Quality & Performance Report

Author: John Adler Sponsor: Chief Executive Date: PPPC + QOC 26th July 2018

Executive Summary from CEO Joint Paper 1 revised

Context

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

Questions

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

Conclusion

Good News: **Mortality** – the latest published SHMI (period January 2017 to December 2017) has reduced to 97 and is within the threshold. **Referral to Treatment –** our performance is in line with NHSI trajectory. **Cancer Two Week Wait** – have achieved the 93% threshold for over a year. **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 for June. **Pressure Ulcers** - 0 **Grade 4** reported during June. **Grade 3 and 2** are well within the trajectory for the month. **CAS alerts** – we remain compliant. **Inpatient and Day Case Patient Satisfaction (FFT)** achieved the Quality Commitment of 97%. **TIA (high risk patients)** – 77.7% reported in June. **Ambulance Handover 60+ minutes (CAD+)** – performance at 0.7% one of our best performances since the introduction of CAD+ reporting in June 2015.

Bad News: **UHL ED 4 hour performance** – was 82% for June, system performance (including LLR UCCs) was 87.1%. Performance was above the average for the last 12 months. Further detail is in the COO's report. **Diagnostic 6 week wait –** standard not achieved for the fourth month after 17 consecutive months of being compliant. **Never events** – 2 reported in June. **52+ weeks wait –** 4 patients (compared to 15 patients same period last year). **Moderate harms and above** – May (reported 1 month in arrears) was above threshold. **Cancelled operations** and **patients rebooked within 28 days** – continued to be non-compliant. **Cancer 31 day** was not achieved in May - theatre capacity, patient choice and patient fitness are the primary factors. **Cancer 62 day treatment** was not achieved in May – further detail of recovery actions in is the Q&P report. **Statutory and Mandatory Training** reported from HELM is at 89% (rising trend). **Sickness absence** – 4% reported in May (reported 1 month in arrears). **Fractured NOF** – was 53.5% in June.

Input Sought

I recommend that the Committee:

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

For Reference

Edit as appropriate:

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

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

2. This matter relates to the following governance initiatives:

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

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

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

5. Scheduled date for the next paper on this topic: 30th August 2018

Caring at its best

University Hospitals of Leicester NHS
NHS Trust

Quality and Performance Report

June 2018

One team shared values

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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: **INTEGRATED FINANCE, PERFORMANCE AND INVESTMENT COMMITTEE**
QUALITY ASSURANCE COMMITTEE

DATE: **26th JULY 2018**

REPORT BY: **ANDREW FURLONG, MEDICAL DIRECTOR**
REBECCA BROWN, CHIEF OPERATING OFFICER
ELEANOR MELDRUM, ACTING CHIEF NURSE
JOANNE TYLER-FANTOM, ACTING DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT
DARRYN KERR, DIRECTOR OF ESTATES AND FACILITIES

SUBJECT: **JUNE 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.

The Quality and Performance report has been updated to report the new indicators. For further information see section 4 Changes to Indicators/Thresholds.

2.0 Performance Summary

Domain	Page Number	Number of Indicators	Number of **Red** Indicators this month
Safe	25	28	3
Caring	26	11	1
Well Led	27	23	5
Effective	28	8	2
Responsive	29	16	8
Responsive Cancer	30	9	5
Research – UHL	32	6	0
Total		101	25

3.0 Data Quality Forum (DQF) Assessment Outcome/Date

The Trust Data Quality Forum Assessment combines the Trust's old data quality forum process and the Oxford University Hospital model. The responsibility for data quality against datasets and standards under consideration are the 'data owners' rather than the forum members, with the executive lead for the data carrying the ultimate responsibility. *In this manner, the Data Quality Forum operates as an assurance function rather than holding accountability for data quality*. The process focuses on peer challenge with monthly meetings assessing where possible 4 indicators / standards at each meeting. The outputs are an agreed assessment of the data quality of the indicator under consideration with recommendations as required, a follow up date for review is also agreed. The assessment outcomes are detailed in the table below:

Rating	**Data Quality**
Green	Satisfactory
Amber	Data can be relied upon, but minor areas for improvement identified
Red	Unsatisfactory/ significant areas for improvement identified

If the indicator is not RAG rated, the date of when the indicator is due to be quality assured is included.

4.0 Changes to Indicators/Thresholds

None

Summary Scorecard – YTD

University Hospitals of Leicester NHS
NHS Trust

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

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

SUCCESSES:

- FFT Inpatient/DC **97%**
- Crude Mortality **2%**
- DTOC **1.3%**
- MRSA Avoidable **0**
- Stroke 90% Stay **85.6%**

ISSUES:

- Annual Appraisal **89.8%**
- Single Sex Accommodation Breaches **24**
- Statutory & Mandatory training **89%**
- Sickness Absence **4.1%**
- ED 4hr Wait UHL **82.2%**
- Cancer 62 Day **77%**
- Diagnostic Wait **3%**

One team shared values

Summary Scorecard – June 2018

University Hospitals of Leicester NHS
NHS Trust

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

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

Key changes in indicators in the period:

SUCCESSES: (Red to Green)

Significant Improvement: (Red to Amber/ In Line with Trajectory)

- ED 4 Hour Waits UHL+LLR UCC
- RTT
- Handover >60

ISSUES: (Green/Amber to Red)

- Single Sex Breaches
- ED 4 Hour Waits UHL

One team shared values

Domain - Safe

University Hospitals of Leicester NHS
NHS Trust

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

4 ↓
Never Events YTD

14 ↓
Serious Incidents YTD
(Number escalated each month)

50
Moderate Harm and above YTD ↓
(PSIs with finally approved status)

0
Avoidable MRSA YTD ↔

21
CDIFF Cases YTD ↓

SUCCESSES

- The first three month's data for 2018/19 reflects strong performance against all EWS & sepsis indicators. Our focus for 2018/19 will be to maintain this position.
- Significant improvement in performance for ED sepsis.
- There have been zero cases of MRSA's reported in June 2018.
- CDIFF reported was below threshold for June.
- 0 MRSA reported in June.

ISSUES

- Moderate harms and above – 29 cases reported in May.
- 2 Never events reported in June.

ACTIONS

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

SEPSIS

SOS Suspicion Of Sepsis

Patients with an Early Warning Score 3+ - % appropriate escalation	98% YTD ↑
Patients with EWS 3+ - % who are screened for sepsis	96% YTD ↔
ED - Patients who trigger with red flag sepsis - % that have their IV antibiotics within an hour	94% YTD ↓
Wards (including assessment units) Patients who trigger for Red Flag Sepsis - % that receive their antibiotics within an hour	84% YTD ↓

Domain - Caring

University Hospitals of Leicester NHS
NHS Trust

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

Friends and Family Test YTD % Positive

Inpatients FFT **96%** ⇔

Day Case FFT **99%** ↓

A&E FFT **96%** ↓

Maternity FFT **94%** ↓

Outpatients FFT **95%** ↓

Staff FFT Quarter 4 2017/18 (Pulse Check)

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

SUCCESSES

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

ISSUES

- Single Sex Accommodation Breaches – 11 reported in June.

ACTIONS

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

Single Sex Accommodation Breaches

24 YTD ↓

Domain – Well Led

University Hospitals of Leicester NHS
NHS Trust

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

Friends and Family FFT YTD % Coverage

Inpatients FFT **31%** ↓

Day Case FFT **24.1%** ↑

A&E FFT **9.7%** ↓

Maternity FFT **38.3%** ↓

Outpatients FFT **5.7%** ↑

Staff FFT Quarter 4 2017/18 (Pulse Check)

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

% Staff with Annual Appraisals

89.8% YTD ↑

Statutory & Mandatory Training

89% YTD ↔

BME % - Leadership

28%
Qtr1
8A including medical consultants

14%
Qtr1
8A excluding medical consultants

SUCCESSES

- Corporate Induction attendance for June was 98%.
- Inpatients coverage for June was 30.1%.

ISSUES

- Appraisals are 5.2% off target (this excludes facilities staff that were transferred over from Interserve).
- Statutory & Mandatory is 6% off the 95% target.
- Low response rate for Staff FFT survey.

ACTIONS

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

Domain – Effective

University Hospitals of Leicester NHS
NHS Trust

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

Mortality – Published SHMI

97
Jan17 - Dec17 ↑

Stroke TIA Clinic within 24hrs

63.8%
YTD ↑

80% of Patients Spending 90% Stay on Stoke Unit

85.6%
YTD ↑

Emergency Crude Mortality Rate

2.0%
YTD ↑

30 Days Emergency Readmissions

9.3%
YTD ↑

NoFs Operated on 0-35hrs

63.4%
YTD ↓

SUCCESSES

- Latest UHL's SHMI is 97. 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 June was 1.9%.
- Stroke TIA Clinic within 24 Hours for June was 77.7%.

ISSUES

- 30 Days Emergency Readmissions for May was 9.2%.
- Fractured NoF for June was 53.5%.

ACTIONS

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

Domain – Responsive

University Hospitals of Leicester NHS
NHS Trust

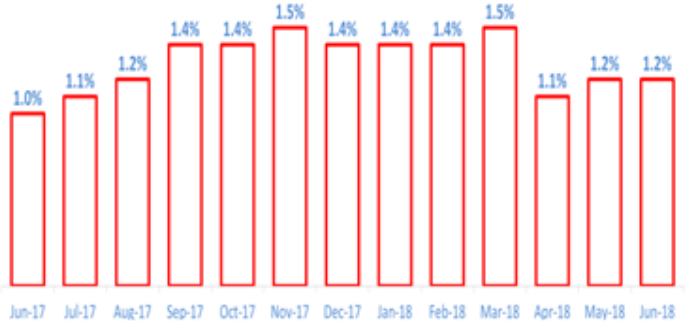
Arrows represent current month performance against previous month, upward arrow represents improvement, downward arrow represents deterioration.

RTT - Incomplete
92% in 18 Weeks

87.0%
As at June ⬆

6 week Diagnostic Wait times

Cancelled Operations UHL



RTT 52 week wait incompletes

4
As at Jun ⬌

ED 4Hr Waits UHL

82.2%
YTD ⬇

A&E

ED 4Hr Waits UHL+LLR UCC

87.3%
YTD ⬇

Ambulance Handovers

1% > 60mins ⬇
4% 30-60mins ⬇
YTD

SUCCESSES

- 0 Trolley breaches for June.
- DTOC was 1.3% for June.
- Ambulance handover 60+ minutes – May performance was 0.7%. One of our best performance since the introduction of CAD+ reporting in June 2015.

ISSUES

- Diagnostic 6 week wait – above the 1% national target.
- Cancelled operations continue to grow in response to operational pressure on the 4 hour wait.
- 4 patient waiting over 52+ weeks (last June the number was 15).
- ED 4Hr Waits UHL – June performance was 82%.

ACTIONS

- For ED 4hour wait and Ambulance Handovers please refer to Chief Operating Officers report.
- Please see detail on improved flow that will support cancelled ops improvement.
- Daily look back at the previous days cancellation are in place to ensure correct escalation of all cancellations and to view if any lessons can be learned to avoid cancellations in future.

Domain – Responsive Cancer

University Hospitals of Leicester NHS
NHS Trust

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

Cancer 2 Week Wait

94.5% YTD

95.0% May ↑

31 Day Wait

94.7% YTD

95.0% May ↑

62 Day Wait

77.0% YTD

75.8% May ↓

31 Day Backlog

30 June ↓

62 Day Backlog

109 June ↓

62 Day Adjusted Backlog

95 June ↓

SUCCESSES

Cancer performance is reported 1 month in arrears.

- Cancer Two Week Wait was achieved in May and has remained compliant since July 16.

ISSUES

- Cancer 62 day treatment – was 9.2% off target for May.
- 31 day wait was 1% off target for May.

ACTIONS

- Additional theatre capacity in July and August for Urology and Gynaecology.
- Heads Of Ops instructed to book all 31 day and 62 day patients in month July.
- Coo to chair monthly cancer taskforce to drive CMG ownership.
- Rejection of all LOGI referrals that meet criteria without FIT result.
- Priority objective set by COO to all Heads of Operations.

Ambulance Handover – 2018/19 (YTD)

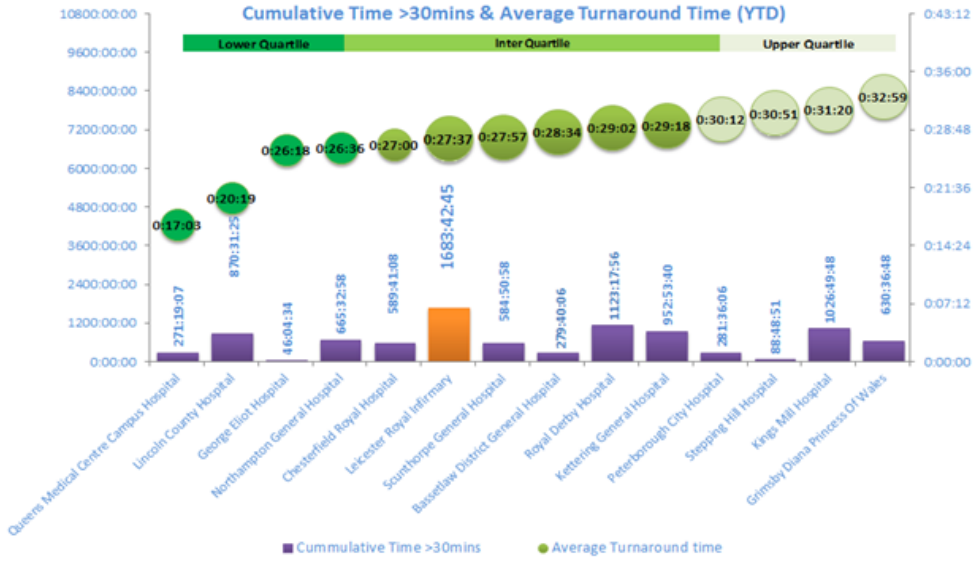
University Hospitals of Leicester NHS
NHS Trust

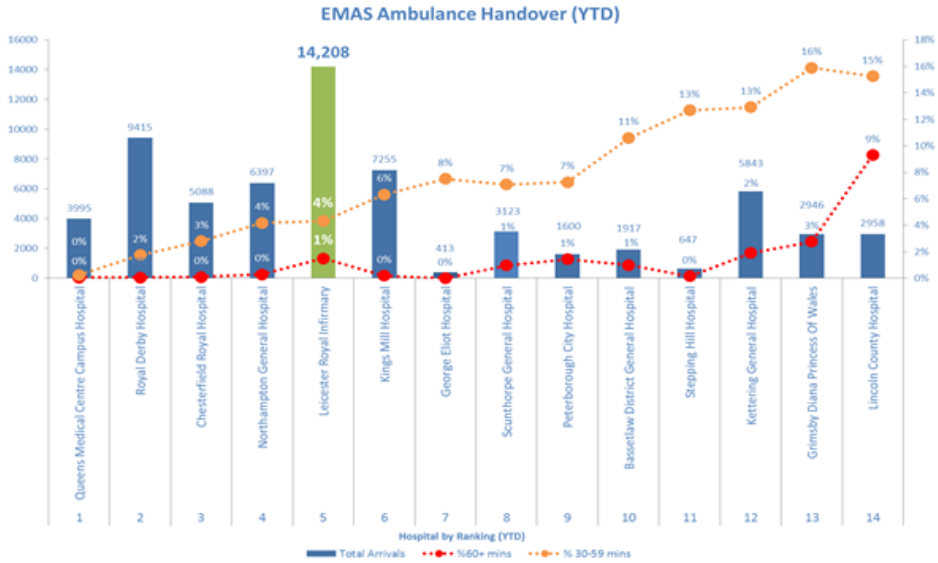
EMAS Ambulance Handover - LRI vs other hospitals (YTD)

Rank	Hospital	Total	30 - 59 Minutes	1 - 2 Hours	2 Hours Plus	% 30-59 mins	%60+ mins	%30+ mins	Average Turnaround time	Cumulative time 30+ mins Handover Turnaround target
1	Queens Medical Centre Campus Hospital	3995	10	1	1	0%	0%	0%	0:17:03	271:19:07
2	Royal Derby Hospital	9415	164	3	1	2%	0%	2%	0:29:02	1123:17:56
3	Chesterfield Royal Hospital	5088	142	4	1	3%	0%	3%	0:27:00	589:41:08
4	Northampton General Hospital	6397	267	16	2	4%	0%	4%	0:26:36	665:32:58
5	**Leicester Royal Infirmary**	**14,208**	**613**	**173**	**40**	**4%**	**1%**	**6%**	**0:27:37**	**1683:42:45**
6	Kings Mill Hospital	7255	458	14	0	6%	0%	7%	0:31:20	1026:49:48
7	George Eliot Hospital	413	31	0	0	8%	0%	8%	0:26:18	46:04:34
8	Scunthorpe General Hospital	3123	221	29	1	7%	1%	8%	0:27:57	584:50:58
9	Peterborough City Hospital	1600	116	22	1	7%	1%	9%	0:30:12	281:36:06
10	Bassetlaw District General Hospital	1917	203	18	1	11%	1%	12%	0:28:34	279:40:06
11	Stepping Hill Hospital	647	82	1	0	13%	0%	13%	0:30:51	88:48:51
12	Kettering General Hospital	5843	755	103	8	13%	2%	15%	0:29:18	952:53:40
13	Grimsby Diana Princess Of Wales	2946	468	77	4	16%	3%	19%	0:32:59	630:36:48
14	Lincoln County Hospital	2958	451	226	49	15%	9%	25%	0:20:19	870:31:25
	EMAS	**69,497**	**4,447**	**835**	**144**	**0**	**1%**	**8%**	**1%**	**9968:27:43**

Highlights

- CAD+ data used in performance analysis (88% coverage of all arrivals at LRI).
- LRI has the highest number of arrivals YTD.
- LRI average handover time is within the **Mean** range.
- Hours lost YTD due to handover delays longer than 30 minutes is 1683. The equivalent of **140** ambulance shifts (12 hours) lost.





