Quality & Performance Report

Author: John Adler Sponsor: Chief Executive Date: PPPC + QOC 28th June 2018

Executive Summary from CEO **Joint Paper 1**

Context

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

Questions

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

Conclusion

Good News: **Mortality** – the latest published SHMI (period October 2016 to September 2017) has reduced to 98 and is within the threshold. **Cancer Two Week Wait** – have achieved the 93% threshold for over a year. **Delayed transfers of care** - remain within the tolerance. However, there are a range of other delays that do not appear in the count. **MRSA –** 0 cases reported this month. **C DIFF –** was within threshold for May. **Pressure Ulcers** - 0 **Grade 4 and Grade 3** reported during May. **Grade 2** are well within the trajectory for the month. **CAS alerts** – we remain compliant. **Inpatient and Day Case Patient Satisfaction (FFT)** achieved the Quality Commitment of 97%. **TIA (high risk patients)** – 67.3% reported in May. **Ambulance Handover 60+ minutes (CAD+)** – performance at 0.1% a significant improvement and our best performance since the introduction of CAD+ reporting in June 2015. **UHL ED 4 hour performance** – was 88.2% for May, system performance (including LLR UCCs) was 91.3%. Performance was above trajectory and our best performance since October 2015. Further detail is in the COO's report.

Bad News: **Diagnostic 6 week wait –** standard not achieved for the third month after 17 consecutive months of being compliant. **Never events** – 1 reported in May. **Referral to Treatment –** was 86.8% against a target of 92%, reflecting the prioritisation of emergency capacity in our planning for 2018/19. **52+ weeks wait –** 4 patients (compared to 9 patients same period last year). **Moderate harms and above** – above threshold in April (reported 1 month in arrears) was above threshold. **Cancelled operations** and **patients rebooked within 28 days** – continued to be non-compliant. **Cancer 31 day** was not achieved in April - theatre capacity, patient choice and patient fitness are the primary factors. **Cancer 62 day treatment** was not achieved in April – further detail of recovery actions in is the Q&P report. **Statutory and Mandatory Training** reported from HELM is at 89% (rising trend). **Sickness absence** – 4.4% reported in April (reported 1 month in arrears). **Fractured NOF** – was 64.2% in May.

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: 26th July 2018

Caring at its best

University Hospitals of Leicester NHS
NHS Trust

Quality and Performance Report

May 2018

One team shared values

CONTENTS

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

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

DATE: **28th JUNE 2018**

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

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

1.0 Introduction

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

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

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

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

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

2.0 Performance Summary

Domain	Page Number	Number of Indicators	Number of **Red** Indicators this month
Safe	23	28	4
Caring	24	11	0
Well Led	25	23	5
Effective	26	8	2
Responsive	27	16	5
Responsive Cancer	28	9	6
Research – UHL	30	6	0
Total		101	22

3.0 Data Quality Forum (DQF) Assessment Outcome/Date

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

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

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

4.0 Changes to Indicators/Thresholds

2017/18 Quality Commitment metrics amended to UHL for 2018/19
Executive Leads updated
Board Director amended from Eileen Doyle to Rebecca Brown for all Responsive Indicators.

Summary Scorecard – YTD

University Hospitals of Leicester NHS
NHS Trust

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

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

SUCCESSES:

- FFT Inpatient/DC **97%**
- Crude Mortality **2.1%**
- DTOC **1.5%**
- MRSA Avoidable **0**
- RTT Incomplete **86.8%**
- Stroke 90% Stay **82.4%**

ISSUES:

- Annual Appraisal **89.3%**
- Single Sex Accommodation Breaches **13**
- Statutory & Mandatory training **89%**
- Sickness Absence **4.4%**
- ED 4hr Wait UHL **82.3%**
- Cancer 62 Day **78.4%**
- Diagnostic Wait **2.9%**

One team shared values

Summary Scorecard – May 2018

University Hospitals of Leicester NHS
NHS Trust

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

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

Key changes in indicators in the period:

SUCCESSES: (Red to Green)

- TIA
- C. DIFF

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

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

ISSUES: (Green to Red)

- NoF's <36hrs

One team shared values

Domain - Safe

University Hospitals of Leicester NHS
NHS Trust

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

2 ↔ Never Events YTD

8 ↔ Serious Incidents YTD (Number escalated each month)

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

0 ↔ Avoidable MRSA YTD

16 ↑ CDIFF Cases YTD

SUCCESSES

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

ISSUES

- Quality commitment of 10% reduction to moderate harm and above not achieved during FY 2017/18. Number reported for 2017/18 exceeded the cumulative total of 156 for 2016/17.
- 1 Never events reported in May.

ACTIONS

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

SEPSIS

Patients with an Early Warning Score 3+ - % appropriate escalation	98% ↓ YTD
Patients with EWS 3+ - % who are screened for sepsis	96% ↔ YTD
ED - Patients who trigger with red flag sepsis - % that have their IV antibiotics within an hour	95% ↑ YTD
Wards (including assessment units) Patients who trigger for Red Flag Sepsis - % that receive their antibiotics within an hour	84% ↑ YTD

Domain - Caring

University Hospitals of Leicester NHS
NHS Trust

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

Friends and Family Test YTD % Positive

Inpatients FFT **96%** ⬆

Day Case FFT **99%** ⬌

A&E FFT **96%** ⬆

Maternity FFT **94%** ⬌

Outpatients FFT **95%** ⬆

Staff FFT Quarter 4 2017/18 (Pulse Check)

69.3% of staff would recommend UHL as a place to receive treatment

SUCCESSES

- Friends and family test (FFT) for Inpatient and Daycase care combined was 98% for May.
- Single Sex Accommodation Breaches – 0 reported in May.

ISSUES

ACTIONS

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

Single Sex Accommodation Breaches

13 YTD ⬆

Domain – Well Led

University Hospitals of Leicester NHS
NHS Trust

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

Friends and Family FFT YTD % Coverage

Inpatients FFT **31.4%** ↑

Day Case FFT **23.6%** ↑

A&E FFT **9.6%** ↑

Maternity FFT **39.0%** ↑

Outpatients FFT **5.7%** ↔

Staff FFT Quarter 4 2017/18 (Pulse Check)

54.7% of staff would recommend UHL as a place to work

% Staff with Annual Appraisals

89.3% YTD ↔

Statutory & Mandatory Training

89% YTD ↔

BME % - Leadership

27% Qtr4 8A including medical consultants

13% Qtr4 8A excluding medical consultants

SUCCESSES

- Corporate Induction attendance for May was 96%.
- Inpatients coverage for May was 32.3%.
- A&E Coverage for May was 12%.

ISSUES

- Appraisals are 5.7% off target (this excludes facilities staff that were transferred over from Interserve).
- Statutory & Mandatory is 6% off the 95% target.
- Low response rate for Staff FFT survey.

ACTIONS

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

Domain – Effective

University Hospitals of Leicester NHS
NHS Trust

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

Mortality – Published SHMI

98
Oct16 - Sep17 ↑

Stroke TIA Clinic within 24hrs

57.7%
YTD ↑

80% of Patients Spending 90% Stay on Stoke Unit

82.4%
YTD ↑

Emergency Crude Mortality Rate

2.1%
YTD ↑

30 Days Emergency Readmissions

9.4%
YTD ↓

NoFs Operated on 0-35hrs

69.2%
YTD ↓

SUCCESSES

- Latest UHL's SHMI is 98. 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 May was 2%.
- Stroke TIA Clinic within 24 Hours for May was 67.3%.

ISSUES

- 30 Days Emergency Readmissions for April was 9.4%.
- Fractured NoF for May was 64.2%.

ACTIONS

- REDS team in theatres have agreed to put all hip trays on fast track light to help with the turnaround times ensuring equipment/kit will be available in a timely manner.
- Pilot in CDU of Integrated Clinical Response Team following up all discharged patients by telephone.
- Integrated Discharge Team to build into their Standard Operating Procedures how to deal with patients at high risk of readmission using the PARR30 score.

Domain – Responsive

University Hospitals of Leicester NHS
NHS Trust

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

RTT - Incomplete
92% in 18 Weeks

86.8%
As at May ↑

6 week Diagnostic Wait times

Cancelled Operations UHL

RTT 52 week wait incompletes

4
As at May ↓

ED 4Hr Waits UHL

82.3%
YTD ↑

A&E

ED 4Hr Waits UHL+LLR UCC

87.5%
YTD ↑

Ambulance Handovers

2% > 60mins ↑
5% 30-60mins ↑
YTD

SUCCESSES

- 0 Trolley breaches for May.
- DTOC was 1.6% for April.
- Ambulance handover 60+ minutes – May performance was 0.1%. Our best performance since the introduction of CAD+ reporting in June 2015.
- ED 4Hr Waits UHL – May performance was 88.2%. Above trajectory and our best performance since October 2015.
- RTT was above trajectory.

ISSUES

- Diagnostic 6 week wait – above the 1% national target.
- Cancelled operations continue to grow in response to operational pressure on the 4 hour wait.
- 4 patient waiting over 52+ weeks (last May the number was 9).

ACTIONS

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

Domain – Responsive Cancer

University Hospitals of Leicester NHS
NHS Trust

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

Cancer 2 Week Wait

93.9% YTD

93.9% Apr ↓

31 Day Wait

94.3% YTD

94.3% Apr ↑

62 Day Wait

78.4% YTD

78.4% Apr ↑

31 Day Backlog

22 May ↑

62 Day Backlog

103 May ↓

62 Day Adjusted Backlog

93 May ↓

SUCCESSES

Cancer performance is reported 1 month in arrears.

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

ISSUES

- Cancer 62 day treatment – was 6.6% off target for April.
- 31 day wait was 1.7% off target for April.

ACTIONS

- Transformation of the governance around cancer performance and transformational delivery introducing a strategic cancer taskforce bi-weekly.
- Improved data provision and analysis to support better forecasting and introduce early warning signs for struggling tumour sites falling off track.
- Re-configuration of theatre capacity to ensure appropriate capacity provision for tumour sites with high demand.
- NHSI to hold monthly performance review meetings with Heads Of Operations for additional assurance and accountability

Ambulance Handover – 2018/19 (YTD)

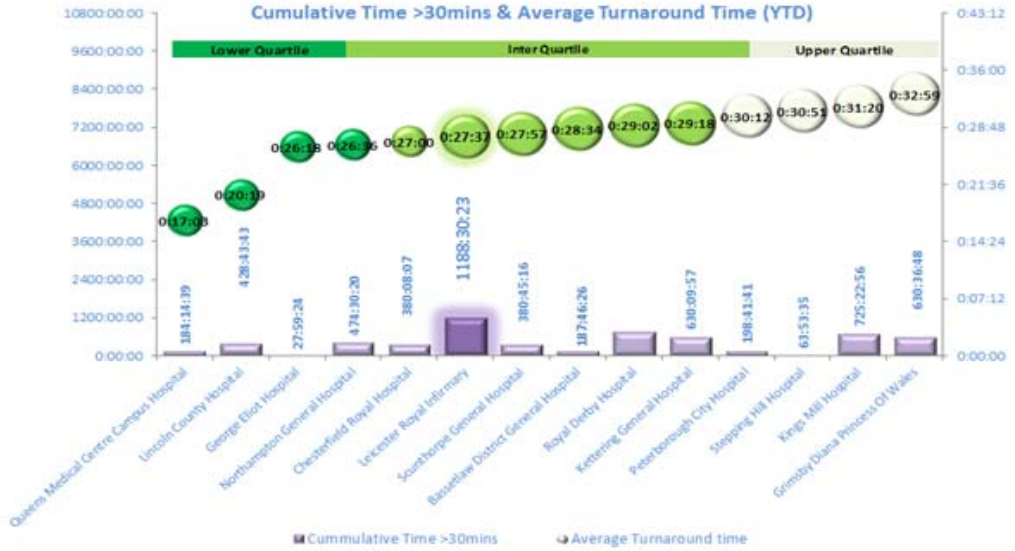
University Hospitals of Leicester NHS
NHS Trust

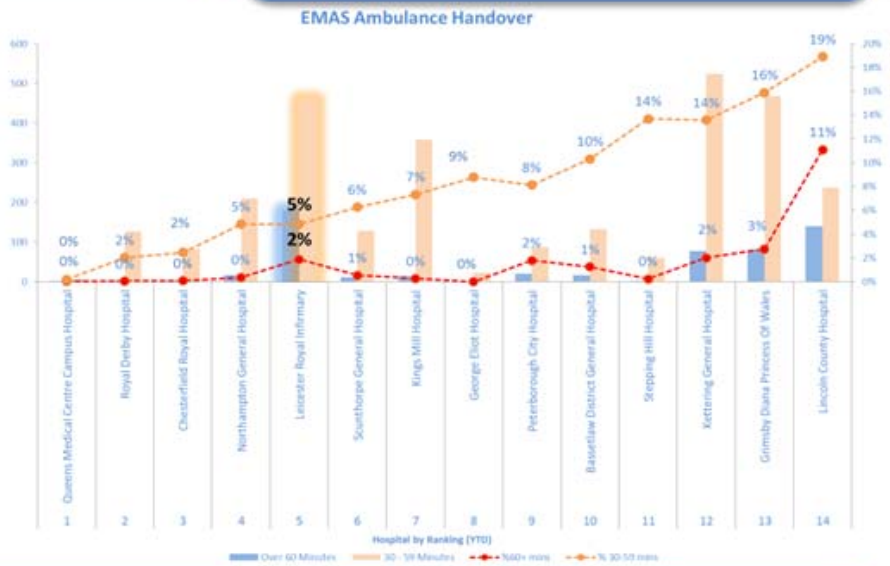
EMAS Ambulance Handover - LRI vs other hospitals (YTD)

Rank	Hospital	Total	30 - 59 Minutes	1 - 2 Hours	2 Hours Plus	%30-59 mins	%60+ mins	%30+ mins	Average Turnaround time	Cumulative time 30+ mins Handover Turnaround target
1	Queens Medical Centre Campus Hospital	2553	5	0	1	0%	0%	0%	0:17:03	184:14:39
2	Royal Derby Hospital	6298	127	2	1	2%	0%	2%	0:29:02	748:13:27
3	Chesterfield Royal Hospital	3373	83	2	1	2%	0%	3%	0:27:00	380:08:07
4	Northampton General Hospital	4317	209	14	2	5%	0%	5%	0:26:36	474:30:20
5	Leicester Royal Infirmary	9,543	461	139	40	5%	2%	7%	0:27:37	1188:30:23
6	Scunthorpe General Hospital	2043	128	10	1	6%	1%	7%	0:27:57	380:45:16
7	Kings Mill Hospital	4870	357	13	0	7%	0%	8%	0:31:20	725:22:56
8	George Eliot Hospital	251	22	0	0	9%	0%	9%	0:26:18	27:59:24
9	Peterborough City Hospital	1060	86	18	1	8%	2%	10%	0:30:12	198:41:41
10	Bassetlaw District General Hospital	1280	132	15	1	10%	1%	12%	0:28:34	187:46:26
11	Stepping Hill Hospital	446	61	1	0	14%	0%	14%	0:30:51	63:53:35
12	Kettering General Hospital	3859	524	70	7	14%	2%	16%	0:29:18	630:09:57
13	Grimsby Diana Princess Of Wales	2946	468	77	4	16%	3%	19%	0:32:59	630:36:48
14	Lincoln County Hospital	1254	237	119	20	19%	11%	30%	0:20:19	428:43:43
	EMAS	45,960	3,181	574	98	0	1%	8%	1%	6743:38:51

Highlights

- CAD+ data used in performance analysis (88% coverage of all arrivals at LRI).
- LRI has the highest number of arrivals YTD.
- LRI average handover time is within the **Inter Quartile** range.
- Hours lost YTD due to handover delays longer than 30 minutes is 1188. The equivalent of **99** ambulance shifts (12 hours) lost.





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
17 Mins	28 Mins	26 Mins	1188 Hours	99 Shifts	5% YTD	2% YTD

Ambulance Handover – May 2018

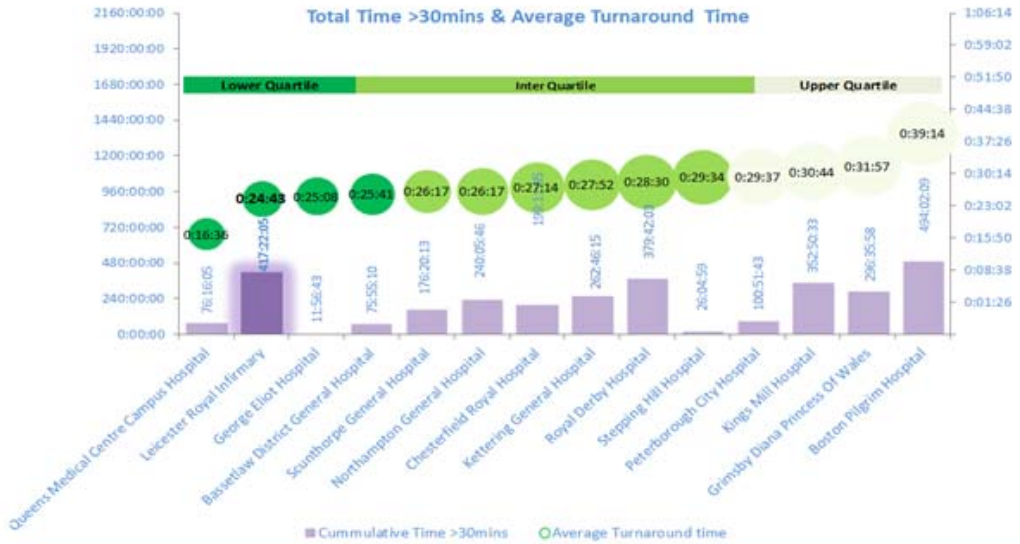
University Hospitals of Leicester NHS
NHS Trust

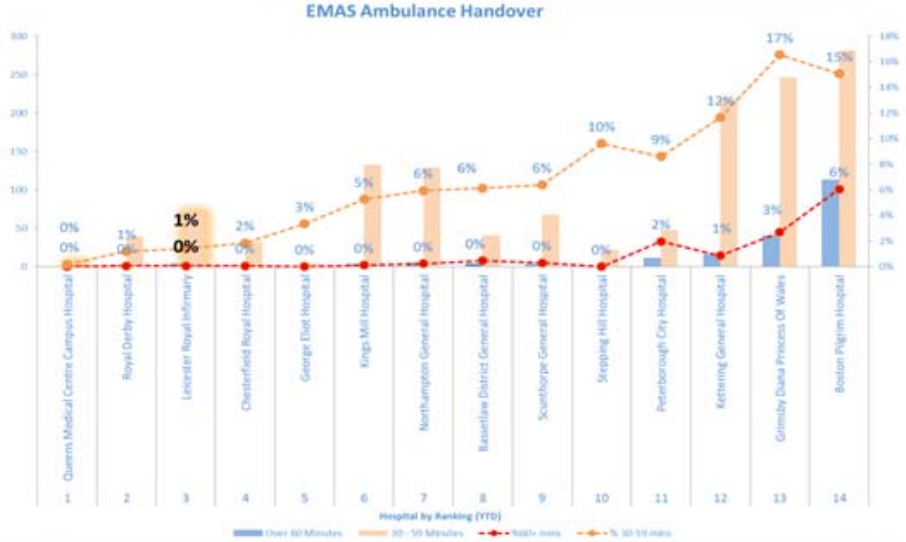
EMAS Ambulance Handover - LRI vs other hospitals (May 2018)

Rank	Hospital	Total	30 - 59 Minutes	Over 60 Minutes	1 - 2 Hours	2 Hours Plus	% 30-59 mins	%60+ mins	%30+ mins	Average Turnaround	Total time 30+ mins Handover
1	Queens Medical Centre Campus Hospital	1140	2	0	0	0	0%	0%	0%	0:16:36	76:16:05
2	Royal Derby Hospital	3316	39	2	2	0	1%	0%	1%	0:28:30	379:42:03
3	Leicester Royal Infirmary	4,887	68	3	3	0	1%	0%	1%	0:24:43	417:22:05
4	Chesterfield Royal Hospital	1736	32	1	0	1	2%	0%	2%	0:27:14	199:11:35
5	George Eliot Hospital	120	4	0	0	0	3%	0%	3%	0:25:08	11:56:43
6	Kings Mill Hospital	2533	133	3	3	0	5%	0%	5%	0:30:44	352:50:33
7	Northampton General Hospital	2177	129	5	5	0	6%	0%	6%	0:26:17	240:05:46
8	Bassetlaw District General Hospital	654	40	3	3	0	6%	0%	7%	0:25:41	75:55:10
9	Scunthorpe General Hospital	1051	67	3	3	0	6%	0%	7%	0:26:17	176:20:13
10	Stepping Hill Hospital	229	22	0	0	0	10%	0%	10%	0:29:34	26:04:59
11	Peterborough City Hospital	559	48	11	10	1	9%	2%	11%	0:29:37	100:51:43
12	Kettering General Hospital	1882	219	16	16	0	12%	1%	12%	0:27:52	262:46:15
13	Grimsby Diana Princess Of Wales	1488	246	40	40	0	17%	3%	19%	0:31:57	296:35:58
14	Boston Pilgrim Hospital	1867	281	113	94	19	15%	6%	21%	0:39:14	494:02:09
	EMAS	25,223	1,549	323	274	49	6%	1%	7%	0:28:31	3550:21:12

Highlights

- CAD+ data used in performance analysis (88% coverage of all arrivals at LRI).
- LRI had 5% more arrivals in May however performance **improved significantly** – our best performance ever reported.
- LRI average handover time was within the **Lower Quartile** range. With an **6 minutes reduction** in average turnaround time.
- Hours lost in May due to handover delays longer than 30 minutes **reduced by 48%** from last month to **417**. The equivalent of **34** ambulance shifts (12 hours) lost.





