

Quality & Performance Report

Author: John Adler Sponsor: Chief Executive Date: PPC + QOC 26th April 2018

Executive Summary from CEO Joint Paper 1

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, PPC and QOC. 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 July 2016 to June 2017) has reduced to 98 and is within the threshold. **Cancer Two Week Wait** – have achieved the 93% threshold for over a year. **Cancer 31 day** was achieved in February. **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 - 0 Grade 4** reported during March. **Grade 3 and Grade 2** are well within the trajectory for the month and year to date. **CAS alerts** – we remain compliant. **Inpatient and Day Case Patient Satisfaction (FFT)** achieved the Quality Commitment of 97%. **Moderate harms and above** – within threshold in February (reported 1 month in arrears) however YTD position remains above threshold.

Bad News: **UHL ED 4 hour performance** – was 69.7%, system performance (including LLR UCCs) was 77.9%. Further detail is in the COO's report. **Diagnostic 6 week wait** – standard not achieved after 17 consecutive months of being compliant. **Ambulance Handover 60+ minutes (CAD+)** – performance was 9%. **Never events** – 2 reported in March, 8 reported for 2017/18. **C DIFF** – 8 cases reported this month, 68 reported for 2017/18. **Referral to Treatment** – was 85.2% against a target of 92%, reflecting the continuing cancellation of elective work due to emergency care volumes. **52+ weeks wait** – 4 patients (compared to 24 patients same period last year). **Cancelled operations** and **patients rebooked within 28 days** – continued to be non-compliant. **Cancer 62 day treatment** was not achieved in February – surgical cancellations and delayed referrals from network hospitals continue to be significant factors. **TIA (high risk patients)** – 51.2% reported in March. **Fractured NOF** – was 66.7%, YTD also remains below threshold. **Statutory and Mandatory Training** reported from HELM is at 88%. **Sickness absence** – 5.3% reported in February (reported 1 month in arrears). This appears to reflect the significant seasonal increase in illness in the general population.

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: 31st May 2018

Caring at its best

University Hospitals of Leicester 
NHS Trust

Quality and Performance Report

March 2018



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: 26th APRIL 2018

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

SUBJECT: MARCH 2018 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.

The NHS Single Oversight Framework sets out NHS Improvement's approach to overseeing and supporting NHS trusts and NHS foundation trusts under the Single Oversight Framework (SOF). It explains what the SOF is, how it is applied and how it relates to NHS Improvement's duties and strategic priorities.

The document helps providers to understand how NHS Improvement is monitoring their performance; how NHSI identify any support providers need to improve standards and outcomes; and how NHSI co-ordinate agreed support packages where relevant. It summarises the data and metrics regularly collected and reviewed for all providers, and the specific factors that will trigger more detailed investigation into a trust's performance and support needs.

NHSI have also made a small number of changes to the information and metrics used to assess providers' performance under each theme, and the indicators that trigger consideration of a potential support need. These updates reflect changes in national policy and standards, other regulatory frameworks and the quality of performance data, to ensure that the oversight activities are consistent and aligned.

The Quality and Performance report has been updated to report the new indicators. For further information see section 4 Changes to Indicators/Thresholds.

2.0 Performance Summary

Domain	Page Number	Number of Indicators	Number of Red Indicators this month
Safe	23	28	5
Caring	24	11	1
Well Led	25	23	5
Effective	26	8	3
Responsive	27	16	11
Responsive Cancer	28	9	5
Research – UHL	29	6	0
Total		101	30

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

Summary Scorecard – YTD

The following table shows the Trust's current performance against the headline indicators within the Trust Summary Scorecard.

SAFE	CARING	WELL LED	EFFECTIVE	RESPONSIVE
Moderate Harm	FFT Inpatients & Daycase	Turnover Rate	Mortality (SHMI)	ED 4hr Wait UHL
Never Event	FFT A&E	Sickness Absence	Crude Mortality	ED 4hr Wait UHL+LLR UCC
Clostridium Difficile	FFT Outpatients	Annual Appraisal	#NOF's <36hrs	12hr Trolley Waits
MRSA Avoidable	FTT Maternity	Statutory & Mandatory Training	Stroke – 90% Stay	RTT Incompletes
Serious Incidents	Single Sex Breaches		TIA	Diagnostic Waits
Pressure Ulcers Grade 4			Readmissions <30 days	DTOC
Pressure Ulcers Grade 3				Handover >60
Pressure Ulcers Grade 2				Cancelled Ops
Falls				Cancer 62 Day

SUCCESSSES:

- FFT Inpatient/DC **97%**
- Crude Mortality **2.2%**
- DTOC **1.9%**

ISSUES:

- Annual Appraisal **88.7%**
- Never Events **6**
- MRSA Avoidable **4**
- RTT Incomplete **85.2%**
- S&M training **88%**
- Sickness **4.1%**
- Stroke TIA **52.7%**
- ED 4hr Wait UHL **77.6%**
- ED 4hr Wait UHL+LLR UCC **80.6%**
- Diagnostic Wait **1.9%**
- Cancer 62 Day **78.4%**

One team shared values



Summary Scorecard – March 2018

The following table shows the Trust's current performance against the headline indicators within the Trust Summary Scorecard. The number of indicators changing RAG (RED, AMBER, GREEN) ratings from the previously reported period is also shown in the box to the right.

SAFE	CARING	WELL LED	EFFECTIVE	RESPONSIVE
Moderate Harm	FFT Inpatients & Daycase	Turnover Rate	Mortality (SHMI)	ED 4hr Wait UHL
Never Event	FFT A&E	Sickness Absence	Crude Mortality	ED 4hr Wait UHL+LLR UCC
Clostridium Difficile	FFT Outpatients	Annual Appraisal	#NOF's <36hrs	12hr Trolley Waits
MRSA Avoidable	FTT Maternity	Statutory & Mandatory Training	Stroke – 90% Stay	RTT Incompletes
Serious Incidents	Single Sex Breaches		TIA	Diagnostic Waits
Pressure Ulcers Grade 4			Readmissions <30 days	DTOC
Pressure Ulcers Grade 3				Handover >60
Pressure Ulcers Grade 2				Cancelled Ops
Falls				Cancer 62 Day

Key changes in indicators in the period:

SUCCESSSES: (Red to Green)

- MRSA
- Moderate Harm
- Crude Mortality

ISSUES: (Green to Red)

- C. Diff
- Single Sex Breaches
- Maternal Deaths
- Never Events
- Diagnostic Waits

One team shared values



Domain - Safe

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



SEPSIS

SUCCESSSES	ISSUES	ACTIONS	SEPSIS	
<ul style="list-style-type: none"> 2017/18 data 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 0 cases of avoidable MRSA reported in March. 	<ul style="list-style-type: none"> Moderate harm above threshold. Number reported to date exceeds the cumulative total of 156 for 2016/17. 8 cases of C. Diff reported in March. 2 Never events reported in March. 	<ul style="list-style-type: none"> Escalation through CMG infection prevention meeting. Targeted education and training. Urgent reviews of risk register entry for the ITU environment at LRI. 	Patients with an Early Warning Score 3+ - % appropriate escalation	95% YTD ↑
			Patients with EWS 3+ - % who are screened for sepsis	95% YTD ↑
			ED - Patients who trigger with red flag sepsis - % that have their IV antibiotics within an hour	85% YTD ↓
			Wards (including assessment units) Patients who trigger for Red Flag Sepsis - % that receive their antibiotics within an hour	79% 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 **95%** ↑
Maternity FFT **95%** ↑
Outpatients FFT **95%** ↓

Staff FFT Quarter 3 2017/18 (Pulse Check)



65% of staff would recommend UHL as a place to receive treatment

SUCCESSSES

- Friends and family test (FFT) for Inpatient and Daycase care combined remains at 97% for March.

ISSUES

- Single Sex Accommodation Breaches – 19 reported in March.

ACTIONS

- Following NHS England's decision to lift same sex compliance sanctions for January 2018 – re-educating staff and Senior Operational Team.

Single sex accommodation breaches

30
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 **31.9%** ↓
Day Case FFT **23.6%** ↑
A&E FFT **9.9%** ↓
Maternity FFT **40.2%** ↑
Outpatients FFT **5.7%** ↑

Staff FFT Quarter 3 2017/18 (Pulse Check)



57% of staff would recommend UHL as a place to work

SUCCESSSES

- Corporate Induction attendance for March is 98%.

ISSUES

- Appraisals are 6.3% off target (this excludes facilities staff that were transferred over from Interserve).
- Statutory & Mandatory is 7% off the 95% target.
- Inpatients coverage for March was 26%.

ACTIONS

- Please see the HR update for more information.
- Whilst our scores remain high, we continue to try and increase our coverage.

% Staff with Annual Appraisals

88.7% YTD ↓

Statutory & Mandatory Training

88% YTD ↑

BME % - Leadership

27%

Qtr4
8A including
medical
consultants

14%

Qtr4
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



Emergency Crude Mortality Rate



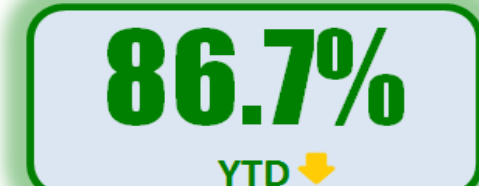
Stroke TIA clinic within 24hrs



30 Days Emergency Readmissions



80% of patients spending 90% stay on stroke unit



NoFs operated on 0-35hrs



SUCCESSSES

- Latest UHL's SHMI is 98. 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.
- Emergency Crude Mortality Rate for March was 2.3%.

ISSUES

- 30 Days Emergency Readmissions for February is 9.3%.
- Stroke TIA Clinic within 24 Hours for March was 51.2%.
- Fractured NoF for March was 66.7%. Performance was 71.2% same period last year.

ACTIONS

- Integrated Discharge Team to build into their Standard Operating Procedures how to deal with patients at high risk of readmission using the PARR30 score.
- Meeting with REDs team to ensure timely turnaround of theatre equipment.
- Re-allocation of hip surgeons to the appropriate list is being monitored.
- Deploy a review template for GP referrals using set criteria for rejection.

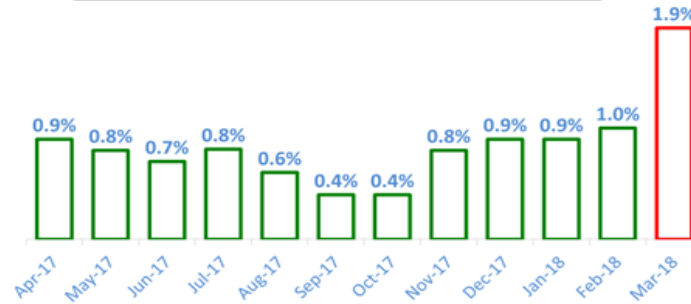
Domain – Responsive

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

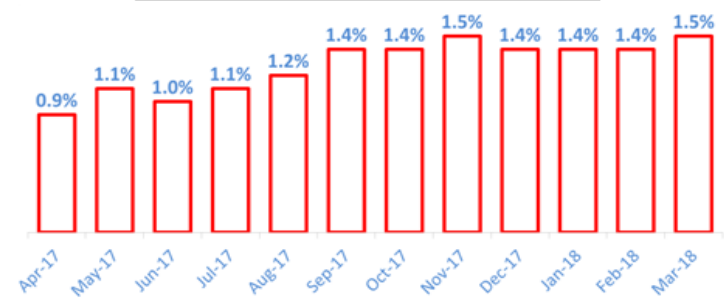
RTT - Incomplete 92% in 18 Weeks

85.2%
As at Mar ↓

6 week Diagnostic Wait times



Cancelled Operations UHL



RTT 52 week wait incompletes

4
As at Mar ↓

ED 4Hr Waits UHL

A&E
77.6%
YTD ↓

ED 4Hr Waits UHL+LLR UCC

80.6%
YTD ↓

Ambulance Handovers

4% > 60mins ↑
9% 30-60mins ↓
YTD

SUCCESSSES

- DTOC continues to be compliant.

ISSUES

- ED 4hr wait and on the day cancelled operations.
- Cancelled operations continue to grow in response to operational pressure on the 4 hour wait.
- Ambulance handover 60+ minutes – March performance at 9%.
- RTT was 6.8% below threshold.
- 4 patient waiting over 52+ weeks (last March the number was 24).
- Diagnostic 6 week wait standard not achieved.

ACTIONS

- For ED 4hour wait and Ambulance Handovers please refer to Chief Operating Officers report.
- Please see detail on improved flow that will support cancelled ops improvement.
- Daily look back at the previous days cancellation are in place to ensure correct escalation of all cancellations and to view if any lessons can be learned to avoid cancellations in future.

Domain – Responsive Cancer

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

Cancer 2 week wait

94.6%
YTD

95.7%
Feb ↑

31 day wait

95.2%
YTD

96.0%
Feb ↑

62 day wait

78.4%
YTD

72.8%
Feb ↓

31 day backlog

18
Mar ↓

SUCSESSES

Cancer performance is reported 1 month in arrears.

- Cancer Two Week Wait was achieved in February and has remained compliant since July 16.
- 31 day treatment standard was achieved in February.

ISSUES

- Cancer 62 day treatment – was 12.2% off target for January.

ACTIONS

- Move to 7 day first appointment will further improve CMG position.
- Weekly engagement to foster joint ownership of the performance challenge
- Discussion with W&C CMG about dropping in additional management resource from Cancer center to work with the team to change pathways.
- Oncology is escalated weekly. We are in the process of appointing 3 locums.
- Implementation of the new rules for cancer patients.

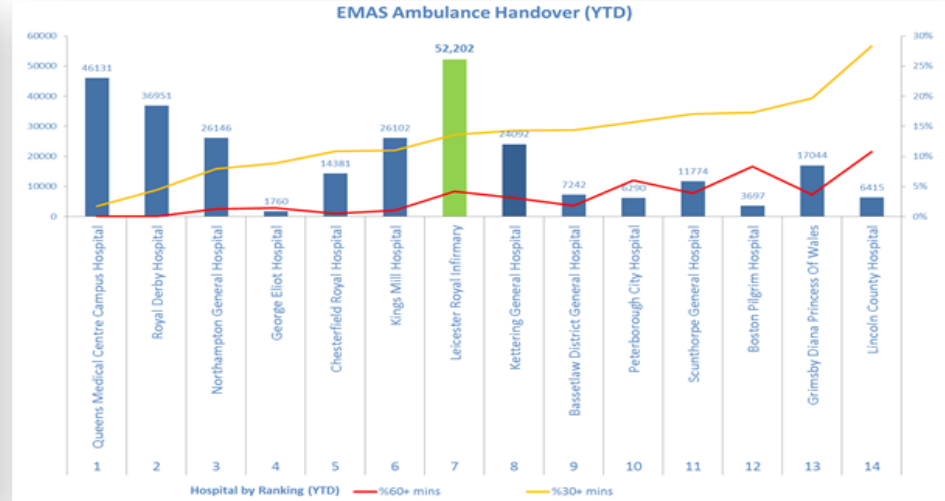
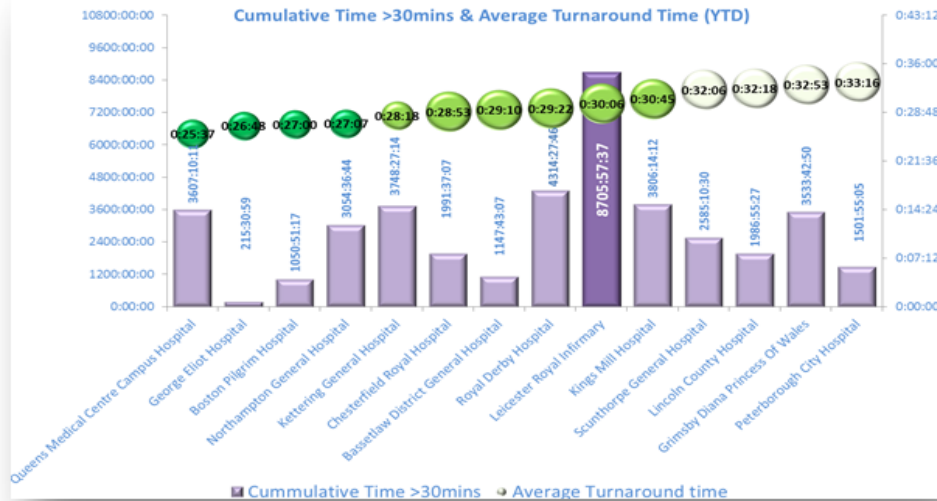
62 day backlog

71
Mar ↑

62 day adjusted backlog

63
Mar ↑

Ambulance Handover Summary – 2017/18



EMAS Ambulance Handover - LRI vs other hospitals (YTD)

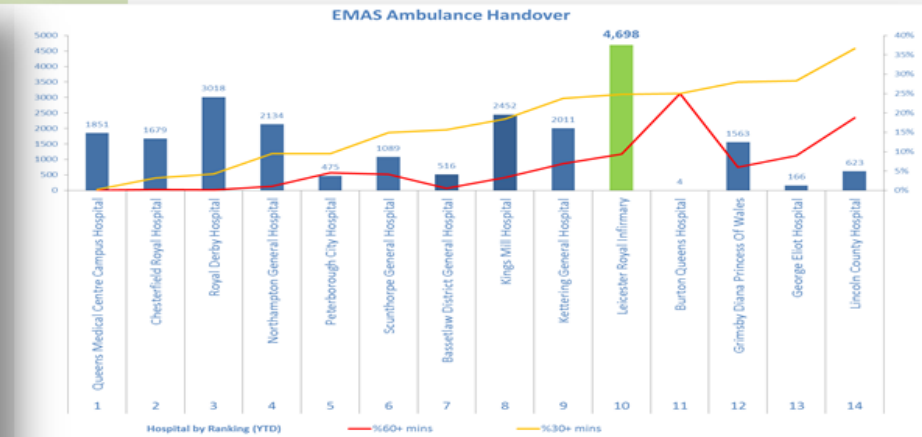
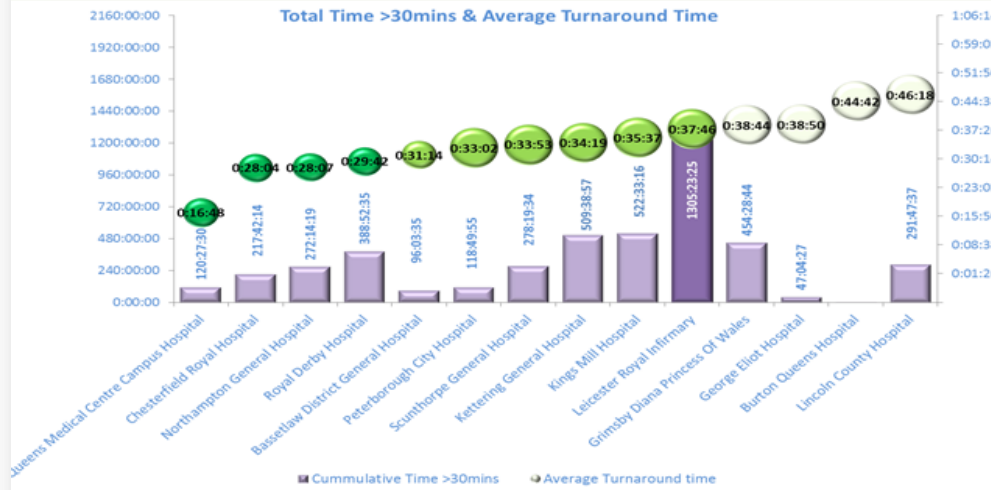
Rank	Hospital	Total	30 - 59 Minutes	1 - 2 Hours	2 Hours Plus	%30-59 mins	%60+ mins	%30+ mins	Average Turnaround time	Cumulative time 30+ mins Handover
1	Queens Medical Centre Campus Hospital	46131	796	20	0	2%	0%	2%	0:25:37	3607:10:11
2	Royal Derby Hospital	36951	1621	27	0	4%	0%	4%	0:29:22	4314:27:46
3	Northampton General Hospital	26146	1733	318	24	7%	1%	8%	0:27:07	3054:36:44
4	George Eliot Hospital	1760	131	23	2	7%	1%	9%	0:26:48	215:30:59
5	Chesterfield Royal Hospital	14381	1488	79	0	10%	1%	11%	0:28:53	1991:37:07
6	Kings Mill Hospital	26102	2612	270	2	10%	1%	11%	0:30:45	3806:14:12
7	Leicester Royal Infirmary	52,202	4,909	1,814	382	9%	4%	14%	0:30:06	8705:57:37
8	Kettering General Hospital	24092	2688	617	139	11%	3%	14%	0:28:18	3748:27:14
9	Bassetlaw District General Hospital	7242	913	125	4	13%	2%	14%	0:29:10	1147:43:07
10	Peterborough City Hospital	6290	606	311	70	10%	6%	16%	0:33:16	1501:55:05
11	Scunthorpe General Hospital	11774	1552	421	40	13%	4%	17%	0:32:06	2585:10:30
12	Boston Pilgrim Hospital	3697	330	215	94	9%	8%	17%	0:27:00	1050:51:17
13	Grimsby Diana Princess Of Wales	17044	2735	591	27	16%	4%	20%	0:32:53	3533:42:50
14	Lincoln County Hospital	6415	1124	542	151	18%	11%	28%	0:32:18	1986:55:27
	EMAS	280,538	23,327	5,409	943	8%	2%	11%	0:29:29	41383:31:40

Highlights

- CAD+ data used in performance analysis (80% coverage of all arrivals at LRI).
- LRI has the highest number of arrivals for 2017/18 followed by QMC with **12%** less arrivals YTD.
- LRI average handover time is within the **Inter Quartile** range whilst QMC is within the lower quartile.
- **8700** hours lost YTD due to handover delays longer than 30 mins. The equivalent of **725** ambulance shifts (12 hours) lost for 2017/18.

Lowest Turnaround Time (Avg.) 25 Mins	Median Turnaround Time (Avg.) 29 Mins	LRI Turnaround Time (Avg.) 30 Mins	LRI Cumulative Time over 30mins (YTD) 8705 Hours	LRI Cumulative Time - Number Ambulance Shifts (YTD) 725 Shifts	Ambulance Handover >30Mins and <60mins (YTD) 9% YTD ↓	Ambulance Handover >60Mins 4% YTD ↑
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Ambulance Handover – March 2018



EMAS Ambulance Handover - LRI vs other hospitals (March 2018)

Rank	Hospital	Total	30 -59 Minutes	1 - 2 Hours	2 Hours Plus	% 30-59 mins	%60+ mins	%30+ mins	Average Turnaround time	Total time 30+ mins Handover
1	Queens Medical Centre Campus Hospital	1851	3	2	0	0%	0%	0%	0:16:48	120:27:30
2	Chesterfield Royal Hospital	1679	51	4	0	3%	0%	3%	0:28:04	217:42:14
3	Royal Derby Hospital	3018	126	4	0	4%	0%	4%	0:29:42	388:52:35
4	Northampton General Hospital	2134	179	23	0	8%	1%	9%	0:28:07	272:14:19
5	Peterborough City Hospital	475	23	15	7	5%	5%	9%	0:33:02	118:49:55
6	Scunthorpe General Hospital	1089	117	42	4	11%	4%	15%	0:33:53	278:19:34
7	Bassetlaw District General Hospital	516	78	3	0	15%	1%	16%	0:31:14	96:03:35
8	Kings Mill Hospital	2452	370	83	0	15%	3%	18%	0:35:37	522:33:16
9	Kettering General Hospital	2011	339	110	30	17%	7%	24%	0:34:19	509:38:57
10	Leicester Royal Infirmary	4,698	721	357	87	15%	9%	25%	0:37:46	1305:23:25
11	Burton Queens Hospital	4	0	1	0	0%	25%	25%	0:44:42	1:29:10
12	Grimby Diana Princess Of Wales	1563	343	85	9	22%	6%	28%	0:38:44	454:28:44
13	George Eliot Hospital	166	32	14	1	19%	9%	28%	0:38:50	47:04:27
14	Lincoln County Hospital	623	111	82	35	18%	19%	37%	0:46:18	291:47:37
	EMAS	23,437	2,737	993	235	12%	5%	17%	0:33:38	5238:56:26

Highlights

- CAD+ data used in performance analysis (80% coverage of all arrivals at LRI).
- LRI has the highest number of arrivals in March followed by RDH with **36%** less arrivals.
- LRI average handover time was within the **Inter Quartile** range.
- RDH was within the lower quartile and the fourth lowest in the group.
- **1305** hours lost in March due to handover delays longer than 30 mins. The equivalent of **109** ambulance shifts (12 hours) lost and **15%** of the total hours lost YTD.

