

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 26th JULY 2018

Title:	PERFORMANCE REPORT, 2018/19 ANNUAL PLAN UPDATE
Responsible Director:	Lawrence Tallon, Director of Strategy, Planning & Performance
Contact:	Andy Walker, Head of Strategy and Planning

Purpose:	To update the Board of Directors on the Trust's performance against targets.
Confidentiality Level & Reason:	None
Annual Plan Ref:	Affects all strategic aims.
Key Issues Summary:	<p>Exception reports are provided where there are risks to performance against targets.</p> <p>There was a drop in ED performance at Heartlands Hospital however the stronger performance seen in recent months continued at the other sites, despite continued very high numbers of attendances. RTT performance continued to recover with a much smaller increase in waiting list size than the national trend.</p> <p>QEHB performance against the 62 day cancer GP referral target showed an improvement. 2 week wait performance continues to be affected by capacity but is expected to improve from June.</p> <p>Figures are included on the number of patients with length of stay over 7 and 21 days as a new national ambition has been set to reduce over 21 day length of stay by December. Currently the Trust is on trajectory to achieve this.</p> <p>Further details and actions taken in response to the exceptions identified are included in the report.</p>
Recommendations:	The Board of Directors is requested to: Accept the report on progress made towards achieving performance targets and associated actions and risks.

Approved by :	Lawrence Tallon	Date: 18 July 2018
----------------------	-----------------	--------------------

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 26th JULY 2018

PERFORMANCE REPORT, 2018/19 ANNUAL PLAN UPDATE
PRESENTED BY THE DIRECTOR OF STRATEGY, PLANNING & PERFORMANCE

1. Purpose

This paper summarises the Trust's performance against national targets, including those in the Single Oversight Framework. Additional indicators have been provided compared to previous months and work continues to include further measures of performance across the whole trust. Where RAG ratings are given, green indicates the target is being achieved, amber that performance is slightly below target, and red that it is significantly below. Material risks are detailed in this paper whilst other targets and indicators are included in Appendix 1. An update is provided on the development of the new strategic framework and shorter-term planning.

2. Exception Reports

The following areas have been identified as material exceptions:

2.1 A&E 4 Hour Waits

In June, internal Trust performance¹ fell 0.7pp to 83.7%. When Type 3 activity from other local providers and Type 5 activity that has been redirected away from the Emergency Departments (e.g. hot clinics and direct admissions to CDU/MAU/SAU) is included, the Trust's performance increases to 90.5%. This is in contrast to the national picture where Type 1 performance improved 0.5pp to 85.6% and all type performance improved 0.3pp to 90.4%. Performance across the West Midlands, however, fell in the majority of trusts with Type 1 performance falling 0.8pp to 80.0% and all type performance falling 0.4pp to 87.1%

QEHB saw its performance improve by 0.7pp to 85.2%, the best performance since December and Good Hope also continued its ongoing trend of improvement, improving 0.2pp to 82.3%. This is the best monthly performance at Good Hope since October 2016. Heartlands however saw a fall in performance of 2.6pp to 78.9%. Solihull's Type 3 Minor Injury Unit performance remained steady at 99.1%.

Attendances overall fell, but not significantly, with 1138 attendances per day over the month, the second-highest daily average to date. QEHB saw seven

¹ This refers to Type 1 performance at QEHB, BHH, GHH and Type 3 performance at Solihull, before other activity is included, such as allocated walk-in centre activity or ED diversion pathways.

fewer attendances per day than in April, Heartlands three fewer, Good Hope two fewer and Solihull saw two more patients per day. The actions outlined previously to improve performance continue to be implemented.

2.2 Delayed Transfers of Care

There was a significant fall in delayed transfers of care across the Trust in May to 1.6% from 2.4% in April for NHS and joint delays and from 5.6% to 4.4%. The fall was despite the change in methodology at HGS which led to an increase in reported delays in April. A significant focus put on reducing DToCs across HGS, with particular success being seen in reducing health delays) and despite the change in methodology potentially increasing the number of reported days the rate is lower than April 2018 & May 2017. There has also been a fall in referrals that is larger than the usual seasonal trend whereby the complexity of patients falls in the summer.

2.3 Reducing Long Stays in Hospital – Patients with Length of Stay \geq 7 and 21 Days

Pauline Philip, the National Director of Urgent and Emergency Care wrote to providers and commissioner in June outlining a new ambition to reduce long stays in hospital by 25%. QEHB has been set an ambition of reducing the number of patients with a length of stay of 21 days or more to 212 by December 2018 from a baseline of 291 (a reduction of 24.6%) whilst HGS is expected to reduce to 176 from a baseline of 232 (a reduction of 17.4%). NHS Improvement have not made it clear how the baseline has been determined and why differential reductions have been set, however the number of patients with length of stay of 7 and 21 days or more will be reported in future against a straight-line trajectory to achieve the ambition in December. Based on this QEHB was below trajectory in May and HGS was slightly above.

2.4 RTT - 18 Week Incomplete Pathways and 52 Week Waits

Performance for 18 week incomplete pathways increased by 0.5pp to 90.6% in May. QEHB saw an improvement of 0.2pp to 92.5% whilst HGS improved by 0.7pp to 89.4%.

The Trust saw a smaller increase in the RTT waiting list than in April of 417 patients. HGS saw the RTT waiting list increase by 553 patients whilst QEHB's waiting list fell by 136 patients. The increase seen at UHB is much lower than the national average; since the end of March UHB's waiting list has increased by 2.75% compared to the national increase of 6.23%.

There was one 52 week breach reported in May at QEHB. A Vascular Surgery patient was considered by the Vascular (non-cancer) MDT where it was decided the patient did not require treatment. This decision was, however, not fed back to the patient. When the patient contacted the medical secretary to find out the outcome of the MDT it was identified that they had already waited longer than 52 weeks and there had not been a valid clock stop as the decision had not been communicated to them. The patient was

seen the next week in clinic for review where feedback and an apology were also given. Outcomes from the Vascular MDT were not formally tracked in the same way as a cancer MDT. These processes have now been put in place to ensure that actions from the MDT are taken and administrative support from the secretarial team has been provided to assist the MDT.

There are nine treatment functions that are below target for the Trust as a whole. Thoracic Surgery fell below target for the first time to 91.6%. General Surgery, Trauma & Orthopaedics, Neurology and Gynaecology all improved whilst Urology, ENT, Ophthalmology and Neurosurgery deteriorated.

2.5 Dementia Finding, Assessment and Referral

An update in PICS from 1 May restored the mandatory status of dementia screening therefore QEHB performance for the 'Find' element increased to 94.2% with overall performance increasing to 87.5%. Heartlands Hospital was also above target at 92.4%, however Good Hope and Solihull hospitals saw their performance drop to 80.5% and 64.5% respectively. Individual breaches of the targets at HGS continue to be followed up with clinicians. The Trust was above target for both the 'Assess' and 'Refer' elements.

2.6 Sepsis

In May overall performance for the screening element of the sepsis CQUIN was 82.7% compared to the target of 90% which would mean the Trust would receive partial payment. Overall performance for the treatment element was 79.4%, again meaning only partial payment would be received. At QEHB three out of four measures were achieved and one (treatment in the Emergency Department) was partially achieved. At HGS both screening elements (ED and inpatients) were partially achieved. Treatment for inpatients was also partially achieved whilst treatment in the Emergency Department was not achieved with performance of 44.4%. Work continues to align the methodology used across the trust to ensure it is consistent.

2.7 Cancer Targets

The Trust did not submit cancer performance data for May as part of the national return due to miscommunication between NHS Digital, NHS England and NHS Improvement which led to the national organisational code for the former Heart of England NHS Foundation Trust (RR1) being unexpectedly deleted. It was therefore not possible to submit data in time in a way which meant it could be validated or interpreted appropriately. The performance data below is therefore based on figures for HGS generated using a different process and manually validated rather than using the national system. Work is underway to develop an alternative approach in time to allow future data to be submitted. These figures may therefore be subject to change when May's data is submitted as part of a future return.

Performance for the Cancer 62 Day GP Referrals target was 80.4% in May an increase of 1.2pp compared to April. QEHB's performance improved by 7.7pp to 70.7% whilst performance at HGS fell by 1.3pp to 86.5%. If tertiary

referrals are included and late referrals are reallocated in line with the recently-published national rules, performance for QEHB would increase to 73.4% and performance for the whole trust would increase to 81.6%.

At QEHB turnaround times for radiology continue to be a cause of delays – reports with waits of more than 2-3 days are being sent to external providers and cancer trackers are chasing up actions with consultants on the day the report is available. Work is also being undertaken to increase the number of patients who are sent straight to test (e.g. for endoscopy or CT) which has the potential to reduce pathways by up to two weeks.

The 2 week wait targets for suspected cancer and for breast symptoms were both below target in May with performance of 91.0% and 76.2% respectively. Performance at QEHB for the breast symptomatic target fell further to 38.2% whilst the suspected cancer target recovered somewhat to 80.6%. As outlined previously Breast Radiologist capacity has been a significant issue. A locum consultant is now in place and this is expected to improve June performance somewhat and July even more so. The Trust is also seeking to appoint consultant radiographers for the breast service.

3. 2018/19 Annual Plan Update

Work continues to refine and finalise the new strategic framework for the Trust following the merger. Two away days have been held with divisional senior management teams, corporate heads of department and senior clinical leaders to allow them to shape the Trust's strategy and communicate across sites and teams. The draft framework has also been shared with the Governors' Annual Plan and Strategy Reference Group. Overall, there has been a high level of consensus that the proposed approach is the right one for the Trust as it enters the next phase of its strategic journey.

The new strategic framework will then shape the Trust's future approach to developing a shorter-term plan that can support delivery of the longer-term strategy. The Operational Plan for 2018/19, submitted to NHS Improvement and approved by the Board of Directors in April, which sets out the priorities for the year ahead has been reviewed following the end of Quarter 1 and no material exceptions have been identified at this early stage of the year.

4. Recommendations

The Board of Directors is requested to:

Accept the report on progress made towards achieving performance targets and associated actions and risks.

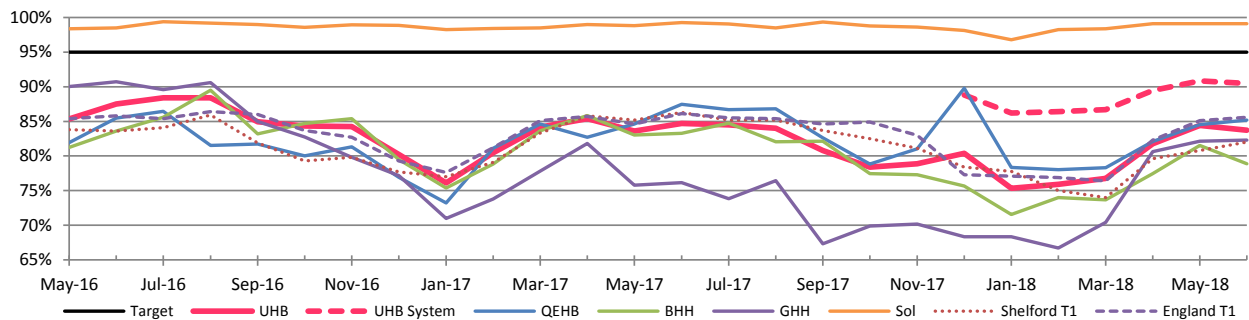
Performance Report

Lawrence Tallon
Director of Strategy, Planning and
Performance

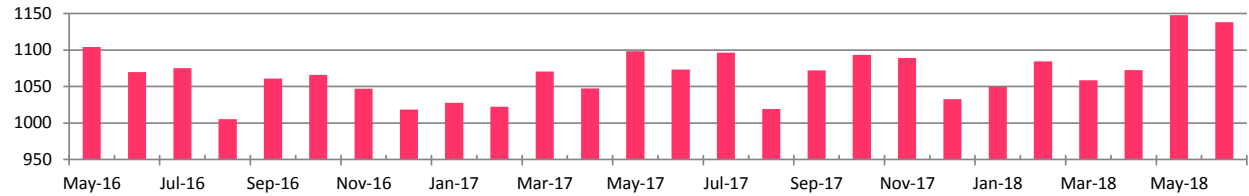
Material exceptions to report

A&E 4 Hour Waits							Latest Period:		Internal Type 1 & 3			83.7%	
									System Type 1, 3 & 5			90.5%	
Responsible Directors: Chief Operating Officer (QEHB) and Chief Operating Officer (HGS)							Single Oversight Framework			Target:		95%	
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
QEHB T1	86.7%	86.8%	82.6%	78.8%	81.1%	89.8%	78.4%	78.0%	78.3%	82.1%	84.5%	85.2%	84.0%
BHH T1	84.7%	82.0%	82.2%	77.5%	77.3%	75.7%	71.5%	74.0%	73.7%	77.5%	81.5%	78.9%	79.3%
GHH T1	73.8%	76.4%	67.3%	69.9%	70.2%	68.3%	68.4%	66.7%	70.4%	80.6%	82.1%	82.3%	81.7%
Solihull T3	99.1%	98.5%	99.3%	98.8%	98.6%	98.1%	96.8%	98.3%	98.4%	99.1%	99.1%	99.1%	99.1%
UHB T1 & T3	84.5%	84.0%	80.8%	78.4%	78.9%	80.4%	75.3%	75.9%	76.8%	81.8%	84.4%	83.7%	83.4%

