

Quality & Performance Report

Author: John Adler Sponsor: Chief Executive Date: FIC, PPP + QAC 28th September 2017

Executive Summary from CEO

Paper C

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 (period January 2016 to December 2016) has reduced to 101 and remains within the expected range. **Diagnostic 6 week wait** – remains complaint for the 11th consecutive month. **52+ week waits** – current number this month is 18 patients (last August the number was 57). **Cancer Two Week Wait** – have achieved the 93% threshold for over a year. **Cancer 31 day** was achieved in August. **Delayed transfers of care** - remain within the tolerance. However, there are a range of other delays that do not appear in the count. **Pressure Ulcers** – Zero **Grade 4** pressure ulcers reported this financial year. **Grade 3 and Grade 2** are well within the trajectory year to date with only 1 **Grade 2** reported in August. **CAS alerts** – we remain compliant. **Inpatient and Day Case Patient Satisfaction (FFT)** achieved the Quality Commitment of 97%. **Fractured NOF** – was achieved for the last 4 months. **Ambulance Handover 60+ minutes (CAD+)** – performance at 2% a slight increase of 1% from July, nevertheless a significant improvement and one of our best performances since the introduction of CAD+ reporting in June 2015. **Single Sex Accommodation Breaches** – 0 breaches in August.

Bad News: **Moderate harms and above** – although the number of cases reported during July (reported 1 month in arrears) was within trajectory the year to date is above threshold. **Never events** – 1 reported this month, further detail is included in the Q&P. **MRSA** – one unavoidable case reported this month. **C DIFF** - August and year to date are above threshold. **ED 4 hour performance** – August's performance was 83.2%, a improvement on April to July. Further detail is in the Chief Operating Officer's report. **Referral to Treatment** – was 91.8% against a target of 92%, partly due to cancelled operations. **Cancelled operations and patients rebooked within 28 days** – continued to be non-compliant. **Cancer 62 day treatment** was not achieved in July – delayed referrals from network hospitals continue to be a significant factor. **Statutory & Mandatory Training** – 85% against a target of 95%. **TIA (high risk patients)** was non-compliant in August due to increase in CCG referrals.

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: 26th October 2017

Quality and Performance Executive Summary

August 2017

Domain - Safe

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

4

Never Events
YTD ↑

20 ↓

Serious
Incidents YTD
(No escalated each
month)

68 ↑

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

0

Avoidable
MRSA
YTD ↔

27

CDIFF
Cases
YTD ↑

Headlines

- Moderate harms and above – 12 cases reported in July.
- One case of Unavoidable MRSA's reported in August.
- *The first five months data for 2017/18 continues to demonstrate a strong performance against the EWS indicators. Our focus for 2017/18 will be to maintain this position and improve compliance with the % percentage of patients who develop Red Flag Sepsis whilst an inpatient and receive antibiotics within one hour*

SEPSIS

Patients with an Early Warning
Score 3+ - % appropriate
escalation

94%
YTD ↔

Patients with EWS 3+ - % who are
screened for sepsis

94%
YTD ↑

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

86%
YTD ↔

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

73%
YTD ↓

Domain - Caring

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

Friends and Family Test YTD % Positive



Inpatients FFT 96% ↔
Day Case FFT 98% ↔
A&E FFT 98% ↑
Maternity FFT 93% ↓
Outpatients FFT 95% ↑

Staff FFT Quarter 1 2017/18(Pulse Check)



74.3% of staff would recommend UHL as a place to receive treatment

Headlines

- Friends and family test (FFT) for Inpatient and Daycase care combined are at 97% for August.
- Patient Satisfaction (FFT) for ED increased to 98% for August, YTD is 95%.
- Single Sex Accommodation Breaches – 9 YTD (0 in August).

Single sex accommodation breaches

9
YTD ↔

Domain – Well Led

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

Friends and Family FFT YTD % Coverage



Inpatients FFT 35.6%↓
Day Case FFT 22.7%↓
A&E FFT 13.5%↑
Maternity FFT 40.9%↓
Outpatients FFT 6.4%↑

Staff FFT Quarter 1 2017/18 (Pulse Check)



62.5% of staff would recommend UHL as a place to work

Headlines

- Inpatients and Daycase coverage remains above Trust target
- A&E coverage for August was 13.5% against a target of 10%.
- Appraisals are 3.8% off target (this excludes facilities staff that were transferred over from Interserve).
- Statutory & Mandatory is 10% off the 95% target.
- Please see the HR update for more information.

% Staff with Annual Appraisals

91.2% YTD ↓

Statutory & Mandatory Training

85% July ↔

BME % - Leadership

26% Qtr1
8A including
medical
consultants

12% Qtr1
8A excluding
medical
consultants

Domain – Effective

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

Mortality – Published SHMI



Stroke TIA clinic within 24hrs



80% of patients spending 90% stay on stoke unit



Emergency Crude Mortality Rate



30 Days Emergency Readmissions



NoFs operated on 0-35hrs



Headlines

- Latest UHL's SHMI is 101. A recent in depth HED review of UHL mortality did not identify any additional areas of mortality by condition which needed action that we did not already have reviews or action plans in place for.
- Fractured NoF – 80.6% of patients were operated on within 0-35hours in August. However the year to date figure is 0.6% below the 72% target because of April's performance being 47.1%.

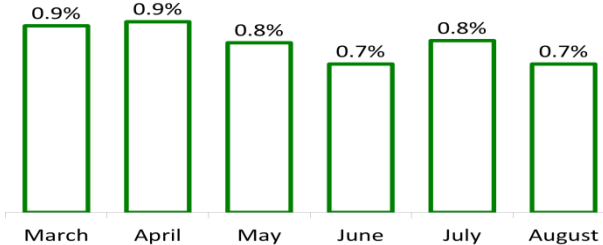
Domain – Responsive

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

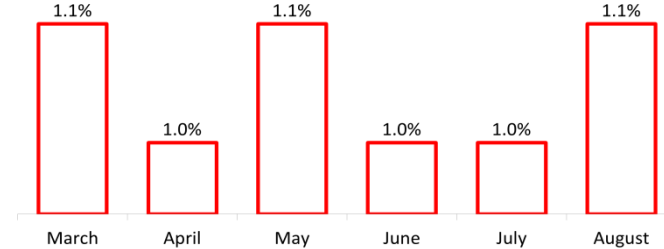
RTT - Incomplete 92% in 18 Weeks

91.8%
YTD ↔

6 week Diagnostic Wait times



Cancelled Operations UHL



RTT 52 week wait incompletes

18
YTD ↓

ED 4Hr Wait

A&E **79.6%**
YTD ↑

Ambulance Handovers



3% > 60mins ↓
9% 30-60mins ↑
YTD

Headlines

- 52+ weeks - current number this month is 18 patients (last August the number was 57).
- Diagnostic 6 week wait – we have now achieved eleven consecutive months below the 1% national target.
- For ED 4hour wait and Ambulance Handovers please refer to Chief Operating Officers report.

Domain – Responsive Cancer

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

Cancer 2 week wait



31 day wait



62 day wait



31 day backlog



62 day backlog



62 day adjusted backlog



Headlines

- Cancer Two Week Wait was achieved in July and has remained compliant since July 16.
- 31 day wait was also achieved in July.
- Cancer 62 day treatment – was 2.9% off target for July.

Peer Group Analysis (June 2017)

RTT 18+ Weeks Backlog - June 2017

All Acute Trusts Performance - 89.8% UHL ranks 65 out of the 148 Acute Trusts*
80 of the 148 Acute Trusts* achieved 92% or more

Peer Rank	Provider Name	RTT Incompletes Performance - Target 92%
1	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	95.9%
2	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	95.7%
3	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	94.5%
4	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	92.9%
5	HEART OF ENGLAND NHS FOUNDATION TRUST	92.3%
6	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	92.3%
7	PENNINE ACUTE HOSPITALS NHS TRUST	92.2%
8	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	92.2%
9	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	89.9%
10	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	89.8%
11	LEEDS TEACHING HOSPITALS NHS TRUST	88.7%
12	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	85.5%
13	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	85.2%
14	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	85.1%
15	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	85.0%
16	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	80.0%
17	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	77.0%
-	BARTS HEALTH NHS TRUST - not reported	-

ED Attendances within 4 hours - July 2017

All Acute Trusts - 88.8% UHL ranks 132 out of the 148 Trusts*
28 of the 148 Acute Trusts* achieved 95% or more

Peer Rank	Provider Name	Performance within 4 Hours - Target 95% - Amber 92% - <95%
1	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	95.7%
2	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	94.7%
3	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	91.7%
4	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	91.3%
5	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	91.0%
6	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	90.5%
7	BARTS HEALTH NHS TRUST	88.4%
8	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	88.2%
9	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	87.8%
10	LEEDS TEACHING HOSPITALS NHS TRUST	87.7%
11	PENNINE ACUTE HOSPITALS NHS TRUST	84.5%
12	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	83.8%
13	HEART OF ENGLAND NHS FOUNDATION TRUST	83.6%
14	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	80.9%
15	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	80.8%
16	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	79.8%
17	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	78.0%
18	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	70.1%

Diagnostics - June 2017

All Acute Trusts Performance - 1.9% UHL ranks 67 out of the 148 Acute Trusts*
93 of the 148 Acute Trusts* achieved <1% or less (Ranked Ascending)

Peer Rank	Provider Name	Diagnostics Performance %Waiting 6 Wks+ - Target <= 1%
1	LEEDS TEACHING HOSPITALS NHS TRUST	0.2%
2	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	0.5%
3	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	0.6%
4	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	0.6%
5	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	0.6%
6	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	0.7%
7	HEART OF ENGLAND NHS FOUNDATION TRUST	0.7%
8	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0.8%
9	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1.0%
10	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	1.1%
11	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	1.4%
12	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	1.6%
13	PENNINE ACUTE HOSPITALS NHS TRUST	2.5%
14	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	3.0%
15	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	3.8%
16	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	5.7%
17	BARTS HEALTH NHS TRUST	5.8%
18	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	7.4%

TWO WEEK WAIT-ALL CANCER - June 2017

All Acute Trusts Performance - 94.1% UHL ranks 81 out of the 148 Acute Trusts*
121 of the 148 Acute Trusts* achieved 93% or more

Peer Rank	Provider	Performance within 14 Days - Target 93%
1	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	99.6%
2	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.8%
3	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	96.8%
4	BARTS HEALTH NHS TRUST	96.6%
5	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	95.9%
6	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	95.8%
7	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	95.5%
8	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	95.3%
9	LEEDS TEACHING HOSPITALS NHS TRUST	95.2%
10	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	95.1%
11	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	95.0%
12	HEART OF ENGLAND NHS FOUNDATION TRUST	94.8%
13	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	94.7%
14	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	94.5%
15	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	93.9%
16	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	93.1%
17	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	91.5%
18	PENNINE ACUTE HOSPITALS NHS TRUST	85.1%

Peer Group Analysis (June 2017)

31-DAY FIRST TREAT - June 2017

All Acute Trusts Performance - 97.6% UHL ranks 116 out of the 148 Acute Trusts*
131 of the 148 Acute Trusts* achieved 96% or more

Peer Rank	Provider	Performance within 31 Days - Target 96%
1	PENNINE ACUTE HOSPITALS NHS TRUST	100.0%
2	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	98.7%
3	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	98.4%
4	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	98.1%
5	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	97.5%
6	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	97.5%
7	HEART OF ENGLAND NHS FOUNDATION TRUST	97.5%
8	BARTS HEALTH NHS TRUST	97.4%
9	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	97.4%
10	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	97.4%
11	LEEDS TEACHING HOSPITALS NHS TRUST	97.3%
12	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	97.1%
16	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	97.0%
14	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.8%
15	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	96.4%
16	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	96.4%
17	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	96.0%
18	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	87.6%

62-DAY GP Referral - June 2017

All Acute Trusts Performance - 80.5% UHL ranks 96 out of the 148 Acute Trusts*
61 of the 148 Acute Trusts* achieved 85% or more

Peer Rank	Provider	Performance within 62 Days - Target 85%
1	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	87.2%
2	HEART OF ENGLAND NHS FOUNDATION TRUST	86.2%
3	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	85.4%
4	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	83.3%
5	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	82.3%
6	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	80.2%
7	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	77.9%
8	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	77.7%
9	LEEDS TEACHING HOSPITALS NHS TRUST	77.2%
10	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	77.2%
11	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	77.1%
12	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	75.9%
13	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	75.4%
14	PENNINE ACUTE HOSPITALS NHS TRUST	73.9%
15	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	71.4%
15	BARTS HEALTH NHS TRUST	69.5%
17	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	67.4%
18	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	62.9%

Inpatient FFT - June 2017

All Acute Trusts - Response Rate 25% - Recommended 96% - Not Recommended 1% UHL ranks 63 (for Recommended) and 65* (for Not Recommended) out of the 148 Trusts**

Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	21%	99%	0%
2	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	13%	98%	1%
3	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	32%	98%	0%
4	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	35%	98%	1%
5	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	15%	98%	1%
6	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	38%	98%	0%
7	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	28%	97%	1%
8	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	20%	96%	2%
9	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	32%	96%	2%
10	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	37%	96%	1%
11	LEEDS TEACHING HOSPITALS NHS TRUST	44%	96%	2%
12	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	28%	95%	2%
13	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	19%	95%	2%
14	HEART OF ENGLAND NHS FOUNDATION TRUST	26%	94%	2%
15	BARTS HEALTH NHS TRUST	21%	94%	2%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	24%	94%	2%
17	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	19%	93%	3%
18	PENNINE ACUTE HOSPITALS NHS TRUST	21%	90%	4%

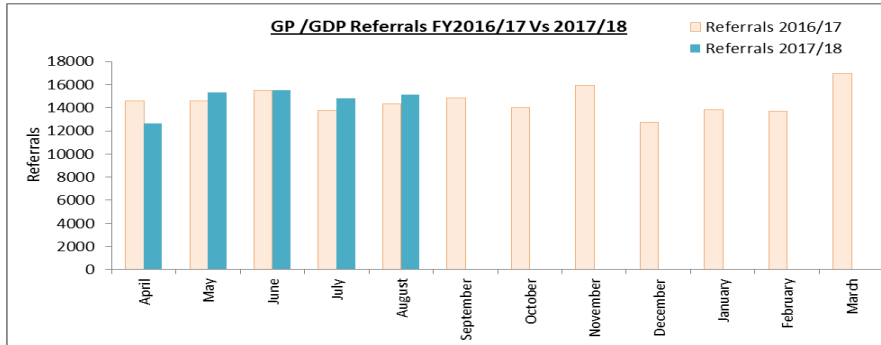
A&E FFT - June 2017

All Acute Trusts - Response Rate 25% - Recommended 96% - Not Recommended 1% UHL ranks 19 (for Recommended) and 18* (for Not Recommended) out of the 148 Trusts**

Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	12%	99%	0%
2	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	9%	96%	2%
3	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	20%	94%	2%
4	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	4%	94%	3%
5	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	11%	92%	4%
6	BARTS HEALTH NHS TRUST	2%	90%	4%
7	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	16%	89%	6%
8	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	6%	88%	6%
9	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	20%	88%	7%
10	LEEDS TEACHING HOSPITALS NHS TRUST	24%	87%	8%
11	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	13%	86%	10%
12	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	22%	85%	10%
13	PENNINE ACUTE HOSPITALS NHS TRUST	14%	84%	9%
14	HEART OF ENGLAND NHS FOUNDATION TRUST	16%	83%	10%
15	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	18%	80%	11%
16	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	16%	78%	14%
17	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	0%	74%	17%
18	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	17%	72%	18%

UHL Activity Trends

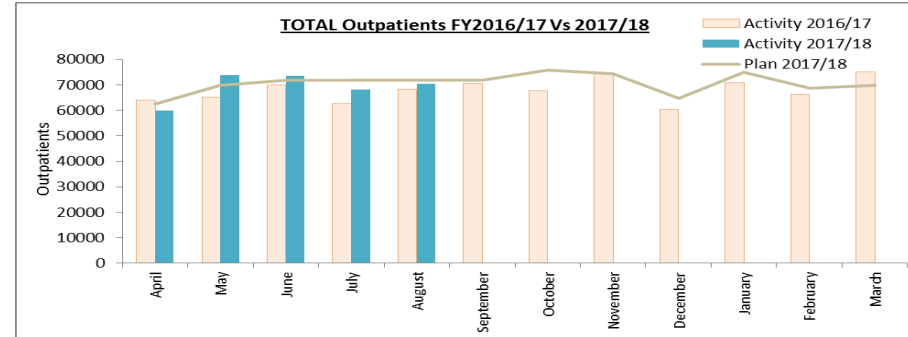
Referrals (GP)



April - August
17/18 Vs 16/17 +681 +1%

Referrals decreased in April due to Easter. Overall referrals are similar to last year.

