	-21

10 Largest Waiting List Size Increases in month

Paed Trauma & Ortho	47
Breast Care	48
Urology	70
Maxillofacial Surgery	78
Paediatric ENT	80
Vascular Surgery	105
Ophthalmology	112
Neurology	113
Thoracic Medicine	118
General Surgery	217

CMG	Waiting List Size Change Since March 2019	Waiting List Size Change Since Last Month	RTT %
CHUGGS	-165	-43	79.6%
CSI	7	-11	93.1%
ESM	148	157	89.0%
ITAPS	152	-6	88.1%
MSS	134	180	80.8%
RRCV	127	48	87.2%
W&C	161	42	90.9%
Alliance	-8	126	88.8%
UHL	564	367	84.0%
UHL & Alliance	556	493	84.7%

RTT: Executive Performance Board

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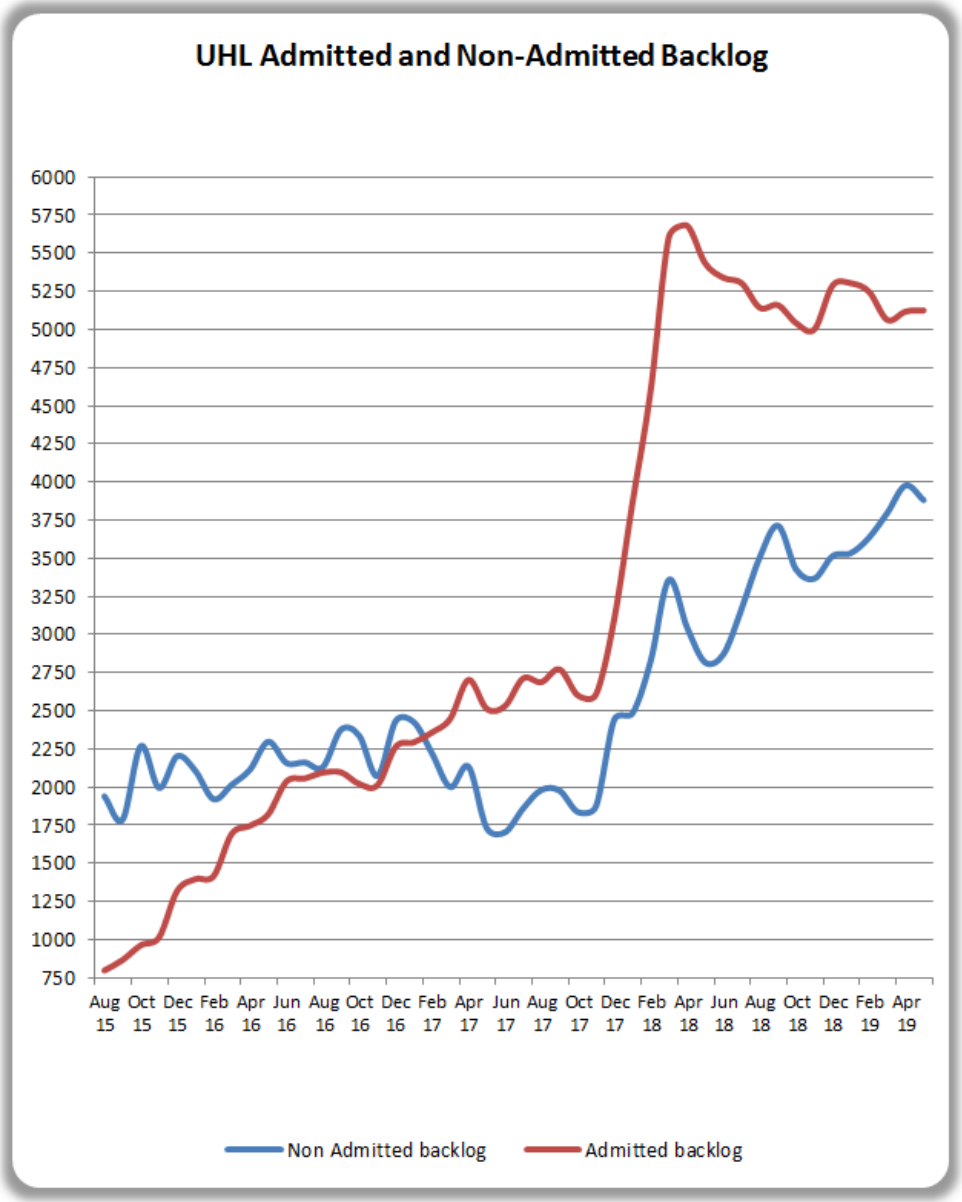

Admitted: 8 (backlog change) — 0.2% Change

Non Admitted: -96 (backlog change) — -2.4% Change

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

Key Actions Required:

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

52 Week Breaches: Executive Performance Board

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NHS Trust

52 Week Breaches — Zero (0 Change)

Current Position:

At the end May there were zero patients with an incomplete pathway at more than 52 weeks. This continues the trend of 11 consecutive months of zero 52 week incomplete breaches. This is expected to stay throughout 2019/20 with the trajectory to remain at zero throughout the year.

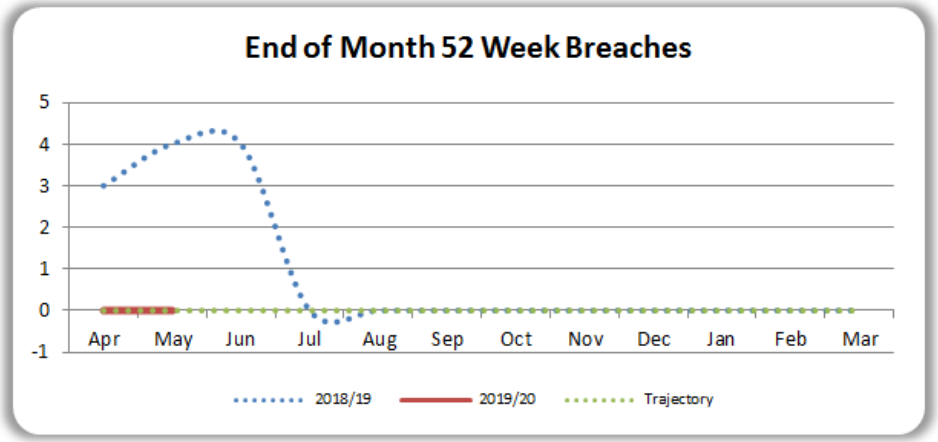
Key Drivers:

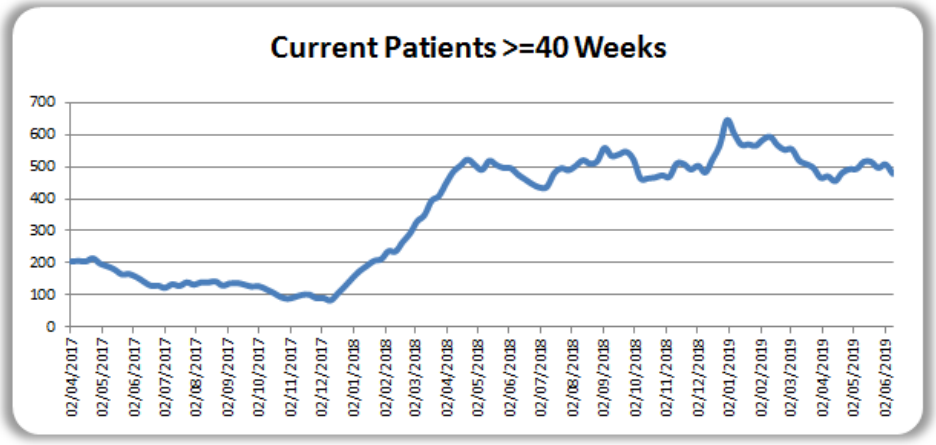
- The number of patients waiting over 40 weeks for treatment increased by 438 to 522 over a 19 week period between the 10th December 2017 and 22nd April 2018. During 2018/19 the change in operational management supported in reducing the increase in long waiting patients over winter to a 3 week period in December. The number of patients waiting over 40 weeks has reduced by 23.5% since its peak in December.
- 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 continuing to forecast zero 52 week breaches for June. Achieving zero remains a risk due to emergency pressures and the potential risk of cancellation from both the hospital and patient choice.





Diagnostics: Executive Performance Board

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Diagnostics: DM01

99.1% (Target >=99%) — 0.0% Change

162 Breaches — +7 Change

Imaging	99.2% (Target >99%)	-0.3% Change	Breaches: 106	+45 Change
Physiological Measurement	99.6% (Target >99%)	-0.6% Change	Breaches: 9	-12 Change
Endoscopy	97.3% (Target >99%)	+0.5% Change	Breaches: 47	-49 Change

Current Position:

UHL has achieved the DM01 standard for May, with 10 fewer breaches than required to meet the standard. This maintains UHL's diagnostic performance by achieving the diagnostic target for the 9th consecutive month.

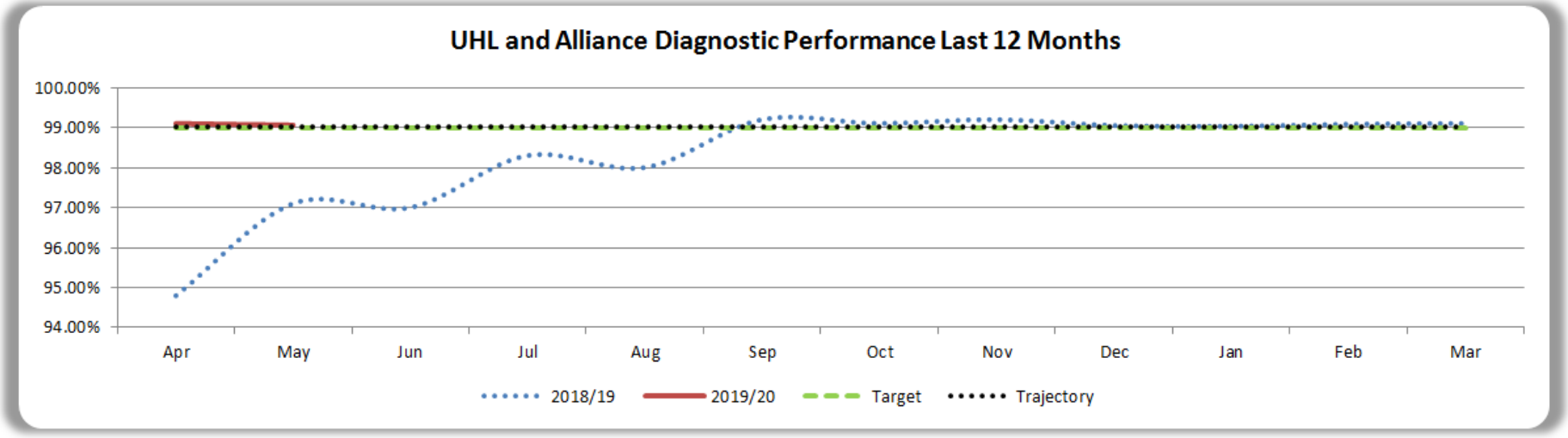
Key Drivers:

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

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 June, continuing to deliver the DM01 standard.



Cancelled Ops: Executive Performance Board

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Current Position:
May's cancelled operations performance for UHL and the Alliance combined was 1.4%. Overall the 1% cancellation target was met. There were 162 non clinical hospital cancellations (154 UHL and 8 Alliance).

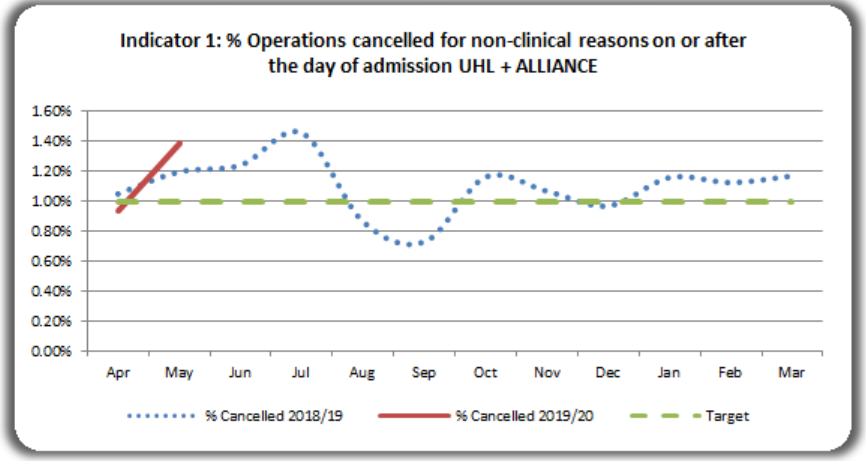
18 patients did not receive their operation within 28 days of a non-clinical cancellation, 14 from UHL and 0 from the Alliance. Although a month on month rise, the metric continued to show year on year improvements.