A&E 4 Hour Wait Performance



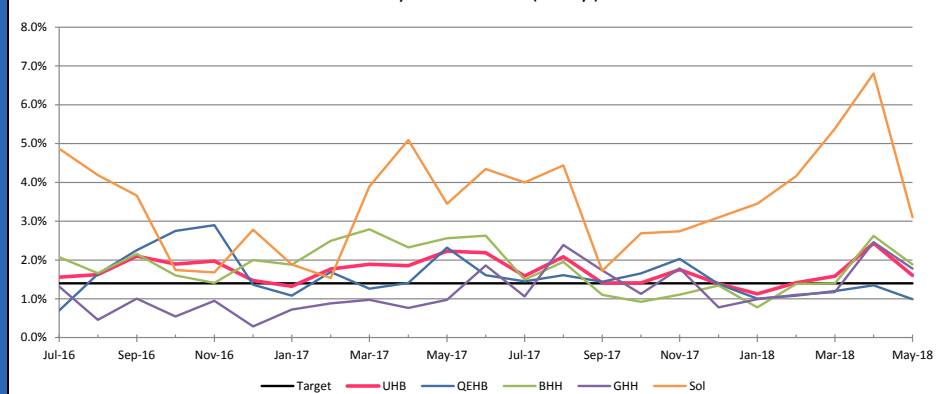
Daily Average Attendances



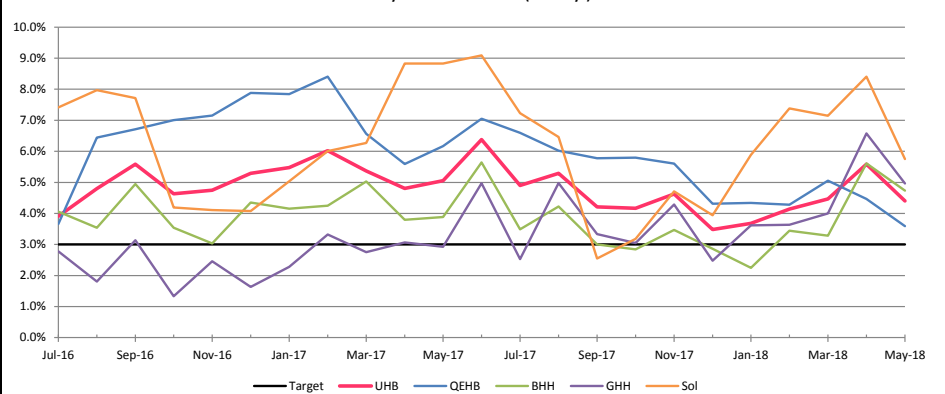
- Overall performance fell 0.7pp to 83.7%.
- System performance fell 0.4pp to 90.5%
- QEHB improved performance by 0.7pp, Good Hope by 0.2pp. Heartlands fell by 2.6pp.
- Attendances fell slightly at QEHB, Heartlands and Good Hope but June still had the second-highest daily average attendance ever which was 6.0% higher than June 2017.
- Solihull Minor Injury Unit performance steady at 99.1% despite attendances increasing by 1.5%.

Delayed Transfers of Care (NHS & Joint)													Latest Period:		1.6%		Delayed Transfers of Care (All)													Latest Period:		4.4%	
Responsible Directors: Chief Operating Officer (QEHB) and Chief Operating Officer (HGS)													Target:		1.4%		Responsible Directors: Chief Operating Officer (QEHB) and Chief Operating Officer (HGS)													Target:		3.0%	
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD						
QEHB	1.6%	1.4%	1.6%	1.4%	1.7%	2.0%	1.4%	1.0%	1.1%	1.2%	1.3%	1.0%	1.2%	QEHB	7.1%	6.6%	6.0%	5.8%	5.8%	5.6%	4.3%	4.3%	4.3%	5.1%	4.5%	3.6%	4.0%						
BHH	2.6%	1.5%	2.0%	1.1%	0.9%	1.1%	1.3%	0.8%	1.4%	1.4%	2.6%	1.9%	2.2%	BHH	5.6%	3.5%	4.2%	3.0%	2.8%	3.5%	2.9%	2.2%	3.4%	3.3%	5.6%	4.7%	5.2%						
GHH	1.9%	1.1%	2.4%	1.7%	1.1%	1.8%	0.8%	1.0%	1.1%	1.2%	2.5%	1.8%	2.1%	GHH	5.0%	2.5%	5.0%	3.3%	3.0%	4.3%	2.5%	3.6%	3.6%	4.0%	6.6%	5.0%	5.8%						
Solihull	4.3%	4.0%	4.4%	1.7%	2.7%	2.7%	3.1%	3.5%	4.2%	5.4%	6.8%	3.1%	4.9%	Solihull	9.1%	7.2%	6.5%	2.5%	3.2%	4.7%	3.9%	5.9%	7.4%	7.1%	8.4%	5.8%	7.1%						
UHB	2.2%	1.6%	2.1%	1.4%	1.8%	1.4%	1.4%	1.1%	1.4%	1.6%	2.4%	1.6%	2.0%	UHB	6.4%	4.9%	5.3%	4.2%	4.2%	4.6%	3.5%	3.7%	4.1%	4.5%	5.6%	4.4%	5.0%						

Delayed Transfers of Care (Bed Days)



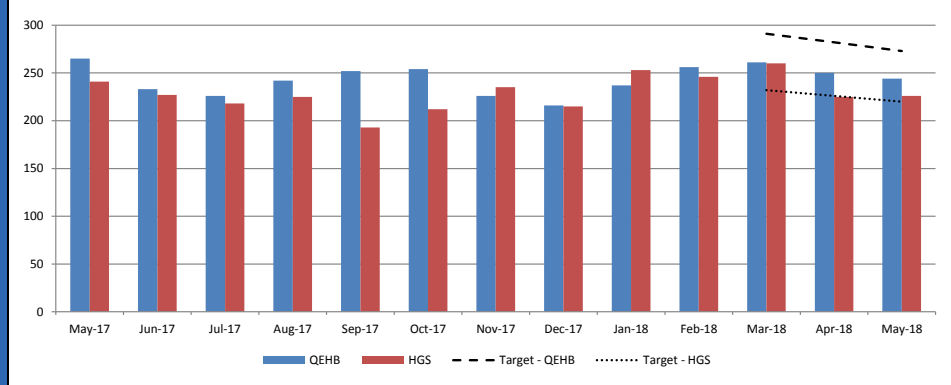
Delayed Transfers of Care (Bed Days)



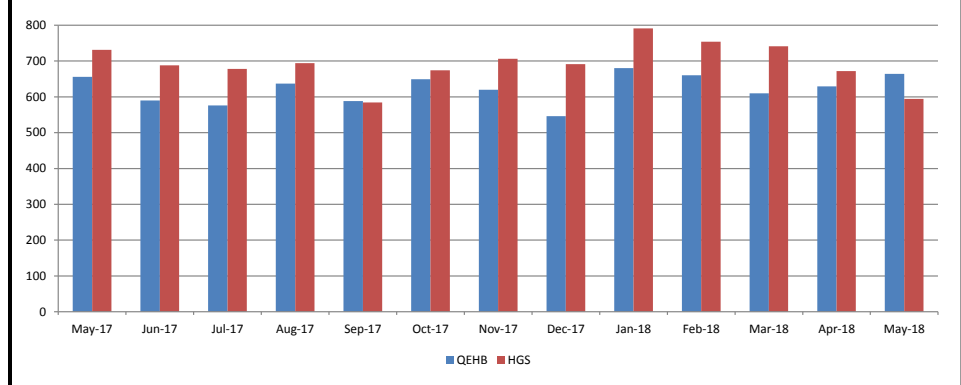
- Significant fall in reported rates across all sites in May.
- Significant focus put on reducing DToCs across HGS (particularly health delays) and despite the change in methodology potentially increasing the number of reported days the rate is lower than April 2018 & May 2017.
- DToC figures for QEHB now include Norman Power Centre (which is not included in nationally-reported figures) from January onwards.

Patients With Length of Stay of 21 Days or More													Latest Period:		Patients With Length of Stay of 7 Days or More													Latest Period:	
Responsible Directors: Chief Operating Officer (QEHB) & Chief Operating Officer (HGS)													Target:		Responsible Directors: Chief Operating Officer (QEHB) & Chief Operating Officer (HGS)														
													QEHB: 212 HGS: 176 by Dec 2018															QEHB: 629 HGS: 672	
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Latest		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Latest		
QEHB	233	226	242	252	254	226	216	237	256	261	250	244	244	QEHB	656	590	576	637	588	649	620	546	680	660	610	629	629		
BHH	124	117	131	111	113	124	118	125	138	150	127	122	122	BHH	397	375	342	362	315	351	344	321	383	398	386	350	350		
GHH	74	72	69	62	74	85	63	96	79	79	77	87	87	GHH	240	220	251	244	210	236	261	263	297	271	274	240	240		
Solihull	29	29	25	20	25	26	34	32	29	31	21	17	17	Solihull	94	93	85	88	59	87	101	107	111	85	81	82	82		
HGS	227	218	225	193	212	235	215	253	246	260	225	226	226	HGS	731	688	678	694	584	674	706	691	791	754	741	672	672		
UHB	460	444	467	445	466	461	431	490	502	521	475	470	470	UHB	1,387	1,278	1,254	1,331	1,172	1,323	1,326	1,237	1,471	1,414	1,351	1,301	1,301		

Patients With Length of Stay Over 21 Days



Patients With Length of Stay Over 7 Days

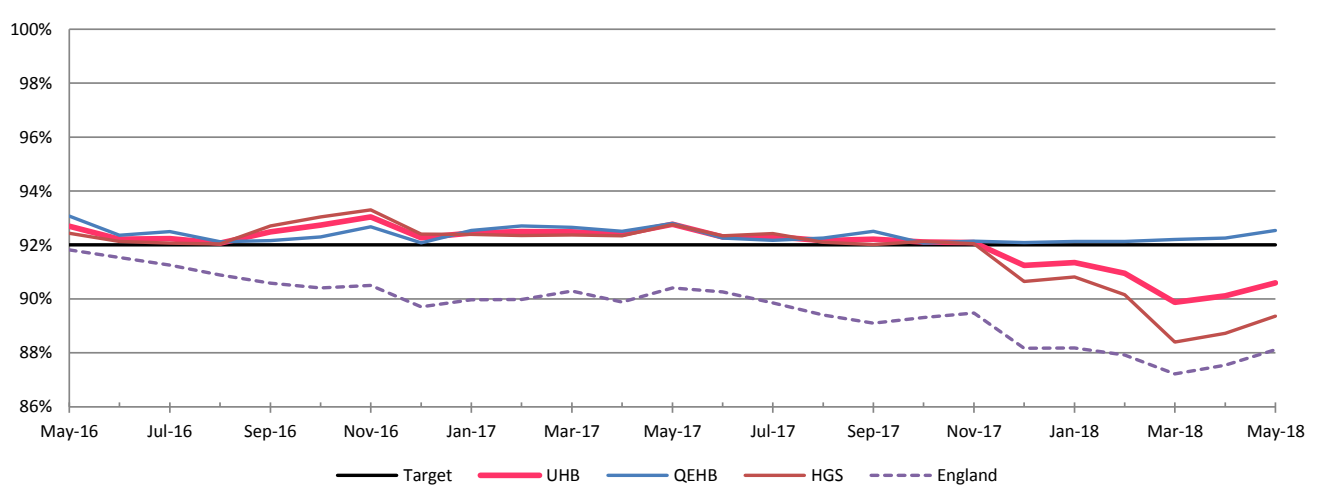


- National focus on patients with LOS ≥ 7 days (“stranded patients”) and with LOS ≥ 21 days (“super-stranded patients”).
- National ambition for reduction in patients with LOS ≥ 21 days set for December 2018.
- Ambition for QEHB is 212 patients and 176 for HGS. Not clear how these were decided or baseline obtained.
- QEHB was below trajectory to hit ambition in May, HGS slightly above.

RTT Incomplete Pathways										Latest Period:		90.6%	
Responsible Directors: Chief Operating Officer (QEHB) and Chief Operating Officer (HGS)							Single Oversight Framework			Target:		92%	
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD
QEHB	92.3%	92.2%	92.3%	92.5%	92.1%	92.1%	92.1%	92.1%	92.1%	92.2%	92.3%	92.5%	92.3%
HGS	92.3%	92.4%	92.1%	92.0%	92.1%	92.0%	90.6%	90.8%	90.2%	88.4%	88.7%	89.4%	89.0%
UHB	92.3%	92.3%	92.2%	92.2%	92.1%	92.1%	91.2%	91.3%	90.9%	89.9%	90.1%	90.6%	90.4%

- Trust performance improved by 0.5pp to 90.6%.
- England average increased to 88.1%.
- QEHB improved to 92.5%.
- HGS up 0.7pp to 89.4%.
- Cardiology back above target at QEHB. Urology and Neurology fell below by 0.2% and 0.1% respectively. All treatment functions already below target, except Neurosurgery, improved. Ophthalmology has reduced number over target by 44% in past 3 months.
- At HGS Thoracic Surgery fell below target. Urology, ENT, Plastic Surgery remained below target and fell. All other treatment functions below target improved.

