

Quality & Performance Report

Author: John Adler Sponsor: Chief Executive Date: PPC + QOC 25th October 2018

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, PPC 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 April 2017 to March 2018) has reduced to 95 and is within the threshold, but now very close to “below expected”, for the first time. **Diagnostic 6 week wait** – standard achieved following 6 months of non-compliance. **52+ weeks wait** – has been compliant for 3 consecutive months. **Cancer 31 day** was 98% in August. **Delayed transfers of care** - remain within the tolerance. However, there are a range of other delays that do not appear in the count. **MRSA** – 0 cases reported this month. **C DIFF** – was within threshold this month. **Pressure Ulcers** - 0 **Grade 4** reported during September. **Grade 3** is within the trajectory for the month. **CAS alerts** – we remain compliant. **Inpatient and Day Case Patient Satisfaction (FFT)** achieved the Quality Commitment of 97%. **Fractured NOF** – was 77.2% in September. **Cancelled operations** – performance was 0.8% in September a significant improvement. **Annual Appraisal** is at 92.2% (rising trend).

Bad News: UHL ED 4 hour performance – was 79.5% for September, system performance (including LLR UCCs) was 84.7%. Further detail is in the COO's report. **Grade 2 Pressure Ulcers** – 10 reported in September. **Cancer Two Week Wait** was not achieved in August. The standard was achieved for 24 consecutive months. **Cancer 62 day treatment** was not achieved in August – further detail of recovery actions in is the Q&P report. **Referral to Treatment** – our performance was below NHSI trajectory but the overall waiting list size (which is the key performance measure for 18/19) is only 1.3% off plan. **Patients rebooked within 28 days** – continues to be non-compliant. **Moderate harms and above** – August (reported 1 month in arrears) was above threshold. **Ambulance Handover 60+ minutes (CAD+)** – performance at 1%. **TIA (high risk patients)** – 28.7% reported in September. **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: 29th November 2018

Caring at its best

University Hospitals of Leicester **NHS**
NHS Trust

Quality and Performance Report

September 2018



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: 25th OCTOBER 2018

REPORT BY: ANDREW FURLONG, MEDICAL DIRECTOR
REBECCA BROWN, CHIEF OPERATING OFFICER
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DARRYN KERR, DIRECTOR OF ESTATES AND FACILITIES

SUBJECT: SEPTEMBER 2018 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

Board Director amended from Eleanor Meldrum to Carolyn Fox for Indicators across the Safe, Caring and Well Led Domains.

Summary Scorecard – YTD

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

SAFE	CARING	WELL LED	EFFECTIVE	RESPONSIVE
Moderate Harm	FFT Inpatients & Daycase	Turnover Rate	Mortality (SHMI)	ED 4hr Wait UHL
Never Event	FFT A&E	Sickness Absence	Crude Mortality	ED 4hr Wait UHL+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

SUCCESSSES:

- FFT Inpatient/DC **97%**
- Crude Mortality **2%**
- DTOC **1.4%**
- Stroke 90% Stay **83.9%**
- RTT 52 Weeks Wait **0**
- Diagnostic Waits **0.8%**

ISSUES:

- MRSA Avoidable **1**
- Single Sex Accommodation Breaches **32**
- ED 4hr Wait UHL **79.8%**
- Cancer 62 Day **75.8%**

One team shared values



Summary Scorecard – September 2018

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

SAFE	CARING	WELL LED	EFFECTIVE	RESPONSIVE
Moderate Harm	FFT Inpatients & Daycase	Turnover Rate	Mortality (SHMI)	ED 4hr Wait UHL
Never Event	FFT A&E	Sickness Absence	Crude Mortality	ED 4hr Wait UHL+LLR UCC
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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

Key changes in indicators in the period:

SUCCESSSES: (Red to Green)

- CDIFF
- Single Sex Breaches
- Diagnostic Waits
- Cancelled Ops
- Cancer 31 Day

Significant Improvement:

- Annual Appraisal

ISSUES: (Green/Amber to Red)

- HAPU Grade 2
- Maternal Deaths
- A&E FFT Coverage
- Stroke – 90% Stay

One team shared values



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

4
Never Events
YTD

21
Serious Incidents YTD
(Number escalated each month)

114
Moderate Harm and above YTD
(PSIs with finally approved status)

1
Avoidable MRSA YTD

34
CDIFF Cases YTD

SUCCESSSES

- 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 September.
- 0 MRSA reported in September.
- CDIFF within threshold this month.
- 0 Never events reported in September.

ISSUES

- Moderate harms and above – 18 cases reported in August.
- The ED data themes (no compliance) are no longer being reviewed due to capacity. This accounts for the majority of the downward trend we are seeing as a lot in the past have been de-escalated as non-RFS and taken out of the analysis.

ACTIONS

- Escalation through CMG infection prevention meeting.
- Targeted education and training.
- Urgent reviews of risk register entry for the ITU environment at LRI.

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

89%
YTD

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

82%
YTD

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

Friends and Family Test YTD % Positive



Inpatients FFT **96%** ↔

Day Case FFT **98%** ↔

A&E FFT **95%** ↔

Maternity FFT **94%** ↔

Outpatients FFT **95%** ↔

Staff FFT Quarter 1 2018/19 (Pulse Check)



70.5% of staff
would recommend UHL
as a place to receive
treatment

SUCCESSSES

- Friends and family test (FFT) for Inpatient and Daycase care combined was 97% for September.
- Single Sex Accommodation Breaches – 0 reported in September.

ISSUES

ACTIONS

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

Single Sex Accommodation Breaches

32
YTD ↑

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

Friends and Family FFT YTD % Coverage



Inpatients FFT **30.0%** ↑

Day Case FFT **24.2%** ↑

A&E FFT **9.0%** ↓

Maternity FFT **38.3%** ↑

Outpatients FFT **5.6%** ↔

Staff FFT Quarter 1 2018/19 (Pulse Check)



60.3% of staff would recommend UHL as a place to work

% Staff with Annual Appraisals

92.2% YTD ↑

Statutory & Mandatory Training

88% YTD ↔

BME % - Leadership

29%

Qtr2
8A including
medical
consultants

15%

Qtr2
8A excluding
medical
consultants

SUCCESSES

- Corporate Induction attendance for September was 96%.
- Significant improvement in appraisals at 92.2% (this excludes facilities staff that were transferred over from Interserve).

ISSUES

- Low response rate for Staff FFT survey.
- A&E FFT coverage was 6.9%
- 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.

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

Mortality – Published SHMI



Stroke TIA Clinic within 24hrs



80% of Patients Spending 90% Stay on Stoke Unit



Emergency Crude Mortality Rate



30 Days Emergency Readmissions



NoFs Operated on 0-35hrs



SUCCESSSES

- Latest UHL's SHMI is 95. 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 September was 1.9%.
- Fractured NoF for September was 77.2%.

ISSUES

- 30 Days Emergency Readmissions for August was 9%.
- Stroke TIA Clinic within 24 Hours for September was 28.7%.
- 90% of Stay on a Stroke Unit for August was 79.8% - a very difficult month due to the CRO-outbreak severely limiting the stroke unit's ability to house confirmed acute stroke patients.

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.

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 Sep ↓

6 week Diagnostic Wait times



Cancelled Operations UHL



RTT 52 week wait incompletes

0

As at Sep ↔

ED 4Hr Waits UHL

79.8%

YTD ↑

A&E

ED 4Hr Waits UHL+LLR UCC

85.4%

YTD ↑

Ambulance Handovers

2% > 60mins ↑

6% 30-60mins ↑

YTD

SUCCESSSES

- 0 Trolley breaches for September.
- DTOC was 1.4% for September.
- 0 patient waiting over 52+ weeks (last September the number was 1).
- Diagnostic 6 week wait standard achieved this month.
- Significant improvement in cancelled operations – performance was 0.8% this month.

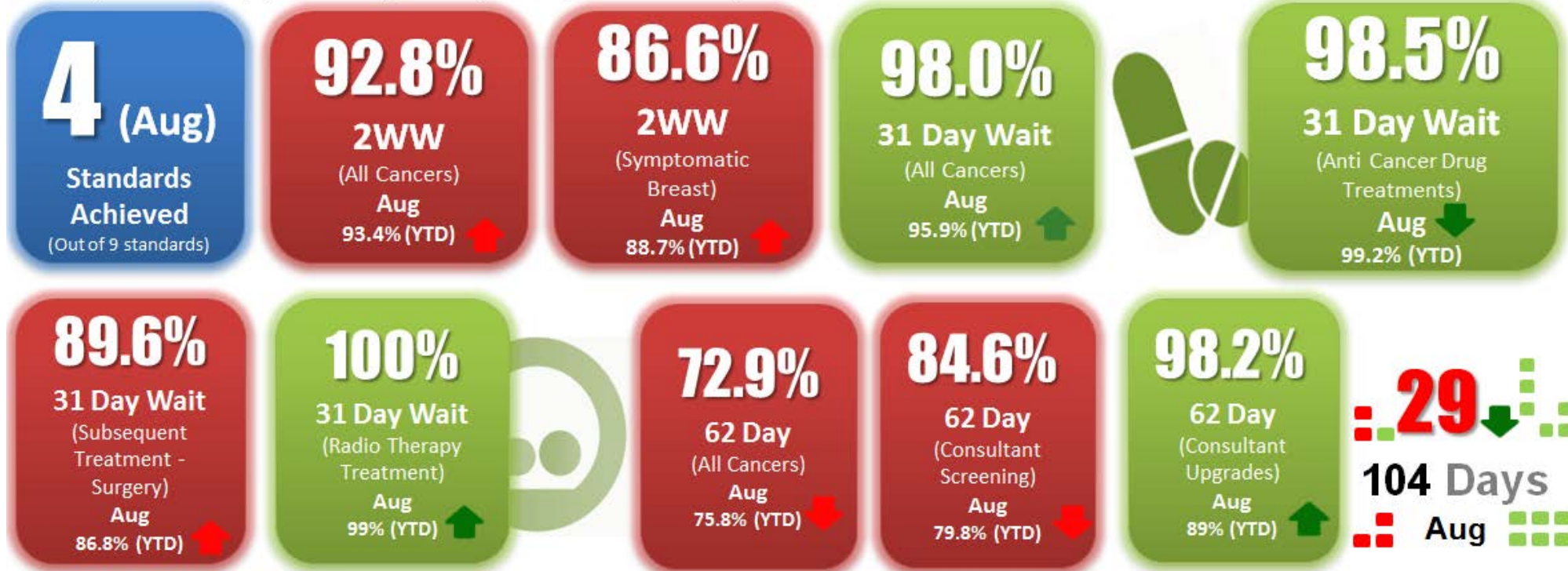
ISSUES

- ED 4Hr Waits UHL – September performance was 79.5%. LLR performance was 84.7% against a trajectory of 90%.

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

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



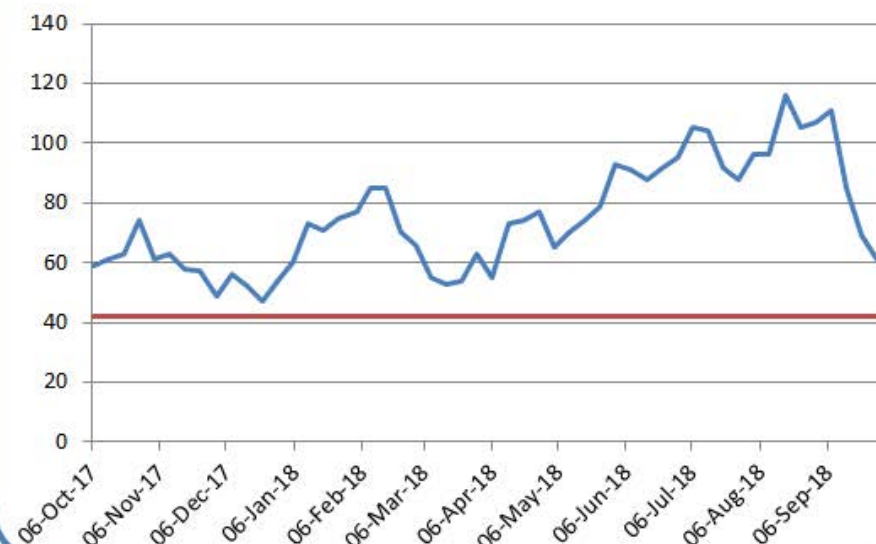
Highlights

- Out of the 9 standards, UHL achieved 4 in August – 31 Day Drugs, 31 Day Anti Cancer Drug, 31 Day Radiotherapy and the internal standard against Consultant Upgrades.
- 62 Day performance further deteriorated in August at 72.9% but aligned with the 62 Day recovery trajectory of 75.21%. Of the 15 tumour groups, only 3 delivered the standard (Breast, Skin & Testicular).
- The backlog has reduced by 51% since the last reporting submission and is in line with the recovery action plan for December 62 day achievement.
- 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.

