Quality & Performance Report

Author: John Adler   Sponsor: Chief Executive   Date: PPPC + QOC 29th November 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 April 2017 to March 2018) has reduced to 95 and is within the threshold, but now very close to "below expected", for the first time. **Diagnostic 6 week wait –** standard achieved for 2 consecutive months. **52+ weeks wait –** has been compliant for 4 consecutive months. **Cancer Two Week Wait** was 95.2% in September. **Referral to Treatment –** our performance was below national standard however we achieved NHSI trajectory with the overall waiting list size (which is the key performance measure for 18/19) 0.7% above plan. **Delayed transfers of care** - remain within the tolerance. However, there are a range of other delays that do not appear in the count. **12 hour trolley wait** was 0 in October. **MRSA –** 0 cases reported this month. **Pressure Ulcers** - 0 **Grade 4** reported during October. **Grade 3 and Grade 2** were also 0 for the month. **CAS alerts** – we remain compliant. **Inpatient and Day Case Patient Satisfaction (FFT)** achieved the Quality Commitment of 97%. **Fractured NOF** – was 83.6% in October. **Annual Appraisal** is at 92.1% (rising trend).

Bad News: **UHL ED 4 hour performance** – was 78.3% for October, system performance (including LLR UCCs) was 83.7%. Further detail is in the Urgent Care report. **C DIFF –** 6 reported this month. **Single Sex Accommodation Breaches** – 9 breaches in October. **Cancer 31 day** and **62 day treatment** was not achieved in September – further detail of recovery actions in is the cancer recovery report. **Cancelled operations** and **Patients rebooked within 28 days** – continues to be non-compliant. **Moderate harms and above** – September (reported 1 month in arrears) was above threshold. **Ambulance Handover 60+ minutes (CAD+)** – performance at 2%. **TIA (high risk patients)** – 38.6% reported in October. **Statutory and Mandatory Training** reported from HELM is at 88%.

Input Sought

I recommend that the Committee:

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

For Reference

Edit as appropriate:

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

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

2. This matter relates to the following governance initiatives:

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

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

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

5. Scheduled date for the next paper on this topic: 20th December 2018

Quality and Performance Report

October 2018

CONTENTS

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

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

DATE: **29th NOVEMBER 2018**

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

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

1.0   Introduction

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

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

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

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

2.0   Changes to Indicators/Thresholds

None.

Summary Scorecard – YTD

University Hospitals of Leicester NHS Trust

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

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

SUCCESSES:

- FFT Inpatient/DC **97%**
- Crude Mortality **2%**
- DTOC **1.4%**
- Stroke 90% Stay **84.5%**
- RTT 52 Weeks Wait **0**
- Diagnostic Waits **0.9%**

ISSUES:

- MRSA Avoidable **1**
- Single Sex Accommodation Breaches **41**
- ED 4hr Wait UHL **79.6%**
- Cancer 62 Day **75.0%**

One team shared values

Summary Scorecard – October 2018

University Hospitals of Leicester NHS Trust

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

SAFE	CARING	WELL LED	EFFECTIVE	RESPONSIVE
Moderate Harm	FFT Inpatients & Daycase	Turnover Rate	Mortality (SHMI)	ED 4hr Wait UHL
Never Event	FFT A&E	Sickness Absence	Crude Mortality	ED 4hr Wait UHL+LLR UCC
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Pressure Ulcers Grade 3				DTOC
Pressure Ulcers Grade 2				Handover >60
Falls				Cancelled Ops
				Cancer 31 Day
				Cancer 62 Day

Key changes in indicators in the period:

SUCCESSES: (Red to Green)
- Maternal Deaths
- HAPU G2

Significant Improvement:
- Annual Appraisal
- RTT Incompletes

ISSUES: (Green/Amber to Red)
- Single Sex Breaches
- Cancer 31 Day
- Never Events
- CDIFF
- Sickness Absence
- Cancelled Ops

One team shared values

Domain - Safe

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

5 Never Events YTD

22 Serious Incidents YTD (Number escalated each month)

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

1 Avoidable MRSA YTD

40 CDIFF Cases YTD

SUCCESSES

- Data for 2018/19 reflects strong performance against all EWS & sepsis indicators. Our focus for 2018/19 will be to maintain this position.
- Serious Incidents was within threshold for October.
- 0 MRSA reported this month.

ISSUES

- Moderate harms and above – 19 cases reported this month.
- 6 cases of CDIFF reported this month.
- 1 Never events at the end of September however this was escalated in October.

ACTIONS

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

SEPSIS

SOS — Suspicion Of Sepsis

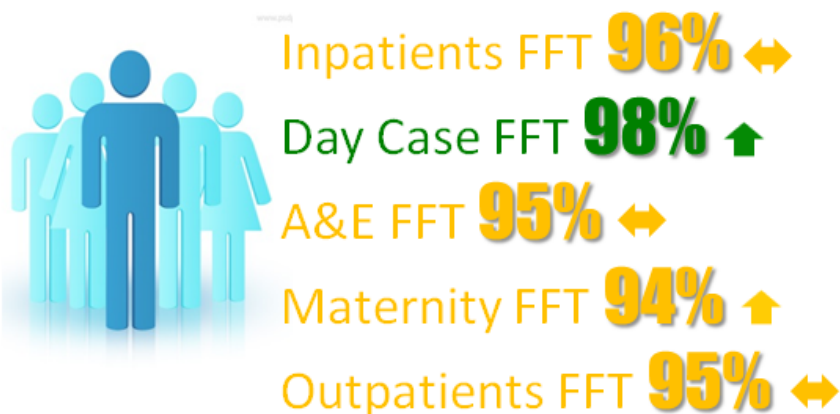|	
Patients with an Early Warning Score 3+ - % appropriate escalation	**98%** YTD
Patients with EWS 3+ - % who are screened for sepsis	**95%** YTD
ED - Patients who trigger with red flag sepsis - % that have their IV antibiotics within an hour	**89%** YTD
Wards (including assessment units) Patients who trigger for Red Flag Sepsis - % that receive their antibiotics within an hour	**82%** YTD

Domain - Caring

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

Friends and Family Test YTD % Positive

Inpatients FFT **96%** ↔

Day Case FFT **98%** ↑

A&E FFT **95%** ↔

Maternity FFT **94%** ↑

Outpatients FFT **95%** ↔

Staff FFT Quarter 2 2018/19 (Pulse Check)

75.2% of staff would recommend UHL as a place to receive treatment

SUCCESSES

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

ISSUES

– Single Sex Accommodation Breaches – 9 reported in October.

ACTIONS

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

Single Sex Accommodation Breaches

41 YTD ↓

Domain – Well Led

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

Friends and Family FFT YTD % Coverage

Inpatients FFT **29.9%** ⬆

Day Case FFT **24.0%** ⬇

A&E FFT **9.0%** ⬆

Maternity FFT **39.2%** ⬆

Outpatients FFT **5.5%** ⬇

Staff FFT Quarter 2 2018/19 (Pulse Check)

61.9% of staff would recommend UHL as a place to work

% Staff with Annual Appraisals

92.1% YTD ⬇

Statutory & Mandatory Training

88% YTD ↔

BME % - Leadership

29% Qtr2 8A including medical consultants

15% Qtr2 8A excluding medical consultants

SUCCESSES

- Corporate Induction attendance for October was 97%.
- Significant improvement in appraisals at 92.1% (this excludes facilities staff that were transferred over from Interserve).

ISSUES

- Statutory & Mandatory Training performance at 88%.

ACTIONS

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

Domain – Effective

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

Mortality – Published SHMI

95 Apr17 – Mar18 ↑

Emergency Crude Mortality Rate

2.0% YTD ↓

Stroke TIA Clinic within 24hrs

52.1% YTD ↑

30 Days Emergency Readmissions

9.1% YTD ↑

80% of Patients Spending 90% Stay on Stoke Unit

84.5% YTD ↑

NoFs Operated on 0-35hrs

70.4% YTD ↑

SUCCESSES

- Latest UHL's SHMI is 95. A recent in depth HED review of UHL mortality did not identify any additional areas of mortality by condition which needed action that we did not already have reviews or action plans in place for.
- Emergency Crude Mortality Rate for October was 2.1%.
- Fractured NoF for October was 83.6%.
- 90% of Stay on a Stroke Unit for September was 82.8%

ISSUES

- 30 Days Emergency Readmissions for September was 8.8%.
- Stroke TIA Clinic within 24 Hours for this month was 38.6%.

ACTIONS

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

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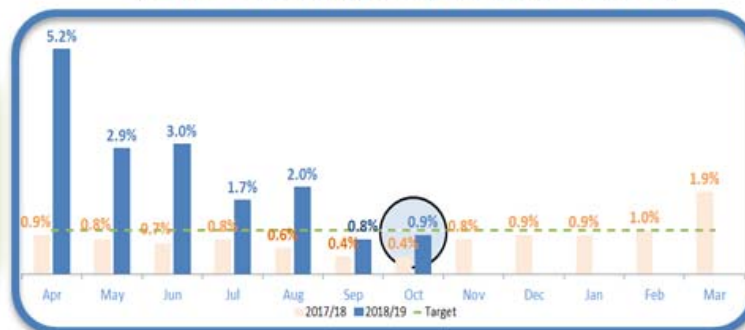
RTT - Incomplete

92% in 18 Weeks

86.0%

As at Oct ▲

6 week Diagnostic Wait times

2017/18 ■2018/19 — Target

Cancelled Operations UHL

2017/18 ■2018/19 — Target

RTT 52 week wait incompletes

0

As at Oct ◄►

ED 4Hr Waits UHL

79.6% YTD ▼

A & E

ED 4Hr Waits UHL+LLR UCC

85.1% YTD ▼

Ambulance Handovers

2% > 60mins ▼

6% 30-60mins ▼ YTD

SUCCESSES

- 0 Trolley breaches for October.
- DTOC was 1.6% for October.
- 0 patient waiting over 52+ weeks.
- Diagnostic 6 week wait standard achieved this month.
- RTT was 0.7% above NHSI trajectory.
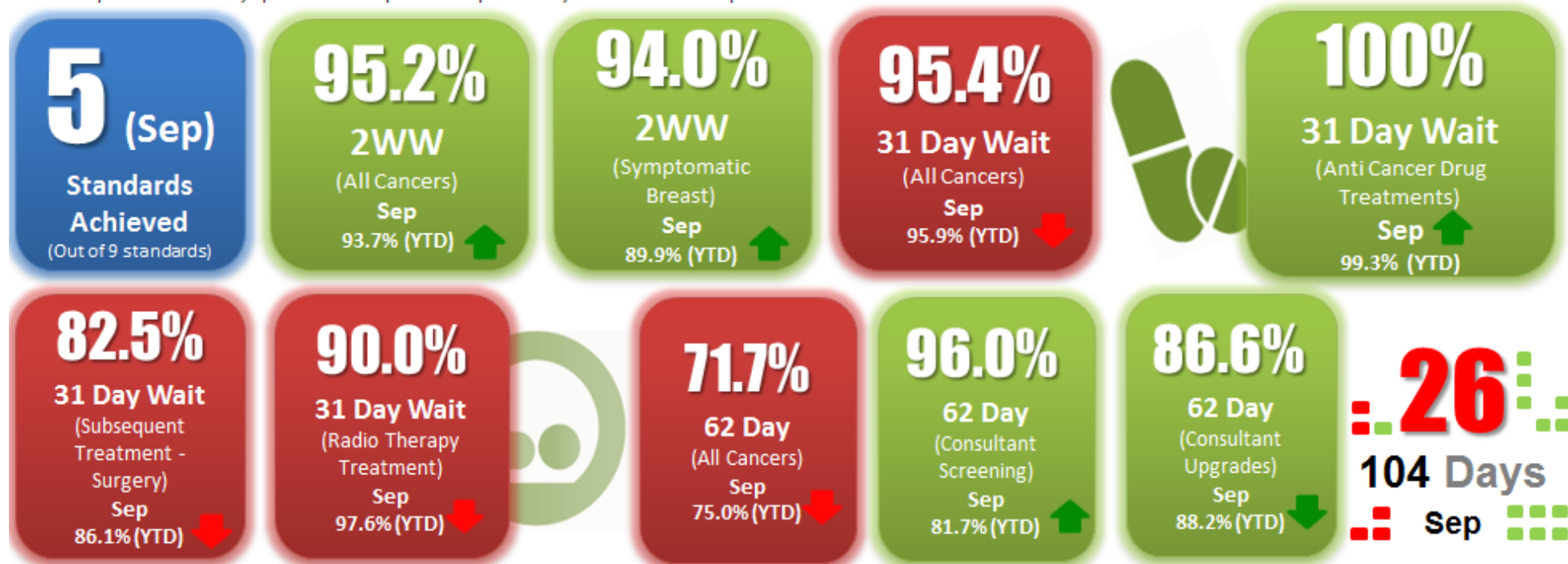
ISSUES

- ED 4Hr Waits UHL – October performance was 78.3%. LLR performance was 83.7% against a trajectory of 90%.
- Cancelled operations – performance deteriorated to 1.2% this month.