RTT Incomplete Pathway Performance

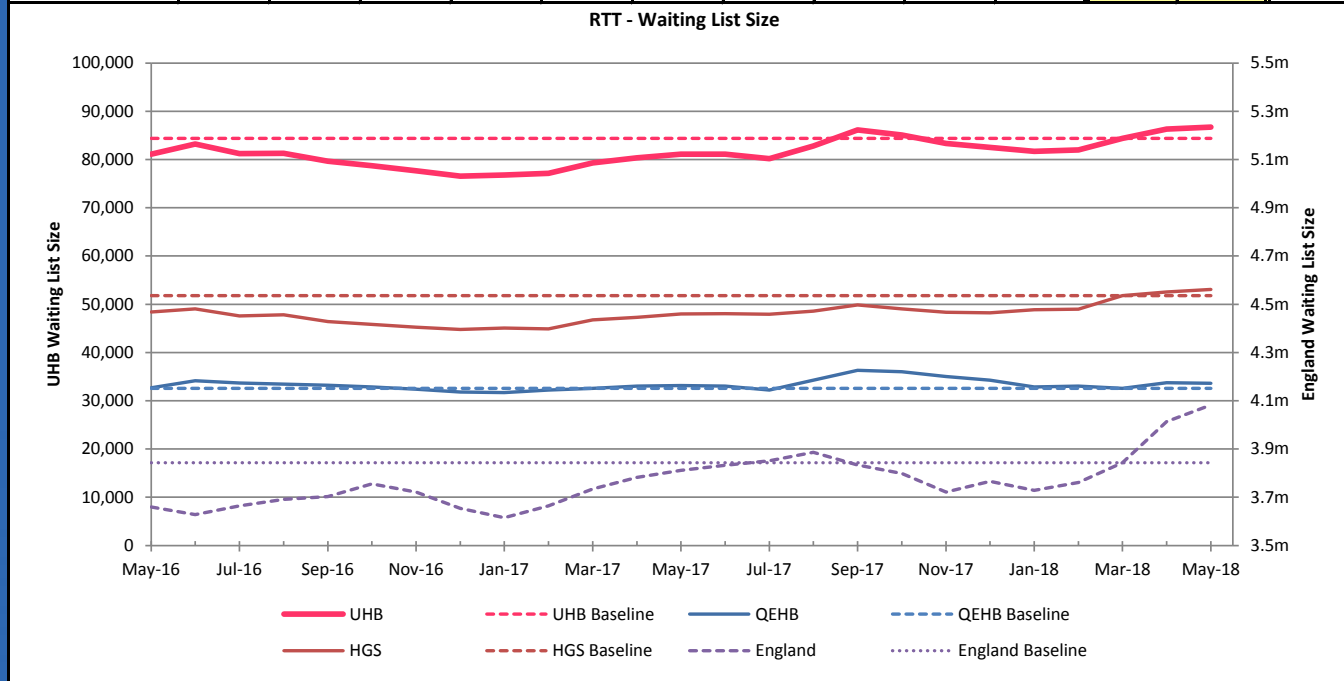


Latest Month's RTT Incomplete Pathway Performance - Treatment Functions Below Target

	ENT	Gen Surg	Gynaecology	Neurology	Neurosurg	Ophth'ology	Thoracic Surg	T&O	Urology
QEHB	90.4%	87.0%	-	91.9%	82.6%	87.1%	-	97.9%	91.8%
HGS	89.4%	91.0%	88.4%	84.3%	-	86.1%	90.5%	76.0%	88.9%
UHB	89.8%	89.7%	88.4%	88.7%	82.6%	86.4%	90.5%	79.0%	89.7%

RTT Waiting List Size									Latest Period:		86,703		
Responsible Directors: Chief Operating Officer (QEHB) and Chief Operating Officer (HGS)						Planning Guidance			Target:		≤ 84,397		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Change
QEHB	33,048	32,243	34,244	36,294	36,002	34,998	34,289	32,837	33,025	32,588	33,753	33,617	+1,029
HGS	48,046	47,951	48,561	49,865	49,070	48,354	48,252	48,860	48,985	51,791	52,533	53,086	+1,295
UHB	81,094	80,194	82,805	86,159	85,072	83,352	82,541	81,697	82,010	84,379	86,286	86,703	+2,324

- RTT waiting list increased at HGS compared to April but fell at QEHB. QEHB however remains larger than the baseline.
- Overall the increase to date is 2,324 patients or 2.75%.
- National increase to date significantly larger: 6.23% National waiting list 4.08m vs. baseline of 3.84m.
- One 52 week wait at QEHB in May for a Vascular Surgery patient due to a communication error.
- RCA undertaken.
- Patient seen in clinic for apology and review and actions put in place to avoid recurrence.



Dementia Finding, Assessment and Referral

Latest Period:

Find	87.5%
Assess	92.9%
Refer	100.0%
Target:	90%

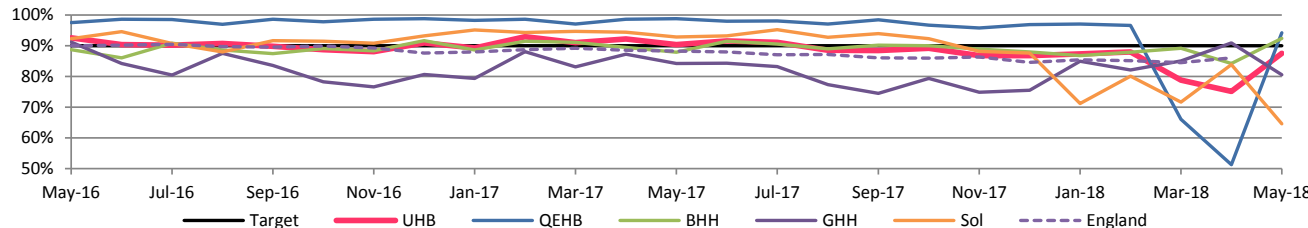
Responsible Director: Interim Medical Director

Single Oversight Framework

	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD
QEHB - Find	97.9%	98.0%	97.0%	98.4%	96.6%	95.7%	96.8%	97.0%	96.6%	66.0%	51.2%	94.2%	72.2%
BHH - Find	91.4%	90.5%	89.0%	90.1%	90.0%	88.9%	88.0%	86.8%	87.8%	89.1%	84.2%	92.4%	88.2%
GHH - Find	84.3%	83.1%	77.3%	74.5%	79.3%	74.8%	75.5%	84.9%	82.0%	85.0%	90.9%	80.5%	86.0%
Solihull - Find	93.1%	95.2%	92.7%	94.0%	92.3%	88.1%	87.6%	71.2%	80.1%	71.6%	83.8%	64.5%	75.9%
UHB - Find	91.5%	91.1%	88.5%	88.4%	89.1%	86.7%	86.8%	87.3%	88.0%	78.8%	75.1%	87.5%	81.0%
QEHB - Assess	100%	100%	100%	100%	100%	100%	97.6%	100%	100%	95.0%	100%	100%	100%
BHH - Assess	94.4%	86.2%	100%	100%	100%	92.6%	96.4%	78.3%	87.1%	69.2%	100%	86.4%	94.0%
GHH - Assess	84.8%	92.6%	88.5%	100%	88.9%	100%	100%	100%	95.0%	100%	96.2%	100%	97.8%
Sol - Assess	72.7%	88.9%	80.0%	100%	66.7%	77.8%	64.3%	83.3%	100%	90.0%	80.0%	62.5%	72.2%
UHB - Assess	90.5%	92.9%	95.2%	100%	93.0%	94.9%	94.0%	92.9%	95.2%	88.8%	96.4%	92.9%	94.7%
QEHB - Refer	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
BHH - Refer	100%	100%	100%	100%	100%	100%	100%	100%	100%	-	100%	-	100%
GHH - Refer	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Sol - Refer	-	-	100%	100%	-	100%	100%	100%	100%	100%	-	-	-
UHB - Refer	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

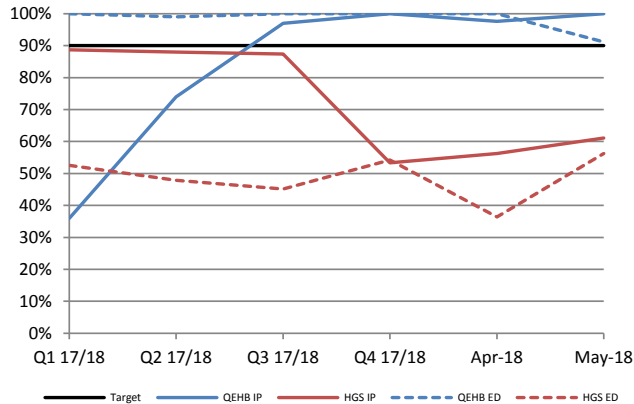
- Trust performance for the 'Find' element increased to 87.5%.
- QEHB performance increased significantly following update to PICS to resolve previous issue.
- Heartlands was also above target.
- Good Hope and Solihull performance deteriorated.
- 'Assess' and 'Refer' elements were both above target.

Dementia Finding Performance

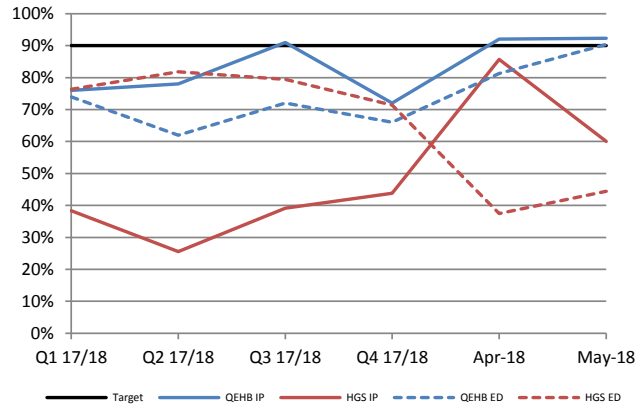


Sepsis				Latest Period:		Screening	82.7%
						Treatment	79.4%
Responsible Directors: Chief Operating Officer (QEHB) and Chief Operating Officer (HGS)				CQUIN		Target:	90%
Screening	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Apr	May	Latest
QEHB IP	36.0%	74.0%	97.0%	100.0%	97.6%	100%	98.6%
HGS IP	88.7%	88.0%	87.4%	53.3%	56.3%	61.1%	58.0%
QEHB ED	100%	99.0%	100.0%	100.0%	100%	91.2%	95.6%
HGS ED	52.5%	47.9%	45.1%	54.2%	36.4%	56.3%	44.7%
Treatment	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Apr	May	YTD
QEHB IP	76.0%	78.0%	91.0%	72.0%	92.0%	92.3%	92.1%
HGS IP	38.3%	25.6%	39.1%	43.8%	85.7%	60.0%	75.0%
QEHB ED	74.0%	62.0%	72.0%	66.0%	81.3%	90.3%	85.7%
HGS ED	76.3%	81.8%	79.4%	71.4%	37.5%	44.4%	41.2%

Sepsis CQUIN - Screening



Sepsis CQUIN - Treatment



- Overall performance for screening element of CQUIN in May was 82.7%.
- Overall performance for patients with sepsis receiving antibiotics within 60 minutes was 79.4%.
- Full payment will be received for performance ≥90% and partial for ≥50%.
- QEHB achieved 3 out of 4 measures and partially achieved 1.
- HGS partially achieved 3 out of 4 and did not achieve 1.
- Work continues to align methodology used across the whole trust.