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
16 Mins	27 Mins	24 Mins	417 Hours	34 Shifts	1.4%	2%

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

0.8%
2017/18 ↓

Reduction in hospital cancellations (ENT)

22%
YTD ↑

GP Referrals via ERS

80.1%
YTD ↑

97.2%
Advice & Guidance
2017/18 ↑

Reduction of long term FU

1467
2017/18 ↓

Patients seen within 15 mins

59%
YTD ↑

Coverage
16%
YTD

Patients seen within 30 mins

76%
YTD ↑

% Clinic summary letters sent within 7 days

88%
YTD ↑

% appointment letters printed via outsourced provider

86%
YTD ↔

SUCCESSES

- Roll out of patient cancellation and re-bookings made via the Booking Centre
- Managers briefing sessions in place to support customer care training delivery
- System wide pathway review workshops and LiA events held in 5 specialities
- Plans drafted to move towards a centralised model for out patients
- Audit and action plans to address waiting times in ENT clinics

ISSUES

- OP Clinic Room utilisation (CSI managed services) remains variable. Confirmation of business case support to increase monitoring and managing utilisation of circa 250 awaited.
- 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

ACTIONS

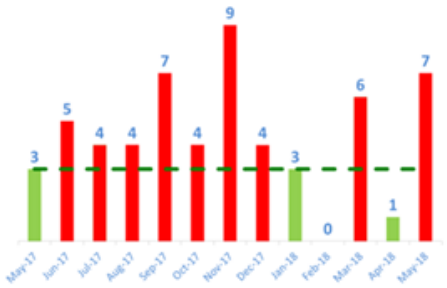
- Implement plan to increase recording of waiting times in OP clinics
- Commence targeted work in ENT to reduce hospital cancellations
- Initiate DictateIT transcription pilot in maxillofacial surgery
- Share plans to incrementally move to a centralised model for OP
- Implement system for improving OP clinic utilisation. Seek confirmation for roll out of Bookwise

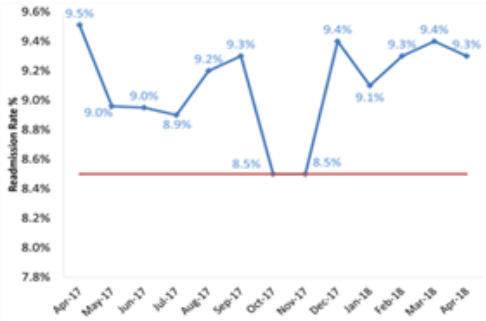
ASI Rate

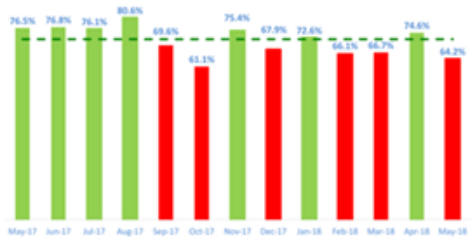
21.4%
2017/18 ↑

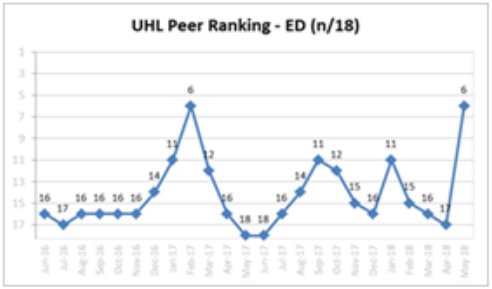
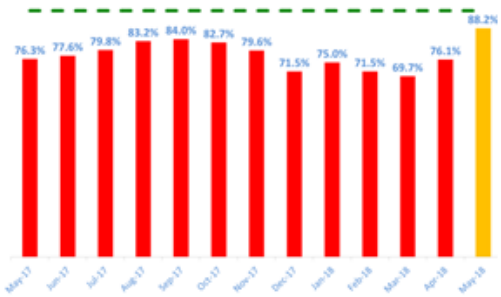
Room Utilisation

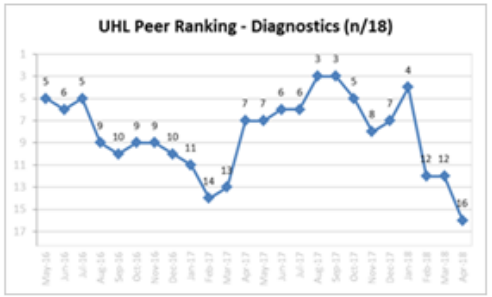
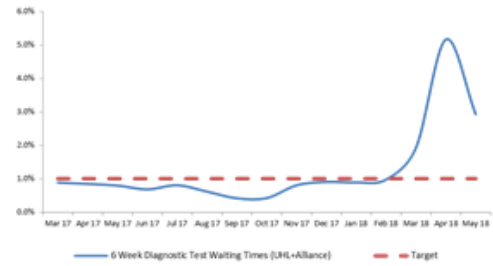
78%
YTD ↑

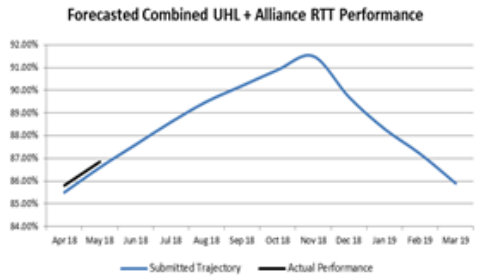
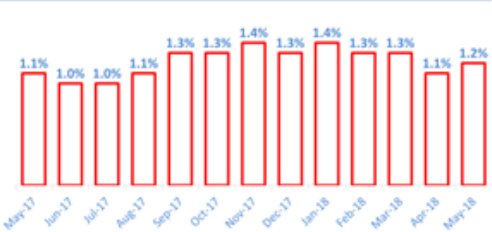
Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
Moderate Harm – Reduction for moderate harm and above PSIs with finally approved status - reported 1 month in arrears.	**18/19 Target – <12 per month** 19 moderate harm incidents reported in April compared to 12 for the same period last year.	**Trend** 	It is difficult to make a judgment on why we have had more harms this April compared to the same period last year. Looking across the incidents there is nothing that jumps out and if we are using accurate measurement for improvement methodology we should be using more than 2 data points. In addition to this we seem to still be using the 17/18 target of 9% reduction against 16/17 for 18/19 which is now incorrect.	Target for 18/19 to be agreed. Review of methodology for measuring improvement.
RIDDOR – Number of Serious Staff Injuries	**18/19 Target – <=40** 7 reported in May, 3 was reported for the same period last year. YTD is 8 compared to 10 by the same period last year.	**Trend** 	As we have reported previously there doesn't seem to be a theme in terms of incident type or location. The amount of over 7 day incidents in notable in these figures and it is therefore difficult to pinpoint any other cause than this being a reflection of the tremendous work pressures that staff are facing throughout the UHL.	With a total of 8 incidents reported this year, we are still on track to hit the 12 month of target of <=40 and this represents 2 less than this time last year. As ever, we continue to monitor and investigate each incident.

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
Never Events – is a measure of the number of UHL never events at month end.	**18/19 Target – 0** 1 never events reported in May. 2 reported YTD.	**Trend** 	**Wrong Site Surgery – wrong patient** Patient B attended Hinckley Hospital, where he underwent a cystoscopy procedure. Another patient (Patient A) who has the same name should have been listed for the cystoscopy. The referral form for Patient A contained the name, address and date of birth for Patient A, but the NHS number, U number and S number of Patient B, printed on all HISS generated addressograph labels, and used for the referral form.	**Immediate Actions** Patient B immediately received an apology. The admin staffs have been asked to ensure that Patient A is still sent an appointment for a Cystoscopy and for Urodynamic studies. They have been asked to ensure that Patient B is not sent any further appointments for Urodynamic studies. Action has been taken to correct the errors on HISS / ICE related to NHS number and Unit number. The endoscopy team have been asked to review their checking processes to ensure that all documentation, including all details on the referral form (full name, address, date of birth, NHS number and unit number) are checked with immediate effect on all patients attending the endoscopy departments for a procedure across UHL and the Alliance.
Emergency Readmissions – emergency readmissions within 30 days following an elective or emergency spell	**18/19 Target – <8.5%** Performance in April was 9.3% compared to 9.5% same period last year.	**Trend** 	There has been a rise in the readmission rate since November 2017.	Pilot in CDU of Integrated Clinical Response Team following up all discharged patients by telephone. Integrated Discharge Team (IDT- commencing July 2017) to build into their Standard Operating Procedures how to deal with patients at high risk of readmission using the PARR30 score. Members of this team attend all board rounds so have a unique opportunity to

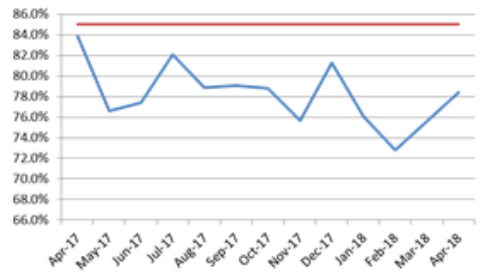
Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
				interact with clinical teams to remind them of the actions that need to be undertaken according to the UHL guideline.
No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions	**18/19 Target – 72%** Performance in May was 64.2%. 77 NOF's of which 26 exceeded the 36hr time to theatre target. The year to date performance for this measure is 69.2% compared with 61.8% by the same period last year.	**Trend** 	Those which were >36hrs were for the following reasons:- • 12 patients - clinical reasons • 9 patients – spinal and trauma priority patients/ lack of theatre capacity • 1 Patient – awaiting a hip consultant • 1 patient – no theatre kit available • 1 patient – no assistant, surgeon refused to operate • 1 patient - transferred to LGH • 1 patient – not starved/ ready for theatre This means that of the 26 patients who exceeded the threshold - 13 were within our control and 13 were outside of our control. ED wait times for 26 patients that breeched NoF targets are:- • 0-4 hours = 23patients • 4-8 hours = 43 patients • 8-12 hours = 2 patients • Over 12 hours = 0 patients • Ward referrals –9 patients	ED wait times significantly improved in May. 2x bank holidays during May saw the reduction in operating theatre capacity as no dedicated hip list MSS asked for Adhoc lists via 6-4-2 but they were unfilled due to staffing availability. 1 surge of NoF admissions 17th may/ 18th may with over 5 patients awaiting for NoF surgery this subsequently resulted in the lack of availability of equipment/sets in theatres. On-going concerns re DOAC'S- 5 patients delayed due to raised levels, awaiting guidelines from anaesthetics ITAPS. REDS team in theatres have agreed to put all hip trays on fast track light to help with the turnaround times ensuring equipment/kit will be available in a timely manner. There is an increasing problem with assistants in theatres throughout the week but it is more noticeable for weekend cover. As there is not always a hip surgeon available on the weekend to cover when patients require THRs.

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
			ED wait times significantly improved in May.	
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** 88.2% of patients were treated within 4 hour compared to 76.3% in the same period last year. This is a significant improvement and our best performance since October 2015.	**Benchmark**  **Trend**  	The performance against the 4-hour emergency care target was higher than trajectory. Continuous improvement in flow into beds.	1. **Primary Care –** weekly progress meeting. Daily calls with DHU regarding staffing and performance issues. 2. **Injuries –** Expectations of the number of patients to be seen per hour have been made clear and will be monitored and managed where this is not achieved. 3. **Majors –** Additional floor manager post have been recruited to. Review of space to determine effective use of space to sustain continued assessment and turnaround of non-admitted patients. 4. **EDU –** has returned to its intended functionality to allow rapid turnover and decreased admissions.

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
6 Weeks - Diagnostic Test Waiting Times (UHL+ALLIANCE) – is a measure of the percentage of patients with a diagnostic waiting time within 6 weeks.	**18/19 Target - <1%** Standard not achieved for the second month after 17 consecutive months below the 1% national target.	**Benchmark**  **Trend** 	May diagnostic performance for UHL and the Alliance combined is 2.9% failing to achieve the standard by performing above the 1% threshold. Although an improvement on April, the combined performance UHL for UHL and the Alliance was 345 breaches above the threshold. UHL alone achieved 3.2% for the month and the Alliance 0.9%. At UHL, 503 patients out of 15,569 did not receive their diagnostic within 6 weeks.	Additional capacity is being sourced through discretionary effort at UHL sites as well as the Alliance.
RTT Incomplete 92% in 18 Weeks UHL+ALLIANCE – is a measure of patients treated within 18 weeks of referral.	**18/19 Target – 92%** The Trust remains below the 92.0% standard with 3,735 patients greater than the amount waiting over 18 weeks for treatment. The combined performance for UHL and the Alliance for RTT in April was 86.8%. The Trust achieved its trajectory target by exceeding the Month 2 target of 86.6% target for June.	**Benchmark** 	Elective activity increased in May due to reducing emergency demand on surgical bed capacity. This supported the Trust position to achieve the month 2 trajectory RTT %. It is forecasted that for June 2018 UHL will achieve the trajectory target of 87.6%. There are continued risks due to: • Increased cancer backlogs prioritising capacity over	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

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
		Trend 	elective RTT • Diagnostic delays for MRI, CT and Endoscopy increasing patient pathways • Delayed agreement with CCG's to use IS capacity	in the Independent Sector.
RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE – number of patients waiting over 52 weeks from referral date.	**18/19 Target – 0** At the end May there were 4 patients with an incomplete pathway at more than 52 weeks. These were 3 general surgery patients and 1 ENT. 9 patients were waiting over 52+ weeks same period last year.	**Trend** 	All 4 patients were on an admitted pathway and had been previously dated within 52 weeks and cancelled due to capacity constraints. Capacity was available for 3 of the patients to be treated in May however due to social reasons chose to wait until June for treatment.	Due to the risk of 52 week breaches daily checks by the performance team to track patients and support in booking are occurring.
% Operations cancelled - for non-clinical reasons on or after the day of admission UHL + ALLIANCE	**18/19 Target – 0.8% or below** In May the Trust cancelled 1.2% of operations for non-clinical reasons.	**Trend** 	For May there were 139 non-clinical hospital cancellations for UHL and Alliance combined. This resulted in a failure of the 0.8% standard as 1.2% of elective FCE's were cancelled on the day for non-clinical reasons (133 UHL 1.1% and 6 Alliance 0.6%).	Cancellations due to Lack Theatre Time / List Overrun are being managed as part of the Theatre Program Boards Efficient Work Stream, focusing on starting on time and scheduling. Improved surgical bed capacity has led to a reduction in number of 28 day breaches.

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
Ambulance Handover >60 Mins (CAD+ from June 15) – is a measure of the percentage of handover delays over 60 minutes	**18/19 Target – 0%** May performance for handover is the best ever reported.	**Trend** 	May showed a 46% reduction in hours lost in comparison to April.	Escalation protocol in place when ambulance assessment bay hits 8 patients via the flow manager. Dedicated person in Ambulance Assessment managing time of arrival to handover. System in place to ensure additional nursing and medical support is provided at peak times to increase throughput. Rapid flow of patients to inpatient beds to improve flow through ED by having complete oversight of the department via the flow Manager. EMAS 'Urgent' crews trained and in place in April, bringing GP patients in earlier in the day.
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	**18/19 Target – 96% or above** April performance was 1.7% under the national target, the primary contributing tumour sites to performance being: - Gynae, Head & Neck, Lower GI and Urology. Urology accounted for 50% of the 31 day first breaches in April.	**Benchmark** 	Theatre capacity, patient choice and patient fitness are the primary factors affecting the backlog At the time of reporting, the backlog has increased and sits at 33, with 19 of these patients sitting in Urology. As a result, the position is forecasted to deteriorate in May and at the time of reporting is predicted to be 92.8%.	Transformation of the governance around cancer performance and transformational delivery introducing a strategic cancer taskforce bi-weekly. Improved data provision and analysis to support better forecasting and introduce early warning signs for struggling tumour sites falling off track. Re-configuration of theatre capacity to ensure appropriate capacity

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
		Trend 		provision for tumour sites with high demand.
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	**18/19 Target – 85% or above** 62 day performance improved on the previous month by 2.8% but still failed at 78.4% in April.	**Benchmark**  **Trend** 	Of the 15 tumour groups, 4 had nothing to report in the month, 3 achieved above the standard (Breast, Skin & Rares). Although the remaining were under target, a noticeable improvement is seen in Upper GI, Gynae, Haem, Urology and Lung.	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. NHSI to hold monthly performance review meetings with Heads Of Operations for additional assurance and accountability

