University Hospitals of Leicester NHS
NHS Trust

Cover report to the Trust Board meeting to be held on 2 May 2019

	Trust Board paper K
Report Title:	**People, Process and Performance Committee – Chair's Report** (formal Minutes will be presented to the next Trust Board meeting)
Author:	Helen Stokes – Corporate and Committee Services Manager

Reporting Committee:	**People, Process and Performance Committee (PPPC)**
Chaired by:	Andrew Johnson - PPPC Chair and Non-Executive Director
Lead Executive Director(s):	Rebecca Brown – Chief Operating Officer Hazel Wyton – Director of People and Organisational Development (OD)
Date of last meeting:	25 April 2019

Summary of key public matters considered by the Committee and any related decisions made:

This report provides a summary of the following key public issues considered at the People, Process and Performance Committee on 25 April 2019:-

- **Equality and Diversity Annual Workforce Monitoring Report 2017-18**
  Reflecting the Public Sector Equality Duty requirements, PPPC considered the Trust's 2017-18 workforce profile as detailed in the equality and diversity annual workforce monitoring report for that period. The report had also been discussed in detail at UHL's Equality and Diversity Board, and PPPC noted that Board's decision to change the format of the report going forward (which was welcomed by PPPC) – this would be picked up with the Trust's new Equality Lead. The Deputy Director of Learning and OD confirmed that any improvement actions from the report would be appropriately aligned to UHL's Quality Strategy 'Becoming the Best', and to the culture and leadership diagnostic work, with biannual updates on the equality and diversity strategic plan also presented to PPPC.

  In discussion, Ms V Bailey Non-Executive Director commented on the need to review whether the use of the red/green trend indicators was appropriate for all of the indicators. She also requested further information outside the meeting regarding disciplinary issues.

  The Director of People and OD provided assurance to PPPC of the positive progress made on equality and diversity workforce issues, and reiterated that the information presented related to 2017-18 rather than reflecting the progress made since. PPPC also welcomed the intention to publish the 2018-19 report significantly earlier (summer 2019). Ms K Jenkins Non-Executive Director requested that the 2018-19 report include more analysis of what the findings meant for UHL, in terms of the impact on its workforce requirements.

  UHL's equality and diversity annual workforce monitoring report 2017-18 was endorsed and recommended for Trust Board approval. It is appended to this summary accordingly.

- **Security Management report**
  Following discussions at the March 2019 Audit Committee, the Director of Safety and Risk updated PPPC on security management arrangements within UHL. PPPC particularly noted a marked rise in incidents of verbal and physical assaults against Trust staff, reflecting the national trend. For the first time, the information re: incidents of assault was split into instances where the patient's condition was deemed to have been a factor in the assault. PPPC noted (and welcomed) the fact that any staff member suffering a physical assault was contacted by the Chief Executive afterwards, and appropriate follow-up actions were put in place. Similar arrangements were also in place for verbal assaults, and PPPC noted the vital need to ensure that staff felt appropriately supported. The Trust also aimed to clearly articulate its expectations – to patients and visitors – in terms of acceptable behaviour while on site. ED remained a hotspot for such incidents, reflecting also the rising mental health needs of some patients.

  Lengthy discussion took place on this issue, and PPPC received assurance that the Trust worked with the Police and other groups to try and anticipate potential problems. PPPC also welcomed the income generation work by UHL's Corporate Medical team in terms of offering conflict management training to other NHS organisations (without detracting from the training focus on the Trust's own staff). PPPC requested that information on the Police view re: using cautions be included in future iterations of the report, and also queried whether CPS feedback could be obtained on instances where cases were not pursued to prosecution. The PPPC Non-

Executive Director Chair queried how many assaults resulted in staff requiring treatment for injuries, and also received assurance that an appropriate policy for managing violence and aggression was in place in UHL.

- **People strategy – work programme**
  The People Strategy agreed at the March 2019 Trust Board had now been mapped against the Trust's priorities and aligned with the UHL Quality Strategy. PPPC noted the draft work programme, and received assurance that it was underpinned by detailed workstreams. In response to a query from the PPPP Non-Executive Director Chair, the Director of People and OD provided assurance that progress against the workplan would be tracked using an appropriate monitoring tool.

- **Urgent and Emergency Care Performance Report – Month 12**
  The Chief Operating Officer noted UHL performance of 75.1% in March 2019, despite high levels of demand including a 16.9% rise in attendances compared to March 2018 and a very significant increase in walk-ins. Progress continued on reducing stranded patients and delayed transfers of care, and no 12-hour trolley breaches had occurred. In light of queries from the QOC Non-Executive Director Chair, it was agreed to amend the monthly urgent and emergency care report to clarify that 9-5 cover referred to acute medical cover, as ED already had 24/7 Consultant cover. The Chief Operating Officer further advised PPPC that UHL had been accepted for the Same Day Emergency Care Acceleration Programme, which was welcomed. PPPC was also advised that the position had improved in April 2019 (to date).

  The next A&E Delivery Board meeting would focus on the year on year rise of 16.9% in ED demand compared to March 2018, recognising the need for a system-wide view. PPPC queried what modelling work was being done to understand the cohort of patients attending ED (particularly those breaching the 4-hour wait period), and to assess the impact of rising demand on the walk-in patient experience. Non-Executive Directors also noted the need to review the early interventions which were needed in the community, to avoid unnecessary acute admissions. PPPC also sought assurance that all A&E Delivery Board members were feeding back to their respective governing Boards.

  Although ambulance handovers had improved significantly compared to March 2018, the position remained challenging as improvements were not keeping pace with the continued rise in demand. Internally, a new urgent care plan was being agreed with all CMGs and would be brought to PPPC in May 2019 together with a new improvement trajectory re: ambulance handovers. In response to a Non-Executive Director query, the Chief Operating Officer confirmed that ambulance calls resulting from GP home visits would also be appropriately factored into the plans to improve ambulance handovers, recognising that not all elements of the wider process were within the Trust's control. In response to further comments, the Medical Director advised that the multi-agency MAAD forum would be the most appropriate place to discuss those issues.

  In conclusion PPPC was not assured that UHL was capable of consistently meeting its targets for ED performance but noted the resilience of UHL in dealing with the year on year rise in patients using ED, and that it was encouraged that UHL was achieving a rising national rank for ED performance.

- **Local allowances review**
  Outlining the local allowances in place (non-contractual payments outside national terms and conditions, locally agreed to meet service needs), this report had been discussed in detail at the April 2019 Executive Workforce Board and was presented for information. The PPPC Non-Executive Director Chair sought (and received) assurance that each of the 102 local allowances schemes in place within UHL had been approved through the appropriate process. In response to a Non-Executive Director query, the Medical Director clarified that the stated Waiting List Initiative Consultant payment was the 4-hour session rate. Going forward, the Audit Committee Non-Executive Director Chair member of PPPC suggested that it would be helpful to include appropriate visibility on the local allowances payments within the Trust's wider paybill discussions.

- **UHL Annual Operational Plan (AOP) – Workforce Plan**
  Further to discussion on the 2019-20 Annual Operational Plan at the March 2019 PPPC/QOC joint session, PPPC reviewed an updated iteration of the workforce chapter. The PPPC Non-Executive Director Chair voiced surprise that productivity was not included in the list of principles for CMGs – in response, the Chief Executive reiterated the need for the regular reports on UHL's efficiency programme to include workforce aspects, which had also been raised at the Finance and Investment Committee meeting earlier on 25 April 2019. The Chief Executive also confirmed that the Director of People and OD and the Chief Financial Officer were appropriately reviewing the existing workstreams on this issue.

- **East Midlands Leadership Academy (EMLA) update and new NHSI/E People Directorate**
  The report briefed PPPC on the changes to EMLA following the transfer of the NHS Leadership Academy

from Health Education England to the new NHSI/E People Directorate. PPPC particularly noted the creation of a new Chief People Officer, and voiced its support for any scope for a UHL bid to host EMLA.

- **'Becoming the Best' – culture and leadership update**
  Significant work was underway on the cultural and leadership aspects of UHL's new Quality Strategy – 'Becoming the Best', which had been launched by the Chief Executive in February 2019. The April 2019 meetings of both the Executive Workforce Board and the Executive Performance Board had discussed the report in detail, and PPPC noted that a leadership behaviours survey was currently open to all staff. UHL was also inviting staff applications to become 'Improvement Agents' ahead of a largescale event in May 2019. PPPC welcomed the progress being made.

- **Items for Information**

  Workforce and Organisational Development Data Set
  The slide deck accompanying this report to the Committee captured key workforce datasets for March 2019. The Director of People and OD noted her wish to include a cultural indicator, and to present a deep dive into appropriate areas on a bimonthly basis. Non-Executive Directors voiced some concern over the training compliance figures within the report, noting the particular challenges re: estates and facilities staff. Although recognising the scope for further improvement, the Director of People and OD advised that progress had been made and she confirmed that action plans were in place within all CMGs. Training compliance was also discussed with CMGs by Executive Directors at each Performance Review Meeting. The Chief Executive advised that consideration was being given as to how to engage more generally with estates and facilities staff, in light of the findings from the 2018 staff survey (as discussed at the March 2019 PPPC). In further discussion on training issues, the Medical Director also noted the specific position of junior medical staff and outlined local efforts to develop a process to capture relevant statutory and mandatory training done elsewhere.

  Executive Performance Board – minutes from 26.3.19: noted

Joint PPPC and QOC session

- **Quality and Performance Report – month 12**
  Joint paper 1 detailed performance against quality and performance indicators as at Month 12 (period ending 31 March 2019), noting that a review was underway of the report's contents. The Chief Operating Officer noted good progress on a number of operational indicators, including the Trust's achievement of diagnostic 6-week wait targets, compliance with the 52+ week wait target for the 9th consecutive month, improving appraisal rates, and 0 12-hour trolley waits. The Deputy Chief Nurse also noted UHL's achievement of the Clostridium difficile annual trajectory, which was welcomed. The Medical Director clarified that – at 99 - the Trust's SHMI was within expected levels. PPPC was advised that the March 2019 TIA performance (29.9%) had been anticipated while process changes embedded, reflecting a previous briefing to QOC. The Medical Director also noted 2 Never Events.

  In response to a query from the QOC Patient Partner, the Chief Operating Officer advised that recently-opened local UCC facilities had not had any noticeable impact in reducing ED attendances. However, it was considered that attendances at all healthcare facilities – whether community urgent care or ED – were rising. Although the Trust had rightly focused on the 'red' indicators through the year, Non-Executive Directors noted the need also to recognise those areas which were RAG rated as green on the scorecard. Non-Executive Directors also queried whether the now-available full picture of the 2018-19 scorecard identified any areas needing a particular focus/review. In further discussion on that point, the Director of Safety and Risk suggested that there might be more information which could be provided in respect of the issues arising from high-value claims, which she undertook to discuss with appropriate colleagues outside the meeting (albeit recognising comments from Mr M Traynor Non-Executive Director that the year of settlement often did not reflect the year of occurrence).

  Following the detailed discussion at the March 2019 joint session, the Director of Estates and Facilities provided a verbal update on the diagnostic underway on the cleaning metrics, noting that a further written report would be provided to the joint PPPC/QOC session in May 2019. Recruitment had begun to improve the current cleaning vacancy rate, and appropriate walkabouts were taking place to gauge cleaning issues. The Director of Estates and Facilities reiterated the comments made at the March 2019 joint session that there had been no worsening of infection prevention outcomes attributed to cleaning. The results of the currently-underway diagnostic would inform investment priorities in the cleaning service. PPPC/QOC members noted the importance of first impressions, and the Director of Estates and Facilities acknowledged the need also to address 'first sight' areas (recognising that the focus in 2018-19 had been on the highest-

risk infection prevention areas). The Director of Estates and Facilities provided assurance that he was reviewing the cleaning audit process (including frequency), and was mindful of the need for appropriate triangulation. In response to a query, he agreed to re-publicise the dates of the planned 'dump the junk' programme.

- **Cancer performance February 2019**
  The Director of Operational Improvement highlighted an improvement in cancer performance, with 3 of the 9 standards achieved in February 2019. A robust action plan appropriately owned by CMGs was in place to support further improvement, and the Director of Operational Improvement also noted the need for primary care support to manage the growth in referrals.

