Quality & Performance Report

Author: John Adler Sponsor: Chief Executive Date: IFPIC + QAC 28th July 2016

Executive Summary from CEO

Context

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

Questions

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

Conclusion

Good News: **Mortality** – the latest published SHMI (covering the period January 2015 to December 2015) is **98** – below our Quality Commitment of **99**. **Moderate harms and above** – the first 2 reported months show a 60% reduction compared to the same period in 15/16. **Readmission rates** – are improving. **RTT** – the RTT incomplete target remains compliant. **Referral to Treatment 52+ week waits -** the Orthodontics numbers continue to reduce. However, there is a risk that there might be more ENT 52+ week waits due to the high level of cancellations and long waits. **Diagnostics** performance has remained compliant during June. **Delayed transfers of care** remain well within the tolerance although has delays are twice as high as this time last year. **Ambulance Handover 60+ minutes** – 6% for Quarter 1 - this is also examined in detail in the COO's report. **MRSA** – 0 avoidable cases reported for 16 months and 0 unavoidable cases were reported this year. **C DIFF** – 1 over trajectory for June but year to date still within trajectory. **Pressure Ulcers** – 0 **Grade 4** pressure ulcers. **Grade 3 and Grade 2** the overall number is within the trajectory for June as the trend is down for Grade 3. This is attributed to earlier detection, which is then increasing the number of Grade 2 ulcers (above plan) which is positive. **Patient Satisfaction (FFT)** target of 97% maintained for Inpatients and Day Cases.

Bad News:

ED 4 hour performance – June performance was 80.6 % with year to date performance at 80.6%. Contributing factors are set out in the Chief Operating Officer's report. **Cancelled operations** and **patients rebooked within 28 days** – continued to be non-compliant, due to ITU/HDU and emergency pressures. **Cancer Standards 62 day treatment** current cancer performance remains area of significant concern across UHL and focus on recovery is of the highest priority within the organisation. The **Cancer Two Week Wait** the target was missed attributed to capacity problems in Head & Neck, Lower GI and Dermatology, but is

expected to be achieved in July. Thereafter the aim is to achieve the **31 day standard** in August and **62 days** in September – both of these are vulnerable to ICU/HDU pressures**. Patient Satisfaction (FFT)** the target of 97% has not been achieved for the last 4 months in ED and **ED FTT coverage** and ED coverage remains below the threshold of 20%. **ESM nursing vacancies** continue to increase.

Input Sought

I recommend that the Committee:

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

For Reference

Edit as appropriate:

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

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

2. This matter relates to the following governance initiatives:

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

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

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

5. Scheduled date for the next paper on this topic: 25th August 2016.

Caring at its best

University Hospitals of Leicester NHS
NHS Trust

Quality and Performance Report

June 2016

One team shared values

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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

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

DATE: **28TH JULY 2016**

REPORT BY: **ANDREW FURLONG, MEDICAL DIRECTOR**
RICHARD MITCHELL, DEPUTY CHIEF EXECUTIVE/CHIEF OPERATING OFFICER
JULIE SMITH, CHIEF NURSE
LOUISE TIBBERT, DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT

SUBJECT: **JUNE 2016 QUALITY & PERFORMANCE SUMMARY REPORT**

1.0 Introduction

The following report provides an overview of performance for NHS Improvement (NHSI) and UHL key quality commitment/performance metrics. Escalation reports are included where applicable.

The Trust's 16/17 Quality Commitment indicators are identified with 'QC' in the 'Target set by' column and appear at the top of the dashboard. Additional analysis is required for some of the Quality Commitment indicators which may change the methodology in reporting in future reports.

2.0 Performance Summary

Domain	Page Number	Number of Indicators	Number of Red Indicators this month
Safe	4	16	2
Caring	5	11	1
Well Led	6	20	1
Effective	7	11	2
Responsive	8	15	7
Responsive Cancer	9	9	7
Research – UHL	12	6	0
Total		88	20

3.0 New Indicators

Inclusion of 'The Sustainability and Transformation Fund Trajectories and Performance'.

4.0 Indicators removed

None.

5.0 Indicators where reporting thresholds have changed

None

6.0 Indicators where methodology has changed

None

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	KPI Ref	Indicators	Board Director	Lead Officer	16/17 Target	Target Set by	16/17 Red RAG/ Exception Report Threshold (ER)	14/15 Outturn	15/16 Outturn	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	YTD
Safe	S1	Reduction for moderate harm and above PSIs with finally approved status - One month lag in data for this indicator to ensure incidents finally approved	AF	MD	10% REDUCTION FROM FY 15/16 (<20 per month)	QC	Red / ER if >30 in mth or >20 for 3 consecutive mths	TBC	262	18	19	17	18	18	16	18	17	18	18	16	17	5	10		15
	S2	Serious Incidents - actual number escalated each month	AF	MD	<=49 by end of FY 16/17 (revised)	UHL	Red / ER if >8 in mth or >5 for 3 consecutive mths	41	50	2	9	1	5	4	6	3	3	3	4	6	4	5	5	1	11
	S3	Proportion of reported safety incidents per 1000 attendances (IP, OP and ED)	AF	MD	> FY 15/16	UHL	TBC		17.5	18.0	19.2	17.1	18.2	18.4	15.5	18.3	16.6	17.7	18.8	16.2	17.2	16.8	16.9	16.5	16.7
	S4	Overdue CAS alerts	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	10	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
	S5	RIDDOR - Serious Staff Injuries	AF	MD	FYE <=40	UHL	Red / ER if non compliance with cumulative target	24	32	0	6	0	0	2	3	7	2	5	3	2	2	5	3	3	11
	S6	Never Events	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	3	2	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0
	S7	Clostridium Difficile	JS	DJ	61	NHSI	Red if >mthly threshold / ER if Red or Non compliance with cumulative target	73	60	3	1	4	4	6	6	6	4	6	7	7	6	4	5	6	15
	S8	MRSA Bacteraemias (All)	JS	DJ	0	NHSI	Red if >0 ER if >0	6	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
	S9	MRSA Bacteraemias (Avoidable)	JS	DJ	0	UHL	Red if >0 ER if >0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	S10	% of UHL Patients with No Newly Acquired Harms	JS	RB	Within expected (revised)	UHL	Red if <95% ER if in mth <95%		97.7%	97.9%	97.4%	98.1%	98.1%	97.0%	97.7%	97.4%	97.4%	98.2%	97.7%	97.9%	98.0%	96.9%	97.2%	98.4%	97.5%
	S11	% of all adults who have had VTE risk assessment on adm to hosp	AF	SH	>=95%	NHSI	Red if <95% ER if in mth <95%	95.8%	95.9%	96.0%	96.0%	96.5%	96.2%	96.5%	96.1%	95.7%	96.0%	96.1%	95.5%	95.4%	95.1%	95.9%	96.1%	96.5%	96.2%
	S12	All falls reported per 1000 bed stays for patients >65years	JS	HL	<=5.5 (revised)	UHL	Red if >=6.6 ER if 2 consecutive reds	6.9	5.4	5.9	6.1	5.1	5.8	5.9	5.0	5.2	4.8	5.7	5.4	4.9	5.2	6.3	5.4	5.4	5.7
	S13	Avoidable Pressure Ulcers - Grade 4	JS	MC	0	QS	Red / ER if Non compliance with monthly target	2	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
	S14	Avoidable Pressure Ulcers - Grade 3	JS	MC	<=4 a month (revised) with FY End <33	QS	Red / ER if Non compliance with monthly target	69	33	3	0	4	1	4	1	1	1	5	6	2	5	5	3	2	10
	S15	Avoidable Pressure Ulcers - Grade 2	JS	MC	<=7 a month (revised) with FY End <89	QS	Red / ER if Non compliance with monthly target	91	89	10	8	8	8	10	11	5	4	5	5	8	7	9	6	8	23
	S16	Maternal Deaths	AF	IS	0	UHL	Red or ER if >0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Caring