	KPI Ref	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	15/16 Outturn	16/17 Outturn	17/18 Outturn	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	18/19 YTD
Safe	S1	Reduction for moderate harm and above PSIs with finally approved status - reported 1 month in arrears	AF	MD	<12 per month	UHL	Red if >12 in mth, ER if >12 for 2 consecutive mths	May-17	262	156	235	24	24	14	20	22	16	17	20	20	12	33	19		19
	S2	Serious Incidents - actual number escalated each month	AF	MD	<=37 by end of FY 18/19	UHL	Red / ER if >8 in mth or >5 for 3 consecutive mths	May-17	50	37	37	5	3	5	3	5	3	0	2	5	0	2	4	4	8
	S3	Proportion of reported safety incidents per 1000 attendances (IP, OP and ED)	AF	MD	> FY 17/18	UHL	Not required	May-17	17.5	16.5	15.8	15.8	15.1	15.5	14.0	14.5	14.7	15.0	18.9	15.7	16.9	17.5	16.7	16.3	16.5
	S4	SEPSIS - Patients with an Early Warning Score 3+ - % appropriate escalation	AF	SH	95%	UHL	TBC	Dec-17	New Indicator	88%	95%	91%	92%	94%	94%	95%	95%	95%	96%	98%	97%	98%	98%	97%	98%
	S5	SEPSIS - Patients with EWS 3+ - % who are screened for sepsis	AF	SH	95%	UHL	TBC	Dec-17	New Indicator	93%	95%	95%	94%	92%	94%	93%	95%	96%	96%	95%	94%	95%	96%	96%	96%
	S6	SEPSIS - ED - Patients who trigger with red flag sepsis - % that have their IV antibiotics within an hour - reported 1 month in arrears	AF	SH	90%	UHL	TBC	Dec-17	New Indicator	76%	85%	86%	87%	86%	86%	85%	86%	87%	84%	83%	82%	79%	95%		95%
	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%	82%	80%	75%	80%	84%	79%	76%	82%	78%	83%	84%		84%
	S8	Overdue CAS alerts	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	Nov-16	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	S9	RIDDOR - Serious Staff Injuries	AF	MD	FYE <=40	UHL	Red / ER if non compliance with cumulative target	Oct-17	32	28	56	3	5	4	4	7	4	9	4	3	0	6	1	7	8
	S10	Never Events	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	May-17	2	4	8	3	0	0	1	0	1	0	1	0	0	2	1	1	2
	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	0	10	5	7	9	7	4	4	4	5	8	12	4	16
	S12	MRSA Bacteraemias - Unavoidable or Assigned to third Party	EM	DJ	0	NHSI	Red if >0 ER Not Required	Nov-17	1	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	S13	MRSA Bacteraemias (Avoidable)	EM	DJ	0	UHL	Red if >0 ER if >0	Nov-17	0	0	4	0	0	0	1	1	0	0	0	0	2	0	0	0	0
	S14	MRSA Total	EM	DJ	0	UHL	Red if >0 ER if >0	Nov-17	0	3	4	0	0	0	1	1	0	0	0	0	2	0	0	0	0
	S15	E. Coli Bacteraemias - Community	EM	DJ	TBC	NHSI	TBC	Jun-18	New Indicator	476	454	36	39	45	40	38	42	38	35	43	29	32	38	54	92
	S16	E. Coli Bacteraemias - Acute	EM	DJ	TBC	NHSI	TBC	Jun-18	New Indicator	121	96	9	15	7	2	10	3	10	9	7	5	9	11	7	18
	S17	E. Coli Bacteraemias - Total	EM	DJ	TBC	NHSI	TBC	Jun-18	New Indicator	597	550	45	54	52	42	48	45	48	44	50	34	41	49	61	49
	S18	MSSA - Community	EM	DJ	TBC	NHSI	TBC	Nov-17	New Indicator	134	139	11	10	15	13	12	12	3	17	19	10	10	12	11	23
	S19	MSSA - Acute	EM	DJ	TBC	NHSI	TBC	Nov-17	New Indicator	30	43	9	3	6	2	1	1	3	4	4	4	4	5	4	9
	S20	MSSA - Total	EM	DJ	TBC	NHSI	TBC	Nov-17	New Indicator	164	182	20	13	21	15	13	13	6	21	23	14	14	17	15	32
	S21	% of UHL Patients with No Newly Acquired Harms	EM	NB	>=95%	UHL	Red if <95% ER if in mth <95%	Sept-16	97.7%	97.7%	97.7%	97.8%	97.4%	97.4%	98.0%	98.0%	98.1%	97.8%	98.1%	97.8%	97.4%	97.4%	97.4%	97.3%	97.4%
	S22	% of all adults who have had VTE risk assessment on adm to hosp	AF	SR	>=95%	NHSI	Red if <95% ER if in mth <95%	Nov-16	95.9%	95.8%	95.4%	95.8%	96.2%	95.9%	96.1%	95.7%	95.8%	96.1%	95.2%	94.9%	93.6%	94.0%	93.6%	95.5%	94.6%
	S23	All falls reported per 1000 bed stays for patients >65years- reported 1 month in arrears	EM	HL	<=5.5	UHL	Red if >6.6 ER if 2 consecutive reds	Jun-18	5.4	5.9	6.0	5.5	5.9	4.9	6.0	5.8	5.6	5.4	6.2	7.7	6.1	6.6	7.4		7.4
	S24	Avoidable Pressure Ulcers - Grade 4	EM	MC	0	QS	Red / ER if Non compliance with monthly target	Aug-17	1	1	1	0	1	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	4	0	0	0	0	0	1	1	2	0	0	0	0
	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	5	2	4	1	8	3	1	7	5	7	4	7	4	11
	S27	Maternal Deaths (Direct within 42 days)	AF	IS	0	UHL	Red or ER if >0	Jan-17	0	2	2	0	0	0	0	0	0	1	0	0	0	1	1	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%	19.3%	18.0%	16.6%	18.3%	17.7%	19.3%	16.1%	18.0%	19.1%	19.8%	17.4%	19.3%	19.9%	19.6%

Caring

KPI Ref	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	15/16 Outturn	16/17 Outturn	17/18 Outturn	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	18/19 YTD
C1	>75% of patients in the last days of life have individualised End of Life Care plans	EM	CR	75%	UHL	Red if <70% ER if in Qtr <70%	TBC	NEW INDICATOR		93%	100%	100%	100%	100%	100%	88%	88%	88%		81%	81%			
C2	Formal complaints rate per 1000 IP,OP and ED attendances	AF	MD	No Target	UHL	Monthly reporting	Aug-17	NEW INDICATOR	1.1	1.3	1.1	1.1	1.0	1.6	1.5	1.8	1.2	1.2	1.5	1.4	1.6	1.6	1.6	1.6
C3	Percentage of upheld PHSO cases	AF	MD	No Target	UHL	Quarterly reporting	Mar-18	NEW INDICATOR	5%	0%			0% (0 out of 2 cases)			0% (0 out of 3 cases)			0% (0 out of 3 cases)					
C4	Published Inpatients and Daycase Friends and Family Test - % positive	EM	HL	97%	UHL	Red if <95% ER if red for 3 consecutive months Revise threshold 17/18	Jun-17	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	98%	97%
C5	Inpatients only Friends and Family Test - % positive	EM	HL	97%	UHL	Red if <95% ER if red for 3 consecutive months Revise threshold 17/18	Jun-17	97%	96%	96%	96%	96%	96%	96%	97%	95%	96%	96%	96%	97%	96%	96%	97%	96%
C6	Daycase only Friends and Family Test - % positive	EM	HL	97%	UHL	Red if <95% ER if red for 3 consecutive months Revise threshold 17/18	Jun-17	98%	98%	98%	98%	99%	98%	98%	98%	99%	98%	99%	99%	98%	98%	99%	99%	99%
C7	A&E Friends and Family Test - % positive	EM	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	96%	91%	95%	93%	96%	95%	98%	96%	95%	95%	95%	97%	94%	94%	95%	96%	96%
C8	Outpatients Friends and Family Test - % positive	EM	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	94%	93%	95%	93%	95%	94%	95%	95%	94%	95%	96%	96%	95%	95%	95%	96%	95%
C9	Maternity Friends and Family Test - % positive	EM	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	95%	95%	95%	95%	96%	94%	93%	93%	93%	95%	94%	95%	95%	96%	94%	94%	94%
C10	Friends & Family staff survey: % of staff who would recommend the trust as place to receive treatment (from Pulse Check)	JTF	JTF	TBC	NHSI	TBC	Aug-17	70.0%	73.6%	69.8%			70.7%			65.0%			69.3%					
C11	Single Sex Accommodation Breaches (patients affected)	EM	HL	0	NHSI	Red if >0 ER if 2 consecutive months >5	Dec-16	1	60	30	3	1	2	0	0	1	1	0	0	0	19	13	0	13

	KPI Ref	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	15/16 Outturn	16/17 Outturn	17/18 Outturn	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	18/19 YTD
Well Led	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%	31.9%	27.7%	31.0%	29.3%	29.4%	28.2%	27.7%	24.2%	25.0%	24.4%	23.8%	26.7%	28.6%	27.7%
	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%	37.2%	30.6%	37.7%	35.6%	33.2%	32.4%	31.6%	25.4%	28.3%	28.4%	26.0%	30.6%	32.3%	31.4%
	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%	26.4%	24.7%	23.9%	22.7%	25.3%	23.8%	23.9%	22.8%	21.5%	19.9%	21.3%	22.4%	24.6%	23.6%
	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%	8.3%	9.4%	11.1%	13.5%	12.4%	9.7%	8.8%	8.1%	10.0%	7.5%	7.2%	7.1%	12.0%	9.6%
	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%	5.6%	6.0%	5.7%	6.4%	6.6%	6.1%	6.0%	6.3%	3.9%	4.7%	5.7%	5.7%	5.7%	5.7%
	W6	Maternity Friends and Family Test - Coverage	EM	HL	30%	UHL	Red if <26% ER if 2 mths Red	Jun-17	31.6%	38.0%	40.2%	44.1%	42.2%	43.3%	40.9%	38.8%	40.3%	46.0%	33.8%	36.7%	30.1%	38.9%	35.9%	41.9%	39.0%
	W7	Friends & Family staff survey: % of staff who would recommend the trust as place to work (from Pulse Check)	JTF	BK	Not within Lowest Decile	NHSI	TBC	Sep-17	55.4%	61.9%	57.9%			57.3%			57.0%			54.7%					
	W8	Nursing Vacancies	EM	MM	TBC	UHL	Separate report submitted to QAC	Dec-17	8.4%	9.2%	11.9%	9.9%	11.1%	10.8%	10.3%	9.7%	9.4%	11.1%	11.4%	14.4%	11.3%	11.9%	12.4%	14.0%	14.0%
	W9	Nursing Vacancies in ESM CMG	EM	MM	TBC	UHL	Separate report submitted to QAC	Dec-17	17.2%	15.4%	23.4%	16.9%	21.3%	23.3%	22.5%	22.4%	22.1%	23.8%	22.7%	29.0%	23.1%	23.4%	27.5%	29.5%	29.5%
	W10	Turnover Rate	JTF	LG	TBC	NHSI	Red = 11% or above ER = Red for 3 Consecutive Mths	Nov-17	9.9%	9.3%	8.5%	8.8%	8.8%	8.8%	8.7%	8.5%	8.6%	8.5%	8.5%	8.4%	8.4%	8.5%	8.5%	8.6%	8.6%
	W11	Sickness absence (reported 1 month in arrears)	JTF	BK	3%	UHL	Red if >4% ER if 3 consecutive mths >4.0%	Oct-16	3.6%	3.3%	4.2%	3.5%	3.6%	3.8%	3.8%	3.9%	4.0%	4.2%	4.7%	5.3%	5.3%	4.7%	4.4%		4.4%
	W12	Temporary costs and overtime as a % of total paybill	JTF	LG	TBC	NHSI	TBC	Nov-17	10.7%	10.6%	12.0%	11.0%	11.1%	11.2%	11.6%	11.0%	10.7%	11.5%	9.9%	12.2%	10.9%	13.0%	11.0%	12.2%	11.8%
	W13	% of Staff with Annual Appraisal (excluding facilities Services)	JTF	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	90.7%	91.7%	88.7%	92.5%	92.1%	91.7%	91.2%	91.0%	90.9%	89.9%	90.4%	89.8%	88.8%	88.7%	89.3%	89.3%	89.3%
	W14	Statutory and Mandatory Training	JTF	BK	95%	UHL	TBC	Dec-16	93%	87%	88%	85%	85%	85%				81%	84%	85%	86%	88%	89%	89%	89%
	W15	% Corporate Induction attendance	JTF	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	97%	96%	97%	98%	96%	98%	97%	94%	95%	97%	96%	96%	98%	98%	96%	96%	96%
	W16	BME % - Leadership (8A – Including Medical Consultants)	JTF	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17	New Indicator	26%	27%	26%		27%			27%			27%					
	W17	BME % - Leadership (8A – Excluding Medical Consultants)	JTF	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17	New Indicator	12%	14%	12%		13%			13%			14%					
	W18	Executive Team Turnover Rate - Executive Directors (rolling 12 months)	JTF	AH	TBC	UHL	TBC	Nov-17	New Indicator	0%	40%	0%	20%	20%	20%	20%	20%	20%	20%	40%	40%	40%	75%	75%	75%
	W19	Executive Team Turnover Rate - Non Executive Directors (rolling 12 months)	JTF	AH	TBC	UHL	TBC	Nov-17	New Indicator	25%	13%	25%	29%	14%	14%	14%	14%	14%	14%	14%	13%	13%	13%	13%	13%
	W20	DAY Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	EM	MM	TBC	NHSI	TBC	Apr-17	90.5%	90.5%	91.3%	90.3%	89.9%	89.4%	87.8%	93.3%	92.3%	93.3%	91.6%	93.1%	92.8%	94.2%	87.2%	88.6%	87.9%
	W21	DAY Safety staffing fill rate - Average fill rate - care staff (%)	EM	MM	TBC	NHSI	TBC	Apr-17	92.0%	92.3%	101.1%	91.6%	87.9%	93.0%	94.9%	106.1%	109.6%	113.0%	110.4%	109.8%	104.5%	105.5%	99.9%	100.2%	100.0%
	W22	NIGHT Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	EM	MM	TBC	NHSI	TBC	Apr-17	95.4%	96.4%	93.6%	96.5%	95.9%	95.4%	95.2%	93.2%	90.3%	91.1%	91.5%	92.4%	92.5%	93.0%	93.5%	95.7%	94.6%
	W23	NIGHT Safety staffing fill rate - Average fill rate - care staff (%)	EM	MM	TBC	NHSI	TBC	Apr-17	98.9%	97.1%	111.0%	99.1%	93.1%	100.2%	107.7%	114.3%	119.9%	122.5%	117.7%	119.4%	119.4%	120.5%	124.2%	119.8%	121.9%

	KPI Ref	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	15/16 Outturn	16/17 Outturn	17/18 Outturn	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	18/19 YTD
Effective	E1	Emergency readmissions within 30 days following an elective or emergency spell	AF	CM	Monthly <8.5%	QC	Red if >8.6% ER if >8.6%	Jun-17	8.9%	8.5%	9.1%	9.0%	9.0%	8.9%	9.2%	9.3%	8.5%	8.5%	9.4%	9.1%	9.3%	9.3%	9.4%		9.4%
	E2	Mortality - Published SHMI	AF	RB	<=99	QC	Red/ER if not within national expected range	Sep-16	96	102 (Oct15-Sep16)	98 (Oct16-Sep17)		101 (Jan16-Dec16)			101 (Apr16-Mar17)			100 (Jul16-Jun17)			98 (Oct16-Sep17)			98
	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	100	98	97	94	96	94	93	95	Awaiting HED Update					95
	E4	Mortality - Rolling 12 mths HSMR (Rebased Monthly as reported in HED)	AF	RB	<=99	UHL	Red/ER if not within national expected range	Sep-16	96	102	94	100	98	97	97	96	95	94	94	94	94	Awaiting HED Update			94
	E5	Crude Mortality Rate Emergency Spells	AF	RB	<=2.4%	UHL	Monthly Reporting	Apr-17	2.3%	2.4%	2.2%	1.9%	2.0%	2.2%	1.8%	1.8%	1.9%	2.0%	2.7%	2.5%	2.6%	2.3%	2.2%	2.0%	2.1%
	E6	No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions	AF	AC	72% or above	QS	Red if <72% ER if 2 consecutive mths <72%	Jun-17	63.8%	71.2%	69.9%	76.5%	76.8%	76.1%	80.6%	69.6%	61.1%	75.4%	67.9%	72.6%	66.1%	66.7%	74.6%	64.2%	69.2%
	E7	Stroke - 90% of Stay on a Stroke Unit	ED	RM	80% or above	QS	Red if <80% ER if 2 consecutive mths <80%	Apr-18	85.6%	85.0%	86.7%	85.7%	85.7%	93.6%	89.0%	85.4%	87.4%	88.4%	88.1%	83.0%	80.4%	81.1%	82.4%		82.4%
	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%	57.0%	68.6%	64.3%	51.7%	28.6%	67.9%	60.8%	65.3%	36.0%	28.8%	51.2%	48.1%	67.3%	57.7%

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	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	18/19 YTD
R1	ED 4 Hour Waits UHL	RB	RM	95% or above	NHSI	Red if <85% Amber if >85% and <90% Green 90%+ ER via ED TB report	Aug-17	86.9%	79.6%	77.6%	76.3%	77.6%	79.8%	83.2%	84.0%	82.7%	79.6%	71.5%	75.0%	71.5%	69.7%	76.1%	88.2%	82.3%
R2	ED 4 Hour Waits UHL + LLR UCC (Type 3)	RB	RM	95% or above	NHSI	Red if <85% Amber if >85% and <90% Green 90%+ ER via ED TB report	Dec-17	NEW INDICATOR		80.6%	NEW INDICATOR						85.1%	79.5%	81.8%	78.7%	77.9%	82.8%	91.3%	87.5%
R3	12 hour trolley waits in A&E	RB	RM	0	NHSI	Red if >0 ER via ED TB report	Aug-17	2	11	40	0	0	0	0	0	0	0	3	0	2	35	0	0	0
R4	RTT - Incomplete 92% in 18 Weeks UHL+ALLIANCE	RB	WM	92% or above	NHSI	Green if in line with the trajectory	Nov-16	92.6%	91.8%	85.2%	92.3%	92.3%	91.8%	91.8%	91.4%	92.1%	92.1%	90.2%	88.8%	87.5%	85.2%	85.8%	86.8%	86.8%
R5	RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE	RB	WM	0	NHSI	Red /ER if >0	Nov-16	232	24	4	9	15	16	18	1	0	0	1	1	2	4	3	4	4
R6	6 Week - Diagnostic Test Waiting Times (UHL+ALLIANCE)	RB	WM	1% or below	NHSI	Red /ER if >1%	Dec-16	1.1%	0.9%	1.9%	0.8%	0.7%	0.8%	0.6%	0.4%	0.4%	0.8%	0.9%	0.9%	1.0%	1.9%	5.2%	2.9%	2.9%
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	10	18	14	27	28	15	55	74	31	37	24	27	51
R9	Cancelled patients not offered a date within 28 days of the cancellations ALLIANCE	RB	WM	0	NHSI	Red if >2 ER if >0	Jan-17	1	11	2	0	0	0	0	0	0	0	0	1	1	0	0	1	1
R10	% Operations cancelled for non-clinical reasons on or after the day of admission UHL	RB	WM	0.8% or below	Contract	Red if >0.8% ER if >0.8%	Jan-17	1.0%	1.2%	1.3%	1.1%	1.0%	1.1%	1.2%	1.4%	1.4%	1.5%	1.4%	1.4%	1.4%	1.5%	1.1%	1.2%	1.2%
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%	0.4%	0.0%	0.1%	0.1%	0.9%	0.8%	0.3%	1.2%	0.2%	0.0%	0.9%	0.6%	0.8%
R12	% Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	RB	WM	0.8% or below	Contract	Red if >0.8% ER if >0.8%	Jan-17	1.0%	1.2%	1.2%	1.1%	1.0%	1.0%	1.1%	1.3%	1.3%	1.4%	1.3%	1.4%	1.3%	1.3%	1.1%	1.2%	1.1%
R13	No of Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	RB	WM	Not Applicable	UHL	Not Applicable	Jan-17	1299	1566	1615	123	114	115	127	149	156	174	129	151	134	144	110	139	249
R14	Delayed transfers of care	RB	JD	3.5% or below	NHSI	Red if >3.5% ER if Red for 3 consecutive mths	Oct-17	1.4%	2.4%	1.9%	2.0%	1.4%	1.6%	1.7%	1.9%	1.7%	1.9%	2.2%	2.2%	2.6%	1.7%	1.6%	1.3%	1.5%
R15	Ambulance Handover >60 Mins (CAD+ from June 15)	RB	MN	0	Contract	Red if >0 ER if Red for 3 consecutive mths	TBC	5%	9%	4%	7%	2%	1%	2%	0.2%	0.6%	0.8%	7%	5%	10%	9%	4%	0.1%	2%
R16	Ambulance Handover >30 Mins and <60 mins (CAD+ from June 15)	RB	MN	0	Contract	Red if >0 ER if Red for 3 consecutive mths	TBC	19%	14%	9%	13%	8%	5%	4%	3%	6%	8%	13%	11%	14%	15%	8%	1.4%	5%

Responsive Cancer

KPI Ref	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	15/16 Outturn	16/17 Outturn	17/18 Outturn	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	18/19 YTD
** Cancer statistics are reported a month in arrears.																									
RC1	Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	RB	DB	93% or above	NHSI	Red if <93% ER if Red for 2 consecutive mths	Jul-16	90.5%	93.2%	94.7%	93.3%	95.4%	95.1%	93.7%	94.3%	95.6%	93.9%	95.1%	94.1%	93.9%	95.7%	95.6%	93.9%	**	93.9%
RC2	Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	RB	DB	93% or above	NHSI	Red if <93% ER if Red for 2 consecutive mths	Jul-16	95.1%	93.9%	91.9%	89.6%	94.2%	89.6%	93.0%	92.3%	95.4%	94.3%	90.3%	88.1%	89.0%	92.5%	92.0%	90.3%	**	90.3%
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%	96.3%	94.9%	97.0%	96.2%	95.0%	94.1%	93.0%	94.4%	97.3%	93.6%	96.0%	93.7%	94.3%	**	94.3%
RC4	31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	RB	DB	98% or above	NHSI	Red if <98% ER if Red for 2 consecutive mths	Jul-16	99.7%	99.7%	99.1%	98.7%	97.7%	100.0%	97.9%	99.1%	99.1%	100.0%	100.0%	98.1%	99.0%	98.9%	100%	100%	**	100%
RC5	31-Day Wait For Second Or Subsequent Treatment: Surgery	RB	DB	94% or above	NHSI	Red if <94% ER if Red for 2 consecutive mths	Jul-16	85.3%	86.4%	85.3%	85.5%	85.7%	88.9%	90.5%	81.5%	82.1%	80.2%	94.3%	88.2%	84.4%	83.6%	80.3%	77.4%	**	77.4%
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%	95.0%	93.0%	96.2%	95.6%	94.5%	92.1%	94.9%	97.2%	97.6%	95.8%	98.3%	94.8%	97.5%	**	97.5%
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%	83.7%	76.8%	77.7%	82.1%	78.9%	79.1%	78.8%	76.1%	81.3%	76.0%	72.9%	75.6%	78.4%	**	78.4%
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%	95.0%	92.3%	93.3%	85.3%	90.5%	80.0%	89.3%	76.3%	74.1%	78.7%	81.8%	78.1%	58.5%	**	58.5%
RC9	Cancer waiting 104 days	RB	DB	0	NHSI	TBC	Jul-16	New Indicator	10	18	6	6	12	12	6	8	16	13	14	20	14	18	11	9	9

