Quality & Performance Report

Author: John Adler   Sponsor: Chief Executive   **QOC joint paper 1**

Executive Summary from CEO

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

<u>**Good News:**</u> **52+ weeks wait –** 0 patients (compared to 18 patients same period last year). **Mortality –** the latest published SHMI (period January 2017 to December 2017) has reduced to 97 and is within the threshold. **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. **Pressure Ulcers** - 0 **Grade 4** reported during August. **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%. **Never events –** 0 reported in August. **Fractured NOF –** was 82.6% in August. **Cancelled operations –** performance was 0.9% in August a significant improvement. **Annual Appraisal** is at 91.6% (rising trend).

<u>**Bad News**</u>: **UHL ED 4 hour performance** – was 76.3% for August, system performance (including LLR UCCs) was 83.0%. Further detail is in the COO's report. **Cancer Two Week Wait** was not achieved in July. The standard was achieved for 24 consecutive months. **Cancer 31 day** was not achieved in July. **Cancer 62 day treatment** was not achieved in July – further detail of recovery actions in is the Q&P report. **Referral to Treatment –** our performance was below NHSI trajectory but the overall waiting list size (which is the key performance measure for 18/19) is only 0.6% off plan. **Diagnostic 6 week wait –** standard not achieved however downward trend over last 5 months. **C DIFF –** 7 cases reported this month. **Patients rebooked within 28 days –** continues to be non-compliant. **Moderate harms and above** – July (reported 1 month in arrears) was above threshold. **Ambulance Handover 60+ minutes (CAD+)** – performance at 3%. **TIA (high risk patients)** – 50.4% reported in August. **Statutory and Mandatory Training** reported from HELM is at 88%.

Input Sought

I recommend that the Committee:

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

For Reference

Edit as appropriate:

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

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

2. This matter relates to the following governance initiatives:

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

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

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

5. Scheduled date for the next paper on this topic: QOC/PPPC 25th October 2018

Quality and Performance Report

August 2018

One team shared values

CONTENTS

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

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

DATE: **27th SEPTEMBER 2018**

REPORT BY: **ANDREW FURLONG, MEDICAL DIRECTOR**
                             REBECCA BROWN, CHIEF OPERATING OFFICER
                             ELEANOR MELDRUM, ACTING CHIEF NURSE
                             HAZEL WYTON, DIRECTOR OF PEOPLE AND ORGANISATIONAL DEVELOPMENT
                             DARRYN KERR, DIRECTOR OF ESTATES AND FACILITIES

SUBJECT: **AUGUST 2018 QUALITY & PERFORMANCE SUMMARY REPORT**

1.0   Introduction

The following report provides an overview of performance for NHS Improvement (NHSI) and UHL key quality commitment/performance metrics. Escalation reports are included where applicable. The NHSI have recently published the 'Single Oversight Framework' which sets out NHSI's approach to overseeing both NHS Trusts and NHS Foundation Trusts and shaping the support that NHSI provide.

The NHS Single Oversight Framework sets out NHS Improvement's approach to overseeing and supporting NHS trusts and NHS foundation trusts under the Single Oversight Framework (SOF). It explains what the SOF is, how it is applied and how it relates to NHS Improvement's duties and strategic priorities.

The document helps providers to understand how NHS Improvement is monitoring their performance; how NHSI identify any support providers need to improve standards and outcomes; and how NHSI co-ordinate agreed support packages where relevant. It summarises the data and metrics regularly collected and reviewed for all providers, and the specific factors that will trigger more detailed investigation into a trust's performance and support needs.

NHSI have also made a small number of changes to the information and metrics used to assess providers' performance under each theme, and the indicators that trigger consideration of a potential support need. These updates reflect changes in national policy and standards, other regulatory frameworks and the quality of performance data, to ensure that the oversight activities are consistent and aligned.

2.0   Changes to Indicators/Thresholds

No changes.

Summary Scorecard – YTD

University Hospitals of Leicester NHS — NHS Trust

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

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

SUCCESSES:

- FFT Inpatient/DC **97%**
- Crude Mortality **2%**
- DTOC **1.4%**
- Stroke 90% Stay **85.8%**
- RTT 52 Weeks Wait **0**

ISSUES:

- MRSA Avoidable **1**
- Single Sex Accommodation Breaches **32**
- ED 4hr Wait UHL **79.9%**
- Cancer 62 Day **76.5%**

One team shared values

Summary Scorecard – August 2018

University Hospitals of Leicester — 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	RTT 52 Weeks Wait
Pressure Ulcers Grade 4			Readmissions <30 days	Diagnostic Waits
Pressure Ulcers Grade 3				DTOC
Pressure Ulcers Grade 2				Handover >60
Falls				Cancelled Ops
				Cancer 31 Day
				Cancer 62 Day

Key changes in indicators in the period:

SUCCESSES: (Red to Green)
- MRSA
- #Nof

Significant Improvement:
- Falls
- Cancelled Ops

ISSUES: (Green/Amber to Red)
- CDIFF
- Statutory & Mandatory Training
- Stroke TIA
- Cancer 2WW
- Cancer 31 Day

One team shared values

Domain - Safe

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

4 Never Events YTD

20 Serious Incidents YTD (Number escalated each month)

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

1 Avoidable MRSA YTD

32 CDIFF Cases YTD

SEPSIS — SOS (Suspicion Of Sepsis)

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.
- Serious Incidents was within threshold for August.
- 0 Never events reported in August.
- 0 MRSA reported in August.

ISSUES
- Moderate harms and above – 20 cases reported in July.
- 7 cases of CDIFF reported in August.
- The ED data themes (no compliance) are no longer being reviewed due to capacity. This accounts for the majority of the downward trend we are seeing as a lot in the past have been de-escalated as non-RFS and taken out of the analysis.

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

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

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

ED - Patients who trigger with red flag sepsis - % that have their IV antibiotics within an hour — 90% YTD
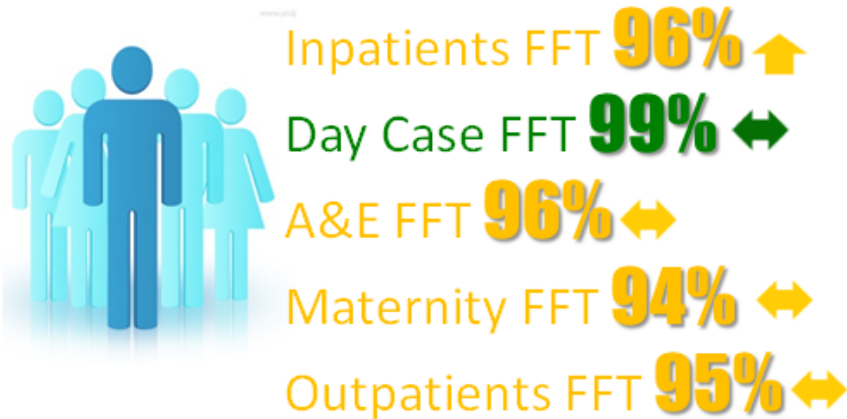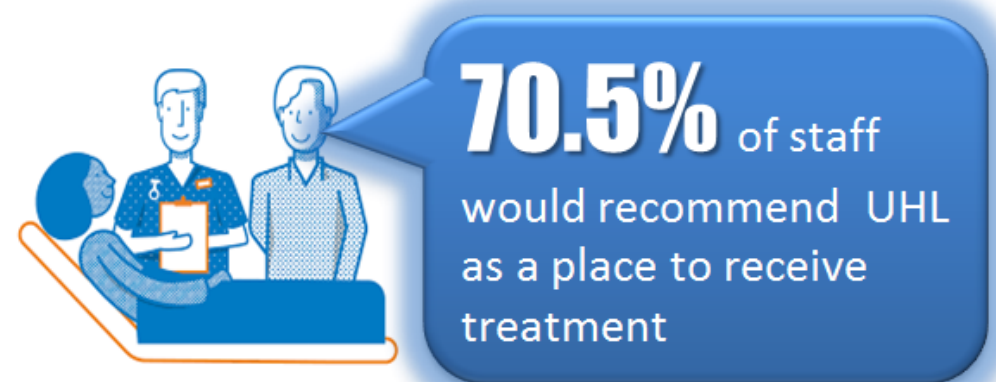
Wards (including assessment units) Patients who trigger for Red Flag Sepsis - % that receive their antibiotics within an hour — 81% YTD

Domain - Caring

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

Friends and Family Test YTD % Positive

Inpatients FFT **96%** ⬆

Day Case FFT **99%** ↔

A&E FFT **96%** ↔

Maternity FFT **94%** ↔

Outpatients FFT **95%** ↔

Staff FFT Quarter 1 2018/19 (Pulse Check)

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

SUCCESSES

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

ISSUES

- Single Sex Accommodation Breaches – 6 reported in August.

ACTIONS

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

Single Sex Accommodation Breaches

32 YTD ⬇

Domain – Well Led

Arrows represent current month performance against previous month, upward arrow represents improvement, downward arrow represents deterioration.
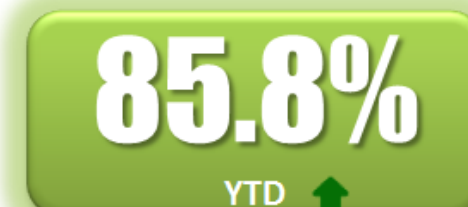
Friends and Family FFT YTD % Coverage

Inpatients FFT **30.3%** ↓

Day Case FFT **24.0%** ↑

A&E FFT **9.4%** ↓

Maternity FFT **38.1%** ↓

Outpatients FFT **5.6%** ↓

Staff FFT Quarter 1 2018/19 (Pulse Check)

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

% Staff with Annual Appraisals

91.6% YTD ↑

Statutory & Mandatory Training

88% YTD ↓

BME % - Leadership

28% Qtr1 8A including medical consultants

14% Qtr1 8A excluding medical consultants

SUCCESSES

- Corporate Induction attendance for August was 95%.
- Significant improvement in appraisals at 91.6% (this excludes facilities staff that were transferred over from Interserve).

ISSUES

- Low response rate for Staff FFT survey.
- Statutory & Mandatory Training performance at 88%.

ACTIONS

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

Domain – Effective

Arrows represent current month performance against previous month, upward arrow represents improvement, downward arrow represents deterioration.
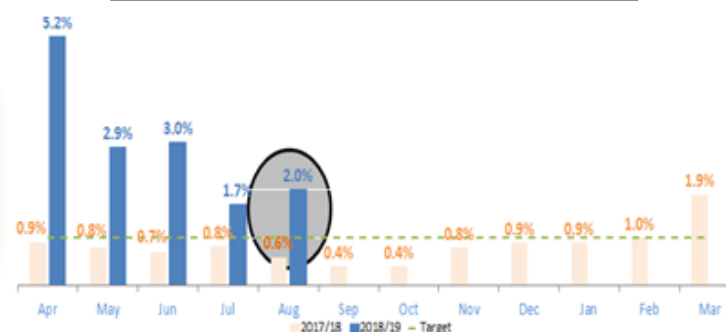
Mortality – Published SHMI

97
Jan17 - Dec17 ⬆

Stroke TIA Clinic within 24hrs

61.8%
YTD ⬇

80% of Patients Spending 90% Stay on Stoke Unit

85.8%
YTD ⬆

Emergency Crude Mortality Rate

2.0%
YTD ⬆

30 Days Emergency Readmissions

9.2%
YTD ⬆

NoFs Operated on 0-35hrs

66.4%
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 August was 1.9%.
- 86.8% of Stay on a Stroke Unit for July was 85.8%.
- Fractured NoF for August was 82.6%.

ISSUES

- 30 Days Emergency Readmissions for July was 9%.
- Stroke TIA Clinic within 24 Hours for August was 50.4%.

ACTIONS

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

Domain – Responsive

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

RTT - Incomplete
92% in 18 Weeks

85.8%
As at Aug ⬇

6 week Diagnostic Wait times

Apr 5.2%, May 2.9%, Jun 3.0%, Jul 1.7%, Aug 2.0%, Mar 1.9% (2018/19)
0.9%, 0.8%, 0.7%, 0.8%, 0.6%, 0.4%, 0.4%, 0.8%, 0.9%, 0.9%, 1.0% (2017/18)

2017/18 2018/19 Target

Cancelled Operations UHL

Apr 0.9%, May 1.1%, Jun 1.0%, Jul 1.4%, Aug 0.9% (2018/19)
1.1%, 1.1%, 1.2%, 1.2%, 1.1%, 1.2%, 1.4%, 1.4%, 1.5%, 1.4%, 1.4%, 1.4%, 1.5% (2017/18)

2017/18 2018/19 Target

RTT 52 week wait incompletes

0
As at Aug ↔
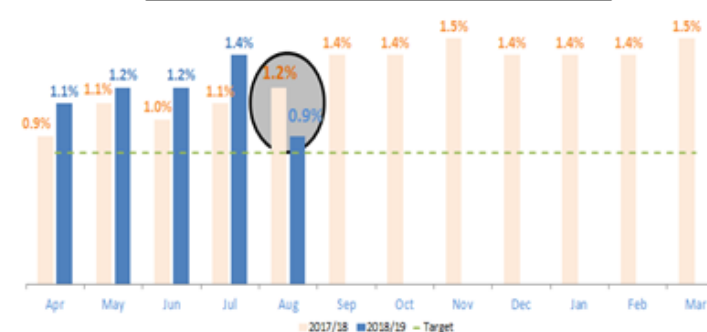
ED 4Hr Waits UHL

79.9%
YTD ↔

A & E

ED 4Hr Waits UHL+LLR UCC

85.6%
YTD ⬆

Ambulance Handovers

2% > 60mins ⬆
6% 30-60mins ↔
YTD

SUCCESSES

- 0 Trolley breaches for August.
- DTOC was 1.6% for August.
- 0 patient waiting over 52+ weeks (last August the number was 18).
- Diagnostic 6 week wait – significant improvement however still above the 1% national target.
- Significant improvement in cancelled operations.

ISSUES

- ED 4Hr Waits UHL – August performance was 76.3%. LLR performance was 82.7% against a trajectory of 88.3%.

