Quality and Performance Report

July 2019

One team shared values

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<div align="center">**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**</div>

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

DATE: 29th August 2019

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SUBJECT: July 2019 QUALITY & PERFORMANCE SUMMARY REPORT

1.0   Introduction

The Quality and Performance (Q&P) report provides an overview of Key Performance Indicators (KPI's) mapped to the CQC domains.

The KPI's include:-
- those monitored by NHSI/E via the NHS Single Oversight Framework, which sets out the approach to overseeing and supporting NHS trusts and NHS foundation trusts under the Single Oversight Framework
- UHL clinical/quality priorities
- KPI's monitored in the contract with Leicester, Leicestershire and Rutland commissioners.

This aim over the next couple of months is to align the Q&P KPI's to the Becoming the Best Priorities. To enable this all Executive Leads are reviewing the current KPI's within the Q&P and confirming if still required and if so which priority they align to.

As part of the refresh of the report all KPI's will be presented in Statistical Process Control (SPC) charts instead of graphs or RAG rated dashboards, as recommended by the CQC. Narrative will be added to the SPC charts to explain the type of variation and assurance of if the target will be hit or failed. For this month all Cancer KPI data are presented as control charts as an example. From next month all KPI's will be monitored in this way.

Presented in this format will allow the Board to ask the right questions and is a more effective approach to assurance.

2.0   Changes to Indicators/Thresholds

CDIFF target amended to 108 a year to reflect a national change in the definitions used to attribute cases to acute care providers.

All the control limits in the SPC analysis section have been amended to use the moving average.

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):

ISSUES (Green to Red):

- Single Sex Breaches

One team shared values

Summary Scorecard – July 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
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Pressure Ulcers Grade 3				DTOC
Pressure Ulcers Grade 2				Handover >60
Falls				Cancelled Ops
				Cancer 31 Day
				Cancer 62 Day

Key changes in indicators in the period:

SUCCESSES (Red to Green):

- No Never Events this month
- No Serious Incidents
- Moderate Harm

ISSUES (Green to Red):

- Single Sex Breaches
- #NOF's <36hrs
- CDiff

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SPC Analysis

Statistical process control

An SPC chart is a plot of data over time. It allows you to distinguish between common and special cause variation. It includes a mean and two process limits which are both used in the statistical interpretation of data.

To help you interpret the data a number of rules can be applied.

The rules
1) Any single point outside the process limits.
2) A run of 7 points above or below the mean (a shift), or a run of 7 points all consecutively ascending or descending (a trend).
3) Any unusual pattern or trend within the process limits.
4) The number of points within the middle third of the region between the process limits is different from two thirds of the total number of points.

All these rules are aids to interpretation but still require intelligent examination of the data. This tool highlights when rules 1 or 2 have been breached but only visual assessment can identify when rule 3 and 4 have been breached.

If you change in your process and observe a persistent shift in your data, it may be appropriate to change the process limits. You can do this if the process is in control before and after the change. The tool allows you to select a date for this change and to recalculate the process limits.
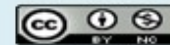
Assurance

Icon	Description
F	The system is expected to consistently fail the target
P	The system is expected to consistently pass the target
?	The system may achieve or fail the target subject to random variation

Variation

Icon	Description
H	Special cause variation - cause for concern (indicator where high is a concern)
L	Special cause variation - cause for concern (indicator where low is a concern)
	Common cause variation
H	Special cause variation - improvement (indicator where high is good)
L	Special cause variation - improvement (indicator where low is good)

SPC Analysis

ED 4 Hour Waits Acute Footprint- starting 01/11/17
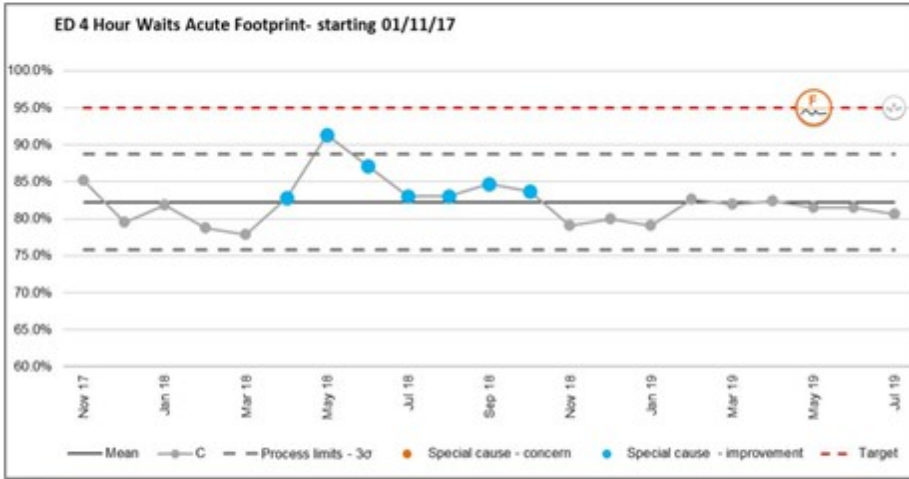
Stable but continually failing target and will fail to achieve target next month.

Ambulance Handover >60mins- starting 01/04/17
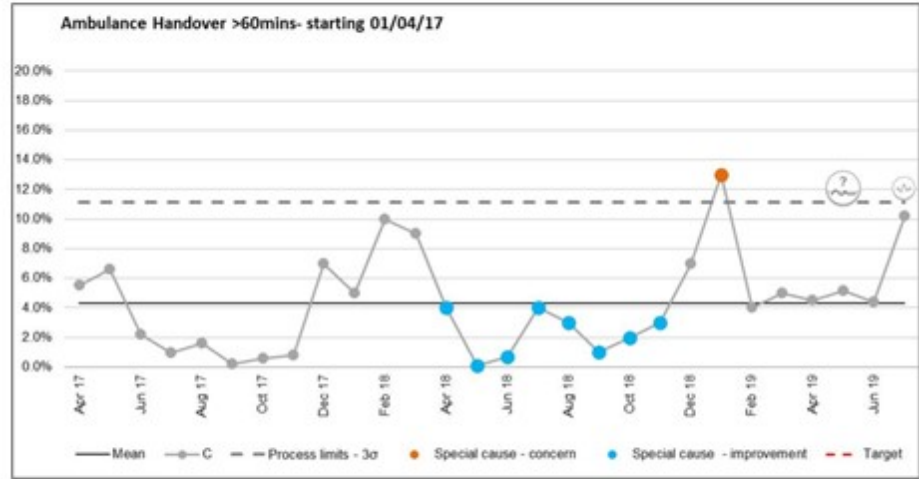
This metric is not changing significantly and will fail to achieve target next month.

Delayed Transfers of Care- starting 01/04/17
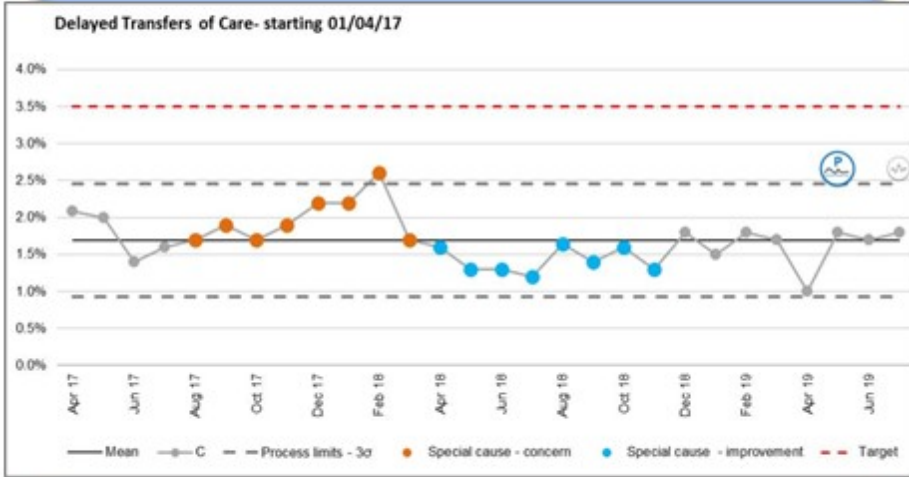
Stable process and predicted to continue to achieve target.

RTT - Incomplete 92% in 18 Weeks UHL+ALLIANCE- starting 01/04/17
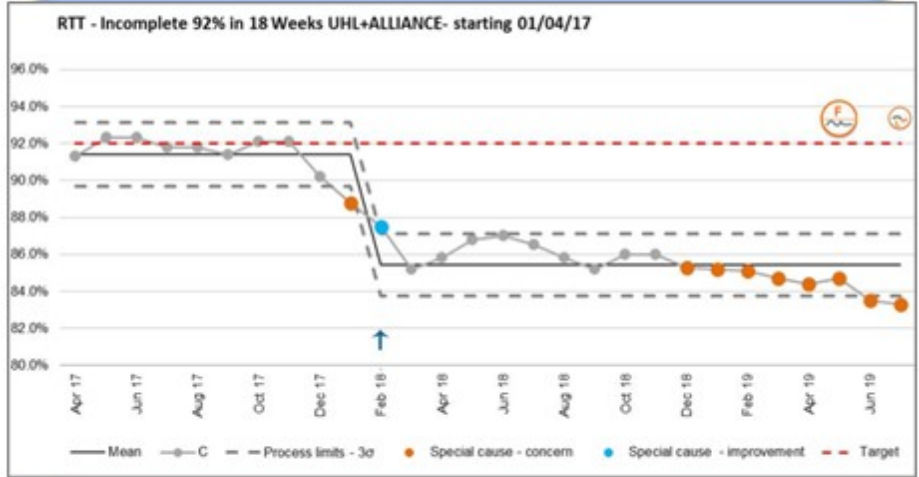
Cause for concern, performance continues to deteriorate over the past 8 months. Highly unlikely to achieve target due to focus on waiting list numbers.

SPC Analysis

VTE Risk Assessment- starting 01/04/17
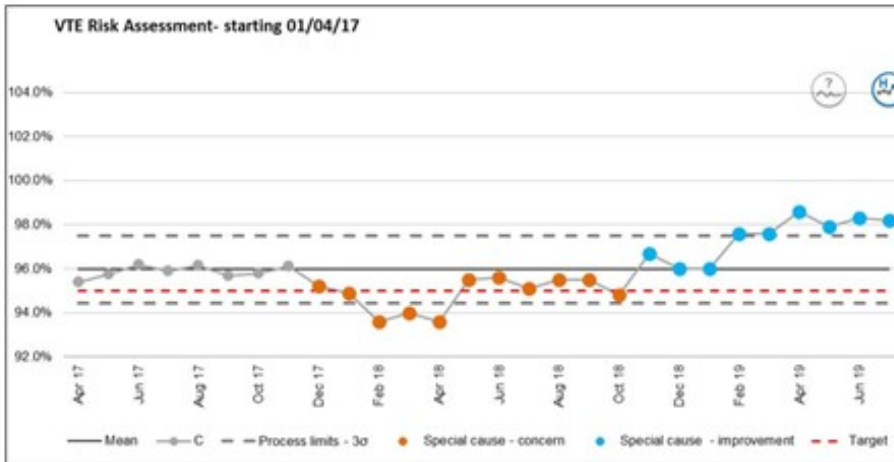
Currently achieving target and predicted to achieve target going forwards – noticeable improvement in recent months.

Rate of Moderate Harm- starting 01/04/17
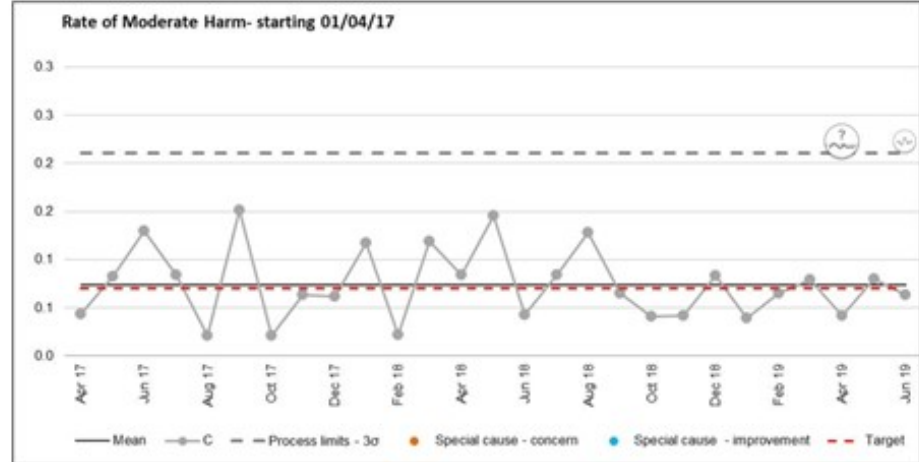
Stable variation, no significant change. May achieve target next month.

Clostridium Difficile- starting 01/04/17
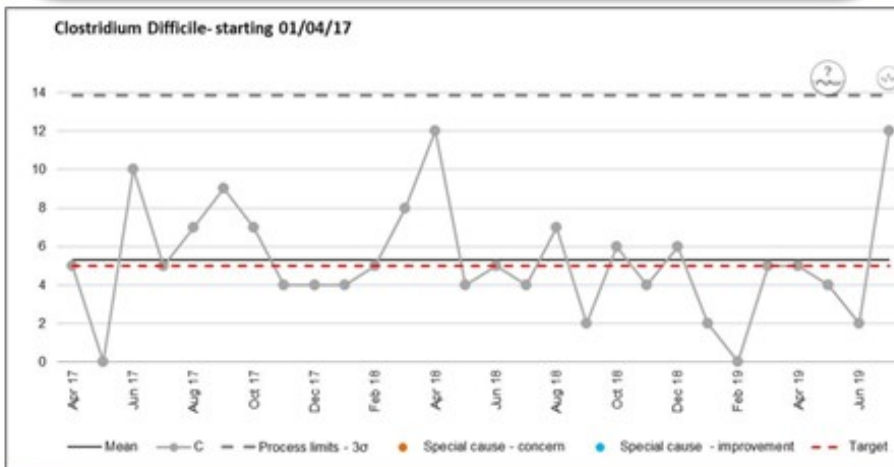
Common cause variation, could potentially achieve target next month dependent on random variation.