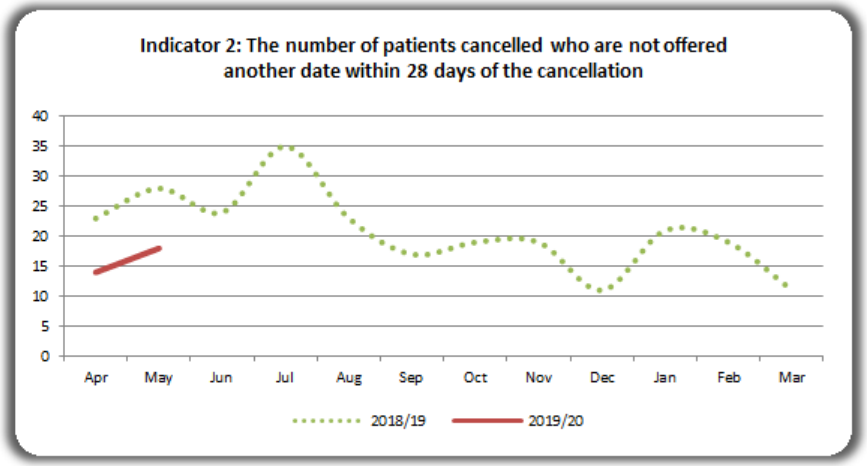
Key Drivers:
- Capacity constraints resulted in 75 (48.7%) hospital non clinical cancellations. Of this 12 were within Paediatrics.
- 41 cancellations were due to lack of theatre time / list overrun. Contextual information indicates other patients on the theatre list becoming more complex and late starts due to awaiting beds are causational factors.
- 10 cancellations were due staffing (surgical, anaesthetic and theatre staff).

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 that cancellation performance in June will improve. Sustained increased emergency pressures remain a risk to achieving the 1.0% target

Continued year on year improvement is expected for 28 breaches.

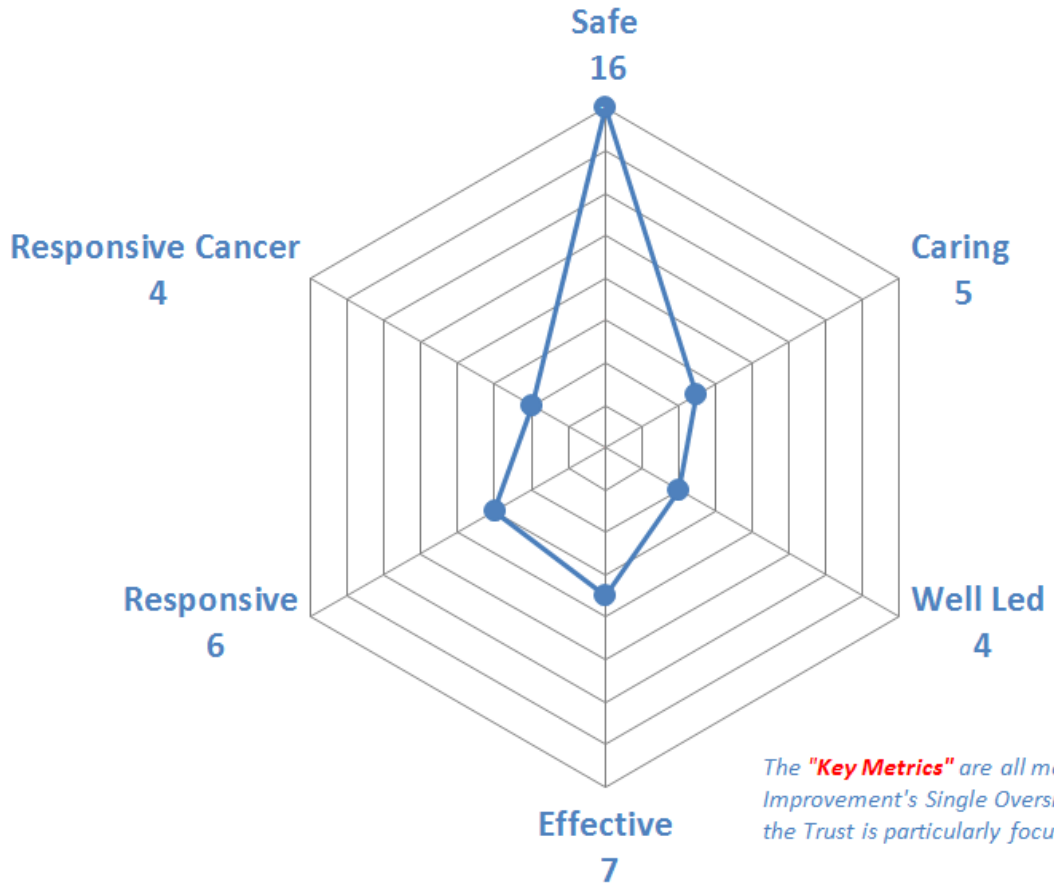




APPENDICES

APPENDIX A: Radar Diagram Summary of UHL Performance

Number of Compliant Indicators by Domain - May 19



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

Safe Domain - we have 28 indicators, 6 of which are standard metrics with no set targets. 73% of the 22 key metrics were compliant this month.

Caring Domain - we have 10 indicators, 3 of which are standard metrics with no set targets. 71% of the 7 key metrics were compliant this month.

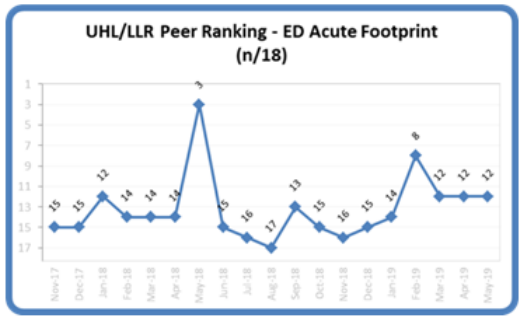
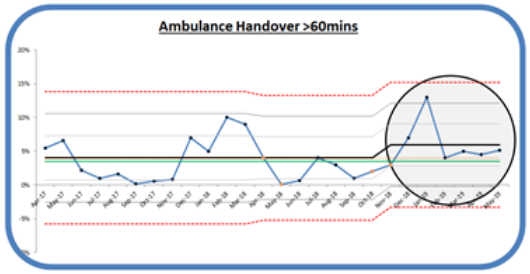
Well Led Domain - we have 22 indicators, 7 of which are standard metrics with no set targets. 27% of the 15 key metrics were compliant this month.

Effective Domain - we have 8 indicators, all of which are targets. 88% of these metrics were compliant this month.

Responsive Domain - we have 15 indicators, 1 of the metrics is standard and has no set targets. 43% of the 14 key metrics were compliant this month.

Responsive Cancer Domain - we have 9 indicators, all of which are targets. 44% of these metrics were compliant this month.

APPENDIX B: Exception Summary Report

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
ED 4 Hour Waits - is a measure of the percentage of patients that are discharged, admitted or transferred within four hours of arrival at the Emergency Department (ED).	**19/20 Target – 95% or above** The UHL performance for May was 75.1% (compared to 77.0% for the same period last year) and LLR performance was 81.5% against a trajectory of 90.3%.	**Benchmark**  **Trend** 	The UHL performance for May was 75.1% and LLR performance was 81.5% against a trajectory of 90.3%. In May 2019 the trust saw a total of 22,439 ED and Eye Casualty attendances. In comparison to Mat 2018 (20,751) this is an increase of 1,688 patients (8.1%).	1. Reviewing role of medical in-reach team to maximise efficiency across the Emergency Floor 2. Rapid cycle test of extension of AMU admissions unit (utilising ward 7 as direct referral from ED/GP) 3. Dedicated orthopaedic registrar into injuries (joint post with MSS) 4. Review demand and capacity alignment of workforce, particular focus on evenings and overnight. 5. Medical workforce lead in post to drive recruitment and retention, to reduce reliance on locums/agency costs.
Ambulance Handover >60 Mins (CAD from Feb 19) – is a measure of the percentage of handover delays over 60 minutes	**19/20 Target – 0%** May performance for handover was 5.1% compared to 0.1% in the same period last year.	**Trend** 	LRI had 10% more handovers in comparison to the same period last year. 49% of handovers were completed within 15 mins. 209 more hours lost due to ambulance handover delays in May compared to the previous month.	1. Deep dive into ambulance conveyances has commenced, focusing on 40% of ambulance referrals that do not go onto admission,, in partnership with EMAS, if conveyance is due to lack of timely provision of service in the community or gaps in service provision in the community. 2. Process review day in ambulance assessment

APPENDIX C: Safe Domain Dashboard

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

	KPI Ref	Indicators	Board Director	Lead Officer	19/20 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	17/18 Outturn	18/19 Outrun	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	19/20 YTD
Safe	S1	Reduction for moderate harm and above PSIs with finally approved status - reported 1 month in arrears	AF	MD	<=FY18/19	UHL	Need to await validated 18/19 rate of harm to agree specifics. Will be avialable end of May	May-17	235	245	32	17	27	25	20	21	21	13	24	11	11	8		8
	S2	Serious Incidents - actual number escalated each month	AF	MD	< FY 18/19	UHL	Red if >29 in FY	May-17	37	29	4	6	3	3	1	1	2	1	2	1	1	1	4	5
	S3	Proportion of reported safety incidents per 1000 attendances (IP, OP and ED)	AF	MD	> FY 18/19	UHL	Not required	May-17	15.8	16.8	16.2	16.8	17.9	17.1	16.3	16.0	17.1	18.8	16.5	17.3	15.4	17.2	15.5	16.3
	S4	SEPSIS - Patients with an Early Warning Score 3+ - % appropriate escalation	AF	JB	95%	UHL	TBC	Dec-17	95%	98%	98%	98%	98%	98%	98%	98%	Indicator on hold							
	S5	SEPSIS - Patients with EWS 3+ - % who are screened for sepsis	AF	JB	95%	UHL	TBC	Dec-17	95%	95%	97%	95%	94%	94%	93%	94%	Indicator on hold							
	S6	SEPSIS - ED - Patients who trigger with red flag sepsis - % that have their IV antibiotics within an hour - reported 1 month in arrears	AF	JB	90%	UHL	TBC	Dec-17	85%	84%	93%	88%	85%	85%	86%	81%	76%	76%	77%	77%	84%	83%		83%
	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	JB	90%	UHL	TBC	Dec-17	80%	89%	83%	77%	80%	87%	83%	96%	97%	96%	93%	93%	93%	96%		96%
	S8	Overdue CAS alerts	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	Nov-16	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0
	S9	RIDDOR - Serious Staff Injuries	AF	MD	<=50 by end of FY 19/20	UHL	Red / ER if non compliance with cumulative target	Oct-17	56	46	7	6	9	4	3	3	0	3	3	3	4	4	0	4
	S10	Never Events	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	May-17	8	8	1	2	0	0	0	1	1	0	0	0	2	0	0	0
	S11	Clostridium Difficile	CF	DJ	61	NHSI	Red if >mthly threshold / ER if Red or Non compliance with cumulative target	Nov-17	68	57	4	5	4	7	2	6	4	6	2	0	5	5	5	10
	S12	MRSA Bacteraemias - Unavoidable or Assigned to third Party	CF	DJ	0	NHSI	Red if >0 ER Not Required	Nov-17	0	3	0	0	1	0	0	0	0	0	0	1	1	0	0	0
	S13	MRSA Bacteraemias (Avoidable)	CF	DJ	0	UHL	Red if >0 ER Not Required	Nov-17	4	0	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	4	3	0	0	1	0	0	0	0	0	0	1	1	0	0	0
	S15	E. Coli Bacteraemias - Community	CF	DJ	TBC	NHSI	TBC	Jun-18	454	405	54	43	35	34	43	36	34	26	36	26	33	37	41	78
	S16	E. Coli Bacteraemias - Acute	CF	DJ	TBC	NHSI	TBC	Jun-18	96	65	7	3	5	3	11	5	5	5	5	5	3	8	11	19
	S17	E. Coli Bacteraemias - Total	CF	DJ	TBC	NHSI	TBC	Jun-18	550	470	61	46	40	37	54	41	39	31	41	31	43	45	52	97
	S18	MSSA - Community	CF	DJ	TBC	NHSI	TBC	Nov-17	139	124	11	8	14	11	8	18	6	6	15	9	7	13	15	28
	S19	MSSA - Acute	CF	DJ	TBC	NHSI	TBC	Nov-17	43	32	4	2	1	2	1	3	2	5	2	5	0	3	1	4
	S20	MSSA - Total	CF	DJ	TBC	NHSI	TBC	Nov-17	182	156	15	10	15	13	9	21	8	11	17	14	7	16	16	32
	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%	97.8%	97.3%	98.4%	98.2%	98.2%	97.9%	98.0%	97.6%	97.7%	97.3%	97.3%	98.0%	97.2%	97.2%	97.2%
	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	95.4%	95.8%	95.5%	95.6%	95.1%	95.5%	95.5%	94.8%	96.7%	96.0%	96.0%	97.6%	97.6%	98.4%	97.9%	98.1%
	S23	All falls reported per 1000 bed stays for patients reported 1 month in arrears (>65 years only before 19/20)	CF	HL	<=4.84	UHL	Red if >=6.03 ER if 2 consecutive reds	Jun-18	6.0	6.4	6.1	7.0	6.1	5.8	6.1	6.0	5.9	7.0	6.5	6.6	6.6	5.6		5.6
	S24	Rate of Moderate harms and above per 1,000 bed days for all patients (month in arrears)	CF	HL	<=0.07	UHL	Red if >0.19	TBC														0.04		0.04
	S25	Avoidable Pressure Ulcers - Grade 4	CF	MC	0	QS	Red / ER if Non compliance with monthly target	Aug-17	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	S26	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	8	7	0	1	1	1	0	0	0	3	0	1	0	0	0	0
	S27	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	53	62	4	7	7	1	10	0	5	5	4	8	5	4	8	12
	S28	% of patients over the age of 75yrs screened for dementia within 72hrs	CF	NB	<=90%	NHSI	Red if below 90%	TBC														86.3%	87.5%	86.9%