KPI Ref	Indicators	Board Director	Lead Officer	16/17 Target	Target Set by	16/17 Red RAG/ Exception Report Threshold (ER)	14/15 Outturn	15/16 Outturn	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	YTD
C1	Improvements in Patient Involvement Scores (Reported quarterly from Qtr2)	JS	HL	6% increase from Qtr 1 baseline (new)	QC	Red/ER if below Quarterly Threshold	NEW INDICATOR																	
C2	Formal complaints rate per 1000 IP,OP and ED attendances	AF	MD	No Target	UHL	Monthly reporting	NEW INDICATOR		1.4	1.4	1.4	1.4	1.5	1.3	1.3	1.2	0.9	1.0	1.4	1.2	1.0	1.1	1.1	1.0
C3	Percentage of upheld PHSO cases	AF	MD	No Target	UHL	Quarterly reporting	NEW INDICATOR														10% (Quarter 1)			10%
C4	Published Inpatients and Daycase Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <95% ER if 2 mths Red		97%	96%	96%	97%	96%	97%	97%	97%	96%	97%	97%	96%	97%	97%	97%	97%	97%
C5	Inpatients only Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <95% ER if 2 mths Red	96%	97%	96%	96%	97%	96%	97%	97%	97%	96%	97%	97%	96%	97%	97%	96%	97%	97%
C6	Daycase only Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <95% ER if 2 mths Red		98%	96%	97%	97%	98%	98%	97%	98%	98%	98%	98%	98%	98%	98%	98%	99%	98%
C7	A&E Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <94% ER if 2 mths Red	96%	96%	96%	96%	96%	96%	97%	95%	95%	97%	95%	97%	97%	95%	96%	95%	95%	95%
C8	Outpatients Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <90% ER if 2 mths Red		94%	94%	94%	93%	91%	93%	93%	93%	92%	94%	95%	95%	93%	95%	95%	95%	95%
C9	Maternity Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <94% ER if 2 mths Red	96%	95%	95%	96%	95%	95%	96%	95%	95%	95%	94%	95%	95%	95%	95%	94%	94%	94%
C10	Friends & Family staff survey: % of staff who would recommend the trust as place to receive treatment	LT	LT	TBC	NHSI	TBC	69.2%	70.0%	68.7%			71.9%			Q3 staff FFT not completed as National Survey carried out			70.7%			72.3%			72.3%
C11	Single Sex Accommodation Breaches (patients affected)	JS	HL	0	NHSI	Red / ER if >0	13	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	4	4

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	KPI Ref	Indicators	Board Director	Lead Officer	16/17 Target	Target Set by	16/17 Red RAG/ Exception Report Threshold (ER)	14/15 Outturn	15/16 Outturn	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	YTD
Well Led	W1	Outpatient Letters sent within 14 days of attendance (Reported Quarterly)	RM	WM	11% Improvement (new)	QC	Red/ER = Below 9% Improvement in Q4		40.0%	NEW INDICATOR															
	W2	Published Inpatients and Daycase Friends and Family Test - Coverage (Adults and Children)	JS	HL	Not Appicable		Not Appicable		27.4%	22.0%	23.0%	22.5%	23.7%	25.9%	26.5%	30.9%	32.4%	23.5%	31.9%	32.8%	32.9%	31.7%	32.0%	31.6%	31.8%
	W3	Inpatients only Friends and Family Test - Coverage (Adults and Children)	JS	HL	30%	QS	Red if <26% ER if 2mths Red		31.0%	29.2%	30.5%	29.0%	27.7%	28.9%	28.9%	37.4%	38.2%	23.2%	29.3%	37.2%	36.1%	35.6%	36.7%	38.1%	37.0%
	W4	Daycase only Friends and Family Test - Coverage (Adults and Children)	JS	HL	20%	QS	Red if <8% ER if 2 mths Red		22.5%	12.5%	12.1%	15.5%	20.5%	23.8%	24.1%	27.2%	27.7%	18.7%	30.1%	26.2%	29.2%	27.3%	26.5%	24.5%	25.8%
	W5	A&E Friends and Family Test - Coverage	JS	HL	20%	NHSI	Red if <10% ER if 2 mths Red		10.5%	14.7%	14.9%	13.3%	14.1%	13.3%	13.1%	16.1%	12.4%	5.4%	7.3%	5.1%	7.0%	13.0%	10.2%	12.0%	11.7%
	W6	Outpatients Friends and Family Test - Coverage	JS	HL	>=5%	UHL	Red/ER if <1.4%		1.4%	1.3%	1.6%	1.2%	1.2%	1.4%	1.4%	1.5%	1.5%	1.4%	1.5%	1.6%	1.6%	1.5%	1.7%	1.8%	1.7%
	W7	Maternity Friends and Family Test - Coverage	JS	HL	30%	UHL	Red if <26% ER if 2 mths Red	28.0%	31.6%	32.3%	35.8%	32.6%	25.6%	30.5%	27.9%	27.2%	38.8%	30.0%	33.3%	34.3%	31.7%	27.9%	38.3%	39.3%	35.3%
	W8	Friends & Family staff survey: % of staff who would recommend the trust as place to work	LT	BK	Not within Lowest Decile	NHSI	TBC	54.2%	55.4%	52.5%			55.7%			Q3 staff FFT not completed as National Survey carried out			58.9%			60.3%			60.3%
	W9	Nursing Vacancies	JS	MM	TBC	UHL	Separate report submitted to QAC		8.4%	8.5%	8.0%	7.3%	8.7%	8.9%	8.5%	7.1%	7.6%	7.6%	7.7%	6.8%	8.4%	8.2%	8.5%	8.9%	8.9%
	W10	Nursing Vacancies in ESM CMG	JS	MM	TBC	UHL	Separate report submitted to QAC		17.2%	19.3%	13.0%	14.4%	13.3%	13.5%	13.5%	12.9%	14.6%	14.9%	16.4%	17.2%	18.5%	18.1%	18.9%	19.8%	19.8%
	W11	Turnover Rate	LT	LG	TBC	NHSI	Red = 11% or above ER = Red for 3 Consecutive Mths	11.5%	9.9%	10.4%	10.5%	10.5%	10.6%	10.4%	10.4%	10.2%	9.9%	10.0%	10.1%	10.0%	9.9%	9.7%	9.6%	9.4%	9.5%
	W12	Sickness absence	LT	BK	3%	UHL	Red if >4% ER if 3 consecutive mths >4.0%	3.8%	3.6%	3.6%	3.4%	3.5%	3.3%	3.2%	3.3%	3.5%	3.7%	3.9%	4.0%	4.3%	4.2%	4.0%	3.6%		3.8%
	W13	Temporary costs and overtime as a % of total paybill	LT	LG	TBC	NHSI	TBC	9.4%	10.7%	10.7%	10.2%	11.0%	10.8%	11.1%	9.9%	10.5%	10.5%	10.1%	11.0%	9.7%	13.9%	10.5%	9.5%	10.9%	10.4%
	W14	% of Staff with Annual Appraisal	LT	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	91.4%	90.7%	90.1%	88.7%	89.0%	89.1%	88.8%	90.0%	90.4%	91.1%	92.7%	91.5%	91.6%	90.7%	91.5%	92.2%	92.4%	92.4%
	W15	Statutory and Mandatory Training	LT	BK	95%	UHL	TBC	95%	93%	93%	92%	92%	91%	91%	91%	92%	92%	93%	93%	92%	93%	92%	93%	94%	94%
	W16	% Corporate Induction attendance	LT	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	100%	97%	97%	97%	98%	100%	97%	98%	98%	97%	92%	96%	98%	98%	94%	96%	97%	97%
	W17	DAY Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	JS	MM	TBC	NHSI	TBC	91.2%	90.5%	93.6%	90.3%	91.2%	90.3%	90.2%	90.5%	91.4%	87.2%	91.0%	90.5%	89.5%	90.2%	91.6%	91.3%	91.4%	91.4%
	W18	DAY Safety staffing fill rate - Average fill rate - care staff (%)	JS	MM	TBC	NHSI	TBC	94.0%	92.0%	94.2%	91.2%	93.5%	91.3%	92.4%	93.1%	94.2%	93.2%	93.9%	92.1%	86.0%	88.7%	92.5%	93.7%	93.8%	93.3%
	W19	NIGHT Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	JS	MM	TBC	NHSI	TBC	94.9%	95.4%	98.9%	96.0%	96.2%	94.3%	94.3%	94.9%	96.1%	91.4%	94.8%	96.6%	95.0%	96.3%	97.6%	97.2%	96.6%	97.1%
	W20	NIGHT Safety staffing fill rate - Average fill rate - care staff (%)	JS	MM	TBC	NHSI	TBC	99.8%	98.9%	106.3%	98.7%	99.4%	101.2%	98.0%	100.0%	99.9%	98.4%	98.0%	100.2%	91.6%	94.7%	98.3%	99.1%	96.7%	98.0%