ACTIONS

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

Cancer Performance Summary

University Hospitals of Leicester **NHS**
NHS Trust

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

3 (Jul)
Standards Achieved
(Out of 9 standards)

92.2%
2WW
(All Cancers)
Jul
93.6% (YTD) ↓

84.5%
2WW
(Symptomatic Breast)
Jul
89.4% (YTD) ↓

95.4%
31 Day Wait
(All Cancers)
Jun
95.4% (YTD) ↓

100.0%
31 Day Wait
(Anti Cancer Drug Treatments)
Jul
99.4% (YTD) ↑

87.0%
31 Day Wait
(Subsequent Treatment - Surgery)
Jun
86.1% (YTD) ↓

99.3%
31 Day Wait
(Radio Therapy Treatment)
Jul
98.8% (YTD) ↓

77.3%
62 Day
(All Cancers)
Jul
76.5% (YTD) ↑

88.9%
62 Day
(Consultant Screening)
Jul
78.9% (YTD) ↑

93.3%
62 Day
(Consultant Upgrades)
Jun
85.6% (YTD) ↑

29 ↓
104 Days
Aug

Highlights

- Out of the 9 standards, UHL achieved 3 in July – 31 Day Drugs, 31 Day Radiotherapy and the internal standard against Consultant Upgrades.
- 62 Day performance further deteriorated in June at 74.5%. Of the 15 tumour groups, only 3 tumour sites delivered the standard (Breast, Skin & Sarcoma). Significant deterioration is notable in Urology as they continue to drive their backlog down.
- The backlog position remains a significant concern with a continued growth in the adjusted position with Urology maintaining 50% of the total backlog. Lung and Lower GI continue to be significantly over trajectory remaining key areas of concern.
- Changes to the senior leadership for Cancer Performance in August will see a revised recovery trajectory and associated recovery action plan with enhanced grip and control being the key focus.
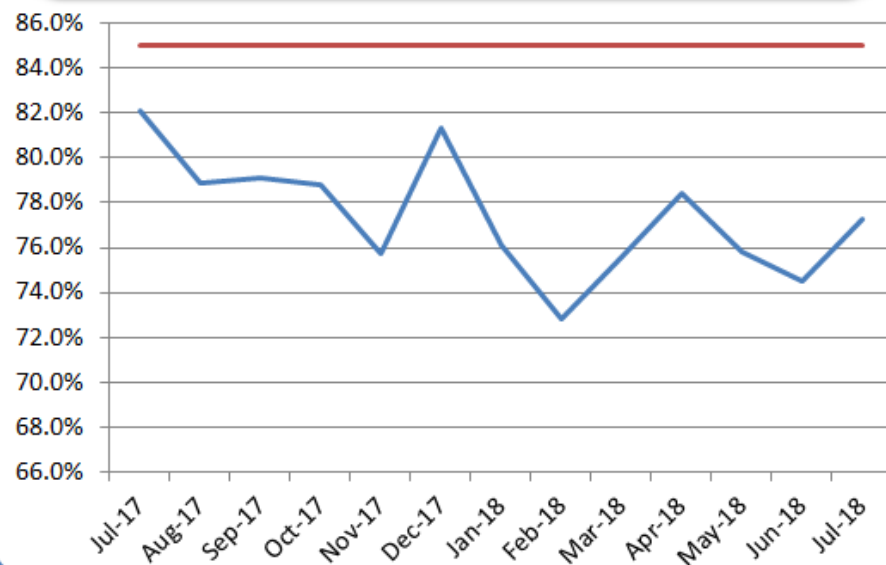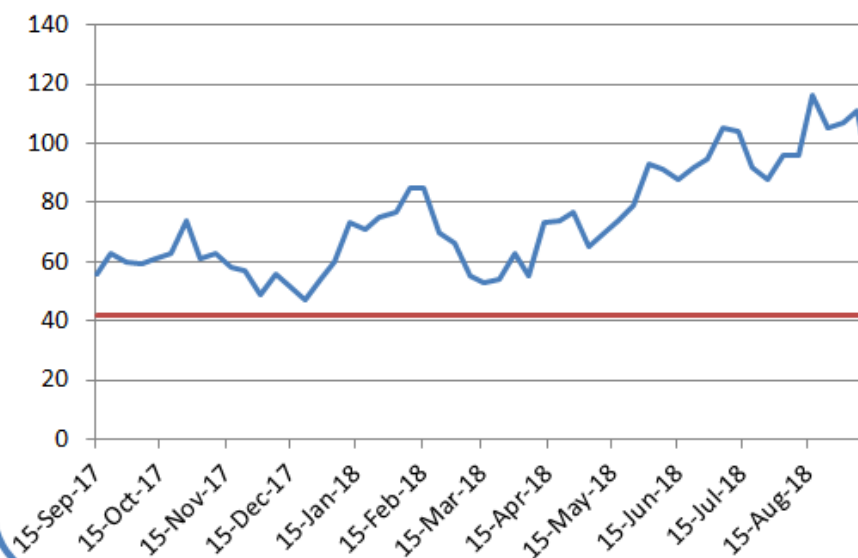
Backlog & Performance

31 Day First Treatment – Backlog & Performance
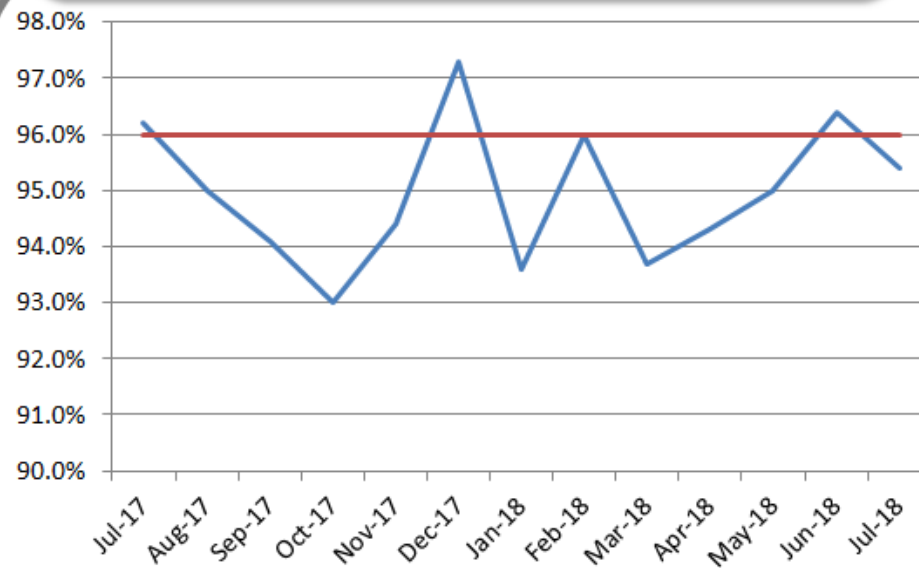
July performance was 0.6% below the national target, with all tumour sites hitting the standard except for Urology, Lower GI and Skin with a collective total of 21 breaches in the month.

Theatre capacity, patient choice and patient fitness are the primary factors affecting the backlog.

At the time of reporting, the backlog has increased to 32, however this is expected to significantly reduce over the next two weeks as treatments are confirmed.

The performance predictions for August and September are therefore under the national standard at 95% and 93% respectfully forecasted for both months.

31 Day Subsequent Performance - Surgery
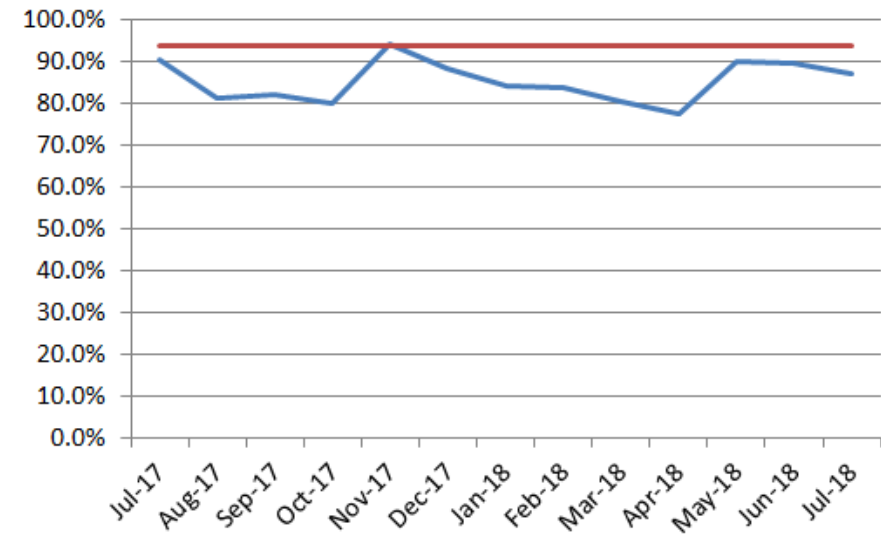
31 day Subsequent performance for Surgery in July under performed at 87, a marginal increase of 0.4% on the previous month. Lower GI, Skin, Upper GI and Urology being the tumour sites to fail in the month with 16 breaches treated in total, the majority of which within Urology.

The backlog at the time of reporting sits at 18, with patient choice and theatre capacity continuing to impact on the ability to treat patients within target. This backlog is spread across 3 tumour sites with 16 patients sitting in Urology.

At the time of reporting, the forecasted position for August is 85% with 83% forecast for September.

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 10th August 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 17th August 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	2	⬆	2
HPB	0	3	⬌	3
Lower GI	6	9	⬇	13
Testicular	0	0	⬌	1
Upper GI	1	1	⬌	1
Urology	12	48	⬆	47
Skin	1	1	⬇	1
Breast	2	4	⬆	9
Head & Neck	4	4	⬇	4
Sarcoma	0	0	⬌	1
Lung	6	17	⬆	18
Gynaecology	8	7	⬆	11
Brain	0	0	⬌	1

62 Day Thematic Breach Analysis (July)

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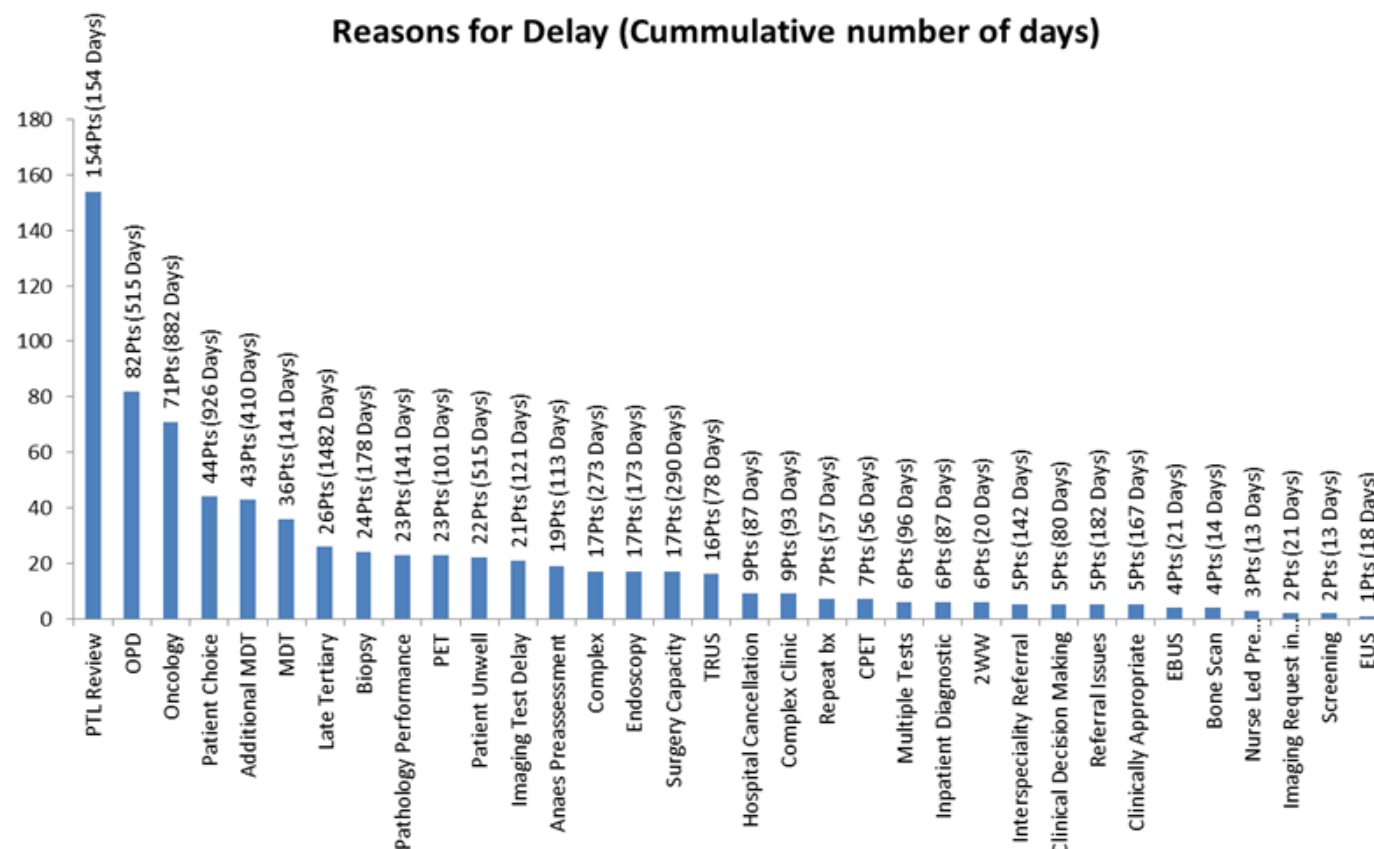
The following summarises the July breach review analysis by category of delay for all reported breaches in the month.

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: -

- **Oncology** – 8 patients delayed by a total of 77days.
- **Patient Choice** – 4 patients delayed by a total of 143 days.
- **Multiple Tests** – 4 patients delayed by a total of 66 days.
- **Late Tertiary** – 2 patients delayed by a total of 130 days.
- **Complex** – 2 patients delayed by a total of 30 days.
- **Hospital Cancellation** – 2 patients delayed by a total of 23 days.
- **Imaging Test Delay** – 2 patients delayed by a total of 15 days.
- **Patient Unwell** – 2 patients delayed by a total of 14 days.
- **Anaes Preassesment** – 2 patients delayed by a total of 12 days.
- **Pathology Performance** – 2 patients delayed by a total of 11 days.

Reasons for Delay (Cummulative number of days)

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 breach review analysis by category of delay for all reported breaches YTD.

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: -

- **PTL Review** – 154 patients delayed by a total of 154 days.
- **Outpatients** – 82 patients delayed by a total of 5115days.
- **Oncology** – 71 patients delayed by a total of 882 days.
- **Patient Choice** – 44 patients delayed by a total of 926 days.
- **Additional MDT** – 43 patients delayed by a total of 410 days.
- **MDT** – 36 patients delayed by a total of 141 days.
- **Late Tertiary** – 26 patients delayed by a total of 1482 days.
- **Biopsy** – 24 patients delayed by a total of 178 days.
- **Pathology** – 23 patients delayed by a total of 141 days.
- **PET** – 23 patients delayed by a total of 101 days.

Reasons for Delay (Cummulative number of days)

PTL Review 154Pts(154 Days); OPD 82Pts(515 Days); Oncology 71Pts(882 Days); Patient Choice 44Pts(926 Days); Additional MDT 43Pts(410 Days); MDT 36Pts(141 Days); Late Tertiary 26Pts(1482 Days); Biopsy 24Pts(178 Days); Pathology Performance 23Pts(141 Days); PET 23Pts(101 Days); Patient Unwell 22Pts(515 Days); Imaging Test Delay 21Pts(121 Days); Anaes Preassessment 19Pts(113 Days); Complex 17Pts(273 Days); Endoscopy 17Pts(173 Days); Surgery Capacity 17Pts(290 Days); TRUS 16Pts(78 Days); Hospital Cancellation 9Pts(87 Days); Complex Clinic 9Pts(93 Days); Repeat bx 7Pts(57 Days); CPET 7Pts(56 Days); Multiple Tests 6Pts(96 Days); Inpatient Diagnostic 6Pts(87 Days); 2WW 6Pts(20 Days); Interspeciality Referral 5Pts(142 Days); Clinical Decision Making 5Pts(80 Days); Referral Issues 5Pts(182 Days); Clinically Appropriate 5Pts(167 Days); EBUS 4Pts(21 Days); Bone Scan 4Pts(14 Days); Nurse Led Pre.. 3Pts(13 Days); Imaging Request in... 2Pts(21 Days); Screening 2Pts(13 Days); EUS 1Pts(18 Days)

Cancer Recovery Actions

University Hospitals of Leicester **NHS**

NHS Trust

Summary of the plan

- The recovery action plan (RAP) has been updated and we are awaiting additional actions from primary care to support improvement.
- IST commenced the review Urology plans and governance 03/08/18, 4 primary recommendations have been made and work commenced w/c 20/8/18
- Director of Operational Improvement leading on Cancer Taskforce and recovery from August 2018.
- Revised and improved RAP actions supporting grip and control against caner performance and patient experience expected by end August 2018
- All 104 day patients were reviewed on 24.8.18 with COO and weekly meetings with Heads of Ops and DOI are in place to ensure actions are progressed to remove and avoid further patients being added
- Targeted pathway review for Lower GI to remove multiple MDT discussions resulting in pathway delays being led by the Cancer Centre Clinical Lead and Clinical Director for CHUGGS.
- Working in partnership with the CCG GP Cancer Leads to improve patient engagement in cancer pathways.
- Working in partnership with the Cancer Alliance to progress the RAPID Prostate and Optimal Lung Cancer pathways. Funding has been confirmed, awaiting transfer to UHL from CCG with project plans to be governed through Cancer Performance Taskforce.