ACTIONS

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

Cancer – Performance Summary

University Hospitals of Leicester — NHS Trust

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

5 (Sep) — Standards Achieved (Out of 9 standards)

95.2% 2WW (All Cancers) Sep 93.7% (YTD) ▲

94.0% 2WW (Symptomatic Breast) Sep 89.9% (YTD) ▲

95.4% 31 Day Wait (All Cancers) Sep 95.9% (YTD) ▼

100% 31 Day Wait (Anti Cancer Drug Treatments) Sep 99.3% (YTD) ▲

82.5% 31 Day Wait (Subsequent Treatment - Surgery) Sep 86.1% (YTD) ▼

90.0% 31 Day Wait (Radio Therapy Treatment) Sep 97.6% (YTD) ▼

71.7% 62 Day (All Cancers) Sep 75.0% (YTD) ▼

96.0% 62 Day (Consultant Screening) Sep 81.7% (YTD) ▲

86.6% 62 Day (Consultant Upgrades) Sep 88.2% (YTD) ▼

26 / 104 Days Sep

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

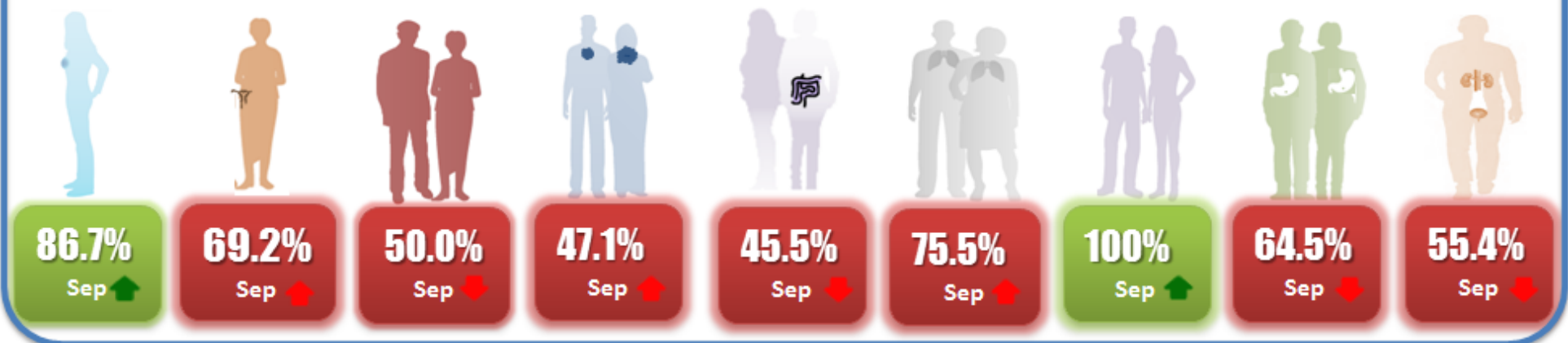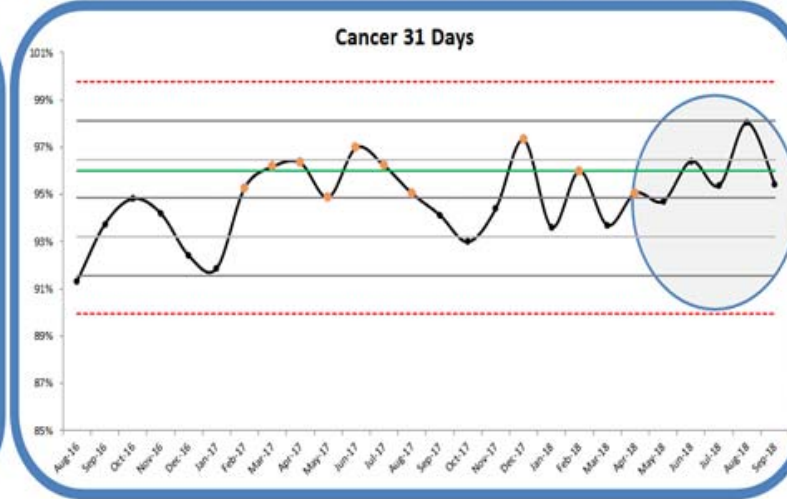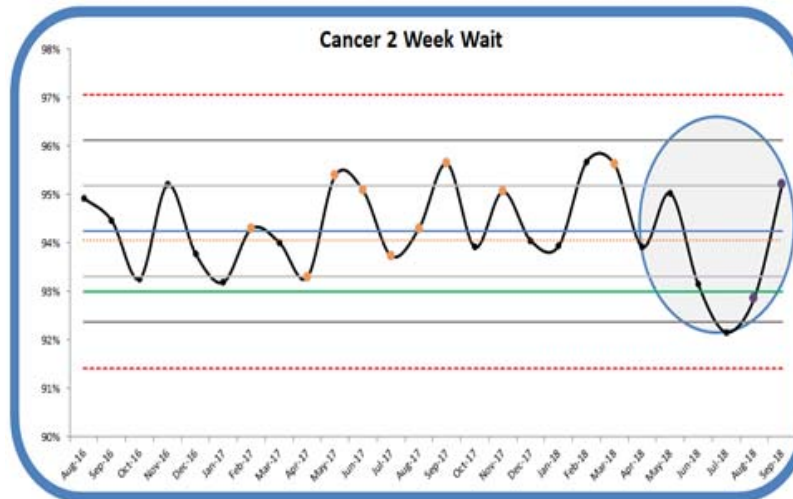| Breast	Gynae	Haematological	Head & Neck	Lower GI	Lung	Skin	Upper GI	
86.7% Sep ▲	69.2% Sep ▼	50.0% Sep ▼	47.1% Sep ▲	45.5% Sep ▼	75.5% Sep ▼	100% Sep ▲	64.5% Sep ▼	55.4% Sep ▼

Cancer – Performance Summary

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

Cancer 2 Week Wait

Cancer 31 Days

31 Day Backlog

29

Oct 18 ⬇

62 Day Backlog

77

Oct 18 ⬇

62 Day Adjusted Backlog

63

Oct 18 ⬇

SUCCESSES

Cancer performance is reported 1 month in arrears.

- Cancer Two Week Wait was achieved in September.
- 31 day wait drugs was achieved in September.

ISSUES

- Cancer 62 day treatment – was 14.3% off the national target in September.
- Increased activity in Breast, Skin, and urology
- Previous Organisational focus on Urgent Care, which has resulted in cancer cancelations.
- The 'winter effect'. Last winter patients were cancelled due to a lack of beds.

ACTIONS

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

Ambulance Handover – October 2018

University Hospitals of Leicester NHS
NHS Trust

EMAS Ambulance Handover - LRI vs other hospitals October 2018

Rank	Hospital	Total (CAD)	Coverage (%)	Total (CAD+)	30 - 59 Minutes	Over 60 Minutes	1 - 2 Hours	2 Hours Plus	% 30-59 mins	%60+ mins	%30+ mins	Average Turnaround time	Total time 30+ mins Handover Turnaround target
1	Royal Derby Hospital	4359	72%	3155	34	3	3	0	1%	0%	1%	0:26:59	293:28:47
2	Queens Medical Centre Campus Hospita	5629	66%	3724	72	2	2	0	2%	0%	2%	0:26:00	286:04:20
3	Chesterfield Royal Hospital	2324	80%	1854	77	6	6	0	4%	0%	4%	0:26:05	182:22:45
4	Kings Mill Hospital	3099	86%	2671	124	5	5	0	5%	0%	5%	0:28:10	299:01:54
5	Peterborough City Hospital	908	61%	554	32	3	2	1	6%	1%	6%	0:23:26	68:48:46
6	Northampton General Hospital	2894	81%	2346	174	17	17	0	7%	1%	8%	0:27:18	283:38:51
7	**Leicester Royal Infirmary**	**5,987**	**84%**	**5,010**	**391**	**81**	**78**	**3**	**8%**	**2%**	**9%**	**0:25:52**	**655:29:30**
8	George Eliot Hospital	235	64%	151	15	0	0	0	10%	0%	10%	0:28:23	18:56:36
9	Scunthorpe General Hospital	1452	75%	1090	90	28	28	0	8%	3%	11%	0:27:08	202:21:16
10	Kettering General Hospital	2657	82%	2179	215	24	24	0	10%	1%	11%	0:28:34	289:32:47
11	Bassetlaw District General Hospital	902	55%	494	50	7	7	0	10%	1%	12%	0:26:11	66:08:44
12	Grimsby Diana Princess Of Wales	1876	86%	1619	265	39	38	1	16%	2%	19%	0:31:03	323:27:57
13	Boston Pilgrim Hospital	1983	84%	1657	195	121	104	17	12%	7%	19%	0:35:51	381:58:47
14	Lincoln County Hospital	2541	68%	1740	196	138	114	24	11%	8%	19%	0:32:51	423:55:13
	EMAS	**39,664**	**72%**	**28,491**	**1,979**	**486**	**440**	**46**	**7%**	**2%**	**9%**	**0:27:59**	**3833:17:38**
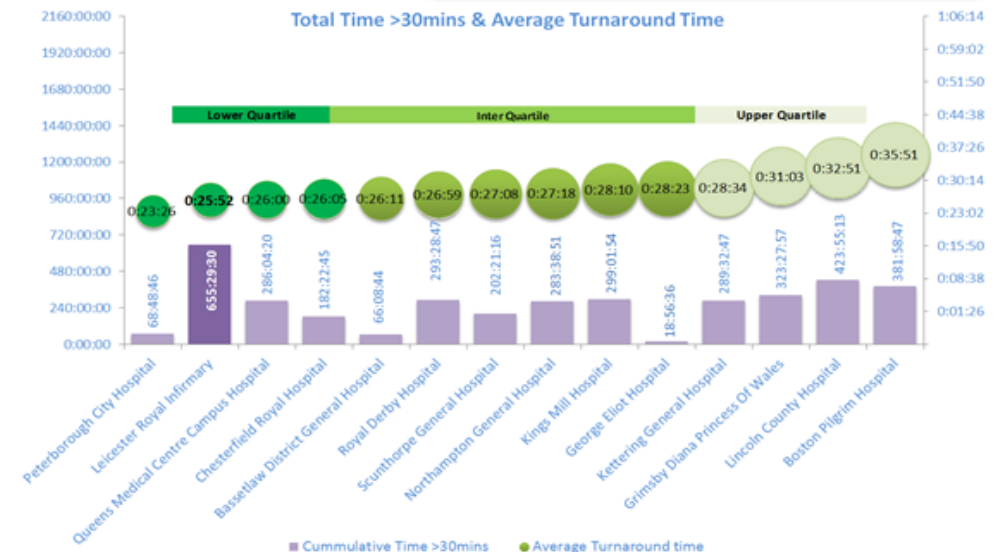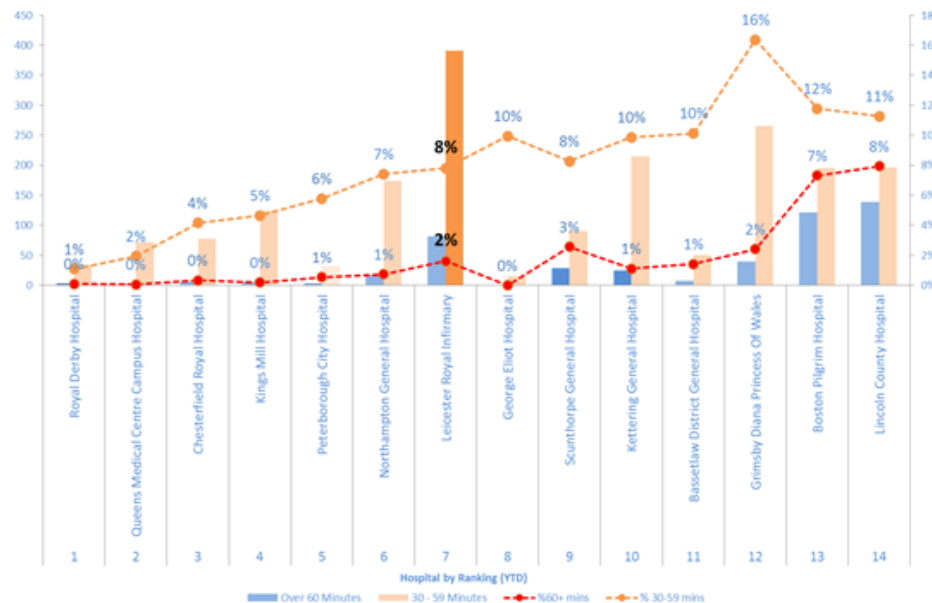
Highlights

- CAD+ data used in performance analysis (84% coverage of all arrivals at LRI).
- LRI had one of the highest number of arrivals (via CAD+) in October.
- LRI average handover time was within the Lower Quartile range an increase of 36 seconds from last month .
- Hours lost in October due to handover delays longer than 30 minutes **increased by 19%** from last month.
- The equivalent of **55** ambulance shifts (12 hours) lost.

EMAS Ambulance Handover

Total Time >30mins & Average Turnaround Time

Lowest Turnaround Time (Avg.)	Median Turnaround Time (Avg.)	LRI Turnaround Time (Avg.)	LRI Total Time over 30mins	LRI Delay >30mins – Number Ambulance Shifts	Ambulance Handover 30-59 mins	Ambulance Handover >60Mins
23 Mins	27 Mins	25 Mins	655 Hours	55 Shifts	8%	2%

RTT: Executive Performance Board

University Hospitals of Leicester NHS Trust

UHL	M7: WL Size	RTT: 85.1%
Alliance	**65,664**	RTT: 91.7%
Combined	-489 under target	RTT: 86.0%

Current Position:

UHL achieved Octobers waiting list size trajectory, with 489 fewer patients on the waiting list size than planned. The overall RTT position of 86.0% was 0.8% improvement with 468 fewer patients waiting over 18 weeks for treatment (UHL backlog reduced 409 and Alliance backlog reduced by 59).

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

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

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

RTT: Executive Performance Board

University Hospitals of Leicester
NHS Trust

Current Position:
UHL achieved Month 7's waiting list trajectory size. This continues on the progress made since July as the Trust maintains on target to delivery the 2018/19 Planning guidance planning guidance of a lower waiting list at the end of March 2019 than at the end of March 2018. RTT performance for October improved to 86.0%.
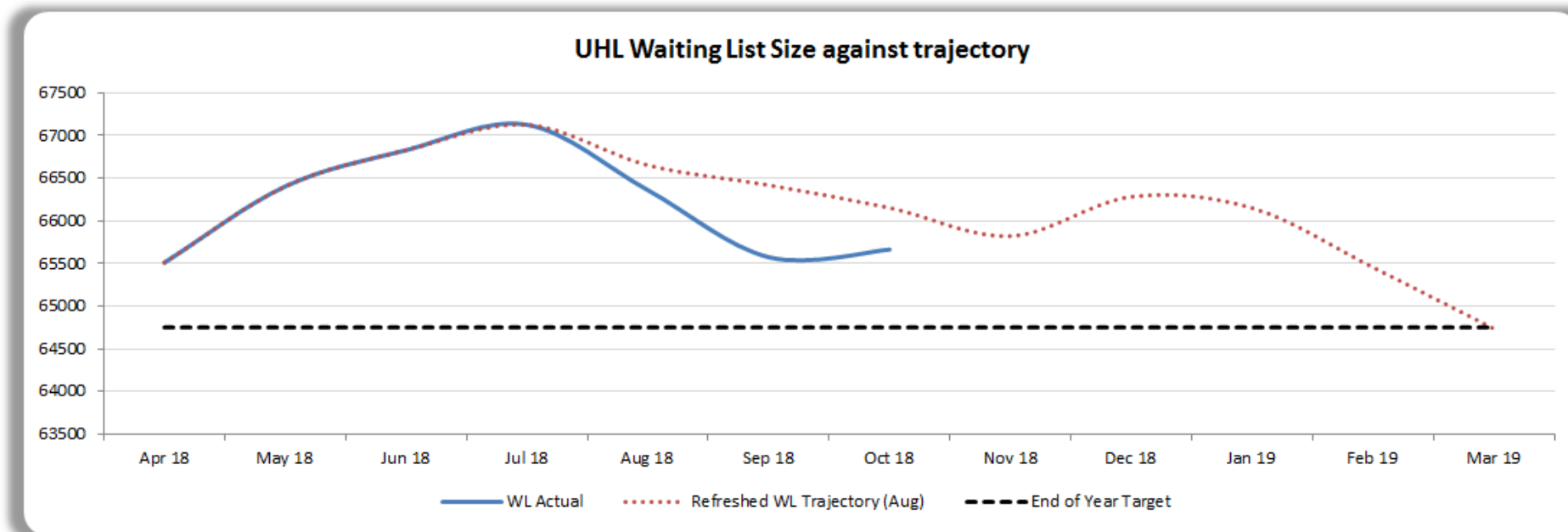
Key Drivers:
- In month slow down in the referral rate
- Continued validation of the waiting list

Key Actions
- Agreement with commissioners IPT patients at the point of referral
- Commissioners to explore directing GPs to use eRS to refer straight to the Independent Sector
- Reinvigorated theatre productivity program led by the COO with external validation by Four Eyes
- Working with NHS England to use capacity alerts on eRS for key services with the aim to inform to divert referrals to other centres that have indicated higher levels of capacity.
- Working with Information Governance on data sharing agreement with Independent Sector providers to streamline the IPT process
- Capacity in the Independent Sector sourced for additional services; Ophthalmology, Plastic Surgery, Dermatology and Pain.