Lowest Turnaround Time (Avg.) 17 Mins

Median Turnaround Time (Avg.) 28 Mins

LRI Turnaround Time (Avg.) 27 Mins

LRI Total Time over 30mins 1683 Hours

LRI Delay >30mins – Number Ambulance Shifts 140 Shifts

Ambulance Handover 30-59 mins 4% YTD

Ambulance Handover >60Mins 1% YTD

Ambulance Handover – June 2018

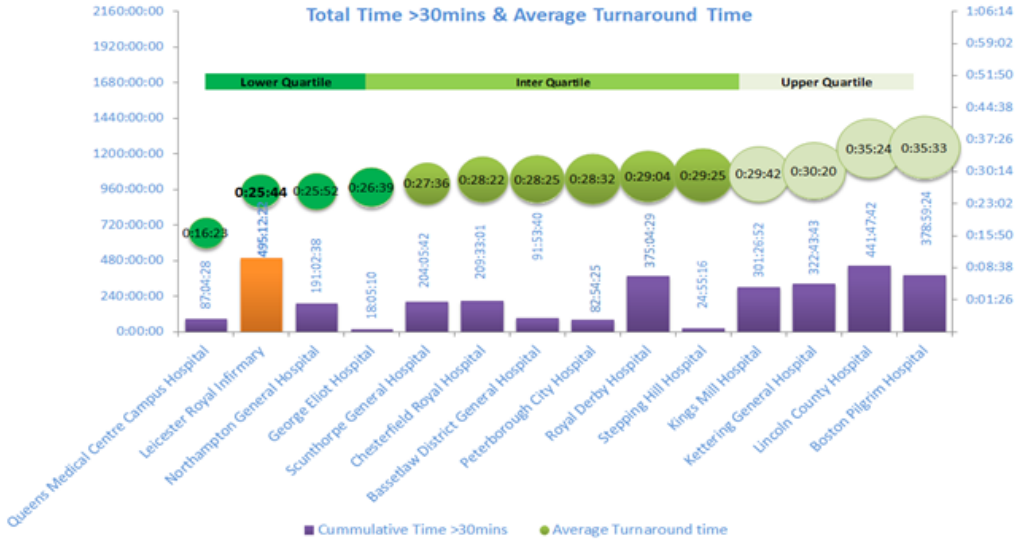
University Hospitals of Leicester NHS
NHS Trust

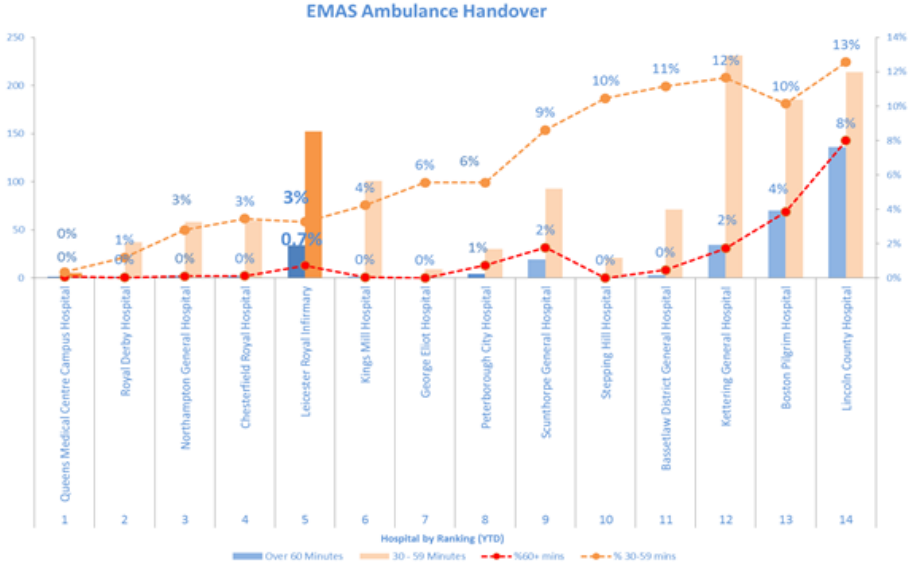
EMAS Ambulance Handover - LRI vs other hospitals June 2018)

Rank	Hospital	Total	30 - 59 Minutes	Over 60 Minutes	1 - 2 Hours	2 Hours Plus	% 30-59 mins	%60+ mins	%30+ mins	Average Turnaround	Total time 30+ mins Handover
1	Queens Medical Centre Campus Hospital	1442	5	1	1	0	0%	0%	0%	0:16:23	87:04:28
2	Royal Derby Hospital	3117	37	1	1	0	1%	0%	1%	0:29:04	375:04:29
3	Northampton General Hospital	2080	58	2	2	0	3%	0%	3%	0:25:52	191:02:38
4	Chesterfield Royal Hospital	1715	59	2	2	0	3%	0%	4%	0:28:22	209:33:01
5	**Leicester Royal Infirmary**	**4,665**	**152**	**34**	**34**	**0**	**3%**	**0.7%**	**4%**	**0:25:44**	**495:12:22**
6	Kings Mill Hospital	2385	101	1	1	0	4%	0%	4%	0:29:42	301:26:52
7	George Eliot Hospital	162	9	0	0	0	6%	0%	6%	0:26:39	18:05:10
8	Peterborough City Hospital	540	30	4	4	0	6%	1%	6%	0:28:32	82:54:25
9	Scunthorpe General Hospital	1080	93	19	19	0	9%	2%	10%	0:27:36	204:05:42
10	Stepping Hill Hospital	201	21	0	0	0	10%	0%	10%	0:29:25	24:55:16
11	Bassetlaw District General Hospital	637	71	3	3	0	11%	0%	12%	0:28:25	91:53:40
12	Kettering General Hospital	1984	231	34	33	1	12%	2%	13%	0:30:20	322:43:43
13	Boston Pilgrim Hospital	1825	185	70	54	16	10%	4%	14%	0:35:33	378:59:24
14	Lincoln County Hospital	1704	214	136	107	29	13%	8%	21%	0:35:24	441:47:42
	EMAS	**25,014**	**1,538**	**350**	**304**	**46**	**6%**	**1%**	**8%**	**0:28:33**	**3536:39:42**

Highlights

- CAD+ data used in performance analysis (88% coverage of all arrivals at LRI).
- LRI had highest number of arrivals in June .
- LRI average handover time was within the **Lower Quartile** range. With a I minute increase in average turnaround time.
- Hours lost in June due to handover delays longer than 30 minutes **increased by 18%** from last month to **495**. The equivalent of **41** ambulance shifts (12 hours) lost.





Lowest Turnaround Time (Avg.) 16 Mins

Median Turnaround Time (Avg.) 28 Mins

LRI Turnaround Time (Avg.) 25 Mins

LRI Total Time over 30mins 495 Hours

LRI Delay >30mins – Number Ambulance Shifts 41 Shifts

Ambulance Handover 30-59 mins 4%

Ambulance Handover >60Mins 0.7%

Out Patient Transformation Programme

University Hospitals of Leicester NHS
NHS Trust

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

Reductions in number of FU attendances

0.9%(A)
Qtr1 18/19

Reduction in hospital cancellations (ENT)

22%
YTD

Outpatients FFT

95%
YTD

GP Referrals via ERS

91.2%
YTD

93.5%
Advice & Guidance
Qtr1 18/19

Reduction of long term FU

1339
June 18

Patients seen within 15 mins

59%
YTD

Coverage
16%
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

ASI Rate

24.9%
YTD

Room Utilisation

76%
YTD

SUCCESSES

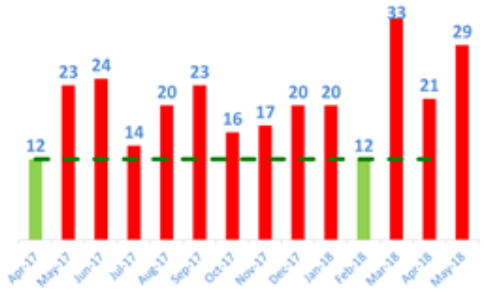
- Patient cancellations managed via the Booking Centre on track for Delivery in August
- Bookwise business case approved. Programme under development to improve clinic utilization.
- Recording or waiting times in OP commenced in Speciality Medicine and ENT.
- Plans to address waiting times in ENT clinics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

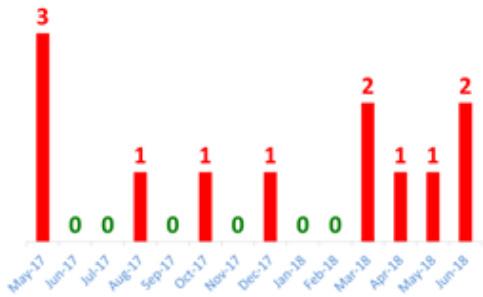
ISSUES

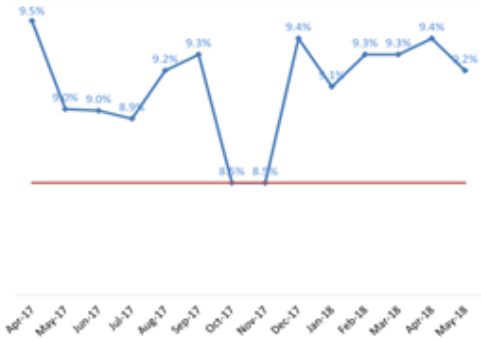
- Currently not on track to meet FFT rating of 97% recommended by March 2019.
- OP Clinic Room utilisation (CSI managed services) has deteriorated.
- Waiting times in OP clinics only captured for 16% clinics
- Clinic cancellations remain high in ENT
- Ability to turn around clinic outcome letters in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

ACTIONS

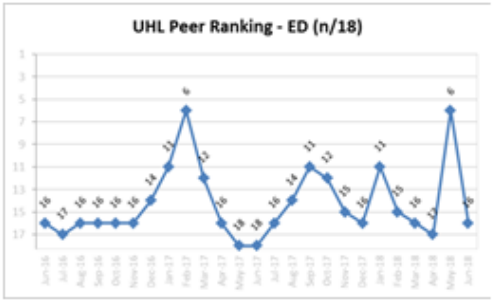
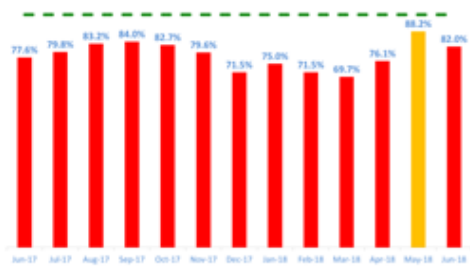
- All Specialities to record waiting times in OP clinics wef: 1st August
- Commence targeted work in ENT to reduce hospital cancellations
- Initiate DictateIT transcription pilot in 3 Specialities
- Agree scope of works to incrementally move to a centralised model for OP
- Implement 6,4,2 system for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

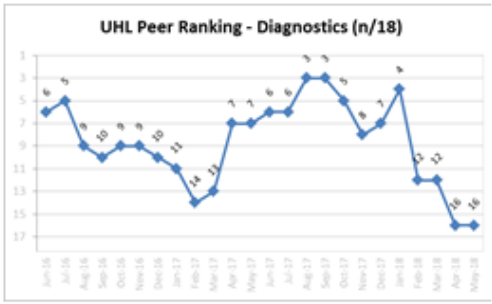
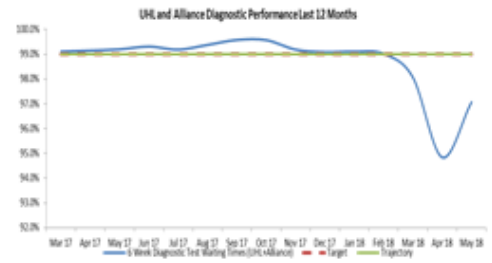
Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
Moderate Harm – Reduction for moderate harm and above PSIs with finally approved status - reported 1 month in arrears.	**18/19 Target – <12 per month** 29 moderate harm incidents reported in May compared to 23 for the same period last year.	**Trend** 	It is difficult to make a judgment on why we have had more harms this May compared to the same period last year. Looking across the incidents there is nothing that jumps out and if we are using accurate measurement for improvement methodology we should be using more than 2 data points. In addition to this we seem to still be using the 17/18 target of 9% reduction against 16/17 for 18/19 which is now incorrect.	Target for 18/19 to be agreed. Review of methodology for measuring improvement.
RIDDOR – Number of Serious Staff Injuries	**18/19 Target – <=50** 6 reported in June, 5 was reported for the same period last year. YTD is 14 compared to 15 by the same period last year.	**Trend**  RIDDOR. Incremental Monthly Trajectory 2018-19 Apr Ma Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Actual 1 7 6 Actual Cumulative 1 8 14 Predicted 4 5 6 4 4 4 4 4 4 3 3 4 Predicted Cumulative 4 9 15 19 23 27 31 35 39 42 45 50	As the amount of RIDDORs far exceeded the targets set last year, we have revised this year's target to a 10% reduction on last year's total figures. This is based on the months that we have seen previous spikes in RIDDOR injuries (from 10 years' worth of Data) and a professional judgement on the targets for each month. The revised targets and the first quarter figures for 18/19 are shown in the table in the trend section. Based on this, we are on target overall and have hit the target for June.	18/19 target and trajectory updated to reflect the revised target.

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
Never Events – is a measure of the number of UHL never events at month end.	**18/19 Target – 0** 2 never events reported in June. 4 reported YTD.	**Trend** 	**Never Event 1 - Wrong site surgery** Patient was listed and consented for a left leg Angioplasty. In this patients case it was identified that the route of entry should be the left femoral artery in advance of the planned procedure. Local anaesthetic was injected; ultrasound guided puncture commenced, the sheath inserted and angiogram completed. From the angiogram images being viewed it became apparent that the right femoral artery had been punctured in error rather than the intended left. The procedure ceased immediately, the sheath was removed and manual compression applied. After an apology to the patient the procedure on the left leg was then carried out successfully with the patient's consent. **Never Event 2 -Wrong site surgery** Patient was referred for a right leg Angioplasty but he was consented for a left leg Angioplasty. In this patients case it was identified that the route of entry should be the right femoral artery	**Immediate Actions** On the day of the incident email sent from Clinical Lead Superintendent Radiographer to all staff involved in Interventional Radiology at all three sites to ensure that • The whole team are clear on the site/side of the procedure • During consent have a nurse or radiographer present with radiologist • It needs to be made clear if contralateral puncture is being completed • Ensure that there is a 'STOP' moment to perform the verbal completion of the safesite prior to needle to skin as soon as patient is on the table. Whole team present and focused. Close the door to the room to avoid distraction. Visit to area by Deputy Medical Director, Senior Patient Safety Manager and Patient Safety Lead to gain further understanding of the incident and to agree immediate actions with members of the senior management team from the CMG. Further immediate actions agreed were;

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
			in advance of the procedure. The Interventional Radiology Department safe site documentation checklist was completed for this case as per usual process against the consent form that was incorrect. The left leg angioplasty commenced as per consent form. From the duplex scan being viewed it became apparent that the left femoral artery had been punctured in error rather than the right. The error was explained fully to the patient and an apology given. The procedure on the right leg was then carried out successfully with the patient's consent	To undertake messaging on every team briefing for the next two weeks with all members of the MDT which will include; • Ensuring that there are three points of checking completed for confirmation of procedure – consent form, referral request and review of imaging/report • Strengthen the TIME OUT – to ensure that all members of the team stop what they are doing, are quiet, engaged and focused. This will make sure that all of the team are clear about what procedure is due to take place. • Ask the patient what procedure they are expecting to have done and do not just confirm the procedure written down with them. Full RCA now in progress for both incidents.
Emergency Readmissions – emergency readmissions within 30 days following an elective or emergency spell	**18/19 Target – <8.5%** Performance in May was 9.2% compared to 9% same period last year.	**Trend** 	There has been a rise in the readmission rate since November 2017.	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. Members of this team attend all board rounds so have a unique opportunity to interact with clinical teams to remind them of the actions that

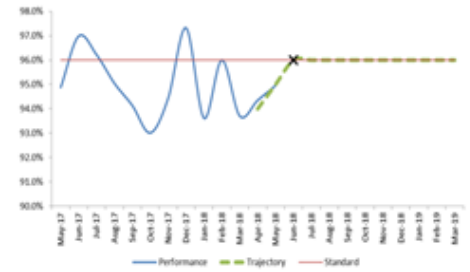
Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
				need to be undertaken according to the UHL guideline.
No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions	**18/19 Target – 72%** Performance in June was 53.5%. 74 NOF's of which 34 exceeded the 36hr time to theatre target. The year to date performance for this measure is 63.4% compared with 80.9% by the same period last year. Those which were >36hrs were for the following reasons:- • 14 patients - clinical reasons • 13 patients – trauma priority patients/ lack of theatre capacity • 3 Patients – awaiting a hip consultant • 1 patient – no theatre kit available holes in sets • 1 patient – no assistant • 1 patient - radiographer unavailable • 1 patient – communication error This means that of the 34 patients who exceeded the threshold - 20 were within our control and 14 were outside of our control.	**Trend**  	• Lack of theatre capacity, this has been reviewed and it is evident that the volumes of complex trauma requiring surgery due to their clinical need time plus spinal activity had a significant impact. This resulted in lengthy theatre overruns, causing a lack of flow for NoF patients. • On-going concerns re DOAC'S- 10 patients delayed due to raised levels, awaiting guidelines from anaesthetics ITAPS • There is an issue with first assistants in theatres, throughout the week this has improved but weekend cover still remains challenging. • Hip surgeon availability is an issue when on-call surgeon is not of that sub speciality expertise this delayed 3 patients. • Shortage of image equipment is a constant struggle within theatres and theatre lists are changed accordingly to accommodate this however this is not always possible. Theatre team have agreed to Datix all cases of delays / cancellations / non-image only lists going forwards.	Theatres currently have no team leader so linking closely with the matron until team leader is post to coordinate and manage changing priorities. Meeting with REDs team to ensure turnaround of theatre equipment in a timely manner. Additional sessions sourced when able. Hip surgeon availability is an issue when on-call surgeon is not of that sub speciality expertise this delayed 2 patients. Re-allocation of hip surgeons to the appropriate list is being monitored. The consistent application of the DOAC reversal still remains an issue. Plus anaesthetic thresholds of acceptability regarding anticoagulation. ITAPS lead for trauma is continuing to look for a solution. Operational meetings continue

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
	ED wait times for 71 NoF patients targets were:- • 0-4 hours = 41 patients • 4-8 hours = 29 patients • 8-12 hours = 1 patient • Over 12 hours = 0 patients			
ED 4 Hour Waits - is a measure of the percentage of patients that are discharged, admitted or transferred within four hours of arrival at the Emergency Department (ED).	**18/19 Target – 95% or above** 82% of patients were treated within 4 hour compared to 77.6% in the same period last year.	**Benchmark**  **Trend** 	The LLR system has delivered against the urgent care trajectory for the last 3 months. With major improvement in ambulance handover. June saw a reduction in improvement which has continued into July following the weekend performance of the 6th July. ED attendances are 1% higher than plan in Qtr 1 and 2% higher than the same period last year.	Key recovery actions for July led by the COO are: 1. Improve the governance and accountability 2. MADE event (July 9th) 3. Stranded patient week (9 - 13th July) 4. Strengthen emergency floor processes including fast tracking to base wards 5. Strengthen weekend planning with a focus on discharge 6. Review on-call rotas 7. Utilisation of predicated bed requirement for all Specialities and overall bed requirement by time of day

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
6 Weeks - Diagnostic Test Waiting Times (UHL+ALLIANCE) – is a measure of the percentage of patients with a diagnostic waiting time within 6 weeks.	**18/19 Target - <1%** 2018/19 has seen a failure to meet the 1% diagnostic breach target in the first two months and forecasted to not achieve in month 3. Prior to April 2018, UHL had achieved 17 consecutive months of delivery of the DM01 standard. The forecasted diagnostic performance for June is circa 97.2% subject to final validation (and therefore not published here.	**Benchmark**  **Trend**  	Capacity constraints for modalities in both Endoscopy and Radiology. Conversion of elective capacity for radiology to non elective capacity during winter bed pressures has seen a roll-on effect. Reduced available capacity for endoscopy at local hospitals within the Alliance as well an increases in 2WW referrals resulting in increased demand.	From 14th May the radiology service has rented 2 additional MR vans including continuing with the rented van that was to be discontinued when the Modular MR Unit became operational. This has seen month on month improvements in MRI diagnostic breaches. CT capacity has remained challenged in June. For endoscopy additional clinical capacity will start at the beginning of August with the introduction of an endoscopy fellow resulting in an additional 6 sessions per week.
RTT Incomplete 92% in 18 Weeks UHL+ALLIANCE – is a measure of patients treated within 18 weeks of referral.	**18/19 Target – 92%** The Trust remains below the 92.0% standard with referral increase above plan: The YTD increase from 2017/18 has seen an additional 5,062 referrals, an 8.4% increase. The combined performance for UHL and the Alliance for RTT in June was 87%. The Trust performance was below its trajectory target of 87.1% target for June.	**Benchmark**  	Large portions were seen in the specialties already constrained with capacity with 51% increase in Paediatric ENT (252 patients), 22% Urology (318 patients) , ENT 9% (208 patients). 2WW increase For Q1 there has been a 12.3% increase in 2WW patients seen compared to last financial year with 1,005 more 2WW appointments. This has diverted resources from general RTT appointments and diagnostic resources that may have otherwise been used to stop or	Wider admin team (utilising booking centre) to contact patients out of hours. Alliance reviewing criteria to expand potential that can be taken. Uprating of theatre productivity programme to improve volume of admissions. COO reviewing the cancellation progress.

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
		Trend 	further the pathway of an 18week clock. A reduced number of patients transferred to the independent sector in June, 98 transfers against a plan of 423. Ability to achieve the planned number of transfers was due to number of clinically appropriate patients reducing and ability to contact patients.	
RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE – number of patients waiting over 52 weeks from referral date.	**18/19 Target – 0** At the end June there was 4 patients with an incomplete pathway at more than 52 weeks. These were 1 Paediatric ENT patient and 3 Paediatric Cardiology Patients. Capacity was available for 3 of the patients to be treated in June however due to social reasons chose to wait until July for treatment.	**Trend** 	Prior cancellations have produced a large increase in the number of long waiting patients at over 40 weeks. At the end of June there were 245% more patients waiting over 40 weeks compared to June 2017. Despite the increased number of long waiting patients, UHL's current 52 week breach performance is significantly better than 2017's, with 73% fewer 52 week breaches over the same period. All June patients were offered dates in June but chose to wait until July.	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.