  There had been a significant improvement in 2-week wait breast performance, and UHL was confident of achieving that target in March 2019. However, 62-day wait performance had deteriorated by 4.9% to 69.9% in February 2019. Although the 2018-19 rise in cancer referrals had abated slightly in February 2019 itself, PPPC/QOC noted the impact of a significant (15%) overall increase in cancer referrals compared to the same time in 2018, with urology remaining very pressured and increases also marked in both lung and dermatology. In response to a query from the PPPC Non-Executive Director Chair, the Director of Operational Improvement noted factors relating to both cycle time and efficiency, and advised that the results of a urology pathway analysis would be reported in May/June 2019. She also outlined the care and additional support in place for long-wait urology cancer patients. It was anticipated that the 62-day performance target trajectory would be achieved overall with the exception of urology. In response to a query from the QOC Patient Partner, it was agreed to confirm outside the meeting whether patients were offered the opportunity to be treated elsewhere.

  The report also briefed PPPC/QOC on 104+ day performance, with between 22-28 such patients waiting in February 2019. Efforts continued to reduce the number of patients waiting 104+ days, and the Director of Operational Improvement provided assurance that the required MDT review had identified no clinical harm. ***The cancer performance recovery plan is appended for information.***

Matters requiring Trust Board consideration and/or approval:

Recommendations for approval:-

1. Equality and Diversity Annual Workforce Monitoring Report 2017-18 (appended)

Items highlighted to the Trust Board for information:

1. Cancer performance, specifically re: patients waiting 104+ days (appended).

Matters referred to other Committees:

None

Date of Next Meeting:	30 May 2019

EQUALITY AND DIVERSITY ANNUAL WORKFORCE MONITORING REPORT 2017-18

Author: Bina Kotecha, Louise Gallagher and Shaheen Mulla Sponsor: Hazel Wyton **PPPC paper C**

Executive Summary

Context

Currently we collect and report staff data on Disability, Age, Race, Religion and Belief, Sex, Sexual Orientation and Marital status. The TRAC recruitment system now also allows for the capture of Transgender status. This year we have improved the quality of data reporting from the TRAC System.

In line with our requirements under the Public Sector Equality Duty we are required to collect, analyse and published our workforce data.

Questions

1. What are the key changes in our workforce profile as detailed in our Equality and Diversity Annual Monitoring Report 2017-18?

Conclusion

The Workforce profile data has been taken from the Electronic Staff Register (ESR), and for this financial year spans from 1 April 2017- 31 March 2018.

- The total headcount of staff has increased from 14,984 to 15,428.
- The workforce profile continues to indicate improvements from data of previous years.
- Within the protected characteristic groups of Disability and Sexual Orientation, there is a continuing positive upward trend in the declaration rates.
- BAME staff numbers have increased from 32.95% to 34.2%. An increase of around 1.25%. This continues to be a good overall reflection of communities from which UHL recruits. BAME includes all staff who declared to be White Other.
- The highest numbers of staff continue to be in the age band 41 – 50, 25.4%.
- 98% of staff declare their ethnicity and this is an improving position.
- Under representation at senior levels band 8a – 9 remains an issue for Disabled, and BAME staff.
- The trend for female representation at senior levels is moving in a positive direction for band 8a – 9, with 73% being female at band 9 in 2017/2018 compared to 69.23% in 2016/17 – a 4% rise.
- In terms of the Trust's age profile the representation is very similar to last year with the exception of the "30 and under" age band, where there has been a 1.6% increase.

- There continues to be an increase in females accessing training.
- There has been an increase in the numbers of BAME accessing training.
- There appears to be an increase in LGBT staff entering the informal and formal processes from 2016/17 to 2017/18 although only a small increase in formal outcomes. It is recognised that this is based on small numbers.

Input Sought

The PPPC is asked to note the key changes in our workforce profile as detailed in our Equality and Diversity Annual Monitoring Report 2017-18. As previously reported to the PPPC, improvement actions are led by the Equality and Diversity Board and detailed in the Strategic Equality and Diversity Integrated Action Plan (progress reported at Bi-Annual Intervals with the previous update presented to PPPC in December 2018).

The PPPC is also asked to note the integrated action plan and 19/20 priorities will discussed at the June Equality and Diversity Board. Priorities will be finalised as part of Become the Best reflecting key findings central to inclusion during the programme Discovery Phase (see separate paper).

For Reference

Edit as appropriate:

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

Safe, high quality, patient centred healthcare	[Yes]
Effective, integrated emergency care	[Not applicable]
Consistently meeting national access standards	[Not applicable]
Integrated care in partnership with others	[Yes]
Enhanced delivery in research, innovation & ed'	[Not applicable]
A caring, professional, engaged workforce	[Yes]
Clinically sustainable services with excellent facilities	[Not applicable]
Financially sustainable NHS organisation	[Not applicable]
Enabled by excellent IM&T	[Not applicable]

2. This matter relates to the following governance initiatives:

Organisational Risk Register	[Not applicable]
Board Assurance Framework	[Yes – as part of Annual Priorities]

3. Related Patient and Public Involvement actions taken, or to be taken: [NA]
4. Results of any Equality Impact Assessment, relating to this matter: [Included]
5. Scheduled date for the next paper on this topic: [next meeting]
6. Executive Summaries should not exceed 1 page. [My paper does comply]
7. Papers should not exceed 7 pages. [Publication attached]

Workforce Equality and Diversity

Monitoring Report 2017-2018

NHS
University Hospitals of Leicester
NHS Trust

Caring at its best

UHL Workforce Equality and Diversity Monitoring Report 2017-2018

Glossary of terms

AHP – Allied Health Professionals

APPL- Application

APPT- Appointed

BAME- Black, Minority Ethnic (within this report this includes Asian; Black; mixed; other; white-other.)

Disciplinary Processes – within this report this represents any case that was investigated and includes outcomes that were formal, informal, found to have insufficient evidence, no case to answer, or the staff member resigned pending outcome

EMLA- East Midlands Leadership Academy

ESR – Electronic staff register

LGBT – Lesbian, Gay, Bi-sexual and Transgender

Local – this includes any members of staff across various job roles not on an agenda for change pay scale

LLR – Leicester, Leicestershire and Rutland

Other medical and dental – any medical and dental staff not in a consultant role

QFC – Qualification Framework certificate

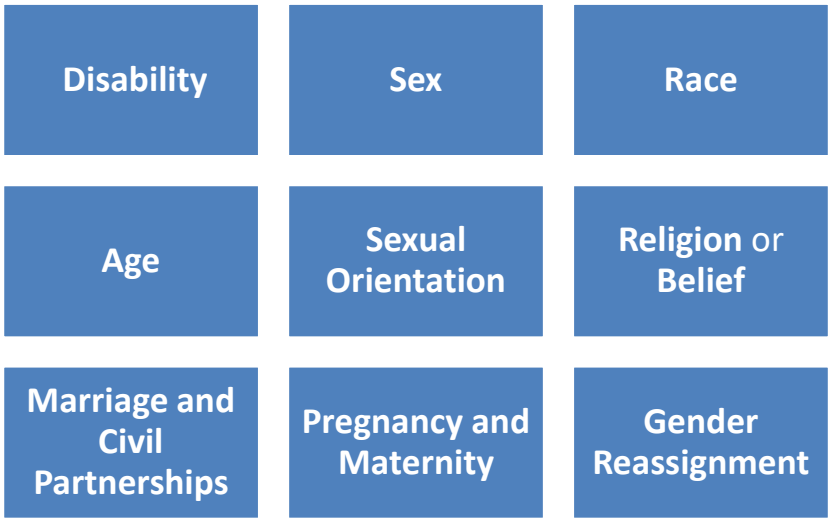
Short- Shortlisted

Unspecified This represents data where staff have not completed equal opportunities data or where staff have actively chosen not to declare status

WRES – Workforce Race Equality Standard

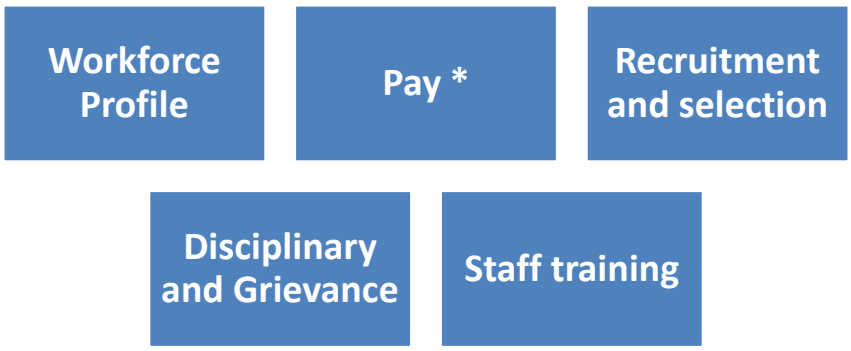
Equality Workforce Monitoring Report 2017 – 2018

1. Introduction



1.1 Currently we collect and report staff data on Disability, Age, Race, Religion and Belief, Sex, and Sexual Orientation and Marital Status. The TRAC recruitment system now also allows for the capture of Transgender status from November 2016. This year we have improved the quality of data reporting from TRAC.

1.2 In line with our requirements under the Public Sector Equality Duty we have collected, analysed and published our workforce data by:



* Please note that the Gender Pay Gap Report relating to data including 31 March 2018 was published in March 2019 and can be accessed through the Trust web-site.

2.0 Report Summary

2.1 Profile of the Workforce - General Headlines

The Workforce profile data has been taken from the Electronic Staff Register (ESR), and for this financial year spans from 1 April 2017- 31 March 2018.

- The total headcount of staff has increased from 14,984 to 15,428.
- The workforce profile continues to indicate improvements from data in previous years.
- Within the protected characteristic groups of Disability and Sexual Orientation, there is a continuing positive upward trend in declaration rates.
- BAME staff numbers have increased from 32.95% to 34.2%. An increase of around 1.25%.
- This continues to be a good overall reflection of communities from which UHL recruits. BAME includes all staff who declared to be White Other.
- The highest numbers of staff continue to be in the age band 41 – 50, 25.4%.
- 98% of staff declare their ethnicity.
- Underrepresentation at senior levels band 8a – 9 remains an issue for Disabled and BAME staff.
- The trend for Female representation at senior levels is moving in a positive direction for band 8a – 9, with 73% being Female at band 9 in 2017/2018 compared to 69.23% in 2016/17, a 4% rise.
- In terms of the Trust's age profile the representation is very similar to last year with the exception of the "30 and under" age band, where there has been a 1.6% increase.
- There continues to be an increase in Females accessing training.
- There has been an increase in the numbers of BAME accessing training.
- There appears to be an increase in LGBT staff entering the informal and formal processes from 2016/17 to 2017/18 although only a small increase in formal outcomes. It is recognised that this is based on small numbers.

3.0 Comparison of workforce Profile 2016/17 – 2017/18

This section highlights slight but notable variances in the workforce against the protected characteristics of age, disability, race, religion or belief, sex and sexual orientation. The areas to note are:

- An increase in females and drop in males by 0.1%.
- An increase in BAME staff from 32.95% to 34.2%.
- An increase in staff who are 50 or younger by 1% and similar drop of those aged 51 and over of 1.1%.
- There has been some slight movement in those declaring a religion or belief and those not declaring. Those declaring to be Hindu or Muslim have gone up slightly as well those not declaring/not stated.
- A slight increase in those identifying themselves as Heterosexual (81.5%, up by 1.7%) and a slight change in those declaring themselves to be LGBT (2.1% in 2017/18 compared 2.0% in 2016/17.
- A drop of 0.3% from last year of employees who declare themselves to be Married and a 1.2% increase of employees who declare themselves to be Single (32.5% in 2016/17 to 33.7% in 2017/18).
- There has been no change in regards to those declaring a Disability (3.6%).

*⬇ ⬆ The arrows illustrate whether there has been an increase of decrease from last year's report (2016 - 2017)

* "Unspecified" is aggregated data of the categories "not stated" or "do not wish to declare".