APPENDIX D: Caring Domain Dashboard

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

	KPI Ref	Indicators	Board Director	Lead Officer	19/20 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	17/18 Outturn	18/19 Outturn	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	19/20 YTD
Caring	C1	Formal complaints rate per 1000 IP,OP and ED attendances	AF	MD	No Target	UHL	Monthly reporting	Aug-17	1.3	1.6	1.6	1.3	1.6	1.7	1.7	1.7	1.6	1.3	1.6	1.5	1.8	1.8	1.8	1.8
	C2	Percentage of upheld PHSO cases	AF	MD	No Target	UHL	Quarterly reporting	Sep-17	0%	0%	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% (0 out of 3 cases)		0.0
	C3	Published Inpatients and Daycase Friends and Family Test - % positive	CF	HL	≥96% Highlight when and if ≥97%	UHL	Red if <95% ER if 2 consecutive mths Red star * if above national average for the month	Jun-17	97%	97%	98%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%★	97%	97%
	C4	Inpatients only Friends and Family Test - % positive	CF	HL	≥96% Highlight when and if ≥97%	UHL	Red if <95% ER if 2 consecutive mths Red star * if above national average for the month	Jun-17	96%	96%	97%	97%	95%	96%	96%	96%	96%	96%	95%	95%	95%	95%	95%	95%
	C5	Daycase only Friends and Family Test - % positive	CF	HL	≥96% Highlight when and if ≥97%	UHL	Red if <95% ER if 2 consecutive mths Red Star * if above the national average for that month	Jun-17	98%	98%	99%	98%	98%	98%	98%	99%	98%	99%	99%	98%	99%	98%	99%	98%
	C6	A&E Friends and Family Test - % positive	CF	HL	≥94%	UHL	Red if <86% ER if 2 consecutive mths Red Star * if above the national average for that month	Jun-17	95%	95%	96%	95%	95%	95%	95%	95%	95%	94%	95%	94%	92%	93%★	96%	95%
	C7	Outpatients Friends and Family Test - % positive	CF	HL	≥94%	UHL	Red if <91% ER if 2 consecutive mths Red Star * if above the national average for that month	Jun-17	95%	95%	96%	95%	95%	95%	95%	95%	95%	96%	95%	95%	95%	95%★	95%	95%
	C8	Maternity Friends and Family Test - % positive	CF	HL	≥96%	UHL	Red if <91% ER if 2 consecutive mths Red Star * if above the national average for that month	Jun-17	95%	94%	94%	93%	94%	94%	94%	95%	93%	95%	91%	92%	93%	93%	90%	91%
	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	69.8%	71.2%	70.5%		75.2%			65.0%			74.0%					
	C10	Single Sex Accommodation Breaches (patients affected)	CF	HL	0	NHSI	Red if >0 ER if 2 consecutive months >5	Dec-16	30	58	0	11	2	6	0	9	0	1	9	5	2	0	0	0

Star indicates above national average - reported a month in arrears

APPENDIX E: Well Led Domain Dashboard

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

	KPI Ref	Indicators	Board Director	Lead Officer	19/20 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	17/18 Outturn	18/19 Outturn	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	19/20 YTD
Well Led	W1	Published Inpatients and Daycase Friends and Family Test - Coverage (Adults and Children)	CF	HL	Not Appicable	N/A	Not Appicable	Jun-17	27.9%	26.4%	28.6%	27.7%	27.8%	25.5%	26.9%	26.3%	25.9%	24.3%	24.7%	25.8%	26.3%	26.5%	25.6%	26.0%
	W2	Inpatients only Friends and Family Test - Coverage (Adults and Children)	CF	HL	30%	QS	Red if <26.7%	Jun-17	31.9%	29.1%	32.2%	30.1%	31.6%	26.8%	28.5%	29.4%	30.4%	26.7%	26.8%	27.2%	29.0%	28.6%	27.9%	28.2%
	W3	Daycase only Friends and Family Test - Coverage (Adults and Children)	CF	HL	20%	QS	Red if <10%	Jun-17	23.6%	23.4%	24.6%	25.3%	23.6%	24.2%	25.2%	22.9%	21.2%	21.4%	22.4%	24.3%	23.3%	24.2%	23.1%	23.6%
	W4	A&E Friends and Family Test - Coverage	CF	HL	10%	QS	Red if <7.1%	Jun-17	9.9%	7.9%	12.0%	9.9%	10.8%	7.2%	6.9%	8.8%	4.9%	5.0%	9.5%	7.2%	5.9%	7.2%	7.4%	7.3%
	W5	Outpatients Friends and Family Test - Coverage	CF	HL	5%	QS	Red if <4.7%	Jun-17	5.7%	5.4%	5.7%	5.8%	5.5%	5.4%	5.4%	5.3%	5.3%	4.7%	4.7%	5.6%	5.9%	6.7%	6.7%	6.7%
	W6	Maternity Friends and Family Test - Coverage	CF	HL	30%	UHL	Red if <28.0%	Jun-17	40.2%	40.0%	41.9%	37.2%	38.5%	37.2%	39.1%	44.8%	42.5%	45.4%	33.6%	42.7%	41.6%	44.8%	32.9%	38.4%
	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	57.9%	59.8%	60.3%			61.9%			60.0%			57.0%				
	W8	Nursing Vacancies	CF	MM	TBC	UHL	Separate report submitted to QAC	Dec-17	11.9%	13.0%	14.0%	15.0%	14.6%	14.4%	15.2%	15.0%	13.8%	13.9%	14.5%	13.5%	13.0%	12.6%		
	W10	Turnover Rate	HW	LG	TBC	NHSI	Red = 11% or above ER = Red for 3 Consecutive Mths	Nov-17	8.5%	8.4%	8.6%	8.4%	8.4%	8.3%	8.6%	8.3%	8.3%	8.4%	8.6%	8.5%	8.4%	9.0%	9.0%	9.0%
	W11	Sickness absence (reported 1 month in arrears)	HW	BK	3%	UHL	Red if >4% ER if 3 consecutive mths >4.0%	Oct-16	4.2%	3.8%	3.4%	3.5%	3.4%	3.6%	3.8%	3.9%	4.1%	4.0%	4.2%	4.3%	4.1%	4.0%		4.0%
	W12	Temporary costs and overtime as a % of total paybill	HW	LG	TBC	NHSI	TBC	Nov-17	12.0%	11.1%	12.2%	11.8%	11.3%	10.8%	10.8%	11.5%	10.6%	11.0%	10.7%	9.7%	12.4%	9.8%	9.6%	9.7%
	W13	% of Staff with Annual Appraisal (excluding facilities Services)	HW	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	88.7%	92.6%	89.3%	89.8%	91.1%	91.6%	92.2%	92.1%	92.0%	92.5%	91.9%	92.6%	92.6%	92.5%	92.0%	92.0%
	W14	Statutory and Mandatory Training	HW	BK	95%	UHL	TBC	Dec-16	88%	89%	89%	89%	90%	88%	88%	88%	82%	86%	88%	89%	90%	89%	89%	89%
	W15	% Corporate Induction attendance	HW	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	97%	97%	96%	98%	98%	95%	96%	97%	96%	97%	97%	98%	98%	96%	90.0%	93.0%
	W16	BME % - Leadership (8A – Including Medical Consultants)	HW	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17	27%	29%	28%			29%			29%			29%				
	W17	BME % - Leadership (8A – Excluding Medical Consultants)	HW	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17	14%	16%	14%			15%			16%			16%				
	W18	DAY Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	CF	MM	TBC	NHSI	TBC	Jul-18	91.3%	80.8%	88.6%	87.2%	80.1%	77.3%	78.1%	78.4%	79.1%	78.1%	79.8%	78.1%	77.0%	78.9%	81.1%	80.0%
	W19	DAY Safety staffing fill rate - Average fill rate - care staff (%)	CF	MM	TBC	NHSI	TBC	Jul-18	101.1%	96.0%	100.2%	98.2%	94.7%	94.6%	95.1%	95.9%	97.0%	94.6%	95.9%	92.7%	92.8%	96.7%	95.0%	95.9%
	W20	NIGHT Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	CF	MM	TBC	NHSI	TBC	Jul-18	93.6%	89.8%	95.7%	94.3%	88.0%	84.8%	86.6%	88.2%	90.0%	87.9%	92.3%	88.5%	88.2%	88.2%	90.5%	89.4%
	W21	NIGHT Safety staffing fill rate - Average fill rate - care staff (%)	CF	MM	TBC	NHSI	TBC	Jul-18	111.0%	123.0%	119.8%	118.0%	124.1%	112.4%	121.5%	123.3%	126.8%	121.5%	124.8%	123.6%	126.3%	129.8%	131.4%	130.6%
	W22	Apprenticeships - 2.3% of workforce averaged as an apprenticeship over 3 years	HW	BK	613	NHSI	Red if <613	TBC														19	19	19

APPENDIX F: Effective Domain Dashboard

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

	KPI Ref	Indicators	Board Director	Lead Officer	19/20 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	17/18 Outturn	18/19 Outturn	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	19/20 YTD
Effective	E1	Emergency readmissions within 30 days following an elective or emergency spell	AF	CM	Monthly <8.5%	QC	Red if >8.6% ER if >8.6%	Jun-17	9.1%	9.0%	9.2%	9.1%	9.0%	9.0%	8.8%	8.9%	8.7%	9.0%	8.8%	9.1%	8.9%	9.2%		9.2%
	E2	Mortality - Published SHMI	AF	RB	<=99	QC	Red/ER if not within national expected range	Sep-16	98 (Oct16-Sep17)	99 (Oct17-Sep18)	98 (Oct16-Sep17)	97 (Jan17-Dec17)			95 (Apr17-Mar18)			96 (Jul17-Jun18)		99 (Oct17-Sep18)		99 (Jan to Dec 18)		99 (Jan to Dec 18)
	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	93	99	94	98	99	99	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	94	97	94	95	95	96	95	98	97	97	97	97	97	98	99	99
	E5	Crude Mortality Rate Emergency Spells	AF	RB	<=2.4%	UHL	Monthly Reporting	Apr-17	2.2%	2.1%	2.0%	1.9%	2.0%	1.9%	1.9%	2.1%	1.9%	2.4%	2.4%	2.4%	2.1%	2.0%	1.9%	1.9%
	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	69.9%	74.6%	64.2%	53.5%	58.8%	82.6%	77.2%	83.6%	83.5%	73.8%	87.3%	78.7%	75.3%	76.1%	76.8%	76.5%
	E7	Stroke - 90% of Stay on a Stroke Unit	RB	RM	80% or above	QS	Red if <80% ER if 2 consecutive mths <80%	Apr-18	86.7%	84.9%	88.0%	84.3%	86.8%	80.6%	83.7%	86.7%	82.4%	78.7%	87.1%	86.5%	87.7%	83.5%		83.5%
	E8	Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)	RB	RM	60% or above	QS	Red if <60% ER if 2 consecutive mths <60%	Apr-18	52.6%	55.6%	67.3%	77.7%	70.2%	50.4%	28.7%	38.6%	87.3%	52.3%	83.5%	57.5%	29.9%	64.0%	75.5%	69.5%