UHL is forecasting to remain below the trajectory waiting list size for November and RTT performance to continue to improve.

UHL Waiting List Size against trajectory

Legend: WL Actual · · · · · Refreshed WL Trajectory (Aug) ▬ ▬ ▬ End of Year Target

RTT: Executive Performance Board

The overall combined UHL and Alliance WL size increased by 90 since the end of September.

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

Large reductions were seen in General Surgery, Paediatric Cardiology and Thoracic Medicine.

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

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

10 Largest Waiting List Size Reductions in month

- General Surgery: -224
- Paediatric Cardiology: -208
- Thoracic Medicine: -166
- Spinal Surgery: -155
- Dermatology: -105
- Paediatric ENT: -78
- Clinical Oncology: -76
- Rheumatology -48
- Paed Gastroenterology: -48
- Thoracic Surgery: -47

10 Largest Waiting List Size Increases in month

- Ophthalmology: 282
- Gynaecology: 207
- Neurology: 182
- Sports Medicine: 107
- Breast Care: 96
- Gastroenterology: 85
- Pain Management: 82
- Urology: 74
- Plastic Surgery: 68
- Orthopaedic Surgery: 52

CMG	Waiting List Size Change Since March 2018	Waiting List Size Change since August	RTT %
CHUGGS	-1317	-252	84.5%
CSI	29	-13	92.3%
ESM	629	-28	92.8%
ITAPS	623	127	91.3%
MSS	-311	256	79.9%
RRCV	141	-240	87.4%
W&C	282	157	91.2%
Alliance	836	83	91.7%
UHL	77	7	85.1%
UHL & Alliance	913	90	86.0%

52 Week Breaches — Zero (0 Change)

Current Position:

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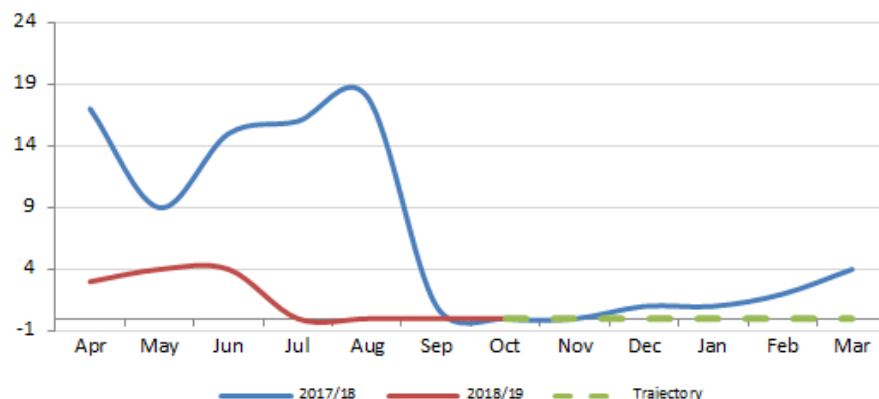
Key Drivers:

- Despite the increased number of long waiting patients, UHL's current 52 week breach performance remains significantly better than 2017's, with fewer 52 week breaches year to date. UHL remains ranked joint 1st amongst our peer group of 18 acute trusts who on average have seen a 23.8% rise in 52 weeks breaches since the end of March and nationally a 24.8% rise.
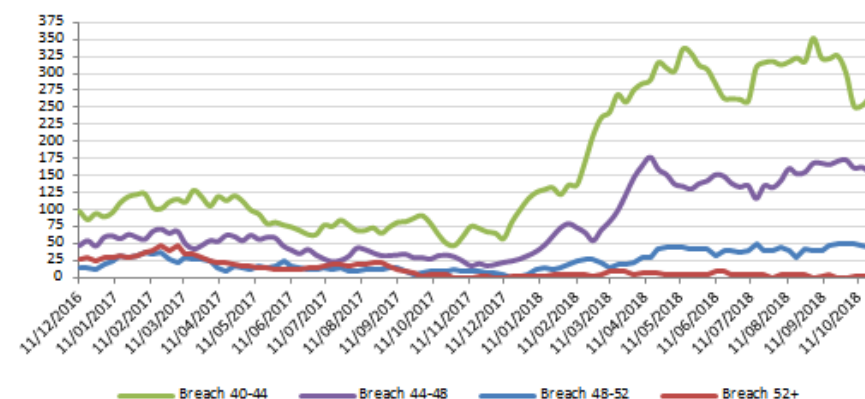
Key Actions

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

UHL is forecasting zero 52 week breaches at the end of November, with all patients having next steps in place to treat before the end of the month. Achieving zero remains a risk due to emergency pressures and the potential risk of cancellation from both the hospital and patient choice.

End of Month 52 Week Breaches

Patients over 40 weeks

Diagnostics: Executive Performance Board

University Hospitals of Leicester NHS — NHS Trust

Diagnostics: DM01

99.1% (Target >=99%) — -0.1% Change

151 Breaches — +14 Change

Imaging	**99.3%** (Target >99%) — -0.2% Change	**Breaches: 100** — +31 Change
Physiological Measurement	**95.5%** (Target >99%) — +1.1% Change	**Breaches: 8** — -16 Change
Endoscopy	**97.6%** (Target >99%) — +0.3% Change	**Breaches: 43** — -1 Change

Current Position:

UHL has achieved the DM01 standard for October with performance of 99.1%. This maintains UHL's diagnostic performance by achieving the standard for the second successful month after the initial capacity constraints at the start of 2018/19.
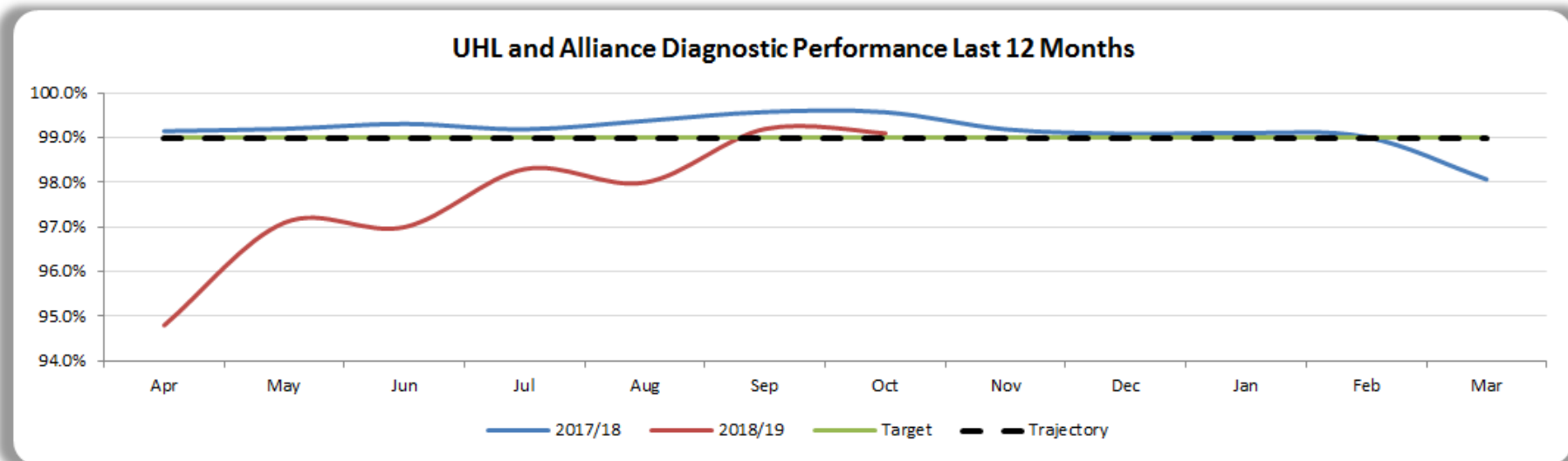
Key Drivers:

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

Key Actions:

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

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

UHL and Alliance Diagnostic Performance Last 12 Months

Legend: 2017/18, 2018/19, Target, Trajectory

Cancelled Ops: Executive Performance Board

University Hospitals of Leicester
NHS Trust

Current Position:

For October there were 139 non clinical hospital cancellations for UHL and Alliance combined. Overall 1.16% of elective FCE's were cancelled on the day for non-clinical reasons (136 UHL 1.2% and 3 Alliance 0.3%) and remains an improvement position compared with October 2017 by 0.16% cancellations . 19 patients did not receive their operation within 28 days of a non-clinical cancellation, 19 from UHL and 0 from the Alliance.

Key Drivers:

- Capacity constraints resulted in 59 cancellations (43%) of hospital non clinical cancellations. Of this 13 were within Paediatrics.
- 46 cancellations due to lack of theatre time / list overrun. Contextual information indicates other patients on the theatre list becoming more complex and late starts due to awaiting beds are causational factors.
- Fewer overall cancellations in August and September supported the continued year on year improvement within 28 day re-books.

Key Actions:

- The Theatre Programme Board, along side Four Eyes Insight are focusing on 4 work streams that will positively impact on hospital cancellations: Preoperative Assessment, Optimal Scheduling, Reducing Cancellations and Starting on time.
- Increased reporting of the 28 day re-books exception report, increasing visibility of potential breaches.
- 28 Day Performance monitored at the Weekly Access Meeting

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

Cancelled Operations

UHL	Alliance	Combined	YTD
1.2% +0.4% Change	0.3% +0.3% Change	1.1% -0.4% Change	1.1%

28 Day Re-Books

UHL	Alliance	Combined	YTD
19 +2 Change	0 0 Change	19 +2 Change	169

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

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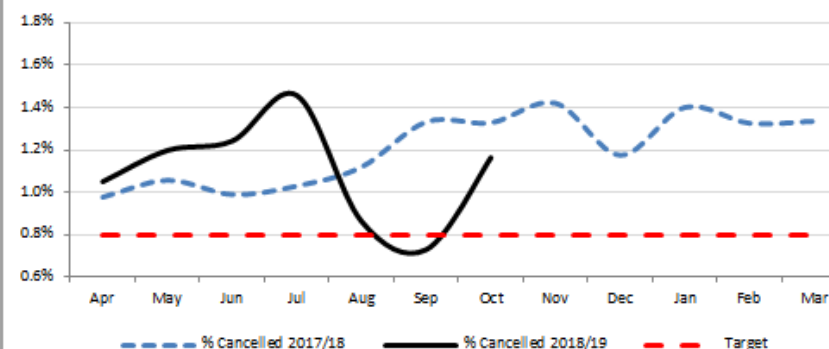
Indicator 2: The number of patients cancelled who are not offered another date within 28 days of the cancellation
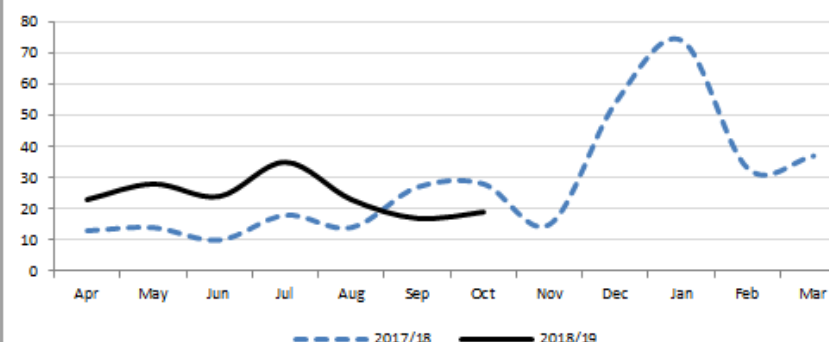
- - - 2017/18   —— 2018/19

Out Patient Transformation Programme

University Hospitals of Leicester NHS Trust

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

Reductions in number of FU attendances
0.3% (A)
Qtr1 18/19 ↑

Reduction in hospital cancellations (ENT)
24%
YTD ↑

Outpatients FFT
95%
YTD ↑

GP Referrals via ERS
90.3%
YTD ↑

91.1%
Advice & Guidance
Qtr2 18/19 ↓

Reduction of long term FU
1935
As at Nov 18 ↓

Patients seen within 15 mins
59%
YTD ↓

Coverage
17%
YTD ↑

Patients seen within 30 mins
77%
YTD ↑

% Clinic summary letters sent within 7 days
89%
YTD ↔

% appointment letters printed via outsourced provider
89%
YTD ↔

ASI Rate
26.7%
YTD

Room Utilisation
76%
YTD ↑

SUCCESSES

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

ISSUES

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

ACTIONS

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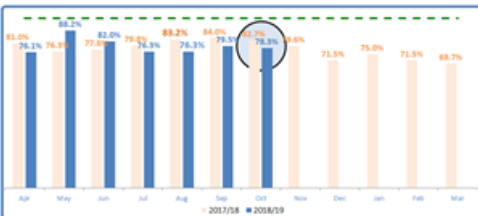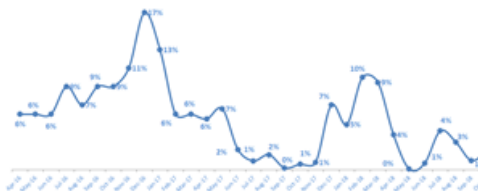- Develop financial recovery plan – DNAs and outsourcing via CfH

APPENDICES

One team shared values

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 October. 5 reported YTD.	**Trend** 	**Never Event – wrong site (wrong patient)surgery** • Patient A attended day case surgery at LGH site on the 28 September 2018 for a flexible cystoscopy and BOTOX 100 to his bladder as per waiting list. The operating list correctly stated the patient to have 'flexi cystoscopy +Botox 100' under local anaesthetic. • Patient A was seen pre-operatively at 13.30hrs by a locum urology consultant and was consented for the intended procedure. • Changes had been made to the list throughout the day as patients were cancelled. This meant changes to the running order occurred and early findings have highlighted that this was not sufficiently communicated across the team. • Patient A was taken to theatre and the sign in occurred. At this stage it was not picked up that the patient on the table was not as agreed by the theatre team after the cancellation of the previous patients. The consent form and Safer Surgery checklist were visually checked, however it was not picked up during the time out that the consent and Safer Surgery checklist did not match the circumcision procedure the team were about to perform. • The case commenced and a full circumcision was performed before the ODP recognised that the name of the patient the surgeon was referring to was not the name of the patient she had checked in. **Key Actions – What are we doing to improve performance?** • To identify system errors or individual omissions which have contributed to the incident. • To establish how recurrence may be reduced or eliminated. • To review processes for managing on the day changes to theatre lists. • To review the actions, learning and recommendations from the previous wrong patient and wrong site Never Events and how they were shared. • To review current barriers preventing wrong patient surgery. • To formulate recommendations and an action plan.	