3.1 Age

Protected Group	Breakdown	March 2016	March 2017	March 2018	Difference
Age Band	<=30yrs	22%	19.7%	21.3%	⬆ 1.6%
	31-40yrs	24.5%	23.6%	23.1%	⬇ 0.5%
	41-50yrs	27%	25.5%	25.4%	⬇ 0.1%
	51-60yrs	22%	24.4%	23.7%	⬇ 0.7%
	>60yrs	4.5%	6.9%	6.5%	⬇ 0.4%

3.2 Disability

Protected Group	Breakdown	March 2016	March 2017	March 2018	Difference
Disability	Yes	2.9%	3.6%	3.6%	No change
	No	72.7% -	78.0%	80.1%	⬆2.1%
	Unspecified	24.4%	18.4%	16.4%	⬇2.0%

3.3 Ethnicity

Protected Group	Breakdown	March 2016	March 2017	March 2018	Difference
Ethnicity	White -UK	66%	65.01%	64%	⬇ 1.01%
	BAME Inc. White Other	30.35%	32.95%	34.2%	⬆ 1.25%
	Unspecified	3.73	2.04%	1.8%	⬇ 0.24%

3.4 Gender

Protected Group	Breakdown	March 2016	March 2017	March 2018	Difference
Sex	Male	21.3%	23.0%	22.9%	⬇ 0.1%
	Female	78.7%	77.0%	77.1%	⬆ 0.1%

3.5 Marital Status

Protected Group	Breakdown	March 2016	March 2017	March 2018	Difference
Marital status	Civil Partnership	0.4%	0.6%	0.6%	No change
	Divorced	5.1%	5.0%	5.0%	No change
	Legally Separated	1.1%	1.0%	0.9%	↓0.1%
	Married	56%	53%	52.7%	↓ 0.3%
	Single	32.7%	32.5%	33.7%	↑ 1.2%
	Widowed	0.7%	0.7%	0.8%	↑ 0.1%
	Unspecified	3.7%	7.4%	6.4%	↓1.0%

3.6 Religion and Belief

Protected Group	Breakdown	March 2016	March 2017	March 2018	Difference
Religion and Belief	Atheism	10.4%	12.4%	11.9%	↓ 0.5%
	Christianity	42.5%	43.8%	43.4%	↓ 0.4%
	Hinduism	6.8%	8.8%	9.1%	↑ 0.3%
	Islam	5.9%	7.0%	7.6%	↑ 0.6%
	Sikhism	1.8%	2.4%	2.5%	↑ 0.1%
	Other	5.6%	7.7%	7.3%	↓ 0.4%
	Unspecified	27%	17.8%	18.2%	↑ 0.4%

3.7 Sexual Orientation

Protected Group	Breakdown	March 2016	March 2017	March 2018	Difference
Sexual Orientation	LGBT	1.3%	2.0%	2.1%	↑ 0.1%
	Heterosexual	61%	79.8%	81.5%	↑ 1.7%
	Undisclosed	12%	15.6%	14.3%	↓ 1.3%
	Undefined	25%	2.5%	2.1%	↓ 0.4%

4.0 Recruitment

The Trust adopted a recruitment system called TRAC in November 2016 and so recruitment data prior to November 2016 was not retained. The 2016/17 data below only pertains to data between November 2016 and 31st March 31 2017. The 2017/18 data captures the full period from 1st April 2017 to 31st March 2018. From 2017/18 we have improved data quality although not all medical posts were processed through TRAC at this time. Gender re-assignment is also recorded on the new system.

4.1 Age

	2016/17			2017/18					
	Appl	Short	Appt	Appl		Short		Appt	
Under 20	5.14%	4.51%	3.91%	3.65%	↓ 1.49%	3.24%	↓ 1.27%	3.21%	↓ 0.70%
20-29	38.22%	32.35%	31.64%	38.38%	↑ 0.16%	32.57%	↑ 0.22%	34.58%	↑ 2.94%
30-39	26.22%	25.48%	26.56%	26.10%	↓ 0.12%	26.49%	↑ 1.01%	26.67%	↑ 0.11%
40-49	17.29%	22.30%	24.22%	18.29%	↑ 1.00%	21.84%	↓ 0.46%	19.85%	↓ 4.37%
50-59	11.69%	13.59%	12.50%	11.91%	↑ 0.22%	13.78%	↑ 0.19%	13.64%	↑ 1.14%
60+	1.44%	1.77%	1.17%	1.62%	↑ 0.18%	1.97%	↑ 0.20%	2.05%	↑ 0.88%
Unspecified	0.00%	0.00%	0.00%	0.06%	↑ 0.06%	0.11%	↑ 0.11%	0.0%	No change

There appears to be no marked differences in success rates between the age groups. In 2016/17 those aged 40 – 49 were fractionally more likely to be successful when applying for jobs with the Trust where 17.29% applied and 24.22% were appointed, but for 2017/18 there is only a slight difference 18.2% applicants aged 40 – 49 and 19.85% appointed**.**

4.2 Disability

	2016/17			2017/18					
	Appl	Short	Appt	Appl		Short		Appt	
Yes	5.47%	5.54%	3.91%	4.7%	↓0.77%	4.8%	↓0.74%	2.6%	↓1.31%
No	92.10%	89.96%	82.81%	92.7%	↑ 0.6%	91.4%	↑1.44%	90%	↑7.19%
Unspecified	2.42%	4.51%	13.28%	2.6%	↑0.18%	3.8%	↓0.71%	7.5%	↓5.78%

The numbers of disabled applicants has fallen slightly from the previous year but those being shortlisted are proportionate with those applying which would suggest that the Trust's policy to guarantee an interview is working well. Disabled staff still fair worse than non-disabled staff on appointment and this trend continues to follow trends from previous years.

- In 2016/17 there were 5.47% disabled applicants, 3.91% were appointed.
- In 2017/18 there were 4.7% disabled applicants, 2.6% were appointed.
- In both years a proportionate number of appointees were shortlisted.

4.3 Ethnicity

	2016/17			2017/18					
	Appl	Short	Appt	Appl		Short		Appt	
BAME	49.87%	42.47%	28.13%	51.8%	↑ 1.93%	45.4%	↑2.93%	32.9%	↑4.77%
White UK	47.44%	52.81%	58.20%	45.6%	↓1.84%	51.1%	↓1.71%	59.3%	↑ 1.1%
Unspecified	2.69%	4.73%	13.67%	3.1%	↑0.41%	3.6%	↓1.13%	7.8%	↓5.87%

Even though the trend for the recruitment of BAME staff is moving in a positive direction, the data continues to show that White (UK) candidates are more likely to be appointed compared to BAME.

4.4 Gender

	2016/17			2017/18					
	Appl	Short	Appt	Appl		Short		Appt	
Male	27.30%	27.62%	23.44%	30.43%	↑ 3.13%	29.62%	↑ 2.00%	23.19%	↓ 0.25%
Female	72.24%	71.94%	76.56%	66.44%	↓ 5.80%	72.44%	↑ 0.50%	76.33%	↓ 0.23%
Unspecified	0.46%	0.44%	0.00%	1.13%	↑ 0.67%	0.64%	↑ 0.20%	0.48%	↑ 0.48%

The trend in the data demonstrates that female staff do significantly better through the recruitment process than male staff. 66.4% of applicants were female and 76.3% were appointed.

4.5 Gender Re-assignment

	2016/17			2017/18					
	Appl	Short	Appt	Appl		Short		Appt	
Yes	0.12%	0.30%	1.17%	0.12%	0.00%	0.13%	↓ -0.17%	0.14%	↓ -1.03%
No	8.52%	11.08%	16.41%	13.97%	↑ 5.45%	16.88%	↑ 5.80%	19.99%	↑ 3.58%
Unspecified	91.58%	88.85%	82.81%	85.90%	↓ 5.68%	83.00%	↓ 5.85%	79.88%	↓ 2.93%

As the numbers declaring Transgender status are so small no conclusions can be drawn from this data. We note a reduction in the number of non-declarations.

4.6 Marital Status

	2016/17			2017/18					
	Appl	Short	Appt	Appl		Short		Appt	
Married	38.58%	42.32%	43.36%	38.95%	↑ 0.37%	42.37%	↑ 0.05%	40.25%	↓ 3.11%
Single	49.58%	43.13%	36.33%	49.22%	↓ 0.36%	44.48%	↑ 1.35%	42.56%	↑ 6.23%
Civil partnership	1.87%	1.62%	1.95%	1.74%	↓ 0.13%	1.50%	↑ 0.12%	1.71%	↓ 0.24%
Other	6.77%	20.83%	5.08%	0.56%	↓ 6.21%	0.78%	↓ 20.05%	1.23%	↓ 3.85%
Unspecified	3.19%	5.61%	13.28%	6.44%	↑ 3.25%	7.36%	↑ 5.41%	6.41%	↓ 6.87%

In terms of marital status there are no marked differences in the data from 2016/17 other than those declaring their marital status as “Other” where there has been a drop in the percentage of applicants by 6.21%. The data shows also shows for 2017/18 that those declaring “Single” status fared marginally better through the recruitment process.

4.7 Religion and Belief

	2016/17			2017/18					
	Appl	Short	Appt	Appl		Short		Appt	
Atheist	10.04%	11.67%	10.16%	11.99%	↑ 1.95%	13.43%	↑ 1.76%	16.78%	↑ 6.62%
Christian	36.90%	38.77%	37.50%	33.67%	↓ 3.23%	37.39%	↓ 1.38%	38.54%	↑ 1.04%
Muslim	15.13%	12.19%	6.64%	16.89%	↑ 1.76%	13.40%	↑ 1.21%	9.48%	↑ 2.84%
Hindu	13.59%	10.86%	8.20%	14.26%	↑ 0.67%	12.60%	↑ 1.74%	8.12%	↑ 0.08%
Sikh	4.08%	3.99%	3.52%	4.73%	↑ 0.65%	4.32%	↑ 0.33%	3.48%	↓ 0.04%
Other	10.11%	Non reported	Non reported	7.25%	↓ 2.86%	7.61%	↑ 7.61%	8.32%	↑ 8.32%
Unspecified	10.16%	12.48%	21.48%	8.00%	↓ 2.16%	8.22%	↓ 4.26%	8.80%	↓ 12.68%

For 2017/18 there is a positive trend from application to appointment for those declaring themselves to be Atheist, Muslim, Hindu and Other. The decreasing trend from shortlisting to appointment is more marked for staff that have not specified their religion or belief. This may be due to more declarations overall.

There was a drop in the number of applicants declaring themselves to be Christian for 2017/18 but the group still fared better through the process, where there were 33.6% applicants in 2017/18 compared to 36.9% in 2016/17 and 38.5% appointed in 2017/18 compared to 37.5% in 2016/17.

4.8 Sexual Orientation

	2016/17			2017/18					
	Appl	Short	Appt	Appl		Short		Appt	
Hetero	86.51%	84.56%	75.39%	87.49%	↑ 0.98%	88.30%	↑ 3.74%	84.38%	↑ 8.99%
Gay	1.39%	1.77%	1.95%	1.30%	↓ 0.9%	1.38%	↓ 0.39%	1.57%	↓ 0.38%
Bisexual	2.18%	2.07%	2.73%	1.52%	↓ 0.66%	1.18%	↓ 0.89%	1.02%	↓ 1.71%
Unspecified	9.92%	11.60%	19.92%	9.69%	↓ 0.23%	9.14%	↓ 2.46%	13.03%	↓ 6.89%

There is a slight drop in applications and appointments of those declaring themselves to be Gay or Bi-sexual applicants.

5.0 Leadership Representation

	2016/17			2017/18					
Equality Group	General Workforce	Leadership (Band 8a-d)	Leadership (Band 9)	General Workforce		Leadership (Band 8a-d)		Leadership (Band 9)	
LGBT	2.02%	2.05%	7.69%	2.1%	↑ 0.08%	2.27%	↑ 0.22%	6.67%	↓ 1.02%
Ethnicity (BAME)	32.95%	10.92%	15.38%	34.2%	↑ 1.25%	13.11%	↑ 2.19%	13.33%	↓ 2.02%
Disability (Yes)	3.60%	1.54%	0.00%	3.6%	No change	3.43%	↑ 0.89%	0%	No change
Gender (Female)	77.00%	71.84%	69.23%	77.1%	↑ 0.1%	72.49%	↑ 0.65%	73.33%	↑ 4.1%

5.1 What the data tells us:

- There is a positive trend for BAME across the general workforce and leadership bands 8a to 8d but a slight decrease at band 9 from 15.38% in 2016/17 to 13.3% in 2017/18.
- There continues to be an upward trend for females at bands 8 to 9 with an increase of 4.1% in band 9 from the previous year.

6.0 Training

6.1 EMLA (East Midlands Leadership Academy) Training programmes

Access of EMLA (East Midlands Leadership Academy) external programmes from the UHL workforce was lower in 2017/18 compared to 2016/17, but utilisation was the second highest across provider organisations in EMLA membership for both periods. Total programme utilisation amounted to 359 in 2017/2018. This compares to 456 utilisations in 2016/17, 277 in 2015/16, 565 in 2014/15 and 299 in 2013/14.

Staff declaring their ethnicity as "White" continues to be the largest group accessing training in 2017/18 at 83% compared to 15% BAME and 2% Unspecified.

BAME representation on EMLA offers was very low in quarter 1 (Q1) of 2017/18 at 7% compared to 27% the previous year. In 2017/18 Q4 had the highest representation of BAME at 25% compared to 20% in 2016/2017. Q2 was higher in 2017/18 at 15% compared to 12% in the previous year and the same for Q3 at 14% compared to 13% in 2016/2017.

