

Quality & Performance Report

Author: John Adler Sponsor: Chief Executive Date: PPC + QOC 29th August 2019

Executive Summary from CEO

Joint Paper 4

Context

This report provides a high level summary of the Trust's performance against the key quality and performance metrics, together with a brief commentary where appropriate. This complements the full Quality and Performance Report and the exception reports within that which are triggered automatically when identified thresholds are met. The exception reports contain the full detail of recovery actions and trajectories where applicable.

Questions

1. What is the Trust performance against the key quality and performance metrics.

Conclusion

Good News:

- **Mortality** – the latest published SHMI (period March 2018 to February 2019) has decreased to 99, this remains within the expected range.
- **Diagnostic 6 week wait** – standard achieved for 11 consecutive months.
- **52+ weeks wait** – has been compliant for 13 consecutive months.
- **Delayed transfers of care** - remain within the tolerance.
- **12 hour trolley wait** - 0 breaches reported.
- **Moderate harms and above** – June (reported 1 month in arrears) was within threshold.
- **CAS alerts** - compliant.
- **MRSA** – 0 cases reported.
- **Pressure Ulcers** - 0 **Grade 4**, 1 **Grade 3** and 4 **Grade 2** reported during July.
- **Inpatient and Day Case Patient Satisfaction (FFT)** achieved 97% which is above the national average.
- **2 Week Wait Cancer Symptomatic Breast** was 94.5% in June.
- **90% of Stay on a Stroke Unit** – threshold achieved with 86.0% reported in June.
- **TIA (high risk patients)** – threshold achieved with 78.9% reported in July.
- **Annual Appraisal** is at 91.8%.
- **Statutory and Mandatory Training** compliance has increased to 93%. A specific focus is being applied to Bank and Estates & Facilities staff with a compliance deadline of 31/10.

Bad News:

- **UHL ED 4 hour performance** – 72.0% for July, system performance (including LLR UCCs) was 80.6%.
- **Ambulance Handover 60+ minutes (CAD)** – performance at 10.2%.
- **Referral to treatment** – numbers on the waiting list (now the primary performance measure) were above the NHSE/I trajectory and 18 week performance was below the NHS Constitution standard at 83.3%.
- **Single Sex Accommodation Breaches** – 7 reported in July.
- **C DIFF** – 12 cases reported this month against a monthly trajectory of 9. YTD is within trajectory.
- **Cancer Two Week Wait** was 91.0% in June against a target of 93%.
- **Cancer 31 day treatment** was 93.9% in June against a target of 96%.
- **Cancer 62 day treatment** was 74.4% in June against a target of 85%.
- **Fractured NOF** decreased to 58.3% in July, YTD remains above target which is 72%.
- **Cancelled operations OTD** - 1.2% reported in July.
- **Patients not rebooked within 28 days following late cancellation of surgery** - 16.

Input Sought

I recommend that the Committee:

- Commends the positive achievements noted under Good News
- Note the areas of Bad News and consider by reference to the Q&P and topic-specific reports 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: 26th September 2019

Caring at its best

University Hospitals of Leicester **NHS**
NHS Trust

Quality and Performance Report

July 2019



One team shared values



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

DATE: 29th August 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: July 2019 QUALITY & PERFORMANCE SUMMARY REPORT

1.0 Introduction

The Quality and Performance (Q&P) report provides an overview of Key Performance Indicators (KPI's) mapped to the CQC domains.

The KPI's include:-

- those monitored by NHSI/E via the NHS Single Oversight Framework, which sets out the approach to overseeing and supporting NHS trusts and NHS foundation trusts under the Single Oversight Framework
- UHL clinical/quality priorities
- KPI's monitored in the contract with Leicester, Leicestershire and Rutland commissioners.

This aim over the next couple of months is to align the Q&P KPI's to the Becoming the Best Priorities. To enable this all Executive Leads are reviewing the current KPI's within the Q&P and confirming if still required and if so which priority they align to.

As part of the refresh of the report all KPI's will be presented in Statistical Process Control (SPC) charts instead of graphs or RAG rated dashboards, as recommended by the CQC. Narrative will be added to the SPC charts to explain the type of variation and assurance of if the target will be hit or failed. For this month all Cancer KPI data are presented as control charts as an example. From next month all KPI's will be monitored in this way.

Presented in this format will allow the Board to ask the right questions and is a more effective approach to assurance.

2.0 Changes to Indicators/Thresholds

CDIFF target amended to 108 a year to reflect a national change in the definitions used to attribute cases to acute care providers.

All the control limits in the SPC analysis section have been amended to use the moving average.

Summary Scorecard – YTD

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:

SUCCESSSES (Red to Green):

ISSUES (Green to Red):

- Single Sex Breaches

One team shared values



Summary Scorecard – July 2019

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 |
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| Pressure Ulcers Grade 2 | | | | Handover >60 |
| Falls | | | | Cancelled Ops |
| | | | | Cancer 31 Day |
| | | | | Cancer 62 Day |

Key changes in indicators in the period:

SUCCESSSES (Red to Green):

- No Never Events this month
- No Serious Incidents
- Moderate Harm

ISSUES (Green to Red):

- Single Sex Breaches
- #NOF's <36hrs
- CDiff

One team shared values



Statistical process control

An SPC chart is a plot of data over time. It allows you to distinguish between common and special cause variation. It includes a mean and two process limits which are both used in the statistical interpretation of data.

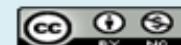
To help you interpret the data a number of rules can be applied.

The rules

- 1) Any single point outside the process limits.
- 2) A run of 7 points above or below the mean (a shift), or a run of 7 points all consecutively ascending or descending (a trend).
- 3) Any unusual pattern or trend within the process limits.
- 4) The number of points within the middle third of the region between the process limits is different from two thirds of the total number of points.

All these rules are aids to interpretation but still require intelligent examination of the data. This tool highlights when rules 1 or 2 have been breached but only visual assessment can identify when rule 3 and 4 have been breached.

If you change in your process and observe a persistent shift in your data, it may be appropriate to change the process limits. You can do this if the process is in control before and after the change. The tool allows you to select a date for this change and to recalculate the process limits.



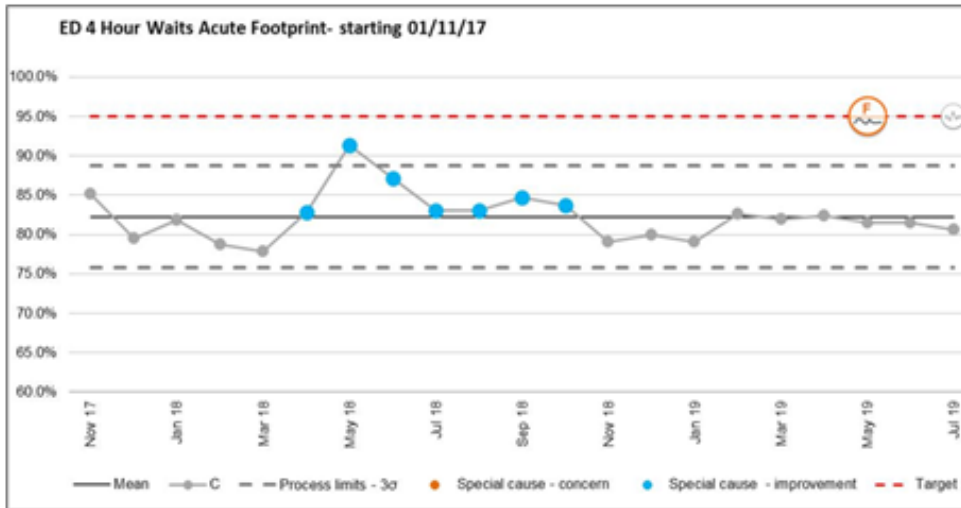
Assurance

| | |
|--|---|
| | The system is expected to consistently fail the target |
| | The system is expected to consistently pass the target |
| | The system may achieve or fail the target subject to random variation |

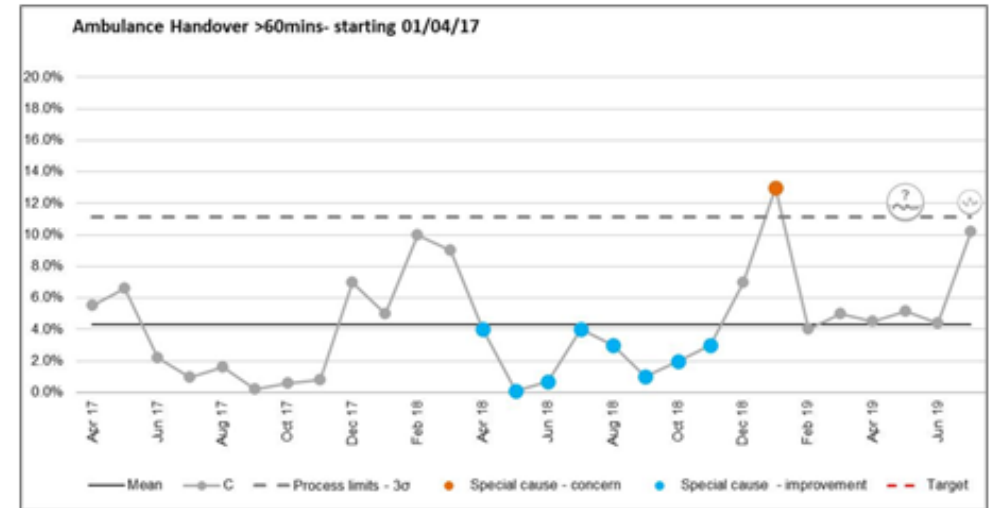
Variation

| Icon | Description |
|------|---|
| | Special cause variation - cause for concern (indicator where high is a concern) |
| | Special cause variation - cause for concern (indicator where low is a concern) |
| | Common cause variation |
| | Special cause variation - improvement (indicator where high is good) |
| | Special cause variation - improvement (indicator where low is good) |

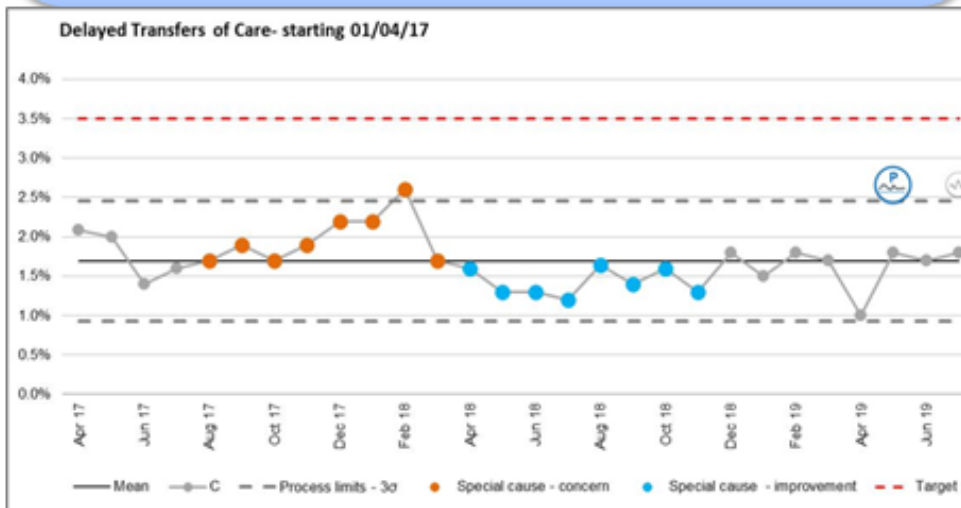
SPC Analysis



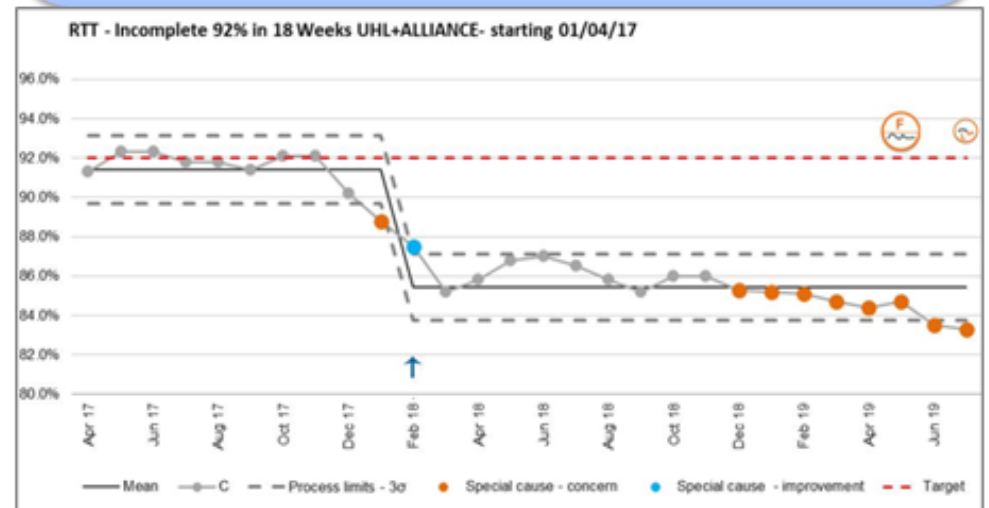
Stable but continually failing target and will fail to achieve target next month.



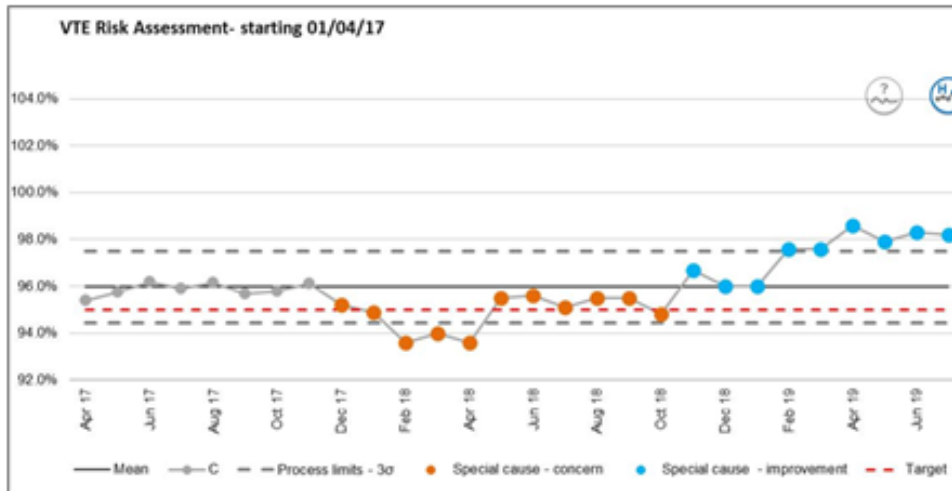
This metric is not changing significantly and will fail to achieve target next month.



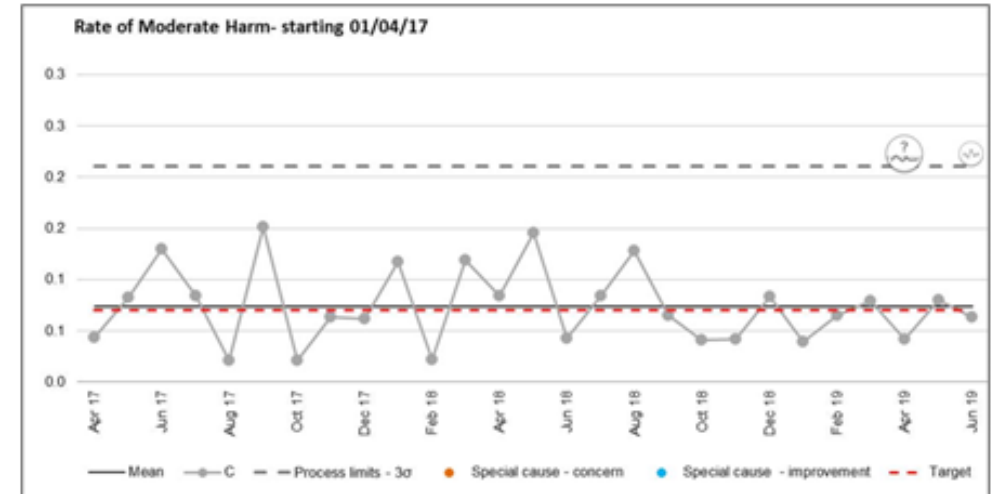
Stable process and predicted to continue to achieve target.



