Quality & Performance Report

Author: John Adler Sponsor: Chief Executive Date: PPPC + QOC 30th May 2019

Executive Summary from CEO

Context

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

Questions

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

Conclusion

Good News: Mortality – the latest published SHMI (period January 2018 to December 2018) is 99, the same as the previous reported SHMI and remains within expected. **Diagnostic 6 week wait –** standard achieved for 8 consecutive months. **52+ weeks wait –** has been compliant for 10 consecutive months. **Referral to Treatment –** our performance was below national standard however we achieved NHSI waiting list size trajectory. **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 breaches reported. **C DIFF** – was within threshold this month.. **Pressure Ulcers** - 0 **Grade 4,** 0 **Grade 3,** 4 **Grade 2** reported during April. **MRSA –** 0 cases reported. **Single Sex Accommodation Breaches** – 0 breaches reported **CAS alerts** – was compliant. **Moderate harms and above** – March (reported 1 month in arrears) was within threshold. **Inpatient and Day Case Patient Satisfaction (FFT)** achieved the Quality Commitment of 97%. **Cancer Two Week Wait** was 95.6% in March. **2 Week Wait Cancer Symptomatic Breast** was 97.5% in March. **Fractured NOF** – remains compliant for the 9th consecutive month. **Cancelled operations** and **Patients rebooked within 28 days** – we continue to show improvement with our elective cancellations. **90% of Stay on a Stroke Unit** – threshold achieved with 87.7% reported in March. **TIA (high risk patients) –** threshold achieved with 64.0% reported in April. **Annual Appraisal** is at 92.5%.

Bad News: **UHL ED 4 hour performance** – was 75.5% for April, system performance (including LLR UCCs) was 82.4%. Further detail is in the Urgent Care report. **Ambulance Handover 60+ minutes (CAD)** – performance at 4.5%. **Cancer 31 day treatment** was 95.2% in March. **Cancer 62 day treatment** was not achieved in March – further detail of recovery actions in is the cancer recovery report. **Statutory and Mandatory Training** reported from HELM is at 89%, a slight drop compared to March.

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: 27th June 2019

Caring at its best

University Hospitals of Leicester NHS
NHS Trust

Quality and Performance Report

Becoming the best

April 2019

One team shared values

CONTENTS

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

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

DATE: **30th May 2019**

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: **April 2019 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

The following indicators have been removed from the Q&P Dashboards; Maternity Deaths, Emergency C Sections, Nursing Vacancies in ESM, Executive Team Turnover Rate – Executive Directors, Executive Team Turnover Rate – Non Executive Directors. Some metrics have been removed from the OP Transformation dashboard. Metric R2 has been changed to ED 4 Hour Waits UHL Acute footprint from UHL 4 Hour Waits UHL + LLR UCC (Type 3). Appendix L – UHL Activity Trend & Bed Occupancy has been removed. Safety, Friends and Family and Cancelled Ops targets have been amended. The CMG Performance Slides have been added to the report.

Summary Scorecard – April 2019

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 Acute Footprint
Clostridium Difficile	FFT Outpatients	Annual Appraisal	#NOF's <36hrs	12hr Trolley Waits
MRSA Unavoidable	FTT Maternity	Statutory & Mandatory Training	Stroke – 90% Stay	RTT Incompletes
Serious Incidents	Single Sex Breaches	Cost Improvement Delivery	TIA	RTT 52 Weeks Wait
Pressure Ulcers Grade 4		Finance	Readmissions <30 days	Diagnostic Waits
Pressure Ulcers Grade 3				DTOC
Pressure Ulcers Grade 2				Handover >60
Falls				Cancelled Ops
				Cancer 31 Day
				Cancer 62 Day

Key changes in indicators in the period:

SUCCESSES (Red to Green):

- Stroke TIA
- No Never Events
- MRSA
- Single Sex Breaches
- Cancelled Ops

ISSUES (Green to Red):

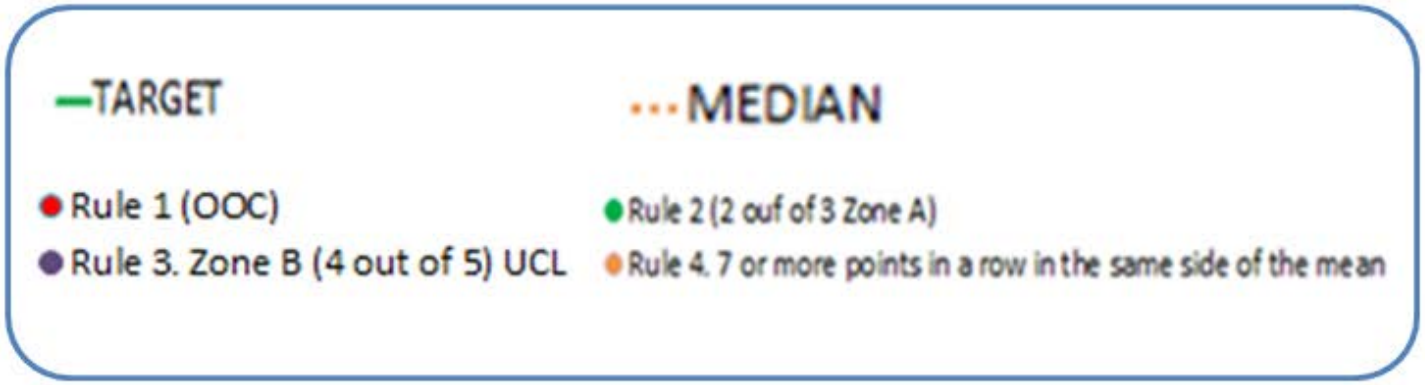
One team shared values

4

SPC Analysis

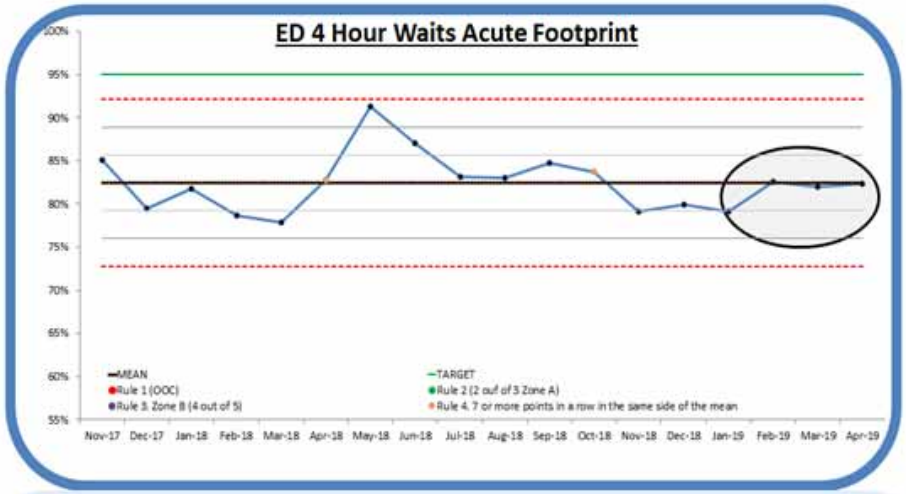
University Hospitals of Leicester NHS
NHS Trust

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

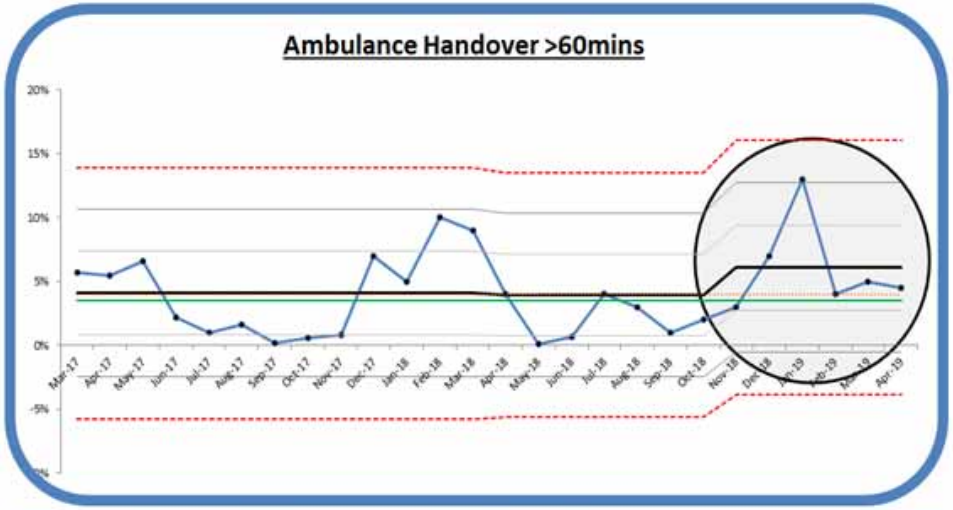


SPC Analysis

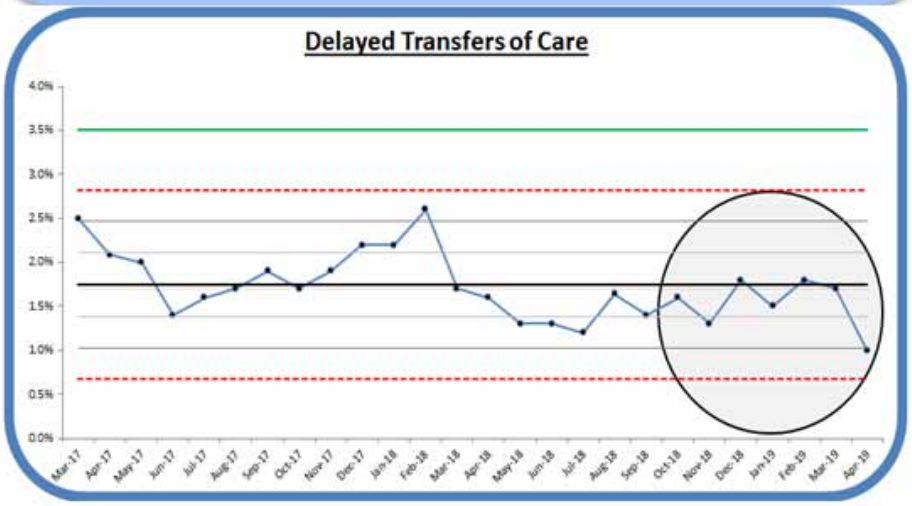
University Hospitals of Leicester NHS
NHS Trust



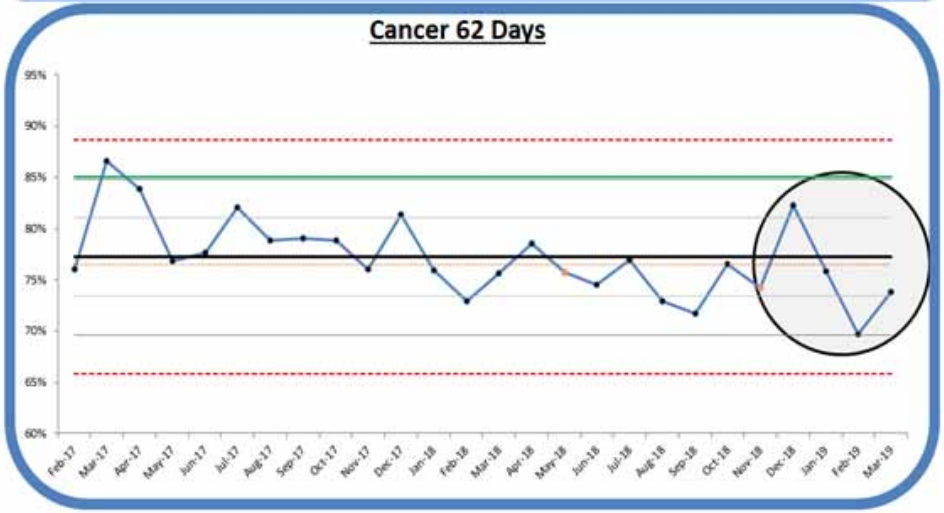
Stable for last 3 months. Improved performance compared to Nov 18 to Jan 19.



Performance has improved following deterioration in winter months.



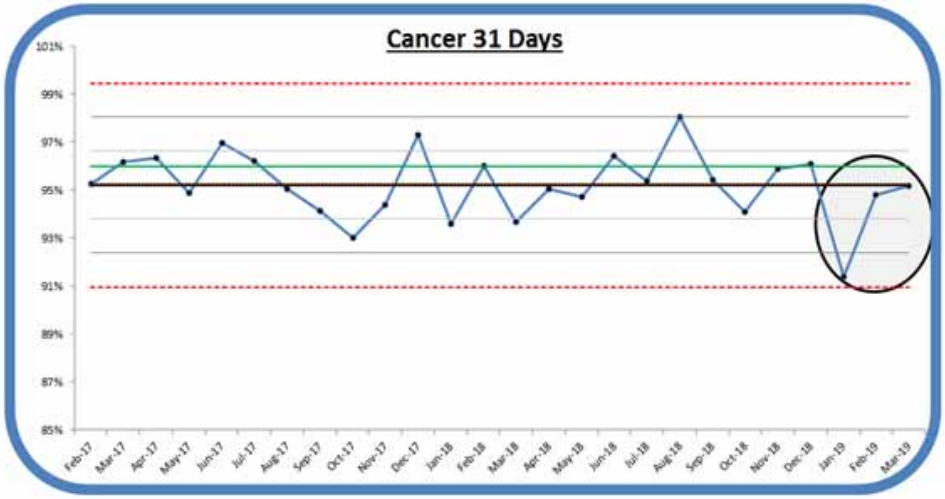
Performance well within threshold.



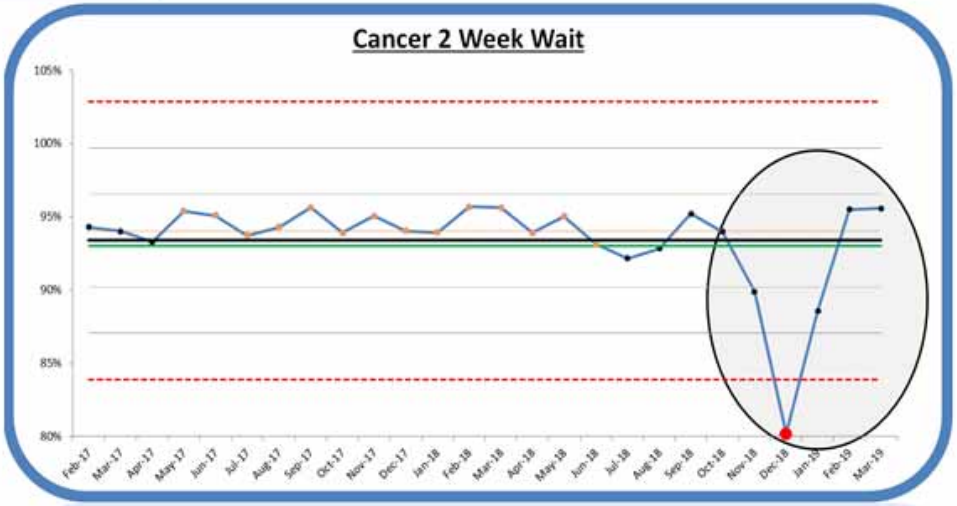
Cancer 62 days performance is trending downwards. Although some improvement compared to last month.

SPC Analysis

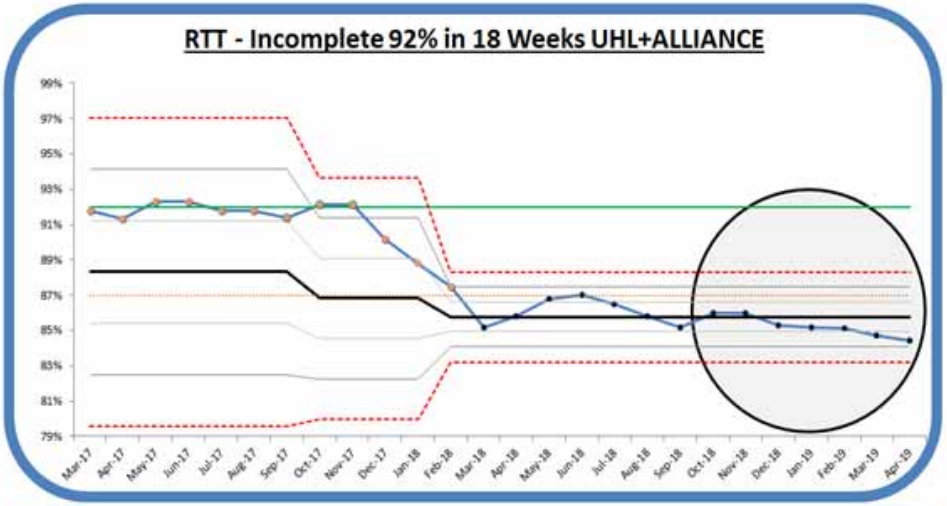
University Hospitals of Leicester NHS
NHS Trust



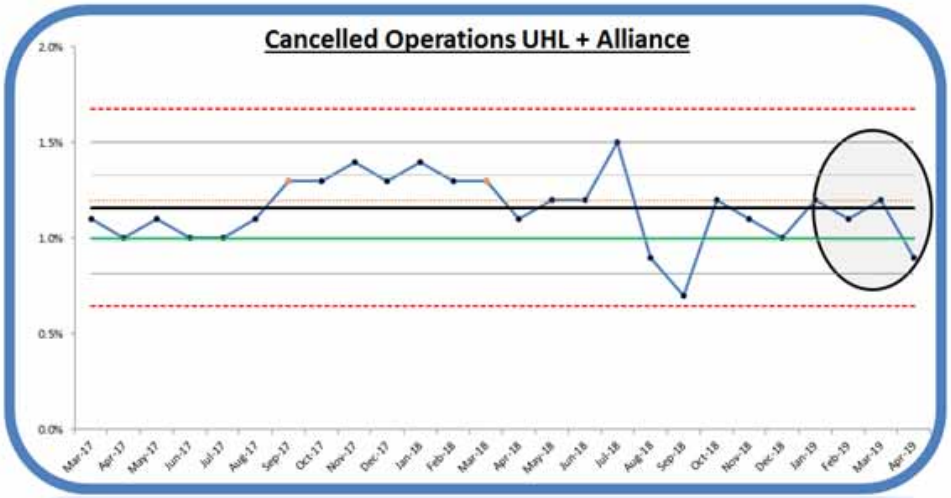
Cancer 31 days performance improved last 2 months.



Improved performance following a sharp drop outside of normal variation in December.

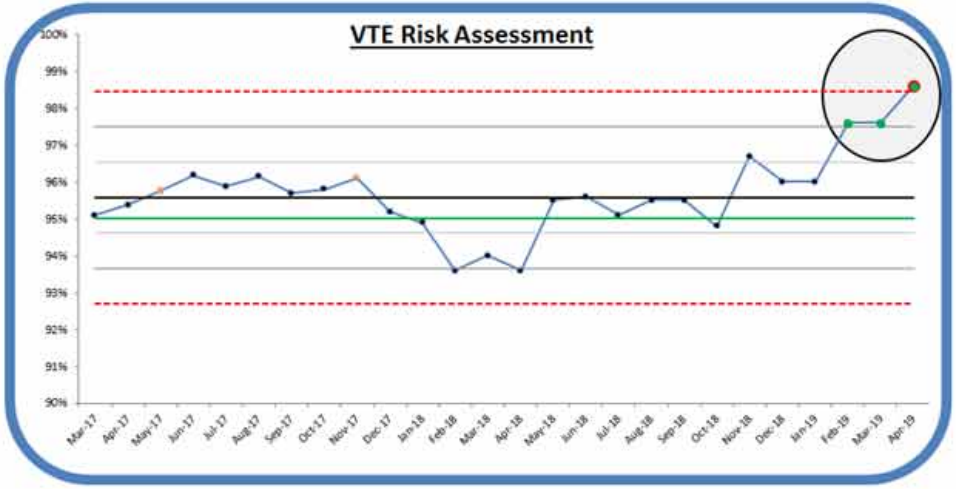


Downward trend in RTT but within expected range.

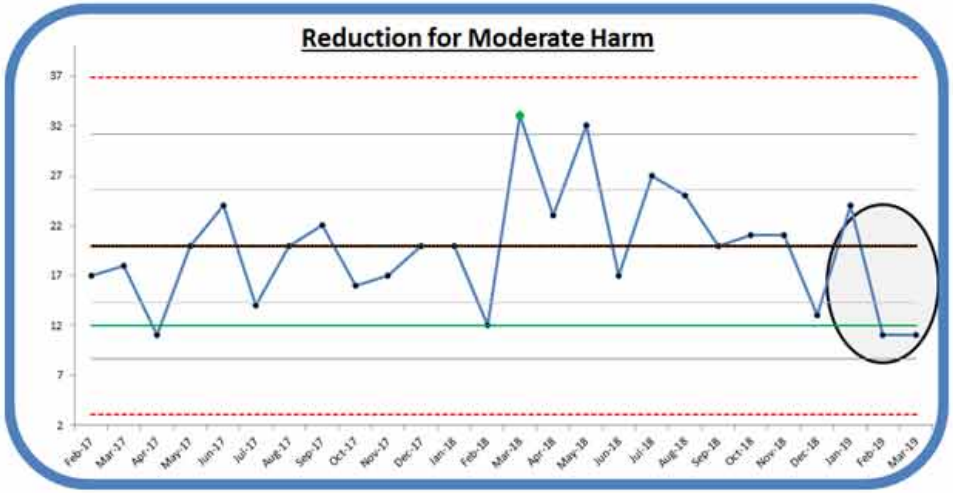


Improvement this month.