There was good representation from staff declaring themselves as having a Disability at 8% programme utilisation which is above the general disabled workforce population of 3.60%.

In terms of religion and belief, the greatest programme utilisation was by those declaring their religion to be Christianity at 47% followed by those Unspecified at 29%. The percentages from the other faiths such as Hinduism, Islam, and Sikhism etcetera were very small.

UHL have accessed the majority of EMLA programmes at varying levels with greatest utilisation being of the Organisational Development Essentials programme followed by the Operational Leadership programme. The list of courses attended is below.

6.2 EMLA Programmes and Events UHL staff Utilised

Coaching and Mentoring	Coaching Skills for Leaders	Conferences	EMCC Practitioner Level Coach Mentoring	Talent Management
Facilitation Skills	Healthcare Leadership Model	Innovation and Improvement	Masterclasses	
Operational Leadership	Organisational Development Essentials	Relationships and Connectivity	Supporting Transformation	

6.3 All Recorded Non-Mandatory Training including EMLA Programmes

It is important to note that not all non-mandatory training staff complete is recorded. There is no central system to do this currently.

In the table below the data has been aggregated to show numbers of staff accessing training not numbers of courses accessed.

The non-mandatory training that has been recorded includes apprenticeship programmes, nursing programmes, EMLA programmes and other courses attended.

In respect of these courses, 446 staff completed non-mandatory training.

6.4 Age

Age Band	Total
<=30	33.86%
31-40	26.23%
41-50	28.25%
51-60	11.43%
60+	0.22%

6.5 Disability

Disability	Total
No	83.86%
Yes	4.93%
Unspecified	11.21%

6.6 Ethnicity

Ethnicity	Total
BAME	30.27%
White - UK	68.39%
Unspecified	1.35%

6.7 Gender

Gender	Total
Female	83.41%
Male	16.59%

6.8 Marital Status

Marital Status	Total
Civil Partnership	1.35%
Divorced	4.48%
Legally Separated	1.12%
Married	47.98%
Single	41.93%
Widowed	0.45%
Unspecified	2.69%

6.9 Religion and Belief

Religion	Total
Atheism	16.14%
Christianity	48.88%
Hinduism	5.38%
Islam	4.71%
Other	4.26%
Sikhism	2.91%
Unspecified	17.71%

6.10 Sexual Orientation

Sexual Orientation	Total
Heterosexual	85.87%
LGBT	2.24%
Unspecified	11.88%

6.11 What the data tells us:

- More Disabled staff (4.93%) took part in non-mandatory training 2017/18 in comparison to the workforce representation of 3.6%.
- Significantly more females accessed training (83.41%) compared to males (16.59%).
- Slightly less BAME staff accessed training (30.27%) in comparison to the workforce representation (34.2%).
- The Sexual Orientation training data is in line with the workforce representation.
- There is a notable difference in the religion and belief data with Christianity being over represented at 48.88% in comparison to the general workforce population of 43.4%. Other religions such as Hinduism (4.26%) and Islam (4.71%) are under-represented in comparison to the general workforce of 9.1% and 7.6% respectively.

7.0 Disciplinary Cases

There were 48 formal outcomes to disciplinary process for 2017/18. This is considerably less than 2016/17 when there were 73 formal outcomes to disciplinary processes.

This year's data includes the categories "no case to answer" and "resigned before outcome".

7.1 Age

	2016/17				2017/18			
Age Group	**Informal**	**Formal**	**No case to answer**	**Resigned before outcome**	**Informal**	**Formal**	**No case to answer**	**Resigned before outcome**
<30	21.7% (5)	27.4%(20)	5.3% (1)	37.5% (3)	10.0% (4)	16.7% (8)	13.0% (3)	18.8% (3)
31-50	39.1% (9)	42.5% (31)	42.1% (8)	12.5% (1)	40.0% (16)	27.1% (13)	47.8% (11)	25.0% (4)
>50	39.1% (9)	30.1% (22)	52.6% (10)	50.0% (4)	50.0% (20)	56.3% (27)	39.1% (9)	56.3% (9)

7.2 Disability

	2016/17				2017/18			
Disability	**Informal**	**Formal**	**No case to answer**	**Resigned before outcome**	**Informal**	**Formal**	**No case to answer**	**Resigned before outcome**
Yes	4.3% (1)	4.1% (3)	5.3% (1)	12.5% (1)	2.5% (1)	6.3% (3)	4.3% (1)	6.3% (1)
No	60.9% (14)	64.4% (47)	78.9% (15)	62.5% (5)	82.5% (33)	75.0% (36)	78.3% (18)	87.5% (14)
Undeclared	34.8% (8)	31.5% (23)	15.8% (3)	25.0% (2)	15.0% (6)	18.8% (9)	17.4% (4)	6.3% (1)

7.3 Ethnicity

	2016/17				2017/18			
Ethnicity	**Informal**	**Formal**	**No case to answer**	**Resigned before outcome**	**Informal**	**Formal**	**No case to answer**	**Resigned before outcome**
BAME	43.5% (10)	31.5% (23)	10.5% (2)	12.5% (1)	27.5% (11)	29.2% (14)	8.7% (2)	31.3% (5)
White	56.5% (13)	60.3% (44)	89.5% (17)	50.0% (4)	67.5% (27)	66.7% (32)	91.3% (21)	62.5% (10)
Undeclared	0 (0)	8.2% (6)	0	37.5% (3)	5.0% (2)	4.2% (2)	0.0% (0)	6.3% (1)

7.4 Gender

2016/17					2017/18			
Gender	**Informal**	**Formal**	**No case to answer**	**Resigned before outcome**	**Informal**	**Formal**	**No case to answer**	**Resigned before outcome**
Female	52.2% (12)	71.2% (52)	57.9% (11)	50 (4)	65.0% (26)	56.3% (27)	69.6% (16)	62.5% (10)
Male	47.8% (11)	28.8% (21)	41.1% (8)	50(4)	35.0% (14)	43.8% (21)	30.4% (7)	37.5% (6)

7.5 Religion and Belief

2016/17					2017/18			
Religion and Belief	**Informal**	**Formal**	**No case to answer**	**Resigned before outcome**	**Informal**	**Formal**	**No case to answer**	**Resigned before outcome**
Atheism	8.7% (2)	12.3% (9)	10.5% (2)	12.5% (1)	10.0% (4)	12.5% (6)	4.3% (1)	6.3% (1)
Christianity	52.2% (12)	42.5% (31)	52.6% (10)	25% (2)	32.5% (13)	45.8% (22)	56.5% (13)	37.5% (6)
Others	17.4% (4)	19.2% (14)	15.8% (3)	12.5% (1)	32.5% (13)	25.0% (12)	21.7% (5)	43.8% (7)
Undisclosed	21.7% (5)	26.0% (19)	21.1% (4)	50% (4)	25.0% (10)	16.7% (8)	17.4% (4)	12.5% (2)

7.6 Sexual Orientation

2016/17					2017/18			
Sexual Orientation	**Informal**	**Formal**	**No case to answer**	**Resigned before outcome**	**Informal**	**Formal**	**No case to answer**	**Resigned before outcome**
Hetero	78.3% (18)	67.1% (49)	78.9% (15)	37.5% (3)	57.5% (23)	85.4% (41)	73.9% (17)	87.5% (14)
LGBT	0 (0)	1.4% (1)	0	0	10.0% (4)	4.2% (2)	8.7% (2)	0.0% (0)
Undeclared	21.7% (5)	31.5% (23)	21.1% (4)	62.5% (5)	32.5% (13)	10.4% (5)	17.4% (4)	12.5% (2)

7.7 What the data tells us:

- **Age** – There has been a drop in formal cases for those aged 50 and under and an increase for those aged over 50.
- **Disability** – A slight increase in the number of staff with disabilities receiving a formal disciplinary outcome.

- **Ethnicity** – A notable trend is that less BAME staff (27.5%) received an informal disciplinary sanction compared to 2016/17 (43.5%), and more received a formal disciplinary sanction in 2017/18 (1.5 % up) but it is still lower than the overall numbers of BAME staff in the workforce (34.2%). More BAME staff, however, resigned before outcome.
- **Gender** – There has been a drop in the number of females receiving a formal disciplinary sanction but more resigning before outcome and an increase in males receiving formal disciplinary sanction.
- **Religion and belief** – There has been an increase in Christians and other religious belief groups resigning before outcome.
- **Sexual Orientation** – There has been a significant increase in LGBT staff entering the informal and formal processes from 2016/17 to 2017/18 although only a small increase in formal outcomes.

8.0 Grievances

In the period April 2017 to March 2018 there were a total of 8 grievance cases, of these; 2 were not upheld, 4 were part upheld, 1 was informally resolved and 1 fully withdrawn.

In 2016/17 there were 20 cases plus 2 collective cases which were not upheld. Of the 20 cases 4 were partially upheld and 4 were upheld in full.

8.1 What the data tells us:

- There were no grievances raised by those aged 20-29. There was 1 grievance raised which was not upheld for those aged 30-39. For those aged 40-49, 3 were part upheld, 1 resolved informally and 1 fully withdrawn. For those aged 50-59; 1 was part upheld and one not upheld.
- 50% of the grievances submitted were raised by White-British of which 2 were not upheld, 1 part upheld and 1 withdrawn.
- The other 50% are broken down as; 1 White Northern Irish, 1 Asian East African, 1 Black or Black British – African, and 1 person chose not to state.
- In terms of religious belief, 2 chose not to disclose their religion and the others were evenly split, presenting no anomalies.
- With regards to Sexual Orientation; the majority raised were declared as Heterosexual with just one person declining to provide a response, this case was informally resolved.

9.0 Capability

In the period April 2017 to March 2018 there were a total of 5 capability cases raised, of these; 3 were issued First Written Warnings, 2 were dismissed.

9.1 What the data tells us:

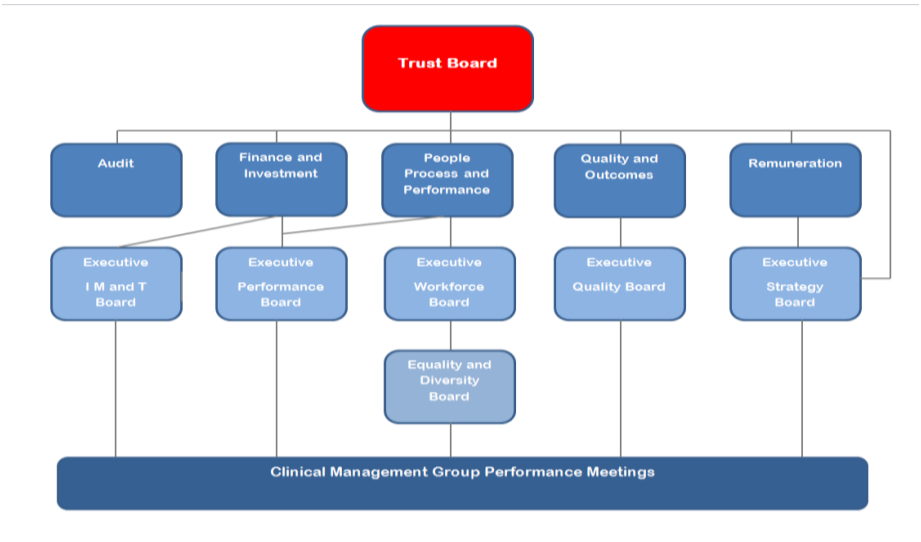
- The 2 dismissed were split as; 1 White – Any other White background and 1 White British.
- The 2 dismissed declared their sexual orientation as; 1 Bisexual and 1 chose not to state.
- Both of those dismissed were male.
- All of those issued first written warnings were female.

- Those aged 20-29, 1 was dismissed; 30-39, 1 was dismissed; 40-49, 2 were issued first written warnings, 50-59, 1 was issued a first written warning.
- The gender of all 5 cases is split with 3 Female and 2 Male cases.
- Of the 5 cases, 2 chose not to disclose their religion & belief, 2 were Christian and 1 Atheism.
- Of the 5 cases, 4 were White (2 dismissed, 2 first written warnings) and 1 was Black or Black British – African (first written warning).
- With regards to sexual orientation; 2 chose not to state, 2 declared as Heterosexual and 1 declared Bi-sexual.
- Of the 5 cases in total; 3 were declared as not disabled, 1 chose not to declare and 1 declared as other.