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
ED 4 Hour Waits - is a measure of the percentage of patients that are discharged, admitted or transferred within four hours of arrival at the Emergency Department (ED).	**18/19 Target – 95% or above** The UHL performance for October was 78.3% (compared to 82.7% in the same period last year) and LLR performance was 83.7% against a trajectory of 90%.	**Benchmark** UHL Acute Ranking - ED (n/145) **Trend** 	There were 1,083 (5%) more ED/Eye Casualty attendances during October 18 compared to October 17, partially due to the change in the Children's pathway. Emergency spells are similar to the plan. Specialties higher than plan include ENT, Cardiology, General Surgery and Urology. These are offset with a reduction in Paediatric admissions due the change in the Children's pathway.	Close working with DHU to identify where further improvements can be made. This includes: 1. Increased HCA recruitment 2. Robust escalation processes 3. A further PDSA of a new model for walk in assessment 4. Ongoing contractual / Operational meetings led by CEO to address concerns
Ambulance Handover >60 Mins (CAD+ from June 15) – is a measure of the percentage of handover delays over 60 minutes	**18/19 Target – 0%** August performance for handover was 1% compared to 0.2% in the same period last year. Our YTD performance remains significantly better in comparison to same period last year.	**Trend** 	October is showing a 19% increase in hours lost in comparison to September. CAD+ coverage was 84% of all arrivals at LRI – one of the highest in the region.	1. Cohorting policy is amended so that it occurs if a patient is on the Ambulance in excess of 20 minutes. 2. ED and Flow team to undertake a series of overnight diagnostics of flow issues overnight to address poor night time performance. 3. Clerking of patients in ED when there is limited flow to enable straight to base ward when bed available. 4. COO meeting with EMAS to identify together any further actions that can be taken.

APPENDIX B: Safe Domain Dashboard

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

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	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	18/19 YTD
S1	Reduction for moderate harm and above PSIs with finally approved status - reported 1 month in arrears	AF	MD	<=12 per month	UHL	Red if >12 in mth, ER if >12 for 2 consecutive mths	May-17	262	156	235	16	17	20	20	12	33	23	32	17	25	20	19		136
S2	Serious Incidents - actual number escalated each month	AF	MD	<=37 by end of FY 18/19	UHL	Red / ER if >8 in mth or >5 for 3 consecutive mths	May-17	50	37	37	3	0	2	5	0	2	4	4	6	3	3	1	1	22
S3	Proportion of reported safety incidents per 1000 attendances (IP, OP and ED)	AF	MD	> FY 17/18	UHL	Not required	May-17	17.5	16.5	15.8	14.7	15.0	18.9	15.7	16.9	17.5	16.7	16.1	16.7	17.8	17.1	16.3	16.0	16.7
S4	SEPSIS - Patients with an Early Warning Score 3+ - % appropriate escalation	AF	SH	95%	UHL	TBC	Dec-17	New Indicator	88%	95%	95%	95%	96%	98%	97%	98%	98%	98%	98%	98%	98%	98%	98%	98%
S5	SEPSIS - Patients with EWS 3+ - % who are screened for sepsis	AF	SH	95%	UHL	TBC	Dec-17	New Indicator	93%	95%	95%	96%	96%	95%	94%	95%	96%	97%	95%	94%	94%	93%	94%	95%
S6	SEPSIS - ED - Patients who trigger with red flag sepsis - % that have their IV antibiotics within an hour - reported 1 month in arrears	AF	SH	90%	UHL	TBC	Dec-17	New Indicator	76%	85%	86%	87%	84%	83%	82%	79%	95%	93%	88%	85%	85%	86%		89%
S7	SEPSIS - Wards (including assessment units) Patients who trigger for Red Flag Sepsis - % that receive their antibiotics within an hour - reported 1 month in arrears	AF	SH	90%	UHL	TBC	Dec-17	New Indicator	55%	80%	84%	79%	76%	82%	78%	83%	84%	83%	77%	80%	87%	83%		82%
S8	Overdue CAS alerts	AF	MD	0	NHSI	Red if >0 in mth / ER = in mth >0	Nov-16	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
S9	RIDDOR - Serious Staff Injuries	AF	MD	10% Reduction on FY17/18 <=50 by end of FY 18/19	UHL	Red / ER if non compliance with cumulative target	Oct-17	32	28	56	4	9	4	3	0	6	1	7	6	9	4	3	3	33
S10	Never Events	AF	MD	0	NHSI	Red if >0 in mth / ER = in mth >0	May-17	2	4	8	1	0	1	0	0	2	1	1	2	0	0	0	1	5
S11	Clostridium Difficile	CF	DJ	61	NHSI	Red if >mthly threshold / ER if Red or Non compliance with cumulative target	Nov-17	60	60	68	7	4	4	4	5	8	12	4	5	4	7	2	6	40
S12	MRSA Bacteraemias - Unavoidable or Assigned to third Party	CF	DJ	0	NHSI	Red if >0 ER Not Required	Nov-17	1	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
S13	MRSA Bacteraemias (Avoidable)	CF	DJ	0	UHL	Red if >0 ER if >0	Nov-17	0	0	4	0	0	0	0	2	0	0	0	0	1	0	0	0	1
S14	MRSA Total	CF	DJ	0	UHL	Red if >0 ER if >0	Nov-17	0	3	4	0	0	0	0	2	0	0	0	0	1	0	0	0	1
S15	E. Coli Bacteraemias - Community	CF	DJ	TBC	NHSI	TBC	Jun-18	New Indicator	476	454	42	38	35	43	29	32	38	54	43	35	34	43	36	283
S16	E. Coli Bacteraemias - Acute	CF	DJ	TBC	NHSI	TBC	Jun-18	New Indicator	121	96	3	10	9	7	5	9	11	7	3	5	3	11	5	45
S17	E. Coli Bacteraemias - Total	CF	DJ	TBC	NHSI	TBC	Jun-18	New Indicator	597	550	45	48	44	50	34	41	49	61	46	40	37	54	41	328
S18	MSSA - Community	CF	DJ	TBC	NHSI	TBC	Nov-17	New Indicator	134	139	12	3	17	19	10	10	12	11	8	14	11	8	18	82
S19	MSSA - Acute	CF	DJ	TBC	NHSI	TBC	Nov-17	New Indicator	30	43	1	3	4	4	4	4	5	4	2	1	2	1	3	18
S20	MSSA - Total	CF	DJ	TBC	NHSI	TBC	Nov-17	New Indicator	164	182	13	6	21	23	14	14	17	15	10	15	13	9	21	100
S21	% of UHL Patients with No Newly Acquired Harms	CF	NB	>=95%	UHL	Red if <95% ER if in mth >95%	Sept-16	97.7%	97.7%	97.7%	98.1%	97.8%	98.1%	97.8%	97.4%	97.4%	97.4%	97.3%	98.4%	98.2%	98.2%	97.9%	98.0%	97.9%
S22	% of all adults who have had VTE risk assessment on adm to hosp	AF	SR	>=95%	NHSI	Red if <95% ER if in mth <95%	Nov-16	95.9%	95.8%	95.4%	95.8%	96.1%	95.2%	94.9%	93.6%	94.0%	93.6%	95.5%	95.6%	95.1%	95.5%	95.5%	94.8%	95.1%
S23	All falls reported per 1000 bed stays for patients >65years- reported 1 month in arrears	CF	HL	<=5.5	UHL	Red if >6.6 ER if 2 consecutive reds	Jun-18	5.4	5.9	6.0	5.6	5.4	6.2	7.7	6.1	6.6	7.3	6.1	7.0	6.1	5.7	6.1		6.4
S24	Avoidable Pressure Ulcers - Grade 4	CF	MC	0	QS	Red / ER if Non compliance with monthly target	Aug-17	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
S25	Avoidable Pressure Ulcers - Grade 3	CF	MC	<=3 a month (revised) with FY End <27	QS	Red / ER if Non compliance with monthly target	Aug-17	33	28	8	0	0	1	1	2	0	0	0	1	1	1	0	0	3
S26	Avoidable Pressure Ulcers - Grade 2	CF	MC	<=7 a month (revised) with FY End <84	QS	Red / ER if Non compliance with monthly target	Aug-17	89	89	53	3	1	7	5	7	4	7	4	7	7	1	10	0	36
S27	Maternal Deaths (Direct within 42 days)	AF	IS	0	UHL	Red or ER if >0	Jan-17	0	2	2	0	1	0	0	0	1	1	0	0	0	0	1	0	2
S28	Emergency C Sections (Coded as R18)	IS	EB	Not within Highest Decile	NHSI	Red / ER if Non compliance with monthly target	Jan-17	17.5%	16.8%	18.2%	19.3%	16.1%	18.0%	19.1%	19.8%	17.4%	19.3%	19.9%	19.4%	16.8%	19.3%	15.7%	17.6%	18.3%

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

Caring

KPI Ref	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	15/16 Outturn	16/17 Outturn	17/18 Outturn	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	18/19 YTD
C1	Formal complaints rate per 1000 IP,OP and ED attendances	AF	MD	No Target	UHL	Monthly reporting	Aug-17	NEW INDICATOR	1.1	1.3	1.8	1.2	1.2	1.5	1.4	1.6	1.5	1.6	1.3	1.6	1.7	1.7	1.8	1.6
C2	Percentage of upheld PHSO cases	AF	MD	No Target	UHL	Quarterly reporting	Sep-17	NEW INDICATOR	5%	0%	0% (0 out of 3 cases)			0% (0 out of 3 cases)			0% (0 out of 4 cases)			0% (0 out of 5 cases)				0%
C3	Published Inpatients and Daycase Friends and Family Test - % positive	CF	HL	97%	UHL	Red if <95% ER if red for 3 consecutive months Revise threshold 17/18	Jun-17	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	98%	97%	97%	97%	97%	97%	97%
C4	Inpatients only Friends and Family Test - % positive	CF	HL	97%	UHL	Red if <95% ER if red for 3 consecutive months Revise threshold 17/18	Jun-17	97%	96%	96%	95%	96%	96%	96%	97%	96%	96%	97%	97%	95%	96%	96%	96%	96%
C5	Daycase only Friends and Family Test - % positive	CF	HL	97%	UHL	Red if <95% ER if red for 3 consecutive months Revise threshold 17/18	Jun-17	98%	98%	98%	99%	98%	99%	99%	98%	98%	99%	99%	98%	98%	98%	98%	99%	98%
C6	A&E Friends and Family Test - % positive	CF	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	96%	91%	95%	95%	95%	95%	97%	94%	94%	95%	96%	95%	95%	95%	95%	95%	95%
C7	Outpatients Friends and Family Test - % positive	CF	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	94%	93%	95%	94%	95%	96%	96%	95%	95%	95%	96%	95%	95%	95%	95%	95%	95%
C8	Maternity Friends and Family Test - % positive	CF	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	95%	95%	95%	93%	95%	94%	95%	95%	96%	94%	94%	93%	94%	94%	94%	95%	94%
C9	Friends & Family staff survey: % of staff who would recommend the trust as place to receive treatment (from Pulse Check)	HW	JTF	TBC	NHSI	TBC	Aug-17	70.0%	73.6%	69.8%	65.0%			69.3%			70.5%			75.2%				72.8%
C10	Single Sex Accommodation Breaches (patients affected)	CF	HL	0	NHSI	Red if >0 ER if 2 consecutive months >5	Dec-16	1	60	30	1	1	0	0	0	19	13	0	11	2	6	0	9	41