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
% Operations cancelled - for non-clinical reasons on or after the day of admission UHL + ALLIANCE	**18/19 Target – 0.8% or below** In June the Trust cancelled 1.2% of operations for non-clinical reasons. For June there were 138 non-clinical hospital cancellations for UHL and Alliance combined. This resulted in a failure of the 0.8% standard as 1.2% of elective FCE's were cancelled on the day for non-clinical reasons (123 UHL 1.2% and 15 Alliance 1.7%). There were 24 patients who did not receive their operation within 28 days of a non-clinical cancellation (76 YTD).	**Trend** 	Capacity constraints resulting in 56 cancellations (46%) of hospital non-clinical cancellations. 31 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 causational factors.	Cancellations due to lack theatre time / list overrun are being managed as part of the Theatre Program Board's Efficient Work Stream, focusing on starting on time and scheduling. 28 Day Performance monitored at the Weekly Access Meeting
Ambulance Handover >60 Mins (CAD+ from June 15) – is a measure of the percentage of handover delays over 60 minutes	**18/19 Target – 0%** June performance for handover was 0.7%. One of our best performances.	**Trend** 	June showed a 13% increase in hours lost in comparison to May. However, performance remians signifcnalty better than in the months preceding May.	Dedicated person in Ambulance Assessment managing time of arrival to handover. Escalation protocol in place when ambulance assessment bay hits 8 patients via the flow manager. System in place to ensure additional nursing and medical support is provided at peak times to increase throughput. Patients arriving by ambulance are assessed to see if they are fit to sit and if this is the case they are handed over to the walk in assessment zone to free up cubicle space in ambulance assessment.

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
				This ensures ambulance assessment is freed up for improved handover. Rapid flow of patients to inpatient beds to improve flow through ED by having complete oversight of the department via the flow Manager. Opel4 escalation process for cohorting being reviewed to ensure it is robust. COO to meet with EMAS in July to identify any further actions required.
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	**18/19 Target – 96% or above** May performance was 1% under the national target, the primary contributing tumour sites to performance being: - Gynae, Head & Neck, Lower GI and Urology. Urology accounted for 69% of the 31 day first breaches in May.	**Benchmark**  **Trend** 	Themes: Theatre capacity, patient choice and patient fitness are the primary factors affecting the backlog.	Additional theatre capacity in July and August for Urology and Gynaecology. Heads Of Ops instructed to book all 31 day and 62 day patients in month July.

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	**18/19 Target – 85% or above** 62 day performance deteriorated on the previous month by 2.6% failing the standard at 75.8% in May.	**Benchmark**  **Trend** 	Of the 15 tumour groups, 2had nothing to report in the month, 4 achieved above the standard (Breast, Testicular, Skin & Rares). Significant reduction seen in Gynaecology as they worked through reducing their backlogs.	IST coming to review Urology plans and governance – 03/08/18. Urology moved onto daily calls to review all backlog patients – 09/07/18. COO to chair monthly cancer taskforce to drive CMG ownership. August 18 onwards. Rejection of all LOGI referrals that meet criteria without FIT result - 14/07/18. Priority objective set by COO to all Heads of Operations.

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	KPI Ref	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	15/16 Outturn	16/17 Outturn	17/18 Outturn	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	18/19 YTD
Safe	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	24	14	20	22	16	17	20	20	12	33	21	29		50
	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	3	5	3	5	3	0	2	5	0	2	4	4	6	14
	S3	Proportion of reported safety incidents per 1000 attendances (IP, OP and ED)	AF	MD	> FY 17/18	UHL	Not required	May-17	17.5	16.5	15.8	15.1	15.5	14.0	14.5	14.7	15.0	18.9	15.7	16.9	17.5	16.7	16.1	16.9	16.5
	S4	SEPSIS - Patients with an Early Warning Score 3+ - % appropriate escalation	AF	SH	95%	UHL	TBC	Dec-17	New Indicator	88%	95%	92%	94%	94%	95%	95%	95%	96%	98%	97%	98%	98%	97%	98%	98%
	S5	SEPSIS - Patients with EWS 3+ - % who are screened for sepsis	AF	SH	95%	UHL	TBC	Dec-17	New Indicator	93%	95%	94%	92%	94%	93%	95%	96%	96%	95%	94%	95%	96%	96%	96%	96%
	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%	87%	86%	86%	85%	86%	87%	84%	83%	82%	79%	95%	93%		94%
	S7	SEPSIS - Wards (including assessment units) Patients who trigger for Red Flag Sepsis - % that receive their antibiotics within an hour - reported 1 month in arrears	AF	SH	90%	UHL	TBC	Dec-17	New Indicator	55%	80%	82%	80%	75%	80%	84%	79%	76%	82%	78%	83%	84%	83%		84%
	S8	Overdue CAS alerts	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	Nov-16	1	0	0	0	0	0	0	0	0	0	0	0	0	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	5	4	4	7	4	9	4	3	0	6	1	7	6	14
	S10	Never Events	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	May-17	2	4	8	0	0	1	0	1	0	1	0	0	2	1	1	2	4
	S11	Clostridium Difficile	EM	DJ	61	NHSI	Red if >mthly threshold / ER if Red or Non compliance with cumulative target	Nov-17	60	60	68	10	5	7	9	7	4	4	4	5	8	12	4	5	21
	S12	MRSA Bacteraemias - Unavoidable or Assigned to third Party	EM	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)	EM	DJ	0	UHL	Red if >0 ER if >0	Nov-17	0	0	4	0	0	1	1	0	0	0	0	2	0	0	0	0	0
	S14	MRSA Total	EM	DJ	0	UHL	Red if >0 ER if >0	Nov-17	0	3	4	0	0	1	1	0	0	0	0	2	0	0	0	0	0
	S15	E. Coli Bacteraemias - Community	EM	DJ	TBC	NHSI	TBC	Jun-18	New Indicator	476	454	39	45	40	38	42	38	35	43	29	32	38	54	43	135
	S16	E. Coli Bacteraemias - Acute	EM	DJ	TBC	NHSI	TBC	Jun-18	New Indicator	121	96	15	7	2	10	3	10	9	7	5	9	11	7	3	21
	S17	E. Coli Bacteraemias - Total	EM	DJ	TBC	NHSI	TBC	Jun-18	New Indicator	597	550	54	52	42	48	45	48	44	50	34	41	49	61	46	156
	S18	MSSA - Community	EM	DJ	TBC	NHSI	TBC	Nov-17	New Indicator	134	139	10	15	13	12	12	3	17	19	10	10	12	11	8	31
	S19	MSSA - Acute	EM	DJ	TBC	NHSI	TBC	Nov-17	New Indicator	30	43	3	6	2	1	1	3	4	4	4	4	5	4	2	11
	S20	MSSA - Total	EM	DJ	TBC	NHSI	TBC	Nov-17	New Indicator	164	182	13	21	15	13	13	6	21	23	14	14	17	15	10	42
	S21	% of UHL Patients with No Newly Acquired Harms	EM	NB	>=95%	UHL	Red if <95% ER if in mth <95%	Sept-16	97.7%	97.7%	97.7%	97.4%	97.4%	98.0%	98.0%	98.1%	97.8%	98.1%	97.8%	97.4%	97.4%	97.4%	97.3%	98.4%	97.7%
	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%	96.2%	95.9%	96.1%	95.7%	95.8%	96.1%	95.2%	94.9%	93.6%	94.0%	93.6%	95.5%	95.6%	94.9%
	S23	All falls reported per 1000 bed stays for patients >65years- reported 1 month in arrears	EM	HL	<=5.5	UHL	Red if >6.6 ER if 2 consecutive reds	Jun-18	5.4	5.9	6.0	5.9	4.9	6.0	5.8	5.6	5.4	6.2	7.7	6.1	6.6	7.4	6.1		6.7
	S24	Avoidable Pressure Ulcers - Grade 4	EM	MC	0	QS	Red / ER if Non compliance with monthly target	Aug-17	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
	S25	Avoidable Pressure Ulcers - Grade 3	EM	MC	<=3 a month (revised) with FY End <27	QS	Red / ER if Non compliance with monthly target	Aug-17	33	28	8	4	0	0	0	0	0	1	1	2	0	0	0	1	1
	S26	Avoidable Pressure Ulcers - Grade 2	EM	MC	<=7 a month (revised) with FY End <84	QS	Red / ER if Non compliance with monthly target	Aug-17	89	89	53	2	4	1	8	3	1	7	5	7	4	7	4	7	18
	S27	Maternal Deaths (Direct within 42 days)	AF	IS	0	UHL	Red or ER if >0	Jan-17	0	2	2	0	0	0	0	0	1	0	0	0	1	1	0	0	1
	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%	18.0%	16.6%	18.3%	17.7%	19.3%	16.1%	18.0%	19.1%	19.8%	17.4%	19.3%	19.9%	19.4%	19.5%

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C1	>75% of patients in the last days of life have individualised End of Life Care plans	EM	CR	75%	UHL	Red if <70% ER if in Qtr <70%	TBC	NEW INDICATOR		93%	100%	100%	100%	100%	88%	88%	88%		81%	81%				
C2	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	1.1	1.0	1.6	1.5	1.8	1.2	1.2	1.5	1.4	1.6	1.6	1.6	1.4	1.5
C3	Percentage of upheld PHSO cases	AF	MD	No Target	UHL	Quarterly reporting	Mar-18	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%
C4	Published Inpatients and Daycase Friends and Family Test - % positive	EM	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%	97%	97%	98%	97%	97%
C5	Inpatients only Friends and Family Test - % positive	EM	HL	97%	UHL	Red if <95% ER if red for 3 consecutive months Revise threshold 17/18	Jun-17	97%	96%	96%	96%	96%	96%	97%	95%	96%	96%	96%	97%	96%	96%	97%	97%	96%
C6	Daycase only Friends and Family Test - % positive	EM	HL	97%	UHL	Red if <95% ER if red for 3 consecutive months Revise threshold 17/18	Jun-17	98%	98%	98%	99%	98%	98%	98%	99%	98%	99%	99%	98%	98%	99%	99%	98%	99%
C7	A&E Friends and Family Test - % positive	EM	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	96%	91%	95%	96%	95%	98%	96%	95%	95%	95%	97%	94%	94%	95%	96%	95%	96%
C8	Outpatients Friends and Family Test - % positive	EM	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%	95%	94%	95%	96%	96%	95%	95%	95%	96%	95%	95%
C9	Maternity Friends and Family Test - % positive	EM	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	95%	95%	95%	96%	94%	93%	93%	93%	95%	94%	95%	95%	96%	94%	94%	93%	94%
C10	Friends & Family staff survey: % of staff who would recommend the trust as place to receive treatment (from Pulse Check)	JTF	JTF	TBC	NHSI	TBC	Aug-17	70.0%	73.6%	69.8%	??	70.7%			65.0%			69.3%			70.5%			70.5%
C11	Single Sex Accommodation Breaches (patients affected)	EM	HL	0	NHSI	Red if >0 ER if 2 consecutive months >5	Dec-16	1	60	30	1	2	0	0	1	1	0	0	0	19	13	0	11	24

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	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	18/19 YTD
W1	Published Inpatients and Daycase Friends and Family Test - Coverage (Adults and Children)	EM	HL	Not Appicable	N/A	Not Appicable	Jun-17	27.4%	30.2%	27.9%	27.7%	31.0%	29.3%	29.4%	28.2%	27.7%	24.2%	25.0%	24.4%	23.8%	26.7%	28.6%	27.7%	27.7%
W2	Inpatients only Friends and Family Test - Coverage (Adults and Children)	EM	HL	30%	QS	Red if <26% ER if 2mths Red	Jun-17	31.0%	35.3%	31.9%	30.6%	37.7%	35.6%	33.2%	32.4%	31.6%	25.4%	28.3%	28.4%	26.0%	30.6%	32.2%	30.1%	31.0%
W3	Daycase only Friends and Family Test - Coverage (Adults and Children)	EM	HL	20%	QS	Red if <10% ER if 2 mths Red	Jun-17	22.5%	24.4%	23.6%	24.7%	23.9%	22.7%	25.3%	23.8%	23.9%	22.8%	21.5%	19.9%	21.3%	22.4%	24.6%	25.3%	24.1%
W4	A&E Friends and Family Test - Coverage	EM	HL	10%	QS	Red if <7.1% ER if 2 mths Red	Jun-17	10.5%	10.8%	9.9%	9.4%	11.1%	13.5%	12.4%	9.7%	8.8%	8.1%	10.0%	7.5%	7.2%	7.1%	12.0%	9.9%	9.7%
W5	Outpatients Friends and Family Test - Coverage	EM	HL	5%	QS	Red if <1.5% ER if 2 mths Red	Jun-17	1.4%	3.0%	5.7%	6.0%	5.7%	6.4%	6.6%	6.1%	6.0%	6.3%	3.9%	4.7%	5.7%	5.7%	5.7%	5.8%	5.7%
W6	Maternity Friends and Family Test - Coverage	EM	HL	30%	UHL	Red if <26% ER if 2 mths Red	Jun-17	31.6%	38.0%	40.2%	42.2%	43.3%	40.9%	38.8%	40.3%	46.0%	33.8%	36.7%	30.1%	38.9%	35.9%	41.9%	37.2%	38.3%
W7	Friends & Family staff survey: % of staff who would recommend the trust as place to work (from Pulse Check)	JTF	BK	Not within Lowest Decile	NHSI	TBC	Sep-17	55.4%	61.9%	57.9%	??	57.3%			57.0%			54.7%			60.3%			60.3%
W8	Nursing Vacancies	EM	MM	TBC	UHL	Separate report submitted to QAC	Dec-17	8.4%	9.2%	11.9%	11.1%	10.8%	10.3%	9.7%	9.4%	11.1%	11.4%	14.4%	11.3%	11.9%	12.4%	14.0%		13.2%
W9	Nursing Vacancies in ESM CMG	EM	MM	TBC	UHL	Separate report submitted to QAC	Dec-17	17.2%	15.4%	23.4%	21.3%	23.3%	22.5%	22.4%	22.1%	23.8%	22.7%	29.0%	23.1%	23.4%	27.5%	29.5%		28.5%
W10	Turnover Rate	JTF	LG	TBC	NHSI	Red = 11% or above ER = Red for 3 Consecutive Mths	Nov-17	9.9%	9.3%	8.5%	8.8%	8.8%	8.7%	8.5%	8.6%	8.5%	8.5%	8.4%	8.4%	8.5%	8.5%	8.6%	8.4%	8.4%
W11	Sickness absence (reported 1 month in arrears)	JTF	BK	3%	UHL	Red if >4% ER if 3 consecutive mths >4.0%	Oct-16	3.6%	3.3%	4.2%	3.6%	3.8%	3.8%	3.9%	4.0%	4.2%	4.7%	5.3%	5.3%	4.7%	3.9%	4.0%		4.1%
W12	Temporary costs and overtime as a % of total paybill	JTF	LG	TBC	NHSI	TBC	Nov-17	10.7%	10.6%	12.0%	11.1%	11.2%	11.6%	11.0%	10.7%	11.5%	9.9%	12.2%	10.9%	13.0%	11.0%	12.2%	11.8%	11.7%
W13	% of Staff with Annual Appraisal (excluding facilities Services)	JTF	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	90.7%	91.7%	88.7%	92.1%	91.7%	91.2%	91.0%	90.9%	89.9%	90.4%	89.8%	88.8%	88.7%	89.3%	89.3%	89.8%	89.8%
W14	Statutory and Mandatory Training	JTF	BK	95%	UHL	TBC	Dec-16	93%	87%	88%	85%	85%				81%	84%	85%	86%	88%	89%	89%	89%	89%
W15	% Corporate Induction attendance	JTF	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	97%	96%	97%	96%	98%	97%	94%	95%	97%	96%	96%	98%	98%	96%	96%	98%	97%
W16	BME % - Leadership (8A – Including Medical Consultants)	JTF	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17	New Indicator	26%	27%	26%	27%			27%			27%			28%			28.0%
W17	BME % - Leadership (8A – Excluding Medical Consultants)	JTF	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17	New Indicator	12%	14%	12%	13%			13%			14%			14%			14.0%
W18	Executive Team Turnover Rate - Executive Directors (rolling 12 months)	JTF	AH	TBC	UHL	TBC	Nov-17	New Indicator	0%	40%	20%	20%	20%	20%	20%	20%	20%	40%	40%	40%	75%	75%	50%	50%
W19	Executive Team Turnover Rate - Non Executive Directors (rolling 12 months)	JTF	AH	TBC	UHL	TBC	Nov-17	New Indicator	25%	13%	29%	14%	14%	14%	14%	14%	14%	14%	13%	13%	13%	13%	0%	0%
W20	DAY Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	EM	MM	TBC	NHSI	TBC	Apr-17	90.5%	90.5%	91.3%	89.9%	89.4%	87.8%	93.3%	92.3%	93.3%	91.6%	93.1%	92.8%	94.2%	87.2%	88.6%	87.2%	87.7%
W21	DAY Safety staffing fill rate - Average fill rate - care staff (%)	EM	MM	TBC	NHSI	TBC	Apr-17	92.0%	92.3%	101.1%	87.9%	93.0%	94.9%	106.1%	109.6%	113.0%	110.4%	109.8%	104.5%	105.5%	99.9%	100.2%	98.2%	99.4%
W22	NIGHT Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	EM	MM	TBC	NHSI	TBC	Apr-17	95.4%	96.4%	93.6%	95.9%	95.4%	95.2%	93.2%	90.3%	91.1%	91.5%	92.4%	92.5%	93.0%	93.5%	95.7%	94.3%	94.5%
W23	NIGHT Safety staffing fill rate - Average fill rate - care staff (%)	EM	MM	TBC	NHSI	TBC	Apr-17	98.9%	97.1%	111.0%	93.1%	100.2%	107.7%	114.3%	119.9%	122.5%	117.7%	119.4%	119.4%	120.5%	124.2%	119.8%	118.0%	120.7%

	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	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	18/19 YTD
Effective	E1	Emergency readmissions within 30 days following an elective or emergency spell	AF	CM	Monthly <8.5%	QC	Red if >8.6% ER if >8.6%	Jun-17	8.9%	8.5%	9.1%	9.0%	8.9%	9.2%	9.3%	8.5%	8.5%	9.4%	9.1%	9.3%	9.3%	9.4%	9.2%		9.3%
	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 (Jan16-Dec16)			101 (Apr16-Mar17)			100 (Jul16-Jun17)			98 (Oct16-Sep17)			97 (Jan17-Dec17)	97
	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	98	97	94	96	94	93	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	98	97	97	96	95	94	94	94	94	93	Awaiting HED Update			93
	E5	Crude Mortality Rate Emergency Spells	AF	RB	<=2.4%	UHL	Monthly Reporting	Apr-17	2.3%	2.4%	2.2%	2.0%	2.2%	1.8%	1.8%	1.9%	2.0%	2.7%	2.5%	2.6%	2.3%	2.2%	2.0%	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%	76.8%	76.1%	80.6%	69.6%	61.1%	75.4%	67.9%	72.6%	66.1%	66.7%	74.6%	64.2%	53.5%	63.4%
	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%	85.7%	93.6%	89.0%	85.4%	87.4%	88.4%	88.1%	83.0%	80.4%	81.1%	83.3%	87.3%		85.6%
	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%	68.6%	64.3%	51.7%	28.6%	67.9%	60.8%	65.3%	36.0%	28.8%	51.2%	48.1%	67.3%	77.7%	63.8%