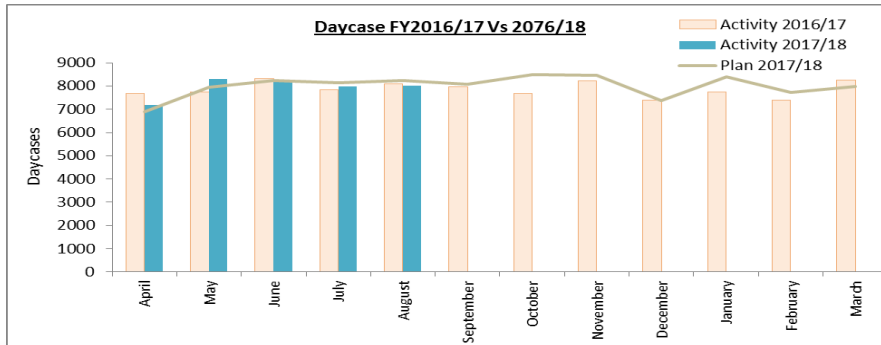
TOTAL Outpatient Appointments



April - August
17/18 Vs 16/17 +15,528 +5%
17/18 Vs Plan -1950 0%

Outpatients also effected by Easter Working days effect but activity decrease was offset by additional work in some specialties.

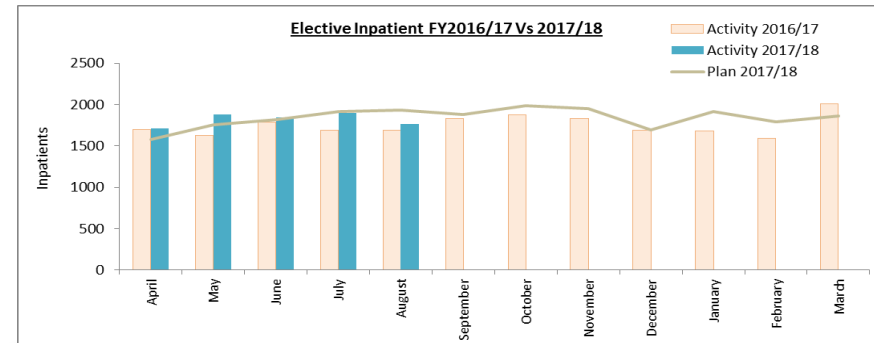
Daycases



April - August
17/18 Vs 16/17 +8 0%
17/18 Vs Plan +182 +1%

Growth in Haematology, Medical Oncology, General Surgery and Urology against plan.

Elective Inpatient Admissions

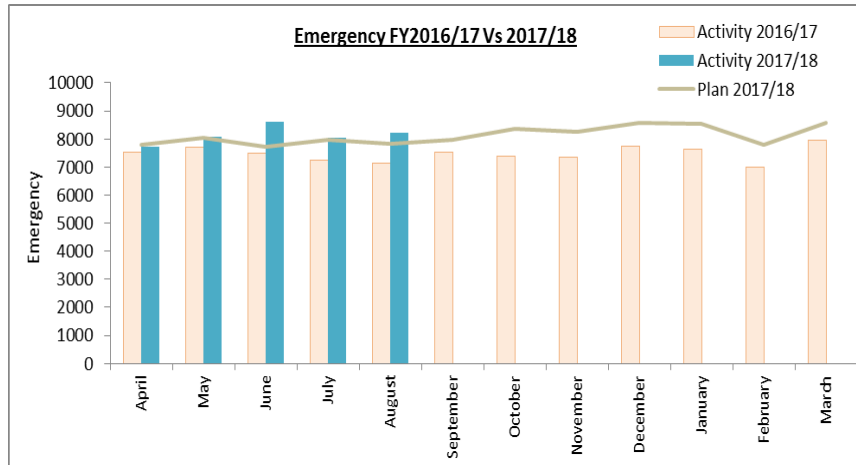


April - August
17/18 Vs 16/17 +590 +7%
17/18 Vs Plan +86 +1%

Growth in Gen surgery, ENT and Max Fax and overall less cancellations than same period last year.

UHL Activity Trends

Emergency Admissions

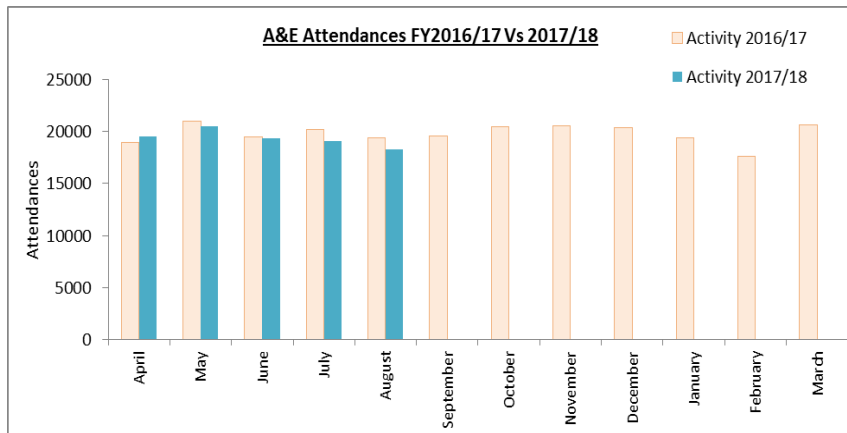


April - August
17/18 Vs 16/17 +3,659 +10%
17/18 Vs Plan +1,374 +4%

Plan currently not fully adjusted for QIPP.

Paediatric CAU patients are reported as admissions in the 17/18 figures, last year they were reported as ward attenders.

A & E Attendances



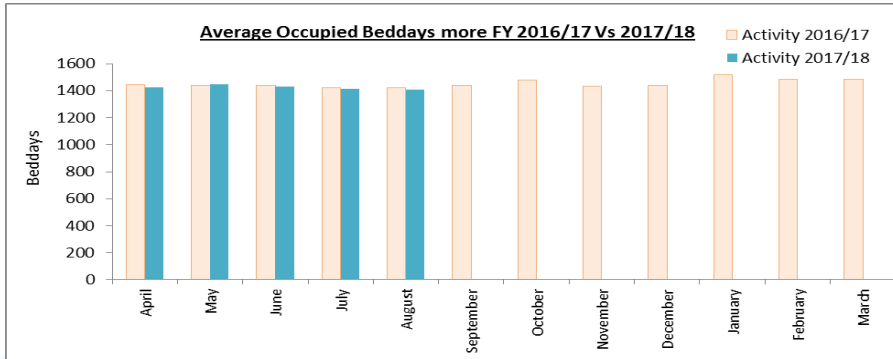
April - August
17/18 Vs 16/17 -2,217 -2%

A&E attendances include all ED and Eye casualty attendances.

Plan not included as A&E has been based on different pathways for CAU and Ophthalmology.

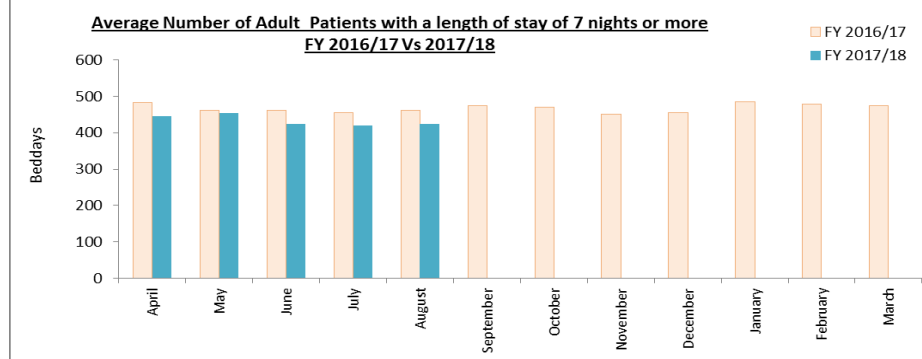
UHL Bed Occupancy

Occupied Beddays



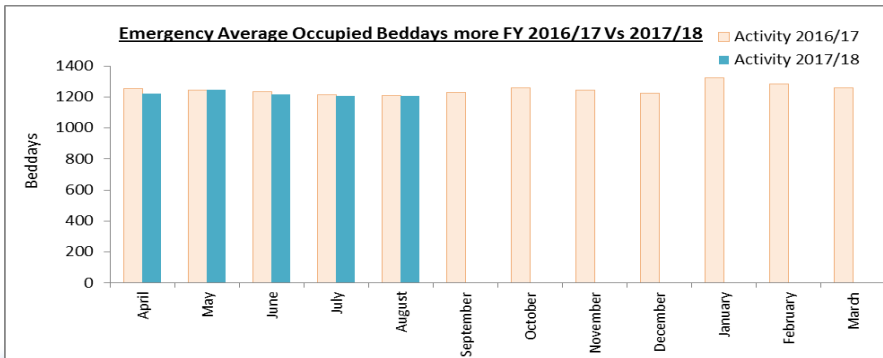
Midnight G&A bed occupancy continues to run similar to the same period last year.

Number of Adult Emergency Patients with a stay of 7 nights or more



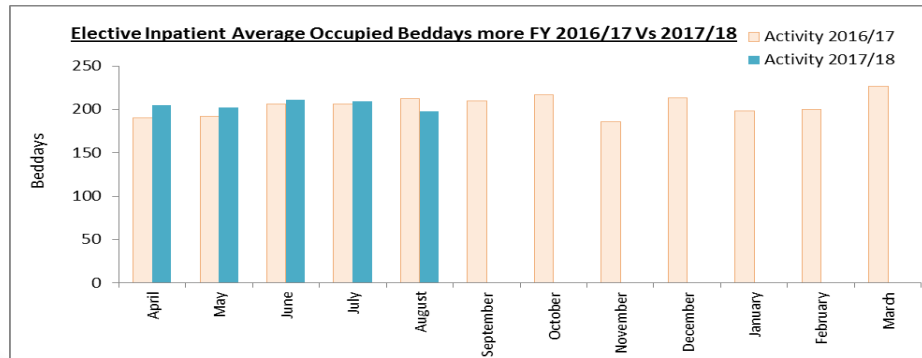
The number of patients staying in beds 7 nights or more has reduced compared to the same periods last year.

Emergency Occupied beddays



A slight reduction in Emergency occupied bed days.

Elective Inpatient Occupied beddays



YTD Bed occupancy is higher compared to the same period last year, which is reflective of the higher level of elective activity carried out. However there was a slight reduction of -7% in bed occupancy in August compared to the same period last year.

Caring at its best

University Hospitals of Leicester



NHS Trust

Quality and Performance Report

August 2017



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 SEPTEMBER 2017

REPORT BY: ANDREW FURLONG, MEDICAL DIRECTOR
TIM LYNCH, INTERIM CHIEF OPERATING OFFICER
JULIE SMITH, CHIEF NURSE
LOUISE TIBBERT, DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT
DARRYN KERR, DIRECTOR OF ESTATES AND FACILITIES

SUBJECT: AUGUST 2017 QUALITY & PERFORMANCE SUMMARY REPORT

1.0 Introduction

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

NHSI uses the 39 indicators listed in the 'Single Oversight Framework - Appendix 2 Quality of care (safe, effective, caring and responsive)' to identify where providers may need support under the theme of quality. All the metrics in Appendix 2 of the Oversight Framework have been reported in the Quality and Performance report with the exception of:- Aggressive cost reduction plans, C Diff – infection rate – C Diff numbers vs plans included and Potential under-reporting of patient safety incidents.

2.0 Performance Summary

Domain	Page Number	Number of Indicators	Number of Red Indicators this month
Safe	4	22	5
Caring	5	11	0
Well Led	6	23	3
Effective	7	9	4
Responsive	8	15	8
Responsive Cancer	9	9	5
Research – UHL	16	6	0
Total		95	25

3.0 Data Quality Forum (DQF) Assessment Outcome/Date

The Trust Data Quality Forum Assessment combines the Trust's old data quality forum process and the Oxford University Hospital model. The responsibility for data quality against datasets and standards under consideration are the 'data owners' rather than the forum members, with the executive lead for the data carrying the ultimate responsibility. *In this manner, the Data Quality Forum operates as an assurance function rather than holding accountability for data quality.* The process focuses on peer challenge with monthly meetings assessing where possible 4 indicators / standards at each meeting. The outputs are an agreed assessment of the data quality of the indicator under consideration with recommendations as required, a follow up date for review is also agreed. The assessment outcomes are detailed in the table below:

Rating	Data Quality
Green	Satisfactory
Amber	Data can be relied upon, but minor areas for improvement identified
Red	Unsatisfactory/ significant areas for improvement identified

If the indicator is not RAG rated, the date of when the indicator is due to be quality assured is included.

4.0 Changes to Indicators/Thresholds

Peer Group analysis tables included.