62 Days Performance



62 Days Adjusted Backlog



62 Days (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers

Breast



85.4%
Aug ↓

Gynae



58.3%
Aug ↑

Haematological



64.3%
Aug ↑

Head & Neck



37.5%
Aug ↑

Lower GI



58.8%
Aug ↑

Lung



60.7%
Aug ↑

Skin



97.6%
Aug ↓

Upper GI



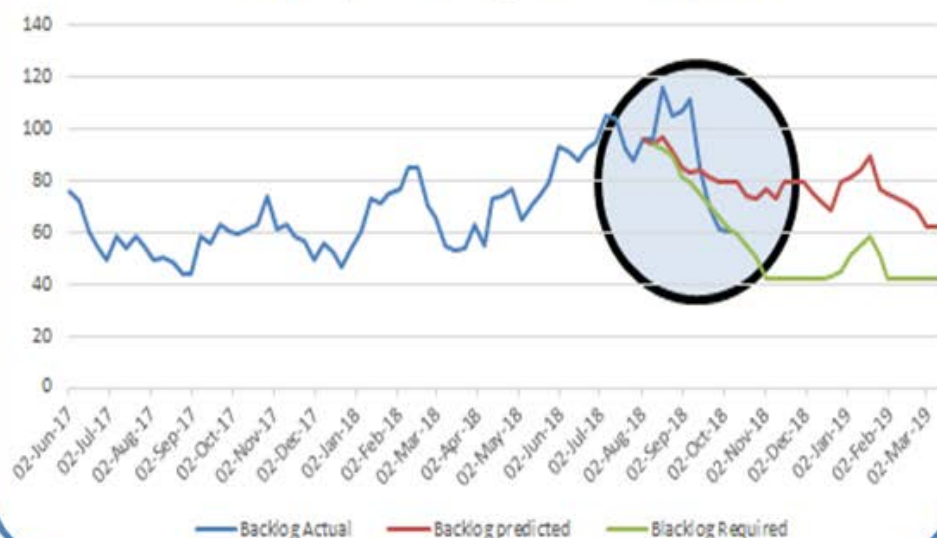
76.9%
Aug ↑

Urological

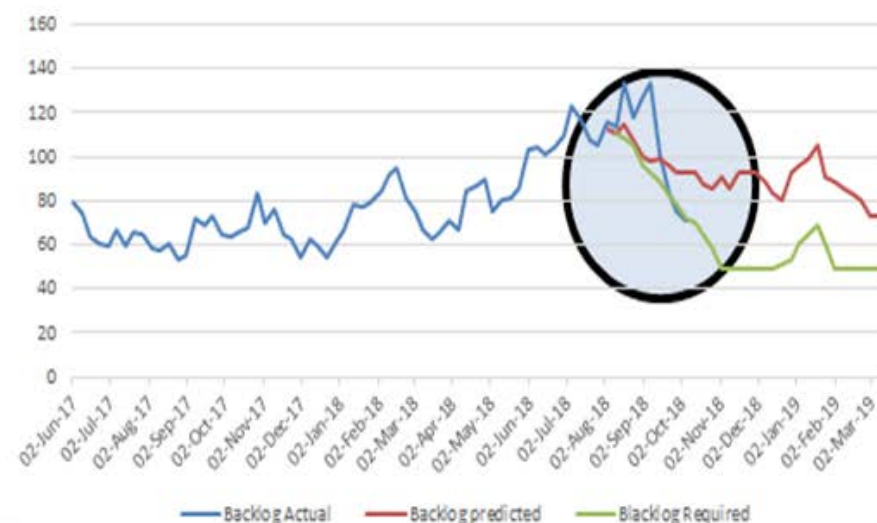


64.7%
Aug ↑

62 Day Adjusted Backlog run rate & Required



62 Day Unadjusted Backlog run rate & Required



Highlights

- August performance was predicted to deteriorate in line with the recovery trajectory, target being 75.21%, actual position 72.9%.
- September continues to look positive in terms of achieving the recovery trajectory target of 65.7% with the current (unvalidated) position being 66.9% putting the Trust in a favourable position in heading towards achievement of the December target date for 62 Day recovery.
- Both the adjusted and unadjusted backlog run rates reflect the impact of the new governance structure around Cancer, the weekly backlog challenge meetings with the Heads of Ops, revised taskforce meeting focussing on the Recovery Action Plan and the re-focus across all tumour sites to drive down every next step for every patients pathway.
- The system changes required to record the **28 Day Faster Diagnosis Standard**, which will be shadow reported from April 2019, have been implemented and recording against this new dataset will commence 1st October 2018. All tumour sites have been briefed with expectations set regarding the need for improved patient communication to ensure compliance. The Cancer Centre will work with the tumour sites over the next 3 months and the standard will form part of our internal weekly validation processes from January 2019. Q3 & 4 2018/19 will then provide the baseline position to monitor progress against.

October Focus

The focus for October is to continue to drive through utilising the new governance and reporting structure for 62 day patients to ensure delivery against the recovery trajectory. The RAP continues to be refined with Primary and Secondary care actions challenged and refreshed to ensure direct contribution towards improved performance whilst also aligning with quality objectives remaining patient focussed. External assessments for Urology (with the IST) and Gynae (external peer review from Sheffield) throughout September and October will support further opportunities for improved pathways and performance – updates against which will be submitted in next months report.

Key risks to delivery continue to be:-

- Resources – both staffing and theatre capacity to support clearance of the remaining backlog
- Robust forward planning around peak annual leave periods, eg Half Term and Christmas
- Emergency pressures diverting the focus for the senior management teams away from the 62 Day detail

Transformation Funding

The outcome of the additional funding bids against the 1.5 million Alliance-Wide project funds has yet to be received, however progress is being made across the other UHL owned pathways.

Lung – the funding for the Leicester Optimal Lung Cancer Pathway (LOLCP) has been confirmed for Q1/Q2 with the first project meeting held 9th October 2018 with funding allocation for Q2/Q3 expected to now be 75% of the total rather than the expected 50%. The first highlight report for this project is expected in November 2018. We are awaiting confirmation of the funding plans for Year 2.

LWC & Prostate – Funding has been confirmed for Q1/Q2 and is currently with City CCG. LWC has an established project plan and actions are underway. Prostate has a functioning steering group and the project plan is expected at Taskforce in October.

The following details the backlog numbers by Tumour Site for week ending 5th October 2018. The Trend reflects performance against target on the previous week.

The backlog targets have now been re-evaluated based on the 25th percentile of backlogs from April 2017 to May 2018 and were signed off by the Heads of Operations at the Cancer Performance Taskforce on the 7th June 2018

The forecast position is the early prediction for week ending 12th October 2018

Note:- these numbers are subject to validation and review throughout the week via the clinical PTL reviews and Cancer Action Board.

<u>Tumour Site</u>	<u>Actual</u>	<u>Forecast</u>	<u>Trend</u>	<u>Target</u>
Haematology	1	2		0
HPB	1	2		2
Lower GI	8	10		6
Testicular	1	1		0
Upper GI	1	1		2
Urology	23	17		12
Skin	1	1		1
Breast	5	5		2
Sarcoma	0	2		0
Lung	6	8		6
Gynae	8	6		8
Paeds	1	1		0
Other (eg CUP, Brain)	0	0		0



On a monthly basis, all 62 Day 2WW breaches are reviewed by the tumour sites and analysed with the Cancer Centre, mapping out all pathway delays in accordance with Next Steps.

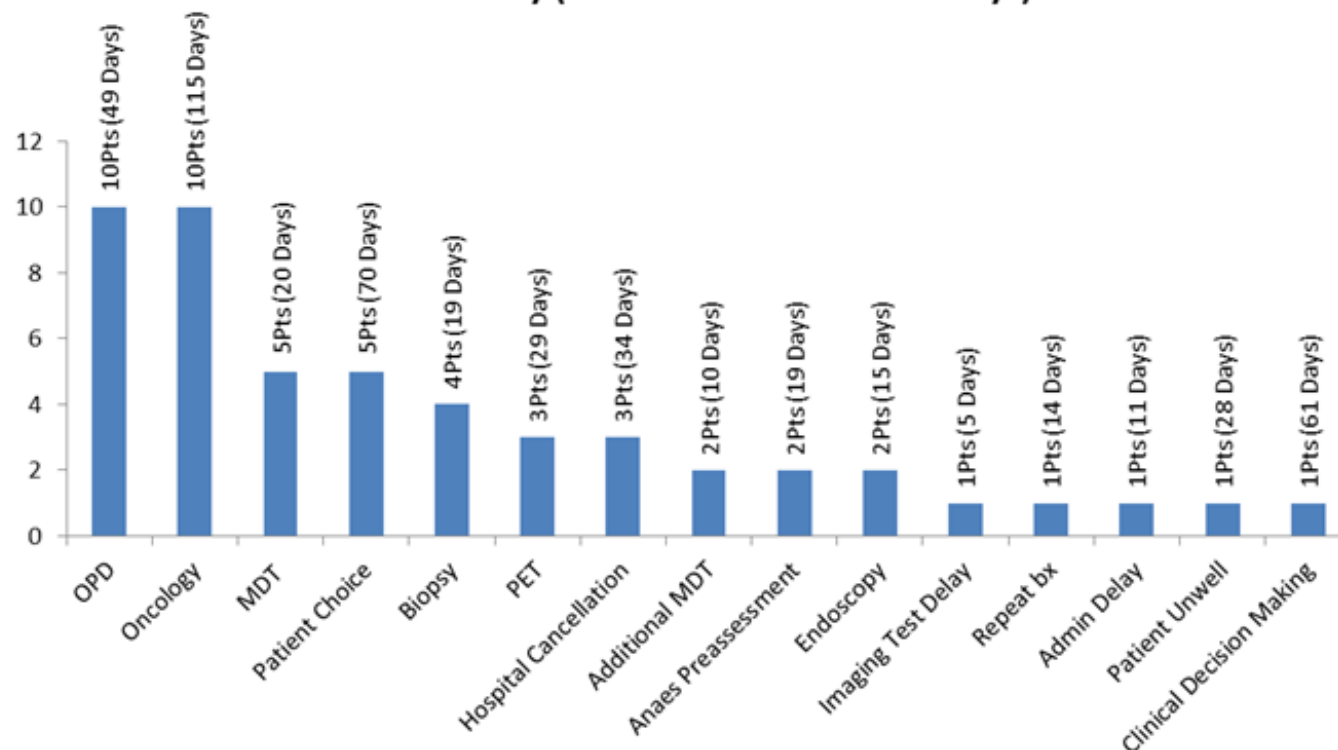
The following summarises the August breach review analysis by category of delay for all reported breaches in the month.

This report is circulated to all tumour sites to use in assessing their service RAP actions to ensure recurrent themes are being addressed in order to improve 62 day performance.

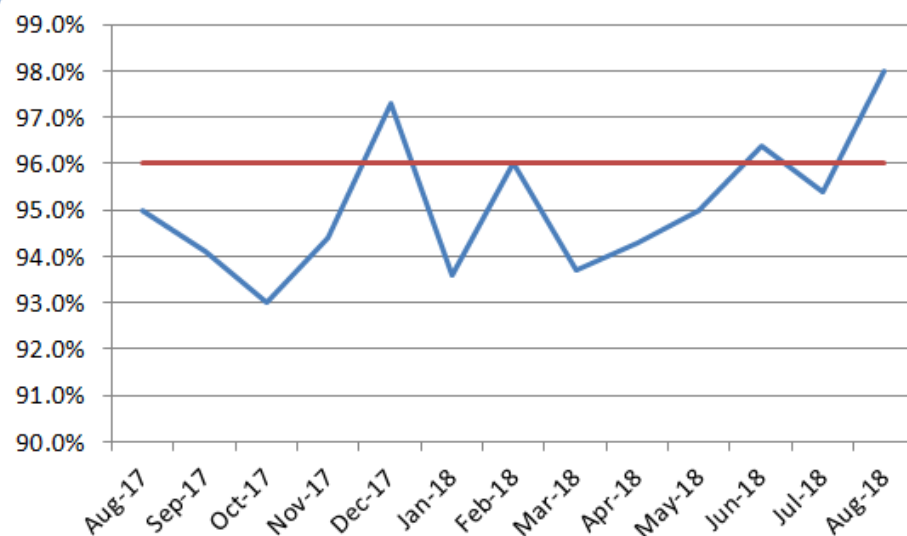
Below is a summary of the main reasons for Delay based on the number of patient: -

- **OPD** – 10 patients delayed by a total of 49 days.
- **Oncology** – 10 patients delayed by a total of 115 days.
- **MDT** – 5 patients delayed by a total of 20 days.
- **Patient Choice** – 5 patients delayed by a total of 70 days.
- **Biopsy** – 4 patients delayed by a total of 19 days.
- **PET** – 3 patients delayed by a total of 29 days.
- **Hospital Cancellation** – 3 patients delayed by a total of 34 days.
- **Additional MDT** – 2 patients delayed by a total of 10 days.
- **Anaes Preassessment** – 2 patients delayed by a total of 19 days.
- **Endoscopy** – 2 patients delayed by a total of 15 days.
- **Imaging Test Delay** – 1 patient delayed by a total of 5 days.
- **Repeat bx** – 1 patient delayed by a total of 14 days.
- **Admin Delay** – 1 patient delayed by a total of 11 days.
- **Patient Unwell** – 1 patient delayed by a total of 28 days.
- **Clinical Decision Making** – 1 patient delayed by a total of 61 days.

Reasons for Delay (Cummulative number of days)



31 Day First Treatment – Backlog & Performance

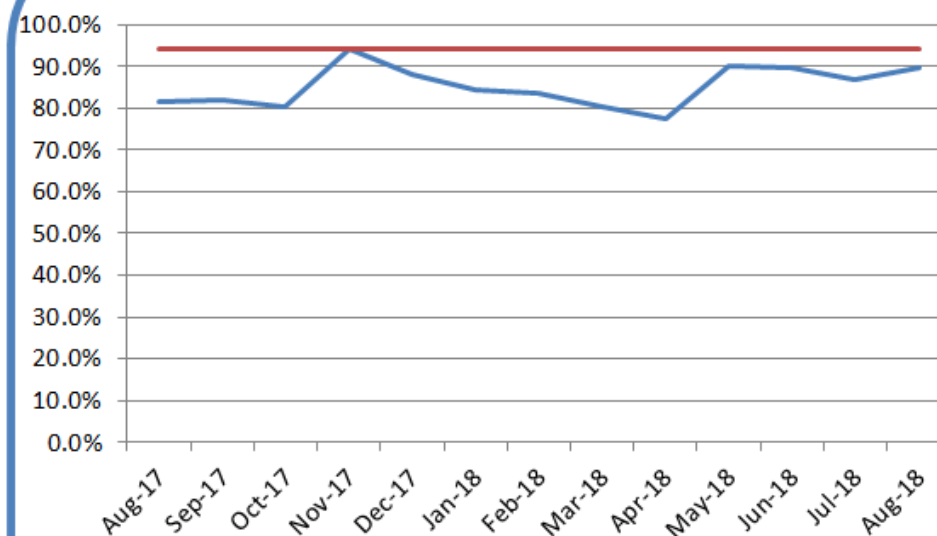


August performance was above the national target at 98%, 2% above the national target. All tumour sites achieved the standard with the exception of Urology at 94.4%.

The backlog at the time of reporting remains high at 28 with 67% of this sitting in Urology primarily as a result of theatre capacity and demand. Patient choice delays in Skin and Gynae account for the remainder of the backlog.

At the time of reporting, the forecasted position for September is 93% against the recovery trajectory of 89%.

31 Day Subsequent Performance - Surgery



31 day Subsequent performance for Surgery in August under performed at 89.6%, 8.6% above the recovery trajectory. Gynae, Lower GI and Urology were the only tumour sites to fail the standard in month.

The backlog at the time of reporting sits at 20, with patient choice and theatre capacity continuing to impact on the ability to treat patients within target. This backlog is spread across 3 tumour sites, with 17 patients in Urology as they manage the competing demands across all standards for theatre capacity.

At the time of reporting, the forecasted position for September is 83% against a recovery trajectory of 81%.

Summary of the plan

- The recovery action plan (RAP) has been updated and we are awaiting additional actions from primary care to support improvement.
- IST commenced the review Urology plans and governance 03/08/18, 4 primary recommendations have been made and work commenced w/c 20/8/18. Follow up on progress made will be reported next month.
- Director of Operational Improvement leading on Cancer Taskforce and recovery from August 2018.
- Revised and improved RAP actions supporting grip and control against cancer performance and patient experience expected by end August 2018
- All backlog patients were reviewed on 24.8.18 with COO and weekly meetings with Heads of Ops and DOI are in place to ensure actions are progressed to remove and avoid further patients being added
- Targeted pathway review for Lower GI to remove multiple MDT discussions resulting in pathway delays being led by the Cancer Centre Clinical Lead and Clinical Director for CHUGGS.
- Working in partnership with the CCG GP Cancer Leads to improve patient engagement in cancer pathways.
- Working in partnership with the Cancer Alliance to progress the RAPID Prostate and Optimal Lung Cancer pathways. Funding has been confirmed, awaiting transfer to UHL from CCG with project plans to be governed through Cancer Performance Taskforce.