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	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-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%	77.6%	79.8%	83.2%	84.0%	82.7%	79.6%	71.5%	75.0%	71.5%	69.7%	76.1%	88.2%	82.0%	82.2%
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	Dec-17	NEW INDICATOR		80.6%						85.1%	79.5%	81.8%	78.7%	77.9%	82.8%	91.3%	87.1%	87.3%
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	0	0	0	3	0	2	35	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%	92.3%	91.8%	91.8%	91.4%	92.1%	92.1%	90.2%	88.8%	87.5%	85.2%	85.8%	86.8%	87.0%	87.0%
R5	RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE	RB	WM	0	NHSI	Red /ER if >0	Nov-16	232	24	4	15	16	18	1	0	0	1	1	2	4	3	4	4	4
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%	0.7%	0.8%	0.6%	0.4%	0.4%	0.8%	0.9%	0.9%	1.0%	1.9%	5.2%	2.9%	3.0%	3.0%
R7	Urgent Operations Cancelled Twice (UHL+ALLIANCE)	RB	WM	0	NHSI	Red if >0 ER if >0	Jan-17	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
R8	Cancelled patients not offered a date within 28 days of the cancellations UHL	RB	WM	0	NHSI	Red if >2 ER if >0	Jan-17	48	212	336	10	18	14	27	28	15	55	74	31	37	24	27	24	75
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	0	0	0	1	1	0	0	1	0	1
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%	1.0%	1.1%	1.2%	1.4%	1.4%	1.5%	1.4%	1.4%	1.4%	1.5%	1.1%	1.2%	1.2%	1.2%
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%	0.4%	0.0%	0.1%	0.1%	0.9%	0.8%	0.3%	1.2%	0.2%	0.0%	0.9%	0.6%	1.7%	1.1%
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%	1.0%	1.0%	1.1%	1.3%	1.3%	1.4%	1.3%	1.4%	1.3%	1.3%	1.1%	1.2%	1.2%	1.2%
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	114	115	127	149	156	174	129	151	134	144	110	139	138	387
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%	1.4%	1.6%	1.7%	1.9%	1.7%	1.9%	2.2%	2.2%	2.6%	1.7%	1.6%	1.3%	1.3%	1.3%
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%	2%	1%	2%	0.2%	0.6%	0.8%	7%	5%	10%	9%	4%	0.1%	0.7%	1%
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%	8%	5%	4%	3%	6%	8%	13%	11%	14%	15%	8%	1.4%	4%	4%

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	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-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%	95.4%	95.1%	93.7%	94.3%	95.6%	93.9%	95.1%	94.1%	93.9%	95.7%	95.6%	93.9%	95.0%	**	94.5%
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%	94.2%	89.6%	93.0%	92.3%	95.4%	94.3%	90.3%	88.1%	89.0%	92.5%	92.0%	90.3%	95.5%	**	93.0%
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%	94.9%	97.0%	96.2%	95.0%	94.1%	93.0%	94.4%	97.3%	93.6%	96.0%	93.7%	94.3%	95.0%	**	94.7%
RC4	31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	RB	DB	98% or above	NHSI	Red if <98% ER if Red for 2 consecutive mths	Jul-16	99.7%	99.7%	99.1%	97.7%	100.0%	97.9%	99.1%	99.1%	100.0%	100.0%	98.1%	99.0%	98.9%	100%	100%	99.2%	**	99.6%
RC5	31-Day Wait For Second Or Subsequent Treatment: Surgery	RB	DB	94% or above	NHSI	Red if <94% ER if Red for 2 consecutive mths	Jul-16	85.3%	86.4%	85.3%	85.7%	88.9%	90.5%	81.5%	82.1%	80.2%	94.3%	88.2%	84.4%	83.6%	80.3%	77.4%	90.0%	**	83.5%
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%	93.0%	96.2%	95.6%	94.5%	92.1%	94.9%	97.2%	97.6%	95.8%	98.3%	94.8%	97.5%	98.1%	**	97.8%
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%	76.8%	77.7%	82.1%	78.9%	79.1%	78.8%	76.1%	81.3%	76.0%	72.9%	75.6%	78.4%	75.8%	**	77.0%
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%	92.3%	93.3%	85.3%	90.5%	80.0%	89.3%	76.3%	74.1%	78.7%	81.8%	78.1%	58.5%	89.5%	**	75.2%
RC9	Cancer waiting 104 days	RB	DB	0	NHSI	TBC	Jul-16	New Indicator	10	18	6	12	12	6	8	16	13	14	20	14	18	11	9	11	11

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	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-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%	97.4%	93.3%	96.3%	91.7%	93.1%	97.0%	92.6%	94.5%	94.1%	85.3%	92.3%	89.6%	93.7%	**	91.4%
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%	89.5%	92.3%	75.0%	43.6%	46.7%	82.4%	69.0%	82.9%	52.6%	70.3%	85.7%	71.4%	35.0%	**	56.3%
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%	64.3%	92.9%	100.0%	81.8%	70.0%	100.0%	85.7%	85.7%	66.7%	55.6%	88.9%	80.0%	57.1%	**	70.6%
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%	48.3%	61.9%	64.7%	47.8%	61.9%	57.7%	40.9%	46.2%	50.0%	62.5%	62.5%	42.1%	60.0%	**	48.3%
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%	63.8%	50.0%	60.5%	78.9%	78.3%	38.7%	62.5%	50.0%	72.7%	58.3%	41.7%	51.9%	53.1%	**	52.6%
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%	64.8%	61.1%	74.4%	68.8%	61.4%	64.1%	62.2%	89.7%	58.3%	65.1%	52.0%	70.2%	70.5%	**	70.3%
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%	100.0%	0.0%	100.0%	40.0%	66.7%	0.0%	100.0%	100.0%	--	100.0%	--	66.7%	**	66.7%
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%	40.0%	100.0%	50.0%	100.0%	50.0%	100.0%	100.0%	20.0%	100.0%	--	20.0%	0.0%	66.7%	**	40.0%
RC19	Skin	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	94.1%	96.9%	96.8%	95.5%	93.8%	97.5%	100.0%	96.1%	97.3%	97.4%	100.0%	90.0%	97.3%	100.0%	94.4%	100.0%	**	100.0%
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%	66.7%	59.4%	58.6%	75.7%	63.2%	81.1%	78.8%	80.0%	92.3%	64.7%	55.6%	67.7%	62.3%	**	64.3%
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%	79.4%	72.3%	84.7%	77.4%	83.5%	66.7%	69.2%	77.9%	75.6%	68.4%	75.0%	78.7%	75.7%	**	77.0%
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%	--	100.0%	100.0%	50.0%	100.0%	100.0%	100.0%	--	0.0%	0.0%	40.0%	100.0%	100.0%	**	100.0%
RC23	Grand Total	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	77.5%	78.1%	78.2%	76.8%	77.7%	82.1%	78.9%	79.1%	78.8%	76.1%	81.3%	76.0%	72.9%	75.6%	78.4%	75.8%	**	77.0%

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	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-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%	6.0%	5.7%	6.4%	6.6%	6.1%	6.0%	6.3%	3.9%	4.7%	5.7%	5.7%	5.7%	5.8%	5.7%
% 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%	94.0%	94.7%	94.7%	93.9%	95.3%	95.6%	96.2%	95.4%	95.3%	95.2%	95.6%	95.1%	95.3%
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%	NEW INDICATOR		64.4%	65.8%	65.4%	66.9%	67.2%	68.4%	68.3%	70.4%	77.3%	83.2%	91.2%	91.2%
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%	NEW INDICATOR	84.3% 24 specialties 102 services			88.8% 26 specialties 107 services			97.2% 28 Specialties / 125 services			93.5% 31 Specialties / 143 services			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%	26.4%	27.5%	26.5%	26.5%	22.1%	16.1%	15.5%	14.5%	17.6%	21.4%	23.3%	26.2%	25.2%	24.9%
% Patients seen within 15mins of their appointment time	MW	ZS/ST	TBC	UHL	TBC	New Indicator	56% 19% (Cov)	57% 17% (Cov)	57% 17% (Cov)	58% 17% (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% 16% (Cov)
% Patients seen within 30 mins of their appointment time	MW	ZS/ST	TBC	UHL	TBC	New Indicator	73% 19% (Cov)	74% 17% (Cov)	75% 17% (Cov)	74% 17% (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% 16% (Cov)
% Clinics Waiting times Recorded (Coverage)	MW	ZS/ST	100%	UHL	TBC	New Indicator	19%	17%	17%	17%	17%	16%	16%	17%	17%	17%	16%	16%	16%	16%	16%	16%
Reduction in number of long term follow up >12 months	MW	WM	0	UHL	TBC	New Indicator	2851	1467	1625	1586	1495	1522	1351	1404	1335	1115	1247	1467			1339	1339
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)	3.9% (A)	3.3% (A)			1.6% (A)			4.2% (F)			0.9% (A)			0.9%
% Reduction in hospital cancellations (ENT)	MW	ZS/ST	TBC	UHL	TBC	New Indicator	21%	23%	19%	21%	28%	25%	27%	20%	27%	26%	22%	23%	23%	22%	20%	22%
% Room Utilisation (CSI areas)	MW	MA	80%	UHL	RAG Rating to March 2018 - Red<70%, Amber < 80%, Green >=80%	New Indicator	TBC	70%	66%	66%	68%	68%	72%	73%	66%	73%	74%	75%	77%	79%	72%	76%
% appointment letters printed via outsourced provider	MW	SP	85%	UHL	FROM APRIL 2018: Red<75%, Amber < 95%	New Indicator	82%	84%	83%	84%	84%	84%	85%	86%	85%	85%	85%	86%	88%	89%	89%	89%
% Discharge Summaries within 24 hours	MW	WM	90%	UHL	TBC	New Indicator			79.8%	82.1%	81.6%	81.7%	80.0%	79.6%	80.2%	81.1%	79.5%	80.0%	75.2%			75.2%
% Clinic summary letters sent within 7 days	MW	WM	90%	UHL	TBC	New Indicator			INDICATOR REPORTING TO COMMENCE FROM APRIL 2018										85%	90%	92%	89%
% Clinic summary letters sent within 10 days	MW	WM	90%	UHL	TBC	New Indicator					92%	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 2018								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 3% increase every quarter	New Indicator	80%	73.1%	NEW INDICATOR							73.1%						
Number of staff enrolling for the new apprenticeship with Leicester College	MW	DW	100 by FYE 18/19	UHL	TBC	New Indicator			NEW INDICATOR										NEW INDICATOR			
E-learning	MW	DW	1000 by March 2019	UHL	TBC	New Indicator			REPORTING TO COMMENCE IN QTR 4										REPORTING TO COMMENCE IN QTR 4			

Note: changes with the HRA process have changed the start point for these KPI's

	KPI Ref	Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	15/16 Outturn	16/17 Outturn	17/18 Outturn	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Research UHL	RU1	Median Days from submission to Trust approval (Portfolio)	AF	NB	TBC	TBC	TBC	1.0			19.5			12.0			14.0			11.0		
	RU2	Median Days from submission to Trust approval (Non Portfolio)	AF	NB	TBC	TBC	TBC	1.0	Q2-Q4 158	72.5	14.5			25.0			21.0			12.0		
	RU3	Recruitment to Portfolio Studies	AF	NB	Aspirational target=10920/year (910/month)	TBC	TBC	13479	8603	8936	869	749	820	743	765	628	964	986	268	873	730	541
	RU4	% Adjusted Trials Meeting 70 day Benchmark (data sunbmitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC				(July 16 - June 17) 81%			(Oct 16 - Sep 17)		77%	(Jan 17 - Dec 17)		95%			
	RU5	Rank No. Trials Submitted for 70 day Benchmark (data submitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC				(July 16 - June 17) 12/196			(Oct 16 - Sep 17)		14/203	(Jan 17 - Dec 17)		11/207			
	RU6	%Closed Commercial Trials Meeting Recruitment Target (data submitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC				(July 16 - June 17) 43.5%			(Oct 16 - Sep 17)		29.0%	(Jan 17 - Dec 17)		28.1%			

University Hospitals of Leicester

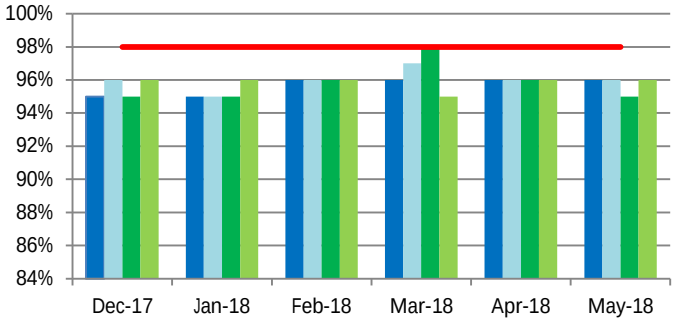
Compliance Forecast for Key Responsive Indicators

Standard	June	July
Emergency Care - In Line with NHSI Trajectory		
4+ hr Wait (95%)	82.0%	
4+ hr Wait UHL + LLR UCC (95%)	87.1%	
Ambulance Handover (CAD+)		
% Ambulance Handover >60 Mins (CAD+)	0.7%	
% Ambulance Handover >30 Mins and <60 mins (CAD+)	4.0%	
RTT (inc Alliance) - In Line with NHSI Trajectory		
Incomplete (92%)	87.0%	87.6%
Diagnostic (inc Alliance)		
DM01 - diagnostics 6+ week waits (<1%)	3.0%	2.0%
# Neck of femurs		
% operated on within 36hrs - all admissions (72%)	53.5%	72%
Cancelled Ops (inc Alliance)		
Cancelled Ops (0.8%)	1.2%	1.4%
Not Rebooked within 28 days (0 patients)	24	25
Cancer		
Two Week Wait (93%)	95.0%	93%
31 Day First Treatment (96%)	95.0%	94.1%
31 Day Subsequent Surgery Treatment (94%)	90.0%	86.0%
62 Days (85%)	75.8%	79.0%
Cancer waiting 104 days (0 patients)	11	8

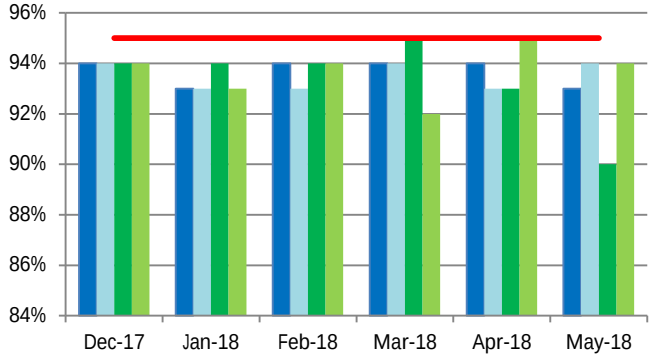
APPENDIX A

Estates and Facilities - Cleanliness

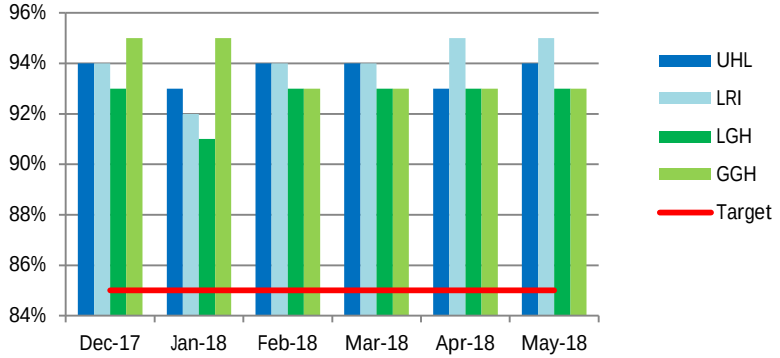
Cleanliness Audit Scores by Risk Category - Very High

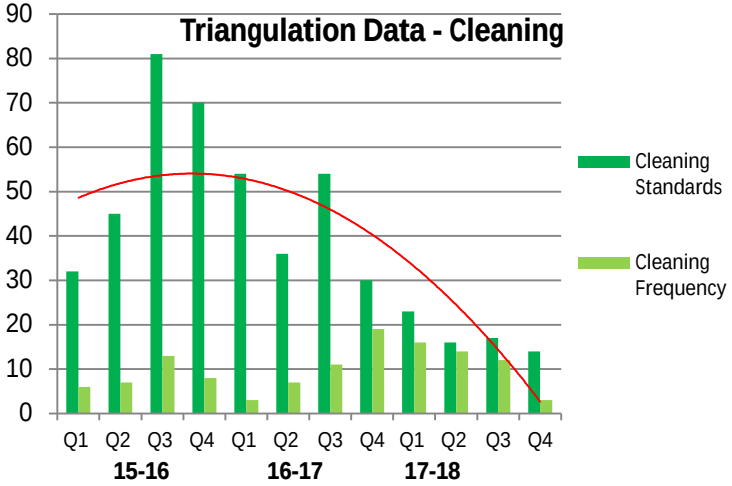


Cleanliness Audit Scores by Risk Category - High

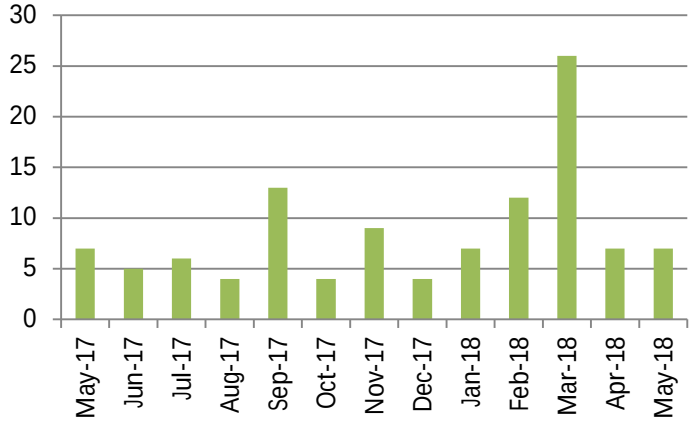


Cleaniness Audit Scores by Risk Category - Significant





Number of Datix Incidents Logged - Cleaning



Cleanliness Report

The above charts show average audit scores for the whole Trust and by hospital site since December 2017. 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.

Very high-risk areas have remained overall at 96%, with the exception of LGH, where the score has dropped by 1% to 95%. All 3 sites remain slightly behind target.

High-risk audit scores have decreased by 1% this month at the GGH, to 94%. The LRI scores have increased by 1% to 94%, whilst the LGH has dropped by 3% to 90%.
Significant risk areas all continue to exceed the 85% target.
We continue to review the audits to identify specific cleaning elements that are failing and rectifications are attended to within a timely period.

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 collated collectively as 'Suggestions for Improvement'. Now updated to reflect the 17/18 Q4 position this remains at the recently observed levels of suggestions made.

The number of datix incidents logged for May has remained at 7, mirroring April's levels.

Performance scores overall continue to fluctuate just below target levels with month on month small variations. The vacancy count has increased from 66 to 77 positions, 3 of which pertain to team leaders. The recruitment process is still challenged in keeping up with the level of turnover experienced.

Estates and Facilities – Patient Catering

Patient Catering Survey – May 2018	Percentage 'OK or Good'	
	Apr-18	May-18
Did you enjoy your food?	90%	89%
Did you feel the menu has a good choice of food?	97%	94%
Did you get the meal that you ordered?	95%	97%
Were you given enough to eat?	100%	97%

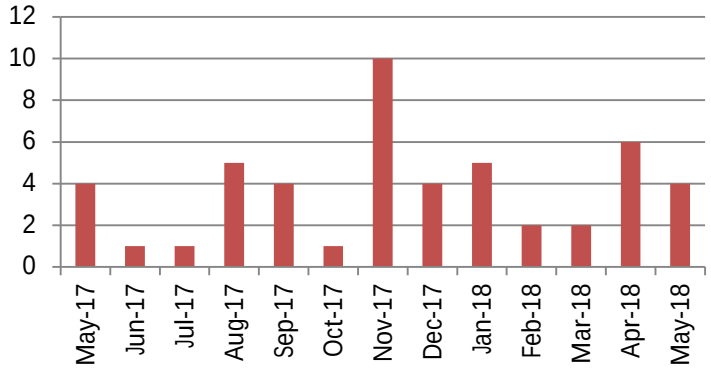
90 – 100%	80 – 90%	<80%

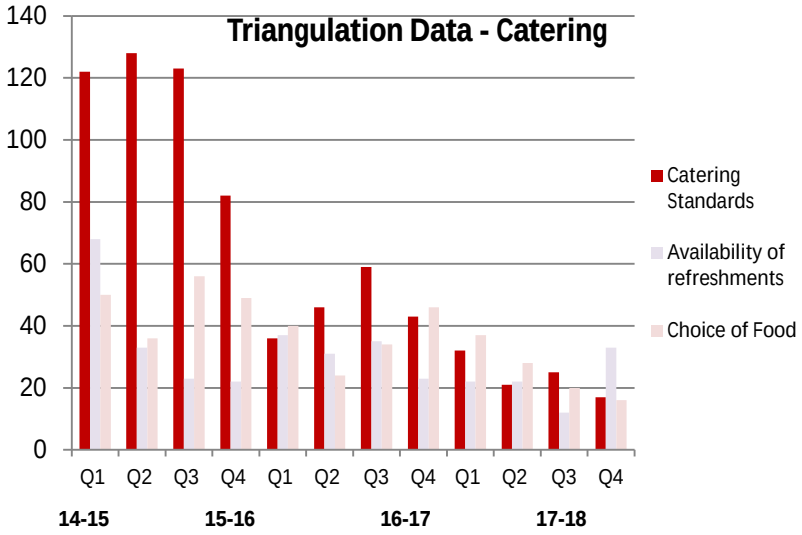
Number of Patient Meals Served				
Month	LRI	LGH	GGH	UHL
March	70,645	28,338	33,088	132,071
April	69,023	22,165	30,107	121,295
May	66,914	23,532	33,088	123,534

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

97 – 100%	95 – 97%	<95%

Number of Datix Incidents Logged -Patient Catering





Patient Catering Report

Survey numbers remain down with the scores being based on 39 returns. Due to staffing levels is having an impact on our ability to improve the number of returns.