Single Sex Breaches- starting 01/04/17
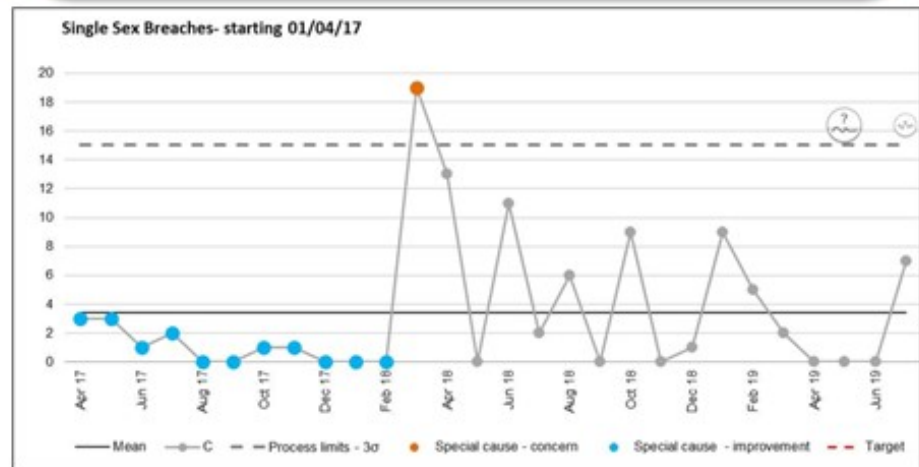
Although we have achieve monthly target in recent months, potential may fail monthly target based on observed variations.

SPC Analysis

No. of # Neck of femurs operated on 0-35 hrs- starting 01/04/17
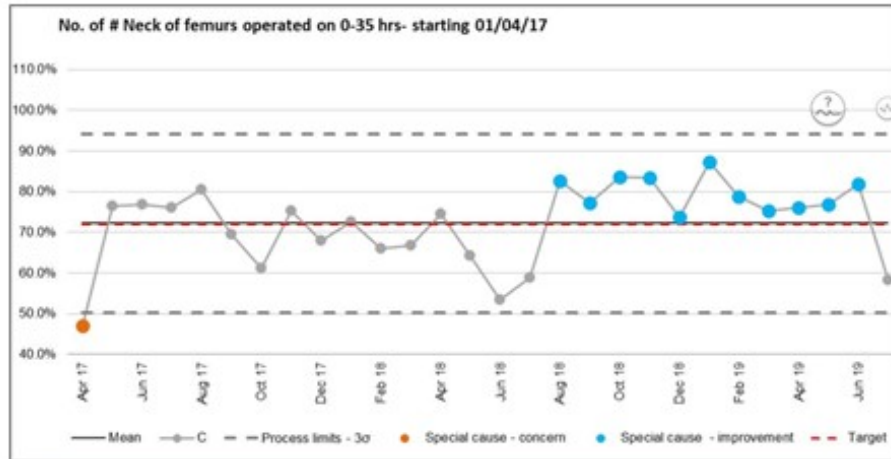
Although target not achieve in July, the last 11 prior to this showed an improvement. July could have been an anomaly, potential to deliver target next month.

Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)- starting 01/04/17
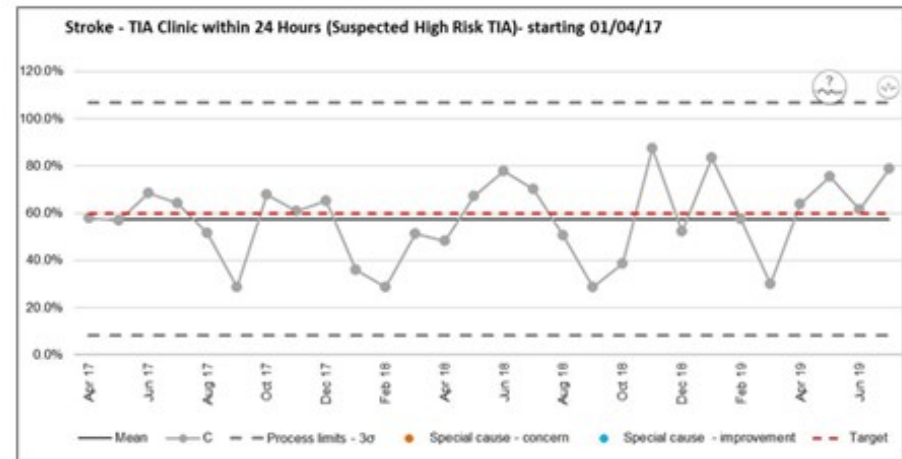
Normal variation, target achieve 5 times in the last 8 months. May achieve target next month.

Readmission Rate- starting 01/04/17
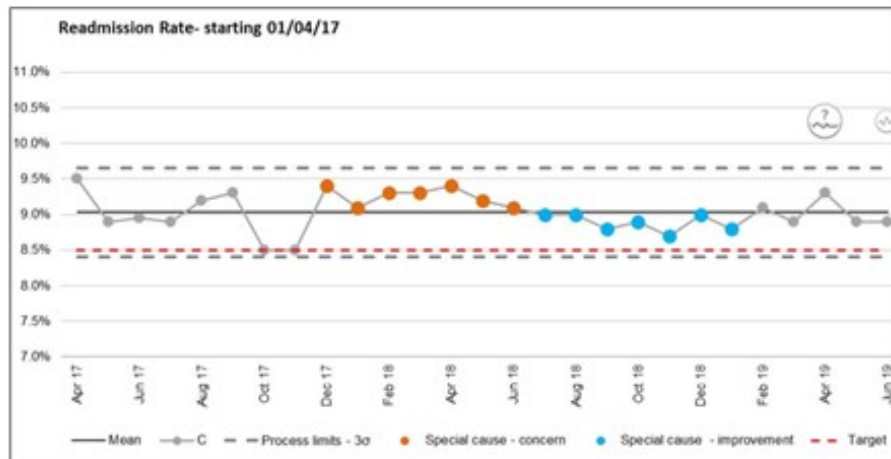
Although we saw an improvement between July 19 and January 19, performance has returned to normal variation. Not expected to achieve target.

Stroke - 90% of Stay on a Stroke Unit- starting 01/04/17
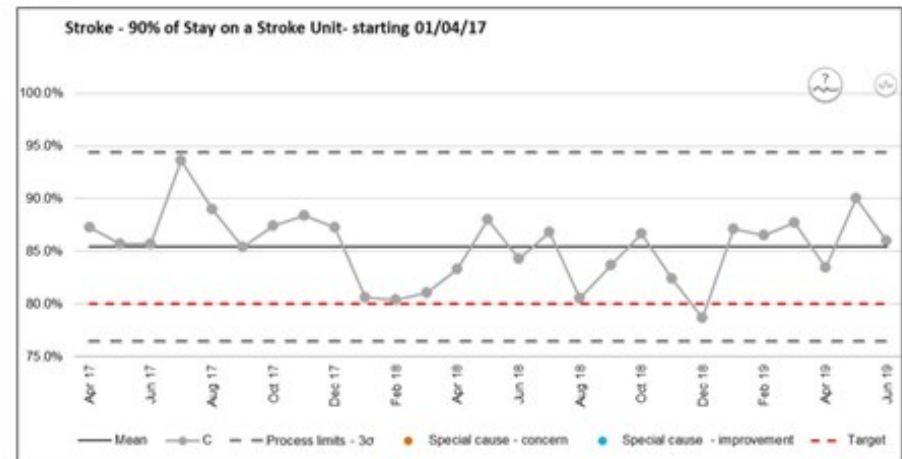
Normal variation, currently achieving target. Target likely to be continued to be met.

SPC Analysis

Mortality Rate- starting 01/04/17

Legend: Mean — C — Process limits - 3σ ● Special cause - concern ● Special cause - improvement - - Target
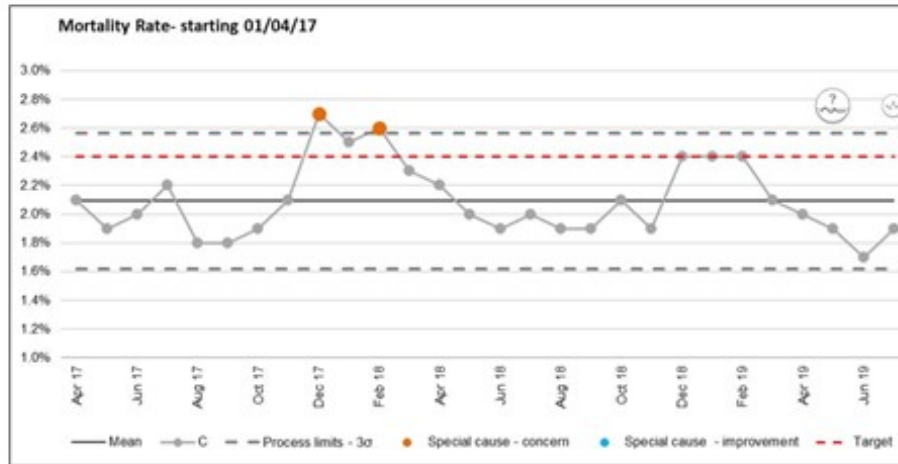
No special variation noted in the last 12 months. Likely to achieve target.

Cancelled Operations UHL + Alliance- starting 01/04/17

Legend: Mean — C — Process limits - 3σ ● Special cause - concern ● Special cause - improvement - - Target
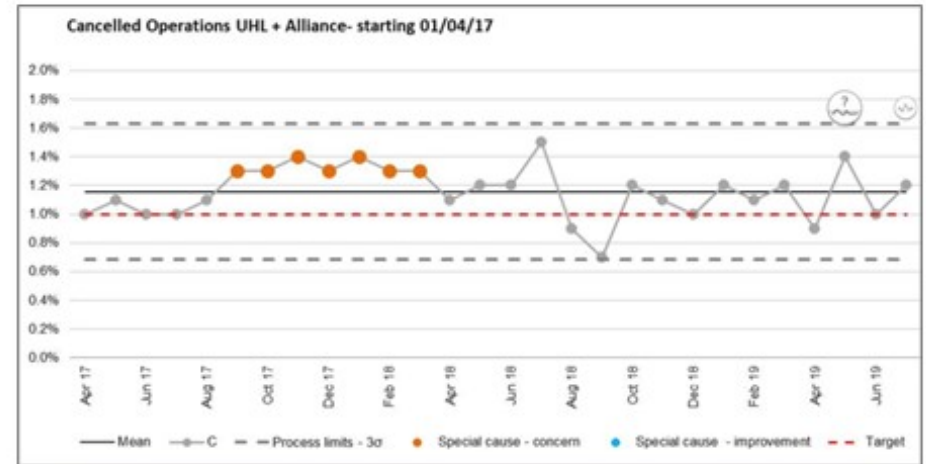
Unlikely to achieve target next month, likely to consistently fail target.

Annual Appraisal- starting 01/04/17

Legend: Mean — C — Process limits - 3σ ● Special cause - concern ● Special cause - improvement - - Target
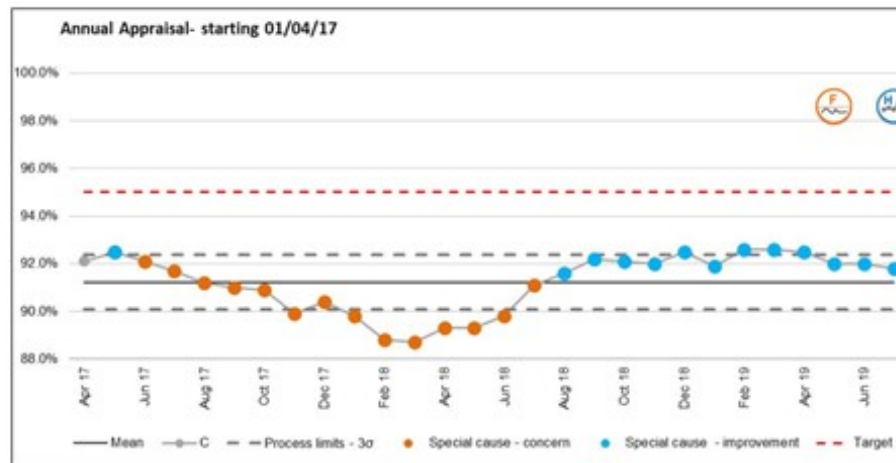
Despite consistent improvement in the last 12 months, continue to fail target and unlikely to achieve in the future without intervention.

Sickness Rate- starting 01/04/17

Legend: Mean — C — Process limits - 3σ ● Special cause - concern ● Special cause - improvement - - Target
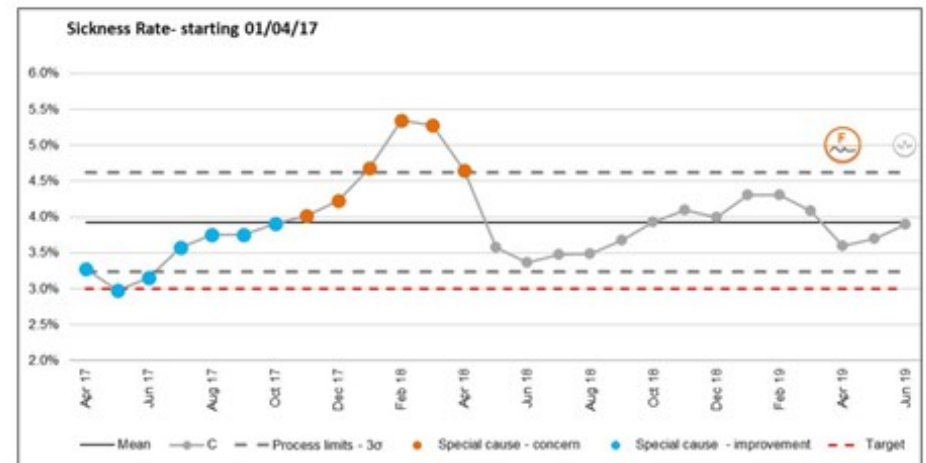
No significant variation, failing target and expected to fail next month.