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Effective

KPI Ref	Indicators	Board Director	Lead Officer	16/17 Target	Target Set by	16/17 Red RAG/ Exception Report Threshold (ER)	14/15 Outturn	15/16 Outturn	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	YTD
E1	Emergency readmissions within 30 days following an elective or emergency spell	AF	MM	Monthly <8.5% (revised)	QC	Red if >8.6% ER if >8.6%	8.5%	8.9%	9.1%	9.1%	9.0%	8.8%	8.9%	8.7%	9.0%	8.3%	9.2%	8.8%	8.7%	8.8%	8.6%	8.6%		8.6%
E2	Mortality - Published SHMI	AF	RB	<=99 (revised)	QC	Red if >100 ER if >100	103	96	103 (Oct13-Sep14)			99 (Jan14-Dec 14)			98 (Apr14-Mar15)			95 (Jul14-Jun15)		96 (Oct14-Sep15)	98 (Jan15-Dec15)			98 (Jan15-Dec15)
E3	Mortality - Rolling 12 mths SHMI (as reported in HED) Rebased	AF	RB	<=99 (revised)	QC	Red if >100 ER if >100	98	97	98	96	96	95	96	95	97	97	97	96	95	Awaiting HED Update				95
E4	Mortality - Rolling 12 mths HSMR (Rebased Monthly as reported in HED)	AF	RB	<=99 (revised)	UHL	Red if >100 ER if >100	94	96	94	94	93	93	93	93	94	95	95	95	95	97	Awaiting HED Update			97
E5	Crude Mortality Rate Emergency Spells	AF	RB	No Threshold	UHL	Monthly Reporting	2.4%	2.3%	2.1%	2.0%	2.3%	1.8%	2.0%	2.2%	2.4%	2.1%	2.5%	2.4%	2.4%	2.7%	2.4%	2.2%	2.2%	2.3%
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%	61.4%	63.8%	55.7%	42.6%	70.1%	60.3%	78.1%	72.0%	60.0%	70.9%	59.7%	66.7%	65.2%	65.1%	78.0%	78.1%	64.6%	73.4%
E7	No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions (excluding medically unfit patients)	AF	AC	72% or above	UHL	Red if <72% ER if 2 consecutive mths <72%	NEW INDICATOR													73.2%	86.8%	87.7%	73.2%	82.6%
E8	Stroke - 90% of Stay on a Stroke Unit	RM	IL	80% or above	QS	Red if <80% ER if 2 consecutive mths <80%	81.3%	85.6%	83.7%	84.5%	84.5%	85.7%	90.9%	86.9%	81.1%	84.4%	87.0%	90.6%	87.0%	86.5%	72.7%	93.5%		82.3%
E9	Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)	RM	IL	60% or above	QS	Red if <60% ER if 2 consecutive mths <60%	71.2%	75.6%	86.3%	79.6%	72.0%	78.9%	80.2%	88.1%	73.3%	67.1%	68.4%	71.3%	80.0%	67.3%	53.5%	68.2%	50.4%	57.1%
E10	Published Clinical Outcomes - data submission and outcome results	AF	RB	0 delayed /outside expected (revised)	UHL	ER if Red Quarterly ER if >0	Revised Indicator																	
E11	Compliance with NICE Guidance (15/16 and 16/17)	AF	RB	0 Non compliance and no actions or actions delayed (revised)	UHL	Red if in mth >0 ER if Red	Revised Indicator																	

Safe | Caring | Well Led | Effective | **Responsive** | Research

Responsive

KPI Ref	Indicators	Board Director	Lead Officer	16/17 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	14/15 Outturn	15/16 Outturn	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	YTD
R1	ED 4 Hour Waits UHL + UCC (Calendar Month)	RM	IL	95% or above	NHSI	Red if <92% ER via ED TB report	89.1%	86.9%	92.0%	92.2%	92.6%	92.2%	90.6%	90.3%	88.9%	81.7%	85.1%	81.2%	80.2%	77.5%	81.2%	79.9%	80.6%	80.6%
R2	12 hour trolley waits in A&E	RM	IL	0	NHSI	Red if >0 ER via ED TB report	4	2	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0
R3	RTT - Incomplete 92% in 18 Weeks	RM	WM	92% or above	NHSI	Red /ER if <92%	96.7%	92.6%	96.6%	96.5%	96.2%	95.2%	94.3%	94.8%	93.6%	93.8%	93.0%	92.9%	93.2%	92.6%	92.7%	92.7%	92.4%	92.4%
R4	RTT 52 Weeks+ Wait (Incompletes)	RM	WM	0	NHSI	Red /ER if >0	0	232	0	66	242	256	258	260	265	263	267	269	261	232	169	134	130	130
R5	6 Week - Diagnostic Test Waiting Times	RM	WM	1% or below	NHSI	Red /ER if >1%	0.9%	1.1%	0.8%	0.6%	6.1%	10.9%	13.4%	9.6%	7.7%	6.5%	7.0%	4.1%	1.8%	1.1%	0.7%	0.6%	0.7%	0.7%
R6	Urgent Operations Cancelled Twice	RM	GH	0	NHSI	Red if >0 ER if >0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
R7	Cancelled patients not offered a date within 28 days of the cancellations UHL	RM	GH	0	NHSI	Red if >2 ER if >0	33	48	2	0	1	1	5	1	0	3	6	6	9	14	24	16	18	58
R8	Cancelled patients not offered a date within 28 days of the cancellations ALLIANCE	RM	GH	0	NHSI	Red if >2 ER if >0	11	1	0	0	1	0	0	0	0	0	0	0	0	0	5	0	0	5
R9	% Operations cancelled for non-clinical reasons on or after the day of admission UHL	RM	GH	0.8% or below	Contract	Red if >0.9% ER if >0.8%	0.9%	1.0%	0.7%	0.5%	0.9%	1.3%	0.7%	0.9%	0.8%	1.3%	1.1%	1.3%	1.2%	1.5%	1.5%	1.2%	1.4%	1.4%
R10	% Operations cancelled for non-clinical reasons on or after the day of admission ALLIANCE	RM	GH	0.8% or below	Contract	Red if >0.9% ER if >0.8%	0.9%	0.9%	1.2%	1.2%	1.0%	0.8%	0.0%	1.0%	1.1%	0.0%	1.1%	2.2%	0.2%	1.0%	0.8%	0.3%	0.8%	0.6%
R11	% Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	RM	GH	0.8% or below	Contract	Red if >0.9% ER if >0.8%	0.9%	1.0%	0.8%	0.6%	0.9%	1.3%	0.7%	0.9%	0.8%	1.2%	1.1%	1.4%	1.1%	1.4%	1.5%	1.2%	1.4%	1.3%
R12	No of Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	RM	GH	Not Applicable		Not Applicable	1071	1299	79	56	97	138	67	104	91	131	115	146	119	156	156	123	154	433
R13	Delayed transfers of care	RM	SL	3.5% or below	NHSI	Red if >3.5% ER if Red for 3 consecutive mths	3.9%	1.4%	1.9%	1.0%	1.0%	0.9%	1.2%	1.3%	1.1%	1.5%	1.6%	1.8%	1.8%	2.0%	1.9%	2.1%	2.1%	2.1%
R14	Ambulance Handover >60 Mins (CAD+ from June 15)	RM	SL	0	Contract	Red if >0 ER if Red for 3 consecutive mths	5%	5%	6%	7%	7%	8%	9%	18%	22%	27%	16%	12%	10%	11%	6%	6%	6%	6%
R15	Ambulance Handover >30 Mins and <60 mins (CAD+ from June 15)	RM	SL	0	Contract	Red if >0 ER if Red for 3 consecutive mths	19%	19%	22%	21%	17%	17%	17%	25%	26%	26%	23%	13%	13%	13%	11%	12%	10%	11%