Survey scores this month remain high and continue to reflect satisfactory performance. Comment data collected continues to show no discernible trends.

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

The triangulation data for Q4 reflects the overall level of satisfaction with a low number of suggestions for improvement proportionally speaking.

Datix incidents also remain at a low level proportionally. The number reported in this chart has been moderated to reflect the fact that there were a number of duplicate items referring to two issues. The catering team worked with dietetic colleagues to meet the special needs of the patients concerned on an individual basis.

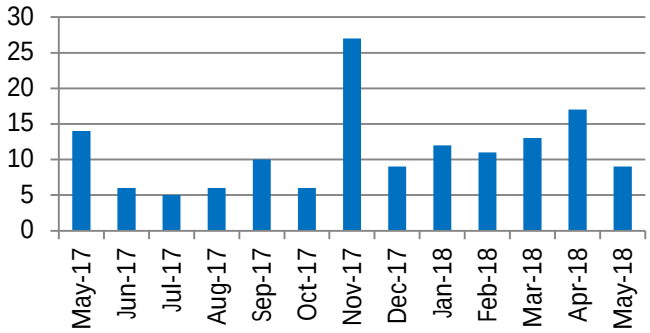
Estates and Facilities - Portering

Reactive Portering Tasks in Target				
Site	Task (Urgent 15min, Routine 30min)	Month		
		March	April	May
GH	Overall	92%	93%	93%
	Routine	91%	92%	92%
	Urgent	97%	98%	99%
LGH	Overall	94%	94%	93%
	Routine	93%	94%	92%
	Urgent	97%	99%	99%
LRI	Overall	92%	93%	94%
	Routine	91%	92%	93%
	Urgent	97%	98%	98%

95 – 100%	90 – 94%	<90%

Average Portering Task Response Times		
Category	Time	No of tasks
Urgent	14:55	2,458
Routine	24:10	10,268
	Total	12,726

Number of Datix Incidents Logged - Portering



Portering Report

May's performance timings maintain the consistent picture seen across recent months.

Datix incidents have dropped slightly, but there is no discernible trend for the origins of the Datix.

Patients transferring to Wards from the ED floor are still resulting in delays for the porters waiting for beds to be ready having to remain with the patient. This can be up to an hour in some cases.

Estates & Facilities – Planned Maintenance

Statutory Maintenance Tasks Against Schedule					
	Month	Fail	Pass	Total	%
UHL Trust Wide	March	8	162	170	95%
	April	9	151	160	94%
	May	2	127	19	98%

99 – 100%	97 – 99%	<97%

Non-Statutory Maintenance Tasks Against Schedule					
	Month	Fail	Pass	Total	%
UHL Trust Wide	March	989	1534	2523	61%
	April	653	1516	2169	70%
	May	772	1961	2733	72%

95 – 100%	80 – 95%	<80%

Estates Planned Maintenance Report

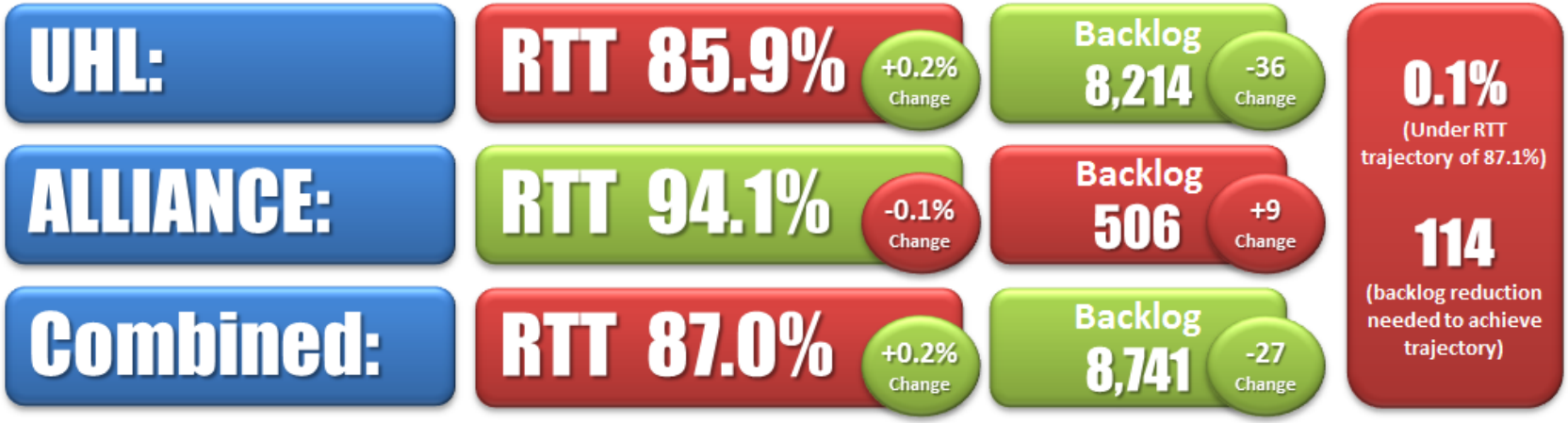
For May we achieved 98% in the delivery of Statutory Maintenance tasks in the month. Failures were due to 2 emergency lighting PPM's that were overlooked at the LRI. These are being completed by the on-site team meaning that we will be fully compliant by the middle of June.

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.
Further roll out of hand held devices is delayed whilst the equipment is awaiting IT configuration.
Discussions are being held regarding our sub- contractors attaining planet licenses to ensure continuity across all disciplines.

APPENDIX B

RTT: Executive Performance Board

University Hospitals of Leicester NHS
NHS Trust



Current Position:

The combined performance for UHL and the Alliance for RTT in June was 87.0%. Although a continued improvement since the last reporting period the Trust did not achieve month 3 trajectory target by 0.1%. The number of patients waiting over 18 weeks for treatment was 114 more than the required amount to achieve the trajectory performance. The Trust remains below the 92.0% standard with 3,668 patients greater than the amount required waiting over 18 weeks for treatment.

Forecast performance for next reporting period: It is forecasted that for July 2018 UHL will achieve the trajectory target of 87.6%. There are continued risks due to:

- Reduced elective capacity due to emergency pressures
- Increased cancer backlogs prioritising capacity over elective RTT
- Diagnostic delays for MRI, CT and Endoscopy, extending patient pathways
- Reduced transfers of patients to the Independent Sector

RTT: Executive Performance Board

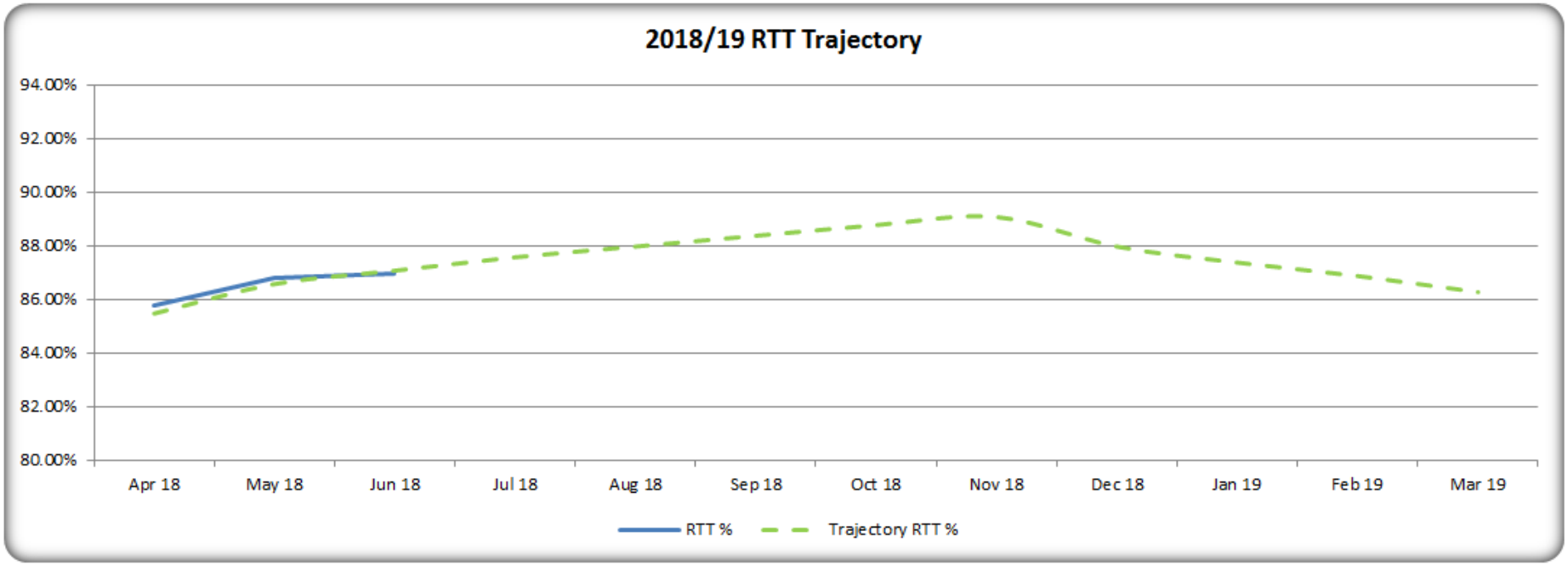
University Hospitals of Leicester NHS
NHS Trust

Key Drivers:

- Referral increase above plan: The YTD increase from 2017/18 has seen an additional 5,062 referrals, an 8.4% increase. Large portions were seen in the specialties already constrained with capacity with 51% increase in Paediatric ENT (252 patients), 22% Urology (318 patients) , ENT 9% (208 patients).
- 2WW increase For Q1 there has been a 12.3% increase in 2WW patients seen compared to last financial year with 1,005 more 2WW appointments. This has diverted resources from general RTT appointments and diagnostic resources that may have otherwise been used to stop or further the pathway of an 18 week clock.
- A reduced number of patients transferred to the independent sector in June, 98 transfers against a plan of 423. Ability to achieve the planned number of transfers was due to number of clinically appropriate patients reducing and ability to contact patients.

Key Actions:

- Wider admin team (utilising booking centre) to contact patients out of hours.
- Alliance reviewing criteria to expand potential that can be taken.
- Uprating of theatre productivity programme to improve volume of admissions.
- COO reviewing the cancellation progress.



RTT: Executive Performance Board

University Hospitals of Leicester NHS
NHS Trust

The overall RTT backlog reduced by 27 over the last month. The 10 largest backlog reductions and increases are highlighted in the table opposite.

Large reductions were seen in Neurology, Gynaecology and Plastic Surgery.

The largest overall backlog increases were within Ophthalmology, Cardiology and Paediatric ENT.

Of the specialties with a backlog, 28 saw their backlog increase, 9 specialties backlog stayed the same and 30 specialties reduced their backlog size.

3 CMGs and the Alliance have achieved an overall RTT performance above the 92.0% RTT standard. RRCV remain below 92.0% for non admitted performance. A Weekly Access Meeting has been introduced at Glenfield Hospital with all RRCV services having formal attendance.

10 Largest Backlog Reductions

- Neurology -69
- Gynaecology -52
- Plastic Surgery -46
- ENT -46
- Renal (General) -42
- HpB Surgery -40
- General Surgery -33
- Vascular Surgery -25
- Thoracic Medicine -19
- Orthopaedic Surgery -13

10 Largest Backlog Increases

- Ophthalmology 64
- Cardiology 45
- Paediatric ENT 38
- Paediatric Medicine 32
- Cardiac Surgery 29
- Sleep 31
- Spinal Surgery 29
- Allergy 24
- Paediatric Cardiology 9
- Urology 8

CMG	Admitted RTT%	Non Admitted RTT%	Total RTT%
CHUGGS	54.0%	92.6%	84.4%
CSI	92.9%	95.8%	94.2%
ESM	61.5%	97.1%	96.7%
ITAPS	86.3%	96.1%	93.1%
MSS	55.2%	92.8%	81.3%
RRCV	73.4%	90.6%	86.9%
W&C	64.5%	95.7%	90.6%
Alliance	86.8%	94.6%	94.1%
UHL	59.4%	93.6%	85.9%
UHL & Alliance	60.5%	93.7%	87.0%

RTT: Executive Performance Board

University Hospitals of Leicester NHS
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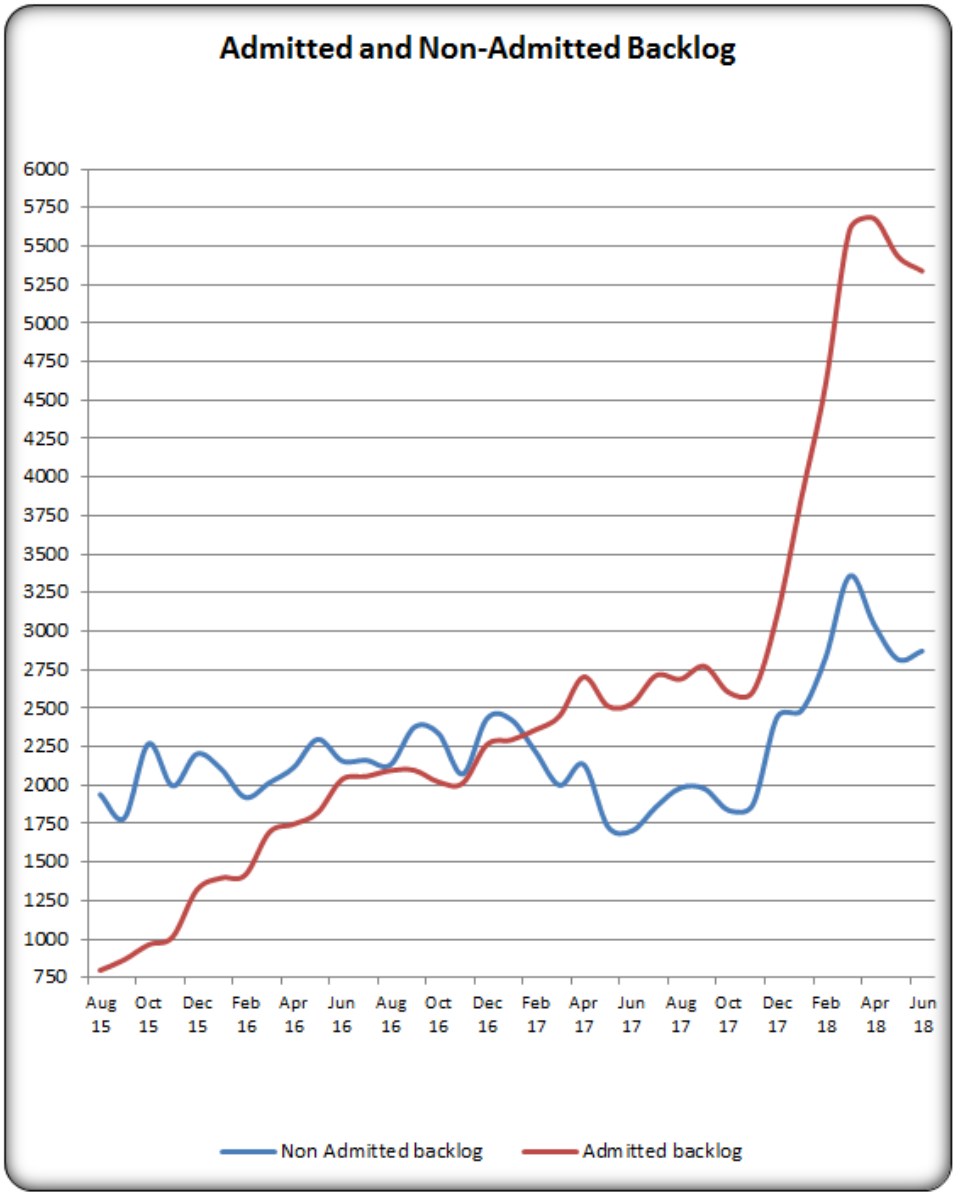


Admitted: -94 (backlog change) -1.7% Change

Non Admitted: 54 (backlog change) +1.9% Change

The longest waits for patients remains for those awaiting an elective procedure. Patients on the admitted waiting list make up 22.6% of the total UHL waiting list and 65.0% of the total backlog.

The UHL admitted and non-admitted backlogs increased by 1.9% and admitted reduced by 1.7% since the end of May.

Key Actions Required:

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

APPENDIX C

52 Week Breaches: Executive Performance Board

University Hospitals of Leicester NHS
NHS Trust

Current Position:
At the end June there were 4 patients with an incomplete pathway at more than 52 weeks. These were 1 Paediatric ENT patient and 3 Paediatric Cardiology Patients. Capacity was available for 3 of the patients to be treated in June however due to social reasons chose to wait until July for treatment.

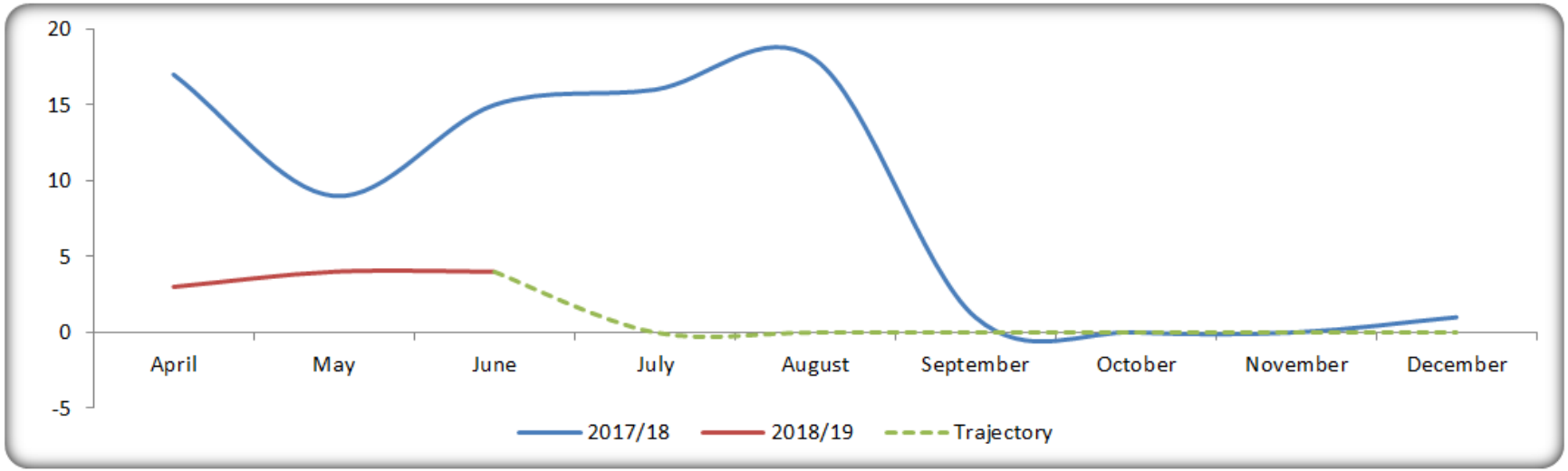
Key Drivers:

- Prior cancellations has produced a large increase in the number of long waiting patients at over 40 weeks. At the end of June there were 245% more patients waiting over 40 weeks compared to June 2017.
- Despite the increased number of long waiting patients, UHL's current 52 week breach performance is significantly better than 2017's, with 73% fewer 52 week breaches over the same period.
- All June 52 week breach patients were offered dates in June but chose to wait until July.