Risk Summary

Summary of high risks

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

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

Ambulance Handover – August 2018

University Hospitals of Leicester NHS
NHS Trust

EMAS Ambulance Handover - LRI vs other hospitals August 2018

Rank	Hospital	Total (CAD)	Coverage (%)	Total (CAD+)	30 - 59 Minutes	Over 60 Minutes	1 - 2 Hours	2 Hours Plus	% 30-59 mins	%60+ mins	%30+ mins	Average Turnaround time	Total time 30+ mins Handover Turnaround target
1	Royal Derby Hospital	4133	75%	3112	36	0	0	0	1%	0%	1%	0:28:34	344:18:49
2	Queens Medical Centre Campus Hospital	5416	65%	3509	49	2	2	0	1%	0%	1%	0:26:19	290:18:50
3	Northampton General Hospital	2694	81%	2182	60	3	3	0	3%	0%	3%	0:24:54	187:48:26
4	Chesterfield Royal Hospital	2150	83%	1788	57	3	3	0	3%	0%	3%	0:26:51	194:53:03
5	George Eliot Hospital	213	69%	146	4	2	2	0	3%	1%	4%	0:24:52	14:35:20
6	Peterborough City Hospital	909	63%	574	28	9	8	1	5%	2%	6%	0:23:03	76:55:27
7	Kings Mill Hospital	2831	84%	2375	198	12	12	0	8%	1%	9%	0:31:39	361:55:24
8	Scunthorpe General Hospital	1429	73%	1050	89	12	12	0	8%	1%	10%	0:25:47	175:50:37
9	Kettering General Hospital	2515	83%	2094	209	11	11	0	10%	1%	11%	0:28:10	257:48:36
10	Leicester Royal Infirmary	5,303	87%	4,601	383	146	127	19	8%	3%	11%	0:29:15	728:48:40
11	Stepping Hill Hospital	371	69%	255	33	3	3	0	13%	1%	14%	0:32:36	40:29:47
12	Bassetlaw District General Hospital	883	63%	554	69	10	10	0	12%	2%	14%	0:29:31	95:47:21
13	Burton Queens Hospital	472	4%	21	2	1	1	0	10%	5%	14%	0:21:48	2:23:08
14	Lincoln County Hospital	2404	73%	1758	218	74	66	8	12%	4%	17%	0:31:59	347:47:00
	EMAS	37,650	73%	27,335	1,928	440	392	48	7%	2%	9%	0:28:58	3866:59:50

Highlights

- CAD+ data used in performance analysis (87% coverage of all arrivals at LRI).
- LRI had highest number of arrivals (via CAD+) and coverage in August.
- LRI average handover time was within the Upper Quartile range however average turnaround time reduced by 46 seconds from July.
- Hours lost in August due to handover delays longer than 30 minutes **reduced by 9%** from last month.
- The equivalent of **60** ambulance shifts (12 hours) lost.

EMAS Ambulance Handover
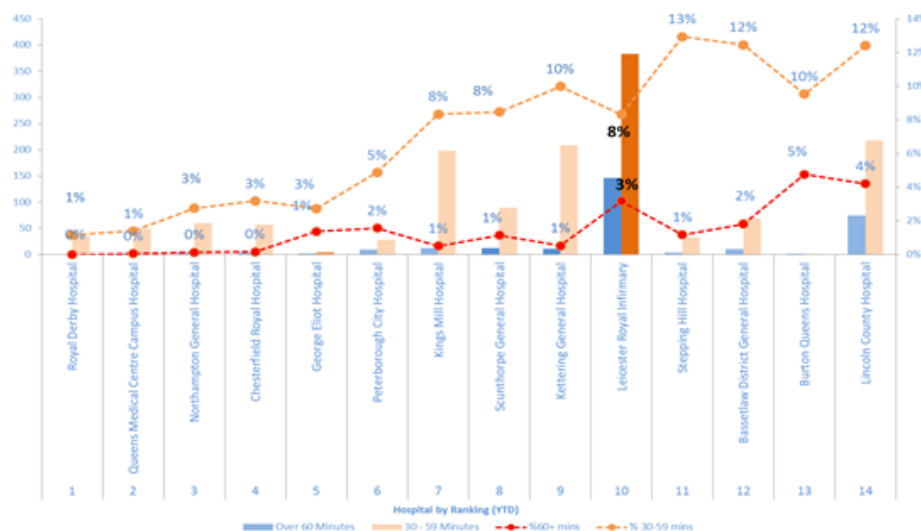
Total Time >30mins & Average Turnaround Time
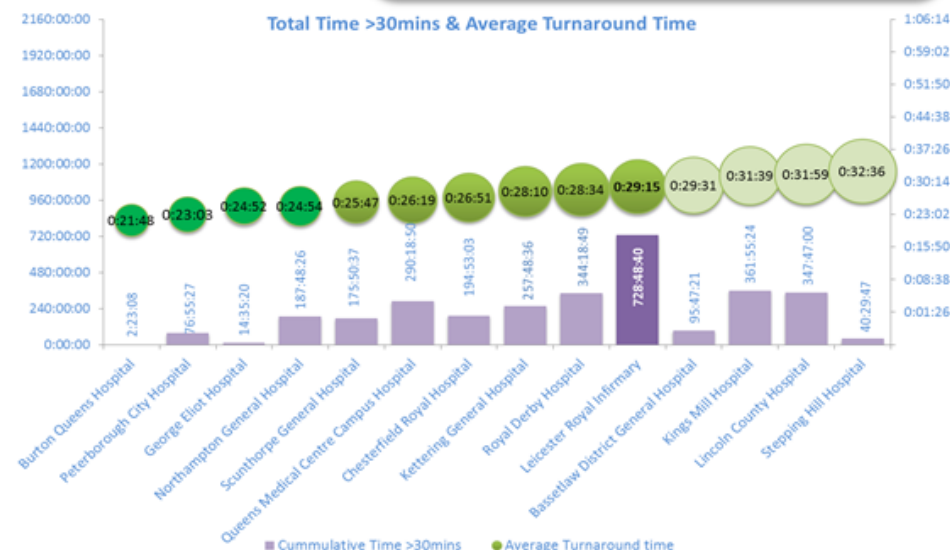
Lowest Turnaround Time (Avg.)	Median Turnaround Time (Avg.)	LRI Turnaround Time (Avg.)	LRI Total Time over 30mins	LRI Delay >30mins – Number Ambulance Shifts	Ambulance Handover 30-59 mins	Ambulance Handover >60Mins
22 Mins	**27** Mins	**29** Mins	**728** Hours	**60** Shifts	**8%**	**3%**

RTT: Executive Performance Board

University Hospitals of Leicester **NHS**
NHS Trust

UHL	M5: WL Size 66,238	RTT: 84.9%
Alliance		RTT: 91.6%
Combined	-414 under target	RTT: 85.8%

Current Position:

UHL achieved Augusts waiting list size trajectory, with 414 fewer patients on the waiting list size than planned. The position was supported by a higher number of admitted clock stops than typically seen in August along with robust validation.

The combined performance for UHL and the Alliance for RTT in August was 85.8%. Changes to GP referral patterns including higher number of 2WW transfers has resulted in changed waiting list profile. Whilst referrals patterns remain the RTT % will not improve to 92.0%. UHL will continue to meet the waiting list size targets which is the key measure for this standard during 18/19.

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

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

Current Position:

UHL achieved its forecasted M5 waiting list size trajectory after failing to meet the trajectory in June and July. UHL remain on track to deliver the 2018/19 planning guidance of a lower waiting list at the end of March 2019 than at the end of March 2018. RTT performance for August was 85.8%.

Key Drivers:

- Improved waiting list performance was supported by a higher levels of transfers to the independent sector than in previous months, 110 more transfers in August compared to July.
- Strong focus on admitted performance has led to a circa 3% reduction in the backlog over August. In 2017 and 2016 admitted backlog performance remained the same in August and increased in size by 4% respectively.
- Continued validation of the waiting list.

Key Actions

- Actions plans have been submitted for all specialties with performance below 92% and a waiting list size above 50.
- Agreement with CCG's to transfer patients to the independent sector at the point of referral.
- Reinvigorated theatre productivity program led by the COO with external validation by Four Eyes.

UHL is forecasting it will continue to achieve the WL size trajectory in September.

UHL Waiting List Size against trajectory
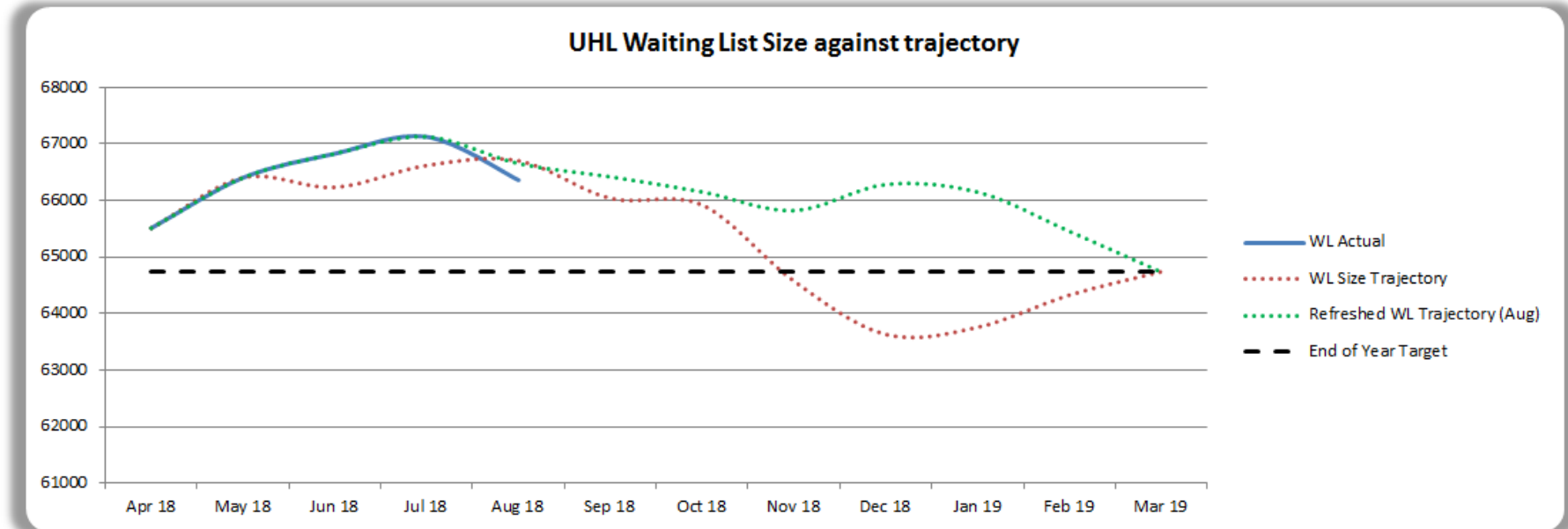
The overall combined UHL and Alliance WL size reduced by 889 since the end of July.

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

Large reductions were seen in Gynaecology, General Surgery and Breast Care.

The largest overall waiting list size increases were within Orthopaedic Surgery, Vascular and Pain. All 3 services are forecasting a reduction in waiting list size in Quarter 3.

4 out of the 7 UHL CMG's achieved a reduction in their waiting list size, contributing to achieving the month 5 trajectory.

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

10 Largest Waiting List Size Reductions in month

- Gynaecology -547
- General Surgery -501
- Breast Care -106
- Maxillofacial Surgery -84
- Gastroenterology -59
- Trauma -58
- Paediatric ENT -56
- Haematology -52
- Rheumatology -48
- Neurology -35

10 Largest Waiting List Size Increases in month

- Orthopaedic Surgery 129
- Vascular Surgery 122
- Pain Management 120
- ENT 94
- Sleep 79
- Allergy 57
- Interventional Radiology 45
- Spinal Surgery 34
- Colorectal Surgery 28
- Transient Ischaemic Attack 28

CMG	Waiting List Size Change Since March 2018	Waiting List Size Change since July	RTT %
CHUGGS	-679	-741	83.8%
CSI	-48	43	89.9%
ESM	615	-73	95.1%
ITAPS	504	196	89.7%
MSS	-110	-64	79.7%
RRCV	355	169	87.4%
W&C	-4	-520	90.6%
Alliance	758	101	91.6%
UHL	729	-990	84.9%
UHL & Alliance	1487	-889	85.8%

RTT: Executive Performance Board

University Hospitals of Leicester **NHS**
NHS Trust

Admitted and Non-Admitted Backlog

| Non Admitted backlog | Admitted backlog | Column1 |
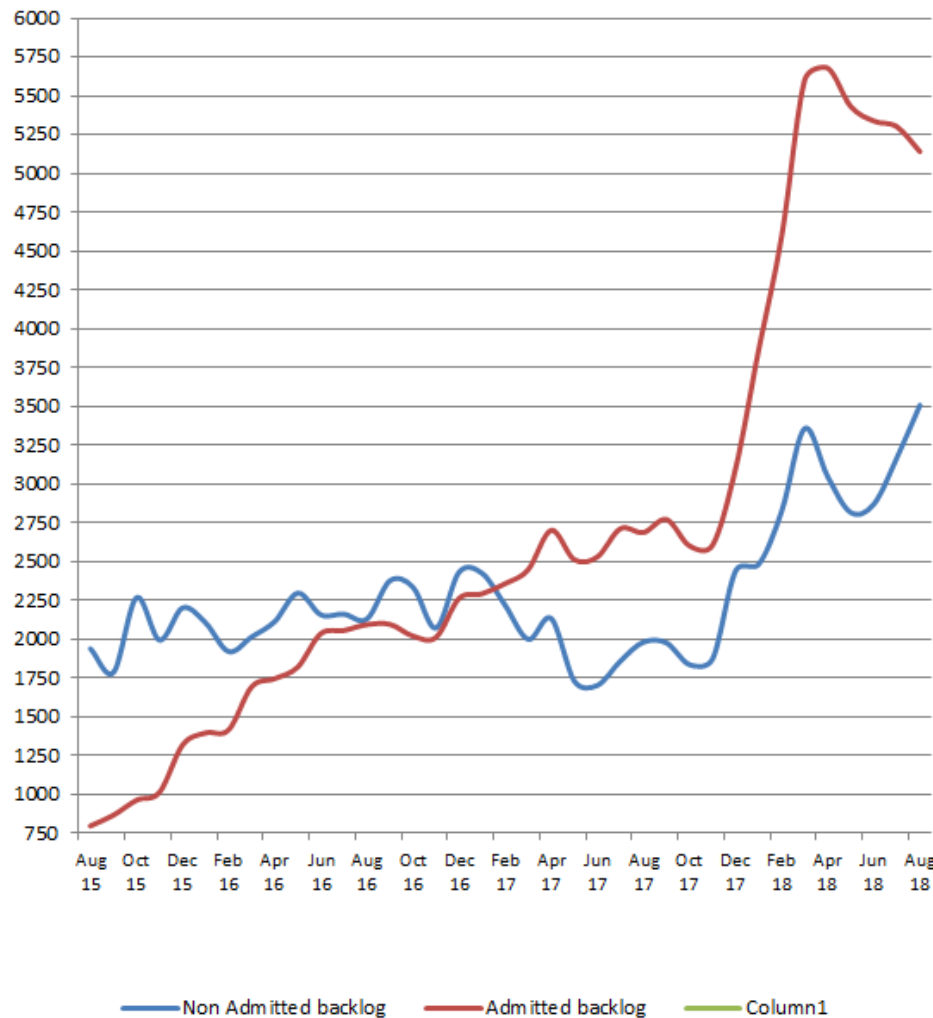
Admitted: | **-161** (backlog change) | **-3.0%** Change

Non Admitted: | **338** (backlog change) | **+11%** Change

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

Key Actions Required:

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

52 Week Breaches — Zero — 0 Change

Current Position:
At the end August there were zero patients with an incomplete pathway at more than 52 weeks. There were 9 in month 52 week breaches.

Key Drivers:
- Prior cancellations has produced a large increase in the number of long waiting patients over 40 weeks. The end of August saw a 271% rise in patients waiting over 40 weeks compared to August 2017. During August the number of patients waiting over 40 weeks has risen by 54 to 489.
- Despite the increased number of long waiting patients, UHL's current 52 week breach performance is significantly better than 2017's, which had 18 patients breaching 52 weeks compared to zero patients this month.

Key Actions
- A daily escalation of the patients at risk is followed including Service Managers, General Managers, Head and Deputy Head of Operations. The Director of Performance and Information is personally involved daily for any patients who are at risk of breaching 52 weeks. A daily TCI list for any long waiting patients over 48 weeks is sent to the operational command distribution list to highlight the patients and avoid a cancellation, with escalation to COO as required.
- Continued use of the Independent Sector capacity where clinically appropriate and patients agree for a transfer of care.

UHL is forecasting zero 52 week breaches at the end of September.