APPENDIX G: Responsive Domain Dashboard

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

Responsive

KPI Ref	Indicators	Board Director	Lead Officer	19/20 Target	Target Set by	18/19 Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	17/18 Outturn	18/19 Outturn	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	19/20 YTD
R1	ED 4 Hour Waits UHL	RB	RM	95% or above	NHSI	Green if in line with NHSI trajectory	Aug-17	77.6%	77.0%	88.2%	82.0%	76.3%	76.3%	79.5%	78.3%	72.6%	73.5%	70.7%	76.1%	75.1%	75.5%	73.7%	74.6%
R2	ED 4 Hour Waits Acute Footprint (UHL + LLR UCC (Type 3), before 19/20)	RB	RM	95% or above	NHSI	Red if <85% Amber if >85% and <90% Green 90%+ ER via ED TB report	Aug-17	80.6%	83.2%	91.3%	87.1%	83.1%	83.0%	84.7%	83.7%	79.1%	79.9%	79.1%	82.6%	82.0%	82.4%	81.5%	82.0%
R3	12 hour trolley waits in A&E	RB	RM	0	NHSI	Red if >0 ER via ED TB report	Mar-19	40	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
R4	RTT - Incomplete 92% in 18 Weeks UHL+ALLIANCE	RB	DM	92% or above	NHSI	Green if in line with NHSI trajectory	Nov-16	85.2%	84.7%	86.8%	87.0%	86.5%	85.8%	85.2%	86.0%	86.0%	85.3%	85.2%	85.1%	84.7%	84.4%	84.7%	84.7%
R5	RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE	RB	DM	0	NHSI	Red /ER if >0	Nov-16	4	0	4	4	0	0	0	0	0	0	0	0	0	0	0	0
R6	6 Week - Diagnostic Test Waiting Times (UHL+ALLIANCE)	RB	DM	1% or below	NHSI	Red /ER if >1%	Dec-16	1.9%	0.9%	2.9%	3.0%	1.7%	2.0%	0.8%	0.9%	0.8%	1.0%	1.0%	0.9%	0.9%	0.9%	0.9%	0.9%
R7	Urgent Operations Cancelled Twice (UHL+ALLIANCE)	RB	DM	0	NHSI	Red if >0 ER if >0	Jan-17	0	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	DM	0	NHSI	Red if >2 ER if >0	Jan-17	336	242	27	24	32	22	17	19	17	10	20	19	11	14	18	32
R9	Cancelled patients not offered a date within 28 days of the cancellations ALLIANCE	RB	DM	0	NHSI	Red if >2 ER if >0	Jan-17	2	6	1	0	3	0	0	0	0	1	1	0	0	0	0	0
R10	% Operations cancelled for non-clinical reasons on or after the day of admission UHL	RB	DM	<1%	Contract	Amber if >1.0% ER if >1.0%	Jan-17	1.3%	1.2%	1.2%	1.2%	1.4%	0.9%	0.8%	1.2%	1.2%	1.0%	1.3%	1.2%	1.3%	1.0%	1.4%	1.2%
R11	% Operations cancelled for non-clinical reasons on or after the day of admission ALLIANCE	RB	DM	<1%	Contract	Amber if >1.0% ER if >1.0%	Jan-17	0.6%	0.6%	0.6%	1.7%	1.6%	0.1%	0.0%	0.3%	0.6%	1.1%	0.2%	0.0%	0.0%	0.4%	1.0%	0.7%
R12	% Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	RB	DM	<1%	Contract	Amber if >1.0% ER if >1.0%	Jan-17	1.2%	1.1%	1.2%	1.2%	1.5%	0.9%	0.7%	1.2%	1.1%	1.0%	1.2%	1.1%	1.2%	0.9%	1.4%	1.2%
R13	No of Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	RB	DM	Not Applicable	UHL	Not Applicable	Jan-17	1615	1496	139	138	161	98	79	139	132	97	139	123	141	104	162	266
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	1.9%	1.5%	1.3%	1.3%	1.2%	1.6%	1.4%	1.6%	1.3%	1.8%	1.5%	1.8%	1.7%	1.0%	1.8%	1.4%
R15	Ambulance Handover >60 Mins (CAD from Feb 19)	RB	DM	2% (May 19)	NHSI	Red if below trajectory ER if Red for 3 consecutive mths	TBC	4.2%	4.0%	0.1%	0.7%	4.2%	3.0%	1.0%	2.0%	3.0%	7.0%	12.5%	4.3%	5.0%	4.5%	5.1%	4.8%
R16	Ambulance Handover >30 Mins and <60 mins (CAD from Feb 19)	RB	DM	10% (May 19)	NHSI	Red if below trajectory ER if Red for 3 consecutive mths	TBC	9.0%	8.0%	1.4%	4.0%	8.4%	8.0%	5.0%	8.0%	9.0%	10.0%	14.1%	10.1%	12.7%	12.4%	14.9%	13.7%

APPENDIX H: Responsive Domain Cancer Dashboard

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

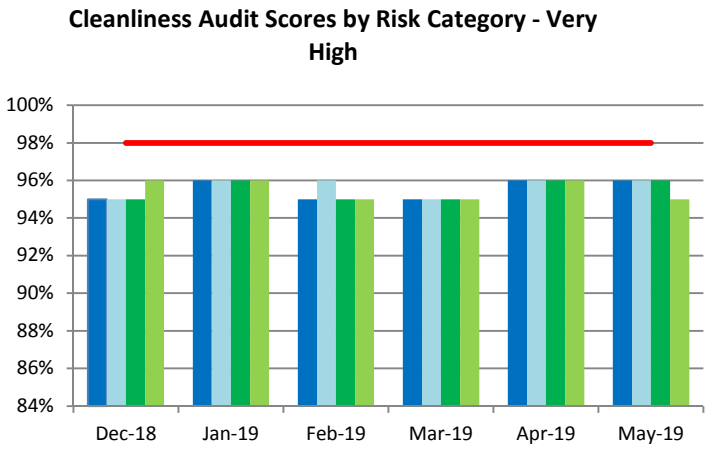
Responsive Cancer

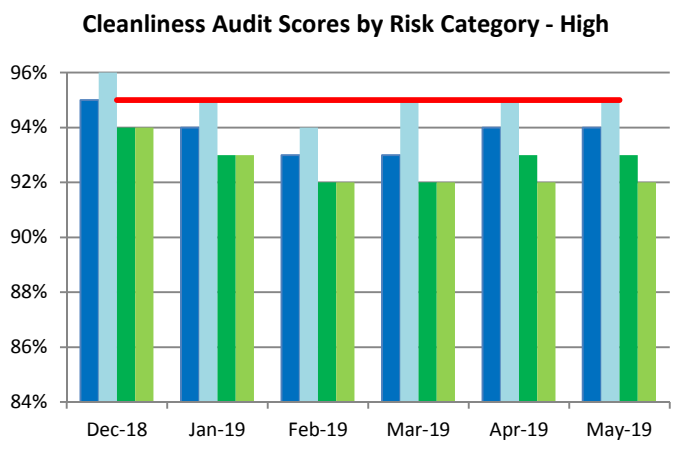
KPI Ref	Indicators	Board Director	Lead Officer	19/20 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	17/18 Outturn	18/19 Outturn	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	19/20 YTD
** Cancer statistics are reported a month in arrears.																							
RC1	Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	RB	SL	93% or above	NHSI	Red if below Target	Jul-16	94.7%	92.3%	95.0%	93.1%	92.2%	92.9%	95.2%	94.0%	89.9%	80.2%	88.6%	95.5%	95.6%	95.7%	**	**
RC2	Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	RB	SL	93% or above	NHSI	Red if below Target	Jul-16	91.9%	79.3%	95.5%	88.7%	84.5%	86.6%	94.0%	79.9%	68.7%	26.6%	64.5%	90.4%	97.5%	90.5%	**	**
RC3	31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	RB	SL	96% or above	NHSI	Red if below Target	Jul-16	95.1%	95.2%	94.7%	96.4%	95.4%	98.0%	95.4%	94.1%	95.9%	96.1%	91.4%	94.8%	95.2%	94.8%	**	**
RC4	31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	RB	SL	98% or above	NHSI	Red if below Target	Jul-16	99.1%	99.6%	99.2%	98.0%	100%	98.5%	100%	100%	100%	100%	100%	100%	99.3%	100%	**	**
RC5	31-Day Wait For Second Or Subsequent Treatment: Surgery	RB	SL	94% or above	NHSI	Red if below Target	Jul-16	85.3%	86.1%	90.1%	89.6%	87.0%	89.6%	82.5%	86.5%	84.0%	86.4%	89.8%	84.2%	85.3%	85.7%	**	**
RC6	31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	RB	SL	94% or above	NHSI	Red if below Target	Jul-16	95.4%	97.9%	98.1%	100%	99.3%	100.0%	90.0%	98.5%	99.2%	99.2%	95.1%	99.3%	98.5%	98.5%	**	**
RC7	62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	RB	SL	85% or above	NHSI	Red if below Target	Jul-16	78.2%	75.2%	75.7%	74.5%	77.0%	72.9%	71.7%	76.5%	74.2%	82.3%	75.8%	69.7%	73.8%	75.6%	**	**
RC8	62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	RB	SL	90% or above	NHSI	Red if below Target	Jul-16	85.2%	82.3%	86.8%	81.0%	88.5%	84.0%	96.0%	78.6%	95.5%	90.6%	67.9%	74.3%	79.3%	100.0%	**	**
RC9	Cancer waiting 104 days	RB	SL	0	NHSI	TBC	Jul-16	18	27	9	11	17	29	26	13	12	15	28	26	27	29	32	32

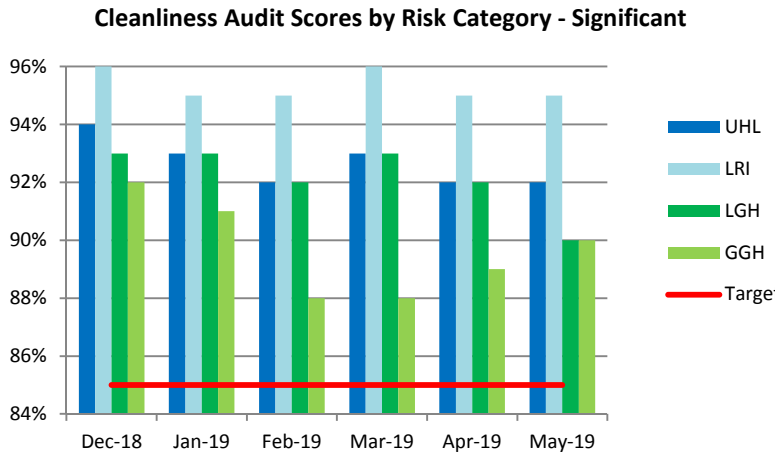
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers Inc Rare Cancers

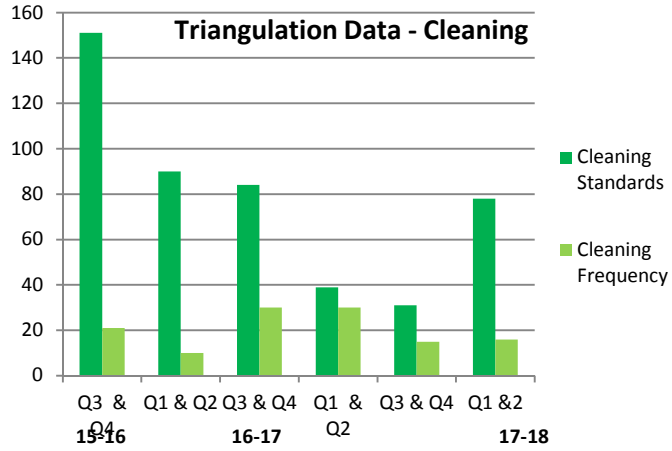
KPI Ref	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome	17/18 Outturn	18/19 YTD	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	19/20 YTD
RC10	Brain/Central Nervous System	RB	SL	85% or above	NHSI	Red if below Target	Jul-16	--	33.3%	--	0.0%	--	--	100%	--	--	--	--	--	--	--	**	**
RC11	Breast	RB	SL	85% or above	NHSI	Red if below Target	Jul-16	93.8%	88.2%	93.7%	92.9%	91.4%	85.4%	86.7%	87.2%	80.6%	91.5%	87.5%	76.7%	96.3%	97.6%	**	**
RC12	Gynaecological	RB	SL	85% or above	NHSI	Red if below Target	Jul-16	70.6%	70.6%	35.0%	66.7%	55.0%	58.3%	69.2%	68.0%	90.0%	94.7%	83.3%	66.7%	76.5%	66.7%	**	**
RC13	Haematological	RB	SL	85% or above	NHSI	Red if below Target	Jul-16	81.0%	69.0%	57.1%	50.0%	100.0%	64.3%	50.0%	87.5%	52.4%	100%	70.0%	69.2%	55.6%	50.0%	**	**
RC14	Head and Neck	RB	SL	85% or above	NHSI	Red if below Target	Jul-16	55.4%	55.0%	60.0%	55.6%	42.9%	37.5%	47.1%	54.5%	60.0%	37.0%	91.7%	66.7%	60.0%	26.7%	**	**
RC15	Lower Gastrointestinal Cancer	RB	SL	85% or above	NHSI	Red if below Target	Jul-16	58.5%	56.2%	53.1%	66.7%	63.2%	58.8%	45.5%	50.0%	56.0%	65.0%	63.3%	35.3%	57.1%	60.0%	**	**
RC16	Lung	RB	SL	85% or above	NHSI	Red if below Target	Jul-16	66.2%	72.1%	70.5%	78.3%	82.4%	60.7%	75.5%	68.4%	69.8%	75.0%	65.0%	75.6%	75.8%	79.5%	**	**
RC17	Other	RB	SL	85% or above	NHSI	Red if below Target	Jul-16	66.7%	52.4%	66.7%	50.0%	0.0%	0.0%	75.0%	50.0%	0.0%	--	0.0%	100.0%	100.0%	100.0%	**	**
RC18	Sarcoma	RB	SL	85% or above	NHSI	Red if below Target	Jul-16	56.7%	73.3%	66.7%	100%	100%	--	--	100%	100%	100%	66.7%	--	--	--	**	**
RC19	Skin	RB	SL	85% or above	NHSI	Red if below Target	Jul-16	96.8%	96.9%	100%	93.2%	100%	97.6%	100%	95.0%	93.2%	100%	95.9%	93.8%	98.4%	100.0%	**	**
RC20	Upper Gastrointestinal Cancer	RB	SL	85% or above	NHSI	Red if below Target	Jul-16	71.9%	66.3%	61.5%	81.6%	60.7%	77.8%	64.5%	84.6%	58.8%	67.9%	56.0%	60.0%	45.5%	70.6%	**	**
RC21	Urological (excluding testicular)	RB	SL	85% or above	NHSI	Red if below Target	Jul-16	76.3%	68.1%	75.7%	59.4%	67.8%	64.7%	55.4%	70.4%	73.8%	79.8%	63.3%	66.1%	66.0%	64.7%	**	**
RC22	Rare Cancers	RB	SL	85% or above	NHSI	Red if below Target	Jul-16	65.0%	79.4%	100%	75.0%	100%	66.7%	100%	100%	100%	100%	100%	57.1%	50.0%	100.0%	**	**
RC23	Grand Total	RB	SL	85% or above	NHSI	Red if below Target	Jul-16	78.2%	75.2%	75.7%	74.5%	77.3%	72.9%	71.7%	76.4%	74.2%	82.3%	75.8%	69.7%	73.8%	75.6%	**	**