KPI Ref	Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DOF Assessment outcome/Date	14/15 Outturn	15/16 Outturn	16/17 Outturn	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	17/18 YTD	
S1	Reduction for moderate harm and above PSIs with finally approved status - reported 1 month in arrears	AF	MD	9% REDUCTION FROM FY 16/17 (<12 per month)	QC	Red if >12 in mth, ER if >12 for 2 consecutive mths	May-17	New Indicator	262	156	10	14	18	16	15	9	17	18	11	23	22	12		68	
S2	Serious Incidents - actual number escalated each month	AF	MD	<=37 by end of FY 17/18	UHL	Red / ER if >8 in mth or >5 for 3 consecutive mths	May-17		41	50	37	4	2	4	4	2	3	1	3	4	5	3	5	3	20
S3	Proportion of reported safety incidents per 1000 attendances (IP, OP and ED)	AF	MD	> FY 16/17	UHL	Not required	May-17	New Indicator	17.5	16.5	18.3	16.5	16.2	15.3	17.1	15.8	15.8	14.2	16.3	15.7	15.0	15.5	13.8	15.2	
S4	SEPSIS - Patients with an Early Warning Score 3+ - % appropriate escalation	AF	SH	95%	UHL	TBC	Dec-17	New Indicator		88%	86%	91%	86%	89%	88%	89%	89%	90%	91%	91%	92%	94%	94%	92%	
S5	SEPSIS - Patients with EWS 3+ - % who are screened for sepsis	AF	SH	95%	UHL	TBC	Dec-17	New Indicator		93%	65%	91%	95%	99%	99%	99%	97%	96%	96%	95%	94%	92%	94%	94%	
S6	SEPSIS - ED - Patients who trigger with red flag sepsis - % that have their IV antibiotics within an hour	AF	SH	90%	UHL	TBC	Dec-17	New Indicator		76%	69%	75%	79%	82%	76%	83%	88%	85%	86%	86%	87%	86%	86%	86%	
S7	SEPSIS - Wards (including assessment units) Patients who trigger for Red Flag Sepsis - % that receive their antibiotics within an hour	AF	SH	90%	UHL	TBC	Dec-17	New Indicator		55%	23%	45%	61%	67%	76%	78%	77%	85%	81%	75%	82%	80%	73%	78%	
S8	Overdue CAS alerts	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	Nov-16		10	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
S9	RIDDOR - Serious Staff Injuries	AF	MD	FYE <=40	UHL	Red / ER if non compliance with cumulative target	Nov-17		24	32	28	0	2	4	4	2	5	4	2	7	3	5	4	4	23
S10	Never Events	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	May-17		3	2	4	0	0	0	1	0	1	0	1	0	3	0	0	1	4
S11	Clostridium Difficile	JS	DJ	61	NHSI	Red if >monthly threshold / ER if Red or Non compliance with cumulative target	Nov-17		73	60	60	7	8	5	7	0	5	7	5	5	0	10	5	7	27
S12	MRSA Bacteraemias - Unavoidable or Assigned to third Party	JS	DJ	0	NHSI	Red if >0 ER Not Required	Nov-17		6	1	3	0	0	0	0	0	1	1	0	0	0	0	1	1	1
S13	MRSA Bacteraemias (Avoidable)	JS	DJ	0	UHL	Red if >0 ER if >0	Nov-17		1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
S14	MRSA Total	JS	DJ	0	UHL	Red if >0 ER if >0	Nov-17		1	0	3	0	0	0	0	0	1	1	0	0	0	0	1	1	1
S15	% of UHL Patients with No Newly Acquired Harms	JS	NB	>=95%	UHL	Red if <95% ER if in mth <95%	Sept-16	New Indicator	97.7%	97.7%	98.6%	97.9%	98.0%	97.3%	98.0%	98.0%	97.7%	96.7%	97.2%	97.8%	97.4%	97.4%	98.0%	97.5%	
S16	% of all adults who have had VTE risk assessment on adm to hosp	AF	SR	>=95%	NHSI	Red if <95% ER if in mth <95%	Nov-16		95.8%	95.9%	95.8%	96.0%	95.7%	96.3%	96.3%	95.1%	95.0%	95.1%	95.1%	95.4%	95.8%	96.2%	95.9%	96.1%	95.9%
S17	All falls reported per 1000 bed stays for patients >65years- reported 1 month in arrears	JS	HL	<=5.5	UHL	Red if >6.6 ER if 2 consecutive reds	Nov-17		6.9	5.4	5.9	6.4	6.1	5.4	5.7	5.7	5.4	5.7	5.7	5.9	5.4	5.7	4.6		5.4
S18	Avoidable Pressure Ulcers - Grade 4	JS	MC	0	QS	Red / ER if Non compliance with monthly target	Aug-17		2	1	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0
S19	Avoidable Pressure Ulcers - Grade 3	JS	MC	<=3 a month (revised) with FY End <27	QS	Red / ER if Non compliance with monthly target	Aug-17		69	33	28	2	2	2	2	2	2	3	1	0	0	5	0	0	5
S20	Avoidable Pressure Ulcers - Grade 2	JS	MC	<=7 a month (revised) with FY End <34	QS	Red / ER if Non compliance with monthly target	Aug-17		91	89	89	13	6	9	10	5	8	7	5	6	5	2	4	1	18
S21	Maternal Deaths (Direct within 42 days)	AF	IS	0	UHL	Red or ER if >0	Jan-17		1	0	2	1	0	1	0	0	0	0	0	0	0	0	0	0	0
S22	Emergency C Sections (Coded as R18)	IS	EB	Not within Highest Decile	NHSI	Red / ER if Non compliance with monthly target	Jan-17		16.5%	17.5%	16.8%	15.0%	18.1%	16.9%	15.3%	16.3%	17.9%	17.0%	16.7%	18.4%	19.3%	18.0%	16.6%	18.3%	18.1%



KPI Ref	Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	14/15 Outturn	15/16 Outturn	16/17 Outturn	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	17/18 YTD	
C1	>75% of patients in the last days of life have individualised End of Life Care plans	TBC	TBC	TBC	QC	TBC		NEW INDICATOR																	
C2	Formal complaints rate per 1000 IP,OP and ED attendances	AF	MD	No Target	UHL	Monthly reporting	Aug-17	NEW INDICATOR	1.1		1.2	1.4	1.1	1.2	1.2	1.2	0.9	1.2	1.1	1.1	1.1	1.0	1.7	1.2	
C3	Percentage of upheld PHSO cases	AF	MD	No Target	UHL	Quarterly reporting	TBC	NEW INDICATOR	5%		0% (0 out of 7 cases)			0% (0 out of 3 cases)			0% (Zero cases)			0% (0 out of 3 cases)				0.0	
C4	Published Inpatients and Daycase Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <95% ER if red for 3 consecutive months Revise threshold 17/18	Jun-17	New Indicator	97%	97%	96%	97%	96%	97%	97%	96%	96%	97%	97%	97%	97%	97%	97%	97%	
C5	Inpatients only Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <95% ER if red for 3 consecutive months Revise threshold 17/18	Jun-17		96%	97%	96%	95%	96%	96%	96%	96%	95%	95%	95%	96%	96%	96%	96%	96%	
C6	Daycase only Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <95% ER if red for 3 consecutive months Revise threshold 17/18	Jun-17	New Indicator	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	99%	98%	99%	98%	98%	
C7	A&E Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17		96%	96%	91%	87%	84%	87%	84%	91%	93%	94%	95%	94%	93%	96%	95%	98%	
C8	Outpatients Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	New Indicator	94%	93%	94%	95%	95%	95%	92%	92%	92%	92%	92%	92%	92%	92%	92%	94%	
C9	Maternity Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17		96%	95%	95%	95%	95%	95%	94%	93%	96%	94%	95%	94%	95%	96%	94%	93%	
C10	Friends & Family staff survey: % of staff who would recommend the trust as place to receive treatment (from Pulse Check)	LT	LT	TBC	NHSI	TBC	Aug-17		69.2%	70.0%	73.6%	76.0%			73.3%			72.7%			74.3%			74.3%	
C11	Single Sex Accommodation Breaches (patients affected)	JS	HL	0	NHSI	Red if >0 ER if 2 consecutive months >5	Dec-16		13	1	60	2	20	7	1	14	6	4	1	3	3	1	2	0	9



KPI Ref	Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DOF Assessment outcome/Date	14/15 Outturn	15/16 Outturn	16/17 Outturn	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	17/18 YTD
W1	Published Inpatients and Daycase Friends and Family Test - Coverage (Adults and Children)	JS	HL	Not Applicable	N/A	Not Applicable	Jun-17	New Indicator	27.4%	30.2%	28.5%	27.8%	31.6%	31.6%	27.5%	27.2%	30.7%	30.4%	32.4%	31.9%	27.7%	31.0%	29.3%	30.5%
W2	Inpatients only Friends and Family Test - Coverage (Adults and Children)	JS	HL	30%	QS	Red if <26% ER if 2mths Red	Jun-17	New Indicator	31.0%	35.3%	36.5%	33.1%	36.6%	37.0%	31.9%	31.3%	35.4%	33.8%	37.1%	37.2%	30.6%	37.7%	35.6%	35.6%
W3	Daycase only Friends and Family Test - Coverage (Adults and Children)	JS	HL	20%	QS	Red if <10% ER if 2 mths Red	Jun-17	New Indicator	22.5%	24.4%	19.8%	21.6%	25.9%	25.7%	22.3%	22.5%	25.5%	26.4%	27.1%	26.4%	24.7%	23.9%	22.7%	25.0%
W4	A&E Friends and Family Test - Coverage	JS	HL	10%	QS	Red if <7.1% ER if 2 mths Red	Jun-17	New Indicator	10.5%	10.8%	9.9%	11.7%	9.8%	11.4%	7.1%	10.4%	13.8%	12.1%	13.8%	8.3%	9.4%	11.1%	13.5%	11.2%
W5	Outpatients Friends and Family Test - Coverage	JS	HL	5%	QS	Red if <1.5% ER if 2 mths Red	Jun-17	New Indicator	1.4%	3.0%	1.6%	1.5%	1.5%	1.8%	5.7%	5.9%	5.9%	6.5%	5.4%	5.6%	6.0%	5.7%	6.4%	5.8%
W6	Maternity Friends and Family Test - Coverage	JS	HL	30%	UHL	Red if <26% ER if 2 mths Red	Jun-17	New Indicator	28.0%	31.6%	38.7%	37.8%	38.3%	41.1%	37.1%	40.9%	38.0%	41.1%	46.8%	44.1%	42.2%	43.3%	40.9%	43.5%
W7	Friends & Family staff survey: % of staff who would recommend the trust as place to work (from Pulse Check)	LT	BK	Not within Lowest Decile	NHSI	TBC	Sep-17	New Indicator	54.2%	55.4%	61.9%	62.9%			62.9%			61.4%			62.5%			62.5%
W8	Nursing Vacancies	JS	MM	TBC	UHL	Separate report submitted to QAC	Sep-17	New Indicator	8.4%	9.2%	8.2%	8.7%	10.3%	9.7%	7.1%	7.6%	7.4%	9.2%	10.9%	9.9%	11.1%	10.8%	10.3%	10.6%
W9	Nursing Vacancies in ESM CMG	JS	MM	TBC	UHL	Separate report submitted to QAC	Sep-17	New Indicator	17.2%	15.4%	20.3%	21.4%	20.0%	20.2%	14.5%	11.9%	13.7%	15.4%	19.7%	16.9%	21.3%	23.3%	22.5%	20.7%
W10	Turnover Rate	LT	LG	TBC	NHSI	Red = 11% or above ER = Red for 3 Consecutive Mths	Sep-17	New Indicator	11.5%	9.9%	9.3%	9.2%	9.1%	9.2%	9.3%	9.3%	9.3%	9.3%	8.7%	8.8%	8.8%	8.8%	8.7%	8.8%
W11	Sickness absence (reported 1 month in arrears)	LT	BK	3%	UHL	Red if >4% ER if 3 consecutive mths >4.0%	Oct-16	New Indicator	3.8%	3.6%	3.1%	3.4%	3.5%	3.6%	3.6%	3.7%	3.5%	3.3%	3.0%	3.1%	3.2%	3.5%		3.3%
W12	Temporary costs and overtime as a % of total payroll	LT	LG	TBC	NHSI	TBC	Oct-17	New Indicator	9.4%	10.6%	10.5%	10.7%	10.9%	10.9%	10.1%	10.8%	10.5%	11.4%	11.1%	11.0%	11.1%	11.2%	11.6%	11.2%
W13	% of Staff with Annual Appraisal (excluding facilities Services)	LT	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	New Indicator	91.4%	90.7%	92.4%	91.5%	91.4%	91.9%	91.7%	91.6%	92.4%	91.7%	92.1%	92.5%	92.1%	91.7%	91.2%	91.2%
W14	Statutory and Mandatory Training	LT	BK	95%	UHL	TBC	Dec-16	New Indicator	95%	93%	91%	82%	82%	82%	83%	81%	82%	87%	86%	85%	85%	85%		85%
W15	% Corporate Induction attendance	LT	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	New Indicator	100%	97%	97%	92%	96%	95%	99%	98%	97%	96%	100%	98%	96%	98%	95%	97%
W16	BME % - Leadership (8A - Including Medical Consultants)	LT	DB	28%	UHL	4% improvement on Qtr 1 baseline	TBC	New Indicator	26%	26%	25%		26%		26%			26%				26.0%		
W17	BME % - Leadership (8A - Excluding Medical Consultants)	LT	DB	28%	UHL	4% improvement on Qtr 1 baseline	TBC	New Indicator	12%	12%	12%		12%		12%			12%				12.0%		
W18	Executive Team Turnover Rate - Executive Directors (rolling 12 months)	LT	DB	TBC	UHL	TBC	TBC	New Indicator	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	20%	20%	20%	12%
W19	Executive Team Turnover Rate - Non Executive Directors (rolling 12 months)	LT	DB	TBC	UHL	TBC	TBC	New Indicator	25%	25%	43%	43%	43%	43%	25%	25%	25%	25%	25%	25%	29%	14%	14%	21%
W20	DAY Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	JS	MM	TBC	NHSI	TBC	Apr-17	New Indicator	91.2%	90.5%	89.4%	89.9%	90.0%	89.3%	90.4%	91.6%	91.6%	89.8%	90.3%	90.3%	89.9%	89.4%	87.8%	89.5%
W21	DAY Safety staffing fill rate - Average fill rate - care staff (%)	JS	MM	TBC	NHSI	TBC	Apr-17	New Indicator	94.0%	92.3%	94.7%	91.0%	91.9%	93.2%	91.9%	89.7%	91.1%	87.4%	96.7%	91.6%	87.9%	93.0%	94.9%	92.8%
W22	NIGHT Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	JS	MM	TBC	NHSI	TBC	Apr-17	New Indicator	94.9%	96.4%	95.0%	95.1%	96.7%	95.9%	96.9%	97.6%	97.2%	96.2%	96.6%	96.5%	95.9%	95.4%	95.2%	95.9%
W23	NIGHT Safety staffing fill rate - Average fill rate - care staff (%)	JS	MM	TBC	NHSI	TBC	Apr-17	New Indicator	99.8%	97.1%	98.2%	96.8%	94.2%	95.6%	98.5%	95.8%	97.8%	94.7%	100.2%	99.1%	93.1%	100.2%	107.7%	100.1%



KPI Ref	Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	14/15 Outturn	15/16 Outturn	16/17 Outturn	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	17/18 YTD		
E1	Emergency readmissions within 30 days following an elective or emergency spell	AF	CM	Monthly <8.5% (revised)	QC	Red if >8.6% ER if >8.6%	Jun-17	8.51% Target 7%	8.9%	8.5%	8.4%	8.5%	8.5%	8.1%	8.7%	8.7%	8.4%	8.8%	9.5%	9.0%	9.0%	8.9%		9.1%		
E2	Mortality - Published SHMI	AF	RB	<=99 (revised)	QC	Red if >100 ER if >100	Sep-16	103	96	102 (Oct15-Sep16)	98 (Jan15-Dec15)	99 (Apr15-Mar16)			101 (Jul15-Jun16)			102 (Oct15-Sep16)			101 Jan16-Dec 16			101 Jan16-Dec 16		
E3	Mortality - Rolling 12 mths SHMI (as reported in HED) Rebased	AF	RB	<=99 (revised)	QC	Red if >100 ER if not within national expected range	Sep-16	98	97	101	101	101	101	101	101	101	101	100	100	Awaiting HED Update					100	
E4	Mortality - Rolling 12 mths HSMR (Rebased Monthly as reported in HED)	AF	RB	<=99 (revised)	UHL	Red if >100 ER if not within national expected range	Sep-16	94	96	102	103	102	102	102	103	102	103	102	101	99	Awaiting HED Update					99
E5	Crude Mortality Rate Emergency Spells	AF	RB	<=2.4%	UHL	Monthly Reporting	Apr-17	2.4%	2.3%	2.4%	2.2%	2.0%	2.2%	2.4%	2.7%	2.9%	2.6%	2.4%	2.1%	1.9%	2.0%	2.2%	1.9%	2.0%		
E6	No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions	AF	AC	72% or above	QS	Red if <72% ER if 2 consecutive mths <72%	Jun-17	61.4%	63.8%	71.2%	65.8%	69.4%	64.1%	78.0%	60.3%	70.9%	67.6%	71.2%	47.1%	76.5%	76.8%	76.1%	80.6%	71.4%		
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%	Jun-17	New Indicator		83.6%	82.0%	87.2%	78.2%	89.0%	79.5%	89.5%	80.0%	80.0%	64.0%	89.0%	89.3%	86.0%	96.0%	84.9%		
E8	Stroke - 90% of Stay on a Stroke Unit	TL	IL	80% or above	QS	Red if <80% ER if 2 consecutive mths <80%	Dec-17	81.3%	85.6%	85.0%	88.0%	84.5%	86.5%	88.0%	83.8%	87.4%	86.6%	85.1%	87.3%	85.7%	85.7%	92.6%		86.2%		
E9	Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)	TL	IL	60% or above	QS	Red if <60% ER if 2 consecutive mths <60%	Dec-17	71.2%	75.6%	66.9%	71.7%	65.3%	83.8%	75.9%	69.2%	87.7%	57.3%	66.3%	57.8%	57.0%	68.6%	64.3%	51.5%	59.8%		