End of Month 52 Week Breaches — 2017/18, 2018/19, Trajectory

Long Waiters — Breach 40-44, Breach 44-48, Breach 48-52, Breach 52+

Diagnostics: DM01

98.0% (Target >=99%)	**-0.3%** Change	**323** Breaches	**+34** Change

Imaging	**99.5%** (Target >99%)	**+0.0%** Change	Breaches: **66**	**+2** Change
Physiological Measurement	**98.2%** (Target >99%)	**-0.6%** Change	Breaches: **32**	**+8** Change
Endoscopy	**87.3%** (Target >99%)	**-1.9%** Change	Breaches: **225**	**+24** Change
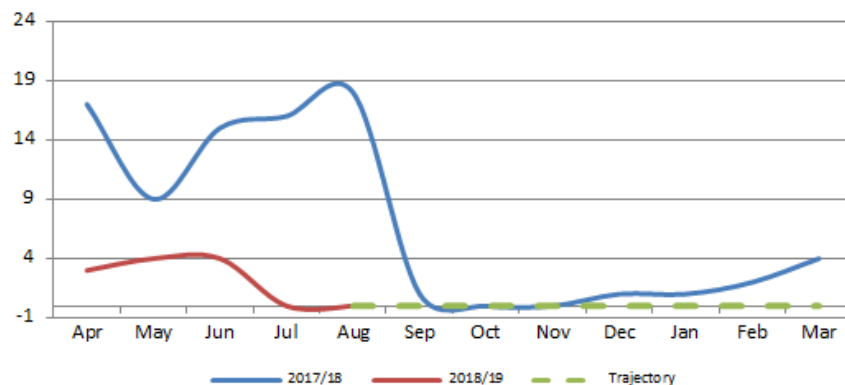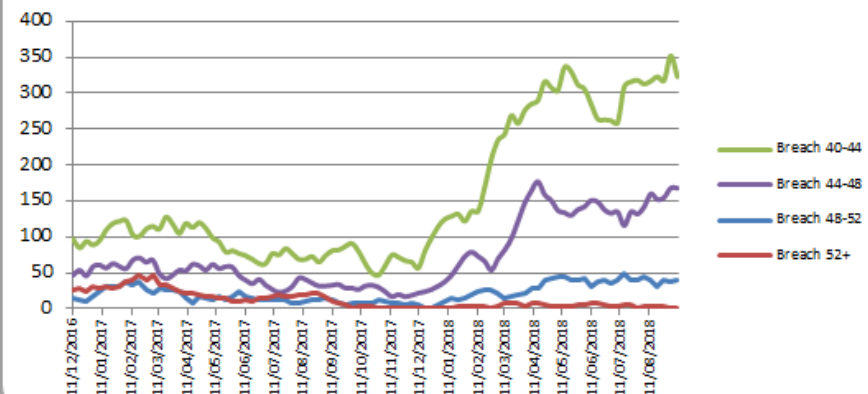
Current Position:

2018/19 has seen a failure to meet the 1% diagnostic breach target in the first 5 months. August achieved 98.0% with 159 breaches more than the maximum allowance to have met the target. Overall performance was maintained for Imaging modalities but remained strained for Endoscopy and Physiological Measurement.

Key Drivers:
- Capacity constraints within Endoscopy.
- Reduced available capacity for endoscopy at local hospitals within the Alliance as well an increases in 2WW referrals resulting in increased demand.

Key Actions:
- Insourcing endoscopy capacity with Medinet.
- Urodynamics changing clinical area that will double capacity.
- All forecasted breaches actively managed daily. Any deviation from targeted number of breaches escalated and plan to see patients in month completed by the service.

It is forecasted that key actions will lead to delivery of the DM01 standard in September.

UHL and Alliance Diagnostic Performance Last 12 Months

Legend: 2017/18 — 2018/19 — Target — Trajectory
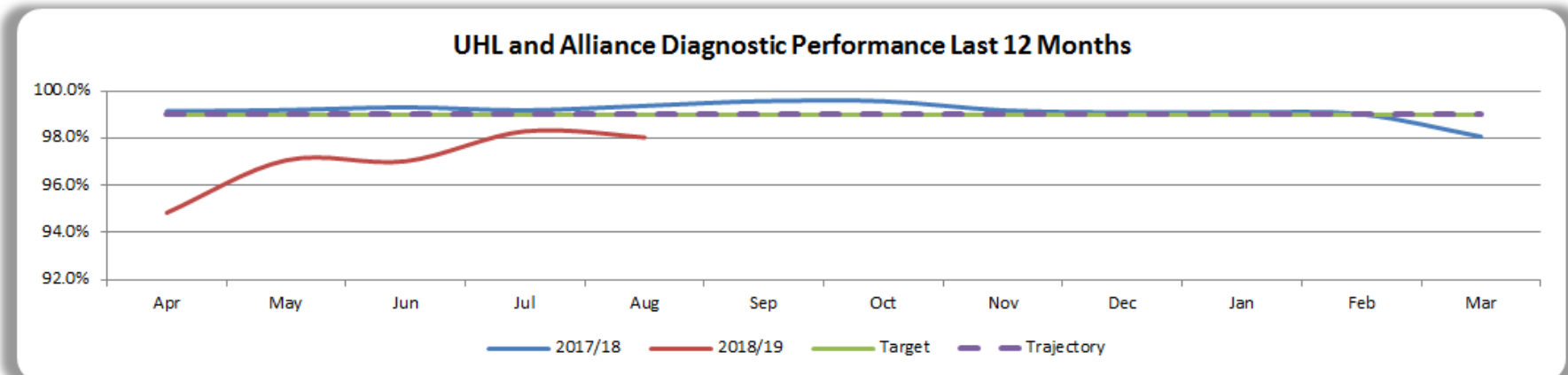
Current Position:
For August there were 98 non clinical hospital cancellations for UHL and Alliance combined. This is fewest number of cancellations since December 2016. Overall 0.9% of elective FCE's were cancelled on the day for non-clinical reasons (97 UHL 0.9% and 1 Alliance 0.1%). 16 patients did not receive their operation within 28 days of a non-clinical cancellation, 16 from UHL and 0 from the Alliance.

Key Drivers:
- Capacity constraints resulted in 53 cancellations (55%) of hospital non clinical cancellations. Of this 6 were within Paediatrics.
- 20 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.
- August resulted in fewest number of 28 day breaches for 10 months. Increased scrutiny at the Weekly Access Monitoring has supported the performance.

Key Actions:
- The Theatre Programme Board, along side Four Eyes Insight are focusing on 4 work streams that will positively impact on hospital cancellations: Preoperative Assessment, Optimal Scheduling, Reducing Cancellations and Starting on time.
- 28 Day Performance monitored at the Weekly Access Meeting

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

Cancelled Operations

UHL	Alliance	Combined	YTD
0.9% -0.5% Change	0.1% -1.5% Change	0.9% -0.6% Change	1.2%

28 Day Re-Books

UHL	Alliance	Combined	YTD
22 -10 Change	0 -3 Change	22 -13 Change	133

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

- - - % Cancelled 2017/18   —— % Cancelled 2018/19   - - - Target
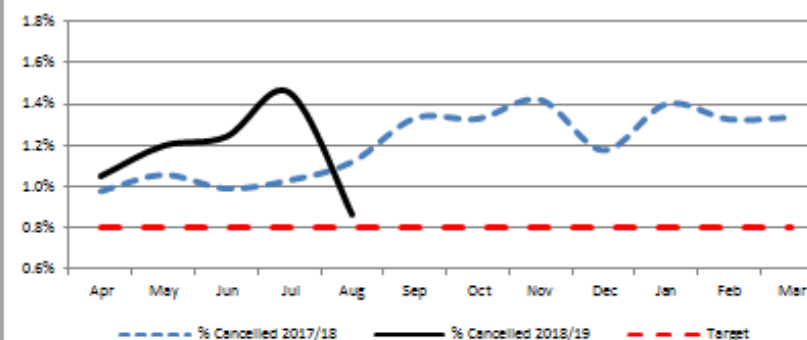
Indicator 2: The number of patients cancelled who are not offered another date within 28 days of the cancellation
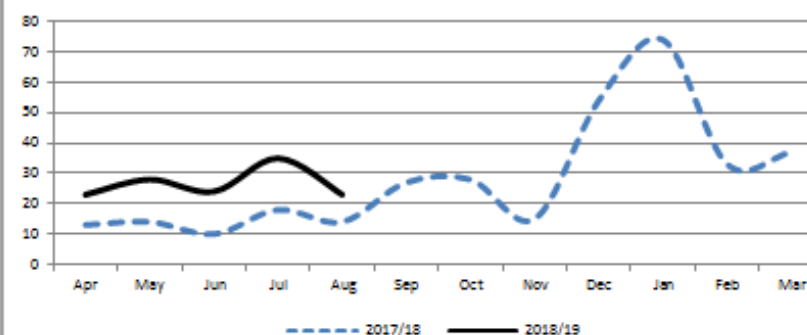
- - - 2017/18   —— 2018/19

Out Patient Transformation Programme

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)
23% YTD

Outpatients FFT
95% YTD

GP Referrals via ERS
92.9% YTD

93.5% Advice & Guidance Qtr1 18/19

Reduction of long term FU
1369 As at Sep 18

Patients seen within 15 mins
59% YTD

Coverage **17%** YTD

Patients seen within 30 mins
77% YTD

% Clinic summary letters sent within 7 days
89% YTD

% appointment letters printed via outsourced provider
89% YTD

ASI Rate
24.9% YTD

Room Utilisation
75% YTD

SUCCESSES

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

ISSUES

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

ACTIONS

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

APPENDICES

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
Clostridium Difficile – The number of C. diff infections	**18/19 Target – 0** 7 cases of C. Diff were reported in August compared to 7 the same period last year. Total cases of 32 YTD is slightly higher than the trajectory.	**Trend**	**Key Messages - What is driving underperformance?** All cases have been reviewed by the CDT nurse and there are no links between them. **Key Actions – What are we doing to improve performance?** Interventions that have shown to impact on the numbers of cases fall into three major headings 1) Hand Hygiene 2) Antimicrobial Stewardship 3) Environmental Hygiene Hand Hygiene continues to be reinforced through staff education and training, where the opportunity arises	
Single Sex Accommodation Breaches (patients affected) – The number of occurrences of unjustified mixing in relation to sleeping accommodation.	**18/19 Target – 0** 6 breaches reported in August compared to 0 for the same period last year. YTD breaches are 32 which is higher than the total breaches for last year – Outturn for 2017/18 was 30.	**Trend** **Benchmark**	**Key Messages (what is this telling us?)** Staff have a strong commitment to maintaining same sex accommodation for patients. 2 breaches occurred due to a delay in obtaining a bed for patients ready to leave ICU. 4 breaches occurred due to the capacity demands on the extended emergency floor. **Key Actions (what are we doing about it?)** Continue to ensure patients who need to leave ICU are communicated at GOLD Command and support staff in decision making at times of reduced capacity.	

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
ED 4 Hour Waits - is a measure of the percentage of patients that are discharged, admitted or transferred within four hours of arrival at the Emergency Department (ED).	**18/19 Target – 95% or above** The UHL performance for August was 76.3% (compared to 83.2% in the same period last year) and LLR performance was 82.7% against a trajectory of 88.3%.	**Benchmark** **Trend** 	There were 1,585 (9%) more ED attendances during August 18 compared to August 17, partially due to the change in the Children's pathway. This is broadly in line with our 'worst case' plan. Emergency spells are 1% higher than plan – specialties higher than plan include Cardiology, General Surgery and Urology. The CRO outbreak has and continues to impact on Flow and ED performance and has put additional strain on nurse and medical staffing.	1. Internal urgent care board has been established to manage the urgent care action plan. 2. On-call roles and responsibilities are being reviewed and a pilot of proposed new arrangements to take place on 17th September 2018
Ambulance Handover >60 Mins (CAD+ from June 15) – is a measure of the percentage of handover delays over 60 minutes	**18/19 Target – 0%** August performance for handover was 3% compared to 2% in the same period last year. Our YTD performance remains significantly better in comparison to same period last year.	**Trend** 	August is showing a 9% reduction in hours lost in comparison to July. CAD+ coverage was 87% of all arrivals at LRI – the highest in the region.	1. Cohorting policy is amended so that it occurs if a patient is on the Ambulance in excess of 20 minutes. 2. ED and Flow team to undertake a series of overnight diagnostics of flow issues overnight to address poor night time performance. 3. Clerking of patients in ED when there is limited flow to enable straight to base ward when bed available. 4. COO meeting with EMAS to identify together any further actions that can be taken.

APPENDIX B: Safe Domain Dashboard

Safe › Caring › Well Led › Effective › Responsive › OP Transformation › Research

KPI Ref	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	15/16 Outturn	16/17 Outturn	17/18 Outturn	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	18/19 YTD
S1	Reduction for moderate harm and above PSIs with finally approved status - reported 1 month in arrears	AF	MD	<=12 per month	UHL	Red if >12 in mth, ER if >12 for 2 consecutive mths	May-17	262	156	235	20	22	16	17	20	20	12	33	22	33	15	20		90
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	0	2	5	0	2	4	4	6	3	3	20
S3	Proportion of reported safety incidents per 1000 attendances (IP, OP and ED)	AF	MD	> FY 17/18	UHL	Not required	May-17	17.5	16.5	15.8	14.0	14.5	14.7	15.0	18.9	15.7	16.9	17.5	16.7	16.1	16.7	18.0	17.5	17.0
S4	SEPSIS - Patients with an Early Warning Score 3+ - % appropriate escalation	AF	SH	95%	UHL	TBC	Dec-17	New Indicator	88%	95%	94%	95%	95%	95%	96%	98%	97%	98%	98%	98%	98%	98%	98%	98%
S5	SEPSIS - Patients with EWS 3+ - % who are screened for sepsis	AF	SH	95%	UHL	TBC	Dec-17	New Indicator	93%	95%	94%	93%	95%	96%	96%	95%	94%	95%	96%	97%	95%	94%	94%	95%
S6	SEPSIS - ED - Patients who trigger with red flag sepsis - % that have their IV antibiotics within an hour - reported 1 month in arrears	AF	SH	90%	UHL	TBC	Dec-17	New Indicator	76%	85%	86%	85%	86%	87%	84%	83%	82%	79%	95%	93%	88%	85%		90%
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%	75%	80%	84%	79%	76%	82%	78%	83%	84%	83%	77%	80%		81%
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	4	7	4	9	4	3	0	6	1	7	6	9	4	27
S10	Never Events	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	May-17	2	4	8	1	0	1	0	1	0	0	2	1	1	2	0	0	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	7	9	7	4	4	4	5	8	12	4	5	4	7	32
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	1	1	0	0	0	0	2	0	0	0	0	1	0	1
S14	MRSA Total	EM	DJ	0	UHL	Red if >0 ER if >0	Nov-17	0	3	4	1	1	0	0	0	0	2	0	0	0	0	1	0	1
S15	E. Coli Bacteraemias - Community	EM	DJ	TBC	NHSI	TBC	Jun-18	New Indicator	476	454	40	38	42	38	35	43	29	32	38	54	43	35	34	204
S16	E. Coli Bacteraemias - Acute	EM	DJ	TBC	NHSI	TBC	Jun-18	New Indicator	121	96	2	10	3	10	9	7	5	9	11	7	3	5	3	29
S17	E. Coli Bacteraemias - Total	EM	DJ	TBC	NHSI	TBC	Jun-18	New Indicator	597	550	42	48	45	48	44	50	34	41	49	61	46	40	37	233
S18	MSSA - Community	EM	DJ	TBC	NHSI	TBC	Nov-17	New Indicator	134	139	13	12	12	3	17	19	10	10	12	11	8	14	11	56
S19	MSSA - Acute	EM	DJ	TBC	NHSI	TBC	Nov-17	New Indicator	30	43	2	1	1	3	4	4	4	4	5	4	2	1	1	13
S20	MSSA - Total	EM	DJ	TBC	NHSI	TBC	Nov-17	New Indicator	164	182	15	13	13	6	21	23	14	14	17	15	10	15	12	69
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%	98.0%	98.0%	98.1%	97.8%	98.1%	97.8%	97.4%	97.4%	97.4%	97.3%	98.4%	98.2%	98.2%	97.9%
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%	96.1%	95.7%	95.8%	96.1%	95.2%	94.9%	93.6%	94.0%	93.6%	95.5%	95.6%	95.1%	95.5%	95.1%
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	6.0	5.8	5.6	5.4	6.2	7.7	6.1	6.6	7.3	6.1	7.0	6.1		6.6
S24	Avoidable Pressure Ulcers - Grade 4	EM	MC	0	QS	Red / ER if Non compliance with monthly target	Aug-17	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
S25	Avoidable Pressure Ulcers - Grade 3	EM	MC	<=3 a month (revised) with FY End <27	QS	Red / ER if Non compliance with monthly target	Aug-17	33	28	8	0	0	0	0	1	1	2	0	0	0	1	1	1	3
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	1	8	3	1	7	5	7	4	7	4	7	7	1	26
S27	Maternal Deaths (Direct within 42 days)	AF	IS	0	UHL	Red or ER if >0	Jan-17	0	2	2	0	0	0	1	0	0	0	1	1	0	0	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%	18.3%	17.7%	19.3%	16.1%	18.0%	19.1%	19.8%	17.4%	19.3%	19.9%	19.4%	16.8%	19.3%	18.9%