Cancer - 62 Day GP Referrals

Latest Period:

80.4%

Responsible Directors: Chief Operating Officer (QEHB) and Chief Operating Officer (HGS)

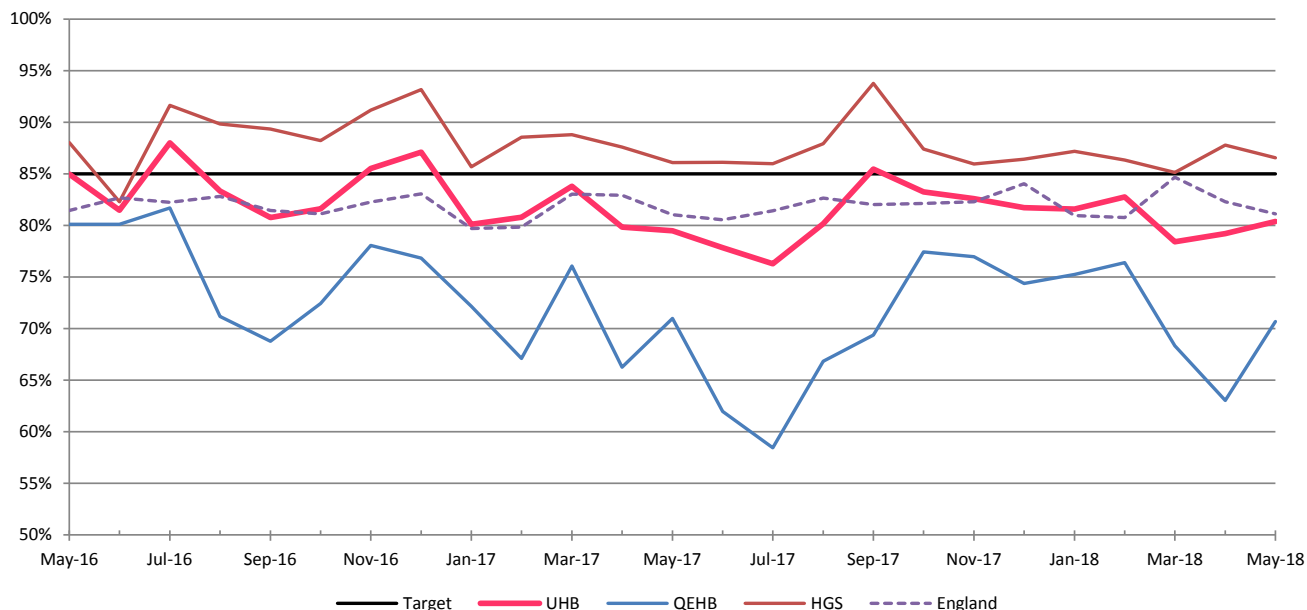
Single Oversight Framework

Target:

85%

	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD
QEHB	62.0%	58.4%	66.8%	69.4%	77.4%	77.0%	74.4%	75.2%	76.4%	68.3%	63.0%	70.7%	67.3%
HGS	86.1%	86.0%	87.9%	93.8%	87.4%	85.9%	86.4%	87.2%	86.3%	85.1%	87.8%	86.5%	87.1%
UHB	77.8%	76.3%	80.1%	85.5%	83.2%	82.6%	81.7%	81.6%	82.8%	78.4%	79.2%	80.4%	79.8%

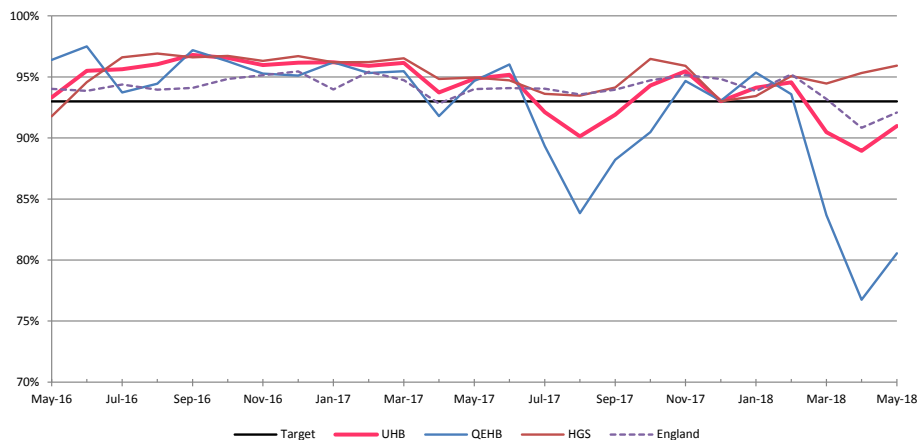
Cancer - 62 Day GP Referral Performance



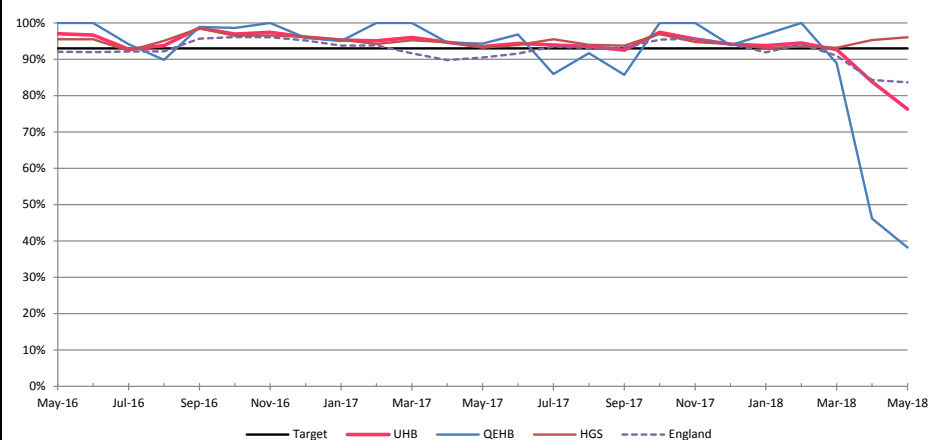
- Trust performance improved 1.2pp to 80.4%.
- QEHB improved by 7.7pp to 70.7% whilst HGS fell 1.3pp to 86.5%.
- QEHB performance excluding tertiary referrals was 77.0% an increase of 9.8pp on May.
- If late tertiary referrals are reallocated in line with the national rules performance for QEHB is 73.4% and for the Trust is 81.6%.
- Capacity problems continue to make it difficult to treat within 24 days of tertiary referral.

Cancer - 2 Week Wait (Suspected Cancer)													Latest Period:		Cancer - 2 Week Wait (Breast Symptoms)													Latest Period:					
Responsible Directors: Chief Operating Officer (QEHB) and Chief Operating Officer (HGS)													Cancer Access		Target:		Responsible Directors: Chief Operating Officer (QEHB) and Chief Operating Officer (HGS)													Cancer Access		Target:	
															93%																	93%	
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD						
QEHB	96.0%	89.3%	83.8%	88.2%	90.5%	94.7%	93.0%	95.4%	93.6%	83.7%	76.7%	80.6%	78.7%	QEHB	96.8%	85.9%	91.7%	85.7%	100%	100%	93.9%	96.9%	100%	88.9%	46.2%	38.2%	41.1%						
HGS	94.7%	93.6%	93.5%	94.1%	96.5%	95.9%	93.0%	93.4%	95.1%	94.5%	95.3%	95.9%	95.6%	HGS	93.9%	95.5%	94.0%	93.7%	96.9%	94.8%	94.2%	93.1%	93.6%	93.1%	95.3%	96.0%	95.7%						
UHB	95.2%	92.1%	90.1%	91.9%	94.3%	95.5%	93.0%	94.1%	94.6%	90.5%	89.0%	91.0%	90.0%	UHB	94.3%	93.9%	93.5%	92.5%	97.4%	95.6%	94.2%	93.8%	94.5%	92.7%	83.8%	76.2%	79.7%						

Cancer - 2 Week Wait (Suspected Cancer) Performance



Cancer - 2 Week Wait (Breast Symptoms) Performance



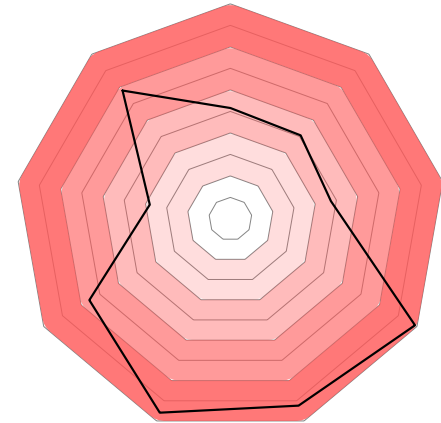
- Significant capacity pressures resulting from consultant vacancies continue to affect performance against both targets at QEHB. A locum breast radiologist is now in post.
- Both targets continued to be achieved at HGS.
- At Trust level the breast symptomatic target was below target at 76.2%.
- Performance for the suspected cancer target increase 2.0pp to 91.0%.

Pressure Chart - May 2018

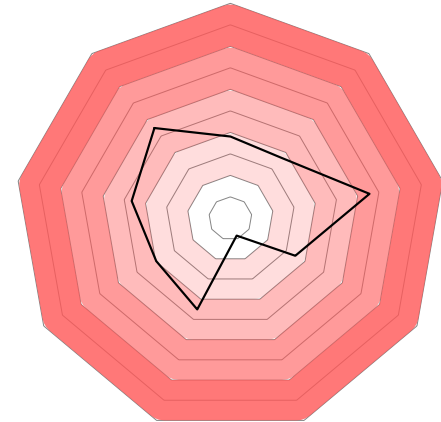
A&E performance Type 1 (UHB only)



Pressure Chart - April 2018



Pressure Chart - May 2017



Other targets and indicators for information

Cancer - 62 Day Screening

Latest Period:

90.0%

Responsible Directors: Chief Operating Officer (QEHB) and Chief Operating Officer (HGS)

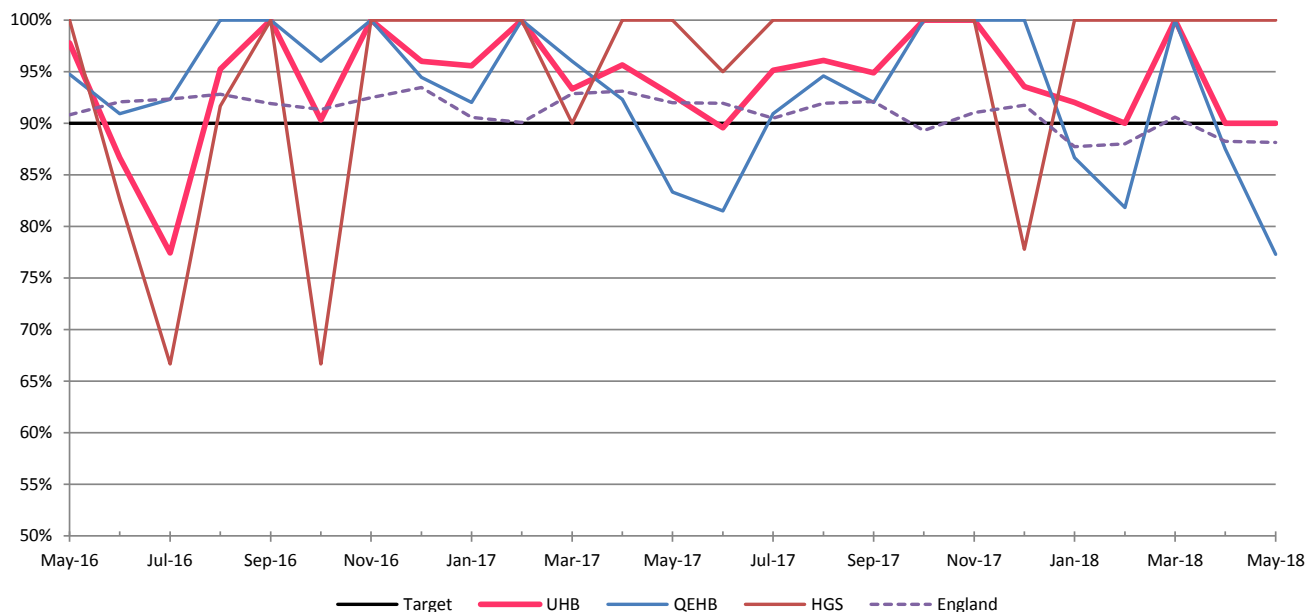
Single Oversight Framework

Target:

90%

	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD
QEHB	81.5%	90.9%	94.6%	92.0%	100.0%	100.0%	100.0%	86.7%	81.8%	100.0%	87.5%	77.3%	81.6%
HGS	95%	100%	100%	100%	100%	100%	78%	100%	100%	100%	100%	100%	100.0%
UHB	89.6%	95.1%	96.1%	94.9%	100.0%	100.0%	93.5%	92.0%	90.0%	100.0%	90.0%	90.0%	90.0%

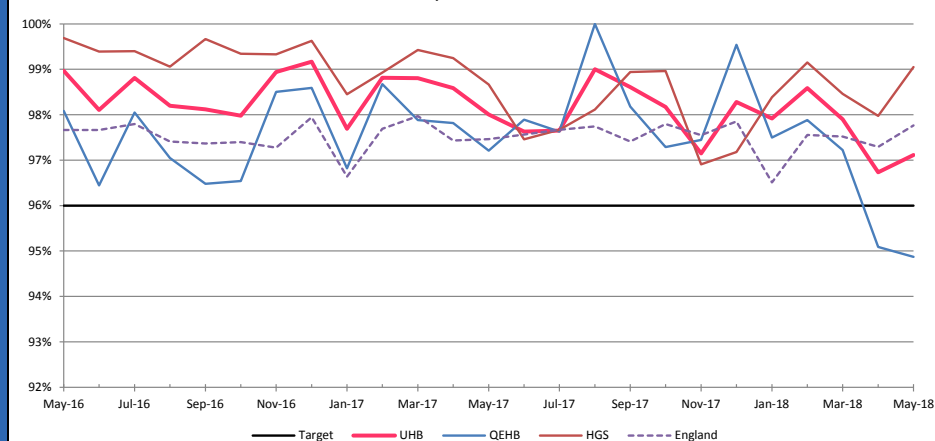
Cancer - 62 Day Screening Performance



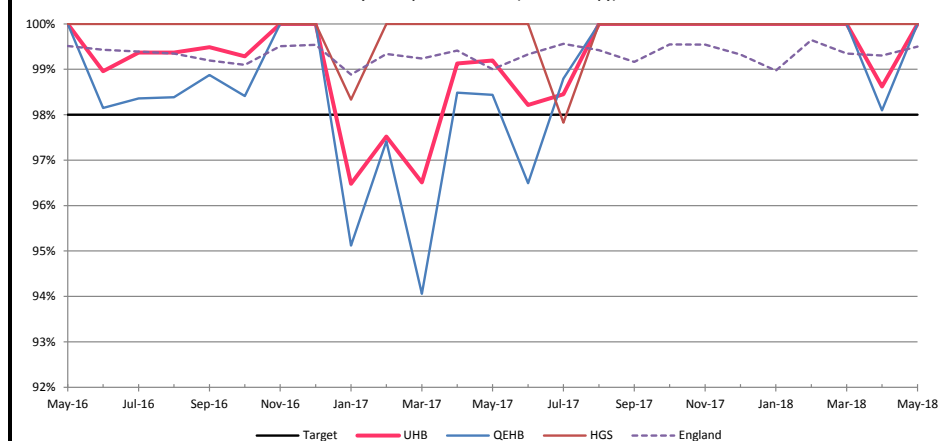
- QEHB was below target at 77.3%.
- High number of treatments at HGS all within time allowed Trust to meet target overall with 90.0% performance.