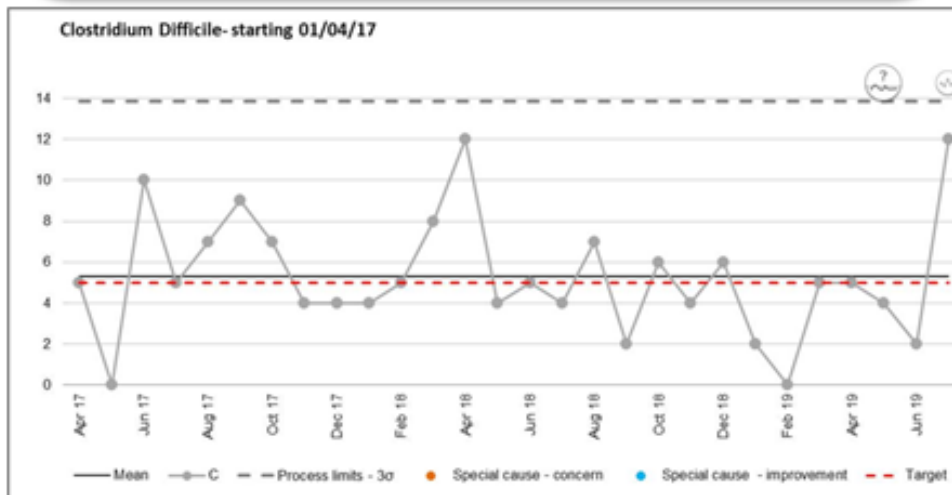
Cause for concern, performance continues to deteriorate over the past 8 months. Highly unlikely to achieve target due to focus on waiting list numbers.



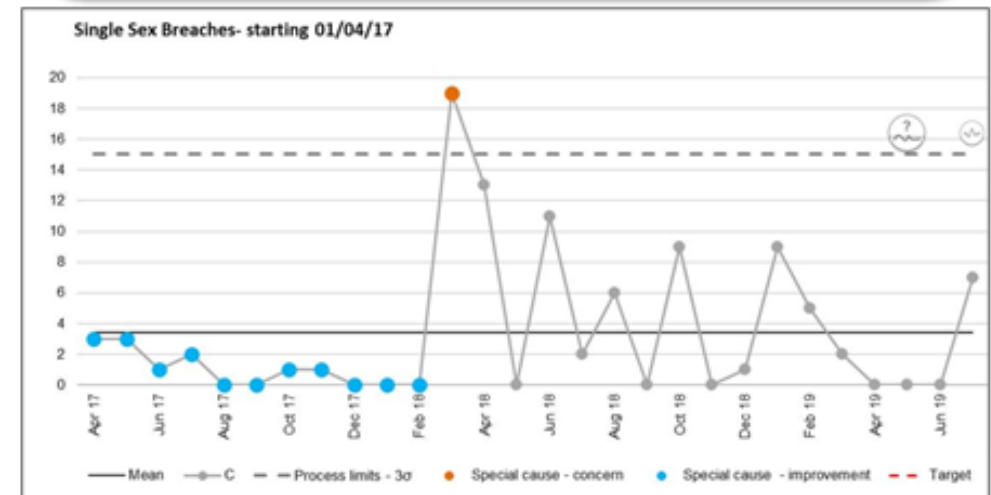
Currently achieving target and predicted to achieve target going forwards – noticeable improvement in recent months.



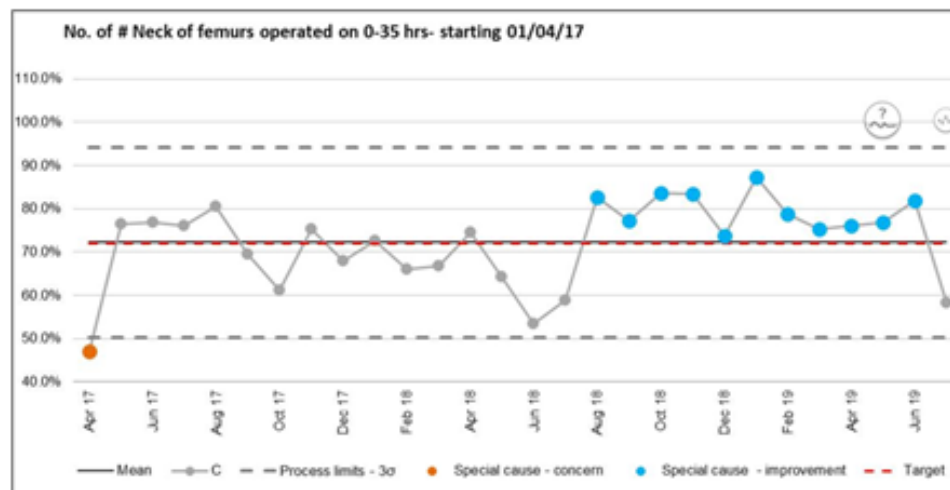
Stable variation, no significant change. May achieve target next month.



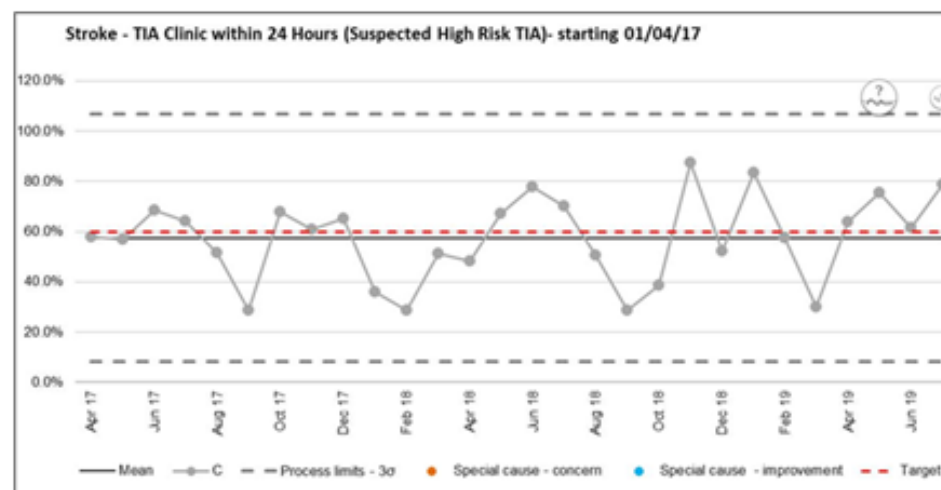
Common cause variation, could potentially achieve target next month dependent on random variation.



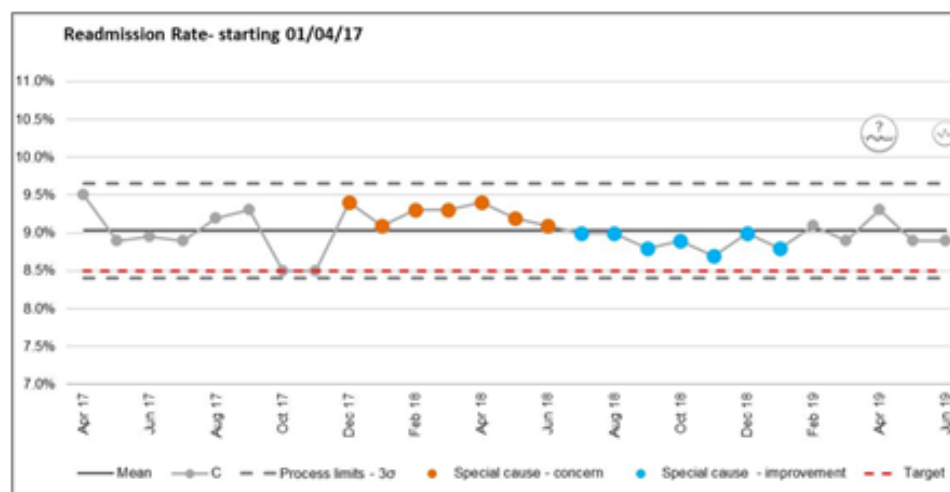
Although we have achieved monthly target in recent months, potential may fail monthly target based on observed variations.



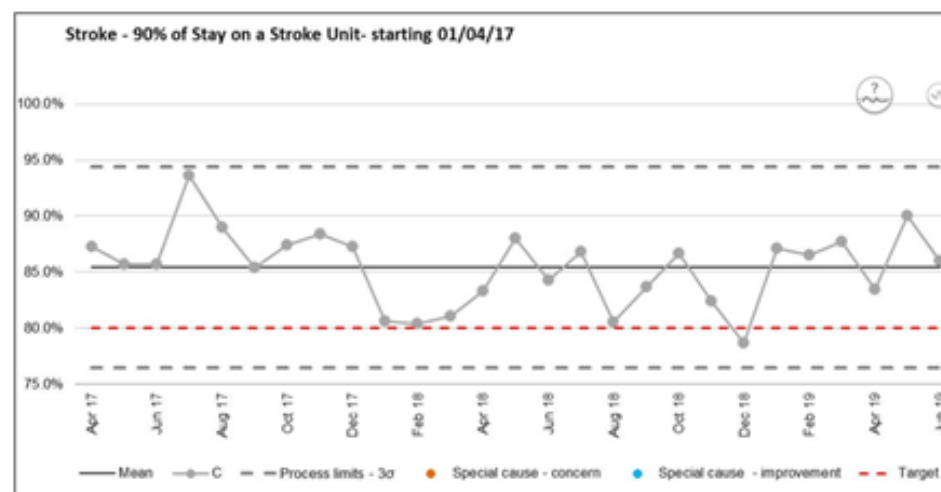
Although target not achieve in July, the last 11 prior to this showed an improvement. July could have been an anomaly, potential to deliver target next month.



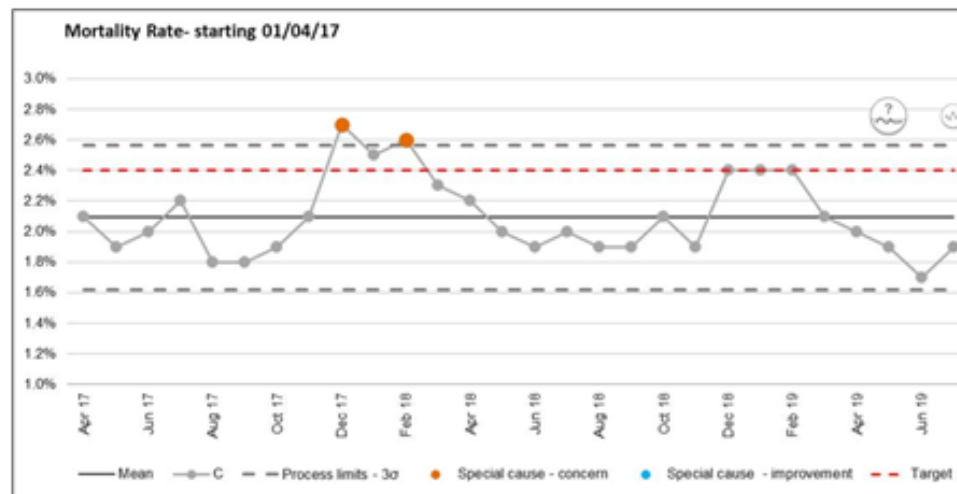
Normal variation, target achieve 5 times in the last 8 months. May achieve target next month.



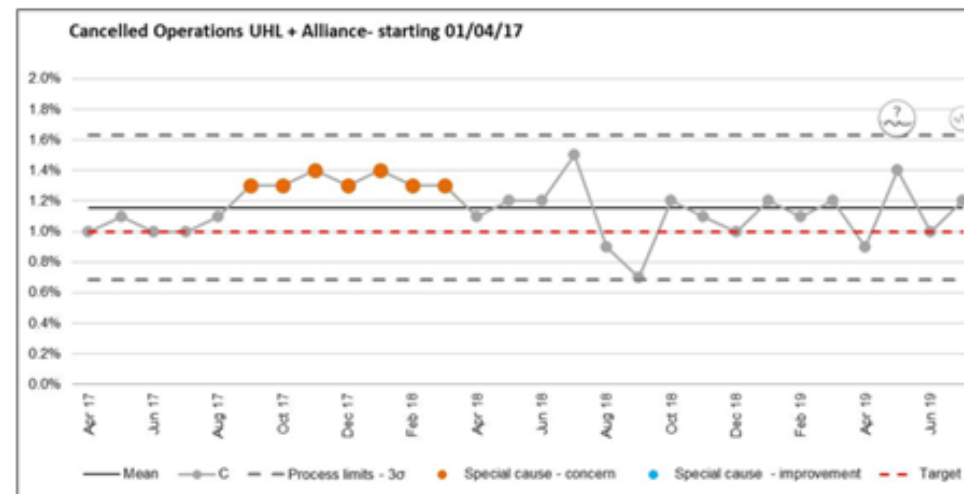
Although we saw an improvement between July 19 and January 19, performance has returned to normal variation. Not expected to achieve target.



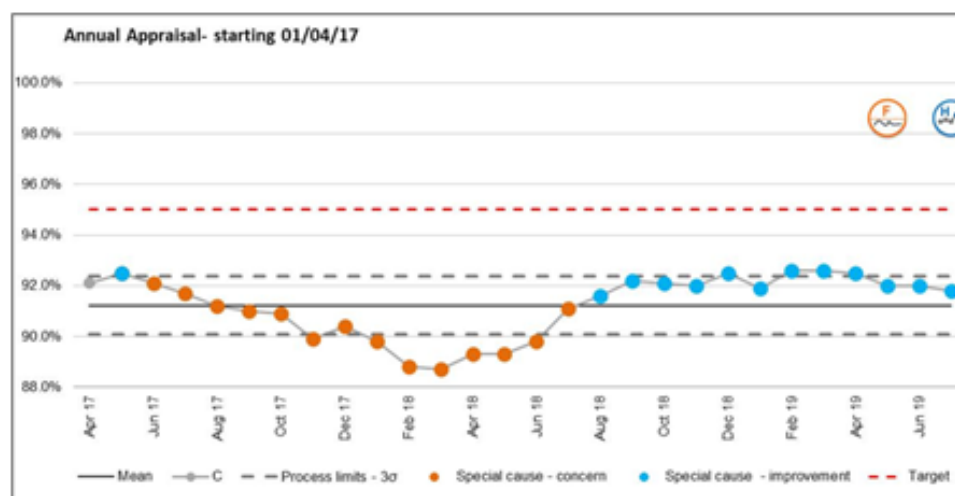
Normal variation, currently achieving target. Target likely to be continued to be met.



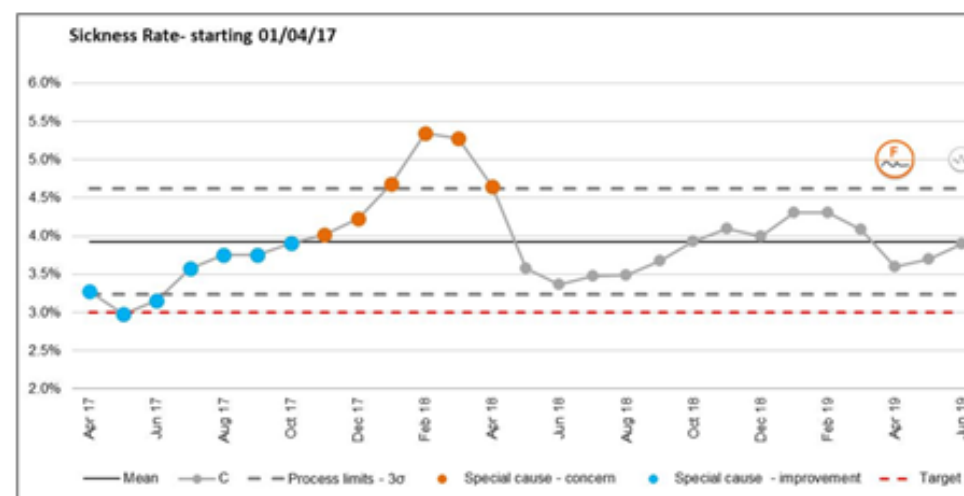
No special variation noted in the last 12 months. Likely to achieve target.