Lowest Turnaround Time (Avg.) 16 Mins	Median Turnaround Time (Avg.) 33 Mins	LRI Turnaround Time (Avg.) 37 Mins	LRI Total Time over 30mins 1305 Hours	LRI Total Time – Number Ambulance Shifts 109 Shifts	Ambulance Handover >30Mins and <60mins 15% YTD ↓	Ambulance Handover >60Mins 9% YTD ↑
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Out Patient Transformation Programme

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

Reductions in number of FU attendances

2.8%
YTD ↑



Reduction in hospital cancellations (ENT)

23%
YTD ↓

GP Referrals via ERS



66.5%
YTD ↑

88.8%

Advice & Guidance
YTD ↑



Reduction of long term FU

1467
YTD ↓

Patients seen within 30 mins

74%
YTD ↑

% appointment letters printed via outsourced provider

84%
YTD ↑

14.5%
ASI Rate
YTD ↑

% Hardware replacement achieved against priority list



79.5%
(97 of 122 Replaced)
YTD ↑

SUCCESSES

- 2WW appointment letters now sent via outsourced provider
- Bespoke customer care training package developed through application of apprenticeship levy
- Pathway review to reduce follow up attendances in Cardiology commenced
- Agreement to incrementally move towards a centralised model for out patients
- Soft PSO achieved on time

ISSUES

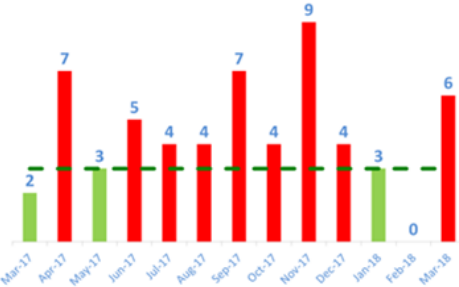
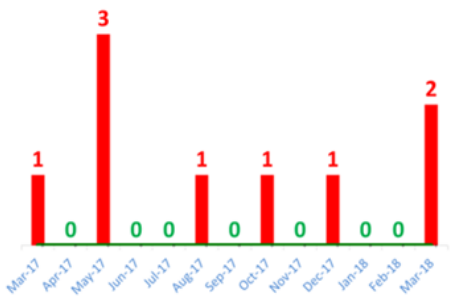
- OP Clinic Room utilisation (CSI managed services) remains variable. Business case to increase monitoring and managing utilisation of circa 250 other clinic rooms not approved.
- Waiting times in OP clinics only captured for 17% clinics
- Clinic cancellations remain high in ENT
- No progress made in number of specialties using the Booking Centre
- Performance, consistency and culture due to management via multiple CMGs

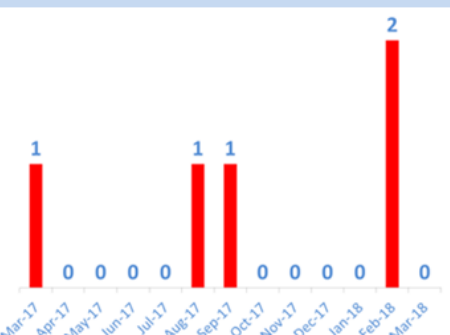
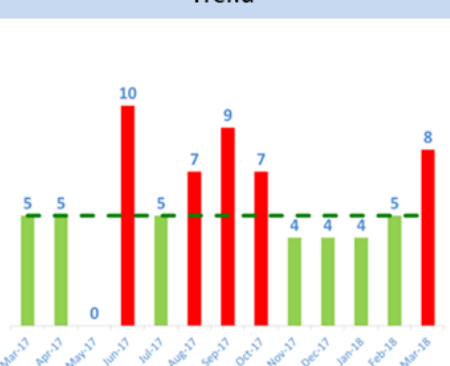
ACTIONS

- Finalise outstanding KPI trajectories for 2018/19
- Increase coverage of recording waiting times in OP clinics
- Undertake targeted work in ENT to reduce hospital cancellations
- Increase patient cancellation and re-bookings made via the Booking Centre
- Implement monthly reporting at CMG level of F&F Test scores
- Develop plans to incrementally move to a centralised model for OP

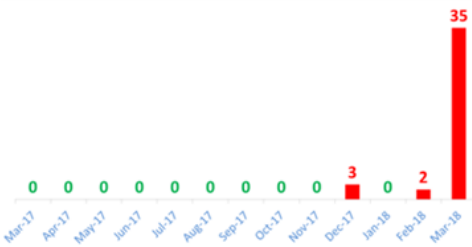
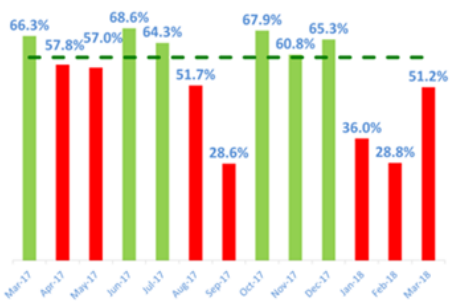
Room Utilisation

70%
YTD ↑

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions																												
<p>RIDDOR – Number of Serious Staff Injuries</p>	<p>17/18 Target – <=40</p> <p>6 reported in March, 2 reported for the same period last year.</p> <p>Total for 2017/18 is 56. Total reported for 2016/17 was 28.</p>	<p>Trend</p>  <table border="1"> <caption>RIDDOR Incidents by Month</caption> <thead> <tr> <th>Month</th> <th>Incidents</th> </tr> </thead> <tbody> <tr><td>Mar-17</td><td>2</td></tr> <tr><td>Apr-17</td><td>7</td></tr> <tr><td>May-17</td><td>3</td></tr> <tr><td>Jun-17</td><td>5</td></tr> <tr><td>Jul-17</td><td>4</td></tr> <tr><td>Aug-17</td><td>4</td></tr> <tr><td>Sep-17</td><td>7</td></tr> <tr><td>Oct-17</td><td>4</td></tr> <tr><td>Nov-17</td><td>9</td></tr> <tr><td>Dec-17</td><td>4</td></tr> <tr><td>Jan-18</td><td>3</td></tr> <tr><td>Feb-18</td><td>0</td></tr> <tr><td>Mar-18</td><td>6</td></tr> </tbody> </table>	Month	Incidents	Mar-17	2	Apr-17	7	May-17	3	Jun-17	5	Jul-17	4	Aug-17	4	Sep-17	7	Oct-17	4	Nov-17	9	Dec-17	4	Jan-18	3	Feb-18	0	Mar-18	6	<p>UHL is reporting double the amount of HSE reportable incidents compared to this time last year. They are all investigated by a member of the HSS or QSHE team and there are no obvious trends or themes amongst these incidents.</p>	<p>Continue to monitor and report.</p> <p>Explore whether there is a correlation between self-reported stress levels and RIDDOR reported incidents by location.</p>
Month	Incidents																															
Mar-17	2																															
Apr-17	7																															
May-17	3																															
Jun-17	5																															
Jul-17	4																															
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Dec-17	4																															
Jan-18	3																															
Feb-18	0																															
Mar-18	6																															
<p>Never Events – is a measure of the number of UHL never events at month end.</p>	<p>17/18 Target – 0</p> <p>2 never events reported in March and 8 reported for 2017/18 compared to 4 for 2016/17.</p>	<p>Trend</p>  <table border="1"> <caption>Never Events by Month</caption> <thead> <tr> <th>Month</th> <th>Incidents</th> </tr> </thead> <tbody> <tr><td>Mar-17</td><td>1</td></tr> <tr><td>Apr-17</td><td>0</td></tr> <tr><td>May-17</td><td>3</td></tr> <tr><td>Jun-17</td><td>0</td></tr> <tr><td>Jul-17</td><td>0</td></tr> <tr><td>Aug-17</td><td>1</td></tr> <tr><td>Sep-17</td><td>0</td></tr> <tr><td>Oct-17</td><td>1</td></tr> <tr><td>Nov-17</td><td>0</td></tr> <tr><td>Dec-17</td><td>1</td></tr> <tr><td>Jan-18</td><td>0</td></tr> <tr><td>Feb-18</td><td>0</td></tr> <tr><td>Mar-18</td><td>2</td></tr> </tbody> </table>	Month	Incidents	Mar-17	1	Apr-17	0	May-17	3	Jun-17	0	Jul-17	0	Aug-17	1	Sep-17	0	Oct-17	1	Nov-17	0	Dec-17	1	Jan-18	0	Feb-18	0	Mar-18	2	<p>Never Event 1 – Unintentional connection of a patient requiring oxygen to an air flow meter</p> <p>A child was in paediatric ED being given oxygen as part of their treatment. When the child was moved for an x-ray it was noticed that the child was connected to air rather than oxygen as required. The air was immediately changed from air to oxygen.</p>	<p>Immediate Actions</p> <ul style="list-style-type: none"> •Medical air flow meters have been removed from terminal units (wall outlets) and will be stored in an allocated place when not in active use from air ports in cubicle 13-15 (Paediatric HDU in ED) •Communication to wider ED team regarding change in process regarding air flow meters in Paediatric HDU •Team read issued to ED team to remind them of the risk of mixing up air and oxygen and barrier in place to reduce this risk (IE labelled, movable flap over air) •Agreement to re-issue the Patient Safety Alert (NHS/PSA/D/2016/009) and plan to undertake an urgent review of air flow meters in all areas.
Month	Incidents																															
Mar-17	1																															
Apr-17	0																															
May-17	3																															
Jun-17	0																															
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Oct-17	1																															
Nov-17	0																															
Dec-17	1																															
Jan-18	0																															
Feb-18	0																															
Mar-18	2																															

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions																												
			<p>Never Event 2 - Retention of a Foreign Object Post-Procedure Retained throat swab</p> <p>Patient underwent adenoidectomy procedure. Following discharge from the theatre department it was discovered on the ward the following day that a tonsil swab had been retained.</p>	<p>Immediate Actions</p> <ul style="list-style-type: none"> •Urgent review undertaken by Head of Nursing for ITAPS •Head of Nursing for ITAPS circulated a safety notice to remind people about Swab Policy and related counting processes 																												
<p>MRSA Bacteraemias – The number of MRSA (Methicillin Resistant Staphylococcus aureus) bacteraemias.</p>	<p>17/18 Target – 0</p> <p>A total of 4 cases (unavoidable + avoidable) reported for 2017/18 compared to 3 for 2016/17.</p>	<p>Trend</p>  <table border="1"> <caption>MRSA Bacteraemias Trend Data</caption> <thead> <tr> <th>Month</th> <th>Cases</th> </tr> </thead> <tbody> <tr><td>Mar-17</td><td>1</td></tr> <tr><td>Apr-17</td><td>0</td></tr> <tr><td>May-17</td><td>0</td></tr> <tr><td>Jun-17</td><td>0</td></tr> <tr><td>Jul-17</td><td>0</td></tr> <tr><td>Aug-17</td><td>1</td></tr> <tr><td>Sep-17</td><td>1</td></tr> <tr><td>Oct-17</td><td>0</td></tr> <tr><td>Nov-17</td><td>0</td></tr> <tr><td>Dec-17</td><td>0</td></tr> <tr><td>Jan-18</td><td>0</td></tr> <tr><td>Feb-18</td><td>2</td></tr> <tr><td>Mar-18</td><td>0</td></tr> </tbody> </table>	Month	Cases	Mar-17	1	Apr-17	0	May-17	0	Jun-17	0	Jul-17	0	Aug-17	1	Sep-17	1	Oct-17	0	Nov-17	0	Dec-17	0	Jan-18	0	Feb-18	2	Mar-18	0	<p>No links have been identified between the 4 cases of MRSA in 2017/18.</p>	<p>In order to comply with the formal DH investigation process Post Infection Review meetings have been held and the findings of these meetings will be presented to the Trust Infection Prevention Committee and the Clinical Management Group Quality and Safety Boards.</p>
Month	Cases																															
Mar-17	1																															
Apr-17	0																															
May-17	0																															
Jun-17	0																															
Jul-17	0																															
Aug-17	1																															
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Nov-17	0																															
Dec-17	0																															
Jan-18	0																															
Feb-18	2																															
Mar-18	0																															
<p>Clostridium Difficile – The number of C. diff infections</p>	<p>17/18 Target – 0</p> <p>8 cases of C. diff reported in March compared to 5 the same period last year.</p> <p>A total of 68 cases reported for 2017/18 compared to 60 for 2016/17.</p>	<p>Trend</p>  <table border="1"> <caption>Clostridium Difficile Trend Data</caption> <thead> <tr> <th>Month</th> <th>Cases</th> </tr> </thead> <tbody> <tr><td>Mar-17</td><td>5</td></tr> <tr><td>Apr-17</td><td>5</td></tr> <tr><td>May-17</td><td>0</td></tr> <tr><td>Jun-17</td><td>10</td></tr> <tr><td>Jul-17</td><td>5</td></tr> <tr><td>Aug-17</td><td>7</td></tr> <tr><td>Sep-17</td><td>9</td></tr> <tr><td>Oct-17</td><td>7</td></tr> <tr><td>Nov-17</td><td>4</td></tr> <tr><td>Dec-17</td><td>4</td></tr> <tr><td>Jan-18</td><td>4</td></tr> <tr><td>Feb-18</td><td>5</td></tr> <tr><td>Mar-18</td><td>8</td></tr> </tbody> </table>	Month	Cases	Mar-17	5	Apr-17	5	May-17	0	Jun-17	10	Jul-17	5	Aug-17	7	Sep-17	9	Oct-17	7	Nov-17	4	Dec-17	4	Jan-18	4	Feb-18	5	Mar-18	8	<p>Of the 8 cases reviewed by the CDI Multi-Disciplinary Team, no links have been identified between these patients.</p>	<p>Individual cases continue to be seen and monitored by the CDI Liaison Nurse.</p>
Month	Cases																															
Mar-17	5																															
Apr-17	5																															
May-17	0																															
Jun-17	10																															
Jul-17	5																															
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Nov-17	4																															
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Jan-18	4																															
Feb-18	5																															
Mar-18	8																															

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
<p>Emergency Readmissions – emergency readmissions within 30 days following an elective or emergency spell</p>	<p>17/18 Target – <8.5%</p> <p>Performance in February was 9.3% compared to 8.4% same period last year.</p> <p>2017/18 performance is 9.1%. Performance for FYE 2016/17 was 8.5%.</p>	<p>Trend</p>	<p>There has been a rise in the readmission rate since November 2017.</p>	<p>Pilot in CDU of Integrated Clinical Response Team following up all discharged patients by telephone.</p> <p>Integrated Discharge Team (IDT-commencing July 2017) to build into their Standard Operating Procedures how to deal with patients at high risk of readmission using the PARR30 score. Members of this team attend all board rounds so have a unique opportunity to interact with clinical teams to remind them of the actions that need to be undertaken according to the UHL guideline.</p>
<p>Maternal Deaths (Direct within 42 days) - death of a woman in or within 42 days of pregnancy due to a pregnancy-related cause.</p>	<p>17/18 Target – 0</p> <p>1 maternal death reported in March. The last incident of maternal death reported was in November 2017.</p> <p>2017/18 total for this measure is 2, same as the total reported for 2016/17.</p>	<p>Trend</p>	<p>Maternal death of 33 yr old patient, BMI 26 with a history of Ulcerative colitis, expecting her second baby.</p> <p>The patient who was admitted on the 2nd March died of flu on the 7th March after collapsing out of hospital.</p>	<p>Totally unexpected collapse which would not have been prevented through any different antenatal care or referral.</p> <p>This very sad case will be shared within the service</p>
<p>Single Sex Accommodation Breaches (patients affected) – The number of occurrences of unjustified mixing in relation to sleeping accommodation.</p>	<p>17/18 Target – 0</p> <p>19 breaches reported in March compared to 1 breach same period last year.</p> <p>2017/18 total for this measure is 30 compared to 60 breaches reported for 2016/17.</p>	<p>Trend</p>	<p>Clinical Staff have a strong commitment to maintaining same sex compliance for patients.</p> <p>In Quarter 4 the Trust made the difficult decision to mix patients on specific occasions in the difficult balance of operational pressures and reducing risk for patients overall.</p>	<p>Following NHS England’s decision to lift same sex compliance sanctions for January 2018 – re-educating staff and Senior Operational Team.</p>

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions																												
<p>12 hour trolley waits in A&E – Number of patients waiting on trolleys in A&E for more than 12 hours</p>	<p>17/18 Target – 0</p> <p>35 patients waited on trolleys over 12 hours to be admitted this month compared to 0 same period last year.</p> <p>A total of 40 patients have waited on trolleys for over 12 hours this year.</p>	<p>Trend</p>  <table border="1"> <caption>12-hour trolley waits (Mar-17 to Mar-18)</caption> <thead> <tr> <th>Month</th> <th>Number of Patients</th> </tr> </thead> <tbody> <tr><td>Mar-17</td><td>0</td></tr> <tr><td>Apr-17</td><td>0</td></tr> <tr><td>May-17</td><td>0</td></tr> <tr><td>Jun-17</td><td>0</td></tr> <tr><td>Jul-17</td><td>0</td></tr> <tr><td>Aug-17</td><td>0</td></tr> <tr><td>Sep-17</td><td>0</td></tr> <tr><td>Oct-17</td><td>0</td></tr> <tr><td>Nov-17</td><td>0</td></tr> <tr><td>Dec-17</td><td>3</td></tr> <tr><td>Jan-18</td><td>0</td></tr> <tr><td>Feb-18</td><td>2</td></tr> <tr><td>Mar-18</td><td>35</td></tr> </tbody> </table>	Month	Number of Patients	Mar-17	0	Apr-17	0	May-17	0	Jun-17	0	Jul-17	0	Aug-17	0	Sep-17	0	Oct-17	0	Nov-17	0	Dec-17	3	Jan-18	0	Feb-18	2	Mar-18	35	<p>The occurrence of 35 trolley waits demonstrates the extreme capacity pressures along the emergency care pathway</p>	<p>Daily Red 2 Green and escalation of delayed patients to community partners taking place across all CMGs</p> <p>Weekly Stranded patient reviews commenced with the CMGs. Continued focus on decreasing medical outliers.</p> <p>Increase medical inreach to ED where possible to ensure patients are only admitted where clinically necessary. Daily 8am meeting between ED and Medicine Senior Managers to identify plans for long waits. ED Flow Manager in Department to ensure patients move rapidly following allocation of beds.</p>
Month	Number of Patients																															
Mar-17	0																															
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Feb-18	2																															
Mar-18	35																															
<p>Stroke – TIA Clinic within 24 Hours (Suspected High Risk TIA)</p>	<p>17/18 Target – 60%</p> <p>Performance in March was 51.2%. There were 228 patients seen of which 127 were suspected TIA who are at high risk of stroke. 65 of these patients were assessed within 24 hours.</p> <p>2017/18 performance for this measure is 52.6% compared with 66.9% the previous year.</p>	<p>Trend</p>  <table border="1"> <caption>TIA Clinic Performance (Mar-17 to Mar-18)</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>Mar-17</td><td>66.3%</td></tr> <tr><td>Apr-17</td><td>57.8%</td></tr> <tr><td>May-17</td><td>57.0%</td></tr> <tr><td>Jun-17</td><td>68.6%</td></tr> <tr><td>Jul-17</td><td>64.3%</td></tr> <tr><td>Aug-17</td><td>51.7%</td></tr> <tr><td>Sep-17</td><td>28.6%</td></tr> <tr><td>Oct-17</td><td>67.9%</td></tr> <tr><td>Nov-17</td><td>60.8%</td></tr> <tr><td>Dec-17</td><td>65.3%</td></tr> <tr><td>Jan-18</td><td>36.0%</td></tr> <tr><td>Feb-18</td><td>28.8%</td></tr> <tr><td>Mar-18</td><td>51.2%</td></tr> </tbody> </table>	Month	Performance (%)	Mar-17	66.3%	Apr-17	57.8%	May-17	57.0%	Jun-17	68.6%	Jul-17	64.3%	Aug-17	51.7%	Sep-17	28.6%	Oct-17	67.9%	Nov-17	60.8%	Dec-17	65.3%	Jan-18	36.0%	Feb-18	28.8%	Mar-18	51.2%	<p>The main issue is there is surfeit of referrals cf. previous years and the TIA clinic is being requested to review patients with presentations outside its remit, e.g. primary headache disorders and syncope.</p>	<p>The first action is to deploy a review template for GP referrals using set criteria for rejection: i.e. Where the referral is clearly for the assessment of syncope and primary headache disorder.</p> <p>Dr Musarrat as clinical lead for the TIA clinic is working on implementation. Even if this reduces the clinic burden by a small amount that may be sufficient to return high risk performance to >=60%. If not further mechanisms will be explored including instituting the same review mechanism for in-UHL referrals.</p>
Month	Performance (%)																															
Mar-17	66.3%																															
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Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions																												
<p>No. of # Neck of femurs operated on 0-35hrs - Based on Admissions</p>	<p>17/18 Target – 72% or above</p> <p>Performance in March was 66.7%.</p> <p>The year to date performance for this measure is 69.9% compared with 71.2% by the same period last year.</p>	<p>Trend</p> <table border="1"> <caption>Monthly Performance Data</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>Mar-17</td><td>71.2%</td></tr> <tr><td>Apr-17</td><td>47.1%</td></tr> <tr><td>May-17</td><td>76.5%</td></tr> <tr><td>Jun-17</td><td>76.8%</td></tr> <tr><td>Jul-17</td><td>76.1%</td></tr> <tr><td>Aug-17</td><td>80.6%</td></tr> <tr><td>Sep-17</td><td>69.6%</td></tr> <tr><td>Oct-17</td><td>61.1%</td></tr> <tr><td>Nov-17</td><td>75.4%</td></tr> <tr><td>Dec-17</td><td>67.9%</td></tr> <tr><td>Jan-18</td><td>72.6%</td></tr> <tr><td>Feb-18</td><td>66.1%</td></tr> <tr><td>Mar-18</td><td>66.7%</td></tr> </tbody> </table>	Month	Performance (%)	Mar-17	71.2%	Apr-17	47.1%	May-17	76.5%	Jun-17	76.8%	Jul-17	76.1%	Aug-17	80.6%	Sep-17	69.6%	Oct-17	61.1%	Nov-17	75.4%	Dec-17	67.9%	Jan-18	72.6%	Feb-18	66.1%	Mar-18	66.7%	<p>There were 75 NOF admissions in march 2018, 23 patients breached the 36 hour target to theatre.</p> <p>A surge of NoF admissions between the 8th and 10th of March with over 5 patients waiting for surgery, which resulted in lack of theatre equipment on the 11th march causing the list to increase to over 9 patients waiting for surgery.</p> <p>Extra theatres list were generated over the bank holiday to help to alleviate the pressure of reduce theatres capacity.</p> <p>Trauma/NoF experienced complex cases which resulted on the lengthy theatres overruns.</p> <p>There were 8 patients out of our service control</p> <ul style="list-style-type: none"> • 7 patients clinically unfit • 1 no post op bed due to ward closure 	<p>Theatres currently have no team leader so linking closely with the matron until team leader in post to coordinate and manage changing priorities.</p> <p>Meeting with REDs team to ensure turnaround of theatre equipment in a timely manner. Additional sessions sourced when able.</p> <p>Hip surgeon availability is an issue when on-call surgeon is not of that sub speciality expertise this delayed 2 patients. Re-allocation of hip surgeons to the appropriate list is being monitored.</p> <p>The consistent application of the DOAC reversal still remains an issue. Plus anaesthetic thresholds of acceptability regarding anticoagulation. ITAPS lead for trauma is continuing to look for a solution.</p> <p>Operational meetings continue.</p>
Month	Performance (%)																															
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Description

ED 4 Hour Waits - is a measure of the percentage of patients that are discharged, admitted or transferred within four hours of arrival at the Emergency Department (ED).

Current Performance

17/18 Target – 95% or above

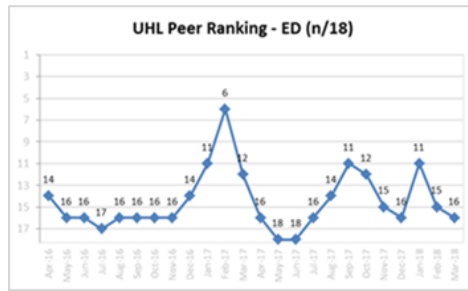
The 95% national standard was not achieved in March. 69.7% of patients were treated within 4 hour compared to 83.9% in the same period last year.

Our lowest performance for any month since records began in 2010.

YTD performance for the Trust as a whole reported at 77.6%.

Trend/Benchmark

Benchmark



Trend



Total A&E Attendances & 4 Hour Performance – 2017/18

(Inclusion of LLR UCC from 12/11/2017)



Key Messages

The performance against the 4-hour emergency care target remains lower than trajectory.

Flow into beds continues to be the main issue with regard to performance. This varies across the hospitals but is having most impact within medicine with reductions in the percentage of patients having beds allocated within 60 minutes of a decision to admit.