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

KPI Ref	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	15/16 Outturn	16/17 Outturn	17/18 Outturn	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	18/19 YTD
W1	Published Inpatients and Daycase Friends and Family Test - Coverage (Adults and Children)	CF	HL	Not Applicable	N/A	Not Appicable	Jun-17	27.4%	30.2%	27.9%	28.2%	27.7%	24.2%	25.0%	24.4%	23.8%	26.7%	28.6%	27.7%	27.8%	25.5%	26.9%	26.3%	27.1%
W2	Inpatients only Friends and Family Test - Coverage (Adults and Children)	CF	HL	30%	QS	Red if <26% ER if 2mths Red	Jun-17	31.0%	35.3%	31.9%	32.4%	31.6%	25.4%	28.3%	28.4%	26.0%	30.6%	32.2%	30.1%	31.6%	26.8%	28.5%	29.4%	29.9%
W3	Daycase only Friends and Family Test - Coverage (Adults and Children)	CF	HL	20%	QS	Red if <10% ER if 2 mths Red	Jun-17	22.5%	24.4%	23.6%	23.8%	23.9%	22.8%	21.5%	19.9%	21.3%	22.4%	24.6%	25.3%	23.6%	24.2%	25.2%	22.9%	24.0%
W4	A&E Friends and Family Test - Coverage	CF	HL	10%	QS	Red if <7.1% ER if 2 mths Red	Jun-17	10.5%	10.8%	9.9%	9.7%	8.8%	8.1%	10.0%	7.5%	7.2%	7.1%	12.0%	9.9%	10.8%	7.2%	6.9%	8.8%	9.0%
W5	Outpatients Friends and Family Test - Coverage	CF	HL	5%	QS	Red if <1.5% ER if 2 mths Red	Jun-17	1.4%	3.0%	5.7%	6.1%	6.0%	6.3%	3.9%	4.7%	5.7%	5.7%	5.7%	5.8%	5.5%	5.4%	5.4%	5.3%	5.5%
W6	Maternity Friends and Family Test - Coverage	CF	HL	30%	UHL	Red if <26% ER if 2 mths Red	Jun-17	31.6%	38.0%	40.2%	40.3%	46.0%	33.8%	36.7%	30.1%	38.9%	35.9%	41.9%	37.2%	38.5%	37.2%	39.1%	44.8%	39.2%
W7	Friends & Family staff survey: % of staff who would recommend the trust as place to work (from Pulse Check)	HW	BK	Not within Lowest Decile	NHSI	TBC	Sep-17	55.4%	61.9%	57.9%	57.0%			54.7%			60.3%			61.9%				61.1%
W8	Nursing Vacancies	CF	MM	TBC	UHL	Separate report submitted to QAC	Dec-17	8.4%	9.2%	11.9%	9.4%	11.1%	11.4%	14.4%	11.3%	11.9%	12.4%	14.0%	15.0%	14.6%	14.4%	15.2%	15.0%	15.0%
W9	Nursing Vacancies in ESM CMG	CF	MM	TBC	UHL	Separate report submitted to QAC	Dec-17	17.2%	15.4%	23.4%	22.1%	23.8%	22.7%	29.0%	23.1%	23.4%	27.5%	29.5%	30.5%	29.0%	28.4%	28.8%	28.4%	28.4%
W10	Turnover Rate	HW	LG	TBC	NHSI	Red = 11% or above ER = Red for 3 Consecutive Mths	Nov-17	9.9%	9.3%	8.5%	8.6%	8.5%	8.5%	8.4%	8.4%	8.5%	8.5%	8.6%	8.4%	8.4%	8.3%	8.6%	8.3%	8.3%
W11	Sickness absence (reported 1 month in arrears)	HW	BK	3%	UHL	Red if >4% ER if 3 consecutive mths >4.0%	Oct-16	3.6%	3.3%	4.2%	4.0%	4.2%	4.7%	5.3%	5.3%	4.7%	3.6%	3.4%	3.5%	3.5%	3.7%	4.0%		3.6%
W12	Temporary costs and overtime as a % of total paybill	HW	LG	TBC	NHSI	TBC	Nov-17	10.7%	10.6%	12.0%	10.7%	11.5%	9.9%	12.2%	10.9%	13.0%	11.0%	12.2%	11.8%	11.3%	10.8%	10.8%	11.5%	11.1%
W13	% of Staff with Annual Appraisal (excluding facilities Services)	HW	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	90.7%	91.7%	88.7%	90.9%	89.9%	90.4%	89.8%	88.8%	88.7%	89.3%	89.3%	89.8%	91.1%	91.6%	92.2%	92.1%	92.1%
W14	Statutory and Mandatory Training	HW	BK	95%	UHL	TBC	Dec-16	93%	87%	88%	DATA UNAVAILABLE	81%	84%	85%	86%	88%	89%	89%	89%	90%	88%	88%	88%	88%
W15	% Corporate Induction attendance	HW	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	97%	96%	97%	95%	97%	96%	96%	98%	98%	96%	96%	98%	98%	95%	96%	97%	97%
W16	BME % - Leadership (8A – Including Medical Consultants)	HW	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17	New Indicator	26%	27%	27%			27%			28%			29%				29%
W17	BME % - Leadership (8A – Excluding Medical Consultants)	HW	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17	New Indicator	12%	14%	13%			14%			14%			15%				15%
W18	Executive Team Turnover Rate - Executive Directors (rolling 12 months)	HW	AH	TBC	UHL	TBC	Nov-17	New Indicator	0%	40%	20%	20%	20%	40%	40%	40%	75%	75%	50%	50%	50%	50%	40%	40%
W19	Executive Team Turnover Rate - Non Executive Directors (rolling 12 months)	HW	AH	TBC	UHL	TBC	Nov-17	New Indicator	25%	13%	14%	14%	14%	14%	13%	13%	13%	13%	0%	0%	0%	0%	25%	25%
W20	DAY Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	CF	MM	TBC	NHSI	TBC	Jul-18	90.5%	90.5%	91.3%	92.3%	93.3%	91.6%	93.1%	92.8%	94.2%	87.2%	88.6%	87.2%	80.1%	77.3%	78.1%	78.4%	82.5%
W21	DAY Safety staffing fill rate - Average fill rate - care staff (%)	CF	MM	TBC	NHSI	TBC	Jul-18	92.0%	92.3%	101.1%	109.6%	113.0%	110.4%	109.8%	104.5%	105.5%	99.9%	100.2%	98.2%	94.7%	94.6%	95.1%	95.9%	96.9%
W22	NIGHT Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	CF	MM	TBC	NHSI	TBC	Jul-18	95.4%	96.4%	93.6%	90.3%	91.1%	91.5%	92.4%	92.5%	93.0%	93.5%	95.7%	94.3%	88.0%	84.8%	86.6%	88.2%	90.2%
W23	NIGHT Safety staffing fill rate - Average fill rate - care staff (%)	CF	MM	TBC	NHSI	TBC	Jul-18	98.9%	97.1%	111.0%	119.9%	122.5%	117.7%	119.4%	119.4%	120.5%	124.2%	119.8%	118.0%	124.1%	112.4%	121.5%	123.3%	121.9%

APPENDIX E: Effective Domain Dashboard

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

	KPI Ref	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	15/16 Outturn	16/17 Outturn	17/18 Outturn	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-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%	8.5%	8.5%	9.4%	9.1%	9.3%	9.3%	9.4%	9.2%	9.1%	9.0%	9.0%	8.8%		9.1%
	E2	Mortality - Published SHMI	AF	RB	<=99	QC	Red/ER if not within national expected range	Sep-16	96	102 (Oct15-Sep16)	98 (Oct16-Sep17)	101 (Apr16-Mar17)		100 (Jul16-Jun17)			98 (Sep17)	(Oct16-	97 (Dec17)		(Jan17-	95 (Apr17-Mar18)			95
	E3	Mortality - Rolling 12 mths SHMI (as reported in HED) Rebased	AF	RB	<=99	QC	Red/ER if not within national expected range	Sep-16	97	101	93	94	93	95	97	95	95	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	95	94	94	94	94	93	93	93	95	95	Awaiting HED Update			95
	E5	Crude Mortality Rate Emergency Spells	AF	RB	<=2.4%	UHL	Monthly Reporting	Apr-17	2.3%	2.4%	2.2%	1.9%	2.0%	2.7%	2.5%	2.6%	2.3%	2.2%	2.0%	1.9%	2.0%	1.9%	1.9%	2.1%	2.0%
	E6	No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions	AF	AC	72% or above	QS	Red if <72% ER if 2 consecutive mths <72%	Jun-17	63.8%	71.2%	69.9%	61.1%	75.4%	67.9%	72.6%	66.1%	66.7%	74.6%	64.2%	53.5%	58.8%	82.6%	77.2%	83.6%	70.4%
	E7	Stroke - 90% of Stay on a Stroke Unit	ED	RM	80% or above	QS	Red if <80% ER if 2 consecutive mths <80%	Apr-18	85.6%	85.0%	86.7%	87.4%	88.4%	88.1%	83.0%	80.4%	81.1%	83.3%	88.0%	84.3%	86.8%	80.6%	82.8%		84.5%
	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%	67.9%	60.8%	65.3%	36.0%	28.8%	51.2%	48.1%	67.3%	77.7%	70.2%	50.4%	28.7%	38.6%	52.1%

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

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	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	18/19 YTD
R1	ED 4 Hour Waits UHL	RB	RM	95% or above	NHSI	Green if in line with NHSI trajectory	Aug-17	86.9%	79.6%	77.6%	82.7%	79.6%	71.5%	75.0%	71.5%	69.7%	76.1%	88.2%	82.0%	76.3%	76.3%	79.5%	78.3%	79.6%
R2	ED 4 Hour Waits UHL + LLR UCC (Type 3)	RB	RM	95% or above	NHSI	Red if <85% Amber if >85% and <90% Green 90%+ ER via ED TB report	Aug-17	NEW INDICATOR		80.6%	NEW INDICATOR	85.1%	79.5%	81.8%	78.7%	77.9%	82.8%	91.3%	87.1%	83.1%	83.0%	84.7%	83.7%	85.1%
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	3	0	2	35	0	0	0	0	0	0	0	0
R4	RTT - Incomplete 92% in 18 Weeks UHL+ALLIANCE	RB	WM	92% or above	NHSI	Green if in line with NHSI trajectory	Nov-16	92.6%	91.8%	85.2%	92.1%	92.1%	90.2%	88.8%	87.5%	85.2%	85.8%	86.8%	87.0%	86.5%	85.8%	85.2%	86.0%	86.0%
R5	RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE	RB	WM	0	NHSI	Red /ER if >0	Nov-16	232	24	4	0	0	1	1	2	4	3	4	4	0	0	0	0	0
R6	6 Week - Diagnostic Test Waiting Times (UHL+ALLIANCE)	RB	WM	1% or below	NHSI	Red /ER if >1%	Dec-16	1.1%	0.9%	1.9%	0.4%	0.8%	0.9%	0.9%	1.0%	1.9%	5.2%	2.9%	3.0%	1.7%	2.0%	0.8%	0.9%	0.9%
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	28	15	55	74	31	37	24	27	24	32	22	17	19	165
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	1	1	0	0	1	0	3	0	0	0	0
R10	% Operations cancelled for non-clinical reasons on or after the day of admission UHL	RB	WM	0.8% or below	Contract	Red if >0.8% ER if >0.8%	Jan-17	1.0%	1.2%	1.3%	1.4%	1.5%	1.4%	1.4%	1.4%	1.5%	1.1%	1.2%	1.2%	1.4%	0.9%	0.8%	1.2%	1.1%
R11	% Operations cancelled for non-clinical reasons on or after the day of admission ALLIANCE	RB	WM	0.8% or below	Contract	Red if >0.8% ER if >0.8%	Jan-17	0.9%	0.9%	0.6%	0.9%	0.8%	0.3%	1.2%	0.2%	0.0%	0.9%	0.6%	1.7%	1.6%	0.1%	0.0%	0.3%	0.7%
R12	% Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	RB	WM	0.8% or below	Contract	Red if >0.8% ER if >0.8%	Jan-17	1.0%	1.2%	1.2%	1.3%	1.4%	1.3%	1.4%	1.3%	1.3%	1.1%	1.2%	1.2%	1.5%	0.9%	0.7%	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	156	174	129	151	134	144	110	139	138	161	98	79	139	864
R14	Delayed transfers of care	RB	JD	3.5% or below	NHSI	Red if >3.5% ER if Red for 3 consecutive mths	Oct-17	1.4%	2.4%	1.9%	1.7%	1.9%	2.2%	2.2%	2.6%	1.7%	1.6%	1.3%	1.3%	1.2%	1.6%	1.4%	1.6%	1.4%
R15	Ambulance Handover >60 Mins (CAD+ from June 15)	RB	MN	0	Contract	Red if >0 ER if Red for 3 consecutive mths	TBC	5%	9%	4%	0.6%	0.8%	7%	5%	10%	9%	4%	0.1%	0.7%	4%	3%	1%	2%	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%	6%	8%	13%	11%	14%	15%	8%	1.4%	4%	8%	8%	5%	8%	6%

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

Responsive Cancer

** Cancer statistics are reported a month in arrears.

KPI Ref	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	15/16 Outturn	16/17 Outturn	17/18 Outturn	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	18/19 YTD
RC1	Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	RB	DB	93% or above	NHSI	Red if <93% ER if Red for 2 consecutive mths	Jul-16	90.5%	93.2%	94.7%	95.6%	93.9%	95.1%	94.1%	93.9%	95.7%	95.6%	93.9%	95.0%	93.1%	92.2%	92.9%	95.2%	**	93.7%
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%	95.4%	94.3%	90.3%	88.1%	89.0%	92.5%	92.0%	90.3%	95.5%	88.7%	84.5%	86.6%	94.0%	**	89.9%
RC3	31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	RB	DB	96% or above	NHSI	Red if <96% ER if Red for 2 consecutive mths	Jul-16	94.8%	93.9%	95.1%	94.1%	93.0%	94.4%	97.3%	93.6%	96.0%	93.7%	95.1%	94.7%	96.4%	95.4%	98.0%	95.4%	**	95.9%
RC4	31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	RB	DB	98% or above	NHSI	Red if <98% ER if Red for 2 consecutive mths	Jul-16	99.7%	99.7%	99.1%	99.1%	100.0%	100.0%	98.1%	99.0%	98.9%	100%	100%	99.2%	98.0%	100%	98.5%	100%	**	99.3%
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%	82.1%	80.2%	94.3%	88.2%	84.4%	83.6%	80.3%	77.4%	90.1%	89.6%	87.0%	89.6%	82.5%	**	86.1%
RC6	31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	RB	DB	94% or above	NHSI	Red if <94% ER if Red for 2 consecutive mths	Jul-16	94.9%	93.5%	95.4%	92.1%	94.9%	97.2%	97.6%	95.8%	98.3%	94.8%	97.5%	98.1%	100%	99.3%	100.0%	90.0%	**	97.6%
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%	79.1%	78.8%	76.1%	81.3%	76.0%	72.9%	75.6%	78.6%	75.7%	74.5%	77.0%	72.9%	71.7%	**	75.0%
RC8	62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	RB	DB	90% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	89.1%	88.6%	85.2%	80.0%	89.3%	76.3%	74.1%	78.7%	81.8%	78.1%	58.5%	86.8%	81.0%	88.5%	84.0%	96.0%	**	81.7%
RC9	Cancer waiting 104 days	RB	DB	0	NHSI	TBC	Jul-16	New Indicator	10	18	8	16	13	14	20	14	18	11	9	11	17	29	26	13	13