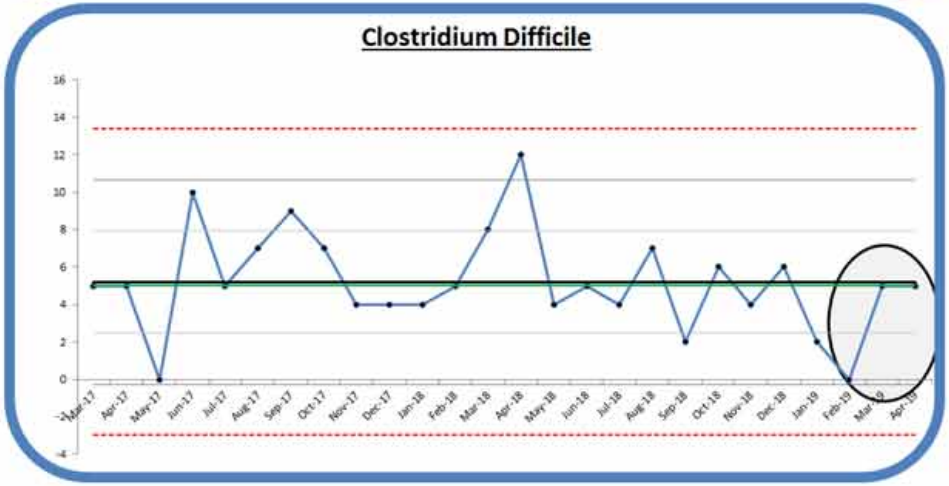
SPC Analysis



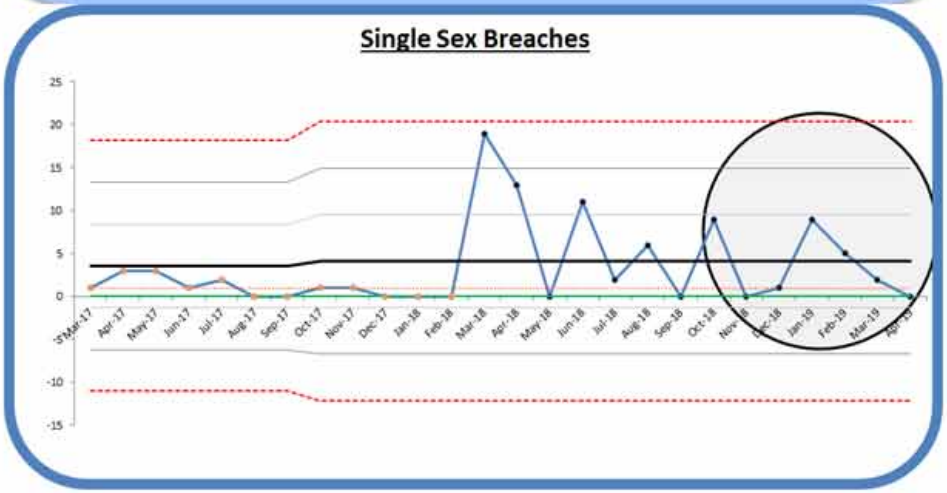
Significant improvement (rising trend). Performance for the last 6 months were above the threshold.



Emerging (downward) trend in moderate harm over last 10 months. March's position was within threshold.



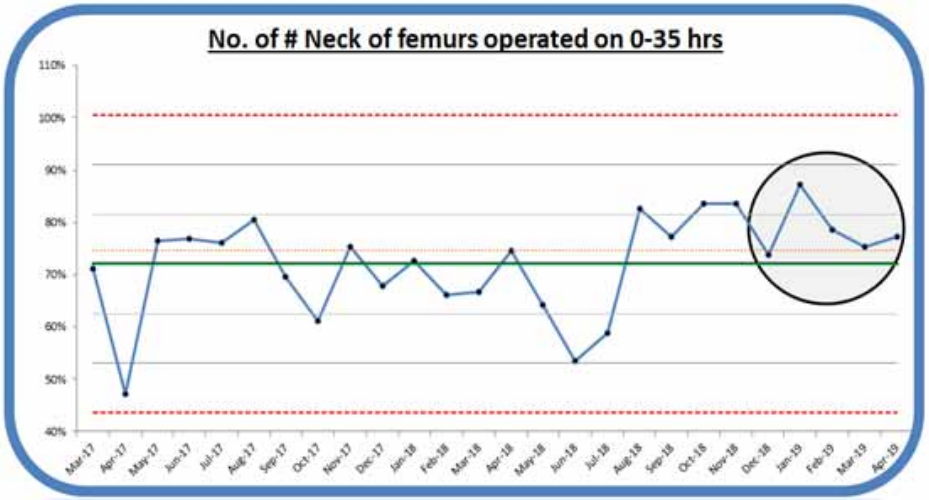
Variable – improved position compared to last year.



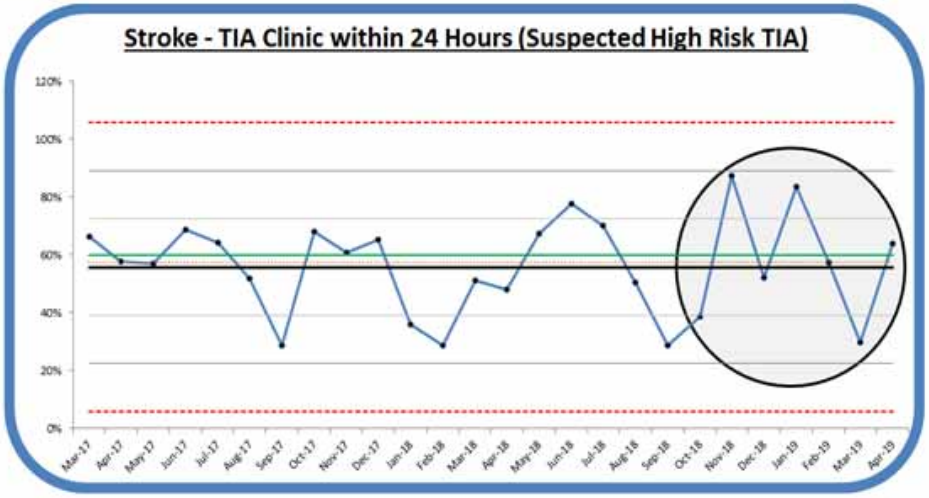
Single sex breaches trending downwards – within threshold with month.

SPC Analysis

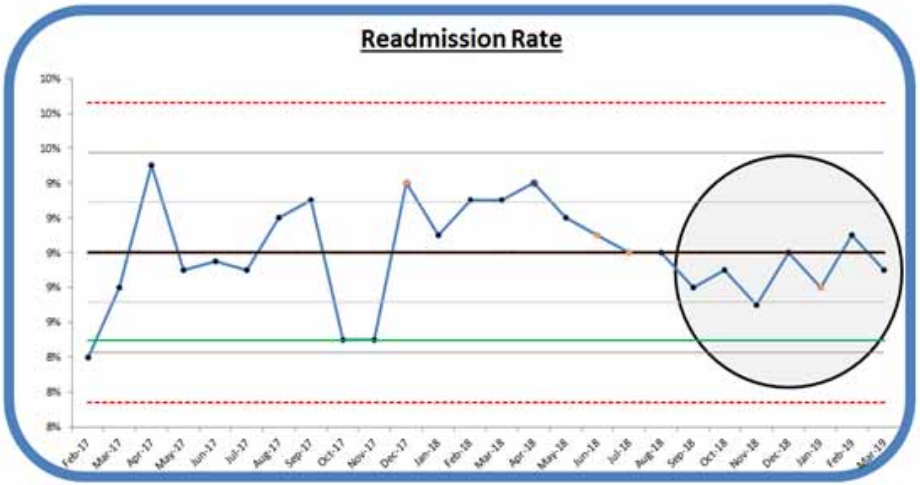
University Hospitals of Leicester NHS
NHS Trust



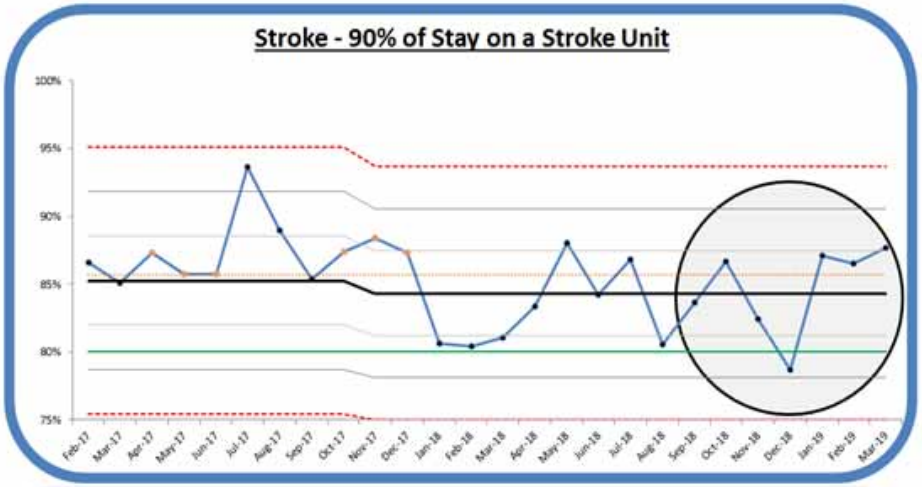
Upward trend in performance with significant improvement in the last 9 months, above threshold.



Intermittent/irregular pattern in performance for Stroke TIA.



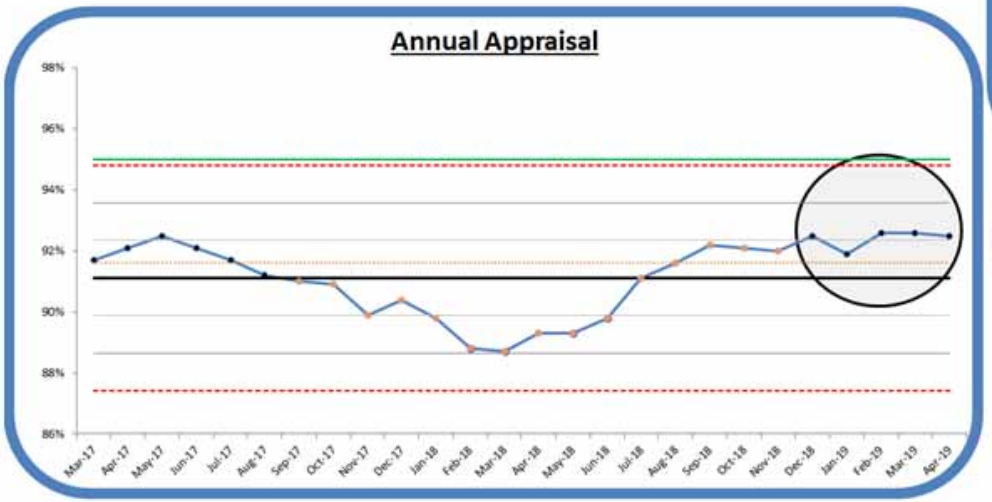
Improved positon in performance compared to last year.



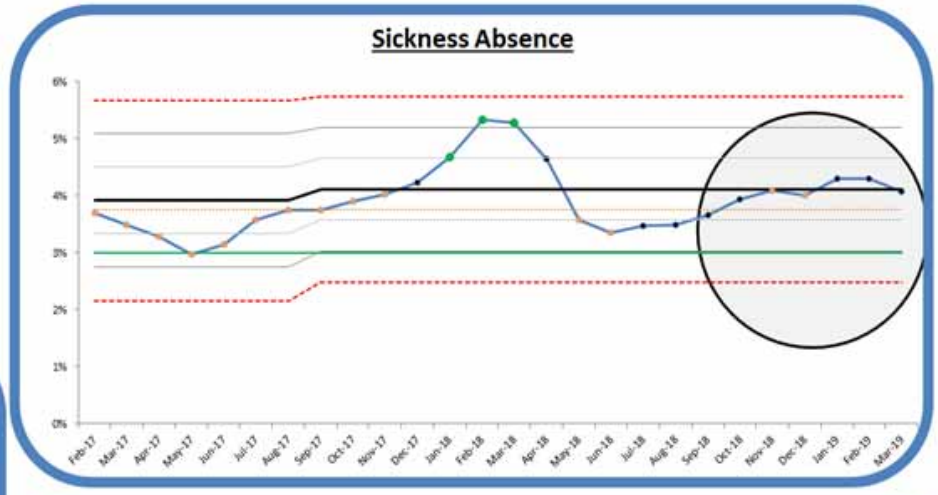
Stroke delivering target.

SPC Analysis

Within threshold.



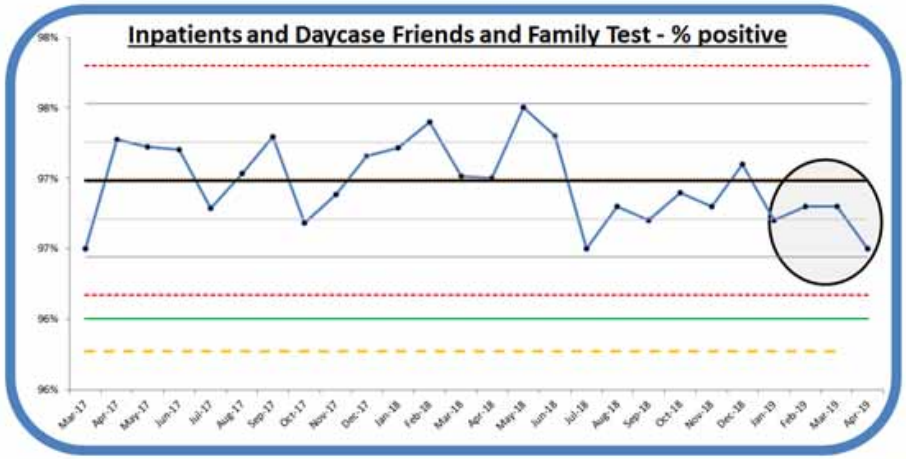
Upwards trend in appraisal rate.



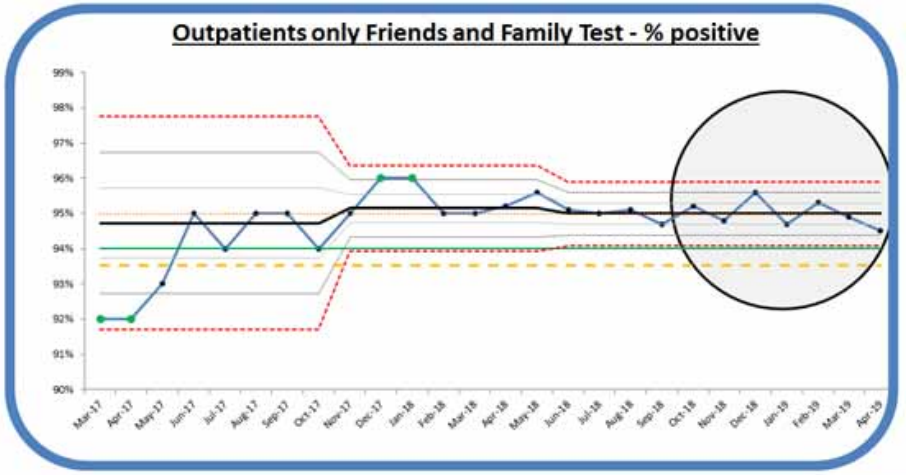
Upward trend in sickness rate as performance has deteriorated and remains above the mean.

SPC Analysis

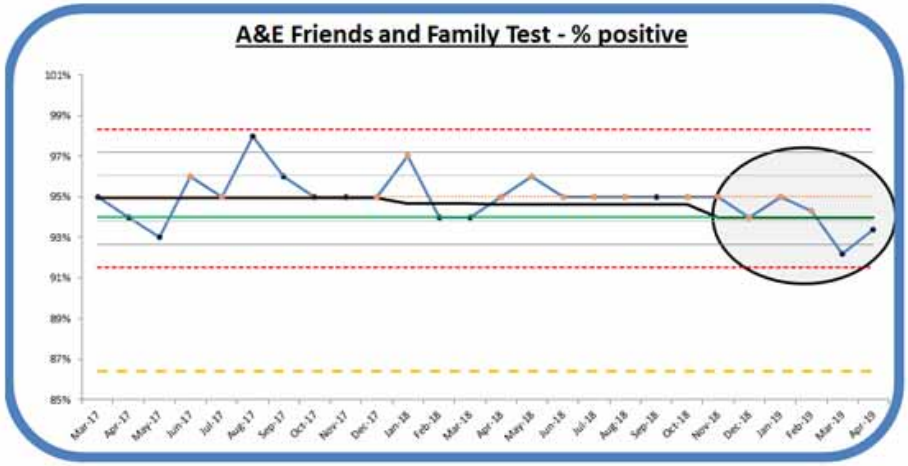
University Hospitals of Leicester NHS
NHS Trust



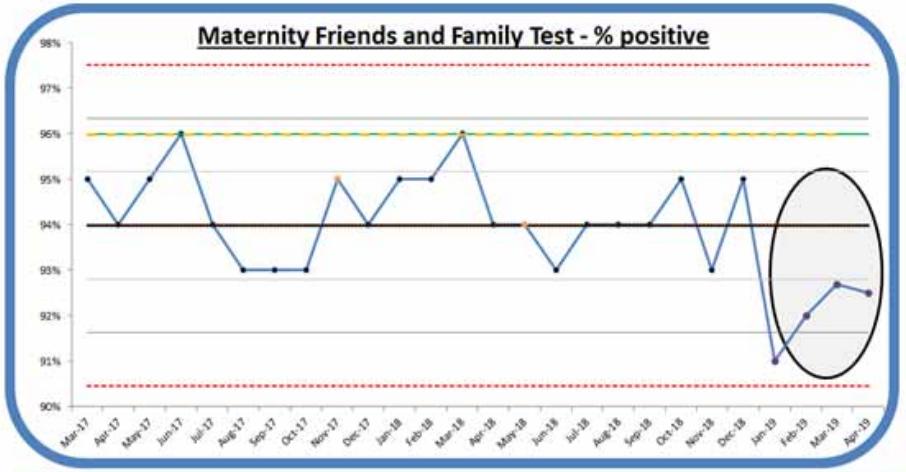
Within Expected Range.



Performance remains stable.



Deterioration in ED FTT but remains within expected levels of variation.



Some improvement in recent months following a sharp drop in Maternity FFT performance.

Note that the national average (last 12 months) is shown in yellow

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.

0 Never Events YTD

1 ↔ Serious Incidents YTD (Number escalated each month)

245 ↑ Moderate Harm and above 18/19 YTD (PSIs with finally approved status)

0 Unavoidable MRSA YTD ↑

5 CDIFF Cases YTD ↔

SUCCESSES

- Data for 2018/19 reflects strong performance against all EWS & sepsis indicators. Our focus for 2019/20 will be to maintain this position.
- Serious Incidents and moderate harms were within threshold for April.
- CDiff achieved in April
- No Never Events in April
- No MRSA reported in April
- Moderate harms and above –within threshold.

ISSUES

- Falls was above threshold this month.

ACTIONS

- From next month all falls will be reported rather than just those for over 65.

SEPSIS

SOS Suspicion Of Sepsis

ED - Patients who trigger with red flag sepsis - % that have their IV antibiotics within an hour **84%** YTD 18/19 ↑

Wards (including assessment units) Patients who trigger for Red Flag Sepsis - % that receive their antibiotics within an hour **84%** YTD 18/19 ↑

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 **95%** ↑

Day Case FFT **98%** ↓

A&E FFT **93%** ↑

Maternity FFT **93%** ↓

Outpatients FFT **95%** ↓

Staff FFT Quarter 4 2018/19 (Pulse Check)

74.0% 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 April.
- No Single Sex Accommodation Breaches reported in April

ISSUES

- Friends and family test (FFT) for A&E was 93% for April, however the national average for 18/19 was 86%.

ACTIONS

- Focus activity on maternity and ED to explore patient feedback themes and action.
- For 19/20 FFT indicators will be compared with national average data from May 19.

Single Sex Accommodation Breaches

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 **26.5%** ↓

Day Case FFT **24.2%** ↑

A&E FFT **7.2%** ↑

Maternity FFT **44.8%** ↑

Outpatients FFT **6.7%** ↑

Staff FFT Quarter 4 2018/19 (Pulse Check)

57.0% of staff would recommend UHL as a place to work

% Staff with Annual Appraisals

92.5% YTD ↓

Statutory & Mandatory Training

89% YTD ↓

BME % - Leadership

29% Qtr4 8A including medical consultants

16% Qtr4 8A excluding medical consultants

SUCCESSES

- Corporate Induction attendance for April was 96%.
- Appraisal performance is at 92.5% (this excludes facilities staff that were transferred over from Interserve).