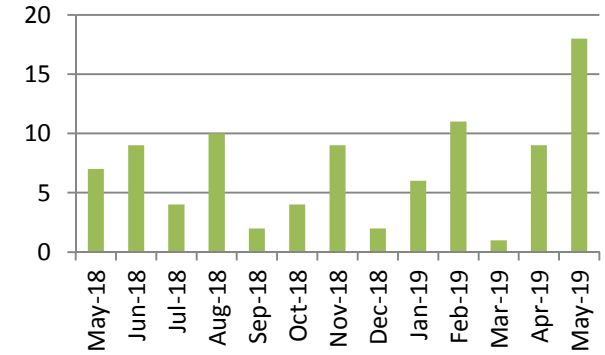
Estates and Facilities - Cleanliness











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 many 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 have remained at 95%, with the LRI and LGH, maintaining their average score of 96%, while the GH drops to 95%. Whilst this is 2% below the overall 98% target, the table opposite shows that there has been improvement this month as an extra 8 audits passed the standard in May.

High-risk area average scores remain at 94% overall; with all 3 sites maintaining identical scores to April with the LRI achieving 95%, the LGH achieving 93% and the GGH achieving 92%.

Significant risk areas all continue to exceed the 85% target and there were only 18 audit failure Datix's incident logged for May have risen sharply to 18, with 3 referring to incidents in very high risk areas.

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

May Audit Performance Summary (all sites)			
Audit Category	Total Audits	Pass	Fail
Very High	104	37	67
High	116	58	58
Significant	137	119	18

Estates and Facilities – Patient Catering

Patient Catering Survey – May 2019	Percentage 'OK or Good'	
	Apr-19	May-19
Did you enjoy your food?	91%	98%
Did you feel the menu has a good choice of food?	91%	100%
Did you get the meal that you ordered?	94%	100%
Were you given enough to eat?	91%	98%

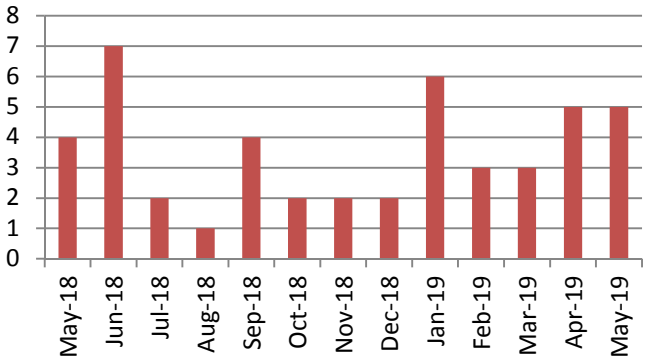
90 – 100%	80 – 90%	<80%

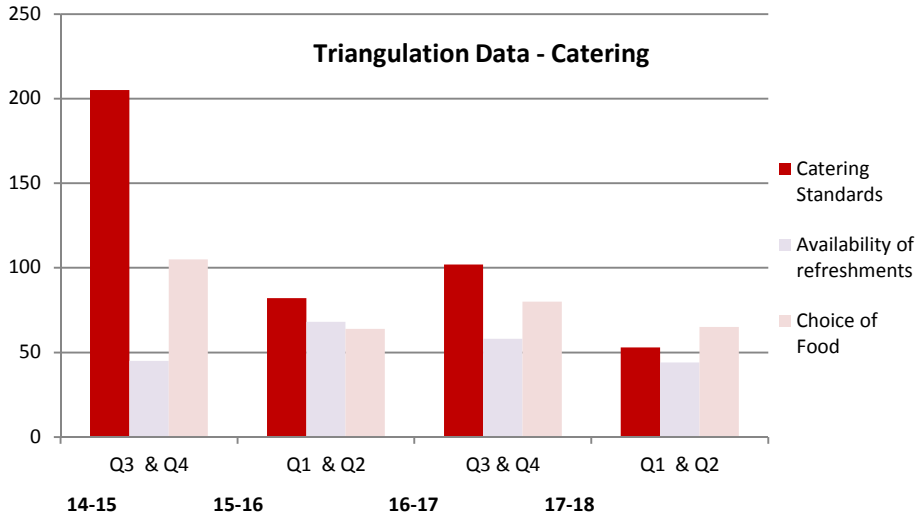
Number of Patient Meals Served				
Month	***LRI***	***LGH***	***GGH***	***UHL***
March	***71,868***	***29,076***	***32,261***	***133,205***
April	***69,367***	***20,413***	***29,304***	***119,084***
May	***72,119***	***19,191***	***30,457***	***121,767***

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

97 – 100%	95 – 97%	<95%

Number of Datix Incidents Logged -Patient Catering





Patient Catering Report

Survey numbers have improved slightly with the scores being based on 42 returns. We are engaging with the hospital volunteer's service to see if they can assist us with increasing our sample size to 100 surveys a month.

Scores this month have returned to the normal 90% 'green' range that we usually see 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.

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

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

Datix incidents have remained steady with 5 logged in May; these are low given the volume of meals served by the catering team.

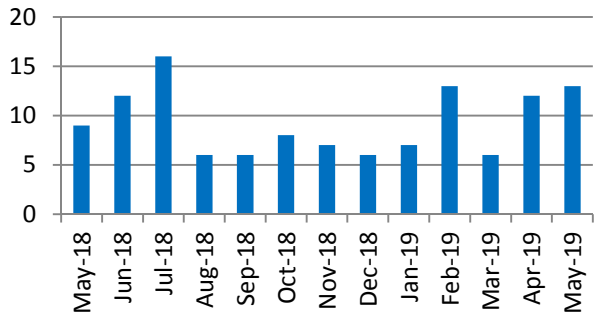
Estates and Facilities - Portering

Reactive Portering Tasks in Target				
Site	Task (Urgent 15min, Routine 30min)	Month		
		March	April	May
GH	Overall	93%	92%	95%
	Routine	92%	92%	94%
	Urgent	95%	97%	99%
LGH	Overall	95%	94%	94%
	Routine	93%	93%	93%
	Urgent	96%	99%	97%
LRI	Overall	92%	91%	90%
	Routine	91%	90%	89%
	Urgent	97%	97%	97%

95 – 100%	90 – 94%	<90%

Average Portering Task Response Times		
Category	Time	No of tasks
Urgent	00:14:39	**2,649**
Routine	00:26:57	**16,403**
	Total	**19,052**

Number of Datix Incidents Logged - Portering



Portering Report

May's performance figures remain similar to those seen in April.

Datix's have risen by 1 and 13 have been received in May, with no identifiable trend.

Equipment continues to cause the portering service issues, locating wheelchairs, calls can add up to 20 minutes to complete a allocated task. A tracking system is being considered to see if this issue can be resolved going forward.

Estates & Facilities – Planned Maintenance

Statutory Maintenance Tasks Against Schedule					
	Month	Fail	Pass	Total	%
UHL Trust Wide	March	3	239	242	99%
	April	0	323	323	100%
	May	0	131	131	100%

99 – 100%	97 – 99%	<97%

Non-Statutory Maintenance Tasks Against Schedule					
	Month	Fail	Pass	Total	%
UHL Trust Wide	March	718	1824	2542	72%
	April	770	1375	2145	64%
	May	804	1520	2324	65%

95 – 100%	80 – 95%	<80%

Estates Planned Maintenance Report

For May we have achieved 100% in the delivery of Statutory Maintenance tasks in the month.

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

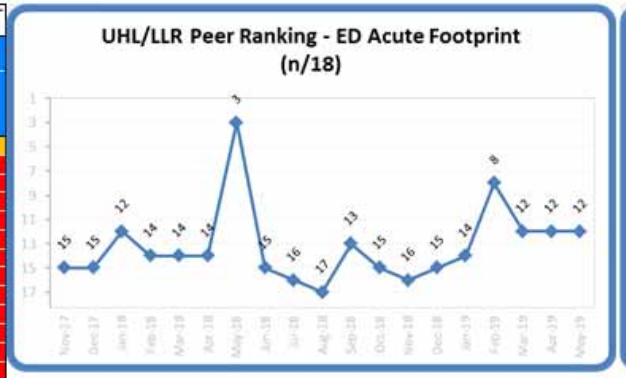
University Hospitals of Leicester NHS
NHS Trust

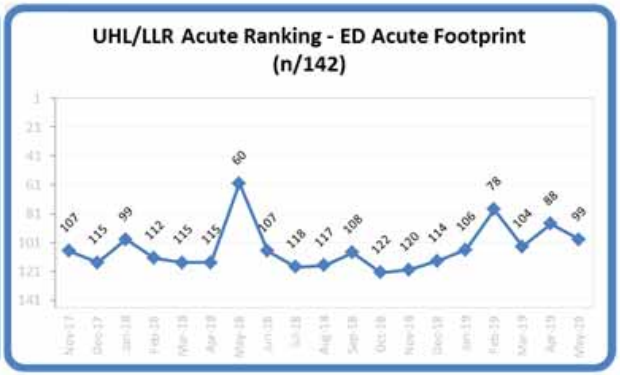
UHL ED Attendances within 4 hours

UHL + LLR ED Attendances within 4 hours - May2019 (Acute Footprint)***

All Acute Trusts - 87.0% *UHL + LLR 99 out of the 142 Trusts**
7 of the 142 Trusts achieved 95% or more*

Peer Rank	Provider Name	Performance within 4 Hours - Target 95%- Amber 92%- <95%
1	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	96.2%
2	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	88.8%
3	LEEDS TEACHING HOSPITALS NHS TRUST	88.3%
4	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	87.8%
5	BARTS HEALTH NHS TRUST	86.6%
6	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	86.2%
7	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	86.0%
8	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	85.3%
9	PENNINE ACUTE HOSPITALS NHS TRUST	84.8%
10	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	84.5%
11	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	82.1%
12	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	81.5%
13	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	81.5%
14	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	80.7%
15	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	80.7%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	78.5%
17	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	-
18	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	-