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	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-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%	--	--	--	--	--	--	0.0%	--	--	100%	**	33.3%
RC11	Breast	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	95.6%	96.3%	93.8%	93.1%	97.0%	92.6%	94.5%	94.1%	85.3%	92.3%	89.6%	93.7%	92.9%	91.4%	85.4%	86.7%	**	89.7%
RC12	Gynaecological	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	73.4%	69.5%	70.6%	46.7%	82.4%	69.0%	82.9%	52.6%	70.3%	85.7%	71.4%	35.0%	66.7%	55.0%	58.3%	69.2%	**	60.3%
RC13	Haematological	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	63.0%	70.6%	81.0%	70.0%	100%	85.7%	85.7%	66.7%	55.6%	88.9%	80.0%	57.1%	50.0%	100.0%	64.3%	50.0%	**	69.8%
RC14	Head and Neck	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	50.7%	44.5%	55.4%	61.9%	57.7%	40.9%	46.2%	50.0%	62.5%	62.5%	42.1%	60.0%	55.6%	42.9%	37.5%	47.1%	**	47.0%
RC15	Lower Gastrointestinal Cancer	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	59.8%	56.8%	58.5%	78.3%	38.7%	62.5%	50.0%	72.7%	58.3%	41.7%	51.9%	53.1%	66.7%	63.2%	58.8%	45.5%	**	57.0%
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%	61.4%	64.1%	62.2%	89.7%	58.3%	65.1%	52.0%	70.2%	70.5%	78.3%	82.4%	60.7%	75.5%	**	72.7%
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%	40.0%	66.7%	0.0%	100%	100%	--	100%	--	66.7%	50.0%	0.0%	0.0%	75.0%	**	53.8%
RC18	Sarcoma	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	81.3%	45.2%	56.7%	50.0%	100%	100%	20.0%	100.0%	--	20.0%	0.0%	66.7%	100%	100%	97.6%	0.0%	**	57.1%
RC19	Skin	RB	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	94.1%	96.9%	96.8%	96.1%	97.3%	97.4%	100%	90.0%	97.3%	100%	94.4%	100%	93.2%	100%	97.6%	100%	**	97.6%
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%	63.2%	81.1%	78.8%	80.0%	92.3%	64.7%	55.6%	67.7%	61.5%	81.6%	60.7%	77.8%	64.5%	**	68.6%
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%	83.5%	66.7%	69.2%	77.9%	75.6%	68.4%	75.0%	78.7%	75.7%	59.4%	67.8%	64.7%	55.4%	**	66.4%
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%	100%	100%	--	0.0%	0.0%	40.0%	100%	100%	75.0%	100%	66.7%	100%	**	82.4%
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%	79.1%	78.8%	76.1%	81.3%	76.0%	72.9%	75.6%	78.6%	75.7%	74.5%	77.3%	72.9%	71.7%	**	75.0%

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

Out Patient Transformation Programme

| Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	Baseline	17/18 Outturn	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	18/19 YTD
Friends and Family test score (Coverage)	JS	HL	5%	QS	Red if <4.5% Amber if <5% Green if >=5% ER if 3 mths Red	Jun-17	3.0%	5.7%	6.1%	6.0%	6.3%	3.9%	4.7%	5.7%	5.7%	5.7%	5.8%	5.5%	5.4%	5.4%	5.3%	5.5%
% 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%	93.9%	95.3%	95.6%	96.2%	95.4%	95.3%	95.2%	95.6%	95.1%	95.0%	95.1%	94.7%	95.2%	95.1%
Paper Switch Off (PSO) - % GP referrals received via ERS	MW	HC	100%	UHL	Project commenced August 2017. NHSE Target 100% by October 2018.	New Indicator	64%	70.4%	65.4%	66.9%	67.2%	68.4%	68.3%	70.4%	77.3%	83.2%	91.2%	92.2%	92.9%	92.4%	94.3%	90.3%
Advice and Guidance Provision (% Services within specialty)	MW	HC	35%	CQUIN	Green if >35% by Q4 17/18 Green if >75% by Q4 18/19	New Indicator	TBC	97.2%	88.8% 26 specialties / 107 services			97.2% 28 Specialties / 125 services			93.5% 31 Specialties / 143 services			88.6% 31 Specialties / 151 Services				91.1%
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%	22.1%	16.1%	15.5%	14.5%	17.6%	21.4%	23.3%	26.2%	25.2%	26.4%	26.5%	27.0%	26.7%	26.7%
% Patients seen within 15mins of their appointment time	MW	ZS/ST	TBC	UHL	TBC	New Indicator	56% 19% (Cov)	57% 17% (Cov)	57% 16% (Cov)	56% 17% (Cov)	58% 16% (Cov)	55% 17% (Cov)	56% 16% (Cov)	59% 16% (Cov)	60% 16% (Cov)	58% 16% (Cov)	60% 16% (Cov)	59% 17% (Cov)	58% 18% (Cov)	58% 17% (Cov)	57% 18% (Cov)	59%
% Patients seen within 30 mins of their appointment time	MW	ZS/ST	TBC	UHL	TBC	New Indicator	73% 19% (Cov)	74% 17% (Cov)	74% 16% (Cov)	73% 17% (Cov)	74% 17% (Cov)	74% 17% (Cov)	74% 16% (Cov)	76% 16% (Cov)	77% 16% (Cov)	75% 16% (Cov)	78% 16% (Cov)	77% 17% (Cov)	76% 18% (Cov)	76% 17% (Cov)	77% 18% (Cov)	77%
% Clinics Waiting times Recorded (Coverage)	MW	ZS/ST	98% by Dec 18	UHL	Green if variation <=4% Amber if variation >4.1% and <8% Red if variation >8% Trajectory - 50% Aug, 75% Sep, 80% Oct, 85% Nov 98% Dec	New Indicator	16%	17%	16%	17%	17%	17%	16%	16%	16%	16%	16%	17%	18%	17%	18%	17%
Reduction in number of long term follow up >12 months	MW	WM	0	UHL	TBC	New Indicator	2851	1467	1351	1404	1335	1115	1247	1467		1339	1431	1369	1649	1935		1935
Reductions in number of FU attendances	MW	MP/DT	6.0%	UHL	Quarterly Reporting - Red if variance higher than 6% (Adverse)	New Indicator	6.0%	1.1% (A)	1.6% (A)			4.2% (F)			1.8% (A)			1.2% (F)				0.3% (A)
% Reduction in hospital cancellations (ENT)	MW	ZS/ST	15% by Mar 19	UHL	Green if <=?? Amber if >?? and <?? Red if >?? Trajectory - 21% Apr, 21% May, 20% Jun, 19% Jul, 19% Aug, 18% Sep, 18% Oct, 17% Nov,17% Dec, 16% Jan, 16% Feb, 15% Mar	New Indicator	21%	23%	27%	20%	27%	26%	22%	23%	23%	22%	21%	24%	28%	25%	28%	24%
% Room Utilisation (CSI areas)	MW	MA	80%	UHL	RAG Rating to March 2018 - Red<70%, Amber < 80%, Green >=80%	New Indicator	TBC	70%	72%	73%	66%	73%	74%	75%	77%	79%	72%	72%	74%	75%	79%	76%
% appointment letters printed via outsourced provider	MW	SP	85%	UHL	From APRIL 2018: Red<75%, Amber < 95%	New Indicator	82%	84%	85%	86%	85%	85%	85%	86%	88%	89%	89%	89%	89%	90%	90%	89%
% Clinic summary letters sent within 7 days	MW	WM	90%	UHL	TBC	New Indicator			INDICATOR REPORTING TO COMMENCE FROM APRIL 2018						85%	90%	92%	85%	92%	85%	85%	89%
% Clinic summary letters sent within 10 days	MW	WM	90%	UHL	TBC	New Indicator			89%	84%	80%	76%	84%	79%	85%							85%
% Hardware replacement	JC	AC	17%	UHL	17% by March 2018	New Indicator		79.5% 97 of 122	107 TO BE REPLACED BY MARCH 2018			67% 82 of 122	79.5% 97 of 122	79.5% 97 of 122								79.5% 97 of 122
% Compliance with PLACE standards (ENT & Cardiology)	DK	RK	80%	UHL	Quarterly Reporting 3% increase every quarter	New Indicator	80%	73.1%	NEW INDICATOR		73.1%			AWAITING UPDATE								AWAITING UPDATE
Number of staff enrolling for the new apprenticeship with Leicester College	MW	DW	100 by FYE 18/19	UHL	TBC	New Indicator			NEW INDICATOR					NEW INDICATOR								NEW INDICATOR
E-learning	MW	DW	1000 by March 2019	UHL	TBC	New Indicator			REPORTING TO COMMENCE IN QTR 4 2018/19													REPORTING QTR 4

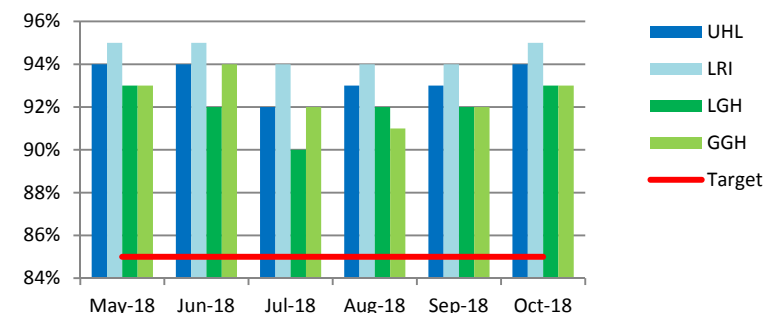## Estates and Facilities - <u>Cleanliness</u>

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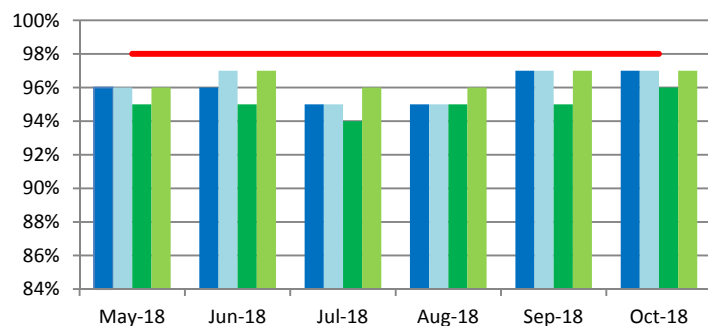
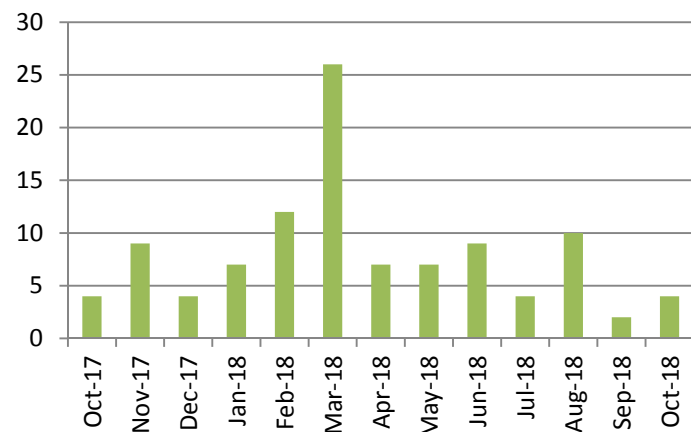**Cleanliness Audit Scores by Risk Category - High**
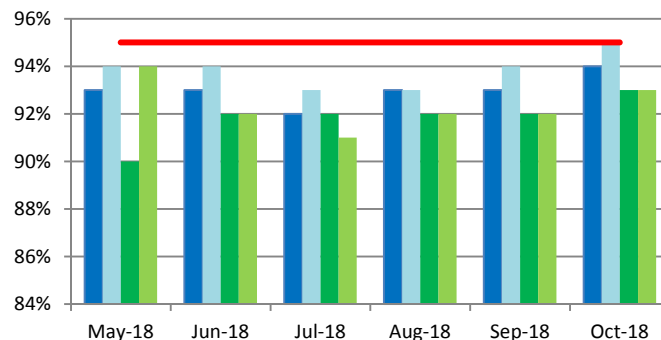
Cleanliness Audit Scores by Risk Category - Significant

Legend: UHL, LRI, LGH, GGH, Target

Triangulation Data - Cleaning

Legend: Cleaning Standards, Cleaning Frequency
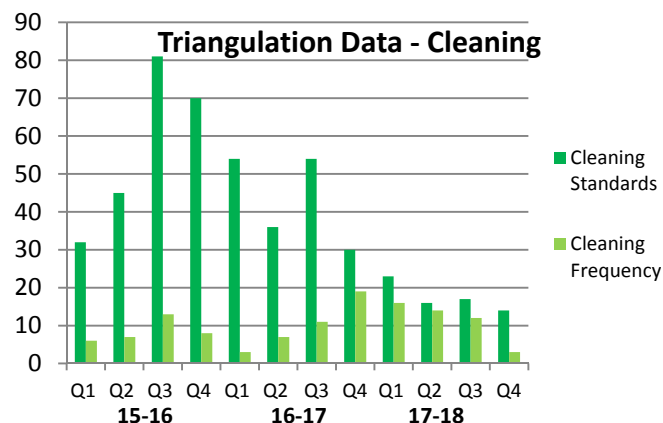
Number of Datix Incidents Logged - Cleaning

Cleanliness Report

Explanatory Notes
The above charts show average audit scores for the whole Trust and by hospital site for the last 6 months. Each chart covers specific risk categories:-
- Very High – e.g. Operating Theatres, ITUs, A&E - Target Score 98%
- High – Wards e.g. Sterile supplies, Public Toilets – Target Score 95%
- Significant – e.g. Outpatient Departments, Pathology labs – Target Score 85%

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

The triangulation data is collected by the Trust from numerous patient sources including Message to Matron, Friends and Family Test, Complaints, online sources and Message to volunteer or Carer. This is collated collectively as 'Suggestions for Improvement' previously on a quarterly basis however this will change to bi-annually going forward.

Notes on Performance

This month's scores see a slight improvement across the board
For very high-risk areas, the overall score has remained the same as last month at 97%. At individual sit level LGH has improved by 1%, whilst the LRI and the GGH have remained at 97%. All 3 sites continue to remain slightly behind the 98% target.

High risk area scores have improved for all three sites with the LRI score achieving the target 95% for the first time since May 1995 and only the second time since the hand back of services. The overall score achieved at 94% is just below the target level. Significant risk areas remain above the 85% target and have also shown and improvement.

The number of datix incidents logged for October remains low at four.

Performance scores overall have shown slight improvement for four consecutive months however in order to meet the overall Estates and Facilities financial control total cover arrangements will need to be strictly controlled and this is highly likely to have a negative impact on standards.

