Quality & Performance Report

Author: John Adler   Sponsor: Chief Executive   Date: PPPC + QOC 28th February 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 July 2017 to June 2018) is 96 and "below expected". **Diagnostic 6 week wait –** standard achieved for 5 consecutive months. **52+ weeks wait –** has been compliant for 7 consecutive months. **Referral to Treatment –** our performance was below national standard however we achieved NHSI trajectory (which is the key performance measure for 18/19). **Delayed transfers of care** - remain within the tolerance. However, there are a range of other delays that do not appear in the count. **12 hour trolley wait** was 0 in January. **Cancer 31 day treatment** was achieved in December. **MRSA –** 0 cases reported this month. **C DIFF –** was below threshold this month. **Moderate harms and above –** December (reported 1 month in arrears) was below threshold. **Pressure Ulcers** - 0 **Grade 4 and 3** reported during January. **Grade 2** was also below threshold for the month. **CAS alerts** – was compliant in January. **Inpatient and Day Case Patient Satisfaction (FFT)** achieved the Quality Commitment of 97%. **Fractured NOF** – remains compliant for the 6th consecutive month. **Cancelled operations** and **Patients rebooked within 28 days** – we continue to show improvement with our elective cancellations. **Annual Appraisal** is at 91.9% (rising trend). **TIA (high risk patients) –** 83.5% reported in January.

Bad News: **UHL ED 4 hour performance** – was 70.7% for January, system performance (including LLR UCCs) was 79.1%. Further detail is in the Urgent Care report. **Single Sex Accommodation Breaches** – 9 reported in January. **Cancer Two Week Wait** was 80.2% in December. **Cancer Symptomatic Breast** was 26.6% in December. **Cancer 62 day treatment** was not achieved in December however significant improvement in performance – further detail of recovery actions in is the cancer recovery report. **Ambulance Handover 60+ minutes (CAD+)** – performance at 13%. **90% of Stay on a Stroke Unit** – 77.9% reported in December. **Statutory and Mandatory Training** reported from HELM is at 88%.

Input Sought

I recommend that the Committee:

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

For Reference

Edit as appropriate:

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

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

2. This matter relates to the following governance initiatives:

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

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

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

5. Scheduled date for the next paper on this topic: 28th March 2019

Caring at its best

University Hospitals of Leicester **NHS**
NHS Trust

Quality and Performance Report

January 2019

One team shared values

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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

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

DATE: 28th FEBRUARY 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: JANUARY 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

Cancelled Ops target revised from 0.8% to 1.0%

Summary Scorecard – YTD

University Hospitals of Leicester NHS
NHS Trust

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

SAFE	CARING	WELL LED	EFFECTIVE	RESPONSIVE
Moderate Harm	FFT Inpatients & Daycase	Turnover Rate	Mortality (SHMI)	ED 4hr Wait UHL
Never Event	FFT A&E	Sickness Absence	Crude Mortality	ED 4hr Wait UHL+LLR UCC
Clostridium Difficile	FFT Outpatients	Annual Appraisal	#NOF's <36hrs	12hr Trolley Waits
MRSA Avoidable	FTT Maternity	Statutory & Mandatory Training	Stroke – 90% Stay	RTT Incompletes
Serious Incidents	Single Sex Breaches		TIA	RTT 52 Weeks Wait
Pressure Ulcers Grade 4			Readmissions <30 days	Diagnostic Waits
Pressure Ulcers Grade 3				DTOC
Pressure Ulcers Grade 2				Handover >60
Falls				Cancelled Ops
				Cancer 31 Day
				Cancer 62 Day

SUCCESSES:

- FFT Inpatient/DC **97%**
- Crude Mortality **2%**
- DTOC **1.5%**
- Stroke 90% Stay **83.9%**
- RTT 52 Weeks Wait **0**
- Diagnostic Waits **0.96%**

ISSUES:

- MRSA Avoidable **1**
- CDIFF **52**
- Never Event **6**
- Single Sex Accommodation Breaches **51**
- ED 4hr Wait UHL **77.3%**
- Cancer 62 Day **75.8%**

One team shared values

Summary Scorecard – January 2019

University Hospitals of Leicester **NHS**
NHS Trust

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

SAFE	CARING	WELL LED	EFFECTIVE	RESPONSIVE
Moderate Harm	FFT Inpatients & Daycase	Turnover Rate	Mortality (SHMI)	ED 4hr Wait UHL
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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)
- CDIFF
- Stroke TIA
- Moderate Harm
- Cancer 31 Day

Significant Improvement:
- Annual Appraisal
- RTT Incompletes

ISSUES: (Green/Amber to Red)
- Maternity FFT
- Falls
- Stroke – 90% Stay

One team shared values

SPC Analysis

ED 4 Hour Waits UHL

Drop in ED Performance however within expected range of variation.

Cancer 62 Days

Cancer 62 days performance is trending upwards. Prior to December, the last 7 months fell below the mean.
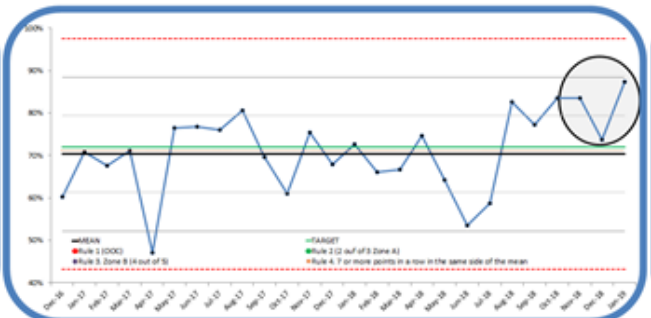
Readmission Rate

Downward trend in performance however variation overtime remains high.
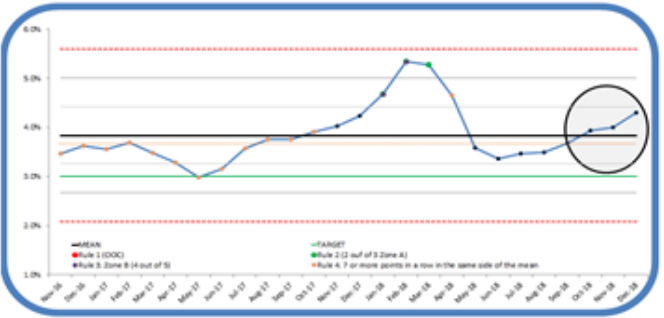
Moderate Harm

Emerging (downward) trend in moderate harm over last 8 months. December's position was within threshold.

Fractured #NOF

Upward trend in performance with significant improvement in the last 6 months.

Sickness Rate

Upward trend in sickness rate as performance deteriorated above the mean.

#	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. When Seven or more points in a row lie on the same side of mean – this is indicative of a trend.
4	Seven or more points in a row on the same side of centerline	If data points drifts upward/downwards even though there is no group of seven points in a row going up/down. This pattern indicates a gradual change over time in the characteristic being measured.

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

SPC Analysis

VTE Risk Assessment

Significant improvement (rising trend). Performance for the last 3 months were above the threshold.
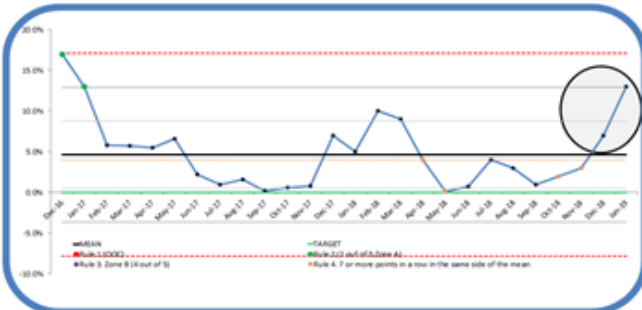
Referral To Treatment

A gradual change over time in RTT performance. The last 13 data points were below the mean but within normal variation.
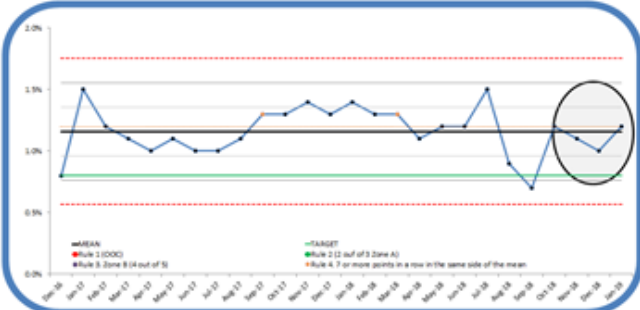
Delayed Transfers Of Care

Emerging upward trend in performance however remains within threshold.

Ambulance Handover >60mins

Emerging (deteriorating) trend in handover performance over last 5 months.

Cancelled Operations

No appreciable change in performance however the a significant improvement over last 6 months.

Mortality Rate
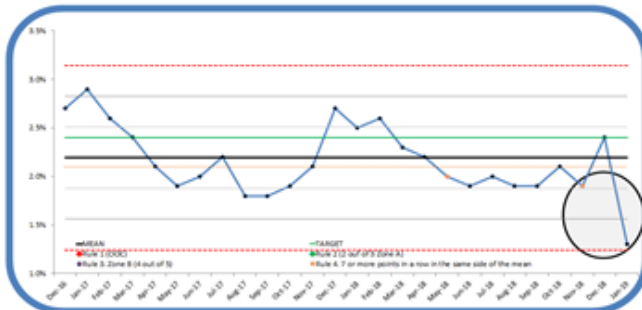
Downward trend in mortality rate. Performance is broadly in line with expected variation.

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

Domain - Safe

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

6 **Never Events** YTD

27 Serious Incidents YTD
(Number escalated each month)

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

1 Avoidable MRSA YTD

52 CDIFF Cases YTD

SUCCESSES

- Data for 2018/19 reflects strong performance against all EWS & sepsis indicators. Our focus for 2018/19 will be to maintain this position.
- Serious Incidents was within threshold for January.
- 0 MRSA reported this month.
- CDIFF cases was within threshold this month.
- 0 Never events reported in January.
- Moderate harms and above – within threshold.

ISSUES

- The EWS indicators are still on hold at present.
- Falls was above threshold this month.

ACTIONS

- Escalation through CMG infection prevention meeting.
- Targeted education and training.
- Urgent reviews of risk register entry for the ITU environment at LRI.
- The EWS twice daily audit has stopped so we are currently reviewing how we report on these metrics going forward.

SEPSIS

Patients with an Early Warning Score 3+ - % appropriate escalation — **98%** YTD

Patients with EWS 3+ - % who are screened for sepsis — **95%** YTD

ED - Patients who trigger with red flag sepsis - % that have their IV antibiotics within an hour — **85%** YTD

Wards (including assessment units) Patients who trigger for Red Flag Sepsis - % that receive their antibiotics within an hour — **84%** YTD

Domain - Caring

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

Friends and Family Test YTD % Positive

Inpatients FFT **96%** ⬇

Day Case FFT **98%** ↔

A&E FFT **95%** ⬆

Maternity FFT **94%** ⬇

Outpatients FFT **95%** ⬇

Staff FFT Quarter 3 2018/19 (Pulse Check)

65.0% 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 January.

ISSUES

- Single Sex Accommodation Breaches – 9 reported in January.
- Friends and family test (FFT) for maternity was 91% for January.

ACTIONS

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

Single Sex Accommodation Breaches

51 YTD ⬇

Domain – Well Led
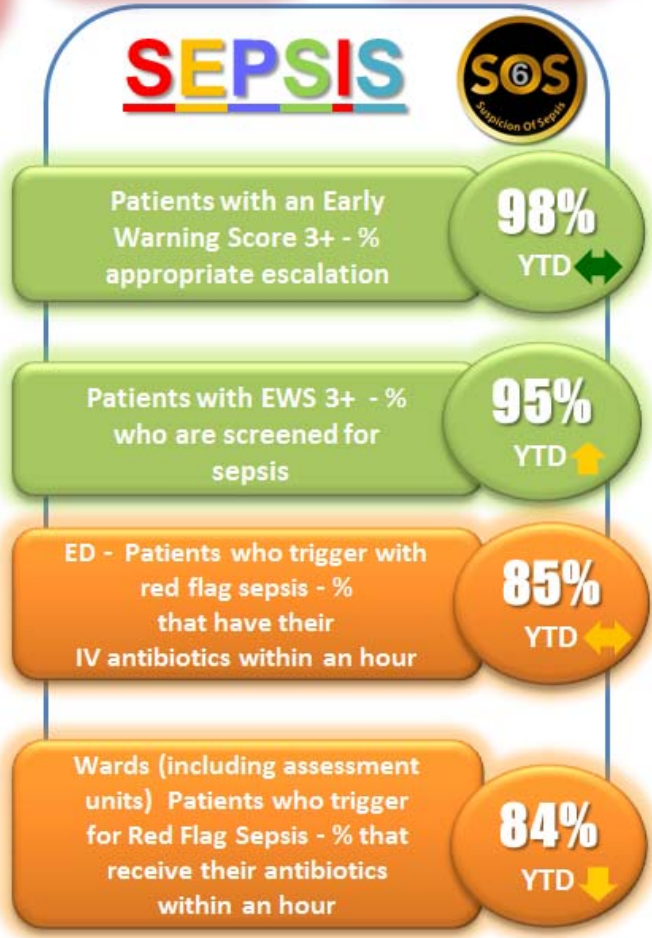
University Hospitals of Leicester NHS — NHS Trust

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

Friends and Family FFT YTD % Coverage

Inpatients FFT **29.3%** ⬆

Day Case FFT **23.3%** ⬆

A&E FFT **8.2%** ⬆

Maternity FFT **39.6%** ⬇

Outpatients FFT **5.4%** ↔

Staff FFT Quarter 3 2018/19 (Pulse Check)

60.0% of staff would recommend UHL as a place to work

% Staff with Annual Appraisals

91.9% YTD ⬇

Statutory & Mandatory Training

88% YTD ⬆

BME % - Leadership

29% Qtr3 8A including medical consultants

16% Qtr3 8A excluding medical consultants

SUCCESSES

- Corporate Induction attendance for January was 97%.
- Significant improvement in appraisals at 91.9% (this excludes facilities staff that were transferred over from Interserve).

ISSUES

- Statutory & Mandatory Training performance at 88%.

ACTIONS

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

Domain – Effective

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

Mortality – Published SHMI

96
Jul17 – Jun18 ⬇

Stroke TIA Clinic within 24hrs

58.8%
YTD ⬆

80% of Patients Spending 90% Stay on Stoke Unit

83.9%
YTD ⬇

Emergency Crude Mortality Rate

2.0%
YTD ⬆

30 Days Emergency Readmissions

9.0%
YTD ⬇

NoFs Operated on 0-35hrs

74.2%
YTD ⬆

SUCCESSES

- Latest UHL's SHMI is 96. A recent in depth HED review of UHL mortality did not identify any additional areas of mortality by condition which needed action that we did not already have reviews or action plans in place for.
- Emergency Crude Mortality Rate for January was 1.3%. Our lowest so far this year.
- Fractured NoF for January was 87.3%.
- Stroke TIA Clinic within 24 Hours for this month was 83.5%.