KPI Ref	Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	17/18 Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	14/15 Outturn	15/16 Outturn	16/17 Outturn	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	17/18 YTD
R1	ED 4 Hour Waits UHL + UCC (Calendar Month)	TL	IL	95% or above	NHSI	Red if <92% ER via ED TB report	Aug-17	89.1%	86.9%	79.6%	80.1%	79.9%	78.3%	77.6%	75.5%	78.1%	83.8%	83.9%	81.0%	76.3%	77.6%	79.8%	83.2%	79.5%
R2	12 hour trolley waits in A&E	TL	IL	0	NHSI	Red if >0 ER via ED TB report	Aug-17	4	2	11	0	0	0	0	1	10	0	0	0	0	0	0	0	0
R3	RTT - Incomplete 92% in 18 Weeks UHL+ALLIANCE	TL	WM	92% or above	NHSI	Red/ER if <92%	Nov-16	96.7%	92.6%	91.8%	92.1%	91.7%	91.5%	92.2%	91.3%	90.9%	91.2%	91.8%	91.3%	92.3%	92.3%	91.8%	91.8%	91.9%
R4	RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE	TL	WM	0	NHSI	Red /ER if >0	Nov-16	0	232	24	57	53	38	34	32	34	39	24	17	9	15	16	18	18
R5	6 Week - Diagnostic Test Waiting Times (UHL+ALLIANCE)	TL	WM	1% or below	NHSI	Red /ER if >1%	Dec-16	0.9%	1.1%	0.9%	1.4%	1.5%	0.6%	0.6%	0.9%	0.9%	0.9%	0.9%	0.9%	0.8%	0.7%	0.8%	0.7%	0.7%
R6	Urgent Operations Cancelled Twice (UHL+ALLIANCE)	TL	WM	0	NHSI	Red if >0 ER if >0	Jan-17	0	0	3	0	0	0	3	0	0	0	0	0	0	0	0	0	0
R7	Cancelled patients not offered a date within 28 days of the cancellations UHL	TL	WM	0	NHSI	Red if >2 ER if >0	Jan-17	33	48	212	19	10	9	13	18	22	26	17	13	14	10	18	14	69
R8	Cancelled patients not offered a date within 28 days of the cancellations ALLIANCE	TL	WM	0	NHSI	Red if >2 ER if >0	Jan-17	11	1	11	6	0	0	0	0	0	0	0	0	0	0	0	0	0
R9	% Operations cancelled for non-clinical reasons on or after the day of admission UHL	TL	WM	0.8% or below	Contract	Red if >0.8% ER if >0.8%	Jan-17	0.9%	1.0%	1.2%	0.9%	1.0%	1.2%	1.5%	0.8%	1.6%	1.2%	1.2%	0.9%	1.1%	1.0%	1.1%	1.2%	1.1%
R10	% Operations cancelled for non-clinical reasons on or after the day of admission ALLIANCE	TL	WM	0.8% or below	Contract	Red if >0.8% ER if >0.8%	Jan-17	0.9%	0.9%	0.9%	3.2%	0.9%	2.0%	0.5%	0.1%	0.4%	1.3%	0.5%	2.5%	0.1%	0.4%	0.0%	0.1%	0.6%
R11	% Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	TL	WM	0.8% or below	Contract	Red if >0.8% ER if >0.8%	Jan-17	0.9%	1.0%	1.2%	1.0%	1.0%	1.2%	1.4%	0.8%	1.5%	1.2%	1.1%	1.0%	1.1%	1.0%	1.0%	1.1%	1.0%
R12	No of Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	TL	WM	Not Applicable	UHL	Not Applicable	Jan-17	1071	1299	1566	110	109	134	164	82	167	122	131	99	123	114	115	127	578
R13	Delayed transfers of care	TL	JD	3.5% or below	NHSI	Red if >3.5% ER if Red for 3 consecutive mths	Jan-18	3.9%	1.4%	2.4%	2.5%	2.1%	2.0%	2.7%	2.8%	2.7%	2.3%	2.5%	2.1%	2.0%	1.4%	1.6%	1.7%	1.8%
R14	Ambulance Handover >60 Mins (CAD+ from June 15)	TL	LG	0	Contract	Red if >0 ER if Red for 3 consecutive mths	TBC	5%	5%	9%	7%	9%	9%	11%	17%	13%	6%	6%	6%	7%	2%	1%	2%	3%
R15	Ambulance Handover >30 Mins and <60 mins (CAD+ from June 15)	TL	LG	0	Contract	Red if >0 ER if Red for 3 consecutive mths	TBC	19%	19%	14%	14%	15%	18%	18%	18%	15%	12%	13%	13%	13%	8%	5%	4%	9%

Responsive

KPI Ref	Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	14/15 Outturn	15/16 Outturn	16/17 Outturn	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	17/18 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	TL	DB	93% or above	NHSI	Red if <93% ER if Red for 2 consecutive mths	Jul-16	92.2%	90.5%	93.2%	94.9%	94.5%	93.3%	95.2%	93.8%	93.2%	94.3%	94.0%	93.3%	95.4%	95.1%	93.7%	**	94.4%
RC2	Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	TL	DB	93% or above	NHSI	Red if <93% ER if Red for 2 consecutive mths	Jul-16	94.1%	95.1%	93.9%	95.9%	95.0%	90.7%	96.0%	91.1%	93.4%	97.0%	90.8%	89.6%	94.2%	89.6%	93.0%	**	91.6%
RC3	31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	TL	DB	96% or above	NHSI	Red if <96% ER if Red for 2 consecutive mths	Jul-16	94.6%	94.8%	93.9%	91.3%	93.8%	94.8%	94.2%	92.4%	91.9%	95.3%	96.2%	96.3%	94.9%	97.0%	96.2%	**	96.1%
RC4	31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	TL	DB	98% or above	NHSI	Red if <98% ER if Red for 2 consecutive mths	Jul-16	99.4%	99.7%	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%	98.9%	100.0%	100.0%	98.7%	97.7%	100.0%	97.9%	**	98.7%
RC5	31-Day Wait For Second Or Subsequent Treatment: Surgery	TL	DB	94% or above	NHSI	Red if <94% ER if Red for 2 consecutive mths	Jul-16	89.0%	85.3%	86.4%	72.7%	83.5%	90.4%	83.3%	87.2%	90.9%	88.5%	95.4%	85.5%	85.7%	88.9%	90.5%	**	87.6%
RC6	31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	TL	DB	94% or above	NHSI	Red if <94% ER if Red for 2 consecutive mths	Jul-16	96.1%	94.9%	93.5%	81.4%	90.9%	97.8%	94.8%	98.1%	95.3%	99.1%	96.7%	95.0%	93.0%	96.2%	95.6%	**	95.0%
RC7	62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	TL	DB	85% or above	NHSI	Red if <85% ER if Red in mth or YTD	Jul-16	81.4%	77.5%	78.1%	78.4%	77.9%	74.5%	77.2%	79.5%	75.4%	76.1%	86.5%	83.7%	76.8%	77.7%	82.1%	**	79.9%
RC8	62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	TL	DB	90% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	84.5%	89.1%	88.6%	78.9%	81.5%	84.2%	88.0%	90.9%	93.1%	78.1%	95.1%	95.0%	92.3%	93.3%	85.3%	**	91.6%
RC9	Cancer waiting 104 days	TL	DB	0	NHSI	TBC	Jul-16	New Indicator		10	9	7	7	9	10	8	3	10	6	6	12	12	6	42

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

KPI Ref	Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome	14/15 Outturn	15/16 Outturn	16/17 Outturn	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	17/18 YTD
RC10	Brain/Central Nervous System	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	--	100.0%	100.0%	--	100.0%	--	--	100.0%	--	--	--	--	--	--	--	**	--
RC11	Breast	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	92.6%	95.6%	96.3%	100.0%	95.8%	100.0%	95.8%	94.6%	96.6%	92.6%	93.48%	97.4%	97.4%	93.3%	96.3%	**	95.9%
RC12	Gynaecological	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	77.5%	73.4%	69.5%	66.7%	66.7%	80.0%	66.7%	44.4%	71.4%	81.8%	78.6%	64.3%	89.5%	92.3%	75.0%	**	80.6%
RC13	Haematological	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	66.5%	63.0%	70.6%	85.7%	28.6%	58.3%	77.8%	66.7%	87.5%	81.8%	88.9%	100%	64.3%	92.9%	100.0%	**	86.0%
RC14	Head and Neck	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	69.9%	50.7%	44.5%	44.4%	0.0%	38.5%	66.7%	33.3%	41.7%	33.3%	66.7%	85.7%	48.3%	61.9%	66.7%	**	60.0%
RC15	Lower Gastrointestinal Cancer	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	63.7%	59.8%	56.8%	64.4%	47.1%	38.1%	61.5%	75.0%	48.3%	54.5%	75.0%	40.0%	63.8%	50.0%	60.5%	**	54.9%
RC16	Lung	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	69.9%	71.0%	65.1%	64.2%	68.0%	79.4%	67.5%	79.5%	74.0%	33.3%	67.5%	78.4%	64.8%	61.1%	74.4%	**	68.6%
RC17	Other	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	95.0%	71.4%	60.0%	33.3%	0.0%	66.7%	--	100.0%	--	--	100.0%	50.0%	100.0%	100.0%	0.0%	**	66.7%
RC18	Sarcoma	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	46.2%	81.3%	45.2%	--	100.0%	50.0%	100.0%	66.7%	40.0%	0%	100.0%	--	40.0%	100.0%	50.0%	**	60.0%
RC19	Skin	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	96.7%	94.1%	96.9%	95.9%	97.7%	100.0%	92.3%	97.0%	96.9%	96.6%	96.2%	96.8%	95.5%	93.8%	97.5%	**	96.0%
RC20	Upper Gastrointestinal Cancer	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	73.9%	63.9%	68.0%	82.0%	70.3%	43.8%	100.0%	72.0%	61.4%	63.6%	85.7%	92.3%	66.7%	59.4%	58.6%	**	68.1%
RC21	Urological (excluding testicular)	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	82.6%	74.4%	80.8%	74.5%	83.5%	88.2%	75.0%	79.3%	71.4%	76.2%	89.9%	82.1%	79.4%	72.3%	84.7%	**	80.0%
RC22	Rare Cancers	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	84.6%	100.0%	100.0%	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	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	81.4%	77.5%	78.1%	78.4%	77.9%	74.5%	77.2%	79.5%	75.4%	76.1%	86.5%	83.7%	76.8%	77.4%	82.1%	**	79.9%

Peer Group Analysis (June 2017)

RTT 18+ Weeks Backlog - June 2017			Diagnostics - June 2017		
All Acute Trusts Performance - 89.8% 80 of the 148 Acute Trusts* achieved 92% or more			All Acute Trusts Performance - 1.9% 93 of the 148 Acute Trusts* achieved <1% or less		
UHL ranks 65 out of the 148 Acute Trusts*			UHL ranks 67 out of the 148 Acute Trusts* (Ranked Ascending)		
Peer Rank	Provider Name	RTT Incompletes Performance - Target 92%	Peer Rank	Provider Name	Diagnostics Performance %Waiting 6 Wks+ - Target <= 1%
1	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	95.9%	1	LEEDS TEACHING HOSPITALS NHS TRUST	0.2%
2	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	95.7%	2	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	0.5%
3	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	94.5%	3	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	0.6%
4	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	92.9%	4	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	0.6%
5	HEART OF ENGLAND NHS FOUNDATION TRUST	92.3%	5	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	0.6%
6	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	92.3%	6	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	0.7%
7	PENNINE ACUTE HOSPITALS NHS TRUST	92.2%	7	HEART OF ENGLAND NHS FOUNDATION TRUST	0.7%
8	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	92.2%	8	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0.8%
9	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	89.9%	9	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1.0%
10	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	89.8%	10	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	1.1%
11	LEEDS TEACHING HOSPITALS NHS TRUST	88.7%	11	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	1.4%
12	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	85.5%	12	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	1.6%
13	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	85.2%	13	PENNINE ACUTE HOSPITALS NHS TRUST	2.5%
14	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	85.1%	14	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	3.0%
15	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	85.0%	15	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	3.8%
16	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	80.0%	16	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	5.7%
17	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	77.0%	17	BARTS HEALTH NHS TRUST	5.8%
-	BARTS HEALTH NHS TRUST - not reported	-	18	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	7.4%
ED Attendances within 4 hours - July 2017			TWO WEEK WAIT-ALL CANCER - June 2017		
All Acute Trusts - 88.8% 28 of the 148 Acute Trusts* achieved 95% or more			All Acute Trusts Performance - 94.1% 121 of the 148 Acute Trusts* achieved 93% or more		
UHL ranks 132 out of the 148 Trusts*			UHL ranks 81 out of the 148 Acute Trusts*		
Peer Rank	Provider Name	Performance within 4 Hours - Target 95% - Amber 92% - <95%	Peer Rank	Provider	Performance within 14 Days - Target 93%
1	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	95.7%	1	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	99.6%
2	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	94.7%	2	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.8%
3	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	91.7%	3	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	96.8%
4	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	91.3%	4	BARTS HEALTH NHS TRUST	96.6%
5	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	91.0%	5	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	95.9%
6	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	90.5%	6	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	95.8%
7	BARTS HEALTH NHS TRUST	88.4%	7	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	95.5%
8	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	88.2%	8	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	95.3%
9	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	87.8%	9	LEEDS TEACHING HOSPITALS NHS TRUST	95.2%
10	LEEDS TEACHING HOSPITALS NHS TRUST	87.7%	10	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	95.1%
11	PENNINE ACUTE HOSPITALS NHS TRUST	84.5%	11	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	95.0%
12	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	83.8%	12	HEART OF ENGLAND NHS FOUNDATION TRUST	94.8%
13	HEART OF ENGLAND NHS FOUNDATION TRUST	83.6%	13	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	94.7%
14	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	80.9%	14	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	94.5%
15	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	80.8%	15	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	93.9%
16	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	79.8%	16	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	93.1%
17	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	78.0%	17	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	91.5%
18	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	70.1%	18	PENNINE ACUTE HOSPITALS NHS TRUST	85.1%

Peer Group Analysis (June 2017)

31-DAY FIRST TREAT - June 2017

All Acute Trusts Performance - 97.6% UHL ranks 116 out of the 148 Acute Trusts*
131 of the 148 Acute Trusts* achieved 96% or more

Peer Rank	Provider	Performance within 31 Days - Target 96%
1	PENNINE ACUTE HOSPITALS NHS TRUST	100.0%
2	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	98.7%
3	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	98.4%
4	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	98.1%
5	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	97.5%
6	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	97.5%
7	HEART OF ENGLAND NHS FOUNDATION TRUST	97.5%
8	BARTS HEALTH NHS TRUST	97.4%
9	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	97.4%
10	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	97.4%
11	LEEDS TEACHING HOSPITALS NHS TRUST	97.3%
12	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	97.1%
16	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	97.0%
14	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.8%
15	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	96.4%
16	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	96.4%
17	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	96.0%
18	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	87.6%

62-DAY GP Referral - June 2017

All Acute Trusts Performance - 80.5% UHL ranks 96 out of the 148 Acute Trusts*
61 of the 148 Acute Trusts* achieved 85% or more

Peer Rank	Provider	Performance within 62 Days - Target 85%
1	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	87.2%
2	HEART OF ENGLAND NHS FOUNDATION TRUST	86.2%
3	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	85.4%
4	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	83.3%
5	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	82.3%
6	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	80.2%
7	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	77.9%
8	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	77.7%
9	LEEDS TEACHING HOSPITALS NHS TRUST	77.2%
10	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	77.2%
11	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	77.1%
12	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	75.9%
13	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	75.4%
14	PENNINE ACUTE HOSPITALS NHS TRUST	73.9%
15	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	71.4%
15	BARTS HEALTH NHS TRUST	69.5%
17	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	67.4%
18	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	62.9%