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

KPI Ref	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	15/16 Outturn	16/17 Outturn	17/18 Outturn	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	18/19 YTD
C1	Formal complaints rate per 1000 IP,OP and ED attendances	AF	MD	No Target	UHL	Monthly reporting	Aug-17	NEW INDICATOR	1.1	1.3	1.6	1.5	1.8	1.2	1.2	1.5	1.4	1.6	1.5	1.6	1.3	1.6	1.9	1.6
C2	Percentage of upheld PHSO cases	AF	MD	No Target	UHL	Quarterly reporting	Sep-17	NEW INDICATOR	5%	0%	0% (0 out of 2 cases)		0% (0 out of 3 cases)			0% (0 out of 3 cases)			0% (0 out of 4 cases)					0%
C3	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%	98%	97%	97%	97%	97%
C4	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%	97%	95%	96%	96%	96%	97%	96%	96%	97%	97%	95%	96%	96%
C5	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%	98%	98%	99%	98%	99%	99%	98%	98%	99%	99%	98%	98%	98%	99%
C6	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%	98%	96%	95%	95%	95%	97%	94%	94%	95%	96%	95%	95%	95%	96%
C7	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%	95%	94%	95%	96%	96%	95%	95%	95%	96%	95%	95%	95%	95%
C8	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%	93%	93%	93%	95%	94%	95%	95%	96%	94%	94%	93%	94%	94%	94%
C9	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%	65.0%					69.3%			70.5%					70.5%
C10	Single Sex Accommodation Breaches (patients affected)	EM	HL	0	NHSI	Red if >0 ER if 2 consecutive months >5	Dec-16	1	60	30	0	0	1	1	0	0	0	19	13	0	11	2	6	32

Caring

APPENDIX D: Well Led Domain Dashboard

KPI Ref	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	15/16 Outturn	16/17 Outturn	17/18 Outturn	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	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%	29.3%	29.4%	28.2%	27.7%	24.2%	25.0%	24.4%	23.8%	26.7%	28.6%	27.7%	27.8%	25.5%	27.3%
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%	35.6%	33.2%	32.4%	31.6%	25.4%	28.3%	28.4%	26.0%	30.6%	32.2%	30.1%	31.6%	26.8%	30.3%
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%	22.7%	25.3%	23.8%	23.9%	22.8%	21.5%	19.9%	21.3%	22.4%	24.6%	25.3%	23.6%	24.2%	24.0%
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%	13.5%	12.4%	9.7%	8.8%	8.1%	10.0%	7.5%	7.2%	7.1%	12.0%	9.9%	10.8%	7.2%	9.4%
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%	6.4%	6.6%	6.1%	6.0%	6.3%	3.9%	4.7%	5.7%	5.7%	5.7%	5.8%	5.5%	5.4%	5.6%
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%	40.9%	38.8%	40.3%	46.0%	33.8%	36.7%	30.1%	38.9%	35.9%	41.9%	37.2%	38.5%	37.2%	38.1%
W7	Friends & Family staff survey: % of staff who would recommend the trust as place to work (from Pulse Check)	HW	BK	Not within Lowest Decile	NHSI	TBC	Sep-17	55.4%	61.9%	57.9%	57.3%		57.0%			54.7%			60.3%					60.3%
W8	Nursing Vacancies	EM	MM	TBC	UHL	Separate report submitted to QAC	Dec-17	8.4%	9.2%	11.9%	10.3%	9.7%	9.4%	11.1%	11.4%	14.4%	11.3%	11.9%	12.4%	14.0%	15.0%	14.6%	14.4%	14.1%
W9	Nursing Vacancies in ESM CMG	EM	MM	TBC	UHL	Separate report submitted to QAC	Dec-17	17.2%	15.4%	23.4%	22.5%	22.4%	22.1%	23.8%	22.7%	29.0%	23.1%	23.4%	27.5%	29.5%	30.5%	29.0%	28.4%	29.0%
W10	Turnover Rate	HW	LG	TBC	NHSI	Red = 11% or above ER = Red for 3 Consecutive Mths	Nov-17	9.9%	9.3%	8.5%	8.7%	8.5%	8.6%	8.5%	8.5%	8.4%	8.4%	8.5%	8.5%	8.6%	8.4%	8.4%	8.3%	8.3%
W11	Sickness absence (reported 1 month in arrears)	HW	BK	3%	UHL	Red if >4% ER if 3 consecutive mths >4.0%	Oct-16	3.6%	3.3%	4.2%	3.8%	3.9%	4.0%	4.2%	4.7%	5.3%	5.3%	4.7%	3.7%	3.5%	3.6%	3.8%		3.6%
W12	Temporary costs and overtime as a % of total paybill	HW	LG	TBC	NHSI	TBC	Nov-17	10.7%	10.6%	12.0%	11.6%	11.0%	10.7%	11.5%	9.9%	12.2%	10.9%	13.0%	11.0%	12.2%	11.8%	11.3%	10.8%	11.4%
W13	% of Staff with Annual Appraisal (excluding facilities Services)	HW	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	90.7%	91.7%	88.7%	91.2%	91.0%	90.9%	89.9%	90.4%	89.8%	88.8%	88.7%	89.3%	89.3%	89.8%	91.1%	91.6%	91.6%
W14	Statutory and Mandatory Training	HW	BK	95%	UHL	TBC	Dec-16	93%	87%	88%	DATA UNAVAILABLE				81%	84%	85%	86%	88%	89%	89%	89%	90%	88%	88%
W15	% Corporate Induction attendance	HW	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	97%	96%	97%	97%	94%	95%	97%	96%	96%	98%	98%	96%	96%	98%	98%	95%	97%
W16	BME % - Leadership (8A – Including Medical Consultants)	HW	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17	New Indicator	26%	27%	27%		27%			27%			28%					28%
W17	BME % - Leadership (8A – Excluding Medical Consultants)	HW	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17	New Indicator	12%	14%	13%		13%			14%			14%					14%
W18	Executive Team Turnover Rate - Executive Directors (rolling 12 months)	HW	AH	TBC	UHL	TBC	Nov-17	New Indicator	0%	40%	20%	20%	20%	20%	20%	40%	40%	40%	75%	75%	50%	50%	50%	50%
W19	Executive Team Turnover Rate - Non Executive Directors (rolling 12 months)	HW	AH	TBC	UHL	TBC	Nov-17	New Indicator	25%	13%	14%	14%	14%	14%	14%	14%	13%	13%	13%	13%	0%	0%	0%	0%
W20	DAY Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	EM	MM	TBC	NHSI	TBC	Jul-18	90.5%	90.5%	91.3%	87.8%	93.3%	92.3%	93.3%	91.6%	93.1%	92.8%	94.2%	87.2%	88.6%	87.2%	80.1%	77.3%	84.1%
W21	DAY Safety staffing fill rate - Average fill rate - care staff (%)	EM	MM	TBC	NHSI	TBC	Jul-18	92.0%	92.3%	101.1%	94.9%	106.1%	109.6%	113.0%	110.4%	109.8%	104.5%	105.5%	99.9%	100.2%	98.2%	94.7%	94.6%	97.5%
W22	NIGHT Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	EM	MM	TBC	NHSI	TBC	Jul-18	95.4%	96.4%	93.6%	95.2%	93.2%	90.3%	91.1%	91.5%	92.4%	92.5%	93.0%	93.5%	95.7%	94.3%	88.0%	84.8%	91.2%
W23	NIGHT Safety staffing fill rate - Average fill rate - care staff (%)	EM	MM	TBC	NHSI	TBC	Jul-18	98.9%	97.1%	111.0%	107.7%	114.3%	119.9%	122.5%	117.7%	119.4%	119.4%	120.5%	124.2%	119.8%	118.0%	124.1%	112.4%	121.7%

Well Led

Safe › Caring › Well Led › **Effective** › Responsive › OP Transformation › Research

KPI Ref	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	15/16 Outturn	16/17 Outturn	17/18 Outturn	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	18/19 YTD
E1	Emergency readmissions within 30 days following an elective or emergency spell	AF	CM	Monthly <8.5%	QC	Red if >8.6% ER if >8.6%	Jun-17	8.9%	8.5%	9.1%	9.2%	9.3%	8.5%	8.5%	9.4%	9.1%	9.3%	9.3%	9.4%	9.2%	9.1%	9.0%		9.2%
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 (Sep17)	(Oct16-	97	Dec17)	97	(Jan17-	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	94	96	94	93	95	97	Awaiting HED Update						97
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	97	96	95	94	94	94	94	93	93	93	95	Awaiting HED Update		95
E5	Crude Mortality Rate Emergency Spells	AF	RB	<=2.4%	UHL	Monthly Reporting	Apr-17	2.3%	2.4%	2.2%	1.8%	1.8%	1.9%	2.0%	2.7%	2.5%	2.6%	2.3%	2.2%	2.0%	1.9%	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%	80.6%	69.6%	61.1%	75.4%	67.9%	72.6%	66.1%	66.7%	74.6%	64.2%	53.5%	58.8%	82.6%	66.4%
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%	89.0%	85.4%	87.4%	88.4%	88.1%	83.0%	80.4%	81.1%	83.3%	88.0%	84.3%	86.8%		85.8%
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%	51.7%	28.6%	67.9%	60.8%	65.3%	36.0%	28.8%	51.2%	48.1%	67.3%	77.7%	70.2%	50.4%	61.8%

Effective

Safe › Caring › Well Led › Effective › **Responsive** › OP Transformation › Research

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	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	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%	83.2%	84.0%	82.7%	79.6%	71.5%	75.0%	71.5%	69.7%	76.1%	88.2%	82.0%	76.3%	76.3%	79.9%
R2	ED 4 Hour Waits UHL + LLR UCC (Type 3)	RB	RM	95% or above	NHSI	Red if <85% Amber if >85% and <90% Green 90%+ ER via ED TB report	Aug-17	NEW INDICATOR		80.6%	NEW INDICATOR			85.1%	79.5%	81.8%	78.7%	77.9%	82.8%	91.3%	87.1%	83.1%	83.0%	85.6%
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	3	0	2	35	0	0	0	0	0	0
R4	RTT - Incomplete 92% in 18 Weeks UHL+ALLIANCE	RB	WM	92% above	NHSI	Green if in line with NHSI trajectory	Nov-16	92.6%	91.8%	85.2%	91.8%	91.4%	92.1%	92.1%	90.2%	88.8%	87.5%	85.2%	85.8%	86.8%	87.0%	86.5%	85.8%	85.8%
R5	RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE	RB	WM	0	NHSI	Red /ER if >0	Nov-16	232	24	4	18	1	0	0	1	1	2	4	3	4	4	0	0	0
R6	6 Week - Diagnostic Test Waiting Times (UHL+ALLIANCE)	RB	WM	1% or below	NHSI	Red /ER if >1%	Dec-16	1.1%	0.9%	1.9%	0.6%	0.4%	0.4%	0.8%	0.9%	0.9%	1.0%	1.9%	5.2%	2.9%	3.0%	1.7%	2.0%	2.0%
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	14	27	28	15	55	74	31	37	24	27	24	32	22	129
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	1	1	0	0	1	0	3	0	4
R10	% Operations cancelled for non-clinical reasons on or after the day of admission UHL	RB	WM	0.8% or below	Contract	Red if >0.8% ER if >0.8%	Jan-17	1.0%	1.2%	1.3%	1.2%	1.4%	1.4%	1.5%	1.4%	1.4%	1.4%	1.5%	1.1%	1.2%	1.2%	1.4%	0.9%	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%	0.1%	0.1%	0.9%	0.8%	0.3%	1.2%	0.2%	0.0%	0.9%	0.6%	1.7%	1.6%	0.1%	1.0%
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%	1.1%	1.3%	1.3%	1.4%	1.3%	1.4%	1.3%	1.3%	1.1%	1.2%	1.2%	1.5%	0.9%	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	127	149	156	174	129	151	134	144	110	139	138	161	100	648
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%	1.7%	1.9%	1.7%	1.9%	2.2%	2.2%	2.6%	1.7%	1.6%	1.3%	1.3%	1.2%	1.6%	1.4%
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%	0.2%	0.6%	0.8%	7%	5%	10%	9%	4%	0.1%	0.7%	4%	3%	2%
R16	Ambulance Handover >30 Mins and <60 mins (CAD+ from June 15)	RB	MN	0	Contract	Red if >0 ER if Red for 3 consecutive mths	TBC	19%	14%	9%	4%	3%	6%	8%	13%	11%	14%	15%	8%	1.4%	4%	8%	8%	6%

APPENDIX G: Responsive Domain Cancer Dashboard

** Cancer statistics are reported a month in arrears.

KPI Ref	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	15/16 Outturn	16/17 Outturn	17/18 Outturn	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	18/19 YTD
RC1	Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	RB	DB	93% or above	NHSI	Red if <93% ER if Red for 2 consecutive mths	Jul-16	90.5%	93.2%	94.7%	93.7%	94.3%	95.6%	93.9%	95.1%	94.1%	93.9%	95.7%	95.6%	93.9%	95.0%	93.1%	92.2%	**	93.6%
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%	93.0%	92.3%	95.4%	94.3%	90.3%	88.1%	89.0%	92.5%	92.0%	90.3%	95.5%	88.7%	84.5%	**	89.4%
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%	96.2%	95.0%	94.1%	93.0%	94.4%	97.3%	93.6%	96.0%	93.7%	95.1%	94.7%	96.4%	95.4%	**	95.4%
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%	97.9%	99.1%	99.1%	100.0%	100.0%	98.1%	99.0%	98.9%	100%	100%	99.2%	98.0%	100.0%	**	99.4%
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%	90.5%	81.5%	82.1%	80.2%	94.3%	88.2%	84.4%	83.6%	80.3%	77.4%	90.1%	89.6%	87.0%	**	86.1%
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%	95.6%	94.5%	92.1%	94.9%	97.2%	97.6%	95.8%	98.3%	94.8%	97.5%	98.1%	100%	99.3%	**	98.8%
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%	82.1%	78.9%	79.1%	78.8%	76.1%	81.3%	76.0%	72.9%	75.6%	78.6%	75.7%	74.5%	77.3%	**	76.5%
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%	85.3%	90.5%	80.0%	89.3%	76.3%	74.1%	78.7%	81.8%	78.1%	58.5%	86.8%	81.0%	88.9%	**	78.9%
RC9	Cancer waiting 104 days	RB	DB	0	NHSI	TBC	Jul-16	New Indicator	10	18	12	6	8	16	13	14	20	14	18	11	9	11	17	29	29