Key Actions

There is a robust action plan, monitored weekly, to work towards the target.

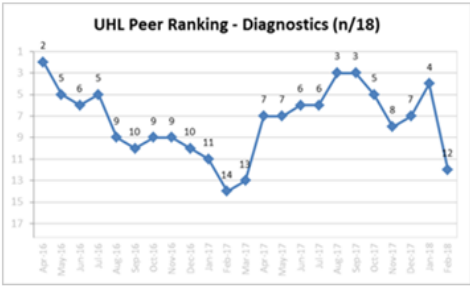
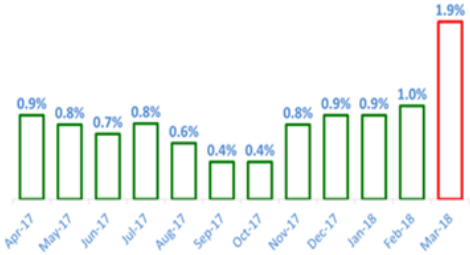

In particular, the team have devised a non-admitted breach action plan which specifically focuses on patients in 'Blue Zone'.

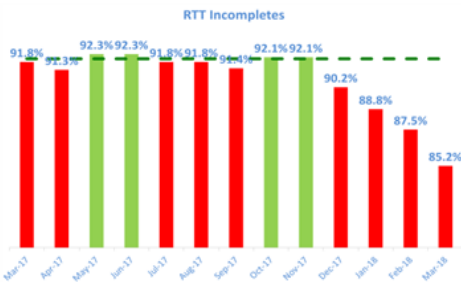
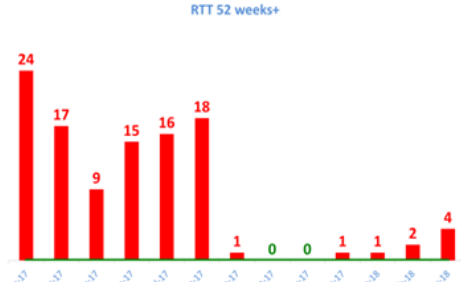

A review of the medical workforce, in particular in the evening period has been undertaken, with a series of trials taking place during March and April looking at the impact of increasing different grades of doctor.

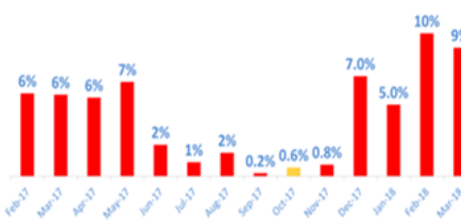

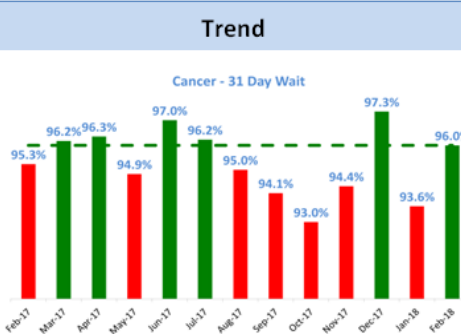
The ED Flow Manager trial has been extended to the end of April, a role which provides support to clinical staff from 8.30am – 3am, with a view to minimising avoidable breaches.

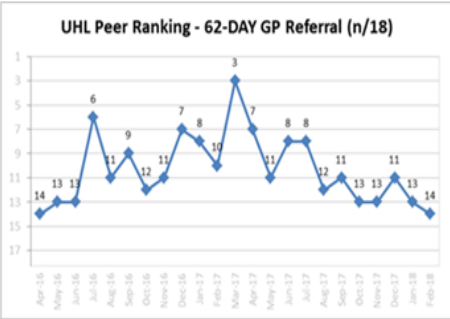
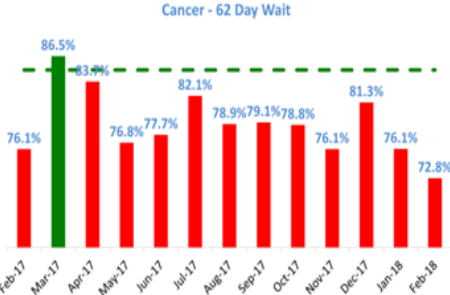
Increased the number of GPs overnight to 3 where possible to provide resilience in the Primary Care Stream.

Reviewing the model of care for GPAU to look at increasing the numbers of ambulatory patients seen in this setting.

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
<p>6 Weeks - Diagnostic Test Waiting Times (UHL+ALLIANCE) – is a measure of the percentage of patients with a diagnostic waiting time within 6 weeks.</p>	<p>17/18 Target - <1%</p> <p>Standard not achieved for the first time after 17 consecutive months below the 1% national target.</p>	<p>Benchmark</p>  <p>Trend</p> 	<p>March diagnostic performance for UHL and the Alliance combined is 1.9% failing to achieve the standard by performing above the 1% threshold. Performance was 154 breaches above the threshold.</p> <p>UHL alone achieved 2.13% for the month and the Alliance 0.53%. At UHL, 310 patients out of 14537 did not receive their diagnostic within 6 weeks.</p>	<p>Additional clinics have been arranged for April and May to reduce risk.</p> <p>Colonoscopy capacity in the Alliance has reduced since January, resulting in a build-up of longer waits. Additional clinics in April onwards are being set up.</p>
<p>RTT Incomplete 92% in 18 Weeks UHL+ALLIANCE – is a measure of patients treated within 18 weeks of referral.</p>	<p>17/18 Target – 92%</p> <p>The 92% national standard was not achieved at the end of March, with the combined (UHL and the Alliance) performance of 85.2% reported at month end.</p>	<p>Benchmark</p> 	<p>Overall combined performance saw 9,598 patients in the backlog, an increase of 1,673 since the last reporting period (UHL increase of 1,541 Alliance increase of 132).</p> <p>The number of patients waiting over 18 weeks for treatment was 4,803 greater than the amount required to achieve the National Standard.</p> <p>Elective activity remained reduced throughout March due to the continuing high emergency demand on available bed capacity. Throughout March only</p>	<p>Right sizing bed capacity to increase the number of admitted patients able to received treatment.</p> <p>Improving ACPL through reduction in cancellations and increased theatre throughput.</p> <p>Demand reduction with primary care as a key priority to achieving on-going performance for our patients to receive treatment in a timely manner.</p> <p>Utilising available external capacity in the Independent Sector.</p>

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions																												
		<p style="text-align: center;">Trend</p> <p style="text-align: center;">RTT Incompletes</p>  <table border="1"> <caption>RTT Incompletes Data</caption> <thead> <tr><th>Month</th><th>Percentage</th></tr> </thead> <tbody> <tr><td>Mar-17</td><td>91.8%</td></tr> <tr><td>Apr-17</td><td>92.3%</td></tr> <tr><td>May-17</td><td>92.3%</td></tr> <tr><td>Jun-17</td><td>92.3%</td></tr> <tr><td>Jul-17</td><td>91.8%</td></tr> <tr><td>Aug-17</td><td>91.8%</td></tr> <tr><td>Sep-17</td><td>92.1%</td></tr> <tr><td>Oct-17</td><td>92.1%</td></tr> <tr><td>Nov-17</td><td>92.1%</td></tr> <tr><td>Dec-17</td><td>90.2%</td></tr> <tr><td>Jan-18</td><td>88.8%</td></tr> <tr><td>Feb-18</td><td>87.5%</td></tr> <tr><td>Mar-18</td><td>85.2%</td></tr> </tbody> </table>	Month	Percentage	Mar-17	91.8%	Apr-17	92.3%	May-17	92.3%	Jun-17	92.3%	Jul-17	91.8%	Aug-17	91.8%	Sep-17	92.1%	Oct-17	92.1%	Nov-17	92.1%	Dec-17	90.2%	Jan-18	88.8%	Feb-18	87.5%	Mar-18	85.2%	<p>cancer, clinically urgent and 52 week breach patients are being listed for surgery as routine elective operations remain on hold. This has continued as of mid April and is has caused a significant increase in the UHL backlog. The Easter holidays also reduced clinical sessions available with increased annual leave and reduced discretionary effort in WLI's.</p>	
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<p>RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE – number of patients waiting over 52 weeks from referral date.</p>	<p>17/18 Target – 0</p> <p>At the end of March there were 4 patients with an incomplete pathway at more than 52 weeks, 2 from UHL and 2 from the Alliance. The 2 UHL patients were from the ENT and Alliance from Urology and Plastic Surgery.</p> <p>24 patients were waiting over 52+ weeks same period last year.</p>	<p style="text-align: center;">Trend</p> <p style="text-align: center;">RTT 52 weeks+</p>  <table border="1"> <caption>RTT 52 weeks+ Data</caption> <thead> <tr><th>Month</th><th>Count</th></tr> </thead> <tbody> <tr><td>Mar-17</td><td>24</td></tr> <tr><td>Apr-17</td><td>17</td></tr> <tr><td>May-17</td><td>9</td></tr> <tr><td>Jun-17</td><td>15</td></tr> <tr><td>Jul-17</td><td>16</td></tr> <tr><td>Aug-17</td><td>18</td></tr> <tr><td>Sep-17</td><td>1</td></tr> <tr><td>Oct-17</td><td>0</td></tr> <tr><td>Nov-17</td><td>0</td></tr> <tr><td>Dec-17</td><td>1</td></tr> <tr><td>Jan-18</td><td>1</td></tr> <tr><td>Feb-18</td><td>2</td></tr> <tr><td>Mar-18</td><td>4</td></tr> </tbody> </table>	Month	Count	Mar-17	24	Apr-17	17	May-17	9	Jun-17	15	Jul-17	16	Aug-17	18	Sep-17	1	Oct-17	0	Nov-17	0	Dec-17	1	Jan-18	1	Feb-18	2	Mar-18	4	<p>The on-going capacity pressures have resulted in a continuing rise in the number of patients waiting over 40 weeks for treatment shown in the graph opposite.</p> <p>There are 494 patients waiting over 40 weeks for treatment. This is an increase of 289 compared to the same week in 2017 and an increase of 405 since the start of the elective pause in December.</p>	<p>Due to the risk of 52 week breaches daily checks by the performance team to track patients and support in booking are occurring.</p>
Month	Count																															
Mar-17	24																															
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Jan-18	1																															
Feb-18	2																															
Mar-18	4																															
<p>% Operations cancelled - for non-clinical reasons on or after the day of admission UHL + ALLIANCE</p>	<p>17/18 Target – 0.8% or below</p> <p>In March the Trust cancelled 1.3% of operations for non-clinical reasons.</p> <p>The year to date performance for this measure is 1.2% compared with 1.2% same period last year.</p>	<p style="text-align: center;">Trend</p>  <table border="1"> <caption>% Operations cancelled Data</caption> <thead> <tr><th>Month</th><th>Percentage</th></tr> </thead> <tbody> <tr><td>Apr-17</td><td>1.0%</td></tr> <tr><td>May-17</td><td>1.1%</td></tr> <tr><td>Jun-17</td><td>1.0%</td></tr> <tr><td>Jul-17</td><td>1.0%</td></tr> <tr><td>Aug-17</td><td>1.1%</td></tr> <tr><td>Sep-17</td><td>1.3%</td></tr> <tr><td>Oct-17</td><td>1.3%</td></tr> <tr><td>Nov-17</td><td>1.4%</td></tr> <tr><td>Dec-17</td><td>1.3%</td></tr> <tr><td>Jan-18</td><td>1.4%</td></tr> <tr><td>Feb-18</td><td>1.3%</td></tr> <tr><td>Mar-18</td><td>1.3%</td></tr> </tbody> </table>	Month	Percentage	Apr-17	1.0%	May-17	1.1%	Jun-17	1.0%	Jul-17	1.0%	Aug-17	1.1%	Sep-17	1.3%	Oct-17	1.3%	Nov-17	1.4%	Dec-17	1.3%	Jan-18	1.4%	Feb-18	1.3%	Mar-18	1.3%	<p>For March there were 144 non-clinical hospital cancellations for UHL and Alliance combined.</p> <p>This resulted in a failure of the 0.8% standard as 1.3% of elective FCE's were cancelled on the day for non-clinical reasons (144 UHL 1.5% and 0 Alliance 0.0%).</p>	<p>An elective pause to support with Emergency demands within UHL commenced during December running to the end of January 2018.</p> <p>This has limited cancellations on the day with the decision to cancel earlier before the day, giving patients as much notice as possible.</p>		
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Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions																														
<p>Ambulance Handover >60 Mins (CAD+ from June 15) – is a measure of the percentage of handover delays over 60 minutes</p>	<p>17/18 Target – 0%</p> <p>Performance for March was 9%.</p>	<p>Trend</p>  <table border="1"> <caption>Ambulance Handover Delays (%)</caption> <thead> <tr><th>Month</th><th>Percentage</th></tr> </thead> <tbody> <tr><td>Feb-17</td><td>6%</td></tr> <tr><td>Mar-17</td><td>6%</td></tr> <tr><td>Apr-17</td><td>6%</td></tr> <tr><td>May-17</td><td>7%</td></tr> <tr><td>Jun-17</td><td>2%</td></tr> <tr><td>Jul-17</td><td>1%</td></tr> <tr><td>Aug-17</td><td>2%</td></tr> <tr><td>Sep-17</td><td>0.2%</td></tr> <tr><td>Oct-17</td><td>0.6%</td></tr> <tr><td>Nov-17</td><td>0.8%</td></tr> <tr><td>Dec-17</td><td>7.0%</td></tr> <tr><td>Jan-18</td><td>5.0%</td></tr> <tr><td>Feb-18</td><td>10%</td></tr> <tr><td>Mar-18</td><td>9%</td></tr> </tbody> </table>	Month	Percentage	Feb-17	6%	Mar-17	6%	Apr-17	6%	May-17	7%	Jun-17	2%	Jul-17	1%	Aug-17	2%	Sep-17	0.2%	Oct-17	0.6%	Nov-17	0.8%	Dec-17	7.0%	Jan-18	5.0%	Feb-18	10%	Mar-18	9%	<p>The increase in ambulance handover delays is reflective of the increased and sustained pressures across the emergency care pathway.</p> <p>These increased delays are replicated across the region.</p>	<p>Escalation protocol agreed with EMAS to utilise the corridor space to cohort patients when necessary</p> <p>Additional clinical staff in ambulance assessment to take handover to release EMAS crews more rapidly</p> <p>Utilising 'fit to sit' to ensure ambulatory patients are moved to ambulatory settings upon arrival where clinically appropriate.</p>
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<p>31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers</p>	<p>17/18 Target – 96% or above</p> <p>February was a successful month for the 31 Day First Treatment standard achieving the 96% target.</p> <p>This is expected to deteriorate in March due to the resulting increase in the 31 Day backlog throughout February and its reduction during March. At the time of reporting there are 16 patients in the backlog, dropping from 35 since the beginning of February.</p>	<p>Benchmark</p>  <p>Trend</p>  <table border="1"> <caption>Cancer - 31 Day Wait (%)</caption> <thead> <tr><th>Month</th><th>Percentage</th></tr> </thead> <tbody> <tr><td>Feb-17</td><td>95.3%</td></tr> <tr><td>Mar-17</td><td>96.2%</td></tr> <tr><td>Apr-17</td><td>96.3%</td></tr> <tr><td>May-17</td><td>94.9%</td></tr> <tr><td>Jun-17</td><td>97.0%</td></tr> <tr><td>Jul-17</td><td>96.2%</td></tr> <tr><td>Aug-17</td><td>95.0%</td></tr> <tr><td>Sep-17</td><td>94.1%</td></tr> <tr><td>Oct-17</td><td>93.0%</td></tr> <tr><td>Nov-17</td><td>94.4%</td></tr> <tr><td>Dec-17</td><td>97.3%</td></tr> <tr><td>Jan-18</td><td>93.6%</td></tr> <tr><td>Feb-18</td><td>96.0%</td></tr> </tbody> </table>	Month	Percentage	Feb-17	95.3%	Mar-17	96.2%	Apr-17	96.3%	May-17	94.9%	Jun-17	97.0%	Jul-17	96.2%	Aug-17	95.0%	Sep-17	94.1%	Oct-17	93.0%	Nov-17	94.4%	Dec-17	97.3%	Jan-18	93.6%	Feb-18	96.0%	<p>A significant reduction in the backlog was seen in early February resulting in the reduction in performance. The backlog at the time of reporting sits at 15, with patient choice and cancellations continuing to impact on the ability to treat patients within target. 10 of the 15 patients are in Urology.</p>	<p>Each tumour site continues to be challenged to ensure the RAP evidences operational control and knowledge over the key issues within the services preventing achievement of the performance standard with new actions added throughout the month.</p> <p>Daily resource has been assigned to the management of the RAP for a 12 week initial period to support the drive towards performance improvement.</p>		
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Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
<p>62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers</p>	<p>17/18 Target – 85% or above</p> <p>62 day performance failed at 72.8% in February, with no adjustment for tertiary activity applicable.</p>	<p>Benchmark</p>  <p>Trend</p> 	<p>At the time of reporting, despite the on-going bed pressures the backlog remains at 55 for the 62 day adjusted position with the main pressure points being Urology.</p> <p>Gynae have successfully managed their backlog position under target throughout March and at the time of reporting this remains under trajectory.</p>	<p>Following recent feedback from NHSI, the RAP is undergoing a further review to ensure it provides clarity on the key interventions to support an improvement in 62 day performance.</p>

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	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	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	18	12	23	24	14	19	22	17	18	17	17	6		189	
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	3	4	5	3	5	3	5	3	0	2	5	0	2	37
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	14.2	16.3	15.8	15.1	15.5	14.0	14.5	14.7	15.0	18.9	15.7	16.8	17.2	15.8	
S4	SEPSIS - Patients with an Early Warning Score 3+ - % appropriate escalation - reported 1 month in arrears	AF	SH	95%	UHL	TBC	Dec-17	New Indicator	88%	90%	91%	91%	92%	94%	94%	95%	95%	95%	95%	96%	98%	97%	98%	95%	
S5	SEPSIS - Patients with EWS 3+ - % who are screened for sepsis - reported 1 month in arrears	AF	SH	95%	UHL	TBC	Dec-17	New Indicator	93%	96%	96%	95%	94%	92%	94%	93%	95%	96%	96%	95%	94%	95%	95%	95%	
S6	SEPSIS - ED - Patients who trigger with red flag sepsis - % that have their IV antibiotics within an hour - reported 1 month in arrears	AF	SH	90%	UHL	TBC	Dec-17	New Indicator	76%	85%	86%	86%	87%	86%	86%	85%	86%	87%	84%	83%	82%			85%	
S7	SEPSIS - Wards (including assessment units) Patients who trigger for Red Flag Sepsis - % that receive their antibiotics within an hour - reported 1 month in arrears	AF	SH	90%	UHL	TBC	Dec-17	New Indicator	55%	85%	81%	75%	82%	80%	75%	80%	84%	79%	76%	82%	77%			79%	
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	0
S9	RIDDOR - Serious Staff Injuries	AF	MD	FYE <=40	UHL	Red / ER if non compliance with cumulative target	Oct-17		24	32	28	2	7	3	5	4	4	7	4	9	4	3	0	6	56
S10	Never Events	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	May-17		3	2	4	1	0	3	0	0	1	0	1	0	1	0	0	2	8
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	5	5	0	10	5	7	9	7	4	4	4	5	8	68
S12	MRSA Bacteraemias - Unavoidable or Assigned to third Party	JS	DJ	0	NHSI	Red if >0 ER Not Required	Nov-17		6	1	3	1	0	0	0	0	0	0	0	0	0	0	0	0	0
S13	MRSA Bacteraemias (Avoidable)	JS	DJ	0	UHL	Red if >0 ER if >0	Nov-17		1	0	0	0	0	0	0	1	1	0	0	0	0	2	0	4	
S14	MRSA Total	JS	DJ	0	UHL	Red if >0 ER if >0	Nov-17		1	0	3	1	0	0	0	1	1	0	0	0	0	2	0	4	
S15	E. Coli Bacteraemias - Community	JS	DJ	TBC	NHSI	TBC	TBC	New Indicator	476	13	37	36	39	45	40	38	42	38	35	43	29	32	454		
S16	E. Coli Bacteraemias - Acute	JS	DJ	TBC	NHSI	TBC	TBC	New Indicator	121	40	10	9	15	7	2	10	3	10	9	7	5	9	96		
S17	E. Coli Bacteraemias - Total	JS	DJ	TBC	NHSI	TBC	TBC	New Indicator	597	53	47	45	54	52	42	48	45	48	44	50	34	41	550		
S18	MSSA - Community	JS	DJ	TBC	NHSI	TBC	TBC	New Indicator	134	13	7	11	10	15	13	12	12	3	17	19	10	10	139		
S19	MSSA - Acute	JS	DJ	TBC	NHSI	TBC	TBC	New Indicator	30	59	2	9	3	6	2	1	1	3	4	4	4	4	43		
S20	MSSA - Total	JS	DJ	TBC	NHSI	TBC	TBC	New Indicator	164	72	9	20	13	21	15	13	13	6	21	23	14	14	182		
S21	% 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%	96.7%	97.2%	97.8%	97.4%	97.4%	98.0%	98.0%	98.1%	97.8%	98.1%	97.8%	97.4%	97.4%	97.7%	
S22	% 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%	95.1%	95.4%	95.8%	96.2%	95.9%	96.1%	95.7%	95.8%	96.1%	95.2%	94.9%	93.6%	94.0%	95.4%
S23	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	TBC		6.9	5.4	5.9	5.7	6.0	5.5	5.8	4.9	6.0	5.8	5.6	5.4	6.2	7.7	6.1	6.0	
S24	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	1	
S25	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	1	0	0	4	0	0	0	0	1	1	2	0	8	
S26	Avoidable Pressure Ulcers - Grade 2	JS	MC	<=7 a month (revised) with FY End <84	QS	Red / ER if Non compliance with monthly target	Aug-17		91	89	89	5	6	5	2	4	1	8	3	1	7	5	7	4	53
S27	Maternal Deaths (Direct within 42 days)	AF	IS	0	UHL	Red or ER if >0	Jan-17		1	0	2	0	0	0	0	0	0	0	1	0	0	0	1	2	
S28	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%	16.7%	18.4%	19.3%	18.0%	16.6%	18.3%	17.7%	19.3%	16.1%	18.0%	19.1%	19.8%	17.4%	18.2%

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	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	17/18 YTD	
C1	>75% of patients in the last days of life have individualised End of Life Care plans	JS	CR	75%	QC	Red if <70% ER if in Qtr <70%	TBC	NEW INDICATOR					100%	100%	100%	100%	100%	100%	88%	88%	88%		81%	81%	93%
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	1.1	1.1	1.1	1.0	1.6	1.5	1.8	1.2	1.2	1.5	1.4	1.6	1.3		
C3	Percentage of upheld PHSO cases	AF	MD	No Target	UHL	Quarterly reporting	TBC	NEW INDICATOR	5%	0% (Zero cases)	0% (0 out of 3 cases)			0% (0 out of 2 cases)		0% (0 out of 3 cases)			0% (0 out of 3 cases)			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%	97%	97%	97%	97%	97%	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%	97%	95%	96%	96%	96%	96%	97%	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%	99%	98%	99%	98%	98%	99%	98%	99%	99%	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%	95%	94%	93%	96%	95%	98%	96%	95%	95%	95%	97%	94%	94%		
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%	92%	92%	93%	95%	94%	95%	95%	94%	95%	96%	96%	95%	95%		
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%	94%	95%	96%	94%	93%	93%	93%	95%	94%	95%	95%	96%		
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%	72.7%	74.3%			70.7%			65.0%				70.0%			
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	1	3	3	1	2	0	0	1	1	0	0	0	19	30	