ISSUES

- Statutory & Mandatory Training performance at 89%
- Inpatient FFT coverage was 26.5% for April.

ACTIONS

- Please see the HR update for more information.

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

99
Jan 18 – Dec18 ⇔

Stroke TIA Clinic within 24hrs

64.0%
YTD ↑

80% of Patients Spending 90% Stay on Stoke Unit

84.9%
YTD 18/19 ↑

Emergency Crude Mortality Rate

2.0%
YTD ↑

30 Days Emergency Readmissions

9.0%
YTD 18/19 ↑

NoFs Operated on 0-35hrs

77.3%
YTD ↑

SUCCESSES

- Latest UHL's SHMI is 99. An 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 April was 2.0%.
- Fractured NoF for April was 77.3%.
- 90% of Stay on a Stroke Unit for March was 87.7%
- Stroke TIA Clinic within 24 Hours for this month was 64.0%.

ISSUES

- 30 Days Emergency Readmissions for March was 8.9% this is an improving picture on Feb (9.1%). Nationally readmissions have increased whilst readmissions to UHL have decreased

ACTIONS

Readmissions

- Continue with actions identified in the 2018/19 CQUIN scheme.
- Continue to roll out focussed data reports to targeted GP's across LLR.

Domain – Responsive

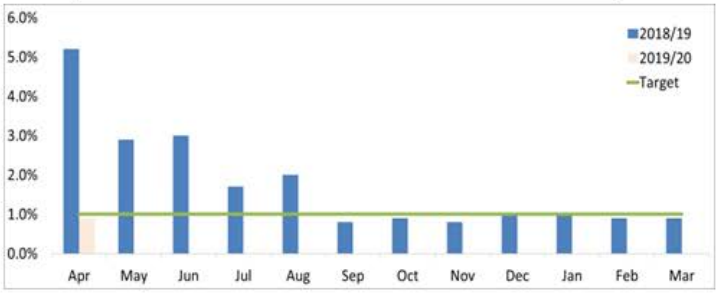
University Hospitals of Leicester NHS
NHS Trust

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

RTT - Incomplete 92% in 18 Weeks

84.4%
As at Apr ↓

6 week Diagnostic Wait times



Cancelled Operations UHL + Alliance

RTT 52 week wait incompletes

0
As at Apr ↔

ED 4Hr Waits UHL

75.5%
YTD ↑

A&E

ED 4hr Wait UHL Acute Footprint

82.4%
YTD ↑

Ambulance Handovers

4.5% > 60mins ↑
12.4% 30-60mins ↑
YTD

SUCCESSES

- 0 12 hour Trolley breaches for April.
- DTOC was 1.0% for April.
- 0 patient waiting over 52+ weeks.
- Diagnostic 6 week wait standard achieved this month.
- Cancelled operations – performance was 0.9% this month.

ISSUES

- ED 4Hr Waits UHL –April performance was 75.5%. LLR performance was 82.4% against a NHSI trajectory of 87.5%.

ACTIONS

- For ED 4hour wait and Ambulance Handovers please refer to Urgent Care Report.

Cancer – Performance Summary

University Hospitals of Leicester NHS
NHS Trust

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

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

95.6%
2WW
(All Cancers)
Mar 92.3% (YTD) ↑

97.5%
2WW
(Symptomatic Breast)
Mar
79.3% (YTD) ↑

95.2%
31 Day Wait
(All Cancers)
Mar
95.2% (YTD) ↔

99.3%
31 Day Wait
(Anti Cancer Drug Treatments)
Mar
99.6% (YTD) ↓

85.3%
31 Day Wait
(Subsequent Treatment - Surgery)
Mar
86.1% (YTD) ↓

98.5%
31 Day Wait
(Radio Therapy Treatment)
Mar
97.9% (YTD) ↑

73.8%
62 Day
(All Cancers)
Mar
75.2% (YTD) ↓

79.3%
62 Day
(Consultant Screening)
Mar
82.3% (YTD) ↓

79.4%
62 Day
(Consultant Upgrades)
Mar
83.1% (YTD) ↓

29
104 Days
Apr

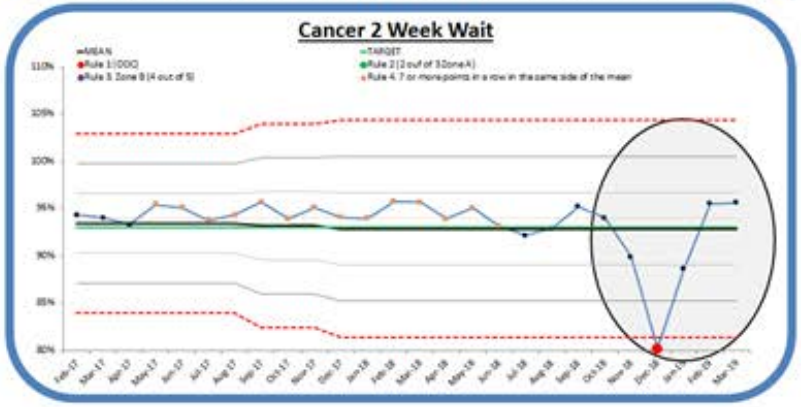
Highlights

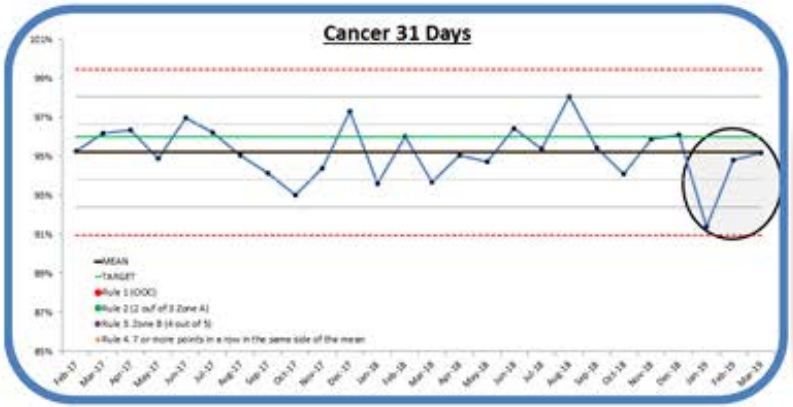
- Out of the 9 standards, UHL achieved 4 in March– 2WW, 2WW Symptomatic Breast, 31 Day Anti Cancer Drug, and 31 Day Radiotherapy.
- 62 Day performance in March was 73.8% - 4.1% improvement from February. Of the 15 tumour groups, 7 delivered the standard (Brain, Breast, Children's, Other, Sarcoma, Skin, Testicular).
- Backlog – increased in April with Urology making up 83% of our total backlog.
- Urology, although remains within expected levels of variation, continue to be the biggest concern holding the largest backlogs across all standards, specifically noting the long waiters over 104 Days. Late tertiary referrals continue to have a significant impact in this Tumour Site.

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.





31 Day Backlog

21
Apr 19 ↑

62 Day Backlog

107
Apr 19 ↑

62 Day Adjusted Backlog

82
Apr 19 ↑

SUCCESSES

Cancer performance is reported 1 month in arrears.

- 2 week wait, 2 week wait symptomatic breast, 31 day wait drugs and 31 wait radiotherapy was achieved in March.
- 31 day backlog decreased
- 62 day backlog decreased
- 104+ Day backlog decreased

ISSUES

- 31 day wait was not achieved in March.
- Cancer 62 day was not achieved in March.

ACTIONS

- Review theatre opportunities
- Increase capacity for biopsy
- Reduce 2ww first appointment to 7 days
- Review prostate opportunities to reduce the number of follow up appointments/unnecessary steps
- Review administrative and booking process for the urology cancer pathways to ensure they ae consistent and streamlined

Ambulance Handover – April 2019

University Hospitals of Leicester NHS
NHS Trust

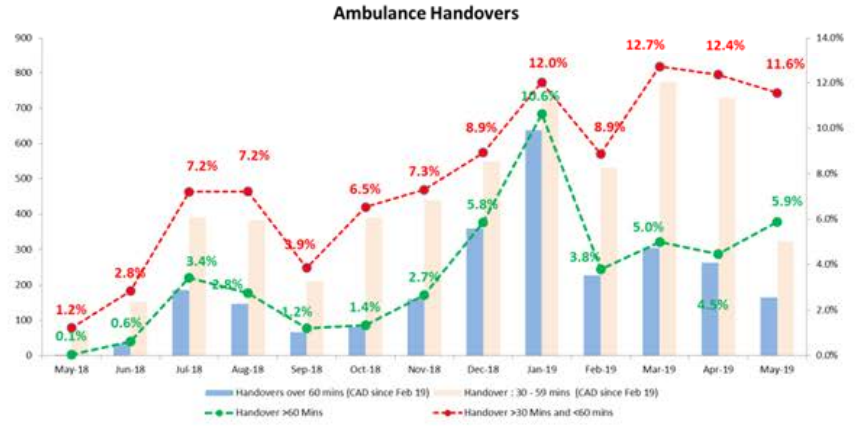
EMAS Ambulance Handover - LRI vs other hospitals

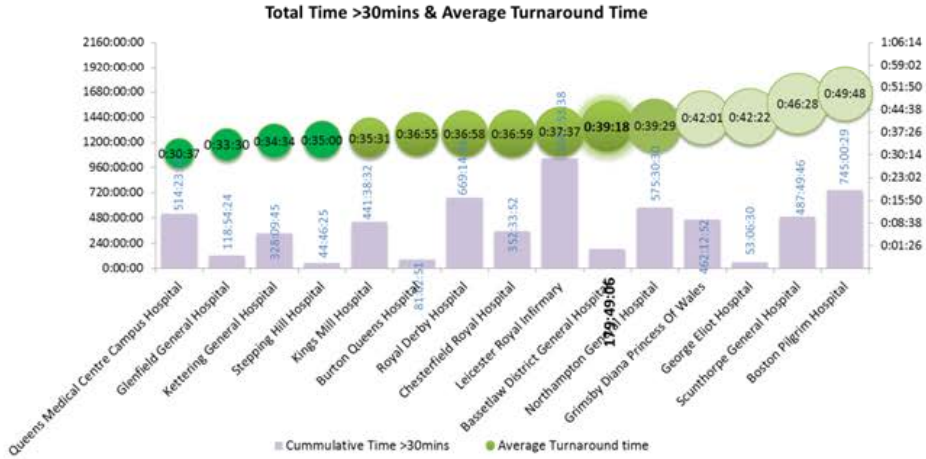
Rank	Hospital	Total (CAD)	30 - 59 Mins	Over 60 Mins	1 - 2 Hours	2 Hours Plus	% 30-59 mins	%60+ mins	%30+ mins	Avg Turnaround Time	Total time 30+ mins Handover Turnaround target	Pre Handover > 15min Target	Post Handover > 15min Target
1	Queens Medical Centre Campus Hospital	5836	195	52	49	3	3%	1%	4%	0:30:37	514:23:36	237:33:26	486:26:56
2	Royal Derby Hospital	4426	418	34	29	5	9%	1%	10%	0:36:58	669:14:45	397:40:24	416:52:01
3	Kings Mill Hospital	3365	337	13	10	3	10%	0%	10%	0:35:31	441:38:32	289:01:26	273:00:13
4	Chesterfield Royal Hospital	2338	248	10	10	0	11%	0%	11%	0:36:59	352:33:52	225:58:36	211:40:44
5	Grimsby Diana Princess Of Wales	2040	245	53	50	3	12%	3%	15%	0:42:01	462:12:52	221:06:30	347:03:24
6	Kettering General Hospital	2548	350	42	39	3	14%	2%	15%	0:34:34	328:09:45	291:23:09	159:20:23
7	Glenfield General Hospital	935	139	17	16	1	15%	2%	17%	0:33:30	118:54:24	113:08:59	39:17:37
8	**Leicester Royal Infirmary**	**5,893**	**728**	**263**	**242**	**21**	**12.4%**	**4.5%**	**16.8%**	**0:37:37**	**1047:53:38**	**789:57:43**	**489:28:32**
9	Burton Queens Hospital	524	85	13	13	0	16%	2%	19%	0:36:55	81:02:51	72:06:03	28:24:30
10	Bassetlaw District General Hospital	952	170	21	19	2	18%	2%	20%	0:39:18	179:49:06	134:48:41	93:21:39
11	Northampton General Hospital	2993	565	53	48	5	19%	2%	21%	0:39:29	575:30:30	431:37:17	273:31:01
12	Scunthorpe General Hospital	1605	235	116	100	16	15%	7%	22%	0:46:28	487:49:46	297:27:08	278:40:00
13	Stepping Hill Hospital	331	72	6	6	0	22%	2%	24%	0:35:00	44:46:25	50:32:48	11:14:48
14	Boston Pilgrim Hospital	2112	326	211	157	54	15%	10%	25%	0:49:48	745:00:29	549:12:33	272:36:06
15	George Eliot Hospital	229	50	10	8	2	22%	4%	26%	0:42:22	53:06:30	45:26:23	16:51:32
	EMAS	40,801	5,078	1,486	1,194	292	12%	4%	16%	0:38:43	7758:35:13	5621:05:39	3871:50:02

Highlights

CAD data used since Feb 19 with no exclusions.

- LRI had 10% more handovers in comparison to the same period last year.
- 51% of handovers were completed within 15 mins
- 74 less hours lost due to ambulance handover delays in April compared to the previous month





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
31 Mins	37 Mins	38 Mins	1048 Hours	87 Shifts	12.4%	4.5%

RTT: Executive Performance Board

University Hospitals of Leicester NHS
NHS Trust

Current Position:

UHL achieved Month 1's waiting size trajectory with 171 fewer patients on the waiting list than forecasted. This builds upon the positive work from 2018/19 as UHL projects achieving the planning guidance for waiting list size reduction in 2019/20. RTT performance for April was 84.4%.

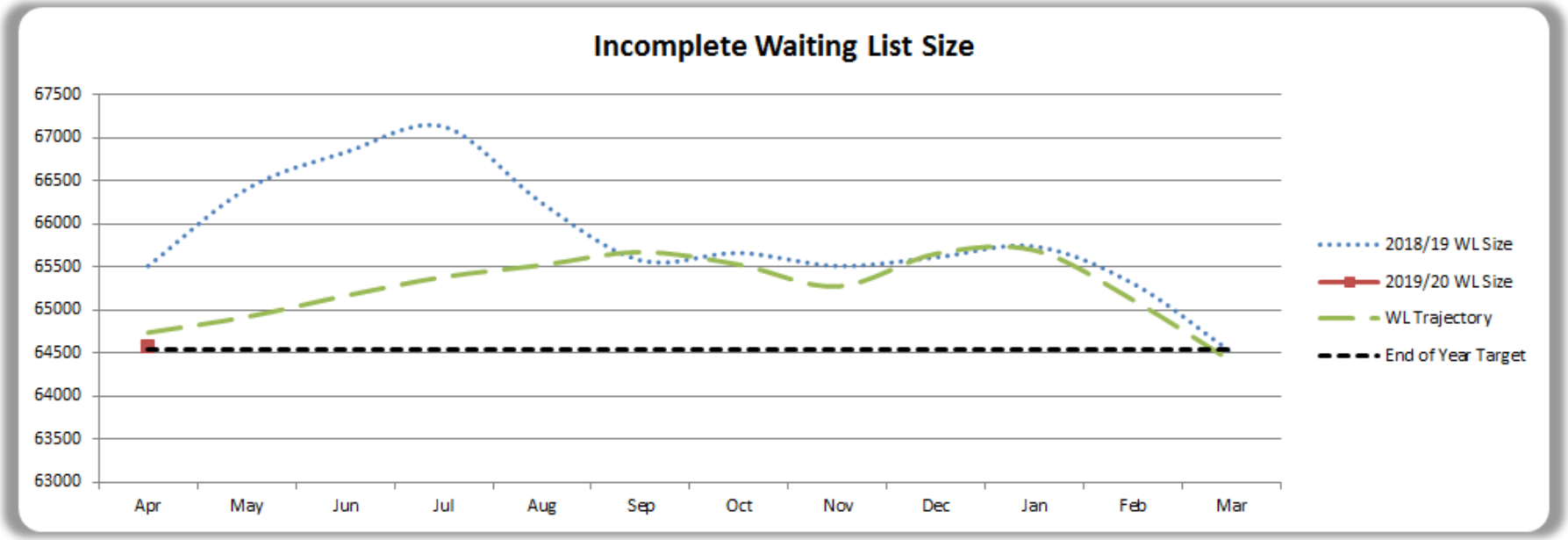
Key Drivers:

- Increased admitted activity / reduction in cancellations
- Continued validation of the waiting list
- Increased backlog size in the Alliance
- Challenged capacity with Neurology, Allergy and Urology

Key Actions

- Managing demand from activity transferred to the Independent Sector in 2018/19 via IPT for 2019/20 from absorbing into UHL, transferring to Alliance or PCL Pillar or sub contract to the IS
- Reduced cancellations via escalation policy and winter bed plan
- Improved outpatient and theatre utilisation as managed by the Outpatient and Theatre Program Boards

UHL is forecasting to remain below the trajectory waiting list size for May 2019.



RTT: Executive Performance Board

University Hospitals of Leicester NHS
NHS Trust

The overall combined UHL and Alliance WL size has is below the waiting list size trajectory for month 1 as UHL forecast delivering the 2019/20 planning guidance for waiting list size reduction.

The largest reductions in waiting list size were seen in Breast Care, Dermatology and Urology.

The largest increased in waiting list size were seen in Pain Management (which has subsequently reduced by 101 at the start of May), Neurology (related to clinical capacity) and Ophthalmology (related eye casualty triage diverting patients to an outpatient clinic).

3 out of the 7 UHL CMG's and the Alliance achieved a reduction in their waiting list size in March, contributing to achieving the month 1 trajectory.

10 Largest Waiting List Size Reductions in month

Breast Care	-133
Dermatology	-129
Urology	-128
Maxillofacial Surgery	-77
Spinal Surgery	-53
ENT	-51
Orthopaedic Surgery	-42
Allergy	-39
Cardiac Surgery	-36
Geriatric Medicine	-29

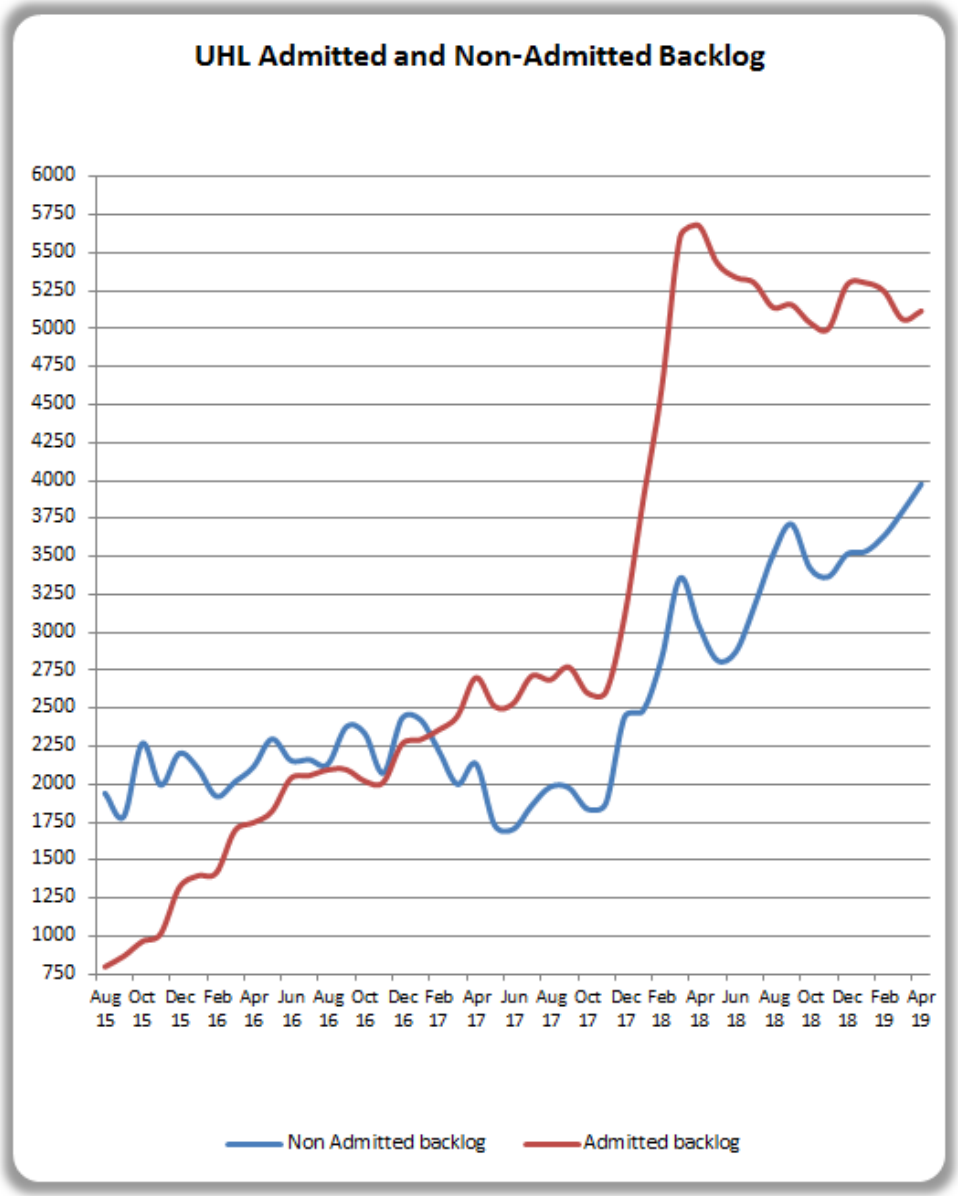
10 Largest Waiting List Size Increases in month