Responsive Cancer

KPI Ref	Indicators	Board Director	Lead Officer	15/16 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	14/15 Outturn	15/16 Outturn	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD	Apr-16	May-16	Jun-16	YTD
** Cancer statistics are reported a month in arrears.																									
RC1	Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	RM	DB	93% or above	NHSI	Red if <93% ER if Red for 2 consecutive mths	92.2%	90.5%	91.2%	87.9%	91.1%	87.4%	86.8%	87.7%	89.9%	92.4%	93.0%	91.4%	93.9%	93.0%	90.5%	91.1%	89.5%	**	90.3%
RC2	Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	RM	DB	93% or above	NHSI	Red if <93% ER if Red for 2 consecutive mths	94.1%	95.1%	99.0%	98.8%	87.2%	93.3%	98.7%	94.5%	94.6%	89.4%	93.5%	96.2%	99.3%	95.7%	95.1%	96.1%	88.7%	**	92.8%
RC3	31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	RM	DB	96% or above	NHSI	Red if <96% ER if Red for 2 consecutive mths	94.6%	94.8%	93.9%	97.9%	93.7%	97.2%	96.5%	94.7%	95.2%	95.6%	94.3%	91.5%	92.6%	94.1%	94.8%	95.1%	95.2%	**	95.2%
RC4	31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	RM	DB	98% or above	NHSI	Red if <98% ER if Red for 2 consecutive mths	99.4%	99.7%	100.0%	100.0%	97.7%	100.0%	98.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.7%	100.0%	100.0%	**	100.0%
RC5	31-Day Wait For Second Or Subsequent Treatment: Surgery	RM	DB	94% or above	NHSI	Red if <94% ER if Red for 2 consecutive mths	89.0%	85.3%	86.3%	92.2%	89.6%	92.2%	81.1%	89.7%	90.7%	76.8%	91.4%	77.5%	77.9%	80.3%	85.3%	90.4%	91.6%	**	91.0%
RC6	31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	RM	DB	94% or above	NHSI	Red if <94% ER if Red for 2 consecutive mths	96.1%	94.9%	86.3%	98.1%	96.5%	95.9%	99.0%	92.2%	94.1%	95.1%	94.3%	96.4%	92.9%	96.4%	94.9%	98.8%	93.6%	**	95.9%
RC7	62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	RM	DB	85% or above	NHSI	Red if <85% ER if Red in mth or YTD	81.4%	77.5%	75.7%	70.1%	84.2%	73.7%	81.7%	77.2%	77.0%	82.5%	80.9%	75.1%	73.4%	77.6%	77.5%	75.8%	74.9%	**	75.3%
RC8	62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	RM	DB	90% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	84.5%	89.1%	91.7%	82.4%	93.3%	95.2%	97.1%	81.4%	96.0%	96.2%	95.3%	77.3%	72.5%	81.3%	89.1%	92.6%	100.0%	**	94.9%
RC9	Cancer waiting 104 days	RM	DB	0	NHSI	TBC			12	10	12	20	12	12	17	13	23	23	17	21	21	12	7	15	15

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

KPI Ref	Indicators	Board Director	Lead Officer	15/16 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	14/15 Outturn	15/16 Outturn	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD	Apr-16	May-16	Jun-16	YTD
RC10	Brain/Central Nervous System	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	--	100.0%	--	100.0%	--	--	--	--	--	--	--	--	100.0%	--	100.0%	--	--	**	--
RC11	Breast	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	92.6%	95.6%	92.3%	96.8%	97.8%	91.4%	96.3%	97.5%	92.0%	100.0%	93.1%	94.6%	100.0%	94.1%	95.6%	93.3%	95.3%	**	94.5%
RC12	Gynaecological	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	77.5%	73.4%	64.3%	55.6%	66.7%	100.0%	72.2%	80.0%	84.6%	80.0%	85.7%	50.0%	70.0%	78.6%	73.4%	72.7%	78.6%	**	76.0%
RC13	Haematological	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	66.5%	63.0%	50.0%	55.0%	83.3%	37.5%	82.6%	66.7%	70.0%	50.0%	58.3%	100.0%	60.0%	60.0%	63.0%	14.3%	61.5%	**	45.0%
RC14	Head and Neck	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	69.9%	50.7%	75.0%	54.5%	66.7%	36.4%	60.9%	50.0%	75.0%	42.9%	37.5%	62.5%	37.5%	35.7%	50.7%	35.7%	45.5%	**	40.0%
RC15	Lower Gastrointestinal Cancer	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	63.7%	59.8%	63.6%	55.6%	93.3%	63.6%	60.0%	38.9%	70.6%	68.2%	77.8%	52.4%	31.3%	57.1%	59.8%	62.5%	45.0%	**	52.8%
RC16	Lung	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	69.9%	71.0%	84.6%	50.9%	74.6%	81.8%	70.4%	73.5%	65.2%	88.6%	81.6%	73.7%	53.8%	71.1%	71.0%	66.7%	51.7%	**	60.0%
RC17	Other	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	95.0%	71.4%	50.0%	100%	100%	100%	100%	50.0%	60.0%	80.0%	--	66.7%	--	--	71.4%	0.0%	50.0%	**	33.3%
RC18	Sarcoma	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	46.2%	81.3%	66.7%	--	100%	--	--	80.0%	50.0%	--	--	--	100.0%	100.0%	81.3%	0.0%	50.0%	**	40.0%
RC19	Skin	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	96.7%	94.1%	91.7%	94.0%	91.3%	93.8%	94.1%	96.7%	91.1%	95.6%	94.9%	100.0%	92.5%	94.6%	94.1%	95.2%	100.0%	**	97.6%
RC20	Upper Gastrointestinal Cancer	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	73.9%	63.9%	66.7%	55.0%	84.6%	51.4%	81.8%	45.7%	48.6%	84.6%	90.0%	42.9%	57.1%	76.5%	63.9%	74.3%	68.4%	**	71.2%
RC21	Urological (excluding testicular)	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	82.6%	74.4%	62.1%	62.1%	74.7%	61.5%	86.1%	80.4%	80.0%	76.7%	75.0%	67.4%	78.7%	83.6%	74.4%	83.7%	73.7%	**	78.8%
RC22	Rare Cancers	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	84.6%	100.0%	--	100%	100%	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	**	100.0%
RC23	Grand Total	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	81.4%	77.5%	75.7%	70.1%	84.2%	73.7%	81.7%	77.2%	77.0%	82.5%	80.9%	75.1%	73.4%	77.6%	77.5%	75.8%	74.9%	**	75.3%

The Sustainability and Transformation Fund Trajectories and Performance

ED trajectory

	Submitted on a "best endeavours" basis											
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Trajectory	78%	78%	79%	79%	80%	85%	85%	85%	85%	89%	89%	91.2%
Actual	**81.2%**	**79.9%**	**80.6%**									

Cancer 62 day

			Submitted on a "best endeavours" basis									
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Trajectory	70.2%	74.0%	85.1%	85.1%	85.1%	85.1%	85.1%	85.1%	85.1%	85.1%	85.1%	85.1%
Actual	**75.8%**	**74.9%**										

Diagnostics

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Trajectory	0.98%	0.98%	0.98%	0.98%	0.98%	0.98%	0.98%	0.98%	0.98%	0.98%	0.98%	0.98%
Actual	**0.7%**	**0.6%**	**0.7%**									

RTT Incomplete Backlog

	Submitted on a "best endeavours" basis April - June											
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Trajectory	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Actual	**92.7%**	**92.7%**	**92.4%**									