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	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	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%	96.3%	91.7%	93.1%	97.0%	92.6%	94.5%	94.1%	85.3%	92.3%	89.6%	93.7%	92.9%	91.4%	**	91.7%
RC12	Gynaecological	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	73.4%	69.5%	70.6%	75.0%	43.6%	46.7%	82.4%	69.0%	82.9%	52.6%	70.3%	85.7%	71.4%	35.0%	66.7%	55.0%	**	58.9%
RC13	Haematological	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	63.0%	70.6%	81.0%	100.0%	81.8%	70.0%	100.0%	85.7%	85.7%	66.7%	55.6%	88.9%	80.0%	57.1%	50.0%	100.0%	**	75.8%
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%	64.7%	47.8%	61.9%	57.7%	40.9%	46.2%	50.0%	62.5%	62.5%	42.1%	60.0%	55.6%	42.9%	**	48.0%
RC15	Lower Gastrointestinal Cancer	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	59.8%	56.8%	58.5%	60.5%	78.9%	78.3%	38.7%	62.5%	50.0%	72.7%	58.3%	41.7%	51.9%	53.1%	66.7%	63.2%	**	59.6%
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%	74.4%	68.8%	61.4%	64.1%	62.2%	89.7%	58.3%	65.1%	52.0%	70.2%	70.5%	78.3%	82.4%	**	75.5%
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%	0.0%	100.0%	40.0%	66.7%	0.0%	100.0%	100.0%	--	100.0%	--	66.7%	50.0%	0.0%	**	50.0%
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%	50.0%	100.0%	50.0%	100.0%	100.0%	20.0%	100.0%	--	20.0%	0.0%	66.7%	100.0%	100.0%	**	57.1%
RC19	Skin	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	94.1%	96.9%	96.8%	97.5%	100.0%	96.1%	97.3%	97.4%	100.0%	90.0%	97.3%	100.0%	94.4%	100.0%	93.2%	100.0%	**	97.0%
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%	58.6%	75.7%	63.2%	81.1%	78.8%	80.0%	92.3%	64.7%	55.6%	67.7%	61.5%	81.6%	60.7%	**	67.8%
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%	84.7%	77.4%	83.5%	66.7%	69.2%	77.9%	75.6%	68.4%	75.0%	78.7%	75.7%	59.4%	67.8%	**	70.3%
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%	50.0%	100.0%	100.0%	100.0%	--	0.0%	0.0%	40.0%	100.0%	100.0%	75.0%	100.0%	**	91.7%
RC23	Grand Total	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	77.5%	78.1%	78.2%	82.1%	78.9%	79.1%	78.8%	76.1%	81.3%	76.0%	72.9%	75.6%	78.6%	75.7%	74.5%	77.3%	**	76.5%

Safe › Caring › Well Led › Effective › Responsive › **OP Transformation** › Research

Out Patient Transformation Programme

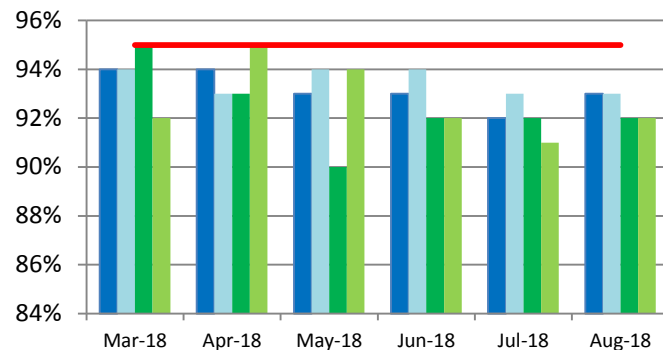| Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	Baseline	17/18 Outturn	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	18/19 YTD
Friends and Family test score (Coverage)	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%	6.4%	6.6%	6.1%	6.0%	6.3%	3.9%	4.7%	5.7%	5.7%	5.7%	5.8%	5.5%	5.4%	5.6%
% Positive F&F Test scores	JS	HL	97%	UHL	Red if <93% / ER if red for 3 consecutive months / Revised threshold 17/18	Jun-17	93%	94.6%	94.7%	94.7%	93.9%	95.3%	95.6%	96.2%	95.4%	95.3%	95.2%	95.6%	95.1%	95.0%	95.1%	95.2%
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%	64.4%	65.8%	65.4%	66.9%	67.2%	68.4%	68.3%	70.4%	77.3%	83.2%	91.2%	92.2%	92.9%	92.9%
Advice and Guidance Provision (% Services within specialty)	MW	HC	35%	CQUIN	Green if >35% by Q4 17/18 / Green if >75% by Q4 18/19	New Indicator	TBC	97.2%	84.3% (24 specialties / 102 services)		88.8% (26 specialties / 107 services)			97.2% (28 Specialties / 125 services)			93.5% (31 Specialties / 143 services)			Available at end of Q2		93.5%
Electronic Referrals - Appointment Slot Issue (ASI) Rate	MW	HC	4%	UHL	Red if below CQUIN trajectory for 17/18. End of Q2 = 28%, Q3 = 20%, Q4 = 4%	New Indicator	TBC	21.4%	26.5%	26.5%	22.1%	16.1%	15.5%	14.5%	17.6%	21.4%	23.3%	26.2%	25.2%	28.4%	28.6%	24.9%
% Patients seen within 15mins of their appointment time	MW	ZS/ST	TBC	UHL		New Indicator	56% 19% (Cov)	57% 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% 17% (Cov)	58% 19% (Cov)	59%
% Patients seen within 30 mins of their appointment time	MW	ZS/ST	TBC	UHL		New Indicator	73% 19% (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% 17% (Cov)	76% 19% (Cov)	77%
% Clinics Waiting times Recorded (Coverage)	MW	ZS/ST	98% by Dec 18	UHL	Green if variation <=4% / Amber if variation >4.1% and <8% / Red if variation >8% / Trajectory - 50% Aug, 75% Sep, 80% Oct, 85% Nov 98% Dec	New Indicator	16%	17%	17%	16%	16%	17%	17%	17%	16%	16%	16%	16%	16%	17%	19%	17%
Reduction in number of long term follow up >12 months	MW	WM	0	UHL	TBC	New Indicator	2851	1467	1495	1522	1351	1404	1335	1115	1247	1467			1339	1431	1369	1369
Reductions in number of FU attendances	MW	MP/DT	6.0%	UHL	Quarterly Reporting - Red if variance higher than 6% (Adverse)	New Indicator	6.0%	1.1% (A)	3.3% (A)		1.6% (A)			4.2% (F)			0.9% (A)					0.9% (A)
% Reduction in hospital cancellations (ENT)	MW	ZS/ST	15% by Mar 19	UHL	Green if <=?? / Amber if >?? and <?? Red if >?? / Trajectory - 21% Apr, 21% May, 20% Jun, 19% Jul, 19% Aug, 18% Sep, 18% Oct, 17% Nov,17% Dec, 16% Jan, 16% Feb, 15% Mar	New Indicator	21%	23%	28%	25%	27%	20%	27%	26%	22%	23%	23%	22%	21%	24%	28%	23%
% Room Utilisation (CSI areas)	MW	MA	80%	UHL	RAG Rating to March 2018 - Red<70%, Amber < 80%, Green >=80%	New Indicator	TBC	70%	68%	68%	72%	73%	66%	73%	74%	75%	77%	79%	72%	72%	74%	75%
% appointment letters printed via outsourced provider	MW	SP	85%	UHL	From APRIL 2018: Red<75%, Amber < 95%	New Indicator	82%	84%	84%	84%	85%	86%	85%	85%	85%	86%	88%	89%	89%	89%	89%	89%
% Clinic summary letters sent within 7 days	MW	WM	90%	UHL	TBC	New Indicator	INDICATOR REPORTING TO COMMENCE FROM APRIL 2018										85%	90%	92%	85%	92%	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					79.5%
% 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%			AWAITING UPDATE					AWAITING UPDATE
Number of staff enrolling for the new apprenticeship with Leicester College	MW	DW	100 by FYE 18/19	UHL	TBC	New Indicator	NEW INDICATOR										NEW INDICATOR					NEW INDICATOR
E-learning	MW	DW	1000 by March 2019	UHL	TBC	New Indicator	REPORTING TO COMMENCE IN QTR 4 2018/19															REPORTING QTR 4

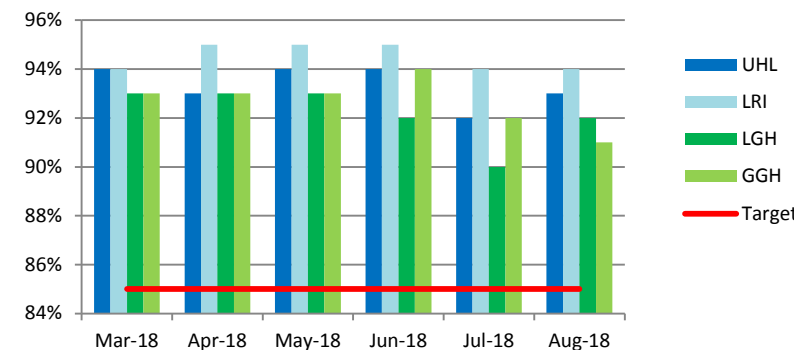# Estates and Facilities - <u>Cleanliness</u>

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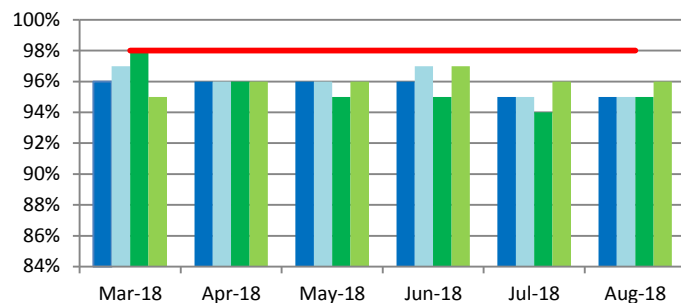
Cleanliness Audit Scores by Risk Category - High

Cleanliness Audit Scores by Risk Category - Significant

Legend: UHL, LRI, LGH, GGH, Target

Triangulation Data - Cleaning

Legend: Cleaning Standards, Cleaning Frequency

Number of Datix Incidents Logged - Cleaning

Cleanliness Report

Explanatory Notes

The above charts show average audit scores for the whole Trust and by hospital site since February 2018. Each chart covers specific risk categories:-

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

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

The triangulation data is collected by the Trust from numerous patient sources including Message to Matron, Friends and Family Test, Complaints, online sources and Message to Volunteer or Carer. This is collated collectively as 'Suggestions for Improvement' on a quarterly basis with the next update due for the October 2018 report.

Notes on Performance

Very high-risk areas overall show no change since last month having remained behind target at 95%. The LGH has improved slightly rising by 1% to 95%, while the LRI and GH remain at 95% and 96% respectively.

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

The number of datix incidents logged for July has increased from 4 in July to 10 in August. This is in line with usual monthly variation range. 2 of the Datix refer to very high risk areas.

Domestic management spent over two weeks carrying out interviews during August and are awaiting candidates acceptance on offers made. It is likely to be some weeks yet before people are in post.   Current vacancies, sickness and annual leave the domestic service is running at 2900 hours per week below establishment. Current financial constraints dictate that only less than half those hours are covered by bank shifts, however the recent CRO outbreak within the Trust has required additional in house and external resources to ensure IP protocols are adhered to within restricted wards. The above targets will not be met with the current level of resources deployed.
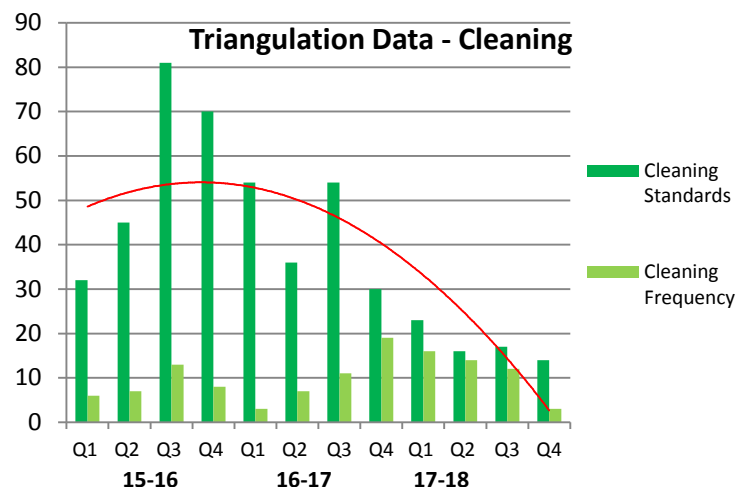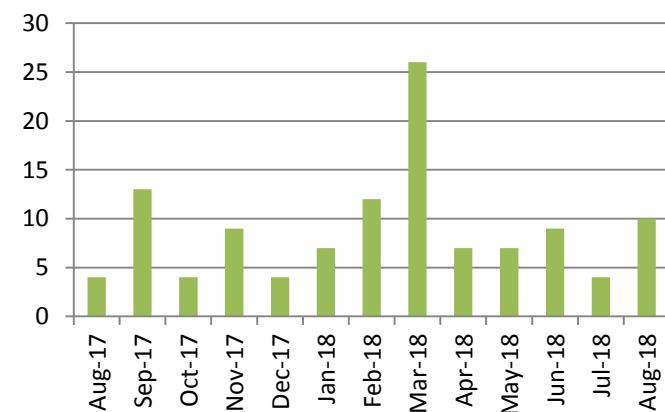
Estates and Facilities – Patient Catering

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

90 – 100%	80 – 90%	<80%

Number of Patient Meals Served

Month	LRI	LGH	GGH	UHL
June	66,337	21,991	28.660	116,988
July	69,138	22,628	26,021	117,787
August	65,820	23,144	28,190	117,154

Patient Meals Served On Time (%)

Month	LRI	LGH	GGH	UHL
June	100%	100%	100%	100%
July	100%	100%	100%	100%
August	100%	100%	100%	100%

97 – 100%	95 – 97%	<95%

Number of Datix Incidents Logged -Patient Catering

Triangulation Data - Catering
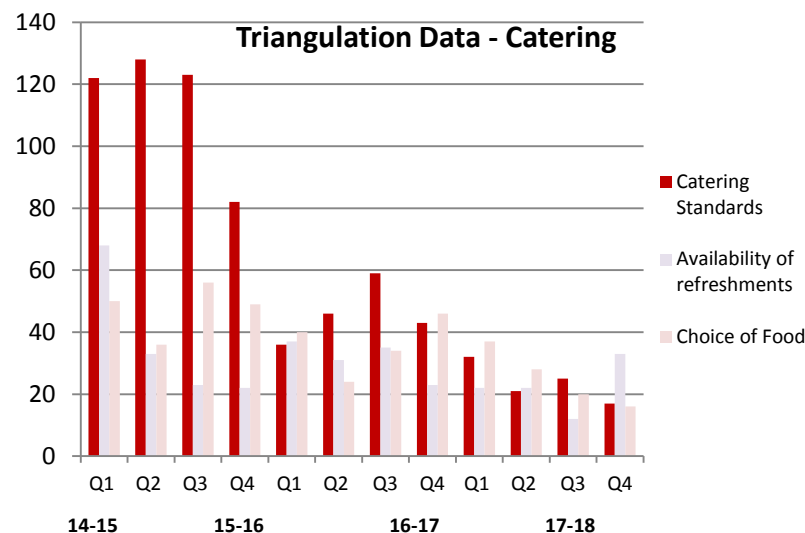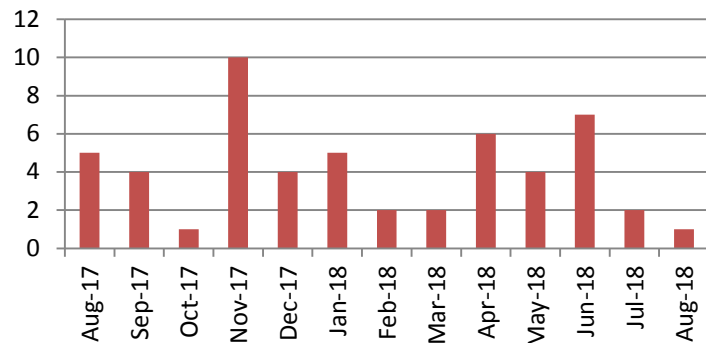
Patient Catering Report

Survey numbers remain down with the scores being based on 29 returns. The electronic capturing of catering survey data is under consideration to try and boost 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 is as per last month's report showing up to Q4.

Only one Datix incident was reported in August.