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	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	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%	30.4%	32.4%	31.9%	27.7%	31.0%	29.3%	29.4%	28.2%	27.7%	24.2%	25.0%	24.4%	23.8%	27.9%	
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%	33.8%	37.1%	37.2%	30.6%	37.7%	35.6%	33.2%	32.4%	31.6%	25.4%	28.3%	28.4%	26.0%	31.9%	
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%	26.4%	27.1%	26.4%	24.7%	23.9%	22.7%	25.3%	23.8%	23.9%	22.8%	21.5%	19.9%	21.3%	23.6%	
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%	12.1%	13.8%	8.3%	9.4%	11.1%	13.5%	12.4%	9.7%	8.8%	8.1%	10.0%	7.5%	7.2%	9.9%	
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%	6.5%	5.4%	5.6%	6.0%	5.7%	6.4%	6.6%	6.1%	6.0%	6.3%	3.9%	4.7%	5.7%	5.7%	
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%	38.0%	41.1%	46.8%	44.1%	42.2%	43.3%	40.9%	38.8%	40.3%	46.0%	33.8%	36.7%	30.1%	38.9%	40.2%
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%		62.5%			57.3%			57.0%					58.9%	
W8	Nursing Vacancies	JS	MM	TBC	UHL	Separate report submitted to QAC	Dec-17	New Indicator	8.4%	9.2%	9.2%	10.9%	9.9%	11.1%	10.8%	10.3%	9.7%	9.4%	11.1%	11.4%	14.4%	11.3%		11.3%	
W9	Nursing Vacancies in ESM CMG	JS	MM	TBC	UHL	Separate report submitted to QAC	Dec-17	New Indicator	17.2%	15.4%	15.4%	19.7%	16.9%	21.3%	23.3%	22.5%	22.4%	22.1%	23.8%	22.7%	29.0%	23.1%		23.1%	
W10	Turnover Rate	LT	LG	TBC	NHSI	Red = 11% or above ER = Red for 3 Consecutive Mths	Nov-17	New Indicator	11.5%	9.9%	9.3%	9.3%	8.7%	8.8%	8.8%	8.7%	8.5%	8.6%	8.5%	8.5%	8.4%	8.4%	8.5%	8.5%	
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%	3.3%	3.3%	3.3%	3.5%	3.6%	3.8%	3.9%	4.0%	4.2%	4.7%	5.3%	5.3%		4.1%	
W12	Temporary costs and overtime as a % of total paybill	LT	LG	TBC	NHSI	TBC	Nov-17	New Indicator	9.4%	10.7%	10.6%	11.4%	11.1%	11.0%	11.1%	11.2%	11.6%	11.0%	10.7%	11.5%	9.9%	12.2%	10.9%	13.0%	12.0%
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%	91.7%	91.7%	92.1%	92.5%	92.1%	91.7%	91.2%	91.0%	90.9%	89.9%	90.4%	89.8%	88.8%	88.7%	88.7%
W14	Statutory and Mandatory Training	LT	BK	95%	UHL	TBC	Dec-16	New Indicator	95%	93%	87%	87%	86%	85%	85%	85%			81%	84%	85%	86%	88%	88%	
W15	% Corporate Induction attendance	LT	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	New Indicator	100%	97%	96%	96%	100%	98%	96%	98%	97%	94%	95%	97%	96%	96%	98%	98%	97%
W16	BME % - Leadership (8A – Including Medical Consultants)	LT	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17	New Indicator		26%	26%		26%			27%			27%				27%		
W17	BME % - Leadership (8A – Excluding Medical Consultants)	LT	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17	New Indicator		12%	12%		12%			13%			13%				14%		
W18	Executive Team Turnover Rate - Executive Directors (rolling 12 months)	LT	AH	TBC	UHL	TBC	Nov-17	New Indicator		0%	0%	0%	0%	20%	20%	20%	20%	20%	20%	20%	20%	40%	40%	40%	40%
W19	Executive Team Turnover Rate - Non Executive Directors (rolling 12 months)	LT	AH	TBC	UHL	TBC	Nov-17	New Indicator		25%	25%	25%	25%	29%	14%	14%	14%	14%	14%	14%	14%	14%	13%	13%	13%
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%	90.5%	89.8%	90.3%	90.3%	89.9%	89.4%	87.8%	93.3%	92.3%	93.3%	91.6%	93.1%	92.8%	94.2%	91.3%
W21	DAY Safety staffing fill rate - Average fill rate - care staff (%)	JS	MM	TBC	NHSI	TBC	Apr-17	New Indicator	94.0%	92.0%	92.3%	87.4%	96.7%	91.6%	87.9%	93.0%	94.9%	106.1%	109.6%	113.0%	110.4%	109.8%	104.5%	105.5%	101.1%
W22	NIGHT Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	JS	MM	TBC	NHSI	TBC	Apr-17	New Indicator	94.9%	95.4%	96.4%	96.2%	96.6%	96.5%	95.9%	95.4%	95.2%	93.2%	90.3%	91.1%	91.5%	92.4%	92.5%	93.0%	93.6%
W23	NIGHT Safety staffing fill rate - Average fill rate - care staff (%)	JS	MM	TBC	NHSI	TBC	Apr-17	New Indicator	99.8%	98.9%	97.1%	94.7%	100.2%	99.1%	93.1%	100.2%	107.7%	114.3%	119.9%	122.5%	117.7%	119.4%	119.4%	120.5%	111.0%

Effective	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	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	17/18 YTD	
	E1	Emergency readmissions within 30 days following an elective or emergency spell	AF	CM	Monthly <8.5%	QC	Red if >8.6% ER if >8.6%	Jun-17	8.51% Target 7%	8.9%	8.5%	8.8%	9.5%	9.0%	9.0%	8.9%	9.2%	9.3%	8.5%	8.5%	9.4%	9.1%	9.3%		9.1%	
	E2	Mortality - Published SHMI	AF	RB	<=99	QC	Red/ER if not within national expected range	Sep-16	103	96	102 (Oct15-Sep16)	102 (Oct15-Sep16)			101 (Jan16-Dec16)			101 (Apr16-Mar17)			100 (Jul16-Jun17)			98 (Oct16-Sep17)	98	
	E3	Mortality - Rolling 12 mths SHMI (as reported in HED) Rebased	AF	RB	<=99	QC	Red/ER if not within national expected range	Sep-16	98	97	101	100	100	100	98	97	94	96	94	93	Awaiting HED Update				93	
	E4	Mortality - Rolling 12 mths HSMR (Rebased Monthly as reported in HED)	AF	RB	<=99	UHL	Red/ER if not within national expected range	Sep-16	94	96	102	102	101	100	98	97	97	96	95	94	94	Awaiting HED Update				94
	E5	Crude Mortality Rate Emergency Spells	AF	RB	<=2.4%	UHL	Monthly Reporting	Apr-17	2.4%	2.3%	2.4%	2.4%	2.1%	1.9%	2.0%	2.2%	1.8%	1.8%	1.9%	2.0%	2.7%	2.5%	2.6%	2.3%	2.2%	
	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%	71.2%	47.1%	76.5%	76.8%	76.1%	80.6%	69.6%	61.1%	75.4%	67.9%	72.6%	66.1%	66.7%	69.9%	
	E7	Stroke - 90% of Stay on a Stroke Unit	ED	IL	80% or above	QS	Red if <80% ER if 2 consecutive mths <80%	TBC	81.3%	85.6%	85.0%	85.1%	87.3%	85.7%	85.7%	93.6%	89.0%	85.4%	87.4%	88.4%	88.1%	83.0%	79.6%		86.7%	
	E8	Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)	ED	IL	60% or above	QS	Red if <60% ER if 2 consecutive mths <60%	TBC	71.2%	75.6%	66.9%	66.3%	57.8%	57.0%	68.6%	64.3%	51.7%	28.6%	67.9%	60.8%	65.3%	36.0%	28.8%	51.2%	52.6%	

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	15/16	16/17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	17/18 YTD	
								Outturn	Outturn	Outturn															
R1	ED 4 Hour Waits UHL	ED	IL	95% or above	NHSI	Red if <92% ER via ED TB report	Aug-17	89.1%	86.9%	79.6%	83.9%	81.0%	76.3%	77.6%	79.8%	83.2%	84.0%	82.7%	79.6%	71.5%	75.0%	71.5%	69.7%	77.6%	
R2	ED 4 Hour Waits UHL + LLR UCC (Type 3)	ED	IL	95% or above	NHSI	Red if <92% ER via ED TB report	TBC	NEW INDICATOR												85.1%	79.5%	81.8%	78.7%	77.9%	80.6%
R3	12 hour trolley waits in A&E	ED	IL	0	NHSI	Red if >0 ER via ED TB report	Aug-17	4	2	11	0	0	0	0	0	0	0	0	0	3	0	2	35	40	
R4	RTT - Incomplete 92% in 18 Weeks UHL+ALLIANCE	ED	WM	92% or above	NHSI	Red /ER if <92%	Nov-16	96.7%	92.6%	91.8%	91.8%	91.3%	92.3%	92.3%	91.8%	91.8%	91.4%	92.1%	92.1%	90.2%	88.8%	87.5%	85.2%	85.2%	
R5	RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE	ED	WM	0	NHSI	Red /ER if >0	Nov-16	0	232	24	24	17	9	15	16	18	1	0	0	1	1	2	4	4	
R6	6 Week - Diagnostic Test Waiting Times (UHL+ALLIANCE)	ED	WM	1% or below	NHSI	Red /ER if >1%	Dec-16	0.9%	1.1%	0.9%	0.9%	0.9%	0.8%	0.7%	0.8%	0.6%	0.4%	0.4%	0.8%	0.9%	0.9%	1.0%	1.9%	1.9%	
R7	Urgent Operations Cancelled Twice (UHL+ALLIANCE)	ED	WM	0	NHSI	Red if >0 ER if >0	Jan-17	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
R8	Cancelled patients not offered a date within 28 days of the cancellations UHL	ED	WM	0	NHSI	Red if >2 ER if >0	Jan-17	33	48	212	17	13	14	10	18	14	27	28	15	55	74	31	37	336	
R9	Cancelled patients not offered a date within 28 days of the cancellations ALLIANCE	ED	WM	0	NHSI	Red if >2 ER if >0	Jan-17	11	1	11	0	0	0	0	0	0	0	0	0	0	1	1	0	2	
R10	% Operations cancelled for non-clinical reasons on or after the day of admission UHL	ED	WM	0.8% or below	Contract	Red if >0.8% ER if >0.8%	Jan-17	0.9%	1.0%	1.2%	1.2%	0.9%	1.1%	1.0%	1.1%	1.2%	1.4%	1.4%	1.5%	1.4%	1.4%	1.4%	1.5%	1.3%	
R11	% Operations cancelled for non-clinical reasons on or after the day of admission ALLIANCE	ED	WM	0.8% or below	Contract	Red if >0.8% ER if >0.8%	Jan-17	0.9%	0.9%	0.9%	0.5%	2.5%	0.1%	0.4%	0.0%	0.1%	0.1%	0.9%	0.8%	0.3%	1.2%	0.2%	0.0%	0.6%	
R12	% Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	ED	WM	0.8% or below	Contract	Red if >0.8% ER if >0.8%	Jan-17	0.9%	1.0%	1.2%	1.1%	1.0%	1.1%	1.0%	1.0%	1.1%	1.3%	1.3%	1.4%	1.3%	1.4%	1.3%	1.3%	1.2%	
R13	No of Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	ED	WM	Not Applicable	UHL	Not Applicable	Jan-17	1071	1299	1566	131	99	123	114	115	127	149	156	174	129	151	134	144	1615	
R14	Delayed transfers of care	ED	JD	3.5% or below	NHSI	Red if >3.5% ER if Red for 3 consecutive mths	Oct-17	3.9%	1.4%	2.4%	2.5%	2.1%	2.0%	1.4%	1.6%	1.7%	1.9%	1.7%	1.9%	2.2%	2.2%	2.3%	1.6%	1.9%	
R15	Ambulance Handover >60 Mins (CAD+ from June 15)	ED	LG	0	Contract	Red if >0 ER if Red for 3 consecutive mths	TBC	5%	5%	9%	6%	6%	7%	2%	1%	2%	0.2%	0.6%	0.8%	7%	5%	10%	9%	4%	
R16	Ambulance Handover >30 Mins and <60 mins (CAD+ from June 15)	ED	LG	0	Contract	Red if >0 ER if Red for 3 consecutive mths	TBC	19%	19%	14%	13%	13%	13%	8%	5%	4%	3%	6%	8%	13%	11%	14%	15%	9%	

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	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	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	ED	DB	93% or above	NHSI	Red if <93% ER if Red for 2 consecutive mths	Jul-16	92.2%	90.5%	93.2%	94.3%	94.0%	93.3%	95.4%	95.1%	93.7%	94.3%	95.6%	93.9%	95.1%	94.1%	93.9%	95.7%	**	94.6%	
RC2	Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	ED	DB	93% or above	NHSI	Red if <93% ER if Red for 2 consecutive mths	Jul-16	94.1%	95.1%	93.9%	97.0%	90.8%	89.6%	94.2%	89.6%	93.0%	92.3%	95.4%	94.3%	90.3%	88.1%	89.0%	92.5%	**	91.9%	
RC3	31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	ED	DB	96% or above	NHSI	Red if <96% ER if Red for 2 consecutive mths	Jul-16	94.6%	94.8%	93.9%	95.3%	96.2%	96.3%	94.9%	97.0%	96.2%	95.0%	94.1%	93.0%	94.4%	97.3%	93.6%	96.0%	**	95.2%	
RC4	31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	ED	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%	98.7%	97.7%	100.0%	97.9%	99.1%	99.1%	100.0%	100.0%	98.1%	99.0%	98.9%	**	99.1%	
RC5	31-Day Wait For Second Or Subsequent Treatment: Surgery	ED	DB	94% or above	NHSI	Red if <94% ER if Red for 2 consecutive mths	Jul-16	89.0%	85.3%	86.4%	88.5%	95.4%	85.5%	85.7%	88.9%	90.5%	81.5%	82.1%	80.2%	94.3%	88.2%	84.4%	83.6%	**	85.8%	
RC6	31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	ED	DB	94% or above	NHSI	Red if <94% ER if Red for 2 consecutive mths	Jul-16	96.1%	94.9%	93.5%	99.1%	96.7%	95.0%	93.0%	96.2%	95.6%	94.5%	92.1%	94.9%	97.2%	97.6%	95.8%	98.3%	**	95.9%	
RC7	62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	ED	DB	85% or above	NHSI	Red if <85% ER if Red in mth or YTD	Jul-16	81.4%	77.5%	78.1%	76.1%	86.5%	83.7%	76.8%	77.7%	82.1%	78.9%	79.1%	78.8%	76.1%	81.3%	76.1%	72.8%	**	78.4%	
RC8	62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	ED	DB	90% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	84.5%	89.1%	88.6%	78.1%	95.1%	95.0%	92.3%	93.3%	85.3%	90.5%	80.0%	89.3%	76.3%	74.1%	78.7%	81.8%	**	85.8%	
RC9	Cancer waiting 104 days	ED	DB	0	NHSI	TBC	Jul-16	New Indicator		10	3	10	6	6	12	12	6	8	16	13	14	20	14	18	18	
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	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	17/18 YTD	
RC10	Brain/Central Nervous System	ED	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	ED	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	92.6%	95.6%	96.3%	92.6%	93.48%	97.4%	97.4%	93.3%	96.3%	91.7%	93.1%	97.0%	92.6%	94.5%	94.1%	85.3%	**	93.9%	
RC12	Gynaecological	ED	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	77.5%	73.4%	69.5%	81.8%	78.6%	64.3%	89.5%	92.3%	75.0%	43.6%	46.7%	82.4%	69.0%	82.9%	52.6%	70.3%	**	69.4%	
RC13	Haematological	ED	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	66.5%	63.0%	70.6%	81.8%	88.9%	100%	64.3%	92.9%	100.0%	81.8%	70.0%	100.0%	85.7%	85.7%	66.7%	55.6%	**	80.3%	
RC14	Head and Neck	ED	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	69.9%	50.7%	44.5%	33.3%	66.7%	85.7%	48.3%	61.9%	64.7%	47.8%	61.9%	57.7%	40.9%	46.2%	50.0%	62.5%	**	54.9%	
RC15	Lower Gastrointestinal Cancer	ED	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	63.7%	59.8%	56.8%	54.5%	75.0%	40.0%	63.8%	50.0%	60.5%	78.9%	78.3%	38.7%	62.5%	50.0%	72.7%	58.3%	**	59.4%	
RC16	Lung	ED	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	69.9%	71.0%	65.1%	33.3%	67.5%	78.4%	64.8%	61.1%	74.4%	68.8%	61.4%	64.1%	62.2%	89.7%	59.6%	65.1%	**	67.1%	
RC17	Other	ED	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	95.0%	71.4%	60.0%	--	100.0%	50.0%	100.0%	100.0%	0.0%	100.0%	40.0%	66.7%	0.0%	100.0%	100.0%	--	**	65.2%	
RC18	Sarcoma	ED	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	46.2%	81.3%	45.2%	0%	100.0%	--	40.0%	100.0%	50.0%	100.0%	50.0%	100.0%	100.0%	20.0%	100.0%	--	**	64.0%	
RC19	Skin	ED	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	96.7%	94.1%	96.9%	96.6%	96.2%	96.8%	95.5%	93.8%	97.5%	100.0%	96.1%	97.3%	97.4%	100.0%	90.0%	97.3%	**	96.5%	
RC20	Upper Gastrointestinal Cancer	ED	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	73.9%	63.9%	68.0%	63.6%	85.7%	92.3%	66.7%	59.4%	58.6%	75.7%	63.2%	81.1%	78.8%	80.0%	92.3%	63.6%	**	73.1%	
RC21	Urological (excluding testicular)	ED	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	82.6%	74.4%	80.8%	76.2%	89.9%	82.1%	79.4%	72.3%	84.7%	77.4%	83.5%	66.7%	69.2%	77.9%	75.6%	68.4%	**	76.5%	
RC22	Rare Cancers	ED	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%	50.0%	100.0%	100.0%	--	0.0%	0.0%	**	73.3%		
RC23	Grand Total	ED	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	81.4%	77.5%	78.1%	76.1%	86.5%	83.7%	76.8%	77.7%	82.1%	78.9%	79.1%	78.8%	75.7%	81.3%	76.1%	72.8%	**	78.4%	

Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	Baseline	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	17/18 YTD			
								Friends and Family test score (Coverage)	JS	HL	5%	QS	Red if <4.5% Amber if <5% Green if >=5% ER if 3 mths Red	Jun-17	3.0%	5.4%	5.6%	6.0%	5.7%	6.4%	6.6%	6.1%	6.0%
% Positive F&F Test scores	JS	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	93%	92.4%	93.3%	94.7%	94.0%	94.7%	94.7%	93.9%	95.3%	95.6%	96.2%	95.4%	95.3%	94.6%			
Paper Switch Off (PSO) - % GP referrals received via ERS	MW	HC	100%	UHL	Project commenced August 2017. NHSE Target 100% by October 2018.	New Indicator	64%				64.4%	65.8%	65.4%	66.9%	67.2%	68.4%				68.4%			
Advice and Guidance Provision (% Services within speciality)	MW	HC	35%	CQUIN	Green if >35% by Q4 17/18 Green if >75% by Q4 18/19	New Indicator	TBC	84.3% 24 specialities 102 services				88.8% 26 specialities 107 services							88.8%				
Electronic Referrals - Appointment Slot Issue (ASI) Rate	MW	HC	4%	UHL	Red if below CQUIN trajectory for 17/18. End of Q2 = 28%, Q3 = 20%, Q4 = 4%	New Indicator	TBC	30.5%	26.7%	26.4%	27.5%	26.5%	26.5%	22.1%	16.1%	15.5%	14.5%				14.5%		
% Patients seen within 15mins of their appointment time	MW	ZS/ST	TBC	UHL	TBC	New Indicator	56% 19% (Cov)	57% 18% (Cov)	57% 19% (Cov)	57% 17% (Cov)	58% 17% (Cov)	57% 17% (Cov)	55% 16% (Cov)	57% 16% (Cov)	56% 17% (Cov)	58% 16% (Cov)	55% 17% (Cov)	56% 16% (Cov)	59% 16% (Cov)	57% 17% (Cov)			
% Patients seen within 30 mins of their appointment time	MW	ZS/ST	TBC	UHL	TBC	New Indicator	73% 19% (Cov)	73% 18% (Cov)	74% 19% (Cov)	75% 17% (Cov)	74% 17% (Cov)	74% 17% (Cov)	73% 16% (Cov)	74% 16% (Cov)	73% 17% (Cov)	74% 17% (Cov)	74% 17% (Cov)	74% 16% (Cov)	76% 16% (Cov)	74% 17% (Cov)			
Reduction in number of long term follow up >12 months	MW	WM	0	UHL	TBC	New Indicator	2851			1625	1586	1495	1522	1351	1404	1335	1115	1247	1467	1467			
Reductions in number of FU attendances	MW	MP/DT	6.0%	UHL	Quarterly Reporting Red if variance higher than 6%	New Indicator	6.0%	3.9%			3.1%			1.4%						2.8%			
% Reduction in hospital cancellations (ENT)	MW	ZS/ST	TBC	UHL	TBC	New Indicator	21%	20%	19%	19%	21%	28%	25%	27%	20%	27%	26%	22%	23%	23%			
% Room Utilisation (CSI areas)	MW	MA	80%	UHL	RAG Rating to March 2018 - Red<70%, Amber < 80%, Green >=80%	New Indicator	TBC	69%	68%	66%	66%	68%	68%	72%	73%	66%	73%	74%	75%	70%			
% appointment letters printed via outsourced provider	MW	SP	85%	UHL	Red<50%, Amber < 80%	New Indicator	82%	82%	83%	83%	84%	84%	84%	85%	86%	85%	85%	85%	85%	86%	84%		
% Clinic summary letters sent within 14 days	MW	WM	TBC	UHL	TBC	New Indicator	82%	79%	90%	92%	INDICATOR REPORTING TO COMMENCE FROM APRIL 2018										87%		
Outpatient clinic noting through Nervecentre (endocrinology)	JC	AC	TBC	UHL	TBC	New Indicator	INDICATOR REPORTING TO COMMENCE FROM APRIL 2018																
Computerised services in outpatient clinics	JC	AC	TBC	UHL	TBC	New Indicator	INDICATOR REPORTING TO COMMENCE FROM APRIL 2018																
% Hardware replacement	JC	AC	17%	UHL	17% by March 2018	New Indicator	107 TO BE REPLACED BY MARCH 2018														77% 82 of 107	91% 97 of 107	91% 97 of 107
% Compliance with PLACE standards (ENT & Cardiology)	DK	RK	80%	UHL	Quarterly Reporting 3% increase every quarter	New Indicator	80%											73.1%			73.1%		
% customer care training for staff in forward facing positions	MW	DW	100%	UHL	TBC	New Indicator	INDICATOR REPORTING TO COMMENCE FROM APRIL 2018																



Note: changes with the HRA process have changed the start point for these KPIs

KPI Ref	Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	14/15 Outturn	15/16 Outturn	16/17 Outturn	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	
Research UHL	RU1	Median Days from submission to Trust approval (Portfolio)	AF	NB	TBC	TBC	TBC	2.8	1.0		48			45			19.5			12.0			14.0			11.0		
	RU2	Median Days from submission to Trust approval (Non Portfolio)	AF	NB	TBC	TBC	TBC	2.1	1.0	Q2-Q4 158	90			27			14.5			25.0			21.0			12.0		
	RU3	Recruitment to Portfolio Studies	AF	NB	Aspirational target=10920/year (910/month)	TBC	TBC	12564	13479	8603	487	699	325	636	531	1135	869	749	820	743	765	628	964	986	268	873	730	541
	RU4	%Adjusted Trials Meeting 70 day Benchmark (data submitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC				(Jan16 - Dec16) 100%			(Apr16 - Mar17) 50% (metric change due to HRA process change)			(July 16 - June 17) 81%			(Oct 16 - Sep 17) 77%			(Jan 17 - Dec 17) 95%					
	RU5	Rank No. Trials Submitted for 70 day Benchmark (data submitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC				(Jan16 - Dec16) 31/186			(Apr16 - Mar17) 14/187			(July 16 - June 17) 12/196			(Oct 16 - Sep 17) 14/203			(Jan 17 - Dec 17) 11/207					
	RU6	%Closed Commercial Trials Meeting Recruitment Target (data submitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC				(Jan16 - Dec16) 49.2%			(Apr16 - Mar17) 44.9%			(July 16 - June 17) 43.5%			(Oct 16 - Sep 17) 29.0%			(Jan 17 - Dec 17) 28.1%					

Compliance Forecast for Key Responsive Indicators

University Hospitals of Leicester

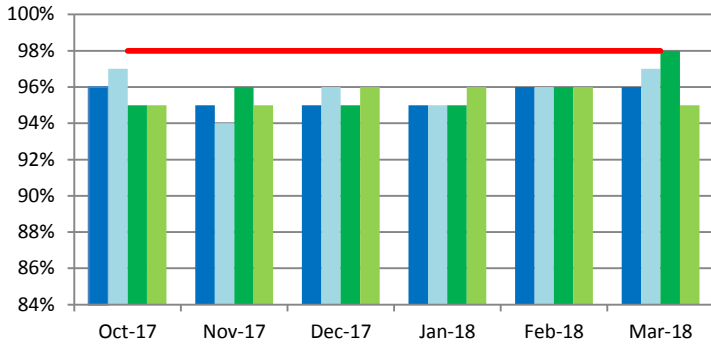
Compliance Forecast for Key Responsive Indicators