ISSUES

- 30 Days Emergency Readmissions for December was 9.1%.
- 90% of Stay on a Stroke Unit for December was 77.9%

ACTIONS

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

Domain – Responsive

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

RTT - Incomplete
92% in 18 Weeks

85.2%
As at Jan ⬇

6 week Diagnostic Wait times

Cancelled Operations UHL

RTT 52 week wait incompletes

0
As at Jan ⬌

ED 4Hr Waits UHL

77.3%
YTD ⬇

A & E

ED 4Hr Waits UHL+LLR UCC

83.4%
YTD ⬇

Ambulance Handovers

4% > 60mins ⬇
8% 30-60mins ⬇
YTD

SUCCESSES
- 0 Trolley breaches for January.
- DTOC was 1.5% for January.
- 0 patient waiting over 52+ weeks.
- Diagnostic 6 week wait standard achieved this month.
- RTT waiting list size trajectory achieved with 412 fewer patients on the waiting list that planned.
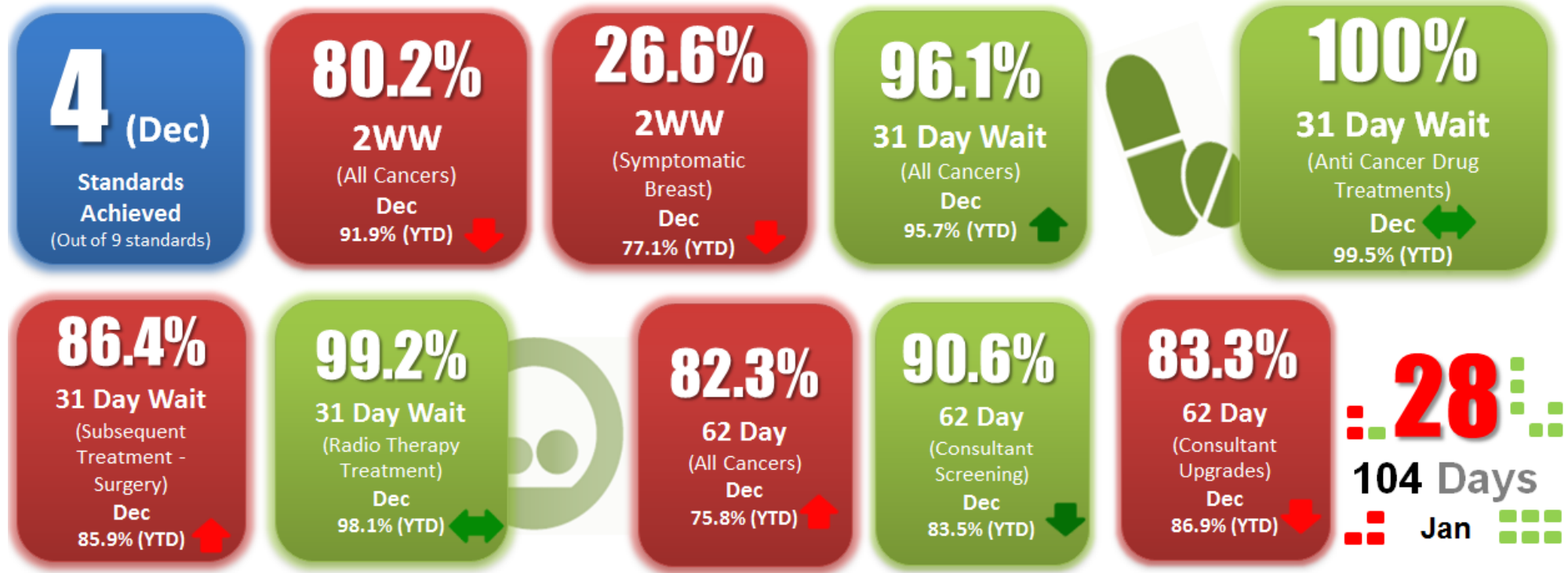
ISSUES
- ED 4Hr Waits UHL – December performance was 70.7%. LLR performance was 79.1% against a trajectory of 90%.
- Cancelled operations – performance was 1.2% this month.

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

Cancer – Performance Summary

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

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

80.2%
2WW
(All Cancers)
Dec
91.9% (YTD) ↓

26.6%
2WW
(Symptomatic Breast)
Dec
77.1% (YTD) ↓

96.1%
31 Day Wait
(All Cancers)
Dec
95.7% (YTD) ↑

100%
31 Day Wait
(Anti Cancer Drug Treatments)
Dec
99.5% (YTD) ↔

86.4%
31 Day Wait
(Subsequent Treatment - Surgery)
Dec
85.9% (YTD) ↑

99.2%
31 Day Wait
(Radio Therapy Treatment)
Dec
98.1% (YTD) ↔

82.3%
62 Day
(All Cancers)
Dec
75.8% (YTD) ↑

90.6%
62 Day
(Consultant Screening)
Dec
83.5% (YTD) ↓

83.3%
62 Day
(Consultant Upgrades)
Dec
86.9% (YTD) ↓

28
104 Days
Jan

Highlights

- Out of the 9 standards, UHL achieved 4 in December – 31 Day (All Cancers), 31 Day Anti Cancer Drug, 31 Day Radiotherapy, 62 Day Consultant Screening.
- Significant improvement in 62 Day performance however was 2.7% below the 85% target for December. Of the 15 tumour groups, 10 delivered the standard (Brain, Breast, Children's, Gynaecology, Haematology, Other, Sarcoma, Skin, Testicular & Rares).
- Backlog - Sustained reduction however Urology has seen an backlog size which is 50% of our total backlog.
- Urology, although a significant reduction in the backlog is evident, continue to be the biggest concern holding the largest backlogs across all standards, specifically noting the long waiters over 104 Days. Late tertiary referrals continue to have a significant impact in this Tumour Site.

Domain – Responsive Cancer

University Hospitals of Leicester NHS
NHS Trust

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

Cancer 2 Week Wait
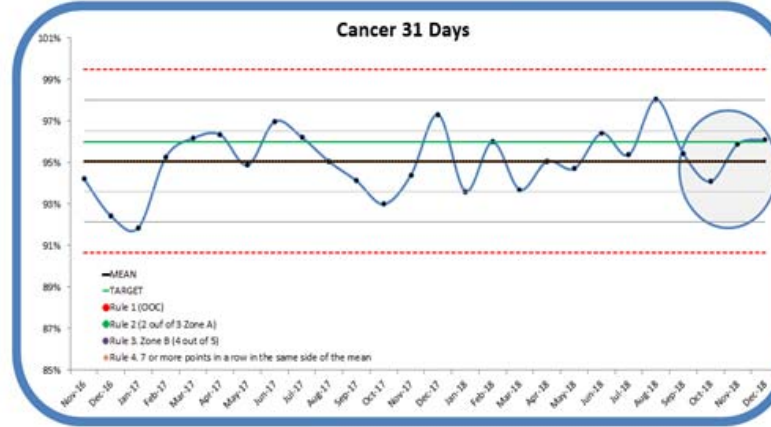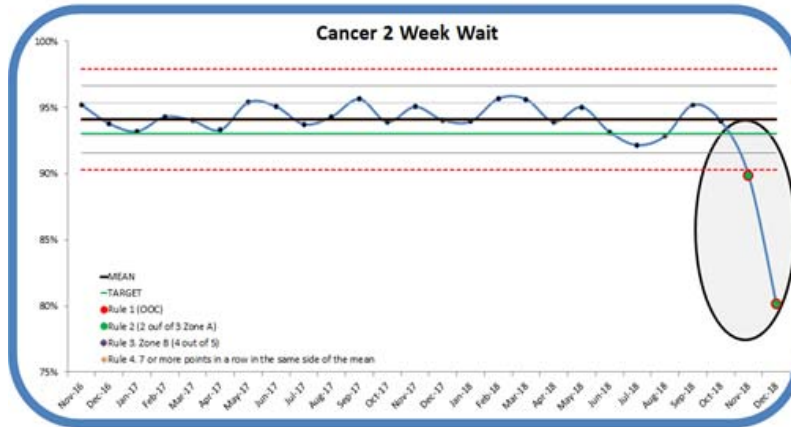
Cancer 31 Days

31 Day Backlog

39

Jan 19

62 Day Backlog

109

Jan 19

62 Day Adjusted Backlog

89

Jan 19

SUCCESSES

Cancer performance is reported 1 month in arrears.

- 31 day wait was achieved in December.
- 31 day wait drugs was achieved in December.
- Reductions in backlogs for 31 Day, 62 Day and 104+ Day.

ISSUES

- Cancer Two Week Wait was not achieved in December.
- Cancer 62 day treatment – performance has improved significantly but still 2.7% off target for December.
- Increased activity in Breast, Skin, and urology
- Previous Organisational focus on Urgent Care, which has resulted in cancer cancelations.

ACTIONS

- Working with the clinical teams, the East Midlands Cancer Alliance Expert Clinical Advisory Groups and with the CCG to streamline pathways and ensure flexible capacity throughout the year.
- COO is committed to Cancer as a priority for the organisation. This has been communicated to the organisation.
- We have taken the decision to do less routine elective work to ensure we have beds for Urgent and cancer patients.

Ambulance Handover – January 2018

University Hospitals of Leicester NHS — NHS Trust

EMAS Ambulance Handover - LRI vs other hospitals

Rank	Hospital	Total (CAD)	Coverage (%)	Total (CAD+)	30 - 59 Minutes	Over 60 Minutes	1 - 2 Hours	2 Hours Plus	% 30-59 mins	%60+ mins	%30+ mins	Average Turnaround time	Total time 30+ mins Handover Turnaround target
1	Queens Medical Centre Campus Hospital	5865	65%	3820	82	0	0	0	2%	0%	2%	0:24:31	269:34:38
2	Royal Derby Hospital	4806	73%	3489	79	0	0	0	2%	0%	2%	0:26:35	311:32:59
3	Kings Mill Hospital	3446	81%	2782	168	10	10	0	6%	0%	6%	0:26:42	267:03:18
4	Chesterfield Royal Hospital	2413	79%	1916	123	2	2	0	6%	0%	7%	0:26:04	200:31:27
5	Bassetlaw District General Hospital	1028	51%	527	64	12	11	1	12%	2%	14%	0:27:04	79:51:33
6	Northampton General Hospital	3020	80%	2425	330	49	47	2	14%	2%	16%	0:31:52	425:08:38
7	Grimsby Diana Princess Of Wales	2125	88%	1873	256	43	42	1	14%	2%	16%	0:30:30	363:12:50
8	George Eliot Hospital	237	62%	146	17	8	6	2	12%	5%	17%	0:33:25	29:03:02
9	Boston Pilgrim Hospital	2038	81%	1655	160	166	107	59	10%	10%	20%	0:39:47	493:45:43
10	Kettering General Hospital	2798	85%	2376	397	81	74	7	17%	3%	20%	0:32:06	439:14:04
11	Scunthorpe General Hospital	1706	80%	1357	188	114	104	10	14%	8%	22%	0:32:22	346:40:33
12	Peterborough City Hospital	964	66%	637	99	53	44	9	16%	8%	24%	0:35:58	168:51:51
13	Stepping Hill Hospital	360	60%	215	47	9	7	2	22%	4%	26%	0:36:31	49:16:31
14	Lincoln County Hospital	2745	68%	1865	232	262	176	86	12%	14%	26%	0:39:07	666:33:55
15	Leicester Royal Infirmary	6,006	85%	5,107	722	638	479	159	14%	12%	27%	0:39:00	1666:29:30
	EMAS	42,237	72%	30,208	2,965	1,450	1,111	339	10%	5%	15%	0:31:34	5784:33:19

Highlights

- CAD+ data used in performance analysis (85% coverage of all arrivals at LRI).
- LRI had the highest number of arrivals (via CAD+).
- LRI average handover time was within the Upper Quartile, an increase of over 7 minutes from last month .
- The equivalent of **138** ambulance shifts (12 hours) lost.
- Due to the high number of conveyances in January (11% higher compared to the same period last year), January showed an increase in hours lost compared to December.

EMAS Ambulance Handover
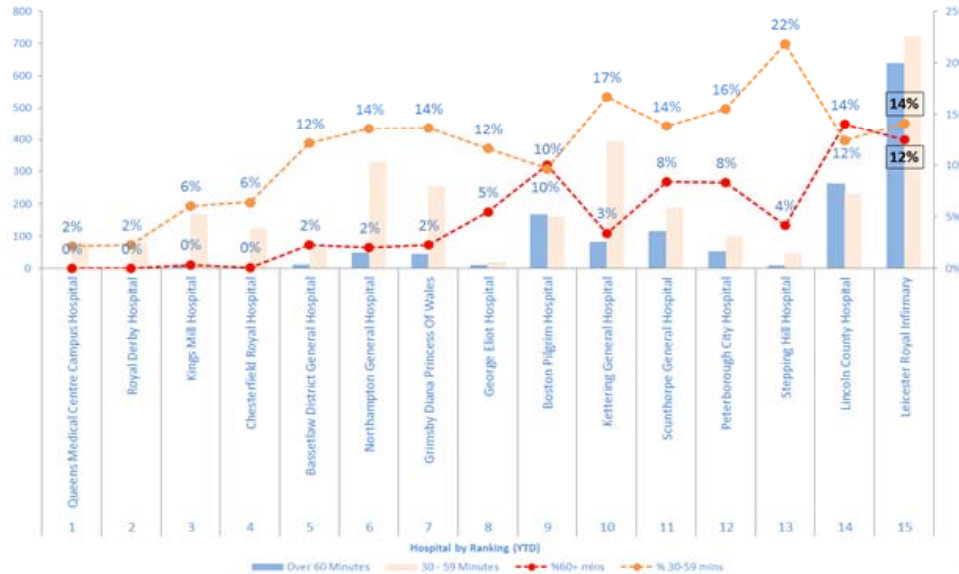
Total Time >30mins & Average Turnaround Time
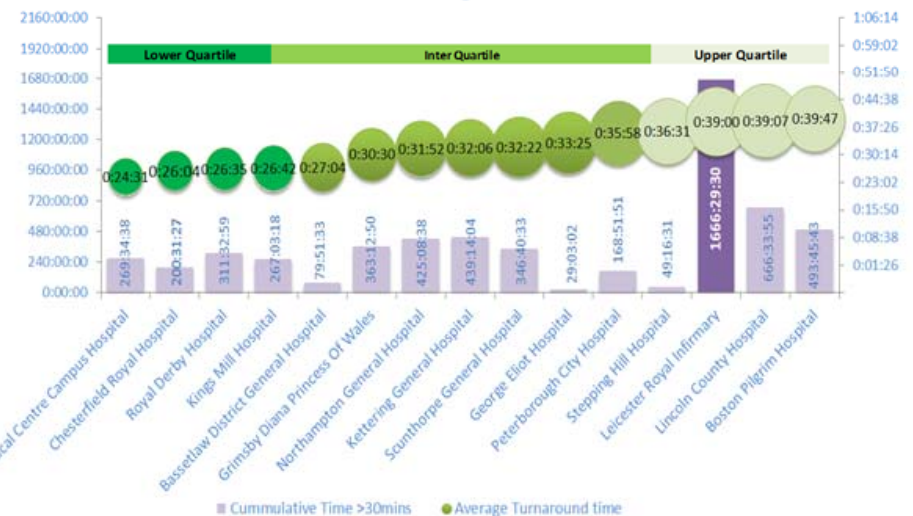
Lowest Turnaround Time (Avg.)	Median Turnaround Time (Avg.)	LRI Turnaround Time (Avg.)	LRI Total Time over 30mins	LRI Delay >30mins – Number Ambulance Shifts	Ambulance Handover 30-59 mins	Ambulance Handover >60Mins
24 Mins	**31** Mins	**39** Mins	**1666** Hours	**138** Shifts	**14%**	**12%**

RTT: Executive Performance Board

UHL

Alliance

Combined

M9: WL Size 65,738
-412 under target

RTT: 84.5%

RTT: 89.9%

RTT: 85.2%

Current Position:

UHL achieved Januarys RTT waiting list size trajectory, with 412 fewer patients on the waiting list size than planned. The overall RTT position moved to 85.2% which was expected , with an increase of 74 patients waiting over 18 weeks for treatment compared to the end of January. This is a significant year on year improvement, compared to January 2018 which saw an increase of 778 patients in the backlog.