Compliance Forecast for Key Responsive Indicators

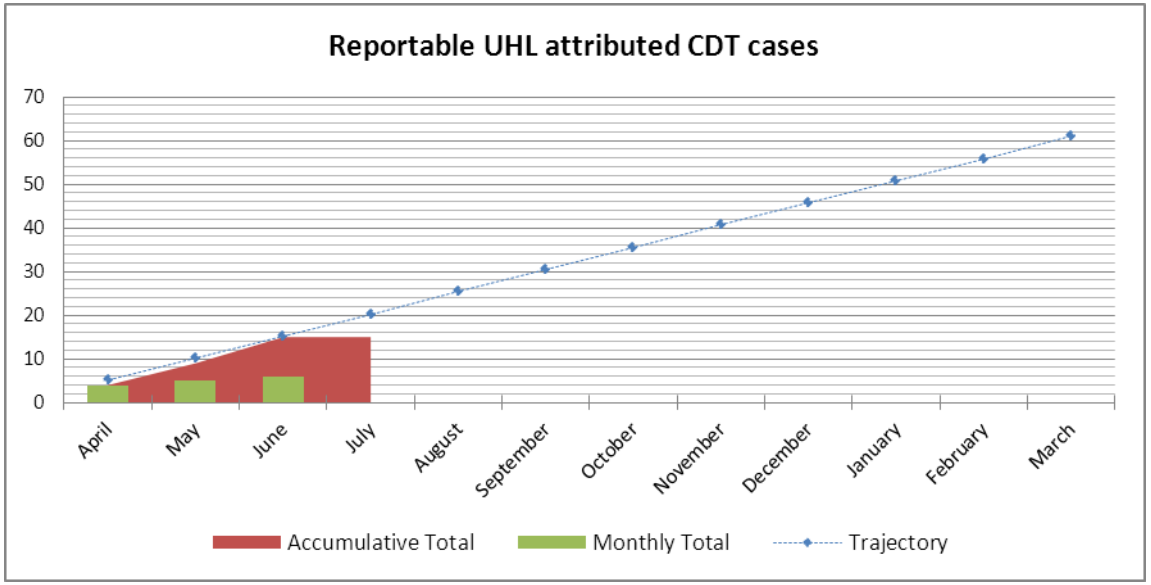
Standard	June actual/predicted	July predicted	Month by which to be compliant	RAG rating of required month delivery	Commentary
Emergency Care					
4+ hr Wait (95%) - Calendar month	80.6%				Final performance
Ambulance Handover (CAD+)					
% Ambulance Handover >60 Mins (CAD+)	6%		Not Confirmed		EMAS monthly report
% Ambulance Handover >30 Mins and <60 mins (CAD+)	10%		Not Confirmed		
RTT (inc Alliance)					
Incomplete (92%)	92.4%	92.2%			
Diagnostic (predicted)					
DM01 - diagnostics 6+ week waits (<1%)	0.7%	0.9%			Includes Alliance.
# Neck of femurs					
% operated on within 36hrs - all admissions (72%)	65%	72%			
% operated on within 36hrs - pts fit for surgery (72%)	73%	80%			
Cancelled Ops (inc Alliance)					
Cancelled Ops (0.8%)	1.4%	1.0%	Aug-16		
Not Rebooked within 28 days (0 patients)	18	13	Aug-16		
Cancer (predicted)					
Two Week Wait (93%)	91%	93%	Jul-16		Ongoing challenges with ENT/ Head and Neck capacity
31 Day First Treatment (96%)	94%	94%	Aug-16		Additional HDU capacity opened at the LGH
31 Day Subsequent Surgery Treatment (94%)	82%	92%	Aug-16		Additional HDU capacity opened at the LGH
62 Days (85%)	77%	80%	Sep-16		Current unadjusted backlog 71 and adjusted backlog 66.
Cancer waiting 104 days (0 patients)	15	12			

Safe | Caring | Well Led | Effective | Responsive | **Research**

	KPI Ref	Indicators	Board Director	Lead Officer	14/15 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	14/15 Outturn	15/16 Outturn	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Research UHL	RU1	Median Days from submission to Trust approval (Portfolio)	AF	NB	TBC	TBC	TBC	2.8	1.0	2.0			1.0			2.0			1.0				
	RU2	Median Days from submission to Trust approval (Non Portfolio)	AF	NB	TBC	TBC	TBC	2.1	1.0	4.0			1.0			1.0			1.0				
	RU3	Recruitment to Portfolio Studies	AF	NB	Aspirational target=10920/year (910/month)	TBC	TBC	12564	13479	1062	848	1163	1019	858	1019	1516	1875	815	926	983	947	926	983
	RU4	% Adjusted Trials Meeting 70 day Benchmark (data sunbmitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC			(Jul14-Jun15) 76%			(Oct14-Sep15) 92%			(Jan15 - Dec15) 94%							
	RU5	Rank No. Trials Submitted for 70 day Benchmark (data submitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC			(Jul14-Jun15) Rank 108/210			(Oct14-Sep15) Rank 13/215			(Jan15 - Dec15) Rank 61/213							
	RU6	%Closed Commercial Trials Meeting Recruitment Target (data submitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC			(Jul14-Jun15) 15.3%			(Oct14-Sep15) 46.8%			(Jan15 - Dec 15) 43.4%							

Clostridium Difficile

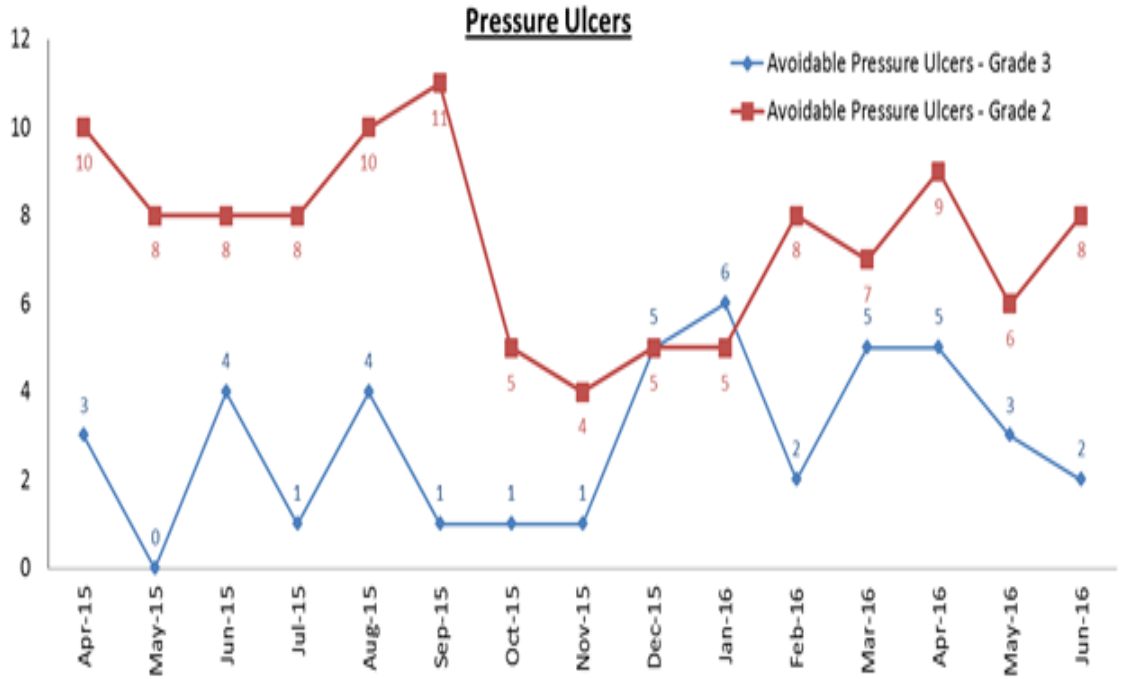
What is causing underperformance?	What actions have been taken to improve performance?	Target (mthly / end of year)	Latest month performance	YTD performance	Forecast performance for next reporting period
The monthly trajectory for CDT infections is the annual trajectory divided by 12. This will be subject to seasonal variation and is a point of reference to check progress against the annual trajectory. The figures per month in themselves are not significant unless the cases are linked in time and place. This was not the case in June	No action required, currently we are below trajectory for this point of year	**5/61**	**6**	**15**	**On/below trajectory**



Expected date to meet monthly target	
Lead Director / Lead Officer	Julie Smith, Chief Nurse Liz Collins, Lead Nurse Infection Prevention

Avoidable Pressure Ulcers (Grade 2)

What is causing underperformance?	What actions have been taken to improve performance?	Target (mthly / end of year)	June 2016	YTD performance	Forecast performance for next reporting period
We have exceeded by 1 the permitted number of grade 2 pressure ulcers this month. The trajectory was revised from April 2016 and the permitted number was reduced to promote on going improvements. The overall number is within the trajectory collectively as the trend is down for Grade 3. This is attributed to earlier detection, which is then increasing the number of Grade 2 ulcers (above plan) which is positive.	The cause of each avoidable pressure ulcer has been investigated, and themes have been shared with the heads of nursing, in particular a theme has been the requirement to ensure adequate heal protection and pressure relieving cushions for patients sitting out in chairs. Awareness of these issues will be raised. For wards with high avoidable pressure ulcers, the matron and ward sister will when required be set improvement targets to ensure improvements are made.	**Monthly Grade 2 <= 7**	**Grade 2 = 8**	**Grade 2 = 8**	**7**