Unlikely to achieve target next month, likely to consistently fail target.

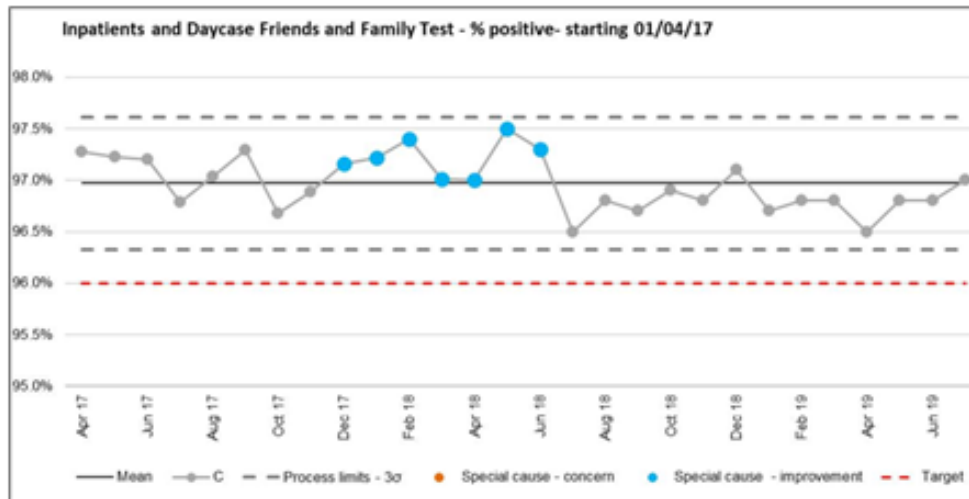


Despite consistent improvement in the last 12 months, continue to fail target and unlikely to achieve in the future without intervention.

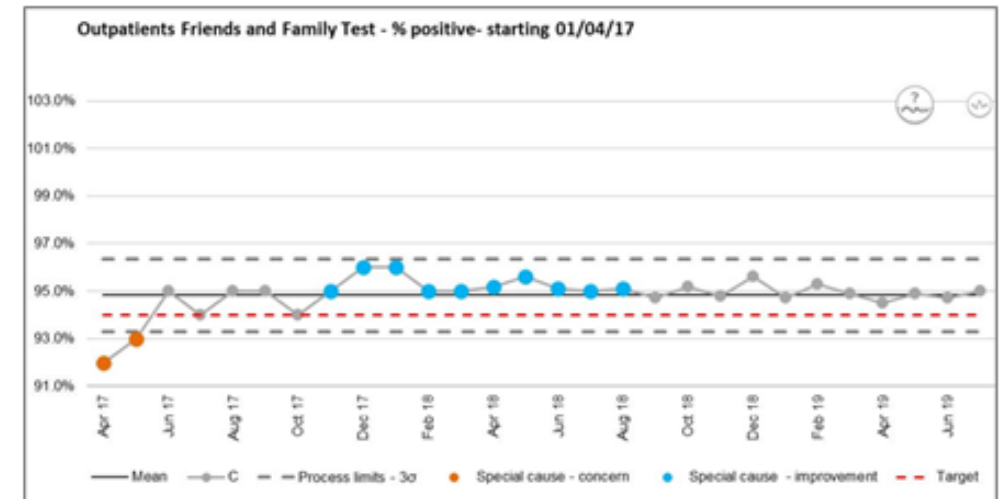


No significant variation, failing target and expected to fail next month.

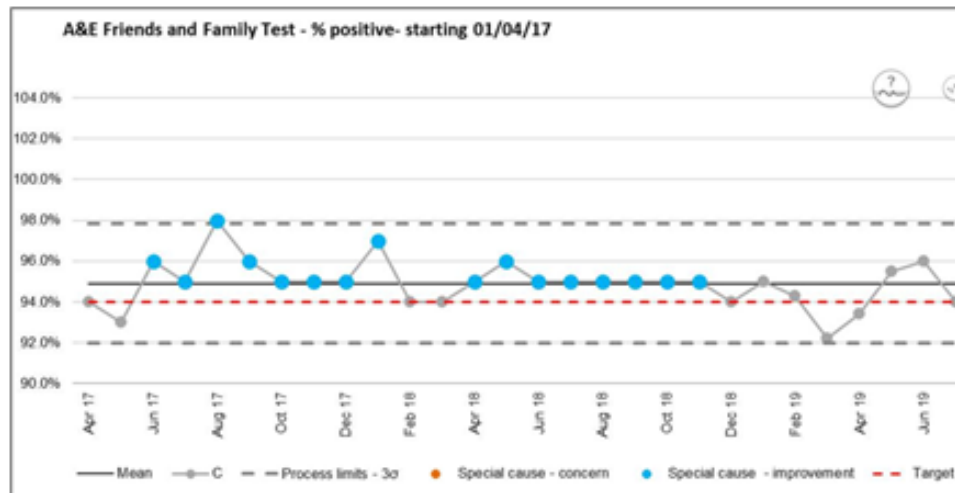
SPC Analysis



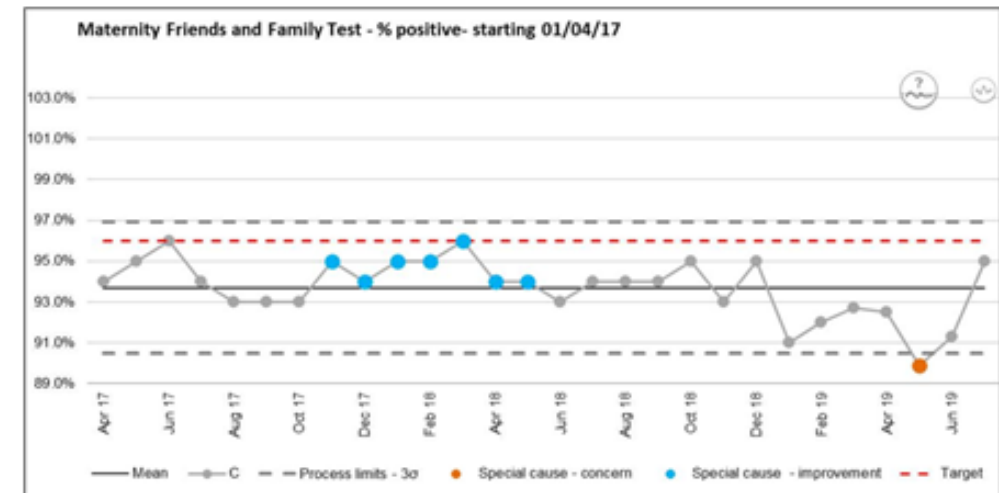
No significant variation, likely to continue to achieve target.



Little variation, likely to continue to achieve target.



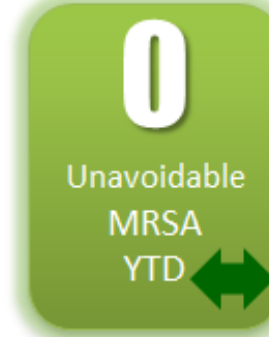
No significant variation, target may be achieved again next month due to random variation.



Expected levels of variation in the last 12 months except for a dip in May. Target unlikely to be achieved next month.

Domain - Safe

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



SUCCESSSES

- Data for 2018/19 reflects strong performance against all EWS & sepsis indicators. Our focus for 2019/20 will be to maintain this position.
- No MRSA reported in July
- No Never Events or serious incidents
- Moderate harms and above was within the threshold.

ISSUES

- CDiff not achieved in July. It is not uncommon to see a significant rise in CDiff numbers in at least one of the summer months each year.

ACTIONS

- CDIFF - no further actions. There is no upward trend in the number of cases attributed to UHL. July's cases can most likely be attributed to natural variation.

SEPSIS



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

82%
YTD

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

90%
YTD

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 **99%** ↓
A&E FFT **95%** ↓
Maternity FFT **92%** ↑
Outpatients FFT **95%** ↑

Staff FFT Quarter 1 2019/20 (Pulse Check)



74% of staff would recommend UHL as a place to receive treatment

SUCCESSSES

- Friends and family test (FFT) for Inpatient & Daycase care 97% for July & above the national average.
- A&E Friends and family test (FFT) is above the national average at 94% positive.
- Improvement in Friends & family test (FFT) in maternity for July (95%) with focused actions to further improve

ISSUES

- 7 Same Sex Accommodation Breaches in July – all due to capacity issues within A&E

ACTIONS

Maternity FFT

- Continued work in maternity to improve patient experience.

Single Sex Accommodation Breaches



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

Friends and Family FFT YTD % Coverage

Staff FFT Quarter 1 2019/20 (Pulse Check)



Inpatients FFT **29.4%** ↑

Day Case FFT **23.2%** ↑

A&E FFT **6.9%** ↑

Maternity FFT **39.5%** ↑

Outpatients FFT **7.7%** ↓



59% of staff would recommend UHL as a place to work

% Staff with Annual Appraisals

91.8% YTD ↓

Statutory & Mandatory Training

93% YTD ↑

BME % - Leadership

29%

Qtr1
8A including
medical
consultants

16%

Qtr1
8A excluding
medical
consultants

SUCCESSSES

- Appraisal performance is at 91.8% (this excludes facilities staff that were transferred over from Interserve).
- Inpatient FFT coverage was 31.1% for July.
- Sickness absence was 3.9% for June.
- Statutory & Mandatory Training performance at 93%
- Corporate Induction attendance for July was 98%.

ISSUES

- A&E FFT Coverage was 6.9% in July.

ACTIONS

A&E FFT

- A&E have agreed plan to improve coverage and the collection of patient feedback, that is awaiting IT support

Please see the HR update for more information.

Domain – Effective

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

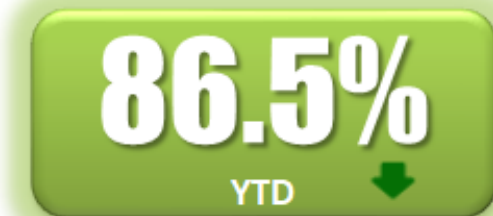
Mortality – Published SHMI



Stroke TIA Clinic within 24hrs



80% of Patients Spending 90% Stay on Stoke Unit



Emergency Crude Mortality Rate



30 Days Emergency Readmissions



NoFs Operated on 0-35hrs



SUCCESSSES

- Emergency Crude Mortality Rate for July was 1.9%.
- 90% of Stay on a Stroke Unit for June was 86.0%
- Stroke TIA Clinic within 24 Hours for July was 78.9%.

ISSUES

- 30 Days Emergency Readmissions for June was 8.9%
- Fractured NoF for July was 81.9%.

ACTIONS

Readmissions

- 24/ 48 hours readmissions data base to enable target interventions produced.
- LLR Care home top 10 PDSA agreed
- Reduced readmission rates through a discharge follow-up for 'city' patients CFS 6+, over 30 PARR, 75+ PDSA agreed.

Domain – Responsive

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

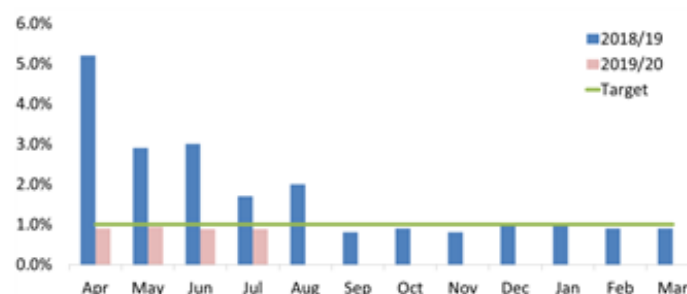
RTT - Incomplete

92% in 18 Weeks

83.3%

As at Jul ↓

6 week Diagnostic Wait times



Cancelled Operations UHL + Alliance



RTT 52 week wait incompletes

0

As at Jul ↔

ED 4Hr Waits UHL

73.8%

YTD ↓

A&E

ED 4hr Wait UHL Acute Footprint

81.5%

YTD ↓

Ambulance Handovers

6.0% > 60mins ↓

14.2% 30-60mins ↓

YTD ↓

SUCCESSSES

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

ISSUES

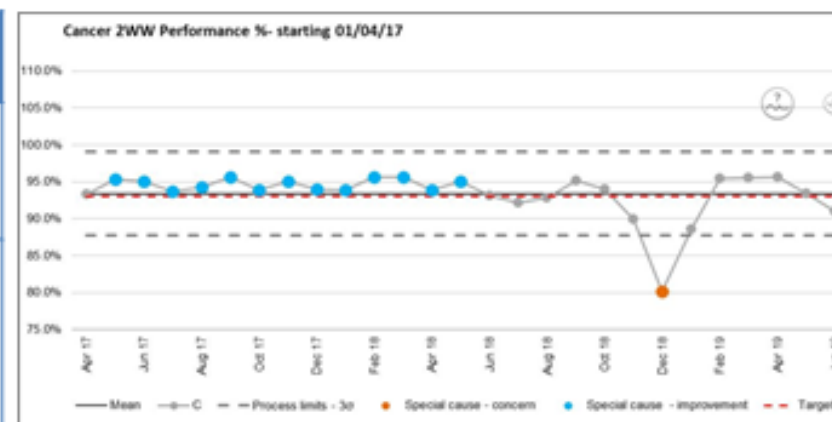
- ED 4Hr Waits UHL –July performance was 73.8%. LLR performance was 80.6% against a NHSI trajectory of 88.3%.
- Cancelled operations – performance was 1.2% this month.

ACTIONS

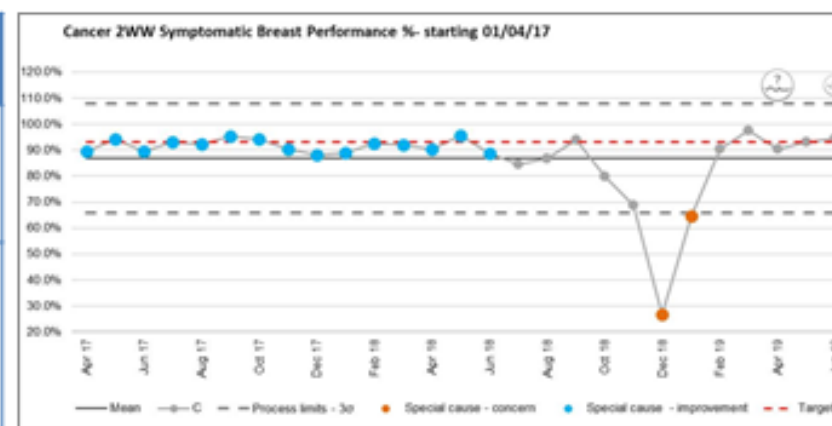
- For ED 4hour wait and Ambulance Handovers please refer to Urgent Care Report.