Inpatient FFT - June 2017

All Acute Trusts - Response Rate 25% - Recommended 96% - Not Recommended 1% UHL ranks 63 (for Recommended) and 65* (for Not Recommended) out of the 148 Trusts**

Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	21%	99%	0%
2	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	13%	98%	1%
3	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	32%	98%	0%
4	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	35%	98%	1%
5	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	15%	98%	1%
6	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	38%	98%	0%
7	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	28%	97%	1%
8	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	20%	96%	2%
9	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	32%	96%	2%
10	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	37%	96%	1%
11	LEEDS TEACHING HOSPITALS NHS TRUST	44%	96%	2%
12	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	28%	95%	2%
13	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	19%	95%	2%
14	HEART OF ENGLAND NHS FOUNDATION TRUST	26%	94%	2%
15	BARTS HEALTH NHS TRUST	21%	94%	2%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	24%	94%	2%
17	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	19%	93%	3%
18	PENNINE ACUTE HOSPITALS NHS TRUST	21%	90%	4%

A&E FFT - June 2017

All Acute Trusts - Response Rate 25% - Recommended 96% - Not Recommended 1% UHL ranks 19 (for Recommended) and 18* (for Not Recommended) out of the 148 Trusts**

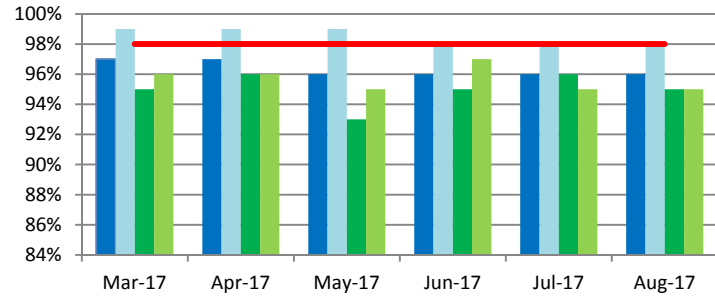
Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	12%	99%	0%
2	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	9%	96%	2%
3	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	20%	94%	2%
4	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	4%	94%	3%
5	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	11%	92%	4%
6	BARTS HEALTH NHS TRUST	2%	90%	4%
7	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	16%	89%	6%
8	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	6%	88%	6%
9	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	20%	88%	7%
10	LEEDS TEACHING HOSPITALS NHS TRUST	24%	87%	8%
11	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	13%	86%	10%
12	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	22%	85%	10%
13	PENNINE ACUTE HOSPITALS NHS TRUST	14%	84%	9%
14	HEART OF ENGLAND NHS FOUNDATION TRUST	16%	83%	10%
15	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	18%	80%	11%
16	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	16%	78%	14%
17	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	0%	74%	17%
18	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	17%	72%	18%

Compliance Forecast for Key Responsive Indicators

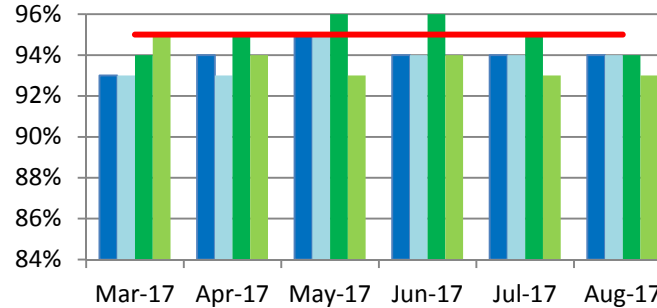
Standard	Aug	Sep	Commentary
Emergency Care			
4+ hr Wait (95%) - Calendar month	83.2%		Validated position.
Ambulance Handover (CAD+)			
% Ambulance Handover >60 Mins (CAD+)	2%		EMAS monthly report
% Ambulance Handover >30 Mins and <60 mins (CAD+)	4%		
RTT (inc Alliance)			
Incomplete (92%)	91.8%	91.0%	
Diagnostic (inc Alliance)			
DM01 - diagnostics 6+ week waits (<1%)	0.7%	0.9%	
# Neck of femurs			
% operated on within 36hrs - all admissions (72%)	81%	72%	
% operated on within 36hrs - pts fit for surgery (72%)	96%	85%	
Cancelled Ops (inc Alliance)			
Cancelled Ops (0.8%)	1.1%	1.0%	
Not Rebooked within 28 days (0 patients)	14	12	
Cancer			
Two Week Wait (93%)	94%	94%	
31 Day First Treatment (96%)	96%	96%	
31 Day Subsequent Surgery Treatment (94%)	90%	90%	
62 Days (85%)	82%	83%	
Cancer waiting 104 days (0 patients)	6	8	

Estates and Facilities - Cleanliness

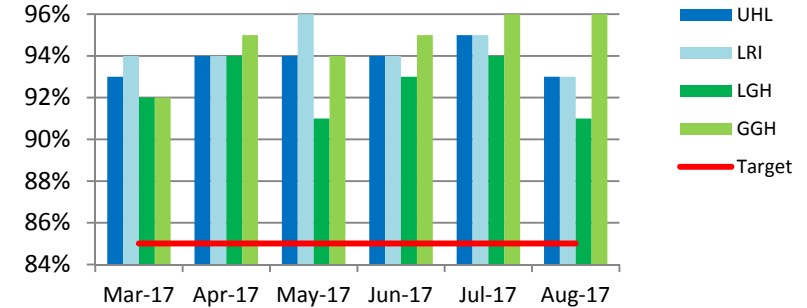
Cleanliness Audit Scores by Risk Category - Very High



Cleanliness Audit Scores by Risk Category - High



Cleanliness Audit Scores by Risk Category - Significant



Legend:
 UHL (Blue)
 LRI (Light Blue)
 LGH (Green)
 GGH (Light Green)
 Target (Red line)

Cleanliness Report

The above charts show average audit scores for the whole Trust and by hospital site since October 2016. Each chart covers specific risk categories:-

- Very High – e.g. Operating Theatres, ITUs, A&E - Target Score 98%
- High – Wards e.g. Sterile supplies, Public Toilets – Target Score 95%
- Significant – e.g. Outpatient Departments, Pathology labs

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

For very high-risk areas the data shows that the target of 98% was not achieved in August 2017 by GGH and LGH, both of which achieved 95%.

The Management team are reviewing the failures to in more detail to identify where there are specific issues including analysis of clinical equipment cleanliness as well as general environmental cleanliness.

High-risk continue to fall just short of targets across all three sites, with both the LRI and LGH achieving 94%. While, the LGH has dropped to 93%. The UHL has an overall score of 94% which remains consistent with June and Julys score.

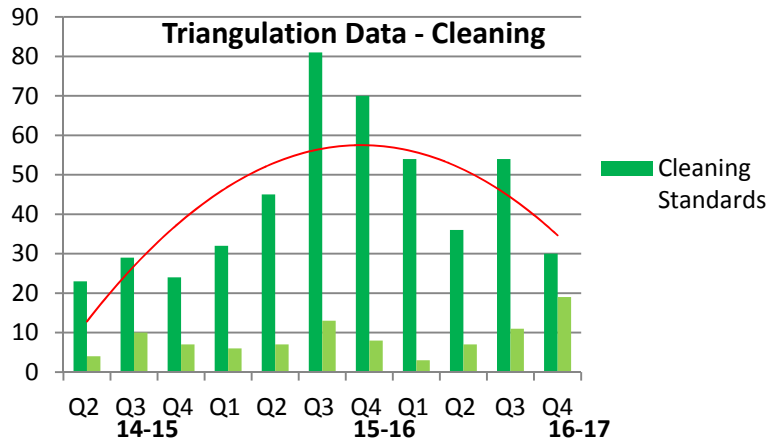
Significant risk areas all exceed the 85% target.

The triangulation data is collected by the Trust from numerous patient sources including Message to Matron, Friends and Family Test, Complaints, Online sources and Message to Volunteer or Carer collated collectively as 'Suggestions for Improvement'. This data is only collated on a quarterly basis and the chart shown here is inclusive of Q1 to Q4 for 16-17.

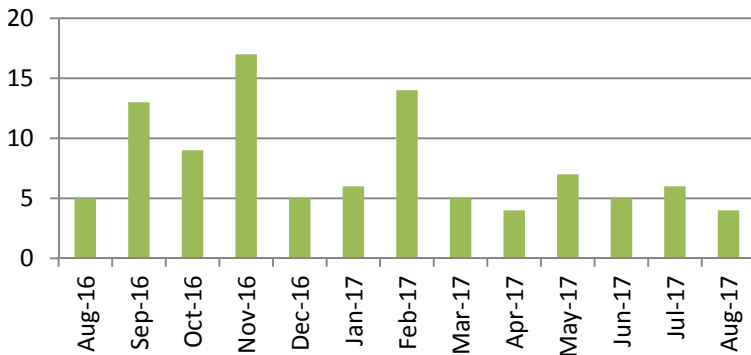
The number of datix incidents logged for August has dropped slightly since July. Two of the datix reports are related to very high risk areas and have been addressed.

The overall picture continues to be one of plateaued performance with month on month small variations still remaining just behind target. In practice this means that there are a small number of areas that will be noticeably below standard. Recent analysis of the shifts that require covering due to vacancies and absence demonstrate a gap in August of some 2000 hours of rostered time. Availability of staff (bank, additional plain time hours and overtime) and budgetary constraints have meant that only around half of this gap was actually covered.

Triangulation Data - Cleaning



Number of Datix Incidents Logged - Cleaning



Estates and Facilities – Patient Catering

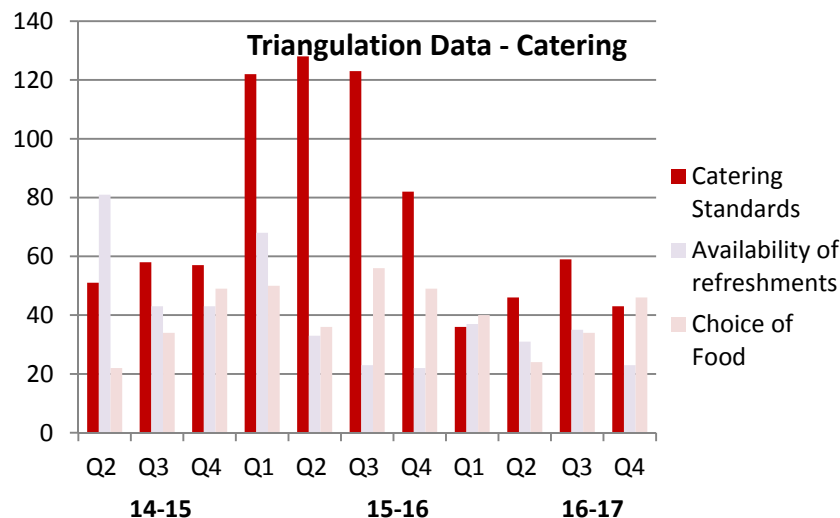
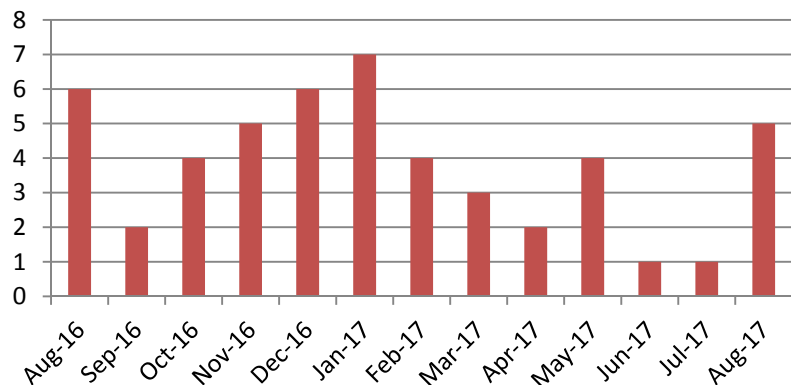
Patient Catering Survey – May 2017	Percentage 'OK or Good'	
	Jul-17	Aug-17
Did you enjoy your food?	98%	89%
Did you feel the menu has a good choice of food?	100%	89%
Did you get the meal that you ordered?	96%	94%
Were you given enough to eat?	100%	100%

90 – 100%	80 – 90%	<80%
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Number of Patient Meals Served				
Month	LRI	LGH	GGH	UHL
June	67,630	21,858	29,331	118,819
July	68,869	20,261	30,164	119,294
August	69,600	22,647	29,607	121,854

Patient Meals Served On Time (%)				
Month	LRI	LGH	GGH	UHL
June	100%	100%	100%	100%
July	100%	100%	100%	100%
August	100%	100%	100%	100%

Number of Datix Incidents Logged -Patient Catering



Patient Catering Report

This month we received a return of 72 surveys.

We continue to appraise the comment data collected alongside survey scores this month showing no discernible trend with comments tending to reflecting individual tastes rather than genuine quality issues.

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

The triangulation data is refreshed on a quarterly basis.

Datix's have risen slightly to 5 with no dominant trend that can be detected. Individual problems have been rectified and the team continue to monitor issues arising from all Datix's received. Whilst this looks like a significant rise it, against the number of meals served it is still a very small proportion.

Estates and Facilities – Portering

Reactive Portering Tasks in Target				
Site	Task (Urgent 15min, Routine 30min)	Month		
		June	July	August
GH	Overall	93%	94%	94%
	Routine	93%	93%	94%
	Urgent	96%	97%	97%
LGH	Overall	94%	94%	94%
	Routine	93%	93%	93%
	Urgent	98%	98%	98%
LRI	Overall	93%	91%	91%
	Routine	92%	91%	90%
	Urgent	98%	97%	98%

95 – 100%	90 – 94%	<90%
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Estates and Facilities – Planned Maintenance

Statutory Maintenance Tasks Against Schedule					
UHL Trust Wide	Month	Fail	Pass	Total	%
	June	0	130	130	100%
	July	75	73	148	49%
	August	0	128	128	100%

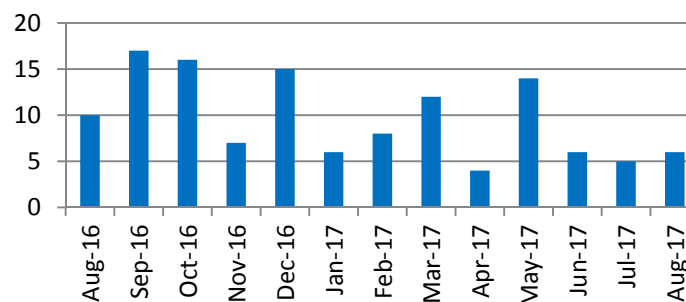
99 – 100%	97 – 99%	<97%
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Non-Statutory Maintenance Tasks Against Schedule					
UHL Trust Wide	Month	Fail	Pass	Total	%
	June	449	1778	2227	80%
	July	107	665	772	86%
	August	477	1541	2018	76%

95 – 100%	80 – 95%	<80%
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Average Portering Task Response Times		
Category	Time	No of tasks
Urgent	14:55	1,996
Routine	25:20	10,635
Total		12,631

Number of Datix Incidents Logged - Portering



Portering Report

The Reactive Task performance for Portering is based on a month as current systems do not capture the full range of duties.

August's performance overall was similar to July. Datix incidents continue to remain low in relation to the reactive service.

Progress continues to be made in the further roll out of the iPorter system. ED and associated Radiology areas are planned to go live on 16th October following extensive communications, training and testing.

Estates Planned Maintenance Report

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

For the Non-Statutory tasks, completion of the monthly schedule is subject to the volume of reactive calls. Drainage issues continue to compete for resources within the Estates front line team.

Upgrades to the Planet system are awaited to support the use of handheld devices. This is anticipated to take place in October 2017.