Changes to GP referral patterns including higher number of 2WW transfers has resulted in changed waiting list profile. Whilst referrals patterns remain, the RTT percentage will not improve to 92.0%. UHL will continue to meet the waiting list size targets which is the key measure for this standard during 18/19.

Forecast performance for next reporting period: It is forecasted that for January 2018 UHL will achieve the waiting list trajectory size. Risks continue to remain to overall RTT performance:

- Reduced elective capacity due to emergency pressures
- Increased cancer backlogs prioritising capacity over routine elective RTT

RTT: Executive Performance Board

University Hospitals of Leicester NHS
NHS Trust

Current Position:

UHL achieved Month 10's waiting list trajectory size. This continues on the progress made since July as the Trust maintains on target to delivery the 2018/19 planning guidance of a lower waiting list at the end of March 2019 than at the end of March 2018. RTT performance for January was 85.2%.

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

Key Actions
- Commissioners to explore directing GPs to use eRS to refer straight to the Independent Sector
- Working with NHS England to use capacity alerts on eRS for key services with the aim to inform to divert referrals to other centres that have indicated higher levels of capacity
- Reduced cancellations via escalation policy and winter bed plan.

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

UHL Waiting List Size against trajectory

Legend:
- WL Actual
- Forecasted WL size to end of year
- Refreshed WL Trajectory (Aug)
- End of Year Target

RTT: Executive Performance Board

University Hospitals of Leicester — NHS Trust
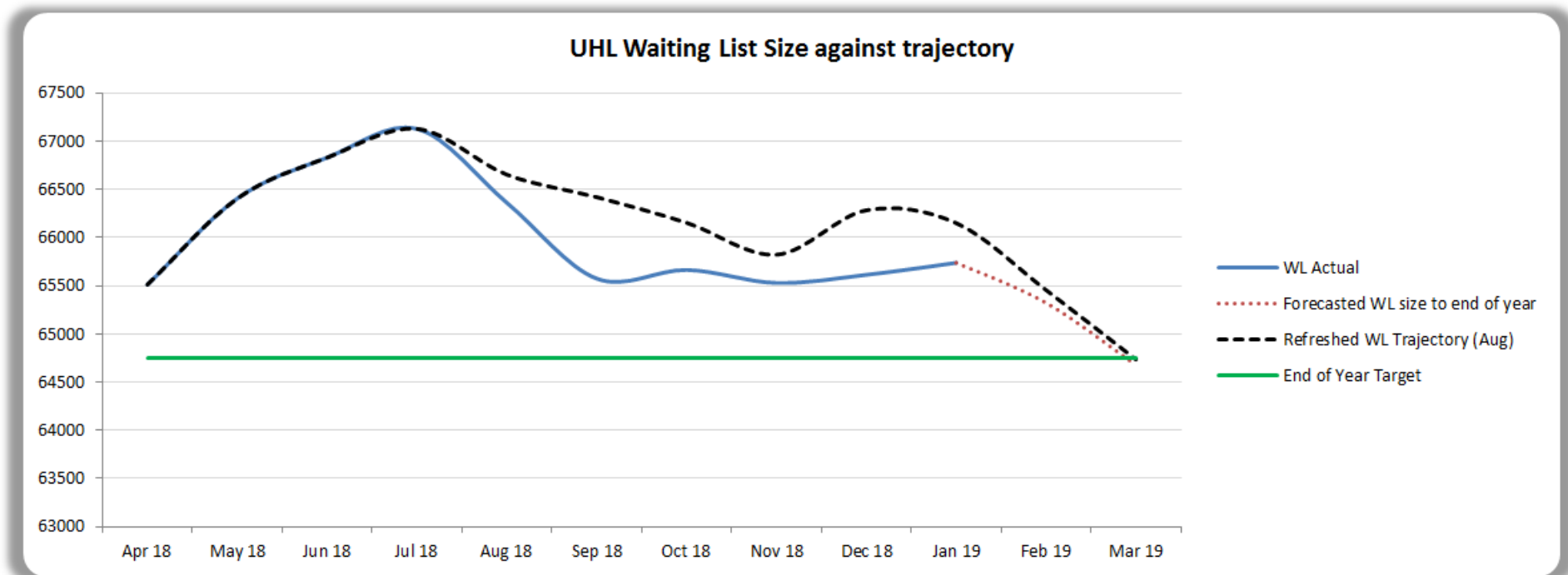
The overall combined UHL and Alliance WL size has increased by 125 since the end of December. UHL has remained under the waiting list trajectory target and during the first 2 weeks of February the waiting list size has reduced to its lowest level since April 2018.

The 10 largest waiting list size reductions and increases are highlighted in the table opposite. The largest overall waiting list size increases were within General Surgery, Gynaecology and Neurology

Large reductions were seen in Orthopaedic Surgery, Gastroenterology, Vascular Surgery

3 out of the 7 UHL CMG's achieved a reduction in their waiting list size, contributing to achieving the month 10 trajectory.

Early February has already seen further reductions in the waiting list size, which is expected to continue for the remainder of the month.

10 Largest Waiting List Size Reductions in month

- Orthopaedic Surgery: -142
- Gastroenterology: -94
- Vascular Surgery: -78
- Dermatology: -74
- Paediatric Cardiology: -62
- Plastic Surgery: -58
- Paediatric Urology: -57
- Paed Ophthalmology: -46
- Paediatric ENT: -45
- Spinal Surgery: -43

10 Largest Waiting List Size Increases in month

- General Surgery: 253
- Gynaecology: 152
- Neurology: 134
- Cardiology: 111
- ENT: 89
- Maxillofacial Surgery: 79
- Urology: 40
- Cardiac Surgery: 38
- Medical Oncology: 34
- Trans Ischaemic Attack: 33

CMG	Waiting List Size Change Since March 2018	Waiting List Size Change since October	RTT %
CHUGGS	-648	178	85.1%
CSI	72	30	90.8%
ESM	194	116	93.4%
ITAPS	553	-6	85.1%
MSS	-848	-280	79.8%
RRCV	350	64	85.3%
W&C	561	-11	89.7%
Alliance	575	91	89.9%
UHL	412	34	84.5%
UHL & Alliance	987	125	85.2%

UHL Admitted and Non-Admitted Backlog

Legend: Non Admitted backlog — Admitted backlog
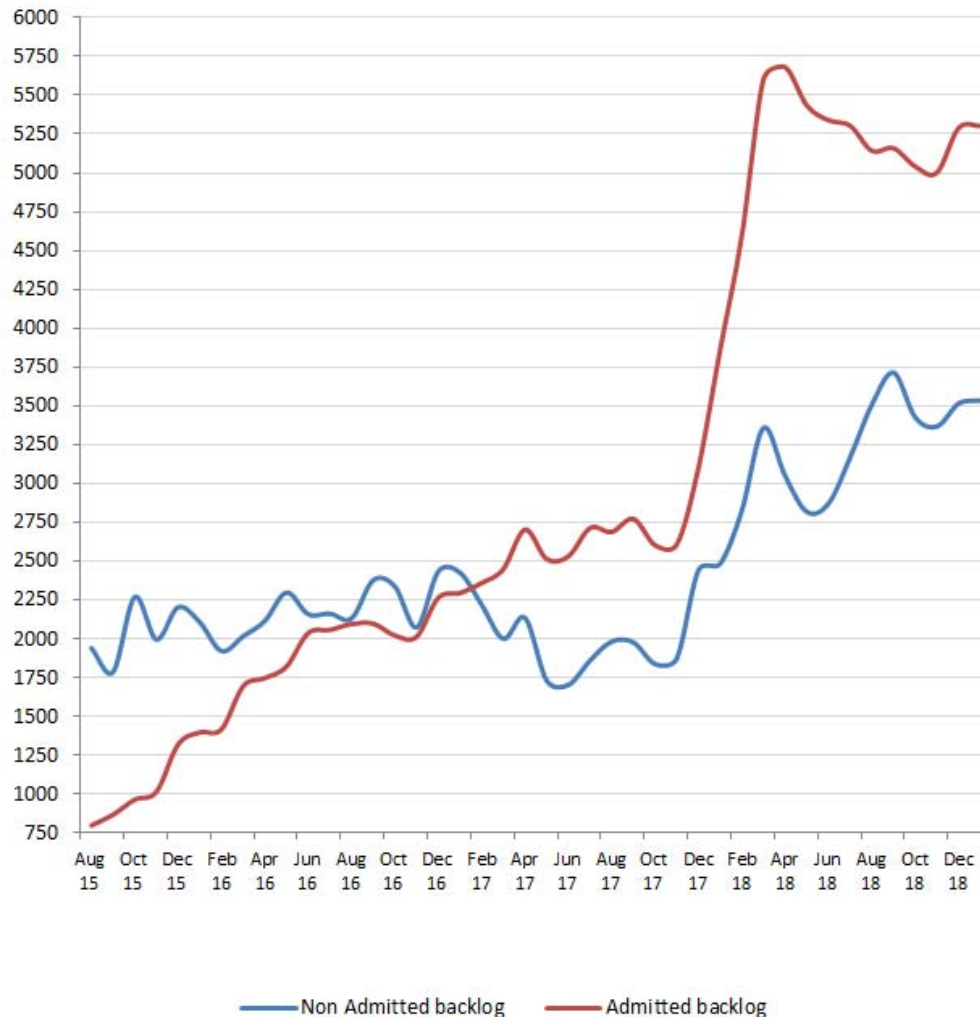
Admitted: 14 (backlog change) — 0.3% Change

Non Admitted: 19 (backlog change) — 0.5% 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 January there were zero patients with an incomplete pathway at more than 52 weeks. There were 5 in month 52 week breaches.

Key Drivers:

- Despite the increased number of long waiting patients, UHL's current 52 week breach performance remains significantly better than 2017/18, with fewer 52 week breaches year to date. UHL remains ranked joint 1st amongst our peer group of 18 acute trusts.

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.
- Continued use of the Independent Sector capacity where clinically appropriate and patients agree for a transfer of care.

UHL is forecasting zero 52 week breaches at the end of February. 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
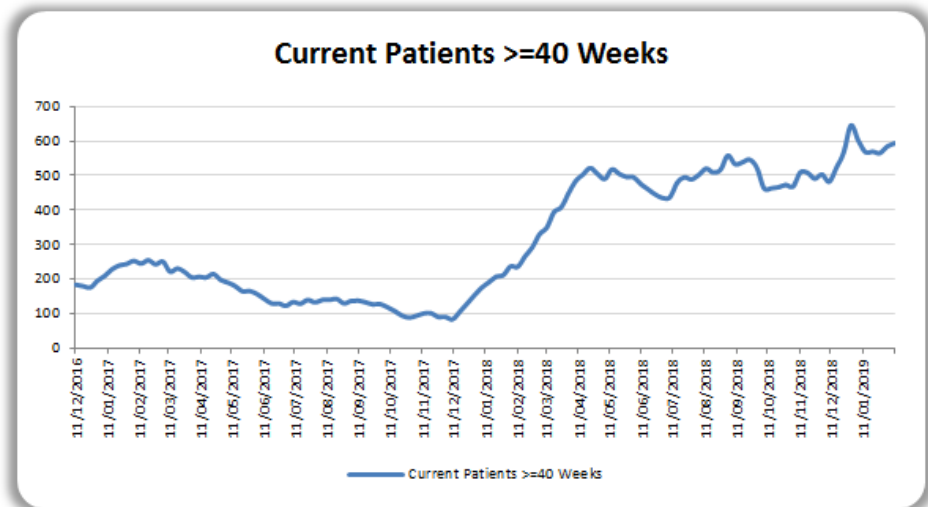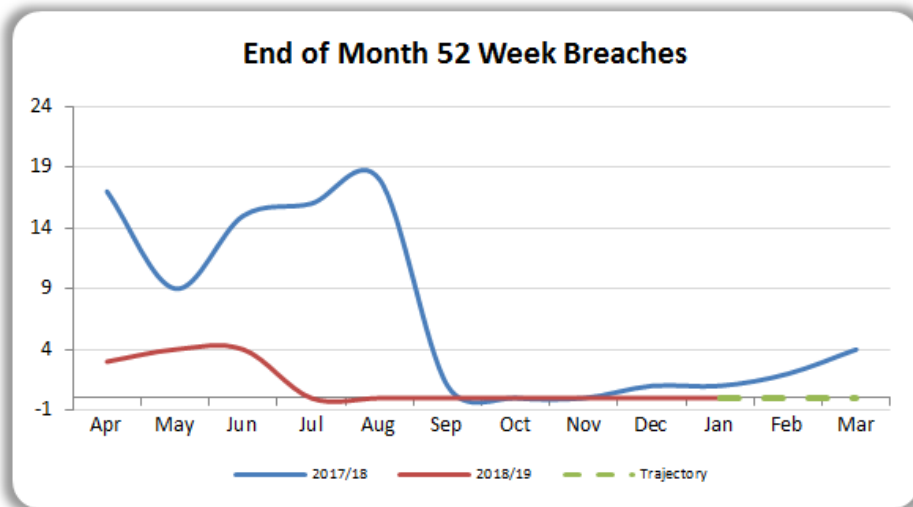
Diagnostics: Executive Performance Board

University Hospitals of Leicester
NHS Trust

Diagnostics: DM01		
99.04% (Target >=99%)	-0.01% Change	**158** Breaches	-3 Change

Imaging	**99.1%** (Target >99%)	0.0% Change	**Breaches: 117** +7 Change
Physiological Measurement	**99.1%** (Target >99%)	-0.4% Change	**Breaches: 18** +9 Change
Endoscopy	**98.2%** (Target >99%)	0.7% Change	**Breaches: 30** -10 Change

Current Position:

UHL is achieved the DM01 standard for January, with 6 fewer breaches than required to meet the standard. This maintains UHL's diagnostic performance by achieving the standard for the 5th consecutive month after the initial capacity constraints at the start of 2018/19.

Key Drivers:

- Conversion of elective capacity for radiology to non elective due to continuing bed pressures and increased 2WW referrals
- Reduced available capacity for endoscopy at local hospitals within the Alliance as well an increases in 2WW referrals resulting in increased demand
- Increased cardiac CT demand due to changes in NICE guidance resulting in 87% of the imaging breaches for December.

Key Actions:

- Endoscopy to continue to insource capacity via Medinet
- Increased outpatient activity over winter to be communicated to CSI early to allow for the CMG to plan additional diagnostic capacity
- All specialties have been set a maximum breach target and with there performance monitored daily
- Imaging insourced extra MRI capacity via mobile van and business case in development for additional CT capacity

UHL is currently forecasting to remain above 99.0% for February continuing to deliver the DM01 standard, although there is a risk due to patient choice in December and January creating inflated demand in February and continued high cardiac CT demand.