Improved Cancer Pathways

| Metric | June 19 | YTD | Target |
|---|---------|-------|--------|
| Cancer 2WW | 91.0% | 93.4% | 93% |
| <p>Since the significant observed dip in October 18, performance has returned to a more stable level. Performance remains at risk until September as a result of head and neck vacancies.</p> | | | |

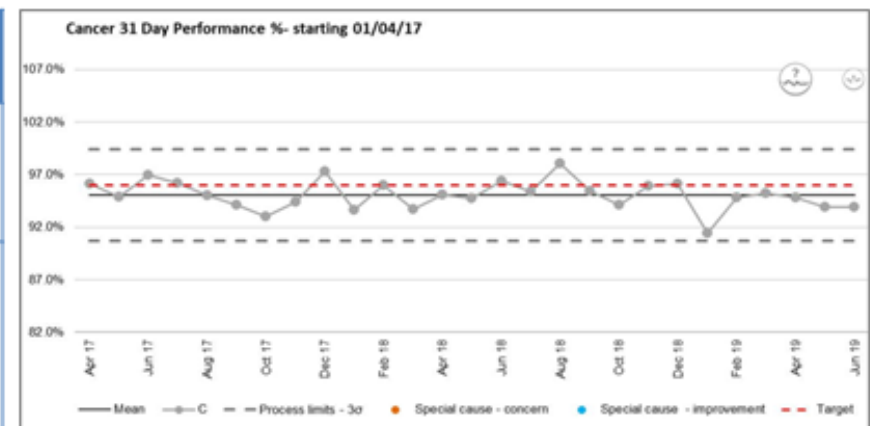


| Metric | June 19 | YTD | Target |
|---|---------|-------|--------|
| Cancer 2WW Breast | 94.5% | 92.8% | 93% |
| <p>Since the significant observed dip in October 18 as a result of capacity, performance has returned to a more stable level. Based on YTD and historic trend likely to achieve YTD target.</p> | | | |

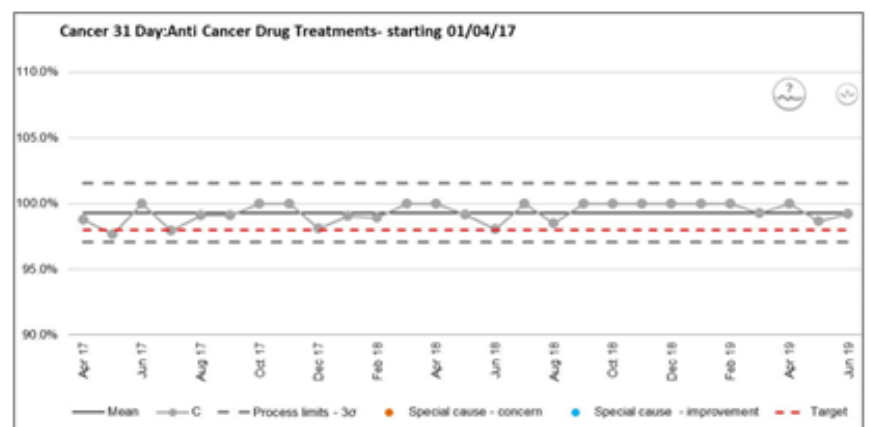


Improved Cancer Pathways

| Metric | June 19 | YTD | Target |
|---|---------|-------|--------|
| Cancer 31 Day | 93.9% | 94.1% | 96% |
| This metrics is not changing significantly and may achieve target | | | |

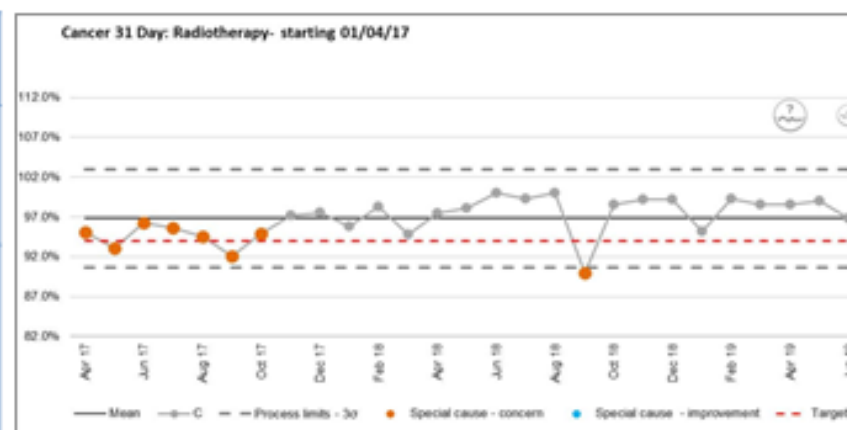


| Metric | June 19 | YTD | Target |
|---|---------|-------|--------|
| Cancer 31 Day Drugs | 99.2% | 99.3% | 98% |
| Stable, very little variation. Likely to deliver target based on the last 8 months. | | | |

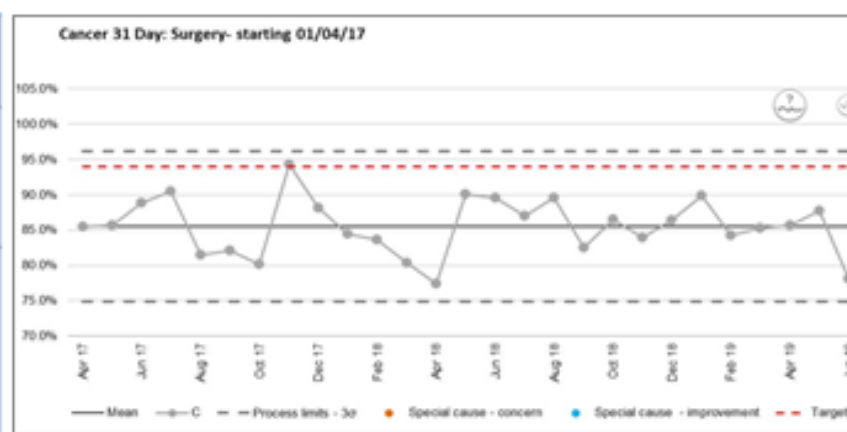


Improved Cancer Pathways

| Metric | June 19 | YTD | Target |
|--------------------------------|---------|-------|--------|
| Cancer 31 Day Radiotherapy | 96.8% | 98.1% | 94% |
| Stable, very little variation. | | | |

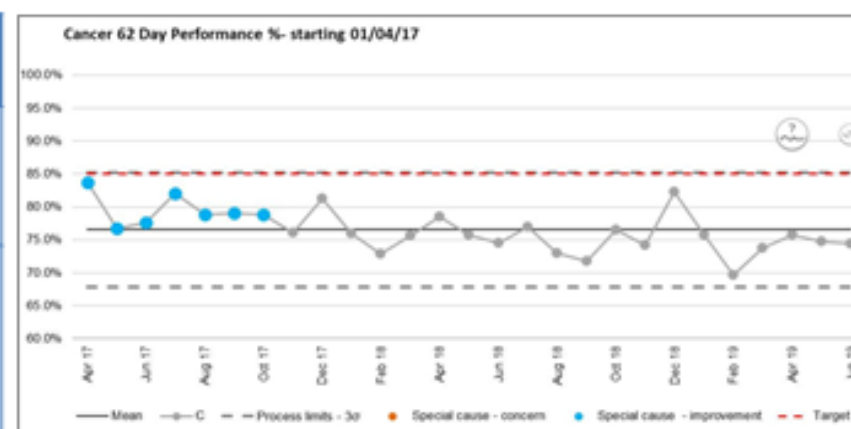


| Metric | June 19 | YTD | Target |
|--|---------|-------|--------|
| Cancer 31 Surgery | 78.1% | 83.8% | 94% |
| Some variation but not significant unlikely to deliver target. | | | |

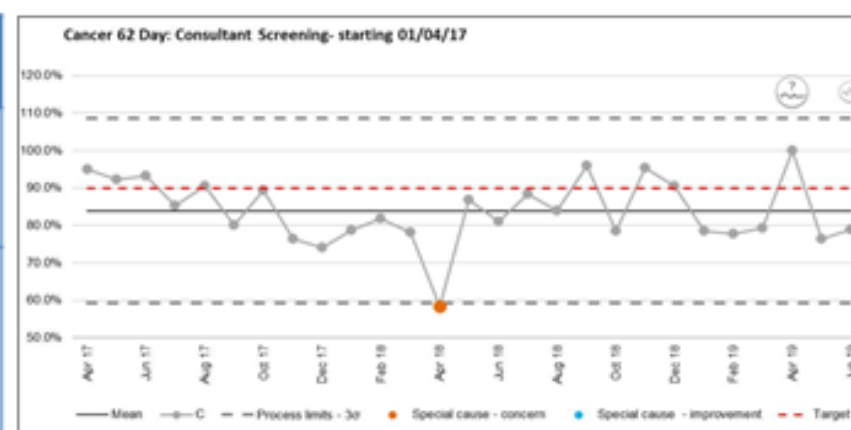


Improved Cancer Pathways

| Metric | June 19 | YTD | Target |
|--|---------|-------|--------|
| Cancer 62 Day | 74.4% | 75.1% | 85% |
| This metrics is not changing significantly and unlikely to achieve target. Last 6 months are below the mean. | | | |



| Metric | June 19 | YTD | Target |
|---|---------|-------|--------|
| Cancer 62 Day Consultant Screening | 78.9% | 82.9% | 90% |
| This metrics is not changing significantly. | | | |



Ambulance Handover – July 2019

EMAS Ambulance Handover - LRI vs other hospitals

| Rank Hospital | Total (CAD) | 30-59 Mins | Over 60 Mins | 1-2 Hours | 2 Hours Plus | %30-59 mins | %60+ mins | %60+ 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 | 6046 | 247 | 46 | 42 | 4 | 4% | 1% | 5% | 0:32:17 | 642:27:17 | 270:11:46 | 597:10:10 |
| 2 Northampton General Hospital | 3099 | 245 | 27 | 26 | 1 | 8% | 1% | 9% | 0:36:35 | 454:09:56 | 260:30:19 | 307:33:27 |
| 3 Kings Mill Hospital | 3398 | 296 | 23 | 18 | 5 | 9% | 1% | 9% | 0:36:41 | 499:42:13 | 270:45:13 | 352:17:50 |
| 4 Royal Derby Hospital | 4600 | 506 | 37 | 35 | 2 | 11% | 1% | 12% | 0:38:03 | 764:15:37 | 465:56:48 | 449:50:34 |
| 5 Chesterfield Royal Hospital | 2393 | 277 | 16 | 15 | 1 | 12% | 1% | 12% | 0:37:24 | 376:45:45 | 234:26:53 | 231:21:58 |
| 6 Grimsby Diana Princess Of Wales | 2166 | 237 | 54 | 49 | 5 | 11% | 2% | 13% | 0:42:31 | 508:49:47 | 226:58:31 | 397:06:14 |
| 7 Souththorpe General Hospital | 1610 | 186 | 49 | 47 | 2 | 12% | 3% | 15% | 0:44:33 | 434:04:17 | 177:56:42 | 349:50:00 |
| 8 Burton Queens Hospital | 544 | 76 | 6 | 5 | 1 | 14% | 1% | 15% | 0:34:39 | 65:44:33 | 62:35:17 | 25:29:16 |
| 9 Basellaw District General Hospital | 990 | 148 | 8 | 8 | 0 | 15% | 1% | 16% | 0:37:38 | 163:49:24 | 109:15:54 | 96:13:56 |
| 10 Kettering General Hospital | 2746 | 442 | 70 | 64 | 6 | 16% | 3% | 19% | 0:36:56 | 430:21:42 | 382:55:47 | 185:21:08 |
| 11 Glenfield General Hospital | 885 | 150 | 20 | 16 | 4 | 17% | 2% | 19% | 0:35:55 | 148:46:58 | 128:08:43 | 51:14:01 |
| 12 Stepping Hill Hospital | 410 | 83 | 5 | 5 | 0 | 20% | 1% | 21% | 0:36:31 | 61:54:22 | 59:44:50 | 20:41:14 |
| 13 George Eliot Hospital | 275 | 50 | 17 | 17 | 0 | 18% | 6% | 24% | 0:41:16 | 60:20:40 | 51:39:51 | 17:26:17 |
| 14 Boston Pilgrim Hospital | 2201 | 355 | 202 | 151 | 51 | 16% | 9% | 25% | 0:49:18 | 757:42:41 | 551:51:54 | 285:02:57 |
| 15 Leicester Royal Infirmary | 5,865 | 1,077 | 596 | 537 | 59 | 18% | 10% | 29% | 0:45:11 | 1695:01:22 | 1387:37:33 | 577:35:09 |
| EMA S | 42,260 | 5,467 | 1,879 | 1,440 | 439 | 13% | 4% | 17% | 0:40:48 | 9273:56:29 | 6659:59:18 | 4432:44:09 |

Highlights

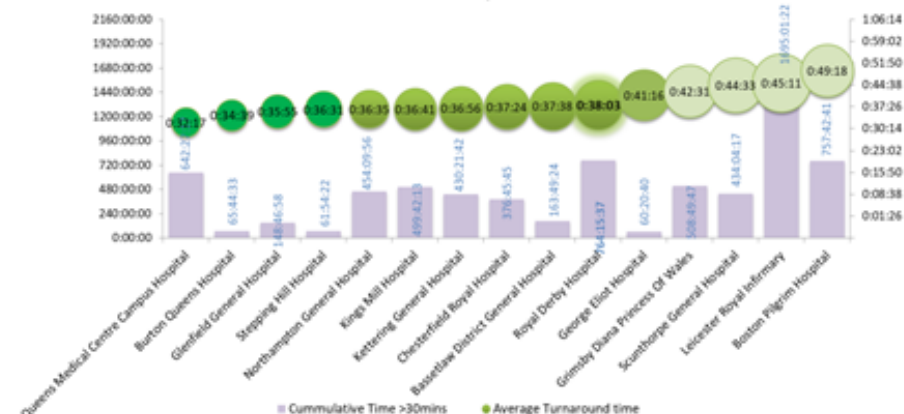
CAD data used since Feb 19 with no exclusions.

- LRI had 8.3% more handovers in July comparison to the same period last year.
- 41.4% of handovers were completed within 15 mins.
- 8 less hours lost due to post handover delays in July compared to the previous month.

Ambulance Handovers



Total Time >30mins & Average Turnaround Time



Lowest Turnaround Time (Avg.)

Median Turnaround Time (Avg.)

LRI Turnaround Time (Avg.)

LRI Total Time over 30mins

LRI Delay >30mins – Number Ambulance Shifts

Ambulance Handover 30-59 mins

Ambulance Handover >60mins

32 Mins

38 Mins

45 Mins

1695 Hours

141 Shifts

18%

10%

UHL

Alliance

Combined

M4: WL Size

65,600

+216 over trajectory

RTT: 82.6%

RTT: 87.8%

RTT: 83.3%

Current Position:

UHL ended July in line but over the waiting list trajectory with 216 more patients on the waiting list than forecasted. The number of patients awaiting treatment remained improved compared to July 2018 with 1,527 fewer patients waiting for treatment. The overall RTT position moved to 83.3%

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. Changes to pension taxation rules has resulted in a reduction in sessions completed with discretionary effort. This has impacted on the overall RTT position with an increase in patients on the waiting list and patients waiting over 18 weeks.

Forecast performance for next reporting period: It is forecasted that for August 2019 UHL achieving the waiting list trajectory size is at risk

- Increased emergency pressures for beds
- Increased cancer backlogs prioritising capacity over routine elective RTT
- Clinical capacity pressures within key specialties
- Reduction in WLI's with reduced discretionary effort
- Delayed RSS start

Current Position:

UHL ended July in line but over the waiting list trajectory with 216 more patients on the waiting list than forecasted. The number of patients awaiting treatment remained improved compared to July 2018 with 1,527 fewer patients waiting for treatment. The overall RTT position moved to 83.3%

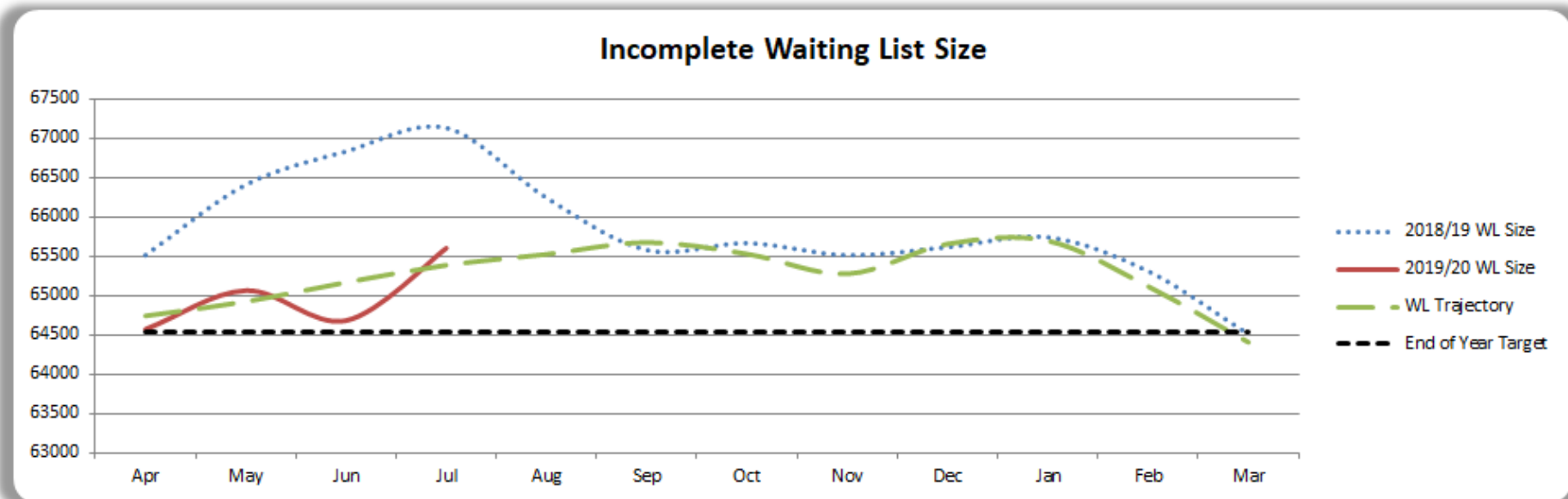
Key Drivers:

- Changes to pension taxation rules resulting in increased theatre session cancellations due to lack of anaesthetist and reduction in WLI uptake
- Challenged capacity with Neurology, Allergy and Urology
- Delayed starts to RSS for General Surgery and Ophthalmology
- Continued validation of the waiting list

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 there is a risk to achieving trajectory waiting list size for August.