SPC Analysis

Inpatients and Daycase Friends and Family Test - % positive- starting 01/04/17
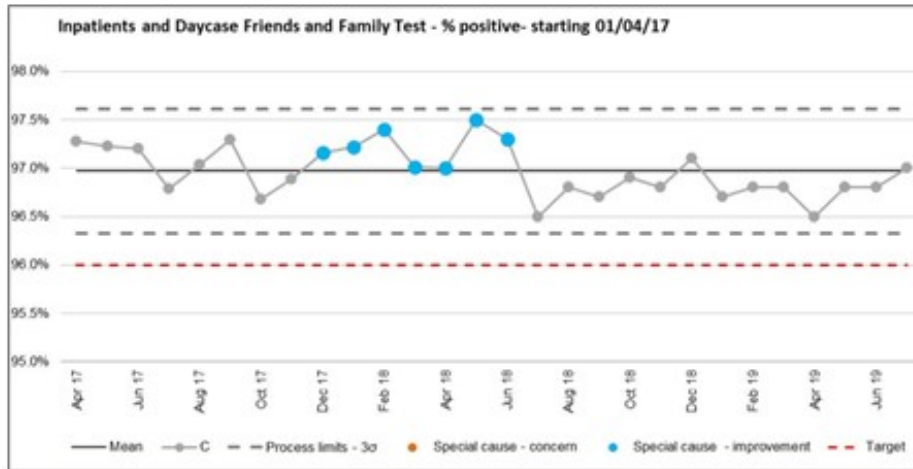
No significant variation, likely to continue to achieve target.

Outpatients Friends and Family Test - % positive- starting 01/04/17

Little variation, likely to continue to achieve target.

A&E Friends and Family Test - % positive- starting 01/04/17
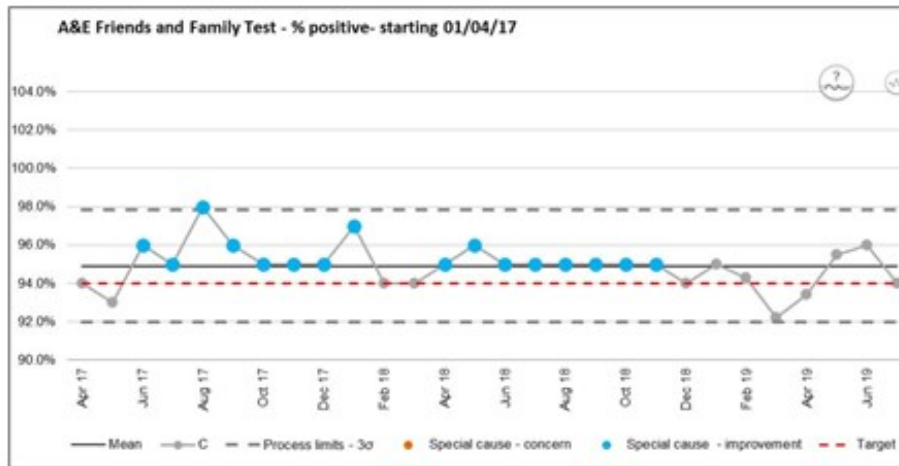
No significant variation, target may be achieved again next month due to random variation.

Maternity Friends and Family Test - % positive- starting 01/04/17
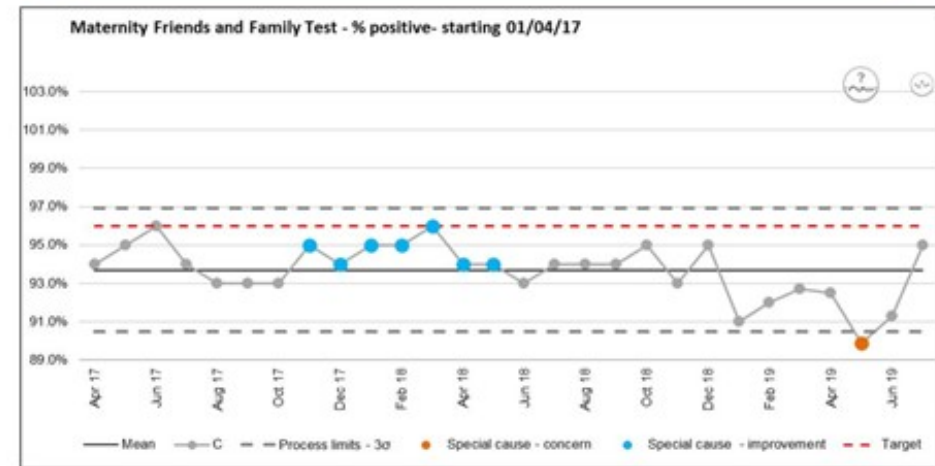
Expected levels of variation in the last 12 months except for a dip in May. Target unlikely to be achieved next month.

Domain - Safe

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

1 Never Events YTD

9 Serious Incidents YTD (Number escalated each month)

0.06 Rate of Moderate harms and above per 1,000 bed days for all patients

0 Unavoidable MRSA YTD

23 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.
- No MRSA reported in July
- No Never Events or serious incidents
- Moderate harms and above was within the threshold.

ISSUES

- CDiff not achieved in July. It is not uncommon to see a significant rise in CDiff numbers in at least one of the summer months each year.

ACTIONS

- CDIFF - no further actions. There is no upward trend in the number of cases attributed to UHL. July's cases can most likely be attributed to natural variation.

SEPSIS

SOS (Suspicion Of Sepsis)

ED - Patients who trigger with red flag sepsis - % that have their IV antibiotics within an hour **82% YTD**

Wards (including assessment units) Patients who trigger for Red Flag Sepsis - % that receive their antibiotics within an hour **90% YTD**

Domain - Caring

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

Friends and Family Test YTD % Positive

Inpatients FFT **95%** ⬆

Day Case FFT **99%** ⬇

A&E FFT **95%** ⬇

Maternity FFT **92%** ⬆

Outpatients FFT **95%** ⬆

Staff FFT Quarter 1 2019/20 (Pulse Check)

74% of staff would recommend UHL as a place to receive treatment

SUCCESSES

- Friends and family test (FFT) for Inpatient & Daycase care 97% for July & above the national average.
- A&E Friends and family test (FFT) is above the national average at 94% positive.
- Improvement in Friends & family test (FFT) in maternity for July (95%) with focused actions to further improve

ISSUES

- 7 Same Sex Accommodation Breaches in July – all due to capacity issues within A&E

ACTIONS

Maternity FFT

- Continued work in maternity to improve patient experience.

Single Sex Accommodation Breaches

7 YTD ⬇

Domain – Well Led

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

Friends and Family FFT YTD % Coverage

Inpatients FFT **29.4%** ⬆
Day Case FFT **23.2%** ⬆
A&E FFT **6.9.%** ⬆
Maternity FFT **39.5%** ⬆
Outpatients FFT **7.7%** ⬇

Staff FFT Quarter 1 2019/20 (Pulse Check)

59% of staff would recommend UHL as a place to work

% Staff with Annual Appraisals

91.8% YTD ⬇

Statutory & Mandatory Training

93% YTD ⬆

BME % - Leadership

29% Qtr1 8A including medical consultants

16% Qtr1 8A excluding medical consultants

SUCCESSES

- Appraisal performance is at 91.8% (this excludes facilities staff that were transferred over from Interserve).
- Inpatient FFT coverage was 31.1% for July.
- Sickness absence was 3.9% for June.
- Statutory & Mandatory Training performance at 93%
- Corporate Induction attendance for July was 98%.

ISSUES

- A&E FFT Coverage was 6.9% in July.

ACTIONS

A&E FFT

- A&E have agreed plan to improve coverage and the collection of patient feedback, that is awaiting IT support

Please see the HR update for more information.

Domain – Effective

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

Mortality – Published SHMI

99
Mar 18 – Feb 19 ▲

Stroke TIA Clinic within 24hrs

69.7%
YTD ▲

80% of Patients Spending 90% Stay on Stoke Unit

86.5%
YTD ▼

Emergency Crude Mortality Rate

1.9%
YTD ▲

30 Days Emergency Readmissions

9.0%
YTD ◄►

NoFs Operated on 0-35hrs

72.9%
YTD ▼

SUCCESSES

- Emergency Crude Mortality Rate for July was 1.9%.
- 90% of Stay on a Stroke Unit for June was 86.0%
- Stroke TIA Clinic within 24 Hours for July was 78.9%.

ISSUES

- 30 Days Emergency Readmissions for June was 8.9%
- Fractured NoF for July was 81.9%.

ACTIONS

Readmissions

- 24/ 48 hours readmissions data base to enable target interventions produced.
- LLR Care home top 10 PDSA agreed
- Reduced readmission rates through a discharge follow-up for 'city ' patients CFS 6+, over 30 PARR, 75+ PDSA agreed.

Domain – Responsive

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

RTT - Incomplete 92% in 18 Weeks

83.3%
As at Jul ⬇

6 week Diagnostic Wait times

Legend: ■ 2018/19, ■ 2019/20, — Target

Cancelled Operations UHL + Alliance

Values (Number of Cancelled Operations): Aug-18: 98 (0.9%), Sep-18: 79 (0.7%), Oct-18: 139 (1.2%), Nov-18: 132 (1.1%), Dec-18: 97 (1.0%), Jan-19: 139 (1.2%), Feb-19: 123 (1.1%), Mar-19: 141 (1.2%), Apr-19: 104 (0.9%), May-19: 162 (1.4%), Jun-19: 116 (1.0%), Jul-19: 147 (1.2%)

Legend: ■ Number of Cancelled Operations, — Cancelled Ops (%)
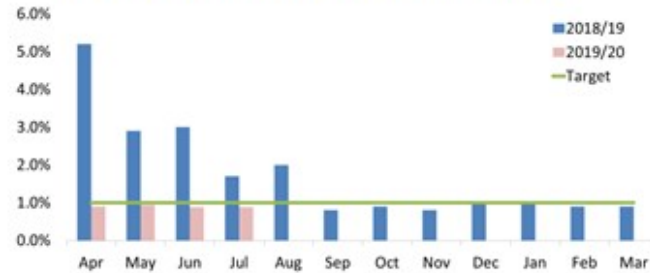
RTT 52 week wait incompletes

0
As at Jul ↔

ED 4Hr Waits UHL

73.8% YTD ⬇

A&E

ED 4hr Wait UHL Acute Footprint

81.5% YTD ⬇

Ambulance Handovers

6.0% > 60mins ⬇
14.2% 30-60mins ⬇
YTD

SUCCESSES

- 0 12 hour Trolley breaches for July.
- DTOC was 1.8% for July.
- 0 patient waiting over 52+ weeks.
- Diagnostic 6 week wait standard achieved this month.

ISSUES

- ED 4Hr Waits UHL –July performance was 73.8%. LLR performance was 80.6% against a NHSI trajectory of 88.3%.
- Cancelled operations – performance was 1.2% this month.

ACTIONS

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

Improved Cancer Pathways

University Hospitals of Leicester **NHS**
NHS Trust

Metric	June 19	YTD	Target
Cancer 2WW	91.0%	93.4%	93%

Since the significant observed dip in October 18, performance has returned to a more stable level. Performance remains at risk until September as a result of head and neck vacancies.

Cancer 2WW Performance %- starting 01/04/17
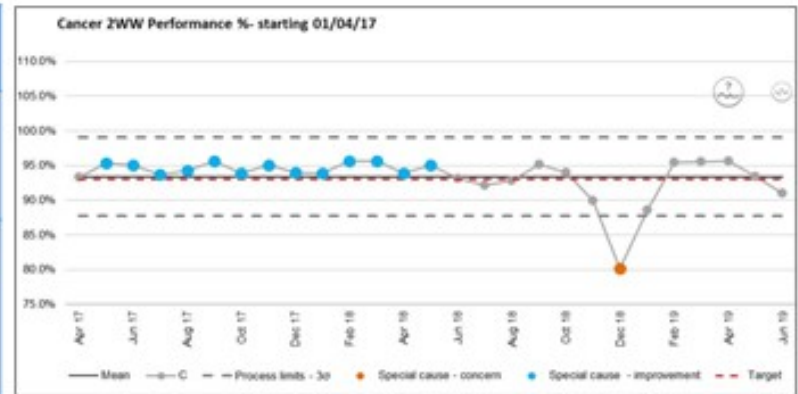
Metric	June 19	YTD	Target
Cancer 2WW Breast	94.5%	92.8%	93%

Since the significant observed dip in October 18 as a result of capacity, performance has returned to a more stable level. Based on YTD and historic trend likely to achieve YTD target.

Cancer 2WW Symptomatic Breast Performance %- starting 01/04/17

Improved Cancer Pathways

University Hospitals of Leicester **NHS**
NHS Trust
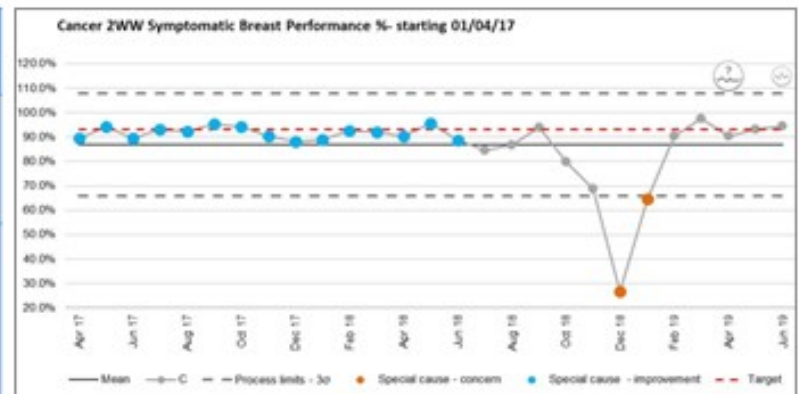
Metric	June 19	YTD	Target
Cancer 31 Day	93.9%	94.1%	96%

This metrics is not changing significantly and may achieve target

Cancer 31 Day Performance %- starting 01/04/17
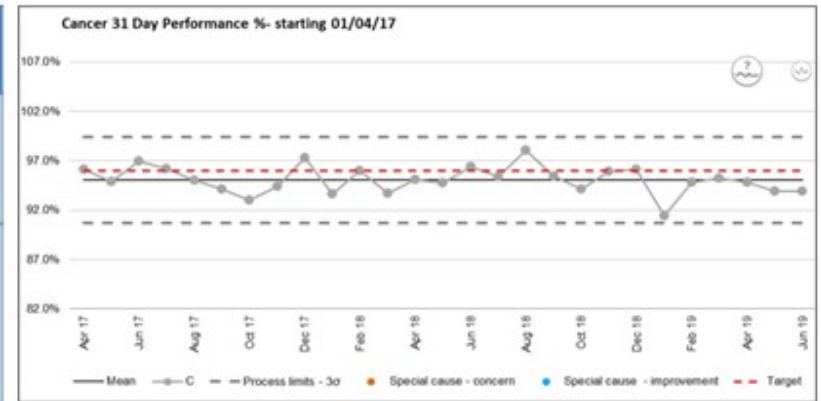
Metric	June 19	YTD	Target
Cancer 31 Day Drugs	99.2%	99.3%	98%

Stable, very little variation. Likely to deliver target based on the last 8 months.