UHL and Alliance Diagnostic Performance Last 12 Months

Legend: 2017/18 — 2018/19 — Target — Trajectory
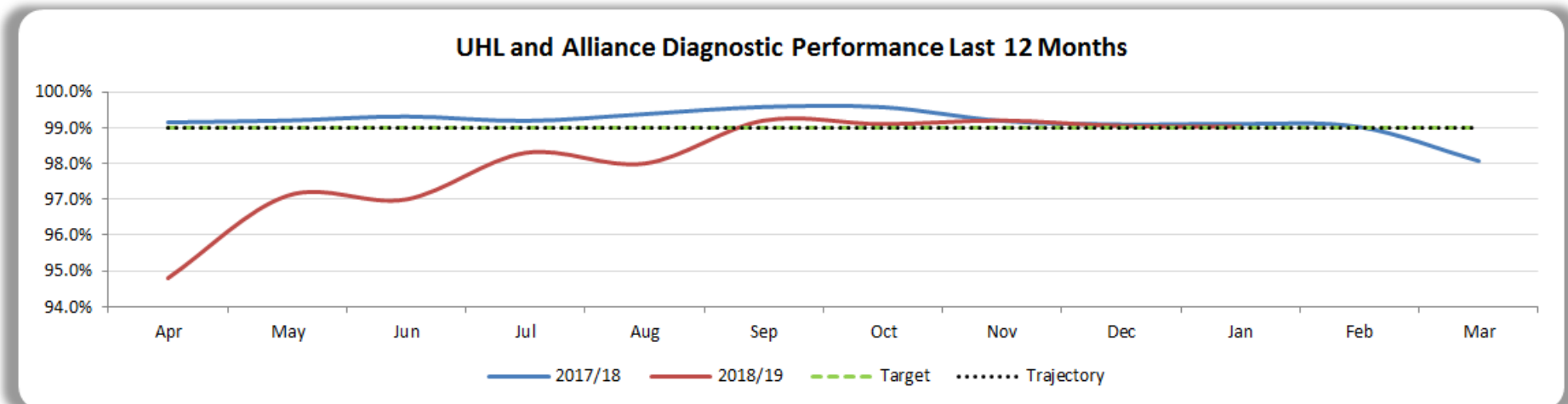
Cancelled Ops: Executive Performance Board

University Hospitals of Leicester
NHS Trust

Current Position:

January's cancelled operations performance for UHL and the Alliance combined was 1.16%. There were 139 non clinical hospital cancellations (137 UHL 1.26% and 8 Alliance 0.19%). This is the 6th consecutive month showing year on year reductions in cancelled operations. Year to date within UHL there has been 113 fewer cancellation an 8.8% reduction compared 2017/18.

21 patients did not receive their operation within 28 days of a non-clinical cancellation, 20 from UHL and 1 from the Alliance. This is a significant improvement over January 2017's performance with 72% fewer breaches.
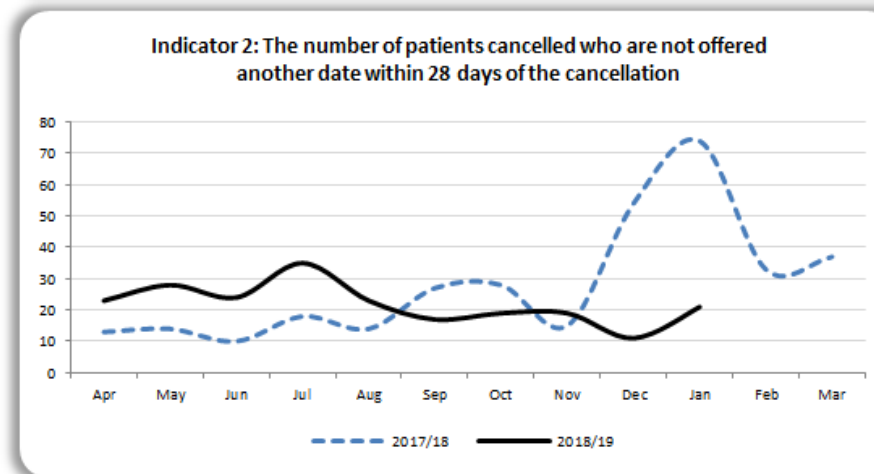
Key Drivers:

- Capacity constraints resulted in 58 (29.2%) hospital non clinical cancellations. Of this 3 were within Paediatrics.
- 31 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.
- Fewer overall cancellations has supported the continued improvement within 28 day re-books.

Key Actions:

- The Theatre Programme Board, along side Four Eyes Insight are focusing on 4 work streams 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 Februarys performance will continue to deliver year on year improvements. Achieving 0.8% remains a risk due to continuing emergency demand.

Cancelled Operations

UHL	Alliance	Combined	YTD
1.26% +0.3% Change	0.2% -0.9% Change	1.16% +0.2% Change	1.1%

28 Day Re-Books

UHL	Alliance	Combined	YTD
20 +10 Change	1 0 Change	21 +10 Change	219

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

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

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

- - - 2017/18   ——— 2018/19

Out Patient Transformation Programme

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

Reductions in number of FU attendances

2.6% (A)
Qtr3 18/19

Reduction in hospital cancellations (ENT)

25% YTD

Outpatients FFT

95.1% YTD

GP Referrals via ERS

90.3% YTD

88.6%
Advice & Guidance
Qtr3 18/19

Reduction of long term FU
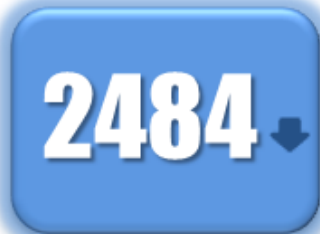
2484

Patients seen within 15 mins

58% YTD

Coverage **17%** YTD

Patients seen within 30 mins

77% YTD

% Clinic summary letters sent within 7 days

86% YTD

% appointment letters printed via outsourced provider

90% YTD

ASI Rate

25.2% YTD

Room Utilisation

77% YTD

SUCCESSES

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

ISSUES

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

ACTIONS

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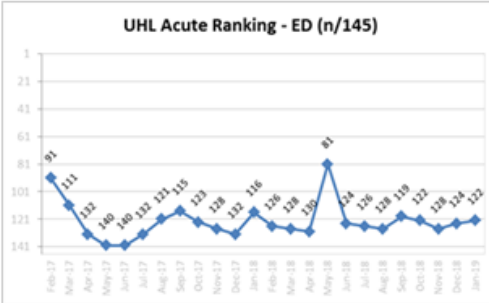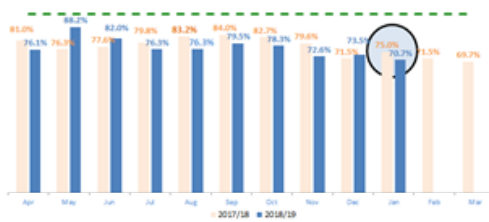- Develop financial recovery plan – DNAs and outsourcing via CfH

APPENDICES

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
ED 4 Hour Waits - is a measure of the percentage of patients that are discharged, admitted or transferred within four hours of arrival at the Emergency Department (ED).	**18/19 Target – 95% or above** The UHL performance for January was 70.7% (compared to 75% in the same period last year) and LLR performance was 79.1% against a trajectory of 90%.	**Benchmark** UHL Acute Ranking - ED (n/145) **Trend** ■ 2017/18 ■ 2018/19	In January 2019 the trust saw a total of 21,624 ED and Eye Casualty attendances. In comparison to January 2018 (19908) this is an increase of 1,560 patients (8%). Year to Date there has been a 5.5% increase in attendances compared to the same point last year. Emergency spells are similar to the plan. Specialties higher than plan include ENT, Cardiology, General Surgery and Urology. These are offset with a reduction in Paediatric admissions due the change in the Children's pathway.	1. Strengthen nurse leadership in ambulance assessment via identification of champions. 2. Improve escalation processes internally and within the wider system. 3. Final stage of embedding medicine single front door into ED majors for all primary care referrals and management of medical bed waiters by 25/02/19. 24/7 physician presence in ED and a single clerking document which will reduce duplication, speed up decision making and improve outflow. 4. Implemented long stay Wednesday which commenced in January 2019. 5. We plan to run a discharge surge day at the beginning of every month. This will enable sustained reduction in stranded patients.
Ambulance Handover >60 Mins (CAD+ from June 15) – is a measure of the percentage of handover delays over 60 minutes	**18/19 Target – 0%** January performance for handover was 13% compared to 5% in the same period last year. Our YTD performance is higher in comparison to same period last year.	**Trend** 	January is showing a 19% increase in hours lost in comparison to December. CAD+ coverage was 86% of all arrivals at LRI – one of the highest in the region.	1. Take part in monthly EMAS audits. 2. Revisit April 17 process mapping approach. This will take place week commencing 25th February 19 and will be clinically led clear focus on ambulance assessment. 3. Strengthen current corridor SOP to support a RAT approach to ambulance assessment – To be ratified 19th February.

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

Safe

KPI Ref	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	15/16 Outturn	16/17 Outturn	17/18 Outturn	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	18/19 YTD
S1	Reduction for moderate harm and above PSIs with finally approved status - reported 1 month in arrears	AF	MD	<=12 per month	UHL	Red if >12 in mth, ER if >12 for 2 consecutive mths	May-17	262	156	235	20	12	33	23	32	17	27	25	20	19	19	10		192
S2	Serious Incidents - actual number escalated each month	AF	MD	<=37 by end of FY 18/19	UHL	Red / ER if >8 in mth or >5 for 3 consecutive mths	May-17	50	37	37	5	0	2	4	4	6	3	3	1	1	2	1	2	27
S3	Proportion of reported safety incidents per 1000 attendances (IP, OP and ED)	AF	MD	> FY 17/18	UHL	Not required	May-17	17.5	16.5	15.8	15.7	16.9	17.5	16.7	16.2	16.8	17.9	17.1	16.3	16.0	17.1	18.8	18.3	17.1
S4	SEPSIS - Patients with an Early Warning Score 3+ - % appropriate escalation	AF	SH	95%	UHL	TBC	Dec-17	New Indicator	88%	95%	98%	97%	98%	98%	98%	98%	98%	98%	98%	98%	Indicator on hold		98%
S5	SEPSIS - Patients with EWS 3+ - % who are screened for sepsis	AF	SH	95%	UHL	TBC	Dec-17	New Indicator	93%	95%	95%	94%	95%	96%	97%	95%	94%	94%	93%	94%	Indicator on hold		95%
S6	SEPSIS - ED - Patients who trigger with red flag sepsis - % that have their IV antibiotics within an hour - reported 1 month in arrears	AF	SH	90%	UHL	TBC	Dec-17	New Indicator	76%	85%	83%	82%	79%	95%	93%	88%	85%	85%	86%	81%	76%	76%	85%
S7	SEPSIS - Wards (including assessment units) Patients who trigger for Red Flag Sepsis - % that receive their antibiotics within an hour - reported 1 month in arrears	AF	SH	90%	UHL	TBC	Dec-17	New Indicator	55%	80%	82%	78%	83%	84%	83%	77%	80%	87%	83%	94%	90%	80%	84%
S8	Overdue CAS alerts	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	Nov-16	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
S9	RIDDOR - Serious Staff Injuries	AF	MD	10% Reduction on FY17/18 <=50 by end of FY 18/19	UHL	Red / ER if non compliance with cumulative target	Oct-17	32	28	56	3	0	6	1	7	6	9	4	3	3	0	3	2	38
S10	Never Events	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	May-17	2	4	8	0	0	2	1	1	2	0	0	0	0	1	1		6
S11	Clostridium Difficile	CF	DJ	61	NHSI	Red if >mthly threshold / ER if Red or Non compliance with cumulative target	Nov-17	60	60	68	4	5	8	12	4	5	4	7	2	6	4	6	2	52
S12	MRSA Bacteraemias - Unavoidable or Assigned to third Party	CF	DJ	0	NHSI	Red if >0 ER Not Required	Nov-17	1	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
S13	MRSA Bacteraemias (Avoidable)	CF	DJ	0	UHL	Red if >0 ER if >0	Nov-17	0	0	4	0	2	0	0	0	0	0	1	0	0	0	0	0	1
S14	MRSA Total	CF	DJ	0	UHL	Red if >0 ER if >0	Nov-17	0	3	4	0	2	0	0	0	0	1	0	0	0	0	0	0	1
S15	E. Coli Bacteraemias - Community	CF	DJ	TBC	NHSI	TBC	Jun-18	New Indicator	476	454	43	29	32	38	54	43	35	34	43	36	34	26	36	379
S16	E. Coli Bacteraemias - Acute	CF	DJ	TBC	NHSI	TBC	Jun-18	New Indicator	121	96	7	5	9	11	7	3	5	3	11	5	5	5	5	60
S17	E. Coli Bacteraemias - Total	CF	DJ	TBC	NHSI	TBC	Jun-18	New Indicator	597	550	50	34	41	49	61	46	40	37	54	41	39	31	41	439
S18	MSSA - Community	CF	DJ	TBC	NHSI	TBC	Nov-17	New Indicator	134	139	19	10	10	12	11	8	14	11	8	18	6	6	13	107
S19	MSSA - Acute	CF	DJ	TBC	NHSI	TBC	Nov-17	New Indicator	30	43	4	4	4	5	4	2	1	2	1	3	2	5	2	27
S20	MSSA - Total	CF	DJ	TBC	NHSI	TBC	Nov-17	New Indicator	164	182	23	14	14	17	15	10	15	13	9	21	8	11	15	134
S21	% of UHL Patients with No Newly Acquired Harms	CF	NB	>=95%	UHL	Red if <95% ER if in mth <95%	Sept-16	97.7%	97.7%	97.7%	97.8%	97.4%	97.4%	97.4%	97.3%	98.4%	98.2%	98.2%	97.9%	98.0%	97.6%	97.7%	97.3%	97.8%
S22	% of all adults who have had VTE risk assessment on adm to hosp	AF	SR	>=95%	NHSI	Red if <95% ER if in mth <95%	Nov-16	95.9%	95.8%	95.4%	94.9%	93.6%	94.0%	93.6%	95.5%	95.6%	95.1%	95.5%	95.5%	94.8%	96.7%	96.0%	96.0%	95.4%
S23	All falls reported per 1000 bed stays for patients >65years- reported 1 month in arrears	CF	HL	<=5.5	UHL	Red if >6.6 ER if 2 consecutive reds	Jun-18	5.4	5.9	6.0	7.7	6.1	6.6	7.3	6.1	7.0	6.1	5.7	6.1	6.0	5.9	7.0		6.7
S24	Avoidable Pressure Ulcers - Grade 4	CF	MC	0	QS	Red / ER if Non compliance with monthly target	Aug-17	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
S25	Avoidable Pressure Ulcers - Grade 3	CF	MC	<=3 a month (revised with FY End <27	QS	Red / ER if Non compliance with monthly target	Aug-17	33	28	8	1	2	0	0	0	1	1	1	0	0	0	3	0	6
S26	Avoidable Pressure Ulcers - Grade 2	CF	MC	<=7 a month (revised with FY End <84	QS	Red / ER if Non compliance with monthly target	Aug-17	89	89	53	5	7	4	7	4	7	7	1	10	0	5	5	4	50
S27	Maternal Deaths (Direct within 42 days)	AF	IS	0	UHL	Red or ER if >0	Jan-17	0	2	2	0	0	1	1	0	0	0	0	1	0	0	0		2
S28	Emergency C Sections (Coded as R18)	IS	EB	Not within Highest Decile	NHSI	Red / ER if Non compliance with monthly target	Jan-17	17.5%	16.8%	18.2%	19.1%	19.8%	17.4%	19.3%	19.9%	19.4%	16.8%	19.3%	15.7%	17.6%	19.2%	17.6%	19.6%	18.4%