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	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	18/19 YTD
RC10	Brain/Central Nervous System	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	100.0%	100.0%	--	--	--	--	--	--	--	--	100.0%	--	--	--	--	--	**	--
RC11	Breast	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	95.6%	96.3%	93.8%	97.4%	97.4%	93.3%	96.3%	91.7%	93.1%	97.0%	92.6%	94.5%	94.1%	85.3%	92.3%	89.6%	**	89.6%
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%	64.3%	89.5%	92.3%	75.0%	43.6%	46.7%	82.4%	69.0%	82.9%	52.6%	70.3%	85.7%	71.4%	**	71.4%
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%	64.3%	92.9%	100.0%	81.8%	70.0%	100.0%	85.7%	85.7%	66.7%	55.6%	88.9%	80.0%	**	80.0%
RC14	Head and Neck	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	50.7%	44.5%	55.4%	85.7%	48.3%	61.9%	64.7%	47.8%	61.9%	57.7%	40.9%	46.2%	50.0%	62.5%	62.5%	42.1%	**	42.1%
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%	40.0%	63.8%	50.0%	60.5%	78.9%	78.3%	38.7%	62.5%	50.0%	72.7%	58.3%	41.7%	51.9%	**	51.9%
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%	78.4%	64.8%	61.1%	74.4%	68.8%	61.4%	64.1%	62.2%	89.7%	58.3%	65.1%	52.0%	70.2%	**	70.2%
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%	50.0%	100.0%	100.0%	0.0%	100.0%	40.0%	66.7%	0.0%	100.0%	100.0%	--	100.0%	--	**	--
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%	--	40.0%	100.0%	50.0%	100.0%	50.0%	100.0%	100.0%	20.0%	100.0%	--	20.0%	0.0%	**	0.0%
RC19	Skin	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	94.1%	96.9%	96.8%	96.8%	95.5%	93.8%	97.5%	100.0%	96.1%	97.3%	97.4%	100.0%	90.0%	97.3%	100.0%	94.4%	**	94.4%
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%	92.3%	66.7%	59.4%	58.6%	75.7%	63.2%	81.1%	78.8%	80.0%	92.3%	64.7%	55.6%	67.7%	**	67.7%
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%	82.1%	79.4%	72.3%	84.7%	77.4%	83.5%	66.7%	69.2%	77.9%	75.6%	68.4%	75.0%	78.7%	**	78.7%
RC22	Rare Cancers	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	100.0%	100.0%	65.0%	100.0%	--	100.0%	100.0%	50.0%	100.0%	100.0%	100.0%	--	0.0%	0.0%	40.0%	100.0%	**	100.0%
RC23	Grand Total	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	77.5%	78.1%	78.2%	83.7%	76.8%	77.7%	82.1%	78.9%	79.1%	78.8%	76.1%	81.3%	76.0%	72.9%	75.6%	78.4%	**	78.4%

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	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	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%	5.6%	6.0%	5.7%	6.4%	6.6%	6.1%	6.0%	6.3%	3.9%	4.7%	5.7%	5.7%	5.7%	5.7%
% Positive F&F Test scores	JS	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	93%	94.6%	93.3%	94.7%	94.0%	94.7%	94.7%	93.9%	95.3%	95.6%	96.2%	95.4%	95.3%	95.2%	95.6%	95.4%
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%	80.1%
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					
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%	26.7%	26.4%	27.5%	26.5%	26.5%	22.1%	16.1%	15.5%	14.5%	17.6%	21.4%			
% Patients seen within 15mins of their appointment time	MW	ZS/ST	TBC	UHL	TBC	New Indicator	56% 19% (Cov)	57% 17% (Cov)	57% 19% (Cov)	57% 17% (Cov)	58% 17% (Cov)	57% 17% (Cov)	55% 16% (Cov)	57% 16% (Cov)	56% 17% (Cov)	58% 16% (Cov)	55% 17% (Cov)	56% 16% (Cov)	59% 16% (Cov)	60% 16% (Cov)	58% 16% (Cov)	59% 16% (Cov)
% Patients seen within 30 mins of their appointment time	MW	ZS/ST	TBC	UHL	TBC	New Indicator	73% 19% (Cov)	74% 17% (Cov)	74% 19% (Cov)	75% 17% (Cov)	74% 17% (Cov)	74% 17% (Cov)	73% 16% (Cov)	74% 16% (Cov)	73% 17% (Cov)	74% 17% (Cov)	74% 17% (Cov)	74% 16% (Cov)	76% 16% (Cov)	77% 16% (Cov)	75% 16% (Cov)	76% 16% (Cov)
% Clinics Waiting times Recorded (Coverage)	MW	ZS/ST	100%	UHL	TBC	New Indicator	19%	17%	19%	17%	17%	17%	16%	16%	17%	17%	17%	16%	16%	16%	16%	16%
Reduction in number of long term follow up >12 months	MW	WM	0	UHL	TBC	New Indicator	2851	1467		1625	1586	1495	1522	1351	1404	1335	1115	1247	1467			
Reductions in number of FU attendances	MW	MP/DT	6.0%	UHL	Quarterly Reporting Red if variance higher than 6%	New Indicator	6.0%	0.8%			3.5%			2.8%			0.8%					
% Reduction in hospital cancellations (ENT)	MW	ZS/ST	TBC	UHL	TBC	New Indicator	21%	23%	19%	19%	21%	28%	25%	27%	20%	27%	26%	22%	23%	23%	22%	22%
% Room Utilisation (CSI areas)	MW	MA	80%	UHL	RAG Rating to March 2018 - Red<70%, Amber < 80%, Green >=80%	New Indicator	TBC	70%	68%	66%	66%	68%	68%	72%	73%	66%	73%	74%	75%	77%	79%	78%
% appointment letters printed via outsourced provider	MW	SP	85%	UHL	FROM APRIL 2018: Red<75%, Amber < 95%	New Indicator	82%	84%	83%	83%	84%	84%	84%	85%	86%	85%	85%	85%	86%	86%	86%	86%
% Clinic summary letters sent within 7 days	MW	WM	90%	UHL	TBC	New Indicator			NEW INDICATOR											85%	90%	88%
% Clinic summary letters sent within 10 days	MW	WM	90%	UHL	TBC	New Indicator					92%	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	NEW INDICATOR									67% 82 of 122	79.5% 97 of 122	79.5% 97 of 122		79.5% 97 of 122
% Compliance with PLACE standards (ENT & Cardiology)	DK	RK	80%	UHL	Quarterly Reporting 3% increase every quarter	New Indicator	80%	73.1%	NEW INDICATOR								73.1%					
Number of staff enrolling for the new apprenticeship with Leicester College	MW	DW	100 by FYE 18/19	UHL	TBC	New Indicator			NEW INDICATOR													
E-learning	MW	DW	1000 by March 2019	UHL	TBC	New Indicator			REPORTING TO COMMENCE IN QTR 4													

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

	KPI Ref	Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	14/15 Outturn	15/16 Outturn	16/17 Outturn	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Research UHL	RU1	Median Days from submission to Trust approval (Portfolio)	AF	NB	TBC	TBC	TBC	2.8	1.0		48			45			19.5			12.0			14.0			11.0		
	RU2	Median Days from submission to Trust approval (Non Portfolio)	AF	NB	TBC	TBC	TBC	2.1	1.0	Q2-Q4 158	90			27			14.5			25.0			21.0			12.0		
	RU3	Recruitment to Portfolio Studies	AF	NB	Aspirational target=10920/year (910/month)	TBC	TBC	12564	13479	8603	487	699	325	636	531	1135	869	749	820	743	765	628	964	986	268	873	730	541
	RU4	% Adjusted Trials Meeting 70 day Benchmark (data sunbmitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC				(Jan16 - Dec16) 100%			(Apr16 - Mar17) 50% (metric change due to HRA process change)			(July 16 - June 17) 81%			(Oct 16 - Sep 17)		77%	(Jan 17 - Dec 17)		95%			
	RU5	Rank No. Trials Submitted for 70 day Benchmark (data submitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC				(Jan16 - Dec16) 31/186			(Apr16 - Mar17) 14/187			(July 16 - June 17) 12/196			(Oct 16 - Sep 17)		14/203	(Jan 17 - Dec 17)		11/207			
	RU6	%Closed Commercial Trials Meeting Recruitment Target (data submitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC				(Jan16 - Dec16) 49.2%			(Apr16 - Mar17) 44.9%			(July 16 - June 17) 43.5%			(Oct 16 - Sep 17)		29.0%	(Jan 17 - Dec 17)		28.1%			

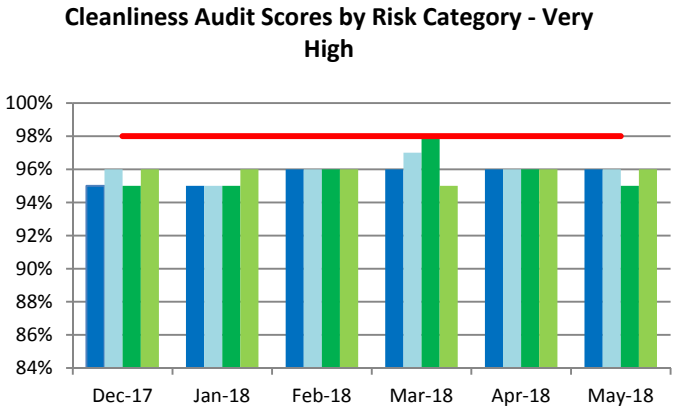
University Hospitals of Leicester

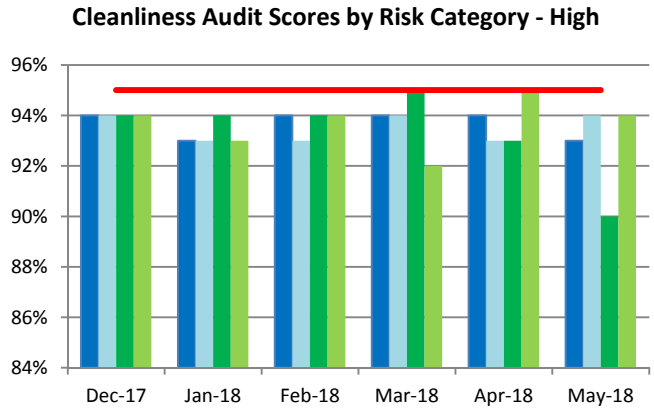
Compliance Forecast for Key Responsive Indicators

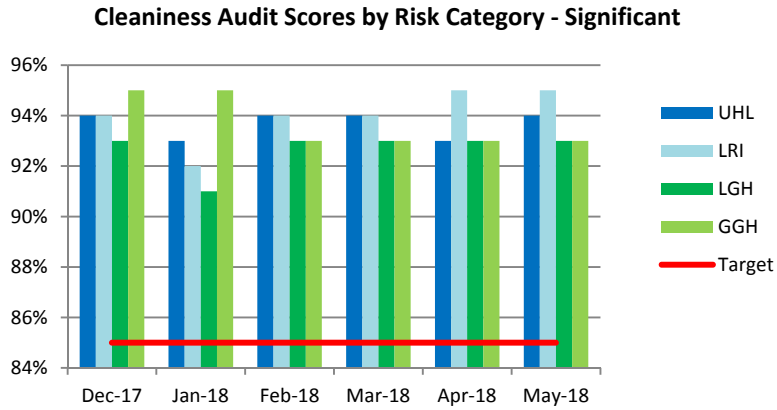
Standard	May	June
Emergency Care		
4+ hr Wait (95%)	88.2%	
4+ hr Wait UHL + LLR UCC (95%)	91.3%	
Ambulance Handover (CAD+)		
% Ambulance Handover >60 Mins (CAD+)	0.1%	
% Ambulance Handover >30 Mins and <60 mins (CAD+)	1.4%	
RTT (inc Alliance)		
Incomplete (92%)	86.8%	87.6%
Diagnostic (inc Alliance)		
DM01 - diagnostics 6+ week waits (<1%)	2.9%	0.9%
# Neck of femurs		
% operated on within 36hrs - all admissions (72%)	64.2%	72%
Cancelled Ops (inc Alliance)		
Cancelled Ops (0.8%)	1.2%	1.2%
Not Rebooked within 28 days (0 patients)	27	25
Cancer		
Two Week Wait (93%)	93.9%	93%
31 Day First Treatment (96%)	94.3%	94.1%
31 Day Subsequent Surgery Treatment (94%)	77.4%	85.9%
62 Days (85%)	78.4%	78.2%
Cancer waiting 104 days (0 patients)	9	6

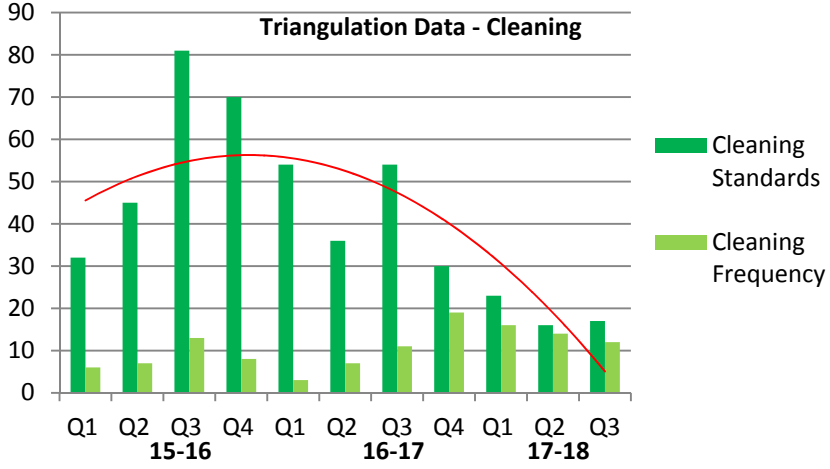
APPENDIX A

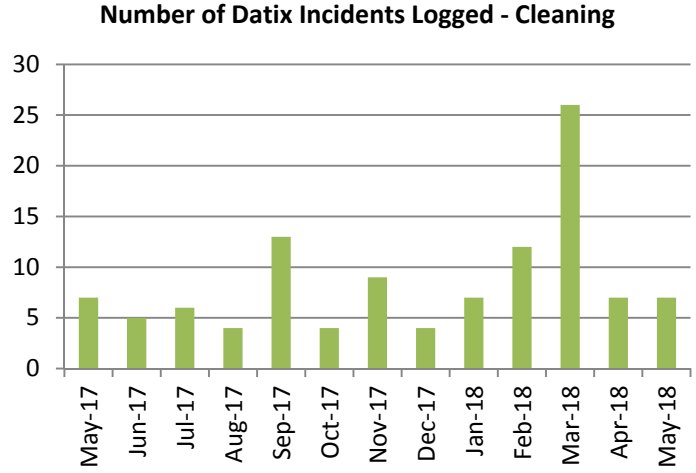
Estates and Facilities - Cleanliness











Cleanliness Report

The above charts show average audit scores for the whole Trust and by hospital site since December 2017. Each chart covers specific risk categories:-

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

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

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

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

The triangulation data is collected by the Trust from numerous patient sources including Message to Matron, Friends and Family Test, Complaints, online sources and Message to Volunteer or Carer collated collectively as 'Suggestions for Improvement'. As this is a quarterly report the Q3 position is as reported last month.

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

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

Estates and Facilities – Patient Catering

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

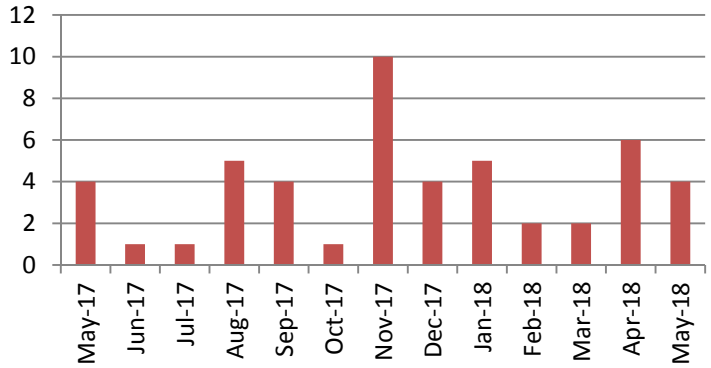
90 – 100%	80 – 90%	<80%

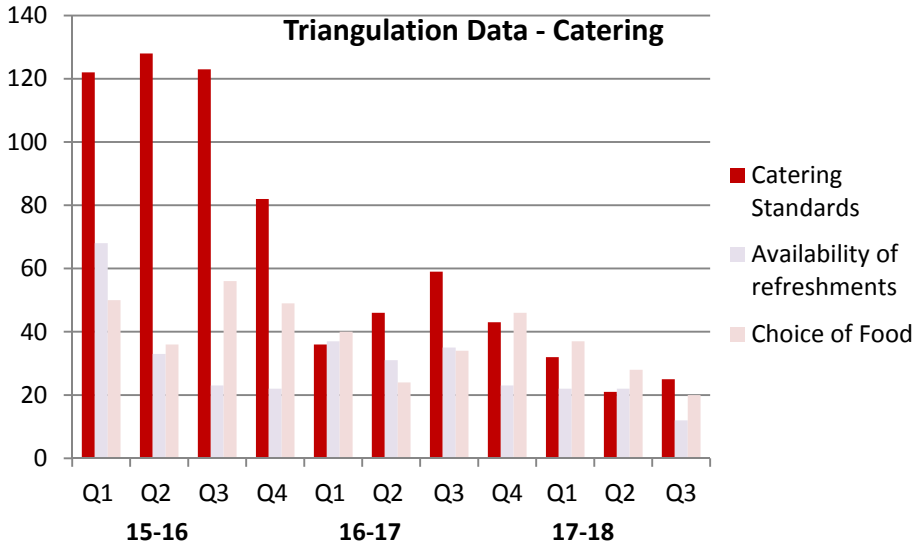
Number of Patient Meals Served				
Month	LRI	LGH	GGH	UHL
March	70,645	28,338	33,088	132,071
April	69,023	22,165	30,107	121,295
May	66,914	23,532	33,088	123,534

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

97 – 100%	95 – 97%	<95%

Number of Datix Incidents Logged -Patient Catering





Patient Catering Report

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

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

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

The triangulation data remains as reported last month – up to Q3

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

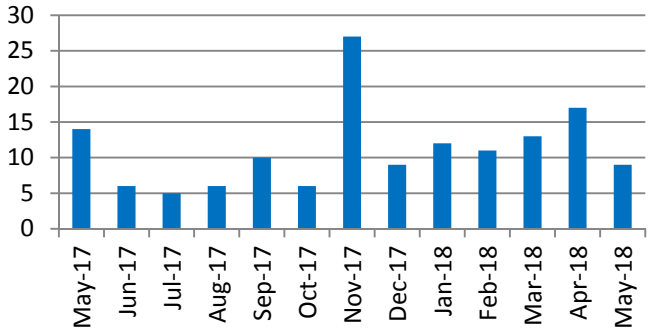
Estates and Facilities - Portering

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

95 – 100%	90 – 94%	<90%

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

Number of Datix Incidents Logged - Portering



Portering Report

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

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

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

Estates & Facilities – Planned Maintenance

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

99 – 100%	97 – 99%	<97%

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

95 – 100%	80 – 95%	<80%

Estates Planned Maintenance Report

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

For the Non-Statutory tasks, completion of the monthly schedule is subject to the volume of reactive calls and the shortage of engineers to carry out tasks and administration personnel to close them down on the system.
Further roll out of hand held devices is delayed whilst the equipment is awaiting IT configuration.
Discussions are being held regarding our sub- contractors attaining planet licenses to ensure continuity across all disciplines.