Summary of high risks

The following remain the high risk issues affecting the delivery of the cancer standards and have been categorised as agreed by the joint working group.

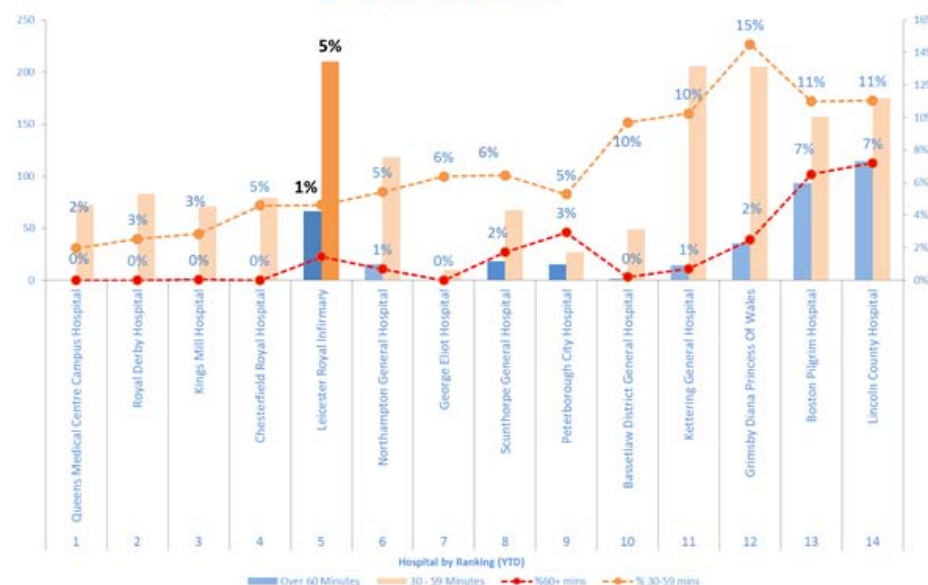
	Issue	Action being taken	Category
1	Next steps not consistently implemented in all areas. Resulting in unnecessary delay for patients.	Additional central funding for next steps programme secured – the risk being these posts expire end October 2018. Phased handover for BAU within services continues along with wider Trust promotion for Next Steps.	Internal factors impacting on delivery
2	Continued increase in demand for screening and urgent cancer services. Additional 31 day and 62 day treatments compared to prior years.	Cancer 2020 group delivering alternative pathways (e.g. FIT testing). Annual planning cycle to review all elements of cancer pathway. Further central funding requested for increased BI support.	Internal and External factors impacting on delivery
3	Access to constrained resources within UHL	Resources continued to be prioritised for Cancer but this involves significant re-work to cancel routine patients. Capital for equipment is severely limited so is currently directed to safety concerns. Further central support has been requested. Staffing plans for theatres are requested on the RAP. Organisations of care programmes focused on Theatres and Beds. WLI activity for theatres may be reduced due to changes in payments for AFC staff as they are brought back in line with AFC Rules	External factors impacting on delivery
4	Access to Oncology and Specialist workforce.	Oncology recruitment in line with business case. Oncology WLI being sought. H&N staff being identified prior to qualifying. Theatre staff continue to be insufficient to meet the need.	Internal factors impacting on delivery
7	Patients arriving after day 40 on complex pathways from other providers	Weekly feedback to tertiary providers. Specialty level feedback. New process to be introduced to include writing to the COO for each late tertiary.	External factors impacting on delivery

Ambulance Handover – September 2018

EMAS Ambulance Handover - LRI vs other hospitals September 2018

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	5342	69%	3668	72	0	0	0	2%	0%	2%	0:26:16	309:06:32
2 Royal Derby Hospital	4325	76%	3275	83	0	0	0	3%	0%	3%	0:28:26	361:13:33
3 Kings Mill Hospital	2825	88%	2486	71	1	1	0	3%	0%	3%	0:29:08	311:17:27
4 Chesterfield Royal Hospital	2164	80%	1722	79	0	0	0	5%	0%	5%	0:26:19	171:19:18
5 Leicester Royal Infirmary	5,440	83%	4,542	210	66	54	12	5%	1%	6%	0:25:16	550:49:28
6 Northampton General Hospital	2772	78%	2175	118	15	15	0	5%	1%	6%	0:26:54	249:10:29
7 George Eliot Hospital	244	64%	157	10	0	0	0	6%	0%	6%	0:27:44	19:06:12
8 Scunthorpe General Hospital	1422	73%	1039	67	18	18	0	6%	2%	8%	0:25:45	177:40:23
9 Peterborough City Hospital	920	56%	511	27	15	14	1	5%	3%	8%	0:24:58	78:37:20
10 Basethlaw District General Hospital	864	58%	505	49	1	1	0	10%	0%	10%	0:25:48	61:28:10
11 Kettering General Hospital	2487	81%	2009	206	14	13	1	10%	1%	11%	0:29:24	275:14:41
12 Grimsby Diana Princess Of Wales	1690	84%	1413	205	35	34	1	15%	2%	17%	0:30:57	282:41:26
13 Boston Pilgrim Hospital	1884	76%	1427	157	93	76	17	11%	7%	18%	0:35:57	326:16:02
14 Lincoln County Hospital	2414	66%	1583	175	114	97	17	11%	7%	18%	0:33:23	380:47:12
EMAS	37,553	71%	26,750	1,588	381	331	50	6%	1%	7%	0:28:09	3610:43:33

EMAS Ambulance Handover



Highlights

- CAD+ data used in performance analysis (83% coverage of all arrivals at LRI).
- LRI had highest number of arrivals (via CAD+) in September.
- LRI average handover time was within the Lower Quartile range an improvement of 4 minutes from last month.
- Hours lost in September due to handover delays longer than 30 minutes **reduced by 25%** from last month.
- The equivalent of **46** ambulance shifts (12 hours) lost.

Lowest Turnaround Time (Avg.)

25
Mins

Median Turnaround Time (Avg.)

27
Mins

LRI Turnaround Time (Avg.)

25
Mins

LRI Total Time over 30mins

550
Hours

LRI Delay >30mins – Number Ambulance Shifts

46
Shifts

Ambulance Handover 30-59 mins

5%

Ambulance Handover >60Mins

1%

UHL

Alliance

Combined

M6: WL Size

65,576

-843 under target

RTT: 84.3%

RTT: 91.0%

RTT: 85.2%

Current Position:

UHL achieved September's waiting list size trajectory, with 843 fewer patients on the waiting list size than planned. The position was supported by a higher number of admitted clock stops than typically seen in September along with a reduction in overall referrals received year on year.

The combined performance for UHL and the Alliance for RTT in August was 85.2%. Changes to GP referral patterns including higher number of 2WW transfers has resulted in changed waiting list profile. Whilst referrals patterns remain the RTT % 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 October 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
- Reduced transfers of patients to the Independent Sector

Current Position:

UHL achieved Month 6's waiting list trajectory size. This continues on the progress made last month with September's waiting list size now over 1,500 less than at its peak in July. UHL continue to forecast delivery of 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 September is 85.2%.

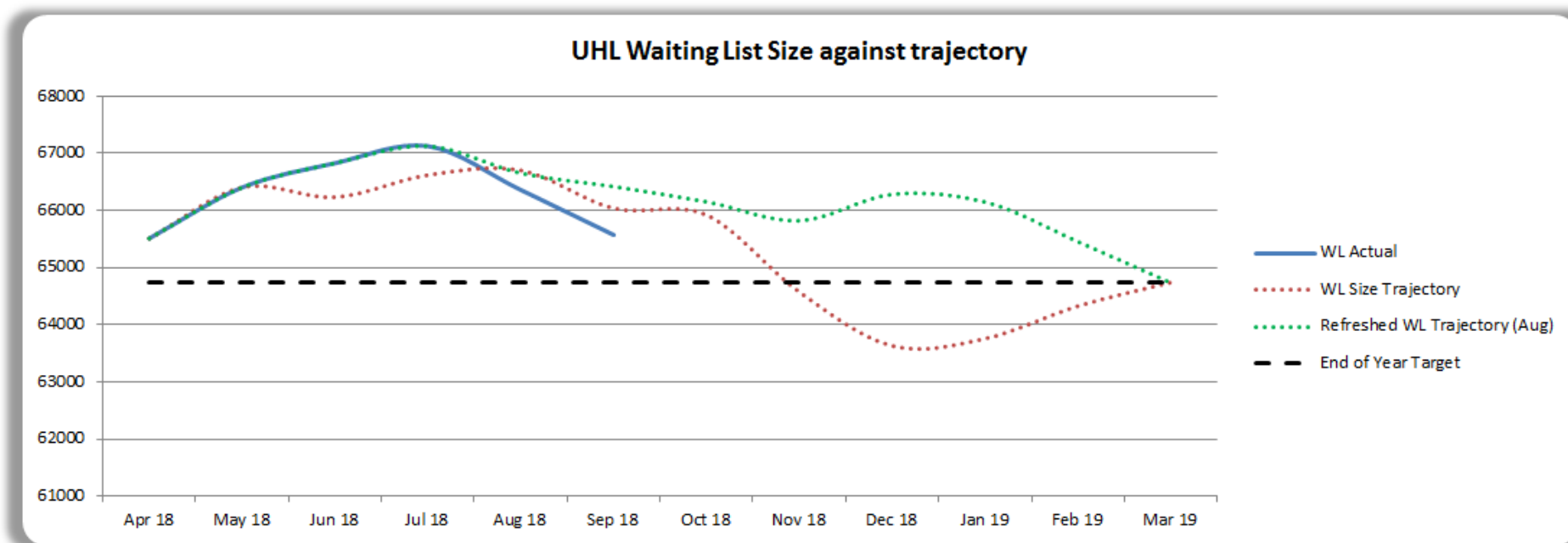
Key Drivers:

- An increased number of admitted clock stops in September
- In month slow down in the referral rate
- Continued validation of the waiting list

Key Actions

- Review of the specialties attending the Weekly Access Meeting
- Agreement with commissioners IPT patients at the point of referral
- Commissioners to explore directing GPs to use eRS to refer straight to the Independent Sector
- Reinvigorated theatre productivity program led by the COO with external validation by Four Eyes

UHL is forecasting to remain below the trajectory waiting list size for October and RTT performance to improve to above 85.7%.



The overall combined UHL and Alliance WL size reduced by 664 since the end of September.

The 10 largest waiting list size reductions and increases are highlighted in the table opposite.

Large reductions were seen in Gastroenterology, Spinal Surgery and Paediatric ENT.

The largest overall waiting list size increases were within Maxillofacial Surgery, Paediatric Maxillofacial Surgery and Allergy.

4 out of the 7 UHL CMG's achieved a reduction in their waiting list size, contributing to achieving the month 6 trajectory.

The Alliance management team are submitting a paper to the Alliance Board that will see them achieve the planning guidance and reduce their waiting list size by the end of the financial year.

10 Largest Waiting List Size Reductions in month

- Gastroenterology -265
- Spinal Surgery -145
- Paediatric ENT -144
- ENT -129
- Thoracic Medicine -102
- Sleep -87
- Paediatric Ophthalmology -84
- Colorectal Surgery -50
- Paediatric Surgery -40
- Paediatric Cardiology -39

10 Largest Waiting List Size Increases in month

- Maxillofacial Surgery 35
- Paed Maxillo-Facial Surgery 36
- Allergy 37
- Cardiology 40
- Neurology 41
- Paediatric Gastroenterology 42
- Nephrology 42
- Paediatric Urology 45
- Pain Management 77
- General Surgery 84

CMG	Waiting List Size Change Since March 2018	Waiting List Size Change since August	RTT %
CHUGGS	-1065	-367	82.8%
CSI	42	-7	92.8%
ESM	657	47	94.4%
ITAPS	496	-11	90.0%
MSS	-567	-393	79.1%
RRCV	381	29	86.8%
W&C	125	42	90.0%
Alliance	753	-5	91.0%
UHL	70	-659	84.4%
UHL & Alliance	723	-664	85.2%

52 Week Breaches

Zero

0
Change

Current Position:

At the end September there were zero patients with an incomplete pathway at more than 52 weeks. There were 3 in month 52 week breaches.

Key Drivers:

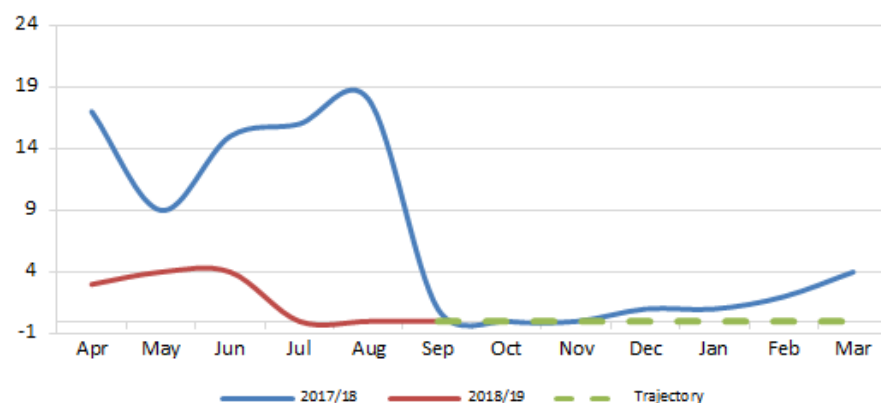
- Despite the increased number of long waiting patients, UHL's current 52 week breach performance is significantly better than 2017's, with fewer 52 week breaches year to date.

Key Actions

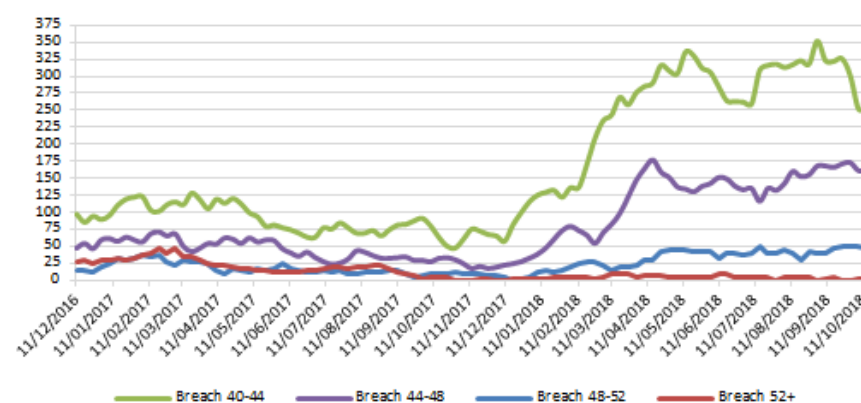
- A daily escalation of the patients at risk is followed including Service Managers, General Managers, Head and Deputy Head of Operations. The Director of Performance and Information is personally involved daily for any patients who are at risk of breaching 52 weeks. A daily TCI list for any long waiting 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 October, with all patients having next steps in place to treat before the end of the month. 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



Patients over 40 weeks



Diagnostics: Executive Performance Board



Current Position:

UHL has achieved the DM01 standard for September with performance of 99.2% . The standard was achieved by 0.2% and improved on August's Performance by 1.2% and 186 fewer breaches.