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

Reactive Portering Tasks in Target

Site	Task (Urgent 15min, Routine 30min)	June	July	August
		Month		
GH	Overall	92%	91%	94%
	Routine	91%	90%	92%
	Urgent	98%	98%	99%
LGH	Overall	93%	94%	94%
	Routine	92%	92%	93%
	Urgent	98%	99%	99%
LRI	Overall	92%	90%	94%
	Routine	91%	88%	92%
	Urgent	98%	98%	98%

95 – 100%	90 – 94%	<90%

Average Portering Task Response Times

Category	Time	No of tasks
Urgent	00:14:41	2,838
Routine	00:27:07	9,938
Total		12,776

Number of Datix Incidents Logged - Portering
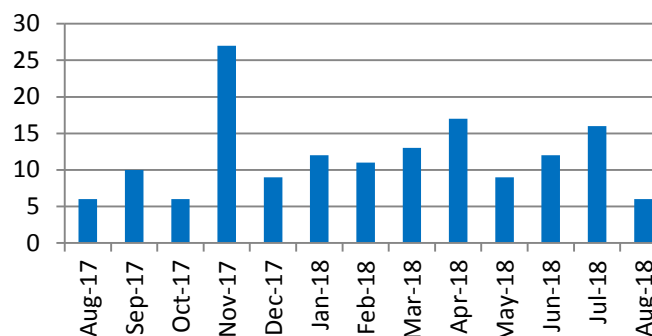
Portering Report

August's performance timings have reduced slightly since July, despite the challenges presented by the CRO issues with the performance against targets being improved across all three sites.

Infected patients having to be moved at very short notice and a general lack of equipment have caused some issues and delays.

Datix incidents have dropped quite markedly, but remain within the usual observed range with no discernible trend for the origins of the issues.

.

Estates & Facilities – Planned Maintenance

Statutory Maintenance Tasks Against Schedule

	Month	Fail	Pass	Total	%
UHL Trust Wide	June	4	146	150	97%
	July	3	138	141	98%
	August	2	128	130	98%

99 – 100%	97 – 99%	<97%

Non-Statutory Maintenance Tasks Against Schedule

	Month	Fail	Pass	Total	%
UHL Trust Wide	June	757	1360	2117	72%
	July	706	1532	2238	68%
	August	658	1422	2080	68%

95 – 100%	80 – 95%	<80%

Estates Planned Maintenance Report

For August we achieved 98% in the delivery of Statutory Maintenance tasks in the month. This is due to 2 fire door PPM''s that were issued but were not completed in time due to staff shortages at the LRI. These have been completed by the on-site team meaning that we are fully compliant.

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

Handsets to support the remote management and recording of work tasks continue to be rolled out across the in-house teams at GH and associated community teams. Preparations are also in progress to implement these devices at the LRI. These mobile devices will negate the paper system in general and reduce the time lag, speeding up the reporting of 'live' data.

Discussions are being held regarding our sub- contractors who carry out Pre Planned Maintenance (PPM) attaining planet licenses to also use mobile devices to ensure continuity across all disciplines and speed up 'live' reporting.

Peer Group Analysis (July 2018)

University Hospitals of Leicester NHS
NHS Trust

RTT 18+ Weeks Backlog – July 2018

RTT 18+ Weeks Backlog - July 2018

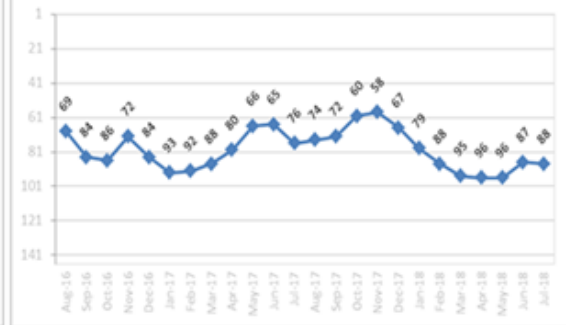*All Acute Trusts Performance - 87.2%*
44 of the 145 Acute Trusts achieved 92% or more*

*UHL ranks 88 out of the 145 Acute Trusts**

Peer Rank	Provider Name	RTT Incompletes Performance - Target 92%
1	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	95.0%
2	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	94.2%
3	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	93.7%
4	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	91.5%
5	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	89.5%
6	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	89.2%
7	LEEDS TEACHING HOSPITALS NHS TRUST	88.5%
8	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	**86.5%**
9	PENNINE ACUTE HOSPITALS NHS TRUST	85.9%
10	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	85.5%
11	BARTS HEALTH NHS TRUST	85.4%
12	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	85.1%
13	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	85.0%
14	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	83.8%
15	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	81.3%
16	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	80.5%
17	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	79.6%
18	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	76.7%

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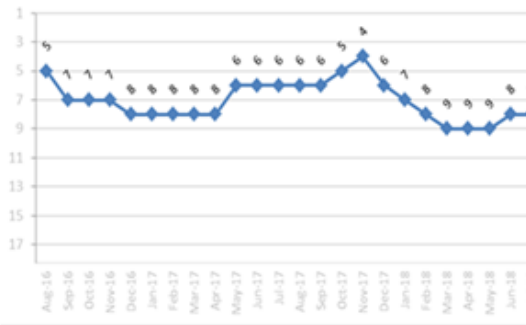
UHL Acute Ranking - 18+ Weeks Backlog (n/145)

Diagnostics – July 2018

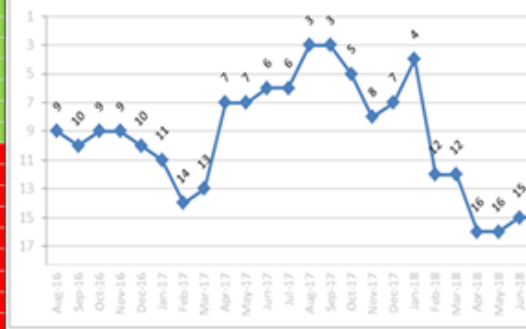**Diagnostics - July 2018**

All Acute Trusts Performance - 2.9%
79 of the 145 Acute Trusts achieved <1% or less*

*UHL ranks 99 out of the 145 Acute Trusts**
(Ranked Ascending)

Peer Rank	Provider Name	Diagnostics Peformance %Waiting 6 Wks+ - Target <=1%
1	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	0.34%
2	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	0.39%
3	BARTS HEALTH NHS TRUST	0.54%
4	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	0.65%
5	LEEDS TEACHING HOSPITALS NHS TRUST	0.68%
6	PENNINE ACUTE HOSPITALS NHS TRUST	0.74%
7	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0.79%
8	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	0.83%
9	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	0.86%
10	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	1.11%
11	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	1.23%
12	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	1.56%
13	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	1.59%
14	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	1.65%
15	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	**1.73%**
16	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2.67%
17	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	5.53%
18	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	8.52%

UHL Peer Ranking - Diagnostics (n/18)

UHL Acute Ranking - Diagnostics (n/145)

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

## UHL ED Attendances within 4 hours – August 2018

UHL ED Attendances within 4 hours - August 2018

All Acute Trusts - 88.0%

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

UHL ranks 129 out of the 145 Trusts*

Peer Rank	Provider Name	Performance within 4 Hours - Target 95% - Amber 92% - <95%
1	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	96.1%
2	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	90.4%
3	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	89.2%
4	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	89.0%
5	PENNINE ACUTE HOSPITALS NHS TRUST	88.4%
6	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	88.1%
7	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	87.6%
8	LEEDS TEACHING HOSPITALS NHS TRUST	87.5%
9	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	87.4%
10	BARTS HEALTH NHS TRUST	87.4%
11	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	87.0%
12	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	82.1%
13	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	81.6%
14	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	80.5%
15	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	80.0%
16	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	78.7%
17	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	76.3%
18	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	72.3%

UHL Peer Ranking - ED (n/18)

UHL Acute Ranking - ED (n/145)
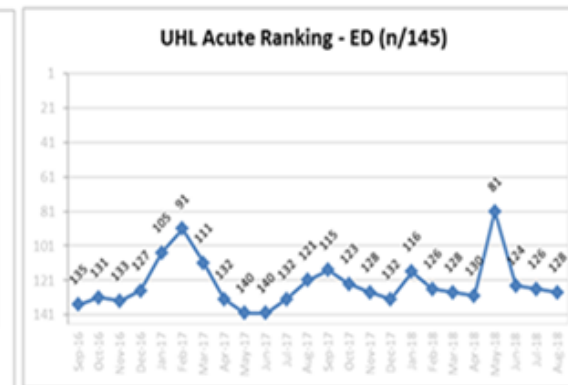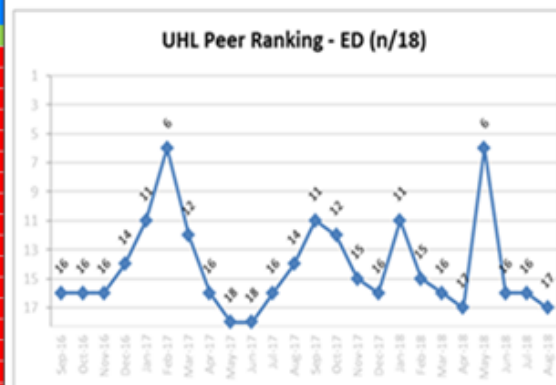
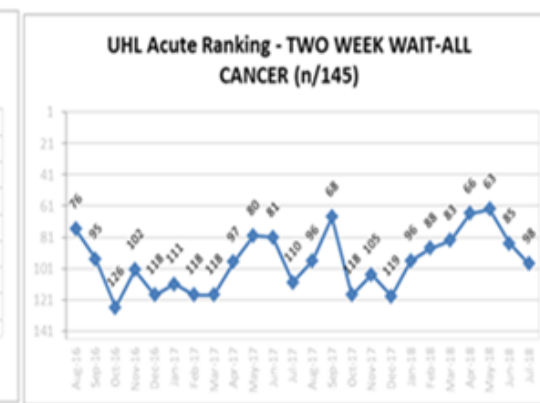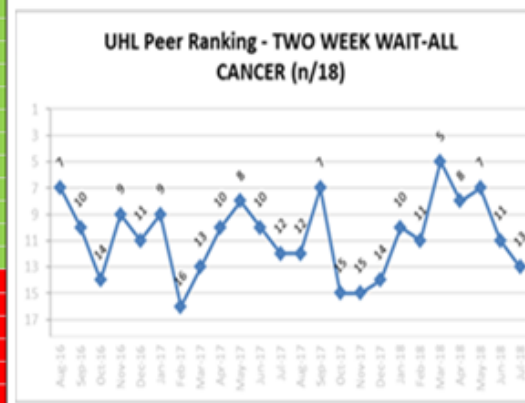## TWO WEEK WAIT-ALL CANCER – July 2018

TWO WEEK WAIT-ALL CANCER - July 2018

All Acute Trusts Performance - 91.1%

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

UHL ranks 98 out of the 145 Acute Trusts*

Peer Rank	Provider	Performance within 14 Days - Target 93%
1	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	97.4%
2	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	96.7%
3	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.2%
4	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	95.9%
5	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	95.7%
6	BARTS HEALTH NHS TRUST	95.3%
7	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	95.1%
8	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	95.0%
9	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	94.6%
10	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	94.5%
11	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	93.8%
12	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	93.3%
13	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	92.2%
14	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	86.0%
15	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	84.6%
16	LEEDS TEACHING HOSPITALS NHS TRUST	80.3%
17	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	73.5%
18	PENNINE ACUTE HOSPITALS NHS TRUST	64.1%

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 (July 2018)

University Hospitals of Leicester NHS Trust

31-DAY FIRST TREAT – July 2018
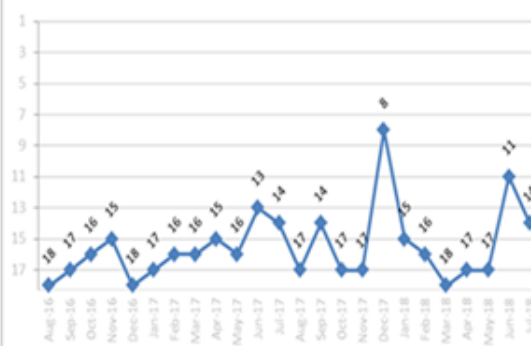
31-DAY FIRST TREAT - July 2018

All Acute Trusts Performance - 97.1%
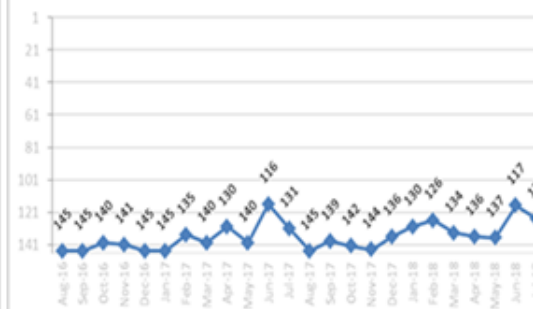118 of the 145 Acute Trusts* achieved 96% or more

UHL ranks 125 out of the 145 Acute Trusts*

Peer Rank	Provider	Performance within 31 Days - Target 96%
1	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	99.1%
2	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	99.0%
3	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	98.7%
4	BARTS HEALTH NHS TRUST	98.6%
5	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	98.0%
6	PENNINE ACUTE HOSPITALS NHS TRUST	98.0%
7	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	97.8%
8	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	97.0%
8	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	97.0%
10	LEEDS TEACHING HOSPITALS NHS TRUST	96.5%
11	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	96.3%
12	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.1%
16	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	95.5%
14	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	**95.4%**
15	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	94.5%
16	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	92.9%
17	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	92.5%
18	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	89.6%

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

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

62-DAY GP Referral – July 2018
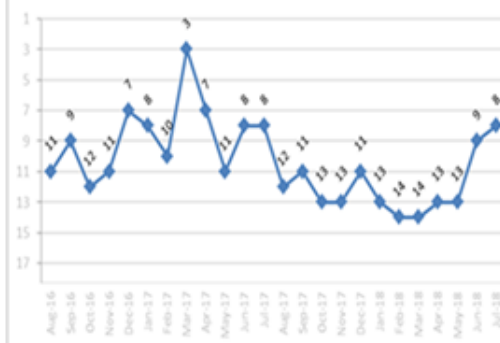
62-DAY GP Referral - July 2018

All Acute Trusts Performance - 78.1%
40 of the 145 Acute Trusts* achieved 85% or more

UHL ranks 90 out of the 145 Acute Trusts*

Peer Rank	Provider	Performance within 62 Days - Target 85%
1	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	86.2%
2	BARTS HEALTH NHS TRUST	85.7%
3	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	84.1%
4	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	81.8%
5	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	79.3%
6	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	78.8%
7	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	77.2%
8	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	**77.1%**
9	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	75.1%
10	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	74.0%
11	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	71.4%
12	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	70.5%
13	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	69.6%
14	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	69.0%
15	PENNINE ACUTE HOSPITALS NHS TRUST	68.5%
16	LEEDS TEACHING HOSPITALS NHS TRUST	67.3%
17	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	66.1%
18	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	65.8%

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

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

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

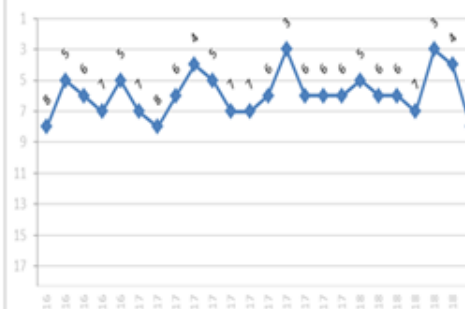# Peer Group Analysis (July 2018)

Inpatient FFT – July 2018

Inpatient FFT - July 2018

All Acute Trusts - Response Rate 25% - Recommended 96% - Not Recommended 2%
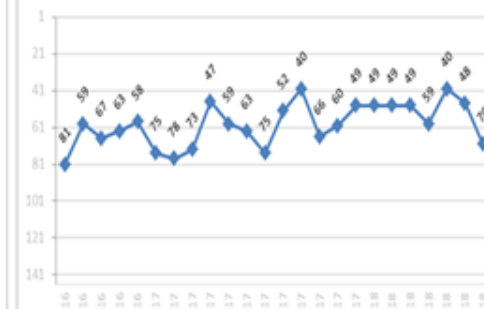
UHL ranks 70 (for Recommended) and 70* (for Not Recommended) out of the 145 Trusts**