Plastic Surgery	48
Thoracic Medicine	67
Paediatric Medicine	75
Gynaecology	76
Sports Medicine	84
Paediatric ENT	91
Cardiology	100
Ophthalmology	105
Neurology	127
Pain Management	176

CMG	Waiting List Size Change Since March 2019	RTT %
CHUGGS	-122	80.0%
CSI	18	91.4%
ESM	-9	89.4%
ITAPS	158	88.0%
MSS	-46	80.5%
RRCV	79	85.1%
W&C	119	91.0%
Alliance	-134	88.3%
UHL	197	83.8%
UHL & Alliance	63	84.4%

RTT: Executive Performance Board

University Hospitals of Leicester NHS
NHS Trust



Admitted: 55 (backlog change) — 1.1% Change

Non Admitted: 179 (backlog change) — 4.7% Change

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

Key Actions Required:

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

52 Week Breaches: Executive Performance Board

University Hospitals of Leicester NHS
NHS Trust

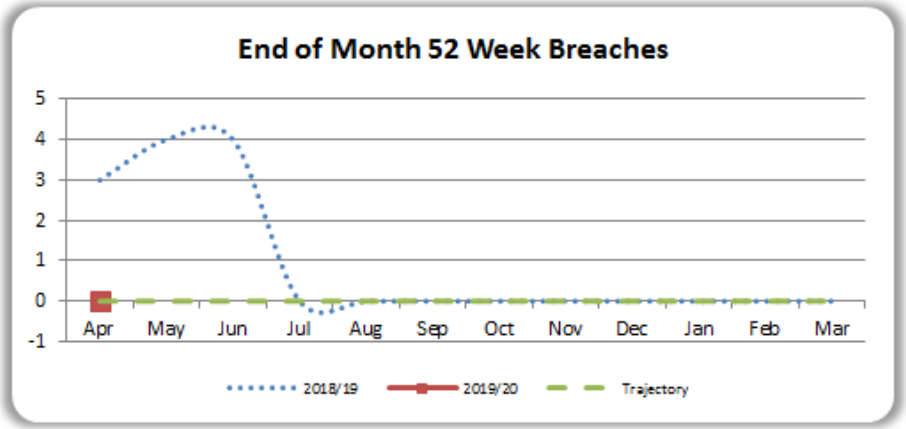
52 Week Breaches — Zero (0 Change)

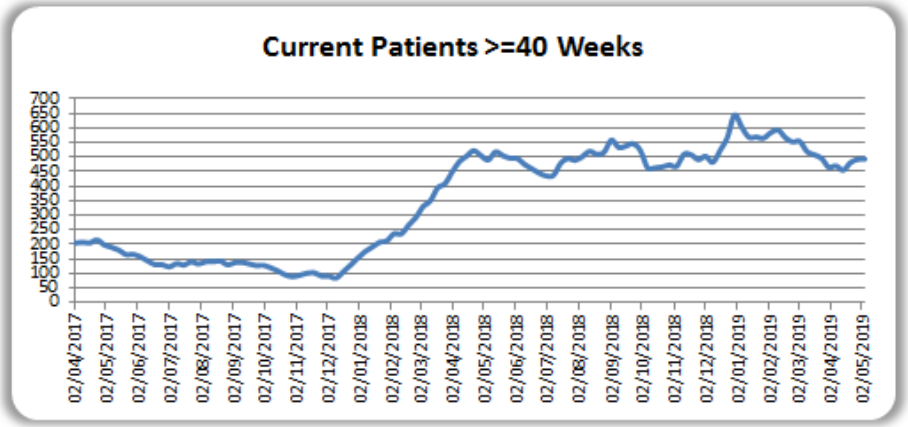
Current Position:
At the end April there were zero patients with an incomplete pathway at more than 52 weeks. This continues the trend of 10 consecutive months of zero 52 week incomplete breaches. This is expected to stay throughout 2019/20 with the trajectory to remain at zero throughout the year.

Key Drivers:
- The number of patients waiting over 40 weeks for treatment increased by 438 to 522 over a 19 week period between the 10th December 2017 and 22nd April 2018. During 2018/19 the change in operational management supported in reducing the increase in long waiting patients over winter to a 3 week period in December. The number of patients waiting over 40 weeks has reduced by 23.5% since its peak in December.
- Being able to maintain and reduce the number of long waiting patients in Q4 has supported in UHL remaining ranked joint 1st amongst our peer group of 18 acute trusts and nationally for 52 week performance.

Key Actions
- A daily escalation of the patients at risk is followed including Service Managers, General Managers, Head and Deputy Head of Operations. The Deputy Chief Operating Officer is personally involved daily for any patients who are at risk of breaching 52 weeks. A daily TCI list for any long waiting patients over 48 weeks is sent to the operational command distribution list to highlight the patients and avoid a cancellation, with escalation to COO as required.

UHL is continuing to forecast zero 52 week breaches for May. Achieving zero remains a risk due to emergency pressures and the potential risk of cancellation from both the hospital and patient choice.





Diagnostics: Executive Performance Board

University Hospitals of Leicester NHS
NHS Trust

Diagnostics: DM01

99.1% (Target >=99%) — 0.0% Change

155 Breaches — -3 Change

Imaging	99.5% (Target >99%)	+0.2% Change	Breaches: 61	+3 Change
Physiological Measurement	99.0% (Target >99%)	-0.7% Change	Breaches: 21	+17 Change
Endoscopy	96.8% (Target >99%)	+1.8% Change	Breaches: 96	+38 Change

Current Position:

UHL has achieved the DM01 standard for April, with 17 fewer breaches than required to meet the standard. This maintains UHL's diagnostic performance by achieving the diagnostic target for the 8th consecutive month.

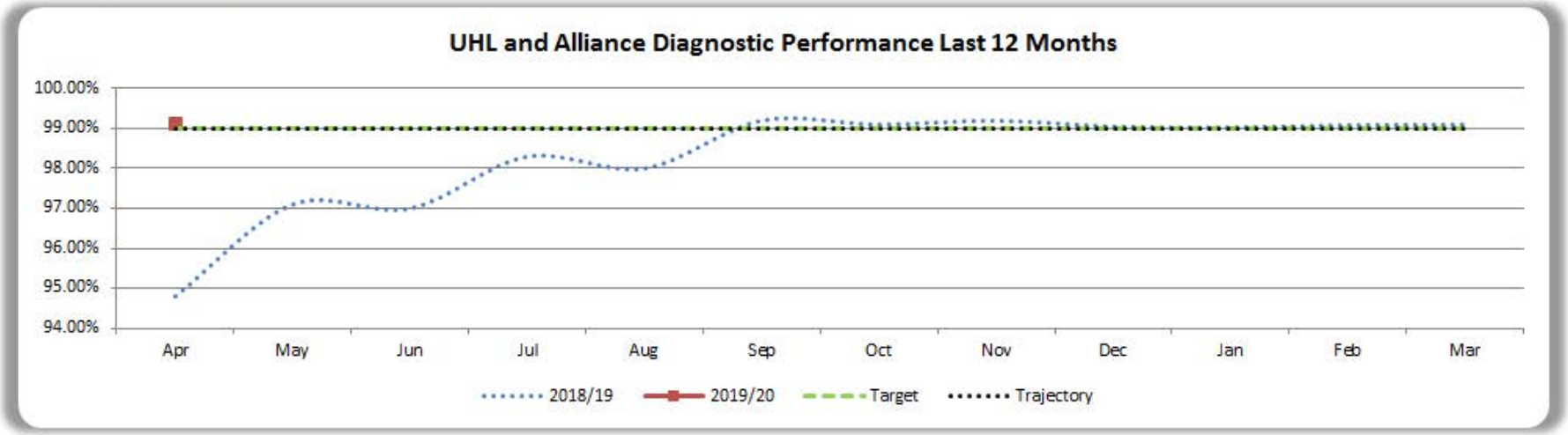
Key Drivers:

- An increase in 2WW endoscopy referrals resulted an increase in a conversion from routine diagnostic capacity and an increase endoscopy breaches in March
- Increased CT Cardiac demand due to changes in NICE guidelines
- Reduced available capacity for endoscopy at local hospitals within the Alliance

Key Actions:

- Continued insourced capacity via Medinet for Endoscopy
- Increased CT capacity and take up of wait list initiatives
- Unisoft upgrade and centralised booking to optimise use of Alliance capacity. Expected June.
- 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 May, continuing to deliver the DM01 standard.



Cancelled Ops: Executive Performance Board

University Hospitals of Leicester NHS
NHS Trust

Current Position:
April's cancelled operations performance for UHL and the Alliance combined was 0.9% achieving the 1% cancellation target. There were 104 non clinical hospital cancellations (101 UHL 0.97% and 3 Alliance 0.4%). This is the 9th consecutive month showing year on year reductions in cancelled operations.

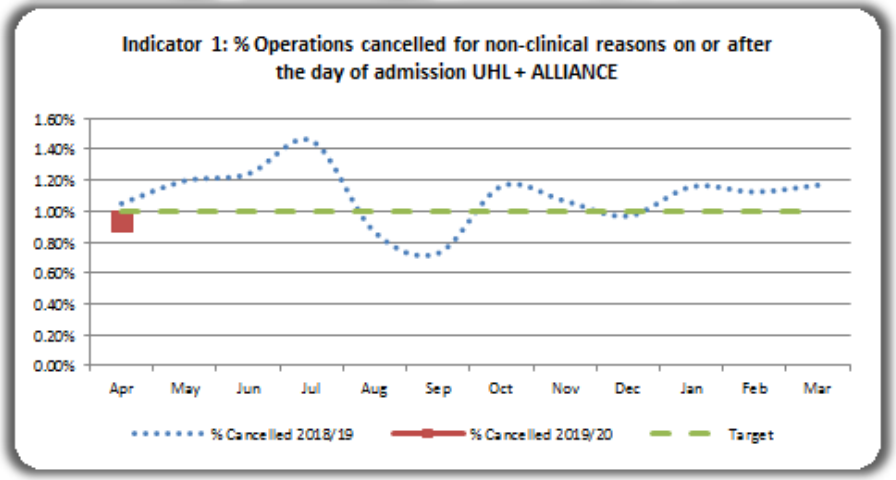
14 patients did not receive their operation within 28 days of a non-clinical cancellation, 14 from UHL and 0 from the Alliance.

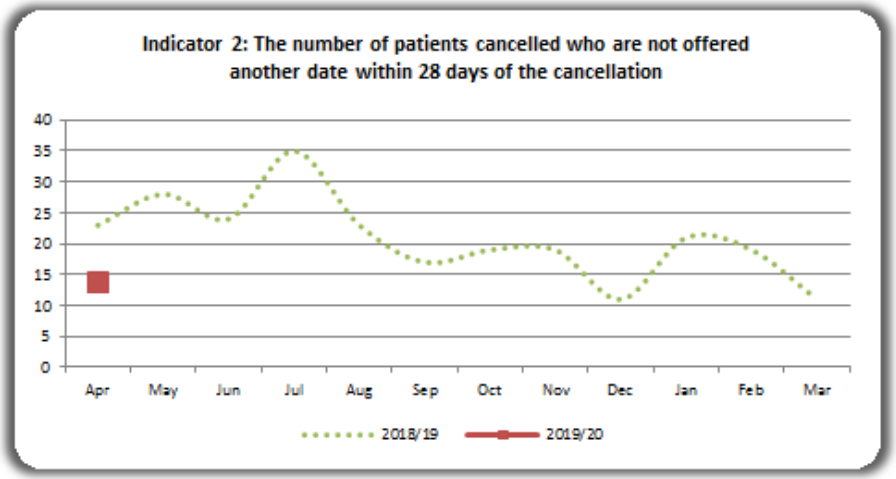
Key Drivers:
- Capacity constraints resulted in 49 (48.5%) hospital non clinical cancellations. Of this 5 were within Paediatrics.
- 24 cancellations were due to lack of theatre time / list overrun, which as reduction from 49 in March. Contextual information indicates other patients on the theatre list becoming more complex and late starts due to awaiting beds are causational factors.
- 7 cancellations were due staffing (surgical and anaesthetic) down from 30 in April.

Key Actions:
- The Theatre Programme Board, are focusing on a program of 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 May's performance will continue to deliver year on year improvements. Combined performance for the Trust is currently on track to deliver below 1.0% cancellations in May.

Continued year on year improvement is expected for 28 breaches.

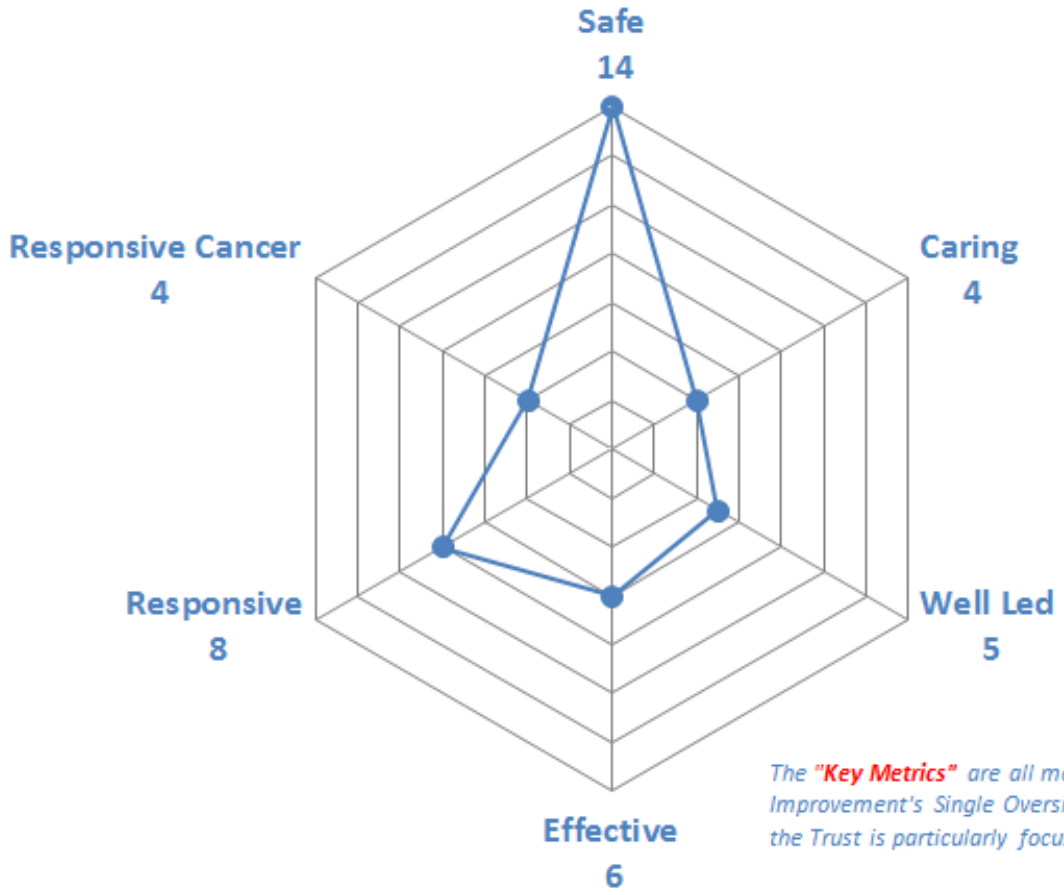




APPENDICES

APPENDIX A: Radar Diagram Summary of UHL Performance

Number of Compliant Indicators by Domain - April 19



*The "**Key Metrics**" are all measures included in the NHS Improvement's Single Oversight Framework or measures on which the Trust is particularly focussing and are deemed important.*

Safe Domain - we have 26 indicators, 6 of which are standard metrics with no set targets. 70% of the 20 key metrics were compliant this month.

Caring Domain - we have 10 indicators, 3 of which are standard metrics with no set targets. 57% of the 7 key metrics were compliant this month.

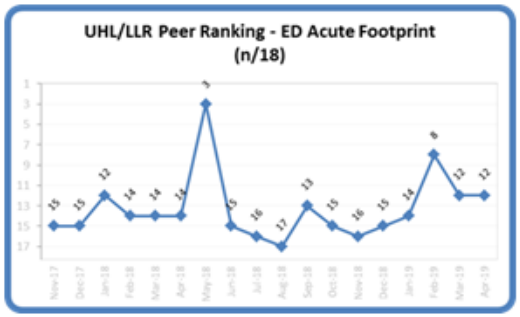
Well Led Domain - we have 21 indicators, 7 of which are standard metrics with no set targets. 36% of the 14 key metrics were compliant this month.

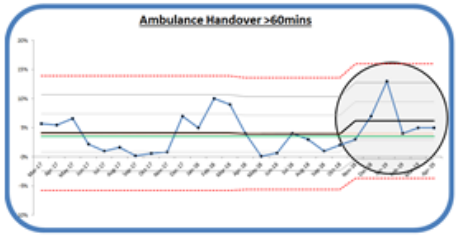
Effective Domain - we have 8 indicators, all of which are targets. 75% of these metrics were compliant this month.

Responsive Domain - we have 15 indicators, 1 of the metrics is standard and has no set targets. 57% of the 14 key metrics were compliant this month.

Responsive Cancer Domain - we have 9 indicators, all of which are targets. 44% of these metrics were compliant this month.

APPENDIX B: Exception Summary Report

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).	**19/20 Target – 95% or above** The UHL performance for April was 75.5% (compared to 76.1% in the same period last year) and LLR performance was 82.4% against a trajectory of 87.5%.	**Benchmark**  **Trend** 	The UHL performance for April was 75.5% and LLR performance was 82.4% against a trajectory of 87.5%. In April 2019 the trust saw a total of 22,059 ED and Eye Casualty attendances. In comparison to April 2018 (19,518) this is an increase of 2,541 patients (13.0%). For the 18/19 financial year there was a 6.2% increase in attendance compared with the previous year.	1. Following Successful recruitment of *ACPs/ENPs, training is underway and* will increase the number of patients seen by this cohort of staff in the injuries stream releasing medical staff for majors. 2. Primary Care agreed clinical model with DHU including a change in process to improve productivity: DHU receptionist with access to slots in UCCs for appropriate deflection 3. Exploring options for cohorting patients waiting in the Emergency Department for inpatient beds 4. Fortnightly frailty meetings continue, to review the impact of the FES and the admissions to EFU and AFU. 5. Improved clerking proformas to incorporate and highlight multi-disciplinary assessments and plans, including dementia screening. 6. Medicine Single Front Door – continues to be refined to ensure maximum efficiency and effectiveness. 7. Diagnostic work has started within the emergency department focusing on the scope to further enhance same day emergency care. 8. Ward 7 – now will remain open and staffed to 28 patients as an annex of AMU due to the overall medical bed capacity gap. 9. The front door admission avoidance team now operational covering the Emergency Floor.