Key Drivers:

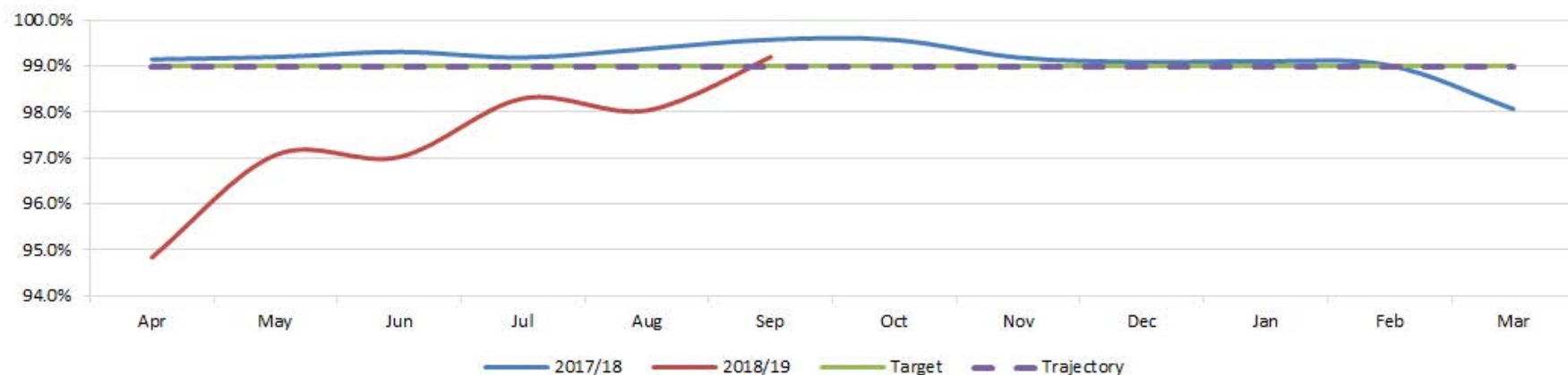
- Conversion of elective capacity for radiology to non elective due to continuing bed pressures and increased 2WW referrals
- Reduced available capacity for endoscopy at local hospitals within the Alliance as well as increases in 2WW referrals resulting in increased demand

Key Actions:

- From the start of September, Endoscopy has insourced capacity via Medinet
- Increased CT capacity and take up of wait list initiatives
- All specialties have been set a maximum breach target and with their performance monitored daily.

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

UHL and Alliance Diagnostic Performance Last 12 Months



Current Position:

For September there were 79 non clinical hospital cancellations for UHL and Alliance combined. This is fewest number of cancellations since August 2015. Overall 0.7% of elective FCE's were cancelled on the day for non-clinical reasons (79 UHL 0.79% and 0 Alliance 0.0%). 17 patients did not receive their operation within 28 days of a non-clinical cancellation, 17 from UHL and 0 from the Alliance.

Key Drivers:

- Capacity constraints resulted in 31 cancellations (39%) of hospital non clinical cancellations. Of this 5 were within Paediatrics.
- 26 cancellations due to lack of theatre time / list overrun. Contextual information indicates other patients on the theatre list becoming more complex and late starts due to awaiting beds are causal factors.
- September resulted in fewest number of 28 day breaches for 11 months. Increased scrutiny at the Weekly Access Monitoring has supported the performance.

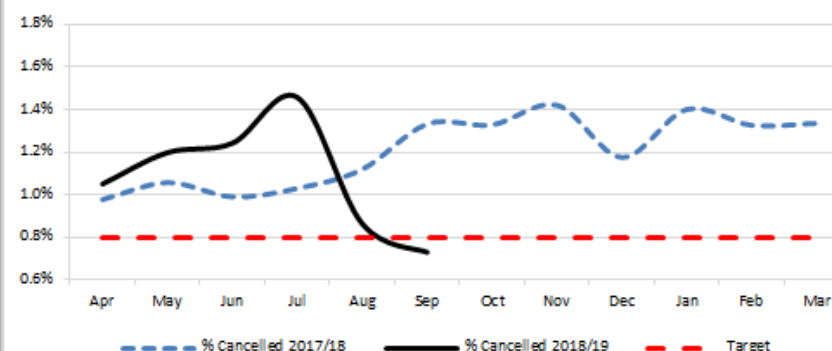
Key Actions:

- 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.
- 28 Day Performance monitored at the Weekly Access Meeting

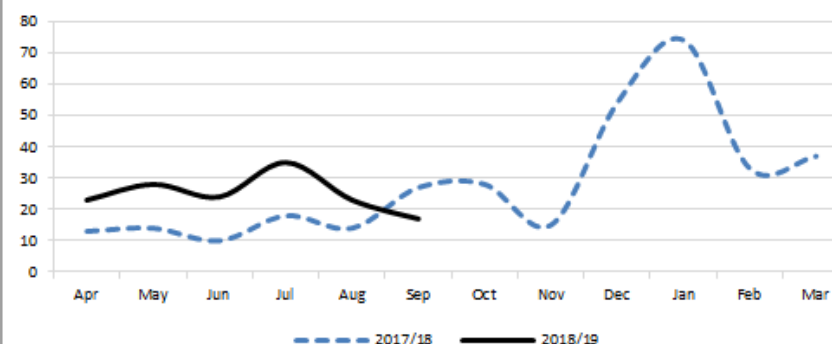
It is forecasted achieving 0.8% cancellations in October remains a risk due to continuing emergency demand.



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



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



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

0.3%_(A)

Qtr1 18/19 ↑



Reduction in hospital cancellations (ENT)

24%

YTD ↑

Outpatients FFT

95%

YTD ↓

GP Referrals via ERS



92.9%

YTD ↑

93.5%

Advice & Guidance
Qtr1 18/19 ↓



Reduction of long term FU

1649

As at Sep 18 ↓

Patients seen within 15 mins

59%

YTD ↔

Coverage
17%

YTD ↓

Patients seen within 30 mins

77%

YTD ↔

% Clinic summary letters sent within 7 days

89%

YTD ↓

% appointment letters printed via outsourced provider

89%

YTD ↑



SUCCESSSES

- 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 of 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

ASI Rate

24.9%

YTD ↑

Room Utilisation

75%

YTD ↑

APPENDICES

One team shared values



APPENDIX A: Exception Summary Report

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
Stroke - 90% of Stay on a Stroke Unit	18/19 Target – 80% Performance for August was 79.8% (compared to 89% in the same period last year). YTD performance is 83.9% compared to 95.8% same period last year.	Trend 	Key Messages - What is driving underperformance? August was a very difficult month due to the CRO-outbreak severely limiting the stroke unit's ability to house confirmed acute stroke patients. Another influencing factor was that all in-patients receiving a confirmed diagnosis of acute stroke require admission to the stroke unit (even if they are deemed 'palliative' or have other complex needs). Exceptions are only those patients that are required to remain on CCU or ITU for clinical reasons (or are planned for discharge the same day).	Key Actions – What are we doing to improve performance? Lead Stroke Consultant to be contacted where a palliative patient is nicely settled in a side-room on a medical ward somewhere with all needs being met or where similar circumstances are encountered. This will enable the service to appropriately code/exception reporting.
	18/19 Target – 95% or above The UHL performance for August was 79.5% (compared to 84% in the same period last year) and LLR performance was 84.7% against a trajectory of 90%.	Benchmark 	There were 1,006 (5%) more ED/Eye Casualty attendances during September 18 compared to September 17, partially due to the change in the Children's pathway.	Close working with DHU to identify where further improvements can be made. This includes: <ol style="list-style-type: none"> 1. Increased HCA recruitment 2. Robust escalation processes 3. A further PDSA of a new model for walk in assessment 4. Contractual / Operational

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
			<p>plan include Cardiology, General Surgery and Urology. These are offset with a reduction in Paediatric admissions due the change in the Children's pathway.</p> <p>Stranded and DTOCs remain low against national benchmark. The CRO outbreak continues to impact on Flow and ED performance and has put additional strain on nurse and medical staffing.</p>	<p>meeting planned for October led by CEO to address ongoing concerns</p>
Ambulance Handover >60 Mins (CAD+ from June 15) – is a measure of the percentage of handover delays over 60 minutes	<p>18/19 Target – 0%</p> <p>August performance for handover was 1% compared to 0.2% in the same period last year.</p> <p>Our YTD performance remains significantly better in comparison to same period last year.</p>	<p>Trend</p>	<p>September is showing a 25% reduction in hours lost in comparison to August.</p> <p>CAD+ coverage was 83% of all arrivals at LRI – the highest in the region.</p>	<ol style="list-style-type: none"> 1. Cohorting policy is amended so that it occurs if a patient is on the Ambulance in excess of 20 minutes. 2. ED and Flow team to undertake a series of overnight diagnostics of flow issues overnight to address poor night time performance. 3. Clerking of patients in ED when there is limited flow to enable straight to base ward when bed available. 4. COO meeting with EMAS to identify together any further actions that can be taken.

APPENDIX B: Safe Domain Dashboard

Safe		Caring		Well Led		Effective		Responsive		OP Transformation		Research													
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	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	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	22	16	17	20	20	12	33	22	33	16	25	18		114
	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	3	0	2	5	0	2	4	4	6	3	3	1	21
	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	14.5	14.7	15.0	18.9	15.7	16.9	17.5	16.7	16.1	16.7	17.8	17.1	16.5	16.8
	S4	SEPSIS - Patients with an Early Warning Score 3+ - % appropriate escalation	AF	SH	95%	UHL	TBC	Dec-17	New Indicator	88%	95%	95%	95%	95%	96%	98%	97%	98%	98%	98%	98%	98%	98%	98%	98%
	S5	SEPSIS - Patients with EWS 3+ - % who are screened for sepsis	AF	SH	95%	UHL	TBC	Dec-17	New Indicator	93%	95%	93%	95%	96%	96%	95%	94%	95%	96%	97%	95%	94%	94%	93%	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%	85%	86%	87%	84%	83%	82%	79%	95%	93%	88%	85%	85%		89%
	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%	80%	84%	79%	76%	82%	78%	83%	84%	83%	77%	80%	87%		82%
	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	0	0	0	0
	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	7	4	9	4	3	0	6	1	7	6	9	4	3	30
	S10	Never Events	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	May-17	2	4	8	0	1	0	1	0	0	2	1	1	2	0	0	0	4
	S11	Clostridium Difficile	CF	DJ	61	NHSI	Red if >monthly threshold / ER if Red or Non compliance with cumulative target	Nov-17	60	60	68	9	7	4	4	4	5	8	12	4	5	4	7	2	34
	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	1	0	0	0	0	2	0	0	0	0	1	0	0	1
	S14	MRSA Total	CF	DJ	0	UHL	Red if >0 ER if >0	Nov-17	0	3	4	1	0	0	0	0	2	0	0	0	0	1	0	0	1
	S15	E. Coli Bacteraemias - Community	CF	DJ	TBC	NHSI	TBC	Jun-18	New Indicator	476	454	38	42	38	35	43	29	32	38	54	43	35	34	43	247
	S16	E. Coli Bacteraemias - Acute	CF	DJ	TBC	NHSI	TBC	Jun-18	New Indicator	121	96	10	3	10	9	7	5	9	11	7	3	5	3	11	40
	S17	E. Coli Bacteraemias - Total	CF	DJ	TBC	NHSI	TBC	Jun-18	New Indicator	597	550	48	45	48	44	50	34	41	49	61	46	40	37	54	287
	S18	MSSA - Community	CF	DJ	TBC	NHSI	TBC	Nov-17	New Indicator	134	139	12	12	3	17	19	10	10	12	11	8	14	11	8	64
	S19	MSSA - Acute	CF	DJ	TBC	NHSI	TBC	Nov-17	New Indicator	30	43	1	1	3	4	4	4	4	5	4	2	1	2	1	15
	S20	MSSA - Total	CF	DJ	TBC	NHSI	TBC	Nov-17	New Indicator	164	182	13	13	6	21	23	14	14	17	15	10	15	12	9	79
	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%	98.0%	98.1%	97.8%	98.1%	97.8%	97.4%	97.4%	97.4%	97.3%	98.4%	98.2%	98.2%	97.9%	97.9%
	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%	95.7%	95.8%	96.1%	95.2%	94.9%	93.6%	94.0%	93.6%	95.5%	95.6%	95.1%	95.5%	95.5%	95.1%
	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	5.8	5.6	5.4	6.2	7.7	6.1	6.6	7.3	6.1	7.0	6.1	5.7		6.5
	S24	Avoidable Pressure Ulcers - Grade 4	CF	MC	0	QS	Red / ER if Non compliance with monthly target	Aug-17	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	S25	Avoidable Pressure Ulcers - Grade 3	CF	MC	<=3 a month (revised) with FY End <27	QS	Red / ER if Non compliance with monthly target	Aug-17	33	28	8	0	0	0	1	1	2	0	0	0	1	1	1	0	3
	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	8	3	1	7	5	7	4	7	4	7	7	1	10	36
	S27	Maternal Deaths (Direct within 42 days)	AF	IS	0	UHL	Red or ER if >0	Jan-17	0	2	2	0	0	1	0	0	0	1	1	0	0	0	0	1	2
	S28	Emergency C Sections (Coded as R18)	IS	EB	Not within Highest Decile	NHSI	Red / ER if Non compliance with monthly target	Jan-17	17.5%	16.8%	18.2%	17.7%	19.3%	16.1%	18.0%	19.1%	19.8%	17.4%	19.3%	19.9%	19.4%	16.8%	19.3%	15.7%	18.4%

APPENDIX C: Caring Domain Dashboard



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	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	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	1.8	1.2	1.2	1.5	1.4	1.6	1.5	1.6	1.3	1.6	1.7	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 2 cases)	0% (0 out of 3 cases)			0% (0 out of 3 cases)			0% (0 out of 4 cases)				0% (0 out of 5 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%	97%	97%	97%	97%	97%	98%	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%	97%	95%	96%	96%	96%	97%	96%	96%	96%	97%	97%	95%	96%	96%	96%
	C5	Daycase only Friends and Family Test - % positive	CF	HL	97%	UHL	Red if <95% ER if red for 3 consecutive months Revise threshold 17/18	Jun-17	98%	98%	98%	98%	99%	98%	99%	99%	98%	98%	99%	99%	98%	98%	98%	98%	98%	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%	96%	95%	95%	95%	97%	94%	94%	95%	96%	95%	95%	95%	95%	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%	95%	94%	95%	96%	96%	95%	95%	95%	95%	96%	95%	95%	95%	95%	95%
	C8	Maternity Friends and Family Test - % positive	CF	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	95%	95%	95%	93%	93%	95%	94%	95%	95%	96%	94%	94%	93%	94%	94%	94%	94%	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%		65.0%			69.3%			70.5%				AWAITING REPORT		70.5%	
	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	1	1	0	0	0	19	13	0	11	2	6	0	32	