APPENDIX B

May RTT: Executive Performance Board

University Hospitals of Leicester NHS
NHS Trust

Combined UHL and Alliance RTT Performance

	<18 w	>18 w	Total Incompletes	%
Alliance	8,059	497	8,556	94.2%
UHL	49,598	8,250	57,849	85.7%
Total	57,657	8,747	66,405	86.8%

Backlog Reduction required to meet April RTT Trajectory 85.5%	-173
Backlog Reduction required to meet 92%	3734
Current waiting list size reduction required by end of March 2019 to meet planning guidance	1654

The combined performance for UHL and the Alliance for RTT in April was 86.8%. The Trust achieved its trajectory target by exceeding the Month 2 target of 86.6% target for June. Overall combined performance saw 8,748 patients in the backlog, a reduction of 529 since the last reporting period (UHL reduction of 479 and Alliance reduction of 50). The number of patients waiting over 18 weeks for treatment was 173 less than the required amount to achieve the trajectory performance. The Trust remains below the 92.0% standard with 3,735 patients greater than the amount waiting over 18 weeks for treatment.

Elective activity increased in May due to reducing emergency demand on surgical bed capacity. This supported the Trust position to achieve the month 2 trajectory RTT %.

Forecast performance for next reporting period: It is forecasted that for June 2018 UHL will achieve the trajectory target of 87.6%.

There are continued risks due to:

- Increased cancer backlogs prioritising capacity over elective RTT
- Diagnostic delays for MRI, CT and Endoscopy increasing patient pathways
- Delayed agreement with CCG's to use IS capacity

May RTT: Executive Performance Board

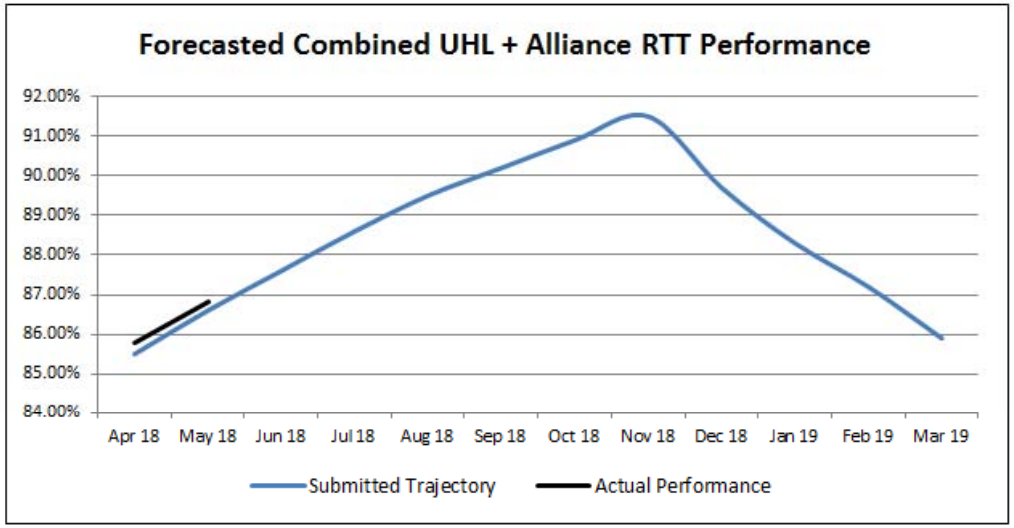
University Hospitals of Leicester NHS
NHS Trust

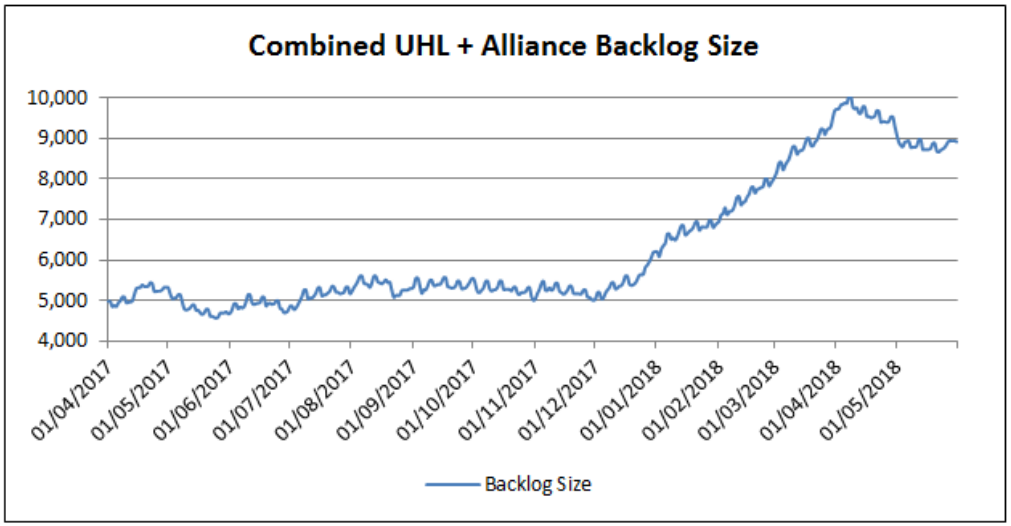
The combined UHL and Alliance RTT trajectory for 2018/19 is displayed opposite. The trajectory meets the planning guidance for waiting list size at the end of March 2019 that is equal to or less than March 2018. It does not see UHL achieving the 92.0% standard during this financial year.

Commissioners have agreed meeting the planning guidance is a system imperative. There is a known capacity gap for patients requiring elective surgery. Ability to meet the trajectory is dependent on system partners supporting the use of external capacity in the Independent Sector. During May the agreed level of outsourcing capacity required was agreed with commissioners. Demand and capacity work highlighted a capacity gap of 4,366 (avg 364 per month) that would need to be treated in excess of UHL's available capacity in order to meet the planning guidance. Delayed start to using the independent sector puts additional risk to meeting the performance trajectory for future months.

Every specialty has been given a non-admitted backlog target which have been signed off by each CMG with performance to be monitored at WAM and escalated via HoOPS when off trajectory.

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
RTT	85.5%	86.6%	87.6%	88.6%	89.5%	90.2%	90.9%	91.5%	89.7%	88.3%	87.2%	85.9%





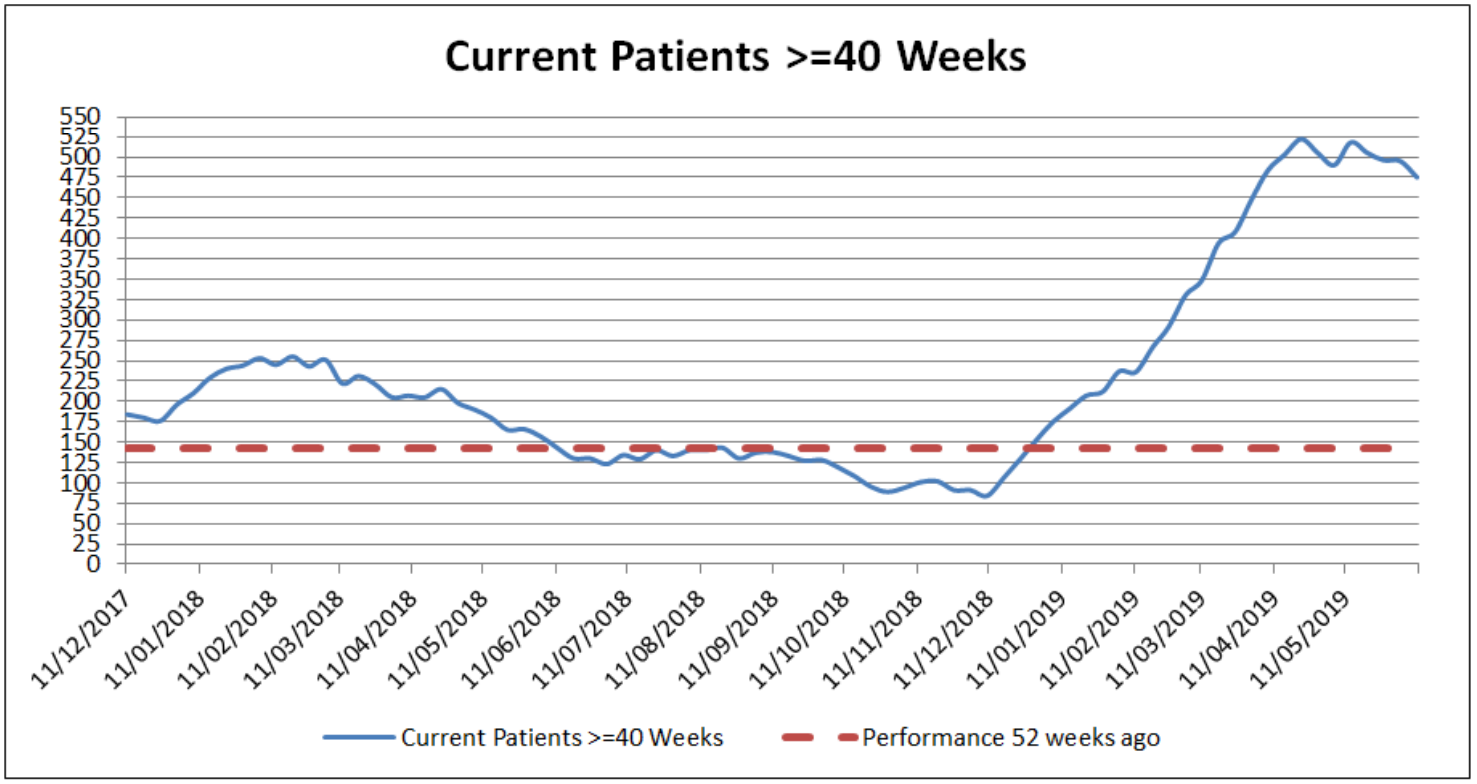
May RTT: Executive Performance Board

University Hospitals of Leicester NHS
NHS Trust

At the end May there were 4 patients with an incomplete pathway at more than 52 weeks. These were 3 general surgery patients and 1 ENT. All 4 patients had been previously dated within 52 weeks and cancelled due to capacity constraints.

The number of patients waiting over 40 weeks has plateaued over April and May and starting to decrease in June. Factors for this have included reduced emergency pressures on elective bed capacity as well as using external capacity in the Independent Sector for General Surgery.

Although the number of patients waiting over 40 weeks has increased by 246% year on year, the number of 52 week breaches has reduced by 56% May 2017 to May 2018 due to the increased controls and escalation of long waiting patients.



May RTT: Executive Performance Board

University Hospitals of Leicester NHS
NHS Trust

The tables opposite outline the overall 10 largest backlog increases, 10 largest backlog reductions and 10 overall largest backlogs by specialty from last month.

Large reductions were seen in Neurology, Orthopaedic Surgery and Maxillofacial Surgery.

The largest overall backlog increases were within ENT, Sleep Services and Paediatric ENT.

Of the specialties with a backlog, 23 saw their backlog increase, 7 specialties backlog stayed the same and 35 specialties reduced their backlog size.

Overall, the UHL admitted and non-admitted backlogs reduced by 7.6% and admitted reduced by 4.4% since the end of April.

10 largest backlog reductions	Admitted Backlog			Non Admitted Backlog			Total Backlog			
	Apr 18	May 18	Change	Apr 18	May 18	Change	Apr 18	May 18	Change	RTT %
Neurology	21	19	-2	249	114	-135	270	133	-137	83.8%
Orthopaedic Surgery	1184	1066	-118	278	274	-4	1462	1340	-122	71.2%
Maxillofacial Surgery	382	353	-29	78	43	-35	460	396	-64	79.0%
Spinal Surgery	190	173	-17	305	262	-43	495	435	-60	76.0%
Cardiology	217	195	-22	113	79	-34	330	274	-56	88.5%
General Surgery	687	633	-54	365	361	-4	1052	994	-58	73.2%
Gastroenterology	30	20	-10	104	67	-37	134	87	-47	95.4%
Plastic Surgery	181	152	-29	22	22	0	203	174	-29	75.5%
Colorectal Surgery	-	-	0	24	13	-11	24	13	-11	78.8%
Gynaecology	368	348	-20	104	105	1	472	453	-19	86.5%

10 largest backlog increases	Admitted Backlog			Non Admitted Backlog			Total Backlog			
	Apr 18	May 18	Change	Apr 18	May 18	Change	Apr 18	May 18	Change	RTT %
ENT	483	513	30	442	515	73	925	1028	103	76.5%
Sleep	32	45	13	23	35	12	55	80	25	93.4%
Paediatric ENT	426	434	8	73	86	13	499	520	21	68.5%
Allergy	1	-	0	57	73	16	58	73	15	86.5%
Paediatric Urology	37	41	4	-	11	0	37	52	15	85.4%
Dermatology	-	-	0	69	80	11	69	80	11	96.9%
Vascular Surgery	70	70	0	47	56	9	117	126	9	84.4%
Paediatric Surgery	50	60	10	2	1	-1	52	61	9	86.1%
Breast Care	31	32	1	-	5	0	31	37	6	95.7%
Rheumatology	-	3	0	13	15	2	13	18	5	98.7%

10 largest overall backlogs	Admitted Backlog			Non Admitted Backlog			Total Backlog			
	Apr 18	May 18	Change	Apr 18	May 18	Change	Apr 18	May 18	Change	RTT %
Orthopaedic Surgery	1184	1066	-118	278	274	-4	1462	1340	-122	71.2%
ENT	483	513	30	442	515	73	925	1028	103	76.5%
General Surgery	687	633	-54	365	361	-4	1052	994	-58	73.2%
Urology	540	528	-12	146	157	11	686	685	-1	79.4%
Paediatric ENT	426	434	8	73	86	13	499	520	21	68.5%
Gynaecology	368	348	-20	104	105	1	472	453	-19	86.5%
Spinal Surgery	190	173	-17	305	262	-43	495	435	-60	76.0%
Maxillofacial Surgery	382	353	-29	78	43	-35	460	396	-64	79.0%
Ophthalmology	316	324	8	46	27	-19	362	351	-11	93.8%
Cardiology	217	195	-22	113	79	-34	330	274	-56	88.5%

May RTT: Executive Performance Board

University Hospitals of Leicester NHS
NHS Trust

The table opposite illustrates that the largest pressure to achieve 18 week RTT performance is for patients waiting for elective surgery, with admitted performance improving but remaining below 61%. Overall non admitted performance improved and is above 93%, with 1 CMG below the 92% standard. Each specialty has agreed monthly targets to reduce their non admitted backlog to reach an UHL non-admitted backlog size of circa 1,800 by November 2018.

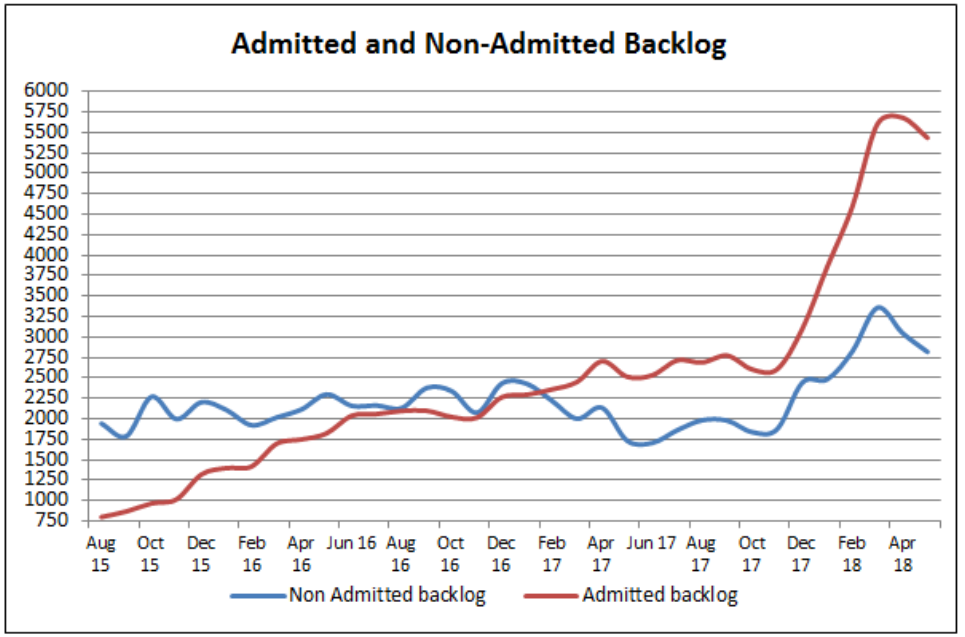
Since the last reporting period the non-admitted backlog has reduced by 231 (-7.6%) and the admitted backlog reduced by 248 (4.4%). Over the last 12 months the backlog sizes have increased 63% and 116% respectively. The continuing challenge for UHL will be actions that support in reducing the admitted backlog.

Achieving 92% RTT performance will only be possible by improving the admitted performance, with a step change in capacity required.

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.

CMG	Admitted Backlog (18+ Weeks)	Admitted RTT %	Non Admitted Backlog (18+ Weeks)	Non Admitted RTT %	Total Backlog (18+ Weeks)	Overall RTT %
CHUGGS	1,261	51.1%	616	93.2%	1,877	83.8%
CSI	7	92.0%	6	93.8%	13	92.9%
ESM	22	66.2%	241	96.2%	263	95.9%
ITAPS	50	90.1%	42	96.4%	92	94.5%
MSS	3,193	56.9%	1,256	92.4%	4,449	81.5%
RRCV	394	73.2%	413	91.1%	807	86.7%
W&C	506	63.3%	243	96.3%	749	90.5%
Alliance	62	88.4%	435	94.6%	497	94.2%
UHL	5,433	59.7%	2,817	93.7%	8,250	85.7%
UHL+Alliance Combined	5,495	60.8%	3,252	93.8%	8,747	86.8%



APPENDIX C

May Diagnostic: Executive Performance Board

University Hospitals of Leicester NHS
NHS Trust

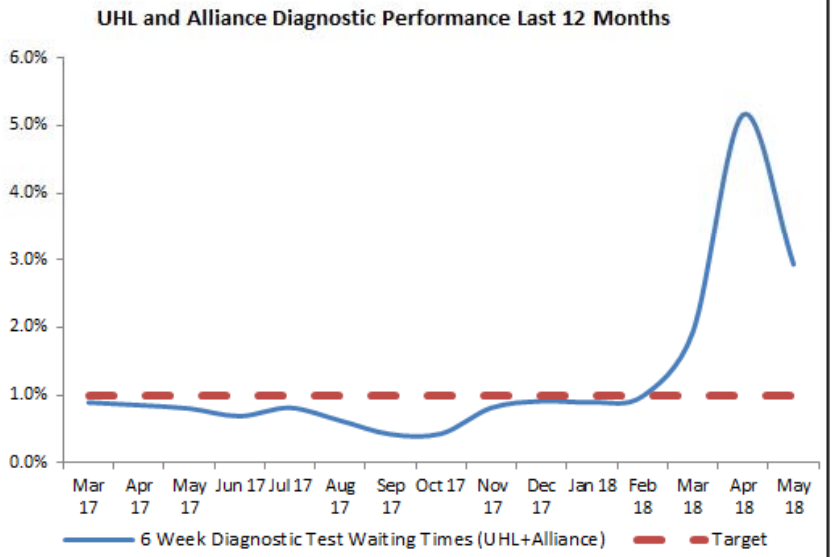
Diagnostic Performance

May diagnostic performance for UHL and the Alliance combined is 2.9% failing to achieve the standard by performing above the 1% threshold. Although an improvement on April, the combined performance UHL for UHL and the Alliance was 345 breaches above the threshold. UHL alone achieved 3.2% for the month and the Alliance 0.9%. At UHL, 503 patients out of 15,569 did not receive their diagnostic within 6 weeks.

Both Radiology and Endoscopy remained challenged for capacity in May. Radiology continued with 2 additional MR vans to support with capacity and saw a reduction in breaches compared to April.
Demand for 2WW endoscopy remains high with RTT diagnostic capacity being converted. Additional capacity is constantly being sourced but is dependant on discretionary effort.

The 5 modalities with the highest number of breaches are listed below:

Modality	Waiting list	Breaches	Performance
Computed Tomography	3310	253	7.6%
Magnetic Resonance Imaging	3680	137	3.7%
Gastroscopy	567	50	8.8%
Colonoscopy	436	30	6.9%
Cardiology - echocardiography	826	12	1.5%



Future months performance

There is a risk to the Trust achieving the diagnostic standard in June:

- Previous high emergency demand for Radiology causing downstream capacity issues for RTT diagnostics
- Limited endoscopy capacity due to an increase in 2WW scopes.
- Reliance on discretionary effort

APPENDIX D

May Cancelled Ops: Executive Performance Board

University Hospitals of Leicester NHS
NHS Trust

INDICATORS: The cancelled operations target comprises of two components;
1.The % of cancelled operations for non-clinical reasons On The Day (OTD) of admission
2.The number of patients cancelled who are not offered another date within 28 days of the cancellation

Indicator	Target (monthly)	Latest month	YTD performance (inc Alliance)	Forecast performance for next reporting period
1	0.8%	1.2%	1.1%	1.0%
2	0	28	52	24

Cancelled Operation Performance – Indicator 1

For May there were 139 non clinical hospital cancellations for UHL and Alliance combined. This resulted in a failure of the 0.8% standard as 1.2% of elective FCE's were cancelled on the day for non-clinical reasons (133 UHL 1.1% and 6 Alliance 0.6%).