Cancer - 31 Day First Treatment												Latest Period:		97.1%		Cancer - 31 Day Subsequent Treatment (Chemotherapy)												Latest Period:		100.0%	
Responsible Directors: Chief Operating Officer (QEHB) and Chief Operating Officer (HGS)								Cancer Access				Target:		96%		Responsible Directors: Chief Operating Officer (QEHB) and Chief Operating Officer (HGS)								Cancer Access				Target:		98%	
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD				
QEHB	97.9%	97.6%	100.0%	98.2%	97.3%	97.4%	99.5%	97.5%	97.9%	97.2%	95.1%	94.9%	95.0%	QEHB	96.5%	98.8%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99.1%			
HGS	97.5%	97.7%	98.1%	98.9%	99.0%	96.9%	97.2%	98.4%	99.2%	98.5%	98.0%	99.1%	98.5%	HGS	100%	97.8%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
UHB	97.6%	97.6%	99.0%	98.6%	98.2%	97.1%	98.3%	97.9%	98.6%	97.9%	96.7%	97.1%	96.9%	UHB	98.2%	98.4%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99.3%			

Cancer - 31 Day First Treatment Performance



Cancer - 31 day Subsequent Treatment (Chemotherapy) Performance

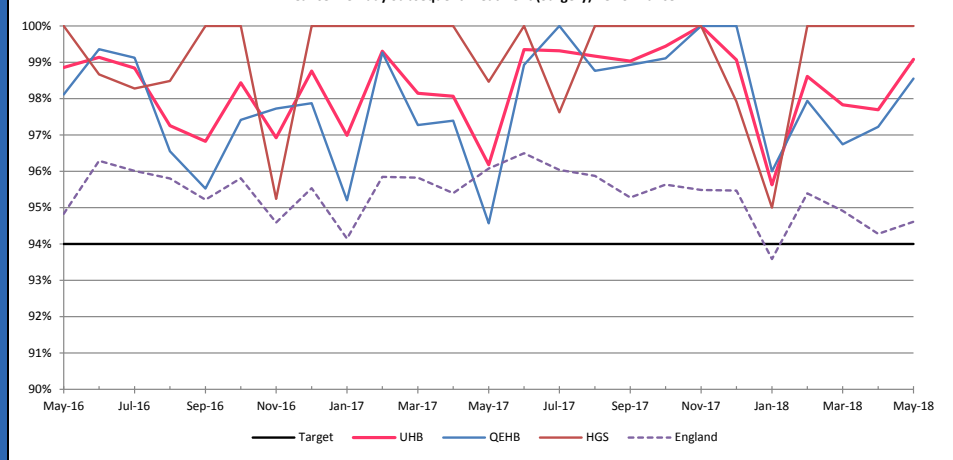


- 31 day first treatment target achieved with 97.1% performance.
- 31 day subsequent chemotherapy target also achieved with 100% performance.

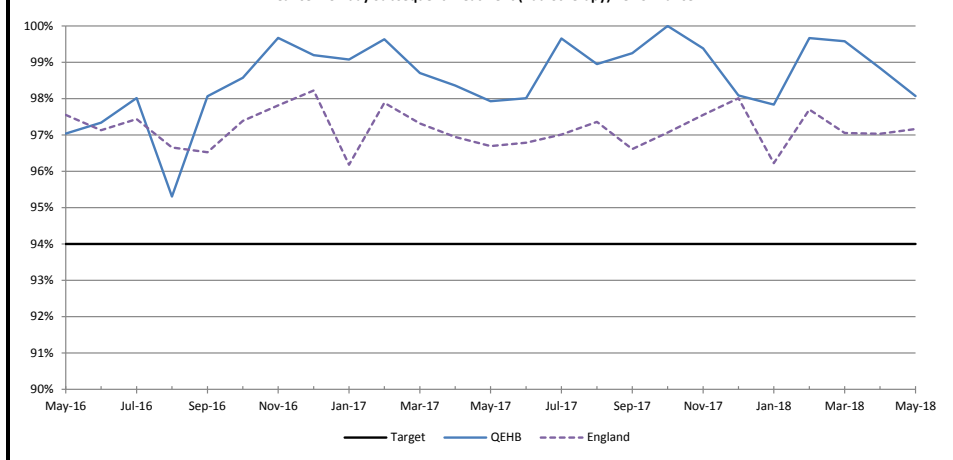
Cancer - 31 Day Subsequent Treatment (Surgery)											Latest Period:		99.1%	
Responsible Directors: Chief Operating Officer (QEHB) and Chief Operating Officer (HGS)							Cancer Access			Target:		94%		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD	
QEHB	98.9%	100%	98.8%	98.9%	99.1%	100%	100%	96.0%	97.9%	96.7%	97.2%	98.6%	97.7%	
HGS	100%	98%	100%	100%	100%	100%	98%	95%	100%	100%	100%	100%	100%	
UHB	99.3%	99.3%	99.2%	99.0%	99.4%	100%	99.1%	95.6%	98.6%	97.8%	97.7%	99.1%	98.3%	

Cancer - 31 Day Subsequent Treatment (Radiotherapy)													Latest Period:		98.1%	
Responsible Directors: Chief Operating Officer (QEHB) and Chief Operating Officer (HGS)							Cancer Access			Target:		94%				
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD			
QEHB	98.0%	99.7%	98.9%	99.3%	100%	99.4%	98.1%	97.8%	99.7%	99.6%	98.8%	98.1%	98.4%			
HGS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
UHB	98.0%	99.7%	98.9%	99.3%	100%	99.4%	98.1%	97.8%	99.7%	99.6%	98.8%	98.1%	98.4%			

Cancer - 31 day Subsequent Treatment (Surgery) Performance



Cancer - 31 day Subsequent Treatment (Radiotherapy) Performance



- 31 day subsequent surgery and 31 day subsequent radiotherapy targets achieved with 99.1% and 98.1% performance respectively.

6 Week Diagnostics

Latest Period:

99.5%

Responsible Directors: Chief Operating Officer (QEHB) and Chief Operating Officer (HGS)

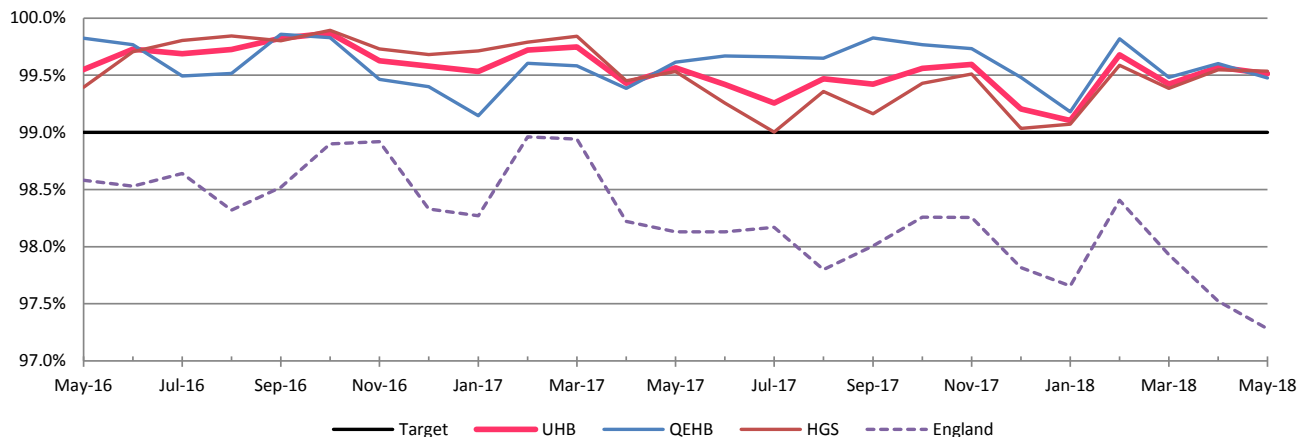
Single Oversight Framework

Target:

99%

	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD
QEHB	99.7%	99.7%	99.6%	99.8%	99.8%	99.7%	99.5%	99.2%	99.8%	99.5%	99.6%	99.5%	99.5%
HGS	99.3%	99.0%	99.4%	99.2%	99.4%	99.5%	99.0%	99.1%	99.6%	99.4%	99.5%	99.5%	99.5%
UHB	99.4%	99.3%	99.5%	99.4%	99.6%	99.6%	99.2%	99.1%	99.7%	99.4%	99.6%	99.5%	99.5%

6 Week Diagnostics Performance



Latest Month's 6 Week Diagnostics Performance - Modalities Below Target Overall

	Colonoscopy	Cystoscopy	Echocardiography	Gastrosocopy	Urodynamics
QEHB	100.0%	88.8%	97.7%	100.0%	66.0%
HGS	97.6%	92.9%	99.2%	97.6%	97.6%
UHB	98.8%	91.1%	98.9%	98.6%	93.6%

- Target met overall with 99.5% performance.
- Four modalities below target at HGS and four at QEHB.
- Colonoscopy fell below target having been above in March and April.
- National waiting list is now over 1m patients with performance falling to 97.3%.

VTE Screening

Responsible Director: Deputy Chief Executive, Medical Director

Latest Period:

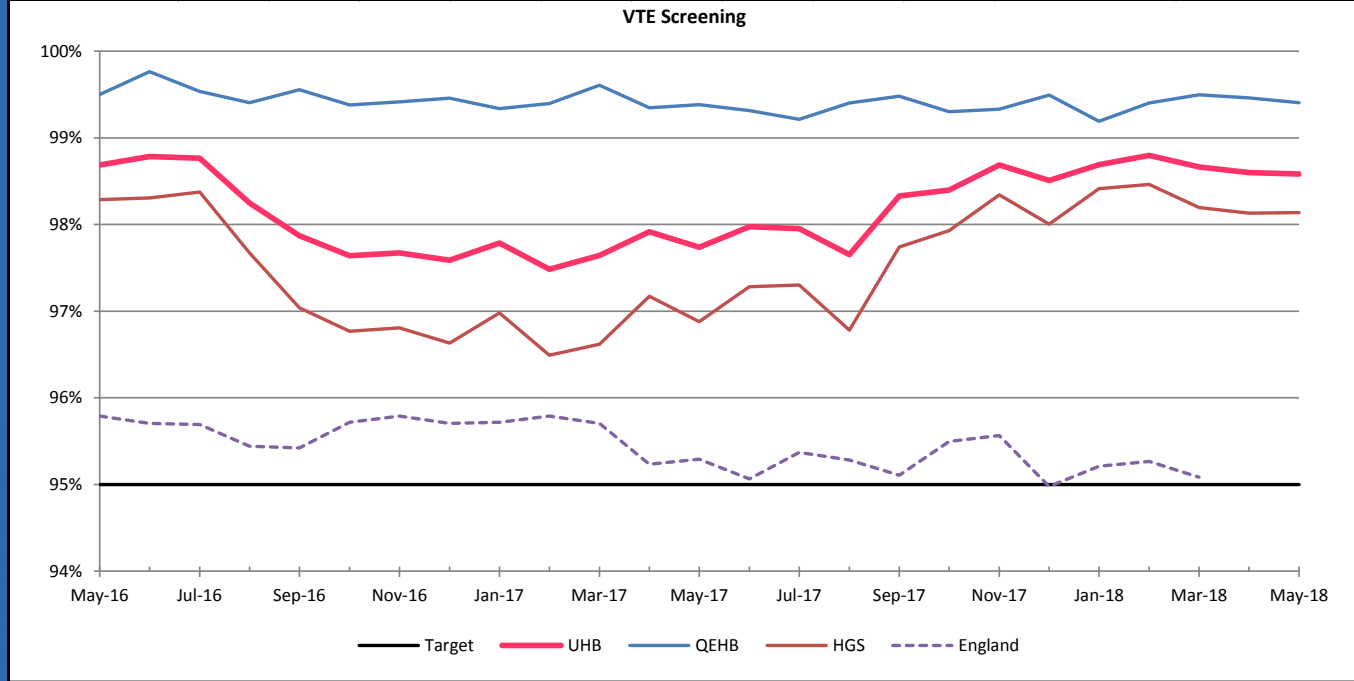
98.6%

Target:

95%

	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD
QEHB	99.3%	99.2%	99.4%	99.5%	99.3%	99.3%	99.5%	99.2%	99.4%	99.5%	99.5%	99.4%	99.4%
HGS	97.3%	97.3%	96.8%	97.7%	97.9%	98.3%	98.0%	98.4%	98.5%	98.2%	98.1%	98.1%	98.1%
UHB	98.0%	98.0%	97.7%	98.3%	98.4%	98.7%	98.5%	98.7%	98.8%	98.7%	98.6%	98.6%	98.6%

- The Trust continues to achieve the VTE screening measure with performance well above the national average.