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

Caring

KPI Ref	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	15/16 Outturn	16/17 Outturn	17/18 Outturn	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	18/19 YTD
C1	Formal complaints rate per 1000 IP,OP and ED attendances	AF	MD	No Target	UHL	Monthly reporting	Aug-17	NEW INDICATOR	1.1	1.3	1.5	1.4	1.6	1.5	1.6	1.3	1.6	1.7	1.7	1.7	1.6	1.3	1.8	1.6
C2	Percentage of upheld PHSO cases	AF	MD	No Target	UHL	Quarterly reporting	Sep-17	NEW INDICATOR	5%	0%	0% (0 out of 3 cases)			0% (0 out of 4 cases)			20% (0 out of 5 cases)			0% (0 out of 2 cases)				0%
C3	Published Inpatients and Daycase Friends and Family Test - % positive	CF	HL	97%	UHL	Red if <95% ER if red for 3 consecutive months Revise threshold 17/18	Jun-17	97%	97%	97%	97%	97%	97%	97%	98%	97%	97%	97%	97%	97%	97%	97%	97%	97%
C4	Inpatients only Friends and Family Test - % positive	CF	HL	97%	UHL	Red if <95% ER if red for 3 consecutive months Revise threshold 17/18	Jun-17	97%	96%	96%	96%	97%	96%	96%	97%	97%	95%	96%	96%	96%	96%	96%	95%	96%
C5	Daycase only Friends and Family Test - % positive	CF	HL	97%	UHL	Red if <95% ER if red for 3 consecutive months Revise threshold 17/18	Jun-17	98%	98%	98%	99%	98%	98%	99%	99%	98%	98%	98%	98%	99%	98%	99%	99%	98%
C6	A&E Friends and Family Test - % positive	CF	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	96%	91%	95%	97%	94%	94%	95%	96%	95%	95%	95%	95%	95%	95%	94%	95%	95%
C7	Outpatients Friends and Family Test - % positive	CF	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	94%	93%	95%	96%	95%	95%	95%	96%	95%	95%	95%	95%	95%	95%	96%	95%	95%
C8	Maternity Friends and Family Test - % positive	CF	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	95%	95%	95%	95%	95%	96%	94%	94%	93%	94%	94%	94%	95%	93%	95%	91%	94%
C9	Friends & Family staff survey: % of staff who would recommend the trust as place to receive treatment (from Pulse Check)	HW	JTF	TBC	NHSI	TBC	Aug-17	70.0%	73.6%	69.8%	69.3%			70.5%			75.2%			65.0%				70.2%
C10	Single Sex Accommodation Breaches (patients affected)	CF	HL	0	NHSI	Red if >0 ER if 2 consecutive months >5	Dec-16	1	60	30	0	0	19	13	0	11	2	6	0	9	0	1	9	51

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

KPI Ref	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	15/16 Outturn	16/17 Outturn	17/18 Outturn	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	18/19 YTD
W1	Published Inpatients and Daycase Friends and Family Test - Coverage (Adults and Children)	CF	HL	Not Appicable	N/A	Not Appicable	Jun-17	27.4%	30.2%	27.9%	25.0%	24.4%	23.8%	26.7%	28.6%	27.7%	27.8%	25.5%	26.9%	26.3%	25.9%	24.3%	24.7%	26.4%
W2	Inpatients only Friends and Family Test - Coverage (Adults and Children)	CF	HL	30%	QS	Red if <26% ER if 2mths Red	Jun-17	31.0%	35.3%	31.9%	28.3%	28.4%	26.0%	30.6%	32.2%	30.1%	31.6%	26.8%	28.5%	29.4%	30.4%	26.7%	26.8%	29.3%
W3	Daycase only Friends and Family Test - Coverage (Adults and Children)	CF	HL	20%	QS	Red if <10% ER if 2 mths Red	Jun-17	22.5%	24.4%	23.6%	21.5%	19.9%	21.3%	22.4%	24.6%	25.3%	23.6%	24.2%	25.2%	22.9%	21.2%	21.4%	22.4%	23.3%
W4	A&E Friends and Family Test - Coverage	CF	HL	10%	QS	Red if <7.1% ER if 2 mths Red	Jun-17	10.5%	10.8%	9.9%	10.0%	7.5%	7.2%	7.1%	12.0%	9.9%	10.8%	7.2%	6.9%	8.8%	4.9%	5.0%	9.5%	8.2%
W5	Outpatients Friends and Family Test - Coverage	CF	HL	5%	QS	Red if <1.5% ER if 2 mths Red	Jun-17	1.4%	3.0%	5.7%	3.9%	4.7%	5.7%	5.7%	5.7%	5.8%	5.5%	5.4%	5.4%	5.3%	5.3%	4.7%	4.7%	5.4%
W6	Maternity Friends and Family Test - Coverage	CF	HL	30%	UHL	Red if <26% ER if 2 mths Red	Jun-17	31.6%	38.0%	40.2%	36.7%	30.1%	38.9%	35.9%	41.9%	37.2%	38.5%	37.2%	39.1%	44.8%	42.5%	45.4%	33.6%	39.6%
W7	Friends & Family staff survey: % of staff who would recommend the trust as place to work (from Pulse Check)	HW	BK	Not within Lowest Decile	NHSI	TBC	Sep-17	55.4%	61.9%	57.9%	54.7%			60.3%			61.9%			60.0%				60.7%
W8	Nursing Vacancies	CF	MM	TBC	UHL	Separate report submitted to QAC	Dec-17	8.4%	9.2%	11.9%	14.4%	11.3%	11.9%	12.4%	14.0%	15.0%	14.6%	14.4%	15.2%	15.0%	13.8%	13.9%	14.5%	14.5%
W9	Nursing Vacancies in ESM CMG	CF	MM	TBC	UHL	Separate report submitted to QAC	Dec-17	17.2%	15.4%	23.4%	29.0%	23.1%	23.4%	27.5%	29.5%	30.5%	29.0%	28.4%	28.8%	28.4%	28.3%	26.7%	26.5%	26.5%
W10	Turnover Rate	HW	LG	TBC	NHSI	Red = 11% or above ER = Red for 3 Consecutive Mths	Nov-17	9.9%	9.3%	8.5%	8.4%	8.4%	8.5%	8.5%	8.6%	8.4%	8.4%	8.3%	8.6%	8.3%	8.3%	8.4%	8.6%	8.6%
W11	Sickness absence (reported 1 month in arrears)	HW	BK	3%	UHL	Red if >4% ER if 3 consecutive mths >4.0%	Oct-16	3.6%	3.3%	4.2%	5.3%	5.3%	4.7%	3.6%	3.4%	3.5%	3.5%	3.6%	3.9%	3.9%	4.2%	4.3%		3.9%
W12	Temporary costs and overtime as a % of total paybill	HW	LG	TBC	NHSI	TBC	Nov-17	10.7%	10.6%	12.0%	12.2%	10.9%	13.0%	11.0%	12.2%	11.8%	11.3%	10.8%	10.8%	11.5%	10.6%	11.0%	10.7%	10.9%
W13	% of Staff with Annual Appraisal (excluding facilities Services)	HW	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	90.7%	91.7%	88.7%	89.8%	88.8%	88.7%	89.3%	89.3%	89.8%	91.1%	91.6%	92.2%	92.1%	92.0%	92.5%	91.9%	91.9%
W14	Statutory and Mandatory Training	HW	BK	95%	UHL	TBC	Dec-16	93%	87%	88%	85%	86%	88%	89%	89%	89%	90%	88%	88%	88%	82%	86%	88%	88%
W15	% Corporate Induction attendance	HW	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	97%	96%	97%	96%	98%	98%	96%	96%	98%	98%	95%	96%	97%	96%	97%	97%	97%
W16	BME % - Leadership (8A – Including Medical Consultants)	HW	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17	New Indicator	26%	27%	27%			28%			29%			29%				29%
W17	BME % - Leadership (8A – Excluding Medical Consultants)	HW	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17	New Indicator	12%	14%	14%			14%			15%			16%				16%
W18	Executive Team Turnover Rate - Executive Directors (rolling 12 months)	HW	AH	TBC	UHL	TBC	Nov-17	New Indicator	0%	40%	40%	40%	40%	75%	75%	50%	50%	50%	50%	40%	40%	20%	20%	20%
W19	Executive Team Turnover Rate - Non Executive Directors (rolling 12 months)	HW	AH	TBC	UHL	TBC	Nov-17	New Indicator	25%	13%	14%	13%	13%	13%	13%	0%	0%	0%	0%	0%	0%	14%	13%	13%
W20	DAY Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	CF	MM	TBC	NHSI	TBC	Jul-18	90.5%	90.5%	91.3%	93.1%	92.8%	94.2%	87.2%	88.6%	87.2%	80.1%	77.3%	78.1%	78.4%	79.1%	78.1%	79.8%	81.4%
W21	DAY Safety staffing fill rate - Average fill rate - care staff (%)	CF	MM	TBC	NHSI	TBC	Jul-18	92.0%	92.3%	101.1%	109.8%	104.5%	105.5%	99.9%	100.2%	98.2%	94.7%	94.6%	95.1%	95.9%	97.0%	94.6%	95.9%	96.6%
W22	NIGHT Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	CF	MM	TBC	NHSI	TBC	Jul-18	95.4%	96.4%	93.6%	92.4%	92.5%	93.0%	93.5%	95.7%	94.3%	88.0%	84.8%	86.6%	88.2%	90.0%	87.9%	92.3%	90.1%
W23	NIGHT Safety staffing fill rate - Average fill rate - care staff (%)	CF	MM	TBC	NHSI	TBC	Jul-18	98.9%	97.1%	111.0%	119.4%	119.4%	120.5%	124.2%	119.8%	118.0%	124.1%	112.4%	121.5%	123.3%	126.8%	121.5%	124.8%	122.6%

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KPI Ref	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	15/16 Outturn	16/17 Outturn	17/18 Outturn	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	18/19 YTD
E1	Emergency readmissions within 30 days following an elective or emergency spell	AF	CM	Monthly <8.5%	QC	Red if >8.6% ER if >8.6%	Jun-17	8.9%	8.5%	9.1%	9.1%	9.3%	9.3%	9.4%	9.2%	9.1%	9.0%	9.0%	8.8%	8.9%	8.7%	9.1%		9.0%
E2	Mortality - Published SHMI	AF	RB	<=99	QC	Red/ER if not within national expected range	Sep-16	96	102 (Oct15-Sep16)	98 (Oct16-Sep17)	100 (Jul16-Jun17)		98 (Sep17)	(Oct16- 97 Dec17)	(Jan17- 95 Mar18)	(Apr17- 96 Jun18)	(Jul17-)						96
E3	Mortality - Rolling 12 mths SHMI (as reported in HED) Rebased	AF	RB	<=99	QC	Red/ER if not within national expected range	Sep-16	97	101	93	97	95	95	95	94	98	99	Awaiting HED Update					99
E4	Mortality - Rolling 12 mths HSMR (Rebased Monthly as reported in HED)	AF	RB	<=99	UHL	Red/ER if not within national expected range	Sep-16	96	102	94	95	94	93	94	94	95	95	96	95	98	Awaiting HED Update		98
E5	Crude Mortality Rate Emergency Spells	AF	RB	<=2.4%	UHL	Monthly Reporting	Apr-17	2.3%	2.4%	2.2%	2.5%	2.6%	2.3%	2.2%	2.0%	1.9%	2.0%	1.9%	1.9%	2.1%	1.9%	2.4%	1.3%	2.0%
E6	No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions	AF	AC	72% or above	QS	Red if <72% ER if 2 consecutive mths <72%	Jun-17	63.8%	71.2%	69.9%	72.6%	66.1%	66.7%	74.6%	64.2%	53.5%	58.8%	82.6%	77.2%	83.6%	83.5%	73.8%	87.3%	74.2%
E7	Stroke - 90% of Stay on a Stroke Unit	ED	RM	80% or above	QS	Red if <80% ER if 2 consecutive mths <80%	Apr-18	85.6%	85.0%	86.7%	83.0%	80.4%	81.1%	83.3%	88.0%	84.3%	86.8%	80.6%	83.7%	86.7%	82.4%	77.9%		83.9%
E8	Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)	ED	RM	60% or above	QS	Red if <60% ER if 2 consecutive mths <60%	Apr-18	75.6%	66.9%	52.6%	36.0%	28.8%	51.2%	48.1%	67.3%	77.7%	70.2%	50.4%	28.7%	38.6%	87.3%	52.3%	83.5%	58.8%

Effective

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KPI Ref	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	18/19 Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	15/16 Outturn	16/17 Outturn	17/18 Outturn	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	18/19 YTD
R1	ED 4 Hour Waits UHL	RB	RM	95% or above	NHSI	Green if in line with NHSI trajectory	Aug-17	86.9%	79.6%	77.6%	75.0%	71.5%	69.7%	76.1%	88.2%	82.0%	76.3%	76.3%	79.5%	78.3%	72.6%	73.5%	70.7%	77.3%
R2	ED 4 Hour Waits UHL + LLR UCC (Type 3)	RB	RM	95% or above	NHSI	Red if <85% Amber if >85% and <90% Green 90%+ ER via ED TB report	Aug-17	NEW INDICATOR		80.6%	81.8%	78.7%	77.9%	82.8%	91.3%	87.1%	83.1%	83.0%	84.7%	83.7%	79.1%	79.9%	79.1%	83.4%
R3	12 hour trolley waits in A&E	RB	RM	0	NHSI	Red if >0 ER via ED TB report	Aug-17	2	11	40	0	2	35	0	0	0	0	0	0	0	0	0	0	0
R4	RTT - Incomplete 92% in 18 Weeks UHL+ALLIANCE	RB	WM	92% or above	NHSI	Green if in line with NHSI trajectory	Nov-16	92.6%	91.8%	85.2%	88.8%	87.5%	85.2%	85.8%	86.8%	87.0%	86.5%	85.8%	85.2%	86.0%	86.0%	85.3%	85.2%	85.2%
R5	RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE	RB	WM	0	NHSI	Red /ER if >0	Nov-16	232	24	4	1	2	4	3	4	4	0	0	0	0	0	0	0	0
R6	6 Week - Diagnostic Test Waiting Times (UHL+ALLIANCE)	RB	WM	1% or below	NHSI	Red /ER if >1%	Dec-16	1.1%	0.9%	1.9%	0.9%	1.0%	1.9%	5.2%	2.9%	3.0%	1.7%	2.0%	0.8%	0.9%	0.8%	1.0%	1.0%	1.0%
R7	Urgent Operations Cancelled Twice (UHL+ALLIANCE)	RB	WM	0	NHSI	Red if >0 ER if >0	Jan-17	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
R8	Cancelled patients not offered a date within 28 days of the cancellations UHL	RB	WM	0	NHSI	Red if >2 ER if >0	Jan-17	48	212	336	74	31	37	24	27	24	32	22	17	19	17	10	20	212
R9	Cancelled patients not offered a date within 28 days of the cancellations ALLIANCE	RB	WM	0	NHSI	Red if >2 ER if >0	Jan-17	1	11	2	1	1	0	0	1	0	3	0	0	0	0	1	1	6
R10	% Operations cancelled for non-clinical reasons on or after the day of admission UHL	RB	WM	1.0% or below	Contract	Red if >1.0% ER if >1.0%	Jan-17	1.0%	1.2%	1.3%	1.4%	1.4%	1.5%	1.1%	1.2%	1.2%	1.4%	0.9%	0.8%	1.2%	1.2%	1.0%	1.3%	1.1%
R11	% Operations cancelled for non-clinical reasons on or after the day of admission ALLIANCE	RB	WM	1.0% or below	Contract	Red if >1.0% ER if >1.0%	Jan-17	0.9%	0.9%	0.6%	1.2%	0.2%	0.0%	0.9%	0.6%	1.7%	1.6%	0.1%	0.0%	0.3%	0.6%	1.1%	0.2%	0.7%
R12	% Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	RB	WM	1.0% or below	Contract	Red if >1.0% ER if >1.0%	Jan-17	1.0%	1.2%	1.2%	1.4%	1.3%	1.3%	1.1%	1.2%	1.2%	1.5%	0.9%	0.7%	1.2%	1.1%	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	WM	Not Applicable	UHL	Not Applicable	Jan-17	1299	1566	1615	151	134	144	110	139	138	161	98	79	139	132	97	139	1232
R14	Delayed transfers of care	RB	JD	3.5% or below	NHSI	Red if >3.5% ER if Red for 3 consecutive mths	Oct-17	1.4%	2.4%	1.9%	2.2%	2.6%	1.7%	1.6%	1.3%	1.3%	1.2%	1.6%	1.4%	1.6%	1.3%	1.8%	1.5%	1.5%
R15	Ambulance Handover >60 Mins (CAD+ from June 15)	RB	MN	0	Contract	Red if >0 ER if Red for 3 consecutive mths	TBC	5%	9%	4%	5%	10%	9%	4%	0.1%	0.7%	4%	3%	1%	2%	3%	7%	13%	4%
R16	Ambulance Handover >30 Mins and <60 mins (CAD+ from June 15)	RB	MN	0	Contract	Red if >0 ER if Red for 3 consecutive mths	TBC	19%	14%	9%	11%	14%	15%	8%	1.4%	4%	8%	8%	5%	8%	9%	10%	14%	8%

Responsive

APPENDIX G: Responsive Domain Cancer Dashboard

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** Cancer statistics are reported a month in arrears.