APPENDIX D: Well Led Domain Dashboard



Well Led	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	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	18/19 YTD	
	W1	Published Inpatients and Daycase Friends and Family Test - Coverage (Adults and Children)	CF	HL	Not Applicable	N/A	Not Applicable	Jun-17	27.4%	30.2%	27.9%	29.4%	28.2%	27.7%	24.2%	25.0%	24.4%	23.8%	26.7%	28.6%	27.7%	27.8%	25.5%	26.9%	27.2%	
	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%	33.2%	32.4%	31.6%	25.4%	28.3%	28.4%	26.0%	30.6%	32.2%	30.1%	31.6%	26.8%	28.5%	30.0%	
	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%	25.3%	23.8%	23.9%	22.8%	21.5%	19.9%	21.3%	22.4%	24.6%	25.3%	23.6%	24.2%	25.2%	24.2%	
	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%	12.4%	9.7%	8.8%	8.1%	10.0%	7.5%	7.2%	7.1%	12.0%	9.9%	10.8%	7.2%	6.9%	9.0%	
	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%	6.6%	6.1%	6.0%	6.3%	3.9%	4.7%	5.7%	5.7%	5.7%	5.8%	5.5%	5.4%	5.4%	5.6%	
	W6	Maternity Friends and Family Test - Coverage	CF	HL	30%	UHL	Red if <26% ER if 2 mths Red	Jun-17	31.6%	38.0%	40.2%	38.8%	40.3%	46.0%	33.8%	36.7%	30.1%	38.9%	35.9%	41.9%	37.2%	38.5%	37.2%	39.1%	38.3%	
	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%	57.3%	57.0%			54.7%			60.3%			AWAITING REPORT			60.3%	
	W8	Nursing Vacancies	CF	MM	TBC	UHL	Separate report submitted to QAC	Dec-17	8.4%	9.2%	11.9%	9.7%	9.4%	11.1%	11.4%	14.4%	11.3%	11.9%	12.4%	14.0%	15.0%	14.6%	14.4%		14.1%	
	W9	Nursing Vacancies in ESM CMG	CF	MM	TBC	UHL	Separate report submitted to QAC	Dec-17	17.2%	15.4%	23.4%	22.4%	22.1%	23.8%	22.7%	29.0%	23.1%	23.4%	27.5%	29.5%	30.5%	29.0%	28.4%		29.0%	
	W10	Turnover Rate	HW	LG	TBC	NHSI	Red = 11% or above ER = Red for 3 Consecutive Mths	Nov-17	9.9%	9.3%	8.5%	8.5%	8.6%	8.5%	8.5%	8.4%	8.4%	8.5%	8.5%	8.6%	8.4%	8.4%	8.3%	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%	3.9%	4.0%	4.2%	4.7%	5.3%	5.3%	4.7%	3.6%	3.4%	3.5%	3.6%	3.9%		3.6%	
	W12	Temporary costs and overtime as a % of total payroll	HW	LG	TBC	NHSI	TBC	Nov-17	10.7%	10.6%	12.0%	11.0%	10.7%	11.5%	9.9%	12.2%	10.9%	13.0%	11.0%	12.2%	11.8%	11.3%	10.8%	10.8%	11.0%	
	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%	91.0%	90.9%	89.9%	90.4%	89.8%	88.8%	88.7%	89.3%	89.3%	89.8%	91.1%	91.6%	92.2%	92.2%	
	W14	Statutory and Mandatory Training	HW	BK	95%	UHL	TBC	Dec-16	93%	87%	88%	DATA UNAVAILABLE			81%	84%	85%	86%	88%	89%	89%	89%	90%	88%	88%	88%
	W15	% Corporate Induction attendance	HW	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	97%	96%	97%	94%	95%	97%	96%	96%	98%	98%	96%	96%	98%	98%	95%	96%	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%	27%			27%			28%			29%			29.0%	
	W17	BME % - Leadership (8A – Excluding Medical Consultants)	HW	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17	New Indicator	12%	14%	13%	13%			14%			14%			15%			15%	
	W18	Executive Team Turnover Rate - Executive Directors (rolling 12 months)	HW	AH	TBC	UHL	TBC	Nov-17	New Indicator	0%	40%	20%	20%	20%	20%	40%	40%	40%	75%	75%	50%	50%	50%	50%	50%	
	W19	Executive Team Turnover Rate - Non Executive Directors (rolling 12 months)	HW	AH	TBC	UHL	TBC	Nov-17	New Indicator	25%	13%	14%	14%	14%	14%	14%	13%	13%	13%	13%	13%	0%	0%	0%	0%	0%
	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%	93.3%	92.3%	93.3%	91.6%	93.1%	92.8%	94.2%	87.2%	88.6%	87.2%	80.1%	77.3%	78.1%	83.2%	
	W21	DAY Safety staffing fill rate - Average fill rate - care staff (%)	CF	MM	TBC	NHSI	TBC	Jul-18	92.0%	92.3%	101.1%	106.1%	109.6%	113.0%	110.4%	109.8%	104.5%	105.5%	99.9%	100.2%	98.2%	94.7%	94.6%	95.1%	97.1%	
	W22	NIGHT Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	CF	MM	TBC	NHSI	TBC	Jul-18	95.4%	96.4%	93.6%	93.2%	90.3%	91.1%	91.5%	92.4%	92.5%	93.0%	93.5%	95.7%	94.3%	88.0%	84.8%	86.6%	90.5%	
	W23	NIGHT Safety staffing fill rate - Average fill rate - care staff (%)	CF	MM	TBC	NHSI	TBC	Jul-18	98.9%	97.1%	111.0%	114.3%	119.9%	122.5%	117.7%	119.4%	119.4%	120.5%	124.2%	119.8%	118.0%	124.1%	112.4%	121.5%	121.6%	

APPENDIX E: Effective Domain Dashboard



Effective	KPI Ref	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DOF Assessment outcome/Date	15/16 Outturn	16/17 Outturn	17/18 Outturn	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	18/19 YTD		
	E1	Emergency readmissions within 30 days following an elective or emergency spell	AF	CM	Monthly <8.5%	QC	Red if >8.6% ER if >8.6%	Jun-17	8.9%	8.5%	9.1%	9.3%	8.5%	8.5%	9.4%	9.1%	9.3%	9.3%	9.4%	9.2%	9.1%	9.0%	9.0%		9.1%		
	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)	101 (Apr16-Mar17)			100 (Jul16-Jun17)			98	Sep17)		(Oct16-	97	Dec17)		(Jan17-	95 (Apr17-Mar18)	95
	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	96	94	93	95	97	95	Awaiting HED Update							95		
	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	96	95	94	94	94	94	93	93	93	95	95	Awaiting HED Update		95		
	E5	Crude Mortality Rate Emergency Spells	AF	RB	<=2.4%	UHL	Monthly Reporting	Apr-17	2.3%	2.4%	2.2%	1.8%	1.9%	2.0%	2.7%	2.5%	2.6%	2.3%	2.2%	2.0%	1.9%	2.0%	1.9%	1.9%	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%	69.6%	61.1%	75.4%	67.9%	72.6%	66.1%	66.7%	74.6%	64.2%	53.5%	58.8%	82.6%	77.2%	67.4%		
	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%	85.4%	87.4%	88.4%	88.1%	83.0%	80.4%	81.1%	83.3%	88.0%	84.3%	86.8%	79.8%		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%	28.6%	67.9%	60.8%	65.3%	36.0%	28.8%	51.2%	48.1%	67.3%	77.7%	70.2%	50.4%	28.7%	54.8%		

APPENDIX F: Responsive Domain Dashboard



Responsive	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	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	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%	84.0%	82.7%	79.6%	71.5%	75.0%	71.5%	69.7%	76.1%	88.2%	82.0%	76.3%	76.3%	79.5%	79.8%
	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%	NEW INDICATOR		85.1%	79.5%	81.8%	78.7%	77.9%	82.8%	91.3%	87.1%	83.1%	83.0%	84.7%	85.4%
	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	0	0	3	0	2	35	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%	91.4%	92.1%	92.1%	90.2%	88.8%	87.5%	85.2%	85.8%	86.8%	87.0%	86.5%	85.8%	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	0	0	1	1	2	4	3	4	4	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%	0.4%	0.4%	0.8%	0.9%	0.9%	1.0%	1.9%	5.2%	2.9%	3.0%	1.7%	2.0%	0.8%	0.8%
	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	27	28	15	55	74	31	37	24	27	24	32	22	17	146
	R9	Cancelled patients not offered a date within 28 days of the cancellations ALLIANCE	RB	WM	0	NHSI	Red if >2 ER if >0	Jan-17	1	11	2	0	0	0	0	1	1	0	0	1	0	3	0	0	4
	R10	% Operations cancelled for non-clinical reasons on or after the day of admission UHL	RB	WM	0.8% or below	Contract	Red if >0.8% ER if >0.8%	Jan-17	1.0%	1.2%	1.3%	1.4%	1.4%	1.5%	1.4%	1.4%	1.4%	1.5%	1.1%	1.2%	1.2%	1.4%	0.9%	0.8%	1.1%
	R11	% Operations cancelled for non-clinical reasons on or after the day of admission ALLIANCE	RB	WM	0.8% or below	Contract	Red if >0.8% ER if >0.8%	Jan-17	0.9%	0.9%	0.6%	0.1%	0.9%	0.8%	0.3%	1.2%	0.2%	0.0%	0.9%	0.6%	1.7%	1.6%	0.1%	0.0%	0.8%
	R12	% Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	RB	WM	0.8% or below	Contract	Red if >0.8% ER if >0.8%	Jan-17	1.0%	1.2%	1.2%	1.3%	1.3%	1.4%	1.3%	1.4%	1.3%	1.3%	1.1%	1.2%	1.2%	1.5%	0.9%	0.7%	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	149	156	174	129	151	134	144	110	139	138	161	98	79	725
	R14	Delayed transfers of care	RB	JD	3.5% or below	NHSI	Red if >3.5% ER if Red for 3 consecutive mths	Oct-17	1.4%	2.4%	1.9%	1.9%	1.7%	1.9%	2.2%	2.2%	2.6%	1.7%	1.6%	1.3%	1.3%	1.2%	1.6%	1.4%	1.4%
	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%	0.2%	0.6%	0.8%	7%	5%	10%	9%	4%	0.1%	0.7%	4%	3%	1%	2%
	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%	3%	6%	8%	13%	11%	14%	15%	8%	1.4%	4%	8%	8%	5%	6%

APPENDIX G: Responsive Domain Cancer Dashboard

Safe

Caring

Well Led

Effective

Responsive

OP Transformation

Research

16.25

Responsive Cancer	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	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	18/19 YTD	
	** Cancer statistics are reported a month in arrears.																										
	RC1	Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	RB	DB	93% or above	NHSI	Red if <93% ER if Red for 2 consecutive mths	Jul-16	90.5%	93.2%	94.7%	94.3%	95.6%	93.9%	95.1%	94.1%	93.9%	95.7%	95.6%	93.9%	95.0%	93.1%	92.2%	92.8%	**	93.4%	
	RC2	Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	RB	DB	93% or above	NHSI	Red if <93% ER if Red for 2 consecutive mths	Jul-16	95.1%	93.9%	91.9%	92.3%	95.4%	94.3%	90.3%	88.1%	89.0%	92.5%	92.0%	90.3%	95.5%	88.7%	84.5%	86.6%	**	88.7%	
	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%	95.0%	94.1%	93.0%	94.4%	97.3%	93.6%	96.0%	93.7%	95.1%	94.7%	96.4%	95.4%	98.0%	**	95.9%	
	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%	99.1%	99.1%	100.0%	100.0%	98.1%	99.0%	98.9%	100%	100%	99.2%	98.0%	100.0%	98.5%	**	99.2%	
	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%	81.5%	82.1%	80.2%	94.3%	88.2%	84.4%	83.6%	80.3%	77.4%	90.1%	89.6%	87.0%	89.6%	**	86.8%	
	RC6	31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	RB	DB	94% or above	NHSI	Red if <94% ER if Red for 2 consecutive mths	Jul-16	94.9%	93.5%	95.4%	94.5%	92.1%	94.9%	97.2%	97.6%	95.8%	98.3%	94.8%	97.5%	98.1%	100%	99.3%	100.0%	**	99.0%	
	RC7	62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	RB	DB	85% or above	NHSI	Red if <85% ER if Red in mth or YTD	Jul-16	77.5%	78.1%	78.2%	78.9%	79.1%	78.8%	76.1%	81.3%	76.0%	72.9%	75.6%	78.6%	75.7%	74.5%	77.3%	72.9%	**	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%	90.5%	80.0%	89.3%	76.3%	74.1%	78.7%	81.8%	78.1%	58.5%	86.8%	81.0%	88.9%	84.6%	**	79.8%	
	RC9	Cancer waiting 104 days	RB	DB	0	NHSI	TBC	Jul-16	New Indicator	10	18	6	8	16	13	14	20	14	18	11	9	11	17	29	26	26	
	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	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	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%	--	--	--	--	100.0%	--	--	--	--	--	--	--	--	--	--	**	--	
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%	91.7%	93.1%	97.0%	92.6%	94.5%	94.1%	85.3%	92.3%	89.6%	93.7%	92.9%	91.4%	85.4%	**	90.2%		
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%	43.6%	46.7%	82.4%	69.0%	82.9%	52.6%	70.3%	85.7%	71.4%	35.0%	66.7%	55.0%	58.3%	**	58.8%		
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%	81.8%	70.0%	100.0%	85.7%	85.7%	66.7%	55.6%	88.9%	80.0%	57.1%	50.0%	100.0%	64.3%	**	72.3%		
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%	47.8%	61.9%	57.7%	40.9%	46.2%	50.0%	62.5%	62.5%	42.1%	60.0%	55.6%	42.9%	37.5%	**	47.0%		
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%	78.9%	78.3%	38.7%	62.5%	50.0%	72.7%	58.3%	41.7%	51.9%	53.1%	66.7%	63.2%	58.8%	**	59.4%		
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%	68.8%	61.4%	64.1%	62.2%	89.7%	58.3%	65.1%	52.0%	70.2%	70.5%	78.3%	82.4%	60.7%	**	72.1%		
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%	100.0%	40.0%	66.7%	0.0%	100.0%	100.0%	--	100.0%	--	66.7%	50.0%	0.0%	0.0%	**	44.4%		
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%	100.0%	50.0%	100.0%	100.0%	20.0%	100.0%	--	20.0%	0.0%	66.7%	100.0%	100.0%	97.6%	**	57.1%		
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%	100.0%	96.1%	97.3%	97.4%	100.0%	90.0%	97.3%	100.0%	94.4%	100.0%	93.2%	100.0%	97.6%	**	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%	75.7%	63.2%	81.1%	78.8%	80.0%	92.3%	64.7%	55.6%	67.7%	61.5%	81.6%	60.7%	76.9%	**	69.1%		
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%	77.4%	83.5%	66.7%	69.2%	77.9%	75.6%	68.4%	75.0%	78.7%	75.7%	59.4%	67.8%	67.7%	**	68.9%		
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%	50.0%	100.0%	100.0%	100.0%	--	0.0%	0.0%	40.0%	100.0%	100.0%	75.0%	100.0%	66.7%	**	86.7%		
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%	78.9%	79.1%	78.8%	76.1%	81.3%	76.0%	72.9%	75.6%	78.6%	75.7%	74.5%	77.3%	72.9%	**	75.8%		