MRSA Bacteraemias

Latest Period:

0

Responsible Director: Interim Chief Nurse

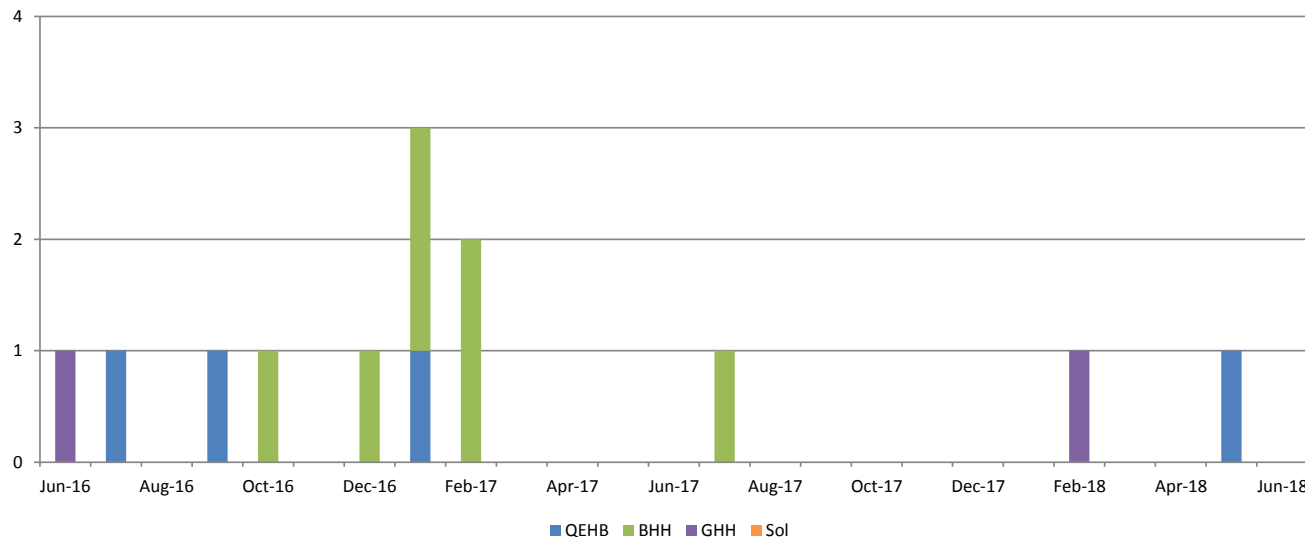
Target:

0

- No further MRSA bacteraemias.

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
QEHB	0	0	0	0	0	0	0	0	0	0	1	0	0
BHH	1	0	0	0	0	0	0	0	0	0	0	0	0
GHH	0	0	0	0	0	0	0	1	0	0	0	0	0
Solihull	0	0	0	0	0	0	0	0	0	0	0	0	0
UHB	1	0	0	0	0	0	0	1	0	0	1	0	0

MRSA Bacteraemias



Clostridium Difficile Infections

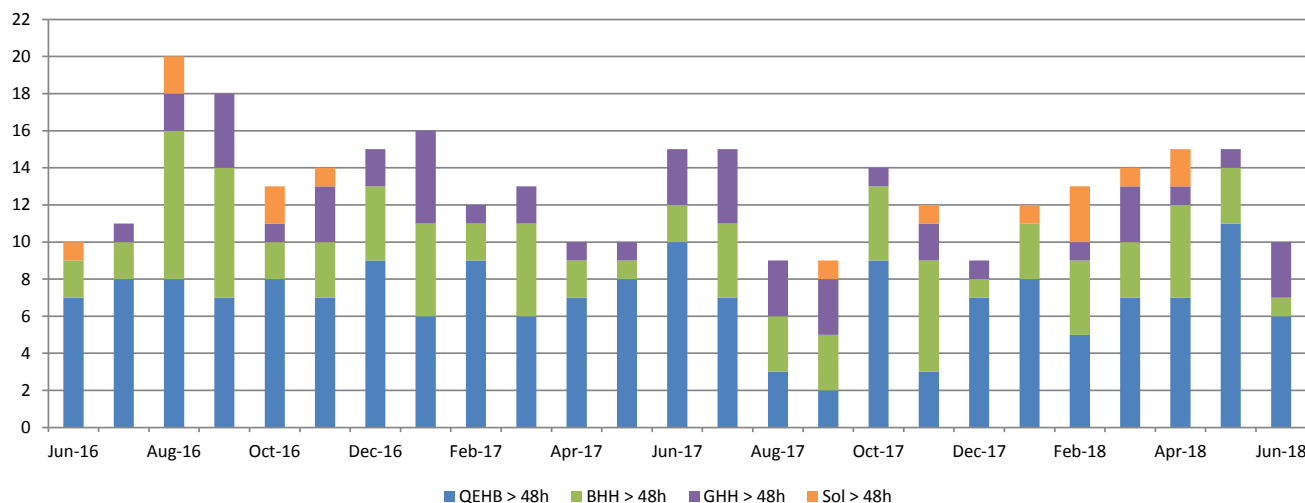
Latest Period: **10 / TBC**

Responsible Director: Interim Chief Nurse

Target: 10.5 Lapses in Care

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
QEHB > 48h	7	3	2	9	3	7	8	5	7	7	11	6	24
QEHB Lapses	1	0	1	1	0	1	0	2	3	1	TBC	TBC	TBC
HGS > 48h	8	6	7	5	9	2	4	8	7	8	4	4	16
HGS Lapses	2	0	2	0	1	0	0	1	1	1	1	TBC	TBC
UHB > 48h	15	9	9	14	12	9	12	13	14	15	15	10	40
UHB Lapses	3	0	3	1	1	1	0	3	4	2	TBC	TBC	TBC

Clostridium Difficile Infections



- 10 post-48 hour cases in May – 6 at QEHB, 3 at Good Hope and 1 at Heartlands.
- Lowest total number of cases since September 2017.
- One CDI at QEHB in April has been identified as resulting from a lapse of care. May and June cases will be determined at meeting with CCG before the end of July.

Mixed Sex Accommodation

Latest Period:

0

Responsible Director: Interim Chief Nurse

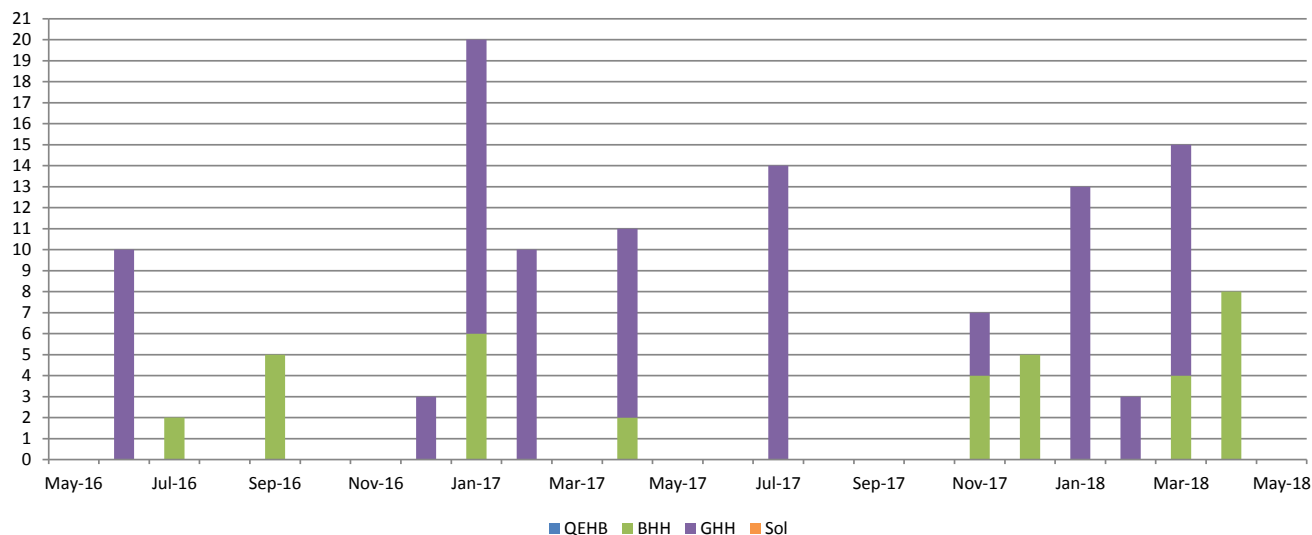
Target:

0

	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD
QEHB	0	0	0	0	0	0	0	0	0	0	0	0	0
BHH	0	0	0	0	0	4	5	0	0	4	8	0	8
GHH	0	14	0	0	0	3	0	13	3	11	0	0	0
Solihull	0	0	0	0	0	0	0	0	0	0	0	0	0
UHB	0	14	0	0	0	7	5	13	3	15	8	0	8

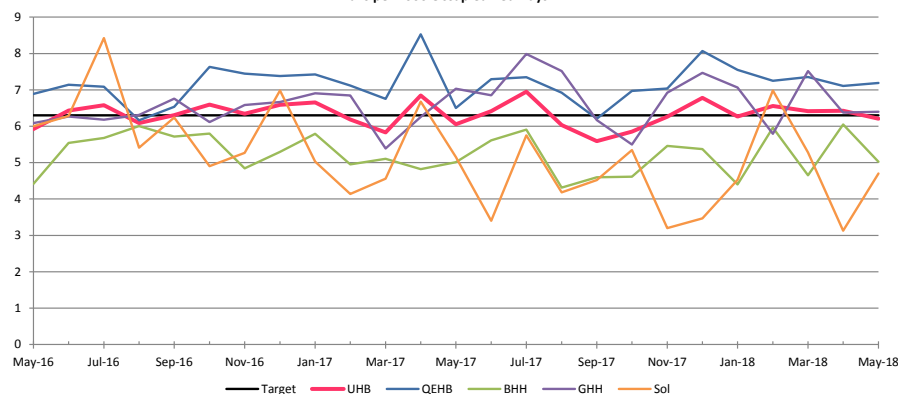
- There were no mixed sex breaches in May.
- This is the first month since October 2017 with none.

Mixed Sex Accommodation Breaches (Patients Affected)

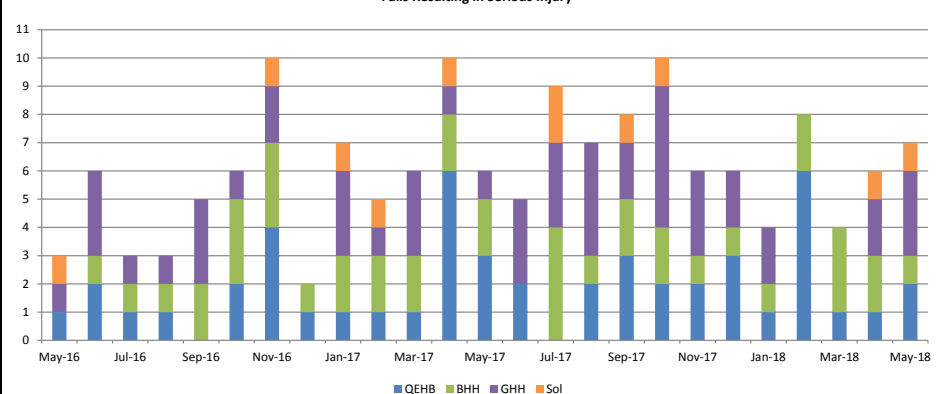


Falls													Latest Period:		6.21	Falls Resulting in Severe Injury													Latest Period:		7
Responsible Director: Interim Chief Nurse								Care Quality					Target:		6.3 per 1000 bd	Responsible Directors Interim Chief Nurse								Care Quality			Target:		0		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD				
QEHB	7.29	7.35	6.92	6.21	6.97	7.04	8.07	7.55	7.25	7.35	7.11	7.19	7.15	QEHB	2	0	2	3	2	2	3	1	6	1	1	2	3				
BHH	5.61	5.91	4.32	4.60	4.62	5.46	5.37	4.40	5.96	4.65	6.05	5.02	5.48	BHH	0	4	1	2	2	1	1	1	2	3	2	1	3				
GHH	6.85	7.99	7.52	6.17	5.50	6.92	7.47	7.06	5.79	7.52	6.38	6.40	6.39	GHH	3	3	4	2	5	3	2	2	0	0	2	3	5				
Solihull	3.40	5.75	4.18	4.52	5.34	3.20	3.47	4.53	6.98	5.28	3.13	4.70	3.99	Solihull	0	2	0	1	1	0	0	0	0	0	1	1	2				
UHB	6.42	6.95	6.03	5.59	5.85	6.26	6.78	6.27	6.56	6.42	6.43	6.21	6.31	UHB	5	9	7	8	10	6	6	4	8	4	6	7	13				