Cancer 31 Day:Anti Cancer Drug Treatments- starting 01/04/17

Improved Cancer Pathways

University Hospitals of Leicester **NHS**
NHS Trust
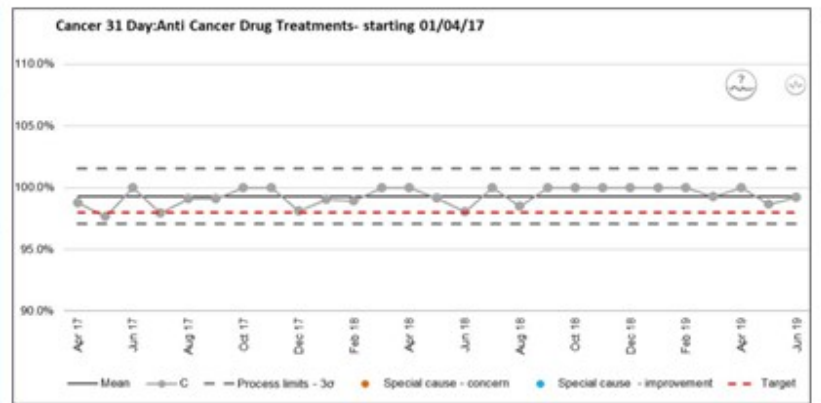
Metric	June 19	YTD	Target
Cancer 31 Day Radiotherapy	96.8%	98.1%	94%

Stable, very little variation.

Cancer 31 Day: Radiotherapy- starting 01/04/17
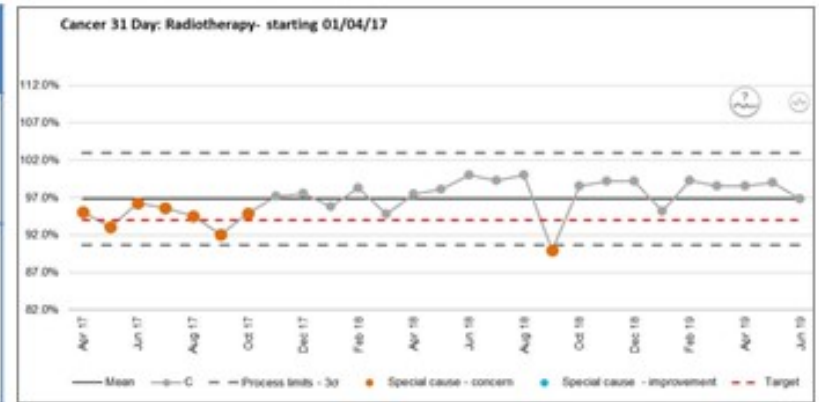
Metric	June 19	YTD	Target
Cancer 31 Surgery	78.1%	83.8%	94%

Some variation but not significant unlikely to deliver target.

Cancer 31 Day: Surgery- starting 01/04/17

Improved Cancer Pathways

University Hospitals of Leicester NHS
NHS Trust
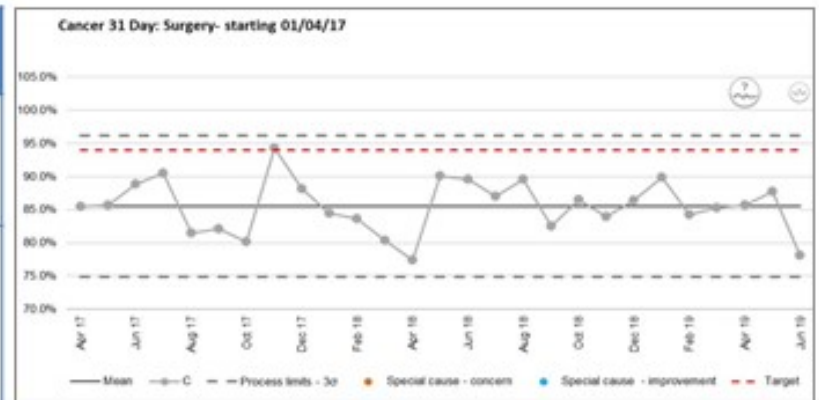
Metric	June 19	YTD	Target
Cancer 62 Day	74.4%	75.1%	85%

This metrics is not changing significantly and unlikely to achieve target. Last 6 months are below the mean.

Cancer 62 Day Performance %- starting 01/04/17
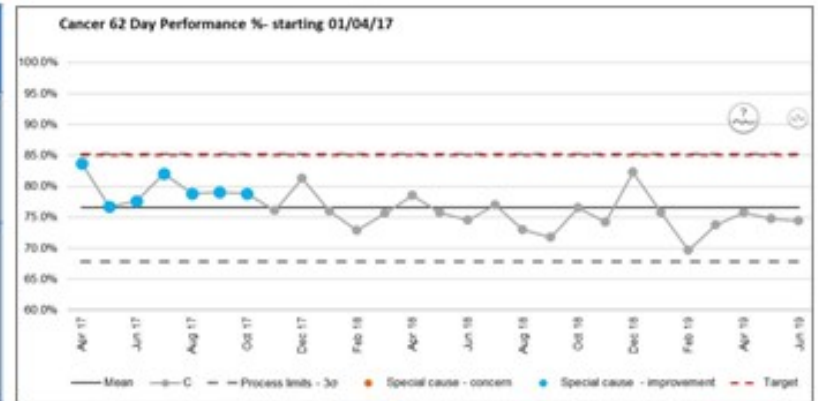
Metric	June 19	YTD	Target
Cancer 62 Day Consultant Screening	78.9%	82.9%	90%

This metrics is not changing significantly.

Cancer 62 Day: Consultant Screening- starting 01/04/17
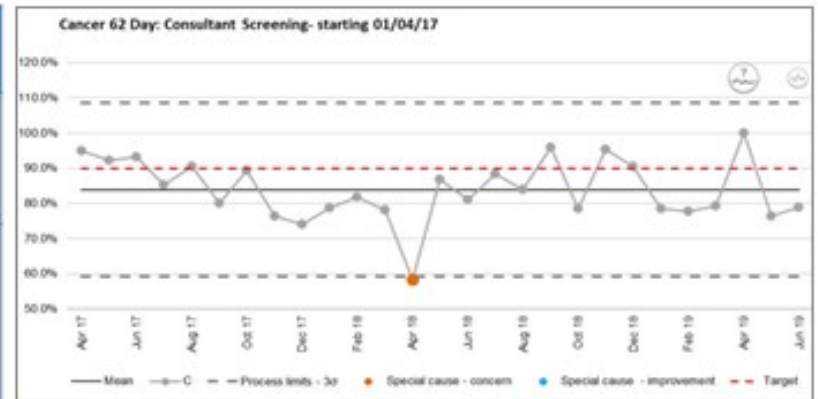
Ambulance Handover – July 2019

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	%60+ 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	6046	247	46	42	4	4%	1%	5%	0:32:17	642:27:17	270:11:46	597:10:10
2	Northampton General Hospital	3099	245	27	26	1	8%	1%	9%	0:36:35	454:09:56	260:30:19	307:33:27
3	Kings Mill Hospital	3398	296	23	18	5	9%	1%	9%	0:36:41	499:42:13	270:45:13	352:17:50
4	Royal Derby Hospital	4600	506	37	35	2	11%	1%	12%	0:38:03	764:15:37	465:56:48	449:50:34
5	Chesterfield Royal Hospital	2393	277	16	15	1	12%	1%	12%	0:37:24	376:45:45	234:26:53	231:21:58
6	Grimsby Diana Princess Of Wales	2166	237	54	49	5	11%	2%	13%	0:42:31	508:49:47	226:58:31	397:06:14
7	Scunthorpe General Hospital	1610	186	49	47	2	12%	3%	15%	0:44:33	434:04:17	177:56:42	349:50:00
8	Burton Queens Hospital	544	76	6	5	1	14%	1%	15%	0:34:39	65:44:33	62:35:17	25:29:16
9	Bassetlaw District General Hospital	990	148	8	8	0	15%	1%	16%	0:37:38	163:49:24	109:15:54	96:13:56
10	Kettering General Hospital	2746	442	70	64	6	16%	3%	19%	0:36:56	430:21:42	382:55:47	185:21:08
11	Glenfield General Hospital	885	150	20	16	4	17%	2%	19%	0:35:55	148:46:58	128:08:43	51:14:01
12	Stepping Hill Hospital	410	83	5	5	0	20%	1%	21%	0:36:31	61:54:22	59:44:50	20:41:14
13	George Eliot Hospital	275	50	17	17	0	18%	6%	24%	0:41:16	60:20:40	51:39:51	17:26:17
14	Boston Pilgrim Hospital	2201	355	202	151	51	16%	9%	25%	0:49:18	757:42:41	551:51:54	285:02:57
15	Leicester Royal Infirmary	5,865	1,077	596	537	59	18%	10%	29%	0:45:11	1695:01:22	1387:37:33	577:35:09
	EMA S	42,260	5,467	1,879	1,440	439	13%	4%	17%	0:40:48	9273:56:29	6659:59:18	4432:44:09

Highlights

CAD data used since Feb 19 with no exclusions.

- LRI had 8.3% more handovers in July comparison to the same period last year.
- 41.4% of handovers were completed within 15 mins.
- 8 less hours lost due to post handover delays in July compared to the previous month.
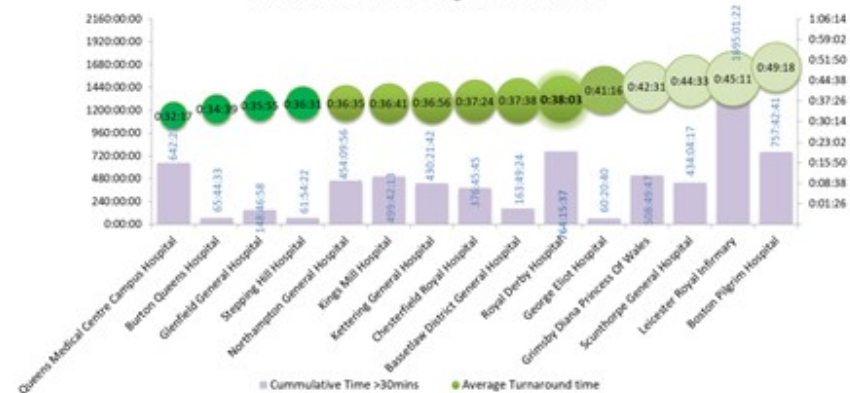
Lowest Turnaround Time (Avg.)	Median Turnaround Time (Avg.)	LRI Turnaround Time (Avg.)	LRI Total Time over 30mins	LRI Delay >30mins – Number Ambulance Shifts	Ambulance Handover 30-59 mins	Ambulance Handover >60Mins
32 Mins	38 Mins	45 Mins	1695 Hours	141 Shifts	18%	10%

RTT: Executive Performance Board

University Hospitals of Leicester NHS
NHS Trust

UHL		M4: WL Size		RTT: 82.6%
Alliance		**65,600**		RTT: 87.8%
Combined		+216 over trajectory		RTT: 83.3%

Current Position:

UHL ended July in line but over the waiting list trajectory with 216 more patients on the waiting list than forecasted. The number of patients awaiting treatment remained improved compared to July 2018 with 1,527 fewer patients waiting for treatment. The overall RTT position moved to 83.3%

Waiting list size stabilisation remains the key performance indicator for elective care in 2019/20 with planning guidance target to achieve a lower waiting list size at the end of March 2020 compared to March 2019. Changes to pension taxation rules has resulted in a reduction in sessions completed with discretionary effort. This has impacted on the overall RTT position with an increase in patients on the waiting list and patients waiting over 18 weeks.

Forecast performance for next reporting period: It is forecasted that for August 2019 UHL achieving the waiting list trajectory size is at risk

- Increased emergency pressures for beds
- Increased cancer backlogs prioritising capacity over routine elective RTT
- Clinical capacity pressures within key specialties
- Reduction in WLI's with reduced discretionary effort
- Delayed RSS start

University Hospitals of Leicester NHS
NHS Trust

Current Position:

UHL ended July in line but over the waiting list trajectory with 216 more patients on the waiting list than forecasted. The number of patients awaiting treatment remained improved compared to July 2018 with 1,527 fewer patients waiting for treatment. The overall RTT position moved to 83.3%

Key Drivers:

- Changes to pension taxation rules resulting in increased theatre session cancellations due to lack of anaesthetist and reduction in WLI uptake
- Challenged capacity with Neurology, Allergy and Urology
- Delayed starts to RSS for General Surgery and Ophthalmology
- Continued validation of the waiting list

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
- Delivery of RSS QIPP to reduce system demand on UHL and Alliance: UHL Pillar
- Improved outpatient and theatre utilisation as managed by the Outpatient and Theatre Program Boards

UHL is forecasting there is a risk to achieving trajectory waiting list size for August.