Standard	March	April
Emergency Care		
4+ hr Wait (95%)	69.7%	
4+ hr Wait UHL + LLR UCC (95%)	77.9%	
Ambulance Handover (CAD+)		
% Ambulance Handover >60 Mins (CAD+)	9%	
% Ambulance Handover >30 Mins and <60 mins (CAD+)	15%	
RTT (inc Alliance)		
Incomplete (92%)	85.2%	85.5%
Diagnostic (inc Alliance)		
DM01 - diagnostics 6+ week waits (<1%)	1.9%	1.0%
# Neck of femurs		
% operated on within 36hrs - all admissions (72%)	66.7%	72%
Cancelled Ops (inc Alliance)		
Cancelled Ops (0.8%)	1.3%	1.3%
Not Rebooked within 28 days (0 patients)	37	32
Cancer		
Two Week Wait (93%)	94%	93%
31 Day First Treatment (96%)	90%	92%
31 Day Subsequent Surgery Treatment (94%)	86%	86%
62 Days (85%)	74%	76%
Cancer waiting 104 days (0 patients)	18	15

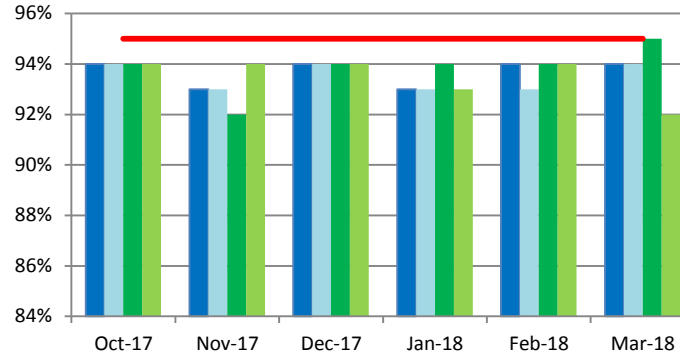
APPENDIX A

Estates and Facilities - Cleanliness

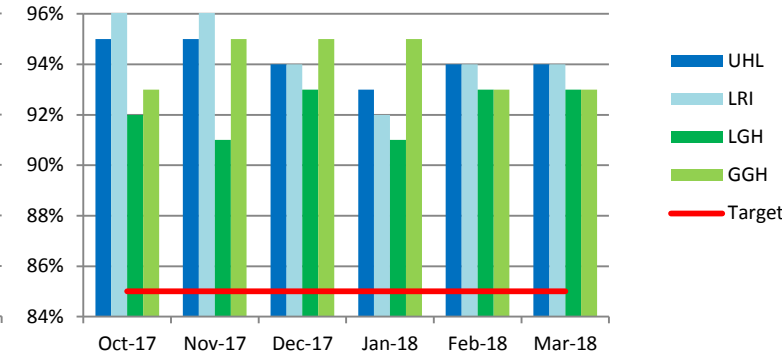
Cleanliness Audit Scores by Risk Category - Very High



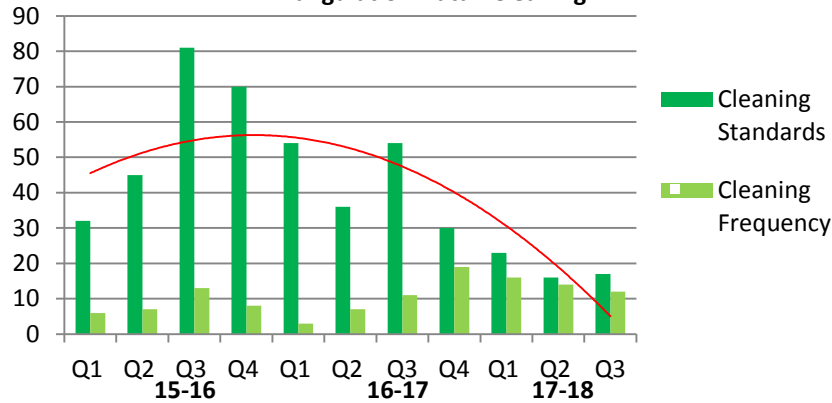
Cleanliness Audit Scores by Risk Category - High



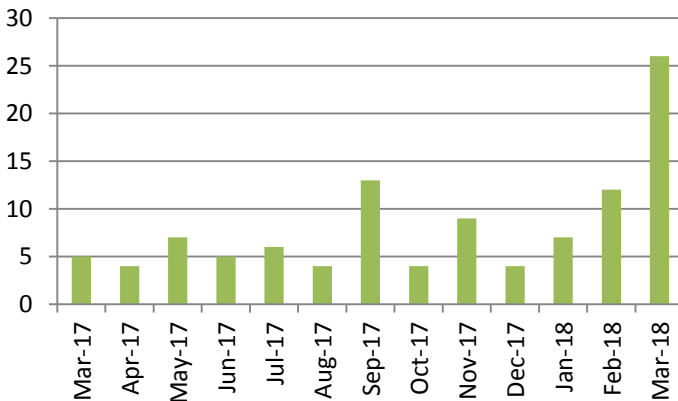
Cleanliness Audit Scores by Risk Category - Significant



Triangulation Data - Cleaning



Number of Datix Incidents Logged - Cleaning



Cleanliness Report

The above charts show average audit scores for the whole Trust and by hospital site since September 2017. 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.

Very high-risk areas show improvement at the LRI and LGH but overall remain unchanged due to deterioration at the GH. High-risk audit scores continue to fluctuate decreasing GH to 92% and increasing at the LRI and the LGH (which achieved the required target of 95%).

Significant risk areas all continue to exceed the 85% target

We continue to review the audits to identify specific cleaning elements that are failing and rectifications are attended to within a timely period.

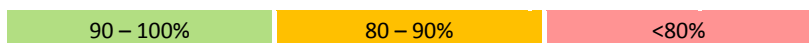
The triangulation data is collected by the Trust from numerous patient sources including Message to Matron, Friends and Family Test, Complaints, online sources and Message to Volunteer or Carer collated collectively as 'Suggestions for Improvement'. The update for Q3 continues to reflect the low level of issues identified over the period.

The number of datix incidents logged for March has seen a sharp increase compared to last 12 months and exceeds the range normally observed – however these do cover a number of low level issues. We have received Datix for Very high risk areas for Theatres and the Delivery Suite at the LGH. We are currently investigating. However, with the high number of vacancies, impacts on Datix are to be expected.

Performance scores overall continue to fluctuate just below target levels with month on month small variations. The key issue remains to be staff resources on the ground. Vacancies are running at 94 vacancies with 6 further staff on maternity leave/ long term sickness at the LRI alone with scope for cover limited by financial constraints. A recent recruitment drive resulted in positions being offered to 69 new starters. Delays in DBS and reference checks have been identified and escalated. Until this is resolved we will lose a number of these people who will have secured alternative employment.

Estates and Facilities – Patient Catering

Patient Catering Survey – September 2017	Percentage 'OK or Good'	
	Feb-18	Mar-18
Did you enjoy your food?	97%	96%
Did you feel the menu has a good choice of food?	100%	100%
Did you get the meal that you ordered?	97%	100%
Were you given enough to eat?	100%	100%

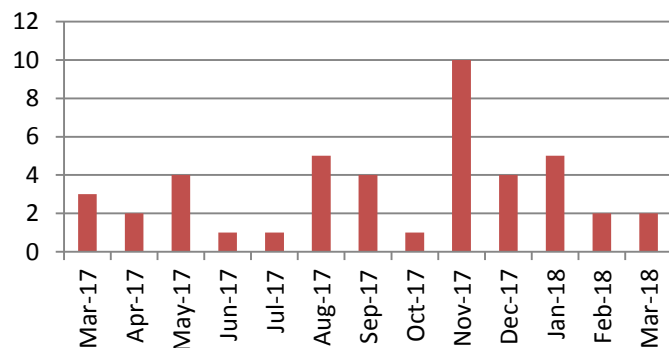


Number of Patient Meals Served				
Month	LRI	LGH	GGH	UHL
January	72,258	23,631	31,206	127,088
February	64,469	21,584	29,921	115,974
March	70,645	28,338	33,088	132,071

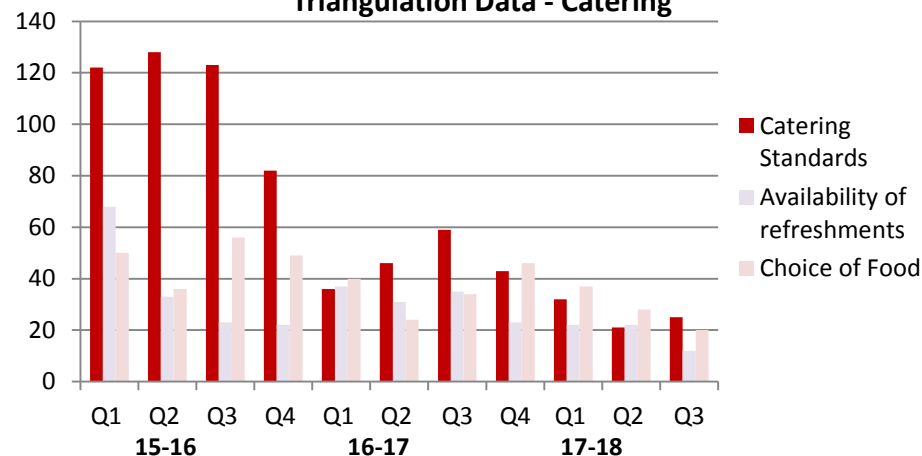
Patient Meals Served On Time (%)				
Month	LRI	LGH	GGH	UHL
January	100%	100%	100%	100%
February	100%	100%	100%	100%
March	100%	100%	100%	100%



Number of Datix Incidents Logged -Patient Catering



Triangulation Data - Catering



Patient Catering Report

For the second month running, survey numbers were down with the scores being based on 27 returns.

Survey scores this month remain high and continue to reflect satisfactory performance. Comment data collected continues to show no discernible trends.

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

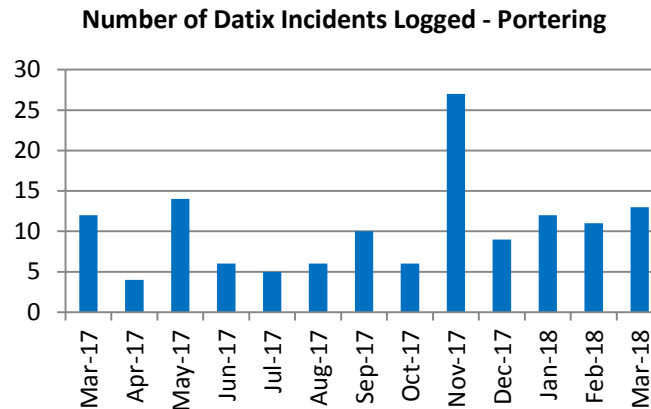
The triangulation data has been updated to include Q3 data and this backs up the overall levels of satisfaction considering the number of meals served.

Datix incidents reported have dropped since January and continue to remain at a low level proportionally.

Estates and Facilities – Portering

Reactive Portering Tasks in Target				
Site	Task (Urgent 15min, Routine 30min)	Month		
		January	February	March
GH	Overall	93%	92%	92%
	Routine	92%	91%	91%
	Urgent	99%	98%	97%
LGH	Overall	94%	93%	94%
	Routine	93%	92%	93%
	Urgent	98%	98%	97%
LRI	Overall	92%	92%	92%
	Routine	90%	91%	91%
	Urgent	98%	97%	97%
		95 – 100%	90 – 94%	<90%

Average Portering Task Response Times		
Category	Time	No of tasks
Urgent	15:39	2,420
Routine	24:22	10,438
Total		12,858



Portering Report

Marches performance timings maintain the consistent picture seen across recent months.

Datix incidents have risen slightly and just under half relate to Imaging in ED.

The Reverse Flow initiative is impacting on the Portering service. Heavy delays are occurring where porters have to remain with patients due to beds not being ready on wards. Despite this performance standards have not suffered.

At the LGH and GGH the volume of patients remains at a high level, putting extra strain on the Portering service.

Estates & Facilities – Planned Maintenance

Statutory Maintenance Tasks Against Schedule					
UHL Trust Wide	Month	Fail	Pass	Total	%
	January	146	168	314	54%
	February	4	112	116	97%
	March	8	162	170	95%
		99 – 100%	97 – 99%	<97%	

Non-Statutory Maintenance Tasks Against Schedule					
UHL Trust Wide	Month	Fail	Pass	Total	%
	January	533	1614	2147	75%
	February	444	1426	1870	76%
	March	989	1534	2523	61%
		95 – 100%	80 – 95%	<80%	

Estates Planned Maintenance Report

For March we achieved 95% in the delivery of Statutory Maintenance tasks in the month. There were a total of 8 failures:

2 emergency gas shut off valve PPM's that have not been completed; this was due to a change in regulations expanding the scope of the maintenance checks.

2 fire extinguisher jobs at Leicester Frith & 2 medical gas PPM's at the GGH that have not yet had their paperwork returned to us. This will be resolved in the next month.

2 annual lift inspections were 8 days late, but have now been completed, meaning that we are compliant.

For the Non-Statutory tasks, completion of the monthly schedule is subject to the volume of reactive calls and the shortage of engineers to carry out tasks and administration personnel to close them down on the system.

Phase 1 of the live planet system testing, enabling the closure of all jobs in real time, has been a success at the LGH. Following resolution of teething issues we are now preparing to roll the handsets out on a wider basis across the Glenfield and the West region.

Discussions are being held regarding our sub- contractors attaining planet licenses to ensure continuity across all disciplines.

APPENDIX B

RTT Performance

Combined UHL and Alliance RTT Performance

	<18 w	>18 w	Total Incompletes	%
Alliance	7485	636	8121	92.2%
UHL	47668	8962	56630	84.2%
Total	55153	9598	64751	85.2%

Backlog Reduction required to meet 92%	4803
--	------

The combined performance for UHL and the Alliance for RTT in March was 85.2%. The Trust did not achieve the National Standard. Overall combined performance saw 9,598 patients in the backlog, an increase of 1,673 since the last reporting period (UHL increase of 1,541 Alliance increase of 132). The number of patients waiting over 18 weeks for treatment was 4,803 greater than the amount required to achieve the National Standard.

Elective activity remained reduced throughout March due to the continuing high emergency demand on available bed capacity. Throughout March only cancer, clinically urgent and 52 week breach patients are being listed for surgery as routine elective operations remain on hold. This has continued as of mid-April and is has caused a significant increase in the UHL backlog. The Easter holidays also reduced clinical sessions available with increased annual leave and reduced discretionary effort in WLI's.

Forecast performance for next reporting period: It is forecasted that for April 2018 UHL will achieve the trajectory target of 85.5%

There are continue risk due to: -

- Reduced scheduled activity due to continuing bed pressures
- Reduced additional activity due to capacity pressures
- Competing demands with emergency and cancer performance
- Elective capacity gap and no current agreed decision to use the independent sector.

The combined UHL and Alliance RTT trajectory for 2018/19 is displayed opposite. The trajectory meets the planning guidance for waiting list size at the end of March 2019 that is equal to or less than March 2018. It does not see UHL achieving the 92.0% standard during this financial year.

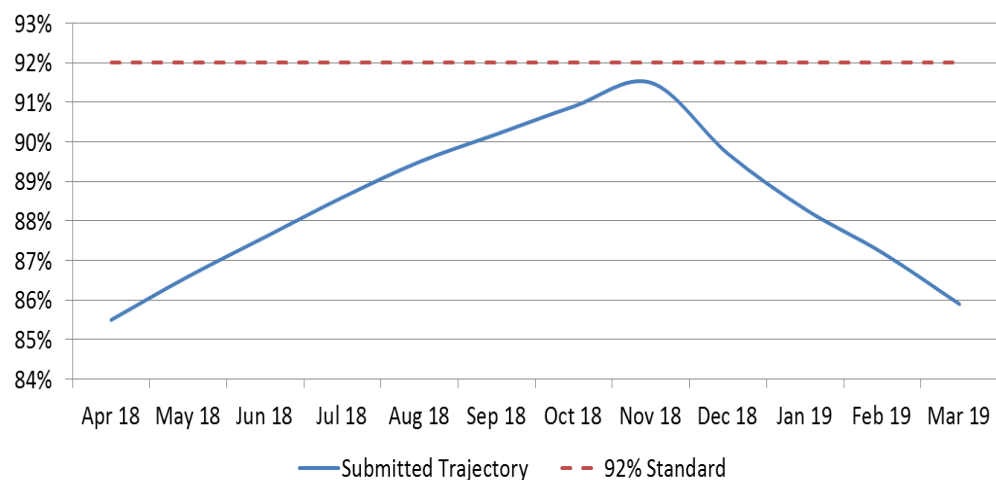
Commissioners have agreed meeting the planning guidance is a system imperative. There is a known capacity gap for patients requiring elective surgery. Ability to meet the trajectory is dependent on system partners supporting the use of external capacity in the Independent Sector. Agreement has been given for the transfer of 50 patients to the independent and as of 13th April no agreement on any further patients to be sent. Previous demand and capacity work highlighted a capacity gap of circa 1,800 (average 360 per month until November) that would need to be treated in excess of UHL’s available capacity in order to meet the planning guidance. Delayed start to using the independent sector puts additional risk to meeting the performance trajectory for future months.

Routine elective procedures remain on hold, further increasing the backlog and adding to 1,800 capacity gap in order to achieve the planning guidance.

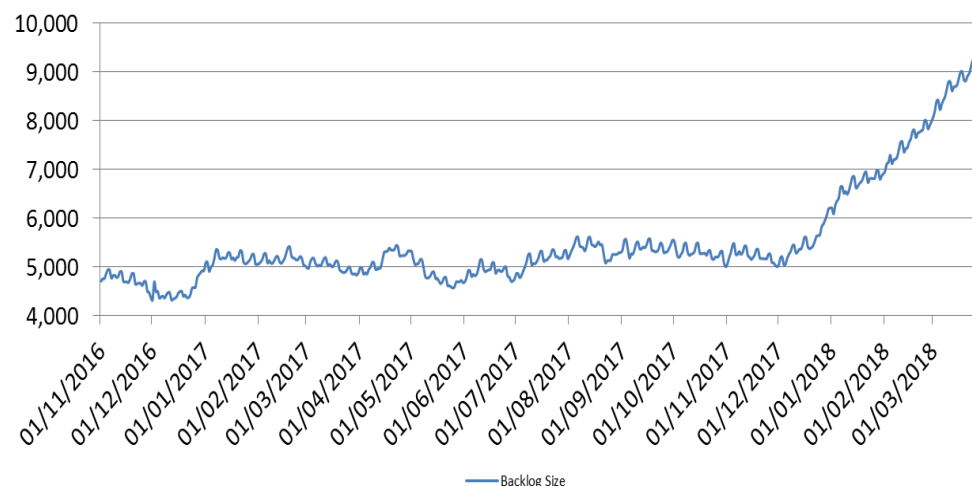
Every specialty has been given a non-admitted backlog target. These are awaiting signoff from each CMG with performance to be monitored at WAM and escalated via HoOPS when off trajectory.

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
RTT	85.5%	86.6%	87.6%	88.6%	89.5%	90.2%	90.9%	91.5%	89.7%	88.3%	87.2%	85.9%

Forecasted Combined UHL + Alliance RTT Performance



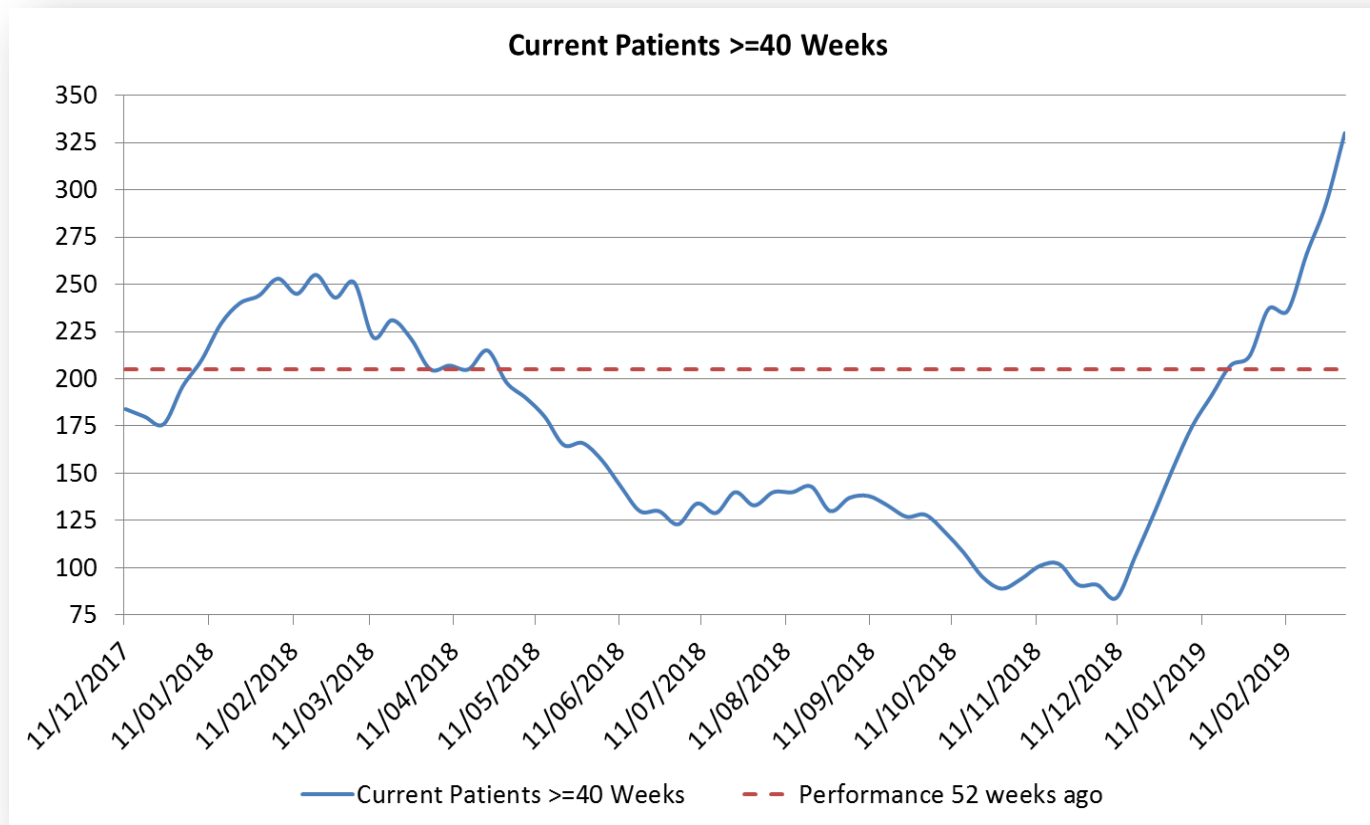
Combined UHL + Alliance Backlog Size



At the end March there were 4 patients with an incomplete pathway at more than 52 weeks, 2 from UHL and 2 from the Alliance. The 2 UHL patients were from the ENT and Alliance from Urology and Plastic Surgery.

The on-going capacity pressures have resulted in a continuing rise in the number of patients waiting over 40 weeks for treatment shown in the graph opposite. There are 494 patients waiting over 40 weeks for treatment. This is an increase of 289 compared to the same week in 2017 and an increase of 405 since the start of the elective pause in December.

Due to the risk of 52 week breaches daily checks by the performance team to track patients and support in booking are occurring.



The tables opposite outline the overall 10 largest backlog increases, 10 largest backlog reductions and 10 overall largest backlogs by specialty from last month.

Reductions were seen in Paediatric Urology, Gynaecology Oncology and Thoracic Medicine

The largest overall backlog increases were within Orthopaedic Surgery, General Surgery and Ophthalmology

Of the specialties with a backlog, 42 saw their backlog increase, 5 specialties backlog stayed the same and 19 specialties reduced their backlog size.

Overall, the UHL admitted and non-admitted backlogs have increased from January by 22% and 19% respectively.