Estates and Facilities – Patient Catering

Patient Catering Survey – September 2018	Percentage 'OK or Good'	
	Sep-18	Oct-18
Did you enjoy your food?	95%	91%
Did you feel the menu has a good choice of food?	86%	91%
Did you get the meal that you ordered?	92%	89%
Were you given enough to eat?	97%	97%

90 – 100%	80 – 90%	<80%

Number of Patient Meals Served

Month	LRI	LGH	GGH	UHL
August	65,820	23,144	28,190	117,154
September	67,029	22,605	28,150	117,784
October	67,906	23,487	30,974	122,367

Patient Meals Served On Time (%)

Month	LRI	LGH	GGH	UHL
August	100%	100%	100%	100%
September	100%	100%	100%	100%
October	100%	100%	100%	100%

97 – 100%	95 – 97%	<95%

Number of Datix Incidents Logged -Patient Catering

Triangulation Data - Catering
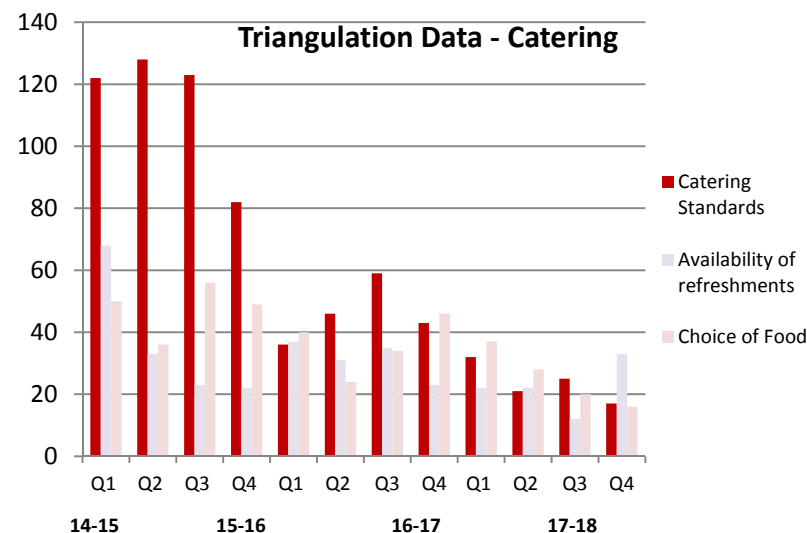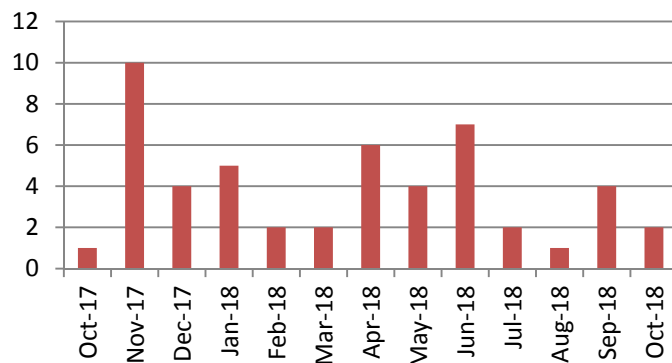
Patient Catering Report

Survey numbers remain down with the scores being based on 35 returns. Current vacancies are impacting on the ability to improve the survey coverage.

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.

Triangulation data remains as reported last month and will be refreshed in next month's report.

The low number of Datix incidents recorded continues to support the overall picture of good performance.

Estates and Facilities - Portering

Reactive Portering Tasks in Target

Site	Task (Urgent 15min, Routine 30min)	August	September	October
GH	Overall	94%	93%	92%
	Routine	92%	92%	91%
	Urgent	99%	99%	97%
LGH	Overall	94%	93%	93%
	Routine	93%	92%	91%
	Urgent	99%	98%	98%
LRI	Overall	94%	92%	93%
	Routine	92%	91%	91%
	Urgent	98%	97%	97%

95 – 100%	90 – 94%	<90%

Average Portering Task Response Times

Category	Time	No of tasks
Urgent	00:15:06	2,859
Routine	00:25:01	9,933
Total		12,792

Number of Datix Incidents Logged - Portering

Estates & Facilities – Planned Maintenance

Statutory Maintenance Tasks Against Schedule

	Month	Fail	Pass	Total	%
UHL Trust Wide	August	2	128	130	98%
	September	0	182	182	100%
	October	55	116	171	68%

99 – 100%	97 – 99%	<97%

Non-Statutory Maintenance Tasks Against Schedule

	Month	Fail	Pass	Total	%
UHL Trust Wide	August	658	1422	2080	68%
	September	712	1567	2279	69%
	October	649	1728	2377	73%

95 – 100%	80 – 95%	<80%

Portering Report

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

In addition availability of beds and wheelchairs continues to hamper performance with the time taken to locate these before patients can be moved.

There have been 8 Datix incidents logged in October, but there is no discernible trend for the origins of the Datix.

Peer Group Analysis (Sep 2018)

University Hospitals of Leicester NHS
NHS Trust

RTT 18+ Weeks Backlog

RTT 18+ Weeks Backlog - September 2018

All Acute Trusts Performance - 86.0%
UHL ranks 90 out of the 145 Acute Trusts*
39 of the 145 Acute Trusts* achieved 92% or more

Peer Rank	Provider Name	RTT Incompletes Performance - Target 92%
1	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	92.9%
2	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	92.7%
3	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	92.0%
4	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	90.2%
5	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	88.9%
6	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	87.6%
7	LEEDS TEACHING HOSPITALS NHS TRUST	87.1%
8	PENNINE ACUTE HOSPITALS NHS TRUST	85.8%
9	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	85.2%
10	BARTS HEALTH NHS TRUST	83.9%
11	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	83.1%
12	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	82.9%
13	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	82.6%
14	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	82.0%
15	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	81.7%
16	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	79.6%
17	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	79.4%
18	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	76.3%

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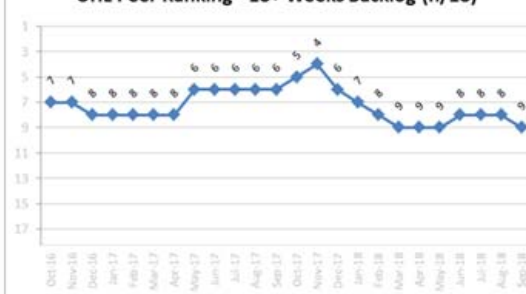
UHL Acute Ranking - 18+ Weeks Backlog (n/145)

Diagnostics

Diagnostics - September 2018

All Acute Trusts Performance - 2.8%
UHL ranks 63 out of the 145 Acute Trusts*
80 of the 145 Acute Trusts* achieved <1% or less
(Ranked Ascending)

Peer Rank	Provider Name	Diagnostics Peformance %Waiting 6 Wks+ - Target <=1%
1	LEEDS TEACHING HOSPITALS NHS TRUST	0.3%
2	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	0.4%
3	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	0.5%
4	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	0.7%
5	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	0.8%
6	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0.9%
7	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	0.9%
8	BARTS HEALTH NHS TRUST	1.0%
9	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	1.1%
10	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	1.4%
11	PENNINE ACUTE HOSPITALS NHS TRUST	1.6%
12	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	1.9%
13	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1.9%
14	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	2.7%
15	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	2.8%
16	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	2.9%
17	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	7.0%
18	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	7.2%

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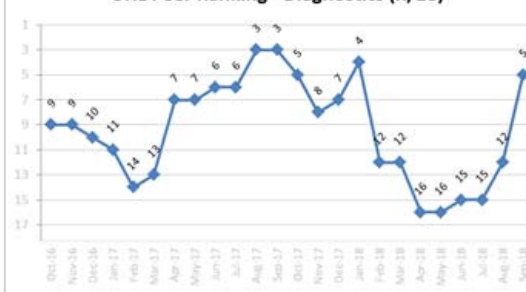
UHL Acute Ranking - Diagnostics (n/145)
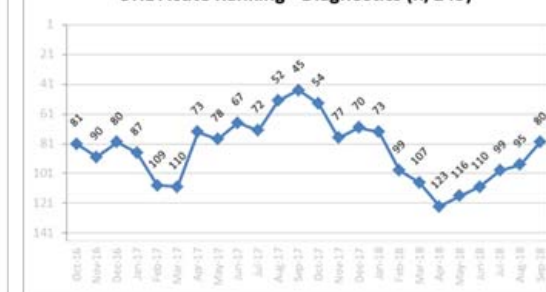
*Acute NHS hospitals – there are 145 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service

UHL ED Attendances within 4 hours

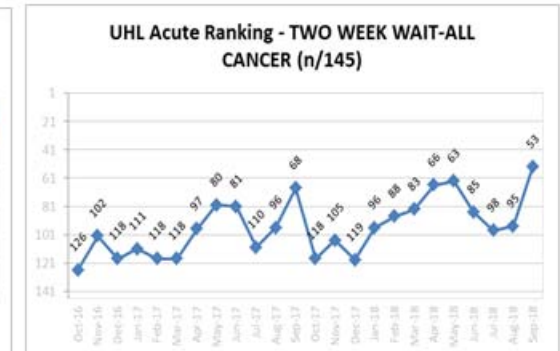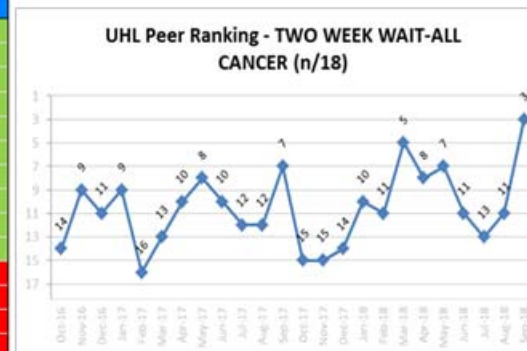**UHL ED Attendances within 4 hours - October 2018**

All Acute Trusts - 87.4%
16 of the 145 Acute Trusts* achieved 95% or more
UHL ranks 122 out of the 145 Trusts*

Peer Rank	Provider Name	Performance within 4 Hours - Target 95% - Amber 92% - <95%
1	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	96.2%
2	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	91.7%
3	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	90.6%
4	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	89.6%
5	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	89.4%
6	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	87.7%
7	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	86.7%
8	BARTS HEALTH NHS TRUST	86.5%
9	PENNINE ACUTE HOSPITALS NHS TRUST	86.2%
10	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	84.3%
11	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	82.9%
12	LEEDS TEACHING HOSPITALS NHS TRUST	82.9%
13	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	80.9%
14	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	79.0%
15	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	**78.3%**
16	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	78.1%
17	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	75.2%
18	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	67.2%

UHL Peer Ranking - ED (n/18)

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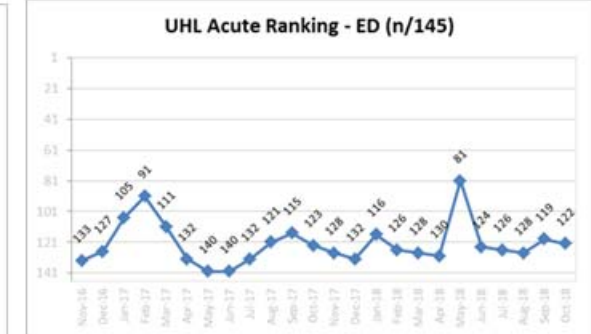
TWO WEEK WAIT-ALL CANCER

TWO WEEK WAIT-ALL CANCER - September 2018

All Acute Trusts Performance - 91.2%
88 of the 145 Acute Trusts* achieved 93% or more
UHL ranks 53 out of the 145 Acute Trusts*

Peer Rank	Provider	Performance within 14 Days - Target 93%
1	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	97.9%
2	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	95.3%
3	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	**95.2%**
4	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	94.6%
5	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	94.3%
6	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	94.0%
7	BARTS HEALTH NHS TRUST	94.0%
8	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	93.2%
9	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	93.2%
10	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	93.0%
11	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	92.7%
12	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	92.3%
13	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	91.1%
14	LEEDS TEACHING HOSPITALS NHS TRUST	87.3%
15	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	84.5%
16	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	75.9%
17	PENNINE ACUTE HOSPITALS NHS TRUST	75.4%
18	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	68.5%

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

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

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

Peer Group Analysis (September 2018)

University Hospitals of Leicester NHS Trust

31-DAY FIRST TREAT

31-DAY FIRST TREAT - September 2018

All Acute Trusts Performance - 96.2%   UHL ranks 106 out of the 145 Acute Trusts*
100 of the 145 Acute Trusts* achieved 96% or more

Peer Rank	Provider	Performance within 31 Days - Target 96%
1	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	98.8%
2	BARTS HEALTH NHS TRUST	98.7%
3	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	98.1%
4	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	97.5%
5	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	97.5%
6	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	97.4%
7	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	97.2%
8	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.4%
9	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	95.4%
10	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	95.4%
11	KING'S COLLEGE NHS FOUNDATION TRUST	95.3%
12	PENNINE ACUTE HOSPITALS NHS TRUST	94.5%
16	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	94.3%
14	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	93.3%
15	LEEDS TEACHING HOSPITALS NHS TRUST	93.2%
16	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	93.2%
17	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	90.8%
18	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	90.0%

UHL Peer Ranking - 31-DAY FIRST TREAT (n/18)
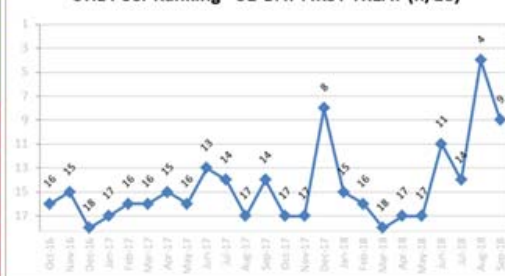
UHL Acute Ranking - 31-DAY FIRST TREAT (n/145)
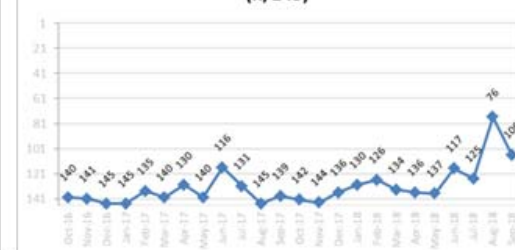
62-DAY GP Referral

62-DAY GP Referral - September 2018

All Acute Trusts Performance - 78.2%   UHL ranks 112 out of the 145 Acute Trusts*
49 of the 145 Acute Trusts* achieved 85% or more

Peer Rank	Provider	Performance within 62 Days - Target 85%
1	BARTS HEALTH NHS TRUST	86.2%
2	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	85.8%
3	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	84.6%
4	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	83.1%
5	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	81.3%
6	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	79.9%
7	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	78.4%
8	PENNINE ACUTE HOSPITALS NHS TRUST	77.2%
9	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	73.0%
10	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	72.1%
11	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	71.5%
12	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	71.0%
13	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	70.8%
14	LEEDS TEACHING HOSPITALS NHS TRUST	70.0%
15	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	69.4%
16	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	69.3%
17	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	69.1%
18	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	65.9%