The overall combined UHL and Alliance WL size for month 3 was over the trajectory size by 216 patients.

The largest reductions in waiting list size were seen in Maxillofacial Surgery, ENT and Paediatric Trauma and Orthopaedics.

The largest increases in waiting list size were seen in Gastroenterology, Dermatology and Vascular surgery.

The overall waiting list size increased by 879 during July. 4 out of the 7 UHL CMG's reduced there waiting list size in month.

10 Largest Waiting List Size Reductions in month

| | |
|------------------------|------|
| •Maxillofacial Surgery | -198 |
| •ENT | -107 |
| •Paediatric T&O | -106 |
| •Allergy | -78 |
| •Gynaecology | -61 |
| •Paediatric Medicine | -56 |
| •Paediatric Neurology | -51 |
| •Plastic Surgery | -51 |
| •Clinical Immunology | -44 |
| •Urology | -35 |

10 Largest Waiting List Size Increases in month

| | |
|----------------------|-----|
| •Gastroenterology | 422 |
| •Dermatology | 155 |
| •Vascular Surgery | 140 |
| •Paediatric ENT | 98 |
| •Rheumatology | 95 |
| •Orthopaedic Surgery | 87 |
| •Clinical Oncology | 86 |
| •Ophthalmology | 69 |
| •Paed Ophthalmology | 58 |
| •Endocrinology | 56 |

CMG

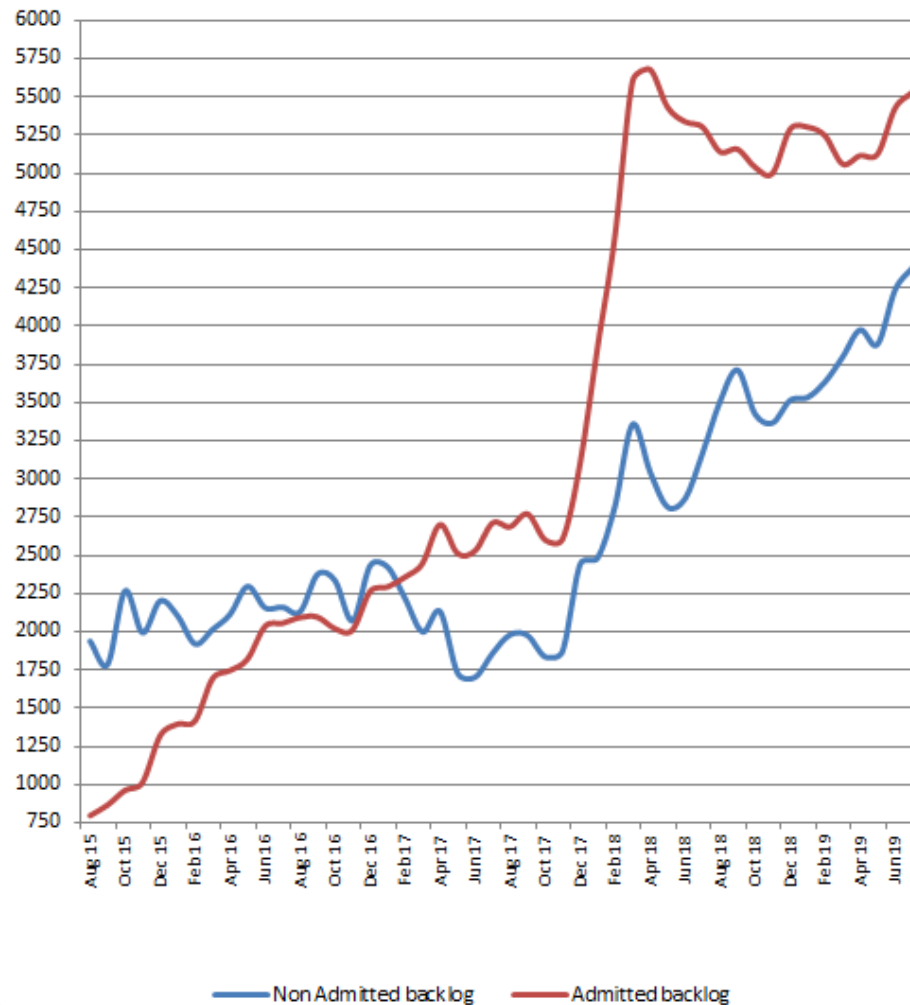
Waiting List Size Change Since March 2019

Waiting List Size Change Since Last Month

RTT %

| | | | |
|----------------|------|------|-------|
| CHUGGS | 491 | 561 | 79.5% |
| CSI | -22 | -20 | 92.1% |
| ESM | 638 | 319 | 87.9% |
| ITAPS | 313 | -88 | 80.1% |
| MSS | -169 | -121 | 78.6% |
| RRCV | 292 | 125 | 88.9% |
| W&C | -251 | -179 | 89.1% |
| Alliance | -198 | 257 | 87.8% |
| UHL | 1292 | 622 | 82.6% |
| UHL & Alliance | 1094 | 879 | 83.3% |

UHL Admitted and Non-Admitted Backlog



Admitted:

106

(backlog change)

3.4%
Change

Non Admitted:

145

(backlog change)

2.0%
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

Zero

0
Change

Current Position:

At the end July there were zero patients with an incomplete pathway at more than 52 weeks. This continues the trend of 13 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. UHL remaining ranked joint 1st amongst our peer group of 18 acute trusts and nationally for 52 week performance.

Key Drivers:

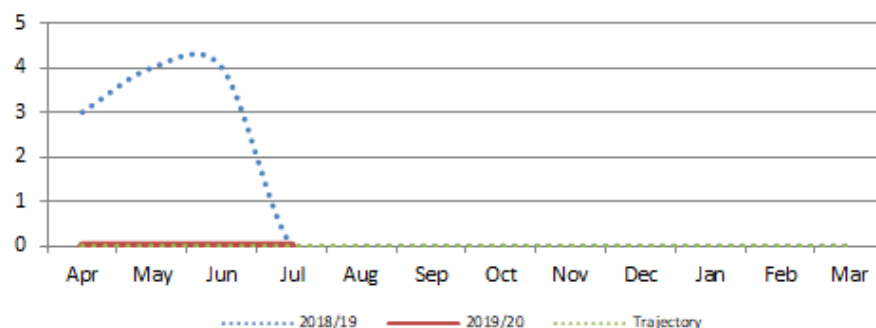
- Changes to pension taxation has resulted in reduced uptake in sessions delivered through discretionary effort. This has lead to an increase in long waiting patients over 40 weeks compared to plan with main capacity being utilised by cancer and clinically urgent patients.
- Significant clinical constraints within a number of key areas including ENT, Urology, Allergy, Neurology has led to an increase in the number of long waiters in these areas.

Key Actions

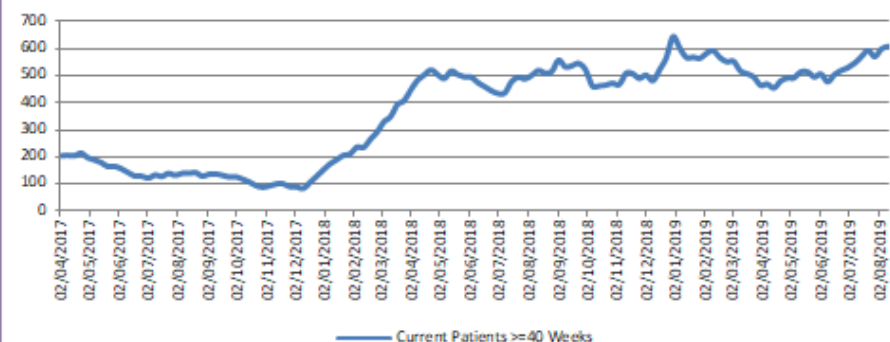
- A daily escalation of the patients at risk is followed including Service Managers, General Managers, Head and Deputy Head of Operations. The Deputy Chief Operating Officer is personally involved daily for any patients who are at risk of breaching 52 weeks. A daily TCI list for any long waiting patients 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.
- Use of Independent Sector for longest ENT waiters. ENT account for 22% of all admitted patients over 40 weeks
- We have engaged with Planned Care start a RSS for Urology as early as possible this financial year, to ease the demand on non-urgent penile scrotal work.

UHL is continuing to forecast zero 52 week breaches for August. Achieving zero remains a risk due to emergency pressures and the potential risk of cancellation from both the hospital and patient choice.

End of Month 52 Week Breaches



Current Patients >=40 Weeks



Diagnostics: Executive Performance Board

Diagnostics: DM01

99.1%
(Target >=99%)

0.0%
Change

150
Breaches

1
Change

Imaging

99.4%
(Target >99%)

0.0%
Change

Breaches: 76

-7
Change

Physiological Measurement

98.9%
(Target >99%)

-0.3%
Change

Breaches: 24

8
Change

Endoscopy

97.4%
(Target >99%)

0.4%
Change

Breaches: 50

0
Change

Current Position:

UHL has achieved the DM01 standard for June, with 21 fewer breaches than required to meet the standard. This maintains UHL's diagnostic performance by achieving the diagnostic target for the 11th consecutive month.

Key Drivers:

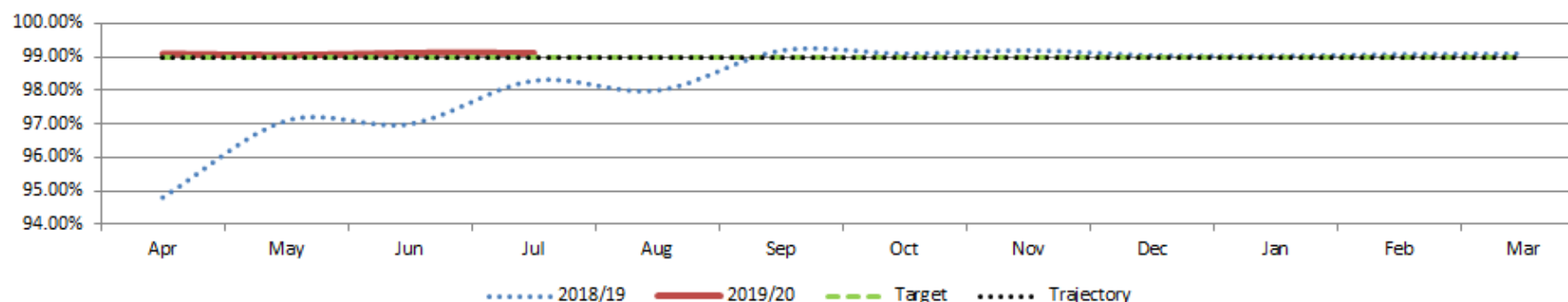
- An increase in 2WW endoscopy referrals resulted an increase in a conversion from routine diagnostic capacity
- Increased CT Cardiac demand due to changes in NICE guidelines
- Decontamination – Current reprocessing machines are no longer supported by company for parts when breaking down
- Sleep high demand and limited capacity

Key Actions:

- Continued insourced capacity via Medinet for Endoscopy
- Increased CT capacity and take up of wait list initiatives
- Endoscopy decontamination equipment undergo planned preventative maintenance.
- Realigning sleep capacity to focus on diagnostics
- 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 August, continuing to deliver the DM01 standard.

UHL and Alliance Diagnostic Performance Last 12 Months



Current Position:

July's cancelled operations performance for UHL and the Alliance combined was 1.2%. There were 147 non clinical hospital cancellations (145 UHL and 2 Alliance).

17 patients did not receive their operation within 28 days of a non-clinical cancellation, 17 from UHL and 0 from the Alliance. Fewer cancellations the prior supported in July's performance. YTD there have 37% reduction in 28 day breaches compared to 2018/19.

Key Drivers:

- Capacity constraints resulted in 74 (51.0%) hospital non clinical cancellations. Of this 22 were within Paediatrics.
- 42 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 causal factors.
- 11 cancellations were due staffing (surgical 2, anaesthetic 5 and theatre staff 4).

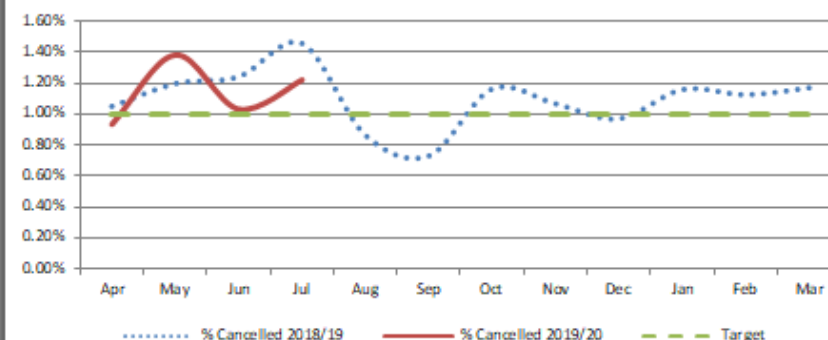
Key Actions:

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

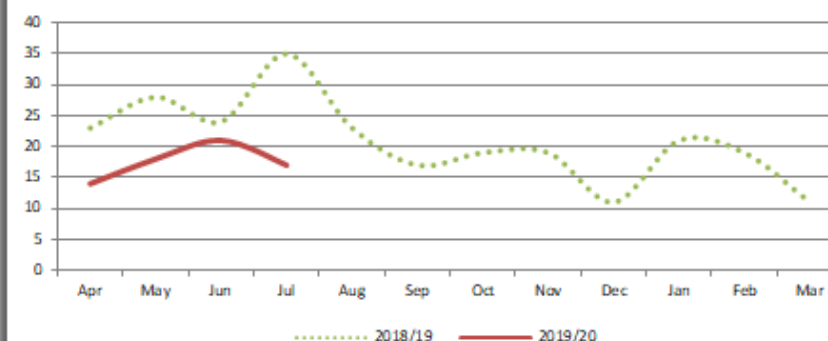
It is forecasted achieving 1.0% August is at risk due to a high level of emergency demand during the first 2 weeks.