APPENDIX H: Outpatient Transformation Dashboard

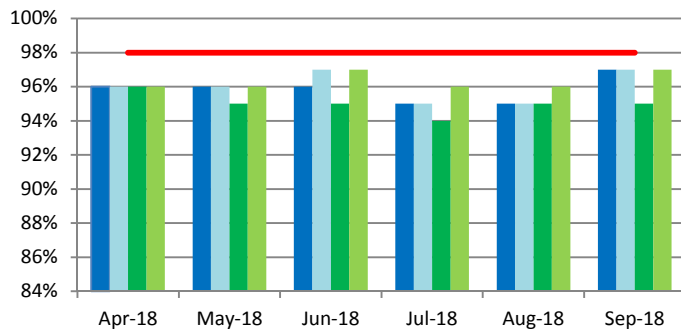


Out Patient Transformation Programme	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	Baseline	17/18 Outturn	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	18/19 YTD
	Friends 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%	6.6%	6.1%	6.0%	6.3%	3.9%	4.7%	5.7%	5.7%	5.7%	5.8%	5.5%	5.4%	5.4%	5.6%
	% 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%	94.7%	93.9%	95.3%	95.6%	96.2%	95.4%	95.3%	95.2%	95.6%	95.1%	95.0%	95.1%	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%	65.8%	65.4%	66.9%	67.2%	68.4%	68.3%	70.4%	77.3%	83.2%	91.2%	92.2%	92.9%		87.2%
	Advice and Guidance Provision (% Services within specialty)	MW	HC	35%	CQUIN	Green if >35% by Q4 17/18 Green if >75% by Q4 18/19	New Indicator	TBC	97.2%	84.3% 24 specs / 102 serv	88.8% 26 specialties / 107 services			97.2% 28 Specialties / 125 services			93.5% 31 Specialties / 143 services			Available at end of Q2			93.5%
	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%	26.5%	22.1%	16.1%	15.5%	14.5%	17.6%	21.4%	23.3%	26.2%	25.2%	28.4%	28.6%		24.9%
	% Patients seen within 15mins of their appointment time	MW	ZS/ST	TBC	UHL	TBC	New Indicator	56% 19% (Cov)	57% 17% (Cov)	55% 16% (Cov)	57% 16% (Cov)	56% 17% (Cov)	58% 16% (Cov)	55% 17% (Cov)	56% 16% (Cov)	59% 16% (Cov)	60% 16% (Cov)	58% 16% (Cov)	60% 16% (Cov)	59% 17% (Cov)	58% 19% (Cov)	58% 18% (Cov)	59%
	% Patients seen within 30 mins of their appointment time	MW	ZS/ST	TBC	UHL	TBC	New Indicator	73% 19% (Cov)	74% 17% (Cov)	73% 16% (Cov)	74% 16% (Cov)	73% 17% (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% 19% (Cov)	76% 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, 88% Dec	New Indicator	16%	17%	16%	16%	17%	17%	17%	16%	16%	16%	16%	16%	17%	19%	18%	17%
	Reduction in number of long term follow up >12 months	MW	WM	0	UHL	TBC	New Indicator	2851	1467	1522	1351	1404	1335	1115	1247	1467			1339	1431	1369	1649	1649
	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)	3.3% (A)	1.6% (A)			4.2% (F)			1.8% (A)			1.2% (F)			0.3% (A)
	% Reduction in hospital cancellations (ENT)	MW	ZS/ST	15% by Mar 19	UHL	Green if <=?? Amber if >?? and <?? Red if >?? Trajectory - 21% Apr, 21% May, 20% Jun, 19% Jul, 19% Aug, 18% Sep, 18% Oct, 17% Nov, 17% Dec, 16% Jan, 16% Feb, 15% Mar	New Indicator	21%	23%	25%	27%	20%	27%	26%	22%	23%	23%	22%	21%	24%	28%	25%	24%
	% Room Utilisation (CSI areas)	MW	MA	80%	UHL	RAG Rating to March 2018 - Red<70%, Amber < 80%, Green >=80%	New Indicator	TBC	70%	68%	72%	73%	66%	73%	74%	75%	77%	79%	72%	72%	74%	75%	75%
	% appointment letters printed via outsourced provider	MW	SP	85%	UHL	From APRIL 2018: Red<75%, Amber < 95%	New Indicator	82%	84%	84%	85%	86%	85%	85%	85%	86%	88%	89%	89%	89%	89%	90%	89%
	% 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%	89%	
	% Clinic summary letters sent within 10 days	MW	WM	90%	UHL	TBC	New Indicator			93%	89%	84%	80%	76%	84%	79%	85%						85%
	% Hardware replacement	JC	AC	17%	UHL	17% by March 2018	New Indicator		79.5% 97 of 122	107 TO BE REPLACED BY MARCH						67% 82 of 122	79.5% 97 of 122	79.5% 97 of 122					79.5% 97 of 122
	% Compliance with PLACE standards (ENT & Cardiology)	DK	RK	80%	UHL	Quarterly Reporting increase every quarter	New Indicator	80%	73.1%	NEW INDICATOR			73.1%			AWAITING UPDATE						AWAITING UPDATE	
	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												REPORTING QTR 4	

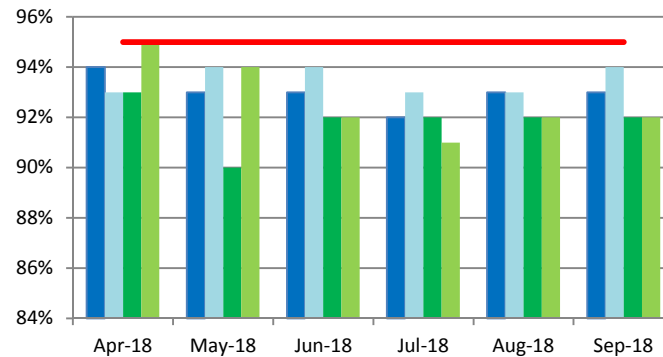
APPENDIX I: Estates and Facilities

Estates and Facilities - Cleanliness

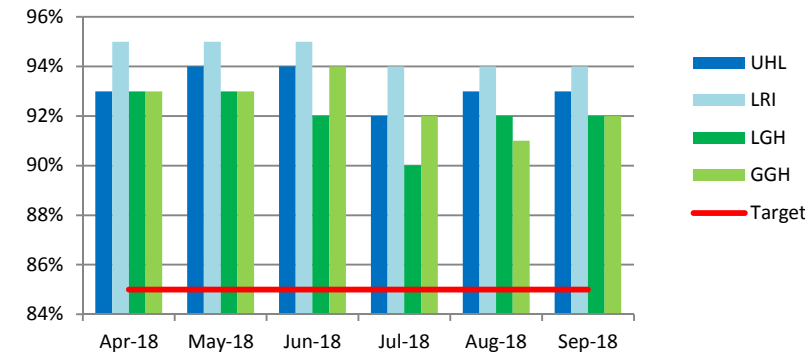
Cleanliness Audit Scores by Risk Category - Very High



Cleanliness Audit Scores by Risk Category - High

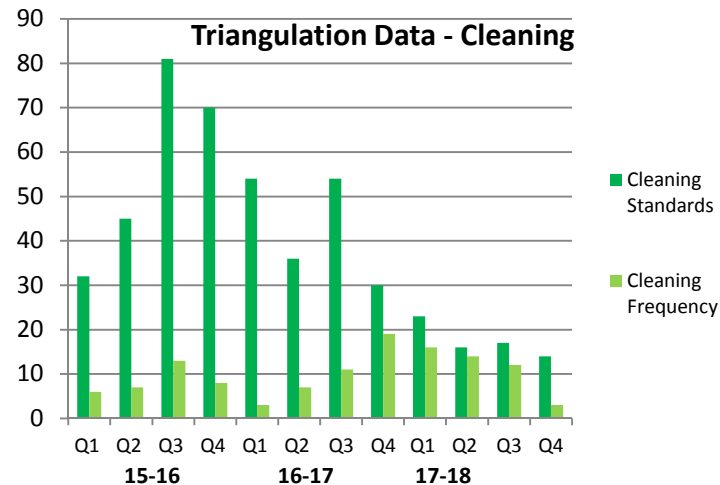


Cleanliness Audit Scores by Risk Category - Significant

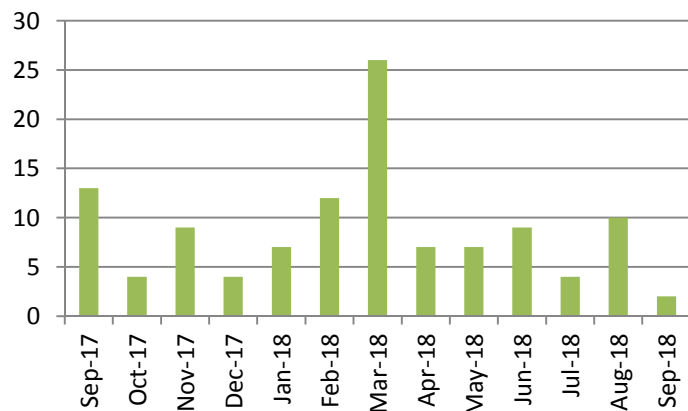


UHL
LRI
LGH
GGH
Target

Triangulation Data - Cleaning



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 since February 2018. 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

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 will change to bi-annually going forward.

Notes on Performance

Very high-risk areas overall have risen slightly to 97%, with LGH remaining at 95%, while the LRI and the GGH have risen to 97%. All 3 sites continue to remain slightly behind target.

High-risk audit scores have overall remain at 93%, with LGH and GGH remaining at 92%. The LRI scores have risen by 1% to 94%. Significant risk areas all continue to exceed the 85% target.

The number of datix incidents logged for September has decreased from 10 in August to 2 in September. Neither reports refer to very high risk areas.

Performance scores overall continue to fluctuate just below target levels with month on month small variations. Recruitment efforts are lining up a number of new starters but this is taking time to feed in. Additional work to support patient flow with ongoing infection issues adds to the challenge of maintaining overall standards along with financial constraints restricting cover arrangements.

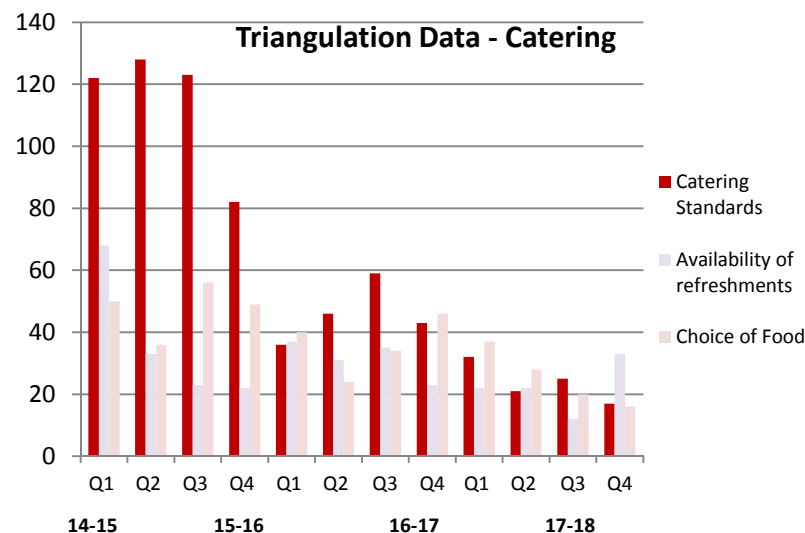
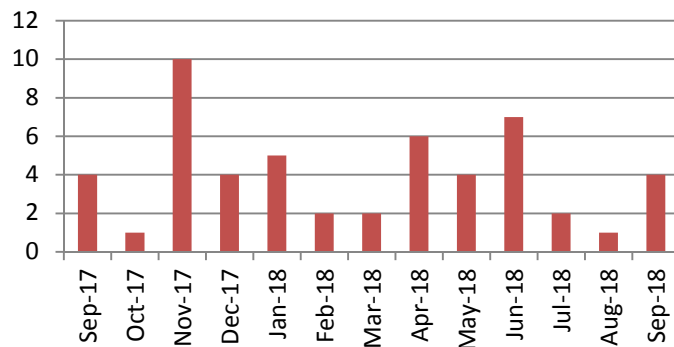
Estates and Facilities – Patient Catering

Patient Catering Survey – September 2018	Percentage 'OK or Good'	
	Aug-18	Sept-18
Did you enjoy your food?	93%	95%
Did you feel the menu has a good choice of food?	100%	86%
Did you get the meal that you ordered?	100%	92%
Were you given enough to eat?	96%	97%
90 – 100%	80 – 90%	<80%

Number of Patient Meals Served				
Month	LRI	LGH	GGH	UHL
July	69,138	22,628	26,021	117,787
August	65,820	23,144	28,190	117,154
September	67,029	22,605	28,150	117,784

Patient Meals Served On Time (%)				
Month	LRI	LGH	GGH	UHL
July	100%	100%	100%	100%
August	100%	100%	100%	100%
September	100%	100%	100%	100%
97 – 100%	95 – 97%	<95%		

Number of Datix Incidents Logged -Patient Catering



Patient Catering Report

Survey numbers remain down with the scores being based on 37 returns.

A blip is apparent in the results relating to choice. This is an unexpected finding as the level of choice has remained consistent from one month to the next. This will be monitored going forward.

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

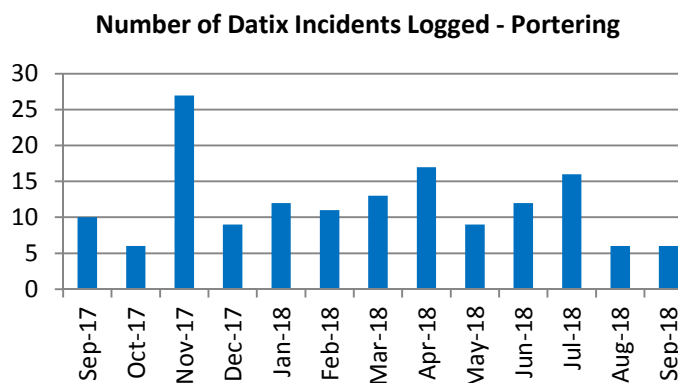
The triangulation data remains as reported last month and with a change in the reporting regime this will be updated on a 6 monthly basis in the future.

Datix incidents have risen from 1 in August, to 4 in September.

Estates and Facilities - Portering

Reactive Portering Tasks in Target				
Site	Task (Urgent 15min, Routine 30min)	Month		
		July	August	September
GH	Overall	91%	94%	93%
	Routine	90%	92%	92%
	Urgent	98%	99%	99%
LGH	Overall	94%	94%	93%
	Routine	92%	93%	92%
	Urgent	99%	99%	98%
LRI	Overall	90%	94%	92%
	Routine	88%	92%	91%
	Urgent	98%	98%	97%
95 – 100%		90 – 94%	<90%	

Average Portering Task Response Times		
Category	Time	No of tasks
Urgent	00:15:28	2,460
Routine	00:24:18	9,366
Total		11,826



Portering Report

September's performance figures remain similar to those seen in August. The challenges presented by the CRO issues, some sickness and absence issues that the portering services at the LRI are currently experiencing continue

Just as in August we continued to experience issues with unplanned ward moves at very short notice, due to the CRO outbreak. Issues with the planet system unusually crashing on 3 separate occasions in September had a negative impact on the service,. Datix incidents remain low with 6 logged in September, and no discernible trend behind them.