Note: changes with the HRA process have changed the start point for these KPI's

KPI Ref	Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	14/15	15/16	16/17	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
							Outturn	Outturn	Outturn															
RU1	Median Days from submission to Trust approval (Portfolio)	AF	NB	TBC	TBC	TBC	2.8	1.0		1.0			4.5			48			45			19.5		
RU2	Median Days from submission to Trust approval (Non Portfolio)	AF	NB	TBC	TBC	TBC	2.1	1.0	Q2-Q4 158	1.0			41			90			27			14.5		
RU3	Recruitment to Portfolio Studies	AF	NB	Aspirational target=10920/year (910/month)	TBC	TBC	12564	13479	8603	979	917	887	758	657	592	487	699	325	636	531	1135	869	749	820
RU4	% Adjusted Trials Meeting 70 day Benchmark (data sunbmitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC				(Jul15 - Jun16) 94%			(Oct15 - Sep16) 90.3%			(Jan16 - Dec16) 100%			(Apr16 - Mar17) 50% (metric change due to HRA process change)			(July 16 - July 17) 81%		
RU5	Rank No. Trials Submitted for 70 day Benchmark (data submitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC				(Jul15 - Jun16) 12/220			(Oct15 - Sep16) 10/205			(Jan16 - Dec16) 31/186			(Apr16 - Mar17) 14/187			(July 16 - July 17) 12/196		
RU6	%Closed Commercial Trials Meeting Recruitment Target (data submitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC				(Jul15 - Jun16) 40.8%			(Oct15 - Sep16) 52.0%			(Jan16 - Dec16) 49.2%			(Apr16 - Mar17) 44.9%			(July 16 - July 17) 43.5%		

RIDDOR - Serious Staff Injuries

Indicators	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	17/18 YTD
RIDDOR - Serious Staff Injuries	0	2	4	4	2	5	4	2	7	3	5	4	4	23

What actions have been taken to improve performance?

5 months into the year and the current position shows a rate of 10 incidents beyond target for the end of August. As reported previously a review of the 23 incidents still shows a wide disparity in cause location, site and affected staff. There are no particular themes observed. With the upsurge in total staffing this may have an effect on our original year end targets but this will be closely monitored by the Health and Safety Services team.

Never Events

	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	17/18 YTD
Never Events	0	0	0	1	0	1	0	1	0	3	0	0	1	4

Actions taken to improve performance

Never Event - Wrong site surgery (Wrong patient)

Surgical procedure on the wrong patient

Patient A was seen in Dermatology clinic and added to the waiting list for a right upper back lesion excision. Patient B was sent an appointment letter in error to attend for a surgical procedure. Patients A and B are both male and share the same surname but no other personal details are similar.

Patient B attended the clinic and the procedure was undertaken which was intended for Patient A. Coincidentally, Patient B had an mole in the same area for which he had seen his GP six months before but did not require a specialist referral. On initial findings it appears that inadequate safety checks were performed at the time of the procedure by the operating clinician as the consent form, biopsy form and last clinic outcome slip all belonged to Patient A.

Immediate Actions Taken

Urgent meeting with CMG senior team, service, Patient Safety, Medical Director and Acting Deputy Chief Nurse to agree immediate actions of;

- robust team briefings will take place before all outpatient procedure lists start in dermatology to include medics and outpatient staff
- spot audits of checking & consent processes and procedures for dermatology procedure lists for the next 2 weeks
- spot audits to include a check that the actions from the Dermatology Never Event in 2015 have been embedded (show me not to tell me)
- urgent risk assessment of activity levels versus patient safety to be undertaken
- risk assessment of the Dermatology admin processes
- GM from ophthalmology to provide external review of Dermatology admin processes
- Patient Safety Alert to go out as a trust wide communications
- specific communication to all outpatient clinical staff where the procedures undertaken
- review of outpatient HCA competencies and training versus scope of practice

Clostridium Difficile

Indicators	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	17/18 YTD
Clostridium Difficile	7	8	5	7	0	5	7	5	5	0	10	5	7	27

What actions have been taken to improve performance?

While there were 7 reportable cases of CDT in August, it must be noted that in total 57 cases were identified which is not an unusual number and we do not focus management of patient purely of reportable cases.

Of the cases identified in UHL none were linked by time and place. Two cases were identified from the same ward though the patients did not overlap. Both were admitted for other reasons and the diarrhoea upon clinical investigation was deemed to be co-incidental. Therefore no further action was deemed necessary

MRSA Bacteraemia

Indicators	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	17/18 YTD
MRSA Bacteraemias - Unavoidable or Assigned to third Party	0	0	0	0	0	0	1	1	0	0	0	0	1	1
MRSA Bacteraemias (Avoidable)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MRSA Total	0	0	0	0	0	0	1	1	0	0	0	0	1	1

Actions taken to improve performance

Feedback given to Medical and Nursing staff regarding the systems in place to ensure early identification of infection status. Those systems have been reviewed in light of this case and the plan to introduce a flagging system on Nerve centre has been upgraded to urgent.

The following has been communicate to staff:-

- The patient centre ward and clinic list MUST be printed each day/shift (depending on the dept) and made available in the clinical area to inform all staff of the 'alert' status of their patients.
- All staff with a responsibility for clinical care/patient movement should review this list and ensure they are aware of any alerts identified.
- Patient alerts should be identified and discussed at Board Rounds/Ward Huddles on a daily basis.
- Staff are advised that Patient Centre remains the main system to identify alerts in the interim

RTT Performance

Combined UHL and Alliance RTT Performance for August

	<18 w	>18 w	Total Incompletes	%
Alliance	8644	616	9260	93.3%
UHL	49233	4582	53815	91.5%
Total	57877	5198	63075	91.8%

Backlog Reduction required to meet 92%	165
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UHL and Alliance combined performance for RTT in August was 91.8%. The Trust did not achieve the standard. Overall combined performance saw 5,198 patients in the backlog, an increase of 93 since the last reporting period (UHL increase of 71, Alliance increase of 22). There were 165 patients too many waiting over 18 weeks in order to achieve the standard.

The overall RTT performance remained the same as the end of July. Factors which impacted include increased cancellations on the day and before the day, loss of elective theatre capacity due to theatre staffing, loss of physical capacity at Glenfield due to Theatres being out of action.

Forecast performance for next reporting period: It is forecasted there is a risk to achieving the 92% standard in September.

Risks to performance include:

- Significant backlog increase in the Alliance
- Competing demands with Emergency and Cancer performance
- Increased in cancellations due to bed capacity and theatre staffing.
- Reduced admitted capacity due to loss of theatres at Glenfield

There are currently 5 specialties that, due to size of number of patients in their backlog and relative size, have individual action plans. They are Paediatric ENT, ENT, General Surgery, Urology and Orthopaedics. They are monitored monthly. Current plans and performance are highlighted later in the report.

The table below details the average case per list against speciality targets.

Speciality	ACPL Traget	M5 ACPL Actual	ACPL Variance	YTD ACPL
Breast Care	1.9	1.5	-0.36	1.7
ENT	2.6	2.6	0.01	2.6
General Surgery	1.9	2	0.05	2.3
Gynaecology	2.9	2.3	-0.63	2.5
Maxillofacial Surgery	2.2	2.3	0.1	2.3
Ophthalmology	3.6	3.5	-0.1	3.4
Orthopaedics	1.9	1.9	0.01	1.9
Paediatric Surgery	2.4	2.3	-0.05	2.7
Pain Management	5.2	5.6	0.42	5.4
Plastic Surgery	2.9	2.6	-0.31	2.6
Renal Surgery	1.6	1.7	0.06	1.9
Urology	2.7	2.6	-0.05	2.7
Vascular Surgery	1.3	1	-0.34	1.2
Total	2.4	2.3	-0.06	2.4

At the end August there were 18 patients with an incomplete pathway at more than 52 weeks. The 18 patients are broken down into 12 ENT, 4 Paediatric ENT, 1 Cardiac Surgery and 1 General Surgery. This has reduced from 39 at the end February. The forecasted number of 52 week breaches is 0 at the end of September. This is dependent on no patient cancellations.

The tables below outlines the overall 10 largest backlog increases, 10 largest backlog reductions and 10 overall largest backlogs by specialty from last month. The largest overall backlog increases were within Spinal Surgery, General Surgery and Orthopaedic Surgery. All 3 areas impacted by loss of elective capacity.

Cardiology, Paediatric ENT and Max Fax saw the largest reductions in backlog for August.

Of the 60 specialties with a backlog, 25 saw their backlog increase, 6 specialties backlog stayed the same and 33 specialties reduced their backlog size.

Although more specialties saw a reduction in their backlog this was outweighed by the aggregated backlog increases.

10 highest backlog increases	Admitted Backlog			Non Admitted Backlog			Total Backlog				
	Jul 17	Aug 17	Change	Jul 17	Aug 17	Change	Jul 17	Aug 17	Change	% Change	RTT %
Spinal Surgery	68	84	16	258	316	58	326	400	74	22.7%	80.0%
General Surgery	212	264	52	165	183	18	377	447	70	18.6%	86.8%
Orthopaedic Surgery	300	302	2	234	277	43	534	579	45	8.4%	88.5%
Gastroenterology	4	10	6	37	62	25	41	72	31	75.6%	97.3%
Gynaecology	168	182	14	30	38	8	198	220	22	11.1%	92.2%
Thoracic Medicine	-	-	0	85	102	17	85	102	17	20.0%	90.2%
General Surgery (Renal Dir)	2	15	13	2	5	3	4	20	16	400.0%	83.1%
Neurology	-	1	0	18	30	12	18	31	13	72.2%	98.0%
Paediatric Urology	51	63	12	4	4	0	55	67	12	21.8%	79.0%
Paed Pain Management	-	-	0	9	16	7	9	16	7	77.8%	78.1%

10 highest backlog decreases	Admitted Backlog			Non Admitted Backlog			Total Backlog				
	Jul 17	Aug 17	Change	Jul 17	Aug 17	Change	Jul 17	Aug 17	Change	% Change	RTT %
Cardiology	93	97	4	84	54	-30	177	151	-26	-14.7%	93.6%
Paediatric ENT	428	413	-15	27	20	-7	455	433	-22	-4.8%	59.1%
Maxillofacial Surgery	105	82	-23	45	51	6	150	133	-17	-11.3%	93.8%
Paed Max Fax	50	30	-20	1	6	5	51	36	-15	-29.4%	85.2%
Ophthalmology	286	269	-17	41	43	2	327	312	-15	-4.6%	94.6%
Allergy	1	1	0	36	24	-12	37	25	-12	-32.4%	94.0%
Cardiac Surgery	23	13	-10	18	16	-2	41	29	-12	-29.3%	86.3%
Urology	430	414	-16	110	115	5	540	529	-11	-2.0%	81.6%
Sleep	-	-	0	22	13	-9	22	13	-9	-40.9%	98.3%
Restorative Dentistry	-	-	0	36	27	-9	36	27	-9	-25.0%	93.8%

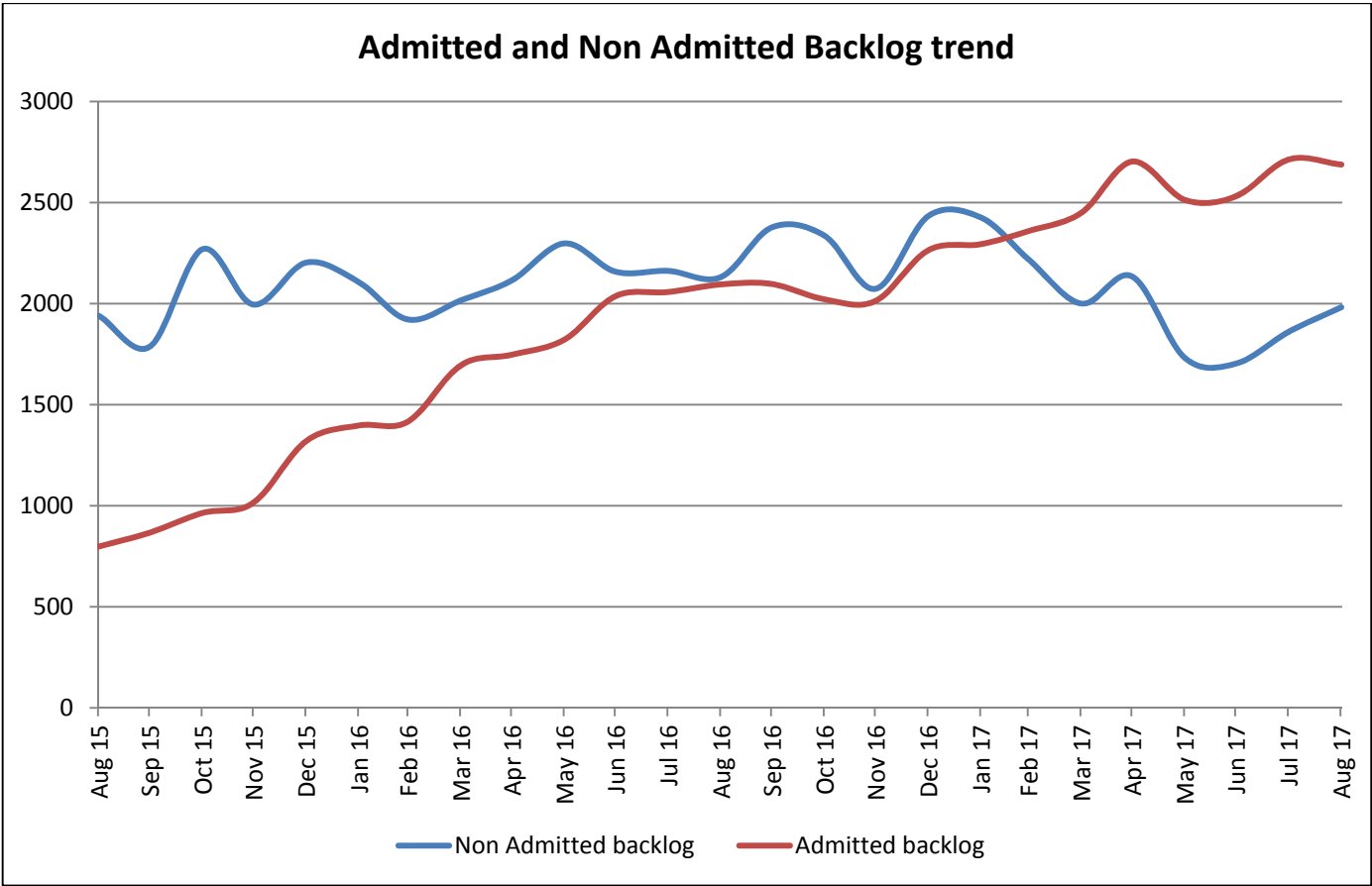
10 highest overall backlogs	Admitted Backlog			Non Admitted Backlog			Total Backlog				
	Jul 17	Aug 17	Change	Jul 17	Aug 17	Change	Jul 17	Aug 17	Change	% Change	RTT %
Orthopaedic Surgery	300	302	2	234	277	43	534	579	45	8.4%	88.5%
ENT	327	307	-20	235	252	17	562	559	-3	-0.5%	83.5%
Urology	430	414	-16	110	115	5	540	529	-11	-2.0%	81.6%
General Surgery	212	264	52	165	183	18	377	447	70	18.6%	86.8%
Paediatric ENT	428	413	-15	27	20	-7	455	433	-22	-4.8%	59.1%
Spinal Surgery	68	84	16	258	316	58	326	400	74	22.7%	80.0%
Ophthalmology	286	269	-17	41	43	2	327	312	-15	-4.6%	94.6%
Gynaecology	168	182	14	30	38	8	198	220	22	11.1%	92.2%
Cardiology	93	97	4	84	54	-30	177	151	-26	-14.7%	93.6%
Maxillofacial Surgery	105	82	-23	45	51	6	150	133	-17	-11.3%	93.8%

The graph illustrates changes in the non-admitted and admitted backlog size. The non-admitted backlog has remained relatively consistent over the past 18 months. During the same period the admitted backlog has increased by over 300%. RTT performance for Admitted is still below 74%

Sustaining an overall 92% will only be achievable by improving the admitted performance, with a step change in capacity required through:

- Right sizing bed capacity to increase the number of admitted patients able to received treatment.
- Improving ACPL through reduction in cancellation and increased theatre throughput.
- Demand reduction with primary care as a key priority to achieving on-going performance for our patients to receive treatment in a timely manner.