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



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



APPENDICES

One team shared values



APPENDIX A: Safe Domain Dashboard

| Safe | | Caring | | Well Led | | Effective | | Responsive | | OP Transformation | | | | | | | | | | | | | | | |
|------|---------|--|----------------|--------------|---------------------------------------|---------------|--|-----------------------------|---------------|-------------------|--------|--------|--------|-------------------|-------------------|--------|--------|--------|--------|-------------------|-------------------|--------|--------|-----------|-------|
| Safe | 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 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | 19/20 YTD | |
| | S1 | Serious Incidents - actual number escalated each month | AF | MD | < FY 18/19 | UHL | Red if >29 in FY | May-17 | 37 | 29 | 3 | 3 | 1 | 1 | 2 | 1 | 2 | 1 | 1 | 1 | 1 | 4 | 4 | 0 | 9 |
| | S2 | 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 | 17.9 | 17.1 | 16.3 | 16.0 | 17.1 | 18.8 | 16.5 | 17.3 | 15.4 | | 17.2 | 15.6 | 14.9 | 16.5 | 15.8 |
| | S3 | SEPSIS - Patients with an Early Warning Score 3+ - % appropriate escalation | AF | JB | 95% | UHL | TBC | Dec-17 | 95% | 98% | 98% | 98% | 98% | Indicator on hold | | | | | | Indicator on hold | | | | | |
| | S4 | SEPSIS - Patients with EWS 3+ - % who are screened for sepsis | AF | JB | 95% | UHL | TBC | Dec-17 | 95% | 95% | 94% | 94% | 93% | 94% | Indicator on hold | | | | | | Indicator on hold | | | | |
| | S5 | 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% | 85% | 85% | 86% | 81% | 76% | 76% | 77% | 77% | 84% | | 83% | 82% | 82% | | 82% |
| | S6 | 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% | 80% | 87% | 83% | 96% | 97% | 96% | 93% | 93% | 93% | | 96% | 80% | 94% | | 90% |
| | S7 | Overdue CAS alerts | AF | MD | 0 | NHSI | Red if >0 in mth ER = in mth >0 | Nov-16 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | | 0 | 0 | 1 | 0 | 1 |
| | S8 | 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 | 9 | 4 | 3 | 3 | 0 | 3 | 3 | 3 | 4 | | 4 | 0 | 1 | 4 | 9 |
| | S9 | Never Events | AF | MD | 0 | NHSI | Red if >0 in mth ER = in mth >0 | May-17 | 8 | 8 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 2 | | 0 | 0 | 1 | 0 | 1 |
| | S10 | Clostridium Difficile (Hospital and Community aquired since April 2019) | CF | DJ | 108 | NHSI | Red if >monthly threshold / ER if Red or Non compliance with cumulative target | Nov-17 | 68 | 57 | 4 | 7 | 2 | 6 | 4 | 6 | 2 | 0 | 5 | | 5 | 7 | 8 | 13 | 33 |
| | S11 | MRSA Bacteraemias - Unavoidable or Assigned to third Party | CF | DJ | 0 | NHSI | Red if >0 ER Not Required | Nov-17 | 0 | 3 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | | 0 | 0 | 0 | 0 | 0 |
| | S12 | 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 |
| | S13 | MRSA Total | CF | DJ | 0 | UHL | Red if >0 ER Not Required | Nov-17 | 4 | 3 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | | 0 | 0 | 0 | 0 | 0 |
| | S14 | E. Coli Bacteraemias - Community | CF | DJ | TBC | NHSI | TBC | Jun-18 | 454 | 405 | 35 | 34 | 43 | 36 | 34 | 26 | 36 | 26 | 33 | | 37 | 41 | 30 | 45 | 153 |
| | S15 | E. Coli Bacteraemias - Acute | CF | DJ | TBC | NHSI | TBC | Jun-18 | 96 | 65 | 5 | 3 | 11 | 5 | 5 | 5 | 5 | 5 | 3 | | 8 | 11 | 7 | 10 | 36 |
| | S16 | E. Coli Bacteraemias - Total | CF | DJ | TBC | NHSI | TBC | Jun-18 | 550 | 470 | 40 | 37 | 54 | 41 | 39 | 31 | 41 | 31 | 43 | | 45 | 52 | 37 | 55 | 189 |
| | S17 | MSSA - Community | CF | DJ | TBC | NHSI | TBC | Nov-17 | 139 | 124 | 14 | 11 | 8 | 18 | 6 | 6 | 15 | 9 | 7 | | 13 | 15 | 10 | 9 | 47 |
| | S18 | MSSA - Acute | CF | DJ | TBC | NHSI | TBC | Nov-17 | 43 | 32 | 1 | 2 | 1 | 3 | 2 | 5 | 2 | 5 | 0 | | 3 | 1 | 4 | 4 | 12 |
| | S19 | MSSA - Total | CF | DJ | TBC | NHSI | TBC | Nov-17 | 182 | 156 | 15 | 13 | 9 | 21 | 8 | 11 | 17 | 14 | 7 | | 16 | 16 | 14 | 13 | 59 |
| | S20 | % 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% | 98.2% | 98.2% | 97.9% | 98.0% | 97.6% | 97.7% | 97.3% | 97.3% | 98.0% | | 97.2% | 97.2% | 97.4% | 97.6% | 97.3% |
| | S21 | % 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% | 95.1% | 95.5% | 95.5% | 94.8% | 96.7% | 96.0% | 96.0% | 97.6% | 97.6% | | 98.4% | 97.9% | 98.3% | 98.2% | 98.2% |
| | S22 | All falls reported per 1000 bed stays for patients reported 1 month in arrears (>65 years only before 19/20) | CF | HL | <=6.02 | UHL | Red if >6.02 ER if 2 consecutive reds | Jun-18 | 6.0 | 6.4 | 6.1 | 5.8 | 6.1 | 6.0 | 5.9 | 7.0 | 6.5 | 6.6 | 6.6 | | 5.5 | 4.7 | 4.4 | | 4.9 |
| | S23 | 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 | 0.06 | 0.08 | 0.08 | 0.13 | 0.06 | 0.04 | 0.04 | 0.08 | 0.04 | 0.06 | 0.08 | | 0.04 | 0.08 | 0.06 | | 0.06 |
| | S24 | 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 |
| | S25 | Avoidable Pressure Ulcers - Grade 3 | CF | MC | <=3 a month (revised) with FY End <27 | QS | Red / ER if Non compliance with monthly target | Aug-17 | 8 | 7 | 1 | 1 | 0 | 0 | 0 | 3 | 0 | 1 | 0 | | 0 | 0 | 0 | 1 | 1 |
| | S26 | Avoidable Pressure Ulcers - Grade 2 | CF | MC | <=7 a month (revised) with FY End <84 | QS | Red / ER if Non compliance with monthly target | Aug-17 | 53 | 62 | 7 | 1 | 10 | 0 | 5 | 5 | 4 | 8 | 5 | | 4 | 8 | 5 | 4 | 21 |
| | S27 | % of patients over the age of 75yrs screened for dementia within 72hrs (reported one month in arrears) | CF | NB | <=90% | NHSI | Red if below 90% | TBC | | | | | | | | | | | | | 86.3% | 87.5% | 87.4% | | 87.1% |

APPENDIX B: Caring Domain Dashboard



| Caring | 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 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | 19/20 YTD | |
|--------|---|--|----------------|--------------|---------------------------------|---|--|-----------------------------|---------------|---------------|------------------------|--------|--------|-----------------------|--------|--------|-----------------------|--------|--------|-----------------------|--------|--------|--------------|-----------|-----|
| | 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 | 1.7 | 1.7 | 1.7 | 1.6 | 1.3 | 1.6 | 1.5 | 1.8 | 1.8 | 1.7 | 1.6 | 1.9 | 1.8 | |
| | C2 | Percentage of upheld PHSO cases | AF | MD | No Target | UHL | Quarterly reporting | Sep-17 | 0% | 0% | 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% (5 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% | 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% | 95% | 96% | 96% | 96% | 96% | 96% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 96% | 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% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 99% | 99% | 99% | 99% |
| | 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% | 95% | 95% | 95% | 95% | 95% | 94% | 95% | 94% | 92% | 93% | ★ | ★ | ★ | ★ | 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% | 95% | 95% | 95% | 95% | 95% | 96% | 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% | 94% | 94% | 95% | 93% | 95% | 91% | 92% | 93% | 93% | 93% | 90% | 91% | 95% | 92% |
| | 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% | 75.2% | | | 65.0% | | | 74.0% | | | 74.0% | | | | 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 | 2 | 6 | 0 | 9 | 0 | 1 | 9 | 5 | 2 | 0 | 0 | 0 | 7 | 7 | | |

Star indicates above national average - reported a month in arrears

APPENDIX C: Well Led Domain Dashboard



| Well Led | 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 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | 19/20 YTD |
|----------|---------|---|----------------|--------------|--------------------------|---------------|---|-----------------------------|---------------|---------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|
| | W1 | Published Inpatients and Daycase Friends and Family Test - Coverage (Adults and Children) | CF | HL | Not Applicable | N/A | Not Applicable | Jun-17 | 27.9% | 26.4% | 27.8% | 25.5% | 26.9% | 26.3% | 25.9% | 24.3% | 24.7% | 25.8% | 26.3% | 26.5% | 25.6% | 26.3% | 27.0% | 26.3% |
| | 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% | 31.6% | 26.8% | 28.5% | 29.4% | 30.4% | 26.7% | 26.8% | 27.2% | 29.0% | 28.6% | 27.9% | 30.4% | 31.1% | 29.4% |
| | W3 | Daycase only Friends and Family Test - Coverage (Adults and Children) | CF | HL | 20% | QS | Red if <10% | Jun-17 | 23.6% | 23.4% | 23.6% | 24.2% | 25.2% | 22.9% | 21.2% | 21.4% | 22.4% | 24.3% | 23.3% | 24.2% | 23.1% | 22.3% | 23.2% | 23.2% |
| | W4 | A&E Friends and Family Test - Coverage | CF | HL | 10% | QS | Red if <7.1% | Jun-17 | 9.9% | 7.9% | 10.8% | 7.2% | 6.9% | 8.8% | 4.9% | 5.0% | 9.5% | 7.2% | 5.9% | 7.2% | 7.4% | 6.1% | 6.9% | 6.9% |
| | W5 | Outpatients Friends and Family Test - Coverage | CF | HL | 5% | QS | Red if <4.7% | Jun-17 | 5.7% | 5.4% | 5.5% | 5.4% | 5.4% | 5.3% | 5.3% | 4.7% | 4.7% | 5.6% | 5.9% | 6.7% | 6.7% | 8.8% | 8.4% | 7.7% |
| | W6 | Maternity Friends and Family Test - Coverage | CF | HL | 30% | UHL | Red if <28.0% | Jun-17 | 40.2% | 40.0% | 38.5% | 37.2% | 39.1% | 44.8% | 42.5% | 45.4% | 33.6% | 42.7% | 41.6% | 44.8% | 32.9% | 39.7% | 41.7% | 39.5% |
| | 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% | 61.9% | | | 60.0% | | | 57.0% | | | 59.0% | | | | 59.0% |
| | W8 | Nursing Vacancies | CF | MM | TBC | UHL | Separate report submitted to QAC | Dec-17 | 11.9% | 13.0% | 14.6% | 14.4% | 15.2% | 15.0% | 13.8% | 13.9% | 14.5% | 13.5% | 13.0% | 12.6% | 13.4% | 13.6% | | 13.6% |
| | W10 | Turnover Rate | HW | LG | TBC | NHSI | Red = 11% or above ER = Red for 3 Consecutive Mths | Nov-17 | 8.5% | 8.4% | 8.4% | 8.3% | 8.6% | 8.3% | 8.3% | 8.4% | 8.6% | 8.5% | 8.4% | 9.0% | 9.0% | 9.1% | 8.9% | 8.9% |
| | 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% | 3.9% | 3.4% | 3.6% | 3.8% | 3.9% | 4.1% | 4.0% | 4.2% | 4.1% | 3.9% | 3.6% | 3.7% | 3.9% | | 3.7% |
| | W12 | Temporary costs and overtime as a % of total payroll | HW | LG | TBC | NHSI | TBC | Nov-17 | 12.0% | 11.1% | 11.3% | 10.8% | 10.8% | 11.5% | 10.6% | 11.0% | 10.7% | 9.7% | 12.4% | 9.8% | 9.6% | 10.6% | 9.4% | 9.9% |
| | 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% | 91.1% | 91.6% | 92.2% | 92.1% | 92.0% | 92.5% | 91.9% | 92.6% | 92.6% | 92.5% | 92.0% | 92.0% | 91.8% | 91.8% |
| | W14 | Statutory and Mandatory Training | HW | BK | 95% | UHL | TBC | Dec-16 | 88% | 89% | 90% | 88% | 88% | 88% | 82% | 86% | 88% | 89% | 90% | 89% | 89% | 92% | 93% | 93% |
| | W15 | % Corporate Induction attendance | HW | BK | 95% | UHL | Red if <90% ER if 3 consecutive mths <90% | Dec-16 | 97% | 97% | 98% | 95% | 96% | 97% | 96% | 97% | 97% | 98% | 98% | 96% | 90% | 99% | 98% | 96% |
| | W16 | BME % - Leadership (8A – Including Medical Consultants) | HW | AH | 28% | UHL | 4% improvement on Qtr 1 baseline | Oct-17 | 27% | 29% | 29% | | | 29% | | | 29% | | | 29% | | | | 29% |
| | W17 | BME % - Leadership (8A – Excluding Medical Consultants) | HW | AH | 28% | UHL | 4% improvement on Qtr 1 baseline | Oct-17 | 14% | 16% | 15% | | | 16% | | | 16% | | | 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% | 80.1% | 77.3% | 78.1% | 78.4% | 79.1% | 78.1% | 79.8% | 78.1% | 77.0% | 78.9% | 81.1% | 82.9% | 85.3% | 82.0% |
| | W19 | DAY Safety staffing fill rate - Average fill rate - care staff (%) | CF | MM | TBC | NHSI | TBC | Jul-18 | 101.1% | 96.0% | 94.7% | 94.6% | 95.1% | 95.9% | 97.0% | 94.6% | 95.9% | 92.7% | 92.8% | 96.7% | 95.0% | 99.3% | 97.7% | 97.2% |
| | W20 | NIGHT Safety staffing fill rate - Average fill rate - registered nurses/midwives (%) | CF | MM | TBC | NHSI | TBC | Jul-18 | 93.6% | 89.8% | 88.0% | 84.8% | 86.6% | 88.2% | 90.0% | 87.9% | 92.3% | 88.5% | 88.2% | 88.2% | 90.5% | 90.3% | 88.4% | 89.3% |
| | W21 | NIGHT Safety staffing fill rate - Average fill rate - care staff (%) | CF | MM | TBC | NHSI | TBC | Jul-18 | 111.0% | 123.0% | 124.1% | 112.4% | 121.5% | 123.3% | 126.8% | 121.5% | 124.8% | 123.6% | 126.3% | 129.8% | 131.4% | 129.4% | 125.1% | 128.9% |
| | W22 | Apprenticeships - 2.3% of workforce averaged as an apprenticeship over 3 years | HW | BK | 613 | NHSI | Red if <613 | TBC | | | | | | | | | | | | 19 | 19 | 25 | 40 | 40 |

APPENDIX D: Effective Domain Dashboard



| Effective | 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 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | 19/20 YTD | |
|-----------|---------|--|----------------|--------------|---------------|---------------|--|-----------------------------|------------------|------------------|------------------|--------|------------------|--------|------------------|--------|------------------|--------|--------------------|--------|------------------------|--------|-----------------------|-----------|-----------------------|
| | E1 | Emergency readmissions within 30 days following an elective or emergency spell | AF | CM | Monthly <8.5% | QC | Red if >8.6% ER if >8.6% | Jun-17 | 9.1% | 9.0% | 9.0% | 9.0% | 8.8% | 8.9% | 8.7% | 9.0% | 8.8% | 9.1% | 8.9% | 9.3% | 8.9% | 8.9% | | 9.0% | |
| | E2 | Mortality - Published SHMI | AF | RB | <=99 | QC | Red/ER if not within national expected range | Sep-16 | 98 (Oct16-Sep17) | 99 (Oct17-Sep18) | 97 (Jan17-Dec17) | | 95 (Apr17-Mar18) | | 96 (Jul17-Jun18) | | 99 (Oct17-Sep18) | | 99 (Jan to Dec 18) | | 100 (Feb 18 to Jan 19) | | 99 (Mar 18 to Feb 19) | | 99 (Mar 18 to Feb 19) |
| | 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 | 99 | 99 | 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 | 95 | 96 | 95 | 98 | 97 | 97 | 97 | 97 | 97 | 98 | 99 | 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% | 1.9% | 2.1% | 1.9% | 2.4% | 2.4% | 2.4% | 2.1% | 2.0% | 1.9% | 1.7% | 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% | 58.8% | 82.6% | 77.2% | 83.6% | 83.5% | 73.8% | 87.3% | 78.7% | 75.3% | 76.1% | 76.8% | 81.9% | 58.3% | 72.9% | |
| | 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% | 86.8% | 80.6% | 83.7% | 86.7% | 82.4% | 78.7% | 87.1% | 86.5% | 87.7% | 83.5% | 90.0% | 86.0% | | 86.5% | |
| | 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% | 70.2% | 50.4% | 28.7% | 38.6% | 87.3% | 52.3% | 83.5% | 57.5% | 29.9% | 64.0% | 75.5% | 61.4% | 78.9% | 69.7% | |