10 largest backlog reductions	Admitted Backlog			Non Admitted Backlog			Total Backlog				
	Feb 18	Mar 18	Change	Feb 18	Mar 18	Change	Feb 18	Mar 18	Change	% Change	RTT %
	Paediatric Urology	54	45	-9	1	1	0	55	46	-9	-16.4%
Gynaecology Oncology	3	5	2	13	2	-11	16	7	-9	-56.3%	95.6%
Thoracic Medicine	-	-	0	149	141	-8	149	141	-8	-5.4%	85.6%
Paed Gastroenterology	1	-	0	34	28	-6	35	28	-7	-20.0%	88.2%
Paediatric Rheumatology	-	-	0	10	4	-6	10	4	-6	-60.0%	81.8%
Renal Access Surgery	2	1	-1	9	8	-1	11	9	-2	-18.2%	84.4%
Vascular Surgery	69	69	0	30	28	-2	99	97	-2	-2.0%	89.6%
Neurology	11	12	1	211	208	-3	222	220	-2	-0.9%	91.1%
Trauma	6	5	-1	2	2	0	8	7	-1	-12.5%	96.0%
Anaesthetics	-	-	0	4	3	-1	4	3	-1	-25.0%	92.6%

10 largest backlog increases	Admitted Backlog			Non Admitted Backlog			Total Backlog				
	Feb 18	Mar 18	Change	Feb 18	Mar 18	Change	Feb 18	Mar 18	Change	% Change	RTT %
	Orthopaedic Surgery	886	1135	249	245	265	20	1131	1400	269	23.8%
General Surgery	551	690	139	377	479	102	928	1169	241	26.0%	99.4%
Ophthalmology	193	343	150	76	90	14	269	433	164	61.0%	96.1%
ENT	419	498	79	435	512	77	854	1010	156	18.3%	80.2%
Cardiology	162	212	50	69	131	62	231	343	112	48.5%	100.0%
Maxillofacial Surgery	300	374	74	104	137	33	404	511	107	26.5%	85.0%
Spinal Surgery	161	197	36	295	356	61	456	553	97	21.3%	78.7%
Urology	487	523	36	141	180	39	628	703	75	11.9%	86.4%
Plastic Surgery	134	185	51	29	25	-4	163	210	47	28.8%	89.7%
HpB	58	90	32	4	4	0	62	94	32	51.6%	100.0%

10 largest overall backlogs	Admitted Backlog			Non Admitted Backlog			Total Backlog				
	Feb 18	Mar 18	Change	Feb 18	Mar 18	Change	Feb 18	Mar 18	Change	% Change	RTT %
	Orthopaedic Surgery	886	1135	249	245	265	20	1131	1400	269	23.8%
General Surgery	551	690	139	377	479	102	928	1169	241	26.0%	99.4%
ENT	419	498	79	435	512	77	854	1010	156	18.3%	80.2%
Urology	487	523	36	141	180	39	628	703	75	11.9%	86.4%
Spinal Surgery	161	197	36	295	356	61	456	553	97	21.3%	78.7%
Maxillofacial Surgery	300	374	74	104	137	33	404	511	107	26.5%	85.0%
Gynaecology	343	399	56	128	99	-29	471	498	27	5.7%	88.5%
Paediatric ENT	405	390	-15	51	76	25	456	466	10	2.2%	61.5%
Ophthalmology	193	343	150	76	90	14	269	433	164	61.0%	96.1%
Cardiology	162	212	50	69	131	62	231	343	112	48.5%	100.0%

The table opposite illustrates that the largest pressure to achieve 18 week RTT performance is for patients waiting for elective surgery, with admitted performance now below 60.0%. Overall non-admitted performance remains above the 92% standard however a number of CMGs have individually dropped below this level. Each specialty has agreed monthly targets to reduce their non-admitted backlog to reach an UHL non-admitted backlog size of circa 1,800 by November 2019.

Since the last reporting period the non-admitted backlog has increased by 533 (18.9%) and the admitted backlog by 1,008 (21.9%) and over the last 12 months the backlog sizes have increased 67.9% and 128.8% respectively. The continuing challenge for UHL will be actions that support in reducing the admitted backlog.

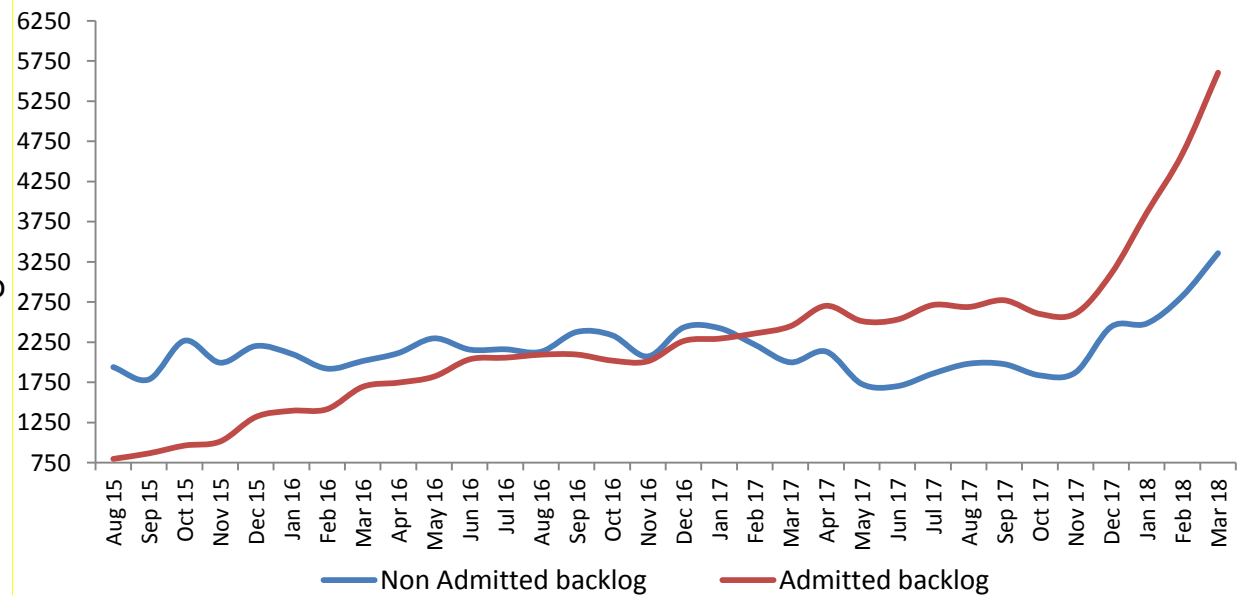
CMG	Admitted Backlog (18+ Weeks)	Admitted RTT %	Non-Admitted Backlog (18+ Weeks)	Non-Admitted RTT %	Total Backlog (18+ Weeks)	Overall RTT %
CHUGGS	1,313	50.1%	817	90.9%	2,130	81.7%
CSI	15	83.1%	8	91.1%	23	87.2%
ESM	12	83.6%	355	93.8%	367	93.7%
ITAPS	36	91.2%	33	97.0%	69	95.5%
MSS	3,274	56.2%	1,490	90.9%	4,764	80.0%
RRCV	402	71.4%	390	91.5%	792	86.8%
W&C	552	62.4%	265	95.7%	817	89.3%
Alliance	89	82.1%	547	92.8%	636	92.2%
UHL	5,604	58.6%	3,358	92.2%	8,962	84.2%
UHL Alliance Combined	5,693	59.5%	3,905	92.3%	9,598	85.2%

Achieving 92% will only be possible by improving the admitted performance, with a step change in capacity required.

Key Actions Required:

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

Admitted and Non-Admitted Backlog



APPENDIX C

Diagnostic Performance

Performance

March diagnostic performance for UHL and the Alliance combined is 1.9% failing to achieve the standard by performing above the 1% threshold. Performance was 154 breaches above the threshold. UHL alone achieved 2.13% for the month and the Alliance 0.53%. At UHL, 310 patients out of 14537 did not receive their diagnostic within 6 weeks.

The number of breaches in March was higher than typical. The increases were largely within Cystoscopy, Colonoscopy and MRI/Computed Tomography. Although Radiology overall achieved a breach level below 1% (0.97% including Alliance activity) with 123 breaches, throughout 2017 the service averaged less than 50 breaches. Elective diagnostic capacity has been reduced whilst being converted to emergency inpatient capacity.

Cystoscopy capacity was reduced due converting elective capacity for 2WW due to increased demand, reduction in available clinical capacity due to leave, bank holiday and reduced discretionary effort due to Easter period.

The 5 modalities with the highest number of breaches are listed below:

Modality	Waiting list	Breaches	Performance
Computed Tomography	3135	72	2.3%
Cystoscopy	282	63	22.3%
Colonoscopy	433	54	12.5%
Magnetic Resonance Imaging	3762	51	1.4%
Gastroscopy	505	30	5.9%

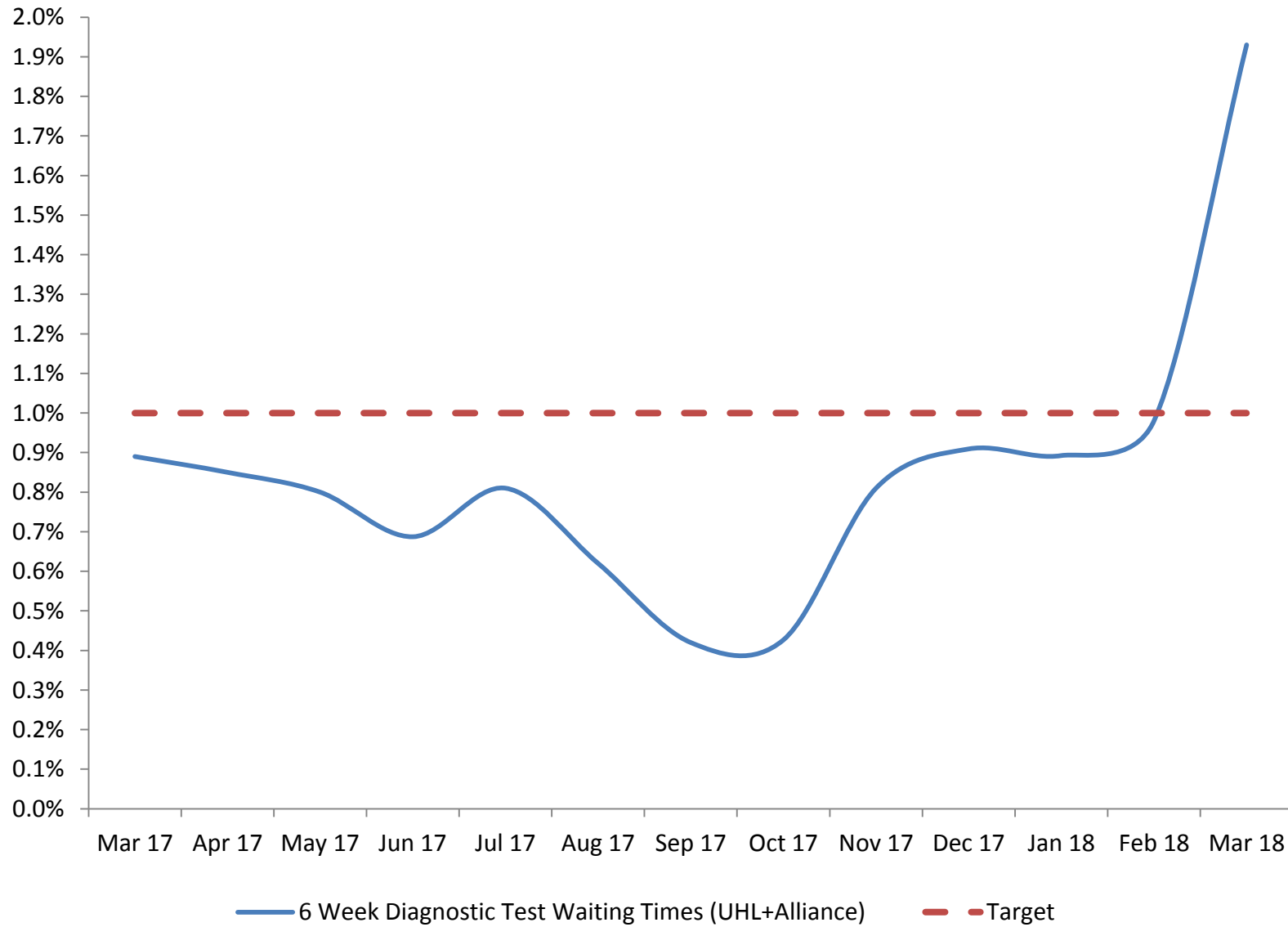
Of the 15 modalities measured against, 6 achieved the performance standard with 9 areas having waits of 6 weeks or more greater than 1%.

Future months performance

There is a risk to the Trust achieving the diagnostic standard in April:

- Competing cancer demand for endoscopy capacity extending waits for routine diagnostics
- Competing emergency demand for radiology diagnostics
- Reduced capacity due to Easter Bank Holiday

UHL and Alliance Diagnostic Performance Last 12 Months



APPENDIX D

Cancelled Operation Performance

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%	1.3%	1.2%	1.2%
2. The number of patients cancelled who are not offered another date within 28 days of the cancellation	2	0	37	337	28

Cancelled Operation Performance – Indicator 1

For March there were 144 non-clinical hospital cancellations for UHL and Alliance combined. This resulted in a failure of the 0.8% standard as 1.3% of elective FCE's were cancelled on the day for non-clinical reasons (144 UHL 1.5% and 0 Alliance 0.0%).

UHL alone saw 144 patients cancelled on the day for an individual performance of 1.5%

84 patients (58.3%) experience a short notice cancellation due to capacity related issues of which 12 were Paediatrics. 60 patients were cancelled for other reasons. The 5 most common reasons for cancellation are listed below.

Type	Reason	March 2018
Capacity Pressures	Ward Bed Unavailable	42
Other	Lack Theatre Time / List Overrun	35
Capacity Pressures	Pt Delayed To Adm High Priority Patient	17
Capacity Pressures	Hdu Bed Unavailable	16
Other	Lack Surgeon	11
Total		121

Continuing high emergency demand has resulted in increased pressure for beds. This has led to continuing high levels of elective cancellations throughout March.

28 Day Performance – Indicator 2

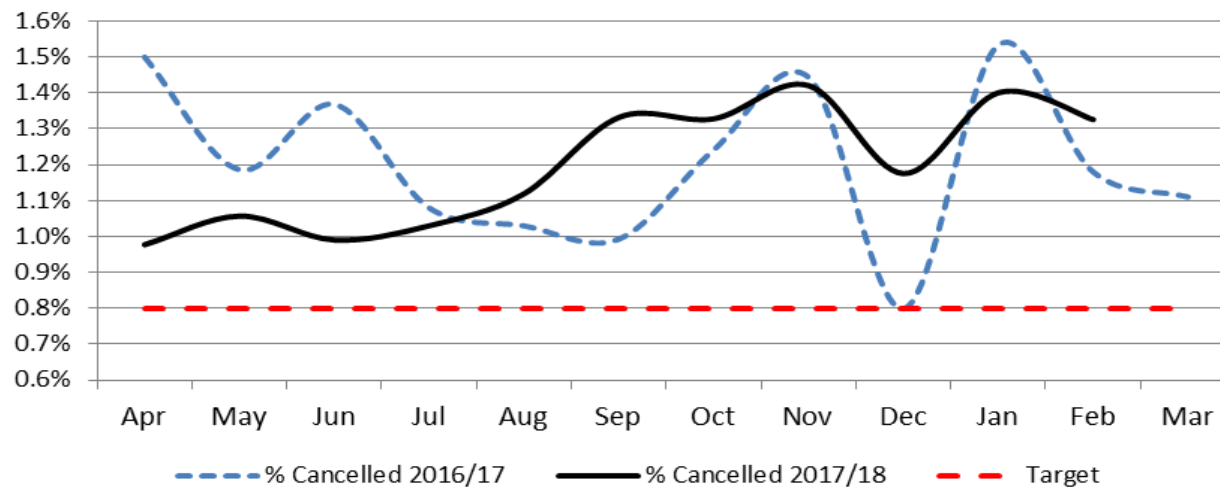
There were 37 patients who did not receive their operation within 28 days of a non-clinical cancellation. These comprised of MSS 11, CHUGGS 7, RRCV 16, W&C 2, and CSI 1. Currently only cancer, clinically urgent and 52 week breach patients are being listed for surgery with routine elective operations remaining on hold. Available capacity to book 28 day breach patients therefore remains limited and impacts on the Trusts ability to improve performance in this area.

Risk for next reporting period

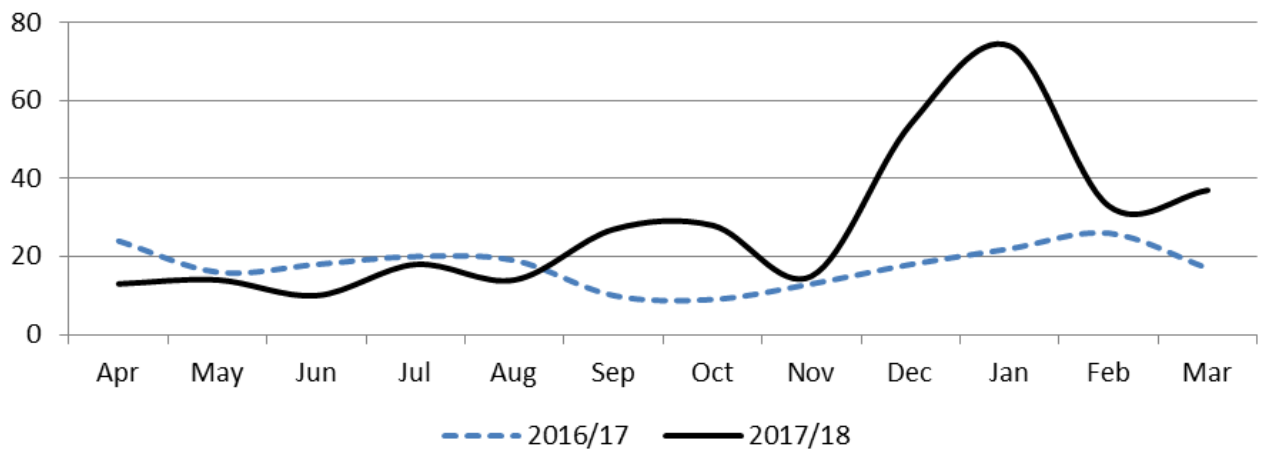
Achieving the 0.8% standard in April remains a risk due to:

- Continuing capacity pressures due to emergencies

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



Indicator 2: The number of patients cancelled who are not offered another date within 28 days of the cancellation



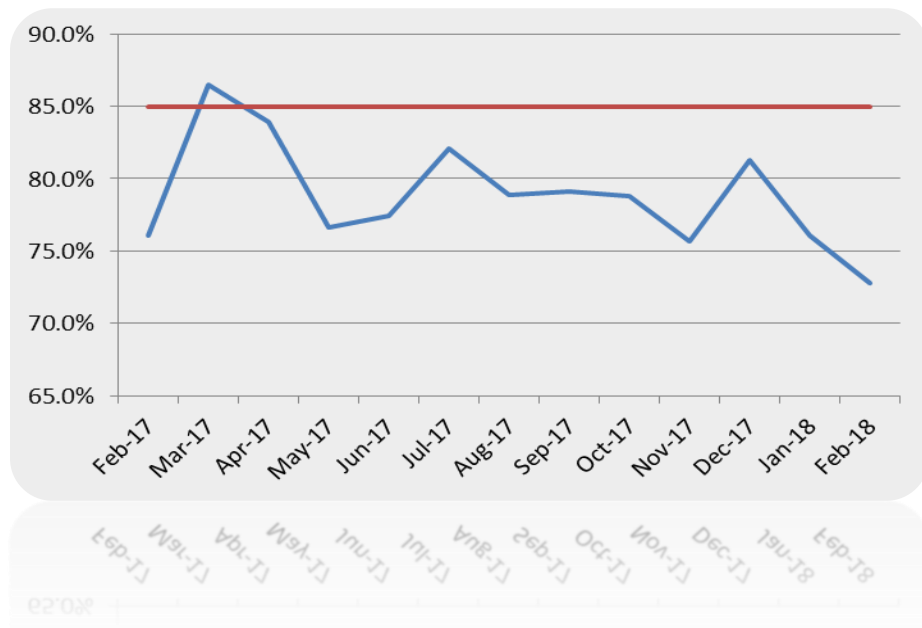
APPENDIX E

Cancer Waiting Time Performance

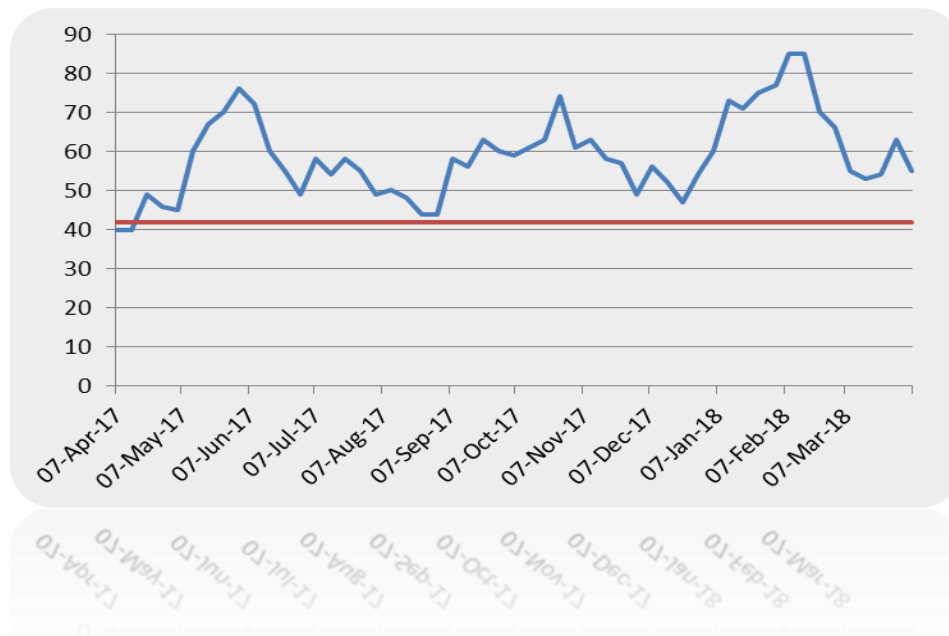
Current Performance

- Out of the 9 standards, UHL achieved 4 in February – 2WW, 31 Day First Treatments, Drugs and Radiotherapy
- 2WW performance continued to deliver in February achieving 95.7%. March is also expected to deliver the standard. 2WW Breast improved on the previous month but still failed at 92.5%, a combination of capacity and patient choice the root cause. This equated to 7 breaches in the month. Performance for March remains a concern for both Breast reporting standards for 2WW.
- 62 day performance failed at 72.8% in February, with no adjustment for tertiary activity applicable.
- At the time of reporting, despite the on-going bed pressures the backlog remains at 55 for the 62 day adjusted position with the main pressure points being Urology. Gynae have successfully managed their backlog position under target throughout March and at the time of reporting this remains under trajectory.

62 Day Performance



62 Day Adjusted Backlog



62 Day Adjusted Backlog by Tumour Site

The following details the backlog numbers by Tumour Site for week ending 6th April 2018.

The Trend reflects performance against target on the previous week.

The forecast position is the early prediction for week ending 13th April 2018

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	3	↑	4
HPB	0	3	↓	4
Lower GI	6	7	↔	9
Testicular	0	1	↔	1
Upper GI	2	2	↓	2
Urology	10	14	↓	21
Skin	1	3	↑	2
Breast	2	3	↑	2
Head & Neck	5	3	↔	5
Sarcoma	0	2	↑	1
Lung	6	9	↔	11
Gynaecology	7	5	↔	8
Brain	0	0	↔	0

Key themes identified in backlog (6th April)

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

Summary of delays	Numbers of patients	Summary
Complex Patients/Complex Diagnostic Pathways	12	Across 7 tumour sites, – these are patients undergoing multiple tests, MDTs, complex pathology reporting and diagnostics. This includes patients with complex pathology to inform diagnosis requiring additional testing, where treatment plans have changed either due to the patient or clinical decision making based on additional diagnostic tests and where multiple primaries are being investigated and/or another primary requires treating first. 5 of the 12 patients have or are being investigated for multiple primaries requiring additional diagnostics across more than one pathway and the appropriate multiple MDT discussions to aid treatment planning.
Capacity Delays – OPD & Surgical	10	In 5 tumour sites, a combination of surgical and Oncology outpatient and diagnostic capacity affecting the patients pathway. 4 of these patients primary delay is due to Oncology outpatient waiting times. 50% of the patients are in Urology where diagnostic capacity for biopsies has impacted on waiting times.
Pathway Delays (Next Steps compliance)	12	Across 7 tumour sites, where more than one primary delay is identified deemed avoidable including clinical decision making where a biopsy has been taken rather than an excision therefore treatment not completed, patients in Lung where clinical decision making to bring back in 2 months falls outside the remit of Long Term Follow Up and therefore the patients remain on active tracking and general lack of Next Steps compliance resulting in delayed follow ups/diagnostics greater than 7 days.
Patient Delays (Choice, Engagement, Thinking Time)	7	Across 7 tumour sites, where patient choice for either thinking time, second and third opinions, holidays and/or lack of engagement have been the primary delay within the pathway.