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
Ambulance Handover >60 Mins (CAD from Feb 19) – is a measure of the percentage of handover delays over 60 minutes	**19/20 Target – 0%** April performance for handover was 4.5% compared to 0.1% in the same period last year.	**Trend** 	51% of handovers were completed within 15 mins - 8% better than Apr 18 last year. 1048 hours lost due to ambulance handover delays in April - 153 more than the same period last year.	1. UHL internal task and finish group in place to align work and embed improvements and change behaviours including improved consistency of clinical leadership, medical and nursing 2. Plans to divert DVT service away from ED and stop reliance on EMAS to convey patients 3. Introduced new pathways for EMAS to gain direct access to assessment units 4. New SOP for local and system escalation which gives more rigor than the national SOP 5. Strengthened clinical leadership in ambulance assessment 6. Reviewed corridor SOP to give more flexibility of use 7. Identified and completed SOP for additional capacity of patients on the clock 8. Physicians in ED 24/7 - UHL complete; work ongoing to sustain process 9. Majors ambulatory now fully operational 7/7 10. Deep dive into the correlation of batching on performance (recognising we regularly will have up to 20 ambulance in 20 -30 mins) 11. System education - In progress all silver managers UHL, EMAS

APPENDIX C: Safe Domain Dashboard

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

	KPI Ref	Indicators	Board Director	Lead Officer	19/20 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	17/18 Outturn	18/19 Outrun	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Safe	S1	Reduction for moderate harm and above PSIs with finally approved status - reported 1 month in arrears	AF	MD	<=FY18/19	UHL	Red if >12 in mth, ER if >12 for 2 consecutive mths	May-17	235	245	23	32	17	27	25	20	21	21	13	24	11	11	
	S2	Serious Incidents - actual number escalated each month	AF	MD	<=39 by end of FY 19/20	UHL	Red if >29 in FY	May-17	37	29	4	4	6	3	3	1	1	2	1	2	1	1	1
	S3	Proportion of reported safety incidents per 1000 attendances (IP, OP and ED)	AF	MD	> FY 18/19	UHL	Not required	May-17	15.8	16.8	16.7	16.2	16.8	17.9	17.1	16.3	16.0	17.1	18.8	16.5	17.3	15.4	17.2
	S4	SEPSIS - Patients with an Early Warning Score 3+ - % appropriate escalation	AF	JB	95%	UHL	TBC	Dec-17	95%	98%	98%	98%	98%	98%	98%	98%	98%	Indicator on hold					
	S5	SEPSIS - Patients with EWS 3+ - % who are screened for sepsis	AF	JB	95%	UHL	TBC	Dec-17	95%	95%	96%	97%	95%	94%	94%	93%	94%	Indicator on hold					
	S6	SEPSIS - ED - Patients who trigger with red flag sepsis - % that have their IV antibiotics within an hour - reported 1 month in arrears	AF	JB	90%	UHL	TBC	Dec-17	85%	84%	95%	93%	88%	85%	85%	86%	81%	76%	76%	77%	77.0%	84%	
	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	JB	90%	UHL	TBC	Dec-17	80%	84%	84%	83%	77%	80%	87%	83%	94%	90%	80%	70%	87%	93%	
	S8	Overdue CAS alerts	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	Nov-16	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0
	S9	RIDDOR - Serious Staff Injuries	AF	MD	10% Reduction on FY17/18 <=50 by end of FY 18/19,<=50 by end of FY 19/20	UHL	Red / ER if non compliance with cumulative target	Oct-17	56	46	1	7	6	9	4	3	3	0	3	3	3	4	0
	S10	Never Events	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	May-17	8	8	1	1	2	0	0	0	1	1	0	0	0	2	0
	S11	Clostridium Difficile	CF	DJ	61	NHSI	Red if >mthly threshold / ER if Red or Non compliance with cumulative target	Nov-17	68	57	12	4	5	4	7	2	6	4	6	2	0	5	5
	S12	MRSA Bacteraemias - Unavoidable or Assigned to third Party	CF	DJ	0	NHSI	Red if >0 ER Not Required	Nov-17	0	3	0	0	0	1	0	0	0	0	0	0	1	1	0
	S13	MRSA Bacteraemias (Avoidable)	CF	DJ	0	UHL	Red if >0 ER Not Required	Nov-17	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	S14	MRSA Total	CF	DJ	0	UHL	Red if >0 ER Not Required	Nov-17	4	3	0	0	0	1	0	0	0	0	0	0	1	1	0
	S15	E. Coli Bacteraemias - Community	CF	DJ	TBC	NHSI	TBC	Jun-18	454	405	38	54	43	35	34	43	36	34	26	36	26	33	37
	S16	E. Coli Bacteraemias - Acute	CF	DJ	TBC	NHSI	TBC	Jun-18	96	65	11	7	3	5	3	11	5	5	5	5	5	3	8
	S17	E. Coli Bacteraemias - Total	CF	DJ	TBC	NHSI	TBC	Jun-18	550	470	49	61	46	40	37	54	41	39	31	41	31	43	45
	S18	MSSA - Community	CF	DJ	TBC	NHSI	TBC	Nov-17	139	124	12	11	8	14	11	8	18	6	6	15	9	7	13
	S19	MSSA - Acute	CF	DJ	TBC	NHSI	TBC	Nov-17	43	32	5	4	2	1	2	1	3	2	5	2	5	0	3
	S20	MSSA - Total	CF	DJ	TBC	NHSI	TBC	Nov-17	182	156	17	15	10	15	13	9	21	8	11	17	14	7	16
	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%	97.8%	97.4%	97.3%	98.4%	98.2%	98.2%	97.9%	98.0%	97.6%	97.7%	97.3%	97.3%	98.0%	97.2%
	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	95.4%	95.8%	93.6%	95.5%	95.6%	95.1%	95.5%	95.5%	94.8%	96.7%	96.0%	96.0%	97.6%	97.6%	98.6%
	S23	All falls reported per 1000 bed stays for patients reported 1 month in arrears (>65 years only before 1920)	CF	HL	<=4.84	UHL	Red if >=6.03 ER if 2 consecutive reds	Jun-18	6.0	6.4	7.3	6.1	7.0	6.1	5.8	6.1	6.0	5.9	7.0	6.5	6.6	6.6	
	S24	Avoidable Pressure Ulcers - Grade 4	CF	MC	0	QS	Red / ER if Non compliance with monthly target	Aug-17	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	8	7	0	0	1	1	1	0	0	0	3	0	1	0	0
	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	53	62	7	4	7	7	1	10	0	5	5	4	8	5	4

APPENDIX D: Caring Domain Dashboard

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

	KPI Ref	Indicators	Board Director	Lead Officer	19/20 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	17/18 Outturn	18/19 Outturn	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Caring	C1	Formal complaints rate per 1000 IP,OP and ED attendances	AF	MD	No Target	UHL	Monthly reporting	Aug-17	1.3	1.6	1.5	1.6	1.3	1.6	1.7	1.7	1.7	1.6	1.3	1.6	1.5	1.8	1.9
	C2	Percentage of upheld PHSO cases	AF	MD	No Target	UHL	Quarterly reporting	Sep-17	0%	0%	0% (0 out of 4 cases)			20% (0 out of 5 cases)			0% (0 out of 2 cases)			0% (0 out of 2 cases)			
	C3	Published Inpatients and Daycase Friends and Family Test - % positive	CF	HL	≥96% Highlight when and if ≥97%	UHL	Red if <96% ER if 2 consecutive mths Red star * if above national average for the month	Jun-17	97%	97%	97%	98%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
	C4	Inpatients only Friends and Family Test - % positive	CF	HL	≥96% Highlight when and if ≥97%	UHL	Red if <95% ER if 2 consecutive mths Red star * if above national average for the month	Jun-17	96%	96%	96%	97%	97%	95%	96%	96%	96%	96%	96%	95%	95%	95%	95%
	C5	Daycase only Friends and Family Test - % positive	CF	HL	≥96% Highlight when and if ≥97%	UHL	Red if <95% ER if 2 consecutive mths Red Star * if above the national average for that month	Jun-17	98%	98%	99%	99%	98%	98%	98%	98%	99%	98%	99%	99%	98%	99%	98%
	C6	A&E Friends and Family Test - % positive	CF	HL	≥94%	UHL	Red if <94% ER if 2 consecutive mths Red Star * if above the national average for that month	Jun-17	95%	95%	95%	96%	95%	95%	95%	95%	95%	95%	94%	95%	94%	92%	93%
	C7	Outpatients Friends and Family Test - % positive	CF	HL	≥94%	UHL	Red if <94% ER if 2 consecutive mths Red Star * if above the national average for that month	Jun-17	95%	95%	95%	96%	95%	95%	95%	95%	95%	95%	96%	95%	95%	95%	95%
	C8	Maternity Friends and Family Test - % positive	CF	HL	≥96%	UHL	Red if <91% ER if 2 consecutive mths Red Star * if above the national average for that month	Jun-17	95%	94%	94%	94%	93%	94%	94%	94%	95%	93%	95%	91%	92%	93%	93%
	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	69.8%	71.2%	70.5%			75.2%			65.0%			74.0%			
	C10	Single Sex Accommodation Breaches (patients affected)	CF	HL	0	NHSI	Red if >0 ER if 2 consecutive months >5	Dec-16	30	58	13	0	11	2	6	0	9	0	1	9	5	2	0

APPENDIX E: Well Led Domain Dashboard

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

	KPI Ref	Indicators	Board Director	Lead Officer	19/20 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	17/18 Outturn	18/19 Outturn	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Well Led	W1	Published Inpatients and Daycase Friends and Family Test - Coverage (Adults and Children)	CF	HL	Not Appicable	N/A	Not Appicable	Jun-17	27.9%	26.4%	26.7%	28.6%	27.7%	27.8%	25.5%	26.9%	26.3%	25.9%	24.3%	24.7%	25.8%	26.3%	28.6%
	W2	Inpatients only Friends and Family Test - Coverage (Adults and Children)	CF	HL	30%	QS	Red if <26.7%	Jun-17	31.9%	29.1%	30.6%	32.2%	30.1%	31.6%	26.8%	28.5%	29.4%	30.4%	26.7%	26.8%	27.2%	29.0%	26.5%
	W3	Daycase only Friends and Family Test - Coverage (Adults and Children)	CF	HL	20%	QS	Red if <10%	Jun-17	23.6%	23.4%	22.4%	24.6%	25.3%	23.6%	24.2%	25.2%	22.9%	21.2%	21.4%	22.4%	24.3%	23.3%	24.2%
	W4	A&E Friends and Family Test - Coverage	CF	HL	10%	QS	Red if <7.1%	Jun-17	9.9%	7.9%	7.1%	12.0%	9.9%	10.8%	7.2%	6.9%	8.8%	4.9%	5.0%	9.5%	7.2%	5.9%	7.2%
	W5	Outpatients Friends and Family Test - Coverage	CF	HL	5%	QS	Red if <4.7%	Jun-17	5.7%	5.4%	5.7%	5.7%	5.8%	5.5%	5.4%	5.4%	5.3%	5.3%	4.7%	4.7%	5.6%	5.9%	6.7%
	W6	Maternity Friends and Family Test - Coverage	CF	HL	30%	UHL	Red if <28.0%	Jun-17	40.2%	40.0%	35.9%	41.9%	37.2%	38.5%	37.2%	39.1%	44.8%	42.5%	45.4%	33.6%	42.7%	41.6%	44.8%
	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	57.9%	59.8%	60.3%			61.9%			60.0%			57.0%			
	W8	Nursing Vacancies	CF	MM	TBC	UHL	Separate report submitted to QAC	Dec-17	11.9%	13.0%	12.4%	14.0%	15.0%	14.6%	14.4%	15.2%	15.0%	13.8%	13.9%	14.5%	13.5%	13.0%	12.6%
	W10	Turnover Rate	HW	LG	TBC	NHSI	Red = 11% or above ER = Red for 3 Consecutive Mths	Nov-17	8.5%	8.4%	8.5%	8.6%	8.4%	8.4%	8.3%	8.6%	8.3%	8.3%	8.4%	8.6%	8.5%	8.4%	9.0%
	W11	Sickness absence (reported 1 month in arrears)	HW	BK	3%	UHL	Red if >4% ER if 3 consecutive mths >4.0%	Oct-16	4.2%	3.8%	3.6%	3.4%	3.5%	3.4%	3.6%	3.8%	3.9%	4.1%	4.0%	4.2%	4.3%	4.1%	
	W12	Temporary costs and overtime as a % of total paybill	HW	LG	TBC	NHSI	TBC	Nov-17	12.0%	11.1%	11.0%	12.2%	11.8%	11.3%	10.8%	10.8%	11.5%	10.6%	11.0%	10.7%	9.7%	12.4%	9.8%
	W13	% of Staff with Annual Appraisal (excluding facilities Services)	HW	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	88.7%	92.6%	89.3%	89.3%	89.8%	91.1%	91.6%	92.2%	92.1%	92.0%	92.5%	91.9%	92.6%	92.6%	92.5%
	W14	Statutory and Mandatory Training	HW	BK	95%	UHL	TBC	Dec-16	88%	89%	89%	89%	89%	90%	88%	88%	88%	82%	86%	88%	89%	90%	89%
	W15	% Corporate Induction attendance	HW	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	97%	97%	96%	96%	98%	98%	95%	96%	97%	96%	97%	97%	98%	98%	96%
	W16	BME % - Leadership (8A – Including Medical Consultants)	HW	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17	27%	29%	28%			29%			29%			29%			
	W17	BME % - Leadership (8A – Excluding Medical Consultants)	HW	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17	14%	16%	14%			15%			16%			16%			
	W18	DAY Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	CF	MM	TBC	NHSI	TBC	Jul-18	91.3%	80.8%	87.2%	88.6%	87.2%	80.1%	77.3%	78.1%	78.4%	79.1%	78.1%	79.8%	78.1%	77.0%	78.9%
	W19	DAY Safety staffing fill rate - Average fill rate - care staff (%)	CF	MM	TBC	NHSI	TBC	Jul-18	101.1%	96.0%	99.9%	100.2%	98.2%	94.7%	94.6%	95.1%	95.9%	97.0%	94.6%	95.9%	92.7%	92.8%	96.7%
	W20	NIGHT Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	CF	MM	TBC	NHSI	TBC	Jul-18	93.6%	89.8%	93.5%	95.7%	94.3%	88.0%	84.8%	86.6%	88.2%	90.0%	87.9%	92.3%	88.5%	88.2%	88.2%
	W21	NIGHT Safety staffing fill rate - Average fill rate - care staff (%)	CF	MM	TBC	NHSI	TBC	Jul-18	111.0%	123.0%	124.2%	119.8%	118.0%	124.1%	112.4%	121.5%	123.3%	126.8%	121.5%	124.8%	123.6%	126.3%	129.8%

APPENDIX F: Effective Domain Dashboard

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

	KPI Ref	Indicators	Board Director	Lead Officer	19/20 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	17/18 Outturn	18/19 Outturn	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
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	9.1%	9.0%	9.4%	9.2%	9.1%	9.0%	9.0%	8.8%	8.9%	8.7%	9.0%	8.8%	9.1%	8.9%	
	E2	Mortality - Published SHMI	AF	RB	<=99	QC	Red/ER if not within national expected range	Sep-16	98 (Oct16-Sep17)	99 (Oct17-Sep18)	98 (Oct16-Sep17)		97		(Jan17-Dec17)	95		(Apr17-Mar18)	96 (Jul17-Jun18)		99 (Oct17-Sep18)		99 (Jan to Dec 18)
	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	93	99	95	94	98	99	99	99	99	99	99	99	99	99	99
	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	94	97	94	94	95	95	96	95	98	97	97	97	97	97	98
	E5	Crude Mortality Rate Emergency Spells	AF	RB	<=2.4%	UHL	Monthly Reporting	Apr-17	2.2%	2.1%	2.2%	2.0%	1.9%	2.0%	1.9%	1.9%	2.1%	1.9%	2.4%	2.4%	2.4%	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	69.9%	74.6%	74.6%	64.2%	53.5%	58.8%	82.6%	77.2%	83.6%	83.5%	73.8%	87.3%	78.7%	75.3%	77.3%
	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	86.7%	84.9%	83.3%	88.0%	84.3%	86.8%	80.6%	83.7%	86.7%	82.4%	78.7%	87.1%	86.5%	87.7%	
	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	52.6%	55.6%	48.1%	67.3%	77.7%	70.2%	50.4%	28.7%	38.6%	87.3%	52.3%	83.5%	57.5%	29.9%	64.0%

APPENDIX G: Responsive Domain Dashboard

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

	KPI Ref	Indicators	Board Director	Lead Officer	19/20 Target	Target Set by	18/19 Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	17/18 Outturn	18/19 Outturn	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Responsive	R1	ED 4 Hour Waits UHL	RB	RM	95% or above	NHSI	Green if in line with NHSI trajectory	Aug-17	77.6%	77.0%	76.1%	88.2%	82.0%	76.3%	76.3%	79.5%	78.3%	72.6%	73.5%	70.7%	76.1%	75.1%	75.5%
	R2	ED 4 Hour Waits Acute Footprint (UHL + LLR UCC (Type 3), before 1920)	RB	RM	95% or above	NHSI	Red if <85% Amber if >85% and <90% Green 90%+ ER via ED TB report	Aug-17	80.6%	83.2%	82.8%	91.3%	87.1%	83.1%	83.0%	84.7%	83.7%	79.1%	79.9%	79.1%	82.6%	82.0%	82.4%
	R3	12 hour trolley waits in A&E	RB	RM	0	NHSI	Red if >0 ER via ED TB report	Mar-19	40	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	R4	RTT - Incomplete 92% in 18 Weeks UHL+ALLIANCE	RB	DM	92% or above	NHSI	Green if in line with NHSI trajectory	Nov-16	85.2%	84.7%	85.8%	86.8%	87.0%	86.5%	85.8%	85.2%	86.0%	86.0%	85.3%	85.2%	85.1%	84.7%	84.4%
	R5	RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE	RB	DM	0	NHSI	Red /ER if >0	Nov-16	4	0	3	4	4	0	0	0	0	0	0	0	0	0	0
	R6	6 Week - Diagnostic Test Waiting Times (UHL+ALLIANCE)	RB	DM	1% or below	NHSI	Red /ER if >1%	Dec-16	1.9%	0.9%	5.2%	2.9%	3.0%	1.7%	2.0%	0.8%	0.9%	0.8%	1.0%	1.0%	0.9%	0.9%	0.9%
	R7	Urgent Operations Cancelled Twice (UHL+ALLIANCE)	RB	DM	0	NHSI	Red if >0 ER if >0	Jan-17	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	DM	0	NHSI	Red if >2 ER if >0	Jan-17	336	242	24	27	24	32	22	17	19	17	10	20	19	11	14
	R9	Cancelled patients not offered a date within 28 days of the cancellations ALLIANCE	RB	DM	0	NHSI	Red if >2 ER if >0	Jan-17	2	6	0	1	0	3	0	0	0	0	1	1	0	0	0
	R10	% Operations cancelled for non-clinical reasons on or after the day of admission UHL	RB	DM	<1%	Contract	Red if >1.0% ER if >1.0%	Jan-17	1.3%	1.2%	1.1%	1.2%	1.2%	1.4%	0.9%	0.8%	1.2%	1.2%	1.0%	1.3%	1.2%	1.3%	1.0%
	R11	% Operations cancelled for non-clinical reasons on or after the day of admission ALLIANCE	RB	DM	<1%	Contract	Red if >1.0% ER if >1.0%	Jan-17	0.6%	0.6%	0.9%	0.6%	1.7%	1.6%	0.1%	0.0%	0.3%	0.6%	1.1%	0.2%	0.0%	0.0%	0.4%
	R12	% Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	RB	DM	<1%	Contract	Red if >1.0% ER if >1.0%	Jan-17	1.2%	1.1%	1.1%	1.2%	1.2%	1.5%	0.9%	0.7%	1.2%	1.1%	1.0%	1.2%	1.1%	1.2%	0.9%
	R13	No of Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	RB	DM	Not Applicable	UHL	Not Applicable	Jan-17	1615	1496	110	139	138	161	98	79	139	132	97	139	123	141	104
	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	1.9%	1.5%	1.6%	1.3%	1.3%	1.2%	1.6%	1.4%	1.6%	1.3%	1.8%	1.5%	1.8%	1.7%	1.0%
	R15	Ambulance Handover >60 Mins (CAD+ from June 15, , CAD from Feb 19)	RB	DM	TBC	UHL	Red if >0 ER if Red for 3 consecutive mths	TBC	4.2%	4.0%	3.8%	0.1%	0.7%	4.2%	3.0%	1.0%	2.0%	3.0%	7.0%	12.5%	4.3%	5.0%	4.5%
	R16	Ambulance Handover >30 Mins and <60 mins (CAD+ from June 15, CAD from Feb 19)	RB	DM	TBC	UHL	Red if >0 ER if Red for 3 consecutive mths	TBC	9.0%	8.0%	8.4%	1.4%	4.0%	8.4%	8.0%	5.0%	8.0%	9.0%	10.0%	14.1%	10.1%	12.7%	12.4%

APPENDIX H: Responsive Domain Cancer Dashboard

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

Responsive Cancer

KPI Ref	Indicators	Board Director	Lead Officer	19/20 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	17/18 Outturn	18/19 Outturn	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
** 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	SL	93% or above	NHSI	Red if <93% ER if Red for 2 consecutive mths	Jul-16	94.7%	92.3%	93.9%	95.0%	93.1%	92.2%	92.9%	95.2%	94.0%	89.9%	80.2%	88.6%	95.5%	95.6%	**
RC2	Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	RB	SL	93% or above	NHSI	Red if <93% ER if Red for 2 consecutive mths	Jul-16	91.9%	79.3%	90.3%	95.5%	88.7%	84.5%	86.6%	94.0%	79.9%	68.7%	26.6%	64.5%	90.4%	97.5%	**
RC3	31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	RB	SL	96% or above	NHSI	Red if <96% ER if Red for 2 consecutive mths	Jul-16	95.1%	95.2%	95.1%	94.7%	96.4%	95.4%	98.0%	95.4%	94.1%	95.9%	96.1%	91.4%	94.8%	95.2%	**
RC4	31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	RB	SL	98% or above	NHSI	Red if <98% ER if Red for 2 consecutive mths	Jul-16	99.1%	99.6%	100%	99.2%	98.0%	100%	98.5%	100%	100%	100%	100%	100%	100%	99.3%	**
RC5	31-Day Wait For Second Or Subsequent Treatment: Surgery	RB	SL	94% or above	NHSI	Red if <94% ER if Red for 2 consecutive mths	Jul-16	85.3%	86.1%	77.4%	90.1%	89.6%	87.0%	89.6%	82.5%	86.5%	84.0%	86.4%	89.8%	84.2%	85.3%	**
RC6	31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	RB	SL	94% or above	NHSI	Red if <94% ER if Red for 2 consecutive mths	Jul-16	95.4%	97.9%	97.5%	98.1%	100%	99.3%	100.0%	90.0%	98.5%	99.2%	99.2%	95.1%	99.3%	98.5%	**
RC7	62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	RB	SL	85% or above	NHSI	Red if <85% ER if Red in mth or YTD	Jul-16	78.2%	75.2%	78.6%	75.7%	74.5%	77.0%	72.9%	71.7%	76.5%	74.2%	82.3%	75.8%	69.7%	73.8%	**
RC8	62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	RB	SL	90% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	85.2%	82.3%	58.5%	86.8%	81.0%	88.5%	84.0%	96.0%	78.6%	95.5%	90.6%	67.9%	74.3%	79.3%	**
RC9	Cancer waiting 104 days	RB	SL	0	NHSI	TBC	Jul-16	18	27	11	9	11	17	29	26	13	12	15	28	26	27	29