APPENDIX E: Responsive Domain Dashboard



| 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 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-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% | 76.3% | 76.3% | 79.5% | 78.3% | 72.6% | 73.5% | 70.7% | 76.1% | 75.1% | 75.5% | 73.7% | 74.1% | 72.0% | 73.8% |
| | 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% | 83.1% | 83.0% | 84.7% | 83.7% | 79.1% | 79.9% | 79.1% | 82.6% | 82.0% | 82.4% | 81.5% | 81.5% | 80.6% | 81.5% |
| | 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% | 86.5% | 85.8% | 85.2% | 86.0% | 86.0% | 85.3% | 85.2% | 85.1% | 84.7% | 84.4% | 84.7% | 83.5% | 83.3% | 83.3% |
| | R5 | RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE | RB | DM | 0 | NHSI | Red /ER if >0 | Nov-16 | 4 | 0 | 0 | 0 | 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% | 1.7% | 2.0% | 0.8% | 0.9% | 0.8% | 1.0% | 1.0% | 0.9% | 0.9% | 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 | 32 | 22 | 17 | 19 | 17 | 10 | 20 | 19 | 11 | 14 | 18 | 21 | 16 | 69 |
| | 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 | 3 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 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% | 1.4% | 0.9% | 0.8% | 1.2% | 1.2% | 1.0% | 1.3% | 1.2% | 1.3% | 1.0% | 1.4% | 1.1% | 1.3% | 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% | 1.6% | 0.1% | 0.0% | 0.3% | 0.6% | 1.1% | 0.2% | 0.0% | 0.0% | 0.4% | 1.0% | 0.0% | 0.2% | 0.4% |
| | 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% | 1.5% | 0.9% | 0.7% | 1.2% | 1.1% | 1.0% | 1.2% | 1.1% | 1.2% | 0.9% | 1.4% | 1.0% | 1.2% | 1.1% |
| | 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 | 161 | 98 | 79 | 139 | 132 | 97 | 139 | 123 | 141 | 104 | 162 | 116 | 147 | 529 |
| | 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% | 1.2% | 1.6% | 1.4% | 1.6% | 1.3% | 1.8% | 1.5% | 1.8% | 1.7% | 1.0% | 1.8% | 1.7% | 1.8% | 1.6% |
| | R15 | Ambulance Handover >60 Mins (CAD from Feb 19) | RB | DM | 0% (July 19) | NHSI | Red if below trajectory ER if Red for 3 consecutive mths | TBC | 4.2% | 4.0% | 4.2% | 3.0% | 1.0% | 2.0% | 3.0% | 7.0% | 12.5% | 4.3% | 5.0% | 4.5% | 5.1% | 4.4% | 10.2% | 6.0% |
| | R16 | Ambulance Handover >30 Mins and <60 mins (CAD from Feb 19) | RB | DM | 6.2% (July 19) | NHSI | Red if below trajectory ER if Red for 3 consecutive mths | TBC | 9.0% | 8.0% | 8.4% | 8.0% | 5.0% | 8.0% | 9.0% | 10.0% | 14.1% | 10.1% | 12.7% | 12.4% | 14.9% | 11.2% | 18.4% | 14.2% |

Peer Group Analysis

UHL ED Attendances within 4 hours

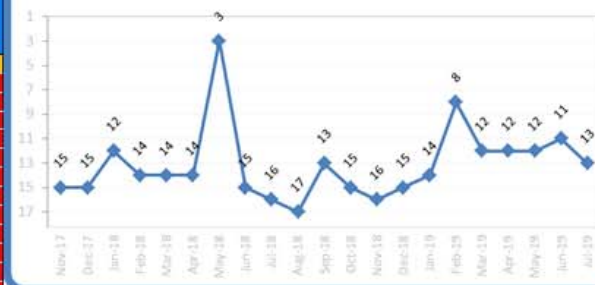
UHL + LLR ED Attendances within 4 hours - July 2019 (Acute Footprint)**

All Acute Trusts - 87.8%
4 of the 142 Trusts* achieved 95% or more

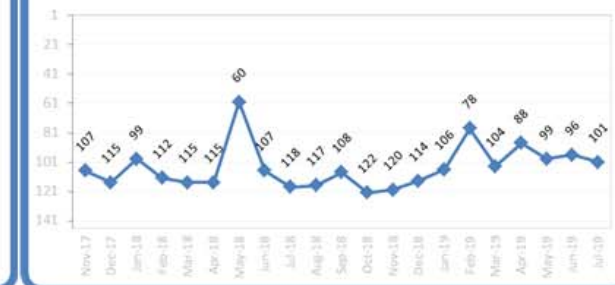
UHL + LLR 101 out of the 142 Trusts*

| Peer Rank | Provider Name | Performance within 4 Hours - Target 95% - Amber 92% - <95% |
|-----------|---|--|
| 1 | THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST | 96.5% |
| 2 | UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST | 90.3% |
| 3 | LEEDS TEACHING HOSPITALS NHS TRUST | 89.2% |
| 4 | OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | 87.8% |
| 5 | BARTS HEALTH NHS TRUST | 86.6% |
| 6 | EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST | 86.5% |
| 7 | HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST | 85.3% |
| 8 | PENNINE ACUTE HOSPITALS NHS TRUST | 84.8% |
| 9 | MANCHESTER UNIVERSITY NHS FOUNDATION TRUST | 84.2% |
| 10 | SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST | 83.5% |
| 11 | KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST | 81.4% |
| 12 | NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | 80.6% |
| 13 | UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST | 80.6% |
| 14 | UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST | 80.0% |
| 15 | UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST | 78.4% |
| 16 | UNITED LINCOLNSHIRE HOSPITALS NHS TRUST | 77.6% |
| - | IMPERIAL COLLEGE HEALTHCARE NHS TRUST | - |
| - | NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST | - |

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



UHL/LLR Acute Ranking - ED Acute Footprint (n/142)



TWO WEEK WAIT-ALL CANCER

Two Week Wait - All Cancer - June 2019

All Acute Trusts Performance - 90.0%
72 of the 142 Acute Trusts* achieved 93% or more

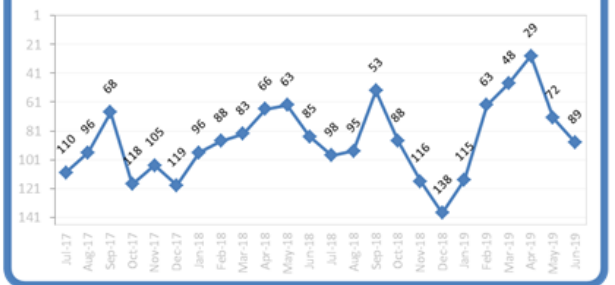
UHL ranks 80 out of the 142 Acute Trusts*

| Peer Rank | Provider | Performance within 14 Days - Target 93% |
|-----------|---|---|
| 1 | NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST | 96.3% |
| 2 | EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST | 96.2% |
| 3 | BARTS HEALTH NHS TRUST | 95.6% |
| 4 | UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST | 94.7% |
| 5 | KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST | 94.1% |
| 6 | SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST | 93.7% |
| 7 | HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST | 93.6% |
| 8 | UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST | 93.5% |
| 9 | OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | 92.8% |
| 10 | PENNINE ACUTE HOSPITALS NHS TRUST | 91.5% |
| 11 | UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST | 91.0% |
| 12 | IMPERIAL COLLEGE HEALTHCARE NHS TRUST | 91.0% |
| 13 | THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST | 82.9% |
| 14 | MANCHESTER UNIVERSITY NHS FOUNDATION TRUST | 80.7% |
| 15 | UNITED LINCOLNSHIRE HOSPITALS NHS TRUST | 79.8% |
| 16 | NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | 79.7% |
| 17 | LEEDS TEACHING HOSPITALS NHS TRUST | 77.2% |
| 18 | UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST | 72.6% |

UHL Peer Ranking - TWO WEEK WAIT-ALL CANCER (n/18)



UHL Acute Ranking - TWO WEEK WAIT-ALL CANCER (n/142)



*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

31-DAY FIRST TREAT

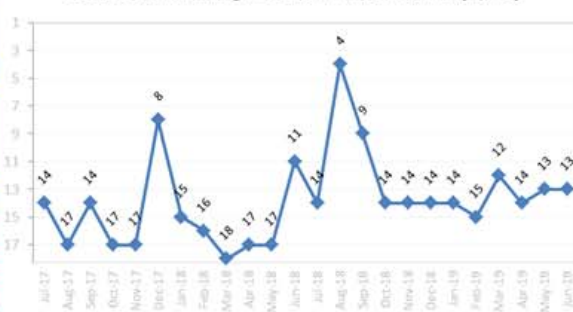
31-Day First Treat - June 2019

All Acute Trusts Performance - 98.0%
98 of the 142 Acute Trusts* achieved 98% or more

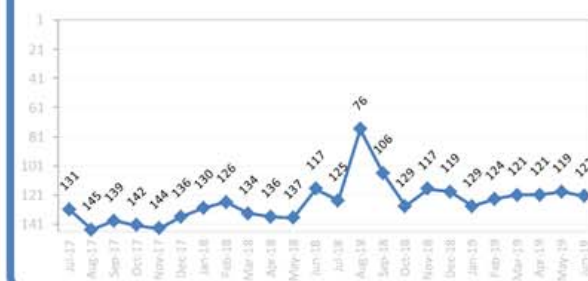
UHL ranks 122 out of the 142 Acute Trusts*

| Peer Rank | Provider | Performance within 31 Days - Target 96% |
|-----------|---|---|
| 1 | BARTS HEALTH NHS TRUST | 99.6% |
| 2 | UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST | 98.4% |
| 3 | IMPERIAL COLLEGE HEALTHCARE NHS TRUST | 98.4% |
| 4 | PENNINE ACUTE HOSPITALS NHS TRUST | 98.1% |
| 5 | NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | 97.4% |
| 6 | UNITED LINCOLNSHIRE HOSPITALS NHS TRUST | 97.1% |
| 6 | LEEDS TEACHING HOSPITALS NHS TRUST | 96.9% |
| 8 | UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST | 96.0% |
| 9 | KINGS COLLEGE HOSPITAL NHS FOUNDATION TRUST | 95.9% |
| 10 | MANCHESTER UNIVERSITY NHS FOUNDATION TRUST | 95.6% |
| 11 | EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST | 94.4% |
| 12 | UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST | 94.1% |
| 16 | UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST | 93.9% |
| 14 | NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST | 93.8% |
| 15 | OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | 93.7% |
| 16 | SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST | 92.4% |
| 17 | THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST | 90.2% |
| 18 | HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST | 89.7% |

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



UHL Acute Ranking - 31-DAY FIRST TREAT (n/142)



62-DAY GP Referral

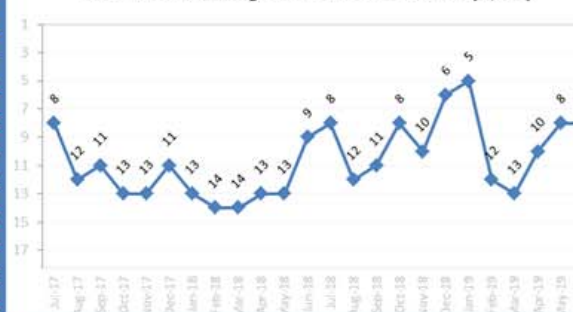
62-DAY GP Referral - June 2019

All Acute Trusts Performance - 77.6%
32 of the 142 Acute Trusts* achieved 85% or more

UHL ranks 93 out of the 142 Acute Trusts*

| Peer Rank | Provider | Performance within 62 Days - Target 85% |
|-----------|---|---|
| 1 | IMPERIAL COLLEGE HEALTHCARE NHS TRUST | 86.9% |
| 2 | BARTS HEALTH NHS TRUST | 86.3% |
| 3 | UNITED LINCOLNSHIRE HOSPITALS NHS TRUST | 79.1% |
| 4 | MANCHESTER UNIVERSITY NHS FOUNDATION TRUST | 78.3% |
| 5 | UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST | 76.0% |
| 6 | NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | 75.6% |
| 7 | NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST | 75.5% |
| 8 | UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST | 74.4% |
| 9 | SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST | 74.3% |
| 10 | UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST | 72.4% |
| 11 | UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST | 72.4% |
| 12 | EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST | 72.2% |
| 13 | THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST | 70.9% |
| 14 | KINGS COLLEGE HOSPITAL NHS FOUNDATION TRUST | 70.2% |
| 15 | OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | 69.7% |

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



UHL Acute Ranking - 62-DAY GP Referral (n/142)



*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

RTT 18+ Weeks Backlog

RTT 18+ Weeks Backlog - June 2019

All Acute Trusts Performance - 85.0%

UHL ranks 99 out of the 142 Acute Trusts*

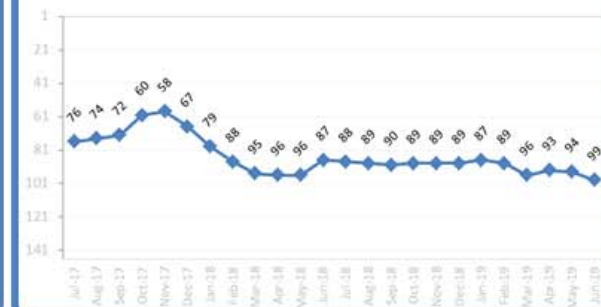
38 of the 142 Acute Trusts* achieved 92% or more

| Peer Rank | Provider Name | RTT Incomplete Performance - Target 92% |
|-----------|---|---|
| 1 | SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST | 93.1% |
| 2 | NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST | 92.8% |
| 3 | THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST | 92.1% |
| 4 | PENNINE ACUTE HOSPITALS NHS TRUST | 86.5% |
| 5 | LEEDS TEACHING HOSPITALS NHS TRUST | 86.4% |
| 6 | UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST | 85.6% |
| 7 | IMPERIAL COLLEGE HEALTHCARE NHS TRUST | 85.2% |
| 8 | MANCHESTER UNIVERSITY NHS FOUNDATION TRUST | 84.5% |
| 9 | BARTS HEALTH NHS TRUST | 83.9% |
| 10 | NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | 83.5% |
| 11 | UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST | 83.5% |
| 12 | UNITED LINCOLNSHIRE HOSPITALS NHS TRUST | 83.2% |
| 13 | OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | 82.7% |
| 14 | EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST | 82.1% |
| 15 | UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST | 80.3% |
| 16 | KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST | 78.6% |
| 17 | UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST | 76.0% |
| 18 | HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST | 75.8% |

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



UHL Acute Ranking - 18+ Weeks Backlog (n/142)



Diagnostics

Diagnostics - June 2019

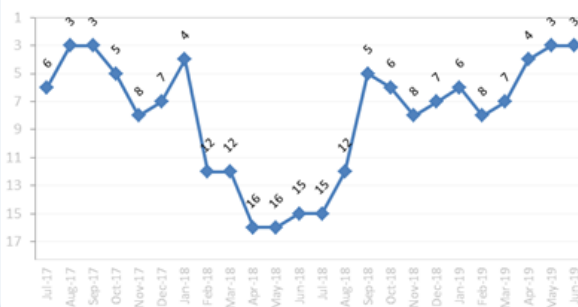
All Acute Trusts Performance - 3.9%

UHL ranks 48 out of the 142 Acute Trusts*

53 of the 142 Acute Trusts* achieved <1% or less

| Peer Rank | Provider Name | Diagnostics Performance %Waiting < 1Wks - Target <=1% |
|-----------|---|---|
| 1 | EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST | 0.4% |
| 2 | IMPERIAL COLLEGE HEALTHCARE NHS TRUST | 0.8% |
| 3 | UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST | 0.9% |
| 4 | UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST | 0.9% |
| 5 | MANCHESTER UNIVERSITY NHS FOUNDATION TRUST | 1.1% |
| 6 | NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | 1.8% |
| 7 | OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | 2.0% |
| 8 | UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST | 2.3% |
| 9 | BARTS HEALTH NHS TRUST | 2.3% |
| 10 | LEEDS TEACHING HOSPITALS NHS TRUST | 2.4% |
| 11 | SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST | 2.6% |
| 12 | NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST | 2.7% |
| 13 | UNITED LINCOLNSHIRE HOSPITALS NHS TRUST | 3.6% |
| 14 | THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST | 4.1% |
| 15 | PENNINE ACUTE HOSPITALS NHS TRUST | 5.0% |
| 16 | KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST | 6.3% |
| 17 | HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST | 8.7% |
| - | UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST | - |