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.

UHL is currently working towards having zero 52 week breaches at the end of July. The current range of potential breaches is 0-3. All 3 risk patients are clinically complicated.



APPENDIX D

Diagnostics: Executive Performance Board

University Hospitals of Leicester NHS
NHS Trust

Current Position:
2018/19 has seen a failure to meet the 1% diagnostic breach target in the first two months and forecasted to not achieve in month 3. Prior to April 2018, UHL had achieved 17 consecutive months of delivery of the DM01 standard. The forecasted diagnostic performance for June is circa 97.2% subject to final validation (and therefore not published here.

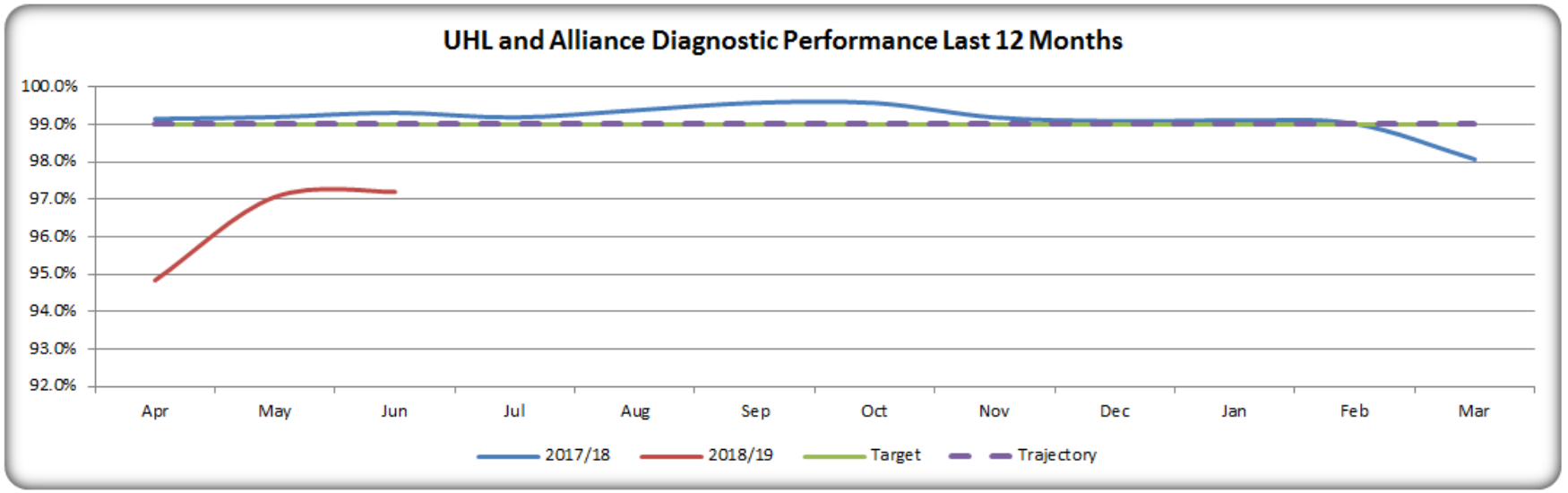
Key Drivers:

- Capacity constraints in both Endoscopy and Radiology.
- Conversion of elective capacity for radiology to non elective capacity during winter bed pressures has seen a roll-on effect.
- Reduced available capacity for endoscopy at local hospitals within the Alliance as well an increases in 2WW referrals resulting in increased demand.

Key Actions:

- From 14th May the radiology service has rented 2 additional MR vans including continuing with the rented van that was to be discontinued when the Modular MR Unit became operational.
- This has seen month on month improvements in MRI diagnostic breaches. CT capacity has remained challenged in June.
- For endoscopy additional clinical capacity will start at the beginning of August with the introduction of an endoscopy fellow resulting in an additional 6 sessions per week.

It is forecasted that July will show significant improvement but delivery remains a risk due to continued high inpatient imaging demand and a higher than predicted volume of 2WW referrals requiring endoscopy. Current projection for July is 98.2% but this is being monitored and progressed daily.



APPENDIX E

Cancelled Ops: Executive Performance Board

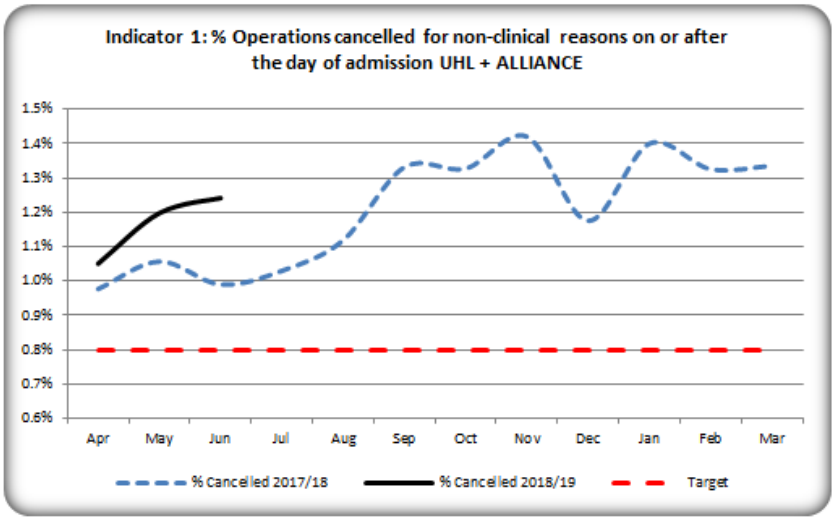
University Hospitals of Leicester NHS
NHS Trust

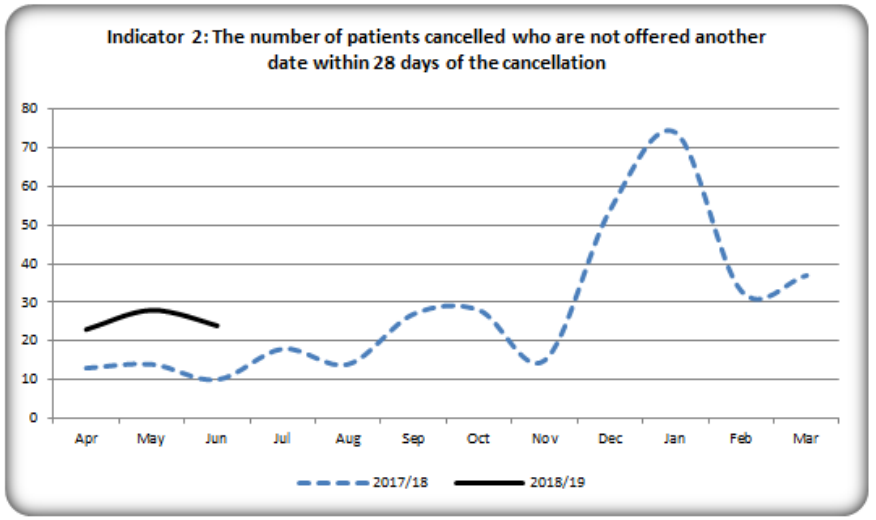
Current Position:
For June there were 138 non clinical hospital cancellations for UHL and Alliance combined. This resulted in a failure of the 0.8% standard as 1.2% of elective FCE's were cancelled on the day for non-clinical reasons (123 UHL 1.2% and 15 Alliance 1.7%). There were 24 patients who did not receive their operation within 28 days of a non-clinical cancellation (76 YTD).

Key Drivers:
- Capacity constraints resulting in 56 cancellations (46%) of hospital non clinical cancellations.
- 31 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 causational factors.

Key Actions:
- Cancellations due to lack theatre time / list overrun is being managed as part of the Theatre Program Board's Efficient Work Stream, focusing on starting on time and scheduling.
- 28 Day Performance monitored at the Weekly Access Meeting

It is forecasted aachieving the 0.8% standard in July remains a risk due to continuing emergency demand.





APPENDIX F

Cancer Performance Summary

University Hospitals of Leicester NHS
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Arrows represent YTD Trend. Upward arrow represents improvement , downward arrow represents deterioration.

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

95.0%
2WW
(All Cancers)
May ↑

95.5%
2WW
(Symptomatic Breast)
May ↑

95.0%
31 Day Wait
(All Cancers)
May ↑

99.2%
31 Day Wait
(Anti Cancer Drug Treatment)
May ↓

90.0%
31 Day Wait
(Subsequent Treatment - Surgery)
May ↑

98.1%
31 Day Wait
(Radio Therapy Treatment)
May ↑

75.8%
62 Day
(All Cancers)
May ↓

89.5%
62 Day
(Consultant Screening)
May ↑

11
104 Days
June

Highlights

- Out of the 9 standards, UHL achieved 4 in May – 2WW, 2WW Breast, 31 Day Drugs and Radiotherapy.
- Despite a record month for referrals seen (3,100+), 2WW performance continued to deliver in May achieving 95%. June is expected to deliver the standard. Significant increases seen in Skin, Urology and Lower GI
- 62 day performance deteriorated on the previous month by 2.6% failing the standard at 75.8% in May. Of the 15 tumour groups, 2had nothing to report in the month, 4 achieved above the standard (Breast, Testicular, Skin & Rares). Significant reduction seen in Gynaecology as they worked through reducing their backlogs.
- The backlog position remains a significant concern, since the last reporting period this has increased further to an adjusted position of 95 and is expected to increase further during July. Of significance is the increase in Urology making up 46% of the total backlog.

Standards Achieved.

University Hospitals of Leicester NHS
NHS Trust

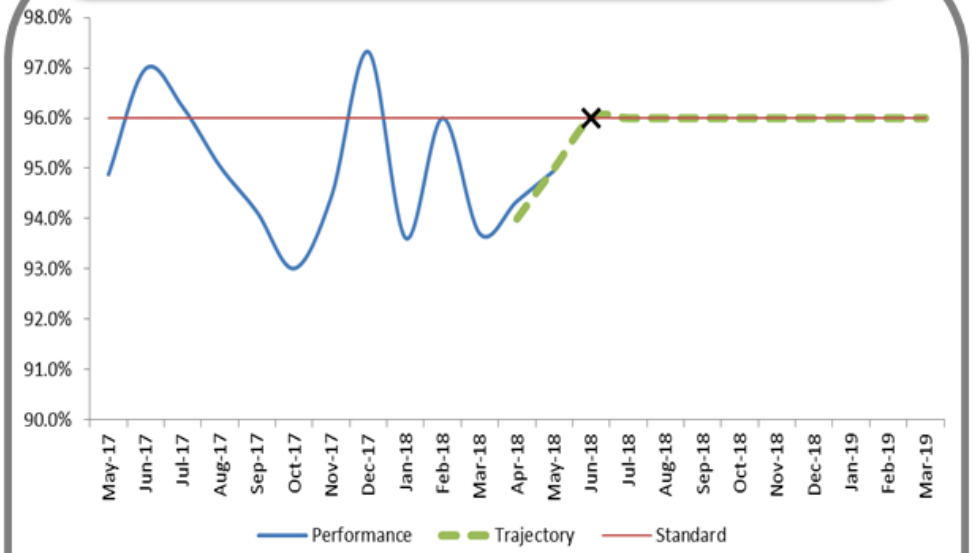
Standards Achieved

- 2WW – The Trust has delivered two week wait for the past 2 years. There has been a 12.3% growth against a predicted growth of 6%. June referrals were the highest month since the 2WW pathway was introduced.
- 2WW Breast – Delivered by mitigating the staffing issues described previously and EMRAD reductions. Delivery is not yet in a sustainable position until September when new staff members start.
- 31 Day Drugs – Continues to perform strongly.
- 31 Day Radiotherapy – Delivery of this standard has been supported by the new monitoring done in the cancer centre and the re-engineering of oncology job plans to support additional scan planning time

Backlog & Performance

University Hospitals of Leicester NHS
NHS Trust

31 Day First Treatment – Backlog & Performance



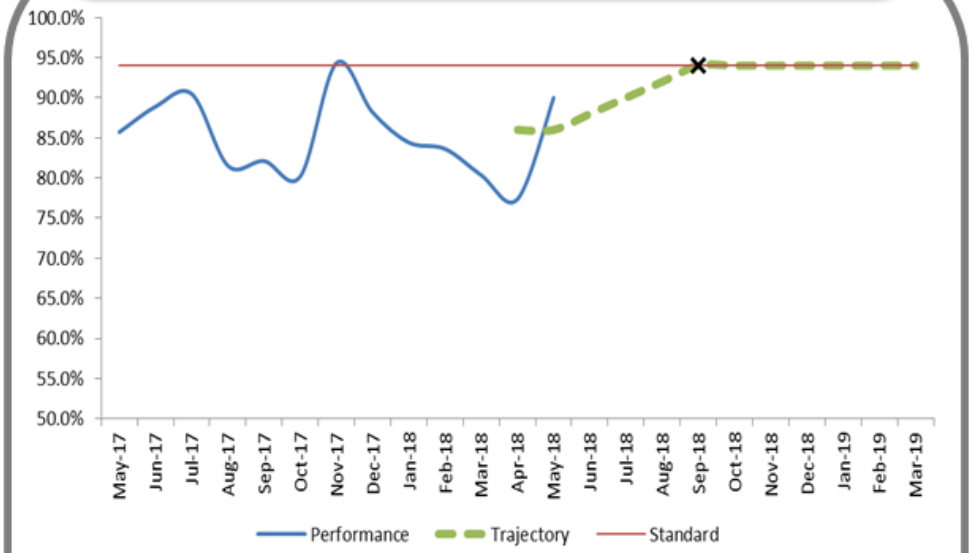
Key Drivers:

- Tumor sites Gynae, Head & Neck, Lower GI and Urology.
- Urology accounted for 69% of the 31 day first breaches in May.
- Themes: Theatre capacity, patient choice and patient fitness are the primary factors affecting the backlog.

Key actions:

- Additional theatre capacity in July and August for Urology and Gynaecology.
- Heads Of Ops instructed to book all 31 day and 62 day patients in month July.

31 Day Subsequent Performance - Surgery



Key Drivers:

- 12.6% improvement over the previous months result.
- Themes: Patient Choice and cancellations
- 61% of this backlog is in Urology.

Key actions:

- Reviewing cancellation process with COO.
- As per 31 day first.

At the time of reporting, the forecasted position for June is 85%.

Current Performance

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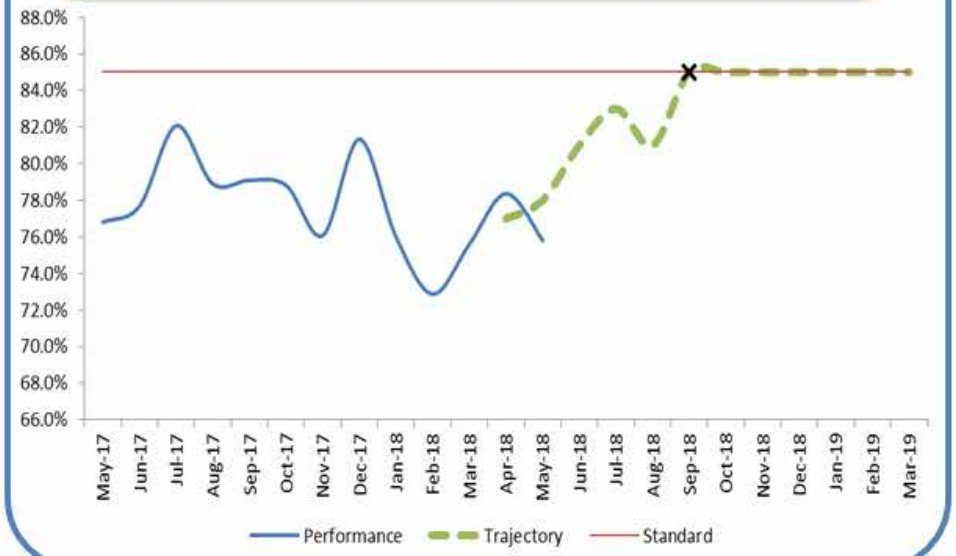
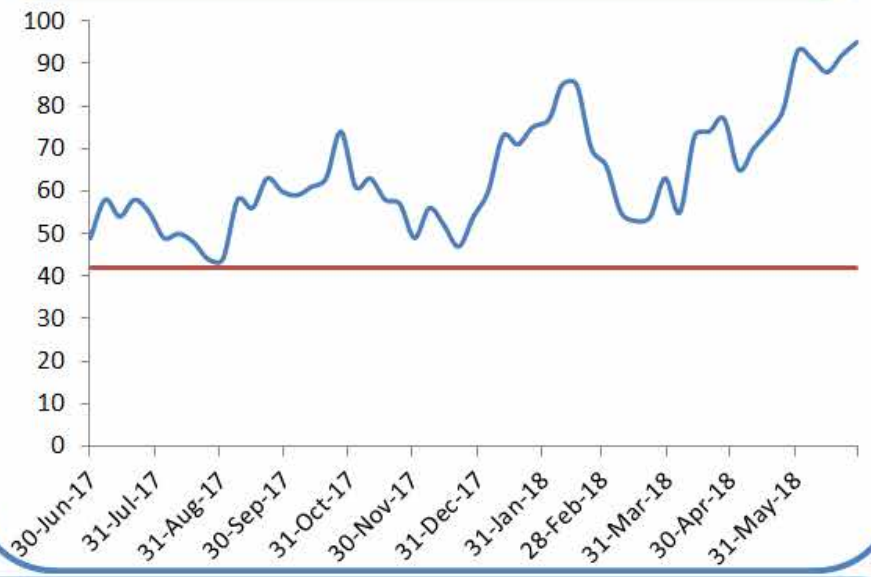
NHS Trust