UHL alone saw 133 patients cancelled on the day for an individual performance of 1.2%. 57 patients (43.8%) experienced a short notice cancellation due to capacity related issues of which 8 were Paediatrics. 76 patients were cancelled for other reasons. The 5 most common reasons for cancellation are listed below.

Type	Reason	May 2018
Other	Lack Theatre Time / List Overrun	43
Capacity Pressures	Ward Bed Unavailable	24
Capacity Pressures	Pt Delayed To Adm High Priority Patient	23
Other	Equipment Failure	8
Other	Lack Surgeon	5
Total		**133**

Cancellations due to Lack Theatre Time / List Overrun is being managed as part of the Theatre Program Boards Efficient Work Stream, focusing on starting on time and scheduling.

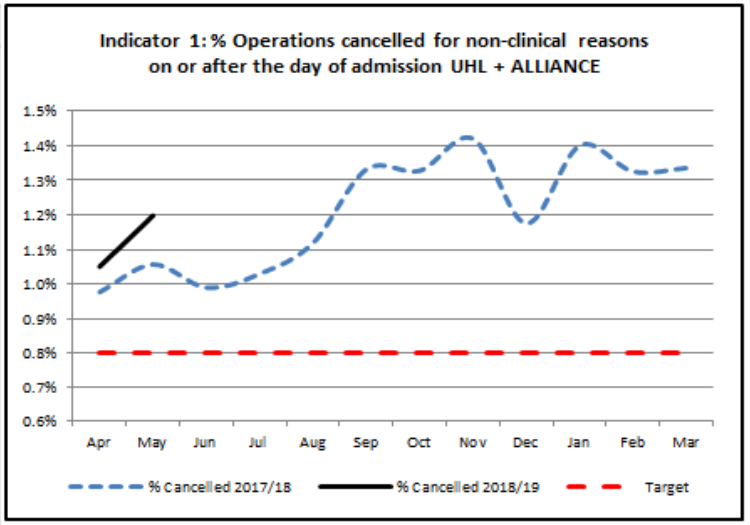
28 Day Performance – Indicator 2

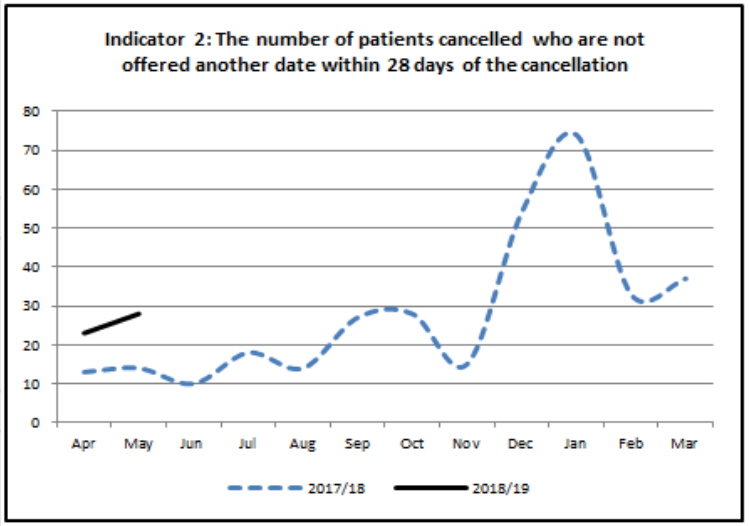
There were 28 patients who did not receive their operation within 28 days of a non-clinical cancellation. These comprised of MSS 12, RRCV 9, CHUGGS 4, ITAPS 1, W&C 1, Alliance 1. Improved surgical bed capacity has lead to a reduction in number of 28 day breaches.

Risk for next reporting period

Achieving the 0.8% standard in June remains a risk due to:

- Emergency demand





APPENDIX E

Cancer Performance Summary

University Hospitals of Leicester NHS
NHS Trust

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

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

93.9% 2WW (All Cancers) YTD ↓

90.3% 2WW (Symptomatic Breast) YTD ↓

94.3% 31 Day Wait (All Cancers) YTD ↑

100% 31 Day Wait (Anti Cancer Drug Treatment) YTD ↔

77.4% 31 Day Wait (Subsequent Treatment - Surgery) YTD ↓

97.5% 31 Day Wait (Radio Therapy Treatment) YTD ↑

78.4% 62 Day (All Cancers) YTD ↑

58.5% 62 Day (Consultant Screening) YTD ↓

9 ↑ **104 Days** Apr

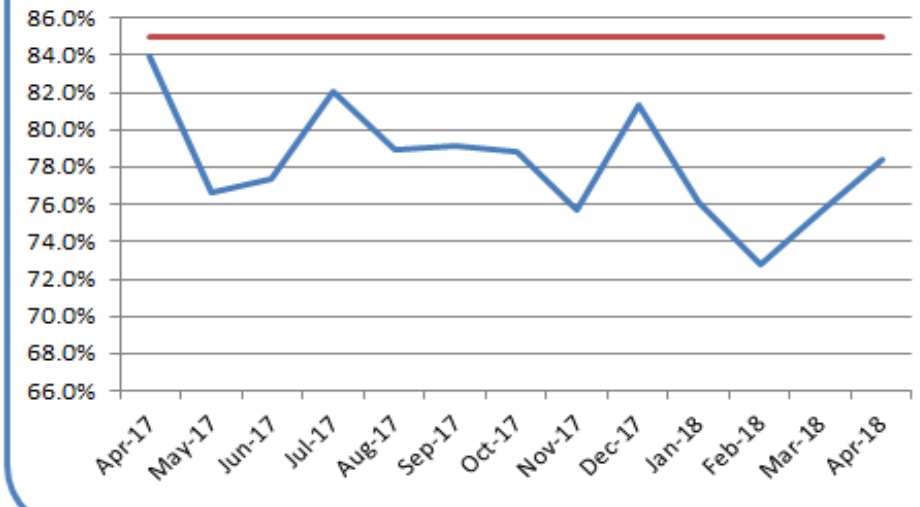
62 Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers

Breast	Gynae	Haematological	Head & Neck	Lower GI	Lung	Skin	Upper GI	Urological
89.6% YTD ↓	71.4% YTD ↓	80% YTD ↓	42.1% YTD ↓	51.9% YTD ↑	70.2% YTD ↑	94.4% YTD ↓	67.7% YTD ↑	78.7% YTD ↑

Current Performance

University Hospitals of Leicester NHS
NHS Trust

62 Day Performance



62 Day Adjusted Backlog

Highlights

- Out of the 9 standards, UHL achieved 3 in April – 2WW, 31 Day Drugs and Radiotherapy.
- 2WW performance continued to deliver in April achieving 93.9%. May is also expected to deliver the standard. 2WW Breast failed at 90.3%, a combination of capacity and patient choice the root cause. This equated to 10 breaches in the month.
- 62 day performance improved on the previous month by 2.8% but still failed at 78.4% in April. Of the 15 tumour groups, 4 had nothing to report in the month, 3 achieved above the standard (Breast, Skin & Rares). Although the remaining were under target, a noticeable improvement is seen in Upper GI, Gynae, Haem, Urology and Lung.
- The backlog position remains a significant concern, since the last reporting period this has increased by 26 to an adjusted position of 91. Of significance is the increase by 53% in Urology and Gynae.

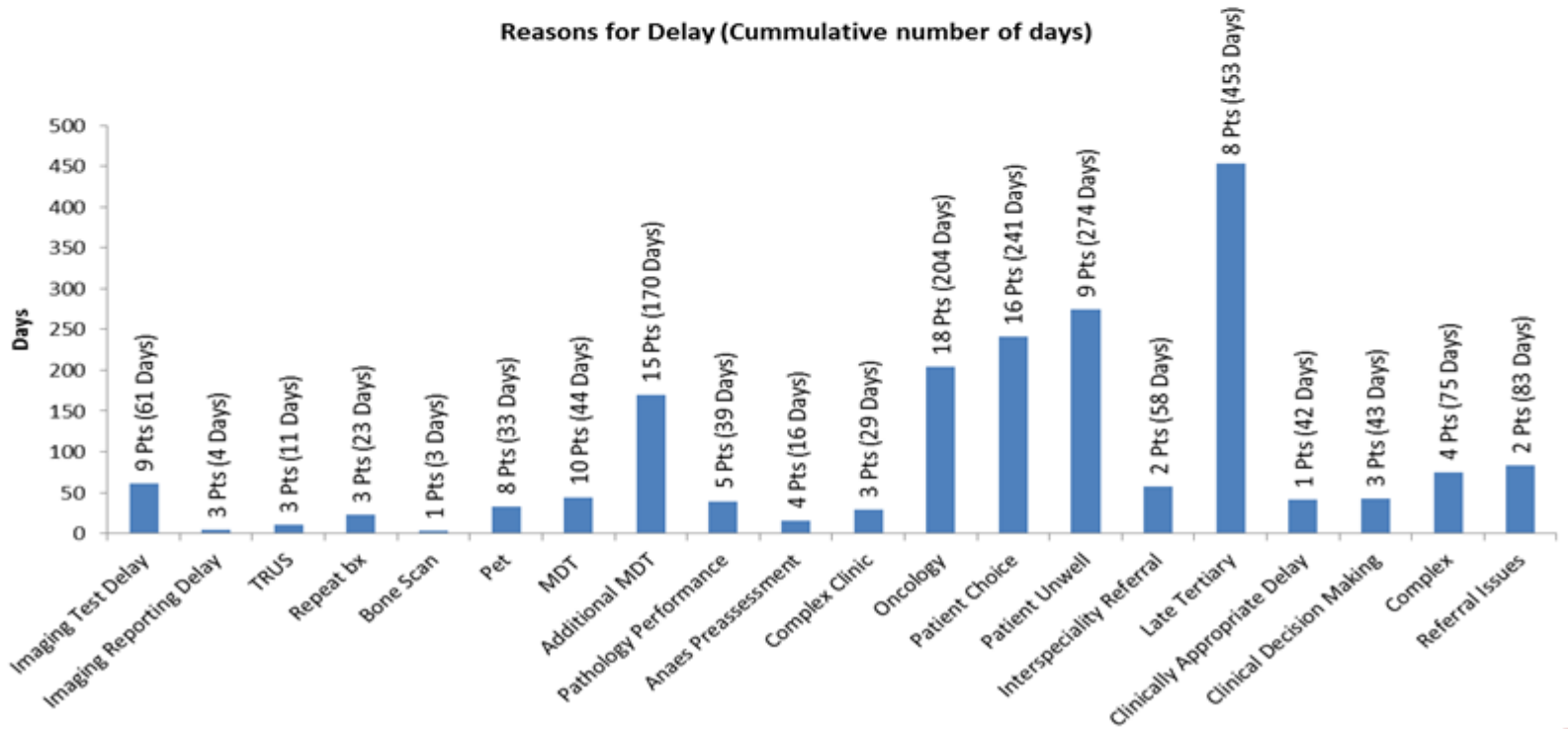
62 Day Thematic Breach Analysis

University Hospitals of Leicester NHS
NHS Trust

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

The following summarises the April 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.



Key themes identified in backlog (8th June)

University Hospitals of Leicester NHS
NHS Trust

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

Summary of delays	Numbers of patients	Summary
Complex Patients/Complex Diagnostic Pathways	16	Across 9 tumour sites, – these are patients undergoing multiple tests, MDTs, complex pathology reporting and diagnostics. This includes where treatment plans have changed either due to the patient or clinical decision making based on additional diagnostic tests, where multiple primaries are being investigated and/or another primary requires treating first, where the primary is unknown requiring extensive and often repeat diagnostics and cross tumour site MDT discussions to aid treatment planning.
Capacity Delays – OPD & Surgical	15	In 6 tumour sites, a combination of Surgical outpatients, surgical diagnostic and Oncology capacity affecting the patients pathway. 3 of these patients primary delay is due to Oncology outpatient waiting times. 9 patients are as a result of diagnostic capacity issues within Gynae and Urology, predominantly Urology for patients awaiting template biopsies to aid diagnosis and treatment planning.
Pathway Delays (Next Steps compliance)	14	Across 5 tumour sites, where more than one primary delay is identified deemed avoidable including administrative errors, diagnostic delays in obtaining Imaging/PET Scans within the 7 day timeframe , lack of compliance in timely management of re-booking patients and delays to diagnostic imaging as a result of incomplete referral forms and where capacity and administrative delays in Endoscopy have delayed the diagnostic stage of the pathway.
Patient Delays (Choice, Engagement, Thinking Time)	16	Across 6 tumour sites, where patient choice for either thinking time, holidays , cancellations and DNAs during the diagnostic phase and/or lack of engagement have been the primary delay within the pathway. 56% sits within Urology.

Key themes identified in backlog (8th June)

University Hospitals of Leicester NHS
NHS Trust

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

Summary of delays	Numbers of patients	Summary
Tertiary Referrals	13	Across 4 tumour sites, where tertiaries are received after Day 38. Referrals ranging from Day 45 to Day 105. Ongoing management of referrals through centralised mailbox continues in addition to writing to all referrers when a late referral is received. All tumour sites at UHL targeted to date patients for treatment by Day 24 of referral to ensure no breach allocation is assigned with a new field added to the daily PTL to highlight this target date to all services. A regional tertiary policy is being agreed involving NUH, Derby, ULH, UHL, KGH and NGH with an expectation for that to be completed by the end July 2018.
Patients Unfit	15	Across 6 tumour sites, patients who are unavailable for treatment due a number of factors, ie; other ongoing health issues of a higher clinical priority (eg cardiac), incidental primaries of higher clinical priority requiring treatment first resulting in a delayed pathway whilst awaiting recovery before commencing primary treatment, non pathway related admissions to hospital delaying diagnostic progression of the pathway.
Clinically Appropriate Delays	8	Across 4 tumour sites, patients where the delayed pathway is deemed clinically appropriate. Examples include in Urology, where repeat diagnostics are required following a biopsy that requires 6 weeks prior to MRI to ensure clear image, in Breast where a patient is having fertility saving treatment prior to commencing chemotherapy.
Late Transfers from Other Tumour Sites	7	Across 4 tumour sites, where patients have been referred in on one pathway, following diagnostic investigations ca has been excluded but incidentally another ? Primary has been identified and the patient therefore transferred to that tumour site thus delaying the overall pathway as the clock continues from point of referral.

Backlog Review for patients waiting >104 days @ 8/6/18

University Hospitals of Leicester NHS
NHS Trust

The following details all patients declared in the 104 Day Backlog for week ending 8/6/18. Last months report showed 11 patients in the 104 Day backlog. This months report details an increase to 13 patients in the backlog across 5 specialties, predominantly in Lung and Urology.

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

Tumour Site	Total Number of patients	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons
BRAIN	1	121	Y	N	Patient DNA'd and cancelled with first seen being at Day 34 of the pathway, OPD 21/3/18 – for MRI. MRI 11/4/18 – for Neuro MDT discussion ? Low grade tumour – prior travel to Africa in question ? Disease ? Ulcerative colitis. For CT Chest 18/4/18 – no evidence of intra abdo malignancy or mets. OPD 16/4/18 – MRI confirms high grade transformation with astrocytoma, for QMC Neuro Onc review – consensus that although likely this was a tumour, high possibility that this could be a tumour factive multiple sclerosis. For MRI perfusion scan at QMC and whole body CT. Scan 24/4/18 – OPD 30/4/18 - low grade tumour with de differentiation – for biopsy. Biopsy at QMC 9/5/18. MDT 18/5/18 – for Oncology at Leicester. ONC OPD 30/5/18 - awaiting full image transfer to determine treatment plan. Consented to chemo pending images, new case talk 9.6.18
HPB	1	105	Y	Y	Originally referred on ENT 2WW Pathway - OPD 1/3/18 – for US FNA and CT. CT 2/3/18 – sternal and liver mets ? Primary unknown. MDT 19/3/18 – for core biopsy. Atypical neoplasm with liver lesions, requires further tissue from core. USGBX 22/3/18 – provisional conclusion – malignant metastatic carcinoma with clear cell morphology – pending immuno. MDT delayed due to immuno pending – MDT 16/4/18. Refer to HPB MDT and transferred at Day 55. HPB MDT 30/4/18 – for Oncology review. ONC OPD 16/5/18 (capacity delay) – for radiotherapy discussion ? Radio prior to chemo. OPD 29/5/18 – consented to palliative RT.

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

University Hospitals of Leicester NHS
NHS Trust

Tumour Site	Total Number of patients	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons
GYNAE	2	118 107	Y Y	N Y	Tertiary referral received on Day 34 from NGH – referred with known tight aortic stenosis for assessment of suitability of robotic surgery. MDT 29/3/18: Age 73 ovarian mass, for bridging plan prior to biopsies. Biopsy 3/4/18. MDT 5/4/18: no malignant cells seen. For referral for TAVI, referred to cardiology prior to further investigations with Gynae ? Fitness. CT Angio 21/4/18, delay to review with Cardiologist – update received 3/5/18 – patient for TAVI 30/5/18 (capacity delay). Patient can't proceed with further Gynae review until 4 weeks post TAVI. OPD 22/2/18 – Pipelle taken – insufficient material for diagnosis – for Myosure. Myosure 19/3/18 – cancelled, patient unwell due to Bakers Cyst, can't raise legs for procedure. Re-dated for 11/6/18 – patient declined earlier dates to be seen awaiting cyst to resolve within next 4 weeks. 4/6/18 – patient cancelled Myosure, wants to discuss other options in outpatients. CNS discussion with patient, patient consented to proceed with Myosure, to come in on the 15/6/18
LUNG	4	128	Y	N	CT 2/2/18 flagged ? Secondary mets from previous gastric CA with a ? Primary lung malignancy. For PET 15/2/18, ECHO 19/2/18 and MDT 23/2/18. For EBUS and rediscussion. EBUS 7/3/18 (capacity) – cancelled as patient unfit. EBUS 13/3/18 – for adrenal biopsy under GI to determine diagnosis and plan. OPD GI 26/3/18 – added to waiting list for EUS. TCI date 17/4/18 (capacity) – cancelled by hospital, re-dated for 20/4/18. Lung MDT 27/4/18 – results from EUS pending and requires HPB MDT discussion. HPB MDT 30/4/18 – cytology pending. HPB MDDT 4/5/18 – for CTGbx 9/5/18 as EUS shows no malignant cells in adrenal or lymph node. Discharged from HPB. Lung MDT 11/5/18 – awaiting CTGbx results to determine treatment options. Path reported – SCC confirmed. OPD Lung 15/5/18 – patient offered surgical excision, requires thinking time and consideration of SABR. For Oncology review 5/6/18 – discussed SABR. Patient to discuss with Lung team prior to making final decision – OPD 12/6/18.