Incomplete Waiting List Size
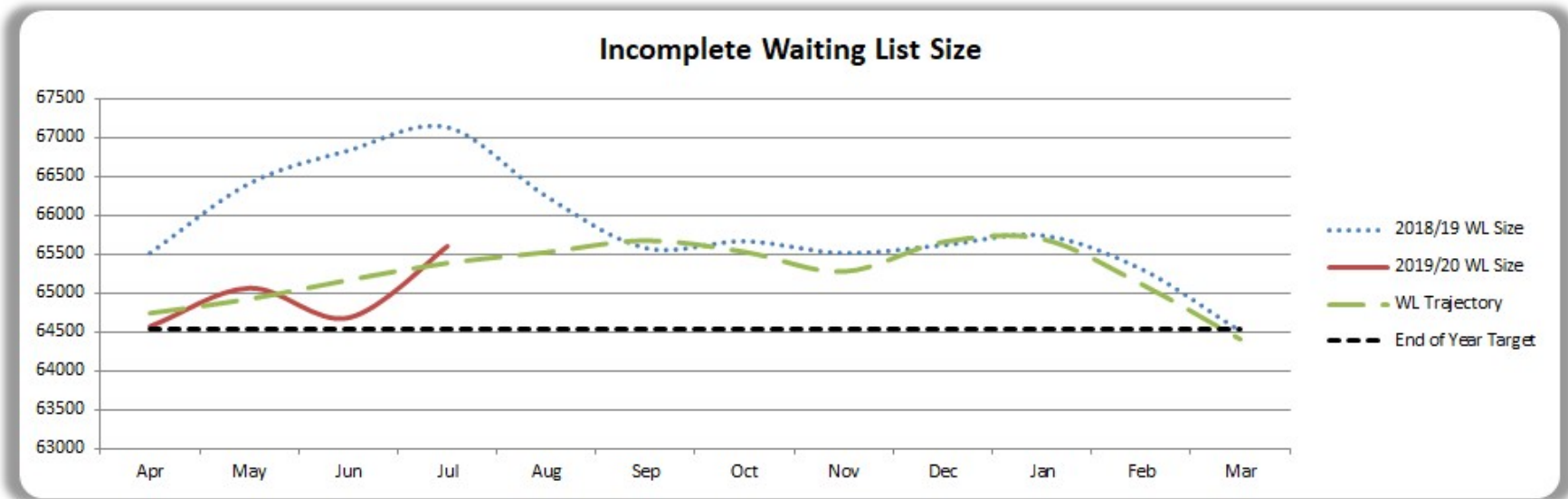
RTT: Executive Performance Board

The overall combined UHL and Alliance WL size for month 3 was over the trajectory size by 216 patients.

The largest reductions in waiting list size were seen in Maxillofacial Surgery, ENT and Paediatric Trauma and Orthopaedics.

The largest increases in waiting list size were seen in Gastroenterology, Dermatology and Vascular surgery.

The overall waiting list size increased by 879 during July. 4 out of the 7 UHL CMG's reduced there waiting list size in month.

10 Largest Waiting List Size Reductions in month

•Maxillofacial Surgery	-198
•ENT	-107
•Paediatric T&O	-106
•Allergy	-78
•Gynaecology	-61
•Paediatric Medicine	-56
•Paediatric Neurology	-51
•Plastic Surgery	-51
•Clinical Immunology	-44
•Urology	-35

10 Largest Waiting List Size Increases in month

•Gastroenterology	422
•Dermatology	155
•Vascular Surgery	140
•Paediatric ENT	98
•Rheumatology	95
•Orthopaedic Surgery	87
•Clinical Oncology	86
•Ophthalmology	69
•Paed Ophthalmology	58
•Endocrinology	56

CMG	Waiting List Size Change Since March 2019	Waiting List Size Change Since Last Month	RTT %
CHUGGS	491	561	79.5%
CSI	-22	-20	92.1%
ESM	638	319	87.9%
ITAPS	313	-88	80.1%
MSS	-169	-121	78.6%
RRCV	292	125	88.9%
W&C	-251	-179	89.1%
Alliance	-198	257	87.8%
UHL	1292	622	82.6%
UHL & Alliance	1094	879	83.3%

RTT: Executive Performance Board

University Hospitals of Leicester NHS Trust

UHL Admitted and Non-Admitted Backlog

— Non Admitted backlog — Admitted backlog
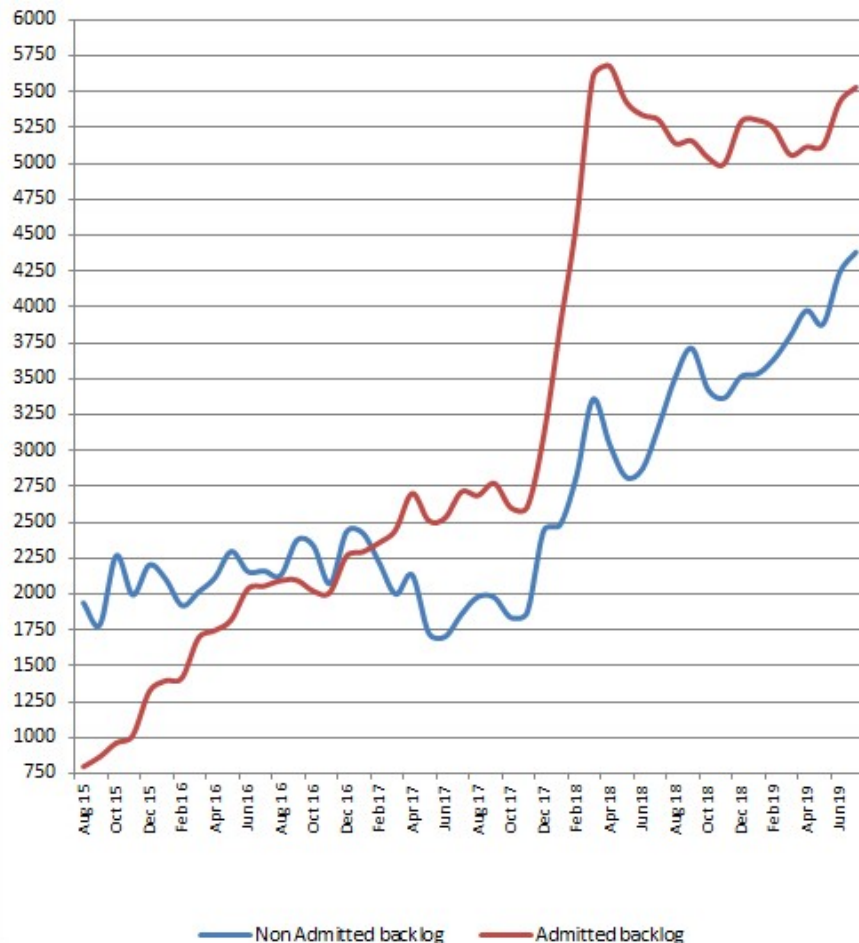
Admitted: **106** (backlog change) 3.4% Change

Non Admitted: **145** (backlog change) 2.0% 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 — Zero — 0 Change

Current Position:

At the end July there were zero patients with an incomplete pathway at more than 52 weeks. This continues the trend of 13 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.

UHL remaining ranked joint 1st amongst our peer group of 18 acute trusts and nationally for 52 week performance.

Key Drivers:

- Changes to pension taxation has resulted in reduced uptake in sessions delivered through discretionary effort. This has lead to an increase in long waiting patients over 40 weeks compared to plan with main capacity being utilised by cancer and clinically urgent patients.
- Significant clinical constraints within a number of key areas including ENT, Urology, Allergy, Neurology has led to an increase in the number of long waiters in these areas.

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.
- Use of Independent Sector for longest ENT waiters. ENT account for 22% of all admitted patients over 40 weeks
- We have engaged with Planned Care start a RSS for Urology as early as possible this financial year, to ease the demand on non-urgent penile scrotal work.

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

End of Month 52 Week Breaches

Current Patients >=40 Weeks
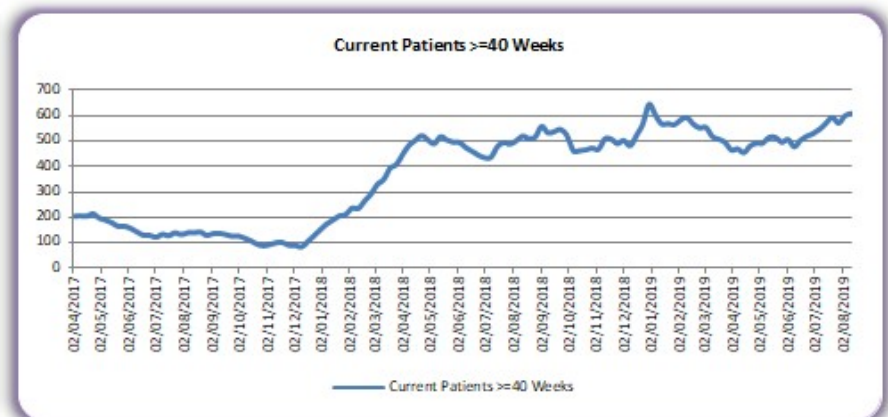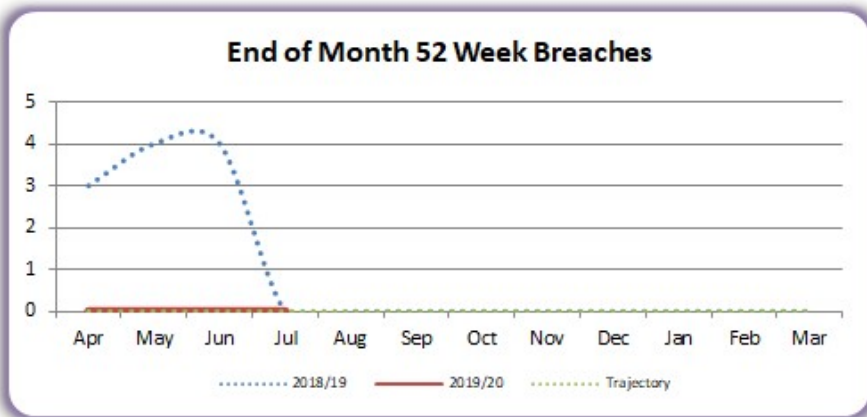
Diagnostics: Executive Performance Board

University Hospitals of Leicester — NHS Trust

Diagnostics: DM01

99.1% (Target >=99%) — 0.0% Change	**150 Breaches** — 1 Change

Imaging	**99.4%** (Target >99%) — 0.0% Change	**Breaches: 76** — -7 Change	
Physiological Measurement	**98.9%** (Target >99%) — -0.3% Change	**Breaches: 24** — 8 Change	
Endoscopy	**97.4%** (Target >99%) — 0.4% Change	**Breaches: 50** — 0 Change	

Current Position:

UHL has achieved the DM01 standard for June, with 21 fewer breaches than required to meet the standard. This maintains UHL's diagnostic performance by achieving the diagnostic target for the 11th consecutive month.

Key Drivers:
- An increase in 2WW endoscopy referrals resulted an increase in a conversion from routine diagnostic capacity
- Increased CT Cardiac demand due to changes in NICE guidelines
- Decontamination – Current reprocessing machines are no longer supported by company for parts when breaking down
- Sleep high demand and limited capacity

Key Actions:
- Continued insourced capacity via Medinet for Endoscopy
- Increased CT capacity and take up of wait list initiatives
- Endoscopy decontamination equipment undergo planned preventative maintenance.
- Realigning sleep capacity to focus on diagnostics
- 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 August, continuing to deliver the DM01 standard.

UHL and Alliance Diagnostic Performance Last 12 Months

Legend: 2018/19 · 2019/20 · Target · Trajectory
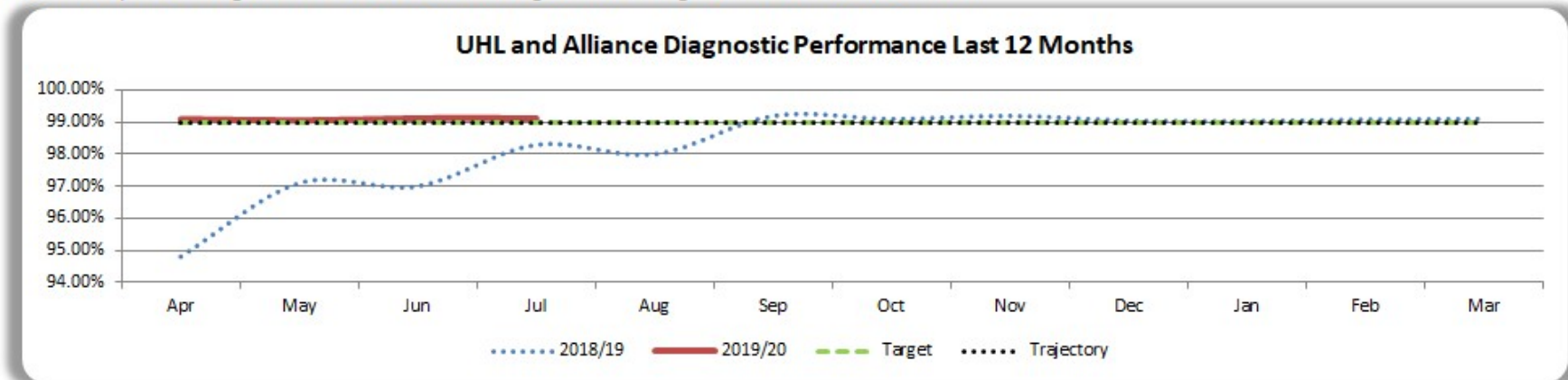
Cancelled Ops: Executive Performance Board

University Hospitals of Leicester NHS NHS Trust

Current Position:

July's cancelled operations performance for UHL and the Alliance combined was 1.2%. There were 147 non clinical hospital cancellations (145 UHL and 2 Alliance).

17 patients did not receive their operation within 28 days of a non-clinical cancellation, 17 from UHL and 0 from the Alliance. Fewer cancellations the prior supported in July's performance. YTD there have 37% reduction in 28 day breaches compared to 2018/19.

Key Drivers:

- Capacity constraints resulted in 74 (51.0%) hospital non clinical cancellations. Of this 22 were within Paediatrics.
- 42 cancellations were due to lack of theatre time / list overrun. Contextual information indicates other patients on the theatre list becoming more complex and late starts due to awaiting beds are causational factors.
- 11 cancellations were due staffing (surgical 2, anaesthetic 5 and theatre staff 4).