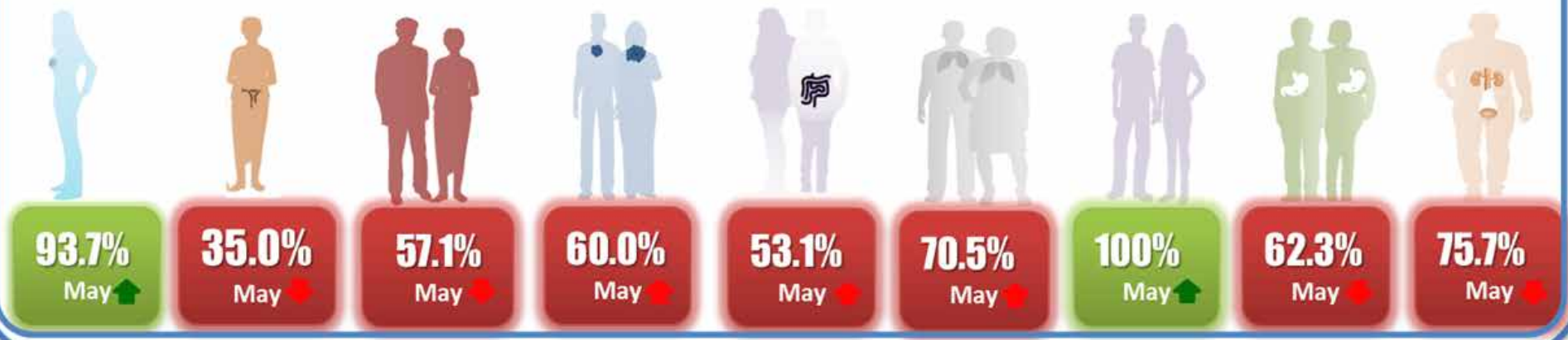
62 Day Performance



62 Day Adjusted Backlog



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



62 Day Thematic Breach Analysis

University Hospitals of Leicester NHS
NHS Trust

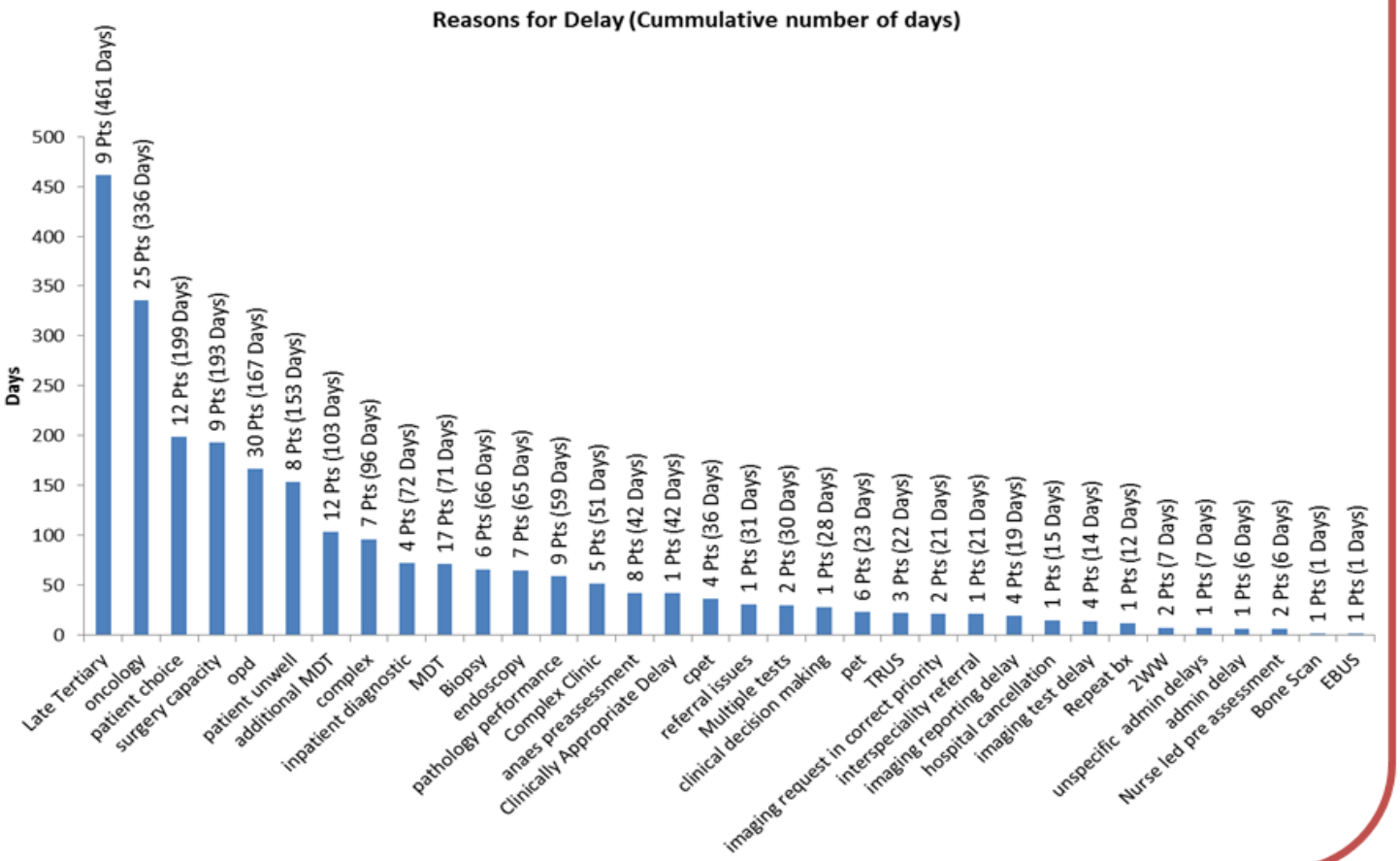
On a monthly basis, all 62 Day 2WW breaches are reviewed by the tumour sites and analysed with the Cancer Centre, mapping out all pathway delays in accordance with Next Steps.

The following summarises the May 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: -

- **Outpatients** – 30 patients delayed by a total of 167 days.
- **Oncology** – 25 patients delayed by a total of 336 days.
- **MDT** – 17 patients delayed by a total of 71 days.
- Additional MDT – 17 patients delayed by a total of 103 days.
- **Patient Choice** – 12 patients delayed by a total of 199 days.
- **Late Tertiary** – 9 patients delayed by a total of 461 days.
- **Surgery Capacity** – 9 patients delayed by a total of 193 days.
- **Pathology Performance** – 9 patients delayed by a total of 59 days



62 Day Adjusted Backlog by Tumour Site

University Hospitals of Leicester NHS
NHS Trust

The following details the backlog numbers by Tumour Site for week ending 29th June 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 6th July 2018
Note:- these numbers are subject to validation and review throughout the week via the clinical PTL reviews and Cancer Action Board.

Tumour Site	Target	Backlog	Trend	Forecast
Haematology	0	0		2
HPB	0	4		4
Lower GI	6	11		9
Testicular	0	0		3
Upper GI	1	4		3
Urology	12	44		48
Skin	1	2		3
Breast	2	0		2
Head & Neck	4	5		5
Sarcoma	0	0		0
Lung	6	11		11
Gynaecology	8	13		10
Brain	0	1		1

Cancer Recovery Actions

University Hospitals of Leicester NHS
NHS Trust

Summary of the plan

The recovery action plan (RAP) is the central repository detailing measureable actions agreed between the Cancer Centre, Tumour Sites and CCGs aimed to address recovery in performance delivery and quality of patient care. This will be reviewed by the COO in the next 4 weeks.
In addition, a number of high impact actions have been agreed:-

- IST coming to review Urology plans and governance – 03/08/18
- Urology moved onto daily calls to review all backlog patients – 09/07/18
- COO to chair monthly cancer taskforce to drive CMG ownership. August 18 onwards.
- Rejection of all LOGI referrals that meet criteria without FIT result - 14/07/18.
- Priority objective set by COO to all Heads of Operations.
- Backlog to bed dated in July(where clinically appropriate) and treated in August with exceptions to COO.
- Theatre productivity to generate additional capacity to be Chaired by COO and delivered by DPI.
- Re-configuration of theatre capacity to ensure appropriate capacity provision for tumour sites with high demand – 14/07/18.
- 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.
- New monthly joint steering group between CCG and UHL established 14/07/18 to encompass cancer 2020 objectives and short term delivery.
- £780K bids submitted to Cancer Alliance to support streamlined pathways.

Risk Summary

University Hospitals of Leicester NHS
NHS Trust

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. This is reviewed monthly with the CCG.

	Issue	Action being taken	Category
1	Next steps not consistently implemented in all areas. Resulting in unnecessary delay for patients.	Next steps programme board established. Additional central funding for next steps programme secured. Recruitment for additional staff for next steps in progress.	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. Plans and capital agreed for LRI and GH ITU expansion.	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

Key themes identified in backlog (29th June)

University Hospitals of Leicester NHS
NHS Trust

Note – This report includes all patients including tertiaries (including those waiting 104 days+)

Summary of delays	Numbers of patients	Summary
Complex Patients/Complex Diagnostic Pathways	21	Across 7 tumour sites, – these are patients undergoing multiple tests, MDTs, complex pathology reporting and diagnostics. This includes where treatment plans have changed either due to the patient or clinical decision making based on additional diagnostic tests, where multiple primaries are being investigated (x5 patients) and/or another primary requires treating first, where the primary is unknown requiring extensive and often repeat diagnostics and cross tumour site MDT discussions to aid treatment planning.
Capacity Delays – OPD & Surgical	15	In 4 tumour sites, a combination of Surgical outpatients, surgical diagnostic and Oncology capacity affecting the patients pathway. 2 of these patients primary delay is due to Oncology outpatient waiting times. 9 patients are as a result of diagnostic capacity issues within Urology awaiting template biopsies to aid diagnosis and treatment planning.
Pathway Delays (Next Steps compliance)	15	Across 6 tumour sites, where more than one primary delay is identified deemed avoidable including administrative errors, diagnostic delays in obtaining Imaging/PET Scans within the 7 day timeframe , lack of compliance in timely management of re-booking patients.
Patient Delays (Choice, Engagement, Thinking Time)	22	Across 7 tumour sites, where patient choice for either thinking time, holidays , cancellations and DNAs during the diagnostic phase and/or lack of engagement have been the primary delay within the pathway. 8 patients within Urology, 7 in Gynae.

Key themes identified in backlog (29th June)

University Hospitals of Leicester NHS
NHS Trust

Note – This report includes all patients (including those waiting 104 days+)

Summary of delays	Numbers of patients	Summary
Tertiary Referrals	17	Across 4 tumour sites, where tertiaries are received after Day 38. Referrals ranging from Day 45 to Day 97. Ongoing management of referrals through centralised mailbox continues in addition to writing to all referrers when a late referral is received. All tumour sites at UHL targeted to date patients for treatment by Day 24 of referral to ensure no breach allocation is assigned with a new field added to the daily PTL to highlight this target date to all services. The majority are with Lung & Urology, 9 of these sit within Urology, referrals from ULH, NGH & KGH with 5 in Lung.
Patients Unfit	10	Across 5 tumour sites, patients who are unavailable for treatment due a number of factors, ie; other ongoing health issues of a higher clinical priority (eg cardiac), incidental primaries of higher clinical priority requiring treatment first resulting in a delayed pathway whilst awaiting recovery before commencing primary treatment, non pathway related admissions to hospital delaying diagnostic progression of the pathway, patients requiring further opinions at other Trusts to aid treatment planning due to medical history.
Clinically Appropriate Delays	6	In Urology only, patients where the delayed pathway is deemed clinically appropriate. Where repeat diagnostics are required following a biopsy that requires 6 weeks prior to MRI to ensure clear image, the RAPID Prostate pathway proposal aims to eradicate this.
Late Transfers from Other Tumour Sites	3	Across Gynae & Upper GI, where patients have been referred in on one pathway, following diagnostic investigations ca has been excluded but incidentally another ? Primary has been identified and the patient therefore transferred to that tumour site thus delaying the overall pathway as the clock continues from point of referral.

Backlog Review for patients waiting >104 days @ 29/6/18

University Hospitals of Leicester NHS
NHS Trust

The following details all patients declared in the 104 Day Backlog for week ending 29/6/18. Last months report showed 13 patients in the 104 Day backlog. This months report details a slight decrease to 11 patients in the backlog across 3 specialties; Lung, Urology & Gynae.

NOTE: where patients who have a treatment date confirmed but with no diagnosis of Cancer confirmed, on review of histology, should that confirm a cancer diagnosis then this would class as treatment in those cases.

Tumour Site	Total Number of patients	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N
LUNG	2	148	Y	Y
		125	Y	Y
GYNAE	2	138	Y	Y
		127	N	Y
UROLOGY	7	159	N	N
		146	Y	N
		134	Y	Y
		133	Y	N
		113	N	N
		113	N	N
		111	N	N

APPENDIX G

Peer Group Analysis (May 2018)

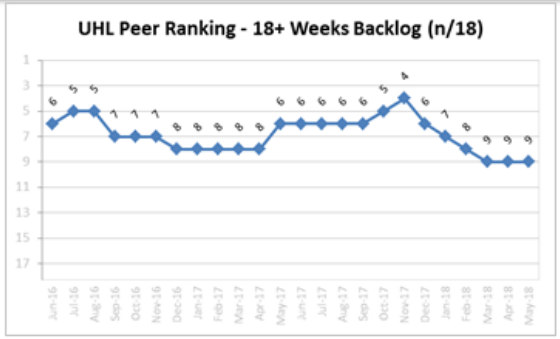
University Hospitals of Leicester NHS
NHS Trust

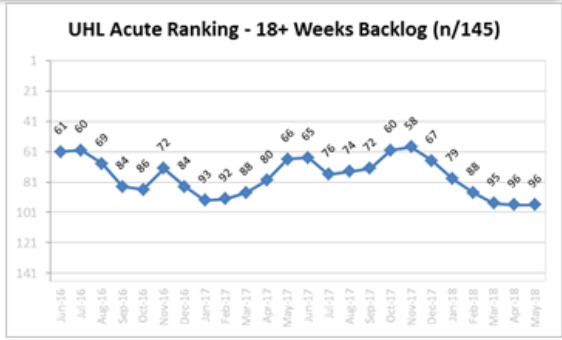
RTT 18+ Weeks Backlog – May 2018

RTT 18+ Weeks Backlog - May 2018

All Acute Trusts Performance - 87.7%
48 of the 145 Acute Trusts achieved 92% or more*
*UHL ranks 96 out of the 145 Acute Trusts**

Peer Rank	Provider Name	RTT Incompletes Performance - Target 92%
1	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	95.4%
2	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	94.0%
3	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	94.0%
4	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	91.1%
5	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	90.6%
6	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	90.3%
7	LEEDS TEACHING HOSPITALS NHS TRUST	89.2%
8	PENNINE ACUTE HOSPITALS NHS TRUST	87.0%
9	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	86.8%
10	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	85.6%
11	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	85.6%
12	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	85.3%
13	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	85.2%
14	BARTS HEALTH NHS TRUST	84.7%
15	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	82.2%
16	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	81.2%
17	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	78.6%
18	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	74.98%



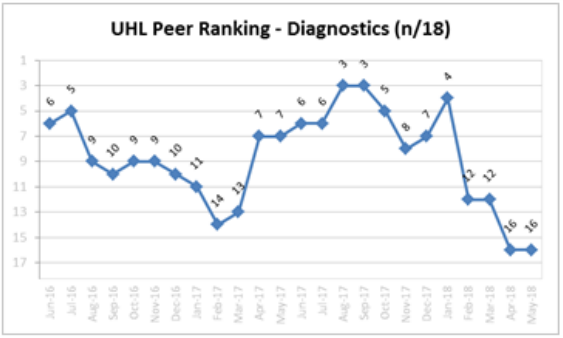


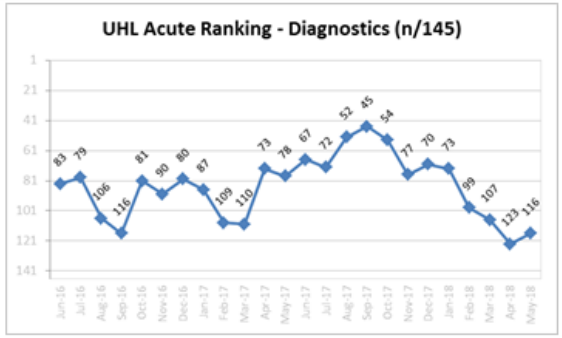
Diagnostics – May 2018

Diagnostics - May 2018

All Acute Trusts Performance - 2.8%
75 of the 145 Acute Trusts achieved <1% or less*
UHL ranks 116 out of the 145 Acute Trusts (Ranked Ascending)*

Peer Rank	Provider Name	Diagnostics Peformance %Waiting 6 Wks+ - Target <=1%
1	BARTS HEALTH NHS TRUST	0.32%
2	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	0.49%
3	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	0.49%
4	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0.57%
5	LEEDS TEACHING HOSPITALS NHS TRUST	0.64%
6	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	0.65%
7	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	0.70%
8	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	0.73%
9	PENNINE ACUTE HOSPITALS NHS TRUST	1.41%
10	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	1.55%
11	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	1.67%
12	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	1.83%
13	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	2.40%
14	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2.52%
15	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	2.63%
16	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	2.92%
17	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	3.45%
18	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	10.05%





***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 (May 2018) – ED Jun 18

University Hospitals of Leicester NHS
NHS Trust

UHL ED Attendances within 4 hours – June 2018

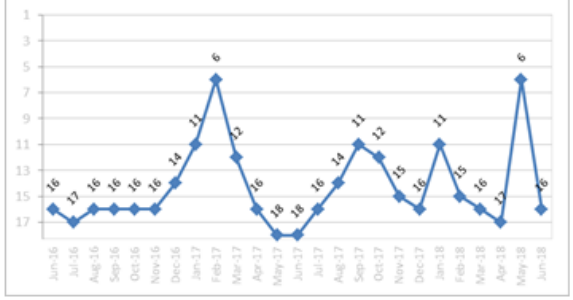
UHL ED Attendances within 4 hours - June 2018

All Acute Trusts - 89.2% *UHL ranks 124 out of the 145 Trusts**

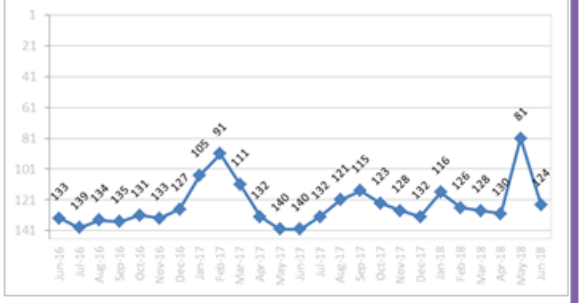
26 of the 145 Acute Trusts achieved 95% or more*

Peer Rank	Provider Name	Performance within 4 Hours - Target 95% - Amber 92% - <95%
1	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	95.1%
2	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	91.1%
3	PENNINE ACUTE HOSPITALS NHS TRUST	90.2%
4	LEEDS TEACHING HOSPITALS NHS TRUST	90.0%
5	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	89.4%
6	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	89.2%
7	BARTS HEALTH NHS TRUST	87.6%
8	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	87.4%
9	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	84.3%
10	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	83.7%
11	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	83.0%
12	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	82.8%
13	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	82.8%
14	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	82.7%
15	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	82.6%
16	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	82.0%
17	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	81.9%
18	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	74.8%

UHL Peer Ranking - ED (n/18)



UHL Acute Ranking - ED (n/145)



TWO WEEK WAIT-ALL CANCER – May 2018

TWO WEEK WAIT-ALL CANCER - May 2018

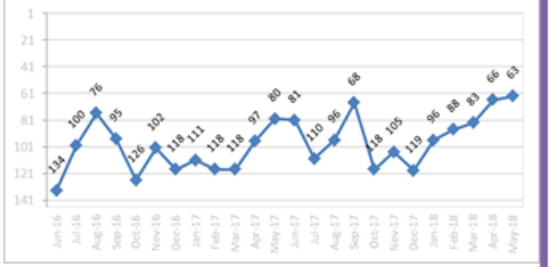
All Acute Trusts Performance - 92.1% *UHL ranks 63 out of the 145 Acute Trusts**

103 of the 145 Acute Trusts achieved 93% or more*

Peer Rank	Provider	Performance within 14 Days - Target 93%
1	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	96.9%
2	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	96.0%
3	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	95.5%
4	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	95.3%
5	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	95.3%
6	BARTS HEALTH NHS TRUST	95.2%
7	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	95.0%
8	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	94.9%
9	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	94.7%
10	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	94.2%
11	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	93.8%
12	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	93.8%
13	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	92.7%
14	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	90.4%
15	LEEDS TEACHING HOSPITALS NHS TRUST	78.8%
16	PENNINE ACUTE HOSPITALS NHS TRUST	76.1%
17	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	76.0%
-	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	-

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 (May 2018)

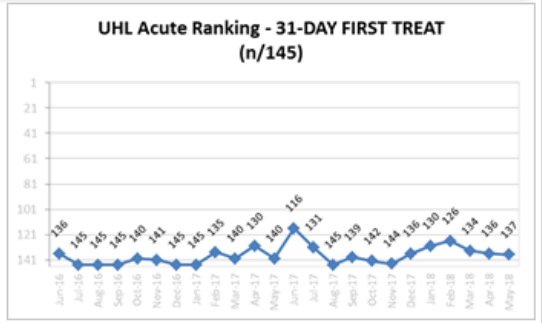
University Hospitals of Leicester NHS
NHS Trust

31-DAY FIRST TREAT – May 2018

31-DAY FIRST TREAT - May 2018

All Acute Trusts Performance - 97.8%
128 of the 145 Acute Trusts achieved 96% or more*
*UHL ranks 137 out of the 145 Acute Trusts**

Peer Rank	Provider	Performance within 31 Days - Target 96%
1	BARTS HEALTH NHS TRUST	99.4%
2	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	98.9%
3	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	98.9%
4	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	98.9%
5	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	98.7%
6	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	97.5%
7	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	97.3%
8	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	97.2%
8	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	97.1%
10	PENNINE ACUTE HOSPITALS NHS TRUST	97.0%
11	LEEDS TEACHING HOSPITALS NHS TRUST	96.5%
12	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.2%
16	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	96.2%
14	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	96.2%
15	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	95.6%
16	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	95.0%
17	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	95.0%
-	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	-