10.0 Current Position

The Trust continues to work on a number of initiatives to address the under-representation of BAME staff at senior levels. These include:

- Unconscious bias training.
- A targeted graduate training programme.
- Involvement in the East Midlands Visible Leaders Programme.
- Supporting BAME staff to attend the "Stepping Up Programme".
- An Equality and Diversity Board has been established after the Trust Board Thinking Day in January 2018 when the National WRES Team came and delivered a presentation on the Workforce Race Equality Standard performance. The Chief Executive agreed that Equality and Diversity will form part 2018-19 Annual Priorities in ensuring that this work remains high on the Agenda. The Chief Executive also agreed to Chair the Equality & Diversity Board and lead this agenda on behalf of the Trust. It was agreed that the Equality and Diversity Board would report into to both the Executive Workforce Board and People Performance and Process Committee (Trust Board Committee).



- An Integrated Strategic Equality Action plan was also developed and approved by the Trust Board. It was agreed that the Integrated Action Plan would bring together actions relevant to the following areas:

- Executive Sponsorship
- Data Collection and Target Setting
- Recruitment and Selection Practice
- Mentoring, Reversing Mentoring and Leadership Development
- Management Development
- Work Experience
- Staff Networks
- Cultural Ambassadors Programme
- Anti-bullying and Harassment Service
- Gender Pay Gap
- Flexible Working and Working Practices
- Workforce Disability Standards
- Service Delivery Elements including the EDS2 Framework, Accessible Healthcare Standards, Interpretation and Translation and Sexual Orientation Monitoring Standard

11.0 Recommendation

- To note the key changes in our workforce profile as detailed in this Equality and Diversity Annual Monitoring Report 2017-18.
- As set out in this report, improvement actions will be confirmed and led by the Equality and Diversity Board as detailed in the Strategic Equality and Diversity Integrated Action Plan. Progress will be reported and monitored at bi-monthly intervals to ensure sustained and improved performance over 2018-19.

Cancer Performance Recovery 2018/19

Author: Sam Leak, Director of Operational Improvement
Sponsor: Rebecca Brown Chief Operating Officer

QOC/PPPC joint paper 2

Executive Summary

Context

We achieved 3 of the 9 standards in February. A robust action plan owned by the CMGs is in place to support the improvement of performance. Support is required from primary care to manage the growth in referrals. In February the 62 day performance was 69.9% a 4.9% deterioration from January.

Questions

1. What is February performance
2. What actions have been taken to sustain / improve performance?
3. Has there been harm to any patients waiting over 104d from referral to first definitive treatment?

Conclusion

- Performance improved in February
- The RAP is reviewed fortnightly to ensure further improvement (attached)
- Transformation programmes are in place
- There has been no harm to any patient waiting over 104d from referral to first definitive treatment

Input Sought

The Committee/Executive team is asked to note the current performance position and comment on whether they are assured that sufficient/appropriate action is being taken. If not, colleagues are asked what actions would the committee like the programme to pursue that are not stated within the paper?

For Reference

Edit as appropriate:

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

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

2. This matter relates to the following governance initiatives:

Organisational Risk Register	No
Board Assurance Framework	No

3. Related Patient and Public Involvement actions taken, or to be taken: None

4. Results of any Equality Impact Assessment, relating to this matter: None

5. Scheduled date for the next paper on this topic: EPB 28.05.19

6. Executive Summaries should not exceed 1 page. My paper does comply

7. Papers should not exceed 7 pages. My paper does not comply

1. February Cancer Performance

UHL's cancer performance against trajectory for the 9 cancer standards is shown below (Fig1); in February we achieved 3 of the targets against a trajectory of 6. The 62 day standard remains our biggest challenge going forward.

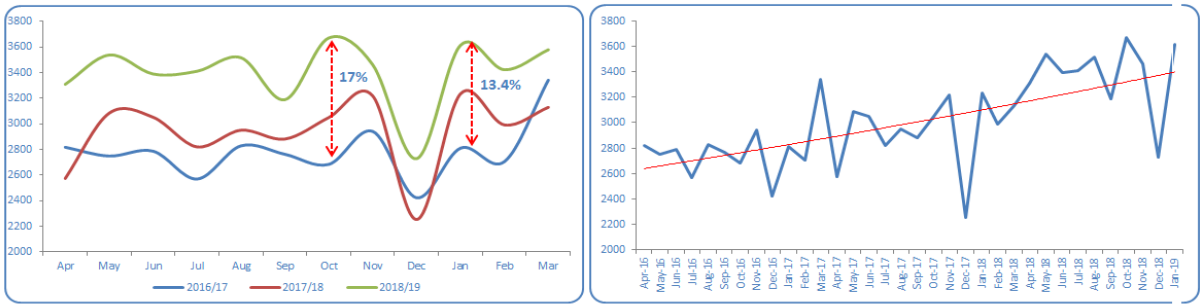
Figure 1 – cancer performance

UHL Cancer Performance	National Target	Performance Type	17/18 Outturn	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	18/19 YTD
Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	93%	Actual	94.7%	93.9%	95.7%	95.6%	93.9%	95.0%	93.1%	92.2%	92.9%	95.2%	94.0%	89.9%	80.2%	88.6%	95.5%	92.0%
		UHL Trajectory								92.2%	91.7%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	93%	Actual	91.9%	89.0%	92.5%	92.0%	90.3%	95.5%	88.7%	84.5%	86.6%	94.0%	79.9%	68.7%	26.6%	64.5%	90.4%	77.2%
		UHL Trajectory								89.1%	88.4%	90.7%	93.0%	93.0%	91.4%	93.0%	93.0%	
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	96%	Actual	95.1%	93.6%	96.0%	93.7%	95.1%	94.7%	96.4%	95.4%	98.0%	95.4%	94.1%	95.9%	96.1%	91.4%	94.8%	95.2%
		UHL Trajectory								93.0%	94.0%	89.0%	94.0%	96.0%	96.0%	96.0%	96.0%	
31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	98%	Actual	99.1%	99.0%	98.9%	100%	100%	99.2%	98.0%	100.0%	98.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.6%
		UHL Trajectory								99.1%	99.1%	98.8%	100.0%	100.0%	98.1%	99.4%	99.0%	
31-Day Wait For Second Or Subsequent Treatment: Surgery	94%	Actual	85.3%	84.4%	83.6%	80.3%	77.4%	90.1%	89.6%	87.0%	89.6%	82.5%	86.5%	84.0%	86.4%	89.8%	84.2%	86.2%
		UHL Trajectory								78.0%	76.0%	81.0%	87.0%	91.0%	94.0%	91.0%	92.0%	
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	94%	Actual	95.4%	95.8%	98.3%	94.8%	97.5%	98.1%	100%	99.3%	100%	90.0%	98.5%	99.2%	99.2%	95.1%	99.3%	97.9%
		UHL Trajectory								94.9%	97.2%	97.6%	96.5%	95.8%	98.3%	94.8%	96.3%	
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	85%	Actual	78.2%	76.0%	72.9%	75.6%	78.6%	75.7%	74.5%	77.0%	72.9%	71.7%	76.4%	74.2%	82.3%	75.8%	69.9%	75.3%
		UHL Trajectory									75.2%	69.9%	70.2%	82.6%	85.3%	84.6%	82.9%	
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	90%	Actual	85.2%	78.7%	81.8%	78.1%	58.5%	86.8%	81.0%	88.5%	84.0%	96.0%	78.6%	95.5%	90.6%	67.9%	74.3%	81.3%
		UHL Trajectory								83.0%	89.0%	74.6%	86.0%	86.4%	89.0%	90.0%	90.0%	
62-Day Wait For First Treatment From Consultant Upgrade	85%	Actual	85.9%	84.4%	82.4%	92.1%	76.5%	79.5%	92.8%	92.1%	98.3%	86.6%	83.2%	88.4%	83.3%	70.1%	75.0%	83.5%
		UHL Trajectory								89.1%	86.4%	97.1%	86.1%	89.1%	92.1%	86.9%	76.5%	

2. Cancer activity – growth

Performance is against a continued increase in referral rate which peaked in October 2018 and January 2019 (Fig 2). We saw a decrease in referrals in February but there remains a significant increase in demand compared to last year. Below shows the overall referral growth from 2016 to current.

Figure 2 – cancer referrals



3. Cancer cancellations

There were 11 cancellations in February 2019 compared to 26 in 2018 (Fig 3). We continue to monitor and manage this closely.

Key actions which have been implemented include:

- Monitoring of elective activity in operational command meetings
- Weekend process to ensure the Director on call and Silver on call have a list of cancer patients who are expected to ensure they are prioritised
- A robust process of escalation with the final step to the COO if a cancer case is at risk of cancellation

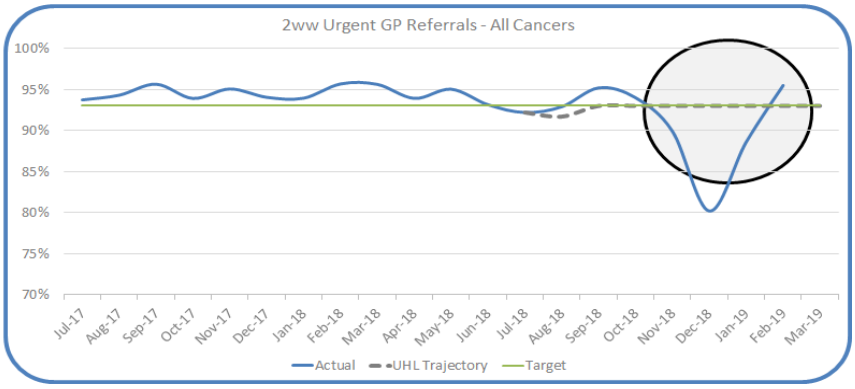
Figure 3 – cancer cancellations

Month	Grand Total	No ITU/HDU Bed	Lack of Theatre Time	No Ward Bed	List overrun due to previous complex case	Replaced by emergency patient	Equipment failure / missing equipment	Consultant Sick / Unavailable	Missing notes	Consultant Decision	Theatre staff sickness	Test results unavailable	Patient not prepped for surgery	No PICU bed
December 2017	7	6		1										
January 2018	51	32	2	13				1		2			1	
February 2018	26	23	1				1					1		
March 2018	13	11			1	1								
April 2018	3	1			1	1								
May 2018	7	3			3			1						
June 2018	4				4									
July 2018	4	2	1		1									
August 2018	7	2	1	1	1	1		1						
September 2018	6	1	2		1	1	1							
October 2018	13	2	4	1	2	1			2					1
November 2018	7		6		1									
December 2018	8	2	3		1	1	1							
January 2019	13	8				1	3				1			
February 2019	11	6	4	1										
Grand Total	180	91	20	16	16	6	4	3	2	2	1	1	1	1

4. 2WW

As a result of the actions implemented and a CMG focus on 2ww we achieved the target in February (figure 4) or key actions are now to ensure this is maintained and we demonstrate the consistency that has bene shown in previous months.

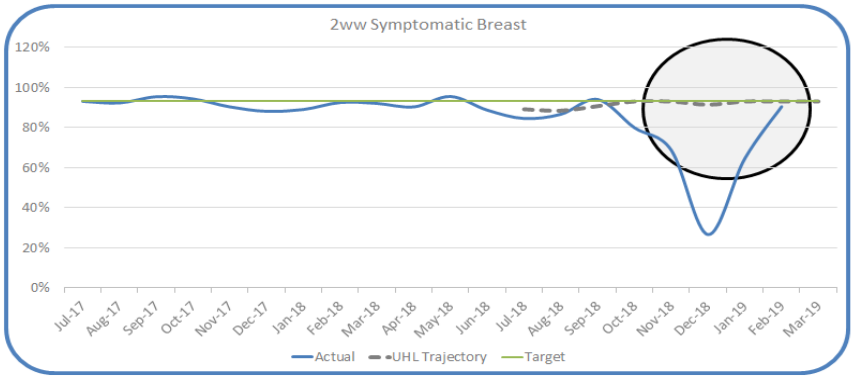
Figure 4 – UHL 2week wait performance all tumour sites



5. 2WW Breast

We have seen significant improvement in February (90.4%) however the target was not achieved. An early view of March shows continued improvement.