Falls per 1000 Occupied Bed Days



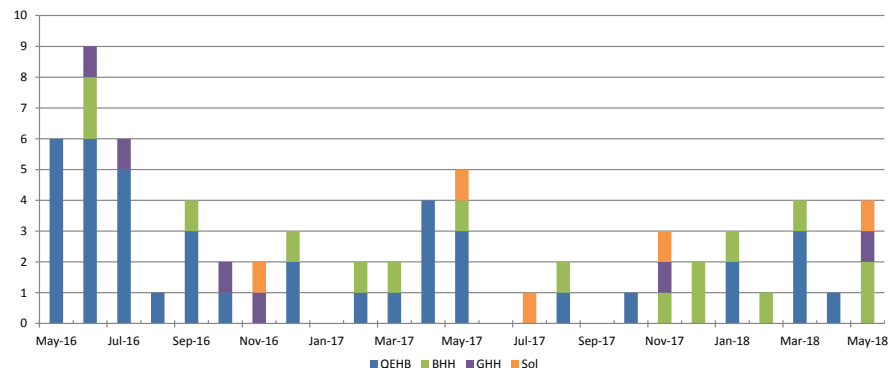
Falls Resulting in Serious Injury



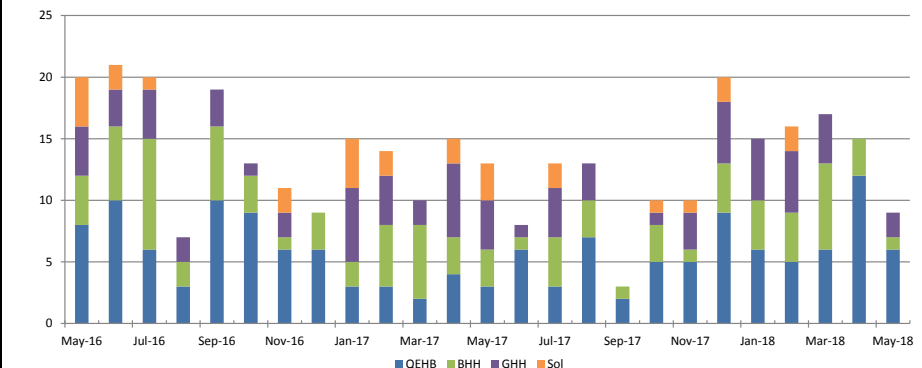
- Falls rate of 6.21 per 1000 bed days in May was lowest since October.
- QEHB continues to be highest of the four sites, Solihull the lowest.
- QEHB does not have obstetric and paediatric patients who are lower risk and that affects the denominator.
- 7 falls resulted in severe injury in April – 3 at Good Hope, 2 at QEHB and 1 each at Heartlands and Solihull hospitals.

Pressure Ulcers - Grade 2 Device-Related												Latest Period:		4		Pressure Ulcers - Grade 2 Non-Device-Related												Latest Period:		9	
Responsible Director: Interim Chief Nurse								Care Quality				Target:		QEHB: 42, HGS: 12		Responsible Director: Interim Chief Nurse								Care Quality				Target:		QEHB: 75, HGS: 90	
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD				
QEHB	0	0	1	0	1	0	0	2	0	3	1	0	1	QEHB	6	3	7	2	5	5	9	6	5	6	12	6	18				
BHH	0	0	1	0	0	1	2	1	1	1	0	2	2	BHH	1	4	3	1	3	1	4	4	4	7	3	1	4				
GHH	0	0	0	0	0	1	0	0	0	0	0	1	1	GHH	1	4	3	0	1	3	5	5	5	4	0	2	2				
Solihull	0	1	0	0	0	1	0	0	0	0	0	1	1	Solihull	0	2	0	0	1	1	2	0	2	0	0	0	0				
HGS	0	1	1	0	0	3	2	1	1	1	0	4	4	HGS	2	10	6	1	5	5	11	9	11	11	3	3	6				
UHB	0	1	2	0	1	3	2	3	1	4	1	4	5	UHB	8	13	13	3	10	10	20	15	16	17	15	9	24				

Grade 2 Device-Related Pressure Ulcers



Grade 2 Non-Device-Related Pressure Ulcers



- No Grade 3 or 4 pressure ulcers in May.
- HGS had increase in Grade 2 device-related pressure ulcers in May. 20% reduction target set on 2016/17 outturn, a maximum of 12 for full year. QEHB contractual target is 42 with only 1 to date in 2018/19.
- QEHB had significant fall in Grade 2 non-device-related pressure ulcers compared to April but remains above trajectory to achieve contractual target of 75 for full year. HGS is below trajectory.

New Complaints Received, Re-opened/Follow-up Complaints and Responses in 30 Working Days

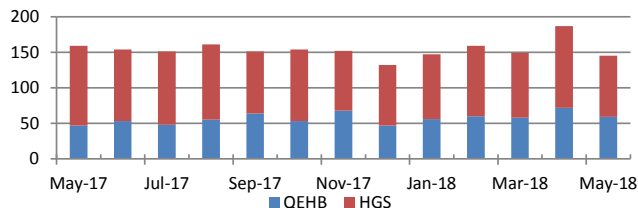
Responsible Director: Interim Chief Nurse								Care Quality			Target:	85%	
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD
QEHB - New	53	48	55	64	53	68	47	56	60	58	72	59	131
HGS - New	101	103	106	87	101	84	85	91	99	91	115	86	201
UHB - New	154	151	161	151	154	152	132	147	159	149	187	145	332
QEHB - Follow-up	11	11	13	3	12	11	8	8	8	7	12	17	29
HGS - Re-opened	12	14	9	13	8	14	6	20	21	20	29	16	45
UHB - F.Up/Reopn	23	25	22	16	20	25	14	28	29	27	41	33	74
QEHB - Response	72.0%	84.0%	80.0%	81.0%	77.0%	64.0%	73.0%	79.0%	85.0%	84.2%	89.4%	86.4%	N/A
HGS - Response	52.0%	52.9%	52.8%	48.2%	68.8%	74.0%	78.3%	73.6%	92.1%	95.2%	91.8%	88.9%	N/A

- 145 new complaints received across the Trust in May – 59 at QEHB and 86 at HGS. More in line with previous average.

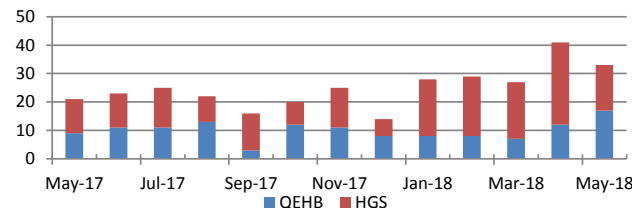
- 88.9% of complaints were responded to within 30 working days at HGS and 86.4% at QEHB.

- Fewer follow-up complaints in May – 33 compared 41 in April, but still above 12-monthly average.

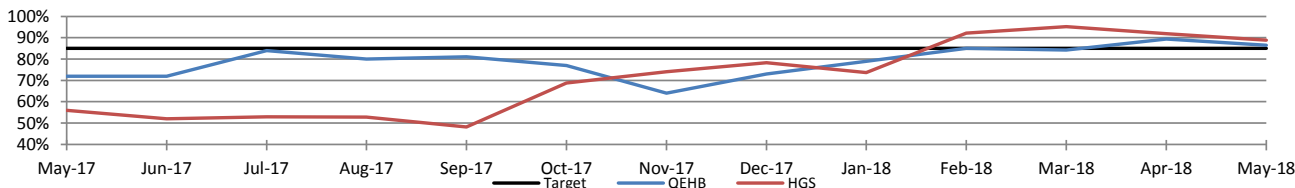
Complaints Received



Complaints Re-Opened or Follow-Up Complaint Received



Complaint Responses Within 30 Working Days



Friends & Family Test - Inpatients

Latest Period:

94.9%

Responsible Directors: Interim Chief Nurse

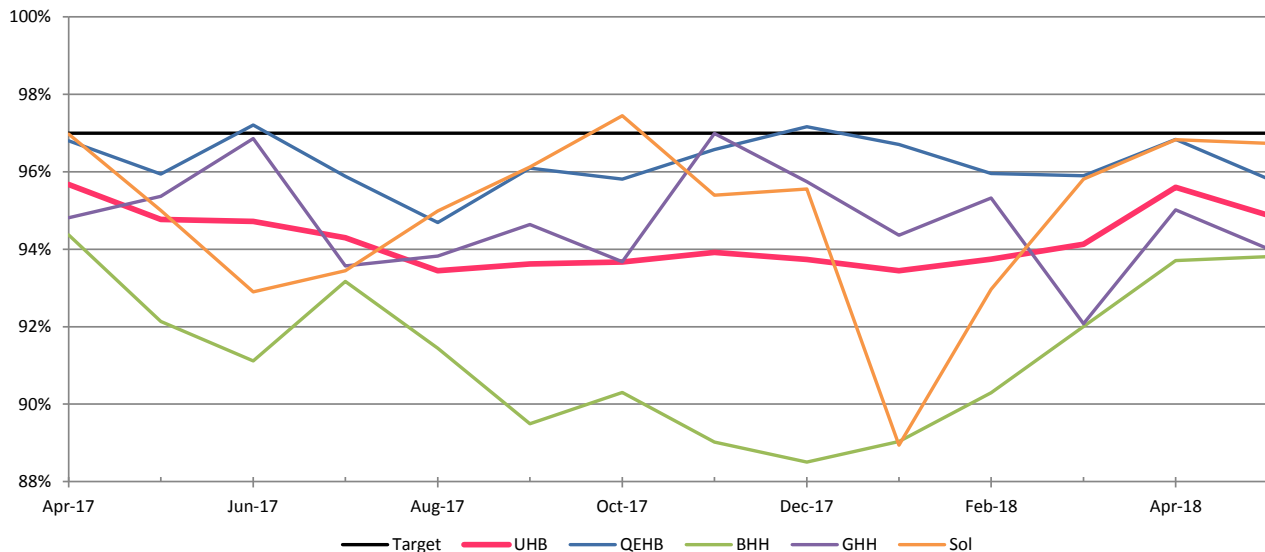
Target:

95%

	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD
QEHB	97.2%	95.9%	94.7%	96.1%	95.8%	96.6%	97.2%	96.7%	96.0%	95.9%	96.8%	95.8%	96.3%
BHH	91.1%	93.2%	91.4%	89.5%	90.3%	89.0%	88.5%	89.0%	90.3%	92.0%	93.7%	93.8%	93.8%
GHH	96.9%	93.6%	93.8%	94.6%	93.7%	97.0%	95.7%	94.4%	95.3%	92.1%	95.0%	94.0%	94.4%
Solihull	92.9%	93.4%	95.0%	96.1%	97.4%	95.4%	95.6%	88.9%	93.0%	95.8%	96.8%	96.7%	96.8%
UHB	94.7%	94.3%	93.4%	93.6%	93.7%	93.9%	93.7%	93.4%	93.7%	94.1%	95.6%	94.9%	95.2%

- Inpatient F&F score fell by 0.7pp.
- All sites fell apart from Heartlands where a small increase was seen, continuing the recent trend of improvement.

Inpatients Friends & Family Test



Friends & Family Test - Outpatients

Latest Period:

92.2%

Responsible Directors: Interim Chief Nurse

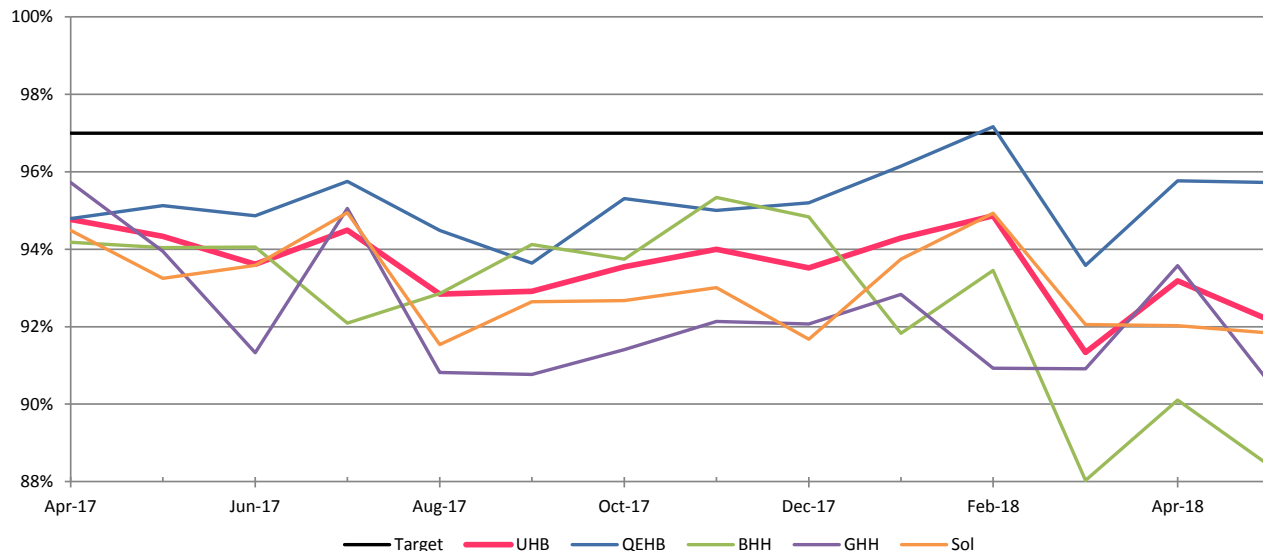
Target:

95%

	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD
QEHB	94.9%	95.8%	94.5%	93.6%	95.3%	95.0%	95.2%	96.1%	97.2%	93.6%	95.8%	95.7%	95.7%
BHH	94.1%	92.1%	92.9%	94.1%	93.7%	95.3%	94.8%	91.8%	93.5%	88.0%	90.1%	88.4%	89.2%
GHH	91.3%	95.1%	90.8%	90.8%	91.4%	92.1%	92.1%	92.8%	90.9%	90.9%	93.6%	90.5%	92.0%
Solihull	93.6%	94.9%	91.5%	92.6%	92.7%	93.0%	91.7%	93.7%	94.9%	92.1%	92.0%	91.8%	91.9%
UHB	93.6%	94.5%	92.8%	92.9%	93.5%	94.0%	93.5%	94.3%	94.9%	91.3%	93.2%	92.2%	92.7%

- Outpatient F&F score fell by 1.0pp.
- All sites fell. Good Hope saw the largest fall of 3.1pp whilst Good Hope fell by 1.7pp.