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 achieving 1.0% August is at risk due to a high level of emergency demand during the first 2 weeks.

Cancelled Operations

UHL	Alliance	Combined	YTD
1.3% (0.2% Change)	0.2% (0.2% Change)	1.2% (0.2% Change)	1.2%

28 Day Re-Books

UHL	Alliance	Combined	YTD
17 (-4 Change)	0 (0 Change)	17 (-4 Change)	70

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

Legend: % Cancelled 2018/19 .... ; % Cancelled 2019/20 —— ; Target – – –
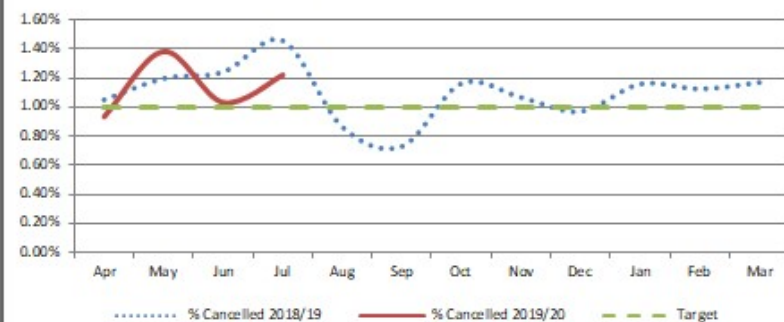
Indicator 2: The number of patients cancelled who are not offered another date within 28 days of the cancellation

Legend: 2018/19 .... ; 2019/20 ——

APPENDICES

APPENDIX A: 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	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	19/20 YTD
S1	Serious Incidents - actual number escalated each month	AF	MD	< FY 18/19	UHL	Red if >29 in FY	May-17	37	29	3	3	1	1	2	1	2	1	1	1	4	4	0	9
S2	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	17.9	17.1	16.3	16.0	17.1	18.8	16.5	17.3	15.4	17.2	15.6	14.9	16.5	15.8
S3	SEPSIS - Patients with an Early Warning Score 3+ - % appropriate escalation	AF	JB	95%	UHL	TBC	Dec-17	95%	98%	98%	98%	98%	98%	Indicator on hold					Indicator on hold				
S4	SEPSIS - Patients with EWS 3+ - % who are screened for sepsis	AF	JB	95%	UHL	TBC	Dec-17	95%	95%	94%	94%	93%	94%	Indicator on hold					Indicator on hold				
S5	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%	85%	85%	86%	81%	76%	76%	77%	77%	84%	83%	82%	82%		82%
S6	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%	89%	80%	87%	83%	96%	97%	96%	93%	93%	93%	96%	80%	94%		90%
S7	Overdue CAS alerts	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	Nov-16	0	1	0	0	0	0	1	0	0	0	0	0	0	1	0	1
S8	RIDDOR - Serious Staff Injuries	AF	MD	<=50 by end of FY 19/20	UHL	Red / ER if non compliance with cumulative target	Oct-17	56	46	9	4	3	3	0	3	3	3	4	4	0	1	4	9
S9	Never Events	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	May-17	8	8	0	0	0	1	1	0	0	0	2	0	0	1	0	1
S10	Clostridium Difficile (Hospital and Community aquired since April 2019)	CF	DJ	108	NHSI	Red if >mthly threshold / ER if Red or Non compliance with cumulative target	Nov-17	68	57	4	7	2	6	4	6	2	0	5	5	7	8	13	33
S11	MRSA Bacteraemias - Unavoidable or Assigned to third Party	CF	DJ	0	NHSI	Red if >0 ER Not Required	Nov-17	0	3	1	0	0	0	0	0	1	1	0	0	0	0	0	0
S12	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	0
S13	MRSA Total	CF	DJ	0	UHL	Red if >0 ER Not Required	Nov-17	4	3	1	0	0	0	0	0	1	1	0	0	0	0	0	0
S14	E. Coli Bacteraemias - Community	CF	DJ	TBC	NHSI	TBC	Jun-18	454	405	35	34	43	36	34	26	36	26	33	37	41	30	45	153
S15	E. Coli Bacteraemias - Acute	CF	DJ	TBC	NHSI	TBC	Jun-18	96	65	5	3	11	5	5	5	5	5	3	8	11	7	10	36
S16	E. Coli Bacteraemias - Total	CF	DJ	TBC	NHSI	TBC	Jun-18	550	470	40	37	54	41	39	31	41	31	43	45	52	37	55	189
S17	MSSA - Community	CF	DJ	TBC	NHSI	TBC	Nov-17	139	124	14	11	8	18	6	6	15	9	7	13	15	10	9	47
S18	MSSA - Acute	CF	DJ	TBC	NHSI	TBC	Nov-17	43	32	1	2	1	3	2	5	2	5	0	3	1	4	4	12
S19	MSSA - Total	CF	DJ	TBC	NHSI	TBC	Nov-17	182	156	15	13	9	21	8	11	17	14	7	16	16	14	13	59
S20	% 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%	98.2%	98.2%	97.9%	98.0%	97.6%	97.7%	97.3%	97.3%	98.0%	97.2%	97.2%	97.4%	97.6%	97.3%
S21	% 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%	95.1%	95.5%	95.5%	94.8%	96.7%	96.0%	96.0%	97.6%	97.6%	98.4%	97.9%	98.3%	98.2%	98.2%
S22	All falls reported per 1000 bed stays for patients reported 1 month in arrears (>65 years only before 19/20)	CF	HL	<=6.02	UHL	Red if >6.02 ER if 2 consecutive reds	Jun-18	6.0	6.4	6.1	5.8	6.1	6.0	5.9	7.0	6.5	6.6	6.6	5.5	4.7	4.4		4.9
S23	Rate of Moderate harms and above per 1,000 bed days for all patients (month in arrears)	CF	HL	<=0.07	UHL	Red if >0.19	TBC	0.06	0.08	0.08	0.13	0.06	0.04	0.04	0.08	0.04	0.06	0.08	0.04	0.08	0.06		0.06
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	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	1	1	0	0	3	0	1	0	0	0	0	0	1	1
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	1	10	0	5	5	4	8	5	4	8	5	4	21
S27	% of patients over the age of 75yrs screened for dementia within 72hrs (reported one month in arrears)	CF	NB	<=90%	NHSI	Red if below 90%	TBC												86.3%	87.5%	87.4%		87.1%

APPENDIX B: 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	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	19/20 YTD
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	1.6	1.7	1.7	1.7	1.6	1.3	1.6	1.5	1.8	1.8	1.7	1.6	1.9	1.8
	C2	Percentage of upheld PHSO cases	AF	MD	No Target	UHL	Quarterly reporting	Sep-17	0%	0%	20% (0 out of 5 cases)			0% (0 out of 2 cases)			0% (0 out of 2 cases)			0% (0 out of 3 cases)			0% (5 cases)	0.0
	C3	Published Inpatients and Daycase 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	97%	97%	97%	97%	97%	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%	95%	96%	96%	96%	96%	96%	95%	95%	95%	95%	95%	95%	96%	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%	98%	98%	98%	99%	98%	99%	99%	98%	99%	98%	99%	99%	99%	99%
	C6	A&E Friends and Family Test - % positive	CF	HL	≥94%	UHL	Red if <86% ER if 2 consecutive mths Red Star * if above the national average for that month	Jun-17	95%	95%	95%	95%	95%	95%	95%	94%	95%	94%	92%	★93%	★96%	★96%	★94%	95%
	C7	Outpatients Friends and Family Test - % positive	CF	HL	≥94%	UHL	Red if <91% ER if 2 consecutive mths Red Star * if above the national average for that month	Jun-17	95%	95%	95%	95%	95%	95%	95%	96%	95%	95%	95%	★95%	★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%	94%	95%	93%	95%	91%	92%	93%	93%	90%	91%	95%	92%
	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%	75.2%			65.0%			74.0%			74.0%				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	2	6	0	9	0	1	9	5	2	0	0	0	7	7

Star indicates above national average - reported a month in arrears

APPENDIX C: Well Led Domain Dashboard

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

Well Led

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	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	19/20 YTD
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%	27.8%	25.5%	26.9%	26.3%	25.9%	24.3%	24.7%	25.8%	26.3%	26.5%	25.6%	26.3%	27.0%	26.3%
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%	31.6%	26.8%	28.5%	29.4%	30.4%	26.7%	26.8%	27.2%	29.0%	28.6%	27.9%	30.4%	31.1%	29.4%
W3	Daycase only Friends and Family Test - Coverage (Adults and Children)	CF	HL	20%	QS	Red if <10%	Jun-17	23.6%	23.4%	23.6%	24.2%	25.2%	22.9%	21.2%	21.4%	22.4%	24.3%	23.3%	24.2%	23.1%	22.3%	23.2%	23.2%
W4	A&E Friends and Family Test - Coverage	CF	HL	10%	QS	Red if <7.1%	Jun-17	9.9%	7.9%	10.8%	7.2%	6.9%	8.8%	4.9%	5.0%	9.5%	7.2%	5.9%	7.2%	7.4%	6.1%	6.9%	6.9%
W5	Outpatients Friends and Family Test - Coverage	CF	HL	5%	QS	Red if <4.7%	Jun-17	5.7%	5.4%	5.5%	5.4%	5.4%	5.3%	5.3%	4.7%	4.7%	5.6%	5.9%	6.7%	6.7%	8.8%	8.4%	7.7%
W6	Maternity Friends and Family Test - Coverage	CF	HL	30%	UHL	Red if <28.0%	Jun-17	40.2%	40.0%	38.5%	37.2%	39.1%	44.8%	42.5%	45.4%	33.6%	42.7%	41.6%	44.8%	32.9%	39.7%	41.7%	39.5%
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%	61.9%			60.0%			57.0%			59.0%				59.0%
W8	Nursing Vacancies	CF	MM	TBC	UHL	Separate report submitted to QAC	Dec-17	11.9%	13.0%	14.6%	14.4%	15.2%	15.0%	13.8%	13.9%	14.5%	13.5%	13.0%	12.6%	13.4%	13.6%		13.6%
W10	Turnover Rate	HW	LG	TBC	NHSI	Red = 11% or above ER = Red for 3 Consecutive Mths	Nov-17	8.5%	8.4%	8.4%	8.3%	8.6%	8.3%	8.3%	8.4%	8.6%	8.5%	8.4%	9.0%	9.0%	9.1%	8.9%	8.9%
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%	3.9%	3.4%	3.6%	3.8%	3.9%	4.1%	4.0%	4.2%	4.1%	3.9%	3.6%	3.7%	3.9%		3.7%
W12	Temporary costs and overtime as a % of total paybill	HW	LG	TBC	NHSI	TBC	Nov-17	12.0%	11.1%	11.3%	10.8%	10.8%	11.5%	10.6%	11.0%	10.7%	9.7%	12.4%	9.8%	9.6%	10.6%	9.4%	9.9%
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%	91.1%	91.6%	92.2%	92.1%	92.0%	92.5%	91.9%	92.6%	92.6%	92.5%	92.0%	92.0%	91.8%	91.8%
W14	Statutory and Mandatory Training	HW	BK	95%	UHL	TBC	Dec-16	88%	89%	90%	88%	88%	88%	82%	86%	88%	89%	90%	89%	89%	92%	93%	93%
W15	% Corporate Induction attendance	HW	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	97%	97%	98%	95%	96%	97%	96%	97%	97%	98%	98%	96%	90%	99%	98%	96%
W16	BME % - Leadership (8A – Including Medical Consultants)	HW	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17	27%	29%	29%			29%			29%			29%				29%
W17	BME % - Leadership (8A – Excluding Medical Consultants)	HW	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17	14%	16%	15%			16%			16%			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%	80.1%	77.3%	78.1%	78.4%	79.1%	78.1%	79.8%	78.1%	77.0%	78.9%	81.1%	82.9%	85.3%	82.0%
W19	DAY Safety staffing fill rate - Average fill rate - care staff (%)	CF	MM	TBC	NHSI	TBC	Jul-18	101.1%	96.0%	94.7%	94.6%	95.1%	95.9%	97.0%	94.6%	95.9%	92.7%	92.8%	96.7%	95.0%	99.3%	97.7%	97.2%
W20	NIGHT Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	CF	MM	TBC	NHSI	TBC	Jul-18	93.6%	89.8%	88.0%	84.8%	86.6%	88.2%	90.0%	87.9%	92.3%	88.5%	88.2%	88.2%	90.5%	90.3%	88.4%	89.3%
W21	NIGHT Safety staffing fill rate - Average fill rate - care staff (%)	CF	MM	TBC	NHSI	TBC	Jul-18	111.0%	123.0%	124.1%	112.4%	121.5%	123.3%	126.8%	121.5%	124.8%	123.6%	126.3%	129.8%	131.4%	129.4%	125.1%	128.9%
W22	Apprenticeships - 2.3% of workforce averaged as an apprenticeship over 3 years	HW	BK	613	NHSI	Red if <613	TBC												19	19	25	40	40