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

KPI Ref	Indicators	Board Director	Lead Officer	18/19 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome	17/18 Outturn	18/19 YTD	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
RC10	Brain/Central Nervous System	RB	SL	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	--	33.3%	--	--	0.0%	--	--	100%	--	--	--	--	--	--	**
RC11	Breast	RB	SL	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	93.8%	88.2%	89.6%	93.7%	92.9%	91.4%	85.4%	86.7%	87.2%	80.6%	91.5%	87.5%	76.7%	96.3%	**
RC12	Gynaecological	RB	SL	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	70.6%	70.6%	71.4%	35.0%	66.7%	55.0%	58.3%	69.2%	68.0%	90.0%	94.7%	83.3%	66.7%	76.5%	**
RC13	Haematological	RB	SL	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	81.0%	69.0%	80.0%	57.1%	50.0%	100.0%	64.3%	50.0%	87.5%	52.4%	100%	70.0%	69.2%	55.6%	**
RC14	Head and Neck	RB	SL	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	55.4%	55.0%	42.1%	60.0%	55.6%	42.9%	37.5%	47.1%	54.5%	60.0%	37.0%	91.7%	66.7%	60.0%	**
RC15	Lower Gastrointestinal Cancer	RB	SL	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	58.5%	56.2%	51.9%	53.1%	66.7%	63.2%	58.8%	45.5%	50.0%	56.0%	65.0%	63.3%	35.3%	57.1%	**
RC16	Lung	RB	SL	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	66.2%	72.1%	70.2%	70.5%	78.3%	82.4%	60.7%	75.5%	68.4%	69.8%	75.0%	65.0%	75.6%	75.8%	**
RC17	Other	RB	SL	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	66.7%	52.4%	--	66.7%	50.0%	0.0%	0.0%	75.0%	50.0%	0.0%	--	0.0%	100.0%	100.0%	**
RC18	Sarcoma	RB	SL	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	56.7%	73.3%	0.0%	66.7%	100%	100%	--	--	100%	100%	100%	66.7%	--	--	**
RC19	Skin	RB	SL	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	96.8%	96.9%	94.4%	100%	93.2%	100%	97.6%	100%	95.0%	93.2%	100%	95.9%	93.8%	98.4%	**
RC20	Upper Gastrointestinal Cancer	RB	SL	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	71.9%	66.3%	67.7%	61.5%	81.6%	60.7%	77.8%	64.5%	84.6%	58.8%	67.9%	56.0%	60.0%	45.5%	**
RC21	Urological (excluding testicular)	RB	SL	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	76.3%	68.1%	78.7%	75.7%	59.4%	67.8%	64.7%	55.4%	70.4%	73.8%	79.8%	63.3%	66.1%	66.0%	**
RC22	Rare Cancers	RB	SL	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	65.0%	79.4%	100%	100%	75.0%	100%	66.7%	100%	100%	100%	100%	100%	57.1%	50.0%	**
RC23	Grand Total	RB	SL	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	78.2%	75.2%	78.6%	75.7%	74.5%	77.3%	72.9%	71.7%	76.4%	74.2%	82.3%	75.8%	69.7%	73.8%	**

APPENDIX I: Outpatient Transformation Dashboard

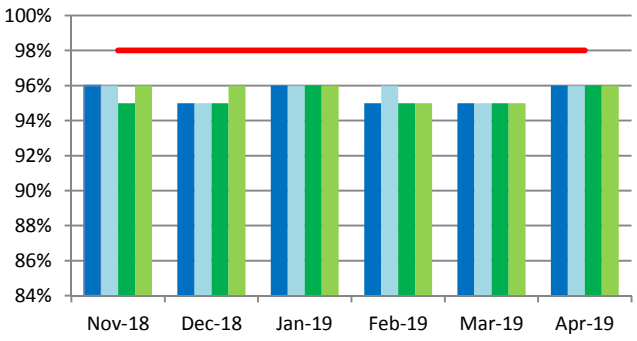
Safe | Caring | Well Led | Effective | Responsive | **OP Transformation**

Out Patient Transformation Programme

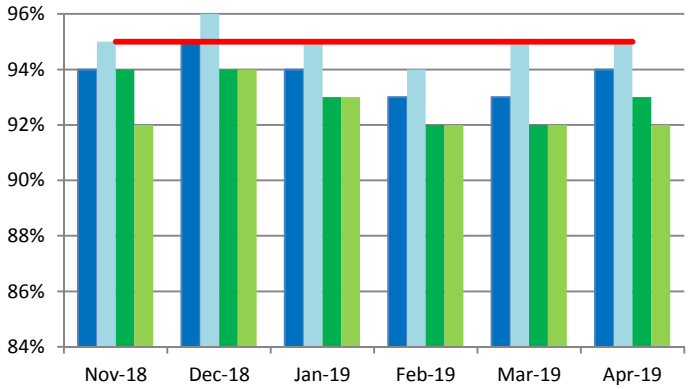
Indicators	Board Director	Lead Officer	19/20 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	17/18 Outturn	18/19 Outturn	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Friends and Family test score (Coverage)	JS	HL	5%	QS	Red if <4.5% Amber if <5% Green if >=5% ER if 3 mths Red	Jun-17	5.7%	5.4%	5.7%	5.7%	5.8%	5.5%	5.4%	5.4%	5.3%	5.3%	4.7%	4.7%	5.6%	5.9%	6.7%
% Positive F&F Test scores	JS	HL	≥94%	UHL	Red if <94% ER if 2 consecutive mths Red Star * if above the national average for that month	Jun-17	94.6%	95.1%	95.2%	95.6%	95.1%	95.0%	95.1%	94.7%	95.2%	94.8%	95.6%	94.7%	95.3%	94.9%	94.5%
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	97.2%	88.6%	93.5% 31 Specialties / 143 services			88.6% 31 Specialties / 151 Services			88.6% 32 Specialties / 158 Services			88.6% 32 Specialites / 141 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	21.4%	24.6%	23.3%	26.2%	25.2%	26.4%	26.5%	27.0%	26.7%	22.0%	23.4%	25.2%	19.0%		
Average waiting time in minutes for an OP appointment	TBC	TBC	TCB	UHL	TBC	New Indicator		18	21	33	33	20	18	26	16	10	-3	25	5	11	24
Reduction in number of long term follow up >12 months	MW	WM	0	UHL	TBC	New Indicator	1467	2699			1339	1431	1369	1649	1935	2400	2313	2484	2699	3008	3542
Reductions in number of FU attendances	MW	MP/DT	6.0%	UHL	Quarterly Reporting - Red if variance higher than 6% (Adverse)	New Indicator	1.1% (A)	2.5%	1.2% (A)			0.7% (F)			2.6% (A)			5.5% (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	23%	25%	23%	22%	21%	24%	28%	25%	28%	23%	28%	26%	26%	25%	26%
% Room Utilisation (CSI areas)	MW	MA	85%	UHL	RAG Rating to March 2018 - Red<70%, Amber < 80%, Green >=80%	New Indicator	70%	77%	77%	79%	72%	72%	74%	75%	79%	82%	73%	83%	81%	81%	80%
% appointment letters printed via outsourced provider	MW	SP	85%	UHL	From APRIL 2018: Red<75%, Amber < 95%	New Indicator	84%	90%	88%	89%	89%	89%	89%	90%	90%	91%	91%	91%	91%	91%	90%
% Clinic summary letters sent within 7 days	MW	WM	90%	UHL	TBC	New Indicator		84%	85%	90%	92%	85%	92%	85%	86%	85%	76%	84%	75%	75%	72%
% Appointments cancelled by hospital	TBC	TBC	TBC	UHL	TBC	New Indicator		17%	16%	16%	16%	18%	18%	18%	18%	17%	18%	17%	18%	18%	19%
% Appointments cancelled by patient	TBC	TBC	TBC	UHL	TBC	New Indicator		12%	11%	12%	12%	13%	12%	12%	12%	12%	12%	11%	12%	12%	11%

Estates and Facilities - Cleanliness

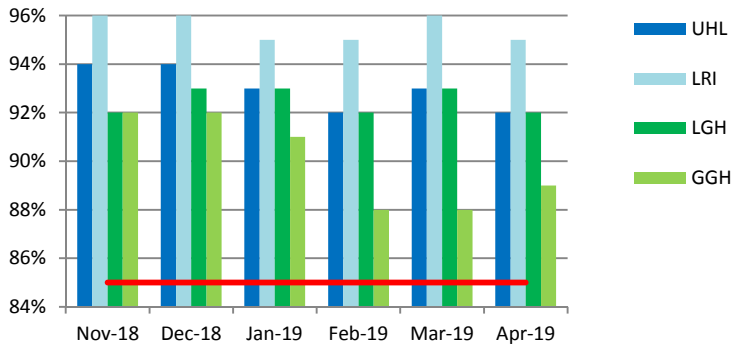
Cleanliness Audit Scores by Risk Category - Very High

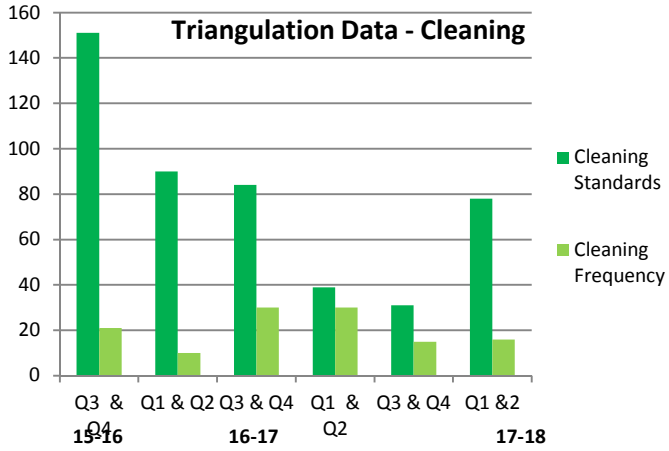


Cleanliness Audit Scores by Risk Category - High

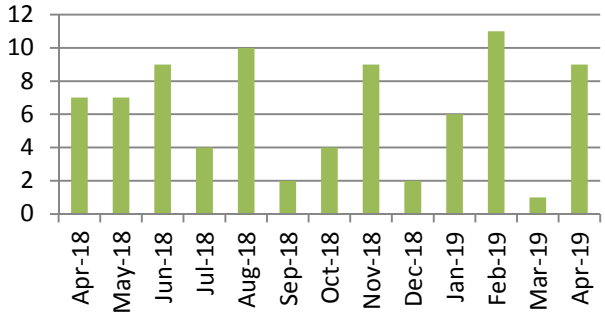


Cleanliness Audit Scores by Risk Category - Significant





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.

For the first time in this report more data is provided on the statistics behind the average scores in the charts. The table below gives a summary of how many audits passed or failed the above standards.

The triangulation data is collected by the Trust from numerous patient sources including Message to Matron, Friends and Family Test, Complaints, online sources and Message to volunteer or Carer. This is collated collectively as 'Suggestions for Improvement' on a bi-annual basis which makes for limited comparability with current data.

Notes on Performance

For average scores, very high-risk areas overall have risen to 96%, with all 3 sites, achieving an average score of 96%. Whilst this is 2% below the overall 98% target, the table opposite shows that only 29 out of the 103 areas audited actually passed the standard.

High-risk area average scores have risen to 94% overall; with the GGH staying at 92%, while the LGH has risen to 93%, while the LRI remains at 95%. For these areas only 57 out of the 119 areas audited passed the standard.

Significant risk areas all continue to exceed the 85% target and there were only 16 audit failures in t

With only one Datix incident logged for March, this does not appear to reflect the apparent issues b

The financial constraints affecting services towards the end of the last financial year are now being relaxed allowing more gaps in rotas to be filled going forward.

In order to improve cleaning standards a wholesale review of the service is underway. Methods, resources, management and productivity will all be scrutinised to improve both efficiency and effectiveness

March Audit Performance Summary (all sites)			
Audit Category	Total Audits	Pass	Fail
Very High	103	29	74
High	119	57	62
Significant	136	120	16

Estates and Facilities – Patient Catering

Patient Catering Survey – December 2018	Percentage 'OK or Good'	
	Mar-19	Apr-19
Did you enjoy your food?	79%	91%
Did you feel the menu has a good choice of food?	89%	91%
Did you get the meal that you ordered?	93%	94%
Were you given enough to eat?	93%	91%

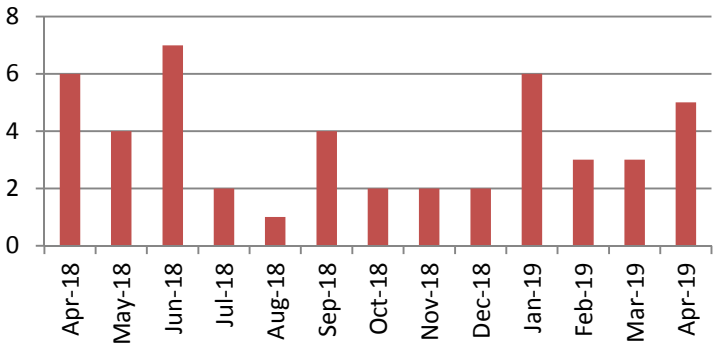
90 – 100%	80 – 90%	<80%

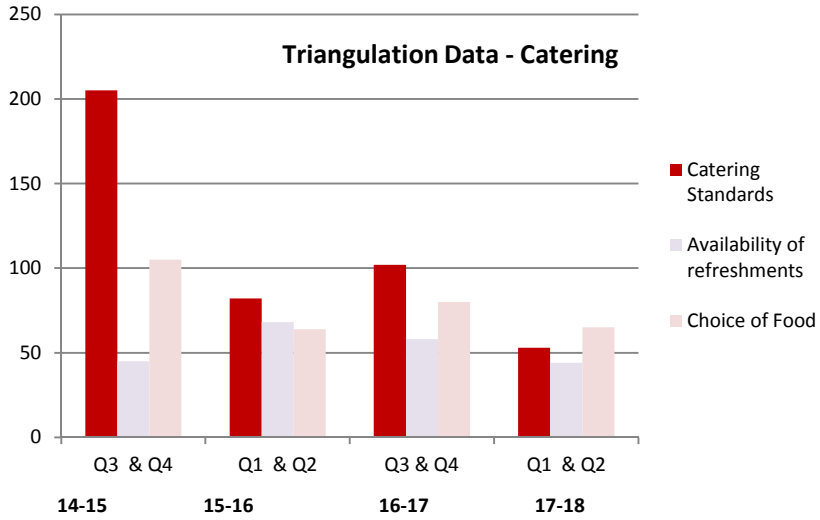
Number of Patient Meals Served				
Month	LRI	LGH	GGH	UHL
February	65,604	21,745	29,139	119,173
March	71,868	29,076	32,261	133,205
April	69,367	20,413	29,304	119,084

Patient Meals Served On Time (%)				
Month	LRI	LGH	GGH	UHL
February	100%	100%	100%	100%
March	100%	100%	100%	100%
April	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 34 returns. We are engaging with the hospital volunteer's service to see if they can assist us with increasing our sample size to 100 surveys a month.

Scores this month have returned to the normal 90% 'green' range that we usually see in terms of those patients who enjoyed their food. Most patients believe there is a good choice of food, although some longer stay patients are reported to feel that after a while the menu becomes boring and would like to see a rotational menu. Comments about the food standards range from 'good' to 'inedible' with no discernible trend.

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

As Triangulation data is collated every 6 months, it is 3 months behind the current monthly reporting cycle.

Datix incidents have risen slightly, with 5 logged in April; these are low given the volume of meals served by the catering team.

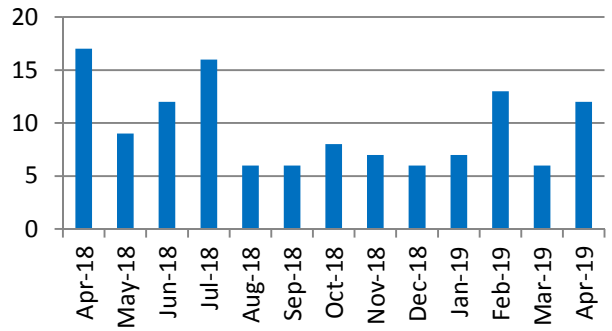
Estates and Facilities - Portering

Reactive Portering Tasks in Target				
Site	Task (Urgent 15min, Routine 30min)	Month		
		February	March	April
GH	Overall	92%	93%	92%
	Routine	91%	92%	92%
	Urgent	97%	95%	97%
LGH	Overall	93%	95%	94%
	Routine	94%	93%	93%
	Urgent	98%	96%	99%
LRI	Overall	91%	92%	91%
	Routine	91%	91%	90%
	Urgent	98%	97%	97%

95 – 100%	90 – 94%	<90%

Average Portering Task Response Times		
Category	Time	No of tasks
Urgent	00:14:20	2,090
Routine	00:24:26	14,387
	Total	16,477

Number of Datix Incidents Logged - Portering



Portering Report

April's performance figures remain similar to those seen in March.

Datix's have risen and 12 have been received in April, which is still slightly lower than those received in February.

Equipment continues to cause the portering service issues, locating wheelchairs, calls can add up to 20 minutes to complete a allocated task.