Outpatients Friends & Family Test



Friends & Family Test - A&E

Latest Period:

81.1%

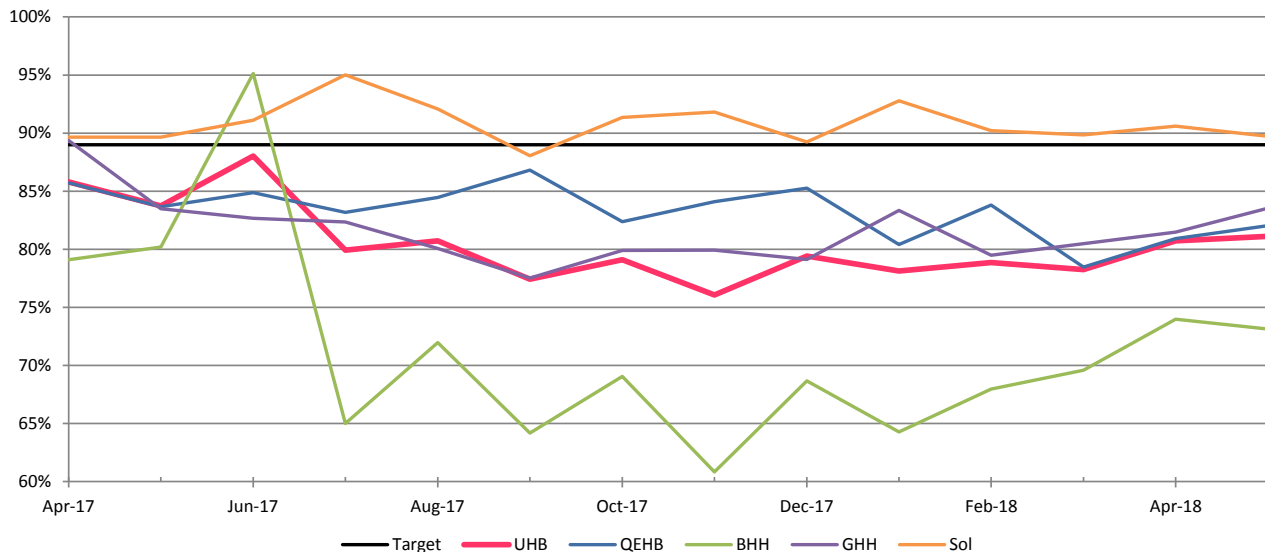
Responsible Directors: Interim Chief Nurse

Target:

89%

	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD
QEHB	84.9%	83.2%	84.4%	86.8%	82.4%	84.1%	85.2%	80.4%	83.8%	78.5%	80.9%	82.0%	81.5%
BHH	95.1%	65.0%	72.0%	64.2%	69.1%	60.8%	68.7%	64.3%	68.0%	69.6%	74.0%	73.1%	73.5%
GHH	82.7%	82.3%	80.1%	77.5%	79.9%	79.9%	79.1%	83.4%	79.5%	80.5%	81.5%	83.5%	82.5%
Solihull	91.1%	95.0%	92.1%	88.1%	91.4%	91.8%	89.2%	92.8%	90.2%	89.8%	90.6%	89.7%	90.1%
UHB	88.0%	79.9%	80.7%	77.4%	79.1%	76.1%	79.4%	78.1%	78.9%	78.3%	80.7%	81.1%	80.9%

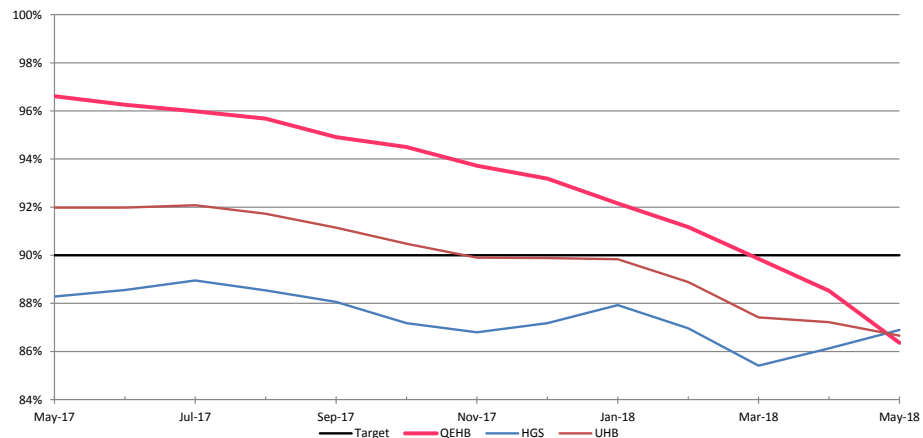
A&E Friends & Family Test



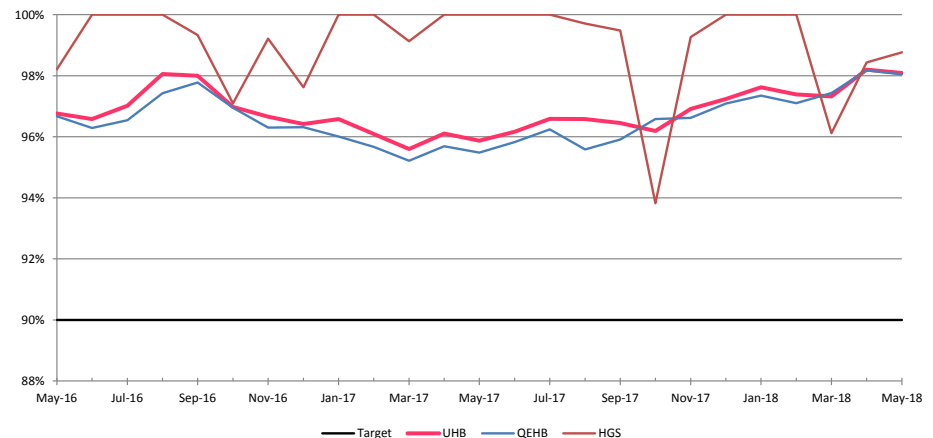
- A&E F&F score improved by 0.4pp.
- Solihull MIU continues to be best-performing site, exceeding 89% target.
- Otherwise performance mirrored 4-hour performance with Heartlands falling and QEHB and Good Hope improving.

Appraisal												Latest Period:		86.7%		Corporate Induction												Latest Period:		98.1%	
Responsible Director: Executive Director of Workforce & Innovation								Workforce			Target:	90%		Responsible Director: Executive Director of Workforce & Innovation								Workforce			Target:	90%					
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Latest		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Latest				
QEHB	96.3%	96.0%	95.7%	94.9%	94.5%	93.7%	93.2%	92.2%	91.2%	89.9%	88.5%	86.4%	86.4%	QEHB	95.8%	96.2%	95.6%	95.9%	96.6%	96.6%	97.1%	97.4%	97.1%	97.4%	98.2%	98.0%	98.0%				
HGS	88.6%	89.0%	88.5%	88.1%	87.2%	86.8%	87.2%	87.9%	87.0%	85.4%	86.1%	86.9%	86.9%	HGS	100%	100%	100%	99.5%	93.8%	99.3%	100%	100%	100%	96.1%	98.4%	98.8%	98.8%				
UHB	92.0%	92.1%	91.7%	91.1%	90.5%	89.9%	89.9%	89.8%	88.9%	87.4%	87.2%	86.7%	86.7%	UHB	96.2%	96.6%	96.6%	96.5%	96.2%	96.9%	97.2%	97.6%	97.4%	97.3%	98.2%	98.1%	98.1%				

Appraisal

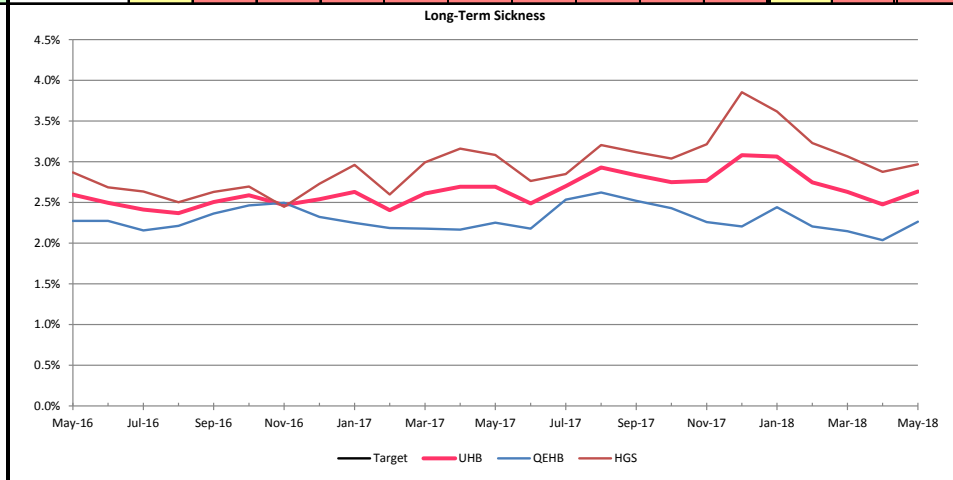
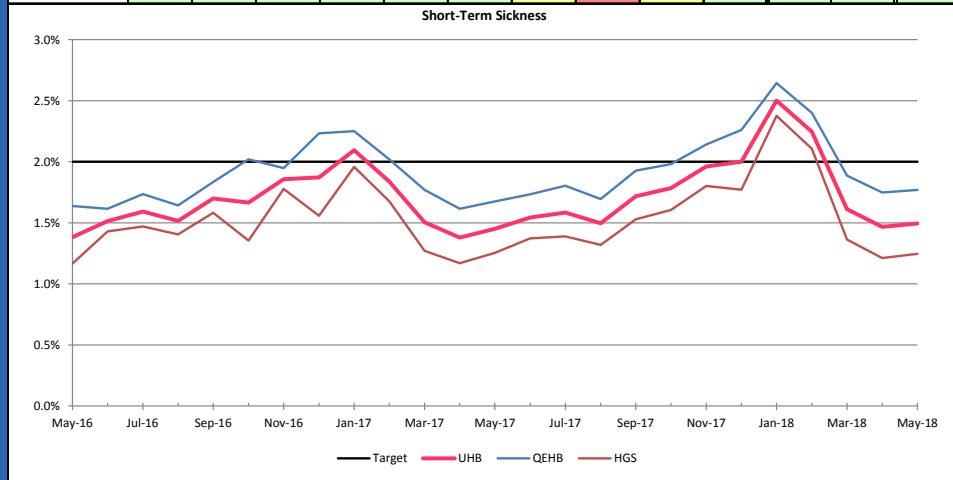


Corporate Induction



- Lag in reporting continues to affect QEHB reported performance on appraisals.
- Work underway to see what lessons can be learned from HGS where reporting is more timely.

Short-Term Sickness													Latest Period:		1.5%	Long-Term Sickness													Latest Period:		2.6%
Responsible Director: Executive Director of Workforce & Innovation										Workforce			Target:	2.0%	Responsible Director: Executive Director of Workforce & Innovation										Workforce			Target:	2.0%		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Latest		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Latest				
QEHB	1.7%	1.8%	1.7%	1.9%	2.0%	2.1%	2.3%	2.6%	2.4%	1.9%	1.7%	1.8%	1.8%	QEHB	2.2%	2.5%	2.6%	2.5%	2.4%	2.3%	2.2%	2.4%	2.2%	2.1%	2.0%	2.3%	2.3%				
HGS	1.4%	1.4%	1.3%	1.5%	1.6%	1.8%	1.8%	2.4%	2.1%	1.4%	1.2%	1.2%	1.2%	HGS	2.8%	2.8%	3.2%	3.1%	3.0%	3.2%	3.9%	3.6%	3.2%	3.1%	2.9%	3.0%	3.0%				
UHB	1.5%	1.6%	1.5%	1.7%	1.8%	2.0%	2.0%	2.5%	2.2%	1.6%	1.5%	1.5%	1.5%	UHB	2.5%	2.7%	2.9%	2.8%	2.8%	2.8%	3.1%	3.1%	2.7%	2.6%	2.5%	2.6%	2.6%				



- Short-term sickness was relatively static at 1.5% in May. QEHB remains higher than HGS.
- Long-term sickness increased to 2.6% in May. HGS remains higher than QEHB.
- One factor is the definition of long term sickness which is greater than 21 days at HGS and 28 days at QEHB. Work continues to align sickness policy of HGS with QEHB.