KPI Ref	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	15/16 Outturn	16/17 Outturn	17/18 Outturn	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	18/19 YTD
RC1	Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	RB	DB	93% or above	NHSI	Red if <93% ER if Red for 2 consecutive mths	Jul-16	90.5%	93.2%	94.7%	94.1%	93.9%	95.7%	95.6%	93.9%	95.0%	93.1%	92.2%	92.9%	95.2%	94.0%	89.9%	80.2%	**	91.9%
RC2	Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	RB	DB	93% or above	NHSI	Red if <93% ER if Red for 2 consecutive mths	Jul-16	95.1%	93.9%	91.9%	88.1%	89.0%	92.5%	92.0%	90.3%	95.5%	88.7%	84.5%	86.6%	94.0%	79.9%	68.7%	26.6%	**	77.1%
RC3	31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	RB	DB	96% or above	NHSI	Red if <96% ER if Red for 2 consecutive mths	Jul-16	94.8%	93.9%	95.1%	97.3%	93.6%	96.0%	93.7%	95.1%	94.7%	96.4%	95.4%	98.0%	95.4%	94.1%	95.9%	96.1%	**	95.7%
RC4	31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	RB	DB	98% or above	NHSI	Red if <98% ER if Red for 2 consecutive mths	Jul-16	99.7%	99.7%	99.1%	98.1%	99.0%	98.9%	100%	100%	99.2%	98.0%	100%	98.5%	100%	100%	100%	100%	**	99.5%
RC5	31-Day Wait For Second Or Subsequent Treatment: Surgery	RB	DB	94% or above	NHSI	Red if <94% ER if Red for 2 consecutive mths	Jul-16	85.3%	86.4%	85.3%	88.2%	84.4%	83.6%	80.3%	77.4%	90.1%	89.6%	87.0%	89.6%	82.5%	86.5%	84.0%	86.4%	**	85.9%
RC6	31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	RB	DB	94% or above	NHSI	Red if <94% ER if Red for 2 consecutive mths	Jul-16	94.9%	93.5%	95.4%	97.6%	95.8%	98.3%	94.8%	97.5%	98.1%	100%	99.3%	100.0%	90.0%	98.5%	99.2%	99.2%	**	98.1%
RC7	62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	RB	DB	85% or above	NHSI	ER if Red in mth or YTD	Jul-16	77.5%	78.1%	78.2%	81.3%	76.0%	72.9%	75.6%	78.6%	75.7%	74.5%	77.0%	72.9%	71.7%	76.5%	74.2%	82.3%	**	75.8%
RC8	62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	RB	DB	90% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	89.1%	88.6%	85.2%	74.1%	78.7%	81.8%	78.1%	58.5%	86.8%	81.0%	88.5%	84.0%	96.0%	78.6%	95.5%	90.6%	**	83.5%
RC9	Cancer waiting 104 days	RB	DB	0	NHSI	TBC	Jul-16	New Indicator	10	18	14	20	14	18	11	9	11	17	29	26	13	12	15	28	28

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

KPI Ref	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome	15/16 Outturn	16/17 Outturn	17/18 Outturn	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	18/19 YTD
RC10	Brain/Central Nervous System	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	100.0%	100.0%	--	--	--	--	--	--	--	0.0%	--	--	100%	--	--	--	**	33.3%
RC11	Breast	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	95.6%	96.3%	93.8%	94.5%	94.1%	85.3%	92.3%	89.6%	93.7%	92.9%	91.4%	85.4%	86.7%	87.2%	80.6%	91.5%	**	88.7%
RC12	Gynaecological	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	73.4%	69.5%	70.6%	82.9%	52.6%	70.3%	85.7%	71.4%	35.0%	66.7%	55.0%	58.3%	69.2%	68.0%	90.0%	94.7%	**	69.9%
RC13	Haematological	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	63.0%	70.6%	81.0%	85.7%	66.7%	55.6%	88.9%	80.0%	57.1%	50.0%	100.0%	64.3%	50.0%	87.5%	52.4%	100%	**	72.0%
RC14	Head and Neck	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	50.7%	44.5%	55.4%	46.2%	50.0%	62.5%	62.5%	42.1%	60.0%	55.6%	42.9%	37.5%	47.1%	54.5%	60.0%	37.0%	**	48.6%
RC15	Lower Gastrointestinal Cancer	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	59.8%	56.8%	58.5%	50.0%	72.7%	58.3%	41.7%	51.9%	53.1%	66.7%	63.2%	58.8%	45.5%	50.0%	56.0%	65.0%	**	57.1%
RC16	Lung	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	71.0%	65.1%	66.2%	89.7%	58.3%	65.1%	52.0%	70.2%	70.5%	78.3%	82.4%	60.7%	75.5%	68.4%	69.8%	75.0%	**	71.9%
RC17	Other	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	71.4%	60.0%	66.7%	100%	100%	--	100%	--	66.7%	50.0%	0.0%	0.0%	75.0%	50.0%	0.0%	--	**	47.1%
RC18	Sarcoma	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	81.3%	45.2%	56.7%	20.0%	100.0%	--	20.0%	0.0%	66.7%	100%	100%	--	--	100%	100%	100%	**	75.0%
RC19	Skin	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	94.1%	96.9%	96.8%	100%	90.0%	97.3%	100%	94.4%	100%	93.2%	100%	97.6%	100%	95.0%	93.2%	100%	**	97.1%
RC20	Upper Gastrointestinal Cancer	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	63.9%	68.0%	71.9%	80.0%	92.3%	64.7%	55.6%	67.7%	61.5%	81.6%	60.7%	77.8%	64.5%	84.6%	58.8%	67.9%	**	69.5%
RC21	Urological (excluding testicular)	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	74.4%	80.8%	76.3%	77.9%	75.6%	68.4%	75.0%	78.7%	75.7%	59.4%	67.8%	64.7%	55.4%	70.4%	73.8%	79.8%	**	69.2%
RC22	Rare Cancers	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	100.0%	100.0%	65.0%	--	0.0%	0.0%	40.0%	100%	100%	75.0%	100%	66.7%	100%	100%	100%	100%	**	87.0%
RC23	Grand Total	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	77.5%	78.1%	78.2%	81.3%	76.0%	72.9%	75.6%	78.6%	75.7%	74.5%	77.3%	72.9%	71.7%	76.4%	74.2%	82.3%	**	75.8%

Responsive Cancer

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

Out Patient Transformation Programme

Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	Baseline	17/18 Outturn	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	18/19 YTD
Friends and Family test score (Coverage)	JS	HL	5%	QS	Red if <4.5% Amber if <5% Green if >=5% ER if 3 mths Red	Jun-17	3.0%	5.7%	3.9%	4.7%	5.7%	5.7%	5.7%	5.8%	5.5%	5.4%	5.4%	5.3%	5.3%	4.7%	4.7%	5.4%
% Positive F&F Test scores	JS	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	93%	94.6%	96.2%	95.4%	95.3%	95.2%	95.6%	95.1%	95.0%	95.1%	94.7%	95.2%	94.8%	95.6%	94.7%	95.1%
Paper Switch Off (PSO) - % GP referrals received via ERS	MW	HC	100%	UHL	Project commenced August 2017. NHSE Target 100% by October 2018.	New Indicator	64%	70.4%	68.4%	68.3%	70.4%	77.3%	83.2%	91.2%	92.2%	92.9%	92.4%	94.3%	99.9%	99.9%	100%	90.3%
Advice and Guidance Provision (% Services within specialty)	MW	HC	35%	CQUIN	Green if >35% by Q4 17/18 Green if >75% by Q4 18/19	New Indicator	TBC	97.2%	97.2% 28 Specialties / 125 services			93.5% 31 Specialties / 143 services			88.6% 31 Specialties / 151 Services			88.6% 32 Specialties / 158 Services				88.6%
Electronic Referrals - Appointment Slot Issue (ASI) Rate	MW	HC	4%	UHL	Red if below CQUIN trajectory for 17/18. End of Q2 = 28%, Q3 = 20%, Q4 = 4%	New Indicator	TBC	21.4%	14.5%	17.6%	21.4%	23.3%	26.2%	25.2%	26.4%	26.5%	27.0%	26.7%	22.0%	23.4%	25.2%	25.2%
% Patients seen within 15mins of their appointment time	MW	ZS/ST	TBC	UHL	TBC	New Indicator	56% 19% (Cov)	57% 17% (Cov)	55% 17% (Cov)	56% 16% (Cov)	59% 16% (Cov)	60% 16% (Cov)	58% 16% (Cov)	60% 16% (Cov)	59% 17% (Cov)	58% 18% (Cov)	58% 17% (Cov)	57% 18% (Cov)	57% 18% (Cov)	57% 17% (Cov)	58% 18% (Cov)	58%
% Patients seen within 30 mins of their appointment time	MW	ZS/ST	TBC	UHL	TBC	New Indicator	73% 19% (Cov)	74% 17% (Cov)	74% 17% (Cov)	74% 16% (Cov)	76% 16% (Cov)	77% 16% (Cov)	75% 16% (Cov)	78% 16% (Cov)	77% 17% (Cov)	76% 18% (Cov)	76% 17% (Cov)	75% 18% (Cov)	75% 18% (Cov)	76% 17% (Cov)	77% 18% (Cov)	77%
% Clinics Waiting times Recorded (Coverage)	MW	ZS/ST	98% by Dec 18	UHL	Green if variation <=4% Amber if variation >4.1% and <8% Red if variation >8% Trajectory - 50% Aug, 75% Sep, 80% Oct, 85% Nov, 98% Dec	New Indicator	16%	17%	17%	16%	16%	16%	16%	16%	17%	18%	17%	18%	18%	17%	18%	17%
Reduction in number of long term follow up >12 months	MW	WM	0	UHL	TBC	New Indicator	2851	1467	1115	1247	1467			1339	1431	1369	1649	1935	2400	2313	2484	2484
Reductions in number of FU attendances	MW	MP/DT	6.0%	UHL	Quarterly Reporting - Red if variance higher than 6% (Adverse)	New Indicator	6.0%	1.1% (A)	4.2% (F)			1.2% (A)			0.7% (F)			2.6% (A)				2.6%
% Reduction in hospital cancellations (ENT)	MW	ZS/ST	15% by Mar 19	UHL	Green if <=?? Amber if >?? Red if >?? Trajectory - 21% Apr, 21% May, 20% Jun, 19% Jul, 19% Aug, 18% Sep, 18% Oct, 17% Nov,17% Dec, 16% Jan, 16% Feb, 15% Mar	New Indicator	21%	23%	26%	22%	23%	23%	22%	21%	24%	28%	25%	28%	23%	28%	26%	25%
% Room Utilisation (CSI areas)	MW	MA	80%	UHL	RAG Rating to March 2018 - Red<70%, Amber < 80%, Green >=80%	New Indicator	TBC	70%	73%	74%	75%	77%	79%	72%	72%	74%	75%	79%	82%	73%	83%	77%
% appointment letters printed via outsourced provider	MW	SP	85%	UHL	From APRIL 2018: Red<75%, Amber < 95%	New Indicator	82%	84%	85%	85%	86%	88%	89%	89%	89%	89%	90%	90%	91%	91%	91%	90%
% Clinic summary letters sent within 7 days	MW	WM	90%	UHL	TBC	New Indicator			INDICATOR REPORTING TO COMMENCE FROM APRIL 2018			85%	90%	92%	85%	92%	85%	86%	85%	76%	84%	86%
Number of staff enrolling for the new apprenticeship with Leicester College	MW	DW	100 by FYE 18/19	UHL	TBC	New Indicator			NEW INDICATOR			NEW INDICATOR										New Indicator
E-learning	MW	DW	1000 by March 2019	UHL	TBC	New Indicator			REPORTING TO COMMENCE IN QTR 4 2018/19													New Indicator

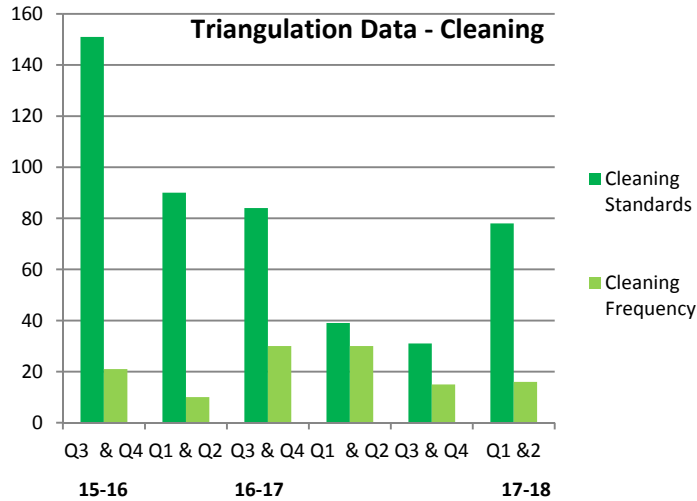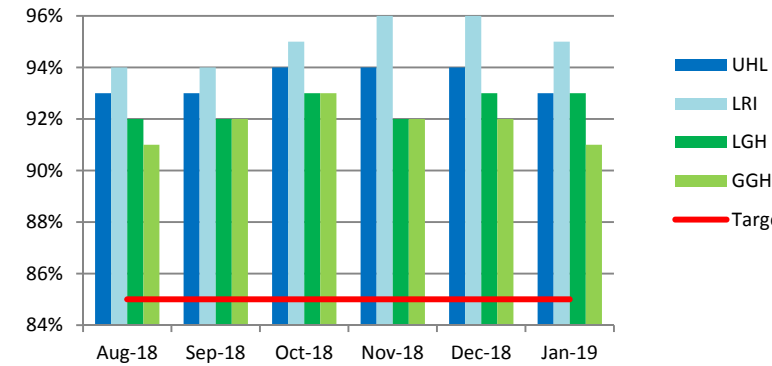## Estates and Facilities - Cleanliness