Estates & Facilities – Planned Maintenance

Statutory Maintenance Tasks Against Schedule					
	Month	Fail	Pass	Total	%
UHL Trust Wide	February	4	103	107	96%
	March	3	239	242	99%
	April	0	323	323	100%

99 – 100%	97 – 99%	<97%

Non-Statutory Maintenance Tasks Against Schedule					
	Month	Fail	Pass	Total	%
UHL Trust Wide	February	570	1377	1947	71%
	March	718	1824	2542	72%
	April	770	1375	2145	72%

95 – 100%	80 – 95%	<80%

Estates Planned Maintenance Report

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

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

Peer Group Analysis

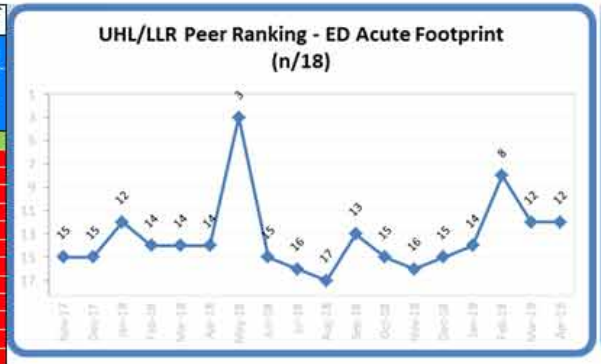
University Hospitals of Leicester NHS
NHS Trust

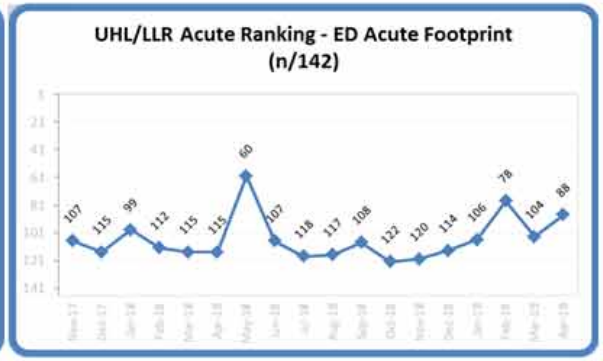
UHL ED Attendances within 4 hours

UHL + LLR ED Attendances within 4 hours - April 2019 (Acute Footprint)***

All Acute Trusts - 85.0% *UHL + LLR 88 out of the 142 Trusts**
8 of the 142 Trusts achieved 95% or more*

Peer Rank	Provider Name	Performance within 4 Hours - Target 95% - Amber 92% - <95%
1	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	95.1%
2	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	91.1%
3	LEEDS TEACHING HOSPITALS NHS TRUST	89.3%
4	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	85.9%
5	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	84.8%
6	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	84.5%
7	PENNINE ACUTE HOSPITALS NHS TRUST	84.3%
8	BARTS HEALTH NHS TRUST	83.5%
9	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	83.4%
10	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	83.0%
11	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	83.0%
12	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	82.4%
13	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	80.5%
14	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	80.3%
15	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	80.1%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	77.2%
17	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	74.1%
18	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	72.7%



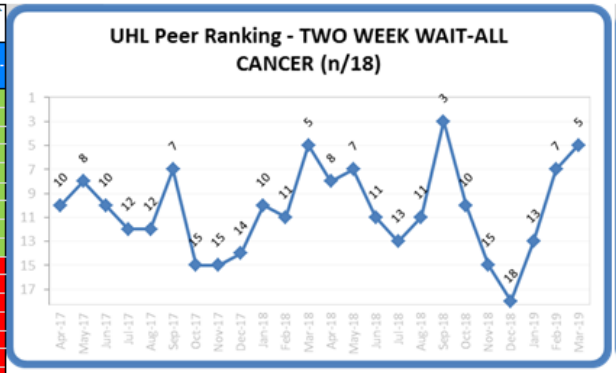


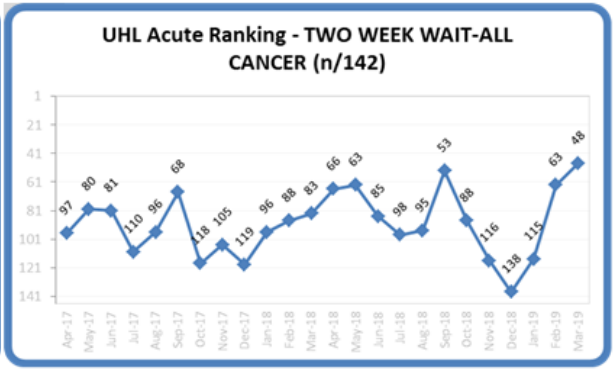
TWO WEEK WAIT-ALL CANCER

TWO WEEK WAIT-ALL CANCER - March 2019

All Acute Trusts Performance - 91.8% *UHL ranks 48 out of the 142 Acute Trusts**
85 of the 142 Acute Trusts achieved 93% or more*

Peer Rank	Provider	Performance within 14 Days - Target 93%
1	BARTS HEALTH NHS TRUST	98.4%
2	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	97.9%
3	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.4%
4	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	95.7%
5	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	95.6%
6	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	95.5%
7	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	94.9%
8	PENNINE ACUTE HOSPITALS NHS TRUST	94.4%
9	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	93.8%
10	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	92.9%
11	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	92.7%
12	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	91.6%
13	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	90.8%
14	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	87.0%
15	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	85.8%
16	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	81.9%
17	LEEDS TEACHING HOSPITALS NHS TRUST	78.0%
18	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	73.3%





***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

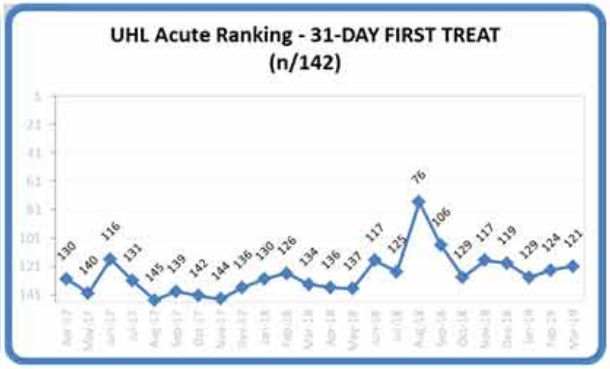
University Hospitals of Leicester NHS
NHS Trust

31-DAY FIRST TREAT

31-DAY FIRST TREAT - March 2019

All Acute Trusts Performance - 96.5%
114 of the 142 Acute Trusts achieved 96% or more*
*UHL ranks 121 out of the 142 Acute Trusts**

Peer Rank	Provider	Performance within 31 Days - Target 96%
1	PENNINE ACUTE HOSPITALS NHS TRUST	99.4%
2	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	98.9%
3	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	98.9%
4	BARTS HEALTH NHS TRUST	98.4%
5	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	97.4%
6	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	97.1%
6	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	97.0%
8	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.6%
9	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	96.3%
10	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	96.1%
11	LEEDS TEACHING HOSPITALS NHS TRUST	95.5%
12	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	95.2%
16	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	95.1%
14	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	93.6%
15	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	93.3%
16	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	93.2%
17	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	91.7%
18	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	90.6%

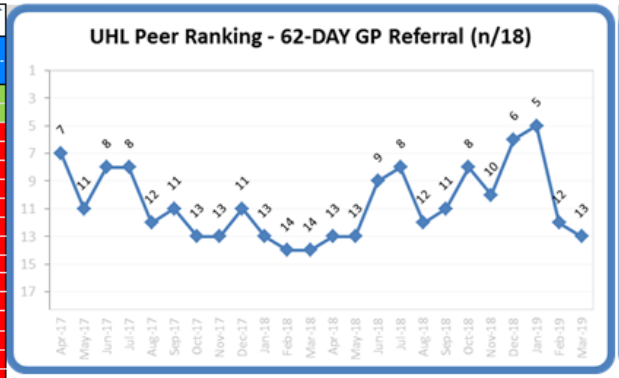


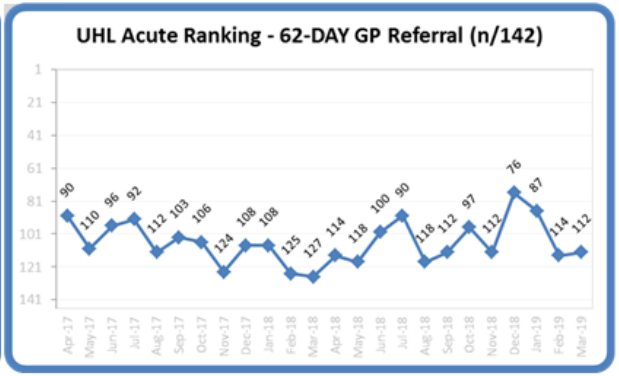
62-DAY GP Referral

62-DAY GP Referral - March 2019

All Acute Trusts Performance - 79.6%
57 of the 142 Acute Trusts achieved 85% or more*
*UHL ranks 112 out of the 142 Acute Trusts**

Peer Rank	Provider	Performance within 62 Days - Target 85%
1	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	86.8%
2	BARTS HEALTH NHS TRUST	85.3%
3	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	84.3%
4	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	83.4%
5	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	82.2%
6	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	81.6%
7	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	80.6%
8	LEEDS TEACHING HOSPITALS NHS TRUST	79.5%
9	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	76.5%
10	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	75.4%
11	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	75.2%
12	PENNINE ACUTE HOSPITALS NHS TRUST	75.2%
13	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	74.0%
14	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	73.2%
15	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	72.2%
16	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	70.4%
17	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	69.0%
18	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	68.2%





***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

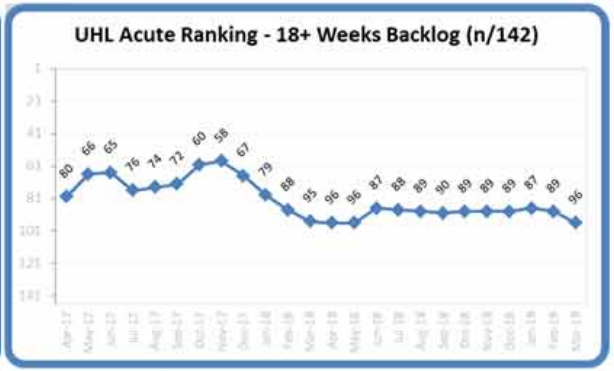
University Hospitals of Leicester NHS
NHS Trust

RTT 18+ Weeks Backlog

RTT 18+ Weeks Backlog - March 2019

All Acute Trusts Performance - 86.0% *UHL ranks 96 out of the 142 Acute Trusts**
38 of the 142 Acute Trusts achieved 92% or more*

Peer Rank	Provider Name	RTT Incompletes Performance - Target 92%
1	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	93.2%
2	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	92.8%
3	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	92.4%
4	LEEDS TEACHING HOSPITALS NHS TRUST	87.9%
5	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	87.4%
6	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	86.5%
7	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	86.3%
8	PENNINE ACUTE HOSPITALS NHS TRUST	85.8%
9	BARTS HEALTH NHS TRUST	85.4%
10	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	84.7%
11	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	84.7%
12	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	84.4%
13	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	82.8%
14	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	82.8%
15	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	80.0%
16	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	78.9%
17	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	76.9%
18	HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	76.8%

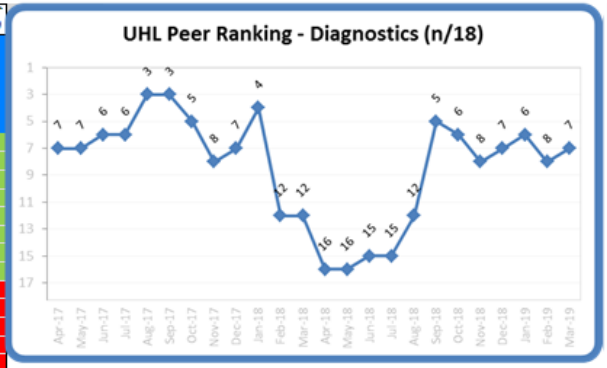


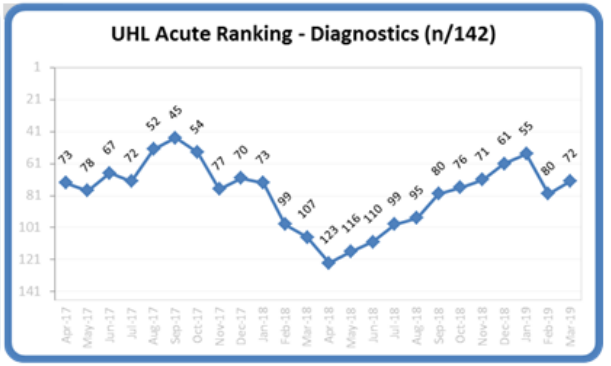
Diagnostics

Diagnostics - March 2019

All Acute Trusts Performance - 2.6% *UHL ranks 72 out of the 142 Acute Trusts** *(Ranked Ascending)*
79 of the 142 Acute Trusts achieved <1% or less*

Peer Rank	Provider Name	Diagnostics Peformance %Waiting 6 Wks+ - Target <=1%
1	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	0.1%
2	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	0.4%
3	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	0.6%
4	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	0.6%
5	BARTS HEALTH NHS TRUST	0.8%
6	LEEDS TEACHING HOSPITALS NHS TRUST	0.8%
7	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	0.9%
8	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	1.0%
9	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1.2%
10	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	1.2%
11	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	1.4%
12	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	1.6%
13	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2.0%
14	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	3.4%
15	HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	3.8%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	4.1%
17	PENNINE ACUTE HOSPITALS NHS TRUST	4.3%
18	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	7.3%





***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

University Hospitals of Leicester NHS
NHS Trust

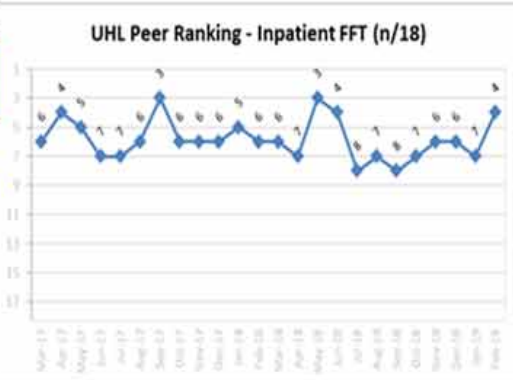
Inpatient FFT

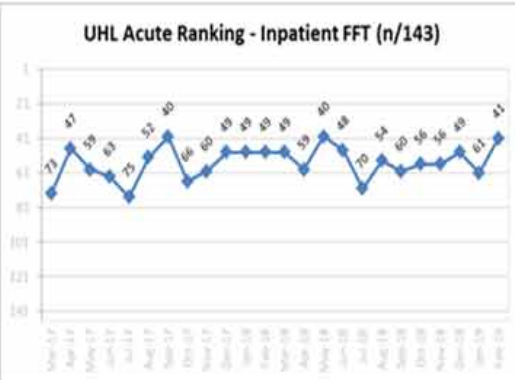
Inpatient FFT – February 2019

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

UHL ranks 41 (for Recommended) and 31 (for Not Recommended) out of the 143 Trusts***

Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	18%	93%	0%
2	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	41%	98%	1%
2	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	23%	98%	1%
4	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	**26%**	**97%**	**1%**
4	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	32%	97%	1%
4	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	11%	97%	2%
4	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	23%	97%	1%
8	LEEDS TEACHING HOSPITALS NHS TRUST	38%	96%	2%
8	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	6%	96%	2%
8	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	19%	96%	2%
11	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	22%	95%	2%
11	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	29%	95%	2%
11	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	31%	95%	2%
14	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	13%	94%	2%
14	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	18%	94%	3%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	25%	93%	4%
17	BARTS HEALTH NHS TRUST	11%	92%	5%
18	PENNINE ACUTE HOSPITALS NHS TRUST	32%	90%	5%





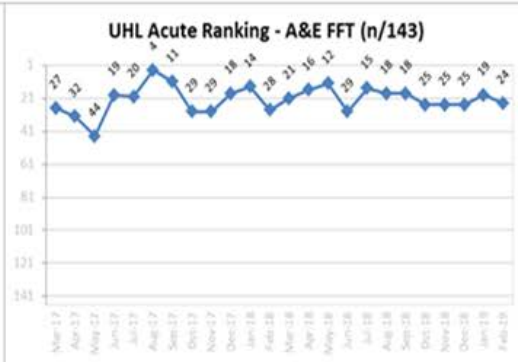
A&E FFT

A&E FFT – February 2019

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

UHL ranks 24 (for Recommended) and 18 (for Not Recommended) out of the 143 Trusts***

Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	14%	95%	3%
2	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	**7%**	**94%**	**2%**
3	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	1%	94%	3%
4	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2%	93%	5%
5	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	14%	91%	6%
6	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	22%	88%	8%
7	LEEDS TEACHING HOSPITALS NHS TRUST	24%	87%	8%
8	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	21%	87%	9%
9	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	25%	86%	9%
10	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	21%	83%	9%
11	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	16%	83%	10%
12	PENNINE ACUTE HOSPITALS NHS TRUST	16%	82%	12%
13	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	12%	79%	13%
14	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	18%	78%	13%
15	BARTS HEALTH NHS TRUST	5%	72%	21%
16	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	34%	71%	17%
17	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	4%	70%	19%
18	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	10%	67%	24%

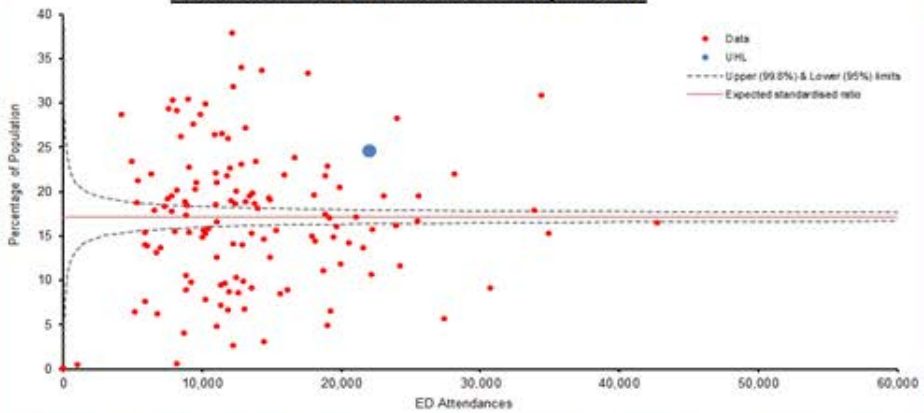


***Acute NHS hospitals – there are 145 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service**

Funnel Plot Benchmarking

University Hospitals of Leicester NHS
NHS Trust

ED Attendances with 4 hours - April 2019

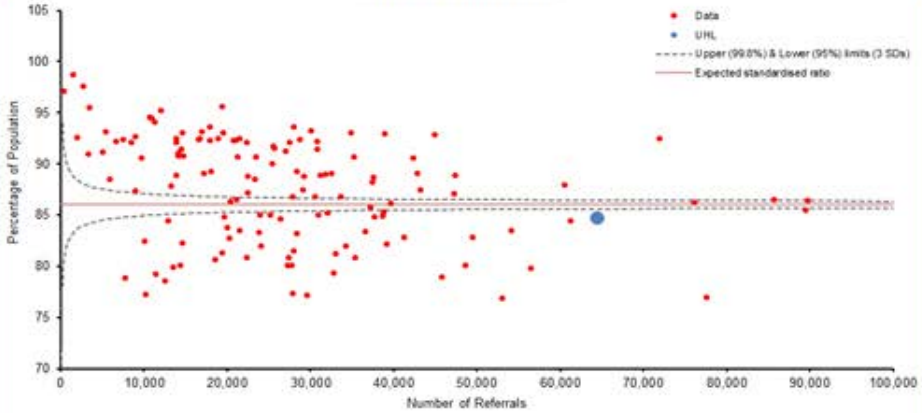


Nationally, 12.3% of all acute providers were within the control limit, 42.8% above the upper control limit (99.8%) and 44.9% below the lower control limit (95%).

UHL's performance for was above the national average and above the expected level of normal variation.

15 providers had similar levels of ED attendances to UHL - 6 providers including UHL are above the upper control limit

RTT - March 2019

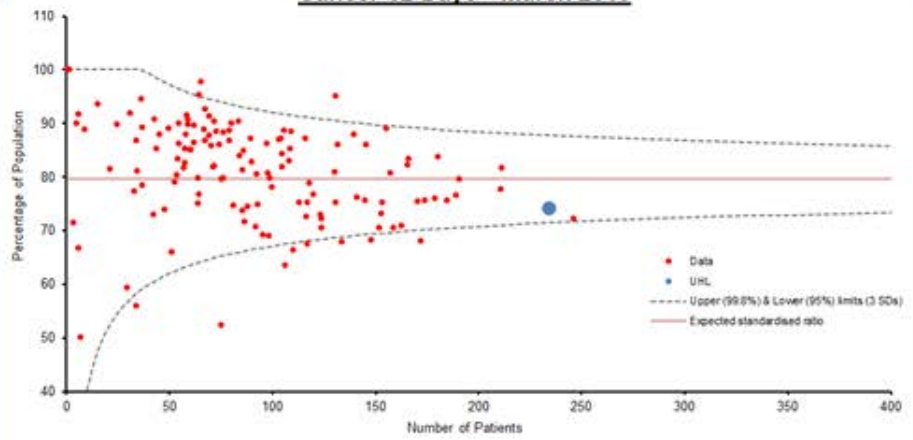


Nationally, 4.3% of all acute providers were within the control limit, 56.7% above the upper control limit (99.8%) and 39.0% below the lower control limit (95%).

UHL's performance for was below the national average and below the expected level of normal variation.

Only 6 providers with comparable activity levels to UHL - 2 providers including UHL sit within the lower control limit. 2 providers are above the upper control limit

Cancer 62 Days - March 2019

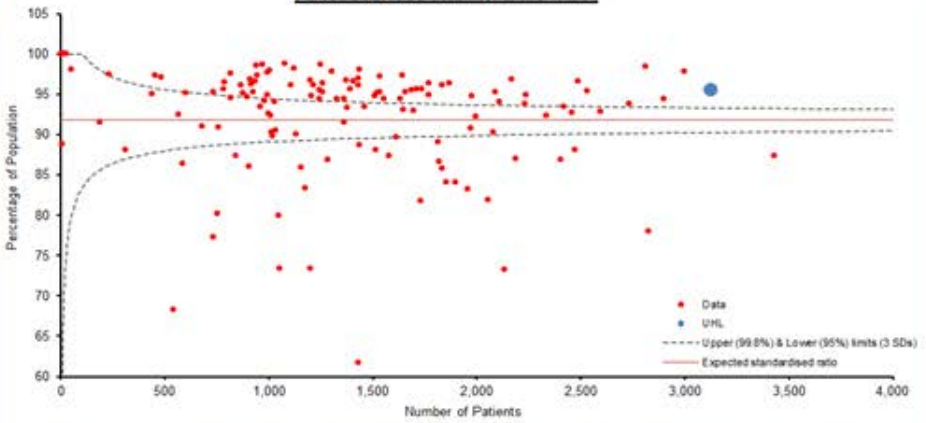


Nationally, 92.3% of all acute providers were within the control limit, 2.1% above the upper control limit (99.8%) and 5.6% below the lower control limit (95%).

UHL's performance for was below the national average and within the expected level of normal variation.

Only 1 providers had comparable level of activity to UHL - The 1 providers including UHL sit within the control limit

Cancer 2WW - March 2019



Nationally, 27.1% of all acute providers were within the control limit, 50.0% above the upper control limit (99.8%) and 22.9% below the lower control limit (95%).