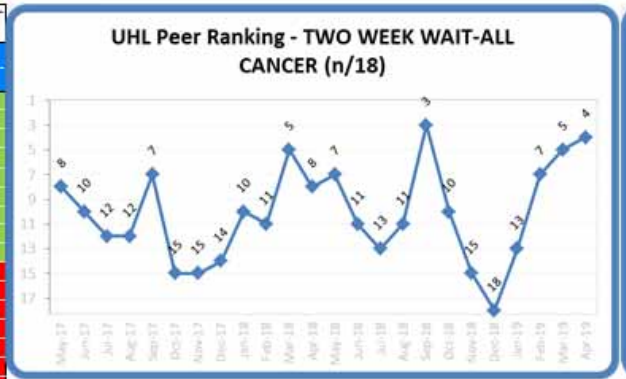


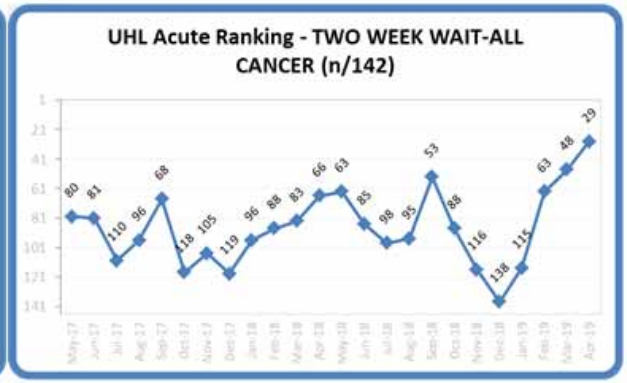
TWO WEEK WAIT-ALL CANCER

TWO WEEK WAIT-ALL CANCER - April 2019

All Acute Trusts Performance - 89.8% *UHL ranks 29 out of the 142 Acute Trusts**
70 of the 142 Acute Trusts achieved 93% or more*

Peer Rank	Provider	Performance within 14 Days - Target 93%
1	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	97.7%
2	BARTS HEALTH NHS TRUST	97.2%
3	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.3%
4	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	95.7%
5	HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	95.3%
6	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	94.9%
7	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	93.6%
8	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	93.5%
9	PENNINE ACUTE HOSPITALS NHS TRUST	93.1%
10	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	92.4%
11	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	91.9%
12	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	88.7%
13	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	88.0%
14	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	86.2%
15	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	81.2%
16	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	80.3%
17	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	80.0%
18	LEEDS TEACHING HOSPITALS NHS TRUST	74.3%





***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

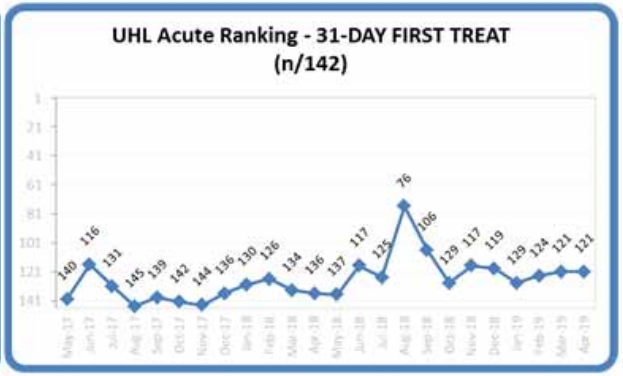
University Hospitals of Leicester NHS
NHS Trust

31-DAY FIRST TREAT

31-DAY FIRST TREAT - April 2019

All Acute Trusts Performance - 96.3% *UHL ranks 121 out of the 142 Acute Trusts**
105 of the 142 Acute Trusts achieved 96% or more*

Peer Rank	Provider	Performance within 31 Days - Target 96%
1	BARTS HEALTH NHS TRUST	99.3%
2	PENNINE ACUTE HOSPITALS NHS TRUST	98.2%
3	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	97.9%
4	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	97.5%
5	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	96.6%
6	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.5%
6	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	96.5%
8	LEEDS TEACHING HOSPITALS NHS TRUST	96.4%
9	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	96.3%
10	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	95.7%
11	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	95.6%
12	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	95.6%
16	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	95.1%
14	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	94.8%
15	HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	94.5%
16	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	94.3%
17	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	92.7%
18	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	91.5%

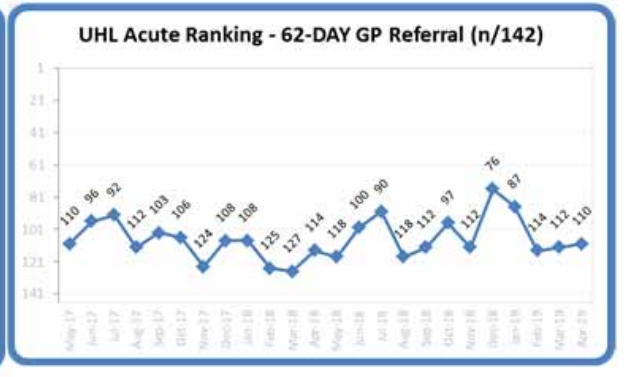


62-DAY GP Referral

62-DAY GP Referral - April 2019

All Acute Trusts Performance - 79.3% *UHL ranks 110 out of the 142 Acute Trusts**
50 of the 142 Acute Trusts achieved 85% or more*

Peer Rank	Provider	Performance within 62 Days - Target 85%
1	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	88.2%
2	BARTS HEALTH NHS TRUST	86.7%
3	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	81.3%
4	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	79.1%
5	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	78.7%
6	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	77.3%
7	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	76.3%
8	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	75.8%
9	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	75.7%
10	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	75.5%
11	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	74.0%
12	LEEDS TEACHING HOSPITALS NHS TRUST	73.7%
13	HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	73.1%
14	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	72.7%
15	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	70.2%
16	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	70.1%
17	PENNINE ACUTE HOSPITALS NHS TRUST	66.7%
17	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	66.7%



***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

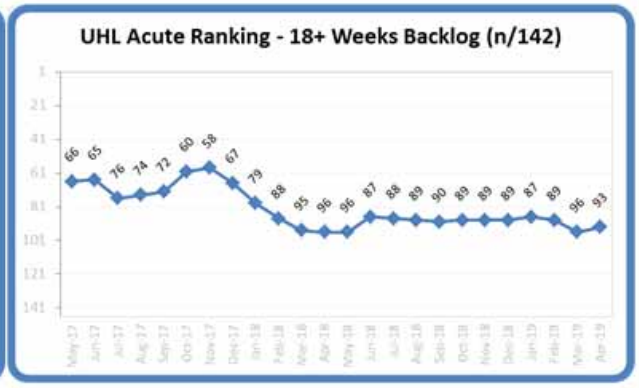
University Hospitals of Leicester NHS
NHS Trust

RTT 18+ Weeks Backlog

RTT 18+ Weeks Backlog - April 2019

All Acute Trusts Performance - 85.8% — *UHL ranks 93 out of the 142 Acute Trusts**
37 of the 142 Acute Trusts achieved 92% or more*

Peer Rank	Provider Name	RTT Incompletes Performance - Target 92%
1	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	93.1%
2	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	92.6%
3	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	92.2%
4	LEEDS TEACHING HOSPITALS NHS TRUST	87.0%
5	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	86.4%
6	PENNINE ACUTE HOSPITALS NHS TRUST	85.6%
7	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	85.0%
8	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	85.0%
9	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	84.4%
10	BARTS HEALTH NHS TRUST	84.2%
11	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	84.2%
12	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	83.6%
13	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	83.2%
14	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	82.6%
15	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	79.5%
16	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	79.1%
17	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	77.5%
18	HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	76.2%

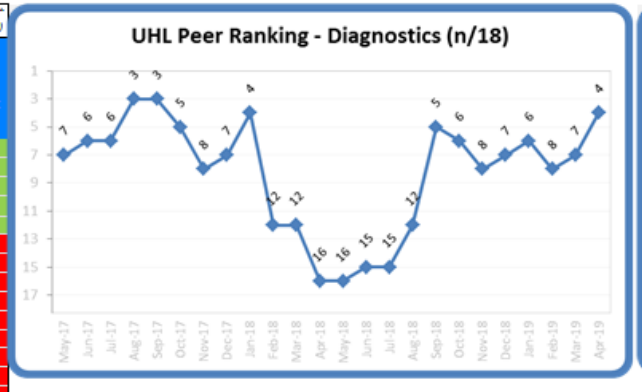


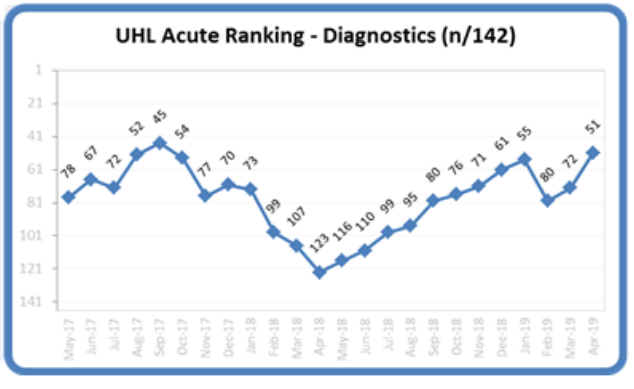
Diagnostics

Diagnostics - April 2019

All Acute Trusts Performance - 3.7% — *UHL ranks 51 out of the 142 Acute Trusts** *(Ranked Ascending)*
55 of the 142 Acute Trusts achieved <1% or less*

Peer Rank	Provider Name	Diagnostics Peformance %Waiting 6 Wks+ - Target <=1%
1	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	0.0%
2	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	0.7%
3	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	0.9%
4	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	0.9%
5	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	1.0%
6	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	1.4%
7	LEEDS TEACHING HOSPITALS NHS TRUST	1.4%
8	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	2.0%
9	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2.1%
10	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2.5%
11	BARTS HEALTH NHS TRUST	2.6%
12	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	3.0%
13	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	3.5%
14	HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	4.6%
15	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	5.0%
16	PENNINE ACUTE HOSPITALS NHS TRUST	5.6%
17	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	8.2%
18	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	12.0%





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

Peer Group Analysis

University Hospitals of Leicester NHS
NHS Trust

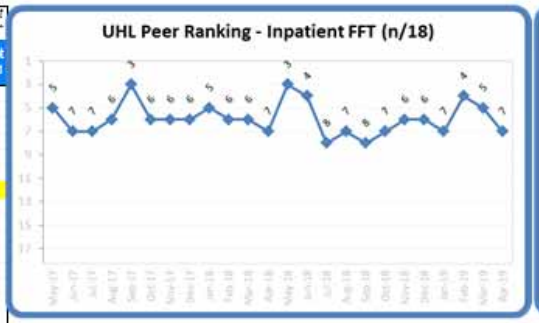
Inpatient FFT

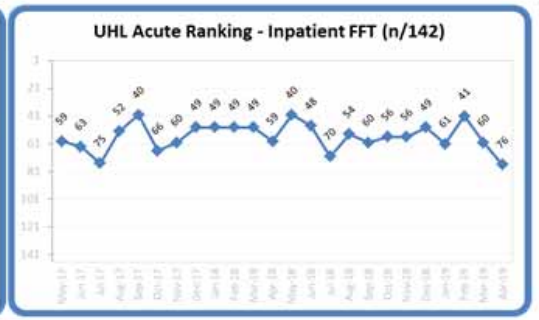
Inpatient FFT - April 2019

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

UHL ranks 76 (for Recommended) and 52 (for Not Recommended) out of the 142 Trusts**

Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	13%	98%	1%
2	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	21%	98%	1%
3	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	31%	97%	1%
4	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	12%	97%	1%
5	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	35%	97%	1%
6	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	7%	97%	2%
7	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	**26%**	**96%**	**1%**
8	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	17%	96%	2%
9	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	30%	96%	2%
10	LEEDS TEACHING HOSPITALS NHS TRUST	41%	96%	1%
11	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	24%	96%	1%
12	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	18%	95%	2%
13	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	22%	95%	3%
14	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	29%	94%	2%
15	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	14%	93%	2%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	21%	93%	3%
17	PENNINE ACUTE HOSPITALS NHS TRUST	22%	91%	4%
18	BARTS HEALTH NHS TRUST	10%	91%	5%





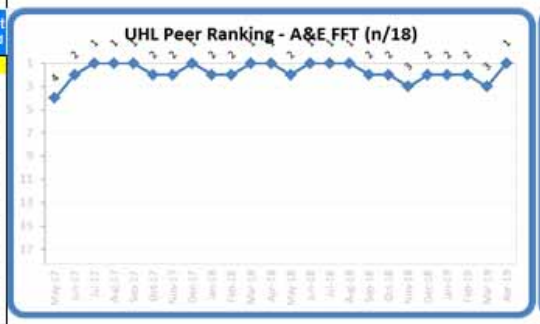
A&E FFT

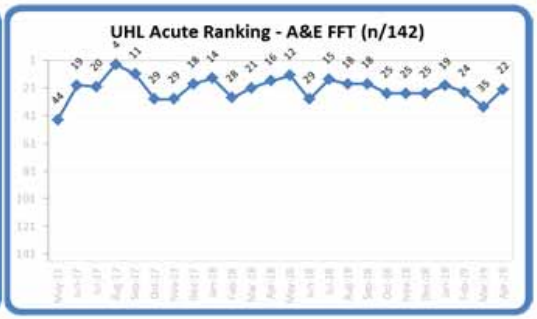
A&E FFT - April 2019

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

UHL ranks 22 (for Recommended) and 22 (for Not Recommended) out of the 142 Trusts**

Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	**7%**	**93%**	**2%**
2	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	20%	93%	4%
3	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	12%	92%	4%
4	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2%	91%	3%
5	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	1%	90%	8%
6	LEEDS TEACHING HOSPITALS NHS TRUST	26%	89%	7%
7	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	11%	88%	6%
8	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	21%	87%	8%
9	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	20%	86%	9%
10	PENNINE ACUTE HOSPITALS NHS TRUST	11%	83%	12%
11	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	18%	83%	13%
12	HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	14%	81%	11%
13	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	18%	80%	13%
14	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	16%	77%	15%
15	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	4%	76%	12%
16	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	9%	73%	19%
17	BARTS HEALTH NHS TRUST	5%	73%	21%
18	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	33%	70%	18%



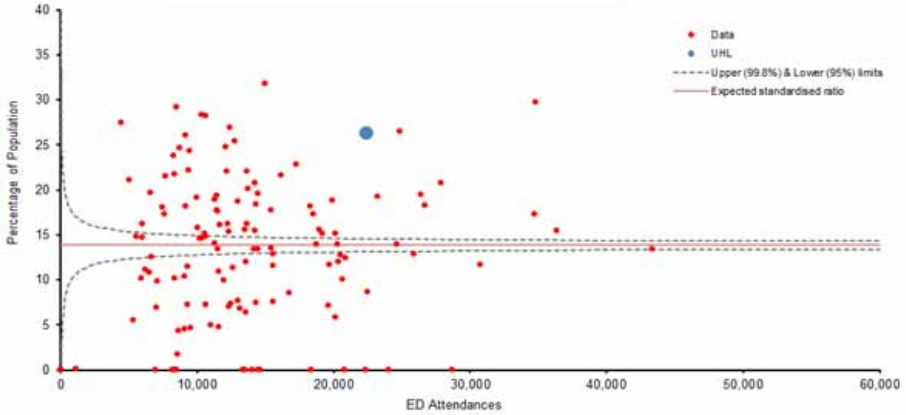


***Acute NHS hospitals – there are 145 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service**

Funnel Plot Benchmarking

University Hospitals of Leicester NHS
NHS Trust

ED Attendances with 4 hours - May 2019

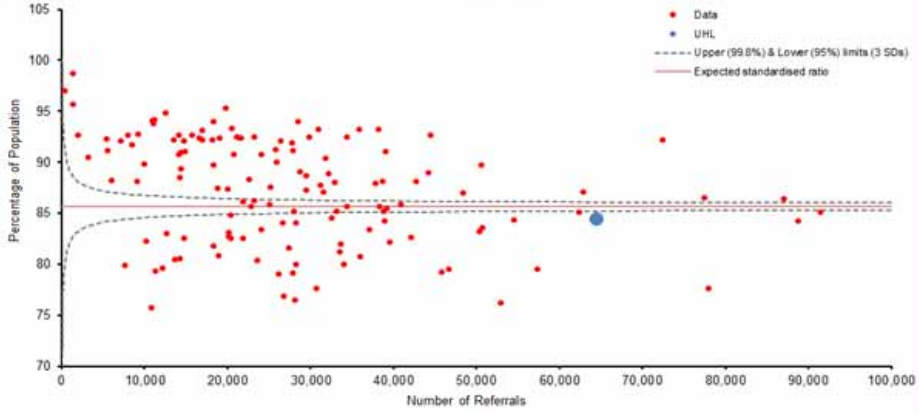


Nationally, 14.5% of all acute providers were within the control limit, 43.5% above the upper control limit (99.8%) and 42.0% below the lower control limit (95%).

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

15 providers had similar levels of ED attendances to UHL - 8 providers including UHL are above the upper control limit

RTT - April 2019

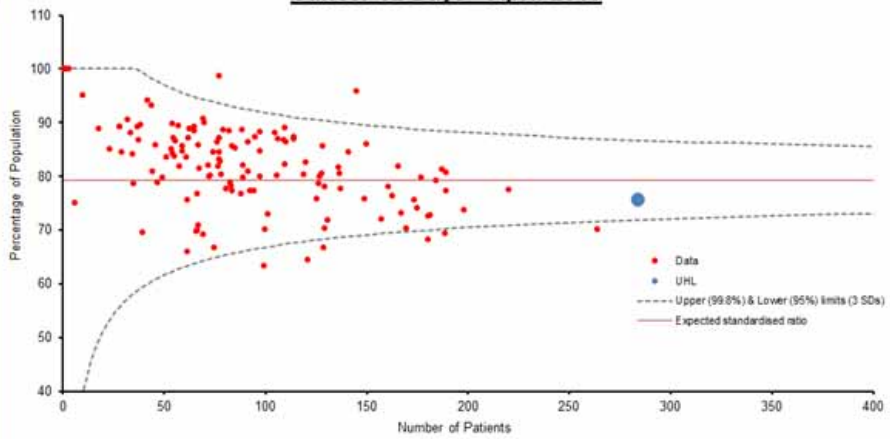


Nationally, 7.8% of all acute providers were within the control limit, 54.6% above the upper control limit (99.8%) and 37.6% below the lower control limit (95%).

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

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

Cancer 62 Days - April 2019

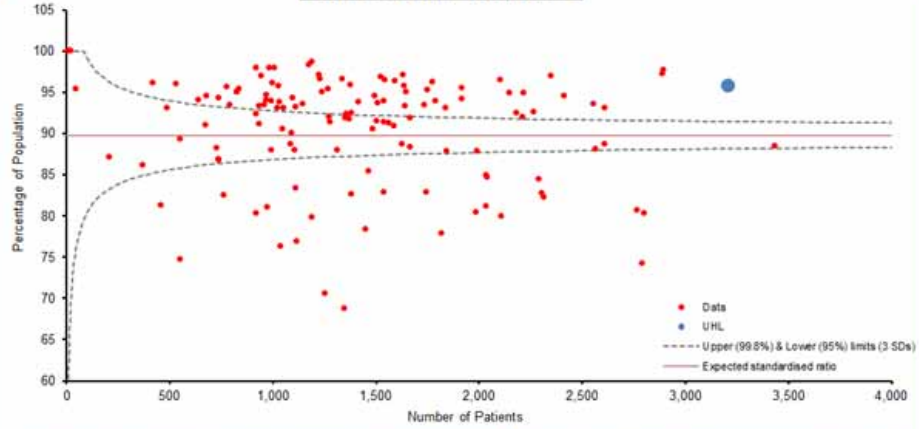


Nationally, 93.0% of all acute providers were within the control limit, 1.4% above the upper control limit (99.8%) and 5.6% below the lower control limit (95%).

UHL's performance for 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 - April 2019



Nationally, 28.3% of all acute providers were within the control limit, 49.3% above the upper control limit (99.8%) and 22.5% below the lower control limit (95%).

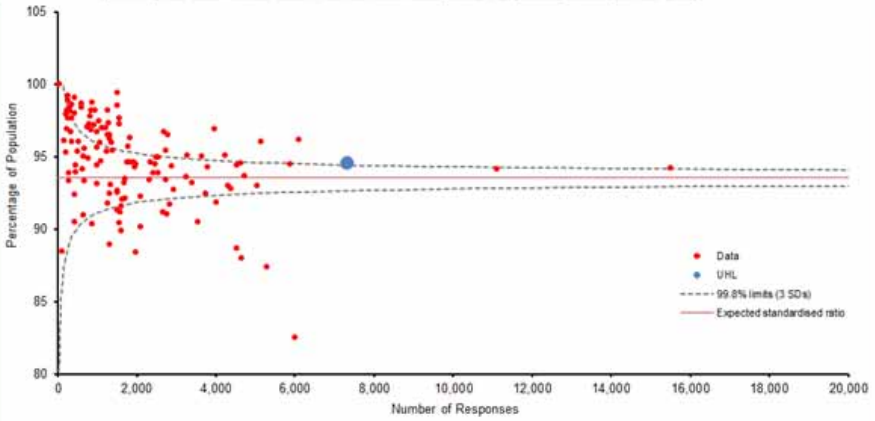
UHL's performance for was above the national average and above the expected level of normal variation.

Only 2 providers with comparable level of activity to UHL -

Funnel Plot Benchmarking

University Hospitals of Leicester NHS
NHS Trust

Outpatients Friends and Family Test (FFT) - April 2019

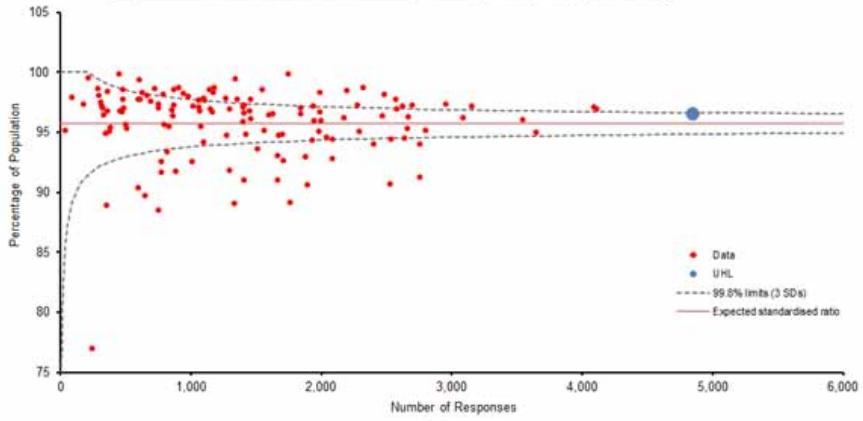


Nationally, 50.0% of all acute providers were within the control limit, 33.6% above the upper control limit (99.8%) and 16.4% below the lower control limit (95%).

UHL's performance for 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

Inpatient Friends and Family Test (FFT) - April 2019

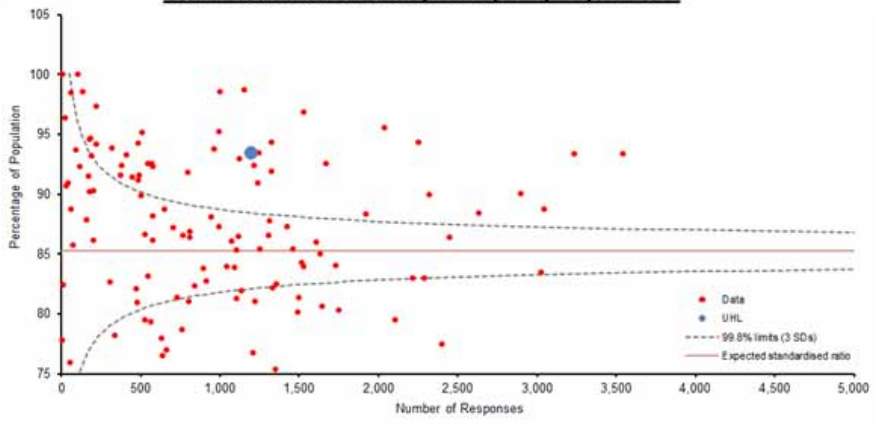


Nationally, 56.0% of all acute providers were within the control limit, 23.4% above the upper control limit (99.8%) and 20.6% below the lower control limit (95%).

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

Only 2 providers had similar levels of FFT responses to UHL - All 2 providers including UHL sit within the control limit

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

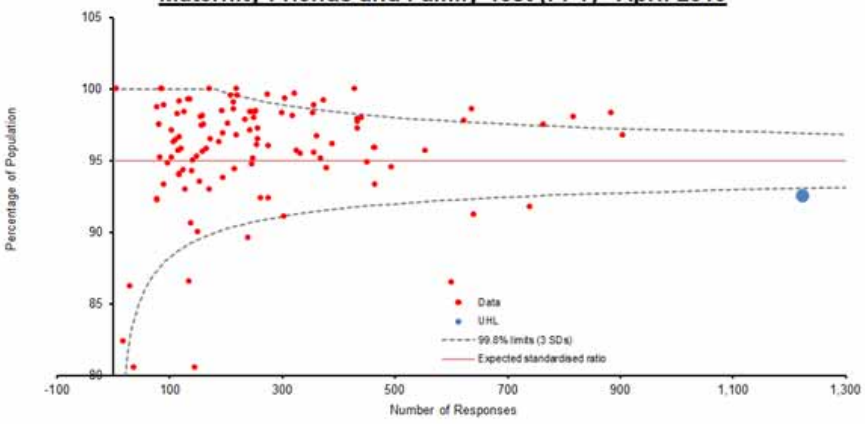


Nationally, 43.1% of all acute providers were within the control limit, 32.3% above the upper control limit (99.8%) and 24.6% below the lower control limit (95%).

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

46 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) - April 2019



Nationally, 73.0% of all acute providers were within the control limit, 10.3% above the upper control limit (99.8%) and 16.7% below the lower control limit (95%).