Summary of delays	Numbers of patients	Summary
Trial/Surveillance Patients	1	In Urology, previous PSA surveillance patient who subsequently then required repeat PSA checks prior to treatment planning at 6 week intervals remaining on an active pathway.
Late Tertiary Referrals	12	Across 4 tumour sites, where tertiaries are received after Day 38. From NGH, NUH, KGH, Burton, PBH and ULH. Referrals ranging from Day 40 to Day 73. A new centralised tertiary mailbox is in place within the Cancer Centre where all referrals are triaged and rejected back to the tertiary centres where non-compliant with the Inter-Provider Transfer Policy. In addition, any patient referred after Day 39 results in a letter to the COO of the referring Trust to request RCA information to support better pathway management and breach review analysis – to date, ULH have been the most engaged in this process now providing RCA information at the point of referral.
Patients Unfit	13	Across 6 tumour sites, patients who are unavailable for treatment due to other on-going health issues of a higher clinical priority.

Backlog Review for patients waiting >104 days @ 06/04/2018

The following details all patients declared in the 104 Day Backlog for week ending 6/4/18. Last month's report showed 14 patients in the 104 Day backlog, 16 of which are now treated. This month's report details 16 patients in the backlog across 5 specialties.

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
GYNAE	1	128	121	N	Y	Referred 15.12.17 - OPD Day 24 due to patient cancellation of earlier appointments. OPD 29.12.17 - for Myosure procedure. Delay to dating, patient offered x2 dates and cancelled 15.1.18 and 22.1.18. TCI 12.2.18 - patient cancelled and rebooked for 12.4.18. Escalated to bring forward, patient not willing to take an earlier date. Service discussed with GP and Primary Care GP Lead - GP not willing to withdraw referral. Patient to remain on active tracking until procedure 12.4.18.
HPB	1	122	149	N	N	Referred 17.1.18 - Day 71 tertiary referral from Peterborough. MDT 22.1.18 - ? Laparoscopy. For OPD 26.1.18 - patient cancelled as on holiday until 12.2.18. OPD 26.2.18 - for laparoscopy. TCI 6.3.18 - cancelled due to patient fitness. Re-dated for 13.3.18. MDT 19.3.18 - patient not fit for resection - for Oncology review. Oncology OPD delay - OPD 27.3.18 - for liver biopsy and further review by Oncology. Biopsy dated for 27.4.18 - escalated to bring forward - awaiting confirmation.
Lung	1	123	105	Y	Y	Referred 21.12.17 - CT by Day 7, OPD Day 14. For PET 10.1.18, ECHO 11.1.18 and MDT 12.1.18 - results showed multiple mets, unknown primary at this stage. Previous Lymphoma patient. For CT Guided Biopsy 22.1.18 - delay due to patient being on warfarin. MDT 26.1.18 - await molecular testing but for surgical biopsy. OPD 30.1.18 - referred to surgeons. OPD Surgeons 30.1.18 - for EBUS. EBUS 5.2.18 - await PDL-1 testing and MDT. MDT 16.2.18 - for adrenal biopsy and rediscussion. MDT 23.2.18 - referred to medical oncology due to multiple mets. Oncology outpatient delay of 19 days due to capacity. OPD 20.3.18 - for randomisation for HOPE trial. Await block return for planning. Screening return for consent 9.4.18. TCI for treatment 11.4.18.

Backlog Review for patients waiting >104 days @ 06/04/2018

Tumour Site	Total Number of patients	Pt No	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons
Lower GI	5	100	169	Y	N	Referred 18.10.17 - Flexi 28.10.17 - Cancelled as patient requires OGD - error in referral criteria on PRISM form. OGD 6.11.17 - Day 19. For CT Colon - delay of 28 days due to patient holiday. CT 24.11.17 - results reviewed by clinician 7.12.17 - for MDT review. MDT 13.12.17 - for OPD ? fitness for surgery. OPD 18.12.17 - listed for surgery pending anaesthetic review. A/R review 20.12.17 - requires cardiology input - provisional date for surgery within breach cancelled due to concerns over patient fitness. Severe AS, will require urgent coronary angio and TAVI prior to any treatment planning. Cardio 19.1.18, anaesthetic review 24.1.18 - angio 26.1.18. TAVI capacity delay - TAVI 4.3.18. For ECHO and further assessment t query fitness for any surgical intervention. Pre-assessment 9.3.18 - admit as intended. TCI planned for 15.3.18 - cancelled as patient unfit. For CPET. CPET 22.3.18. Awaiting further cardiology opinions on surgery - clinician and Anaesthetist to discuss w/e 6.4.18
		124	122	Y	N	Referred 4.12.17 - CT by Day 10. 28.12.17 - Clinician review of results - patient for Flexi for complete assessment. Flexi 11.1.18. For colonoscopy. TCI 17.1.18. For CT Staging 19.1.18. MDT 24.1.18. For OPD to query fitness for surgery. OPD 30.1.18 - for high risk anaesthetic review and CPET. CPET 1.2.18, HRA 9.2.18 - for OGD. OGD 27.2.18. For 24hr cardio tape and USS cardiogram 8.3.18. HRA 9.3.18 - patient cancelled. Re-booked for 16.3.18 (patient choice). For cardiology outpatients - OPD delay in Cardiology to 9.4.18.
		125	122	Y	N	Referred 4.12.17 - Flexi Day 6 - for CT/MRI 14.12.17. MDT 20.12.17 - query 2 primaries - referred to Urology MDT? Prostate primary. GI OPD 2.1.18 - for CT. Urology OPD 9.1.18 - for USS and prostate biopsies - delay due to patient medication. For Bone Scan. Biopsies 23.1.18 (capacity delay in Urology). Bone Scan 24.1.18. For MDT Urology 1.2.18 - for hormone therapy for prostate prior to radiotherapy. MDT GI 7.2.18 - for surgical outpatients to discuss plans. OPD 19.2.18 - discussed surgical vs chemo options = for further MDT discussion

					21.2.18 - due to thoracic aneurysm incidental finding - patient requires thoracic surgical opinion before treatment planning decision. OPD 6.3.18 - for high risk anaesthetic review. HRA 16.3.18 - for CPET. CPET 11.4.18.
	126	108	N	N	Referred 18.12.17 - CT Day 11 - for CT Abdo. CT 17.1.18 - patient cancelled as away - returning 14.2.18. CT 15.2.18 - patient cancelled. CT 19.2.18. Clinical review 22.2.18 - removed from tracking no cancer. Further clinical review 7.3.18 - clinician requested colonoscopy - patient reinstated on pathway. Internal incident form completed. Delay to colonoscopy by Endoscopy unit and patient requiring bloods prior to test. Awaiting colonoscopy date.
	127	198	Y	N	Referred 18.12.17 - Flexi Day 2 - biopsies not taken due to INR. For repeat flex and CT Abdo. CT 22.12.17, Flexi 28.12.17. For MDT 10.1.18 - for OPD to assess fitness for surgery - moderately well differentiated adenocarcinoma. OPD 12.1.18 - for MRI and HRA. HRA 17.1.18 - delay to MRI due to patient having pacemaker. MRI rejected on this basis by Imaging - ? for PET or USS - for MDT discussion. MDT 24.1.18 - for PET. PET 5.2.18. MDT 14.2.18 - for palliative radiotherapy. OPD 16.2.18 - discussion outcome for further MDT discussion ? further surgical discussion before Oncology. MDT 21.2.18 - for CPEX testing and USFNA. For HPB MDT discussion ? liver mets - MDT HPB 26.2.18 - liver mets confirmed, patient not fit for treatment - for palliative care. CPET 1.3.18. Breast FNA/USS delay pending Breast outpatient review. OPD Breast 7.3.18 - for MDT with results. MDT 15.3.18 - lymph nodes benign on FNA. GI MDT 21.3.18 - locally advanced rectal cancer for Oncology review. Oncology capacity delay - OPD 10.4.18

Backlog Review for patients waiting >104 days @ 06/04/2018

Tumour Site	Total Number of patients	Pt No	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons
UROLOGY	8	120	133	Y	N	Referred 7.2.18 - Tertiary Referral received on Day 78 from Northampton - no RCA received at point of referral. MDT 8.2.18 - for consideration of percutaneous biopsy of tumour. OPD 15.2.18 - for USGbx. OPD 21.2.18. USGBX 28.2.18. Pathology complex, required additional immuno work. Path reported 7.3.18. OPD 8.3.18 - patient DNA. MDT 8.3.18 - for partial nephrectomy. OPD 9.3.18 - added to waiting list. Capacity delay - await TCI.
		93	153	Y	Y	OPD 17.10.17 (Day 14), MRI 20.1.17, TRUS 26.10.17. OPA 14.11.17 with results. TRUS results benign, require clinical correlation - for template biopsy. Patient DNA'd pre-assessment 23.11.17 as on holiday, rearranged for return 30.11.17 with biopsy TCI 2.12.17. MDT 14.12.17 - patient requires bone scan for treatment planning. Bone Scan 29.12.17. OPD FU 5.1.18 - patient choice to explore surgical options - referred to surgeon. OPD complex clinic 27.1.18 (capacity delay). Patient to consider radiotherapy and therefore couldn't commence hormone treatment. Oncology OPD 27.2.18 (capacity delay). OPA Cancelled, patient decision for surgery. TCI date 14/3/18.
	6	116	138	N	Y	Patient commenced on 2 separate pathways 2WW in October 2017, one with Urology the other with ENT. The patient was listed for their first diagnostic TCI with Urology 17/11/17 but cancelled due to having ENT procedure - requested to delay till after ENT treatment. Due to fitness resulting in cancellations with ENT, the patient didn't commence radiotherapy treatment until the 8/1/18. A clinically appropriate recovery time resulted in an outpatient review in Urology for fitness to proceed on the 1/3/18 where the patient was added to the waiting list for an excision biopsy. TCI date 14/3/18
		117	111	Y	N	Patient commenced 2WW pathway 14/11/17 and was put on PSA surveillance until the 22/1/18 reading triggered the need for a TRUS biopsy due to raised PSA. The service struggled to make contact with the patient until the 29/1/18 at which point a

**UROLOGY
(Cont'd)**

					<p>TRUS biopsy date was agreed for the 27/2/18 - this delay was due to requiring a GA procedure and pre-requisite anaesthetic assessment. Outpatient follow up with results on the 8/3/18 and MDT discussion suggested MRI Prostate required. Due to patient holidays, this can't be arranged until the 23/3/18.</p>
118	105	Y	Y	<p>Patient commenced 2WW pathway 20/11/17, OPD 1/12/17, MRI and TRUS 4/12/17. MDT with results 14/12/17 - for bone scan to determine treatment plan. OPD 15/12/17, bone scan 22/12/17 - no bone mets identified. For OPD follow up 2/1/18 - for discussion re all options. Referred for complex clinic review and Oncology outpatients plus CT Chest. CT 4/1/18. Capacity constraints in both Urology for complex clinics and Oncology outpatients delayed the next step. OPD 8/2/18 - await patient decision re treatment options. CNS update 16/2/18 - patient choice for robotic prostatectomy. TCI 16/3/18 - delayed due to surgical capacity.</p>	
129	127	Y	Y	<p>Referred 27.11.17 - Flexi Day 7. For TURBT and USS. US 20.12.17 - TCI for TURBT delayed due to capacity. TURBT booked for 20.1.18 and subsequently cancelled following pre-assessment 12.1.18 - patient unfit. Service to review patient notes to understand reasons behind cancellation. Fitness confirmed 29.1.18 - TCI 14.2.18. Patient cancelled on the day by the Anaesthetist. Service to review patient notes to understand reasons behind cancellation. Patient admitted via A&E 4.3.18, US ECHO 5.3.18 - clinician to confirm plan. Clinician unavailable until 19.3.18 - confirmed now fit to proceed with TURBT but patient will require ITU support post TCI. TCI 13.4.18</p>	
130	109	Y	N	<p>Referred 15.12.17 - OPD Day 7. For MRI and USS 27.12.17. For Flexi 30.12.17 - benign feeling prostate. For TRUS biopsy. TRUS 9.1.18 - cancelled as MRI results suggest template biopsy would be preferred diagnostic. TCI 9.2.18 - delay due to patient unavailable until 4.2.18.. MDT 22.2.18 - needs a bone scan, T3a - bone scan required to plan treatment. OPD 27.2.18. Bone Scan 1.3.18 - no mets. OPD 9.3.18 - needs complex clinic discussion for radical surgical option. Complex clinic delay due to capacity - OPD 29.3.18 - listed for robotic prostatectomy. Awaiting TCI due to capacity</p>	
131	106	Y	N	<p>Referred 1.3.18 - Day 73 tertiary referral from Lincoln. MDT 7.3.18 - for outpatient to offer surgery. OPD 23.3.18 - patient cancelled. OPD 29.3.18 - patient consented and added to waiting list for treatment. Await TCI.</p>	

UROLOGY
(Cont'd)

133	126	Y	N	Referral 28.11.17 - referred 28.11.17 - OPD Day 14. For MRI and biopsies pending repeat PSA. Clinical review 14.12.17 - for template biopsies - OPD to discuss with patient. OPD 9.1.18. Pre-assessment 18.1.18 - TCI 27.1.18 - patient DNA. Service capacity delay to new date. TCI 5.2.18. OPD 22.2.18 - for bone scan. Bone Scan 1.3.18. OPD 8.3.18 - for Oncology opinion and complex clinic review for patient to understand treatment options. Complex clinic 24.3.18. Oncology 3.4.18 (capacity delay). Patient not sure of treatment option - await CNS discussion.
134	124	Y	N	Referred 30.11.17 - OPD Day 6. For TRUS 11.12.17 - cancelled, patient for repeat PSA once more before biopsy. OPD 5.1.18 - patient cancelled. TRUS delay due to patient choice and hospital capacity - TRUS 27.2.18. OPD 9.3.18 - for bone scan. Scan 16.3.18. MRI 9.4.18 - OPD 13.4.18
135	117	N	N	Referred 15.2.18 - late tertiary o Day 70 from Lincoln. MDT 15.2.18 - for outpatient? Biopsy. OPD 1.3.18 - patient cancelled - away. OPD 20.3.18 - anterior renal mass and lung lesion identified. Needs MDT discussion. MDT 22.3.18 - recommend biopsy of lung lesion - await Lincoln update if to be done locally or at UHL. For repeat CT. CT 29.3.18 - CT reported 5.4.18 - patient for OPD but away for 6 weeks. OPD 24.4.18
136	106	N	N	Referred 18.12.17 - OPD Day 4 22.12.17. USS & MRI 2.1.18 (pt choice). For TRUS. TRUS 9.1.18. For Bone Scan 19.1.18 and Flexi 22.1.18. For outpatients review post MDT discussion. OPD 26.1.18 - for template biopsy under GA. Patient away until 23.2.18. Pre-assessment 27.2.18. Biopsy 3.3.18 - patient cancelled. TCI 23.3.18 (pt choice). Awaiting pathology and outpatient follow up.

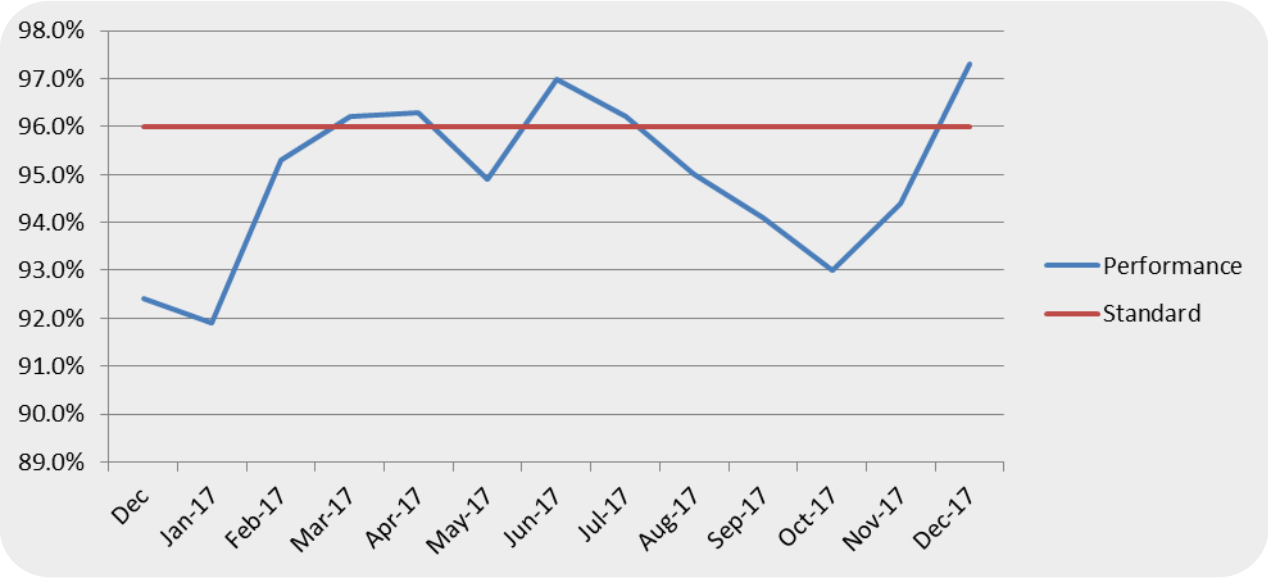
31 Day First Treatment – Backlog & Performance

February was a successful month for the 31 Day First Treatment standard achieving the 96% target.

This is expected to deteriorate in March due to the resulting increase in the 31 Day backlog throughout February and its reduction during March.

At the time of reporting there are 16 patients in the backlog, dropping from 35 since the beginning of February.

31 Day First Treatment Performance



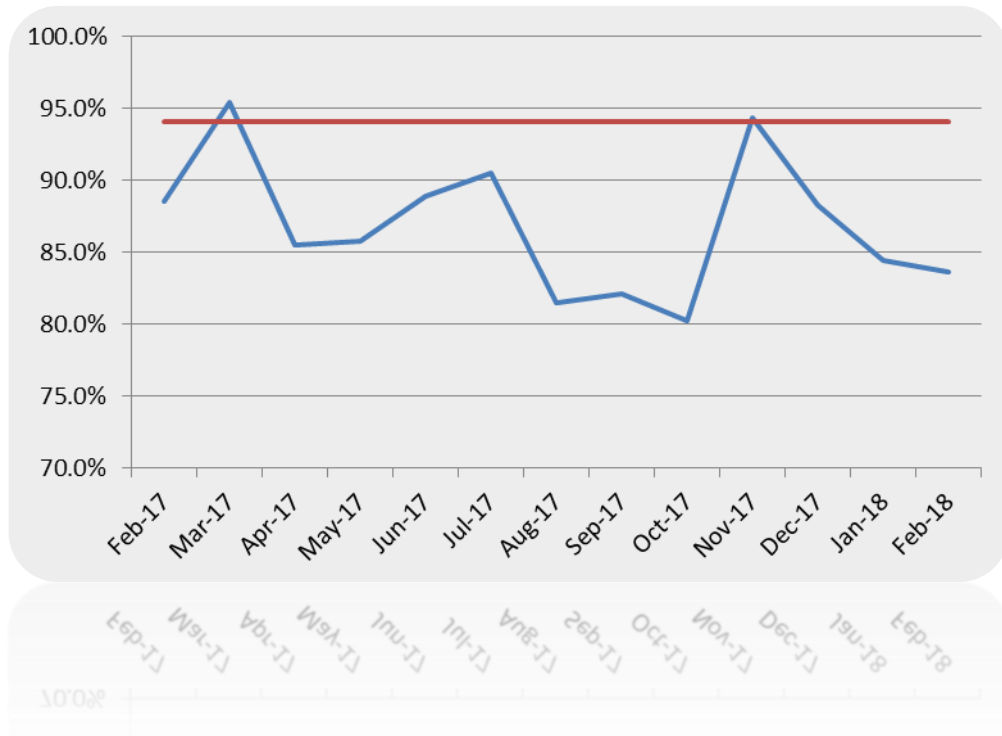
31 Day Subsequent Performance – Surgery

31 day Subsequent performance for Surgery in February under performed at 83.6%.

A significant reduction in the backlog was seen in early February resulting in the reduction in performance.

The backlog at the time of reporting sits at 15, with patient choice and cancellations continuing to impact on the ability to treat patients within target.

10 of the 15 patients are in Urology.



Recovery Action Plan Update

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.

Following recent feedback from NHSI, the RAP is undergoing a further review to ensure it provides clarity on the key interventions to support an improvement in 62 day performance.

Each tumour site continues to be challenged to ensure the RAP evidences operational control and knowledge over the key issues within the services preventing achievement of the performance standard with new actions added throughout the month. Daily resource has been assigned to the management of the RAP for a 12 week initial period to support the drive towards performance improvement.

Risk Summary

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. Theatre staff continues to be insufficient to meet the need.	Internal factors impacting on delivery
7	Patients arriving after day 40 on complex pathways from other providers	Weekly feedback to tertiary providers. Specialty level feedback. New process to be introduced to include writing to the COO for each late tertiary.	External factors impacting on delivery

End of Life Care Quality Commitment

EoLC Quality Commitment Quarter 4:

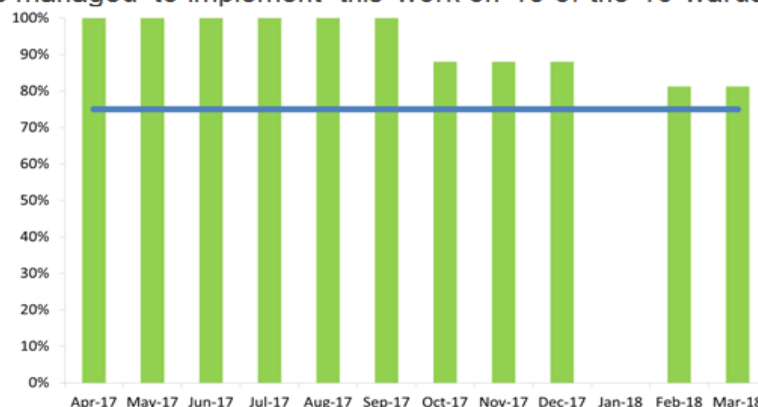
January: No activity was undertaken due to Trust clinical pressures. In keeping with all other specialist nurses the End of Life Care Facilitators worked as part of the Palliative Care Team providing direct clinical care and support to wards. This lasted for a 6 week period.

February: 81.25% achieved

March: 81.25% achieved

During quarter 4 our intention was to implement the Individualised end of life care plan on the remaining 16 wards, this was not broken down to a certain number of wards per month.

During February and March we managed to implement this work on 13 of the 16 wards which is how we've generated the percentages above.



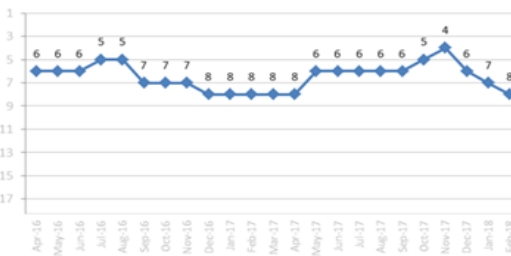
- End of Life Care Facilitators have continued to provide training and support in the use of the Individualised Plan of Care for the Dying Patient across the wards at UHL
- Ongoing quarterly audit has demonstrated an increase in the use of the care plan across the trust. Despite Trust clinical pressures during quarter 4, the target of 75% of wards having the care plan fully implemented, has been achieved each quarter throughout the year. The care plan and patient information leaflet has been reviewed and updated and will be ready to use in the near future
- UHL has registered to participate in the National Audit of Care at the End of Life (NACEL) to allow national benchmarking of the quality of care, including the experience of the carer.