Patients on an admitted incomplete pathway make up only 20% of the UHL incomplete waiting list whilst making up 60% of the backlog.



<p>ENT Paediatric ENT</p>	<p>Background: Current backlog driven by a high level of cancellations from 2015/16 winter bed pressures that has carried over into 2016/17. Cancellations for both adult and Paediatric ENT have remained high over the winter period into 2017 due to limited bed capacity. This has also resulted in prior to the day cancellations or reduced booking of lists. The combined adult and paediatric ENT service has seen a referral increase of over 12% year to date to the previous financial year.</p> <p>Actions: Continued use of Medinet and wait list initiatives for admitted and non admitted patients continue to end of November 2017. On-going use after this point is pending further discussion. Change to balance pathway including new DOS and PRISM forms to direct patients at point of referral to most appropriate clinic. Additional 60 hours of theatre capacity for paediatric ENT agreed. Circa 42 patients. Agreement of Nuffield tariff for adult and paediatric patients circa 50 patients.</p> <p>Agreement with Paediatric Nursing to continue with circa 60 hours of week Paediatric ENT theatre sessions over August and September</p>
<p>General Surgery</p>	<p>Background: Current performance driven by lack of capacity to meet SLA demands. Circa 3 sessions per week. Service highly affected by winter bed pressures on inpatient and critical care beds resulting in patient cancelations. Further risk going into winter months of increased cancellations due to further bed pressure demands. The service has seen a 16% increase in referrals year on year.</p> <p>Actions: Continued WLI's for admitted and non-admitted pathways. Left shift minor work to the Alliance, business case for 2 additional consultants. Focused work on non admitted pathway bringing down waits for first appointments and waits in diagnostic reporting.</p>
<p>Orthopaedic Surgery</p>	<p>Background: Delays within with urgent diagnostic reporting adding to the outpatient pathway. Capacity gap between clinicians for sub specialties. Including Hand and Foot and Ankle patients. Impacted on elective cancellations to support emergency care. Impacted by cancelled theatre sessions due to lack of theatre staffing.</p> <p>Actions: Additional clinics to reduce outpatient backlog. ESP utilised across Orthopaedics and spines, double running of clinical fellows to increase clinical capacity.</p>
<p>Urology</p>	<p>Background: Lack of in week outpatient and theatre capacity. Increase in patients cancelled before the day due to bed capacity. Alliance capacity decrease from Coventry and Warwick clinicians, impacts on ability to left shift activity.</p> <p>Actions: Wait list initiatives. Increase in uptake of UHL staffed lists allowing for more patients from the backlog to be treated. Continued use of weekend sessions including Medinet to utilise theatre space where insufficient theatre uptake. Left shifting of low complex patients to the Alliance agreed with circa 30-50 cystoscopies being transferred August onwards.</p>

Diagnostic Performance

August diagnostic performance for UHL and the Alliance combined is 0.6% achieving the standard by performing below the 1% threshold. UHL alone achieved 0.70% for the month of August with 101 patients out of 14,326 not receiving their diagnostic within 6 weeks. Performance remains ahead of trajectory.

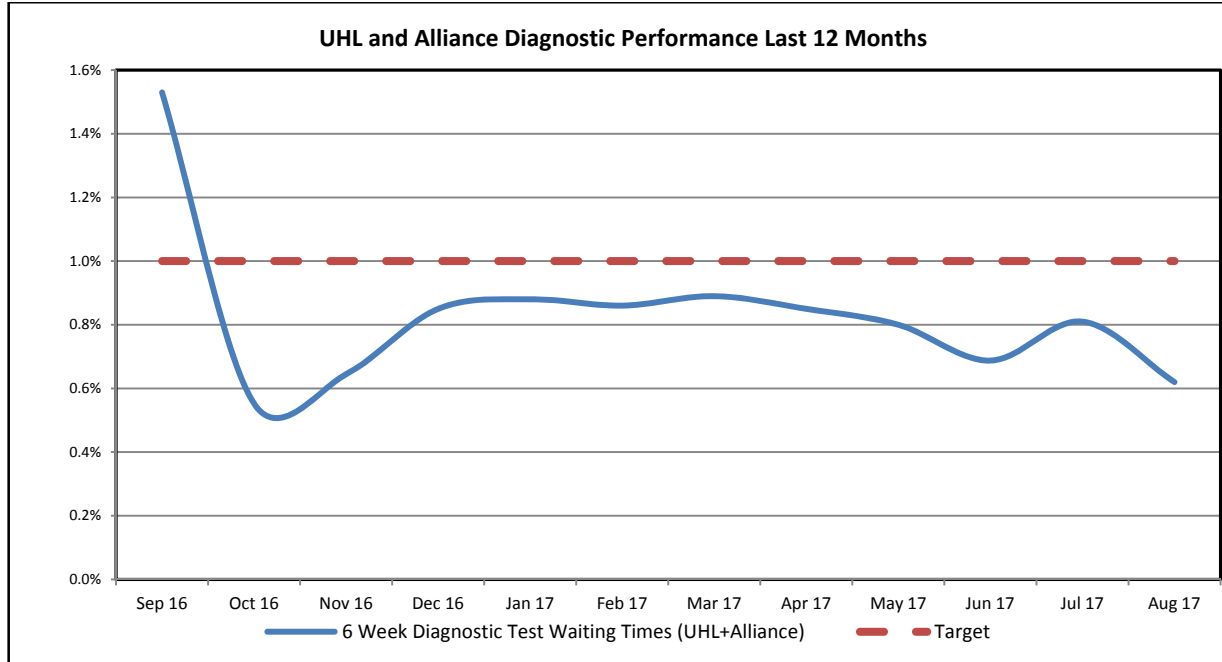
Strong performance in non-obstetric ultrasound with 3 breaches from 4,712 patients (0.06%), CT 2 breaches from 2,150 patients (0.09%) and audiology 0 breaches from 671 patients (0%) supported the overall Trust performance.

Of the 15 modalities measured against, 8 achieved the performance standard with 7 areas having waits of 6 weeks or more greater than 1%.

This is the 11th consecutive month the DM01 standard has been achieved. The previous longest period of achievement was 7 months between May 2013 and November 2013.

Future months performance

It is anticipated the Trust should achieve the diagnostic standard in September although there are specific risks which could impact on achieving. Clinical capacity constraints within Cardiology for patients requiring echocardiography have arisen as an issue for August. Additional capacity is being sourced within the service to limit the number of patients breaching. Circa 10 breaches are currently expected.



% Cancelled on the day operations and patients not offered a date within 28 days – Performance (inc Alliance)

INDICATORS: The cancelled operations target comprises of two components	Indicator	Target (monthly)	Latest month	YTD performance (inc Alliance)	Forecast performance for next reporting period
1.The % of cancelled operations for non-clinical reasons On The Day (OTD) of admission	1	0.8%	1.0	1.1%	1.0%
2.The number of patients cancelled who are not offered another date within 28 days of the cancellation	2	0	14	69	14

Cancelled Operation Performance – Indicator 1

For August there were 126 non clinical hospital cancellations for UHL and Alliance combined. This resulted in a failure of the 0.8% standard as 1.0% of elective FCE's were cancelled on the day for non-clinical reasons (126 UHL 1.2% and 1 Alliance 0.1%). UHL alone saw 126 patients cancelled on the day for a performance of 1.2%. 32 patients (25%) were cancelled due to capacity related issues of which 2 were Paediatrics. 94 patients were cancelled for other reasons. The number of non-clinical cancellation not related to beds was higher for August than in typical months with lack of theatre time / list overrun the highest cause of cancellation. Escalation notes points to factors causing the lack of theatre time being typically related to emergency cases, delays due to lack of beds and patients more complex than expected when listing as opposed to poor scheduling. The theatre program board is being reviewed with a view to have 3 working groups, one of which to look at operationally reducing cancellations on the day.

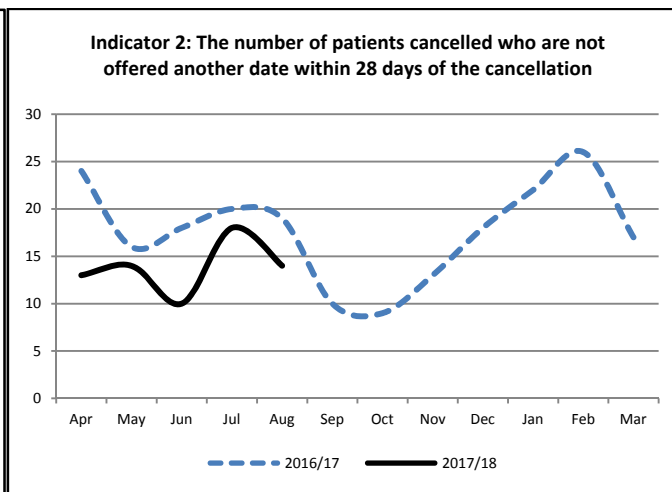
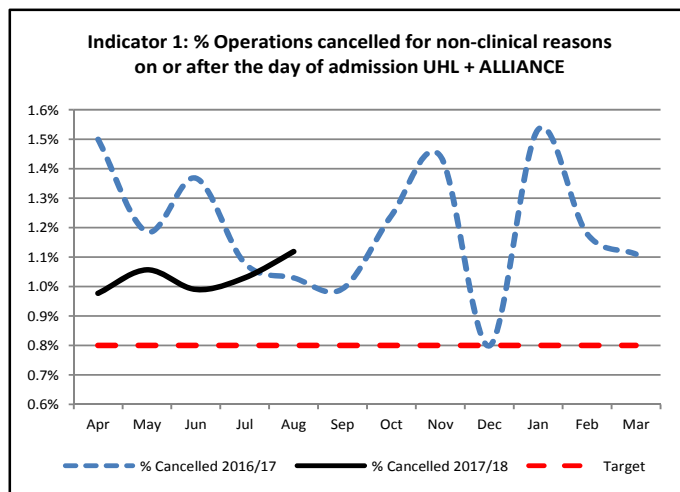
28 Day Performance – Indicator 2

There were 14 patients who did not receive their operation within 28 days of a non-clinical cancellation. These comprised of CHUGGS 6, MSS 4 and RRCV 2, W&C 2. Year to date there have been 28 fewer 28 day breaches compared to 2016/17 reducing by 29%

Risk for next reporting period

Achieving the 0.8% standard in September remains a risk due to:

- Continuing capacity pressures due to emergencies
- Increased cancellations due to lack of theatre staff



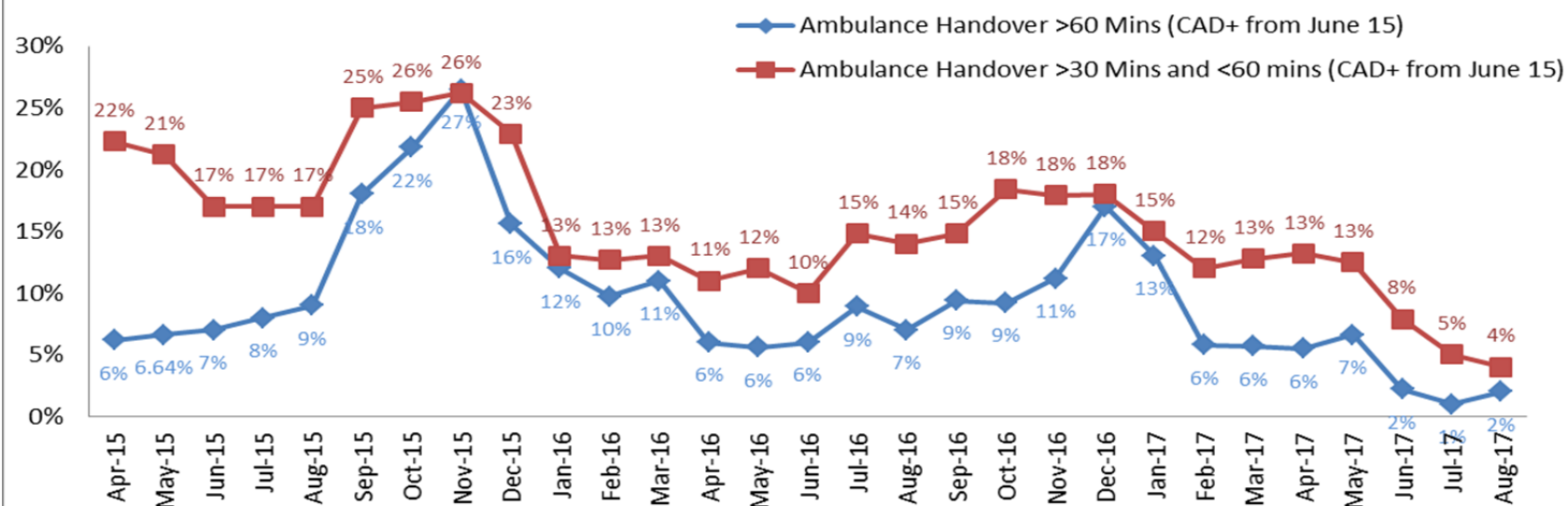
Ambulance handover > 30 minutes and >60 minutes - Performance

Indicators	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	17/18 YTD
Ambulance Handover >60 Mins (CAD+ from June 15)	7%	9%	9%	11%	17%	13%	6%	6%	6%	7%	2%	1%	2%	3%
Ambulance Handover >30 Mins and <60 mins (CAD+ from June 15)	14%	15%	18%	18%	18%	15%	12%	13%	13%	13%	8%	5%	4%	9%

What actions have been taken to improve performance?

- Focussed work with staff embedding the new Standard Operation Procedures.
- Senior leadership on the shop floor both clinically and managerially to support ambulance offload.
- Daily SITREP meetings with the senior leadership team to review previous day before identifying key actions to improve processes.
- Frequent monitoring in Gold meetings to ensure traction.
- Real time escalation by duty team to Director on call of all patients that have waited longer than 60 minutes on an ambulance.
- GPAU opened longer to improve flow and appropriate patients moved from assessment bay into GPAU scheme.