Backlog Review for patients waiting >104 days @ 8/6/18

University Hospitals of Leicester NHS
NHS Trust

Tumour Site	Total Number of patients	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons
LUNG (Cont'd)		123	Y	Y	Tertiary referral from NGH at Day 105, MDT 19/4/18 – diagnostics represent primary lung malignancy although node biopsy suggests no evidence of malignancy. Patient has a history of known asbestos exposure. Lymph node review shows no evidence of malignancy. Patient for OPD review 26/5/18 – patient DNA'd, Rebooked by NGH 3/5/18 – add to waiting list pending HRA. Patient offered TCI 10/5/18 but declined. HRA 1/6/18, TCI 10/6/18
		106	Y	Y	CT 23/2/18 - ? Non small cell carcinoma. For bronchoscopy 6/3/18. Patient cancelled. Bronch 13/3/18, MDT 16/3/18: SCC, awaiting PDL-1 – referred to Medical Oncology. ONC OPD 28/3/18 – high risk for chemo due to where the mass is – for surgical discussion ? Resection first. OPD Surgery 3/4/18, anaesthetic assessment 27/4/18 (capacity). Patient offered multiple dates within breach date but declined due to his partner being on holiday, TCI 3/5/18 agreed, interim CT arranged. CT shows regression – MDT discussion outcome patient now not for surgery but for clinical oncology review. OPD ONC 14/5/18 – consented to radiotherapy. TCI 11/6/18
		105	Y	Y	NGH referral on Day 21 – CTGBX 13/3/18 – awaiting full histology with immuno to determine if surgery an option. Path review and OPD 29/3/18 – SCC confirmed. For PET 6/4/18 - ? Mets. ? Adrenal lesion. Clinical review 25/4/18 – patients needs adrenalectomy prior to Lung surgery. TCI 16/5/18 (surgical capacity). Review in Lung with pathology – reported 29/5/18. OPD 31/5/18 – consented to surgery Lung. TCI 19/6/18
UROLOGY	5	189	Y	Y	OPD 6/12/17, TRUS 11/12/17 – for repeat PSA – TRUS cancelled as PSA was decreasing. Review with repeat 5/1/18 – patient cancelled. CNS update on PSA check, requires TRUS. TRUS 22/1/18 (capacity) – cancelled on the day. Patient declining all further investigations until back from New Zealand 20/2/18. TRUS offered for 22/2/18 – patient declined requesting a PM appointment. TRUS 27/2/18 – for MDT 8/3/18: for MRI and Bone Scan with follow up. Bone Scan 16/3/18, MRI 9/4/18 (delayed due to TRUS biopsy). OPD 13/4/18 – for complex clinic and Oncology review. ONC OPD 24/4/18 – patient offered radiotherapy – awaits patient decision after complex clinic review. Complex clinic 3/5/18 – patient wants to go ahead with robotic surgery and requests a TCI in June. TCI 15/6/18

Backlog Review for patients waiting >104 days @ 8/6/18

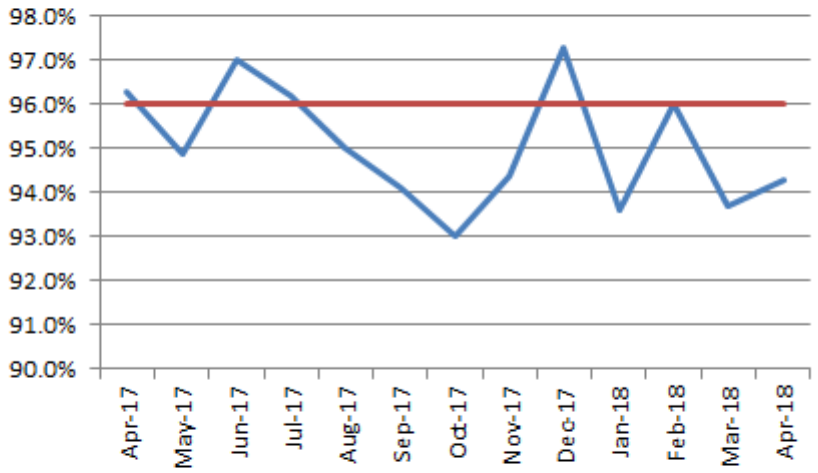
University Hospitals of Leicester NHS
NHS Trust

Tumour Site	Total Number of patients	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons
UROLOGY (cont'd)		129	Y	Y	OPD 4/12/17 – for Urohaem 20/12/17 – for TURBT. TURBT 20/1/18 (capacity) – TCI cancelled due to patient fitness. Fit to proceed 14/2/18 – operation cancelled on the day by the anaesthetist – needs ECHO and clinical review. Service escalations in place, awaiting notes to ensure TCI planned appropriately. Patient admitted via ED 4/3/18 with frank haematuria, US ECHO 5/3/18 – delay to plan update due to clinician leave. Update 28/3/18, patient to go ahead with TURBT and will require post-op ITU bed. TCI 13/4/18 – patient declined, wants to wait until May. CNS discussion with patient difficult as English not the patients first language, await discussion with patients daughter. Patient states has a urine infection and can't come for surgery until fit, awaiting GP review – would like treatment in June. Requests a morning list as he is diabetic and on insulin. CNS explained PM list would be more appropriate, patient on clopidogrel. Await clinical update. Patient offered TCI 15/5/18 – patient declined as insulin dependant and needs to take medication at 7am. For outpatient review before further TCI. OPD 8/5/18 – patient DNA. CNS contact 9/5/18 – patient will not accept any dates prior to June, has declined 4 so far. For afternoon list only. TCI 22/6/18
		126	Y	N	OPD 7/2/18, MRI 12/2/18, TRUS 12/2/18, MDT 22/2/18 – discrepancy between pathology and MRI results. OPD FU 23/2/18 – for transperineal biopsy. Patient unavailable from 25/2/18 – 12/3/18. Pre-assessment 20/3/18 – biopsy 23/3/18 – await path. MDT 5/4/18 – needs bone scan ? Trial candidate. Bone scan 19/4/18 – no mets. OPD 1/5/18 – for review with another surgeon for second opinion. OPD 12/5/18 - for ECHO and added to waiting list for robotic surgery. TCI 8/6/18 (capacity). TCI cancelled, patient unfit. Awaiting further outpatient review 14/6/18.
		114	Y	Y	OPD 16/2/18, MRI 17/2/18, TRUS 5/3/18 (capacity). MDT 15/3/18 – all options possible for preference for radical treatment. OPD 29/3/18 (capacity) – patient wants radiotherapy opinion. ONC OPD 20/4/18 (capacity) – patient considering options, wants thinking time. CNS update 25/4/18 – patient wants to wait until July for treatment, wanting to lose weight before surgery. Awaiting TCI
		113	Y	N	KGH Tertiary referral at Day 97, referred for consideration of robotic treatment. Await OPD review 13/6/18

Backlog & Performance

University Hospitals of Leicester NHS
NHS Trust

31 Day First Treatment – Backlog & Performance

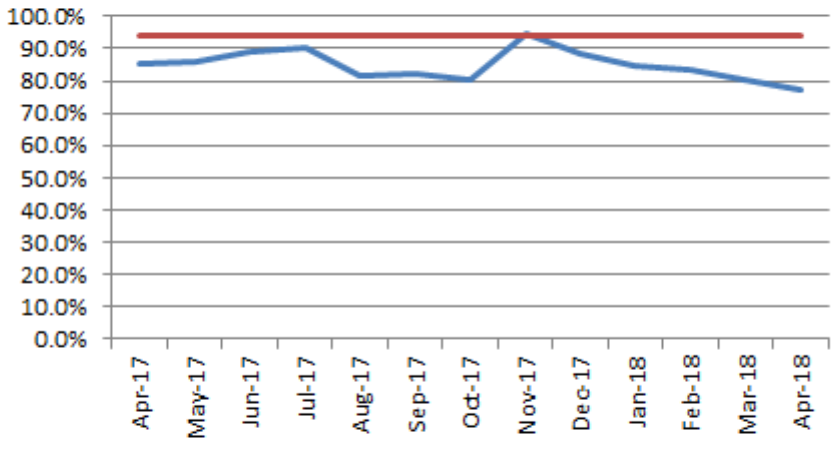


April performance was 1.7% under the national target, the primary contributing tumour sites to performance being:- Gynae, Head & Neck, Lower GI and Urology. Urology accounted for 50% of the 31 day first breaches in April.

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

At the time of reporting, the backlog has increased and sits at 33, with 19 of these patients sitting in Urology. As a result, the position is forecasted to deteriorate in May and at the time of reporting is predicted to be 92.8%.

31 Day Subsequent Performance - Surgery



31 day Subsequent performance for Surgery in April under performed at 77.4%, 21% under the national target with a 5.4% deterioration over the previous months result.

The backlog at the time of reporting sits at 16, with patient choice and cancellations continuing to impact on the ability to treat patients within target.

68% of this backlog is within Urology as a result of theatre capacity post decision to treat, patient fitness and patient choice.

At the time of reporting, the forecasted position for May is 84.76%.

Cancer Recovery Actions

University Hospitals of Leicester NHS
NHS Trust

Summary of the plan

The recovery action plan (RAP) is the central repository detailing measureable actions agreed between the Cancer Centre, Tumour Sites and CCGs aimed to address recovery in performance delivery and quality of patient care. This is reviewed and challenged on a monthly basis in line with the thematic breach analysis undertaken with each tumour site.

In addition, a number of high impact actions have been agreed:-

- Transformation of the governance around cancer performance and transformational delivery introducing a strategic cancer taskforce bi-weekly commenced 7th June 2018
- Improved data provision and analysis to support better forecasting and introduce early warning signs for struggling tumour sites falling off track.
- Re-configuration of theatre capacity to ensure appropriate capacity provision for tumour sites with high demand.
- NHSI to hold monthly performance review meetings with Heads Of Operations for additional assurance and accountability.
- 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.

Risk Summary

University Hospitals of Leicester NHS
NHS Trust

Summary of high risks

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

	Issue	Action being taken	Category
1	Next steps not consistently implemented in all areas. Resulting in unnecessary delay for patients.	Next steps programme board established. Additional central funding for next steps programme secured. Recruitment for additional staff for next steps in progress.	Internal factors impacting on delivery
2	Continued increase in demand for screening and urgent cancer services. Additional 31 day and 62 day treatments compared to prior years.	Cancer 2020 group delivering alternative pathways (e.g. FIT testing). Annual planning cycle to review all elements of cancer pathway. Further central funding requested for increased BI support.	Internal and External factors impacting on delivery
3	Access to constrained resources within UHL	Resources continued to be prioritised for Cancer but this involves significant re-work to cancel routine patients. Capital for equipment is severely limited so is currently directed to safety concerns. Further central support has been requested. Staffing plans for theatres are requested on the RAP. Organisations of care programmes focused on Theatres and Beds. Plans and capital agreed for LRI and GH ITU expansion.	External factors impacting on delivery
4	Access to Oncology and Specialist workforce.	Oncology recruitment in line with business case. Oncology WLI being sought. H&N staff being identified prior to qualifying. Theatre staff continue to be insufficient to meet the need.	Internal factors impacting on delivery
7	Patients arriving after day 40 on complex pathways from other providers	Weekly feedback to tertiary providers. Specialty level feedback. New process to be introduced to include writing to the COO for each late tertiary.	External factors impacting on delivery

APPENDIX F

Peer Group Analysis (Apr 2018)

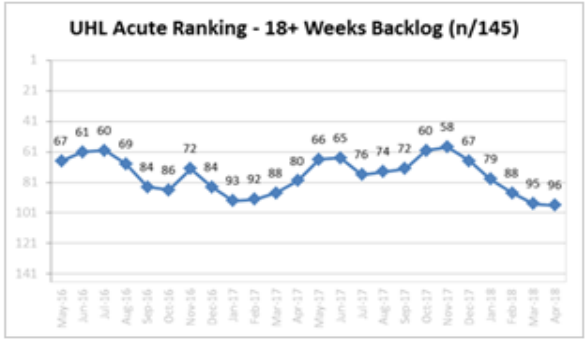
University Hospitals of Leicester NHS
NHS Trust

RTT 18+ Weeks Backlog – April 2018

RTT 18+ Weeks Backlog - April 2018

All Acute Trusts Performance - 86.6% — *UHL ranks 96 out of the 145 Acute Trusts**
42 of the 145 Acute Trusts achieved 92% or more*

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	93.6%
3	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	93.6%
4	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	91.1%
5	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	90.0%
6	HEART OF ENGLAND NHS FOUNDATION TRUST	88.7%
7	LEEDS TEACHING HOSPITALS NHS TRUST	88.4%
8	PENNINE ACUTE HOSPITALS NHS TRUST	86.5%
9	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	85.8%
10	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	85.2%
11	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	84.4%
12	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	84.2%
13	BARTS HEALTH NHS TRUST	84.2%
14	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	83.8%
15	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	81.0%
16	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	80.6%
17	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	76.7%
18	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	73.7%

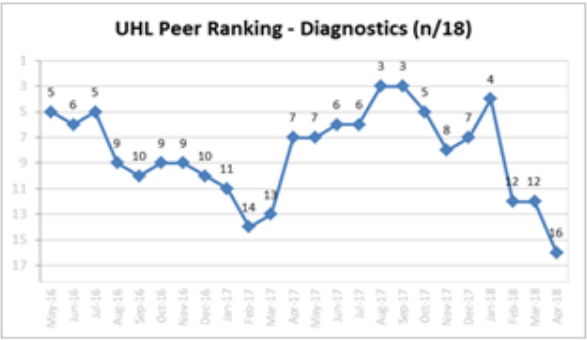


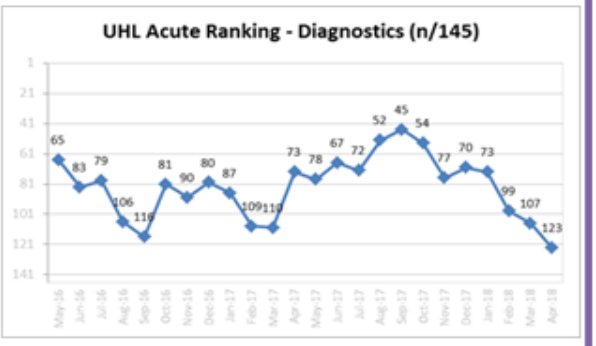
Diagnostics – April 2018

Diagnostics - April 2018

All Acute Trusts Performance - 2.6% — *UHL ranks 123 out of the 145 Acute Trusts**
82 of the 145 Acute Trusts achieved <1% or less* — *(Ranked Ascending)*

Peer Rank	Provider Name	Diagnostics Peformance %Waiting 6 Wks+ - Target <=1%
1	PENNINE ACUTE HOSPITALS NHS TRUST	0.42%
2	LEEDS TEACHING HOSPITALS NHS TRUST	0.43%
3	HEART OF ENGLAND NHS FOUNDATION TRUST	0.45%
4	BARTS HEALTH NHS TRUST	0.50%
5	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	0.57%
6	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0.58%
7	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	0.62%
8	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	0.77%
9	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	0.78%
10	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	1.68%
11	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1.73%
12	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	1.80%
13	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	1.93%
14	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	3.27%
15	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	3.72%
16	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	5.16%
17	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	5.61%
18	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	9.49%





***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 (Apr 2018) – ED May 18

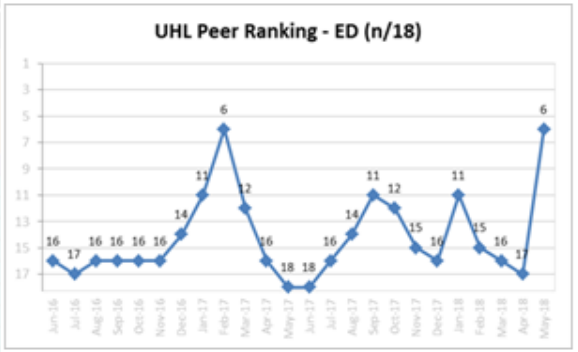
University Hospitals of Leicester NHS
NHS Trust

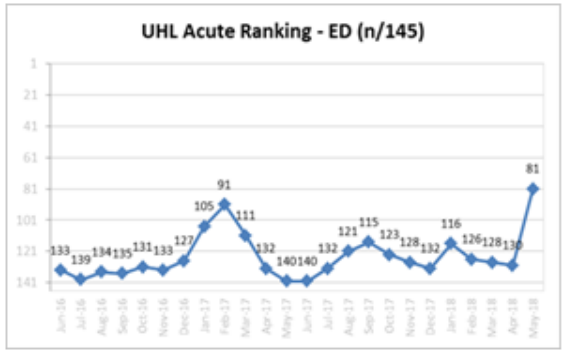
UHL ED Attendances within 4 hours – May 2018

UHL ED Attendances within 4 hours - May 2018

All Acute Trusts - 88.8% *UHL ranks 81 out of the 145 Trusts**
22 of the 145 Acute Trusts achieved 95% or more*

Peer Rank	Provider Name	Performance within 4 Hours - Target 95% - Amber 92% - <95%
1	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	95.3%
2	LEEDS TEACHING HOSPITALS NHS TRUST	90.2%
3	PENNINE ACUTE HOSPITALS NHS TRUST	89.8%
4	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	88.8%
5	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	88.6%
6	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	88.2%
7	BARTS HEALTH NHS TRUST	87.6%
8	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	86.9%
9	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	86.6%
10	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	86.3%
11	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	86.3%
12	HEART OF ENGLAND NHS FOUNDATION TRUST	84.4%
13	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	83.8%
14	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	82.1%
15	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	80.8%
16	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	80.7%
17	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	79.8%
18	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	74.8%



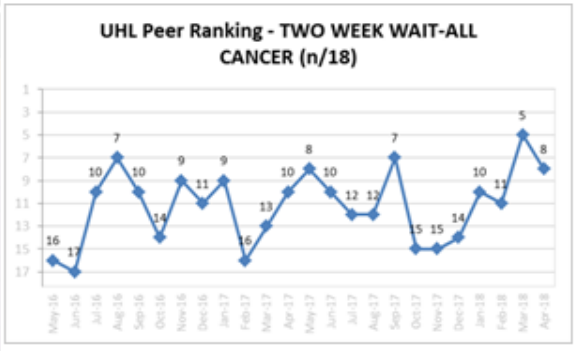


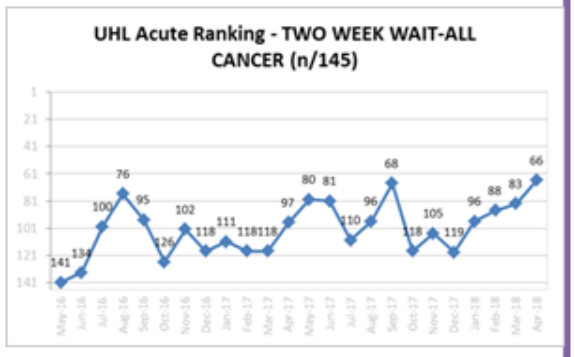
TWO WEEK WAIT-ALL CANCER – Apr 2018

TWO WEEK WAIT-ALL CANCER - April 2018

All Acute Trusts Performance - 90.8% *UHL ranks 66 out of the 145 Acute Trusts**
92 of the 145 Acute Trusts achieved 93% or more*

Peer Rank	Provider	Performance within 14 Days - Target 93%
1	BARTS HEALTH NHS TRUST	98.0%
2	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	96.4%
3	HEART OF ENGLAND NHS FOUNDATION TRUST	95.3%
4	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	95.1%
5	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	95.1%
6	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	94.5%
7	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	94.4%
8	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	93.9%
9	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	93.7%
10	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	93.7%
11	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	93.5%
12	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	93.1%
13	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	93.1%
14	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	89.6%
15	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	89.0%
16	LEEDS TEACHING HOSPITALS NHS TRUST	79.0%
17	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	77.6%
18	PENNINE ACUTE HOSPITALS NHS TRUST	70.3%





***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 (Apr 2018)

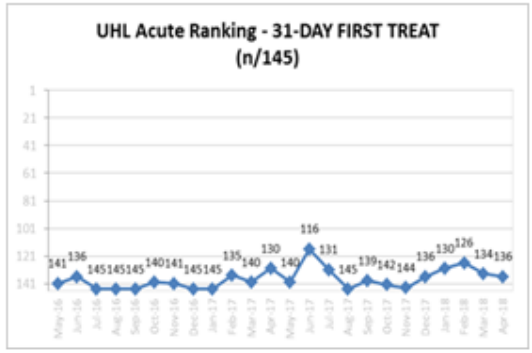
University Hospitals of Leicester NHS
NHS Trust

31-DAY FIRST TREAT – April 2018

31-DAY FIRST TREAT - April 2018

All Acute Trusts Performance - 97.3% — *UHL ranks 136 out of the 145 Acute Trusts**
119 of the 145 Acute Trusts achieved 96% or more*

Peer Rank	Provider	Performance within 31 Days - Target 96%
1	BARTS HEALTH NHS TRUST	99.3%
2	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	98.9%
3	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	98.8%
4	PENNINE ACUTE HOSPITALS NHS TRUST	98.7%
5	HEART OF ENGLAND NHS FOUNDATION TRUST	98.0%
6	LEEDS TEACHING HOSPITALS NHS TRUST	97.7%
7	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	97.3%
8	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	97.2%
8	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	97.0%
10	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	96.9%
11	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	96.7%
12	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	96.4%
16	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	96.1%
14	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	95.4%
15	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	95.1%
16	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	94.5%
17	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	94.3%
18	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	93.0%