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

Effective

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	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	19/20 YTD
E1	Emergency readmissions within 30 days following an elective or emergency spell	AF	CM	Monthly <8.5%	QC	Red if >8.6% ER if >8.6%	Jun-17	9.1%	9.0%	9.0%	9.0%	8.8%	8.9%	8.7%	9.0%	8.8%	9.1%	8.9%	9.3%	8.9%	8.9%		9.0%
E2	Mortality - Published SHMI	AF	RB	<=99	QC	Red/ER if not within national expected range	Sep-16	98 (Oct16-Sep17)	99 (Oct17-Sep18)	97 (Jan17-Dec17)			95 (Apr17-Mar18)			96 (Jul17-Jun18)		99 (Oct17-Sep18)	99 (Jan to Dec 18)	100 (Feb 18 to Jan 19)	99 (Mar 18 to Feb 19)	99 (Mar 18 to Feb 19)	99 (Mar 18 to Feb 19)
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	99	99	99	99	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	95	96	95	98	97	97	97	97	97	98	99	98	99	99
E5	Crude Mortality Rate Emergency Spells	AF	RB	<=2.4%	UHL	Monthly Reporting	Apr-17	2.2%	2.1%	2.0%	1.9%	1.9%	2.1%	1.9%	2.4%	2.4%	2.4%	2.1%	2.0%	1.9%	1.7%	1.9%	1.9%
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%	58.8%	82.6%	77.2%	83.6%	83.5%	73.8%	87.3%	78.7%	75.3%	76.1%	76.8%	81.9%	58.3%	72.9%
E7	Stroke - 90% of Stay on a Stroke Unit	RB	RM	80% or above	QS	Red if <80% ER if 2 consecutive mths <80%	Apr-18	86.7%	84.9%	86.8%	80.6%	83.7%	86.7%	82.4%	78.7%	87.1%	86.5%	87.7%	83.5%	90.0%	86.0%		86.5%
E8	Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)	RB	RM	60% or above	QS	Red if <60% ER if 2 consecutive mths <60%	Apr-18	52.6%	55.6%	70.2%	50.4%	28.7%	38.6%	87.3%	52.3%	83.5%	57.5%	29.9%	64.0%	75.5%	61.4%	78.9%	69.7%

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	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	19/20 YTD
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%	76.3%	76.3%	79.5%	78.3%	72.6%	73.5%	70.7%	76.1%	75.1%	75.5%	73.7%	74.1%	72.0%	73.8%
R2	ED 4 Hour Waits Acute Footprint (UHL + LLR UCC (Type 3), before 19/20)	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%	83.1%	83.0%	84.7%	83.7%	79.1%	79.9%	79.1%	82.6%	82.0%	82.4%	81.5%	81.5%	80.6%	81.5%
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	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%	86.5%	85.8%	85.2%	86.0%	86.0%	85.3%	85.2%	85.1%	84.7%	84.4%	84.7%	83.5%	83.3%	83.3%
R5	RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE	RB	DM	0	NHSI	Red /ER if >0	Nov-16	4	0	0	0	0	0	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%	1.7%	2.0%	0.8%	0.9%	0.8%	1.0%	1.0%	0.9%	0.9%	0.9%	0.9%	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	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	32	22	17	19	17	10	20	19	11	14	18	21	16	69
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	3	0	0	0	0	1	1	0	0	0	0	0	0	0
R10	% Operations cancelled for non-clinical reasons on or after the day of admission UHL	RB	DM	<1%	Contract	Amber if >1.0% ER if >1.0%	Jan-17	1.3%	1.2%	1.4%	0.9%	0.8%	1.2%	1.2%	1.0%	1.3%	1.2%	1.3%	1.0%	1.4%	1.1%	1.3%	1.2%
R11	% Operations cancelled for non-clinical reasons on or after the day of admission ALLIANCE	RB	DM	<1%	Contract	Amber if >1.0% ER if >1.0%	Jan-17	0.6%	0.6%	1.6%	0.1%	0.0%	0.3%	0.6%	1.1%	0.2%	0.0%	0.0%	0.4%	1.0%	0.0%	0.2%	0.4%
R12	% Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	RB	DM	<1%	Contract	Amber if >=1.0% ER if >1.0%	Jan-17	1.2%	1.1%	1.5%	0.9%	0.7%	1.2%	1.1%	1.0%	1.2%	1.1%	1.2%	0.9%	1.4%	1.0%	1.2%	1.1%
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	161	98	79	139	132	97	139	123	141	104	162	116	147	529
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%	1.2%	1.6%	1.4%	1.6%	1.3%	1.8%	1.5%	1.8%	1.7%	1.0%	1.8%	1.7%	1.8%	1.6%
R15	Ambulance Handover >60 Mins (CAD from Feb 19)	RB	DM	0% (July 19)	NHSI	Red if below trajectory ER if Red for 3 consecutive mths	TBC	4.2%	4.0%	4.2%	3.0%	1.0%	2.0%	3.0%	7.0%	12.5%	4.3%	5.0%	4.5%	5.1%	4.4%	10.2%	6.0%
R16	Ambulance Handover >30 Mins and <60 mins (CAD from Feb 19)	RB	DM	6.2% (July 19)	NHSI	Red if below trajectory ER if Red for 3 consecutive mths	TBC	9.0%	8.0%	8.4%	8.0%	5.0%	8.0%	9.0%	10.0%	14.1%	10.1%	12.7%	12.4%	14.9%	11.2%	18.4%	14.2%

Peer Group Analysis

University Hospitals of Leicester **NHS**
NHS Trust

UHL ED Attendances within 4 hours

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

All Acute Trusts - 87.8%
UHL + LLR 101 out of the 142 Trusts*
4 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	94.5%
2	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	90.3%
3	LEEDS TEACHING HOSPITALS NHS TRUST	89.2%
4	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	87.8%
5	BARTS HEALTH NHS TRUST	86.6%
6	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	86.5%
7	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	85.3%
8	PENNINE ACUTE HOSPITALS NHS TRUST	84.8%
9	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	84.2%
10	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	83.5%
11	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	81.4%
12	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	80.6%
13	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	80.6%
14	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	80.0%
15	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	78.4%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	77.6%
-	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	-
-	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	-

UHL/LLR Peer Ranking - ED Acute Footprint (n/18)
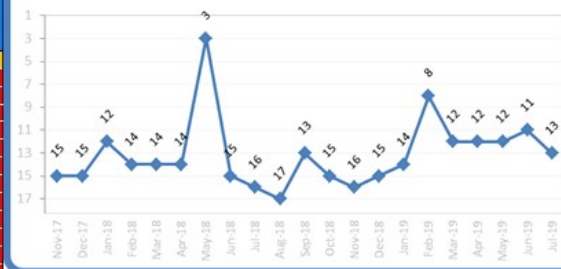
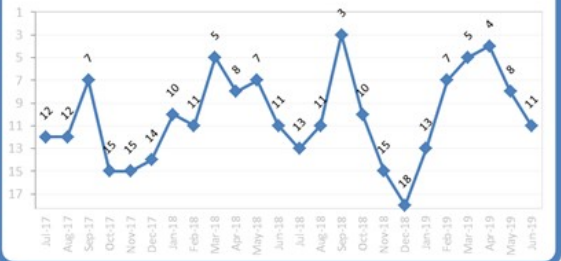UHL/LLR Acute Ranking - ED Acute Footprint (n/142)

TWO WEEK WAIT-ALL CANCER

Two Week Wait - All Cancer - June 2019

All Acute Trusts Performance - 90.0%
UHL ranks 80 out of the 142 Acute Trusts*
72 of the 142 Acute Trusts* achieved 93% or more

Peer Rank	Provider	Performance within 14 Days - Target 93%
1	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	96.3%
2	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	96.2%
3	BARTS HEALTH NHS TRUST	95.6%
4	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	94.7%
5	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	94.1%
6	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	93.7%
7	HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	93.6%
8	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	93.5%
9	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	92.8%
10	PENNINE ACUTE HOSPITALS NHS TRUST	91.5%
11	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	91.0%
12	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	91.0%
13	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	82.9%
14	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	80.7%
15	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	79.8%
16	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	79.7%
17	LEEDS TEACHING HOSPITALS NHS TRUST	77.2%
18	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	72.6%

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

UHL Acute Ranking - TWO WEEK WAIT-ALL CANCER (n/142)

*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

31-DAY FIRST TREAT

31-Day First Treat - June 2019

All Acute Trusts Performance - 96.0%   UHL ranks 122 out of the 142 Acute Trusts*
98 of the 142 Acute Trusts* achieved 96% or more

| Peer Rank	Provider	Performance within 31 Days - Target 96%
1	BARTS HEALTH NHS TRUST	99.6%
2	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	98.4%
3	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	98.4%
4	PENNINE ACUTE HOSPITALS NHS TRUST	98.1%
5	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	97.4%
6	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	97.1%
6	LEEDS TEACHING HOSPITALS NHS TRUST	96.5%
8	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	96.0%
9	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	95.9%
10	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	95.5%
11	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	94.4%
12	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	94.1%
16	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	93.9%
14	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	93.8%
15	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	93.7%
16	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	92.4%
17	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	90.2%
18	HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	89.7%

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

UHL Acute Ranking - 31-DAY FIRST TREAT (n/142)
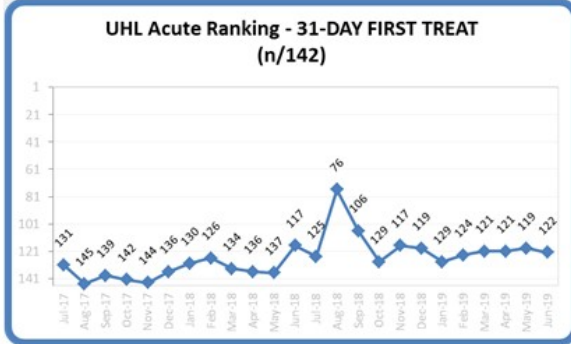
62-DAY GP Referral

62-DAY GP Referral - June 2019

All Acute Trusts Performance - 77.6%   UHL ranks 93 out of the 142 Acute Trusts*
32 of the 142 Acute Trusts* achieved 85% or more

Peer Rank	Provider	Performance within 62 Days - Target 85%
1	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	86.9%
2	BARTS HEALTH NHS TRUST	85.3%
3	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	79.1%
4	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	78.3%
5	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	76.0%
6	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	75.6%
7	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	75.5%
8	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	74.4%
9	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	74.3%
10	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	72.4%
11	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	72.4%
12	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	72.2%
13	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	70.9%
14	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	70.2%
15	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	69.7%
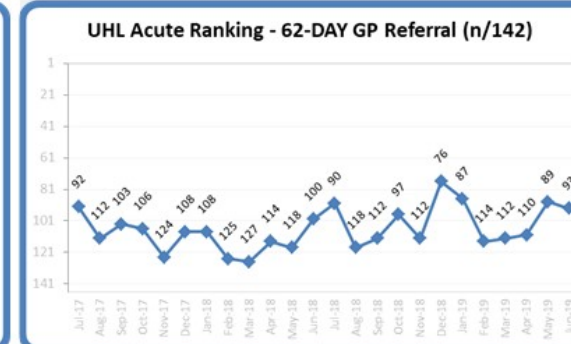
UHL Peer Ranking - 62-DAY GP Referral (n/18)

UHL Acute Ranking - 62-DAY GP Referral (n/142)

*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 Trust

RTT 18+ Weeks Backlog
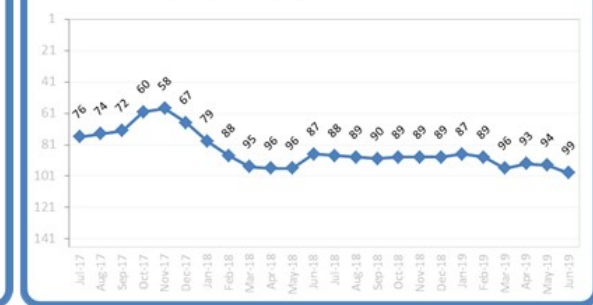
RTT 18+ Weeks Backlog - June 2019

All Acute Trusts Performance - 85.6% UHL ranks 99 out of the 142 Acute Trusts*
38 of the 142 Acute Trusts* achieved 92% or more

Peer Rank	Provider Name	RTT Incomplete Performance - Target 92%
1	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	93.1%
2	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	92.8%
3	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	92.1%
4	PENNINE ACUTE HOSPITALS NHS TRUST	86.5%
5	LEEDS TEACHING HOSPITALS NHS TRUST	86.4%
6	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	85.6%
7	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	85.2%
8	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	84.5%
9	BARTS HEALTH NHS TRUST	83.9%
10	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	83.5%
11	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	83.5%
12	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	83.2%
13	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	82.7%
14	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	82.1%
15	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	80.3%
16	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	78.6%
17	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	76.0%
18	HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	75.8%

UHL Peer Ranking - 18+ Weeks Backlog (n/18)
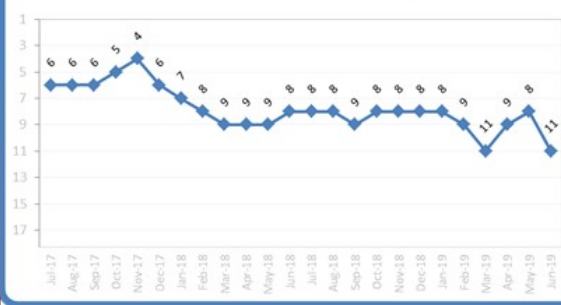
UHL Acute Ranking - 18+ Weeks Backlog (n/142)

Diagnostics

Diagnostics - June 2019

All Acute Trusts Performance - 3.0% UHL ranks 48 out of the 142 Acute Trusts*
03 of the 142 Acute Trusts* achieved <1% or less (Ranked Ascending)

Peer Rank	Provider Name	Diagnostics Performance %Waiting 6 Wks+ - Target <=1%
1	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	0.4%
2	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	0.8%
3	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	0.9%
4	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	0.9%
5	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	1.1%
6	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1.8%
7	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2.0%
8	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	2.3%
9	BARTS HEALTH NHS TRUST	2.3%
10	LEEDS TEACHING HOSPITALS NHS TRUST	2.4%
11	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	2.6%
12	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	2.7%
13	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	3.6%
14	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	4.1%
15	PENNINE ACUTE HOSPITALS NHS TRUST	5.0%
16	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	6.3%
17	HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	8.7%
-	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	