Figure 5 – performance 2ww symptomatic breast



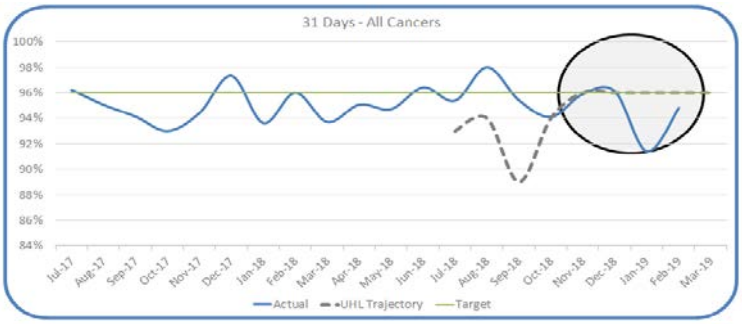
The following key actions have been implemented:

- A team of clinicians and managers went to visit NUH to explore alternative pathway options to manage high demand and we are planning a pilot of an alternative pathway with the support of primary care
- The Nuffield Private Provider is being used for breast referrals in periods of escalation
- Your World private provider is being used to provide weekend sessions as required

6. 31 day first treatment

Performance in February improved to within 1.2% of the target. We will continue embedding actions to ensure further improvement.

Figure 6 – 31 day first performance



7. 62 day performance

February performance was 69.9% which is a 4.9% drop from last month (Figure 7). Figure 8 shows the 62 day performance by tumour site and Figure 9 shows our 62 day peer performance ranking in January was 5/18 and our National ranking 87/143. We are focusing on transactional and transformational change in the most challenged tumour sites in order to gain improvement.

Figure 7 - 62 day performance

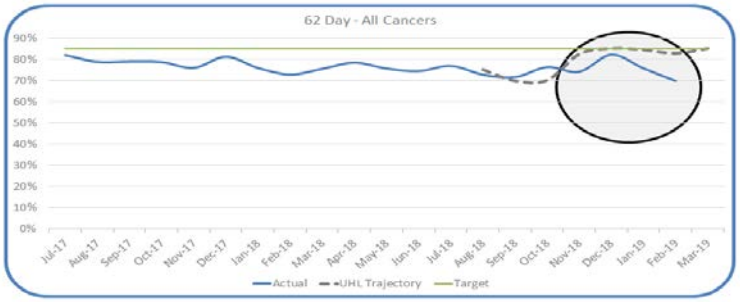


Figure 8 - 62 day performance by tumour site for February

Access	18/19 Target	17/18 Outturn	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19		YTD
Brain/Central Nervous System	85%	100.0%	--	--	--	--	0.0%	--	--	100.0%	--	--	--	--	--		33.3%
Breast	85%	93.8%	85.3%	92.3%	89.6%	93.7%	92.9%	91.4%	85.4%	86.7%	87.2%	80.6%	91.5%	87.5%	76.7%		87.6%
Children's	85%	--	--	--	--	--	--	--	--	100.0%	--	--	--	100.0%	50.0%		71.4%
Gynaecological	85%	70.6%	70.3%	85.7%	71.4%	35.0%	66.7%	55.0%	58.3%	69.2%	68.0%	90.0%	94.7%	83.3%	66.7%		70.1%
Haematological	85%	81.0%	55.6%	88.9%	80.0%	57.1%	50.0%	100.0%	64.3%	50.0%	87.5%	52.4%	100.0%	70.0%	69.2%		71.4%
Head & Neck	85%	55.4%	62.5%	62.5%	42.1%	60.0%	55.6%	42.9%	37.5%	47.1%	54.5%	60.0%	37.0%	91.7%	66.7%		54.8%
Lower Gastrointestinal	85%	58.5%	58.3%	41.7%	51.9%	53.1%	66.7%	63.2%	58.8%	45.5%	50.0%	56.0%	65.0%	63.3%	35.3%		56.1%
Lung	85%	66.2%	65.1%	52.0%	70.2%	70.5%	78.3%	82.4%	60.7%	75.5%	68.4%	69.8%	75.0%	65.0%	75.6%		71.7%
Other	85%	66.7%	--	100.0%	--	66.7%	50.0%	0.0%	0.0%	75.0%	50.0%	0.0%	--	0.0%	100.0%		50.0%
Sarcoma	85%	56.7%	--	20.0%	0.0%	66.7%	100.0%	100.0%	--	--	100.0%	100.0%	100.0%	66.7%	--		73.3%
Skin	85%	96.8%	97.3%	100.0%	94.4%	100.0%	93.2%	100.0%	97.6%	100.0%	95.0%	93.2%	100.0%	95.8%	93.8%		96.8%
Testicular	85%	--	--	--	100.0%	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%	--	100.0%	80.0%		92.5%
Upper Gastrointestinal	85%	71.9%	64.7%	55.6%	67.7%	61.5%	81.6%	60.7%	77.8%	64.5%	84.6%	58.8%	67.9%	56.0%	60.0%		67.6%
Urological	85%	76.3%	68.4%	75.0%	78.7%	75.7%	59.4%	67.8%	64.7%	55.4%	70.4%	73.8%	79.8%	63.3%	66.1%		68.4%
Rares	85%	65.0%	0.0%	40.0%	100.0%	100.0%	75.0%	66.7%	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%	57.1%		81.3%
All Tumour Sites	85%	78.2%	72.9%	75.6%	78.6%	75.7%	74.5%	77.0%	72.9%	71.7%	76.5%	74.2%	82.3%	75.8%	69.9%		75.3%

Figure 9 – Peer and National rank

62-DAY GP Referral - January 2019

All Acute Trusts Performance - 76.2% *UHL ranks 87 out of the 143 Acute Trusts**
39 of the 143 Acute Trusts achieved 85% or more*

Peer Rank	Provider	Performance within 62 Days Target 85%
1	BARTS HEALTH NHS TRUST	86.7%
2	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	82.4%
3	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	78.1%
4	PENNINE ACUTE HOSPITALS NHS TRUST	76.4%
5	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	75.9%
6	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	75.2%
7	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	73.6%
8	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	73.3%
9	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	72.8%
10	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	71.1%
11	LEEDS TEACHING HOSPITALS NHS TRUST	70.7%
12	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	69.3%
13	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	68.2%
14	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	65.7%
15	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	65.6%
16	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	65.4%
17	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	62.9%
18	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	60.0%

7.1 Key actions for challenged tumour sites

Key actions for Urology

- Additional management and admin support to ensure every step is booked as quickly as possible
- IST continue to support process improvement (1 day a week)
- RAPID testing phase 2 starts in May which will increase the number of patients going to MRI before the first OPD appointment
- Ensure referrals are appropriate from Primary care by ensuring patients have 2PSA before referral

Key actions for Lung

- Implementation of the optimal lung pathway is progressing well
- More robust tracking and actions for the long waiters
- Increased rapid access lung clinic resource

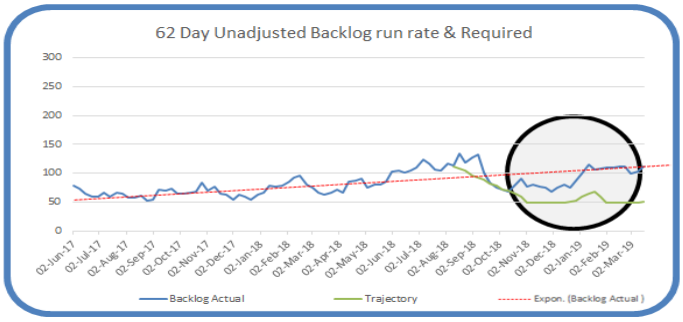
Key actions for upper GI and lower GI

- More robust tracking and actions throughout the pathway

7.2 62 day backlog

In February the backlog number increased as predicted and averaged 108 (Fig 10). On a weekly basis, all 62 day breaches are reviewed by the tumour sites and analysed with the Cancer Centre, mapping out all pathway delays in accordance with Next Steps. Where a pathway is in excess of 62 days a breach map is carried out to elicit themes and situations where inefficiencies in the process have occurred.

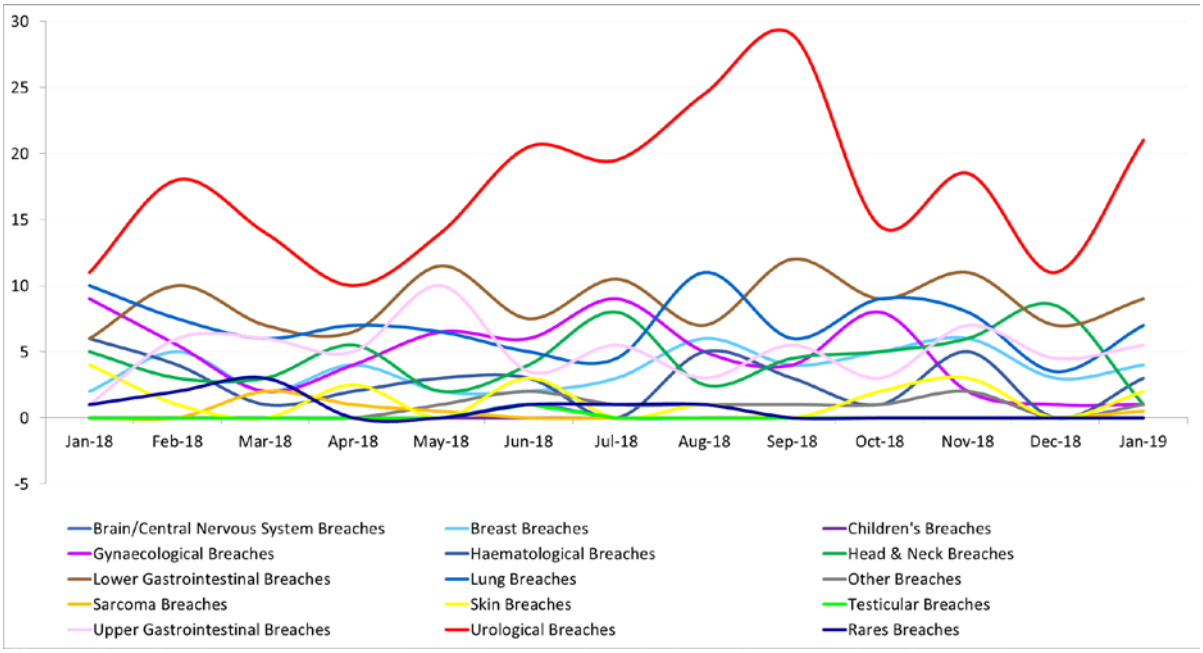
Figure 10 – backlog clearance to enable recovery



7.3 62 Day Breach Themes by Tumour Site

Due to pressures within the tumour sites focussing on performance improvement and a reduction in the backlogs across the standards, 62 day breach analysis activity has been put on hold. From April 2019 activity data, this process will resume with monthly breach review meetings scheduled across all tumour sites.

Figure 11 - Cancer patients treated beyond 62 days by tumour site over the last 12 months



8. 104 days + performance

Between 22 -28 patients were waiting 104+ days in Feburary (Fig 12), each patient is managed by the CMG's to ensure that next steps are booked for these patients to ensure a clinical diagnosis and that they are treated as quickly as possible. Figure 13 shows our peer and national ranking for the month of January with a peer rank of 5/18 for number of patients treated over 104 days. We continue a focus to decrease this number as no patient should be waiting this long for treatment.