UHL Peer Ranking - Diagnostics (n/18)



UHL Acute Ranking - Diagnostics (n/142)



*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

Inpatient FFT

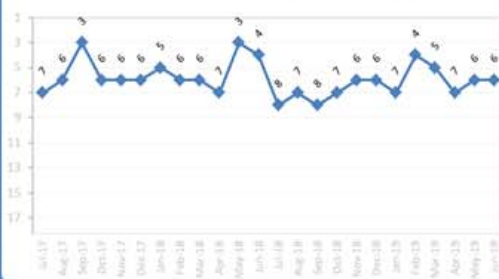
Inpatient FFT - June 2019

All Acute Trusts - Response Rate 25% - Recommended 90% - Not Recommended 2%

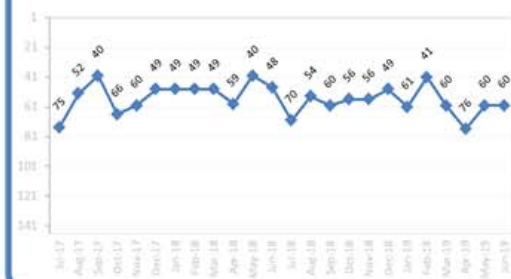
UHL ranks 50 (for Recommended) and 22* (for Not Recommended) out of the 142 Trusts**

| Peer Rank (Recommended) | Provider Name | Response Rate | Percentage Recommended | Percentage Not Recommended |
|-------------------------|---|---------------|------------------------|----------------------------|
| 1 | UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST | 24% | 99% | 0% |
| 2 | HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST | 18% | 98% | 1% |
| 3 | THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST | 10% | 97% | 1% |
| 4 | IMPERIAL COLLEGE HEALTHCARE NHS TRUST | 32% | 97% | 1% |
| 5 | NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST | 33% | 97% | 1% |
| 6 | UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST | 26% | 97% | 1% |
| 7 | LEEDS TEACHING HOSPITALS NHS TRUST | 33% | 96% | 2% |
| 8 | OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | 21% | 96% | 2% |
| 9 | SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST | 29% | 96% | 2% |
| 10 | NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | 6% | 95% | 2% |
| 11 | EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST | 38% | 95% | 1% |
| 12 | MANCHESTER UNIVERSITY NHS FOUNDATION TRUST | 21% | 95% | 2% |
| 13 | UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST | 17% | 95% | 2% |
| 14 | UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST | 33% | 95% | 2% |
| 15 | KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST | 15% | 95% | 2% |
| 16 | UNITED LINCOLNSHIRE HOSPITALS NHS TRUST | 25% | 93% | 3% |
| 17 | PENNINE ACUTE HOSPITALS NHS TRUST | 23% | 92% | 4% |
| 18 | BARTS HEALTH NHS TRUST | 13% | 92% | 4% |

UHL Peer Ranking - Inpatient FFT (n/18)



UHL Acute Ranking - Inpatient FFT (n/142)



A&E FFT

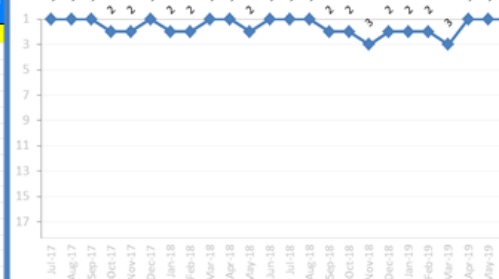
A&E FFT - June 2019

All Acute Trusts - Response Rate 25% - Recommended 90% - Not Recommended 2%

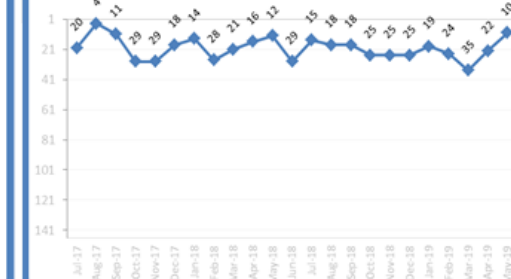
UHL ranks 9 (for Recommended) and 14* (for Not Recommended) out of the 142 Trusts**

| Peer Rank (Recommended) | Provider Name | Response Rate | Percentage Recommended | Percentage Not Recommended |
|-------------------------|---|---------------|------------------------|----------------------------|
| 1 | UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST | 6% | 96% | 2% |
| 2 | NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | 2% | 95% | 2% |
| 3 | IMPERIAL COLLEGE HEALTHCARE NHS TRUST | 17% | 93% | 4% |
| 4 | THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST | 1% | 91% | 7% |
| 5 | MANCHESTER UNIVERSITY NHS FOUNDATION TRUST | 13% | 90% | 6% |
| 6 | UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST | 20% | 88% | 8% |
| 7 | NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST | 14% | 88% | 8% |
| 8 | LEEDS TEACHING HOSPITALS NHS TRUST | 24% | 87% | 8% |
| 9 | OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | 19% | 86% | 9% |
| 10 | PENNINE ACUTE HOSPITALS NHS TRUST | 13% | 85% | 9% |
| 11 | SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST | 19% | 85% | 9% |
| 12 | HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST | 15% | 84% | 11% |
| 13 | UNITED LINCOLNSHIRE HOSPITALS NHS TRUST | 19% | 83% | 9% |
| 14 | EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST | 17% | 81% | 12% |
| 15 | BARTS HEALTH NHS TRUST | 5% | 74% | 19% |
| 16 | UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST | 10% | 72% | 20% |
| 17 | KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST | 6% | 70% | 15% |
| 18 | UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST | 37% | 69% | 18% |

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



UHL Acute Ranking - A&E FFT (n/142)



*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

June APRM Review Ratings

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

| 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

- Readmissions to be discussed in more detail at the next meeting

CSI

- Concerns still with the condition of the estate, particularly Sandringham Building. R Brown suggested discussions are held with N Bond as it was thought an improvement plan had been agreed following recent walkabouts.

ESM

- Neurology Service. Paper is to go to EQPB and QOC returning in 2 months. Issues are longstanding, and cover for 2 weeks in August issue. Locum cover is being sought. CMG to provide update at next PRM.

ITAPS

- Pause moment and stop before you block to be built into Theatre metrics, with data available from August 2019.
- Focus to be given to Resus Training over the next month.
- FFT – CMG to monitor this and discuss at next meeting if position continues to deteriorate.

MSS

- Blood Traceability Compliance – Further breakdown (line by line – by Ward) to be obtained from Hafiz Qureshi – Consultant, Haematology and Blood Transfusion.
- Mandatory Resuscitation Training – To be closely monitored and improvement in compliance (predominantly Doctors and Nursing staff) required.
- National Training Survey – Detailed breakdown to be obtained from Education Lead and further discussion to be held at next Performance Review meeting in August 2019.
- Sports and Exercise Medicine – Further work to be undertaken in relation to the utilisation of the National Sports Centre and report to be presented to the Executive Strategy Board in September 2019.
- Biological Therapy - Space issue and possible solutions were discussed. This is a risk to delivery CQUIN. The Biological Therapy team are currently following up on an options appraisal. Update to be provided at next PRM.

RRCV

- Proton Clinical System Replacement (Renal Unit) - Suzanne Khalid is to provide a summary of the current position to Andrew Furlong and provide a further update at next month's PRM.
- Readmissions in Renal/Cardiology - Suzanne Khalid is to follow up with Heads of Service in Renal and Cardiology regarding the reasons for large rises in readmissions, and check that there are no clinical issues. Suzanne is then to report back to the next PRM meeting.
- Resus Training - Resus training levels are still low. Letters have been issued and a lead for Resus Training is now in place. The CMG is to continue focus and efforts to address this.
- Policy and Guidelines - CMG to continue to their concerted efforts re. outstanding policies and guidelines.

W&C

- GMC National Training Survey – Action Plan required at next Performance Review meeting in August 2019 to address issues in Obs & Gynae (Paediatrics).



Summary & Action Plan

| | |
|--------|---|
| CHUGGS | <ul style="list-style-type: none"> Palliative Care Business Case to be taken to the next Executive Strategy Board for a steer before going to Revenue Investment Committee. |
| CSI | <ul style="list-style-type: none"> Information regarding TMIx3 going down to be forwarded to R Brown, explaining the issues and what is being done to resolve these |
| ESM | <ul style="list-style-type: none"> ED Rapid Cycle Test (RCT) of ward. A proposal is to return to the August PRM meeting, with costing attached. UHL's ambulance handover performance was discussed. Urgent action is required to ensure that the Trust's performance is in line with that of other similar organisations. Julie Dixon is following up on a plan, which includes learning from a recent visit to Newcastle and planning around 4 hours. RTT Excellent performance. Continue focus. Cancer waits Excellent performance. Continue focus. TIA's Excellent performance was noted. This is one of best stroke services in the county. |
| ITAPS | <ul style="list-style-type: none"> Clinical Correspondence – CMG to review and check accuracy of data and include more detailed narrative on how the CMG are mitigating the risks into the pack for future months. New version of Dictate IT – R Brown to check when this will be available. |
| MSS | <ul style="list-style-type: none"> Clinical Correspondence Turnaround – Focus to be maintained to clear backlog and further improvement required by next Performance Review meeting in August 2019. |
| RRCV | <ul style="list-style-type: none"> Cancer 62 Day – continue focus. Clinical correspondence backlog issue was flagged in March. Gradual improvement in the backlog is being seen. Continue focus. Cardiac Surgery – Depth of Coding. The CMG outlined that the sick leave of a member of a coding team has seriously impacted on the depth of coding in Cardiac Surgery. Actions are being taken to address the issue, including a new proforma being issued to junior doctors in August. A response re. backdating is pending from Specialised Commissioners. The CMG are to escalate to Paul Traynor if re-coding is not backdated. PICU beds at the Glenfield - 5 PICU beds at the Glenfield are currently not being used. RRCV could potentially use the beds for day cases. Tarun Basra is to follow up with ITAPS. |
| W&C | <ul style="list-style-type: none"> No actions. |

Summary & Action Plan

| | |
|--------|---|
| CHUGGS | <ul style="list-style-type: none"> Meetings to be arranged through August, with team to look at the CIP gap. Team to make sure non pay controls are vigorous and well controlled. |
| CSI | <ul style="list-style-type: none"> CMG to provide more detail regarding workforce by subspecialty to include month by month analysis describing year to date position, assumptions within forecast and any support needed to get back on plan. This information to be submitted to C Benham/T Basra. Enabler schemes to be discussed and agreed with other CMGs. B Shaw to join weekly/fortnightly meetings that C Benham/T Basra have with CMGs to discuss these issues, with relevant issues being escalated to Financial Recovery Board. |
| ESM | <ul style="list-style-type: none"> Controlling locum rates - Julie Dixon and Vivek Pillai are to sign off locum rates. Control measures re. use of Ambulances – progress on CIP delivery. Control measures are being put into place. Governance re. use of additional ambulances is to be provided to Directors on call. The ambulance contract is to go out to tender. Monthly financial forecasting / separating of Emergency / SM reporting. Monthly financial forecasting is to be provided by all CMGs. ESM is to separate the financial reports for income and activity for Emergency Care and Specialist Medicine going forwards. Pay and Non-Pay / Run Rates. Greater level of detail, on what is included in additional pay and non-pay, is to be provided by the CMG going forwards. CIP Delivery – Coding. The SM therapy coding CIP was discussed that is currently not being delivered due to a contract challenge by Commissioners. Update to be provided at next meeting. Controlling Expenditure on Wards. Sue Burton is to provide high level report by 7 August. Focusing on what do the Wards look like in terms of workforce. A similar report is also required from within ED. |
| ITAPS | <ul style="list-style-type: none"> Use of 6/42 – CMG to ensure this is being used robustly. R Brown also agreed to email all CMGs re this. |
| MSS | <ul style="list-style-type: none"> Forecast for pay, non-pay and activity/income (month by month and Point of Delivery) for ENT, Orthopaedics, Ophthalmology & Trauma Specialties and recovery actions to achieve Control Total to be submitted to Corporate Finance Team. CIP – Support to be provided to the CMG to achieve target. Johnson & Johnson – Support required in mitigating the pricing issue raised by the CMG Orthopaedics and Ophthalmology – PwC to review accuracy of coding (key recovery action) and Ben Shaw - Director of Productivity to be advised of outcome. Synergy – Understanding of theatre recharges (£130K) required. |
| RRCV | <ul style="list-style-type: none"> The first hour of the meeting was devoted to a review of the RRCV financial position. RRCV provided an update on the current financial position. Overall RRCV is in a good financial position currently, with good performance in Q1 and forecasting to deliver target with manageable risks Winter Ward - Tarun Basra is to advise on central funding for the Winter Ward at the Glenfield. Althea - There is an outstanding issue re. agreement on the figure to be invoiced for 18/09. The CMG are to advise Paul Traynor if they require support to resolve this issue. Funding for RRCV - Tarun Basra to following up re. £350k of funding split between ESM and RRCV, for two posts: discharge coordinator and Flow coordinator. |
| W&C | <ul style="list-style-type: none"> Forecast - For pay, non-pay and activity/income (month by month and point of delivery) for all Specialties and recovery actions to achieve Control Total to be submitted to Corporate Finance Team. CMG Recovery Plan - To be circulated out of the meeting and included in future Data Packs. Support for development of bespoke Paediatric Team (which will have impact on RRCV CMG) to be discussed out of the meeting. Gynaecology Theatre Activity (Sessions) – Comparative work to be undertaken centrally and outcome to be provided to Rebecca Brown – Chief Operating Officer. Review of Single Front Door – Paper to be submitted to the Executive Quality & Performance Board in September 2019 outlining success to-date and next steps. Winter Plan – To be produced jointly with ESM CMG and presented in September 2019. Upgrade of Viewpoint – Potential revenue pressure of £50K to be raised at next Capital Monitoring & Investment Committee meeting in August 2019. |



Summary & Action Plan

CHUGGS
CSI
ESM
ITAPS
MSS
RRCV
W&C

- Sickness figures had taken a dip so team to do a deep dive on this for improvement by the next meeting.
- Changes to surgical core training due for implementation in 2022 was discussed. Team to raise at the next budget setting planning meeting to assess financial implications.
- H Wyton requested that the CMG continue to work on time to hire and statutory and mandatory training over the next month.
- No actions.
- No actions.
- Appraisals – Process for reporting at CMG level to be followed up with member of admin staff for an accurate reflection of current compliance
- Culture Engagement – Further Improvement Agents to be nominated by CMG.
- Planning Process - Rebecca Brown is to follow up with Rachna Vyas to ensure that this is aligned with Nurse planning processes.
- Well Led Interviews – Feedback to be discussed out of the meeting.



Summary & Action Plan

CHUGGS

- No actions.

CSI

- Integrated Therapies proposal to be picked up with M Archer outside of this meeting.

ESM

- Outpatients work - A volunteer service is required to take up the Outpatient work, Rheumatology or another service were discussed during the meeting.

ITAPS

- No actions.

MSS

- ARMD (Moving some of the work into the community creating a one stop clinic) – Briefing to be produced and shared with Executive Strategy Board detailing plans/next steps.

RRCV

- No actions.

W&C

- No actions.