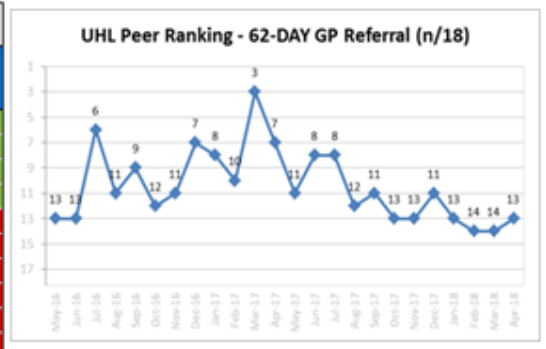


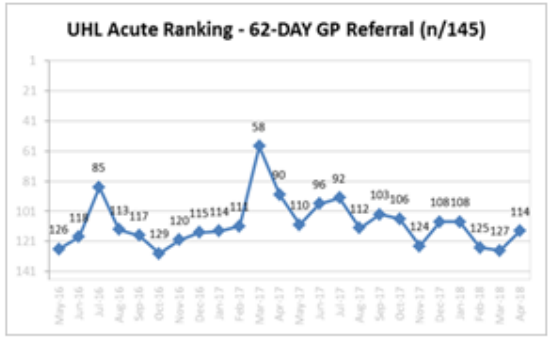
62-DAY GP Referral – April 2018

62-DAY GP Referral - April 2018

All Acute Trusts Performance - 82.2% — *UHL ranks 114 out of the 145 Acute Trusts**
62 of the 145 Acute Trusts achieved 85% or more*

Peer Rank	Provider	Performance within 62 Days - Target 85%
1	HEART OF ENGLAND NHS FOUNDATION TRUST	87.8%
2	BARTS HEALTH NHS TRUST	87.4%
3	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	86.9%
4	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	86.7%
5	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	83.2%
6	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	82.9%
7	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	82.1%
8	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	81.2%
9	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	80.6%
10	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	80.0%
11	PENNINE ACUTE HOSPITALS NHS TRUST	79.9%
12	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	79.5%
13	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	78.4%
14	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	78.0%
15	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	76.9%
16	LEEDS TEACHING HOSPITALS NHS TRUST	75.9%
17	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	70.6%
18	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	67.2%





***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 (Apr 2018)

University Hospitals of Leicester NHS
NHS Trust

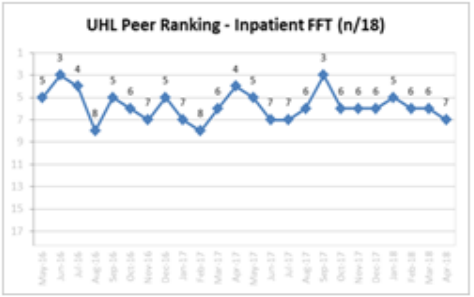
Inpatient FFT – April 2018

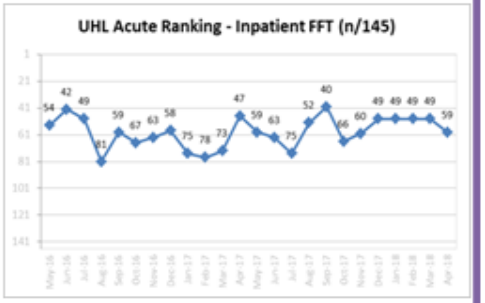
Inpatient FFT - April 2018

All Acute Trusts - Response Rate 24% - Recommended 96% - Not Recommended 2%

UHL ranks 59 (for Recommended) and 60 (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	17%	98%	1%
2	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	20%	98%	0%
3	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	14%	98%	1%
4	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	10%	98%	1%
5	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	31%	97%	1%
6	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	38%	97%	1%
7	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	**27%**	**97%**	**1%**
8	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	20%	97%	2%
9	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	28%	96%	2%
10	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	30%	96%	1%
11	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	21%	95%	2%
12	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	18%	95%	2%
13	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	15%	93%	3%
14	HEART OF ENGLAND NHS FOUNDATION TRUST	22%	93%	3%
15	LEEDS TEACHING HOSPITALS NHS TRUST	48%	93%	3%
16	PENNINE ACUTE HOSPITALS NHS TRUST	28%	92%	4%
17	BARTS HEALTH NHS TRUST	2%	88%	8%
-	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	-	-	-





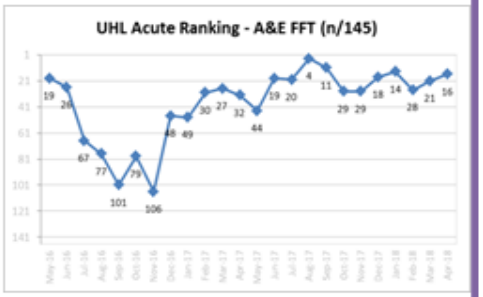
A&E FFT – April 2018

A&E FFT - April 2018

All Acute Trusts - Response Rate 24% - Recommended 96% - Not Recommended 2%

UHL ranks 16 (for Recommended) and 17 (for Not Recommended) out of the 145 Trusts**

Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	**7%**	**95%**	**2%**
2	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	20%	95%	3%
3	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	2%	93%	5%
4	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	3%	92%	4%
5	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	15%	92%	4%
6	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	13%	88%	7%
7	LEEDS TEACHING HOSPITALS NHS TRUST	38%	88%	7%
8	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	26%	87%	8%
9	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	19%	86%	8%
10	PENNINE ACUTE HOSPITALS NHS TRUST	18%	83%	10%
11	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	18%	83%	12%
12	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	19%	82%	10%
13	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	20%	82%	11%
14	HEART OF ENGLAND NHS FOUNDATION TRUST	15%	81%	11%
15	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	17%	79%	14%
16	BARTS HEALTH NHS TRUST	1%	70%	22%
17	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	29%	66%	21%
-	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	-	-	-



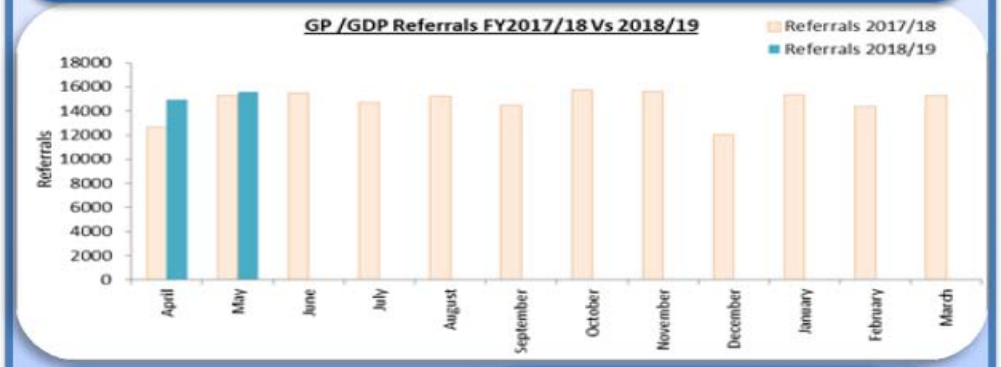
***Acute NHS hospitals – there are 145 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service**

APPENDIX G

UHL Activity Trends

University Hospitals of Leicester NHS
NHS Trust

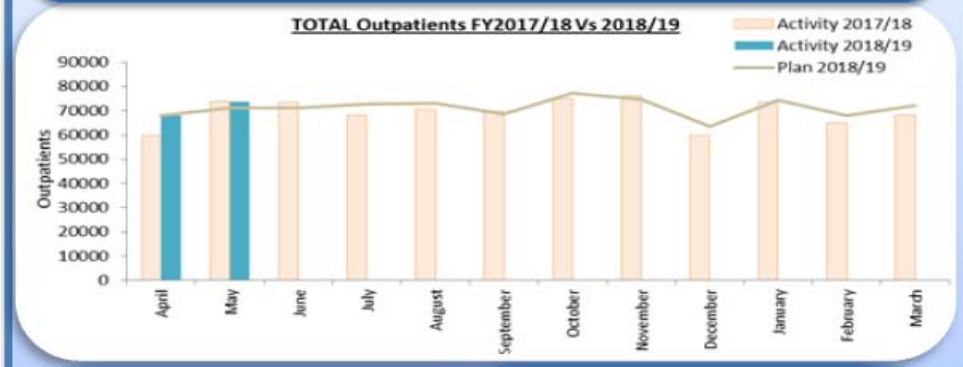
Referrals (GP)



YTD
18/19 Vs 17/18 +2603 +9.3%

Increase in GP referrals in comparison to the same period last year.

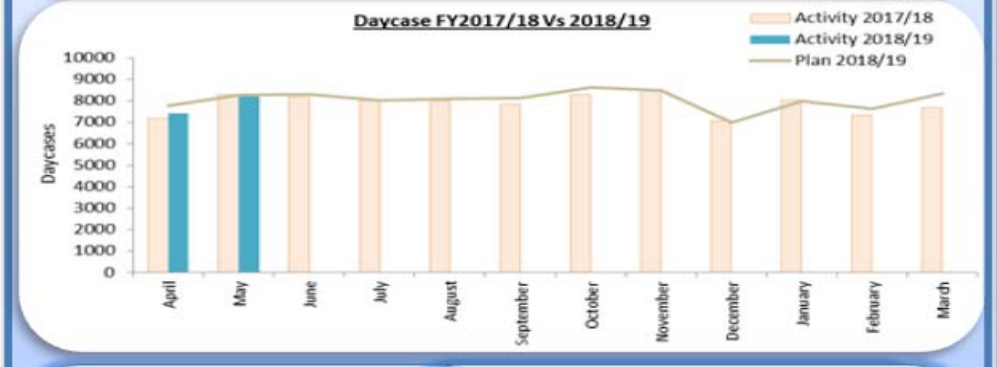
TOTAL Outpatient Appointments



YTD
18/19 Vs 17/18 +8,124 +6.1%
18/19 Vs Plan +2621 +1.9%

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

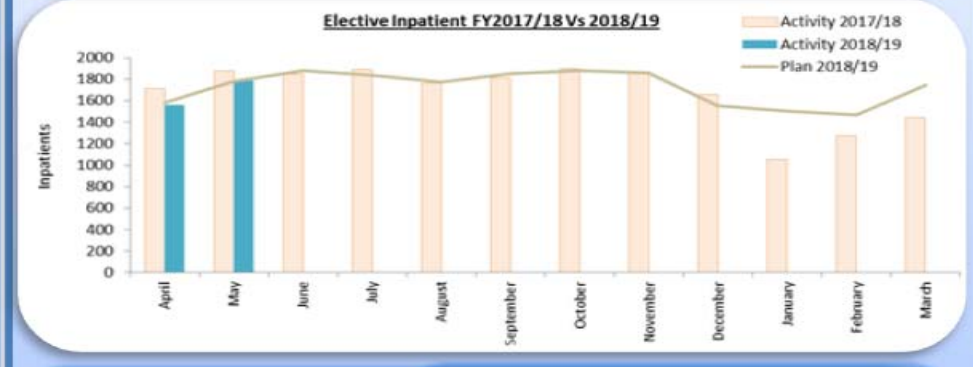
Daycases



YTD
18/19 Vs 17/18 +140 +0.9%
18/19 Vs Plan -402 -2.5%

Growth in Clinical Oncology and BMT against plan.

Elective Inpatient Admissions



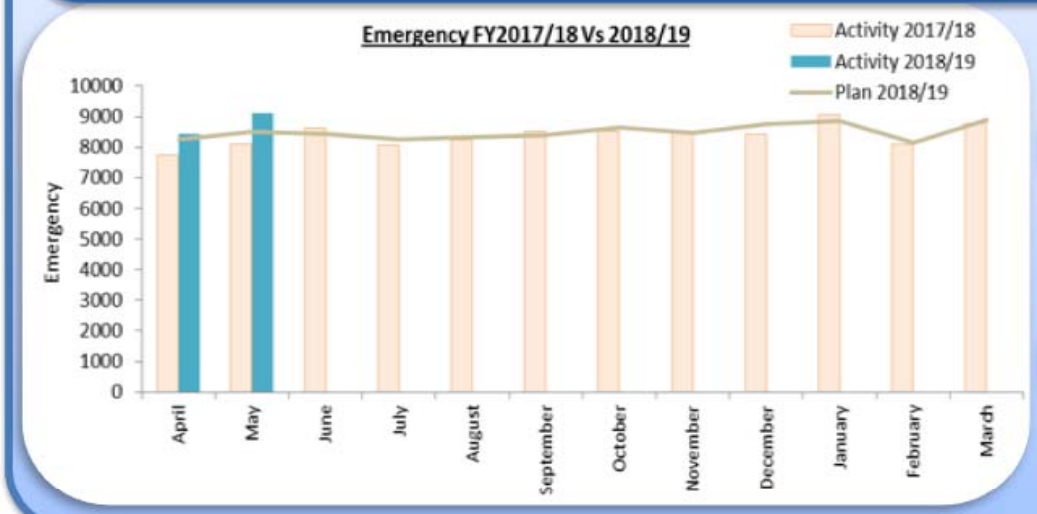
YTD
18/19 Vs 17/18 -237 -6.6%
18/19 Vs Plan -17 -0.5%

Plastic Surgery, General Surgery and Urology lower than plan.

UHL Activity Trends

University Hospitals of Leicester NHS
NHS Trust

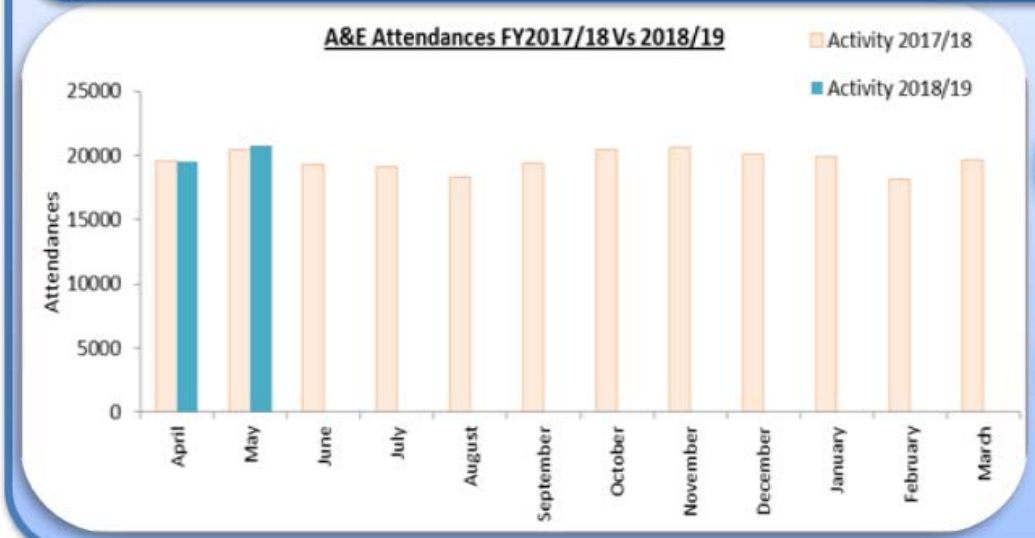
Emergency Admissions



YTD
18/19 Vs 17/18 +1707 +10.8%
18/19 Vs Plan +778 +4.6%

Activity in ENT, Cardiology and General Surgery are higher than the plan. Integrated Medicine lower than plan.

A & E Attendances



YTD
18/19 Vs 17/18 +290 +0.7%

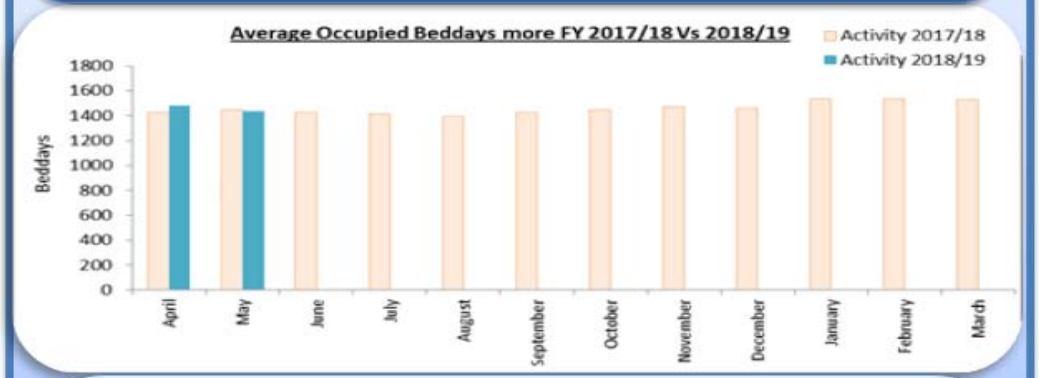
A&E attendances include ED and Eye casualty attendances.

APPENDIX H

UHL Bed Occupancy

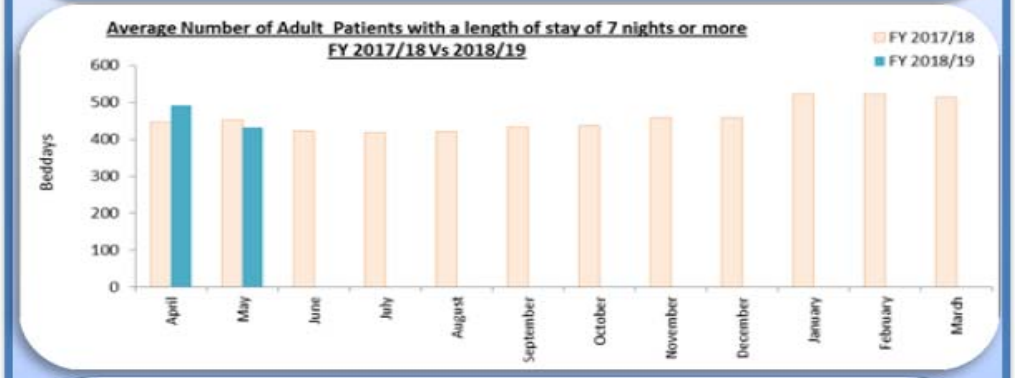
University Hospitals of Leicester NHS
NHS Trust

Occupied Beddays



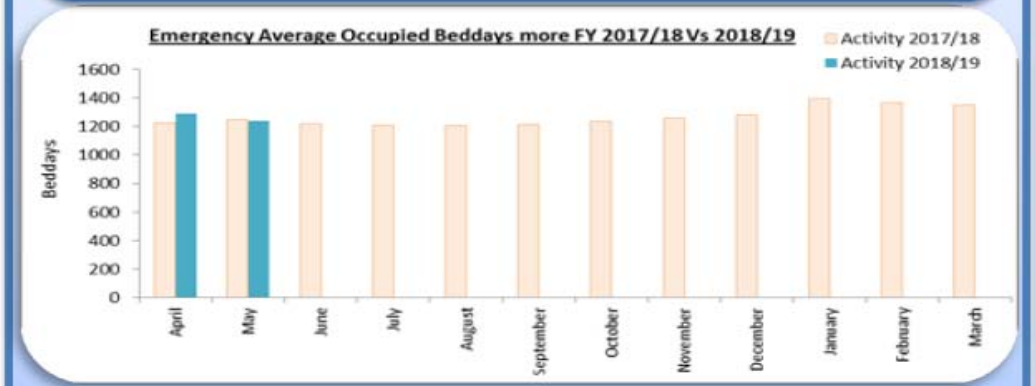
Midnight G&A bed occupancy is similar to the same period last year.

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



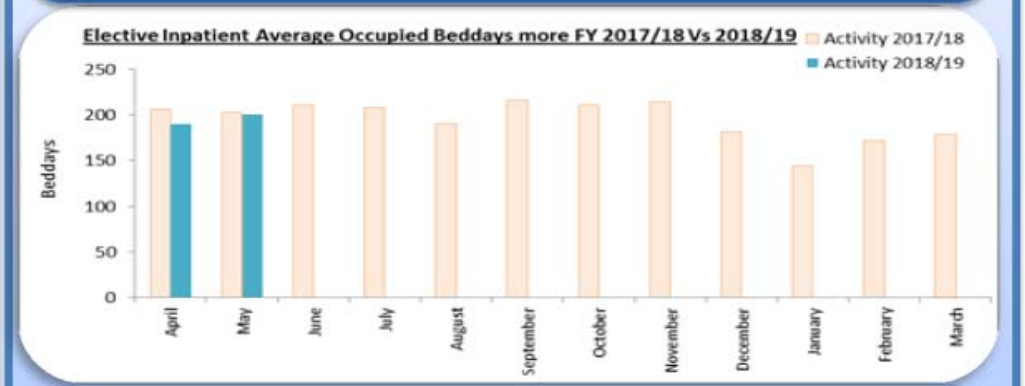
The number of patients staying in beds 7 nights or more in May has reduced compared to the same period last year.

Emergency Occupied beddays



A slight reduction in Emergency occupied bed days.

Elective Inpatient Occupied beddays



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