Expected date to meet standard / target	Prevalence is monitored monthly it is anticipated that we shall meet our overall yearly target
Revised date to meet standard	July 2016
Lead Director / Lead Officer	Carole Ribbins, Deputy Chief Nurse Michael Clayton, Head of Nursing

Single Sex Accommodation Breaches (patients affected)

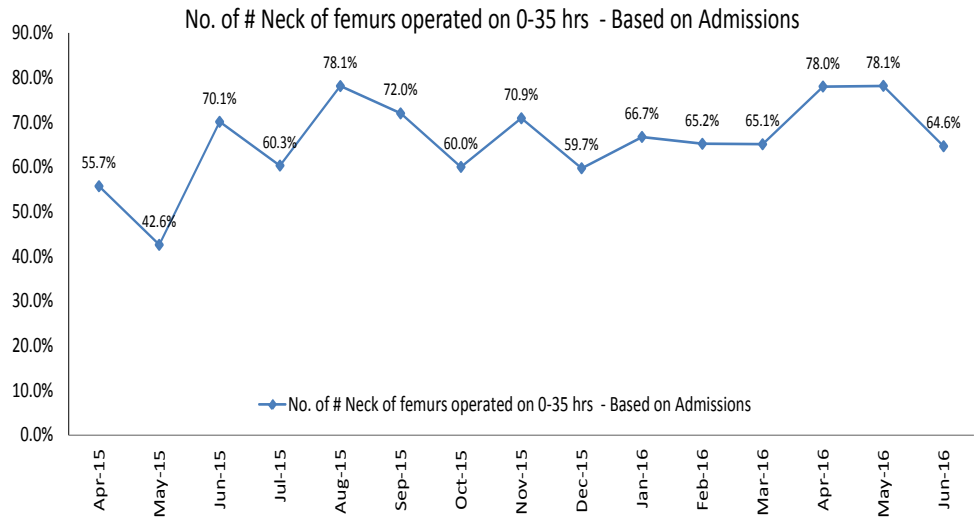
What is causing underperformance?	What actions have been taken to improve performance?	Target (mthly / end of year)	June 2016	YTD performance	Forecast performance for next reporting period
ACB is the only high dependency area at the LRI and receives sick patients from ED and deteriorating patients back from general medical wards. The criteria for entry is via Registrar or Consultant acceptance. Patients admitted to ACB are allocated the first available bed in the area as they require intensive medical treatment. Beds are in high demand 24/7. Pressures can be increased with a lack of available free beds on AMU due to ED flow and/or lack of medical and speciality base ward beds. This can cause some delays in the step down process for level 1 ACB patients into AMU/base ward beds. AMU beds and general ward beds are in demand especially during periods of high ED/GP activity. Level 1 ACB patients are often too medically unwell to be accepted onto medical base wards due to the nursing skills required. This set of patients do not meet the level 2 criteria as per the national standard however they are sick and often have to receive care in ACB. The staff in the area did not actively seek to step down level one patients and look at options to free up ACB space for level two patients.	Introduction of proactive step down of level 1 patients. Improvements of nursing escalation if there is a possibility of a same sex breach in the area. Senior nursing/medical staff must complete an immediate review of all the patients in ACB with a view to proactive movement. Ensure that patients no longer requiring level 2 care are identified immediately via the ACB lead. Communicate this via the gold meetings to support the flow out of ACB. As part of ACB monitoring and assessment of patient flow forward plan for single sex occupancy at all times. Ensure that the level 1/2 status of patients is reviewed at regular intervals throughout the shift 24/7 and in clearly communicated via the ACB lead / coordinators. The level status of all ACB patients must be clearly visible on the white boards in ACB bays. Future action to include specially ordered magnets.	0	2 Breach and 4 person affected	2 Breach and 4 person affected	0

Area	Site	No. of Breaches	Total No. of Patient Affected	Narrative
LRI	AMU	1	1	Female patient needing level 2 care admitted to ACB with a male who no longer needed level 2 care.
LRI	AMU	1	3	Female patient needing level 2 care admitted to ACB with a male who no longer needed level 2 care, during her stay 2 further males in the bay were deemed to no longer need level 2 care.

Expected date to meet standard / target	July 2016
Revised date to meet standard	
Lead Director / Lead Officer	Julie Smith, Chief Nurse

No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions

What is causing underperformance?	What actions have been taken to improve performance?	Target (mthly / end of year)	Latest month performance	YTD performance FY 16/17	Forecast performance for next reporting period
There were 65 NOF admissions in June 2016, 22 patients breached the 36 hr target to theatre as detailed below:- Medically Unfit – 9pts List capacity, Weekend – 7pts LGH transfer for THR – 1pt Awaiting CT– 1pt List capacity, weekday – 3pts Delay in pt arrival – 1pt No radiographer -1pt Operation not performed – 1pt Therefore 9 pts are outside our control and 14 we were within it. There were also patients who are included in the denominator who did not have surgery in their pathway / RIP'd. The main causal factor of the breaches this month was the impact of the volume and complexity of the spinal surgery carried out this month. This activity goes through Theatre 4 which displaced general trauma into Theatre 3 (NOF theatre) when clinically urgent. Thus all cases become backlogged and the 36 hr target is compromised. There were 3 occasions when NOF admissions exceeded or was 5 in a day.	Theatre schedulers working more closely with theatre team to inform of changing priorities and predict when 'pinch' points occur. Discussions on going with anaesthesia re additional weekend NOF list cover to extend hours. Breach dates of patients now included on theatre lists and on ORMIS by schedulers. Theatre utilisation is being tracked monthly to optimise usage and reduce downtime between cases. THR's to be undertaken at LRI – commencing August. Work is in progress to look at how spinal activity can be accommodated minimising impact on other Trauma. Head of Service leading this. Medical Director is setting up a steering group to look at how we can sustain NOF performance given that the service can now has carried out many of the internal service 'quick' wins.	**72%**	**64.6%**	**73.4%**	**72%**



Performance by Month for 16/17

April	May	June	YTD
78.0%	78.1%	64.6%	73.4%

Expected date to meet standard / target	November 2016
Revised date to meet standard	Quarter 3 2016/17
Lead Director / Lead Officer	Dr Andy Currie MSS CD / Catherine Chadwick, Head of Operations

52 week breaches (incompletes)

<table>
<tr><th>What is causing underperformance?</th><th>What actions have been taken to improve performance?</th><th>Target (mthly / end of year)</th><th>June performance</th><th>YTD performance</th><th>Forecast performance for next period</th></tr>
<tr><td rowspan="4">UHL had 130 patients breaching 52 weeks at the end of May, consisting of 124 Orthodontics patients, 2 Urology patients and 4 ENT patients (3 adult/ 1 paediatric).

Orthodontics – The 124 Orthodontics patients have breached 52 weeks as a result of incorrect use and management of a planned waiting list, as well as inadequate capacity within the service.

ENT – Of the four ENT patients breaching 52 weeks, delays for three patients can be directly attributed to administrative errors; however these have been exacerbated by the mismatch between capacity and demand in ENT. The fourth breach occurred as a result of hospital cancellations due to no beds being available.

Urology – As part of an in depth investigation into the admitted waiting list following on from a previous 52 week breach, two further patients were identified as breaching 52 weeks. For both patients, these delays can be attributed to administrative errors, with pathways being incorrectly ended and new pathways started.</td><td rowspan="4">Orthodontics – The Orthodontics service is now closed to referrals with some clinical exceptions. With NHS Improvement and NHS England, UHL have identified treatment opportunities from across the regional health economy for the majority of the patients on the Orthodontics waiting list. The service team are in the process of transferring patients to these providers, explaining the drop in reported numbers from the end of May (130). The Trust is reporting weekly to NHS Improvement. The current number of 52 week breaches is 115 patients (as of 17/7/16).