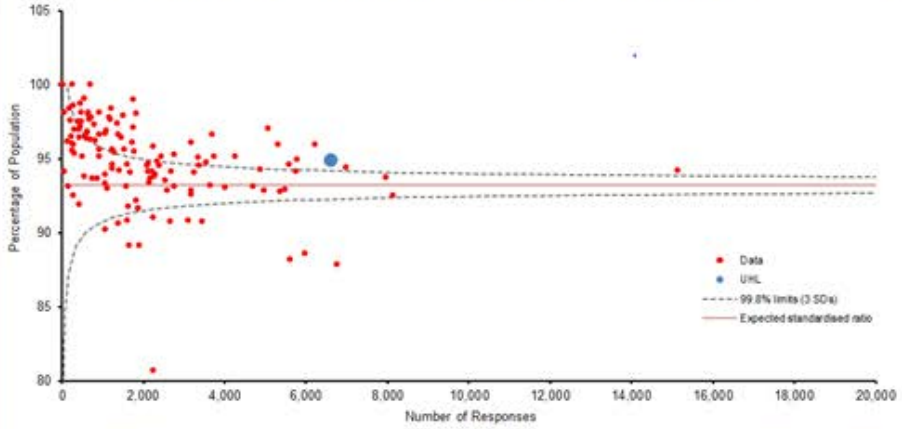
UHL's performance for was above the national average and above the expected level of normal variation.

Only 2 providers with comparable level of activity to UHL -

Funnel Plot Benchmarking

University Hospitals of Leicester NHS
NHS Trust

Outpatients Friends and Family Test (FFT) - March 2019

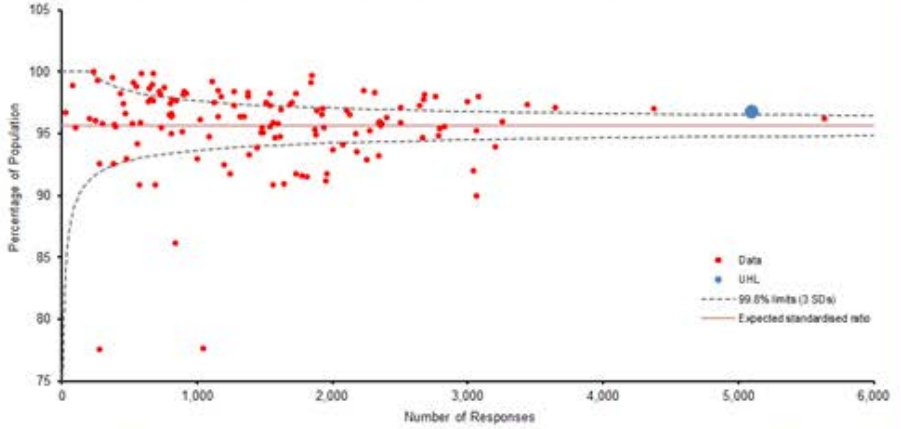


Nationally, 47.9% of all acute providers were within the control limit, 40.1% above the upper control limit (99.8%) and 12.0% below the lower control limit (95%).

UHL's performance for was above the national average and above the expected level of normal variation.

Only 6 providers had similar levels of FFT responses to UHL - 3 providers including UHL are above the upper control limit

Inpatient Friends and Family Test (FFT) - March 2019

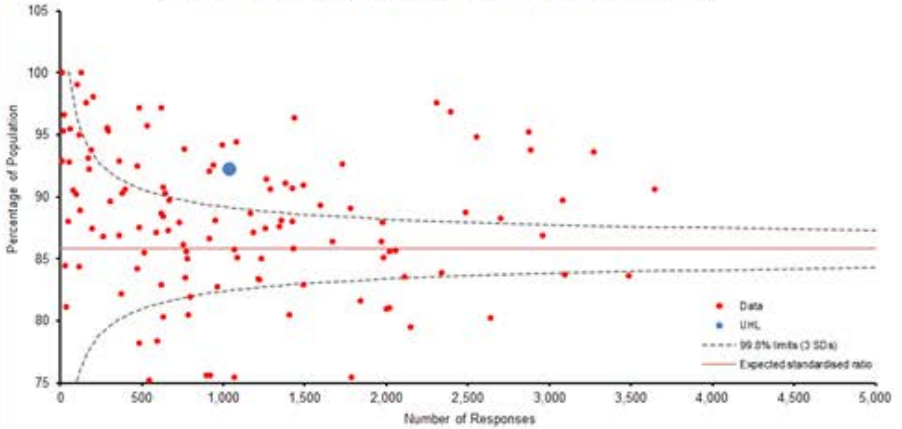


Nationally, 52.8% of all acute providers were within the control limit, 28.9% above the upper control limit (99.8%) and 18.3% below the lower control limit (95%).

UHL's performance for was above the national average and above the expected level of normal variation.

Only 2 providers had similar levels of FFT responses to UHL - 1 providers including UHL are above the upper control limit

A&E Friends and Family Test (FFT) - March 2019

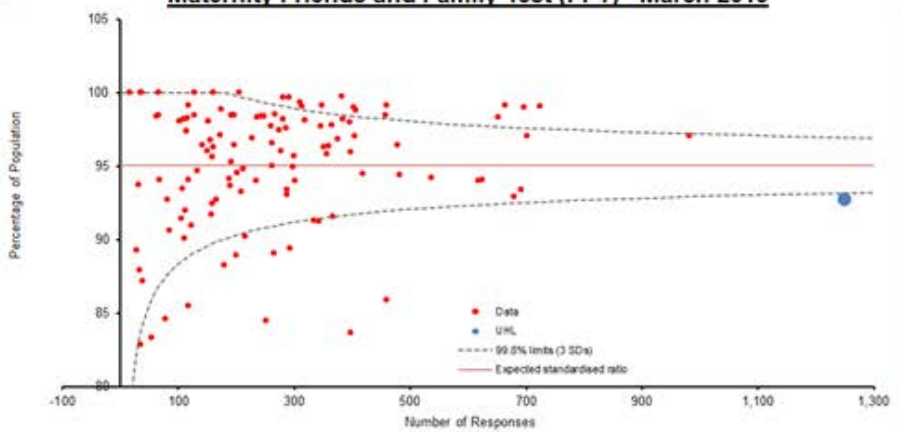


Nationally, 47.0% of all acute providers were within the control limit, 29.5% above the upper control limit (99.8%) and 23.5% below the lower control limit (95%).

UHL's performance for was above the national average and above the expected level of normal variation.

57 providers had similar levels of FFT responses to UHL - 21 providers including UHL are above the upper control limit

Maternity Friends and Family Test (FFT) - March 2019



Nationally, 71.0% of all acute providers were within the control limit, 11.5% above the upper control limit (99.8%) and 17.6% below the lower control limit (95%).

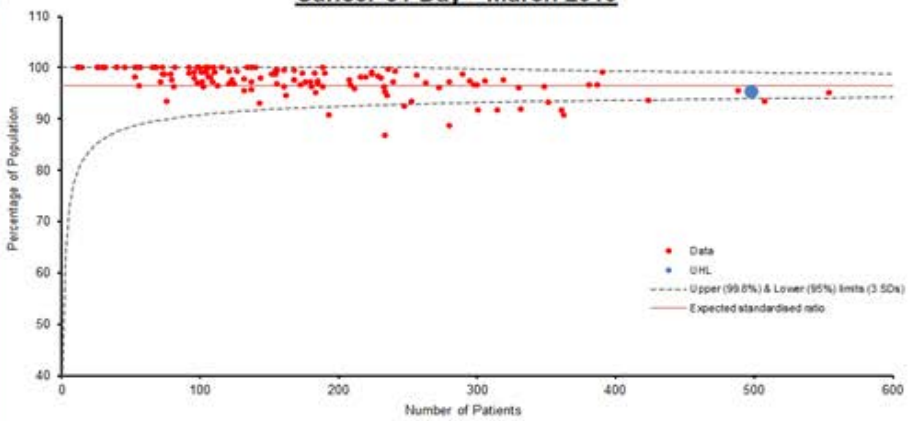
UHL's performance for was below the national average and below the expected level of normal variation.

UHL had the highest level of FFT responses.

Funnel Plot Benchmarking

University Hospitals of Leicester NHS
NHS Trust

Cancer 31 Day - March 2019

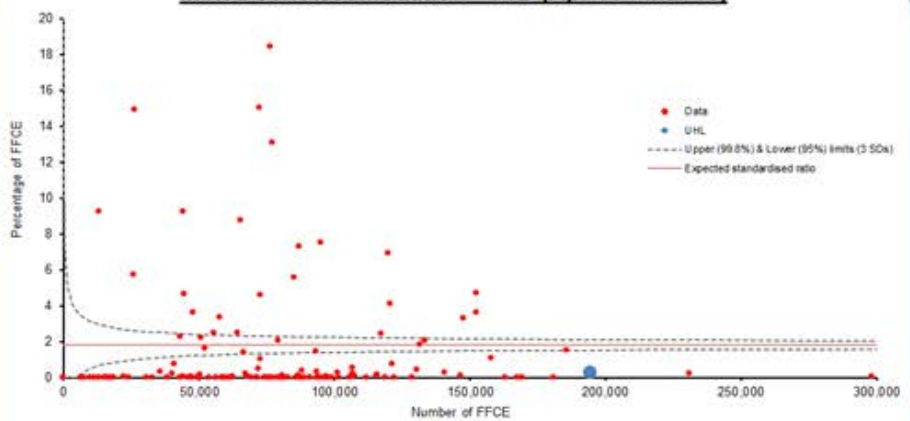


Nationally, 90.8% of all acute providers were within the control limit, 0.0% above the upper control limit (99.8%) and 9.2% below the lower control limit (95%).

UHL's performance for was below the national average and within the expected level of normal variation.

Only 2 providers had comparable level of activity patients to UHL -

Mixed Sex Accomodation - YTD (Apr 18 - Mar 19)

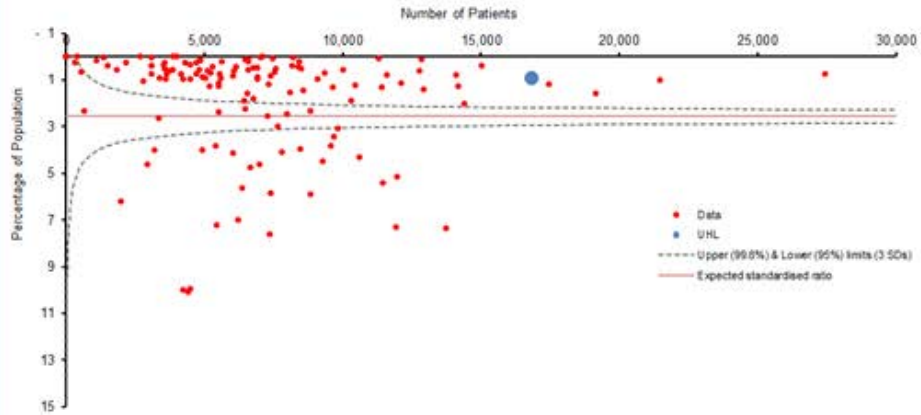


Nationally, 10.1% of all acute providers were within the control limit, 18.1% above the upper control limit (99.8%) and 71.8% below the lower control limit (95%).

#N/A

83 providers had similar levels of FFCE to UHL - All 83 providers including UHL sit within the lower control limit

Diagnostics - March 2019

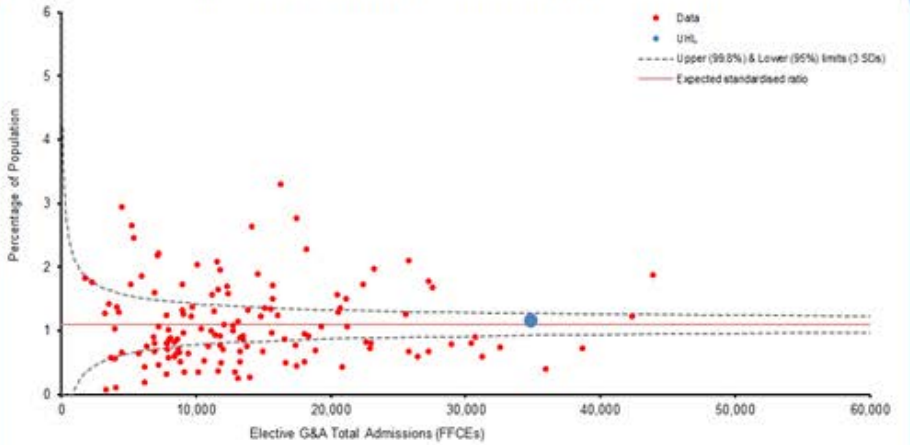


Nationally, 9.1% of all acute providers were within the control limit, 66.4% above the upper control limit (99.8%) and 24.5% below the lower control limit (95%).

UHL's performance for was above the national average and above the expected level of normal variation.

Only 4 providers had comparable level of activity patients to UHL - All 4 providers including UHL sit within the lower control limit

Cancelled Operations (elective only) - Q4 (19/20)



Nationally, 36.9% of all acute providers were within the control limit, 23.4% above the upper control limit (99.8%) and 39.7% below the lower control limit (95%).

UHL's performance for was above the national average and within the expected level of normal variation.

Only 4 providers with comparable activity levels to UHL - 1 provider(s) including UHL sit within the control limit. 1 provider(s) is above the upper control limit

March APRM Review Ratings

University Hospitals of Leicester NHS
NHS Trust

CMG	Quality & Safety	Operational Performance	Finance & CIP	Workforce
CHUGGS	G ↑	RI ↔	G ↑	RI ↔
CSI	O ↑	G ↑	RI ↔	O ↑
ESM	G ↑	RI* ↔	O ↔	G ↑
ITAPS	G ↔	G ↔	G ↔	G* ↔
MSS	G ↔	RI* ↔	RI↑	G ↑
RRCV	G ↔	RI ↔	G ↑	G ↑
W&C	G ↔	G ↔	G ↑	RI* ↔

RAG	Assurance Rating	CMG Assurance to the Executive Team
O	OUTSTANDING	Sustained delivery of all KPI metrics. Robust control & proactive positive assurance processes in place.
G	GOOD	Evidence of sustained delivery of the majority of KPIs. Robust control & proactive positive assurance processes in place. Strong corrective actions in place to address areas of underperformance.
RI	REQUIRES IMPROVEMENT	Most KPIs delivered but delivery inconsistent/not sustained. Corrective actions in place to address areas of underperformance but too early to determine recovery.
I	INADEQUATE	Consistent under delivery. Weak corrective actions or assurance provided.

Trend	Trend Definition
↑	Improved from last review
↓	Deteriorated from last review
↔	Consistent/remains unchanged from last review

RAG ratings with asterisks * indicates improvement from previous month

Summary & Action Plan

CHUGGS	• SUI regarding dietetic cover – issues/concerns to also be raised at the CSI Performance Review. • Nursing roster metrics – targets/thresholds for improvement based on CMG activity to be discussed with Sam Mitchelson. • Resus Trolleys and 'small number of issues' – assurance to be sought from the Resus Team re what these are and that it will not be an issue in respect of the forthcoming CQC visit.
CSI	• Outstanding SI actions to be updated and closed down where possible in advance of the next meeting. • Adult Immunology Service – task and finish group set up to review issues/concerns. It was agreed that Lucy Wall, Sam Leak and/or Debra Mitchell be invited to attend. • Adult Immunology Service – following the task and finish group meeting referred to in action 4 above, update paper to be taken to the June EQB meeting. • SOP for resus checking to be forwarded to Eleanor Meldrum.
ESM	• Blood Traceability - For follow up and provide update to Eleanor Meldrum and to next month's meeting. • Policies and Procedures - the CMG has quite a number of outstanding policies and procedures. This is to be addressed as a matter of urgency.
ITAPS	• Blood Traceability - The ITAPS team advised that they are working to resolve issues with CSI CMG. ITAPS is to continue follow up and update at next PRM meeting. • Chillers are being used in theatres to keep them cool when the weather is warmer. There is a concern re. the age of the chillers. This has been added to the Risk Register and to Datix. Update to be provided at next meeting
MSS	• Blood Traceability Compliance – To be escalated to Nursing & Midwifery Board (NMB) for resolution. • Risk Register – To be revised and Risk ID 3321 (CMG Finance) & Risk ID 3341 (Failure to meet NOF 36 hour to theatre standard) to be removed • Complaints (PILS) – Concerns raised by Services to be escalated to Julie White (Patient Safety Lead). • Clinical Audit – To be followed up with Audit Team as attendance at CMG Board meetings has been sporadic recently. • Hand Hygiene – To be escalated to Nursing & Midwifery Board (NMB) as performance is currently below threshold (5 wards). • Policies & Guidelines– Small number of obsolete documents to be updated prior to next PRM in May 2019.
RRCV	• Performance - No actions but to note the improved performance this month. • Andrew requested a blitz on Medical and Dental SMT for next month. • Policy and Guidelines – short narrative needed on each for next month. • Work needed outside of the meeting on nurse associates posts. • Hand hygiene – wider discussion needed with Liz Collins as improvement needed.
W&C	• Blood Traceability Compliance – Meeting to be arranged with Blood Bank to resolve issues in relation to traceability/tracking and wider discussion to be held at next Nursing & Midwifery meeting in two weeks. • Hand Hygiene – To be escalated to Nursing & Midwifery meeting for wider discussion. • Policies and Guidelines – Robust Action Plan required from CMG and regular updates to be provided to John Jameson (Deputy Medical Director). • Risk Register – Risk ID 2153 - High number of qualified nurse vacancies in Children's Hospital to be followed-up with Anna Duke (Head of Nursing).

Operational Performance

University Hospitals of Leicester NHS
NHS Trust

Summary & Action Plan

ESM	• MADE event learning is to go to the next ESM Board. • RTT - Continue to push to 92%
ITAPS	• Waiting List Size ITAPS is to focus on reducing waiting list size in Q1 and Q2 19/20. • Theatre Delivery of Sessions and Cancellations • Narrative, outlining positives and negatives, to be added to the PRM pack going forwards. Linda Fletcher is to also share this information with other CMGs. This is to be discussed at the next HoOps timeout.
MSS	• RTT/18 Weeks – Focus to be maintained to improve performance which remains below threshold. • Cancer 2 Week Wait – Focus to be maintained to improve performance which remains below threshold. • Cancer 62 Day Wait - Focus to be maintained to improve performance which remains below threshold. • Cancelled Operations – Key focus required as financial position can be improved by £3 million and further support to be provided by Rebecca Brown (Chief Operating Officer) and Theatre Recovery Group.
RRCV	• RTT – continue to work on this as there had been a dip this month.
W&C	• Cancelled Operations – Additional measures to be identified in order to achieve reduction to 1%.

Finance & CIP

University Hospitals of Leicester NHS
NHS Trust

Summary & Action Plan

ESM	• Rebecca Brown passed on thanks to the team for their efforts in terms of financial delivery over the last year. Rebecca thanked Ryggs Gill for his outstanding efforts.
ITAPS	• ITAPS is the only CMG to hit their original financial plan. The CMG has also delivered it's CIP in its entirety. Chris Benham thanked all of the Team for their efforts over the year.
MSS	• Year End Technical Adjustments – To be clarified at next Weekly Heads of Finance meeting.
W&C	• Outpatients Data – Further details to be provided to Rebecca Brown (Chief Operating Officer) in relation to incorrect data for escalation to Mark Wightman (Director of Strategy & Communications).

Workforce

University Hospitals of Leicester NHS
NHS Trust

	Summary & Action Plan
ESM	• Geriatric Consultants - As the last RIC meeting did not go ahead, the case for Geriatric consultants is pending. ESM is to get paperwork in place ready to advertise on TRAC, pending RIC approval, and provide update at next CMG PRM meeting. • Bed Capacity and Staffing requirements - Rachel Marsh and ESM team to meet with Debra Mitchell and Eleanor Meldrum urgently to discuss bed capacity and staffing requirements.
CSI	• Increase in vacancy data compared to December turnover. CMG to review data to check its accurate and correct and feedback the outcome to Hazel Wyton on Monday 29 April 2019. • Appraisal data should be amber not red within the data pack. Outstanding appraisals to take place before the next meeting. • HR data included in the data pack should reflect the diverse workforce within CSI. Carol Yassein to liaise with HR colleagues to review and update this for future data packs.
ITAPS	• Recruitment and Retention Kathryn Leavesley is to undertake a piece of work around recruitment and retention initiatives (educational packages, career paths) and follow up with Hazel Wyton if required. • Payroll issue affecting ODPs and Theatre nurse staff has not been resolved the CMG advised. Hazel Wyton and Kathryn Leavesley to follow up again
MSS	• Time to Hire – To be closely monitored as reduction to 60 days required within next two months. • Appraisals – Further details to be sent to Hazel Wyton (Director of People & OD) in relation to training requirements for additional Appraisal Co-ordinator/Inputter within CMG. • Culture and Leadership Programme – Improvement Agents to be nominated from CMG
W&C	• Freedom to Speak Up – Process for cascading staff concerns/feedback to CMGs to be clarified with Jo Dawson (Freedom to Speak Up Guardian). • Appraisals – Focus to be maintained in order to improve current position and 'deep dive' to be undertaken at forthcoming monthly CMG Board meeting. • Culture and Leadership Programme – Improvement Agents to be nominated and methodologies for measuring culture within CMG to be identified.

Strategy

University Hospitals of Leicester NHS
NHS Trust

	Summary & Action Plan
RRCV	• Mark asked the team to link with Tiffany Jones to promote the various good news stories discussed so this could be shared at a future CEO briefing.