UHL Peer Ranking - Diagnostics (n/18)
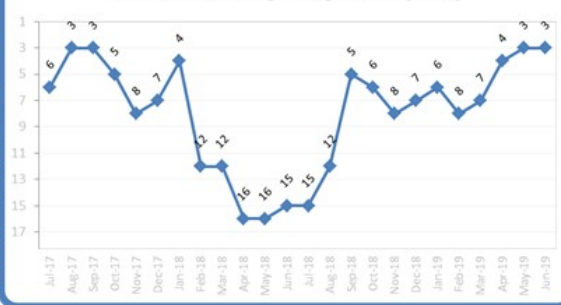
UHL Acute Ranking - Diagnostics (n/142)
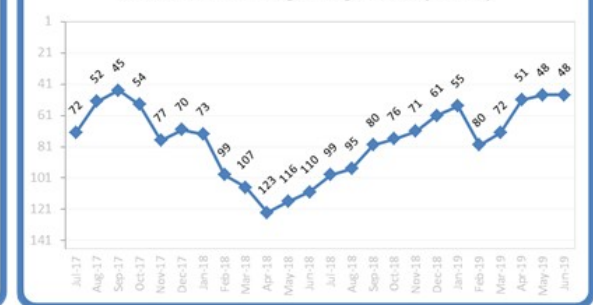
*Acute NHS hospitals – there are 145 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service
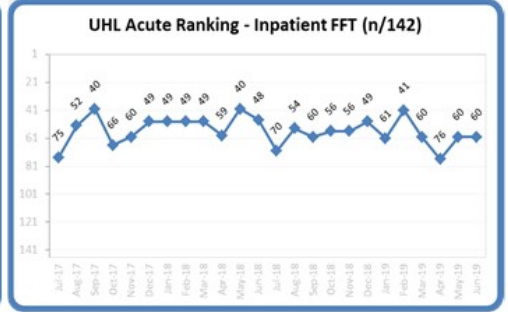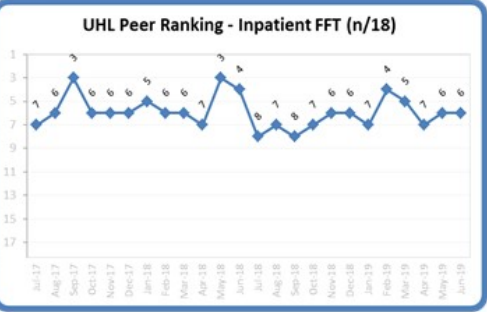
Peer Group Analysis

University Hospitals of Leicester NHS NHS Trust

Inpatient FFT

Inpatient FFT - June 2019

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

UHL ranks 60 (for Recommended) and 22* (for Not Recommended) out of the 142 Trusts**

Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	24%	98%	0%
2	HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	18%	98%	1%
3	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	10%	97%	1%
4	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	32%	97%	1%
5	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	33%	97%	1%
6	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	26%	97%	1%
7	LEEDS TEACHING HOSPITALS NHS TRUST	33%	96%	2%
8	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	21%	96%	2%
9	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	29%	96%	2%
10	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	6%	95%	2%
11	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	36%	95%	1%
12	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	21%	95%	2%
13	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	17%	95%	2%
14	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	33%	95%	2%
15	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	15%	95%	2%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	25%	93%	3%
17	PENNINE ACUTE HOSPITALS NHS TRUST	23%	92%	4%
18	BARTS HEALTH NHS TRUST	13%	92%	4%

UHL Peer Ranking - Inpatient FFT (n/18)


UHL Acute Ranking - Inpatient FFT (n/142)

A&E FFT

A&E FFT - June 2019

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

UHL ranks 9 (for Recommended) and 14* (for Not Recommended) out of the 142 Trusts**

Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	6%	96%	2%
2	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2%	95%	2%
3	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	17%	93%	4%
4	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	1%	91%	7%
5	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	13%	90%	6%
6	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	20%	88%	8%
7	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	14%	88%	8%
8	LEEDS TEACHING HOSPITALS NHS TRUST	24%	87%	8%
9	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	19%	86%	9%
10	PENNINE ACUTE HOSPITALS NHS TRUST	13%	85%	9%
11	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	19%	85%	9%
12	HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	15%	84%	11%
13	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	19%	83%	9%
14	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	17%	81%	12%
15	BARTS HEALTH NHS TRUST	5%	74%	19%
16	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	10%	72%	20%
17	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	6%	70%	15%
18	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	37%	69%	18%
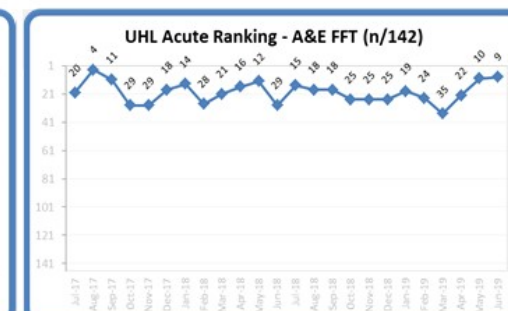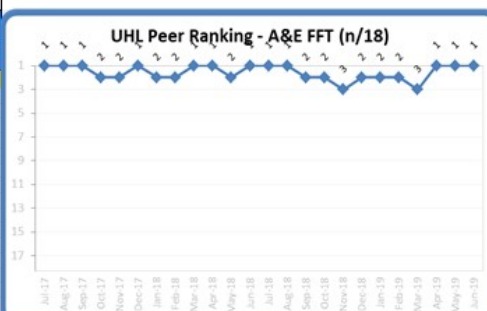
UHL Peer Ranking - A&E FFT (n/18)

UHL Acute Ranking - A&E FFT (n/142)

*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

June APRM Review Ratings

University Hospitals of Leicester NHS Trust

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

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*

Quality & Safety

Summary & Action Plan

CHUGGS
- Readmissions to be discussed in more detail at the next meeting

CSI
- Concerns still with the condition of the estate, particularly Sandringham Building. R Brown suggested discussions are held with N Bond as it was thought an improvement plan had been agreed following recent walkabouts.

ESM
- Neurology Service. Paper is to go to EQPB and QOC returning in 2 months. Issues are longstanding, and cover for 2 weeks in August issue. Locum cover is being sought. CMG to provide update at next PRM.

ITAPS
- Pause moment and stop before you block to be built into Theatre metrics, with data available from August 2019.
- Focus to be given to Resus Training over the next month.
- FFT – CMG to monitor this and discuss at next meeting if position continues to deteriorate.

MSS
- Blood Traceability Compliance – Further breakdown (line by line – by Ward) to be obtained from Hafiz Qureshi – Consultant, Haematology and Blood Transfusion.
- Mandatory Resuscitation Training – To be closely monitored and improvement in compliance (predominantly Doctors and Nursing staff) required.
- National Training Survey – Detailed breakdown to be obtained from Education Lead and further discussion to be held at next Performance Review meeting in August 2019.
- Sports and Exercise Medicine – Further work to be undertaken in relation to the utilisation of the National Sports Centre and report to be presented to the Executive Strategy Board in September 2019.
- Biological Therapy - Space issue and possible solutions were discussed. This is a risk to delivery CQUIN. The Biological Therapy team are currently following up on an options appraisal. Update to be provided at next PRM.

RRCV
- Proton Clinical System Replacement (Renal Unit) - Suzanne Khalid is to provide a summary of the current position to Andrew Furlong and provide a further update at next month's PRM.
- Readmissions in Renal/Cardiology - Suzanne Khalid is to follow up with Heads of Service in Renal and Cardiology regarding the reasons for large rises in readmissions, and check that there are no clinical issues. Suzanne is then to report back to the next PRM meeting.
- Resus Training - Resus training levels are still low. Letters have been issued and a lead for Resus Training is now in place. The CMG is to continue focus and efforts to address this.#
- Policy and Guidelines - CMG to continue to their concerted efforts re. outstanding policies and guidelines.

W&C
- GMC National Training Survey – Action Plan required at next Performance Review meeting in August 2019 to address issues in Obs & Gynae (Paediatrics).

Operational Performance

Summary & Action Plan

CHUGGS

- Palliative Care Business Case to be taken to the next Executive Strategy Board for a steer before going to Revenue Investment Committee.

CSI

- Information regarding TMIx3 going down to be forwarded to R Brown, explaining the issues and what is being done to resolve these

ESM

- ED Rapid Cycle Test (RCT) of ward. A proposal is to return to the August PRM meeting, with costing attached.
- UHL's ambulance handover performance was discussed. Urgent action is required to ensure that the Trust's performance is in line with that of other similar organisations. Julie Dixon is following up on a plan, which includes learning from a recent visit to Newcastle and planning around 4 hours.
- RTT Excellent performance. Continue focus.
- Cancer waits Excellent performance. Continue focus.
- TIAs Excellent performance was noted. This is one of best stroke services in the county.

ITAPS

- Clinical Correspondence – CMG to review and check accuracy of data and include more detailed narrative on how the CMG are mitigating the risks into the pack for future months.
- New version of Dictate IT – R Brown to check when this will be available.

MSS

- Clinical Correspondence Turnaround – Focus to be maintained to clear backlog and further improvement required by next Performance Review meeting in August 2019.

RRCV

- Cancer 62 Day – continue focus.
- Clinical correspondence backlog issue was flagged in March. Gradual improvement in the backlog is being seen. Continue focus.
- Cardiac Surgery – Depth of Coding. The CMG outlined that the sick leave of a member of a coding team has seriously impacted on the depth of coding in Cardiac Surgery. Actions are being taken to address the issue, including a new proforma being issued to junior doctors in August. A response re. backdating is pending from Specialised Commissioners. The CMG are to escalate to Paul Traynor if re-coding is not backdated.
- PICU beds at the Glenfield - 5 PICU beds at the Glenfield are currently not being used. RRCV could potentially use the beds for day cases. Tarun Basra is to follow up with ITAPS.

W&C

- No actions.

Finance & CIP

Summary & Action Plan

CHUGGS
- Meetings to be arranged through August, with team to look at the CIP gap.
- Team to make sure non pay controls are vigorous and well controlled.

CSI
- CMG to provide more detail regarding workforce by sub specialty to include month by month analysis describing year to date position, assumptions within forecast and any support needed to get back on plan. This information to be submitted to C Benham/T Basra.
- Enabler schemes to be discussed and agreed with other CMGs. B Shaw to join weekly/fortnightly meetings that C Benham/T Basra have with CMGs to discuss these issues, with relevant issues being escalated to Financial Recovery Board.

ESM
- Controlling locum rates - Julie Dixon and Vivek Pillai are to sign off locum rates.
- Control measures re. use of Ambulances – progress on CIP delivery. Control measures are being put into place. Governance re. use of additional ambulances is to be provided to Directors on call. The ambulance contract is to go out to tender.
- Monthly financial forecasting / separating of Emergency / SM reporting. Monthly financial forecasting is to be provided by all CMGs. ESM is to separate the financial reports for income and activity for Emergency Care and Specialist Medicine going forwards.
- Pay and Non-Pay / Run Rates. Greater level of detail, on what is included in additional pay and non-pay, is to be provided by the CMG going forwards.
- CIP Delivery – Coding. The SM therapy coding CIP was discussed that is currently not being delivered due to a contract challenge by Commissioners. Update to be provided at next meeting.
- Controlling Expenditure on Wards. Sue Burton is to provide high level report by 7 August. Focusing on what do the Wards look like in terms of workforce. A similar report is also required from within ED.

ITAPS
- Use of 6/42 – CMG to ensure this is being used robustly. R Brown also agreed to email all CMGs re this.

MSS
- Forecast for pay, non-pay and activity/income (month by month and Point of Delivery) for ENT, Orthopaedics, Ophthalmology & Trauma Specialties and recovery actions to achieve Control Total to be submitted to Corporate Finance Team.
- CIP – Support to be provided to the CMG to achieve target.
- Johnson & Johnson – Support required in mitigating the pricing issue raised by the CMG
- Orthopaedics and Ophthalmology – PwC to review accuracy of coding (key recovery action) and Ben Shaw - Director of Productivity to be advised of outcome.
- Synergy – Understanding of theatre recharges (£130K) required.

RRCV
- The first hour of the meeting was devoted to a review of the RRCV financial position. RRCV provided an update on the current financial position. Overall RRCV is in a good financial position currently, with good performance in Q1 and forecasting to deliver target with manageable risks
- Winter Ward - Tarun Basra is to advise on central funding for the Winter Ward at the Glenfield.
- Althea - There is an outstanding issue re. agreement on the figure to be invoiced for 18/09. The CMG are to advise Paul Traynor if they require support to resolve this issue.
- Funding for RRCV - Tarun Basra to following up re. £350k of funding split between ESM and RRCV, for two posts: discharge coordinator and Flow coordinator.

W&C
- Forecast - For pay, non-pay and activity/income (month by month and point of delivery) for all Specialties and recovery actions to achieve Control Total to be submitted to Corporate Finance Team.
- CMG Recovery Plan - To be circulated out of the meeting and included in future Data Packs.
- Support for development of bespoke Paediatric Team (which will have impact on RRCV CMG) to be discussed out of the meeting.
- Gynaecology Theatre Activity (Sessions) – Comparative work to be undertaken centrally and outcome to be provided to Rebecca Brown – Chief Operating Officer.
- Review of Single Front Door – Paper to be submitted to the Executive Quality & Performance Board in September 2019 outlining success to-date and next steps.
- Winter Plan – To be produced jointly with ESM CMG and presented in September 2019.
- Upgrade of Viewpoint – Potential revenue pressure of £50K to be raised at next Capital Monitoring & Investment Committee meeting in August 2019.

Workforce

Summary & Action Plan

CHUGGS
- Sickness figures had taken a dip so team to do a deep dive on this for improvement by the next meeting.
- Changes to surgical core training due for implementation in 2022 was discussed. Team to raise at the next budget setting planning meeting to assess financial implications.

CSI
- H Wyton requested that the CMG continue to work on time to hire and statutory and mandatory training over the next month.

ESM
- No actions.

ITAPS
- No actions.

MSS
- Appraisals – Process for reporting at CMG level to be followed up with member of admin staff for an accurate reflection of current compliance
- Culture Engagement – Further Improvement Agents to be nominated by CMG.

RRCV
- Planning Process - Rebecca Brown is to follow up with Rachna Vyas to ensure that this is aligned with Nurse planning processes.

W&C
- Well Led Interviews – Feedback to be discussed out of the meeting.

Summary & Action Plan

CHUGGS	• No actions.
CSI	• Integrated Therapies proposal to be picked up with M Archer outside of this meeting.
ESM	• Outpatients work - A volunteer service is required to take up the Outpatient work, Rheumatology or another service were discussed during the meeting.
ITAPS	• No actions.
MSS	• ARMD (Moving some of the work into the community creating a one stop clinic) – Briefing to be produced and shared with Executive Strategy Board detailing plans/next steps.
RRCV	• No actions.
W&C	• No actions.