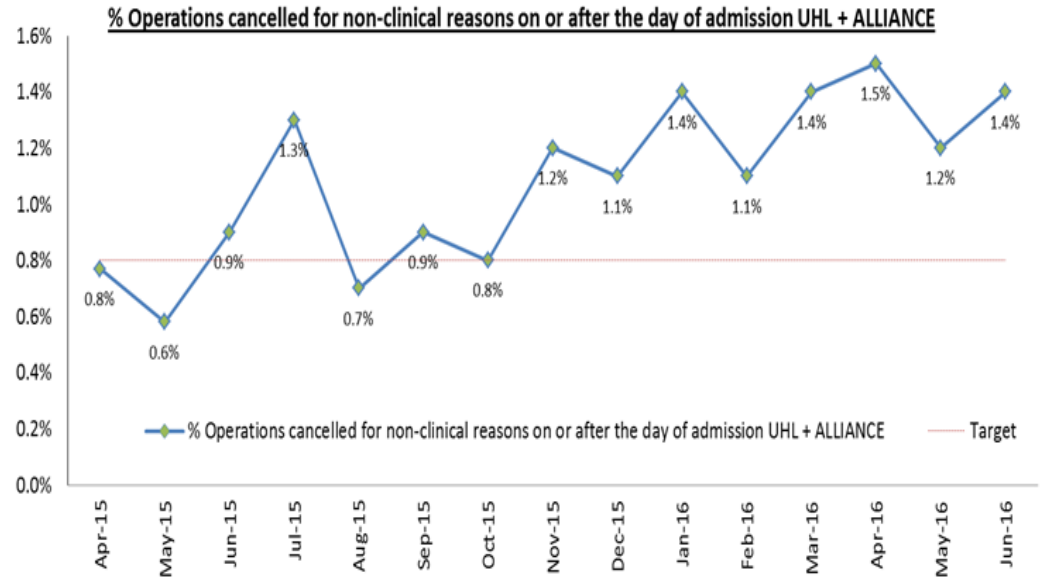
ENT – The RTT Team recently delivered a bespoke education and training course for the ENT administrative team and continues to provide support. This training is reiterated regularly to the waiting list team by the service management. Extra capacity has been identified for both outpatients and inpatients via Medinet weekend clinics and theatre lists. Three locums have been appointed and the service is chasing HR to obtain start dates. A band 3 validator specifically for ENT takes up their post this month.

Urology – Following on from the discovery of these patients, a full review of waiting list management in Urology will be undertaken, with responsibility for validation and booking assigned to the administration manager.</td><td>0</td><td>130</td><td>130</td><td>c.85</td></tr>
<tr><td colspan="4">The problem which surfaced in Orthodontics prompted a deliberate, Trust-wide review of planned waiting lists at specialty level. Therefore the following actions have been taken Trust-wide:
Communication around planned waiting list management to all relevant staff;
System review of all waiting list codes;
All General Managers and Heads of Service have signed a letter confirming review and assurance of all waiting lists, to be returned to Chief Operating Officer;
Weekly review at Heads of Operations meeting for assurance.
Looking forward
UHL is forecasting to achieve RTT throughout quarter 2, however achievement of the standard remains at risk. This is the culmination of the significant impact of winter pressures on the admitted position as well as the deterioration of performance in ENT and other key specialties such as Allergy. RTT was failed nationally in April 2016 for the first time since 2012, reflecting the pressures felt across the acute sector. ENT remains very high risk due to the high number of cancellations the service has experienced and the number of patients with long waits. There are likely to be more 52 week breaches. On 18th July, there were a total of 59 patients across the Trust waiting over 47 weeks for treatment (excluding Orthodontics); 50 of these are patients in adult/ paediatric ENT.</td></tr>
<tr><td colspan="2">Expected date to meet standard / target</td><td colspan="2">July for non-Orthodontics breaches</td></tr>
<tr><td colspan="2">Lead Director / Lead Officer</td><td colspan="2">Richard Mitchell, Chief Operating Officer
Will Monaghan, Director of Performance and Information</td></tr>
</table>

Cancelled patients not offered a date within 28 days of the cancellations

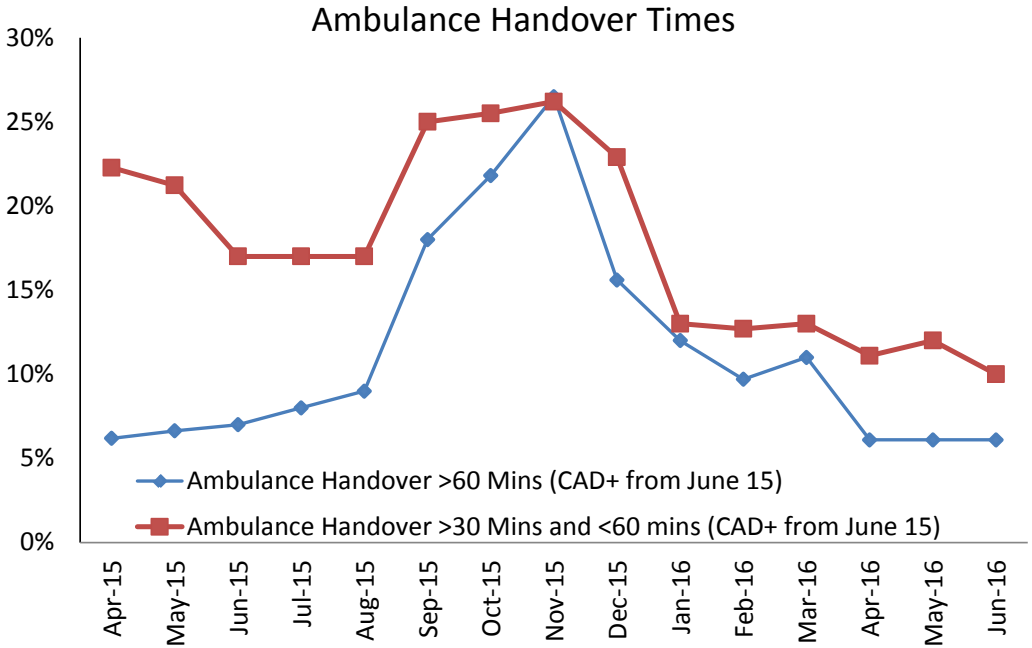
INDICATORS: The cancelled operations target comprises of two components: 1. The % of cancelled operations for non-clinical reasons On The Day (OTD) of admission **2**.The number of patients cancelled who are not offered another date within 28 days of the cancellation

What is causing underperformance?	What actions have been taken to improve performance?	Target (monthly)	Latest month	YTD performance (inc Alliance)	Forecast performance for next reporting period
Across UHL, 58% of all cancellations (86/148) were due to capacity pressures. The five key reasons for cancellations were: 1. HDU bed availability (42 patients) 2. Lack of theatre time / lists overrunning (35 patients) 3. Ward bed availability (20 patients) 4. ITU bed unavailability (12 patients) 5. Patient delayed to admit a higher priority patient (12 patients) Of the 86 patients cancelled for capacity pressures, 74 of the cancellations related to availability of beds (either HDU, ITU or ward). These account for half of the total of all operations cancelled for non-clinical reasons on the day. The capacity pressures were caused mainly by increases in emergency admissions. The pressures on ITU/ HDU were particularly challenging due to the acuity of some of the patients requiring care.	List over runs: the process of exception reporting is now better able to identify any over booked operation lists by the theatre managers working with theatre staff. The number of cancellations due to ward bed availability has improved considerably from the May position (35 cancellations) as a result of the ring fencing of ASU/ Ward 7 for surgical patients. In light of the significant proportion of patients being cancelled as a result of no HDU bed being available, the ITAPS team has opened an additional four HDU beds at the General. So far, this is working well. The plan is to open an additional six HDU beds at the Royal in August; however a specific date to open has yet to be confirmed. Theatre managers have increased theatre capacity for the cancer demand by making additional lists available. Theatre capacity planning for 2016/17 is well underway and incorporates the increased demand. In order to support pressured tumour sites, the Trust is currently exploring use of Medinet theatre staff for weekend lists.	1) 0.8% 2) 0	1) 1.4% (UHL 1.4% & Alliance 0.8%) 2) 18 (3 CHUGGS, 7MSS, 5 RRCV, 3 W&C)	1) 1.3% 2) 63	1) 1.0% 2) 13