There continues to be an issue with finding available wheelchairs that is causing a delay to the portering service, meaning that a ten minute job can now take up to 30 minutes to complete.

Estates & Facilities – Planned Maintenance

Statutory Maintenance Tasks Against Schedule					
UHL Trust Wide	Month	Fail	Pass	Total	%
	July	3	138	141	98%
	August	2	128	130	98%
	September	0	182	182	100%
99 – 100%		97 – 99%	<97%		

Non-Statutory Maintenance Tasks Against Schedule					
UHL Trust Wide	Month	Fail	Pass	Total	%
	July	706	1532	2238	68%
	August	658	1422	2080	68%
	September	712	1567	2279	69%
95 – 100%		80 – 95%	<80%		

Estates Planned Maintenance Report

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

For the Non-Statutory tasks, completion of the monthly schedule is subject to the volume of reactive calls and the shortage of engineers to carry out tasks and administration personnel to close them down on the system.

The planet rollout to a live system has now been completed at the Glenfield and the dates for implementation of stage 3 at the LRI are now being reviewed.

Discussions are being held regarding our sub- contractors attaining planet licenses to ensure continuity across all disciplines.

Peer Group Analysis (Aug 2018)

RTT 18+ Weeks Backlog – August 2018

RTT 18+ Weeks Backlog - August 2018

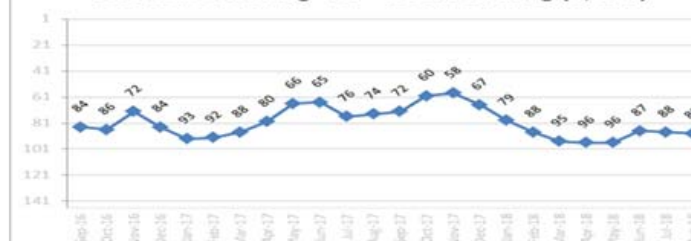
All Acute Trusts Performance - 86.6%

UHL ranks 89 out of the 145 Acute Trusts*

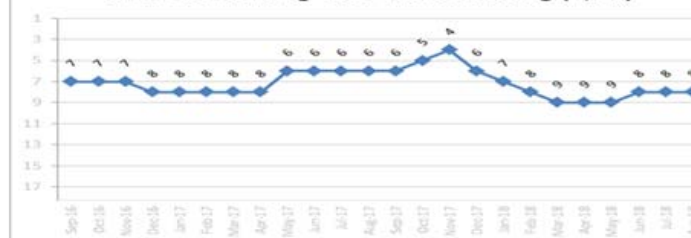
23 of the 145 Acute Trusts* achieved 92% or more

Peer Rank	Provider Name	RTT Incomplete Performance - Target 92%
1	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	93.8%
2	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	93.5%
3	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	93.4%
4	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	90.5%
5	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	89.3%
6	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	88.6%
7	LEEDS TEACHING HOSPITALS NHS TRUST	87.8%
8	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	85.8%
9	PENNINE ACUTE HOSPITALS NHS TRUST	85.8%
10	BARTS HEALTH NHS TRUST	85.3%
11	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	84.3%
12	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	83.9%
13	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	83.4%
14	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	83.3%
15	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	81.7%
16	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	80.6%
17	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	79.1%
18	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	78.9%

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



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



Diagnostics – August 2018

Diagnostics - August 2018

All Acute Trusts Performance - 3.2%

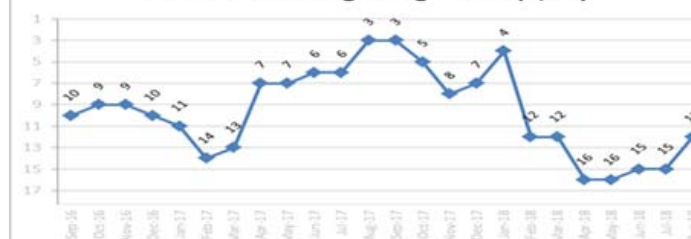
UHL ranks 95 out of the 145 Acute Trusts*

70 of the 145 Acute Trusts* achieved <1% or less

(Ranked Ascending)

Peer Rank	Provider Name	Diagnostics Performance %Waiting 6 Wks+ - Target <=1%
1	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	0.4%
2	LEEDS TEACHING HOSPITALS NHS TRUST	0.6%
3	PENNINE ACUTE HOSPITALS NHS TRUST	0.8%
4	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0.9%
5	BARTS HEALTH NHS TRUST	0.9%
6	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	1.0%
7	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	1.2%
8	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	1.6%
9	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	1.6%
10	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	1.8%
11	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	1.9%
12	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	2.0%
13	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	2.0%
14	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	2.4%
15	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2.4%
16	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	2.7%
17	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	5.8%
18	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	9.0%

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 (Aug 2018) – ED Sep 18

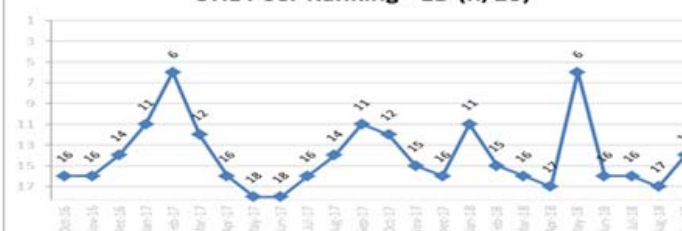
UHL ED Attendances within 4 hours – September 2018

UHL ED Attendances within 4 hours - September 2018

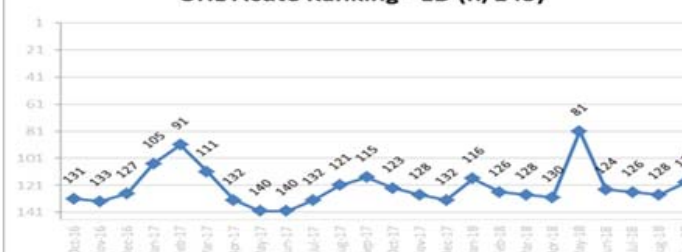
All Acute Trusts - 87.2% UHL ranks 119 out of the 145 Trusts*
19 of the 145 Acute Trusts* achieved 95% or more

Peer Rank	Provider Name	Performance within 4 Hours - Target 95% - Amber 92% - <95%
1	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	96.6%
2	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	90.1%
3	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	89.0%
4	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	88.0%
5	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	87.2%
6	BARTS HEALTH NHS TRUST	87.1%
7	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	86.7%
8	PENNINE ACUTE HOSPITALS NHS TRUST	86.3%
9	LEEDS TEACHING HOSPITALS NHS TRUST	85.6%
10	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	83.2%
11	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	82.1%
12	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	80.2%
13	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	80.1%
14	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	79.5%
15	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	78.7%
16	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	77.1%
17	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	76.3%
18	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	69.5%

UHL Peer Ranking - ED (n/18)



UHL Acute Ranking - ED (n/145)



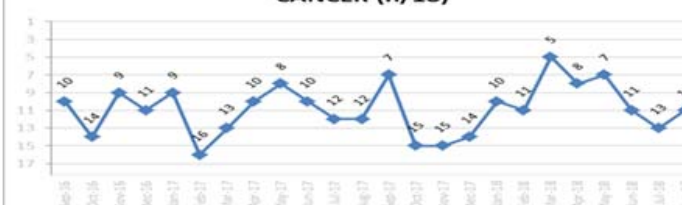
TWO WEEK WAIT-ALL CANCER – August 2018

TWO WEEK WAIT-ALL CANCER - August 2018

All Acute Trusts Performance - 91.7% UHL ranks 95 out of the 145 Acute Trusts*
93 of the 145 Acute Trusts* achieved 93% or more

Peer Rank	Provider	Performance within 14 Days - Target 93%
1	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	97.6%
2	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	96.5%
3	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	96.5%
4	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	95.2%
5	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	95.1%
6	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	95.1%
7	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	93.9%
8	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	93.6%
9	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	93.3%
10	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	93.0%
11	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	92.8%
12	BARTS HEALTH NHS TRUST	91.9%
13	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	88.4%
14	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	84.8%
15	LEEDS TEACHING HOSPITALS NHS TRUST	84.5%
16	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	81.2%
17	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	80.6%
18	PENNINE ACUTE HOSPITALS NHS TRUST	70.3%

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

Peer Group Analysis (August 2018)

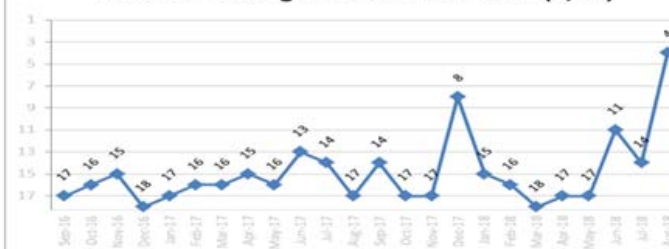
31-DAY FIRST TREAT – August 2018

31-DAY FIRST TREAT - August 2018

All Acute Trusts Performance - 97.0% UHL ranks 76 out of the 145 Acute Trusts*
117 of the 145 Acute Trusts* achieved 96% or more

Peer Rank	Provider	Performance within 31 Days - Target 96%
1	BARTS HEALTH NHS TRUST	99.3%
2	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	98.8%
3	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	98.4%
4	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	98.0%
5	PENNINE ACUTE HOSPITALS NHS TRUST	97.9%
6	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	97.9%
7	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	97.3%
8	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	96.9%
8	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	96.6%
10	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	96.5%
11	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.3%
12	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	95.4%
16	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	95.3%
14	LEEDS TEACHING HOSPITALS NHS TRUST	95.2%
15	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	94.7%
16	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	93.1%
17	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	92.4%
18	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	90.9%

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



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



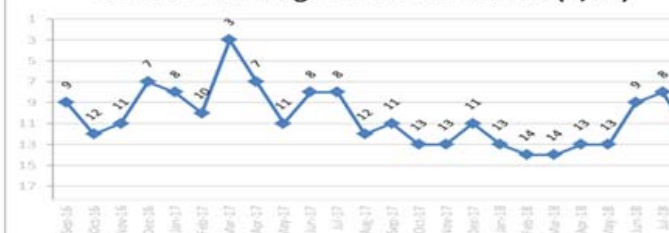
62-DAY GP Referral – August 2018

62-DAY GP Referral - August 2018

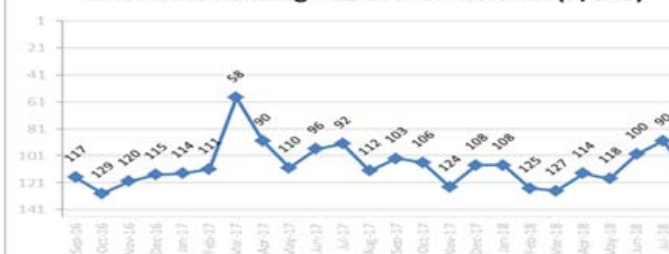
All Acute Trusts Performance - 79.3% UHL ranks 118 out of the 145 Acute Trusts*
40 of the 145 Acute Trusts* achieved 85% or more

Peer Rank	Provider	Performance within 62 Days - Target 85%
1	BARTS HEALTH NHS TRUST	86.7%
2	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	85.4%
3	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	82.8%
4	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	82.0%
5	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	80.2%
6	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	79.6%
7	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	79.5%
8	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	77.7%
9	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	77.5%
10	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	75.8%
11	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	75.2%
12	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	73.0%
13	PENNINE ACUTE HOSPITALS NHS TRUST	71.6%
14	LEEDS TEACHING HOSPITALS NHS TRUST	68.7%
15	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	68.6%
16	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	68.1%
17	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	66.0%
18	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	65.7%

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 (Aug 2018)

Inpatient FFT – August 2018

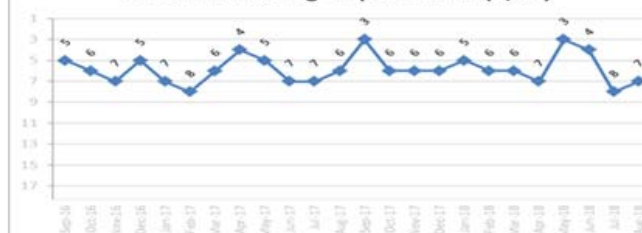
Inpatient FFT - August 2018

All Acute Trusts - Response Rate 25% - Recommended 96% - Not Recommended 2%

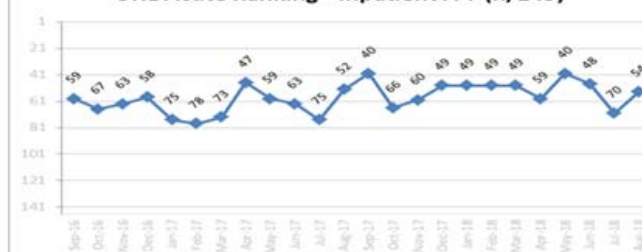
UHL ranks 54 (for Recommended) and 49* (for Not Recommended) out of the 145 Trusts**

Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	15%	99%	0%
2	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	26%	98%	0%
3	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	28%	98%	1%
4	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	20%	98%	1%
5	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	12%	97%	2%
6	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	34%	97%	1%
7	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	26%	97%	1%
8	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	24%	96%	2%
9	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	10%	96%	1%
10	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	32%	95%	2%
11	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	19%	95%	2%
12	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	33%	95%	2%
13	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	20%	94%	3%
14	LEEDS TEACHING HOSPITALS NHS TRUST	36%	94%	3%
15	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	10%	94%	3%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	14%	93%	3%
17	PENNINE ACUTE HOSPITALS NHS TRUST	26%	91%	4%
18	BARTS HEALTH NHS TRUST	9%	89%	7%

UHL Peer Ranking - Inpatient FFT (n/18)



UHL Acute Ranking - Inpatient FFT (n/145)



A&E FFT – August 2018

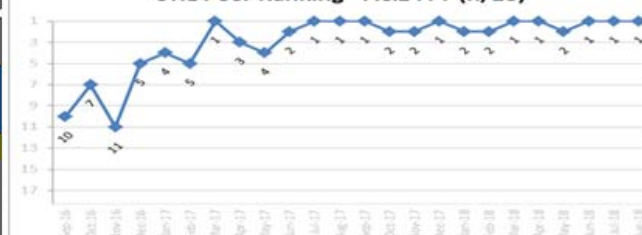
A&E FFT - August 2018

All Acute Trusts - Response Rate 25% - Recommended 96% - Not Recommended 2%

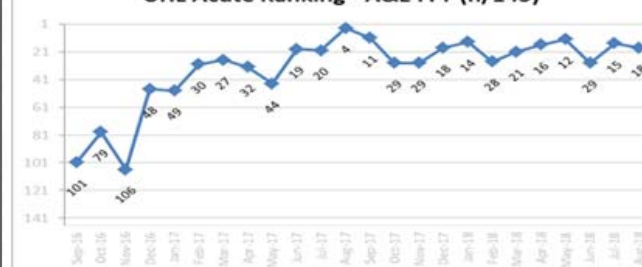
UHL ranks 18 (for Recommended) and 24* (for Not Recommended) out of the 145 Trusts**

Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	7%	95%	2%
2	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2%	95%	1%
3	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	24%	94%	2%
4	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	13%	94%	3%
5	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	2%	92%	4%
6	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	15%	89%	7%
7	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	20%	89%	7%
8	LEEDS TEACHING HOSPITALS NHS TRUST	25%	88%	7%
9	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	24%	88%	8%
10	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	20%	87%	9%
11	PENNINE ACUTE HOSPITALS NHS TRUST	18%	86%	8%
12	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	21%	86%	8%
13	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	18%	84%	8%
14	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	4%	84%	9%
15	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	16%	83%	11%
16	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	11%	78%	14%
17	BARTS HEALTH NHS TRUST	5%	75%	18%
18	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	43%	71%	17%

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

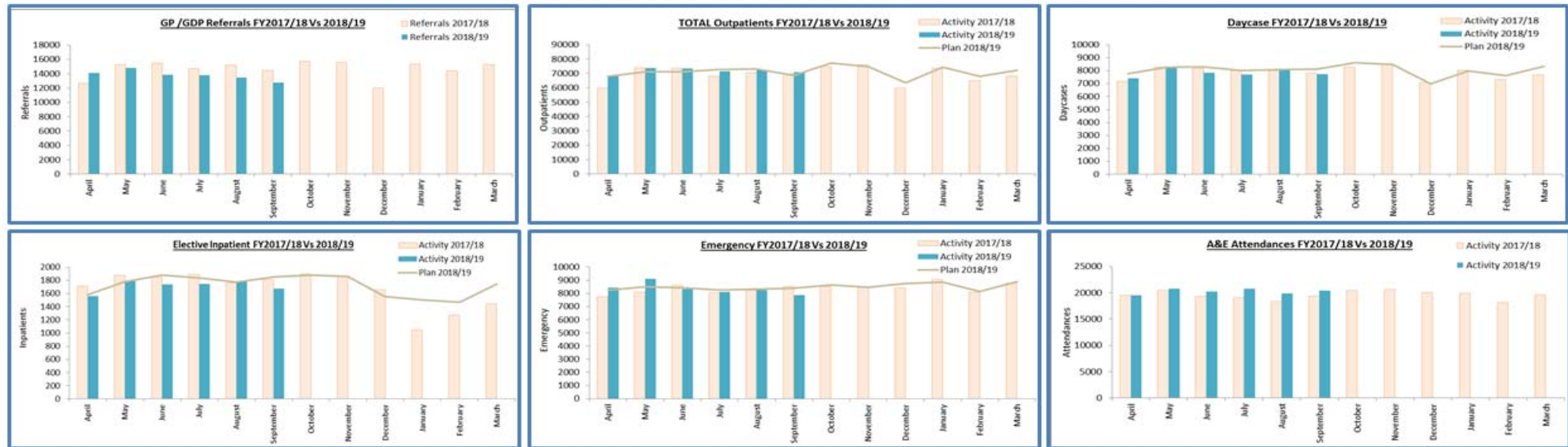


UHL Acute Ranking - A&E FFT (n/145)

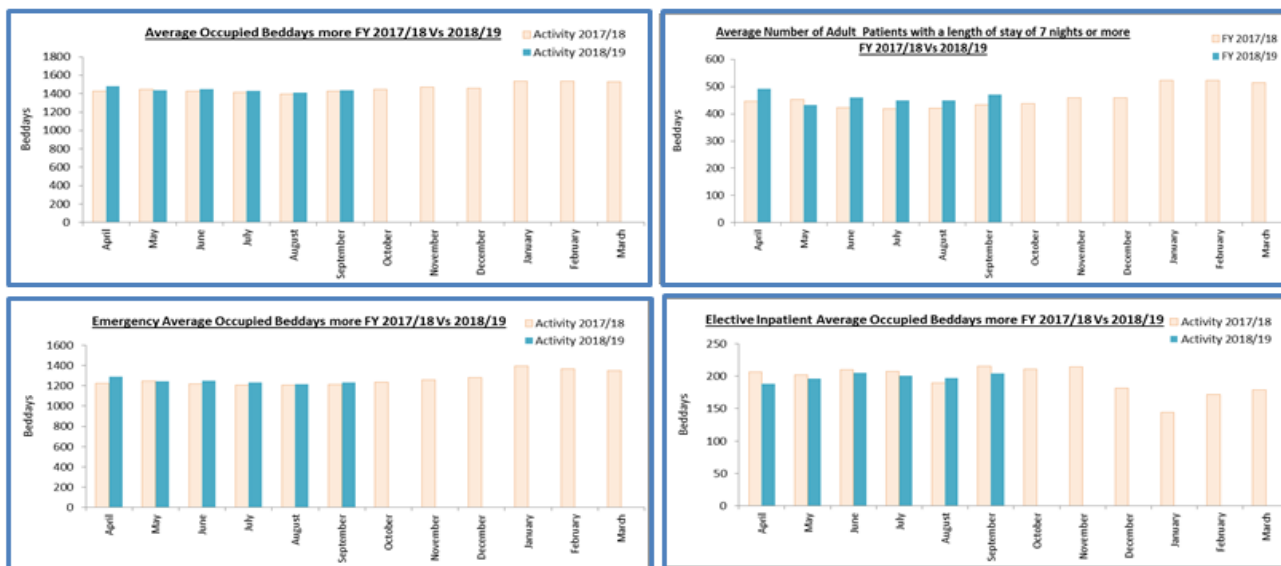


*Acute NHS hospitals – there are 145 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service

UHL Activity Trends



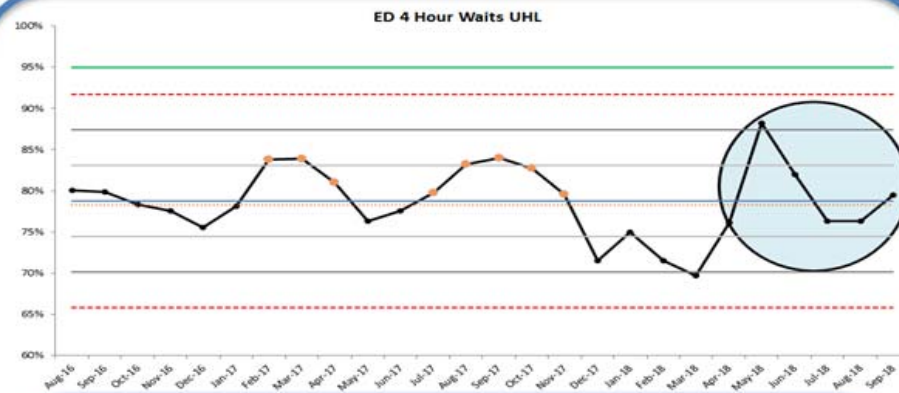
UHL Bed Occupancy



- **GP referrals (Excludes Physio referrals)** in September is lower in comparison to the same period last year. YTD referrals is 5.7% lower than the same period last year.
- **Outpatients** - Dermatology, General Surgery, Haematology and Thoracic Medicine significantly higher than plan.
- **Daycase** - Growth in Clinical Oncology and BMT against plan. Medical Oncology, Orthopaedic Surgery and Urology Significantly lower than plan.
- **Elective Inpatient** - ENT, Orthopaedic Surgery, General Surgery, HPB and Urology lower than plan.
- **Emergency Admissions** - Activity in ENT, Cardiology, General Surgery and Urology are higher than the plan.
- **Midnight G&A bed occupancy** is slightly higher to the same period last year.
- **The number of patients staying in beds 7 nights or more** in September has increased compared to the same period last year.
- A slight increase in **Emergency occupied bed days**.
- **YTD Bed occupied** is lower compared to the same period last year.

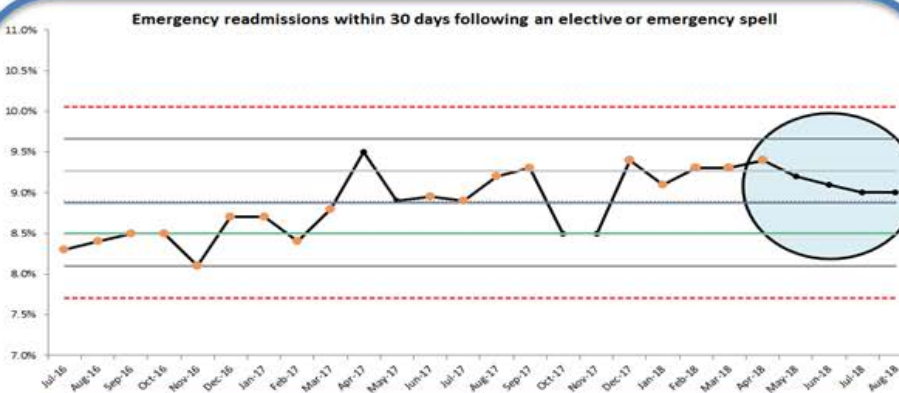
SPC Analysis

ED 4 Hour Waits UHL



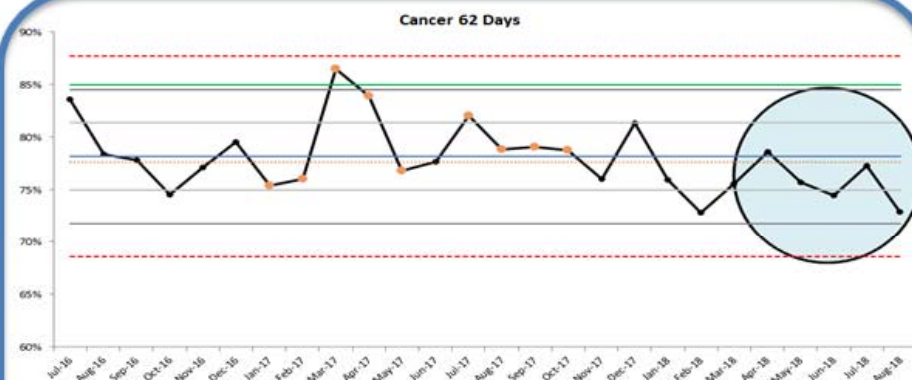
Improvement in ED Performance (rising trend) however within expected range of variation.

Readmission Rate



No appreciable change in performance however variation overtime remains high.

Cancer 62 Days

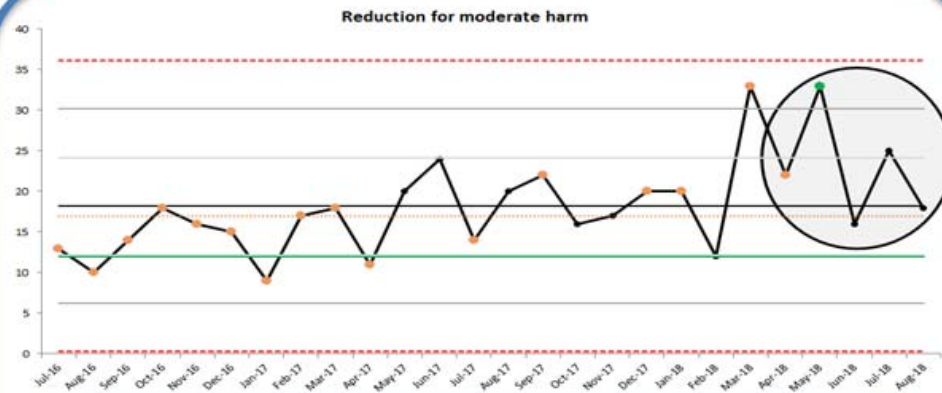


Cancer 62 days performance is trending downwards. 2 of the last 3 month's performance were within the lower 2-sigma limit.

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

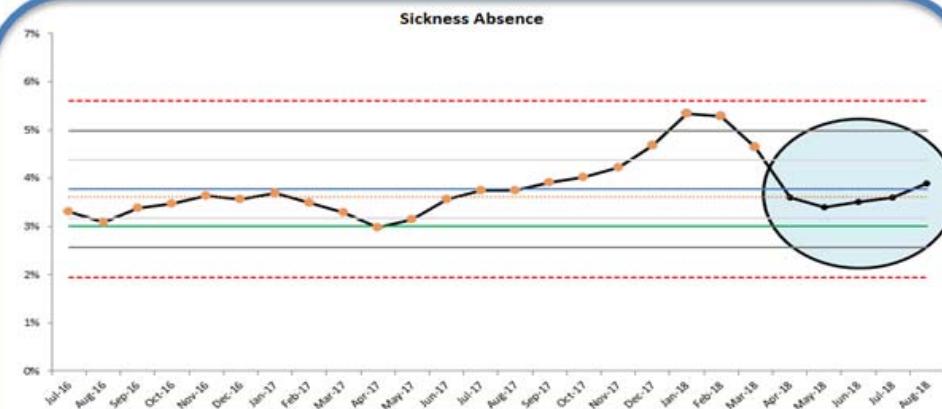
TARGET	MEDIAN
Rule 1 (OOC)	Rule 2 (2 out of 3 Zone A)
Rule 3. Zone B (4 out of 5) UCL	Rule 4. 7 or more points in a row in the same side of the mean

Moderate Harm



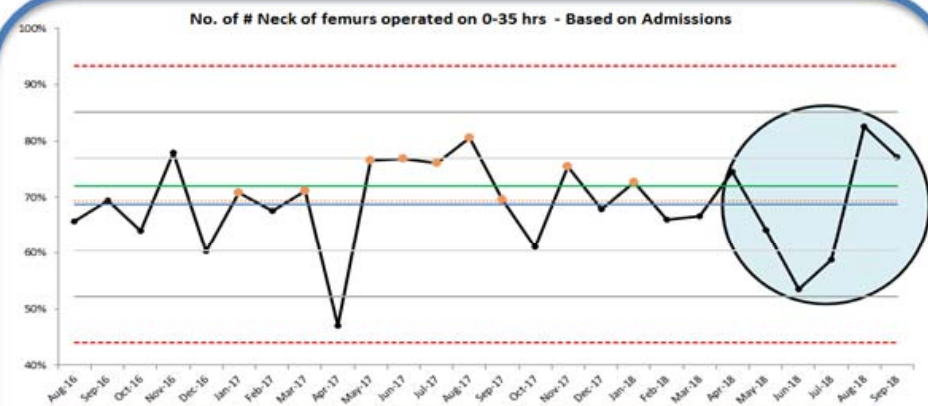
Downward trend in moderate harm over last 7 months.

Sickness Rate



Emerging trend in sickness rate as performance further deteriorated above the mean for the first in 5 months (since April 2018).

Fractured #NOF



No appreciable trend in performance however significant improvement for September.

# Rules	Interpretation
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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.
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— TARGET	--- MEDIAN
● Rule 1 (OOC)	● Rule 2 (2 out 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