UHL Peer Ranking - 62-DAY GP Referral (n/18)
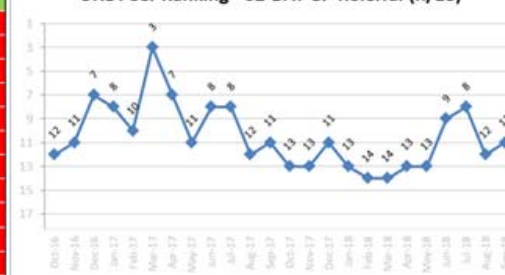
UHL Acute Ranking - 62-DAY GP Referral (n/145)
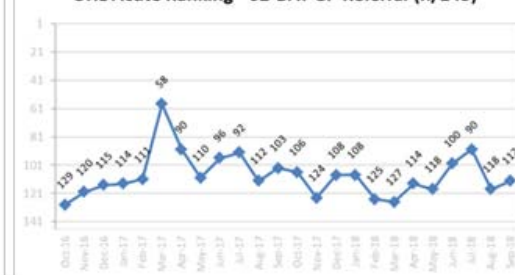
*Acute NHS hospitals – there are 145 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service

Peer Group Analysis (Sep 2018)

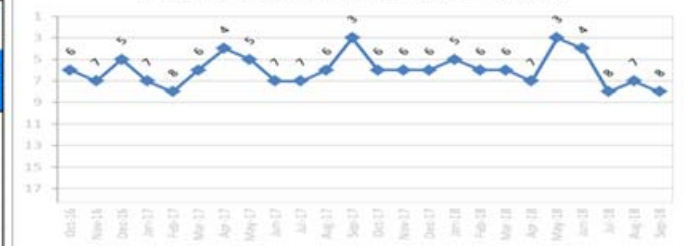University Hospitals of Leicester NHS Trust

Inpatient FFT

Inpatient FFT - September 2018

All Acute Trusts - Response Rate 24% - Recommended 96% - Not Recommended 2%
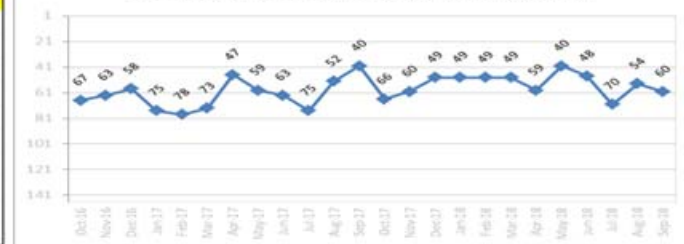
UHL ranks 60 (for Recommended) and 63* (for Not Recommended) out of the 145 Trusts**

Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	18%	99%	0%
2	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	23%	98%	1%
3	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	13%	97%	2%
4	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	23%	97%	1%
5	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	31%	97%	1%
6	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	10%	97%	1%
7	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	34%	97%	1%
8	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	27%	97%	1%
9	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	28%	96%	1%
10	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	20%	96%	2%
11	LEEDS TEACHING HOSPITALS NHS TRUST	37%	96%	2%
12	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	18%	95%	2%
13	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	10%	94%	2%
14	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	28%	94%	2%
15	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	20%	94%	3%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	14%	93%	4%
17	PENNINE ACUTE HOSPITALS NHS TRUST	24%	90%	4%
18	BARTS HEALTH NHS TRUST	11%	88%	7%

UHL Peer Ranking - Inpatient FFT (n/18)

UHL Acute Ranking - Inpatient FFT (n/145)

A&E FFT

A&E FFT - September 2018

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

UHL ranks 18 (for Recommended) and 23* (for Not Recommended) out of the 145 Trusts**

Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	1%	96%	2%
2	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	7%	95%	2%
3	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2%	95%	2%
4	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	11%	94%	4%
5	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	24%	94%	2%
6	LEEDS TEACHING HOSPITALS NHS TRUST	25%	90%	7%
7	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	23%	90%	6%
8	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	23%	88%	7%
9	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	18%	86%	8%
10	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	20%	85%	10%
11	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	20%	83%	10%
12	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	20%	83%	10%
13	PENNINE ACUTE HOSPITALS NHS TRUST	17%	83%	10%
14	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	4%	82%	8%
15	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	13%	79%	12%
16	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	10%	77%	16%
17	BARTS HEALTH NHS TRUST	5%	71%	21%
18	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	30%	69%	19%

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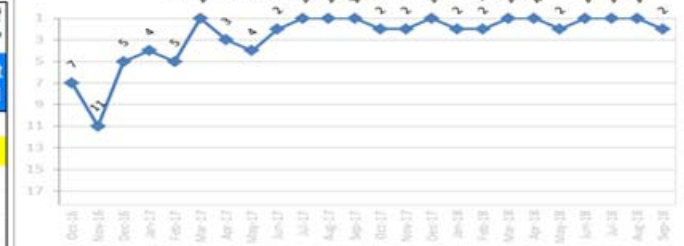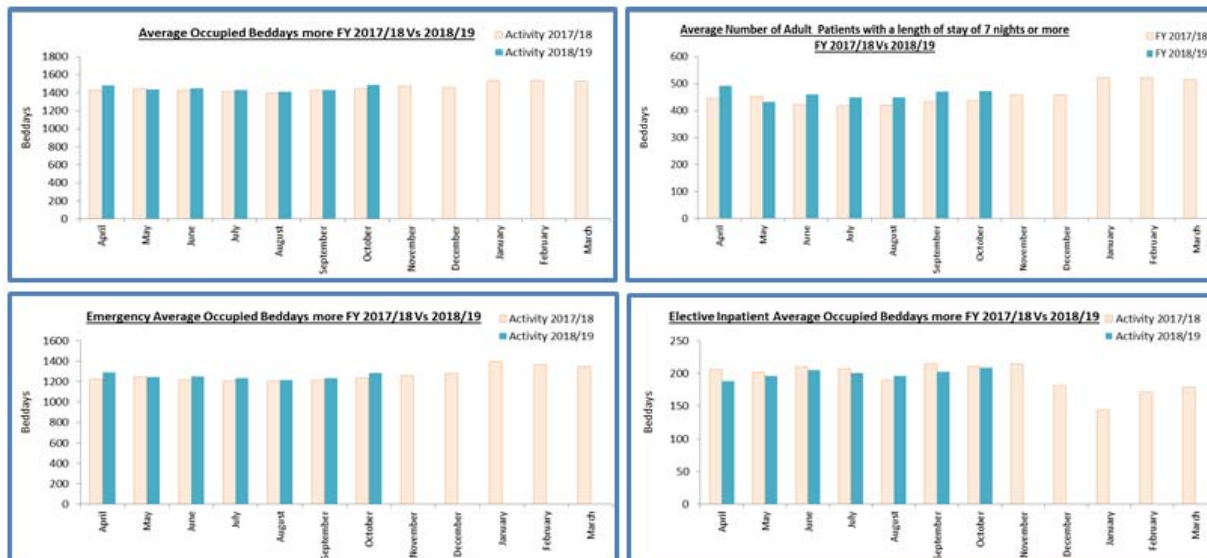

UHL Acute Ranking - A&E FFT (n/145)
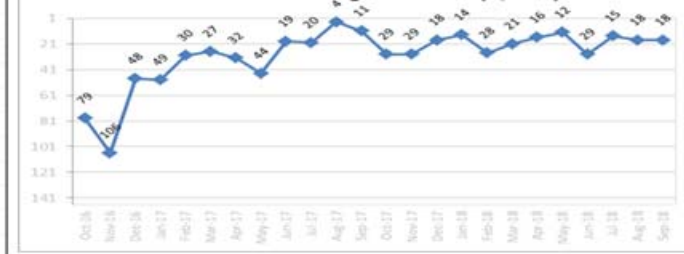
*Acute NHS hospitals – there are 145 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service

Page | 36

UHL Activity Trends

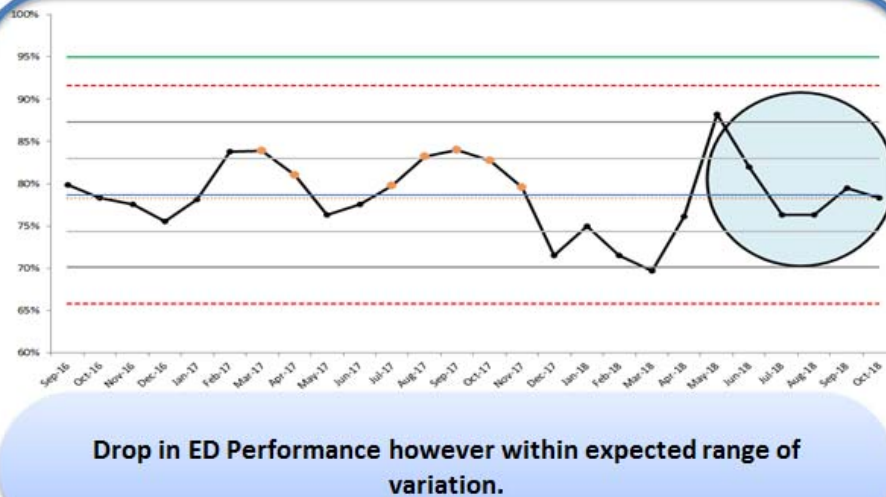University Hospitals of Leicester NHS Trust
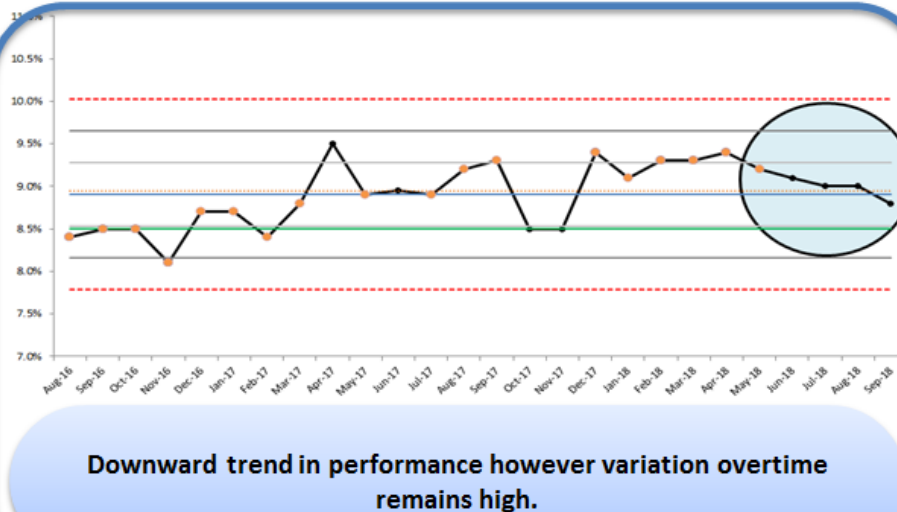

UHL Bed Occupancy

- **GP referrals (Excludes Physio referrals)** in October is lower in comparison to the same period last year. YTD referrals is 5.6% lower than the same period last year.
- **Outpatients** - Dermatology, General Surgery, Haematology and Thoracic Medicine significantly higher than plan.
- **Daycase** - Growth in Clinical Oncology, Gastroenterology and BMT against plan. Medical Oncology, Orthopaedic Surgery and Urology Significantly lower than plan.
- **Elective Inpatient** - ENT, Orthopaedic Surgery, General Surgery, HPB and Urology lower than plan.
- **Emergency Admissions** - Activity in ENT, Cardiology, General Surgery and Urology are higher than the plan.
- **Midnight G&A bed occupancy** is slightly higher to the same period last year.
- **The number of patients staying in beds 7 nights or more** in October has increased compared to the same period last year.
- A slight increase in **Emergency occupied bed days**.
- **YTD Bed occupied** is lower compared to the same period last year.
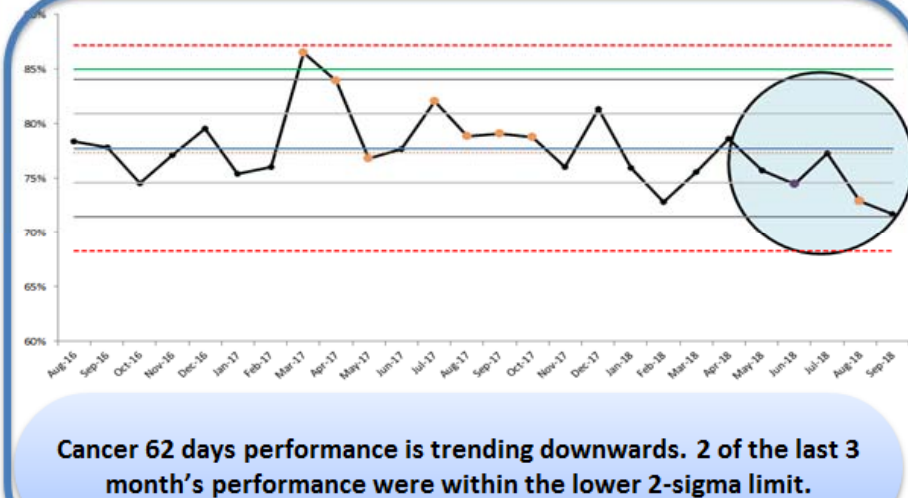
SPC Analysis

University Hospitals of Leicester **NHS**
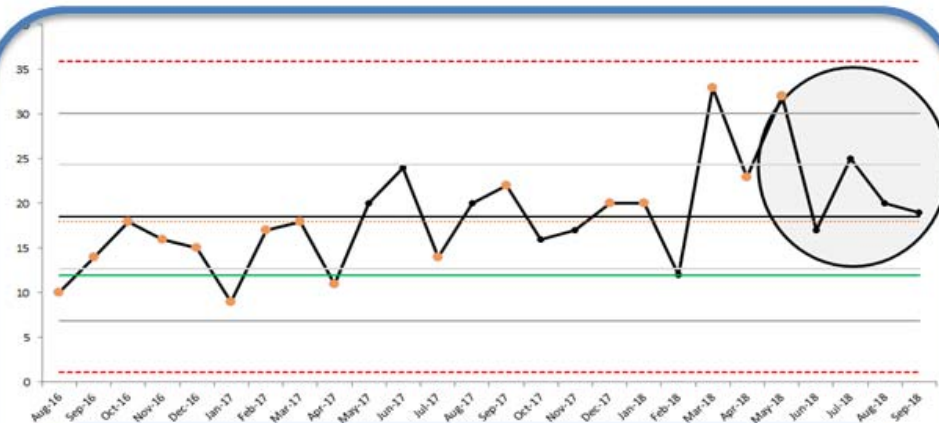NHS Trust

ED 4 Hour Waits UHL

Drop in ED Performance however within expected range of variation.

Cancer 62 Days

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

Readmission Rate

Downward trend in performance however variation overtime remains high.

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

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

SPC Analysis

Moderate Harm

Downward trend in moderate harm over last 7 months.

Sickness Rate

Upward trend in sickness rate as performance deteriorated above the mean for the first in 6 months (since April 2018).

Fractured #NOF

Upward trend in performance with significant improvement in the last 3 months.

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— TARGET ···· MEDIAN

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