Expected date to meet standard / target	On the day – August 2016 28 day – August 2016
Lead Director / Lead Officer	Richard Mitchell, Chief Operating Officer Gaby Harris, ITAPs Head of Operations

Ambulance handover > 30 minutes and>60 minutes

		Target	Latest Month	YTD	Forecast
What is causing underperformance?	What actions have been taken to improve performance?	0 delays over 15 minutes	>60 min – 6% 30-60 min –10%	>60 min - 6% 30-60 min –11%	> 60 min – 4% 30-60 min – 10%
Difficulties continue in accessing beds and high occupancy in ED leading to congestion in the assessment area and delays ambulance handover.	CCG's, EMAS and UHL continue to work together to improve ambulance handover times. EMAS and UHL have regular conference calls to progress actions and identify further opportunities for improvement. Following RCT's of major's expansion (yellow zone) we opened this area on a permanent (until we move to the new EF) basis from 12.7.16. This will provide additional capacity of 7 cubicles for fast track query home patients and 2 cubicles for stroke patients. The additional capacity and decongestion in majors will have a positive impact on ambulance handover delays. We are also starting a RCT of moving 'home following negative test result' patients to GPAU first thing in the morning where they will be followed up and discharged if appropriate. This will enable faster flow from ED first thing in the morning and decrease overcrowding and subsequent ambulance delays.	Performance:  		

Expected date to meet standard	May 2017
Revised date to meet standard	
Lead Director	Sam Leak, Director of Emergency Care and ESM CMG

Cancer Waiting Times Performance

What is causing underperformance?	What actions have been taken to improve performance?	Target (mthly / end of year)	Latest month performance May	Performance YTD	Forecast performance for June
2ww – The Trust failed the 2ww standard by 3.5%. This can be attributed to the continuing problems with capacity in Head and Neck (ENT specifically), Lower GI and Skin (Dermatology). **31 day first treatment –** UHL's performance against this standard was 90.5%, a 4.5% deterioration in performance from April. 19 patients were treated after the 31 day target. The only tumour sites to achieve the standard in May were Brain, Breast, Haematology, Sarcoma and Skin. **31 day subsequent (surgery) –** Performance against this standard in May was 91.6% - a 1.2% improvement from April, the issues remain with inadequate theatre capacity in key tumour sites (Urology, Gynae) and the impact of cancellations due to HDU/ITU bed availability (UGI, LOGI). **62 day –** 62 day performance remains below target at 74.9% in May; however 55 patients from the backlog were treated. The main pressures remain robust patient pathways and supporting processes, inadequate theatre capacity and shortages in consultant staff. The only tumour sites to achieve the standard were Breast and Skin.	**2ww –** ENT/ Head and Neck remains a significant organisational focus. As much capacity as possible is being identified to support cancer pathways, the service are actively exploring all options to secure short and medium term additional capacity. **31 day first treatment –** Reduced emergency pressures and recovery in Urology/ Lower GI are key to the achievement of this standard. Urology has a known shortage of theatre capacity; additional long term capacity is in the process of being identified with extra sessions/ weekend working. Additional HDU capacity is expected to be available from mid-July at the LGH site. **31 day subsequent (surgery) –** Across all tumour sites cancer patients are being prioritised over RTT patients, however cancellations due to emergency pressures are having an impact. The key issue in Urology is inadequate elective capacity; as mentioned above plans to increase their theatre capacity are ongoing. The Theatre Programme board are reviewing demand and capacity analysis across the 3 sites. **62 day RTT –** Lower GI, Head and Neck, Lung and Urology remain the most pressured tumour sites. Three band 7 service managers with responsibility for managing cancer pathways in our worst performing tumour sites are providing the key focus required. Although 62 day backlog reduction has steadily been taking place, there are increasing pressures in Urology. A Remedial Action Plan has been submitted to commissioners; this is updated weekly via the Trust's Cancer Action Board and monitored monthly via the joint Cancer and RTT Board. Daily phone calls are taking place with Urology, Lung and Head and Neck and the corporate performance team.	**2WW (Target: 93%)**	**89.5%**	**90.3%**	**90.7%**
		31 day 1st (Target: 96%)	**90.5%**	**95%**	**94.1%**
		31 day sub – Surgery (Target: 94%)	**91.6%**	**91%**	**81.8%**
		62 day RTT (Target: 85%)	**74.9%**	**75.3%**	**77.1%**
		62 day screening (Target: 90%)	**100%**	**94.9%**	**89.6%**
		Current cancer performance is an area of significant concern across UHL and focus on recovery is of the highest priority within the organisation. The weekly cancer action board chaired by the Director Of Performance and Information with mandatory attendance by all tumour site leads ensures that corrective actions are taken. The Trust has initiated a programme 'Next Steps' for cancer patients in 3 key tumour sites. The pilot started in the Prostate pathway in early April and has since rolled out to Lower GI and Lung. Further roll out to other tumour sites will happen in June.			
		Expected date to meet standard / target	62 day pathway: September 2016 31 day sub – Surgery: July 2016		
		Revised date to meet standard	31 day 1st treatment: July 2016		
		Lead Director / Lead Officer	Richard Mitchell, Chief Operating Officer Dan Barnes, Clinical Lead for Cancer		

Cancer Patients Breaching 104 days

What is causing underperformance?

15 cancer patients on a 62 day pathway breached 104 days at the end of June across 6 tumour sites. Three patients had been waiting over 6 months from initial referral.

Tumour site	Number of patients breaching 104 days
Lung	4
HPB	1
Lower GI	3
Gynaecology	1
Skin	1
Urology	5

The following factors have significantly contributed to delays:

Reason	No. patients
Patient fitness	5
Patient initiated delays (compliance or choice)	4
PSA surveillance	1
Late tertiary referrals	3
Complexity diagnostic pathway	1
Oncology delay	1

What actions have been taken to improve performance?

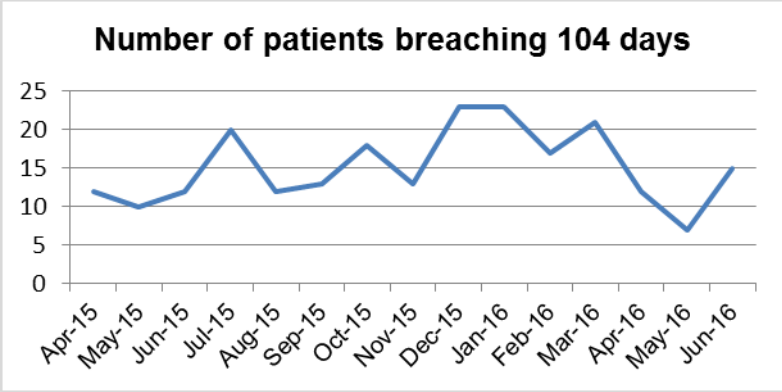
Current cancer performance is an area of significant concern across UHL and is given the highest priority by the executive and operational teams. The weekly cancer action board chaired by the Director of Performance and Information with mandatory attendance by all tumour site leads ensures that corrective actions are taken.

The number of patients breaching 104 days on a 62 day pathway risen by 8 from the end of May. While this is a significant rise, the split of the numbers demonstrates that the largest factor driving the long waits is patient fitness, compliance or choice. From July 2016, a monthly backlog summary report and delay reasons will be produced in conjunction with the services for thematic review and root cause resolution where appropriate.

The impact of emergency pressures has reduced but is still a pressure. 4 HDU beds have recently opened in the theatre recovery area at LGH, which so far is working well. The plan is to open a further 6 at the LRI, hopefully in August, however the date of this is yet to be confirmed.

Month by month breakdown of patients breaching 104 days

The graph below outlines the number of cancer patients breaching 104 days by month going back to April 2015:



NB: Not all patients have confirmed cancer. However all patients breaching 104 days undergo a formal 'harm review' process and these are reviewed by commissioners

Expected date to meet standard / target	N/A
Revised date to meet standard	N/A
Lead Director / Lead Officer	Richard Mitchell, Chief Operating Officer Dan Barnes, Clinical Lead for Cancer