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	23%	98%	0%
3	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	21%	98%	1%
4	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	11%	98%	1%
5	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	31%	98%	1%
6	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	35%	97%	1%
7	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	11%	97%	2%
8	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	28%	97%	1%
9	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	30%	96%	1%
10	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	19%	96%	2%
11	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	18%	95%	2%
12	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	27%	95%	2%
13	LEEDS TEACHING HOSPITALS NHS TRUST	41%	94%	2%
14	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	18%	94%	2%
15	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	15%	93%	3%
16	PENNINE ACUTE HOSPITALS NHS TRUST	26%	93%	3%
17	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	22%	93%	3%
18	BARTS HEALTH NHS TRUST	5%	87%	8%

UHL Peer Ranking - Inpatient FFT (n/18)

UHL Acute Ranking - Inpatient FFT (n/145)

A&E FFT – July 2018

A&E FFT - July 2018

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

UHL ranks 15 (for Recommended) and 18* (for Not Recommended) out of the 145 Trusts**

Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	11%	95%	2%
2	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	2%	94%	5%
3	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	15%	94%	3%
4	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	29%	92%	4%
5	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	4%	91%	3%
6	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	15%	88%	7%
7	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	23%	87%	8%
8	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	18%	87%	8%
9	LEEDS TEACHING HOSPITALS NHS TRUST	27%	87%	8%
10	PENNINE ACUTE HOSPITALS NHS TRUST	17%	84%	10%
11	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	20%	84%	11%
12	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	26%	84%	9%
13	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	21%	83%	10%
14	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	18%	82%	10%
15	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	16%	80%	14%
16	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	10%	76%	16%
17	BARTS HEALTH NHS TRUST	4%	73%	20%
18	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	45%	72%	17%

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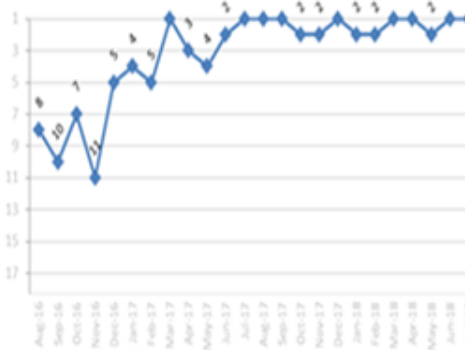
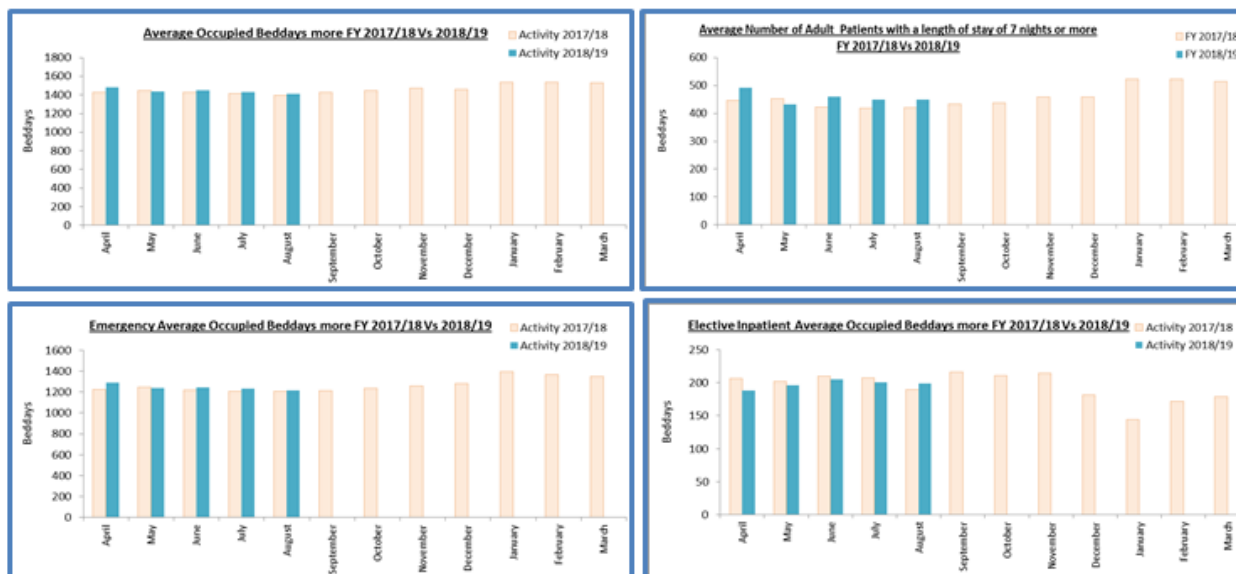UHL Acute Ranking - A&E FFT (n/145)
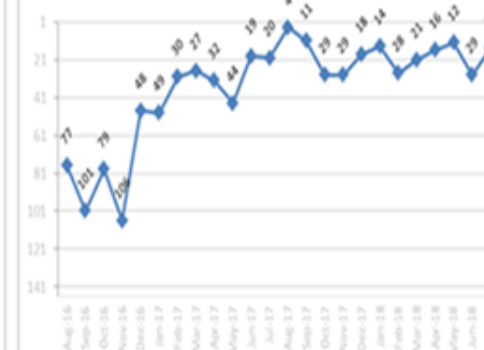
*Acute NHS hospitals – there are 145 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service

UHL Activity Trends

University Hospitals of Leicester **NHS**
NHS Trust

UHL Bed Occupancy

- **GP referrals** in August is lower in comparison to the same period last year. However YTD referrals is 3% higher than the same period last year.
- **Outpatients** - Dermatology, General Surgery, Integrated Medicine and Thoracic Medicine significantly higher than plan.
- **Daycase** - Growth in Clinical Oncology and BMT against plan. Medical Oncology and Urology Significantly lower than plan.
- **Elective Inpatient** - ENT, Plastic Surgery, General Surgery and Urology lower than plan.
- **Emergency Admissions** - Activity in ENT, Cardiology, General Surgery and Urology are higher than the plan.
- **Midnight G&A bed occupancy** is slightly higher to the same period last year.
- **The number of patients staying in beds 7 nights or more** in August has increased compared to the same period last year.
- A slight increase in **Emergency occupied bed days.**
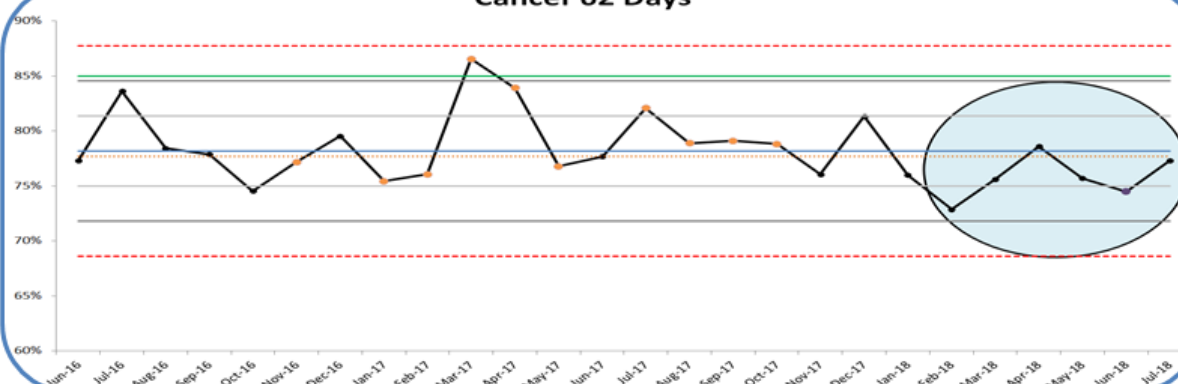- **YTD Bed occupied** is lower compared to the same period last year.

SPC Analysis

University Hospitals of Leicester NHS
NHS Trust
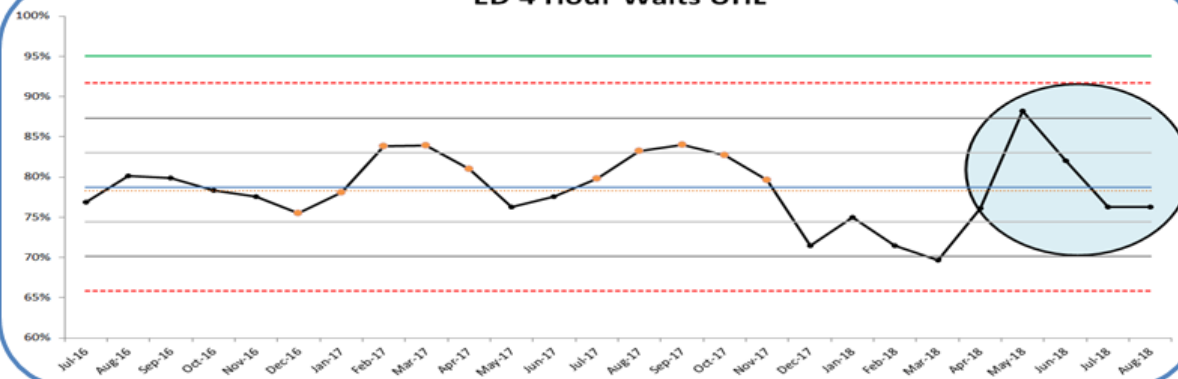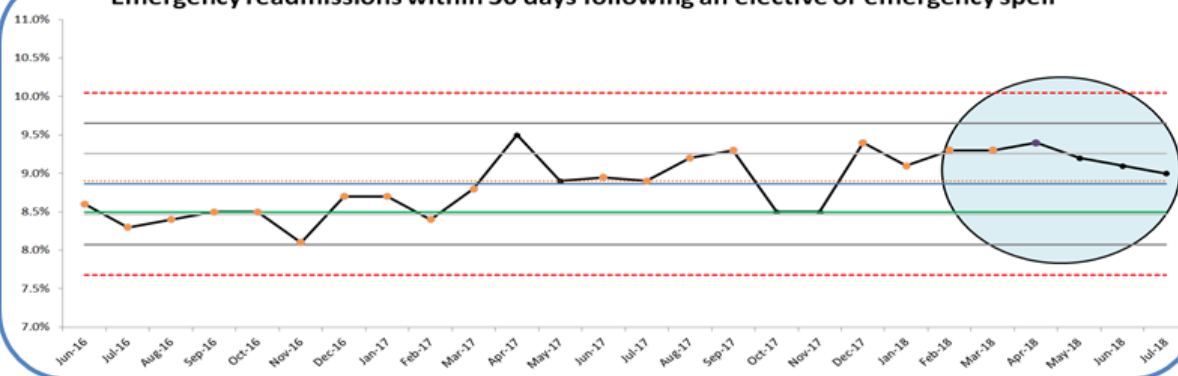

ED 4 Hour Waits UHL

ED 4 Hour Waits UHL – significant improvement (rising trend), in June performance deteriorated. Performance for the last 2 month was below the mean.

Cancer 62 Days

Cancer 62 Days – cancer 62 days performance is broadly in line with expected variation.

Emergency readmissions within 30 days following an elective or emergency spell
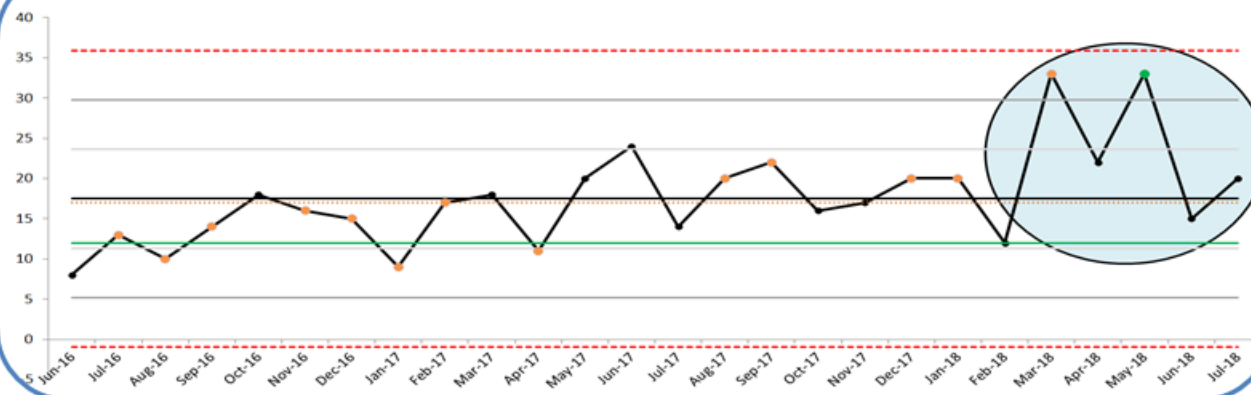
Readmission Rate – No appreciable change in performance however variation overtime remains high.

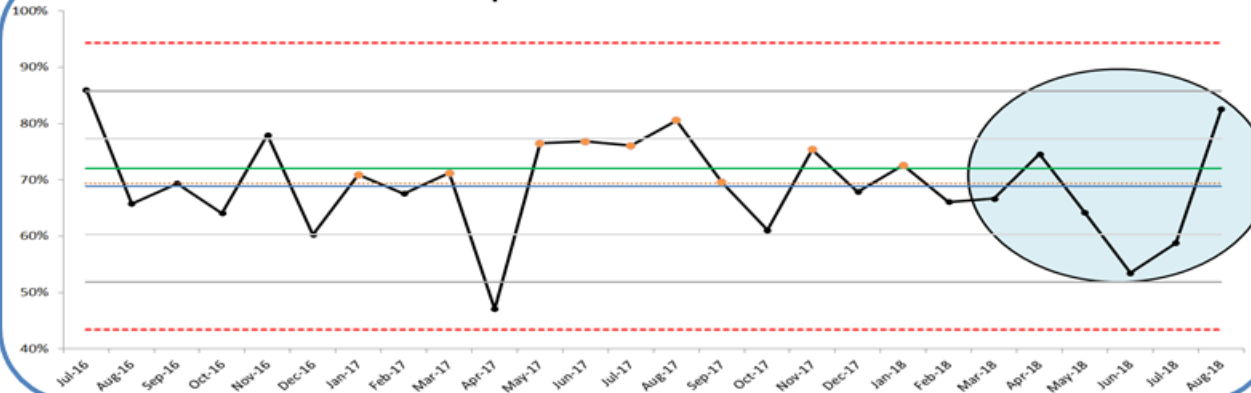| —TARGET	····MEDIAN
● Rule 1 (OOC)	● Rule 2 (2 ouf of 3 Zone A)
● Rule 3. Zone B (4 out of 5) UCL	● Rule 4. 7 or more points in a row in the same side of the mean

SPC Analysis

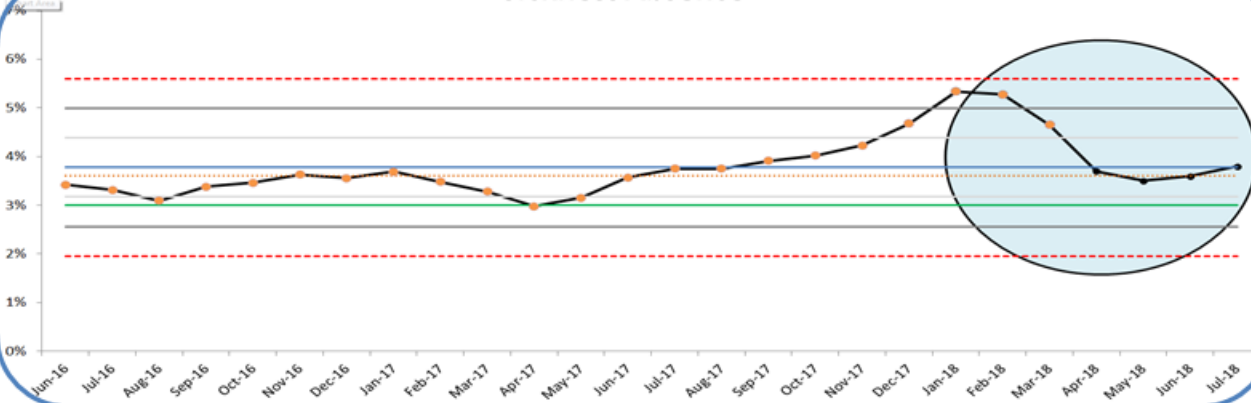## Reduction for moderate harm

Moderate Harm– Emerging trend in moderate harm to May.

No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions

Fractured NOF – No appreciable trend in performance however the a significant improvement for August.

Sickness Absence

Sickness – clear reduction in sickness rate as performance on trajectory towards target.

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