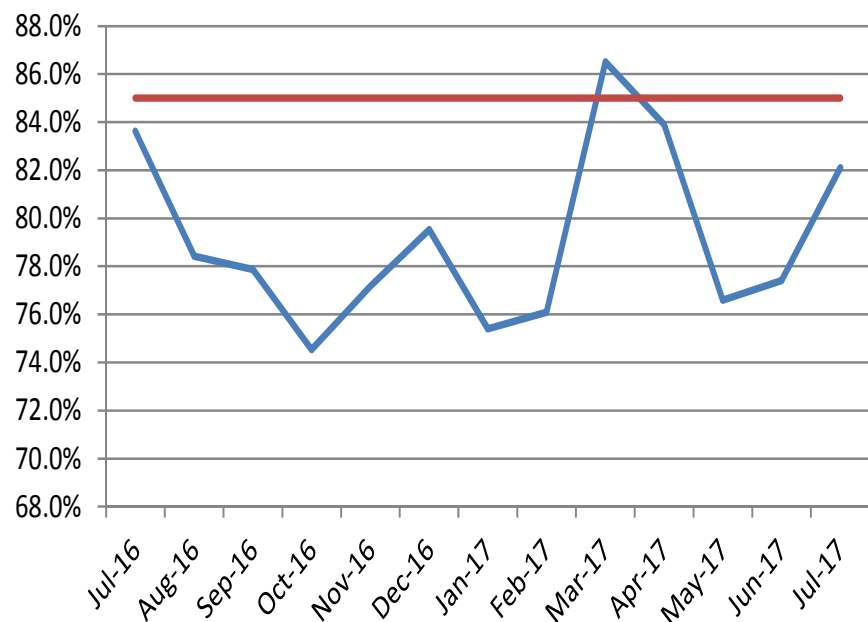
Ambulance Handover Times



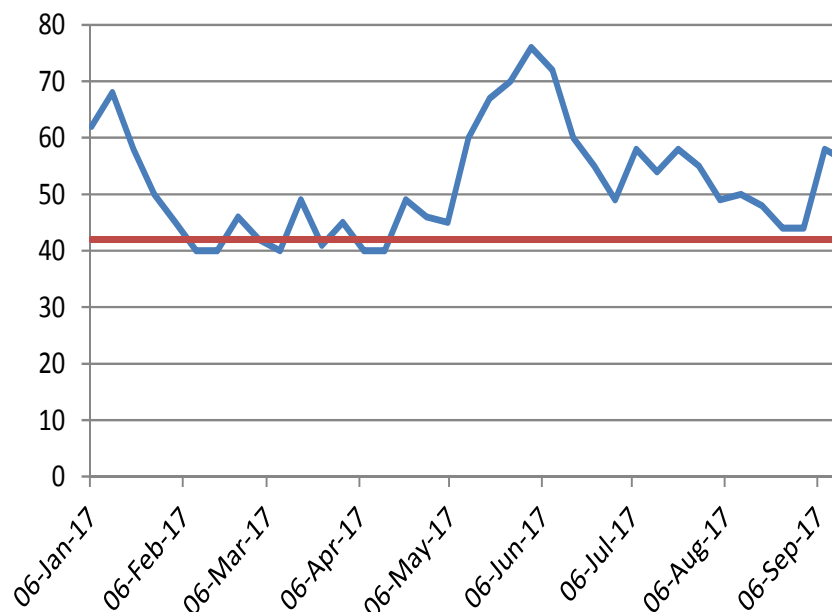
Cancer Waiting Time Performance

- Out of the 9 standards, UHL achieved 4 in July – 31 Day Radiotherapy, 31 Day First Treatments, 2WW and 2WW Breast
- 2WW performance continued to deliver in July achieving 93.7%. August is also expected to deliver the standard. 2WW Breast also achieved the standard at 93%.
- 62 day performance although failed at 82.1% in July, showed a 4.4% improvement on the previous month.
- The adjusted backlog continues to see a reduction as a result of ongoing focussed tumour site remedial action. At the time of reporting, the key tumour sites are:- Gynae. Lung and Urology – representing 58% of the total adjusted backlog. At the time of reporting, daily PTL review calls are in place for Lung.
- Review of the Cancer RAP has been completed with a confirm and challenge held on the 9th August 2017, the revised RAP has been shared with the CCG and feedback is currently with the respective tumour sites for ongoing ratification and reporting

62 Day Performance



62 Day Adjusted Backlog



62 Day Backlog by Tumour Site

The following details the backlog numbers by Tumour Site for week ending 15th September 2017.

The Trend reflects performance against target on the previous week.

The forecast position is the early prediction for week ending 22nd September 2017

Note:- these numbers are subject to validation and review throughout the week via the clinical PTL reviews and Cancer Action Board.

Tumour Site	Target	Backlog	Trend	Forecast
Haematology	0	1	↓	1
HPB	0	4	↑	3
Lower GI	6	6	↓	7
Testicular	0	0	↔	0
Upper GI	2	2	↔	2
Urology	10	14	↑	18
Skin	1	3	↑	3
Breast	2	2	↑	2
Head & Neck	5	5	↔	4
Sarcoma	0	0	↓	0
Lung	6	11	↑	11
Gynaecology	7	8	↔	8
Brain	0	0	↔	0

Key themes identified in backlog @ 15th September

Note – This report includes all patients (including those waiting 104 days+)

Summary of delays	Numbers of patients	Summary
Complex Patients/Complex Diagnostic Pathways	10	Across 5 tumour sites, – these are patients undergoing multiple tests, MDTs, complex pathology reporting and diagnostics. This includes patients referred between multiple tumour sites with unknown primaries and patients with complex pathology to inform diagnosis. This also includes patients previously on a long term follow up pathway in Lung .
Capacity Delays – OPD & Surgical	5	In ENT, HPB and Lower GI, primarily where either joint specialty surgical procedures are required with theatre capacity and availability of surgeons or named consultant only procedures resulting in delayed TCI dates.
UHL Pathway Delays (Next Steps compliance)	14	Across 4 tumour sites – where more than 1 delay has occurred within the pathway and lack of compliance with Next Steps is evident. This includes where diagnostic tests have been incorrectly requested as non 2WW and subsequently escalated. This includes cancelled diagnostic procedures due to poor bowel prep where re-booking hasn't taken place within 7 days.
Patient Delays	14	Across 6 tumour sites – a significant proportion of the backlog where patients have DNA'd on multiple occasions , required patient thinking time re decision making for treatment planning , and general lack of engagement and patient holidays. This includes 3 patients where, having consented/agreed to surgery, they have changed their minds opting for chemoradiotherapy.
Patients Unfit	13	Across 4 tumour sites, patients who are unavailable for treatment due to other ongoing health issues of a higher clinical priority mainly affecting Gynae, Lower GI and Urology at the time of reporting.
Late Tertiary Referrals	13	Predominantly in Urology (x9), referrals received after Day 38 ranging from Day 44 to Day 264.

Backlog Review for patients waiting >104 days @ 15th September

The following details all patients declared in the 104 Day Backlog for week ending 15/9/17. Note the patient reference number has been added to track patients each month as requested by the CCG. Last month's report showed 17 patients in the 104 Day backlog, 15 of which have now been treated. There are currently 7 patients in the backlog at the time of reporting, 2 of which have treatment TCI dates agreed/planned.

NOTE: where patients who have a treatment date confirmed but with no diagnosis of Cancer confirmed, on review of histology, should that confirm a cancer diagnosis then this would class as treatment in those cases.

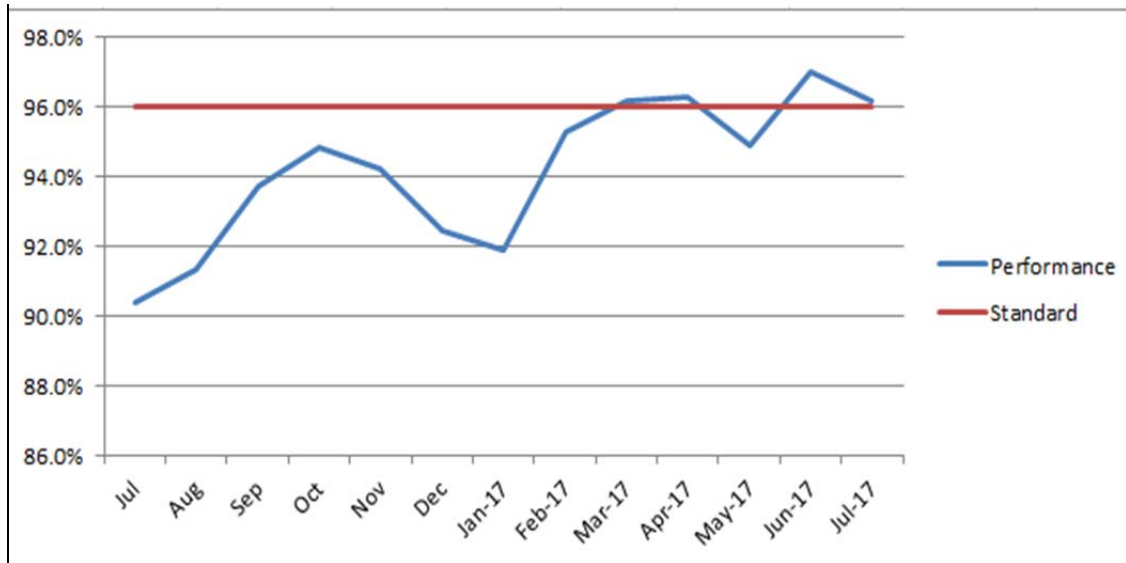
Tumour Site	Total Number of patients	Pt No	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons
Lower GI	2	49	160	N	N	Tertiary referral received Day 65 from NGH 9/6/17. Delays to investigations due to patient cancellations for Flexi (x2) and subsequent Outpatient appointments (x2). OPD 11/7/17 - for EUA, CT & MRI. EUA 3/8/17, CT/MRI 9/8/17. MDT 16/8/17 - for GA flexi 13/9/17 (earliest available slot - specific surgeon to do and pt request for LRI site only). Awaiting clinical review 18/9/17 outcome
		50	109	Y	Y	Tertiary referral received Day 74 from NGH. Delay to MDT UHL pending images from NGH. MDT 23/8/17 - for surgery with neuro and gynae support. Patient for high risk anaesthetic assessment and ECHO. TCI date 14/9/17 - cancelled due to lack of HDU beds. Re-dated for 28/9/17
Lung	1	51	516	N	Y	Patient originally referred 15/4/16 and has been on long term follow up management within Lung routinely until outpatient follow up 1/8/17. Reinstated to active pathway review, for bronchoscopy to exclude TB. Patient DNA'd bronch 7/8/17 declining procedure. CNS discussion agreed patient to have bronch as an inpatient 25/8/17. Bronch outcome discussed at MDT 1/9/17 - patient for repeat CT. CT 12/9/17. Follow up with results and plan 19/9/17

Tumour Site	Total Number of patients	Pt No	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons
Urology	4	39	313	Y	Y	Tertiary referral received Day 264 from NGH. Received 10.7.17, however no UHL review until patient was consulted by NGH Oncology Team. Patient opted for robotic surgery, added to waiting list 20.7.17. Patient offered TCI date for 8/9/17, subsequently declined due to transport issues. Patient agreed to TCI date for 23/9/17
		27	174	N	N	Delay to diagnostic cystoscopy due to patient relying on family members to attend hospital with him. High risk anaesthetic review outcome - patient not fit for surgery requiring cardiology input. Delay to review with Cardiology due to patient being admitted for a non related issue. On discharge, the patient felt too unwell to travel to the hospital for assessment awaiting stress ECHO and pacemaker fitting. Pacemaker to be fitted 18/7/17, Urology to assess patient fitness for surgery post recovery from pacemaker fitting. TCI for pacemaker cancelled, patient not fit enough to proceed. For ECHO 31/7/17. New date for pacemaker 17/8/17 - cancelled by the patient as unwell, wishes to postpone. New date agreed for pacemaker 25/9/17. Need to await pacemaker and post assessment for fitness to proceed with Urology surgery.
		47	126	N	N	Patient originally referred on a Gynae 2WW pathway 8/5/17, following investigation discharged from Gynae 2WW and followed up routinely. Subsequent USS identified ? Tumour in kidney, referred to Urology for MDT discussion. CT chest and CT Angiogram requested, patient now listed for surgery awaiting a TCI date.
		48	122	Y	N	Day 106 referral from Lincoln, received 23/8/17. Patient contacted for outpatient consultation in Leicester, advised on holiday during September - wished to be seen following return 21/9/17. Awaiting return from holiday for listing for surgery and agreeing a TCI date

31 Day First Treatment – Performance

31 day 1st treatment performance was just above the national target at 96.2% for July 2017. A reduction in backlog was noticeable during June/July which will have an impact on performance in August.

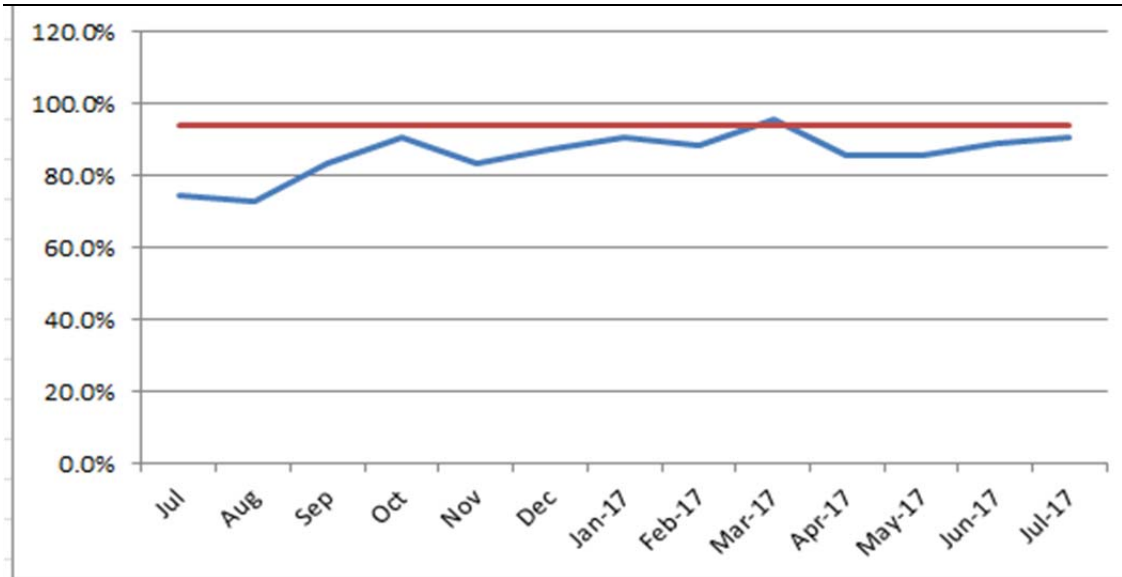
At the time of reporting, there are 14 patients in the backlog (across 5 tumour sites): access to beds and theatre capacity particularly around joint surgical cases, patient engagement issues (Skin), robotic procedures (Urology) and unfit patients has seen an increase in the backlog this month.



31 Day Subsequent Surgery Performance

31 day Subsequent performance for Surgery in July, although under performed at 90.5%, was a 1.6% improvement on the previous month which is a 13% increase against July 2016.

The backlog at the time of reporting sits at 7, spread across 4 tumour sites. A combination of patient fitness, delays due to patient holidays and surgical capacity are reflected.



Summary of the plan

The recovery action plan (RAP) is the central repository detailing measurable actions agreed between the Cancer Centre, Tumour Sites and CCGs aimed to address recovery in performance delivery and quality of patient care.

It is recognised that a number of tumour sites have successfully achieved and closed down their actions over the past 12 months.

A full review of the RAP was completed during July and August to triangulate the tumour site submissions for the RAP alongside the Next Steps audits, monthly thematic breach review findings and local operational knowledge to ensure the RAP accurately reflected the current issues having an impact on performance improvement against the 62 day standard.

This review has resulted in a number of revised and new actions being added, the initial feedback from the CCG review is currently being worked through with the tumour site management teams.

Summary of high risks

The following remain the high risk issues affecting the delivery of the cancer standards and have been categorised as agreed by the joint working group.

	Issue	Action being taken	Category
1	Next steps not consistently implemented in all areas. Resulting in unnecessary delay for patients.	Next steps programme board established. Additional central funding for next steps programme secured. Recruitment for additional staff for next steps in progress.	Internal factors impacting on delivery
2	Continued increase in demand for screening and urgent cancer services. Additional 31 day and 62 day treatments compared to prior years.	Cancer 2020 group delivering alternative pathways (e.g. FIT testing). Annual planning cycle to review all elements of cancer pathway. Further central funding requested for increased BI support.	Internal and External factors impacting on delivery
3	Access to constrained resources within UHL	Resources continued to be prioritised for Cancer but this involves significant re-work to cancel routine patients. Capital for equipment is severely limited so is currently directed to safety concerns. Further central support has been requested. Staffing plans for theatres are requested on the RAP. Organisations of care programmes focused on Theatres and Beds. Plans and capital agreed for LRI and GH ITU expansion.	External factors impacting on delivery
4	Access to Oncology and Specialist workforce.	Oncology recruitment in line with business case. Oncology WLI being sought. H&N staff being identified prior to qualifying.	Internal factors impacting on delivery
5	Patients arriving after day 40 on complex pathways from other providers	Weekly feedback to tertiary providers. Specialty level feedback. NHS I co-ordinating 'Manchester' style agreement.	External factors impacting on delivery