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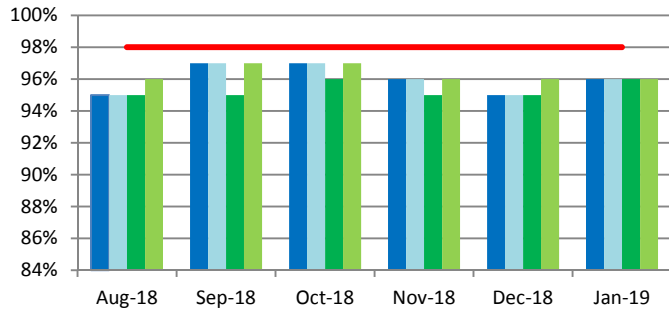
Cleanliness Audit Scores by Risk Category - High
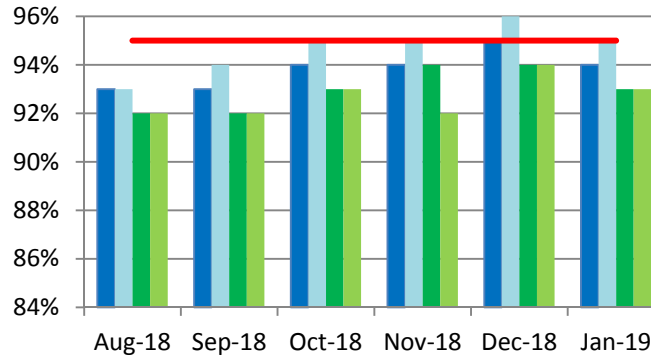
Cleanliness Audit Scores by Risk Category - Significant

Legend: UHL, LRI, LGH, GGH, Target

Triangulation Data - Cleaning

Legend: Cleaning Standards, Cleaning Frequency

Number of Datix Incidents Logged - Cleaning
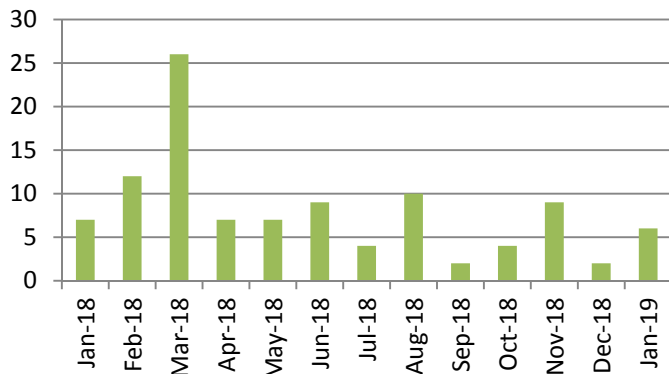
Cleanliness Report

Explanatory Notes

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

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

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

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' previously on a quarterly basis however this has now changed to bi-annually going forward.

Notes on Performance

Very high-risk areas have overall risen by 1% to 96%, with LGH and the LRI increasing their average scores to 96%, while the GGH remains at 96%. All 3 sites continue to remain slightly behind target.

High-risk audit scores have dropped to 94% overall, with LGH and GGH dropping to 93% and the LRI dropping to 95%, leaving the overall score 1% behind the risk category target. Significant risk areas all continue to exceed the 85% target.

The number of Datix incidents logged for January, have seen an increase from 2 in December to 6 in January. However this remains in the normal observed range. The Triangulation data is as reported last month.

Currently as part of the drive in Estates and Facilities to hit the end of year financial target, bank and overtime usage has been minimised to providing cover in mainly clinical areas. This will negatively impact on cleaning standards and the visual appearance of the hospitals.

Estates and Facilities – Patient Catering

| Patient Catering Survey – December 2018	Percentage 'OK or Good'	
	Dec-18	Jan-19
Did you enjoy your food?	100%	82%
Did you feel the menu has a good choice of food?	100%	92%
Did you get the meal that you ordered?	100%	96%
Were you given enough to eat?	100%	96%

90 – 100%	80 – 90%	<80%

Number of Patient Meals Served				
Month	LRI	LGH	GGH	UHL
November	68,551	23,352	30,199	122,102
December	68,437	22,175	28,213	118,825
January	72,643	24,430	33,131	130,204

Patient Meals Served On Time (%)				
Month	LRI	LGH	GGH	UHL
November	100%	100%	100%	100%
December	100%	100%	100%	100%
January	100%	100%	100%	100%

97 – 100%	95 – 97%	<95%

Number of Datix Incidents Logged -Patient Catering

Triangulation Data - Catering
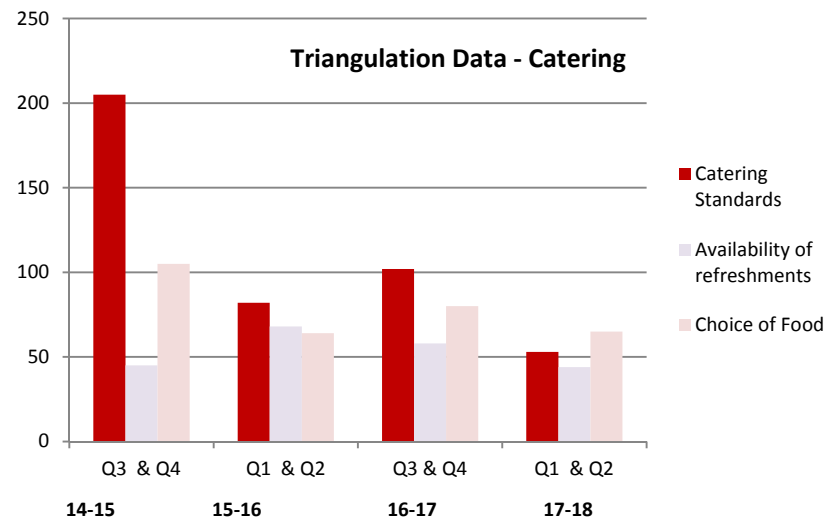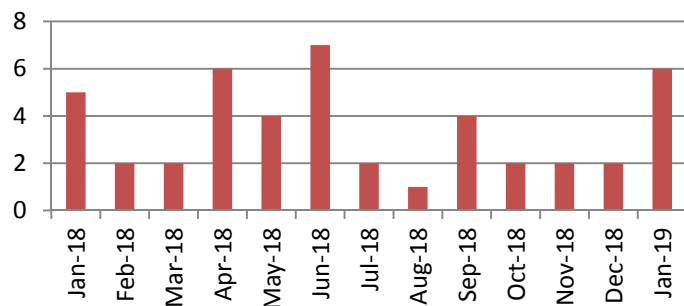
Patient Catering Report

Survey numbers remain down with the scores being based on 24 returns. This is currently adversely affected by staffing resources pursue more completed survey returns..

Survey scores this month have dropped – particularly relating to enjoyment. However comment data collected shows no discernible trends. We will observe future scores to ascertain if this is a 'blip' or a more persistent issue.

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

Triangulation data remains as report last month being in the middle of the 6 month collection cycle.

Datix incidents have increased from 2 in December, to 6 in January, which is still relatively low given the volume meals served by the catering team.

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

Reactive Portering Tasks in Target				
Site	Task (Urgent 15min, Routine 30min)	Month		
		November	December	January
GH	Overall	94%	94%	92%
	Routine	92%	93%	91%
	Urgent	98%	99%	97%
LGH	Overall	92%	92%	95%
	Routine	90%	90%	94%
	Urgent	98%	99%	98%
LRI	Overall	93%	91%	92%
	Routine	92%	90%	91%
	Urgent	97%	97%	97%

95 – 100%	90 – 94%	<90%

Average Portering Task Response Times		
Category	Time	No of tasks
Urgent	00:14:05	2,685
Routine	00:23:54	15,559
Total		18,244

Number of Datix Incidents Logged - Portering

Portering Report

January's performance figures remain similar to those seen in December reflecting a satisfactory overall level with overall average response times being on target.
Ward delays and equipment availability have a tendency to hold back performance overall.

On-going issues with our linen provider are continuing to impact on the efficiency of the portering team and these have been escalated to senior representatives of the company.

There have been 6 Datix incidents logged in December – these continue to remain low overall from month to month.

Estates & Facilities – Planned Maintenance

Statutory Maintenance Tasks Against Schedule					
	Month	Fail	Pass	Total	%
UHL Trust Wide	November	87	182	269	68%
	December	24	136	160	85%
	January	29	128	157	82%

99 – 100%	97 – 99%	<97%

Non-Statutory Maintenance Tasks Against Schedule					
	Month	Fail	Pass	Total	%
UHL Trust Wide	November	642	1423	2065	69%
	December	1027	1718	2745	63%
	January	863	1324	2187	61%

95 – 100%	80 – 95%	<80%

Estates Planned Maintenance Report

For January we achieved 82% in the delivery of Statutory Maintenance tasks in the month. The recorded failures were:
- 20 fire doors at the LRI average 9 days delay, LRI
- 4 emergency lighting PPM's average delay 12 days, LRI
- 3 emergency lighting PPM's average delay 3 days, GGH
- 1 fire extinguisher PPM at the UHL Academy missed but now rescheduled

This means that following completion of these delayed elements the compliance level in now 99% at this point in time.
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.
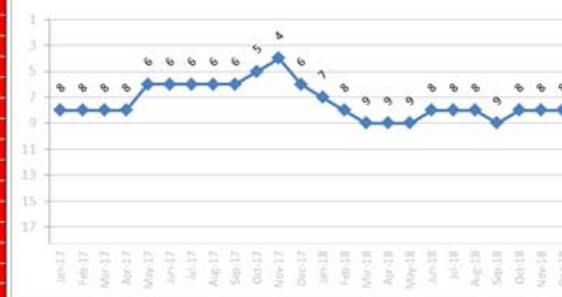
RTT 18+ Weeks Backlog

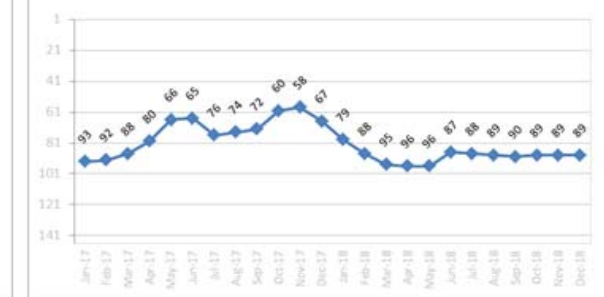**RTT 18+ Weeks Backlog - December 2018**

All Acute Trusts Performance - 85.9%   *UHL ranks 89 out of the 145 Acute Trusts**

31 of the 145 Acute Trusts* achieved 92% or more

Peer Rank	Provider Name	RTT Incompletes Performance - Target 92%
1	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	93.4%
2	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	93.3%
3	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	92.0%
4	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	89.8%
5	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	87.7%
6	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	86.9%
7	LEEDS TEACHING HOSPITALS NHS TRUST	86.6%
8	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	85.3%
9	PENNINE ACUTE HOSPITALS NHS TRUST	85.1%
10	BARTS HEALTH NHS TRUST	84.7%
11	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	83.9%
12	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	83.1%
13	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	82.0%
14	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	81.9%
15	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	81.9%
16	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	80.0%
17	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	77.9%
18	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	72.4%

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

UHL Acute Ranking - 18+ Weeks Backlog (n/145)

Diagnostics

Diagnostics - December 2018

All Acute Trusts Performance - 3.4%   *UHL ranks 61 out of the 145 Acute Trusts**

67 of the 145 Acute Trusts* achieved <1% or less   *(Ranked Ascending)*

Peer Rank	Provider Name	Diagnostics Peformance %Waiting 6 Wks+ - Target <=1%
1	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	0.2%
2	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	0.4%
3	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	0.6%
4	BARTS HEALTH NHS TRUST	0.8%
5	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	0.9%
6	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	0.9%
7	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	1.0%
8	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1.3%
9	LEEDS TEACHING HOSPITALS NHS TRUST	1.5%
10	PENNINE ACUTE HOSPITALS NHS TRUST	1.6%
11	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	1.6%
12	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	2.1%
13	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	2.2%
14	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	2.4%
15	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2.4%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	4.4%
17	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	8.9%
18	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	14.9%

UHL Peer Ranking - Diagnostics (n/18)


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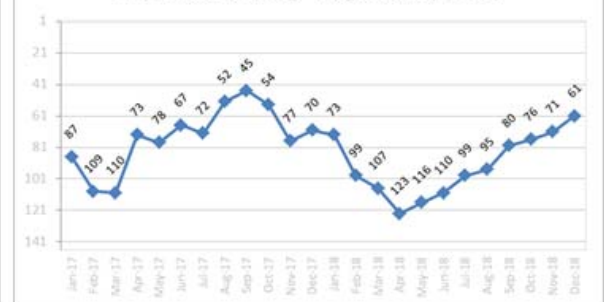
*Acute NHS hospitals – there are 145 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service

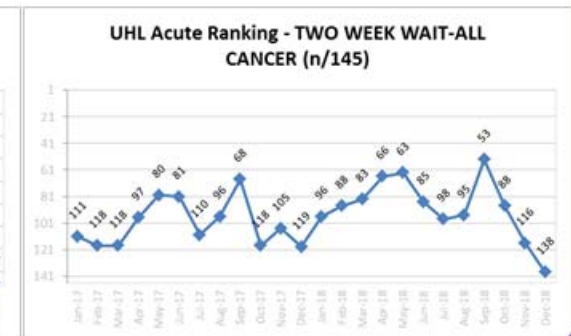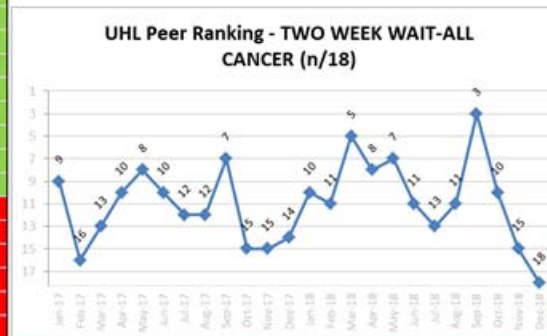# Peer Group Analysis (Dec 2018) – ED Jan18

UHL ED Attendances within 4 hours

UHL ED Attendances within 4 hours - January 2019

All Acute Trusts - 81.9%   UHL ranks 122 out of the 145 Trusts*
4 of the 145 Acute Trusts* achieved 95% or more

Peer Rank	Provider Name	Performance within 4 Hours - Target 95% - Amber 92% - <95%
1	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	93.9%
2	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	86.7%
3	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	86.0%
4	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	84.3%
5	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	83.3%
6	BARTS HEALTH NHS TRUST	83.2%
7	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	81.9%
8	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	80.4%
9	LEEDS TEACHING HOSPITALS NHS TRUST	79.5%
10	PENNINE ACUTE HOSPITALS NHS TRUST	78.1%
11	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	74.2%
12	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	72.5%
13	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	71.9%
14	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	70.7%
15	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	66.8%
16	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	64.5%
17	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	64.1%
18	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	62.7%