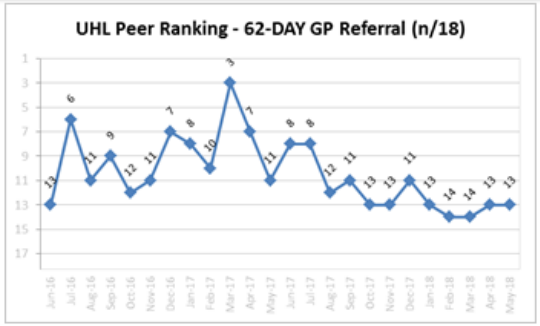


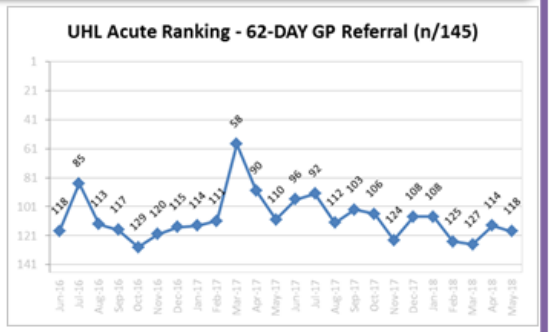
62-DAY GP Referral – May 2018

62-DAY GP Referral - May 2018

All Acute Trusts Performance - 81.1%
62 of the 145 Acute Trusts achieved 85% or more*
*UHL ranks 118 out of the 145 Acute Trusts**

Peer Rank	Provider	Performance within 62 Days - Target 85%
1	BARTS HEALTH NHS TRUST	87.9%
2	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	86.0%
3	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	85.1%
4	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	83.6%
5	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	82.6%
6	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	80.6%
7	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	80.6%
8	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	80.2%
9	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	79.7%
10	LEEDS TEACHING HOSPITALS NHS TRUST	77.4%
11	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	76.8%
12	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	76.2%
13	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	75.8%
14	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	72.5%
15	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	70.4%
16	PENNINE ACUTE HOSPITALS NHS TRUST	68.4%
17	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	65.1%
-	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	-





***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 (May 2018)

University Hospitals of Leicester NHS
NHS Trust

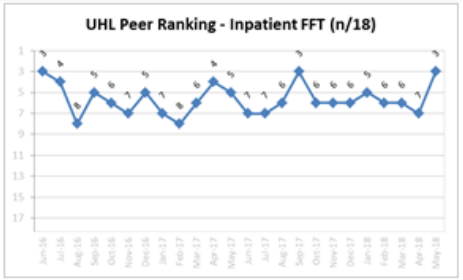
Inpatient FFT – May 2018

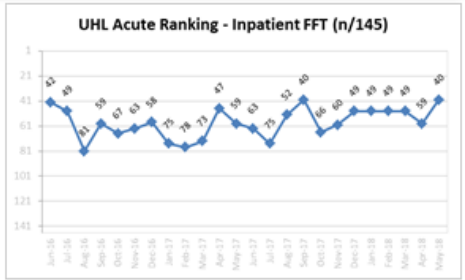
Inpatient FFT - May 2018

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

UHL ranks 40 (for Recommended) and 34 (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	16%	99%	1%
2	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	28%	98%	1%
3	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	29%	97%	1%
4	**NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNI**	**10%**	**97%**	**1%**
5	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	34%	97%	1%
6	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	34%	97%	1%
7	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	26%	97%	1%
8	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	13%	97%	1%
9	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	34%	97%	1%
10	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	22%	96%	2%
11	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	19%	94%	2%
12	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	24%	94%	2%
13	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	27%	94%	2%
14	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	15%	94%	3%
15	LEEDS TEACHING HOSPITALS NHS TRUST	33%	93%	3%
16	PENNINE ACUTE HOSPITALS NHS TRUST	27%	91%	4%
17	BARTS HEALTH NHS TRUST	4%	86%	9%
-	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	-	-	-





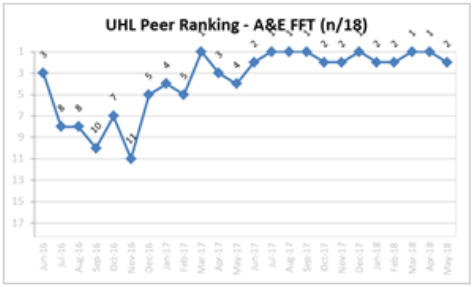
A&E FFT – May 2018

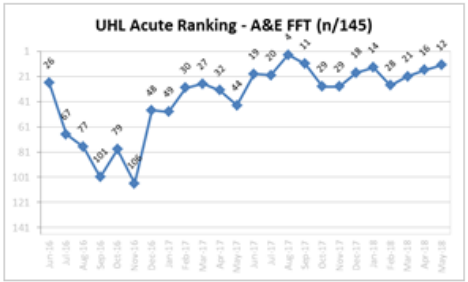
A&E FFT - May 2018

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

UHL ranks 12 (for Recommended) and 11 (for Not Recommended) out of the 145 Trusts***

Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2%	98%	1%
2	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	**12%**	**96%**	**1%**
3	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	1%	93%	6%
4	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	18%	92%	4%
5	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	12%	91%	5%
6	LEEDS TEACHING HOSPITALS NHS TRUST	32%	89%	6%
7	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	15%	87%	7%
8	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	18%	86%	8%
9	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	24%	86%	9%
10	PENNINE ACUTE HOSPITALS NHS TRUST	18%	84%	9%
11	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	20%	84%	10%
12	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	18%	83%	11%
13	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	15%	82%	13%
14	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	17%	82%	11%
15	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	15%	81%	12%
16	BARTS HEALTH NHS TRUST	6%	73%	20%
17	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	12%	71%	17%
-	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	-	-	-





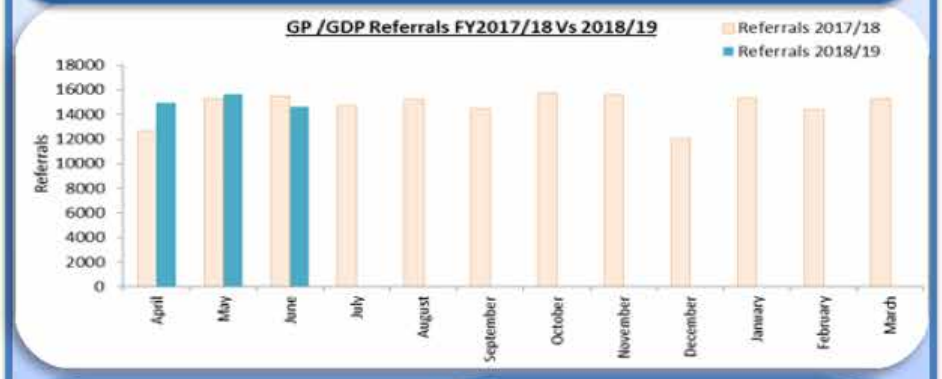
***Acute NHS hospitals – there are 145 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service**

APPENDIX H

UHL Activity Trends

University Hospitals of Leicester NHS
NHS Trust

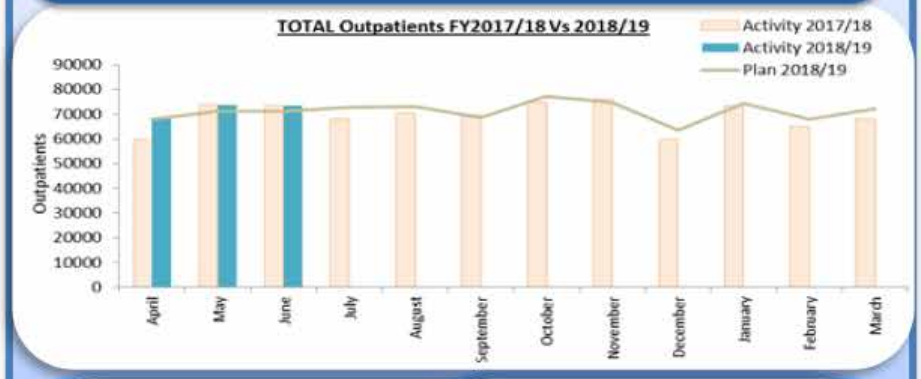
Referrals (GP)



YTD
18/19 Vs 17/18 +1793 +4.1%

Drop in GP referrals for June in comparison to the same period last year.

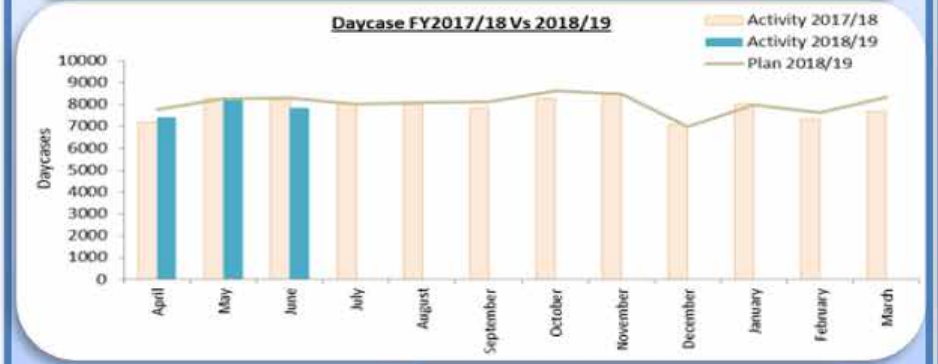
TOTAL Outpatient Appointments



YTD
18/19 Vs 17/18 +8,241 +4%
18/19 Vs Plan +4962 +2.4%

Dermatology, Integrated Medicine and Thoracic Medicine significantly higher than plan.

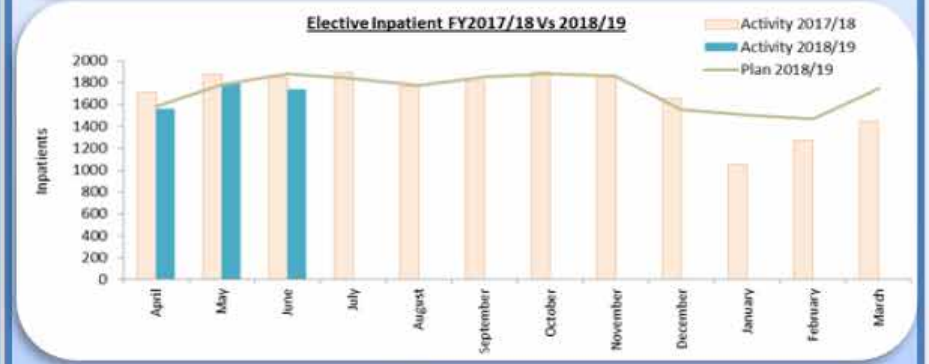
Daycases



YTD
18/19 Vs 17/18 -184 -0.8%
18/19 Vs Plan -842 -3.5%

Growth in Clinical Oncology and BMT against plan.
Medical Oncology and Urology Significantly lower than plan.

Elective Inpatient Admissions



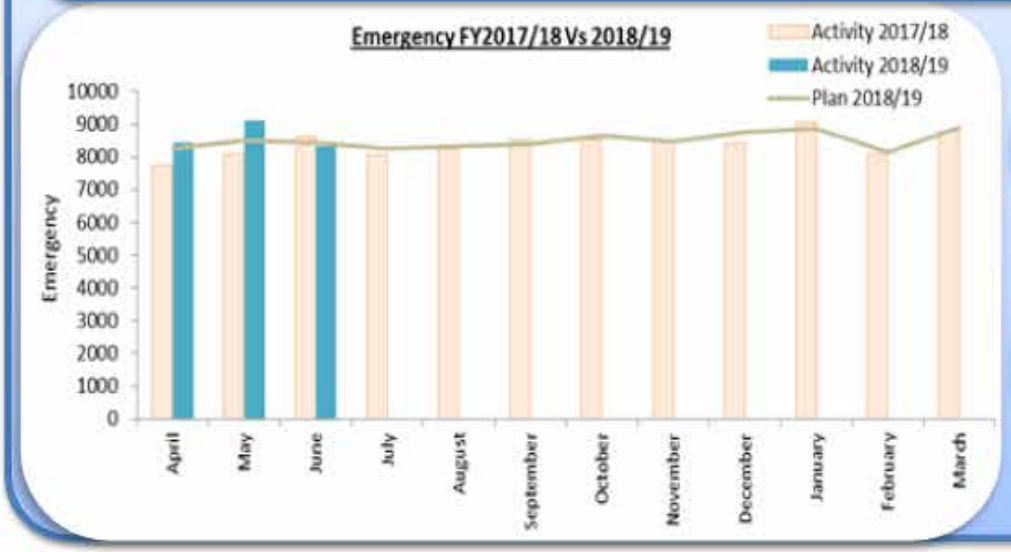
YTD
18/19 Vs 17/18 -343 -6.3%
18/19 Vs Plan -155 -3%

ENT, Plastic Surgery, General Surgery and Urology lower than plan.

UHL Activity Trends

University Hospitals of Leicester NHS
NHS Trust

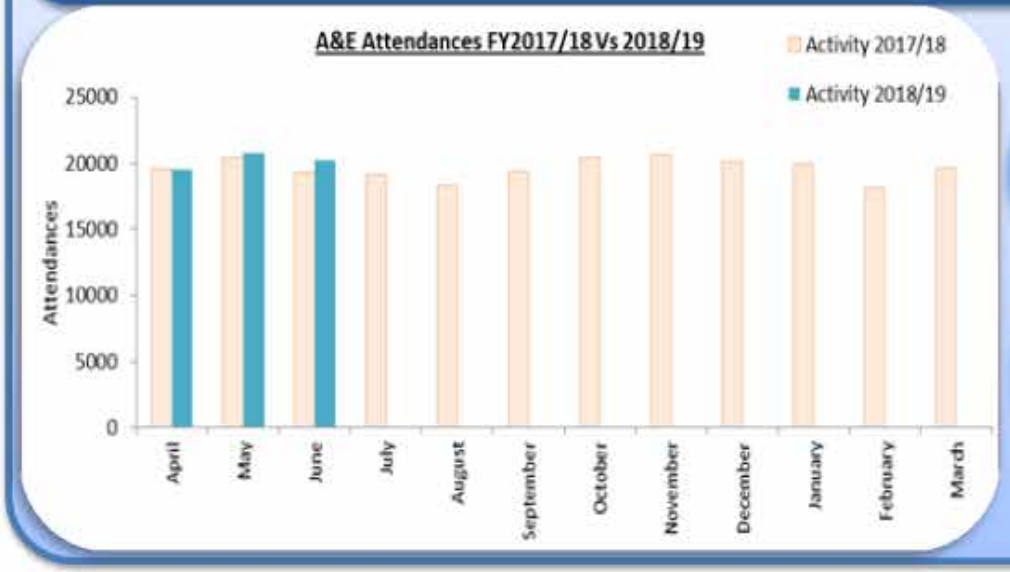
Emergency Admissions



YTD
18/19 Vs 17/18 +1415 +5.8%
18/19 Vs Plan +676 +2.7%

Activity in ENT, Cardiology, General Surgery and Urology are higher than the plan.

A & E Attendances



YTD
18/19 Vs 17/18 +1214 +2%

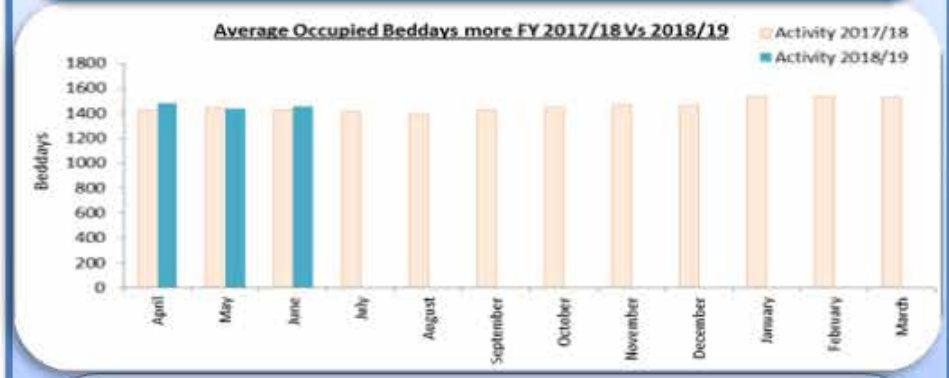
A&E attendances include ED and Eye casualty attendances.

APPENDIX I

UHL Bed Occupancy

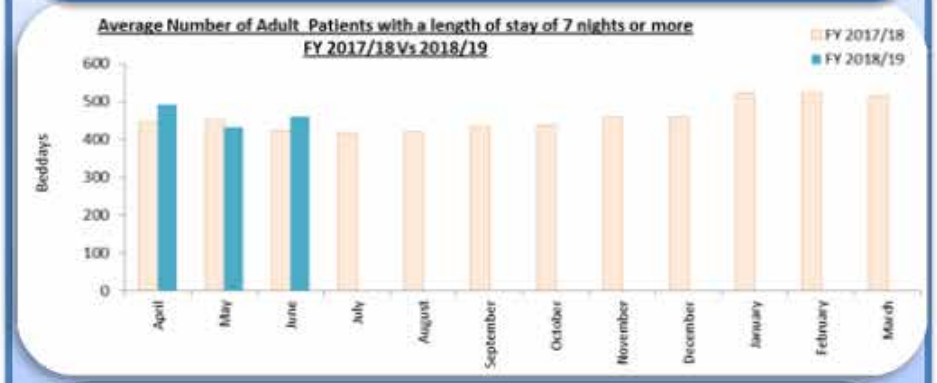
University Hospitals of Leicester NHS
NHS Trust

Occupied Beddays



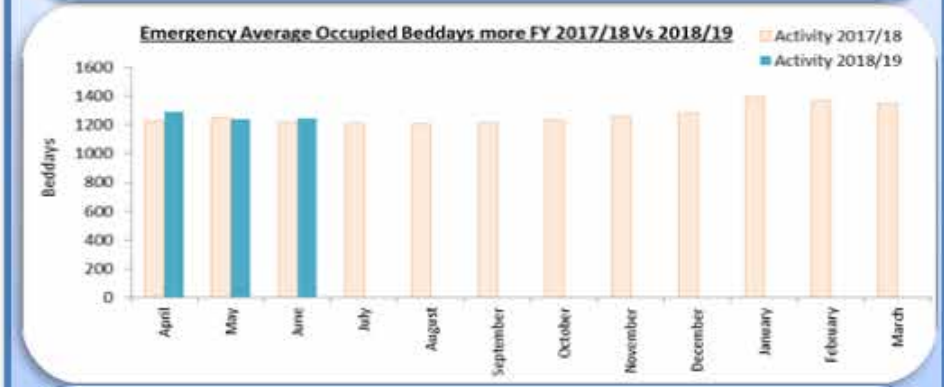
Midnight G&A bed occupancy is slightly higher to the same period last year.

Number of Adult Emergency Patients with a stay of 7 nights or more



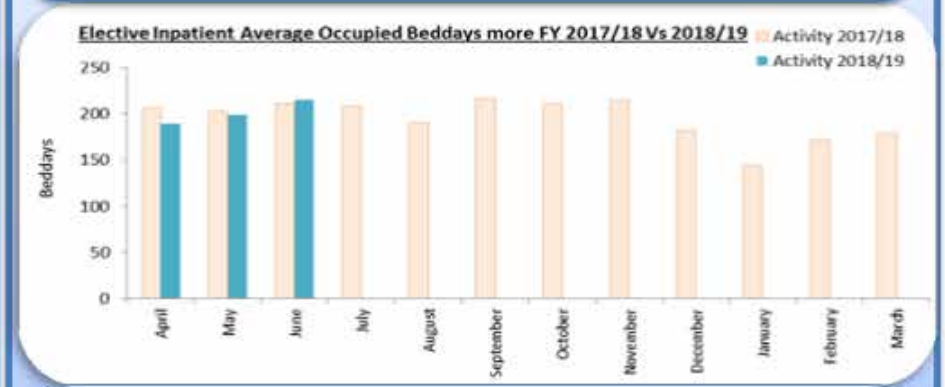
The number of patients staying in beds 7 nights or more in June has increased compared to the same period last year.

Emergency Occupied beddays



A slight increase in Emergency occupied bed days.

Elective Inpatient Occupied beddays



YTD Bed occupied is lower compared to the same period last year.