Peer Group Analysis (Feb 2018)

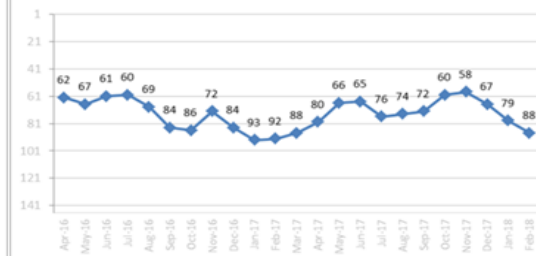
RTT 18+ Weeks Backlog – February 2018

RTT 18+ Weeks Backlog - February 2018		
All Acute Trusts Performance - 87.4%		
UHL ranks 88 out of the 145 Acute Trusts*		
47 of the 145 Acute Trusts* achieved 92% or more		
Peer Rank	Provider Name	RTT Incompletes Performance - Target 92%
1	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	95.4%
2	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	94.2%
3	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	93.8%
4	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	91.4%
5	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	90.2%
6	HEART OF ENGLAND NHS FOUNDATION TRUST	90.2%
7	LEEDS TEACHING HOSPITALS NHS TRUST	88.5%
8	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	87.5%
9	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	86.8%
10	PENNINE ACUTE HOSPITALS NHS TRUST	86.6%
11	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	86.0%
12	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	83.3%
13	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	82.8%
14	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	81.0%
15	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	80.4%
16	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	77.0%
17	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	73.2%
-	BARTS HEALTH NHS TRUST - not reported	-

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



UHL Acute Ranking - 18+ Weeks Backlog (n/145)



Diagnostics – February 2018

Diagnostics - February 2018		
All Acute Trusts Performance - 1.7%		
UHL ranks 99 out of the 145 Acute Trusts* (Ranked Ascending)		
101 of the 145 Acute Trusts* achieved <1% or less		
Peer Rank	Provider Name	Diagnostics Performance %Waiting 6 Wks* - Target <=1%
1	LEEDS TEACHING HOSPITALS NHS TRUST	0.18%
2	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	0.28%
3	HEART OF ENGLAND NHS FOUNDATION TRUST	0.41%
4	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	0.44%
5	BARTS HEALTH NHS TRUST	0.50%
6	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	0.50%
7	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0.54%
8	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	0.63%
9	PENNINE ACUTE HOSPITALS NHS TRUST	0.69%
10	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	0.82%
11	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0.85%
12	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	0.98%
13	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	1.48%
14	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	1.66%
15	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	1.95%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	2.83%
17	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	8.23%
18	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	9.82%

UHL Peer Ranking - Diagnostics (n/18)



UHL Acute Ranking - Diagnostics (n/145)

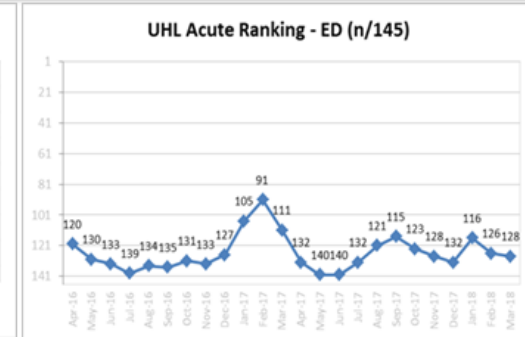
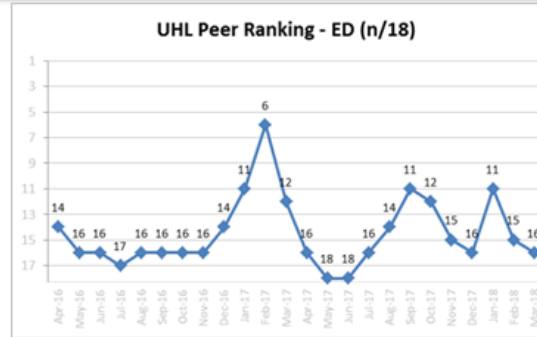


*Acute NHS hospitals – there are 145 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service

Peer Group Analysis (Feb 2018) – ED Mar 18

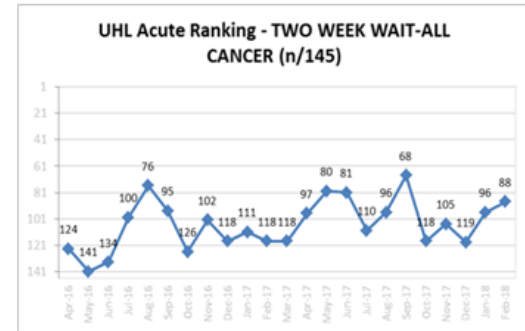
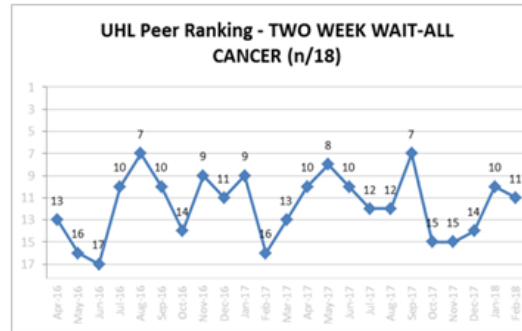
UHL ED Attendances within 4 hours – March 2018

UHL ED Attendances within 4 hours - March 2018		
All Acute Trusts - 82.0%		UHL ranks 128 out of the 145 Trusts*
8 of the 145 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	91.7%
2	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	85.9%
3	BARTS HEALTH NHS TRUST	85.4%
4	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	84.4%
5	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	83.4%
6	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	83.2%
7	PENNINE ACUTE HOSPITALS NHS TRUST	81.8%
8	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	79.3%
9	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	76.4%
10	HEART OF ENGLAND NHS FOUNDATION TRUST	76.1%
11	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	76.0%
12	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	75.1%
13	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	72.0%
14	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	71.2%
15	LEEDS TEACHING HOSPITALS NHS TRUST	70.9%
16	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	69.7%
17	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	67.5%
18	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	65.2%



TWO WEEK WAIT-ALL CANCER – February 2018

TWO WEEK WAIT-ALL CANCER - February 2018		
All Acute Trusts Performance - 95.2%		UHL ranks 88 out of the 145 Acute Trusts*
134 of the 145 Acute Trusts* achieved 93% or more		
Peer Rank	Provider	Performance within 14 Days - Target 93%
1	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	98.4%
2	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	98.1%
3	BARTS HEALTH NHS TRUST	97.7%
4	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	97.6%
5	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	97.1%
6	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	97.0%
7	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	97.0%
8	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	96.8%
9	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	96.9%
10	HEART OF ENGLAND NHS FOUNDATION TRUST	95.9%
11	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	95.7%
12	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	95.2%
13	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	95.0%
14	LEEDS TEACHING HOSPITALS NHS TRUST	94.4%
15	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	93.7%
16	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	93.5%
17	PENNINE ACUTE HOSPITALS NHS TRUST	91.2%
18	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	86.5%



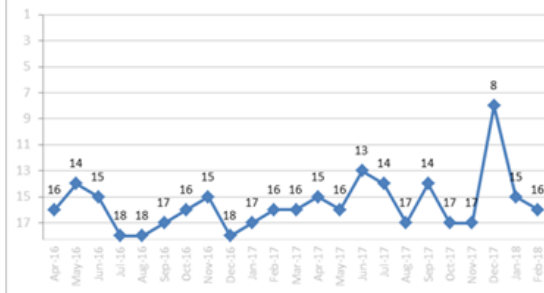
*Acute NHS hospitals – there are 145 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service

Peer Group Analysis (Feb 2018)

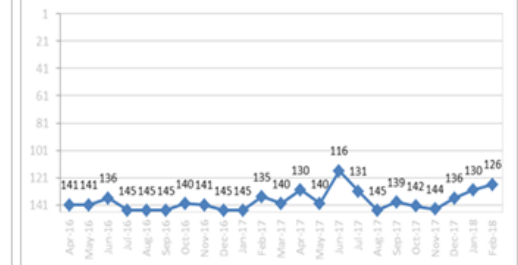
31-DAY FIRST TREAT – February 2018

31-DAY FIRST TREAT - February 2018		
All Acute Trusts Performance - 97.6%		UHL ranks 126 out of the 145 Acute Trusts*
125 of the 145 Acute Trusts* achieved 96% or more		
Peer Rank	Provider	Performance within 31 Days - Target 96%
1	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	100%
2	PENNINE ACUTE HOSPITALS NHS TRUST	99.3%
3	HEART OF ENGLAND NHS FOUNDATION TRUST	99.2%
4	LEEDS TEACHING HOSPITALS NHS TRUST	98.4%
5	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	98.4%
6	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	98.4%
7	BARTS HEALTH NHS TRUST	98.2%
8	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	97.7%
8	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	97.7%
10	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	97.5%
11	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	97.4%
12	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	97.0%
16	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	96.0%
17	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	95.8%
18	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	90.8%

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



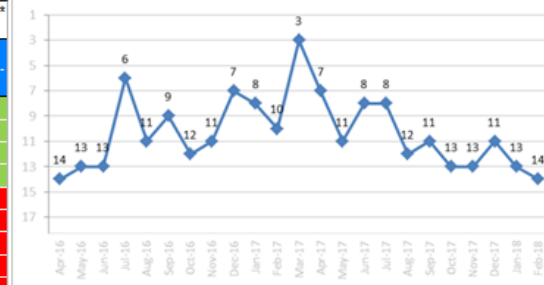
UHL Acute Ranking - 31-DAY FIRST TREAT (n/145)



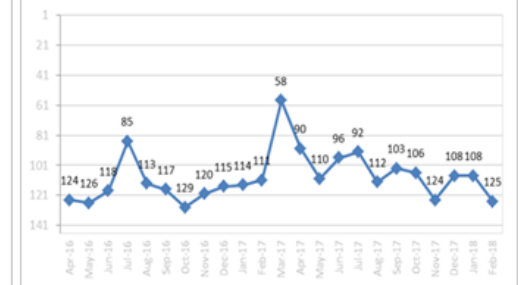
62-DAY GP Referral – February 2018

62-DAY GP Referral - February 2018		
All Acute Trusts Performance - 80.9%		UHL ranks 125 out of the 145 Acute Trusts*
61 of the 145 Acute Trusts* achieved 85% or more		
Peer Rank	Provider	Performance within 62 Days - Target 85%
1	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	88.7%
2	HEART OF ENGLAND NHS FOUNDATION TRUST	86.3%
3	BARTS HEALTH NHS TRUST	86.3%
4	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	85.1%
5	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	83.6%
6	PENNINE ACUTE HOSPITALS NHS TRUST	83.5%
7	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	81.8%
8	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	81.2%
9	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	80.4%
10	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	79.7%
11	LEEDS TEACHING HOSPITALS NHS TRUST	79.1%
12	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	76.4%
13	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	75.2%
14	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	73.7%
15	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	73.7%
16	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	73.6%
17	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	71.1%
18	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	68.0%

UHL Peer Ranking - 62-DAY GP Referral (n/18)



UHL Acute Ranking - 62-DAY GP Referral (n/145)



*Acute NHS hospitals – there are 145 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service

Peer Group Analysis (Feb 2018)

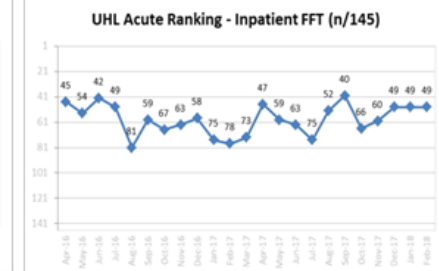
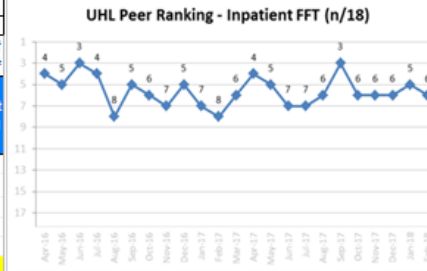
Inpatient FFT – February 2018

Inpatient FFT - February 2018

All Acute Trusts - Response Rate 23% - Recommended 96% - Not Recommended 2%

UHL ranks 49 (for Recommended) and 54* (for Not Recommended) out of the 145 Trusts**

Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	20%	98%	0%
2	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	22%	98%	1%
3	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	13%	98%	1%
4	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	36%	98%	1%
5	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	37%	97%	1%
6	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	24%	97%	1%
7	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	10%	97%	1%
8	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	26%	97%	1%
9	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	31%	97%	1%
10	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	33%	96%	1%
11	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	28%	96%	2%
12	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	18%	96%	2%
13	LEEDS TEACHING HOSPITALS NHS TRUST	36%	94%	3%
14	HEART OF ENGLAND NHS FOUNDATION TRUST	22%	93%	3%
15	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	20%	93%	3%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	13%	93%	3%
17	PENNINE ACUTE HOSPITALS NHS TRUST	23%	91%	5%
18	BARTS HEALTH NHS TRUST	13%	88%	6%



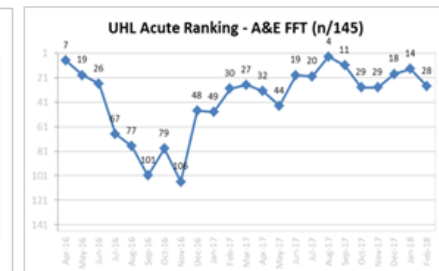
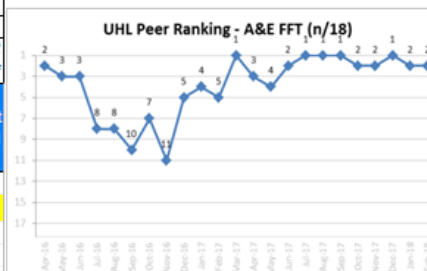
A&E FFT – February 2018

A&E FFT - February 2018

All Acute Trusts - Response Rate 23% - Recommended 96% - Not Recommended 2%

UHL ranks 28 (for Recommended) and 16* (for Not Recommended) out of the 145 Trusts**

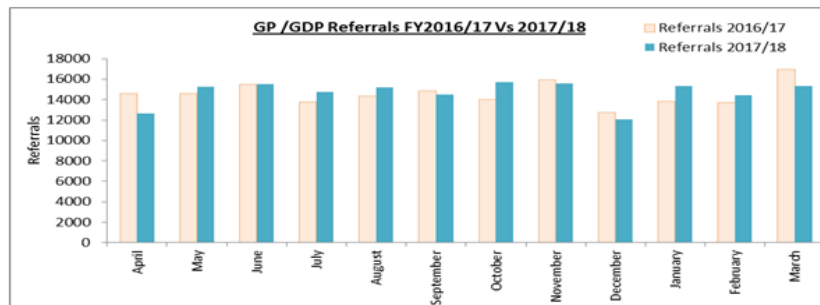
Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2%	96%	2%
2	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	7%	94%	1%
3	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	17%	93%	4%
4	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	3%	92%	5%
5	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	20%	92%	4%
6	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	18%	90%	6%
7	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	23%	84%	11%
8	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	19%	84%	10%
9	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	19%	84%	10%
10	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	17%	83%	12%
11	LEEDS TEACHING HOSPITALS NHS TRUST	29%	83%	10%
12	PENNINE ACUTE HOSPITALS NHS TRUST	16%	82%	11%
13	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	27%	81%	10%
14	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	17%	81%	12%
15	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	18%	81%	11%
16	HEART OF ENGLAND NHS FOUNDATION TRUST	15%	79%	14%
17	BARTS HEALTH NHS TRUST	11%	77%	17%
18	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	40%	67%	19%



*Acute NHS hospitals – there are 145 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service

UHL Activity Trends

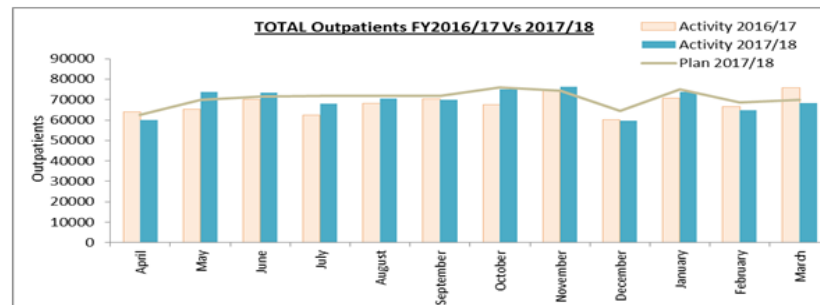
Referrals (GP)



April - March
17/18 Vs 16/17 +1492 +0.9%

Less GP referrals in comparison to the same period last year. However a 1% increase in GP referrals for 17/18 compared to 16/17.

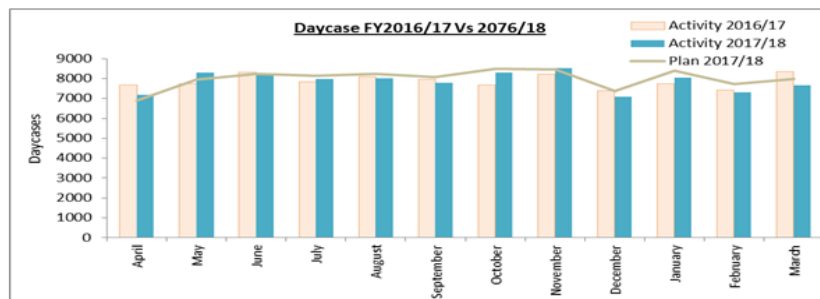
TOTAL Outpatient Appointments



April - March
17/18 Vs 16/17 +17,467 +2.1%
17/18 Vs Plan -14257 -1.7%

Plan included shift of activity from Eye Casualty to Ophthalmology. Cardiology and Rheumatology significantly higher than plan.

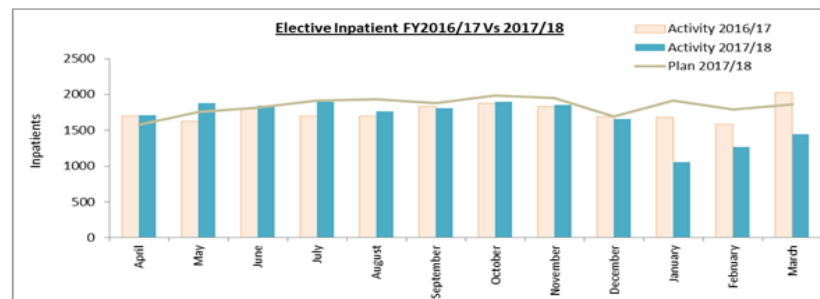
Daycases



April - March
17/18 Vs 16/17 -24 -0.0%
17/18 Vs Plan -1603 -1.7%

Growth in Paediatric Medical Oncology and Rheumatology. Gastroenterology, ENT, Max Fax, Orthopaedic Surgery and Plastic Surgery below plan.

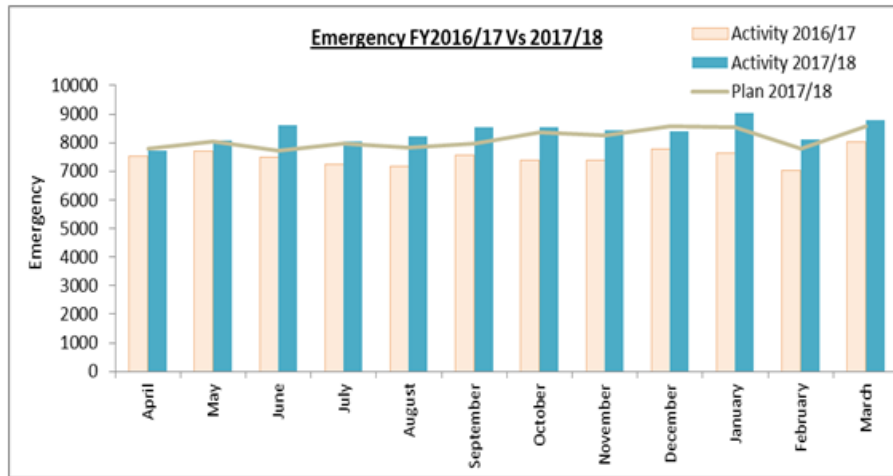
Elective Inpatient Admissions



April - March
17/18 Vs 16/17 -956 -4.5%
17/18 Vs Plan -2016 -9.1%

More activity in Haematology, Paediatric Cardiology and Max Fax versus the plan. Orthopaedics and Gynaecology lower than plan.

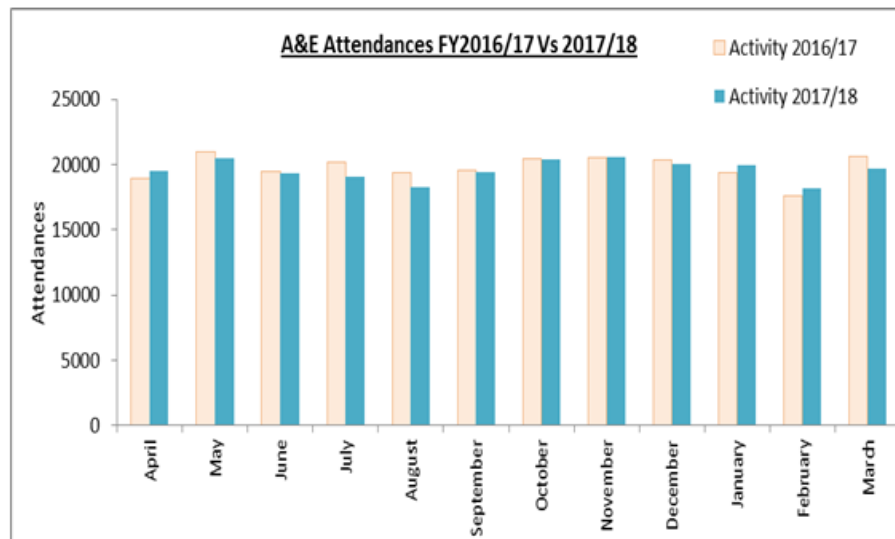
Emergency Admissions



April – March
17/18 Vs 16/17 +10,644 +12%
17/18 Vs Plan +3,149 +3%

Paediatric CAU patients are reported as admissions in the 17/18 figures, last year they were reported as ward attenders. Activity in the medical specialties at the LRI are higher than the plan. Respiratory Medicine and Oncology lower than plan.

A & E Attendances



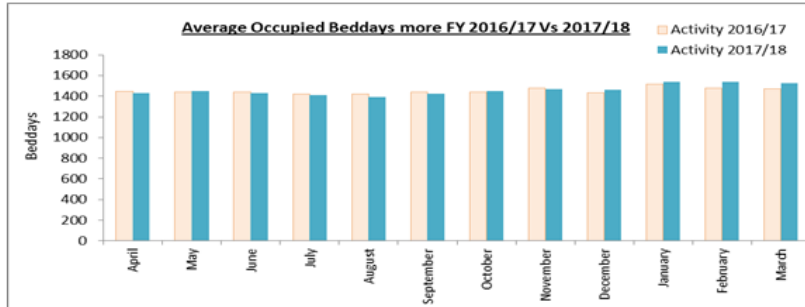
April - March
17/18 Vs 16/17 -2,424 -1%

A&E attendances include ED and Eye casualty attendances.

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

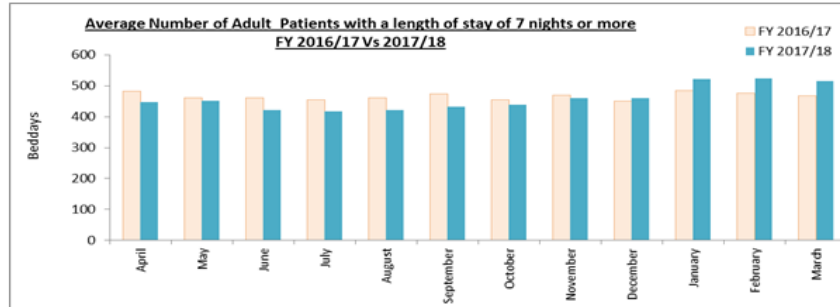
UHL Bed Occupancy

Occupied Beddays



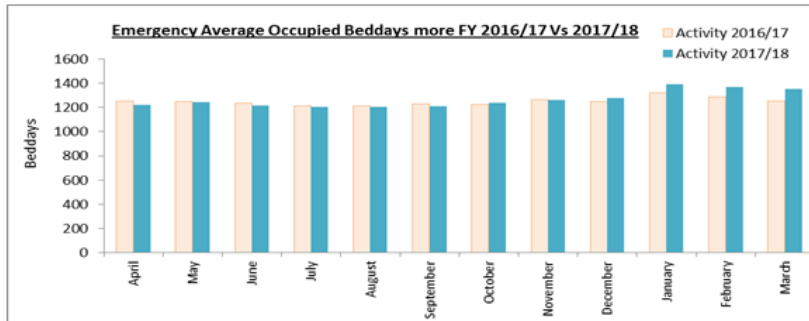
Midnight G&A bed occupancy is higher for the fourth consecutive month when compared to the same periods last year.

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



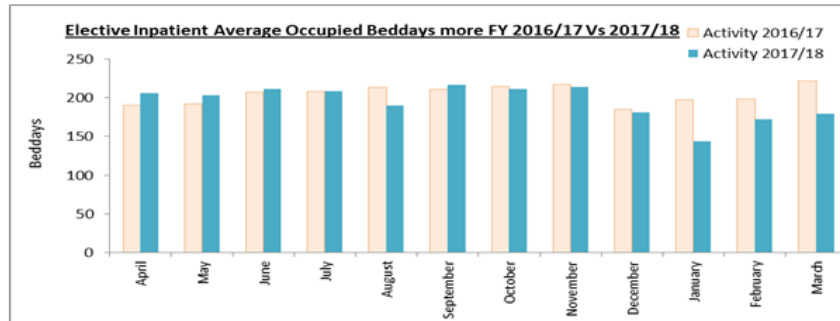
The number of patients staying in beds 7 nights for February is higher this year. However 17/18 is lower compared to 16/17.

Emergency Occupied beddays



Emergency patients occupying a bed is higher for 17/18 compared to 16/17.

Elective Inpatient Occupied beddays



17/18 Bed occupancy is lower compared 16/17 due to high level of cancellations in January and February.