Figure 12 – 104+ days

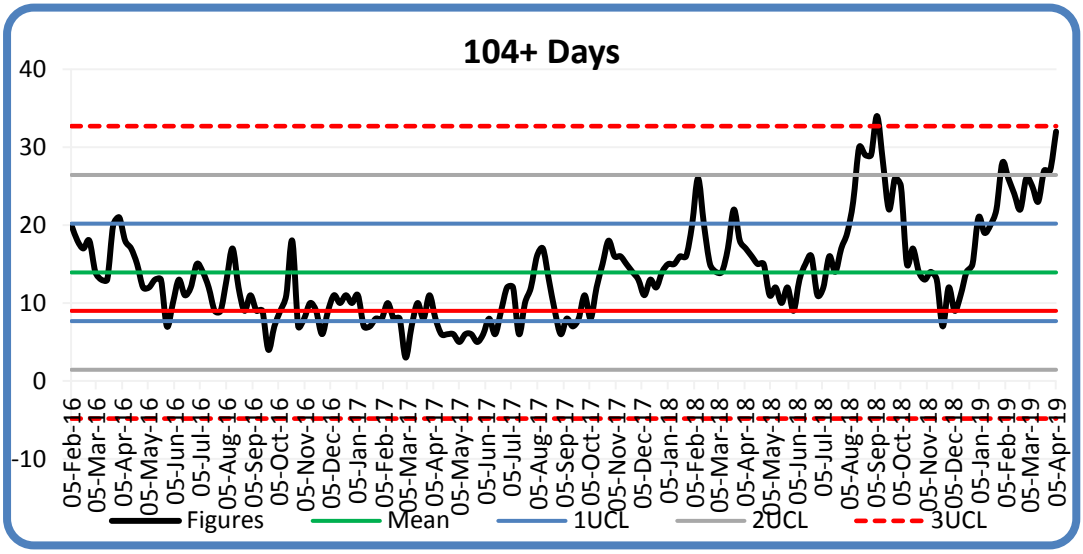


Figure 13 – 104+ day peer and national ranking

62-DAY GP Referral - Treated after 104 Days - January 2019

All Acute Trusts Performance - 0.1% *UHL ranks 65 out of the 143 Acute Trusts**

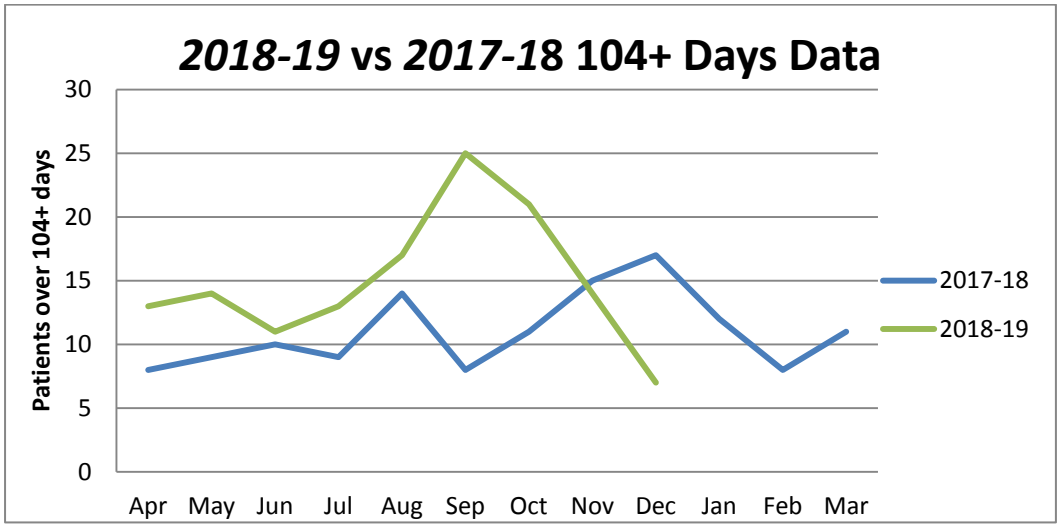
Peer Rank	Provider	Performance after 104 Days	Numbers after 104 Days
1	BARTS HEALTH NHS TRUST	1.9%	2
2	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	2.6%	2.5
3	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	3.2%	7.5
4	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	4.6%	4.5
5	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	**4.6%**	**10.5**
6	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	4.8%	5.5
7	PENNINE ACUTE HOSPITALS NHS TRUST	5.4%	7
8	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	6.3%	11
9	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	6.7%	14.5
10	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	6.9%	17
11	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	7.6%	14
12	LEEDS TEACHING HOSPITALS NHS TRUST	7.7%	16.5
13	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	7.9%	10.5
14	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	9.8%	18
15	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	10.5%	18.5
16	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	10.6%	19
17	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	11.3%	22
18	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	11.4%	23

8.1 – 104 Day Quarterly Clinical Harm Review Findings (Q3 2018)

In line with the National Cancer Waiting Times Backstop Policy 2015, all patients who have waited over 104 days to definitive cancer diagnosis undergo an MDT review of their clinical pathway to assess for potential harm. The review of prolonged pathways aims to elicit those themes and situations where inefficiencies or inadequacies in the process have occurred. No clinical harm has been identified.

The graph below (figure 14) includes the Quarter 3 data and outlines the number of cancer patients waiting 104 + days from April 2018 – December 2018 (total 42) in comparison to April 2017 – March 2018.

Figure 14 – patients treated over 104 days



A breakdown of 104 day patients by tumour site that have been completed can be seen in figure 15.

Figure 15 –104 Day Clinical Harm Reviews by Tumour site:

Tumour Site	No of Patients 104+Days	April 2018	May 2018	June 2018	July 2018	August 2018	Sept 2018	Oct 2018	Nov 2018	Dec 2018
Head & Neck	7	1	2	1	0	0	0	1	0	2
Haematology	5	0	0	0	0	2	1	0	2	0
HpB	6	1	2	0	1	0	1	1	0	0
Lung / Meso	16	1	1	3	1	3	3	3	1	0
Urology	74	5	5	6	6	11	17	13	8	3
Gynaecology	6	1	0	1	3	0	0	0	1	0
Lower GI	17	4	4	0	2	1	3	3	0	0
Upper GI	1	0	0	0	0	0	0	0	1	0
Skin	1	0	0	0	0	0	0	0	1	0
Breast	2	0	0	0	0	0	0	0	0	2
Total	**135**	**13**	**14**	**11**	**13**	**17**	**25**	**21**	**14**	**7**

Avoidable Non- Clinical Factors

By reviewing each individual 104 day clinical harm form enables avoidable non clinical factors that contribute to delays to be identified as below:

- Oncology capacity including uro-oncology joint clinic
- Robotic Capacity – Prostate pathway
- Next steps process compliance – capacity for high risk anaesthetic assessment, CPET
- Late tertiary referrals. 15 in total

The Executive Performance Board is requested support the following recommendations:

- The agreement that tertiary referring centres will provide a root cause analysis if the patient is referred after Day 39
- CMG Leads ensure that 104+ day clinical harm process remains a priority and that the forms are submitted to the Cancer Centre within 14 days as per the SOP
- CMG Leads remain focussed on ensuring that if potential harm is indicated on completion of a clinical review, that this is escalated timely for subsequent investigation in line with policy
- CMG Leads ensure where potential harm is identified this is discussed at Quality and Safety Boards

9. Faster diagnosis standard

The new data item for faster diagnosis standard compliance has now been in place for 4 months and performance continues to improve across all tumor sites. Our average performance in February was 77%.

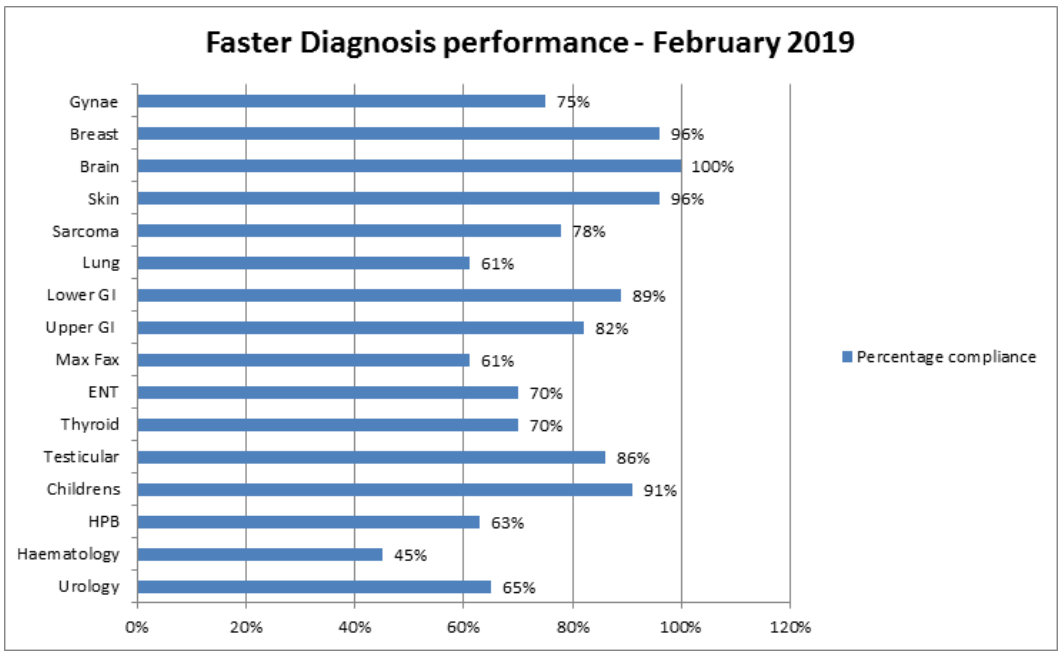
Our key actions remain:

- Continuing navigator education.
- Supporting tumour sites to ensure compliance where this continues to be a challenge.
- CMG's implementing processes needed to inform patients of benign results
- Developing internal reporting to differentiate between diagnosed and benign patients.

The standard will be reported monthly as part of the data upload process from April activity data. It is still not clear at this stage what target will be applied to this new standard or whether the standard

will be reported in totality across all patients vs a split between diagnosed and benign patients. Cancer Waiting Times v10 is released in April 2019 and we will continue to pursue clarity against this new standard.

Figure 16 – outcome of FDS in February 2019



10. Transformation

The planning of the 4 schemes; lung, colorectal, prostate and living with cancer continue to progress and will provide significant improvements in patient pathways and patient experience once fully implemented. These schemes work towards the national cancer outcomes included in the World Class Cancer Outcomes Strategy 2015-2020.

11. East Midlands Cancer Alliance

The EMCA allocation of funding for 2019/20 is £11.4m. Although the overall allocation is large in comparison to last year's £8.2m, the figure includes several elements which were not part of last year's allocation, specifically:

- Earmarked funding for the Lung Health Checks pilots (£1.9m)
- Funding for the Cancer Alliance Team (Amount to be agreed)
- Funding for the population of north Derbyshire (which is still under discussion)

LLR Cancer STP are already in discussion about priority projects for next year and the form and function of the work programme and we have escalated the need to manage the transfer of money quicker than last year to enable it to be used within financial year.

12. New cancer standards

The clinically-led Review of NHS Access Standards Interim Report from the NHS National Medical Director has just been published and suggests testing new cancer standards

Recommendations to test the following standards:

	Measure	Clinical rationale	Implications for patient care
1	Faster Diagnosis Standard: Maximum 28- day wait to communication of definitive cancer / not cancer diagnosis for patients referred urgently (including those with breast symptoms) and from NHS cancer screening.	Urgent cases include: • Those referred by their GP with urgent cancer symptoms • Those referred by their GP with breast symptoms • Those referred by cancer screening services. It is important that people are diagnosed quickly after referral so they can start treatment as soon as possible. Patients will need to have their first appointment with a consultant well before the 28- day point to ensure communication of diagnosis within that timeframe.	More explicit focus on measuring and incentivising early diagnosis, which is linked to improved survival rates. Improves on current two-week waiting time, as measures time to receive diagnosis, rather than time to be first seen by a consultant. Brings together existing urgent referral routes into one simple standard.
2	Maximum two-month (62-day) wait to first treatment from urgent GP referral (including for breast symptoms) and NHS cancer screening.	Includes urgent cases as above. Having a single headline measure, and ensuring the clinical guidance governing inclusion within it reflects modern clinical practice, adds clarity and greater focus on what really matters.	Brings together three existing urgent referral routes into one simplified standard.
3	Maximum one-month (31-day) wait from decision to treat to any cancer treatment for all cancer patients.	All cancer patients need to begin treatment quickly after the decision to treat is taken.	Maintains guarantee of swift start to treatment for all cancer patients. Brings together four existing treatment standards into one simplified standard.

13. **Conclusion**

Performance recovery and quality care for cancer remains a priority for UHL and as such continues to be a focus by the team.