UHL Peer Ranking - ED (n/18)

UHL Acute Ranking - ED (n/145)
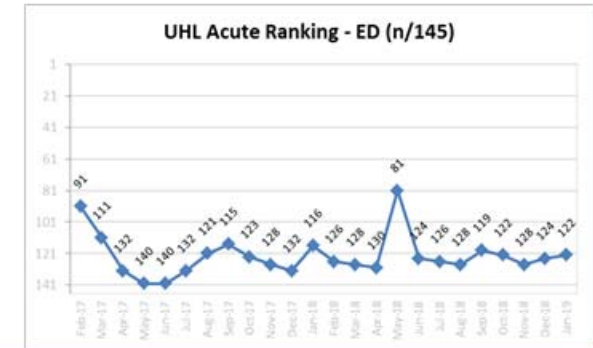
TWO WEEK WAIT-ALL CANCER

TWO WEEK WAIT-ALL CANCER - December 2018

All Acute Trusts Performance - 93.7%   UHL ranks 138 out of the 145 Acute Trusts*
107 of the 145 Acute Trusts* achieved 93% or more

Peer Rank	Provider	Performance within 14 Days - Target 93%
1	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	97.0%
2	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.8%
3	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	96.7%
4	BARTS HEALTH NHS TRUST	96.6%
5	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	96.0%
6	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	95.4%
7	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	95.3%
8	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	94.6%
9	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	94.3%
10	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	94.2%
11	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	93.3%
12	LEEDS TEACHING HOSPITALS NHS TRUST	93.0%
13	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	91.8%
14	PENNINE ACUTE HOSPITALS NHS TRUST	91.2%
15	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	90.9%
16	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	88.1%
17	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	82.3%
18	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	80.2%

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

UHL Acute Ranking - TWO WEEK WAIT-ALL CANCER (n/145)

*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

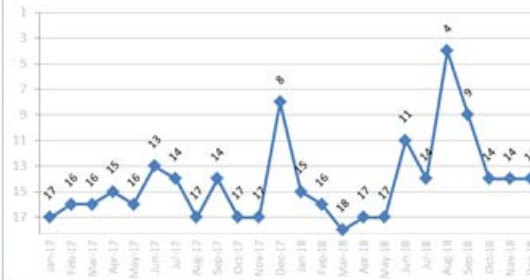**University Hospitals of Leicester NHS**
NHS Trust

31-DAY FIRST TREAT

31-DAY FIRST TREAT - December 2018

All Acute Trusts Performance - 97.0%   UHL ranks 119 out of the 145 Acute Trusts*
120 of the 145 Acute Trusts* achieved 96% or more

Peer Rank	Provider	Performance within 31 Days - Target 96%
1	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	99.2%
2	BARTS HEALTH NHS TRUST	98.8%
3	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	98.8%
4	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	98.6%
5	PENNINE ACUTE HOSPITALS NHS TRUST	98.1%
6	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	97.9%
6	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	97.7%
8	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	97.4%
9	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	97.0%
10	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	96.7%
11	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	96.6%
12	LEEDS TEACHING HOSPITALS NHS FOUNDATION TRUST	96.4%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	96.3%
14	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	96.1%
15	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	94.7%
16	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	94.5%
17	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	93.6%
18	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	89.4%

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

UHL Acute Ranking - 31-DAY FIRST TREAT (n/145)

62-DAY GP Referral

62-DAY GP Referral - December 2018

All Acute Trusts Performance - 80.9%   UHL ranks 76 out of the 145 Acute Trusts*
62 of the 145 Acute Trusts* achieved 85% or more

Peer Rank	Provider	Performance within 62 Days - Target 85%
1	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	87.7%
2	BARTS HEALTH NHS TRUST	87.0%
3	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	86.8%
4	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	85.7%
5	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	82.9%
6	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	82.2%
7	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	82.1%
8	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	81.7%
9	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	78.9%
10	PENNINE ACUTE HOSPITALS NHS TRUST	78.8%
11	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	78.3%
12	LEEDS TEACHING HOSPITALS NHS TRUST	77.2%
13	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	75.9%
14	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	73.5%
15	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	72.7%
16	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	72.7%
17	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	70.8%
18	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	69.2%

UHL Peer Ranking - 62-DAY GP Referral (n/18)
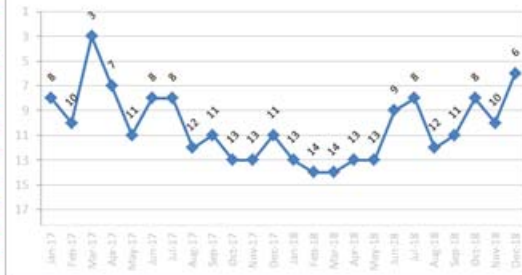
UHL Acute Ranking - 62-DAY GP Referral (n/145)

*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 (Dec 2018)

Inpatient FFT

Inpatient FFT - December 2018

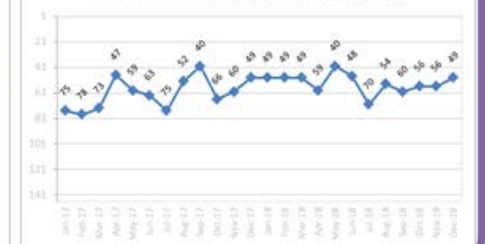All Acute Trusts - Response Rate 22% - Recommended 95% - Not Recommended 2%

UHL ranks 49 (for Recommended) and 53* (for Not Recommended) out of the 145 Trusts**

Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	14%	99%	1%
2	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	26%	98%	1%
3	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	21%	98%	0%
4	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	27%	98%	1%
5	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	11%	98%	1%
6	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	24%	97%	1%
7	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	13%	97%	1%
8	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	8%	96%	2%
9	LEEDS TEACHING HOSPITALS NHS TRUST	34%	96%	2%
10	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	15%	96%	2%
11	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	32%	95%	1%
12	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	17%	95%	3%
13	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	22%	95%	2%
14	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	21%	94%	3%
15	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	10%	94%	2%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	24%	93%	3%
17	BARTS HEALTH NHS TRUST	10%	91%	5%
18	PENNINE ACUTE HOSPITALS NHS TRUST	31%	88%	6%

UHL Peer Ranking - Inpatient FFT (n/18)

UHL Acute Ranking - Inpatient FFT (n/145)

A&E FFT

A&E FFT - December 2018

All Acute Trusts - Response Rate 22% - Recommended 95% - Not Recommended 2%

UHL ranks 25 (for Recommended) and 21* (for Not Recommended) out of the 145 Trusts**

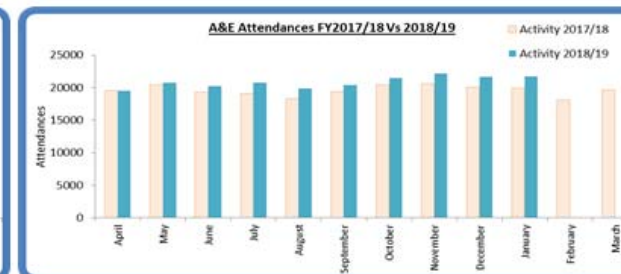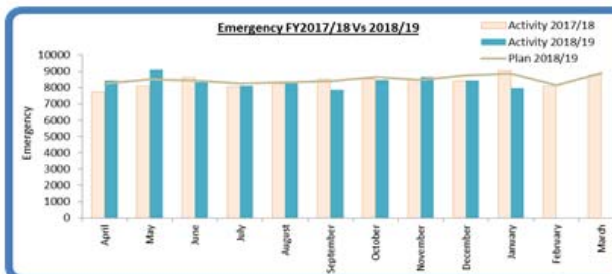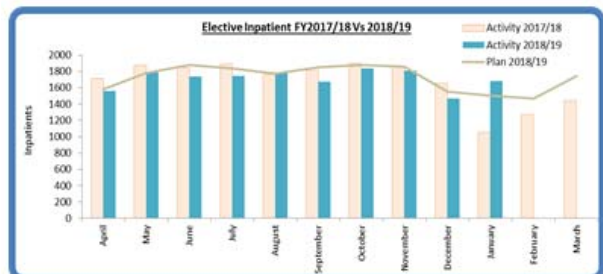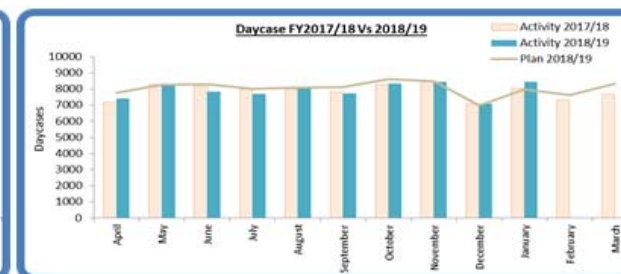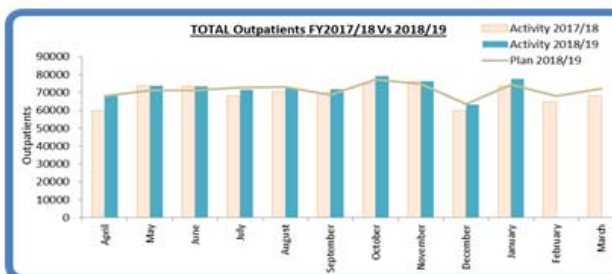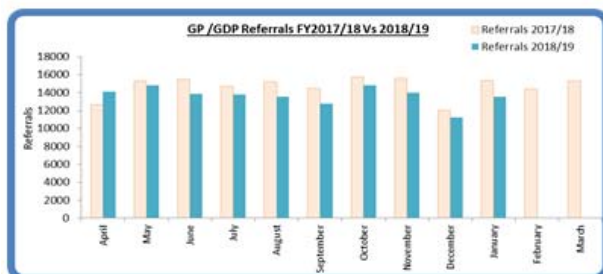| Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	14%	96%	1%
2	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	5%	94%	2%
3	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2%	92%	5%
4	LEEDS TEACHING HOSPITALS NHS TRUST	23%	89%	7%
5	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	12%	89%	6%
6	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	23%	89%	7%
7	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	21%	88%	7%
8	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	18%	87%	8%
9	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	16%	85%	10%
10	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	1%	85%	13%
11	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	17%	84%	10%
12	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	20%	83%	11%
13	PENNINE ACUTE HOSPITALS NHS TRUST	16%	82%	11%
14	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	17%	82%	11%
15	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	4%	79%	12%
16	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	10%	75%	17%
17	BARTS HEALTH NHS TRUST	5%	72%	20%
18	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	25%	71%	18%

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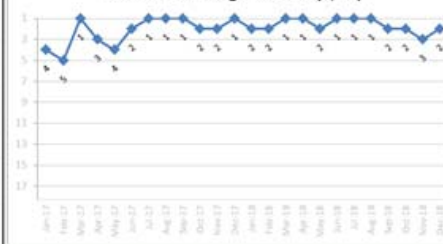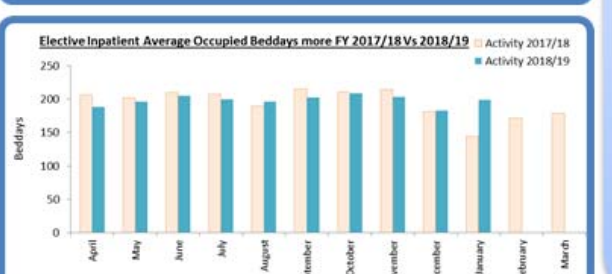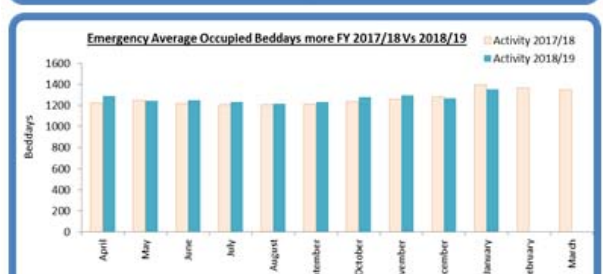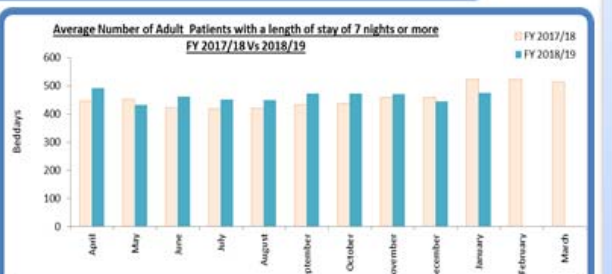
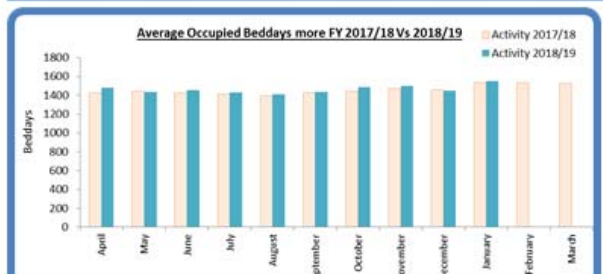**UHL Acute Ranking - A&E FFT (n/145)**
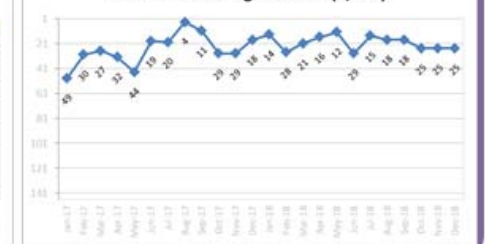
*Acute NHS hospitals – there are 145 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service

UHL Activity Trends

University Hospitals of Leicester **NHS**
NHS Trust

GP /GDP Referrals FY2017/18 Vs 2018/19

TOTAL Outpatients FY2017/18 Vs 2018/19

Daycase FY2017/18 Vs 2018/19

Elective Inpatient FY2017/18 Vs 2018/19

Emergency FY2017/18 Vs 2018/19

A&E Attendances FY2017/18 Vs 2018/19

UHL Bed Occupancy

Average Occupied Beddays more FY 2017/18 Vs 2018/19

Average Number of Adult Patients with a length of stay of 7 nights or more FY 2017/18 Vs 2018/19

Emergency Average Occupied Beddays more FY 2017/18 Vs 2018/19

Elective Inpatient Average Occupied Beddays more FY2017/18 Vs 2018/19

- **GP referrals (Excludes Physio referrals)** in January was lower in comparison to the same period last year. YTD referrals is 6.8% lower than the same period last year.
- **Outpatients** - Dermatology, Thoracic Medicine, Gastroenterology, Haematology and Medical Oncology significantly higher than plan.
- **Daycase** - Growth in Clinical Oncology, Gastroenterology and BMT against plan. Ophthalmology, Orthopaedic Surgery and Urology Significantly lower than plan.
- **Elective Inpatient** - Urology, Orthopaedic Surgery, General Surgery, HPB and Haematology lower than plan.
- **Emergency Admissions** - Activity in ENT, Cardiology, General Surgery and Geriatric Medicine are higher than the plan.
- **Midnight G&A bed occupancy** was higher in comparison to the same period last year.
- **The number of patients staying in beds 7 nights or more** in January has reduced significantly compared to the same period last year.
- A reduction in **Emergency occupied bed days** compared to same period last year.
- **YTD Bed occupied** is slightly higher compared to the same period last year.