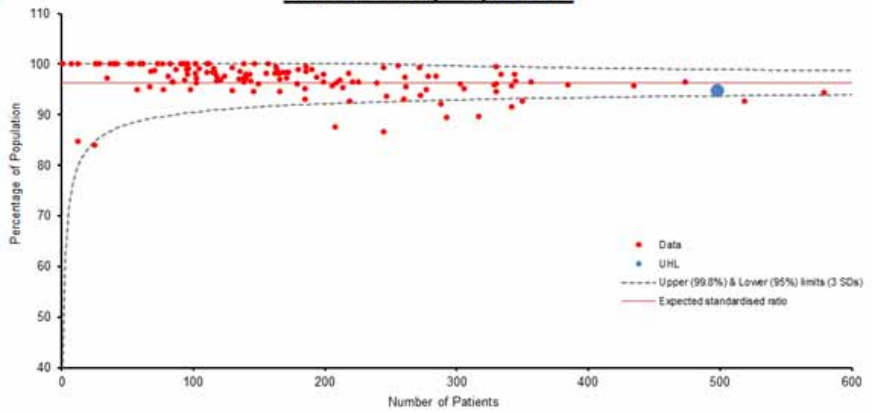
UHL's performance for was below the national average and below the expected level of normal variation.

UHL had the highest level of FFT responses.

Funnel Plot Benchmarking

University Hospitals of Leicester NHS
NHS Trust

Cancer 31 Day - April 2019

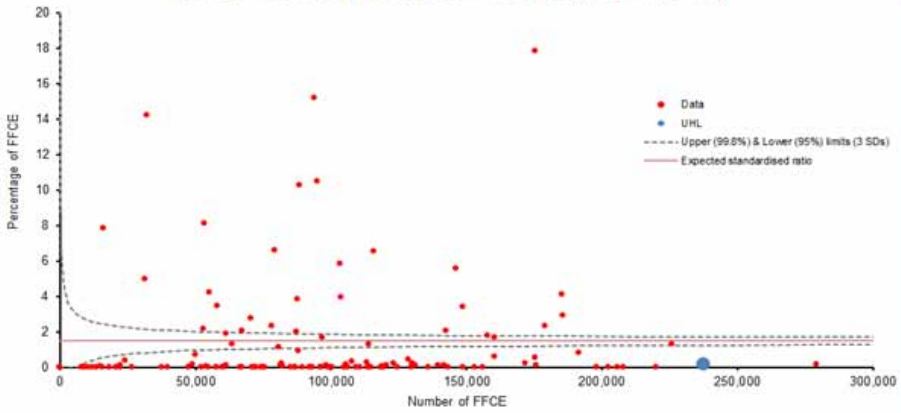


Nationally, 93.6% of all acute providers were within the control limit, 0.0% above the upper control limit (99.8%) and 6.4% below the lower control limit (95%).

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

Only 2 providers had comparable level of activity patients to UHL -

Mixed Sex Accomodation - YTD (May 18 - Apr 19)

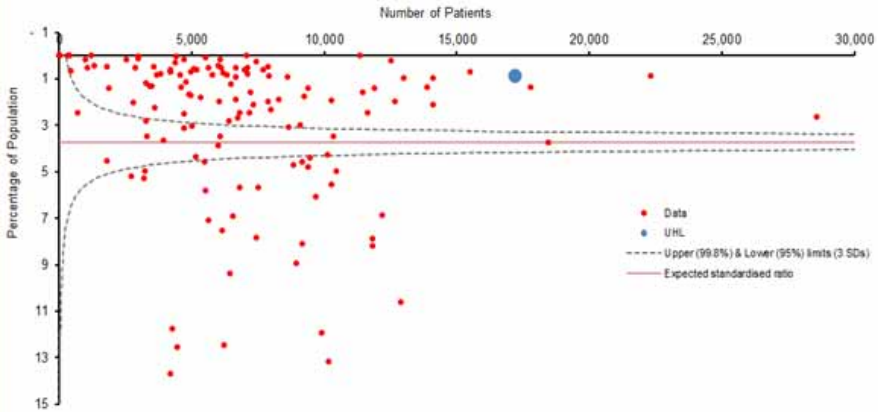


Nationally, 8.1% of all acute providers were within the control limit, 20.8% above the upper control limit (99.8%) and 71.1% below the lower control limit (95%).

#N/A

83 providers had similar levels of FFCE to UHL - All 83 providers including UHL sit within the lower control limit

Diagnostics - April 2019

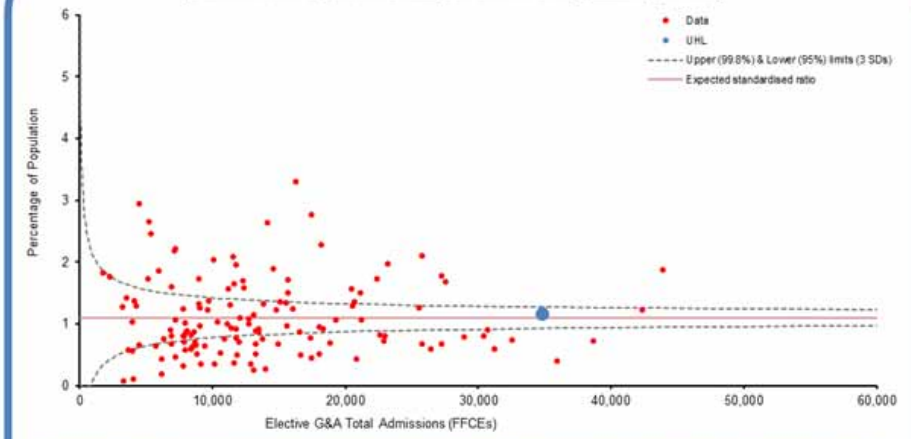


Nationally, 12.0% of all acute providers were within the control limit, 62.0% above the upper control limit (99.8%) and 26.1% below the lower control limit (95%).

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

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

Cancelled Operations (elective only) - Q4 (19/20)



Nationally, 36.9% of all acute providers were within the control limit, 23.4% above the upper control limit (99.8%) and 39.7% below the lower control limit (95%).

UHL's performance for 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

April APRM Review Ratings

University Hospitals of Leicester NHS
NHS Trust

CMG	Quality & Safety	Operational Performance	Finance & CIP	Workforce
CHUGGS	RI* ↓	RI ↔	G ↔	G↑
CSI	O ↔	G ↔	G ↑	O ↔
ESM	G ↔	RI ↔	O ↔	G ↔
ITAPS	G ↔	G ↔	G ↔	G ↔
MSS	RI* ↓	RI ↔	G ↑	G ↔
RRCV	G ↔	RI ↔	G ↔	G ↔
W&C	G ↔	G ↔	RI↓	RI ↔

RAG	Assurance Rating	CMG Assurance to the Executive Team
O	OUTSTANDING	Sustained delivery of all KPI metrics. Robust control & proactive positive assurance processes in place.
G	GOOD	Evidence of sustained delivery of the majority of KPIs. Robust control & proactive positive assurance processes in place. Strong corrective actions in place to address areas of underperformance.
RI	REQUIRES IMPROVEMENT	Most KPIs delivered but delivery inconsistent/not sustained. Corrective actions in place to address areas of underperformance but too early to determine recovery.
I	INADEQUATE	Consistent under delivery. Weak corrective actions or assurance provided.

Trend	Trend Definition
↑	Improved from last review
↓	Deteriorated from last review
↔	Consistent/remains unchanged from last review

RAG ratings with asterisks * indicates improvement from previous month

Summary & Action Plan

CHUGGS	• FFT Inpatients – GK disappointed at the loss of the patient partner affiliation. It was suggested that George approach the quality team to discuss if these could be reinstated for CHUGGS • More focus required on Resus training for the next meeting
CSI	• Blood Traceability Compliance - CMG to have a risk plan in place.
ESM	• Blood Traceability - There is a plan in place and it is an improving picture. Equipment has been ordered. Continue to follow up. • Risk Register Management - Risks to be updated. For next month ensure the risk register reflects accurately CMG risks. • Resuscitation Training - A plan is required for medical staff/doctors. • Policies and Guidelines - An improved narrative is required to help understand the present position. To have better housekeeping of the last six months of Policy and Guidelines actions, and move these into a spreadsheet for recorded completed actions once they have been signed off. • Neuro psychology Services - Provide a written update for Executive Planning Meeting to Andrew Furlong. • C.diff - To keep a watching brief on C.diff following a change in the parameters.
ITAPS	• Staffing - An issue was raised re. 'pulling' staff from the labour wards for scrubs. J Hollidge to follow up / explore and update at next meeting • Resus Training - Plan is in place, continue to improve. Provide update at next meeting. • Policies and Guidance - Scrubs policy to be updated urgently • Hand Hygiene Score - Currently low, less than 50%. Follow up with Infection Protection Team. • Datix Incidents - Follow up on overdues, and update at next meeting. • Risk Register - An issue relating to clinical correspondence letters going to the wrong GPs was discussed. The CMG is to add this issue to the risk register and provide a plan to resolve the issue to next month's PRM meeting, including considering outsourcing typing of letters.
MSS	• FFT for Outpatients – Improvement is required (coverage mainly Ophthalmology) as performance remains below threshold. • Bloodtrack Devices – To be closely monitored as improvement in compliance is required. • Mandatory Resuscitation Training – To be escalated to CMG Board as improvement in compliance is required (particularly for Allied Health Professionals and Medical & Dental staff)
RRCV	• Further work required on readmissions • Additional HR support required in medical section. Team to have a conversation outside of the meeting re: this
W&C	• CDIFF – To be closely monitored and escalated to Infection Prevention Assurance Committee upon further deterioration. • Blood Traceability – Focus to be maintained and 100% compliance (statutory requirement) to be achieved by July 2019 • Risk Register – Major risks to be reviewed/rephrased to ensure that these are adequately captured on the register. • Mandatory Resuscitation Training – Action Plan required to improve compliance (particularly for Healthcare Scientists and Medical & Dental staff).

Operational Performance

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Summary & Action Plan

CHUGGS	• No actions
CSI	• Breast Imaging - Ensure delivery for June and to flag the diagnostic targets.
ESM	• Readmissions - Actions are in place. To be reviewed at next month's meeting. • Stroke Service - Monitor and track performance. • RTT - Ensure that all the corrective actions are in place
ITAPS	• No actions
MSS	• RTT Incompletes – Focus to be maintained to improve performance. • Cancer (2 Week Wait, 2 Week Wait Symptomatic Breast and 62 Day Wait) – Key focus required to improve performance. • ENT 2WW – Issues to be summarised and provided to Rebecca Brown – Chief Operating Officer and Sam Leak – Director of Operational Improvement. • Breast AMP – To be discussed outwith the meeting. • Clinical Correspondence Turnaround (7 Day Performance) - Improvement required and backlog to be cleared as soon as possible.
RRCV	• Cancelled Ops quite high this month – work needed on understanding why for the next meeting
W&C	• RTT – Focus to be maintained as performance needs to increase to 92%. • Cancer 62 Day Wait – Focus to be maintained as improvement in performance is required. • Diagnostics (Over 6 Weeks) - To be resolved.

Finance & CIP

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Summary & Action Plan

CHUGGS	• Push on clinical letters for next meeting • Push on 7 day service audit – no at 90% yet and a there had been a dip in General Surgery. Hope to see improvement for next meeting
CSI	• Financial risk of not breaking even - Identify what are the impacts for the lab and to work on the management of the risks. To formulate narrative to reflect the risks. The risks associated with equipment and Pathology (re: payment of invoices) have been escalated to EQB. • Finance and CIP - The CMG is in a breakeven position at month 1. Ensure continued focus, good work.
ESM	• Finance - Ward 7 opened and the costs are within budget for month one and two. Review cost of Ward 7 going forward and agree funding
ITAPS	• Details regarding improvement agents, linking into Quality Strategy, are to be added to the Workforce slides for next month's meeting
MSS	• No actions
RRCV	• Push required for next meeting on SMT
W&C	• Appraisals – Focus to be maintained and detailed trajectory of when CMG expects to achieve 95% compliance required for next PRM in June 2019. • Leadership Development – Further details to be included in Data Pack for next PRM in June 2019 in relation to leadership development within CMG (links to the e-mail sent from Bina Kotecha – Deputy Director of Learning & OD regarding take up of development sessions).

Summary & Action Plan

CHUGGS	• No actions
CSI	• Mandatory training to be monitored and targeted for specific staff groups e.g. Medical and Dental staff.
ESM	• No actions
ITAPS	• No actions
MSS	• Statutory & Mandatory Training – To be closely monitored as compliance has slightly decreased and governance/guidance for Safeguarding Children (Level 3) to be reviewed. • Appraisals – To be closely monitored as performance has decreased and e-mails sent to Hazel Wyton – Director of People & OD from Michelle Robinson – HR Business Partner in relation to training for additional appraisal inputters within CMG to be followed-up. • Sickness Absence – Ratings/Tolerance levels to be reviewed for a more accurate position.
RRCV	• No actions
W&C	• No actions