1	Not Started/New
2	Significant delay/No Plan
3	In progress, some risk or delay
4	On Track
5	Complete

TUMOUR SITE /SERVICE	ACTION	DETAIL	LEAD	COMPLETION	RAG	PROGRESS	Days predicted to save in the pathway
SKIN	To ensure compliance with 2 week wait performance	Establish capacity demand to achieve target throughout the year by flexing RTT and cancer on a permanent basis throughout the year	GH	29.3.19	2	**10.4.19** - finalising slots required and flexibility of slots over the summer	4 days
		Implement an escalation process for times of pressure. This may include plastics or the private sector	GH	29.3.19	2	**10.4.19** - meeting with plastics and dermatology. plastics will hold slots for direct referral from skin to shorten the next steps time	TBC
RADIOTHERAPY	Review BH and AL capacity to ensure performance is achieved	Patients defer treatment over the Xmas period which resulted in failure of the target	SJ	1.5.19	4	8.3.19 BH capacity will be audited, AL of consultants now visible and will be monitored **25.3.19 -** splitting consent and appointment will allow pts more time to think and decrease cancellations (planning to do 1.4.19). Planning improved communication over Xmas period	Xmas benefit
RADIOTHERAPY	Ensure compliance to the 20 # policy for prostate patients.	Audit the patients treated in Q2 and Q3 of 2018 to check the protocol was adhered to	SJ	1.6.19	4	25.3.19 - audit completed will be feedback to NHSE 24.5.19. Further debate required as to next steps	0 days
		Apply the NICE criteria for nodal treatment to the same group of patients to see the effect on our compliance	SJ	1.6.19	4	25.3.19 - AA	0 days
ONCOLOGY	Additional resource required	Business case completed to go through UHL process then staff to be recruited.	SN	1.8.19	4	27.3.19 - while process is taking place there is x1 head and neck locum in post and an advert out for x1 clinical oncologist	0-5 days
ONCOLOGY	Establish minimum datasets for Oncology referrals between MDTs by tumour site to decrease delays	Rollout across all tumour sites	SN	1.2.19	2	**21.2.19** MDS agreed. Being used in Lower GI and lung. Plan to roll out to other sites at next oncology meeting. Cancer centre to agree process. **27.3.19 -** process agreed and in place in lower GI will roll out across all tumour sites. Will be completed in 3-4 months - process for trackers to lead and ensure process robust	2 days
BREAST	Ensure consistent delivery of 2WW performance by providing sufficient capacity to meet demand working in conjunction with radiology	Implement new pathway (NUH pathway) to enable better use of diagnostic capacity and slot utilisation	GW / MA	1.7.19	4	**9.4.19** - review prism form and link to advice and guidance as per NUH process. Education package with GP's. Your World first clinic now done and will be an ongoing resource while pathway change occurs.	4 - 5 days
HEAD & NECK	Ensure regional Head and Neck provision		Alliance/ NHSE /UHL	30.4.20	4	06/03/19: Proposal for East Midlands Head & Neck Cancer network has been made. Small regional project team has been identified and the first meeting is scheduled for the 5/04/19. The group includes CD & Hoop from MSS, Head of Partnerships and business development for UHL and 2x H&N surgeons. Updates will be communicated via minutes and action log from project meetings.	0 days
LUNG	Phased implementation of the Leicester Optimal Lung Cancer Pathway	Implement additional bronchoscopy sessions	ST	~~31/12/2018~~ 31.1.19	2	**22.2.19 -** Due to start in May. To find out if this could be started earlier **6.3.19 -** some staff training needs to happen. Timings agreed in relation to availability of space 3.4.19 - confirmed start in May - cannot be brought forward. Will ensure templates changed in advance	5 days
LUNG	Ensure Bank Holiday and Holiday resilience to performance	Review clinics pre and post BH's and ensure robust AL processes	JG	1.6.19	4	**6.3.19 -** To review bank holiday plans for all clinics and ensure additional pre and post bank holiday clinics are in place to prevent a deterioration in performance **3.4.19 -** moving clinics around to ensure capacity meets demand. Will test over Easter BH before removal of action.	0 days
GI	Ensure 14 day target is achieved consistently and progress to a 10 day target.	2ww HPB straight to CT	SN / MA	1.4.19	2	**27.3.19** - In discussion with Radiology to agree exclusion criteria and obtain Radiology support to start a straight to test pathway. **10.4.19** Ca Consultant lead discussing with radiology to fast track	2 to 3 days
		Additional 2 WW OPD clinics for lower GI	SN	1.9.19	4	**28.2.19** Data being reviewed to establish baseline and capacity demand gap. Will then establish how many more clinics to get to 10 days. If significant this will require a business case. **27.3.19** Data reviewed and due to increase in 2ww referrals additional clinics required + further planning to move from 14 days to 10 days	4 to 7 days
GI / Urology	Increase theatre availability to decrease time to surgery	Review theatre opportunities	SN	1.4.19	2	**Robotics 27.3.9.** Trial from 5th April 2 robots for PB with an extension into the evening. 3rd session from April 10th = 1 extra per week + alternate Thursdays +1 per week (total + 3 robots per week) **10.4.19 -** IST meeting scheduled to discuss capacity and demand	
		Urology super operating week / 2 weeks	SN	1.8.19	4	**27.2.19** ITAPS are exploring the skill mix release to see how many more theatre sessions can be released for any urology cases to run through theatres for two weeks. Linda looking at theatre skill mix to see if can staff - then need to cost impact 10.4.19 - requires update	
UROLOGY	Increase capacity for biopsy	Template biopsies (transperineal) under local anaesthetic rather than general	CL	~~1.5.19~~ 1.7.19- review	4	**27.3. 19** - 4 weeks left of trial then training will be rolled out. **10.4.19** - progressing as planned - one consultant a month - approx 12 months role out - review post clean room in place approx 2 months	1-15 days
	Reduce Template Core's taken	Reduce Template Core's taken	CL	1.5.19	4	27.2.19 Reduce number of core's taken for Transperineal Template Biopsies. Commenced. **26.3.19** - 14 pts to be reviewed to establish if pathology decreased. **10.4.19** cores reduced but ? Decreased time in pathology turnaround - being reviewed	1 day (reporting time)
UROLOGY	Reduce 2WW first seen appointments to 7 days to assist with achievement of 62 day operational target and FDS 28 day standard	Ensure MRI first test (RAPID) then OPD appointment still within 14 days	CL / MA	4.3.19 Phase 2 1.9.19	4	27.2.19 RAPID for Medium to High Risk commencing 4.3.19. OPD 1st appointment agreed with 2ww office to stay within 2ww. 27.3.19 - stage 1 complete next step change age criteria but requires additional MRI capacity 9.4.10 - progress to phase 2 as a 5 month trial	7 days to 21 days
UROLOGY	Review prostate opportunities to reduce the number of follow up appointments/unnecessary steps	Use IST support to complete the pathway tool / internal audit of pathway	CL	1.4.19	2	21.2.19 - internal audit complete (8 PTS). Pre consultant meeting to be booked to discuss next steps. 27.3.19 - additional staffing resource has been found to enter pts to the IST tool over April. 10.4.19 - inputting started	Until data cannot predict
		Set up Consultant meeting for confirm and challenge pathway review	CL	1.4.19	2		0- 7 days
UROLOGY / RADIOTHERAPY	Ensure all treatment modalities are offered to ensure burden on Robotics is decreased if clinically appropriate	Data to review fractions and options at start of pathway ie radiotherapy earlier or surgery - will be be radiotherapy led and presented at urology consultant meeting	SJ	1.5.19	4	26.3.19 - SJ to contact HOS for urology to raise the profile of radiotherapy as a first line Rx 3.4.19 - Consultant meeting slot being arranged	0-5 Days

UROLOGY	Decrease time to decision	Make a video to describe options and processes. This will improve experience, decrease wait time and decrease the wait times for complex clinics so can increase number of pts in clinic	CL / SJ	1.5.19	4	9.4.19 - Discussions are taking place across Rx modalities to pull this together	0 - 7 days
UROLOGY IST	Review administrative and booking processes for the urology cancer pathways to ensure they are consistent and streamlined.	Undertake a review of administrative and booking processes for the urology cancer pathways including: 2WW bookings, clinic outcomes, diagnostic bookings, theatre bookings, tracking and escalation. Support cancer and urology managers to write/update SOPs and implement these with the relevant teams to ensure consistent application of streamlined processes.	AB	30/01/2019	2	**Update 29/1/19 -** Awaiting IST allocation of support so this can be started as requires IST support to inform on best practice then UHL can implement **27.3.19 -** intensive support, review and change being lead by Deputy Head of Operations.	
IST	Develop a competency assessment for the cancer e-learning module Make the e-learning module compulsory for all staff involved in the care of cancer patients	Support the Trust in creating the competency assessment exercise.	SM	30/01/2019	2	**Update 31/1/19** - draft report received, feedback sent back. Awaiting final document with expected minor recommendations otherwise complete **11.3.19 -** draft report received, comments sent back to IST 31.1.19. Awaiting final report. **10.4.19 -** still no response from IST, emailed Nikki Waddie for update 10.4.19	0
IST (KM) Urology	Regional sharing of robotics facilities to support additional capacity in Urology theatres.	NHSI will work with the Cancer Alliance to address system issues with ULHI to assist in increasing urology capacity in UHL.	NW (IST) / SL / CCG / NHSE	1.4.19	2	21.2.19 Meeting with NHSE, NHSI and CCG in Feb to discuss flexible approach to capacity across region. NHSE to have discussions with other centres and feedback 10.4.19 - chased update from NHSE	
IST (KM) General	Carrying out demand and capacity analysis for all pathways to help meet the 62-day standard	An initial focus on the 3 most challenged tumour sites identified by the trust: urology, colorectal and gynaecology. NHSI IST will provide training for the trust in undertaking demand and capacity modelling for pathways.	NW (IST)		1		
Gynae Ext review	Redesign of gynae 2 week wait referral process	USS scan appointment prior to 2 week wait referral based on 4mm Endometrial thickness	OB/ME/DM/Rba	1.4.19	2	**16.4.19:** Comms have gone to contracts team prior to going out to GPs. Do not anticipate any issues. Go live still planned for 1/5/19 and everything is in place.	2- 4 days
Gynae Ext review	Improving the turnaround time to booking surgical appointments	Book surgical procedures from MDT / clinic	LS	1.5.19	4	**16.4.19:** The Data entry for the pathway analyser is now complete. Meeting arranged for 17.4.19 with Nikki Waddie to review the results. There were some issues with the tool which need to be resolved.	0- 5 days
GYNAE	Audit of timed pathways to ensure all delays have been removed	Implement across the service	SM	1.5.19	4	**16.4.19:** As above	pending results of audit
GYNAE	Review of pre operative assessment capacity to ensure capacity meets demand.	Ensure minimal delay to theatre. Will enable a pool of patients if there is a short notice cancellation	SMc	1.8.19	4	**6.3.19 -** 2 business cases to increase capacity pre operatively **3.4.19** pre op business case has been done to discuss next steps to enable implementation **16.4.19:** Meeting has taken place to identify immediate capacity and to confirm the model going forward. This will provide 50 week cover with some backfill. Telephone pre-assessment to be re-launched	0-1 days
CSI	Investigate and deliver opportunities to further shorten pathway for urology	Deep dive into urology imaging - ensure that every pt in urology OPD has a diagnostic app before leaving	MA	1.5.19	1	27.3.18 - update required	
Cancer Centre	Ensure CAB is as effective as possible and there is a robust accountability framework		SM	1.5.19	4	6.3.19 - A refreshed CAB which manages all targets was started on 6.3.19. Plan to review effectiveness qualitatively and quantitatively Update 10.4.19 - review post todays CAB - concern around delivery against expectations from the services - reminder circulated. If todays CAB works as expected, we will retain the current model for CAB.	0
Cancer Centre	Establish optimal tracking for each tumour site	Use IST tool to baseline tracking by tumour site - establish if we are using current resources optimally	SM	1.5.19	1	11.3.19 - time for reviewing IST tool planned in early April 201911.3.19 - time for reviewing IST tool planned in early April 2019. Update 10.4.19 - IST availability to support tool management delayed review, planned for 16/5/19.	0
Cancer Centre GI / HPB	Establish if new MDT SOP is having required benefit	Audit of new MDT SOP in Lower GI and HPB	DB	29.3.19	2	27.3.19 Plan to use the data we have submitted to the national transforming MDT project for LGI which the trust will get back after analysis by NHSE. Identifying resource for HPB	0
Cancer Centre	Work with BI team to develop the use of Cliqsense to enhance and support improved PTL management and next steps escalations		SM	31.5.19	1	11.3.19 – initial scoping complete, needs further development with BI Team, pending review of alternative CAB format/structure. 27.3.19 - meeting with Heads of ops to discuss priority requirements and benefits. 10.4.19 - due to potential shift from Infoflex to another cancer information provider, this action needs to be put on hold. Tender process to commence Mid May, if a new supplier is awarded, this is likely to delay the action by 3-6 months due to implementation.	0
Primary care	Audit information provide to patients by GP's to ensure patients are 'ready' to enter a pathway and comply with treatment.	Will decrease DNA's and long periods of thinking time	CCG	1.4.19	2	20.3.19 - emailed for an update 10.4.19 - CCG and UHL discussion and agreed audit would be in skin. Jackie has made contact with the team and plans are underway.	
FDS - CHUGGS	**Upper GI.** Cancer centre have agreed to manage backlog CHUGGS will ensure no new FDS delays from 1.4.19						
FDS - MSS							
FDS - RRCV	**Lung** Will review Feb position which will be after optimal lung implementation. Expecting improvement ++						
FDS - SM							
FDS - W&C	16/4/19: 1) New process to be confirmed with consultants for removing benign polyps from tracking. This is based on the letter stating that on clinical examination the polyp is benign. This will eliminate the need for the patient to wait until histology. 2) Extra capacity gained from the new PMB pathway will reduce the time to hysteroscopy and therefore reduce time to diagnosis 3) Specialist interest post (interviews on 24/4/19) will create capacity for ovarian and cervix pathway.						